Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
KSN 2026 SEOUL, KOREA
The 46th Annual Meeting of the Korean Society of Nephrology
THE KOREAN SOCIETY OF NEPHROLOGY
Jun 11 (Thu) – 14 (Sun), 2026
COEX, Seoul, Korea

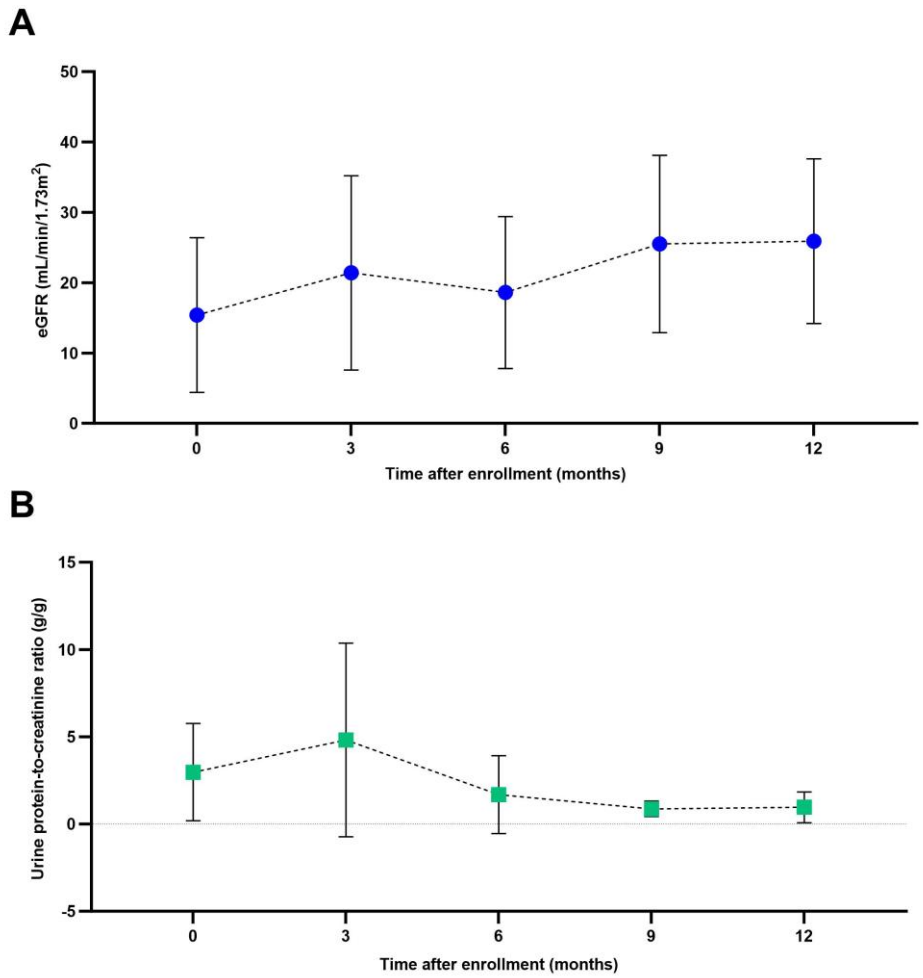
Abstract Type : Poster exhibition
Abstract Submission No.: A-0430
Abstract Topic : Glomerular and Tubulointerstitial Disorders

Efficacy and Safety of Avacopan in Antineutrophil Cytoplasmic Autoantibody-Associated Glomerulonephritis: Multicenter Cohort Study in Korea

Sungmi Kim[1], Semin Cho[2], Se Won Oh[3], Jwa-Kyung Kim[4], Jung-ho Shin[5], Dong Ki Kim[6], Seung Hyeok Han[6], Hyunjin Noh[9], Ho Jun Chin[7], Tae Hyun Ban Ban[1]
[1]Department of Internal Medicine-Nephrology, The Catholic University of Korea Eunpyeong St. Mary's Hospital, Korea, Republic of
[2]Department of Internal Medicine-Nephrology, Chung-Ang University Gwangmyeong Hospital, Korea, Republic of
[3]Department of Internal Medicine-Nephrology, Korea University Anam Hospita, Korea, Republic of
[4]Department of Internal Medicine-Nephrology, Hallym University Sacred Heart Hospital, Korea, Republic of
[5]Department of Internal Medicine-Nephrology, Chung-Ang University Hospital, Korea, Republic of
[6]Department of Internal Medicine-Nephrology, Seoul National University Hospital, Korea, Republic of
[7]Department of Internal Medicine-Nephrology, Severance Hospital, Korea, Republic of
[8]Department of Internal Medicine-Nephrology, Soonchunhyang University Seoul Hospital, Korea, Republic of
[9]Department of Internal Medicine-Nephrology, Seoul National University Bundang Hospital, Korea, Republic of

Objectives : Antineutrophil cytoplasmic autoantibody (ANCA)-associated glomerulonephritis (GN) responds rapidly to conventional immunosuppressive therapy but is frequently accompanied by treatment-related morbidities. Avacopan, a selective C5a receptor inhibitor, has emerged as a treatment option for immune-mediated GN involving the alternative complement pathway. This study aims to evaluate the efficacy and safety of avacopan in the Korean cohort with ACNA-GN.
Methods : This multicenter cohort study included 12 patients with biopsy-proven ACNA-GN who received avacopan between 2024 and 2025. Primary outcomes were temporal changes in estimated glomerular filtration rate (eGFR) and proteinuria during the first year, and dialysis dependency.
Results : The median duration of avacopan use was 334 days (interquartile range (IQR) 224–475). The mean eGFR level was 18.6 ± 10.8 ml/min/1.73m^2 and the mean urine protein-to-creatinine ratio (UPCR) was 2.9 ± 3.1 g/g. The mean percentage of global glomerulosclerosis was 20.9%. Three and two patients belonged to the sclerotic and focal classes of the Berden classification, respectively. The changes in eGFR from baseline to 26 and 52 weeks were 9.7 ± 10.2 and 12.4 ± 9.4 ml/min/1.73m^2, respectively. The changes in UPCR from baseline at 26 and 52 weeks were -1.9 ± 3.0 and -2.5 ± 3.2 g/g, respectively. A total of 5 patients initiated kidney replacement therapy (KRT), but 2 discontinued it within 3 months of initiation. The median duration of glucocorticoid use was 103 days (IQR 68–394), and 7 patients discontinued glucocorticoid within 3 months of initiation. Two patients experienced adverse effects of elevated liver enzyme levels related to avacopan, but these did not lead to the discontinuation of avacopan.
Conclusions : This study highlights that favorable kidney outcomes were achieved with avacopan in the treatment of ANCA-GN, without the development of fatal adverse effects. Kidney function improved consistently throughout the treatment despite the early glucocorticoid withdrawal.

KSN_2026.jpg


A
eGFR (mL/min/1.73m²)
50
40
30
20
10
0
0
3
6
9
12
Time after enrollment (months)
B
Urine protein-to-creatinine ratio (g/g)
15
10
5
0
-5
0
3
6
9
12
Time after enrollment (months)