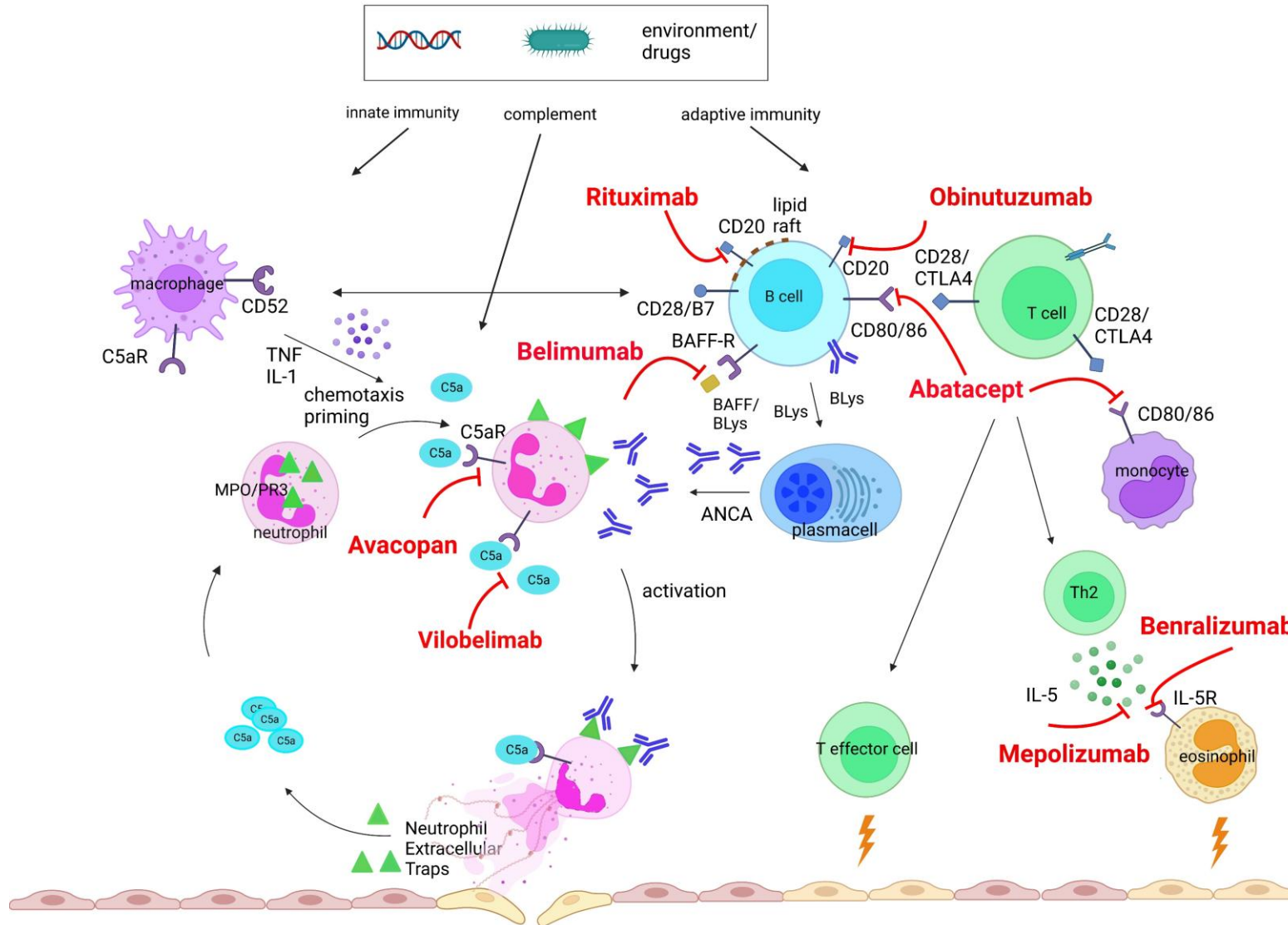




Η ΕΜΠΕΙΡΙΑ ΤΟΥ ΑΝΑΣΟΡΑΝ ΣΤΗΝ ΚΛΙΝΙΚΗ ΠΡΑΞΗ ΣΤΗΝ ΑΝΣΑ- ΣΧΕΤΙΖΟΜΕΝΗ ΑΓΓΕΙΙΤΙΔΑ ΜΕ ΝΕΦΡΙΚΗ ΠΡΟΣΒΟΛΗ: ΜΕΓΑΛΥΤΕΡΟ ΟΦΕΛΟΣ ΣΤΗ ΜΗΝΟΕΙΔΙΚΗ ΤΑΞΗ

