Item S1. Patient Survey

Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

A Patient Survey

Thank you for considering taking part in this survey. The survey is focused on finding out how patients with vasculitis feel about the treatments they may be offered.

OPTIONS Vasculitis is being organized by researchers and patients from Canada, Switzerland, the United Kingdom, and the United States. We are trying to understand how patients with ANCA associated vasculitis (sometimes called granulomatosis with polyangiitis [GPA], Wegener's granulomatosis, or microscopic polyangiitis [MPA]) make decisions about treatments they might be offered.

Patients from around the world with vasculitis and patients with other kidney diseases are participating in OPTIONS Vasculitis. OPTIONS Vasculitis can only be completed online. Participating in OPTIONS Vasculitis is completely voluntary.

If you are eligible and agree to complete this survey, you will first answer a few questions about yourself and your past medical treatment.

In the next part of the survey, you will be asked to imagine that you have just been diagnosed with ANCA associated vasculitis and that your doctor is explaining the potential harms and benefits of a treatment called plasma exchange. After the explanation, you will decide whether you would choose plasma exchange or not.

After you answer, you will be given the same imaginary scenario but with the harms and benefits changed slightly. You will then, once again, be asked whether you would choose plasma exchange or not again.

There are five imaginary scenarios in total.

The survey takes about 15 minutes to complete.

Your answers will be used anonymously to help researchers and health care providers understand how patients make choices about treatments. No one will be able to identify you from your answers. Because the survey is anonymous, once you submit your answers, we cannot change or remove them. By completing this survey, your consent to participate is implied.

Only the study researchers have access to the data on SurveyMonkey, a platform which has high standards for security. Data is encrypted in transit and will not be disclosed to any third parties. All personal health information is confidential and private.

OPTIONS Vasculitis was reviewed and approved by the Hamilton Integrated Research Ethics Board, REB #2170. If you have any questions about the survey, you can email us at optionsvasculitis@gmail.com or call 204-632-3664.

Sincerely,

Dr. David Collister, Mark Farrar, Lesha Farrar, Paul Brown, Michelle Booth, Tracy Firth, Dr. Alfred Mahr, Dr. Mark Little, Dr. Reem Mustafa, Dr. Lynn Fussner, Dr. Alexa Meara, Dr. Gordon Guyatt, Dr. David Jayne, Dr. Peter Merkel, Dr. Michael Walsh

* 1. I am interested in participating in this study.

- Yes
- No

* 2. I understand and agree that my answers will be used anonymously for research purposes only.

- Yes
- No

Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

A Patient Survey

* 3. You may only participate in OPTIONS Vasculitis once. Is this the first time that you are completing the survey?

- Yes
- No

Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

PART 1: PARTICIPANT DEMOGRAPHICS AND DISEASE EXPERIENCES

* 4. How old are you?

18 100

* 5. What best describes you?

- Male
- Female
- Other
- Prefer not to say

* 6. What country do you live in?

- Canada
- United States
- United Kingdom
- Other (please specify)

Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

PART 1: PARTICIPANT DEMOGRAPHICS AND DISEASE EXPERIENCES

* 7. I have the following type of vasculitis (choose the diagnosis closest to yours):

- ANCA associated vasculitis
- Granulomatosis with polyangiitis (also called GPA or Wegener's granulomatosis)
- Microscopic polyangitis (also called MPA)
- Eosinophilic granulomatosis with polyangiitis (also called EGPA or Churg Strauss syndrome)
- I am not certain what my vasculitis is called
- I do not have vasculitis
- Other vasculitis (please specify)

Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

PART 1: PARTICIPANT DEMOGRAPHICS AND DISEASE EXPERIENCES

* 8. Has your vasculitis ever involved your kidneys?

- Yes
- No
- I don't know

* 9. Have you ever been on dialysis because of your vasculitis?

- Yes
- No

Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

PART 1: PARTICIPANT DEMOGRAPHICS AND DISEASE EXPERIENCES

* 10. Do you currently receive dialysis or have a kidney transplant?

- Yes
- No

* 11. Have you ever received plasma exchange? (sometimes also called PLEX, apheresis, pheresis, plasmapheresis or therapeutic plasma exchange)

- Yes
- No
- I don't know

* 12. Have you ever had an infection that required intravenous antibiotics?

- Yes
- No
- I don't know

* 13. Have you ever had an infection that required a hospitalization?

