

Documents

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What is new in lupus nephritis? [Actualités dans la néphrite lupique]

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Abstract

The current standard of care in lupus nephritis (LN) consists of an initial immunosuppressive regimen therapy aimed at inducing a response and a subsequent maintenance phase to prevent recurrence. With this so-called sequential treatment approach, complete renal response is achieved in a disappointing proportion of 20–30 % of the patients within 6–12 months, and 5–20 % develop end-stage kidney disease within 10 years. In this viewpoint, we discuss the pros and cons of voclosporin and belimumab as add-on agents to standard therapy, the first drugs to be licenced for LN after recent successful randomised phase III clinical trials. We also discuss the prospect of obinutuzumab and anifrolumab, also on top of standard immunosuppression, currently tested in phase III trials after initial auspicious signals. Undoubtedly, the treatment landscape in LN is changing, with combination treatment regimens challenging the sequential concept. Meanwhile, the enrichment of the treatment armamentarium shifts the need from new efficient therapies to the challenge of how to select the right treatment for the right patient. This has to be addressed by biomarker surveys along with initial and repeated tissue-level mapping of inflammatory phenotypes, which will ultimately lead to precision medicine therapeutic approaches. After many years of trial failures, we may now anticipate a heartening future for patients with LN. © 2021 l'Académie nationale de médecine

Author Keywords

Early Target-Directed Therapy; Lupus Erythematosus; Lupus érythémateux disséminé; Nephritis; Néphrite; Systemic; Traitement précoce ciblé

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