INTRODUCTION

Immunoglobulin A nephropathy (IgAN) is a chronic autoimmune kidney disease characterized by IgA deposition in the glomeruli. Hematuria is a common clinical manifestation of IgAN, and changes in hematuria can be measured to determine the efficacy of IgAN treatments. Nefecon, 16 mg/day, was associated with, among other benefits, a reduction in microhematuria after a 9-month course of treatment and 3-month follow-up in the Phase 2b NefIgArd study. In the interim analysis of the Phase 3 NefIgArd study (N=193), treated patients with Nefecon 16 mg/day in addition to optimized standard of care (SOC) had reduced proteinuria versus placebo and an estimated glomerular filtration rate (eGFR) treatment benefit of 3.87 mL/min/1.73 m² after a 12-month follow-up period.6 These findings led to the Food and Drug Administration and European Medicines Agency approval of Nefecon in patients with primary IgAN.4

Here, we present results from the entire 2-year NefIgArd study consisting of the full dataset of 364 patients.

AIM

To assess the effect of 9 months of Nefecon 16 mg/day treatment on microhematuria in patients with IgAN during the subsequent 15-month, off-drug, observational follow-up period of the Phase 3 NefIgArd trial.

METHODOLOGY

Nefecon was a 2-part randomized, double-blind, placebo-controlled study. Patients received Nefecon 16 mg/day or placebo, in addition to optimized SOC for 9 months, with a 2-week tapering period, followed by a 15-month blinded observational follow-up with continued optimized SOC (Figure 1).

Key inclusion criteria:

• Patients ≥18 years with biopsy-confirmed primary IgAN
• Urine protein-to-creatinine ratio (UPCR) >20.0 g/g or proteinuria >21.24 g/24 h despite optimized renin–angiotensin system blockade
• eGFR of 35-90 mL/min/1.73 m²

Key exclusion criteria:

• eGFR <35 mL/min/1.73 m²
• Systemic diseases that may cause mesangial IgA deposition
• Kidney transplant
• Kidney transplant

RESULTS

Baseline characteristics were well balanced between the Nefecon 16 mg and placebo groups (Table 1). Of the 364 patients in the full analysis set, 158/182 patients in the NefIgArd group and 152/182 patients in the placebo group had ≥2 valid urinalysis dipstick results during the follow-up period. Other glomerulonephritis diagnoses were similar in the NefIgArd (66%) and placebo (70%) groups (Table 1).

CONCLUSIONS

This secondary analysis shows that after 9 months of Nefecon 16 mg/day treatment, a clinically relevant and durable reduction in microhematuria was seen in patients with primary IgAN. These results provide further evidence for the disease-modifying effect of Nefecon.

ACKNOWLEDGEMENTS

We would like to thank the patients and their families, as well as the teams of healthcare professionals and academics involved in this work, without whom none of it would be possible. Editorial assistance was provided by Oliva Scrang and Geraint Owens of Chameleon Communications International, UK, which was funded by Calliditas Therapeutics, in accordance with Good Publication Practice guidelines (https://www.ismpp.org/gpp-2022).

REFERENCES


CONTACT INFORMATION

Please contact Prof. Richard Lafayette (rlafayette@stanford.edu) for more information.