Abstract P113 Table 1 Characteristics of patients with complication after KBx

Pat	Sex	Age	Lab abnormality	Immunosuppression	Clinical course	Hematoma	Hb-Drop (g/dl)	Tx	RPB	Surgery/ Angio	LN Class
1	w	19	APLA, AKI I	-	IMC vasopressor therapy	>4cm	1,9	-	-	-	3
2	m	19	-	Pred 60mg, CYC	Current ICU treatment after CPR; severe NPSLE; hemolysis	<4cm	n.a.	+	2	-	3
3	w	61	AKI I	Pred 60mg,	10x9cm hematoma w/ureteral obstruction	<4cm	-2,8	+	2	-	4 +5
4	w	35	AKI III, nephrot. Syndrome	Pred 5 mg	ICU hemodynamic monitioring	<4cm	-7,1	+	4	-	5
5	w	44	APLA, AKI I, nephrotic syndrome	Pred 40mg, CYC	ICU hemodynamic monitioring	<4cm	-4	+	3	-	4

Abstract P113 Table 2 Analyzed literature cohorts

Author	Year	Interval	Region	No. of centers	Retrospective	No. of biopsies
Kang	2023	2002–2020	South Korea	1	yes	302
Deonaraine	2021	2014–2020	USA	3	yes	475
Sun	2018	2007–2017	Taiwan	1	yes	296
Jordan	2014	1999–2012	Great Britain	1	yes	215
Chen	2012	1993–2007	USA	1	yes	219

(figure 2). Angiographic intervention was required in up to 3.0% of the literature cohorts, while blood transfusions were needed in 0.8–5.3%. Perinephric edema was infrequently reported; some authors only measured hematoma >4cm. These were present in 2.3–6.3% of KBx and resolved in most cases without further intervention.

Conclusions Although kidney biopsy is the undisputed gold standard in LN diagnostics, patients should be informed about the relevant complication rate. In addition, risk stratification may help to identify high-risk patients in advance and improve monitoring.

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P114 STEROID-FREE REMISSION IN SYSTEMIC LUPUS ERYTHEMATOSUS – IS IT AN ACHIEVABLE GOAL AND IS IT SUSTAINED OVER TIME? A REAL-LIFE EXPERIENCE FROM A MONOCENTRIC COHORT

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Objective To describe frequency and characteristics of SLE patients in glucocorticoids (GC)-free remission in a real-life setting.

Methods This is a retrospective analysis of prospectively collected data from a monocentric SLE cohort. The following variables were retrieved: demographic data, cumulative organ involvement; at last observation: disease activity (SLEDAI-2K score), ongoing therapy, disease state (remission defined according to the 2021 DORIS criteria) and organ damage (SDI score).

Results From our cohort, a total of 390 SLE patients (87.4% female, all Caucasian) had at least 1 year of follow-up and complete clinical data to be included in the analysis. At last evaluation, the mean follow-up duration was 11.1 years (min 1-max 42) and 293 patients (75.1%) were in remission. Of these, 141 (36.2%) were in GC-free remission (GC-), and 44 of them (11.2%) were GC-free for 5 years. Characteristics of patients in remission, as well as the comparison between GC-group and remitted patients under GC treatment (GC+) are reported in table 1.

No significant differences were found with regard to age, organ involvement and disease duration at last evaluation between the two groups. However, mean cumulative GC dose was significantly higher in GC+ group (24.7±27.7 vs 14.7 ±13.3, p<0.01).

Being GC- at last observation was associated with a significantly lower organ damage with respect to GC+ (mean SDI 0.7±1.1 vs 1.5±2.0, p<0.01). In particular, significant differences regarded cardiovascular events (5.0% vs 13.6%, p=0.01) and osteoporosis (12.1% vs 30.3%, p<0.01) were found, and GC+ patients had also more frequently concomitant diagnosis of hypertension (35.5% vs 22.7%, p=0.01).

