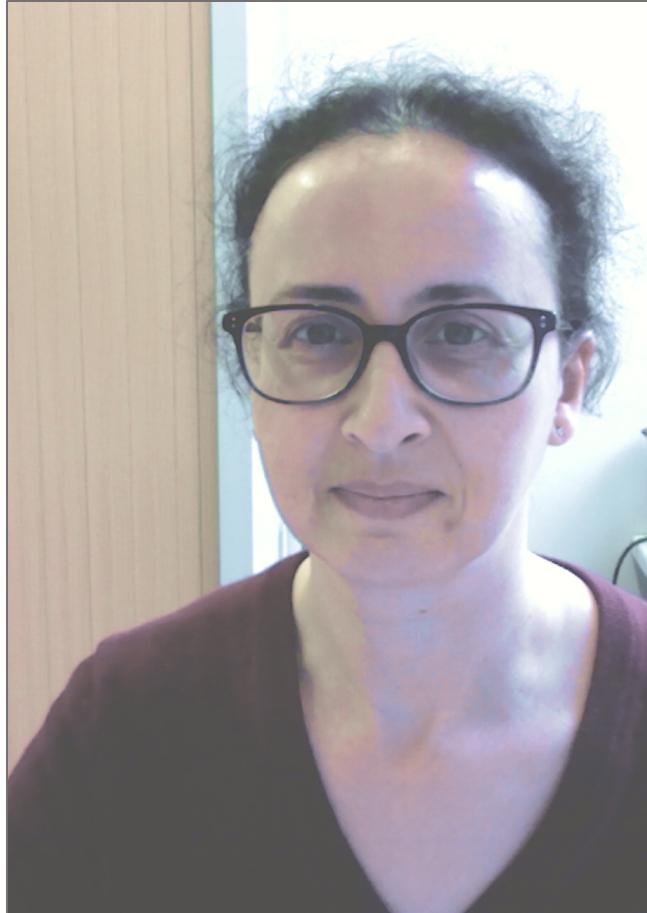


Renal manifestations related to ***COL4A1*** mutations



ERKNet

The European
Rare Kidney Disease
Reference Network

Webinar March 7, 2019

Pr Emmanuelle PLAISIER

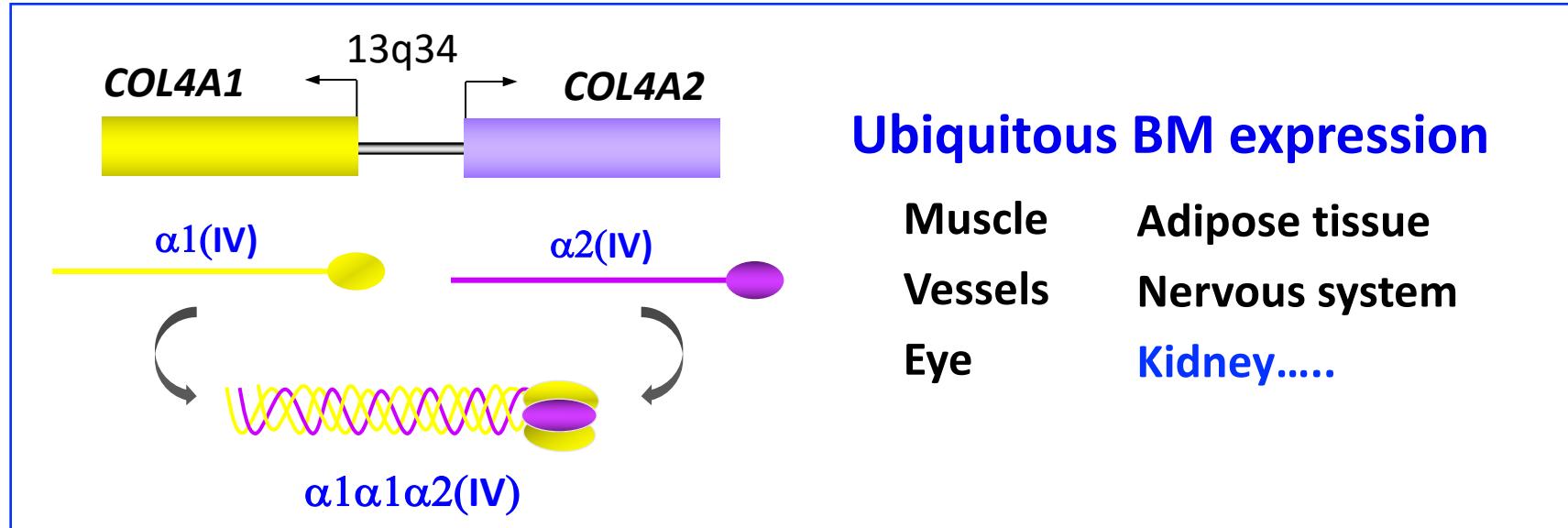
Department of Adult Nephrology
Tenon's Hospital – Sorbonne Université- INSERM
Paris – France

