Sparsentan As First-Line Treatment of Incident Patients With IgA Nephropathy (IgAN): Interim Analysis of the SPARTAN Trial

Methods

Interim analysis of a phase 2, multicenter (UK), open-label study

N=12 adults with biopsy-proven IgAN within ≤6 months

BL UPE: 1.7 g/d
BL UPCR: 1.3 g/g

BL eGFR: 70.2 mL/min/1.73 m^2

Treatment naive (no ACEis/ARBs within ≤12 months)

Intervention

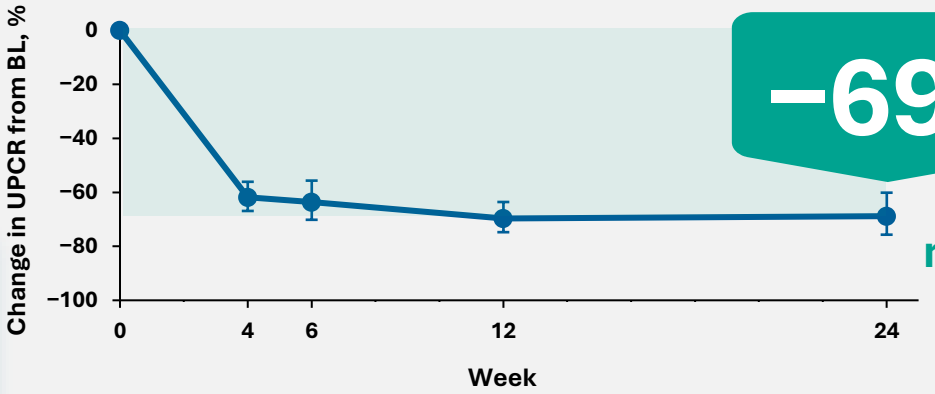
Sparsentan
target dose: 400 mg QD

UPE, urine protein excretion; QD, once daily.

Outcomes

Proteinuria

Rapid and sustained reduction in proteinuria from BL:



−69%
UPCR reduction at 24 weeks

58% of patients achieved **complete remission***

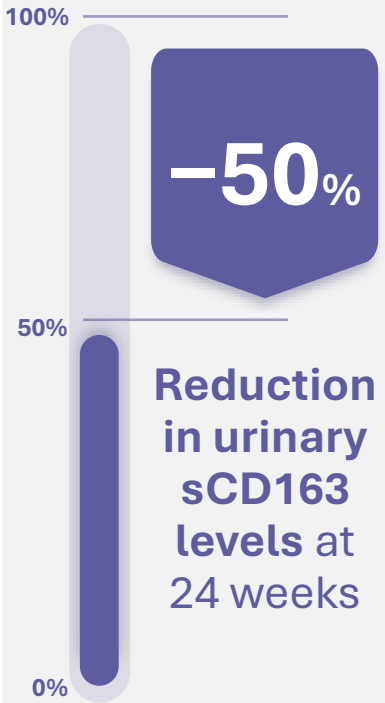
*UPE <0.3 g/d at any time

Safety

Sparsentan was generally well tolerated

1 discontinuation (hypotension) after week 6

Inflammatory biomarkers



Reduction in urinary sCD163 levels at 24 weeks

Sparsentan, as a first-line treatment for IgAN, **resulted in rapid and sustained reductions in proteinuria** (~70% from BL), including complete remission (~60% of patients). Rapid reductions in urinary sCD163 (an inflammatory biomarker) were also observed, demonstrating for the first time **sparsentan's anti-inflammatory effect in humans**. Sparsentan was generally well tolerated.

Visual summary of:
Cheung CK, et al. Presented ASN Kidney Week 2024; October 23–27, 2024; San Diego, CA, USA. Oral FR-OR63.