

### 343. COMORBIDITY, ADVERSE EVENTS AND INFECTIONS ARE MAJOR CONCERNS IN REAL WORLD MANAGEMENT OF ANCA- ASSOCIATED VASCULITIS

Peter Rutherford<sup>1</sup> and Dieter Götte<sup>1</sup>

<sup>1</sup>Vifor Pharma Zurich, Switzerland

**Background:** ANCA-associated vasculitis (AAV) is a severe systemic disease and acute and long term damage from underlying disease and therapy are a problem. The demographics of AAV imply that patients will have comorbidity which will impact treatment decisions and clinical outcomes. Infection is an important problem early in therapy and there are concerns over treatment related adverse events (AEs) in particular because of the use of high doses of glucocorticoids over a long period of time. This study examined real world practice of AAV treatment in Europe to understand comorbidity and the impact of induction treatment over the first 12 months in terms of AEs and infections.

**Methods:** A retrospective study was performed on 1197 patients (929 incident and 268 relapsing patients) receiving care from 399 physicians in 4 European countries. Patients were referred between 2014-17 and data was collected retrospectively at baseline and 1, 3, 6 and 12 months following commencement of induction therapy.

**Results:** Comorbidity at initiation of induction treatment was very common in both incident and in particular relapsing patients. Only 32.2% of incident and 16% of relapsing patients were free from comorbidity. Commonly observed comorbidities were hypertension (incident 44.9%, relapsing 52.6%), diabetes (19.3%, 24.6%), COPD/asthma (15.5%, 19.4%), coronary arterial disease (10.0%, 16.0%). Osteoporosis (7.3%, 13.8%), and body mass index > 35 (6.4%, 11.9%). In the 12 months following commencement of induction treatment AEs were commonly observed in both groups and many patients had 1 or more infections in particular upper (URTI) and lower (LRTI) respiratory tract infections and urinary tract infections (UTI) as shown in table (% of patients experiencing event). Both AEs and infections were more common in the first 3 months of treatment when glucocorticoid dose is highest.

**Conclusion:** Incident and in particular relapsing patients frequently have important comorbidity at the time of induction therapy. This is particularly relevant when considering that treatment related AEs and infections are so common especially in the first 3 months of treatment. Consideration to the impact of comorbidity and induction therapy risks are important when making treatment decisions in AAV.

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ABSTRACT 343 TABLE 1.

	1 month		3 months		6 months		12 months	
	New	Relapsing	New	Relapsing	New	Relapsing	New	Relapsing
≥ 1 AE (%)	45.0	41.0	42.0	52.0	35.0	43.0	30.0	35.0
≥ 1 infections (%)	27.0	37.9	28.0	31.2	23.0	26.5	20.0	26.0
URTI (%)	12.1	18.9	11.1	14.2	9.0	10.8	10.2	11.5
LRTI (%)	11.7	12.0	8.3	7.8	6.2	7.5	9.0	7.6
UTI (%)	13.7	15.9	10.5	11.9	7.4	8.6	7.6	10.3