

15th Annual Lupus Education Day Agenda

Breakthroughs in Lupus 2021

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What are the different forms of lupus?

Systemic Lupus Erythematosus

Discoid or Cutaneous Lupus

Drug-Induced Lupus

Neonatal Lupus

SLE

- Lupus is a systemic inflammatory disease of autoimmune etiology.
- Chronic disease characterized by unpredictable exacerbations and remissions.
- It can affect virtually any organ, singly or in combinations that change from patient to patient.
- Its severity ranges from mild in some cases to life-threatening in others.

What are the symptoms of lupus?

- Painful swollen joints
- Unexplained fever
- Extreme fatigue
- Rashes
- Sensitivity to the sun
- Mouth Sores
- Hair loss
- Pale or purple fingers or toes from cold
- Swollen glands
- Headache and/or Depression
- Chest pain with deep breathing
- Low blood count





SLE: Clinical Heterogeneity



How do we treat lupus?

Circa 2016

At the 10th Annual Lupus Education Day

- NSAIDs
- Steroids (low dose to “pulse”)
- Antimalarials (hydroxychloroquine; quinacrine)
- Immunosuppressives
 - (MMF; AZA, MTX; calcineurin inh)
- Chemotherapy (cyclophosphamide)
- Biologics (belimumab; rituximab; abatacept)
- Adjunctive therapies (ACEi; bisphosphonates)

Let's Make this Era the Golden Era of SLE Drug Development

Rheumatoid Arthritis, Psoriatic Arthritis,
Psoriasis, Crohn's Disease, Ulcerative Colitis,
Multiple Sclerosis collectively have had over 2
dozen drugs approved since the late 1990's.

**SLE had just one!!
(as of 2020)**

Do we need new treatments?

ABSOLUTELY!

- **Current treatments do not always work**
- **Current treatments can have toxicity**
- **We have no cure for lupus**

How do we get new treatments?

Research

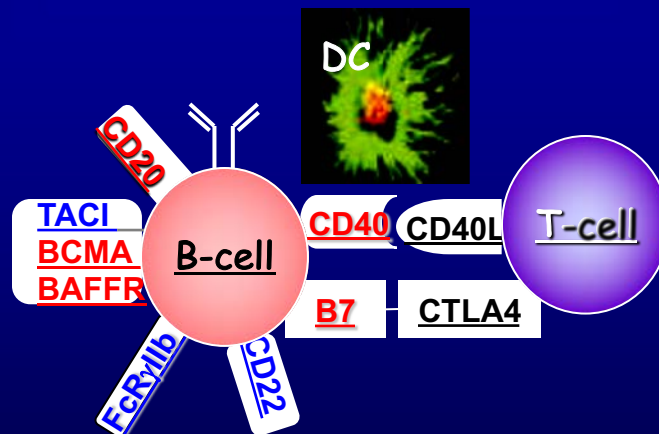
- The more that is known about clinical outcomes and immune abnormalities associated with lupus, the better equipped we are to fight the disease!



