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

REFERENCES:

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


**AB0639  CLINICAL SIGNIFICANCE OF ESR IN CHINESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

Y. Xu, X. Feng, L. Sunon behalf of Jiangsu Lupus Collaborative Group. The Affiliated Drum Tower Hospital of Nanjing University Medical School, Nanjing, China

**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): e0168919) 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<0.001), 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 that of 88.62% for patients with normal ESR (p<0.01) (figure 1).

**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


**Abstract AB0639 – Table 1**

<table>
<thead>
<tr>
<th>Regression coefficient</th>
<th>P value</th>
<th>HR</th>
<th>95.0% CI for HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>0.173</td>
<td>0.568</td>
<td>1.189</td>
</tr>
<tr>
<td>Age</td>
<td>0.044</td>
<td>0.000</td>
<td>1.045</td>
</tr>
<tr>
<td>BMI</td>
<td>-0.051</td>
<td>0.075</td>
<td>0.950</td>
</tr>
<tr>
<td>RA</td>
<td>0.245</td>
<td>0.576</td>
<td>1.277</td>
</tr>
<tr>
<td>SLE</td>
<td>0.895</td>
<td>0.027</td>
<td>2.448</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.686</td>
<td>0.018</td>
<td>1.986</td>
</tr>
</tbody>
</table>

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

**REFERENCE:**

Acknowledgements: We thanks to Kaohsiung CGMH for data support

Disclosure of Interest: None declared

Methods: Total of 39 766 patients were analysed for anti-Sm antibody using the EURO line immuno assay skil, of which 1208 cases are positive for anti-Sm. All cases with positive anti-sm were divided into true anti-sm group and implausible group according to the result of Sm/RNP band. The proportion of clinical diagnosis including autoimmune diseases (AIDs) and non-immune diseases (NAIDs) and the level of some clinical serum indexes were retrospectively analysed for the implausible anti-sm cases.

Results: Implausible anti-sm were evidenced in 271/1208 (22.42) of all positive anti-sm cases. Among patients with positive anti-sm, 177 cases have definitive diagnoses (65.31%, 177/271), with autoimmune diseases accounting for 68.36% (121/177), of whom 96 had systemic lupus erythematosus (SLE) (79.34%). In addition, there are 5 implausible cases with rheumatoid arthritis (RA), 3 with Sjögren syndrome (SS) and 10 with mixed connective tissue diseases (MCTDs). The titer of antinuclear antibodies (ANA) in patients with implausible anti-sm is lower than ones with true anti-sm. Implausible group have the same gender ratio, mean onset age and frequency of autoantibodies with true group. The prevalence of one of NAIDs, kidney disease, was significantly lower in implausible group than in true group (X2=3.841, p=0.05).

Conclusions: Implausible anti-sm have great diagnostic value in AIDs just as true anti-sm. Patients with implausible anti-sm have less incidence of evolving to autoimmune injury and kidney injury. Patients with implausible anti-sm but without autoimmune diseases may be potential autoimmune disease victims.

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Disclosure of Interest: None declared


Abstract AB0641 – Table 1. LLADS: Lupus low Disease Activity State * Student t-test **Welch’s t-test *** Mann-Whitney U test

Conclusions: The correlation between SLAQ vs SLEDAl-2K or SLEDAl-2K-nolab scores was exhibited in the concordance group. Musculoskeletal pain may be associated with the discordance between patients’ and physicians' assessment.

REFERENCES:

Disclosure of Interest: None declared


Abstract AB0642 – Table 2. LLADS: Lupus low Disease Activity State * Student t-test **Welch’s t-test *** Mann-Whitney U test

Conclusions: The correlation between SLAQ vs SLEDAl-2K or SLEDAl-2K-nolab scores was exhibited in the concordance group. Musculoskeletal pain may be associated with the discordance between patients’ and physicians' assessment.

REFERENCES:

Disclosure of Interest: None declared


Abstract AB0642 – Table 2. LLADS: Lupus low Disease Activity State * Student t-test **Welch’s t-test *** Mann-Whitney U test