Results: 3 RCTs contained data regarding mRSS at week 12 of treatment with Rituximab. The estimated SMD was -1.071 (95% CI -1.608, -0.535 [p <0.001]) with a non-significant P value in the Egger Test (P = 0.703) and non-significant heterogeneity through I² (I² = 0.00%). 9 studies contained data regarding mRSS at week 24 of treatment with Rituximab. The estimated SMD was -1.743 (CI95% -2.622, -0.864 [p <0.001], see image below) with a non-significant P value in the Egger Test (P = 0.072) and significant heterogeneity through I² (I² = 86.6%). Meta-regression analysis could not be performed to assess such heterogeneity, due to the lack of comparable data.

8 RCTs contained data regarding mRSS at week 48 of Rituximab treatment. The estimated SMD was -1.327 (CI95% -2.018, -0.636 [p <0.001]) with a significant P value in the Egger Test (P = 0.018), estimating that there may be publication bias in the studies analyzed and significant heterogeneity by I² (I² = 85.2%). Meta-regression analysis could not be performed to assess such heterogeneity, due to the lack of comparable data.

Conclusion: Our meta-analysis shows that Rituximab treatment in patients affected with systemic sclerosis shows efficacy in the treatment of cutaneous fibrosis measured by the mRSS, turning this molecule into a potential drug to add to the therapeutic armamentarium of systemic sclerosis. However, more studies are necessary to try to elucidate whether this change is powerful enough to become the new gold standard for the treatment of systemic sclerosis skin involvement.

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POS0874

CLOT LYSIS TIME PREDICTS RECURRENT DIGITAL ULCERS IN SYSTEMIC SCLEROSIS AFTER ONE YEAR OF FOLLOW-UP: A NESTED CASE-CONTROL STUDY

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Background: Digital ulcers (DU) are a common visible manifestation of vasculopathy in systemic sclerosis (SSc), which could be recurrent and associated with disability and mortality (1). Although vasculopathy is connected with impaired coagulation/fibrinolysis system and aberrant expression of adhesion molecules, there are few data about their role in developing recurrent DU.

Objectives: To evaluate the possible role of Fibrin generation/Fibrinolysis parameters and adhesion molecules in the prediction of new ischaemic DU onset during a 1-year follow-up and their impact on the time to new DU onset (TD).

Methods: From 58 consecutive patients with SSc who fulfilled the 2013 ACR/EULAR SSc criteria and have never been treated with endothelin receptor antagonist, phosphodiesterase 5 inhibitors or prostanoids, a total of 38 patients with

ever had DU, either active at inclusion or in past, were enrolled in a prospective cohort study. Each patient was given a "DU diary". Demographic, clinical and serological data were recorded. The serum concentration of ICAM1 and E selectin were measured by ELISA. Haemostatic potential parameters: overall haemostasis (OHP), overall coagulation (OCP) and overall fibrinolysis (OFP) potential were assessed. Maximum absorbance (Cmax), reflects the fibrin clot density and clot lysis time (Lys50t0, time from initiation of clot formation to the time at which a 50% fall in absorbance from Cmax in the lysis assay), reflects fibrinolytic susceptibility, were calculated (2). Fibrin structure was visualised using scanning electron microscopy (SEM).

Results: Over the follow-up period, 18 patients (45.5%) developed new DU with the average TD of 7.4±2.9 months. There was no difference in ASA and CCB treatment among two groups (p>0.05). The OFP value was significantly decreased (p<0.01), Lys50t0 prolonged (p<0.05), while OHP was increased (p<0.05) in patients experienced new DU. Lys50t0 showed good validity in identifying patients with new DU onset (AUC 0.683 95% CI 0.5 - 0.9). By multivariate analysis including clinical data in model the Lys50t0 (HR 1.2, 95% CI 1.1-1.3, p=0.018) and active DU at enrollment (HR 9.6, 95% CI 1.4-66.8, p=0.022) were identified as independent risk factors for the occurrence of new DU. TD was inversely correlated with ICAM1 (p<0.001), E selectin (p<0.05), Cmax (p<0.05) and Lys50t0 (p<0.001). Model explaining 81.6% of the TD variability included Lys50t0 (β=-0.55, p=0.003), E selectin (β=-0.44, p=0.014) and fibrinogen (β=-0.49, p=0.017). SEM revealed denser fibrin clots with thinner fibres in group experienced new DU compared to clots formed in plasma of patient without DU.

Conclusion: Our results provide evidence that impaired fibrinolysis has critical role in the progression of microvascular disease, identifying clot lysis time as a strong predictor in the onset of new digital ulcers in Systemic sclerosis. The higher level of E selectin and the longer lysis time are, the shorter is time until the onset of new digital ulcer. These results could be used in selection of patients at high risk of developing recurrent digital ulcer and therefore allow earlier therapeutic intervention.

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Figure 1. SEM images of fibrin network in 1 representative sample from a SSc patient with (A) and 1 from patient without (B) new DU onset

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POS0875

MYOSITIS-SPECIFIC ANTIBODIES IN A RETROSPECTIVE SINGLE-CENTER OBSERVATIONAL STUDY

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Background: Myositis-specific antibodies (MSA) are highly specific and useful to classify patients as having syndromes with distinct clinical features and prognosis. MSA are almost always mutually exclusive and quite specific, adding value as a useful biomarker for diagnosis. Although individual autoantibodies aren't sensitive enough to detect the full spectrum of idiopathic inflammatory myopathies (IIM), the sensitivity of a myositis panel is increasing as more autoantibodies are discovered, and as better assays become available.

Objectives: We aimed to analyze the usefulness of a myositis-specific immunoblot for the diagnosis of IIM in a hospital cohort from January 2019 to December 2020. We also seek to correlate immunological findings with the risk of associated interstitial lung disease (ILD), cancer, or death.