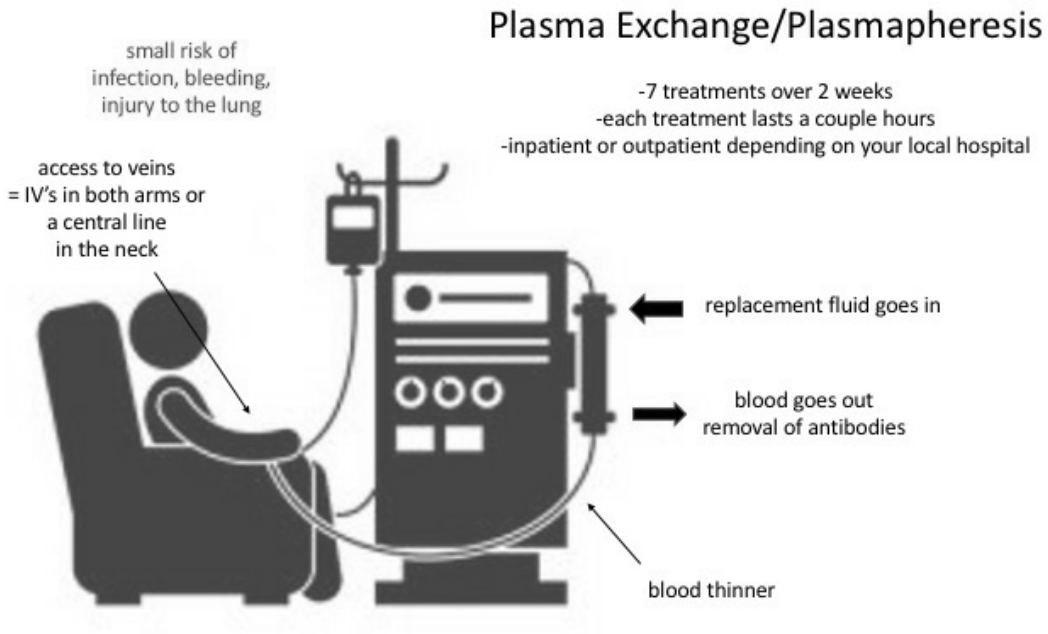
- Yes
- No
- I don't know

PART 2: VALUES AND PREFERENCES REGARDING PLASMA EXCHANGE

Imagine you have been recently diagnosed with ANCA associated vasculitis. Your doctor explains that the disease is caused by your immune system attacking your own body and the attack causes inflammation that damages your organs. Your doctor says you should be treated with an immune suppressing drug and anti-inflammatory steroids and that most patients do well with this combination of treatments.

An additional treatment called plasma exchange is also available. Plasma exchange is a procedure that uses a machine to remove antibodies from your blood that might be contributing to your vasculitis. The machine replaces your plasma with a replacement fluid that does not have antibodies. You will get 7 treatments with the machine over the next 2 weeks.

Additional information regarding plasma exchange is shown in the picture below.



Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, but **no plasma exchange**, within 1 year:

2 will go on to develop kidney failure requiring permanent dialysis
9 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

1 will go on to develop kidney failure requiring permanent dialysis (that is 1 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 1 patient from needing dialysis for the rest of her or his life)

11 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 2 more patients will suffer a serious infection; in other words plasma exchange will cause 2 people in 100 to have an serious infection that they would not have had without the plasma exchange)

For more information about what life on dialysis is like, please visit:
https://www.nhs.uk/conditions/dialysis/
In particular, see the section on side effects (https://www.nhs.uk/conditions/dialysis/side-effects/) so you can consider the potential consequences of being on dialysis versus the potential harms of plasma exchange.

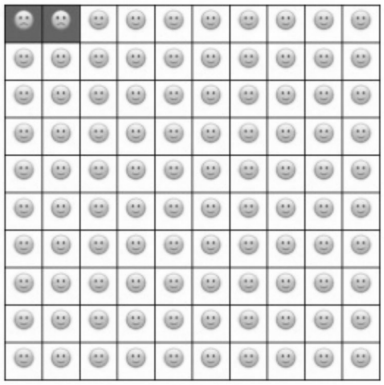
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

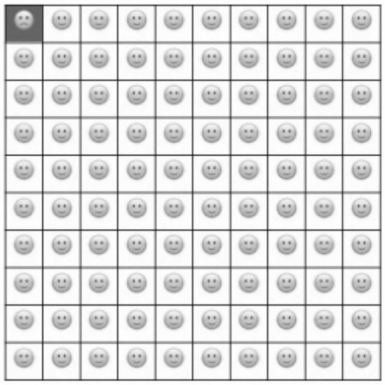
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
2/100

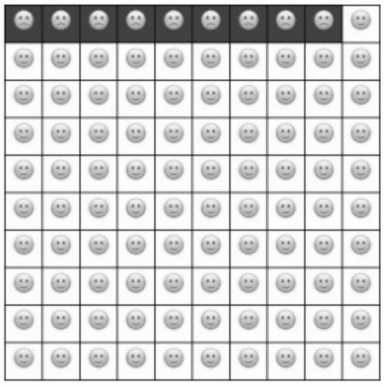


Plasma exchange
Chance of kidney failure over 1 year
1/100

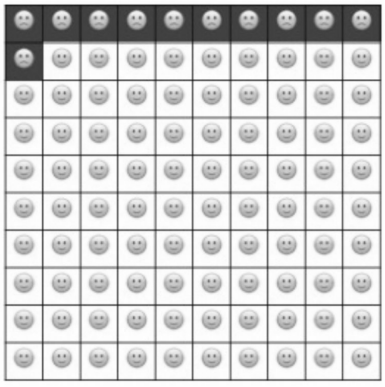


1 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection
over 1 year
9/100



Plasma exchange
Chance of serious infection
over 1 year
11/100



an additional 2 in 100 patients will experience a serious infection with plasma exchange

