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## Disease severity and symptom control in patients with immunoglobulin A nephropathy: Results from a United States analysis of a real-world study

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**Background:** Immunoglobulin A nephropathy (IgAN) is the most prevalent form of primary glomerulonephritis, with an annual incidence of ~7–21/million/year in the United States (US), with up to 50% rate of transition to kidney failure within 20 years of diagnosis. Many patients are not diagnosed until they present with kidney dysfunction, including significant proteinuria. Proteinuria >0.75–1 g/day is associated with a high risk of progression. Results from a real-world study of patient- and physician-reported data on disease severity and symptomatology in IgAN patients in the US are reported.

**Methods:** A point-in-time, cross-sectional survey utilizing data from the Adelphi Real-world IgAN Disease-specific Programme was conducted globally, including the US, from June–October 2021. Questionnaire-based secondary data of nephrologists and their patients diagnosed with IgAN were collected. Nephrologists completed patient record forms for consecutive patients who were then invited to fill out a patient-self-completion (PSC). On a scale of 1–10, IgAN symptoms were considered severe if patient responses were from 7–10.

**Results:** Patient-reported mean age was 39 years (n=67) when IgAN symptoms were first noticed. Of the patients who completed PSCs, IgAN symptoms were deemed severe by 22% (n=15/68) at the point of survey and 25% (n=17/67) before initiation of current treatment. Feeling tired or a lack of energy was described as the most bothersome symptom (51%, n=29/57). Proteinuria/foamy urine was one of the highest reported patient-symptoms (48%, n=30/62) with 40% (n=12/30) and 43% (n=3/7) of patients describing their foamy urine and tea-colored urine as severe. The majority of patients described that current medicines did not help their symptoms (91%, n=10/11), or they did not like the side effects of their medicines (55%, n=6/11). This was consistent with physician-reported data, indicating that overall, across all lines (L) of treatment, proteinuria levels remained high (mean proteinuria [g/day] at L1: 2.8, n=227; L2: 2.2, n=51; L3: 3.6, n=7) and estimated glomerular filtration rate (eGFR) continued to fall (mean eGFR [mL/min/1.73m<sup>2</sup>] at L1: 57.6, n=231; L2: 51.5, n=50; L3: 47.7, n=7).

**Conclusions:** In the US, some patients with IgAN reported their disease as severe. The majority of patients reported that their symptoms were not well-controlled with currently available treatments. The findings from this study reflect that there remains an unmet need for treatments that address the underlying pathophysiology of IgAN and effectively control symptom and disease progression.

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