

## Title

### TREATMENT GOALS FROM THE PERSPECTIVE OF IMMUNOGLOBULIN A NEPHROPATHY PATIENTS - RESULTS FROM A REAL-WORLD STUDY

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## Introduction

Immunoglobulin A nephropathy (IgAN) is a rare disease with an estimated annual incidence of 25 per million worldwide. Approximately 50% of IgAN patients with proteinuria  $\geq 1$  g/day progress to kidney failure in 15 years. Limited data is available on treatment goals among patients with IgAN in the real-world setting and this analysis aims to close this gap.

## Methods

Data were drawn from the Adelphi IgAN Disease Specific Programme, a survey of IgAN-treating nephrologists and their patients reporting cross-sectional and retrospective data. The survey ran in the United States, EU5 (France, Germany, Italy, Spain and the United Kingdom), China and Japan between June and October 2021. Patients filled self-completion forms regarding their treatment goals and their perception of currently available treatment options.

## Results

Out of a total of 1,792 patients, 886 (49%) filled self-completion forms; their mean age was 41.2 years and 57% were male.

Of these, 837 (94%) reported their treatment goals with the most common one being a relief from the overall IgAN symptoms (n=720, 86%). These symptoms included reduction of proteinuria (n=696, 83%) followed by reduction of hematuria (n=526, 63%), reduction of fatigue (n=496, 59%), relief from swelling (n=478, 57%) and delay/prevent progression of disease to a worse condition (n=461, 55%) (Figure 1).

At the time of survey, a total of 701 (79%) patients received non-immunosuppressants (ISTs) (including angiotensin-converting enzyme inhibitors and angiotensin receptor blockers), 404 (46%) received corticosteroids and 208 (23%) received non-steroidal ISTs. Overall, 158 (22%) patients reported that the current intervention did not help in symptom relief; this number was the highest in patients receiving non-steroidal ISTs (n=58, 32%). At the time of survey, 383 (44%) patients were very keen to try new treatments; highest in patients receiving non-steroidal ISTs (n=103, 50%). A large number of patients were concerned about progression to kidney failure (n=631, 71%) and the potential need for dialysis in the future (n=616, 69%). Overall, 164 (19%) patients were unsatisfied with the current treatment options (Table 1).

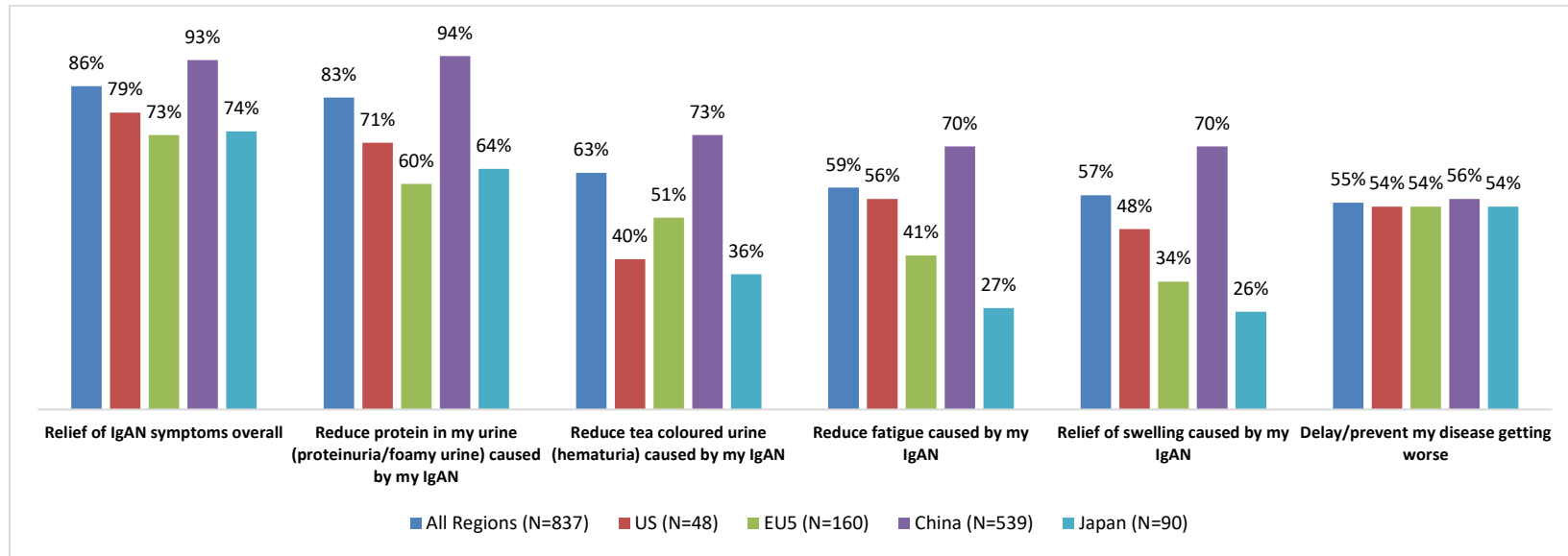
## Conclusion

Relief of overall IgAN symptoms as a treatment goal was reported by the majority of patients and nearly half of the patients were open to trying new treatment options. More than two thirds of patients were concerned about the progression to kidney failure and the potential need for dialysis in the future despite

the current intervention. The study findings highlight the unmet need with the available therapeutic options in achieving desired treatment goals, and thus, emphasize the need for new treatments. As patients expressed an interest in new treatments, building the IgAN patient communities with the aim of educating, connecting and empowering them to get early access to available therapies should be one of the future priorities for the healthcare system.

