

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/evolving-strategies-in-lupus-care-recent-findings-and-ongoing-challenges/32793/>

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Evolving Strategies in Lupus Care: Recent Findings and Ongoing Challenges

Announcer:

You're listening to *Living Rheum* on ReachMD. On this episode, Dr. Michelle Kahlenberg will discuss emerging therapeutic avenues for lupus. Dr. Kahlenberg is a Professor of Internal Medicine and Dermatology as well as the Giles Boles and Dorothy Mulkey Research Professor of Rheumatology at the University of Michigan. Dr. Kahlenberg also spoke on this topic at the 2025 Congress of Clinical Rheumatology East conference. Let's hear from her now.

Dr. Kahlenberg:

The new and promising therapies in lupus are awesome. I've been doing lupus research since about 2009, and over that time, it's been awesome to see options for our patients coming along. The new kid on the block is anifrolumab, and I think we've all started to see some pretty impressive responses in lupus skin disease using anifrolumab, so that's been an area for the biology and understanding of how interferons get skewed. And now we have a drug to block interferons. I think that's a really exciting area. And there's a lot of other things coming to target PDCs that we think help make interferons, and also to block some of the other things, like TYK2 and the signaling pathways. So these are all in phase III studies right now. Those will all be exciting options.

There's lots of studies ongoing right now with lupus nephritis. That's been a big area where we've needed to make an improvement for a long time because our complete renal response rates in patients who have nephritis are still hovering around 50 percent, and we really need to do better because losing your kidneys sets you up for having a lot of morbidity and mortality over time. I think the obinutuzumab study that just came out showed that we do have some improvement there over things like rituximab, where we weren't able to get the studies to be positive, although we all think there's probably still a little bit of benefit to using rituximab in some patients.

The trials that are coming for lupus nephritis are good, but then everyone talks about CAR-T therapy and these bispecific T-cell engager therapies that might be more readily off the shelf, which have sort of similar effects to CAR-T studies. So I think we're all very excited to see where these end up. The early data looks almost too good to be true. We all hope it's true. The challenge for us now with that is to find enough patients to get into the studies.

The challenges that exist in terms of translating our molecular understandings into therapeutics are several. One, lupus is a very heterogeneous disease. So not every patient presents in the same way. They can have different organ manifestations. And we still don't really know what drives a patient to get bad CNS lupus versus bad nephritis. I think with a lot of the efforts that are ongoing to collect a much broader set of patient samples and offer them up for study and with some of our newer technologies, eventually, we'll get to that point where we really understand, if you have X, Y, and Z going on, you're going to end up with this, and that's where we need to target. That's our ideal—that we can have a simple test to say this is the therapy that you need.

I think the other challenge is getting enough drugs in our armamentarium so that when we do know the molecular mechanism, we can pick that drug and have that drug available to be able to give it to the patient. If we don't get these drugs through the approval process, then even if we know what the driver is, we won't necessarily be able to fix it.

I'd be remiss to not mention that the biggest barrier we all face, even now, is insurance and getting drugs approved for our patients and knowing as a doctor, this person responds to this, or we think they're going to have a high likelihood of responding to something, and that's the patient choice, and you've done shared decision-making, and you've come up with a great plan, and it gets squashed because the insurance company has a different algorithm that they want to adhere to. And so I think that also is an extraordinary challenge, especially in rheumatology, where all of our drugs are expensive, to try to be able to offer our patients directed therapy. If the insurance

companies aren't going to let us do it, that's going to be another huge problem.

Announcer:

That was Dr. Michelle Kahlenberg discussing innovations in lupus management. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!