Long-term rituximab may aid in antibody-associated vasculitis

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For patients with granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA), extended therapy with rituximab is associated with a reduced incidence of antineutrophil cytoplasmic antibody-associated vasculitis (AAV) relapse, according to a study published online June 2 in the *Annals of Internal Medicine*.

Pierre Charles, M.D., from Cochin Hospital in Paris, and colleagues examined the efficacy of prolonged rituximab therapy for preventing AAV relapses in patients with GPA or MPA who achieved complete remission with an 18-month maintenance regimen. A total of 68 patients with GPA and 29 with MPA were randomly assigned to receive either rituximab (50 patients) or placebo (47 patients) infusions every six months for 18 months.

The researchers found that at month 28, relapse-free survival estimates were 96 and 74 percent in the rituximab and placebo groups, respectively, with a hazard ratio of 7.5. At month 28, major relapse-free survival estimates were 100 versus 87 percent, respectively. At least one serious adverse event occurred in 24 and 30 percent of patients in the rituximab and placebo groups, respectively. There were no deaths in either group.

"The authors make a convincing argument that long-term rituximab should be the standard of care for antineutrophil cytoplasmic antibody-associated vasculitis," write the authors of an accompanying editorial. "However, an unanswered question is, how long should long-term treatment continue in any patient?"

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