Background and aims Real-world data on Cutaneous Lupus Erythematosus (CLE) patients are scarce, limiting our understanding of the course and unmet need of this chronic disease.

Objectives To assess progression, clinical burden and drivers of severity amongst CLE patients.

Methods Data were drawn from a 2013 survey of 101 dermatologists across the US and EU (France, Germany, Italy, Spain and UK). Dermatologists provided evidence on treatment patterns, disease/clinical history, demographics for their next five consulting CLE patients. For analysis, CLE patients were categorised into groups based on their current severity reported by their physician. Descriptive statistics outline the clinical characteristics of included CLE patients. Drivers of physician severity classification were explored using stepwise logistic regression.

Results Final analyses included 496 CLE patients; 74% were female; mean age at diagnosis=39.6 years; mean disease duration=4.2 years.

Currently, 27% of CLE patients are classified as moderate-to-severe. Amongst these patients, severity remained the same since diagnosis for 72% whilst deteriorated for 10%.

Clear clinical differences emerge between moderate-to-severe and mild CLE patients (Table 1)

Stepwise logistic regression results highlight the significance of remission and symptom burden, in severity classification; mild vs. moderate-severe (Table 2):

Conclusions Despite an average of 4 years since diagnosis, a sizeable proportion of CLE patients remain moderate-to-severe, indicating persistence, relapse or worsening. Results highlight unmet need for better disease control, particularly around remission and symptom burden. This study contributes to scant literature on CLE, informing our understanding in a real-world clinical setting, and supports development of appropriate interventions amongst uncontrolled patients.