

Symptom Control with Currently Available Immunoglobulin A Nephropathy Treatment: Results from a Real-World Survey in Eight Countries

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INTRODUCTION

- Immunoglobulin A nephropathy (IgAN) is the most prevalent form of primary glomerulonephritis worldwide with an estimated annual incidence of 25 cases per million people¹.
- Many patients are not diagnosed until they develop kidney dysfunction, such as hematuria and proteinuria^{2,3}. Proteinuria >1g/day is associated with a high risk of progression⁴.

AIM

 The aim of the present study was to describe symptom control and consider treatment satisfaction for patients undergoing treatment for IgAN.

METHOD

- Data were drawn from the Adelphi IgAN Disease Specific Programme (DSP*)™, a point-in-time survey of IgANtreating nephrologists and their consulting patients conducted in the United States (US), Europe (EU5: France, Germany, Italy, Spain, United Kingdom), China, and Japan from June to October 2021.
- Nephrologists completed structured online patient record forms for successive patients presenting with IgAN including demographics, clinical characteristics and treatment patterns.
- Patients voluntarily completed questionnaires that corresponded with the nephrologist records, with questions about their IgAN on that day regarding symptoms experienced, disease severity, and treatment satisfaction.
- Patients who were receiving IgAN treatment at the time of survey are included in the present analysis.

RESULTS

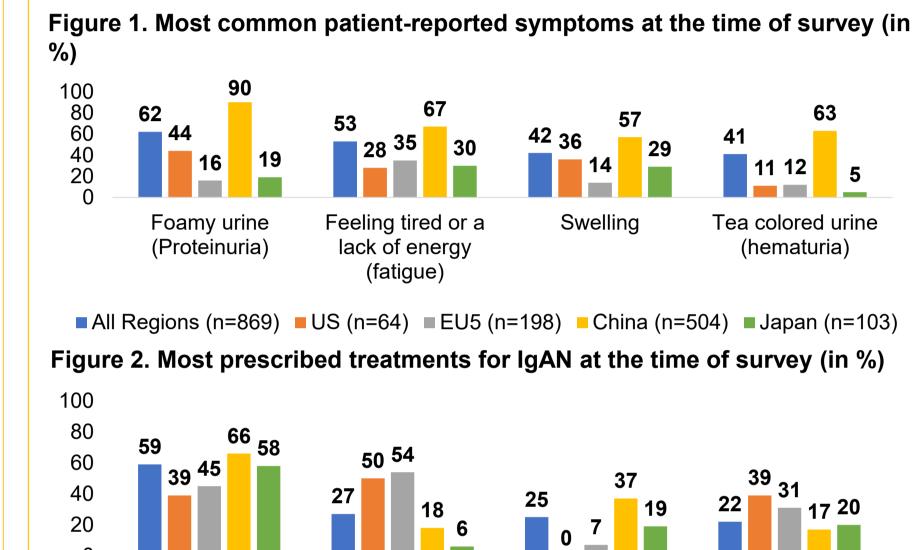
- The mean (standard deviation [SD]) age of patients (n=869) was 42 (13.7) years and 57% were male.
- IgAN symptoms were deemed severe by 10% of 869 patients at the time of survey and 14% of 869 patients before the initiation of their current treatment.
- Overall, 91% of 869 patients reported having symptoms of IgAN at the time of survey, the most common were proteinuria (62%), fatigue (53%) and swelling (42%), with many patients (63%) in China reporting hematuria (Figure 1).
- The most bothersome symptoms were proteinuria (40%), fatigue (38%) and swelling (36%).
- Patients reported their satisfaction with the current treatment: 61% of 869 patients reported that they were satisfied, 27% said they were neither satisfied or dissatisfied, and 12% said they were dissatisfied with their medication (Figure 3).
 - This was consistent with the physician-reported proteinuria and estimated glomerular filtration rate (eGFR) data (Table 1).

