the median duration of disease 2 years) selected according to 2010 ACR/EULAR diagnostic criteria were included. 30 healthy control groups were selected. Anti carP antibody Anti-carbamylated Protein Human anti-carbamylated Protein Antibody (ACP-Ab) ELISA Kit (SunRedBio, China) was used for measurement of antibodies against carbamylated proteins.

**Results:** The study population consisted of 133 subjects, 30 controls, 57 SLEs bodies against carbamylated proteins. Conclusions: The study population consisted of 133 subjects, 30 controls, 57 SLEs

**Abstract THU0345 – Table 1.** Anti carbamylated protein antibody positivity distribution across groups

<table>
<thead>
<tr>
<th>Variables</th>
<th>Control (n=30)</th>
<th>SLE (n=57)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-carP antibody positivity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>15/30 (50%)</td>
<td>36/57 (63.2%)</td>
</tr>
<tr>
<td>Negative</td>
<td>15/30 (50%)</td>
<td>21/57 (36.8%)</td>
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</tr>
</tbody>
</table>

Categorical variables were expressed as number (%). Anti-carP antibody positivity distribution across groups

**Conclusions:** Antibody positivity was found to be 54.4% in SLE patient group. It is significantly higher in SLE compared to healthy control and RA patient group. In the SLE group, it is still a more significant diagnostic than the healthy control and RA group. Both SLE and RA patients have significant sensitivity and specificity compared to the healthy control group.

**Disclosure of Interest:** None declared


**THU0346 – DETERMINANTS OF SONOGRAPHIC GLANDULAR DAMAGE IN A LARGE COHORT OF PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME AND ITS IMPACT ON SALIVARY GLAND DYSFUNCTION**

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**Background:** Salivary gland ultrasonography (SGUS) has increasingly appeared as a valid tool to characterise major salivary glands involvement in primary Sjögren’s syndrome (pSS). An international score based on the number and location of the hypo-anechoic areas postrema syndrome, acute brainstem syndrome and cerebral syndromes respectively. During follow-up, 10 patients (90.9%) experienced myelitis, 5 (45.5%) optic neuritis, 2 (18.2%) each experienced area postrema syndrome, acute brainstem syndrome and cerebral syndrome; being the median number of neurological events 4.1 Three patients (27.3%) had antiphospholipid antibodies. None of the patients had pleocytosis or low CSF glucose and 3 had high CSF proteins. All patients had longitudinally extensive transverse myelitis on MRI, 3 (27.3%) optic nerve findings and 6 (54.5%) NMOSD-typical brain lesion patterns. Nine (81.8%) patients went into either total or partial NMOSD remission at a mean follow up of 6.5±5.3 years. At last follow up the median EDSS, SICL/ACR-DI and SSDDI were 2.5 (1–10), 2 (0–7) and 2 (0–3) points respectively; 4 (36.4%) patients had sequelae and 1 patient was death.

**Conclusions:** Patients with SLE or SS with clinical features of NMOSD should be tested for anti-carP IgG. In our cohort, AQP4-IgG seropositive NMOSD arose in the context of low SLE activity and in the context of SS with extraglandular features, and the disability and accrual damage at last follow up appeared to be mild.

**REFERENCES**


**Acknowledgements:** No acknowledgments to report.

**Disclosure of Interest:** None declared

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Background: Lupus nephritis (LN) is an important cause of morbidity and mortality in patients with systemic lupus erythematosus (SLE) often leading to end stage renal failure (ESRF) and necessitating renal transplantation. However, the optimal timing of transplantation in SLE patients with ESRF is uncertain and could potentially affect survival.

Objectives: We investigated time spent on dialysis before renal transplantation and the transplantation in a cohort of SLE patients.

Methods: Retrospective analysis of all adult SLE patients undergoing renal transplantation over a 40 year period (1975–2015) in two tertiary UK centres followed up until 2017. Cox proportional hazard regression and receiver operator curves (ROC) were used to determine the risk associated with time on dialysis before the transplantation and other potential predictors.

Results: Forty patients (age 35±11 years, 34 female, 15 Caucasian, 15 Afro Caribbean and 10 South Asian underwent transplantation. During a median follow up of 104 months (IQ8 0,145), 8 (20%) patients died and the five year survival was 95%. Univariate analysis identified time on dialysis prior to transplantation as the only potentially modifiable risk predictor of survival with a Hazard Ratio of 1.013 for each additional month spent on dialysis (95% CI=1.001–1.026, p=0.03). ROC curve demonstrated that >24 months on dialysis had an adverse effect with sensitivity of 0.875 and specificity 0.500 for death. No other modifiable predictors were significantly associated with mortality, indicating that time on dialysis had an independent effect.

Conclusions: Increased time on dialysis pre-transplantation is an independent modifiable risk factor of mortality in this cohort of patients with lupus nephritis and should be one of the factors considered for patient selection to transplantation.

