

## Patient Profile Snapshot: Meet Maya



Maya, age 12, had lived for years with steroid-resistant primary FSGS, partially controlled with calcineurin inhibitors.

When she finally received her kidney transplant, her family felt a wave of relief and hope.

But three weeks later, her parents noticed the swelling around her eyes. Her energy faded. Getting out of bed became a challenge again.

### The Signs Were Back

Laboratory testing confirmed early recurrent FSGS in the new allograft:

- **Nephrotic-range proteinuria**
- **Low serum albumin**
- **Rise in creatinine**, signaling new graft injury

Maya struggled with fatigue and abdominal swelling. Her parents worried about missed school, long drives to the transplant center, and most of all, the risk of graft loss so soon after transplant.



### References:

1. Trachtman R, Sran SS, Trachtman H. Recurrent focal segmental glomerulosclerosis after kidney transplantation. *Pediatr Nephrol.* 2015;30(10):1793-1802. doi:10.1007/s00467-015-3062-1
2. Muso E. Beneficial effect of LDL-apheresis in refractory nephrotic syndrome. *Clin Exp Nephrol.* 2014 Apr;18(2):286-90. doi: 10.1007/s10157-013-0930-5. Epub 2014 Feb 18. PMID: 24535024; PMCID: PMC3994285.
3. Shah L, Hooper DK, Okamura D, et al. LDL-apheresis-induced remission of focal segmental glomerulosclerosis recurrence in pediatric renal transplant recipients. *Pediatr Nephrol.* 2019;34(11):2343-2350. doi:10.1007/s00467-019-04296-6.
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](https://liposorber.com/liposorber-safety-info)

**Kaneka**



liposorber.com

BMMKT0045

# LIPOSORBER®

Provides Hope When Drug Therapy Fails™



**PEDIATRIC FSGS  
PATIENT PROFILE**

**Recurrent FSGS  
After Transplant:  
A Time-Sensitive  
Pediatric Challenge**

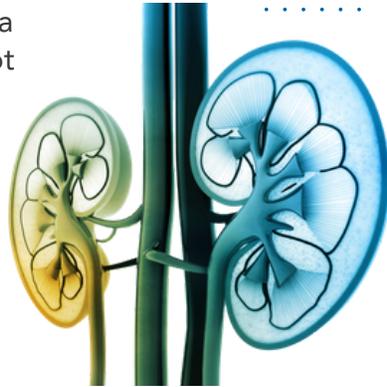
FSGS = Focal segmental glomerulosclerosis



## Why Early Recurrence in Children Demands a Different Lens

Recurrent FSGS in pediatric patients is often **aggressive and biologically driven**, with relapse believed to involve circulating permeability factors that directly injure podocytes. Because **early remission is closely tied to long-term graft survival**, pediatric recurrence represents a time-critical biologic process, not simply worsening proteinuria.<sup>1</sup>

Standard immunosuppression alone may be insufficient to address these circulating drivers, prompting the need for interventions that act early and systemically.



## A Need for Rapid Intervention

Given the time-sensitive nature of recurrence, Maya's care team acted promptly, recognizing the importance of early disease control for long-term graft outcomes.

Standard immunosuppression continued, but her clinicians needed more than supportive care alone.

Given her post-transplant status, Maya met the FDA **Humanitarian Use Device (HUD)** indication for **Liposorber LA-15**; an additional option that can improve a patient's response to standard medications, such as corticosteroids and cyclosporine.<sup>2</sup>



## A Potential Lifeline: LIPOSORBER®

In this setting, Liposorber was implemented as a structured nine-week treatment course, designed to:



- ✓ Reduce circulating permeability factors through systemic removal<sup>2</sup>
- ✓ Address a key biologic contributor associated with relapse
- ✓ Support control of nephrotic activity during a vulnerable post-transplant window

## Typical Pediatric Treatment Course:

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

This treatment approach aligns with pediatric disease biology and the clinical urgency of early intervention.



## Clinical Experience in Pediatric Recurrence

In a multicenter series of **7 pediatric transplant patients** with early recurrent FSGS, Liposorber therapy, often combined with pulse methyl-prednisolone, was associated with partial or complete remission of nephrotic syndrome. Improvements in estimated glomerular filtration rate (eGFR) were observed in some patients following therapy.<sup>3</sup>

For patients like Maya, and their families, this approach offers more than symptom control - a **strategy aimed at protecting the new kidney and restoring daily life.**



## LIPOSORBER for FSGS<sup>4</sup>

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  $\geq 60$  ml/min/1.73 m<sup>2</sup>
- OR the patient is post-renal transplantation.

*The safety and potential benefits of LDL apheresis using the LIPOSORBER System have not been studied in children who weigh less than 46lbs or who are younger than 5 years of age.*

\*For LIPOSORBER Indications for Use and other safety information, visit: [liposorber.com/liposorber-safety-info](http://liposorber.com/liposorber-safety-info)

