Abstract 401 Figure 1 Number of patients and frequency of patient encounters per rheumatic disease at UST Hospital.

Conclusions In Asian Indian lupus pro-bands, familial aggregation of rheumatic AID and Lupus alone was noted in 24.8% (RR-2.48) and 12.1% (RR-2) respectively, more so in the background of parental consanguinity.

404

PREDICTORS OF RENAL REMISSION, RENAL INSUFFICIENCY AND DAMAGE IN LUPUS NEPHRITIS

¹M Gatto*, ²G Costantini, ²M Zen, ²M Larosa, ²L Nalotto, ³D Del Prete, ²L Iaccarino, ²A Doria. ¹University of Padova, Padova, Italy; ²University of Padova, Rheumatology, Padova, Italy; ³University of Padova, Nephrology, Padova, Italy

10.1136/lupus-2017-000215.404

Background and aims To explore predictors of renal remission, insufficiency and damage in lupus nephritis (LN).

Methods We retrospectively analysed our lupus cohort and studied LN patients with at least one renal biopsy since 1990 until 2016. Follow-up ended at last patient visit. Complete renal remission (CRR) was defined as proteinuria <0.5 g/day and normal serum creatinine (SCr); partial remission as proteinuria <3.5 g/day with normal SCr; renal failure as SCr

≥2 mg/dl; renal flare as an increase in proteinuria >0.5 g/day and/or requirement for treatment modifications. Damage was measured by SLICC damage index (SDI).

Results 81 patients were studied (Table) who underwent 110 biopsies. Forty patients (49.3%) went into CRR by the end of follow-up. Thirty-six (44.5%) had 2 renal flares while 21≥3 (26%). Six patients developed renal failure preceded by ≥3 flares in 5. One case of ESRD was reported. By the end of follow-up 30 patients (37%) had SDI≥2. At univariate analysis, increased proteinuria at 12 and 24 months from first biopsy and higher flare number were inversely associated with CRR, while long-lasting hypertension, abnormal SCr, decreased GFR and C4 at time of first biopsy were associated with renal failure. At multivariate analysis 24h-proteinuria at 24 months independently predicted lack of CRR (OR 3.7), while a higher number of renal flares (OR 5.27), higher SCr at 6 months from renal biopsy (OR 5.01) and a longer disease duration (OR 6.34) were independently associated with damage accrual. **Conclusions** Increased proteinuria and abnormal baseline renal function make CRR unlikely. Suboptimal control of LN activity and longer disease duration are associated with severe damage accrual.