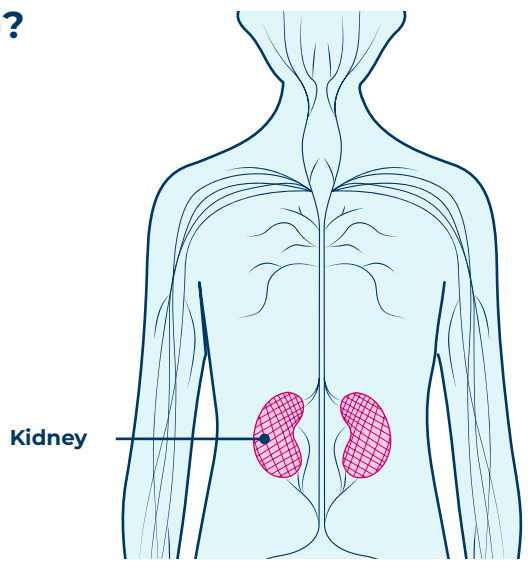
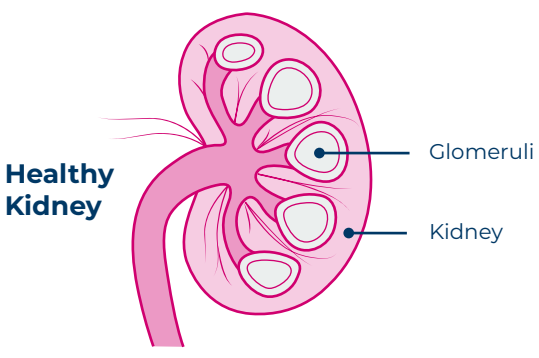
Immunoglobulin A Nephropathy (IgAN)

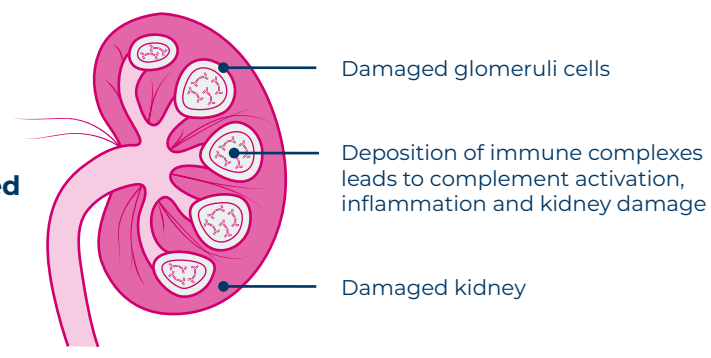
What is immunoglobulin A nephropathy (IgAN)?

Immunoglobulin A nephropathy (IgAN) is a rare, inflammatory disease of the kidneys that **can lead to chronic kidney disease** (CKD) and progress to end-stage kidney disease (ESKD).[1]

IgAN begins when the body develops **abnormal IgA proteins resulting in immune complexes** that are deposited in the kidneys causing damage. The deposition of these complexes activates the complement system, leading to terminal complement-driven inflammation. This **results in damage and loss of essential parts of the kidney**, including cells in the glomeruli, the part of the kidneys that filters and cleans the blood. Over time, this impacts the ability of the kidneys to function properly.[1]

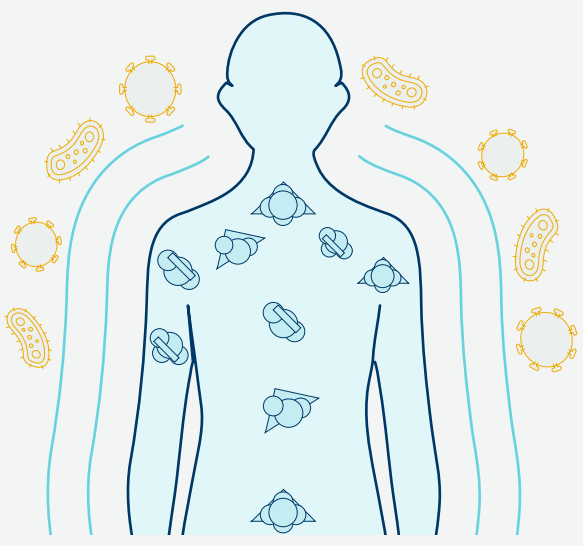




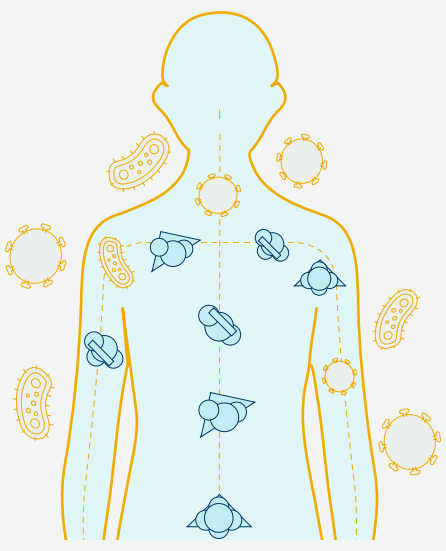


The complement system

The complement system is a part of the immune system and is **essential to the body's defence against infection**.[2]



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**.[2]



Diagnosed prevalence in adults is

China	US	EU	Japan
~1.5M[3]	**~217.5K**[3]	**~177.5K**[3]	**~167K**[3]

IgAN is **typically diagnosed between a person's late teens and 40s.** It is known to occur at a higher rate in people of Asian descent.[4, 5]

People with IgAN may experience signs and/or symptoms, including:[5]



Red or cola-coloured urine due to blood in the urine
(haematuria)



Foamy urine
(proteinuria)



Swelling in hands and feet
(oedema)



High blood pressure
(hypertension)

How is IgAN diagnosed and managed?

Most people with IgAN do not experience symptoms in the early stages of the disease. Therefore, it often goes undetected until it has progressed. At diagnosis, irreversible kidney damage may have already occurred.[6, 7]

Once IgAN is suspected, preliminary blood and urine tests are done to determine if a kidney biopsy is needed. IgAN is diagnosed based on biopsy results.[8]

Management options accessible to many patients globally are limited to supportive therapies that manage the effects of kidney damage. While recent advances aim to provide more targeted and efficacious treatment, many patients still progress to needing kidney replacement therapy.[9, 10]





Approximately **half of people with IgAN who have elevated protein levels in urine or reduced kidney function are at-risk of progression to ESKD**, or kidney failure, within 10 years of diagnosis. Management of ESKD requires long-term dialysis – a process that removes waste from the blood when the kidneys are unable to do so – or a kidney transplant.[8, 11]



Individuals requiring dialysis **experience substantial impact on their quality of life** due to factors such as depression, anxiety, fatigue, weakness, insomnia, nausea, muscle cramps, bone pain, fractures and neuropathy, among other symptoms.[8]

Since many people with IgAN progress to needing dialysis or a kidney transplant,[11] there remains a need for better targeted, disease-modifying therapeutic options that slow or halt disease progression.

Content created by Alexion, AstraZeneca Rare Disease.

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