Evolving IgAN Landscape: Persistent Unmet Need Despite Expanding Therapeutic Options

Jennifer Lafave[1]; Stephanie Tomazin[1]; Kari McCarthy[1]

[1]Spherix Global Insights, Exton, Pennsylvania, USA

SPHERIX GLOBAL INSIGHTS

ASN KIDNEY WEEK 2026
POSTER NUMBER: SA-PO0665

BACKGROUND & OBJECTIVE

IgA nephropathy (IgAN) is a progressive glomerular disease with historically limited treatment options. The relatively recent approvals of five targeted therapies have transformed the treatment landscape; however, optimal disease control remains difficult to achieve. This research evaluates current management patterns, remaining unmet needs, and nephrologist perspectives on emerging pipeline mechanisms of action (MOAs).

METHODS

Data were collected from 105 U.S. nephrologists via an online survey conducted in February 2026, with trended comparisons to a similar cohort of 105 nephrologists surveyed in February 2025 and 105 nephrologists surveyed in February 2024.

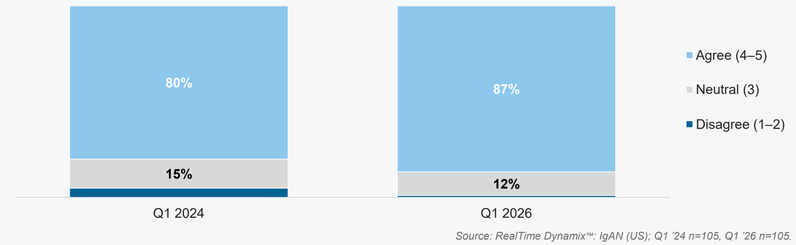
RESULTS

Nephrologists report improved ability to treat IgAN following recent approvals, with 87% agreeing that new agents have enhanced management (vs. 80% in Q1'24) (FIGURE 1); however, only 44% of patients are estimated to achieve complete proteinuria remission (<0.3g/d), similar to the 47% measured one year earlier in Q1'25. Additionally, nephrologists estimate that more than one-third of their IgAN patients remain sub-optimally managed (37% in Q1'26 vs. 36% in Q1'24) (FIGURE 2). Nearly three-quarters of nephrologists (72%) continue to identify unmet need for additional therapies (FIGURE 3). Pipeline interest is strong, particularly for therapies targeting underlying disease biology. Dual APRIL/BAFF inhibitors (e.g., atacicept, povetacicept) are viewed as highly promising, while nephrologists also consider complement inhibitors (ravulizumab, sefaxersen), and plasma-cell–targeting therapies (felzartamab, mezagitamab) as also offering potential (FIGURE 4). Across pipeline agents, nephrologists increasingly prioritize durable eGFR data over proteinuria reduction alone when evaluating clinical value (FIGURE 5).

FIGURE 1

"With the availability of new agents specifically indicated for IgAN, I am better able to treat my IgAN patients now"

% of respondents



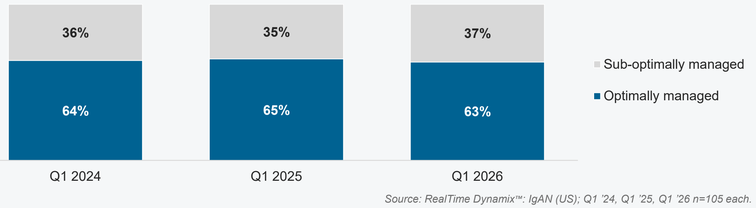
Source: RealTime Dynamix™: IgAN (US); Q1 '24 n=105, Q1 '26 n=105.

FIGURE 2

IgAN Patients' Perceived Management

% of patients

% of patients estimated to have ever **achieved complete remission** (proteinuria below 0.3 g/day): **Q1'26: 44%**

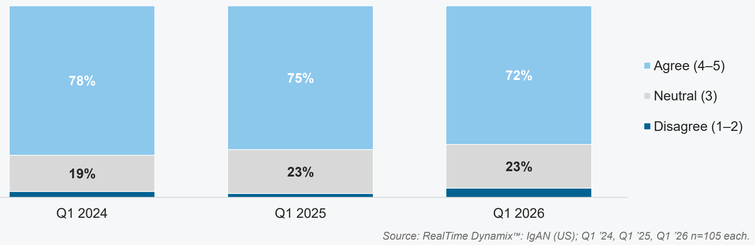


Source: RealTime Dynamix™: IgAN (US); Q1 '24, Q1 '25, Q1 '26 n=105 each.

