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| 21 | COVID-19 AND SLE – WHAT DO WE KNOW TODAY? |

Fabrizio Conti. *Sapienza University of Rome, Italy*

Six months following the beginning of Covid-19 pandemic in China, data on the risk of SARS-CoV-2 infection among patients with autoimmune rheumatic diseases are now available. However, the rapid spread of the pandemic has not allowed proper design of prospective studies, thus evidence came mostly from case series and observational studies.

The early enthusiasm on hydroxychloroquine (HCQ) antiviral properties should not suggest that patients who are long-term treated with antimalarials, such as patients with systemic lupus erythematosus (SLE), are protected against SARS-CoV-2 infection. Indeed, a French report on 17 HCQ-treated SLE patients dampened the enthusiasm.[1]

A recent report from Covid-19 Global Rheumatology Alliance has described 80 SLE patients with Covid-19, mostly females under 65 years of age, 64% of whom were already taking HCQ before the infection: the rate of hospitalisation and the need for intensive care did not differ between patients who were and those who were not taking HCQ.[2] A study group from Northern Italy – the Italian epicentre of the pandemic – reported an incidence of 2.5% of Covid-19 (higher compared to the general population of the same region) in 165 patients with SLE.[3]

Patients with SLE are possibly at risk of developing symptomatic or severe Covid-19, not only because of their disease or treatment but as a consequence of associated comorbidities known to worsen the outcome of SARS-COv-2 infection.[4][5]

What do we know so far? SLE patients should not withdraw their medication. Before drawing any other conclusion, large registry data are needed to clarify the incidence and the outcome of Covid-19 in patients with SLE.

Learning Objectives
- Describe the current evidence for risk of SARS-CoV-2 infection among patients with autoimmune rheumatic diseases, notably SLE
- Explain why it is important to ensure robust evidence are available to clarify the outcome of Covid-19 in patients with SLE

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Meet the Editor

| 22 | WHAT IS HAPPENING IN THE WORLD OF PUBLISHING? |

Ronald van Vollenhoven. *Amsterdam University Medical Centers, The Netherlands*

In this three-part workshop we will discuss the big changes taking place in the world of publishing, how successfully to submit your next paper, and what it takes to be a great reviewer.

The world of medical-scientific publishing is undergoing dramatic change at a rapid pace. The traditional model of printed journals, to which individuals and institutions can subscribe, has been upended by the emergence of open-access journals, whose publications are accessible online for all. Traditional journals have relatively high costs associated with producing and distributing printed materials to their readers, and they derive their income from subscriptions, institutions paying the lion's share. The business model for online journals is based in part on much reduced costs, and on charging authors for publishing. Advertising features prominently in both models. At the start of the third decennium, it is clear that open-access has been embraced by political and societal forces. The biggest drawbacks are the complexity of having two systems side by side, shifting costs to scientists without compensation, and the proliferation of non-serious, 'predatory' on-line publications.

Publishing remains one of the main obligations and challenges for the aspiring scientist. In this workshop, I will discuss 'tips and tricks' for the process of submitting and revising your manuscript.

Reviewing the work of fellow scientists is an honor and a credit to your standing as a scientist. I will discuss how you can make reviewing papers enjoyable, stimulating and a win-win. A good review should be factual, scholarly, generous, and concise: 'brevity is the soul of wit' (Hamlet, William Shakespeare).

Roundtable: Refractory Lupus Manifestations: Definition and Treatment

| 23 | REFRACTORY LUPUS NEPHRITIS |

Sandra Navarra. *University of Santo Tomas, Manila, Philippines*

Lupus nephritis (LN) affects approximately 50–70% and accounts for the highest morbidity and mortality among lupus patients. Established treatment protocols for LN typically include immunosuppressive therapy in combination with glucocorticoids. Although the survival of LN patients has improved over the last 2 decades due to earlier recognition and more