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Clinical burden of IgA nephropathy (IgAN) in the US: a retrospective electronic medical record (EMR) and claims analysis

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Background

IgAN is a complement-mediated kidney disease with a highly variable risk of disease progression; some patients already exhibit loss of kidney function at diagnosis.

This analysis described the demographic and clinical characteristics of patients with IgAN in the US and estimated the proportion of patients at high risk of IgAN progression despite treatment with supportive care.

Methods

This was a retrospective cohort study of patients with IgAN aged ≥12 years using the HealthVerity database comprised of EMR, claims and lab data between 01-01-2016 and 09-30-2022. Demographic and clinical characteristics of patients who had been in the database for ≥12 months continuously before the date of their first IgAN SNOMED diagnosis code (index date) were examined. Patients at high risk of IgAN progression were defined as having proteinuria ≥1.0 g/g despite receiving supportive care (defined as ≥1 record of ACE inhibitors and/or ARBs within 12 months of the index date), and/or SGLT-2 inhibitors.

Results

Among 1,541 patients with IgAN included in the final analysis, mean ± SD age was 43.8±14.5 years and 53% were male. Of 918 patients with available data, 62.1% had stage ≥3 CKD at index. Mean ± SD eGFR was 67±33 mL/min/1.73m^2 and mean ± SD proteinuria was 1.9±1.9 g/g. Overall, 1.8% of patients had previously undergone a kidney transplant. Comorbidities were common, including hypertension (62.5%) and Type 2 diabetes (13.8%). Overall, 814/1,541 patients (52.8%) were treated with ACE inhibitors or ARBs (with or without SGLT-2 inhibitors) within 12 months post-index. Of patients with proteinuria data, the proportion of patients at high

risk of IgAN progression despite supportive care at 6 months (±3 months) post-index was 46/109 (42.2%); at 12 months (±3 months) post-index, this proportion was 32/95 (33.7%).

Conclusion

In a cohort of patients with IgAN using real-world EMR and administrative claims data, comorbidities and advanced kidney disease were common. About half of these patients were receiving ACE inhibitors or ARBs (with or without SGLT-2 inhibitors) within 12 months after diagnosis, and half remained at high risk of progression at 6 months. These data highlight the need for novel therapies in IgAN.

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Category

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Key words (3 maximum)

complement, IgA nephropathy, chronic kidney disease

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