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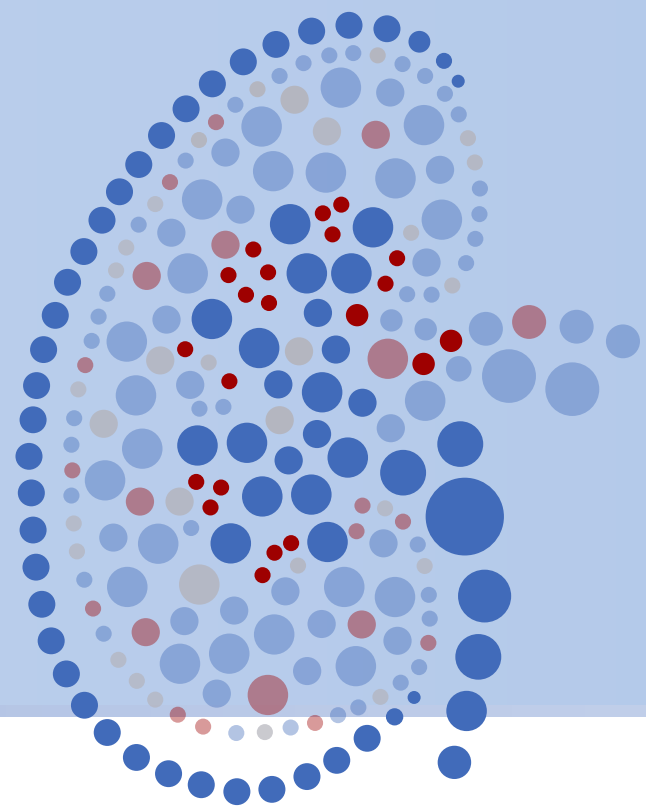
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Enclosure:

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Treatment Experiences and Expectations in IgA Nephropathy: Patient and Clinician Perspectives on Current Management and Emerging Therapies

PA-23



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INTRODUCTION

- Immunoglobulin A (IgA) nephropathy is a progressive glomerular disease affecting ~1.3 per 100,000 people in the United States, with nearly half of patients progressing to kidney failure within their lifetime¹⁻³
- Although corticosteroids have been used to help manage disease activity, their use is limited by an increased risk of adverse events^{4,5}
- In a prospective study of 96 patients with IgA nephropathy, nearly 45% of patients did not achieve proteinuria reduction below 1 g/d at 6 months despite receiving optimized supportive therapy⁶
- Although KDIGO provides guidance for therapy selection, differing patient and physician priorities underscore the need for shared decision making^{7,8}
- Despite available and emerging therapies, there is still a need for safe, effective, targeted treatments that address the underlying drivers of nephron loss, particularly given residual disease activity and safety limitations^{5,7,9,10}

METHODS

- To better understand gaps in IgA nephropathy management, an online US survey was conducted from October 14 to November 3, 2025, by the Harris Poll to compare patient versus physician perceptions related to treatment priorities and sentiments toward emerging therapies
- The survey included
 - 100 adults with biopsy-confirmed IgA nephropathy who were not on dialysis and had not received a kidney transplant
 - 150 board-certified or board-eligible nephrologists who had been practicing for >3 years and had treated ≥5 unique patients with IgA nephropathy in the previous 12 months

RESULTS

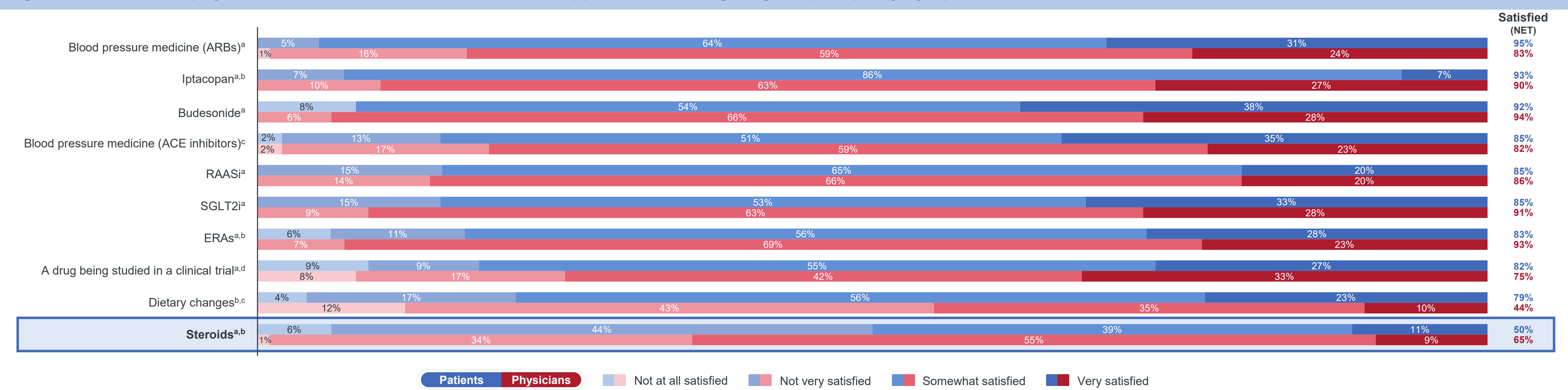
- Among responding patients, 70% were male, and 68% were aged 35 to 54 years. Fifty-eight percent of physicians were in group private practice, and 67% had 11 to 30 years in practice (**Table 1**)

