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/whos-most-at-risk-assessing-progression-in-igan/84876/

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Who's Most at Risk? Assessing Progression in IgAN

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Abdallah Geara, who's an Associate Professor of Clinical Medicine and Clinical Director of the Glomerular Diseases Program at the University of Pennsylvania in Philadelphia. He'll be discussing how to identify IgA nephropathy patients who are at risk for progression. Here's Dr. Geara now.

Dr. Geara:
Regarding risk stratification for progression in IgA nephropathy, we do consider demographic elements, clinical elements, and histologic elements. We do have a specific calculator that looks at all these elements, and we can plug all this information into this calculator in order to get a five-year risk of progression.

When it comes to the demographic element, the age of onset of the disease and ethnicity do matter. When it comes to clinical features, we focus mainly on creatinine, eGFR, and proteinuria. With the histologic element, we take into consideration MST scoring or Oxford classification histology.

When it comes to how personally I assess this risk of progression, any patient who already is showing progression from the point of view of chronic kidney disease, eGFR calculation, or histologic progression, where we already saw some level of chronic damage, this is a patient that already has an IgA nephropathy that's leading to chronic damage. Other features of progression will include inflammatory change on the kidney biopsy and a high level of proteinuria—above 500, and more specifically, above 1,000. Hematuria could also be considered in this risk assessment classification.

I think age is also a very important element to consider. For someone who has IgA nephropathy that was diagnosed in their 70s versus someone who was diagnosed in their 30s, the kidney life that we are trying to preserve is much larger and longer in the younger population, and this should be taken into consideration when considering therapy.

Announcer:
That was Dr. Abdallah Geara talking about risk stratification 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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