Background

Sparsentan (200, 400, and 800 mg/day) resulted in significantly greater proteinuria reduction compared with irbesartan (IRB) (300 mg/day) in patients with focal segmental glomerulosclerosis (FSGS). This study evaluated the antiproteinuric efficacy of long-term sparsentan treatment in FSGS patients who remained on sparsentan treatment throughout the Trial of UT-Evaluation of Endpoints (DUET) Open-Label Extension (OLE).

Methods

Between May 2017 and November 2019, 108 patients with FSGS received sparsentan (200, 400, or 800 mg/day) in a 24-week double-blind treatment period followed by a 240-week OLE. Eligible patients were those who had completed the double-blind period and who continued to receive sparsentan treatment through the OLE (n=108).

Results

Baseline characteristics were comparable between the treatment groups. During the OLE, the mean urine protein/creatinine ratio (UP/C) decreased from a baseline of 14.1±9.0 g/g to 3.6±3.1 g/g at 240 weeks, indicating a sustained antiproteinuric effect of sparsentan treatment.

Conclusion

Long-term sparsentan treatment significantly reduced proteinuria in patients with FSGS who continued sparsentan treatment in the DUET OLE. The antiproteinuric effect of long-term sparsentan treatment was maintained throughout the OLE period, providing evidence for the long-term nephroprotective potential and safety of sparsentan in FSGS.

References