P151 DEMYELINATION WITH AUTOIMMUNE FEATURES (DAF) – RESULTS FROM THE ATTIKON COHORT

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Background Patients with demyelination may manifest features of autoimmune rheumatic diseases. We evaluated patients presenting with a demyelinating syndrome and clinical or autoantibody evidence for an underlying connective tissue disease (CTD).

Methods Patients with clinical and/or imaging evidence of demyelination referred to a rheumatology unit. Diagnoses of multiple sclerosis (MS) and systemic lupus erythematosus (SLE) were made according to McDonald and SLICC classification criteria, respectively. Patients with features of CTD not fulfilling criteria for a specific disease were labelled as demyelination with autoimmune features (DAF). Demographics, clinical/serological/imaging data and treatments were recorded at every visit, following multidisciplinary evaluation (neurology, rheumatology, neuroimaging).

Results Sixty-five patients (n=65) were included in the study [93.8% female, mean (SD) age at first demyelinating episode 37.3 (11.8) and median (IQR) duration to last follow-up 4 (7) years]. Rheumatologic clinical manifestations and autoantibodies of all patients are summarized in **table 1.** Fifty-two patients had lesions in the brain (80%), 32 in the spinal cord (49.2%) and 5 in the brainstem (7.7%), while 17 developed optic neuritis (26.2%). Among the 65 patients, at last follow-up, 32 patients (49.2%) had fulfilled diagnostic criteria for MS with 11 patients (34.4)) diagnosed as overlap between SLE and MS and 16 patients (50%) had CTD features not fulfilling criteria for any known CTD. Of patients with demyelinating syndrome not fulfilling criteria for MS (n=33), 7 patients (21.2%) had SLE while 22 patients (66.7%) were classified as DAF. Most common features of DAF patients were ANA, arthritis and mucocutaneous features of SLE.

Conclusions Among patients with demyelination and features of CTD a significant number of patients do not fulfil criteria for either MS or SLE. These patients exhibit lupus-like autoimmune features and may represent a distinct group of patients.

Abstract P151 Table 1 Clinical and serological characteristics

Items	All patients (N=65)	MS (N=32)	DAF (N=22)
Acute cutaneous lupus, n (%)	40 (61.5)	21 (65.6)	10 (45.4)
Chronic cutaneous lupus, n (%)	1 (1.5)	1 (3.1)	0 (0)
Malar erythema, n (%)	25 (38.5)	13 (40.6)	6 (27.3)
Photosensitivity, n (%)	35 (53.8)	17 (53.1)	9 (40.9)
Arthritis, n (%)	56 (86.2)	17 (53.1)	18 (81.8)
Non-scarring alopecia, n (%)	21 (32.3)	7 (31.8)	9 (40.9)
Oral/nasal ulcers, n (%)	14 (21.5)	8 (25)	5 (22.7)
Serositis, n (%)	2 (3.1)	0 (0)	0 (0)
Nephritis, n (%)	1 (1.5)	1 (3.1)	0 (0)
Leukopenia, n (%)	11 (16.9)	6 (18.8)	3 (13.6)
Thrombocytopenia, n (%)	2 (3.1)	1 (3.1)	0 (0)
Cranial neuropathy (other than optic nerve), n (%)	12 (18.5)	6 (18.8)	1 (4.5)
Seizures, n(%)	2 (3.1)	1 (3.1)	4 (18.2)
Fever, n(%)	7 (10.8)	4 (12.5)	1 (4.5)
Sicca, n(%)	14 (21.5)	11 (34.4)	1 (4.5)
Raynaud's, n(%)	18 (27.7)	9 (28.1)	5 (22.7)
Livedo reticularis, n(%)	6 (9.2)	3 (9.4)	2 (9.1)
Antinuclear antibodies (ANA), n(%)	49 (75.4)	23 (71.9)	17 (77.3)
Anti-dsDNA, n(%)	5 (7.7)	1 (3.1)	1 (4.5)
Low complement, n(%) (C3/C4)	13 (20)	4 (12.5)	3 (13.6)
Anti-SSA, n(%)	10 (15.4)	5 (15.6)	4 (18.2)
Anti-SSB, n(%)	5 (7.7)	2 (6.3)	1 (4.5)
Anti-RNP, n(%)	3 (4.6)	2 (6.3)	1 (4.5)
Antiphospholipids antibodies (aPL), n(%)	11 (16.9)	6 (18.8)	4 (18.2)
CSF presence of oligoclonal bands, n(%)	20 (30.8)	18 (56.3)	1 (4.5)
CSF positive IgG index, n(%)	36 (55.4)	17 (53.1)	6 (27.3)

P152 EPIDEMIOLOGY AND PRACTICE PATTERNS IN THE MANAGEMENT OF LUPUS NEPHRITIS IN AUSTRALIA

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Background In Australia, Lupus Nephritis (LN) affects a culturally diverse population of patients. We established the Lupus Nephritis Australian Registry (LUNAR) to better understand the population of patients receiving Myfortic and other immunosuppressants, and to analyse the safety and efficacy of the treatments they received.

Methods A non-interventional, multicentre, registry of patients with biopsy-proven ISN/RPS class III, IV or V LN, treated with Myfortic or other immunosuppressants, was established. We collected baseline demographic and 6-monthly follow-up data over a 5-year period (2013–2018), including clinical data, laboratory tests and safety outcomes.

Results 149 patients were enrolled in LUNAR across 8 sites, with 83.7% female and a mean age of 38.8 years. Most patients were Caucasian (45.2%) – patients of Asian ethnicity (29.6%) and Aboriginal/Torres Strait Islander or Maori/Pacific Islander descent (10.4%) were significantly over-represented compared to the general population. The mean and median duration of SLE was 8.6 and 6 years, respectively (range 0–42 years), and of LN was 5.4 and 3.9 years, respectively (range 0–30 years). Most patients had class IV LN on their initial kidney biopsy (59.3%), with 21.5% having class III and 11.1% having class V LN. Immunosuppressants used prior to screening included corticosteroids (68.9%), mycophenolate mofetil ((MMF) 61.5%), Myfortic (41.5%) and cyclophosphamide (32.6%). At enrolment or during the study, most patients were treated with Myfortic (76.3%), MMF (65.2%) and/or hydroxychloroquine (67.4%). Rituximab and azathioprine were each started in 8.9% of patients during the study period. Kidney function was stable/improved for most patients over the study period and mycophenolate-based therapy was well-tolerated.

Conclusions LUNAR is the first study outlining the demographics, outcomes and practice patterns in the management of patients with LN in Australia.