revealed similar median age at cSLE diagnosis[12.2(2.6-18) vs. 12.0(3.1-18) years, p=0.234], time interval to diagnosis[0.25(0-12) vs. 0.30(0-10) years, p=0.034] and SLEDAI-2K score[4(0-63) vs. 4(0-63), p=0.781] in both the groups. The mean number of diagnostic criteria according to SLICC(6.47±1.91 vs 5.81±1.63, p<0.001) and frequencies of maculopapular lupus rash (8% vs 3%, p<0.0001), palate oral ulcers (17% vs 11%, p<0.001), tongue oral ulcers (4% vs 1%, p<0.001) and nonscarring alopecia[29% vs. 16%, p=0.001] were significantly higher in African-Latin American, whereas malar rash(45% vs 58%, p<0.0001), palpebral oral ulcers(17% vs 11%, p=0.001) and isolated direct Coombs test (10% vs. 5%, p=0.001) were also significantly higher in the former group.

Conclusion: Our study demonstrated that disease presentation severity of African-Latin American cSLE patients is comparable to Caucasian. Mucocutaneous manifestations and autoantibodies profile were the only distinctive features of the former group. The unique mixed background of Brazilian patients probably mimicked race diversity spectrum of these patients.

Disclosure of Interests: None declared


OP0128

SYSTEMIC LUPUS ERYTHEMATOSUS DISEASE CHARACTERISTICS ASSOCIATED WITH THE TYPE I INTERFERON INTERLEUKIN-6: BASELINE DATA OF THE SLE PROSPECTIVE OBSERVATIONAL COHORT STUDY (SPOCS)

Edward R. Hammond1, Martin Aringer2, Laurent Amiard3, Christine Peschken4, Jacob Knagenhjelm5, Volkam Baruf6, Xia Wang7, Barnabas Desta1, Raj Tummala1, David Ginkel1, Richard Furie7, Eric F. Morand8, AstraZeneca, Gaithersburg, MD, United States of America; 1University Medical Center and Faculty of Medicine Carl Gustav Carus, TU Dresden, Dresden, Germany; 2Centre National de Références des Maladies Autoimmunes et Systémiques Rares (RESO), Université de Strasbourg, INSERM UMR-S 1109, Strasbourg, France; 3Department of Medicine and Community Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada; 4AstraZeneca, Gothenburg, Sweden; 5AstraZeneca, Cambridge, United Kingdom; 6Holstia Northwell School of Medicine, New York, NY; 7United States of America; 8Centre for Inflammatory Disease, Monash University, Clayton, VIC, Australia

Background: Despite accumulating data on the role of type I interferons (IFN) in the pathogenesis of SLE, real-world, longitudinal clinical data on the type I IFN gene signature (IFNGS) collected from patients with SLE are limited. Objectives: This initial analysis of the SLE Prospective Observational Cohort Study (SPOCS; NCT03189875) examined the prevalence of the type I IFNGS (high vs low) and its association with baseline SLE disease characteristics in patients with moderately to severely active SLE receiving standard-of-care treatment.

Methods: SPOCS is an international, multicenter, prospective observational cohort study of patients enrolled with moderately to severely active SLE (SLEDAI-2K ≥6 at entry) from Australia, Canada, France, Germany, Italy, Spain, the United Kingdom, and the United States; a completion date of 2022 is planned. Patients are evaluated biannually during a 3-year follow-up period. At each visit, data are collected on disease activity and damage, treatment received, type I IFNGS (based on high or low IFNGS based on a predefined cutoff), and several patient-reported outcomes.

Results: As of November 15, 2018, a total of 307 patients were enrolled in SPOCS (North America, n=184; Europe, n=123), of whom 96.1% (n=295) were female, with a median age of 46 years (range: 18–88). At study entry, the prevalence of high type I IFNGS was 70.5% (n=210) vs 27.9% (n=83) for low type I IFNGS (p<0.0001), with 1.7% (n=5) unknown (table). IFNGS-high patients were younger than IFNGS-low patients (median: 42.5 years [range: 18–82] vs 50 [19–88], p<0.0001) and diagnosed with SLE at an earlier age (P<0.0001). SLE-DAI-2K scores were greater for IFNGS-high patients vs IFNGS-low patients (P<0.0002), while SDI scores were similar between the two groups. Fewer comorbidities were reported for IFNGS-high patients than for IFNGS-low patients (79.5% [n=167] vs 91.6% [n=76], P=0.036). Lower complement C4 levels were observed in IFNGS-high patients. Antiphospholipid antibodies, antinuclear antibodies and ribonucleoprotein antibodies were more frequent in the IFNGS-high vs IFNGS-low subset of patients. A greater percentage of IFNGS-high patients were dsDNA antibody positive vs IFNGS-low patients (P=0.0411). Conclusion: The profile of patients with a baseline high type I IFNGS differed from those with a low type I IFNGS, in that with a high type I IFNGS comprised a group that were on average younger, had greater SLEDAI-2K scores, were more serologically active, and seemed to have fewer comorbidities. As the lupus community evolves from using a classical clinical classification of patients to one based on molecular signatures, it is important to understand the role of the type I interferon pathway on disease activity, treatment, and outcomes. SPOCS recruitment and follow-up are ongoing.


OP0129

CAPS CRITERIA FAIL TO IDENTIFY MOST SEVERE PATIENTS WITH ANTI PHOSPHOLIPID SYNDROME Admitted to the Intensive Care Unit with a New Thrombotic Manifestation

Marc Pineton de Chambrun1, Alexis Mathián2, Alain Combes3, Charles- Edwardouard Luft4, Zahar Amoura1, Regis SAPHIR, Hôpital La Pitié-Salpétrière, Assistance Publique-Hôpitaux de Paris, Service de médecine interne 2, centre de référence national maladie rare lupus systémique et syndrome des anticorps antiphospholipide, institut ESM, Sorbonne Université, Paris, France, 2Hôpital La Pitié-Salpêtrière, Assistance Publique-Hôpitaux de Paris, Service de médecine intensive-réanimation, institut de cardiométabolisme et nutrition (ICAN), Sorbonne Université, Paris, France

Background: Catastrophic antiphospholipid syndrome (CAPS) is the most severe manifestation of antiphospholipid syndrome (APS), characterized by the simultaneous occurrence of thrombosis in multiple organs.

Objectives: The objective of this study was to evaluate the distribution and the prognosis of CAPS criteria in APS patients admitted to the intensive care unit (ICU) with acute thrombotic manifestation.

Methods: We conducted a multicentre retrospective study, from January 2000 to September 2018, including all APS patient admitted to 24 French ICUs with any new thrombotic event, with or without pre-existing CAPS. Patient recruitment and follow-up are ongoing.

Results: 134 single patients were admitted to the ICU for 152 episodes. The number of patients with definite CAPS, probable CAPS and no CAPS was: 11 (7.2%), 60 (39.5%) and 81 (53.5%) respectively. We compared patients with definite/probable CAPS (group 1, n=61) and no CAPS (group 2, n=73). General characteristics and APS-involved organs are reported in Table 1. APS characteristics and biological findings before admission were comparable between both groups. In-ICU and in-hospital length of stay, day-0 SAPS II and day-0 SOFA in-ICU severity scores were at table 1.

Disclosure of Interests: None declared
