

Submission No. : GN01-0003

Session Title : Glomerulonephritis 1

Session Topic : Status of Management for Glomerular Diseases

Date & Time, Place : June 14 (Fri) / 17:00-18:30 / Room 1 (GBR 101 - 102)

Debate on Treatment for IgA Nephropathy

Jicheng Lv

Peking university first hospital, China

Supportive therapies, including blood pressure-lowering agents, especially renin-angiotensin system inhibitors (RASi), and sodium-glucose cotransporter-2 inhibitors, have become first-line treatments for IgA nephropathy. However, there is still much controversy regarding other treatment strategies. The efficacy of glucocorticoids is debated due to conflicting results from the TESTING and STOP-IgAN trials. MMF has also shown inconsistent results; trials in the Chinese population consistently indicated kidney protection, while this benefit was not observed in the Caucasian population. Another drug, HCQ, known for blocking Toll-like receptors, was tested in a small trial of Chinese patients and showed a reduction in proteinuria in IgAN. However, this still needs confirmation in larger trials and other populations. As our understanding of the mechanisms underlying IgAN advances, new drugs targeting B cells, the complement system, and endothelin A receptors are emerging for this disease. The selection of these agents remains controversial, and biomarkers are still needed to guide these new options. In this lecture, we will summarize the progress in the treatment of IgA nephropathy, focusing on these controversies.

Keywords: IgA nephropathy, glucocorticoids, Mycophenolate mofetil, hydroxychloroquine