analyses, adjustment had minimal effect on results, indicating that
the effect of confounding variables was minimal.

Conclusions The present study improves the certainty that pov-
erty is etiologically related to damage and not an artefact of study
design.

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COMPARISON OF CLASSIFICATION CRITERIA, SELF-
ASSESSMENTS AND IMMUNOLOGIC PROFILES IN
PATIENTS WITH INCOMPLETE AND SYSTEMIC LUPUS
ERYTHEMATOSUS

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Background The syndrome of incomplete lupus erythematosus
(ILE) likely includes individuals at risk for development of sys-
temic lupus erythematosus (SLE). Studies of interventions to
lower risk or prevent further disease in ILE are of interest. Design of such trials will require methods to classify patients and
to assess risk. The goals of the present study were to evaluate per-
formance of updated SLE classification criteria to define ILE and
to probe for other features in these patients that might be useful
as indicators of disease status. A long term goal is to develop
prognostic multifaceted risk profiles that would have clinical
applications.

Materials and methods Patients with ILE (N = 70) and SLE
(N = 32) defined by the 1997 American College of Rheumatol-
yogy (ACR) criteria were then reclassified using the 2012 Systemic Lupus International Collaborating Clinics (SLICC) criteria. Dis-
ease activity, patient self-assessments and levels of autoantibodies,
soluble mediators and expressed Type I interferon (IFN) genes
also were measured in the ILE and SLE patients and compared to
healthy control (HC) individuals.

Results The two sets of classification criteria were highly corre-
lated (Figure 1; R^2 = 0.87). ILE patients were older
(P = 0.0043), with lower SLEDAI scores (P = 0.023) and greater
dissatisfaction with their health status (P = 0.034) than SLE
patients. Anti-C1q and sCD27 levels were correlated with ACR
criteria and SLE Disease Activity Index (SLEDAI) scores (P £
0.0004). Three cytokines, IL-7, IL12p70 and IL-13, were
lower in both ILE and SLE than in HCs. Two IFN-related cyto-
kines IP = 10 and MCP-1, were higher in SLE than in ILE. Of
three IFN genes measured, IFI27 showed the greatest difference
between ILE and SLE.

Conclusions The 2012 SLICC SLE classification criteria likely
can be used to define ILE in future research trials. Patients with
ILE are somewhat dissatisfied with their condition, possibly
related to anxiety about the lack of a clear diagnosis. Further
patient-reported outcome studies in this population would be of
interest. Reliable assessment of lupus risk will likely include dem-
ographic, clinical and immunologic features. Some of the latter
may suggest novel approaches to early treatment.

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Abstract CE-12 Figure 1 Correlation between two SLE classification criteria, the 1997 ACR and 2012 SLICC sets, in 102 patients with either ILE or
SLE. Values on each axis correspond to numbers of criteria in each of the sets. Significance determined using Pearson’s R.