Abstract P114 Table 1 Characteristics of SLE patients in remission (n=293)

	Patients in remission N=293	GC-free remission N=141 (48.1%)	GC+ remission N=152 (51.9%)	P value
Female (%)	255 (87.0)	122 (86.5)	133 (87.5)	0.80
Age at diagnosis, years[1]	32.3±13.0	31.1±13.0	33.5±12.9	0.12
Age at study enrolment, years[1]	46.7±13.3	45.4±12.6	47.8±13.9	0.13
Disease duration, years[1]	17.0±9.8	16.9±8.6	17.1±10.8	0.80
Renal involvement (%)	134 (45.7)	60 (42.6)	74 (46.7)	0.29
Joint involvement (%)	215 (73.4)	100 (70.9)	115 (75.7)	0.18
Skin involvement (%)	175 (59.7)	82 (58.1)	93 (61.2)	0.50
Haematological involvement (%)	171 (58.4)	83 (58.9)	88 (57.9)	0.86
Serositis (%)	56 (19.1)	23 (16.3)	33 (21.7)	0.21
Neuropsychiatric involvement (%)	29 (9.9)	10 (7.1)	19 (12.5)	0.11
Cumulative dose of GC, grams[1]	19.9±22.5	14.7±13.3	24.7±27.7	**<0.01**
SLICC-Damage Index at last observation[1]	1.1±1.7	0.7±1.1	1.5±2.0	**<0.01**
Cardiovascular event (%)	27 (9.2)	7 (5.0)	20 (13.6)	**0.01**
Osteoporosis (%)	63 (21.5)	17 (12.1)	46 (30.3)	**<0.01**
Diabetes (%)	14 (4.8)	6 (4.3)	8 (5.3)	0.65
Hypertension (%)	86 (29.3)	32 (22.7)	54 (35.5)	**0.01**

[1]Mean ± standard deviation

Conclusions GC-free remission is an achievable goal in SLE patients and it is sustained over time in a good proportion of patients. Our study also confirms that GC withdrawal has important advantages in term of organ-damage sparing; indeed, GC-patients at last observation were presenting less organ damage, especially GC-related organ damage.

