18th International Symposium on IgA Nephropathy

IIGANN PRAGUE 2025

17th–20th SEPTEMBER 2025

PRAGUE | CZECH REPUBLIC

CUBEX CENTRE PRAGUE

DETAILED PROGRAMME

www.iigann2025.com

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CONTENT

WELCOME ADDRESS

Dear colleagues and friends,

It is my pleasure to invite you to join us for the meeting of the International IgA Nephropathy Network, which will be held in Prague, 17–20 September 2025.

Recently published groundbreaking clinical trials have resulted in the approval of the first drugs specifically for the treatment of IgA nephropathy, as reflected in the updated 2024 KDIGO IgA nephropathy guidelines, and We expect further progress in 2025, as several other important randomized Clinical trials are ongoing.

Our conference will cover not only new treatment options, but also updates on outcomes in IgA nephropathy, risk prediction, biomarkers, pathogenesis and pathology. Special attention will be paid to IgA nephropathy in children, patient priorities and access to the newly approved treatments.

In addition to invited lectures, panel discussions and industry symposia, there will also be free communications and poster sessions.

We are looking forward to seeing you in Prague in September 2025.

With best regards

Prof Jonathan Barratt, PhD, FRCP
Convener of the International IgA nephropathy Network

Prof Vladimír Tesař, MD, PhD, MBA, FASN, FERA, FISN,
Chair of the local organizing committee

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Ing. **Alexandra Udženija**
Deputy Mayor

ABOUT IIGANN

The International IgA Nephropathy Network (IIgANN) is a global community of researchers, clinicians, and collaborators dedicated to advancing understanding, diagnosis, and treatment of IgA nephropathy – the most common form of primary glomerulonephritis. Since its beginnings in 1987, the Network has organized biennial scientific symposia and fostered international cooperation in both clinical and basic research. Through these efforts, IIgANN connects experts worldwide, supports young investigators, and shares the latest scientific insights to improve patient care.

STEERING COMMITTEE

Convener:
Prof **Jonathan Barratt**

Secretary:
Dr **Hernán Trimarchi**

Treasurer:
Dr **Chee Kay Cheung**

Chair of the IIgANN Research Group:
Dr **Sean Barbour**

Members:
- Prof **Renato Monteiro**
- Prof **Jan Novak**
- Dr **Hong Zhang**
- Prof **Yusuke Suzuki**
- Prof **Loreto Gesualdo**
- Prof **Heather Reich**

COMMITTEES

ORGANISING COMMITTEE

Chair of the Organising Committee
Prof **Vladimír Tesař**

Organising committee member
Prof **Jonathan Barratt**

SCORING COMMITTEE

- Prof **Vladimír Tesař**
- Prof **Jonathan Barratt**
- Dr **Chee Kay Cheung**
- Dr **James Gleeson**
- Dr **Yuko Makita**

TECHNICAL SECRETARIAT OF THE CONFERENCE

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PROGRAMME OVERVIEW

	WEDNESDAY 17 September 2025
	Exhibition Area
18:00–19:00	**Welcome Ceremony & Exhibitors' Meeting with Participants** (18:00–19:00) Exhibition Area

	THURSDAY 18 September 2025	FRIDAY 19 September 2025	SATURDAY 20 September 2025
	Cubex A1 + A2	Cubex A1 + A2	Cubex A1 + A2
07:55–08:55	Breakfast & INDUSTRY SYMPOSIUM	Breakfast & INDUSTRY SYMPOSIUM	Breakfast & INDUSTRY SYMPOSIUM
09:00–10:00	**WELCOME** **PATIENT PANEL What do patients want?**	**PANEL DISCUSSION How do we ensure treatments are available to everyone with IgAN?**	**Perspectives in IgAN: Where are we and where do we need to go next?**
10:00–11:00	**PLENARY SESSION 1 IgAN Natural History**	**PLENARY SESSION 4 IgAN Pathogenesis 2**	**PLENARY SESSION 7 IgAN & IgAV in children**
11:00–11:30	Coffee break	Coffee break	Coffee break
11:30–11:50	**PLENARY SESSION 2 IIGANN Research Group Lecture 1**	**PLENARY SESSION 5 IIGANN Research Group Lecture 2**	**PLENARY SESSION 8 IIGANN Research Group Lecture 3**
11:50–13:00	**FREE COMMUNICATIONS**	**FREE COMMUNICATIONS**	**FREE COMMUNICATIONS**
13:00–14:00	Lunch & INDUSTRY SYMPOSIUM	Lunch & INDUSTRY SYMPOSIUM	Lunch & INDUSTRY SYMPOSIUM
14:00–15:00	**PLENARY SESSION 3 IgAN Pathogenesis 1**	**PLENARY SESSION 6 Treatment 1**	**PLENARY SESSION 9 Treatment 2**
15:00–15:30	**FREE COMMUNICATIONS**	**FREE COMMUNICATIONS**	**FREE COMMUNICATIONS**
15:30–16:00	Coffee break	Coffee break	Coffee break
16:00–17:00	AFTERNOON INDUSTRY SYMPOSIUM	**MODERATED POSTER SESSION Cubex A3**	**CONCLUDING REMARKS & PRIZE PRESENTATION**
17:00–18:00			
18:00–22:00	**Speakers' Dinner**	**Conference Dinner**	

DETAILED PROGRAMME

DAY 1
17 September 2025 (Wednesday)

18:00–19:00 Exhibition Area

WELCOME CEREMONY & EXHIBITORS' MEETING WITH PARTICIPANTS

DAY 2
18 September 2025 (Thursday)

07:55–08:55 Cubex A1 + A2

Breakfast & INDUSTRY SYMPOSIUM

09:00–10:00 Cubex A1 + A2

WELCOME
Vladimír Tesař

PATIENT PANEL: What do patients want?
Moderators: ***Louise Oni, Jonathan Barratt***

10:00–11:00 Cubex A1 + A2

PLENARY SESSION 1: IgAN Natural History
Chairs: ***Hong Zhang, Bruce A. Julian***

Suceena Alexander: Asia
Chee Kay Cheung: Europe
John Sim: North America

11:00–11:30 Coffee break

11:30–11:50 Cubex A1 + A2

PLENARY SESSION 2: IIGANN Research Group Lecture 1
Chair: ***Keiichi Matsuzaki***

Sean Barbour: Risk prediction: What is on the Horizon?

11:50–13:00 Cubex A1 + A2

FREE COMMUNICATIONS

Cheng-Hsu Chen: Distinct Breath Volatile Organic Compound Signatures Differentiate IgA Nephropathy from Non-IgA Chronic Kidney Disease: A Novel Non-Invasive Diagnostic Approach
Ming Li: The CARD9 S12N mutation is associated with an increased risk of IgA nephropathy in Han Chinese
Linlin Xu: Genome-wide survival study identified variants associated with disease progression in IgA nephropathy
Izabella Z. A. Pawluczyk: Expression of MiR Triplet -192,-194,-215 in IgA Nephropathy: a Pilot Study
Beatriz Cortez Ferreira: Morphometric prediction of kidney survival in IgA Nephropathy
Ian S. D. Roberts: Glomerular C3 staining at baseline is an independent predictor of renal survival and eGFR loss in the UK National Registry of Rare Kidney Diseases (RaDaR) IgA nephropathy cohort

13:00–14:00 Cubex A1 + A2	**Lunch & INDUSTRY SYMPOSIUM**
14:00–15:00 Cubex A1 + A2	**PLENARY SESSION 3: IgAN Pathogenesis 1** *Chairs: **Jan Novak**, **Jenny Nyström*** **Krzysztof Kiryluk:** What has genetics told us about IgAN? **Hitoshi Suzuki:** What is in an Immune complex in IgAN? **James Gleeson:** Where does pathogenic IgA come from?
15:00–15:30 Cubex A1 + A2	**FREE COMMUNICATIONS** **Kei Ogiwara:** Bruton's tyrosine kinase modulates expression of C1GALT1 and production of galactose-deficient IgA1 in IgA nephropathy **Yusuke Fukao:** Plasmacytoid dendritic cells modulate the pathogenesis of IgA nephropathy by facilitating aberrantly glycosylated IgA synthesis **Yu-Ling Chou:** Differential nephritogenic levels of human IgG autoantibody containing immune complexes in IgA nephropathy
15:30–16:00	Coffee break
16:00–17:00 Cubex A1 + A2	**AFTERNOON INDUSTRY SYMPOSIUM**
18:00–22:00	**Speakers' Dinner**

DAY 3
19 September 2025 (Friday)

07:55–08:55 Cubex A1 + A2	**Breakfast & INDUSTRY SYMPOSIUM**
09:00–10:00 Cubex A1 + A2	**PANEL DISCUSSION: How do we ensure treatments are available to everyone with IgAN?** *Moderators: **Heather Reich**, **Hernan Trimarchi*** Panellists: **Irene de Lourdes Noronha**, **Vivekanand Jha**, **Adrian Liew**, **Bonnie Schneider**
10:00–11:00 Cubex A1 + A2	**PLENARY SESSION 4: IgAN Pathogenesis 2** *Chairs: **Renato Monteiro**, **Xueqing Yu*** **Katherine Bull:** Understanding the glomerular response to IgA deposition **Heather Reich:** Immune cells in the kidney are they important in IgAN? **Dana Rizk:** The role of complement in IgAN (the glomerulus and beyond)
11:00–11:30	Coffee break