Table 1. Patient and physician baseline characteristics					
Characteristic	Patient (n=100)	Physician (n=150)	Characteristic	Patient (n=100)	Physician (n=150)
Gender, %			Race, %		
Male	70	77	White	53	-
Female	29	18	Hispanic	30	-
Transgender/Nonbinary/Nonconforming/ Gender fluid	1	1	Black/African American	12	-
Prefer not to answer	0	5	Asian	3	-
Age (years), %			All other	2	-
25-34	9	2	Health insurance, %		
35-44	38	27	Private (NET)	87	-
45-54	30	39	Medicare/Medicaid (NET)	14	-
55-64	18	19	Other	6	-
≥65	5	13	None	1	-
Region, %			Years in practice, %		
Northeast	53	28	4-10	-	20
Midwest	12	20	11-20	-	35
South	22	33	21-30	-	32
West	13	19	≥31	-	13
Urbanicity, %			Medical practice setting, %		
Urban	53	57	Glomerular disease clinic	-	5
Suburban	35	32	Solo practice	-	7
Rural	12	11	Group private practice	-	58
Prefer not to answer	0	1	Nonacademic hospital	-	5
			Academic medical center/teaching hospital	-	26

Note: Results based on small bases (n=50-99) should be interpreted as directional only, and results based on extremely small bases (n<49) should be interpreted as qualitative only. The sampling precision of Harris online polls is measured using a Bayesian credible interval. For this study, the patient sample data are accurate to within ± 8.6 percentage points and the physician sample data are accurate to within ± 7.9 percentage points using a 95% confidence level. This credible interval is wider among subsets of the surveyed population of interest.

- Current management relies heavily on established options, such as SGLT2i and RAASi.⁷ Although satisfaction with existing treatments was generally high, patients were least satisfied with steroids. Physicians reported higher satisfaction with steroids (65%) than patients did (50%), suggesting a disconnect in perceived tolerability (**Figure 1**)

