REFERENCES:

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.2038

POS0853
DECREASE IN ANTI-TOPOISOMERASE-1 ANTIBODY TITER IN PATIENTS WITH SYSTEMIC SCLEROSIS DURING LONG-TERM RITUXIMAB THERAPY
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Background: Rituximab (RTX) is a new option in the treatment of systemic sclerosis (SSc) [1]. There is not enough data on changes in the level of autoantibodies and their clinical significance during RTX therapy. There are only a few reports on the higher efficiency of RTX in patients (pts) with SSc positive for anti-topoisomerase-1 antibodies (a-Topo-1), therefore the study of this issue might be interested.

Objectives: To compare clinical parameters and B-lymphocytes (B-lymph) level in SSc pts depending on the presence or absence of a-Topo-1 during RTX therapy with prospective long-term follow-up.

Methods: This study included 88 pts with SSc. The mean follow-up period was 26.3±10.7 months. The mean age was 47 years (17-71), female-73 pts (83%), the diffuse cutaneous subset of the disease had 50 pts (57%). Symptoms of the interstitial lung disease (ILD) were observed in 70 pts (80%). The mean disease duration of SSc was 5.9±4.8 years. The cumulative mean dose of RTX was 2.9±1.1 grams. All patients received prednisone at a dose of 11.7±4.4 mg, immunosuppressants received 42% of them. There were 63 pts positive for a-Topo-1 and 25 negative pts.

Results: Considering the entire cohort, an improvement of almost all outcome parameters was found. When a-Topo-1 positive and a-Topo-1-negative pts were analyzed separately, we observed a significantly higher decrease in the activity score, depletion of B-lymph, an increase in forced vital capacity (FVC) and diffusion capacity for carbon monoxide (DLCO) in a-Topo-1 positive group of pts (table 1).

Conclusions: The a-Topo-1 level decreased from 174.2±50.1 to 148.1±66.1 units/ml (p=0.009). In this group, a-Topo-1 became negative in 5 pts (7%). The disapperance of a-Topo-1 positivity was accompanied by a more pronounced decrease in mRSS (delta mRSS=7.4) and a higher depletion of B-lymph. There was a higher cumulative dose of RTX (4±1.4 grams) in this 5 pts compared with the pts who sustained a-Topo-1 positivity. There was a moderate negative statistically significant correlation between the a-Topo-1 and the total dose of RTX (r=-0.298, p=0.017). A moderate negative statistically significant correlation was found between the a-Topo-1 and FVC (r=-0.322, p=0.009).

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.204522

REFERENCES:

POS0854
SEX DIFFERENCES IN SYSTEMIC SCLEROSIS PATIENTS IN A SINGLE CENTER IN EASTERN EUROPE

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.2110

POS0855
PATIENT PREFERENCES, TRADE-OFFS AND ACCEPTABLE RISKS IN THE TREATMENT OF SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE: A STEP TOWARDS SHARED DECISION-MAKING

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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.2110

REFERENCES: