

annual assessments, new cancer diagnoses (in the intervening year) were recorded by the examining physician. Confirmation of cancers was done by reviewing medical files including pathology reports. Of 1848 patients enrolled (across 1999–2011), 1676 had at least one follow-up. Patients were followed until death, last visit, or end of study interval for this analysis (August 2015).

Results Of 1676 patients followed, the majority (88.7%) were female and 828 (49.4%) were Caucasian (16.5% black, 15.2% Asian, 15.2% Hispanic, 3.7% other). Average age at SLE diagnosis was 34.6 (standard deviation, SD 13.3) years. At baseline, 1085 (64.7%) patients were never-smokers; the remainder were current (n = 248) or ex-smokers (n = 342). Average follow-up from cohort entry was 6.9 (SD 3.6) years. Two patients had cancer (one squamous cell skin and one breast cancer) prior to their SLE diagnosis; these cancers were not included in our analyses.

We observed 46 cancers in 46 subjects (with three other subjects reported to have cervical intraepithelial neoplasia, a premalignant condition). At cancer diagnosis, the average age was 51.7 (SD 15.3) years and the average SLE duration was 4.8 (SD 3.1) years. The most common cancer type was breast (n = 9), followed by non-melanoma skin cancer (n = 8, six of which were basal cell), lung (n = 6), prostate (n = 5), four head and neck (tonsillar, tongue, and two oral), cervical (n = 2), thyroid (n = 2), melanoma (n = 2) and one each of Non-Hodgkin lymphoma, leukaemia, multiple myeloma, medulloblastoma brain cancer, renal carcinoma, gastric carcinoid, thymoma, and cutaneous dermatofibrosarcoma. Most of the cancer cases were female (34 cases, 73.9%) and Caucasian (34 cases, 73.9%). Four cancer cases were Hispanic, 4 were black, and 4 were Asian. Twenty of the 46 patients (43.5%) who developed cancers were current (n = 4) or ex-smokers (n = 16); five of the six lung cancers were current (n = 1) or ex-smokers (n = 4).

Conclusions Just under 3% of the incident SLE cohort developed a cancer over an average follow-up of 6.9 years. The most common cancers were breast, non-melanoma skin, and lung cancers. The vast majority of lung cancers were smokers, supporting the belief that lung cancer risk in SLE (as in the general population) is largely driven by smoking. Further analyses will determine the standardised incidence rates for these cancers in SLE, versus the general population.

Acknowledgements We thank all SLICC investigators and their patients for their invaluable data and dedication to SLE research

CE-23 EPIDEMIOLOGICAL ASPECTS AND DRUGS USED IN A COHORT OF CHILEAN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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10.1136/lupus-2016-000179.102

Background Systemic lupus erythematosus (SLE) is a chronic autoimmune disease with unknown aetiology and a broad clinical expression. One important problem in the management of SLE is the access, and the adherence to drugs, especially in developing countries.

Materials and methods The national public health system (SNSS) covered the health for 73.2% of the Chilean population. Some diseases have been included in a special program of Health Specific Guarantees (GES), in order to assure full access to drugs. SLE was included in this program in 2013 and brings us the

Abstract CE-23 Table 1 Frequency of use and average dose of the different SLE medications

	Frequency of use (%)	Average dose
	(%)	Dose
Prednisolone	82.1	6.8 mg/day
Hydroxychloroquine	86	233 mg/day
Azathioprine	25.5	91.6 mg/day
Mycophenolate	21.2	1.750 mg/day
Methotrexate	14	15.8 mg/week
Cyclophosphamide	0.9	90 mg/day
Aspirin	43.2	100 mg/day
Calcium plus	97.4	933 mg/day
Vitamin D		1.493 IU/day

opportunity, by first time, to know the number of our patients. The pharmacy of our hospital has detailed registry of the outpatient prescribed and dispatched medication on SLE patients.

The objectives are to describe the national prevalence and annual incidence of SLE patient in SNSS system. To describe the SLE drugs prescription profile in our hospital.

Results At the end of 2015 a total of 6,714 SLE patient had been registered in the SNSS GES system, 6,257 (93.2%) of them are women's. For this population the SLE prevalence is 50.7/100,000, and the annual incidence is 9.2/100,000.

In our hospital at the end of 2015 there were 463 SLE GES patients. During 2015, 33.7% of them refilled medication at 12 month, and 32.4% got only 6 or less refills.

The frequency of use and average dose of the different SLE medications on this group of patients is listed on Table 1.

Conclusions We communicate prevalence and incidence rates for Chilean SLE patients similar to those reported elsewhere. A 66.3% of patients refill less medication that prescribed. The 82% are on low dose of prednisolone, 86% are on antimalarial and a 62% are on immunosuppressive drugs.

CE-24 COMPARISON OF SYSTEMIC LUPUS ERYTHEMATOSUS IN 3 DIFFERENT ASIAN ETHNIC GROUPS: RESULTS FROM THE 1000 CANADIAN FACES OF LUPUS COHORT

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10.1136/lupus-2016-000179.103

Background Systemic lupus erythematosus (SLE) is more prevalent and severe in non-Caucasians including Asians. However, Asian ethnicity includes broad geographic, cultural, and genetic diversity. There is limited data examining SLE among North American Asian ethnicities. We describe SLE in 3 Asian subgroups from a large SLE cohort.