

# A novel approach to induce early remission in high-risk primary membranous nephropathy

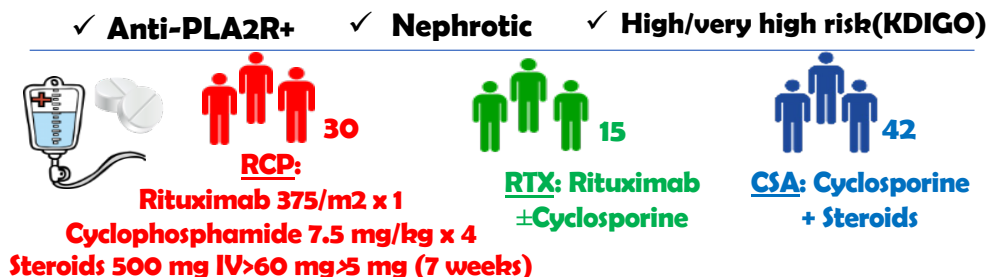
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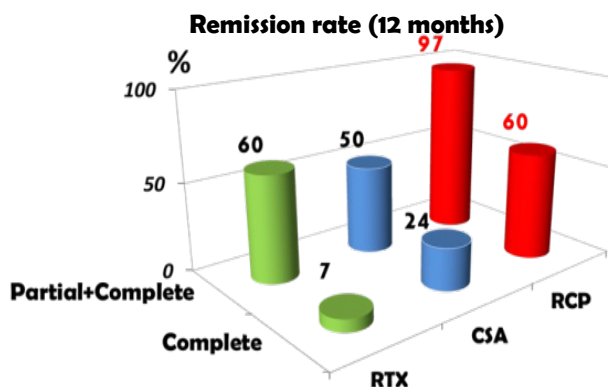
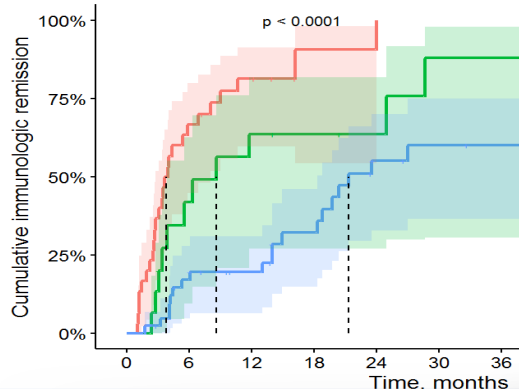
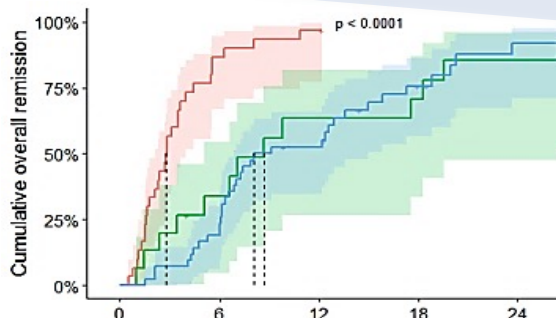
## Background and aim

- ✓ Irrespective of currently used treatments, up to 68% of patients with primary membranous nephropathy (PMN) failed to achieve remission.<sup>1</sup>
- ✓ Treatment failures increased in high-risk patients.<sup>2,3</sup>
- ✓ The study hypothesis: a combination of low-dose RTX, intravenous (IV) CYC, and quickly tapered prednisolone (RCP) is effective for the induction of early remission in high-risk PMN

## Design: Prospective single-arm with historic controls



## Outcomes

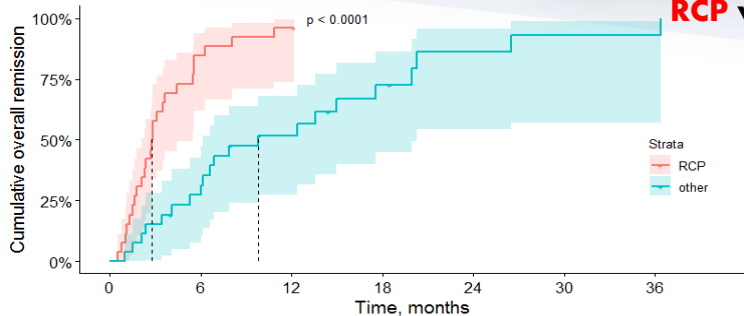


### The median time to remission (months)

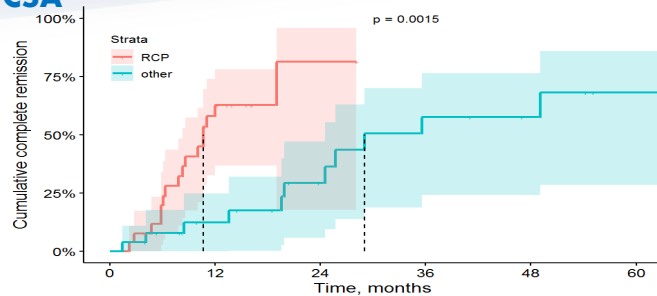
Partial + Complete			P	Complete			P
RTX	CSA	RCP	<0.001	RTX	CSA	RCP	<0.001
7.1	7.3	2.8		27.7	11.7	7.4	

## Propensity score matching (PSM)

RCP vs RTX or CSA



	0	6	12	18	24	30	36
RCP	26	4	1	0	0	0	0
other	26	18	10	5	2	1	1



	0	12	24	36	48	60
RCP	26	9	1	0	0	0
other	26	17	10	6	4	1

### Hazard ratios for remission (95% CI)

PSM approach	Partial + Complete	Complete
1:1	4.2 (2.1–8.3)	2.2 (1.6–10.6)
Inverse probability weighting	4.2 (2.4–7.6)	3.5 (1.8–6.5)

## Conclusion

The findings in our study suggest that the combination of RTX, CTX, and corticosteroids is an effective and safe therapy to induce remission in high-risk patients with primary membranous nephropathy

<sup>1</sup>Rojas-Rivera J et al. Drugs 2022. doi: 10.1007/s40265-021-01656-1

<sup>2</sup>Chen X et al. Ren Fail 2019. doi:10.1080/0886022X.2019.1605294; <sup>3</sup>van de Logt et al. Kidney Int Rep 2021. doi:10.1016/j.ekir.2021.04.002