for 5.4% respectively. 399 patients (1.7%) had interstitial lung disease at baseline. The prevalence rate of coronary artery disease and cerebrovascular disease were both 0.7%. The percentage of combined malignancy was 0.6%. 57.6% of the patients were in remission at entry, and 19.6% of the patients had developed irreversible organ damage at baseline.

**Conclusion** The direct online reporting and collecting system of CSTAR had expanded with more than 20,000 patients involved all around China, showing us current situation of clinical practice for SLE in China and what we have achieved by applying Treat-To-Target strategy into daily practice for Chinese SLE patients.

**Keywords** Systemic Lupus Erythematosus, cohort, clinical features, remission

**P159** SIMILAR PROGRESSION OF CAROTID INTIMA-MEDIA THICKNESS IN 7-YEAR SURVEILLANCE OF PATIENTS WITH MILD SLE AND CONTROLS, BUT THIS PROGRESSION IN PATIENTS IS STILL PROMOTED BY DYSLIPIDEMIA, HYPERTENSION, HISTORY OF LUPUS NEPHRITIS AND A HIGHER PREDNISONE USAGE

**Background** Effect of classical risk factors on progression of subclinical atherosclerosis in patients with SLE in comparison with population controls is not clear. We aimed to compare progression of carotid intima-media thickness (cIMT) and factors promoting it in patients with SLE and controls.

**Methods** Patients with SLE and matched population controls from the SLEVIC-cohort were assessed at inclusion and after seven years with standardized data collection and carotid ultrasound. Effect of risk factors on cIMT progression was examined with adjusted linear mixed models.

**Results** A total of 77 patients and 74 controls, 68% and 61% of the original cohort, completed follow-up. The patients were mean 47 years old, 90% females, controls were 51 years old, 92% females. Patients had disease duration of mean 11 years and mild disease activity. Baseline cIMT did not differ between the groups. An average absolute cIMT progression was 0.009 mm/year in patients and 0.011 mm/year in controls, intergroup difference p=0.9. Dyslipidemia and hypertension at both assessments and carotid plaque at inclusion were associated with cIMT progression in patients and controls. History of lupus nephritis and a higher average dose of prednisolone used since diagnosis were associated with cIMT progression in patients. Associations of risk factors with cIMT progression was stronger in presence of plaques.

**Conclusions** We observed similar progression of cIMT in SLE and controls over 7 years, which implies that progression of subclinical atherosclerosis in some patients with SLE could be normalized. Traditional CV risk factors, history of lupus nephritis and higher use of corticosteroids promote cIMT progression in SLE. Detection of carotid plaque may add to CV risk stratification.

**P160** RISK OF CV EVENTS AND MORTALITY IN SLE IS ASSOCIATED WITH ACCUMULATED DISEASE-DAMAGE, ANTI-PHOSPHOLIPID SYNDROME AND HIGHER CAROTID INTIMA-MEDIA THICKNESS

**Background** SLE is a strong risk factor for premature CVD and mortality. We investigated which factors could explain poor prognosis in SLE compared with controls.

**Methods** Patients with SLE and age- and sex-matched controls were recruited for this prospective study. Carotid ultrasound was performed at inclusion. The outcome was...