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/navigating-todays-treatment-options-for-iga-nephropathy/84877/

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Navigating Today's Treatment Options for IgA Nephropathy

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. Today, Dr. Abdallah Geara will be walking through the available treatment options for IgA nephropathy. Dr. Geara is an Associate Professor of Clinical Medicine and Clinical Director of the Glomerular Diseases Program at the University of Pennsylvania in Philadelphia. Let's hear from him now.

Dr. Geara:
Our understanding of combining therapy or how to utilize or sequence therapy has evolved over the last few years. Evidence from the KDIGO 2025 guidelines highlight the importance of combining both supportive care—which is also known as chronic kidney disease care—and targeted therapy, which is targeting the IgA or the inflammation from the IgA. So the KDIGO guidelines do highlight the importance of combining this therapy from the get-go, not sequencing it, previous guidelines recommended.

Regarding CKD or maximum supportive care, it includes lifestyle modification, including diet and exercise. It does include cardiovascular assessment, including lipid care. And it does include anti-proteinuria therapy. RAS inhibitors, SGLT2 inhibitors, and endothelin inhibitors should be considered part of the maximum supportive care for patients with IgA nephropathy.

There are several approaches to targeted treatment. Targeted-release budesonide does address the gut-kidney axis by inhibiting IgA formation at the level of the gut. It might also have some anti-inflammatory effecst at the level of the kidney. We have an approach that addresses the inflammation through either glucocorticoid or through a complement inhibitor.

The other approach will include B-cell targeting through the anti-APRIL or anti-APRIL/BAFF agent that suppresses the Gd-IgA1 formation at the level of the gut, and that will also address the root cause of IgA nephropathy pathogenesis.

We don't have head-to-head comparisons. All of these agents have shown improvement of eGFR slope. In my opinion, the anti-B cell therapy with anti-APRIL or anti-APRIL/anti-BAFF has shown the best result when it comes to eGFR progression. With these agents, we start to have data over two years showing that the eGFR of a patient treated with an approach like anti-APRIL or anti-APRIL/anti-BAFF did not progress much.

Announcer:
You just heard Dr. Abdallah Geara talking about supportive and targeted therapy for IgA nephropathy. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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