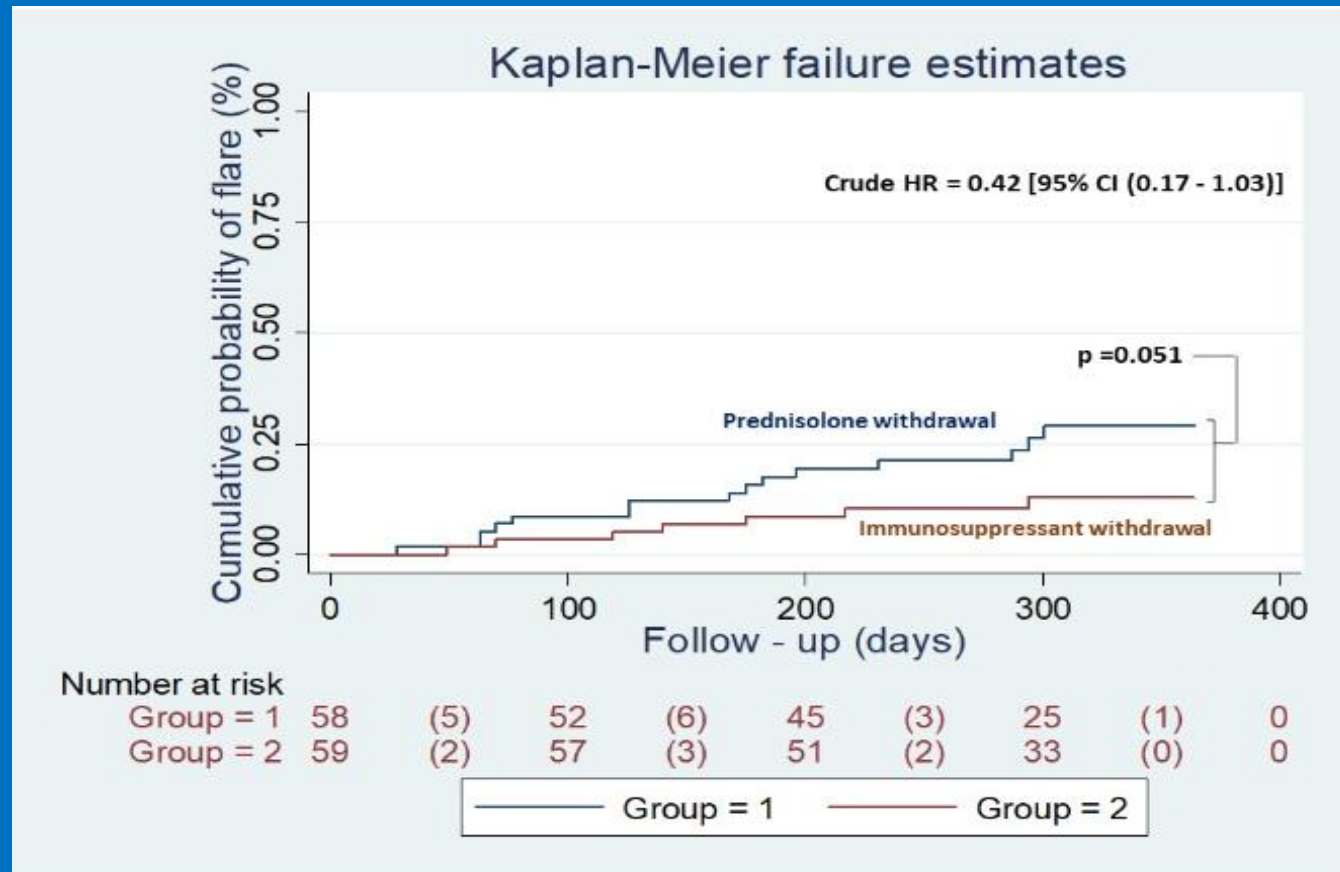


Risk of Flares with medication withdrawal in SLE patients in long-term remission: Steroid withdrawal is non-inferior to Immunosuppressant withdrawal



Tapering of Medications for SLE was associated with flares in 12.8% of next-visits

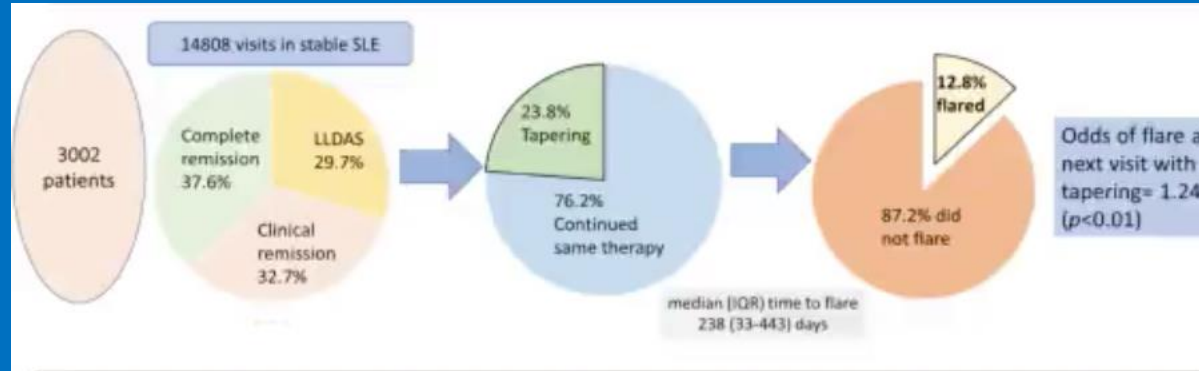
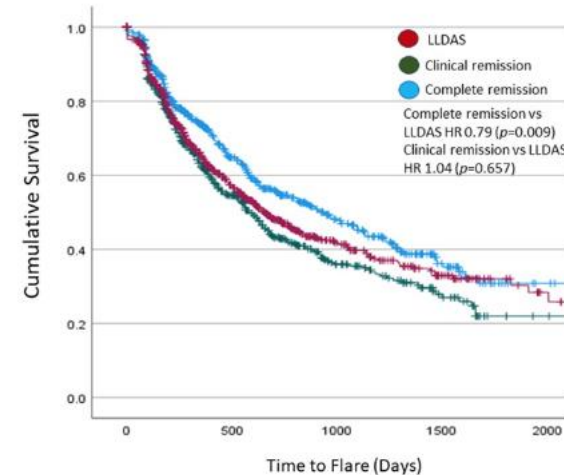


