

The History and Future of APOL1

Nieuwere

M B Rookmaaker

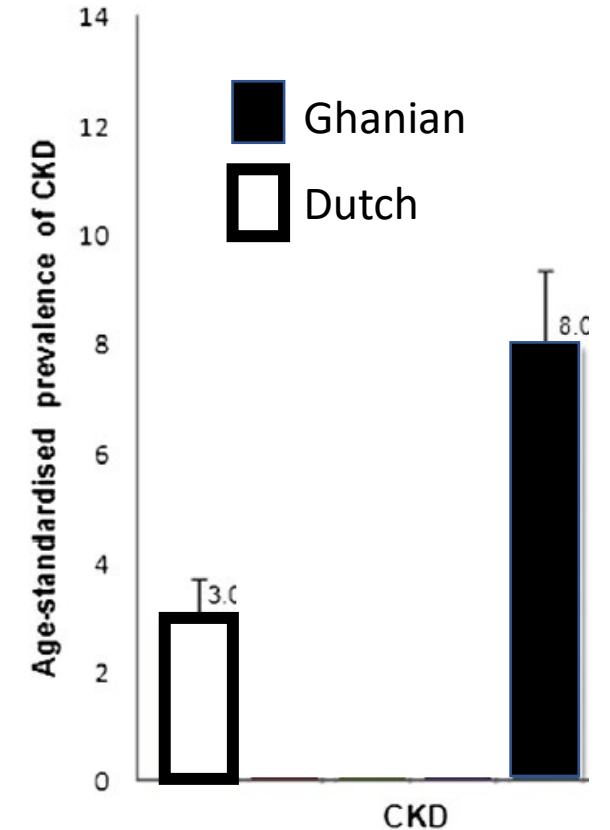
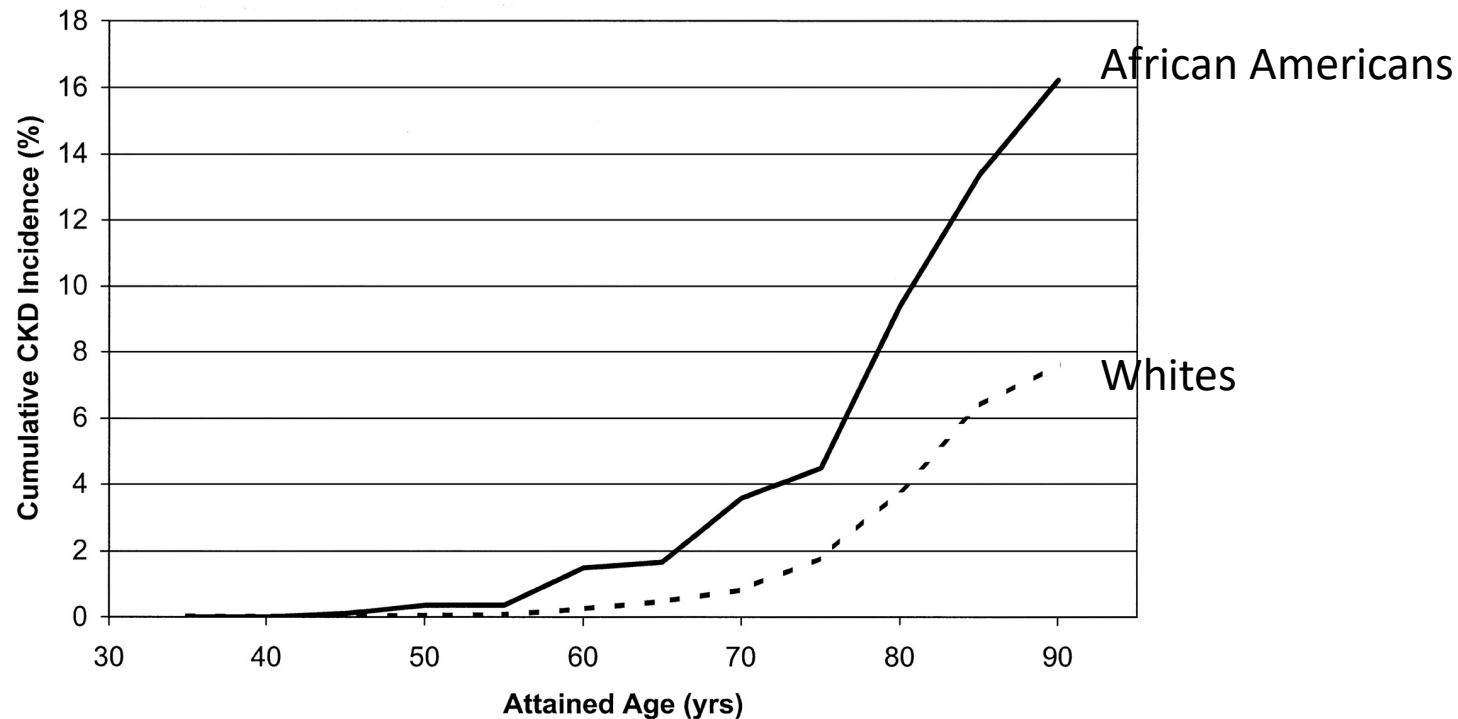
Winter 2022

Disclosure belangen spreker

(potentiële) belangenverstrengeling	Geen
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
• Sponsoring of onderzoeksgeld • Honorarium of andere (financiële) vergoeding • Aandeelhouder • Andere relatie, namelijk ...	• • • •

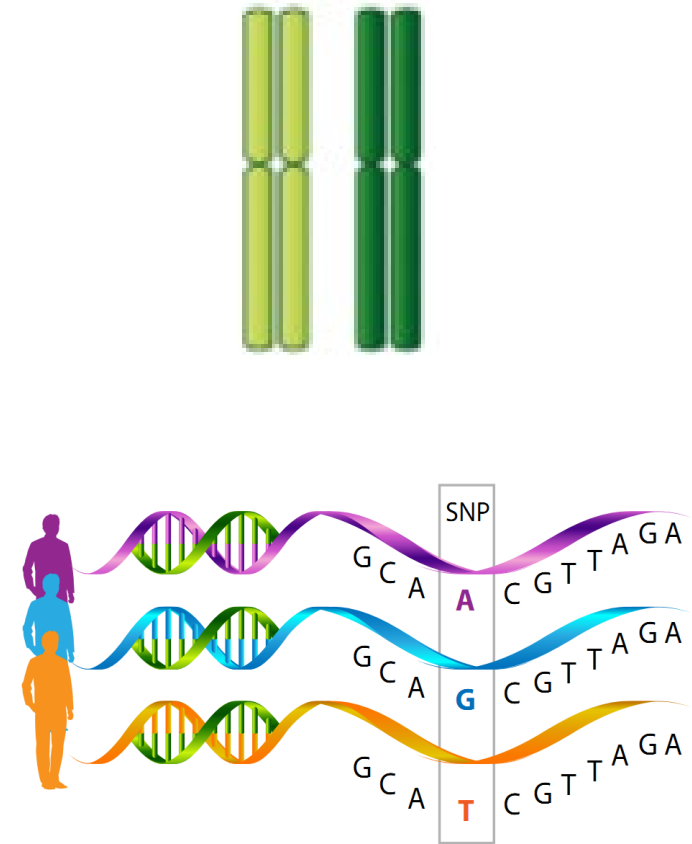
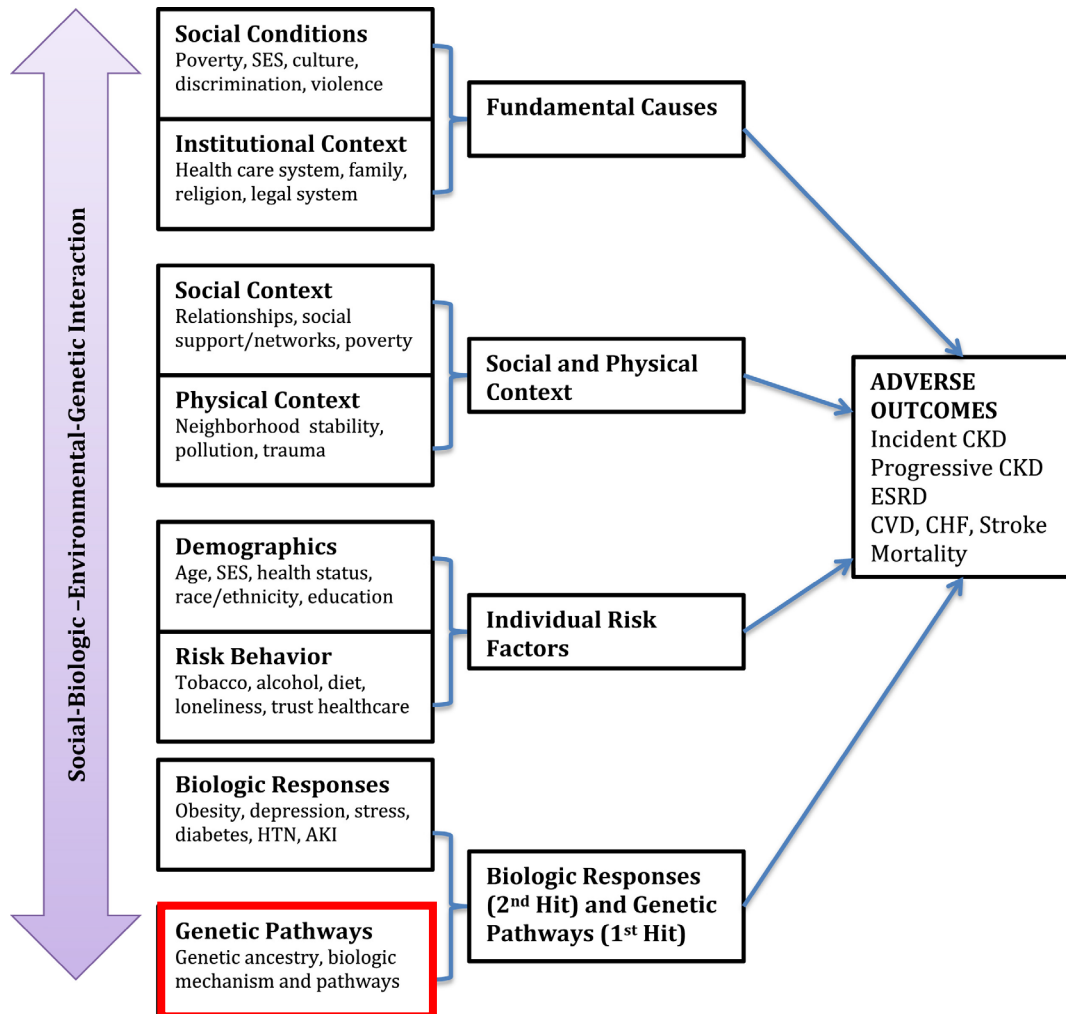
Increased CKD risk in people of African descent

