

Metabolismo mineral y FGF23 / Klotho en enfermedad renal crónica pediátrica



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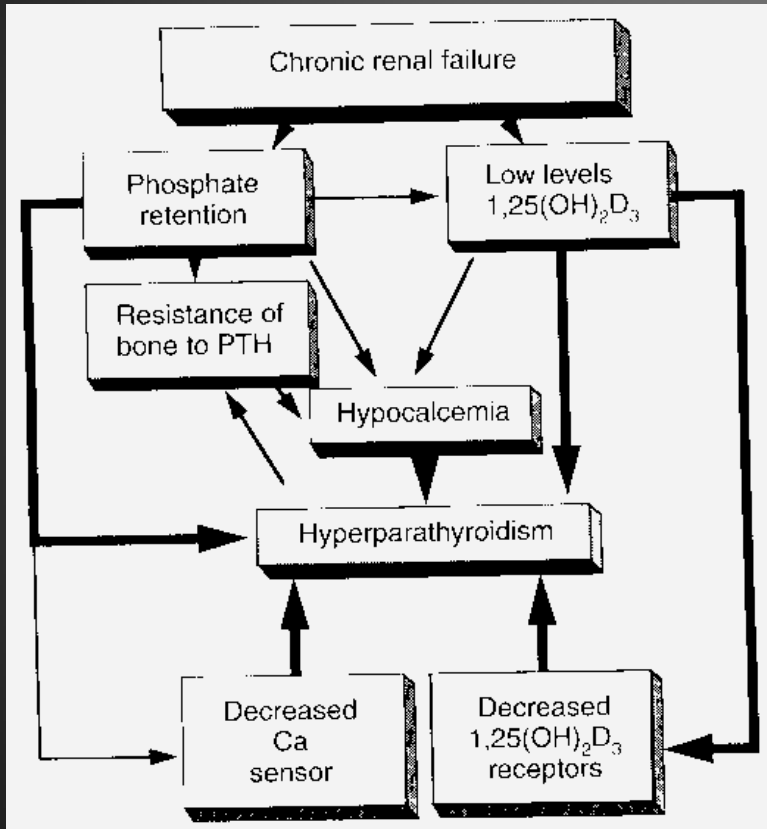
FACULTAD DE MEDICINA
UNIVERSIDAD DE CHILE

VI Congreso Argentino de Nefrología Pediátrica

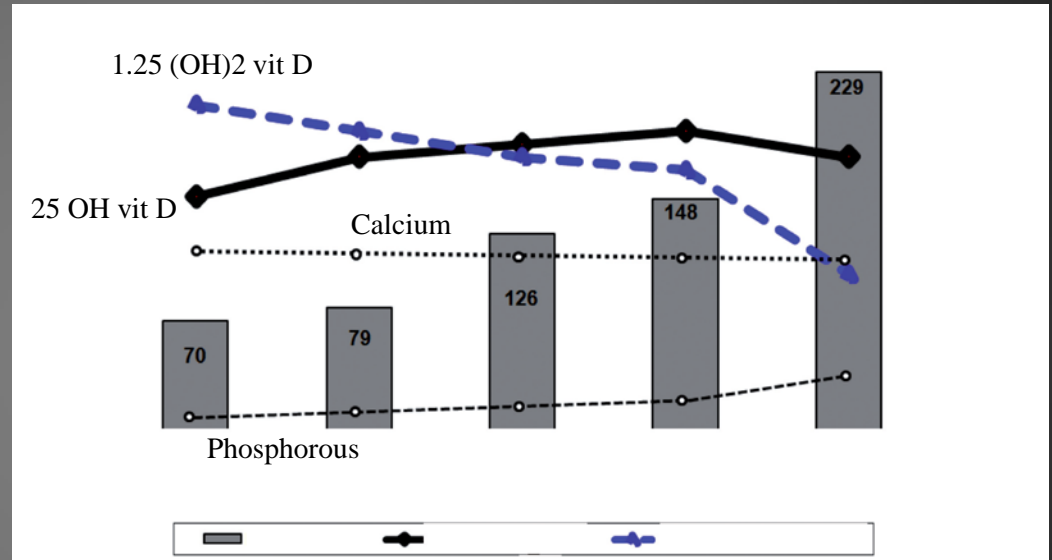
Mayo 2015

Existe un *missing factor* en EMO?

Characteristics of bone mineral metabolism in patients with stage 3-5 chronic kidney disease not on dialysis: results of the OSERCE study



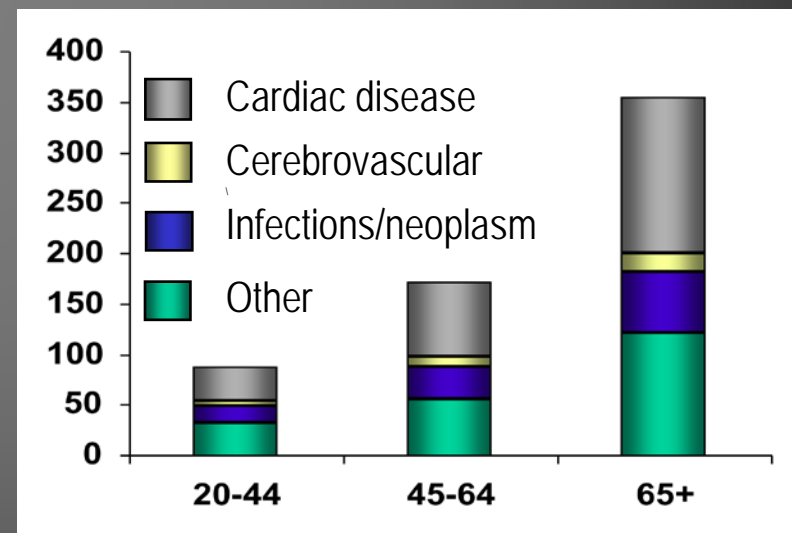
Slatopolsky E. et al: *Kidney Int* 1999;56:14-9



Góriz J., Oserce Study, *Nefrología* 2013

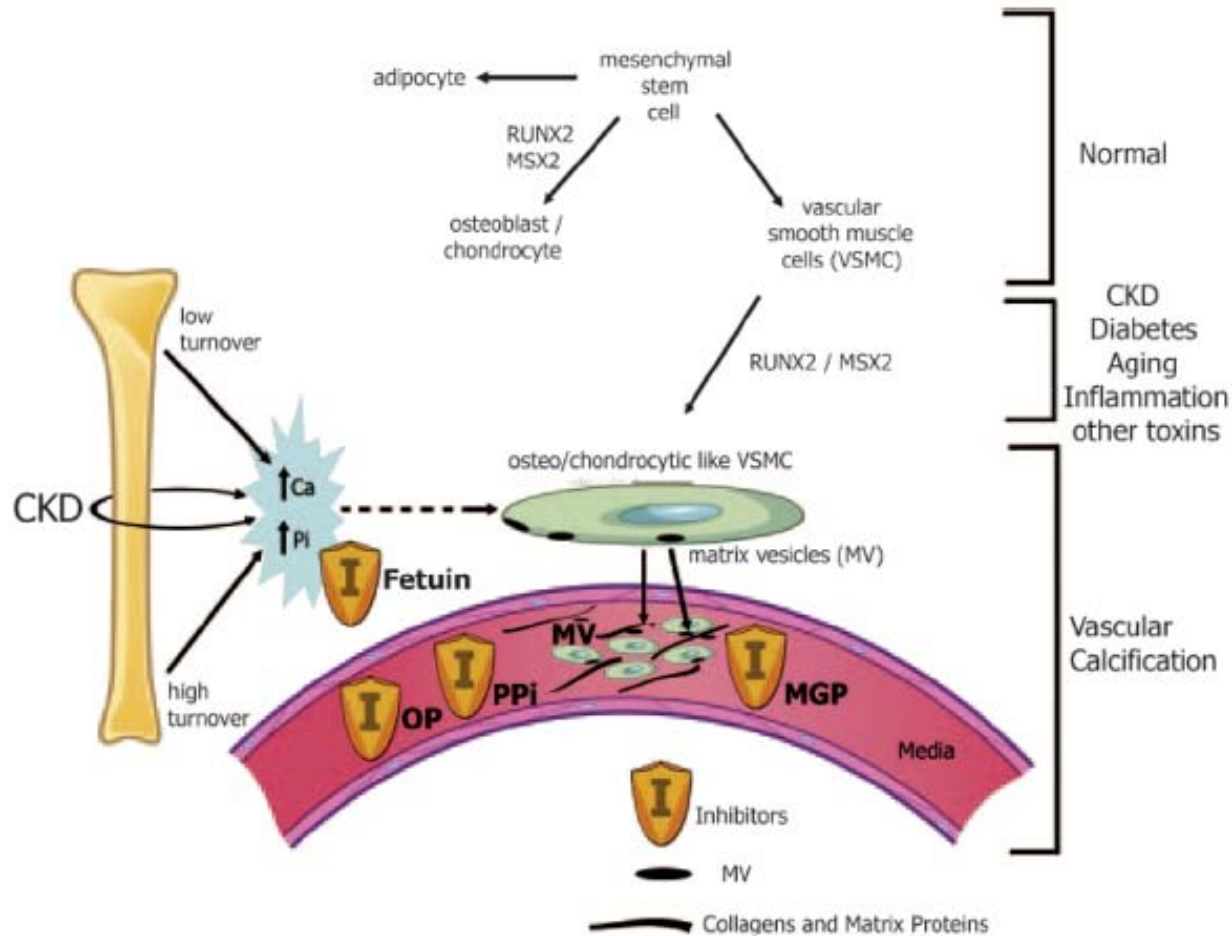
Cardiovascular Disease is a leading cause of death in CKD

- *Mc Donald S et al., New England Journal of Medicine 2004: Long-Term Survival of Children with End-Stage Renal Disease*
- *Shroff R et al.: Pediatric Nephrology 2007: Long-term outcome of chronic dialysis in children*
- *Mitsnefes MM: Adv. Chronic Kidney Dis 2005: Cardiovascular disease in children with chronic kidney disease.*
- *Mitsnefes MM: Pediatric Nephrology 2008: Cardiovascular complications of pediatric chronic kidney disease.*
- *Monteucci M: J Am Soc Nephrol 2006: Left ventricular geometry in children with mild to moderate chronic renal insufficiency.*



