

C3G: PATHOLOGY AND UNANSWERED QUESTIONS

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Disclosure of Interests

None





Definition of C3G

- Dominant C3 staining on IF staining
- Pattern of injury- most often membranoproliferative, followed by mesangial proliferative, rarely crescentic, with a variable degree of sclerosing lesions
- EM- Further subclassified into C3GN and DDD

Pickering, MC, D'Agati, VD, Nester, CM, Smith, RJ, Haas, M, Appel, GB, Alpers, CE, Bajema, IM, Bedrosian, C, Braun, M, Doyle, M, Fakhouri, F, Fervenza, FC, Fogo, AB, Fremeaux-Bacchi, V, Gale, DP, Goicoechea de Jorge, E, Griffin, G, Harris, CL, Holers, VM, Johnson, S, Lavin, PJ, Medjeral-Thomas, N, Paul Morgan, B, Nast, CC, Noel, L-H, Peters, DK, Rodriguez de Cordoba, S, Servais, A, Sethi, S, Song, W-C, Tamburini, P, Thurman, JM, Zavros, M, Cook, HT: C3 glomerulopathy: consensus report. *Kidney Int,* 84: 1079-1089, 2013.



Can we do more with the biopsy

 Confirmation of alternative pathway of complement activation versus role for other complement pathways (classical and lectin): Role for C4d staining



Sethi, S, Nasr, SH, De Vriese, AS, Fervenza, FC: C4d as a Diagnostic Tool in Proliferative GN. *Journal of the American Society of Nephrology*, 26: 2852-2859, 2015.



Can we do more with the biopsy

 Pronase studies to determine whether unmasked deposits are present- in particular monotypic Ig deposits

Larsen, CP, Messias, NC, Walker, PD, Fidler, ME, Cornell, LD, Hernandez, LH, Alexander, MP, Sethi, S, Nasr, SH: Membranoproliferative glomerulonephritis with masked monotypic immunoglobulin deposits. *Kidney Int,* 88: 867-873, 2015.

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Can we do more with the biopsy

Electron microscopy: Overlap of C3GN and DDD findings- does it matter?

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http://www.kidney-international.org

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Overlap of ultrastructural findings in C3 glomerulonephritis and dense deposit disease



C3 or more than C3

- Breakdown/activation products of C3: convincing mass spectrometry data
- Staining for C5-9



Other pathology questions-Patterns of injury

- Rare cases of severe crescentic C3G, sclerosing lesions
- Substructures in C3G deposits



Post infectious GN and C3GN: can we/should we separate the two

- Clinical presentation/duration of kidney disease
- Pattern- diffuse proliferative GN
- Presence of IgG + C3 versus C3 only
- Subepithelial humps
- Ancillary studies- C4d





