

The Diagnostic Journey of Patients with Immunoglobulin A Nephropathy: Data Analysis of a Real-World Survey

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INTRODUCTION

- Although rare (estimated global annual incidence of 25 cases per million people), immunoglobulin A nephropathy (IgAN) is the most common form of primary glomerulonephritis¹.
- IgAN is associated with a poor prognosis, with 30% or more of patients with >1g/day of proteinuria progressing to kidney failure within 10 years².

AIM

- As poor prognosis is partly due to delayed diagnosis, this analysis aims to describe aspects of the diagnostic pathway for patients with IgAN.

METHOD

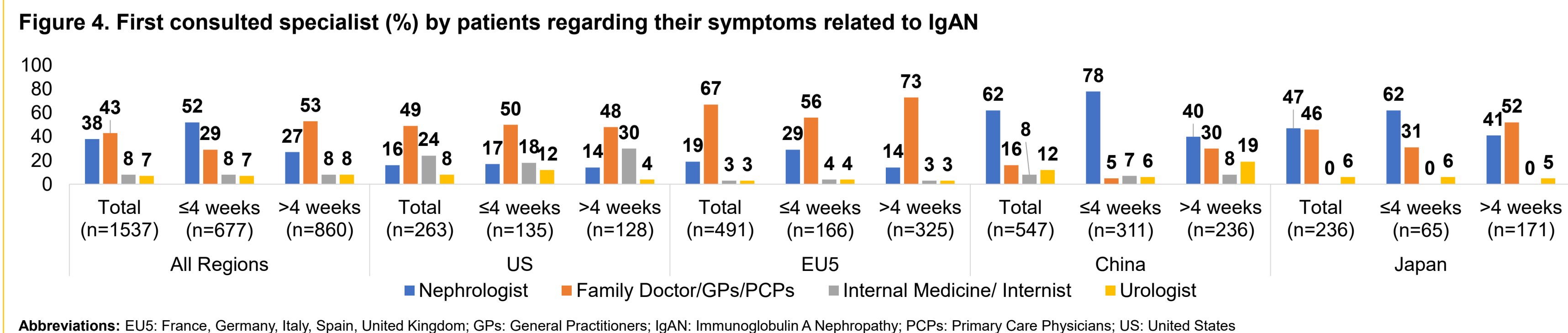
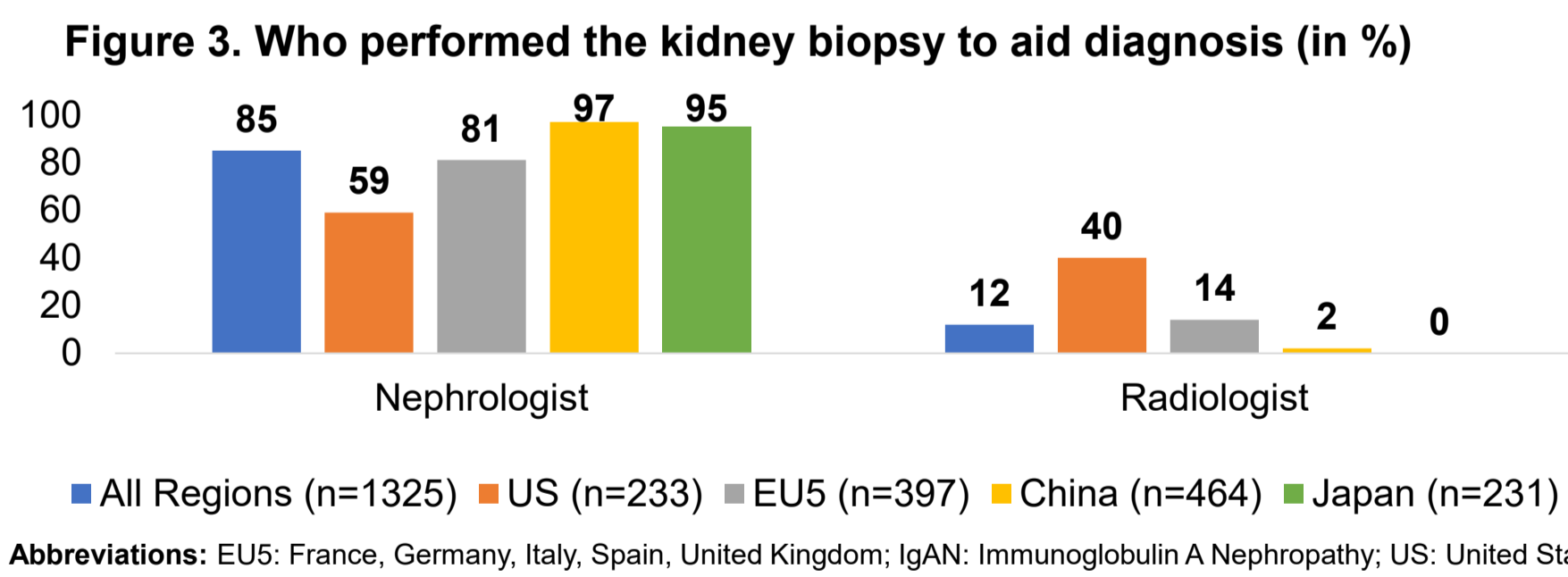
