

24 weeks of study treatment. Improvement of median proteinuria reduction from base line was 64.2% at 12 weeks and 88% at 24 weeks. Serum vitamin D levels were inversely associated with the urinary protein creatinine UP/C ratio ($p < 0.001$) and urinary vit D binding protein DBP/C ($p < 0.001$).

Conclusions Our findings show that new strategy of adding vitamin D therapy as new treatment for 24 weeks to maintain optimal serum 25(OH) D levels and diminish proteinuria in lupus nephritis patients. We need longer duration and more studies to confirm our results from different countries.

PS7:139 EFFICACY AND SAFETY OF RITUXIMAB IN RESISTANT SLE

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Objective Rituximab is a B cell depleting monoclonal anti-CD20 antibody that has been suggested by number of research as a potential Effective agent in Resistant active SLE. however, related clinical trials; ‘Explorer’, ‘lunar’ trials both failed to show clinically significant efficacy of Rituximab compared to placebo. In this uni-centre study, we evaluated the Efficacy and safety of Rituximab in refractory SLE patients.

Abstract PS7:139 Table 1 Characteristics of the 23 SLE patients receiving rituximab

Age	
mean \pm SD years	28.6 \pm 15.2
mean pediatric \pm SD	14.3 \pm 3.1
mean adult \pm SD	33.7 \pm 14.4
Disease duration, mean \pm SD years	4.2 \pm 3.8
Main indication for rituximab % (n)	
Renal (Lupus nephritis)	26.1 (6)
Hematological	21.7 (5)
Neuropsychiatric	30.4 (7)
Cutaneous	13.0 (3)
Lupus nephritis/ hematological (pancytopenia)	8.6 (2)
Disease activity before rituximab	
SLEDAI score, mean \pm SD years	15.0 \pm 8.8
Anti-DNA antibody, % (n)	78.3 (18)
C3, mean \pm SD g/L	0.66 \pm 0.34
C4, mean \pm SD g/L	0.12 \pm 0.09
Previous immunosuppressive medications % (n)	
Prednisone	91.3 (21)
Methylprednisolone	52.2 (12)
Cyclophosphamide	8.7 (2)
Azathioprine	26.1 (6)
Cyclosporine	13.0 (3)
Mycophenolate mofetil	34.8 (8)
Hydroxychloroquine	91.3 (21)
Number of previous immunosuppressive agents, mean \pm SD	
Medication concomitant with rituximab % (n)	
Prednisone	65.2 (15)
Cyclophosphamide	26.1 (6)
Hydroxychloroquine	91.3 (21)
IVIg	13.0 (3)
Methylprednisolone	17.4 (4)
Number of immunosuppressive agents concomitant with rituximab, mean \pm SD	
Dose of prednisone, mean \pm SD mg/day	
Before rituximab	26.2 \pm 15.5
With rituximab	56.0 \pm 21.3
After rituximab	14.8 \pm 15.3
Rituximab regimen % (n)	
4 x 375 mg/m ²	43.5 (10)
2 x 1 g	30.4 (7)
Others	26.1 (6)

Method We analysed retrospectively the data of resistant SLE patients who received Rituximab

Results Data included 23 refractory SLE patients that received Rituximab which was indicated for lupus nephritis 26.1%, haematological involvement 21.7%, neuropsychiatric complications 30.4%, cutaneous involvement 13.0%, and combination of lupus nephritis and haematological involvement 8.6%. Mean \pm SD of SELENA Modified version – SLEDAI score at baseline was 15.0 \pm 8.8 and 9.2 \pm 9.0 at 6 months after treatment (p value. 002). Among patients with lupus nephritis Complete renal response was noted in 2 (8.7%) out of 8 patients. Partial response was documented in 3 (13.0%). 3 of 7 patients with haematological involvement responded completely, 2 have responded partially the other 2 did not respond to Rituximab. 5 (21.7%) patients of 7 neuropsychiatric patients showed complete response, and no response was noted in 2 (8.7%) patients. 4 out of 5, who showed complete response undergone remission. Two non-responders eventually died. Only 3 (13.0%) patients showed cutaneous involvement. 2 of them showed partial response and remaining 1 showed complete response. Adverse effects were noted in 8 (34.8%) patients. 2 (8.7%) of them reported acute infusion reaction, 4 (17.4%) showed features of severe infection and 2 (8.7%) patients died due to septic shock and multi organ failure (table 3).

Conclusion Rituximab is an effective and relatively safe agent for refractory SLE, additional well-structured controlled studies are needed to prove efficacy in those patients compared to other conventional therapy.

PS7:140 BELIMUMAB IN SYSTEMIC LUPUS ERYTHEMATOSUS. 1 YEAR OF FOLLOW UP

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Objectives To describe patients with Systemic Lupus Erythematosus (SLE) treated with Belimumab (BLM).

Material and methods Review of patients with SLE treated with BLM from 2012 to 2017.

Results We enrolled 18 patients, 16 women and 2 men. The median age at of SLE diagnose was 34.3 (IQR 27–45.7) years and the median age at BLM start was 2.2 (IQR 38.9–47) years. The received sDMARDs median number was 2.5 (IQR 2–4). Before starting BLM 7 patients had received rituximab, 4 cyclophosphamide, 1 abatacept and 1 one efalizumab. At BLM begin 17 patients were taking prednisone, 13 hydroxychloroquine, 7 methotrexate, 1 azathioprine, 1 mycophenolate and 1 leflunomide (table 1).

The median BLM bolus received was 8.5 (IQR 2–32.7) and it was stopped in 4 patients due to lack of efficacy; this 4 patients had persistence of arthritis and non of them had received bDMARD before.

13 patients had at least one antiphospholipid autoantibody positive and 4 developed antiphospholipid syndrome.

The median titer of antinuclear antibodies (ANA) was 1/360 (IQR 1/160–1/1280). All patients but one had ANA positive; among them 9 patients were antiRo positive, 4 antiLa, 4 antiSm and 4 antiRNP positive antibodies. 9 patients were antiDNA positive and 5 were positive for rheumatoid factor (RF) able 1 shows SLEDAI, C3 and C4, antiDNA levels.