Project Summary for IIgANN website

Project Title: Recurrent IgA Nephropathy in Kidney Transplants

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Brief Description
Recurrence of IgA nephropathy (IgAN) is frequently reported in kidney transplants, although the criteria used to define such recurrences vary greatly. While some reports define a recurrence simply by the presence of glomerular IgA deposits on a kidney transplant biopsy, others require more stringent criteria including urinary abnormalities and/or histologic changes. As a result, the reported frequency of IgAN recurrences varies from less than 16% [1,2] to approximately 60% [3] in different studies. There are also no uniform criteria for evaluating the histologic and clinical severity of recurrent IgAN or for determining when and how to treat such recurrences. The objectives of this study are to assess the impact of both clinical and histologic (including MEST-C scores) findings on graft outcomes in patients with documented recurrent IgAN, determine criteria for recurrent IgAN that are most closely associated with such outcomes, and determine the frequency of recurrence of IgAN as defined by these criteria.

Project status
Entry criteria for the study have been established, including: 1) Biopsy-proven IgA nephropathy (IgAN) in the **native kidney**; 2) One or more kidney transplant biopsies (surveillance or indication) on which immunofluorescence (IF) or immunohistochemical studies for immunoglobulins (IgG, IgA, IgM) and C3 were performed and reported, or for which a stored, frozen tissue sample is available for IF studies to be performed; 3) All patients, including those with and without recurrent IgA deposits, should have clinical data at the approximate time of each biopsy including eGFR, proteinuria (urine pr/cr ratio or total protein in a 24 hour collection), hematuria, blood pressure, as well as patient demographics and the time post-transplantation of each biopsy. In addition, all patients should have a minimum post-biopsy follow-up of 3 years or until graft failure (return to dialysis) or death. The follow-up should document proteinuria, eGFR, blood pressure, and hematuria at 6 - 12 month intervals.

We are in the process of recruiting patient cohorts for this study. If your center has such a cohort and if you are interested in collaborating with us, please contact Mark Haas at mark.haas@cshs.org.

References
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2. Uffing A, Perex-Saez MJ, Jouve T, et al. Recurrence of IgA nephropathy after kidney transplantation in adults. Clin J Am Soc Nephrol 2021; 16: 1247-1255.
3. Odum J, Peh CA, Clarkson AR, et al. Recurrent mesangial IgA nephritis following renal transplantation. Nephrol Dial Transplant 1994; 9: 309-312.