

Throughout this slide deck, if there is a note, for you the presenter, it will be in italics. Otherwise, the text is there for you to read as you show the slide.

References are included on many slides in case you would like to learn more if one of the attendees asks.

Take a minute to thank your audience for coming and to introduce yourself and why lupus awareness is important to you

My name is _____ and I am a volunteer for the Lupus Research Alliance. It is important to me to spread awareness about lupus because _____

Note: This slide deck is part of an education program. If you have obtained a copy of this slide deck and are interested in learning more, please contact Advocacy@lupusresearch.org and ask about the What You Need to Know About Lupus Toolkit.



The Lupus Research Alliance, The National Minority Quality Forum, and the presenter of today's talk intend that the content be used for informational purposes only, and not assumed to be medical advice. The information should not be utilized as a substitute for a professional opinion, diagnosis, or treatment. You should always seek the advice of a physician with any questions you may have regarding a medical condition. Do not disregard professional medical advice or delay treatment because of something you have heard at today's presentation.

Content and materials were developed by the Lupus Research Alliance in consultation with the National Minority Quality Forum. Comments by the presenter may not reflect the views of either organization. Funding support from our sponsors enables the Lupus Research to develop top-quality educational materials while helping to allow all public donations to support lupus research programs. The Lupus Research Alliance upholds the highest ethical standards and maintains editorial control of all educational materials published.

This presentation is meant to be an overview of lupus and not meant to substitute for medical advice

AGENDA

1 Welcome

2 Facts on Lupus

- What is it?
- Who gets it?
- How is it diagnosed and treated?

3 Getting Involved in Lupus Research

This is what we'll be covering in the presentation

WHAT IS LUPUS?

- Lupus is a chronic disease of the immune system
- Our immune system is our body's defense against infection and other diseases
- With lupus, our immune system starts to attack our own body in different ways
- This can lead to inflammation and tissue damage to any part of the body, particularly in the:
 - Joints – Kidneys – Skin – Heart
 - Brain – Blood Vessels – Lungs
- The cause of lupus is unknown, but genetics, environment and hormones are believed to play a role
 - Lupus can run in families
- Lupus is heterogenous – it affects each person differently
- It is not contagious



Lupus is a chronic disease of the immune system that can affect anyone. The immune system is our body's defense against infection and disease. With lupus, a complex autoimmune disease, your immune system attacks healthy cells by mistake – this can potentially damage many parts of the body. Lupus can affect the joints, skin, brain, lungs, kidneys, heart, and blood vessels, potentially causing widespread inflammation and tissue damage. The exact cause of lupus is not known, but genetics, environment and hormones are believed to play a role. Lupus affects everyone differently. Currently, there is no cure for lupus. Lupus is not a contagious disease.

References:

- www.lupusresearch.org

WHO GETS LUPUS?

Estimated
161,000 - 322,000
PEOPLE IN THE U.S.
are living with lupus

Anyone can get lupus, but some are at greater risk:



**Women between
ages 15-44**



**Black/African American,
Hispanic/Latino, Asian, or
Native American individuals**



**Family history of lupus
or autoimmune disease**

Helmick CG, Felson DT, Lawrence RC, et al. Estimates of the prevalence of arthritis and other rheumatic conditions in the United States: Part I. Arthritis Rheum. 2008;58(1):15-25. PubMed PMID: 18163481. doi: 10.1002/art.23177. abstract

It's estimated that over 300,000 people in the US are living with lupus right now. Anyone can get lupus. However, some people are at greater risk such as:

- Women between the ages of 15-44
- People with a family history of lupus and/or other autoimmune disease
- Black/African American, Hispanic/Latino, Asian, or Native American individuals

Children and men get lupus too; however, ninety percent (90%) of people with lupus are women.

