reported in our cohort of JIA patients. At the time of COVID-19 diagnosis, nearly 80% of patients in our cohort had been treated with conventional DMARD and/or biologics. This seemed not to have a negative effect on severity or outcome of SARS-CoV2 infection.

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POS1203 EFFECT OF THE COVID19 PANDEMIC ON RHEUMATOLOGIST PRESCRIPTION BEHAVIOUR OF NEW ADVANCED THERAPY: DATA OF THE TARDIS-RA REGISTRY, A NATIONWIDE BELGIAN BIOLOGIC REGISTRY

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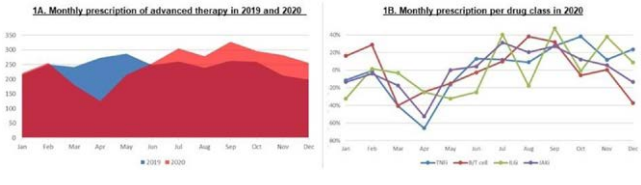
Background: Belgium suffered considerably from the COVID19 pandemic with high hospitalisation rates during 2 periods: a first wave in March and April 2020, and a second starting from October until the end of 2020. Measures of lowering social interaction were taken throughout 2020 and intensified during the first and second wave when needed. This pandemic could have influenced the access to care and advanced therapies for patients with Rheumatoid Arthritis (RA). In the electronic platform "Tool for Administrative Reimbursement Drug Information Sharing" (TARDIS), data from all Belgian RA patients on biologic and targeted therapy are collected during the submission of a request for initiation and prolongation of reimbursement for these drugs.

Objectives: to investigate the effect of the COVID19 pandemic on the monthly prescription behaviour of a new advanced therapy in 2020 by comparing it to 2019.

Methods: Patients were selected for this analysis if they started a new TNFi, B/T cell therapy, IL6 inhibitors or tsDMARD therapy in the TARDIS registry in 2019 or in 2020. Rheumatologists request reimbursement via the online TARDIS tool, which is considered here as a new drug prescription. Prescription behaviour was compared between 2019 and 2020, between bionaive and bioexperienced patients, and between the different drug classes

Results: In 2019, 2949 patients were prescribed any new advanced therapy, including 1153 TNFi, 469 B/T cell therapy, 436 IL6 inhibitors and 891 tsDMARDs. In 2020, 2998 patients were prescribed any new advanced therapy including 1233 TNFi, 382 B/T cell therapy, 496 IL6 inhibitors and 887 tsDMARDs.

On a monthly basis, on average 246 and 250 new advanced therapies were prescribed in 2019 and 2020 respectively. Monthly deviations from this average in 2019 ranged from -19% to +16%. Monthly deviations from this average in 2020 ranged from -50% to +30%. Figure 1A shows the monthly prescription of new advanced therapies in 2019 and 2020.



For bionaive and bioexperienced patients, the same trend can be noted. Monthly deviations in bionaive patients in 2020 ranged from -60% to +38%, compared to -18% to +21% in 2019. Monthly deviations in bioexperienced patients ranged from -40% to +25%, compared to -19% to +17% in 2019.

Comparison per drug class in 2020 show similar trends. IL6 inhibitors show a slightly different timeline than other drugs classes with other periods of less or more prescriptions changes compared to the other drugs classes. See Figure 1B.

Conclusion: The COVID19 pandemic did affect reimbursement requests for patients starting new advanced therapies in March and April 2020, especially for bionaive patients. The latter half of 2020 was apparently used to catch up with reimbursement requests for patients in need for advanced therapies resulting in similar total numbers of patients treated with advanced therapy in 2019 and 2020. The choice for a particular drug type was not clearly influenced by the pandemic. IL6 inhibitor use did seem to be affected differently by the pandemic, yet caution is warranted as these relatively large differences in proportional changes parallel small differences in actual drug numbers.