* 14. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

8 will go on to develop kidney failure requiring permanent dialysis
18 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

5 will go on to develop kidney failure requiring permanent dialysis (that is 3 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 3 patients from needing dialysis for the rest of her or his life)

23 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 5 more patients will suffer a serious infection; in other words plasma exchange will cause 5 people in 100 to have an serious infection that they would not have had without the plasma exchange)

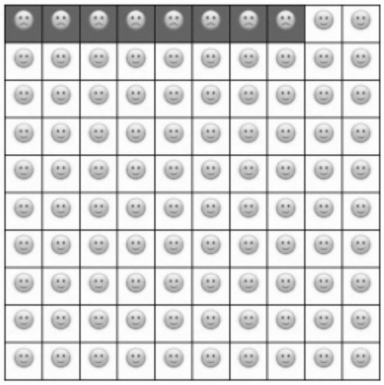
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

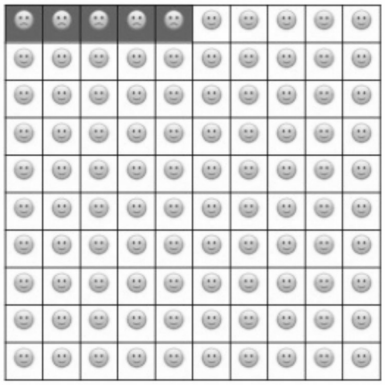
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
8/100

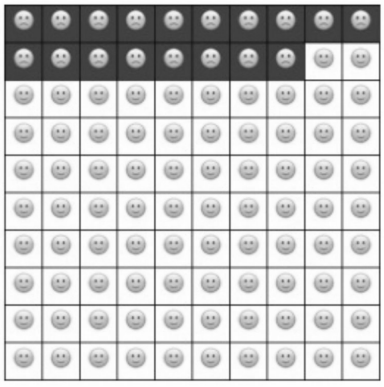


Plasma exchange
Chance of kidney failure over 1 year
5/100

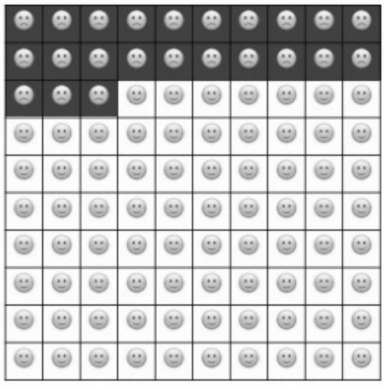


3 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
18/100



Plasma exchange
Chance of serious infection over 1 year
23/100



an additional 5 in 100 patients will experience a serious infection with plasma exchange

* 15. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

15 will go on to develop kidney failure requiring permanent dialysis
27 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

9 will go on to develop kidney failure requiring permanent dialysis (that is 6 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 6 patients from needing dialysis for the rest of her or his life)

34 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 7 more patients will suffer a serious infection; in other words plasma exchange will cause 7 people in 100 to have an serious infection that they would not have had without the plasma exchange)

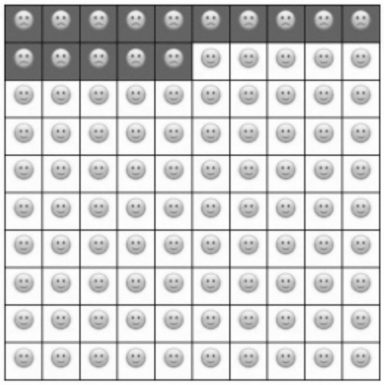
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

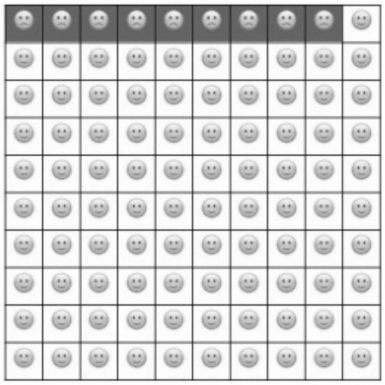
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
15/100

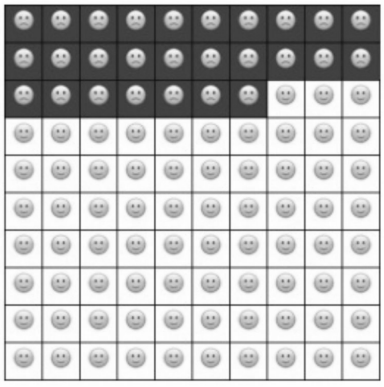


Plasma exchange
Chance of kidney failure over 1 year
9/100

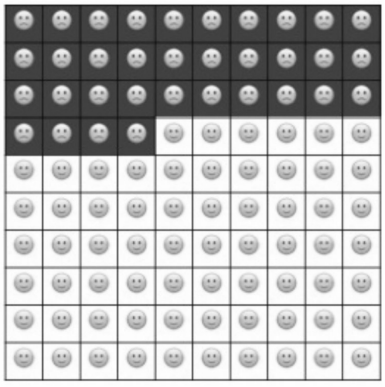


6 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
27/100



Plasma exchange
Chance of serious infection over 1 year
34/100



an additional 7 in 100 patients will experience a serious infection with plasma exchange

