IgAN Breakthrough Treatment: What You Need to Know Transcript

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Introduction to IgA Nephropathy and SIBI-Prendley-Mab

If you or someone you love has IgE nephropathy, you have probably been told there's no cure and that you'll need to manage symptoms while hoping your kidney function doesn't decline too quickly.

But just last week at Kidney Week 2025, researchers presented some genuinely exciting results about a new medication called SIBI-Prendley-Mab that's reducing protein in the urine by more than 50%. The FDA is reviewing it right now with a decision expected by the end of this November.

Now, before we get too excited or too skeptical, I want to walk you through what this drug actually does, how it works, what it doesn't address, and why I believe that even with promising new medications like this, addressing the root causes of ITNF property gives you the best chance at long-term kidney health.

I'm Dr. Vesmair Phan, a physician on a mission to help you break free from symptom management and step into a life of thriving health. Together, we will uncover simple, powerful ways to prevent disease, restore energy, and take control of your health naturally.

If you're ready to stop managing illness and start building vitality, you are in the right place. Your prescription for vitality starts now. Let me start with a quick refresher.

IgA nephropathy is the most common form of glomerulitis worldwide, and it happens when abnormal IgA antibodies deposit in your kidneys, specifically in the filtering units called glomeruli.

Over time, this triggers inflammation and scarring that progressively damages kidney function. Many people are told it's genetic, unpredictable and that the best we can do is control blood pressure and use medications to slow progression.

But here's what conventional medicine often misses. Hygienephropathy doesn't just randomly happen, there are specific triggers and underlying immune dysfunction driving the production of these abnormal antibodies.

How IgA Nephropathy Develops

So what's new with SibiPrenlyMap? This drug is a monoclonal antibody, which means it's precisely targeted medication designed to block one specific molecule in your immune system.

In this case, it targets something called April, which stands for a proliferation-inducing ligand. That's a mouthful, but here's what you need to know about it.

It is a survival signal for the immune cells that produce IgA antibodies. In IgA nephropathy, there is an overproduction of a defective form of IgA called galectose-deficient IgA1.

This abnormal IgA form complexes that deposits in the kidneys and trigger all the inflammation and damage. Cebiprenlimab works by blocking this, which essentially tells those IgA-producing cells they can't survive as easily.

Fewer of these cells means less production of the problematic antibodies. Which means fewer immune complexes depositing in your kidneys. The results from the visionary trial showed that after 12 months, people taking Cebiprenlimab had 56% less protein in the urine compared to their baseline.

That's significant, because protein urea, that means protein in the urine, is a sign of kidney damage and a driver of further decline. More than a third of patients achieved what we call remission, meaning their protein levels dropped to nearly normal.

Where does this drug actually work in your body? This is important to understand. Sephrenolimab doesn't work directly in your kidneys. It works upstream in your immune system, primarily in places like your gut-associated lymphoid tissue, tonsils, and your bone marrow.

These are the sites where those problematic IgA-producing plasma cells live and multiply.

How the New Drug Works

By blocking April in these locations, the drug reduces the production of abnormal IgA at its source, which means less of it circulating in your blood and less of it depositing in your kidneys.

Now here's where we need to have a realistic conversation about what this drug does and doesn't do. Yes, SIBI-prenly MAB appears to be disease-mortifying.

It's not just masking symptoms, it's actually reducing the production of the pathogenic antibodies driving the disease. That's genuinely impressive and represents a real advancement in how kidney doctors can treat IGF-ropathy.

But does it address the root cause? Not completely. Let me explain what I mean. IgA nephropathy develops because of chronic immune dysregulation. Something has triggered your mucosal immune system, the immune tissue in your gut, respiratory tract, and other mucous membranes to overproduce this defective form of IgA.

The question is, why? What caused that immune dysregulation in the first place? Research points to several key factors. Gut barrier dysfunction, commonly called leaky gut, allows food, proteins, and bacterial components to cross into your bloodstream, triggering immune responses.

Microbiome imbalances means you don't have the right bacterial species to properly regulate IgA production. Chronic hidden infections, sometimes low-grade infections you don't even know you have, can trigger ongoing immune activation.

Environmental toxins can disrupt normal antibody glycosylation, which is a process that went wrong to create that galactose-deficient IgA1 in the first place.

Food sensitivities, particularly to gluten and dairy, in susceptible individuals can perpetuate mucosal immune activation. SIBI-Prendley-Mab doesn't fix any of these underlying triggers.

What the Medication Does and Doesn't Address

It doesn't heal your gut barrier, rebalance your microbiome, clear chronic hidden infections, or remove environmental immune triggers. Think of it this way.

If iodine nephropathy is a fire in your kidneys, Sip Friendly Mab is an excellent fire suppressor. It can control the flames and prevent them from spreading, but it doesn't remove the spark that started the fire, and it doesn't remove the flammable material that keeps the fire going.

