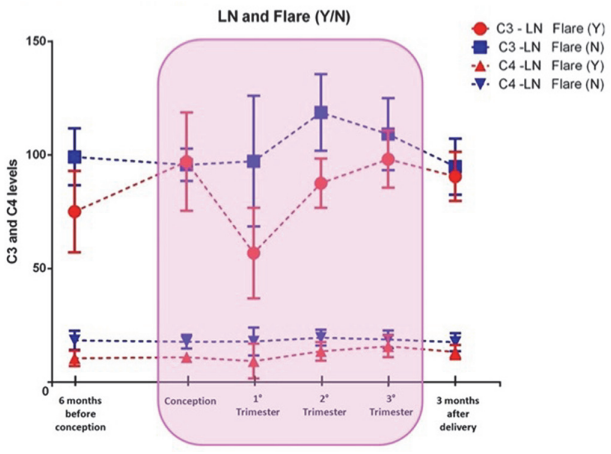
Abstract PO.8.177 Table 1 Complement levels at the different timepoints according to presence of flare (bold results are statistically significant)

	Patients with LN (237)	Patients without LN (295)	Patients with Flare (170)	Patients without Flare (362)	Patients with LN and Flare (73)	Patients with LN and without Flare (164)
C3 6 months before pregnancy (mean ±SD)	90.7±18.6	94.1±25.2	**85.6±19.1**	**95.6±23.3**	**75 ±17.9**	**99.1±12.5**
C3 conception (mean ±SD)	**96.1±13.9**	**91.1±13**	**95.3±19.5**	**91.8±9.1**	97 ±21.6	95.6±7.1
C3 1st trimester (mean ±SD)	**84.6±32.2**	**98.4±14.1**	**78.3±22.8**	**100.5±20.7**	**56.8 ±19.9**	**97.2±28.7**
C3 2nd trimester (mean ±SD)	108.5±21	108.3±12.2	**94.16±13.4**	**115.7±12.3**	**87.5 ±10.9**	**118.6±16.8**
C3 3rd trimester (mean ±SD)	105.5±15.7	108.2±19.1	**98.97±18.6**	**111.4±16**	**98.1 ±12.6**	**109.1±15.8**
C3 3 months after delivery (mean ±SD)	**93.4±12**	**103.1±15.4**	**92.4±15.7**	**102.6±13.4**	**90.5 ±10.8**	**94.8±12.3**
C4 6 months before pregnancy (mean ±SD)	**15.7±5.5**	**14.1±2.8**	**11.8±3.9**	**16.5±3.3**	**10.5±3.4**	**18.4±4.2**
C4 conception (mean ±SD)	**15.4±4.1**	**13.9±2.8**	**13.3±3.2**	**15.7±3.4**	**11±1.3**	**17.8±3**
C4 1st trimester (mean ±SD)	**15±7.8**	**16.3±2.8**	**12.5±5.9**	**17.5±4.2**	**9.3±7.6**	**17.9±6.2**
C4 2nd trimester (mean ±SD)	**17.7±4.7**	**18.7±4.2**	**15.5±4.3**	**19.8±3.7**	**13.6±4.1**	**19.6±3.5**
C4 3rd trimester (mean ±SD)	17.8±4.4	17.5±5.1	**15.7±5.8**	**18.6±4**	**15.8±4.8**	**18.8±3.9**
C4 3 months after delivery (mean ±SD)	**16.2±4.3**	**19.8±6.9**	**14.9±3.9**	**20±6.4**	**13.3±3.1**	**17.6±4**



Abstract PO.8.177 Figure 1 Complement levels during time in patients with lupus nephritis and presence, or absence, of flare

for both C3 and C4). Table 1 shows the mean C3 and C4 levels in different timepoints according to diagnosis and flare during pregnancy. The lowest levels of complement were observed in patients with a concomitant diagnosis of LN and presence of flare, particularly during the T1 (Figure 1). Nevertheless, both in LN and flare groups the lowest levels of C3 and C4 were documented at T1.

Conclusions In this prospective large cohort of SLE patients low C3/C4 levels, particularly in T1, were associated with a higher frequency of flare. Lowering levels of complement, especially in T1, even within normal range might alert the treating clinicians in predicting disease course and consequently avoid flares, especially in LN.

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PO.8.179 FACTORS ASSOCIATED WITH ADVERSE PREGNANCY OUTCOMES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Objectives Our goal with this study was to determine the most important predictors for each of the main adverse pregnancy outcomes in SLE patients.

Methods Patients with systemic lupus erythematosus were retrospectively analyzed from 1990 to 2020. Maternal and fetal complications in pregnant women with SLE were retrieved. We compared clinical and analytical characteristics of SLE patients with adverse pregnancy outcomes to controls with SLE diagnosis without adverse pregnancy outcomes. Qualitative data were analyzed by Chi-square test and Fisher's exact test. Continuous variables were analyzed by using Student's t test. Multiple logistic regression was performed to determine the predictive factors for adverse pregnancy outcomes with adjustment of confounding factors.

