FRI0261 SKIN CANCER IN A COHORT OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Conflicting results about the prevalence of skin cancer in Systemic Lupus Erythematosus (SLE) have been reported in the literature [1,2].
Objectives: The aim of this study was to retrospectively evaluate the prevalence of malignancies, with a particular focus on skin cancers, in a cohort of SLE patients followed in a single Center.
Methods: All the SLE patients classified according to the ACR and SLICC criteria, attending the Rheumatology and Clinical Immunology Unit of Spedali Civili, Brescia, were retrospectively evaluated. Clinical and laboratory data were obtained from clinical charts. Diagnoses of skin cancers (melanoma and non-melanoma: basalioma, squamous cell carcinoma) and other malignancies were recorded together with the time elapsed from diagnosis of SLE. Univariate analysis was performed to compare characteristics of patients with (K+) and without (K-) cancer. We also compared the prevalence of cancer in our population to that reported in the italian general population (from the Italian National Institute of Statistics, ISTAT, report 2014).
Results: In a cohort of 511 SLE patients (92% females,95% caucasian) regularly followed from 1972 to 2016 (mean age at diagnosis 31 years±13 and median follow-up 12 years, range 1–40) we detected 51 cases (9,9%) with a history of malignancy: melanoma was reported in 3 (0.5%), non melanoma skin cancer (NMSC) in 11 (2%) and other malignancies in 38 cases (7.4%). Table I reports the comparison between patients with and without cancer. Patients with cancer, as well as cases with NMSC and non cutaneous malignancies, showed a higher age at disease onset ($p<0.0001$; $p=0.002$ and $p<0.0001$ respectively) and higher SLE damage ($p<0.0001$; $p=0.019$ and $p<0.0001$ respectively) compared with patients without malignancies. Patients with melanoma showed the same age at SLE onset, but a higher prevalence of discoid lupus ($p<0.0001$) and oral ulcer history ($p=0.02$). No difference in serological SLE features or in disease activity were detected between groups. The prevalence of melanoma in our cohort (0.5%) was only slightly higher than the one reported in the northern Italian general population (0.2%), while the prevalence of NMSC (2%) resulted to be significantly higher than that reported in the same population (prevalence of spinocellular and basocellular cancer 0.1% and 0.5% respectively).

Table I Characteristic of Systemic Lupus Erythematosus patients with and without cancer

Variable	All n.511	K+ n. 51	K- n. 460	melanoma n.3	NMSC n. 11	Other tumors n. 38
Male sex, n (%)	40 (8)	1 (1.9)	39 (8.4)	0 (0)	0	1 (2.6)
Mean age at diagnosis (years), (SD)	31.4 (12.7)	41 (14.48)	32 (12.1)	21 (1.5)	43 (18)	43 (12.6)
Mean disease duration, years (SD)	16.31 (9.53)	18 (22)	16 (9.3)	20 (4.5)	15 (11.7)	18 (11.3)
Mean SLEDAI-2K at inclusion (SD)	11.6 (6.02)	12.18 (5.81)	11.6 (6)	17.33 (8.96)	10.3 (2)	12.2 (6)
Mean last SLICC (SD)	1.5 (1.6)	3 (1.85)	1 (1.5)	3.67 (2.8)	2 (1.5)	3 (1.85)
Discoid lupus (%)	32	3 (5.8)	29 (6.3)	3 (100)	0 (0)	3 (7.8)
Acute cutaneous lupus (%)	270 (53)	24 (47)	246 (53.4)	3 (100)	5 (45.4)	17 (44.7)
Photosensitivity (%)	246/502 (49)	21 (41.1)	225 (48.9)	1 (33.3)	5 (45.4)	16 (42.1)
Glomerulonephritis (%)	160 (31)	13 (25.4)	147 (31.9)	1 (33.3)	2 (18.1)	10 (26.3)
Arthritis (%)	298 (58)	34 (66.6)	264 (57.3)	3 (100)	9 (81.8)	23 (60.5)
Oral ulcers (%)	170 (33)	12 (23.5)	158 (34.3)	3 (100)	0 (0)	9 (23.6)
Chronic alopecia (%)	47 (9.2)	5 (9.8)	39 (8.4)	1 (33.3)	1 (9)	3 (7.8)
Pleurisy (%)	81(16)	10 (19.6)	71 (15.4)	0 (0)	4 (36.3)	6 (15.7)
Pericarditis (%)	63 (12)	5 (9.8)	58 (12.6)	0 (0)	2 (18.1)	3 (7.8)
Leucopenia (%)	134 (26)	14 (27.4)	120 (26)	3 (100)	5 (45.4)	7 (18.4)
Lymphopenia (%)	73 (14)	7 (13.7)	66 (14.3)	1 (33.3)	2 (18.1)	5 (13.1)
Thrombocytopenia (%)	91(18)	9 (17.6)	82 (17.8)	1 (33.3)	1 (9)	7 (18.4)
Deep vein thrombosis/ pulmonary embolism (%)	43 (8.4)	4 (7.8)	37 (8)	0 (0)	1 (9)	4 (10.5)
Anti-dsDNA (%)	439 (86)	43 (84.3)	396 (86)	3 (100)	10 (90.9)	31 (81.5)
Anti-ENA (%)	297 (58)	27 (52.9)	270 (58.6)	2 (66.6)	5 (45.4)	20 (52.6)
Antiphospholipid syndrome (%)	70/509 (13.7)	8 (15.6)	62 (13.4)	0 (0)	2 (18.1)	6 (15.7)
Lupus anticoagulant	115/326 (35.3)	14 (27.4)	136 (29.5)	1 (33.3)	3 (27.2)	10 (26.3)
aCL (IgG and/or IgM)	186/458 (40.6)	26 (50.9)	204 (44.3)	0 (0)	6 (54.5)	19 (50)
anti-B2GPI (IgG and/or IgM)	156/413 (37.8)	25 (49)	222 (48.2)	2 (66.6)	3 (27.2)	20 (52.6)

