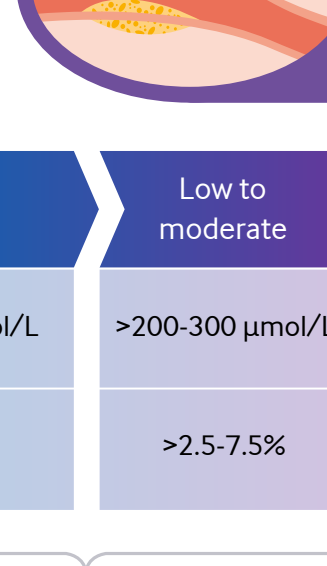


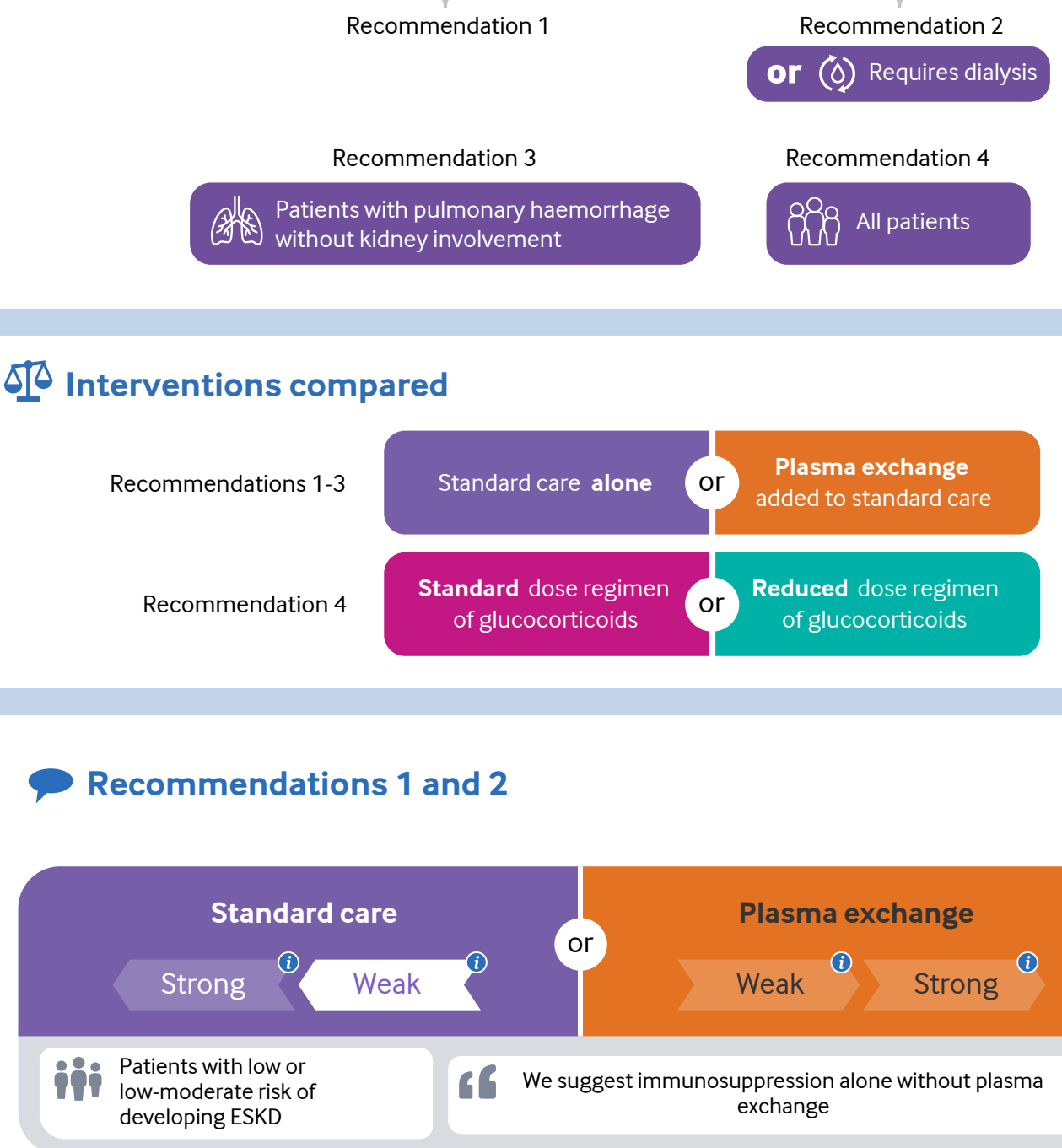
Visual summary of recommendation

Population

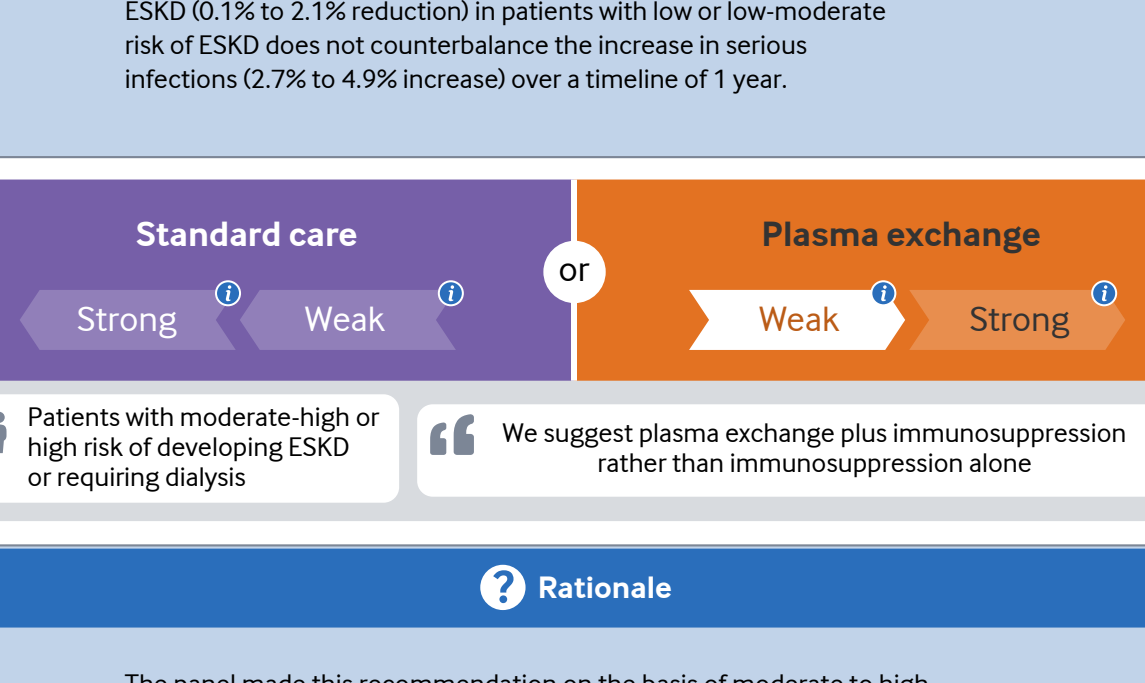
