

## ESPN survey on current practice regarding recurrent focal-segmental glomerulosclerosis after pediatric kidney transplantation.

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### Background:

Primary focal-segmental glomerulosclerosis (FSGS) is an important cause of end-stage renal failure in pediatric patients. The post-transplantation recurrence risk of non-genetic FSGS is high and is associated with an increased risk of early graft loss. No clear treatment guidelines for FSGS recurrence currently exist.

### Methods:

We investigated current practice through a web-based survey sent to all members of the European Society of Pediatric Nephrology (ESPN).

### Results (1):

A total of 59 responders reported a total number of 807 FSGS patients that underwent transplantation. FSGS recurred in 240 (29.7%) patients after transplantation.

Country	Response	FSGS patients	FSGS patients per year	FSGS recurrences per year	Country	Response	FSGS patients	FSGS patients per year	FSGS recurrences per year
Australia	1	3	0.17	0.11	Japan	1	2	0.12	0
Belarus	1	8	0.89	0.44	Lithuania	1	11	0.85	0.29
Bulgaria	1	3	0.21	0	Macedonia	1	3	0.17	0.11
Canada	1	4	0.29	0.40	Netherlands	2	5	1.31	1.19
Colombia	1	19	0.95	0.80	Norway	1	6	0.43	NA
Croatia	2	28	0.43	0.26	Poland	1	130	3.82	0.26
Czech Republic	1	12	0.67	NA	Romania	1	5	0.46	0.50
Denmark	1	4	0.20	0.05	Saudi Arabia	1	5	1.00	0.05
France	8	159	1.26	0.65	Slovenia	1	3	NA	NA
Germany	3	14	0.97	0.43	South Korea	1	5	0.28	0.17
Greece	3	2	0.20	0	South Africa	1	20	2.00	0.20
Hungary	1	6	0.75	0.25	Spain	1	NA	NA	NA
Iran	2	28	1.88	1.00	Sweden	1	9	0.50	0.11
Ireland	1	5	0.31	0.19	Turkey	6	205	1.49	0.19
Israel	1	8	0.44	NA	United Kingdom	3	5	1.00	1.00
Italy	8	168	1.10	0.26	NA = Not available				

### Results (2):

Fig1. Nephrectomy native kidneys (left) and choice of donor (right)

