it can offer, given that it is a “relatively less time consuming specialty”. The main barrier to choose rheumatology is “the interest in surgical specialties” for students and interns and “the limited therapeutic aspects” for graduates. Other commonly reported reasons are shown in Table 1.

Conclusion: Our study has shown that rheumatology fascinates Moroccan medical students by its clinical abundance and the diversity of musculoskeletal pathology and also by the quality of life it can offer. According to the students, the main barriers to choose rheumatology are the interest in a surgical specialty, and the limited therapeutic aspects of the specialty.

Disclosure of Interests: None declared.

AB1506
RHEUMATOLOGY TRAINING EXPERIENCE: ARE RHEUMATOLOGY RESIDENTS WELL-PREPARED NOWADAYS? A SELF-APPRaisal
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Background: Rheumatology residence in Europe is a 4-year training program where Medical Doctors (MD) purchase all capacities for turning into Rheumatologists at each Hospital. European guidelines concerning which contents should be acquired and recommendations for its obtaining are available (UEMS, Union Européenne des Médecins Spécialistes). Several researches have proven high self-reported abilities, but some deficiencies are displayed in deeper investigations: musculoskeletal ultrasound, poorly crystal identification by optic microscopy and injection skills. As well, low clinical experience remains as one of the most self-reported deficiencies.

Methods: At the outpatient clinic in a Spanish Hospital, a total of 207 musculoskeletal ultrasonography were performed. From those, 470 were the first visit of the patient and 119 of them were followed. A total of 207 musculoskeletal ultrasonography were made during daily clinical practice. As well, 67 artricular injections were performed. Capillaroscopy and salivary gland biopsy were the least frequent procedures (21 and 18, respectively). Biological therapies most supervised by the resident were anti-TNF (76.9%), followed by anti-IL-6 (12.8%) and anti-IL-17 (10.3%).

Results: During one-year period of the Resident’s consultation, 1419 visits were performed. From those, 470 were the first visit of the patient and 119 of them were solved in the first visit and no follow-up was needed. 60.7% of patients were woman. Most frequent diagnosis were arthropathies: 21.8% psoriatic arthropitits, 16.9% rheumatoid arthritis and 8.4% axial spondyloarthritis. According collagenopathies, 3.4% of patients were diagnosed of systemic erythematous lupus, 1.3% antiphospholipid syndrome, 2.3% systemic sclerosis and 1.3% myopathies. Bone-related diseases as Paget’s disease and osteoporosis were also frequent (21 and 132 patients). The most prevalent vasculitides was giant cell arteritis with 51 patients, although patients with Behcet’s disease, Takayasu arteritis and polyarteritis nodosa were also followed. A total of 207 musculoskeletal ultrasonography were made during daily clinical practice. As well, 67 artricular injections were performed. Capillaroscopy and salivary gland biopsy were the least frequent procedures (21 and 18, respectively). Biological therapies most supervised by the resident were anti-TNF (76.9%), followed by anti-IL-6 (12.8%) and anti-IL-17 (10.3%).

Conclusion: Most of rheumatic diseases can be diagnosed and followed during one-year period in the resident’s training program. Also, ultrasonography and injection skills are granted during this time. The most important self-reported deficiency is the low number of patients under biological/targeted synthetic treatments.

Disclosure of Interests: None declared.


AB1507
ATTRIBUTES INFLUENCING THE SELECTION OF FELLOWSHIP PROGRAMS BY RHEUMATOLOGY APPLICANTS: A PILOT WEB-BASED SURVEY
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Background: Recruitment of candidates is a costly and effort-intensive aspect of rheumatology fellowship programs. For program leaders to efficiently use the available resources and improve recruitment outcomes, it is imperative to understand the attributes that influence the candidates’ choice of a program. Previous studies have examined the type and relative importance of the factors that candidates use in selecting other fellowship programs (1, 2). However, no such studies have been conducted in the field of rheumatology.

Objectives: To examine the factors that influence the selection of fellowship programs by rheumatology applicants.

Methods: An anonymous, web-based survey comprised of 13 questions was shared with rheumatology fellowship applicants on messaging applications and online forums. The survey was open from 10/29/2021-11/06/2021. Participation was voluntary and informed consent was implied through the participants’ response. Three reminders to complete the survey were sent. Four domains of the applicant’s perception in relation to their preference of ranking rheumatology programs were assessed: (1) program prestige, (2) program structure, (3) interview day experience, and (4) career path of the alumni. The survey questions were devised in one of the following formats: (1) 5-point Likert scale, (2) rank order questions, (3) yes/no questions, (4) multiple choice questions, and (5) open-ended questions.