Collagen IV

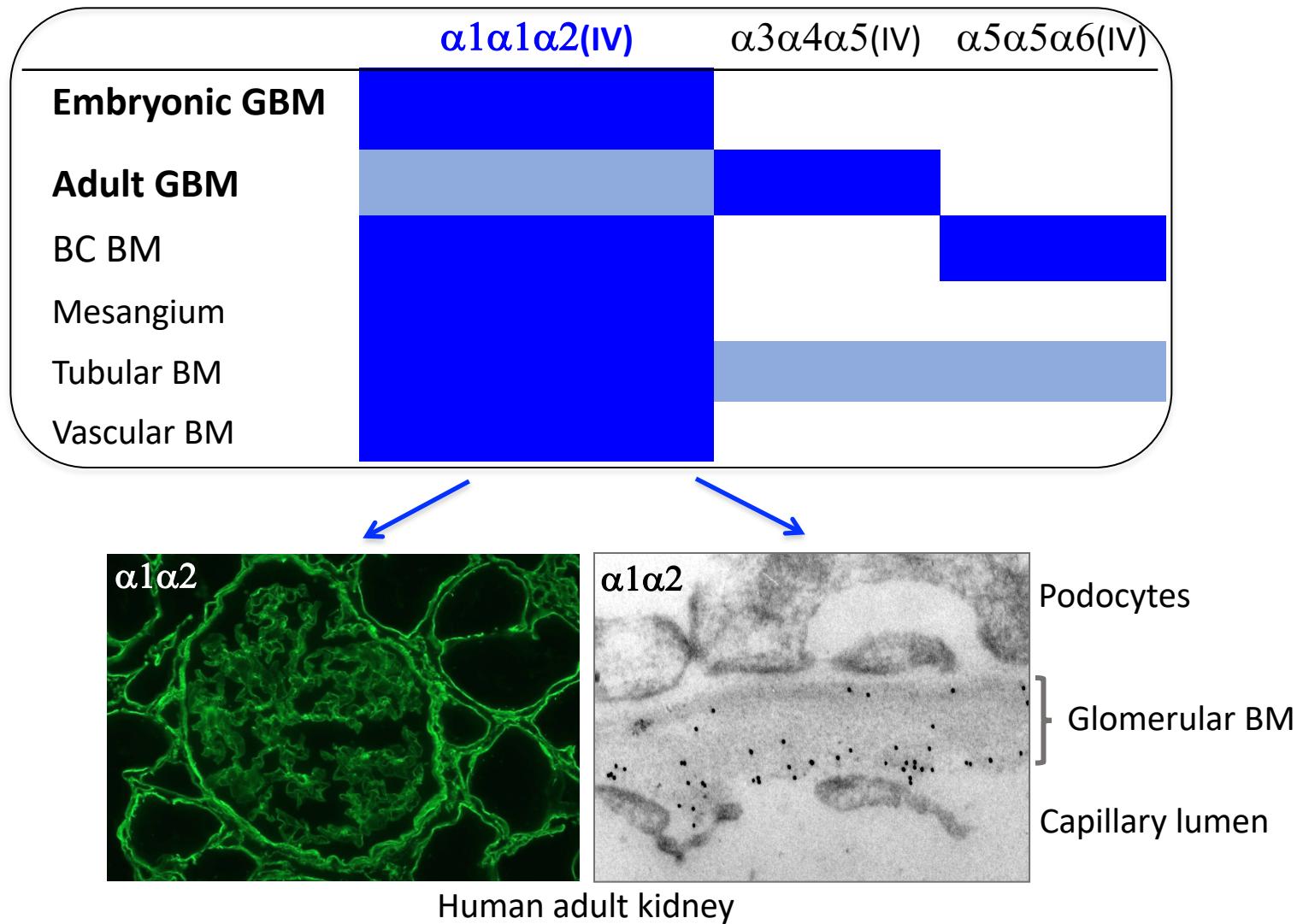
- Network-forming collagen
- Main basement membrane (BM) component
- Six isoforms : $\alpha 1$ to $\alpha 6$ (IV) chains,
3 heterotrimers : $\alpha 1\alpha 1\alpha 2$, $\alpha 3\alpha 4\alpha 5$, $\alpha 5\alpha 5\alpha 6$

