Γιατί ο χρόνος έχει σημασία στη διαχείριση του ΣΕΛ

Μαρία Παππά

Επιμελήτρια Β' Ρευματολογίας
Μονάδα Ρευματολογίας – ΠΓΝ «ΑΤΤΙΚΟΝ»

10.05.2025

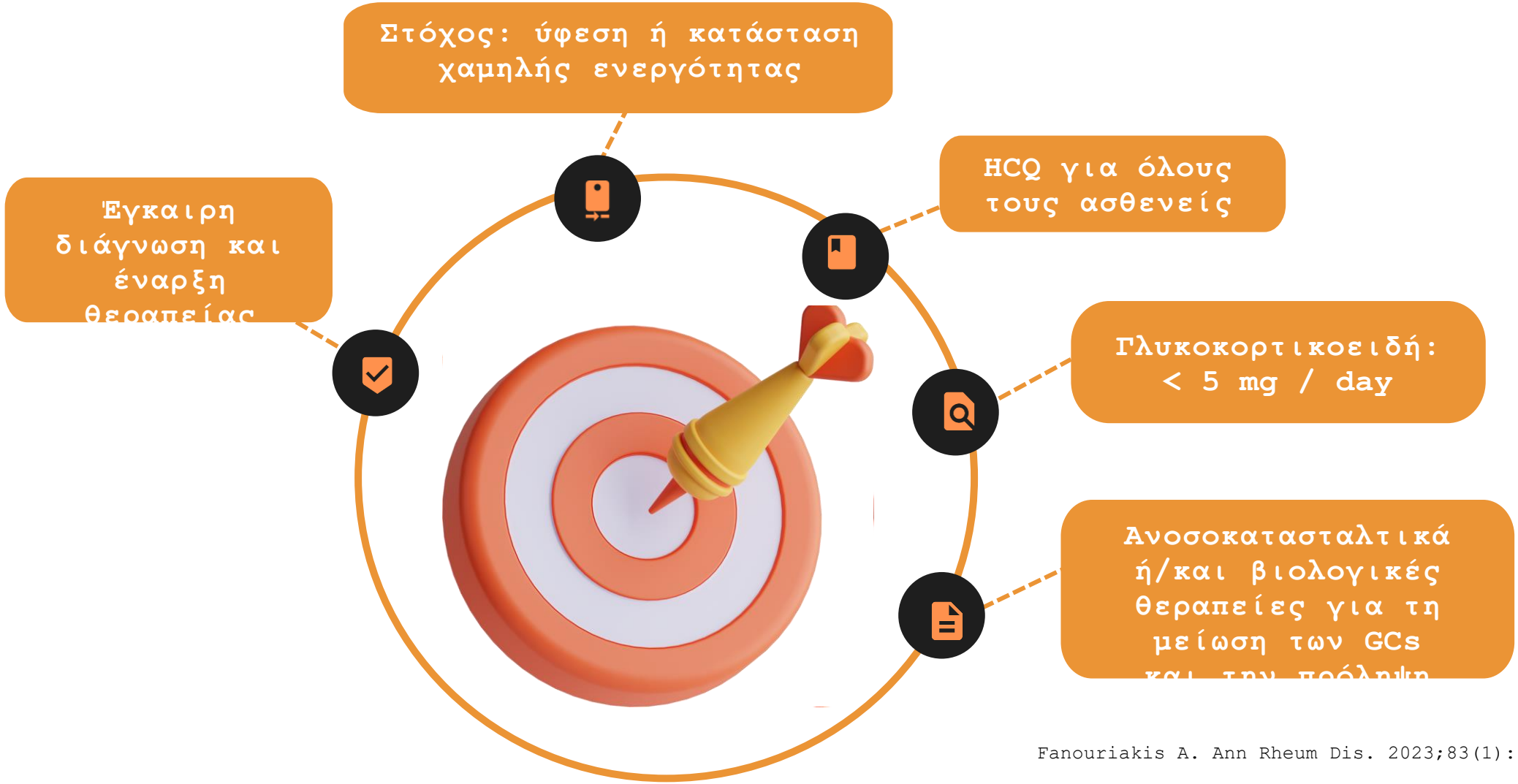
Sponsored by GSK

Δήλωση Συμφερόντων

Τα τελευταία 2 έτη έχω λάβει τιμητική αμοιβή από τις εταιρείες: GSK

Έχω λάβει τιμητική αμοιβή από την εταιρεία GSK για τη συγκεκριμένη ομιλία

EULAR Συστάσεις για τη διαχείριση του ΣΕΛ: 2023 update

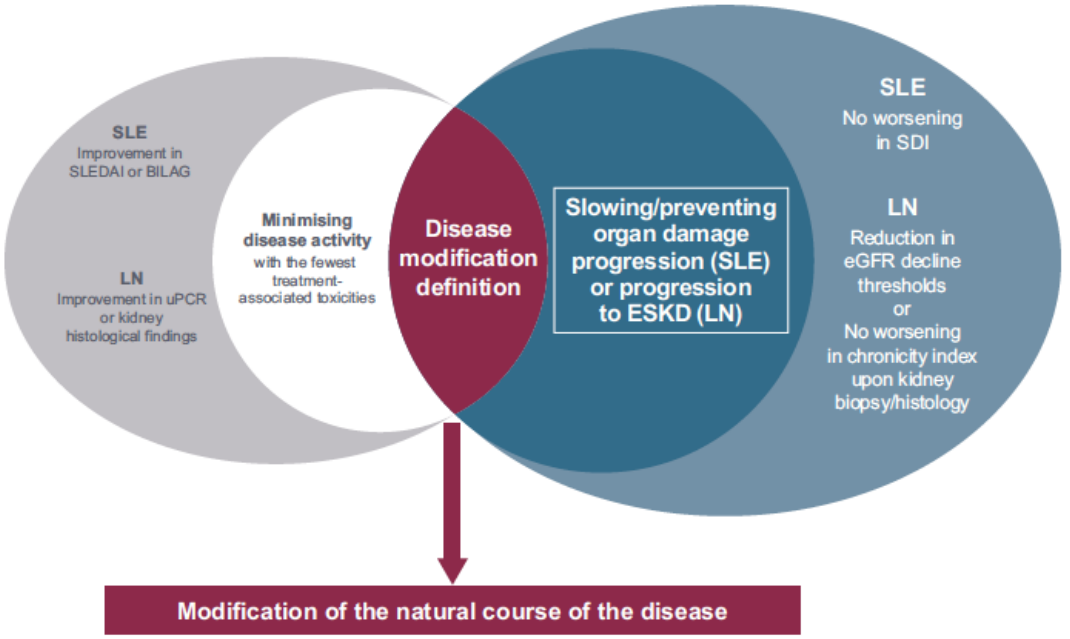


Fanouriakis A. Ann Rheum Dis. 2023;83(1):15-29

Disease Modification in SLE: can it happen?

Τροποποίηση νόσου στον ΣΕΛ

- ✓ Ελαχιστοποίηση ενεργότητας της νόσου
- ✓ Επιβράδυνση οργανικής βλάβης
- ✓ Ελάχιστη δυνατή τοξικότητα από την θεραπεία



Van Vollenhoven et al. Lupus Sci Med 2022;9:e000634

Περίπτωση ασθενούς #1

Διάγνωση 2013

Αρθρίτιδα, φωτοευαισθησία, αγγειϊτιδικό εξάνθημα άκρων, ANA+, low C3/C4, dsDNA+, anti-Ro+

1

HCQ, κορτικοειδή, AZA, δυσανεξία σε AZA - προσθήκη MMF

ώσεις IV MP και PO κορτικοειδή 15-20mg/d

2

2013- 2015

Επεισόδια έξαρσης με εξάνθημα

11/2015

Έξαρση: εξάνθημα, εμπύρετο, ορολογική ενεργότητα ενώ λαμβάνει HCQ, MMF 2gr/d, Pz 15mg/d

