well as to define characteristics of the lymphoma and its evolution.

**Methods** Retrospective observational, longitudinal study conducted in a tertiary hospital. Medical records of 362 patients with ≥4 SLICC classification criteria of SLE were reviewed, including those with lymphoma diagnosis. Demographic and clinical data, comorbidities, SLE manifestations and therapy, data related to lymphoma and outcome were collected. Descriptive statistic analysis with measures of central tendency and measures of variability was performed.

**Results** Of the 362 SLE patients, 9 (2.5%) were diagnosed of lymphoma, of which 100% female. Mean age at SLE diagnosis was 34 y.o (SD 11) and average duration from SLE diagnosis to lymphoma was 17 years (SD 14). 7 patients were Caucasian and 2 Hispanic. Observed comorbidities were hypertension (67%), diabetes (22%), dyslipidemia (33%), HBV infection (11%) and active smoking (66%). No malignancy history was detected. Most frequent SLE features were haematological (100%), joint (56%) and skin (56%) involvement. The serious ones were: 3 patients with haemolytic anaemia (1 of them, platelets <20000), 2 epilepsy (1 with CNS vasculitis), 1 glomerulonephritis, 1 pulmonary hypertension and 1 hemophagocytic syndrome. Only 1 patient had overlap with Sjögren’s syndrome. At the time of lymphoma diagnosis, 7 patients were on steroids, 4 on immunosuppressants (2 mycophenolate, 1 azathioprine, 1 rituximab) and 3 on antimalarials (table 1). Mean age at lymphoma diagnosis was 51 y.o (SD 10). 5 patients (56%) had diffuse large B-cell lymphoma (DLBCL); 1, NHL; 1, Hodgkin’s lymphoma; 1, mantle B-cell lymphoma and; 1, MALT. Only 1 patient, of 4 with available data, had EBV positive in the tissue. 7 patients received chemotherapy and 2 patients completed treatment with autologous peripheral stem-cell transplantation. Three patients died, 2 due to lymphoma and one due to other causes (severe flaccid paralysis). Overall survival after lymphoma diagnosis was 8 years (SD 6).

**Conclusion** In our patients, unlike that reported in the literature, lymphoma diagnosis was in SLE with longer duration of the disease, and all cases were female. Most frequent subtype was NHL, and all patients had previous haematological manifestations. Regarding previous SLE treatments, 5 patients had been exposed to immunosuppressants.

**LONG TERM FOLLOW-UP OF LUPUS PATIENTS UNDER ANTIMALARIC TREATMENT: FACTORS OF DROP-OUT**

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**Background** Antimalarials represent the cornerstone of SLE treatment, since its use controls clinical manifestations in many patients, prevents disease flare and permits steroid reduction. The aim of this study is to describe the safety profile and the reasons for discontinuation of antimalarials in patients with SLE and determine which factors act as a predictor of drop-out.

**Methods** A single centre, retrospective, case control study was performed including patients with SLE according to SLICC 2012 criteria. Clinical and demographical variables were collected. Disease activity was measured with clinical, analytical and disease scores.

**Results** 66 patients were included, 56 patients (84.8%) were females, the median age was 49.3 years (23.4, 76.2). 95.50% of patients were Caucasian. 11 patients (16.7%) had high blood pressure and 6 (9.1%) diabetes mellitus. The disease duration of SLE had a median of 198 months (5.1, 144.9), and median SLEDAI was 3.4 (2–23). 45 patients (68.2%) were taking steroids and its median dosage was 3.6 (1.2, 2.5) mg. 58 patients received antimalarial treatment during their follow-up with a median exposure time of 354 (6, 867) months. 91.2% took hydroxychloroquine (HCQ), 6.9% chloroquine (CQ), and only one patient mepracine (1.7%). At least one side effect was reported in 22 patients (33.3%) leading to permanent withdrawal in 13 (19.7%): 7 cases of ocular toxicity, 4 intolerance (6.1%), and 2 cases of inefficacy (3%). 45