

One Year Real-World Effectiveness with Avacopan in Granulomatosis with Polyangiitis and Microscopic Polyangiitis in a Large Healthcare System

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Background

- Avacopan was superior to a glucocorticoid (GC) taper for achieving sustained remission at month 12 in combination with rituximab or cyclophosphamide in patients with severe, active granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) in the phase 3 ADVOCATE trial
- Real-world data on avacopan use remains limited
- We describe the 12-month effectiveness and safety outcomes for real-world avacopan users in a large healthcare system

Methods

- Ongoing retrospective observational cohort study within Mass General Brigham (MGB) Healthcare System
- Population: individuals with GPA/MPA prescribed avacopan
- Sustained remission (primary outcome): remission at months 6 and 12 (BVAS v3 of 0 and no GCs for GPA/MPA within 1 month before month 6 or month 12, respectively), without relapse between months 6 and 12
- Relapse: return of activity by ≥1 major BVAS v3 item, ≥3 minor BVAS v3 items, or 1-2 minor BVAS v3 items for ≥2 visits (minor: increase in the BVAS v3 of <3; no major items)

Index date (prescribed but not initiated): First avacopan prescription
 Index date (initiated): Date of avacopan initiation
 (Dec 1, 2021–Apr 1, 2024)



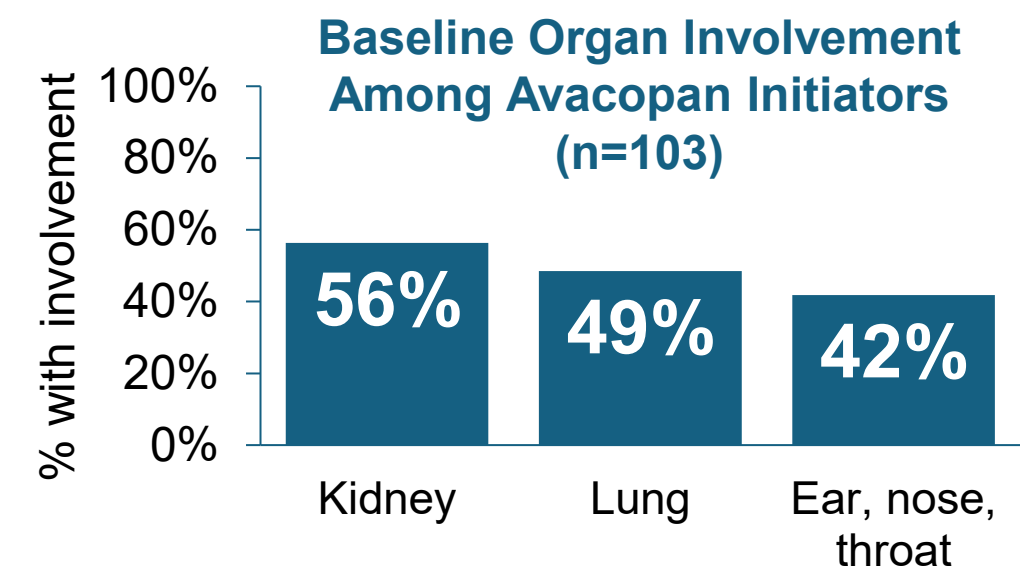
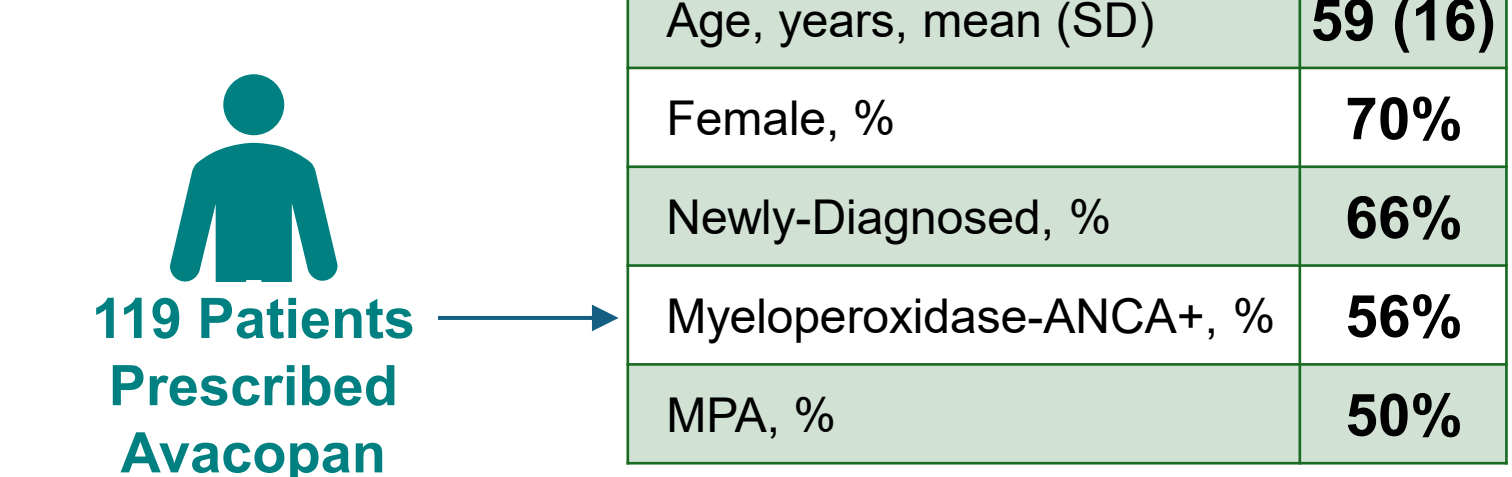
Limitations

