Patient Campaigning: Identification of patients who are due for various SLE-specific testing or management activities and proactive contact in order to prompt an office visit.

Results We demonstrated a “tighter” management of SLE patients through statistically significant improvement in the rate of key SLE management behaviours (95% CI).

“Tighter” management, in turn, prompted statistically significant improvement in hospitalisation (85% CI).

Conclusions Time-structured, IT-enhanced, and QI indicator-driven interventional modalities prompted a more frequent, more comprehensive, and guideline-adherent point of care interaction with SLE patients (i.e. “tighter” management). “Tighter” management manifested as improved patient outcomes in the form of a diminished rate of hospitalisation among SLE patients.

BONE MARROW MEGAKARYOCYTES MAY PREDICT THERAPEUTIC RESPONSE OF SEVERE THROMBOCYTOPENIA IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims To analyse the predictive value of megakaryocyte counts in bone marrow (BM-MK) for determining the therapeutic response of severe thrombocytopenia (TP) in patients with systemic lupus erythematosus (SLE).

Methods Thirty-five patients with SLE with severe TP (platelet count ≤50 × 109/l) from the Peking Union Medical College Hospital admitted between 2007 and 2014 with appreciable bone marrow aspiration results were analysed retrospectively. The associations between therapeutic response and clinical manifestations, laboratory findings including BM-MK counts, were evaluated.

Results Seventeen (49%) and 8 (23%) patients achieved a complete response (CR) and a partial response (PR), respectively, and 10 had no response (NR). The BM-MK counts in each group were 102±25 (0–322), 136±48 (2–419), and 28±12 (0–105) per slide, respectively. Significant differences were observed in the counts of BM-MK between patients who achieved a clinical response (CR + PR) and those who did not (NR; p=0.007). Patients in the NR group exhibited fewer BM-MK compared with those in the CR and PR groups (p=0.017 and p=0.006, respectively). A receiver-operation characteristic analysis identified that a cutoff value of BM-MK counts at 20 performed pretty well in discriminating patients with differential responses to immunotherapy, with sensitivity and specificity and area under the curve of 88%, 70%, and 0.798, respectively.

Conclusions BM-MK count may serve as a good predicting factor for immunotherapeutic response in patients with SLE with severe TP. Patients with BM-MK counts <20 per slide tend to exhibit poor clinical response.

EFFECT OF DISEASE REMISSION ON ORGAN DAMAGE AND QUALITY OF LIFE IN CHINESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims To study the effect of disease remission on organ damage and quality of life (QOL) in Chinese patients with SLE.

Methods Adult patients who fulfilled the ACR criteria for SLE were identified and their remission status at last visits was
Serum 25-hydroxyvitamin D3 levels and flares. Increased cystatin C/creatinine ratio reflects high disease activity in patients with systemic lupus erythematosus.

Conclusions

Durable drug-free remission in SLE is uncommon. Patients with complete or clinical remission for >5 years have significantly less damage accrual and better QOL.

Conclusions

Vitamin D deficiency was frequent in SLE patients and was associated with more active disease at baseline and over time, as well as a trend of more severe lupus flares.

Conclusions

Durable drug-free remission in SLE is uncommon. Patients with complete or clinical remission for >5 years have significantly less damage accrual and better QOL.

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