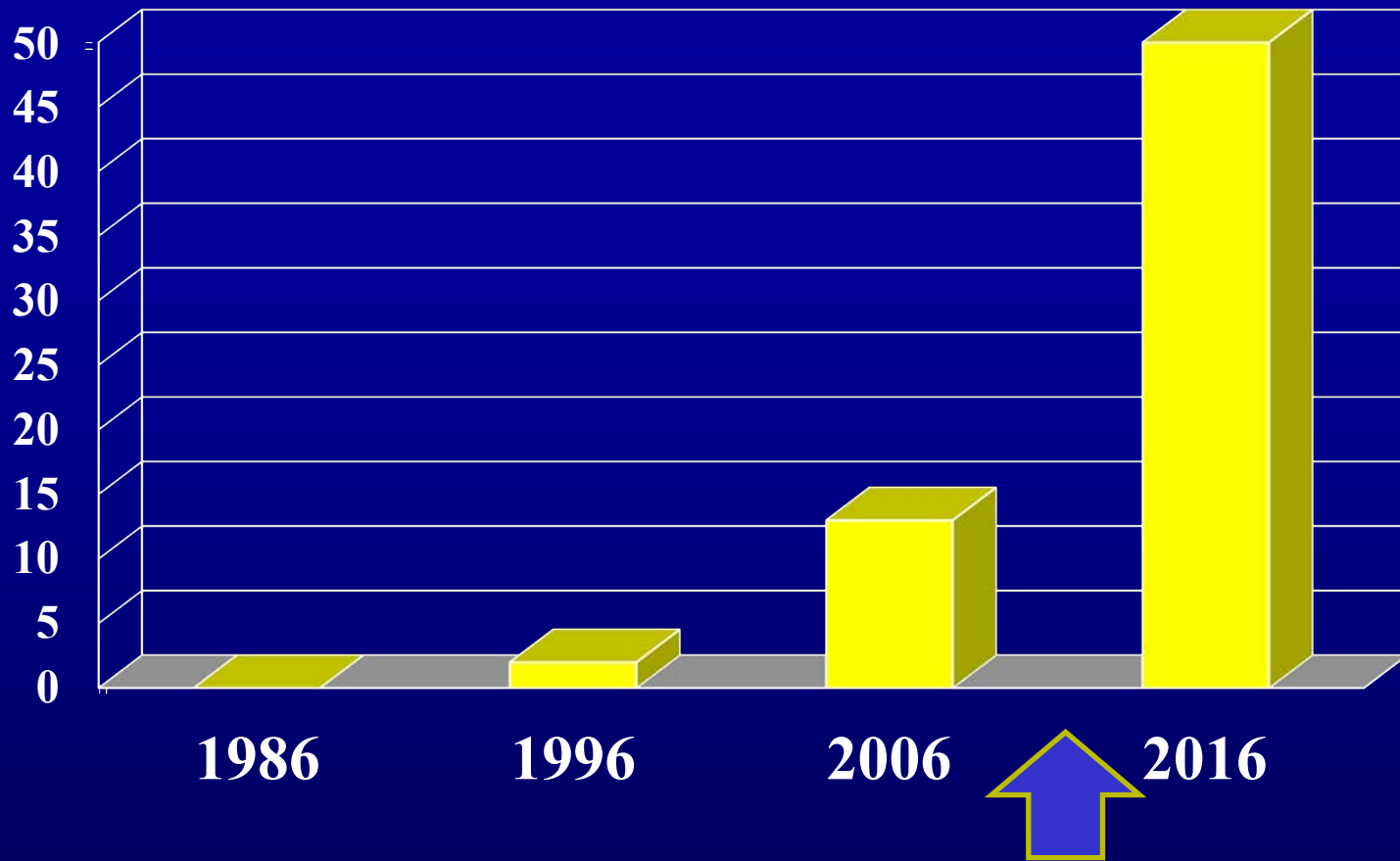
What we're doing at the U of R:

- Observational studies:
 - Clinical Cohorts: Lupus Clinical Trials Consortium 20 centers
 - Outcomes: IQ-Lupus Program
- Basic and translational science research
 - NIH funded international networks-Accelerating Medicines Partnership
 - Translational studies of disease mechanisms using biologic specimens -
 - Mouse models of disease
- Clinical Trials
 - The AIR unit has an active program in clinical trials in SLE
 - Pharma
 - LUCIN
 - Investigation of new, targeted biological interventions in SLE

Much research focused on identifying biologic molecules critical to the lupus disease process and strategies to remove or neutralize them: 'targets'

