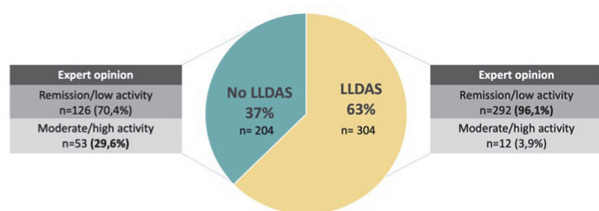


**Abstract PO.7.156 Table 2** Agreement between expert opinion and definition of LLDAS or modified LLDAS definition

	Agreement % (95% CI)
LLDAS original definition	71.4 (70.17–70.54)
LLDAS modified (a) cSLEDAI-2K ≤ 4 excluding serology	74.2 (72.34–75.66)
LLDAS modified (b) prednisone ≤ 10 mg	71.3 (69.43–73.02)
LLDAS modified (c) prednisone ≤ 5 mg	70.3% (68.75–72.04)
LLDAS modified (d); excluding “no new clinical features compared to previous”	82.6 % (81.38–83.96)
LLDAS modified (a), (b) and (d)	85.68% (84.29–86.98)

LLDAS: lupus low disease activity state; SLEDAI: systemic lupus erythematosus disease activity index

**Abstract PO.7.156 Figure 1** Comparison of LLDAS and expert opinion

concordance between LLDAS and the clinical status according to the expert opinion.

**Methods** A cross-sectional analysis of a prospective multicenter study of SLE patients from seven Spanish Rheumatology Departments with high level of expertise in SLE. We applied the LLDAS definition and evaluated the agreement between the LLDAS and the clinical status according to the expert opinion. Modifications in LLDAS definition were also explored.

**Results** 508 patients were included (92% women; mean age (±SD): 50.4 years (± 13.7). A total of 267 (54.4%) patients were in DORIS remission and 304 (62.7%) in LLDAS. Remission was the most frequent state considered by the rheumatologist (n=206, 41.6%). Agreement between expert opinion and LLDAS was 71.4%. Most cases (96.1%) in LLDAS, were classified as remission or low activity by the expert. Of the patients that did not fulfill LLDAS, 126 (70.4%) patients were classified as remission/low disease activity (Figure 1). The main reasons for discordance were the presence of new manifestations compared to previous visit and a SLEDAI 2-K >4 (Table 1). The modification of the LLDAS definition excluding the comparison with previous assessment increases the agreement to 82.6% (95% CI: 81.61–83.96%). Decreasing the cut-off point of prednisone dose to 5mg/daily did not change the agreement (Table 2).

**Conclusion** Almost two thirds of SLE patients were in DORIS remission or in LLDAS. There is a good correlation between LLDAS and the physician's opinion, particularly for those patients who fulfill LLDAS definition. A modification in LLDAS definition excluding the comparison with previous assessment have an increase in the agreement with the expert opinion.

## PO.7.157 DOES REMISSION ACCORDING DORIS 2021 MATCH THE TREATING RHEUMATOLOGIST JUDGEMENT? ANALYSIS AT RECRUITMENT OF A PROSPECTIVE STUDY OF 500 SLE PATIENTS FROM A SPANISH MULTICENTER COHORT

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10.1136/lupus-2022-elm2022.177

**Introduction** An accurate target in Systemic Lupus Erythematosus (SLE) Treat to Target strategies has been challenging over the past years. Recently, a new definition of remission was updated in 2021 by the international DORIS (Definition of Remission in SLE) taskforce.

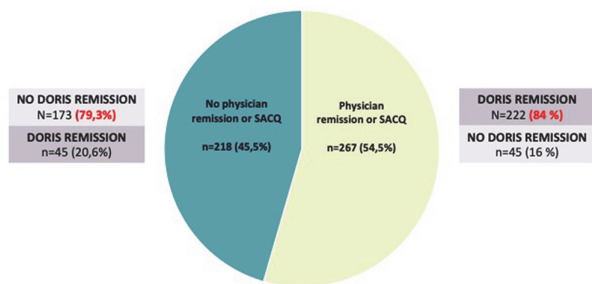
**Objective** To quantify the proportion of patients who achieve DORIS and evaluate the agreement between DORIS and the treating rheumatologist judgement.

**Methods** Prospective multicenter study of SLE patients (ACR 1997 Classification Criteria or Clinical diagnosis by the Physician) from seven Spanish Rheumatology Departments. DORIS 2021 remission definition was applied and the rheumatologists were asked to classified the activity of the disease in 5 different categories: remission, serologically active clinically quiescent (SACQ), low, moderate or high activity. Statistical analysis: descriptive cross-sectional (at the time of recruitment) analysis was done. Analysis of the level of agreement between expert opinion and the definition of remission was evaluated using Cohen's kappa. The reasons of disagreement were evaluated.

**Abstract PO.7.157 Table 1** Patient demographics and disease characteristics

	Number (%) or mean (± SD) (n = 508 patients)
Female gender	460 (92%)
Age at diagnosis (years)	40.7 (± 21)
Disease duration at enrollment (years)	10.8 (± 9.9)
Age at enrollment (years)	50.4 (± 13.71)
ACR criteria (a)	
ANA	489 (96.26%)
Immunologic	394 (77.56%)
Arthritis	378 (74.41%)
Haematologic	289 (56.89%)
Malar rash	228 (44.88%)
Photosensitivity	224 (44.09%)
Mouth ulcers	176 (34.65%)
Renal	167 (32.87%)
Serositis	98 (19.29%)
Discoid rash	68 (13.39%)
Neurologic	28 (5.51%)
Number of ACR criteria for SLE	5 (± 1.5)
Number of SLEDAI criteria for SLE	6.24 (± 2.24)
SLEDAI-2K score at enrollment	2.8 (± 3.31)
SLEDAI/ACR-DI score at enrollment	0.96 (± 1.36)
Damage present at enrollment	253 (49.8%)
Clinical SLEDAI-2 K (no complement or a dsDNA)	1.6 (± 2.7)
Current hypocomplementaemia	152 (29.9%)
Current elevated a-dsDNA	125 (24.6%)
PGA at enrollment	0.2 (0.49)

