and COX proportional hazard model was adopted to perform the analysis of predicting factors for mortality.

**Results** A total of 2104 patients were recruited at baseline, and 1494 patients were successfully followed up. The cumulative 1, 3 and 5 year survival rates from diagnosis were 99.0%, 98.1% and 97.1%. 78 patients died during follow-up, and the main death causes were infection (34.6%), active disease (26.9%), cardiovascular and cerebrovascular events (6.41%) and malignancy (5.13%). At entry, 247 patients presented with irreversible organ damage, 398 patients at the endpoint. The major accumulated organ damages were renal (25.9%), musculoskeletal (20.2%), neuropsychiatric (12.4%), and pulmonary (10.8%) damage. Cox regression showed that male, late onset (>50y), onset to diagnosis time ≥1 year, previous organ damage, renal involvement, pulmonary arterial hypertension, neuropsychiatric involvement, serositis and the number of involved organ systems ≥3 predict for higher mortality.

**Conclusions** Long-term survival rates of SLE patients have been improved in China. Early diagnosis, preventing from the emerging systemic organ involvements and organ damage could be the treating target for the management of SLE patients.

**Clinical trials**

**245** HIGH DOSE OF VITAMIN D THERAPY AND URINARY ANGIOSTATIN AMONG EGYPTIANS JUVENILE LUPUS

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**Background and aims** Vitamin D has numerous effects on cells within the immune system. Association between vitamin D deficiency and high disease activity in systemic lupus was confirmed. The aim of this research was to study the effect of vitamin D...
HIGH TITER ANA WITH ANTI-DFS70 ALONE IS NOT TO BE CONSIDERED A VALID CRITERION FOR LUPUS

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Background and aims Positive ANA is one of Criteria for Classification of SLE for ACR and SLICC. As a follow-up to the International Consensus on ANA Patterns (ICAP) initiative (ANAPatterns.org), the relevance of each ANA pattern is being re-evaluated.

Methods ANA test at 1/80 screening dilution was performed in 269 sequentially selected patients with SLE diagnosis, 918 healthy individuals, and 558 patients with non-SARD conditions. ANA interpretation was the consensus of 3 independent readers using 2 HEp-2 cell slide brands at 400x magnification. Conversely, sequentially selected individuals presenting >1/640 titer Nuclear Dense Fine Speckled (DFS) ANA pattern (AC-2) in a large clinical laboratory within a 2 year period had the diagnosis assessed by interview with the respective physician.

Results Among 269 consecutive SLE patients, 96.3% had a positive ANA with the following principal nuclear patterns: homogeneous (29.3%), coarse speckled (14.7%), fine speckled (40.1%). Only one patient (0.3%) had the DFS pattern and the reactivity to DFS70 confirmed by ELISA. Conversely, among 118 ANA+ healthy individuals and 102 ANA+ patients with miscellaneous non-SARD conditions, 33% and 17% presented the DFS pattern, respectively. In addition, the 327 consecutive high-titer DFS individuals presented mostly non-SARD conditions or non-specific clinical presentation. Only 7 had possibly SARD-related presentations: 1 anti-phospholipid syndrome, 1 “possible” SLE (polyarthritis, arthritis, chronic urticaria), 1 WG, 1 DLE, 1 PBC, and 1 RA.

Conclusions Well-defined anti-DFS ANA, confirmed by antigen-specific reflex testing, should not be considered a criterion for SLE - either in the ACR or SLICC classification criteria.

THE EFFICACY OF ANTI-CD20 ANTIBODY RITUXIMAB FOR REFRACTORY PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims B cells play a crucial role in pathogenesis of Systemic Lupus Erythematosus(SLE). We examined the efficacy of B cell depletion therapy rituximab for refractory patients with SLE.

Methods 63 eligible study subjects since 2002 until 2015 were men and women, who met the American College of Rheumatology criteria in 1987 or SLICC2012 for the classification of SLE. The protocols were approved by the Institutional Review Board of our university. Treatment protocol: 2 or 4 weekly doses of 500 mg/body, 2 biweekly doses of 1000 mg/body or 4 weekly doses of 1000 mg/body.

Results Baseline characteristics; gender M:F=6:57, age 33.9 years, disease duration 87.2 months, organ failure NPSLE:35, lupus nephritis:46, treated with IVCY 34/63. The 60/63