Sparsentan vs Irbesartan in Patients with IgAN: Subgroup Analyses of 2-Year Results from the Pivotal Phase 3 PROTECT Trial

PROTECT Trial Design

SPARSENTAN
Target 400 mg/day at week 2
N=202
86.1% (n=174) completed treatment

IRBESARTAN
Target 300 mg/day at week 2
N=202
76.2% (n=154) completed treatment

Week 36	Week 110	Week 114
Interim analysis	End randomization	End double-blind period

Methods

- Randomized
  N=404, 1:1
- ≥ 18 years
- IgAN
  Biopsy-proven
- UPE ≥ 1.0 g/day
- eGFR
  ≥ 30 mL/min/1.73m^2

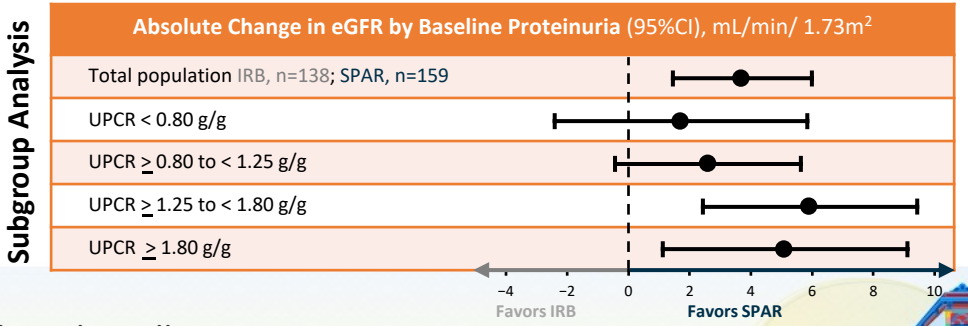
Results (95%, CI)

Complete proteinuria remission
UPE < 0.3 g/day
SPAR: 31%, IRB 11%
RR 2.5 (1.6 – 4.1)

Change in eGFR
mL/min/1.73m^2
SPAR: −5.8, IRB −9.5
Difference 3.7 (1.5 – 6.0)

Potential long–term impact of improved eGFR slope on time to dialysis
17.4 vs 12.4 vs 8.9 years
SPAR vs IRB vs RASi SOC

Serious TEAEs
SPAR: 37%, IRB 35%
No drug-induced liver injury in SPAR group



eGFR: estimated glomerular filtration rate; IRB: irbesartan; IgAN: immunoglobulin A nephropathy; RASi: renin-angiotensin system inhibitor; RR: risk ratio; SOC: standard of care; SPAR: sparsentan; TEAE: treatment-emergent adverse event; UPCR: urine protein-to-creatinine ratio; UPE: urine protein excretion.

Conclusion: The final analysis of the phase 3 PROTECT trial showed that sparsentan had a clinically meaningful benefit on long-term kidney preservation, with absolute change in eGFR and rate of eGFR change favoring sparsentan vs irbesartan across baseline proteinuria subgroups over 2 years.

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