Collagen IV

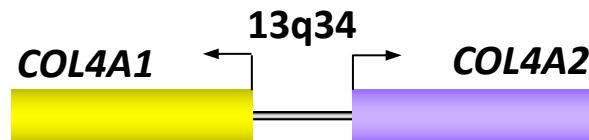
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Collagen IV in the kidney



Inherited collagen IV diseases

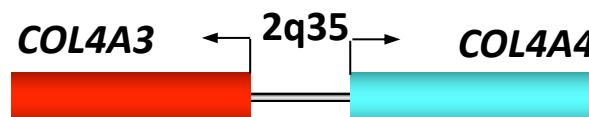


AD/AR Alport Syndrome

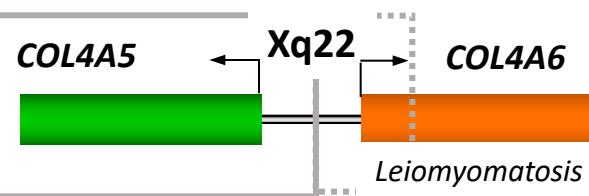
Progressive Familial Hematuria

AD FSGS

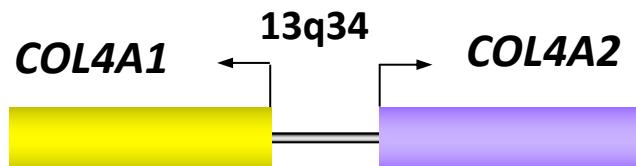
Benign Familial Hematuria



X-linked Alport Syndrome



Inherited *COL4A1*/*COL4A2* diseases



**Cerebral small vessel disease
with eye defects**

Gould DB, Science 2005
Gould DB, NEJM 2006

**Cerebral small vessel disease
with eye defects**

Yoneda Y, Am J Hum Genet, 2013
Jeanne M, Am J Hum Genet, 2013

**Microphthalmia and/or
Eye anterior segment dysgenesis**

Deml B, Clin Genet, 2014

HANAC syndrome

Plaisier E, NEJM, 2007

Inherited *COL4A1* diseases

- Autosomal dominant transmission
- Unknown frequency
- Underdiagnosed in pauci-symptomatic forms
- Huge phenotypic variability

- Within/between families
- Single organ or multisystemic involvement
- Age at the first manifestations
- Severity

from antenatal intracerebral bleeding to clinically silent throughout life

- Mostly a multisystemic disease  *Systematic evaluation at diagnosis
during follow-up*
- Cerebral and retinal vasculopathy
- Eye defects
- **Kidney disease**
- Muscle symptoms...

Cerebral manifestations (1)

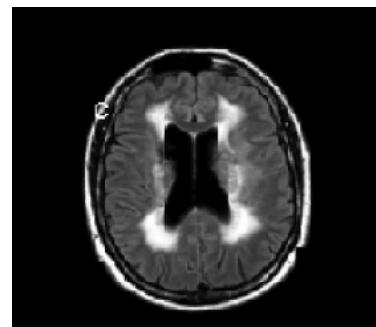
Cerebral small vessel disease

Clinical symptoms

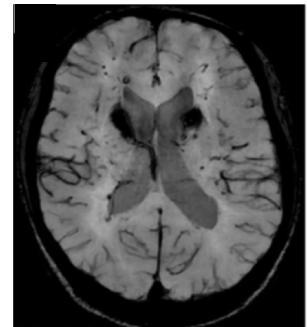
Neonatal to adult onset

- Silent
- Migraine
- Epilepsy
- Stroke (haemorrhagic> ischemic)
- Congenital hemiplegia
- Intellectual disability

Brain lesions (MRI)