TYPES OF LUPUS

Systemic Lupus Erythematosus (SLE)

- Most common type of lupus
- Affects many parts of the body

Cutaneous (Skin) Lupus

- Causes a rash or lesion on the skin
- Typically triggered by exposure to sunlight
- Discoid is the most common type of cutaneous lupus

Drug-Induced Lupus

- Caused by a reaction to certain medications
- Symptoms usually disappear when medication is stopped

Neonatal Lupus

- Rare condition where mother's SLE antibodies are shared with the fetus
- Usually resolves with no long term effects

During this presentation when we discuss “lupus,” we are usually referring to the most common type of lupus: systemic lupus erythematosus, or SLE, which affects many parts of the body.

Other types of lupus are:

- Cutaneous lupus, which causes a rash or lesion on the skin, usually when exposed to sunlight.
- Drug-induced lupus, similar to SLE, which is caused by an overreaction to certain medications. Symptoms usually disappear once the medicine is stopped.
- Neonatal lupus, which occurs in infants who acquire SLE from their mothers, though usually resolves without long-term effects
- People can have both SLE and cutaneous lupus

Reference:

- www.lupusresearch.org
- www.utsouthwestern.edu

WHAT ARE THE MOST COMMON SIGNS & SYMPTOMS?

No two cases of lupus are the same, depending on the organs affected, people may experience different symptoms



FATIGUE

50-90% of people with lupus identify fatigue as a main symptom



MALAR RASH

Other common symptoms include skin rashes and hair loss



JOINT PAIN & SWELLING

Up to 90% of people with lupus will have joint inflammation or swelling



FEVER

Most people with lupus experience unexplained fevers

One reason why lupus is so difficult to diagnose is that no two cases of lupus are the same. There are, however, a number of general symptoms that people with lupus often experience:

50 to 90 percent of people with lupus identify **fatigue** as one of their main symptoms. Fatigue can significantly impact patients' quality of life, including lessening the ability to function at home and at work.

About 30 percent of people with lupus experience a **malar rash**, also known as a butterfly rash, which covers the cheeks and bridge of the nose. There are other types of rashes people with lupus get.

Up to 90 percent of people with lupus will have arthritis, which is **inflammation or swelling of the joints**. The most common symptoms of arthritis are stiffness and achiness, most often in the hands and wrists. Symptoms of arthritis can come and go and move from one joint to another. Pain and stiffness tend to be worse in the morning and improve as the day goes on. People with lupus can also experience pain in the joints without swelling or tenderness.

Most people with lupus experience unexplained **fevers** (temperature over 100°F (37.8°C)).

References:

- www.lupusresearch.org
- www.hopkinslupus.org
- www.mayoclinic.org
- www.cedars-sinai.org
- Medicine. Morbidity and mortality in systemic lupus erythematosus during a 10-year period: a comparison of early and late manifestations in a cohort of 1,000 patients. 2003.
- Neuropsychiatric Disease and Treatment. Risk of epilepsy in patients with systemic lupus erythematosus – a retrospective cohort study. 2014.

LUPUS SYMPTOMS COME AND GO

Lupus symptoms can:

- Be mild, moderate or severe
- Persist or go away
- Come on suddenly or over time

A sudden onset of lupus disease activity is called a 'flare'

Flares may be characterized by any group of symptoms that can affect many different parts of the body

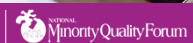
Lupus flares may be triggered by:

- Stress
- Sunlight exposure
- Weather/temperature changes
- Infection
- Other factors

Lupus can go into remission

Remission is a period of low disease activity and can last months or years

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Lupus symptoms are not predictable – they may be mild, moderate, or severe, persist or resolve, and may come on suddenly or gradually develop over time.

When symptoms come on suddenly, this is known as a “flare.” A flare in lupus is characterized by a worsening of disease activity. Flares may be characterized by any group of symptoms that can affect many different parts of the body, including the muscles and bones, skin, heart, nervous system and cause many other complications.

Lupus flares are often triggered by environmental factors. These factors may include stress, sunlight exposure, weather/temperature changes, infection, and other factors.

When a flare occurs, patients are encouraged to see their doctor to see if any immediate steps should be taken.

Lupus can also go into remission, a period of low disease activity that can last from a few months to years.