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Pathogenesis and Targeted Treatments



ADVOCATE- Benefit

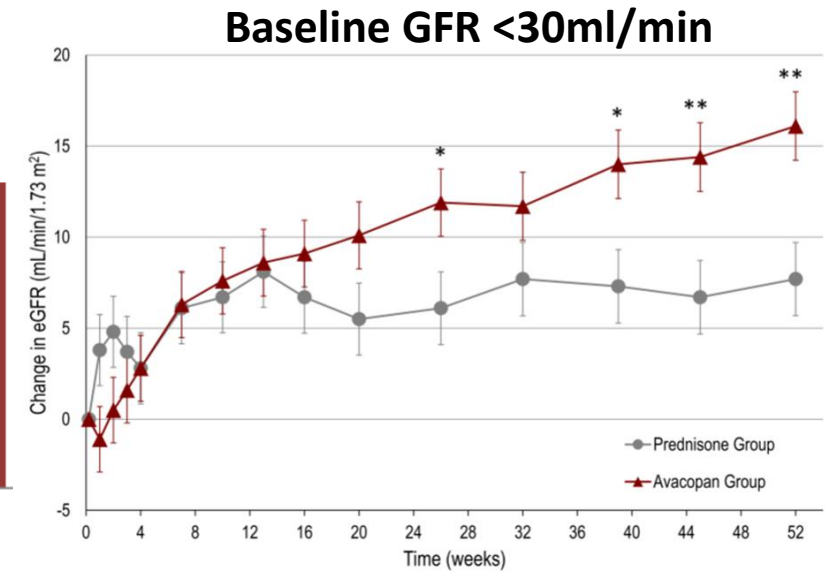
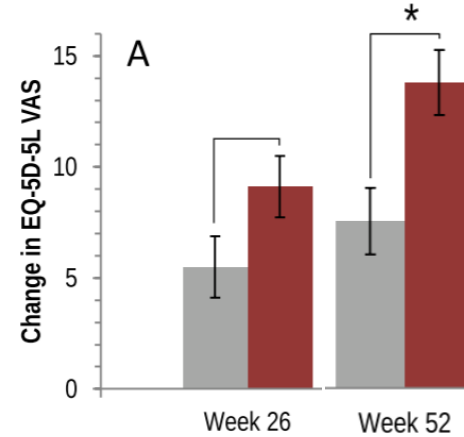
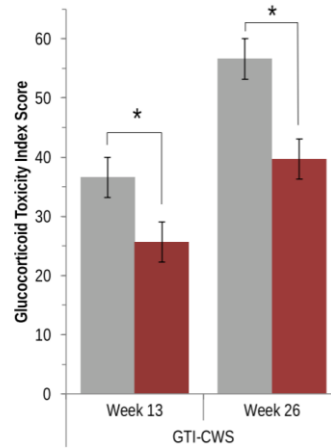
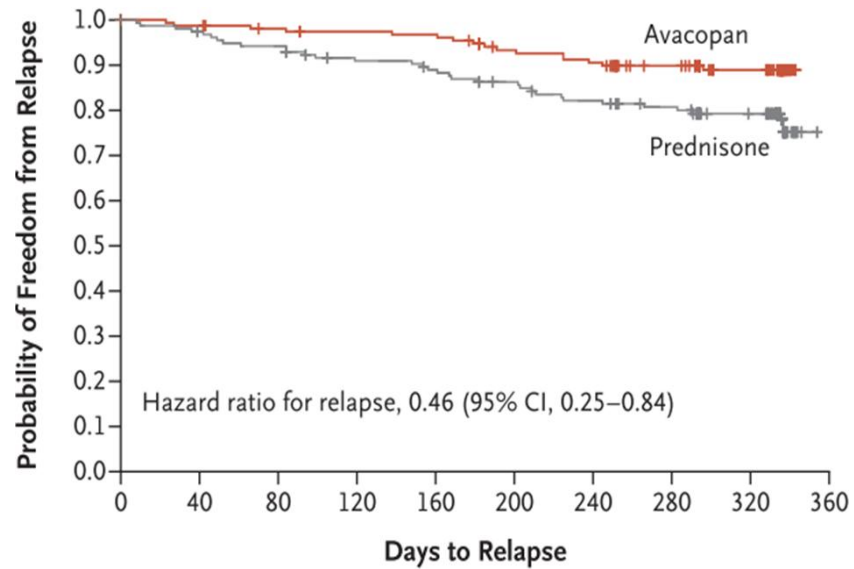
Higher rate of sustained remission