Cumulative risk CKD Black vs White in US and NL



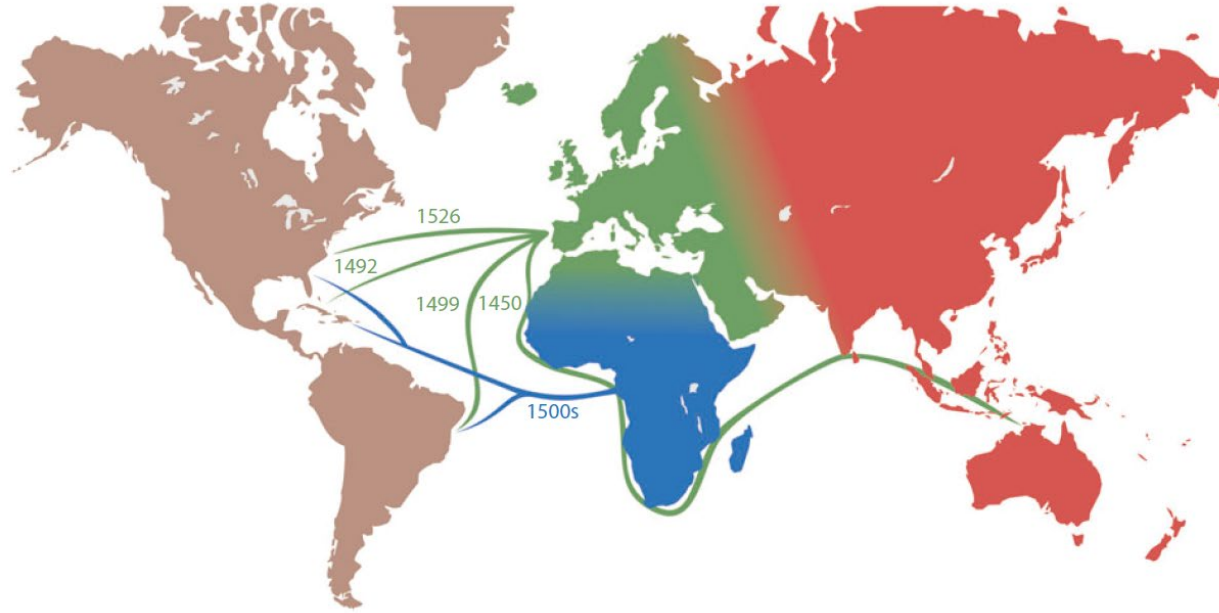
Increased CKD risk in people of African descent

Complex relation between ethnicity and CKD

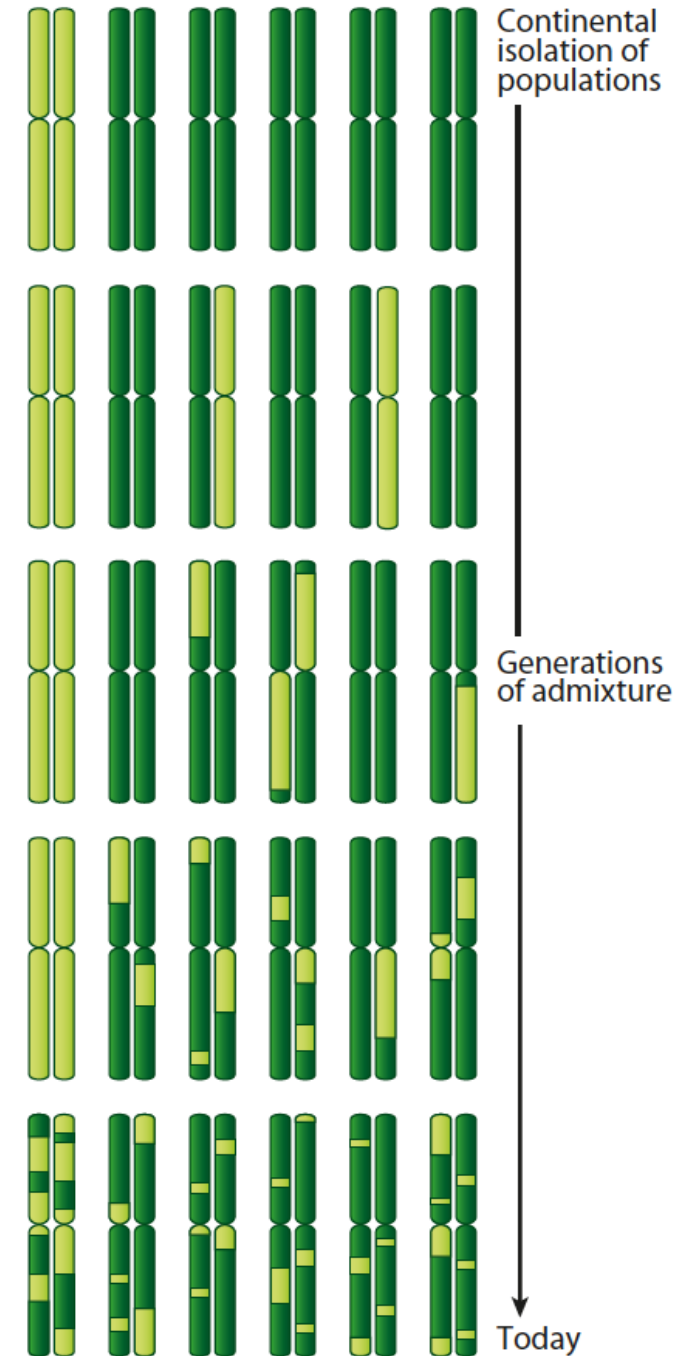


Admixture Mapping

migration, recombination and SNPs



- Migration / Ethnic mixing
- Recombination/cross over
- Linkage disequilibrium
- Size of fragments decreases

