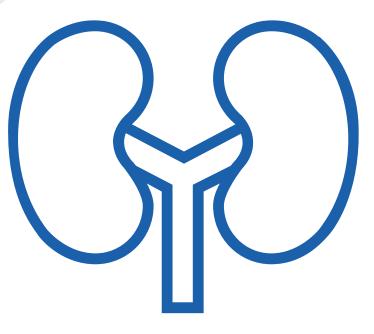
# Impact of immunoglobulin A nephropathy on healthcare resource utilization in the United States: Results from a real-world study

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### Introduction

- IgAN is the most prevalent form of primary glomerulonephritis, affecting 7–21 adults per million each year in the United States<sup>1–4</sup> and typically affects young adults (20–30 years)<sup>2</sup>
- IgAN can reduce a patient's life expectancy by >10 years.<sup>5</sup> Up to 50% of patients with IgAN develop kidney failure within 20 years of diagnosis necessitating dialysis and/or kidney transplant,<sup>6</sup> placing considerable socioeconomic burden on patients, their caregivers, and healthcare systems
- However, there is limited evidence on the impact of IgAN on HCRU in the United States. In this analysis, we present data on HCRU and the burden imposed by IgAN on patients in the United States

### Methods

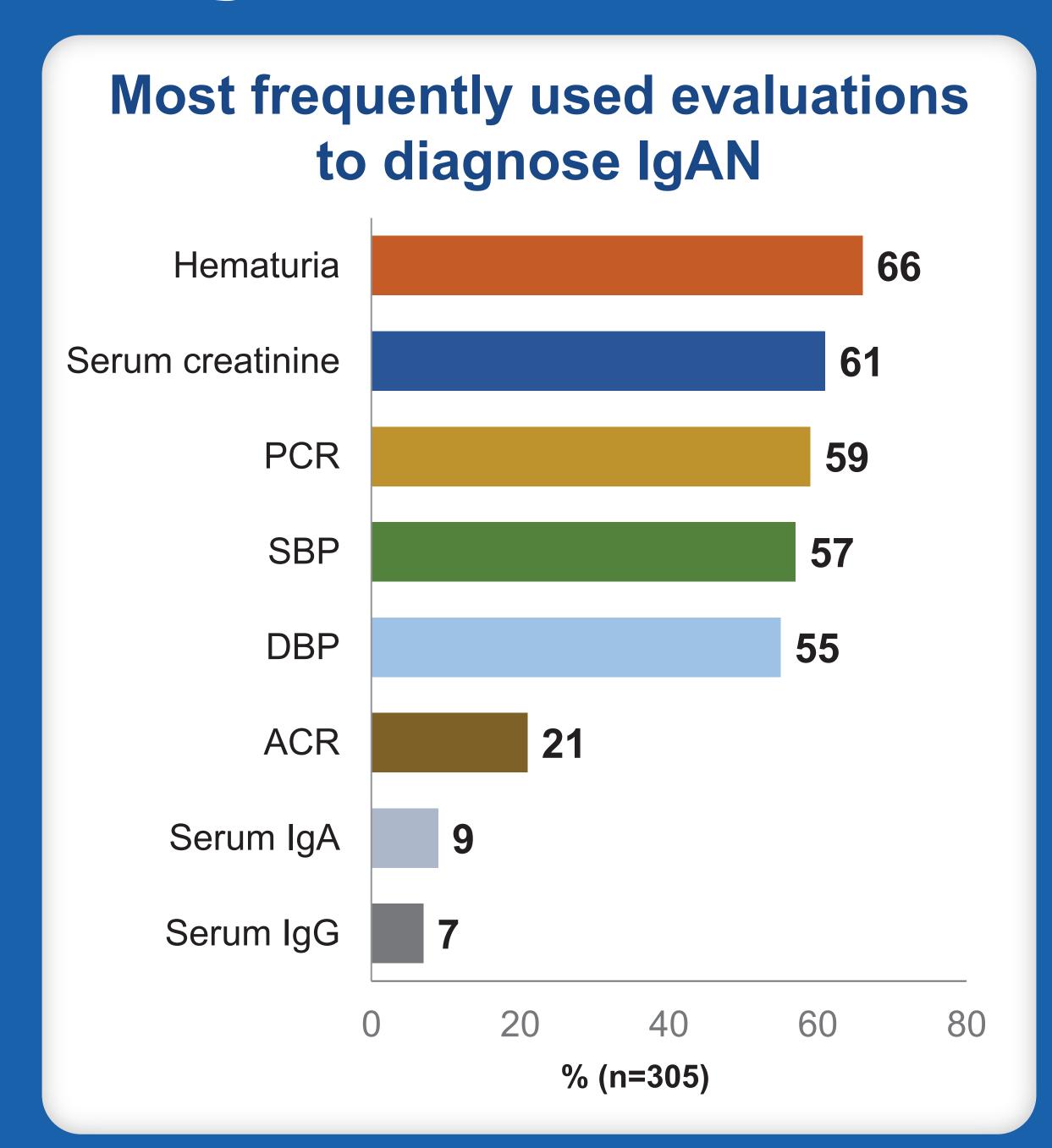
- This was a retrospective analysis of secondary data from the Adelphi Real World IgAN Disease Specific Programme, a cross-sectional survey of IgAN-treating nephrologists and their consecutively consulting patients with IgAN from the United States
- The survey was conducted in the US (and in the UK, Spain, France, Germany, Italy, China, and Japan) from June to October 2021
- Participating nephrologists completed patient record forms for their consecutively consulting patients diagnosed with IgAN, providing a representative "point in time" sample of consulting patients, based on the methodology described earlier<sup>7</sup>
- The same consulting patients were then invited by their physicians to fill out a patient-self-completed form on a voluntary basis
- The physician survey forms captured data on the impact of the disease on HCRU. The objective of this analysis was to describe the HCRU (tests, assessments, visits, dialysis) due to IgAN in the United States

