LP-061 MALE SEX AND DISEASE ACTIVITY AT DIAGNOSIS ARE PREDICTORS OF SEVERE HEMOLYTIC ANEMIA IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM A MULTIETHNIC LATIN AMERICAN COHORT

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Background Systemic lupus erythematosus (SLE) is an important cause of secondary warm-antibody autoimmune hemolytic anemia (AIHA). The prevalence of AIHA has been estimated to range from 5% to 30%, but severe AIHA is comparatively less frequent in SLE patients. The severity of AIHA has rarely been studied in SLE patients;[1–3] we thus have examined the predictors of severe AIHA using the extensive database of a large Latin American inception cohort.

Methods In patients with a recent diagnosis of SLE (≤ 2 years), factors associated with the occurrence of severe AIHA (hemoglobin level <7 g/dl) were examined by Cox proportional univariable and multivariable hazards regression analyses.

Results Of 1,349 patients, 103 (7.6%) developed AIHA over 5.4 (3.8) years. Of them, 49 (47.6%) patients were classified as having severe AIHA (Mestizos 44.9%, Caucasians 40.8%, and African-Latin American 14.3%). The median time from the first clinical SLE manifestation to the occurrence of severe AIHA was 3.7 months (IQR 1.4–15). In the univariable analyses, male sex and disease activity at diagnosis were associated with a shorter time to severe AIHA occurrence while malar rash and photosensitivity were associated with a longer time. By multivariable analysis and after adjusting for age at SLE diagnosis, gender, and ethnicity, male sex, and higher disease activity at diagnosis remained associated with a shorter time to the occurrence of severe AIHA. The results are shown in the Table below.

Conclusions Severe AIHA occurred in 3.6% of our cohort and it is an early manifestation of lupus. In Latin American patients with SLE, male sex represents more than a two-fold higher risk of experiencing severe AIHA at a faster pace. A higher level of disease activity at SLE diagnosis is also an independent predictor of the occurrence of severe AIHA in a shorter time.

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LP-062 TWO-YEAR OUTCOMES BY BELIMUMAB ADDITIVE ON STANDARD OF CARE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A SINGLE CENTER RETROSPECTIVE COHORT STUDY

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Background We investigated the 2-year outcomes of belimumab (BEL) additive on standard of care (SoC) in patients with SLE in the real-world setting.

Methods Sixty-four SLE patients treated with BEL additive to SoC for 2 years (BEL+SoC) and 341 patients treated with SoC were recruited. The patient backgrounds were adjusted with propensity score matching; 11 items including age, sex, disease activity, glucocorticoid (GC) dose, rash, alopecia, arthritis, anti-dsDNA antibody, hypocomplementemia, urinary and blood cell count abnormality, and 33 patients in each group remained for analysis. Disease activity was measured by SLE disease activity scale (SLEDAS).

Results The median SLEDAS at 2 years was significantly decreased from baseline in BEL+SoC (2.08 to 1.12, $p<0.001$) but not in SoC (2.09 to 2.03, $p=0.058$). Low disease activity was achieved with significant difference in BEL+SoC compared to SoC (29 (88.8%) vs 17 (51.5%), $p=0.023$) without difference in remission rate (72.7% vs. 51.5%, $p=0.127$). Median daily prednisolone (PSL) dose at 24 weeks significantly decreased in both treatment groups from baseline (BEL +SoC; 6.0 to 3.5 mg/day, $p<0.001$, SoC; 5.0 to 4.0 mg/day, $p<0.001$) without a statistical difference ($p=0.112$). However, absolute reduction was significant in BEL+SoC (-3.0mg) compared to SoC (-1.0mg) ($p=0.004$). Disease recurrence occurred in 5 (15.2%) patients in BEL+SoC and 4 (12.1%) in SoC ($p=0.714$). All recurrences in patients with BEL+SoC were experienced after 10 months and later during PSL tapering. Whereas those in SoC occurred from one month and later, which did not always relate to PSL tapering.