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Changing the management of systemic vasculitis: the era of targeted therapies

Promjene u terapijskom pristupu sistemskim vaskulitisima: era ciljanih terapija

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Systemic vasculitides have traditionally been treated with glucocorticoids and broad immunosuppressive agents. Although these strategies have markedly improved survival, disease relapse, cumulative organ damage and treatment-related toxicity remain major challenges. Over the last decade, increasing knowledge of disease pathogenesis has progressively shifted treatment towards targeted therapies, with glucocorticoid minimisation and prevention of damage becoming increasingly important therapeutic goals.

In granulomatosis with polyangiitis and microscopic polyangiitis, B-cell depletion with rituximab has become a cornerstone of both remission induction and maintenance, while C5a receptor inhibition with avacopan has introduced a pathway-specific approach capable of reducing glucocorticoid exposure. In eosinophilic granulomatosis with polyangiitis (EGPA), targeting the IL-5/eosinophil axis with mepolizumab and benralizumab has substantially expanded therapeutic options. Real-world experience supports the effectiveness of these strategies, with high rates of glucocorticoid-free disease control during follow-up and a marked reduction in oral glucocorticoid use. Additional type 2 inflammatory pathways may represent relevant targets in selected phenotypes, as suggested by preliminary experience with dupilumab in EGPA patients with refractory chronic rhinosinusitis with nasal polyps, although careful monitoring of eosinophilia remains necessary.

A similar evolution is occurring in large-vessel vasculitis. IL-6 receptor blockade has become an established glucocorticoid-sparing strategy in giant cell arteritis, while emerging approaches targeting other inflammatory pathways, including IL-17 or JAK-STAT, may further broaden future treatment options.

Taken together, these advances are reshaping the management of systemic vasculitis from a predominantly diagnosis-based and glucocorticoid-centred approach towards more individualized treatment. Disease phenotype, predominant pathogenic pathway, organ involvement, relapse risk, comorbidities and cumulative treatment toxicity increasingly contribute to therapeutic decisions. The major challenge for the coming years will be to translate the growing availability of targeted agents into rational treatment sequencing and genuinely personalized strategies aimed not only at inducing remission, but also at maintaining disease control with minimal glucocorticoid exposure and long-term damage.

Ključne riječi: sistemski vaskulitis, ciljane terapije, biološka terapija, ANCA-asocirani vaskulitis, gigantocelularni arteritis

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