In sum, the observed effect of the pandemic on initiating advanced therapy during the first wave corresponds with Belgian governmental measures that restricted non-essential care which was less observed in the latter half of 2020.

Disclosure of Interests: None declared.

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POS1204 LOW POSITIVITY RATE IN ANTIBODY SARS-COV2 TESTS IN PATIENTS WITH RHEUMATIC DISEASES TREATED WITH RITUXIMAB. A CASE CONTROL STUDY OF A HIGH IMPACT SARS-COV2 INFECTION AREA.

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Background: Diagnosis of previous SARS-COV2 infection may be challenging in immunocompromised patients.

Objectives: To analyze positivity rate to SARS-COV2 antibody tests (SC2AT) in patients diagnosed of rheumatic diseases (RMD) treated with Rituximab.

Methods: We conducted a case-control study of patients diagnosed of RMD followed in a referral hospital in Madrid, Spain. Positivity rate to IgG-SC2AT were analyzed in Rituximab-treated patients (RTX) compared with patients treated with TNF inhibitors (TNFi) and/or conventional DMARDs (cDMARDs) (N-RTX).

We included patients that received Rituximab in the previous year to a confirmed SARS-COV2 infection (defined as a positive polymerase chain reaction test (PCR) and/or compatible chest Xray), to a suspected SARS-COV2 infection (2 or more symptoms) or to SC2AT determination. Patients with RMD treated with other biological DMARDs (bDMARDs) rather than Rituximab or TNFi were excluded.

Results: We included 152 patients with RMD who underwent a SC2AT. Main characteristics are reported in Table 1.

Table 1. Main characteristics. AS, axial spondylitis; bDMARDs, biological disease-modifying anti-rheumatic drugs; cDMARDs, conventional DMARDs; COPD, Chronic obstructive pulmonary disease; CVD, Cardiovascular disease; IMM, immune-mediated myositis; JIA, Juvenile Idiopathic arthritis; PsoA, Psoriatic Arthritis; RA, Rheumatoid Arthrtis; SLE, Systemic Lupus Erythematosus; SSc, Systemic Sclerosis; SSj, Sjogren Syndrome.

	Rituximab (RTX)	Non-Rituximab (N-RTX)	p value
Patients, n (%)	48 (31.6)	104 (68.4)	
Age, years, median (IQR)	65 (54-72)	60 (47-71.8)	p= 0.190
Female, n (%)	38 (79.2)	74 (71.2)	p=0.297
Diagnosis, n (%)			p=0.2
- RA	20 (41.7)	42 (40.4)	
- SSj	4 (8.3)	6 (5.8)	
- RA SSj	3 (6.3)	0 (0)	
- SLE	4 (8.3)	8 (7.7)	
- Vasculitis	7 (14.6)	13 (12.5)	
- IMM	1 (2.1)	4 (3.8)	
- JIA	2 (4.2)	3 (2.9)	
- SSc	7 (14.6)	15 (14.4)	
- AS	0 (0)	4 (3.8)	
- PSoA	0 (0)	5 (4.8)	
- Others[a]	0 (0)	4 (3.8)	
Comorbidities, n (%)			
- Hypertension	18 (37.5)	34 (32.7)	p=0.561
- Diabetes	5 (10.4)	10 (9.6)	p=0.878
- Dyslipidemia	18 (37.5)	30 (28.8)	p=0.286
- COPD/asthma	6 (12.5)	4 (3.8)	p=0.049*
- CVD	11 (35.4)	25 (24)	p=0.831
Interstitial lung disease, n (%)	17 (35.4)	8 (7.7)	p<0.0001*
Corticosteroids use, n (%)	26 (54.2)	33 (31.7)	p=0.008*
cDMARDs use, n (%)	27 (56.3)	73 (70.2)	p=0.092
bDMARDs, n (%)			-
- None	0 (0)	83 (79.8)	
- TNF inhibitors	0 (0)	21 (20.2)	
- Rituximab	48 (100)	0 (0)	
Previous positive PCR, n (%)	8 (16.7)	20 (19.2)	p=0.191
- Time from positive PCR to SC2AT, days, mean ±SD	47.4 (38.7)	65.1 (49)	p=0.368
Previous symptoms, n (%)			
- Time from symptom onset to SC2AT, days, mean ±SD	13 (27.1) 130.3 ±91.1	36 (34.6) 93.5 ±72.6	p=0.356 p=0.15
COVID, n (%)			p=0.183
- Non suspected	35 (72.9)	66 (63.5)	
- Suspected	3 (6.3)	18 (17.3)	
- Confirmed	10 (20.8)[b]	20 (19.2)	