This recommendation applies only to people with these characteristics:



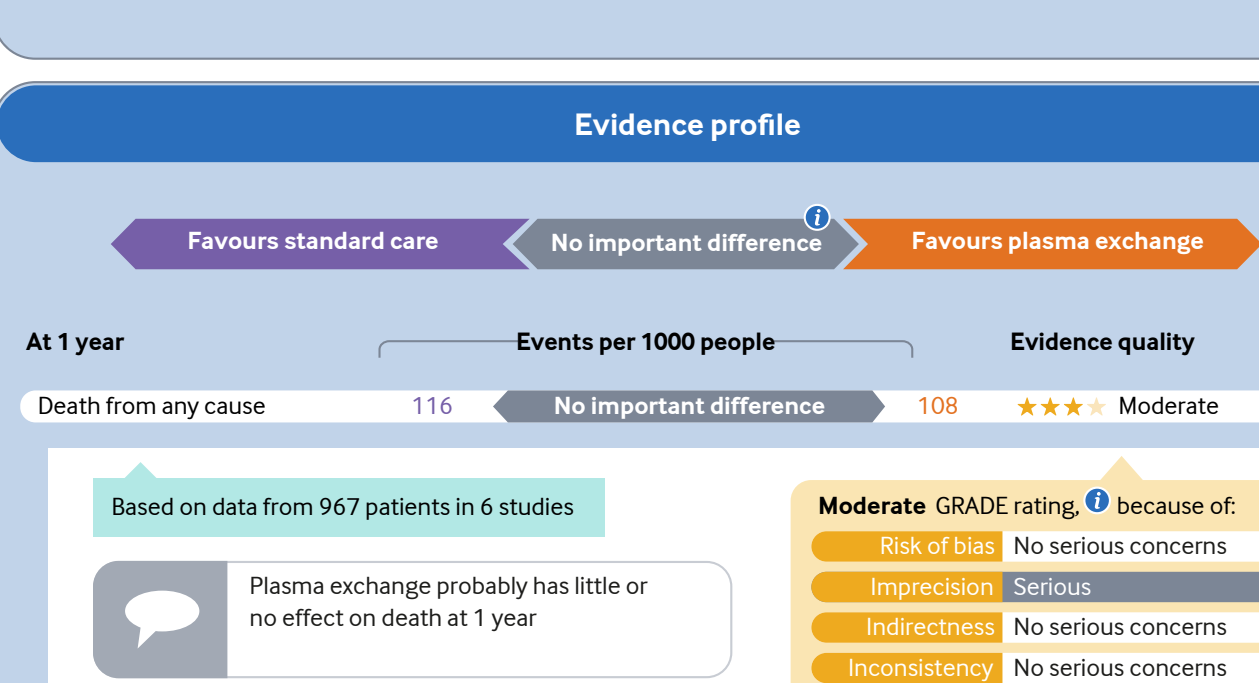
Patients with ANCA associated vasculitis (AAV)
ANCA = Antineutrophil cytoplasmic antibody



