REFERENCES

1. Zen M, Iaccarino L, Gatto M, et al. Prolonged remission in Caucasian patients with SLE: prevalence and outcomes. *Ann Rheum Dis*. 2015;**74**(12):2117–22.
2. Zen M, Iaccarino L, Gatto M, et al. The effect of different durations of remission on damage accrual: results from a prospective monocentric cohort of Caucasian patients. *Ann Rheum Dis*. 2017;**76**(3):562–5.
3. Gatto M, Zen M, Iaccarino L, Doria A. New therapeutic strategies in systemic lupus erythematosus management. *Nat Rev Rheumatol*. 2019;**15**(1):30–48.
4. Zen M, Iaccarino L, Gatto M, et al. Lupus low disease activity state is associated with a decrease in damage progression in Caucasian patients with SLE, but overlaps with remission. *Ann Rheum Dis*. 2018;**77**(1):104–10.
5. Saccon F, Zen M, Gatto M, et al. Remission in systemic lupus erythematosus: testing different definitions in a large multicentre cohort. *Ann Rheum Dis*. 2020;**79**(7):943–50.
6. Zen M, Saccon F, Gatto M, et al. Prevalence and predictors of flare after immunosuppressant discontinuation in patients with systemic lupus erythematosus in remission. *Rheumatology (Oxford)*. 2020;**59**(7):1591–8.
7. Moroni G, Gatto M, Tamborini F, et al. Lack of EULAR/ERA-EDTA response at 1 year predicts poor long-term renal outcome in patients with lupus nephritis. *Ann Rheum Dis*. 2020;**79**(8):1077–83.
8. Moroni G, Vercelloni PG, Quaglini S, et al. Changing patterns in clinical-histological presentation and renal outcome over the last five decades in a cohort of 499 patients with lupus nephritis. *Ann Rheum Dis*. 2018;**77**(9):1318–25.
9. Gatto M, Saccon F, Zen M, et al. Early Disease and Low Baseline Damage as Predictors of Response to Belimumab in Patients With Systemic Lupus Erythematosus in a Real-Life Setting. *Arthritis Rheumatol*. 2020;**72**(8):1314–24.

17

LUPUS TREATMENT IN THE NEXT DECADE: THE NEXT DECADE IS UPON US

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There is little question that our colleagues in rheumatology who treat patients with rheumatoid or psoriatic arthritis have outdone us ‘lupologists’ in bringing new therapies to the community. Biologics have truly been transformative for those patients with inflammatory arthritis. We are now starting to see the same successes in lupus. As we celebrate the 10th anniversary of the FDA approval of belimumab, the lupus community recently witnessed the approval of two drugs, belimumab and voclosporin, for the treatment of lupus nephritis. In addition, several Phase 2 studies yielded favorable results and will be progressing to Phase 3.^{1–5} Drug development activity is currently unprecedented, and there is no doubt that research advances will improve outcomes and ensure brighter futures for our patients with systemic lupus.

Learning Objectives

- Describe unmet needs in SLE treatment
- Discuss biologic targets for SLE drug development
- Explain recent clinical trial results

REFERENCES

1. Wallace DJ, Furie RA, Tanaka Y, et al. Baricitinib for systemic lupus erythematosus: a double-blind, randomised, placebo-controlled, phase 2 trial. *Lancet*. 2018;**392**(10143):222–31.
2. Rovin BH, Solomons N, Pendergraft WF, 3rd, et al. A randomized, controlled double-blind study comparing the efficacy and safety of dose-ranging voclosporin with placebo in achieving remission in patients with active lupus nephritis. *Kidney Int*. 2019;**95**(1):219–31.
3. Furie R, Werth VP, Merola JF, et al. Monoclonal antibody targeting BDCA2 ameliorates skin lesions in systemic lupus erythematosus. *J Clin Invest*. 2019;**129**(3):1359–71.
4. Furie R, Rovin BH, Houssiau F, et al. Two-Year, Randomized, Controlled Trial of Belimumab in Lupus Nephritis. *N Engl J Med*. 2020;**383**(12):1117–28.
5. Morand EF, Furie R, Tanaka Y, et al. Trial of Anifrolumab in Active Systemic Lupus Erythematosus. *N Engl J Med*. 2020;**382**(3):211–21.

Workshop

18

CUTANEOUS LUPUS

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Case 1: 35-year-old Mestizo female

Bernardo Pons-Estel

A 35-year-old Mestizo female was diagnosed with systemic lupus erythematosus (SLE) in 2005 based on polyarthritis, malar rash, photosensitivity, mucosal ulcerations, positive ANA and anti-dsDNA, and low complement. She was treated with prednisone 20–30 mg/day and hydroxychloroquine (HCQ) 400 mg/day. In June 2010, lupus pneumonitis was diagnosed.

In July 2018, she was first admitted to our hospital. She was cushingoid and had fever, fatigue, malar rash, oral ulcers, alopecia, polyarthritis, oedema, multiple purplish-red streaks, and active erythematous, palpable and painful subcutaneous indurated nodules/plaques located on her face, proximal lower extremities and abdomen; some were ulcerated.

Laboratory tests RBC 3.8 ($\times 10^{12}/L$), hemoglobin 11.8 g/dL, WBC 2.3 ($\times 10^9/L$), platelets 62 ($\times 10^9/L$), ESR 8 mm, CRP 0.8 mg/L, serum ferritin 1,487 ng/mL, ALAT 70 UI/mL, ASAT 26 UI/mL, GGT 64 U/L, BUN 43 mg/dL, serum creatinine 1.54 mg/dL, GFR 67 mL/min, cholesterol 186 mg/dL, triglycerides 149 mg/dL, proteinuria 210 mg/24 h, ANA 1/320, speckled pattern, anti-Sm (+) and anti-dsDNA, anti-U1RNP, anti-Ro and anti-La all (–). C3 75 mg/dL, C4 10, Coombs test (–), procalcitonin 0.29 ng/mL (<0.5). VDRL and viral serologies were negative. A cutaneous ulcer culture showed *proteus mirabilis*. Her SLEDAI was 19. Three skin biopsies of indurated lesions all showed lobular panniculitis.

She was treated with IV methylprednisolone (500 mg/day/3 days), and high-dose intravenous immunoglobulin, and discharged with mycophenolate mofetil 1 g/day, HCQ 400 mg/day, prednisone 20 mg/day and TMS-SMX 860/160 BID for 5 days. A week later she was re-admitted with fever, pancytopenia, hepatosplenomegaly, lymphadenopathy and several painful, indurated erythematous lesions. Her SLEDAI was 13. A bone marrow aspiration and biopsy was interpreted as a macrophage activated syndrome in the context of SLE exacerbation and treated with IV dexamethasone, colony stimulating factor, and rituximab 1000 mg. Despite treatment, she remained severely ill with fever, asthenia, petechiae and purpura on her abdomen and thighs, and pancytopenia. Due to disease severity, treatment with etoposide was indicated. Finally, the patient presented an acute episode of respiratory distress followed by death.

Discussion Points

- Interpreting the different skin manifestations in a patient with SLE
- Analyzing complications and differential diagnoses with other associated diseases

Case 2: 28-year-old Caucasian female

Annegret Kuhn

A 28-year-old Caucasian female was diagnosed with systemic lupus erythematosus (SLE) in 1996 and presented with severe, erythematous, scarring discoid lesions on the scalp,