years, although SSc may also start in both young and elderly patients. Few data have been reported on patients suffering from late-onset SSc.

Objectives: To characterise clinical and immunological features of early and late-onset SSc in a tertiary referral hospital.

Methods: We analysed data from 178 patients followed at our SSc clinic. All the patients fulfilled the ACR/EULAR 2013 classification criteria for SSc or the LeRoy’s criteria for the classification of early SSc. Based on the mean of age of onset of the whole series (50±15 years), ages extremes were defined as younger than 35 versus older than 65 years of age at onset. Disease characteristics as well as clinical and immunological features were evaluated.

Results: The early and the late-onset groups included 35 and 31 patients, respectively. Patients’ current mean age was 42.8±14.1 vs. 75.8±6.2 with a mean disease duration of 14.5±14.7 vs. 4.3±4.6 years. The most common first manifestation of disease was Raynaud phenomena followed by arthritis/inflammatory arthralgia, in both groups. However, the time between clinical onset and SSc diagnosis was higher in the late-onset group (p=0.034). A higher number of diffuse and pre-SS was observed in the early group but this difference didn’t prove statistically significant. There was a higher prevalence of centromere antibodies in the late-onset group (p=0.001). Clinical manifestations and target-organ damage didn’t differ between groups, except for a higher prevalence of heart conduction abnormalities in the late-onset group (p=0.02). In multivariate analyses, age alone (OR=1.04; 95% CI 1.0, 1.1), but not disease duration (OR=0.99; 95% CI 0.9–1.0), was an independent predictor for the presence of heart conduction abnormalities.

Conclusions: In line with findings from other studies, late-onset SSc shows a distinct clinical and immunological presentation. The present study confirms that late-onset is associated with longer diagnostic delay, positive centromere and heart conduction abnormalities. These observations may be due to age and potential age-associated confounders, rather than the disease itself. Knowledge of these different characteristics can help to improve the management of the disease.

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SAT0503

ASSESSMENT OF PROSTANOIDS (ILOPROST, ALPROSTADIL) EFFICACY IN TREATMENT OF ULcers IN PATIENTS WITH SYSTEMIC SCLEROSIS

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Background: The prostanooids are currently regarded as the most effective agents in treatment of ischaemic lesions in patients with rheumatic diseases. However, the efficacy of Alprostadil is underexplored, especially in comparison with Iloprost.

Objectives: To evaluate the efficacy of Alprostadil (Vazoprostatin®) and Iloprost (Ilomedin®) in treatment of digital ulcers in SSc pts using modern assessment tools (questionnaires and designated forms) of digital ulcers.

Methods: This 1 year study included 42 patients with systemic scleroderma (SSc) aged >18 y, having digital ulcers. Standard evaluation procedures and questionnaire to assess therapy, as well as scales and questionnaires for assessment of digital ulcers were used at baseline and after 12 months. The therapeutic regimens were as follows: Alprostadil at 20 mg/kg i/v drip rate infusion during 10 days, 1 course in 6 mo (totally 2 courses), Iloprost at 20 mg/kg i/v via infusion pump during 5 days each 3 months (totally 2 courses). The following questionnaires/forms to evaluate the therapy of digital ulcers were used: 1/VAS for pain assessment, 2/SSc-HAQ, 3/Cochin hand function scale, 4/ the total hand pain score, 5/Global patient’s assessment of ulcers, 6/Global

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physician’s assessment of ulcers, 7/patient’s evaluation of changes in ulcers, 8/ physician’s evaluation of changes in ulcers 9/number of digital ulcers.

The patients were evaluated after the drug infusion and 1 year later. Clinical and demographic characteristics of patients treated with vasoactive drugs are presented in table 1.

**Objectives:** To study the prevalence of Myositis specific and Myositis Associated antibodies (MSA and MAA respectively) in Indian patients with AIM and to correlate these antibodies with clinical features.

**Methods:** All consecutive patients with Inflammatory myositis (satisfying the Bohan and Peter criteria, 1975 attending the Rheumatology and Clinical Immunology department of Medanta hospital from November 2016 to October 2017 were included prospectively and divided into groups as Dermatomyositis (DM), Polymyositis (PM), CTD associated myositis (CTD-M), Cancer associated myositis (CAM) and Juvenile Myositis (JM). Their clinical data and sera were collected after obtaining informed consent. Sera was analysed for IgG antibodies against Jo-1, PL-7, PL-12, EJ, SRP, Mi-2, MDA-5, TIF1y, SAE1, SAE2, NXP2 and SSA/Ro52kD using the microELISA technique (BlueDriver Dot Myositiss 12 SAE IgG kit). Their ENA was also recorded (Blue DriverQuantiX-ANA25 Screen IgG kit d-tek). Results were read by the BlueScan scanner and value >10 were considered positive.

**Results:** The study was approved by the Ethics committee of Medanta hospital.

**Abstract SAT0504**

**THE ASSOCIATION OF MYOSITIS SPECIFIC ANTIBODIES IN PATIENTS WITH INFLAMMATORY MYOSITIS: PRELIMINARY DATA IN INDIAN PATIENTS**

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**Background:** Studies in Autoimmune Inflammatory Myositis (AIM) have shown that certain antibodies have a role in the diagnosis and prognosis of patients with myositis. This ongoing study presents the preliminary data of 48 patients of Indian AIM.

**Conclusions:** It should be noted that certain degree of positive dynamics in healing of ulcers was established by practically all assessment tools. VAS looks like the most sensitive tool in evaluation of pain. Of importance is the fact, that despite marked ischaemic lesions and digital ulcers, the Cochin score reflecting hand functional capacity did not exceed average values at baseline and did not change significantly post-treatment.

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**SAT0505**

**COMPARISON OF LONG-TERM CYCLOPHOSPHAMIDE (CY) AND MYCOPHENOLATE MOFETIL (MMF) EFFICACY AND SAFETY IN PATIENTS WITH SYSTEMIC SCLEROSIS (SSC) AND INTERSTITIAL LUNG DISEASE (ILD)**

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**Background:** CY is considered to be the drug of choice for ILD therapy in patients with SSC. However, based on published evidence, only temporary and modest improvement of pulmonary fibrosis is usually achieved, therefore search for new more effective and safe agents is ongoing, with specific attention given to MMF.

**Objectives:** To compare CY and MMF effects on SSC clinical manifestations and activity, and safety of both agents in an open prospective non-randomised study.

**Methods:** The study included patients with a documented SSC diagnosis and ILD signs based on HRCT data. All patients were treated with immunosuppressants in combination with low and medium doses of glucocorticoids. 36 pts (mean age 47 ±12 years, m/f 1/1, SSC duration 5.0±4.8 years, diffuse/limited – 1/1,6) were administered parenteral CY during 12±6 months, with a cumulative dose of 10.6 ±5 g. 45 pts (mean age 49±13 years, m/f – 1/10, SSC duration 7.6±6.3 years, diffuse/limited – 1/1,3) were administered MMF at 2 g/day during 13±2 months. The