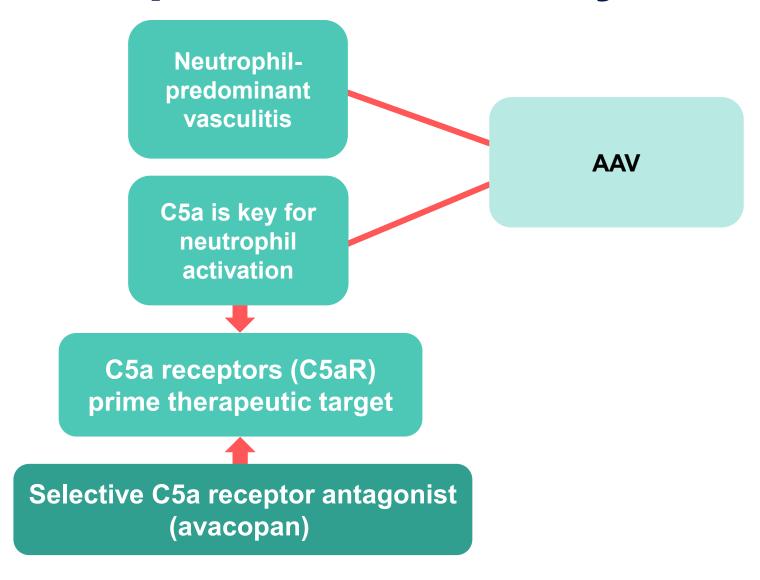
## **Alternative Complement Pathway**



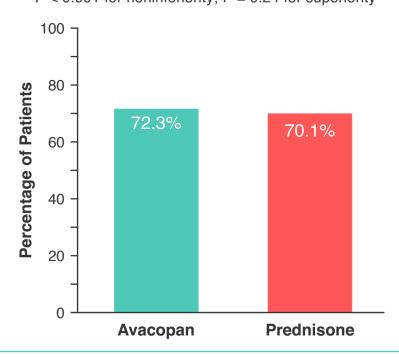


- 330 patients analyzed
  - 166 received:
    - Avacopan 30 mg bd
    - 1.7 g prednisone
    - RTX 375 mg/m<sup>2</sup> x 4 (n = 107, 64.5%) or CYC/AZA (n = 59, 35.5%)
  - 164 received:
    - 3.8 g prednisone
    - RTX 375 mg/m<sup>2</sup> x 4 (n = 107, 65.2%) or CYC/AZA (n = 57, 34.8%)
- Primary endpoint/Remission at 26 weeks (BVAS)
  - Avacopan: 120 out of 166 patients (72.3%)
  - Prednisone: 115 out of 164 patients (70.1%)
- Primary endpoint/Sustained remission at 52 weeks (BVAS)
  - Avacopan: 109 out of 166 patients (65.7%)
  - Prednisone: 90 out of 164 patients (54.9%)



#### **Clinical Remission at Week 26**

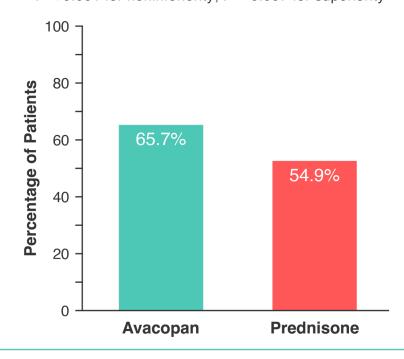
Estimated common difference, 3.4 percentage points 95% CI, -6.0 to 12.8 P < 0.001 for noninferiority; P = 0.24 for superiority



Avacopan was noninferior to prednisone with respect to remission at week 26

#### **Clinical Remission at Week 52**

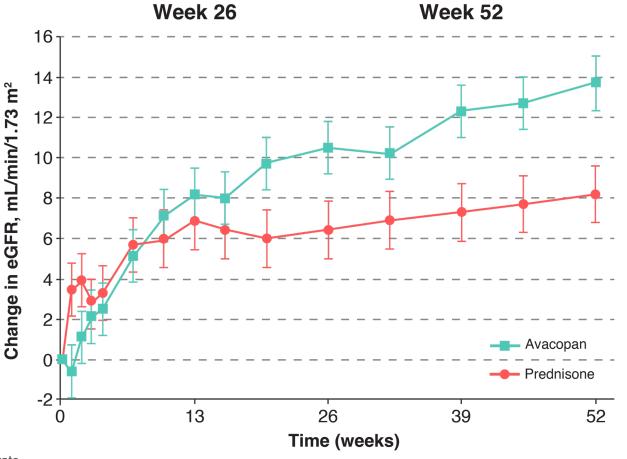
Estimated common difference, 12.5 percentage points 95% CI, 2.6 to 22.3 P < 0.001 for noninferiority; P = 0.007 for superiority



Avacopan was superior to prednisone with respect to sustained remission at week 52



- 265 patients with ANCA-associated glomerulonephritis
- 50 patients with an eGFR < 20 mL/min/1.73 m<sup>2</sup>

