Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Korea's Experience of Avacopan Treatment

Sungmi Kim
The Catholic University of Korea Eunpyeong St. Mary's Hospital, Republic of Korea

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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-associated GN. This multicenter cohort study included 26 patients with biopsy-proven ACNA-associated GN who initiated avacopan between 2024 and 2025. Outcomes included temporal changes in estimated glomerular filtration rate (eGFR) and proteinuria, and kidney failure at 1 year following diagnosis. The median duration of avacopan use was 526 days (interquartile range (IQR) 365–629). The mean eGFR level was 17.5 ± 11.7 ml/min/1.73m^2, and the mean urine protein-to-creatinine ratio (UPCR) was 2.9 ± 2.3 g/g. The median percentage of global glomerulosclerosis was 25%. Six and five patients belonged to the sclerotic and focal classes of the Berden classification, respectively. The changes in eGFR from baseline to 26 weeks and 52 weeks were 7.9 and 12.4 ml/min/1.73m^2, respectively. UPCR decreased by 58% at 26 weeks and 70% at 52 weeks from baseline. A total of 10 patients progressed to kidney failure, including 6 patients who maintained kidney replacement therapy. Among 9 patients who initiated kidney replacement therapy (KRT) during the treatment, only 2 patients discontinued KRT within 3 months of its initiation. The median duration of glucocorticoid use was 128 days (IQR 73–505), and 10 (38%) patients discontinued glucocorticoid use within 3 months of initiation. Four patients experienced hepatitis, but elevated liver enzyme levels normalized despite continuing to take avacopan, indicating possible relation to avacopan. This study highlights that favorable kidney outcomes were achieved with avacopan in patients with ANCA-associated GN and moderately decreased kidney function. With avacopan, glucocorticoid withdrawal is

possible without the development of fatal adverse effects.

Keywords: Antineutrophil cytoplasmic autoantibody-associated glomerulonephritis, avacopan, efficacy, safety, glucocorticoid

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