* 16. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

28 will go on to develop kidney failure requiring permanent dialysis
36 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

17 will go on to develop kidney failure requiring permanent dialysis (that is 11 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 11 patients from needing dialysis for the rest of her or his life)

46 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 12 more patients will suffer a serious infection; in other words plasma exchange will cause 12 people in 100 to have an serious infection that they would not have had without the plasma exchange)

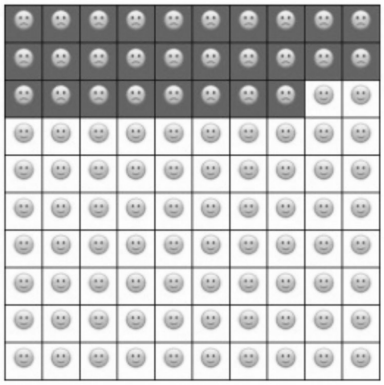
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

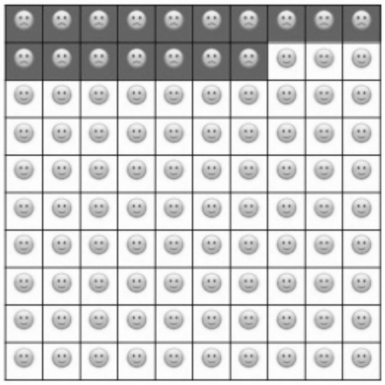
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
28/100

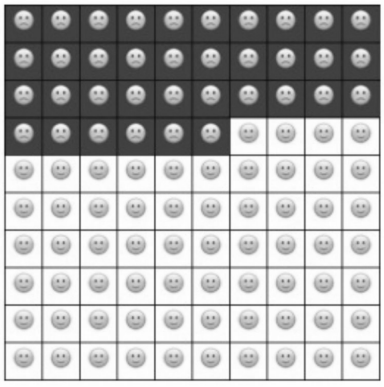


Plasma exchange
Chance of kidney failure over 1 year
17/100

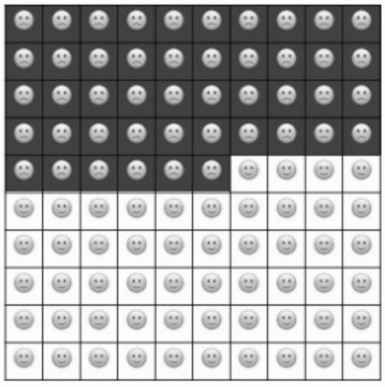


11 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
36/100



Plasma exchange
Chance of serious infection over 1 year
46/100



an additional 10 in 100 patients will experience a serious infection with plasma exchange

* 17. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

40 will go on to develop kidney failure requiring permanent dialysis
50 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

25 will go on to develop kidney failure requiring permanent dialysis (that is 15 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 15 patients from needing dialysis for the rest of her or his life)

64 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 14 more patients will suffer a serious infection; in other words plasma exchange will cause 14 people in 100 to have an serious infection that they would not have had without the plasma exchange)

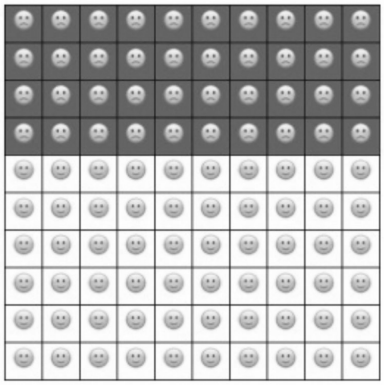
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

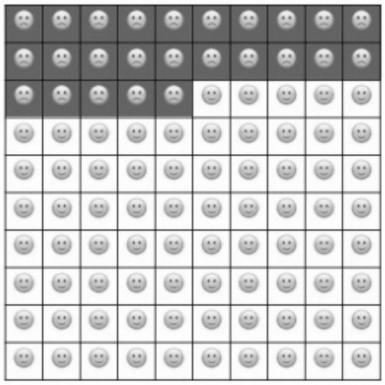
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
40/100

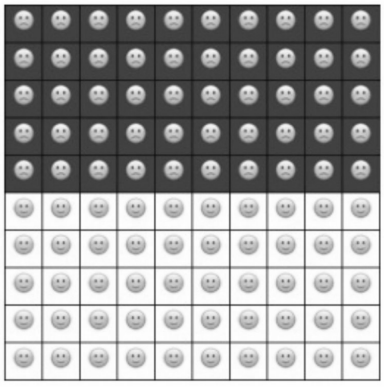


Plasma exchange
Chance of kidney failure over 1 year
25/100

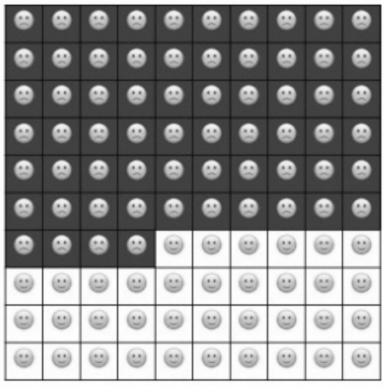


15 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
50/100



Plasma exchange
Chance of serious infection over 1 year
64/100



an additional 14 in 100 patients will experience a serious infection with plasma exchange

