Comparing clinical and serological therapeutic efficacy of belimumab in addition to standard immunosuppressive therapies.

Purpose
Belimumab (BEL) is approved for Systemic Lupus erythematosus in addition to standard immunosuppressive therapies. Clinical studies have excluded patients with particular organ manifestations from participation in most clinical trials. Most importantly, Lupus nephritis (LN) and neuropsychiatric Systemic Lupus erythematosus (NPSLE) were exclusion criteria in the relevant clinical studies. We aim to report our experience of BEL’s effect on SLE manifestations which have not been formally addressed in clinical trials.

Methods
We performed an observational study of routinely collected clinical data of all patients receiving BEL with or without other immunosuppressive therapy at our institution.

Results
We included 108 patients representing a sample of 24% of the total number of patients with SLE treated at our centre during that period. The majority of patients were women (89.8%), mean age at diagnosis was 30±12.29 years (range: 7–75) and duration of disease was 127 months (range: 2–411). Thirteen patients (12.03%) had findings compatible with JA. There were no significant differences in age, sex or race, but the duration of disease was higher in JA patients (190 vs 118.2 months, p=0.0299). There were significant differences in the presence of malar rash (p=0.0009), photosensitivity (p=0.0035), oral ulcers (p=0.0032) and pericarditis (p=0.00001), which were more frequent in patients without JA, but arthritis, nephritis, pleuritis, seizures, psychosis, Raynaud’s phenomenon and antiphospholipid syndrome had a similar distribution between both groups. Among the immunological features, no significant difference was found in relation to clinical and serological findings in patients with SLE with JA with respect to those who do not present it.

Conclusions
In the analysed sample of patients in our centre JA was a relatively frequent finding and was associated with a longer duration of the disease. It was not possible to corroborate other JA associations suggested in previous studies such as a lower frequency of lupus nephritis or major secondary antiphospholipid syndrome, probably due to limited sample size, but there are also other studies that do not demonstrate significant differences in relation to clinical and serological findings in patients with SLE with JA with respect to those who do not present it.

Therapeutic efficacy of belimumab in addition to standard therapy for lupus nephritis and neuropsychiatric lupus – case series of routinely collected data at a single centre

J.-G Rademacher, LE Schrempf, M Plüß, GA Müll€, P Korsten. University Medical Centre Goettingen, Department of Nephrology and Rheumatology, Goettingen, Germany

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