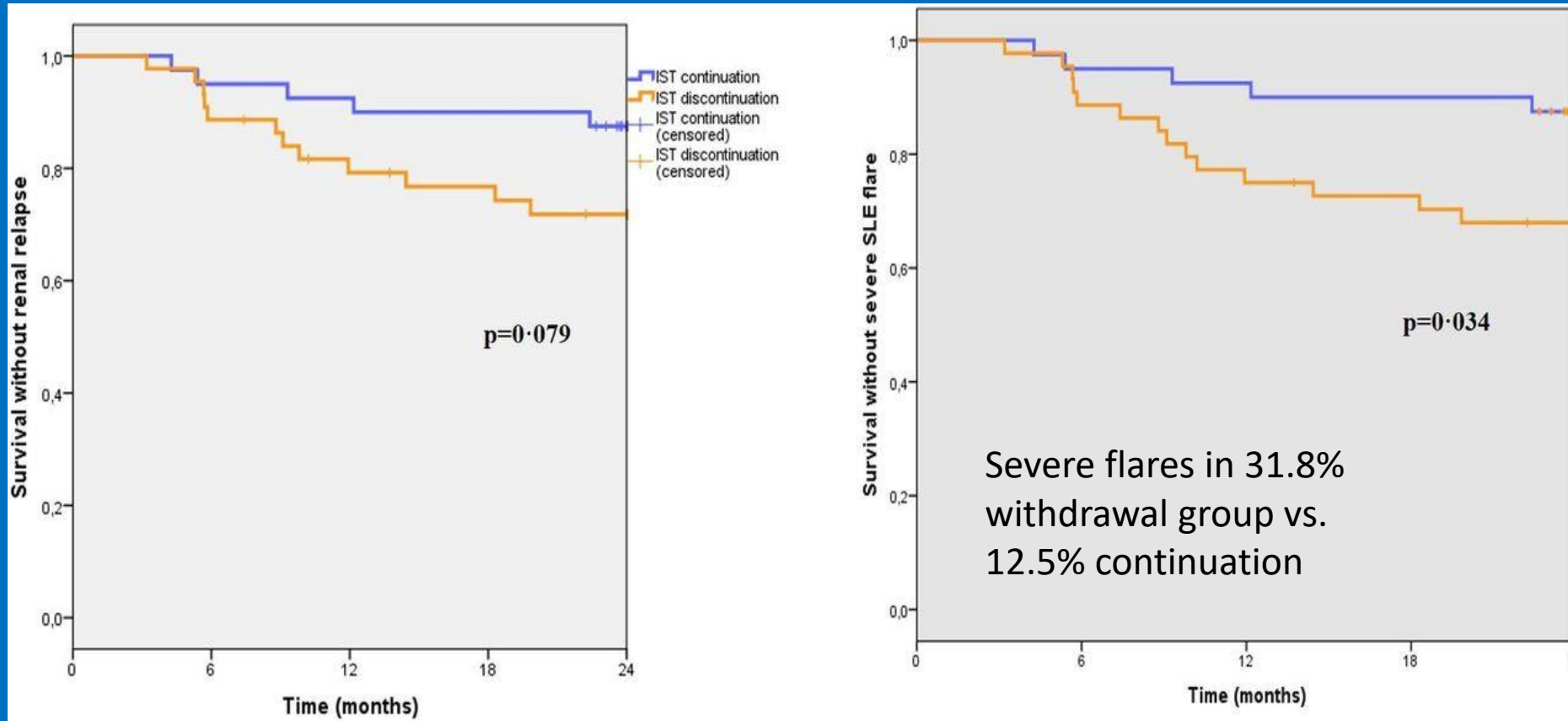
Table 1. Multivariable Generalized Estimating Equation Model for Flares at the Next Visit After Achieving LLDAS, Clinical Remission or Complete Remission

		Odds Ratio (95% CI)	Standard coefficient	<i>p</i>
Tapering of corticosteroids or immunosuppressive therapy* at this visit, <i>n</i> (%)	3277 (24.9)	1.23 (1.10-1.39) [§]	0.21	<0.001
Target SLE state attained at this visit, <i>n</i> (%)				
LLDAS [§]	3898 (29.7)	1.17 (1.00-1.37) [§]	0.16	0.042
Clinical Remission [§]	4303 (32.7)	1.11 (0.96-1.29) [§]	0.11	0.167
Anti-malarial use currently, <i>n</i> (%)	8316 (63.3)	0.86 (0.75-0.99) ^{***}	-0.15	0.033
Cumulative duration of LLDAS or remission before taper [days], mean (SD)	301.5 (398.5)	0.99 (0.99-1.00)	<-0.01	<0.001
Age at visit [years], mean (SD)	44.8 (13.5)	1.00 (0.99-1.00)	<-0.01	0.249
Disease duration at visit [years], mean (SD)	12.1 (8.5)	1.01 (1.01-1.02)	0.01	<0.001
Adjusted mean SLEDAI, mean (SD)	2.5 (2.0)	1.12 (1.09-1.16)	0.11	<0.001
Duration from last visit [days], mean (SD)	130.6 (86.1)	1.00 (1.00-1.00)	<-0.01	<0.001

