compared with 12.5% in patients who did not receive ART ($n=10$; $P<0.05$). At 2,962 days, renal survival was 18.1% for ART-treated patients and 12.5% in the non-ART group ($P=0.025$). Median time to kidney failure was 552 days in the ART group, compared with 117 days in the non-ART group. Risk of progression to end-stage renal disease was significantly lower for patients treated with ART than for those who did not receive ART (adjusted hazard ratio 0.30; $P<0.05$). A trend towards improved renal survival was observed in patients who commenced ART within 3 months of renal biopsy, and for those in whom complete virological suppression was achieved.

Previous studies have indicated that viral gene expression is a direct cause of HIVAN. The authors suggest that ART might exert its positive effect on HIVAN by inhibiting viral replication in the kidney, and recommend that HIVAN should be considered an indication for ART.

Original article Atta MG *et al.* (2006) Antiretroviral therapy in the treatment of HIV-associated nephropathy. *Nephrol Dial Transplant* **21:** 2809–2813

Study provides strong support for association between cancer and membranous nephropathy

Adult-onset nephrotic syndrome is frequently caused by membranous nephropathy (MN). Although several studies have indicated that cancer might cause secondary MN, this relationship has not been validated by comparison of the observed cancer incidence in an MN population with that expected from general population data.

To address this issue, Lefaucheur *et al.* examined the association of cancer with MN in a cohort of 240 patients with MN. Twenty-four of the participants had cancer at the time of renal biopsy or were diagnosed with malignancy within the following year, revealing a higher incidence of cancer—primarily carcinoma of the lung or prostate—in the MN population than in the general population (standardized incidence ratio 9.8 for men and 12.3 for women). In the MN population, older patients and heavy smokers were more likely to be diagnosed with cancer. Patients with cancer-associated MN had a significantly higher number of inflammatory cells infiltrating their glomeruli than did those with idiopathic MN ($P=0.001$); the researchers calculate that eight cells per glomerulus is the best cutoff value for this novel predictive marker to distinguish cancer-associated MN from idiopathic MN (specificity 75%, sensitivity 92%).

Patients with an estimated glomerular filtration rate ≥15 ml/min/1.73 m^2 were significantly less likely to survive if they had cancer ($P<0.001$); 44% of deaths in this group were secondary to neoplasia. A positive correlation was found between remission of cancer and remission of nephrotic syndrome, indicating a causal relationship between nephrotic-range proteinuria and carcinoma.

Original article Lefaucheur C *et al.* (2006) Membranous nephropathy and cancer: epidemiologic evidence and determinants of high-risk cancer association. *Kidney Int* **70:** 1510–1517

Fosinopril could reduce cardiovascular events in end-stage renal disease

Cardiovascular events (CVEs) cause substantial mortality and morbidity in patients with end-stage renal disease (ESRD). Angiotensin-converting-enzyme inhibitors, such as fosinopril, have proved to be both well-tolerated and efficacious for the prevention of CVEs in a range of clinical trials, yet these trials have tended to exclude patients with ESRD. This double-blind, multicenter, randomized controlled study assessed the safety and efficacy of fosinopril in 397 ESRD patients who were on hemodialysis and who had left ventricular hypertrophy.

The primary end point of the study was the occurrence of a first major CVE within the 2-year study period. After adjustment for baseline characteristics, the authors identified a nonsignificant trend towards lower incidence of CVEs in the fosinopril-treated group (dose titrated to 20 mg/day) than in the placebo group (relative risk 0.80, 95% CI 0.59–1.10; $P=0.099$). Results also indicated that treatment with fosinopril might be of benefit for the subset of patients with hypertension; these patients exhibited an improvement in blood pressure during the 24-month study (relative risk 1.85, 95% CI 1.18–2.89; $P=0.008$). Fosinopril-treated subjects were more likely to suffer adverse gastrointestinal events, but the drug did not increase the rate of hyperkalemia.