Abstracts

having had a myocardial infarct, stroke or Transient Intermittent Attack after adjustments to age, gender and disease duration (table 2). The predictors of mortality in the MCTD cohort were% ILD of Total Lung Volume after age and gender adjustments (table 3). According to the Harrell's C index,

Abstract S1A:6 Table 1 Characteristics in MCTD and SLE patients

	SLE N = 243	MCTD N = 145	P - value
Characteristics			
Age at study inclusion, M(SD)	46 (16)	46 (15)	NS
Age at diagnosis, M (SD)	35 (15)	36 (16)	NS
Male Gender, N (%)	25 (10)	33 (23)	.001 ¹
Disease duration at study inclusion, M(SD)	12 (9)	10 (8)	NS
Deceased, N (%)	25 (10)	26 (18)	.031 ¹
Age at death, M (SD)	69 (14)	68 (15)	NS
Clinical features ever present at inclusion, N (%)			
Malar rash	119 (49)	62 (42)	NS
Arthritis	170 (70)	116 (79)	NS
Pleuritis	51 (21)	21 (14)	NS
Pericarditis	36 (15)	19 (13)	NS
Lupus nephritis ²	47 (27)	4 (3)	<.001 ¹
CNS	18 (7)	11 (8)	NS
Leukopenia	108 (44)	46 (31)	.010 ¹
Thrombocytopenia	48 (20)	19 (13)	NS
Raynaud	91 (37)	145 (99)	<.001 ¹
Alopeci	69 (28)	41 (28)	NS
Complications at inclusion, N (%)			
Myocardial infarct	12 (5)	3 (5)	NS
Cerebral infarct	10 (4)	4 (3)	NS
TIA	5 (2)	1 (1)	NS
Arterial event ³	29 (12)	10 (9)	NS
Venous thrombosis ⁴	20 (8)	7 (5)	NS
Interstitial Lung Disease	3 (1)	52 (35)	<.001 ¹
PAH	1 (<1)	3 (2)	NS

¹ Pearson chi square test, ² Lupus nephritis on biopsy, ³ Myocardial infarct, Cerebrovascular infarct and/or Transient Ischemic Accident and ⁴ Deep Vein Thrombosis and/or Lung Emboli

Abstract S1A:6 Table 2 Mortality prediction in SLE patients (N=243)

Clinical features	Multivariable model		
	HR	95 % CI	P value
Myocardial infarct, Cerebral infarct or TIA	3.58	1.53 – 8.33	.003
Age at study inclusion	1.09	1.06 – 1.06	<.001
Male gender	.41	.15 – 1.14	.087
Disease duration at inclusion	.98	.95 – 1.02	.425
Lupus nephritis class III to VI	3.89	1.09 – 13.93	.037

Abstract S1A:6 Table 3 Mortality prediction in MCTD patients (N=145)

Clinical features	Multivariable model		
	HR	95 % CI	P value
% ILD of TLV	1.07	1.02 – 1.12	.004
Age at study inclusion	1.09	1.06 – 1.13	<.001
Male gender	.45	.18 – 1.15	.094

patient outcomes were accurately predicted by the SLE multivariable model 85% of the time and 84% in the MCTD model.

Conclusions SLE and MCTD are similar in many aspects, but differ in disease manifestations that have an impact on mortality, indicating that different follow-up approaches and management is needed.

S1d: Therapeutic strategies

S1D:4 TESTING DIFFERENT DEFINITIONS OF REMISSION IN A MONOCENTRIC CAUCASIAN COHORT OF SLE PATIENTS

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Objective To evaluate the prevalence of different definitions of remission and their effect on damage in systemic lupus erythematosus (SLE).