Conclusions: Non-melanoma was the most common skin cancer observed in our SLE cohort. Its prevalence appeared to be higher than that reported in the general poopulation. SLE patients with melanoma showed a higher frequency of cutaneous lupus history compared with other SLE patients.
References:
[1] Cao L et al PLoS One 2015;10:1–21.
[2] Goobie GC et al. Current Opinion Rheumatology 2015;27:454–60.
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FRI0262 CLINICAL, LABORATORY AND IMMUNOLOGICAL CHARACTERISTICS OF 413 PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN SOUTH KOREA: A MULTICENTER RETROSPECTIVE COHORT STUDY

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Background: Epidemiologic studies have described clinical characteristics of patients with systemic lupus erythematosus (SLE) in Middle Eastern Asia and Western countries and marked ethnic and geographic differences in the prevalence, severity and outcome of SLE have been reported. However, data from Northeast Asia countries including South Korea are lacking.
Objectives: To investigate demographic, clinical, laboratory and immunological characteristics and prognosis of patients with SLE in South Korea.
Methods: We retrospectively evaluated 413 SLE patients (380 female, 33 male, mean age 40.6 years) diagnosed at 3 tertiary rheumatology centers in South Korea from 1992 to 2016 by reviewing medical chart. All patients fulfilled 1997 revised American College of Rheumatology classification criteria for SLE and were ethnically Korean.
Results: The mean (±SD) age at disease diagnosis was 30.9 (±12.8) years and the median (IQR) disease duration was 108 (60–168) months. The commonest clinical manifestations in our patients were arthritis (59.1%), fever (49.9%), malar rash (48.4%), alopecia (43.8%) and oral ulcer (35.1%). The frequency of major organ involvement was as follows: biopsy-proven lupus nephritis (40.7%), neuropsychiatric involvement (19.4%), secondary anti-phospholipid antibody syndrome (6.1%) and lupus pneumonitis (1.7%). Class IV (41.1%) was the most common type of lupus nephritis followed by class V (15.5%). Regarding hematologic abnormalities, the cumulative incidence of leucopenia was 74.3%, thrombocytopenia 46.5%, lymphopenia 45.1% and hemolytic anemia 8.7%. Antinuclear antibodies were detected in 97.8%, anti-Sm in 38.4%, anti-dsDNA IgG in 56.5%, anti-cardiolipine IgG in 27.4%, anti-cardiolipine IgM 11.8%, lupus anticoagulant in 23.2%, anti-Ro in 62.3%, anti-La 30.2% and anti-RNP in 47.9%. Twenty (4.8%) patients died during median follow-up of 84 months and the 5-year and 10-year survival rates were 96.9% and 95.5%, respectively (Figure 1). The major causes of death were infection (35%) and diffuse alveolar hemorrhage (20%). In multivariable Cor regression models, male (HR=8.68, $p<0.001$), age at diagnosis ≤16 years (HR=3.33, p=0.033), serositis (HR=3.04, p=0.018) and thrombocytopenia (HR=3.23, p=0.041) were associated with poor survival, while SLE patients with hydroxychloroquine use showed better survival (HR=0.11, p=0.001).

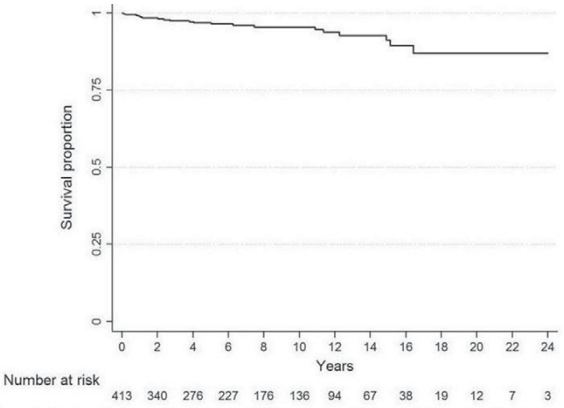

Figure 1. Kaplan-Meier survival curve of 413 patients with systemic lupus erythematosus

Conclusions: Compared with data from other countries, the higher prevalence of hematologic manifestatons and positive anti-Ro antibody were prominent feature of South Korean SLE patients. Overall survival rate in our patients was better than that in other populations.
References:
[1] Khanfir MS et al. TULUP (TUnisian LUPus): a multicentric study of systemic lupus erythematosus in Tunisia. Int J Rheum Dis 2013;16:539–46.
[2] Al Arfaj AS et al. Clinical and immunological manifestations in 624 SLE patients in Saudi Arabia. Lupus 2009;18:465–73.
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FRI0263 SYSTEMIC DISEASE ACTIVITY PROGRESSION IN A LARGE COHORT OF PRIMARY SJÖGREN'S SYNDROME: A LONG-TERM FOLLOW-UP DATA BASED ON THE ESSDAI SCORE

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Background: Primary Sjögren's syndrome (pSS) is a chronic slowly progressive