secreted by kidney cells. Moreover, we have discovered that NBL1 is also not expressed in kidney cells, but is expressed in circulating immune cells. Neutralizing NBL1 with an antagonist, either sBMP2 or anti-NBL1 monoclonal antibodies, prevents toxicity *in vitro*. Finally, we demonstrate that NBL1 is elevated in Type 1 Diabetes and Type 2 Diabetes. Inhibition of NBL1 is therefore a new therapeutic approach for preventing onset and progression of kidney damage caused by circulating NBL1, and in particular, in a patient with type 1 or type 2 diabetes. Inhibition of NBL1 will also be effective in treating non-diabetes glomerular diseases in which damage is mediated by NBL1.

[0005a] In one aspect, the present disclosure refers to a use of an agent capable of inhibiting NBL1 activity in the manufacture of a medicament for delaying onset or progression of kidney damage in a subject who has type 1 diabetes or type 2 diabetes or a glomerular disease.

[0005b] In another aspect, the present disclosure refers to a use of an agent capable of inhibiting NBL1 activity in the manufacture of a medicament for treating diabetic kidney disease (DKD) or a glomerular disease in a subject who has type 1 or type 2 diabetes or a glomerular disease.

[0005c] In another aspect, the present disclosure refers to an antibody or antigen binding fragment, wherein the antibody is capable of binding to NBL1 and inhibiting NBL1-induced toxicity of human podocytes.

[0005d] In another aspect, the present disclosure refers to a pharmaceutical composition, comprising the antibody or antigen binding fragment as disclosed herein, and a pharmaceutically acceptable carrier.

Accordingly, in a first aspect, methods are provided for delaying onset or progression of kidney damage in a subject who has type 1 diabetes or type 2 diabetes or a glomerular disease. The method comprises administering to the subject an effective amount of an agent capable of inhibiting NBL1 activity, in particular, capable of inhibiting NBL1 toxicity on human podocytes. In some embodiments, the method prevents onset of or slows decline in kidney function.

[0006] In a further aspect, methods are provided for slowing decline in kidney function in a subject who has type 1 or type 2 diabetes or a glomerular disease. The method comprises administering to the subject an effective amount of an agent capable of inhibiting NBL1 activity, in particular, capable of inhibiting NBL1 toxicity on human podocytes.

[0007] In a yet further aspect, methods are provided for treating diabetic kidney disease (DKD) in a subject who has type 1 or type 2 diabetes or a glomerular disease. The method comprises administering to the subject an effective amount of an agent capable of inhibiting NBL1 activity, in particular, capable of inhibiting NBL1 toxicity on human podocytes.

[0008] In some embodiments of these methods, the agent is capable of binding to NBL1. In some embodiments the agent is capable of binding to human NBL1.

[0009] In some embodiments the agent is an antibody, or an antigen binding fragment of an antibody, that is capable of binding to human NBL1.

[0010] In some embodiments the antibody or antigen-binding fragment comprises three heavy chain CDRs and three light chain CDRs

having sequences selected from: