

Controversies Conference on Nephropathic Cystinosis Lisbon, Portugal 11-13 December 2014

OPENING REMARKS

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Disclosure of Interests

Consultant to Alexion; Janssen; Genzyme-Sanofi; Eli Lilly; Raptor honoraria paid to Kid's Kidneys Inc.



Why Study "Rare Diseases"

NIH Director, Francis Collins



- 25 million Americans affected with 6000 rare diseases
- Only ~ 200 rare diseases have treatments
- Bridge molecular understanding into Rx
- Repurposing of Drugs

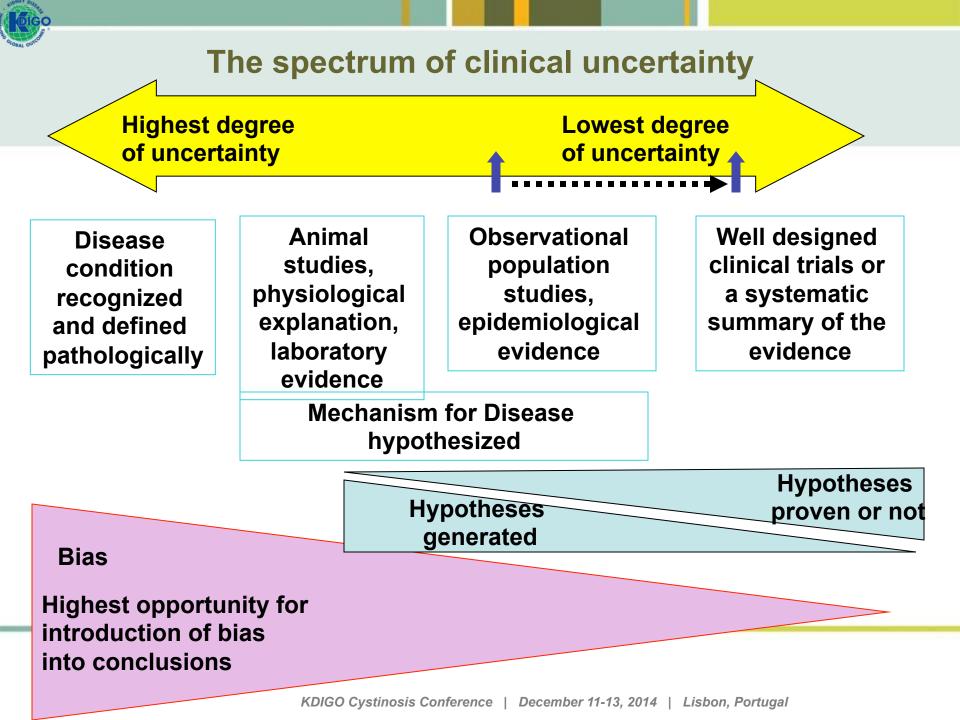


Why Have a Controversy Conference on Cystinosis

- Increase awareness to the professionals
- Increase awareness to those affected
- Coalesce anecdotal experiences
- Promote worldwide databases
- Improve outcomes

- Bridge gap from molecular etiology to patient-centered outcomes
- Provide a framework for investigations and trials going forward
- Increase the patientprofessional relationships



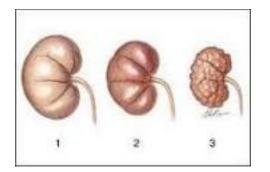


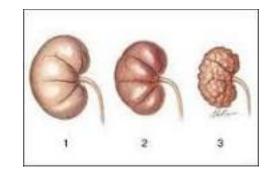
The Natural History of Cystinosis has Changed



