1. Diagnosis of lupus nephritis
   Early diagnosis and timely treatment of active lupus nephritis are important to preserve nephrons. Changes in kidney function or proteinuria based on serial measurements may suggest lupus nephritis (LN), and this can be confirmed by kidney biopsy.

2. Antimalarial therapy
   Hydroxychloroquine is recommended for all patients with LN if there are no contraindications.

3. Class II/II lupus nephritis
   Immunosuppressive therapy in patients with Class II/II LN should be guided by extrarenal disease manifestations unless the patients have nephritic syndrome due to lupus podocytopathy, which is managed as minimal change disease.

4. Initial immunosuppression for active Class III/IV lupus nephritis
   The initial treatment of active proliferative (a membranous) LN is glucocorticoids plus any one of the following: i. mycophenolic acid analogs (MPAA); ii. low-dose intravenous cyclophosphamide; iii. belimumab and either MPAA or low-dose intravenous cyclophosphamide; or iv. MPAA and a CNI when kidney function is not severely impaired (i.e., eGFR ≥45 ml/min per 1.73 m²). (Figure 1)

5. Glucocorticoid dosing
   Although glucocorticoids have generally been given in high doses for LN, emerging data suggest that lower doses may be equally effective but with fewer short- and long-term toxicities.

6. Long-term immunosuppression for Class III/IV lupus nephritis
   Following initial therapy of proliferative LN, MPAA is the preferred immunosuppressive and should be continued for at least 36 months. (Figure 2)

7. Class V lupus nephritis
   Class V lupus nephritis is managed with RAS blockade, blood pressure optimization, and hydroxychloroquine, and the addition of immunosuppressant dosing, or significant chronic kidney damage that preclude complete resolution of kidney abnormalities. Patients in whom these factors are excluded may have treatment-resistant LN. (Figure 3)

8. Unsatisfactory response to treatment
   Unsatisfactory treatment responses can be due to non-adherence, inadequate immunosuppressant dosing, or significant chronic kidney damage that preclude complete resolution of kidney abnormalities. Patients in whom these factors are excluded may have treatment-resistant LN. (Figure 3)

9. End stage kidney disease
   Kidney transplantation is the preferred form of kidney replacement therapy for LN patients who develop end-stage kidney disease.

10. Pregnancy in patients with lupus nephritis
    Good pregnancy outcomes require pre-pregnancy counselling and planning. Pregnancy should be avoided when LN is active or when patients are exposed to potentially teratogenic medications.