P115 BELIMUMAB TREATMENT RAPIDLY RESTORES B CELL HOMEOSTASIS AND REDUCES ATYPICAL T-BET+ B CELL EXPANSION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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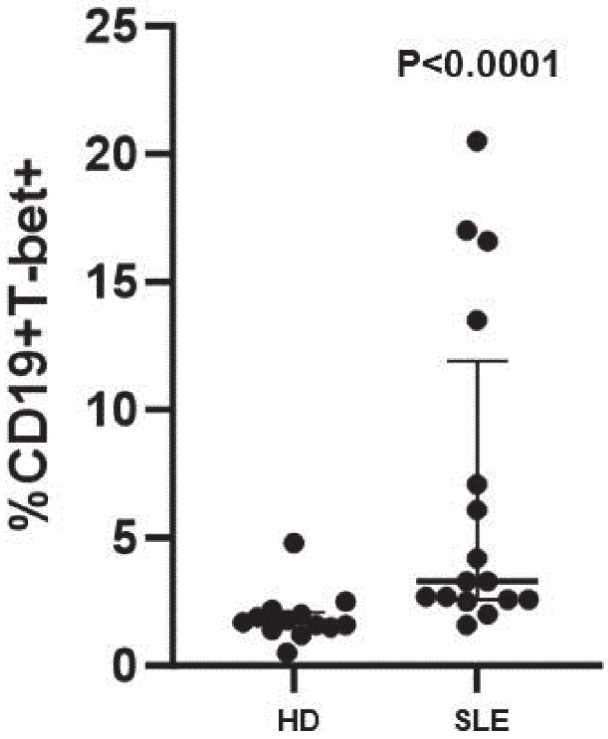
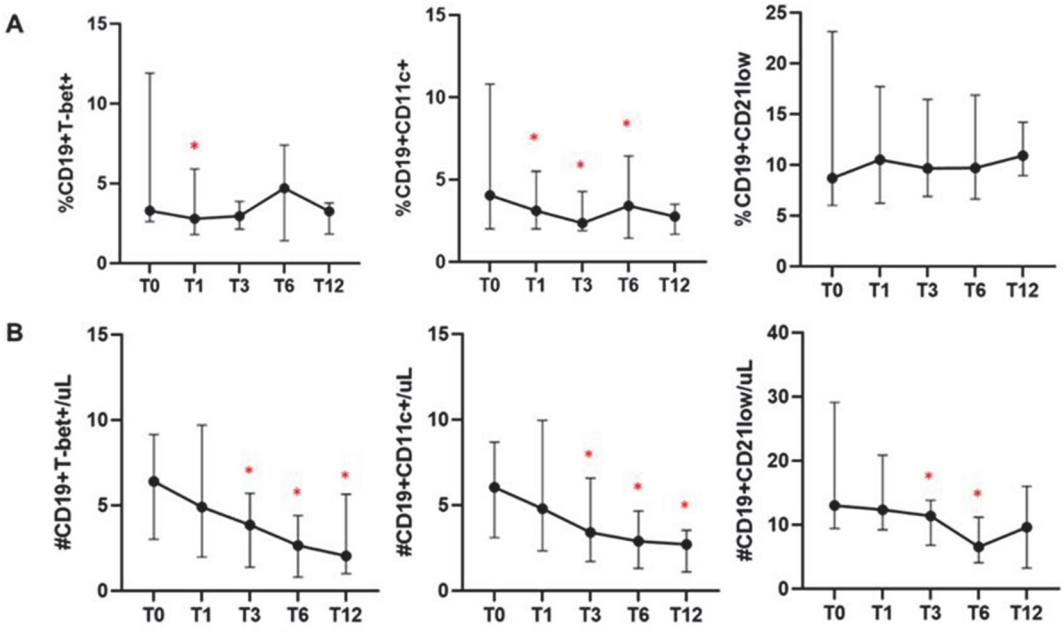
Objective B cells alterations play a central role in Systemic lupus erythematosus (SLE) pathogenesis. Indeed, expansion of atypical CD21 low, Tbet+ or CD11c+ B cells has been observed in immune-related disorders, including SLE. BAFF inhibition impacts on peripheral B cells distribution and seems to promote negative selection of activated autoreactive B cells. Thus, we investigated the effect of BAFF inhibition through subcutaneous Belimumab (BLM) on peripheral B cell subpopulations, in particular T-bet+ B cells.

Methods We analysed SLE patients (ACR/EULAR 2019 criteria) candidate to BLM due to active disease. As control, we included age-matched healthy donors. Disease activity was assessed by SLEDAI-2 and SLE-DAS in all the established time-points [baseline (T0), after 1 (T1), 3 (T3), 6 (T6) and 12 (T12) months]. The achievement of remission was registered according to SLE-DAS values and DORIS definition. Flow cytometry was applied to analyse IgD+CD27+ Naïve, IgD +CD27+ Marginal Zone (MZ)-like, IgD-CD27+ switched memory (SW), and IgD-CD27- double negative (DN), atypical CD21 low CD11c + and T-bet + B cell subpopulations.

Results We enrolled 16 patients (M/F 3/13; median age 40.5 years, IQR 22.2; median disease duration 102 months, IQR 85.5; median SLEDAI-2k 6, IQR 6; median SLE-DAS 9.73, IQR 7.23) and 13 HD (M/F 2/11, median age 32 years, IQR 28.5). At baseline, SLE showed a significantly higher%T-bet+



Abstract P115 Figure 1 %CD19+T-bet+ in SLE patients and HD



Abstract P115 Figure 2 Changes in T-bet+, CD11c+ and CD21low B cells during BLM treatment (*p<0.01)