

Patient Profile Snapshot: Meet Mr. A



Mr. A, age 35, had endured years of primary FSGS marked by persistent proteinuria and progressive kidney decline before receiving a living-donor transplant. His long battle seemed behind him. But only days after surgery, familiar symptoms crept back in.

The Return of Nephrotic Syndrome

Within one week of surgery, familiar symptoms returned. Mr. A noticed his legs and abdomen swelling again. He was exhausted, moving slower, and growing increasingly anxious.

Laboratory findings confirmed early recurrence:

- **Serum creatinine:** 2.1 mg/dL (up from 1.1 mg/dL baseline)
- **Protein/creatinine ratio:** 6.8 g/g
- **Serum albumin:** 2.0 g/dL

Despite standard immunosuppression and supportive nephrotic management, proteinuria continued to rise, placing the new allograft at immediate risk.

References:

1. Rudnicki M. FSGS Recurrence in Adults after Renal Transplantation. *Biomed Res Int.* 2016;2016:3295618. doi: 10.1155/2016/3295618. Epub 2016 Apr 10. PMID: 27144163; PMCID: PMC4842050.
2. Masutani K, Katafuchi R, Ikeda H, et al. Recurrent nephrotic syndrome after living-related renal transplantation resistant to plasma exchange: report of two cases. *Clin Transplant.* 2005;19 Suppl 14:59-64. doi:10.1111/j.1399-0012.2005.00397.
3. Raina R, Jothi S, Haffner D, et al. Post-transplant recurrence of focal segmental glomerular sclerosis: consensus statements. *Kidney Int.* 2024;105(3):450-463. doi:10.1016/j.kint.2023.10.017
4. Kaneka Medical America LLC., 2025 LIPOSORBER LA-15 Instructions for use in Focal segmental glomerulosclerosis (FSGS)



For complete Indications for Use and important safety information, please visit:
liposorber.com/liposorber-safety-info

kaneka



liposorber.com

BMMKT0046

LIPOSORBER®

Provides Hope When Drug Therapy Fails™



**ADULT FSGS
PATIENT PROFILE**

**When FSGS Returns
After Transplant:
Protecting the
Adult Allograft**

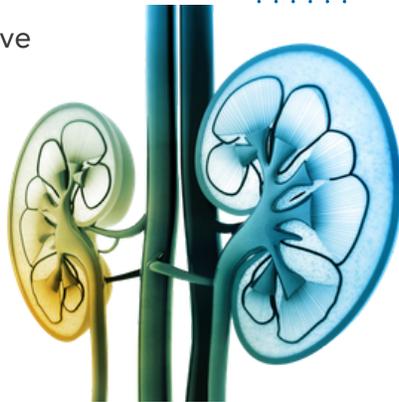


FSGS = Focal segmental glomerulosclerosis

The Clinical Challenge of Adult Post-Transplant Recurrence

In adults, early recurrent FSGS represents a high-risk post-transplant complication associated with rapid graft injury and potential graft loss. Each day of uncontrolled proteinuria increases the risk of irreversible podocyte damage and progressive allograft dysfunction.¹

When standard therapies fail to adequately control recurrence, clinicians often seek additional therapeutic strategies to stabilize renal function during this critical period.



Seeking Another Path

Facing the possibility of losing the graft he had fought so hard to receive, Mr. A's care team turned to an additional option: **Liposorber LA-15**, a Humanitarian Use Device (HUD) for post-transplant recurrent FSGS*.

A typical treatment course offered a potential path to quickly lowering his protein levels and stabilizing graft function during this high-risk period.

For adults like Mr. A with post-transplant recurrent FSGS, Liposorber LA-15 may be considered as an additional treatment option in the post-transplant setting.

An Additional Therapeutic Option: **LIPOSORBER**[®]

In this high-risk setting, Liposorber therapy was used as:

- ✓ A therapeutic adjunct when standard options are insufficient or limited
- ✓ A structured, finite treatment course associated with reductions in proteinuria
- ✓ A strategy intended to support graft function during a high-risk post-transplant period

Typical Adult Treatment Course:

- Twice weekly for 3 weeks
- Then once weekly for 6 weeks (~9 weeks total)

This treatment approach aligns with adult clinical decision-making and transplant management priorities.

Clinical Experience in Adult Recurrence

Case experience in adults with transplant-resistant recurrent FSGS has reported **reductions in proteinuria (from 9.6 g/day to 2.0 g/day)** and sustained partial remissions, supporting disease control when other therapies are limited.^{2,3}

For Mr. A, Liposorber represented an opportunity to intervene during a narrow post-transplant window, when disease control was clinically important.

✓ LIPOSORBER for FSGS

Liposorber LA-15 is a Humanitarian Use Device indicated for treatment of adult and pediatric patients with nephrotic syndrome associated with primary FSGS when:

- Standard treatment options, including corticosteroids and/or calcineurin inhibitor treatments, are unsuccessful or not well tolerated, AND the patient's Glomerular Filtration Rate (GFR) is ≥ 60 ml/min/1.73 m²
- OR the patient is post-renal transplantation.⁴

*For LIPOSORBER Indications for Use and other safety information, visit: liposorber.com/liposorber-safety-info