

Prophylaxis after relapse of ANCA-associated vasculitis

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ANCA-associated vasculitis (AAV) is an autoimmune disease involving vascular inflammation and the formation of autoantibodies (anti-neutrophil cytoplasmic antibodies—ANCA). AAV diseases include a variety of conditions accompanied by the involvement of different organs. The kidneys, lungs and upper respiratory tract are most frequently affected, as are the heart, skin and nervous system. Severe, potentially life-threatening courses of disease are feared. Therapy is with immunosuppressants; conjunctive therapy with glucocorticoids and rituximab (RTX, a monoclonal anti-CD20 antibody) is frequently used for initial remission induction. Recurrent episodes of AAV are not uncommon, especially if relapses have occurred in the past. As the effect of RTX is not persistent, maintenance therapy is required.

The international, multi-center RITAZAREM study was a randomized, controlled (open label) trial of two strategies for preventing relapse in AAV patients after [remission](#) induction with RTX and glucocorticoids. The efficacy of fixed interval repeated RTX doses was compared with daily oral [azathioprine](#). If remission was achieved after four months, participants were randomized equally and received either 1000 mg of RTX (every four months, five times in total) or daily doses of azathioprine (2 mg/kg). The follow-up was at least 36 months. At four months, 170 patients were randomized (85 RTX; 85 azathioprine). All patients were followed up for at least 24 months. Median age was 59 (19-89) years, and the duration of the disease was 5.3 years (0.4-38.5). The results showed that rituximab was superior to azathioprine (preliminary HR 0.36; p

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