

Abstract 105 Table 4 Reliable predictors of cardiovascular disease in systemic lupus erythematosus

#	Risk Factors	Reliability (%)*
1	Stress	99.7
2	Obesity	98.4
3	Age	97.9
4	Disease duration	96.5
5	Hypertension	93.9
6	Organ damage	88.7
7	Financial Strain	88.2
8	Physical inactivity	86
9	Glucocorticoid use	84.3
10	Disease activity	76.5
11	Education attainment	68.4
12	Work status	63.6
13	Insurance type	56.2
14	Diabetes	55.5
15	Hypercholesterolemia	41.2
16	Hydroxychloroquine use	38.6
17	Sibling/Parent with CVD	29.2
18	Smoker	26.6
19	Gender	24
20	Depression	21.1

Bootstrap bagging was used to identify reliable predictors of incident cardiovascular disease.

*The percentage of time the risk factor appeared in 1000 bootstrap models, based on backward selection.

P(enter)=0.20, P(Stay)=0.20. Risk factors appearing in at least 50% of models are generally considered reliable.

burden of negative social determinants of health in AA communities may be a significant driver of CVD and other disparities described in SLE. Further research into related causal pathways, mitigating factors, and biologic mechanisms is needed.

Lay Summary The burden of cardiovascular disease (CVD) remains very high in this systemic lupus erythematosus (SLE) cohort. As expected, age, disease activity, organ damage, disease duration, hypertension, obesity, and physical inactivity independently predicted incident CVD in SLE. However, educational attainment, stress, and FS also predicted incident CVD. In terms of relative reliability of risk factors to predict incident CVD, stress had the highest reliability (99.7%), followed by obesity. At least half of the most reliable predictors of CVD were considered non-traditional risk factors and were more common in AA participants, which could explain a main source of health disparities in SLE. Further research into related causal pathways, mitigating factors, and biologic mechanisms is needed.

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ADAPTING THE LUPUS CONVERSATIONS PROGRAM FOR RHEUMATOLOGY NURSES: INCREASING CLINICAL TRIAL KNOWLEDGE TO PROMOTE DIVERSITY IN LUPUS CLINICAL TRIALS

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Background Barriers to participation in clinical trials (CTs) amongst African Americans include lack of trust, poor patient-provider communication, limited opportunities for patient-provider racial, ethnic, and cultural concordance, and poor clinical trial literacy and awareness. Rheumatology nurses spend substantial time with people with lupus (PWL), are highly trusted healthcare professionals, and play a critical role in promoting lupus clinical trials. Nurses are also trained to educate patients and their families and have the potential to provide clinical care and support during CTs. The Lupus Conversations program, which includes the CDC's Popular Opinion Leader (POL) intervention, has been shown to be an effective community-level, peer-to-peer intervention to encourage increased enrollment amongst Black/African Americans PWL in CTs. The objective of this work was to understand if the Lupus Conversations program could be adapted to increase knowledge about clinical trials and the important role of nurses in improving diversity in lupus CTs.

Methods The Lupus Conversations Program, a 5-module curriculum about CTs, barriers, facilitators, and structural racism in CTs that was originally developed to educate PWL about CTs, was adapted for rheumatology nurses to educate them on how to inform and educate Black/African American PWL in a course entitled, 'Let's Talk About Lupus, Clinical Trials and Race.' We educated rheumatology nurses through the Rheumatology Nurses Society (RNS) during their 2022 Rheumatology Virtual Spring Summit (RVSS) and on-demand learning center with the goals to increase awareness of CTs, the barriers to CT enrollment, and best approaches to effectively communicate information about CTs to Black/African Americans with lupus based on pre- and post-test assessments. Inferential statistics (paired t-tests) were used to examine whether there were changes in knowledge from pre-to-post. Descriptive statistics were used to examine behavioral intention and report on socio-demographic characteristics of participants at post-test.

Results Between April 2022 and August 2022, 79 rheumatology nurses and health care providers completed the Lupus Conversations course in a virtual live session or using on-demand access. Thirty-nine participants completed pre- and post-surveys. Among the 39 participants, 97% were female, 82% identified as White, 8% as Hispanic, 5% as Black/African American, and 5% as Native American. 88% were less than age 65. A paired t-test showed a significant increase in knowledge scores regarding clinical trials and racism ($p=.04$, $n=39$). Eighty percent of course completers self-reported an increase in their behavioral intent to refer the target population to lupus-related CT information and resources. Ninety percent self-reported increased commitment to supporting diversity in clinical trials while 92% self-reported increased confidence in their ability to connect with racially and ethnically diverse PWL.

Conclusion The Lupus Conversations program can be effectively adapted for nurses and used to disseminate lupus education and increase awareness, knowledge, understanding of the history of racism in CTs as well as increase commitment to diversify clinical trials amongst nurses. However, initial findings indicate a need to increase the rigor and granularity of educational content for nurses and other healthcare professionals, as a substantial number of participants achieved the max knowledge score on the pre-test.