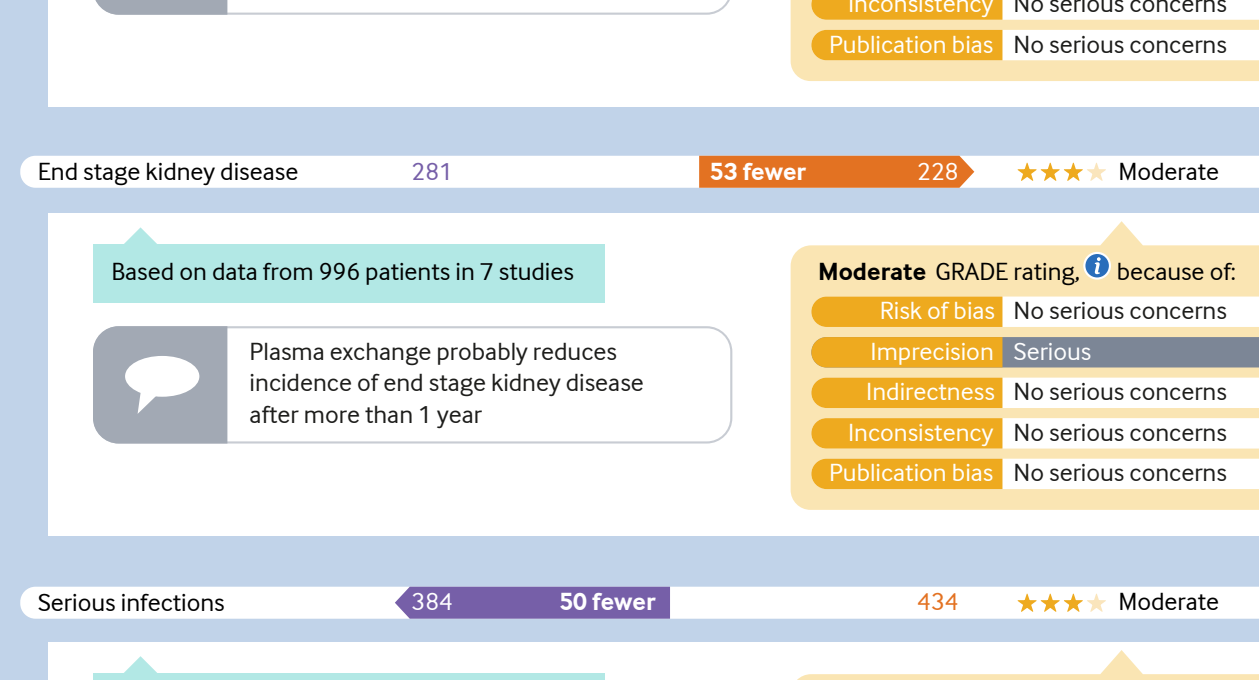
Interventions compared



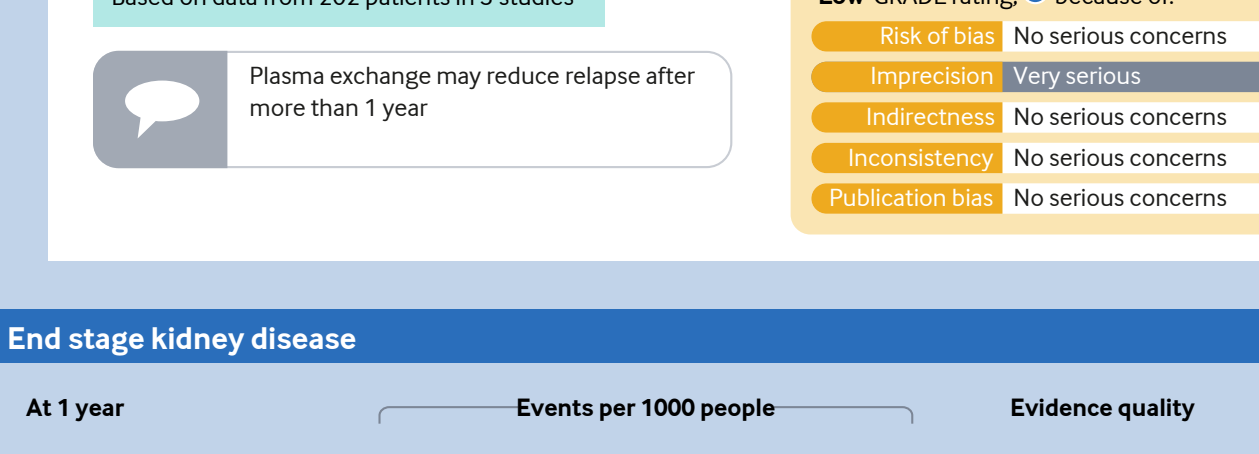
Recommendations 1 and 2



Rationale
 The panel made this recommendation on the basis that for the majority of patients, moderate to high certainty evidence of a reduction in ESKD (0.1% to 2.1% reduction) in patients with low or low-moderate risk of ESKD does not counterbalance the increase in serious infections (2.7% to 4.9% increase) over a timeline of 1 year.

