
Kidney Disease: Improving Global Outcomes (KDIGO) ANCA Vasculitis Work Group

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The KDIGO Clinical Practice Guideline for the Management of ANCA-Associated Vasculitis Work Group has issued amendments to guideline Figures 6–8 and 13 and Practice Points 9.3.1.9 and 9.3.3.1. The revised figures and text passages, along with a brief summary of the accompanying changes, are presented below. The article has been corrected online to reflect these corrections.

The Work Group has streamlined the treatment algorithm (Figure 6, pages S85 and S97) and cross-referenced Practice Point 9.3.1.9 in the caption as to when plasma exchange can be considered:
For clarity, a previous statement in the Cyclophosphamide preferred column of Figure 7 (pages S86 and S98) suggesting a combination regimen consisting of rituximab and 2 intravenous pulses of cyclophosphamide has been moved to the caption as a footnote.

Figure 6 | Practical treatment regimen for AAV. *Please see Practice Point 9.3.1.9 for details. AAV, ANCA-associated vasculitis; ANCA, antineutrophil cytoplasmic antibody.
The text accompanying the 3rd and 4th bullets in the Intravenous cyclophosphamide column and the entire listing in the Oral cyclophosphamide column of Figure 8 (pages S86 and S98) have been reworded for added clarifications.

For Figure 13 (pages S88 and S103), for the sake of clarity, parentheses were added to define the level of low baseline IgG.

A small change to the Practice Point 9.3.1.9 (pages S87 and S99) has been implemented as underlined below:

Practice Point 9.3.1.9: Consider plasma exchange for patients with SCr >3.4 mg/dl (>300 mmol/l), patients requiring dialysis or with rapidly increasing SCr, and patients with diffuse alveolar hemorrhage who have hypoxemia.

has been revised to:

Practice Point 9.3.1.9: Consider plasma exchange for patients with SCr >3.4 mg/dl (>300 mmol/l), patients requiring dialysis or with rapidly increasing SCr, or patients with diffuse alveolar hemorrhage who have hypoxemia.
The underlined phrase “(life- or organ-threatening)” is now removed for Practice Point 9.3.3.1 (pages S89 and S103) as it imparts no added information value:

Practice Point 9.3.3.1: Patients with relapsing disease (life- or organ-threatening) should be reinduced (Recommendation 9.3.1.1.), preferably with rituximab.

has been revised to:

Practice Point 9.3.3.1: Patients with relapsing disease should be reinduced (Recommendation 9.3.1.1.), preferably with rituximab.

The authors would like to apologize for any inconvenience caused.