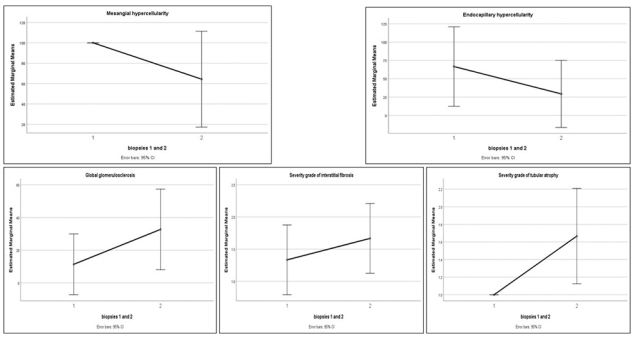
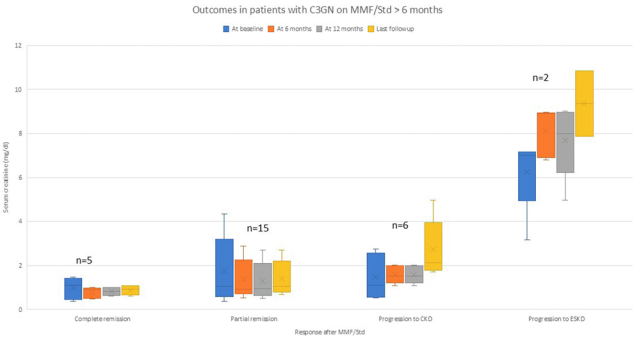
in 64.5% of patients receiving MMF/Std, however, only 7% achieved any remission by 6 months, and another 38.7% achieved any remission between 6 and 12 months. In a subgroup of eight patients with crescents on biopsy, the remission rate was much lower, at 25%. Trends of serum creatinine from baseline to 6,12 months and last follow-up, are depicted in Figure 1, among patients with remission and in those with progressive disease. Progressive GFR loss took place in 19.4% of patients on MMF/Std. Endstage kidney disease developed in 9.7% of those on MMF/Std. A total of 11 hospitalizations were recorded in 8 patients (26%). all of which were due to suspected/proven infection-related (2 were episodes of lower respiratory infection, 2 with urinary tract infection, 3 with raised procalcitonin levels and unclear primary source, 2 with pulmonary and disseminated tuberculosis, 2 with SARS-Cov2 pneumonia, and one mortality due to disseminated tuberculosis. Repeat kidney biopsies were undertaken in 7 patients with progressive renal failure and/or nephrotic proteinuria, all of whom received > 12 months of MMF/Std. (Figure 2) Increase in globally sclerosed glomeruli by a median of 17.6% (inter-quartile range 3-25%) and increase in severity grade of tubular atrophy by 1 (inter-quartile range 0-1) were the only notable changes, with zero median change in percentage of mesangial and endocapillary hypercellularity, segmental sclerosis, crescents and grade of interstitial fibrosis.





Baseline characteristics	n=31
Age (years)	19 (14-27)
Sex (males:females)	19:12
Presentation:	
Nephritic syndrome	9 (29%)
Nephroto-nephritic sysndrome	10 (32%)
Nephrotic syndrome	12 (39%)
Serum creatinine (mg/dl)	1.21 (0.72-2.52)
Serum albumin (g/dl)	2.34 (1.97-3.40)
Spot urinary protein creatinine ratio (g/g)	5.22 (2.36-6.48)
Urinary RBCs (cells/cumm)	23 (11-50)
C3 (IU/L)	48.5 (27.8-87.3)
C4 (IU/L)	25.2 (18.3-38.4)
Presence of any crescents on biopsy	4 (12.9%)

Conclusion: Combination of mycophenolate mofetil and steroids beyond 6 months was efficacious in effecting remissions in nearly two-thirds of the study population with continued usage, making this an effective treatment option. However, risks of infection-related hospitalization (26%) and progressive renal failure (19%) raise concerns. Repeat kidney biopsies among patients receiving > 12 months of combination immunosuppression, showed predominantly increase in global glomerulosclerosis and tubular atrophy, suggesting mechanisms other than glomerular inflammation, might underlie progression of renal failure in these patients.

I have no potential conflict of interest to disclose.

