



# Mekanismer bakom FSGS

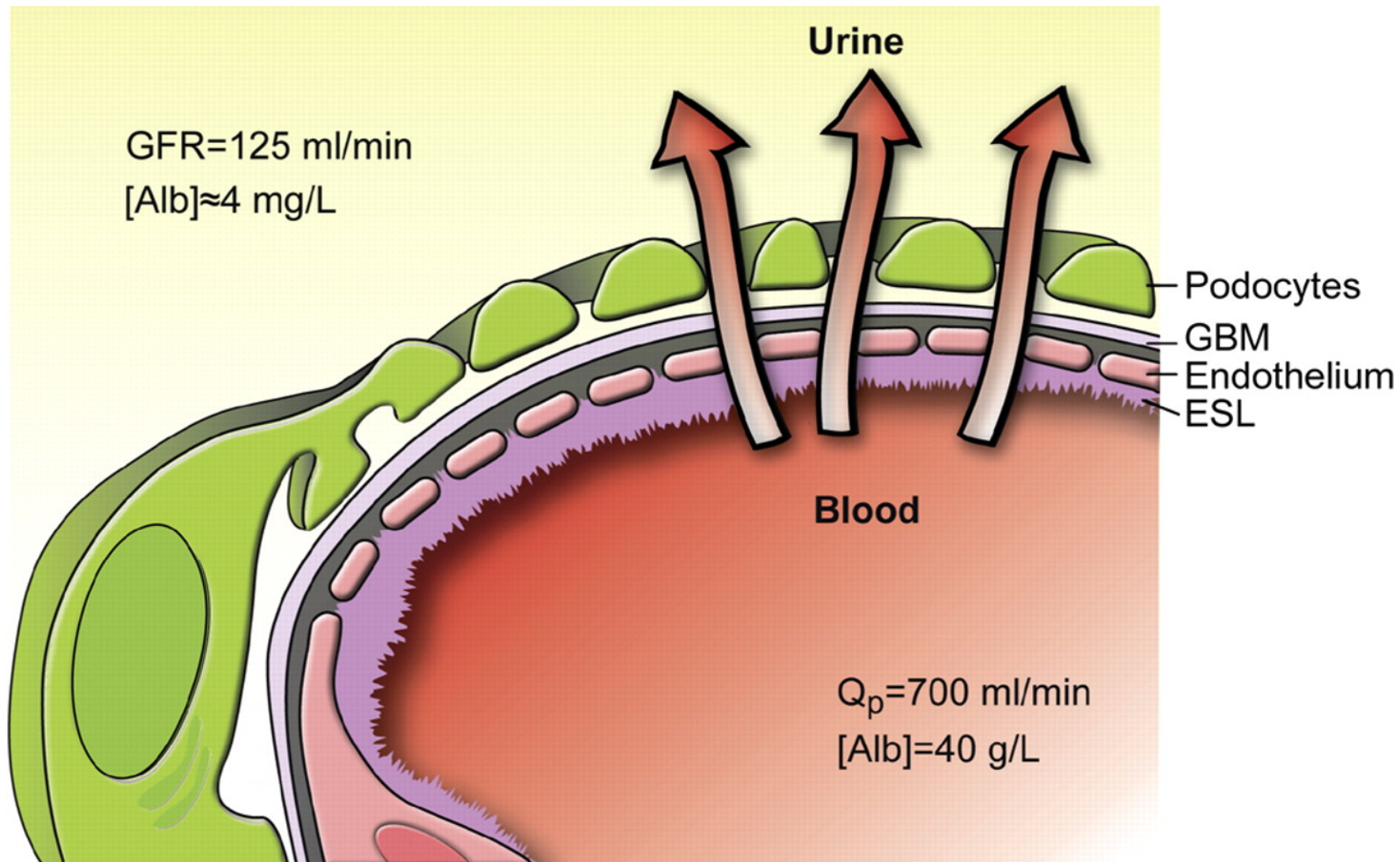
Börje Haraldsson

Innehavare av Västsveriges professur i njurmedicin sedan 2001  
vid Sahlgrenska Akademin och Universitetssjukhuset i Göteborg

Gästprofessor i Medicin,  
Icahn School of Medicine at Mount Sinai, New York, 2011-

