

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



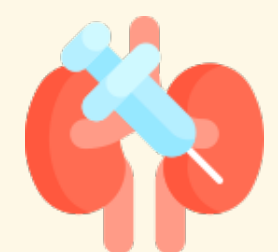
## Diagnostic delays



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 m<sup>2</sup>



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

## Potential therapies

Drug	Trial
Empagliflozin (SGLT2i)	EMPA-KIDNEY
Narsoplimab (MASP-2 inhibitor)	ARTEMIS-IgAN
Iptacopan (Factor B inhibitor)	APPLAUSE-IgAN
Atrasentan (ET <sub>A</sub> R antagonist)	ALIGN
Sibeprenlimab (APRIL inhibitor)	VISIONARY

Based on the *Industry Webinar: Diagnosis, Management, and Treatment of IgA Nephropathy in 2023 and Beyond* by Traverre Therapeutics - <https://academy.theisn.org/products/industry-webinar-diagnosis-management-and-treatment-of-iga-nephropathy-in-2023-and-beyond>

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