[a]Including gout, polymyalgia rheumatica.[b]Two patients had negative PCR but compatible symptoms and chest X-Ray.

Among RTX and N-RTX, 4/48 (8.3%) and 35/104 (33.7%) showed a positive IgG-SC2AT, respectively. Four out of 104 (38.5%) N-RTX tested positive without previous symptoms. No asymptomatic infection was diagnosed among RTX.
Univariable analysis showed a lower rate of positivity to SC2AT in confirmed and suspected infection among RTX [Positive IgG-SC2AT in confirmed infection: RTX 4/10 (40%), N-RTX 16/20 (80%); p=0.045. Positive IgG-SC2AT in suspected infection: RTX 0/3 (0%), N-RTX 15/18 (83.3%); p=0.015].
A logistic binary regression identified previous symptoms [OR 61.2, 95CI(13.3-280.6) p=0.0001], male sex [OR 4.8, 95CI(1.3-17.8) p=0.02], non-rituximab treatment [OR 19.7, 95CI(3.6-106.3) p=0.001] as independent factors associated with a higher probability of positive IgG-SC2AT. Age, previous PCR status, corticosteroid and cDMARD use showed no statistical significance. This model accounted for 47.6% of positive cases.
Conclusion: RTX had a lower rate of positivity to IgG-SC2AT compared to N-RTX. Previous symptoms, male sex and non-RTX treatment were independently associated with higher probability of positive IgG-SC2AT.
Disclosure of Interests: None declared.
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POS1205 THE IMPACT OF COVID-19 ON PATIENT MANAGEMENT AND PRESCRIBING STRATEGY ACROSS THE EU AND US: A REAL-WORLD SURVEY OF RHEUMATOLOGISTS, DERMATOLOGISTS, AND GASTROENTEROLOGISTS

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Background: The COVID-19 pandemic is expected to have impacted patient management on a global level. However, the degree of impact on patient management and prescribing strategy in the fields of rheumatology, dermatology and gastroenterology is unclear.
Objectives: Assess the impact of COVID-19 on patient management and prescribing strategy across the EU and US, as described by rheumatologists, dermatologists, and gastroenterologists.
Methods: Data were drawn from physician surveys in France, Germany, Italy, Spain, UK and US between July and December 2020. Physicians completed an online or telephone survey assessing how COVID-19 has impacted type and frequency of consultations; choice and prescription of medication.
Results: 847 physicians took part; 355 rheumatologists, 200 dermatologists (Germany, Spain, UK, and US only), and 282 gastroenterologists. As a result of COVID-19, most physicians stated they have moved at least some patients to video or telephone consultations (70% rheumatologists; 55% dermatologists; 60% gastroenterologists) and reduced overall frequency of consultations with patients (59% rheumatologists; 64% dermatologists; 51% gastroenterologists) (Table 1).
35% of rheumatologists, 22% of dermatologists, and 14% of gastroenterologists described COVID-19 as changing the way they choose and prescribe medication, with differences observed between countries (Figure 1). Of those who stated they have made medication changes, rheumatologists stated changing medication to self-administration (62%) and not starting new patients on an advanced therapy (biologic DMARD or targeted synthetic DMARD) (58%) as most frequent. Dermatologists stated changes include changing treatment to more COVID-appropriate treatment (71%) and prescribing repeat prescriptions more regularly without consultation (56%). Gastroenterologists stated changes include changing medication to self-administration (55%) and prescribing a longer course of medication (48%).
Comparing across countries, for all specialties, the greatest changes were observed in the UK followed by Spain, with least changes in Germany and Italy.
Conclusion: There have been changes in the process of how healthcare is delivered, although treatment prescription was impacted to a lesser extent than consultation type and frequency. This varies across geographies, which may be due to differences in reported prevalence of COVID-19. Differences are also observed across specialities, which may be due to guidance received from specialty bodies. It is unknown what the long-term impact of changes in the management of patients due to COVID-19 will be on patient outcomes, satisfaction, engagement and adherence, and further research is needed.

