IgA nephropathy is the most common disease among all the biopsy-proven glomerulonephritis in Korea, and may progress to end-stage renal disease. However, in Korea, there is no clinical practice guideline to optimize therapeutic plan in patients with IgA nephropathy. Especially, we have no idea about 2 issues. First, there is no sufficient evidence on the use of renin-angiotensin II blockade in normotensive IgA nephropathy patients with proteinuria of less than 1 g/day. Second, although there have been scattered reports on the effects of immunosuppressive treatment in IgA nephropathy, we still need more data on when and how we use immunosuppressive agents other than steroid in IgA nephropathy.

Researchers in nineteen nationwide hospitals in Korea have started a cooperative study under the support of the Korean Society of Nephrology since 2017 in order to collect evidence to develop clinical practice guideline on IgA nephropathy in Korea. This research consists of three parts; systematic review on the effect of immunosuppression, retrospective studies with data of participating hospitals, and prospective trials on 2 unmet needs. In the systematic review, there have been no firm benefit of immunosuppressive treatment on IgA nephropathy yet. In retrospective study part, a total of 22,271 biopsy cases were gathered from 19 hospitals and now we are analyzing data. Protocols of two clinical trials were approved from Korean FDA, and now we are actively recruiting participants (NCT03357653, NCT03468972).