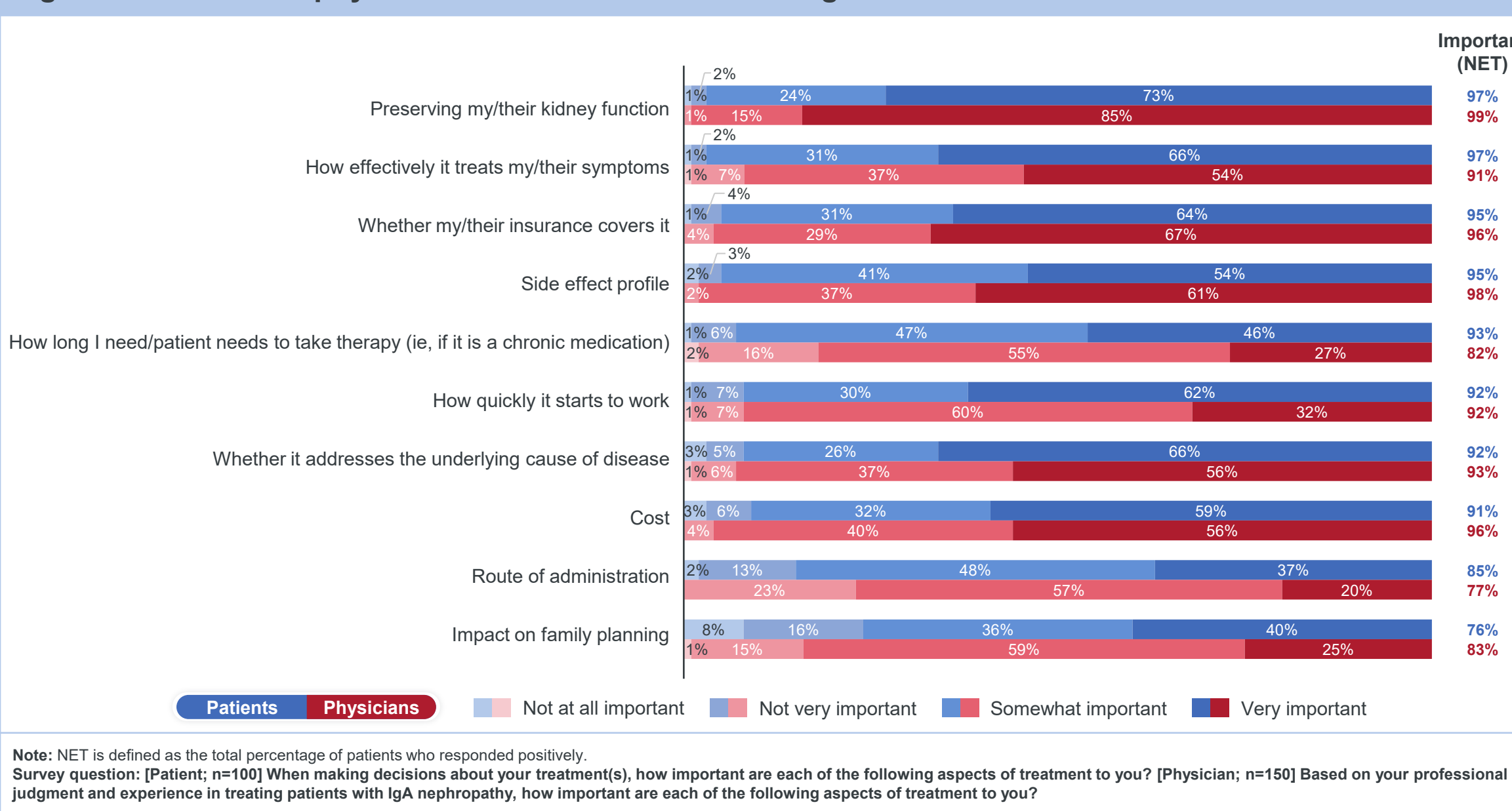
Figure 1. Patient and physician satisfaction with how treatment approaches managed IgA nephropathy symptoms



Note: NET is defined as the total percentage of patients who responded somewhat or very satisfied. ^aPatient results based on extremely small bases (n<49) should be interpreted as qualitative only. ^bPhysician results based on small bases (n=50-99) should be interpreted as directional only. ^cPatient results based on small bases (n=50-99) should be interpreted as directional only. ^dPhysician results based on extremely small bases (n<49) should be interpreted as qualitative only. ^eSurvey question: [Patient; n= base varies] How satisfied are you with how these approaches have managed your symptoms? [Physician; n= base varies] How satisfied are you with how these approaches have managed your IgA nephropathy patients' symptoms? ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; ERA, endothelin receptor antagonist; RAASi, renin-angiotensin-aldosterone system inhibitor; SGLT2i, sodium-glucose cotransporter 2 inhibitor.

