

## Conclusions

- Despite treatment, C3G signs and symptoms (S&S) persist in most patients- with 70% of the treated sample experiencing proteinuria – **Table 2**.
- Proteinuria values remained high in all treated patients, independent of how long they had been receiving their current treatment- increasing the risk of progression to kidney failure - **Figure 1**.
- These findings highlight that there remains an unmet need in C3G therapy; with the need for targeted treatment highlighted.

## Introduction

- Complement 3 Glomerulopathy (C3G) is a rare kidney disease, with an estimated incidence of 1-2 cases per million in a year<sup>1</sup>.
- It is characterized by the dysregulation of the alternative pathway of the complements system, resulting in C3 deposition in the glomeruli<sup>2</sup>.
- The disease is fast progressing, with approximately 50% of C3G patients reaching kidney failure within 10 years of diagnosis<sup>3</sup>.
- Lack of effective therapies which have the ability to reduce proteinuria and improve CKD stages may result in worse outcomes for patients.

The aim of this real-world analysis is to describe C3G signs and symptoms (S&S) in treated patients.

## Methods

- Data were drawn from the 2022 Adelphi C3G Disease Specific Programme™, a cross-sectional survey of C3G-treating nephrologists and their consulting patients in the US, France, Germany, Italy, Spain, UK (EU5), China and Japan between August 2022 and April 2023.
- The DSP methodology has been previously published and was conducted according to the relevant regulations<sup>4</sup>.
- Physicians reported data on patient demographics, C3G treatment history and clinical information including S&S.

## Results

### Patient Demographics

- In total 111 nephrologists completed records for 385 C3G patients (EU5 189; US 100; CN 60; JP 36)- **Table 1**. 288 of this sample were receiving treatment at the time of survey, and had a start date of their treatment provided, with 60% being prescribed their treatment for less than 1 year.

**Table 1: Patient demographics by geographical region.**

	EU5	US	China	Japan
<b>Number of patients, n</b>	189	100	60	36
<b>Age at time of survey; median years (SD)</b>	40.0 (18.9)	41.0 (15.7)	39.0 (11.3)	51.5 (12.4)
<b>Age at diagnosis; median years (SD)</b>	37.7 (17.7)	38.4 (15.8)	36.0 (11.0)	48.5 (13.3)
<b>Sex, male; n (%)</b>	113 (60)	56 (56)	34 (57)	24 (67)
<b>BMI; median Kg/m<sup>2</sup>, (SD)</b>	23.7 (4.1)	25.5 (3.6)	22.9 (2.5)	20.4 (2.8)
<b>Working full or part time; n (%)</b>	90 (49)	60 (62)	36 (62)	27 (77)
<b>Currently receiving treatment; n (%)</b>	161 (85)	79 (79)	53 (88)	28 (78)