3

Προσθήκη IV BEL

HCQ, MMF 2gr/d, BEL, Pz 5mg/d

4

2017

Βελτιωμένη πορεία, βελτιωμένο εξάνθημα, παραμένει ορολογική ενεργότητα

2018

Σταθερή καλή πορεία, τροποποίηση σε BEL 200mg/w

5

HCQ, MMF 2gr/d, Pz 0mg/d

HCQ, MMF 500mg/d, BEL 200mg/w

6

2019-2021

Σταθερή καλή πορεία, χωρίς νέο σύμβαμα

2021- σήμερα

Σταθερή καλή πορεία, χωρίς νέο σύμβαμα

7

HCQ, BEL 200mg/w

Πραγματικό προφίλ ασθενούς από το αρχείο της κλινικής

Μέση δόση κορτιζόνης και οργανική βλάβη

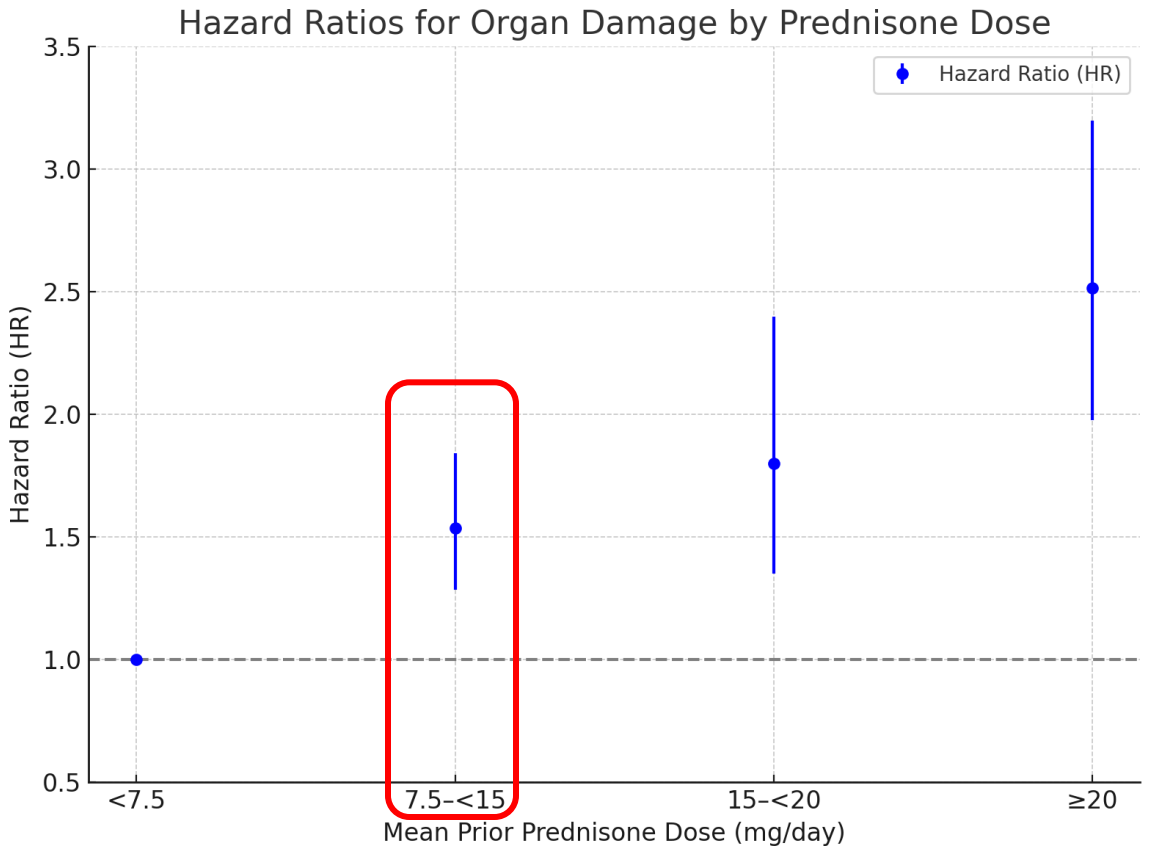
LUPUS SCIENCE & MEDICINE™

Effect of corticosteroid use by dose on the risk of developing organ damage over time in systemic lupus erythematosus—the Hopkins Lupus Cohort

Sarah Al Sawah,[1] Xiang Zhang,[1] Baojin Zhu,[1] Laurence S Magder,[2] Shonda A Foster,[1] Noriko Iikuni,[1] Michelle Petri[3]

Hopkins Lupus Cohort- 2199 patients- 1987-2012

- Daily Pz dose ≥ 7.5 mg/day increased the risk of developing cataract, osteoporotic fracture and cardiovascular damage
- Patients receiving a mean Pz dose ≥ 7.5 mg/day had **x1.7 greater risk** of developing new organ damage
- Reduction of 1mg/day in mean Pz dose reduces the risk of future organ damage by 3%

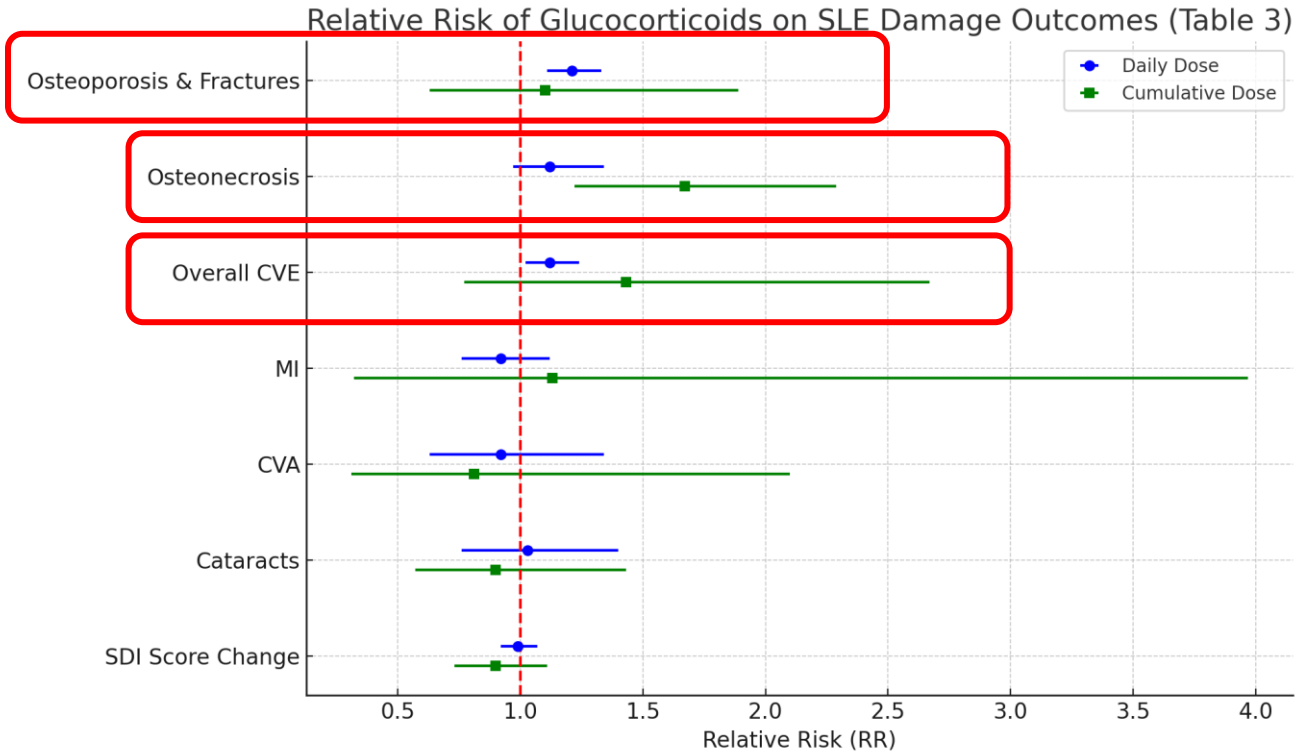


Al Sawah S, et al Lupus Sci Med. 2015;2:e000066.

LUPUS SCIENCE & MEDICINE

Impact of glucocorticoids on the incidence of lupus-related major organ damage: a systematic literature review and meta-regression analysis of longitudinal observational studies

49 longitudinal observational studies- 16224 patients



- Increased risk of overall **cardiovascular events** with higher daily prednisone dose (RR 1.12, 95% CI: 1.02- 1.24)
- Increased risk of **osteoporosis with fractures** with higher daily prednisone dose (RR 1.21, 95% CI: 1.11- 1.33)
- Higher cumulative GC dose was associated with **osteonecrosis** (RR 1.23, 95% CI: 1.12- 1.34, per 10g increase)

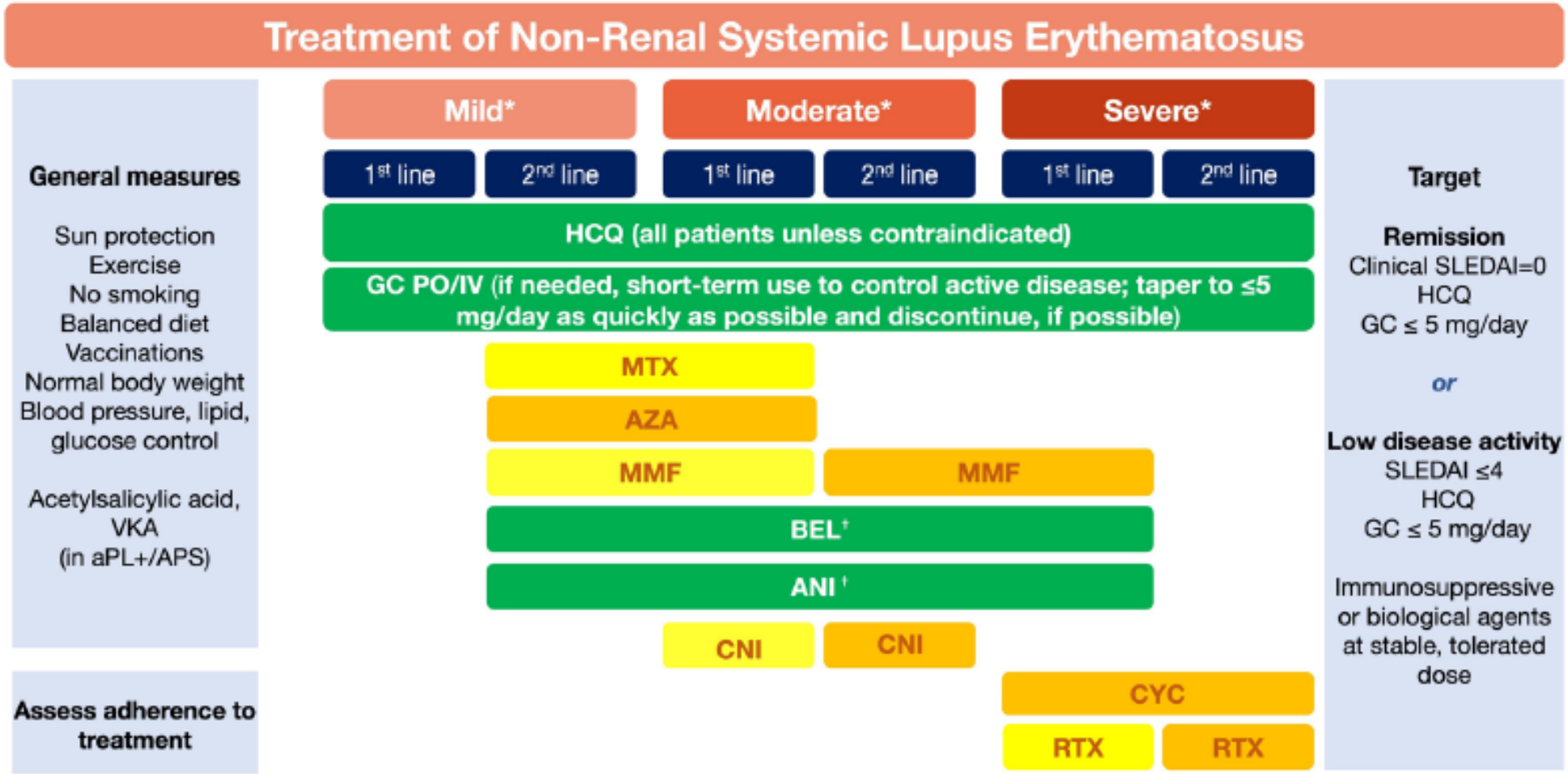
Ugarte-Gil MF, et al Lupus Sci Med. 2021;2:e000590.