**Njurmedicinskt vårmöte i Trollhättan, maj 2014**

# Schematic drawing of the four components of the glomerular barrier

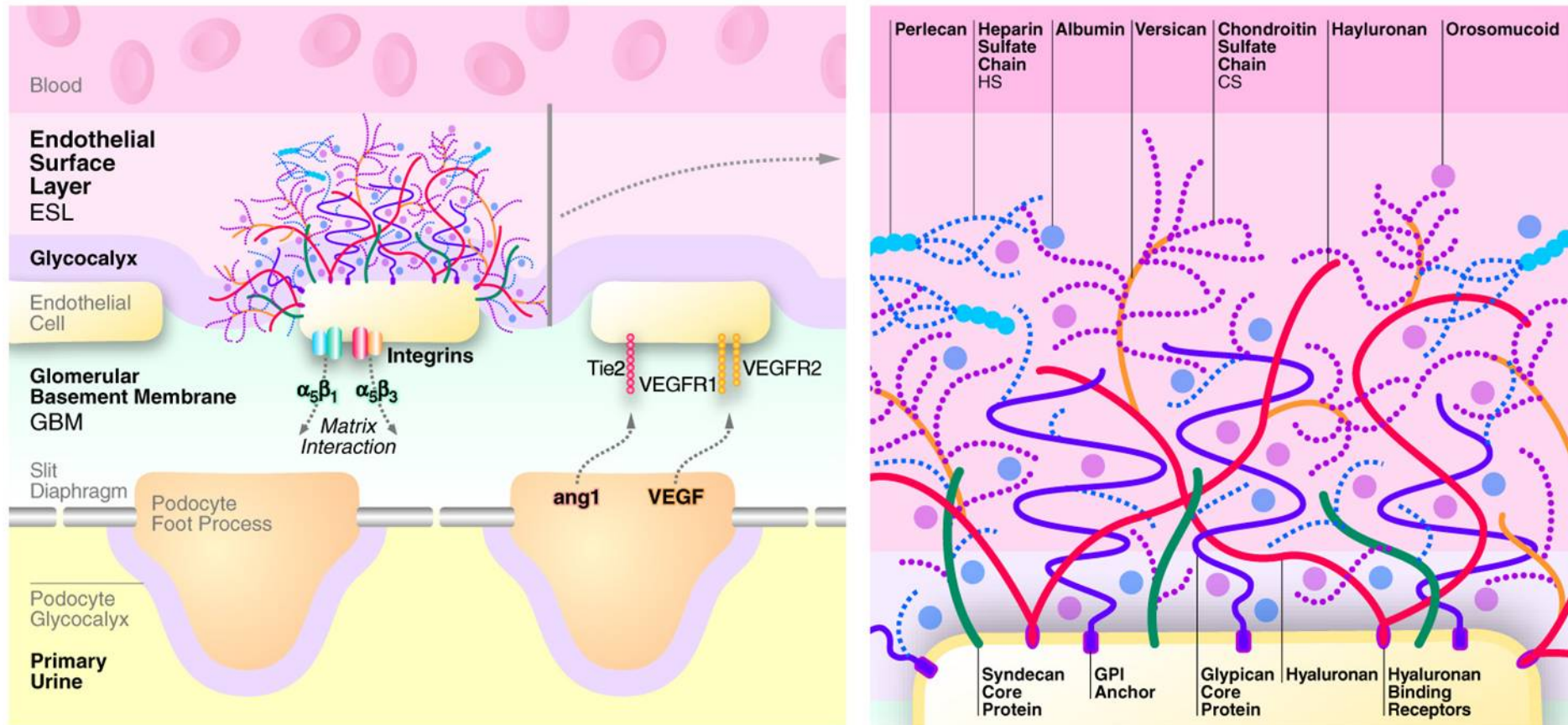


# Podocyte-enriched genes associated with FSGS in humans

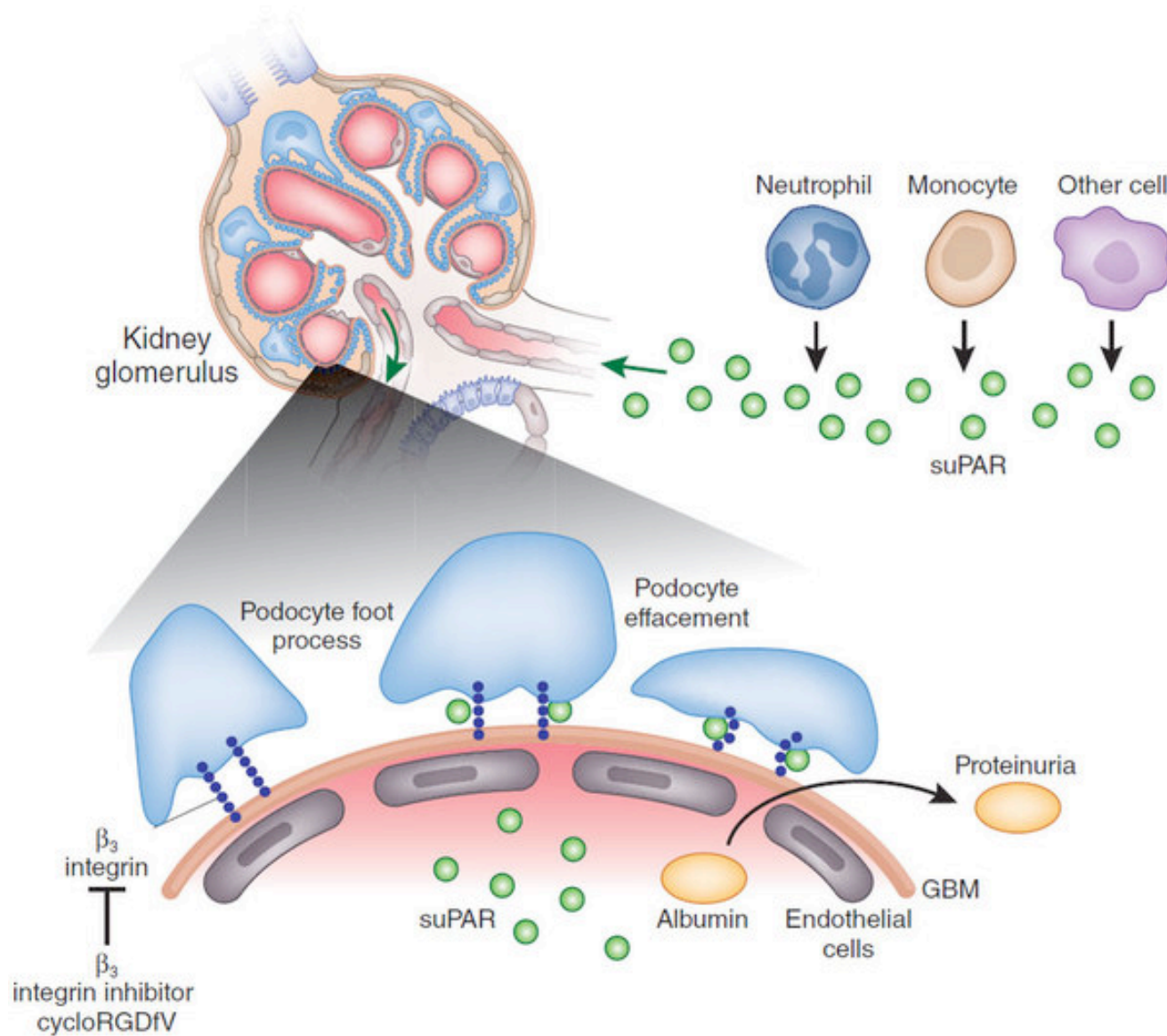
<b>Table 4</b>   Genes associated with FSGS in humans					
Gene	Location	Gene product	Disease	Inheritance mode	OMIM number
<i>ACTN4</i>	19q13	$\alpha$ -Actinin-4	FSGS type1	AD	603278
<i>NPHS1</i>	19q13	Nephrin	Finnish-type congenital nephropathy, SRNS	AR, sporadic	256300
<i>NPHS2</i>	1q25.32	Podocin	SRNS type 2	AR, sporadic	600995
<i>TRPC6</i>	11q21.22	Short transient receptor potential channel 6	FSGS type 2	AD	603965
<i>CD2AP</i>	6q12	CD2-associated protein	SRNS type 4	AR, AD, sporadic	600995
<i>PLCE1</i>	10q23.24	Phospholipase C $\epsilon$ -1	SRNS type 3	AR	610725
<i>WT1</i>	11p13	Wilms tumour protein	Denys–Drash syndrome, Frasier syndrome, nephrotic syndrome type 4	AD	194080, 136680, 256370
<i>LMX1B</i>	9q34.1	LIM homeobox transcription factor 1 $\beta$	Nail-patella syndrome	AD	161200
tRNA-Leu	Mitochondria	NA	NA	Maternally inherited	590050
<i>COQ2</i>	4q21.22	4-Hydroxybenzoate polyprenyltransferase, mitochondrial	Primary coenzyme Q <sub>10</sub> deficiency type 1	AR	607426
<i>ITGB4</i>	17q25.1	Integrin $\beta$ 4	NA	AR	NA
<i>LAMB2</i>	3p21	Laminin subunit $\beta$ 2	Pierson syndrome	AR	609049
<i>INF2</i>	14q32	Inverted formin-2	Charcot–Marie–Tooth disease (dominant intermediate type E), FSGS type 5	AD	614455, 613237
<i>MYH9</i>	22q13.1	Myosin-9	Fechtner syndrome, Epstein syndrome	AR	153640, 153650
<i>MYO1E</i>	15q21	Unconventional myosin 1e	FSGS type 6	AR	614131
<i>APOL1</i>	22q13.1	Apolipoprotein L1	Nondiabetic causes of end-stage renal disease, FSGS	Sporadic	612551
<i>COQ6</i>	14q24	Ubiquinone biosynthesis mono-oxygenase COQ6	Primary coenzyme Q <sub>10</sub> deficiency type 6	Sporadic	614647
<i>PTPRO</i>	12p12.3	Receptor-type tyrosine-protein phosphatase O	Nephrotic syndrome type 6	AR	614196
Abbreviations: AD, autosomal dominant; AR, autosomal recessive; FSGS, focal segmental glomerulosclerosis; OMIM, online Mendelian inheritance in man; NA, not available; SRNS, steroid-resistant nephrotic syndrome.					



# Glomerular endothelial cell surface layer, ESL, consists of the glycocalyx and the cell coat



# suPAR and FSGS



Is suPAR  
(Soluble form of  
Urokinase  
Receptor) the  
circulating factor of  
FSGS?

Wei, C. *et al.* Nat.  
Med. 17, 952–960  
(2011)

Research article



# Inhibition of the TRPC5 ion channel protects the kidney filter

Thomas Schaldecker,<sup>1</sup> Sookyung Kim,<sup>1</sup> Constantine Tarabanis,<sup>1</sup> Dequan Tian,<sup>1</sup> Samy Hakrrouch,<sup>1</sup> Philip Castonguay,<sup>1</sup> Woojin Ahn,<sup>1</sup> Hanna Wallentin,<sup>1</sup> Hans Heid,<sup>2</sup> Corey R. Hopkins,<sup>3</sup> Craig W. Lindsley,<sup>3</sup> Antonio Riccio,<sup>4</sup> Lisa Buvall,<sup>1</sup> Astrid Weins,<sup>1,5</sup> and Anna Greka<sup>1</sup>

The Journal of Clinical Investigation   <http://www.jci.org>   Volume 123   Number 12   December 2013



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# Circulating angiopoietin-like 4 links proteinuria with hypertriglyceridemia in nephrotic syndrome

Lionel C Clement<sup>1,6</sup>, Camille Macé<sup>1,6</sup>, Carmen Avila-Casado<sup>2,3</sup>, Jaap A Joles<sup>4</sup>, Sander Kersten<sup>5</sup> & Sumant S Chugh<sup>1</sup>