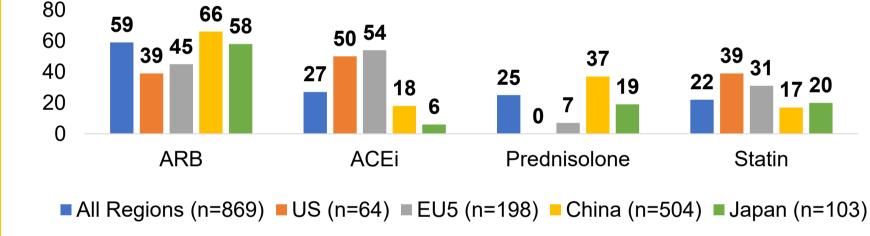
Table 1. Physician-reported proteinuria and eGFR as per line of treatment (in Mean (SD))

	All Regions (n=869)	US (n=64)	EU5 (n=198)	China (n=504)	Japan (n=103)
Proteinuria (in g/day)					
n	629	52	125	386	66
Line 1	2.2 (2.3)	2.6 (2.3)	2.9 (3.5)	2.0 (1.7)	1.6 (2.3)
n	257	17	43	167	30
Line 2	1.8 (2.0)	2.4 (2.0)	2.6 (3.7)	1.7 (1.3)	1.2 (1.1)
n	95	4	11	72	8
Line 3	1.9 (1.4)	4.2 (2.2)	2.6 (1.3)	1.8 (1.1)	1.1 (1.6)
eGFR (in mL/min/1.73m ²)					
n	615	50	135	361	69
Line 1	77.1 (29.6)	60.8 (25.6)	68.0 (32.2)	85.4 (27.3)	63.5 (23.3)
n	246	17	41	159	29
Line 2	72.2 (30.3)	59.5 (26.0)	63.3 (24.5)	78.3 (31.6)	59.0 (22.6)
n	96	4	11	72	9
Line 3	66.9 (31.1)	52.8 (30.2)	49.8 (25.0)	71.5 (32.2)	57.3 (18.1)

Abbreviations: eGFR: Estimated Glomerular Filtration Rate; EU5: France, Germany, Italy, Spain and

United Kingdom; n: Number of Patients; SD: Standard Deviation; US: United States





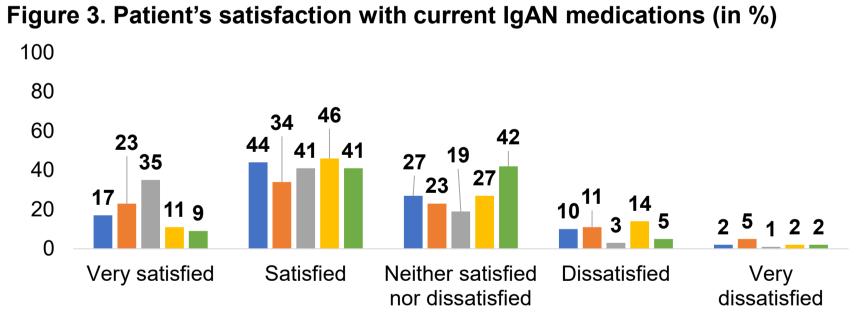
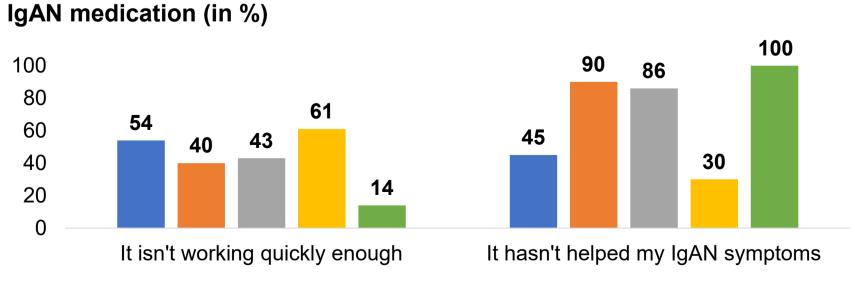


Figure 4. Main reasons for patient's dissatisfaction with their current

■ All Regions (n=869) ■ US (n=64) ■ EU5 (n=198) ■ China (n=504) ■ Japan (n=103)



■ All Regions (n=103) ■ US (n=10) ■ EU5 (n=7) ■ China (n=79) ■ Japan (n=7) Abbreviations: EU5: France, Germany, Italy, Spain and United Kingdom; IgAN: Immunoglobulin A Nephropathy; US: **United States**

CONCLUSIONS

- Despite treatment, most patients with IgAN continued to experience symptoms. Many of these symptoms were considered bothersome by patients, including proteinuria, fatigue, swelling and hematuria which may have an impact on their everyday lives.
- These data highlight an unmet need for effective IgAN management and future treatments should aim to target better symptom relief and disease progression.

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*The DSP methodology has previously been published in detail (Anderson P et al. Current Medical Research and Opinion. 2008;24(11):3063-3072.)