Lemeshow test, Omnibus test and area under the receiver operating characteristic (ROC) curve (AUC) were used to assess the goodness-of-fit and discrimination of the predictive model. A 10-fold cross validation was used to assess the model for over-fitting.

Results Unplanned pregnancies (OR 2.84, 95% CI=1.12–7.22), C3 hypocomplementemia (OR 5.46, 95% CI=2.30–12.97), and 24 hr-urinary protein level (0.3 protein <10 g/24 hour: OR 2.10, 95%CI=0.63–6.95; protein 1.0 g/24 hour: OR 5.89, 95%CI=2.30–15.06) were selected by the stepwise regression. The Hosmer-Lemeshow test resulted in 

\[ \text{p}=0.032 \]

the Omnibus test resulted in \[ \text{p}<0.001 \] and the AUC was 0.829 (95% CI=0.744–0.91) in the regression model. The corresponding risk score classification was divided into low risk (0–3) and high risk groups (>3), with a sensitivity of 60.5%, a specificity of 93.3%, positive likelihood ratio of 9.03 and negative likelihood ratio of 0.42.

Conclusions A predictive model for fetal loss in women with SLE was developed using the timing of conception, C3 complement and 24 hr-urinary protein level. This model may help clinicians in identifying women with high risk pregnancies, thereby carrying out monitoring or interventions for improving fetal outcomes.

Funding Source(s): The work was supported by funding from Shanghai Municipal Commission of Health and Family Planning (Grant no. 2017ZZ02016 and 15GWZK0701).

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### 252 PAP SCREENING RATES IN SYSTEMIC LUPUS ERYTHEMATOSUS WOMEN AT AN ACADEMIC CENTER COMPARED TO NON-SLE WOMEN WITH RACIAL COMPARISONS

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10.1136/lupus-2019-lsm.252

Background Compared with the general population, women with systemic lupus erythematosus (SLE) tend to have higher rates of cervical neoplasia and pre-malignant lesions and in particular, SLE women treated with immunosuppressant therapies such as methotrexate, azathioprine and mycophenolate mofetil may be at even higher risk when compared to SLE women treated with antimarials alone. Previous studies have suggested suboptimal cervical cancer screening among SLE patients and racial disparity studies have also shown that black SLE patients endure delayed SLE diagnosis and higher morbidity and mortality from SLE related disease compared to non-black SLE patients.

Methods This was a cross-sectional study using electronic health records to identify women aged 21–65 years old with ICD code of SLE M32.9, positive ANA and who have prescription for hydroxychloroquine on their medication list. We compared this to controls (women 21–65 years of age with an ICD code of asthma ICD J45*, negative ANA and excluded patients with SLE diagnosis). For both groups we excluded patients who underwent hysterectomy with removal of the cervix. We used statistical calculator to ‘N’-1 Chi-squared test.

Results Much higher proportion of SLE women are overdue for pap smears compared to non SLE women (60.09% vs