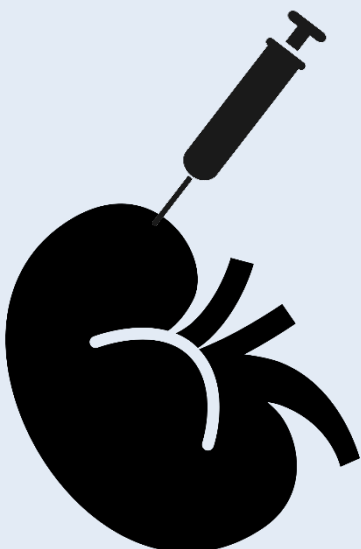
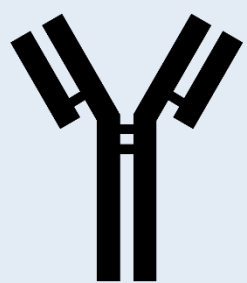


# Does the rituximab regimen influence remission rates in PLA2R1-related membranous nephropathy ?

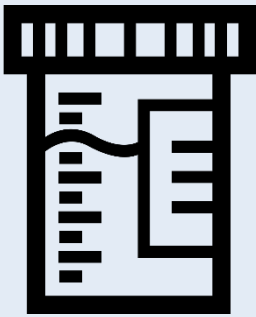
Retrospective analysis of data from 2 prospective cohorts









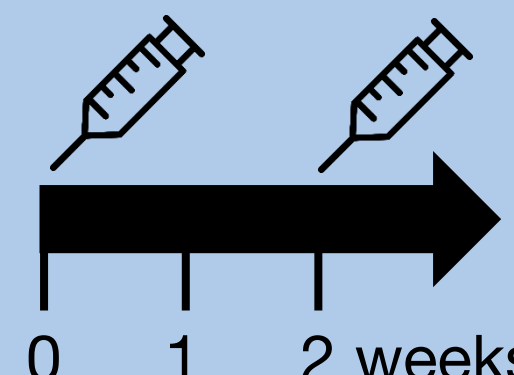
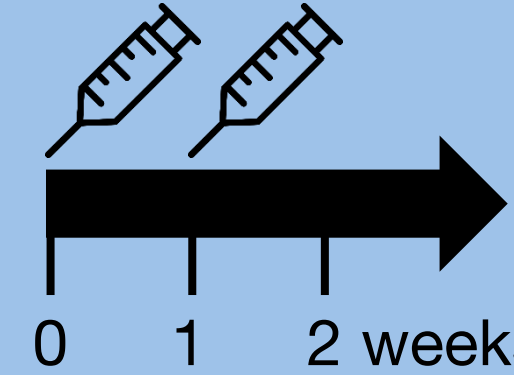
Biopsy-proven membranous nephropathy



Positive anti-PLA2R1 antibodies measured by ELISA



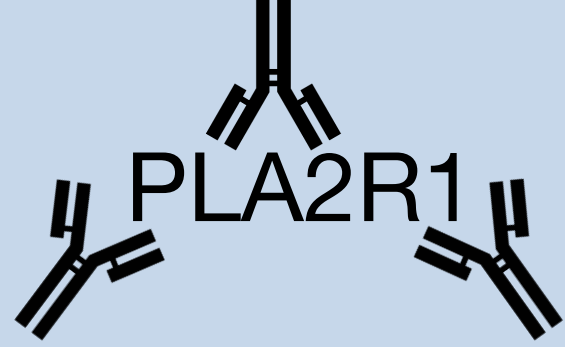
Persistent nephrotic proteinuria OR early deterioration of kidney function OR nephrotic complications

	 Rituximab regimen	 Remission-6 months	 Time to remission	 CD19-3 months	 Ritux level-3 months	 αPLA2R1 Ab-6 months
<b>NICE Cohort</b> N=28	 1g Q2wks x 2	<b>64%</b>	<b>3 months</b> [3; 9]	<b>0/mm<sup>3</sup></b> [0; 2]	<b>3.3 µg/L</b> [0; 10.8]	<b>0</b> [0; 8]
<b>GEMRITUX Cohort</b> N=27	 375mg/m <sup>2</sup> Qwk x 2	<b>30%</b>	<b>9 months</b> [6;12]	<b>16.5/mm<sup>3</sup></b> [2.5; 31]	<b>0 µg/L</b> [0; 0]	<b>16.5</b> [2.5; 31]

**Association with remission at 6 months (both cohorts)**



Higher rituximab level



Lack of epitope spreading

**Conclusions** Higher dose rituximab protocol is associated with more complete depletion of B-cells and higher rates of remission of PLA2R1-related membranous nephropathy. Lack of epitope spreading was associated with remission in both cohorts.

Barbara Seitz-Polski, Karine Dahan, Hanna Debiec, Alexandra Rousseau, et al. *High-dose Rituximab and Early Remission in PLA2R1-related Membranous Nephropathy*. CJASN doi: 10.2215/CJN.11791018. **Visual Abstract by Michelle Rheault, MD**