Conclusions NSPA expression in the cell surface of kidney and liver cells and not the P0 provides a potential target for anti-P pathogenic effects, which might contribute to lupus hepatitis and nephritis.

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125 TREATMENT OUTCOME IN LUPUS NEPHRITIS PATIENTS TREATED WITH MYCOPHENOLATE MOFETIL: FROM A REAL-WORLD CLINICAL PRACTICE

Seung Min Jung*, Sung Soo Ahn, Sang-Won Lee, Jason Jungsik Song, Yong-Beom Park. *Yonsei University College of Medicine*

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Background Systemic lupus erythematosus (SLE) is autoimmune disorder often characterized by the development of glomerulonephritis. The use of mycophenolate mofetil (MMF) is highlighted as induction and maintenance therapy in lupus nephritis. We evaluated the treatment outcome of MMF in lupus nephritis patients from a real clinical practice.

Methods Patients with biopsy proven lupus nephritis (class III, IV, and V) between November 2005 and August 2017 in Severance Hospital were extracted, and those patients who were treated with MMF at least 3 months were included in this study. The remission rate of lupus nephritis and risk factors for failure of remission were evaluated using Kaplan-Meier analysis and Cox proportional hazards model.

Results Of 116 patients included in this study, 89 (76.7%) patients achieved remission of lupus nephritis after treatment with MMF. The median time to remission was 4.2 months (interquartile range 0.9 9.1). Normal complement level, negative result of anti-dsDNA antibody, and nephrotic range proteinuria were risk factors for remission failure in univariate analysis (p=0.017, 0.001, and 0.007, respectively). Nephrotic range proteinuria and negative result of anti-dsDNA antibody are independently associated with remission failure in multivariate analysis (OR 3.19, p=0.004 and OR 1.62, p=0.028, respectively).

Conclusions Patients with lupus nephritis showed a favourable clinical outcome after MMF treatment. However, additional therapy would be required in patients with nephrotic-range proteinuria and without anti-dsDNA antibody.

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126 ANTI-RIBOSOMAL P AUTOANTIBODIES ARE NOT A MARKER FOR LUPUS NEPHRITIS

[1]Milena Mimica, [1]Loreto Massardo, [1]Marcela Bravo-Zehnder, [1]Patricia Gajardo, [2]Paula Burgos, [3]Alfonso González. *[1]Centro de Biología Celular y Biomedicina (CEBICEM). Faculty of Science and Medicine, Universidad San Sebastián. Santiago, Chile; [2]Faculty of Medicine, Pontificia Universidad Católica de Chile. Santiago, Chile; [3]Centro de Biología Celular y Biomedicina. Faculty of Science and Medicine, Universidad San Sebastián. Santiago, Chile. Centro de Envejecimiento y Regeneración (CARE), Facultad de Ciencias, Pontificia Universidad Católica de Chile. Santiago, Chile*

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Background Studies looking for clinical association of anti-ribosomal P (anti-P) autoantibodies and lupus nephritis (LN) describe contradictory results. It is clear that anti-dsDNA antibodies contribute to LN pathogenesis and their titers fluctuate together with those of anti-P, suggesting a linked generation or an anti-dsDNA cross-reaction with the P antigen. We reexamined the anti-P involvement in LN in relation with the possibility of anti-dsDNA and anti-P cross-reactivity

Abstract 126 Table 1 Lupus nephritis histology class and anti-dsDNA and anti-P presence

		Autoantibodies		
		Anti-dsDNA present and no anti-P	Anti-dsDNA and anti-P present	Anti-dsDNA and anti-P absent
Lupus Nephritis Class ISN/RPS	n=26	n=20	n=4	n=2
Proliferative Class III or IV	17	14	3	0
Mixed Proliferative Class III or IV and Membranous Class V	7	5	1	1
Membranous Class V "pure"	2	1	0	1

Methods Anti-P and anti-dsDNA were analyzed by ELISA. SLE sera (n=24) from patients with and with no LN were divided into 4 groups: A (anti-dsDNA positive, anti-P negative), B (both positive), C (anti-dsDNA negative, anti-P positive) and D (both negative). Anti-dsDNA cross-reaction was assessed against recombinant wild type and P-epitope-lacking P0 proteins using purified IgGs from SLE patients. Anti-P cross-reaction with dsDNA was analyzed testing affinity purified anti-P antibodies with an anti-dsDNA ELISA. LN biopsies (n=26) were classified according to ISN/RPS and relations to the anti-dsDNA and anti-P simultaneous presence were examined

Results Neither anti-dsDNA nor anti-P antibodies showed evidence of cross-reaction in any of the applied tests. LN biopsy proven patients: age (media±SD) 34±11 years; 88% female. No LN histologic class with anti-P relationship was observed: 9 patients had Class V (pure n=2) or mixed with Class III/IV (n=7); 1 patient was anti-P positive (p value>0.05). Two patients with LN had neither anti-dsDNA nor anti-P antibodies. The NIH Activity Index (8.9±4.9) and NIH chronicity index scores (1±1.1) and tubule-interstitial lesions were similar between anti-P positive or negative LN patients

Conclusions Cross-reactivity between anti-dsDNA and anti-P antibodies cannot explain the contradictory results of anti-P association with LN. Based on the present and our previous studies failing to find anti-P association with LN, it seems unlikely that anti-P contribute to the renal damage. Other factors beyond anti-dsDNA and anti-P might participate in LN

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127 HEPATIC INVOLVEMENT AS A PRESENTATION IN PEDIATRIC LUPUS: A RETROSPECTIVE STUDY OF 3 CASES

[1]Ankita Singh*, [2]Gummadi Anjani, [2]Rakesh Pilania, [1]Ankur Jindal, [2]Pandiarajan Vignesh, [1]Deepti Suri, [1]Surjit Singh. *[1]Postgraduate Institute of Medical Education and Research, Chandigarh, India; [2]Dept. of Pediatrics, Allergy- Immunology Unit, Postgraduate Institute of Medical Education and Research*

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Background Though abnormal liver tests can be seen during the course of disease in lupus, liver involvement as a