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LETTER

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.[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

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