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Treatment patterns and outcomes in patients with immunoglobulin A nephropathy: Results from a United States data 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 and up to 50% rate of transition to kidney failure in the United States (US). Proteinuria is the strongest clinical predictor of IgAN kidney function decline. Results from a real-world study regarding treatment (Tx) patterns, outcomes, and rationale for Tx changes in patients in the US are reported.

Methods: A point-in-time cross-sectional survey, secondary data from the Adelphi Real-world IgAN Disease-specific Programme, was conducted globally, including the US, from June–October 2021. Nephrologists completed patient record forms for consecutive patients with IgAN.

Results: In the US, 43 nephrologists reported on 305 patients. The mean number of Tx lines used was 1.3 (n=268). As 1st line Tx, ACEi and/or ARB (ACEi/ARB, Group 1) were prescribed to 118 patients, of which 16% (n=19) had switched to 2nd line; ACEi/ARB+steroids (Group 2) were prescribed to 80 patients, of which 34% (n=27) had switched to 2nd line; ACEi/ARB+SGLT-2i (Group 3) were prescribed to 16 patients, of which 6% (n=1) had switched to 2nd line; SGLT-2i usage at point of survey was 20%. Of 268 patients who received 1st line Tx, 57 patients were switched to 2nd line; 10 of these patients were not in Groups 1–3. At the start of 2nd line, persistent proteinuria of ≥1g/day was reported in 77% of patients receiving ACEi/ARB (n=40/52, mean proteinuria: 2.5 g/day), 58% (n=11/19) of patients in G1, and 81% (n=22/27) of patients in G2. The top 5 physician-reported reasons for switching Tx at 1st line were: improved condition (37%, n=20/54), primary lack of efficacy (28%, n=15/54), remission not induced (22%, n=12/54), worsened condition (20%, n=11/54), worsened disease activity, and no change in disease activity (17%, n=9/54 each). Common reasons for switching from corticosteroids (CS) at 1st line were improved condition (63%, n=12/19), lack of tolerability, worsened disease activity (16%, n=3/19 each) and worsened condition, remission not induced, and secondary lack of efficacy (11%, n=2/19 each). Physicians reported lack of efficacy (74%, n=20/27), 'has not inhibited/slowed disease progression,' and side effects (41%, n=11/27 each) as reasons for dissatisfaction with the control that current Tx provided.

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Conclusions: Results suggest that physicians in the US switch IgAN patients across different Tx, including adding periods of CS or immunosuppressants to ACEi/ARB. However, proteinuria remained uncontrolled in the majority of patients prescribed supportive care.

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Disclosures

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