Adverse events with intravenous Belimumab are low in clinical practice – analysis from a single-center cohort

[1*]Jan-Gerd Rademacher, [1*]Viktor Korendovych, [1]Peter Korsten
[1]Department of Nephrology and Rheumatology, University Medical Center Göttingen I *contributed equally

@pekor002

INTRODUCTION

- Belimumab (BEL) is approved for active SLE despite standard of care therapy
- Efficacy has been demonstrated in patients with high serological activity and glucocorticoid dependency
- Therapy with BEL has potential adverse events (AE), including infections or laboratory changes

METHODS

- Single-center cohort study
- All patients with SLE and IV BEL therapy included over a 10-year period
- Primary outcomes: Clinical and laboratory AEs
- Other outcomes: Concomitant therapies

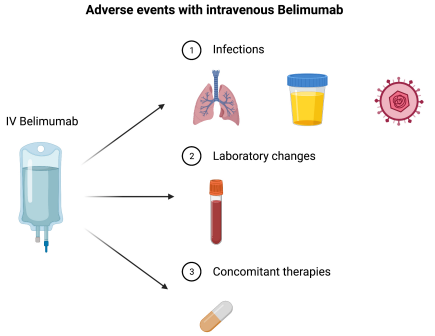

Figure was created with BioRender.com

CONCLUSIONS

- Laboratory abnormalities and infectious complications with BEL IV therapy are rare
- Hematological AE may be related to SLE rather than BEL
- Prednisolone-sparing effect is observed in clinical practice (3 patients with 10 mg/d, 5 patients without prednisolone)

RESULTS

1

♀ 22 (95.6%) ♂ 1 (4.4%)

Age (years) 48 (23-76)
Months of therapy 29 (1-84)

Concomitant immunosuppression:
Prednisolone 17/21 (dose 5 mg/d [0-10])
Hydroxychloroquine 15/21
Azathioprine 4/21
Mycophenolate mofetil 9/21

**data are expressed as median (range) or n/% of total*

Figure 1. Baseline data of the cohort.

2

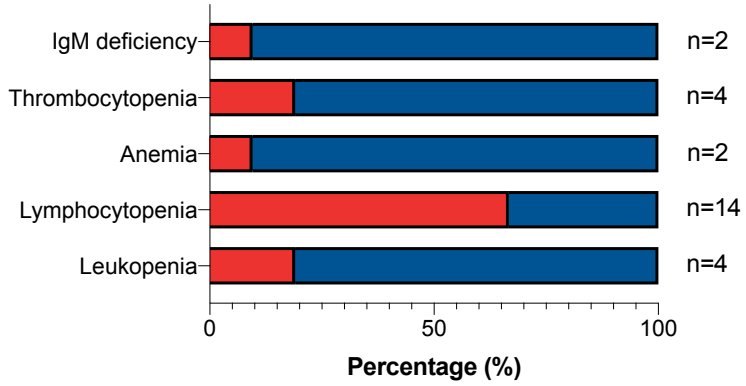

Figure 2. Laboratory adverse events.

3

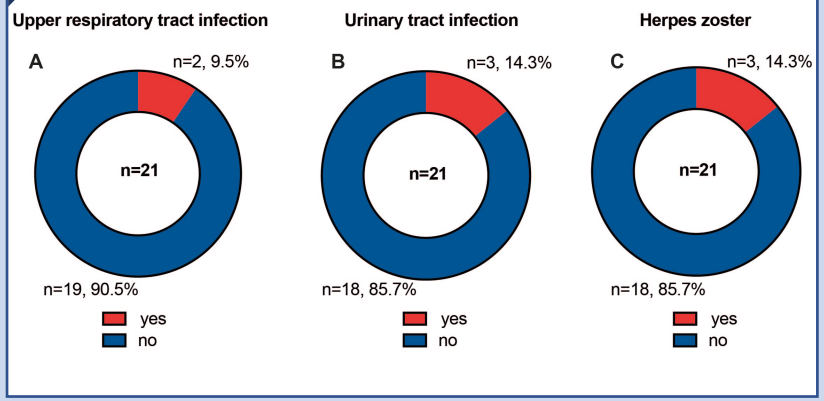

Figure 3. Infections with BEL. *Upper respiratory tract (**A**), urinary tract (**B**), and Herpes zoster infections.*

Contact information: Dr Peter Korsten I peter.korsten@med.uni-goettingen.de