Background and aims In Philippine setting, management of lupus nephritis (LN) is primarily driven by clinical parameters more than kidney biopsy because of limited resources. This paper describes clinico-pathologic correlations in a cohort of Filipino patients with LN.

Methods Study population included LN patients who underwent kidney biopsy at University of Santo Tomas (UST) Hospital, Manila, Philippines from 2005 to 2015. Pathologic diagnoses utilised International Society of Nephrology/Renal Pathology Society (ISN/RPS) 2003 classification, including activity and chronicity indices. Correlates of histopathologic classification with demographic and systemic lupus erythematosus (SLE) characteristics were performed using linear and multinomial regression analysis.

Results Included were 101 LN patients (94 females, 72 adults) with mean age 25.2 ±11.5 (9-61) at SLE diagnosis and 3.08 ±6.02 (<1–12) years disease duration from SLE diagnosis to biopsy. Most common ISN/RPS classification was Class IV in 57 (56.4%) patients and Class III in 33 (32.7%). Average activity index was 6.64 ±2.22 (0–12), chronicity index, 3.54 ±2.02 (0–9); Class IV and V correlated with higher activity index scores, p = 0.001. Mean uPCR was 2.61 ±1.44 (0.03–7.43) mg/mg with highest uPCR in Class IV, followed by classes III and V. Mean estimated glomerular filtration rate (eGFR) was 63.02 ±34.25 (9–139) mL/min, with inverse correlation between eGFR and histologic activity, p = 0.003. Extra renal manifestations included arthritis (61%), malar rash (59%) and photosensitivity (50%), with mean SLEDAI score of 11.07 ±3.78; these did not correlate with histologic indices.

Conclusions This study shows good correlation of clinical renal parameters with histopathology, supporting the rationale of current Philippine practice to perform kidney biopsies as clinically indicated rather than routinely.
follow-up data were included in the TGA study. The median follow-up was 24.0 months. The 1-, 3- and 5 year survival rates were 92.1%, 84.8% and 72.9%, respectively. The 1-, 3- and 5 year TGA rates were 31.5%, 53.6% and 62.7%, respectively. Serositis (HR=1.94, 95% CI: 1.26–3.00, p=0.003), 6MWD >380 m (HR=1.95, 95% CI: 1.14–3.31, p=0.014) and CI ≥2.5 L/min×m² (HR=1.92, 95% CI: 1.16–3.19, p=0.012) were identified as independent prognostic factors of TGA. TGA within 5 years was identified as a factor associated with survival in patients with SLE-associated PAH.

Conclusions TGA was associated with the long-term survival, which supports and provides evidence to the treat-to-target strategy in SLE-associated PAH. Early diagnosis, intervention and heart function preservation are priorities for better long-term outcomes. PAH patients with high SLE activity may benefit from immunosuppressive therapy.

Abstracts

**Background and aims** Immune and inflammatory mechanisms could play a significant role in pulmonary arterial hypertension (PAH) genesis and progression, especially in patients with systemic lupus erythematosus (SLE). Immunosuppressive therapy should be better evaluated in this setting. We reviewed the clinical outcomes of intensive immunosuppressive therapy with or without target therapy in SLE associated PAH.

**Methods** This single-centre cohort study enrolled 126 consecutive patients with SLE-PAH who visited our referral centre in China between May 2006 and December 2015. Baseline demographics, clinical features, laboratory results, haemodynamic assessments and management were analysed. Kaplan-Meier curves and Cox proportional hazards regression analysis were used to evaluate the role of intensive immunosuppressive therapy.

**Results** All patients received intensive immunosuppressive therapy including combination of high-dose glucocorticosteroids and first-line immunosuppressants, such as cyclophosphamide, mycophenolate and calcineurin inhibitors. Eighty-two (65.1%) patients received target therapy at baseline. Survival analysis indicated that responders had a better survival than non-responders in both with and without target therapy group (figure 1). Patients with a shorter SLE disease duration (p=0.009) and better baseline pulmonary hemodynamics (mean pulmonary arterial pressure, pulmonary vascular resistance and Cardiac index, p<0.001) were more likely to benefit from immunosuppressive therapy (table 1).

**Conclusions** Intensive immunosuppressive therapy markedly improved the long-term outcomes of SLE patients with PAH, especially in the early stage of PAH.

**Background and aims** To investigate the long-term outcomes, both mortality and damage, and predict factors of patients with systemic lupus erythematosus (SLE) in the CSTAR (Chinese SLE Treatment and Research group) registry cohort.

**Methods** Patients were enrolled from April 2009 to February 2010. They were followed up at clinic and were telephone interviewed at the endpoint. Demographic data, clinical manifestations, activity, damage scores, and medications were collected. Survival rates were studied by Kaplan-Meier method,