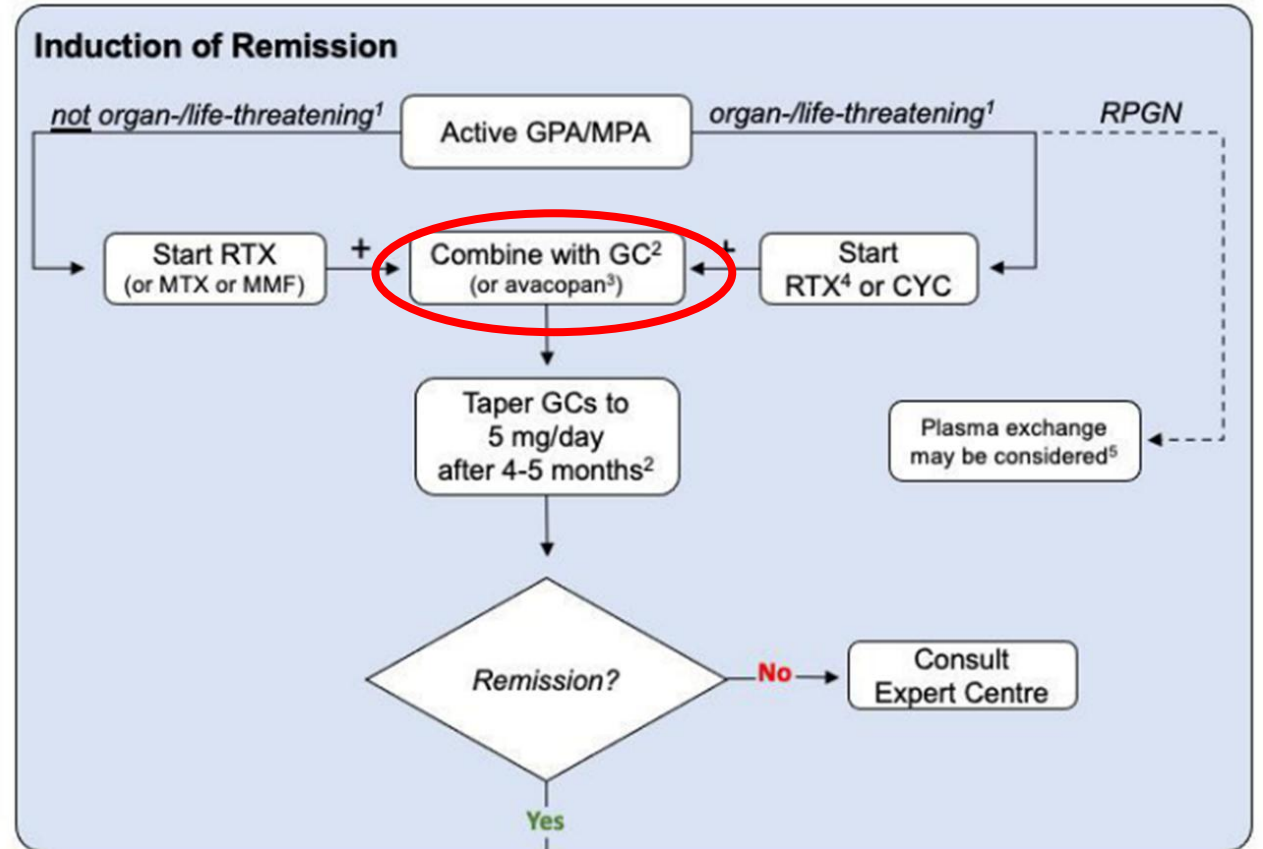
