



Figure 5 | Recommended approach for initial therapy of active Class III/IV lupus nephritis. Caution is warranted when calcineurin inhibitors (CNI) are used in patients with significantly impaired kidney function, in view of increased susceptibility for severe consequences due to CNI nephrotoxicity. The estimated glomerular filtration rate (eGFR) and serum creatinine (SCr) levels stated in the figure were patient selection criteria adopted in the respective clinical trials. ¹Refer to Figure 7 for examples of glucocorticoid treatment regimens. ²Refer to Figure 9 for durations of CNI or belimumab treatment in clinical trials. ³Refer to Figure 6 for comments on cyclophosphamide regimens. Note: Chapter 5 refers to Chapter 5 of the KDIGO Guideline on Glomerular Diseases; b.i.d., twice daily; i.v., intravenous; MMF, mycophenolate mofetil; p.o., oral; q2wk, every 2 weeks; q4wk, every 4 weeks; s.c., subcutaneous.