BRIEF REPORT

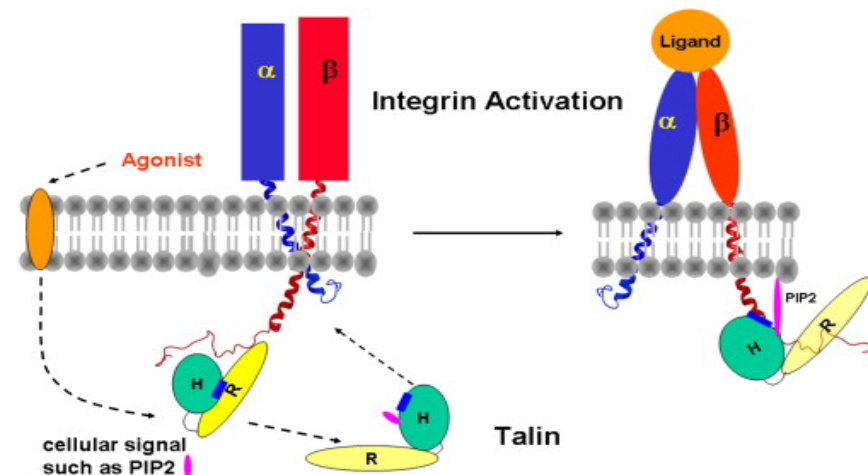
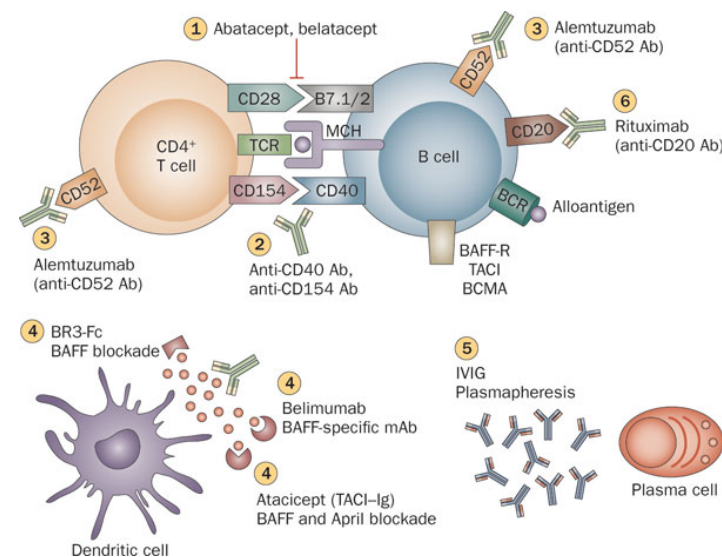
## Abatacept in B7-1–Positive Proteinuric Kidney Disease

Chih-Chuan Yu, M.Sc., Alessia Fornoni, M.D., Ph.D., Astrid Weins, M.D., Ph.D.,  
 Samy Hakrrouch, M.D., Dony Maiguel, Ph.D., Junichiro Sageshima, M.D.,  
 Linda Chen, M.D., Gaetano Ciancio, M.D., Mohd. Hafeez Faridi, Ph.D.,  
 Daniel Behr, Kirk N. Campbell, M.D., Jer-Ming Chang, M.D., Hung-Chun Chen, M.D.,  
 Jun Oh, M.D., Christian Faul, Ph.D., M. Amin Arnaout, M.D.,  
 Paolo Fiorina, M.D., Ph.D., Vineet Gupta, Ph.D., Anna Greka, M.D., Ph.D.,  
 George W. Burke III, M.D., and Peter Mundel, M.D.



## A New Era of Podocyte-Targeted Therapy for Proteinuric Kidney Disease

Börje Haraldsson, M.D., Ph.D.





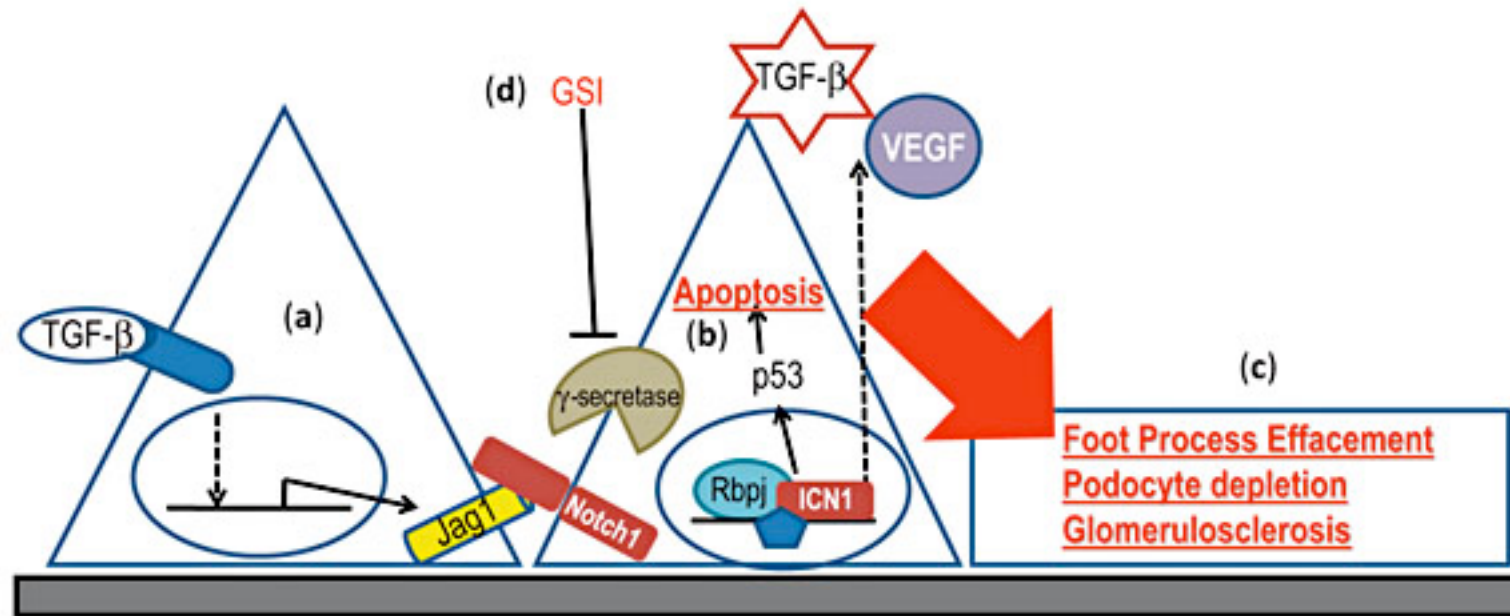
# Role of Podocyte B7-1 in Diabetic Nephropathy

Paolo Fiorina,<sup>\*†</sup> Andrea Vergani,<sup>\*†</sup> Roberto Bassi,<sup>\*†‡</sup> Monika A. Niewczas,<sup>§</sup>  
Mehmet M. Altintas,<sup>||</sup> Marcus G. Pezzolesi,<sup>§</sup> Francesca D'Addio,<sup>\*†</sup> Melissa Chin,<sup>\*</sup>  
Sara Tezza,<sup>\*</sup> Moufida Ben Nasr,<sup>\*</sup> Deborah Mattinzoli,<sup>¶</sup> Masami Ikehata,<sup>¶</sup> Domenico Corradi,<sup>\*\*</sup>  
Valerie Schumacher,<sup>\*</sup> Lisa Buvall,<sup>††</sup> Chih-Chuan Yu,<sup>‡‡§§</sup> Jer-Ming Chang,<sup>§§</sup> Stefano La Rosa,<sup>||||</sup>  
Giovanna Finzi,<sup>||||</sup> Anna Solini,<sup>¶¶</sup> Flavio Vincenti,<sup>\*\*\*</sup> Maria Pia Rastaldi,<sup>¶</sup> Jochen Reiser,<sup>||</sup>  
Andrzej S. Krolewski,<sup>§</sup> Peter H. Mundel,<sup>††</sup> and Mohamed H. Sayegh<sup>†††‡‡</sup>

*J Am Soc Nephrol* 25: ●●●–●●●, 2014. doi: 10.1681/ASN.2013050518



# TGF-beta and FSGS





# **Endothelial mitochondrial oxidative stress determines podocyte depletion in segmental glomerulosclerosis**

Ilse Daehn, Gabriella Casalena, Taoran Zhang, Shaolin Shi, Franz Fenninger, Nicholas Barasch, Liping Yu, Vivette D'Agati, Detlef Schlondorff, Wilhelm Kriz, Börje Haraldsson and Erwin P. Böttinger