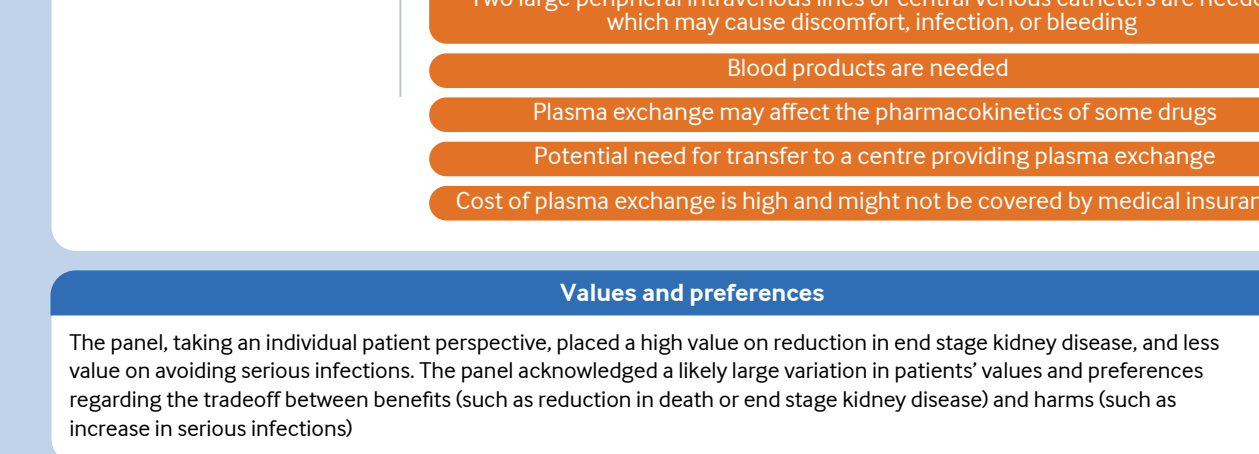
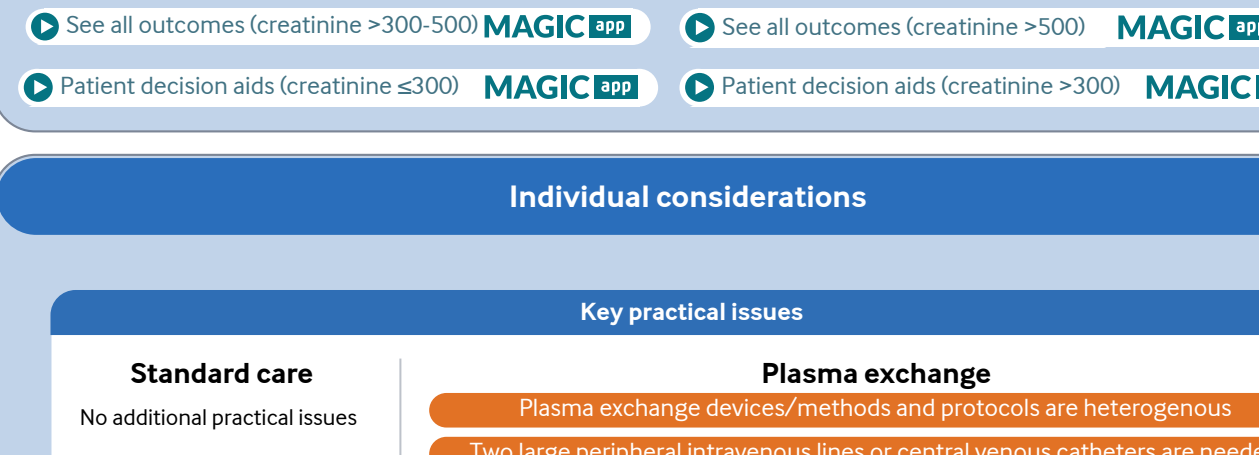
