

## **Title: The Real-world Diagnostic Pathway in Patients with IgAN**

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### **Background:**

Although rare (estimated global annual incidence of 25/million) immunoglobulin A nephropathy (IgAN) is the most common form of primary glomerulonephritis. IgAN is associated with a poor prognosis, 30% or more of patients with >1g/day of proteinuria progress to kidney failure within 10 years. Poor prognosis is partly due to delayed diagnosis (Dx). This analysis aims to better understand the diagnostic pathway of IgAN patients.

### **Methods:**

The Adelphi IgAN Disease Specific Programme was a point-in-time survey of IgAN-treating nephrologists in the EU5 (France, Germany, Italy, Spain, UK), US and Asia (China and Japan) from June to October 2021. Nephrologists completed structured online records for successive patients presenting with IgAN, including demographics, clinical data, and reasons for delay of Dx.

### **Results:**

A total of 295 nephrologists completed records for 1792 patients in the survey. Mean patient age was 43.6 years, and 59% were men.

Median time from symptom onset to the patient consulting a physician was reported for 79% of patients. In the EU5 (n=456) and US (n=233), this was 4.4 weeks (IQR EU5: 0.4-9.3, IQR US: 1.3-12.4) and in Asia (n=734) 4.6 weeks (IQR: 0.7-16.3).

Median time from first physician consultation to confirmed IgAN Dx was reported for 86% of patients. Half of the patients received Dx within 4-5 weeks, the top 10% experienced a much longer period (**table 1**).

Reasons for a delay >4 weeks between first consultation and Dx were reported for 46% of patients (n=826). Waiting to conduct tests (44% EU5, 30% US, 43% Asia) and waiting for a referral to a specialist (47% EU5, 41% US, 22% Asia) were the most common causes.

Where GFR was recorded at Dx (76%, n=1356), 20% of patients were at CKD stages 3b-5 (GFR <45 mL/min/1.73 m<sup>2</sup>), in the US this figure was 32%.

### **Conclusion:**

While half of IgAN patients receive a relatively quick Dx, for at least one in ten the wait was over 20 weeks. During this time patients may have progressed to later stages of CKD. Improving the diagnostic process may improve prognosis for some patients.

<b>Table 1. Time from 1st consultation to IgAN Dx (weeks)</b>	<b>EU5 (n=491)</b>	<b>US (n=263)</b>	<b>Asia (n=783)</b>
<b>25th percentile</b>	2.4	0.9	1.0
<b>Median</b>	5.3	4.0	4.3
<b>75th percentile</b>	13.0	8.7	9.3
<b>90th percentile</b>	27.0	20.3	36.0