Atrasentan for the Treatment of IgA Nephropathy: Interim Results from the AFFINITY Study

Sung Gyun Kim1, Lesley A. Inks2, David K. Pachram1, Dwarakanathan Ranarathana1, Anjay Rastogi5, Michelle N. Rheault4, Mark Vishnevsky1, Kishoroo Sheft1, Todd Devries5, Mariamane Camargo5, Andrew J. King6, Charlotte Jones-Burton1, Sung Han7
1. Hull Royal Infirmary, Hull, United Kingdom; 2. Loma Linda University School of Medicine, Loma Linda, CA, United States; 3. University of Texas Southwestern Medical Center, Dallas, TX, United States; 4. Massachusetts General Hospital, Boston, MA, United States; 5. Roche, Nutley, NJ, United States; 6. Children's National Medical Center, Washington, DC, United States; 7. University of Minnesota Department of Paediatrics, Minneapolis, MN, United States; 8. Children’s Therapies Inc, Seattle, WA, United States; 9. Severance Hospital, Yonsei University Health System, Seoul, South Korea

AFFINITY IgAN Cohort
- The AFFINITY IgAN cohort enrolled 20 patients with biopsy-confirmed IgAN
- All patients received concurrent, maximally-tolerated and optimized RASi at least 12 weeks prior to study
- 70% of patients had baseline total urine protein >1 g/day despite optimized RASi therapy, representing an IgAN population at high risk for progression
- Mean treatment duration was 45 weeks (range 13-53 weeks) as of data cut-off October 19, 2022

Results
Proteinuria Reduction in Patients with IgAN
- Treatment with atrasentan results in a durable and clinically meaningful proteinuria reduction in patients with IgAN receiving optimized standard-of-care treatment
- 79% of patients achieved ≥40% reduction in proteinuria at Week 24

Conclusions
- In this Phase 2 study of 20 patients with biopsy-proven IgAN, 79% of patients had baseline total urine protein >1 g/day despite optimized SOTC treatment, representing an IgAN population at high risk for disease progression
- Treatment with atrasentan resulted in clinically meaningful reductions in proteinuria at weeks 6, 12, and 24
- There were no meaningful changes in blood pressure nor acute eGFR changes, suggesting proteinuria reductions were not primarily due to hemodynamic changes
- Atrasentan was generally well-tolerated with no treatment-related SAEs
- There was no increase in BMI or mean body weight, suggesting minimal fluid retention

This analysis demonstrates that treatment with atrasentan results in clinically meaningful proteinuria reductions in patients with IgAN who remain at risk for progression, with residual proteinuria despite optimized standard-of-care treatment

References

©2023 Chinook Therapeutics. All Rights Reserved.