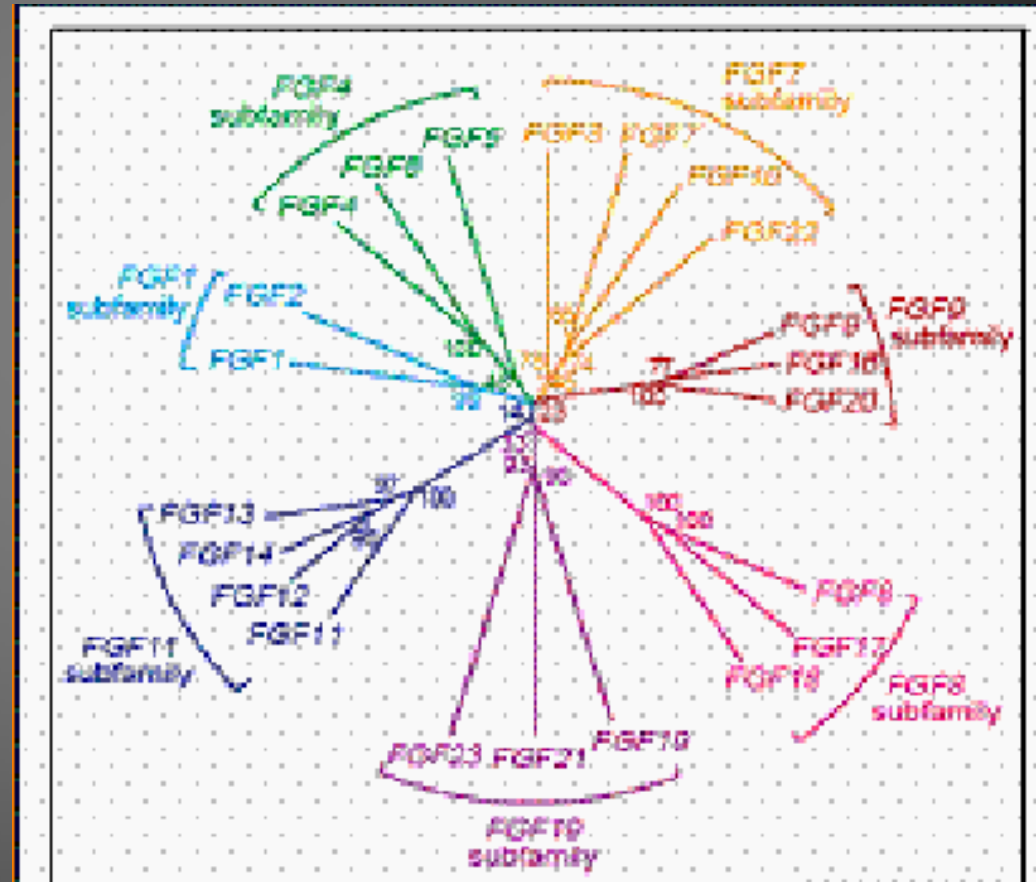
Foley RN, et al. Am J Kidney Dis 1998

Osteodistrofia, del daño óseo a la enfermedad cardiovascular



EMO: de la hiperfosfemia a las fosfatoninas

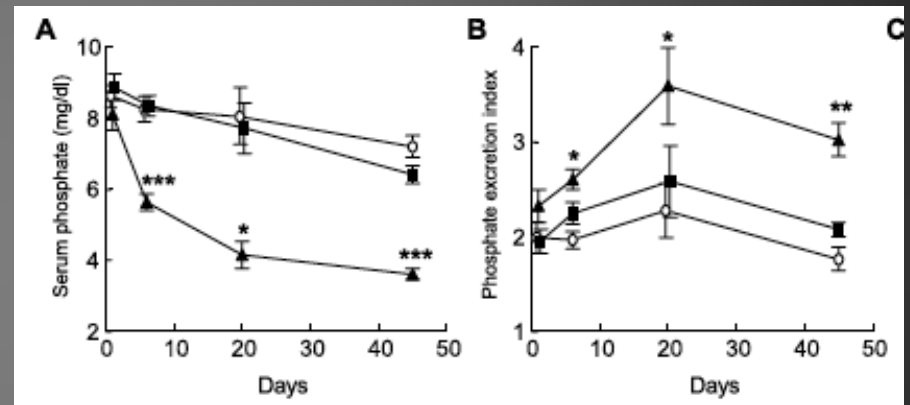
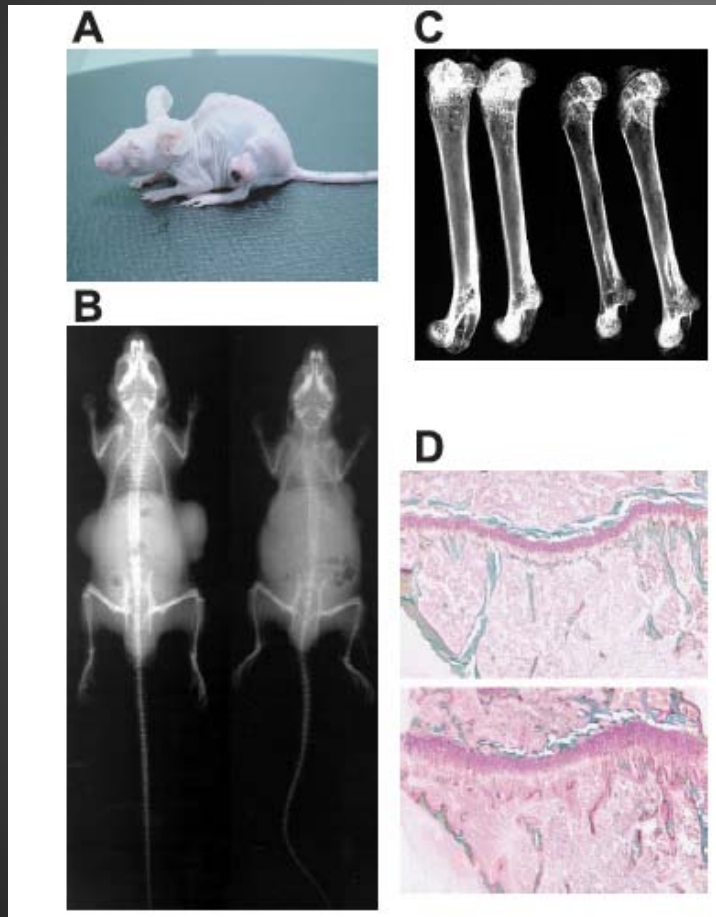
- La familia de los Factores de Crecimiento de Fibroblastos comprende 22 polipéptidos agrupados en 7 subfamilias.
- Seis subfamilias de FGF ejercen una acción *paracrina* mediante receptores tirosina kinasa
- **La subfamilia FGF19 ejerce una acción de tipo *endocrino*. Son los FGF 19, 21 y 23.** Su efecto endocrino reside en su baja afinidad al heparan sulfato.
- El FGF 19 se relaciona al metabolismo de los ácidos biliares
- El FGF 21 se relaciona al metabolismo de la glucosa y lípidos
- El FGF 23 se relaciona al metabolismo del fosfato y vitamina D.



FGF23 en la EMO

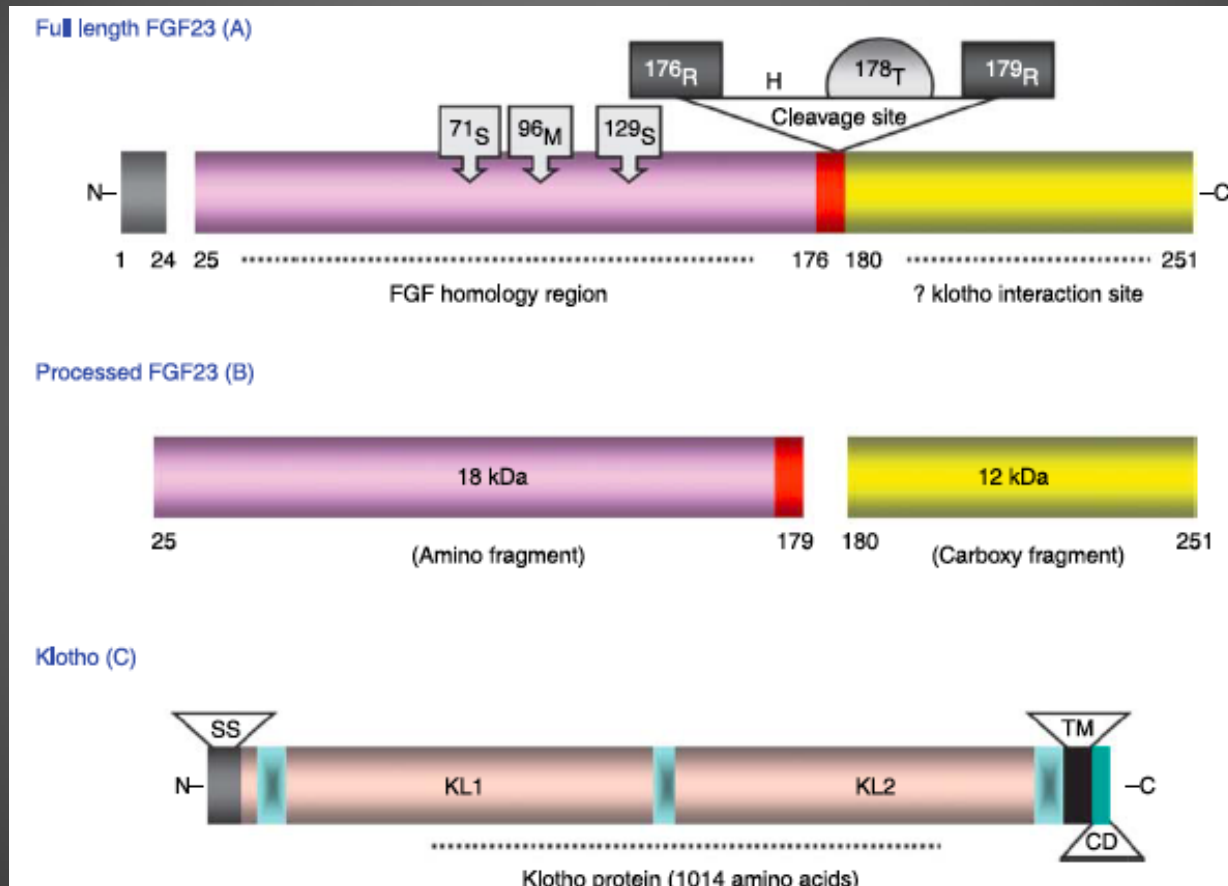
Su descubrimiento

Cloning and characterization of FGF23 as a causative factor of tumor-induced osteomalacia



FGF23 en la EMO

Su estructura



Fibroblast growth factor 23 is elevated before parathyroid hormone and phosphate in chronic kidney disease.

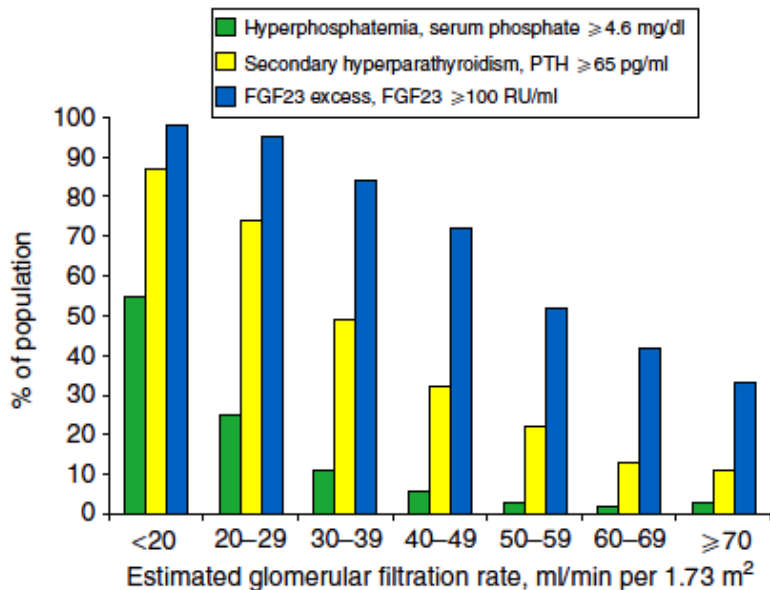
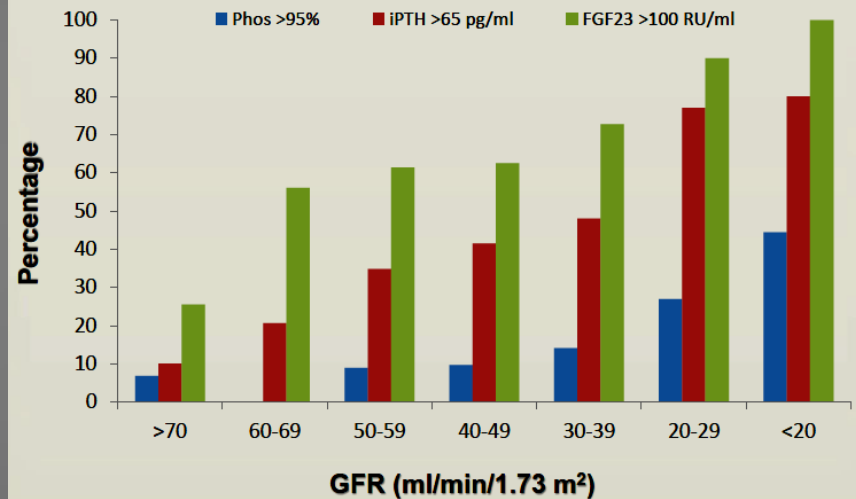


Figure 1 | Prevalence of hyperphosphatemia, secondary hyperparathyroidism, and elevated fibroblast growth factor 23 (FGF23) in relation to estimated glomerular filtration rate (eGFR). Hyperphosphatemia was defined as serum phosphate ≥ 4.6 mg/dl, secondary hyperparathyroidism as parathyroid hormone (PTH) ≥ 65 pg/ml, and FGF23 excess as FGF23 ≥ 100 RU/ml.

