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IgAN SOC: Strengths and Limits

Announcer:

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Dr. Rizk:

Hello, this is CE on ReachMD, and I am Dr. Dana Rizk. Here with me today is Dr. Yusuke Suzuki, and today we will review the benefits and limitations of standard of care therapies and other currently approved targeted therapies for IgA nephropathy.

Dr. Suzuki, can you start off our discussion with the review of the epidemiology of IgA nephropathy in Asia?

Dr. Suzuki:

So IgA nephropathy is the most common form of glomerulonephritis worldwide. So it is known to have particularly high incidence and prevalence rate in Asia. So while it affects more males in Western countries, the male:female ratio in Asia is considered to be approximately 1:1. So regarding prevalence, the global average is 2.5 per 100,000 population, whereas, for example, in Japan, it is 4.2 per 100,000. So it is nearly double.

So regarding disease burden, Asians are also known to have poorer disease prognosis compared to Caucasians. So standard treatment for IgA nephropathy in Japan, China, and other Asian countries widely included renin-angiotensin system inhibitors and SGLT2 inhibitors, with steroid also being extensively used across these nations.

So in recent years, budesonide, the intestinal selective steroid, and sparsentan, a combination of endothelin receptor antagonist and angiotensin 2 receptor antagonist, have been approved in China. However, they have not yet been approved in Japan.

While most standard treatments suppress the present progression of the glomerular diseases, they are not disease-specific therapies that inhibit pathogenic Gd-IgA1 production. The Gd-IgA1 is the initiating factor of this disease, so consequently, the rate of CKD progression remained high. But currently, new drugs targeting APRIL as an inhibitor of Gd-IgA1 production are underdevelopment and anticipated as a curative treatment for this disease.

Dr. Rizk:

Thank you for this wonderful overview, and it's always striking to hear the difference between the patients you see in Asia and the ones we see here in the United States.

So there's clearly need for new targeted therapies for all patients with IgA nephropathy, and hopefully these will be coming very, very

soon.

So I think we nailed it. Thank you so much for joining us today, Dr. Suzuki, and we'll see you all next time.

Announcer:

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