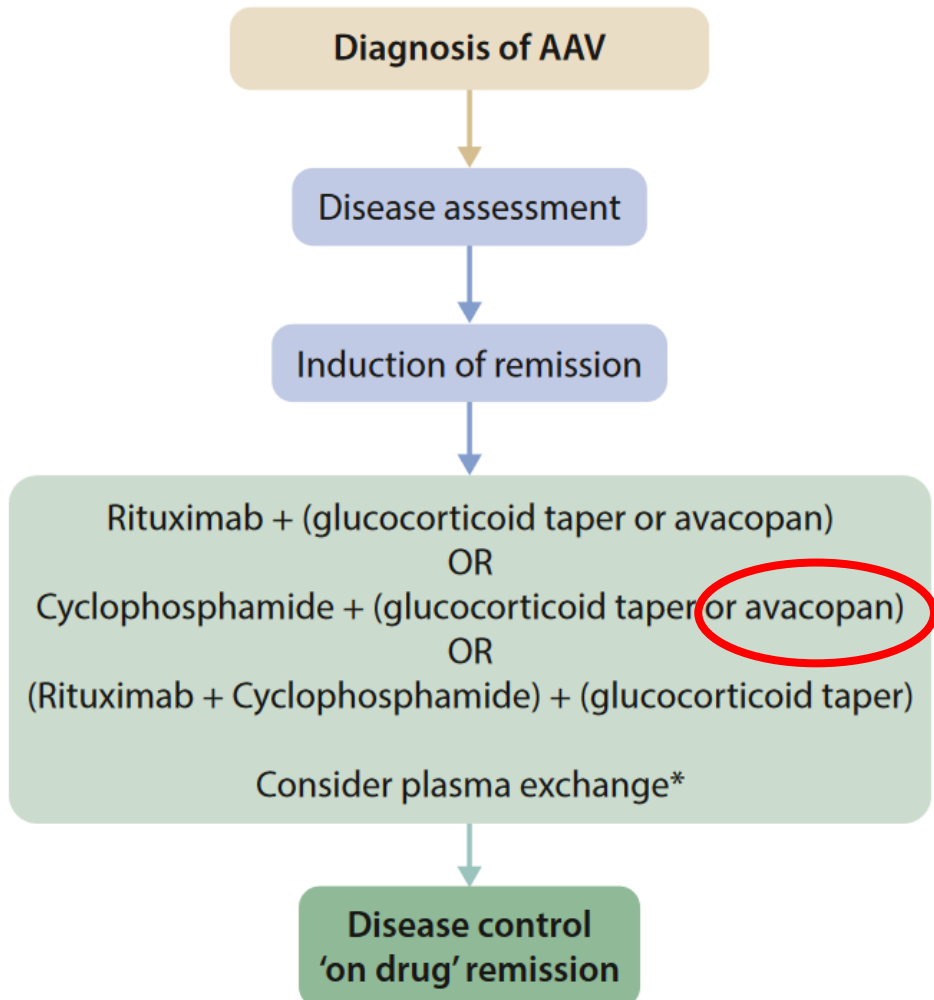
Less steroid toxicity