Design and method We considered 293 caucasian SLE patients followed-up for 7 years (2009–2015): 253 (86.3%) were female, mean $\pm$ SD disease duration 11.1 ± 7.8 years. Disease activity was assessed by clinical SLEDAI-2K (c-SLEDAI) and damage by SLICC/ACR Damage Index (SDI). We evaluate the effect of different definitions of remission (c-SLEDAI=0; c-SLEDAI ≤ 1 ; c-SLEDAI=0 and prednisone ≤ 5 mg/day; c-SLEDAI ≤ 1 and prednisone ≤ 5 mg/day; c-SLEDAI=0 and PGA < 0.5 ; c-SLEDAI ≤ 1 and PGA < 0.5 ; c-SLEDAI =0 and prednisone ≤ 5 mg/day and PGA < 0.5 ; c-SLEDAI ≤ 1 and prednisone ≤ 5 mg/day and PGA < 0.5) and different durations of remission (1, 2, 3, 4, ≥ 5 consecutive years) on SDI using multiple logistic regression analysis.

Results Frequency of remission achieved during the 7 year follow-up are reported in table 1 according to the different definitions.

The mean increase in SDI and the percentage of patients with increased of SDI from the baseline to the end of follow-up were significantly higher in unremitted and 1 year remitted patients compared with patients with 2-, 3-, 4- and ≥ 5 year remission, irrespective of the definition of remission. 5 year remitted patients had lower damage compared with 2 year ($p < 0.01$) and 3 year ($p < 0.01$) remitted patients. At multivariate analysis, a remission lasting at least 2 years was an independent predictor of no damage accrual only in the definitions including prednisone intake ≤ 5 mg/day and/or PGA < 0.5 (table 2).

Conclusions The inclusion of PGA <0.5 in the definition reduces the frequency of remission only in the long-term (≥ 5 year). A sustained remission, regardless of its definition, is associated with a lower chronic damage development. The addition of prednisone ≤ 5 mg/day and/or PGA <0.5 to c-SLEDAI=0/ ≤ 1 increases the ability to predict the absence of damage accrual compared with cSLEDAI=0/ ≤ 1 without substantial differences among them.

S1D:5

SLE DISEASE ACTIVITY INDEX GLUCOCORTICOSTEROID INDEX (SLEDAI-2KG) IDENTIFIES MORE RESPONDERS THAN SLEDAI-2K

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Abstract S1D:4 Table 1 Proportion of patients achieving different levels of remission according to the duration of remission

	Unrem mited patients	1-year remissi on	2-year remissi on	3-year remissi on	4-year remissi on	≥ 5 -year remissi on
Remission Type	Number (%) of patients					
c-SLEDAI=0	29 (9.9%)	31 (10.6%)	40 (13.7%)	44 (15.0%)	23 (7.8%)	126 (43.0%)
c-SLEDAI ≤ 1	24 (8.2%)	29 (9.9%)	36 (12.3%)	40 (13.7%)	22 (7.5%)	142 (48.5%)
c-SLEDAI=0 and prednisone ≤ 5 mg/day	35 (11.9%)	27 (9.2%)	46 (15.7%)	48 (16.4%)	24 (8.2%)	113 (38.6%)
c-SLEDAI ≤ 1 and prednisone ≤ 5 mg/day	35 (11.9%)	26 (8.9%)	44 (15.0%)	44 (15.0%)	23 (7.8%)	121 (41.3%)
c-SLEDAI=0 and PGA<0.5	75 (25.6%)	42 (14.3%)	52 (17.7%)	48 (16.4%)	21 (7.2%)	55 (18.8%)
c-SLEDAI ≤ 1 and PGA<0.5	73 (24.9%)	41 (14.0%)	51 (17.4%)	48 (16.4%)	22 (7.5%)	58 (19.8%)
c-SLEDAI=0 and prednisone ≤ 5 mg/day and PGA<0.5	82 (28.0%)	47 (16.0%)	55 (18.8%)	47 (16.0%)	18 (6.1%)	44 (15.0%)
c-SLEDAI ≤ 1 and prednisone ≤ 5 mg/day and PGA<0.5	80 (27.3%)	48 (16.4%)	53 (18.1%)	47 (16.0%)	19 (6.5%)	46 (15.7%)