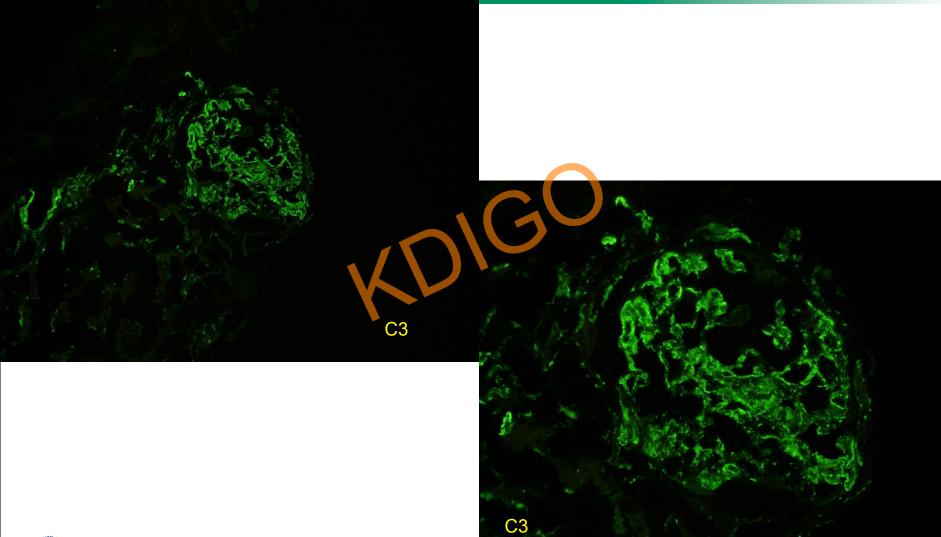




Recurrent C3GN-role for C4d

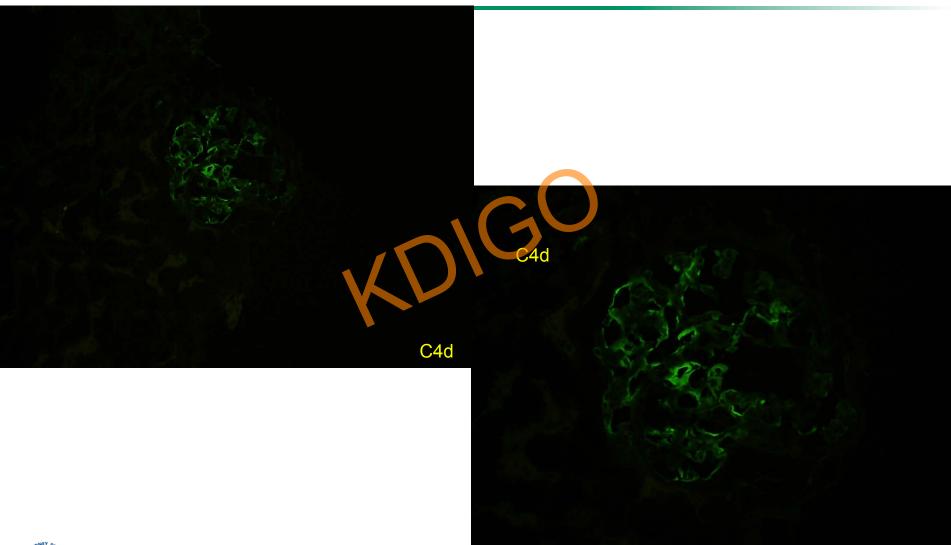


C3 in recurrent C3GN



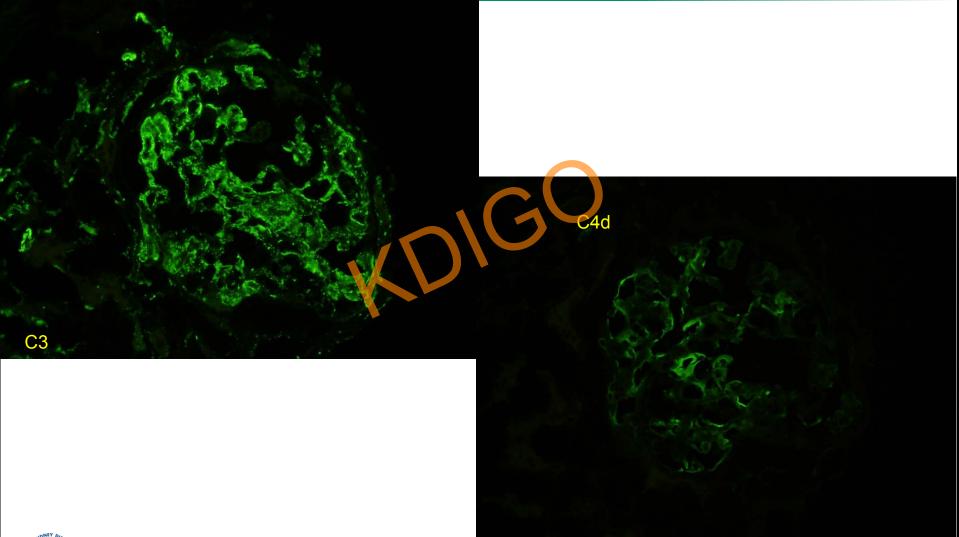






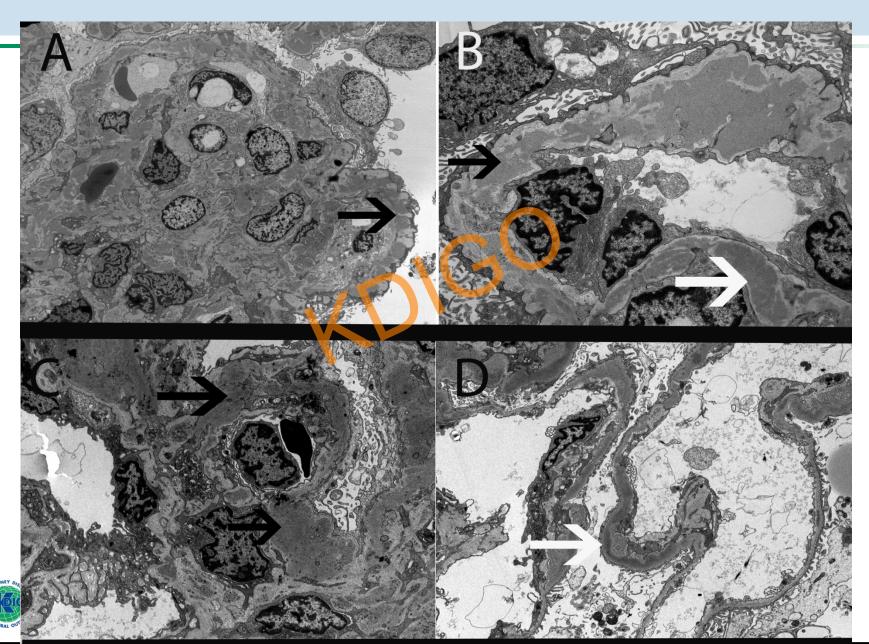


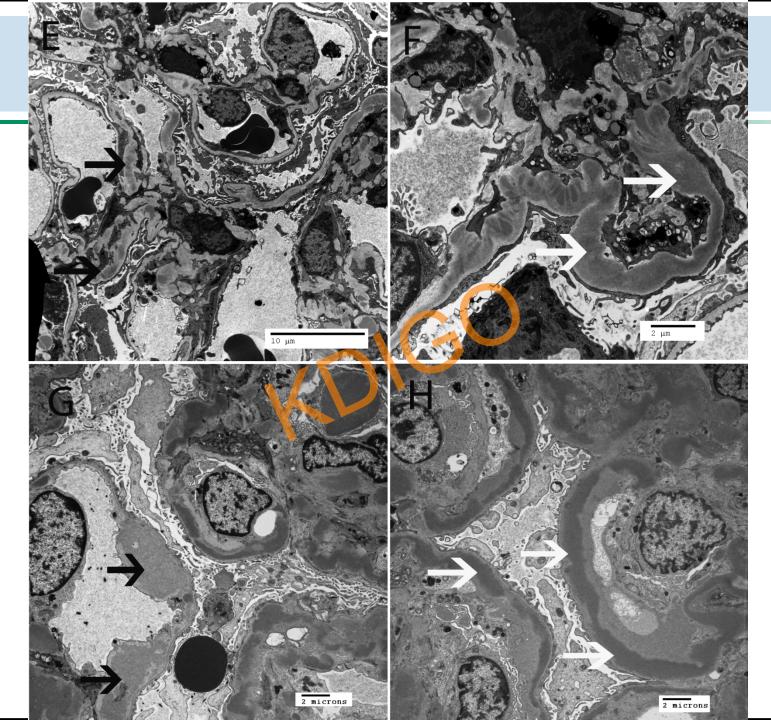
C3 versus C4d





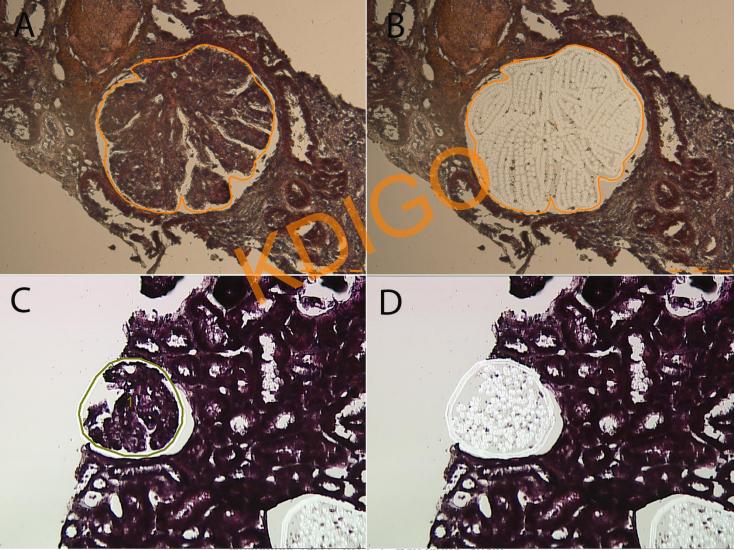
Overlapping features







Breakdown/activation products of C3



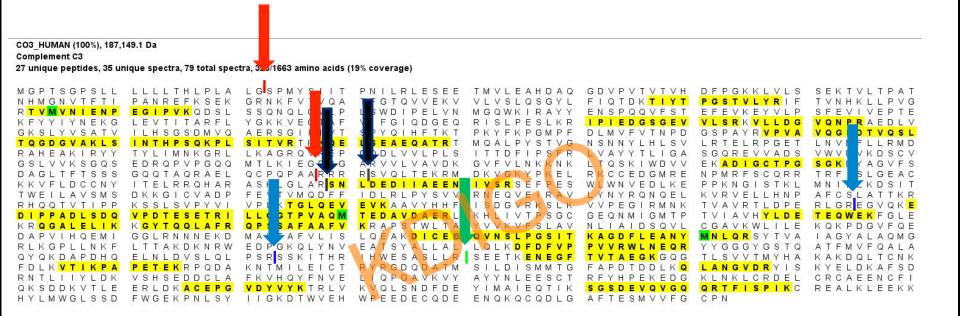


November 13-21. 2010 | Darcelona, Spann

LCMS of 6 patients of C3GN and 6 patients of DDD

	Probability Legend: over 95% 80% to 94% 50% to 79% 20% to 49% 0% to 19% Bio View: Identified Proteins (14/1395)	Patient 01	ent 02	ent 03	atient 04	ent OS	Patient 06	ent 07	atient 08	ent 09	Patient 10	Patient 11	Patient 12