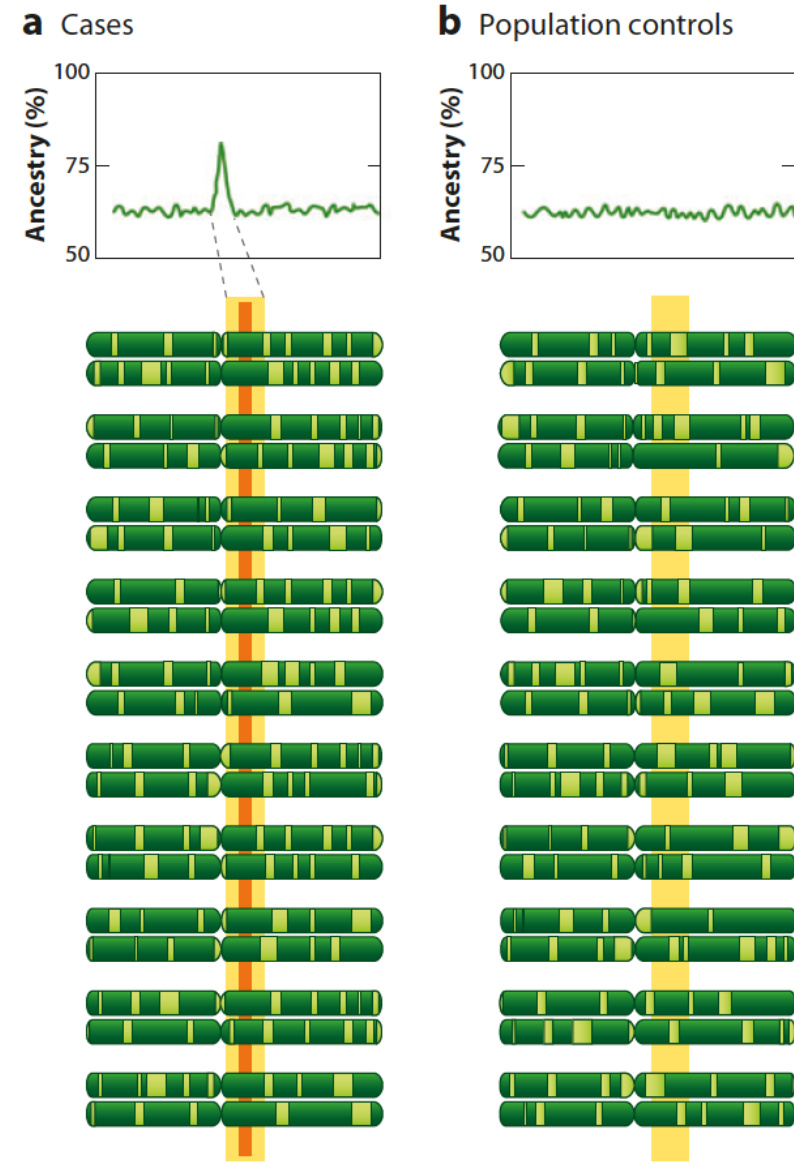


Admixture Mapping

identification of potential disease locus

Admixture mapping:

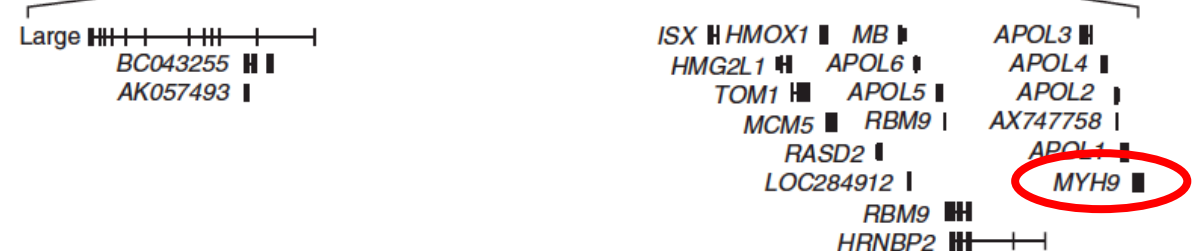
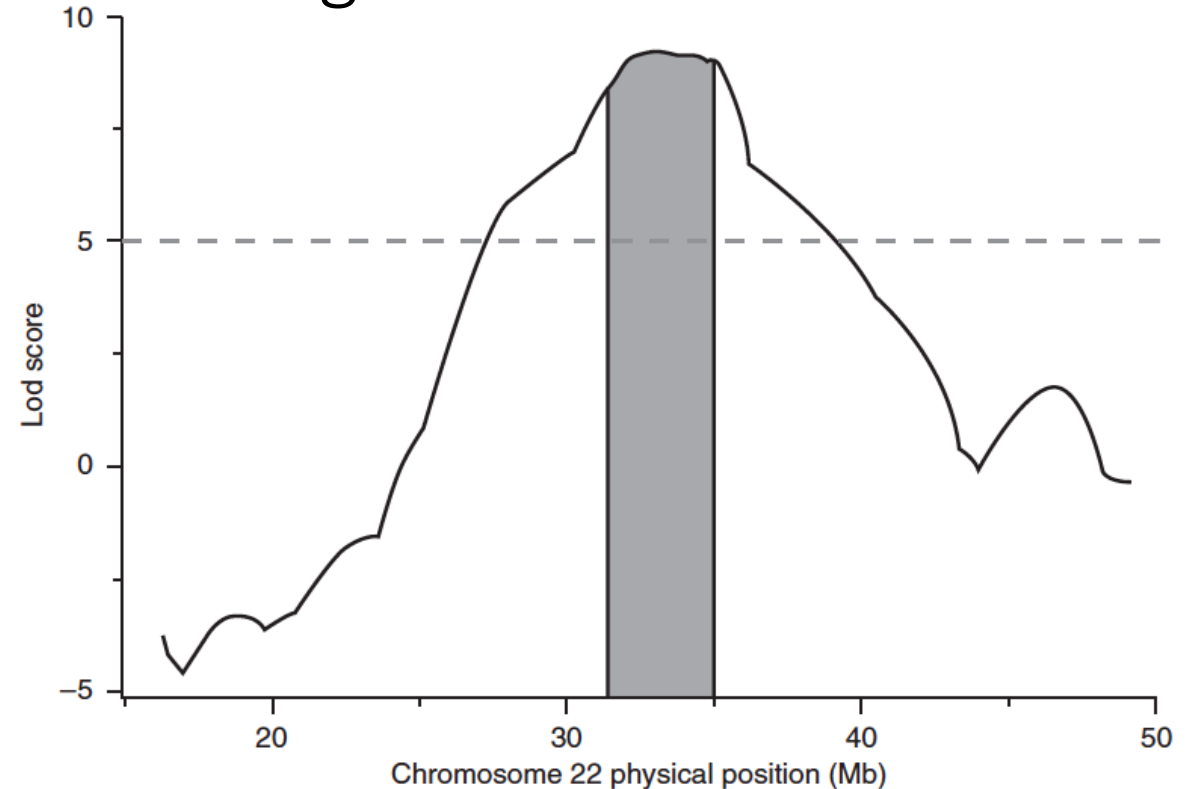
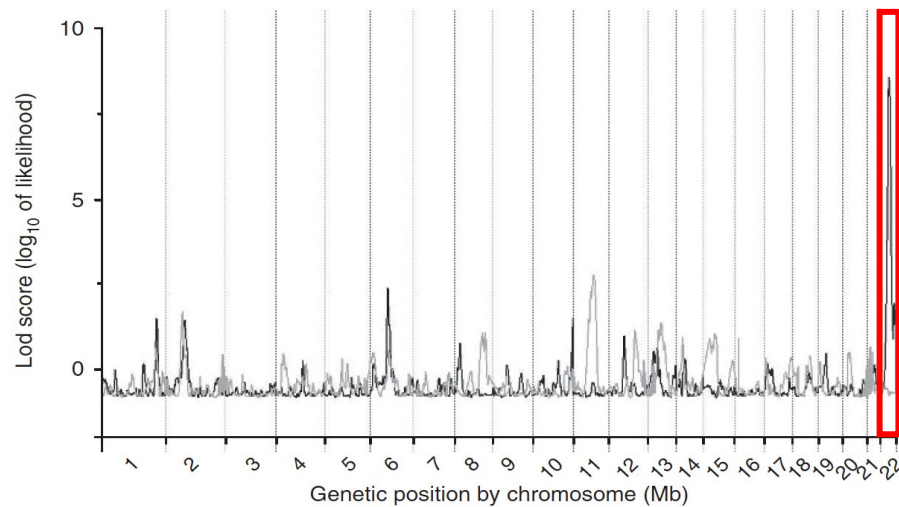
- Gene mapping
- In admixed population
- Find the genetic loci
- Contribute to differences in diseases
- Different ancestral populations