* 18. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

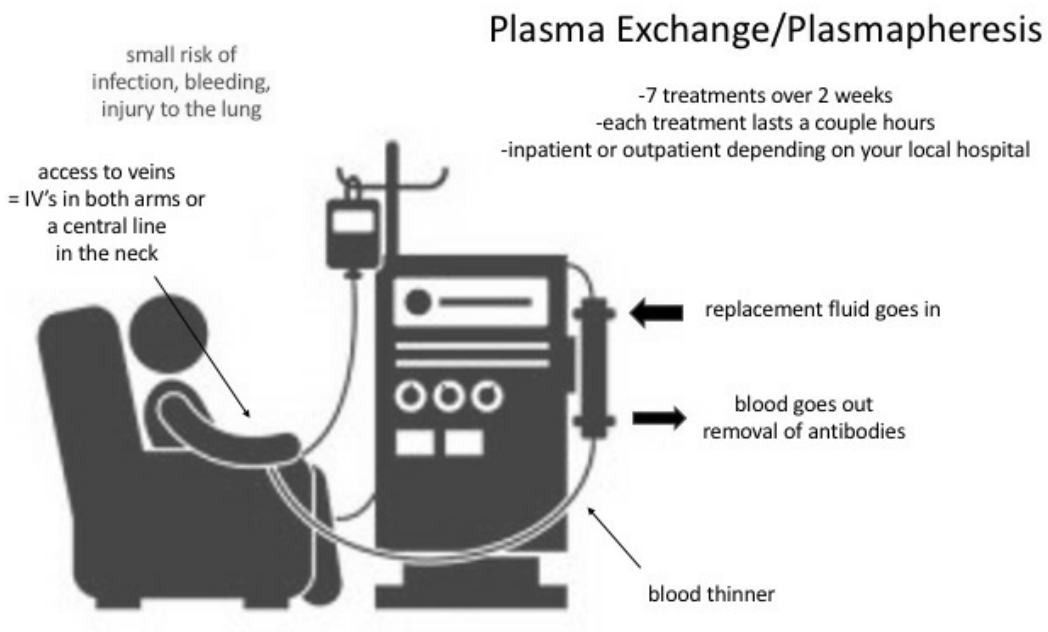
Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

PART 2: VALUES AND PREFERENCES REGARDING PLASMA EXCHANGE

Imagine you have been recently diagnosed with ANCA associated vasculitis. Your doctor explains that the disease is caused by your immune system attacking your own body and the attack causes inflammation that damages your organs. Your doctor says you should be treated with an immune suppressing drug and anti-inflammatory steroids and that most patients do well with this combination of treatments.

An additional treatment called plasma exchange is also available. Plasma exchange is a procedure that uses a machine to remove antibodies from your blood that might be contributing to your vasculitis. The machine replaces your plasma with a replacement fluid that does not have antibodies. You will get 7 treatments with the machine over the next 2 weeks.

Additional information regarding plasma exchange is shown in the picture below.



Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

40 will go on to develop kidney failure requiring permanent dialysis
50 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

25 will go on to develop kidney failure requiring permanent dialysis (that is 15 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 15 patients from needing dialysis for the rest of her or his life)

64 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 14 more patients will suffer a serious infection; in other words plasma exchange will cause 14 people in 100 to have an serious infection that they would not have had without the plasma exchange)

For more information about what life on dialysis is like, please visit:
https://www.nhs.uk/conditions/dialysis/
In particular, see the section on side effects (https://www.nhs.uk/conditions/dialysis/side-effects/) so you can consider the potential consequences of being on dialysis versus the potential harms of plasma exchange.

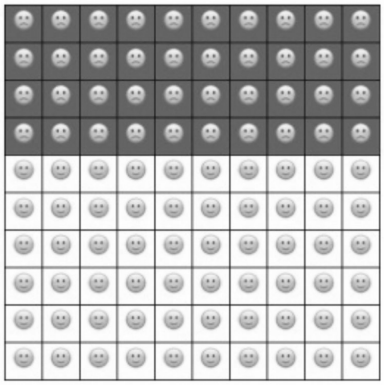
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

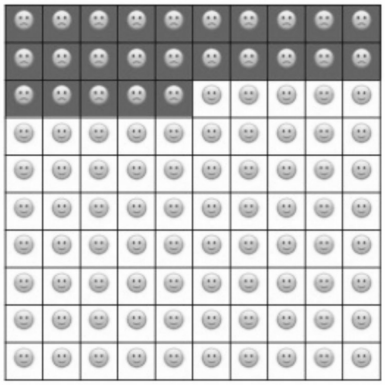
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
40/100