#	Identified Proteins (14/1395)	Patie	Patient I	Patient I	atie	Patien	Patie	Patient	Patie	Patient	Patie	Patie	oatie
1	* Complement C3	71	44	79	10	15	21	75	24	8	7	25	22
2	★ Complement factor H-related protein 1	22	5	16	3	2	7	19	11	4	3	7	5
3	★ Complement component C9	21	15	17	7	4	4	14	6		4	2	3
4	🖈 Complement C5	16	7	13	4	4	6	16	2		2	6	7
5	🖈 Complement factor H-related protein 5 🚺	11	7	3			1	2	3			1	3
6	🔺 Complement component C8 alpha chain 🤘	5	2	9	1	1	1	6	2			1	2
7	🛧 Complement component C6	5	4	5	2	2	2	3	3		2		2
8	★ Complement component C8 beta chain 🛛	6	3	5	1	2	2	3	2		1		1
9	★ Complement component C7	6	2	5	1			5					3
10	🔺 Complement component C8 gamma chain	3	2	4	1	1	2	2			1		
11	🛧 Complement C4-A	3			1	1							2
12	🖈 Complement factor H-related protein 2	4		2				2					
13	🖈 Complement factor H	7		1									1
14	* Complement factor I								1			1	





Location of bars

Before red bar: Signal sequence Between two red bars = β chain Between two black bars = C3a Between second black and first blue = C3c (α 1) Between blue bars = C3dg Between second blue to green bar = C3f From green to end = C3c (α 2) *KDIGO Controversies Conference on Complement-Mediated Kidney Diseases November 19-21. 2015* | *Barcelona, Spain*