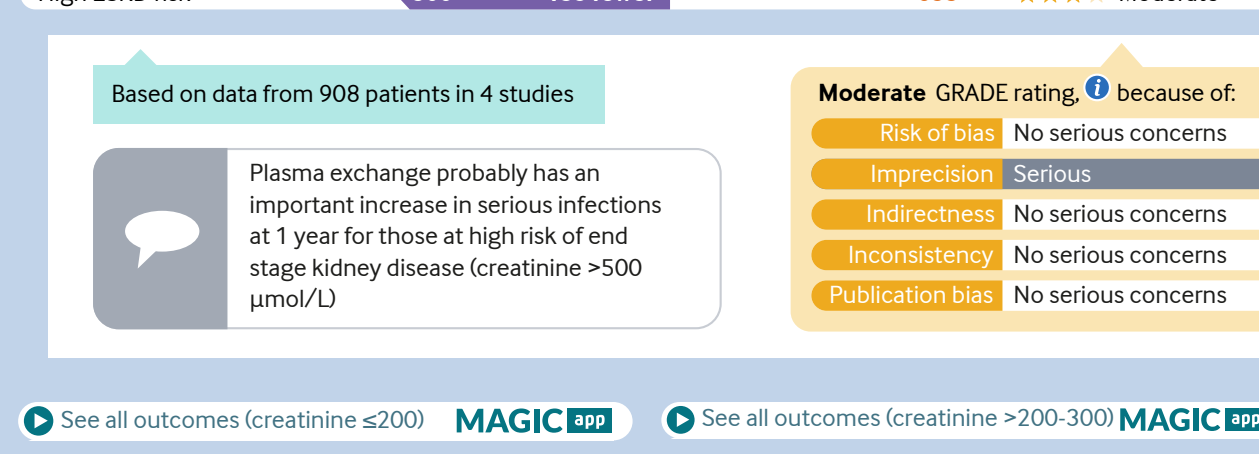
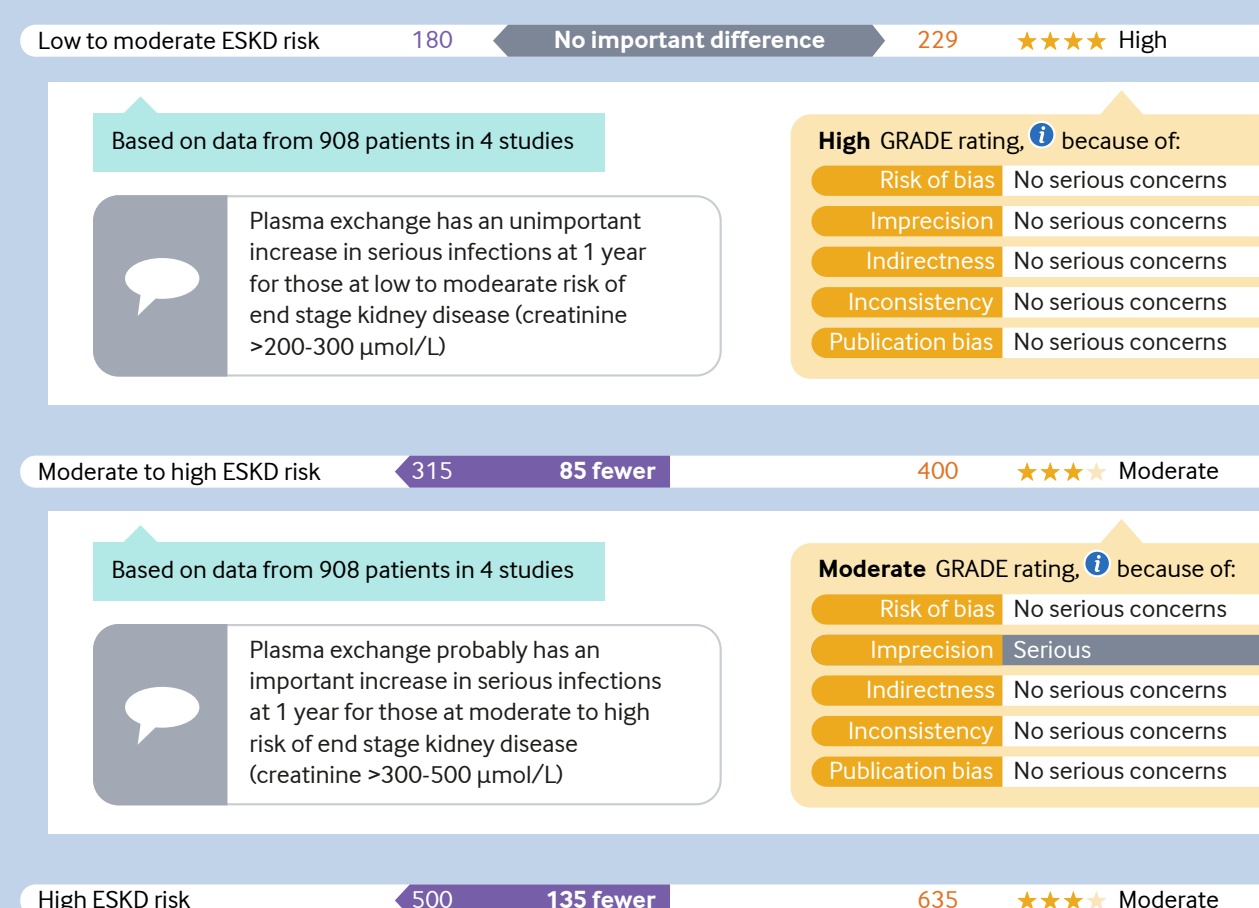