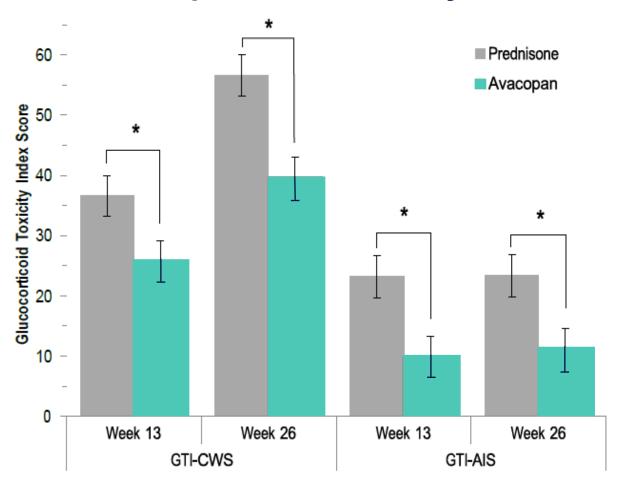


Improvements in eGFR

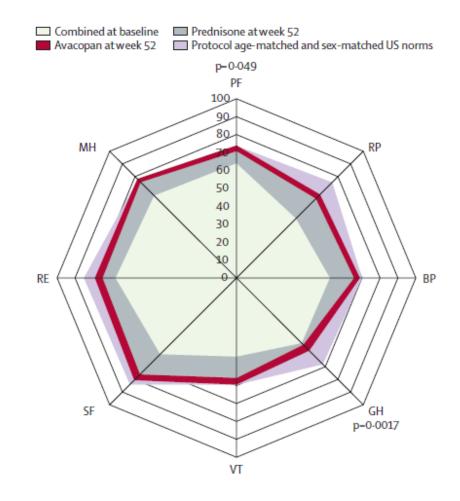


eGFR, estimated glomerular filtration rate. Cortazar FB, et al. *Kidney Int Rep.* 2023;8(4):860-870. Jayne DRW, et al. *N Engl J Med.* 2021;384(7):599-609.

### **Avacopan & GC Toxicity**



### **Avacopan & Quality of Life**





Patel NJ, et al. *Lancet Rheumatol.* 2023;5(3):e130-e138. Jayne DRW, et al. *N Engl J Med.* 2021;384(7):599-609.

# Use of Avacopan in Patients With Antineutrophil Cytoplasmic Antibody-Associated Vasculitis and eGFR <15 mL/min/1.73 m<sup>2</sup>

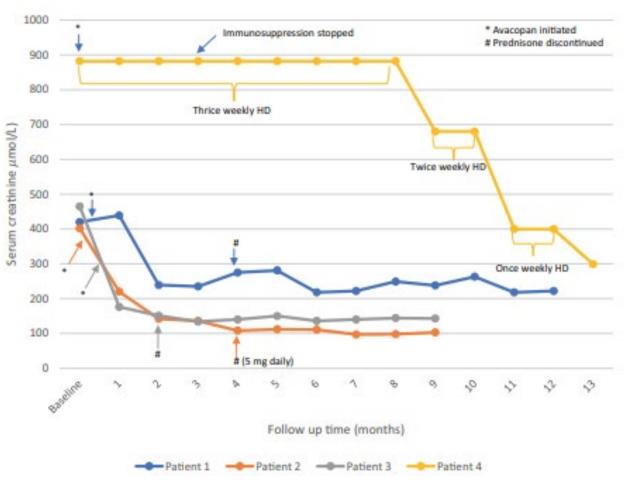
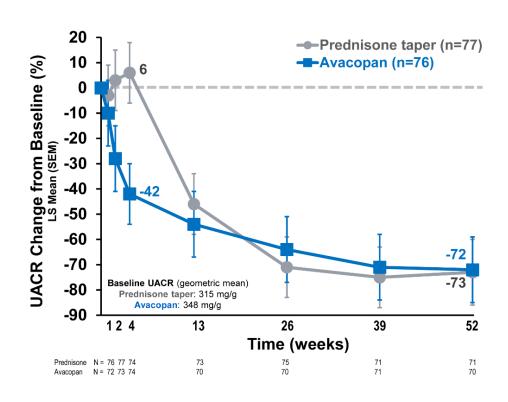
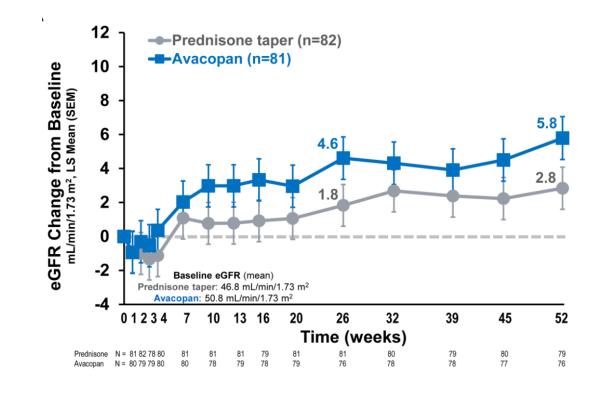




