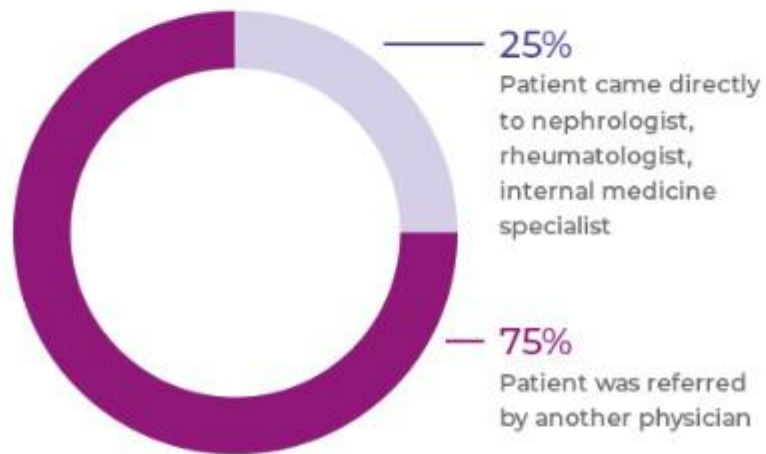


## Referral, diagnosis & follow-up

### AAV patients often experience a complex pathway of patient referral and diagnosis<sup>1\*</sup>

Most patients are referred by other physicians<sup>1</sup>



Many patients have renal disease at presentation, but general non-specific referral symptoms predominate<sup>1</sup>

Renal disease: **64%**

Fatigue: **58%**

Fever: **54%**

Weight loss: **53%**

Joint pain: **47%**

16% of patients have had their referral symptoms for over 3 months before receiving an AAV diagnosis<sup>1</sup>

Comorbidities at diagnosis are common (65% of patients)<sup>1</sup>

Hypertension: **45%**

Type 2 diabetes: **16%**

COPD/asthma: **15%**

Coronary arterial disease: **10%**

Arthritis: **9%**

Osteoporosis: **7%**

BMI >35: **6%**

Cardiac failure: **6%**

The relative rarity and non-specific presentation of AAV can lead to a delay in disease diagnosis of more than 6 months in one-third of patients.<sup>2</sup>