11:30–11:50 Cubex A1 + A2

PLENARY SESSION 5: IIGANN Research Group Lecture 2

*Chair: **Mark Haas***

Peter Boor: Pathomics and next generation pathology in IgAN and IgAVN

11:50–13:00 Cubex A1 + A2

FREE COMMUNICATIONS

Fabio Sallustio: Renal Progenitor Cells Can Modulate Inflammatory and Intestinal Immune Activation in IgA Nephropathy
Ying Zheng: CX3CR1+ monocytes/macrophages promote regional immune injury in mesangial proliferative glomerulonephritis through crosstalk with activated mesangial cells
Yuko Makita: Transglutaminase-2 specific IgA-producing plasma cells in experimental IgA nephropathy
Selvin Sundar Raj Mani: Gut Microbiome in IgA Nephropathy: Associations with Baseline Disease Presentation and Longitudinal Clinical Outcomes in South Asians
Yoshihito Nihei: Mucosal bacteria initiate production of anti-β2-spectrin IgA autoantibody through a mechanism of molecular mimicry
Francesca Zanoni: Polygenic Risk Score Predicts IgA Nephropathy Recurrence and Graft Failure in Kidney Transplant Recipients
Fabio Sallustio: MBL2 Deficiency and Graft Survival in Transplant Patients with IgA Nephropathy: Is Complement Inhibition Always Beneficial?

13:00–14:00 Cubex A1 + A2

Lunch & INDUSTRY SYMPOSIUM

14:00–15:00 Cubex A1 + A2

PLENARY SESSION 6: Treatment 1

*Chairs: **Daniel Cattran**, **Vladimír Tesař***

Jürgen Floege: What do the KDIGO Guidelines NOT tell us?
Richard Lafayette: Who should we treat?
Sydney Chi Wai Tang: How best to manage CKD in IgAN?

15:00–15:30 Cubex A1 + A2

FREE COMMUNICATIONS

Linlin Xu: Unveiling Genetic Determinants of Steroid Responsiveness in IgA Nephropathy: A TESTING Cohort Study
David L. Hölscher: Pathomics-based estimation of treatment effects for corticosteroids in IgAN
Xujie Zhou: Genome-wide association study meta-analysis reveals 50 susceptibility loci for IgA nephropathy and identifies B-cell receptor signaling to NF-κB pathway as a potential therapeutic target

15:30–16:00 Coffee break

16:00–17:00 Cubex A3

MODERATED POSTER SESSION

More on page 11

18:00–22:00 **Conference Dinner**

DAY 4
20 September 2025 (Saturday)

07:55–08:55
Cubex A1 + A2

Breakfast & INDUSTRY SYMPOSIUM

09:00–10:00
Cubex A1 + A2

Perspectives in IgAN: Where are we and where do we need to go next?

Chairs: ***Loreto Gesualdo, Ali Gharavi***
Speakers: **Terry Cook**, **John Feehally**, **Vlado Perkovic**

10:00–11:00
Cubex A1 + A2

PLENARY SESSION 7: IgAN & IgAV in children

Chairs: ***Evangeline Pillebout, Richard Lafayette***

Alexandra Cambier: Are there fundamental differences between IgAN/IgAV in adults and children?
Louise Oni: How do we advance treatment for children with IgAN & IgAV?
Marina Vivarelli: Beyond the IPNA Guidelines-Treatment of IgAN & IgAV

11:00–11:30 Coffee break

11:30–11:50
Cubex A1 + A2

PLENARY SESSION 8: IIGANN Research Group Lecture 3

Chair: ***Ian Roberts***
Julio Saez-Rodriguez: The IgAN Atlas

11:50–13:00
Cubex A1 + A2

FREE COMMUNICATIONS

Jenna Keung: Investigating patient heterogeneity using deconvolution and multicellular factor analysis in IgA nephropathy
Turgay Saritas: Single-Cell Multiomic Profiling of PBMCs Reveals Immune Heterogeneity and Therapeutic Target Expression in IgA Nephropathy
Miguel A. Hernandez-Hernandez: Single cell spatial transcriptomics of human kidney biopsies reveals structural and molecular features of crescent formation in IgA nephropathy
Xiaohong Zheng: Exploring immune mechanisms in pediatric IgA nephropathy through spatial transcriptomics
Alexandra Cambier: Deciphering APRIL's involvement in the pathogenesis of childhood IgA nephropathy
Srishti Sahu: Deciphering complement pathway activation mechanisms in childhood IgA nephropathy

13:00–14:00
Cubex A1 + A2

Lunch & INDUSTRY SYMPOSIUM

14:00–15:00
Cubex A1 + A2

PLENARY SESSION 9: Treatment 2

*Chairs: **Brad Rovin**, **Muh Geot Wong***

Jicheng Lv: Targeting IgA immune complex driven inflammation and fibrosis
Yusuke Suzuki: Targeting production of pathogenic IgA
Jonathan Barratt: How will the KDIGO Guidelines evolve over the next 5 years?

15:00–15:30
Cubex A1 + A2

FREE COMMUNICATIONS

Arvind Madan: Longer follow-up of povetacicept shows potential for treatment of IgA nephropathy (RUBY-3 study)
Michael Wang: FB-7011: A Novel, Long-Duration siRNA Dual-Targeting Both Complement Factor B (CFB) and Mannan-Binding Lectin Serine Protease 2 (MASP2) Exhibits Therapeutic Potential for Treatment of IgA Nephropathy
Xiaohong Zheng: Tolerogenic dendritic cells immunotherapy protects against IgA nephropathy

15:30–16:00 Coffee break

16:00–17:00
Cubex A1 + A2

CONCLUDING REMARKS & PRIZE PRESENTATION

MODERATED POSTER SESSION

Moderator: ***Kerstin Ebefors***

MP-01 **Meijun Si:** Revealing the Spatial Structure of IgA Immune Complexes in IgA Nephropathy Using Volume Electron Microscopy

MP-02 **Stacy D. Hall:** Complement C3: A necessary component of pathogenic IgA1-containing immune complexes in IgA nephropathy

MP-03 **Zhenhai Zhang:** Functional characterization of a novel anti-Gd-IgA1 autoantibody P4 in IgA nephropathy pathogenesis

MP-04 **Tibor Schomber:** Effects of anti-APRIL antibody treatment versus dual APRIL/BAFF inhibition and anti-BAFF antibody treatment in wild type mice

MP-05 **Jan Novak:** *In vivo* evidence that mesangioproliferative activity of IgA1-IgG immune complexes in IgA nephropathy requires complement C3 and can be prevented by a protein tyrosine kinase inhibitor

MP-06 **Colin Reily:** NF-kB inhibitor increases production of galactose-deficient IgA1 and modulates activation of multiple transcription factors in several subpopulations of EBV-immortalized B cells from IgAN patients and healthy controls

MP-07 **Chee Kay Cheung:** Urinary biomarker analysis reveals rapid intrarenal anti-inflammatory and anti-fibrotic effects of sparsentan in IgA nephropathy in the SPARTAN study

MP-08 **Jicheng Lv:** PEGylated Clostridium ramosum IgA protease clears both circulating and deposited IgA1 as a potential disease-modifying therapy for IgA nephropathy

MP-09 **Kazuaki Mori:** Sparsentan decreases mesangial IgA deposition in gddY mice; a possible role for mesangial-cell- surface autoantigen expression

MP-10 **Kerstin Ebefors:** Activation of mesangial cells via phagocytosis in IgA nephropathy

Moderator: ***Yuko Makita***

MP-11 **Alexandra Audemard-Verger:** Recommendations on diagnosis and treatment of adult-onset IgA Vasculitis proposed by the European IgA Vasculitis Study Group: focus on kidney involvement

MP-12 **Zhiqiang Du:** Preclinical and phase I clinical study of RG002C0106: a GalNAc-siRNA conjugate for complement-related glomerular diseases

MP-13 **Federica Papadia:** Epidemiological and Prognostic Insights into IgA Nephropathy: A Regional Cohort Study from Southern Italy

MP-14 **Selvin Sundar Raj Mani:** Baseline and Longitudinal Associations between serum C3/C4 levels and tissue complement biomarkers and IgA Nephropathy in South Asia

MP-15 **Nobuo Tsuboi:** Prognostic Significance of Persistent Hematuria in Japanese Patients with IgA Nephropathy: Findings from the Japan IgA Nephropathy Prospective Cohort Study (J-IGACS)

MP-16 **Hiroyuki Ueda:** Prognostic impact of proteinuria recurrence in IgA nephropathy: A post hoc analysis of the Japan IgA Nephropathy Prospective Cohort Study (J-IGACS)

MP-17 **Shinya Yokote:** Prognosis of Elderly Patients with IgA Nephropathy: A Post Hoc Analysis of the Japan IgA Nephropathy Prospective Cohort Study (J-IGACS)

MP-18 **Dita Maixnerova:** Intercontinental survey of patients with IgA nephropathy – preliminary analysis

MP-19 **Keiichi Matsuzaki:** Clinical Remission in IgA Nephropathy: Visualization of transition patterns and identification of an appropriate time point for prognostic assessment

Moderator: ***Matthew B. Renfrow***

MP-20 **Eyal Rahmani:** Long-Term Outcomes in IgA Nephropathy: Findings from the ERKNet Patient Registry (ERKReg)

