Conclusions: The most common haematological disorders in pSS patients are leukopenia, and cytopenia in pSS patients might be related to disease activity.

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Acknowledgements: We would like to thank all of the participants who took part in the studies featured in this research. The present work was sponsored by the National Natural Science Foundation of China (No. 81273295, 81302562, 81671598), China International Medical Exchange Foundation (Z-2014–06–2–1620), and Shanghai Sailing Program (No.17YF1417200).

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6530

AB0638 CLINICAL SIGNIFICANCE OF ESR IN CHINESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: During the process of systemic lupus erythematosus (SLE), disease flare and infection are often accompanied by each other and always pose a major challenge to clinical treatments. Although erythrocyte sedimentation rate (ESR) has been tested in SLE patients for many years, there is still a lack of consensus on its value.

Objectives: To validate the value of ESR in Chinese SLE patients at the time of their first admission and to determine whether it is related to a poor outcome.

Methods: Clinical data of patients with ESR tested on their first admission were extracted from our SLE database; (Feng et al. *PLoS ONE* 2016;11(12): e0168619) and analysed for the relation with disease activity (SLEDAI), infection status, organ involvements and survival situation. To determine the risk of ESR for long-term mortality, cumulative survival was illustrated with the Kaplan-Meier plot and factors were compared using the Log-rank test.

Results: Totally 1225 patients were included in this study, of which 92.2% were female and the median age at admission was 34.3 years. The most often seen organ involvements were mucocutaneous (66.4%), musculoskeletal (55.0%), renal (51.7%) and hematologic (45.2%) respectively. ESR levels were correlated with SLEDAI scores ($r=0.145$, $p=0.000$), but not elevated in patients with infections. Patients with cardiopulmonary, renal or hematologic impairments had higher ESR levels (all $p<0.05$). Subgroup analysis showed that serositis, renal insufficiency and anaemia might be responsible for the respective organ involvement. The ten year survival rates for patients with elevated ESR was 80.57%, lower than that of 88.62% for patients with normal ESR ($p<0.01$) (figure 1).

Abstract AB0638 – Figure 1. Cumulative survival rates for patients with elevated or normal ESR at first admission

Conclusions: High ESR levels in SLE patients are associated with active disease and specific organ involvements, and may predict a poor prognosis. It should be checked routinely for the monitoring of SLE patients.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3378

AB0639 RISK OF MORTALITY IN SJOGREN'S SYNDROME AFTER 1ST ADMISSION

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Background: The long-term prognosis of patients with SS is unclear. Population-based studies have shown conflicting evidence regarding relative mortality in SS.

Objectives: There is conflicting evidence regarding prognosis in patients with SS (pSS). The aim of this study was to estimate the risk factors of mortality in patients with SS through a in hospital review.

Methods: Through a review of databases through October 2002 till 2016, we identified cohort studies reporting relative risk (compared with standardised population), risk factors and causes of mortality in patients with SS.

Results: We identified 695 (83.2% females) with SS, of whom 88 patients died over a median average follow-up of 13 years. Leading causes of mortality were infections; Risk factors associated with increased mortality were advanced age at diagnosis [HR 1.045 (95% CI 1.024, 1.067), male sex [RR 2.18 (95% CI 1.45, 3.27)], associated with SLE [HR 2.448 (95% CI 1.108, 5.406)], diabetes [HR 1.986 (95% CI 1.125, 3.505)]

Abstract AB0639 – Table 1

	Regression coefficient	P value	HR	95.0% CI for HR	
				Lower	Upper
Gender	0.173	0.568	1.189	0.657	2.152
Age	0.044	0.000	1.045	1.024	1.067
BMI	-0.051	0.075	0.950	0.898	1.005
RA	0.245	0.576	1.277	0.541	3.017
SLE	0.895	0.027	2.448	1.108	5.406
Diabetes	0.686	0.018	1.986	1.125	3.505

Conclusions: After first admission, the risk factor for mortality include old age, associated with SLE and diabetes. These require close follow-up.

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Acknowledgements: We thanks to Kaohsiung CGMH for data support

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5386

AB0640 IMPLAUSIBLE ANTI-SMITH ANTIBODY IS NOT IMPLAUSIBLE TO AUTOIMMUNE DISEASE IN CHINESE POPULATION USING THE EUROIMMUN LINE IMMUNOASSAYS

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Background: Anti-Sm antibody is important test for lupus. In China, many labs detected anti-Sm using Euroimmun line immunoassays (LIA) kit, which mixture with purified Sm and RNP antigens as target antigens in Sm/RNP band and purified Sm antigens in Sm band. On the instruction, anti-Sm results should be determined according to the 2 bands. That is divided as true anti-Sm positive cases (having positive Sm and Sm/RNP bands) and implausible cases (having Sm band without Sm/RNP band), the value of implausible anti-Sm is not very clear now.

Objectives: We aimed at investigating the clinical value of the implausible anti-Sm in Chinese population.