I did not use generative AI and AI-assisted technologies in the writing process.

WCN26-6530

COLOMBIAN REGISTRY OF GLOMERULAR DISEASES (REGLOCOL)

(Article No. 106267)

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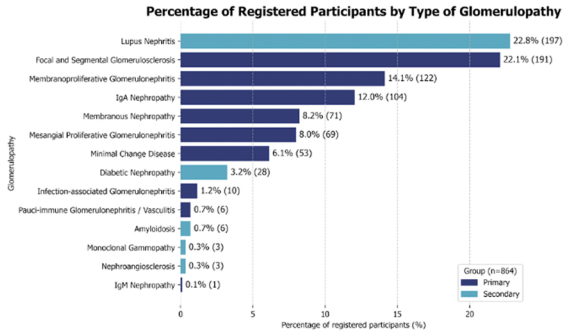
Introduction: Glomerular diseases are significant causes of chronic kidney disease (CKD) and are categorized as either primary or secondary. FSGS, IgA nephropathy, and membranous nephropathy are the most common primary forms, while lupus nephritis predominates among secondary causes. The REGLOCOL registry seeks to define their epidemiology and clinical profile in Colombia.

Methods: REGLOCOL is a multicenter observational study with both prospective and retrospective components, enrolling adults (≥18 years) with biopsy-confirmed glomerulopathies diagnosed between 2010 and 2025. Approved by the ethics committees of the participating institutions, the registry collects clinical, histopathological, and therapeutic data through an electronic platform equipped with automated validation systems. The registry includes variables across five domains: sociodemographic data, laboratory findings, histopathology, treatment, and comorbidities. As of October 9, 2025, 864 patients had been enrolled for preliminary descriptive analysis.

Results: The prospective registry is expanding, increasing statistical power and enabling detailed analyses. Among 864 biopsy-confirmed cases, 70.7% were primary glomerulopathies. Lupus nephritis (22.8%) and focal segmental glomerulosclerosis (22.1%) were most frequent, followed by membranoproliferative glomerulonephritis (14.1%) and IgA nephropathy (12.0%).



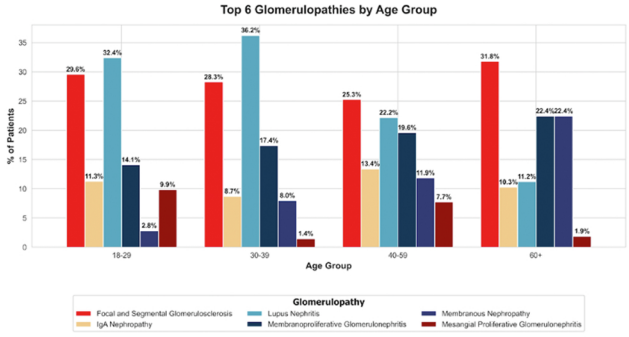


Table 1: Sociodemographic Characteristics of the Participants

Variable	Category	n (%)
Gender	Female	491 (56.8%)
	Male	373 (43.2%)
Age group	18–29 years	164 (19.0%)
	30–39 years	148 (17.1%)
	40–59 years	218 (25.2%)
	60 years or older	135 (15.6%)
	Unknown	199 (23.0%)
Ethnicity	Mixed-race	480 (55.6%)
	Afro-descendant	27 (3.1%)
	Indigenous	26 (3.0%)
	White	9 (1.0%)
	Unknown	322 (37.2%)
Socioeconomic status	Low	35 (4.1%)
	Lower-middle	152 (17.6%)
	Middle	426 (49.3%)
	Upper-middle	34 (3.9%)
	Unknown	217 (25.1%)

Table 2: Clinical Characteristics of the Participants

Variable	Category	n (%)
Arterial hypertension	Yes	305 (35.3%)
Diabetes	No	389 (45.0%)
Cushing's syndrome	No	407 (47.1%)
Osteoporosis	No	358 (41.4%)
Metabolic syndrome	No	314 (36.3%)
Nephrotic syndrome	Yes	344 (39.8%)
Nephritic syndrome	No	579 (67.0%)

Lupus nephritis predominated in young adults, while focal segmental glomerulosclerosis and membranous nephropathy were more common in older individuals. Most patients were women (56.8%), of mixed ethnicity (55.6%), and from middle socioeconomic strata (49.3%).

