

specimens compared to disease controls (2.4 ± 1.4 vs. 1.6 ± 0.8 and 1.8 ± 0.9 vs. 0.96 ± 0.4 respectively) and correlated with the activity ($r=0.4$), chronicity ($r=0.5$) and interstitial fibrosis scores ($r=0.5$). In vitro, RGC-32 mRNA and protein expression was upregulated in PTEC by nephritogenic cytokines including IL-1 (7.8 fold), TNF α (5 fold), TGF β (3.1 fold) and to a lesser extent by IFN γ (2.1 fold). TGF β induced mRNA production of Collagen 1a1 and collagen III by in vitro cultured human PTEC was increased in RGC-32 transfected cells vs. control.

Conclusions RGC-32 expression is increased in glomeruli and tubulointerstitium in kidneys of patients with lupus nephritis. Upregulation of RGC-32 is mediated by proinflammatory cytokines and may play pathogenetic role in organ damage in SLE by promoting manifestations of progressive renal disease such as interstitial fibrosis. Thus RGC-32 is a potential therapeutic target in the treatment of lupus nephritis.

Acknowledgments

Trial Registration

Lay summary RGC-32 expression is increased in glomeruli and tubulointerstitium in kidneys of patients with lupus nephritis. Upregulation of RGC-32 is mediated by proinflammatory cytokines and may play pathogenetic role in organ damage in SLE by promoting manifestations of progressive renal disease such as interstitial fibrosis. Thus RGC-32 is a potential therapeutic target in the treatment of lupus nephritis.

Lupus Nephritis

1106 STABILITY OF NOVEL URINARY BIOMARKERS USED FOR LUPUS

¹Ellen Cody*, ¹James Rose, ¹Rebecca Hopkins, ²Megan Quinlan-Waters, ²Catherine Robben, ³Tingting Qiu, ^{3,4}Bin Huang, ^{2,4}Hermine Brunner, ^{1,4}Prasad Devarajan. ¹Cincinnati Children's Hospital, Division of Nephrology and Hypertension, USA; ²Cincinnati Children's Hospital, Division of Rheumatology, USA; ³Cincinnati Children's Hospital, Division of Epidemiology and Biostatistics, USA; ⁴University of Cincinnati, Department of Pediatrics

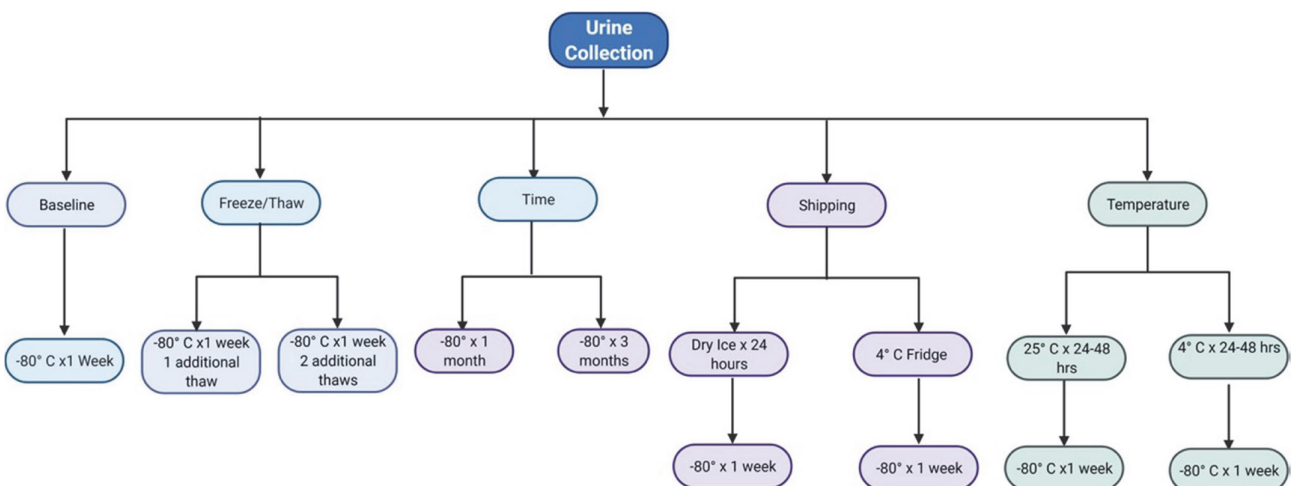
10.1136/lupus-2022-lupus21century.71

Background We have developed and validated the Renal Activity Index for Lupus (RAIL), a composite score of six urinary

