immunologic criteria requirement under SLICC, it can be challenging to determine an SLE diagnosis retrospectively. Overall, DLE/SLE patients were more likely than DLE-only patients to exhibit hematologic and immunologic criteria with respect to leukopenia (ACR p < 0.0001; SLICC p < 0.0001), + anti-dsDNA (ACR p < 0.0001; SLICC p < 0.0001), and + ANA (ACR p < 0.0001; SLICC p < 0.0001) under both criteria. Furthermore, DLE/SLE patients were more likely than DLE-only patients to exhibit significant systemic symptoms with regard to arthritis (ACR 72% vs. 9%, p < 0.0001; SLICC 70% vs. 18%, p < 0.0001), serositis (ACR 21% vs. 0%, p < 0.0001; SLICC 22% vs. 3%, p < 0.0001), renal disorder (ACR 27% vs. 2%, p < 0.0001; SLICC 33% vs. 0%, p < 0.0001) using both criteria. DLE/SLE patients were more likely than DLE-only patients to have worse skin disease compared to DLE-only patients when classified according to the ACR criteria, with 40.8% of DLE/SLE patients having CLASI™ activity ≥ 10 and 24.2% of DLE-only patients having CLASI™ ≥ 10 (Table 1).

### Table 1A

<table>
<thead>
<tr>
<th></th>
<th>DLE with SLE n (%)</th>
<th>DLE without SLE n (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASI™ ≥ 10</td>
<td>31 (40.8)</td>
<td>16 (24.2)</td>
<td>0.0490*</td>
</tr>
<tr>
<td>CLASI™ &lt; 10</td>
<td>45 (59.2)</td>
<td>50 (75%)</td>
<td></td>
</tr>
</tbody>
</table>

### Table 1B

<table>
<thead>
<tr>
<th></th>
<th>DLE with SLE n (%)</th>
<th>DLE without SLE n (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASI™ ≥ 10</td>
<td>27 (46.9)</td>
<td>20 (33.3)</td>
<td>0.0755</td>
</tr>
<tr>
<td>CLASI™ &lt; 10</td>
<td>39 (53.1)</td>
<td>56 (66.7)</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion These findings suggest that DLE patients who meet SLE criteria are more likely than their DLE-only counterparts to have more significant internal disease. Both ACR and SLICC criteria are useful in distinguishing DLE patients with internal organ involvement from those without. DLE-only patients may have significant skin disease with 25% of DLE-only patients having moderate to severe skin disease.

### CT-05

**LONGITUDINAL PATTERNS IN SLE RESPONSE TO STANDARD OF CARE THERAPY: IMPLICATIONS FOR CLINICAL TRIAL DESIGN**

1 Mimi Kim*, 2 Joan Merrill, 3 Kenneth Kalunian, 4 Bevra Hahn, 5 Anita Roach, 6 Peter Izmirly.

1 Albert Einstein College of Medicine; 2 Oklahoma Medical Research Foundation; 3 University of California San Diego; 4 University of California Los Angeles; 5 Lupus Foundation of America; 6 New York University School of Med, USA

10.1136/lupus-2016-000179.77

**Background**

Most clinical trials of new treatments for systemic lupus erythematosus (SLE) have shown weak discrimination between investigational agents and placebo when added to standard of care (SOC). The design of future SLE trials may be improved by considering strategies for reducing placebo response rates and better understanding the within-patient variability in disease activity during follow-up. We evaluated longitudinal patterns of response in SLE patients who received placebo plus SOC in two completed 52-week clinical trials. Baseline characteristics that discriminated persistent responders from non-responders were also examined, with the goal of identifying characteristics that may define patient populations with unmet medical need who should be targeted for enrollment in future trials.

**Materials and methods**

Data was obtained from the Collective Data Analysis Initiative (CDAI) of the Lupus Foundation of America.
Factors Affecting the Attitudes of Patients with Systemic Lupus Erythematosus Regarding Potential Clinical Trial Participation

CT-06

1E McNaughton, 2S Lops, 3E Felicone, 4C Wagner*. 1PatientsLikeMe, Inc, Boston; 2Janssen Research and Development, LLC, Spring House, United States

Background Systemic Lupus Erythematosus (SLE) is an autoimmune disorder affecting skin, joints, kidneys, brain and other organs. Clinical trial recruitment is especially challenging in this patient population. To address challenges of recruiting patients with SLE into clinical trials, we conducted a survey study to: (1) explore patients’ satisfaction with their current treatment; (2) assess participants’ motivations to switch to a new treatment; and (3) identify the characteristics of patients willing to participate in a clinical trial.

Materials and methods 259 members of an online patient network with SLE aged 18–77 (mean age = 47; 96% female, 78% white) completed an online survey about their experience and attitudes. Data was collected over 7 days. The Chi square test was used to analyse the distribution of categorical variables; two sample t-tests to compare group means, and Pearson r correlation to identify the associations between continuous variables.

Results 60% of SLE patients reported being at least “somewhat satisfied” with their current treatment; 74% name worsening symptoms as an important factor for changing medications. Those patients (36%) who were motivated to change to a new treatment reported a slightly more severe daily impact of SLE (mean = 3.6 on a scale 1: not at all – 5 very much) than patients who did not view new treatment availability as a reason to change their current medication (SLE impact mean = 3.3; t (258) = 2.49; p < 0.01). 29% say knowing that a trial drug has never been tested before will increase the likelihood of their participation in the trial. Correlation analyses revealed slight, but significant association between a favourable view of novel drug trials and higher number of treatments, frequency of healthcare utilisation, and lupus daily impact (r ranged 0.13 – 0.22, p < 0.03).

Conclusions Investigators may achieve a higher recruitment rate by targeting: 1) patients whose SLE symptoms are under poor control and who therefore frequently utilise the healthcare system; and 2) those patients who are experiencing more pain and headaches and more frequently using pain medications.