CLINICAL TRIAL

Lack of benefit of MMF in IgAN

Data from a randomized controlled trial show that mycophenolate mofetil (MMF) did not significantly reduce proteinuria in patients with IgA nephropathy (IgAN) who had failed to respond to initial treatment with lisinopril or losartan plus purified omega-3 fatty acid. The trial was terminated early on the recommendation of the Data Monitoring Committee because of the lack of benefit of MMF.

“In recent years there have been promising results with angiotensin-converting-enzyme inhibitors and omega-3 fatty acids in IgAN, but some patients do not respond well to these treatments. This problem has resulted in a variety of immunosuppressive regimens being employed with varying results,” explains researcher Ronald Hogg. “The approach that we took when designing our trial was based on the premise that we should give the relatively non-toxic regimen a chance to work before testing the effects of MMF to avoid unnecessary exposure of participants to the potential adverse effects of immunosuppression.”

After 3 months of treatment with the non-immunosuppressive regimen, Hogg *et al.* randomly assigned 52 patients with persistent proteinuria to also receive either MMF or placebo. At the 6-month follow-up, no participant had achieved complete remission and there was no significant change in mean urinary protein to creatinine ratio from the time of randomization in either group.

“We were unable to show any benefit of MMF in patients with IgAN who did not respond to the non-immunosuppressive regimen,” concludes Hogg. “Although it is conceivable that a much larger trial, perhaps in patients with more proliferative forms of IgAN, might show a small benefit, it is questionable whether such an effect would be sufficient to justify using MMF in this disease.”

Ellen F. Carney

Original article Hogg, R. J. *et al.* Randomized controlled trial of mycophenolate mofetil in children, adolescents and adults with IgA nephropathy. *Am. J. Kidney Dis.* doi:10.1053/j.ajkd.2015.06.013