

POSTER ABSTRACTS

15th Annual HMO Research Network Conference
April 26-29, 2009 – Danville, PA

11:30 am–Noon & 1:30–2:00 pm
Monday, April 27th • Lobby

PS1 – 25

Patient Outcomes in Systemic Lupus Erythematosus: A Collaborative Study Fostered by a New CTSA-based Partnership

Robert T Greenlee, PhD, MPH, Epidemiology Research Center, Marshfield Clinic Research Foundation;
Christie Bartels, MD, University of Wisconsin School of Medicine and Public Health; Kevin Buhr, PhD,
University of Wisconsin School of Medicine and Public Health

Introduction: This project catalyzes a strategic partnership between Marshfield Clinic Research Foundation (MCRF) and the University of Wisconsin (UW), supported by an NIH Clinical and Translational Science Award (CTSA), to explore outcomes of systemic lupus erythematosus (SLE) in a community setting. The study pairs pilot funding and study staff from MCRF with a KL2 scholar/rheumatologist from the UW Institute for Clinical and Translational Research (ICTR). The project also uses ICTR-supported core resources at MCRF (Marshfield Epidemiologic Study Area [MESA]) and at UW (biostatistical support).

Background: Survival among SLE patients has improved in recent decades, although studies continue to demonstrate excess mortality and cardiovascular disease. Whereas typical SLE studies represent urban tertiary referral populations, this study explores a community base, where the presence and extent of any mortality or cardiovascular excess is not clearly established. A past study described the spectrum of SLE in MESA from 1991-2001, finding cases were older, were less predominantly female, and had milder disease than in published reports from tertiary referral centers.

Methods: Incident cases from 2002-2007 in this rural, population-based cohort are being ascertained and validated using the same American College of Rheumatology diagnostic criteria as the previous study. All incident cases 1991-2007 are being followed longitudinally to examine rates of all-cause and cardiovascular mortality, and of non-fatal cardiovascular events including MI, stroke, or heart failure hospitalization. Outcomes are to be compared with a matched set of MESA cohort members without SLE.

Results/Conclusions: Automated data queries identified 167 new potential cases of SLE. After applying proportions of invalidation and non-incidence from the previous study, we estimate there will be an additional 31 incident cases from 2002-2007 to join the 44 cases previously identified. This represents one of only two rural US-based SLE cohorts with reported mortality outcomes. We anticipate that study results will support future funded research opportunities to ultimately inform evidence-based prevention strategies for SLE patients in real-world community practice.