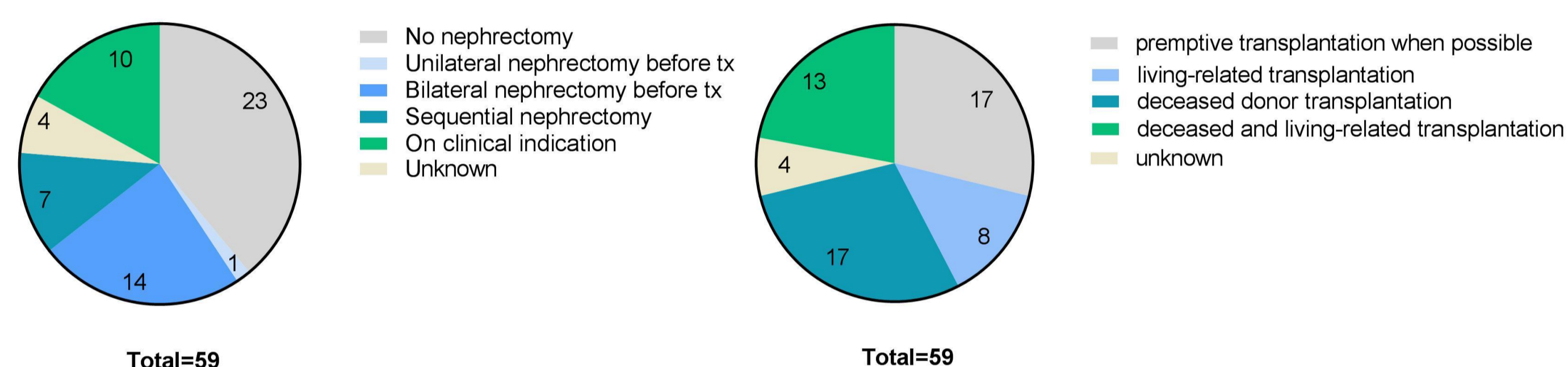


Fig2. Preventive treatment before transplantation

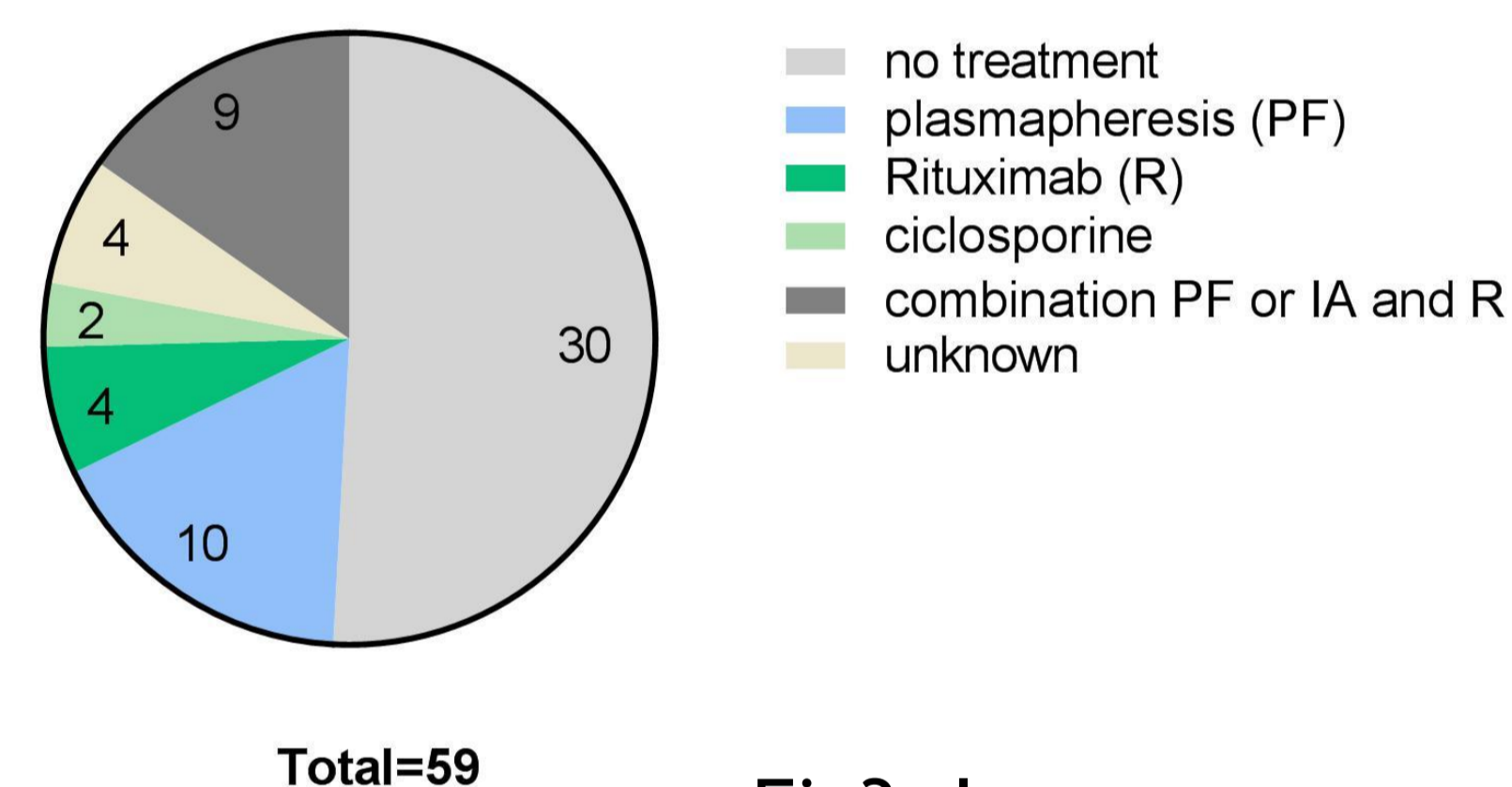


Fig3. Immunosuppression without (left) and with mutation (right)