EULAR Συστάσεις για τη διαχείριση του ΣΕΛ: 2023 update

Recommendation	LoA
3. In patients **not responding** to hydroxychloroquine (alone or in combination with glucocorticoids) or patients **unable to reduce glucocorticoids** below doses acceptable for chronic use, addition of **immunomodulating/ immunosuppressive agents (eg methotrexate (1b/B), azathioprine (2b/C) or mycophenolate (2a/B)) and/ or biological agents (eg belimumab (1a/A) or anifrolumab (1a/A))** should be considered.	**9.32**

Fanouriakis A. Ann Rheum Dis. 2023;83(1):15-29

EULAR Recommendations for SLE management- 2023 update



Fanouriakis A. Ann Rheum Dis. 2023;83(1):15-29

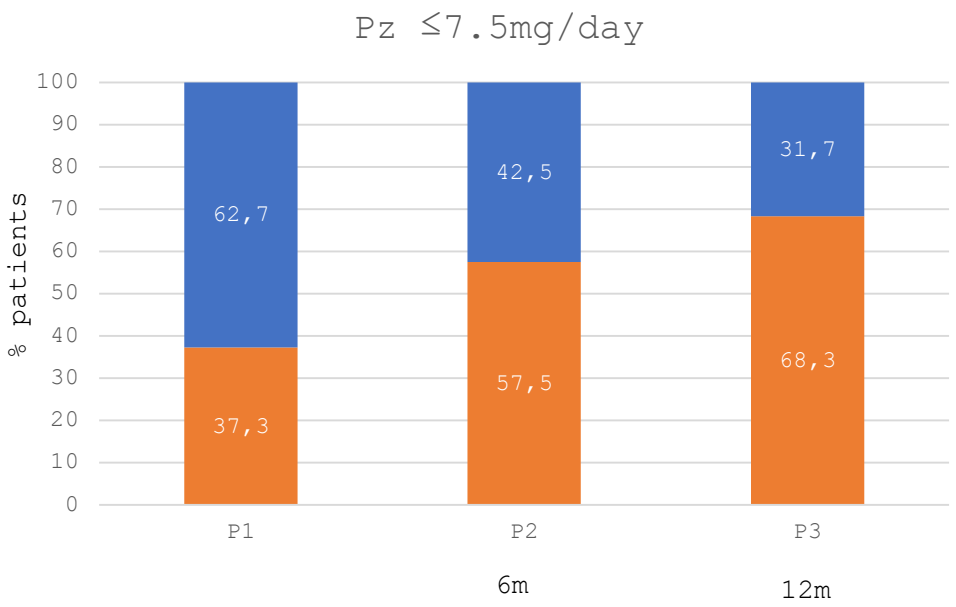
LUPUS SCIENCE & MEDICINE

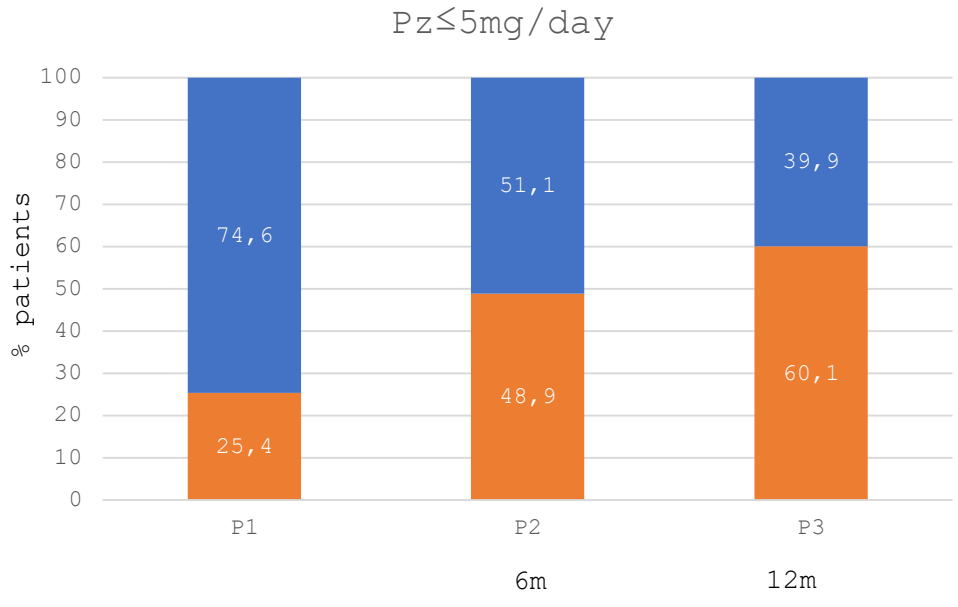
Steroid-sparing effect of belimumab: results from a retrospective observational study of real-world data

Karen Worley [1], Scott Milligan [2], Bernard Rubin [3]

PIONEER- Rheumatology USA database
608 SLE pts
BEL initiation 2012- 2021

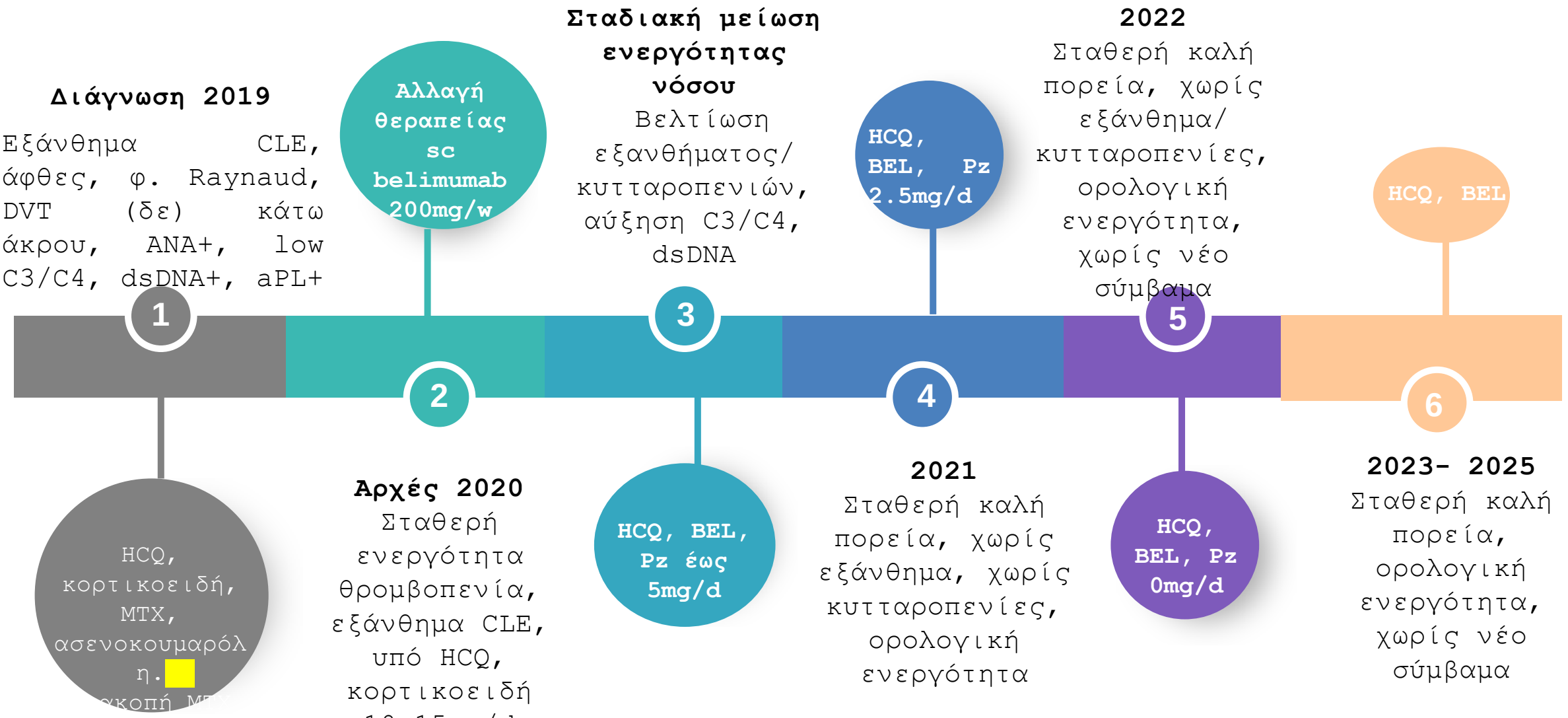
Use of glucocorticoids was significantly decreased after





Worley K, et al Lupus Sci Med. 2023;10:e001024.