FIGURE 3

"I believe there is still an unmet need for new treatment options for IgAN patients"

% of respondents

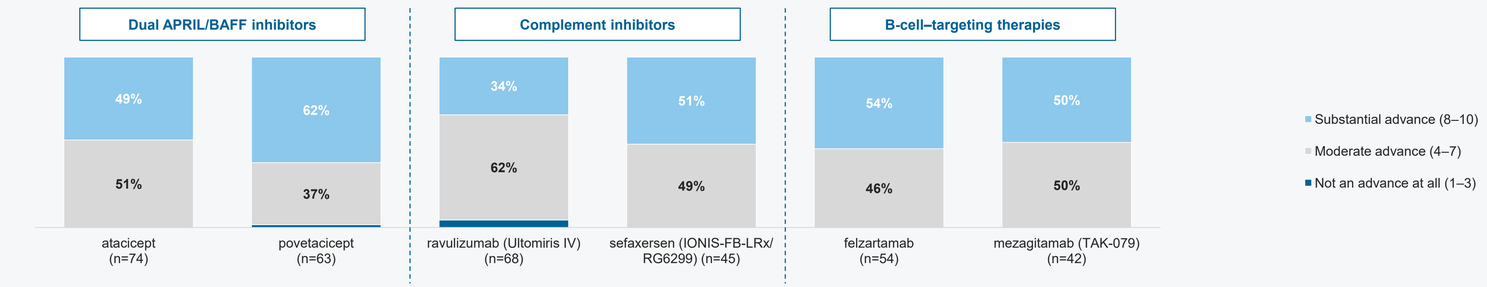


Source: RealTime Dynamix™: IgAN (US); Q1 '24, Q1 '25, Q1 '26 n=105 each.

FIGURE 4

Degree of Advance Over Currently Approved Products for IgAN

% of familiar respondents (rated familiarity of product >3 on a 10-point scale)

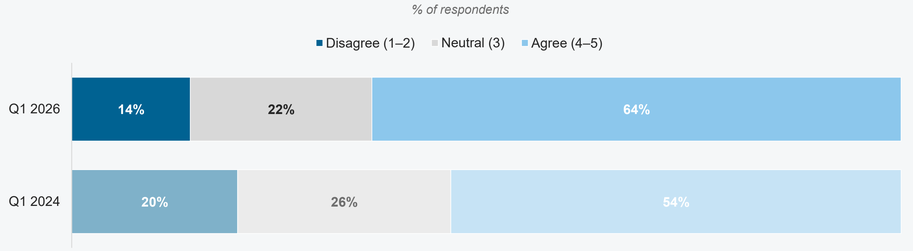


Source: RealTime Dynamix™: IgAN (US); Q1 '26 (n=105); n shown per product.

FIGURE 5

"Data demonstrating impact on eGFR is more important to me than proteinuria reduction when evaluating new treatment options in IgAN"

% of respondents



Source: RealTime Dynamix™: IgAN (US); Q1 '24 n=105, Q1 '26 n=105.

CONCLUSIONS

Despite rapid therapeutic innovation and increasing adoption of targeted agents, IgAN remains characterized by continued unmet need, with many patients failing to achieve proteinuria targets or optimal disease control. Evolving treatment strategies and diverse pipeline mechanisms are expected to play a critical role in improving long-term renal outcomes.

POSTER DETAILS

ACKNOWLEDGMENTS

The Spherix Global Insights team wishes to express our appreciation to the nephrologists who participated in this research.

DISCLOSURES

Spherix Global Insights is an independent market intelligence and advisory firm that has not received any industry funding to conduct and report on this study.

REFERENCES

Spherix Global Insights. *RealTime Dynamix™: IgAN (US); Q1 2024, Q1 2025, and Q1 2026.* Proprietary market research study.

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