

## Correction

William G. Couser. Primary Membranous Nephropathy. CJASN June 07, 2017 12: (6) 983–997; published ahead of print May 26, 2017, doi:10.2215/CJN.11761116.

Due to author error, two doses were incorrectly reported in Table 6 of the above referenced article. The doses in the text are correct. The correct doses for Table 6 are:

1. The dose of Rituximab is 375 mg/M<sup>2</sup>.
2. The dose of Prednisone with Cyclosporin is 5–10 mg.

Published online ahead of print. Publication date available at [www.cjasn.org](http://www.cjasn.org).

**Table 6. Summary of the most common IST protocols for treating patients with primary membranous nephropathy (56–60,93)**

IST Regimen	Drug, Dose	Comments
<b>Cytotoxic drugs</b>		KDIGO first choice
Modified Ponticelli	Months 1, 3, 5: 1 g methylprednisolone iv on days 1, 2, and 3 followed by oral prednisone, 0.5 mg/kg daily for 27 d	Monitor Uprotein and WBC weekly ×8, then every 2 mo; daily oral prednisone and cyclophosphamide may have similar efficacy. Increased risk of malignancy above 36 g
Dutch protocol	Months 2, 4, 6: 2.0–2.5 mg/kg oral cyclophosphamide daily Months 1, 3, 5: 1 g MP days 1–3 followed by oral prednisone, 0.5–1.0 mg/kg for 6 mo, then taper Oral cyclophosphamide, 1.5–2.0 mg/kg daily for 12 mo	Relapse rate 20%–30% Same as above
<b>CNIs</b>		KDIGO second choice
Cyclosporin	3.5–5.0 mg/kg daily in divided doses adjusted to level of 120–200 μg/L for 12–18 mo and tapered Prednisone 5–10 mg daily or alt days	Used in patients resistant to cytotoxic drugs but can be used as initial therapy. Taper slowly Discontinue at 6 mo if no response Relapse rate 40%–50%
Tacrolimus	0.05–0.075 mg/kg daily in two divided doses adjusted to level of 3–5 μg/L for 12–18 mo and taper slowly Prednisone 5–10 mg/kg per day daily or alt days	Same as above Preferable in young women
<b>B cell depletion</b>		Used for patients resistant to cytotoxic drugs or CNIs
Rituximab	375 mg/M <sup>2</sup> weekly times 4 375 mg/M <sup>2</sup> once and follow CD20 counts 1000 mg on days 1 and 15	Utility as initial therapy not yet established by RCTs Follow CD20 counts and repeat dose if counts rise before remission in proteinuria or relapse occurs
<b>ACTH</b>		
Tetracosactrin (Synacthen) (synthetic)	1 mg IM every 2 wk for 6–12 mo	
Corticotropin (ACTHAR) (purified)	80 U IM every 2 wk for 6–12 mo	

IST, immunosuppressive therapy; KDIGO, Kidney Disease Improving Global Outcomes; WBC, white blood cells; MP, methylprednisolone; CNI, calcineurin inhibitor; alt, alternate; RCT, randomized controlled trial; ACTH, adrenocorticotropic hormone; IM, intramuscular.