Increased Serum Pi, PTH and FGF23 by GRF in 447 CKiD Children



Portale A et al CJASN 2014

FGF23 en la EMO

Su mecanismo de acción

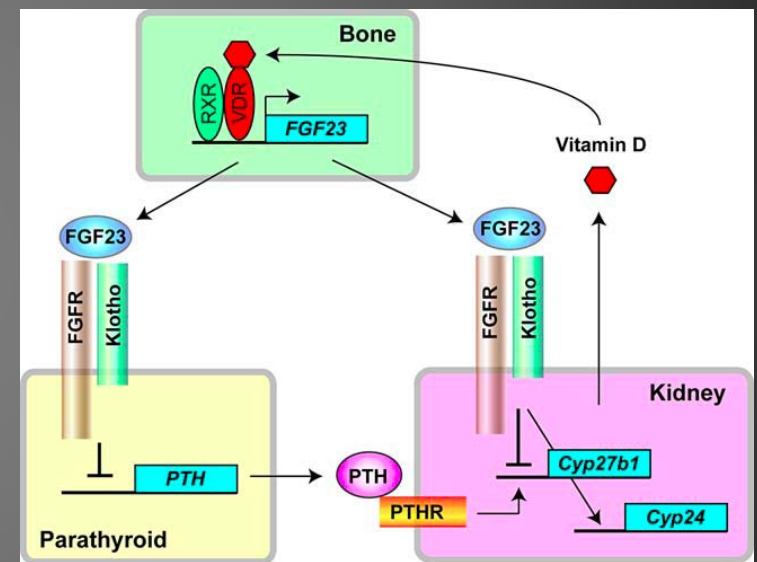
- FGF23 reduces the number of sodium-phosphate cotransporter type-2a (NaPi-2a) on the brush border membrane of proximal tubules, thereby promoting renal phosphate excretion.

- Thus, FGF23 functions as a phosphaturic hormone.

- FGF23 suppresses synthesis and promotes degradation of 1,25-dihydroxyvitamin D3 in proximal tubule. FGF23 down-regulates expression of the Cyp27b1 gene, which encodes 1 α -hydroxylase,

- FGF23 up-regulates expression of the Cyp24 gene that encodes 24-hydroxylase, the enzyme that hydrolyzes and inactivates 1,25-dihydroxyvitamin D3.

- Thus, FGF23 functions as a counterregulatory hormone for vitamin D.

