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 85 SLE 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

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

T Tarr, G Papp, N Nagy, M Zeher. University of Debrecen, Debrecen, Hungary

Introduction/objectives Long-term survival of patients with systemic lupus erythematosus (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
their impact on SLICC/ACR damage index (SDI) and disease outcome.

**Results** We detected one or more SDI scores in 77.87% of patients. Patients with disease duration of more than 10 years and subjects diagnosed at age above 40 had significantly higher SDI values. The most frequent damages were valvulopathies, cognitive dysfunction, angina pectoris and venous thrombosis. Higher cumulative glucocorticoid dose increased SDI, while chloroquin treatment was favourable for patients. Male gender, elevated SDI scores and higher cumulative doses of glucocorticoids increased mortality risk. Our data confirmed that disease duration, age at diagnosis, chronic high-dose glucocorticoid therapy have significant effects on the development of chronic organ damage. Higher SDI score is characterised with worse survival ratios. The most common chronic organ damages affected the cardiovascular or neuro-psychiatric system.

**Conclusions** As long-term survival in SLE improves, it becomes increasingly important to identify the determinants of chronic organ damage. Most of the chronic organ damage occurs in the cardiovascular and the neuropsychiatric systems, thus regular follow-up, screening and adequate therapy are essential for the best clinical outcome.

**PS7:147** CLINICAL EXPERIENCE OF BELIMUMAB TREATMENT IN CLINICAL PRACTICE OF SLE PATIENTS

1M de la Rubia Navarro, 1K Arevalo Rualles, 1I Chameta Verdejo, 1I Jordhani, 1R Negueroles Albuixech, 1E Oller Rodriguez, 1FM Ortiz Sanjuan, 1F Vicens Bernabeu, 1JA Roman Ivorra. Rheumatology Department, HUP La Fe, Valencia, Spain; 2Medical School, UCV, Valencia, Spain

**Purpose** To study the clinical safety and adverse events (AEs) of Belimumab treatment in routine clinical practice in SLE patients.

**Methods** Retrospective observational study in which data from patients diagnosed of SLE according to SLICC 2012 criteria treated with intravenous Belimumab therapy (Initial: 3 doses 10 mg/kg IV every 14 days and maintenance dose: 10 mg/kg IV every 28 days) were collected. Analytical data of serological profile, clinical manifestations at the onset of the disease and at present, concomitant immunosuppressant and AEs (grouped in non-infectious, infectious, and infusion/hypersensitivity reactions) from July 2012 to September 2017 were collected.

**Results** A total of 15 patients [13 women (86.6%), median (SD) age 32 (8.34) and age at diagnosis 20.17 (11.5) years] were included. Median follow-up was 20 months (range, 1–61). Serologic Activity and clinical manifestation are shown on table 1.

**Conclusions** Discontinuation of Belimumab therapy was observed in 4 patients after a 1, 16, 13, and 61 months of follow-up respectively. One patient discontinued voluntarily after 61 months of treatment due to desire for pregnancy. The other three patients discontinued by itchy skin lesions, primary pulmonary hypertension and peripheral venous insufficiency.

**PS7:148** THE RELATIONSHIP BETWEEN HYPOCOMPLEMENTEMIA AND HAEMATOLOGICAL INVOLVEMENT IN ALBANIAN SLE PATIENTS

M Jordhani, V Duraj, D Ruci, A Kolikaku. UHC Mother Teresa, Tirana, Albania

**Purpose** To study the clinical safety and adverse events (AEs) of Belimumab treatment in routine clinical practice in SLE patients.

**Methods** Retrospective observational study in which data from patients diagnosed of SLE according to SLICC 2012 criteria treated with intravenous Belimumab therapy (Initial: 3 doses 10 mg/kg IV every 14 days and maintenance dose: 10 mg/kg IV every 28 days) were collected. Analytical data of serological profile, clinical manifestations at the onset of the disease and at present, concomitant immunosuppressant and AEs (grouped in non-infectious, infectious, and infusion/hypersensitivity reactions) from July 2012 to September 2017 were collected.

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21 AEs were reported (19 infectious and 2 non-infectious), and 18 occurred in patients with more than 12 months of follow-up. No infusion-related reactions were observed.

All patients received concomitant immunosuppressant therapy (hydroxychloroquine in 8, mycophenolate mofetil in 6, azathioprine in 4, and methotrexate in 2). 12 patients were receiving simultaneous glucocorticoid treatment. We observed a significant decrease in the mean daily prednisone dose over time (8.0 mg/day at the beginning to 5.3 mg/day at the end of study).

**Conclusions** In conclusion, our data confirm the safety of Belimumab therapy in SLE patients. Overall, 4 (20%) patients discontinued treatment due to AEs and in one additional patient (7%) treatment was stopped due to pregnancy. Reduction of disease activity was observed in 12 (80%) of our patients. Finally, the significant decrease of prednisone dose is associated to and additional reduction in steroid-related AEs and with an increase in patient’s quality of life.