platelets from SLE patients. MS analysis revealed 32 proteins with ≥ 1.5-fold difference and a p-value of less than 0.05 (Abundance Ratio Adjusted). STAT1, ISG15, NMI and TRIM25 were among 19 proteins expressed at higher levels in small platelets and unbiased enrichments analyses showed a significant overrepresentation of proteins related to type I interferon signaling.

Conclusions The increased mitochondrial depolarization in platelets from SLE patients is an indication but not conclusive evidence of increased platelet apoptosis. Interestingly, decreased sized platelets from SLE patients showed an upregulation of type I interferon related proteins, suggesting direct or indirect influence of IFN. This is a novel finding that may suggest that platelet size is related to IFN signaling. Further studies will be conducted to investigate the mechanistic and potential clinical role of this finding.

P29 CLINICAL RELEVANCE OF DFS70 ANTIBODIES AT A COMMUNITY HOSPITAL

Ana Rita Maia, 1Ana Sofia Pinto, 1,2Joana Ferreira, 1,2Cláudia Vaz. 1ULS Guarda, Guarda; 2Dpt. Rheumatology, ULS Guarda, Guarda; 3Faculty of Health Sciences, University of Beira Interior, Covilhã, Portugal

Background/Purpose Anti-nuclear antibodies (ANA) are a serological hallmark of systemic autoimmune rheumatic diseases (SARD), such as systemic lupus erythematosus (LES), Sjögren’s syndrome, systemic sclerosis and mixed connective tissue disease. Indirect immunofluorescence using human epithelial cells (HEp-2) is the gold standard for ANA screening. The nuclear pattern dense fine speckled (DFS) is one of the most common found when ANA levels are increased. DFS70 antibodies have been detected in inflammatory and neoplastic diseases; in contrast they are rare in SARD. These findings lead to research about their clinical implications. The aims of this study are: understand the meaning of anti-DFS70 antibodies; recognize the relevance of these antibodies in the diagnosis of patients with increased ANA titers in the context of SARD and non-rheumatic pathology (NRP).

Methods A retrospective observational study of consecutive patients observed during 2018 in a community hospital with anti-DFS70 antibodies positivity were performed. Sex, age, clinical and autoantibodies associations were recorded. Ethical approval was obtained and it was executed in compliance with the Helsinki Declaration.

Results Of forty-seven patients 38 (80.9%) were females; mean of age was 51.57 years; 10 (21.3%) were diagnosed with SARD (among which 4 were LES, 5 rheumatoid arthritis and 1 had autoimmune thyroiditis); 10 (21.3%) NRP (2 with asthma, 1 allergic rhinitis, 1 sinusitis, 1 urticaria, 1 vitiligo, 2 neoplasia and 2 Gilbert’s syndrome) and 27 (57.4%) had no pathology associated - 4 patients of them presented positive antibodies without SARD.

Conclusions Although DFS70 antibodies are not specific for a particular condition, our study shows that they are a useful biomarker for differentiating between SARD and NRP when others antibodies are presented and it should be considered as a negative predictor for SARD if no other antibody is present. Whereby, DFS70 should be integrated into ANAs initial interpretation algorithm to avoid further studies.