and 248 (85%) were in LDA according to LLDAS and SLE-DAS LDA, respectively. There was no statistically significant difference between LLDAS and SLE-DAS LDA ($p=0.581$ regarding the identification of patients in LDA. Agreement between these two sets of criteria was almost perfect ($k=0.831$, $p<0.01$).

There were 13 discordant cases, fulfilling only the SLE-DAS LDA ($n=8$) or the LLDAS ($n=5$), and their manifestations of disease activity (excluding serologic features) are summarized in table 1.

Patients fulfilling only SLE-DAS LDA

Number of cases	PGA (range)	Active clinical manifestations (range)	SLEDAI-2K (range)	SLE-DAS (range)	Prednisolone (range, mg/day)
6	0.1-0.2	Leukopenia 2.2-2.7x10 ⁹ /L	1-3	1.46-3.03	0-2.5
2	0.2-0.3	Thrombocytopenia 71-96x10 ⁹ /L	1-3	1.97-2.86	0-5

Patients fulfilling only LLDAS

Number of cases	PGA (range)	Active clinical manifestations (range)	SLEDAI-2K (range)	SLE-DAS (range)	Prednisolone (range, mg/day)
2	0.2-0.4	Arthritis (2-4/28 swollen joints)	4	4.41-5.31	0-5
1	0.5	Panniculitis (face and torso)	3	5.53	0
1	0.1	Generalized rash	4	5.01	5
1	0.4	Leukopenia 2.1x10 ⁹ /L Thrombocytopenia 62x10 ⁹ /L	2	4.99	0

Conclusion: A LDA state, by either definition, was achieved by most patients in this real-life setting. LLDAS and SLE-DAS LDA identify almost exactly the same population. The SLE-DAS LDA definition is easier to apply and hence might be the optimal definition for use in daily clinical practice.

References:

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OP0093

FREQUENCIES AND PREDICTORS OF THE LUPUS LOW DISEASE ACTIVITY STATE AND REMISSION IN TREATMENT-NAÏVE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS -- A REAL-WORLD COHORT STUDY

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Background: After the introduction of treat-to-target strategy in systemic lupus erythematosus (SLE), Lupus Low Disease Activity State (LLDAS) and definitions of remission in SLE (DORIS) were developed and validated. Several studies had demonstrated that the achievement and maintenance of LLDAS or DORIS was associated with good prognosis.

Objectives: To evaluate the attainability of LLDAS and DORIS in a treatment-naïve cohort of SLE.

Methods: LDAS5 was defined as LLDAS with a prednisone dose ≤ 5 mg/d. There were 4 definitions in DORIS: clinical remission on treatment (RONT), complete RONT, clinical remission off treatment (ROFT) and complete ROFT. The treatment-naïve patients from Peking University First Hospital SLE cohort were enrolled. The time to each state and their annual cumulative

probabilities were estimated by Kaplan-Meier approach. The frequencies of patients who achieved each component of LLDAS or DORIS during follow-up were determined.

Results: A total of 218 treatment-naïve patients were included, with a median follow-up of 4.48 years. Respectively, 190 (87.2%), 160 (73.4%), 148 (67.9%), 94 (43.1%), 23 (10.6%) and 18 (8.3%) patients achieved LLDAS, LLDAS5, clinical RONT, complete RONT, clinical ROFT and complete ROFT at least once during the follow-up time. The median time to LLDAS, LLDAS5, clinical RONT and complete RONT were 1.4, 2.3, 2.6 and 4.7 years, respectively.

Figure 1 Kaplan-Meier curves of time to LLDAS, LLDAS5 and each state of DORIS.

Table 1. Frequencies, time to achieve and annual cumulative probabilities of each state by Kaplan-Meier approach

States	Achieved patients Number (%)	Time to achieve (years)	Cumulative probabilities of achievement (%)				
			Year 1	Year 2	Year 3	Year 4	Year 5
LLDAS	190 (87.2)	1.4	18.8	69.7	86.7	89.1	92.6
LLDAS5	160 (73.4)	2.3	6.9	40.7	63.3	76.0	82.3
Clinical RONT	148 (67.9)	2.6	5.5	36.1	56.1	68.8	76.6
Complete RONT	94 (43.1)	4.7	4.1	22.6	37.5	45.3	50.4
Clinical ROFT	23 (10.6)	NA	1.4	2.9	5.4	6.7	10.6
Complete ROFT	18 (8.3)	NA	0.9	2.5	4.8	4.8	8.8

Table 2. Patients who achieved each component of LLDAS or DORIS during follow-up

Components	Number (%)
SLEDAI-2K ≤ 4 , with no activity in major organ systems (renal, central nervous system, cardiopulmonary, vasculitis, fever), and no haemolytic anaemia or gastrointestinal active	213 (97.7)
Clinical SLEDAI-2K = 0	210 (96.3)
PGA ≤ 1	217 (99.5)
PGA < 0.5	199 (91.3)
Serology (anti-dsDNA and complement) negative	148 (67.9)
Prednisone dose ≤ 7.5 mg/day	201 (92.2)
Prednisone dose ≤ 5 mg/day	171 (78.4)
No prednisone dose	40 (18.3)
No prednisone dose and Immunosuppressants	32 (14.7)

Conclusion: Our data confirmed that LLDAS is an attainable early treatment target for SLE. Though with more difficulty, RONT can be achieved in two-thirds of our patients. ROFT may not be an ideal treatment target at present as it is only attained in few patients.

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