

SUPPORTING EVIDENCE DOCUMENT FOR THE BCPRA IgAN CORTICOSTEROID PROTOCOLS

The KDIGO 2012 GN guidelines suggest that IgAN patients with persistent proteinuria greater or equal to 1 g/day, despite 3 to 6 months of optimized supportive care (ACE-I or ARB and blood pressure control), and eGFR greater than 50 ml/min/1.73 m², receive a 6-month course of corticosteroid therapy. [Level of evidence = 2C]¹

There are two protocols to treat IgAN with corticosteroids, one is oral and the other is intravenous. There is currently insufficient evidence to recommend one over the other. Therefore, physician and patient preference should be considered when choosing a treatment regimen in addition to the following evidence:

- **The oral corticosteroid regimen recommended by the KDIGO 2012 GN guidelines is based on the RCTs published by Manno et al. and Lv et al. [Level of evidence = 2C]¹**
 - **Manno trial:** the risk of doubling creatinine at 8 years was 4.2% in the prednisone and ramipril group compared to 26.5% in the ramipril alone group.²
 - **Lv trial:** the risk of doubling creatinine at 4 years was 3% in prednisone and cilazapril group compared to 24.1% in the cilazapril alone group.³
 - Note: the maximum prednisone dose of 60 mg, and the prednisone tapering schedule in the BCPRA Manno/Lv protocol are recommendations. No studies have

evaluated different maximum doses or tapering schedules in the treatment of IgAN.

- **The intravenous corticosteroid regimen recommended by the KDIGO 2012 GN guidelines is based on the RCT published by Pozzi et al. [Level of evidence = 2C]¹**
 - **Pozzi trial:** the risk of doubling creatinine at 5 years was 20% in the steroid group compared to 32.5% in the supportive therapy group (although RAAS blockade was not widely used).²

REFERENCES

1. *KDIGO Clinical Practice Guidelines for AKI*. National Kidney Foundation; 2012. Available at: http://www.kdigo.org/clinical_practice_guidelines/pdf/KDIGO%20AKI%20Guideline.pdf. Accessed July 21, 2013.
2. Manno C, Torres DD, Rossini M, Pesce F, Schena FP. Randomized controlled clinical trial of corticosteroids plus ACE-inhibitors with long-term follow-up in proteinuric IgA nephropathy. *Nephrol Dial Transplant*. 2009;24(12):3694—3701. doi:10.1093/ndt/gfp356.
3. Lv J, Zhang H, Chen Y, et al. Combination therapy of prednisone and ACE inhibitor versus ACE-inhibitor therapy alone in patients with IgA nephropathy: a randomized controlled trial. *Am J Kidney Dis Off J Natl Kidney Found*. 2009;53(1):26—32. doi:10.1053/j.ajkd.2008.07.029.