transglutaminase (IgA) antibodies. Six patients were DQ2 positive.

After being diagnosed of CD and starting the GFD, SLE patients seem to improve especially the leukopenia, lymphopenia and oral aphthosis, as well as SLEDAI score (shown in attached graphics).

Conclusions SLE patients with CD diagnosis and who started a GFD, showed improvement of leukopenia, lymphopenia, oral aphthosis and even SLEDAI.

In SLE patients with recurrent oral aphthosis and/or gastrointestinal unspecific symptoms, CD should be considered, but since serological screening displays a low sensitivity, HLA testing could be helpful. Gastroscopy should be considered, with biopsy and flow cytometer in uncertain cases. Even though, further studies, especially looking for different clinical profiles and longer observational period are needed.

**Background/Purpose** Poly-autoimmunity (PAI) is the presence of more than one Autoimmune Disease (AID) in one patient. The coexistence of Systemic Lupus Erythematosus (SLE) with other AIDs is a clinical challenge due to its issues not yet elucidated in medical practice.

We aimed to determine PAI frequency in the context of SLE patients reported in a tertiary hospital.

**Methods** Cross-sectional observational study with systematic revision of electronic clinical records of SLE patients with other AIDs (from 2014 to 2018) was performed. Demographic, clinical and immunological data were collected.

**Results** Of 261 SLE patients, 48 (18.39%) had PAI. Mean age was 51.19 (15.35) years (93.75% were female). 2 patients from the 48 (4.16%) had PAI with three AIDs. The 75% of cases developed SLE as the first AID. The mean age at diagnosis of the first AID was 35.52 (15.33) years and mean age at diagnosis of the second AID was 43.75 (16.31) years. A mean difference of 8.31 (9.24) years between the first and second AIDs debut was observed.

The most frequent AIDs registered that go along with SLE are Antiphospholipid Syndrome (APS)(39.58%), Sjögren Syndrome (SS)(31.25%), and Rheumatoid Arthritis (RA) (16.67%). Moreover, in two cases a third AID was registered: SLE-SS-APS and SLE-APS-autoimmune-thyroiditis.

In the SLE-APS group, SLE was the AID of debut in the 89.47% of cases, instead of SLE-RA group with 62.5%. The SLE-APS group showed a 47.37% of cases with positive antiphospholipid antibodies and 64.71% positive lupus anticogulant. In the SLE-RA group a 71.43% and 66.67% positive rheumatoid factor and antiCCP antibody was reported.

Conclusions 18.39% of patients with PAI in our group of SLE patients was observed, mostly with the SLE as the first AID developed. The most frequent association of AIDs in SLE cases were with APS, SS and RA.

**Background** Some studies in animal models, support an association between occupational exposure to Organic Solvents (OS) and Systemic Lupus Erythematosus (SLE). The specific physiopathological changes that these chemicals could induce to accelerate an autoimmune response are not known. Dysregulation of B cells is central in SLE, but very little is known on how OS exposure could influence it. This study aimed to examine the distribution of B cell subsets on Healthy Controls and SLE patients occupationally exposed to OS.

**Methods** 40 SLE patients who met ACR criteria and 17 Healthy Controls were recruited and classified as occupationally exposed or not to OS. Cryopreserved peripheral lymphocytes were analyzed by multiparametric Flow Cytometry using CD3, CD19, CD27, and IgD markers.

**Results** SLE patients exposed to OS had increased frequencies of CD27+ Switched Memory (SWM) cells. This change was associated with a specific OS like degreasers and ketones. Additionally, the few HC exposed to OS showed a decrease in Unswitched (USM) cells, with similar frequencies as those seen in SLE patients.

**Conclusions** Exposure to OS increased SWM cells on SLE patients and decreased USM cells on Healthy Controls. The influence of OS on SWM differentiation may be mediated through T cells. Previous reports of exposure to Trichloroethylene (a common OS), showed increased CD4+ T cell activation and secretion of INF-γ, this causes excessive T follicular helper development and germinal center formation in mice that could induce abnormalities in B cell subsets, and a similar mechanism may operate in OS exposed patients. Further research is needed to verify this hypothesis.

**Background** We used a Popular Opinion Leader (POL) model, which leverages community leaders’ social networks to disseminate health information and change norms in vulnerable communities. We established an academic-community partnerships in Chicago and Boston to increase knowledge about lupus and promote early care-seeking behaviors among African American
individuals. We aimed to describe sociodemographic characteristics of Chicago where POLs disseminated lupus-related information and to explore using the Area Deprivation Index (ADI) as a measure of the sociodemographic characteristics (higher ADI, more deprived).

Methods
Fourteen POLs were recruited from primarily African American, underserved areas to disseminate lupus-related information. POLs recorded encounters throughout their social networks noting the number of individuals contacted and the addresses of venues where educational material was shared. GIS mapping documented the networks, the Healthy Chicago Data (HCD) described the sociodemographic factors and health resources of the POL networks, and GIS addresses linked geocodes with the ADI for these neighborhoods by census block tracks.

Results
Nine POLs’ social networks were concentrated in four selected predominantly African American communities (Washington Heights, Morgan Park, Englewood and Roseland) located on the Southside of Chicago where health, educational, and financial resources are limited using HCD. 8–17% of individuals living in these areas lacked health insurance, and the percent living below the Federal poverty line and for not completing high school was highest in Englewood (30.8%, 19.7%) and Roseland (27.2%, 13.5%), respectively. Five additional POLs also participated with social networks in other neighborhoods where we could calculate an ADI as shown in the figure 1. The percentage of ADI encounters in Chicago ranged from 9% in ADI 1 to 18% in ADI 10.

Conclusions
POLs reached communities with varied ADI categories reflecting dissemination from least to most disadvantaged areas.

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