Abstract 84 Table 1

Status	Accession	Un. Pepts	Score	Anova (p)	Ratio
Down upon damage	KLK1_HUMAN	2	105.38	2.37E-09	0.07
	CBPM_HUMAN	4	144.09	2.27E-08	0.10
	PVR_HUMAN	3	178.14	3.30E-08	0.15
	MASP2_HUMAN	3	213.26	5.71E-08	0.10
	KNG1_HUMAN	18	1100.55	7.86E-08	0.16
	BT2A1_HUMAN	2	96.76	1.88E-07	0.16
	I18BP_HUMAN	3	118.31	5.71E-07	0.08
	AMYP_HUMAN	2	650.58	6.01E-07	0.10
	AMY1_HUMAN	2	628.48	6.01E-07	0.10
	VMO1_HUMAN	4	342.57	6.68E-07	0.21
	VASN_HUMAN	6	498.27	9.25E-07	0.19
	APOD_HUMAN	7	403.15	1.06E-06	0.24
	CADM4_HUMAN	4	271.26	1.42E-06	0.21
	SHSA5_HUMAN	2	62.75	1.81E-06	0.15
	CNTFR_HUMAN	3	115.39	1.96E-06	0.05
	LRP2_HUMAN	13	798.35	2.19E-06	0.23
UP upon damage	CYTC_HUMAN	3	232.73	1.9E-03	1.42
	THBG_HUMAN	8	571.1	8.2E-03	2.47
	A2GL_HUMAN	10	801.87	3.3E-03	2.69
	CNDP1_HUMAN	2	150.97	8.1E-03	3.41
	CBG_HUMAN	7	492.53	4.2E-03	3.69
	HPT_HUMAN	18	1236.53	5.3E-03	3.76
	CFAB_HUMAN	2	155.83	2.0E-04	4.46
	TRFE_HUMAN	42	3539.5	7.5E-04	4.67
	ALBU_HUMAN	70	6073.45	2.3E-10	6.29
	A1AG2_HUMAN	8	834.2	1.3E-05	6.76
	A1AG1_HUMAN	10	996.35	1.3E-05	6.88
	AFAM_HUMAN	13	1120.44	1.2E-06	8.01
	A1AT_HUMAN	20	1493.01	3.6E-05	12.06
	CO3_HUMAN	9	693.16	6.8E-03	12.43
	A1BG_HUMAN	13	950.86	2.3E-04	15.19
	CFAD_HUMAN	4	224.79	9.7E-03	137.49

Representative deregulated proteins in case of renal damage. Adhesion: Uniprot Adhesion. United Nations. Pepts.: Unique peptides. Score: Score by mascot. Test T (p): p value for the T test used for the differential analysis. Relationship: Relationship between the abundances of proteins calculated in the samples of patients with renal involvement/samples without renal involvement.

85 POLYAUTOIMMUNITY IN SYSTEMIC LUPUS ERYTHEMATOSUS. DATA FROM A LARGE SPANISH COHORT: SPANISH SOCIETY OF RHEUMATOLOGY REGISTRY OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (RELESSER)

[1]Natalia Mena-Vázquez*, [1]Antonio Fernandez Nebro, [2]Iñigo Rúa-Figueroa, [3]Maria Galindo Izquierdo, [4]Juan Ovalles-Bonilla, [5]Alejandro Olivé-Marqués, [6]Jaime Calvo, [7]Javier Narváez-García, [8]Eva Tomero Muriel, [9]Esther Uriarte Isacelayam, [10]Alina Boteanu, [11]Mariano Andrés, [12]Mercedes Freire González, [13]Javier Narváez-García, [14]Tomas R Vazquez Rodriguez, [15]Ricardo Blanco, [16]José A Hernández-Beriaín, [17]Jesus Ibañez, [18]Enrique Raya, [19]Jose Maria Pego Reigosa. *[1]UGC de Reumatología, Instituto de Investigación Biomédica de Málaga (IBIMA) Hospital Regional Universitario de Málaga, Spain; [2]Department of Rheumatology, Dr Negrín General University Hospital, Las Palmas de Gran Canaria; [3]Hospital Universitario 12 De Octubre; [4]Hospital General Universitario Gregorio Marañón; [5]Hospital German Trias i Pujol; [6]Hospital Universitario Araba; [7]Hospital de Bellvitge; [8]Hospital De La Princesa; [9]Hospital De Donostia; [10]Hospital Ramón y Cajal; [11]Hospital General Universitario Alicante; [12]Hospital Juan Canalejo A Coruña (CHUAC); [13]Bellvitge University Hospital, Barcelona; [14]Hospital Universitario Lucus Augusti; [15]H. Marque de Valdecilla; [16]Hospital Insular De Gran Canaria; [17]Clinica Povisa; [18]San Cecilio Hospital, Granada (Spain); [19]Complexo hospitalario Universitario Vigo*