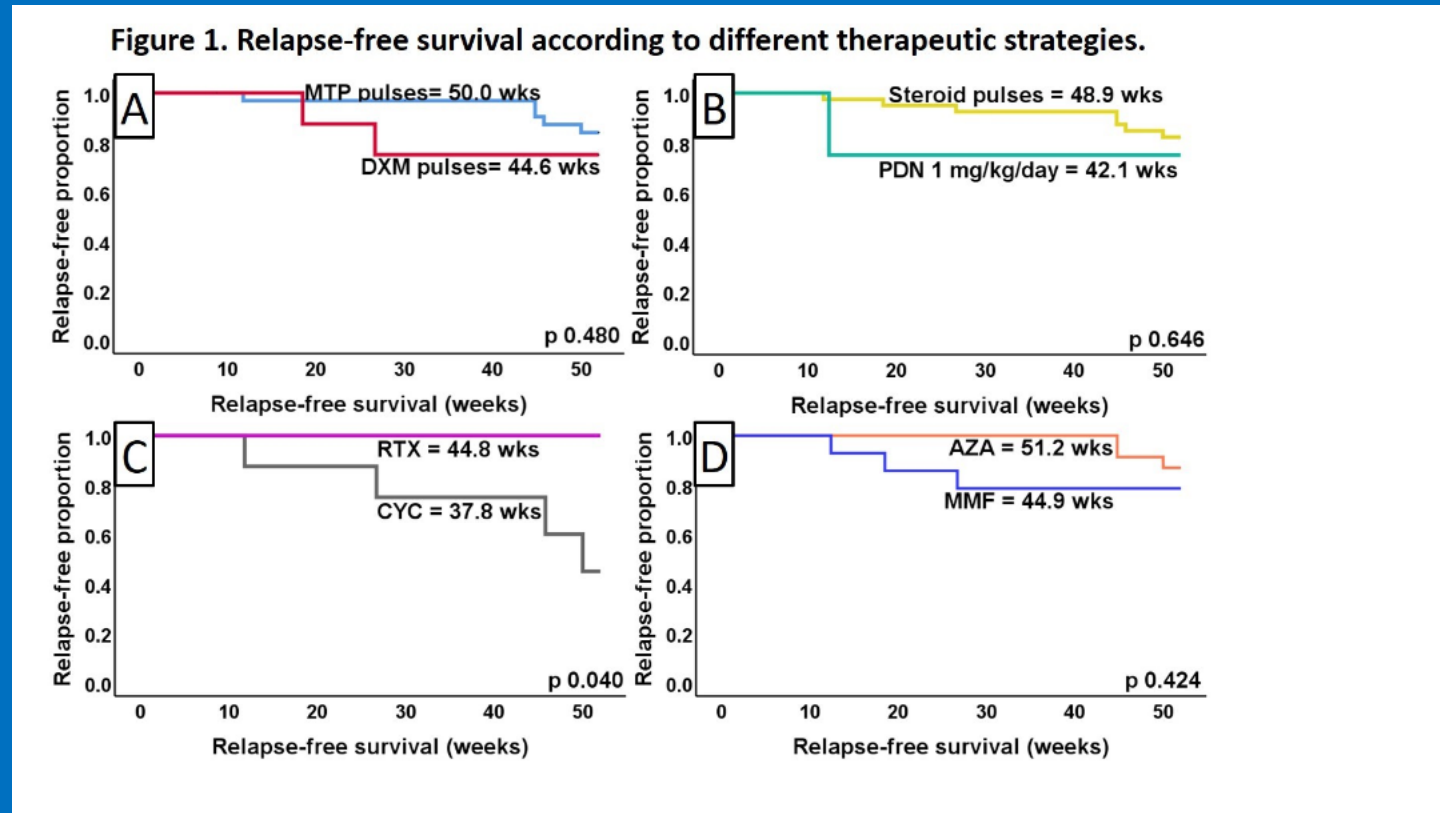
Figure 1. Time to Flare for Tapering Initiated in LLDAS, Clinical Remission and Complete Remission



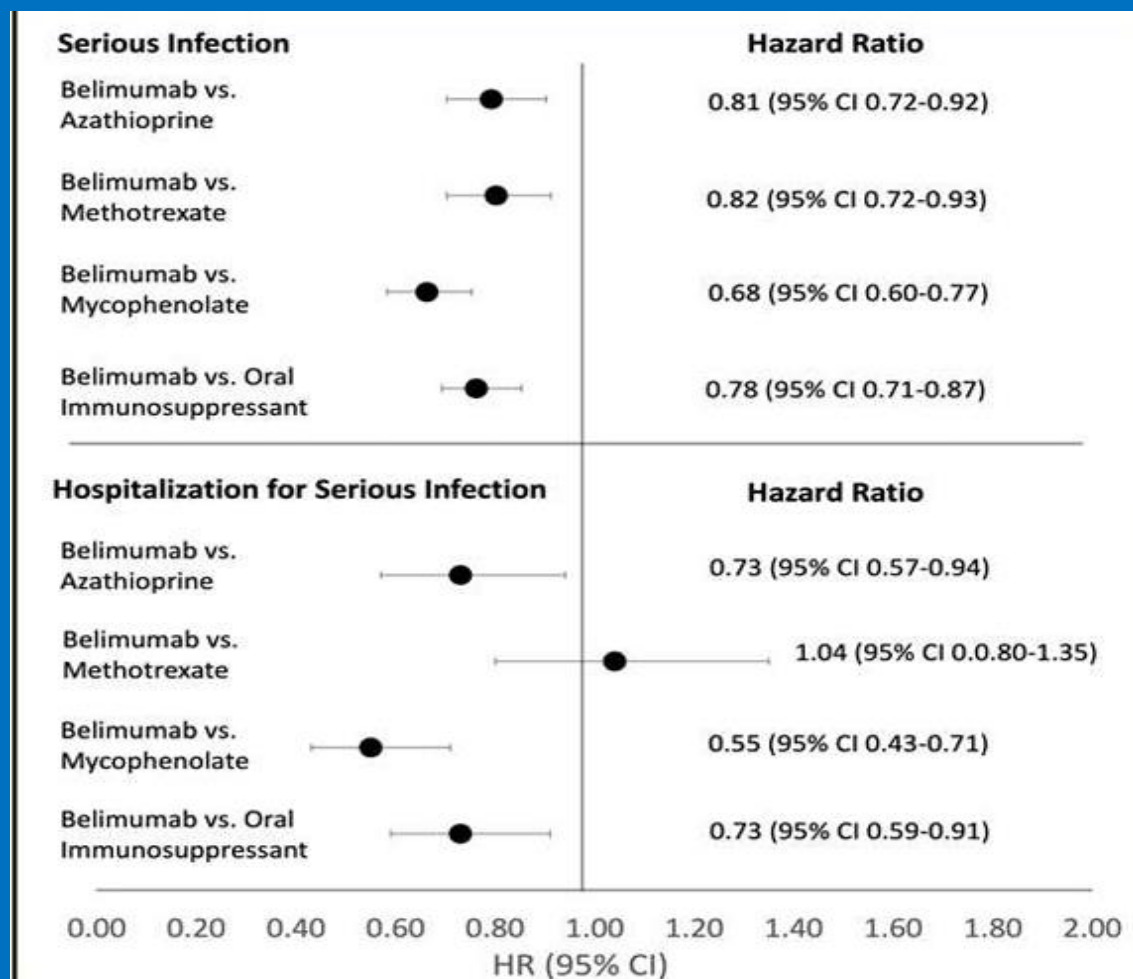
Withdrawal of Lupus Nephritis Therapy after 2-3 years DID NOT MEET non-inferiority (the WIN-LUPUS trial)