Περίπτωση ασθενούς #2



Πραγματικό προφίλ ασθενούς από το αρχείο της κλινικής

Βιολογική θεραπεία στον ΣΕΛ: νωρίς ή πιο αργά;

RMD Open
Rheumatic & Musculoskeletal Diseases

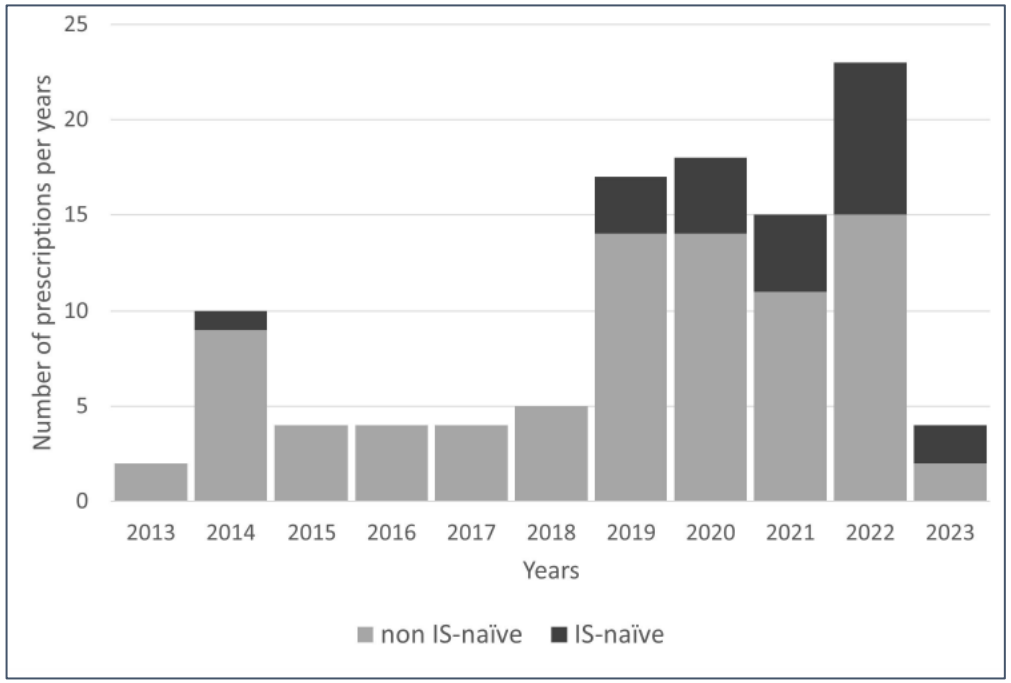
ORIGINAL RESEARCH

Analysis of belimumab prescription and outcomes in a 10-year monocentric cohort: is there an advantage with early use?

Chiara Tani ,[1,2] Dina Zucchi ,[1,2] Chiara Cardelli ,[1] Elena Elefante ,[1] Viola Signorini,[1] Davide Schilirò,[1] Giancarlo Cascarano,[1] Luca Gualtieri,[1] Anastasiya Valevich,[1] Giulia Puccetti,[1] Linda Carli,[1] Chiara Stagnaro,[1] Marta Mosca[1]

102 SLE patients treated with BEL (2013- 2023) from the University of Pisa Lupus Clinic

Increasing use as first- line biologic before traditional IS



No significant difference in remission/ LLDAS rates between IS-naïve and previously treated

Table 3 6 and 12 months outcomes in patients who reached these timepoints

	Whole cohort n=102	Group 1 n=22	Group 2 n=80	P value
LLDAS at 6 months (%)	38/73 (52)	11/18 (61)	27/55 (49)	0.20
LLDAS5 at 6 months (%)	34/73 (47)	11/18 (61)	23/55 (42)	0.15
Remission at 6 months (%)	28/73 (38)	9/18 (50)	19/55 (35)	0.24
Glucocorticoids mg/day at 6 months*	4.8±3.0	3.0±2.6	5.5±3.0	**0.02**
LLDAS at 12 months (%)	44/59 (75)	9/15 (60)	35/44 (80)	0.13
LLDAS5 at 12 months (%)	44/59 (75)	9/15 (60)	35/44 (80)	0.13
Remission at 12 months (%)	39/59 (66)	9/15 (60)	30/44 (68)	0.56
Glucocorticoids mg/day at 12 months*	3.8±2.4	2.3±1.9	4.3±2.4	**<0.01**
SDI ≥1 in patients with at least 12 months of follow-up	10/59 (17)	1/15 (7)	9/44 (21)	0.42
Flare over a maximum of 12 months follow-up (%)	14/72 (19)	1/15 (7)	13/57 (23)	0.27

Statistically significant values are in bold.
* Mean±standard deviation
LLDAS, Lupus Low Disease Activity State; SDI, SLE Damage Index.

Tani C, et al RMD Open. 2024;10:e003981.

RMD Open
Rheumatic & Musculoskeletal Diseases

ORIGINAL RESEARCH

Analysis of belimumab prescription and outcomes in a 10-year monocentric cohort: is there an advantage with early use?

Chiara Tani ,[1,2] Dina Zucchi ,[1,2] Chiara Cardelli ,[1] Elena Elefante ,[1]
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Anastasiya Valevich,[1] Giulia Puccetti,[1] Linda Carli,[1] Chiara Stagnaro,[1]
Marta Mosca[1]

No significant difference in treatment retention between IS-naïve and previously treated

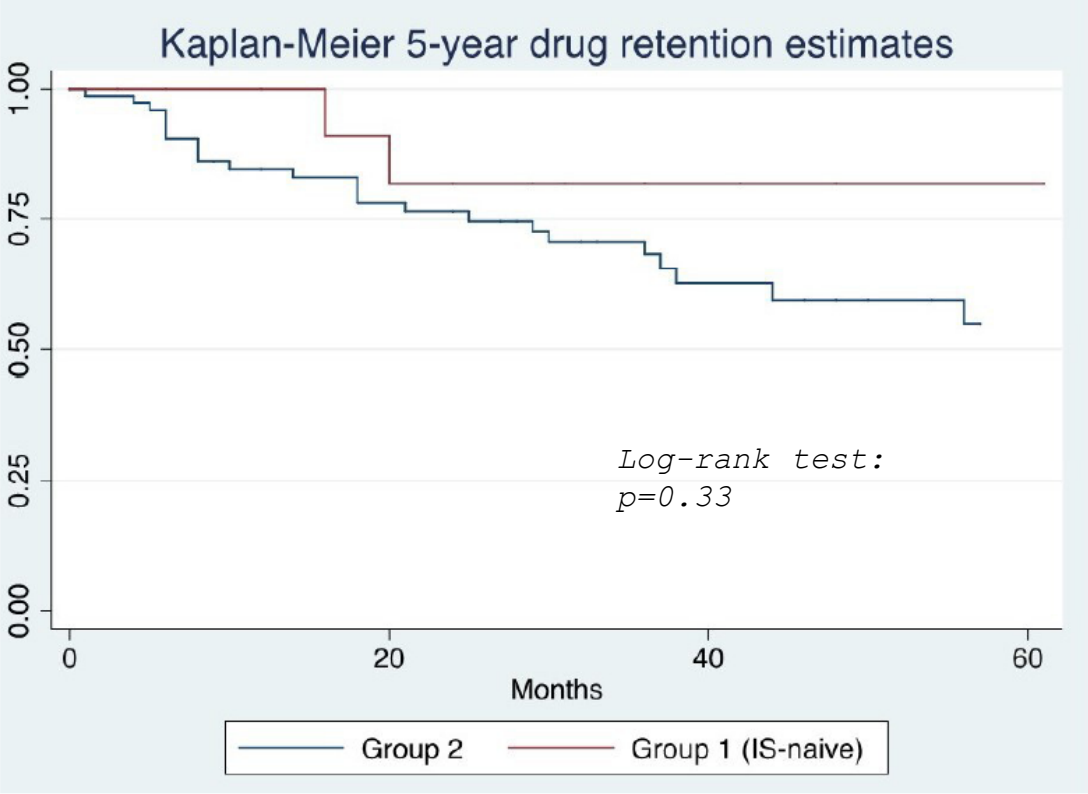


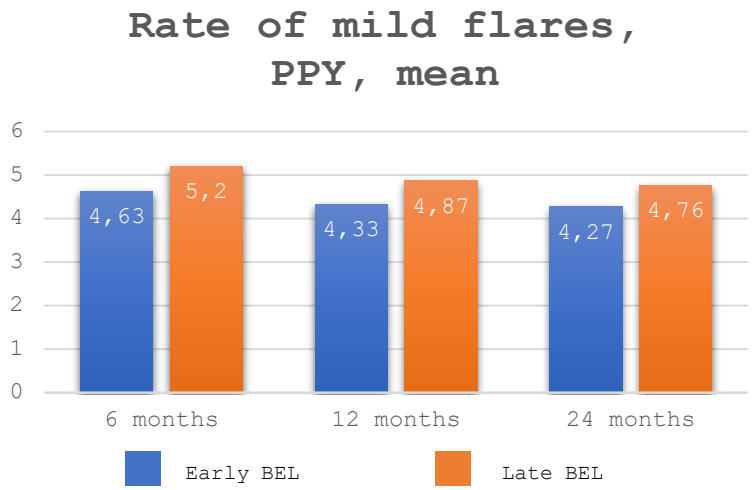
Figure 1 Belimumab retention estimates.