Preserved GFR Poor tubular Fx







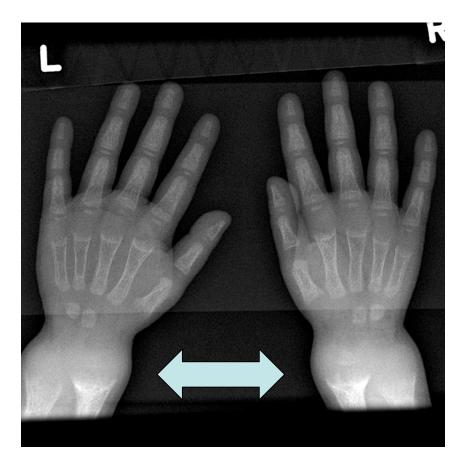




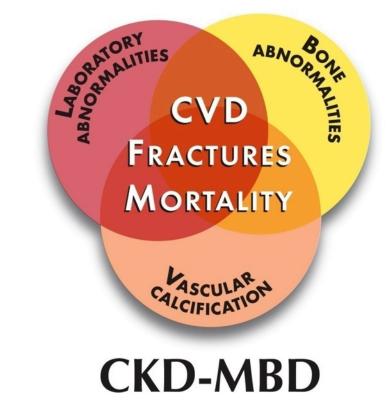
But Why Exactly?



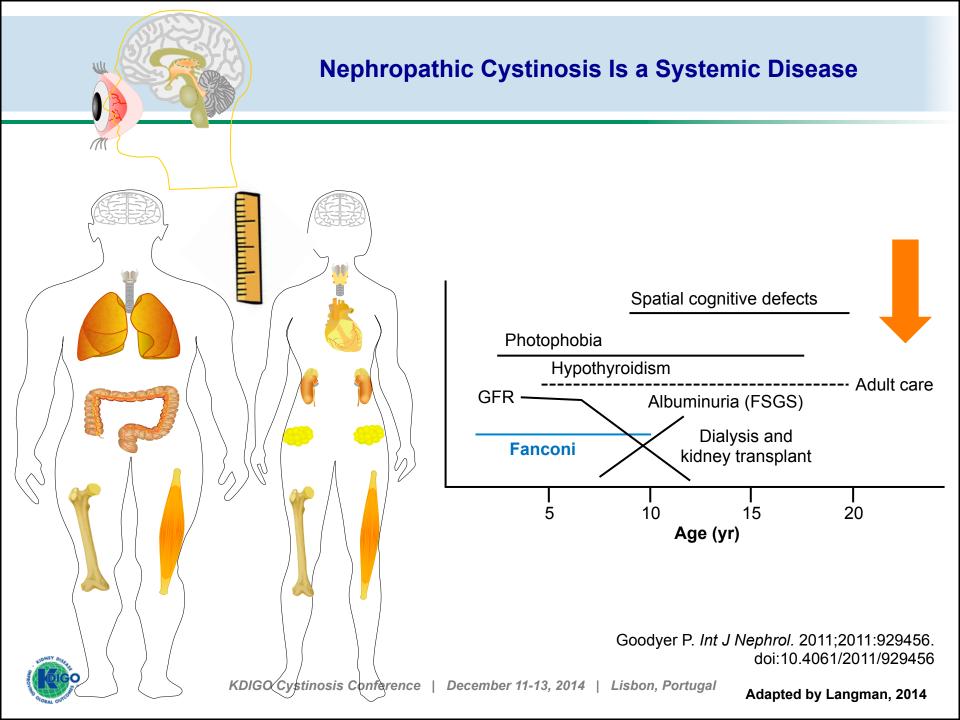
The Natural History of Cystinosis has Changed



CHRONIC KIDNEY DISEASE-MINERAL AND BONE DISORDER







Methods of this Controversy Conference

- Workgroups based on sub-topics
 - Basic & Translational Science
 - Optimal Diagnostics
 - Infant & Young Child
 - Adolescent
 - Adult Years
- Topic Lectures from our Experts

- Deliberations to help 'crystallize' the areas of known and unknown
- Presentations & Group
 Discussions to refine
 consensus
- New deliberations to further define what we don't know.



