

Renal disease during maintenance treatment in ANCA associated vasculitis (AAV) remains a problem and glucocorticoid use is high

Peter Rutherford and Dieter Goette
Medical Affairs, Vifor Pharma, Zurich, Switzerland



INTRODUCTION

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

Achieving and sustaining remission are critical steps for good long term renal outcomes.

This retrospective study of AAV patients managed in real world clinical practice in Europe aimed to examine the pattern of renal disease from commencement of remission induction therapy through long term follow up.

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.

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 and 36 months following maintenance start. Descriptive statistics were used to analyze the data

RESULTS

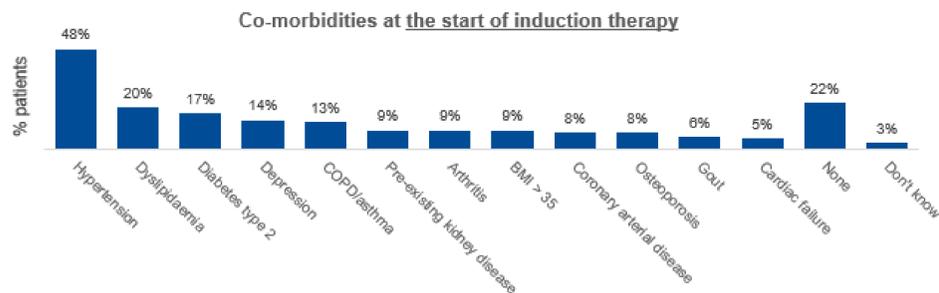
Results 1 – Patient demographics, remission induction therapy and comorbidities - 1478 AAV patients were studied – 49% GPA and 51% MPA. Mean age was 54.2 years with 56% male. BVAS was reported in only 21% of PRF but 44% had severe progressive disease, 56% moderate systemic disease and 0% mild localized disease. 49% of patients received remission induction therapy for incident disease and 51% at relapse.

Induction treatment

Oral cyclophosphamide – 15%, IV - cyclophosphamide 55%, Rituximab – 30%, Glucocorticoids (GCs) – 71% GC regime – 84% received IV GC followed by oral GC, 16% received oral GC only
Plasma exchange – 28%

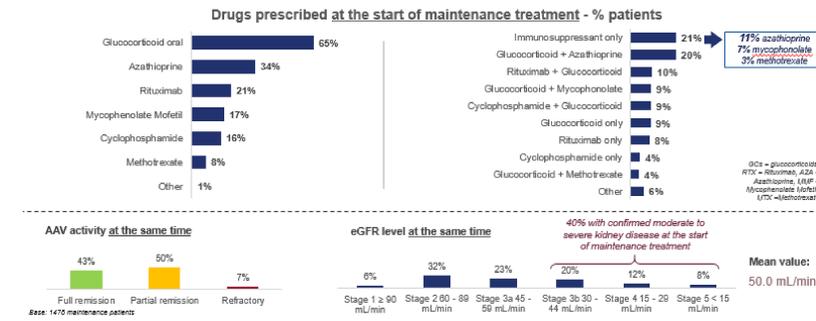
Comorbidities

The majority of patients had at least one comorbidity when remission induction therapy was commenced and renal related comorbidities and pre-existing kidney disease were common.

