



John, 43, living with IgAN

JOHN'S LIFE OUTSIDE YOUR OFFICE CAN BE MORE CHALLENGING THAN IMAGINED

Patient portrayal.

“Living with IgAN has its up and downs. It affects me every day, the fatigue is overwhelming. Coping with uncertainty about this disease is tough.”¹

Not an actual patient quote. Based on patient insights.

IgAN, immunoglobulin A nephropathy.

WAVE 1

AFTER AN IgAN DIAGNOSIS, JOHN'S HCP PRESCRIBES AN ACEi²

He's experiencing symptoms due to his IgAN³:

✓ Fatigue ✓ Edema

Vital signs²:

✓ BP (mm Hg): 139/89 (hypertension)

Lab results^{2,5}:

✓ eGFR (mL/min/1.73 m²): 55

✓ Proteinuria (g/g): 1.8

John's HCP also recommends lifestyle changes to diet and exercise to manage his disease.²



30% of patients

experience kidney failure within 10 years when their time-averaged proteinuria ranges from 0.44 g/g to <0.88 g/g.^{4,*†}

Patient portrayal.

JOHN'S HCP MONITORS HIS PROTEINURIA LEVEL

John's HCP understands the importance of getting his proteinuria level as low as possible to help manage it.⁴



His HCP sets him up with regular appointments to identify signs of progression



I'm worried about the unknown and I don't feel well. What does it mean to have protein in my urine? What level is appropriate?"¹

Not an actual patient quote. Based on patient insights.

ACEi, angiotensin-converting enzyme inhibitor; BP, blood pressure; eGFR, estimated glomerular filtration rate; HCP, health care provider.

*0.88 g/g is approximately equivalent to 1 g/day.⁴

†Data from retrospective cohort of 2299 adults and 140 children with IgAN of the UK National Registry of Rare Kidney Diseases (RaDaR). Patients enrolled had a biopsy-proven diagnosis of IgA nephropathy plus proteinuria of >0.5 g/day or eGFR <60 mL/min/1.73 m². Analyses of kidney survival were conducted using Kaplan-Meier and Cox regression. Availability of patient medication and blood pressure data was a limiting factor in this study.⁵



Patient portrayal.

WAVE 2 6 MONTHS LATER

JOHN'S PROTEINURIA IMPROVES BRIEFLY, PROMPTING A DOSE ADJUSTMENT²

John's HCP is concerned that his proteinuria is not improving enough and worries about what that means for his kidneys²

Vital signs²:

✓ BP (mm Hg): 130/75

Lab results^{2,4}:

✓ eGFR (mL/min/1.73 m²): 53

✓ Proteinuria (g/g): 1.6

His HCP adjusts the dose of his ACEi to manage his proteinuria and to further manage his blood pressure.²

“

I do my best to stay active and eat well, but no matter what I do, my numbers aren't improving.”¹

Not an actual patient quote. Based on patient insights.



Patient portrayal.

WAVE 3 9 MONTHS LATER

JOHN AND HIS HCP REEVALUATE HIS TREATMENT PLAN²

After 9 months, John's proteinuria remains persistent and elevated with signs of continued disease progression^{2,4}

- ✓ BP is still borderline but elevated
- ✓ Proteinuria continues to fluctuate at ~1.5 g/g
- ✓ Overall kidney function continues to decline

His HCP adjusts the dose of his ACEi to the maximally tolerated dose.²



HCP and patient portrayal.

WAVE 4 1 YEAR AFTER DIAGNOSIS

WHAT'S NEXT FOR JOHN?

John is at increased risk for progression to kidney failure and is curious as to what comes next.^{2,4}

A UK retrospective cohort found that^{4,*}:



Patients with higher levels of time-averaged proteinuria had more rapid eGFR loss



30% of patients with a time-averaged proteinuria range of 0.44 g/g to <0.88 g/g[†] reached kidney failure within 10 years



In all age groups, the majority of patients developed kidney failure in 10 to 15 years

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[†]0.88 g/g is approximately equivalent to 1 g/day.⁴



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References

Patient portrayal.

WHAT'S NEXT FOR JOHN?

REFERENCES

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