quartile was as follows; 7.1% in Q1, 14.3% in Q2, 38.5% in Q3, and 40.6% in Q4 (figure 1). In multivariate Cox regression analysis, Q3 and Q4 groups had higher risk of developing renal involvement than Q1 group, with hazard ratios of 6.242 (p = 0.022) and 6.140 (p = 0.018), respectively.

Conclusions In premenopausal female SLE patients, high baseline SUA is associated with renal involvement at diagnosis. In addition, high time-averaged SUA may contribute to developing future renal involvement in patients without baseline renal involvement.

LP-133 BASELINE CLINICAL CHARACTERISTICS OF SLE PATIENTS COMPARED TO THOSE WITH LUPUS NEPHRITIS AND ON RENAL REPLACEMENT TREATMENT (RRT) INCLUDING KIDNEY TRANSPLANTATION

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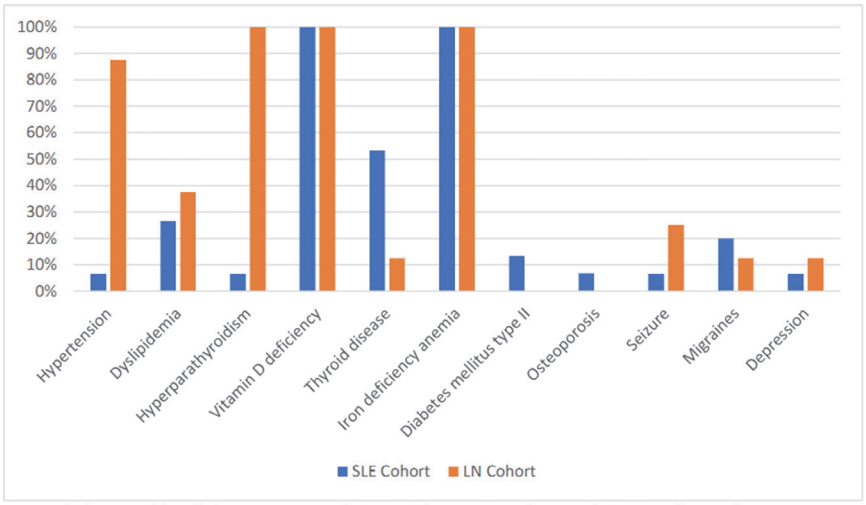
Background Lupus nephritis (LN) is a common manifestation of systemic lupus erythematosus (SLE), with 10–30% progressing to end-stage renal disease (ESRD) and requiring dialysis. Kidney transplantation (KT) is also a treatment option, but long-term graft survival remains controversial. The aim of this study is to compare the disease phenotype in patients with LN undergoing KT and RRT in comparison to that of SLE patient without LN and to estimate graft survival in a United Arab Emirates cohort who underwent renal transplantation.

Methods 10 adult LN patients with ESRD who had KT or were list for KT were age and gender matched to 15 SLE patients without LN. All patients in both groups were female.

Results The mean age of SLE diagnosis in patients who developed LN was 24, and the mean age of LN development was 25. The mean age of SLE diagnosis was 28.7 years, older in SLE patients without LN. At a mean age of 29 years, 50% of LN patients were started on intermittent hemodialysis. In four patients, the mean time between starting hemodialysis and having a kidney transplant was seven years. The mean age of kidney transplant recipients was 38 years old. In four patients, the mean time between diagnosis of LN and kidney transplant was 13 years. The mean duration of post-kidney transplant follow-up was 7 months. Prednisolone was used by 90% of

Abstract LP-133 Table 1

Demographics	SLE (n=15)	LN (n=10)
Nationality (% Country)	93.3% UAE and 6.7% Iran	100% UAE
Gender (%, Male/Female)	100%, Female	100%, Female
Mean Age at presentation (years)	32.3	30.9
BMI (kg/m²)	27.8	28.1
Mean Age at SLE diagnosis (years)	28.7	24
Mean Age at LN diagnosis (years)	NA	25
Hemodialysis (%)	NA	50
Kidney transplant (%)	NA	40
Clinical manifestations (%):		
1. Photosensitivity	40	10
2. Malar rash	26.7	30
3. Oral ulcers	53.3	30
4. GERD	20	10
5. Arthralgia	73.3	50
6. Arthritis	86.7	50
7. Cutaneous lupus	6.7	20
8. Lung involvement	13.3	10
9. Ocular involvement	0	30
Medications (%):		
1. Prednisolone	66.6	90
2. Hydroxychloroquine	100	80
3. Methotrexate	13.3	10
4. Leflunomide	6.7	0
5. Azathioprine	53.3	20
6. Mycophenolate mofetil	20	80
7. Cyclophosphamide	0	10
8. Cyclosporine	0	40
9. Rituximab	26.7	20
10. Belimumab	6.7	10



Abstract LP-133 Figure 1 Comorbidity profile of the patients with SLE without LN and LN with ESRD who underwent or awaiting KT.

patients with lupus nephritis and KT and 66.6% of patients with SLE without LN. Table 1 and figure 1.

Conclusions Patients with LN presented at a younger age and patients with LN undergoing kidney transplantation in the UAE remain an understudied population with sparse data, highlighting the need for additional large-scale studies of the region.

LP-207 IMPACT OF TIME TO REMISSION, FLARES AND TIME ON IMMUNOSUPPRESSIVES ON THE ESTIMATED GLOMERULAR FILTRATION RATE IN LUPUS NEPHRITIS

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Background Time to complete remission, subsequent flares and time on immunosuppressives after remission are major determinants of the progression to advanced chronic kidney disease (CKD) in lupus nephritis (LN). However, the impact of these factors on the rate of glomerular filtration rate (GFR) deterioration is not known. Our objective was to determine their impact on the estimated GFR in LN.

Methods Patients with LN based on biopsy or abnormal proteinuria (>0.5g/day) for two consecutive visits were retrieved from the Toronto Lupus Clinic database. Individuals with advanced CKD at baseline (eGFR≦29ml/min/1.73m2) were excluded. All patients were followed for ≥ 5 years. The primary outcome was the annual eGFR decrease (slope). Remission: proteinuria<0.5g/24h, inactive urinary sediment, serum creatinine (SCR) ≦120% of baseline. Flare: abnormal proteinuria (>0.5g/day) or SCR increase from normal to abnormal or >120% of baseline after remission.

Abstract LP-207 Table 1 Regression analysis (linear mixed model) for the outcome of eGFR

Predictors	Estimate	Standard Error	p value
Each one later decade of LN onset	4.45	0.93	<0.0001
Years on immunosuppressives since remission	0.71	0.19	<0.0001
Age at LN onset	-0.76	0.11	<0.0001
Hypertension at LN	-7.73	2.75	0.005
CR < 1 year after LN	0 (Ref.)		
CR between 1-3 years comparing to < 1 year after LN	-1.60	2.90	0.581
No CR or CR later than 3 years comparing to < 1 year after LN	-12.31	2.90	<0.0001
No Flare	0 (Ref.)		
One flare any time after LN vs. no flare	-3.48	3.79	0.358
Two or more flares any time after LN vs. no flare	-14.79	3.01	<0.0001