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Long-term Outcomes of Lupus Nephritis treated with Cyclophosphamide and Mycophenolate Mofetil based regimen

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Objectives: Lupus nephritis (LN) poses a considerable impact on the morbidity and mortality of SLE (Systemic Lupus Erythematosus) patients. Long term comparative outcome data with cyclophosphamide (CYP) and mycophenolate mofetil (MMF) based regimen from the Indian subcontinent is sparse. We assessed the renal and patient survival of patients for the induction type (CYP or MMF) and the two maintenance therapies (MMF or Azathioprine).

Methods: We retrospectively analyzed outcomes of 100 LN patients, total 67 treated with CYP and 33 with MMF based regimen. The data was archived regarding demography, clinical, histopathological features and the treatment. Outcomes between two regimens in terms of remission, dialysis dependency and patient survival were compared.

Results: The activity index in clinical characteristics was high in CYP patients (6.13 ±4.48 Vs. 4.61 ± 2.80). The overall remission was 70% at the end of induction. The CR, PR, and NR in the CYP group was 46.2%, 23.9 %, 29.9% and in the MMF group was 57.6%, 12.1%, and 30.3%, respectively. The 1- ,2- ,3-, 4-, 5- and 10-year patient survival in the CYP group was 89.5% ,86.2%, 86.2%,83.8%, 83.8% and 83.8% and in the MMF group was 93.9%, 93.9%, 89%, 89%, 89% and 89%. The ESRD in the MMF and CYP group was 7.5% and 12.1 %. The death censored and non-censored renal survival was also similar on the long term. In the maintenance therapy doubling of creatinine was 3/56(5.3%) in MMF and 7/34 (20.5%) in the AZA group (p=0.03).

Conclusions: Long term outcomes in terms of patient and renal survival of LN patients treated with CYP and MMF based induction is similar. Serum creatinine doubling was more with MMF than AZA based maintenance. Most of the death occurred during induction and caused by sepsis.