EULAR review

Annual European Congress of Rheumatology

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Sociedad Española de Reumatología

Enfermedades Autoinmunes Sistémicas: LES, Sjögren y Esclerodermia

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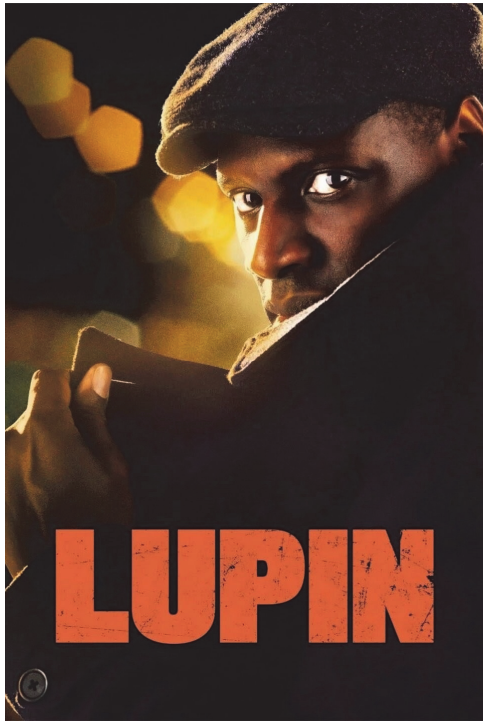
OP0046

Real-world oral glucocorticoid use in Systemic Lupus Erythematosus: a nation-wide population-based study using the French National Medico-administrative database (LUPIN-F study). Arnaud et al.

