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Immunoglobulin A Nephropathy (IgAN) is a rare disease, and the most common primary glomerulonephritis worldwide. IgAN is poorly described in real-world settings, although real-world data have been validated as reliable in identifying and characterizing patients with rare diseases.

→ **AIMS:** To assess the 3-year healthcare resource consumptions reimbursed by the Italian Health Service (Servizio Sanitario Nazionale - SSN) for patients with a new in-hospital diagnosis of IgAN.

Retrospective observational and longitudinal cohort study through the **administrative healthcare database** of Fondazione Ricerca e Salute (ReS)

Identification criteria

In-hospital primary/secondary **diagnosis of glomerulonephritis** (ICD9-CM codes) **AND renal biopsy procedures** (ICD9-CM codes) in the same hospital discharge form (HDF).

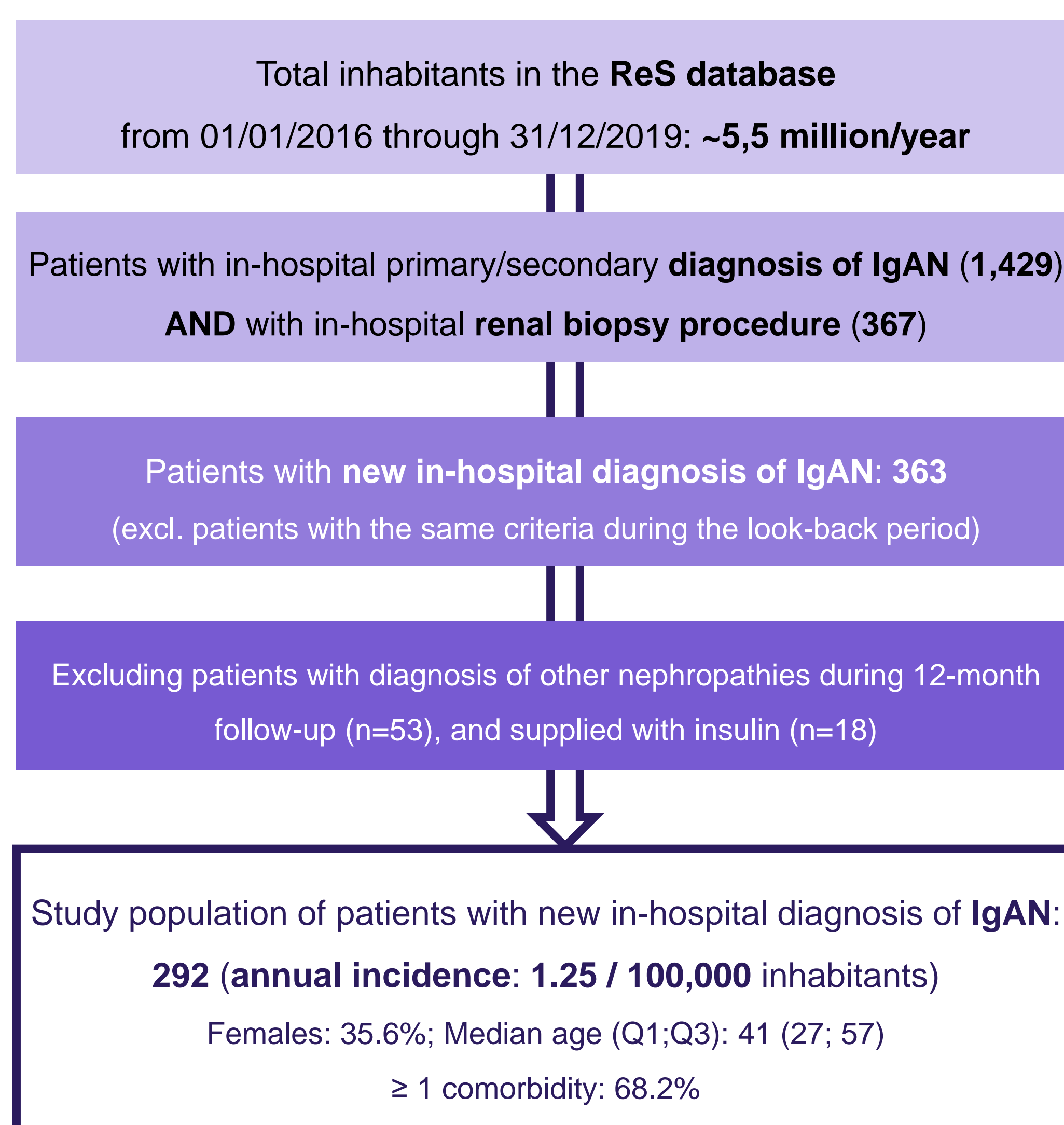
Excluded patients with:

- in-hospital diagnosis codes identifying other nephropathies during the 12 months following index date;
- same identification criteria (to identify incident patients) or supplied with insulin (as indicator of diabetic nephritis) during the previous period.