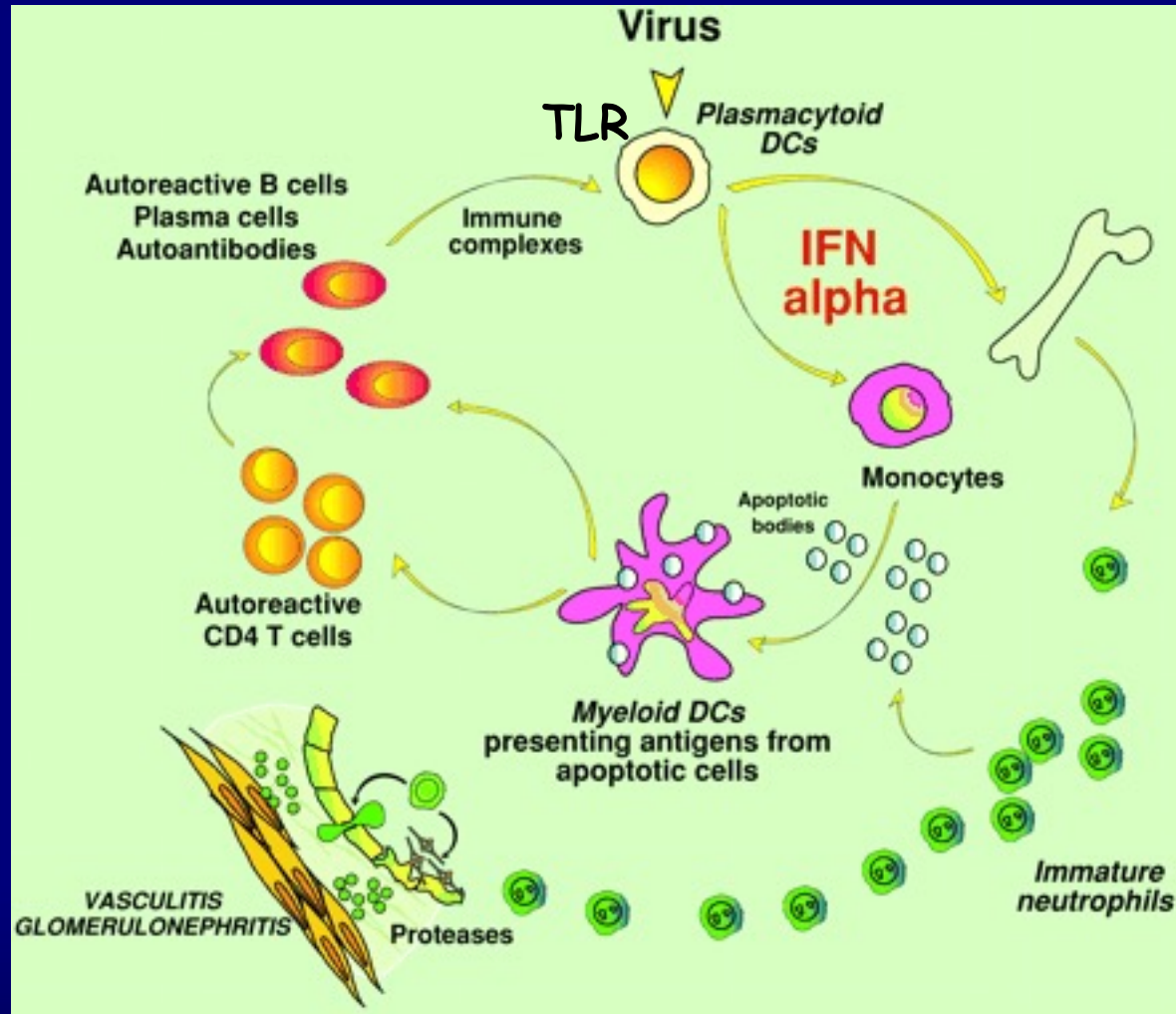


Drugs in Development for SLE



Benlysta approved 2011

An example of targeted drug development: Blocking Interferon



Interferon in SLE

- Family of cytokines important in viral immunity
- SLE patients:
 - Elevated IFN- α levels
 - SLE sera induce IFN gene signatures
 - 60%-75% have IFN gene signatures in PBMC
 - Clinical and serologic activity correlate with IFN gene expression
- Can IFN inhibitors reduce SLE clinical activity?

Clinical Trials with IFN blockade

- Phase 2 (~300 patients)
 - MUSE (published 2016)
- Phase 3 (~400 patients in each)
 - TULIP1 (published Dec 2019)
 - TULIP2 (published Jan 2020)

BREAKING NEWS

Help Us Solve
The Cruel Mystery
LUPUS
FOUNDATION OF AMERICA



Exciting news in 2021!!!

Two new drug approvals!

-Blocking interferon- anifrolumab/saphnelo
July 2021

-Voclosporin/lupkynis
January 2021

-Benlysta
Approved 2011
Approved for lupus nephritis December 2020



Other clinical trials

- B cells:
 - Phase 2 NOBILITY trial of a new B cell depleting therapy (anti-CD20 obinutuzumab) met endpoints in LN
 - Phase 3 REGENCY study underway
- Mesenchymal stem cell transfer

Other research updates on lupus

Who develops lupus?

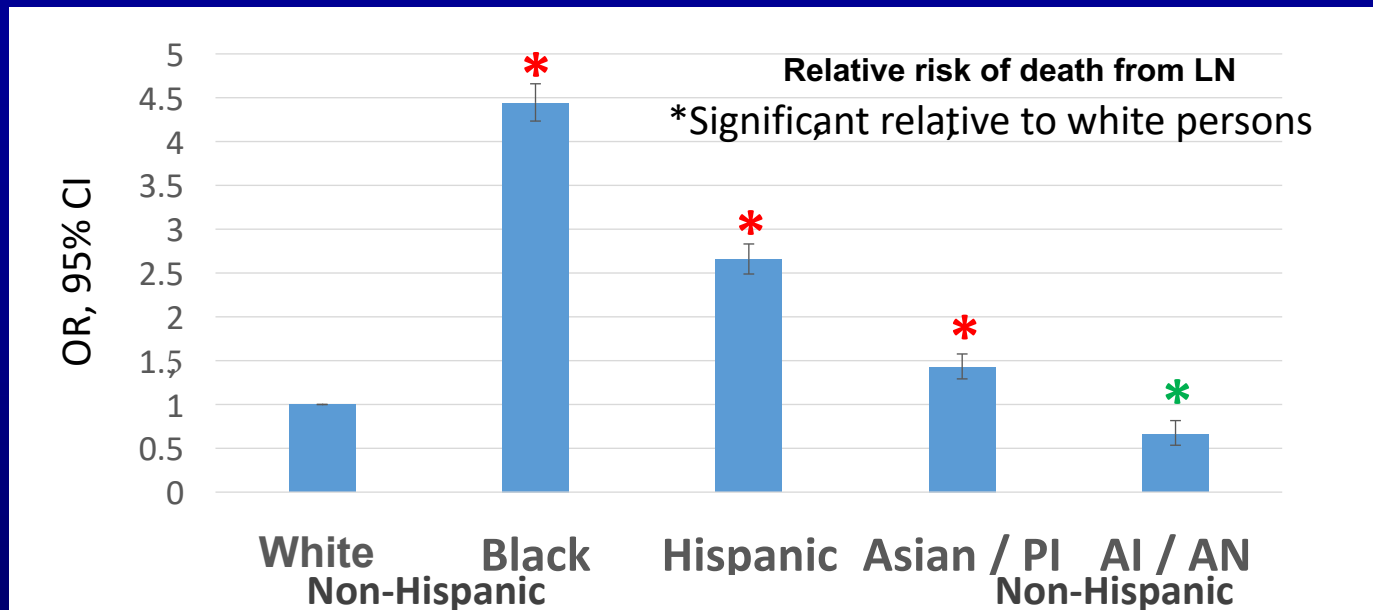
- African-Americans > Caucasians (3x)
 - Caucasian women (15-64 years of age): 1/700
 - African-American women (15-64): 1/245
- Age at diagnosis:
 - 16-55 years of age: 65% of cases
 - < 16: 20%;
 - > 65: 15%
- Female/male ratio:
 - Age 14-65: 6-10 / 1
 - Age <14 or >65: 2-3 / 1

