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UNDERSTANDING DISEASE BURDEN, SEVERITY AND PROGRESSION IN PATIENTS WITH CUTANEOUS LUPUS ERYTHEMATOSUS IN A REAL-WORLD SETTING

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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.

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THE CHANGE OF COMPLEMENT REGULATORY PROTEINS AND DISEASE ACTIVITY OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims Complement activation is one of the important pathogenesis of systemic lupus erythematosus (SLE), and it has been revealed to associate with the activity of SLE. Complement regulatory proteins (CRPs) play critical roles on the regulation of alternative complement pathway, however, studies focus on the CRPs during SLE flare-up remains limited. This study was to investigate the change of CRPs and end products of complement activation on active and remission phases of SLE.

Methods Forty paediatric SLE patients were enrolled. The clinical manifestation, laboratory data, and serum CRPs, C5a, and C5b-9 on active and remission phases were analysed.

Results The mean age of patients was 13.9±3.8 years with female predominant (7:1). The mean renal and non-renal

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	Mild (n=358)	Moderate (n=127)	Severe (n=11)	Mod-Sev Combined (n=138)
Time since diagnosis (years)	4.3	3.7	6.7	3.9
Patient is currently in remission	60%	12%	0%	11%
Patient has flared in the last 12 months	21%	31%	73%	35%
Number of flares patient has experienced in the last 12 months (all patients)	0.3	0.6	3.0	0.8
Number of flares patient has experienced in the last 12 months (*of patients who have flared in the last 12 months)	1.6 (*n=74)	2.1 (*n=40)	4.1 (*n=8)	2.4 (*n=48)
Patient experiencing systemic involvement	9%	26%	50%	28%
Patient experiencing anxiety and/or depression	12%	20%	55%	32%
Patient's current Dermatological/skin symptoms (top 3)				
- Discoid rash	42%	64%	82%	65%
- Photosensitivity	40%	69%	64%	68%
- Malar/'Butterfly' rash	11%	31%	36%	32%
Number of tests conducted in the last 12 months (e.g. Barium x-ray, MRI, ESR blood test etc.)	13.7	17.4	16.6	17.3
Number of HCP consultations in the last 12 months	5.1	6.0	8.5	6.2

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	Odds ratio	P value
Patient is in remission (vs. not)	0.1298574	<0.001
No. of current lupus symptoms	1.247704	<0.001