regardless of the detection of any aPLs. These findings suggested that COVID-19 associated aPLs were irrelevant to thrombotic complications.

**Conclusion:** Thromboses were induced after the infection of SARS-CoV-2 only in the APS model. However, aPLs detected in COVID-19 patients have little impact on the development of thrombosis. SARS-CoV-2 infection might have a high risk of thrombosis, especially in APS patients, as shown in the case report (4). The discrepancy of its thrombogenic effects of aPLs might be explained by the low titer of the antibody or the diversity of antibody epitope. Further analyses are required to clarify the mechanisms of aPLs production and the development of thrombosis in COVID-19.

**REFERENCES:**


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**POS0198 COVID-19 OUTCOMES IN PATIENTS WITH DERMATOMYOSITIS: A REGISTRY-BASED COHORT ANALYSIS**

L. Gupta1,2, H. Pakhchanian3, H. Khan1, R. Raiker1, M. Abbasi4, C. Deyoung4, S. Karde5, S. Ahmed6, C. Kavadiachanda7, P. Sen1,2, R. Aggarwal1,2. 1Royal Wolverhampton Hospitals NHS Trust, Department of Rheumatology, Wolverhampton, United Kingdom; 2Sanjay Gandhi Postgraduate Institute of Medical Sciences, Department of Clinical Immunology and Rheumatology, Lucknow, India; 3George Washington School of Medicine & Health Sciences, - Washington DC, United States of America; 4Dubai Medical College for Girls, - Dubai, United Arab Emirates; 5West Virginia University School of Medicine, - Morgantown, United States of America; 6Sidney Kimmel Medical College at Thomas Jefferson University, - Philadelphia, United States of America; 7Istanbul University Faculty of Medicine, Department of Medical Ecology and Hydroclimatology, Istanbul, Turkey; 8Kalinga Institute of Medical Sciences, Department of Clinical Immunology and Rheumatology, Bhubaneswar, India; 9Jawaharlal Institute of Postgraduate Medical Education and Research, Department of Clinical Immunology, Puducherry, India; 10Maulana Azad Medical College, Undergraduate, New Delhi, India; 11University of Pittsburgh School of Medicine, Division of Rheumatology and Clinical Immunology, Pittsburgh, United States of America

**Background:** Dermatomyositis (DM) patients have fewer risks of COVID-19 infection compared to the general population, however, certain subgroups with DM have worse outcomes. Men, African Americans, those with internal lung disease, exhibited higher risks of severe COVID-19. DMARD and glucocorticoid use was associated with frequent hospitalisations and severe sepsis.

**Objectives:** Rheumatic diseases (RDs) like DM, are previously known to be vulnerable towards various types of infections due to its aggressive activity mandating high dose immunosuppressive therapy. The severity of COVID-19 in RDs is limited in literature due to the heterogeneous nature of the condition. Therefore, specific details on mortality is essential to navigate any precautions required in the treatment.

**Methods:** Retrospective data of individuals with DM and COVID-19 and the general population with COVID-19 between January 2020 to August 2020 was retrieved from the TriNetX database. A one-to-one matched COVID-19 positive control was selected using propensity score (PS) matching. We assessed COVID-19 outcomes such as mortality, hospitalisation, ICU admission, severe COVID-19, mechanical ventilation (MV), acute kidney injury (AKI), venous thromboembolism (VTE), ischemic stroke, acute respiratory distress syndrome (ARDS), renal replacement therapy (RRT) and sepsis. Subgroup analyses included gender, race, ILD, cancer patients, disease-modifying rheumatic drugs (DMARDs) use, and glucocorticoids (GC) use (Figure 1).

**Results:** We identified 5,574 DM patients with COVID-19, and 5,574 general population with COVID-19 (controls). DM with COVID-19 had a lower risk of mortality in comparison to controls [RR 0.76], hospitalisation [RR 0.8], severe COVID-19 [RR 0.76], AKI [RR 0.83], and sepsis [RR 0.73]. Males and African Americans were more likely to develop AKI [RR 1.35, 1.65], while African Americans had higher odds for severe COVID-19 [RR 1.62] and VTE [RR 1.54]. DM with ILD group also experienced higher odds for severe COVID-19 infection [RR 1.64], and VTE [RR 2.06] (Figure 1).

DM patients receiving DMARDs and glucocorticoids had higher odds for hospitalisation [RR 1.46, 2.12], and sepsis [RR 3.25] Subgroup analysis of neoplasms amongst DM patients with COVID-19 was inadequate for meaningful comparison (Figure 1).

**Conclusion:** DM patients are protected for certain aspects of COVID-19 disease, including severe COVID-19, hospitalization, and mortality. The African American race, male gender, ILD, DMARDs and glucocorticoid users, are associated with poor outcomes.

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**POS0199 DETECTION OF SARS-CoV-2 ANTI BodIES FOLLOWING VACCINATION IN PATIENTS WITH RH EMATOLOGIC MUSCULOSKELETAL DISEASE (DECODIR) – AN INTERIM REPORT FROM A DANISH PROSPECTIVE COHORT STUDY**

C. Graversgaard1, K. Schreiber1,2,3, R. Petersen1, H. Jakobsen1, A. B. Bojesen1, N. Steen Krogh1, B. Glintborg1,4, M. L. Hetland1,5, C. Hendriksen1,2. 1University of Southern Denmark, University Hospital of Southern Denmark, Sonderborg, Denmark; 2University of Southern Denmark, Department of Regional Health Research, Sonderborg, Denmark; 3Guy’s and St Thomas’ NHS Foundation