

Chronic Kidney Disease

@ckd_ce on Twitter



Long-Term Response to Rituximab vs
Tacrolimus in Children with Steroid-
Dependent Nephrotic Syndrome

@CKD_ce  · Apr 15, 2024



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 Tweetorial Alert 


1) Hey [#NephTwitter](#)!

Welcome to a  [#accredited](#) [#tweetorial](#) brought to you by the collaboration of [@ckd_ce](#) & [@KIReports](#).

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2) Our returning guest author is Melvin Chan [@MChanMD](#) from [@CUPedsNeph](#).

Our topic for  [CE/#CME](#) : Early Rituximab as an Add-On Therapy in Children with the Initial Episode of Nephrotic Syndrome

[#MedTwitter](#) [#nephtwitter](#) [@ISNkidneycare](#)



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3) There are no conflicts of interest and there is no industry funding for this program.

Please also check out, for more  credit, the [#blogposts](#) led by [@sophia_kidney](#) at kireportscommunity.org.

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4) Let's begin with a quiz: How many pediatric patients with steroid-sensitive [#nephrotic](#) syndrome relapse within

with steroid-sensitive nephrotic syndrome relapses within the first year after initial steroid therapy?

- | | |
|---------------|--------------|
| a. 10% | 0% |
| b. 20% | 0% |
| c. 30% | 66.3% |
| d. 40% | 33.7% |

300 votes · Final results

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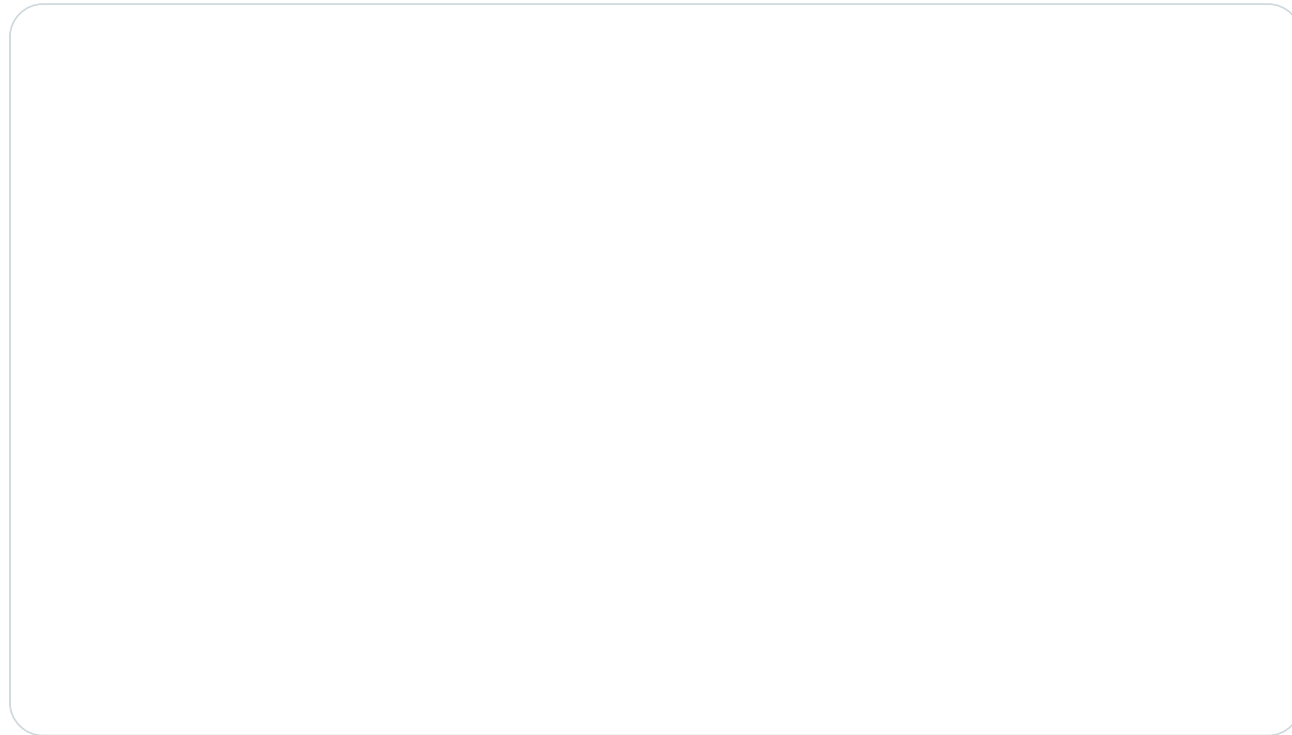
5) The answer is 30%.

