

Implications of Proteinuria Remission on Estimated Glomerular Filtration Rate Trajectory in Patients With IgA Nephropathy in PROTECT

Methods



Post hoc analysis of patients who achieved CR (UPE <0.3 g/d) or UPE <0.5 g/d regardless of treatment



Sparsentan vs maximum labeled dose irbesartan (double blind)



N=404 adults with biopsy-proven IgAN



UPE ≥1 g/d

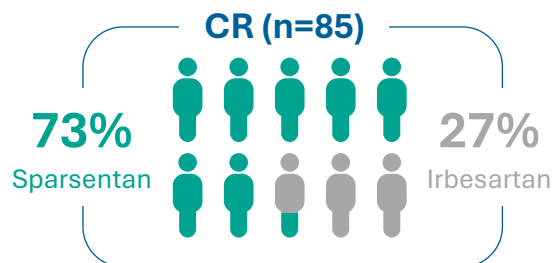


eGFR ≥30 mL/min/1.73 m²

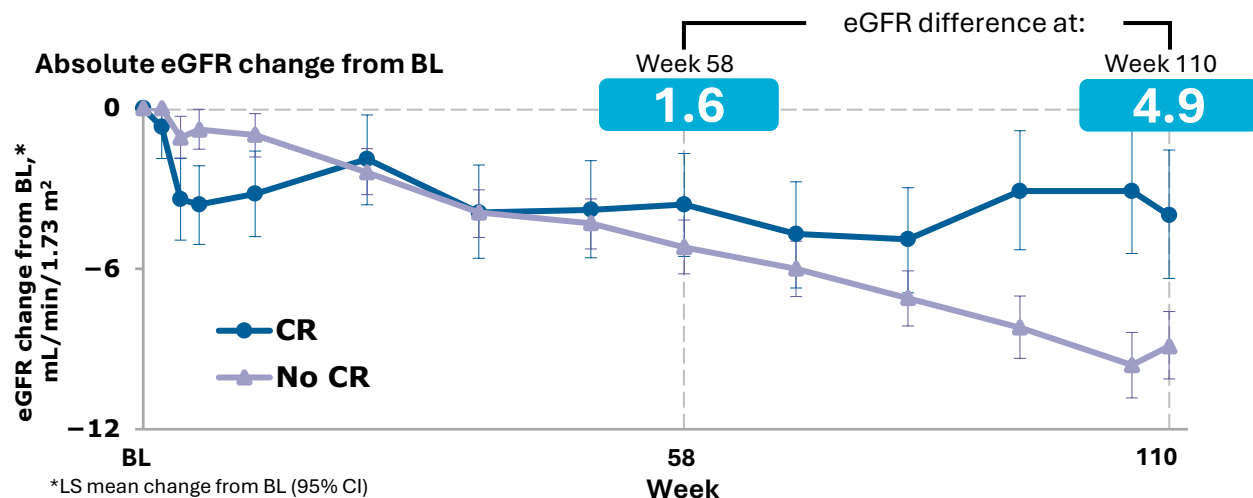
CR, complete proteinuria remission; UPE, urinary protein excretion.

Outcomes

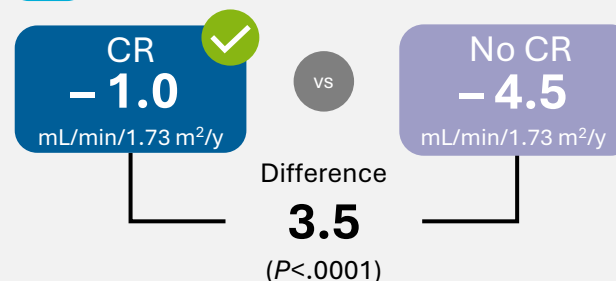
CR vs no CR achievement (pooled)*



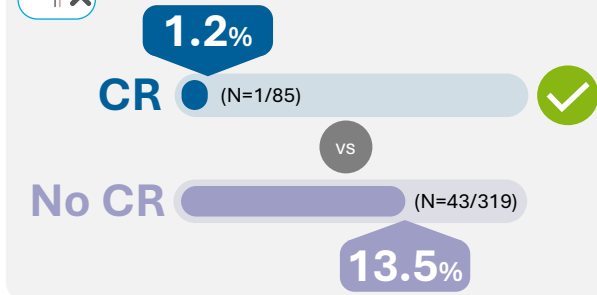
* At any time over 110 weeks.



eGFR total slope



Composite kidney failure endpoint*



*≥40% eGFR decline, ESKD, or all-cause mortality.

Similar trends were observed in patients who achieved UPE <0.5 g/d

In PROTECT, patients who achieved **low proteinuria** had **greater eGFR preservation** and were **less likely to reach the composite kidney failure endpoint** than those who did not. Achievement of **CR or UPE <0.5 g/d** was more frequent with sparsentan vs maximum labeled dose irbesartan, which supports the use of sparsentan for long-term preservation of kidney function.

Visual summary of:
Heerspink HJL, et al. Presented at ASN Kidney Week 2024; October 23–27, 2024; San Diego, CA, USA. Poster FR-PO872.