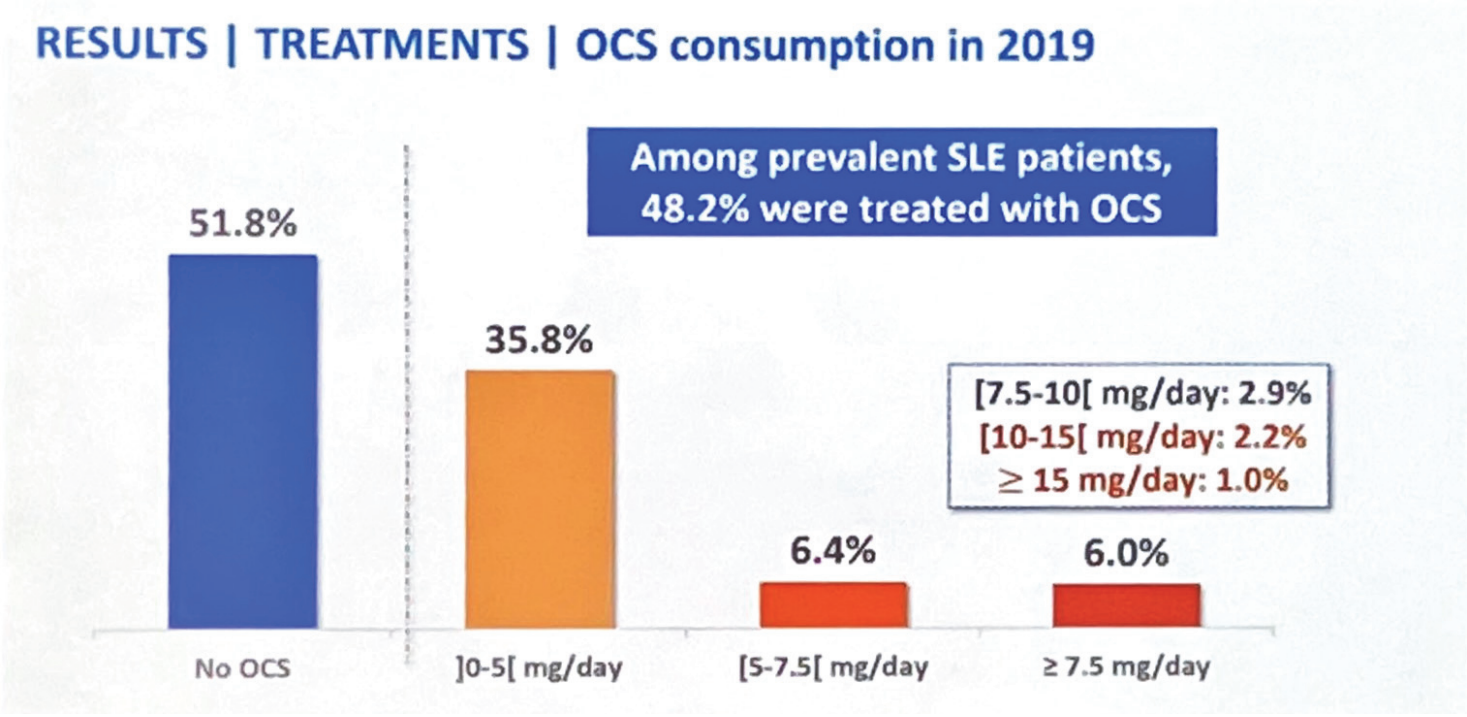
OBJECTIVE

- The primary aim of this study was to analyze OCS use in French patients with SLE, at the national level, using medico-administrative data.

Methods This study used the French **health-insurance claims database** (SNDS), which contains pseudonymized individual data for over 66 million people. SLE patients were identified with the ICD-10 diagnosis code for SLE (M32), **SLE comorbidities and OCS complications were identified through validated algorithms.**
Real-world use of treatments was identified through drug deliveries in pharmacies and daily OCS doses (expressed in prednisone-equivalent) were calculated for the year 2019.



Results A total of **32,173** patients with SLE (mean age 49.9 ± 16.0 years; 86.1% women) were alive on January 1st 2020, with a mean disease duration of 7.1 ± 6.2 years



Arnaud et al.

OP0046

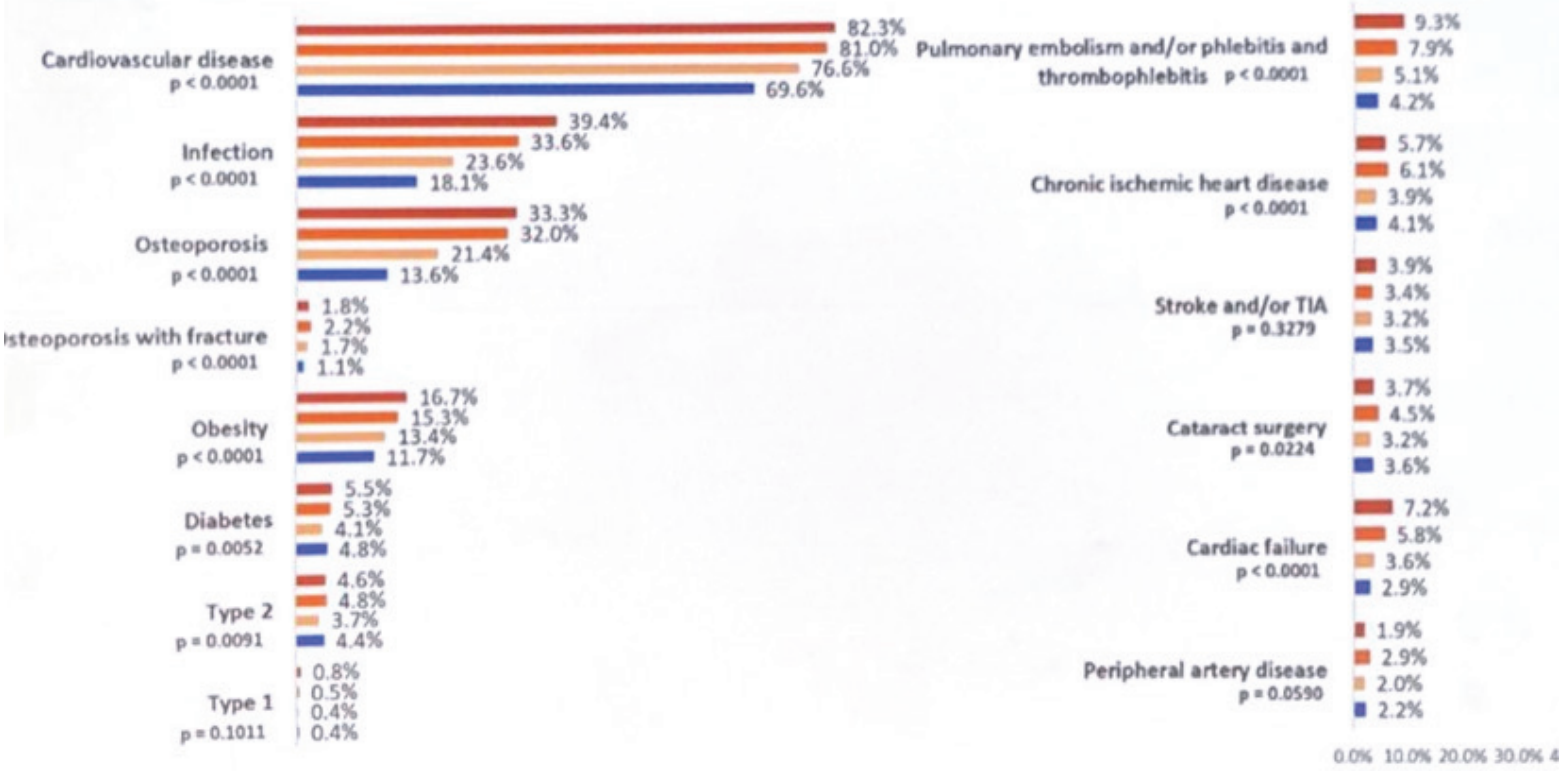
Real-world oral glucocorticoid use in Systemic Lupus Erythematosus: a nation-wide population-based study using the French National Medico-administrative database (LUPIN-F study).

