

# ANCA Associated Vasculitis Subtypes: Response [Letter]

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## 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>2</sup>

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.

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