DO WE NEED PHYSICIAN GLOBAL ASSESSMENT FOR TREATMENT TARGET IN NEWLY DIAGNOSED SLE?

**Conclusion**

It was our aim to evaluate the added value of PGA in remission assessment. The definition of an accurate target for a treat to target (T2T) approach in SLE has been challenging over the past years. Recently four definitions of remission were presented by the international DORIS task force comprising the parameters clinical activity (cSLEDAI), steroid dose, immunosuppressive therapy, serology and physician global assessment (PGA). In particular the PGA, its threshold and general utility have been and still are discussed controversially. It was our aim to evaluate the added value of PGA in remission assessment.

**Methods** In this monocentric cross-sectional study, patients with SLE according to the 1997 American College of Rheumatology (ACR) criteria were enrolled and assessed between September 2016 and December 2017. Two different definitions of remission were applied. The internationally accepted DORIS remission and a modified DORIS remission excluding PGA. Factors influencing PGA were assessed in the entire cohort. Regression analyses were used to establish differences between patients in DORIS and modified DORIS remission.

**Results** A total of 233 patients were included (87.6% female). 98 (41.9%) patients fulfilled any of the four DORIS remission definitions while 154 (66.1%) patients were in modified DORIS remission (CR) without PGA. Factors influencing PGA were assessed in the entire cohort. Regression analyses were used to establish differences between patients in DORIS and modified DORIS remission.

**Conclusions** Although CR is recommended as the primary treatment target in SLE, LLDAS may represent a valid alternative in the early stage of SLE management. LLDAS and CR maintenance should be targeted to prevent damage.