Figure 1. Clinical course of patients treated with avacopan.\*Avacopan initiated. #Prednisone discontinued

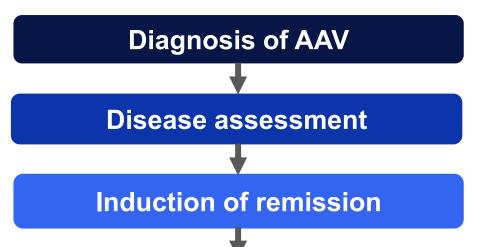
# ADVOCATE Trial: Avacopan and Prednisone Taper







### KDIGO: AAV Guidelines 2024



Rituximab + (glucocorticoid taper or avacopan)
OR

Cyclophosphamide + (glucocorticoid taper or avacopan)

(Rituximab + cyclophosphamide) + (glucocorticoid taper)

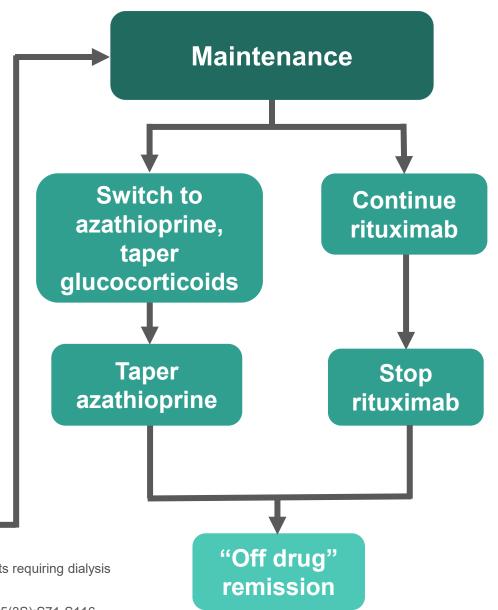
Consider plasma exchange\*

### Disease control "on drug" remission

\*Practice Point 9.3.1.9: Consider plasma exchange for patients with SCr >3.4 mg/dL (>300 mmol/L), patients requiring dialysis or with rapidly increasing SCr, or patients with diffuse alveolar hemorrhage who have hypoxemia.

AAV, ANCA-associated vasculitis; ANCA, antineutrophil cytoplasmic antibody; SCr, serum creatinine.

Floege J, et al. *Kidney Int.* 2024;105(3):447-449. KDIGO ANCA Vasculitis Work Group. *Kidney Int.* 2024;105(3S):S71-S116.





## Remission Induction: Avacopan as First-Line Alternative to GCs

- Start avacopan 30 mg twice a day as early as possible
- Use avacopan to rapidly reduce glucocorticoid exposure
  - Aim to taper steroids within
     1 to 2 weeks
  - Monitor patients for signs of renal recovery, disease remission, or improvement in symptoms



## Right Therapy for the Right Patient

- Avacopan as an alternative to glucocorticoids:
  - Combined with another agent, such as RTX

Glucocorticoid-related toxicity

Glucocorticoid complications

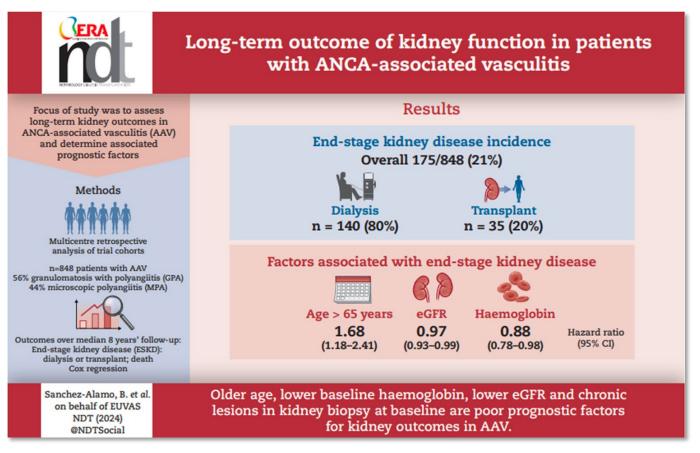
Active glomerulonephritis + rapidly deteriorating kidney function who had better recovery with avacopan

No response to a standard of care treatment



## **ESKD Frequency Depends on eGFR!**

- 644 (of 848) had ANCA-GN, median eGFR of 42.1 mL/min/1.73 m<sup>2</sup>
- Patients with ESKD had a median baseline eGFR of 13.2 mL/min/1.73 m<sup>2</sup>





### **Avacopan: Relapsing Patients**

- In ADVOCATE, lower rate of relapses in patients treated with avacopan
- Over 12 months' follow-up, relapse rate in patients treated with a standard regimen was 20%
- Relapse rate was cut in half to about 10% in patients treated with avacopan



### Quote by Stephen McAdoo, MD

"I think we can sometimes really underestimate the impact of that glucocorticoid toxicity in our patient population. So this is an exciting time to have a new option to glucocorticoids for the treatment of vasculitis."

