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O0007

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

A. Palomáki1,2, T. Latinen2, J. Koskelä3, A. Palotie4,5, N. Mars2 on behalf of FinnGen. 1Turku University Hospital, Centre for Rheumatology and Clinical Immunology, Turku, Finland; 2Tampere University Hospital, Administration Center, Tampere, Finland; 3University of Helsinki, Institute for Molecular Medicine Finland, FIMM, HILIFE, Helsinki, Finland; 4Massachusetts General Hospital, Analytic and Translational Genetics Unit, Department of Medicine, Boston, United States of America; 5Broad Institute of MIT and Harvard, Stanley Center for Psychiatric Research, Cambridge, MA, United States of America

Background: The promoter variant rs35705850 in MUC5B is the strongest known genetic risk factor for rheumatoid arthritis-associated interstitial 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-bank samples, linking genotypes with up to 46 years of follow-up within nationwide 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 (1.36-3.2)]. 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 carriers and MUC5B non-carriers had lifetime risks of 3.9% and 1.3%, respectively.

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.

Objectives: We report findings from a large longitudinal study, showing that MUC5B confers a considerable lifetime risk of RA-ILD, and contributes to increased morbidity. These findings have clinical implications for improving identification of RA patients at high risk of developing ILD.

REFERENCES:


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O0008

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

R. Agnani1, C. Charles-Schomann1, J. Schess2, Z. Bata-Csorgo3, M. Dimachié2, Z. Griege1, S. Moiseev2, C. V. Oddis2, E. Schiopu4, J. Vencovský10, I. Beckmann11, T. Levine3, E. Clodi13, A. T. Proderm Investigators14, 1University of Pittsburgh, Pittsburgh, Pennsylvania, United States of America; 2UCLA Health, Los Angeles, United States of America; 3University of Munich, Munich, Germany; 4University of Szeged, Szeged, Hungary; 5University of Kansas Medical Center, Kansas City, Kansas, United States of America; 6University of Debrecen, Debrecen, Department of Internal Medicine, Debrecen, Hungary; 7First Moscow State Medical University, Moscow, Russia; 8University of Pittsburgh, Pittsburgh, Pennsylvania, United States of America; 9Michigan Medicine, Ann Arbor, United States of America; 10Charles University, Prague, Czech Republic; 11Octapharma PPG, Global Medical & Scientific Affairs, Vienna, Austria; 12Phoenix Neurological Associates, Phoenix, United States of America; 13Octapharma PPG, Global Medical & Scientific Affairs, Vienna, Austria; 14Hospitals in different countries worldwide, Rheumatology-Dermatology, Vienna, Austria

Background: Dermatomyositis (DM) is a rare chronic systemic autoimmune disease 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 randomized clinical trials supporting the efficacy and safety of IVIG in DM.

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