4B. Dense deposit disease

CO3_HUMAN (100%), 187,149.1 Da Complement C3 18 unique peptides, 24 unique spectra, 25 total spectra, 3	/1663 amino acids (15% coverage)				
	J S P M Y S I I T	PNILRLESEE T <u>EG</u> TOVVFKV	TMVLEAHDAQ	GDVPVTVTVH	DFPGKKLVLS PGSTVIYRIF	SEKTVLTPAT
	RNKFVTVQA SQNQL I VLP		V L V S L Q S G Y L M G Q W K I R A Y Y			T V N H K L L P V G S F E V I V E P T E
	SQNQL VLP GKKVE TETF	V FGIQDGEQ	M G Q W K I R A Y Y R I S I P F S I K R	ENSPQQVFST IPIEDGSGEV	EFEVKEYVLP VLSRKVLLDG	VONPRAFDIV
	ERSGI ITT	S YQIHFTKT	PKYFKPGMPF	DIMVEVTNPD	G S P A Y R V P V A	VQGEDTVQSL
			MOALPYSTVG	NSNNYIHISV	LRTELRPGET	LNV FLLRMD
	KAGRQ F P	G DLVVLPLS		IVAYYTIIGA	SGQREVVADS	VWV VKDSCV
		AVVIVAVDK	GVEVINKKNK	LTQSKIWDVV	EKADIGCTPG	SGK YAGVES
	C P Q P A A R	RSVQLTEKRM	DKVGKYRKEL			
		IDEDIIAEEN	IVSRSEFPES	RKCCEDGMRE		
	SHLGLARSN			WLWNVEDLKE	PPKNGISTKL	
			RNEQVEIRAV	LYNYRQNQEL	KVRVELLHNP	AFCLATTKR
RHQQTVTIPP KSSLSVPYVI VF		E 	ISDGVRKSLK	VVPEGIRMNK	TVAVRTLDPE	R L G R E G V Q K <mark>E</mark>
DIPPADLSDQ VPDTESETRI LI		T E D A V D A E R L	K H L I V T P S G C	GEQNMIGMTP	TVIAVHYLDE	TEQWEKFGLE
KR <mark>QGALELIK</mark> K <mark>GYTQQLAFR</mark> QF		K R <mark>A P S T W L T</mark> A	Y	NLIAIDSQVL	CGAVKWLILE	K <mark>Q K P D G V F Q E</mark>
DAPVIHQEMI GGLRNNNEKD M/		LQEAKDICEE	Q V N S L P G S I T	<mark>K A G D F L E A N Y</mark>	MNLQR SYTVA	IAGYALAQMG
	D 3 K <mark>Q L Y N V</mark>	EATSYALLAL		PVVR WLNEQR	YYGGGYGSTQ	ATFMVFQALA
	S R S S K I T H R	I H W E S A S L L R	• · · · ·	ΤΥΤΑΕGΚGQG	ТLSVVTMYHA	KAKDQLTCNK
	NTMILEICT	RYRGDQDATM	SILDISMMTG	FAPDTDDLKQ	LANGVDRYIS	KYELDKAFSD
	<	LIQPGAVKVY	AYYNLEESCT	RFYHPEKEDG	<u>k l</u> n k l c r d e l	CRCAEENCFI
QKSDDKVTLE ERLDKACEPG VI	DYVYKTRLV	KVQLSNDFDE	YIMALEQTIK	S G S D E V Q V G Q	QR TFISPIKC	REALKLEEKK
HYLMWGLSSD FWGEKPNLSY II	IGKDTWVEH	WPEEDECQDE	ENQKQCQDLG	AFTESMVVFG	CPN	



