

Table 3. International Recommendations for the treatment of lupus nephritis.

LN	EULAR–ERA–EDTA 2019	ACR 2012	KDIGO 2021	APLAR 2021
Induction therapy Class III/IV ±V LN	First line: GCs + MMF (2–3 g/day or low-dose IV CYC	GCs + MMF (2–3 g/day), or high-dose IV pulse CYC (low-dose for white Europeans)	First line: GCs (lower dose) + MMF (2–3 g/day), or low-dose IV CYC	First line: GCs + MMF (2 g/day), or high-dose IV CYC
	Second line: (i) MMF + CNI (TAC) (for nephritic range proteinuria); (ii) high-dose IV CYC (for high risk of kidney failure)		Second line: (i) MMF + CNI (TAC); (ii) high-dose IV CYC, or oral CYC	Second line: low-dose IV CYC, or TAC
Induction therapy Class V LN	First line: MMF (2–3 g/day	GCs + MMF (2–3 g/day)	GCs + MMF, or CYC, or CNIs, or AZA, or rituximab	First line: GCs + MMF (2 g/day), or high-dose IV CYC
	Second line: (i) IV CYC; (ii) CNI (TAC); (iii) CNI (TAC) + MMF (particularly for nephritic range proteinuria)			Second line: low-dose IV CYC, or TAC
Maintenance therapy	MMF (1–2 g/day) , or AZA (2 mg/kg/day) + prednisone (2.5–5.0 mg/day) for 3–5 years	MMF (1–2 g/day), or AZA (2 mg/kg/day) ± low-dose GCs	First line: MMF for at least 3 years Second line: AZA, or CNI (TAC)	First line: MMF or AZA for 5 years Second line: low-dose CNI (TAC)

Abbreviations: (EULAR- ERA- EDTA):European Alliance of Associations for Rheumatology- European Renal Association-European Dialysis and Transplant Association, (ACR):American college of Rheumatologists, (KDIGO): Kidney Disease: Improving Global Outcomes, (APLAR):Asia Pacific League of Associations for Rheumatology, LN: lupus nephritis, GFR: glomerular filtration rate, IV: intravenously, CYC: cyclophosphamide, MMF: mycophenolate mofetil, GCs: glucocorticoids, AZA: Azathioprine, CNIs: calcineurin inhibitors, TAC: Tacrolimus , BEL: Belimumab, RTX: Rituximab, OBI: Obinutuzumab. VOC: Voclosporin, ANF: Anifrolumab, BAFF: B cell activating factor