- Vasculitis patients treated at MGB may not represent the broader vasculitis population
- Data including ascertainment of BVAS v3 scores were collected retrospectively
- A comparison group without avacopan was not included

Conclusions

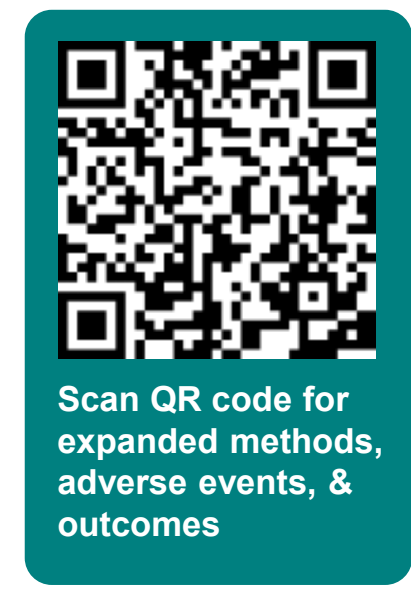
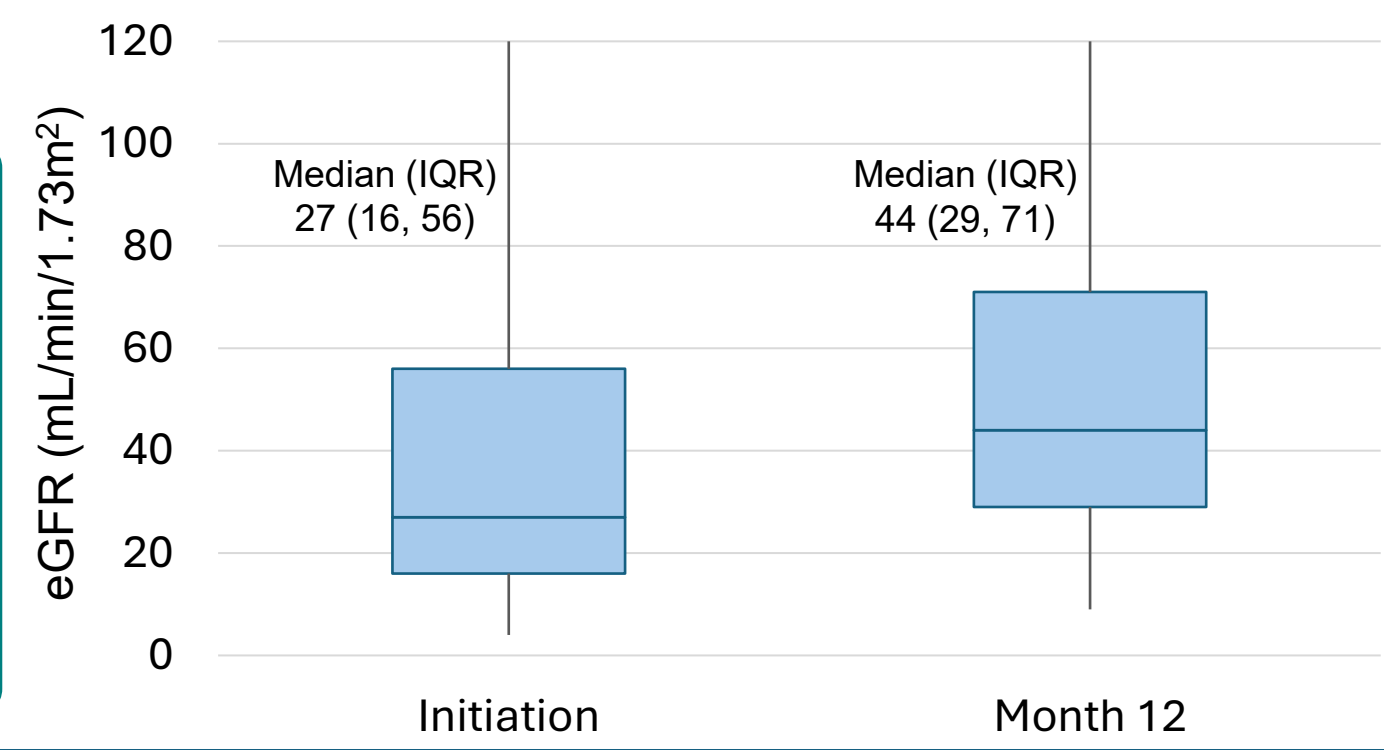
- Most individuals who initiated avacopan discontinued GCs within 3 months and had sustained remission at 12 months
- A minority of individuals experienced worsening GC toxicity
- A minority of avacopan initiators discontinued avacopan due to avacopan-related adverse events