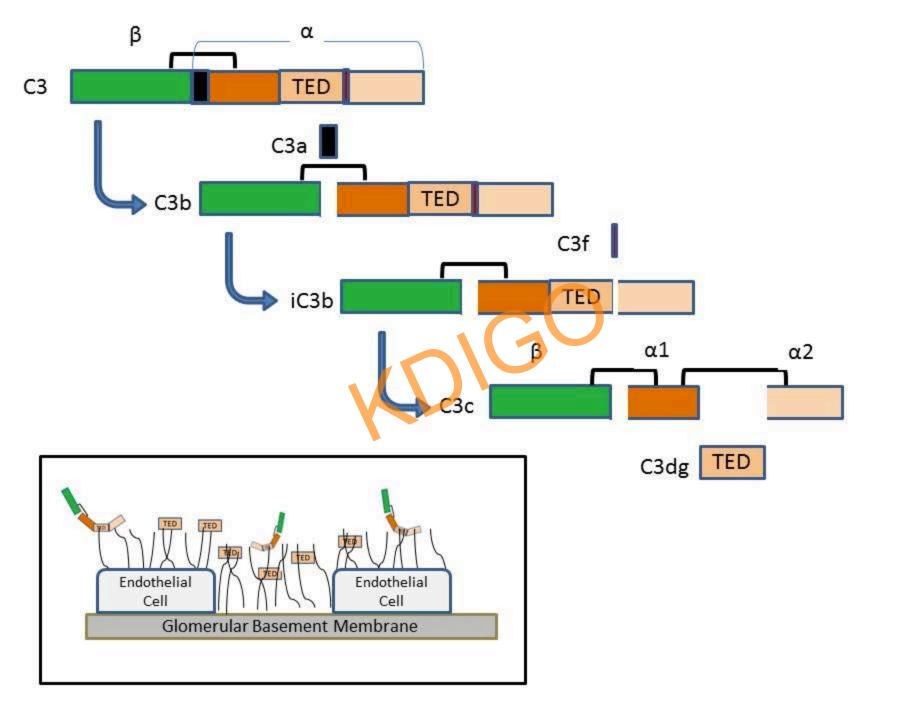
Complement C3					▼] All B	iologica	Samples		
Sequence Coverage	Protein	Accession	Bio Sample	Prob	%Spec	#Pep	#Uni	#Spec	%Cov
	Complem	CO3_HUM	Patient 01	100%	1.1%	26	36	75	18%
	Complem	CO3_HUM	Patient 02	100%	0.085%	3	3	5	2.3%
	Complem	CO3_HUM	Patient 03	100%	0.066%	3	3	4	2.2%
	Complem	CO3_HUM	Patient 04	100%	0.22%	10	12	12	9.0%
	Complem	CO3_HUM	Patient 05	100%	0.28%	12	14	15	9.9%
	Complem	CO3_HUM	Patient 06	100%	0.50%	15	21	24	13%
	Complem	CO3_HUM	Patient 07	100%	1.00%	32	40	77	23%
	Complem	CO3_HUM	Patient 08	100%	0.41%	10	12	26	7.3%
	Complem	CO3_HUM	Patient 09	100%	0.10%	6	6	8	4.3%
	Complem	CO3_HUM	Patient 10	100%	0.14%	5	7	7	5.1%
	Complem	CO3_HUM	Patient 11	100%	0.53%	19	26	28	16%
	Complem	CO3_HUM	Patient 12	100%	0.43%	13	19	23	11%



Percentage amino acid coverage of C3 proteins detected by mass spectrometry

		Overall amino acid cove rage	C3 β chain	C3a	C3c- α1	C3dg	C3f	С3с-α2
Patient 1	C3GN #1	16	6.3	0	4.3	30.9	0	7.0
Patient 2	C3GN #2	16	11.5	0	4.3	35.5	0	17.5
Patient 3	C3GN #3	19	17.8	0	12.1	34.6	0	17.7
Patient 4	DDD #1	8	2.2	0	14.5	24	0	3.5
Patient 5	DDD #2	10	10	0	0	23.2	0	3.5
Patient 6	DDD #3	11	7.7	0	4.3	30	0	3.5
Patient 7	C3GN #4	23	16	0	14.5	50	0	17.7
Patient 8	C3GN #5	7	0	0	0	30	0	0
Patient 9	C3GN #6	4	0	0	0	16.9	0	3.5
Patient 10	DDD #4	5	0	0	14.5	15.4	0	0
Patient 11	DDD #5	15	9.3	0	4.3	47	0	3.5
Patient 12	DDD #6	10	5.9	0	4.3	32	0	0