Results: Thirty-two rheumatology applicants responded to the survey. The prestige of the program was reported to be extremely important by 16%, very important by 19%, somewhat important by 44%, and little or not important by 21% responders. The opportunity to see a diverse patient population was reported to be important by 97% respondents. The call schedule and higher number of fellows were considered important by 88% of the respondents. 66% preferred programs with higher number of faculty members. 69% favored programs with an ultrasonogram curriculum. The availability of clinician-educator track (18%), MCR/MPH (14%), and T32 grand (6%) were considered less important. A total of 470 were the first visit of the patient and 119 of them were followed. A total of 207 musculoskeletal ultrasonography were made during daily clinical practice. As well, 67 artricular injections were performed. Capillaroscopy and salivary gland biopsy were the least frequent procedures (21 and 18, respectively). Biological therapies most supervised by the resident were anti-TNF (76.9%), followed by anti-IL-6 (12.8%) and anti-IL-17 (10.3%).

Conclusion: To the best of our knowledge, this is the first survey to assess the factors that influence a candidate’s choice of a rheumatology fellowship program. Our survey demonstrated that a positive interview day experience and program attributes including the opportunity to interact with a diverse patient population, relaxed call schedule, higher number of fellows and faculty, the presence of an ultrasonogram curriculum, and the location were the dominant factors influencing applicants’ choice of a program. The main limitation of our study is the lack of generalizability due to selection bias. Understanding the factors involved in decision making of the rheumatology fellowship applicants can provide valuable information to the applicants and the programs and therefore lead to a better match.

References:

Disclosure of Interests: None declared.


Educational cases

AB1508
A NOVEL PATHOGENIC VARIANT IN ZNF462 GENE ASSOCIATED WITH WEISS-KRUSZKA SYNDROME AND SLE
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Background: Weiss-Kruszka syndrome (WSKA) is an autosomal dominant congenital anomaly syndrome due to mutations in the ZNF462 gene and manifests with developmental delay and multiple craniofacial abnormalities with variable expressivity. It is also characterized by cognitive impairment, whilst about a third of the affected individuals belong to the autism spectrum. Although the disease is inherited with the autosomal dominant manner (most of the described subjects, 95%) had de novo variants with no affected family members1. WSKA has been recently described and only 26 (including our patient) affected individuals have been classified to date2. Systemic lupus erythematosus (SLE) is a systemic autoimmune disease characterized by the presence of autoantibodies and multi-organ inflammation. Genetic factors might play an important role in disease pathogenesis in patients with childhood-onset SLE.

References:
Objectives: To describe the case of a SLE patient who was found to have WSKA related to a novel pathogenic autosomal dominant (AD) variant in the ZNF462 gene, and inform clinicians of a possible association between the two conditions.

Methods: A 25-year-old Caucasian female with a history of SLE, diagnosed at the age of 14, manifested with malar rash, Raynaud’s phenomenon, arthritis, thrombocytopenia, positive ANA, ds-DNA antibody and hypocomplementemia. At the age of 17, she developed renal dysfunction due to lupus nephritis class IV, and she was treated with glucocorticoids (GCs), cyclophosphamide and hydroxychloroquine. In Oct 2020, she was admitted to the hospital for thrombotic thrombocytopenic purpura due to lupus exacerbation. She was successfully treated with GCs, plasma exchange and rituximab. During her hospitalization, the presence of various clinical features raised the suspicion of a genetic syndrome. First, the patient exhibited dysmorphic features such as hypertelorism, flat nasal bridge, small upper lip, mild intellectual disability, and a history of childhood-onset SLE. Whole exome sequencing (WES) by NGS was used for the genetic investigation of the patient.

Results: The patient underwent genetic evaluation with WES and the novel heterozygous AD pathogenic variant c.4142delT (p.Ile1381ThrfsTer16) in ZNF462 gene was identified. Confirmation of the identified variant was also verified by sanger sequencing. Pathogenic variants in the ZNF462 gene were previously described in patients with the recently reported Weiss-Kruszka Syndrome (WSKA) of which several carriers were identified. The ZFN462 encodes a zinc-finger transcription factor that plays a role in embryonic development, transcriptional regulation, and chromatin remodelling. Given that chromatin remodelling has been implicated in the pathogenesis of SLE, the association of this novel ZNF462 variant in the development of SLE, needs to be determined.

Conclusion: This is the first report of a patient with coexisting SLE and WSKA due to a novel variant. It illustrates the need for further research in order to elucidate any possible pathophysiologic link among the 2 conditions.

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AB1509

OVARIAN CARCINOMA MIMICKING SYSTEMIC SMALL VESSEL VASCULITIS: CASE REPORT

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Background: Few cases of digital ischemia and gangrene associated with primary solid tumors have been described in literature[3]. The exact mechanism of severe occlusion has not been completely understood and the available treatment options have an extremely limited utility [1,2]. In the most cases the patients were elderly women with adenocarcinomas of digestive or gynaecologic apparatuses [4].

Disclosure of Interests: None declared

Figure 1.