



Complete Summary

GUIDELINE TITLE

Treatment of secondary membranous nephropathy.

BIBLIOGRAPHIC SOURCE(S)

Thomas M. Treatment of secondary membranous nephropathy. *Nephrology* 2006 Apr;11(S1):S170-1.

Thomas M. Treatment of secondary membranous nephropathy. Westmead NSW (Australia): CARI - Caring for Australians with Renal Impairment; 2005 Sep. 3 p. [5 references]

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

- Chronic kidney disease
- Secondary membranous nephropathy

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nephrology
Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To evaluate the available clinical evidence pertaining to the impact of specific interventions on kidney function in patients with secondary membranous glomerulonephritis

TARGET POPULATION

Adults and children with membranous glomerulonephritis

INTERVENTIONS AND PRACTICES CONSIDERED

Identification and removal of underlying causes of membranous glomerulonephritis were considered but not recommended.

MAJOR OUTCOMES CONSIDERED

- Remission of membranous glomerulonephritis
- Progression of kidney disease
- Proteinuria

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Databases searched: Medical Subject Heading (MeSH) terms and text words for secondary membranous nephropathy. This search was carried out in Medline (1966 to September Week 1 2004). The Cochrane Renal Group Trials Register was also searched for trials of membranous nephropathy not indexed in Medline.

Date of searches: 9 September 2004.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Recommendations of Others. Recommendations regarding treatment of secondary membranous nephropathy from the following groups were discussed: Kidney Disease Outcomes Quality Initiative, UK Renal Association, Canadian Society of Nephrology, European Best Practice Guidelines, and International Guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the levels of evidence (I–IV) can be found at the end of the "Major Recommendations" field.

Guidelines

No recommendations possible based on Level I or II evidence

Suggestions for Clinical Care

(Suggestions are based on Level III and IV evidence)

- Removal of underlying causes of membranous glomerulonephritis (MGN) has been associated with clinical remission and slowing of progression of kidney disease in some cases (Level IV evidence - anecdotal reports)
- Efforts should be made to identify and where possible eradicate underlying disease in patients with secondary MGN. (Level IV evidence, case series, variable results)
- While careful clinical and biological investigations may detect the underlying cause of most cases of secondary MGN, the diagnosis can be difficult in some patients. In particular, proteinuria may antedate clinical manifestations of cancer in up to 40–45% of patients with MGN secondary to malignancy. Consequently elderly patients presenting with MGN should complete an appropriate work-up for malignancy. (Level IV evidence)

Definitions:

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

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Level IV: Evidence obtained from case series, either post-test or pretest/post-test

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management of patients with secondary membranous glomerulonephritis

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Apr

GUIDELINE DEVELOPER(S)

Caring for Australasians with Renal Impairment - Disease Specific Society

SOURCE(S) OF FUNDING

Industry-sponsored funding administered through Kidney Health Australia

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: Merlin Thomas

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All guideline writers are required to fill out a declaration of conflict of interest.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Caring for Australasians with Renal Impairment Web site](#).

Print copies: Available from Caring for Australasians with Renal Impairment, Locked Bag 4001, Centre for Kidney Research, Westmead NSW, Australia 2145

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The CARI guidelines. A guide for writers. Caring for Australasians with Renal Impairment. 2006 May. 6 p.

Electronic copies: Available from the [Caring for Australasians with Renal Impairment \(CARI\) Web site](#).

PATIENT RESOURCES

None available

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