ordered at the same time as the ANA, against the Choosing Wisely recommendation of 2013. There were only 22% of ANA that were required for a diagnosis. The 3 specialties who ordered ANA the most were rheumatology, gastroenterology and the internal medicine (in descending order). The cost for the ANA that were not indicated is more than a thousand dollars. A total of 135 ANCA tests were included. There were 55.6% of ANCA that were ordered in line with the recommendations. However, 50.3% of ANCA were not required for the final diagnosis. Clinical remission of subjects with ANCA was predicted in 100% of cases, even before ordering the ANCA test for follow-up (negative predictive value).

Conclusion These results show that the rate of ANA and ANCA tests ordered in line with the recommendations remains low. In the majority of cases, the two antibodies are not required for the final diagnosis. These orders have an important cost for the hospital that can be lowered by providing more education for professionals on avoiding unnecessary tests.

PS1:8 ANTI-RO FALSE-NEGATIVES DETECTION THROUGH ANTI-RO52 KDa AND ANTI-RO60 KDa ANALYSIS IN SYSTEMIC LUPUS ERYTHEMATOUS PATIENTS

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10.1136/lupus-2018-abstract.57

Purpose The aim of the present study is to identify false-negatives for anti-Ro by analysing both 52 KDa and 60 KDa subunits separately, as well as to characterise if there are clinical or molecular differences in this subgroup of patients compared to anti-Ro negative cases.

Methods A cross-sectional, observational study of patients diagnosed of SLE according to SLICC 2012 criteria was performed. In these patients a complete blood-test was made, and clinical data by personal interview was collected. INF1A, Anti-Ro, anti-Ro52KDa and anti-Ro60KDa levels where

measured by colorimetric methods. Biostatistical analysis was performed with R 3.3.2.

Results We selected 69 SLE patients with negative results for anti-Ro (2.34 ± 4.17 U/mL) out of 142 total SLE patients. A total of 51 patients were negative for both anti-Ro subunits and 18 cases presented positive results (up to 20 pg/mL) for at least one of them (See table 1).

The subgroup of patients that exhibit simultaneously high levels of anti-Ro52KDa and anti-Ro60KDa have higher clinical activity compared to negative anti-Ro cases (75% of active patients against 41.2% in anti-Ro negative patients). However, no differences in the accumulated damage evaluated by SLICC score between negative anti-Ro cases and patients with at least one positive subunit were observed.

We analyse serum levels of INF1A cytokine in the four groups of patients, and anti-Ro and subunits negative cases showed significant lower INF1A levels than the other patients (8.26 ± 14.87 pg/mL and 26.62 ± 40.71 pg/mL respectively; $p=0.04$). In addition, patients with high levels of anti-Ro52KDa subunit are those with the highest INF1A levels (anti-Ro 52+/anti-Ro60- 23.5 ± 47.6 pg/mL of INF1A; anti-Ro 52+/anti-Ro60 + 36.4 ± 37.9 pg/mL of INF1A).

Conclusion In our anti-Ro seronegative patients, a 26% of false-negative cases were detected. These cases with high levels of almost one anti-Ro subunit showed significantly higher levels of INF1A in contrast to negative cases, supporting the fact that they are indeed a different group from the negative cases. Moreover, the high INF1A levels could be the reason of the observed differences in the clinical activity measured by SLE-DAI score in both groups.

PS1:9 B CELL SUBPOPULATIONS IN LUPUS NEPHRITIS PATIENTS: CORRELATIONS WITH DISEASE ONSET AND OUTCOMES

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10.1136/lupus-2018-abstract.58

Purpose The relationship between B cells subsets distribution, clinical and laboratory parameters, therapeutic response and prognosis in lupus nephritis (LN) is still underestimated. The

Abstract PS1:8 Table 1

	NEGATIVES N=51	Anti-RO52KDa POSITIVES N=8	Anti-RO60KDa POSITIVES N=2	Anti-RO52KDa/ Anti-RO60KDa POSITIVES N=8
Anti-RO [U/mL] Mean (DS)	1.92 (3.11)	1.65 (3.2)	0.5 (0.71)	6.15 (8.37)
Anti-RO52 KDa [pg/mL] Mean (DS)	1.26 (1.89)	147.24 (74.25)	1.05 (0.89)	196.82 (50.06)
Anti-RO 60 KDa [pg/mL] Mean (DS)	1.73 (2.71)	6.3 (7.01)	120.96 (111.78)	145.22 (76.69)