

Abstract Submission No. : 9099

May 28(Sat), 17:10-19:10 Glomerulonephritis

Beyond Mycophenolate and Cyclophosphamide for Lupus Nephritis

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More than half of patients with lupus will have lupus nephritis (LN) and approximately 10% to 17% of those with lupus nephritis will progress to end-stage kidney disease. The goal of the management of LN is to prevent chronic kidney disease (CKD). Clinical trial data in proliferative lupus nephritis revealed that MMF is at least equally effective as cyclophosphamide for induction therapy and is the preferred agent for maintenance therapy.

However, current treatment strategies are unsatisfactory in terms of complete renal response, prevention of relapses, and CKD. To improve the prognosis of LN, recent data suggest that we should adhere treat-to-target approach and switch from conventional sequential therapy to combination therapy. After decades of failures, the patients with lupus finally had a more fruitful period marked by the successful results in two phase III and one phase II randomised controlled trials in LN testing belimumab, voclosporin and Obinutuzumab. In addition, anifrolumab in general lupus with encouraging results in LN. Herein, I review new developments in the treatment of LN and put them into perspective for disease management now and in the future.