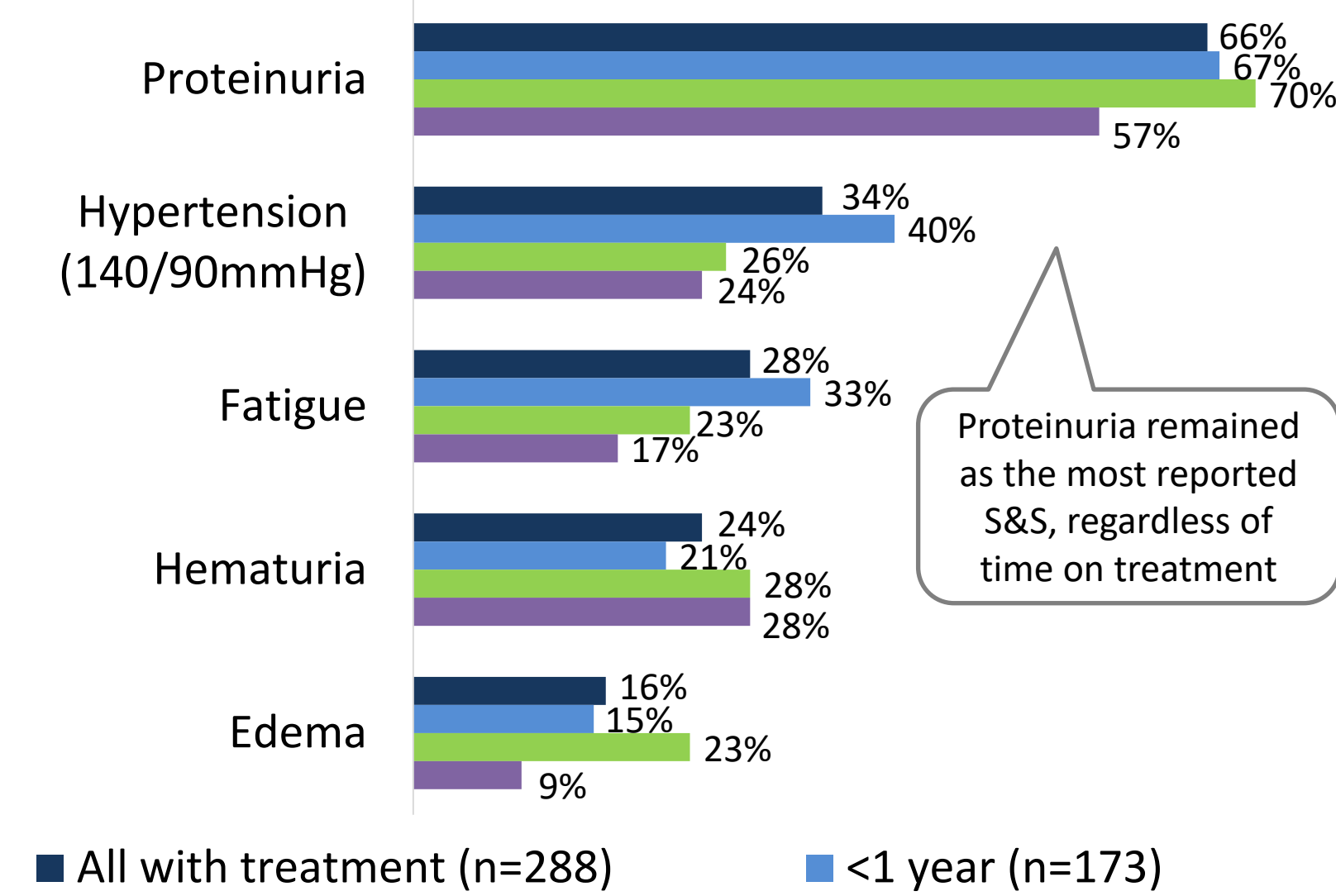
SD, Standard Deviation. BMI, Body Mass Index  
EU5 – France, Germany, Italy, Spain, and the United Kingdom

