RESEARCH RESULTS

The relationship between proteinuria and disease progression in IgA nephropathy (IgAN)

A summary of the RaDaR study

What does this research mean for people with IgAN?

Even patients who were considered "lower-risk" (proteinuria levels of less than 1,000 mg/day)[a] were shown to have poor long-term outcomes

Starting treatments early is important for people with IgAN

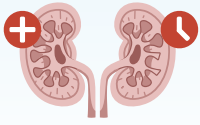
New treatments that **reduce proteinuria** levels may improve outcomes in people with IgAN, including **slower kidney disease progression** and delaying kidney failure

Why was this study done?

To understand how **proteinuria** affects people with IgAN over time

Researchers looked at:

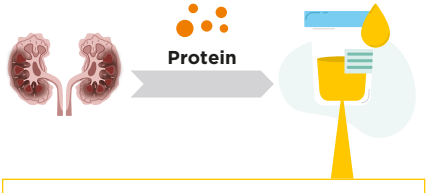
How well their kidneys work (**kidney function**)



How long they live without needing kidney dialysis or transplant (**kidney survival**)

Background of the study

When the kidneys are damaged, protein leaks into the urine



Excess protein in the urine is called proteinuria

Levels of **proteinuria**[a] can predict how likely kidney disease is to get worse

IgAN risk categories were traditionally thought to be:

Less than 1,000 mg/day (1 g/day): lower risk for disease worsening

More than 1,000 mg/day (1 g/day): higher risk for disease worsening

What is RaDaR?

The **United Kingdom Registry of Rare Kidney Diseases (RaDaR)** is the largest rare kidney disease registry in the world, collecting information on patients with rare kidney diseases

RaDaR works closely with kidney centers and laboratories around the UK

The database includes >33,000 patients

Researchers examined data from **2,439** people with IgAN who were part of RaDaR

[a]Sometimes, proteinuria values are expressed as mg/g (mg of protein per gram of creatinine), rather than mg/day. As a rule of thumb, you can find an estimate by multiplying the "per day" measurement by 0.7 (e.g. 300 mg/day x 0.7 ≈ 210 mg/g).

Reference: Pitcher D, et al. Long-term outcomes in IgA nephropathy. *Clin J Am Soc Nephrol.* 2023;18(6):727-738.

See other side to find out the results of the study

TRAVERE THERAPEUTICS

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How was this study done?

The study included **2,439** people with IgAN, including **140** children

On average, patients were followed for **8 years**

Researchers looked at:

- Proteinuria
- Kidney function
- Kidney survival

What were the main results of the RaDaR study?

Clinical outcomes for people with IgAN were poor

Approx. 50% of adults progressed to kidney failure or death during the study period

Most patients progressed to kidney failure **within 10-15 years** in all age groups

Treatment options for IgAN have been made available in recent years

SCAN TO SEE WHAT TREATMENT OPTIONS MAY BE AVAILABLE TO YOU

Higher proteinuria was associated with worse outcomes

= **Faster kidney function decline**

Lower chance of kidney survival

Most people with high levels of proteinuria will progress to kidney failure within 10 years of diagnosis

Proteinuria levels[a]	Patients reaching kidney failure within 10 years
More than 2,000 mg/day (2 g/day)	approx. 85%
1,000 - 2,000 mg/day (1 - 2 g/day)	approx. 60%
Less than 1,000 mg/day (1 g/day)	approx. 20 - 30%

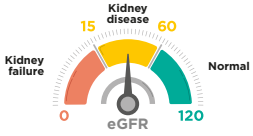
Even people with **proteinuria levels of less than 1,000 mg/day (1 g/day)** were at risk of developing **kidney failure**

Lower proteinuria was associated with better outcomes

= **Slower kidney function decline**

Higher chance of kidney survival

Reduction in proteinuria further delayed the need for kidney dialysis or transplant



Greater eGFR decline was associated with worse outcomes

The estimated glomerular filtration rate (eGFR) measures how well the kidneys filter the body's waste

SCAN TO SEE THE PLAIN-LANGUAGE SUMMARY PUBLICATION

Pitcher D, et al. *Future Rare Diseases.*

SCAN TO SEE THE FULL RESEARCH PUBLICATION

Pitcher D, et al. *Clin J Am Soc Nephrol.*

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