Admixture Mapping

From potential disease locus to candidate genes

Non-Diabetic ESRD



Admixture Mapping

From potential disease locus to candidate genes: MYH9

MYH9

- Non muscle heavy chain myosin IIA
- Epstein Fechtner syndrome
 - Autosomal Dominant
 - Nephritis
 - Macrothrombocytopenia
 - Sensorineural hearing loss

*nature
genetics*

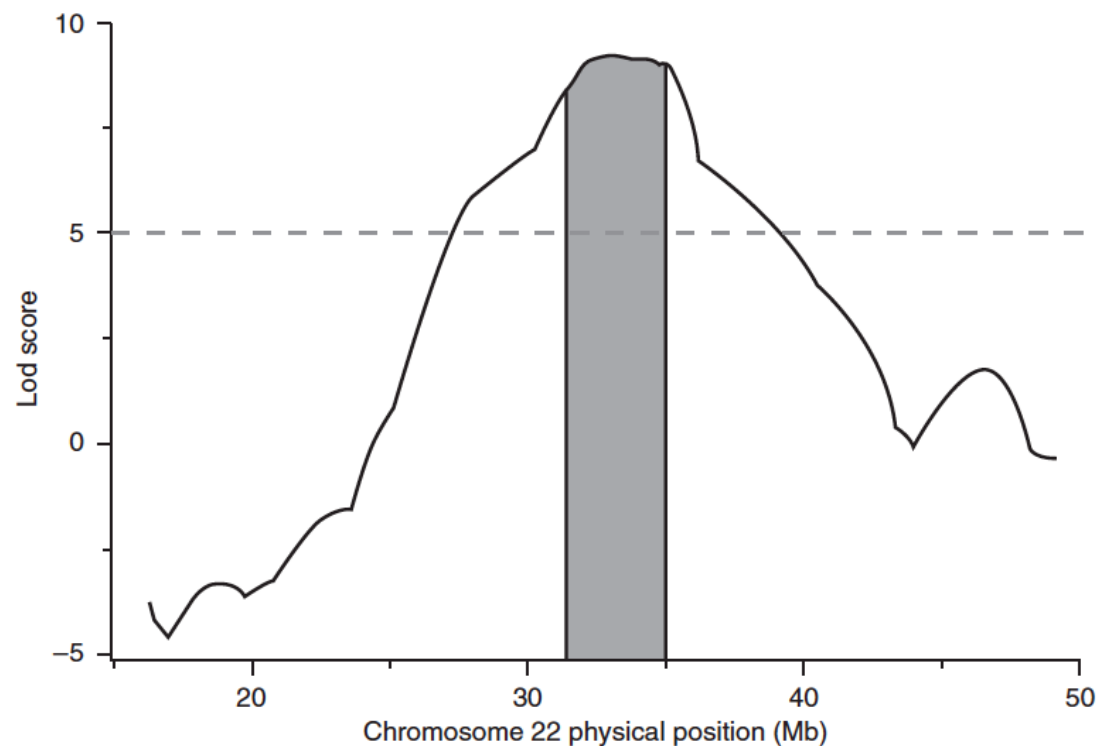
MYH9 is a major-effect risk gene for focal segmental glomerulosclerosis

MYH9 is associated with nondiabetic end-stage renal disease in African Americans

→ no mutations with a clear predicted functional effect

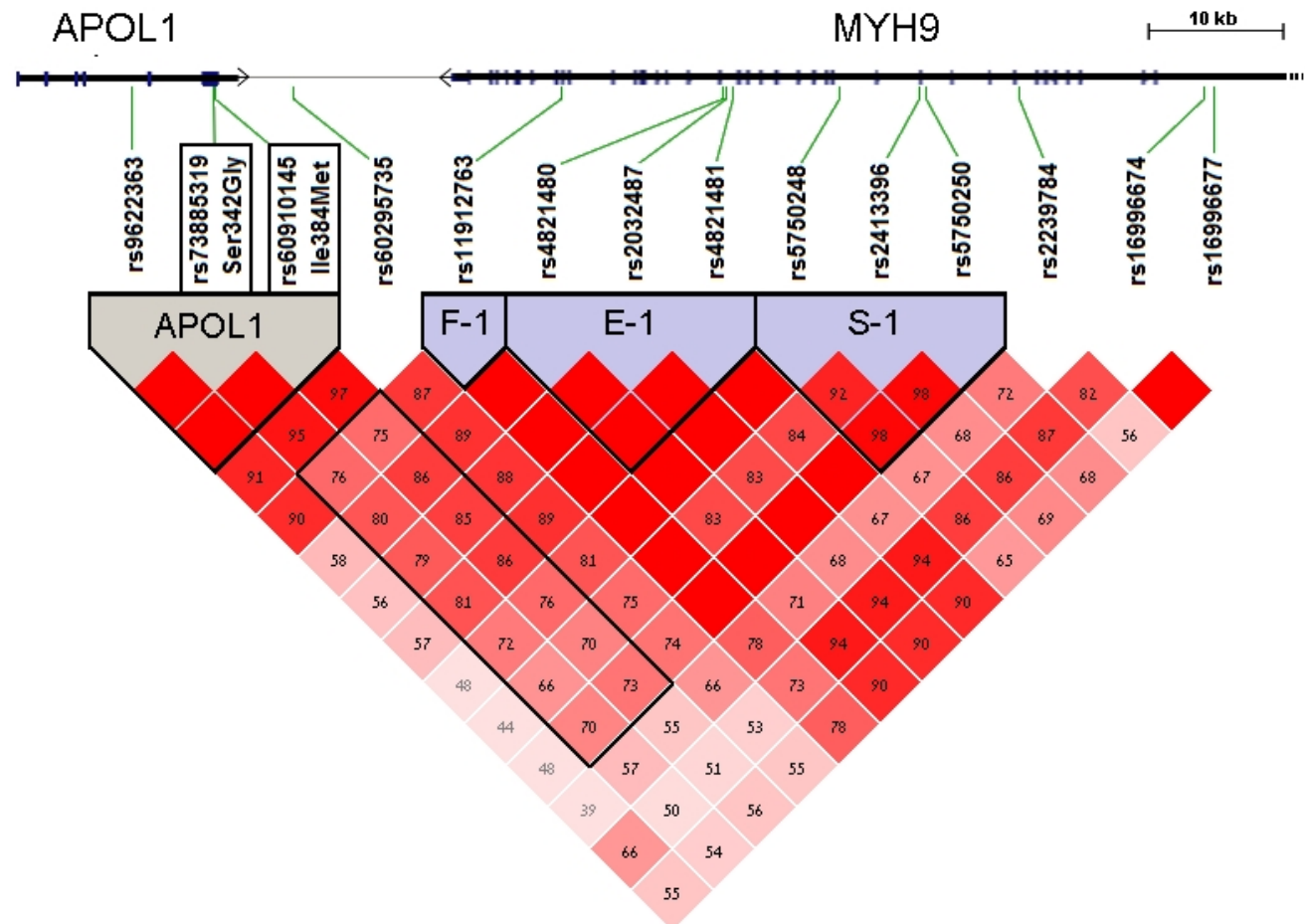
Admixture Mapping

Linkage disequilibrium: MYH linked to APOL1



Large
 BC043255
 AK057493

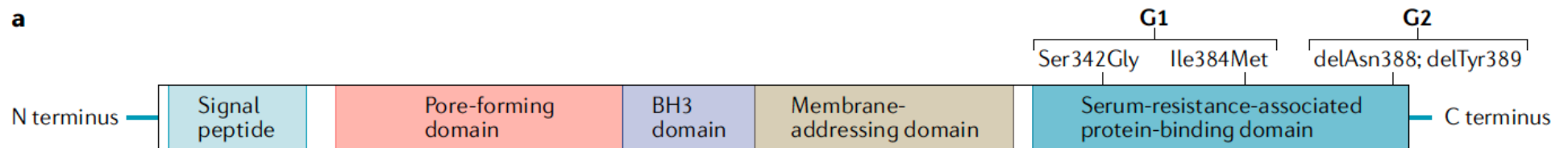
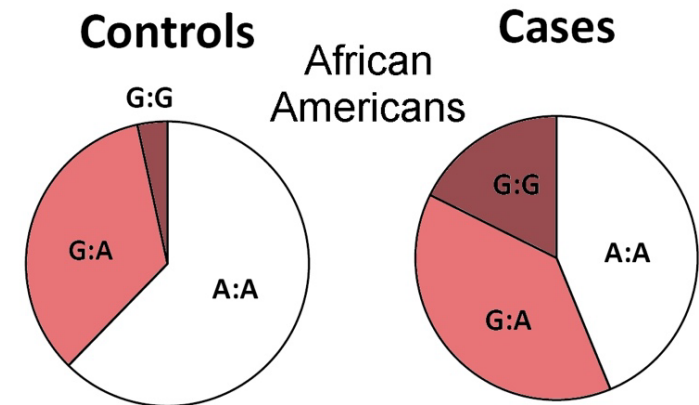
ISX HMOX1 MB APOL3
 HMG2L1 APOL6 APOL4
 TOM1 APOL5 APOL2
 MCM5 RBM9 AX747758
 RASD2 APOL1
 LOC284912 MYH9
 RBM9
 HRNP2



