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Insights into the IgAN Patient Journey: From Diagnosis to Treatment

### Announcer:

You're listening to *Clinician's Roundtable* on ReachMD, and this episode is sponsored by Novartis Pharmaceuticals Corporation. Here's your host, Dr. Charles Turck.

### Dr. Turck:

Welcome to *Clinician's Roundtable* on ReachMD. I'm Dr. Charles Turck, and joining me to discuss the patient journey in IgA nephropathy, or IgAN for short, is Dr. Gates Colbert. Dr. Colbert is an Assistant Clinical Professor at Texas A&M College of Medicine. He's also a practicing physician with the Kidney and Hypertension Associates of Dallas, located at Baylor University Medical Center. Dr. Colbert, thanks for being here today.

### Dr. Colbert:

Yes, absolutely. Glad to be here.

### Dr. Turck:

Let's start at the beginning, Dr. Colbert. What could you tell us about the IgAN patient experience during the diagnostic stage?

### Dr. Colbert:

Well, I would say that most of my patients are being referred in from a primary care setting and likely don't even know that they have a kidney issue. Unfortunately, IgA nephropathy is happening in the background. And a lot of times, there's some ongoing damage and inflammation in the kidney, and the patient isn't even aware. Many of them on their first diagnostic workup have a perfect eGFR for their age group. But the kidney is becoming inflamed, and we're starting to see some microscopic hematuria and proteinuria as another possibility. Some patients will know that something is wrong because they'll have gross hematuria that can occur randomly or maybe simultaneously with an upper respiratory infection.

So you have two different types of patients that you have to counsel and work up in the exact same way. But you want to make sure that you're making them aware that we're going to be doing some blood tests, specifically looking at ruling out other different diseases that can cause proteinuria and hematuria or even a loss of eGFR. We may do an ultrasound as well to make sure that there's not any masses or any kidney stones causing the blood in the urine. And then depending on the degree of proteinuria or loss of eGFR, we may actually need to do a kidney biopsy because currently, that is the only way to get a true definitive diagnosis of IgA nephropathy is to get some tissue.

So you'll need to counsel patients where they fall in terms of risk factors for progression and what type of diagnostic testing they might benefit from the most in determining their final diagnosis.

### Dr. Turck:

And once patients are diagnosed with IgA nephropathy, what is the physical and mental health burden associated with that diagnosis?

### Dr. Colbert:

So IgA nephropathy is honestly a good type of chronic kidney disease. And I say that because many patients will have this as a very small burden throughout their life. Very few will go on to ESRD or needing a kidney transplant, about 25 percent of patients at 10 years that have more than 1 gram of proteinuria go on to needing dialysis or a kidney transplant. But still, the majority of patients will have a chronic disease that may not have a major impact on their life. But at the same time, unfortunately, there is no cure for IgA nephropathy. So we have to manage this disease state the best we can to keep the patient as healthy as possible, both mentally, physically, and their

kidney health as well. We'll need to do some counseling with the patient to discuss what type of medications might be right for them and if any further diagnostic testing, such as repeat kidney biopsy or ultrasound, might be needed in the future. But I would say that overall, patients can continue to live their lives, almost as they would as if they didn't have IgA nephropathy.

**Dr. Turck:**

Are there any tools or resources you typically recommend to patients with newly diagnosed IgA nephropathy?

**Dr. Colbert:**

So I don't recommend that patients immediately go to the internet because you never know what they're going to find and if the information is accurate or not. So I always recommend that they talk to me as their nephrologist or their clinician or provider. You know, we are the best experts in this disease and how to counsel patients about what to expect going forward, what type of treatments are necessary, and really trying to lay out a path of what it might look like long term. I do recommend that if there's any groups that they know of in their local area or online of patients that also have IgA nephropathy, a support group could be helpful. I really enjoy leading patients to kidney.org. They have information about specifically IgA nephropathy. But I really just try to keep it as a teaching exposure and experience for my patient to come to me or to another nephrology resource that we can trust to give them an exact answer of what their exact situation is and how we can shape the future to keep them as healthy and having a full life as possible.

Every IgA patient has a different level of kidney function and degree of severity. So there is no one-size-fits-all plan and path for every single patient. So you have to definitely tailor it to the degree of severity for each patient to determine what their optimal outcome will be.

**Dr. Turck:**

For those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Gates Colbert about the IgA nephropathy care journey.

So Dr. Colbert, given everything we've discussed so far, would you share a story that demonstrates patient-centered care for IgA nephropathy in clinical practice?

**Dr. Colbert:**

Sure. So we had a patient in the last few months who came to us with proteinuria and hematuria. It was a young woman who never had any kidney problems in her life. But we did a diagnostic workup with, as I mentioned, the classic blood tests, urine tests, and we did an ultrasound of her kidneys. And then she needed to have a kidney biopsy because she had more than 1 gram of proteinuria. And she really wanted to know what her disease state was in terms of an exact diagnosis. So we came back with an IgA nephropathy diagnosis. And so we counseled her on what her risk factors were for progression, and she elected to start therapy. So we discussed with the patient what therapies we have available in terms of medical treatment and potential lifestyle modifications that could be helpful. And through a shared experience and shared education, we laid out the different medication choices and what algorithm we might follow and allowed the patient to choose what medication path might be aligned with her goals, and what can actually be effective for treating her IgA as well.

And so I really think educating your patients is the best thing that you can do so that they, number one, will be adherent to the treatment, but also can have the best outcomes possible. Because the patients have to really buy into your treatment plan and understand why these medications and why these lifestyle changes are going to be helpful because this is the long-term game. Unfortunately, we don't have a specific cure that's a one-and-done process. It's going to be a chronic disease state and management. And we really need to have our patients buy-in together with us to reach the best outcome possible.

**Dr. Turck:**

Now we're almost out of time for today. So before we close, Dr. Colbert, what are some final takeaways you'd like to leave with us?

**Dr. Colbert:**

I would say that IgA nephropathy is a common problem for chronic kidney disease. It is one of the better, quote unquote, diagnoses to have if you have kidney disease, mainly because it is generally very slowly progressive. And the vast majority of patients do not go on dialysis. But at the same time, we do need to be on chronic management. We have lots of tools in our basket today. You know, in 2023, it's an exciting time for the IgA disease state. There's a lot of clinical trials, a lot of new medications that are being discovered and approved for IgA treatment specifically. And so that's really, really exciting. We're moving away from just empiric therapy to potentially more targeted treatments going forward. And so I think that's really going to help our patients really improve outcomes as we go long term.

And I just really emphasize the education with the patients. You know, our patients are going online, they're asking questions, they're more educated than ever, but there's also unfortunately, a lot of information that may not be accurate to their specific diagnosis and situation in terms of their kidney function and prognosis. So we really need to educate our patients and advocate for them to come to us

whenever they have questions or really just want more information on their disease state and what to look forward to in the future.

**Dr. Turck:**

Well with those key takeaways in mind, I want to thank my guest, Dr. Gates Colbert, for joining me to take a closer look at IgA nephropathy from the patient's perspective. Dr. Colbert, it was great to have you on the program.

**Dr. Colbert:**

Thank you very much.

**Announcer:**

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