SLE – Epidemiology: ethnic disparities

- **LUMINA cohort: LUpus in MInorities, NAture versus nurture**
- **Longitudinal study of patients with SLE**
- **Hispanic and African American patients have more serious disease at a younger age and worse outcomes**
- **CONCLUSION:**
 - **Ethnic disparities occur in SLE**
 - **Emerging role of environmental and socioeconomic/ demographic factors**

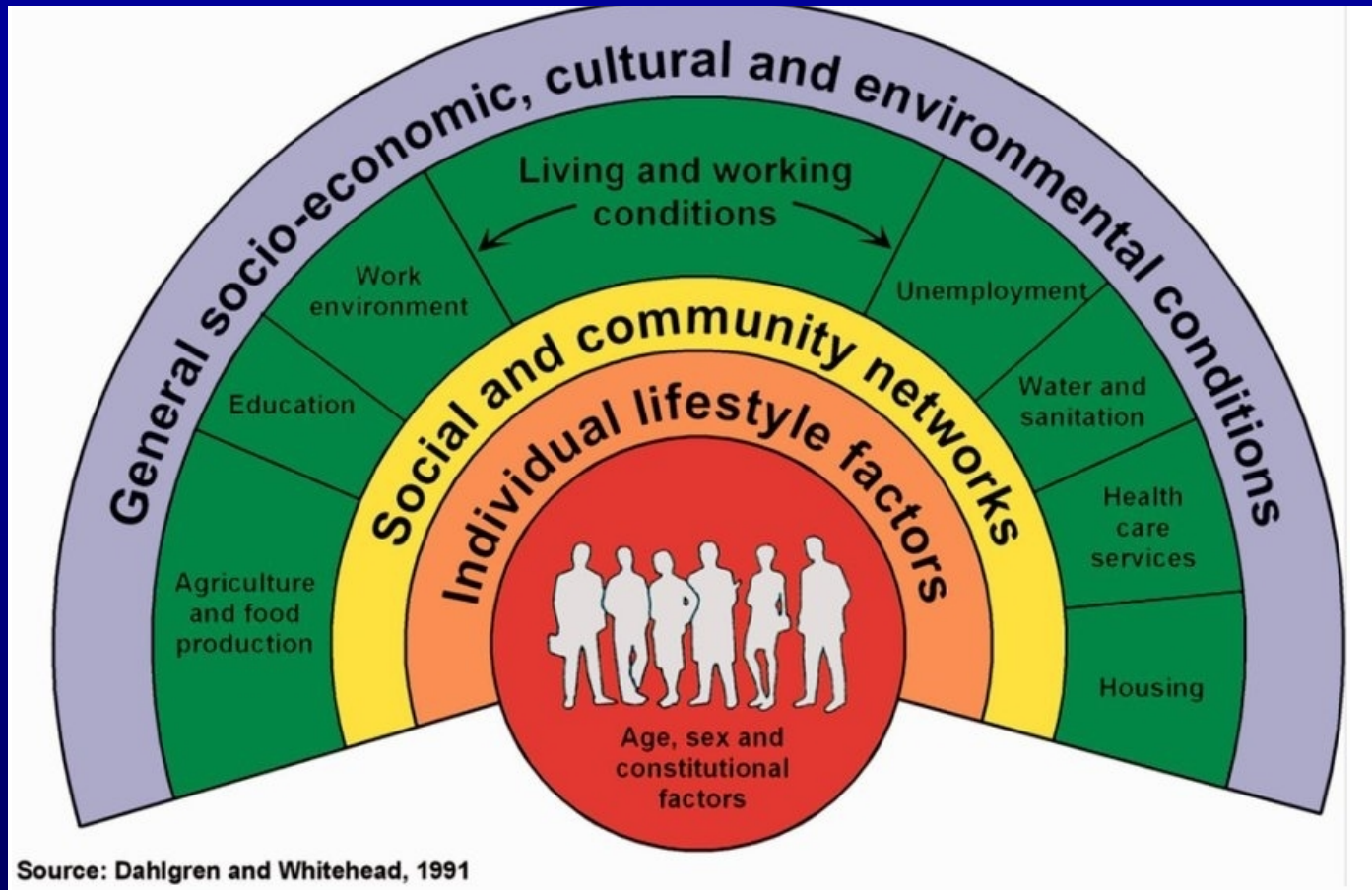
Ethnic disparities

- LN mortality has decreased-that's good
- BUT, outcomes are worse for blacks and those living in urban areas



