demonstrated utility for lupus patients with joint, skin and renal disease. It is likely that other biologics identified more recently, such as anifrolumab, will have a part to play for those lupus patients for whom standard drugs are insufficient.⁵ These changes will not happen today, tomorrow or next year, but in the next decade I predict that the majority of lupus patients will be treated with biologic drugs and newer treatment modalities.

Learning Objectives

- Explain the need for new biologic treatments for patients with lupus, for whom standard drugs have failed
- Describe the importance of embracing new evidence-based treatments including small molecules and biologics, for the numerous disease manifestations that characterise lupus
- Discuss the role of biologic therapies in future treatment of patients with lupus

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03

DEBATE: A MINORITY OF LUPUS PATIENTS (WILL) NEED A BIOLOGIC!

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10.1136/lupus-2020-la.3

Obviously, the expected role for biologic therapy in lupus is to control disease activity and prevent damage and co-morbidities, but what is the evidence that we are not faring well in those areas?

Over the past 5 decades there has been a dramatic improvement in survival rates for patients with systemic lupus erythematosus (SLE) perhaps due to a combination of earlier diagnosis, more effective treatments, recognition of important comorbidities and their earlier diagnosis and treatment. Currently, the 20-year survival rate is 80%!^{1 2} Standardised Mortality Ratios have decreased from over 14 in the 1970s to just over two in the 2000s.³ Furthermore, the cause of the 206 deaths in our cohort due to lupus was only 19% whereas deaths from atherosclerotic disease was 21.5% and from infection 34.6% neither of which would require a biologic.⁴ In terms of disease activity, in the first decade of disease the adjusted mean Systemic Lupus Erythematosus Disease Activity Index-2K (AMS) has decreased from 7.94 in the 1970s to 5.16 in the 2000s and the percentage of time on prednisone >7.5 mg was significantly lower, all indicating much improved control of disease. This is corroborated by the fact that patients are spending a

significant portion of their disease over the first 10 years in clinical remission.

So, if patients are surviving longer with less active disease and lower steroid therapy, are they suffering more co-morbidities? The prevalence of atherosclerotic vascular events has similarly declined over the past 4 decades in our cohort from a prevalence from 11.0% to 3.8% (an incidence of 0.44 per 100 patient years) an incidence seen also in the SLICC cohort.⁵ This dramatic decrease is due to better control of lupus disease activity and also treatment of atherosclerotic risk factors.

Finally, when one looks at the randomised controlled trials with biologics in lupus, more than a third of the placebo-treated patients who were getting standard of care achieved their respective primary endpoints. The difference in outcome in those getting biologics was only in the range 10% greater, hardly a major impact.

In summary, lupus is being much better controlled, less steroid is being used, co-morbidities are less and biologics to date have had a minimal impact. A Minority of Lupus Patients Will Need a Biologic!

Learning Objectives

- Describe how lupus survival has improved dramatically in past 5 decades
- Explain how mortality in lupus is now less related to lupus and more related to co-morbidities or infection
- Demonstrate that lupus patients are currently spending more of their time in remission and on less corticosteroids
- Show that the major co-morbidity atherosclerotic vascular disease has decreased dramatically

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Plenary I: New Aspects in the Management of SLE

04

MEASURING SLE DISEASE ACTIVITY IN 2020: PERSPECTIVES FROM CLINICAL RESEARCH

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10.1136/lupus-2020-la.4

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease with heterogeneous clinical presentation and disease course. It can involve many organ systems with widely diverse clinical patterns in different patients and over time. Furthermore, there are no reliable biomarkers for monitoring the disease course. As a result, measuring SLE disease is highly challenging and there is a lack of user-friendly,