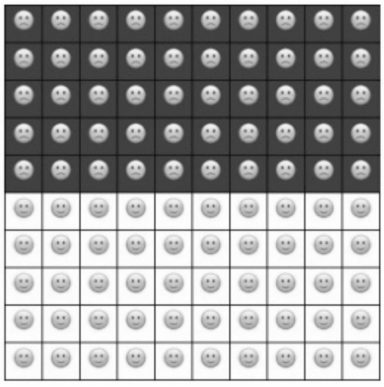


Plasma exchange
Chance of kidney failure over 1 year
25/100

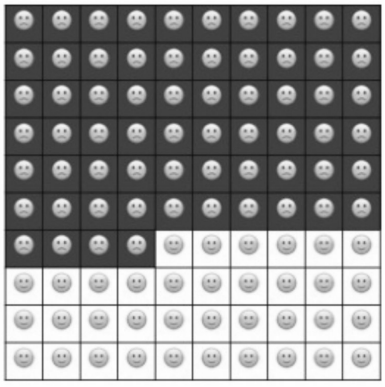


15 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
50/100



Plasma exchange
Chance of serious infection over 1 year
64/100



an additional 14 in 100 patients will experience a serious infection with plasma exchange

* 19. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

28 will go on to develop kidney failure requiring permanent dialysis
36 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

17 will go on to develop kidney failure requiring permanent dialysis (that is 11 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 11 patients from needing dialysis for the rest of her or his life)

46 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 10 more patients will suffer a serious infection; in other words plasma exchange will cause 10 people in 100 to have an serious infection that they would not have had without the plasma exchange)

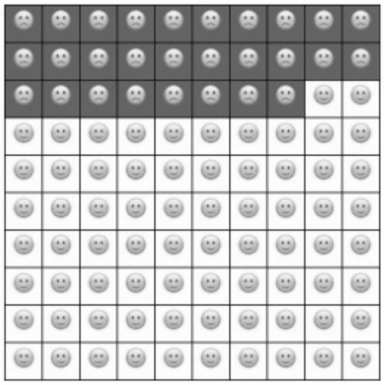
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

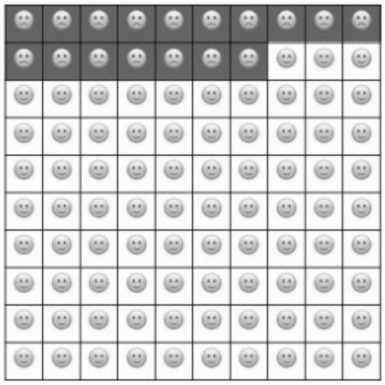
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
28/100

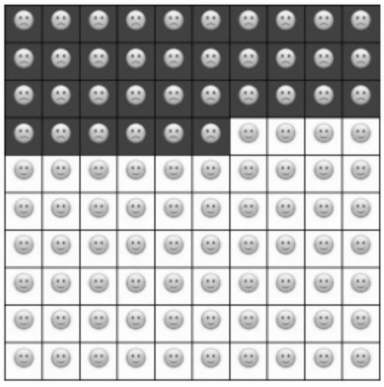


Plasma exchange
Chance of kidney failure over 1 year
17/100

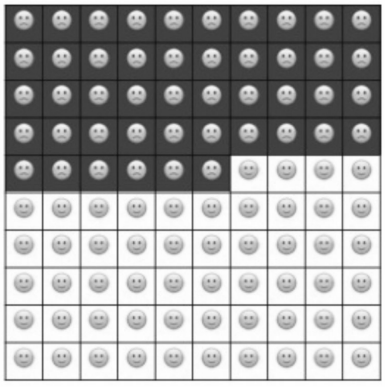


11 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
36/100



Plasma exchange
Chance of serious infection over 1 year
46/100



an additional 10 in 100 patients will experience a serious infection with plasma exchange

* 20. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, but no plasma exchange, within 1 year:

15 will go on to develop kidney failure requiring permanent dialysis
27 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

9 will go on to develop kidney failure requiring permanent dialysis (that is 6 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 6 patients from needing dialysis for the rest of her or his life)

34 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 7 more patients will suffer a serious infection; in other words plasma exchange will cause 7 people in 100 to have an serious infection that they would not have had without the plasma exchange)

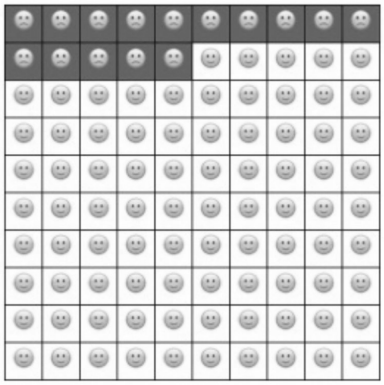
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

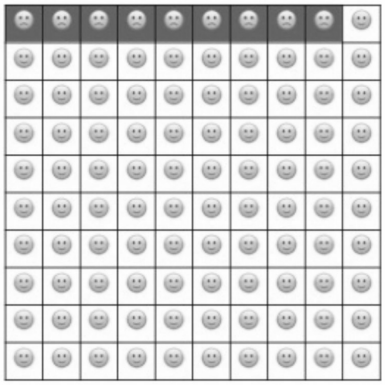
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
15/100