Reference:

- International Journal of Chronic Disease. The lived experience of lupus flares: features, triggers, and management in an Australian female cohort. 2014.

HOW IS LUPUS DIAGNOSED?

Lupus is difficult to diagnose because it affects every person differently, can impact almost any organ, mimics other diseases, and can even change within the same person

Healthcare providers typically make the diagnosis based on:

- Medical history
- Physical exam
- Blood tests
- Skin and/or kidney biopsies

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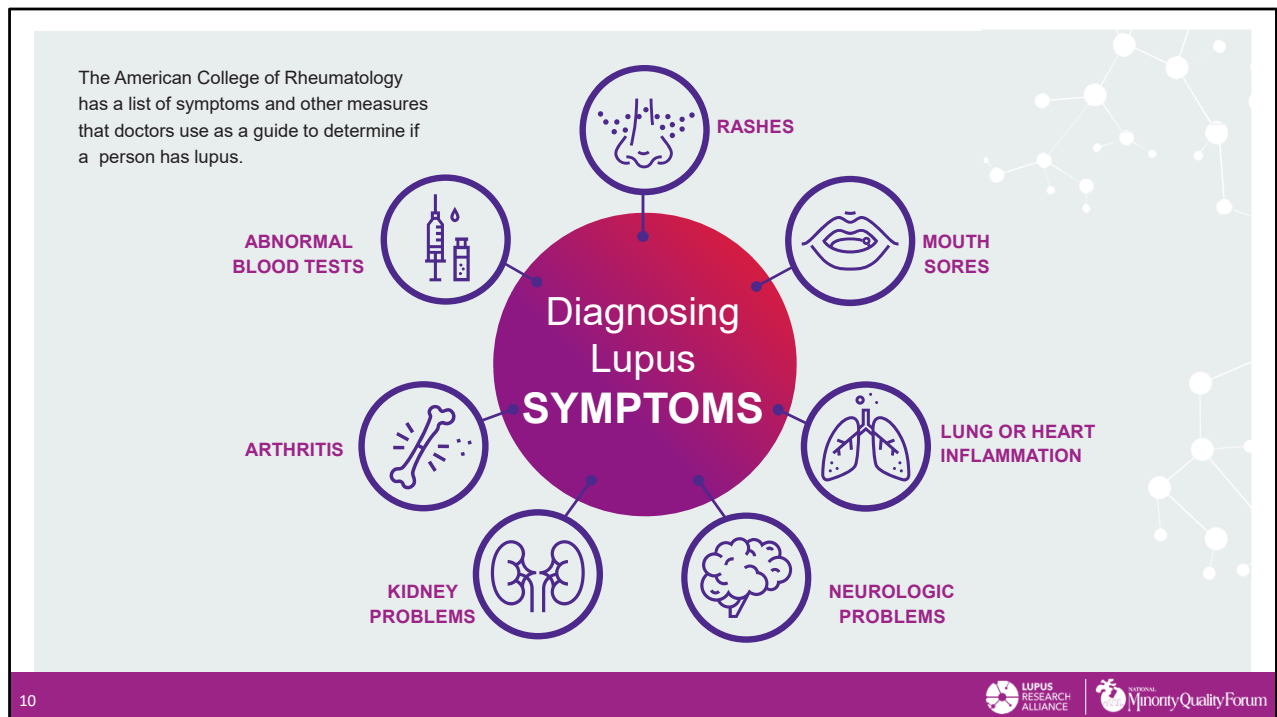


Lupus is difficult to diagnose because it affects every person differently, can impact almost any organ, mimics other diseases, and can even change within the same person.

Right now, there is no single test for lupus. Instead, clinicians look at several factors to make a diagnosis, such as: medical history, physical exam, blood tests, and biopsies of the skin or kidney.

