的目的

Lupus Low Disease Activity State (LLDAS) was defined and validated in 2016 by a panel of lupus experts. When attained, it seems to be associated with prediction of clinical improvement and allow a treat-2-target (T2T) approach in clinical care. LLDAS definition was applied to the cohort of SLE patients followed at our Autoimmune Disease Unit and correlated with damage accrual.

方法

Methodological, clinical and immunological features were recorded at baseline. Data were prospectively collected from January 2013 to July 2017. At each consultation during the study period, disease activity, current therapy and fulfillment of LLDAS were registered, except for the physician’s Global Assessment which was not recorded. Organ damage progression was evaluated by SLICC damage index at inclusion and at the last evaluation. Spearman’s rho test was used, with p<0.05 considered statistically significant (SPSS Statistics, version 23.0).

结果

76 patients were included: 93.4% females, 88.2% Caucasian, mean age and mean disease duration at inclusion 45.9 ±13.3 and 14.0±8.3 years, mean of follow-up at recruitment 9.4±5.1 years. Overall, 1043 visits were performed. As regards LLDAS achievement, 90.8% of patients were in LLDAS at least in 25% of the time, 76.3% at least in 50%, 55.3% at least in 75%, 31.6% at least in 90% and 15.8% for the entire follow-up. At the last observation 33 patients (43.4%) were on treatment with glucocorticoids, 42.1% had their dose reduced during the study and 86.8% were under a treat-2-target approach (T2T). The time in LLDAS was associated to organ damage accrual (CC 0.541, p<0.001) but no correlation was found with organ injury (CC 0.434, p<0.001). The correlation was found with organ injury (CC 0.541, p<0.001) but no correlation was found with organ injury (CC 0.434, p<0.001).

结论

Majority of our patients were in LLDAS during the follow-up period of 4.5 years. LLDAS was associated with less global flares, but not with reduced organ damage. Further studies are important in order to conclude if these targets could be attained more actively with T2T approaches.

目的

全期子病的持续缓解是目标。在2014年，一个国际任务小组（DORIS）提出了四个定义缓解的提案。本研究的目标是评估DORIS算法在意大利患者的SLE缓解定义中的性能。注意：更严重的疾病与持续缓解和/或减轻疾病的能力有关（比值比2.5, p<0.001）与器官损害指数（SDI）相关。

结论

在社区层面，超过一半的SLE患者出现中度或严重疾病，主要与持续缓解和/或减轻疾病的能力有关。这可能被归因于不可逆器官损害。

目的

系统性红斑狼疮（SLE）的严重性由其持续性决定。为了达到持续缓解的目标，必须在2014年，一个国际协作组（DORIS）提出了四个定义缓解的提案。本研究的目标是评估DORIS算法在意大利患者的SLE缓解定义中的性能。注意：更严重的疾病与持续缓解和/或减轻疾病的能力有关（比值比2.5, p<0.001）与器官损害指数（SDI）相关。
Abstract PS7:144 Figure 1

dose of corticosteroids<5 mg and/or immunosuppressants and/or biologics drugs. ‘Clinical’ remission was defined as the absence of any increase in corticosteroids dosage or any change in immunosuppressants.

Results 85SLE patients were enrolled (95% female). 21% of patients were in remission in all the 5 time-points, 23% never got into remission. 55% of patients satisfied DORIS criteria at least in one time-point. Mean duration of DORIS remission was 9 months. In 169 (40%) visits there was a disagreement between DORIS and Clinical definition of Remission: a) in 2% remission according to DORIS but no clinical remission; b) 98% clinical remission but not according to DORIS.

The reasons for discordant results were: a) self-management of steroids dosage and precautionary increase of steroids in the suspect of a flare; b) cSLEDAI >0 in 74%, PGA >0.5 in 47%, daily prednisone >5 mg in 18%. The cSLEDAI items that most contributed to the score were urinary and haematological alterations (figure 1). In 30 visits (16 patients) a clinical definition of remission was given despite a daily prednisone dose higher than 5 mg.

Conclusion Nearly 40% of the visits displayed a disagreement between ‘clinical’ and DORIS remission. This may be attributable mainly to a different approach in evaluating patients: longitudinal in clinical remission and cross-sectional by DORIS. As compared to ‘clinical’ remission, DORIS definition:

- may fail to recognise patients with a chronic stable steroid treatment at medium dosage, due to persistent low disease activity;
- is less sensitive because of PGA being used as a dichotomous variable with a low threshold;
- is likely to be scored different than zero because of urinary and haematological alterations.

PS7:145 IL-34, NOT CSF-1, SIMILARLY MEDIATES RHEUMATOID AND LUPUS ARTHRITIS IN PATIENTS

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While Myeloid cells are abundant in lupus arthritis (LA) and rheumatoid arthritis (RA), based on clinical presentation LA and RA are considered distinct diseases. Although inflammatory arthritis is common in patients with lupus, the pivotal mechanisms leading to joint damage have not been investigated. We tested the hypothesis that IL-34, but not CSF-1, is a predictive biomarker that is integral in perpetuating synovial destructive inflammation in both LA and RA. We report the novel findings that:

i. using longitudinally tracked patients, IL-34, not CSF-1, is a clinical predictive biomarker for both LA and RA; and

ii. IL-34 is more robustly expressed in the synovial tissue, cells and fluid compared to CSF-1 in both LA and RA.

Probing into the IL-34 dependent mechanisms in vitro we find that:

i. IL-34 promotes synovial hyperplasia more robustly than CSF-1, and increases chemokines that recruit neutrophils and monocytes (Mo) into the synovium in LA and RA;

ii. Mo and neutrophils stimulated by IL-34, via cell contact and/or released mediators, such as ROS, destroy synovial cells;

iii. signalling via the two IL-34 receptors, cFMS and protein-tyrosine phosphatase (PTPRZ), promote IL-34 and CSF-1 mediated synovial cell hyperplasia and cytotoxicity.

Taken together, IL-34-dependent mechanisms are pivotal and similar in mediating LA and RA. Moreover, tracking serum IL-34 is a reliable biomarker for managing the individualised treatment of patients with both LA and RA.

PS7:146 INVESTIGATION OF CHRONIC ORGAN DAMAGE AND DISEASE OUTCOME IN HUNGARIAN LUPUS PATIENTS

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Introduction/objectives Long-term survival of patients with systemic lupus erythematous (SLE) improved worldwide, thus prevention of cumulative organ damage became a major goal in disease management. The aim of our study was to investigate the chronic organ damages and their influence on disease outcome in SLE.

Method We evaluated clinical conditions, laboratory findings and medications of 357 consecutive SLE patients, and assessed