

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/program-name/14910/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

### PROGRAM NAME

#### Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, sponsored by Novartis Pharmaceuticals Corporation, we'll challenge common misconceptions about IgA nephropathy with Dr. Frank Cortazar, who's the Director of the New York Nephrology Vasculitis and Glomerular Center. He's also Chief of the Division of Nephrology at St. Peter's Hospital. Let's hear from him now.

#### Dr. Cortazar:

There are a number of misconceptions regarding IgA nephropathy. The first is that it is a uniform disease when in fact, it is extremely heterogeneous, with some patients having only microscopic hematuria, and others having rapidly progressive glomerular nephritis, resulting in rapidly deteriorating kidney function.

Another misconception is that the disease is benign, and while this is true for a subpopulation of patients, about 25-30 percent of patients with IgA nephropathy will develop end-stage renal disease by 20 years from the time of diagnosis. Another misconception, mostly driven by lack of data, is the lack of use of histology in making a treatment plan. Currently, histologic scores, such as the MEST-C score, are used to predict future outcomes, but they're currently not used to tailor treatment.

And then finally, there is a misconception that the disease is a short-term or temporary disease. Part of that stems from the fact that we often only continue immunosuppressive therapy, such as steroids, for a few months, but this is because of the toxicity of the treatment, not because the disease is of short duration, and in fact, it's often chronically active over many decades.

I think the best thing we can do to address the kind of unmet needs for these patients is to develop new therapies because new therapies that are effective and safe serve as a forcing function, one, to identify patients very early in the disease process, and also increase the importance of identifying patient subgroups that would benefit from treatment. So new therapies that are effective always increase enthusiasm to both diagnose the disease and to learn more about it. And in applying those new therapies, we often learn more about the disease itself.

#### Announcer:

This episode of *Clinician's Roundtable* was sponsored by Novartis Pharmaceuticals Corporation. To access this and other episodes in this series, visit [ReachMD.com/Clinician's Roundtable](https://ReachMD.com/Clinician's%20Roundtable) where you can Be Part of the Knowledge. Thanks for listening!