Alignment Between 2025 EULAR Lupus Nephritis Guidelines and Real-World Practice in Europe: Current Use of Early Quadruple Therapy and Anticipated Impact of Obinutuzumab Approval

Sawyer May; Ryan Rex; Lynn Price

Background:

Lupus nephritis (LN) remains a major cause of morbidity in systemic lupus erythematosus (SLE). In 2025, EULAR updated its recommendations to endorse early quadruple therapy combining hydroxychloroquine, glucocorticoids, mycophenolate mofetil or low-dose cyclophosphamide, and either a biologic agent or calcineurin inhibitor (CNI).[1] Understanding real-world alignment with these recommendations, as well as how newly approved therapies may influence treatment algorithms, is critical to optimizing LN care across Europe.

Objectives:

To evaluate European nephrologist and rheumatologist agreement with updated EULAR LN guidelines, assess current real-world use of early quadruple therapy, and characterize the anticipated impact of obinutuzumab approval on the LN treatment algorithm.

Methods:

A quantitative survey was conducted among practicing nephrologists (n=122) and rheumatologists (n=130) across five European countries (France, Germany, Italy, Spain, UK). Eligible physicians managed ≥10 LN patients and spent ≥50% of professional time in clinical practice. Data was collected between September and October 2025.

Disclosures:

Sawyer May, Ryan Rex, and Lynn Price are employees of Spherix Global Insights, an independent market intelligence firm and have received no industry funding to conduct and report on this study.

Scan here to download

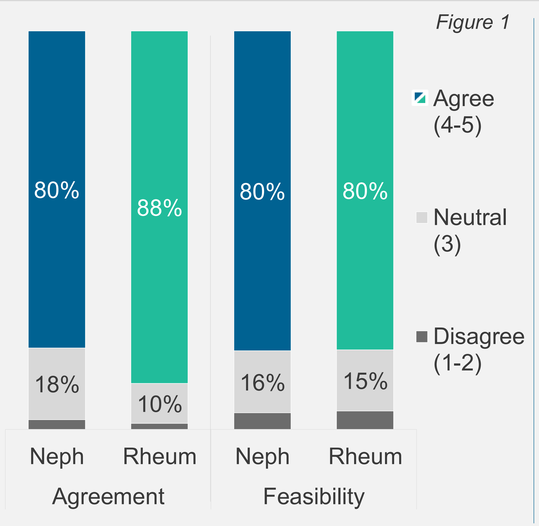
Acknowledgments:

The Spherix Global Insights team wishes to express its appreciation to the nephrologists who participated in this research.

Level of Agreement and Feasibility of Incorporating EULAR LN Recommendations

% of respondents

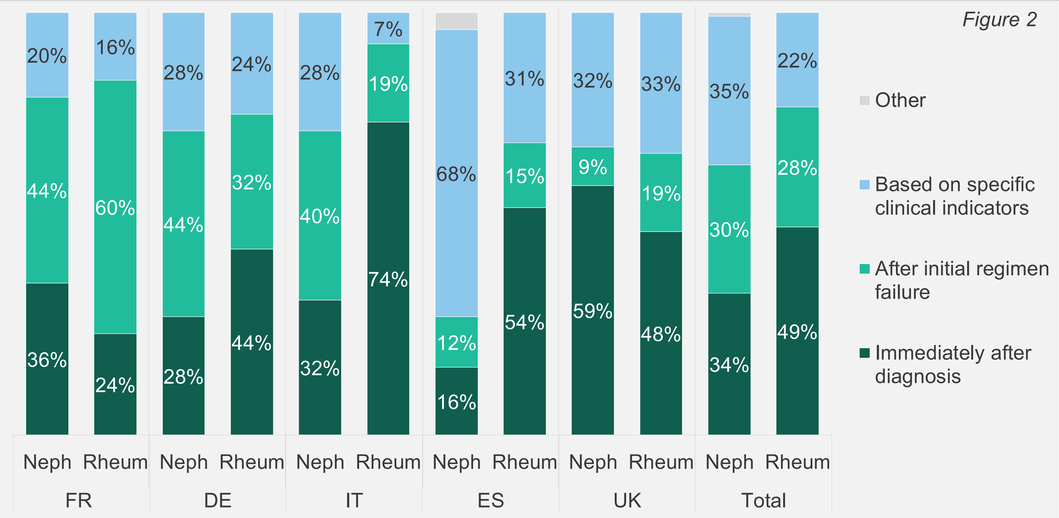
Figure 1



Timeline to Initiate Combination Therapy (MMF or CYC with a Biologic or CNI) in LN Patients