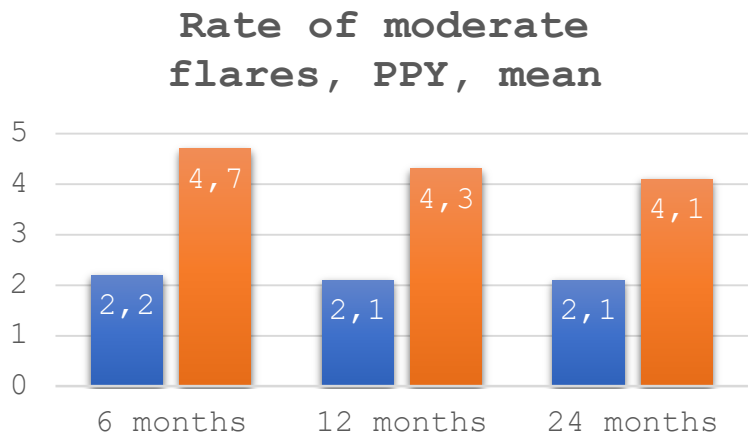
Tani C, et al RMD Open. 2024;10:e003981.

Βιολογικός παράγοντας: πριν ή μετά τα ανοσοκατασταλτικά

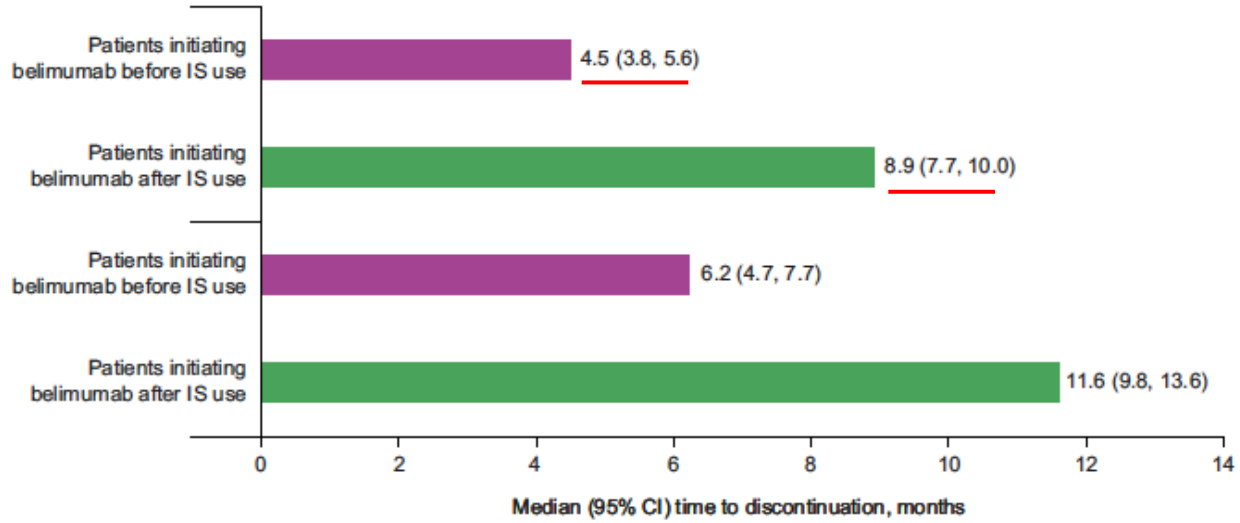
Επίπτωση εξάρσεων ΣΕΛ: x2 στην ομάδα καθυστερημένης έναρξης BEL

Komodo Health database
01.2015- 12.2022





Ταχύτερη διακοπή Pz στην ομάδα πρώιμης έναρξης BEL

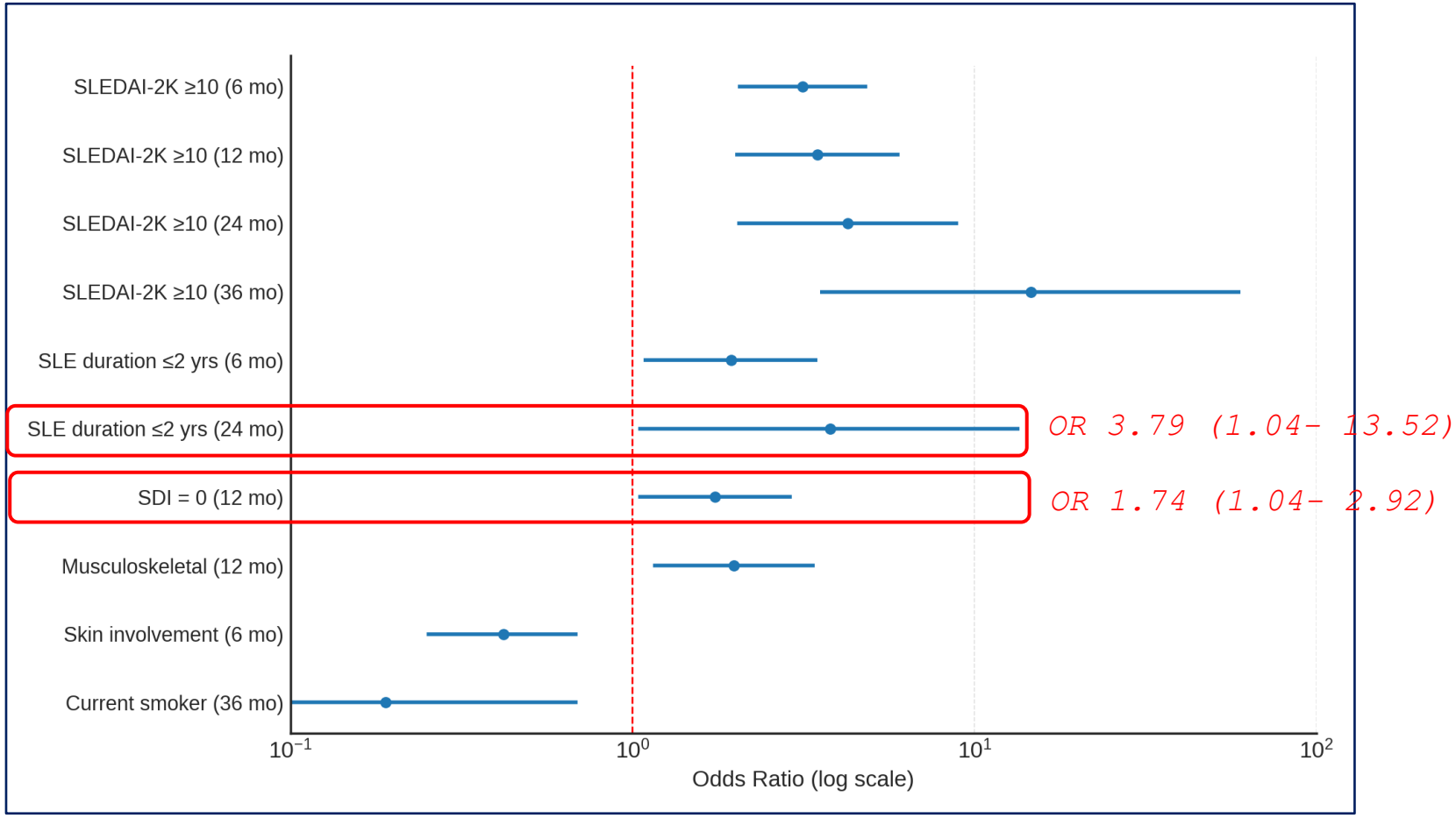


Rubin B et al, Rheumatol Ther (2024);11:947-962

Ιταλική πολυκεντρική μελέτη BeRLiSS

Predictors of SRI-4 response with belimumab

Μικρότερη διάρκεια νόσου και **απουσία βλάβης** αυξάνουν την πιθανότητα καλύτερης κλινικής αι