Abstract 1106 Table 1

	Condition	Mean	Spearman Correlation Coefficient	P-value
Adiponectin	Baseline	1.94	0.97	<0.01
	Dry Ice	1.90	0.99	<0.01
	Shipping	2.05	0.96	<0.01
	Fridge	2.13	1.00	<0.01
	RT	2.03	0.89	<0.01
	FT1	1.86	0.98	<0.01
	FT2	1.98	0.99	<0.01
	1MO	1.95	0.98	<0.01
	3MO	1.63	0.91	<0.01
	Ceruloplasmin	Baseline	3.62	0.99
Dry-Ice		3.55	1.00	<0.01
Shipping		3.55	1.00	<0.01
Fridge		3.48	0.98	<0.01
RT		3.61	1.00	<0.01
FT1		3.69	0.87	<0.01
FT2		3.49	1.00	<0.01
1MO		3.80	1.00	<0.01
3MO		4.25	0.95	<0.01
Hemopexin		Baseline	5.52	0.92
	Dry Ice	5.52	0.99	<0.01
	Shipping	5.53	0.98	<0.01
	Fridge	5.51	0.96	<0.01
	RT	5.41	0.96	<0.01
	FT1	5.49	0.96	<0.01
	FT2	5.47	0.97	<0.01
	1MO	5.54	0.97	<0.01
	3MO	5.82	0.92	<0.01
	MCP-1	Baseline	4.56	1.00
Dry Ice		4.60	1.00	<0.01
Shipping		4.56	1.00	<0.01
Fridge		4.50	1.00	<0.01
RT		4.43	1.00	<0.01
FT1		4.55	1.00	<0.01
FT2		4.47	1.00	<0.01
1MO		4.67	0.99	<0.01
3MO		4.61	0.10	<0.01

Abbreviations: RT: Room Temperature, FT: Freeze Thaw, MO: Month



Abstract 1106 Figure 1

biomarkers including neutrophil gelatinase – associated lipocalin (NGAL), monocyte chemoattractant protein-1 (MCP-1/CCL2), kidney injury molecule-1 (KIM-1), ceruloplasmin, adiponectin, and hemopexin) to monitor disease activity. It is critical to establish optimal sample handling conditions and storage prior to widespread clinical deployment and meaningful use in clinical trials. We have previously demonstrated the excellent short-term storage stability of NGAL and KIM-1; here we expand testing to include the other 4 RAIL biomarkers.

Methods Urine was collected from 10 patients enrolled in the SLE Clinical and Research Database (IRB 2008-0635). The urine was then aliquoted and tested under shipping conditions, including freeze/thaw, ambient and longer-term storage (figure 1). MCP-1, Ceruloplasmin, Adiponectin and Hemopexin were assayed by single-plex ELISA assay via commercially available kits. We performed Pearson Correlation Coefficient, Deming regression and Bland-Altman analysis.

Results There was no statistical difference in biomarker concentrations in any of the four biomarkers in any of the experimental conditions. Urinary MCP-1, Adiponectin, Hemopexin and Ceruloplasmin are stable following storage at -80°C for up to 3 months, and at 4° or 25°C up to 48 hours followed by -80°C . In addition, shipping on dry ice or with refrigeration leads to no significant loss of signal. The addition of 1 or 2 additional freeze thaw cycles also did not change mean biomarker levels.

Conclusions RAIL biomarkers are stable following short-term storage at clinically relevant conditions, including shipping on ice.

