

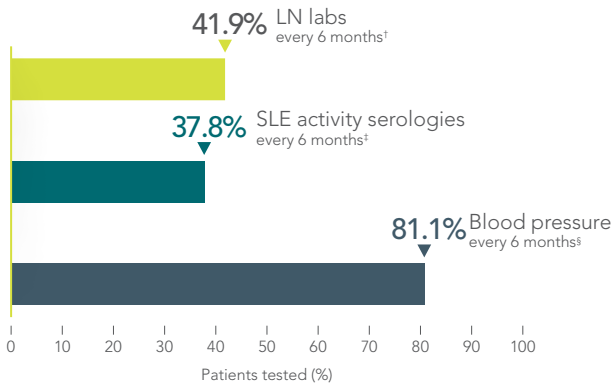
Patients with undiagnosed lupus nephritis are

LOSING MORE THAN TIME

As patients with SLE and undiagnosed lupus nephritis lose nephrons, their long-term kidney function may be at risk.

Active Surveillance for Lupus Nephritis Is Critical

Percentage of Patients With SLE Receiving ACR-recommended Screening Tests for LN^{1*}



- ACR 2012 guidelines recommend lupus nephritis labs[†] be performed every 6 months²
- EULAR/ERA-EDTA 2019 guidelines recommend lupus nephritis labs[†] be performed every 3 months³

Kidney health in SLE starts with active surveillance for lupus nephritis every 3 months in patients with high risk of kidney involvement.³

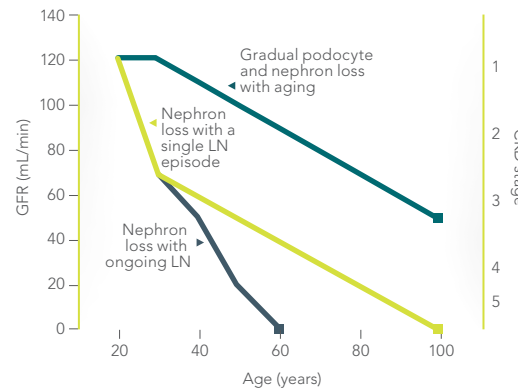


Did You KNOW: In a study of patients with suspected LN, a third did not receive a kidney biopsy¹¹

Identifying Lupus Nephritis Early Helps Avoid Nephron Loss

- Lupus nephritis episodes result in irreversible nephron loss, potentially decreasing the life span of the kidneys by decades⁴

Implied Risk of Nephron Loss in Patients With LN Over Lifetime⁴



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Early lupus nephritis diagnosis and intervention are vital to preserve nephrons.⁵



Did You KNOW: Each subsequent renal flare contributes to kidney failure^{3,4}

EULAR/ERA-EDTA Guidelines Clearly Define Treatment Targets

- Target proteinuria decrease of⁶:



Patients with nephrotic-range proteinuria at baseline may require an additional 6 to 12 months to reach complete clinical response; in such cases, prompt switches of therapy are not necessary if proteinuria is improving.

- Decreased proteinuria levels following treatment are the best predictor of kidney outcomes⁷

Treatment targets suggest an aggressive decrease in proteinuria for optimal patient survival.^{6,8}



Did You KNOW: Patient and kidney survival are highest among those who achieve complete response⁸

¹Study evaluated 250 participants across a variety of clinical settings enrolled in the California Lupus Epidemiology Study (CLUES), with the goal of identifying gaps in quality of care for screening, diagnosing, and treating LN.¹

[†]Urinalysis, UPCR, and SCR.

[‡]C3 or C4, and anti-dsDNA levels.

[§]ACR 2012 LN Guidelines recommend blood pressure measurement every 3 months.

¹¹Within 1 year of suspected LN.

ACR=American College of Rheumatology; CKD=chronic kidney disease; CR=complete response; anti-dsDNA=double-stranded deoxyribonucleic acid; ERA-EDTA=European Renal Association-European Dialysis and Transplant Association; EULAR=European League Against Rheumatism; GFR=glomerular filtration rate; LN=lupus nephritis; SCR=serum creatinine; SLE=systemic lupus erythematosus; UPCR=urine protein to creatinine ratio.

References: 1. Aggarwal I, Li J, Trupin L, et al. Quality of care for the screening, diagnosis, and management of lupus nephritis across multiple health care settings. *Arthritis Care Res (Hoboken)*. 2020;72(7):888-896. doi:10.1002/acr.23915 2. Hahn BH, McMahon MA, Wilkinson A, et al. American College of Rheumatology guidelines for screening, treatment, and management of lupus nephritis. *Arthritis Care Res (Hoboken)*. 2012;64(6):797-808. doi:10.1002/acr.21664 3. Fanouriakis A, Kostopoulou M, Alunno A, et al. 2019 update of the EULAR recommendations for the management of systemic lupus erythematosus. *Ann Rheum Dis*. 2019;78(6):736-745. doi:10.1136/annrheumdis-2019-215089 4. Anders HJ, Saxena R, Zhao MH, Parodis I, Salmon JE, Mohan C. Lupus nephritis. *Nat Rev Dis Primers*. 2020;6(1):7. doi:10.1038/s41572-019-0141-9 5. Anders HJ, Rovin B. A pathophysiology-based approach to the diagnosis and treatment of lupus nephritis. *Kidney Int*. 2016;90:493-501. doi:10.1016/j.kint.2016.05.017 6. Fanouriakis A, Kostopoulou M, Cheema K, et al. 2019 update of the Joint European League Against Rheumatism and European Renal Association-European Dialysis and Transplant Association (EULAR/ERA-EDTA) recommendations for the management of lupus nephritis. *Ann Rheum Dis*. 2020;79(6):713-723. doi:10.1136/annrheumdis-2020-216924 7. Tamirou F, D'Cruz D, Sangle S, et al. Long-term follow-up of the MAINTAIN Nephritis Trial, comparing azathioprine and mycophenolate mofetil as maintenance therapy of lupus nephritis. *Ann Rheum Dis*. 2016;75:526-531. doi:10.1136/annrheumdis-2014-206897 8. Chen YE, Korbet SM, Katz RS, Schwartz MM, Lewis EJ; Collaborative Study Group. Value of a complete or partial remission in severe lupus nephritis. *Clin J Am Soc Nephrol*. 2008;3(1):46-53. doi:10.2215/CJN.03280807