#### Results

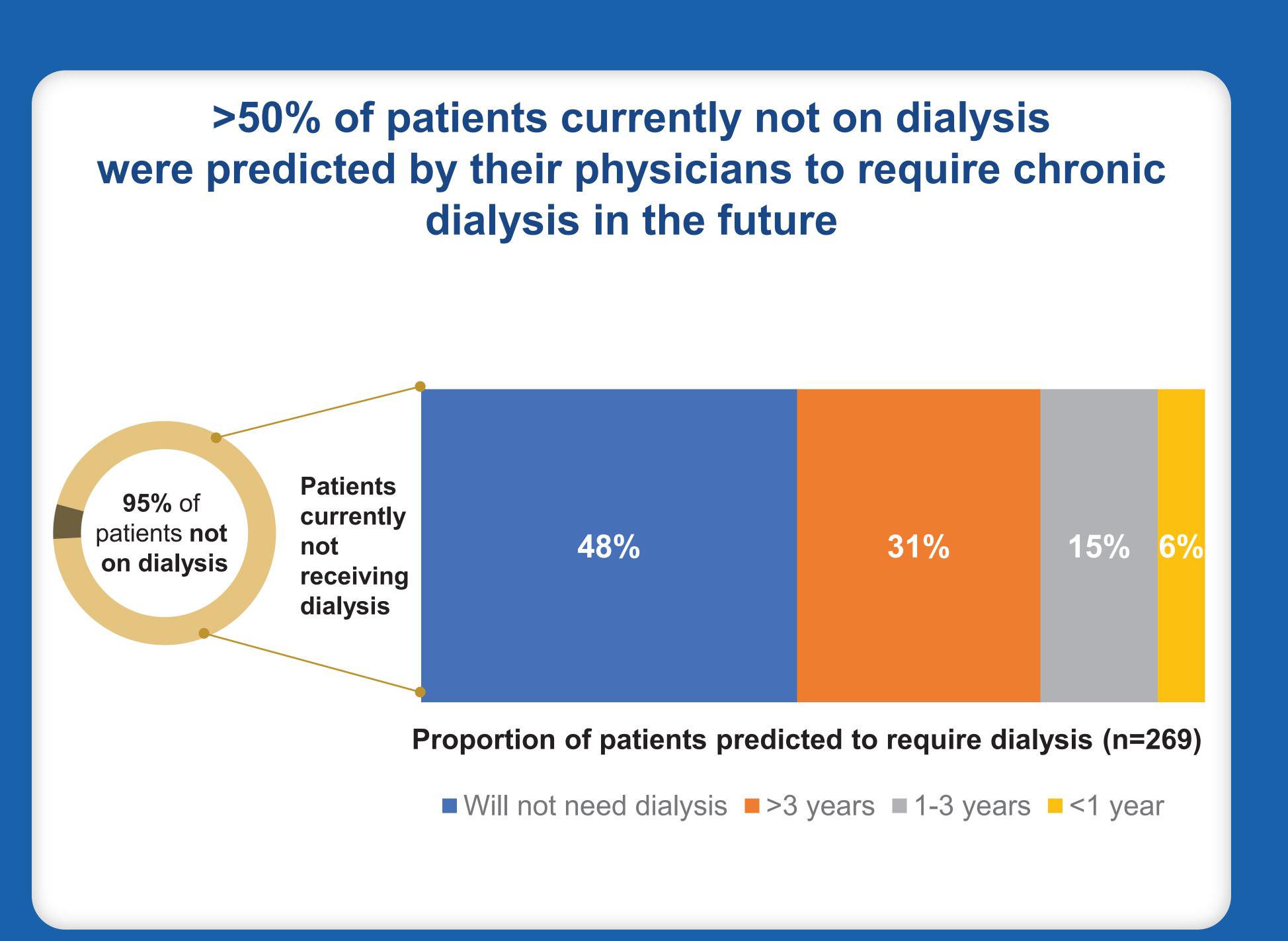
- A total of 43 nephrologists in the US completed records for 305 patients and were included in this analysis
- The mean age of patients was 44.7±14.7 years and 55% were male (**Table**)
- Approximately 8% of patients (n=21/257) were hospitalized in the previous 12 months, with most of them being admitted through emergency room (70%; n=14/20)