Better quality of life

Better GFR recovery

Relapse





Practice Point 9.3.1.7: Avacopan may be used as an alternative to glucocorticoids. Patients with an increased risk of glucocorticoids toxicity are likely to receive the most benefit from avacopan. Patients with lower GFR may benefit from greater GFR recovery.

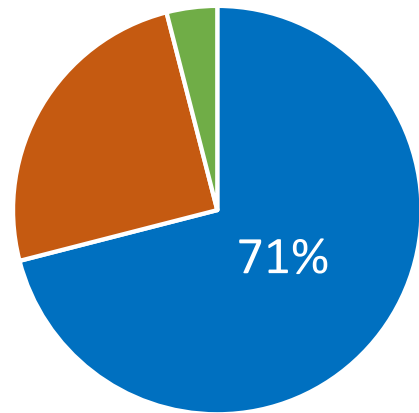
Patients

- Multi-center
- six medical centers in Greece up to January 2026

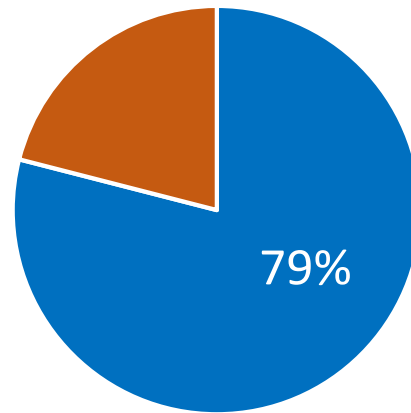
Inclusion:

- Patients with newly diagnosed or relapsed AAV
- Kidney involvement
- Received avacopan

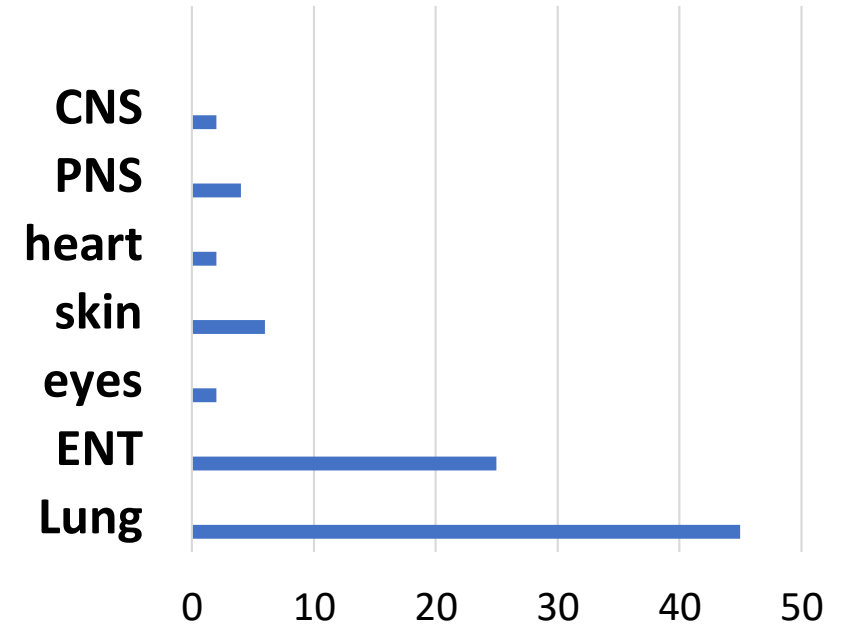
Clinical Characteristics



■ MPO ■ PR3 ■ negative



■ new disease ■ Relapsed



Clinical Characteristics	N=49
Baseline parameters	
eGFR, median (IQR)	16 (11-29)
HD at diagnosis % (n)	29 (14)
Proteinuria (g/24H) median (IQR)	1.9 (0.6-3.5)
Haematuria % (n)	86 (42)
Berden Classification	
Focal % (n)	12 (5/42)
Mixed % (n)	38 (16/42)
Crescentic % (n)	31 (13/42)
Sclerotic % (n)	19 (8/42)

