

## **Renal unit protocol for treatment of Primary Focal Segmental Glomerulosclerosis (FSGS)**

Patients with primary FSGS and nephrotic range proteinuria, who are treated with corticosteroids, are more likely to enter remission than those who are not treated. Remission rates of up to 80% can be achieved with prolonged treatment, and remission is an independent predictor of survival off dialysis. Patients who do not achieve remission have a poor prognosis (remission in a Glasgow series was associated with a 5-year survival off dialysis of 94%, compared with 53% if remission was not achieved). Although less responsive than minimal change disease, primary FGS appears to respond to steroids, though a more prolonged course than in minimal change disease is usually required to induce remission.

For the treatment of steroid-resistant or relapsing disease, cyclosporine is most commonly used, and other agents, including cyclophosphamide, tacrolimus, mycophenolate, and sirolimus, have been tried in a small number of cases (plus case reports in children of rituximab).

### **Once renal biopsy confirms FSGS,**

1. commence ACE/ARB/Direct renin inhibitor, targeting BP < 125/75 mmHg
2. add simvastatin targeting cholesterol < 4
3. add aspirin 75 mg od
4. anticoagulate with warfarin if albumin < 20

Discuss further treatment of primary FSGS with immunosuppression with responsible consultant nephrologist:

1. High dose steroids, given as prednisolone 2mg/kg alternate days. (N.B. Check glucose weekly after commencing.)
2. Continue steroid therapy for a total of 12 weeks before labelling as steroid resistant
3. Once proteinuria reduces (partial response) or vanishes (complete remission), reduce steroid dose over the next 2 to 3 months
4. If there is still significant proteinuria (PC/R > 300, proteinuria ++++) consider adding alternative immunosuppression such as Neoral, as for minimal change GN (see [protocol](#)).
5. Consider plasmapheresis (or immunoadsorption) for sudden onset severely nephrotic primary FSGS or recurrence post transplant.

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