LSO-085 NATIONWIDE PATTERNS AND FACTORS ASSOCIATED WITH ADVERSE PREGNANCY OUTCOMES IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

[1]Yu-Seon Jung*, [2,3]Yeo-Jin Song, [4]Jihyun Keum, [2,3]Soo-Kyung Cho, [2,3]Yoon-Kyoung Sung, [1,5]Sun-Young Jung. *[1]College of Pharmacy, Chung-Ang University, Republic of Korea; [2]Department of Rheumatology, Hanyang University Hospital for Rheumatic Diseases, Republic of Korea; [3]Hanyang University, Institute for Rheumatology Research, Republic of Korea; [4]Department of Obstetrics and Gynecology, College of Medicine, Hanyang University, Republic of Korea; [5]Department of Global Innovative Drugs, Graduate School of Chung-Ang University, Republic of Korea*

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Background Systemic Lupus Erythematosus (SLE) is predominant in women of childbearing age. Careful family planning is required because SLE disease activity and SLE therapy affect the risk of adverse pregnancy outcomes (APOs). This study investigates prevalence and risk factors of APOs (Pre-term birth (PB), pre-eclampsia/eclampsia).

Methods We conducted a cohort study of pregnancies in women with SLE using the National Health Insurance Service (NHIS) database of Korea (2002–2018). SLE was defined as having both ICD-10 codes (M32.0) and rare intractable disease registration codes (V136). Pregnancies from 2005 to 2017 of women aged 15–49 with SLE-related visits at least a year before the Last Menstrual Period (LMP) were included. Logistic regression models for APOs were conducted, including age, SLE-related clinical characteristics before pregnancy (SLE treatments during 3 months before LMP, number of SLE-related outpatient visits or hospitalization), use of immunosuppressants (mycophenolate mofetil (MMF)/methotrexate (MTX)/cyclophosphamide (CYC)) during pregnancy, comorbidities, parity, and obstetric complications.

Results In 5,044 total pregnancies, mean age was 32.4 years (standard deviation 4.3). PB and pre-eclampsia/eclampsia were 11.0% and 4.3%, respectively. Only 42.3% were prescribed hydroxychloroquine (HCQ) during pregnancy, and 2.8% were prescribed MMF/MTX/CYC during 1st trimester. PB was associated with more than 10 SLE-related visits (Adjusted Odds Ratio [AOR] 2.15, 95% Confidence Interval [CI] 1.64–2.81) in previous year and pre-eclampsia/eclampsia (AOR 2.02, 95% CI 1.42–2.85). The risk of pre-eclampsia/eclampsia was associated with MMF/MTX/CYC use during the first trimester (AOR 3.55, 95%CI 1.32–9.57), hypertension (AOR 2.70, 95% CI 1.93–3.77), and steroids use during 3 months before LMP (≥7.5mg AOR 1.89, 95%CI 1.28–2.79 vs. 0mg).

Conclusions The limited use of HCQ during pregnancy was observed in study period. PB was associated with higher number of SLE visits before pregnancy and pre-eclampsia/eclampsia. Pre-eclampsia/eclampsia was associated with MMF/MTX/CYC use during the first trimester, hypertension, and steroid use, reflecting the effects of maternal comorbidities and SLE disease activity.

LSO-086 PREGNANCY OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM A MULTIETHNIC, MULTINATIONAL LATIN AMERICAN COHORT

