

From referral to escalation: Misalignment between disease severity and treatment action in real-world IgAN

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INTRODUCTION

In IgAN, clinical guidance and emerging therapies have clarified when treatment escalation should be considered; however, translating disease severity into timely therapeutic action remains challenging in routine practice. While nephrologists define thresholds for escalation, real-world care pathways can delay recognition of severity and treatment intensification.

AIM

Assess alignment between observed disease severity in IgAN patient charts and nephrologists' stated escalation thresholds, integrating real-world chart data with clinician-reported decision-making frameworks.

METHOD

Regions: UK, Germany, France, Italy, and Spain

1. Cross-sectional audit of 507 patient charts (PATIENT CHART DYNAMIX™) from 317 nephrologists, Jan-Feb 2025, capturing clinical characteristics, disease severity, and management of non-dialysis IgAN patients.
2. Survey of 252 nephrologists (REALTIME DYNAMIX™) Sep-Oct 2025), assessing real-world treatment thresholds, escalation triggers, and decision frameworks.

Descriptive analysis of observed patient severity vs. clinician-stated escalation norms. Interpreted as complementary signals, not patient-level linkage.

RESULTS

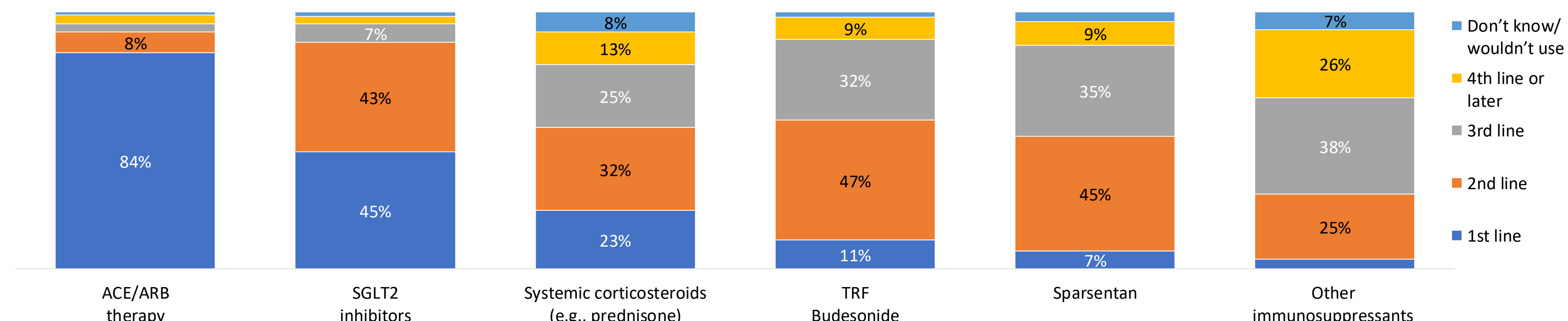
Findings from both data sources reveal a consistent pattern of disconnect between observed disease burden and treatment action across all five countries

Observed disease severity versus clinician-stated escalation thresholds in IgAN

Domain	Observed in Patient Charts (PCD)	Clinician-Stated Norms (RTD)
Disease severity	Two-thirds of patients classified as moderate or high risk	Escalation thresholds defined primarily by proteinuria ≥ 1.0 – 1.5 g/day and eGFR decline
Markers tracked	Elevated proteinuria (>2.0 g/day average) and physician-assessed progression	Proteinuria and eGFR trends cited as primary indicators
Treatment escalation	Subset of patients met or exceeded thresholds before treatment intensification	Clear criteria articulated for initiation and escalation of targeted therapy
Care pathway implication	Potential delays between severity recognition and therapeutic action	lack of familiarity and perceived sufficiency of foundational therapy cited as barriers to escalation

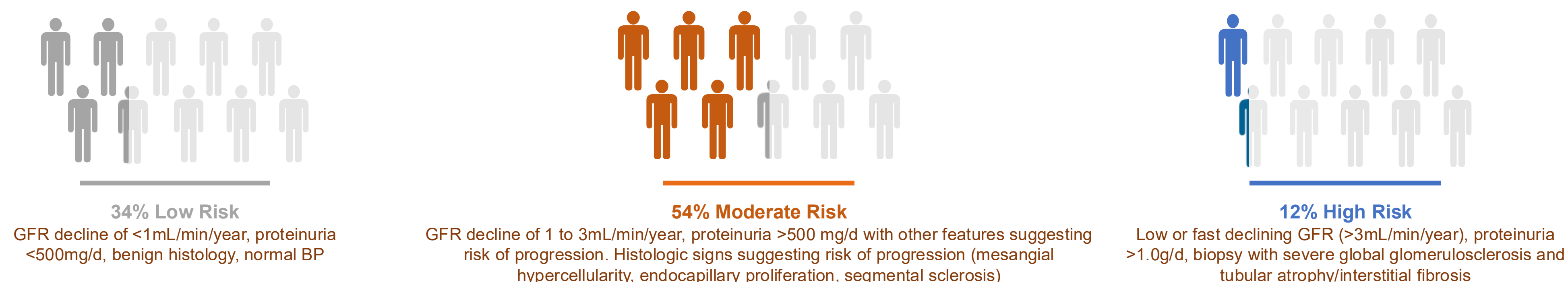
Ideal IgAN Treatment Order

% respondents



Current Stage of IgA Nephropathy

% of patients



CONCLUSIONS

Across countries, observed IgAN disease severity does not consistently translate into timely treatment escalation, despite clearly articulated clinician thresholds.

The integration of patient-level chart data with clinician-reported decision frameworks suggests structural, behavioral, or system-level barriers may contribute to delayed escalation.

Addressing these gaps may support earlier alignment of treatment action with disease risk and improve long-term outcomes in IgAN.

REFERENCES

- Spherix Patient Chart Dynamix™, Jan–Feb 2025
- Spherix RealTime Dynamix™, Sep–Oct 2025

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