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P377 -Mycophenolate mofetil in Lupus Nephritis – effective and safe over at least 10 years, a single centre experience.

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Objectives:

To review long-term efficacy and safety of treatment of lupus nephritis (LN) with mycophenolate mofetil (MMF), to address a gap in available data and to help inform treatment decisions.

Methods:

We have used MMF for the treatment of LN since 1999 and undertook a retrospective case-note review of all patients whose treatment included MMF. We compared those who received Cyclophosphamide (CyP) induction followed by MMF maintenance (CyP/MMF) with those who received MMF for both induction and maintenance (MMF/MMF).

Results:

From a database of 496 patients with biopsy-proven LN, 100 patients who started MMF ≥ 10 years ago were identified.

The patients were predominantly female (79%) and of diverse ethnicity and race (20% Black, 27% Asian). The median length of follow-up was 11.6 years (IQR 10.5-13.5) and median cumulative MMF exposure was 8.4 years (IQR 5.3-11.5) but 5.4 years (IQR 2.0-7.2) in the 5 patients who died.

At our unit, treatment regimens changed during the time period reviewed, moving to induction with MMF +/- Rituximab, mostly without oral steroids.

The MMF/MMF patients had lower uPCR and were less likely to have flared at 10 years f/up compared with the CyP/MMF group (Table 1 and Fig 1).

Importantly, no significant difference in adverse events was seen with MMF exposure ≥ 10 yr vs < 10 yr ($p=0.18$) (Table 2).

Conclusions:

This is the largest study to report long-term outcomes in patients receiving MMF for both induction and maintenance treatment and the first to report data over ten years. Long-term treatment with MMF appears to be both effective and safe. These data support the use of non-CyP based regimens.