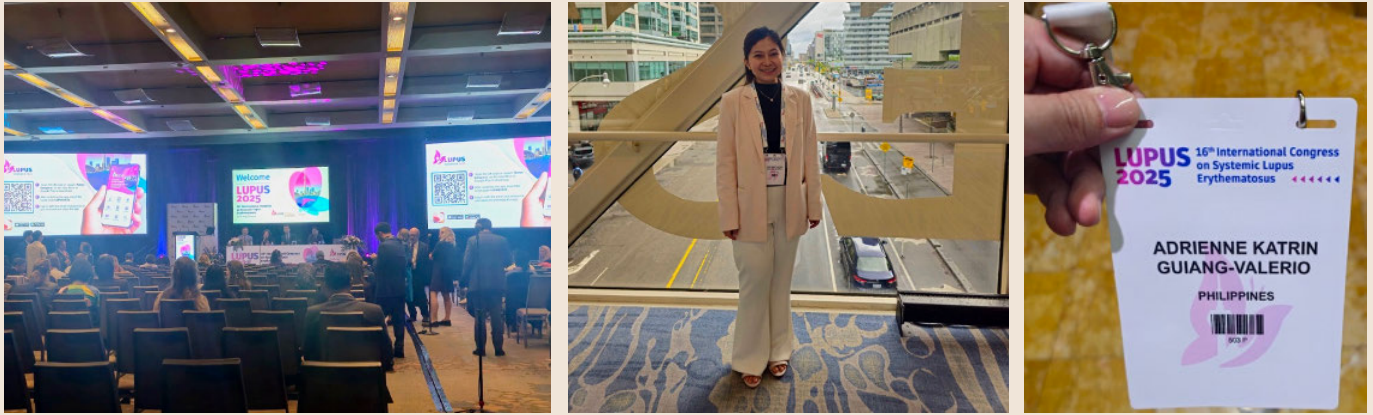


LUPUS 2025 CONGRESS EXPERIENCE

By: Adrienne Katrin M. Guiang-Valerio

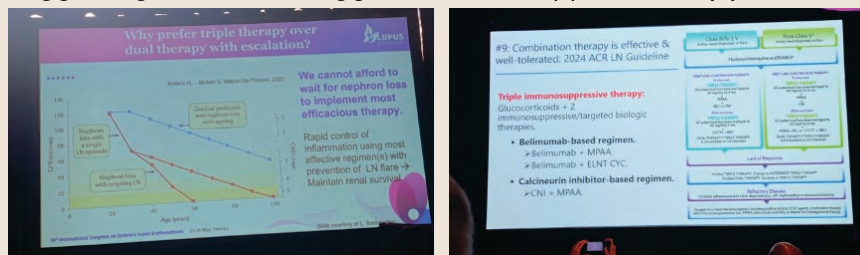
I had the privilege of attending and participating in the LUPUS 2025 International Congress, a global platform dedicated to advancements in systemic lupus erythematosus (SLE) research and management with the theme "Gateway to the Future."



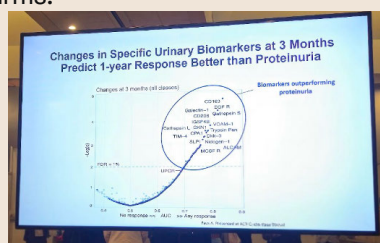
Spanning four intensive days, the conference offered a comprehensive overview of the latest scientific and clinical advancements in SLE. Sessions covered early diagnostic techniques, novel biomarkers, and emerging therapeutic options. Notably, discussions on the early use of biologics and the development of CAR T-cell therapies were very promising.

LUPUS 2025 featured up-to-date discussions that are shaping the future of lupus management. Some of my key takeaways from the congress include:

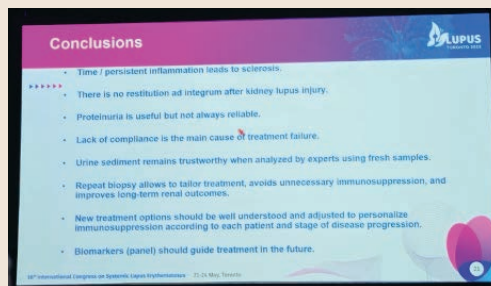
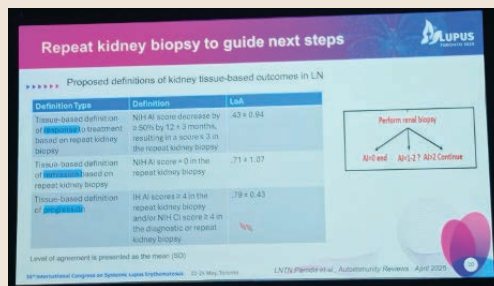
- A shift toward triple immunosuppressive therapy is being recognized as an effective strategy in treating lupus nephritis, suggesting that a more aggressive initial approach may yield better renal outcomes.