Rationale
 The panel made this recommendation on the basis of moderate to high certainty evidence of an important reduction in ESKD (4.6% to 16.0% reduction) and an important increase in serious infections (8.5% to 13.5% increase) in patients with moderate-high to high risk of ESKD or requiring dialysis. The panel considered patients would generally place a higher value on avoiding ESKD, and less value on avoiding risk of serious infections.

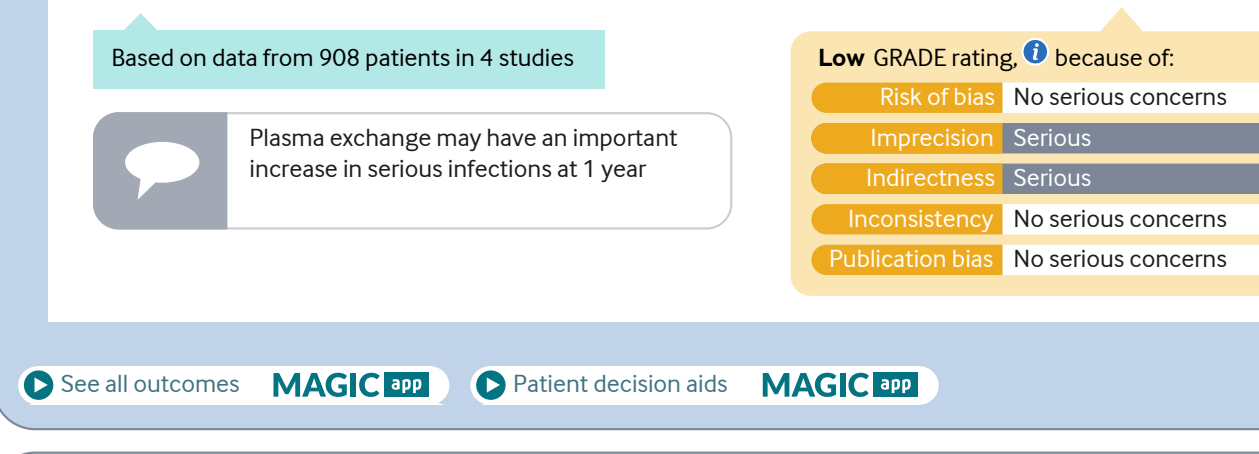
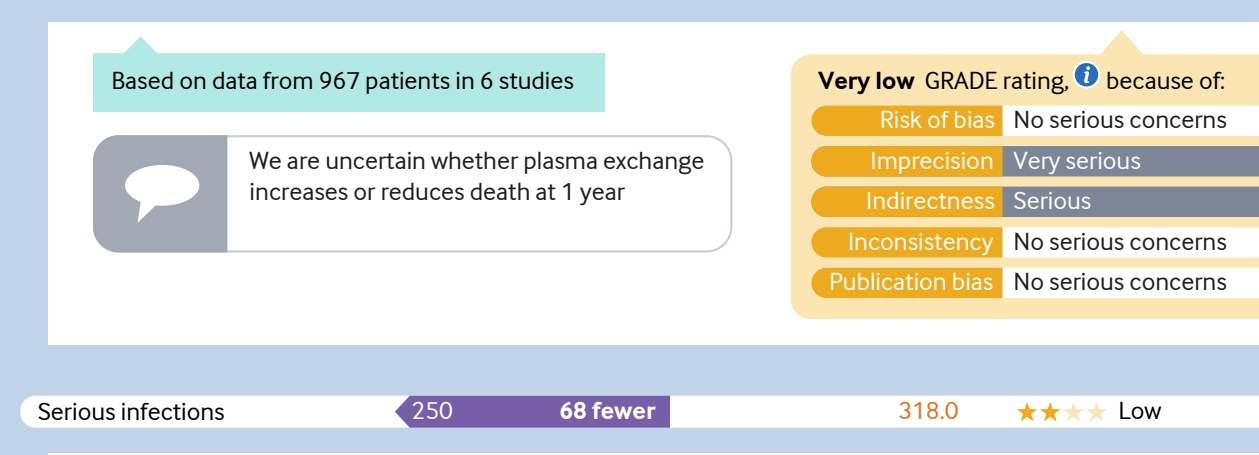
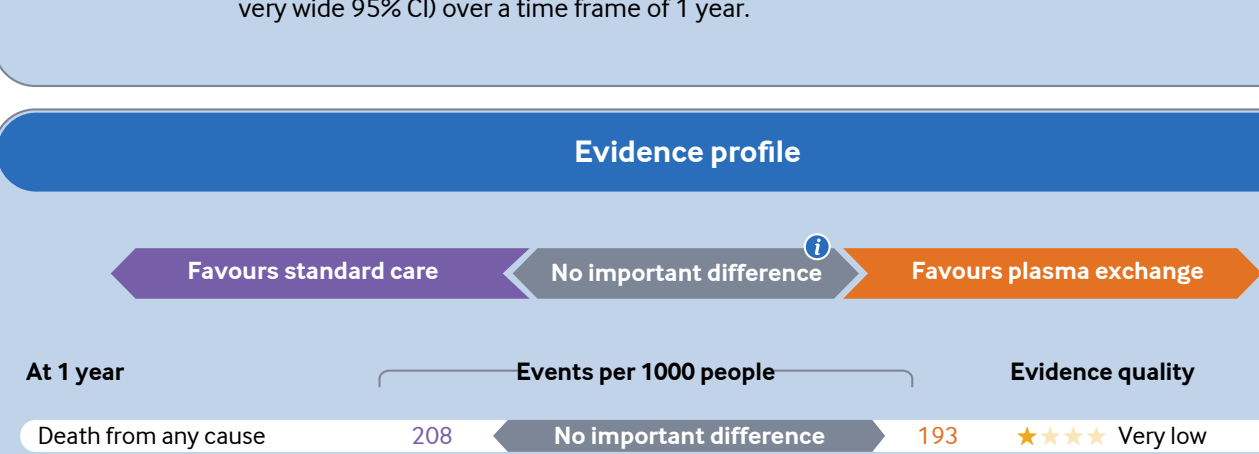
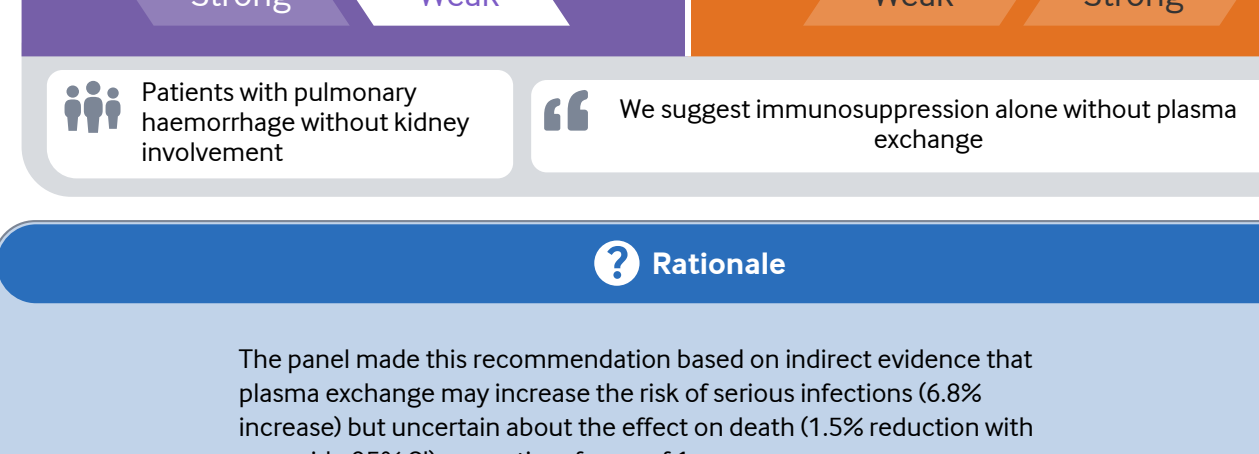


At 1 year	Events per 1000 people	Evidence quality
Death from any cause	116 No important difference 108	★ ★ ★ Moderate
Based on data from 967 patients in 6 studies	Plasma exchange probably has little or no effect on death at 1 year	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns
After more than 1 year	Events per 1000 people	Evidence quality
Death from any cause	222 No important difference 209	★ ★ ★ Moderate
Based on data from 1028 patients in 8 studies	Plasma exchange probably has little or no effect on death from any cause after more than 1 year	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns
End stage kidney disease	281 53 fewer 228	★ ★ ★ Moderate
Based on data from 996 patients in 7 studies	Plasma exchange probably reduces incidence of end stage kidney disease after more than 1 year	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns
Serious infections	384 50 fewer 434	★ ★ ★ Moderate
Based on data from 957 patients in 6 studies	Plasma exchange probably increases serious infections after more than 1 year	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns
Vasculitis relapse	263 21 fewer 242	★ ★ ★ Low
Based on data from 202 patients in 3 studies	Plasma exchange may reduce relapse after more than 1 year	Low GRADE rating because of: Risk of bias: No serious concerns Imprecision: Very serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns

