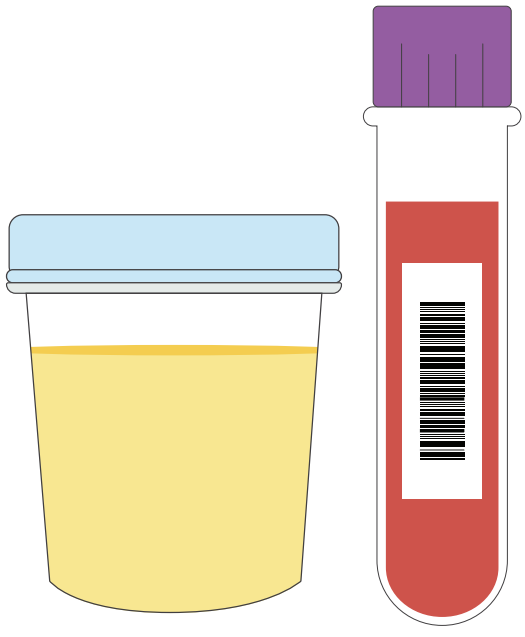
NATIONAL KIDNEY FOUNDATION®

Discussing Monitoring A Person Living with IgAN: A Guide for Healthcare Professionals

EDUCATE YOUR PATIENTS

Focus on why people with IgA Nephropathy (IgAN) need close monitoring

- The main goals of monitoring a person with IgAN are to make sure kidney function remains stable and that treatment is working.
- This monitoring helps guide your doctor and healthcare team to see what changes might need to be made to your treatment.
- This visit will cover how the person living with IgAN is monitored over the course of their IgAN journey and why.



Discuss monitoring tests

A person with IgAN is usually monitored over time for two main things: protein leaking into the urine (proteinuria) and loss of kidney function. How often they're monitored depends on their degree of proteinuria, hematuria (blood in the urine), and kidney damage. Regular monitoring reveals trends in progress in disease management or decline.

Tests include:

- **Urine albumin-to-creatinine ratio (uACR)** or protein-to-creatinine ratio (uPCR), and sometimes a 24-hour urine collection to measure protein in the urine. This is very important because persistent proteinuria is the best early marker of disease progression.
- Serum (blood) creatinine and **estimated glomerular filtration rate (eGFR)** to see whether kidney function is stable or declining.
- **Blood pressure** is carefully monitored because high blood pressure speeds up kidney damage and is an important treatment target.
- Urinalysis to check for hematuria and other substances that may reflect a kidney problem. Blood in the urine is common in IgAN.
- **Electrolytes and other blood tests,** especially potassium and creatinine when taking blood pressure medicines like ACE inhibitors, ARBs, or other medicines used specifically for kidney health.

Repeat kidney **biopsy** in IgAN is usually not routine, but doctors may consider it in certain situations to guide management. These include the following:

- Unexplained decline in kidney function: To check if active inflammation or new lesions have developed.
- Evaluating treatment response or relapse: If your symptoms or proteinuria return after stopping treatment, or if your lab values do not match your clinical improvement, a biopsy shows if the disease is still active.
- Before starting new or strong medicines: If you have had IgAN for a long time and your doctor is considering strong immunosuppressive medicines, a repeat biopsy (often considered if the previous one is older than 5 years) helps assess currently active disease that can be treated versus past kidney damage. This helps avoid unnecessary heavy treatment if only past damage is present.
- Clinical trials: Some clinical trials use repeat biopsies to measure how well a new drug is working.

Keep it conversational

- Discuss with the patient and/or care partner the monitoring schedule and reasons for it. There isn't one schedule for everyone. A person with stable, low-risk IgAN and normal kidney function may not be monitored that often, whereas someone with a high amount of proteinuria or declining eGFR may need much more frequent follow-up. For someone with progressive chronic kidney disease, follow-up can be as frequent as every 2–6 months, depending on the degree of kidney damage and rate of decline.
- Let them know it is normal to have questions, especially when there is so much information to sort through.
- Explain the connection of monitoring with better outcomes. The sooner that proteinuria and eGFR decline are found, the sooner that changes in treatment can be made. A good monitoring schedule will demonstrate trends in progress or decline that can be dealt with as soon as possible.

Address common concerns

- Ask if they have access to lab testing sites and transportation to appointments.
- Ask about their work, travel, and situations that need to be considered when scheduling appointments.

Discuss next steps

- Highlight the importance of following up and informing the office when they can't make it to an appointment, especially so that rescheduling can be done as soon as possible.
- Provide clear guidance on monitoring schedule and when the patient or care partner should call sooner than scheduled appointments based on concerning signs and symptoms.
- Discuss office policies for reviewing lab results, whether by phone, patient portal, or other vehicles.



For more information, contact the National Kidney Foundation

Toll-free help line: 855.NKF.CARES or email: nkfcares@kidney.org

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