Admixture Mapping

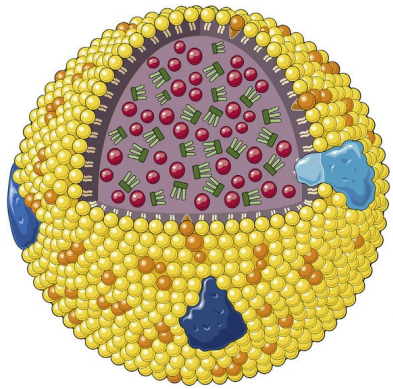
From potential disease locus to candidate genes: APOL1

rs number	Gene	Type	Mode ^d non-diab ERSD	OR	p value
rs73885319 ^e	<i>APOL1</i>	exon 5	Recessive	6.7	2.71E-06
rs60910145	<i>APOL1</i>	exon 5	Recessive	6.74	9.89E-06
rs11912763	<i>MYH9</i>	intron 33	Recessive	2.38	2.86E-02
rs5750250	<i>MYH9</i>	intron13	Recessive	2.48	4.29E-05



Apolipoprotein L1

History of Apolipoprotein L1



1990

2000

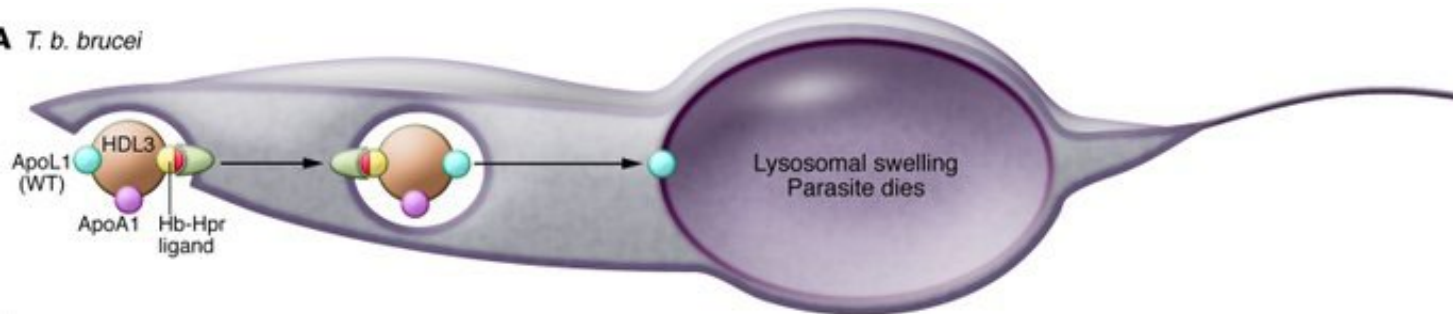
2010

First report in HDL 1997

Relation Schizophrenia 2002
Trypanolytic factor 2003

Renal Risk factor 2010

A *T. b. brucei*

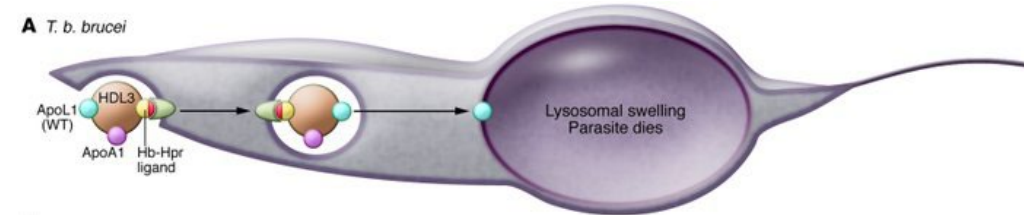


Duchateay J Biol Chem 1997
Mimmack PNAS 2002
Genovese Science 2010
Friedman JCI 2011

Apolipoprotein L1

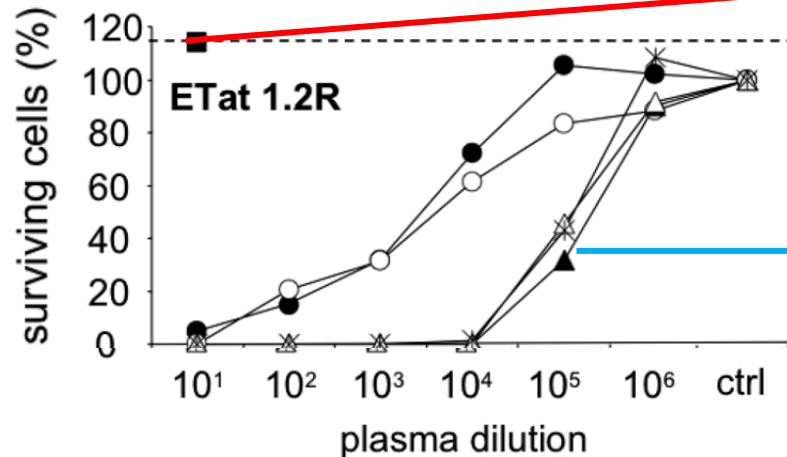
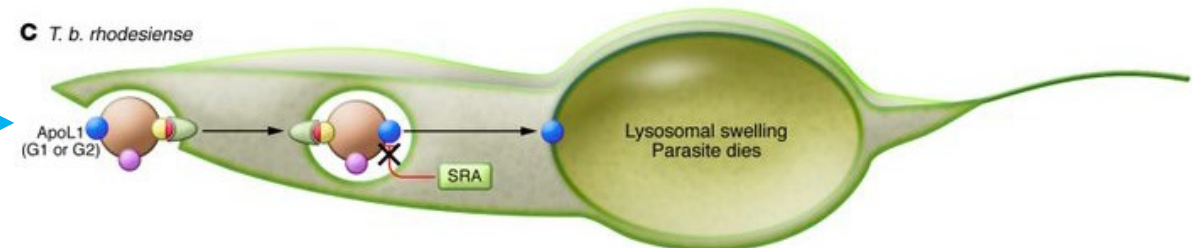
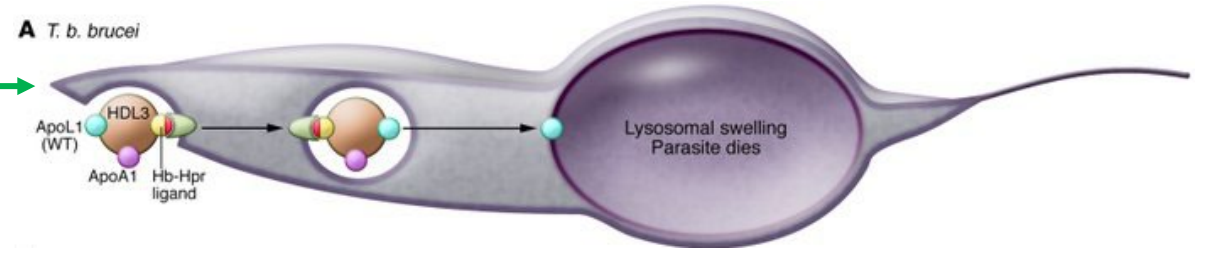
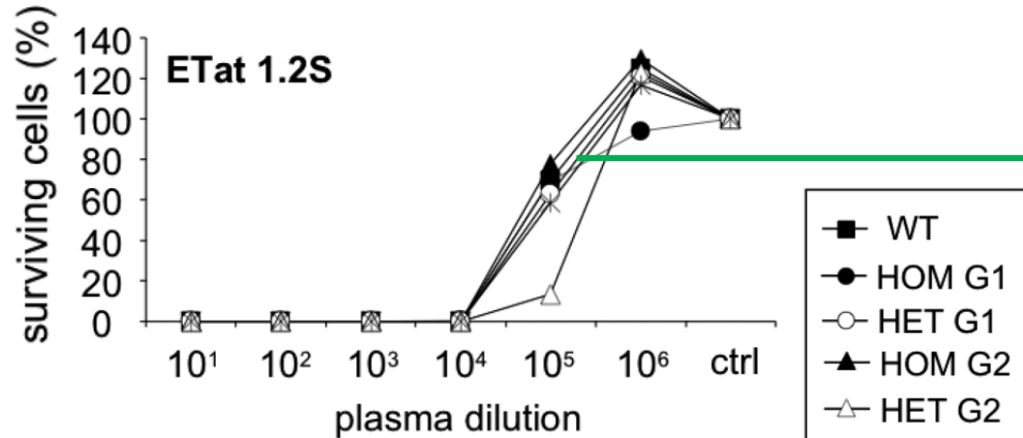
APOL1 protects against Trypanosomiasis