10.1136/lupus-2019-lsm.85

Abstract 85 Table 1 Characteristics of 501 patients with SLE and polyautoimmunity

Variable	polyautoimmunity, (n=501)
Epidemiological characteristics	
Sex (female), n (%)	473 (94.4)
Ethnicity, caucasian (%)	456 (93.6)
Age at disease diagnosis, mean (SD)	
Age>50 years, n (%)	134 (15.4)
Smoke	
Non-smoker, n (%)	274 (59.4)
Ex-smoker, n (%)	120 (26.0)
Smoker, n (%)	67 (14.5)
Oral contraceptive	
Non-oral contraceptive, n (%)	258 (69.0)
Exoral contraceptive, n (%)	107 (28.6)
Oral contraceptive, n (%)	9 (2.4)
Family history , n (%)	60 (15.7)
Clinical characteristic	
Disease duration (months), median(p75-p25)	212.0 (120.8–289.0)
Malar rash, n (%)	253 (50.8)
Discoid rash, n (%)	94 (19.1)
Photosensitivity, n (%)	293 (59.7)
Oral ulcers, n (%)	218 (44.4)
Arthritis, n (%)	393 (79.4)
Pleuritis, n (%)	105 (21.3)
Pericarditis, n (%)	86 (17.3)
Renal disorder, n (%)	132 (26.6)
Neurological disorder, n (%)	45 (9.1)
hemolytic anemia, n (%)	49 (9.9)
leukopenia, n (%)	293 (59.3)
thrombocytopenia, n (%)	106 (21.8)
Sjögren's syndrome, n (%)	127 (25.7)
Antiphospholipid syndrome, n (%)	74 (14.9)
mixed connective tissue disease, n (%)	14 (2.7)
Raynaud's phenomenon, n(%)	226 (45.8)
Lupus Nephritis, n (%)	131 (26.5)
Pulmonary fibrosis, n (%)	25 (5.0)
Pulmonary hypertension, n (%)	17 (3.4)
Laboratory characteristic	
ANA+, n (%)	497 (99.0)
Anti-DNA+, n (%)	350 (71.0)
Anti-sm +, n (%)	110 (22.8)
Anti-RNP, n (%)	164 (34.1)
Anti-ro, n (%)	193 (39.9)
Anti-la, n (%)	104 (21.4)
AL+, n (%)	70 (20.3)
Therapeutic regimen	
Glucocorticoids, n (%)	439 (91.1)
Methotrexate, n (%)	120 (24.7)
Hydroxychloroquine, n (%)	369 (76.7)
Azathioprine, n (%)	173 (36.0)
Cyclophosphamide, n (%)	95 (19.7)
Mycophenolate mofetilo, n (%)	60 (12.4)
Rituximab, n (%)	44 (9.1)
Inmunoglobulin, n (%)	23 (4.8)

