declared, Kimmie Hyrich Speakers bureau: Abbvie unrelated to this study, Grant/ research support from: BMS, UCSB, and Pfizer, all unrelated to this study, Anja Strangfeld Paid instructor for: AbbVie, MSD, Roche, BMS, Pfizer, outside the submitted work, Grant/research support from: grants from a consortium of 13 companies (among them AbbVie, BMS, Celltrion, Fresenius Kabi, Lilly, Mylan, Hexal, MSD, Pfizer, Roche, Samsung, Sanofi-Aventis, and UCB) supporting the German RABBIT register, outside the submitted work, Laura Gossec Consultant of: Abbvie, Biogen, Celgene, Janssen, Lilly, Novartis, Pfizer, Sanofi-Aventis, UCBSF, unrelated to this study, Grant/research support from: Lilly, Mylan, Pfizer, all unrelated to this study, Loreto Carmona: None declared, Elsa Mateus Grant/ research support from: grants from Abbvie, Novartis, Janssen-Cilag, Lilly Portugal, Sanofi, Grünenthal S.A., MSD, Celgene, Medac, Pharmakern, GAIPA; grants and non-financial support from Pfizer, outside the submitted work, Saskia Lawson-Tovey: None declared, Laura Trupin: None declared, Stephanie Rush: None declared, Gabriela Schmajuk: None declared, Patti Katz: None declared, Lindsay Jacobsbohm: None declared, Samar Al Emadi: None declared, Leanna Wise: None declared, Emily Gilbert: None declared, Ali Duarte-Garcia: None declared, Maria Valenzuela-Almada: None declared, Tiffany Hsu: None declared, Kristin D'Silva: None declared, Naomi Serling-Boyd: None declared, Philippe Dieudé Consultant of: Boehringer Ingelheim, Bristol-Myers Squibb, Lilly, Sanofi, Pfizer, Chugai, Roche, Janssen unrelated to this study, Grant/research support from: Bristol-Myers Squibb, Chugai, Pfizer, unrelated to this work, Elena Nikhorou: None declared, Vanessa Kronz: None declared, Namrata Singh: None declared, Manuel F. Ugarte-Gil Grant/research support from: Janssen and Pfizer, Beth Wallace: None declared, Akpabio Akpabio: None declared, Ran- jeny Thomas: None declared, Suleman Bhanu Consultant of: AbbVie, Horizon, Novartis, Pfizer (all <10,000) unrelated to this work, Wendy Costello: None declared, RA-Occo: Rheumatology Speakers bureau: Abbvie, Janssen, Novartis, Pfizer, Corinnesones, Jonathan Hausmann Consultant of: Novartis, Sobi, Biogen, all unrelated to this work (<$10,000), Jean Liew Grant/research support from: Yes, I have received research funding from Pfizer outside the submitted work., Emily Sirotich Grant/research support from: Board Member of the Canadian Arthritis Patient Alliance, a patient run, volunteer based organization whose activities are largely supported by independent grants from pharmaceutical companies, Paul Sullivan: None declared, Philip Robinson Speakers bureau: Abbvie, Eli Lilly, Janssen, Novartis, Pfizer and UCB (all <10,000), Consultant of: Abbvie, Eli Lilly, Janssen, Novartis, Pfizer and UCB (all <10,000), Pedro Machado Speakers bureau: Yes, I have received consulting/speaker’s fees from Abbvie, BMS, Celgene, Eli Lilly, Janssen, MSD, Novartis, Pfizer and Roche, all unrelated to this study (all <$10,000), Consultant of: Yes, I have received consulting/speaker’s fees from Abbvie, BMS, Celgene, Eli Lilly, Janssen, MSD, Novartis, Pfizer and Roche, all unrelated to this work (<$10,000), Jinoos Yazdany Consultant of: Eli Lilly and AstraZeneca unrelated to this project DOI: 10.1136/annrheumdis-2021-eular.1632

The risk difference started to emerge at age 65. The risk was highest in men with RA who are MUC5B carriers: 18.5% (11.1-25.2%) developed ILD, compared to 8.5% (6.1-10.9%) of MUC5B non-carriers with RA. The difference started to emerge at age 65. The risk was highest in men with RA who are MUC5B carriers: 18.5% (11.1-25.2%) developed ILD, compared to 8.5% (6.1-10.9%) of MUC5B non-carriers with RA.

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Disclosure of Interests: Antti Palomäki Speakers bureau: Abbvie, MSD, Pfizer, Sanofi, Consultant of: Pfizer, Abbvie, Tarja Laitinen: None declared, Jukka Koskela Speakers bureau: Pfizer, Aarno Palotie: None declared, Nina Mars: None declared

DOI: 10.1136/annrheumdis-2021-eular.619

MUC5B PROMOTER VARIANT AND LONG-TERM INCIDENCE OF INTERSTITIAL LUNG DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS: A POPULATION BIOPHARMACEUTICS STUDY OF 250,000 INDIVIDUALS

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Background: The promoter variant rs35705950 in MUC5B is the strongest known genetic risk factor for rheumatoid arthritis-associated intestinal lung disease (RA-ILD) [1]. There is, however, no large-scale data on the impact of MUC5B on the long-term incidence of RA-ILD.

Objectives: To describe long term risk of RA-ILD in RA patients carrying MUC5B variant compared to non-carriers with RA.

Methods: FinnGen is a collection of epidemiological cohorts and hospital bio-
banks samples, linking genotypes with up to 46 years of follow-up within nation-
wide registries. Diagnoses of RA and ILD were identified from the Finnish national hospital discharge, medication reimbursement and cause-of-death registries. We estimated lifetime risks of ILD by age 80. MUC5B is a common variant and has an allele frequency of 0.1 in the Finnish population.

Results: Out of the 248,400 individuals, 5534 patients have been diagnosed with RA, out of whom 178 (3.2%) developed ILD. MUC5B was a strong predictor of ILD in RA patients (HR 2.14, 95% CI 1.36–3.29). In patients with RA, MUC5B conferred a lifetime risk of 14.5% (95% CI 10.7–18.1%), compared to 5.2% (4.1– 6.2%) in MUC5B non-carriers with RA (Figure). In the population, MUC5B car-
riers and MUC5B non-carriers had lifetime risks of 3.9% and 1.3%, respectively.

A RANDOMIZED, DOUBLE-BLEND, PLACEBO-CONTROLLED PHASE III TRIAL OF IVIG 10% IN PATIENTS WITH DERMATOMYOSITIS. THE PRODERM STUDY: RESULTS AND SAFETY

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Background: Dermatomyositis (DM) is a rare chronic systemic autoimmune dis-
ease with characteristic skin rash and progressive proximal muscle weakness. Current therapies encompass corticosteroids and other immunosuppressants and intravenous immunoglobulins (IVIg), however, none of these therapies are proven by randomized controlled phase 3 studies. There have been no large ran-
domized clinical trials supporting the efficacy and safety of IVIg in DM.

Objectives: The ProDERM study aimed to evaluate the efficacy and safety/toler-
ability of IVIg in DM patients in a double-blind, randomized, placebo-controlled, international multi-center, phase III clinical trial.

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