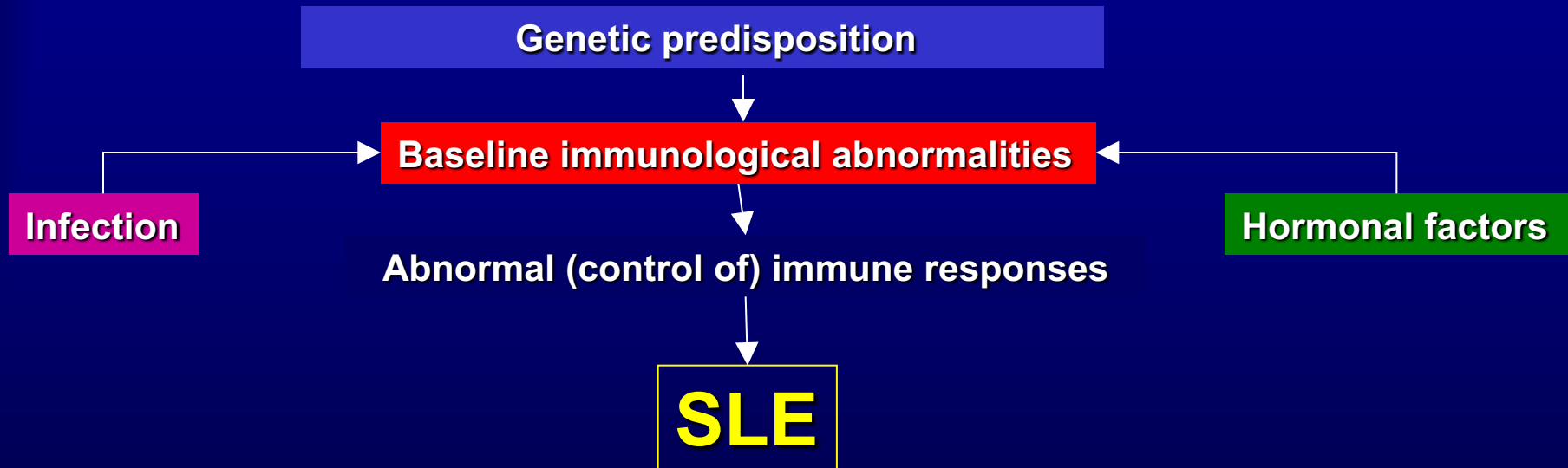
- Race and where you live can impact your health!!

Ethnic disparities



SLE - Cause

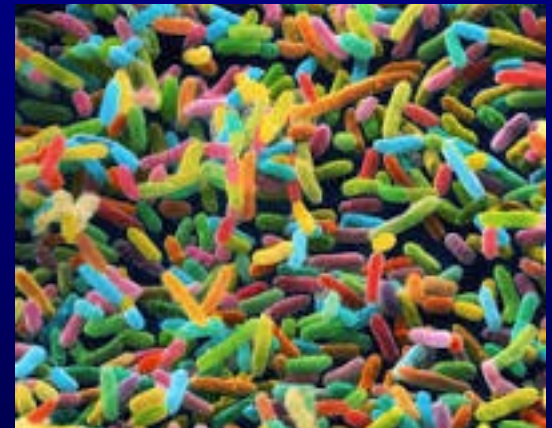
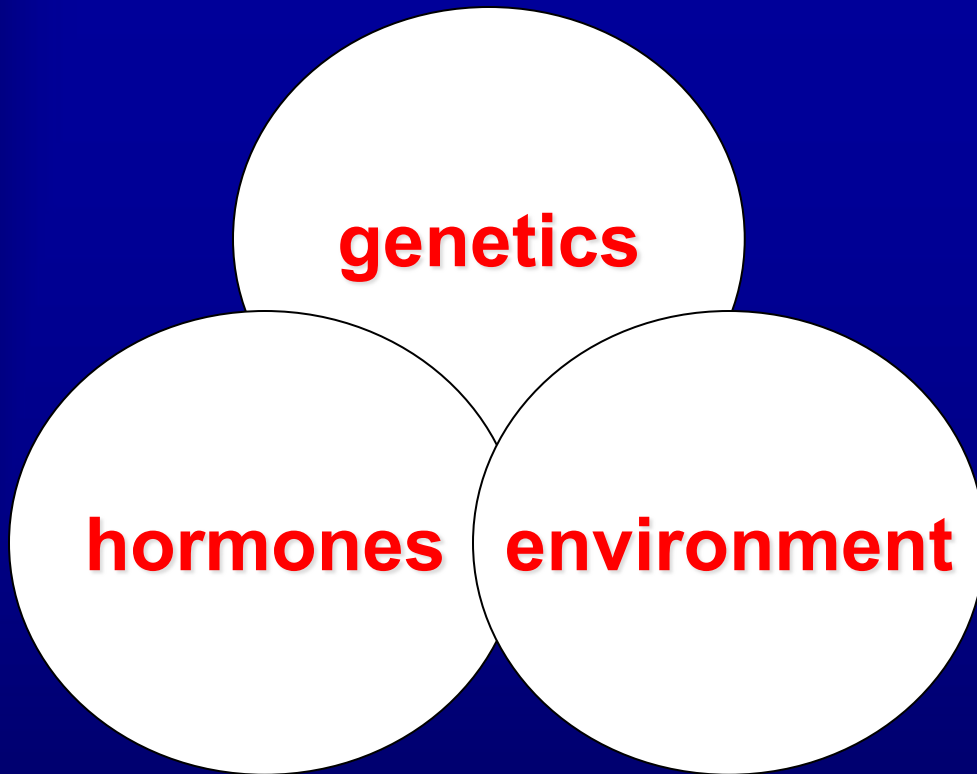
- The etiology of SLE remains unknown
- Yet, SLE is clearly multifactorial:
 - Genetic factors
 - Immunologic factors
 - Hormonal factors
 - Environmental factors