[1]Rosa M Serrano Morales, [1]Romina Nieto, [1]Rosana Quintana, [1]Paula Alba, [1]Sabrina Porta, [1]Lucia Hernandez, [1]Guillermo A Berbotto, [1]Verónica Bellomio, [1]Nilzio Antonio Da Silva, [1]Odirlei Andre Monticielo, [1]Fernando De Souza Cavalcanti, [1]Francinne Machado Ribeiro, [1]Eduardo F Borba, [1]Eloisa Bonfa, [1]Loreto Massardo, [1]Gustavo Aroca Martinez, [1]Andrés Cadena Bonfanti, [1]Gerardo Quintana López, [1]Mario Moreno, [1]Jorge A Esquivel Valerio, [1]María I Acosta, [1]Astrid Paats Nicora, [1]Claudia S Mora Trujillo, [1]Marina Scolnik, [1]Diana Fernandez, [1]Carmen Funes Soaje, [1]Verónica Saurit, [1]Mercedes García, [1]Eduardo Kerzberg, [1]Graciela Gómez, [1]Cecilia Pisoni, [1]Edgard Torres dos Reis Neto, [1]Iris Guerra Herrera, [1]Oscar Neira Quiroga, [1]Carlos A Cañas, [1]Miguel A Saavedra Salinas, [1]Margarita Portela Hernández, [1]Hilda Fragoso Loyo, [1]Luis H Silveira, [1]Ignacio García de la Torre, [1]Manuel Ugarte-Gil, [1]Armando Calvo-Quiroz, [1]Roberto Muñoz Louis, [1]Ricardo Robaina, [1]Vicente Juárez, [1]Álvaro Danza, [1]Carlos E Toro-Gutierrez, [1]Carlos Abud Mendoza, [1]Ana Malvar, [1]Graciela S Alarcón, [2]Ashley Orillion, [2]Urbano Sbarigia, [2]Federico Zazzetti, [1]Guillermo J Pons-Estel*, [1]Bernardo A Pons-Estel. *[1]Latin American Group for the Study of Lupus, GLADEL, Argentina; [2]Janssen Pharmaceutical Companies of Johnson and Johnson, ., USA*

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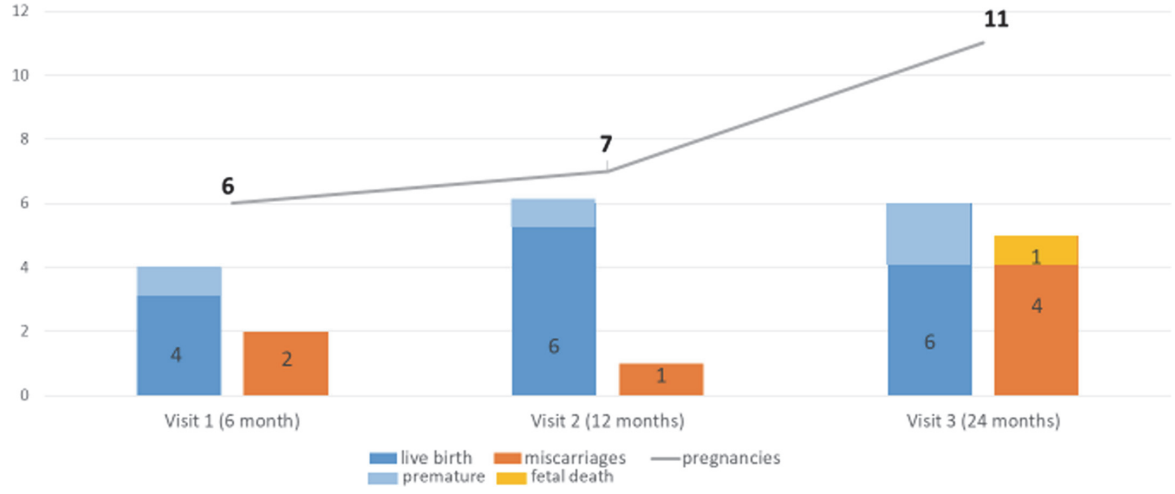
Background Obstetric morbidity (OM) is higher in Systemic Lupus Erythematosus (SLE) women than in healthy ones. Few data on SLE pregnancy outcomes in Latin America (LA) have been reported. The aim of this study was to assess SLE pregnancy outcomes in LA.

Methods GLADEL 2.0 is an observational prevalent/incident cohort started in 2019.[1] To date, 43 centers from 10 LA countries have enrolled 1030 SLE patients, ≥18 years, 1982/1997 ACR or SLICC criteria. Women with at least one pregnancy were included. Past and ongoing (6, 12, 24 months



Abstract LSO-086 Figure 1 Pregnancy outcome during 2-year follow-up (6, 12 and 24 months

Abstract LSO-086 Table 1 Sociodemographic, clinical and treatment characteristics among SLE women with at least one pregnancy at cohort inclusion related to obstetric morbidity

