

# An overview of data on concomitant use of sparsentan and SGLT2i in IgA nephropathy<sup>1-3</sup>

American Society of Nephrology Kidney Week 2024



Sparsentan is a **non-immunosuppressive, Dual Endothelin Angiotensin Receptor Antagonist (DEARA)** indicated to slow kidney function decline in adults with IgA nephropathy who are at risk for disease progression<sup>4-7</sup>



Subgroup analyses from **DAPA-CKD and EMPA-KIDNEY** suggested that **SGLT2i reduced the risk of progression to kidney failure** in patients with IgA nephropathy<sup>8,9</sup>



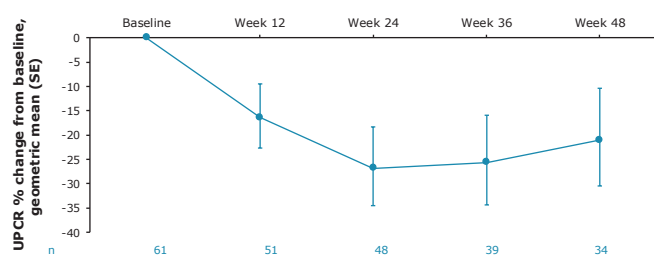
Previous clinical data from the **PROTECT OLE** period suggested that **concomitant use of sparsentan and SGLT2i** demonstrated an additive proteinuria reduction and was generally well tolerated<sup>10</sup>

## Concomitant use of sparsentan and an SGLT2i was further assessed in the PROTECT OLE period, the SPARTACUS study, and a case series<sup>1-3</sup>



Analysis of patients from OLE period who added SGLT2i therapy to ongoing sparsentan

UPCR over time with SGLT2i added to stable sparsentan treatment

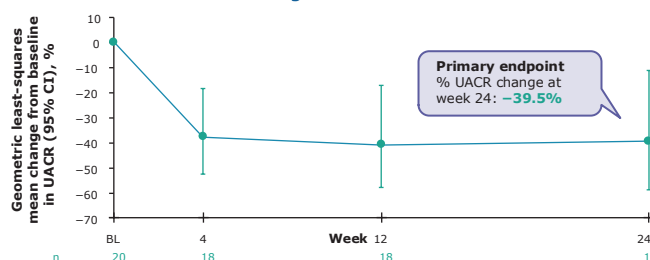


In the PROTECT OLE, patients who were **already experiencing the benefits of proteinuria reduction** with sparsentan, and then received SGLT2i, **may also experience additional proteinuria reductions<sup>1</sup>**



Interim analysis of this Phase 2, exploratory, open-label, single-arm, multicenter study

Change in UACR at each visit



In SPARTACUS, patients **receiving stable SGLT2i, who switched from a RASi to sparsentan**, experienced **further rapid reductions in their proteinuria** through 24 weeks<sup>2</sup>



In the case series, **concomitant use of sparsentan and an SGLT2i resulted in an improvement in proteinuria** (n=4, duration of follow-up on sparsentan: 3-10 months) (data not shown)<sup>3</sup>



Overall, **concomitant use of sparsentan and an SGLT2i was well tolerated with no new safety signals identified<sup>1-3</sup>**

### Most Common TEAEs

Dizziness Headache Hypertension Hypotension Edema  
Peripheral edema Osteoarthritis Hyperkalemia COVID-19\*



Review the full study design & results here:



\*This study overlapped with the COVID-19 pandemic.  
CI, confidence interval; DEARA, Dual Endothelin Angiotensin Receptor Antagonist; OLE, open-label extension; RASi, renin-angiotensin system inhibitor; SE, standard error; SGLT2i, sodium-glucose cotransporter-2 inhibitor; TEAE, treatment-emergent adverse event; UACR, urine albumin-creatinine ratio; UPCR, urine protein-creatinine ratio.

- Kooienga L et al. Poster presented at: American Society of Nephrology Kidney Week 2024; October 23-27, 2024; San Diego, CA. FR-P0851.
- Ayoub I et al. Poster presented at: American Society of Nephrology Kidney Week 2024; October 23-27, 2024; San Diego, CA. FR-P0849.
- Ravipati P et al. Poster presented at: American Society of Nephrology Kidney Week 2024; October 23-27, 2024; San Diego, CA. FR-P0906.
- Kohan DE et al. *Clin Sci*. 2024;138(11):645-662.
- FILSPARI® (sparsentan) Prescribing Information. San Diego, CA: Traverse Therapeutics, Inc. 9/2024.
- FILSPARI® (sparsentan) Summary of Product Characteristics. Paris, France: Vifor France. 4/2024.
- Trachtman H et al. *Expert Rev Clin Immunol*. 2024;20(6):571-576.
- EMPA-KIDNEY Collaborative Group. *N Engl J Med*. 2023;388(2):117-127.
- Wheeler DC et al. *Kidney Int*. 2021;100(1):215-224.
- Kooienga L et al. Poster presented at: American Society of Nephrology Kidney Week 2023; November 2-5, 2023; Philadelphia, PA. SA-P0903.