Reference:

- www.lupusresearch.org



The American College of Rheumatology provides this list of symptoms and other measures that doctors can use as a guide to determine if a patient with symptoms has lupus

If you or someone you know has some combination of these symptoms, it's important to consult with a healthcare provider

- **Rashes:**
 - Butterfly-shaped rash over the cheeks — referred to as a malar rash
 - Red rash with raised round or oval patches — known as a discoid rash
 - Rash on skin exposed to the sun
- **Mouth sores:** Sores in the mouth or nose lasting from a few days to more than a month
- **Arthritis:** Tenderness and swelling in two or more joints that lasts for a few weeks
- **Lung or heart inflammation:** Swelling of the tissue lining the lungs (referred to as pleurisy or pleuritis) or the heart (pericarditis), which can cause chest pain when breathing deeply
- **Kidney problems:** Blood or protein in the urine, or tests that suggest poor kidney function
- **Neurologic problems:** Seizures, strokes or psychosis (a mental health problem)
- **Abnormal blood tests: Some common tests include**
 - Low blood cell counts: Anemia, low white blood cells or low platelets

- Positive antinuclear antibody (ANA) result: Antibodies that can cause the body to begin attacking itself that are present in nearly all people with lupus

Reference:

- www.lupusresearch.org

TWO COMMON & SERIOUS COMPLICATIONS OF SLE

1 Neuropsychiatric SLE (NPSLE)

2 Lupus Nephritis (LN)

Two common and serious complications of SLE to be aware of are neuropsychiatric SLE and lupus nephritis

1

NEUROPSYCHIATRIC SLE (NPSLE)

- Neuropsychiatric lupus describes feelings of depression, headaches, and lupus fog – trouble thinking or remembering due to lupus
- Neuropsychiatric lupus affects 80-90% of people with lupus.
- 25% of lupus patients experience major depression and 37% have major anxiety, research shows.
- Healthcare providers can help relieve mental health issues caused by lupus, often by changing medications or adding one for anxiety or depression.

Neuropsychiatric SLE, or NPSLE, describes feelings of depression, headaches, and lupus fog – trouble thinking or remembering due to lupus. Researchers estimate that up to 90 percent of people with lupus may have neuropsychiatric lupus.

Overall, 25 percent of people with lupus experience major depression, and nearly 40 percent have major anxiety. Healthcare providers can help address and relieve these mental health issues, often by changing or prescribing appropriate medications.

References:

- www.lupusresearch.org

2

LUPUS NEPHRITIS (LN)

- Lupus nephritis – inflammation of the kidneys -- occurs in up to half of people with lupus.
- Renal/kidney inflammation can go undetected and can lead to renal failure and dialysis.
- Regular monitoring of urine and blood pressure is important.
- Signs include blood in the urine or foamy urine which can mean that there is excess protein; swelling of legs, ankles, hands or tissue around the eyes; weight gain due to fluid the body isn't getting rid of; high blood pressure; joint/muscle pain; high levels of waste (creatinine) in the blood; and impaired/failing kidney.
- Invasive surgical biopsies may be used to diagnose lupus nephritis.
- Serious outcomes can be prevented by seeking treatment at the first signs of kidney disease.
- There are now two approved treatments for lupus nephritis – Benlysta® (belimumab) and Lupkynis™ (voclosporin).

When your kidneys become inflamed because of lupus, it is called lupus nephritis, or LN. It affects about half of people with lupus.

Lupus nephritis can go undetected and lead to potentially serious issues, like kidney failure. Finding lupus nephritis early with regular monitoring is critical and can prevent damage to the kidneys and worsening of symptoms. Signs of lupus nephritis include blood in the urine or foamy urine which can mean that there is excess protein; swelling of the legs, ankles, hands or tissue around the eyes; weight gain due to fluid the body isn't getting rid of; high blood pressure; joint or muscle pain; high levels of waste (creatinine) in the blood; and impaired or failing kidney. A surgical biopsy of the kidney where the doctor takes a small sample of kidney tissue may be required to diagnose lupus nephritis.

For those with lupus nephritis, there are two newly approved treatment options - Benlysta (belimumab) and Lupkynis (voclosporin).

References:

- www.lupusresearch.org

HOW IS LUPUS CURRENTLY TREATED?