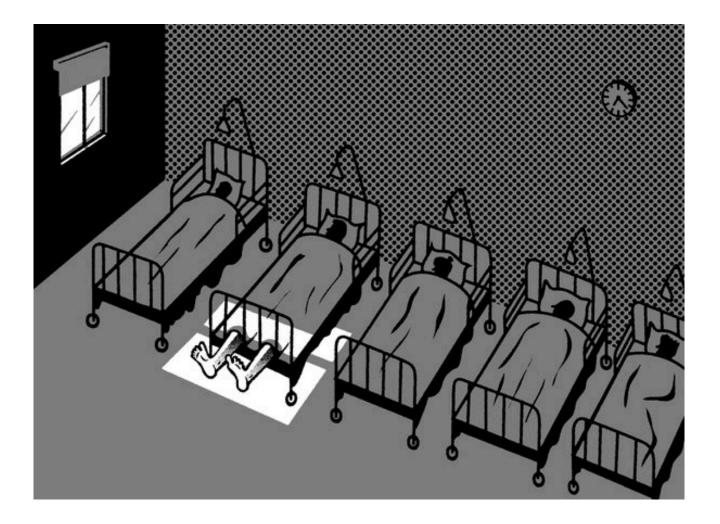
Rules

- Listen to your colleagues.
- Contribute your deep knowledge.
- Work towards consensus.
- Accept some disagreements.

- Think creatively.
- Act with both passion and reason.
- Remember the scientific method.
- Think in a patientcentered manner.



What we are Not!





As We Begin

- We give many thanks to KDIGO
 - John Davis
 - Tanya Green, Michael Cheung, Danielle Green
- We give many thanks to our subgroup leaders
- We give many thanks to our professional participants
- We give many thanks to our lay participants
- We give thanks to friends who could not join us
- We give many thanks to our patients who teach us so much!





NEPHROPATHIC CYSTINOSIS from History to Future

Elena Levtchenko, MD, PhD

University Hospitals Leuven Katholieke Universiteit Leuven Belgium



KDIGO Cystinosis Conference | Dec

Disclosure of Interests

E. Levtchenko performed consultancy for Raptor Pharmaceutical.

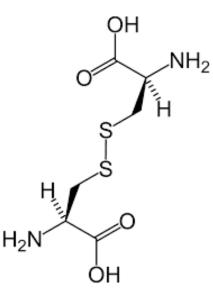


Cystine: first described amino acid



William Hyde Wollaston (1766-1828)

Wollaston W. On cystic oxide: a new species of urinary calculus. *Philos. Trans. R. Soc. Lond.* 100, 223–230 (1810).





Gordon Museum, King's College London

The first cystine stone found in a 36year-old male patient with cystinuria (weight 18 g)

> Thomas, K. *et al.* (2014) Cystinuria—a urologist's perspective





First description of cystinosis



Emil Abderhalden 1877 - 1950 Abderhalden E. Familiäre Cystindiathese. Z. Physiol Chem 38: 557-561, **1903**

Autopsy of a 21-months-old child:

- Failure to thrive
- Cystine crystals in the liver and spleen
- Confusion between cystinuria and cystinosis



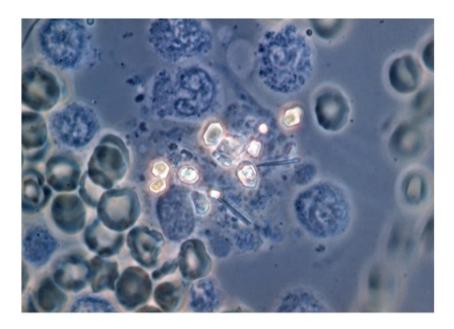
Clinical presentation of cystinosis

- Lignac G: Über storung des cystinstoffwechsels bei kindern Deutsch Arch Klin Med 145: 139, 1924
- **deToni G:** Remarks on the relation between renal rickets (renal dwarfism) and renal diabetes *Acta Paediatr 16: 479, 1933*
- **Debré R** *et al:* Rachitisme tardif coexistent avec une néphrite chronique and glucosurie *Arch Méd Enf* 37: 597, 1934
- Fanconi G: Der nephrotisch-glykosurische zwergwuchs mit hypophosphtämischer rachitis Dtsch Med Wochenschr 62: 1169, 1936