Leukoencephalopathy



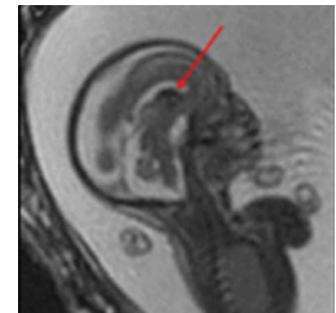
Microbleeds

Lacunar infarct – Brain calcifications

Intracerebral haemorrhages



Porencephaly
Schizencephaly



Fetal brain
haemorrhage

Gould DB, Nature 2005

Gould DB, NEJM, 2006

Søndergaard CB, Clin Neurol Neurosur, 2017

Cavillon M, Eur J Med Genet, 2018

Zagaglia S, Neurology, 2018

Cerebral manifestations (2)

Intracranial aneurysms

- < 10 % of patients
- Unique or multiple
- Mostly in the intracranial portion of the internal carotid artery
- No episode of rupture



Plaisier E, NEJM, 2007

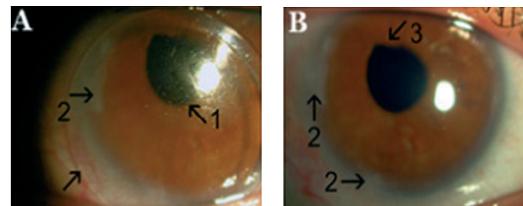
Plaisier E, Am J Med Genet, 2010

Giorgio E, J Neurol Sci, 2015

Meuwissen ME, Genet Med, 2015

Eye defects

- Congenital cataracts
- Anterior eye dysgenesis – Axenfeld-Ricker type



- Iris abnormalities
- Microcornea
- Microphthalmia
- Glaucoma

- Retinal arteriolar tortuosity



- Bilateral
- Episodes of retinal haemorrhages
- No visual impact

Matias-Perez D, J Hum Genet, 2018
Khan MA, JAMA Ophthalmol, 2016
Slavotinek AM, Clin Genet 2015
Deml B, Clin Genet 2014
Sibon I, Ann Neurol, 2007

Other extra-renal manifestations

- **Muscle cramps**
 - Onset in early childhood
 - Diffuse
 - +/- increased by cold temperature
 - No muscle weakness
 - No specific histological changes of skeletal muscle
- Elevated serum creatine kinase (even in the absence of cramps)
- Raynaud phenomena
- Supraventricular arrhythmia

Plaisier E, NEJM, 2007

Plaisier E, Am J Med Genet, 2010

Meuwissen ME, Genet Med, 2015

Zagaglia D, Neurology, 2018

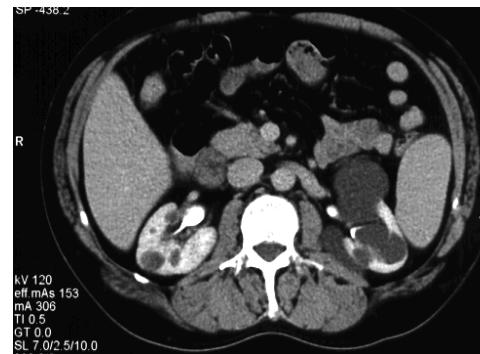
Renal manifestations

(1) Multicystic kidney disease

- Bilateral cysts
- Variable in number and size
- Growing in size with age
- Normal kidney size
- No complication
- Normal eGFR to ESRD...
- ***Not usually associated with hematuria***
- (No liver cyst)



57 years - eGFR = 72 ml/min/1,73m²



51 years - eGFR = 48 ml/min/1,73m²
..... 61 ans - ESRD



62 years - eGFR = 32 ml/min/1,73m²

Plaisier E, NEJM, 2007

Plaisier E, Am J Med Genet, 2010

Gale DP, NDT, 2015

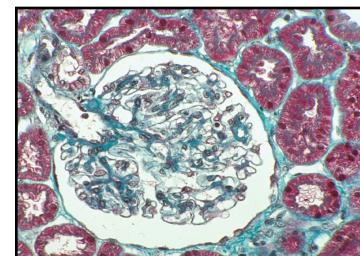
Renal manifestations

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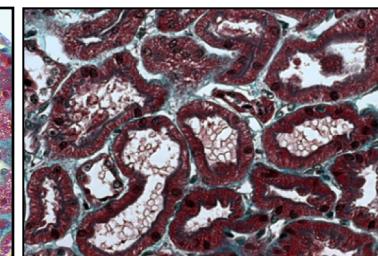
(2) Hematuria

