# Additional file 9. Record-level adjudication and reports that could not be retrieved

The adjudication of the records previously held only as rule output (one included, five excluded, two linked to entries already held) and the disposition of the three candidate reports that could not be obtained, with the retrieval attempts. Referred to in the Methods and the Results.

Date of this adjudication: 7 October 2026. Source ledger: S2 v5.27.

## Scope and status of this file

This file documents (A) the disposition of the eight records that had been carried with the review state auto_only (a rule output only, not individually verified), and (B) the three candidate reports that could not be obtained, which were **not assessed for eligibility**.

**Basis of the checks.** The evidence for each record is the record itself (title, abstract, journal, year and publication type) and, where used, the publicly available registry entry cited below. For these eight records the checks were made against the registry entry rather than the full text, and they are labelled accordingly; they are not reported as full-text checks. The three reports in section B were checked against the free sources listed there; the full texts were not obtained, no purchase was made and no author was contacted. The screening decisions reported in this file were independently repeated by the second author from the original records and the source publications.

**Units.** Records, reports and trial entries are counted at separate levels and are not interchangeable. The three reports in section B are counted separately from the 36 entry-level exclusions and entered no calculation.

## A. The eight records previously marked auto_only

| # | Record | Disposition | Basis |
|---|---|---|---|
| 1 | **Blisibimod** — BRIGHT-SC (NCT02062684; EU CTR 2014-001365-26). "Effects of Blisibimod, a Selective Inhibitor of B-Cell Activating Factor, in Patients with IgA Nephropathy." *J Am Soc Nephrol* 2016; conference abstract, interim results | **Included** (entry T90) | Randomised, double-blind, placebo-controlled phase 2 trial in adults with biopsy-proven primary IgA nephropathy (UPCR 1–6 g/g, eGFR >30 mL/min/1.73 m², on renin–angiotensin blockade); participants randomised to subcutaneous blisibimod 100 mg three times weekly for 8 weeks then 200 mg weekly, or placebo. The original abstract reports **end-stage renal disease in two participants, one in each arm** , and end-stage renal disease was pre-specified in the registered protocol. |
| 2 | **HSK39297** (NCT06670352). WCN'26 conference abstract; *Kidney Int Rep* 2026, doi:10.1016/j.ekir.2026.104480 | **Excluded** — no eligible outcome in this report | Randomised, double-blind, placebo-controlled phase 2 trial **reporting results to week 12** , with a planned randomised period of 24 weeks; eGFR was stable at week 12. The reported follow-up is below 12 months and no eligible progression event is reported. The registration link is retained; this is not a claim that the trial can never be eligible. |
| 3 | **HS-10542** . WCN'26 conference abstract | **Excluded** — population | Phase 1 pharmacokinetic and safety study in **healthy Chinese volunteers** , not in patients with primary IgA nephropathy. |

| # | Record | Disposition | Basis |
|---|---|---|---|
| 4 | **Narsoplimab** (MASP-2 inhibitor), long-term report. POS-107; *Kidney Int Rep* 2022, doi:10.1016/j.ekir.2022.01.119 | **Excluded** — long-term comparison not against the randomised control group | After the 12-week randomised period the study continued as an **open-label extension** ; the comparator for the approximately 22-month median long-term data was a **matched observational cohort (Leicester)** , not the original randomised control group. The randomised design cannot be transferred to the long-term comparison. |
| 5 | **ACTH gel** . "Treatment of resistant glomerular diseases with adrenocorticotropic hormone gel" (PMID 22722778) | **Excluded** — single-arm design | Open-label, **single-arm** study of 15 patients with mixed glomerular disease, of whom 5 had IgA nephropathy; there is no randomised control group. |
| 6 | **ASSIST** study-design abstract ( *Nephrol Dial Transplant* 2023;38(Suppl 1), doi:10.1093/ndt/gfad063c_4341) | **Linked to the existing entry T70** (no new entry) | The 2023 abstract is the design paper for the **ASSIST** trial (NCT05834738). The registry number quoted in that abstract, NCT04573920, is the **background AFFINITY** study, not this trial. The 2026 ASSIST randomised crossover results use 12-week treatment periods. The existing decision for T70 (excluded: 12-week treatment periods, no ≥12-month longitudinal eGFR) **stands** . The link rests on the trial name, the intervention, the SGLT2-inhibitor background and the crossover design, not on the drug name alone. |
| 7 | **Fostamatinib** , 2019 abstract ( *Kidney Int Rep* 2023;8(12):2546–2556, PMID 38106605) | **Linked to the existing entry T73** (no new entry) | The abstract reports NCT02112838, 76 participants, 24 weeks, two dose levels (100 mg and 150 mg) versus placebo — the same trial as the 2023 full report. The existing decision for T73 (excluded: 24-week treatment period, proteinuria primary endpoint, eGFR remained stable in all groups) **stands** . |
| 8 | **Corticosteroid therapy in IgA nephropathy with minimal-change-like changes** (PMID 23787555) | **Excluded** — single-arm design | **Single-arm** cohort of 27 patients, 12 weeks, with no randomised comparison. The presence of an NCT identifier does not make a study a randomised controlled trial. |

**Consequences.** One record was newly included (blisibimod, entry T90); five records were excluded; two records were linked to entries already held (T70, T73). No record now remains auto_only.