- Innate immunity gene
- APOL1 limited to few primates (relevance animal experiments)
- Expressed in many organs
- No known role in renal development
- Part of circulating HDL
- Creates holes in trypanosomal organelles



Apolipoprotein L1

High risk APOL1 variants protect against Resistant Trypanosomiasis

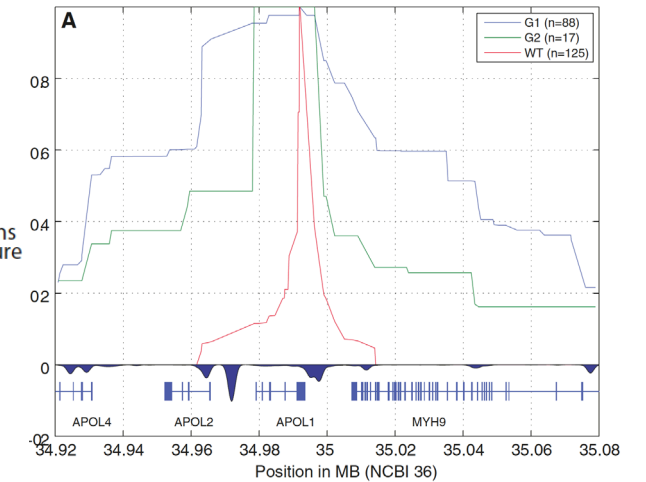
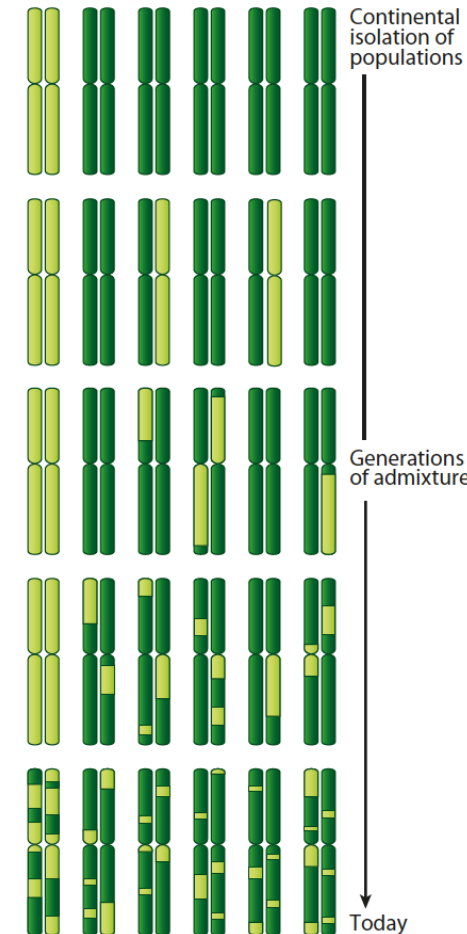
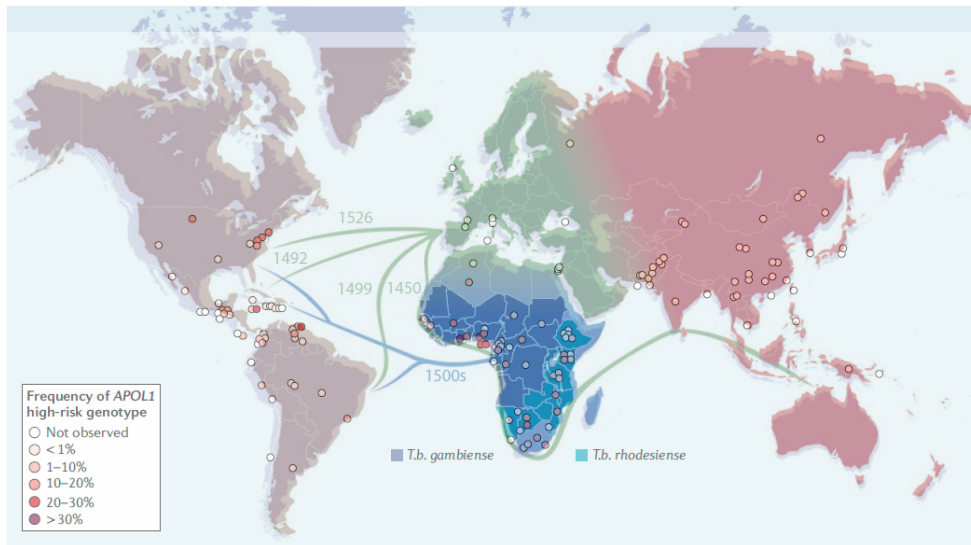


Apolipoprotein L1

High risk APOL1 variants protect against Resistant Trypanosomiasis

c

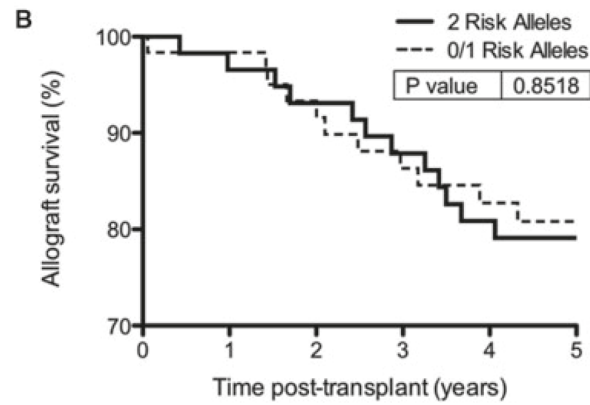
	<i>T.b. rhodesiense</i> 	<i>T.b. gambiense</i> 	CKD 
G0/G0	Susceptible to acute HAT	Susceptible to chronic HAT	Not at greater risk of CKD
G0/G1	Susceptible to acute HAT	Latent asymptomatic infection	Not at greater risk of CKD
G1/G1	Susceptible to acute HAT	Latent asymptomatic infection	Increased risk of CKD
G0/G2	Protected against acute HAT	Susceptible to chronic HAT	Not at greater risk of CKD
G2/G2	Protected against acute HAT	Susceptible to chronic HAT	Increased risk of CKD
G1/G2	Protected against acute HAT	Latent asymptomatic infection	Increased risk of CKD



