Red Flags Raising Suspicion of Eosinophilic Granulomatosis with Polyangiitis:
An EGPAware European Consensus

GSK

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Introduction

EGPA is a rare, multisystemic disease, often including asthma, that requires MDT management and expert diagnostic evaluation

Diagnosis and treatment of EGPA are often delayed, which highlights the need for **early identification**

Study Design

EGPAware is the first large European Delphi study, aiming to establish a multidisciplinary consensus of clinical suspicion criteria for EGPA.

Red flags were ranked by panellists based on **CR** and on **FO**.

Panellists:

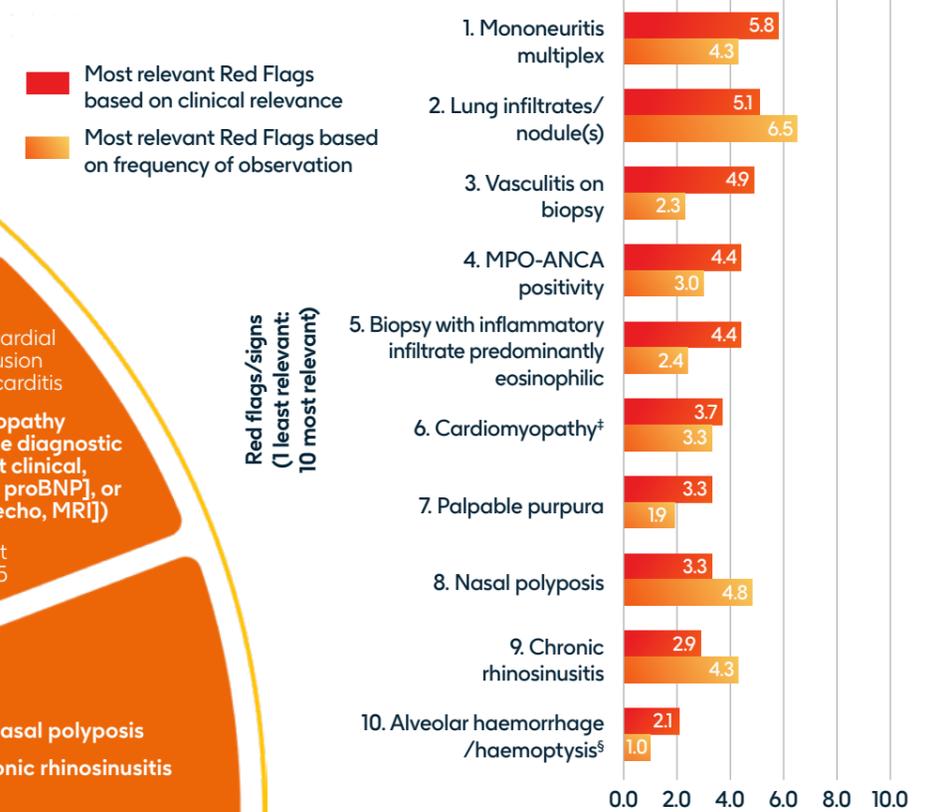**53** EGPA-treating physicians from **17** European countries.

Most panellists were rheumatologists or pulmonologists, with 50% having >15 years of experience in EGPA-patient management.

Consensus was reached for 25 red flags for EGPA suspicion*

Considering a patient ≥6 years old with asthma and persistent unexplained **blood EOSINOPHIL levels of >1,000 cells/µL if untreated** or **>500 cells/µL if they previously received any medication** that may have altered the blood eosinophil count

- MPO-ANCA positivity
- Persistently raised CRP
- Elevated troponin†

- Lung infiltrates/nodule(s)
- Alveolar haemorrhage/haemoptysis†

- Vasculitis on biopsy
- Biopsy with infiltrate predominantly eosinophillic

- Pericardial effusion/pericarditis
- **Cardiomyopathy (regardless of the diagnostic method, be it clinical, laboratory [e.g., proBNP], or imaging [e.g., echo, MRI])**
- Cardiac involvement in young people (<45 years old)

- **Nasal polyposis**
- **Chronic rhinosinusitis**

- **Palpable purpura**
- Skin lesions such as ulcers, urticaria, nodules, or papules†

- **Mononeuritis multiplex**
- **Polyneuropath (presenting as paraesthesia, numbness, tingling, etc.)†**
- Cerebrovascular disease in patients <45 years old

- Clinical or histological diagnosis of glomerulonephritis
- Active urine sediment (haematuria, cellular casts, etc.)

- Ischaemic injuries including intestinal ischaemia (including recurrent abdominal pain that is ischaemic in nature† or perforation [gastric, oesophageal, or small intestine])†

- Inflammatory arthralgia/arthritis†

- Retinal vasculitis
- Episcleritis/scleritis

- Constitutional symptoms (weight loss, fever, fatigue, etc.)†

- Digital ischaemia

*This figure contains the 25 red flags that achieved consensus among panellists. The signs highlighted in bold correspond to the 12 most pertinent red flags based both on CR and on FO.
†Not explained by another cause.

Highest Ranked Red Flags

Most relevant Red Flags based on clinical relevance
Most relevant Red Flags based on frequency of observation

Red flags/signs (1 least relevant; 10 most relevant)	Clinical relevance	Frequency of observation
1. Mononeuritis multiplex	5.8	4.3
2. Lung infiltrates/nodule(s)	5.1	6.5
3. Vasculitis on biopsy	4.9	2.3
4. MPO-ANCA positivity	4.4	3.0
5. Biopsy with inflammatory infiltrate predominantly eosinophilic	4.4	2.4
6. Cardiomyopathy‡	3.7	3.3
7. Palpable purpura	3.3	1.9
8. Nasal polyposis	3.3	4.8
9. Chronic rhinosinusitis	2.9	4.3
10. Alveolar haemorrhage/haemoptysis§	2.1	1.0

Ranking of 10 most relevant red flags based on clinical relevance and frequency of observation (inverse balanced mean: 1 least relevant; 10 most relevant)

‡Regardless of the diagnostic method, be it clinical, laboratory (e.g., proBNP), or imaging (e.g., echo, MRI)

§Not explained by another cause

Key Takeaways

The most clinically relevant signs were:

1 Mononeuritis multiplex
2 Lung infiltrate/nodule(s)
3 Vasculitis on biopsy

The most frequently observed signs were:

1 Lung infiltrate/nodule(s)
2 Nasal polyposis
3 Mononeuritis multiplex
3 Chronic rhinosinusitis

Clinician awareness of these suspicion criteria will enhance awareness, improve referral rates, and reduce diagnostic delays

Reference: 1. Hellmich B et al. EULAR Rheumatol Open. 2026;2(1):9-18.

Abbreviations: CR: clinical relevance; CRP: C-reactive protein; echo: echocardiogram; EGPA: eosinophilic granulomatosis with polyangiitis; FO: frequency of observation; MDT: multidisciplinary team; MPO-ANCA: myeloperoxidase-anti-neutrophil cytoplasmic antibody; proBNP: N-terminal pro-B-type natriuretic peptide.