Results

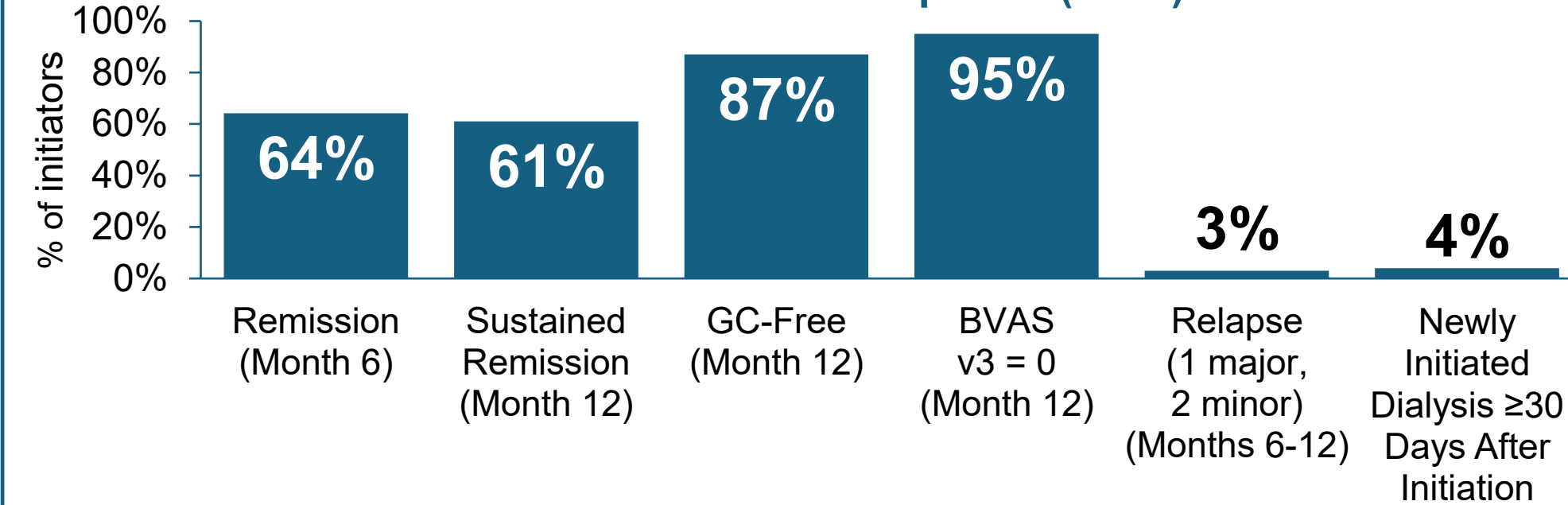


Prednisone-Equivalent Daily Dose (PEDD) at Initiation (n=103), mg, median (IQR)	40 (20, 60)
Birmingham Vasculitis Activity Score (BVAS) v3 at Initiation (n=103), median (IQR)	12 (8, 17)

Estimated Glomerular Filtration Rate (eGFR) Among Initiators with Kidney Involvement (n=58)



Outcomes at Month 12 Among Avacopan Initiators with 12-Month Follow-Up Data (n=95)

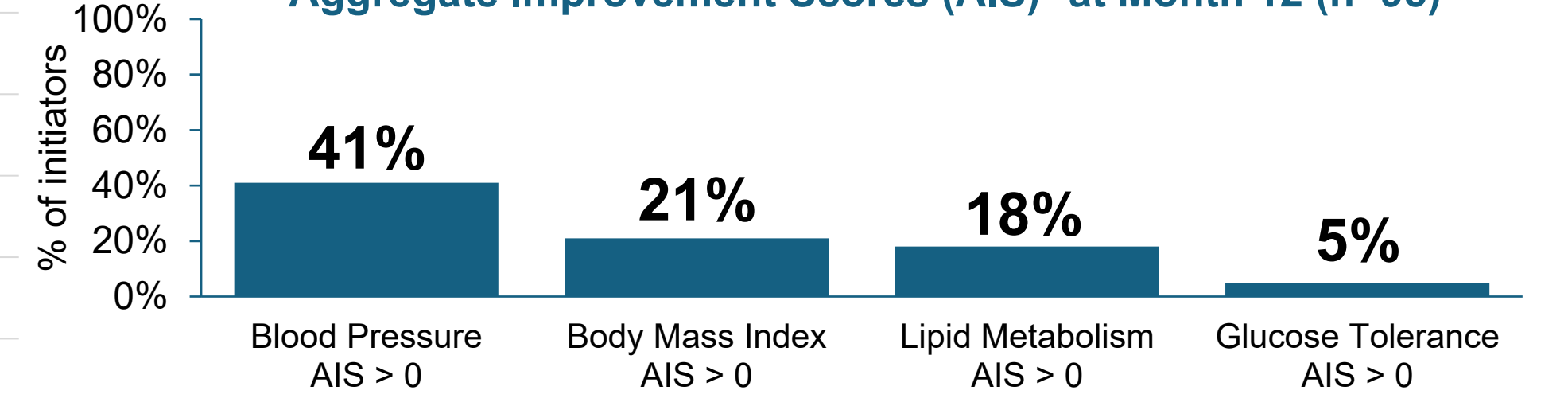


Sustained Remission (Month 12) by Baseline Organ Involvement	%
Kidney (n=54)	69%
Lung (n=32)	60%
Ear, nose, or throat (n=44)	59%

Cumulative Prednisone-Equivalent GC Exposure Between Avacopan Initiation and Month 12 (n=95), mg, median (IQR)	1,050 (280, 2,030)
Time to GC Discontinuation Among Avacopan Initiators off GCs at Month 12 (n=72), days, median (IQR)	84 (56, 175)
Time to Avacopan Discontinuation by Month 12* (n=57), days, median (IQR)	203 (140, 324)

*Among avacopan initiators who were off avacopan by month 12. Reasons for discontinuation (n=57) include: completed planned course (58%), aminotransferase elevation (5%), self-discontinued (5%), other adverse event (19%), other reason/unknown (12%)

Glucocorticoid Toxicity Index-Metabolic Domains (GTI-MD) Aggregate Improvement Scores (AIS)* at Month 12 (n=95)



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