Short oral presentation session 15: SLE pregnancy and reproductive health

LSO-083 'SYSTEMIC LUPUS ERYTHEMATOSUS WOMEN WITH LUPUS NEPHRITIS IN PREGNANCY THERAPEUTIC CHALLENGE (SWITCH)': THE SYSTEMIC LUPUS INTERNATIONAL COLLABORATING CLINICS EXPERIENCE

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10.1136/lupus-2023-KCR.124

Background Many SLE patients develop lupus nephritis (LN) and receive mycophenolate mofetil (MMF), a teratogenic drug. Guidelines recommend azathioprine (AZA) in SLE pregnancy without providing guidance on pharmacogenetic testing and therapeutic monitoring although these may help personalize therapy (e.g., identifying 'shunters', non-adherence). We evaluated practice patterns pertaining to SLE women with LN in preconception and gestational periods, focusing on pharmacogenetic testing and drug monitoring.

Methods In 02/2022, we distributed an electronic survey to 39 Systemic Lupus International Collaborating Clinics (SLICC) members. Physicians were queried about number of LN patients seen for pregnancy planning, wait time physicians recommend preconception after renal response, choice of pregnancy-compatible immunosuppressive when switching from MMF, pharmacogenetic testing before AZA initiation, and therapeutic monitoring.

Results Response rate was 74%. On average, respondents saw 7.2 (standard deviation 6.6) LN patients in the preceding year for pre-pregnancy counselling. Most (93%) recommended waiting for a minimal time after achieving renal response on MMF before transitioning to a pregnancy-compatible immunosuppressive (19% suggested ≤ 6 months, 44% 6–11 months, 30% 12–23 months). In patients with inactive LN for ≥ 2 years, 86% switched immunosuppressives, while 14% discontinued MMF without switching. First choice of pregnancy-compatible immunosuppressive was AZA (90%). Tacrolimus (TAC) was preferred over cyclosporine (CsA) by 96% as second option. When initiating AZA, 38% never assessed thiopurine methyltransferase (TPMT) genotype and/or phenotype and 97% never tested for nudix hydrolase 15 (NUDT15) gene. When switching MMF to AZA preconception, 14% measured 6-mercaptopurine (6-MP) levels. Most (56%) faced barriers to 6-MP testing related to access, cost, and wait times. When patients were on TAC or CsA, 48% monitored drug each trimester, while 44% never did.

Conclusions There is low use of pharmacogenetic testing and therapeutic monitoring when transitioning MMF to a pregnancy-compatible drug preconception. We identified potential care gaps, which could be addressed by future pragmatic trials.

LSO-084 PREGNANCY OUTCOMES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE), ANTI-PHOSPHOLIPID ANTIBODY SYNDROME (APL), SCLERODERMA (SSC) AND RHEUMATOID ARTHRITIS (RA) AT THE KENYATTA NATIONAL HOSPITAL, NAIROBI, KENYA

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10.1136/lupus-2023-KCR.125

Background Systemic lupus erythematosus (SLE),APL, SSc, RA, affects women of child bearing age and is associated with several negative outcomes in pregnancy that includes preterm births, hypertensive disorders and increased risk for Cesarean delivery

Methods This was a retrospective descriptive cross-sectional study based on data from the patients' records. The study was conducted at KNH. The study involved a cohort of women managed for rheumatic disease (SLE, APL, rheumatoid arthritis, and scleroderma) in pregnancy at KNH, 2010–2022. The targeted sample size was 41, but only 30 patients met the criteria for inclusion in this study.

Results Records of 1200 women with rheumatic diseases seen between 2010 and October 2022 were retrieved. Only 30 patients met the eligibility criteria. The mean maternal age was M = 31.7 years. Prevalence of the rheuatic diseases were as follows: SLE at 63.33% (N = 19), APL, 26.67% (N = 8), RA 20.0% (N = 6), mixed connective tissue disease (MCTD) 6.67% (N = 2) and SSc 3.33% (N = 1).

Maternal outcomes were as follows: post-delivery admission (70.0%, N = 21); pre-eclampsia with severe features (50.0%, N = 15); pre-delivery admissions (46.7%, N = 14) and flaring in (36.7%, N = 11), CS delivery 40.0% (N = 12), premature rupture of membranes 26.7% (N = 8), ICU admissions 23.3% (N = 7), and post-partum hemorrahge20.0% (N = 6).

The main adverse perinatal outcomes noted included fetal loss (including stillbirth) 46.7%, (N = 14), prematurity 23.3% (N = 7), fetal growth restriction 20.0% (N = 6), and new born critical care admission 16.7% (N = 5).

Conclusions The study established that SLE, antiphospholipid and rheumatoid arthritis are the main three rheumatic diseases among pregnant mothers managed with RDs at the KNH. There is significant pregnant morbidity in these patients.