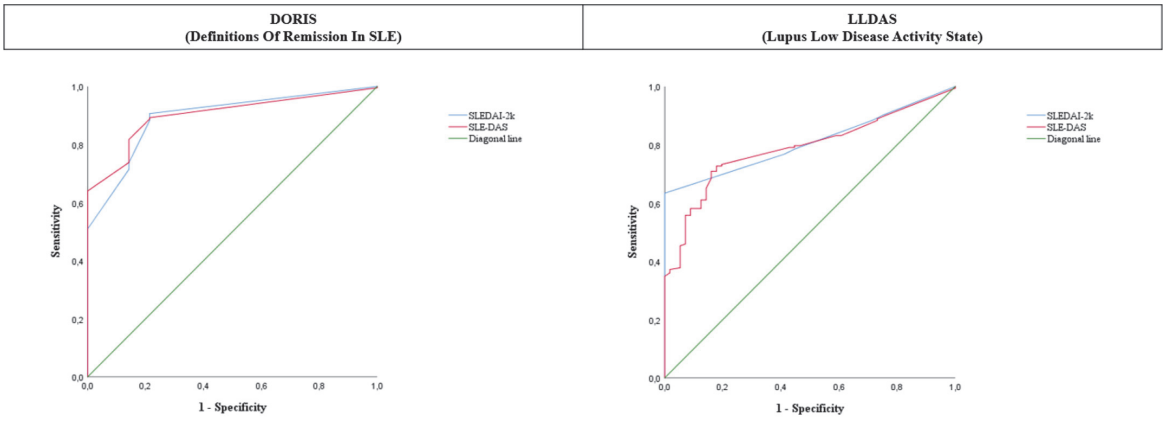

Parameters		AUC	p	CI 25%	CI 75%	Se	Sp	LR+	LR-
DORIS	SLEDAI-2k	0,894	0,03	0,823	0,965	90%	89%	4,2	0,11
	SLE-DAS	0,901	0,02	0,844	0,958	89%	79%	4,2	0,13
LLDAS	SLEDAI-2k	0,808	0,02	0,755	0,862	76%	59%	1,85	0,40
	SLE-DAS	0,788	0,03	0,729	0,848	73%	80%	3,65	0,33

Note:
AUC – area under the curve
ДИ – asymptotic 95% confidence interval
Se – sensitivity
Sp – specificity
LR+ – likelihood ratio for positive results
LR- – likelihood ratio for negative results

Abstract LP-118 Figure 1 Receiver operating characteristic (ROC) curves comparing the performance of SLE-DAS and SLEDAI-2K to detect DORIS и LLDAS

SLE, and it includes Coombs-positive hemolytic anemia, Liebman-Sachs endocarditis, the variability of vasculitis. Achieving definition of remission in SLE (DORIS) or lupus low disease activity state (LLDAS) is the main goal of therapy for patients with SLE. The aim of the study was to compare the activity of SLEDAI and SLE-DAS and to identify the correspondence of DORIS and LLDAS in SLE-DAS.

Methods The study included 228 patients with SLE (204 women and 24 men). The age was Me=36.0 [28.0–45.0] y.o. and the disease duration – Me=6.0 [2.0–14.0] years. All patients were assessed for disease activity using the activity indices – SLEDAI-2k and SLE-DAS.

Results Patients were divided into 5 groups according to SLEDAI-2K (table 1). The medians of SLEDAI-2K and SLE-DAS were comparable, but the allocation of degrees of activity for SLE-DAS is not currently envisaged.

Receiver operating characteristic (ROC) curves comparing the performance of SLE-DAS and SLEDAI-2K to detect DORIS и LLDAS are shown in (figure 1)

Abstract LP-118 Table 1 SLE activity according to SLEDAI-2K and SLE-DAS.

The degree of activity according to SLEDAI-2K	SLEDAI-2K Me (CI [25%-75%])	SLE-DAS Me (CI [25%-75%])
No activity (n=31)	0 [0,0-0,0]	0,37 [0,37-0,37]
Low activity (n=91)	4.0 [2.0-4.0]	2.08 [1.32-4.47]
Medium degree of activity (n=63)	8.0 [6.0-9.0]	7.02 [5.23-10.94]
High degree of activity (n=27)	14.0 [12.0-18.0]	15.87 [12.10-29.14]
Very high degree of activity (n=16)	24.0 [20.0-31.5]	29.85 [20.0-46.40]

Conclusions Remission of SLE by DORIS corresponded to SLE-DAS≤1.1 points, for the detection of low activity, according to LLDAS, SLE-DAS was ≤2.08. In assessing the remission of SLE by DORIS, SLEDAI-2k has greater specificity (89%) compared to SLE-DAS (79%), however, ROC analysis shows a good clinical informativeness of SLE-DAS (AUC=0.901). Greater specificity of SLE-DAS for LLDAS was noted (80%) compared to SLEDAI 2k (59%) with similar sensitivity (73% and 76%, respectively).

LP-119 THALASSEMIA TRAITS IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH ANEMIA

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Background In Systemic Lupus Erythematous (SLE) patients, various anemia types are found, among others autoimmune hemolytic anemia, iron deficiency anemia (IDA) or anemia of chronic disease. Since Indonesia is located in the thalassemia belt area, thalassemia trait among SLE may exist. Therefore, this study aimed to identify the possibility of thalassemia trait among SLE patients living in Bandung, West Java, Indonesia.

