



**Abstract 401 Figure 1** Number of patients and frequency of patient encounters per rheumatic disease at UST Hospital.

**Conclusions** In Asian Indian lupus pro-bands, familial aggregation of rheumatic AID and Lupus alone was noted in 24.8% (RR-2.48) and 12.1% (RR-2) respectively, more so in the background of parental consanguinity.

#### 404 PREDICTORS OF RENAL REMISSION, RENAL INSUFFICIENCY AND DAMAGE IN LUPUS NEPHRITIS

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**Background and aims** To explore predictors of renal remission, insufficiency and damage in lupus nephritis (LN).

**Methods** We retrospectively analysed our lupus cohort and studied LN patients with at least one renal biopsy since 1990 until 2016. Follow-up ended at last patient visit. Complete renal remission (CRR) was defined as proteinuria <0.5 g/day and normal serum creatinine (SCr); partial remission as proteinuria <3.5 g/day with normal SCr; renal failure as SCr

≥2 mg/dl; renal flare as an increase in proteinuria >0.5 g/day and/or requirement for treatment modifications. Damage was measured by SLICC damage index (SDI).

**Results** 81 patients were studied (Table) who underwent 110 biopsies. Forty patients (49.3%) went into CRR by the end of follow-up. Thirty-six (44.5%) had 2 renal flares while 21≥3 (26%). Six patients developed renal failure preceded by ≥3 flares in 5. One case of ESRD was reported. By the end of follow-up 30 patients (37%) had SDI≥2. At univariate analysis, increased proteinuria at 12 and 24 months from first biopsy and higher flare number were inversely associated with CRR, while long-lasting hypertension, abnormal SCr, decreased GFR and C4 at time of first biopsy were associated with renal failure. At multivariate analysis 24h-proteinuria at 24 months independently predicted lack of CRR (OR 3.7), while a higher number of renal flares (OR 5.27), higher SCr at 6 months from renal biopsy (OR 5.01) and a longer disease duration (OR 6.34) were independently associated with damage accrual. **Conclusions** Increased proteinuria and abnormal baseline renal function make CRR unlikely. Suboptimal control of LN activity and longer disease duration are associated with severe damage accrual.