Dear Graham

I read the review by Hui-Yuen et al (1) on the targeting of B-cell therapy in the treatment of adult and paediatric lupus cases with interest. The review provides a very balanced assessment of the published literature but I would make some observations.

In commenting on the EXLORER study the authors correctly assert that when you ‘shine a light’ on the apparently failed trial, some significant and positive data are to be found. They conclude however that “these data suggest that the role for Rituximab is not for the reduction of remission in SLE patients receiving maximum treatment for lupus nephritis but rather is an adjunct to control severe manifestations” However a little later on in the discussion of study by Condon et al (2) they state that “preliminary data from fifty patients in the Rituxilup demonstrated early efficacy of this (ie Rituximab followed by Mycophenolate) regimen..” In fact the study published by Condon et al (2) is not part of the Rituxilup trial. It was a single centre cohort study aiming to provide some preliminary information about the utility of B-cell depletion in recently diagnosed lupus nephritis in an effort to avoid the use of steroids – an aim that Hui-Uen et al do not mention. The Rituxilup trial began recruiting patients about a year ago but has now, sadly, run into some difficulties and may not be completed. The trial aims to compare the use of Rituximab plus Mycophenolate versus steroids plus Mycophenolate in newly diagnosed lupus nephritis patients. These data ie about the utility of the use of Rituximab at the time of diagnosis are complemented by another study of 8 patients at diagnosis (3) mostly with non-renal lupus where again the efficacy of B-cell depletion and risk of side-effects was no different from conventionally treated patients.

With best wishes

Yours sincerely

David A Isenberg MD FRCP FAMS
ARC Diamond Jubilee Professor of Rheumatology
at University College London
REFERENCES

