Background

IgA Nephropathy (IgAN)

- IgAN is the leading cause of primary glomerulonephritis worldwide\(^1\)
- Approximately 30-45% of IgAN patients progress to ESKD over a period of 20-25 years\(^2-5\)
- Proteinuria is strongly associated with kidney disease progression in IgAN\(^6\)
- Treatment that reduce proteinuria result in improved renal outcomes in IgAN\(^6\)

Zigakibart\(^*\) and the APRIL Pathway

Zigakibart is a novel, humanized monoclonal antibody that binds and blocks APRIL (a proliferation-inducing ligand)

- APRIL is a TNF superfamily cytokine that drives IgA class switching and survival of IgA-secreting plasma cells in IgAN, leading to elevated Gd-IgA1 and immune complex deposition (Figure)\(^10-12\)
- Blocking APRIL with zigakibart is a potentially disease-modifying approach for the treatment of IgAN that directly targets the disease pathogenesis by blocking excess production of Gd-IgA1, along with sustained, clinically meaningful reductions in proteinuria and an acceptable safety profile.\(^13\)

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