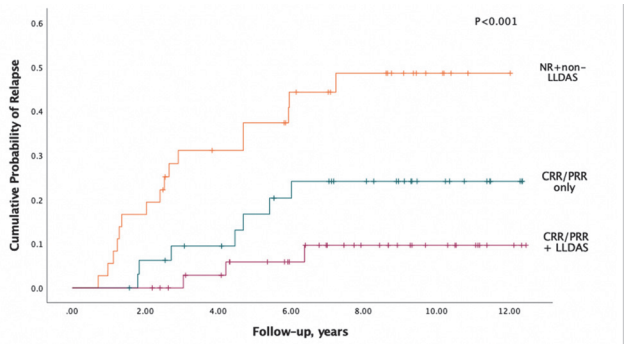

Abstract LP-129 Figure 1 CRR=complete renal remission; LLDAS=lupus low disease activity state; NR=no response; PRR=partial renal response

Abstract LP-129 Table 1 C3=complement 3; C4=complement 4; CKD=chronic kidney disease; dsDNA=double stranded DNA; eGFR=estimated glomerular filtration rate; RNP=ribonucleoprotein; Sm=smith; UPCR=urinary protein-creatinine ratio; 24huP= 24-hour urine protein. eGFR calculated by MDRD formula

Characteristics	Number (%) or median (IQR)
Sex (female)	131/143 (92%)
Age of SLE at diagnosis	27 (15)
Follow up duration	10.44 (4.38)
24huP(g) or UPCR (mg/mg)	1.6 (1.2)
Serum albumin (g/L)	32 (7)
Serum creatinine (μmol/L)	64 (35)
eGFR (mL/min/1.73m^2)	98 (56)
History of Lupus Nephritis	55/143 (38%)
WHO classes	
Class III (+/- V)	38/143 (27%)
Class IV (+/- V)	68/143 (48%)
Pure Class V	24/143 (17%)
CKD categories	
CKD1	83/143 (56%)
CKD2	35/143 (24%)
CKD3	19/143 (13%)
CKD4	3/143 (2%)
CKD5	3/143 (2%)
Presence of antibodies	
Anti-dsDNA	119/143 (83%)
Anti-Sm	23/129 (18%)
Anti-Ro	63/129 (49%)
Anti-La	13/129 (10%)
Anti-RNP	41/129 (32%)
Titre of immunological factors	
C3 (mg/dL)	51 (29)
C4 (mg/dL)	10 (9)
Anti-dsDNA (IU/mL)	190 (256)
Induction medication	
Mycophenolate Mofetil	105/143 (73%)
Azathioprine	13/143 (9%)
Calcineurin inhibitors	6/143 (4%)
Cyclophosphamide	2/143 (1%)
Hydroxychloroquine	78/143 (55%)

lowest among patients who achieved both LLDAS and CRR/PRR at 12 months (figure 1).

Conclusions LLDAS is an attainable target in LN and is associated with a lower risk of relapse. This study advocates the potential role of LLDAS as a complementary target to renal response in LN patients.

LP-131 SERUM URIC ACID AND THE RISK OF RENAL INVOLVEMENT IN PREMENOPAUSAL FEMALE SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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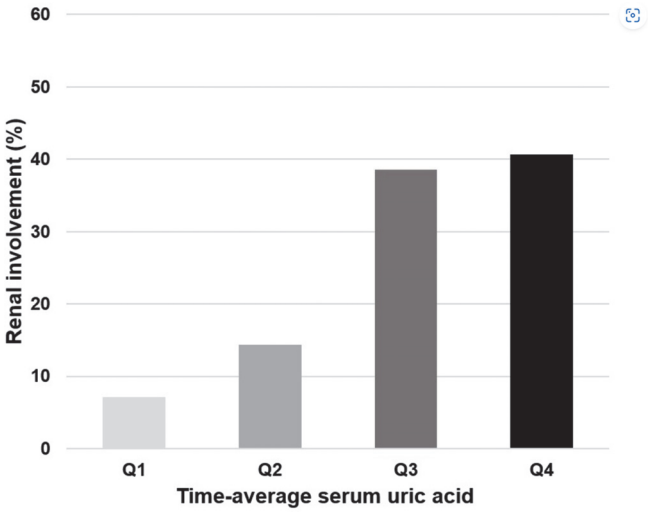
Background Serum uric acid (SUA) is a risk factor for the development of renal involvement in systemic lupus erythematosus (SLE), but the effect of SUA on renal involvement in specific genders and ages is not well known. We evaluated the association between SUA and the development of renal involvement in premenopausal female SLE patients.

Methods We retrospectively reviewed 155 premenopausal female patients with newly diagnosed SLE in a tertiary medical center. Baseline characteristics including SUA were compared between those who did (n = 48) or did not (n = 107) develop renal involvement. Patients without baseline renal involvement were followed up to identify factors affecting future renal involvement. Time-averaged SUA was divided into four categories of increasing levels (Q1, Q2, Q3, and Q4).

Results At baseline, patients with renal involvement showed higher SUA than patients without renal involvement (mean, 6.3 vs. 4.2 mg/dL, p < 0.001). Among 107 patients without baseline renal involvement (median follow-up of 6.6 years), 28 (26.2%) patients developed renal involvement. Although baseline SUA did not differ between both groups, patients with developing renal involvement showed higher time-averaged SUA (median, 4.4 vs. 4.1 mg/dL, p = 0.001) and higher last SUA (median, 4.9 vs. 3.8 mg/dL, p < 0.001) than those without developing renal involvement. The incidence of developing renal involvement in each time-averaged SUA



Abstract LP-131 Figure 1 Incidence of developing renal involvement according to time-averaged serum uric acid level in premenopausal female patients with systemic lupus erythematosus. Q1: < 3.9 mg/dL (n = 28), Q2: 3.9–4.1 mg/dL (n = 21), Q3: 4.2–4.6 mg/dL (n = 26), and Q4: ≥ 4.7 mg/dL (n = 32), respectively.