[3] Hasselbalch HC, et al. 2020; 23;17(1):248.

Table 1. Associated diseases in 130 patients with JAK2 (V617F) mutation. Data are n (%)

Myeloproliferative neoplasms (MPN)	130 (100)
Essential thrombocythemia (ET)	64 (49.2)
Polycythemia vera (PV)	46 (35.4)
Undifferentiated MPN	12 (9.2)
Primary myelofibrosis (PMF)	8 (6.5)
Non-rheumatic IMID	44 (33.8)
Diabetes mellitus	22 (50)
Asthma	10 (22.7)
Psoriasis	6 (13.6)
Crohn disease	2 (4.5)
Autoimmune thyroiditis	2 (4.5)
Rheumatic IMID	10 (7.7)
Rheumatoid arthritis	4 (40)
Polymyalgia rheumatica	3 (30)
Sjögren disease	1 (10)
Antiphospholipid syndrome	1 (10)
Adult-onset Still's disease	1 (10)
Malignancies different of MPN	44 (33.8)
Solid tumours // Hematologic malignancies // Skin cancer	22 (50) // 13 (29.5) // 9 (20.4)
Deep vein thrombosis/Venous thromboembolism (DVT/VTE) events	35 (26.9)

Figure 1. Associated diseases accordingly to the subtype of Myeloproliferative neoplasm. Data are n.

ABBREVIATIONS: DVT/VTE: Deep vein thrombosis/ Venous thromboembolism. ET: Essential Thrombocythemia, IMID: Immune Mediated Diseases, PV: Polycythemia Vera; MPN: Myeloproliferative Neoplasms; PMF: Primary myelofibrosis; UMPN: Undifferentiated myeloproliferative neoplasms.

Disclosure of Interests: Carmen Álvarez-Reguera: None declared, Lara Sanchez-Bilbao: None declared, Ana Battle-López: None declared, Sara Fernández López: None declared, Miguel Á. González-Gay Speakers bureau: Abbvie, Pfizer, Roche, Sanofi and MSD., Grant/research support from: Abbvie, MSD, Janssen and Roche, Ricardo Blanco Speakers bureau: Abbvie, Pfizer, Roche, Bristol-Myers, Janssen, Lilly and MSD., Grant/research support from: Abbvie, MSD and Roche

DOI: 10.1136/annrheumdis-2021-eular.2161

AB0826

IMPORTANCE OF PRECONCEPTION CARE AND PLANNING FOR PREGNANCY IN WOMEN OF CHILDBEARING AGE COMPLICATED WITH CONNECTIVE TISSUE DISEASES

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Background: Previous reports showed that connective tissue disease (CTD) have a high risk for adverse pregnancy outcomes (APOs) such as preterm birth, light-for-date, or preeclampsia¹. It was revealed that these APOs were associated with high disease activity or treatment agents, particularly in glucocorticoid². Some patients, who have no or insufficient preconception care and became unplanned pregnant, exacerbate the underlying disease, and lead to disappointing pregnancy outcomes. Therefore, preconception care and planning for pregnancy is very important to control disease activities and manage the appropriate treatment agents, including glucocorticoid, immunosuppressants, biologics, hydroxychloroquine, and anticoagulants³.

Objectives: We investigate whether the presence or absence of preconception care before pregnancy affects clinical disease course and pregnancy outcomes.

Methods: We examined 200 CTD women who delivered their newborns in our institution from March 2006 to January 2021. We analyzed the association between preconception care and the clinical course of underlying diseases during pregnancy or pregnancy outcomes.

Results: Of all 200 cases, 133 (55.9%) cases had preconception care in our institution, while the others had no or insufficient preconception care. We showed the comparison of treatment agents and pregnancy outcomes between the cases with and without preconception care in Table 1. There was no significant difference in the rate of glucocorticoid use and the mean prednisolone dose during pregnancy between these two groups. However, the rate of increased dose of glucocorticoid or pulse therapy was significantly higher in the cases without preconception care. As for pregnancy outcomes, there was no significant difference in the live birth rate. On the other hand, the gestational weeks at delivery were significantly shorter, and the rate of preterm birth was higher in the cases without preconception care. In addition, the rate of the hospitalization of neonatal intensive care unit (NICU) was also significantly higher in the cases without preconception care.

Conclusion: We revealed that preconception care before pregnancy reduced the need for intensified treatment such as increasing dose of glucocorticoid or pulse therapy. The rate of preterm birth and NICU hospitalization was also shown to decrease. Therefore, it is important for our rheumatologists to provide an appropriate preconception care for CTD women of childbearing age and to make a plan for pregnancy.

REFERENCES:

- [1] Tsuda S, Sameshima A, Sekine M, Kawaguchi H, Fujita D, Makino, et al. *Mod Rheumatol* 2019;24;1-10.
- [2] Clowse ME, Magder LS, Petri M. *J Rheumatol* 2011;38:1012-1016.
- [3] Sammaritano LR, Bermas BL, Chakravarty EE, Chambers C, Clowse MEB, Lockshin MD, et al. *Arthritis Care Res* 2020;72:461-488.

Table 1. Comparison of treatment agents and pregnancy outcomes between the cases with and without preconception care

	Preconception care (+) (n=113)	Preconception care (-) (n=89)	P value
Treatment agents during pregnancy			
Glucocorticoid use (n (%))	64 (56.6)	50 (56.2)	1.00
Mean glucocorticoid dose (mg/day)	6.3±3.9	8.4±6.1	0.09
Dose-up of glucocorticoid (n (%))	11 (9.7)	26 (29.2)	<0.01*
Glucocorticoid pulse therapy (n (%))	0 (0)	8 (9.0)	0.01*
Immunosuppressant (n (%))	14 (12.5)	4 (4.5)	0.08
Hydroxychloroquine (n (%))	7 (6.2)	6 (6.7)	1.00
Anticoagulant therapy (n (%))	21 (18.8)	16 (17.8)	1.00
Pregnancy outcome			
Spontaneous abortion (n (%))	8 (7.1)	6 (6.7)	1.00
Live birth (n (%))	100 (88.5)	78 (87.6)	1.00
Gestational weeks at delivery (week)	38.7±1.4	37.3±3.5	0.01*
Birth weight of newborn (gram)	2888.8±453.7	2678.4±732.6	0.25
Adverse pregnancy outcomes (n (%))	26 (26.0)	28 (35.0)	0.20
Preterm birth (n (%))	5 (5.0)	19 (23.8)	<0.01*
Light-for-date (n (%))	10 (10.0)	9 (11.3)	0.81
Hypertensive disorder (n (%))	5 (5.0)	8 (10.0)	0.25
NICU management (n (%))	13 (13.0)	24 (30.0)	<0.01*

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.2479

AB0827

SERUM NESPHATIN-1 IN PATHOGENESIS RHEUMATOID ARTHRITIS

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Background: Interest in highly specialized tissue cytokines contributed to the discovery of new biologically active molecules. Nesfatin-1 (NF) - discovered in 2006 as an anorexigenic factor. NF-1 is believed to be involved in the regulation of energy homeostasis by regulating appetite and water intake. The role of NF-1 in the pathogenesis of inflammatory diseases is poorly understood. Recently, studies have found a relationship between an increased level of NF-1 and inflammatory markers in various pathologies.

Objectives: Study of the level of nesfatin-1 in the blood serum of healthy people, determination of the correlation between the level of NF-1 with the severity of clinical symptoms and classic markers of inflammation in patients with RA.