C5b-9 staining Supplement: C3 coverage map showing number of unique peptides, number of

total spectra and number of unique spectra

Patient 1

C3

CO3_HUMAN (100%), 187, Complement C3 23 unique peptides, 33 un	149.1 Da nique spectra, 71 total spec	tra, 265/1663 amino acids (16% coverage)				0
$ \begin{array}{c} M & G \ P \ S \ L \ F \ F \ I \ I \\ R \ T \ F \ V \ I \ I \ R \ R \\ H \ M \ G \ R \ I \ I \ R \ R \ I \ I \ I \ R \\ R \ I \ I \ I \ I \ R \ I \ I \ I \ I \ R \\ R \ I \ \mathsf$	$\begin{array}{c} L \ $	$ \begin{array}{c} L & G & S \\ P & M & V & S & I & I \\ S & G & M & V & G & I \\ G & N & N & N & L & G & I \\ G & N & N & N & L & G & I \\ G & N & N & N & L & G & I \\ G & N & N & N & L & G & N \\ G & N & N & N & L & G & N \\ G & N & N & N & L & G & N \\ G & N & N & N & L & G & N \\ G & N & N & N & N & Q \\ G & N & N & N & N & N \\ G & N & N & N & N & N \\ G & N & N & N & N & N & N \\ G & N & N & N & N & N & N \\ G & N & N & N & N & N & N \\ G & N & N & N & N & N & N & N \\ G & G & S & N & N & N & N & N \\ G & G & S & N & N & N & N & N \\ G & S & S & S & L & L & I & N \\ G & S & S & S & L & L & I & N \\ G & N & N & N & N & N & N \\ G & N & N & N & N & N & N \\ G & N & N & N & N & N & N \\ S & N & N & N & N & N \\ S & N & N & N & N \\ S & N & N & N & N \\ S & N & N & N \\ N N & N \\ N & N & N \\ N \\ N & N \\ N & N \\ N & N \\ N \\ N \\ N \\ N & N \\ \mathsf$	$ \begin{array}{c} P \; P \; I \; I \; C \; \mathsf$	$ \begin{array}{c} H \ H \ G \ \mathsf$	$ \begin{array}{c} 0 & \cup \ V & \vee \ V & \vee \ V & \vee \ V \\ F & \vee \ V & + \ V & + \ V & + \ V & + \ V \\ F & = \ V & + \ V & + \ V & + \ V & + \ V \\ F & = \ V & + \ V & + \ V & + \ V & + \ V & + \ V \\ O & = \ N & + \ V & + \ V & + \ V & + \ V & + \ V \\ O & = \ N & + \ V & + \ V & + \ V & + \ V & + \ V \\ O & = \ N & + \ V & + \ V & + \ V & + \ V & + \ V \\ O & = \ N & + \ V & + \ V & + \ V & + \ V & + \ V \\ V & = \ V & + \ V & + \ V & + \ V & + \ V & + \ V & + \ V & + \ V \\ V & = \ V & = \ V & + \ V & + \ V & + \ V & + \ V & + \ V & + \ V $	$ \begin{array}{c} D \\ P \\ P \\ G \\ S \\ C \\ C$	$ \begin{array}{c} {}^{*} {$
COS_HUMAN (100%), 188, Complement CS	309.2 Da				•		
9 unique peptides, 9 uni	que spectra, 16 total spectr						
	$\begin{array}{c} I = L \subset K \land T \otimes W \land P \lor Y S \\ I = L \subset K \land V \otimes P \lor Y S \\ I = L \subset P \lor V \subset P E S \\ I = I \circ P \lor P S S \\ I = I \circ P \lor I = I \circ I S \\ I = I \circ I \circ I \circ I \\ I = I \\ I = I \circ I \\ I = I \\ I = I \circ I \\ I = $	$\begin{array}{c} 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	$ \begin{array}{c} F \; R \; \lor \; G \; A \; F \; N \; I \; \lor P \; I \; T \\ R \; \lor \; R \; R \; R \; R \; N \; G \; N \; N \; I \; V \; I \; I \\ R \; R \; R \; R \; R \; G \; R \; N \; N \; I \\ R \; R $	$\begin{array}{c} 0 \lor v \in y \lor T \in I \\ 0 = (x \in v \land x \in J) \\ 0 = (x \in J) \\ 0 =$	S S S S S S S S S S	$\begin{array}{c} D \ \ K \ \ \ K \ \ \ \ S \ \ V \ \ S \ \ L \ \ N \ D \ \ S \ \ C \ N \ S \ L \ N \ D \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ C \ N \ S \ S \ N \ S \ S \ N \ S \ S \ S \ N \ S \ S \ S \ N \ S \ S \ S \ N \ S \ S \ S \ N \ S \ S \ S \ N \ S \ S \ S \ N \ S \ S \ S \ S \ N \ S \ S \ S \ S \ N \ S \ S \ S \ S \ N \ S \ S \ S \ S \ S \ N \ S \$	$\begin{array}{c} \forall \ H \ I \ B \ S \ S \ H \ I \ B \ C \ S \ S \ I \ S \ S \ I \ S \ I \ S \ S$