**Table 2: Treated C3G patient current signs and symptoms by number of years on treatment**

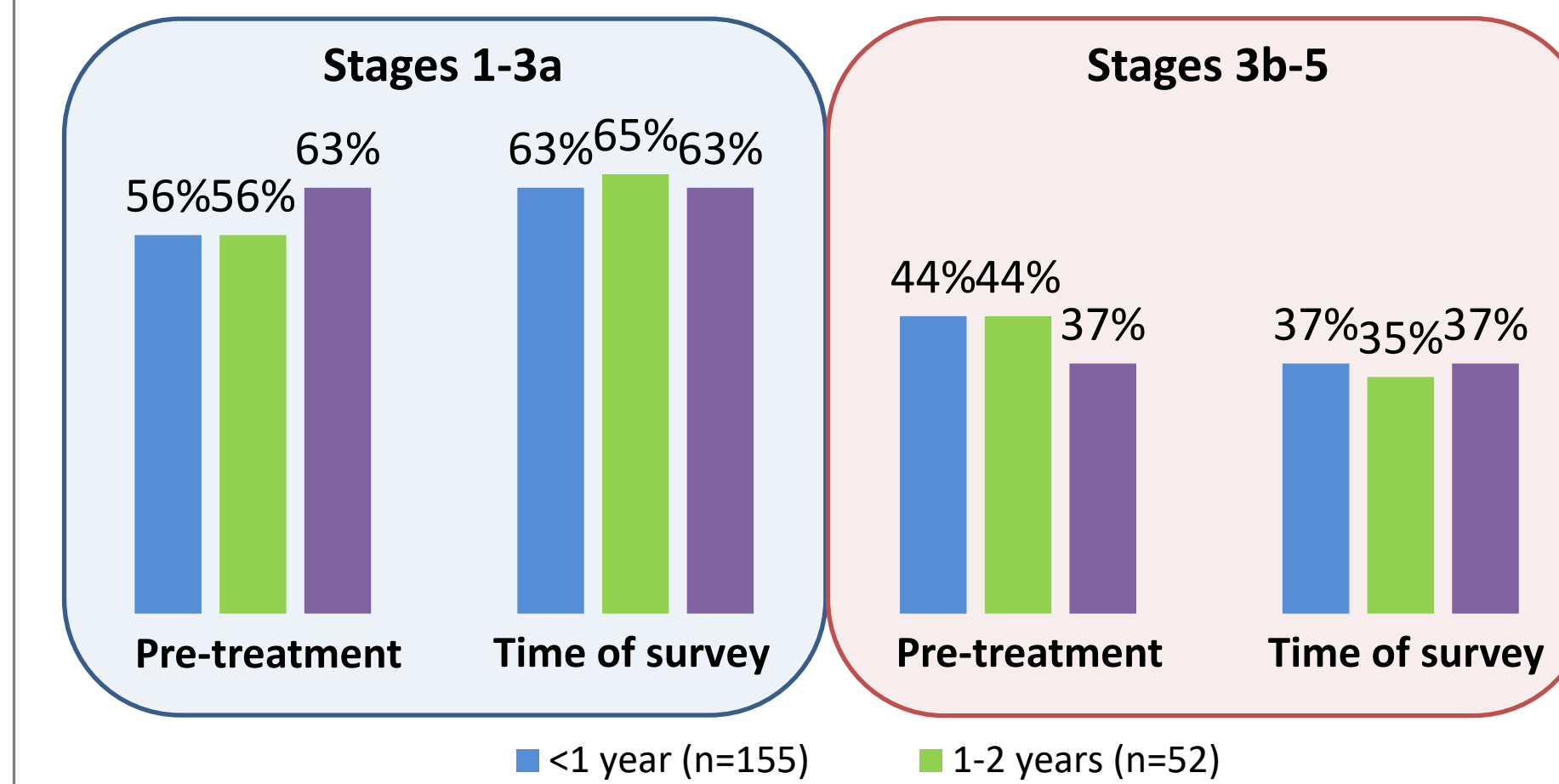
Time since treatment initiation (Years)	All with treatment	<1 year	1-2 years	>2 years
<b>Number of patients, n</b>	288	173	61	54
<b>Number of signs &amp; symptoms Mean (SD)</b>	2.4 (1.8)	2.6 (1.8)	2.4 (1.7)	2.0 (1.5)
<b>Proteinuria (g/24hr)</b>				
≥1g/24hr (n=263*)	183 (70%)	116 (72%)	40 (75%)	27 (54%)
<b>CKD Stage</b>				
CKD Stages 3b-5 (GFR <45 mL/min/1.73 m <sup>2</sup> ) (n=274*)	96 (35%)	59 (36%)	19 (33%)	18 (34%)

