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P386 -Comparison of treatment in a large cohort of lupus nephritis: Excellent long-term outcome with no difference in response or flare between oral steroid and steroid-free regimens

Dr Hannah Wilson¹, Dr Camilla Pillay¹, Dr Andrew Porter¹, Dr Tabitha Turner-Stokes¹, Dr Lara Santos¹, Dr Hannah Beckwith¹, Dr Neeru Agarwal¹, Dr Sofia Correia¹, Dr Megan Griffith¹, Prof Jeremy Levy¹, Dr Thomas Cairns¹, Prof Terence Cook¹, Prof Liz Lightstone¹

¹Imperial College Lupus Centre, Hammersmith Hospital, London, United Kingdom

Background

Lupus Nephritis (LN) is a common & severe manifestation of systemic lupus erythematosus (SLE) requiring long courses of immunosuppression. Our lupus centre was established following merger in late 2005 & new protocols were introduced to reduce the use of corticosteroids (CS) by increasing the use of CD20+ B cell depletion therapy. We now report long term follow up of our large multi-ethnic cohort to assess the impact of these changes.

Methods

Demographic, clinical, histopathological & outcome data were reviewed for all patients with biopsy proven LN from 1/1/1996 to 1/1/2016. Patients treated with each of our standard protocols were compared. Standard definition CR: uPCR (mg/mmol) <50 & estimated glomerular filtration rate (eGFR ml/min/1.73m²) ≥60, or if <60 at screening, not fallen by >20%; Partial remission (PR): uPCR <300 with a ≥50% improvement & eGFR as for CR; Non-remission (NR): no PR by 1 year.

Results

470 patients were treated for LN over the 20 years. 118 patients were excluded from analysis due to <18 months follow-up or non-standard treatment. Treatment protocols were: 'Rituxilup': Rituximab (RTX), Mycophenolate Mofetil (MMF) & no oral steroids; 'RituxiRescue': RTX, MMF & low dose oral steroids; 'IVCyP': Intravenous cyclophosphamide (CyP) with oral steroid (CyP NIH or Eurolupus regimen); 'RituxiCyP': RTX & IV cyclophosphamide; 'Oral' therapy alone - largely MMF & oral steroids. Median follow-up (inter-quartile range (IQR)) was 8 years (5-11). There was no significant difference in ethnicity and gender between groups. Despite significantly different baseline eGFR, urine protein:creatinine ratio (uPCR) & biopsy class & activity, there were no significant differences in response, flare and outcomes between groups at 7 years post biopsy (Table 1) even with correction for these features. Of the patients initially treated with Rituxilup, 85% remain steroid free at latest follow-up (median 8 years, IQR 5-10). The majority (55%) of the RituxiRescue patients had stopped oral steroids by latest follow-up (median 7 years, IQR 4-10).

Conclusions

These data show that significant reduction in the burden of immunosuppression since introduction of steroid-free & low-dose steroid treatment regimens in our unit has not altered rates of response by 1 year, flare or 7 year patient and renal survival. In particular, this is despite a significant proportion of patients either never having or having been weaned off oral steroids: excellent renal function is preserved in the majority.