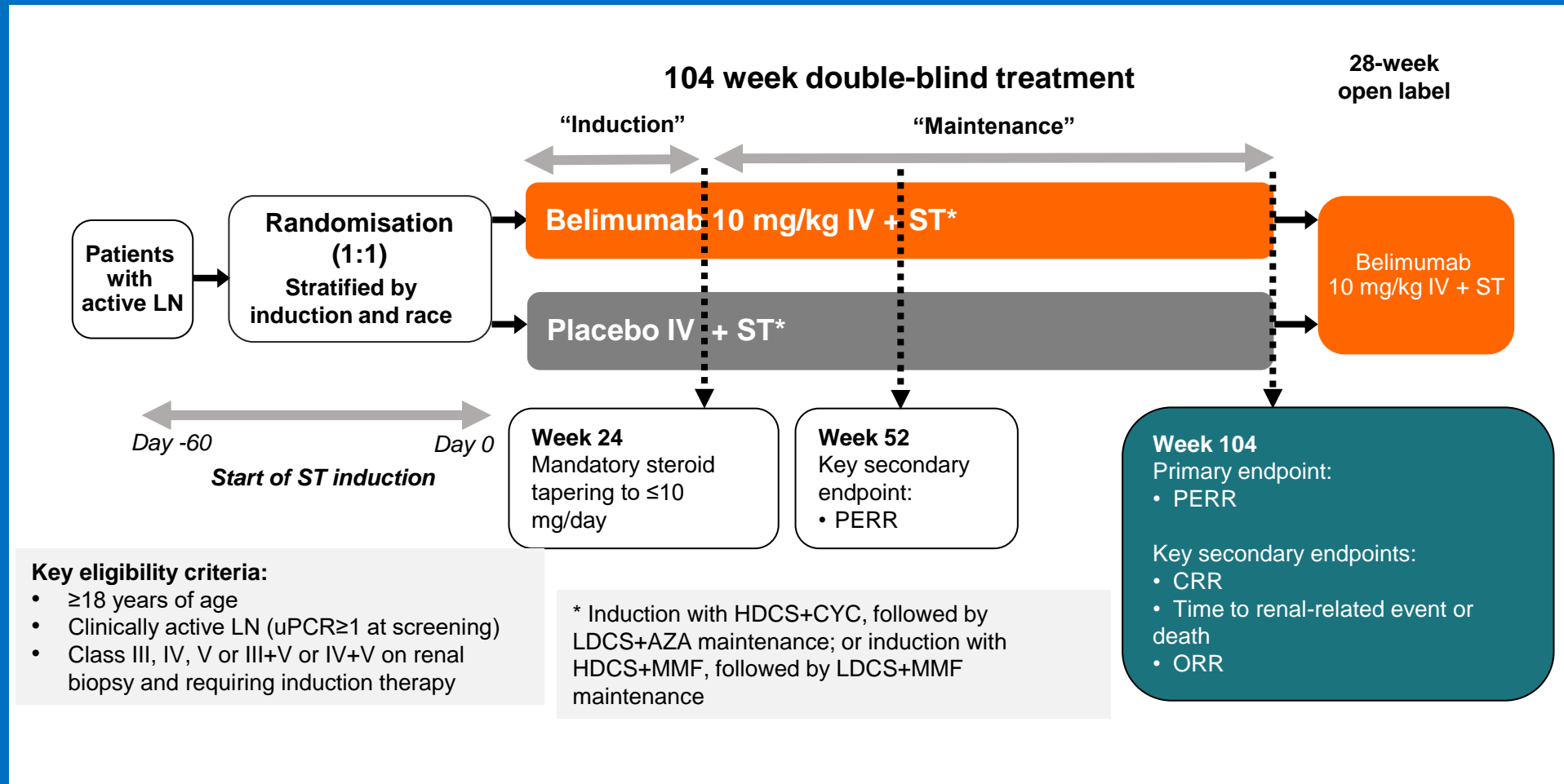
Treatment strategies for Severe Thrombocytopenia: Observational Cohort study



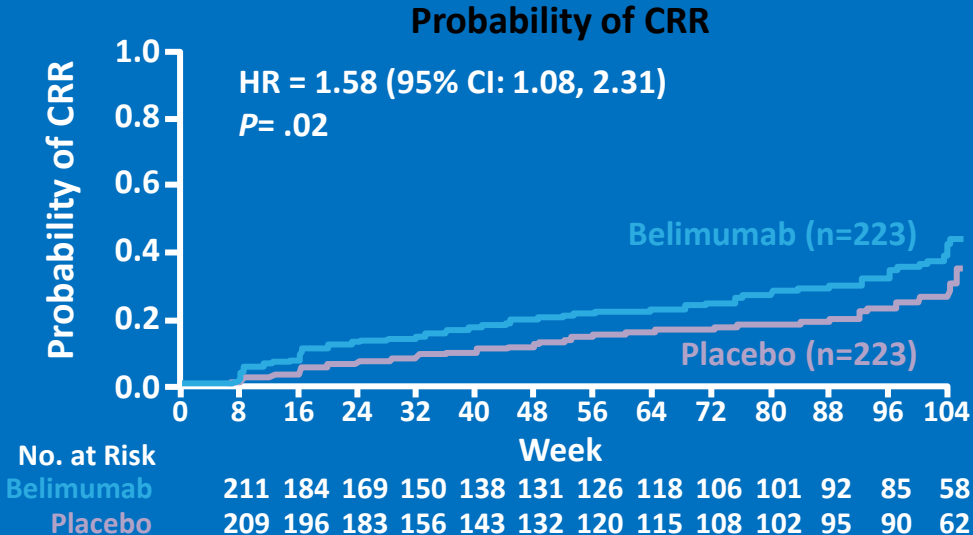
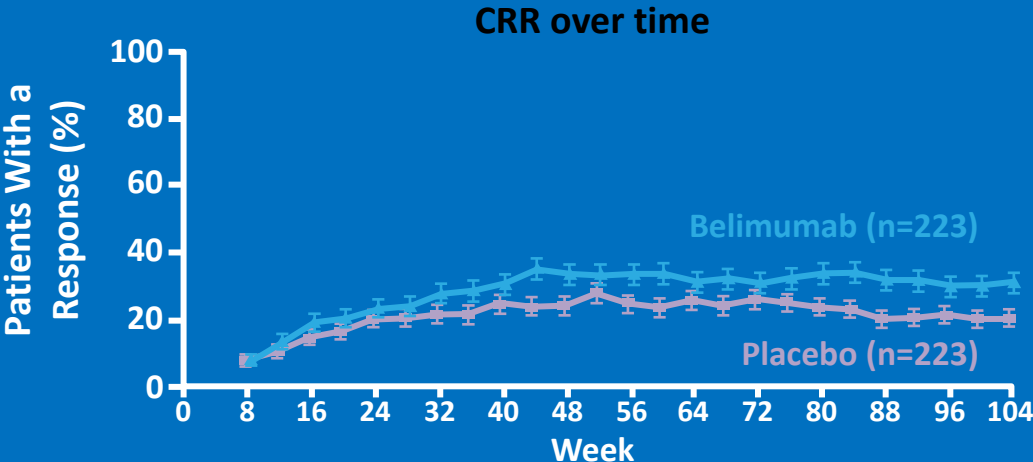
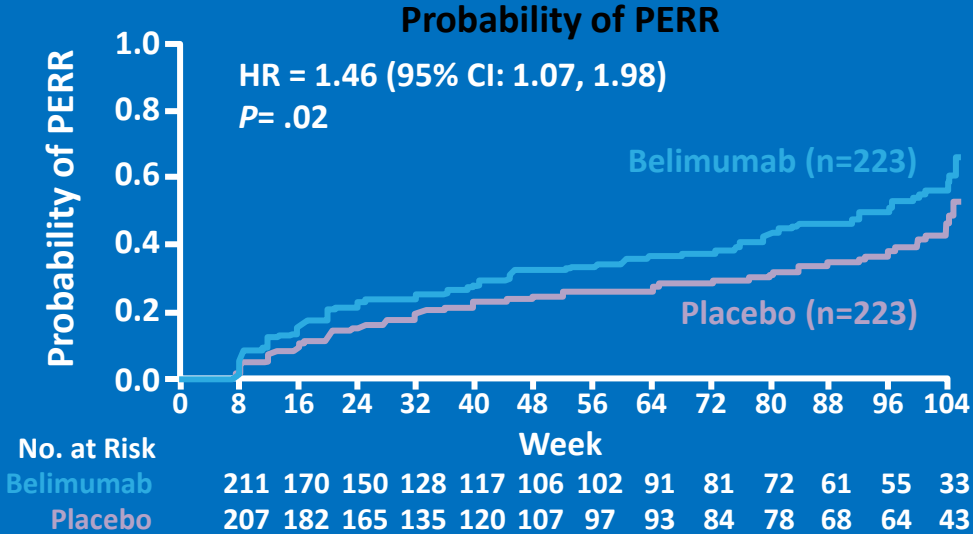
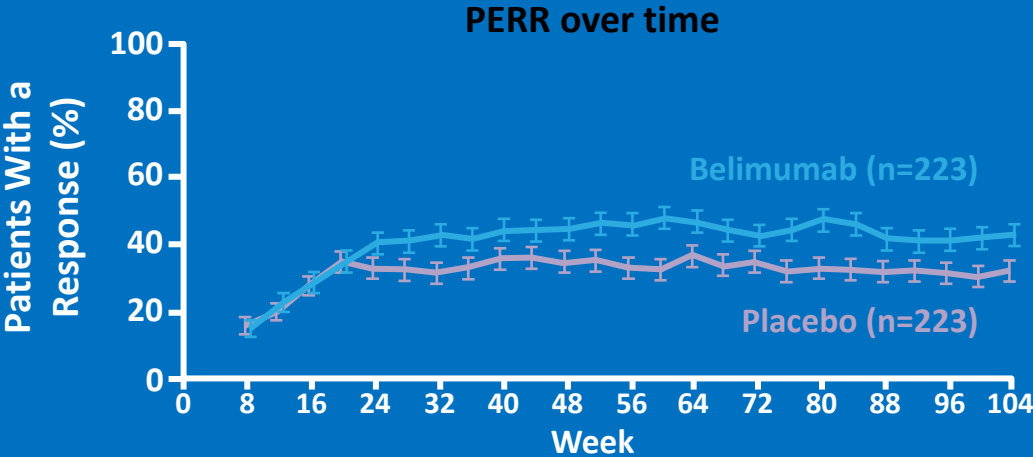
Comparative Risk of Infection with Belimumab vs. Traditional DMARDs