MP-21 **Benedetta De Ponte Conti:** Investigation of gut-derived immune cell in IgA nephropathy

MP-22 **Fengtao Cai:** Proteomics Unveils Molecular Profiles and Potential Pathogenic Mechanisms in IgA Nephropathy

MP-23 **Jacqueline Haller:** Association of Urinary Inflammatory Biomarkers with Disease Activity and Progression Risk in IgAN and IgAVN: Findings from a Single-Center Cohort

MP-24 **Joshua Strzalka:** Soluble Fcγ receptor ectodomains as inhibitors of FcγR activation in immune complex-mediated diseases

MP-25 **Karin Bergen:** Lower urine epidermal growth factor to monocyte chemoattractant protein 1 ratio is associated with elevated biomarkers of endothelial dysfunction in IgA nephropathy

MP-26 **Karin Bergen:** Plasma endothelial biomarkers in relation to albuminuria, kidney function and CKD progression in IgA-nephropathy (encore from 62nd ERA congress)

MP-27 **Yudai Tsuji:** Comparative proteomic analysis of glomeruli and circulating IgA-immune complexes in IgA nephropathy

MP-28 **Kirk J. Rowley:** Targeting APRIL and BAFF pathways: Divergent effects on immune populations and protective immunity, with implications for IgAN management

Moderator: ***Xu-jie Zhou***

MP-29 **Shu Qu:** Genetic regulation and therapeutic targeting of MTMR3 reshape TLR9-mediated IgA responses

MP-30 **Sho Hamaguchi:** Deep shotgun metagenomic analysis of the oral microbiome identifies extrachromosomal mobile genetic elements associated with IgA nephropathy

MP-31 **Cheng-Hsu Chen:** The Genetic Study Identifies Susceptibility Loci for IgA Nephropathy

MP-32 **Francesca Annese:** Molecular endophenotyping of IgA Nephropathy patients reveals immune-driven subgroups with distinct clinical outcomes

MP-33 **Amandine Badie:** The role of sCD89 myeloid receptor in glomerular hypercellularity in childhood IgA nephropathy

MP-34 **Ming Li:** The effects of multi-locus interaction on IgA nephropathy in Han Chinese population

MP-35 **Filippo Azzali:** Engineering of IgA-specific CARs for CAR-T cell therapy against IgA nephropathy

MP-36 **Connor Hebborn:** Evaluation of inhibitory oligotherapy for modulation of IgA expression

MP-37 **Mayuko Kawabe:** Tonsillar Immune Signatures in IgA Nephropathy: Elevated KLRG1 and ZBTB16 Expression in Germinal Center Regions

MP-38 **Xu-jie Zhou:** Causal Relationships Between Gut Microbiota and IgA Nephropathy: Evidence from Mendelian Randomization and Microbiome Validation

INFORMATION FOR PRESENTERS

We kindly request all presenters to upload their content either via our online portal **https://iigann2025.gcon.me/** or directly in the **Speakers' Ready Room** at least **60 minutes** before the start of their session, using a USB stick or external portable HDD/SSD.

The Speakers' Ready Room is located in **Hall D** and will be available during the following hours:

17 September 2025 (Wednesday)	17:00 – 19:30
18 September 2025 (Thursday)	07:00 – 17:00
19 September 2025 (Friday)	07:00 – 17:00
20 September 2025 (Saturday)	07:00 – 17:00

INSTRUCTIONS

Please refer to the following categories for specific guidance related to your role in the IIGANN 2025 scientific programme:

- Instructions for Speakers
- Instructions for Poster authors
- Information for Chairs (PDF file)

For detailed information, scan the QR code below or visit:
https://www.iigann2025.com/instructions-for-presenters/

LIST OF POSTERS

Natural history, epidemiology & risk prediction

P-01 **Bobby Chacko:** Characterisation of IgA Nephropathy in an Australian Cohort

P-02 **Cheng-Hsu Chen:** Urinary Galactose-Deficient IgA1 as a Potential Early Biomarker for IgA Nephropathy

P-03 **Keita Hirano:** KDIGO chronic kidney disease risk category and renal survival in patients with IgA nephropathy

P-04 **Shiko Honma:** Utility of A/C subclassification of histological grade classification of IgA nephropathy: a Japanese prospective cohort study

P-05 **Toshiki Kano:** Microscopic hematuria is an early hallmark of IgA nephropathy and an indicator of disease activity

P-06 **Sayumi Kawamura:** Validation of International risk-prediction tool and its Comparison with the JSN Classification in Japanese Patients with IgA Nephropathy: A Retrospective Cohort Study

P-07 **Kirill Komissarov:** Serum IgE is biomarker of benign course of IgA nephropathy

P-08 **Nicolas Maillard:** Clinical Validation of an IgA1 Galactose-Deficient Assay Kit in IgA Nephropathy

P-09 **Dita Maixnerova:** Outcome of Czech patients with IgA nephropathy

P-10 **Laila-Yasmin Mani:** Characteristics and outcome of immunoglobulin A nephropathy – a Swiss single center experience

P-11 **Masahiro Muto:** The clinical impact of glomerular C3 depositions on the severity and treatment responses in IgA nephropathy

P-12 **Sasikiran Nunna:** Healthcare resource utilization and costs among patients with primary immunoglobulin A nephropathy (IgAN) by proteinuria and kidney function decline in China

P-13 **William J. Placzek:** Serum galactose-deficient IgA1 levels in patients with IgA nephropathy and healthy controls measured with GalD®, a novel lectin-based enzyme-linked immunosorbent assay

P-14 **Anna Popova:** Gut Microbiome Features in IgA Nephropathy Patients with Favorable and Unfavorable Prognosis

Paediatric disease

P-15 **Luca Antonucci:** Alternative budesonide formulation in pediatric IgA Nephropathy as a possible therapeutic option: a case series

P-16 **Luca Antonucci:** Secondary IgA Nephropathy in the context of disseminated tuberculosis: a pediatric case report

P-17 **Stephen Nolan:** An open-label phase 3 study of ravulizumab in pediatric immunoglobulin A nephropathy or immunoglobulin A vasculitis-associated nephritis

P-18 **Liping Rong:** Exploration influence of the intensity of renal immune cell infiltration on clinicopathological features and prognosis in children with IgA nephropathy

P-19 **Xiaohong Zheng:** Correlation of capillary loop IgA deposition with clinicopathological features in pediatric IgA nephropathy

P-20 **Xuhui Zhong:** Nefcon Use in Pediatric IgA Nephropathy: Three Case Reports

IgA vasculitis

P-21 **Miho Miyauchi:** A comparative study of clinical and pathological differences between adult-onset IgA vasculitis and IgA nephropathy

Pathogenesis

P-22 **Altynay Balmukhanova:** When it is not IgA nephropathy: a case highlighting the diagnostic value of renal biopsy

P-23 **Yu-Hsuan Huang:** Combination of a mouse monoclonal antibody and a GalNAc-specific lectin for monitoring of IgA nephropathy

P-24 **Kensuke Joh:** The Role of T Nodule in the Tonsil-Glomerular Axis in Patients with IgA Nephropathy: A Retrospective Cohort Study

P-25 **Shuk-Man Ka:** Competitive Binding Between IgA and IgG Autoantibodies to Gd-IgA1 Derived from the Same IgA Nephropathy Patient

P-26 **Eriko Kosuge:** Analysis of renal lymph node revealed the presence of IgG+ germinal center B cells in IgA nephropathy model mice

P-27 **Tzu-Yu Liu:** Targeting human IgA autoantibodies and galactose-deficient IgA1 antigen to unravel their pathogenic roles in IgA nephropathy

P-28 **Lea Novak:** Kidney injury and colocalization of complement C3, IgA, and IgG in glomerular immune-complex deposits in patients with IgA nephropathy and IgA vasculitis with nephritis

P-29 **Sandra Romero-Ramirez:** Evaluation of IgA1 and IgA2 coating patterns of the gut microbiota of IgA Nephropathy patients

P-30 **Francesco Paolo Schena:** Longitudinal blood single-cell RNA sequencing study in IgAN patients from the randomized cligan trial (RCT)

P-31 **Kazuo Takahashi:** Dextran sulfate sodium-induced chronic inflammatory colitis reduces intestinal propionate and causes glomerular IgA-IgG deposition in HIGA mice

P-32 **Hernan Trimarchi:** Moving from the four- to the five-hit hypothesis in IgA nephropathy. A proposal based on novel pathophysiological concepts with potential therapeutic implications

P-33 **Xinfang Xie:** Exploration of the IgA1 O-glycoforms profile and pathogenic IgA-complex compositions by mass spectrum in IgA nephropathy

Treatment

P-34 **Ryousuke Aoki:** Single-center outcomes and clinical features of persistent urinary abnormalities after tonsillectomy and steroid pulse therapy in IgA nephropathy

P-35 **Jonathan Barratt:** AFFINITY study: 1 year results of atrasentan in IgAN in patients with UPCR <1 and ≥1g/g

P-36 **Jonathan Barratt:** ALIGN post-hoc analyses: Reduction in proteinuria with atrasentan across subgroups by MEST-C score, baseline hematuria and baseline UPCR

P-37 **Jonathan Barratt:** Changes in proteinuria and kidney function in subgroups of patients with IgAN defined by baseline Gd-IgA1 levels in a Phase 1/2 study of zigakibart

