association between DAS and HRQoL was assessed by using multiple linear regression analysis adjusting for other covariates.

Results: Of 237 SLE patients (pts), 100 pts (42.2%) achieved prolonged CR, 46 pts (19.4%) achieved prolonged LDA, and 91 pts (38.4%) were not in CR/LDA. Non-CR/LDA pts had significantly higher total SLEQoL score and in all domains compared with CR/LDA pts. No significant difference in SLEQoL domain scores was found between CR and LDA groups. Multivariable analysis revealed that non-CR/LDA was positively associated with SLEQoL score compared with CR/LDA (β 20.02, 95% confidence interval (CI) 6.81-33.23, $p < 0.003$). Moreover, non-CR/LDA was at a higher risk of impaired QoL (SLEQoL score > 80) compared with CR (hazard ratio (HR) 3.8; 95% CI 1.82-7.95; $p < 0.001$). However, there was no significant difference between CR and LDA in term of SLE-QoL score or impaired QoL. Other factors associated with higher SLEQoL score were damage index (β 10.55, 95% CI 4.63-16.48, $p = 0.001$) and anemia (β 27.84, 95% CI 8.48-47.19, $p = 0.001$).

Conclusion: Prolonged CR and LDA are associated with better HRQoL in SLE patients and have a comparable effect. Prolonged CR or optional LDA may be used as the treatment goal of T2T approach in SLE.

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AB0481 AUTOANTIBODIES' TITRE MODULATION BY ANTI-BLYS TREATMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Belimumab is a human monoclonal antibody that inhibits soluble B lymphocytes stimulator (BlyS) and represents the only biological drug approved for Systemic Lupus Erythematosus (SLE) (1). Belimumab is effective in reducing disease activity, number of flares and blocking damage progression (2,3). Pooled data derived from clinical trials reported a reduction of anti-dsDNA, analysed by ELISA, anti-cardiolipin (aCL) and anti-Sm and anti-ribosomal protein antibodies (2,4). No data were published on anti-beta2glycoprotein I (GPI) antibodies and other anti-ENA specificities.

Objectives: Our aim was to analyse the effect of Belimumab therapy on high avidity anti-dsDNA, aCL, anti-beta2GPI, and other relevant anti-ENA specificities.

Methods: 50 patients with active SLE (mean SLEDAI-2K score: 7.18; SD:3), with a mean age of 39 years (SD:11) and mean follow-up of 13 years (SD: 7.8) were enrolled. Sera were collected at Belimumab starting (T0) and every 6 months until 24th month. Disease activity index (SLEDAI-2K) was collected at every timepoints. High avidity anti-dsDNA were detected by radioimmunological method, anti-ENA, anti-cardiolipin (aCL), anti- β 2 glycoprotein I (anti- β 2GPI) were analysed by ELISA.

Results: At baseline 86% of sera were positive for anti-dsDNA, 50% for anti-ENA, 20% for aCL and 28% for anti-beta2GPI. Anti-dsDNA became negative in 21%, anti-beta2GPI IgG in 33% and aCL IgG in 30% of sera, mostly at T6. Among anti-ENA, 6/10 (60%) anti-ribosomal and 3/17 (17.6%) anti-Sm positive sera became negative. A significant decrease of anti-dsDNA and anti-beta2GPI IgM titers were observed at all timepoints. IgG aCL titre showed significant decrease only at T18. Anti-ribosomal showed a significant titre decrease at T6 and T12, with seroconversion to negative at T18. Anti-Sm titre significantly dropped down at T6, then remained stable during time. A significant correlation between anti-dsDNA

and anti-ribosomal titre, and between SLEDAI ratio (SLEDAI value/SLEDAI T0) and anti-ribosomal titer ratio (value/value T0) were found.

Conclusion: Belimumab treatment induced a significant reduction of SLE-specific autoantibodies titre and IgM anti-beta2GPI. Anti-ribosomal titre decrease correlates with anti-dsDNA titre and improvement of disease activity.

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AB0482 MORE THAN ONE POSITIVITY FOR ANTIPHOSPHOLIPID SYNDROME DETERMINES LONG TERM ANTIBODY PERSISTENCE

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Background: It is generally assumed that once Antiphospholipid syndrome (APS) is diagnosed, patients should be treated with anticoagulation (ACO), possibly for a lifetime¹.

Objectives: Our main objective was the characterization of a group of patients with primary APS, evaluation of clinical profile, presence of APS antibodies (Ab) over time, recurrent thrombotic events and treatment.

Methods: Demographic and clinical features of patients with APS were identified through the Unit's database. APL significant titers were retrospectively collected, 3, 6 and 9 months, every 6 months until year 6, every year until the last follow-up. LAC and aPL Ab (anticardiolipin IgG and Beta-2 Glycoprotein 1 IgG) were considered positive or negative by DRVVT/ELISA. Comparisons were made using the Wilcoxon Rank Sum and Chi square tests, p values < 0.05 were considered statistically significant (SPSS 22).

Results: 5 patients were analysed; the majority were female ($n=49$); mean average age of APS diagnosis was at 40[$\pm$ 13] y-old. Evaluation period: 2 - 20 years. 52 patients had at least one thrombotic event: 7 arterial thrombosis, 30 venous thrombosis and 8 both arterial and venous thrombotic events; 7 patients had obstetrical APS and one of these had both thrombotic and obstetrical APS; 9 had severe non-thrombotic APS manifestations. Fifty-four patients are currently under warfarin, 8 of which had a thrombotic event despite ACO. Patients could be grouped into two distinct patterns: those that became persistently antibody negative (aPL-; $n=19$) and those in whom the antibodies remained positive, persistently or intermittently (aPL+; $n=48$). The major difference between groups was the occurrence of cumulative double or triple positivity in 69% of aPL+ versus 37% in aPL- ($p=0.026$). There were no significant differences in age, age at diagnosis, duration of the disease and frequency/type of thrombosis, between each group (Table I). From the group that became persistently aPL-, 3 patients suspended ACO, without any event after 2 years of follow-up.

Conclusion: Our study suggests that more than one aPL/LAC positivity is associated with antibody persistence over time. In our small series, as previously reported, ACO was safely discontinued in selected patients that become aPL-, in the absence of other risk factors for thrombotic events². Regular antibodies measurements may help identify a subset of patients in whom ACO may be safely discontinued under careful observation.

Table I. Demographic, clinical, laboratory and therapeutic characteristics of patients according to presence of aPL/LAC persistence

Characteristics	aPL/LAC neg (n=19)	aPL/LAC pos (n=48)	Statistic test	p
Current Age (median $\pm$ IQR range, y)	52 ($\pm$ 16)	53	Wilcoxon rank sum (WRS)	0,6