

PAGE CONTENTS

<u>NEW TAX</u> Deduction!!!

IgAN Foundation Formed

IGANF starts research with Stanford Med School

<u>Dallas Seminar on IgAN</u> <u>for Patients and</u> Parents

<u>New treatment from</u> the research community

SITE CONTENTS

Search the site

What's New

What is IgA Nephropathy?

IgAN E-Mail List subscriber information

Illustrated Kidney Function and IgAN

Kidney Disease in Perspective

Hypertension / High Blood Pressure

IgAN and Pregnancy

Current treatments for IgAN

Alternative Healthcare

Click here for the On-line IgAN

What's New

IgAN Foundation Formed

In February of 1998 the IgA Nephropathy Foundation (IgANF) was formed in the U.S.A. From the foundation articles of incorporation "The specific purposes for which this corporation is organized are to further scientific research, education, and public awareness relating to IgA Nephropathy with the goal of accelerating the search for a cure for this disease and reducing the physical and emotional damage to patients and their families."

You can learn more about the Foundation and how to help by going to the IgAN Foundation page.

January 1999

We have added some new content to the site. Look for the Understanding Medical Reports and Data page where you will find an excellent computer tool for tracking kidney function. This Excel Spreadsheet is great for doctor and patients. Jump to our <u>Understanding Medical Reports</u> and Data Page to see.

We also are in the process of adding a list of Doctors which our members/patients and members/doctors have asked for. The list is small but growing. See the listing and add your referrals by visiting the <u>Physician Referral Page</u>.

December 1998 - Finally some new content on the site. We have converted the site to a MS Front Page format and now have a search engine. More improvements will soon follow.

February 1998 - Researchers at Stanford Medical School join with the internet based research of the IGANF.

Our Internet based research project has received a big boost with the assistance of the Stanford School of Medicine where two MD researchers have asked to focus their research on IgAN by participating in formalizing our Internet research effort. This brings our efforts into the mainstream of modern medical research as pioneering use of the internet to facilitate formal medical research. Initially the Stanford collaboration will begin research protocols to investigate the effects of various treatment, genetic components, and sociological implications of IgAN.

Seminar on IgAN

IgA Nephropathy—30 Years Later

Internet Research Project Questionnaire	An Interactive Seminar for patients with IgAN and their families
Make a contribution to the IgA Nephropathy Foundation	Presented by The North American IgA Nephropathy Study Group and the IgA Nephropathy Foundation.
Physician referrals	Co-sponsored by Medical City Hospital at Dallas
Understanding Medical Reports and Data	National Institutes of Health (NIDDK) National Kidney Foundation of Texas Pronova Biocare
Literature and References	Purpose of the Seminar: To provide a review of the clinical and pathologic aspects of IgA Nephropathy, and to describe the treatment
Fish Oil Buyers Info	options currently available for patients with this disorder.
Kidney Health Organizations	Medical City Dallas Hospital, Saturday, May 23, 1998
Personal Stories	See our <u>on-line brochure</u> for more details. Reserve your place (attendance limited to 80) by calling 1-800-345-IGAN
Other Links	The seminar will be held at Columbia Hospital in Dallas at The
Coming soon!	Southwest Pediatric Nephrology research group is at Department of Clinical Research at Columbia Hospital at Medical City Dallas, 7777
Kids with IgAN	Forest Lane, Suite C727, Dallas, TX 75230 Call 1-800-345-IGAN.
Diet and Exercise	Volunteer Coordinator Needed
Continuing Education for Physicians	AS an important part of bringing the IgAN Home Page and Internet Research under an incorporated foundation umbrella is recognition that the Internet is a powerful tool for reaching people with interest in IgA Nephropathy. Our efforts will continue via improvement of the IgAN Home Page, expansion of the research efforts, and outreach to influential organizations. In order to be able to reach these goals we need to assemble a team of volunteers. If you are interested in making a commitment we need first a volunteer coordinator amongst other skills. Check the IgAN Foundation Page for more information.
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glomerulosclerosis (n = 1), and lupus nephritis (N = 2). Treatment with MMF 0.75 to 1.0 g twice daily, either as monotherapy or in combination with low-dose steroid treatment, resulted in substantial reductions in proteinuria or stabilization of serum creatinine. In relapsing patients following withdrawal from cyclosporin A, MMF achieved suppression of proteinuria equivalent to or better than that which occurred during cyclosporin A treatment. Steroids were successfully withdrawn in each of the non-lupus patients. MMF was well tolerated with no evidence of hematologic, hepatic, or other toxicity. These clinical anecdotes demonstrate the short-term clinical efficacy of MMF treatment. In addition, they suggest that MMF may have major steroid-sparing effects and might represent an alternative to cyclosporin A in appropriate patients.

Back to Top of Page

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