

**Impact of immunoglobulin A nephropathy on healthcare resource utilization in the United States:  
Results from a real-world study**

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**Background:** Immunoglobulin A nephropathy (IgAN) is the most prevalent form of primary glomerulonephritis, with an incidence of ~7–21/million/year in the United States (US). IgAN affects young adults and is one of the leading causes of kidney failure, with up to 50% of patients developing kidney failure within 20 years of diagnosis. However, there is limited evidence on the impact of IgAN on healthcare resource utilization (HCRU) in the US. Data from a real-world study on HCRU and burden of IgAN for patients in the US are presented.

**Methods:** This was a retrospective analysis of secondary data from the Adelphi Real-world IgAN Disease-specific Programme, a cross-sectional survey of IgAN-treating nephrologists and their consecutively seen patients with IgAN, conducted in several countries, including the US, from June–October 2021. The physician and patient survey/questionnaire forms captured data on the impact of the disease on HCRU among others; the objective was to describe the HCRU (tests, assessments, visits, dialysis) due to IgAN in the US.

**Results:** A total of 43 US nephrologists completed records for 305 patients. To aid IgAN diagnosis, an average of 3.6 tests were conducted (n=305); urinalysis for hematuria (66%), serum creatinine (61%), and urine protein:creatinine ratio (59%) were the most frequent tests to diagnose IgAN. On average, in the last year, patients received 15.1 tests for the management of IgAN (n=280/305) and visited a healthcare professional 5.8 times (n=305), most commonly the responding nephrologist (3.7 visits), general practitioner (1.8 visits), and 1.2 visits to other specialists. About 8% of patients (n=21/257) were hospitalized in the previous 12 months; 5% of patients were currently on dialysis (n=16/305), while >50% of patients currently not on dialysis (n=139/269) were predicted by their physicians to require chronic dialysis in the future, with 21% in need of dialysis within the next 3 years. Only 2% of patients (n=5/305) had received a kidney transplant. Based on the patients' current condition, 30% were eligible for kidney transplant (89/300); of these, 29% (n=26/89) were on a transplant waiting list.

**Conclusions:** IgAN necessitates a high number of tests and multiple visits to nephrologists to aid diagnosis and management. With >50% of patients with IgAN projected to require dialysis and 30% needing a kidney transplant, these contribute to a burden on patients and on healthcare systems, which perhaps could be eased by early therapeutic interventions to halt progression to kidney failure.

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