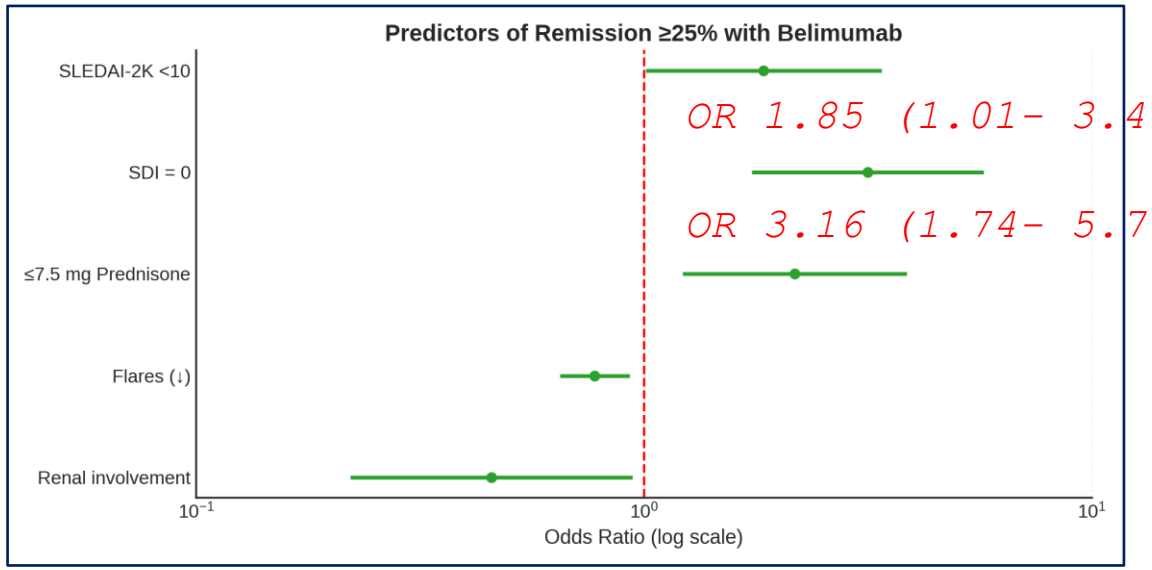


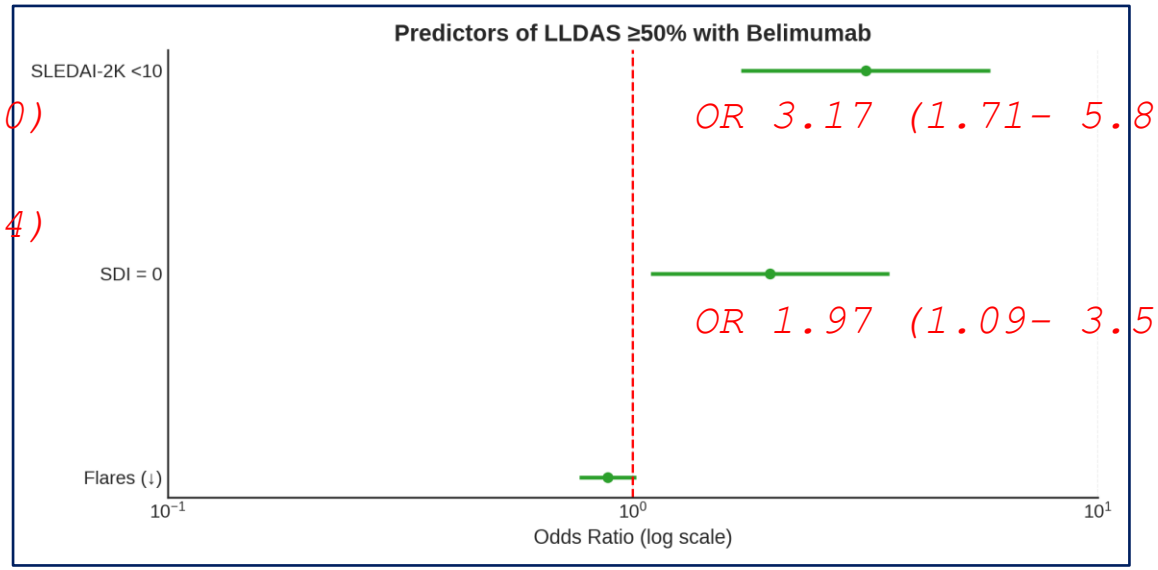
Gatto M et al, Arthritis & Rheumatology 2020, pp 1-11

Ιταλική πολυκεντρική μελέτη BeRLiSS

Predictors of Remission and LLDAS with belimumab

Μικρότερη ενεργότητα νόσου και **απουσία βλάβης** αυξάνουν την πιθανότητα ύφεσης ή

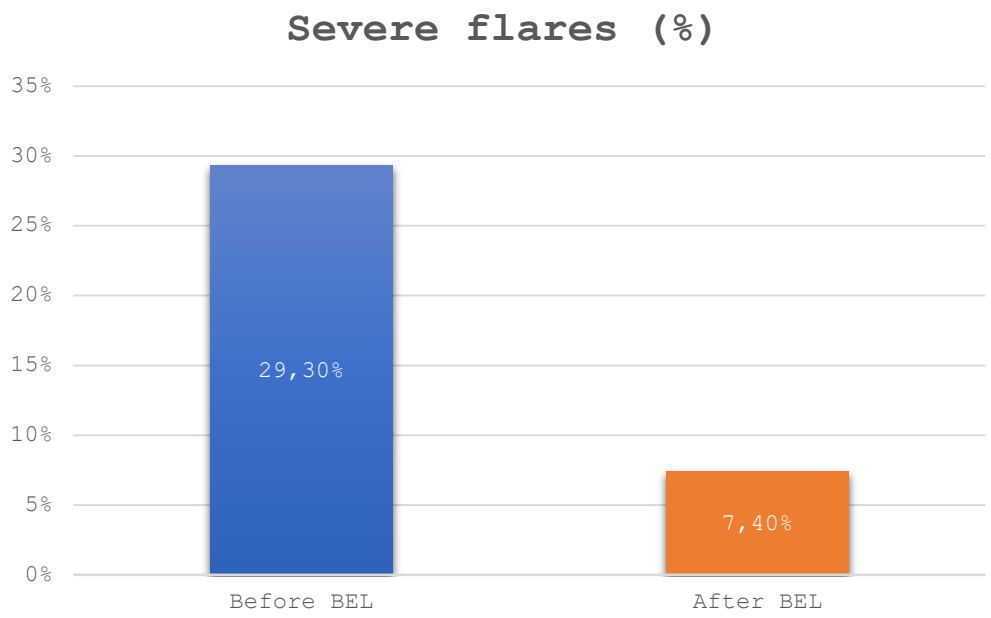




Gatto M et al, Arthritis & Rheumatology 2020, pp 1-11

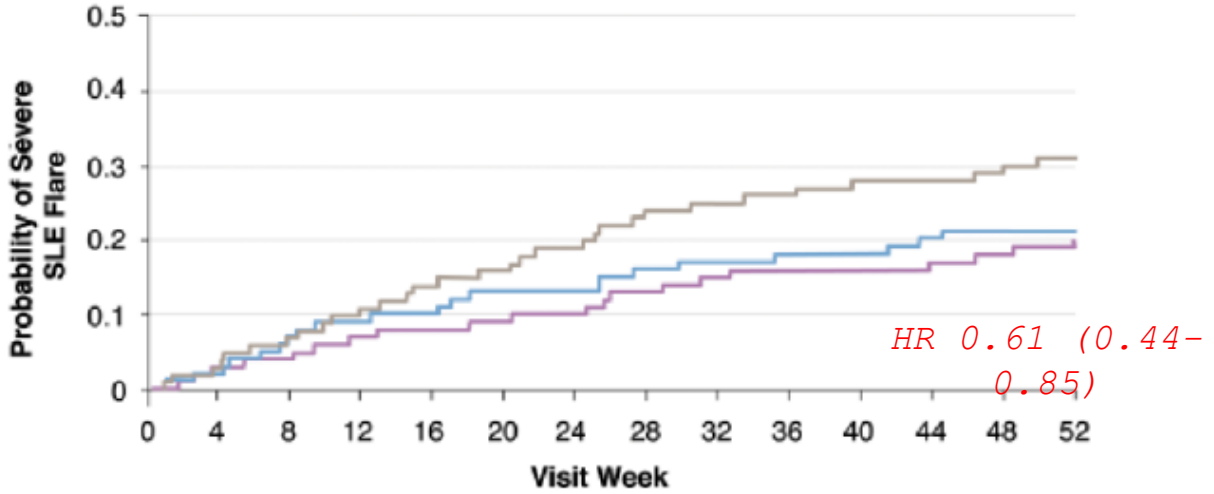
Βιολογική θεραπεία και εξάρσεις ΣΕΛ

Multicenter Spanish cohort of 324 SLE pts[1]



Pooled analysis of BLISS trials

Το belimumab μειώνει κατά 40% τον κίνδυνο σοβαρής



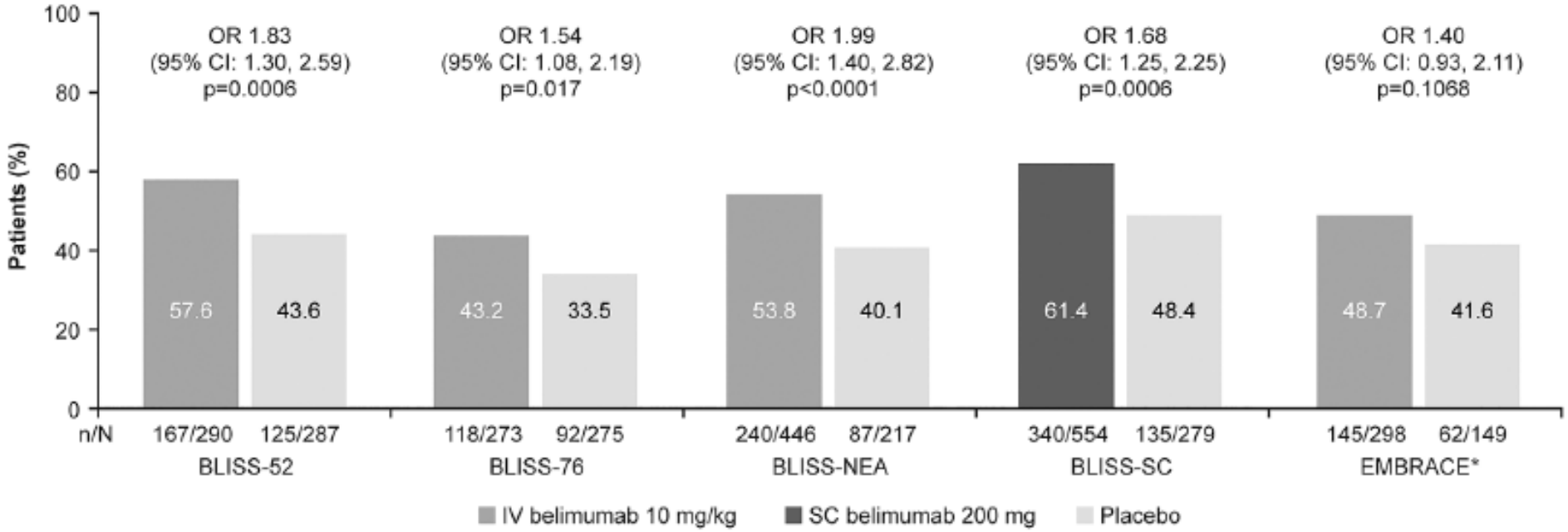
[1] Irene Altabas Gonazalez et al.Rheumatology 2025; 64:276-282

[2] Van Vollenhoven et al. Ann Rheum Dis 2012; 71:1343-1349

Impact of belimumab on organ damage in SLE

SRI-4 response rates at w52 from phase 3 RCTs of belimumab in SLE

Belimumab demonstrated statistically significant improvements in SRI-4 response compared to placebo