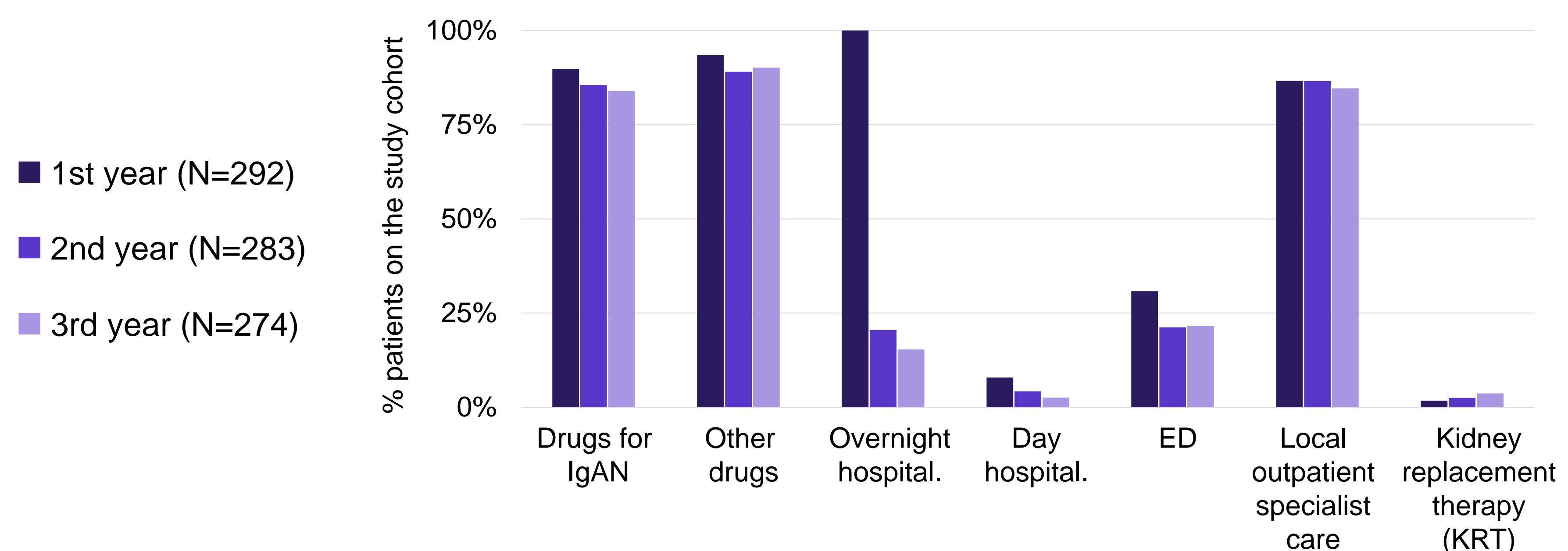
Follow-up analyses

- Free filled dispensations of **drugs recommended for IgAN** (i.e., angiotensin converting enzyme inhibitors, systemic corticosteroids, angiotensin II receptor blockers, immunosuppressants) and **other drugs**;
- **Kidney replacement therapy (KRT)**, i.e., kidney transplantation and dialysis;
- **Hospitalizations**;
- **Emergency Department (ED)** accesses;
- **Local outpatient specialist care**;
- **Direct costs** charged to the SSN