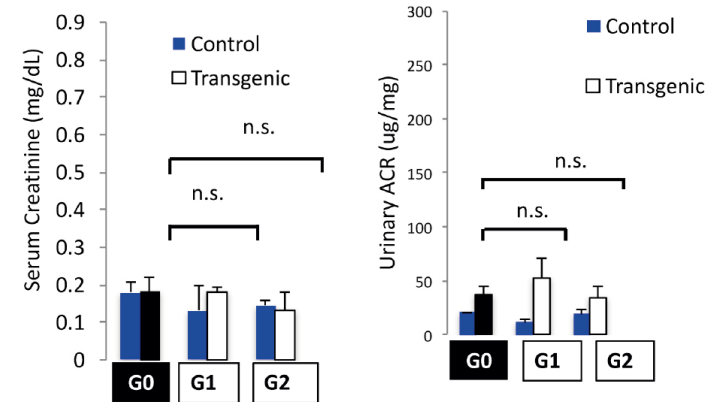
Pathophysiology

Podocyte probably culprit of disease

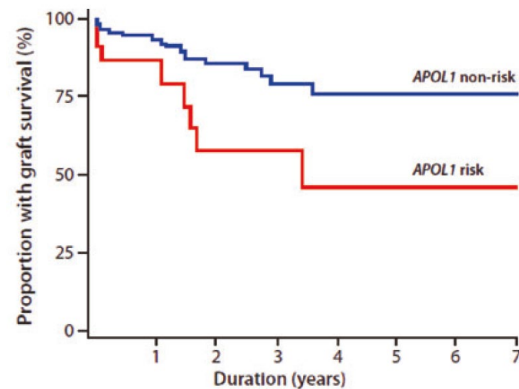
High Risk **Recipient**: = survival



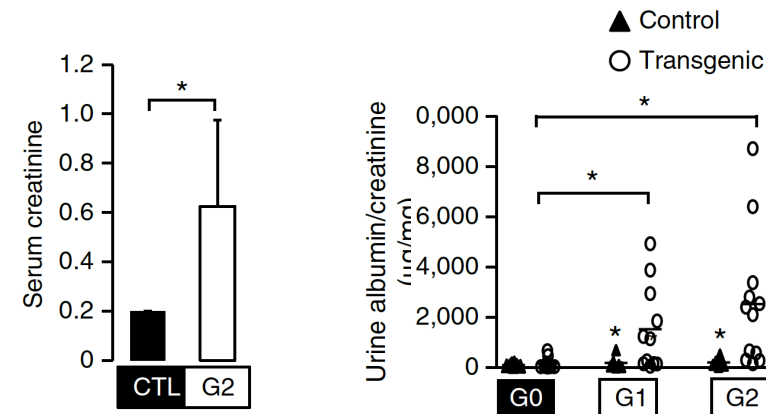
Tubular expression: Creat= / Proteinuria =



High Risk **Kidney**: ↓ survival

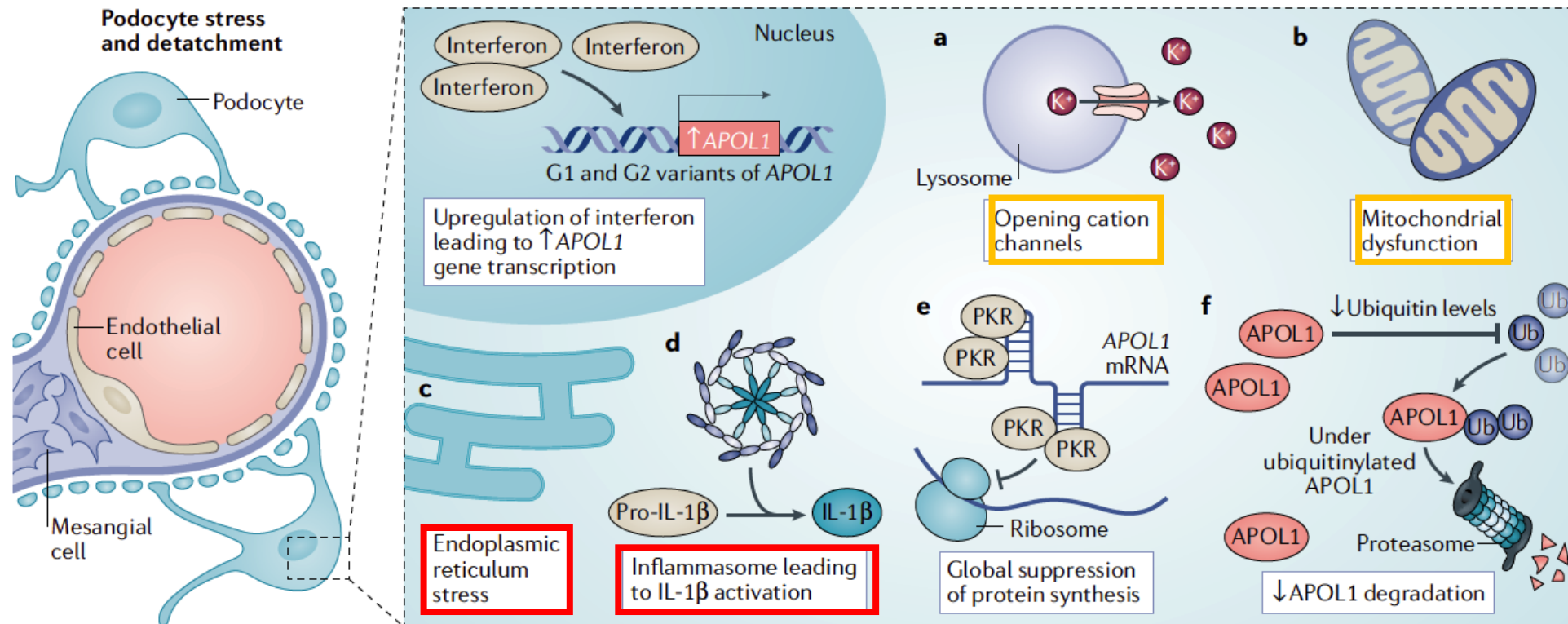


Podocyte expression: Creat ↑/ Proteinuria ↑



Pathophysiology

Proposed mechanisms, no consensus



Pore formation

Inflammation $\circlearrowright$

Epidemiology

United States

- One high risk mutation (no increased risk of ESRD)
 - 39% of Black individuals
- Two high risk mutations (increased risk of ESRD)
 - 13% of Black individuals
 - 30% Clinically significant kidney disease
 - 50% ESKD
- APOL1 high risk genotype explains 70% of increase ESRD in blacks