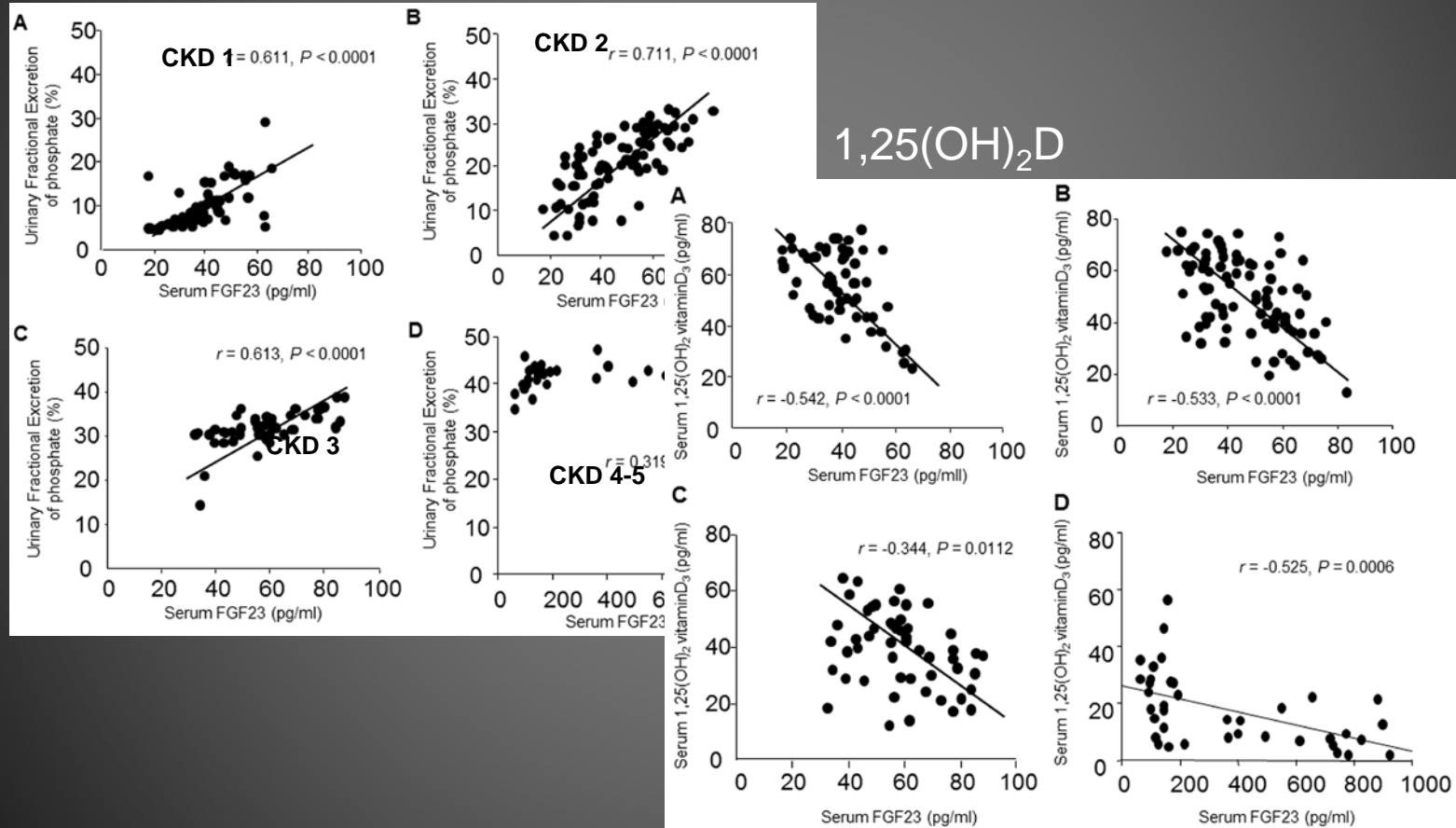


Makoto Kuro-o, Pediatr Nephrol 2010

FGF23 en la EMO

Su mecanismo de acción

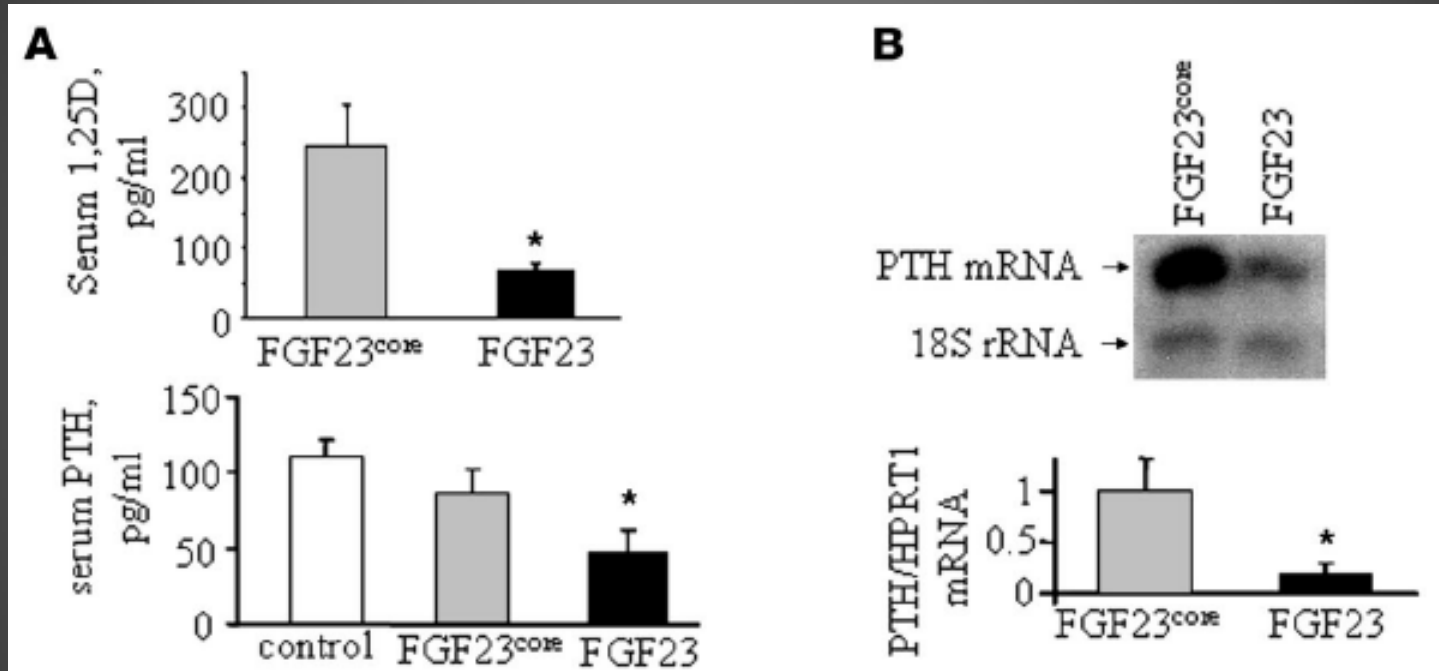
fosfato



FGF23 en la EMO

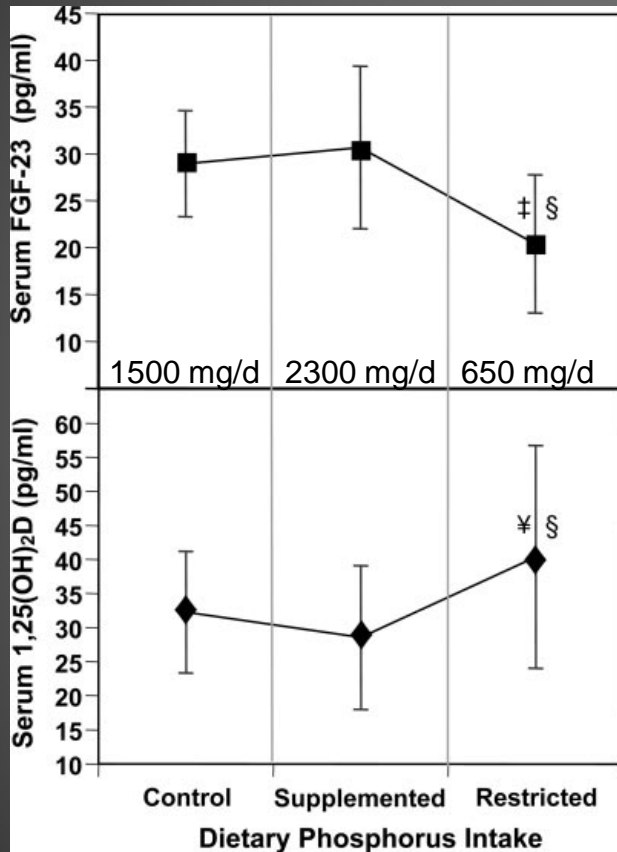
Su mecanismo de acción

parathormona

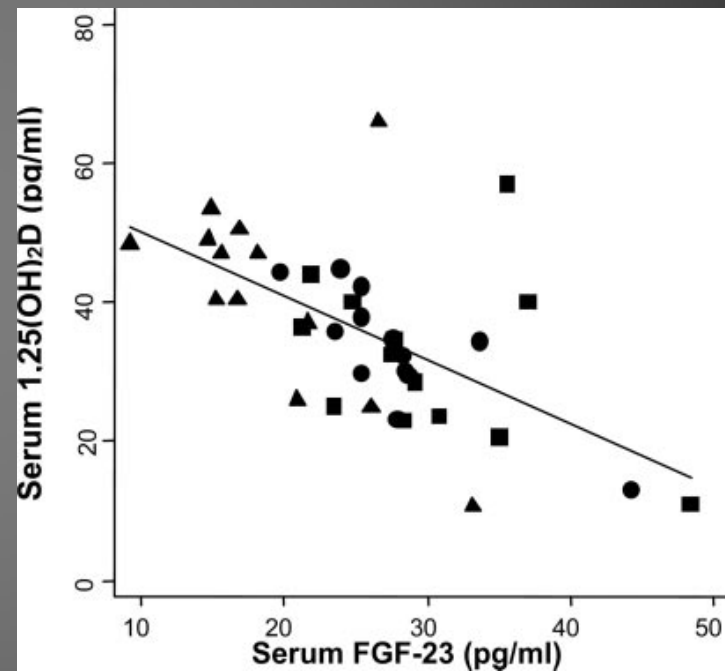


FGF23 en la EMO

Sus mecanismos de regulación

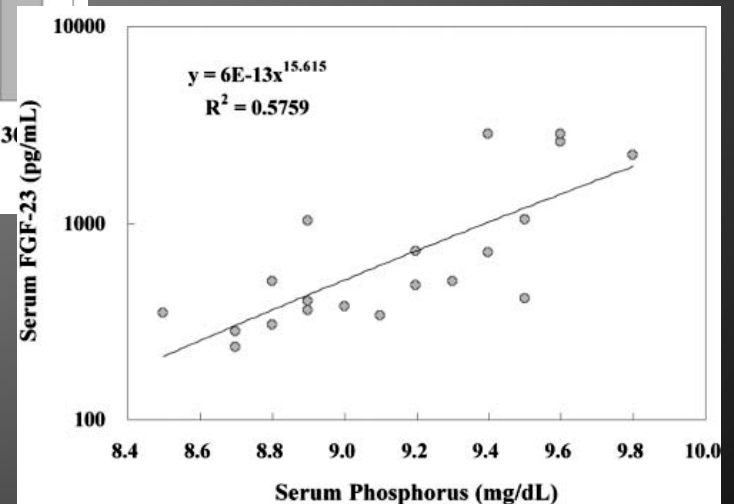
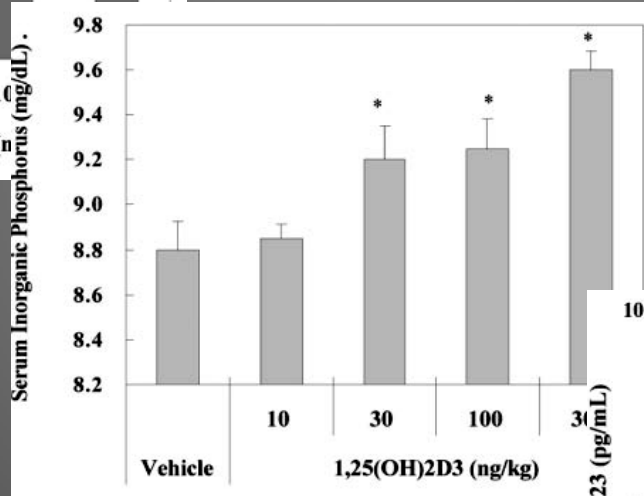
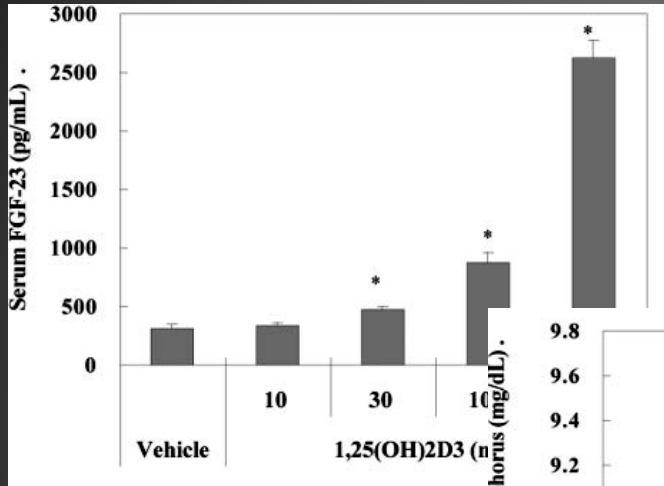


Dietary Phosphorus Regulates Serum Fibroblast Growth Factor-23 Concentrations in Healthy Men



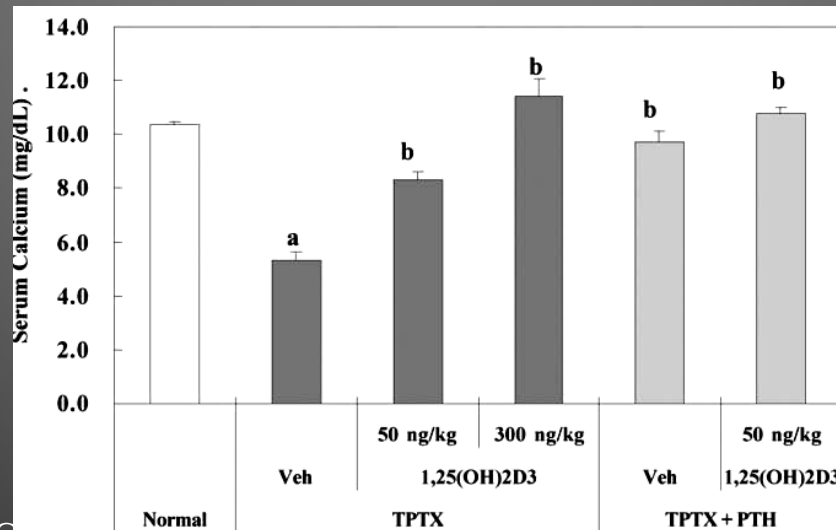
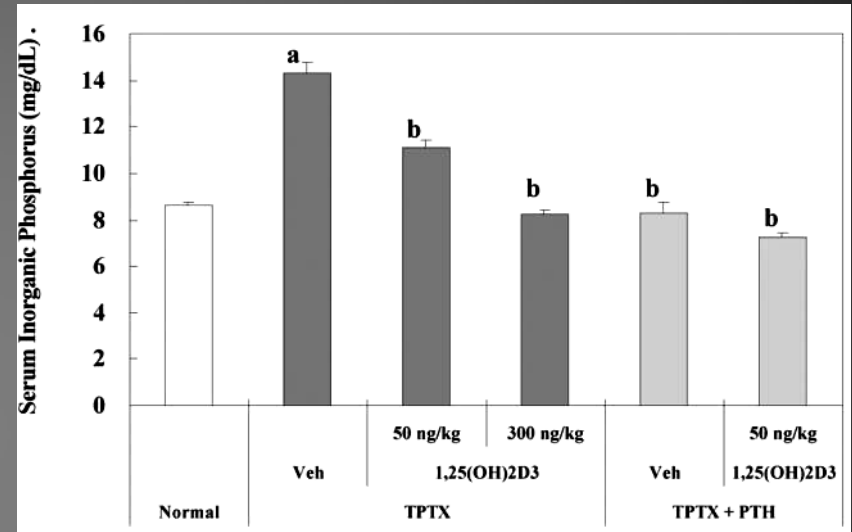
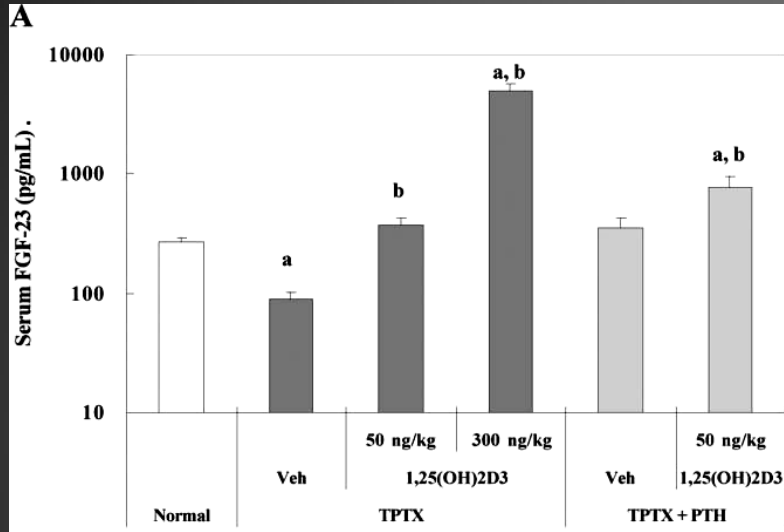
FGF23 en la EMO

Sus mecanismos de regulación



FGF23 en la EMO

Sus mecanismos de regulación



FGF23 en la EMO

A través de la enfermedad renal

Representative levels of fibroblast growth factor 23 (FGF23) in health, various states of chronic kidney disease (CKD; orange bars), and in primary hypophosphatemic disorders

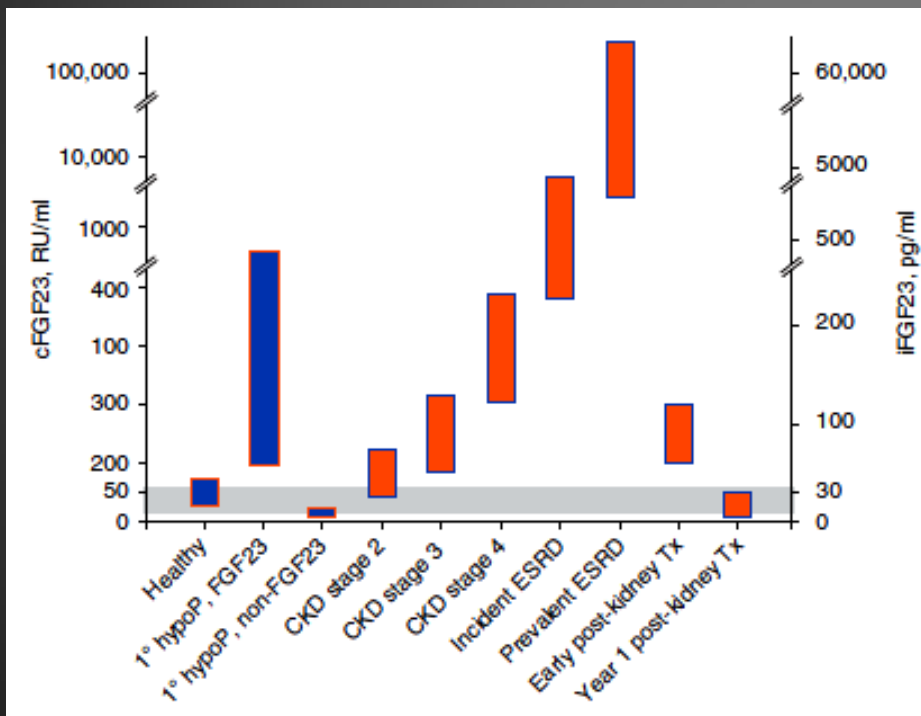


Table 1. Expected Concentration Range of FGF23 in Healthy Individuals and Across the Spectrum of CKD Based on Large-Scale FGF23 Measurements in Epidemiologic Cohorts

Population	Intact FGF23 (pg/mL)	C-Terminal FGF23 (RU/mL)
Normal renal function	20-60	25-70
CKD 2	25-80	30-150
CKD 3	40-120	50-300
CKD 4	80-500	100-1,000
CKD 5	250-1,250	400-2,000
End-stage renal disease	500-50,000	1,000-100,000

Longitudinal FGF23 and Klotho axis characterization in children treated with chronic peritoneal dialysis

	Month 1 (n:31)	Month 6 (n:25)	Month 12 (n:15)
Calcium (mg/dl) 9.4-10.3 ¹	9.9 ± 1.1	9.8 ± 0.8	9.4 ± 0.9
Phosphorus (mg/dl) 3.6-5.8 ¹	5.4 ± 1.2	5.7 ± 1.6	5.3 ± 1.3
1,25 (OH)D (pg/ml) 43±2 ²	26.7 ± 22.2	27.5 ± 21.4	NA
25(OH)D (ng/ml) >30 ³	33.7 ± 6.8	24.9 ± 8.2	24.1 ± 5.6
Parathyroid Hormone (pg/ml) 200-300 ¹	330.8 ± 273.4	349.9 ± 283.3	320.8 ± 205.1
FGF23 (pg/ml) Controls (45) 9.4±5.7 ⁴	215.1 ± 303.6	229.8 ± 252.6	194.8 ± 300.9
FGF23 log	1.98 ± 0.6	2.01 ± 0.6	1.77 ± 0.7
Klotho (pg/ml) Controls (45) 320±119.4 ⁴	132.1 ± 58	133.3 ± 29.2	130.3 ± 34.4

