

activity in cardiac dysfunction, we are the first to demonstrate that SLICC DI, an assessment of SLE damage, is also correlated with cardiac dysfunction in SLE. This indicates that SLE patients with higher SLICC DI and increased SLE-related damage could potentially have silent involvement in their cardiac tissue, and as such using SLICC DI is another tool that should be used to evaluate the association between SLE and LV dysfunction. [694]

## Lupus Nephritis

### 1001 EAST ASIAN LUPUS NEPHRITIS IN THE HOPKINS LUPUS COHORT

<sup>1</sup>Michelle Petri, <sup>2</sup>Chenglong Fang, <sup>1</sup>Daniel W Goldman. <sup>1</sup>Johns Hopkins University School of Medicine, Department of Medicine, Division of Rheumatology, Baltimore, Maryland USA; <sup>2</sup>Department of Rheumatology, Peking Union Medical College Hospital, Beijing, China

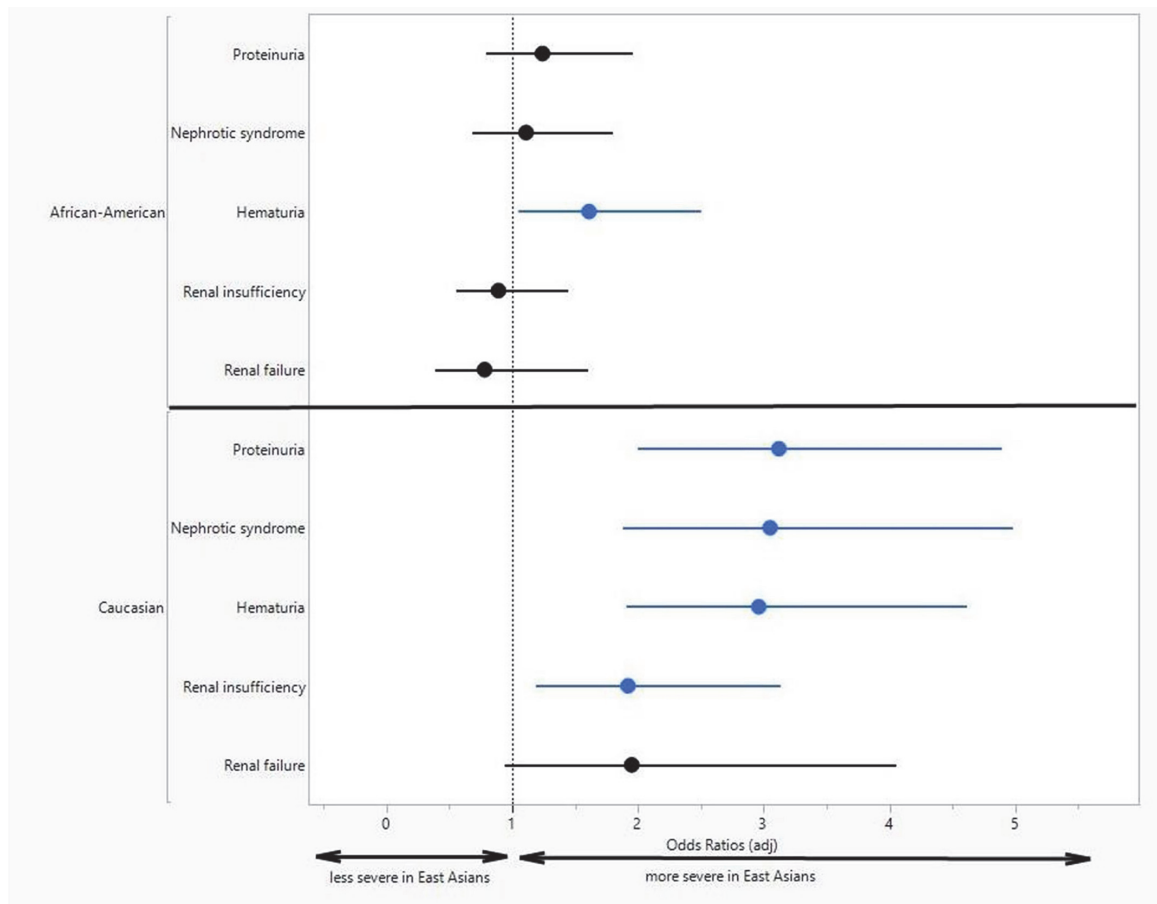
10.1136/lupus-2023-lupus21century.67

**Objective** East Asian systemic lupus erythematosus (SLE) is under represented in lupus cohorts outside of East Asia. We

