FDA approved drug for patients with active LN. We present our case series of LN patients treated with belimumab after previous treatment resistance with cyclophosphamide and/or rituximab.

Methods All patients who had biopsy proven LN with class III or above and received belimumab were prospectively recorded. Case notes were reviewed and outcomes at 1 year were analysed. Key outcome measures that were studied at 1 year were eGFR, urine protein creatinine ratio (uPCR), and SLEDAI-2K score.

Results 11 patients with biopsy proven LN were treated with belimumab. 10/11 (90%) patients were female, 8/11 (72%) were of black ethnicity, median age at diagnosis and duration of disease was 22 years and 72 months respectively. 10/11 (90%) patients received cyclophosphamide and 8/11 (72%) had rituximab prior to belimumab treatment. All patients had treatment with MMF, steroids and hydroxychloroquine. At initiation of therapy median eGFR was 52mL/min, uPCR 1.64 g/mmol, SLEDAI-2K score was 16. One patient had commenced haemodialysis at the time of treatment. At 1 year 7/10 (70%) patients did not see a fall in eGFR of greater than 20%, 5/10 (50%) had a uPCR < 1g/mmol, 1 person commenced dialysis and 1 person died. Markers of disease activity improved with a median SLEDAI-2K score of 8. The one patient on haemodialysis was able to successfully receive a kidney transplant.

Conclusions The data presented here shows successful real world experience of belimumab in patients who showed features of relapse in disease activity having previously had cyclophosphamide or rituximab. The cohort was predominately black with lower median eGFR and longer duration of disease. Despite this, good 1 year outcomes of renal markers were seen and with an improvement in overall disease activity. Belimumab therapy represents real promise in decreasing progression to ESKD in LN.

P91 EFFECTIVE TREATMENT OF LUPUS NEPHRITIS AND VASCULITIC FIBRINOID NECROTIC ULCER WITH BELIMUMAB AS ADD-ON THERAPY

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Objective A 35-year-old Polish patient was diagnosed with SLE in 2005 when presented with polyarthritis, photosensitivity rash, oral ulcers, positive ANA, Smith, DNA-43, low complements, positive anticardiolipin, and Beta 2 glycoprotein. She was initially on HCQ 400mg and Azathioprine 150mg. Methotrexate 15 mg weekly was added 2 years later for worsening polyarthritis.

Method In 2015, she had a severe flare of lupus with arthritis, pericarditis, widespread lymphadenopathy with ESR >100, low complements, and dsDNA >1000. She was treated with methylprednisolone and mycophenolate (MMF)2g. This was complicated by septic arthritis (S aureus) in the right ankle and CMV infection, which were treated with antibiotics and antiviral. SLEDAI was 16 in 2016, but she responded partially to 2 courses of Rituximab (total dose of 4 g).

2017, she developed class V lupus nephritis (urine PCR 207) (SLEDAI 10). MMF 2g was recommenced. She relapsed in 2020 with PCR-606, vasculitis, low complements and DNA-215. MMF was increased to 3g. A repeat renal biopsy in 2021 showed Class IV lupus nephritis (active 4/24 and Chronic 5/12) and Class V lesions with no suggestion of APLS driving the disease. She suffered premature ovarian failure, found by serial FSH monitoring. Leg ulcer biopsy showed fibrinoid necrosis. She was treated with Cyclophosphamide EUROLUPUS regime in 2021. She developed osteoporosis and sustained a left ankle fracture (T -2.6 in hip and spine).

Result Belimumab was started in Sept 2021. In 2023, her complements normalised, PCR-10.9, DNA -11, and ESR-21. She developed AVN in her left hip, requiring a hip replacement. She is currently on Prednisolone 4mg, MMF 3g, HCQ 200mg along with monthly belimumab.

Conclusion Lupus nephritis is often associated with significant morbidity and mortality, and clinical presentation can be asymptomatic. Therefore, monitoring at each visit is encouraged. Kidney biopsy remains indispensable in its diagnosis and repeat biopsy should be considered in cases of relapse. Belimumab is a useful adjunct to MMF with good efficacy, a greater reduction in antibody profile (complement, DNA), and a reliable safety profile in recent trials.

P92 QUANTIFYING THE UNMET NEED IN LUPUS NEPHRITIS: EULAR/ERA- EDTA TREATMENT TARGETS, FLARES, AND TREATMENT MODIFICATIONS IN THE FIRST YEAR IN A MULTICENTER OBSERVATIONAL STUDY

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Objective To decide on the optimal positioning of combination therapies in lupus nephritis (LN), we aimed to determine renal response rates with standard-of-care (SoC) treatment at 3, 6 and 12 months according to EULAR/ERA- EDTA treatment targets in real-life clinical practice.

Methods 135 patients with recent LN (2015- present) were included in a retrospective/prospective cohort study. Demographic, clinical, and laboratory data, as well as treatment at baseline and every 3 months were collected. Response rates in the first year according to EULAR/ERA-EDTA, flares, and use of glucocorticoids were calculated. Uni- and multivariate