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Session Topic : KSN-APSN CME Course

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## **SLE Treatment Updates and Current Option in Asia Pacific Region**

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This lecture will explore the evolving landscape of lupus nephritis (LN), one of its most serious and impactful complications of SLE. Why LN remains highly clinically relevant, especially in the Asia-Pacific region, and how recent advances are reshaping treatment strategies and improving patient outcomes will be discussed. The significance of lupus nephritis as a major contributor to both morbidity and mortality in SLE will be outlined. A substantial proportion of patients progress to ESKD, and this burden is even greater in Asian populations. Compared with Caucasian patients, individuals from Asia tend to develop more severe disease, have higher rates of kidney involvement, and experience worse overall outcomes. In addition, treatment in these populations is complicated by a higher risk of adverse effects, particularly infections, which underscores the importance of careful therapeutic decision-making. The shift in treatment philosophy will be addressed. Historically, LN management involved a stepwise escalation of immunosuppressive therapies. However, newer evidence supports the use of early, upfront combination therapy. This newer approach aims to improve the likelihood of achieving complete renal response, reduce proteinuria more effectively, and limit exposure to glucocorticoids. Reducing steroid use is especially important given their well-known long-term toxicities and contribution to organ damage. The latest international guidelines will be introduced, including those from the American College of Rheumatology (ACR), KDIGO, EULAR and APLAR. These guidelines show strong agreement on several key principles: early kidney biopsy to guide diagnosis and treatment, routine use of hydroxychloroquine, combination immunosuppressive therapy for active disease, and prolonged maintenance therapy. They also emphasise the importance of kidney-protective strategies such as blood pressure control and use of renin-angiotensin system inhibitors. Despite this alignment, there are differences in how treatment response is defined and how clinical versus histological factors are

prioritised, which will be discussed. Another important concept introduced is the growing emphasis on proteinuria as a primary treatment target. Early reduction in proteinuria is strongly associated with better long-term kidney outcomes, making it a key marker for monitoring response to therapy and guiding clinical decisions. Looking ahead, emerging therapies that may further transform LN care will be examined. These include SGLT2 inhibitors, which have shown benefits in reducing kidney disease progression and cardiovascular complications, even beyond diabetic populations. Advances in B-cell-targeted therapies, particularly obinutuzumab, offer promising improvements in efficacy compared to older agents. In addition, cutting-edge treatments such as CAR-T cell therapy and bispecific antibodies are being explored, with the potential to achieve long-term, drug-free remission in selected patients, although safety and long-term outcomes remain areas of ongoing research. The lecture will conclude by outlining future goals in LN management: achieving durable remission with minimal toxicity, reducing or eliminating steroid use, preserving kidney function, and improving overall quality of life. Overall, this session will provide a comprehensive overview of how LN treatment is entering a new era of more effective, individualised, and targeted care.

**Keywords:** Lupus Nephritis, Combination Therapy, Proteinuria