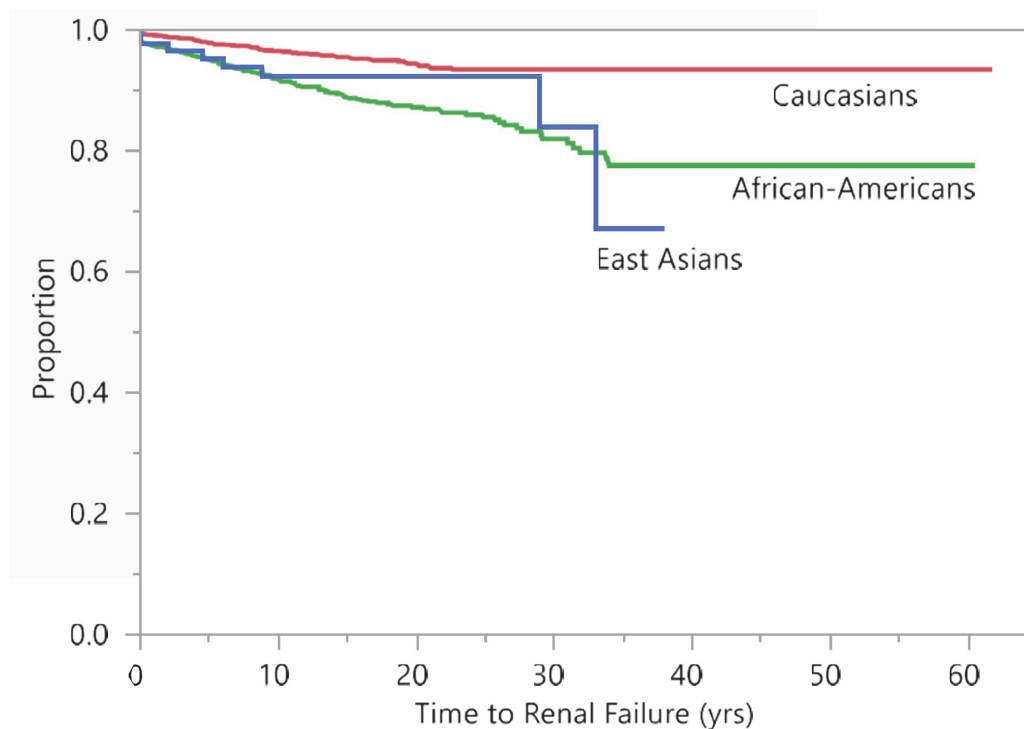
asked whether lupus nephritis was more common and more severe in East Asians than in other ethnicities in a large United States SLE cohort.

**Methods** The Hopkins Lupus Cohort, a longitudinal cohort of 2,802 patients (53.5% Caucasian, 39.2% African-American, 3.2% East Asian) was studied. The SLICC/ACR Damage Index was used to assess renal outcomes.

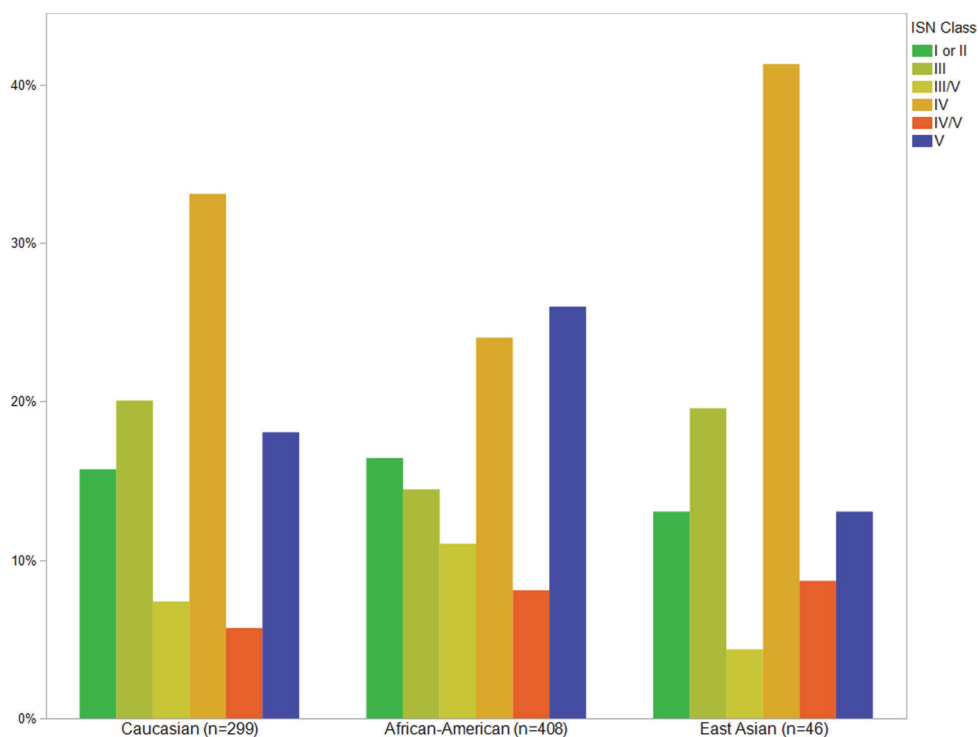
**Results** East Asian patients had the same prevalence of lupus nephritis as African-Americans and both were higher than Caucasians. East Asians were not significantly different in the frequency of end stage kidney disease compared with African-Americans (figure 1). East Asians were more likely than Caucasians to have anti-Sm (OR 3.57 (2.24, 5.68),  $p < 0.0001$ ), low C3 (OR 5.69 (3.13, 10.3),  $p < 0.0001$ ) and low C4 (OR 2.30 (1.46, 3.61),  $p = 0.0003$ ). East Asians were more likely than African-Americans to have low C3 (OR 4.41 (2.42, 8.05),  $p < 0.0001$ ) and low C4 (OR 2.07 (1.31, 3.27),  $p = 0.0018$ ). East Asians developed lupus nephritis earlier than Caucasians, but slower than African-Americans (figure 2). Analysis of the first biopsy confirming lupus nephritis showed that East Asians were more likely to have proliferative lupus nephritis (ISN Class IV) and less likely to have membranous



**Abstract 1001 Figure 1** East Asian vs African-American or Caucasian – Renal manifestations and outcomes



Abstract 1001 Figure 2 Time to end stage renal disease by race



Abstract 1001 Figure 3 Lupus nephritis ISN class of first biopsy by race

lupus nephritis (ISN Class V) compared to Caucasians and African-Americans ( $p=0.0082$  Likelihood test) (figure 3).

**Conclusion** East Asians living in the United States were more likely to have lupus nephritis than Caucasians. Poor outcomes such as end stage kidney disease occurred at an equal

frequency in East Asians as in African-Americans. Lupus nephritis was both more frequent and more severe in East Asians than in African-Americans. The severity of East Asian lupus nephritis in the U.S. has been unrecognized.