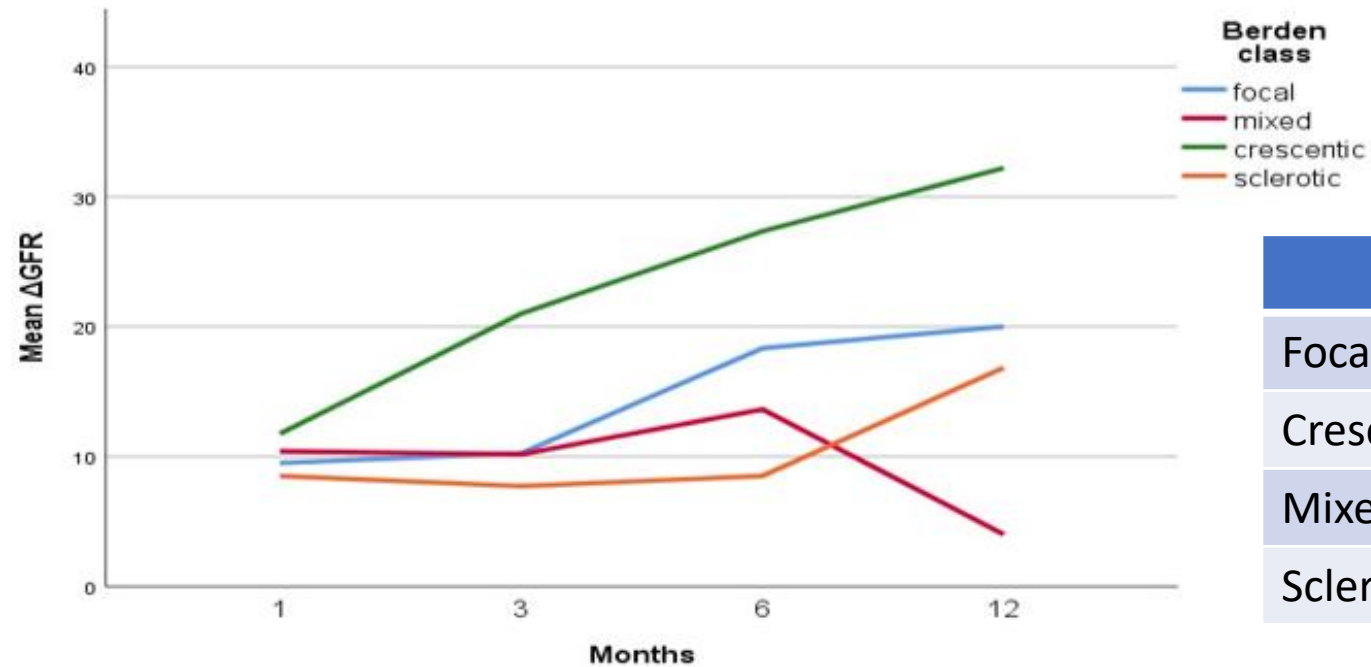
Induction Treatment	
RTX+CYC % (n)	29 (14)
CYC % (n)	10 (5)
RTX % (n)	60 (29)
PLEX % (n)	17 (8)
Steroids % (n)	96 (47)
Avacopan % (n)	100 (49)
Maintenance Treatment	
RTX % (n)	100 (28/28)
Follow-up (months), median (IQR)	6 (6-14)
Relapse % (n)	0 (0)
Remission 3m % (n)	74 (26/35)
Remission 6m % (n)	81 (25/31)
HD independency 6m % (n)	43 (3/7)
Mortality % (n)	7 (3)

Prednisolone Tapering



- The median (IQR) time to start avacopan was **7.5 (1–90) days** after start of induction of remission therapy.
- The median (IQR) time to terminally taper prednisone after starting avacopan was **4 (2–4) weeks**.

