with eGFR and TP clinically (β=0.955, 3.349; p < 0.025, 0.008), and with CS pathologically (β=1.231, p = 0.026). Neither AS nor AS-WL was included in the prognostic factors. Kaplan-Meier method with log-rank tests showed a significant difference in cumulative rate of CKD and/or death between CS ≥3 and CS < 3 groups (p < 0.049).

**Conclusion:** AS and CS were related to different clinical parameters at the time of renal biopsy. CS was associated with renal and life prognoses, while neither AS nor AS-WL was. These results revealed that these scores have different clinical-pathological significance in LN.

**References:**

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