Abstract CE-14 Table 1 Incidence Rates and Hazard Ratios (HR) for associations between SLE and death according to cohort

	SLE status	N	Deaths	Mean follow-up (years)	Incidence rate (per 1000 person-years)	Age, sex and entry-time matched IRR (95% CI):	Fully adjusted HR (95% CI):
Overall	Yes	5,304	821	4.65	33.28	3.56 (3.23, 3.93)	2.80 (2.49, 3.16)
	No	15,912	836	5.63	9.34	1.00	1.00
Female	Yes	4,521	611	4.81	28.11	3.60 (3.21, 4.03)	2.77 (2.41, 3.18)
	No	13,563	603	5.69	7.82	1.00	1.00
Male	Yes	783	210	3.75	71.52	3.80 (3.14, 4.59)	2.95 (2.33, 3.75)
	No	2,349	233	5.27	18.84	1.00	1.00
1997–2004	Yes	1,656	334	3.00	67.33	5.91 (4.96, 7.06)	3.95 (3.24–4.83)
	No	5,022	209	3.65	11.39	1.00	1.00
2005–2012	Yes	3,630	287	3.04	25.98	3.59 (3.03, 4.26)	2.41 (2.01–2.89)
	No	10,890	262	3.33	7.23	1.00	1.00

Conclusions This population-based study shows that survival of SLE patients has improved over the past decade, suggesting that new treatments and improved management of the disease and its complications may be providing substantial benefits.

CE-15 **ESTIMATED PREVALENCE OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN BROOKLYN, NEW YORK, A BOROUGH WITH A LARGE MINORITY AND UNDERSERVED POPULATION**

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Background Although major improvements in morbidity and mortality have occurred over the last half century, lupus remains a chronic disease with many unmet needs. Using an evidence based approach to identifying the efficacy of new therapeutic modalities, one must conduct randomised clinical trials with rigorous attention to design. Epidemiologic studies of SLE indicate clearly that there are both racial/ethnic and socioeconomic differences in pathophysiology, clinical outcome, and response to therapy. The target population for future trials must include significant representation from minority and disadvantaged patients. Brooklyn, with its rich diversity of racial/ethnic and socioeconomic communities, is an ideal environment for this goal. We therefore sought to assess the overall prevalence of SLE in Brooklyn, identifying the sociodemographic characteristics of its varied neighbourhoods and health care centres.

Materials and methods To estimate the overall prevalence of diagnosed SLE in Brooklyn, we used 2015 population statistics derived from Truven Health Analytics, Inc. Data is supplied for each zip code in Brooklyn, specified by race/ethnicity (White non-Hispanic, Black non-Hispanic, Asian non-Hispanic, Hispanic, and all others), gender, and age (0–14, 15–17, 5-year groups from age 18–64, and >65). Data for each zip code included household income and educational level. To calculate the expected number of SLE patients residing in each zip code, we extrapolated from recent age-standardised prevalence rates by race and gender from the CDC-sponsored Manhattan Lupus Surveillance Study (presented at American College of Rheumatology Annual Meeting, November 2015).

Results Based on 2015 population statistics, there are an estimated 1515 adult SLE patients residing in Brooklyn (Table 1). The Bedford-Stuvesant and Bushwick neighbourhoods have a heavy concentration of African Americans, with the West Indian community including individuals predominantly from Jamaica, Haiti, and Guyana located largely in Canarsie, Flatbush, and East Flatbush. Asian Americans, mostly Chinese, tend to settle in Southern Brooklyn, while immigrants from Arab countries are concentrated in BayRidge in southwest Brooklyn, and Eastern European and Soviet immigrants in the Coney Island, Brighton Beach, and Sheepshead Bay areas. There is a strong overlap between the predicted high neighbourhood prevalence of SLE and Brooklyn's economically disadvantaged neighbourhoods.

Conclusions Identifying the Brooklyn neighbourhoods with a high prevalence of SLE patients of specific sociodemographic groups will allow us to plan culturally relevant educational programs to target their needs and encourage participation in research studies including randomised clinical trials.

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CE-16 **THE PREVENTION, SCREENING, AND TREATMENT OF CONGENITAL HEART BLOCK FROM NEONATAL LUPUS: A SURVEY OF PROVIDER PRACTICES**

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Background There are presently no official guidelines about the prevention, screening, and treatment of congenital heart block (CHB) due to maternal Ro antibodies. The objective of this study was to survey an international sample of providers to determine their current practices.

Abstract CE-15 Table 1 Estimated number of SLE patients, age 16–65, residing in Brooklyn, 2015

	White	Black	Hispanic	Asian	Total
Female	259	709	269	126	1364
Male	17	85	32	16	151
TOTAL					1515