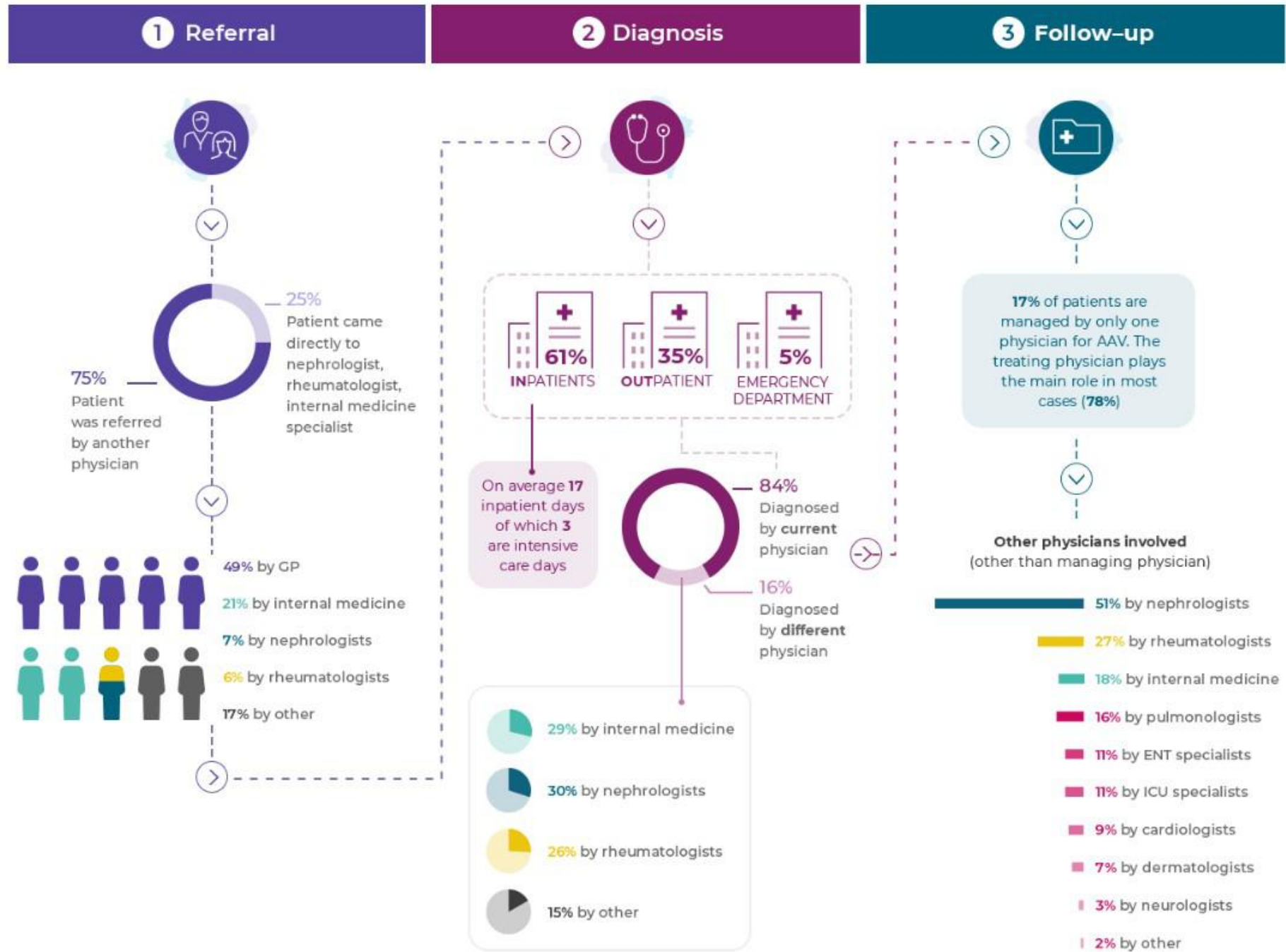
Diagnosis of AAV and differentiation into the GPA, MPA or EGPA subtype depends on the patient's clinical symptom constellation, the results of imaging studies, and laboratory investigation.<sup>2,3</sup>

Due to the linkage of anti-PR3 with GPA and anti-MPO with MPA, ANCA testing is critical for diagnosis.<sup>2-6</sup>

- Up to **20%** of GPA and MPA patients and over **60%** of EGPA patients are ANCA negative<sup>3</sup>
- A **positive ANCA** test result can be found in other conditions, e.g. autoimmune hepatitis, ulcerative colitis, infection with hepatitis C virus or HIV, or infectious endocarditis, without associated vasculitis<sup>3</sup>

An organ biopsy, usually renal, is often performed to confirm the diagnosis.

AAV patients often experience a complex pathway of patient referral and diagnosis<sup>1\*</sup>



## References & footnotes

AAV, ANCA-associated vasculitis; ANCA, anti-neutrophil cytoplasmic autoantibody; BMI, body mass index; COPD, chronic obstructive pulmonary disease; EGPA, eosinophilic granulomatosis with polyangiitis; ENT, ear nose and throat; EU, European Union; GP, general practitioner; GPA, granulomatosis with polyangiitis; HIV, human immunodeficiency virus; ICU, intensive care unit; MPA, microscopic polyangiitis; MPO, myeloperoxidase; PR3, proteinase 3

\*Retrospective study reviewing 929 incident AAV patients (GPA: 54%; MPA: 46%; mean age: 57 years; male: 53.7%) from four EU countries (399 physicians) who initiated remission induction therapy between November 2014 and February 2017 with data collected at baseline presentation, and after 1, 3, 6 and 12 months of treatment.<sup>1</sup>

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