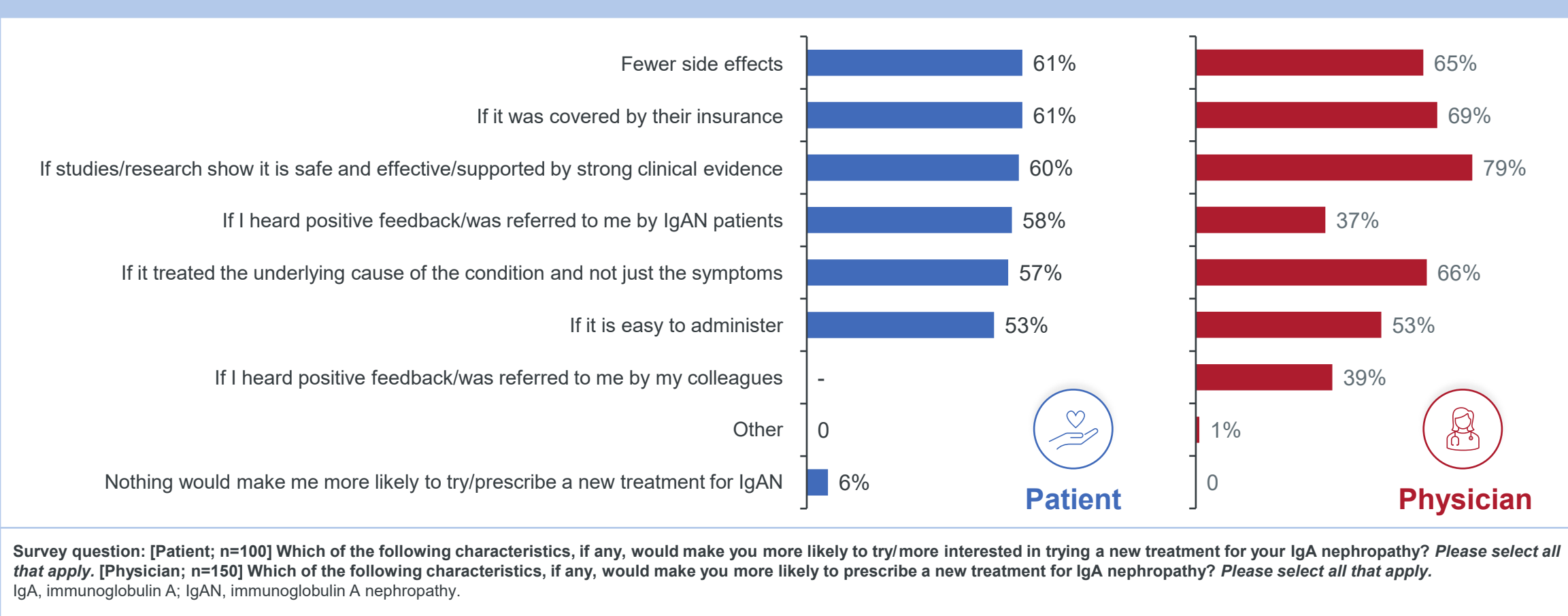
- Preserving kidney function was the most important aspect for both patients and physicians when making treatment decisions (**Figure 2**)
 - Two-thirds of patients indicated it is very important that a treatment addresses the underlying cause of their condition and not just the symptoms
 - Patients felt the time to onset of efficacy, total duration of therapy, and whether it treats the underlying cause of the disease was very important in influencing their treatment decision, even more than physicians did
 - Route of administration and impact on family planning were among the least important aspects when considering a treatment plan for both patients and physicians

Figure 2. Patient and physician considerations influencing treatment decisions



- Physicians and patients agreed that strong clinical evidence (79% vs 60%) and the ability to treat the underlying cause of IgA nephropathy (66% vs 57%) were critical for adoption of new therapies, as important as the side effects profile (65% vs 61%) and insurance coverage (69% vs 61%) (**Figure 3**)

Figure 3. Patient and physician considerations influencing likelihood of trying new IgAN treatment



