POSO319 PERFORMANCE OF PATIENT REPORTED OUTCOMES (PROS) IN SCLERODERMA PATIENTS WITH REDUCED LUNG FUNCTION IN AN OBSERVATIONAL COHORT

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Background: Patient Reported Outcomes (PROs) are used to capture disease impact on patients' Health Related Quality of Life (HRQoL) and they have been increasingly used as endpoints in clinical trials for Systemic Sclerosis (SSc). The DeSCipher project within the EUSTAR group highlighted dyspnea as one of the factors more strongly related with the highest SHAQ scores (1). Nevertheless, the patient's perspective is a crucial determinant to define the overall relevance of an intervention, the performance of PROs used as secondary endpoints (St. George's Respiratory Questionnaire, Kgymera Therapeutics, Mitsubishi-Tanabe, Armando Gabrielli: None declared, Stefan Heitmann: None declared, Nicolas Hunzelmann: None declared, Carlomaurizio Montecucco: None declared, Jadranka Morovic-Vergles: None declared, Camillo Ribi: None declared, Andrea Doria: None declared, Yannick Allannone: None declared. DOI: 10.1136/annrheumdis-2021-eular.3048

POSO320 POOR PROGNOSIS PREDICTION IN ANTI-MDAS POSITIVE DERMATOMYOSITIS ASSOCIATED WITH INTERSTITIAL LUNG DISEASE: THE CROSS-CAR DECISION TREE MODEL

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Background: The prognosis of anti-melanoma differentiation-associated gene 5 positive dermatomyositis (anti-MDAS+ DM) – associated interstitial lung disease (ILD) is poor and heterogeneous.

Objectives: The aim of this study was to evaluate prognostic factors and to develop a simple and generally applicable bedside decision tree model for predicting outcomes in patients with anti-MDAS+ DM and to guide treatment.

Methods: We analyzed data for 246 anti-MDAS+ DM patients from Myositis Study Group-Jiangsu, a multicenter cohort across eighteen tertiary hospitals in Jiangsu province, from March 2019 to October 2020. The primary end point was all-cause death, and the secondary end point was occurrence of rapidly progressive ILD (rp-ILD). A decision-tree prediction model was developed by using data from 10 hospital of southern region (n=163), with validation by using contemporaneous data from northern region (n=83).

Results: To assess the risk of rp-ILD, we developed a combined risk score, the CROSS score, that included the following values and scores: C-reactive protein (≤8mg/L, 0; >8mg/L, 3), anti-Ro52 antibody (negative, 0; positive, 4), Sex (Female, 0; Male, 2) and Short course of disease (More than 3 months, 0; Less than 3 months, 2). The mortality risk was identified by the CAR score, including C-reactive protein (≤8mg/L, 0; >8mg/L, 1), Alanine Transaminase (≤50units/L, 0; >50units/L, 1) and rp-ILD (Yes, 0; No, 1). We divided patients into three outcome prediction groups. High-risk patients had significantly higher mortality rates than low- and medium-risk patients in both discovery and validation cohorts (p < 0.001). Conclusion: The CROSS-CAR decision tree model is easy to evaluate the poor prognostic risk in MDAS+ DM patients during any follow-up period. Unnecessary lung examination, such as chest CT scan and arterial blood gas analysis was avoided in low- and medium- risk rp-ILD risk patients. The special ambulance, with red cross sign tagged on car in China, may help to screen the high risk patients and to guide further treatment.

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POSO321 USE OF HYDROXYCHLOROQUINE AND SYSTEMIC SCLEROSIS: RESULTS FROM A PROSPECTIVE OBSERVATIONAL STUDY ON THE EUSTAR COHORT

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