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EMBARGOED FOR RELEASE UNTIL 5:40 PM ON FRIDAY, NOVEMBER 11

Contact: Shari Leventhal: 202-416-0658, sleventhal@asn-online.org (before Nov. 8)
November 8: ASN Management Office, Pennsylvania Convention Center, Room 304, (215) 418-2061
Wednesday, Nov. 9–Sunday, Nov. 13: ASN Press Room, Pennsylvania Convention Center, Room 303B, (215) 418-2058 (Press Room), 202-236-8142 (after hours)

NEW TEST HELPS CLASSIFY KIDS WITH IDIOPATHIC NEPHROTIC SYNDROME

Philadelphia, PA (November 3, 2005) — A new urine test may help predict the response to treatment for children with the kidney disease idiopathic nephrotic syndrome (INS), according to a paper presented at the American Society of Nephrology's 38th Annual Meeting and Scientific Exposition in Philadelphia.

Led by Dr. R.P. Woroniecki of Albert Einstein College of Medicine, Bronx, N.Y., the researchers sought to develop a urine test to distinguish between children with two different types of INS: the more common, readily treatable "steroid-sensitive" form and the less common, more complex "steroid-resistant" form. Computerized "bioinformatic" techniques were used to perform detailed analyses of proteins in urine samples from 25 children with INS.

The results showed significantly different protein profiles between children with steroid-sensitive vs. steroid-resistant INS, the results showed. Based on these differences, the test was 100 percent accurate in distinguishing between the two groups.

Idiopathic nephrotic syndrome, sometimes called "minimal change disease," is a condition of young children in which the kidneys begin losing protein into the urine. The cause of INS is unknown. As the protein level drops, patients develop problems such as swelling, decreased urination, and weight gain.

Most children with INS respond to treatment with steroid drugs, but some do not. These patients with "steroid-resistant" INS need other treatments, such as immunosuppressant drugs, and are at higher risk of complications. The development of a urine test could help to simplify the evaluation of children with INS, possibly allowing earlier initiation of appropriate treatment.

The bioinformatic analysis identified a specific protein as the most important factor in distinguishing between steroid-sensitive and steroid-resistant INS. Further study of this and other proteins identified by the urine test might lead to useful new tools for diagnosis and treatment of children with INS.

Dr. Woroniecki will present the study results at a news briefing from 12:15 pm -1:20 pm on Friday, November 11 in Room 303A of the Pennsylvania Convention Center. The study abstract, "Urine Protein

MORE

Biomarkers Distinguish Steroid-Sensitive and Steroid-Resistant Idiopathic Nephrotic Syndrome of Childhood,” (F-FC056) will be presented during a Free Communications session on the topic of “Human Glomerular Diseases: Diagnostic, Prognostic and Pathogenetic Markers” on Friday, November 11 at 4:40 pm in Room 105 of the Pennsylvania Convention Center.

The ASN is a not-for-profit organization of 9,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney diseases. ASN’s Renal Week 2005, the largest nephrology meeting of its kind, will provide a forum for more than 12,000 nephrologists to discuss the latest findings in renal research and engage in educational sessions relating advances in the care of patients with kidney and related disorders from November 8-13 at the Pennsylvania Convention Center in Philadelphia, PA.

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