Treatment depends on symptoms. While there is no cure, treatments can help you feel better and improve symptoms. The goals of treatment are to:

- Prevent flares
- Treat symptoms when they happen
- Reduce organ damage and other problems

Treatment might include medicines that:

- Reduce swelling and pain
- Calm the immune system to prevent it from attacking the organs and tissues in your body
- Reduce or prevent damage to organs and joints

Medicines commonly used to treat lupus symptoms include:

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Corticosteroids
- Antimalarial drugs
- BLYS-specific inhibitors
- Immunosuppressive agents/chemotherapy

Only three medicines have been specifically developed for lupus:

- Benlysta® (belimumab) – for general lupus and lupus nephritis
- Lupkynis™ (voclosporin) – for lupus nephritis
- Saphnelo™ (anifrolumab-fnia) - for general lupus

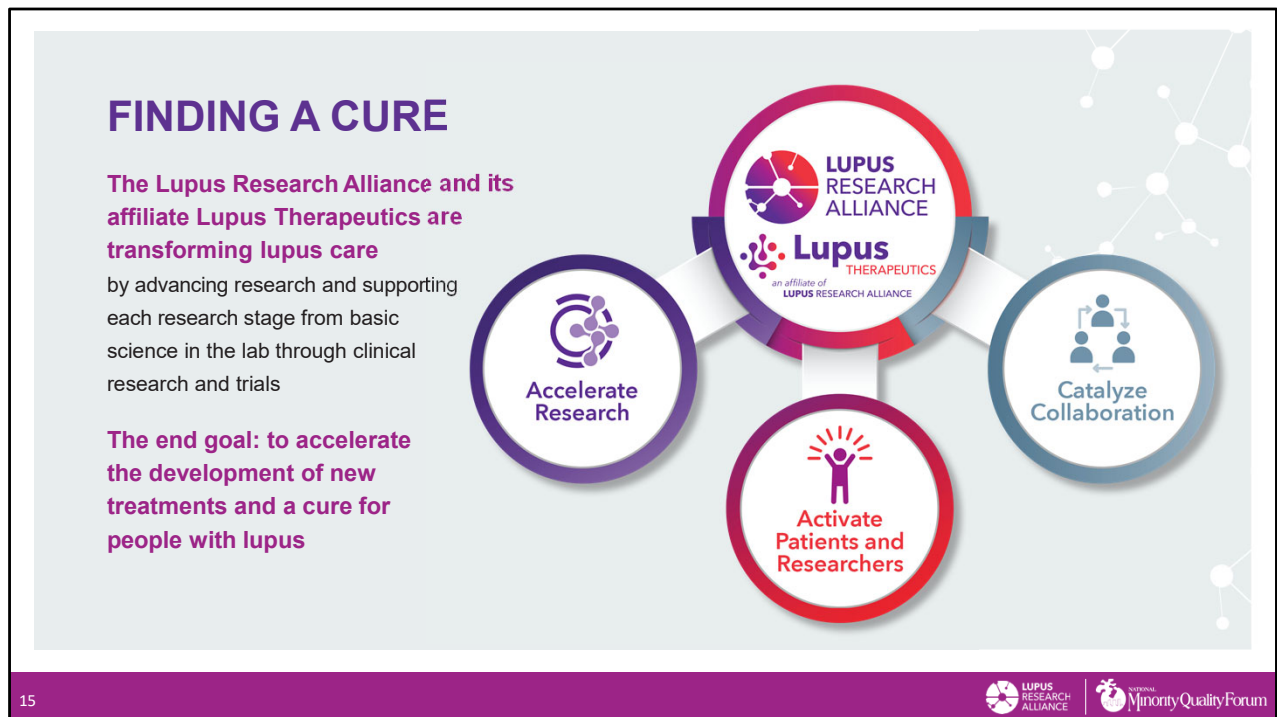
While no cure for lupus currently exists, there are treatments that can help you feel better and improve specific symptoms.

