Supplementary methods

A total of 11 patients received avacopan during the study period (Toulouse n=8, Bordeaux n=3) owing to an early-access program developed by Vifor Pharma and authorised by the French Authority for Health. The BVAS score was calculated as previously reported to allow comparison with the ADVOCATE study[16]. The Vasculitis Damage Index was calculated as recommended[17]. Remission was defined by a BVAS of 0. The estimated glomerular filtration rate (eGFR) was calculated using the CKD-EPI formula. Urinary levels of sCD163 were assessed using ELISA (R&D Systems, DuoSet, DY1607) after urine centrifugation and 1:4 dilution. Urinary creatinine measurement was performed on a ABX Pentra 400 analyser. usCD163 was given as a ratio to urine creatinine.

Ethical considerations: All patients gave informed consent to inclusion in the Nephrogene cohort, which was approved by the French national ethical review board (agreement number DC-2011-1388). The study was conducted according to the Declaration of Helsinki, as revised in 2004.

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Supplementary figure 1. Kinetics of urinary soluble CD163 (usCD163) concentration in 6 patients with ANCA-associated vasculitis who received avacopan.
sCD163 concentration in urine, normalized to urinary creatinine.