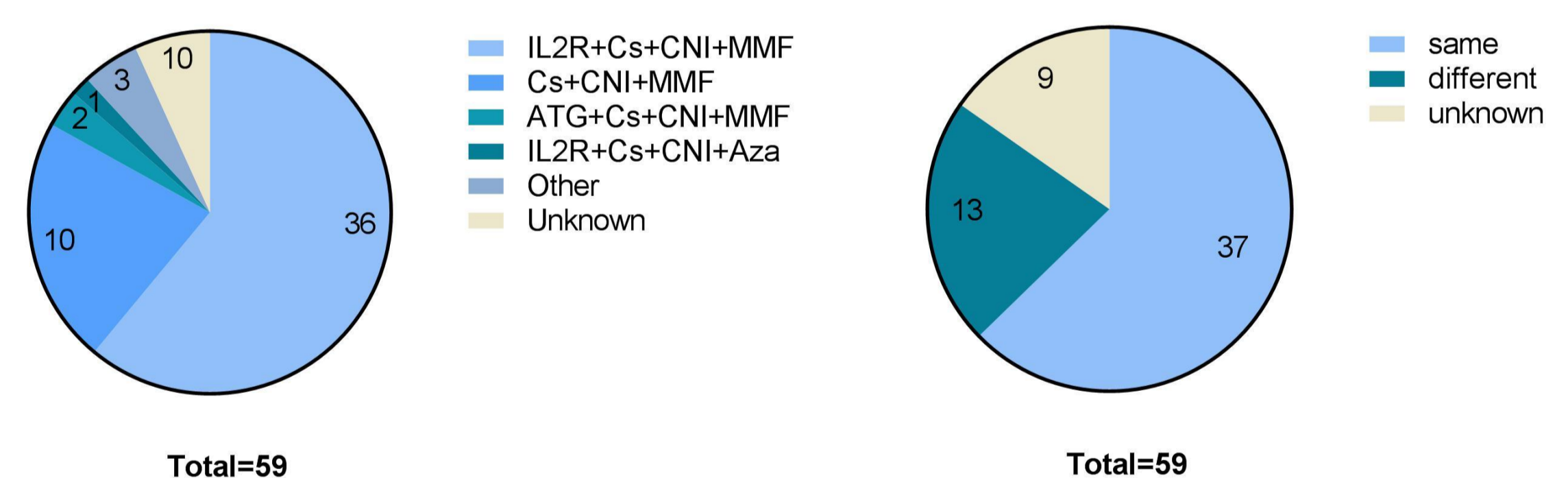
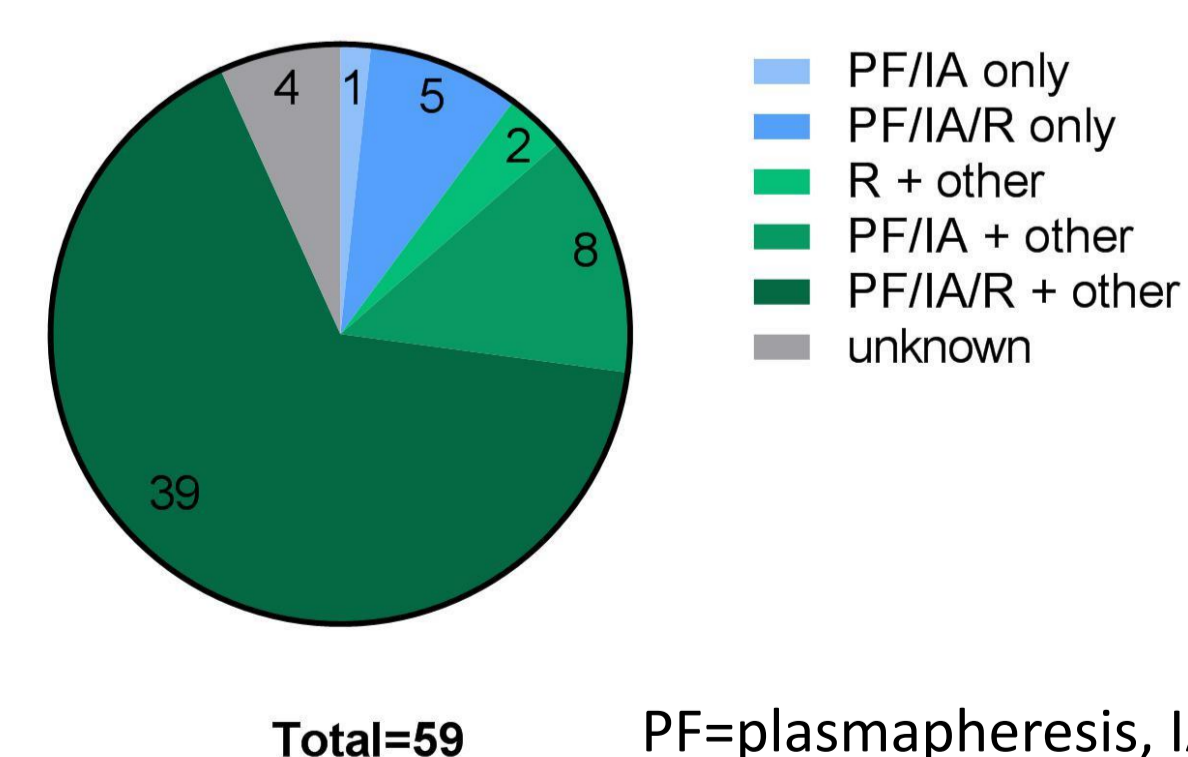


Fig 4. Treatment of FSGS recurrence post-tx



PF=plasmapheresis, IA = immunoadsorption, R=Rituximab

In conclusion, this survey gives insight into the variation of current practices for the treatment of FSGS and its recurrence after transplantation. A retrospective analysis of the incidence, renal histopathology, genetics, treatment and outcome of FSGS and its recurrence after transplantation in all participating centers from this survey will help guideline development.