Table 1. Correlations between urinary soluble VCAM-1 and other LN biomarkers/disease scores

<table>
<thead>
<tr>
<th>LN biomarkers/disease scores</th>
<th>VCAM-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLEDAI-2k</td>
<td>0.597***</td>
</tr>
<tr>
<td>Renal SLEDAI</td>
<td>0.569***</td>
</tr>
<tr>
<td>Renal SLAM-R</td>
<td>0.470***</td>
</tr>
<tr>
<td>Renal SLICC</td>
<td>0.650***</td>
</tr>
<tr>
<td>Anti-dsDNA</td>
<td>0.342**</td>
</tr>
<tr>
<td>C3</td>
<td>-0.344**</td>
</tr>
<tr>
<td>C4</td>
<td>-0.382**</td>
</tr>
<tr>
<td>UPC</td>
<td>0.654***</td>
</tr>
</tbody>
</table>

Spearman's correlation coefficients
*p value <0.05; **p value <0.01; ***p value <0.001

Conclusion: The uVCAM-1 is a reliable biomarker that reflects renal disease activity and is useful for monitoring individual patients with lupus nephritis over time.

References:

Figure 1. Urinary soluble VCAM-1 levels according to lupus nephritis status. Active LN was defined as proteinuria (UPC>0.5) plus active urinary sediment (hematuria, leukocyturia or cellular hematoctrit/granular casts).

Figure 2. Urinary soluble VCAM-1 levels at different time points relative to a lupus nephritis flare. The levels of uVCAM-1 of seven lupus nephritis patients were evaluated 8 and 4 months before and after a flare, including at the time of the flare itself (time point 0). The number of patients who contributed at each moment was informed. Graph represents median and interquartile range. *p=0.05 compared with level at flare.

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AB0413 INVESTIGATION OF THE ASSOCIATION OF CARDIOVASCULAR EVENTS AND ANTI-SS-A ANTIBODIES AS RISK OF DEVELOPMENT IN PATIENTS WITH LUPUS NEPHRITIS FROM THE LUNA REGISTRY: A CROSS-SECTIONAL STUDY

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Background: Cardiovascular disease(CVD) has been identified as a major cause of morbidity and mortality in patients with lupus nephritis(LN)1-2. There is a clear causal relationship between the onset of neonatal lupus (cardiac complications) and SS-A antibodies3-4, but no association has been reported in adults. In recent years, there have been reports from overseas that suggest the association between CVD and anti-SS-A antibody in adult systemic lupus erythematosus (SLE) patients5-6. So far, no studies have not been reported to evaluate the relationship between anti-SS-A antibody and the risk of developing CVD in LN in a large cohort of patients with SLE in Japan.

Objectives: The aim of this study was to evaluate the association between anti-SS-A antibody and the risk of developing CVD in LN patients using a multicenter registration study [Lupus registry of nationwide institution (LUNA)] in Japan.

Methods: We identified 931 patients diagnosed with SLE in the Lupus registry of nationwide institution (LUNA), and further identified 275 LN patients with known the presence or absence of both development of CVD and presence of anti-SS-A antibody. We defined the exposure factor as anti-SS-A antibody, and the outcome as CVD. SELENA-SLEDAI score (at diagnosis), eGFR <60%, HbA1c, and the results of multivariate analysis showed no significant difference in anti-SS-A antibody (p = 0.32), and the results of multivariate analysis showed no significant difference in anti-SS-A antibody (p = 0.23, odds: 0.41, 95% confidence interval (0.09-1.89)).

Conclusion: The association between anti-SS-A antibody and the development of CVD in LN patients in Japan has not been identified.

References:

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AB0414 ESSPRI COMPONENTS AND SALIVARY FLOW RATE ARE RELATED TO DAILY ACTIVITY IMPAIRMENT IN PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME

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Background: Previous researches stated that patients with primary Sjögren’s syndrome (PSS) are not able to perform everyday activities due to daily activity impairment (DAI). The aim of this study was to determine the relationship between DAI and ESSPRI components and salivary flow rates.

Methods: In this cross-sectional study, 46 patients were included, 36 of them had primary Sjögren’s syndrome (PSS). We examined the correlation between ESSPRI components, salivary flow rates and DAI score.

Results: There was a significant correlation between ESSPRI components and salivary flow rates (p<0.05). The correlation coefficient between ESSPRI components and salivary flow rates was found to be positive. The higher the ESSPRI component, the higher the salivary flow rate. The correlation coefficient between ESSPRI components and DAI score was found to be negative. The higher the ESSPRI component, the lower the DAI score.

Conclusion: The ESSPRI components and salivary flow rates are related to daily activity impairment in patients with PSS. Further studies are needed to determine the relationship between ESSPRI components and salivary flow rates.

References:

AB0415 INVESTIGATION OF THE ASSOCIATION OF CARDIOVASCULAR EVENTS AND ANTI-SS-A ANTIBODIES AS RISK OF DEVELOPMENT IN PATIENTS WITH LUPUS NEPHRITIS FROM THE LUNA REGISTRY: A CROSS-SECTIONAL STUDY

T Işgawa1, K. Ichinose1, M. Okamoto1, A. Takatani1, N. Yajima1, K. E. Sada1, R. Yoshimi1, Y. Shimojima1, S. Ono2, H. Kajiyama1, S. Sato3, M. Fujwara3, A. Kakawaki1, Nagasaki University Graduate School of Biomedical Sciences, Department of Immunology and Rheumatology, Unit of Advanced Preventive Medical Sciences, Division of Advanced Preventive Medical Sciences, Nagasaki, Japan; 2Division of Rheumatology, Department of Medicine, Showa University School of Medicine, Tokyo, Japan; 3Department of Nephrology, Nagoya University Graduate School of Medicine, Nagoya, Japan; 4Department of Rheumatology and Endocrinology, Okayama University Hospital, Okayama, Japan; 5Department of Stem Cell and Immune Regulation, Yokohama City University Graduate School of Medicine, Yokohama, Japan; 6Department of Medicine (Neurology and Rheumatology), Sh...