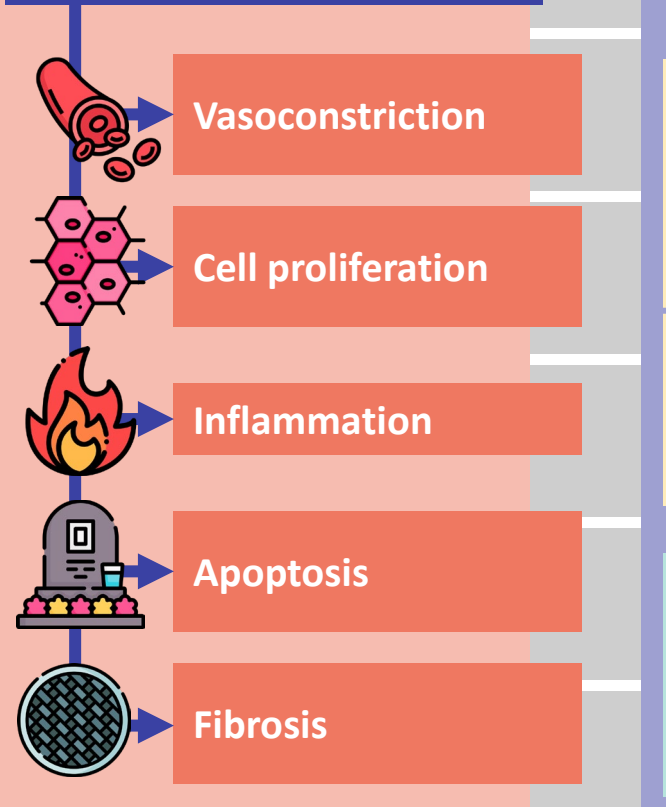


# Targeting the Endothelin A Receptor in IgA Nephropathy



## Effects of ET<sub>A</sub>R activation on multiple renal cell types



## Blockade of ET<sub>A</sub>R is renoprotective in experimental models of IgAN and reduces proteinuria in patients with IgAN

PROTECT	AFFINITY	ALIGN
 <b>Sparsentan vs Irbesartan</b> 110 weeks	 <b>Atrasentan</b> 52 weeks	 <b>Atrasentan vs placebo</b> 136 weeks
<b>Proteinuria reduction</b> <b>49.8% vs 15.1%</b> to week 36, n= 404 patients	<b>Proteinuria reduction</b> <b>54.7%</b> to week 24, n= 19 patients	<b>Ongoing</b> Effects on proteinuria to week 36 Change in eGFR to week 136 n= 320 planned

### Adverse events associated with ET<sub>A</sub>R blockade

- Teratogenicity
- ↑ markers of liver injury
- Fluid retention

### ET<sub>A</sub>R blockade + SGLT2i effect

- ASSIST trial
- PROTECT trial
- ZENITH-CKD trial
- ALIGN trial

Reference: Kohan D et al, DOI: <https://doi.org/10.1016/j.ekir.2023.07.023>

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**Conclusion** the evidence supports the use of ET<sub>A</sub>R blockade in IgAN and addresses the potential role for this class of agents among the current and emerging therapies for treating this disorder.

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