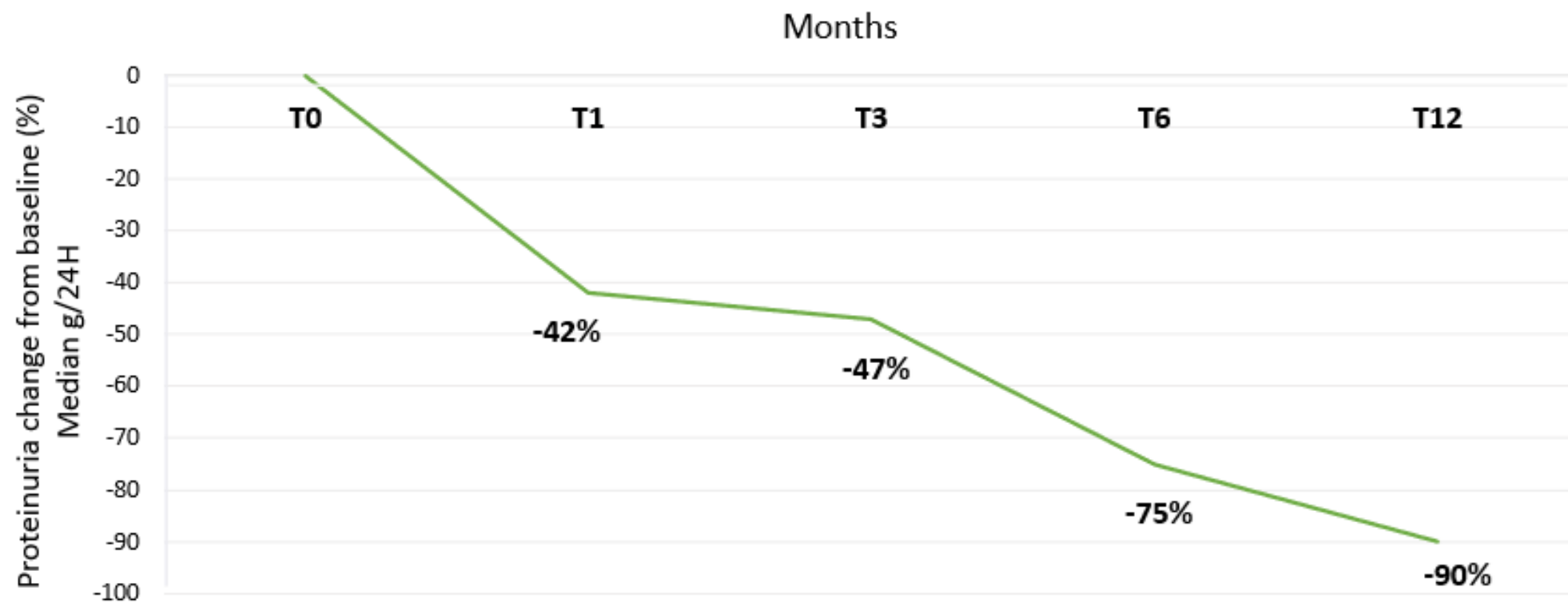
Renal recovery according to Berden classification



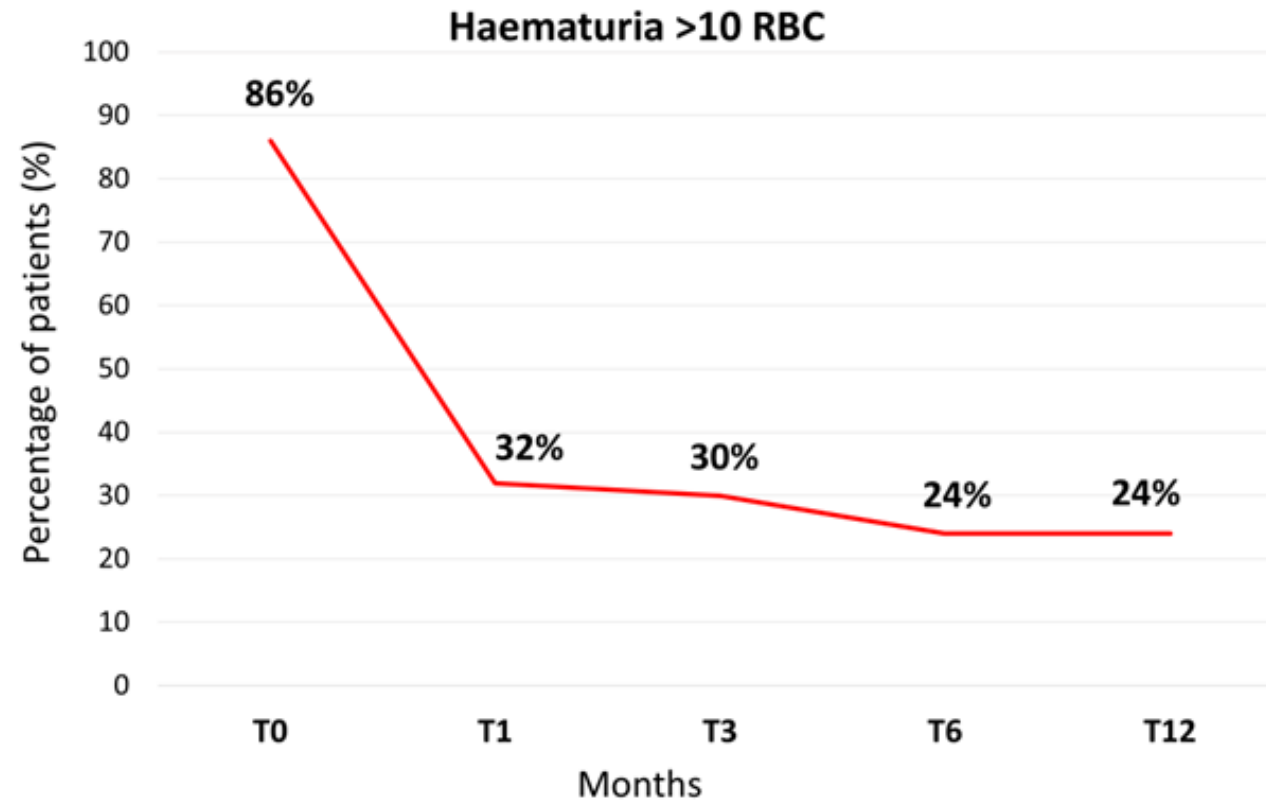
	ΔeGFR 6m	ΔeGFR 12m
Focal	+18	+20
Crescentic	+27	+32
Mixed	+14	+4
Sclerotic	+9	+17

