Country differences exist in the treatment of ANCA associated vasculitis (AAV) but high dose and prolonged glucocorticoid use is observed across Europe

Peter Rutherford and Dieter Goette

Medical Affairs, Vifor Pharma, Zurich, Switzerland

INTRODUCTION

ANCA-associated vasculitis (AAV) is now a relapsing remitting long term condition and patients are at risk from long term organ damage which is due to both recurrent active vasculitis and treatment related adverse events, in particular, glucocorticoids.

European AAV guidelines recommend remission induction therapy with combination of high dose glucocorticoids (GC) and rituximab (RTX) or cyclophosphamide (CYC) and maintenance therapy with either RTX or azathioprine (AZA).

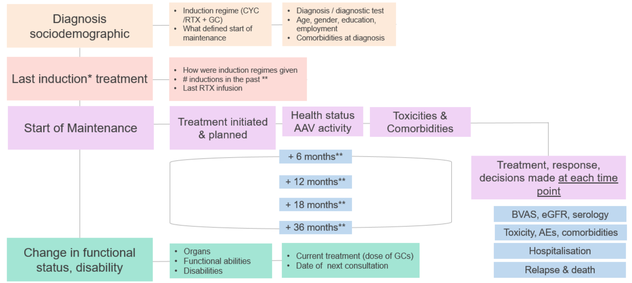
This retrospective study of AAV patients managed in real world clinical practice in Europe aimed to examine the pattern of prescribing, including the use of GCs, from diagnosis through achieving and then sustaining remission

METHODS

STUDY DESIGN. Retrospective clinical audit of healthcare records from AAV patients managed by 493 physicians (293 nephrologists, 178 rheumatologists and 22 internal medicine physicians) who routinely manage AAV patients (France, Germany, Italy, Spain and UK).

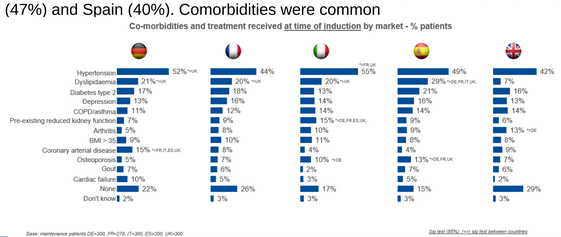
INCLUSION & EXCLUSION CRITERIA. Physicians selected adult patients with granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) who had received a full course of remission induction therapy for organ or life threatening AAV. They had to have received this induction course between 2013 to 2016. Patients could be included with a first induction treatment or at the time of a relapse. In addition patients who relapsed or died in the maintenance phase could be included. Physicians had to have access to the patients entire treatment record for the preiod

DATA COLLECTION AND ANALYSIS. Physicians completed up to 3 programmed patient record forms (PRF) - this online data collection tool was designed to gather clinical outcome data over the maintenance therapy phase from the point this was defined by the physician. . Data were collected relating to induction treatment of AAV then outcomes at 6, 12, 18 ad 36 months following maintenance start. Descriptive statistics were used to analyze the data



RESULTS

Results 1 – Patient demographics and comorbidities - 1478 AAV patients were studied – 49% GPA and 51% MPA. AAV type varied with more GPA in Germany (52%) and UK (56%) compared to France (47%), Italy (47%) and Spain (40%). Comorbidities were common

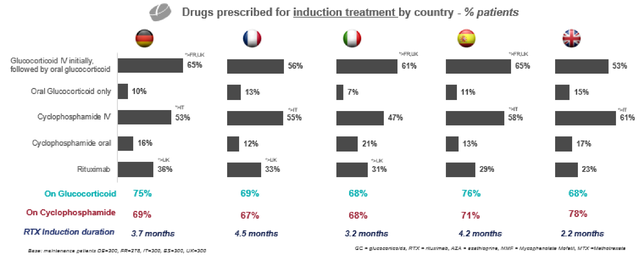


Base: maintenance patients DE=300, FR=278, IT=300, ES=300, UK=300

Sig test (95%): (><) sig test between countries

RESULTS

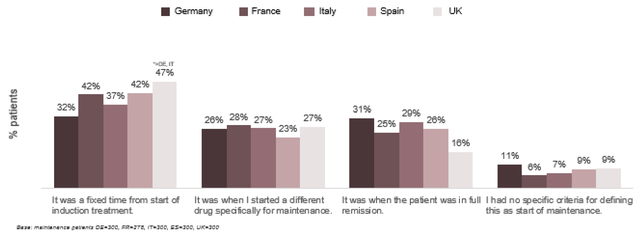
Results 2. AAV therapy for remission induction – high dose GC use was very common and some countries used more IV GC. RTX use varied being lowest in the UK



