

How many of your patients with  
**ANCA-ASSOCIATED**  
**VASCULITIS** (GPA or  
MPA)  
are presenting with  
severe active disease?

**SEVERE ACTIVE DISEASE**  
is more common than you might expect...

Approximately **80% to 90%** of patients  
with ANCA-associated vasculitis present with  
**renal or other organ-threatening**  
manifestations, which can be considered  
as severe disease<sup>1,2</sup>

For more information on these and other topics,  
hear from vasculitis experts at [ANCA101.com](http://ANCA101.com)

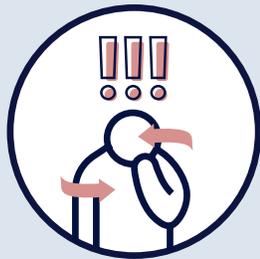
# Disease Activity and Treatment Toxicity: A Burden for Patient Quality of Life<sup>3</sup>

ONLY ABOUT  
**25%**

of patients are satisfied with their medication's ability to control symptoms while maintaining a good quality of life<sup>4,\*</sup>

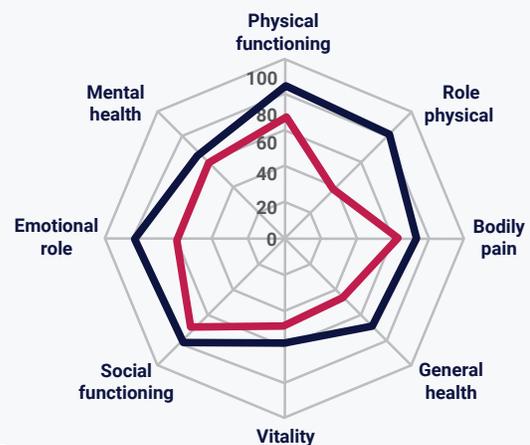
FOR ABOUT  
**50%**

of patients, even in remission, vasculitis symptoms are debilitating<sup>4,\*</sup>



Patients with severe active GPA or MPA experience symptoms that can **negatively impact their quality of life**<sup>5,6</sup>

QOL in Patients With ANCA-Associated Vasculitis vs. the General Population



General population (N = 470)<sup>7</sup>  
Patients with ANCA-associated vasculitis (N = 410)<sup>7</sup>

Figure adapted with permission from Benarous et al.<sup>8</sup>



**Achieving the Goal of Remission While Reducing the Burden of Treatment Toxicity Can Be Challenging<sup>9</sup>**

Even at lower doses, chronic use of glucocorticoids can be associated with toxicity risks<sup>10,11</sup>

\*According to an online, self-administered survey of 100 patients with GPA or MPA from July 21-August 25, 2022.<sup>4</sup>  
ANCA = antineutrophil cytoplasmic antibody; GPA = granulomatosis with polyangiitis; QOL = quality of life; MPA = microscopic polyangiitis.

# Severe Active GPA and MPA Can Be Challenging to Identify<sup>12-14</sup>

Careful assessment of heterogeneous symptoms can help<sup>14</sup>

## General<sup>15,16</sup>

- Myalgia
- Arthralgia/arthritis
- Fever
- Weight loss  $\geq 2$  kg

## Other<sup>15,16</sup>

- RBC casts and/or glomerulonephritis

## Cardiovascular<sup>15,16</sup>

- Loss of pulses
- Valvular heart disease
- Pericarditis
- Ischemic cardiac pain
- Cardiomyopathy
- Congestive cardiac failure

## Mucous membranes/eyes<sup>15,16</sup>

- Sudden visual loss
- Uveitis
- Blurred vision
- Scleritis
- Episcleritis
- Conjunctivitis
- Blepharitis
- Keratitis
- Retinal changes
- Significant proptosis
- Mouth ulcers
- Genital ulcers
- Adnexal inflammation

## Cutaneous<sup>15,16</sup>

- Infarct
- Purpura
- Ulcer
- Gangrene
- Other skin vasculitis

## Ear, nose, & throat<sup>15,16</sup>

- Bloody nasal discharge/crusts/ulcers/granulomata
- Paranasal sinus involvement
- Conductive hearing loss
- Sensorineural hearing loss
- Subglottic stenosis

## Abdominal<sup>15,16</sup>

- Peritonitis
- Bloody diarrhea
- Ischemic abdominal pain

## Renal<sup>15,16</sup>

- Hypertension
- Proteinuria
- Hematuria
- Rise in serum creatinine
- Fall in creatinine clearance

## Nervous system<sup>15,16</sup>

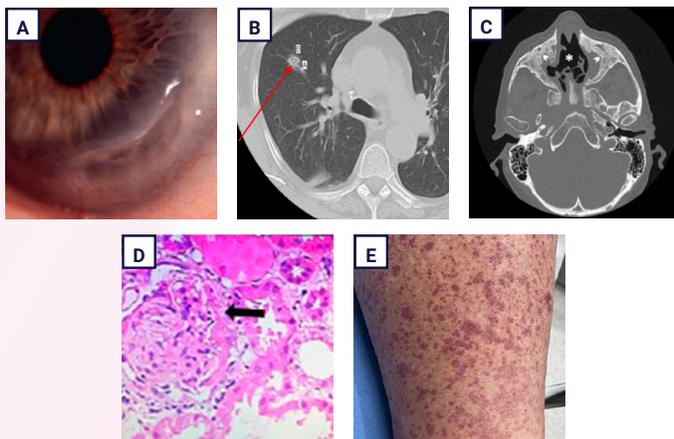
- Headache
- Meningitis
- Seizures
- Cerebrovascular accident
- Organic confusion
- Spinal cord lesion
- Cranial nerve palsy
- Sensory peripheral neuropathy
- Mononeuritis multiplex

