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Biological therapies and lupus nephritis

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Systemic lupus erythematosus (SLE), is a clinical syndrome characterized for multi organic involvement with no currently known cure, nearly 80% of patients have persistently active disease or frequent flares. Renal involvement represents one of the most common causes of morbidity, almost 40-50% of patients during the course of the disease experience some degree of renal damage and the risk of end-stage renal disease is 10-30%. Although the drugs now approved for the treatment of the disease have shown a positive impact in the prognosis of the disease, there are still some patients who do not respond to standard treatment with cyclophosphamide or mycophenolate mofetil (MPA). B cells play a central role in the pathogenesis of the disease, they are precursors for plasma cells that secrete pathogenic auto antibodies, on the other hand T cells also participate by activating B cells. Therefore some of the current therapies under active investigation are directed against molecular targets known to be implicated in the pathogenesis of the disease involving B and T cells. Rituximab -an anti CD 20 antibody- has been used since several years in SLE with some success, nevertheless it is not approved by the FDA for the treatment of the disease. In the context of lupus nephritis, Rituximab was tested in the LUNAR trial, which fail to demonstrate renal response compared with the standard treatment (MPA and prednisone). In March 2011, the FDA approved the first biological therapy for the treatment of LES, Belimumab a humanized monoclonal anti body directed against a stimulator of B cells (BLyS) that showed clinical and serological response in two randomized, multi center, phase 3 clinical trails (the BLISS 76 and BLISS 52), however both trial excluded patients with severe renal manifestations. A post-hoc analysis of renal outcomes of the BLISS trials showed some renal response at the end of the follow up. There are currently several trials involving biologic drugs directed against different targets implicated in the pathogenesis of SLE and other autoimmune diseases. Reviewing some of the most promising biologic drugs in the treatment of lupus nephritis represents an attractive topic.

Biography

Luis Enrique Herrera Jiménez is MD, Nephrology and Internal Medicine, Hemodialysis unit Durango´s General Hospital and Professor of physiology at medical school. He is a speaker at national Nephropatology and Nephrology meetings, Instructor of Basic life support and advanced Cardiovascular support (BLS and ACLS) certified by the American Heart association.

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