

Intervention	Dosing	Duration of treatment
Plasma exchange	<ul style="list-style-type: none"> • 40–50 ml/kg ideal body weight exchange daily against 5% albumin • Add fresh frozen plasma at the end of plasma exchange in patients with alveolar hemorrhage and/or after kidney biopsy 	Until circulating anti-GBM antibodies can no longer be detected; usually 14 days
Cyclophosphamide	<ul style="list-style-type: none"> • 2–3 mg/kg orally (reduce to 2 mg/kg in patients >55 years); experience with pulse intravenous cyclophosphamide is limited and efficacy is uncertain • Cyclophosphamide dosing should be reduced (or treatment interrupted) in cases of leukopenia • In patients not tolerating (or not responding to) cyclophosphamide, rituximab or mycophenolate mofetil may be tried but experience is limited and efficacy uncertain 	3 months
Glucocorticoids	<ul style="list-style-type: none"> • Pulse methylprednisolone may be given initially up to 1000 mg/d on 3 consecutive days • Prednisone 1 mg/kg orally • Reduce to 20 mg/d by 6 weeks 	6 months

Figure 99 | Treatment of anti-GBM disease. Adapted from Journal of the American Society of Nephrology, volume 10, issue 11, Kluth DC, Rees AJ. Anti-glomerular basement membrane disease, pages 2446–2453, Copyright © 1999, with permission from the American Society of Nephrology.⁹⁴⁶ Adapted from Clinical Journal of the American Society of Nephrology, volume 12, issue 7, McAdoo SP, Pusey CD. Anti-glomerular basement membrane disease, pages 1162–1172, Copyright © 2017, with permission from the American Society of Nephrology.⁹³¹ Adapted from Kaplan AA, Appel GB, Pusey CE, et al. Anti-GBM (Goodpasture) disease: treatment and prognosis. UpToDate: Evidence-based Clinical Decision Support. Available at: www.uptodate.com. Accessed September 7, 2021.⁹⁴⁵