Background: The Physician Global Assessment (PGA) is an outcome instrument based on physician judgement of disease activity in patients with Systemic Lupus Erythematosus (SLE). Due to the subjectivity of the score and lack of standardization, the PGA could represent a source of heterogeneity, because the same manifestations could be rated differently by physicians with different backgrounds (1).

Objectives: The purpose of this study was to evaluate the inter-rater reliability of PGA between a rheumatology trainee and rheumatologists expert in SLE from 2 European countries.

Methods: SLE patients classified according to SLICC 2012 criteria were enrolled between May 2019 and December 2019 during a SLEuro traineeship program. Demographic, clinical (SLEDAI-2K, PGA), serological and ongoing medication data were collected. PGA was evaluated before (pre-lab) and after (post-lab) knowledge of laboratory exams, using a Visual Analogue Scale (VAS) ranging from 0 to 5 (1 point), 0 to 5 (2 moderate) and 3 (severe activity). A trainee in Rheumatology (EC) and three rheumatologists experts in SLE (LA, MP, FS) independently scored the PGA for each patient.

The trainee preliminarily received a standardization training with her tutor (MP), consisting of a shared discussion about 10 consecutive SLE outpatients to increase reliability in PGA scoring.

Inter-rater reliability was analysed using the intraclass correlation coefficient (ICC) with a two-way single-rating model (2,1); 95% confidence interval (CI) was calculated.

Results: Fifty-seven patients (86% female) affected from SLE (29 belonging to a French cohort and 28 to an Italian cohort) with a mean (SD) age 43.2 (15.9) years and a median [IQR] disease duration 6.4 [2.0-15.4] years were enrolled. Clinical features are presented in table 1. Pre-lab PGA scores were obtained from all patients and ranged from 0 to 2.3; post-lab PGA scores were obtained from 51 patients and ranged from 0 to 2.9. Inter-rater reliability of the PGA among the trainee was good to excellent for each lupus expert comparison: a) pre-lab PGA ICC 0.94, 95% CI 0.87-0.97; post-lab PGA ICC 0.94, 95% CI 0.87-0.97 (MP); b) pre-lab PGA ICC 0.84, 95% CI 0.63-0.93; post-lab PGA ICC 0.96 CI 0.88-0.99 (LA); c) pre-lab PGA ICC 0.91, 95% CI 0.65-0.98; post-lab PGA ICC 0.91, 95% CI 0.65-0.98 (FS).

Conclusion: After an adequate standardization, PGA scoring reaches good to excellent reliability between trainee and experts.

In SLE pregnancies, monitoring of C3 and C4 is important: its failure to increase can be useful to recognize potential risk situations which deserve particular monitoring.

REFERENCES:


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Table 1. Initial symptoms prior to diagnosis

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>N=438 (%)</th>
<th>Duration* (mean months ±SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthralgias</td>
<td>326 (74.4)</td>
<td>375 ±69.4</td>
</tr>
<tr>
<td>Photosensitive rash</td>
<td>223 (50.9)</td>
<td>30.6 ±70.2</td>
</tr>
<tr>
<td>Malar rash</td>
<td>168 (38.3)</td>
<td>22.6 ±62</td>
</tr>
<tr>
<td>Alopecia</td>
<td>167 (38.1)</td>
<td>19.6 ±54.6</td>
</tr>
<tr>
<td>Ulcers</td>
<td>106 (24.2)</td>
<td>16.8 ±54.4</td>
</tr>
<tr>
<td>Fever</td>
<td>103 (23.5)</td>
<td>9.3 ±43.8</td>
</tr>
<tr>
<td>Raynaud’s phenomenon</td>
<td>146 (33.3)</td>
<td>22.3 ±68.8</td>
</tr>
<tr>
<td>Fatigue</td>
<td>233 (53.1)</td>
<td>19.7 ±45.7</td>
</tr>
</tbody>
</table>

*Mean time from symptom onset to established diagnosis

REFERENCES:


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POS0760 MONITORING C3 AND C4 VARIATIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS PREGNATIONS IS USEFUL TO RECOGNIZE COMPLICATIONS. DATA FROM 2 ITALIAN CENTERS

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Background: In SLE pregnancies adverse pregnancy outcomes (APO) are more frequent than in general obstetric population (GOP). In clinical practice, low C3 and C4 levels are associated with active disease and, during pregnancy, complement activation products are shown to be associated with APO.

Objectives: To analyse complement variations during SLE pregnancies, focusing on disease flares and APO.

Methods: Data on SLE pregnancies prospectively-followed by multidisciplinary team in 2 Italian Centers from 1987 to 2018 were retrospectively analysed. SLE pregnancies were divided into three groups: without flare; without APO; with APO.

Results: Two hundred forty-six pregnancies in 172 SLE patients were analysed (mean age at conception 31.3 ±4.9 years; mean disease duration 8.3 ±7.1). Anti-Ro antibodies were positive in 64% of patients and anti-phospholipid antibodies (aPL) were positive in 84% of patients, with single positivity in 54%, double in 24% and triple in 21%; 9 patients (5%) had a diagnosis of obstetric-anti-phospholipid syndrome (APS) and 8 (4%) had thrombotic-APS. Seventy-one patients (41%) had history of Lupus Nephritis.

In SLE pregnancies, monitoring of C3 and C4 is important: its failure to increase can be useful to recognize potential risk situations which deserve particular monitoring.

REFERENCES:


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Figure 1. Variations of C3 and C4 median levels (mg/dL) throughout pregnancy in GOP (a) and in SLE pregnancies without and with flare (a) and (b).