\*Base size differences due to 'don't knows' being excluded

**Figure 1: Top 5 reported S&S by physicians at time of survey**



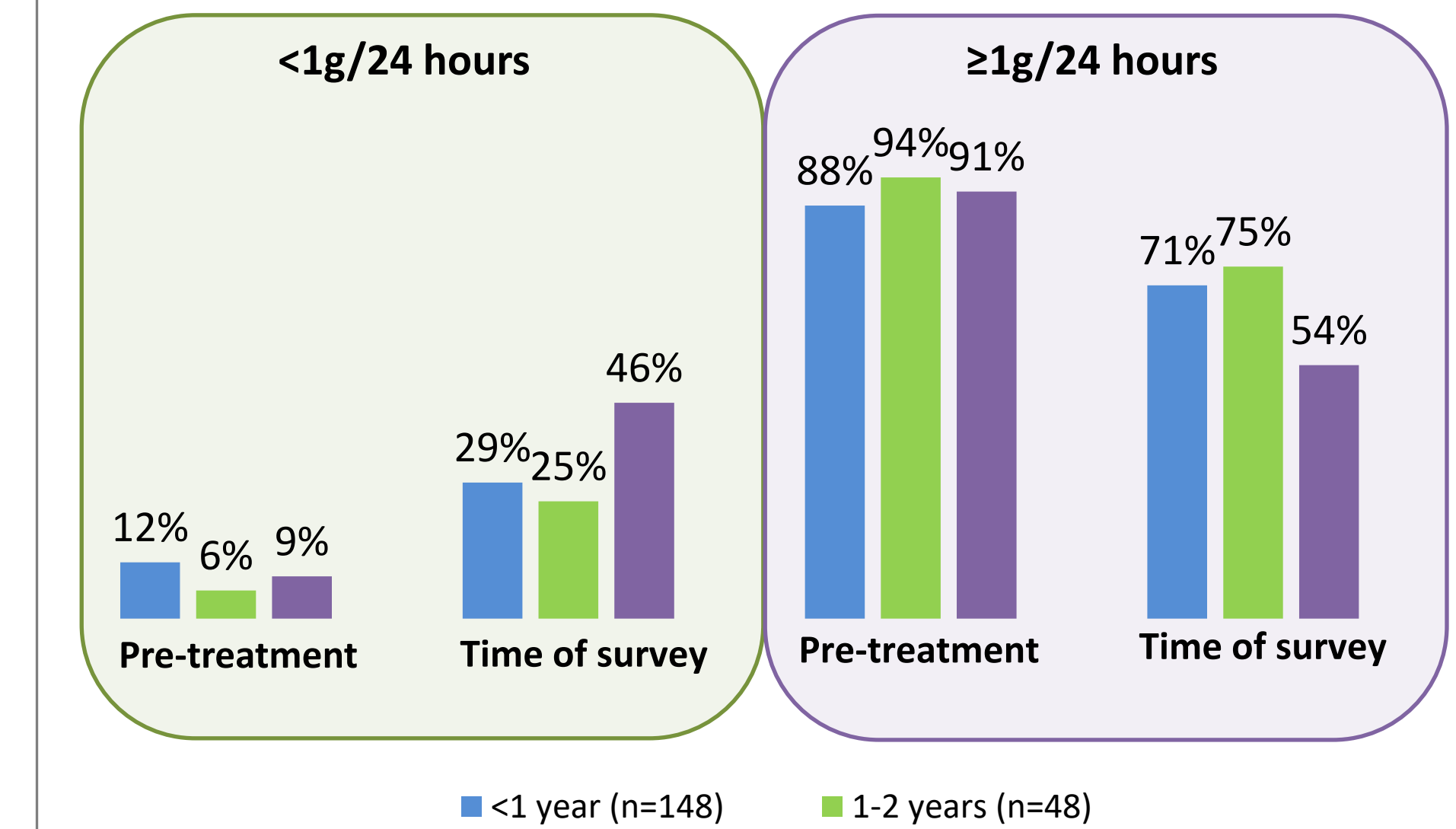
**Figure 2: CKD stages of C3G patients prior to current treatment and at point of survey**



### Symptoms reported and CKD stages

- Around 2/3 of the treated sample were reported to have proteinuria at the time of survey – **Figure 1**, with a similar proportion (70%) experiencing this proteinuria at ≥1g/24 hours – **Table 2**.
- Time on treatment did not significantly reduce the symptoms reported, with the difference being small between those on treatment for <1 year and those >2 years.
- 253 patients had data available for eGFR reported at pre-treatment initiation and at time of survey; and provided time on current treatment.
- CKD staging remained consistent across all groups, with a slight improvement in CKD stages shown for all. Patients who had been on treatment for longer reported the same CKD stage groupings for time of survey and pre-treatment initiation (63% stages 1-3a and 37% stages 3b-5 respectively) – **Figure 2**.

**Figure 3: Proteinuria prior to current treatment and at point of survey**



### Changes in proteinuria

- 242 patients had data available for proteinuria reported at pre-treatment initiation and at time of survey; and provided time on current treatment.
- Clinical proteinuria values decreased for all groups from initiation of treatment to point in survey, especially for those who have been treated for over 2 years, with the percentage of those experiencing ≥1g/24 hours dropping from 91% to 54% – **Figure 3**.
- Although proteinuria values did drop, physicians still reported proteinuria as the most common symptom of C3G – **Figure 1**.
- Just under 3/4 of the treated population still experienced significant proteinuria, despite the reductions from the current treatment regimen – **Table 2**.

## Limitations

- Patients included in the DSP sample are the next eligible patients who consult the physician; therefore, it may not truly represent the overall population of patients, as it is more likely to collect data on patients who consult more frequently.

## References

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## Disclosures

The authors had full editorial control of the poster and provided their final approval of all content. Data collections for the DSP was undertaken by Adelphi Real World as part of an independent survey and data is owned by Adelphi. Novartis is one of multiple subscribers to the DSP and supported this analysis. This study was funded by Novartis Pharma AG and several authors are employees/shareholders of Novartis Pharma AG.

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