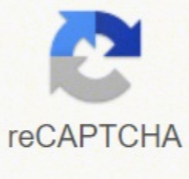


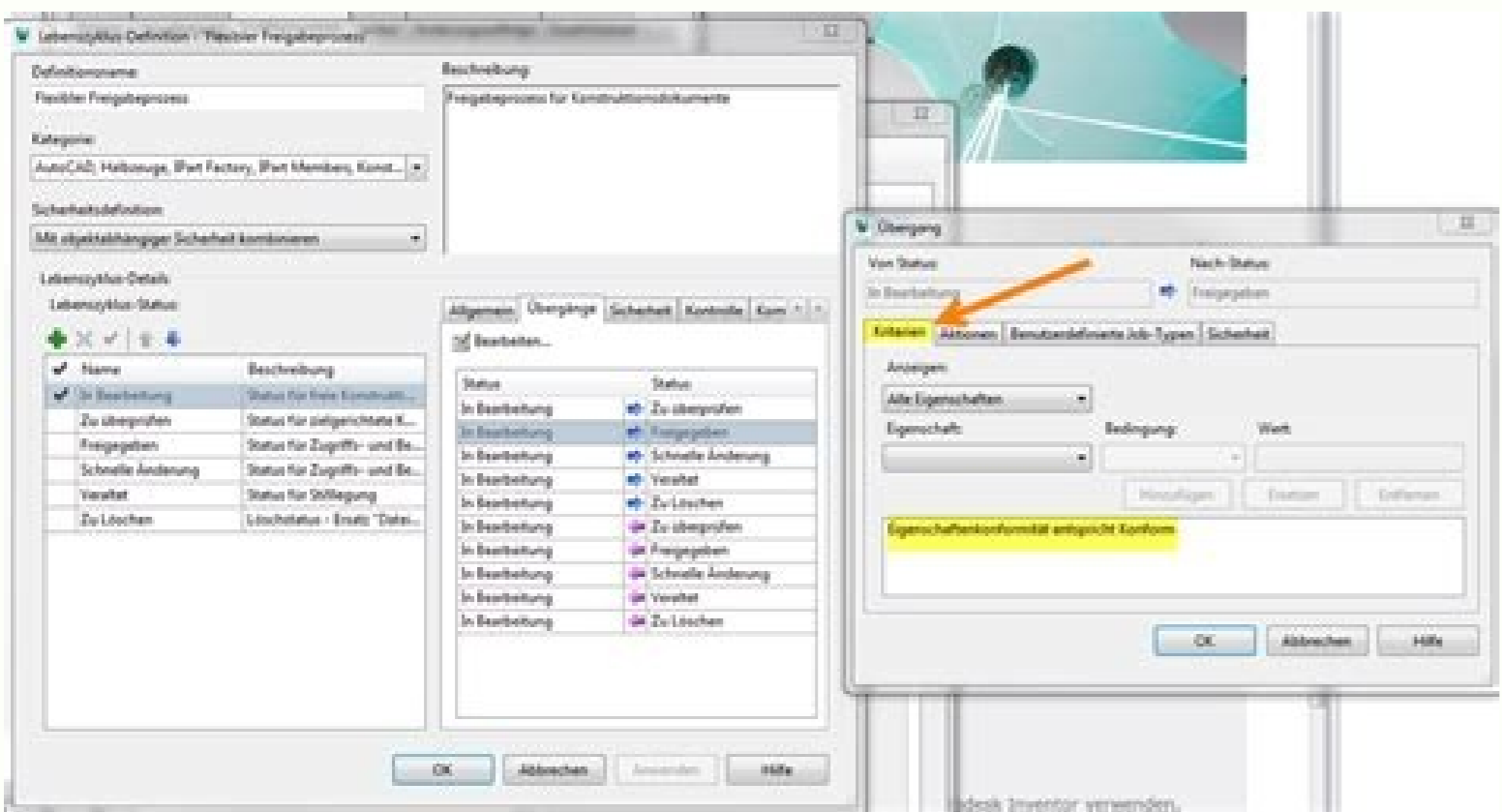


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Slicc criteria pdf



N = 70)	SLE (N = 32)
(16)	19 (59)
(1)	5 (16)
(23)	24 (75)
(13)	21 (66)
(20)	14 (44)
(9)	15 (47)
(0)	4 (13)
(0)	3 (9)
(7)	16 (50)
(11)	17 (53)
(97)	32 (100)

multiple (8) comparisons:

no statistical test was done.



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5 Publication, Dissemination and Implementation

The dissemination of the recommendations is considered as a continuation of the work of the Task Force. The full version of the guidelines is sent by the ESC Guidelines Department to the Editor-in-Chief of the European Heart Journal and the Publisher. The Editor of the EHU (and possibly of a specialty journal) assigns the guidelines to a specific journal issue. The guidelines are formatted to the journal style. The formatted proofs in PDF format are sent to the Chairperson of the Task Force as well as to the Chairperson of the CPG, Review Coordinator(s) and the ESC Guidelines Department. The ESC Guidelines Department ensures that the Task Force reviews these proofs. It is the responsibility of the Chairperson of the Task Force to give the final approval for the publishing of the document. Including the publication delays, the scheduled release date for the guidelines should be no later than 2 years after the official creation of the Task Force.

Embargo on the written and oral dissemination of the content of guidelines should be followed by all Task Force and CPG Members as well as reviewers involved before publication.

Abridged versions of the documents, including CD-ROM versions, posters, flyers or abridged documents with clear algorithms for clinical decision-making are also produced. The preparation and consistency of these derivative products as compared to the original, full version of these documents, is the responsibility of the Task Force.

The full text version is posted on the ESC Web Site and may be published in other journals after formal approval by the CPC. An announcement reporting the release of new ESC Guidelines is published in the ESC Web News. A press release often accompanies the publication of the guidelines and is available on the ESC Web Site.

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In cases where related societies, from outside the discipline of cardiology, have participated in the elaboration of the guidelines, the document may be published, in the official journal of expression of the society in question.

Partner guidelines or joint guidelines are usually published simultaneously in their respective journals and are posted on the different web sites simultaneously.

National Societies are officially asked if they would like to endorse the guidelines but are requested to implement them in their own country with translations and condensed versions if judged necessary. There are no fees for this process but the CPG must be kept informed.

Third parties wishing to use the ESC Guidelines must apply in writing to the EHU Publisher for permission. A fee will be charged.

Prevalence (%)	Prevalence (%)
Nonscarring alopecia	10.9
Oral ulcers	3.6
Arthritis	38.2
Pleuritis	12.7
Pericarditis	9.1
Renal disorder	3.6
Biopsy-proven lupus nephritis	3.6
Neurologic disorder (ACR-82)	0
Neurologic disorder (SLICC-12)	3.6
Haemolytic anaemia	1.8
Leukopenia	14.5
Lymphopenia	12.7
Thrombocytopenia	7.3
Immunologic criteria (%)	
Antinuclear antibody	89.1
Anti-dsDNA	10.9

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A comparison of the specificity of the criteria of the American Association of Rheumatism of 1971 and 1982 for the classification of systemic lupus erythematosus. erythematosus.

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