

Common vs Frequent: Assessing variable disease presentation in IgAN and C3G, through home-reported outcomes and patient-reported endpoints analyses

Hiba Anwar, MPH¹, Sarah Villard, PhD¹, Samantha McStocker BSc¹, Merika Sanders PhD¹, Amanda Healey MPH¹, Connie Zhang MPH¹
 1. Folia Health, Boston, MA, USA

Objective

To characterize symptom burden in IgAN and C3G across three dimensions (prevalence, frequency, and severity) using longitudinal home-reported outcomes (HRO) data from the Folia Health app to assess day-to-day heterogeneity and multidimensional nature of symptom burden.

Background & Significance

- IgA nephropathy (IgAN) and complement 3 glomerulopathy (C3G) are rare, chronic glomerulopathies associated with a myriad of symptoms
- Traditional assessments of these conditions rely on point-in-time surveys to measure burden, which may not capture the full day-to-day heterogeneity of symptoms
- Granular, longitudinal home-reported outcomes can supplement traditional measures to better understand condition burden, unmet clinical needs, and impact to quality of life

Methods

- **Participants:** As of May 1st, 2026, 117 patients (85 IgAN, 32 C3G) used the Folia Health app for up to 9 months to track their symptoms
- **Data Collection:** Users tracked daily symptom experiences through the app, rating severity on a 0-5 Likert scale where 0=did not experience and 5= severe
- **Analysis:** For each symptom tracked, three metrics were calculated:
 - Common: What percentage of the study population experienced the symptom
 - Frequent: How often the symptom occurred for those who experienced it (days/month)
 - Severe: Average severity rating among those who experienced it (0-5 scale)

Results

- A total of 70 distinct symptoms were tracked by IgAN users; 71 distinct symptoms were tracked by C3G users
- Symptoms varied across all three scales:
 - Commonality (range: 1%-31% for IgAN; 3%-50% for C3G)
 - Frequency (range: 0.11-8.23days/month for IgAN; 0.08-28.3 days/month for C3G)
 - Severity (range: 1-3.48 for IgAN; 1-4.29 for C3G)
- XY mapping of frequency vs commonality showcases the extent of heterogeneous symptom presentation within IgAN and C3G:
 - Some symptoms were both common and frequent (e.g., "Fatigue" in IgAN)
 - Other symptoms were uncommon but frequent when they did occur (e.g., "Back pain" in C3G, "Abdominal pain" in IgAN)
 - Still other symptoms were common but less frequent (e.g., "Fatigue" in C3G)

Figure 1. Relationship between symptom frequency and commonality in the IgAN population

