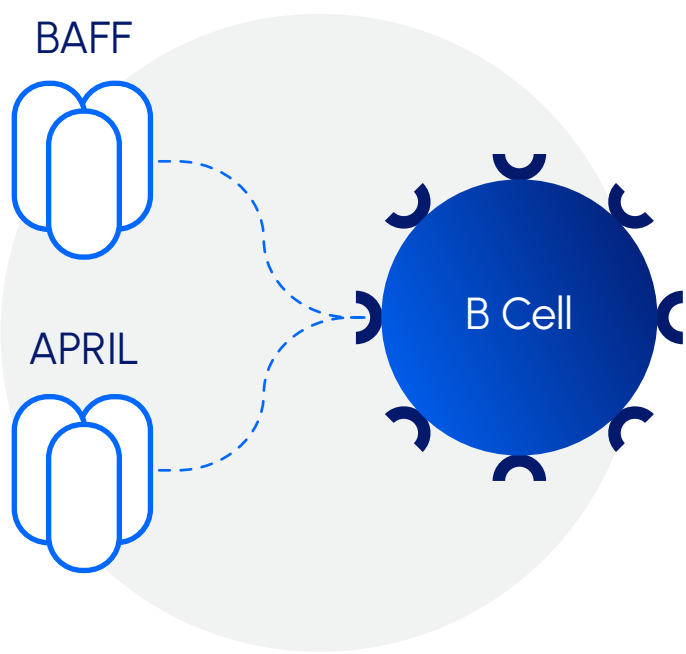


IgA Nephropathy:

A silent threat to kidney health that starts in the immune system

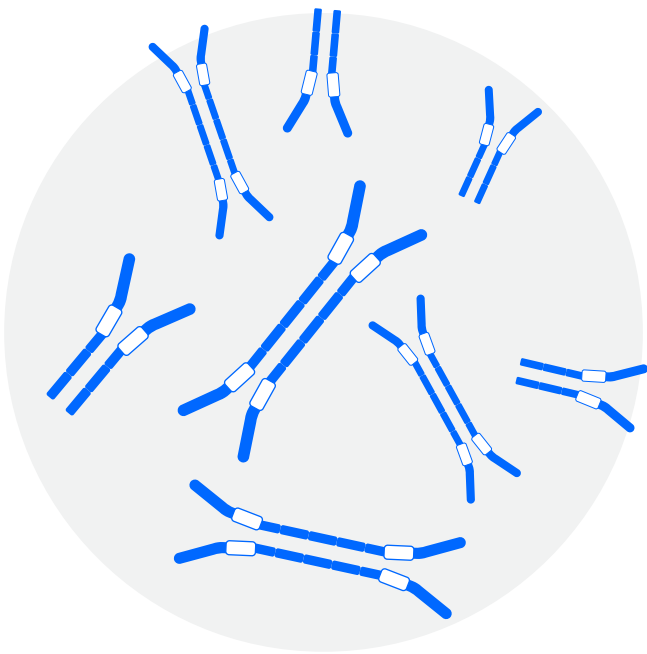
What is IgAN?

IgAN is a chronic, B cell mediated, autoimmune kidney disease that leads to progressive, irreversible kidney damage and is a leading cause of kidney failure worldwide.^{1,2}



Step 1

B cell activity is controlled by two cytokines called **BAFF** and **APRIL**.³



Step 2

B cells produce an abnormal antibody called **Gd-IgA1** and the immune system reacts by producing autoantibodies against Gd-IgA1.³



Step 3

Gd-IgA1 and its associated autoantibodies combine to form immune complexes that build up in the kidneys, cause inflammation, and progressive irreversible damage.³

Who does IgAN affect?

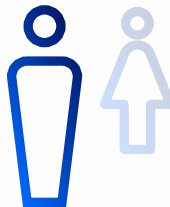


~2.5 out of 100,000 adults worldwide are diagnosed with IgAN per year.⁴

It is most commonly diagnosed in:



young adults in their 20s and 30s.⁵



men more than women.⁶



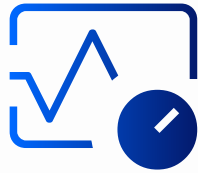
white and Asian populations, but can affect people of all races and ethnicities.⁶

Signs & symptoms

Patients often don't experience symptoms until they already have significant loss of kidney function and an advanced stage of kidney disease. *As the disease progresses, patients may experience:*



Foamy or dark brown urine, which indicates protein or blood leaking into the urine due to damage to the kidneys' filtering units (glomeruli)



High blood pressure



Swelling of the hands or feet



Feeling weak or tired^{7,8}



~50% of patients progress to kidney failure or death within 10 years.¹⁰

Diagnosis & testing

Early intervention is critical. Treatment may slow progression to kidney failure and help prevent the need for dialysis or transplant.^{1,9}

Several tests can help identify kidney damage, understand the progression and severity of disease, and inform treatment options.

These tests look at:



Blood in the urine (hematuria)



Protein in the urine (proteinuria)



The kidneys' ability to filter waste as measured by **eGFR**⁸

A kidney biopsy to identify IgA deposits is required to officially diagnose the disease.^{1,3}

Once diagnosed, patients are often prescribed supportive treatments to lower blood pressure and reduce protein in the urine.⁹

These treatments address the downstream consequences of kidney damage, but not upstream immune drivers of the disease.³

There remains a need for new treatment options that target the upstream drivers of IgAN.^{3,9}

Resources

To learn more about IgAN and access further resources, visit:

- [IgA Nephropathy Foundation](#)
- [National Kidney Foundation](#)
- [NephCure](#)



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Glossary

IgAN, immunoglobulin A nephropathy
Gd-IgA1, galactose-deficient immunoglobulin A1
BAFF, B cell activating factor
APRIL, A proliferation-inducing ligand
eGFR, estimated glomerular filtration rate