P-38 **Jonathan Barratt:** Effect of iptacopan discontinuation on proteinuria and complement biomarkers in patients with immunoglobulin A nephropathy (IgAN): a post hoc analysis from a Phase II trial

P-39 **Jonathan Barratt:** Effects of nefecon on Hits 1, 2, and 3 of the pathogenic cascade of IgA nephropathy: a full NefIgArd analysis of exploratory biomarkers

P-40 **Jonathan Barratt:** Efficacy of nefecon by baseline eGFR deciles: a subanalysis from the NefIgArd trial of daily nefecon 16 mg or placebo in addition to supportive care for patients with biopsy-confirmed primary IgAN

P-41 **Jonathan Barratt:** Safety, tolerability, and efficacy of mezagitamab (TAK-079) as add-on to standard-of-care therapy in primary IgA nephropathy: Week 48 results from a phase 1b study

P-42 **Jonathan Barratt:** Zigakibart-treated patients with IgAN achieved high rates of proteinuria remission and stable eGFR over 76 weeks in a Phase 1/2 study

P-43 **Shasha Chen:** Budesonide enteric capsules for IgA nephropathy with hepatitis B virus infection: Two cases

P-44 **shasha Chen:** Efficacy and Safety of Nefecon in IgA Nephropathy: A 6-Month Retrospective Cohort Study

P-45 **Ming Cheng:** Beyond Nine Months: Real-World Efficacy and Safety of Extended Nefecon Therapy in IgA Nephropathy

P-46 **Chee Kay Cheung:** Sparsentan as first-line treatment of incident patients with IgA nephropathy: An interim analysis of the SPARTAN trial evaluating efficacy and cardiovascular risk variables

P-47 **Ming Fang:** Efficacy and Safety of Finerenone in Immunoglobulin A Nephropathy: A 12-months Real-World Observational Study

P-48 **Ming Fang:** Nefecon Treatment in Patients with Primary IgA Nephropathy and Renal Insufficiency: A 6-Month Observational Study

P-49 **Jürgen Floege:** Felzartamab for IgA nephropathy: final results of the IGNAZ study

P-50 **Nozomi Kadota:** Is IgA nephropathy a curable disease? ~case series of repeat biopsy~

P-51 **Richard Lafayette:** Impact of sustained UPCR reduction on eGFR over 2 years: a secondary analysis from the NefIgArd trial of daily nefecon 16 mg or placebo in addition to supportive care for patients with biopsy-confirmed primary IgAN

P-52 **Richard Lafayette:** Impact of time since diagnosis on eGFR and UPCR changes over time with nefecon: a subanalysis from the NefIgArd trial of daily nefecon 16 mg or placebo in addition to supportive care for patients with biopsy-confirmed primary IgAN

P-53 **Richard Lafayette:** UPCR response at 12 months in patients with IgAN receiving nefecon vs placebo: analysis of NefIgArd trial data

P-54 **Selvin Sundar Raj Mani:** Randomized Embedded Adaptive Platform Clinical Trial in South Asian Kidney Biopsy-Proven IgAN: Multi-center, Multi-arm and Multi-stage - Design Innovations and Operational Feasibility in Resource-Limited Settings

P-55 **Stephen Nolan:** Spot and 24-hour assessments of proteinuria and albuminuria in IgA nephropathy: A prespecified analysis of the SANCTUARY trial

P-56 **Sasikiran Nunna:** Treatment patterns and healthcare resource utilization among adults with primary IgA nephropathy (IgAN) in China: a longitudinal retrospective cohort study from a multi-province registry

P-57 **Vlado Perkovic:** Evaluating sibeprenlimab for Patients With IgA Nephropathy: Results From a Prespecified Interim Analysis of the Phase 3 VISIONARY Study

P-58 **Dana V. Rizk:** A mechanistic biopsy study of the effect of iptacopan on immunopathology in patients with IgA nephropathy (IgAN)

P-59 **Dana V. Rizk:** Safety and efficacy of iptacopan in patients with IgA nephropathy (IgAN) with baseline eGFR 20-<30 mL/min: Phase 3 APPLAUSE-IgAN subcohort results

P-60 **Millie Shah:** Felzartamab durably reduces disease relevant biomarkers through targeting of CD38+ plasma cells and plasmablasts, the upstream drivers of IgA nephropathy

P-61 **Sydney CW Tang:** Concomitant sparsentan (SPAR) and sodium-glucose cotransporter-2 inhibitors (SGLT2is) in adults with IgA nephropathy (IgAN) in the phase 2 SPARTACUS trial

P-62 **Xiaoyan Xiao:** Early Intervention with Budesonide Enteric-Coated Capsules in IgA Nephropathy: 2 Case Demonstrating Reduced Proteinuria and Stabilized Renal Function

P-63 **Lan Yang:** The efficacy of Nefecon in the treatment of IgA nephropathy and IgA vasculitis nephritis: first-in-pediatrics case series

P-64 **Junjun Zhang:** Efficacy and Safety Profile of Nefecon in 26 Chinese Patients with IgA Nephropathy: A Real-World Observational Study

Transplantation

P-65 **Guisen Li:** Telitacicept Treatment for Recurrent IgA Nephropathy after Kidney Transplantation

INDUSTRY SYMPOSIA

18 SEPTEMBER 2025 (THURSDAY), 7:55–8:55
CUBEX A1 + A2

Vertex

B Cells: Key Culprits in the Pathogenesis of IgA Nephropathy

- **Jürgen Floege**, RWTH Aachen University, Aachen, Germany (Chair/Moderator)
- **Chee Kay Cheung**, University of Leicester, Leicester, UK
- **Heather Reich**, UHN-Toronto General Hospital, Toronto, Canada

18 SEPTEMBER 2025 (THURSDAY), 13:00–14:00
CUBEX A1 + A2

STADA + Calliditas

Changing the Natural History of IgA Nephropathy: What Does Disease Modification Mean?

- **Welcome and introduction**
  Jonathan Barratt (chair)
- **Addressing the drivers of disease in IgAN: Where are we now?**
  Dana Rizk
- **Disease modification concepts in IgAN: An interactive panel discussion**
  Jonathan Barratt, Dana Rizk, Vladimír Tesař
- **Summary and close**
  Jonathan Barratt

18 SEPTEMBER 2025 (THURSDAY), 16:00–17:00
CUBEX A1 + A2

Otsuka

Rethinking What We Know About IgA Nephropathy: From Pathogenesis to Practice

- **Welcome and introductions**
  Vladimír Tesař
- **Video presenting the patient voice in IgAN**
- **IgAN disease burden and risk of progression**
  Dana Rizk
- **Review of IgAN pathogenesis**
  Bobby Chacko
- **Evolving IgAN management in light of new pathogenic understanding**
  Bobby Chacko
- **Case studies**
  All Faculty
- **Q&A**
  All Faculty

19 SEPTEMBER 2025 (FRIDAY), 07:55–08:55
CUBEX A1 + A2

Vera Therapeutics

Controversies in IgA Nephropathy: A Panel Discussion

- **Jonathan Barratt**, UK (Chair and Moderator)
- **Richard Lafayette**, USA
- **Hernán Trimarchi**, Argentina
- **Suceena Alexander,** India
- **Dana Rizk**, USA

19 SEPTEMBER 2025 (FRIDAY), 13:00–14:00
CUBEX A1 + A2

CSL Vifor + Medtelligence

Precision Medicine in IgAN: A Deep Dive Into Biomarkers, Evolving Guidelines, and Therapeutic Frontiers

- **Chee Kay Cheung**, University of Leicester, Leicester, UK
- **Raphaël Duivenvoorden**, Radboud University Medical Center, Nijmegen, the Netherlands

NOVARTIS

20 SEPTEMBER 2025 (SATURDAY), 08:05–08:50
CUBEX A1 + A2

Novartis

Immunoglobulin A nephropathy (IgAN) in focus: redefining diagnosis, reimagining management

- **Welcome and introduction**
  Hernán Trimarchi (Chair)
- **Adjusting the lens: collaborative innovation in IgAN care**
  Hernán Trimarchi, Heather Reich, and Ian Roberts
- **Summary and close**
  Hernán Trimarchi (Chair)

This symposium is organized and funded by Novartis and is intended for an audience of non-US/-UK healthcare professionals within the context of the IIgANN 2025 Congress in Prague, Czech Republic.

Roche

20 SEPTEMBER 2025 (SATURDAY), 13:00–14:00
CUBEX A1 + A2

Roche

New insights and approach to target the complement system in IgAN

- **Welcome and introduction**
  Vladimír Tesař, Prague, Czech Republic (chair)
- **Targeting the complement system in IgAN**
  Irene Noronha, São Paulo, Brazil
- **Complement biomarkers and beyond**
  Hong Zhang, Beijing, China
- **New generation of complement therapeutics on the horizon**
  Jonathan Barratt, Leicester, UK
- **Q&A and closing remarks**
  Vladimír Tesař, Prague, Czech Republic

This symposium is not intended for physicians practising in the USA.

