

## **PROGNOSIS AND OUTCOME IN PATIENTS WITH PRIMARY MEMBRANOUS NEPHROPATHY**

### **PROJECT DESCRIPTION**

Membranous nephropathy (MN) is the most common cause of nephrotic syndrome. The natural history is variable, approximately 50% of patients developing remission, whereas 50% of patients develop ESRD. Although alkylating agents reduce ESRD risk by 80%, their use is associated with high toxicity. Alternative therapies are used, such as rituximab and tacrolimus, but have not been tested against cyclophosphamide. There is a unmet need to develop strategies based on prognostic and predictive biomarkers to allow optimized, individualized therapy for MN. Serum creatinine and proteinuria are not very accurate. Thus, we need more information on useful prognostic and predictive biomarkers, and also need comparative studies between currently use treatment modalities (and potential new agents such as bortezomib).

In 2009 measurement of antibodies against PLA2R was introduced, and initial data suggested that quantitative analysis might provide information on prognosis and treatment response. In rare diseases, comparative effectiveness studies using prospectively collected data could allow meaningful conclusions about safety and effectiveness. In 2012 Centers from Paris, Manchester, Nijmegen, and Prague started a registry which contains data of > 400 patients with MN. The goal is enlarge this registry, in collaboration with adult expert centers who participate in ERKnet.

The goals of the project are:

1. To enlarge the registry and add PLA2Rab data, using stored biobank samples when available, and obtain detailed information on treatment and outcome.
2. To identify clinical and laboratory characteristics that allow to predict outcome.
3. To compare different treatment regimens using adjusted analyses/propensity scoring.
4. To evaluate treatment response to off-label used therapies such as Bortezomib and daratumumab.
5. Extension of the registry to include patients with MN after kidney transplantation, and evaluate risk of recurrence, predictive factors, and outcome with therapy

The research fellow will be responsible for the coordination between centers, to optimize the database, aid in retrieving the relevant biomarker data, analyse the data and write a final report.

### **DETAILS OF THE FELLOWSHIP**

1. **Duration of the fellowship:** 12 months
2. **Location of the hosting centre:**  
Department of Nephrology 464  
Geert Grooteplein Zuid 8

6525 GA Nijmegen, The Netherlands

Phone: +31243614761

Contact person for administrative issues:

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### **3. Principal Investigator and Supervisor of the project:**

Jack .F.M. Wetzels, Prof.

### **4. Start of the fellowship: January 2021**

### **5. Qualifications and/or expertise required:**

Able to speak and write in English

Study in medicine or biomedical sciences

Experience with statistical data analysis

Proven expertise in research in the field of nephrology, auto-immune diseases is preferred.

Being a team-player, with societal skills.

### **GRANTED AMOUNT**

EUR 39,000