

## Professor Landewe, European League Against Rheumatism (EULAR)

**1. Today is World Kidney Day. What is the relationship between rheumatology and nephrology?**

The relationship between the two specialties is very close. We share certain systemic diseases, autoimmune diseases such as systemic lupus erythematosus, as well as inflammatory syndromes, and so on. The common ground of these systemic diseases is that they may affect the joints as well as the kidneys, so very often an interdisciplinary approach is needed.

**2. Autoimmune diseases are systemic diseases that affect many organs. How important is the monitoring of kidney function in patients with rheumatic diseases?**

The involvement of the kidneys has a very important prognostic value in these patients: If the kidneys are affected, the patient has a poorer prognosis with regard to quality of life as well as survival. Therefore, we monitor kidney function closely in our patients, meaning every 3-6 months, – and we change the doses of our drugs or apply other therapeutics if the kidneys are involved. We usually do this with a nephrologist. Of course, rheumatologists are doctors for internal medicine and as such they know about CKD, but they are very aware of the fact that in the event of renal problems arising, or in the case of proteinuria in our patients, rapid intervention is imperative and may improve the prognosis of patients. So whenever there is a serious and unexpected decline in GFR or a rise in creatinine, we are used to bringing in a nephrologist.

**3. Interdisciplinarity is vital these days, especially in research. Are there any joint projects or collaborations between rheumatologists and nephrologists that can serve as a role model?**

There is often an overlap in the pathogenesis of rheumatologic and nephrological diseases, so joint research is often far more efficient. Many joint studies, e.g. on lupus erythematosus (SLE), lupus nephritis or ANCA-associated vasculitis have been initiated. In Horizon 2020, some calls aim at the identification of joint pathways, and the projects involve rheumatologists, nephrologists as well as scientists from other disciplines.

**4. Do the European League Against Rheumatism and the ERA-EDTA work together? Are there any special programmes, joint initiatives?**

There has been collaboration in guideline development, for example the collaboration between EULAR and ERA-EDTA recommendation on lupus nephritis and SLE. A similar guideline on ANCA-associated vasculitis has just been initiated.

**5. Given the considerable overlap between rheumatology and nephrology, do you as a board member of the European League Against Rheumatism support further collaboration with nephrologists and the ERA-EDTA?**

That question does not really exist anymore. We already collaborate a lot and have many joint projects – but for sure, we are very eager to intensify our interdisciplinary work even further!