FGF23 en la EMO

A través de la enfermedad renal

Table 1. Biochemical parameters across the spectrum of CKD^a

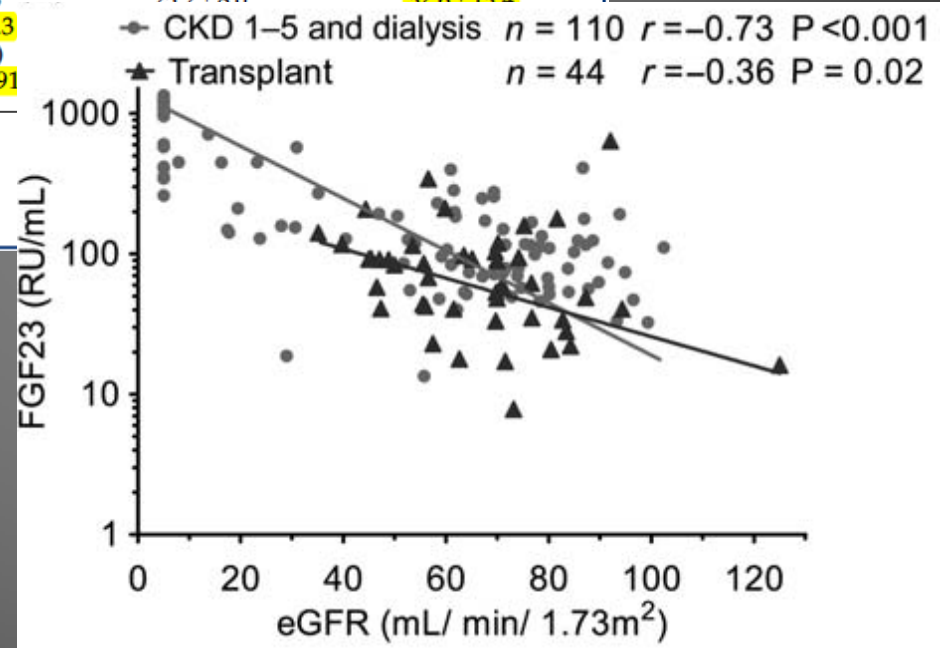
Biochemical Value	Stage 2 CKD (n=14)	Stage 3 CKD (n=24)	Stage 4/5 CKD (n=14)
Calcium (mg/dl)	9.5±0.4	9.2±0.5	9.3±0.9
Phosphorus (mg/dl)	4.7±0.8	4.7±1.0	6.1±1.2 ^{b,c}
Bicarbonate (mEq/L)	22.2±3.1	21.8±5.1	19.7±2.0
Alkaline phosphatase (IU/L)	238±82	238±161	246±135
25(OH)vitamin D (µg/ml)	31.2±9.3	25.2±8.0	32.6±13.4
1,25(OH) ₂ vitamin D (pg/ml)	39.5±13.3		
PTH (pg/ml), median (interquartile range)	52 (48, 87)		
FGF-23 (RU/ml), median (interquartile range)	181 (101, 291)		

FGF-23, fibroblast growth factor 23; PTH, parathyroid hormone.

^aValues are expressed as mean ± SD unless otherwise noted.

^bP<0.05 above the normal range.

^cP<0.05 from stage 2 and stage 3 CKD.

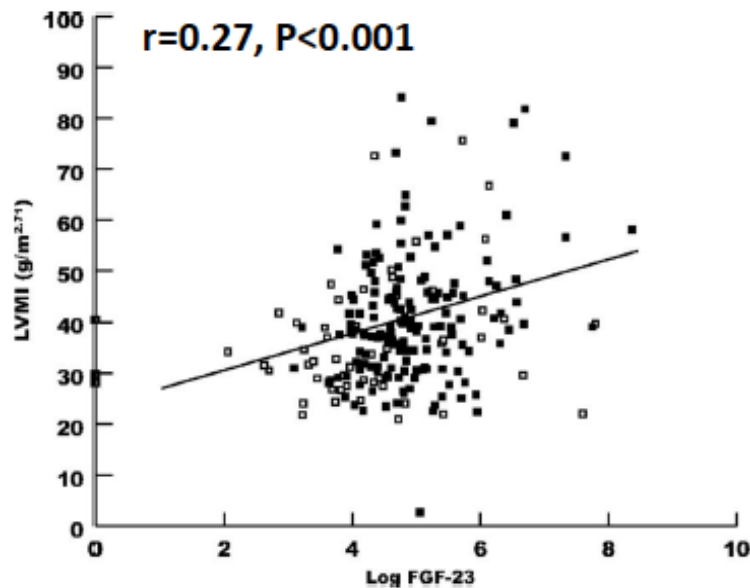


Wesseling-Perry et al.
Clin J Am Soc Nephrol 2012

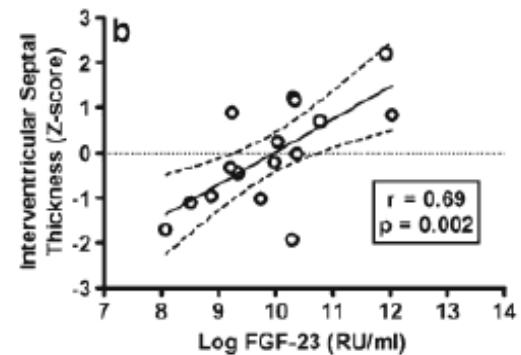
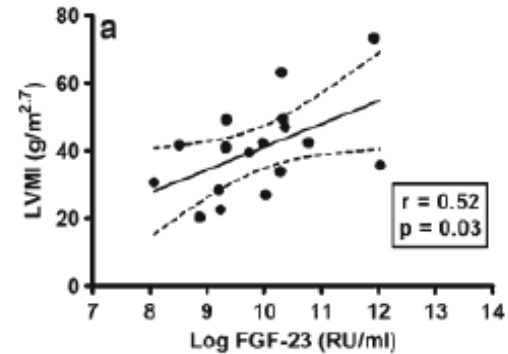
Wan M., Nephrol Dial Transplant (2013)

Efectos sistémicos del FGF23

Correlation between log FGF-23 and LVMI: Adults and Children



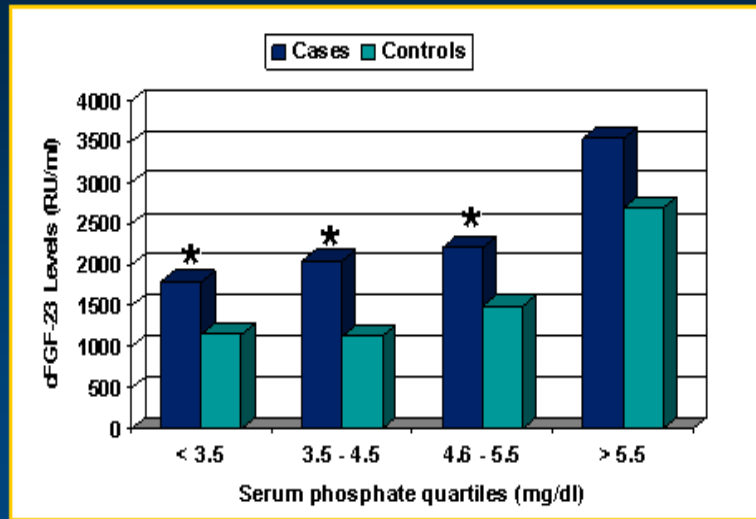
- non-CKD subjects
- subjects with CKD.



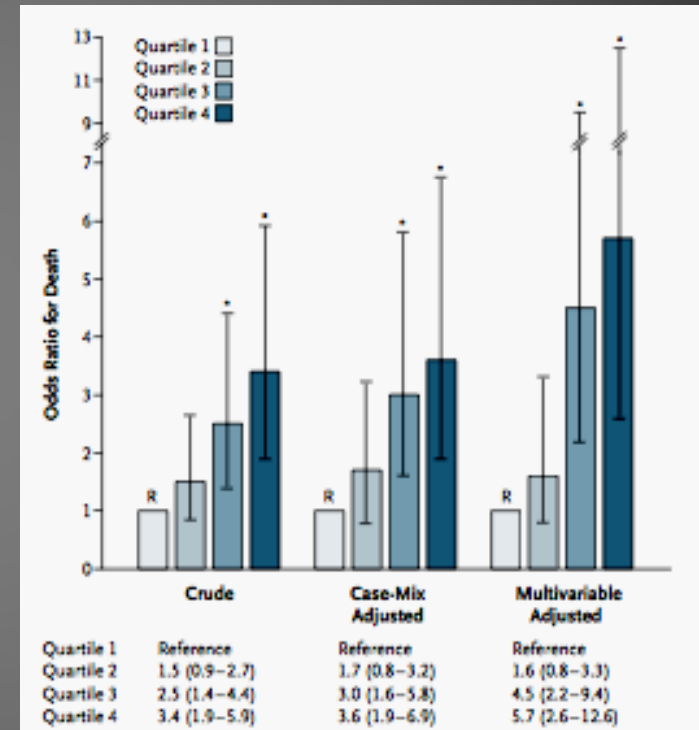
Efectos sistémicos del FGF23

Figure 1. Odds Ratios (and 95% CIs) for Death According to Quartile of C-Terminal Fibroblast Growth Factor 23 (cFGF-23) Levels.

cFGF-23 in Cases vs. Controls in Serum Phosphate Quartiles



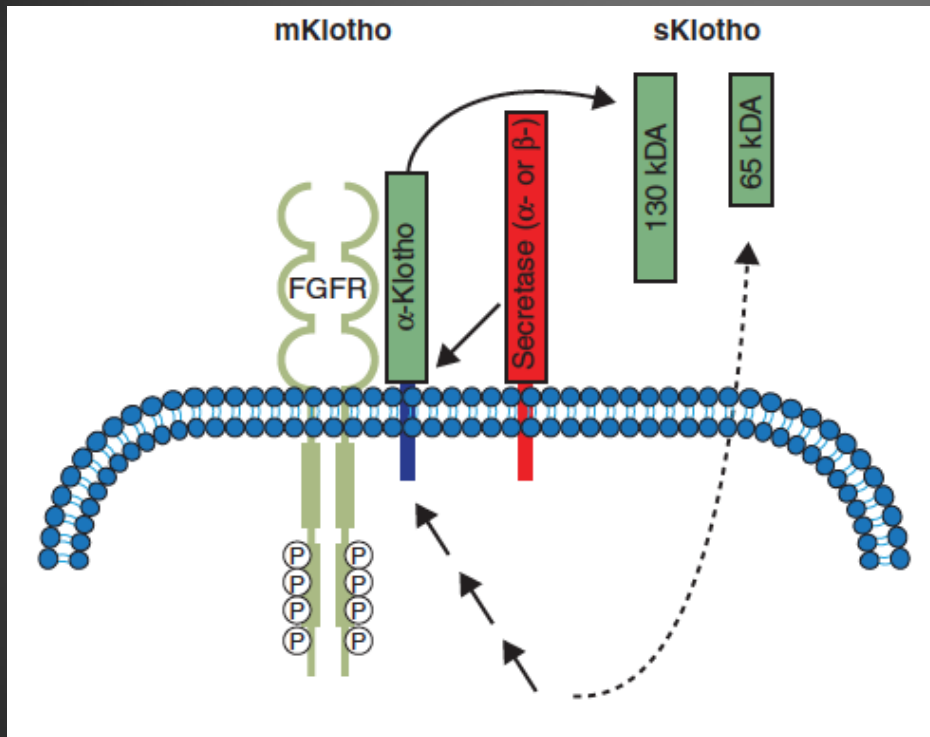
Gutierrez et al N Engl J Med 2008



FGF23 y su Co-receptor Klotho. (Clotho, Lakshesis, Atropos)



FGF23 y su Co-receptor Klotho



The Klotho gene encodes a single-pass type I transmembrane protein (1014 amino acids in the mouse and 1012 in humans) with a short cytoplasmic domain and an extracellular domain composed of two b-galactosidase/ glycosidase-like tandem repeats (KL1 and KL2) with b-glucuronidase and sialidase activity.

It is predominantly expressed in kidneys, brain (choroid plexus (CP), neurons sinoatrial node of the heart, endocrine (pituitary, parathyroid and pancreas) and reproductive organs (gonads and placenta).

(Kuro-o et al. 1997, Kato et al. 2000, Li et al. 2004, Takeshita et al. 2004, German et al. 2012)

Especificidad de acción del FGF23

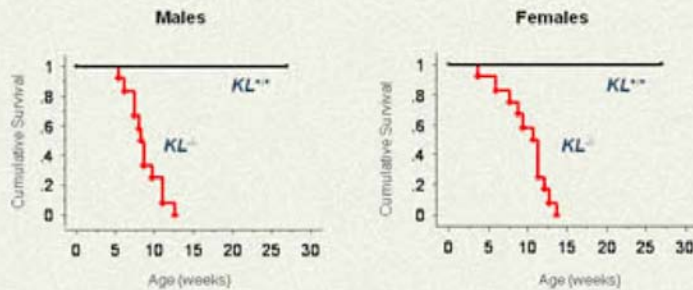
Rol del Klotho

Mutation of the mouse klotho gene leads to a syndrome resembling ageing

The *klotho* mouse

is one of the transgenic mouse lines that do NOT express the transgene. Homozygotes for the transgene develop multiple aging-like phenotypes around 4 weeks of age due to insertional mutation.