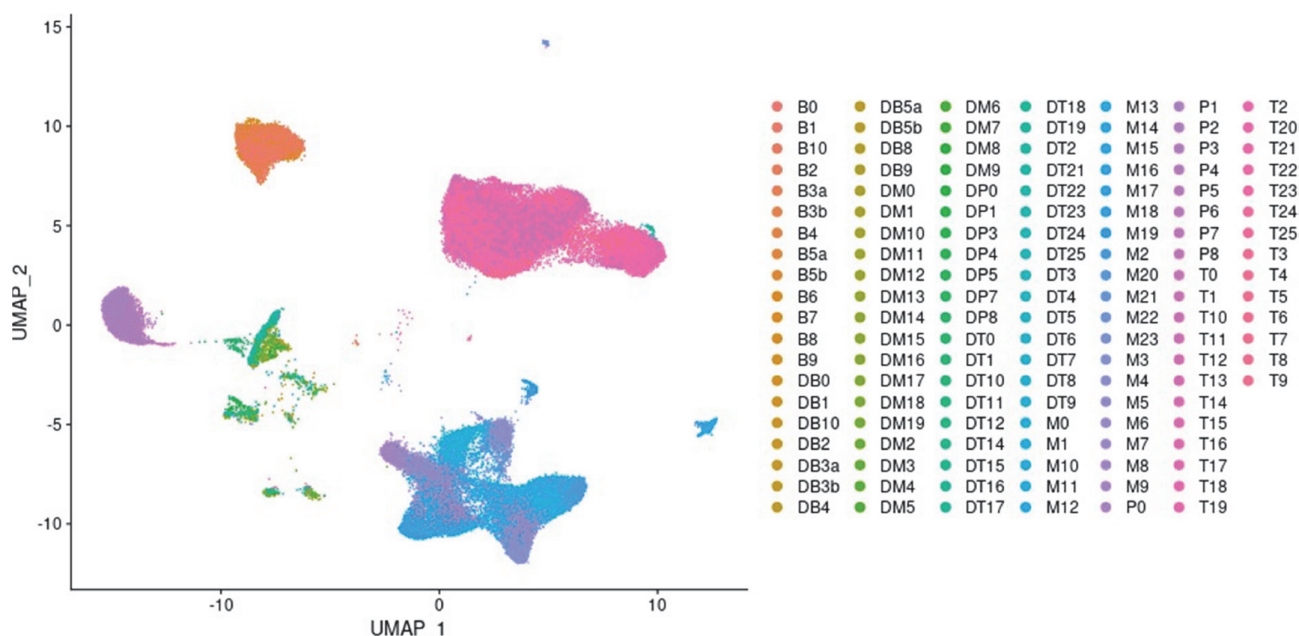
1107

IMMUNE CELL HETEROGENEITY IN LUPUS NEPHRITIS KIDNEYS AND ITS RELATION TO HISTOPATHOLOGICAL FEATURES: LESSONS FROM THE ACCELERATING MEDICINES PARTNERSHIP (AMP) IN SLE CONSORTIUM

¹Arnon Arazi*, ²Jospeh Mears, ³Thomas M Eisenhaure, ²Qian Xiao, ³Paul J Hoover, ²Deepak A Rao, ⁴Celine C Berthier, ⁵Andrea Fava, ²Siddarth Gurajala, ³Michael Peters, ³Tony Jones, ²Saori Sakaue, ²William Apruzzese, ⁶Jennifer L Barnas, ⁵Derek Fine, ²James Lederer, ¹Richard Furie, ¹Anne Davidson, ⁷David A Hildeman, ⁷Steve Woodle, ⁸Judith A James, ⁸Joel M Guthridge, ⁹Maria Dall'Erà, ⁹David Wofsy, ¹⁰Peter M Izmirly, ¹⁰H Michael Belmont, ¹⁰Robert Clancy, ¹¹Diane L Kamen, ¹²Chaim Putterman, ¹³Thomas Tuschl, ¹⁴Maureen A McMahon, ¹⁴Jennifer Grossman, ¹⁵Kenneth C Kalunian, ¹⁶Fernanda Payan-Schober, ¹⁷Mariko Ishimori, ¹⁷Michael Weisman, ⁴Matthias Kretzler, ⁴Jeffery Hodgjin, ²Michael B Brenner, ⁶Jennifer H Anolik, ⁵Michelle A Petri, ¹⁰Jill P Buyon, ²Soumya Raychaudhuri, ³Nir Hacohen, ¹Betty Diamond, the Accelerating Medicines Partnership (AMP) RA/SLE Network. ¹The Feinstein Institutes for Medical Research, Northwell Health, Manhasset, NY, USA; ²Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA; ³Broad Institute of MIT and Harvard, Cambridge, MA, USA; ⁴University of Michigan, Ann Arbor, MI, USA; ⁵Johns Hopkins University, Baltimore, MD, USA; ⁶University of Rochester Medical Center, Rochester, NY, USA; ⁷University of Cincinnati College of Medicine, Cincinnati, OH, USA; ⁸Oklahoma Medical Research Foundation, Oklahoma City, OK, USA; ⁹University of California San Francisco, San Francisco, CA, USA; ¹⁰New York University School of Medicine, New York, NY, USA; ¹¹Medical University of South Carolina, Charleston, SC, USA; ¹²Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY, USA; ¹³Rockefeller University, New York, NY, USA; ¹⁴University of California Los Angeles, Los Angeles, CA, USA; ¹⁵University of California San Diego School of Medicine, La Jolla, CA, USA; ¹⁶Texas Tech University Health Sciences Center, El Paso, TX, USA; ¹⁷Cedars-Sinai Medical Center, Los Angeles, CA, USA

10.1136/lupus-2022-lupus21century.72

Background Lupus nephritis (LN) is characterized by considerable variability in its clinical manifestations and histopathological findings. Understanding the cellular and molecular mechanisms underlying this heterogeneity is key for the development of personalized treatments for LN.



Abstract 1107 Figure 1 Single-cell RNA-sequencing was used to profile immune cells isolated from the kidneys of LN patients and healthy controls. Five main lineages of cells were identified, as shown in a Uniform Manifold Approximation and Projection (UMAP) plot: myeloid cells, T/NK cells, B cells, plasma cells and dividing cells. The cells of each lineage were further split into finer subsets of cells (color-coded).