Risk of Progression to ESKD in IgA Nephropathy

IgA nephropathy (IgAN) is a progressive, autoimmune, chronic kidney disease that **can lead to ESKD**[1]

Target proteinuria[2,a] **1 g/d**

IgAN previously has been considered a benign disease, particularly for patients below the **target proteinuria level of <1 g/d**[2,a]

However, studies suggest that the risk of progression to ESKD cannot be ignored, **even for patients traditionally considered low risk**[3-6]

The RaDaR study highlights the risk of progression to ESKD[3,b]

The IgAN cohort of the UK National Registry of Rare Kidney Diseases (RaDaR) was studied to **assess IgAN progression**

Most patients progressed to ESKD within

10-15 years[3]

Mean age at ESKD/death was

48 years[3]

In RaDaR, as well as additional observational studies across diverse populations, the median time from diagnosis to ESKD ranged from 3-11 years[3,7-10]

[a]Target proteinuria level is currently under review by KDIGO. [b]Retrospective cohort study using data from the RaDaR (UK) cohort of 2299 adults and 140 children with biopsy-confirmed IgAN with proteinuria >0.5 g/d or eGFR <60 mL/min/1.73 m^2 at any point in their clinical history.

eGFR, estimated glomerular filtration rate; ESKD, end-stage kidney disease; KDIGO, Kidney Disease: Improving Global Outcomes.

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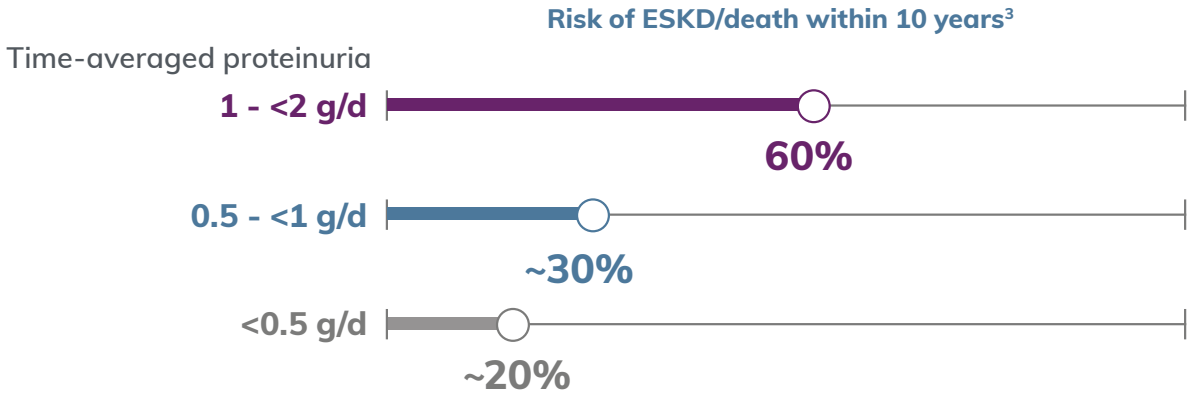
Patients with proteinuria <1 g/d remained at risk for poor kidney outcomes[3,b]

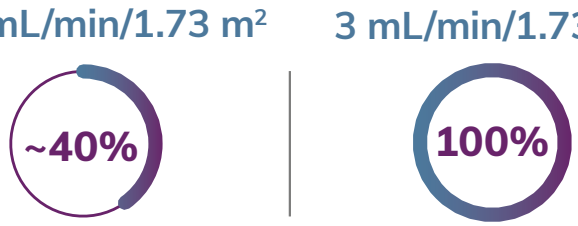


Patients with time-averaged proteinuria between 0.5 and <1 g/d had an average eGFR **decline of 1.1 mL/min/1.73 m² per year**[3]

Annual eGFR decline ≥1 mL/min/1.73 m² can lead to ESKD for many patients[3,b]

Almost all patients were at risk of ESKD unless they maintained an eGFR **decline below 1 mL/min/1.73 m² per year**[3]

At an annual eGFR decline of:



of adults **aged ≤40 years** at diagnosis are **expected to progress to ESKD**[3]

The majority of patients with IgAN reached ESKD, and even those with proteinuria <1 g/d were at risk of developing ESKD within 10 years[3,b]

References:
1. Lai KN, et al. *Nat Rev Dis Primers*. 2016;2:16001. **2.** KDIGO Glomerular Diseases Work Group. *Kidney Int*. 2021;100(4S):S1-S276. **3.** Pitcher D, et al. *Clin J Am Soc Nephrol*. 2023;18(6):727-738. **4.** Tang C, et al. *Am J Kidney Dis*. 2024;84(2):170-178.e1. **5.** Le W, et al. *Nephrol Dial Transplant*. 2012;27(4):1479-1485. **6.** Faucon AL, et al. *Nephrol Dial Transplant*. 2024;30:gfae085. **7.** Wong K, et al. *Lancet*. 2024;403(10433):1279-1289. **8.** Sim JJ, et al. Poster presented at: ASN Kidney Week; November 2-5, 2023; Philadelphia, PA (TH-PO615).**9.** Sim J, et al. *Kidney Int Rep*. 2024;9(4):S157-S158 (WCN 2024 abstr WCN24-1268). **10.** Barbour SJ, et al. *Kidney Int*. 2013;84(5):1017-1024.

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Learn more about IgAN progression