Biochemical basis of cystinosis





Schneider J *et al.* Increased cystine in leukocytes from individuals homozygous and heterozygous for cystinosis

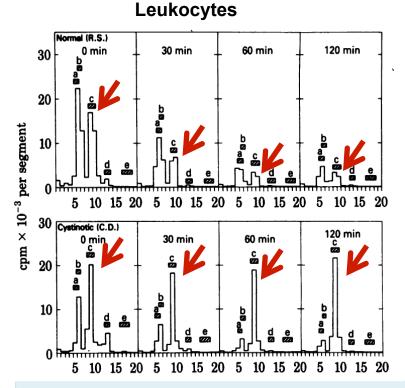
Bone marrow aspirate from 5 m old cystinosis patient. Seen unstained with phase microscopy.

Science 157: 1321, 1967

Jerry Schneider "A personal History of Cystinosis" KDIGO 2014



Altered lysosomal cystine transport in cystinosis

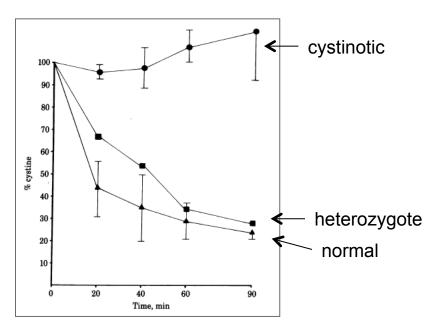


Steinherz R, Tietze F, Gahl WA, Triche TJ, Chiang H, Modesti A, Schulman JD.

Cystine accumulation and clearance by normal and cystinotic leukocytes exposed to cystine dimethyl ester

Proc Natl Acad Sci U S A. 1982, 79 : 4446

Fibroblasts



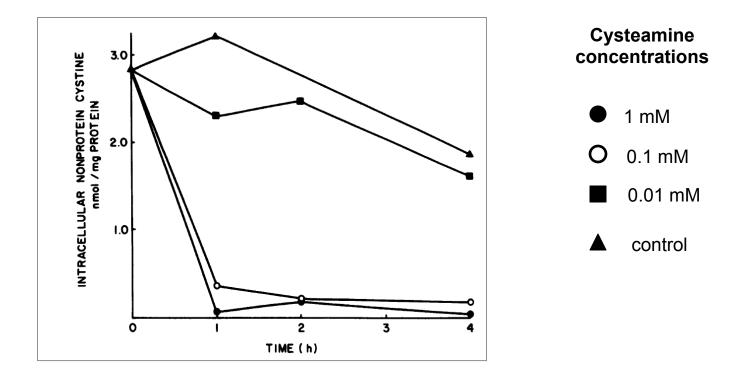
Jonas AJ, Greene AA, Smith ML, Schneider JA

Cystine accumulation and loss in normal, heterozygous, and cystinotic fibroblasts

Proc Natl Acad Sci U S A. 1982 , 79 :4442



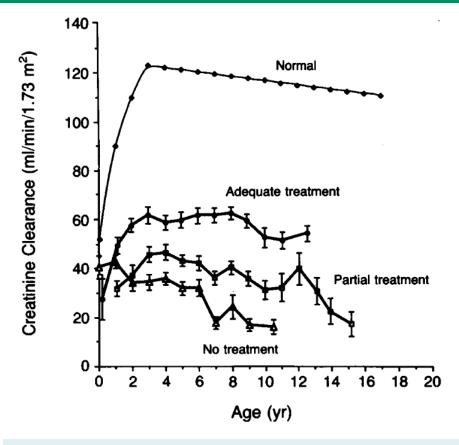
Cysteamine depletes intra-cellular cystine accumulation