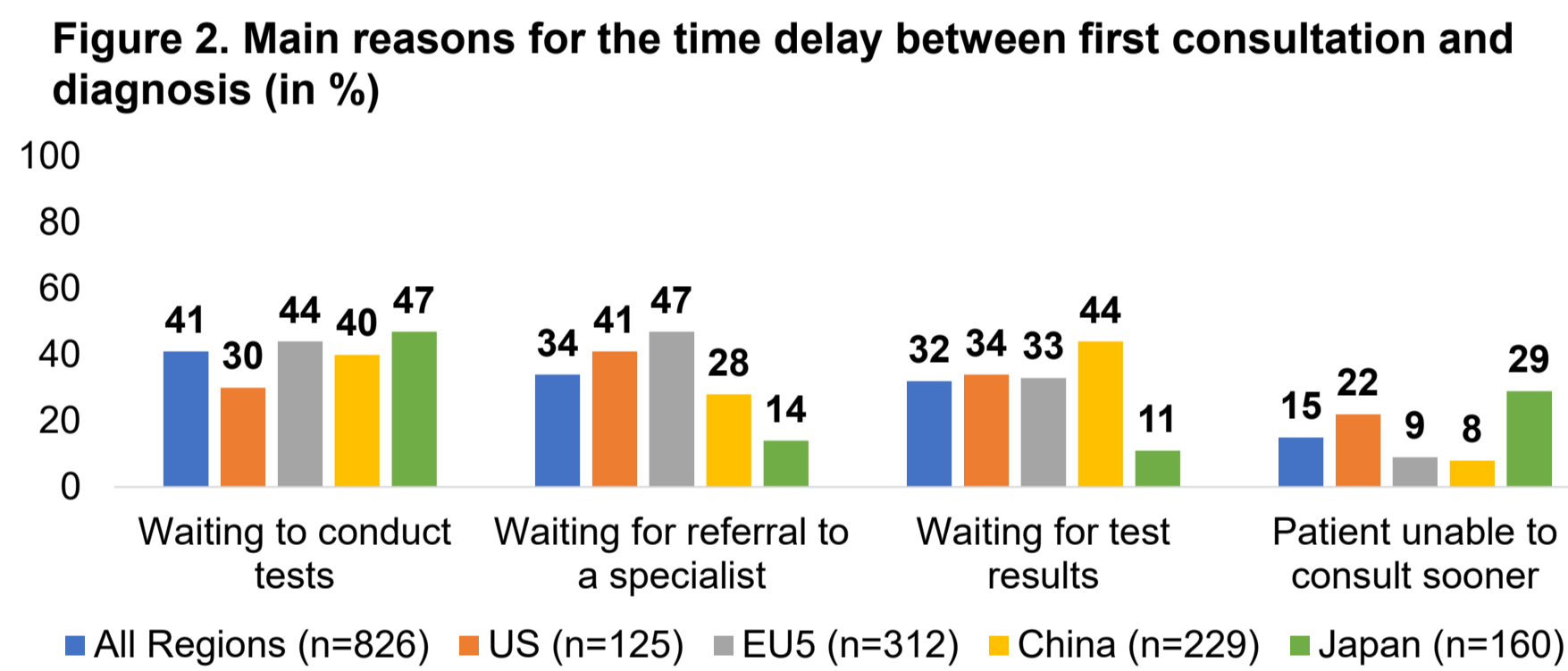
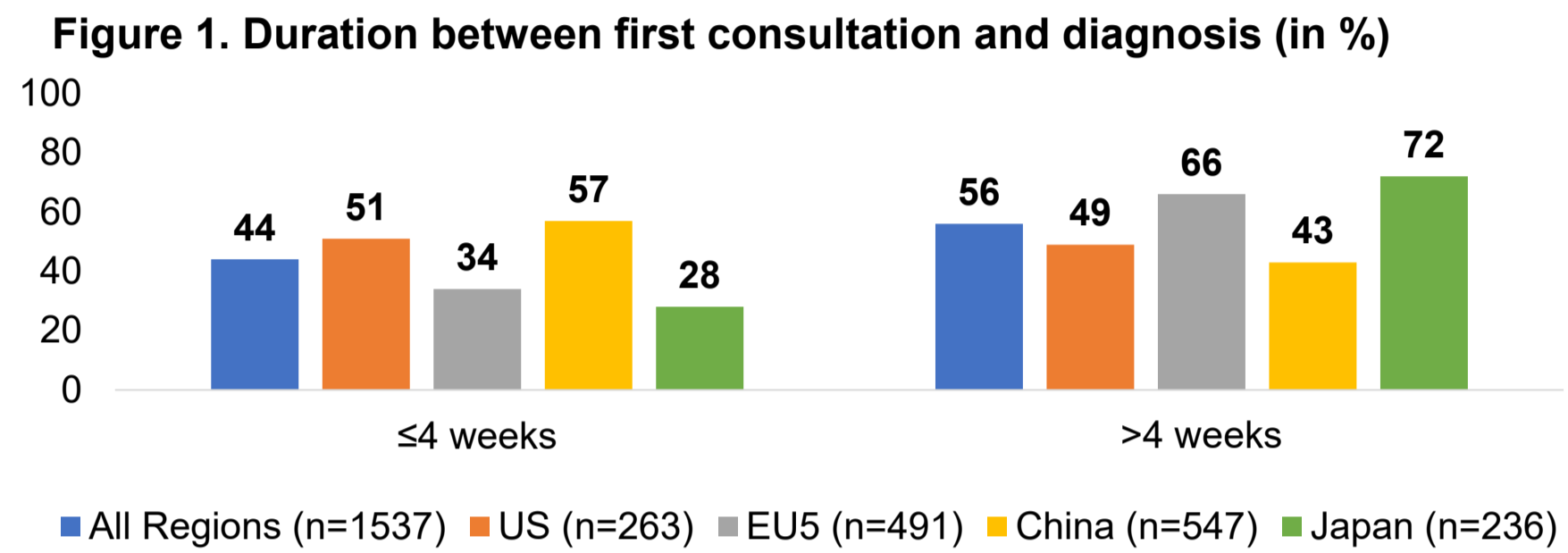
- Data were drawn from the Adelphi IgAN Disease Specific Programme (DSP*)™, a point-in-time survey of IgAN-treating nephrologists and their consulting patients, conducted in the United States (US), Europe (EU5: France, Germany, Italy, Spain, United Kingdom), China, and Japan between June and October 2021.
- Nephrologists completed structured online patient record forms for successive patients presenting with IgAN, including demographics, clinical data, time to diagnosis, reasons for delayed diagnosis, and treatment history.
- A duration of greater than four weeks between first consultation with a physician and diagnosis was considered a delayed diagnosis.