This is why I get concerned when patients think a new medication is the complete answer. I had a patient a few years ago, a woman in her early thirties, with biopsy, profan, IG, and nephropathy.

Her protein levels were climbing, her kidney function was declining, and she was frightened. We did comprehensive testing and found significant gut dysbiosis, undiagnosed Lyme disease and severe gluten sensitivity.

Our conventional doctor had her on ACE inhibitors and steroids, which helped somewhat, but she was still progressing. We worked on healing her gut, treating the Lyme with targeted antimicrobials, removing gluten completely, and supporting her immune system with specific nutrients.

Within 8 months, her protein urea had dropped by 70% and 2 years later, her kidney function had actually improved. Now, would Sibi Prenly Mab have helped her too?

Probably. But addressing those root causes gave her body the foundation it needed to actually heal, not just suppress the immune response. Let's talk about side effects.

Because this is crucial. The trial data shows that overall adverse events weren't significantly higher with SIP friendly map compared to placebo, which is encouraging for short-term safety.

But here's what we need to consider. This drug works by suppressing a key pathway in your immune system. And that means that April doesn't just drive IgA production, it also plays a role in normal immune function and defense against infections.

So we are essentially dampening part of your immune system's ability to respond. While the 12-month data looks relatively safe, we don't yet have long-term data on what happens when you block April for years or decades.

Will there be increased infection risk? Could there be effects on cancer surveillance, since your immune system also monitors for abnormal cells? What about vaccine responses?

And perhaps most importantly, for IgA nephropathy patients, what happens if you stop the drug? Does the disease come roaring back because the underlying triggers are still there?

These aren't reasons to avoid the medication. If it's appropriate for you, there are reasons to think comprehensively about your health.

Root Causes and a Patient Example

This is where the functional medicine approach becomes so valuable. When you address the root causes, heal the gut, rebalance the microbiome, clear infections, reduce inflammation, optimize nutrition, you're not just suppressing anything.

You are supporting your body's natural regulatory mechanisms. You are removing the triggers that cause the immune dysregulation in the first place. And here's the beautiful part.

When you do that work, medications like Cip, Brinley, MAP can work even better because you are addressing the disease from both ends. The ideal scenario isn't choosing between conventional medicine and functional medicine.

It's integrating them intelligently. If you have active progressive IgNF property with significant protein urea, a medication like Ziprenne-Mab might be exactly what you need to get things under control while you do the deeper work of addressing root causes.

But if you only use the medication without addressing why your immune system became dysregulated, you are likely committing to lifelong immune suppression without ever fixing the underlying problem.

On the other hand, if you address the root causes, whether you're using SIP friendly MAP or not, you give yourself the best chance at long-term remission.

You might be able to use a lower dose of medication or eventually come off of it entirely. You likely have fewer flares, better overall health, more energy, and reduced risk of the medication's potential long-term side effects.

Your results will be more durable because you have actually changed the terrain that allowed the disease to develop. I want to be clear about something important.

Personalization matters tremendously here. What you need depends on your specific situation, how active your disease is, what your root causes are, what other health issues you are dealing with.

Safety, Long-Term Questions, and Integrative Care

your genetic factors. This is why cookie cutter approaches don't work well for complex diseases like IgA nephropathy. Two people with the same diagnosis can have completely different underlying triggers.

requiring completely different interventions. The exciting part about SIP FriendlyMap is that it gives us another tool in the toolkit. For patients with aggressive disease, this could be genuinely protective while we work on root causes.

For patients who have been told they're heading towards dialysis, this might buy crucial time, but it's not a replacement for investigating and addressing why the disease developed.

Both approaches are valuable. Both have their place. The question is how to use them intelligently together. If you're dealing with IgE nephropathy or any kidney condition, I encourage you to think beyond your suppressing symptoms.

Ask questions like, what triggered this? What's driving the inflammation? What can I do to support my body's healing capacity? These questions don't mean you reject conventional medicine.

They mean you're being strategic about getting the best possible outcomes. The future of kidney care isn't choosing between pharmaceutical innovation and root cause medicine.

It's integrating both using the best of what conventional medicine offers, while simultaneously addressing the deeper factors that created the disease in the first place.

That's how we are going to change outcomes for kidney patients. That's how we move beyond just slowing decline to actually supporting healing and restoration of function.

Personalized Kidney Health and Closing Remarks

If you're dealing with IGF property or another kidney condition and want a personalized approach that investigates your unique root causes while intelligently using conventional treatments, When appropriate, we offer comprehensive consultations at the Kidney Institute.

We do deep dive assessments looking at gut health, hidden infections, inflammatory markers, environmental exposures, and all the factors conventional testing typically misses.

If you want to learn how more we can help you and create a strategic plan for your kidney health, then give us a call. Thanks for tuning into the Wellness Focus with Dr.

Bisma, where we are rewriting the rules of health and giving you the tools to thrive. If this episode spoke to you, please subscribe and share it with someone who is ready to take control of their well-being.

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