- Results from this analysis indicate that in the United States, patients with IgAN undergo a high number of tests and visit nephrologists multiple times in a year to aid diagnosis and management of their disease
- With >50% of patients with IgAN projected to require dialysis and 30% needing a kidney transplant in the future, there is an expected burden on both patients and healthcare systems
- This burden could potentially be eased by early therapeutic interventions that reduce proteinuria, a known risk factor for progression to kidney failure in IgAN

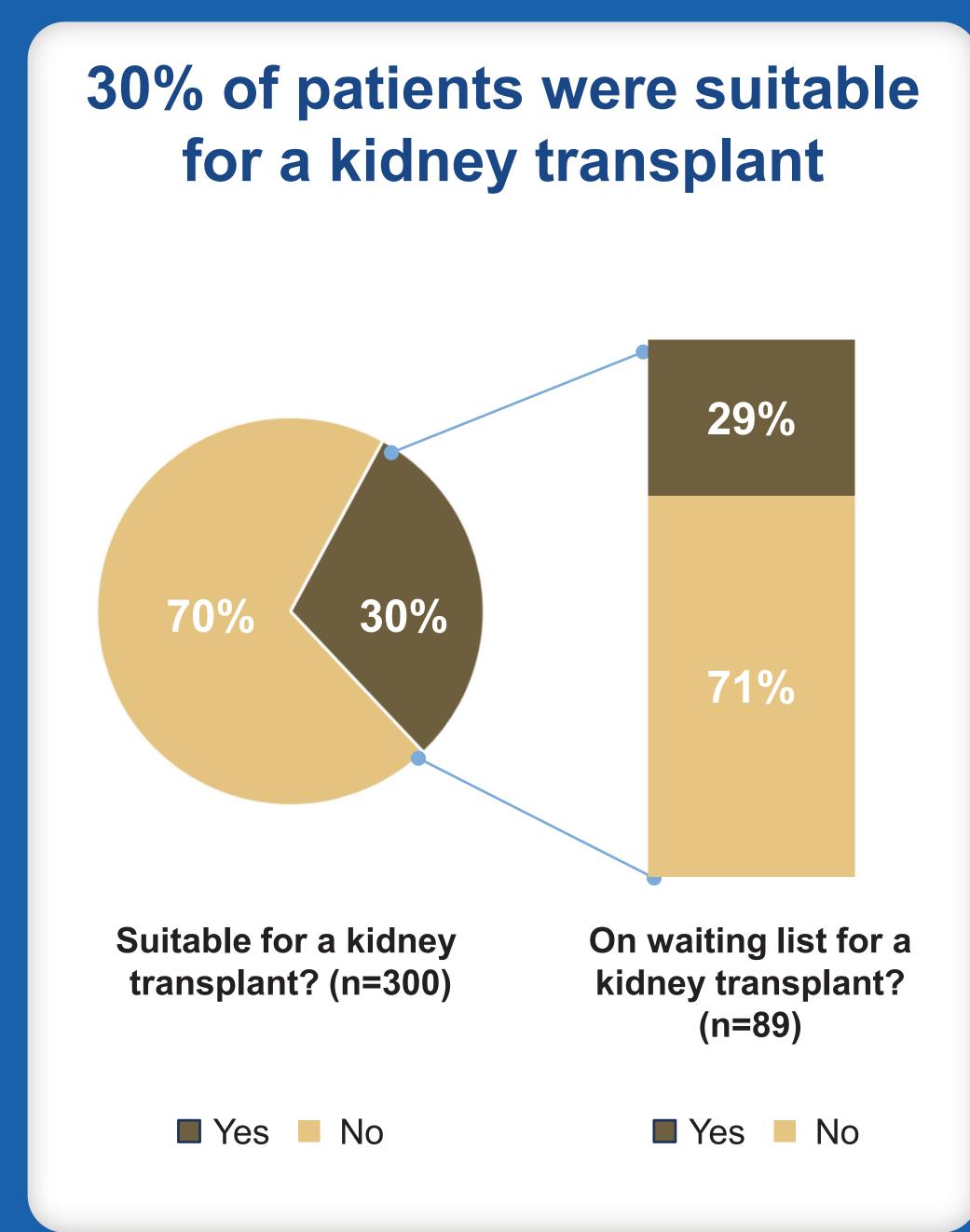
## Key results



- To aid IgAN diagnosis, an average of 3.6 tests were conducted. Urinalysis for hematuria (66%), serum creatinine (61%), and urine:protein to creatinine ratio (59%) were the most frequent tests used to diagnose IgAN
- On average, in the last year, patients received 15.1 tests for the management of IgAN



Although only 5% of patients were on regular dialysis during the survey, about 52% 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



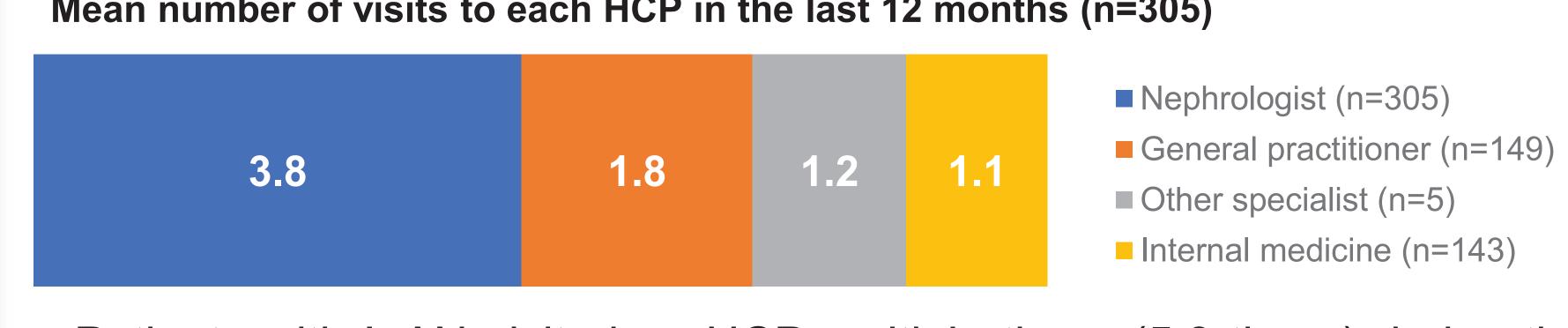
 Although only 2% of patients had received a kidney transplant, based on the patients' current condition at the time of survey, nearly one-third (n=89/300) were suitable for a kidney transplant, with nearly one-third of these patients (n=26/89) on a waiting list for a kidney transplant

### Table: Patient demographics and clinical characteristics

Characteristics	Value
