Introduction:
- Immunoglobulin A nephropathy (IgAN) accounts for more than 50% of primary glomerulonephritis according to the analysis of biopsy-proven cases in China. The primary focus of IgAN treatment should be slow or stop a progression to kidney failure. The aim of the real-world study is to describe the treatment strategy for patients with IgAN in China.

Methods:
- From June to October 2021, the study collected data from the Adelphi Real-world IgAN Disease-Specific Programme in multiple countries inclueding China, Japan, United States (US), and five countries in Europe, namely France, Germany, Italy, Spain, and United Kingdom. Nephrologists completed forms for consecutive patients with IgAN. The forms included demographic and clinical information including signs, symptoms and lab values. However, the sample collection still resulted in certain limitations, as it's not a truly random sample of patients.

Results:
- 60 nephrologists of China completed a structured online record for identified patients 587 IgAN patients.
- Chinese nephrologists prescribed ACEi/ARB, SGLT2i, corticosteroids and other therapy (Cyclophosphamide, Cyclosporin, Hydroxychloroquine, Mycophenolate mofetil et al) for IgAN, the proportion of different lines of treatments was shown (Fig 1).
- ACEi/ARB was most commonly used as first-line regimen and would continue to be used in the subsequent lines. Compared with EUS and US, the proportion of ACEi/ARB use at first line was lower in Asia, and in China was 74%.

Conclusion:
- Despite attempts to alter various therapeutic regimens, IgAN remained poorly controlled such as proteinuria greater than 1g/day and eGFR decrease continuously. These data highlight an unmet need for the development of more effective drugs to treat and mitigate disease progression.

Disclosures:
- The authors have no disclosures or conflicts of interest to report.

References: