

Instructions for ASN congress abstract submission:

- **Character limit:** 2500 (including spaces)
 - **For tables:** 50 characters per row
 - **For figures:** Figure count is determined by image height but will not exceed 560 characters
- **Submission deadline:** 2pm Eastern Time, May 24th, 2023
- **Submission fees:** Each abstract submitted has a non-refundable **mandatory EUR \$75.00 processing fee by credit-card (Amex, Master card and visa) only.**

Title: Persistence of Signs and Symptoms in Treated Patients with C3G: Evidence from Real-World Data

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Background:

Complement 3 glomerulopathy (C3G) is a rare kidney disease, with an estimated incidence of 1-2/million/year. C3G is associated with a high risk of disease progression; approximately 50% of patients reach kidney failure within 10 years of diagnosis. This analysis aimed to describe C3G signs and symptoms (S&S) in treated patients.

Methods:

Data were drawn from the Adelphi C3G Disease Specific Programme, a cross-sectional survey of C3G-treating nephrologists in US, EU5 (France, Germany, Italy, Spain, UK), China and Japan between August 2022 and April 2023. Nephrologists completed structured forms for consecutive patients presenting with C3G. The forms included demographics, C3G treatment history and clinical information including S&S.

Results:

111 nephrologists completed records for 385 C3G patients (US 100, EU5 189, China 60, Japan 36). Of the 288 receiving treatment at time of survey, median patient age was 41.0, 60% were men, 83% had C3 glomerulonephritis and 16% had dense deposit disease. 60% (173) of patients had been on treatment for <1 year, 21% (61) between 1-2 years and 19% (54) >2 years, median treatment duration was 43.2 weeks.

Despite currently receiving treatment, most patients had S&S at time of survey. This was consistent in patients with a longer treatment duration. Common S&S experienced were proteinuria, hypertension, fatigue, and hematuria (**Table 1**).

Around one third of patients had a CKD stage between 3b and 5, regardless of number of years on treatment.

Of those patients treated for >2 years, 44% had $\geq 1\text{g}$ proteinuria/day where reported.

Conclusion:

Despite treatment, C3G S&S persist in the majority of patients. Proteinuria remains high in many patients, increasing risk of progression to kidney failure. This shows a need for targeted treatments for C3G.

Table 1: Treated C3G patient current signs and symptoms by number of years on treatment

Time since treatment initiation (Years)	All with treatment n=288	<1y n=173	1-2y n=61	>2 y n=54
Number of signs & symptoms Mean (SD)	2.4 (1.8)	2.6 (1.8)	2.4 (1.7)	2.0 (1.5)
% Currently symptomatic	89%	94%	84%	80%
Top 5 S&S				
Proteinuria	66%	67%	70%	57%
Hypertension (140/90mmHg)	34%	40%	26%	24%
Fatigue	28%	33%	23%	17%
Hematuria	24%	21%	28%	28%
Edema	16%	15%	23%	9%
CKD Stage				
Base	n=274	n=163	n=58	n=53
CKD Stages 1-3a (GFR ≥ 45 mL/min/1.73 m ²)	178 (65%)	104 (64%)	39 (67%)	35 (66%)
CKD Stages 3b-5 (GFR <45 mL/min/1.73 m ²)	96 (35%)	59 (36%)	19 (33%)	18 (34%)
Protein Creatinine Ratio (PCR) (g/24hr)				
Base	n=263	n=160	n=53	n=50
<1g/day	99 (38%)	51 (32%)	20 (38%)	28 (56%)
$\geq 1\text{g/day}$	164 (62%)	109 (68%)	33 (62%)	22 (44%)

Title and abstract text = 1854 characters
 Authors approx. = 150
 Table + title = 437 characters
 Total = 2441/2500 characters