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Session Title : Glomerulonephritis 1

Session Topic : Status of Management for Glomerular Diseases

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Current and Future Prospects for Management of Membranous Nephropathy

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Current and Future Prospects for the Management of Membranous Nephropathy Good management of any disease including membranous nephropathy (MN) requires understanding its natural history. We will discuss pathology, biomarkers (past and present) including serum albumin, urinary protein EGFR but also PLA 2R and other antigens on MN's clinical course and their potential role in determining both current and future treatment targets and efficacy, The additional specific biomarkers, following the discovery of PLA 2R suggested we could categorize MN disease into primary (PLA 2R mediated) versus idiopathic or secondary types. This list includes not only PLA 2R but now also thrombospondin (THSD7A), and more recently NELL1, Sema3B, PCDH7 and Exostosin 1 and 2 associated MN. . Turning back to the natural history of this condition, the original descriptions from the 1960s-1970s has not changed dramatically and certain features of MN will be discussed that remains unique among the glomerular diseases. We have called in the past low risk patients i.e. nonnephrotic range proteinuria but now recognize the long-term dangers including cardiovascular risk and the use of the evolution of new conservative therapies may make this somewhat artificial division relevant. We will also discuss the opposite end of the spectrum and the current approach to identifying high risk of progression individuals. Lastly, we will review innovative approaches to immunosuppressive therapy. Including the use of complement inhibition as treatment as an important and safe potential addition. The timing, choice, and duration of therapy now and in the future will requires the acumen of the treating nephrologist but also the understanding their patient's unique characteristics including ensuring that the patient's voice is heard and that their understanding of the risks, benefits and economics has been considered in the MN management plan .

Keywords: Membranous Nephropathy, Natural History, New Therapies