*J Clin Invest Apr 1, 2014, 124 (4):1608-1621*

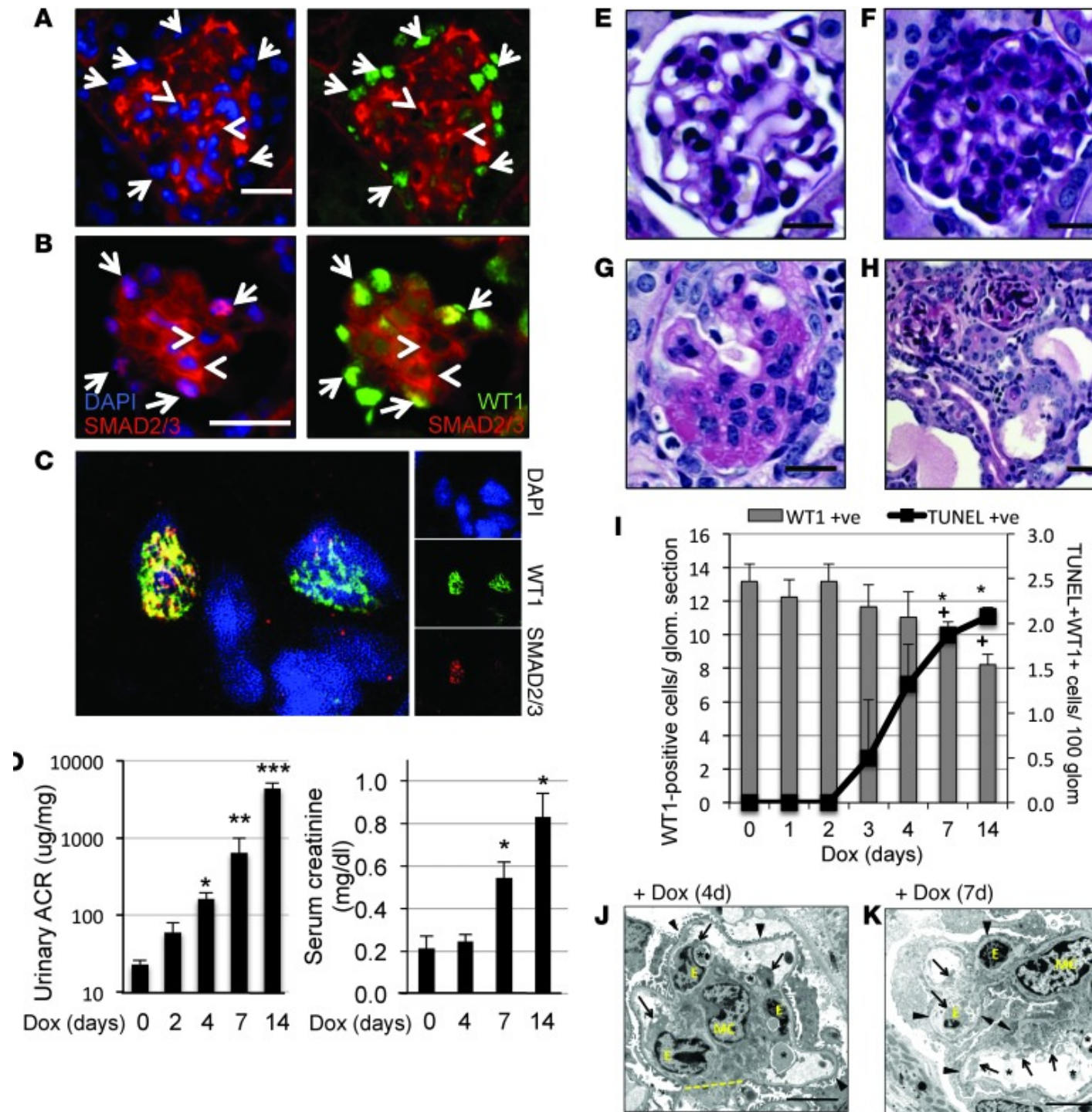


# Experimental models

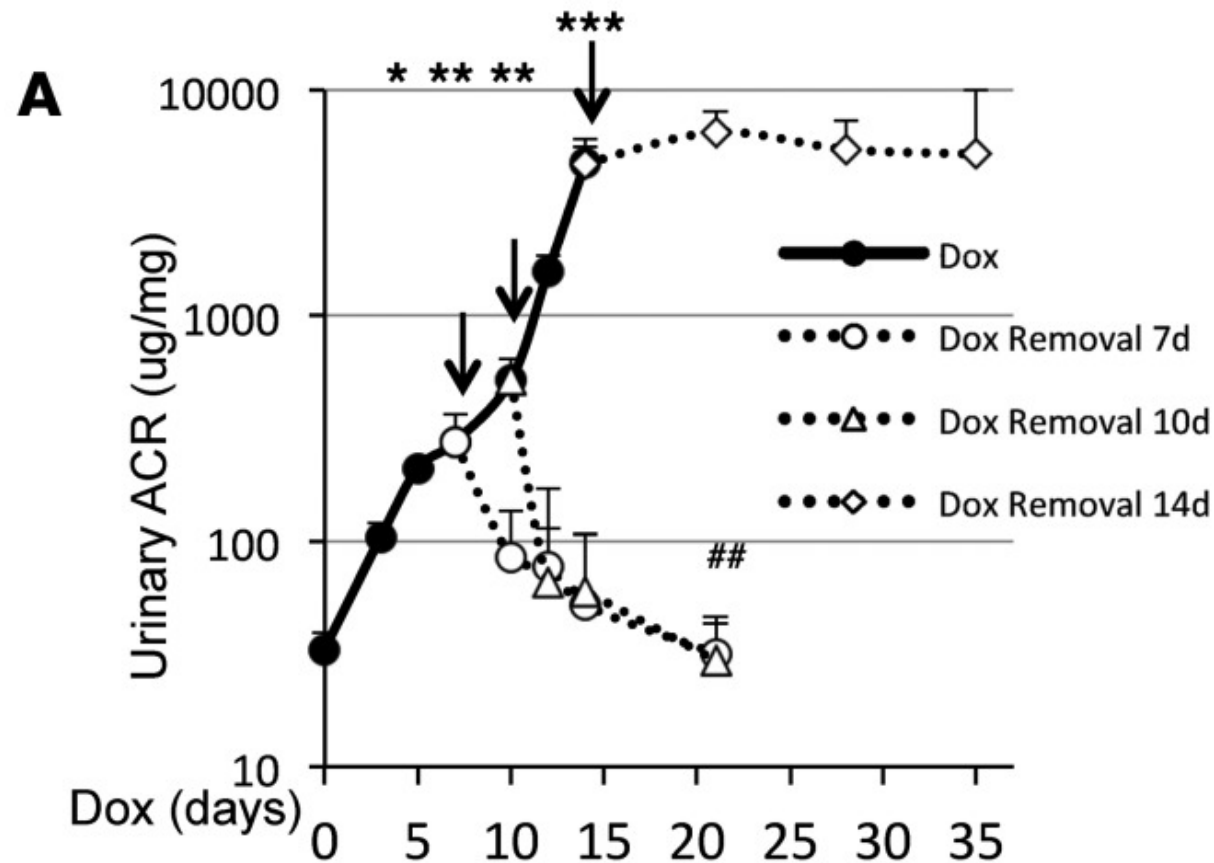
- Transgenic mouse – A conditional overexpression of constitutively active TGF-beta 1 receptor in podocin-expressing cells (podocytes) – PodTbr1 mice
- Podocytes and endothelial cells in culture from the mice above (crossed with immortal mouse)
- Adriamycin-induced FSGS
- Mice with podocyte-specific knockout of the micro-RNA processing enzyme dicer



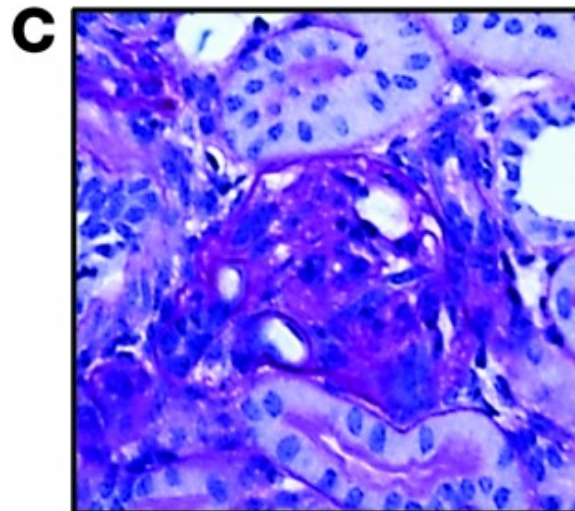
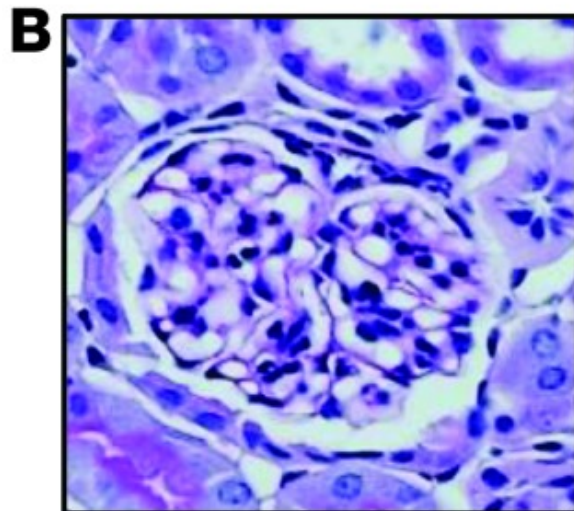
Activation of podocyte-specific  $TGF\beta R1$  induces podocytopathy with progressive glomerular disease and renal failure.