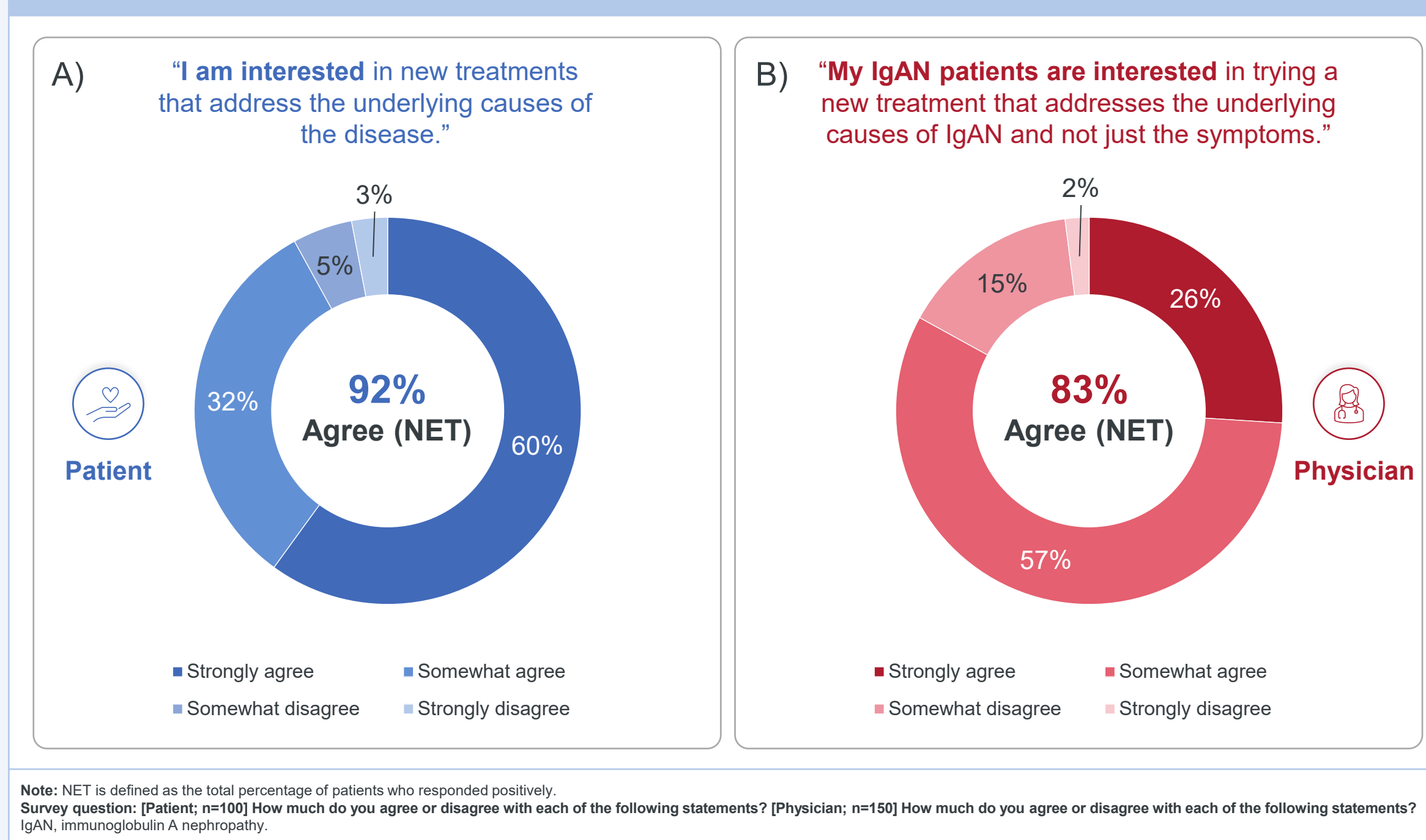
Survey question: [Patient; n=100] Which of the following characteristics, if any, would make you more likely to try/more interested in trying a new treatment for your IgA nephropathy? Please select all that apply. [Physician; n=150] Which of the following characteristics, if any, would make you more likely to prescribe a new treatment for IgA nephropathy? Please select all that apply.

CONCLUSIONS

- Although patients and physicians shared similar treatment goals, perceptions differed in how they experienced and prioritized current therapies
- Patients showed strong interest in emerging disease-modifying therapies and felt that therapies that targeted the underlying cause of disease were as important as the side effects profile and insurance coverage
- Patients also expressed that greater awareness and education could strengthen shared decision-making and their comfort in trying new therapies
- While physicians strongly support disease-modifying therapies, they underestimate how compelling this concept is to patients, highlighting the need for better education and communication to align treatment priorities

- Patients reported less hesitancy in trying a new treatment option than their physicians perceived
 - Whereas 60% of patients expressed strong interest in new disease-modifying treatments, only 26% of physicians strongly agreed that their patients were interested, highlighting a key misconception (**Figure 4**)

Figure 4. A) Patient interest in new treatment to address underlying causes of disease and B) physician perception of patient interest in new treatment to address underlying causes of disease



Note: NET is defined as the total percentage of patients who responded positively. Survey question: [Patient; n=100] How much do you agree or disagree with each of the following statements? [Physician; n=150] How much do you agree or disagree with each of the following statements? IgAN, immunoglobulin A nephropathy.

- 93% of patients reported that a variety of information and support would be helpful to feel more comfortable trying a new treatment option, especially a clear understanding of how the therapy works (67%) and managing side effects (66%)

REFERENCES

1. Cheung CK, et al. *Front Nephrol*. 2024;3:1346769. 2. Kwon CS, et al. *J Health Econ Outcomes Res*. 2021;8(2):36-45. 3. Pitcher D, et al. *Clin J Am Soc Nephrol*. 2023;18(6):727-738. 4. Rauven T, et al. *N Engl J Med*. 2015;373(23):2225-2236. 5. Lv J, et al. *JAMA*. 2017;318(5):432-442. 6. Bagchi S, et al. *Kidney Int Rep*. 2021;6(6):1661-1668. 7. KDIGO. *Kidney Int*. 2025;108(4S):S1-S71. 8. Medjeral-Thomas NR, et al. *Nephrol Dial Transplant*. 2023;38(suppl 1) (abstr #5514). 9. Lafayette R, et al. *Kidney Int Rep*. 2023;8(3)(suppl):S258. 10. Geara AS, et al. *Kidney Med*. 2026;8(3):101242.

DISCLOSURES

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SCAN TO VIEW