VARIABLES[1]	OBSTETRIC MORBIDITY		p value[3]	VARIABLES	OBSTETRIC MORBIDITY		p value[3]
Sociodemographic/comorbidities	**No (n=146)**	**Yes[2] (n=183)**		**SLE background**	**No (n=146)**	**Yes[2] (n=183)**	
Age (years)	41 (34-47)	39 (31.5-50)	0.542	Disease duration (months)	76 (28-153)	100 (36.5-162.5)	0.136
Education (years)	12 (10.2-15)	12 (10-15)	0.664	Antiphospholipid syndrome	**3/30 (10%)**	**24/46 (52.2%)**	**0.001**
Ethnicity			0.299	**Laboratory features**			
Afro-Latin American	14/146 (9.6%)	8/183 (4.4%)		Anti-dsDNA antibodies	107/134 (79.9%)	139/172 (80.8%)	0.885
White	30/146 (20.5%)	42/183 (23.0%)		Anti-Ro antibodies	51/109 (46.8%)	57/135 (42.2%)	0.518
Amerindian	3/146 (2.1%)	4/183 (2.2%)		Anti-La antibodies	20/107 (18.7%)	18/132 (13.6%)	0.293
Mestizo	99/146 (67.8%)	129/183 (70.5%)		C3 and/or C4, low	117/141 (83.0%)	147/174 (84.5%)	0.760
Socioeconomic level			0.184	Lupus anticoagulant	17/92 (18.5%)	34/121 (28.1%)	0.109
High	29/143 (20.3%)	41/181 (22.7%)		aCL[4] IgG	21/101 (20.8%)	34/129 (26.4%)	0.353
Medium	42/143 (29.4%)	67/181 (37.0%)		aCL[4] IgM	15/101 (14.9%)	33/130 (25.4%)	0.071
Low	72/143 (50.3%)	73/181 (40.3%)		Anti-ß2GP1[5] IgG	11/79 (13.9%)	15/95 (15.8%)	0.832
Medical coverage			0.260	Anti-ß2GP1[5] IgM	10/79 (12.7%)	15/95 (15.8%)	0.666
Complete/partial	94/141 (66.7%)	133/182 (73.1%)		**Treatment**			
No Coverage	47/141 (33.3%)	49/182 (26.9%)		Corticosteroids	143/146 (97.9%)	176/181 (97.2%)	0.736
Hypertension	47/83 (56.6%)	73/110 (66.4%)	0.180	Antimalarials	141/146 (96.6%)	177/181 (97.8%)	0.520
Diabetes mellitus	9/83 (10.8%)	6/110 (5.5%)	0.184	Immunosuppressors	118/146 (80.8%)	152/179 (84.9%)	0.373
Dyslipidemia	23/78 (29.5%)	31/109 (28.4%)	0.872	Aspirin	30/42 (71.4%)	53/65 (81.5%)	0.243
Smoking	22/50 (44.0%)	34/58 (58.6%)	0.176	Anticoagulation	18/42 (42.9%)	33/66 (50.0%)	0.554

[1]Numeric variables: medians (interquartile ranges); categorical variables: frequencies (percentages) were compared using Kruskal-Wallis, Chi-square or Fisher tests as appropriate. [2]Obstetric morbidity: pregnancy with any maternal-fetal morbidity (miscarriages, fetal deaths, pre-eclampsia, prematurity, neonatal lupus); [3]statistical significance: $p < 0.05$; [4]anti-cardiolipin antibodies; [5]beta-2 glycoprotein I antibodies.

follow-up) OM (miscarriages, fetal deaths, pre-eclampsia, prematurity, neonatal lupus) were evaluated.

Results At inclusion, 329 women have had at least one pregnancy [median (IQR): 2 (1–3)]: table 1. Of them, 293 (89.1%) had ≥1 live birth and 183 (55.6%) developed OM. Pre-eclampsia occurred in 49 (14.9%). Among 71 (21.6%) women with anti-SS-A(Ro)/SS-B(La) antibodies, 3 (4.2%) developed neonatal lupus (without cardiac involvement). Anti-phospholipid syndrome (APS) was associated with a higher risk of pregnancy complications (52.2% vs 10.0%; p< 0.001). Of the 755 pregnancies reported, 551 (73.0%) resulted in live births, of which 79 (14.3%) were premature. The remaining pregnancies ended in 178 (23.6%) miscarriages and 41 (5.4%) fetal deaths. During 2-follow-up years (figure 1), 24 single pregnancies occurred. All occurred under antimalarials; 16 (66.7%) resulted in live births, 4 (25.0%) premature; 12 (50.0%) developed OM. There were seven (29.2%) miscarriages and one fetal loss (4.2%) related to severe pre-eclampsia. One cholestasis gravidarum (4.2%) lead to prematurity. New cases of neonatal lupus were not reported.