Belimumab for Nephritis



Belimumab: Now FDA Approved to Treat SLE Nephritis



CRR = complete renal response; PERR = primary efficacy renal responses.

Furie R, et al. *N Engl J Med.* 2020;383:1117-1128.

Emerging Treatment Strategies for LN: Rituximab + Belimumab

BLISS-BELIEVE¹

- SC belimumab + rituximab
- Belimumab elevates BlyS, which mobilizes B memory cells; these are then killed by rituximab

SYMBIOSE²

- Belimumab + rituximab reduces neutrophil extracellular traps (NET) formation

CALIBRATE³

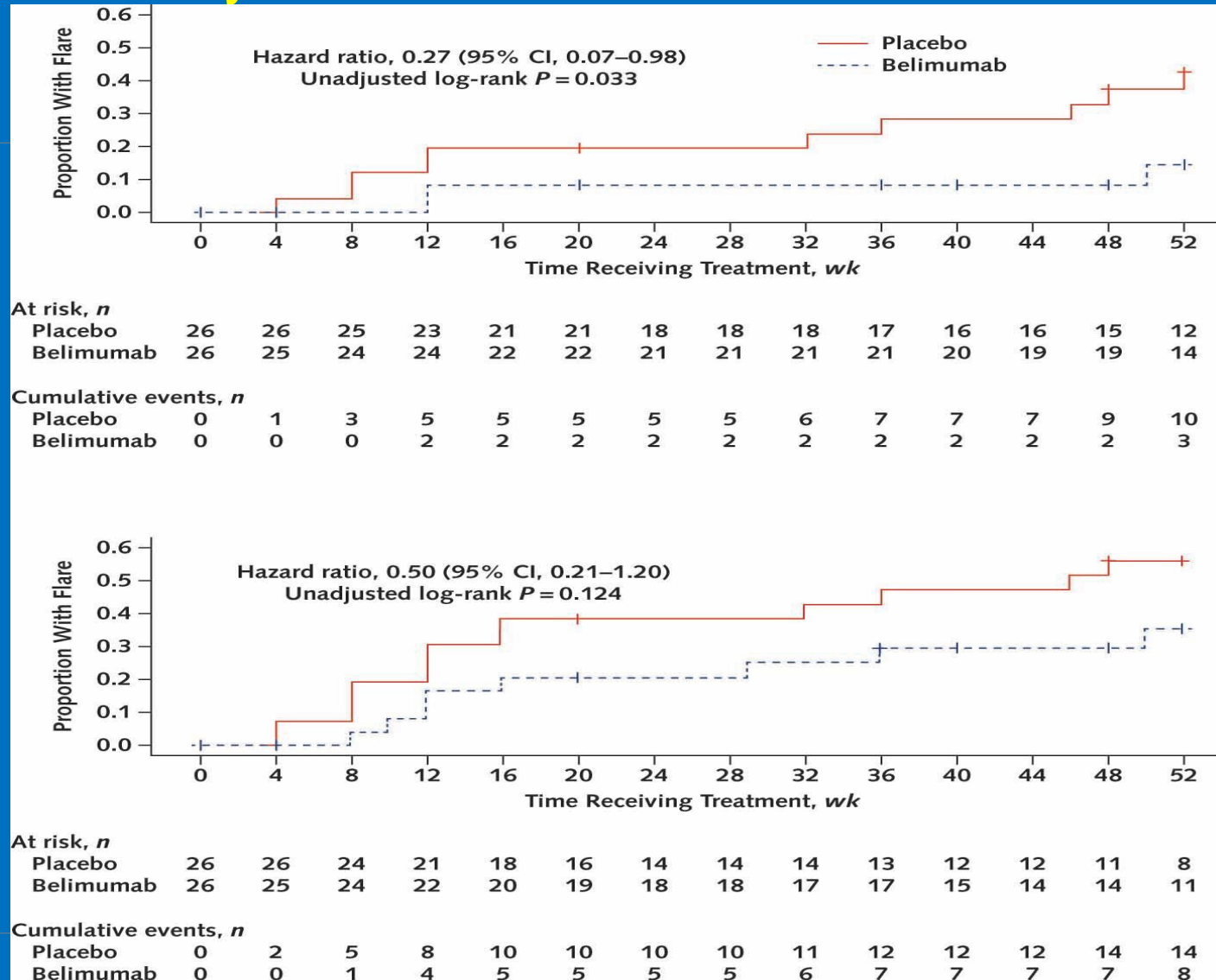
- Belimumab + CYC + rituximab for LN in 43 patients. Did not meet primary endpoint

