Abstract 403 Table 1 Showing distribution of lupus pro-bands in relation to demographical parameters and clinical features.

Parameter	Familial Autoimmunity present	No familial Autoimmunity present	P Value	Familial Lupus Pro-bands	Sporadic Lupus Pro-bands	P Value
Males-n, % Female-n, %	5/18 (27.8%) 34/39 (87.17%)	13/118 (11.0%) 105/118 (88.9%)	0.75	5/18(27.8%) 14/19 (73.7%)	13/139 (10.1%) 125/138 (90.57%)	0.03
Age at onset in Years (mean)	27.74	24.47	0.08	28.211	24.884	0.18
Parental Consanguinity-n %	**5/39 (12.8%)**	**4/118 (3.4%)**	0.04	**4/19(21 %)**	**5/138 (3.625%)**	0.01
Musculoskeletal features- n, %	33/39 (84.6%)	87/118(73.7%)	0.16	16/19 (84.2%)	104/138 (75.4%)	0.39
Muco-cutaneous involvement- n,%	25/39 (64.1%)	87/118 (73.7%)	0.24	13/19 (68.4%)	99/138 (71.7%)	0.76
Renal involvement- n,%	23/39 (59.0%)	86/118(72.9%)	0.1	12/19 (63.2%)	97/138 (70.3%)	0.52
Haematological features - n,%	15/39 (38.5%)	54/118 (45.8%)	0.42	7/19 (36.8%)	62/138 (44.9%)	0.5
Constitutional features- n,%	**11/39 (28.2%)**	**50/118 (42.4%)**	**0.11**	**3/19 (15.8%)**	**58/138 (42.0%)**	**0.02**
Central nervous system involvement- n,%	9/39 (23.1%)	22/118 (18.6%)	0.54	6/19 (31.6%)	25/138(18.1%)	0.16

405 **TEMPORAL RELATIONSHIP OF CUTANEOUS LUPUS ERYTHEMATOSUS AND SYSTEMIC LUPUS ERYTHEMATOSUS: A LARGE, RETROSPECTIVE COHORT STUDY**

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Background and aims The proportion of systemic lupus erythematosus (SLE) patients with cutaneous manifestations is well characterised, but the proportion with only cutaneous lupus erythematosus (CLE) who later develop SLE is poorly understood. A fuller understanding of comorbid intersections including temporal sequence may advance knowledge regarding underlying pathogenesis. We conducted a retrospective cohort study of CLE nested in U.S. administrative data (2004–2014), in order to understand frequency and temporality of comorbid SLE.

Methods The datasource was Clinformatics Datamart Multiplan, a U.S. insurance claims database containing ~100 million lives. The universe of adult CLE patients with ≥2 claims of ICD-9 695.4 (DLE) was first identified. Secondly, five mutually exclusive cohorts were defined by presence and temporality of SLE (defined as ≥2 claims of ICD-9 710.0 [SLE]): 1) CLE , no prior/subsequent SLE; 2) CLE before SLE; 3) SLE

Abstract 403 Table 2 Showing distribution of lupus pro-bands in relation to serological parameters and disease activity.

Parameter	Familial Autoimmunity present	No familial Autoimmunity present	P value	Familial Lupus pro-bands	Sporadic Lupus Pro-bands	P value
Anti SSA positivity- n,%	9/25 (36.0%)	29/85 (34.1%)	0.86	3/13(23.1%)	35/97 (36.1%)	0.35
Anti SSB positivity- n,%	4/25 (16.0%)	10/80 (12.5%)	0.65	1/13 (7.7%)	13/92 (14.1%)	0.5
Anti Sm positivity- n,%	4/7 (57.1%)	5/20 (25.0%)	0.17	3/4 (75.0%)	6/23(26.1%)	0.09
Anti RNP positivity- n,%	6/13 (46.2%)	28/47 (59.6%)	0.38	4/8 (50.0%)	30/52 (57.7%)	0.68
Lupus Anticoagulant positivity- n,%	16/39 (41.0%)	35/118 (29.7%)	0.18	7/19 (36.8%)	44/138 (31.9%)	0.66
Anti-cardiolipin positivity- n,%	6/36 (16.7%)	21/116 (18.1%)	0.84	2/18 (11.1%)	25/134(18.7%)	0.43
Baseline Anti DS DNA titres in IU/ml (mean)	480.259	529.582	0.87	520.067	516.516	0.83
Baseline SLEDAI at first presentation (mean)	12.545	15.152	0.33	12.333	14.777	0.81

before CLE; 4) CLE and SLE, temporality unclear; 5) CLE with <2 SLE claims.

Results The universe contained 42 871 patients (Figure 1). Each cohort had >50 (range: 51.5–67.3) mean months of database observation time. Approximately one-third (27.4%) were "CLE only", with no previous/subsequent SLE diagnosis (Cohort 1), while a further 10.3% had <2 SLE claims thus not meeting the SLE case definition (Cohort 5). Only 11% percent had CLE before SLE (Cohort 2). Elapsed mean time from CLE to SLE in Cohort 2 was 12.8 (median: 6) months.

Conclusions About a third of CLE patients identified by DLE ICD-9 coding appeared to never develop SLE during observation time. Our "real world" study adds to sparse evidence on this topic.

406 INCIDENCE OF LUPUS NEPHRITIS FLARES AFTER COMPLETE RESPONSE TO INDUCTION AND RECEIVING 18 MONTHS OF MAINTENANCE PHASE IN CLINICAL PRACTICE

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Background Lupus nephritis (LN) is relapsing remitting disease. The standard regimen for LN treatment comprises of induction and maintenance phases.

Aims To study the incidence of LN flare in patients who had renal complete remission (CR) after receiving standard regimens for LN, time from renal remission to flare and to