



UNC
KIDNEY CENTER

Podcast Transcript:

Dr. Ron Falk

ANCA Vasculitis Treatments

“ANCA Treatments: Induction Therapy”

Patient: I have recently been diagnosed with ANCA Vasculitis. What kinds of medicines am I going to need to take?

Dr. Falk: Treatment can be thought of in several stages that we need to talk about during the course of this podcast. The first part of treatment is induction therapy—the therapy you get when you’re first diagnosed. That kind of therapy must be matched with the intensity of your disease. The more intense, the more severe the disease, the more induction therapy you need. The less intense, the less severe, you might get away with less potent therapy. For the most part, patients with these kinds of vasculitis need quite substantial induction therapy. By that I mean, pulses of glucocorticoids, known as “Pulse Methylprednisolone” or “Pulse Solu-Medrol”, usually given for three days. Or, to remove the ANCA, to remove the antibody, with a technique called plasmapheresis. That’s where your blood is removed from you, and then returned, but the antibody, the ANCA, have been removed from the circulation. Those treatments typically are done over the first two weeks of diagnosis, and that usually gets rid of the antibody load. The induction therapy includes oral prednisone, or prednisolone, depending upon what part of the world you’re in. Usually, induction therapy includes some kind of cyclophosphamide or Cytoxan.

Patient: Are there any investigational drugs that people can start with, or is it always Cytoxan

Dr. Falk: All of us are trying to get rid of cyclophosphamide or Cytoxan because it has so many nasty long-term consequences. But early on in the course of the disease, for the first three months for example, cyclophosphamide remains the gold standard therapy.

There are investigational drugs, including antibodies to B cells, or drugs used to get rid of B cells that are being thought about as part of induction therapy. But in reality, our current induction therapy with Solu-Medrol and/or plasmapheresis and cyclophosphamide for the first three months, results in remission rates in 3-4 months of almost 85-90% of patients. It's a very effective induction approach. The problem comes with how to stop or slow down the use of the glucocorticoid or the prednisone, and when to stop the cyclophosphamide. That's really where all of us have been moving in terms of our thinking about treatment.