Table 1. Proportion of patients treated with SLE treatments other than corticosteroids in 2019

	No OCS	OCS0-5 mg/day	OCS5-7.5 mg/day	OCS≥ 7.5 mg/day	p-value
Antimalarials(Hydroxychloroquine/ Chloroquine)	8,826 (53.0%)	7,286 (63.5%)	1,505 (72.9%)	1,416 (71.9%)	<0.0001
Methotrexate	958 (5.7%)	1,405 (12.2%)	361 (17.5%)	358 (18.2%)	<0.0001
Mycophenolate mofetil	337 (2.0%)	878 (7.6%)	350 (17.0%)	496 (25.2%)	<0.0001
Azathioprine	264 (1.6%)	549 (4.8%)	175 (8.5%)	206 (10.5%)	<0.0001
Cyclophosphamide	207 (1.2%)	367 (3.2%)	147 (7.1%)	266 (13.5%)	<0.0001

Arnaud et al.

RESULTS | Complications (by OCS dose)



Arnaud et al.

CONCLUSION

- To the best of our knowledge, **this is the first nation-wide study reporting on real-life use of OCS in patients with SLE**
- **The proportion of patients treated with high-dose OCS ≥ 7.5mg/day remains unacceptably high** and associated with increased comorbidities, OCS complications and significantly increased healthcare costs
- **Over 14% of patients receiving corticosteroid doses ≥ 5 mg/day were not treated with antimalarial drugs, immunosuppressives or other biologic treatments for SLE**
- **These results highlight the need for tight disease control and implementation of robust OCS-sparing strategies in SLE**

Arnaud et al.

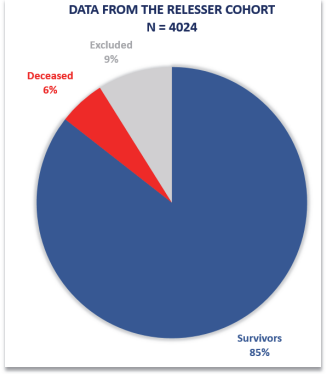
OP0229

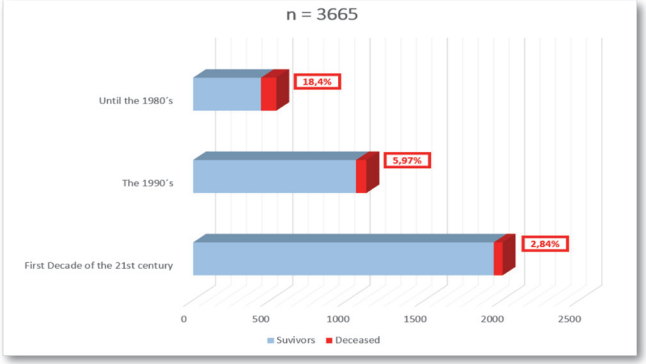
Changes in the causes and predictors of lupus mortality in Spain through the last decades: data from the RELESSER Registry. Rua-Figueroa I et al.

- ✓ To analyze the **causes** of mortality of SLE in Spain
- ✓ To identify **predictive factors** of mortality
- ✓ To assess the **time evolution** and chronological changes in mortality of SLE in our country.

Fallecidos N (%)	99 (18%)	67 (5.9%)	57 (2.8%)

- A total of **3665 patients** were included, mostly caucasian female with similar general features in the three periods analyzed.