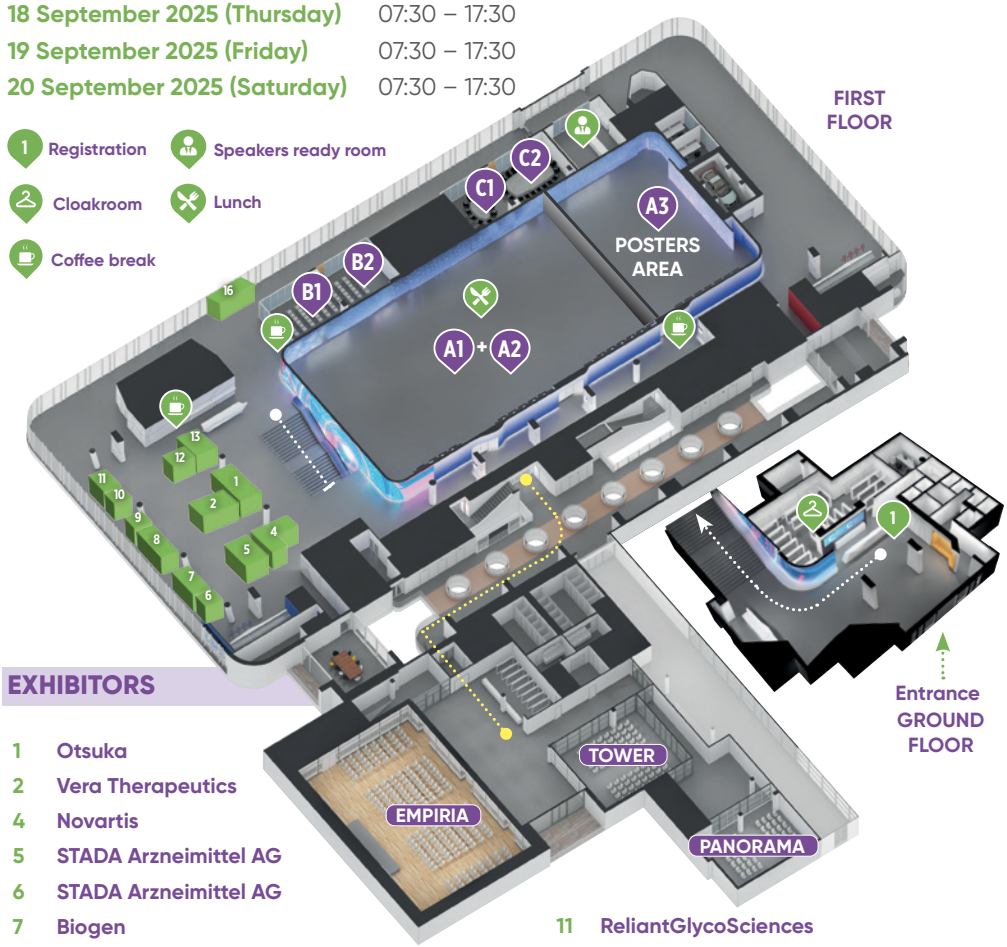
EXHIBITION AND CONFERENCE VENUE

In parallel with the scientific programme of the IIGANN 2025 Conference, an exhibition will take place featuring pharmaceutical, biotechnology, and medical device Companies with a focus on nephrology and related disciplines. The exhibition will showcase innovations in diagnostics, treatment, patient care, and research tools relevant to IgA nephropathy and other kidney diseases.

The exhibition stands will be located on the 1st floor of the Cubex Centre Prague.

EXHIBITION HOURS:

17 September 2025 (Wednesday) 17:00 – 20:30
18 September 2025 (Thursday) 07:30 – 17:30
19 September 2025 (Friday) 07:30 – 17:30
20 September 2025 (Saturday) 07:30 – 17:30



EXHIBITORS

1 Otsuka
2 Vera Therapeutics
4 Novartis
5 STADA Arzneimittel AG
6 STADA Arzneimittel AG
7 Biogen
8 Vertex Pharmaceuticals
9 QuidelOrtho
10 Europäischer Nierenpatientenverband CEAPIR
11 ReliantGlycoSciences
12 Calliditas Therapeutics
13 Roche
16 The IgA Nephropathy Foundation

SOCIAL PROGRAMME

WELCOME CEREMONY & EXHIBITORS' MEETING WITH PARTICIPANTS

Date: Wednesday 17 September 2025 at 18:00
Place: Cubex Centrum Prague (Exhibition Area)
Address: Na Strži 2097/63, Praha 4, 140 00
Price: included in the registration fee for conference participants

CONFERENCE DINNER

Date: Friday 19 September 2025 at 18:00
Venue: Municipal House Restaurant, Prague
Address: Náměstí Republiky 1090/5, 111 21, Praha 1 - Staré Město
Price: 35 EUR

The social dinner has limited capacity, so we encourage you to purchase your ticket early to secure your place. For more details, please visit the conference website or stop by the registration desk on the ground floor. Transportation is not provided. Please note that you have the option to travel in a guided group using public transport from the Cubex Centre Prague to the Municipal House Restaurant.

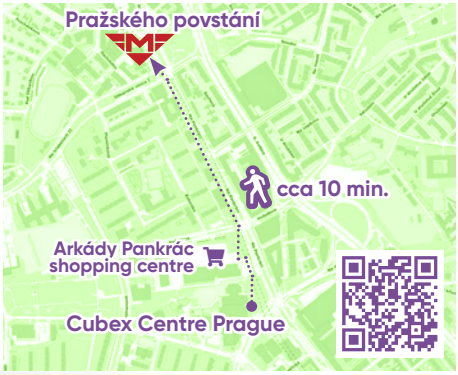
HOW TO GET TO THE CONFERENCE DINNER?

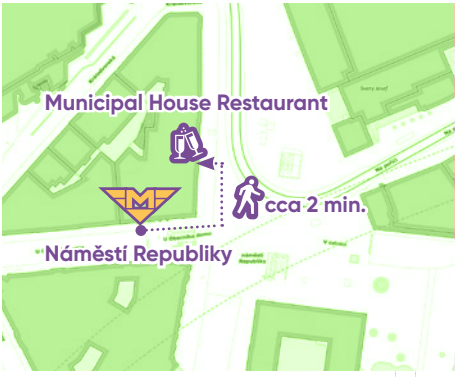
From Cubex Centre Prague

From the Cubex Centre, walk about 10 minutes to Pražského povstání metro station (line C). Take the metro towards Letňany and get off at Florenc (5 stops). Transfer to line B in the direction of Zličín and go one stop to Náměstí Republiky. The Municipal House Restaurant is just a 2-minute walk from the station (Náměstí Republiky 1090/5, Prague 1 – Old Town).
Estimated travel time: 25–30 minutes.

From the city centre of Prague

From the city centre, take metro line B (yellow line) and get off at Náměstí Republiky station. Use the "Municipal House / Obecní dům" exit – the Municipal House Restaurant is located just outside the station.





TICKET FOR PUBLIC TRANSPORT

The City of Prague provides all participants with the opportunity to travel **free of charge by public transport (MHD) during the Conference**. To take advantage of this benefit, you need to download and activate an electronic ticket via the **PID Lítačka** mobile application. **Detailed procedure and further information will be provided in a separate email before the Conference starts**. If you registered during the last week before the conference, unfortunately, you are not eligible for a public transport ticket.

CONFERENCE INFORMATION

CONFERENCE VENUE

ADDRESS

Cubex Centre Prague
Na Strži 2097/63, 140 00 Prague 4

Cubex Centre Prague is a new multipurpose venue in Prague that has won the winning an award in the international competition 9th Global Eventex Awards. One of the reasons for this recognition are its unique design, inspired by Czech Cubism – an artistic movement that found a rare expression in architecture.

Not only has the inspiration of history distinguished the Cubex Centre from the competition. Modern technologies, represented for example by the 102 m2 Media Wall projection area, or the Chameleon Concept, which adapts the

colour of the space to the client's needs, make Cubex a place that will satisfy even the most demanding clients.

Read more about our venue www.cubexcentrum.cz/eng.

INTERNET ACCESS

Free of charge Wi-Fi connection will be available in all conference and exhibition areas.

Name: IIGANN 2025 **Password: KINPEY.GO!**

MOBILE APPLICATION

With access to the online mobile application, you will have the opportunity to increase your interactivity during the event.

NAME: IIGANN 2025

The app provides access to:

- An interactive scientific programme
- Your personal planner and agenda
- Venue and exhibition maps
- Full list of sponsors and exhibitors
- Details of the social programme
- Networking opportunities
- Live Q&A sessions and so much more!

Download the mobile app in the App Store / Google Play (Android Market).

FIRST LOGIN

During your initial login attempt, the site will prompt you to enter your email address (used in the registration form). A PIN code will then be sent to this email address. If you do not receive the email, please check your spam folder. Kindly use this PIN to complete the login process.

INTERACTIVE Q&A FOR PARTICIPANTS

Participants may submit their questions via the dedicated Q&A section of the mobile application. The Chair will then select a small number of questions from each session to be displayed on the screen.

REFRESHMENT

COFFEE BREAK

Complimentary coffee breaks will be served to all registered participants in the exhibition area and other areas on the first floor. Find the catering stations marked on the Conference floor plan for locations.

BREAKFAST

During the breakfast break, a meal will be provided as part of the Industry Symposium, which will take place in Hall A1 + A2. Please note that individual breakfasts will not be available. We warmly encourage all participants to join us for the symposium breakfast, which will also be a great opportunity to network and connect with fellow attendees.