% of respondents

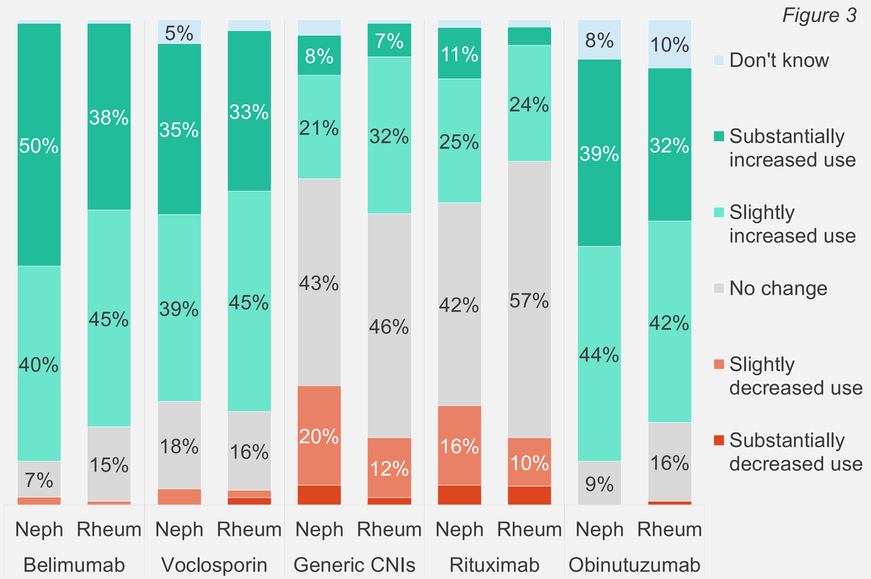
Figure 2



Impact of Updated EULAR LN Guidelines on Prescribing

% of respondents

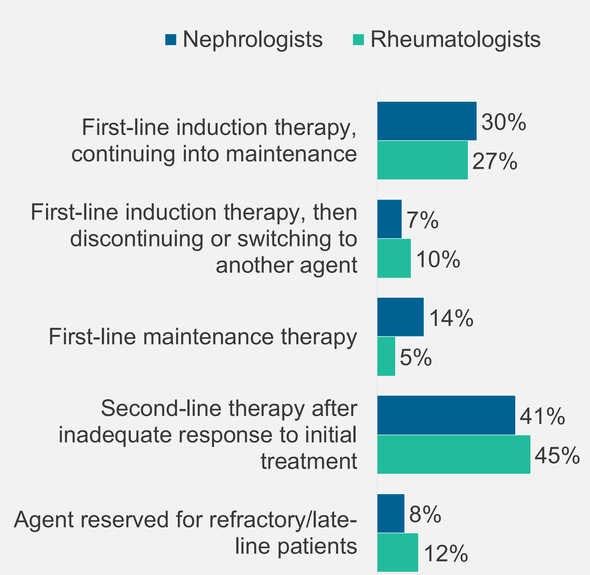
Figure 3



Most Likely Positioning of Obinutuzumab in the LN Treatment Algorithm

% of respondents

Figure 4



Results:

Most European specialists expressed strong agreement with the 2025 EULAR recommendation supporting early quadruple therapy in LN, with 88% of rheumatologists and 80% of nephrologists agreeing with the guidance (Fig. 1). In current practice, combination regimens incorporating a biologic or CNI alongside standard immunosuppression are already used in 39% of rheumatology-managed LN patients and 37% of nephrology-managed patients. However, treatment sequencing differs by specialty: rheumatologists are more likely to initiate combination therapy at diagnosis, whereas nephrologists more commonly escalate to combination regimens following inadequate response to initial therapy (Fig. 2). Looking ahead, both specialties expect increased use of biologics and CNIs over the next six months, with utilization projected to rise to approximately 50% of LN patients in both rheumatology and nephrology practices. Biologic use in LN is well established across the five European countries surveyed, with belimumab comprising the majority of biologic utilization and off-label rituximab accounting for approximately one-third of biologic use. Specialists broadly anticipate that approval of obinutuzumab will further reinforce early biologic incorporation within quadruple therapy, with many expecting adoption in first- or second-line treatment. Respondents project that obinutuzumab entry would drive comparable share erosion from both off-label rituximab and belimumab, while also expanding overall biologic utilization in LN. In contrast, specialists expect the impact on CNI use to be more limited.

Conclusion:

European nephrologists and rheumatologists demonstrate high alignment with updated EULAR LN guidelines and are increasingly incorporating early quadruple therapy into clinical practice. The anticipated approval of obinutuzumab is expected to accelerate this paradigm, further normalizing early biologic use and reshaping the LN treatment algorithm. These findings highlight rapid evolution in LN management and underscore the importance of real-world evidence to inform guideline implementation and therapeutic decision-making.

References:

[1]Fanouriakis A, Kostopoulou M, Anders HJ, et al. Ann Rheum Dis. 2026;85:75–90.

Presented at EULAR 2026 Congress, June 3-6, London, UK