Multivariate

UNTIL THE 1980´S			
	Variable	OR (95% IC)	P-Value
MODEL 1: Characteristics of the disease	Age at diagnosis, years, mean±SD	1.085 (1.062-1.109)	**<0.001**
	Sex, female (%)	0.333 (0.156-0.712)	**0.005**
	SLICC	1.230 (1.105-1.369)	**<0.001**
	KATZ	1.265 (1.088-1.470)	**0.002**
	Low complement	3.352 (1.254-8.957)	**0.016**
MODEL 2: Treatments	Age at diagnosis, years, mean±SD	1.076 (1.053-1.099)	**<0.001**
	Antimalarials	0.336 (0.199-0.569)	**<0.001**
	Glucocorticoids >30mg/day	2.887 (1.529-5.453)	**0.001**
MODEL 3: Comorbidities	Age at diagnosis, years, mean±SD	1.032 (1.011-1.052)	**0.002**
	CHARLSON Index	1.387 (1.241-1.551)	**<0.001**

5) RESULTS: Summary multivariate analysis, by periods

Up to 1989

- **Risk Factors:** Age at diagnosis, damage, KATZ severity index, low complement, glucocorticoids, Charlson.
- **Protective Factors:** Sex female, antimalarials.

199 1999

- **Risk Factors:** Age at diagnosis, antiphospholipid syndrome, thrombocytopenia, KATZ severity index, glucocorticoids, valve disease, Charlson.
- **Protective Factors:** Skin involvement, antimalarials.

200 2012

- **Risk Factors:** Age at diagnosis, serositis, damage, KATZ severity index, rituximab, ciclophosphamide, glucocorticoids, depression, Charlson.
- **Protective Factors:** Skin involvement, antimalarials, arterial hypertension.

Rua-Figueroa I et al.

POS1298

Interstitial Lung Disease in Anti-Centromere Antibody Positive Systemic Sclerosis. Hinze AM et al

- To determine risk factors for prevalent ILD in ACA+ SSc.
- To evaluate rate of progression or ILD in ACA + subjects

Adults (18 years) evaluated at Mayo Clinic between 1/1/2007 to 12/31/2018 who met the 2013 ACR/EULAR and had a positive ACA.

Kaplan-Meier curves estimated the risk of ID progression.

Table 1. Comparison of clinical and demographic characteristics in ACA+ SSc subjects without and with ILD at time of last HRCT scan