LUNCHES

During the lunch break, a meal will be provided as part of the Industry Symposium, which will take place in Hall A1 + A2. Please note that individual lunches will not be available. We warmly encourage all participants to join us for the symposium lunch, which will also be a great opportunity to network and connect with fellow attendees.

BOOK OF ABSTRACTS

The IIGANN 2025 Book of Abstracts is available in electronic format on the conference website:
https://www.iigann2025.com/book-of-abstracts/

SOCIAL MEDIA

Stay connected and share your experience.
IIGANN 2025 hashtag: #IIGANN2025
Follow us:
https://www.facebook.com/IIGANN2025 https://x.com/iigann2025

MEDTECH COMPLIANCE

The IIGANN Conference 2025 has been granted the COMPLIANT status within the CVS (Conference Vetting System) and the e4ethics.

REGISTRATION

SELF CHECK-IN

On-site registration and badge collection will take place at the self-service check-in kiosks located next to the registration desk on the ground floor, at the entrance to Cubex Congress Centre Prague.

All participants will receive a **QR code via email** before the conference. Please either print the QR code or have it ready on your mobile device. After scanning the code at the kiosk, your badge will be printed. You will simply fold the badge and clip it onto the lanyard provided.

NAME BADGE

All delegates will receive a name badge upon registration. **Everyone is kindly requested to wear their badge at all times when attending the conference and related events.**

Each participant will receive a personal badge containing a unique QR code. This badge is required for identification purposes and grants access to scientific sessions and social events. **Please remember to always bring your badge with you, including to evening functions.**

On the reverse side of the badge, you will find a QR code labelled "Business Card". This code contains your email address and can be scanned and shared with exhibitors only if you wish to do so. Scanning of either QR code by exhibitors is entirely voluntary and based on your explicit consent.

Please note that a 30 EUR fee will apply for replacing lost badges.

ON-SITE REGISTRATION FEES

CATEGORY	ON-SITE FEE
Delegates	610 EUR
CNS Members	410 EUR
Young Investigators	260 EUR
Students	210 EUR
Attendees of the ISN Course	410 EUR
Attendees of the ISN Course - Young Investigators or Students	210 EUR
Accompanying Person – Welcome reception and Tour of Prague	175 EUR

The prices are final. VAT will be applied under current legislation. Registration fees include 21% VAT.

THE REGISTRATION FEE INCLUDES:

- Admission to all Symposium Scientific Sessions and live discussions
- Admission to the Exhibition area and Poster sessions
- Admission to the Opening and Closing ceremony
- Symposium Materials
- Refreshment during the Symposium (Conference dinner is not included in the registration fee)

REGISTRATION HOURS

DAY	DATE	OPENING HOURS
Wednesday	**17 September 2025**	08:00 – 20:00
Thursday	**18 September 2025**	07:00 – 17:00
Friday	**19 September 2025**	07:00 – 17:30
Saturday	**20 September 2025**	07:00 – 17:00

The registration desk is located on the ground floor, directly at the entrance to the Cubex Congress Centre Prague.

ACCREDITATION

The 18th International Symposium on IgA Nephropathy, Prague , Czech Republic 17/09/2025 - 20/09/2025 , has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 11.0 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 CreditsTM. Information on the process to convert EACCME® credit to AMA credit can be found at https://edhub.ama-assn.org/pages/applications .

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

ACCREDITATION CERTIFICATE

The CME Accreditation Certificate will be available only after completing the conference evaluation questionnaire and credit-claiming procedure. Your feedback is an essential part of the CME accreditation process and helps improve future educational activities.

To receive the certificate, please complete the evaluation form by 8 October 2025. The form will be available in the mobile app or on the conference platform (https://iigann2025.gcon.me/page/home) after the conference concludes.

Once the form has been submitted, the certificate will be available for download from 9 October 2025 in your online registration profile: https://iigann2025.gcon.me/page/home

CERTIFICATES OF ATTENDANCE

Certificates of Attendance will be available in participants' online registration profile https://iigann2025.gcon.me/page/home after the Conference. Please note that completing the Conference evaluation questionnaire is mandatory before the certificate can be issued. The questionnaire can be filled out either on the Conference platform or via the mobile app.

GOOD TO KNOW

Cell Phones

Participants are kindly requested to turn off or switch their cell phones to silent mode in the meeting rooms where scientific sessions are held.

City Transport

In cooperation with the City of Prague, all participants are offered the opportunity to travel free of charge by public transport (MHD) during the conference. To take advantage of this benefit, you need to download and activate an electronic ticket via the PID Litačka mobile application. Detailed procedure and further information will be provided in a separate email before the conference starts.

Currency

The official currency of the Czech Republic is the Czech Crown = Česká koruna (CZK = Kč).

International credit cards are accepted for payment in most hotels, restaurants and shops. Exchange offices and ATM machines are easily available throughout the city and at the Prague International Airport. Payment in cash in EUR is also available in some restaurants and shops; please ask for details on-site, as this option may not be available at all times.

Electricity

The Czech Republic uses a 230-volt 50 Hz system. Sockets are the standard European type (two-prong round pin plugs with a hole for a male grounding pin are standard). To use electric appliances from your country, you may need a special voltage converter with an adapter plug. More information www.power-plugs-sockets.com/czech-republic/.

Important Telephone Numbers

112 – General Emergency (The European Standard number)

150 – Fire Department

155 – Ambulance

156 – Prague police

158 – Police

Insurance

The organizers accept no liability for personal injuries, loss, or damage to property belonging to Conference participants, either during or as a result of the event. Participants are advised to obtain appropriate travel and health insurance before departing from their home country.

No-smoking

Smoking in the IIGANN 2025 area is not allowed.

Official language

The official language of the IIGANN 2025 is English.

Time Zone

The Czech Republic is on Central European Time – Greenwich Mean Time (GMT) plus 1 hour. From April to October is summertime, i.e. GMT +2 hours.

Tipping

Tipping is customary, particularly in restaurants. If you were satisfied with the food and service, be sure to show your appreciation. The unwritten rule is to leave about 10% of the total bill.

Taxi

AAA Taxi: +420 222 333 222 – www.aaataxi.cz

Using Mobile Taxi Applications

Bolt: https://bolt.eu/en-cz/

Liftago: https://www.liftago.cz/en

Uber: https://www.uber.com/cz/en/

PARTNERS

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PARTNER OF WIFI & PARTNER OF COFFEE BREAK ON 19 SEPTEMBER

STADA

PARTNER OF POSTERS AREA

VERTEX
THE SCIENCE of POSSIBILITY

What can set **IgA nephropathy's autoimmune process** into motion?

Come try our interactive virtual reality experience to learn more.

Visit Otsuka, Booth #1, at IIGANN 2025

Floor 1, Cubex Centre Prague

EXHIBITION HOURS

Wednesday, 17 September	Thursday, 18 September	Friday, 19 September	Saturday, 20 September
17:00 – 20:30 CEST	7:30 – 17:30 CEST	7:30 – 17:30 CEST	7:30 – 17:00 CEST

This booth is sponsored by Otsuka Pharmaceutical Development & Commercialization, Inc.

Otsuka

18th International Symposium on IgA Nephropathy
IIGANN PRAGUE 2025

Rethinking What We Know About IgA Nephropathy: **From Pathogenesis to Practice**

Join our esteemed chair and presenters for an engaging presentation on IgA nephropathy (IgAN)!

18 September, 16:00 CEST
Meeting Room A1

AGENDA

- Welcome and introductions
  Vladimír Tesař
- Video presenting the patient voice in IgAN
- IgAN disease burden and risk of progression
  Dana Rizk
- Review of IgAN pathogenesis
  Bobby Chacko
- Evolving IgAN management in light of new pathogenic understanding
  Bobby Chacko
- Case studies
  All Faculty
- Q&A
  All Faculty

CHAIR

VLADIMÍR TESAŘ
MD, PhD, MBA, FERA, FASN
Professor of Internal Medicine
Head, Department of Nephrology
Charles University
Prague, Czech Republic

PRESENTER

DANA RIZK
MD
Associate Dean for Clinical Trials,
Heersink School of Medicine
Inaugural Recipient,
Anupam Agarwal MD
Endowed Professorship
University of Alabama at Birmingham
Birmingham, AL, USA

PRESENTER

BOBBY CHACKO
MD, DNB, DM, FRACP, FASN, FISN
Director, Renal Services
Senior Staff Specialist
John Hunter Hospital and
University of Newcastle
New South Wales, Australia

A non-promotional symposium organised and funded by Otsuka Pharmaceutical. Intended for Healthcare Professionals only. Otsuka are a sponsor of IIGANN 2025.

Otsuka

FILSPARI® (sparsentan) tablets 200 mg/400 mg

DUAL ACTION FOR KIDNEY PRESERVATION

FOUNDATION REINVENTED

WITH DUAL ACTION

in IgA nephropathy (IgAN)[1,2]

START FILSPARI®▼ (sparsentan) NOW
for sustained proteinuria reduction
and to preserve kidney function[1–3]

Visit CSL Vifor in meeting room B2

FILSPARI is indicated for the treatment of adults with primary IgAN with a urine protein excretion ≥1.0 g/day (or urine protein-to-creatinine ratio ≥0.75 g/g)[1]

Abbreviations and References
IgA, immunoglobulin A; **IgAN,** immunoglobulin A nephropathy
1. FILSPARI. EU SmPC. April 2025. **2.** Rovin B, *et al. Lancet*. 2023;402(10417):2077–90.
3. Heerspink HJL, *et al. Lancet*. 2023;401(10388):1584–94.