Conclusions In GLADEL 2.0 cohort, around half of the women studied presented OM, being frequently related to APS. Miscarriages, prematurity, pre-eclampsia, and fetal deaths were the most common fetal-maternal complications. The incidence of neonatal lupus was lower than previously reported (16%).[2]

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Short oral presentation session 16: SLE treatment 2

LSO-087 SUB-OPTIMAL USE OF ANTI-MALARIAL THERAPY FOR SLE IN THE ASIA PACIFIC REGION; OBSERVATIONS FROM THE ASIA PACIFIC LUPUS COHORT

[1]Rangi Kandane-Rathnayake*, [1]Alberta Hoi, [2]Louthrenoo Worawit, [3]Yi-Hsing Chen, [4]Jiacai Cho, [4]Aisha Lateef, [5]Laniyati Hamijoyo, [6]Shue Fen Luo, [6]Yeong-Jian Jan Wu, [7]Sandra Navarra, [7]Leonid Zamora, [8]Zhanguo Li, [9]Sargunan Sockalingam, [10]Yasuhiro Katsumata, [10]Masayoshi Harigai, [11,12]Yanjie Hao, [11]Zhuoli Zhang, [13]BMDB Basnayake, [14]Madelynn Chan, [15]Jun Kikuchi, [15]Tsutomu Takeuchi, [12]Shereen Oon, [16]Sang-Cheol Bae, [17,18]Sean O'Neill, [19,20]Fiona Goldblatt, [21]Kristine (Pek Ling) Ng, [22]Annie Hui Nee Law, [23]Nicola Tugnet, [24]Sunil Kumar, [25]Naoaki Ohkubo, [26]Michael Tee, [26]Cherica Tee, [25]Yoshiya Tanaka, [27]Chak Sing Lau, [1]Vera Golder, [12]Mandana Nikpour, [1]Eric Morand. *[1]Department of Medicine, School of Clinical Sciences at MH, Monash University, Australia, Australia; [2]Department of Internal Medicine, Chiang Mai University Hospital, Thailand; [3]Department of Allergy, Immunology and Rheumatology, Taichung Veterans General Hospital, Taiwan; [4]Department of Rheumatology, National University Hospital, Singapore; [5]Department of Internal Medicine, Padjadjaran University/Hasan Sadikin General Hospital, Indonesia; [6]Department of Rheumatology, Allergy and Immunology, Chang Gung Memorial Hospital Chang Gung University, Taiwan; [7]Joint and Bone Center, University of Santo Tomas Hospital, Philippines; [8]Department of Rheumatology and Immunology, People's Hospital Peking University Health Science Center, China; [9]Department of Medicine, University of Malaya, Malaysia; [10]Department of Rheumatology, Tokyo Women's Medical University, Japan; [11]Department of Rheumatology and Immunology, Peking University First Hospital, China; [12]Department of Rheumatology, St Vincent's Hospital Melbourne, Australia; [13]Department of Nephrology, Teaching Hospital Kandy, SriLanka; [14]Department of Rheumatology, Allergy and Immunology, Tan Tock Seng Hospital, New Zealand; [15]Department of Internal Medicine, Keio University, Japan; [16]Department of Rheumatology, Hanyang University Hospital for Rheumatic Diseases, Republic of Korea; [17]Department of Rheumatology, Liverpool Hospital, Australia; [18]Department of Medicine and Health, University of New South Whales, Australia; [19]Department of Rheumatology, Flinders Medical Centre, Australia; [20]Department of Rheumatology, Royal Adelaide Hospital, Australia; [21]Department of Medicine, North Shore Hospital, New Zealand; [22]Department of Rheumatology and Immunology, Singapore General Hospital, Singapore; [23]Department of Rheumatology, Greenlane Clinical Centre, New Zealand; [24]Department of Rheumatology, Middlemore Hospital, New Zealand; [25]Department of Internal Medicine, University of Occupational and Environmental Health, Japan; [26]Department of Medicine, University of the Philippines Manila, Philippines; [27]Department of Medicine, Queen Mary Hospital, the University of Hong Kong, Hong Kong*

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