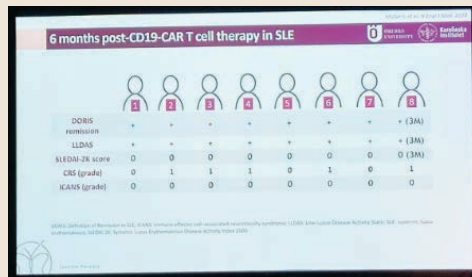
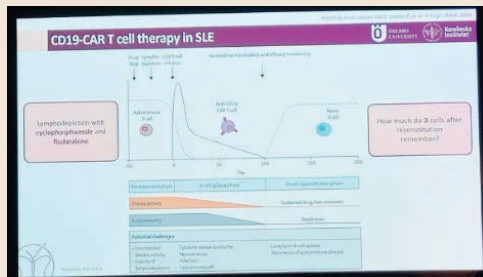
- Novel urine biomarkers are emerging as more precise tools for assessing disease activity, with the potential to replace traditional UPCR, and even with the hope in the future to be able to replace renal biopsies in monitoring lupus nephritis.



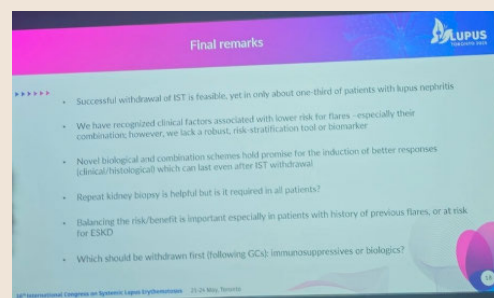
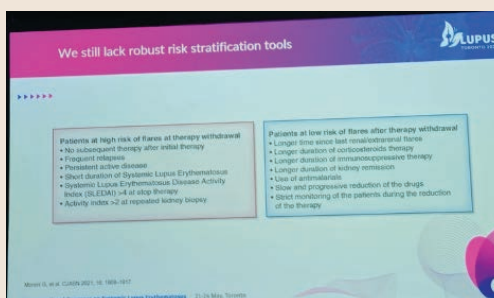
- Performing renal biopsy at the end of treatment is gaining attention as a valuable method to assess residual disease activity, to predict long-term prognosis, and guide further management.



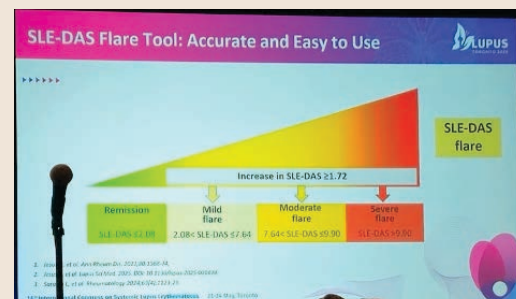
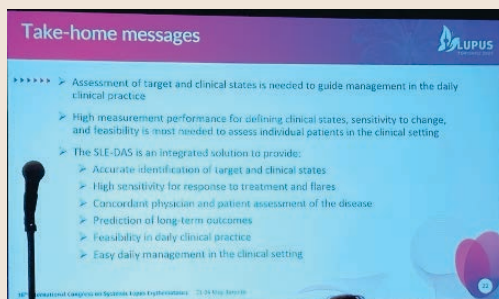
- Chimeric antigen receptor T Cell therapy is an exciting and emerging option for patients with refractory SLE. Early trials have shown promising results, potentially offering a transformative approach for individuals who do not respond to conventional treatments.



