

As part of the [Swiss Knife Survey 2024](#), people living with SLE across Europe were asked two hypothetical questions exploring how they think about treatment burden, risk, and remission.

The results below reflect patient perspectives at a single point in time, and illustrate the diversity and some of the factors that shape treatment decision-making

Q.30 Would you undergo a treatment that would potentially cure your lupus but is high burden (i.e. chemotherapy, hospitalisation, side effects)?

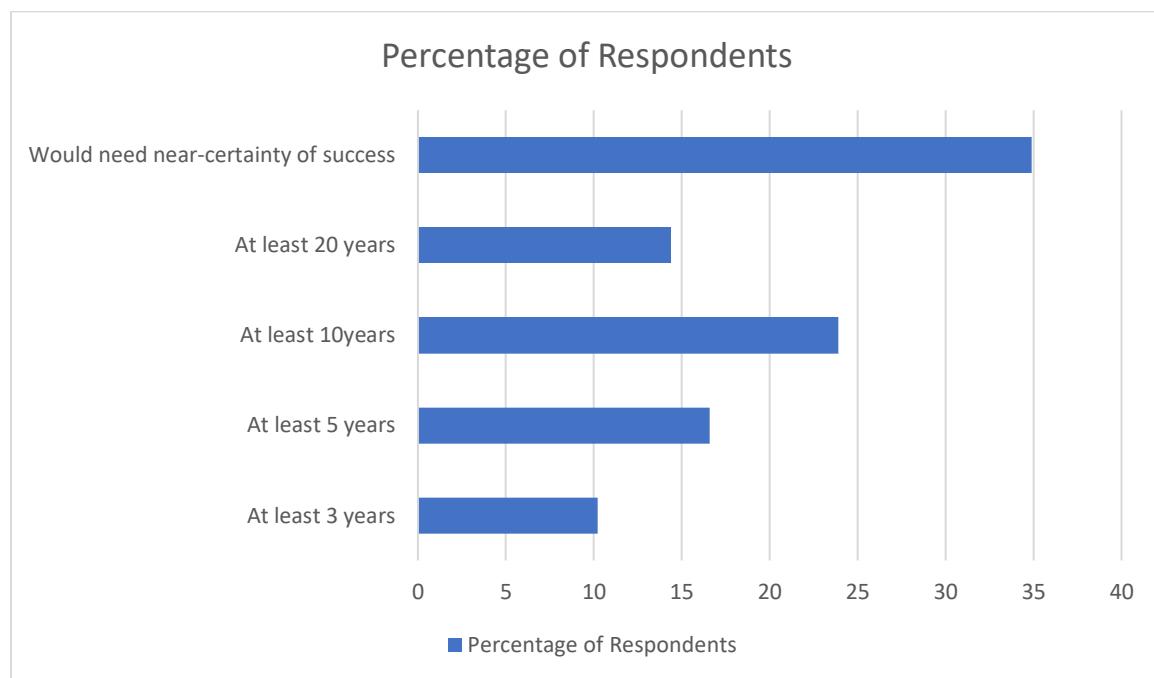


Figure 1. Patient willingness to consider a high-burden treatment scenario.

Participants were asked whether they would consider a hypothetical treatment that could cure their lupus but would require chemotherapy-like treatment, prolonged hospitalisation, and side effects (n = 3,455).

Approximately three in ten respondents indicated they would consider such a treatment, while others expressed uncertainty or felt the burden would not be justified given their current disease situation.

Q. 31 What would be the minimum “lupus-free” time that you would want to undergo such treatment

Participants who indicated they might consider such a treatment were then asked what minimum disease-free period would make it worthwhile for them.

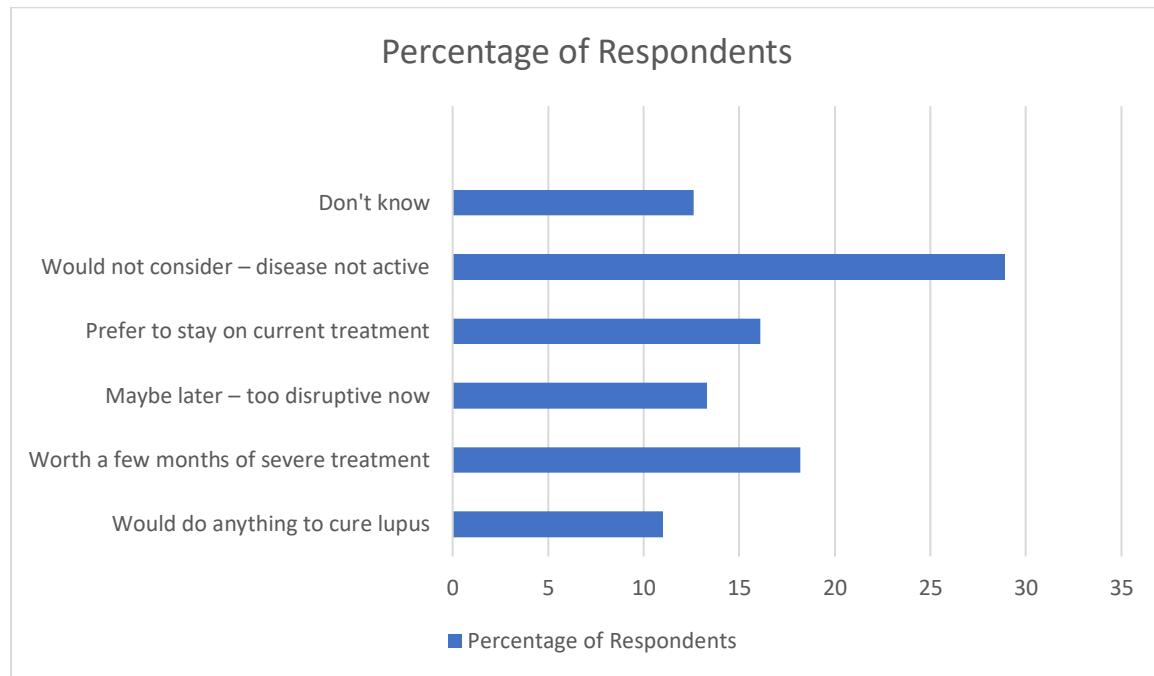


Figure 2. Patient thresholds for accepting high-burden treatment.

In the Swiss Knife Survey 2024, people living with lupus were asked to imagine a hypothetical treatment that could eliminate lupus activity but would require chemotherapy-like treatment, prolonged hospitalisation, and significant side effects. Respondents (n = 3,105) were asked what minimum period of being “lupus-free” would make such a treatment acceptable. Responses show that over half of patients require at least 10 years of remission or near-certainty of success to consider such a treatment.