End stage kidney disease



Serious infections



See all outcomes (creatinine ≤200) **MAGIC 499** | See all outcomes (creatinine >200-300) **MAGIC 499**
 See all outcomes (creatinine >300-500) **MAGIC 499** | See all outcomes (creatinine >500) **MAGIC 499**
 Patient decision aids (creatinine ≤300) **MAGIC 499** | Patient decision aids (creatinine >300) **MAGIC 499**

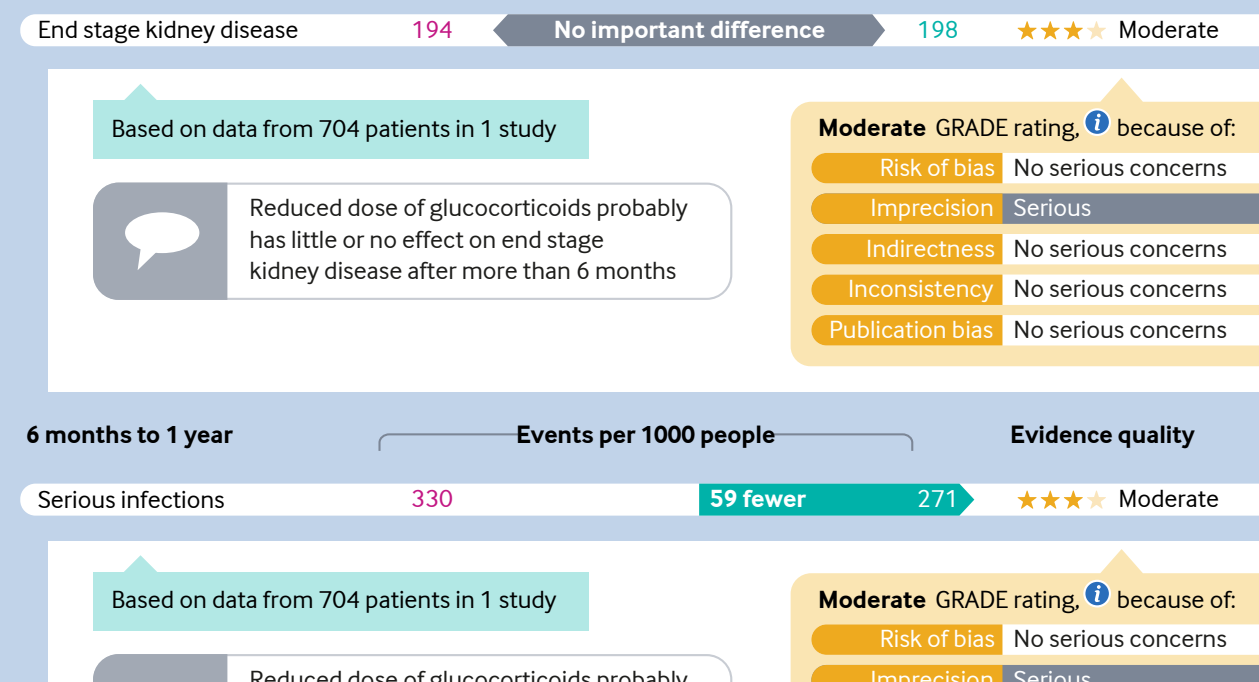
Individual considerations

Standard care: No additional practical issues.

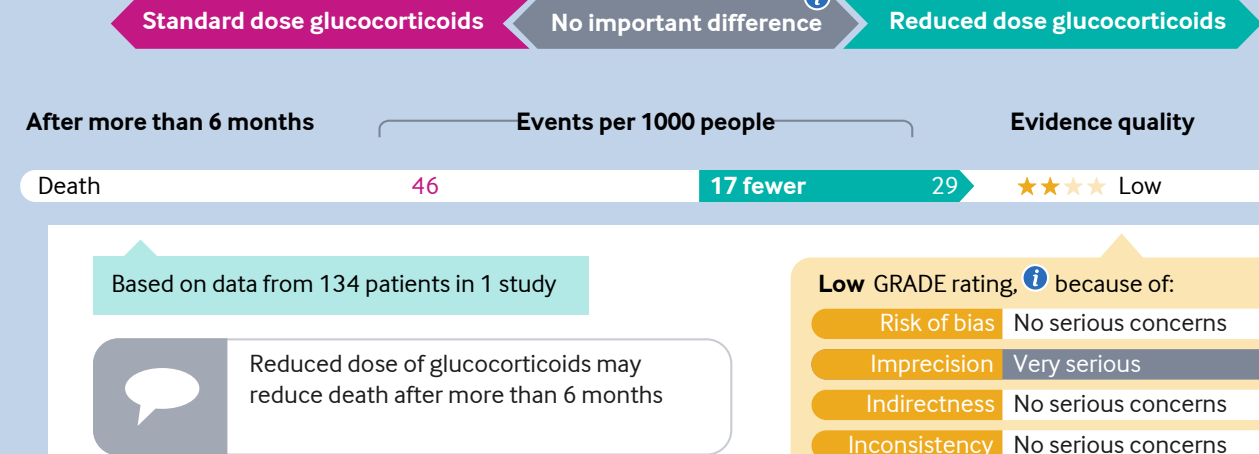
Plasma exchange:
 Plasma exchange devices/methods and protocols are heterogeneous.
 Two large peripheral intravenous lines or central venous catheters are needed, which may cause discomfort, infection, or bleeding.
 Blood products are needed.
 Plasma exchange may affect the pharmacokinetics of some drugs.
 Potential need for transfer to a centre providing plasma exchange.
 Cost of plasma exchange is high and might not be covered by medical insurance.