C9

CO9_HUMA Complement IO unique p	ntee	ompo	nent	C9		ectr	a, 2	1 to	tal	spe	tra,	121	/55	9 21	nin) ac	ids	223	. co	ver	ag	e)																																				
MSACR	2.5	FA	V A	110	c I	L.	E T	5	i L	т	A	0	ст	т	s)	D	PE		LT	E	s	s (3 5	A	S H	- 0	D	C.	R I	A S	P	w:	. E	w	5.1	o c	D	p	C I	C#	2.0	- M	I F	R	S I	RS			VF		3 0	F	N	a 1	K F	2.0	2.7	Ŀ,
VGDR	2 R	OC.	VP	T	E P	Ċ	E D	A	E 0	D	C	GI	1.0	F.	0.0	: \$	TO		RC	1	K	M.F	2 L	R	CN	- 6	3 D	N.	D	; G	0	F 5	0	8	D I	2 C	8	\$	EF	p s	2 P	. P	c	R	DI	RV	/ V		ES		E L		R	τ /	AC	J Y	0	2
ILGN	D	PL	ST		FD	N	E F	Y	NG	1.	C	NI	2 0	R	DO	1 1	TL		TY	Y	R	RI	P W	í N	VA	- 18	5 L.	1	Y	£.7	×.	Gł	EK.	N.	F 1	÷ 1	Ε.	H	Y-1	£ ŧ	E Q	1	E	A	F 1	K . 5	1.1	1.1	0 E		KT	5	N	P.1	N A	A	11	
KFTP	2.7.	ET	NK	A	E Q	C.	C E	E	ΤA	1.5	\$	1	8 L	H.	GI	G	SF		RF	\$	Y	\$1	ćΝ	E	TY	1.0	DL.	F	1.	5 Y	\$	51	0.00	10	IC 8	A F	1.	н	V1	00	3 E	1	H	L	G 1	R F	1 V	M.F	RN		R D	V	V	4.7	£ 7	1.1	î F	÷
DIKA	1.1	PT	TY	E	KG	6	Y F	A	FL	E	T	¥ 1	3.7	н	Ý - 3	: \$	5.0		SL	G	G	1.	(E	L	1 Y	- 3	V L	D	К.	k s	M	K F	ERC-	G	VI	5 1	R	D	1.1	1.5	2 C	1	G	Y	H I	. 0	V	\$ 1	LA	. 1	FS	E.	1	51	10	2.4	i E	5
KDDC	V I	KR	GE	G	RA	V	NI	T.	S E	N															E L																																	
VKMH	1. 14	AH	LK	K	0.10	1	EP		1.1	D															VI																									- 1								



What is the relationship of post-infectious GN to C3 glomerulopathy: two different or related entities

- Clinical presentation/duration of kidney disease
- Pattern- diffuse proliferative GN
- Presence of IgG + C3 versus C3 only
- Subepithelial humps
- Ancillary studies- C4d

Atypical postinfectious glomerulonephritis is associated with abnormalities in the alternative pathway of complement

Sanjeev Sethi¹, Fernando C. Fervenza², Yuzhou Zhang³, Ladan Zand², Nicole C. Meyer³, Nicolò Borsa³, Samih H. Nasr¹ and Richard J.H. Smith^{3,4,5}



Electron Microscopy

- Required in every case?
- Overlapping features

