Chinese systemic lupus erythematosus data reveal differences in epidemiology across continents

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The Chinese Systemic Lupus Erythematosus (SLE) Treatment and Research Group (CSTAR) announced interim epidemiological information on SLE patients in China today at EULAR 2010, the Annual Congress of the European League Against Rheumatism in Rome, Italy. Robust data on SLE patients has been scarce to date; but now CSTAR provides the first online registry of this magnitude in China. To date the registry has collated data from 2,104 SLE patients across 30 Chinese provinces.

An initial comparative analysis of CSTAR data with other similarly sized cohort analyses undertaken across the USA, Europe and Malaysia revealed the following key differences in the main characteristics and disease manifestations between Chinese SLE patients and those studied in the comparative cohorts:

•Over half (57.4%) of Chinese SLE patients present with concurrent haematological disorders compared with 48% of Malaysian patients and only 18.2% of European patients
•Almost half (45.8%) of Chinese patients are also diagnosed with kidney disease compared with 27.9% of European patients and only 7.4% of Malaysian patients
•Conversely, neurological manifestations are only seen in 4.5% of Chinese SLE patients compared with 19.4% of European patients and 12.1% of US patients.

"Other SLE registries exist across the world, but this is a first for a nation with the largest global population. The research group set out to clarify the epidemiology of SLE in China and provide valuable information on the manifestations, morbidity and mortality of SLE patients," said Professor Xiaofeng Zeng, Peking Union Medical College Hospital, China, and lead researcher of the study. "Given that the results suggest many differences in experience of disease between ethnicities, this essential information on this complex disease will provide a vital insight to help patients in the future, and contribute to the international knowledge base on SLE."

The CSTAR registry collated data from 106 specialist rheumatology centres and study leaders ensured that all centres utilised the same protocol-directed methods for data collection, including demographic data, clinical history and laboratory and radiological examinations. Patients included in the registry were required to meet four or more of the American College of Rheumatology criteria for the classification of SLE. Evaluations of disease activity were made through completion of the SLE Disease Activity Index (SLEDAI), the British Isles Lupus Assessment Group (BILAG) disease activity index and the physician's global assessment (PGA) of SLE activity. Biological specimens and patient autoantibody profiles were also gathered.

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