Sixty-five patients out of 223, for which deepness and duration of neutropenia were available, were compared with patients without neutropenia. Moderate and severe neutropenias were again statistically associated with lymphopenia (OR 11.25 (2.60–48.61), $p=0.0468$) and thrombopenia (OR 8.1 (3.28–19.99), $p=0.0014$). There was again no association with susceptibility to infections or with treatment at sampling. In this group, using multivariate analysis, chronic neutropenia was statistically associated with lymphopenia (OR 9.48 (2.83–31.71), $p=0.0177$), low C3 (OR 3.81 (1.59–9.14), $p=0.0053$), anti-SSA antibodies (OR 2.40 (1.07–5.39), $p=0.0042$) and Sjögren syndrome (2.56 (0.93–7.03), $p=0.0435$).

Conclusions: The large LBBR cohort allows an approach of neutropenia prevalence and characteristics in SLE. Neutropenia concerns about 20% of SLE patients. Considering multivariate analysis, it is not directly linked to treatment and appears separated from infections occurrence, even when severe. Neutropenia in SLE is significantly associated with thrombopenia and lymphopenia, defining a subtype of SLE patients with haematological features and suggesting possible common pathophysiology.

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FRI0347

PERFORMANCE OF POTENTIAL DEFINITIONS OF REMISSION IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) VERSUS QUALITY OF LIFE OVER 5 YEARS IN SWEDISH PATIENTS WITH RECENT-ONSET SLE

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Background: Remission constitutes a desirable goal in the management and treatment of patients with systemic lupus erythematosus (SLE), but no universally accepted definition exists. Based on established disease activity measures (e.g. clinical SLE Disease Activity Index [cSLEDAI], physician's global assessment [PhGA] and British Isles Lupus Assessment Group [BILAG] index), serology (anti-double-stranded DNA antibodies and low complement) and ongoing therapy, an international task force recently suggested four preliminary definitions of remission in SLE (DORIS).¹ However, the definitions did not include any patient-reported outcome measures (PROMs).

Objectives: Using data from well-characterised Swedish patients with recent-onset SLE included in the KLURING (*Clinical Lupus Register In Northeastern Gothia*) cohort, we aimed to describe the performance of the four definitions over 5 years in relation to PROMs and quality of life (QoL) as defined by EuroQoL-5 Dimensions (EQ-5D).

Methods: Patients with SLE who met the 1982 ACR and/or the 2012 Systemic Lupus International Collaborating Clinics (SLICC) classification criteria were included and followed prospectively from the time point of SLE diagnosis. Patients were (at least) seen by a rheumatologist at Months 0 (inclusion), 6, 12, 24, 36, 48 and 60, with collection of disease activity measures, damage accrual, serology, therapy and PROMs such as fatigue, pain intensity, well-being (all visual analogue scale) and QoL (EQ-5D). Definitions of remission were: **DORIS 1A:** cSLEDAI 0, PhGA <0.5; **DORIS 1B:** cSLEDAI 0, PhGA <0.5, serology normal; **DORIS 2A:** PhGA <0.5, BILAG D/E only; **DORIS 2B:** PhGA <0.5, serology normal, BILAG D/E only. Each definition could be reached either on or off treatment (maintenance with antimalarials only was allowed).¹ The effect on QoL of achieving versus not achieving remission was assessed using multilevel regression modelling.

Results: A total of 41 patients were included in the study: median (interquartile range) age at baseline 39 years, (18–77) 33/41 (81%) female, 35/41 (85%) white and 18/41 (44%) former/current tobacco smokers. The median number of fulfilled 1982 ACR criteria was 4 (range 3–9) and 15/41 (37%) had lupus nephritis. Using DORIS 1A or 2A, patients with SLE achieving versus not achieving remission had higher QoL ($p=0.01$), whether on or off treatment (figure 1). This association remained significant after adjusting for sex, tobacco smoking and treatment in multivariable analysis. Achieving remission according to DORIS 1B ($p=0.93$) or 2B ($p=0.86$) was not significantly decisive for QoL (figure 1).

Abstract FRI0347 – Figure 1. Months Since SLE Diagnosis

Bars represent % pts attaining remission (on vs off treatment) and lines represent mean EQ-5D (QoL) for pts (meeting vs not the definition of remission) at each time point since SLE onset

Conclusions: This pilot study demonstrates the first real-life performance of the suggested preliminary definitions of remission in SLE. Higher QoL was associated with achieving remission as defined by DORIS 1A or 2A. However, further evaluation of the accuracy of DORIS in larger longitudinal studies of recent-onset SLE is required before introduction in routine clinical practice.

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FRI0348

MBL2 GENE POLYMORPHISMS AND ITS ASSOCIATION WITH INFECTION IN BRAZILIAN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS: A 10-YEAR STUDY

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Background: Systemic lupus erythematosus (SLE) is a multifactorial disease and *MBL2* genetics variants potentially affect its etiology and increase infection risk in this population. Systemic lupus erythematosus (SLE) is a multifactorial disease and *MBL2* genetics variants potentially affect its etiology and increase infection risk in this population.

Objectives: To evaluate the relation of *MBL2* gene polymorphisms of the coding and promoter region and their respective haplotypes on hospitalisation, number of admissions and days of admission for major infection causes in Brazilian SLE patients.

Methods: Three hundred and twenty-five SLE patients from a southern Brazilian outpatient SLE clinic were genotyped in 2006 for *MBL2* gene polymorphisms from coding and promoter region (rs1800450, rs1800451, rs5030737, rs11003125, and rs7096206) and followed until 2016. Clinical and laboratory data from each patient was obtained and information regarding the need for hospitalisation, the number of admissions and amount of days admitted for infection treatment were compiled and compared with *MBL2* gene polymorphisms and haplotypes. A linear regression analysis was constructed considering the variables of bivariate which demonstrated an association ($p<0.05$) and variables which had a theoretical basement.