‘A genetic component’

- **Strong genetic component suggested by:**
 - High concordance in identical twins (15-40%)
 - Higher incidence in families (2-10%) (10-fold increased risk in first degree relatives) (instead of 1:400 chance increased to 1:25)
- **Multiple loci (probably >100) may contribute to SLE:**
 - Multiple risk variants each conferring tiny increase risk
 - Many immune related genes

A lot more than genetics



The 'exposome'

Environmental factors

- The 'microbiome'
- Findings:
 - Certain gut bacteria may be over-represented in lupus patients
 - Translocation of bacteria from gut can trigger lupus in mouse models
- Future Implications for clinical practice:
 - Paves the way for altering the microbiome
 - Dietary interventions

Azzouz...Silverman. Annal of Rheum Dis 78, 2019

Vieira...Kriegel. Science 359, 2018

Zegarra-Ruiz...Kriegel, Cell Host and Microbe 25, 2019

Diet

- Vitamin D and fish oil for the prevention of autoimmune disease- VITAL study

- Background:

- We don't have any way to prevent autoimmune disease

- Findings/Implications:

- Up to 5 years of f/u vitamin D provides protection
 - .NS trend for omega-3
 - Limitations- older cohort- mostly rheumatoid and PMR, don't know about lupus

Identifying new treatment targets and biomarkers

Accelerating Medicines Partnership (AMP) Initiative

First-of-its-kind partnership and study

Goal: To evaluate the molecular pathways and relevant drug targets of autoimmune diseases to help develop new therapies

Learn more: fnih.org/AMP-RA-Lupus



Aims for AMP

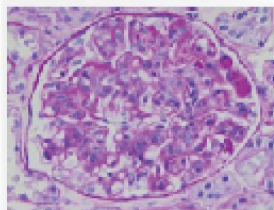
Identify molecular + cellular features that define distinct subsets of nephritis

Histologic Classification

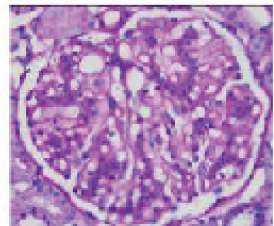
Class I



Class IV

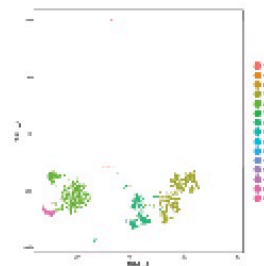
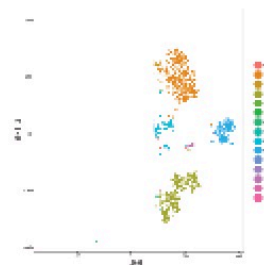
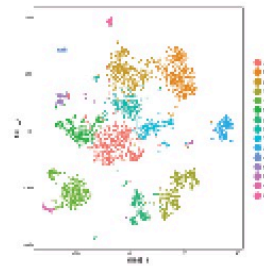