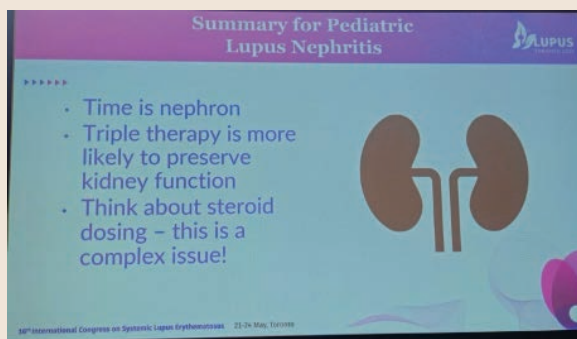
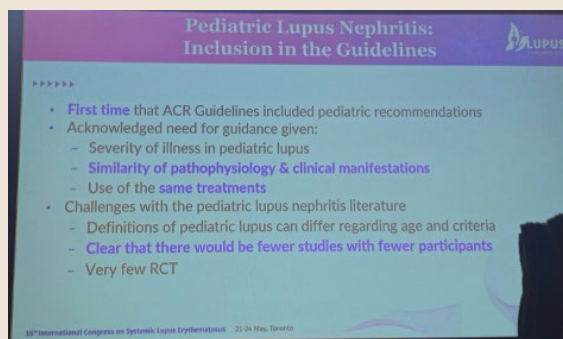
- It is striking that, despite numerous advancements in treatment, data on the safe and successful withdrawal of immunosuppressive therapy in lupus nephritis remain limited. This shows a critical gap in long term management strategies and the need for further studies in this area.



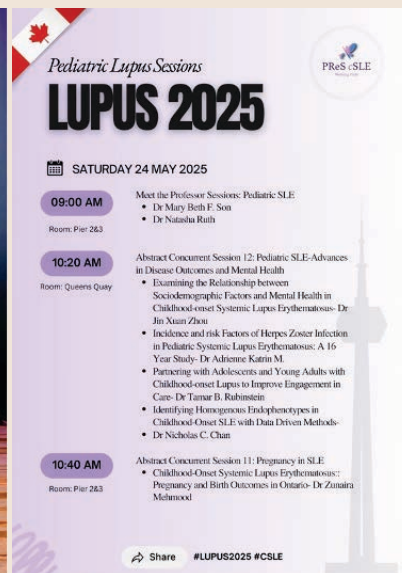
- Interestingly, in one of the debate sessions about the use of HCQ, some clinicians in some parts of the world start HCQ at a higher dose for months then shift to the recommended dose thereafter. Although, it is important to note that no data support this practice.
- There is an unmet need for accurate and user-friendly definitions of SLE disease activity. In one of the sessions, a new validated scoring system was discussed – the SLE Disease Activity Score (SLE-DAS). This is an accurate and easy-to-use tool for defining SLE clinical remission state and disease activity categories, validated against expert assessment and BILAG.



- A critical question raised during one of the sessions was the feasibility of including the pediatric population in the validation of newly developed SLE disease activity scoring systems. This highlighted the ongoing challenge in advancing pediatric SLE management, as many tools and therapies are validated primarily in adult populations. There remains a global need for inclusive research that reflects the unique clinical profiles of children with SLE. This reflects a broader issue: while the adult SLE landscape is rapidly evolving, pediatric SLE still lags in research representation and access to innovations. Bridging this gap is essential to ensure that children with SLE benefit equally from scientific progress.



On the final day of the congress, I had the honor of delivering an oral abstract presentation on my research on "Incidence and Risk Factors of Herpes Zoster Infection in Pediatric Systemic Lupus Erythematosus: A 16 Year Study." The presentation was well-received and served as a valuable opportunity to represent our country on an international stage. I was humbled to be approached afterward by leading figures in Pediatric Rheumatology—Drs. Andrea Knight, Shaun Jackson, and Linda Hiraki—whose engagement showed the relevance of our work. While it was a big international congress, mostly attended by IM Rheumatologists, the experience also stressed a shared challenge: the scarcity of Pediatric Rheumatologists, regardless of geographic location.



While these advancements signal promising directions in global lupus care, they also emphasized a disheartening reality: access to these innovations remains limited in resource-constrained settings such as the Philippines. Despite this, Filipino rheumatologists continue to provide optimal care using the limited resources available, which shows our commitment and passion.

Participating in an international conference of this magnitude was both humbling and hopeful. It reaffirmed the value of collaborative research and the importance of being at the forefront of clinical knowledge. More importantly, it strengthened my resolve to advocate for improved access to modern treatment options for our patients in the Philippines.

LUPUS 2025 was a pivotal experience, not only in advancing my academic and clinical perspective but also in reinforcing the disparities that persist in global healthcare delivery. I remain committed to contributing to research and advocacy that bridges this gap, with the hope that future innovations will be made accessible to all, regardless of geography.