

# Epidemiology of IgAN cases in France

## Evaluation using French hospital medico-administrative databases (PMSI)

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### BACKGROUND

IgA nephropathy (IgAN) is the most common primary glomerulopathy, with incidence varying from country to country. In France, epidemiological data are available, but only on an institutional or regional scale.

In addition to these clinical data, medico-administrative databases are an interesting source for the following purposes to produce epidemiological data on a national scale.

The aim of this study was to develop an algorithm to identify IgAN cases from french hospital medico-administrative hospital databases.

### METHODS

#### Data source

This retrospective observational cohort study was carried out using data from the Programme de Médicalisation des Systèmes d'Information (PMSI).

#### Study period

All patients hospitalized with at least one ICD-10 code including the notion of IgA-deposit nephropathy between January 1, 2015 and December 31, 2022 in the PMSI database were included. These patients are hereafter described as **population A**.

As the diagnosis of IgAN was confirmed by renal biopsy, the corresponding codes were sought in the 2 years preceding the appearance of the first IgAN diagnostic code. Patients presenting this CCAM code for additional biopsy are grouped in **population B**.



#### Exclusion

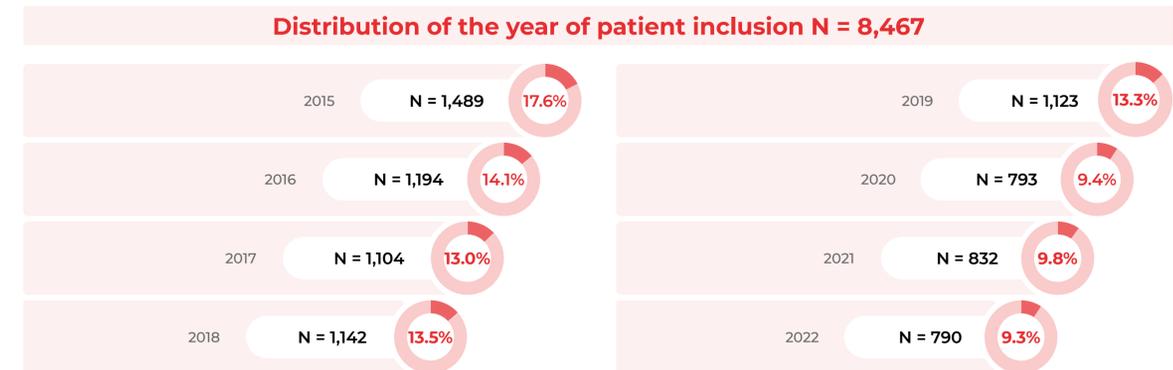
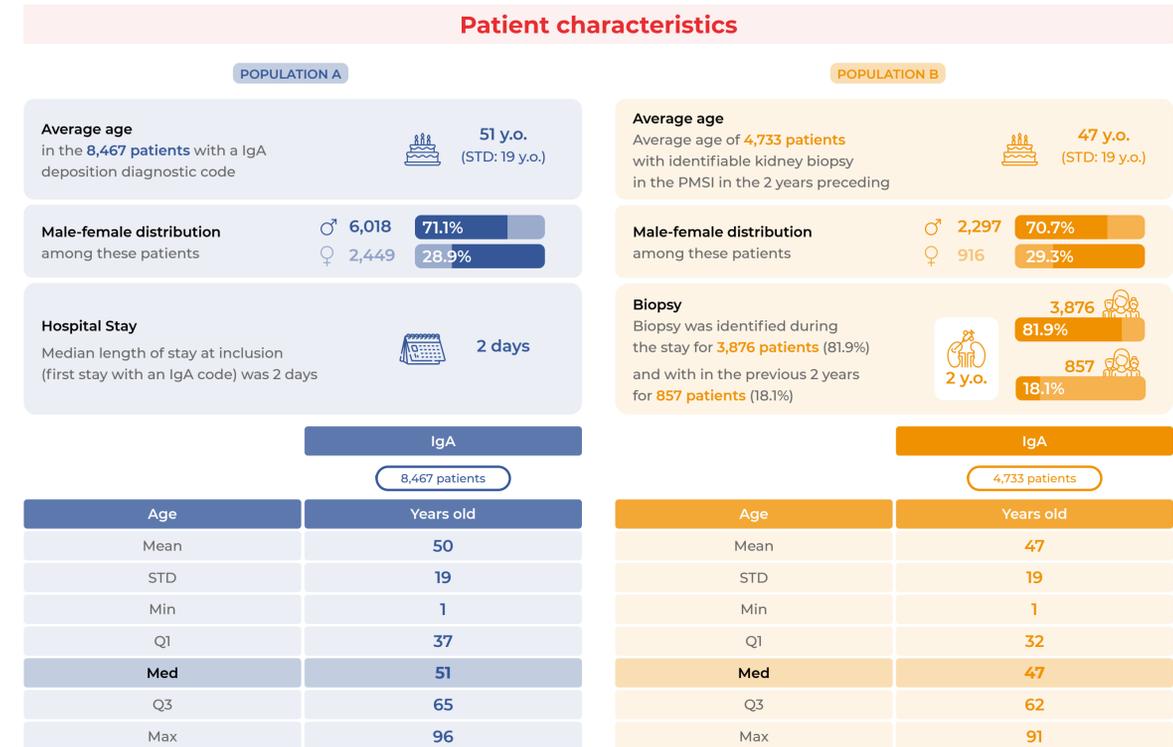
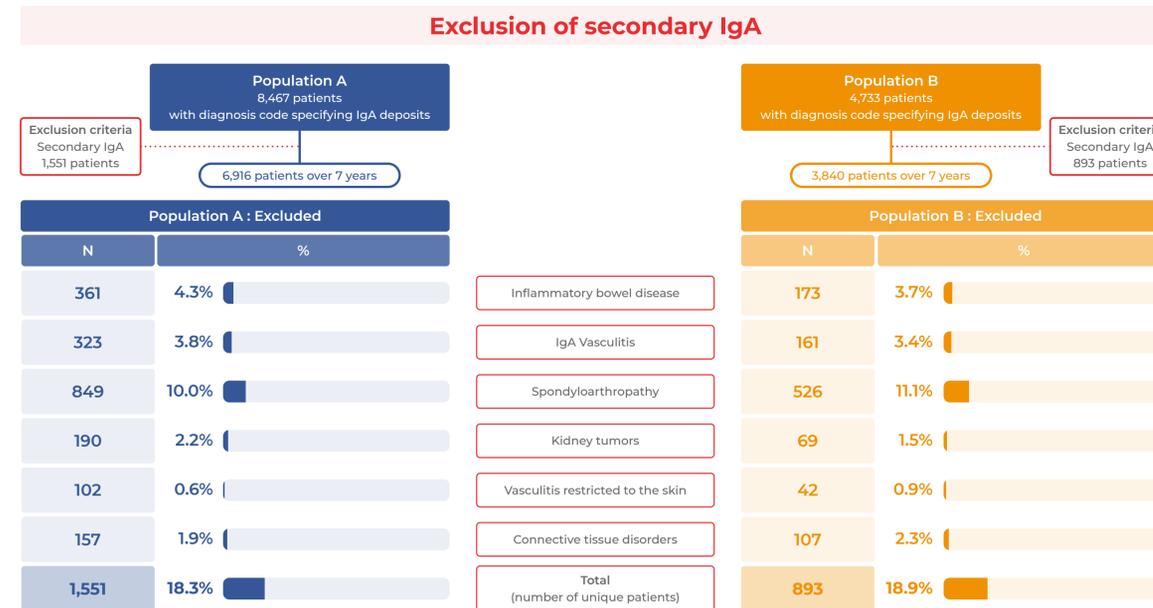
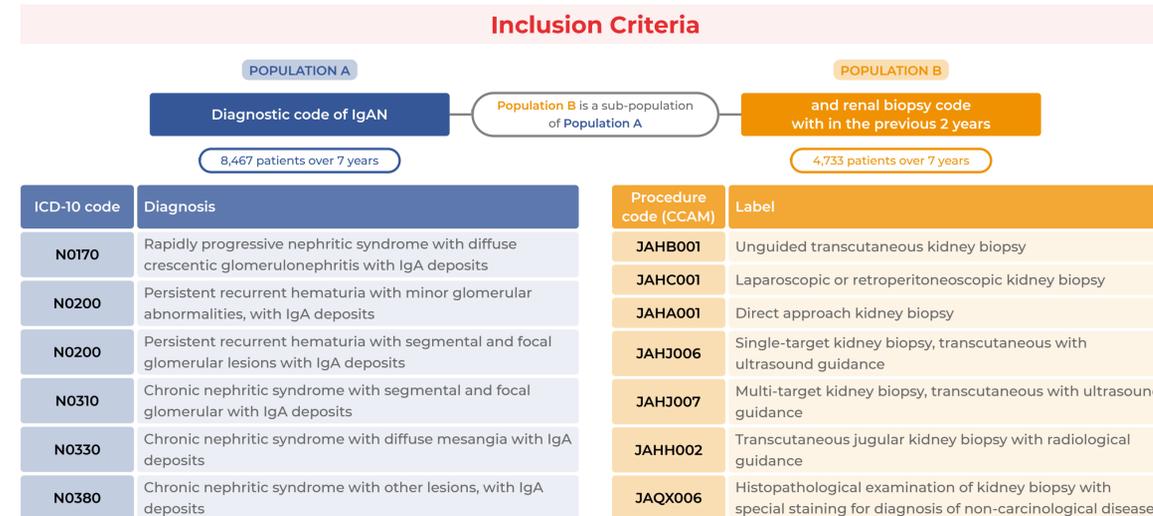
The following exclusion criteria were then applied to exclude biopsies related to other pathologies, as well as to differentiate secondary IgAN:

