**Golden Rules of Lupus Nephritis Outcomes**

*Principles*

1) 20%-75% of cSLE patients will develop nephritis

2) 82% of LN in cSLE develops within the first year of diagnosis; 92% within 2 years

3) Class V LN more often presents with nephrotic syndrome than class III or IV

Nephrotic Syndrome:

1. The presence of nephrotic range proteinuria, which is a urine protein:creatinine ratio >200 mg/mmol or if there is a 24 hour urine instead of a urine protein:creatinine ratio, it would be a 24 hour protein excretion greater than protein >50 mg/kg (>40 mg/m2 per hour) in 24 hours.
2. Hypoalbuminemia (an albumin less than 2.5 g/dL)

4) Short-term renal outcomes are worse in African Americans

5) Short-term renal outcomes are worse in patients who present with GFR <60 mL/min/1.73 m2 and/or nephrotic range proteinuria

Short Term Renal Outcomes:

* GFR will be separated into states for analysis:
  + State 1: >60ml/min/1.73 m2
  + State 2: 30-60ml/min/1.73 m2
  + State 3: <30ml/min1.73 m2
  + Assess change in GFR- initial GFR vs most recent GFR
* Occurrence of remission:
* Creatinine within normal range:

|  |  |  |
| --- | --- | --- |
| Age | Creatinine (serum) |  |
| Child (<12 years old) | 0.3-0.7 mg/dL | 27-62 umol/L |
| Adolescent (12-17 years old) | 0.5-1.0 mg/dL | 44-88 umol/L |
| Adult (18 years old and older) | 0.6-1.1 mg/dL | 53-97 umol/L |

* + urine protein:creatinine ratio<0.2
  + urine red blood cells<10/high powered field
* Occurrence of end-stage renal disease, transplant, and/or dialysis.

6) Rituximab is used as a steroid-sparing agent for induction in proliferative LN

* Usage in class III-IV vs class V lupus nephritis