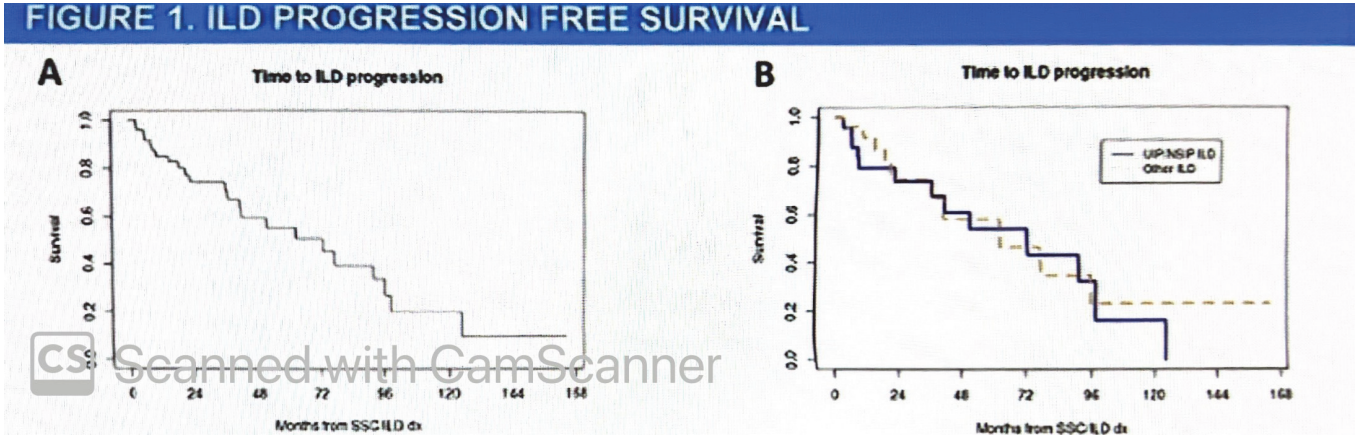
	ILD Absent (N=407)	ILD Present (N=89)	p valve
Age at RP onset, yrs, median (IQR)	45 (33, 55); n=325	55 (42, 62); n=68	<0.001
Age at SSc dx, yrs, median (IQR)	55 (45, 65)	62 (54, 71)	<0.001
Age at last HRCT, yrs, median (IQR)	66 (57, 73)	71 (66, 76)	<0.001
Age at ILD dx, yrs, median (IQR)	NA	67 (61, 73)	NA
Disease Duration, yrs, median (IQR)	N=313	N=68	
RP to last HRCT	17 (9, 29)	15 (8, 29)	0.53
SSc dx to last HRCT	6 (1, 15)	6 (2, 14)	0.54
Female Sex, N (%)	375 (92)	82 (92)	0.99
Non-Hispanic White, N (%)	331 (81)	72 (81)	0.93
Smoking Status, N (%)	N=294	N=75	0.39
Never	160 (54)	37 (49)	
Former smoker	119 (41)	36 (48)	
Current smoker	15 (5)	2 (3)	
Scleroderma Subtype	N=406	N=88	
Sine/Limited	394 (97)	84 (95)	0.52
Diffuse	12 (3)	4 (5)	
SSc Disease Characteristics*, N (%)			
Esophageal Dysmotility	385/405 (95)	82/86 (95)	0.91
Digital Ulcers and/or Pitting	205/314 (65)	45/78 (58)	0.21
Nailfold Capillary Abnormalities	156/228 (68)	33/46 (72)	0.66
Telangiectasias	367/403 (91)	82/89 (92)	0.75
Calcinosis	145/341 (43)	32/69 (46)	0.55
Synovitis	107/378 (28)	26/74 (35)	0.24
Other Autoantibodies*, N (%)			
Anti-SSA	46/364 (13)	15/78 (19)	0.13
Anti-RNP	23/367 (6)	7/78 (9)	0.39
Anti-Scl70	11/368 (3)	5/84 (6)	0.19
Pulmonary Function Tests			
FVC% at SSc dx, median (IQR)	91 (78, 99); n=129	85 (76, 94); n=32	0.19
DLCO% at SSc dx, median (IQR)	71 (49, 85); n=129	58 (48, 66); n=32	0.032

P=Raynaud's Phenomenon; IQR=interquartile range, SSc=systemic sclerosis; HRCT=high resolution computed tomography scan; FVC=forced vital capacity, DLCO=diffusing capacity for carbon monoxide
ever positive at any timepoint in disease course

Interstitial Lung Disease in Anti-Centromere Antibody Positive Systemic Sclerosis.

Cohorte retrospectiva de **496** pacientes con ACA positivos, la prevalencia de EPI fue del 18%
Se observaron diferentes patrones al TACAR:

- NINE 28
- NIU 5
- NIU probable 7
- Hipersensibilidad 18
- Linfocítica 6
- Neumonía organizativa 2



Cerca del 25% de los pacientes con EPI presentaron un deterioro en la CVF a los 2 años

Hinze AM et al

POS1333

Association between systemic sclerosis and cancer: A nationwide cohort study. Eun Y et al.

Objectives We aimed to compare the incidence of cancer in patients with SSc and age- and sex-matched controls in a nationwide population-based cohort in Korea.

Methods We included patients with SSc defined by the ICD-10 code (M34) and rare and intractable disease code (V138) and 1:5 age- and sex-matched controls using the Korean National Health Insurance Database. The outcomes of the study were incidence of cancer.

Results

- A total of **5,145 patients** with systemic sclerosis and 25,725 controls were included in the study.
- During the study period, the overall cancer incidence rate was 11.07 per 1,000 person-years in patients with systemic sclerosis and 7.59 per 1,000 person-years in controls

