

Risk of Progression to Kidney Failure in IgA Nephropathy



IgA nephropathy (IgAN) is a progressive, autoimmune, chronic kidney disease that **can lead to kidney failure**¹



IgAN previously has been considered a benign disease, particularly for patients with proteinuria <1 g/d²



However, studies suggest that the risk of progression to kidney failure cannot be ignored, **even for patients traditionally considered low risk**³⁻⁷



Several studies have shown that patients with IgAN have a high risk of developing kidney failure^{3,4,8,9}

In the IgAN cohort of the UK National Registry of Rare Kidney Diseases (RaDaR)^{3,a}:

Most patients progressed to kidney failure within

10-15 years

Mean age at kidney failure/death

48 years

In a diverse group of US patients with IgAN^{4,b}:

Percentage of patients reaching composite kidney outcome

36% of patients over a median follow-up of 3.1 years

(composite kidney outcome: $\geq 50\%$ eGFR decline, kidney failure, or mortality)

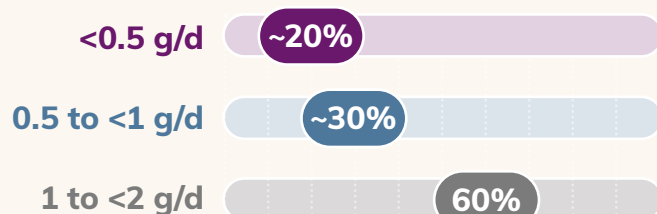
Additional observational studies across diverse populations showed a high risk of progression for all IgAN patients, including those with proteinuria <1 g/d⁵⁻⁹



Patients with “low” proteinuria may be at greater risk for progression than previously thought^{3,4,a,b}

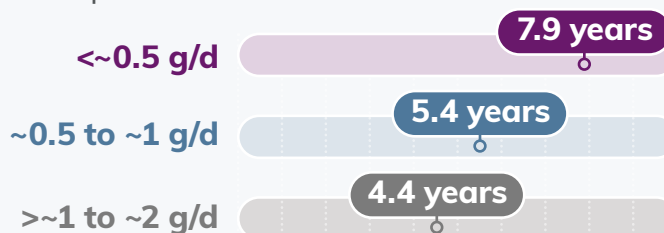
20% of patients with proteinuria <0.5 g/d reached kidney failure/death within 10 years in the RaDaR study³

Time-averaged proteinuria vs 10-year kidney failure/death risk



Patients with proteinuria <~0.5 g/d reached the composite kidney outcome within a median of 7.9 years in the US cohort⁴

Time-averaged proteinuria vs median time to composite outcome



Studies across different populations indicate **patients with proteinuria between 0.5–1.0 g/d** can experience significant loss of kidney function, with an **eGFR decline of ~1–2 mL/min/1.73 m² per year^{3,6}**



Annual eGFR decline ≥1 mL/min/1.73 m² can lead to kidney failure for many patients^{3,b}

In the RaDaR study, almost all patients were at risk of kidney failure unless they maintained an **eGFR decline below 1 mL/min/1.73 m² per year**

At an annual eGFR decline of:

1 mL/min/1.73 m ²	3 mL/min/1.73 m ²
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of adults **aged ≤40 years** at diagnosis are **expected to progress to kidney failure³**

The majority of patients with IgAN reached kidney failure, and even those with proteinuria <1 g/d can develop kidney failure within 10 years^{3,4,a,b}

Learn more about IgAN progression



^aRetrospective cohort study using data from the RaDaR (UK) cohort of 2299 adults and 140 children with biopsy-confirmed IgAN with proteinuria >0.5 g/d or eGFR <60 mL/min/1.73 m² at any point in their clinical history.

^bRetrospective longitudinal cohort study performed using data from adult patients with biopsy-confirmed IgAN (N=655) within Kaiser Permanente Southern California between January 2000 and November 2022.

eGFR, estimated glomerular filtration rate.

References:

1. Lai KN, et al. Nat Rev Dis Primers. 2016;2:16001. 2. KDIGO Glomerular Diseases Work Group. Kidney Int. 2021;100(4S):S1-S276. 3. Pitcher D, et al. Clin J Am Soc Nephrol. 2023;18(6):727-738. 4. Sim JJ, et al. Nephrol Dial Transplant. 2025;gfa084. 5. Tang C, et al. Am J Kidney Dis. 2024;84(2):170-178.e1. 6. Le W, et al. Nephrol Dial Transplant. 2012;27(4):1479-1485. 7. Faucon AL, et al. Nephrol Dial Transplant. 2025;40(3):465-474. 8. Barbour SJ, et al. Kidney Int. 2013;84(5):1017-1024. 9. Hastings MC, et al. Kidney Int Rep. 2017;3(1):99-104.

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