⚡ Almost half of these end up [#FRNS/#SDNS](#)

⚡ Relapse frequency during the first 12 months predicts adulthood relapses

⚡ [#Rituximab](#) (RTX) seems to be superior to [#tacrolimus](#) for SDNS in  relapses as demonstrated in the [@KIReports](#) article below

by [@deniise_am](#)



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6) One question is whether [#RTX](#) infusion, after obtaining remission with steroids, can decrease remission during the first year

We will review the recent article in [@KIReports](#): Early RTX as an Add-On Therapy in Children With the Initial Episode

of NS



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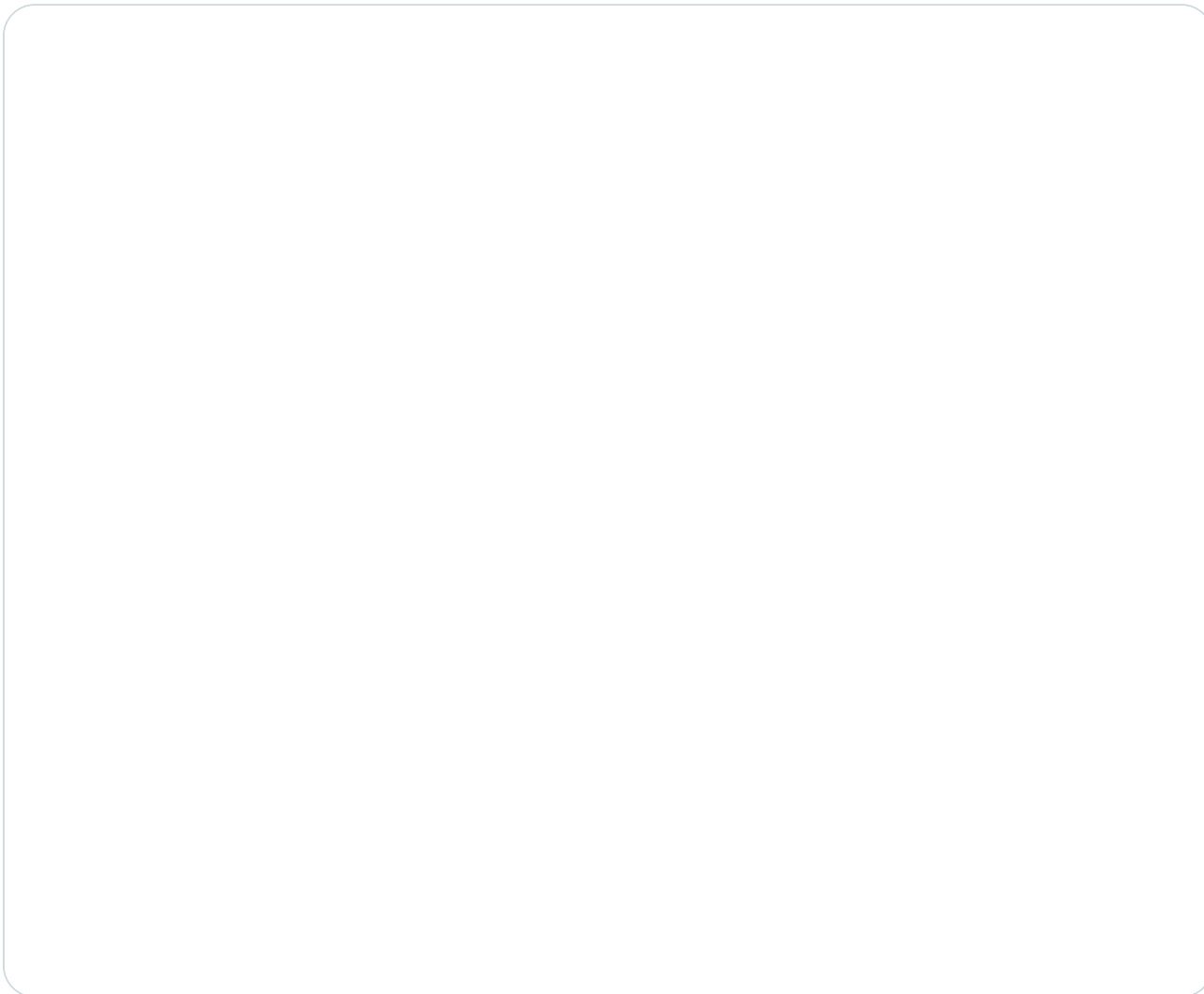
7) Here are frequently used definitions in nephrotic syndrome (NS):