Identification and characterization of the study population

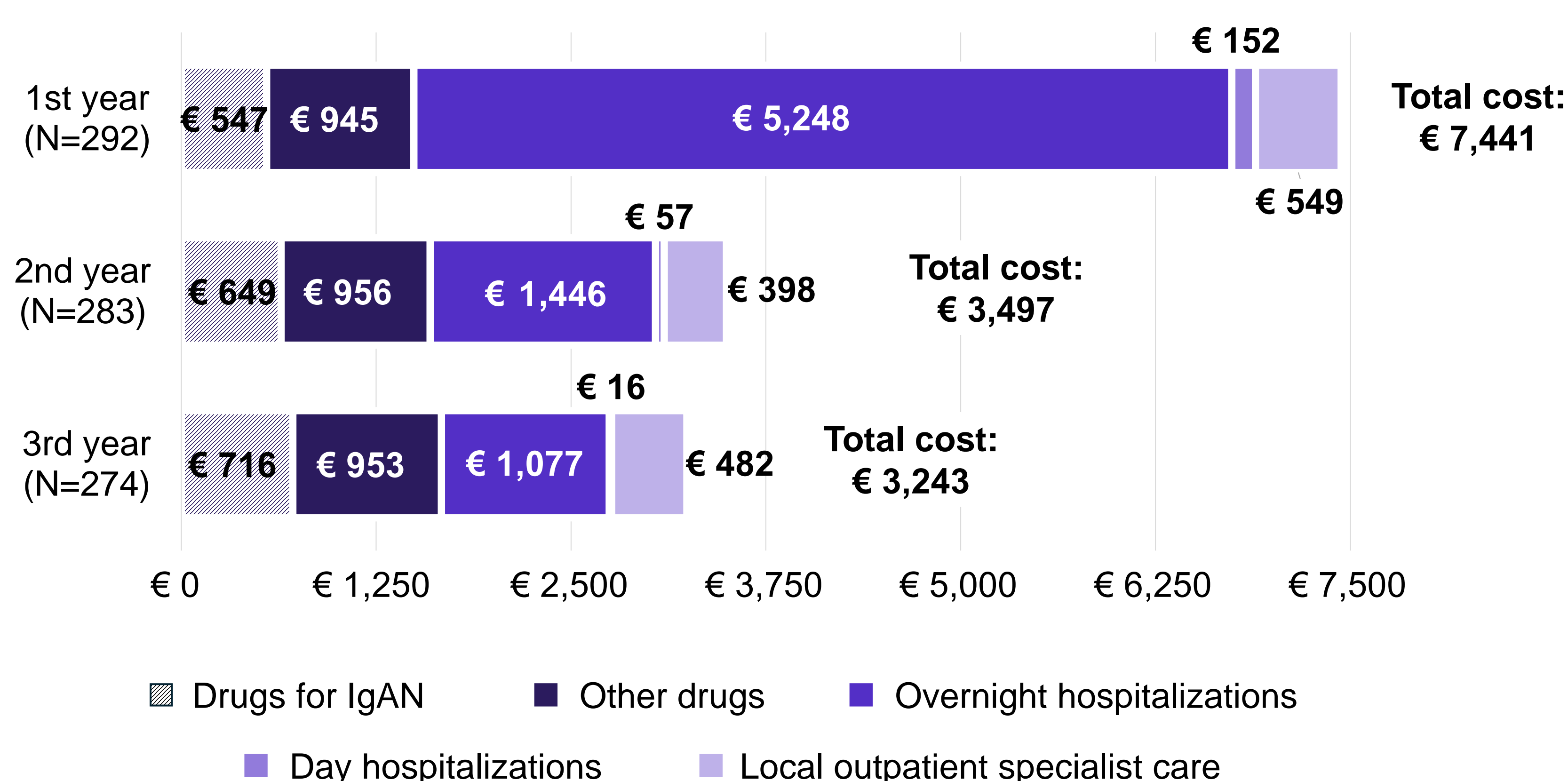


Utilization of healthcare resources reimbursed by the SSN, by follow-up year



Kidney Replacement Therapy	Patients (n; n/N%)	Mean cost per treated patient (€)	Mean cost per capita (€; % on total expenditure)
≥ 1 KRT (N=292)	5; 1.7	18,742	321; 100.0
Hemodialysis	4; 1.4	12,911	177; 55.1
Peritoneal dialysis	1; 0.3	3,625	12; 3.7
Kidney transplantation	1; 0.3	38,441	132; 41.1
≥ 1 KRT (N=283)	7; 2.5	10,053	249; 100.0
Hemodialysis	6; 2.1	5,322	113; 45.4
Peritoneal dialysis	-	-	-
Kidney transplantation	1; 0.4	38,441	136; 54.6
≥ 1 KRT (N=274)	10; 3.6	11,369	270; 65.1
Hemodialysis	10; 8.2	7,401	415; 100.0
Peritoneal dialysis	-	-	-
Kidney transplantation	1; 0.4	39,684	145; 34.9

Mean per capita total expenditure charged to the SSN, by follow-up year



CONCLUSIONS

This study has shown a **substantial utilization of healthcare resources** reimbursed by the SSN due to **hospitalizations**, supplies of **drugs for IgAN** and **comorbidities**, which has also contributed to a **high economic impact on the SSN**. These findings are useful to estimate the possible clinical and economic benefits from an early taking charge of patients with IgAN, i.e., the reduction of risk of disease progression and need for dialysis, and of related costs.

