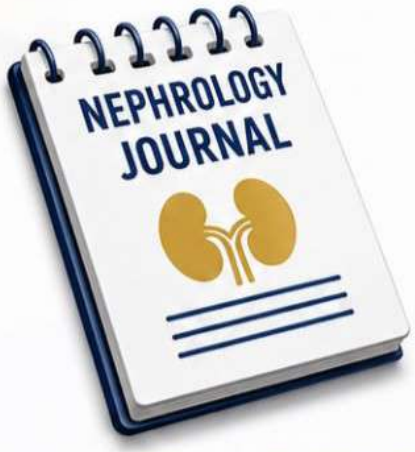


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# LUPUS NEPHRITIS FLARE

## *Predict, Detect and Prevent Recurrence*

## 3 RECENT ARTICLES (2025–2026)

**01**

### Clinical and Immunological Biomarkers Can Identify Proliferative Changes and Predict Renal Flares in Lupus Nephritis

Calatroni M, Conte E, Stella M, Moroni G, et al.

*Arthritis Research & Therapy* | 2025

- Combining anti-dsDNA, complement (C3, C4) and anti-C1q improves prediction of proliferative renal flares.

**02**

### Measurements of Urinary Biomarkers at 2 Years Following a Lupus Nephritis Flare Predict Recurrent Renal Flares

Baker R, et al.

*Lupus Science & Medicine* | 2026

- Elevated urinary biomarkers (MCP-1, CD163, adiponectin, PF4, sVCAM-1) at 2 years predict future renal flares despite clinical remission.

**03**

### Lupus Nephritis Trials Network: Repeat Kidney Biopsy Predicts Impending Renal Flare

Parodis I, et al.

*Lupus Science & Medicine* | 2025

- Higher activity index on repeat kidney biopsy is strongly associated with risk of future renal flare.

**Preventing flare is better than treating flare. Early detection saves kidneys!**

***Stay Updated. Stay Ahead.***

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# COMPARATIVE ANALYSIS OF LUPUS NEPHRITIS GUIDELINES: ACR 2025, EULAR 2025 AND KDIGO 2024

## Harmonizing Recommendations for Better Patient Outcomes

**STUDY TITLE**

**Comparative Analysis of Lupus Nephritis Guidelines: ACR 2025, EULAR 2025 and KDIGO 2024**

*A Systematic Review and Comparative Study*

**REFERENCE**

Flores-Guerrero, J. L., et al.
*Nephrol Dial Transplant.* 2026;41(3):682–694.
doi: 10.1093/ndt/gfaf106

ACR AMERICAN COLLEGE OF RHEUMATOLOGY 2025

eular EUROPEAN ALLIANCE OF ASSOCIATIONS FOR RHEUMATOLOGY 2025

KDIGO KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES 2024

## KEY COMPARISONS

| AREA | ACR 2025 | EULAR 2025 | KDIGO 2024 |
|---|---|---|---|
| Induction Therapy | Triple therapy preferred for active class III/IV ± V (GC + MMF/CTX + Belimumab/ Calcineurin inhibitor) | Triple therapy recommended for class III/IV ± V (GC + MMF/CTX + Belimumab/ Voclosporin) | MMF preferred over CYC for most; CYC for severe proliferative disease |
| Maintenance Therapy | MMF, AZA, or CNI (based on response and tolerability) | MMF or AZA; continue HCQ; consider belimumab in high-risk patients | MMF or AZA preferred; CNI in selected cases |
| Duration of Maintenance | At least 3–5 years after complete renal response | 3–5 years, longer in patients with high risk of relapse | Minimum 3 years; consider longer duration in high-risk patients |
| Steroid Use | Rapid taper to ≤5 mg/day by 6 months | Lowest effective dose; avoid long-term high-dose steroids | Wean to ≤5 mg/day as early as possible |
| Monitoring | Regular assessment with proteinuria, eGFR, serologies (dsDNA, C3/C4) | Add serology + urine markers; monitor closely for flare | Monitor proteinuria, eGFR, UA, BP; use risk prediction tools |
| Pregnancy | Plan pregnancy in remission; continue HCQ | HCQ safe; MMF teratogenic (switch to AZA) | Optimize disease control before conception |
| Treatment Goals | Complete renal response (CRR) or partial response with stable eGFR | CRR: UPCR <0.5–0.7, normal/stable eGFR | Reduce proteinuria, preserve kidney function, prevent flares |

**KEY TAKEAWAY**

All three guidelines emphasize early aggressive therapy, steroid minimization, long-term maintenance and close monitoring to prevent flares and preserve kidney function.

Different pathways, Same goal: Better outcomes for LN patients