

3.2 Prognosis

Practice Point 3.2.1: In patients with MN, use clinical and laboratory criteria to assess the risk of progressive loss of kidney function (Figure 30).

Figure 30 | Clinical criteria for assessing risk of progressive loss of kidney function. eGFR and PCR are used in routine clinical care. Other biomarkers may not be available in all centers; this table provides an overview of useful biomarkers. ^aMost studies have used serum creatinine (SCr) values to guide management, and SCr values >1.5 mg/dl (133 μ mol/l) are often used to define kidney insufficiency. An eGFR value of 60 ml/min per 1.73 m² defines kidney insufficiency in a young adult. It is important to realize that eGFR decreases with age, and an SCr value of 1.5 mg/dl (133 μ mol/l) reflects an eGFR of 50 ml/min per 1.73 m² in a 60-year-old male patient and 37 ml/min per 1.73 m² in a 60-year-old female patient. Thus, when using eGFR in risk estimation, age should be taken into account. [†]Serum albumin should be measured by BCP or immunometric assay. [‡]Cutoff values are not validated. Anti-PLA2R antibodies should be measured at 3-to-6-month intervals, the shorter interval being performed in patients with high anti-PLA2R antibodies levels at baseline. Changes in anti-PLA2R antibodies levels during follow-up likely add to risk estimation. Disappearance of anti-PLA2R antibodies precedes clinical remission and should lead to refraining from additional therapy. Detailed data are lacking. [§]Selectivity index is calculated as clearance of IgG/clearance of albumin. ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin II receptor blocker; BCP, bromocresol purple; eGFR, estimated glomerular filtration rate; IgG, immunoglobulin G; PLA2Rab, antibodies against the M-type phospholipase A2 receptor.