Treatment might include medicines that help to reduce swelling and pain, calm the immune system to prevent it from attacking the organs and tissues in your body, reduce or prevent damage to organs and joints, or address other specific lupus effects.

There are a range of medicines commonly used to treat lupus symptoms. Until recently only one medicine was specifically developed for the disease. Two new medications were just approved by the FDA in 2021.

References:

- Rheum Dic Clin North America. Health-related quality of life and employment among persons with systemic lupus erythematosus. 2010.
- www.lupusresearch.org



Lupus is a complex autoimmune disease that is difficult to diagnose, treat, and defeat. The Lupus Research Alliance and its clinical research affiliate Lupus Therapeutics are committed to transforming lupus care by advancing research and supporting each research stage from basic science in the lab through clinical research and trials.

The end goal of this work is to accelerate the development of new treatments and a cure for people with lupus.

Reference:

1. www.lupusresearch.org

LEARN ABOUT CLINICAL TRIALS

Better treatments are only possible with results of clinical studies. Sometimes people refer to clinical trials as clinical research.

Clinical research is the study of health and illness in people intended to add to our medical knowledge. Studies involve human volunteers (or participants).

There are two main types of clinical studies:

- Interventional
- Observational



Better treatments are only possible with results of clinical studies. Sometimes people refer to clinical trials as clinical research.

Clinical research is the study of health and illness in people intended to add to our medical knowledge.

There are two main types of clinical studies, which we'll go through on the next slide: Interventional and Observational

TYPES OF CLINICAL STUDIES

Interventional Studies

(also known as clinical trials) are studies where researchers test new ways to prevent, detect, or treat disease.

- Participants are assigned to groups that receive one or more intervention/treatment (or no intervention) so researchers can evaluate the effects of the interventions on health outcomes.
- Which treatment each participant receives is determined by the study's protocol that outlines its objectives, design, and methods.

Observational Studies

allow scientists to find an association between things but cannot prove that one thing causes another.

- Data are collected by monitoring volunteers and may include answering surveys and providing biological samples such as blood or urine.
- Can help researchers come up with a hypothesis to later test in a clinical trial.

Interventional Studies (also known as clinical trials) are studies where researchers test new ways to prevent, detect, or treat disease.

In clinical trials, people volunteer to try new treatments, interventions or tests, so researchers can determine what does and doesn't work. Clinical trials also help researchers and doctors decide if the benefits outweigh possible side effects.

Participants in these studies are assigned to groups that receive one or more interventions or treatments, or no intervention so researchers can evaluate the effects of the of what they are testing on health outcomes.

Other types of studies that are not testing an intervention are called observational studies.

Observational Studies aim to allow scientists to find an association between things but cannot prove that one thing causes another. These studies can help scientists and researchers develop hypotheses that will be tested in later clinical trials. Data in these studies are collected by monitoring volunteers and can include tasks like answering surveys and providing biological samples, such as blood or urine.

CONSIDER TAKING PART IN A CLINICAL TRIAL

What is the purpose of a clinical trial?

Clinical trials help to answer the question, “will this drug help people and is it safe?”

- Clinical trial volunteers work with researchers to find safer, more effective ways to diagnose, prevent, and ultimately cure lupus

Advantages

- Take greater control over your health and care
- Close attention to your treatment by experts in the field
- Try cutting-edge potential treatments before they are available
- Help others with lupus by advancing research

Disadvantages

- Treatment may not work
- Side effects are possible
- Can take more time and effort with clinic visits and at-home monitoring



Emotionally, taking part in a trial is very empowering. I feel like I have a sense of responsibility to the lupus community to do everything I can to help everyone dealing with this disease.

– Kaamilah

Lupus research has been greatly advanced by the caring people who participate in clinical trials. Clinical trials help to answer the question, “will this drug help people and is it safe?”

In these studies, scientists and participants work together to find safer, more effective ways to diagnose, prevent, and ultimately cure lupus.

Participating in trials can provide people with lupus with a range of benefits, including access to cutting-edge potential treatments. They can be an empowering way to take greater control over your health and contribute to the care of others.

