IIM MAA	MSA	ILD	Arthritis	Arthralgia	Myositis	Raynauds	Cutaneous	Malignancy	Final diagnosis	Treatment Outcome
	NXP2				+		+		Dermatomyositis Myasthenia gravis	Prednisolone + IVIG Remission/stable +Azathioprine + pyridostigmine
ILD Ro52	MDA5 SAE1 PL12 PL12 SAE1/ OJ EJ PL12	+		+	+		+		Amyopathic dermatomyositis Dermatomyositis IPF IPF IPF	Prednisolone + MTX Remission/stable Prednisolone + MTX Remission/stable No medication Remission/stable Prednisolone Died No medication Lost follow-up
Ro52	PL7	+	+	+		+	+		IPF Interstitial pneumonia with autoimmune feature (IPAF) Anti-synthetase syndrome	No medication Remission/stable Under evaluation Remission/stable
	PL7	+			+				Anti-synthetase syndrome	Prednisolone + cyclophosphamide Remission/stable then azathioprine Prednisolone + Remission/stable
Ro52	JO-1 JO-1	+				+			Anti-synthetase syndrome Anti-synthetase syndrome	Rituximab No medication Remission/stable Prednisolone + MMF Remission/stable then rituximab
CTD	SAE1/	+						+	Progressive pulmonary fibrosis (post COVID, ARDS and recurrent aspiration) Esophageal Ca T1N2M0 s/p esophagectomy Limited cutaneous scleroderma Sjogren MCTD Autoimmune hepatitis	Antibiotics + supportive care Remission/stable
Ro52 Others U1snRNP/ Ro52	SRP SRP EJ OJ			+	+	+	+			Nifedipine Remission/stable HCQ Remission/stable Prednisolone+ Remission/stable Azathioprine+HCQ
ku	NXP2 Mi2b			+	+				Polymyalgia rheumatica large vessel vasculitis	Prednisolone Remission/stable Prednisolone+ Remission/stable Tocilizumab
	PL12 Mi2b		+	+			+		PsA PBC	MTX Remission/stable Ursodeoxycholic acid Remission/ stable

Disclosure of Interests: None declared

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AB0405 FIBROBLAST GROWTH FACTOR-23 IS ASSOCIATED WITH HIGH-DENSITY LIPOPROTEIN IN SYSTEMIC SCLEROSIS PATIENTS

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Background: Systemic sclerosis (SSc) is characterized by calcification, vasculopathy, and endothelial wall damage, all of which can increase the risk for atherosclerosis and cardiovascular disease. Mechanisms by which atherosclerosis is promoted in connective tissue diseases remain unknown, but is believed to be secondary to chronic inflammation, altered lipid profiles and function, autoantibodies, and endothelial dysfunction. Fibroblast growth factor-23 (FGF23) is a circulating regulator of phosphate and vitamin D metabolism and has been implicated as a putative pathogenic factor in cardiovascular disease. FGF23 could exert hormonal control on fat mass and glucose metabolism, since it shares structural similarities with the other FGF subfamily members (FGF15/19 and FGF21) that are involved in carbohydrate and lipid metabolism.

Objectives: The objectives of this study were: to compare serum FGF23 levels between SSc patients and healthy controls and to investigate possible associations between FGF23 and serum lipid profile in SSc patients.

Methods: This cross-sectional study was performed in San Cecilio Hospital, Granada (Spain) from November 2017 to May 2019. Sixty-two women with SSc and 62 age and sex matched healthy controls were enrolled in this study. All patients included in this study had normal serum creatinine (Cr) levels and met the 2013 American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) criteria for SSc. Total cholesterol and triglyceride levels were determined by fully enzymatic techniques. High-density lipoprotein (HDL) was determined after precipitation of apolipoprotein B (apoB)-containing lipoproteins with magnesium sulfate and dextran sulfate. Low-density lipoprotein (LDL) was calculated using the Friedewald formula. Serum FGF23 was analyzed using ELISA.

Results: A total of 62 female patients were included in our study, with a mean (SD) age of 53 ± 10 years. The majority were Caucasian (90.5%). The mean disease duration was 8.8 ± 6.9 years. Forty-four (70.9%) patients had a limited form of the disease and 18 (29.1%) had a diffuse form.

There was no significant differences in FGF23 levels between the patients and controls (78.2 ± 60.5 vs. 80.3 ± 56.3 pg/mL, $p = 0.662$), but we found a statistically significant inverse relationship between FGF23 and HDL-c measurements ($r = -0.27$; $p = 0.03$) in women with SSc. In addition, in the linear regression model, higher FGF23 concentrations were associated with lower HDL-c [$\beta = -1.45$ 95% CI (-2.81, -0.08); $p < 0.05$].

Conclusion: We report an association between circulating FGF23 and HDL-c in SSc female patients, representing a novel pathway linking high FGF23 to an increased cardiovascular risk.

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AB0406 ASSOCIATION OF ENDOTHELIN-1 WITH PULSE WAVE VELOCITY IN SYSTEMIC SCLEROSIS PATIENTS

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Background: Systemic sclerosis (SSc) is a multisystemic disease featured by vascular and immunological disorders along with an excessive accumulation of the components of the connective tissue that cause cutaneous sclerosis and