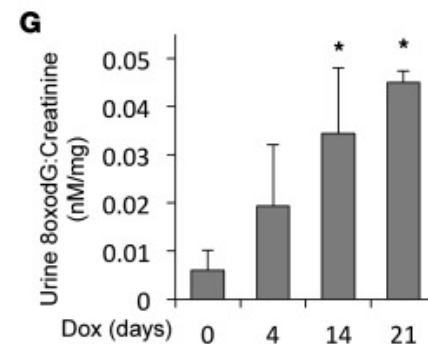
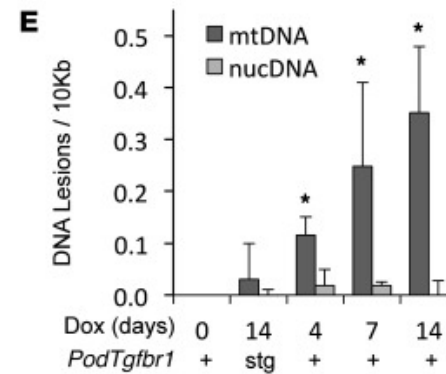
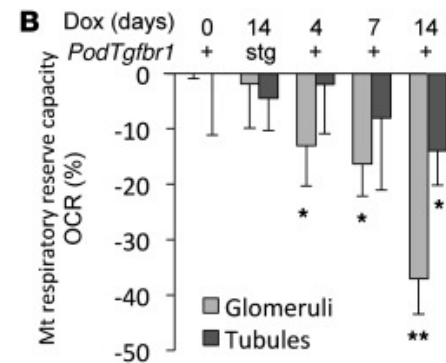
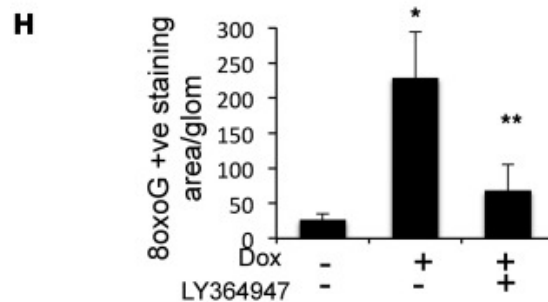
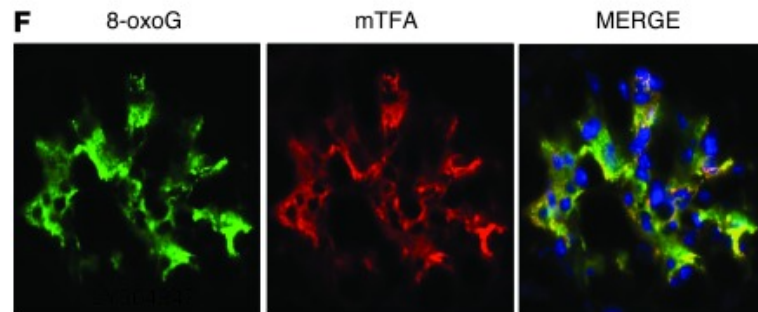
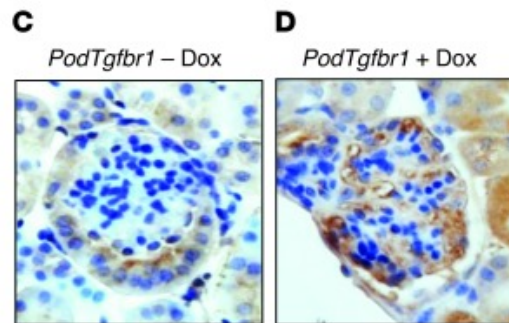
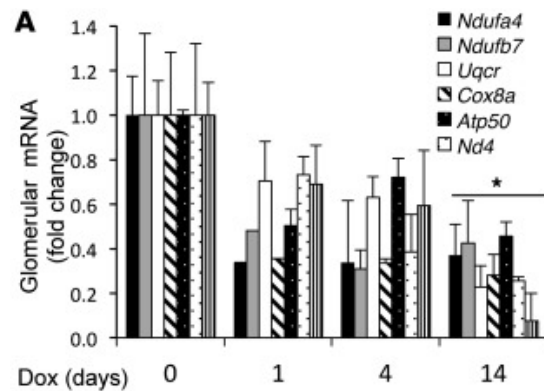
Daehn et al.  
J Clin Invest  
Apr 1, 2014, 124 (4):  
1608-1621



**TGF $\beta$ R1 signaling in podocyte-induced albuminuria is reversible at days 7 and 10 but not day 14 of Dox treatment**



*Daehn et al.*  
*J Clin Invest*  
 Apr 1, 2014, 124 (4):  
 1608-1621

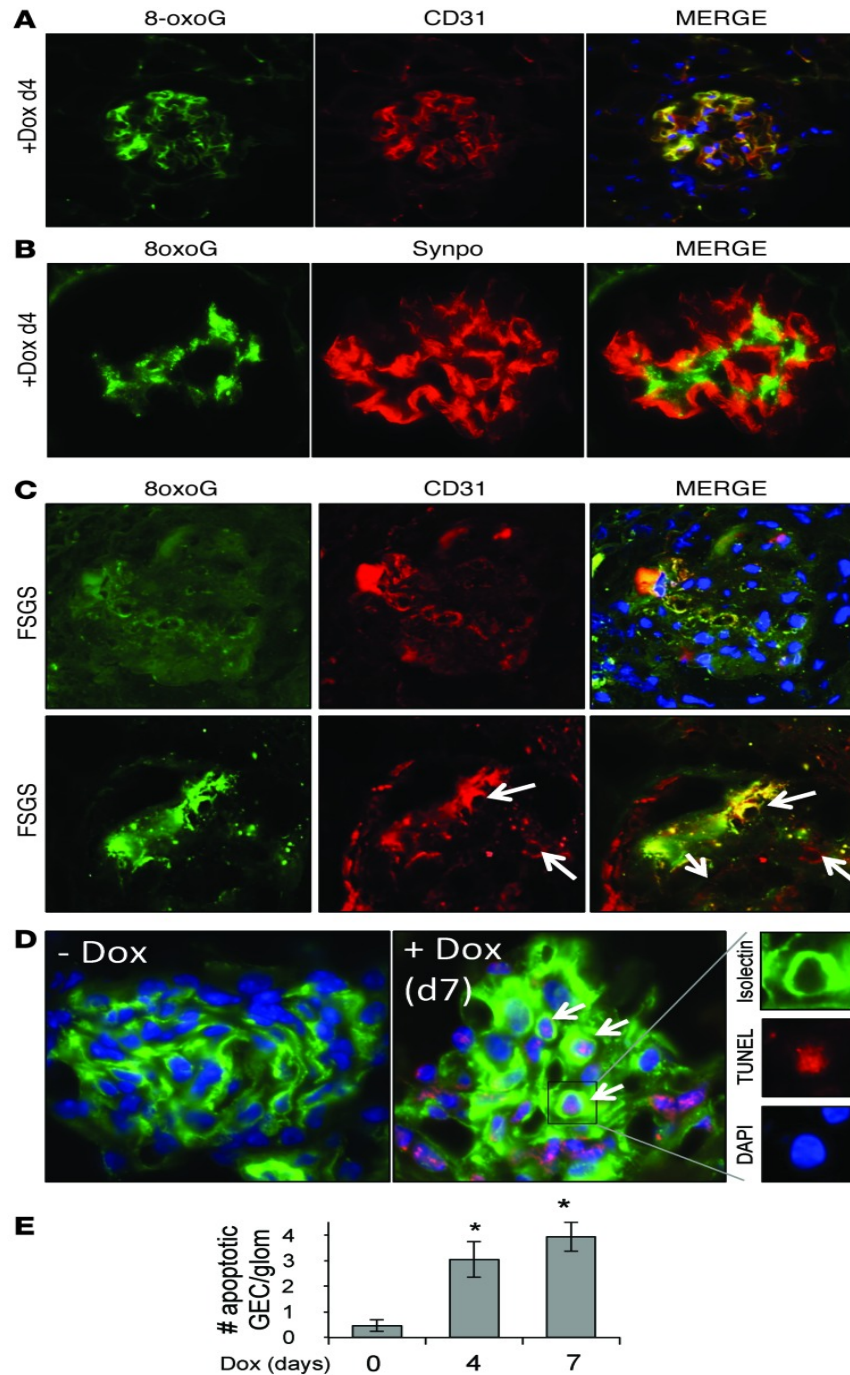


**TGF- $\beta$  signaling in podocytes decreased mitochondrial genes and function and increased mtDNA damage in glomerular cells**