## Chest<sup>15,16</sup>

- Wheeze
- Nodules or cavities
- Pleural effusion/pleurisy
- Infiltrate
- Endobronchial involvement
- Massive hemoptysis
- Alveolar hemorrhage
- Respiratory failure

**Severe vasculitis is defined by the American College of Rheumatology/Vasculitis Foundation (ACR/VF) guidelines as having life-threatening or organ-threatening manifestations<sup>1</sup>**

**Active disease represents new, worsening, or persistent clinical signs and/or symptoms attributed to GPA or MPA that are not related to prior injury<sup>1</sup>**



**A.** Peripheral ulcerative keratitis in a patient with GPA<sup>17</sup>

**B.** CT chest showing a right lower lobe 1.2 cm pulmonary nodule (red arrow) in a patient with GPA<sup>18</sup>

**C.** Axial CT scan with anterior septal perforation (asterisk) and maxillary sinus osteitis (arrowheads) in a patient with GPA<sup>19</sup>

**D.** Renal biopsy showing glomerulonephritic fibrocellular crescents (arrow) in a patient with MPA<sup>20</sup>

**E.** Palpable purpura in a patient with GPA<sup>21</sup>

# Challenges to Disease Management Persist

Patients with severe active GPA or MPA are faced with multiple challenges to disease management<sup>3,9,14,22</sup>



Timely Diagnosis<sup>14</sup>



Achieving Remission<sup>23</sup>



Preventing Relapse<sup>24</sup>



Glucocorticoid Toxicity<sup>25</sup>

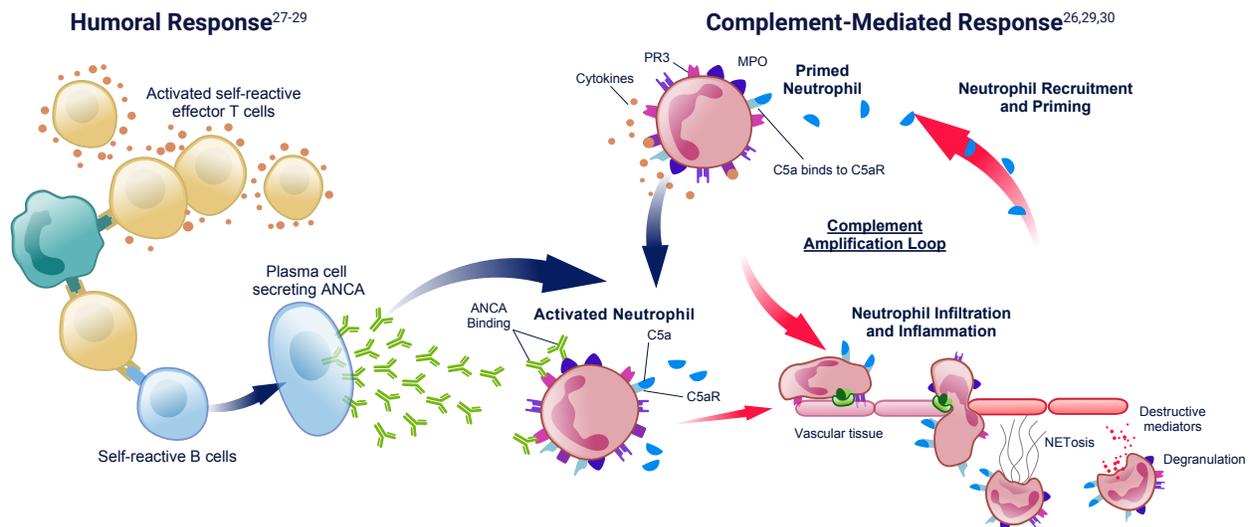


Impact on Organ Function<sup>25</sup>



Effect on Quality of Life<sup>5</sup>

**Humoral and alternative complement pathways drive inflammatory vascular injury in GPA and MPA<sup>3,26,27</sup>**



**Opportunities to further care may start with understanding the mechanisms involved in the pathophysiology of GPA and MPA<sup>3,26,27</sup>**

# Consider Your Opportunities to Further Care in Severe Active GPA and MPA



Patients with GPA or MPA often present with severe active disease characterized by heterogeneous manifestations<sup>1,31</sup>

Assessment across multiple organ systems is key to diagnosis<sup>14</sup>



Despite clinical advances, challenges to disease management persist<sup>3</sup>

Achieving and sustaining remission<sup>23,24</sup>  
Treatment toxicity<sup>25</sup>  
Impact on organ function<sup>25</sup>  
Patient quality of life<sup>4,\*</sup>



Disease management may start by understanding certain mechanisms involved in the pathophysiology of GPA and MPA<sup>3,26</sup>

Opportunities may arise when considering both mechanisms involved in the pathophysiology of GPA and MPA<sup>26,32</sup>

For more information on these and other topics, hear from vasculitis experts at [ANCA101.com](http://ANCA101.com)



## Explore all appropriate disease management options for patients with severe active GPA or MPA

ANCA = antineutrophil cytoplasmic antibody; GPA = granulomatosis with polyangiitis; MPA = microscopic polyangiitis.

\*According to an online, self-administered survey of 100 patients with GPA or MPA from July 21, 2022 - August 25, 2022.<sup>4</sup>

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