**Limits attached to the blisibimod entry.** The evidence for it is abstract-level. The abstract does not give the per-arm randomised denominators, the number of participants at risk, or the event times; the figure of 57 is the number of participants screened into the report and **cannot** be split into per-arm denominators, and the figure of 47 is the number followed for at least 6 months, not a per-arm randomised denominator. No odds ratio, risk ratio or hazard ratio is therefore computed for this trial, it enters **no** pooled analysis, and it appears in **no** forest plot. The 96-week time point in the abstract is a proteinuria time point and does not mean that every participant was followed for 96 weeks. If the review's stated policy admitted only full reports, this entry would have had to be set aside rather than given an exception; the policy was not changed for it, and its abstract-level status is labelled here and in Additional file 13.

## B. Reports that could not be retrieved

These three reports are carried in the ledger with full_text_status = "not_retrieved". For each, the abstract — including the full abstract where it was recovered — does not settle whether the trial met the outcome standard. They were not assessed for eligibility and were not included in the synthesis: no statement is made that any of them would have been ineligible, and equally they are not counted as included. They are recorded separately from the 36 entry-level exclusions and entered no calculation.

| Record | Full citation | What is held | What is missing | Retrieval attempts |
|---|---|---|---|---|
| **Lai 1986** | Lai KN, Lai FM, Ho CP, Chan KW. Corticosteroid therapy in IgA nephropathy with nephrotic syndrome: a long-term controlled trial. *Clin Nephrol.* 1986;26(4):174–180. **PMID 3536231** | Full abstract (Europe PMC; publication type includes "Randomized Controlled Trial"). Randomised, 34 patients with IgA nephropathy and nephrotic syndrome; prednisolone for 4 months versus no corticosteroid; mean follow-up 38 months (range 12–106). The abstract reports serum creatinine and creatinine clearance with no between-group difference and mentions impaired renal function. | Whether the impairment of renal function was defined by a **pre-specified threshold** , and whether any **eligible kidney-failure or progression event** was reported. The abstract's mention of renal-function impairment is not a defined endpoint; and the absence of a progression event from the abstract is not evidence that the full report did not report one. | Europe PMC (abstract only; not open access); Unpaywall (no open-access location); publisher page (paywalled); original four-database records. Full text not obtained. |
| **Kanno 2000** | Kanno Y, Okada H, Saruta T, Suzuki H. Blood pressure reduction associated with preservation of renal function in hypertensive patients with IgA nephropathy: a 3-year follow-up. *Clin Nephrol.* 2000;54(5):360–365. **PMID 11105796** | Full abstract (Europe PMC). 49 hypertensive patients with IgA nephropathy; 3 years; two blood-pressure targets (below 140/85 and below 130/70 mmHg). | The **allocation method** , and whether an **eligible progression event** or an **eligible eGFR outcome** was reported. The abstract does not state that the study was randomised; **the absence of a statement of randomisation is not evidence of non-randomisation** , and the abstract reports reductions in creatinine clearance without stating whether any threshold event was recorded. | Europe PMC (abstract only; not open access); Unpaywall (no open-access location); publisher page (paywalled); original four-database records. Full text not obtained. |
| **HCQ 2020** | Yu Y, Peng J, Zhou L, Chu L, Li J. Short-term and long-term efficacy, safety assessment and independent prognostic risk factors of hydroxychloroquine in the treatment of IgA nephropathy. *Acta Medica Mediterranea.* 2020;36(3):1345–1350. **DOI 10.19193/0393-6384_2020_3_208** | Published abstract. 139 patients (70 hydroxychloroquine, 69 control) stated to be randomly divided; hydroxychloroquine for six consecutive months; eGFR, 24-hour proteinuria and a "cumulative survival rate" reported. | Whether **eGFR follow-up extended to at least 12 months** , and whether the survival measure is a **kidney outcome** and how it is defined. Six months of treatment is not the total follow-up. | The journal's website is no longer available; the article is not indexed in PubMed or in Unpaywall; abstract located through a bibliographic record. No purchase and no author contact. Full text not obtained. |

## C. Accounting note

• The three reports in section B are carried in the ledger as **not retrieved, eligibility not assessed**, and are disclosed separately. They are **not** counted among the entries assessed or excluded, and they contribute to no effect estimate or synthesis.

• The number of reports for which the full text could not be retrieved is counted **at the report level** in the flow diagram; a trial count is not transferred from it. Because some of these records may be additional reports of trials already assessed, the number of records is not equated with a number of trials.

• The screening set is closed on the material available by 8 October 2026. No claim is made that every potentially eligible report has been assessed, and no claim is made that the three reports that could not be retrieved would have been ineligible.