*Daehn et al.*  
*J Clin Invest*  
 Apr 1, 2014, 124 (4):  
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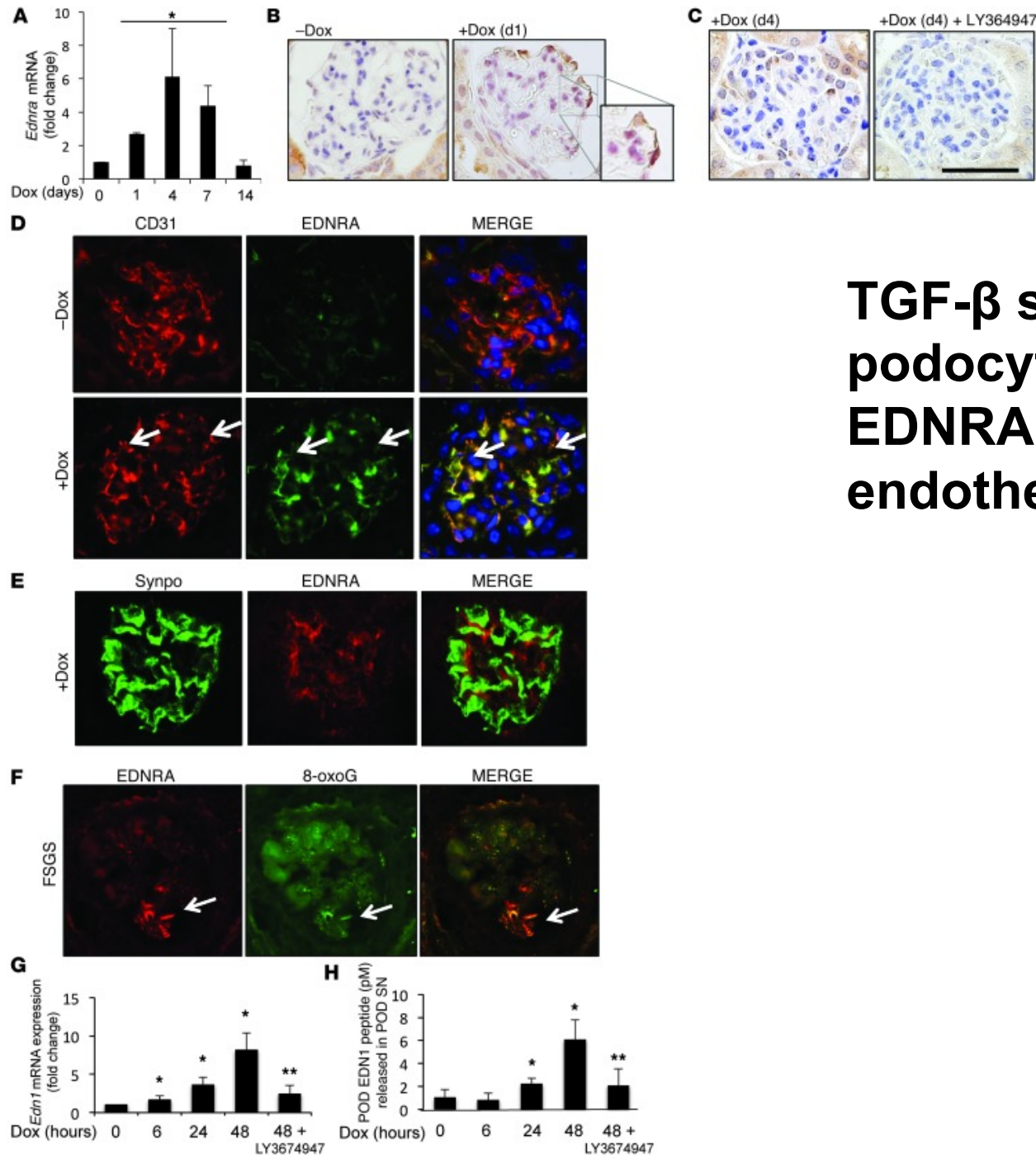


