Lupus nephritis (LN) is a severe manifestation of systemic lupus erythematosus (SLE). Approximately 25% of patients with LN develop end-stage renal disease (ESRD) within 10–15 years of diagnosis. Renal remission is a frequently assessed outcome in LN clinical trials; however, the definition of this endpoint varies across studies. A previous study reported that the original primary endpoint of the Phase 3 Study 213033 used historical data from eligible patients enrolled in the Hopkins Lupus Cohort, a longitudinal, longitudinal study of patients with SLE.

The tested variables included: ISN class (III, IV or V), age, and SLICC Damage Index (SDI) score as baseline, as well as hydroxychloroquine use between baseline and 24M, hypertension, gender, and race/ethnicity, among others. Covariate-adjusted Cox proportional hazards models were used to evaluate the risk of renal death (ESRD or death). The tested variables included: ISN class (III, IV or V), age, and SLICC Damage Index (SDI) score as baseline, as well as hydroxychloroquine use between baseline and 24M, hypertension, gender, and race/ethnicity, among others. Covariate-adjusted Cox proportional hazards models were used to evaluate the risk of renal death (ESRD or death).

This study compared long-term renal survival and chronic renal insufficiency-free survival of patients who achieved mPERR at 24M post biopsy and those who did not. Multicenter studies are needed to validate the findings in a more diverse population.