Class V



Adapted from JC Jennette

Molecular Classification

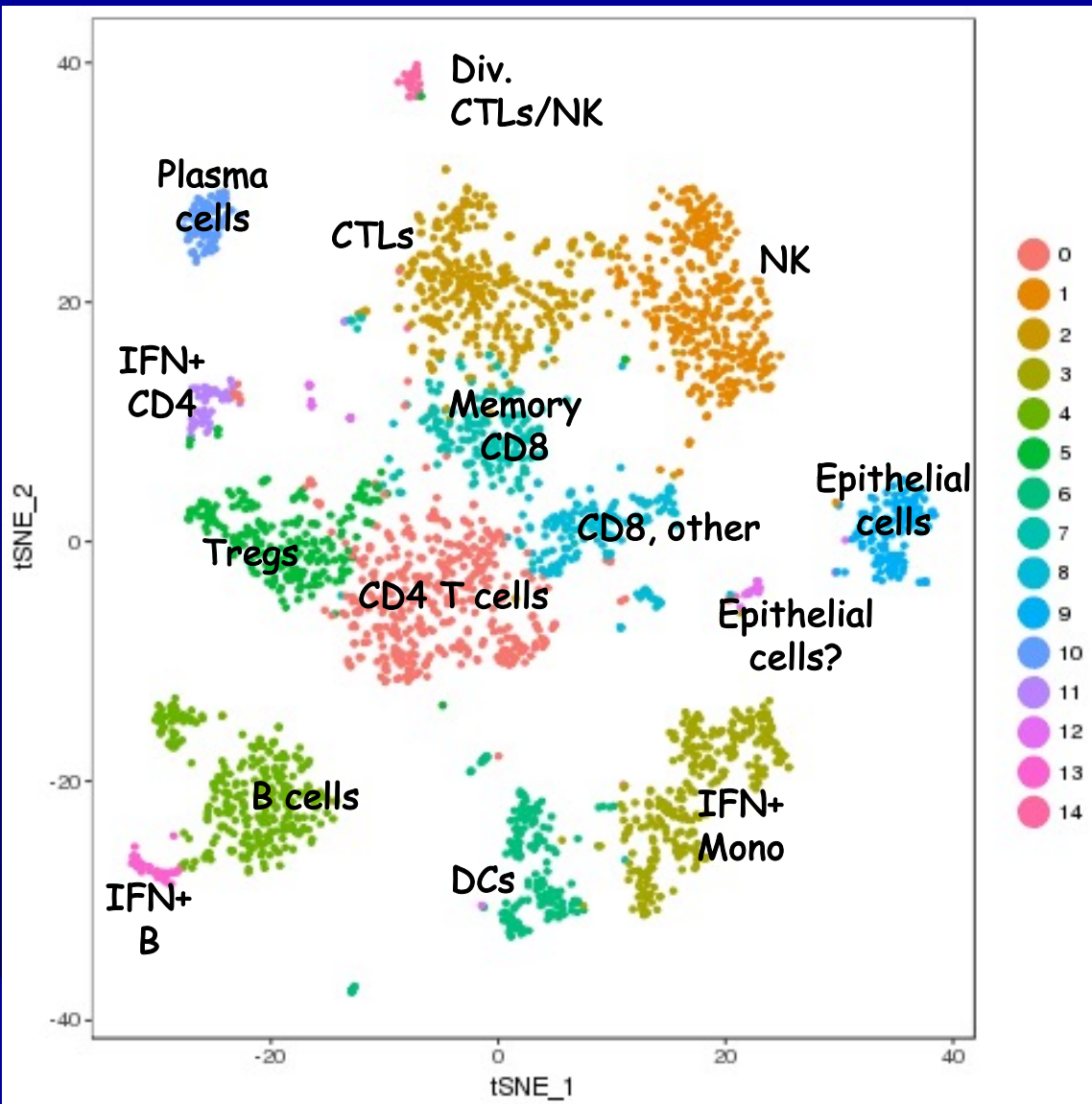


Tx A

Tx B

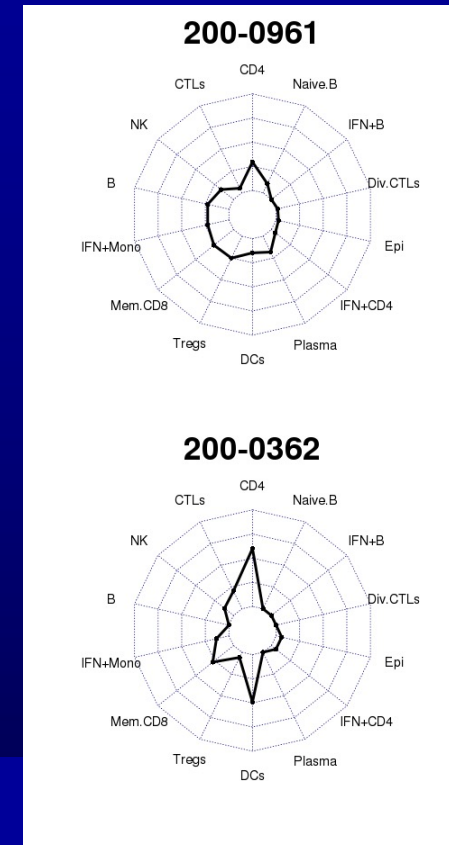
Tx C

Many different kinds of cells in the lupus kidney

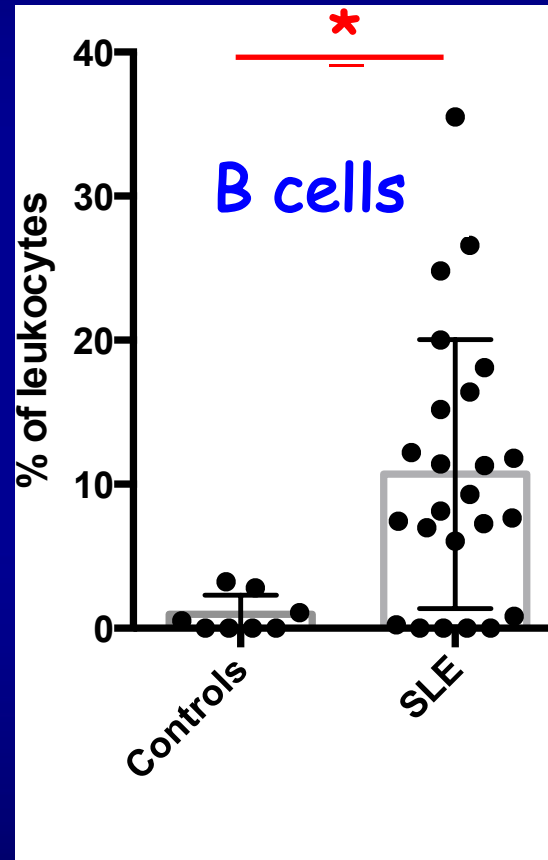


Patients vary:

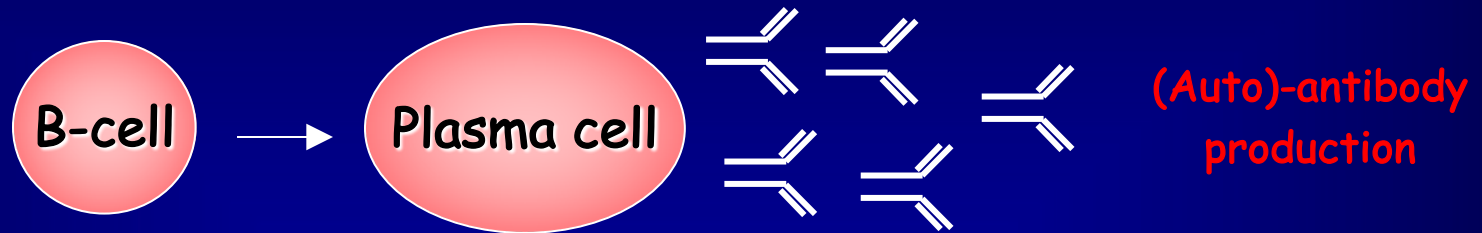
- types of infiltrating cells
- gene expression across corresponding clusters



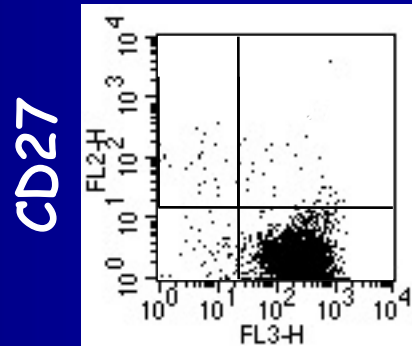
Dominant cells may allow precision medicine



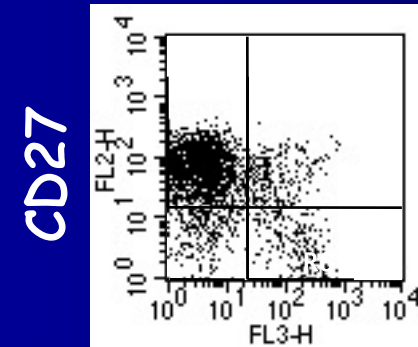
B cells behaving badly



SLE Controlled



SLE Active



IgD

IgD



**Protective
B cell functions**

**Bad
B cell functions**

Other clinical trial data from ACR

- Iberdomide – Potential Drug for Lupus and Cancer- from LuCIN Network- positive Phase 2 data
- Phase 2 Biogen investigational drug BIIB059 that inhibits production of interferon by targeting pDCs
- Phase 2 of Baricitinib Improved Disease Activity- small molecule JAK inhibitor
- BMS-986256 inhibits another part of the immune system – Toll-like Receptors 7 and 8- early mouse data. Going into lupus patient trials.

Concluding points

- Therapy will attempt to target specific pathways in the body
- Recent clinical trial successes and novel mechanism-based therapies are in development for SLE
- Personalized medicine
- Eventual treatments may involve combination therapies, i.e., “cocktails” of targeted and semi-targeted therapies



Thank You!