There are disadvantages, as well. Some treatments may not work, some may produce side effects, and participation can require a time/effort commitment.

THE IMPORTANCE OF INCREASING DIVERSITY IN CLINICAL RESEARCH

- Participants in clinical trials must reflect the demographics of the disease the product is intended to treat to know that it is safe and effective for those people
- A recent review of lupus trials found 51% of trial participants were white, 21% Hispanic and 14% were Black while Black people make up 43% of lupus cases
- This is not unique to lupus. Participation in clinical trials by people who are Black has decreased in recent years
- Low participation by minority populations in lupus clinical trials results in a lack of clinically significant data on the effectiveness, safety, and side effects of treatment within populations at greatest need
- Barriers to participation include mistrust of the research and community, lack of access to healthcare, lack of understanding and knowledge about clinical research, and challenges healthcare providers have in referring patients to trials. Also, healthcare providers may not ask minorities to participate.
- COVID-19 highlighted many of these issues. Lupus Therapeutics is working with its Lupus Clinical Investigators Network, the pharmaceutical industry, clinical researchers, healthcare providers, and people with lupus to make clinical trials more diverse and patient-centric

In order to develop better treatments and progress toward the end goal -- a cure for all people with lupus -- it's critically important that diversity of the types of people in the trials be increased in clinical research. Participants in clinical trials must reflect the demographics of the disease any product is intended to treat to know that it is safe and effective for those and all people.

However, data show that this is not the case and is a trend not unique to lupus trials. Since minority populations are most affected by lupus, their low participation in lupus clinical trials results in a lack of clinically significant data on the effectiveness, safety, and side effects of treatment within groups with the greatest need.

Common barriers to participation include mistrust of the research and medical community, lack of access to healthcare, lack of understanding and knowledge about clinical research, and challenges healthcare providers may have in referring patients to trials. Also, some healthcare providers may not think to ask their patients, particularly minorities, to participate.

The COVID-19 pandemic has brought many of these issues to the forefront and there are changes happening in how clinical trials are run. Lupus Therapeutics is working hard to make lupus clinical trials more diverse and patient-centric.

WHAT IS THE LRA/LT DOING TO ADVANCE RESEARCH AND ENSURE DIVERSITY?

Ensuring people of color have the opportunity to join clinical trials by:

- Supporting patients with lupus at major medical centers on their decision to get involved in clinical trials through our Patient Advocates for Lupus Studies (PALS) program
- Organizing the MultiCultural Outreach Task Force to educate people of color about lupus and research
- Educating people of all races and ethnic backgrounds about ways to get involved in clinical research including collaborations with groups like the National Minority Quality Forum

Encouraging people of color to pursue science/research careers

- Fostering diversity among lupus researchers by awarding grants to pursue careers in the field
- Mentoring new researchers to promote career success and retention

LRA and Lupus Therapeutics are collaborating with the pharmaceutical industry, clinical researchers, healthcare providers, and people with lupus to make clinical trials more diverse and patient-centric, and to reduce barriers to participation.

We're working to ensure people of color are represented in clinical trials by:

- Supporting people with lupus at major medical centers on their decision to get involved in clinical trials through our Patient Advocates for Lupus Studies (PALS) program which pairs people considering a trial with someone who has been through the experience.
- Organizing the MultiCultural Outreach Task Force to educate people of color about lupus and research
- Educating people of all races and ethnic backgrounds about ways to get involved in clinical research by collaborating with groups like the National Minority Quality Forum who are committed to this goal.
- Facilitating clinical trials across the U.S.

The Lupus Research Alliance is also encouraging people of color to pursue science and research careers by providing specific new awards and fostering mentorship.

WHAT TO DO IF YOU SUSPECT LUPUS



WRITE DOWN YOUR SYMPTOMS

and talk to your healthcare provider



ASK YOUR DOCTOR

to refer you to a rheumatologist



VISIT THE LUPUS RESEARCH ALLIANCE WEBSITE

and learn more: lupusresearch.org

If you suspect that you or a loved one has lupus, the first step is to write down your symptoms and talk to a healthcare provider like your primary care physician.

