## Registration and submission of abstracts

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 Information about one of the authors/ or contact person submitting the abstract

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**Form of presentation – abstract €, oral presentation €, poster €**

 **Rules for submitting abstracts**

1. The character/symbol limit is 3,500, including spaces and punctuation marks.

2. A maximum of 3 abstracts are accepted from the first author.

3. The text should be in Times New Roman font, size 12

4 The title should be typed in capital letters semi-bold font

5. The following main elements to include in your abstract

**Introduction/objective**

**Material and methods**

**Results/discussion**

**Summary/conclusion**

6. Tables, figures, and graphs can be included.

**Abstracts that do not comply with the above rules, as well as those sent by postal service or by Fax will not be reviewed!!!**

**ABSTRACT SUBMISSION TIMELINE: July 7- August 30 2020**

**ABSTRACT DESIGN – AN EXAMPLE**

**PATTERNS OF RADIOGRAPHIC PROGRESSION AND LEVELS OF MATRIX METALLOPROTEINASE 3 (ММР 3) iN RA PATIENTS ON TOCILIZUMAB TREATMENT**

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**Introduction/purpose.** Destruction of bone and cartilage tissue are the most essential manifestations of RA.

**Introduction/Objective** To evaluate the effect of Tocilizumab therapy on radiographic progression and serum ММР 3 levels in RA patients.

**Materials and Methods**

The study included 42 RA patients (32 women, mean age 50.5; 43-55 years, duration of the disease 56.5; 23-81 months). All patients continuing on DMARDs and GCs additionally received 6 TCZ infusions at 8 mg / kg. Hand & feet x-rays were obtained at baseline before TCZ initiation and after 48 weeks. Change in the total Sharp-Van der Heijde score ≤0 was interpreted as absence of radiographic progression. Enzyme immunoassay was used to measure serum concentrations of antibodies to modified citrullinated vimentin (AMCV) and ММР 3.

**Results/discussion**

The baseline total Sharp score (Me; 25%-75%) was 78 (46-122), reaching the value of 80 (44-130) after 48 weeks, radiographic progression was documented in 9 patients (22.5%). Participating patients were divided into two groups based on AMCV levels before initiating TCZ. Group 1 RA patients (n=25) with high baseline AMCV titers (more than 60 Units / ml) demonstrated lower rates of radiographic progression (20%) vs Group 2 patients (n=8) with negative or low baseline AMCV titers (50% *p*=0.05). Group 1 patients showed significant drop in MMP3 levels from Vaseline 49.5 (19.5-66) ng/ml to 22.5 (6.5-44.5) ng/ml by week 48. (*p*<0.01). Group2 patients did not demonstrate statistically significant changes in ММР 3 levels

**Summary/conclusion**

 TCZ provides a slowdown in the rate of radiographic progression and a decrease of ММР 3 levels, more pronounced in patients with higher baseline AMCV titers. TCZ/RTM-induced RA remission rates were assessed based on EULAR, EULAR/ACR (2011) criteria and SDAI and CDAI activity indices.

Частота ремиссии ревматоидного артрита (РА) на фоне терапии тоцилизумабом (ТЦЗ) и ритуксимабом (РТМ) по критериям EULAR, EULAR/ACR (2011) и индексам активности SDAI и CDAI. – **незавершенная фраза!!!!!**