Plaisier E, Kidney Int, 2005
Plaisier E, NEJM, 2007
Gale DP, NDT, 2015

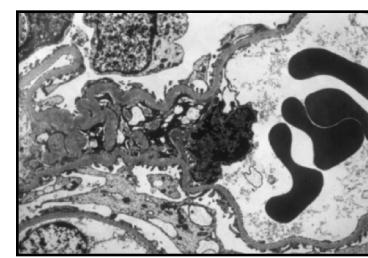
- Intermittent or permanent
- Rarely gross episodes
- May be first detected in early childhood
- No proteinuria/albuminuria
- Normal blood pressure
- ***Inconstantly associated with cysts***



Normal kidney

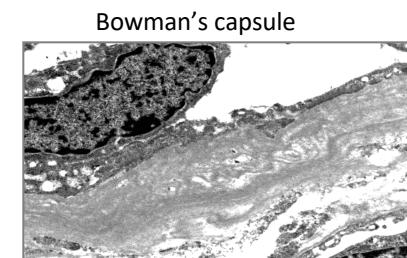


RBCs in tubular lumen

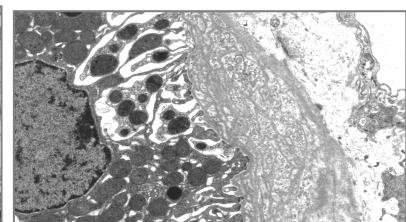


Normal GBM thickness/structure

Normal kidney distribution of collagen IV $\alpha 1-6$ chains



Bowman's capsule



Tubule

Abnormally thickened and multilaminated BMs

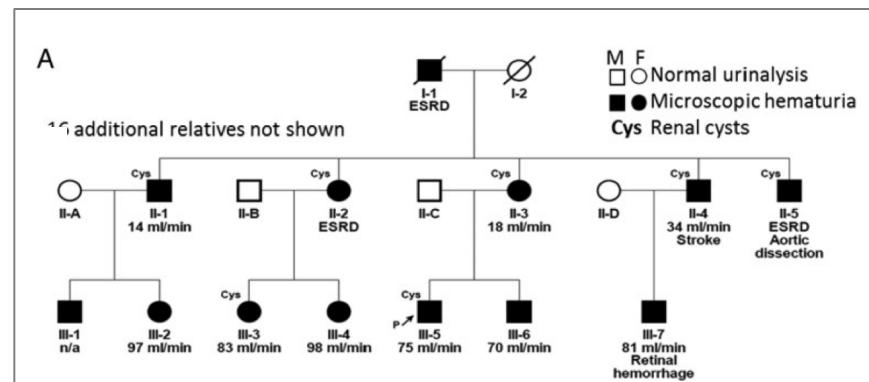
Renal manifestations

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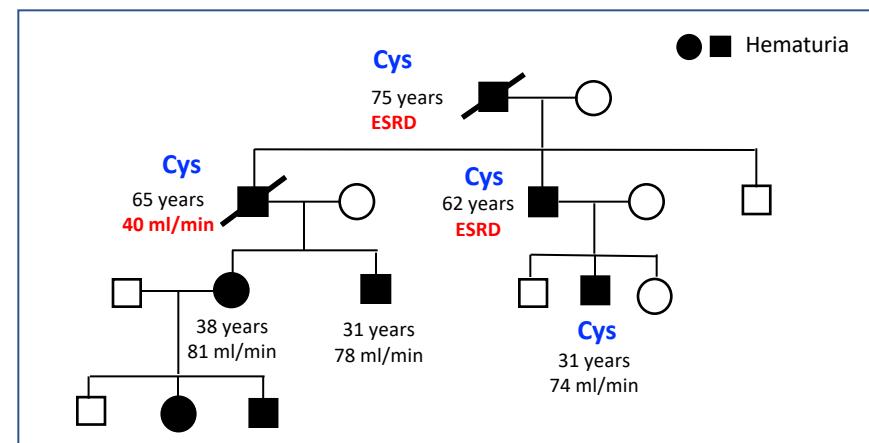
(3) CKD

- Only few cases identified with CKD progression
- Associated with multicystic kidney phenotype
- Inconstant proteinuria, only if eGFR<50
- ESRD reached after 50 years



COL4A1 c.4611_4612insG - p.T153fs

Gale et al, NDT, 2015



HANAC - *COL4A1 c.1493G>T p.Gly598Val*

Plaisier E, NEJM, 2007

Plaisier E, Am J Med Genet, 2010

Gale DP, NDT, 2015

Renal manifestations

- (1) Multicystic kidney disease
- (2) Hematuria
- (3) CKD
- (4) Others : exceptionnal...*incidental findings?***