- ▶ Remission
- ▶ Relapse
- ▶ Steroid-sensitive (SSNS)
- ▶ Non-relapsing (NRNS)
- ▶ Frequently relapsing (FRNS)

▶ Steroid-dependent (SDNS)

▶ Steroid resistant (SRNS)



👉 🔒 pubmed.ncbi.nlm.nih.gov/27940460/



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8) We discuss here a

 Prospective, multicenter, open-label, single-arm clinical trial conducted at 8  

▶ Control Group: Historical pts who rec'd 8wks or 12-14wks steroid therapy depending on remission time

▶ Treatment Group: See inclusion/exclusion; followed this protocol:

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9)

Inclusion

👉 Patients aged 1-18 years old with [#SSNS](#)

👉 Underwent steroid therapy during a 1 month run-in period and achieved remission

👉 [#CD20](#) \geq 1% total lymphocytes

Exclusion:

- 🚫 Secondary forms of NS
- 🚫 Active infection
- 🚫 Live vaccination a month before enrollment

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10) Primary Outcome: 1 year relapse-free rates

Secondary Outcomes:

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11) Clinical characteristics

📍 33 in control and 43 in treatment groups


🚫 difference in gender, age at diagnosis, days to remission, renal function

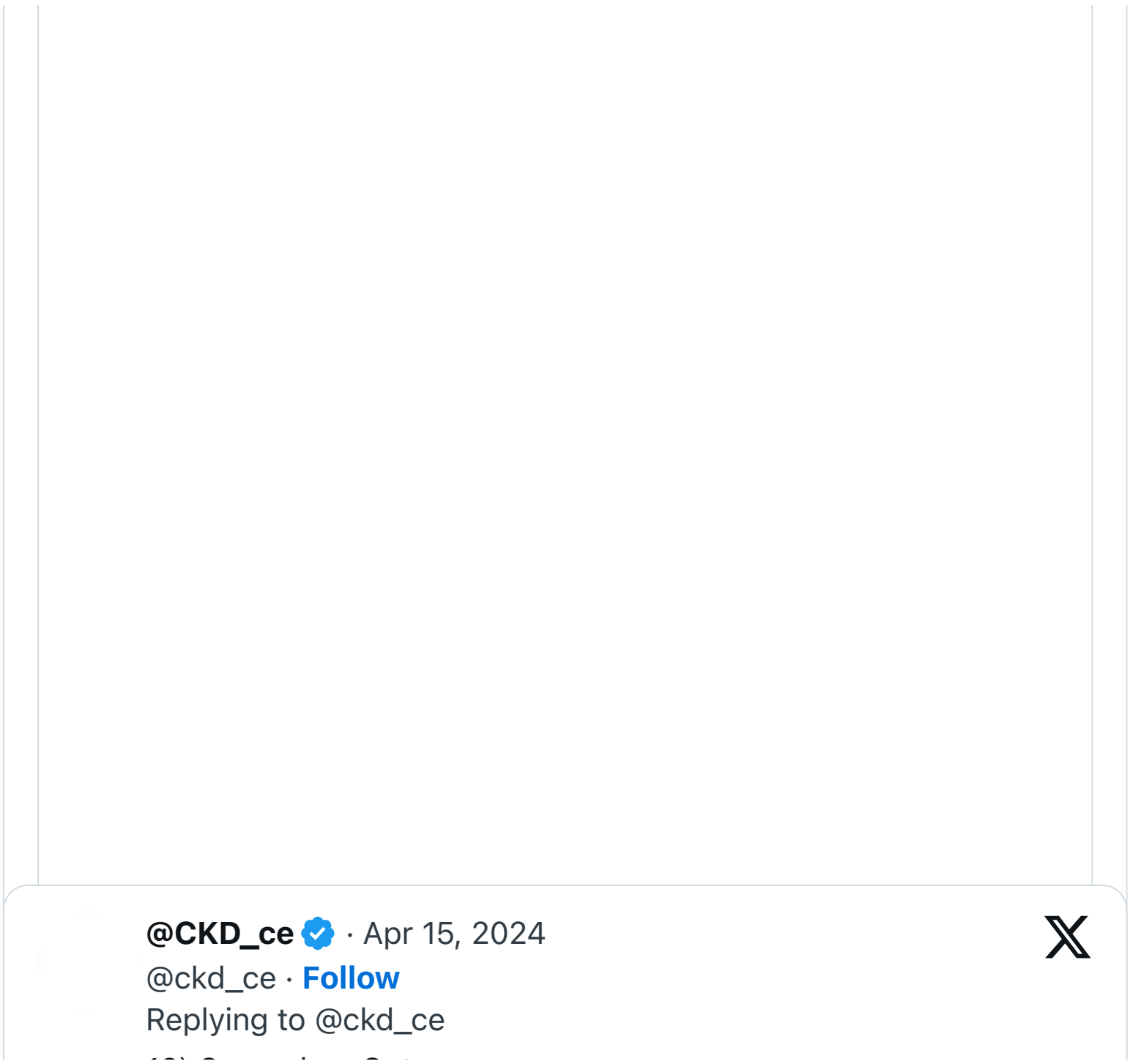
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12) Primary Outcome