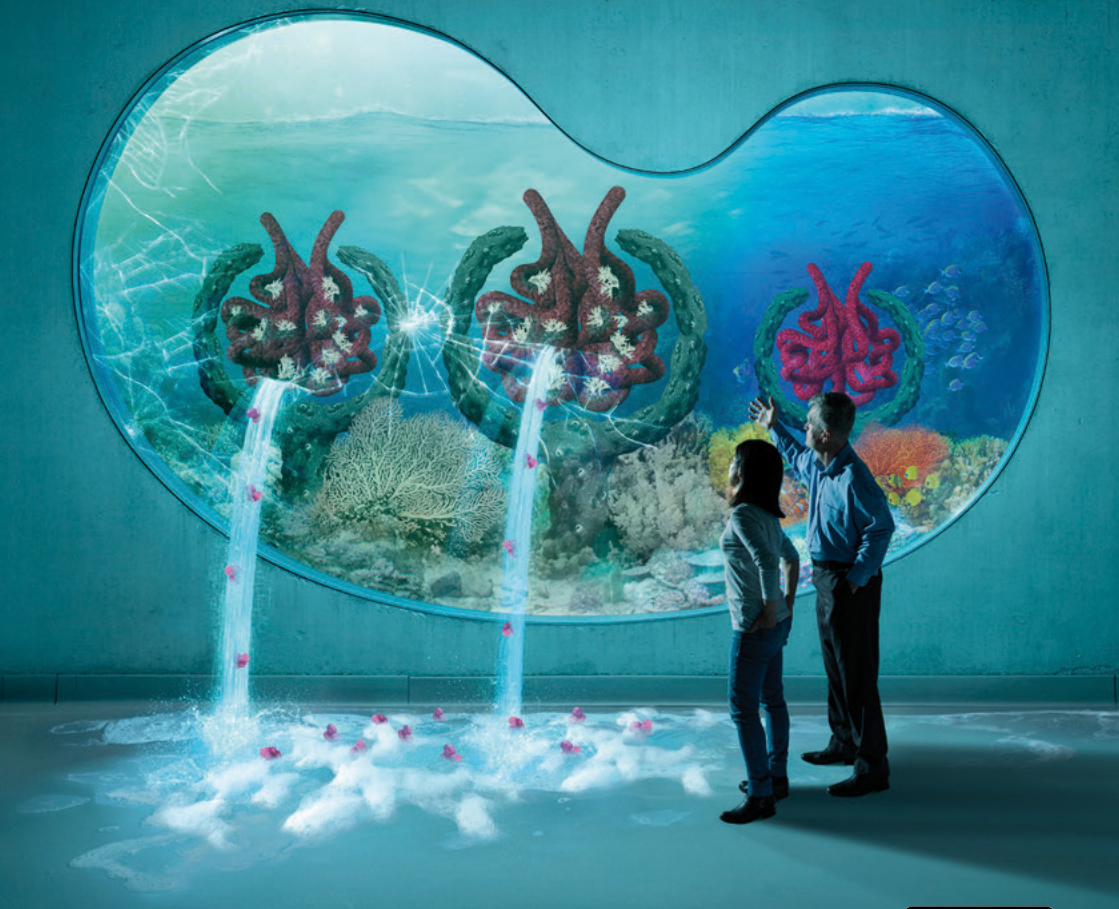
Click here for FILSPARI prescribing information

CSL Vifor

HQ-SPT-2500119 | August 2025

To preserve kidney function in IgA nephropathy

BRING PROTEINURIA **TO TARGET**



Visit CSL Vifor in meeting room B2

Visit Target**Proteinuria**.com

Please note: you will be directed to a website containing globally approved material, which is not specific to your country.

Target **Proteinuria**

MED-HQ-SPT-2500054 | August 2025

CSL Vifor

Protecting Kidneys, Transforming Care:

Bringing together cutting-edge science and compassion to tackle unmet needs

Scan the QR code to learn more about Novartis

NOVARTIS

August 2025

FA-11494596

Symposium at the 18th International IgA Nephropathy Network (IIgANN) 2025 Congress

Immunoglobulin A nephropathy (IgAN) in focus:

redefining diagnosis, reimagining management

Saturday 20 September 2025 | 08:05–08:50 CEST
Hall A1, Cubex Center Prague, Prague, Czech Republic

Please join us for an interactive session, in which renowned global experts will discuss strategies to enable earlier IgAN diagnosis and optimize long-term patient outcomes. Discussions will also cover how diagnosis and personalized care can be optimized by clinical and histopathological findings, emerging tools such as biomarkers, and enhanced collaboration between nephrologists and pathologists. The session will consist of engaging panel discussions and active audience participation.

Agenda

Duration	Topic	Speaker(s)
5 min	**Welcome and introduction**	**Hernán Trimarchi (Chair)**
40 min	**Adjusting the lens: collaborative innovation in IgAN care**	**Hernán Trimarchi, Heather Reich and Ian Roberts**
—	**Summary and close**	**Hernán Trimarchi (Chair)**

Faculty

Hernán Trimarchi (Chair)
Hospital Británico de Buenos Aires, Buenos Aires, Argentina

Ian Roberts
John Radcliffe Hospital, Oxford, UK

Heather Reich
University of Toronto, Toronto, ON, Canada

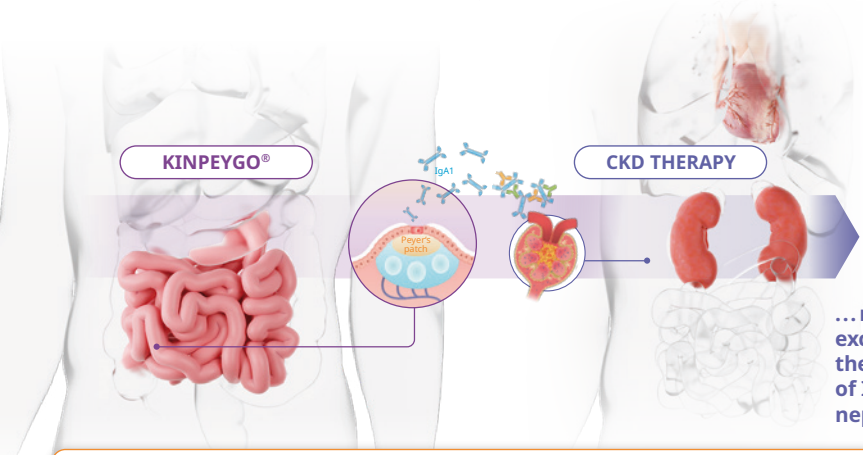
This symposium is organized and funded by Novartis, and is intended for an audience of non-US/-UK healthcare professionals within the context of the IIgANN 2025 Congress in Prague, Czech Republic.

NOVARTIS

08/25

FA-11494465

Treat the source of IgAN…[1,2]

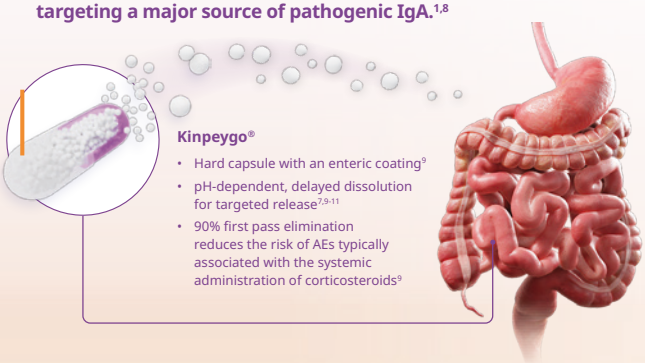


…rather than exclusively managing the consequences of IgAN-induced nephron loss[2]

Patients with IgAN have an immune-mediated glomerular disease that often leads to the development of CKD.[4] Traditionally, the focus of IgAN therapy has been on treating CKD.[5]

However, according to the latest draft KDIGO guidelines, the drivers of both parts should be addressed simultaneously.[6]

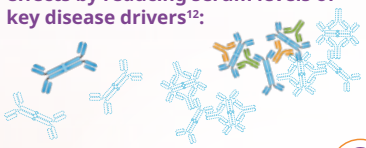
Kinpeygo® is designed to deliver a high dose of budesonide to the distal ileum, where Peyer's patches are most concentrated, targeting a major source of pathogenic IgA.[1,8]



Kinpeygo®

- Hard capsule with an enteric coating[9]
- pH-dependent, delayed dissolution for targeted release[7,9-11]
- 90% first pass elimination reduces the risk of AEs typically associated with the systemic administration of corticosteroids[9]

Kinpeygo® exerts disease modifying effects by reducing serum levels of key disease drivers[12]:



Gd-IgA1 antibodies[a] Immune complexes[b]

Scan the QR code to learn more about **Kinpeygo®'s effects on biomarkers** and the **mode of action**