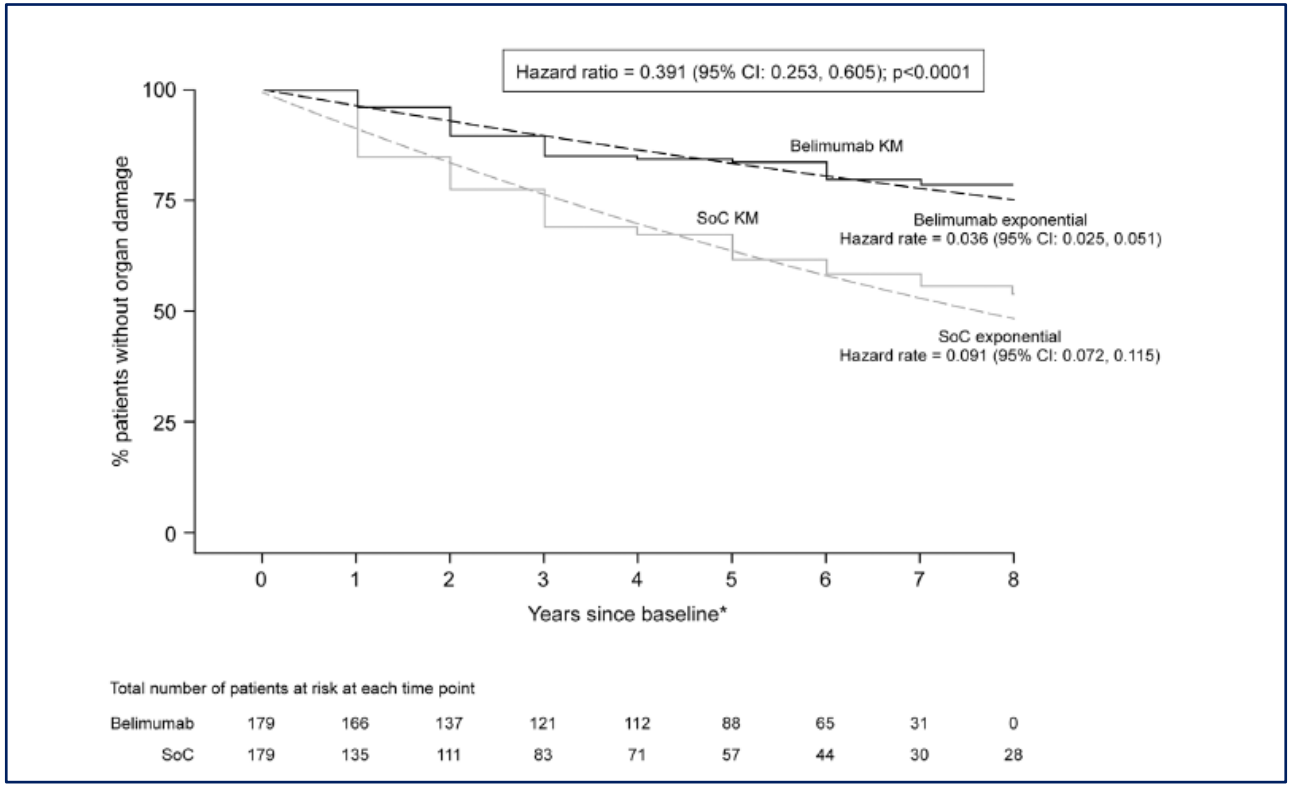


Urowitz M et al, Arthritis Care & Research 2022, pp 1822- 1828

Impact of belimumab on organ damage in SLE

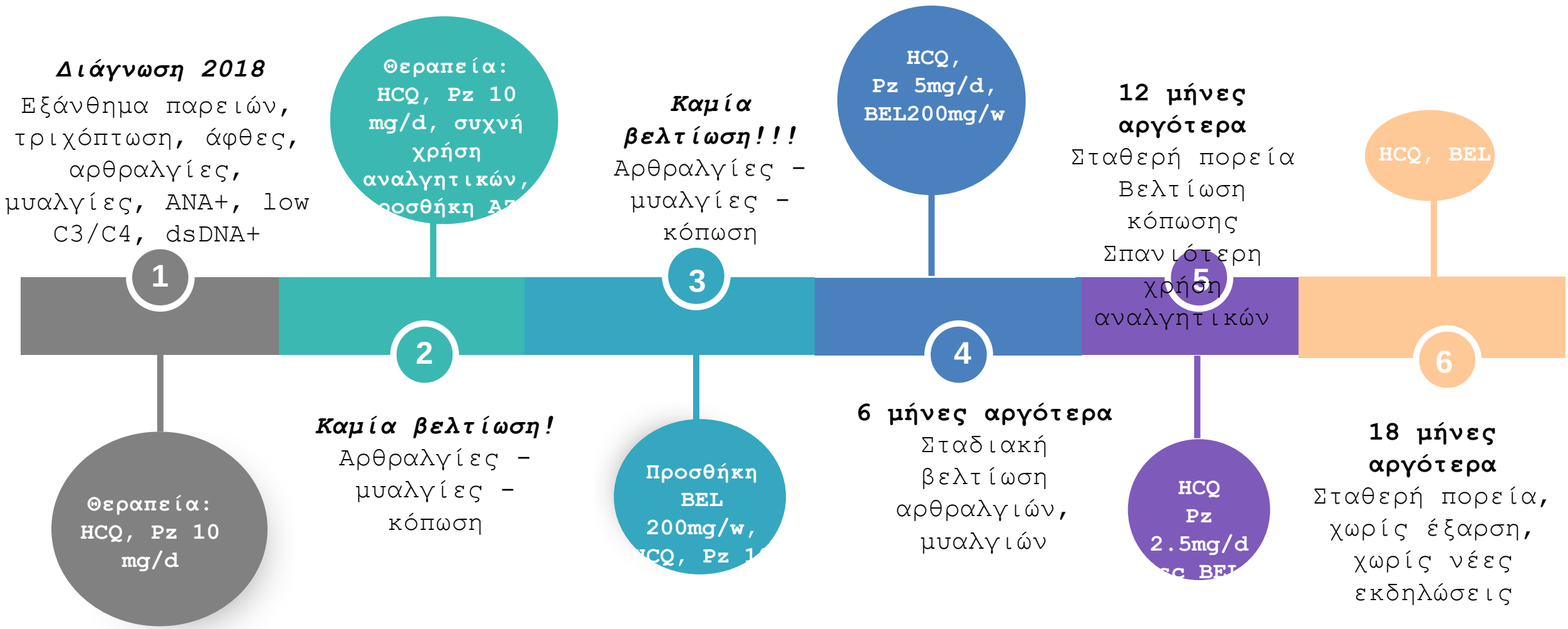
Reduced progression risk with belimumab vs SoC

Patients treated with belimumab had 61% lower risk of developing new organ damage over time



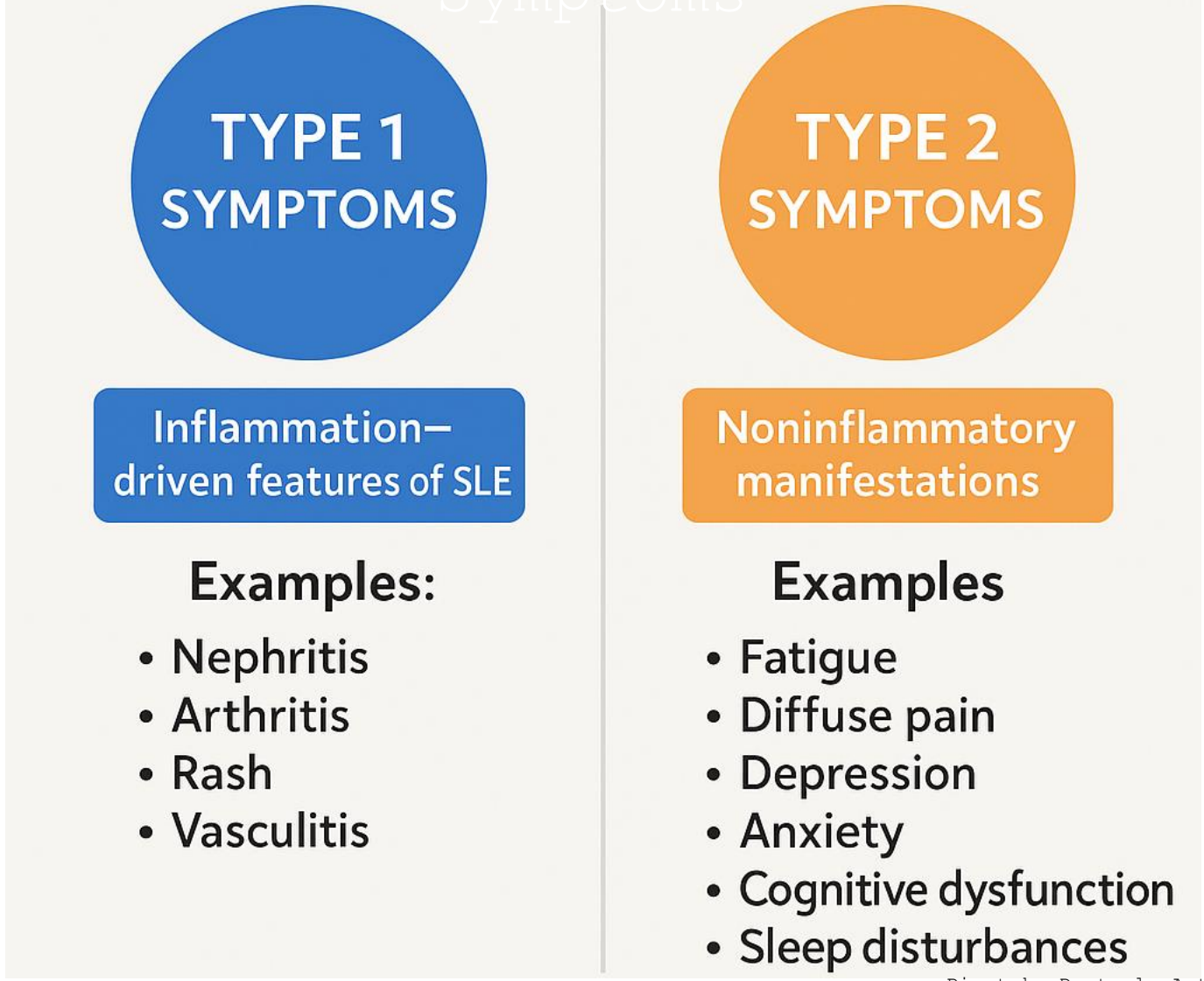
Urowitz M et al, Arthritis Care & Research 2022, pp 1822- 1828

