Cyclosporine Therapy for Nephrotic Syndrome

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Dear Sir,

In an editorial review [Nephron 1995;71: 373-385], Dr. Salcedo discussed the use of cyclosporine A [p. 379]. The authors state, and I quote: 'The prevalence of malignancies seems to be higher among cyclosporine A-treated children.' Unfortunately, no reference is provided for this rather substantial statement. What makes the situation even more distressing is that the preceding sentence deals with other side effects of cyclosporine therapy and is referenced as Tejani et al. (ref. 46). Also, following the malignancy statement, a further statement of cyclosporine nephrotoxicity is made which again carries the same reference. Thus, a cursory review of this editorial would suggest that the malignancy statement is also from the same reference (No. 46).

We have to date treated over 100 children with steroid-dependent, or steroid-resistant nephrotic syndrome. We have recently published data on long-term, aggressive, high-dose cyclosporine therapy in steroid-resistant nephrotic syndrome [1] where some of the children have received cyclosporine for as long as 101 months. We are diligent in the close monitoring of these children with clinic visits every 2 weeks and a renal biopsy every 12-18 months without which we would not provide long-term therapy. We have not witnessed a single case of malignan-

cy in any of the children treated with cyclosporine for nephrotic syndrome. Additionally, we are not aware of any published report of malignancies in children treated with cyclosporine for the nephrotic syndrome. Since the review of Dr. Salcedo and his associates did not corroborate the statement regarding malignancy, we would feel reassured if they provide the readers with the appropriate references.

The high-dose cyclosporine therapy protocol is part of a randomized multicenter trial that the North American Pediatric Transplant Cooperative Study (NAPRTCS) will soon initiate [2], and accurate information regarding the incidence and prevalence of malignancies will certainly help us design a more appropriate protocol.

References

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