Diagnosis, Management, and Treatment of IgA Nephropathy in 2023 and Beyond

**Diagnostic delays**
- IgAN is not diagnosed until gross hematuria, hypertension, renal insufficiency &/or significant proteinuria
- Median time from first clinical sign to diagnosis = 5 months
- Definitive diagnosis is made based on kidney biopsy
- Total mean eGFR decline by the time of biopsy diagnosis: 19.7 ml/min/1.73 m²
- International IgAN prediction tool identifies those with high risk of rapid disease progression

**Unmet need with standard of care**
- Need for efficacious & well tolerated drugs for those at high risk of progression
- RAASi: High risk of disease progression
  - Glucocorticoids: No significant improvement in 10-year outcomes; Increased risk of infections

**Approved therapies**
- **Drug**
  - Dapagliflozin (CKD)
  - Nefecon (IgAN)
  - Sparsentan (IgAN)
- **Trial**
  - DAPA-CKD
  - NEFIGARD
  - PROTECT

**Potential therapies**
- **Drug**
  - Empagliflozin (SGLT2i)
  - Narsoplimab (MASP-2 inhibitor)
  - Iptacopan (Factor B inhibitor)
  - Atrasentan (ETAR antagonist)
  - Sibeprenlimab (APRIL inhibitor)
- **Trial**
  - EMPA-KIDNEY
  - ARTEMIS-IgAN
  - APPLAUSE-IgAN
  - ALIGN
  - VISIONARY


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