- Cirrhosis (ICD-10: K70),
- Spondyloarthropathy (ICD-10: M45-49),
- IgA Vasculitis (ICD-10: D69.0),
- Inflammatory bowel disease (specifically non-infectious enteritis and colitis: K50-K52),
- Vasculitis restricted to the skin (ICD-10: L95).

#### Data source

PMSI databases supplied by ATIH, Responsible for processing: Vifor France; Responsible for implementing Manager: Heva. Study registered under MR006 with the Health Data Hub on 10/04/2023 (Declaration of conformity n° 2230473v0 dated 06/28/2023).

### RESULTS



### CONCLUSION

This preliminary study has enabled us to develop an algorithm for identifying IgAN cases using PMSI data. The average annual incidence observed in these results for IgA nephropathy, after exclusion, is 548 and 988 patients per year in population A and B respectively. In view of the data in the literature and expert opinion, these results appear to underestimate the actual incidence of this pathology. This difference can be explained by under-coding, both of the IgA diagnostic code and of the biopsy. As the PMSI is a medico-administrative database, its purpose is not to provide exhaustive clinical information. As the IgA deposit is specified on the last digit of the ICD-10 code (0 for IgA deposits or 9 for "unspecified") and has no administrative impact, it is possible that it is not systematically specified. In order to assess the algorithm's performance, a validation study of case identification should be carried out using clinical data, to confirm correct and representative identification of these patients with in these databases. Anatomopathological databases, due to their clinical purpose, based on ADICAP codes (with codes more specific to the pathology of interest) appear to be an alternative of choice for comparing these data.