Your healthcare provider may refer you to a specialist called a rheumatologist who specializes in arthritis and other inflammatory diseases. Lupus is generally treated by a team of physicians led by a rheumatologist.

If you'd like to find more information, you can visit the Lupus Research Alliance website.

Reference:

- www.lupusresearch.org

HOW CAN YOU GET INVOLVED?

If you have lupus, talk to your doctor
about clinical trial opportunities

Raise awareness of lupus by talking
to your family and friends

Learn more about lupus and the Lupus
Research Alliance at LupusResearch.org

Explore the many ways you can contribute
to advance lupus research

**YOU CAN BE PART OF THE SOLUTION FOR
BETTER TREATMENTS AND A CURE!**

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If you're interested in getting involved in lupus research, or helping to spread awareness, you can do so in many different ways.

If you have lupus, talk to your doctor about participating in a clinical trial. Raise awareness of the disease by talking to family members, friends, and others about lupus and your own experience.

You can explore more ways to contribute to the advancement of lupus research by visiting lupusresearch.org.

If you are interested in learning how you can volunteer for the Lupus Research Alliance such as by giving this presentation, you can email advocacy@lupusresearch.org or talk to me after the presentation.

If anyone is interested in how they can become a presenter, please ask them to email advocacy@lupusresearch.org

LEARN MORE

Lupus Research Alliance: lupusresearch.org

Lupus Clinical Trials: lupusresearch.org/trials



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Lupus is a chronic disease of the immune system.
Lupus is a chronic and complex autoimmune disease that may cause widespread inflammation and tissue damage, especially in the brain, lungs, heart, and kidneys. The cause of lupus is unknown, but genetics, environment and hormones are believed to play a role. Lupus is not contagious.

Lupus can be misdiagnosed.
Other conditions that may look like lupus include infections, cancers, or inflammatory diseases. There is no single test to diagnose lupus. Diagnosis is confirmed by a combination of physical exams, lab tests, and medical history.

Symptoms of lupus vary.
Symptoms vary, but the most common symptoms of lupus include:



Symptoms may:
• Be mild, moderate or severe
• Persist or recur
• Come on suddenly or over time

Anyone can get lupus

However, some are at greater risk:

- Women between ages 15-44
- Black/African American, Hispanic/Latino, Asian, or Native American individuals
- Family history of lupus or autoimmune disease

Two most common manifestations of lupus

- 1 **Neuropsychiatric SLE (NPSLE)**
Describes feelings of depression, headaches, and lupus fog
- 2 **Lupus Nephritis (LN)**
When the kidneys become affected by lupus, it is called lupus nephritis



Who treats Lupus?
Lupus is generally treated by a team of physicians led by a rheumatologist. A rheumatologist specializes in arthritis and other inflammatory diseases.

Criteria for lupus diagnosis

No two cases of lupus are the same, which makes lupus difficult to diagnose.



If you think you have lupus...

- Write down your symptoms and talk to your health care provider
- Ask your doctor to refer you to a rheumatologist
- To learn more, go to the Lupus Research Alliance website: lupusresearch.org

This fact sheet is part of an education program. If you are interested in learning more about how you can support lupus research, contact donor@lupusresearch.org and ask about the What you need to know about Lupus Toolkit.



You can learn more by following the LRA on social media and by visiting lupusresearch.org where you can learn more about lupus, learn about other opportunities to get involved, and sign up for their mailing list.

This fact sheet has some key information about lupus to help you remember and share what you learned today.

ACKNOWLEDGMENTS

We thank the sponsors of the Lupus Research Alliance Multi-Cultural Outreach Task Force for their generous support

GOLD



SILVER



BRONZE



Note: All content herein is developed and owned by the LRA

This program from the Lupus Research Alliance is made possible by the generous support of these sponsors.

Thank you for joining me and helping raise awareness of lupus.