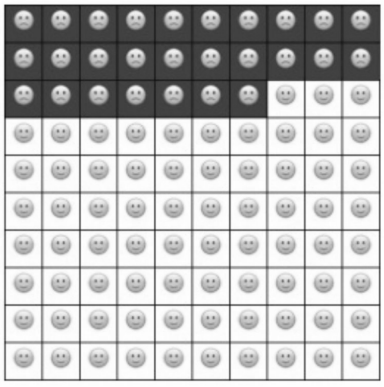


Plasma exchange
Chance of kidney failure over 1 year
9/100

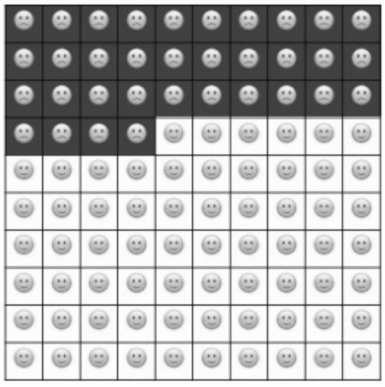


6 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
27/100



Plasma exchange
Chance of serious infection over 1 year
34/100



an additional 7 in 100 patients will experience a serious infection with plasma exchange

* 21. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

8 will go on to develop kidney failure requiring permanent dialysis
18 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

5 will go on to develop kidney failure requiring permanent dialysis (that is 3 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 3 patients from needing dialysis for the rest of her or his life)

23 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 5 more patients will suffer a serious infection; in other words plasma exchange will cause 5 people in 100 to have an serious infection that they would not have had without the plasma exchange)

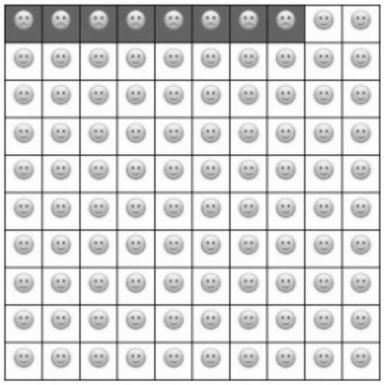
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

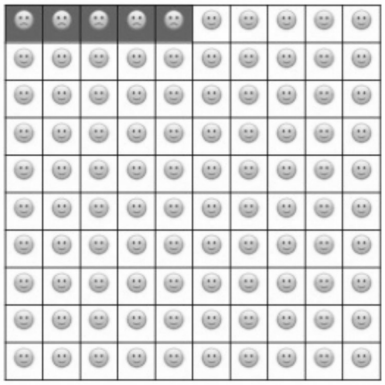
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
8/100

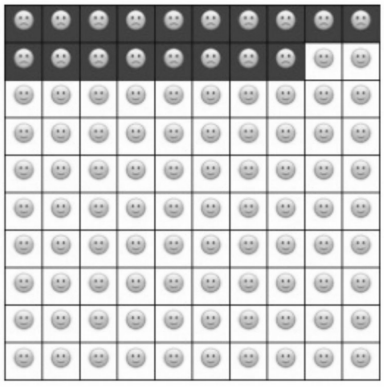


Plasma exchange
Chance of kidney failure over 1 year
5/100

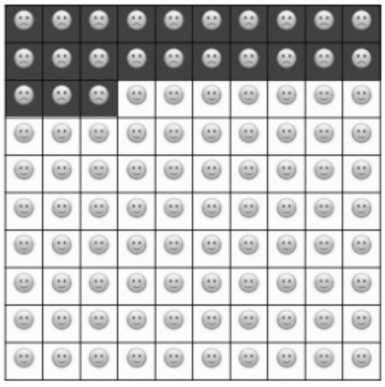


3 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection over 1 year
18/100



Plasma exchange
Chance of serious infection over 1 year
23/100



an additional 5 in 100 patients will experience a serious infection with plasma exchange

* 22. Based on the information above, would you choose to receive treatment with plasma exchange?

- Yes
- No

Once again, imagine you have been recently diagnosed with ANCA associated vasculitis and you are being offered plasma exchange. But this time, the probabilities of needing dialysis for the rest of your life and the probability of serious infection, and the impact of the plasma exchange, are different.

Your doctor tells you that if 100 patients, just like you, are treated with an immune suppressing drug and anti-inflammatory steroids, **but no plasma exchange**, within 1 year:

2 will go on to develop kidney failure requiring permanent dialysis
9 will have a serious infection requiring intravenous antibiotics or hospitalization

With plasma exchange, within 1 year:

1 will go on to develop kidney failure requiring permanent dialysis (that is 1 in 100 patients who would have required permanent dialysis will not require permanent dialysis – the treatment prevents 1 patient from needing dialysis for the rest of her or his life)

11 will have a serious infection requiring intravenous antibiotics or hospitalization (that is, 2 more patients will suffer a serious infection; in other words plasma exchange will cause 2 people in 100 to have an serious infection that they would not have had without the plasma exchange)