- Unilateral renal agenesis
- Hydronephrosis

Syndromic/ Non-syndromic - COL4A1-related diseases

Syndromic Cerebral small vessel disease

- Severe neurological presentation +++
 - Antenatal cerebral haemorrhages
 - Porencephaly
 - Unique or recurrent stroke before 50 years of age
 - Complex epilepsy...
- Variable association
 - Ocular defects
 - +/- **non progressive hematuria**, CK elevation
 - Cerebral aneurysms

HANAC - *Hereditary Angiopathy, Nephropathy, Aneurysms and Cramps*

- Retinal arteriolar tortuosity
- Muscle cramps
- Multicystic kidney disease +/- hematuria +/- CKD/ESRD
- Pauci-symptomatic vascular brain disease
- Raynaud phenomena, supraventricular arrhythmia

Non syndromic forms

- Congenital cataracts
- Microptalmia
- Retinal arteriolar tortuosity
- Cerebral small vessel disease

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Genetic characteristics - COL4A1-related diseases



Genetic characteristics - COL4A1-related diseases

88 *COL4A1* pathogenic variants

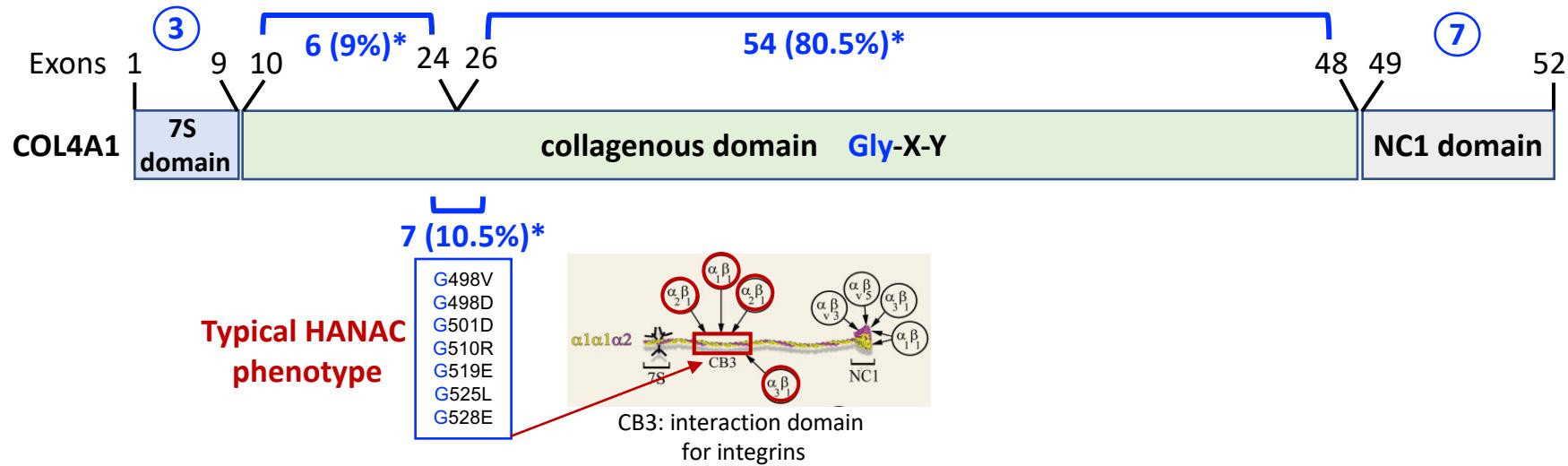
- Frameshift : 5
- Splice Site : 5
- **Missense : 77 (87.4%) with 67 Gly substitution***



