

## **SUPPLEMENTARY MATERIALS 8: Research Agenda**

### **2024 American College of Rheumatology (ACR) Guideline for the Screening, Treatment, and Management of Lupus Nephritis**

<b>Subject</b>	<b>Research questions</b>
Kidney biopsy timing	Utility of “For cause” and “Per protocol” biopsies Minimum level of proteinuria that should prompt biopsy
Nephritis subsets lacking adequate treatment data	Rapidly progressive with crescents, fibrinoid necrosis High risk genotypes (eg APOL1) Pure Class V (including benefit of glucocorticoid with immunosuppressive agents) Class II aPL nephropathy Lupus podocytopathy Isolated tubule-interstitial nephritis cSLE
Non-immunosuppressive agents introduced for other CKD	Potential benefit for LN of Sodium-glucose cotransporter-2 (SGLT2) inhibitors Glucagon-like peptide-1 (GLP-1) agonists Non-steroidal mineralocorticoid receptor antagonists (MRA)
Type and frequency of monitoring	Optimal frequency of monitoring proteinuria in different clinical scenarios Novel biomarkers (serum and urinary)
Transplant management	Anticoagulation or additional/different immunosuppression for aPL/APS patients