Base: maintenance patients DE=300, FR=278, IT=300, ES=300, UK=300

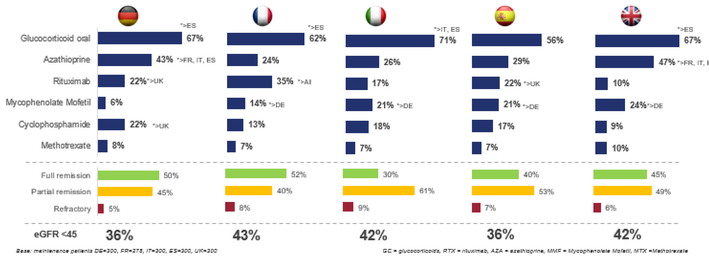
GC = glucocorticoids, RTX = rituximab, AZA = azathioprine, MMF = Mycophenolate Mofetil, MTX =Methotrexate

Results 3 – Definition of start of maintenance phase Country practices around defining time of maintenance start was variable reflecting the clinical pathway from remission into sustained remission.



Base: maintenance patients DE=300, FR=278, IT=300, ES=300, UK=300

Results 4 – Drugs and Clinical outcomes at start of maintenance treatment – The majority of patients receive GCs at the start of maintenance and use of RTX for maintenance varies. Only approximately 50% are in full remission at this time.

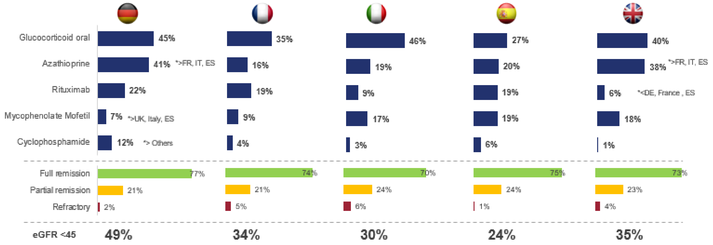


Base: maintenance patients DE=300, FR=278, IT=300, ES=300, UK=300

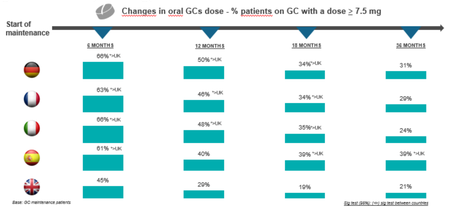
GC = glucocorticoids, RTX = rituximab, AZA = azathioprine, MMF = Mycophenolate Mofetil, MTX =Methotrexate

RESULTS

Results 5 – Drugs and clinical outcomes after 36 months of the maintenance phase. Over time fewer patients receive GCs but an important minority remain with prolonged treatment. A variable proportion of patients stop treatment (13% Germany vs 30% France) and still approximately 25% of patients are not in full remission.



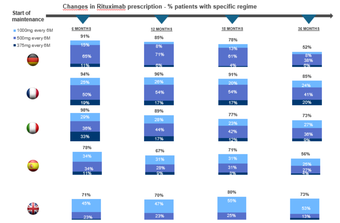
Results 6 – An important minority of patients are receiving prolonged high dose GC- The percentage of patients receiving GCs reduces over time but an important minority of patients continue to be exposed to high dose GC (>7.5mg).



Base: GC maintenance patients

Sig test (95%): (>><) sig test between countries

Results 6 – RTX dosing regimes vary Regimes vary across the EU and in some countries the frequency of dosing reduces with time



CONCLUSIONS

This study has examined real world treatment patterns across Europe and found significant variation in therapies used, particularly in the use of RTX reflecting economic and case mix differences between countries.

GC use is high across all countries with frequent high dose GC use (including IV at induction) and prolonged used over 36 months is also common. An important minority of patients are not in full remission over 36 months of follow up since remission achieved. There is an ongoing need for more targeted therapies to improve clinical outcomes and reduce reliance on GCs to sustain remission in AAV.

DISCLOSURES. This study was supported by Vifor Fresenius Medical Care Renal Pharma a Vifor Pharma Group Company.

Poster presented at the American Society of Nephrology, October 2020