Panel B). This effect was seen across all treatment arms (N=95) and independent of the mode of action, but slower for trials including treatment-IR patients compared with those assessing DMARD-naïve patients (Figure 1, Panel A). Conclusion: The ACR20 response definition continues to be the most powerful discriminator between active treatment and placebo at early timepoints during trials; however, the discriminative capacity of the ACR50 and 70 definitions increases over the course of time. Our findings therefore support the use of these clinically more relevant response definitions at later but not early timepoints.

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POS0981 PRECISION MEDICINE IN RHEUMATOID ARTHRITIS. EVALUATION OF TWO NOVEL TESTS TO PREDICT CLINICAL RESPONSE TO METHOTREXATE IN PATIENTS WITH EARLY RHEUMATOID ARTHRITIS

Keywords: Disease-modifying drugs (DMARDs), Rheumatoid arthritis, Biomarkers

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Background: The main goal of treatment in patients with early Rheumatoid Arthritis (RA) is to achieve a clinical remission. Methotrexate (MTX) should be the first treatment strategy in naive patients, but about one third will not respond to this therapy. There is a lack of tools to predict the individual response to MTX. Pre-treatment number of circulating monocytes may predict clinical response to MTX (1) and ROS production may be related to the pharmacological action of MTX (2, 3).

Objectives: To evaluate the feasibility of 2 novel tests (ROS and Monocytes Tests) to measure in vitro the sensitivity to MTX in patients with new-onset RA and the association of MTX response with clinical remission at 6 months.

Methods: This is an observational, longitudinal Proof-of-Concept with a follow-up of 6 months. 33 adult patients with early RA according EULAR criteria and with a DAS28 ≥2.6 were included before treatment with a disease-modifying antirheumatic drugs disease (DMARD). 26 patients had a valid sample for tests performance. At baseline a patient blood sample was collected, where PBMCs were isolated and frozen. After 3 weeks, PBMCs were defrost, placed in a plate p96, activated with phytohemagglutinin, and exposed to MTX. In the ROS test, Reactive Oxygen Species levels were measured by means of a specific vital probe with fluorimetry. In the Monocytes test, monocytes metabolic activity was determined with resazurin and measured with fluorimetry. Clinical and analytical variables were registered along patients’ follow-up and DAS28≥2.6 was used as criteria for clinical remission. Results of both tests were compared in patients with and without clinical remission at 6 months.

Results: ROS levels as determined with the ROS test showed to be increased in patients with clinical remission when compared with patients without remission (p<0.001) (Figure 1). Monocytes number determined with the Monocytes test was decreased in the patients with clinical remission vs patients without remission (p<0.05) (Figure 1). The predictive capacity of these models was analyzed with the area under the operating characteristics curve (ROC), showing for ROS Test an AUC of 0.919 (CI95%: 0.813- 1.025) (p<0.0001) and for Monocytes test 0.826 (CI95%: 0.664-0.989) (p<0.0001).

REFERENCES:

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Clinical cases

POS0982 UNUSUAL PRESENTATION OF LEWIS-SUMNER SYNDROME IN ELDERLY SIMULATING POLYMYOSITIS AND POLYMALGIA RHEUMATICA

Keywords: Rare/orphan diseases

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Background: Lewis-Summer syndrome (LSS) or multifocal acquired demyelinating sensory and motor neuropathy (MADSAM) is an atypical form of chronic inflammatory demyelinating polyneuropathy (CIDP). This rare disease is characterized by a predominantly distal, asymmetric weakness mostly affecting the upper limbs and motor dysfunction with adult onset. Diagnosis can be difficult to establish if the clinical presentation is atypical and frequently simulates inflammatory myopathy.

OBJECTIVES: Methods: We report a rare case of LSS in an old patient with unusual clinical aspects.

Results: A 70-year-old female patient with a history of atrial fibrillation complicated by pulmonary embolism, presented with myalgia and muscle weakness of the shoulders, upper arms, hips and thighs. This involvement was bilateral, symmetrical and evolving since 3 months, causing difficulties in climbing stairs, standing or walking. Physical examination showed a proximal muscle deficiency affecting proximal muscles of the upper and lower limbs. In this stage we suspected a poly yositis or polymyalgia rheumatica. We completed by biological assessment that showed a biological inflammatory syndrome (ESR at 90 mm at first hour; CRP at 80 mg/L) and elevated lactate dehydrogenase level at 490 IU/L. The immunoblot polynyo-citosis profile (anti-Mi2, anti-Ku, anti Pm/SCL, anti-Jo1, anti-PL12, anti-PI7, anti-SSA 52kDa, anti-EJ, anti-OJ and anti-SRP) was negative. The MRI of lower limbs revealed a signal abnormality in the gluteus medius muscles on both sides with inflammatory appearance. The Electromyography revealed sensorimotor neuropathy affecting the four extremities with motor nerve conduction blocks. This aspect was in favor of LSS, so we completed by a cerebrospinal fluid study which revealed a proteinorachia at 0.4g/l with normal glycorachia and normal cell counts. These results confirmed the diagnosis of LSS. The patient was treated by corticosteroids at dose of 1 mg/kg day during 2 months, with a progressive decrease of treatment. The evolution was marked by a spectacular clinical and biological response.

Conclusion: LSS is a very rare disease that can simulate inflammatory myopathy and polymyalgia rheumatica in elderly. So, it should be suspected in old patients suffered from proximal muscle deficiency.


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POS0983 TET2 MOSAICISM IN HUMAN IS ASSOCIATED WITH A COMPLEX PHENOTYPE INCLUDING LYMPHOPROLIFERATION, AUTOIMMUNITY, IMMUNODEFICIENCY, AND HEMATOLOGIC MALIGNANCY

Keywords: Autoantibodies, Genetics/epigenetics, Malignancy

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