Values and preferences
 The panel, taking an individual patient perspective, placed a high value on reduction in end stage kidney disease, and less value on avoiding serious infections. The panel acknowledged a likely large variation in patients' values and preferences regarding the tradeoff between benefits (such as reduction in death or end stage kidney disease) and harms (such as increase in serious infections).

Recommendation 3



Rationale
 The panel made this recommendation based on indirect evidence that plasma exchange may increase the risk of serious infections (6.8% increase) but uncertain about the effect on death (1.5% reduction with very wide 95% CI) over a time frame of 1 year.



At 1 year	Events per 1000 people	Evidence quality
Death from any cause	208 No important difference 193	★ ★ ★ Very low
Based on data from 967 patients in 6 studies	We are uncertain whether plasma exchange increases or reduces death at 1 year	Very low GRADE rating because of: Risk of bias: No serious concerns Imprecision: Very serious Indirectness: Serious Inconsistency: No serious concerns Publication bias: No serious concerns
Serious infections	250 68 fewer 318.0	★ ★ ★ Low
Based on data from 908 patients in 4 studies	Plasma exchange may have an important increase in serious infections at 1 year	Low GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: Serious Inconsistency: No serious concerns Publication bias: No serious concerns

See all outcomes **MAGIC 499** | Patient decision aids **MAGIC 499**

Individual considerations

Standard care: No additional practical issues.

Plasma exchange:
 Plasma exchange devices/methods and protocols are heterogeneous.
 Two large peripheral intravenous lines or central venous catheters are needed, which may cause discomfort, infection, or bleeding.
 Blood products are needed.
 Plasma exchange may affect the pharmacokinetics of some drugs.
 Potential need for transfer to a centre providing plasma exchange.
 Cost of plasma exchange is high and might not be covered by medical insurance.

Values and preferences
 The panel, taking an individual patient perspective, placed a high value on reduction in end stage kidney disease, and less value on avoiding serious infections. The panel acknowledged a likely large variation in patients' values and preferences regarding the tradeoff between benefits (such as reduction in death or end stage kidney disease) and harms (such as increase in serious infections).

Recommendation 4



After more than 6 months	Events per 1000 people	Evidence quality
Death	151 21 fewer 130	★ ★ ★ Low
Based on data from 704 patients in 1 study	Reduced dose of glucocorticoids may reduce death after more than 6 months	Low GRADE rating because of: Risk of bias: No serious concerns Imprecision: Very serious Indirectness: Serious Inconsistency: No serious concerns Publication bias: No serious concerns
End stage kidney disease	194 No important difference 198	★ ★ ★ Moderate
Based on data from 704 patients in 1 study	Reduced dose of glucocorticoids probably has little or no effect on end stage kidney disease after more than 6 months	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns
6 months to 1 year	Events per 1000 people	Evidence quality
Serious infections	330 59 fewer 271	★ ★ ★ Moderate
Based on data from 704 patients in 1 study	Reduced dose of glucocorticoids probably reduces the risk of serious infections between 6 months and 1 year	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns

See all outcomes **MAGIC 499** | Patient decision aids **MAGIC 499**

Evidence profile - Newly diagnosed AAV



After more than 6 months	Events per 1000 people	Evidence quality
Death	46 17 fewer 29	★ ★ ★ Low
Based on data from 134 patients in 1 study	Reduced dose of glucocorticoids may reduce death after more than 6 months	Low GRADE rating because of: Risk of bias: No serious concerns Imprecision: Very serious Indirectness: Serious Inconsistency: No serious concerns Publication bias: No serious concerns
End stage kidney disease	15 No important difference 0	★ ★ ★ Moderate
Based on data from 134 patients in 1 study	Reduced dose of glucocorticoids probably has little or no effect on end stage kidney disease after more than 6 months	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns
6 months to 1 year	Events per 1000 people	Evidence quality
Serious infections	200 128 fewer 72	★ ★ ★ Moderate
Based on data from 134 patients in 1 study	Reduced dose of glucocorticoids probably reduces the risk of serious infections between 6 months and 1 year	Moderate GRADE rating because of: Risk of bias: No serious concerns Imprecision: Serious Indirectness: No serious concerns Inconsistency: No serious concerns Publication bias: No serious concerns

See all outcomes **MAGIC 499** | Patient decision aids **MAGIC 499**

Individual considerations

Key practical issues

Standard dose glucocorticoids: Patients intolerant of oral glucocorticoids or for whom oral glucocorticoids are contraindicated could be given an equivalent daily IV dose.
 Adverse events of glucocorticoids include impaired fasting glucose, loss of bone mineral density, fractures, weight gain, and mood changes.

Reduced dose glucocorticoids: Variable dose regimen.

Values and preferences
 The panel, taking an individual patient perspective, placed a high value on reduction in end stage kidney disease, and less value on avoiding serious infections. The panel acknowledged a likely large variation in patients' values and preferences regarding the tradeoff between benefits (such as reduction in death or end stage kidney disease) and harms (such as increase in serious infections).