Genetic characteristics - COL4A1-related diseases

88 *COL4A1* pathogenic variants

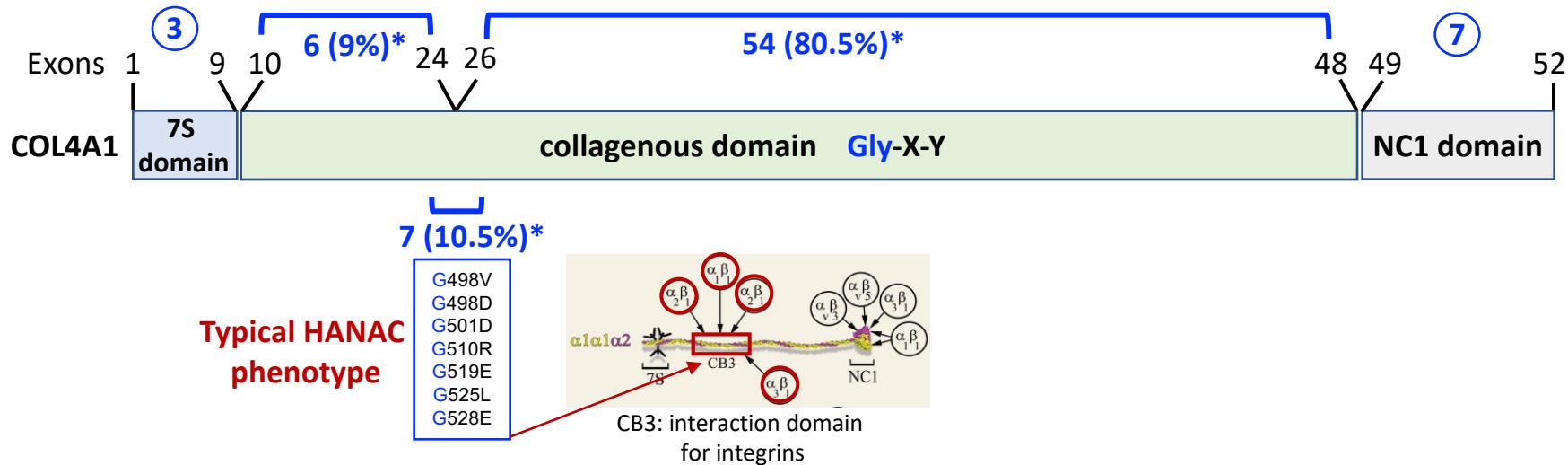
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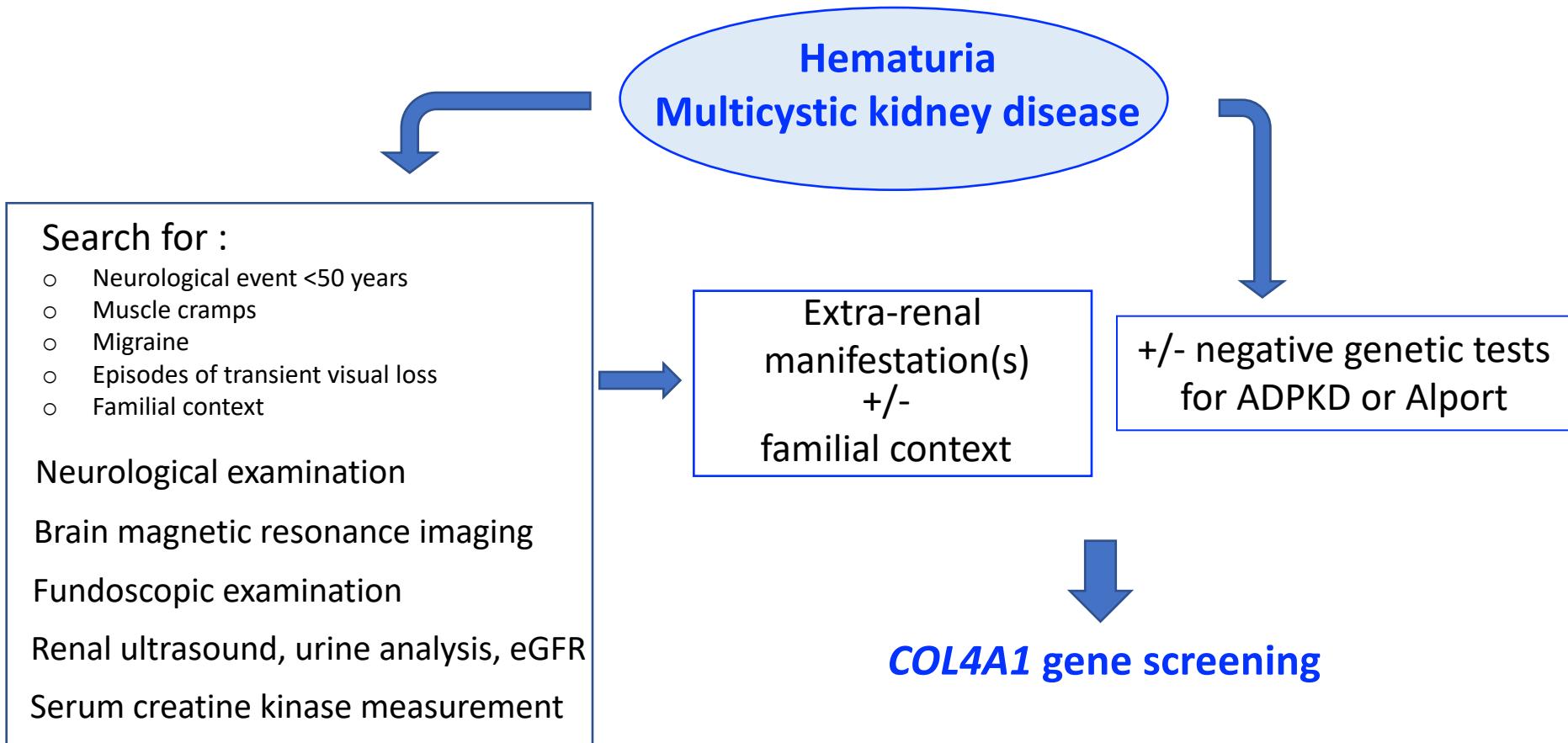
- Frameshift : 5
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- **Missense : 77 (87.4%) with 67 Gly substitution***