Background OBJECTIVE: Estimate the frequency of the association of SLE with other autoimmune diseases in a large Spanish cohort of patients with systemic lupus erythematosus (SLE) and investigate the main risk factors for polyatoimmunity.
Methods Design: RELESSER is a nationwide multicentre, hospital-based registry of SLE patients. This is a cross-sectional study. Patients: Unselected consecutive adult patients with SLE, classified according to the American College of Rheumatology (ACR) 1997 criteria. All patients had been attended upon and followed at Spanish rheumatology departments. The first patient was enrolled in October 2011 and the last in August 2012. Main outcome: Polyautoimmunity was defined as patients who fulfilled criteria for SLE and other autoimmune disease: (1) autoimmune thyroiditis (alteration of thyroid function with the presence of anti-thyroid autoantibodies), (2) other connective tissue disease (rheumatoid arthritis, systemic sclerosis or inflammatory myopathy) and (3) mixed connective tissue disease. Multiple autoimmune syndrome (MAS) was defined as patients who meet SLE criteria and at least two other autoimmune diseases. Other variables: Demographic and clinical variables, Sjogren's syndrome, antiphospholipid syndrome and family history of autoimmune systemic disease were collected. Statistical analysis: Descriptive, Chi-square test and ANOVA or Kruskal-Wallis for comparison between groups of patients. Multiple logistic regression analysis was performed to investigate the possible risk factors for polyautoimmunity in patients with SLE.
Results From all patients included in the registry, 3679 (91.4%) patients met 4 or more SLE criteria. Of these, 501 (13.6%) patients had Polyautoimmunity. The characteristics of this group are showed in table 1. The most frequent polyautoimmunity types associated with SLE were (in descending order over the total cohort of patients with SLE): autoimmune thyroiditis (7.5%), other connective tissue disorders (4.4%) and mixed connective tissue disease (2.7%). The percentage of patients a family history of SLE was 12.4%.

Multiple autoimmune syndrome was observed in 10.2% of patients with Polyautoimmunity. The multivariate analysis identified age (odds ratio [95% confidence interval], 1.01 [1.00–1.02]), sex (3.00 [1.48–6.04]), Raynaud's phenomenon (1.79 [1.34–2.39]), pulmonary fibrosis (2.88 [1.32–6.30]), Ro-La autoantibodies (1.68 [1.20–2.36]), antiRNP (1.79 [1.32–2.42]) and treatment with methotrexate (1.54 [1.08–2.18]) or with antimalarials (0.57 [0.41–0.78]) as factors associated with polyautoimmunity.
Conclusions SLE patients frequently associate other autoimmune diseases, detecting poliautoimmunity in 14%, MAS in 2%, family history of SLE in 12.4% and others such as Sjogren's syndrome and secondary SAF in 12.8% and 12.7% respectively. More studies are needed to better understand the increase of polyautoimmunity that seems to be observed in SLE.
Funding Source(s): None

86 DO ALL ANTIPHOSPHOLIPID ANTIBODIES CONFER THE SAME RISK FOR MAJOR ORGAN INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS?

[1]Leyre Riancho-Zarrabeitia*, [2]Víctor M Martínez-Taboada, [3]Iñigo Rua Figueroa, [4]Fernando Alonso, [5]Maria Galindo Izquierdo, [6]Juan Ovalles-Bonilla, [7]Alejandro Olivé-Marqués, [8]Antonio Fernandez Nebro, [9]Jaime Calvo, [10]Javier Narváez-García, [11]Eva Tomero Muriel, [12]Esther Uriarte Isacelaya, [13]Carlos Galisteo, [14]Víctor Quevedo Vila, [15]Enrique Raya, [16]Javier Narváez-García, [17]Lorena Expósito, [18]José A Hernández-Beriaín, [19]Loreto Horcada, [20]Jose Maria Pego Reigosa. *[1]Hospital Sierrallana; [2]Hospital Universitario Marqués de Valdecilla; [3]Hospital de Gran Canaria dr. Negrín; [4]Sociedad Española de Reumatología; [5]Hospital Universitario 12 De Octubre; [6]Hospital General Universitario Gregorio Marañón; [7]Hospital German Trias i Pujol; [8]UGC de Reumatología, Instituto de Investigación Biomédica de Málaga (IBIMA) Hospital Regional Universitario de Málaga, Spain; [9]Hospital Universitario Araba; [10]Hospital de Bellvitge; [11]Hospital De La Princesa; [12]Hospital De Donostia; [13]Hospital Parc Taulí. Sabadel; [14]Hospital Monforte; [15]San Cecilio Hospital, Granada (Spain); [16]Bellvitge University Hospital, Barcelona; [17]Hospital Universitario de Canarias; [18]Hospital Insular De Gran Canaria; [19]Complejo Hospitalario de Navarra; [20]Complexo hospitalario Universitario Vigo*

10.1136/lupus-2019-lsm.86