Identifying the Treatment Gap in Iga Nephropathy: A Service Evaluation of Novel Disease-Modifying Therapy Uptake at a Tertiary Renal Centre

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Abstract:

Background: IgA nephropathy (IgAN) is the most common primary glomerulonephritis worldwide. Novel disease-modifying therapies including targeted-release budesonide and sparsentan (dual endothelin-angiotensin receptor antagonist) are now licensed for eligible patients. Notably, the urine protein-creatinine ratio (uPCR) eligibility threshold for targeted-release budesonide was recently lowered, expanding the eligible patient population. This service evaluation assessed eligibility and uptake across a tertiary renal centre IgAN cohort.

Methods: A retrospective service evaluation of all patients with biopsy-confirmed IgAN at Sheffield Teaching Hospitals was performed. Data were extracted on renal replacement therapy (RRT) status, background therapy optimisation, eligibility per KDIGO 2025 and NICE guidance, and treatment status. Patients not receiving eligible therapy were categorised as: valid clinical reason, other reasons (temporary clinical hold), service gap (plan agreed, not actioned), or actionable gap.

Results: 358 patients were identified. 137 (38%) were on RRT and ineligible for novel therapies. of 217 non-RRT patients, 71% were on renin-angiotensin system inhibitor and 46% on an SGLT2 inhibitor. 41 patients were eligible for targeted-release budesonide; 8 (20%) were receiving it, leaving 33 (80%) untreated. Of these, 12 had valid clinical reasons, 7 other reasons, 7 a service gap, and 7 (21%) an actionable gap. 45 patients were eligible for sparsentan; 17 (38%) were receiving it, leaving 28 (62%) untreated. of these, 5 had valid clinical reasons, 8 other reasons, 6 a service gap, and 9 (32%) an actionable gap.

Conclusions: A significant proportion of eligible IgAN patients are not receiving novel therapies. Most of the treatment gap is attributable to service barriers and temporary clinical holds. A streamlined virtual MDT and CNS-led initiation pathway to rapidly assess, educate and initiate treatment may help close the gap.

Keywords:

IgA nephropathy, service evaluation, treatment gap, targeted-release budesonide, sparsentan, disease-modifying therapy, renal replacement therapy.