High rates of hypertension (35.3%) and nephrotic syndrome (39.8%) underscore the need for early detection and integrated management. Preliminary findings offer valuable insights into the epidemiology of glomerular diseases in Colombia.

Conclusion: REGLOCOL is the first national multicenter initiative to systematically characterize glomerular diseases in Colombia. Preliminary data show a distribution comparable to other Latin American countries, with regional variations reflecting the nation's epidemiological diversity. Primary glomerulopathies represented 70.7% of cases and secondary 29.3%, with lupus nephritis and focal segmental glomerulosclerosis being the most common. The predominance of young women and the high burden of autoimmune diseases highlight the need for early diagnosis and continuous monitoring. REGLOCOL stands as a crucial platform for research and epidemiological surveillance, with the potential to guide public health policies and strategies to reduce the burden of kidney disease in Colombia.

I have no potential conflict of interest to disclose.

I did not use generative AI and AI-assisted technologies in the writing process.

WCN26-6533

CLINICAL PREDICTORS AND OUTCOMES OF IMMUNOGLOBULIN A NEPHROPATHY VERSUS ALPORT SYNDROME: A RETROSPECTIVE COMPARATIVE COHORT STUDY

(Article No. 106268)

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Introduction: Immunoglobulin A Nephropathy (IgAN) and Alport syndrome (AS), particularly the autosomal dominant form of AS (ADAS), may present similarly with microscopic haematuria, proteinuria and preserved kidney function. While kidney biopsy and genetic testing are the gold standards for diagnosis of IgAN and AS respectively, both carry attendant risks and costs, making initial selection of the most appropriate diagnostic test challenging. Differentiating between IgAN and AS is hence clinically important but difficult.

We aim to compare the clinical characteristics and outcomes of patients with IgAN and AS presenting with similar clinical phenotypes, to identify potential clinical predictors that may distinguish between the two conditions, to guide the most appropriate initial diagnostic test.

Methods: We conducted a retrospective comparative cohort study with a case-control analytic approach using data from two existing cohorts: low-risk biopsy-proven IgAN patients (defined as estimated glomerular filtration rate $\geq$ 60 ml/min/1.73 m^2 and sub-nephrotic range proteinuria $<$ 3.5g/day) who were selected from the EXIST study, and genetically confirmed AS patients from the Clinical Implementation Pilot for Glomerular Diseases (CIP GLOM) cohort. Comparative analyses were performed between IgAN and (i) all AS patients, and (ii) those with ADAS. Predictors of IgAN were identified using univariable and multivariable logistic regression.

Results: We included 47 patients with low-risk IgAN and 36 with AS, of which the majority were autosomal dominant (n=27, 75.0%). AS patients were younger at recruitment (median 29.5 vs 48.2 years, p<0.001), and at time of initial disease presentation (median 15.5 vs 37.0 years, p<0.001). Hypertension and A3 albuminuria were significantly more common in IgAN than in AS (40.4% vs. 8.3%, p $<$ 0.001; 97.9% vs. 30.6%, p $<$ 0.001, respectively). Variables significant on univariable logistic regression analysis were included in the multivariable model, except age at recruitment (excluded for collinearity) and albuminuria (excluded due to model non-convergence). In the final multivariable logistic regression model predicting diagnosis, older age at presentation (OR 1.06, 95% CI 1.02-1.10, p<0.001) and presence of hypertension (OR 7.01, 95% CI 1.71-28.81, p=0.007) were associated with higher odds of IgAN compared to AS. Similar associations were observed when the model was restricted to comparison between IgAN and ADAS alone. There were no differences in the composite endpoint (development of kidney failure requiring kidney replacement therapy, a decline in estimated glomerular filtration rate (eGFR) to <15mL/min/1.73m2, or death) between both groups.

Conclusion: Patients with IgA Nephropathy were older at presentation and more likely to have hypertension compared to those with Alport syndrome, regardless of mode of inheritance. No difference in composite kidney and mortality outcomes were observed between the two groups of patients. These findings highlight the potential utility of integrating these clinical predictors in guiding diagnostic stratification