RITUXIMAB THERAPY FOR PATIENTS WITH IDIOPATHIC MEMBRANOUS NEPHROPATHY RESISTANT TO CALCINEURIN INHIBITOR BASED THERAPY

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INTRODUCTION AND AIMS

Despite several studies proving rituximab's efficacy in improving outcomes of patients with idiopathic membranous nephropathy (IMN), its role in patients resistant to calcineurin inhibitor (CNI)-based regimens has not been well defined. The aim of this study is to assess the risks and benefits of rituximab in the treatment of IMN patients resistant to CNI based regimen.

METHODS

A total of 18 patients with IMN [12 (67%) male, mean age: 42±13 years] treated with rituximab after initial immunosuppressive therapy consisted of cyclosporine-A and prednisolone were evaluated. The patients were analyzed for a median follow up of 52.5 months (IQR 23-79) with serial monitoring of 24-h proteinuria, renal function and circulating CD19+ B cells. Complete remission (CR) is defined as urinary protein excretion (uPCR) <0.3 g/day accompanied by a normal serum albumin concentration, and a normal serum creatinine. Partial remission (PR) is defined as uPCR <3.5 g/day and a 50% or greater reduction from peak values accompanied by an improvement or normalization of the serum albumin concentration and stable serum creatinine.

RESULTS

The percentages of patients who achieved CR or PR were 11.1% (2 patients) and 38.9% (7 patients), respectively. The 24-h proteinuria was reduced significantly during the entire period of follow-up (from a baseline value of 6.1 to 3.7 g/day in the last visit; p=0.02), while serum albumin levels increased constantly (from a baseline value of 2.9 to 3.4 g/dL in the last observation; p=0.04). Renal function did not significantly change during the observation period. Circulating CD19+ B cells were reduced significantly from the baseline value to the 24-month value (p<0.01). During the follow up, one patient suffered from pneumonia and sepsis.

CONCLUSIONS

Recent studies suggested rituximab as a better first line treatment option for IMN than alkylating agents or CNIs regarding safety profile and remission rates. The present study showed the efficacy of second line rituximab treatment in Turkish cohort of IMN patients resistant to CNI based regimen.

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