Disclosure of Interest: None declared


ANTIBODIES TO PHOSPHATIDYLSERINE-PROTHROMBIN COMPLEX AND ANNEXIN V AS RISK FACTORS FOR THE DEVELOPMENT OF THROMBOTIC COMPLICATIONS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Seronegative antiphospholipid syndrome (APS) is a type of APS where the diagnostic levels of “classical” antiphospholipid antibodies (aPL) are not detected, though antibodies to the phosphatidylserine-prothrombin complex (aPL-PS:PT) and annexin V antibodies can be present. The role of these antibodies in the diagnosis of APS needs to be clarified.

Objectives: To study the prevalence of aPS-PT and anti-annexin V antibodies and their role in the development of thrombotic complications.

Methods: 79 SLE patients were enrolled in the study (MF 7:72; mean age 11.0 years, range, 4.2–17.6). The main group consisted of 38 SLE patients with thrombotic complications and/or obstetric complications (mentioned in the classification criteria for APS), a comparison group consisted of 41 SLE patients without thrombotic/obstetric complications. The groups were comparable in age, duration and SLE activity.

ELISA was used to test for aPL: anticardiolipin (aCL) IgG and IgM, anti-β2-glycoprotein-1 antibodies IgGAM (anti-[β2GPI], antibodies to phosphatidylserine-prothrombin complex (anti-PS-PT) IgM, anti-annexin V antibodies IgG and IgM. Lupus anticoagulant (LA) was evaluated using the DRVV test method.

Results: In 11 patients (29%) of the main group “classical” aPL were not detected, although one SLE patient with thrombosis had elevated levels of antibodies to annexin V IgG (>5 U/ml). Sensitivity and specificity of aPL for the diagnosis of APS in patients with SLE were 19% and 96% for anti-PS/PT, 11% and 94% for anti-annexin V antibodies IgG, 11% and 88% for anti-annexin V antibodies IgM respectively.

When comparing two groups using rank test, significant differences were revealed for aCL IgG, anti-β2GPI IgG levels (p<0.05); there were no significant differences between the main group and the comparison group (p>0.05) for levels of aCL IgM, aPS-PT and anti-annexin V antibodies. A positive correlation was revealed between the level of aPS-PT and the following aPL: LA (r=0.45, p=0.00006), aCL IgM and IgG (r=0.4, p=0.001), annexin V antibodies IgM and IgG (r=0.72 and r=0.47, p<0.001). In a subgroup with elevated aPS-PT levels (>16 U/ml, 6 patients) thrombotic complications were observed. Its recurrence developed significantly more often than in a subgroup with a normal aPS-PT levels (OR=3.4, p=0.02, OR=4.1, p=0.02, OR=1.5, p=0.01 respectively).

Conclusions: 1. Anti-annexin V antibodies IgG and IgM have high specificity (94% and 88% respectively), but low sensitivity (11% and 11% respectively) for diagnosis of APS in SLE patients. 2. A level of aPS-PT has a positive correlation with both “classical” aPL and anti-annexin V antibodies, and has the highest sensitivity (19%) and a specificity of 96% for the diagnosis of APS in SLE patients. 3. Elevated levels of aPS-PT (>16 U/ml) increase the incidence of thrombotic complications in patients with SLE.

Disclosure of Interest: None declared


TIME DEPENDENT ASSOCIATION OF ACTIVE RENAL DISEASE WITH IRREVERSIBLE ORGAN DAMAGE ACCRUAL IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Lupus nephritis (LN) is a common feature of systemic lupus erythematosus (SLE). While LN is considered a contributor to irreversible organ damage in SLE, the magnitude of impact of active renal disease relative to other contributors to damage accrual is unknown.

Objectives: To determine the time-dependent association of active lupus nephritis (LN) with organ damage accrual in SLE.

Methods: This study was performed on patients from the Asia Pacific Lupus Collaboration (APlC) cohort. SLE Disease Activity Index-2000 (SLEDAI-2k) is collected per-visit and SLICC-ACR Damage Index (SDI) annually. Analysis was performed on patients from the Asia Pacific Lupus Collaboration (APlC) cohort. SLE Disease Activity Index-2000 (SLEDAI-2k) is collected per-visit and SLICC-ACR Damage Index (SDI) annually. Analysis was restricted to patients with ≥2 SDI scores. Active LN was defined if patients had urinary casts, proteinuria, haematuria or pyuria as indicated in the SLEDAI-2k descriptor. Organ damage accrual was defined as a change of SDI (ΔSDI>0) between baseline and final visit. Glucocorticoid (GC) categories were defined according to cumulative GC exposure at each visit as either no GC (cum.GC=0); low GC (cum.GC<5); medium GC (cum.GC 5-14); high GC (cum.GC >14).

Results: 1735 patients and 5593 visits were included in the analysis. 93% of patients were female with a median (inter-quartile range (IQR), (range)) age of 40 years (14–90). Median study observation period was 853 days (621, 1094). 36% were Chinese; 20% Thai and 10% Caucasian ethnicity. 82% of patients were