## **SUPPLEMENTARY MATERIALS 7 – Future Research**

## 2025 American College of Rheumatology (ACR) Guideline for the Treatment of Systemic Lupus Erythematosus

## Research Agenda

Subject	Research questions
Pathogenesis/	Impact of diet, microbiome, other factors
Pathophysiology	Impact of SLE on growth and development of organ systems, including
	the brain
Monitoring of disease	Appropriate timing of measurement
activity and damage	Choice of activity and damage measures
	Inclusion of patient-reported outcome measures
Type 2 lupus symptoms	Pathophysiology
(fatigue, generalized pain, brain fog)	Optimal therapy
SLE treatment goals	Optimal definitions (e.g., DORIS, LLDAS)
	Treat-2-Target
	Disease modification
SLE treatment options	Many standard SLE therapies are not FDA-approved for use in SLE: there
	is a need for more FDA-approved therapies for SLE, particularly for cSLE.
Optimal dosing /	Glucocorticoid and other immunosuppressives
combination regimens	Duration of dose and tapering options, including for biologic therapies
	Optimal combinations of therapies for multiorgan system flares
	Consensus on utility of drug level monitoring for immunosuppressive
	therapies (e.g. MPAA, CNI) for guiding dose adjustment and assessing
	adherence
	Guidance and methodology for optimal medication adherence
HCQ	Uniform and accessible HCQ levels
	Consensus on therapeutic level and confirmation that treating to this
	level reduces flare and optimizes disease control
	Factors impacting HCQ levels (smoking, concomitant medications,
	genetic variants)
	Ideal duration of therapy, i.e., benefit vs. harms of indefinite use
Organ system	Optimal therapies for each organ system especially cutaneous,
manifestations	musculoskeletal
	Role of conventional vs. biologic agents as initial therapy
	Comparative effectiveness research to guide initial therapies
Thrombocytopenia	Thrombopoietin mimetics
Small fiber neuropathy	Utility of immunosuppressive therapy
Cognitive dysfunction	Optimal therapies
Jaccoud's arthropathy	Pathophysiology
	Optimal therapies (medical and/or surgical)
Pleuropericarditis	Role of IL1-antagonists, optimal IL-1 antagonist agent
Refractory disease	New agents and procedures
	Cellular therapies including CAR-T