Thoene JG, Oshima RG, Crawhall JC, Olson DL, Schneider JA Cystinosis. Intracellular cystine depletion by aminothiols in vitro and in vivo. *J Clin Invest. 1976, 58: 180*



Cysteamine treatment protects renal function

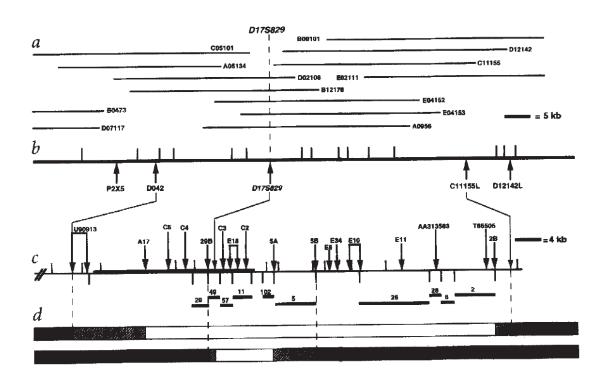




Markello TC, Bernardini IM, Gahl WA. Improved renal function in children with cystinosis treated with cysteamine *N Engl J Med. 1993 ,1157*



Genetic basis of cystinosis: CTNS gene





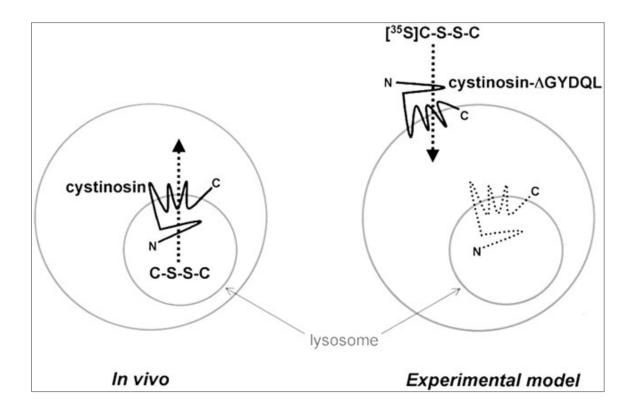
Town M, Jean G, Cherqui S, Attard M, Forestier L, Whitmore SA, Callen DF, Gribouval O, Broyer M, Bates GP, van't Hoff W, Antignac C.

A novel gene encoding an integral membrane protein is mutated in nephropathic cystinosis.

Nat Genet. 1998, 18:319



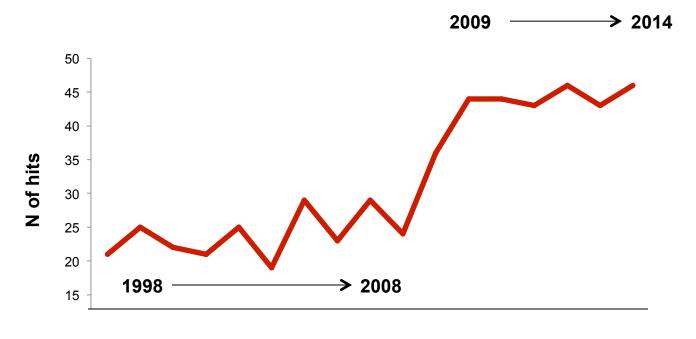
Molecular basis of cystinosis: cystinosin



Kalatzis V, Cherqui S, Antignac C, Gasnier B. Cystinosin, the protein defective in cystinosis, is a H(+)-driven lysosomal cystine transporter. *EMBO J. 2001, 20: 5940*



PubMed hits on cystinosis



Publications' years





2014

CONTROVERSIES IN NEPHROPATHIC CYSTINOSIS Improving the Future

