Comment on: New therapeutics for ANCA-associated vasculitis: 10 years devoted to lessen toxicity by Rossi et al.

Sir,

We read with interest the review of Rossi et al. on ANCA-associated vasculitis (AAV) therapy, in a recent issue of Clinical and Experimental Rheumatology (1). We agree with the Authors on the need of more effective and safer treatments. The phenotypic spectrum of AAV is very large, ranging from lung granulomatosis, non-severe AAV, severe PR3-AAV, severe MPO-AAV, small-vessel vasculitis with progressive increased mortality. Severe AAV are a clinical challenge, both for remission induction and remission maintenance, especially in the setting of renal involvement leading increase of mortality risk. According to PEX-IV AS, over 25% of patients with nephritis and GFR < 50 ml/m develop End Stage Renal Disease (ESRD) (2). The RA VE and RITUXIV AS studies have highlighted the non-inferiority of rituximab towards cyclophosphamide for induction in AAV therapy. MAINRITSAN (maintenance therapy of RTX was superior to AZA even after 60 months) has shown the efficacy of the retreatment with rituximab in preventing relapse. However, the toxicity profile of rituximab and relapse rates in AAV patients remain to be assessed in the follow-up research. As in the past decades the clinical studies were finalised to finding the minimal effective doses of cyclophosphamide and glucocorticoids, the next years they could detect the best safety-efficacy profile of a multitarget AAV therapy (4).

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References