Περίπτωση ασθενούς #3



Πραγματικό προφίλ ασθενούς από το αρχείο της κλινικής

Categorization of Systemic Lupus Erythematosus Symptoms



Pisetsky D et al. Arthritis Care & Res 2019;71:(6), pp735- 741

Type 1 vs. Type 2 symptoms



Discrepancy Between Physicians and Patients: Physicians focus on Type 1 symptoms using labs and physical exams, while patients often emphasize Type 2 symptoms affecting their daily lives and **quality of life.**

Type 2 Symptoms Often Overlooked: Traditional indices (e.g., SLEDAI, BILAG) **do not include** symptoms like fatigue and depression. These are often treated as **comorbidities** rather than intrinsic to SLE.

Impact on Treatment and Trials: Misclassification can lead to inappropriate use of immunosuppressants for symptoms not driven by inflammation and may **confound clinical trial outcomes**

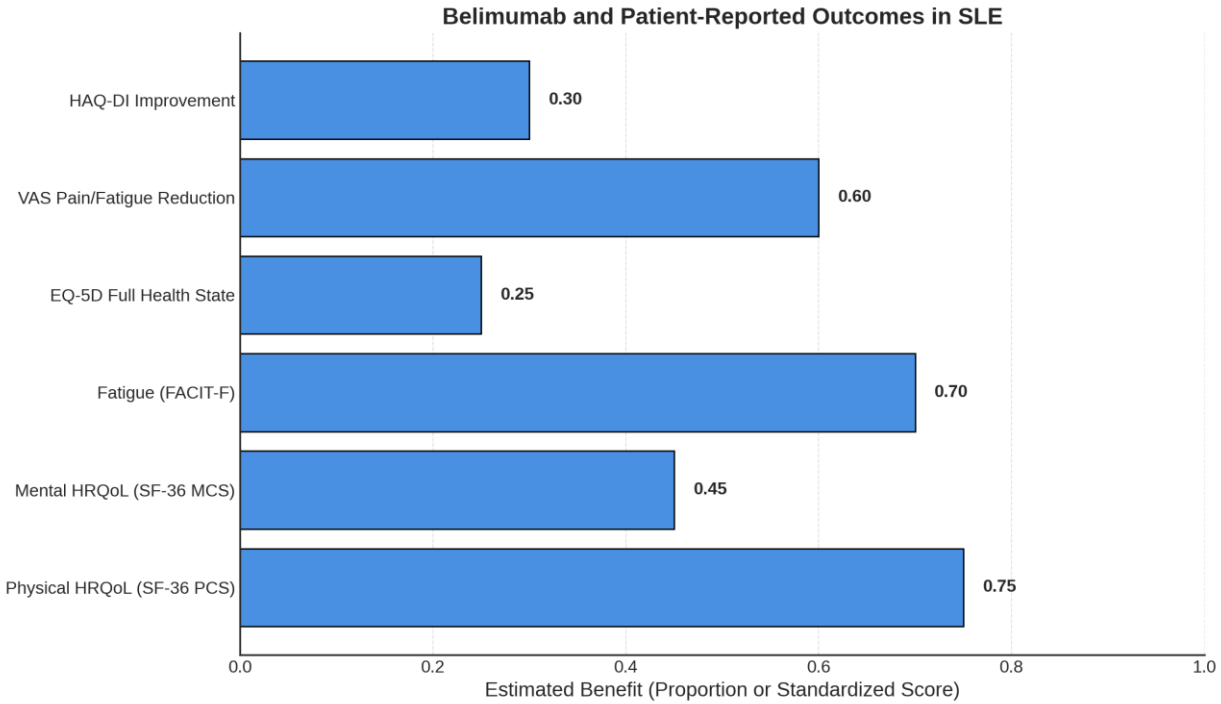
Pisetsky D et al. Arthritis Care & Res 2019;71:(6), pp735- 741

Impact of Belimumab on Patient-Reported Outcomes in Systemic Lupus Erythematosus: Insights from Clinical Trials and Real-World Evidence

Alvaro Gomez[1], Yvonne Enman[1], Ioannis Parodis[1,2]

Το belimumab:

- ✓Βελτίωση λειτουργικότητας
- ✓Βελτίωση συμπτωμάτων χρόνιου πόνου- κόπωσης
- ✓Βελτίωση ποιότητας ζωής ασθενών
- ✓Αποφυγή συχνής χρήσης γλυκοκορτικοειδών



Gomez et al, Patient Related Outcome Measures 2023:14 1–13

Disease Modification in SLE

- Μείωση ενεργότητας νόσου και πρόληψης εξάρσεων
- Μείωση χρήσης γλυκοκορτικοειδών
- Έναρξη HCQ, ανοσοκατασταλτικών ή/και βιολογικών θεραπειών

Βραχυχρόνιες Εκβάσεις

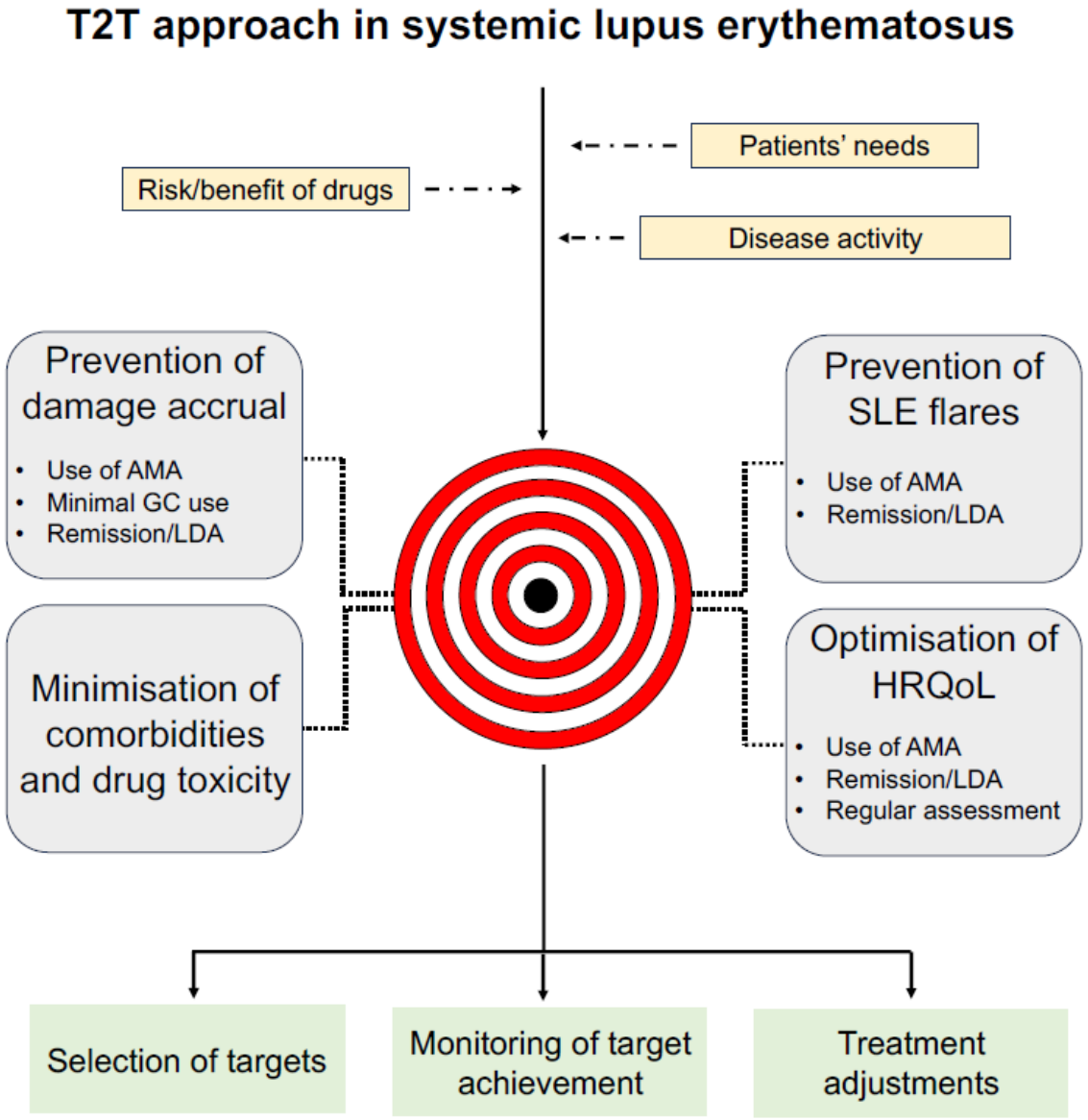
- Συνεχιζόμενη μείωση της χρήσης γλυκοκορτικοειδών
- Στόχευση στην ύφεση και χαμηλή ενεργότητα νόσου

Μεσοπρόθεσμες Εκβάσεις

- Επιβράδυνση οργανικής βλάβης

Μακροχρόνιες Εκβάσεις

Treat to target strategy



Nikolopoulos D et al. MJR 2024;35:328-41