	Subjects (n)	Events (n)	Follow-up (PYs)	IR (/1,000 PYs)	aHR* (95% CI)
All cancer					
Control	25,725	1,146	150,931	7.59	1 (Ref.)
SSc	5,145	311	28,086	11.07	1.46 (1.28–1.67)
Stomach					
Control	25,725	133	153,841	0.87	1 (Ref.)
SSc	5,145	26	28,766	0.90	1.12 (0.72–1.73)
Colorectal					
Control	25,725	240	153,558	1.56	1 (Ref.)
SSc	5,145	47	28,722	1.64	1.13 (0.82–1.57)
Liver					
Control	25,725	86	154,041	0.56	1 (Ref.)
SSc	5,145	24	28,832	0.83	1.41 (0.87–2.26)
Pancreatic					
Control	25,725	101	154,017	0.66	1 (Ref.)
SSc	5,145	25	28,824	0.87	1.30 (0.82–2.07)
Lung					
Control	25,725	130	153,995	0.84	1 (Ref.)
SSc	5,145	89	28,739	3.10	3.65 (2.73–4.87)
Thyroid					
Control	25,725	180	153,510	1.17	1 (Ref.)
SSc	5,145	36	28,721	1.25	1.10 (0.75–1.61)
Biliary					
Control	25,725	44	154,148	0.29	1 (Ref.)
SSc	5,145	13	28,856	0.45	1.75 (0.92–3.35)
Renal					
Control	25,725	20	154,154	0.13	1 (Ref.)
SSc	5,145	6	28,853	0.21	1.66 (0.64–4.32)
Lymphoma					
Control	25,725	21	154,174	0.14	1 (Ref.)
SSc	5,145	16	28,838	0.56	4.19 (2.10–8.33)
Skin					
Control	25,725	30	154,133	0.10	1 (Ref.)
SSc	5,145	13	28,824	0.45	2.26 (1.14–4.48)
Prostate (male)					
Control	3,710	31	21,612	1.43	1 (Ref.)
SSc	742	9	3,903	2.31	1.34 (0.61–2.93)
Breast (female)					
Control	22,015	214	131,829	1.62	1 (Ref.)
SSc	4,403	28	24,855	1.13	0.73 (0.48–1.10)
Cervical (female)					
Control	22,015	41	132,411	0.31	1 (Ref.)
SSc	4,403	18	24,893	0.72	2.52 (1.40–4.55)

Table 2. Adjusted hazard ratio for cancer according to age in patients with SSc

	Age (years)		
	20-39	40-64	≥65
All cancer	1.82 (0.96–3.44)	1.41 (1.19–1.66)	1.50 (1.19–1.90)
Stomach	2.19 (0.21–23.24)	1.13 (0.61–2.09)	0.99 (0.50–1.97)
Colorectal	0.10 (0.00–3.38)	1.28 (0.83–1.96)	1.04 (0.61–1.76)
Liver		1.12 (0.56–2.24)	1.92 (0.98–3.76)
Pancreatic	0.01 (0.00–0.70)	1.54 (0.81–2.95)	1.25 (0.63–2.48)
Lung	3.30 (0.51–51.60)	4.06 (2.77–5.96)	2.96 (1.85–4.76)
Thyroid	1.96 (0.65–6.00)	0.96 (0.62–1.48)	1.66 (0.55–5.01)
Biliary		1.02 (0.36–2.92)	2.78 (1.18–6.56)
Renal		1.56 (0.49–4.98)	3.49 (0.60–20.48)
Lymphoma		8.76 (3.01–25.55)	2.14 (0.75–6.10)
Skin	9.53 (0.59–152.7)	2.35 (0.87–6.37)	1.92 (0.71–5.16)
Prostate (male)		2.77 (0.90–8.53)	0.66 (0.19–2.32)
Breast (female)	2.36 (0.50–11.15)	0.82 (0.53–1.27)	0.16 (0.02–1.20)
Cervical (female)	6.10 (1.02–36.53)	1.76 (0.83–3.71)	4.76 (1.45–15.75)

Table 3. Adjusted hazard ratio for cancer according to sex in patients with SSc

	Male	Female
All cancer	1.52 (1.13–2.05)	1.46 (1.26–1.69)
Stomach	0.62 (0.24–1.60)	1.37 (0.84–2.25)
Colorectal	1.93 (1.07–3.48)	0.93 (0.63–1.38)
Liver	1.60 (0.69–3.72)	1.32 (0.74–2.36)
Pancreatic	0.79 (0.23–2.75)	1.43 (0.87–2.36)
Lung	2.61 (1.50–4.55)	4.17 (2.96–5.87)
Thyroid		1.16 (0.79–1.69)
Biliary	0.69 (0.15–3.28)	2.32 (1.12–4.79)
Renal	1.52 (0.17–13.26)	1.77 (0.60–5.20)
Lymphoma	5.50 (1.13–26.76)	3.78 (1.75–8.16)
Skin	0.78 (0.38–7.63)	2.59 (1.26–5.31)

Eun Y et al

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