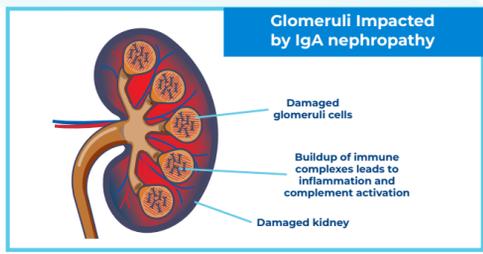
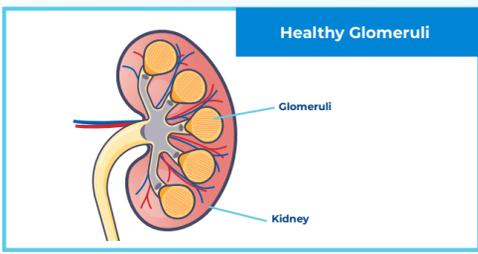
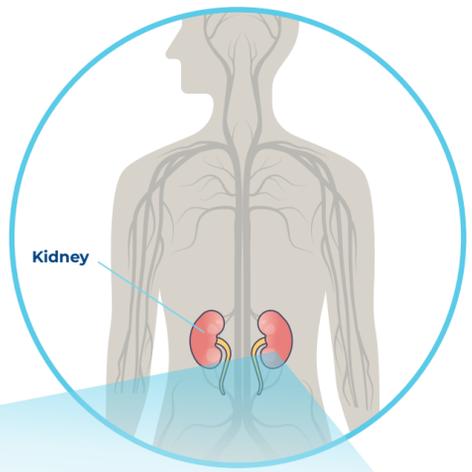


# Immunoglobulin A (IgA) Nephropathy

## WHAT IS IMMUNOGLOBULIN A (IGA) NEPHROPATHY?

Immunoglobulin A (IgA) nephropathy is a rare, **chronic kidney disease** that begins when the body develops abnormal IgA proteins that then result in immune complexes that build up in the kidneys causing damage.<sup>1</sup>

The buildup of these complexes activates the **complement system**, leading to **damage to the cells in the glomeruli**,<sup>1</sup> the part of the kidneys that filters and cleans the blood. This can impact the ability of the kidneys to function properly, **resulting in chronic kidney disease (CKD)** that can progress to **end-stage kidney disease (ESKD)**.<sup>2</sup>



Each year, IgA nephropathy is estimated to affect approximately 100-1,000 people per million worldwide.<sup>3</sup>



~108K<sup>4</sup>



~109K<sup>4</sup>



~41K<sup>4</sup>



~297K<sup>4</sup>



IgA nephropathy **most commonly affects people of East Asian and European descent**,<sup>2</sup> it is most often diagnosed in a person's **20s or 30s**.<sup>5,6</sup>

People with advanced IgA nephropathy may experience signs and/or symptoms, including:<sup>2</sup>



**Red or cola-colored urine (hematuria)**



**Foamy urine (proteinuria)**



**High blood pressure (hypertension)**



**Swelling in hands and feet (edema)**

## HOW IS IGA NEPHROPATHY DIAGNOSED AND MANAGED?



Since IgA nephropathy **often goes undetected until it has progressed**, most people do not notice symptoms until irreversible kidney damage may have already occurred. The average time from initial symptoms to diagnosis is approximately 17 months.<sup>7</sup>

Once IgA nephropathy is suspected, preliminary blood and urine tests are done to determine if a kidney biopsy is needed. **IgA nephropathy is diagnosed based on biopsy results.**<sup>2,8</sup>



Approximately **25-30% of people with IgA nephropathy will progress to end-stage kidney disease**, or kidney failure, requiring long-term dialysis – a process that removes waste from the blood when the kidneys are unable to do so — or a kidney transplant.<sup>9</sup>

**25-50%**  
IgA nephropathy recurrence

However, a transplant does not cure the disease and, **for an estimated 25-50% of people, IgA nephropathy may return post-transplant.**<sup>10</sup>

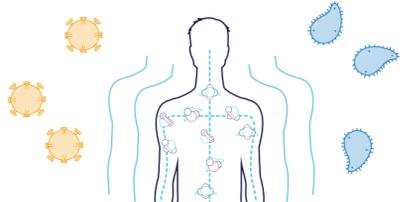
Most current treatments, including those that treat high blood pressure and, in some cases steroids, focus on providing supportive care but do not address the underlying cause of the disease.<sup>2,8</sup>



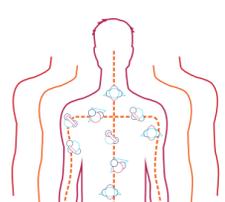
**48%**  
experience substantial disease worsening

**Nearly half of people living with IgA nephropathy experience substantial disease worsening despite being on treatment,**<sup>9,11</sup> reinforcing the need for new options that can prevent disease progression and improve quality of life.

## THE COMPLEMENT SYSTEM



The complement system is a part of the immune system and is **essential to the body's defense against infection**.<sup>12</sup>



When the system is **thrown out of balance**, or dysregulated, these proteins can **trigger a dangerous, uncontrolled cascade of reactions** that attack cells and tissues resulting in **harmful inflammation** and the **destruction of healthy cells**.<sup>13</sup>

## WHAT ROLE MAY COMPLEMENT INHIBITION PLAY IN TREATING IGA NEPHROPATHY?



There is strong evidence suggesting that the complement system may play a role in kidney diseases, including IgA nephropathy, and Alexion is **investigating complement inhibition as a potential treatment for this disease**. Through this research, Alexion hopes to **improve the journey to diagnosis and treatment for patients and their caregivers**.

**Alexion's leadership in complement inhibition** has set the course for the continued study and development of innovative treatments for rare complement-mediated diseases, including IgA nephropathy.

## WHAT TREATMENT APPROACH IS BEING STUDIED BY ALEXION?



Alexion is **conducting multiple clinical trials investigating the safety and efficacy of inhibiting various parts of the complement system in adults with IgA nephropathy**. These clinical trial programs are evaluating the potential of inhibiting terminal complement (by blocking the C5 protein) or Factor D, another complement system protein.



Alexion has demonstrated an **unyielding commitment to unlocking the potential of the complement system** and continues to pioneer innovations for people living with rare diseases.

Content created by Alexion, AstraZeneca Rare Disease.

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