Results 135 multiparous women were included (43% with adverse pregnancy outcomes). A total of 57 pregnancies (42%) were linked to adverse outcomes. The occurrence of abortion was correlated with anti-DNAds (β=0.71. p=0.04), renal involvement (β=0.28, p 0.03), antiphospholipid antibodies (β=0.29, p 0.03), ESR elevation (β =0.81, p=0.02) and CPR elevation (β =0.91, p=0.01). Stillbirth was also correlated with renal involvement (β= 0.26, p =0.04), antiphospholipid antibodies (β=0.22, p=0.03) and ESR elevation (β =0.53,

Abstract PO.8.179 Table 1 Multiple logistic regression analysis showing association between adverse pregnancy outcome and ESR, CPR, anti-DNAds, APA, renal involvement, direct coombs positivity, anti-RO and anti-RNP

	Abortion	Stillbirth	Pre-eclampsia	PROM	Ectopic pregnancy	Neonatal Lupus
ESR	β =0,81, p=0.02	β =0.53, p=0.02	β =0.52, p=0.03	β =0.20, p =0.24	β = 0.18, p =0.65	β = 0.26, p=0.34
CPR	β =0,91, p=0.01	β =0.30, p=0.16	β =0.32, p=0.04	β =0.45, p =0.14	β = 0.19, p =0.56	β = 0.46, p=0.64
Anti-DNAds	β =0,71, p=0.04	β =0.23, p=0.16	β =0.12, p=0.38	β =0.15, p =0.24	β = 0.10, p =0.64	β = 0.16, p=0.24
APA	β = 0.5, p = 0.03	β = 0.32, p=0.03	β = 0.11, p = 0.85	β = 0.26, p = 0.04	β = 0.16, p = 0.21	β = 0.83, p = 0.08
Renal involvement	β=0.48, p 0.03	β = 0.36, p = 0.04	β = 0.33, p = 0.83	β = 0.07, p = 0.53	β = 0.17, p = 0.20	β = 0.58, p = 0.07
Serositis	β = 0.85, p = 0.95	β = 0.11, p = 0.41	β=0.31, p=0.02	β = 0.06, p = 0.46	β = 0.13, p = 0.35	β = 0.08, p = 0.46
Direct Coombs positivity	β =0.11, p = 0.41	β = 0.03, p = 0.81	β = 0.42, p=0.01	β=0.03, p =0.83	β= 0.14, p = 0.81	β=0.03, p=0.83
Anti-Ro/SSA	β=0.19, p = 0.13	β=0.03, p = 0.83	β=0.07, p =0.62	β=0.11, p=0.39	β=0.09, p=0.52	β= 0.16, p 0.02
Anti-RNP	β =0.5, p=0.69	β = 0.09, p=0.49	β = 0.16, p= 0.23	β = 0.09, p= 0.81	β=0.03, p=0.81	β=0.16, p=0.03

p=0.02). Preeclampsia was correlated with direct Coombs positivity (β=0.42, p=0.01), serositis (β=0.31, p=0.02), ESR elevation (β =0.52, p=0.03) and CPR elevation (β =0.32, p=0.04). Neonatal Lupus was correlated with anti-RNP (β=0.16, p=0.03) and anti-Ro/SSA (β=0.16, p 0.02).

Conclusions The most unfavorable pregnancy outcome in women with SLE was spontaneous abortion. Renal involvement, anti-DNAds positivity, antiphospholipid antibody positivity, anti-Ro/SSA, elevated ESR and a younger age at disease onset increased the risk of pregnancy complications.

PO.8.180 BIOMARKERS BEFORE CONCEPTION RELATED TO ADVERSE PREGNANCY OUTCOMES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND PRIMARY SJÖGREN'S SYNDROME: A RETROSPECTIVE COHORT STUDY

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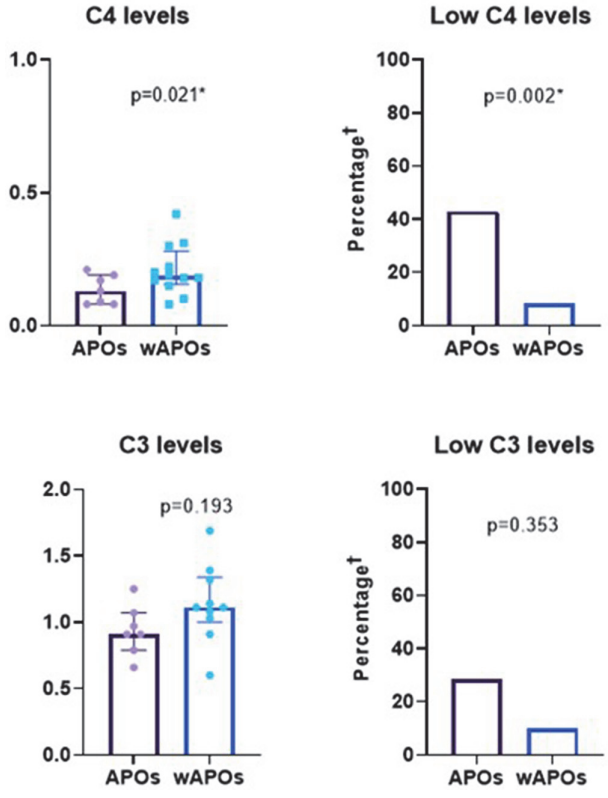
Purpose to identify preconception risk factors and serum biomarkers associated with adverse pregnancy outcomes (APOs) in patients with systemic lupus erythematosus (SLE) and primary Sjögren's syndrome (pSS).

Methods a single-center, retrospective cohort study was conducted, which included pregnant women administered at University Medical Center Groningen between January 2010 and August 2021 who fulfilled the criteria for SLE or pSS. Demographic data, relevant comorbidities, disease duration, disease activity during pregnancy, APOs, laboratory parameters and treatment regimens used up to twelve months before conception were recorded. The associations between the presence of



Abstract PO.8.180 Figure 1 Preconception complement levels in primary Sjogren's syndrome patients. *Statistically significant result (p<0.05). † Subgroup population percentage adjusted by missings. Abbreviations: pSS, primary Sjogren's syndrome; APOs, adverse pregnancy outcomes; wAPOs, without adverse pregnancy outcomes