Response to ‘Steroid sparing effect: an essential element in assessing therapeutic efficacy in SLE: response to ‘Time to change the primary outcome of lupus trials’ by Houssiau’ 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-SC3—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maintenance treatment, GC should be minimised to less than 7.5 mg/day (prednisone equivalent) and, when possible, withdrawn’.5 A similar statement was made—already 5 years ago—by an international task force advocating a treat-to-target approach in recommendation 8: ‘Lupus maintenance treatment should aim at the lowest GC dosage needed to control disease, and if possible, GC should be withdrawn completely’.6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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