Focal	4	4	3	2
Mixed	15	12	8	5
Crescentic	12	7	6	5
Sclerotic	12	7	6	5

Total cohort changes in proteinuria



Total cohort changes in haematuria



Safety

Side effects	N=49	Avacopan modification
Infection	9	Temporal discontinuation
UTIs	2	
Lung infection	7	
Covid-19, influenza, RSV		
Neutropenia	7	Temporal discontinuation
Hepatotoxicity	3	Temporal discontinuation
Skin rash/ angioedema	1	Permanent discontinuation
Headache	2	No discontinuation

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Demographics	Male 74 years	Female 50 years	Male 60 years	Male 75 years	Male 71 years
Serological phenotype	MPO	MPO	PR3	PR3	MPO
Presentation	New disease	New disease	Relapsed disease	New disease	New disease
Organ involvement	Kidney (focal), Lung General symptoms	Kidney (crescentic),Lung, ENT General symptoms, PNS	Kidney (crescentic)	Kidney (mixed), Lung, ENT, General symptoms	Kidney (mixed) General symptoms
Baseline parameters					
eGFR ml/min/1.73m2	18	13	71	6	12
proteinuria (g/24H)	1.3	0.75	4.9	1	6
Haematuria	(+)	(+)	(-)	(+)	(+)
Induction Treatment	RTX	RTX+CYC PLEX	RTX	RTX+CYC PLEX	RTX
Maintenance Treatment	RTX	RTX	RTX	RTX	RTX
12month					
eGFR ml/min/1.73m2	74	28	84	30	17
proteinuria (g/24H)	<0.15	<0.15	3.9	0.50	3.6
Haematuria	(-)	(-)	(-)	(-)	(-)
18 month					
eGFR ml/min/1.73m2	63	30	82	28	17
proteinuria (g/24H)	<0.15	<0.15	3.2	0.50	3
Haematuria	(-)	(-)	(-)	(-)	(-)
24 month					
eGFR ml/min/1.73m2	63	34	Not yet	Not yet	Not yet
proteinuria (g/24H)	<0.15	<0.150			
Haematuria	(-)	(-)			

Conclusions

Real-world experience avacopan in AAV

- Avacopan was associated with significant kidney recovery, high remission rates, and effective glucocorticoid sparing in patients with AAV and kidney involvement.
- Kidney outcomes appeared to vary according to histopathological class, with the greatest benefit observed in crescentic disease.
- These findings support the effectiveness and safety of avacopan in routine clinical practice, although longer-term data are warranted.