- Short lifespan



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is one of the transgenic mouse lines that do NOT express the transgene. Homozygotes for the transgene develop multiple aging-like phenotypes around 4 weeks of age due to insertional mutation.

- Short lifespan
- Growth retardation
- Hypogonadism
- Premature thymic involution
- Skin atrophy
- Muscle atrophy
- Vascular calcification
- Osteoporosis
- Pulmonary emphysema
- Ectopic calcification
- Motor neuron degeneration
- Hearing disorder, etc.



Especificidad de accion del FGF23

Rol del Klotho

Mutation of the mouse klotho gene leads to a syndrome resembling ageing

Klotho^{-/-} mice and *Fgf23*^{-/-} mice

Klotho^{-/-}

- Short lifespan
- Growth retardation
- Hypogonadism
- Premature thymic involution
- Skin atrophy
- Muscle atrophy
- Arteriosclerosis
- Osteoporosis
- Pulmonary emphysema
- Soft tissue calcification
- Hyperphosphatemia
- Hypervitaminosis D
- Hypercalcemia
- Hypoglycemia

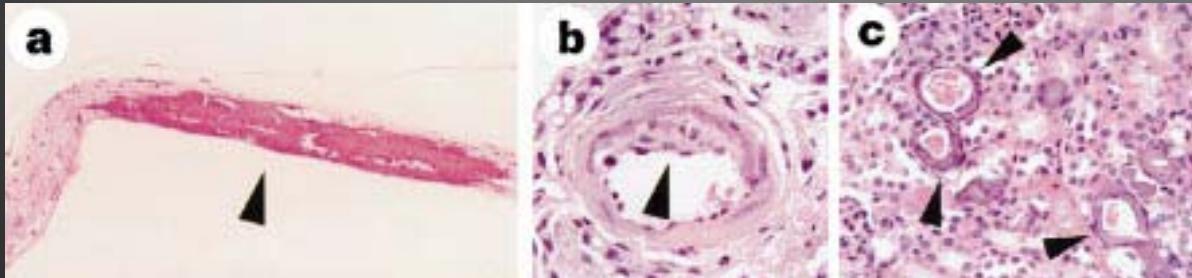
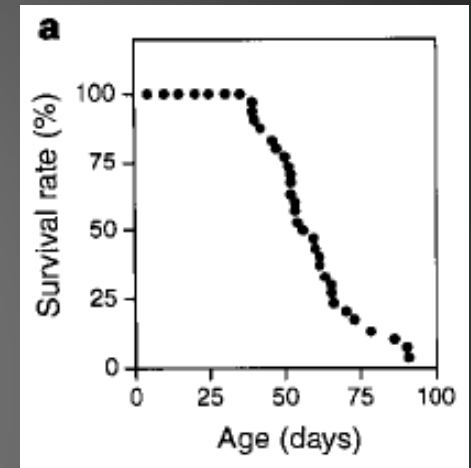
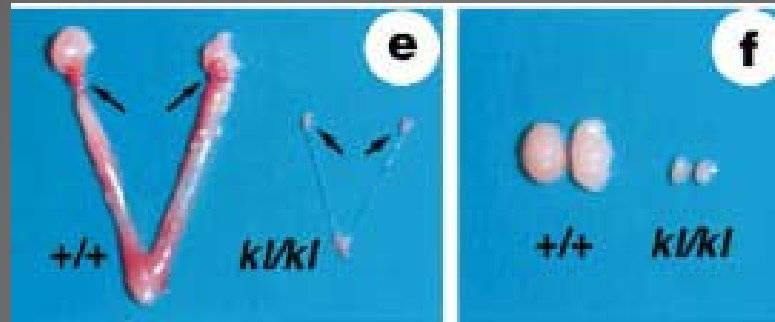
Fgf23^{-/-}

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- Pulmonary emphysema
- Soft tissue calcification
- Hyperphosphatemia
- Hypervitaminosis D
- Hypercalcemia
- Hypoglycemia

FGF23 requires Klotho to activate FGF signaling



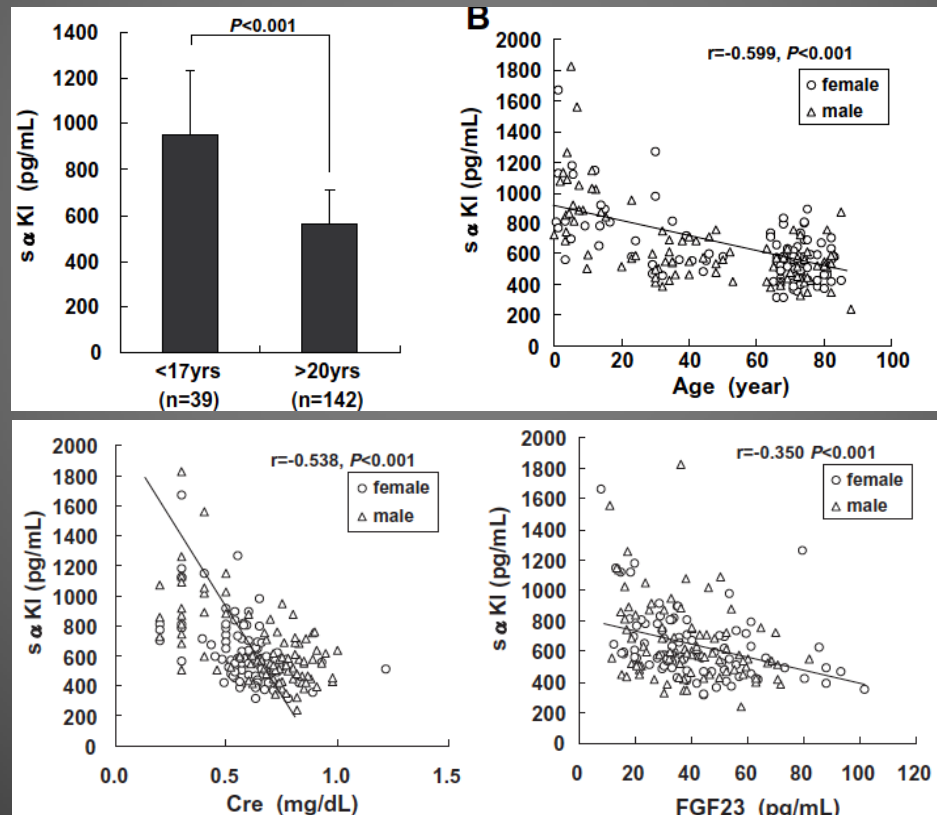
Mutation of the mouse *klotho* gene leads to a syndrome resembling ageing



Especificidad de accion del FGF23

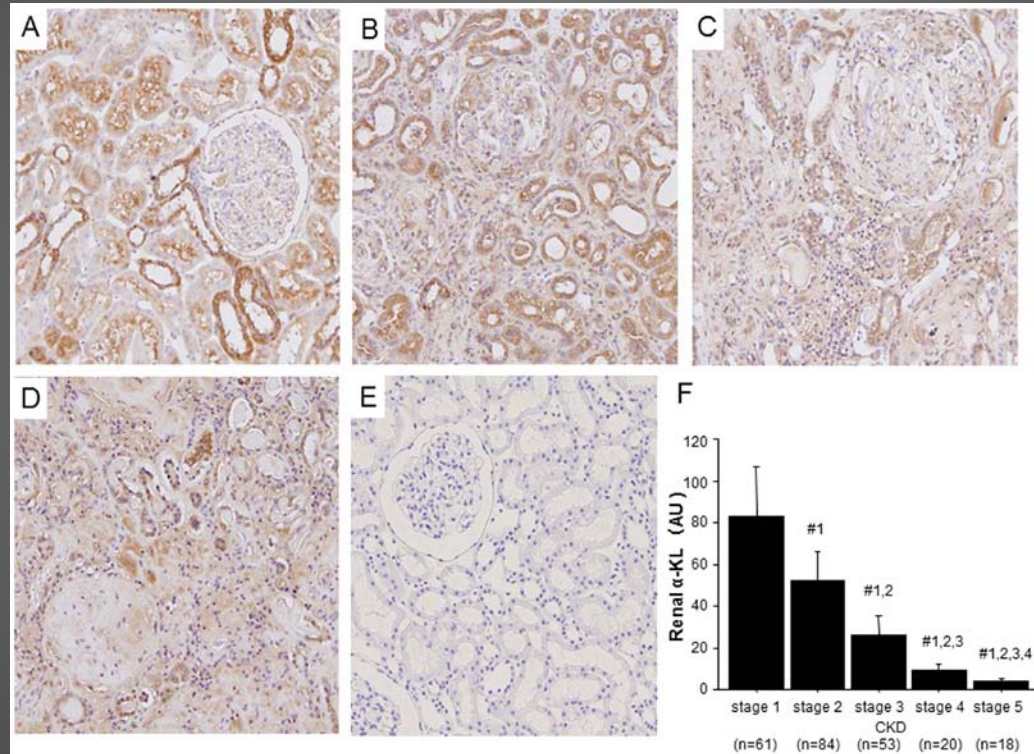
Klotho en la vida normal

Establishment of sandwich ELISA for soluble alpha-Klotho measurement:
Age-dependent change of soluble alpha-Klotho levels in healthy subjects



Klotho en la Enfermedad Renal Crónica

Reduced Renal α -Klotho Expression in CKD Patients and Its Effect on Renal Phosphate Handling and Vitamin D Metabolism



Efectos sistémicos del Klotho

Left Ventricular Mass Progression despite Stable Blood Pressure and Kidney Function in Stage 3 Chronic Kidney Disease

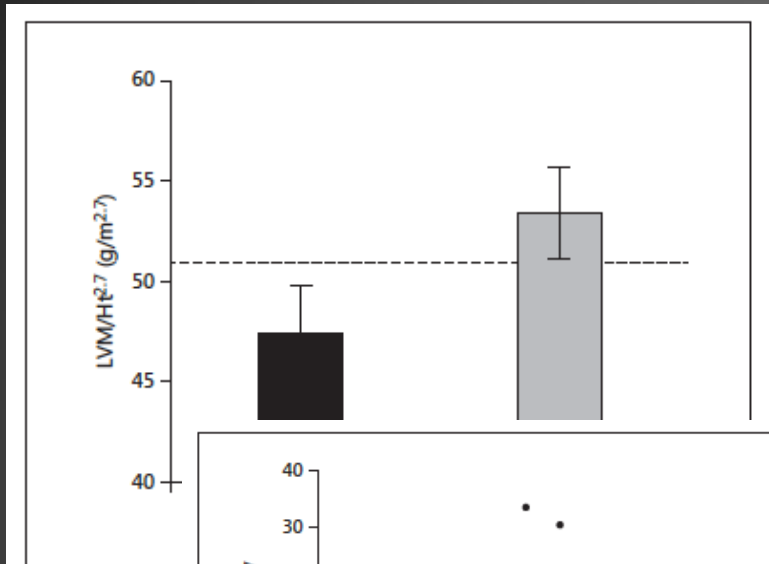


Fig. 1. Comparison of 12-month visit LVM/Ht^{2.7} between the two groups. The dashed line represents the standard error of the threshold.

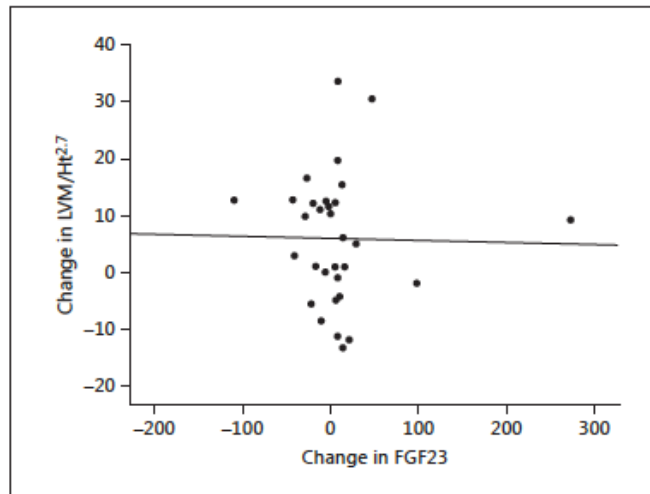


Fig. 2. Scatter plot of the change in FGF23 levels vs. the change in LVM/Ht^{2.7} between the baseline and 12-month visit. The strength ($r^2 = -0.02$) and significance ($p = 0.92$) of the association were generated using Pearson's correlation.

