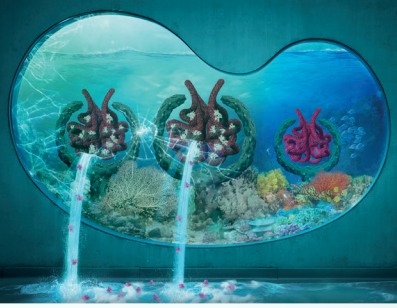
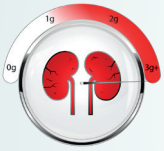
Target Proteinuria

PROTEINURIA FACTSHEET



THE SIGNS AND SYMPTOMS OF IgA NEPHROPATHY (IgAN) ARE VARIABLE:[1–5]

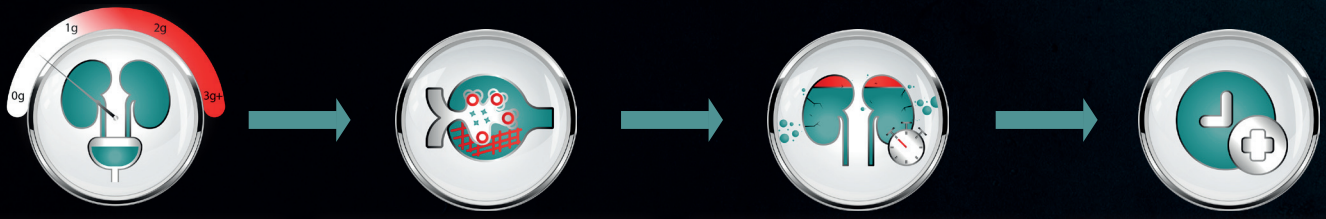


Proteinuria | Macrohematuria | Renal insufficiency | Hypertension | Acute kidney injury | Edema

However, patients may be asymptomatic[1,2]
In these cases, IgAN may only be detected by routine testing

IN PATIENTS WITH IgAN, THE AVERAGE KIDNEY SURVIVAL TIME IS **11.4 YEARS**, WITH MOST PATIENTS REACHING **KIDNEY FAILURE WITHIN 10-15 YEARS[6]***

PROTEINURIA IS A KEY FEATURE OF IgAN:



1. Key marker and predictor
Proteinuria is a modifiable prognostic indicator for kidney damage and identifies patients at an increased risk of progression to kidney failure[7,8]

2. Contributor
Proteinuria plays a critical role in accelerating disease progression to kidney failure through various pathologic processes[9,10]

3. Prognostic value
Time-average proteinuria is associated with worse kidney survival and more rapid eGFR loss in IgAN[6]

4. Protective effect
The more proteinuria is reduced, the greater the protective effect against decline in kidney function[1,6–9]

EARLIER IDENTIFICATION OF PATIENTS AT A HIGH RISK OF DISEASE PROGRESSION MAY IMPROVE OUTCOMES[2,8]

The International Risk Prediction Tool† for IgAN and the MEST-C‡ score can also be used to identify patients at risk of disease progression[11–13]

KDIGO USES PROTEINURIA TO DEFINE REMISSION IN IgAN[11]

The KDIGO Guidelines defines high risk of progression in IgAN as **proteinuria >0.75–1g/day**, despite at least 90 days of optimized supportive care[11]

TO SLOW PROGRESSION TO KIDNEY FAILURE TARGET PROTEINURIA

Visit targetproteinuria.com for more information

*The IgA nephropathy cohort of the UK National Registry of Rare Kidney Diseases (RaDaR) was analyzed retrospectively (N=2439). Median follow-up was 5.9 years.[6] †The International IgAN Risk Prediction Tool recommended by the KDIGO Guidelines incorporates clinical and histologic parameters: proteinuria, eGFR, and blood pressure at time of biopsy; use of ACE inhibitor or ARB at the time of biopsy or immunosuppression use at or prior to biopsy; patient characteristics: age at time of biopsy and race; and histologic features: MEST. It has been updated and validated, accounting for the unique disease trajectory in children as well as use of the tool up to 2 years post-biopsy.[12–13] ‡The MEST-C (mesangial and endocapillary hypercellularity, segmental sclerosis, interstitial fibrosis/tubular atrophy, and crescents) score is a histopathological scoring system for patients with IgAN. The MEST-C score should be determined at the time of biopsy and is an important practice point for the diagnosis of IgAN[11]

ACE, angiotensin-converting-enzyme; **ARB,** angiotensin receptor blocker; **eGFR,** estimated glomerular filtration rate; **IgA,** immunoglobulin A; **IgAN,** IgA nephropathy; **KDIGO,** Kidney Disease: Improving Global Outcomes; **MEST,** mesangial and endocapillary hypercellularity, segmental sclerosis and interstitial fibrosis/tubular atrophy; **MEST-C,** Oxford classification MEST-C; **RaDaR,** Registry of Rare Kidney Diseases

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