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**Selective application of Initial steroid regimen in idiopathic steroid-sensitive nephrotic syndrome: the preliminary report of a prospective-multicenter study**

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**Objectives:** This prospective study was designed to confirm whether initial steroid therapy of a 4-week steroid regimen (standard therapy, ST) or a 6-week steroid regimen (long-term therapy, LT) could be selectively applied according to the time to remission in the first episode of nephrotic syndrome (NS).

**Methods:** A prospective study was conducted in pediatric patients aged 2 to 12 who were firstly diagnosed with NS at 7 university hospitals in South Korea. Patients were classified into three groups (early responder: ER, intermediate responder: IR, late responder: LR) based on the days from the start of steroid treatment to remission and were randomly assigned to a ST group and LT group through the block randomization method.

**Results:** Of the total 35 patients enrolled in this study, 17 were assigned to the ST group (ER: 7, IR: 6, LR: 4) and 18 to the LT group (ER: 5, IR: 12, LR: 1). The male to female ratio of all patients was 26:9 and mean age at diagnosis was 6.9 years. The baseline characteristics between the ST and LT group were similar and the days to remission after start of steroid treatment were also similar at  $10.3 \pm 5.1$  and  $9.7 \pm 2.3$  days. Duration to the first relapse after initial diagnosis in ST and LT group were  $4.6 \pm 3.1$  and  $5.1 \pm 4.5$  months and frequency of relapses during the first 12/24 months was  $1.9 \pm 2.3/3.2 \pm 5.4$  (ST) and  $0.8 \pm 2.3/2.2 \pm 2.3$  times (LT), respectively. In ER and IR groups, there was no significant difference in relapse-free period and frequency of relapse between ST and LT.

**Conclusions:** We found that ST in NS patients, which achieved the first remission within 2 weeks after the start of steroid therapy, did not have a higher relapse rate and shorter relapse-free period than LT.