

splenectomy is less frequently applied as a second-line treatment, since the availability of effective pharmaceutical agents, the potential complications of splenectomy 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

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09 LESSONS FROM SCLERODERMA: TREATMENT OF INTERSTITIAL LUNG DISEASE IN SLE

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Interstitial lung diseases (ILDs) are frequent in systemic sclerosis (SSc) and affect approximately 50% of the patients during their disease course. SSc-ILD shows overlapping pathogenesis and clinical features with ILDs from other CTDs including SLE. In SSc, SSc-ILD is the most frequent cause of death, not only affecting patients with diffuse cutaneous SSc, but also with limited cutaneous SSc. In recent years, there have been breakthroughs in the treatment of SSc-ILD. This presentation will be based on a recent interdisciplinary consensus paper using state of the art consensus methodology to reach statements on treatments and other aspects of SSc-ILD.¹ Level of evidence for the different treatment options will be discussed. Specifically, first line treatment recommendations include cyclophosphamide, mycophenylate mofetil and nintedanib.² Second line treatments include rituximab, stem cell transplantation and early listing for lung transplantation, if appropriate. In addition, a very recent published Phase 3 trial point to efficacy of tocilizumab in patients with inflammatory, early, diffuse, recently skin-progressive SSc-ILD.³ Open questions remain about the sequence of therapy selection, combination therapy, step up or step down combination therapy and personalised medicine in a very heterogeneous patient population.

Learning Objectives

- Explain the heterogeneity of ILDs in both pathophysiology and clinical course
- Apply assessment of evidence level to clinical studies in ILDs
- Describe the new treatment options and the need for individualized treatments of SSc-ILD
- Discuss open questions and unmet needs in the ILDs

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10 LESSONS FROM RA: RA DRUG DEVELOPMENT HAS ADVANCED AT A MORE RAPID PACE THAN SLE: WHAT CAN WE LEARN FROM OUR COLLEAGUES?

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In a little over two decades, the treatment of rheumatoid arthritis (RA) has changed dramatically. Nine different biologicals, 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?

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