RESULTS

- A total of 295 nephrologists completed records for 1537 patients which had data characterizing the time from first consultation to diagnosis.

RESULTS

- Mean (standard deviation (SD)) patient age was 43.0 (15.0) years, and 59% were male.
- At diagnosis, mean (SD) proteinuria (n=1254) was 2.3 (2.4) g/day (US: 2.3 (1.8) n=215; EU5: 2.9 (3.4) n=405; China: 2.3 (2.0) n=436; Japan 1.1 (0.9) n=198).
- Median (interquartile range) time from first physician consultation to confirmed IgAN diagnosis varied by physician speciality:
 - For nephrologists (n=582), the duration was 2.4 (0.7-5.6) weeks.
 - For family doctors/general practitioners (GPs)/primary care physicians (PCPs) (n=656), the duration was 6.6 (3.0-13.8) weeks.
 - For internal medicine/internists (n=120) and urologists (n=113), the duration was 4.4 (1.3-9.4 and 1.5-12.5 respectively) weeks.
- Most patients (97% of 1537) were diagnosed by a nephrologist (US 95% of 263; EU5 96% of 491; China 98% of 547; Japan 99% of 236 patients).
- In most cases, a kidney biopsy was used for diagnosis (US: 89% of 263; EU5: 81% of 491; China: 85% of 547; Japan 98% of 236 patients).
 - However, some patients were unable to undergo a biopsy (6% of 1537 patients) and in some cases the physician chose to diagnose the patient using non-invasive methods (8% of 1537 patients).



CONCLUSIONS

- Most of the patients with IgAN in this survey were diagnosed by a nephrologist using a kidney biopsy.
- Study data suggest that initially consulting a family doctor/ GP/ PCP, urologist or internist led to a delayed diagnosis for patients. This may be due to the time taken for onward referral to a nephrologist.
- China had the highest proportion of patients diagnosed within 4 weeks from the first consultation (57% of 547 patients) and the highest proportion of patients who first visited a nephrologist regarding their symptoms.
- The results from this study suggest that speeding up referral from PCPs to nephrologists may reduce the amount of time taken to confirm IgAN diagnosis and to receive necessary treatment early.

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