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Current Treatment and the Latest Updates in IgA Nephropathy

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IgA nephropathy (IgAN) stands as the most prevalent primary glomerulonephritis globally, and an important cause of chronic kidney disease (CKD) and end-stage renal disease (ESRD), especially in Asian Pacific Region. Patient with IgAN presents with highly heterogeneous in clinical and pathological features, as well as the prognoses and outcomes. Current treatment approaches, primarily based on supportive care, particularly renin-angiotensin-aldosterone system (RAAS) inhibitors. SGLT2 inhibitors and ETA-R antagonists, proven safe and effective in CKD, have emerged as valuable adjuncts to IgAN supportive care. For patients who are still at a higher risk of progression even with these supportive interventions, systemic glucocorticoids or immunosuppressive therapy should be considered. However, steroid-driven immunosuppression, have shown controversial efficacy in improving patient outcomes in IgAN, but is limited to use for the substantial adverse events. Thanks to the better understanding of the pathogenic mechanisms underlying the disease, the development of targeted therapies, mainly targeting the synthesis of pathogenic IgA and complement activation, for IgAN has advanced quickly in recent years. Concurrently, Nefecon and Sparsentan, as well as SGLT2 inhibitors, have received approval for treatment of IgAN, as target therapies. Other target drugs are fast-tracking through the research and approval process, which signifies a shift in the management of the IgAN from traditional immunosuppressive approaches to an era of targeted treatment based on the understanding of the pathogenic mechanisms.

Keywords: IgA Nephropathy, Target Therapy