

Proteinuria Reduction in FSGS and IgAN: Are Nephrologists and Other Specialists Ready for a Change in Standard of Care?



PlatformQ Health is proud to have an abstract accepted for online publication for the 2022 ASN Kidney Week. For more information, contact info@platformq.com.

Background: With the release of the 2021 KDIGO Practice Guidelines and a growing pipeline based on an improved understanding of disease progression and proteinuria regulation, the management of glomerular diseases (GD), such as focal segmental glomerulosclerosis (FSGS) and immunoglobulin A nephropathy (IgAN), is rapidly changing. Nephrologists (nephs) and other providers (HCPs) have evolving roles, with an urgent need to recognize and treat patients early to reduce risk of transplantation.

Methods: Three 60-minute CME activities were held live from Feb to Dec 2021 and will remain on-demand for 1 year. Test questions were administered before and immediately after each activity. A follow-up survey on HCP behavior was sent to post-test respondents 2 months after completion. Responses were analyzed for engagement, lessons learned, and continuing gaps. Cohort analysis compared the performance of nephs with the overall HCP population. Chi-square tests compared paired responses ($P < 0.0001$; pre/post and pre/2 months).

Results: As of 5/3/2022, 4,835 HCPs (20% nephs) had engaged. About 48% of nephs said that 1%-15% of their patients had been newly diagnosed with GD. After participating in at least 1 activity, nephs enhanced their knowledge and competence (pre- vs post-activity) regarding diagnosis (59% vs 91%), proteinuria regulation (47% vs 66%), KDIGO guidelines (43% vs 84%), and trial data on sparsentan (39% vs 82%).

The performance of nephs was higher than HCPs across all domains tested. On follow up, >90% of respondents said the education had a positive impact on their clinical practice and on patient experiences and outcomes.

Conclusions: Data support the positive impact of live and on-demand CME on ability of HCPs to adapt to the changing paradigm for proteinuria reduction in FSGS and IgAN management. Additional education is needed for nephs on the dual roles of endothelin I and angiotensin II in kidney-function decline, and to reinforce KDIGO guidelines on goals of GD management and place of steroids in IgAN. Education for the larger group of HCPs can also enhance GD diagnoses, early recognition, and referrals.

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