Erratum

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^2.
2. The dose of Prednisone with Cyclosporin is 5–10 mg.

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

IST Regimen	Drug, Dose	Comments
Cytotoxic drugs		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
	Months 2, 4, 6: 2.0–2.5 mg/kg oral cyclophosphamide daily	Relapse rate 20%–30%
Dutch protocol	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	Same as above
CNIs		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 cell depletion		Used for patients resistant to cytotoxic drugs or CNIs Utility as initial therapy not yet established by RCTs
Rituximab	375 mg/M^2 weekly times 4 375 mg/M^2 once and follow CD20 counts 1000 mg on days 1 and 15	Follow CD20 counts and repeat dose if counts rise before remission in proteinuria or relapse occurs
ACTH		
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, adrenocorticotrophic hormone; IM, intramuscular.