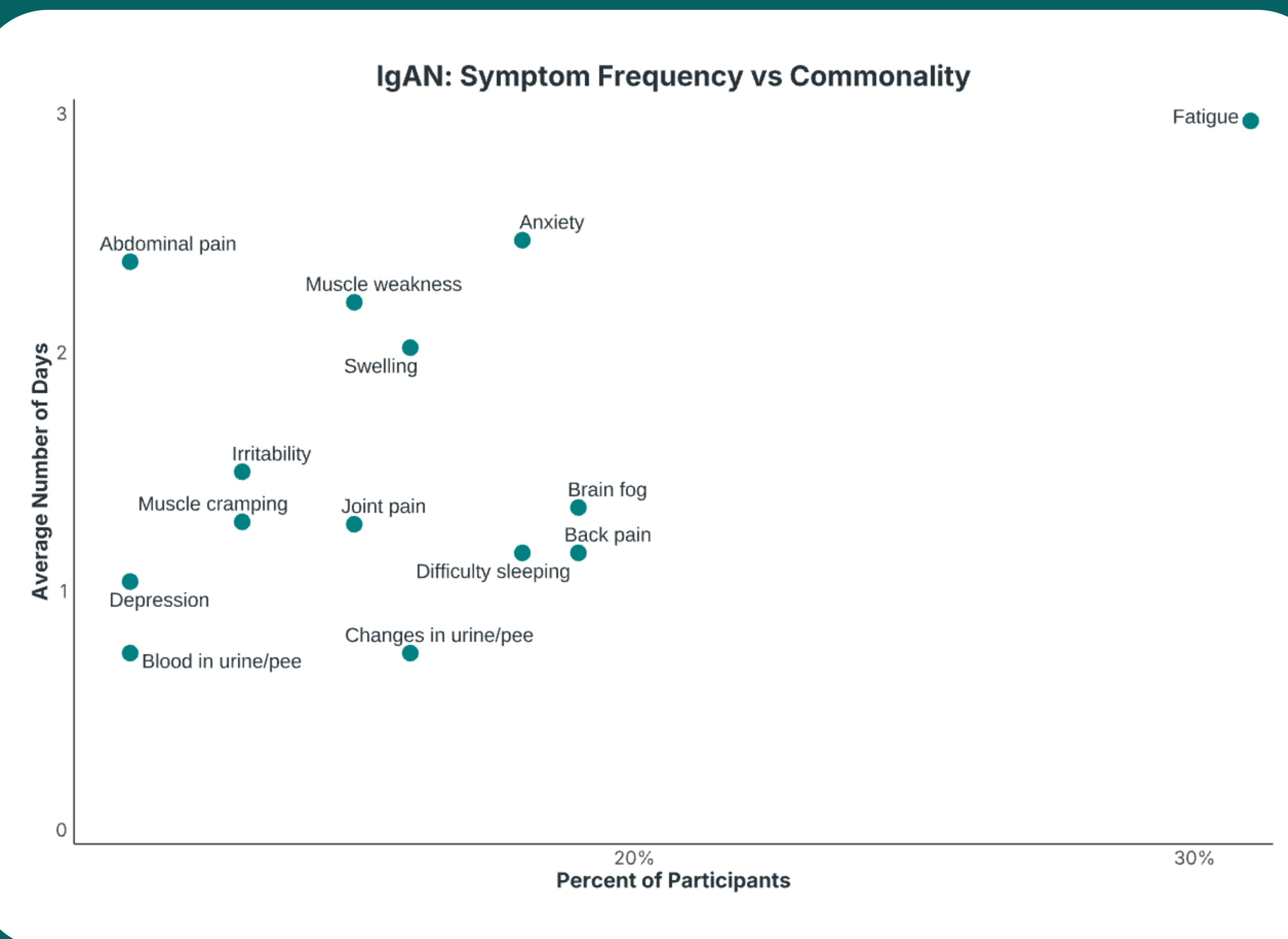


Figure 2. Relationship between symptom frequency and commonality in the C3G population

