 partial renal remission, or poor renal outcome, including chronic kidney disease (CKD) or end stage renal disease (ESRD).

**Results:** 499 patients were included (85.6% females) with a median follow-up of 10.6 years (IQR 4–18). We observed an increase in both age at diagnosis of LN (P1 28.4±10.4; P2 29 ±11.5; P3 34±13.3 years) and disease duration before LN diagnosis (P1 1.3±1.3; P2 2.6±4.5; P3 4.6±6.3 years) from 1970 to 2016 (p<0.001 for both). At clinical presentation, renal insufficiency and acute nephritic syndrome became less common (P1 14.2%; P2 3.9%; P3 3.4% and P1 29%, P2 20.3%; P3 12.4%, respectively, p<0.0001) while isolated urinary abnormalities became significantly more prevalent from P1 to P3 (P1 26.4%; P2 38%; P3 48.9%; p<0.0001). Outcome was available in 95.8% of patients. Frequency of partial and complete renal remission progressively increased (P1 6.9%; P2 28%; P3 32% and P1 49.6%; P2 49.8%; P3 58.5%; p<0.001 and p=0.01, respectively) while isolated CKD, ESRD and death decreased (P1 7.9%; P2 8.2%; P3 4.5%; P1 24.8% P2 9%; P3 1.3%; P1 19.8%; P2 9%; P3 3.6%, respectively, p<0.0001 for all). Survival without ESRD at 10 and 20 years was 87% and 80% in P1, 94% and 96% in P2 and 99% in P3 (p=0.0019). Induction therapy with immunosuppressants was more frequently performed over time (P1 71%; P2 82%; P3 94.6%, p<0.0001) and use of MMF significantly increased both as induction and maintenance treatment (P1 0, P2 2.7%; P3 3.3% and P1 1%, P2 15%; P3 54.8%, respectively; p<0.001). At multivariate analysis, logharm of serum creatinine (RR:2.72), male gender (RR:3.34), activity index (RR:1.1), chronicity index (RR:1.29), arterial hypertension (RR:1.95), and lack of maintenance immunosuppressive therapy (RR:3.04) predicted ESRD. No significant changes in histological classes or active lesions at the time of renal biopsy were observed, while chronicity index significantly decreased from P1 to P3 (p=0.023).

**Conclusions:** The clinical presentation of LN apparently became less severe in the last decades, likely due to earlier diagnosis and proper treatment, leading to an improved renal survival.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2018-eular.7035

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**FR0375**

**DELYED LUPUS NEPHRITIS IN THE COURSE OF SYSTEMIC LUPUS ERYTHEMATOSUS PREDICTS A POORER RENAL RESPONSE TO INDUCTION THERAPY, RENAL FLARES, AND WORSE LONG-TERM RENAL OUTCOMES: A MULTICENTER, RETROSPECTIVE COHORT STUDY


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**Background:** Some prognostic factors for lupus nephritis (LN) have been mentioned such as nephrotic syndrome class, chronicity and history on chronology. In a previous single-centre study, we reported a potentially poorer renal response to induction therapy in LN that developed later after SLE onset (delayed, D-LN) compared with LN manifesting at SLE onset (early, E-LN)1. However, our study was limited by a small sample size and lack of long-term observation.

**Objectives:** To evaluate factors associated with development of damage in a prospective followed cohort of early diagnosed SLE patients.

**Methods:** We retrospectively examined 215 biopsy-proven LN patients (136 E-LN, 79 D-LN) who attended 3 hospitals above between 1997 and 2014 and who were observed for 2–20 (median: 10.8) years from LN onset. We compared baseline clinical, pathological features and treatment options at LN onset between E-LN and D-LN. Then we compared the cumulative complete response (CR) rates, renal/extra-renal relapse rates, and the rates of renal insufficiency between the two groups. Renal insufficiency was defined as follows:1 serum creatinine (Scr) doubling or ESRD for severe insufficiency; and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency, and 2 SCR increasing by 1.5 times and doubling or ESRD for severe insufficiency. Approximately half of LN patients were treated with an initial induction therapy (IT), which was mostly methylprednisolone and cyclophosphamide (85.6%) and in 10% rituximab. The remaining patients were treated with IT such as the combination of methylprednisolone and azathioprine or mycophenolate mofetil or rituximab. Induction failure was defined as no CR with IT within 6 months. At multivariate analysis, logarithm of serum creatinine (RR:2.72), male gender (RR:3.34), activity index (RR:1.1), chronicity index (RR:1.29), arterial hypertension (RR:1.95), and lack of maintenance immunosuppressive therapy (RR:3.04) predicted ESRD. No significant changes in histological classes or active lesions at the time of renal biopsy were observed, while chronicity index significantly decreased from P1 to P3 (p=0.023).

**Conclusions:** The clinical presentation of LN apparently became less severe in the last decades, likely due to earlier diagnosis and proper treatment, leading to an improved renal survival.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2018-eular.7035

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**FR0376**

**DYSLEPIDEMIA AS A NEWLY RECOGNISED FACTOR ASSOCIATED WITH DAMAGE ACCRUAL IN EARLY DIAGNOSED SLE: RESULTS FROM THE MULTICENTER EARLY LUPUS PROJECT INCEPTION COHORT


**Background:** Preventing organ damage is a major challenge in Systemic Lupus Erythematosus (SLE).

**Objectives:** To evaluate factors associated with development of damage in a prospectively followed cohort of early diagnosed SLE patients.

**Methods:** The Early Lupus Project1 encompasses 9 Italian centres recruiting, from the 1st January 2012, an inception cohort of consecutive patients diagnosed with SLE within 12 months from appearance of four or more 1997 ACR classification criteria. At study entry and then every 6 months a large panel of data was recorded. Here, we report on factors associated with the development of damage assessed by the SLICC/ACR Damage Index (SDI). Using univariate analysis, we assessed the contribution of covariates collected at baseline (demographic, comorbidities, serological, clinical by BILAG2004 domains, disease activity by ECLAM, HRQoL by visual analogic scale) in the development of damage (SDI from 0 to 1). Forward-backward Cox-regression models were fitted with covariates with p<0.05 to identify factors independently associated with increased risk of damage development.

**Results:** Overall, 279 patients were enrolled in the Early Lupus Project inception cohort up to the 31th of December 2017; 230 patients (89.6% Caucasians, 13.4% males) were eligible for this study having SDI=0 at enrolment and at least 6

**Conclusions:** D-LN might be a novel predictor of a poorer treatment response, renal flares and long-term renal outcomes independent of the established prognostic factors. The distinct differences in the autoantibody profiles between E-LN and D-LN groups suggest that D-LN patients might reflect a refractory SLE subset with a specific immunological profile.

**REFERENCE:**