Patients in DUPLEX Achieved Partial or Complete Remission of Proteinuria Earlier and More Often With Sparsentan vs Irbesartan: Implications for Slowing Progression to Kidney Failure in Focal Segmental Glomerulosclerosis (FSGS)

Methods

Analysis of patients who achieved PR or CR with sparsentan vs irbesartan

Analysis of KF in patients achieving PR or CR regardless of treatment

Sparsentan (n=184) vs maximum labeled dose irbesartan (n=187) (double blind)*

Sparsentan: 800 mg/d†

Irbesartan: 300 mg/d†

N=371 adults and children with FSGS (without secondary causes)

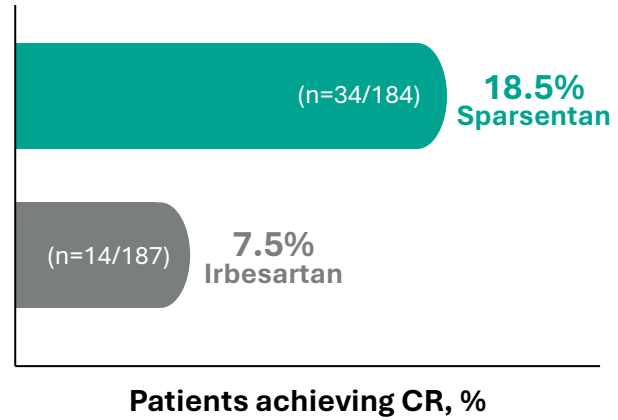
UPCR ≥1.5 g/g

eGFR ≥30 mL/min/1.73 m^2

CR, complete remission of proteinuria (UPCR <0.3 g/g); KF, kidney failure; PR, partial remission of proteinuria (UPCR ≤1.5 g/g and >40% reduction from baseline).
*Approximately 90% of patients reached the target dose in both treatment arms.
†Target dose; titrated after 2 weeks of 400-mg/d sparsentan or 150-mg/d irbesartan.

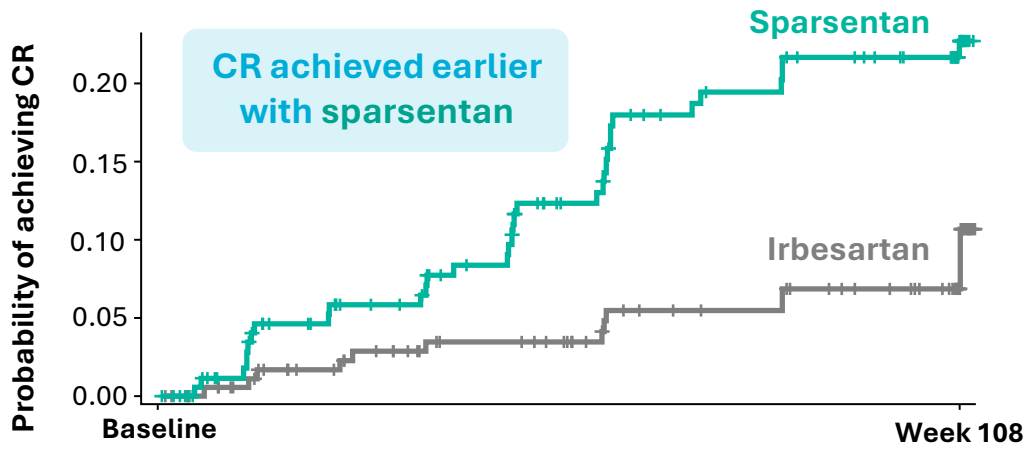
Outcomes

More patients achieved CR with sparsentan vs irbesartan*



2.5x higher rate of CR with sparsentan over 2 years

*At any time through 108 weeks.



Fewer patients progressed to KF with CR vs no CR (pooled)

Similar trends were observed in patients who achieved PR

Patients with FSGS achieved PR or CR **more rapidly** and with **higher incidence** with sparsentan vs irbesartan. Patients who achieved PR or CR showed a marked **reduction in the risk of progression to KF** vs those who did not. Taken together, results support the **nephroprotective benefit** of sparsentan in FSGS.

Visual summary of:
Tumlin J, et al. Presented at the National Kidney Foundation (NKF) Spring Clinical Meetings 2025; April 10-13, 2025; Boston, MA, USA. Oral LB-07.