# TGF- $\beta$ signaling in podocytes induces oxidative stress specifically in endothelial cells



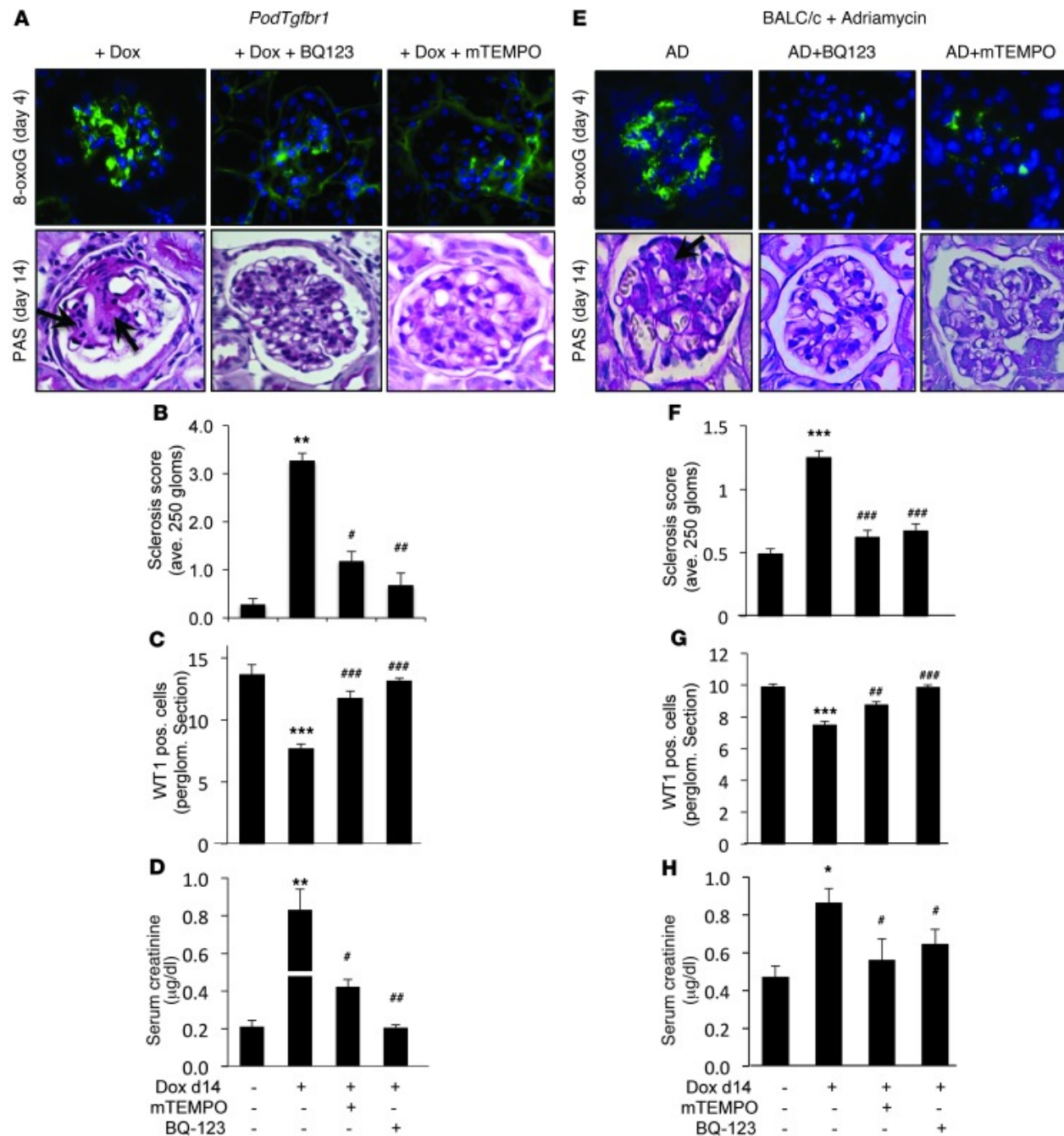
Daehn et al.  
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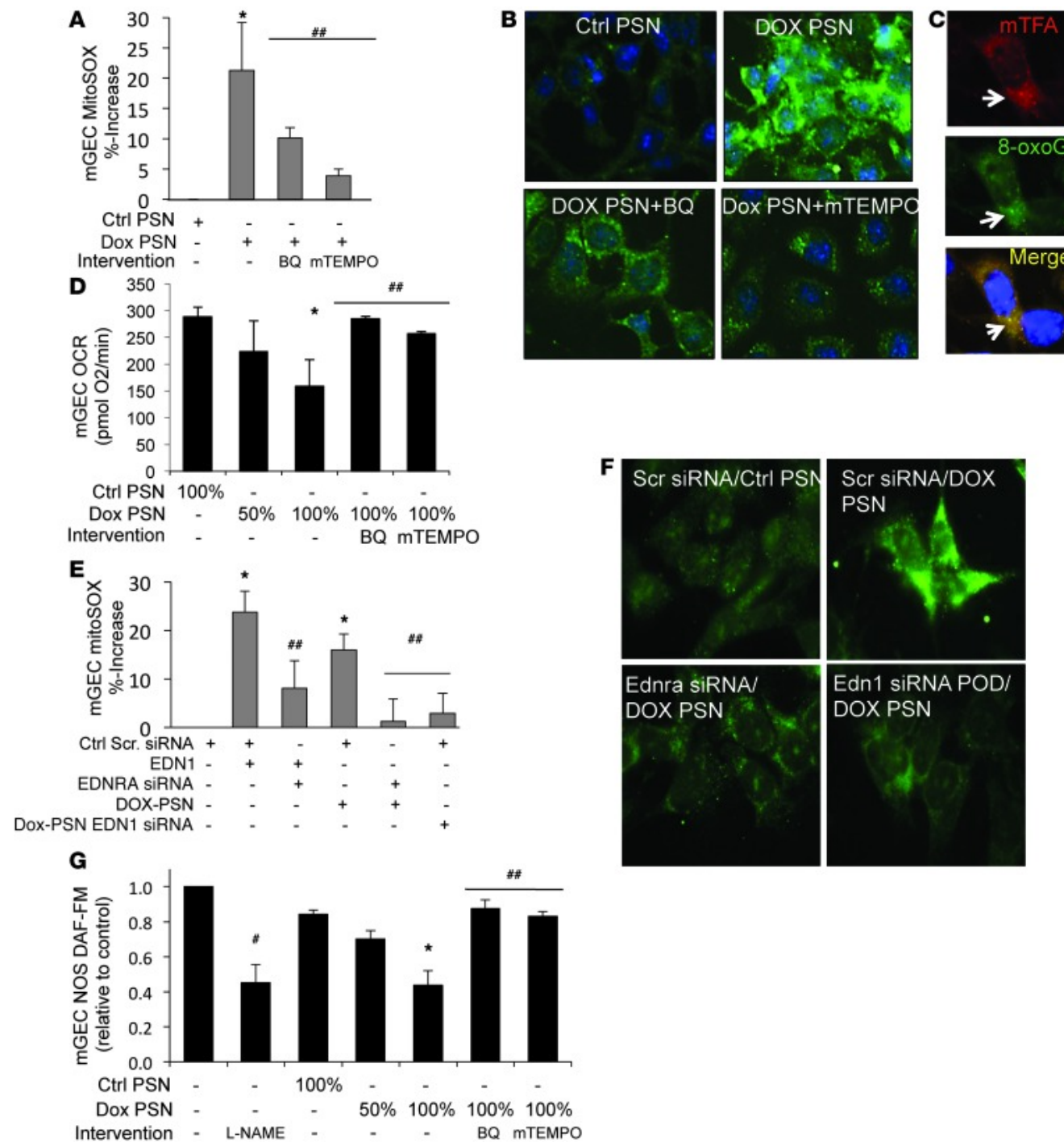
**TGF- $\beta$  signaling in podocytes induces EDNRA specifically in endothelial cells**

*Daehn et al.*  
*J Clin Invest*  
 Apr 1, 2014, 124 (4):  
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**TGF- $\beta$  signaling in podocytes induces specific EDN1-mediated mitochondrial oxidative stress specifically in endothelial cells**

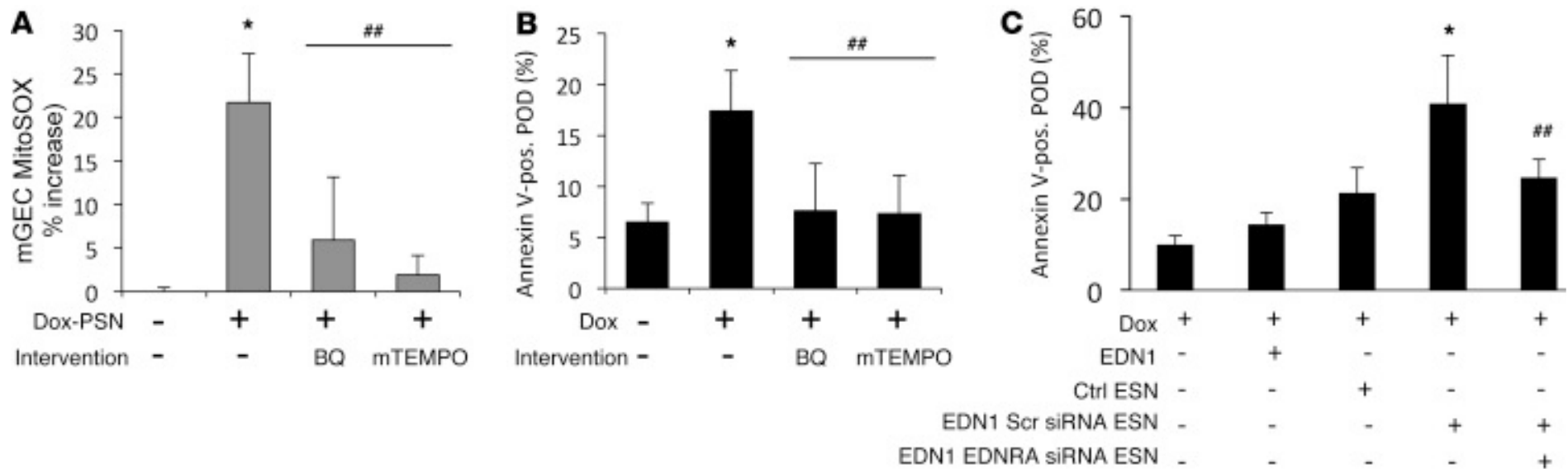
*Daehn et al.*  
*J Clin Invest*  
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Validation of in vivo results using a defined *PodTgfr1*-derived podocyte and in mGEC coculture system