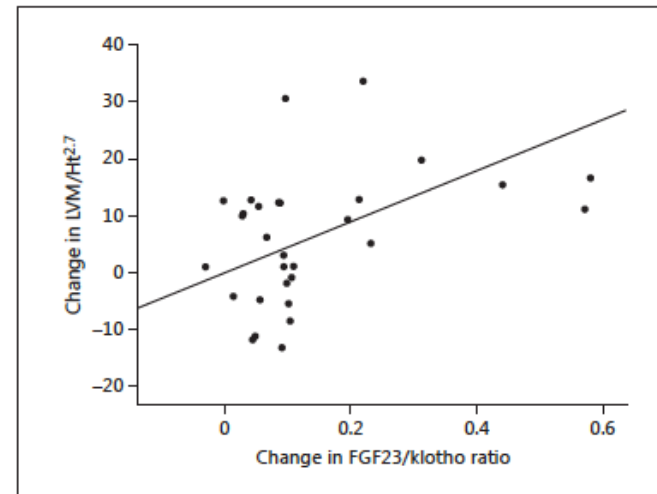


Fig. 3. Scatter plot of the change in FGF23/klotho ratio vs. the change in LVM/Ht^{2.7} between the baseline and 12-month visit. The strength ($r^2 = 0.582$) and significance ($p = 0.03$) of the association were generated using Pearson's correlation.

Klotho, Homeostasis del calcio, uremia y envejecimiento

CALCIO

El envejecimiento representa un estado de cambio en la distribución del calcio, desde la masa ósea a los tejidos extraóseos, en especial los vasos sanguíneos.

Funciones extracelulares: integridad de las membranas, adherencia intercelular, coagulación, mineralización ósea.

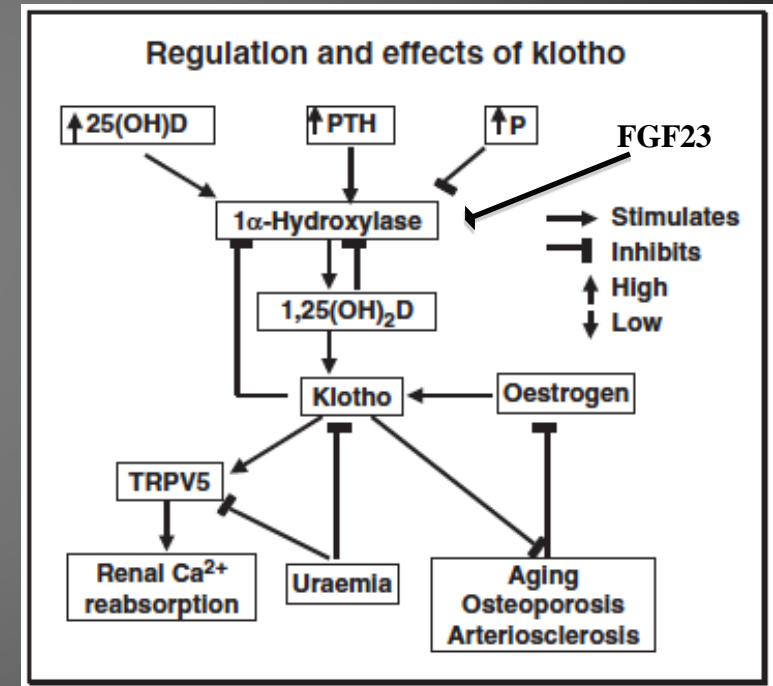
Funciones intracelulares: segundo mensajero en procesos metabólicos, motilidad celular, procesos de secreción y absorción, proliferación celular; Cofactor enzimático.

Regulación de la calcemia:

a) componente sensor de cambios en calcemia: PTH, $1,25(\text{OH})_2\text{D}$, Calcitonina.

b) componente efector, transportee del calcio: riñón, intestino, hueso, que responden a las hormonas del componente sensor.

El transporte activo de calcio en la membrana basolateral del túbulo distal por el $\text{Na}^+/\text{Ca}^{2+}$ -exchanger, y por la Ca^{2+} -ATPase en riñón e intestino es regulado por 2 miembros de los canales epiteliales de calcio, "transient receptor potential superfamily" (TRP), TRPV5 and TRPV6.



- Klotho hidroliza residuos de azúcares fijando el TRPV5 en la membrana, manteniendo activo el transporte de calcio.
- Klotho y TRPV5 son positivamente regulados por $1,25\text{vitD}$.
- Klotho está co-localizado junto a TRPV5 en la membrana del TCD.

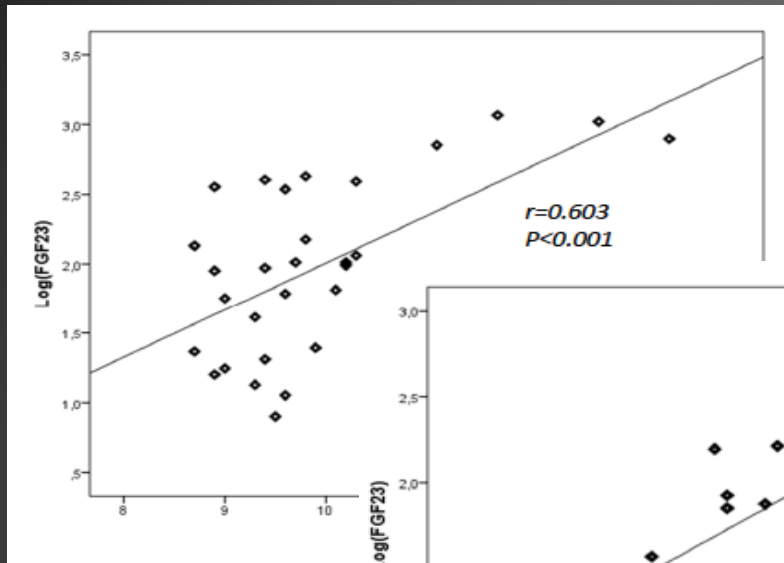
Longitudinal FGF23 and Klotho axis characterization in children treated with chronic peritoneal dialysis

Table 2.

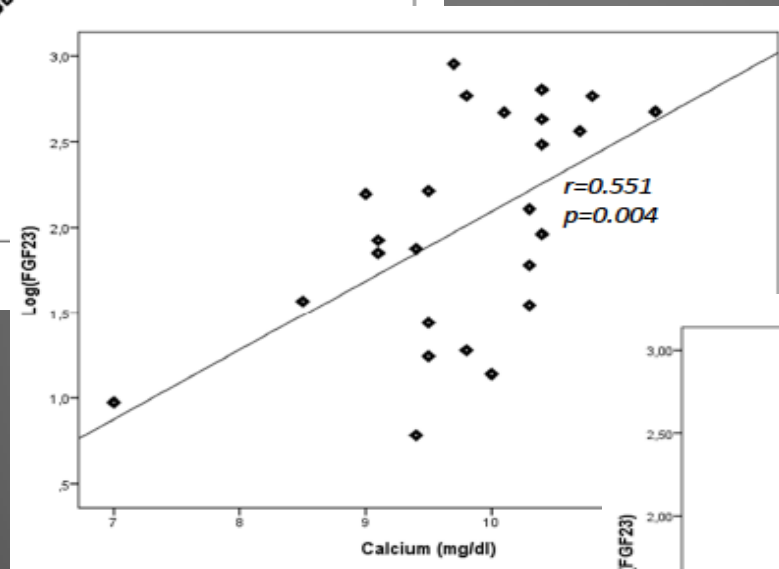
Nutritional and Dialytical parameters in children under chronic peritoneal dialysis at 12 months of follow-up^a

Variable	Month 1 (n:31)	Month 6 (n:25)	Month 12 (n:15)
Height/age SDS	-1,88 ± 1,18	-1,65 ± 1,07	-1,78 ± 1,15
nPNA	1.03 ± 0.3	0.97 ± 0.3	1.01 ± 0.3
Adequacy of calcium intake (%)	99.1 ± 44.5	90.7 ± 25.9	69.4 ± 27.7
Adequacy of phosphorus intake (%)	100.7 ± 70.9	91.4 ± 35.1	87 ± 34.2
Adequacy of protein intake (%)	117.8 ± 31.9	132.1 ± 50.2	139.2 ± 36.7
Total KtV	2.9 ± 1.4	2.9 ± 1.7	2.8 ± 1.7
Residual KtV	1.27 ± 1,5	1.02 ± 1.4	1.2 ± 1.8

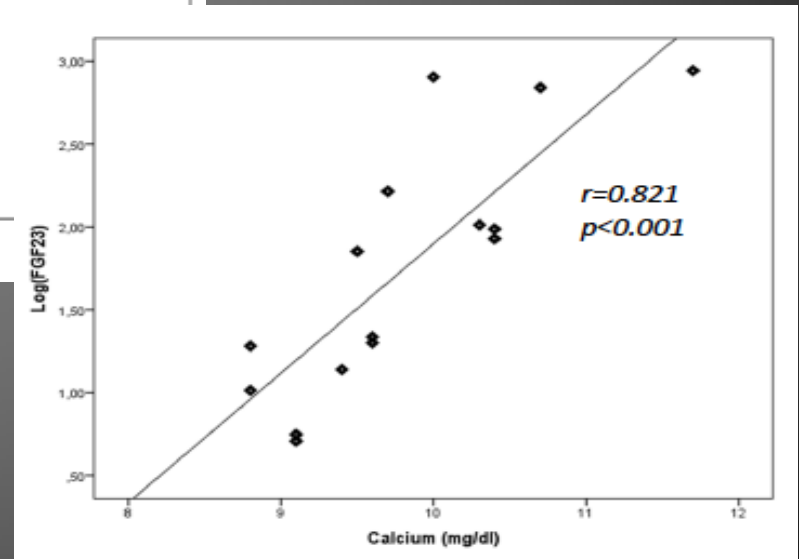
Longitudinal FGF23 and Klotho axis characterization in children treated with chronic peritoneal dialysis



