Response to Correspondence to 'Time to change the primary outcome of lupus trials' by Oon *et al*

I read with interest the comment by Oon *et al* on my editorial '*Time to change the primary outcome of lupus trials*', published in a recent issue of the Annals of the Rheumatic Diseases.[1] The authors further fuel my viewpoint by updating their previous meta-analysis on glucocorticoid (GC) spare in phase III lupus trials.[2] They have now included two additional studies, that is, CHABLIS-SC[3]—which triggered the Editorial—and the Asian belimumab trial.[4] Quite interestingly, this extended meta-analysis confirmed that significantly more lupus patients receiving a targeted therapy within the frame of a phase III trial could successfully taper GC.

Achieving GC spare is well in line with EULAR recommendation 2.2.3 for the management of lupus: '*For chronic maintenance treatment, GC should be minimised to less than 7.5 mg/day (prednisone equivalent) and, when possible, withdrawn*'.[5] A similar statement was made—already 5 years ago—by an international task force advocating a treat-to-target approach in recommendation 8: '*Lupus maintenance treatment should aim at the lowest GC dosage needed to control disease, and if possible, GC should be withdrawn completely*'.[6]

With such strong statements in mind, hopefully applied in clinical practice, why should GC taper not be included in lupus trials' primary outcome?

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Contributors FAH is the only contributor.

Funding The author has not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

To cite Houssiau FA. *Ann Rheum Dis* 2021;**80**:e110.

Received 12 August 2019
Accepted 15 August 2019
Published Online First 20 August 2019

Linked

► http://dx.doi.org/10.1136/annrheumdis-2019-216113

Ann Rheum Dis 2021;**80**:e110. doi:10.1136/annrheumdis-2019-216160

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