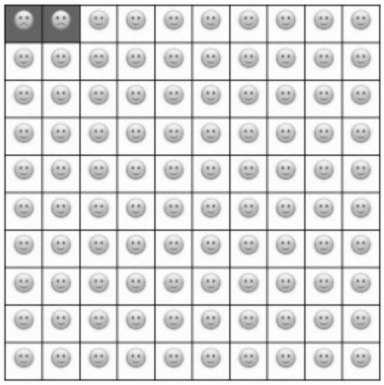
The figure below shows a visual picture of these probabilities.

kidney failure
= dialysis or transplant

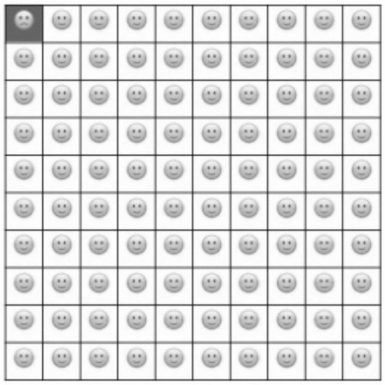
no kidney failure
no serious infection

serious infection
= admission to hospital
or IV antibiotics

No plasma exchange
Chance of kidney failure over 1 year
2/100

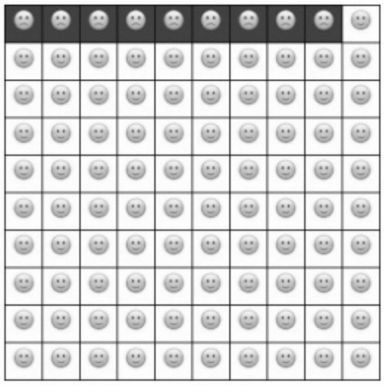


Plasma exchange
Chance of kidney failure over 1 year
1/100

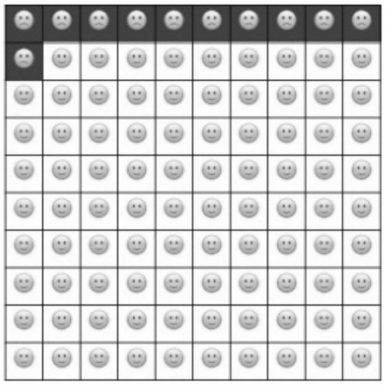


1 in 100 patients no longer need dialysis for the rest of their lives with plasma exchange

No plasma exchange
Chance of serious infection
over 1 year
9/100



Plasma exchange
Chance of serious infection
over 1 year
11/100



an additional 2 in 100 patients will experience a serious infection with plasma exchange

* 23. Based on the information above, would you choose to receive treatment with plasma exchange?

- ◯ Yes
- ◯ No

Options and Preferences for Treatments Informing recOmmendatioNs Study in Vasculitis (OPTIONS Vasculitis)

End of survey

24. Thank you for participating in our survey.
We will communicate our its results with vasculitis patient organizations from Canada, the United States and the United Kingdom via email and social media when the study is completed.
Please provide us with any additional comments if necessary.

Table S1: Multilevel multivariable logistic regression model for choosing PLEX using previous kidney disease instead of dialysis as a predictor

	OR	95% CI	95% CI	p value
Age (per 1 year increase)	0.97	0.96	0.99	<0.01
Male sex	1.23	0.72	2.10	0.46
Country (reference = Canada)				
Other	0.74	0.20	2.74	0.66
United Kingdom	2.73	1.15	6.51	0.02
United States	1.04	0.51	2.11	0.92
Previous kidney disease	1.86	1.09	3.15	0.02
Previous PLEX	6.74	3.46	13.10	<0.01
Previous infection	1.18	0.73	1.90	0.51
Scenario (reference=1)				
2	1.08	0.76	1.54	0.65
3	1.93	1.35	2.77	<0.01
4	1.61	1.13	2.29	<0.01
5	1.25	0.88	1.79	0.21

Note: OR=odds ratio, CI=confidence interval, AAV=ANCA associated vasculitis, PLEX= plasma exchange, scenarios 1,2,3,4,5 are the 5 different cases with increasing baseline risks of dialysis and serious infection

Table S2: Multilevel multivariable logistic regression model for choosing PLEX using current dialysis or transplant instead of previous dialysis as a predictor

	OR	95% CI	95% CI	p value
Age (per 1 year increase)	0.98	0.96	0.99	<0.01
Male sex	1.28	0.75	2.19	0.37
Country (reference = Canada)				
Other	0.70	0.19	2.58	0.59
United Kingdom	2.58	1.08	6.15	0.03
United States	0.96	0.47	1.94	0.90
Current dialysis or transplant	3.78	1.21	11.80	0.02
Previous PLEX	6.85	3.53	13.29	<0.01
Previous infection	1.15	0.71	1.86	0.57
Scenario (reference=1)				
2	1.08	0.76	1.54	0.65
3	1.93	1.35	2.77	<0.01
4	1.61	1.13	2.30	<0.01
5	1.26	0.88	1.79	0.21

Note: OR=odds ratio, CI=confidence interval, AAV=ANCA-associated vasculitis, PLEX= plasma exchange, scenarios 1,2,3,4,5 are the 5 different cases with increasing baseline risks of dialysis and serious infection