spleenectomy is less frequently applied as a second-line treatment, since the availability of effective pharmaceutical agents, the potential complications of spleenectomy and the inability to predict on whether patients do respond to splenectomy. After several ITP treatment have been applied with no or only minimal response the diagnosis of ITP has to be reconsidered. In this case the presence of bone marrow failure syndromes, myelodysplastic syndrome or inherited thrombocytopenias must be excluded.2

Learning Objectives
• Explain the pathophysiology of ITP
• Describe how to make the diagnosis of ITP and when to reconsider diagnosis
• Discuss the therapeutic options for refractory ITP

REFERENCES

10 LESSONS FROM RA: RA DRUG DEVELOPMENT HAS ADVANCED AT A MORE RAPID PACE THAN SLE: WHAT CAN WE LEARN FROM OUR COLLEAGUES?
Ronald van Vollenhoven, Amsterdam University Medical Centers, The Netherlands
10.1136/lupus-2021-la.10

In a little over two decades, the treatment of rheumatoid arthritis (RA) has changed dramatically. Nine different biologics, with five different modes of action, and a new class of targeted synthetic medications have been approved and are being used in the care of millions of patients, and long-term outcomes have improved considerably. What factors have contributed to this unprecedented success, and can similar results be obtained in the treatment of systemic lupus erythematosus (SLE)?

The following key ingredients of the RA success story will be discussed.

1. Clinical and structural outcomes for RA were intensively studied and accurately defined before the key clinical trials were launched.
2. Industry-sponsored and investigator-initiated clinical trials, often running in parallel, delivered complementary knowledge and insights.
3. Once approved, rheumatologists and their patients embraced the new developments, testing the possibilities and gathering data in registries, rapidly acquiring extensive practical experience.

I will discuss how similar approaches can be implemented in the development of new therapies for SLE. Although progress in this disease has been slow in coming, I will argue that the main conditions have now been fulfilled to accomplish significant beneficial changes in lupus therapeutics in the coming years.

Learning Objectives
• Describe why defining clinical and structural outcomes in RA was important to assessing benefit of novel treatments
• Discuss advances in RA treatment and how drivers of successful treatment can be applied to treating SLE
• Explain how practical experiences with novel treatments in RA have benefited patients and how similar experiences may benefit patients with SLE

Keynote

11 KIDNEY BIOPSIES IN SLE: TOO FEW OR TOO MANY?
Hans-Joachim Anders, LMU University Hospital, Munich, Germany
10.1136/lupus-2021-la.11

Kidney biopsy represents the gold standard for the diagnosis of lupus nephritis (LN) and is used to stratify patients for