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WE'VE COME A LONG WAY, RESEARCHERS: HOW A DECADE OF RESEARCH IS HELPING LUPUS PATIENTS

Patients Have Better Treatment Options than Ever Before

Washington, DC (November 1, 2010) — Today, individuals with lupus nephritis benefit from better treatments than a decade ago, according to a review appearing in an upcoming issue of the *Journal of the American Society Nephrology* (JASN). The article suggests that patients with the disease can now live full lives without suffering from many treatment-related side effects that plagued them in the past. In the future, patients will likely experience additional benefits from treatment strategies currently being explored in clinical trials.

Individuals with the autoimmune disease systemic lupus erythematosus (SLE) can experience a number of medical complications, such as lupus nephritis, an inflammatory kidney disorder. Lupus affects about 1.4 million persons in the US (particularly women aged 20 to 40 years of age); it can be serious and lead to kidney failure. Researchers have been vigorously studying therapies for the condition in recent years and made significant advances that have helped affected individuals.

Gerald Appel, MD and Andrew Bomback, MD (Columbia University College of Physicians and Surgeons) recently reviewed the various breakthroughs in lupus nephritis research over the past 10 years. They note that improved classification of different classes of the condition now guide therapy. New treatment regimens use lower doses and shorter treatment durations of intravenous cyclophosphamide, a highly toxic immunosuppressive drug—a change that has reduced treatment-related side effects without sacrificing efficacy. In addition, the less toxic immunosuppressive agent mycophenolate mofetil has emerged as a viable alternative to cyclophosphamide for certain classes of lupus nephritis. Also, combination treatments with multiple agents have provided greater benefits than single drugs for many patients.

New therapies that target specific components of the immune system are also proving useful. For example, rituximab, an antibody that depletes B cells, may induce remissions in some patients with severe lupus nephritis, including those whose condition does not

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respond to cyclophosphamide or mycophenolate mofetil. Other targeted agents include ocrelizumab and belimumab, which also act on B cells, as well as abatacept, which blocks T cell activation. Finally, recent clinical trials have shown that once a patient is in remission, mycophenolate mofetil and azathioprine are effective for preventing relapses.

“Treatment of lupus nephritis is rapidly changing, becoming safer and more effective,” said Dr. Appel. Because the disease still negatively affects many individuals, though, investigators continue to seek out new therapies and new regimens based on old therapies. “The treatment of lupus nephritis today is markedly different, and objectively more effective, than it was 10 years ago. The hope and expectation is that a similar claim will be made 10 years hence,” the authors wrote.

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The article, entitled “Brief Review: Updates on the Treatment of Lupus Nephritis,” will appear online at <http://jasn.asnjournals.org/> on November 1, 2010, doi 10.1681/ASN.2010050472.

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