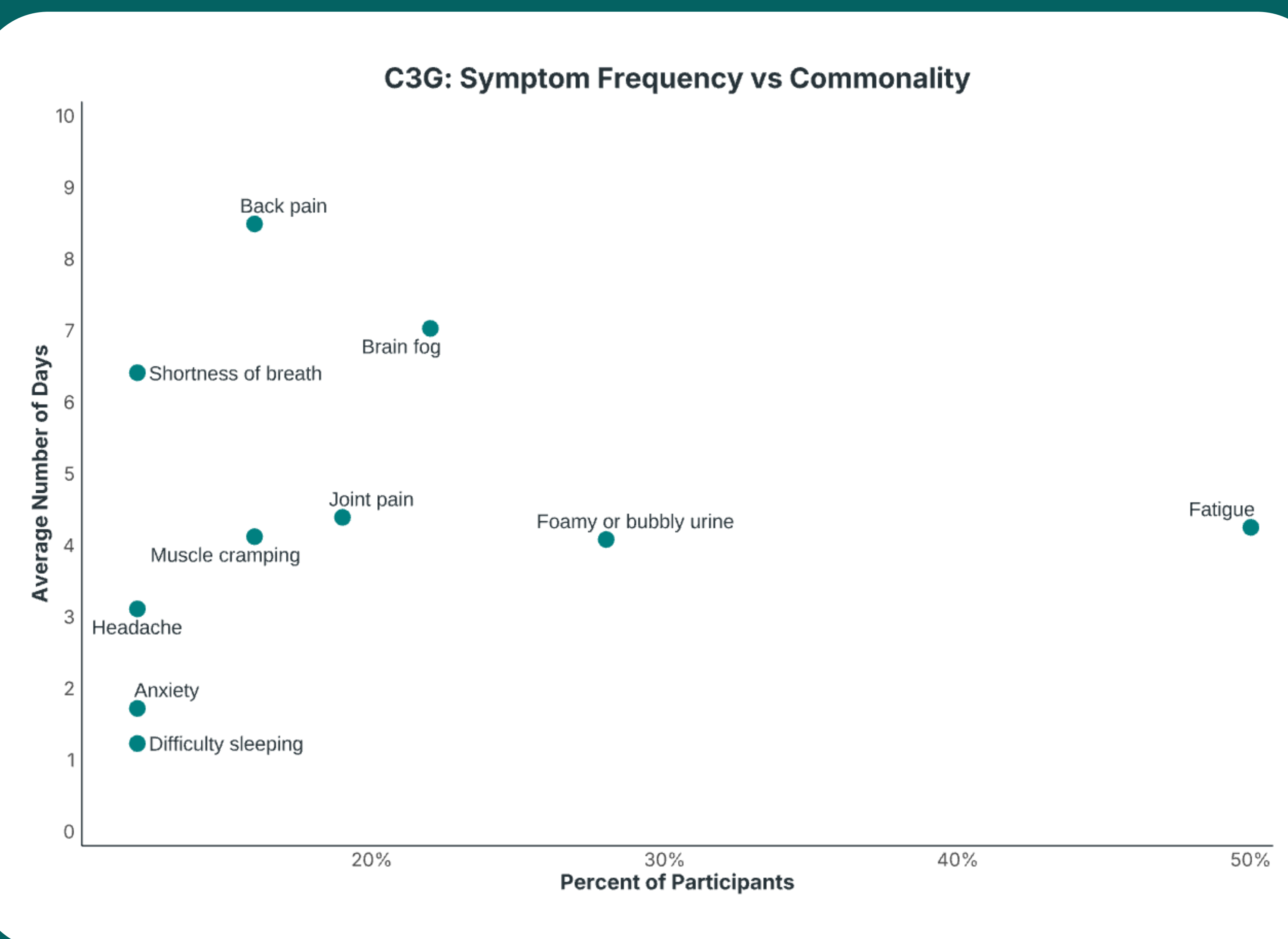


Table 1. Population Demographics

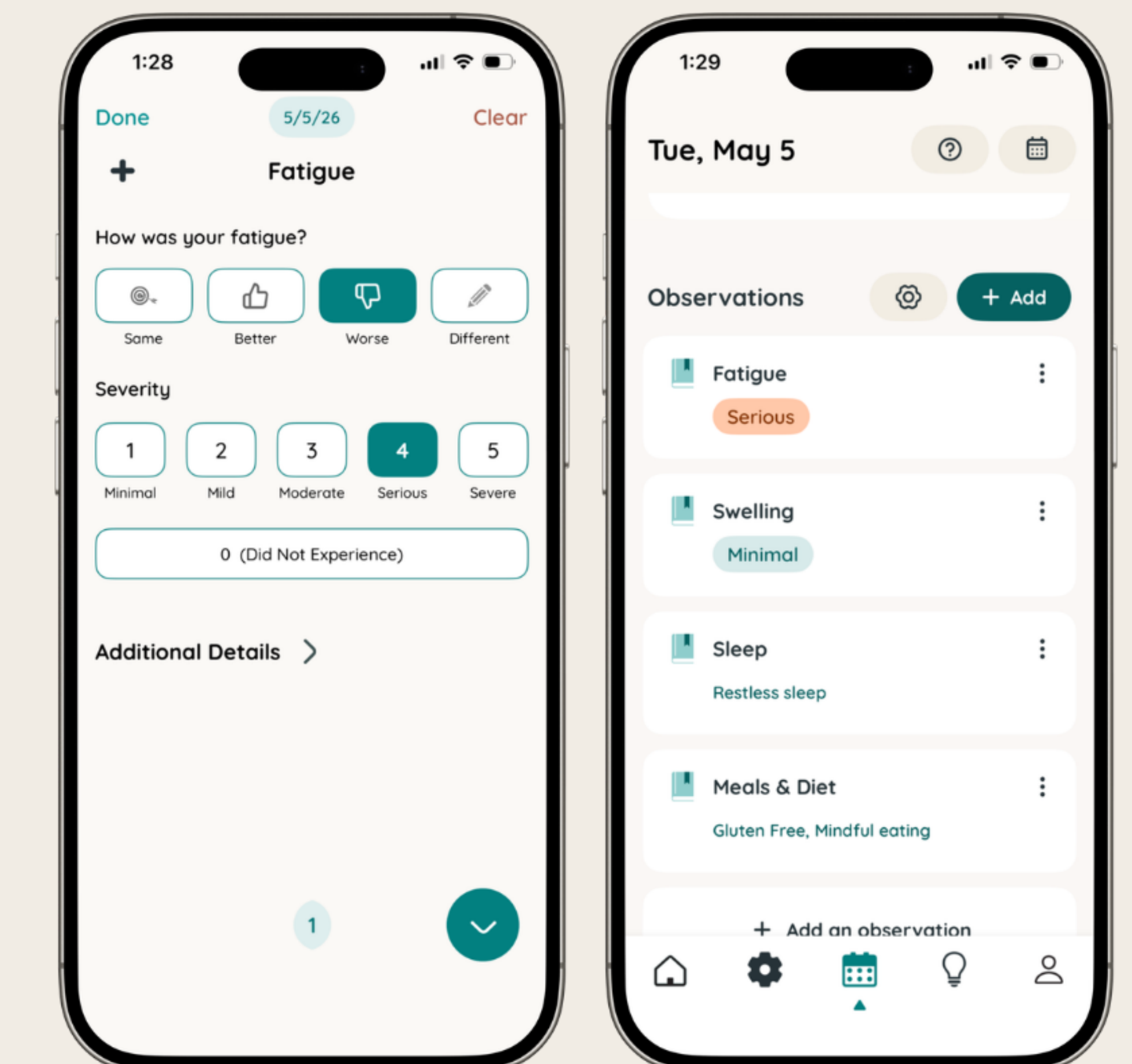
Characteristic	C3G N (%) or Mean (SD)	IgAN N (%) or Mean (SD)	Total N (%) or Mean (SD)
Total N	32	85	117
Non-responders to demographic surveys	7 (22%)	35 (41%)	42 (36%)
Mean (SD) age	34.19 (17.78)	38.25 (12.35)	37.14 (14.09)
Gender			
Female	35 (41%)	52 (44%)	17 (53%)
Male	14 (16%)	20 (17%)	6 (19%)
Non-binary	1 (1%)	1 (1%)	0 (0%)
Transgender	0 (0%)	1 (1%)	1 (3%)
Prefer not to answer	0 (0%)	1 (1%)	1 (3%)
Race			
White or Caucasian	21 (66%)	34 (40%)	55 (47%)
Asian	0 (0%)	7 (8%)	7 (6%)
Some other race	3 (9%)	2 (2%)	5 (4%)
Reported more than one race	0 (0%)	4 (5%)	4 (3%)
Prefer not to answer	1 (3%)	2 (2%)	3 (3%)
Black or African American	0 (0%)	1 (1%)	1 (1%)
Ethnicity			
Not Hispanic or Latino	19 (59%)	46 (54%)	65 (56%)
Hispanic or Latino	5 (16%)	4 (5%)	9 (8%)
Prefer not to answer	1 (3%)	0 (0%)	1 (1%)

Note: Groups with 0% omitted from figure. Gender: Some other gender; Race: Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native

Key Findings & Conclusions

- Patients tracked 70 distinct symptoms in IgAN and 71 in C3G, highlighting the breadth and individuality of symptom experience in these conditions
- Symptoms varied widely across all three metrics:
 - In C3G, frequency ranged from 0.08 to 28.3 days/month and severity from 1.0 to 4.29
 - In IgAN, prevalence ranged from 1% to 31%, illustrating that a symptom's population-level commonality does not predict its burden for any individual patient
- The common/frequent/severe framework enables more nuanced visualization of burden and may better support treatment impact analyses than data on prevalence alone

Figure 3. Example Tracking Functionality



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