Use of mycophenolate mofetil in new-onset systemic lupus erythematosus

Sirs,

We believe that some important issues have been raised in the rather courageous study by You *et al*. related to the use of low dose mycophenolate mofetil (MMF) combined with patient symptom independent use of glucocorticoids (GCs) in new-onset systemic lupus erythematosus (SLE) with high anti-dsDNA titres (1). This study interestingly shows that such a scheme significantly decreases the onset of lupus nephritis (LN) in those patients.

In the *Introduction* it is stated that the "Treatment of SLE consists of the use of hydroxychloroquine sulfate, prednisone, and disease modifying antirheumatic drugs." This broad statement does not hold true for a substantial number of SLE patients who can successfully be managed with hydroxychloroquine alone. Moreover, when GCs are needed, significantly lower doses than those used in the current work are commonly adequate for disease control. The authors give the pre- and post-treatment anti-dsDNA titres only for the whole group. On the other hand, we are not given these titres specifically for the patients who developed LN.

Having said that, the results of this, and we repeat, courageous, study now necessitates another randomised controlled trial of MMF in true to form conventionally managed patients with new onset SLE and high anti-dsDNA titres.

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Competing interests: none declared.

Clin Exp Rheumatol 2025; 43 (Suppl. 136): S6.

Reference

1. YOU Y, ZHOU Z, WANG F *et al*.: Mycophenolate mofetil and new-onset systemic lupus erythematosus a randomized clinical trial. *JAMA Netw Open* 2024; 7(9): 1-12. https://doi.org/10.1001/jamanetworkopen.2024.32131