Number at risk in TULIP-2													
Anifrolumab 300 mg	180	178	158	150	143	130	124	115	107	101	99	91	85
Placebo	182	175	170	160	146	139	132	124	119	105	99	96	85

Number at risk in TULIP-1													
Anifrolumab 300 mg	180	170	153	142	129	119	108	102	99	91	85	81	74
Placebo	184	179	171	163	154	147	133	127	120	116	110	106	101

BICLA, British Isles Lupus Assessment Group–based Composite Lupus Assessment.

Note: Evaluated using a Cox proportional hazards model; time course of sustained BICLA response is not multiplicity adjusted.

Patients without a BICLA response sustained up to Week 52 are censored at the date of study treatment discontinuation or Week 52, whichever occurred earlier. Points on graph show censored patients. Data were analyzed for TULIP-1 data using the amended restricted medication rules.

Abstract P186 Figure 1 Time to onset of BICLA response that was sustained from attainment through week 52 in TULIP-2 and TULIP-1

response from onset through Week 52 in TULIP-2 (anifrolumab, $n=86$ [47.8%]; placebo, $n=57$ [31.3%]) and in TULIP-1 (anifrolumab, $n=85$ [47.2%]; placebo, $n=55$ [29.9%]) favored anifrolumab (HR=1.55, 95% CI 1.11–2.18 and HR=1.93, 95% CI 1.38–2.73, respectively; figure 1).

Conclusions Anifrolumab resulted in numerically favorable differences in BICLA responses maintained through Week 52, and in time to onset thereof, across TULIP studies. These data support the sustainability of clinical benefit with anifrolumab treatment in patients with active SLE.

P187 SYSTEMIC LUPUS ERYTHEMATOSUS IN MALE – ABOUT 5 OBSERVATIONS

Benamer Mustapha. *Faculty of Medicine, University of Algiers, Algiers, Algeria*

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Introduction The occurrence of systemic lupus erythematosus (SLE), an autoimmune disease, is rare in male. It is observed in only 10% of cases. Its clinical presentation is different, and the evolution is more serious.

Patient presentation The 5 patients are aged 25 years on average. The diagnosis of LES meets the ACR criteria. The mode of revelation is pulmonary embolism, thrombosis of the lower limbs, seritis (pericardial and peritoneal sheet) and cerebral venous thrombosis. These patients have in common a massive proteinuria revealed by an oedema of the lower limbs and where the PBR shows a lupus nephropathy stage III to V. The clinical picture was completed by a characteristic rash, and biologically, a normal normocyte normo-chrome anaemia,

NAA, AC anti-native DNA and antiphospholipid-positive Ac. The treatment is based on the infusions of methylprednisolone and immunosuppressants.

Discussion In all the series, the predilection of LES for women and its rarity in men is noted. The mode of revelation seems more serious in men, but the rarity of joint damage and the constancy of severe glomerular damage were found. Biologically, there is no difference. The use of immunosuppressive drugs is essential in view of the seriousness of the modes of revelation and the aggressiveness of the glomerular damage.

Conclusion Our presentation confirms the rarity of LES male. It emphasizes the seriousness of clinical expressions and the delicate therapeutic management of these forms.

P188 ASSESSMENT OF DISEASE ACTIVITY AND HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AT KENYATTA NATIONAL HOSPITAL

Eunice Nyambane, Eugene Genga, Loice Achieng, Omondi Oyoo, Fredrick CF Otieno. *Dept. of Clinical Medicine and Therapeutics, University of Nairobi, Nairobi, Kenya*

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Background Systemic lupus erythematosus (SLE) is an autoimmune disorder characterised by inflammation in different organ systems. Disease activity varies from remissions to exacerbations and progression. Health-related quality of life (HRQoL) represents the patients subjective perception of living with the disease and how it affects their physical, emotional