Phenotypic variability : Modifier genes ? environnemental factors?

Inherited *COL4A1* diseases

Diagnostic approach for the nephrologist



Differential diagnoses

Inherited cerebral small vessel diseases

CADASIL, CARASIL, HERNS

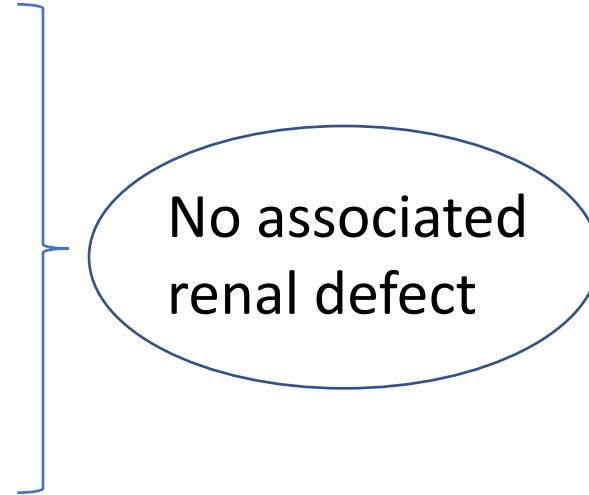
Autosomal dominant retinal vasculopathy with cerebral leukodystrophy

Inherited anterior eye dysgenesis

> 70 genes

Autosomal dominant polycystic kidney disease

Alport's syndrome



Inherited *COL4A1* diseases

Management

- **Investigated the extend of the disease at diagnosis**
- **Follow-up according to organ defects**
- **Symptomatic therapy** : antiepileptic drugs, eye surgery
- **Prevention measures to reduce the risk of stroke**
 - Avoid anticoagulant therapy/ aspirin
 - Treatment of hypertension
 - Smoking cessation
 - Avoid situations with an increase risk of head trauma
- **Pregnancy:**
 - Fetal brain imaging
 - Discuss caesarean delivery to prevent brain injury due to birth trauma in newborns
- **Gene counselling for the patient and relatives**
 - Discuss prenatal testing/preimplantation genetic diagnosis in case of history of antenatal brain haemorrhages

Meuwissen ME, *Genet Med*, 2015

Gould DB, *NEJM*, 2006

McOneil Plancher J, *Case Report Neurol* 2015

Plaisier E, *GeneReviews*, 2016

Inherited *COL4A1* diseases

Multisystemic disease with important phenotypic variability

Prognosis linked to the cerebral complications

- Primary prevention of brain haemorrhages
- Discuss prenatal testing/preimplantation genetic diagnosis

Kidney disease

- **Multicystic kidney disease**
 - *COL4A1* in NGS panels of ADPKD
 - Not usually benign in case of = long-term FU required
- **A cause au AD familial hematuria**
 - Search for suggestive extrarenal manifestations
 - NGS panels *COL4A1* / A3/A4/A5

Save the date

Next Webinar March 21, 2019



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APOL1 risk genotype in FSGS and other nephropathies

Dr Aude Servais

Department of Adult Nephrology
Necker Hospital
Paris – France

Save the date

Next Webinar March 21, 2019



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Rare Kidney Disease
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Thank you very much
for your attention!

APO

nies

Dr Aude Servais

Department of Adult Nephrology
Necker Hospital
Paris – France