Title

SYMPTOM BURDEN OF PATIENTS WITH IGA NEPHROPATHY IN A REAL WORLD SETTING ACROSS GEOGRAPHIES

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Introduction

Immunoglobulin A nephropathy (IgAN) is the most common form of primary glomerulonephritis worldwide, with an estimated annual incidence of 25 per million. IgAN is usually considered as an asymptomatic or pauci-symptomatic disease, with typical clinical characteristics including proteinuria, and hematuria. The aim of this analysis was to better understand the real-world symptom burden in IgAN patients at the time of diagnosis, around the world.

Methods

The Adelphi IgAN Disease Specific Programme was a non-interventional, retrospective and point-in-time survey of IgAN-treating nephrologists in the US, EU5 (France, Germany, Italy, Spain and UK), China and Japan between June and October 2021. Nephrologists completed structured online records for successive patients presenting with IgAN, which included demographic and clinical information including clinical characteristics and symptoms.

Results

A total of 295 nephrologists completed records for 1792 patients. Mean patient age was 43.6 years, and most were male (59%). The diagnosis was confirmed by biopsy in 86% of the patients. The main clinical characteristics at diagnosis were proteinuria (74%) and visible hematuria (64%). Patients presented with considerable number of symptoms at diagnosis (**Table 1**). Overall, edema in the extremities was a major symptom (38%) and was present in 49% of the patients in China to 19% of the patients in Japan. Fatigue was another common symptom (26%) and was reported in 32% of the patients in the US to 6% of the patients in Japan. While pain in back/sides/abdomen and appetite loss were reported in 15% and 10% of patients overall, 8% each reported sleep problems and aching joints. Comparing across the different regions, Japanese patients seem to report fewer symptoms overall.

Conclusion

This comprehensive study of IgAN patients across varied geographies presents evidence that patients have substantial symptomatic burden, which can impair their physical and mental health and may be detrimental to their quality of life (QoL), especially in this mostly young population. As many therapies are under development for IgAN, there is an opportunity to investigate in more depth the diverse symptom

burden of these patients beyond proteinuria and GFR assessments, for example such as incorporating QoL instruments.

	US n=302		EU5 (France, Germany, Italy, Spain, UK) n=597		China n=567		Japan n=264		Total N=1730	
	n	%	n	%	n	%	n	%	n	%
Proteinuria/foamy urine	208	69%	430	72%	469	83%	179	68%	1286	74%
Hematuria/visible blood in urine	206	68%	424	71%	300	53%	185	70%	1115	64%
Edema (swelling) in extremities	108	36%	218	37%	275	49%	50	19%	651	38%
Fatigue	98	32%	160	27%	173	31%	15	6%	446	26%
Pain in back/sides/abdomen	36	12%	97	16%	123	22%	4	2%	260	15%
Appetite loss	34	11%	43	7%	84	15%	9	3%	170	10%
Sleep problems	21	7%	49	8%	64	11%	9	3%	143	8%
Aching joints	37	12%	39	7%	53	9%	6	2%	135	8%
Headaches/migraine	21	7%	57	10%	46	8%	5	2%	129	7%
Nausea	18	6%	36	6%	60	11%	7	3%	121	7%
Gastrointestinal pain	28	9%	54	9%	23	4%	5	2%	110	6%
Drowsiness	26	9%	28	5%	43	8%	5	2%	102	6%
Muscle cramps	18	6%	31	5%	13	2%	2	1%	64	4%

Table 1: Clinical characteristics and Symptom Burden of IgAN patients at diagnosis