

ANCA Associated Vasculitis Subtypes: Response [Letter]

Peter A Merkel ¹, David RW Jayne ², Pirow Bekker³

¹University of Pennsylvania, Philadelphia, PA, USA; ²University of Cambridge, Cambridge, England; ³ChemoCentryx Inc, San Carlos, CA, USA

Correspondence: Peter A Merkel, Division of Rheumatology, University of Pennsylvania, White Building, Fifth Floor, 3400 Spruce Street, Philadelphia, PA, 19104, USA, Email pmerkel@penmedicine.upenn.edu

Dear editor

We read the review article entitled “ANCA Associated Vasculitis Subtypes: Recent Insights and Future Perspectives” by Austin K et al published in the *Journal of Inflammation Research* 2022;15:2567–2582. We congratulate the authors for this interesting and comprehensive article. However, we respectfully want to elaborate on one statement in the article.¹ In the management section, the authors reference the ADVOCATE trial and suggest that background immunosuppressive therapy and ANCA type should influence decisions on use of avacopan to treat ANCA-associated vasculitis.

ADVOCATE was a randomized, double-blind, double-dummy trial conducted in 143 study centers in 20 countries in which avacopan replaced an oral prednisone taper regimen in a standard of care regimen for ANCA-associated vasculitis.² The choice of background immunosuppressive therapy was not randomized, and the study was not powered, nor the analyses designed, to determine the efficacy of avacopan based on background immunosuppressive therapy. Additionally, patients with both PR3- and MPO-ANCA benefited from treatment with avacopan, based on results at both week 26 and week 52.²

Thus, while we agree that we are in an era of moving towards a personalized medicine approach for treating vasculitis, the current data do not indicate such an approach is ready for use with avacopan with respect to background immunosuppressive therapy or ANCA type.

Disclosure

Dr Peter A Merkel reports grants from ChemoCentryx, during the conduct of the study; grants, personal fees from AbbVie, grants, personal fees from AstraZeneca, grants, personal fees from Boehringer-Ingelheim, grants, personal fees from Bristol-Meyers Squibb, grants, personal fees from ChemoCentryx, personal fees from CSL Behring, personal fees from Dynacure, personal fees from EMD Serono, grants, personal fees from Forbius, grants, personal fees from Genentech/Roche, grants, personal fees from GSK, personal fees from Immagene, grants, personal fees from InflaRx, personal fees from Janssen, personal fees from Kiniksa, personal fees from Kyverna, personal fees from Magenta, personal fees from MiroBio, personal fees from Mitsubishi, personal fees from Neutrolis, personal fees from Novartis, personal fees from NS Pharma, personal fees from Pfizer, personal fees from Q32, personal fees from Regeneron, personal fees from Sparrow, grants, personal fees from Takeda, grants from Eicos, grants from Electra, grants from Sanofi, personal fees from UpToDate, outside the submitted work. Dr David RW Jayne reports personal fees from ChemoCentryx, grants from Vifor, during the conduct of the study; personal fees from AstraZeneca, other from Aurinia, grants from GSK, personal fees from Takeda, personal fees from Roche, outside the submitted work. Dr Pirow Bekker reports personal fees from ChemoCentryx, outside the submitted work. The authors report no other conflicts of interest in this communication.

References

1. Austin K, Janagan S, Wells M, et al. ANCA associated vasculitis subtypes: recent insights and future perspectives. *J Inflamm Res.* 2022;15:2567–2582. doi:10.2147/JIR.S284768
2. Jayne DR, Merkel PA, Schall TJ, Bekker P; ADVOCATE Study Group. Avacopan for the treatment of ANCA-associated vasculitis. *N Eng J Med.* 2021;384(7):599–609. doi:10.1056/NEJMoa2023386

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Journal of Inflammation Research 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Inflammation Research editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Journal of Inflammation Research

Dovepress

Publish your work in this journal

The Journal of Inflammation Research is an international, peer-reviewed open-access journal that welcomes laboratory and clinical findings on the molecular basis, cell biology and pharmacology of inflammation including original research, reviews, symposium reports, hypothesis formation and commentaries on: acute/chronic inflammation; mediators of inflammation; cellular processes; molecular mechanisms; pharmacology and novel anti-inflammatory drugs; clinical conditions involving inflammation. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-inflammation-research-journal>

<https://doi.org/10.2147/JIR.S385293>