Daehn et al.  
J Clin Invest  
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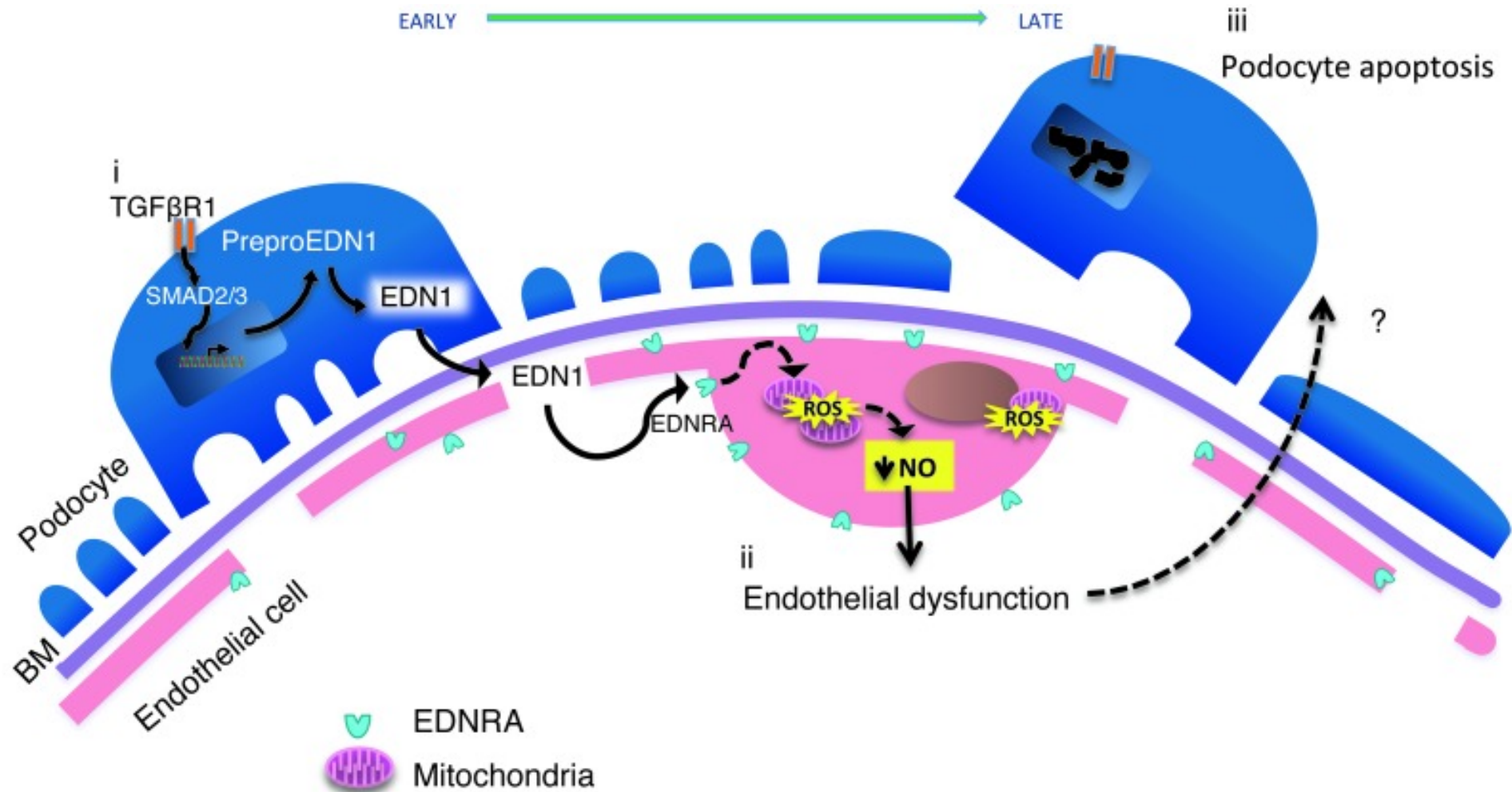
# EDN1-mediated endothelial cell mitochondrial oxidative stress and dysfunction are required for podocyte apoptosis induced by TGF- $\beta$ /SMAD signaling in cell death



Daehn et al.  
*J Clin Invest*  
 Apr 1, 2014, 124 (4):  
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# Working model of podocyte–glomerular endothelial cell crosstalk



Daehn et al. *J Clin Invest*  
Apr 1, 2014, 124 (4):1608-1621



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# The glomerular barrier in health and disease

- The glomerular barrier is highly size and charge selective
- Podocytes, endothelial and mesangial cells are all crucial components of the barrier
- The most important factor is the vivid and intricate communication between glomerular cells

# Glomerular filtration is it like a water fall?



Nothing can move against the flow direction



Or is the glomerular filtration like a river?



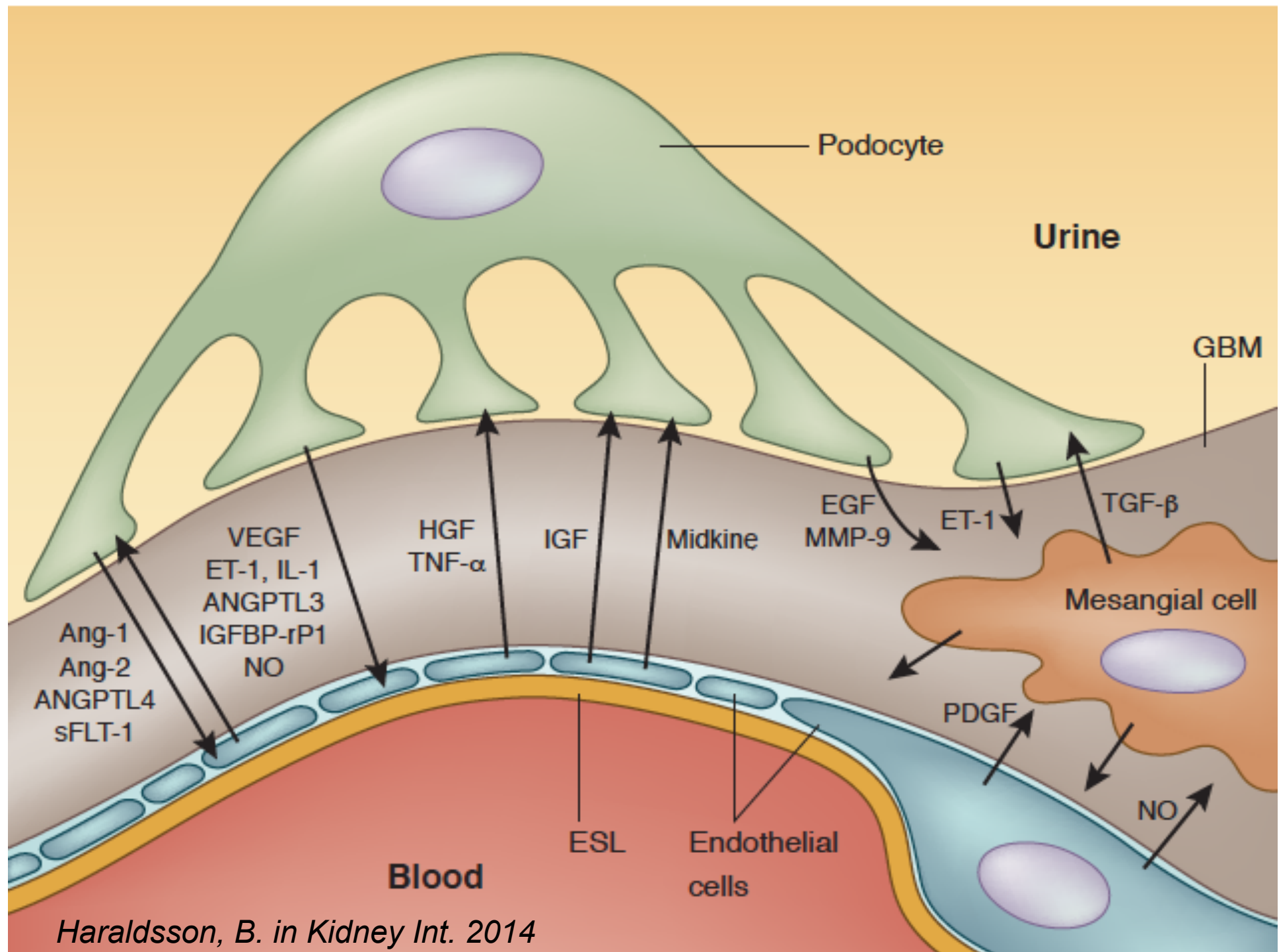
It is really hard to move against the flow...



No, glomerular filtration looks like this!



The Area is so huge that the flow velocity is extremely low

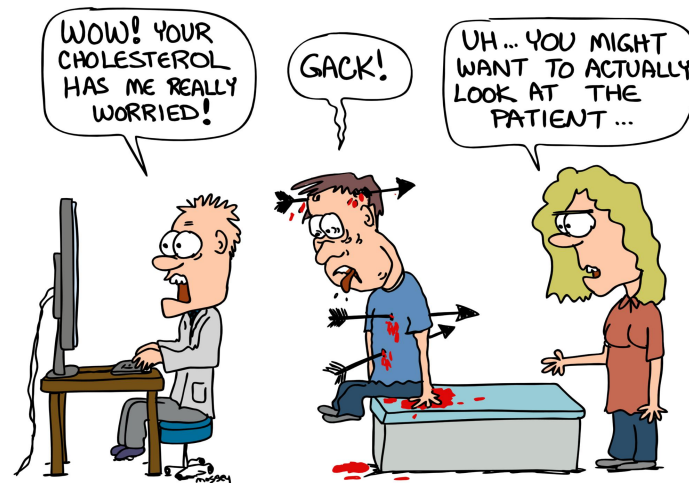


Haraldsson, B. in *Kidney Int.* 2014



*“We have just started to learn a few notes of a glomerular cell symphony, of which we know little, and understand even less”.*

Thank you!



Questions?