Abstract S1D:4 Table 2 Multivariate analysis: predictors of damage accrual over the follow-up

	c-SLEDAI=0	c-SLEDAI ≤ 1	c-SLEDAI=0 and prednisone ≤ 5 mg/day	c-SLEDAI ≤ 1 and prednisone ≤ 5 mg/day	c-SLEDAI=0 and PGA<0.5	c-SLEDAI ≤ 1 and PGA<0.5	c-SLEDAI=0 and prednisone ≤ 5 mg/day and PGA<0.5	c-SLEDAI ≤ 1 and prednisone ≤ 5 mg/day and PGA<0.5
	Odds ratio				95% C.I. (min-max)		p value	
Patient age at the end of follow-up, years	1.038 (1.012–1.064) $p=0.004$	1.038 (1.013–1.064) $p=0.003$	1.035 (1.010–1.061) $p=0.006$	1.038 (1.013–1.064) $p=0.003$	n.s.	n.s.	n.s.	n.s.
Disease duration, years	1.046 (1.005–1.089) $p=0.028$	1.048 (1.006–1.090) $p=0.023$	1.050 (1.008–1.093) $p=0.018$	1.045 (1.005–1.088) $p=0.028$	1.049 (1.013–1.086) $p=0.007$	1.048 (1.013–1.085) $p=0.007$	1.041 (1.002–1.082) $p=0.037$	1.041 (1.001–1.082) $p=0.042$
Antiphospholipid syndrome	3.871 (1.559–9.610) $p=0.004$	4.155 (1.709–10.103) $p=0.002$	4.202 (1.676–10.536) $p=0.002$	4.392 (1.778–10.847) $p=0.001$	3.287 (1.330–8.122) $p=0.010$	3.122 (1.297–7.510) $p=0.011$	3.042 (1.468–8.483) $p=0.005$	3.436 (1.423–8.293) $p=0.006$
Vasculitis	3.950 (1.357–11.498) $p=0.012$	3.726 (1.292–10.742) $p=0.015$	3.412 (1.146–10.156) $p=0.027$	3.443 (1.166–10.170) $p=0.025$	3.354 (1.156–9.732) $p=0.026$	3.182 (1.1207–8.929) $p=0.030$	3.042 (1.109–8.346) $p=0.0315$	3.067 (1.108–8.489) $p=0.031$
≥ 5 -year remission	0.079 (0.026–0.239) $p<0.001$	0.115 (0.035–0.377) $p<0.001$	0.038 (0.012–0.127) $p<0.001$	0.044 (0.013–0.144) $p<0.001$	0.055 (0.021–0.142) $p<0.001$	0.072 (0.030–0.177) $p<0.001$	0.078 (0.0308–0.203) $p<0.001$	0.079 (0.031–0.203) $p<0.001$
4-year remission	0.190 (0.049–0.727) $p=0.015$	0.208 (0.049–0.894) $p=0.033$	0.087 (0.021–0.359) $p=0.001$	0.083 (0.020–0.354) $p=0.001$	0.044 (0.011–0.185) $p<0.001$	0.070 (0.019–0.255) $p<0.001$	0.100 (0.029–0.339) $p=0.003$	0.079 (0.021–0.295) $p=0.003$
3-year remission	0.221 (0.065–0.751) $p=0.016$	0.238 (0.063–0.895) $p=0.034$	0.118 (0.033–0.413) $p=0.001$	0.106 (0.030–0.378) $p=0.001$	0.332 (0.145–0.758) $p=0.009$	0.338 (0.047–0.775) $p=0.010$	0.214 (0.094–0.490) $p=0.001$	0.163 (0.069–0.383) $p=0.001$
2-year remission	n.s.	n.s.	0.268 (0.075–0.959) $p=0.043$	0.284 (0.079–1.023) $p=0.054$	0.274 (0.122–0.615) $p=0.002$	0.293 (0.131–0.657) $p=0.003$	0.275 (0.126–0.603) $p=0.001$	0.287 (0.130–0.636) $p=0.007$
1-year remission	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	0.433 (0.189–0.992) $p=0.048$
No remission	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.

n.s.: not significant