Project Summary for IIgANN website

Project Title: Microscopic hematuria in children with IgAN at renal biopsy and during the long-term follow-up

Primary Investigators

Coordinators:

Yuko Shima Wakayama University, Japan

and Rosanna Coppo, Fondazione Ricerca Molinette, Regina Margherita Hospital, Turin, Italy

Statistical analysis:
Toshio Shimokawa Wakayama University
and Sean Barbur and Lee Er University of British Columbia, Vancouver, Canada

Data collection and data providers
Rosanna Coppo and Maria Luisa Russo, Fondazione Ricerca Molinette, Turin Italy.
Sean Barbour, Lee Er University of British Columbia, Division of Nephrology, Vancouver, Canada

Renal pathology expert
Mark Haas, Pathology and Laboratory Medicine, Cedars-Sinai Medical Center, Los Angeles, USA

Pediatric Nephrology Working Group.
Jie Ding and Xuhui Zhong (Beijing, China)
Koichi Nakanishi (University of Ryukyus, Japan)
Robert Wyatt (Memphis, USA)
Alexandra Cambier (Montreal, Canada)
Licia Peruzzi (Turin, Italy)

Brief Description

The value of microscopic hematuria at renal biopsy and during the follow-up as a risk factor for IgAN progression has been supported by several studies and recently reviewed (1). Adult data are mostly reported, while data in children are scanty and no large international multiethnic cohort has been investigated for this biomarker. The IIgANN collected a multiethnic cohort of 1060 children with IgAN for updating the prediction tool in children with IgAN (2). However, data on microscopic hematuria were not originally requested for these children.

The aim of this study is to investigate in a multiethnic cohort of children with IgAN the value as a risk factor for progression of microscopic hematuria quantified into 4 grades

1: no hematuria <5 red blood cells/high power microscopic field.

2: 5 or >5 and <25 RBC/HPMF

3: 25 or >25 and >50 RBC/HPMF

4: 50 or >50 HPMF

Corresponding data at dipstick evaluation and with automated techniques will be also investigated

This data collection will involve an update of children's outcomes at the last available follow-up, including values of eGFR, proteinuria, and drug exposure throughout the follow-up period. This will facilitate the extension of follow-up duration for children enrolled in the IIgANN pediatric database.

References

1) Zand L, Fervenza FC, Coppo R.. Clin Kidney J. 2023;16(Suppl 2) :ii19-ii27
2) Barbour SJ et al Kidney Int. 2021;99:1439-1450
3) Caravaca-Fontán F, et al Clin Kidney J. 2023;16(Suppl 2):ii28-ii39.