



Personalized Comparisons of Flare Rates after Hydroxychloroquine Tapering or Discontinuation in Systemic Lupus (SLE)

SLE flare rates per 1000 person-years (95% CI)

HCQ groups	Without risk factors	With ≥ 1 risk factor
Maintenance (N=621)	1.9 (1.4, 2.6)	2.8 (2.5, 3.3)
Taper (N=398)	2.8 (2.3, 3.4)	4.2 (3.6, 4.9)
Discontinued (N=395)	2.2 (1.8, 2.6)	4.2 (3.5, 5.0)

IMPLICATIONS

- Non-Caucasians, those with SLE onset <age 25, those with more active SLE, those on prednisone are at risk for SLE flares when HCQ is tapered/stopped.
- Results may help decision-making re: whether/when to taper HCQ.
- **Potential limitation:** We did **not** consider **reasons** for HCQ changes

Questions?

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Which subgroups of SLE patients are at higher risks of flares after HCQ is reduced or discontinued?



We observed that...



Subgroups at risk among patients **maintaining** HCQ:

- First-Nation
- Immunosuppressives



Subgroups at risk among patients **tapering** HCQ:

- Asian
- Active disease
- Prednisone



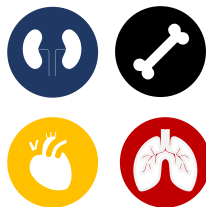
Subgroups at risk among patients **stopping** HCQ:

- Black
- ≤ 25 years at Dx

After HCQ taper/discontinuation, patients with one or more of these risk factors had about **twice** the flare rate of those with no risk factors (Table)

BACKGROUND

- SLE is a serious auto-immune disease affecting multiple organs, often causing irreversible damage



- SLE commonly affects women, minorities and people of workforce-age



- Hydroxychloroquine (HCQ): cornerstone drug, used by all N. American rheumatologists
- Reduces lupus flares, but, long-term may lead to irreversible retinal damage



OBJECTIVE

To identify predictors of SLE flares after HCQ is tapered/discontinued

METHODS

- 5 Canadian SLE cohort patients on HCQ
- Time-zero: first HCQ taper/ discontinuation
- Comparison: patients maintaining HCQ
- Outcome: SLE flare, defined as subsequent SLE therapy augmentation, increase in disease activity, or hospitalization for SLE
- Cox regression analyses adjusting for demographic and clinical factors
- Flare rate comparison of subgroups at risk