1. Teng YKO, et al. *BMJ Open* 2019;9:e025687

2. Kraaj T, et al. *J Autoimmun.* 2018;91:45-54.

3. Dall'Era M, et al. 2018 ACR/ARHP Annual Meeting, October 22, 2019. Abstract 4M081.

Effectiveness of Belimumab After Rituximab in Systemic Lupus Erythematosus: BEAT-LUPUS

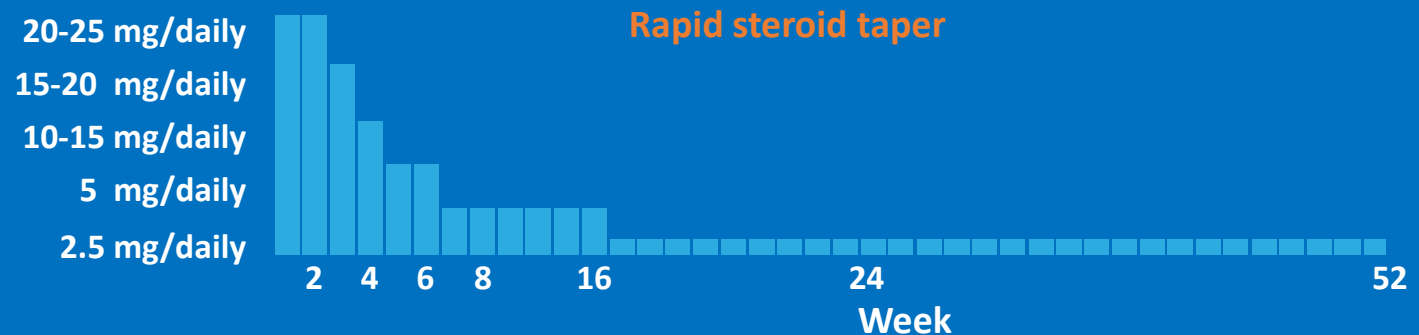
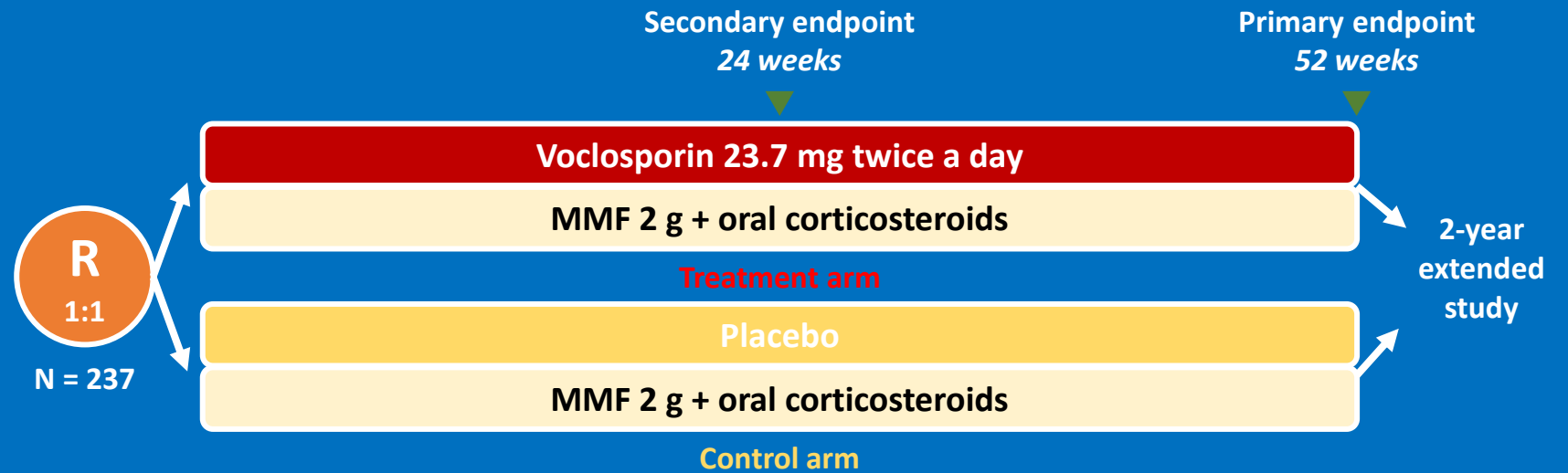