Abbreviations: SLE, systemic lupus erythematosus; ACR, American College of Rheumatology; SLEDAI, SLE disease activity index; PGA, physician global assessment; ANA, antinuclear antibody; dsDNA, double stranded DNA; SLEDAI/ACR-DI, Systemic Lupus International Collaborating Clinics (SLEDAI/ACR) American College of Rheumatology (ACR) damage index (DOI) (I) ever present based on ACR criteria.



**Abstract PO.7.157 Figure 1** Concordance of DORIS and physician remission

**Results** A total of 508 patients were included (92% women; mean age ( $\pm$ SD): 50.4 years ( $\pm$ SD 13.7)). Table 1 shows in detail the patients characteristics at baseline. Two hundred and sixty-seven (54.4%) patients were in DORIS 2021 remission. According to the rheumatologist judgement, 206 (41.6%) patients were considered in remission and 71 (14.3%) in a SACQ state (Figure 1). Overall agreement between rheumatologist opinion and DORIS was 81.28% (95% CI: 79.9, 82.9) with a Cohen's kappa of 0.62. We found disagreement in 46 patients, and the main reasons were a clinical SLEDAI > 0 in 39 (84.8%) patients; Physician Global Assessment (PGA) > 0.5 in 5 patients and a prednisone dose above 5 mg day in other five patients.

**Conclusion** At a given point in time, more than half of SLE patients were in DORIS 2021 remission. The overall agreement between rheumatologist opinion and DORIS remission is accurate.

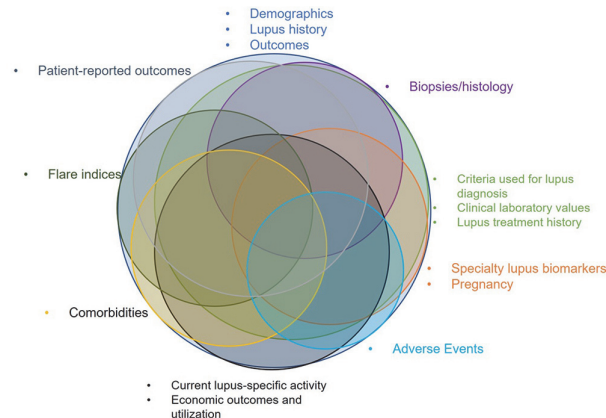
#### PO.7.158 LUPUSNET – A FEDERATED MODEL/NETWORK TO SUPPORT REAL-WORLD DATA RESEARCH IN SYSTEMIC LUPUS ERYTHEMATOSUS

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10.1136/lupus-2022-elm2022.178

**Purpose** Systemic lupus erythematosus (SLE) is an autoimmune disease with a broad range of clinical manifestations and a high unmet need. Real-world data on SLE are available and currently scattered across more than 50 registries across the globe. The Lupus Federated Data Network (LupusNet) is an interdisciplinary initiative that aims to standardize data and harmonize methodology to create a large, global SLE database from existing registries. This initiative will allow analysis of real-world data across lupus registries worldwide.

**Methods** The central paradigm of LupusNet is a federated model whereby the data reside with the respective registries/data owners and analyses are executed at the local center. As data from different sources have different infrastructures, the Observational Medical Outcomes Partnership (OMOP) common data model (CDM) will be used to standardize data into a common format. Standardization will reduce heterogeneity in data structure and semantics, allowing for uniform data analysis, collaborative research, large-scale analytics, and sharing of sophisticated tools and methodologies. LupusNet will include prospective, observational registries designed to



**Abstract PO.7.158 Figure 1** Example of data collected from lupus registries and clinical trials

capture real-world data on demographics, treatments, and outcomes in patients with SLE. Other data, including data originating from randomized clinical trials, will also be part of this initiative.

**Results** Currently, 6 registries representing 4 regions of the globe and ~30,000 lupus patients are engaged at the start of this initiative. Examples of the types of data from each registry that are available for standardization and harmonization in LupusNet are shown in Figure 1. Other lupus registries that may be interested in participating in this initiative should contact the authors. Participating registries are not required to collect all types of data to be included in the initiative. Contact the LupusNet team at [www.lupus-net.org](http://www.lupus-net.org).

**Conclusions** Through the standardization of global registry data, LupusNet hopes to demonstrate the potential of real-world evidence to answer important questions related to SLE with the ultimate goal of improving patient outcomes.

#### PO.7.159 OBJECTIVE MEASURES OF HEALTH-RELATED QUALITY OF LIFE MAY NOT ADEQUATELY REFLECT DISEASE BURDEN IN SYSTEMIC LUPUS ERYTHEMATOSUS

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10.1136/lupus-2022-elm2022.179

**Purpose** Optimising health-related quality of life (HRQoL) is an overarching principle in the EULAR recommendations for managing SLE. Objective measures of HRQoL are favoured by healthcare payers to permit comparisons across populations. How these measures reflect HRQoL in SLE is not well established. We sought to assess how fatigue, pain, and functional ability relate to objective HRQoL or subjective overall disease status, and which overall measure better reflects symptoms in SLE.

**Methods** Data were obtained from a longitudinal cohort of adult Swedish SLE patients: the Clinical Lupus Register in Northeastern Gothia (KLURING). Patient-reported outcomes (PROs) included were: the EQ-5D (an objective measure of