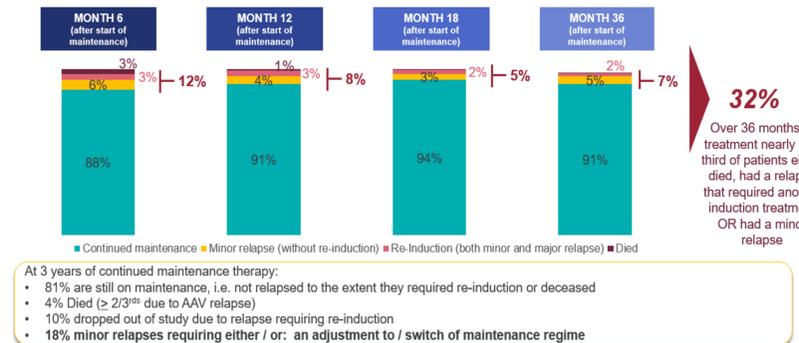


RESULTS

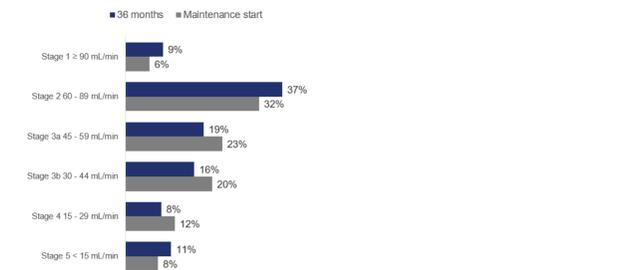
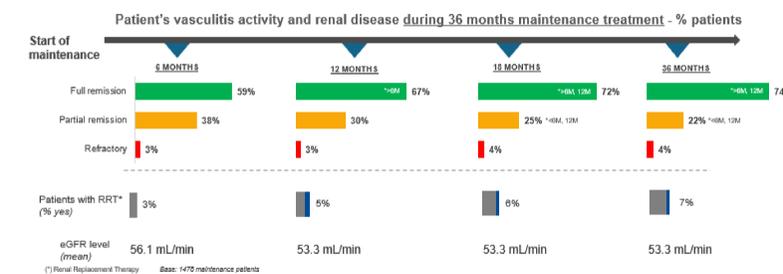
Results 2. At start of maintenance therapy most patients are receiving GCs, 40% of patients have Stage 3b-5 CKD and many patients are not in full remission



Results 3 – Relapse following remission Relapse remains a challenge in clinical practice

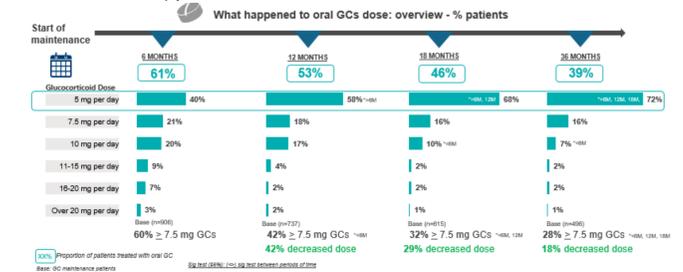


Results 4 – Vasculitis and renal outcomes over 36 months of remission – Full remission is not always achieved and chronic renal impairment remains common with some patients requiring renal replacement therapy

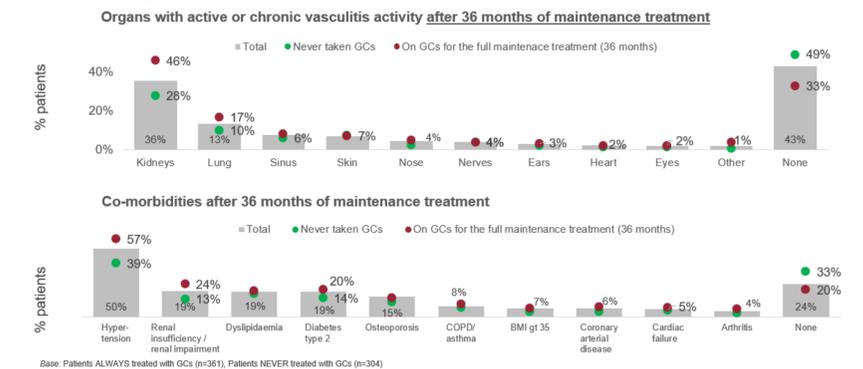


RESULTS

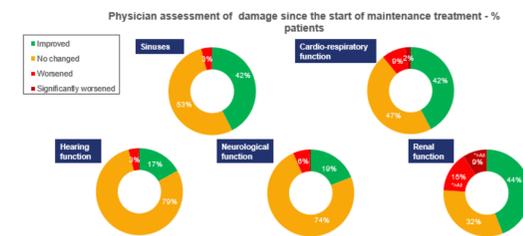
Results 5 – Many patients remain on GCs for prolonged period. The majority of patients receive GCs as part of remission maintenance therapy



Results 6 – Patients with active renal vasculitis and renal disease related comorbidity were more likely to be receiving long term GCs – At 36 months more than 50% of patients had active vasculitis and renal and lung vasculitis were associated with prolonged GC use. Renal related comorbidities also associated with prolonged GC use.



Results 7 – Renal damage worsened over time in AAV patients– Physician global assessment suggested that renal damage more often worsened over time than disease in other organs



CONCLUSIONS

This study has examined real world outcomes in AAV patients in Europe and demonstrated significant burden of renal disease. Comorbidity is common at start of therapy, in particular factors related to renal disease.

Worsening of renal disease and renal risk factors remain a problem in AAV and associates with higher long term GC exposure suggesting ongoing renal inflammation requiring GC therapy as well as chronic renal damage. There is an ongoing need for more targeted therapies to improve renal outcomes in AAV since those patients with AAV are exposed to greater GCs over time on therapy.

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