Table 1. Rheumatologist, Dermatologist, and Gastroenterologist described impact on patient management, by country

	Global	France	Germany	Italy	Spain	UK	US
	(n=847)	(n=90)	(n=168)	(n=122)	(n=161)	(n=133)	(n=163)
Rheumatologists	n=365	n=50	n=58	n=59	n=57	n=50	n=81
Moving to video/telephone consultation	70%	70%	36%	47%	86%	94%	84%
Fewer visits for individual patients (reduced visiting schedule)	59%	80%	0%	41%	96%	76%	65%
Dermatologists	**n=200**	**-**	**n=50**	**-**	**n=50**	**n=50**	**n=50**
Moving to video/telephone consultation	55%	-	40%	-	58%	66%	56%
Fewer visits for individual patients (reduced visiting schedule)	64%	-	60%	-	54%	72%	72%
Gastroenterologists	**n=282**	**n=40**	**n=60**	**n=63**	**n=54**	**n=33**	**n=32**
Moving to video/telephone consultation	60%	63%	18%	54%	83%	100%	69%
Fewer visits for individual patients (reduced visiting schedule)	51%	35%	43%	51%	43%	79%	69%

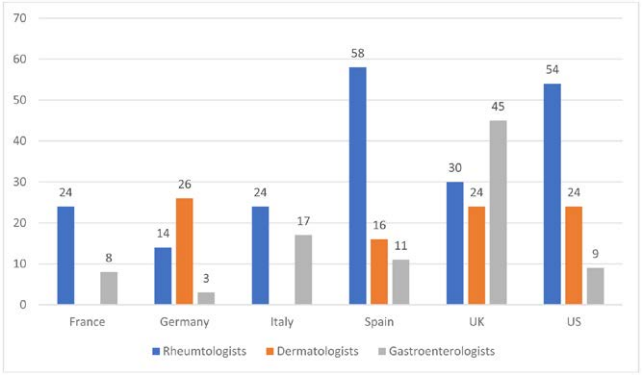

Figure 1. Proportion of rheumatologists, dermatologists, and gastroenterologists reporting changing the way they choose and prescribe medication as a result of COVID-19

Disclosure of Interests: None declared.
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POS1206 SEROPREVALENCE OF SARS-CoV-2 ANTIBODIES IN AUTOIMMUNE INFLAMMATORY RHEUMATOLOGIC PATIENTS

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Background: Immune responses in AIIRD patients may be reduced and influenced by immunosuppressive treatments[1].The effect of immunosuppression on the mounting of SARS-CoV-2 antibodies in AIIRD is not clear.
Objectives: To assess the prevalence of SARS-CoV-2 antibodies in AIIRD patients and to define clinical factors affecting this prevalence.
Methods: Consecutive consenting AIIRD patients from the Rheumatologic department in Tel Aviv Medical Center participated in the study.
Patients answered a questionnaire and were tested for SARS-CoV-2 antibodies. A two stage antibody testing was done in order to increase specificity.
Results: The study included 560 AIIRD patients (229 RA, 149 PsA, 84 SLE, 55 vasculitidies, 40 SpA, 3 other CTD), of them 26 patients were found to have SARS-CoV-2 IgG antibodies (4.6%) (Table 1). This was more than double than a