



UNC
KIDNEY CENTER

Podcast Transcript:
Dr. Ron Falk
ANCA Vasculitis Treatments
“ANCA Treatments: Side Effects”

Patient: You mentioned some side effects. Can you tell me about the side effects that I might experience with these different drugs?

Dr. Falk: Prednisone is the worst. Of all the drugs that I hate-which you hate as well. Prednisone or prednisolone-are the most complicated. They cause infections, they cause softening of bones, cataracts, glaucoma, irritation to the pancreas. I have never met anyone who has an easy chance of losing weight on prednisone. People gain huge amounts of weight. And it's weight in places that you really don't want the weight to be demonstrated. It causes hunger, it causes irritability, it causes people not to sleep well. So the drug that I try to get down to the lowest possible amount, if not stop, is prednisone.

Now that's controversial. Some people think that prednisone may help prevent relapses. The evidence for that is still pretty weak, when one thinks of the side effects of these drugs.

Cytosan is a nasty drug. You know that as well as I do. It certainly can cause life-threatening infections. It has an increased risk of cancer, and you need to do cancer surveillance if you've been on Cytosan. It is irritating to the bladder, it can cause bladder bleeding—less so if you use it by vein. And there's no question that we're all trying to decrease the exposure to Cytosan. There are a couple ways of doing that. One: to give it by vein-you use about half the dose if you use Cytosan by vein. (And you should know that I'm interchanging the words cyclophosphamide and Cytosan). If you do it by mouth, it's easier for the patient to take. There's a higher risk of bleeding from the bladder and you use twice the amount of drug over the same amount of time. So if you have three months of oral cyclophosphamide, that's about a month and a half of giving it by vein. So the cumulative dose with oral cyclophosphamide builds up very quickly. And there are adverse consequences of that. So, you need to make sure that your physician is eager to either give you

cyclophosphamide by vein, or reduce the length of time you're on it by mouth.

Patient: How long can a person be on Cytoxan? What's the upper limit for that, or is there one?

Dr. Falk: There's not an upper limit, per se. There are some people whose disease is so severe, and relapse so horribly that Cytoxan is required. The number of those patients at this point in time is actually very, very few. We've now seen way over a thousand patients. And the number of people who I have remaining on oral Cytoxan for a long period of time, I probably can count on my fingers, and I have ten fingers, so that's probably all that we have. The hope of course, is to decrease the exposure by switching to another drug, or a combination of other drugs.

Patient: I've heard of people losing their hair or who experience a lot of nausea, when they take Cytoxan. How common is this?

Dr. Falk: When giving it by vein, we usually use some kind of medication that decreases the nausea. So, when you're getting the drug by vein, you will have some nausea more than likely. That typically goes away in 2 or 3 days. Taking it by mouth, nausea becomes a real problem. Nausea is also a problem if you take methotrexate for a long period of time as well. Nausea is a side effect of Imuran as well, and usually requires a dose reduction. So the gastrointestinal tract is a common place for these drugs to become manifest.

Losing hair is less of a problem if you reduce the dose or the duration of time that you're on Cytoxan. The number of people running around with artificial hair has mercifully declined over the course of time, because we are using so much less Cytoxan than days of old.

The real problem with oral Cytoxan has been the risk of ovarian failure in young people. Especially, for example, people in their 20s and 30s who are on oral Cytoxan for a long period of time. Ovarian failure is really a worry. And something that we try to decrease the chances of ovarian failure with drugs such as Luprilideacetate and again just reducing the dose and duration of therapy.