Voclosporin: AURORA Phase 3 Study Design

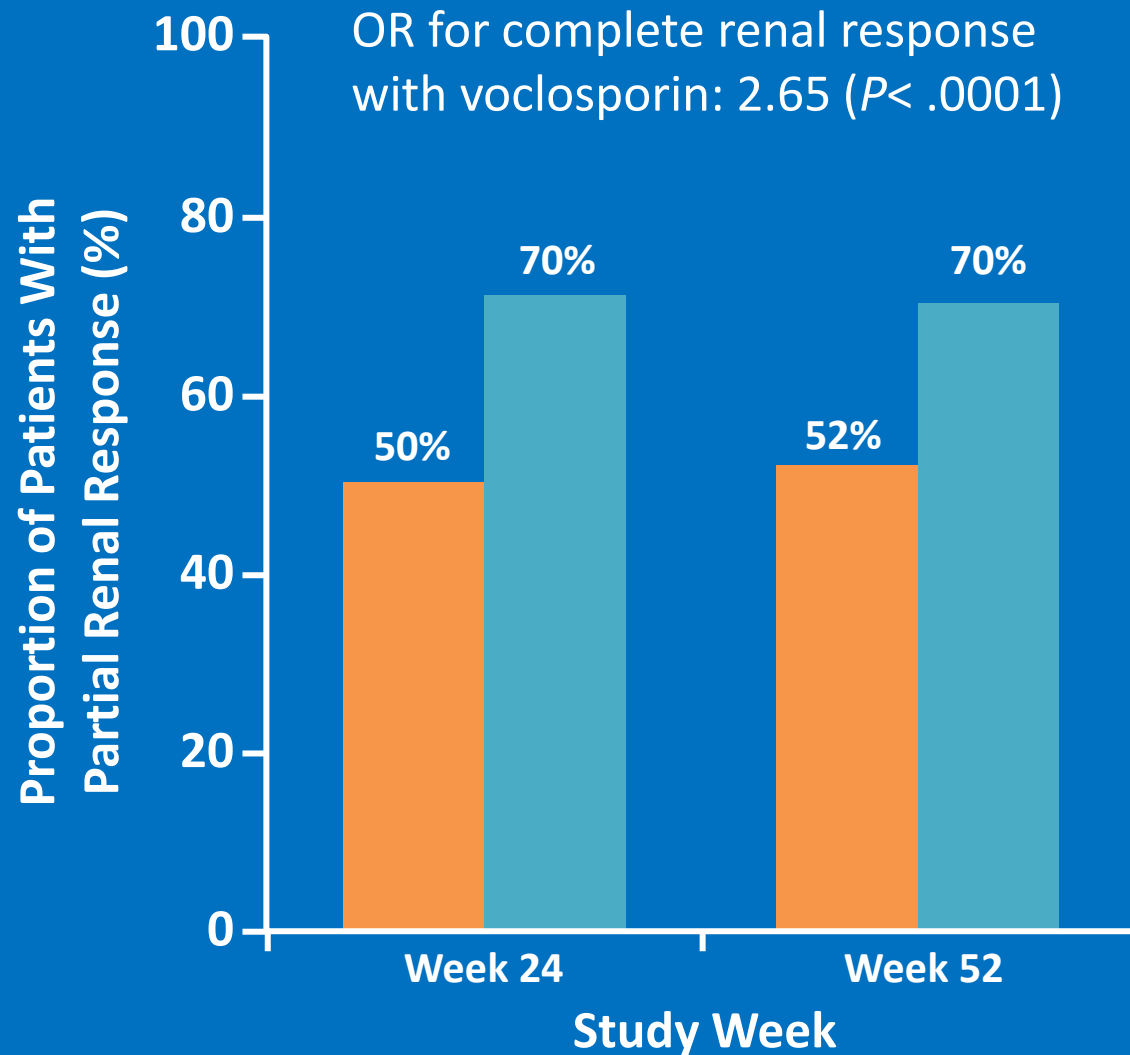
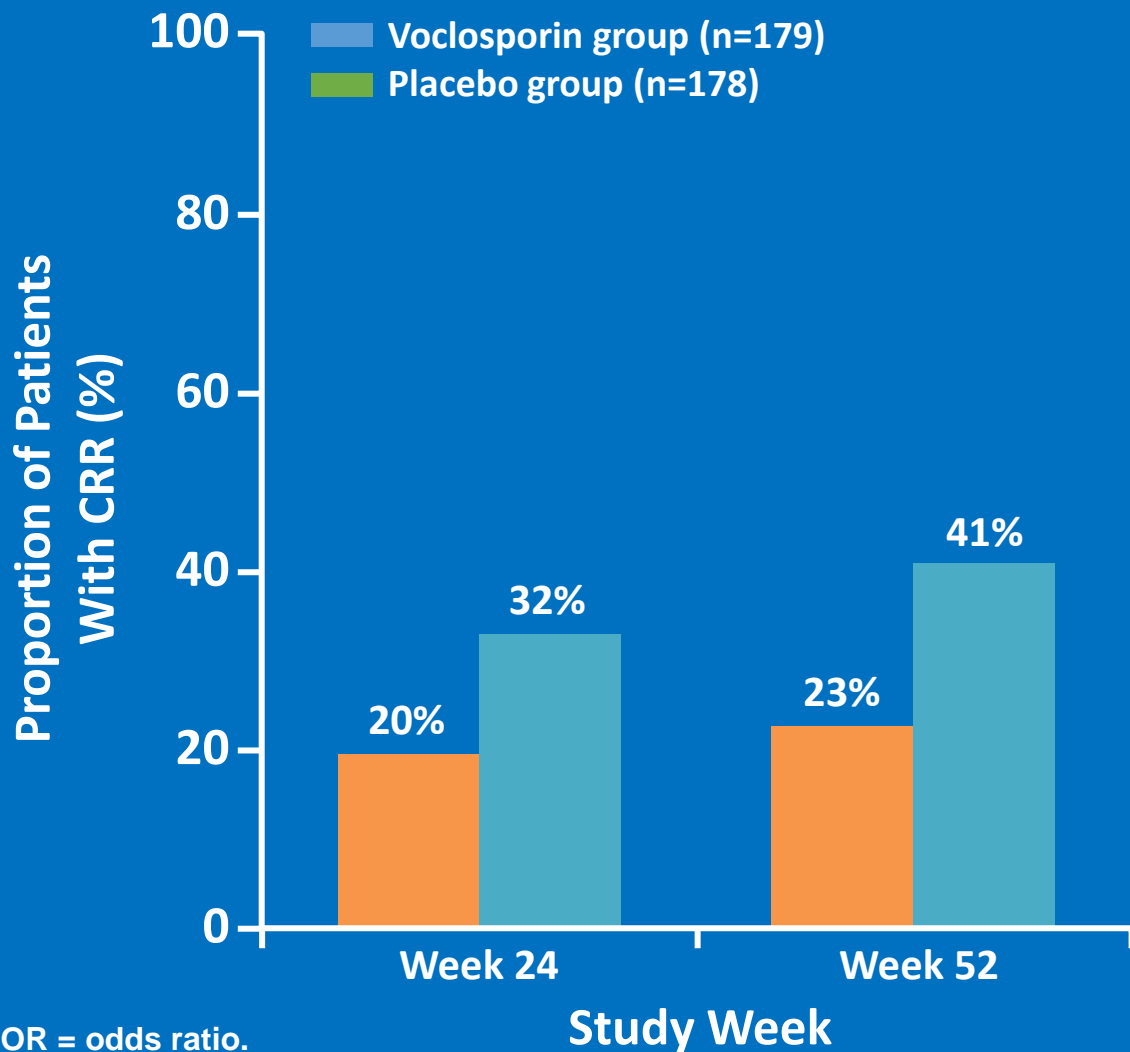
- Voclosporin: 3rd generation calcineurin inhibitor
- Phase 2 study in LN demonstrated benefit
- Phase 3 study ongoing, 1:1 randomization (voclosporin versus placebo) on background mycophenolate