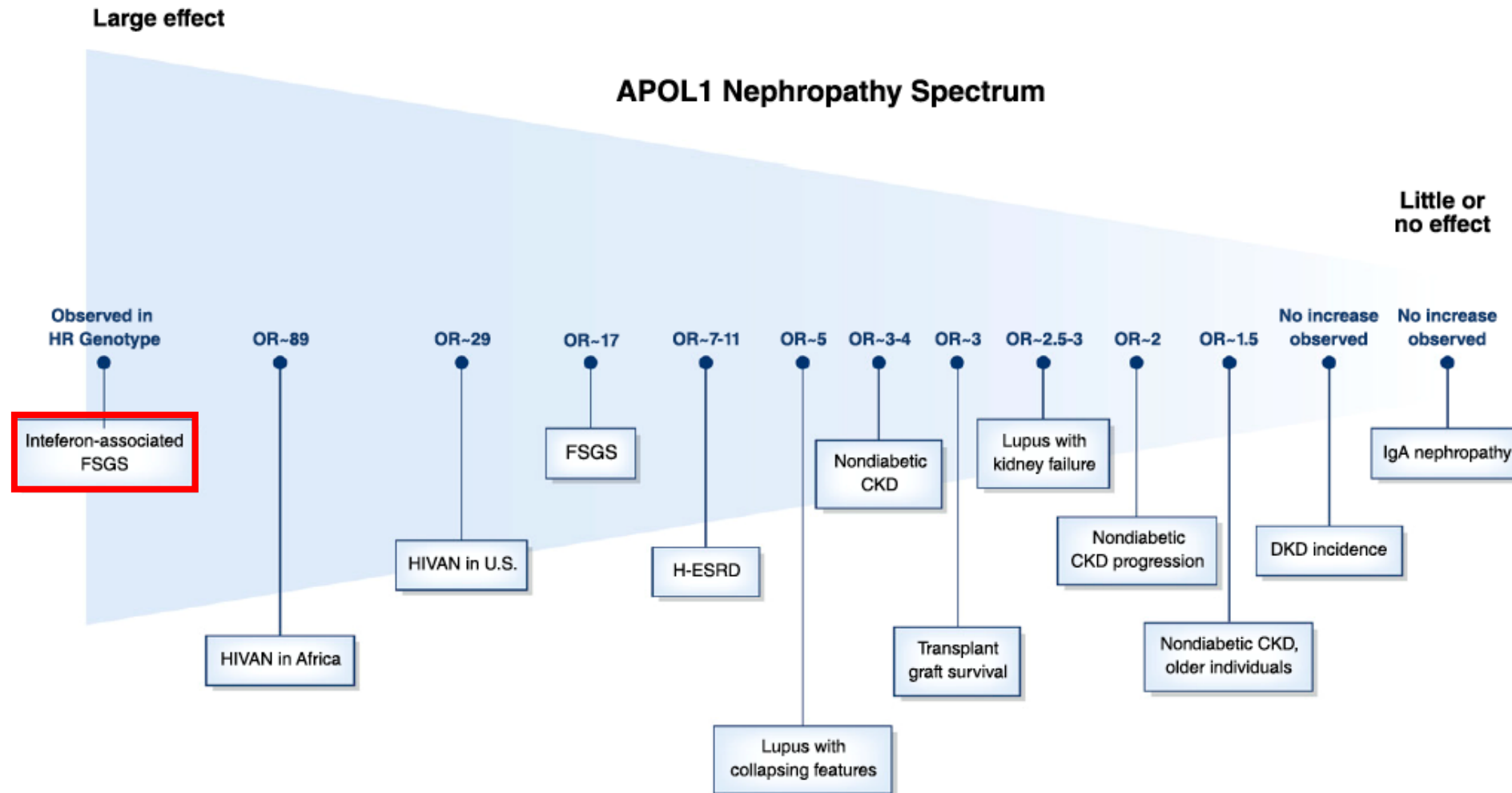
Epidemiology

IFN second hit for APOL1 mediated disease

- Conditions of high IFN state
 - IFN therapy
 - Viral infections
 - HIVAN
 - Parvo B19
 - CMV
 - BK
 - JC
 - SARS-COV-2
 - Hemophagocytic LymphoHistiocytosis (HLH)

Epidemiology

Many Diseases across the APOL1 Spectrum



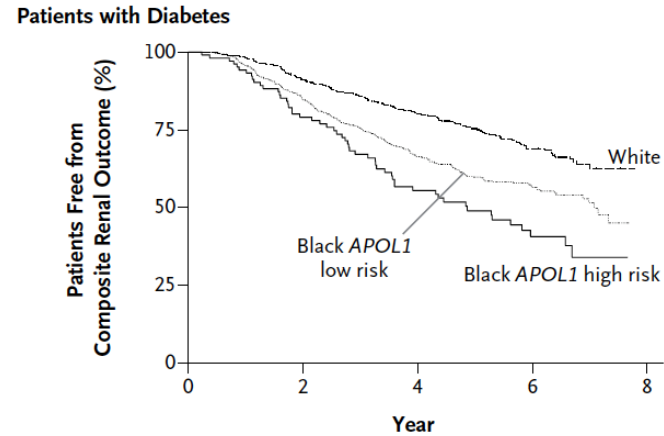
Clinical implications

Genetic testing

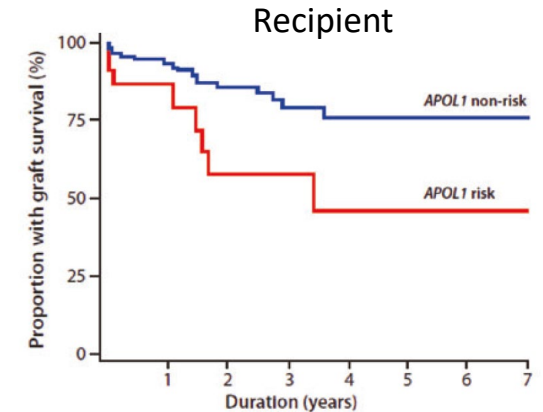
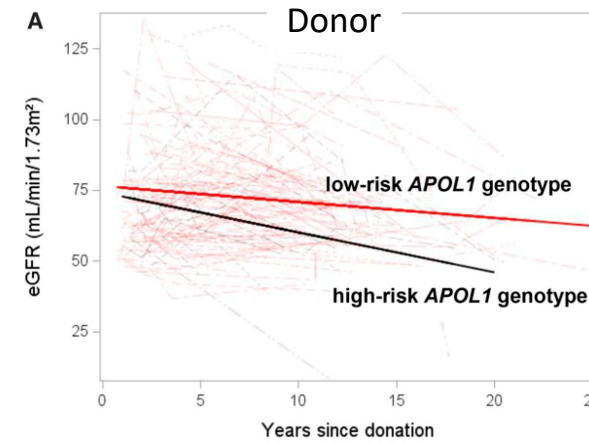
Indications

- Provide explanation for disease
 - Proteinuria after IFN event in Blacks
- Prognostic consequences
- Family planning
- Prior to kidney donation
- Therapeutic consequences

Accelerated DKD



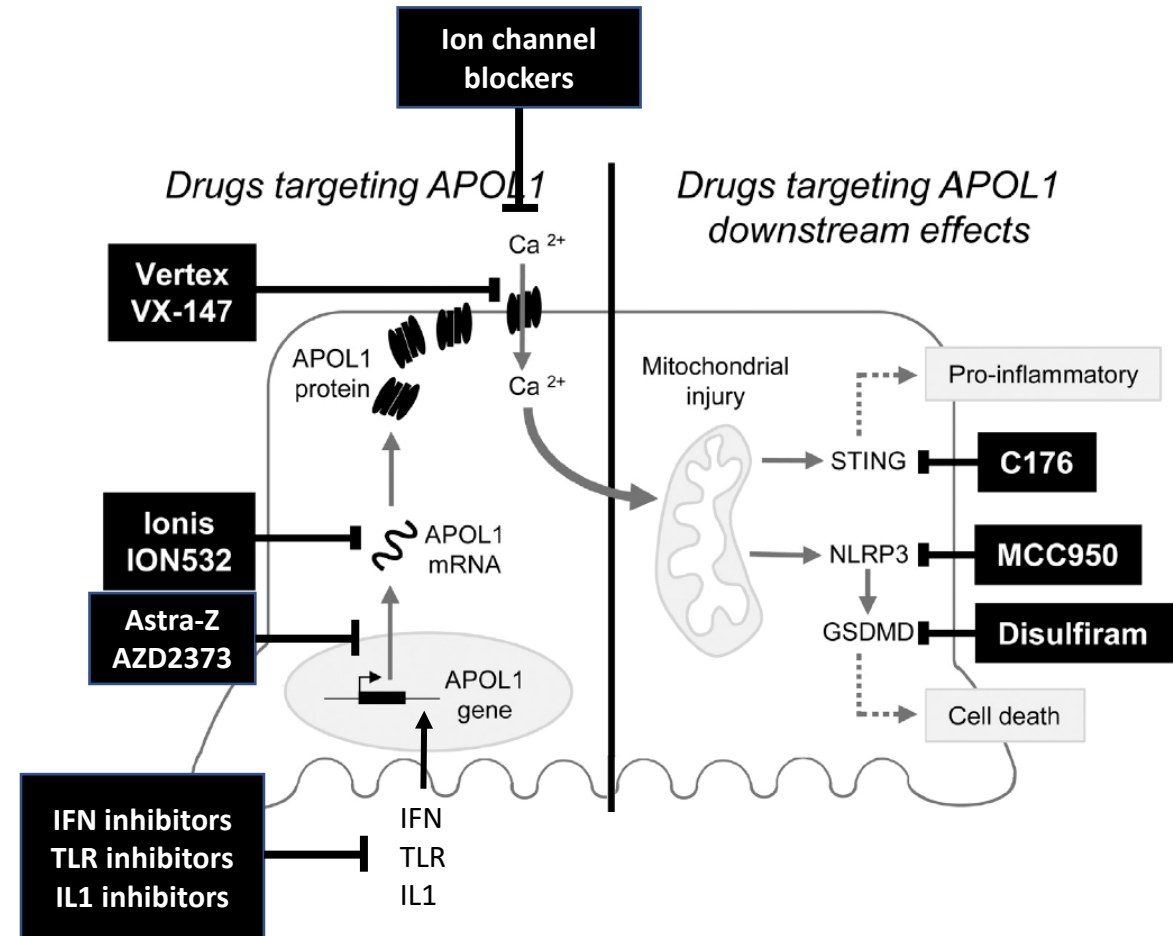
Accelerated Renal Function Decline after KTX



Clinical implications

Prevention and treatment

- Annual check up of
 - GFR
 - Albuminuria
 - Blood pressure
- Lifestyle
 - Avoid smoking
 - Regular exercise
 - Healthy body weight
- Avoid IFN invoking events



Conclusion

- APOL1
 - Innate immune system (HDL - Parasytes)
- Resistant Trypanosomes and APOL1 variants (G1, G2)
- APOL1 recessive risk factor for CKD
- IFN second hit
- African Americans
 - 13% high risk genotype
 - 30% CKD
 - 50% ESRD
- Clinical presentation
- Indications for genetic testing

