conditions (i.e. autoimmune diseases), but also in healthy subjects (aPL carriers). In this subset, the risk of developing thrombotic events or pregnancy morbidity ranges from 0% to 3.8%, and it is higher in subjects with LA positivity, triple positivity (LA+aCL+anti-β2GPI) and aCL positivity at high/medium titer. Nonetheless, 70% of aPL carriers described so far showed a concomitant autoimmune disease, being itself a risk factor for thrombotic events.

Objectives: We longitudinally followed up a cohort of healthy subjects persistently positive for aPL to evaluate the risk of developing thrombotic events.

Methods: Healthy subjects positive for aPL in at least 2 consecutive determinations (aPL carriers) were enrolled. Medical history was recorded and the following parameters were registered: presence of traditional risk factors (smoking, diabetes mellitus, hypertension, dyslipidemia, hormone therapy); obstetric history (infertility, miscarriages); family history of autoimmune and cardiovascular diseases with an early onset; recent infectious episodes. Laboratory evaluation was performed, including aCL IgG/IgM, anti-β2GPI IgG/IgM, LA, antinuclear antibody, C3/C4 serum levels, thrombophilia screening. All subjects were evaluated every 6 months.

Abstract OP0121 – Figure 1. Reports the Kaplan-Meier curve of aPL carriers free from thrombotic events.

Results: We enrolled 47 aPL carriers (M/F 9/38, median age at first visit 45.5 years, IQR 17). Thirty-six subjects (76.6%) were aCL+ (30.5% at medium/high titer), 30 (63.8%) anti-β2GPI+ (36.7% at medium/high titer), 24 (51.1%) LA+. Thirty-one subjects (65.9%) were positive for more than one aPL and 12 (25.5%) showed a triple positivity. The aPL carriers were longitudinally followed up for a median of 60 months (IQR 48). Twenty-four subjects were treated with low dose aspirin (LDA) and 3 with hydroxychloroquine. During this observational period, 5 subjects were lost to follow-up and 5 became persistently negative for aPL after a median of 54 months (IQR 39). Considering the remaining 37 aPL carriers, 3 (1F, 2M) experienced a thrombotic event (2 arterial and 1 venous). These patients were treated with LDA at the time of the event and were all LA+. In one case, the episode was preceded by a flu-like event. Interestingly, the LA prevalence resulted significantly higher in the subjects experiencing thrombotic events in comparison with those who did not ($p=0.0001$). We observed an absolute risk of thrombotic events of 0.08 (CI: 0.02 to 0.2) and an incidence rate of 1.1 (CI: 0.3 to 2.9).

Conclusions: In this prospective study, specifically designed to evaluate the incidence of APS related clinical manifestations in aPL positive healthy subjects, LA positivity resulted the most important risk factor of thrombotic events.

Disclosure of Interest: None declared

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OP0122 VALIDATION OF REMISSION AND LUPUS LOW DISEASE ACTIVITY STATE AS PREDICTORS OF ORGAN DAMAGE IN SLE

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Background: Outcome measures that combine control of SLE activity and prednisone reduction are clinically relevant. A clinical goal in SLE is to reduce risk of long-term organ damage.

Abstract OP0122 – Table 1. Rates of new damage, in subgroups defined by past levels of disease activity

Percentage of Prior Months in:	Number of person-months observed	Number of months with an increase in SLICC/ACR Damage Index	Rate of damage per 100 person months	Rate Ratios	P-values
Clinical Remission	-	-	-	-	-
None	35 772	406	1.13	1.0 (Ref)	-
Not none, but<25%	14 358	102	0.71	0.60	<0.0001
25% to 50%	6573	50	0.76	(0.48,0.75)	0.023
50% to 75%	3845	27	0.70	0.66	0.035
75%+	1641	10	0.61	(0.46,0.94)	0.12
LLDAS	-	-	-	-	-
None	-	-	-	-	-
Not none, but<25%	16 491	250	1.52	1.0 (Ref)	-
25% to 50%	20 169	170	0.84	0.54	<0.0001
50% to 75%	14 344	103	0.72	(0.44,0.67)	<0.0001
75%+	8396	54	0.64	0.46	<0.0001
LLDAS on Treatment	2789	18	0.65	(0.36,0.60)	0.0019
None	-	-	-	-	-
Not none, but<25%	30 366	343	1.13	1.0 (Ref)	-
25% to 50%	10 880	106	0.97	0.86	0.18
50% to 75%	5012	40	0.80	(0.69,1.07)	0.037
75%+	8494	60	0.71	0.70	0.0010
LLDAS on Treatment	7527	46	0.61	(0.51,0.98)	<0.0001
None	-	-	-	-	-
Not none, but<25%	-	-	-	-	-
25% to 50%	-	-	-	-	-
50% to 75%	-	-	-	-	-
75%+	-	-	-	-	-
LLDAS on Treatment	-	-	-	-	-
None	7656	117	1.53	1.0 (Ref)	-
Not none, but<25%	10 555	134	1.27	0.83	0.14
25% to 50%	12 686	129	1.02	(0.65,1.06)	0.0013
50% to 75%	18 151	133	0.73	0.66	0.0010
75%+	13 141	82	0.62	(0.51,0.85)	<0.0001
LLDAS on Treatment	-	-	-	-	-
None	-	-	-	-	-
Not none, but<25%	-	-	-	-	-
25% to 50%	-	-	-	-	-
50% to 75%	-	-	-	-	-
75%+	-	-	-	-	-

Objectives: We assessed whether two recently proposed disease activity outcomes were predictive of future damage.

Methods: For each month of follow-up in a large SLE cohort, we determined whether the patient was in Clinical Remission (as defined by the DORIS working group) or lupus low disease activity state (LLDAS) (as defined by Franklyn et al). Clinical Remission was defined as a PGA<0.5, clinical SLEDAI=0 and no prednisone or immunosuppressants. Clinical Remission on Treatment allowed for prednisone ≤5 mg/day and immunosuppressant use. LLDAS was defined as a SLEDAI ≤4, PGA≤1.0, no major organ activity, and no new activity. LLDAS on treatment allowed for prednisone use ≤7.5 mg/d and immunosuppressants. Damage was defined using the SLICC/ACR Damage index.

Results: There were 81 118 person-months observed among 2026 patients (92% female, 53% Caucasian, 39% African-American). table 1 shows the rates of damage, per person month, in subgroups defined by Remission or LLDAS. Damage rates were relatively low when LLDAS was achieved at least 50% of the time. These rates were similar to those experienced by patients who met a more stringent treatment restriction with Remission on Treatment at least 50% of the time.

Conclusions: Percent time in LLDAS had a clear dose response for rate ratios of organ damage. The equivalence of LLDAS and DORIS remission on treatment is welcome news, as LLDAS on treatment >50% of the time is an easier goal to achieve (3 times more person-months observed in our cohort) and more realistic as a clinical trial outcome.

Disclosure of Interest: None declared

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