



UNC  
KIDNEY CENTER

Podcast Transcript:

Dr. Ron Falk

ANCA Vasculitis Treatments

“ANCA Treatments: Maintenance Therapy”

Patient: Once your disease is under control, does that mean I’m finished with therapy?

Dr. Falk: That would be wonderful if that was true. Most people, most physicians will use cyclophosphamide for 3-4 months. If the person is in remission, all of us seek other kinds of drugs that are less toxic. Those drugs include azathioprine or Imuran. Methotrexate. Or more recently mycophenolate mofetil, otherwise known as CellCept. During those first 3-4 months all of us try to get rid of, or at least reduce significantly, the amount of prednisone. So that by month 3 or 4, one should really be on a substantially reduced dose. Now in some patients, I will tell you that at 6 months of therapy, if remission is maintained, and there’s no evidence that the person has had a relapse, we can have stopped therapy in some patients—watching those patients neurotically. So, stopping therapy is easiest if you have a neurotic patient and a neurotic doctor. You and I have talked about this before.

If the patient and the doctor have a good relationship and you look for signs of recurrent disease, then stopping therapy is much safer. So for example in the kidney, if you’re worried about recurrence of the disease, you can take home dipsticks that you can urinate on, and see if there’s blood or protein in your urine. If there is no blood, then your chances of having a relapse in your kidney are reduced.

But in many patients we continue some kind of immunosuppressive drug. Remission maintenance drug, for a period of time. How long one needs to remain on those remission maintenance drugs is very much due to, or a consequence of the patient’s disease, how active it’s been, whether it’s relapsed, or in fact whether it’s a patient whose disease is just not going to come back, in which case the drugs can be stopped earlier.