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New Modalities to Treat IgA Nephropathy other than Systemic Immunosuppression

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IgA nephropathy (IgAN) stands out as one of the most common primary glomerulonephritides globally. Its clinical presentation is highly diverse, contributing to its status as a leading cause of end-stage kidney disease. The variability in both clinical and pathological features among individuals and ethnicities complicates the management of IgAN. Presently, the primary therapeutic goals involve optimal blood pressure control and remission of proteinuria to enhance kidney function in the majority of cases. While immunosuppressive agents like corticosteroids may be considered for patients with persistent proteinuria and a high risk of kidney function decline, their use is constrained by significant toxicity concerns. Hence, there's a pressing need for safer and more targeted therapeutic approaches in the management of IgAN. In this context, I aim to introduce emerging targeted agents for IgAN as alternatives to systemic immunosuppressants. These include promising options such as B-cell directed therapy, complement pathway inhibitors, and endothelin receptor antagonists.

Keywords: IgAN, B-cell directed therapy, Complement inhibitor, Endothelin receptor antagonist