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Figure 1: Patient-reported top 6 treatment goals at the time of survey



Abbreviations: EU5: France, Germany, Italy, Spain and the United Kingdom; IgAN: Immunoglobulin A Nephropathy; US: United States

**Table 1: Patient-reported treatment perceptions at the time of survey**

	All Regions		US		EU5		China		Japan	
	N	n (%)	N	n (%)	N	n (%)	N	n (%)	N	n (%)
<b>No relief or worsening of overall IgAN symptoms with medication(s) at the time of survey*</b>										
Patients receiving any treatment for IgAN	713	158 (22)	38	17 (44)	114	5 (5)	498	119 (24)	73	17 (27)
Patients receiving non-ISTs#	562	123 (22)	34	15 (44)	103	5 (5)	390	89 (22)	35	14 (40)
Patients receiving corticosteroids	333	68 (21)	23	15 (65)	34	3 (9)	233	44 (19)	43	6 (14)
Patients receiving non-steroidal ISTs@	184	58 (32)	18	9 (50)	15	2 (14)	147	46 (31)	4	1 (25)
<b>Very keen to try the next new treatment</b>										
Patients receiving any treatment for IgAN	882	383 (44)	58	31 (54)	181	80 (45)	539	245 (46)	104	27 (26)
Patients receiving non-ISTs#	697	299 (43)	54	29 (53)	162	73 (45)	421	179 (43)	60	18 (30)
Patients receiving corticosteroids	403	174 (43)	31	17 (55)	54	27 (50)	253	116 (46)	65	14 (22)
Patients receiving non-steroidal ISTs@	205	103 (50)	21	11 (52)	19	6 (32)	159	85 (53)	6	1 (17)
<b>Concerned about developing kidney failure in the future</b>										
Patients receiving any treatment for IgAN	884	631 (71)	60	45 (75)	181	115 (63)	539	417 (77)	104	54 (52)
Patients receiving non-ISTs#	699	487 (69)	56	41 (73)	162	104 (64)	421	315 (75)	60	27 (45)
Patients receiving corticosteroids	403	284 (70)	31	24 (78)	54	30 (56)	253	191 (75)	65	39 (60)
Patients receiving non-steroidal ISTs@	207	172 (83)	23	20 (87)	19	15 (79)	159	133 (83)	6	4 (67)
<b>Concerned about the potential need for dialysis in the future</b>										
Patients receiving any treatment for IgAN	882	616 (69)	58	44 (75)	181	127 (71)	539	396 (74)	104	49 (47)
Patients receiving non-ISTs#	698	487 (70)	55	41 (75)	162	116 (71)	421	302 (72)	60	28 (47)
Patients receiving corticosteroids	404	281 (69)	32	25 (79)	54	38 (70)	253	185 (73)	65	33 (51)
Patients receiving non-steroidal ISTs@	205	167 (82)	21	19 (91)	19	18 (94)	159	127 (80)	3	1 (50)
<b>Not happy with the available treatment options</b>										
Patients receiving any treatment for IgAN	879	164 (19)	57	18 (32)	181	16 (9)	538	110 (20)	103	20 (20)
Patients receiving non-ISTs#	696	127 (18)	54	16 (30)	163	14 (9)	420	84 (20)	59	13 (22)
Patients receiving corticosteroids	402	77 (19)	32	13 (43)	53	6 (11)	252	47 (19)	65	11 (17)
Patients receiving non-steroidal ISTs@	204	46 (22)	20	7 (35)	19	3 (16)	159	34 (22)	6	2 (34)

**Abbreviations:** EU5: France, Germany, Italy, Spain and the United Kingdom; IgAN: Immunoglobulin A Nephropathy; ISTs: Immunosuppressants; US: United States; \*Data for this question was obtained by adding "Much Worse", "Somewhat worse" and "No change" responses provided by patients; #Non-ISTs included angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, statins, diuretics, antiplatelet agents, sodium-glucose cotransporter-2 inhibitors, other non-immunosuppressants, acthar gel; @non-steroidal ISTs included cyclophosphamide, hydroxychloroquine, mycophenolate mofetil, tacrolimus, azathioprine, leflunomide, cyclosporin and other non-steroidal immunosuppressants