AURORA phase 3 study design

Primary endpoint: Renal response at 52 weeks



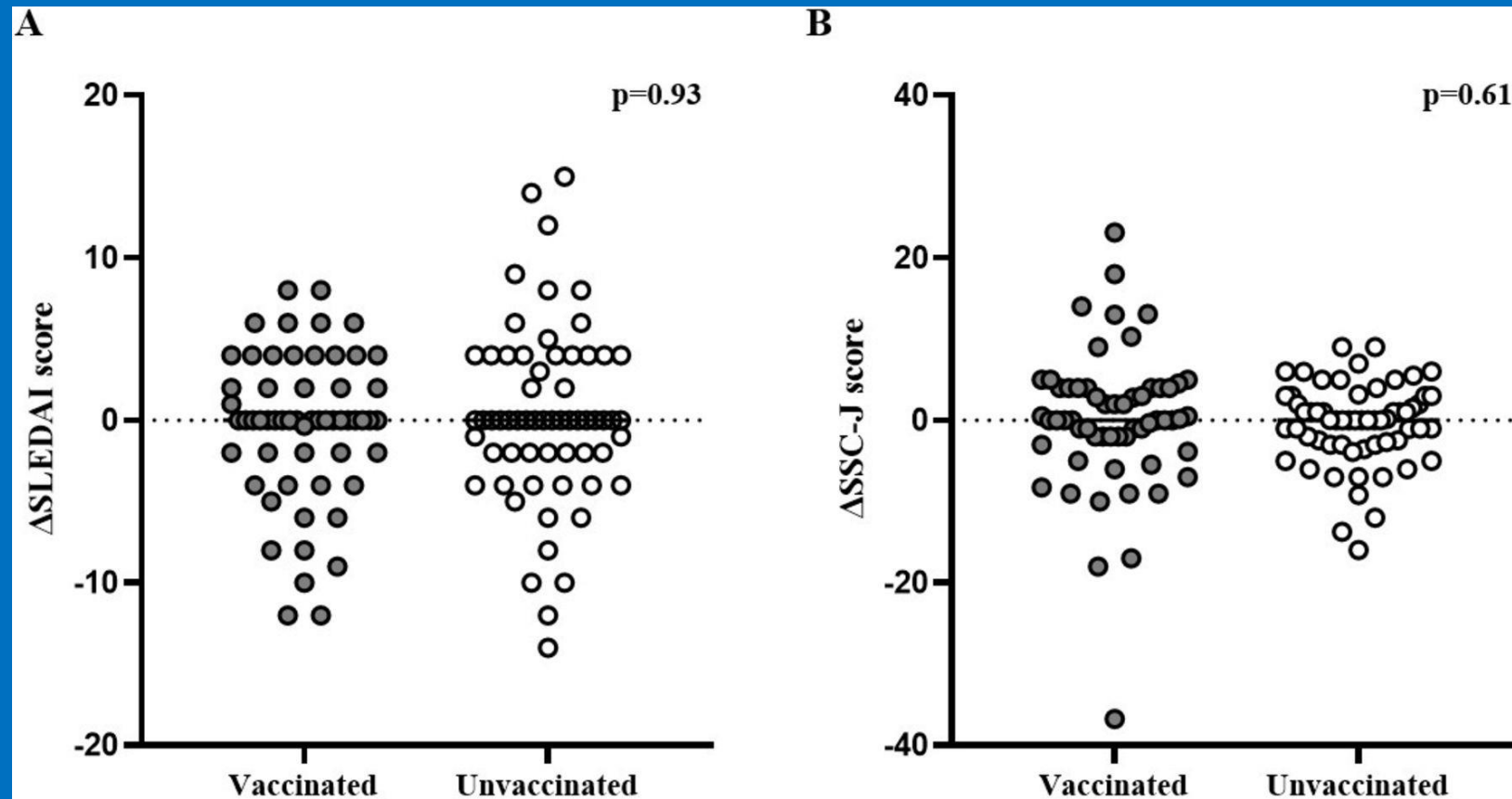
Voclosporin: Now FDA Approved for SLE Nephritis



OR = odds ratio.

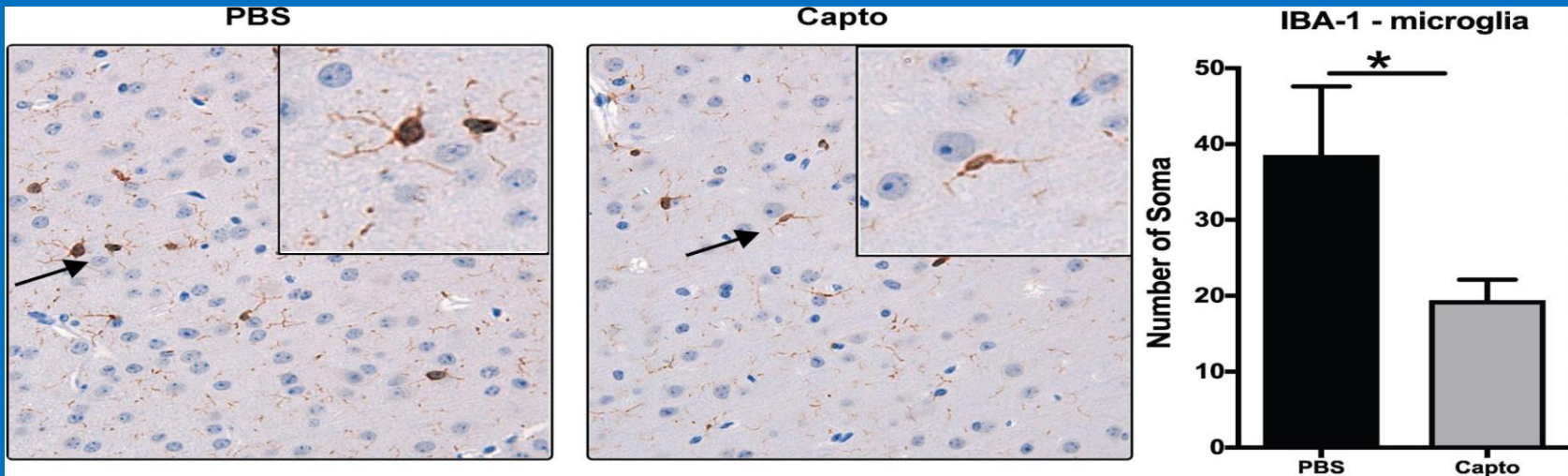
Rovin BH, et al. *Lancet*. 2021;397:2070-2080.

Quantitative change in the SLEDAI-2K and SSC-J scores in the vaccinated and



Tsuneyasu Yoshida et al. *Lupus Sci Med* 2022;9:e000727

Captopril reduces expression of interferon related genes in brain, decreased microglial activation (IBA-1 expression) and reduced depressive-like behavior (swim test) in lupus mice



Captopril---crosses blood brain barrier unlike ARBs and targets microglial cell activation. In preparation: Clinical trial of captopril vs ARB with PET neuronal imaging as the primary outcome