 74% of patients remained in remission

 differences in response based on sex, age at onset (≥ 4 years or < 4 years), or days to remission (≥ 10 days or $10 < \text{days}$).



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13) Secondary Outcomes



- For treatment group, the median time to relapse was 123 days.
- ● 6 month relapse-free survival rate was higher in treatment than control (HR, 3.37; 95% CI, 1.44–7.86)
- ● ● No significant predictors for relapse in treatment group

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14) Exploratory Outcomes

 Lower incidence of frequently relapsing or steroid dependent [#nephrotic](#) syndrome at 12-month follow-up compared to controls (11.6% vs 42.4%, $p=0.002$)

  Improved 2 year relapse-free survival

16) Learning Points for Using [#Rituximab](#) at time of NS Onset

💡 Improved rates of remission at 1 year follow-up
💡 Decreased rates of FRNS/SDNS
💡 Well tolerated
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17) Strengths of this study

 Largest clinical trial on rituximab at onset of NS

 Standardized protocols

Limitations

 Single arm design

 Use of post-hoc analysis in the exploratory outcomes

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18) Future Directions

 A trial enrolling patients with higher risk of FRNS/SDNS

 A randomized control trial involving pediatric patients.

(There is one underway but only includes adults:

clinicaltrials.gov/study/NCT03970...)

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19a) Now, let's see if you learned something!

How many patients in the control compared to treatment group experienced relapse during the first year?

=	0%
2 times	50.5%
3 times	24.5%
4 times	25%

396 votes · Final results

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19b) The answer is 2 times

What were the other conclusions from this study?

- 2 year relapses
- rates of FRNS/SDNS

- c. RTX was safe
- d. All of the above

a	16.3%
b	16.8%
c	16.4%
d	50.5%

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19b) The answer is 2 times

What were the other conclusions from this study?

- a. 2 year relapses
- b. rates of FRNS/SDNS

- c. RTX was safe
- d. All of the above

a	16.3%
b	16.8%
c	16.4%
d	50.5%

596 votes · Final results

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20) The answer is D. You just earned 0.5hr CE/CME!
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Thank you to [@MChenMD](#) for authoring & [@GeekieKidney](#)

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What best describes your title? *

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PA

—

- PharmD/RPh
- Respiratory Therapist
- Non-Clinician Research Coordinator
- Other

If MD/DO

- nephrologist
- endocrinologist
- cardiologist (heart failure)
- cardiologist (lipid/vascular)
- cardiologist (interventional)
- cardiologist (general)
- emergency medicine specialist
- critical care specialist
- hospitalist
- other internist

- primary care provider
- industry
- Other

If RN/NP

- NPP
- ICU
- cath lab
- ward
- clinic
- academic
- industry
- Other

If PharmD

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- hospital/health system-based
- community
- academic
- industry
- Other

Where are you based?

- EU/GB
- Canada
- USA
- Latin America
- Australia/NZ
- Asia

How did you FIRST hear about our tweetorials?

- found it on Twitter searching in subject area

- found it on twitter searching for CE/CME
- found it on Twitter by following individual influencer
- found it on Twitter by following institutional influencer
- from LinkedIn

How many years have you been in practice?

How many patients per month do you typically see with the disease addressed in this tweetorial?

1. In the reviewed article, how many patients in the control compared to treatment group experienced relapse of nephrotic syndrome during the first year? *

- a. roughly the same
- b. 2x
- c. 3x
- d. 4x

2. Did you follow the entire tweetorial? *

- Yes
- No

3. Did you find this to be an effective learning tool? *

- Yes
- No

4. On a scale of 1 to 5, how applicable to your clinical practice was the material in this tweetorial? *

1

Not At All
Pertinent

2

3

4

5

Extremely
Pertinent

5. How will this program change your practice? *

- Not pertinent to my practice
- Reinforces my practice
- Makes me want additional education
- Will change my practice



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