

**Harvard Medical School Department of
Continuing Education and the Renal Division
of Brigham and Women's Hospital**



Nephrology Rounds
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Recent Advances in Membranous Nephropathy

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Objectives:

This issue of *Nephrology Rounds* will help the reader to critically review:

- The pathogenesis of idiopathic membranous nephropathy (MN)
- Features that distinguish idiopathic from secondary forms of MN
- The prognosis of MN
- Standard and alternative options for immunosuppressive treatment

Questions:

1. A young woman with a biopsy finding of MN, but no detectable anti-nuclear antibodies, cannot have lupus-associated MN.

True False

2. The target antigen in human idiopathic nephropathy has been identified as megalin, a transmembrane protein located on the podocyte foot process.

True False

3. Females and those with subnephrotic levels of proteinuria are more likely to undergo a spontaneous remission than males or those with severe proteinuria.

True False

4. Due to the uniformly poor prognosis for renal survival in MN, immunosuppressive therapy should be instituted within 6 months or less.

True False

5. Immunoglobulin (Ig) G4 is the predominant IgG subclass detected within the immune deposits of idiopathic MN.

True False

6. Lupus-associated MN can often be distinguished from its idiopathic counterpart by the biopsy finding of mesangial and/or subendothelial deposits in the former.

True False

7. Treatment with corticosteroid monotherapy is a reasonable first step in the treatment of a patient with idiopathic MN who persistently has >8 g of proteinuria daily.

True False

8. Rituximab and mycophenolate are promising agents for the treatment of MN, but little long term data exists as to their effect on renal survival.

True False

9. Given the risk of severe adverse effects, alkylating agents such as cyclophosphamide are no longer recommended as an option for immunosuppression in idiopathic MN.

True False

10. Asian patients with MN have a tendency to rapidly progress to end-stage kidney disease.

True False

11. This issue of *Nephrology Rounds* adequately addressed the topic, and the data and discussion were fair and balanced.

AGREE DISAGREE

12. Potential conflicts of interest disclosed by the author on the back page were properly expressed.

AGREE DISAGREE

13. The information presented in this issue of *Nephrology Rounds* will increase my clinical knowledge and improve the care of my patients.

AGREE DISAGREE

14. *Nephrology Rounds* from Brigham and Women's Hospital and Harvard Medical School is an effective CME program.

AGREE DISAGREE

Comments/Topic Suggestions: _____

To receive AMA category 1 credit, you must correctly answer 60% of questions 1-10, and answer 11-14.

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