Methods This was an observational study, including complete blood count data of all female SLE patients registered in the Lupus Registry at Dr. Hasan Sadikin General Hospital throughout 2022. Erythrocyte index Shine & Lal (MCV*MCH*MCH/100) was calculated in those with low MCV value (<80 fl) and/or low MCH (<27 pg) to determine whether anemia was due to IDA (>1530) or thalassemia trait (<1530).

Results In total, 298 data of female SLE patients (mean aged 38+10.6 years old) were collected and the mean SLE onset was 29+9.6 years old. Low Hb (<12 mg/dl) was found in 49% (n146) of whom 23.5% were mild, 7% were moderate and 18.5% were severe anemia. Moreover, 26% (n78) had low MCV (microcytic anemia) and/or low MCH (hypochromic anemia). Interestingly, low Shine & Lal index were found in 10.7% these patients, indicating thalassemia trait.

Conclusions About 10% of SLE patients in our study have been considered to carry thalassemia trait, similar to data in the general population in Indonesia. Hb-electrophoresis followed by DNA examination need to be performed to confirm

this finding. Since most of SLE patients are female, and they have been mostly diagnosed as SLE in young adult age, thalassemia carrier screening is of great importance for future family planning.

9. Lupus nephritis

LP-124 CHILDHOOD-ONSET LUPUS NEPHRITIS: REAL WORLD LONG-TERM OUTCOME DATA FROM A SINGLE CENTER

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Background While lupus nephritis (LN) is more common with higher severity and mortality in children than in adult-onset disease, data regarding long-term outcome of childhood-onset LN is rare.

Methods Long-term renal outcome and their treatment were assessed in 57 Korean childhood-onset LN patients diagnosed between 1999 and 2020 from a tertiary single center in Korea.

Results Median age at diagnosis of LN was 14.5 (range 7.8–17.8) years. Median follow-up period was 135 (30–266) months. 26.3% (15/57) of patients progressed to chronic kidney disease (CKD) stage 3–5 (CKD stage 3: 6 patients, stage 4: 1 patient, stage 5: 8 patients). 10-year renal survival was 100% in patients diagnosed after 2011, compared to 80.3% in patients diagnosed before 2011 (p=0.049). Comparing the two eras, there were no clear difference between the laboratory finding at diagnosis, the drug used, and the cumulative dose of cyclophosphamide or hydroxychloroquine, except that primary renal response rate was higher at the latter era (55.2% vs 82.1%, p=0.029), and the diagnosis age was slightly younger in the earlier era (median 13.5 vs 14.6, p=0.056). Hydroxychloroquine use was significantly associated with maintaining renal estimated glomerular filtration rate (eGFR) higher than 60ml/min/m2 at 10 years (95.2% vs 77.2%), and 20 years (68.6% vs 16.1%), respectively (p=0.033).

Conclusions Early diagnosis and timely adequate treatment, and the use of hydroxychloroquine are important in the long-term kidney prognosis of childhood-onset LN.

LP-125 GLOMERULONEPHRITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS: 'NOT EVERYTHING IS LUPUS' A CASE SERIES

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Description 4 CASES with clinical manifestations of systemic lupus erythematosus (SLE) and proteinuria in nephrotic range. Case 1, a 30-year-old woman with multiple sclerosis history, using β1 interferon for 16 years, present dyspnea, delirium, edema in the lower limbs, hypertension, lymphopenia, thrombocytopenia, active sediment, 2.8 g/24 hrs. proteinuria, hypocomplementemia, ANA and anti-DNA+. Case 2, a 40-year-old woman with no medical history, arthritis, non-scarring alopecia, oliguria, and emergency hemodialysis criteria, anemia, hypocomplementemia, 0.5 g/24 hrs. proteinuria, ANA, and anti-DNA +. Case 3, a 46-year-old woman with no previous

Abstract LP-125 Table 1 Clinical manifestations according to SLE EULAR/ACR 2019 classification criteria

Characteristic/ Case No.	1	2	3	4	N
ANA 1:80 (%)	x	x	x	x	100
Clinical domains and Criteria					
Hematologic					
Leukopenia (x)	2.18	4.2	2.07	3.9	3.09
Thrombocytopenia (x)	58		58		58
Autoimmune Hemolysis (x)		6.8	7.8	9.1	7.9
Neuropsychiatric					
Delirium (%)	x				25
Mucocutaneous					
Non-scarring alopecia (%)		x		x	50
Acute cutaneous lupus (%)			x	x	50
Serosal					
Musculoskeletal					
Joint involvement (%)		x			25
Renal					
Proteinuria ≥ 0.5g/24 horas (x)	2.8	0.5	0.6	4.1	2
Immunology domains and Criteria					
Antiphospholipid antibodies					
Lupus anticoagulant (%)			x		25
Complement proteins					
Low C3 and low C4 (%)	x	x		x	75
SLE-specific antibodies					
Anti-dsDNA antibody (x)	55.41	104		68.6	76
Total score (x)	23	29	23	29	26
kidney biopsy	thrombotic microangiopathy/ mucoid fibrosis	Oxalate nephropathy	thrombotic microangiopathy	Crescentic glomerulonephritis	
Final diagnosis	Interferon toxicity	Star fruit glomerulonephritis	Antiphospholipid syndrome	Anca-Associated Vasculitis	
Treatment	Methylprednisolone/ Rituximab 375 mg/m²/ 4 weeks	Hydration/hemodialysis Prednisone/HCQ/AZA	Prednisone/ anticoagulation	Methylprednisolone/CYC	
Response/8 weeks					
Other clinical domains (%)	x	x	x	x	100
Renal Function (%)	x	CKD	x	CKD	50
Proteinuria					
Partial response (%)	x		x		50
Complete response (%)					
No Response (%)		x		x	50