most common malignancy in patients with Sjögren’s syndrome was thyroid cancer. The risk of overall malignancy was not higher than that of the control. However, the incidence of prostate cancer (HR: 1.339, 95% CI: 1.076–1.667), thyroid cancer (HR: 1.320, 95% CI: 1.093–1.594) and lymphoma (HR: 1.620, 95% CI: 1.066–2.482) were higher and hepatocellular carcinoma (HR: 0.591, 95% CI: 0.455–0.767) was lower than that of control. Lymphoma developed in 305 patients (3.1% of total malignancy); 10 cases of Hodgkin lymphoma, and 290 cases of non-Hodgkin lymphoma. Gender, age, smoking, drinking, body mass index, fasting blood glucose, and proteinuria were not significantly different from the control group in lymphoma development.

Conclusions: Sjögren’s syndrome patients’ overall malignancy risk was not higher than that of control group. However, risk of lymphoma, prostate cancer, and thyroid cancer was higher than control group.

Disclosure of Interest: None declared

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SAT0415  THE MRZ REACTION HELPS TO DISTINGUISH RHEUMATOLOGIC DISORDERS WITH CENTRAL NERVOUS INVOLVEMENT FROM MULTIPLE SCLEROSIS

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Background: Some rheumatologic disorders (RD) may initially manifest with central nervous system (CNS) affection, mimicking the clinical, magnetic resonance imaging, and cerebrospinal fluid (CSF) findings of multiple sclerosis (MS). Vice versa MS might be difficult to separate from some RD because of the presence of autoantibodies (e.g. ANA) in up to 50%. The MRZ reaction (MRZR), composed of the three respective antibody indices (AI) against measles, rubella, and varicella zoster virus, has been found positive frequently in MS patients. However, it is unclear whether the MRZR is helpful to distinguish rheumatologic disorders with CNS involvement (RDwCNS) from MS.

Methods: To investigate the MRZ reaction as a diagnostic tool to distinguish patients with RDwCNS from patients with MS.

Analysis 1: The laboratory test may be a helpful diagnostic tool to distinguish RDwCNS from MS.

Analysis 2: The laboratory test may be a helpful diagnostic tool to distinguish RDwCNS from MS.

Analysis 3: The laboratory test may be a helpful diagnostic tool to distinguish RDwCNS from MS.

Results: MRZR was evaluated in 35 patients with RDwCNS and compared to 70 sex- and age-matched MS patients. An AI result ≥1 of 3 AIs positive) and MRZR-2 (>2 of 3 AIs positive), were applied. CNS involvement of RDwCNS was defined as clinical presentations in each domain were, respectively, parotid lymphoma (n=41), focal neurological deficit (n=20), ganglionopathy (n=11), usual interstitial pneumonitis (n=4), idiopathic pulmonary fibrosis (n=5), end-stage renal failure (n=4), severe myositis (n=4). With respect to therapeutic approach, 144 (69%) required glucocorticoids, 122 (61%) required hydroxychloroquine, 117 (63%) required methotrexate, 112 (60%) required azathioprine, 45 (24%) required infliximab, 30 (16%) required rituximab, 29 (16%) required cyclophosphamide, and 25 (13%) required cyclosporine. The SjS group was classified as presenting with a life-threatening systemic disease (mainly lymphoma, but also severe internal organ involvement and signs of inflammation in CSF analyses and/or MRI of the brain.

Objectives: The laboratory test may be a helpful diagnostic tool to distinguish RDwCNS from MS.

Methods: To investigate the MRZ reaction as a diagnostic tool to distinguish patients with RDwCNS from patients with MS.

Results: Within the RDwCNS group, 31 patients suffered from systemic lupus erythematosus, four had a small vessel vasculitis. In both groups 77.1% were female, mean age (±SD) was 43.2 years (±18.7) in RDwCNS and 47.5 years (±7.8) in MS (p=0.6). All RDwCNS patients showed clinical symptoms indicative for CNS involvement and signs of inflammation in CSF analyses and/or MRI of the brain. In 52 MS patients autobody screening was performed. 42% were positive for ANA (n=20) or ANCA (n=5) in indirect immunofluorescence. Only 14.3% of RDwCNS patients had a positive MRZR-1 compared to 85.7% within the MS group (p<0.0001). The specific MRZR-2 was positive in 60% of the MS patients compared to only 8.5% of the RDwCNS patients (p<0.0001). By using a higher threshold of >2.0 for a positive AI, the prevalence of positive MRZR-2 dropped to 5.7% (n=2) in the RDwCNS group compared to 54.3% (n=36) in the MS group (p<0.0001). Oligoclonal bands were found in 94.3% of the MS and 28.6% of the RDwCNS patients (p<0.0001).

Conclusions: Considering the high specificity of the MRZR-2 for MS confirmed in this study, this laboratory test may be a helpful diagnostic tool to distinguish RDwCNS from MS.

Disclosure of Interest: None declared

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SAT0416  LIFE-THREATENING PRIMARY SJÖGREN SYNDROME: CLINICAL CHARACTERISATION AND OUTCOMES IN 1535 PATIENTS (GEAS-SS REGISTRY)

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Objectives: To analyse the clinical features and outcomes of patients presenting with life-threatening systemic disease in a large cohort of Spanish patients with primary Sjögren syndrome (SjS).

Methods: The GEAS-SS multicenter registry was formed in 2005 with the aim of collecting a large series of Spanish patients with primary SjS. By January 2018, the database included 1535 consecutive patients fulfilling the 2002/2016 criteria. To analyse the clinical features and outcomes of patients presenting with life-threatening systemic disease in a large cohort of Spanish patients with primary Sjögren syndrome (SjS).

Results: The laboratory test may be a helpful diagnostic tool to distinguish RDwCNS from MS.

Conclusions: The laboratory test may be a helpful diagnostic tool to distinguish RDwCNS from MS.

Disclosure of Interest: None declared

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