Don't miss our Symposium…

Thursday 18th September
13:00–14:00 | Room A1

Kinpeygo 4 mg hard capsules with modified-release **Indication group:** antidiarrheals, intestinal anti-inflammatory and anti-infective drugs, topical corticosteroids. Composition: one modified-release hard capsule contains 4 mg budesonide. **Indications:** treatment of adults with primary immunoglobulin A nephropathy (IgAN) with urine protein excretion ≥1.0 g/day (or urinary protein to creatinine ratio ≥0.8 g/g). **Posology:** the recommended dose is 16 mg once daily in the morning, at least one hour before meals, for an initial period of 9 months.When treatment is to be discontinued, the dose should be reduced to 8 mg once daily for 2 weeks of therapy; the dose may be reduced to 4 mg once daily for an additional 2 weeks, at the discretion of the treating physician. Paediatric population: the safety and efficacy of Kinpeygo in children and adolescents under 18 years of age have not yet been established. No data are available. **Contraindications:** hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Patients with severe hepatic impairment (Child-Pugh class C). **Interactions:** medicinal products/substances inhibiting CYP3A4: Strong inhibitors of CYP3A4 may increase the plasma levels of budesonide. Clinically relevant interactions are expected with strong CYP3A inhibitors such as ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, erythromycin, cyclosporine, and with grapefruit juice, and may result in increased systemic concentrations of budesonide (see sections 4.4 and 5.2). Medicinal products/substances inducing CYP3A4: Concomitant treatment with CYP3A4 inducers such as carbamazepine may reduce the systemic exposure of budesonide. Other interactions to consider: treatment with budesonide may decrease serum potassium levels, which should be considered when Kinpeygo is administered concomitantly with a medicinal product whose pharmacological effects may be potentiated by low serum potassium levels, such as cardiac glycosides, or when administered concomitantly with diuretics that decrease serum potassium levels. **Undesirable effects:** increased white blood cell count, increased neutrophil count, signs of Cushing's syndrome, diabetes, blurred vision, hypertension, dyspepsia, skin reactions (acne, dermatitis), muscle spasms, peripheral oedema, facial oedema, weight gain. **Warnings:** hypercorticism and adrenal axis suppression: as Kinpeygo contains a glucocorticoid, the general warnings regarding glucocorticoids as stated in the SmPC should be observed. Hepatic impairment: patients with moderate or severe hepatic impairment (Child-Pugh class B or C, respectively) may be at increased risk of hypercorticism and adrenal axis suppression due to increased systemic exposure to oral budesonide. Patients with moderate hepatic impairment (Child-Pugh class B) should be monitored for increased signs and/or symptoms of hypercorticism. Patients who are transferred from glucocorticoids with high systemic availability to glucocorticoids with lower systemic availability, such as budesonide, should be monitored. Infections: in susceptible patients or patients receiving immunosuppressive doses of glucocorticoids, e.g. varicella and measles may have a more severe or even fatal course. Patients with infections, hypertension, diabetes mellitus, osteoporosis, peptic ulcer, glaucoma or cataracts, a family history of diabetes or glaucoma, or any other condition in which the use of glucocorticoids may be associated with an increased risk of adverse reactions should be monitored. **Pregnancy and lactation:** Kinpeygo should not be used during pregnancy unless the clinical condition of the woman requires treatment with budesonide. The expected benefits to the pregnant woman must be weighed against the potential risk to the foetus. If Kinpeygo is used by a nursing mother, a decision must be made whether to discontinue breast-feeding or to discontinue/discontinue budesonide taking into account the benefit of breast-feeding for the child and the benefit of therapy for the mother. **Marketed packaging:** 1 bottle containing 120 modified-release hard capsules. **Storage conditions:** store below 25°C. **Date of first registration:** 15 July 2022 **Marketing authorisation holder:** STADA Arzneimittel AG, Germany **Registration number:** EU/1/22/1657/001; EU/1/22/1657/002; EU/1/22/1657/003;

This medicinal product is subject to a medical prescription The reimbursement of medicinal product through public healthcare systems varies between countries. Please read the full summary of product characteristics before prescribing.

Representation in the Czech Republic: STADA PHARMA CZ s.r.o. Siemensova 2717/4 155 00 Praha 13 – Stodůlky +420 257 888 111 www.stada-pharma.cz

[a] Only with Kinpeygo® 16 mg; [b] With Kinpeygo® 8 mg and 16 mg; [c] For adults with primary IgAN with a urine protein excretion ≥1.0 g/day (or urine protein-to-creatinine ratio ≥0.8 g/g). AE, adverse event; CKD, chronic kidney disease; EMA, European medicines agency; gd, galactose-deficient; IgA, immunoglobulin A; IgAN, IgA nephropathy; KDIGO, Kidney Disease Improving Global Outcomes.

1. Barratt J, et al. *Drug Des Devel Ther.* 2024;18:3415-3428. doi:10.2147/DDDT.S383138; 2. Lim RS, et al. *J Clin Med.* 2024;13(4):947. doi:10.3390/jcm13040947; 3. Novak J, et al. *Kidney Dis (Basel).* 2015;1(1):8-18. doi:10.1159/000382134; 4. Floege J. *Jnn Med (Heidelb.).* 2023;64(10):961-969. doi:10.1007/s00108-023-01588-w; 5. Barratt J. 61st ERA Congress; May 2024; Stockholm SWE; 6. KDIGO. Accessed April 23, 2025. https://kdigo.org/wp-content/uploads/2024/08/KDIGO-2024-IgAN-IgAV-Guideline-Public-Review-Draft.pdf; 7. Watts P, Smith A. *Expert Opin Drug Deliv.* 2005;2(1):159-167. doi:10.1517/17425247.2.1.159; 8. van Kruiningen HJ, et al. *Inflamm Bowel Dis.* 2002;8(3):180-185. doi:10.1097/00054725-200205000-00004; 9. KINPEYGO. Summary of Product Characteristics. STADAPHARM. 2024. Accessed April 23, 2025. https://www.ema.europa.eu/en/documents/product-information/kinpeygo-epar-product-information_en.pdf; 10. TARPEYO. Prescribing information. Calliditas. 2024. Accessed April 23, 2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/215935s005lbl.pdf; 11. Tarpeyo. Accessed April 23, 2025. https://www.tarpeyohcp.com/how-tarpeyo-works#designed-with-targeted; 12. Wimbury D, et al. *Kidney Int.* 2024;105(2):381-388. doi:10.1016/j.kint.2023.11.003.

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Congress Highlights from ASN Kidney Week 2025

Prof. Jonathan Barratt
(UK)

Prof. Jürgen Floege
(DE)

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- **Participate** in an interactive discussion on the importance and real-world implications of new data for clinical practice.

Learn more about the event! *stada-nephro-summit.de*

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Controversies in IgA Nephropathy:

A Panel Discussion

Fri. Sept. 19

7:55 – 8:55 AM CEST
A1, Cubex Centre
Prague

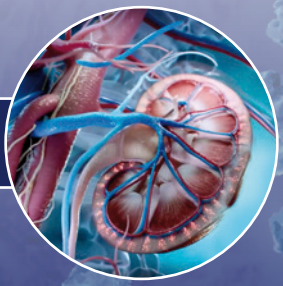
PANELISTS

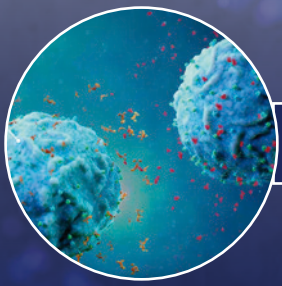
- Jonathan Barratt, PhD, FRCP
- Richard Lafayette, MD
- Hernán Trimarchi, MD, PhD, FACP, FASN
- Suceena Alexander, MD, DM, PhD, FRCP, FASN
- Dana Rizk, MD

Topics

Evolving Understanding of IgA Nephropathy

Emerging Treatments and Implications for Clinical Practice





The Future of IgA Nephropathy

All panelists have been compensated by Vera for their participation.

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in IgA nephropathy,
a B cell mediated disease

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VERTEX

Vertex Pharmaceuticals Incorporated cordially invites you to the Industry Satellite Symposium titled

B Cells: Key Culprits in the Pathogenesis of IgA Nephropathy

At the International IgA Nephropathy Network (IIgANN) 2025 Meeting

Faculty:

Jürgen Floege, MD
Chair/Moderator
RWTH Aachen University, Aachen, Germany

Chee Kay Cheung, MBChB, FRCP, PhD
University of Leicester, Leicester, United Kingdom

Heather Reich, MD, CM, PhD, FRCPC
UHN-Toronto General Hospital, Toronto, Canada

Date: Thursday, September 18, 2025

Time: 7:55AM – 8:55AM

Location: Hall A1, Cubex Centre Prague, Prague, Czech Republic

The Industry Satellite Symposium is sponsored by Vertex Pharmaceuticals Incorporated and is not a Continuing Education (CE) activity.

VISIT BIOGEN AT BOOTH #7

Building on our strong scientific expertise in immunology, we aim to deliver innovative treatments to patients with unmet needs across a range of rare diseases. We know that kidney disease is characterized by a lack of novel treatments with potentially severe consequences – such as end-stage kidney disease or graft failure. For this reason, we are initially focused on addressing four rare kidney diseases with serious unmet needs, including late antibody-mediated rejection and DSA* negative antibody mediated rejection in kidney transplant recipients, immunoglobulin A nephropathy, and primary membranous nephropathy.

*Donor-specific antibodies (DSA)

Nichole
Living with IgAN

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Biogen-271311 | Date of preparation: August 2025