Age, years, mean±SD	44.7±14.7
Sex, (%)	
Male	55
Female	44
Race, (%)	
White/Caucasian	60
Asian*	21
Hispanic/Latino	10
African American	7
Other	2
BMI, kg/m², mean±SD	26.1±4.7

Number of visits to a HCP in the last 12 months





 Patients with IgAN visited an HCP multiple times (5.8 times) during the past year, most commonly the responding nephrologist (3.8 visits) and general practitioner (1.8 visits), as well as other specialists (1.2 visits)

#### **Abbreviations**

ACR. albumin to creatinine ratio: BMI, body mass index DBP, diastolic blood pressure; HCP, healthcare professional; HCRU, healthcare resource utilization; IqAN immunoglobulin A nephropathy; PCR, protein to creatinir ratio; SBP, systolic blood pressure

Data collection was undertaken by Adelphi Real World as part of an independent survey. Novartis is one of the subscribers to the IgAN Disease Specific Programme.

#### **Disclosures**

M. Kroes, C. Aldworth, and B. Ndife are employees and shareholders of Novartis; A.T. George is an employee of Novartis; J. DeCourcy and K. Golden are employees of Adelphi Real World; R. Lafayette is an employee of Stanford University Medical Center; his employers have received research funding from Omeros, Vera, Chinook, Alexion, Otsuka, Calliditas and has provided consultancy for: Omeros, Vera, Calliditas, Chinook, Alexion, Otsuka,

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