Mes 1

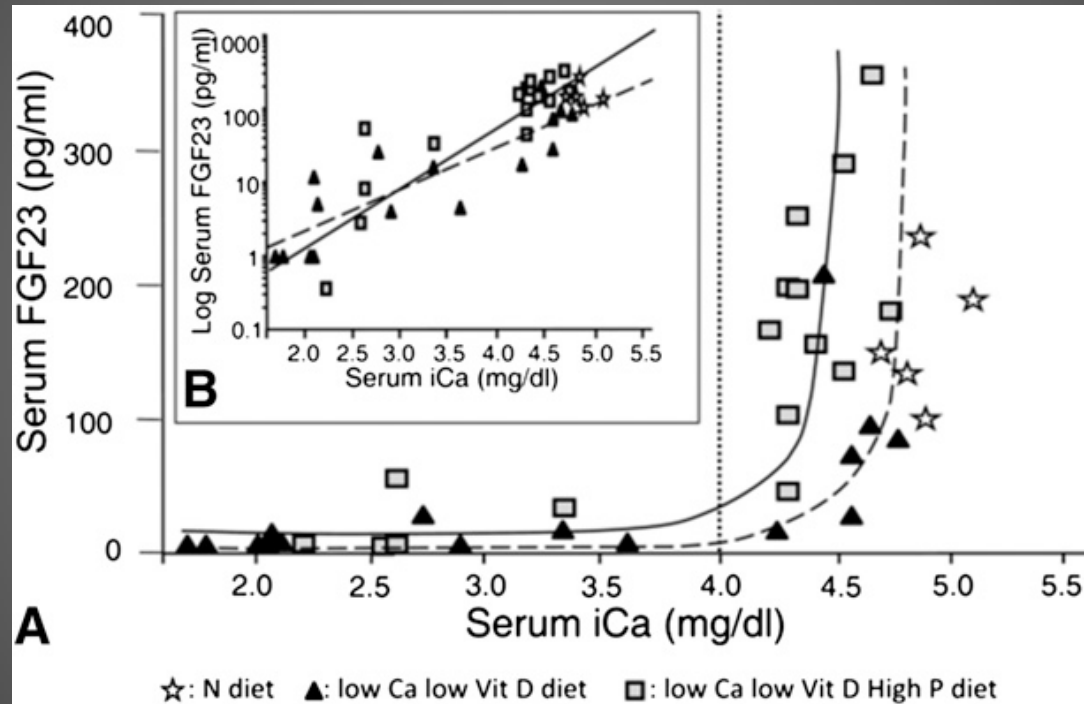


Mes 6



Mes 12

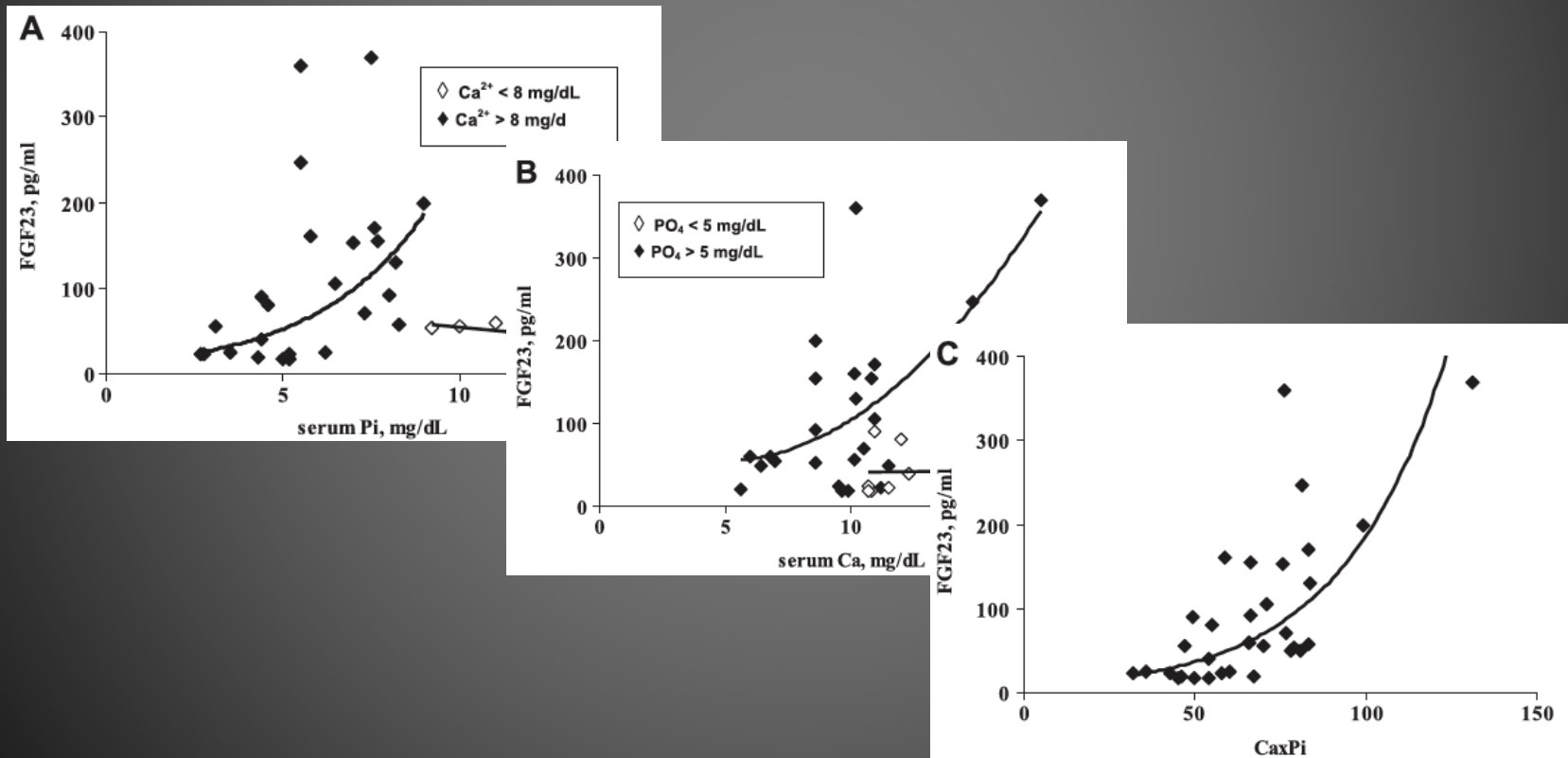
Calcium Deficiency Reduces Circulating Levels of FGF23 in rats



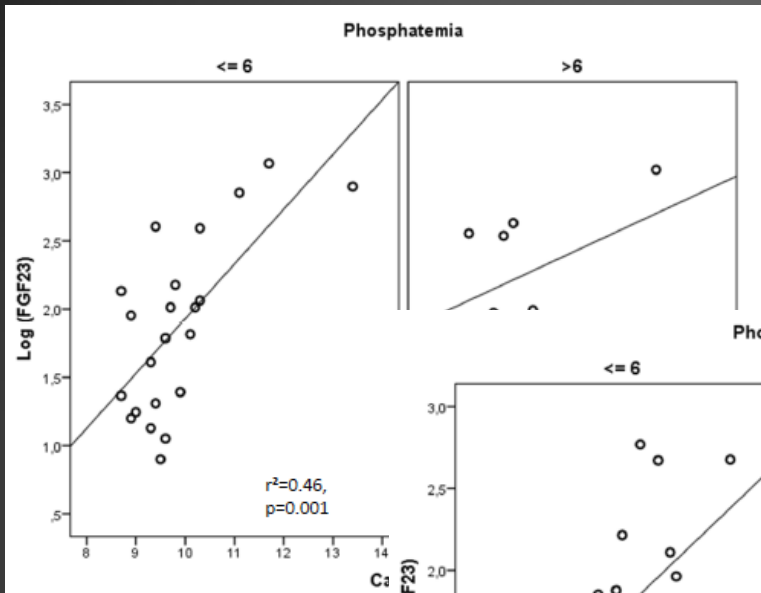
Interactions between calcium and phosphorus in the regulation of the production of fibroblast growth factor 23 in vivo

Stephen J. Quinn, Alex R. B. Thomsen, Jian L. Pang, Lakshmi Kantham, Hans Bräuner-Osborne, Martin Pollak, David Goltzman and Edward M. Brown

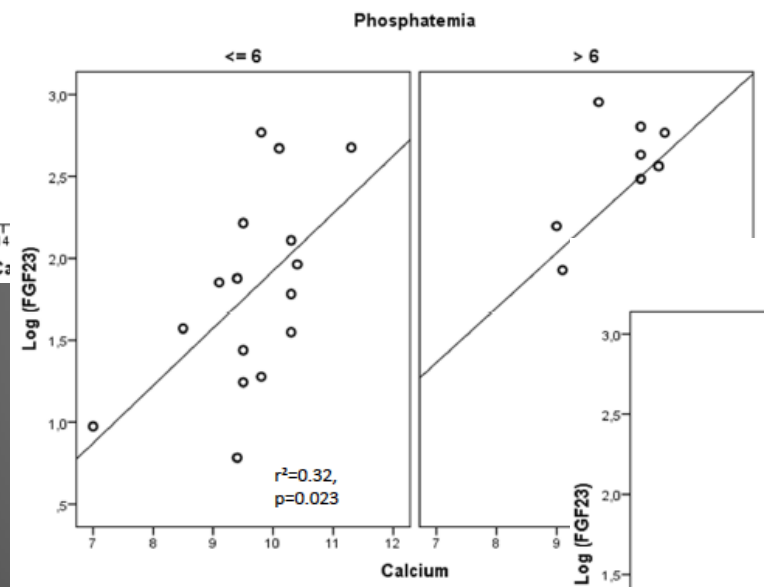
Am J Physiol Endocrinol Metab 304:E310-E320, 2013. First published 11 December 2012;



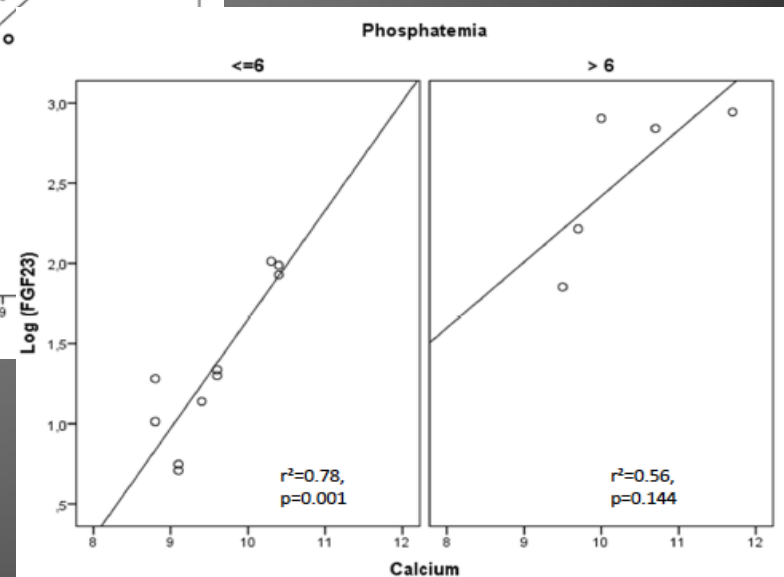
Longitudinal FGF23 and Klotho axis characterization in children treated with chronic peritoneal dialysis



Mes 1

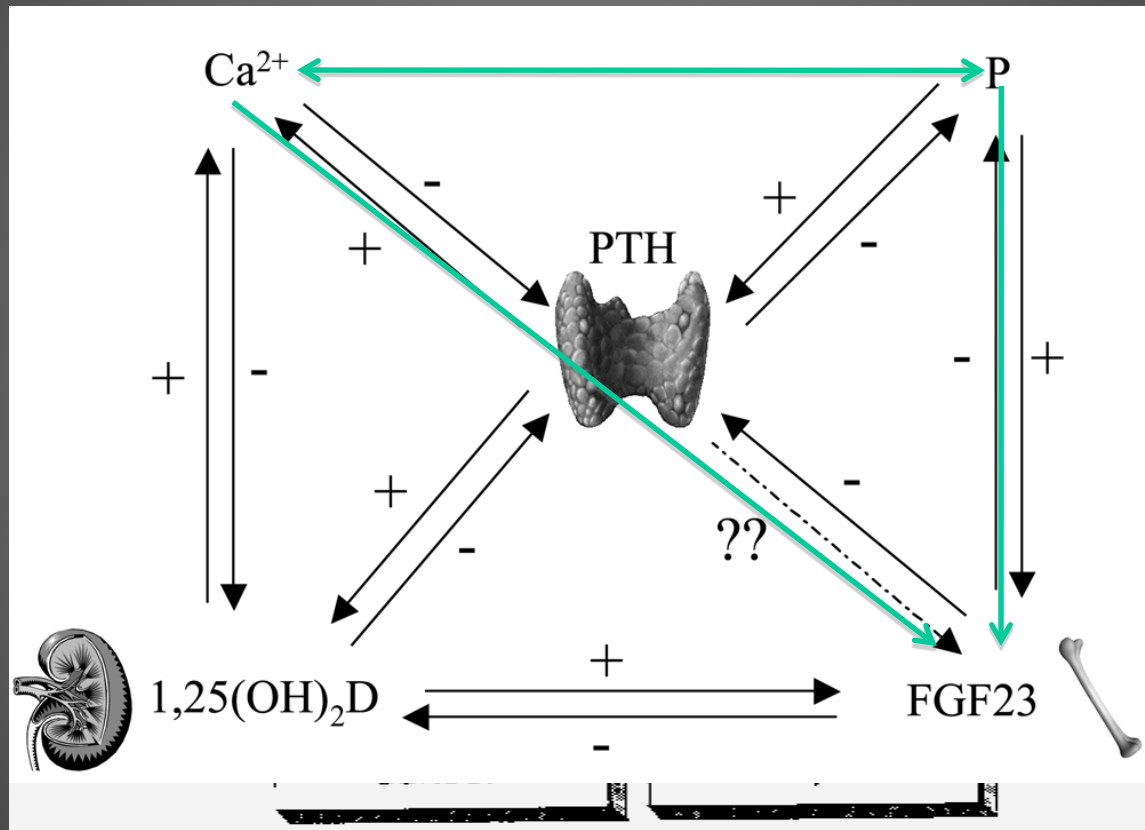


Mes 6



Mes 12

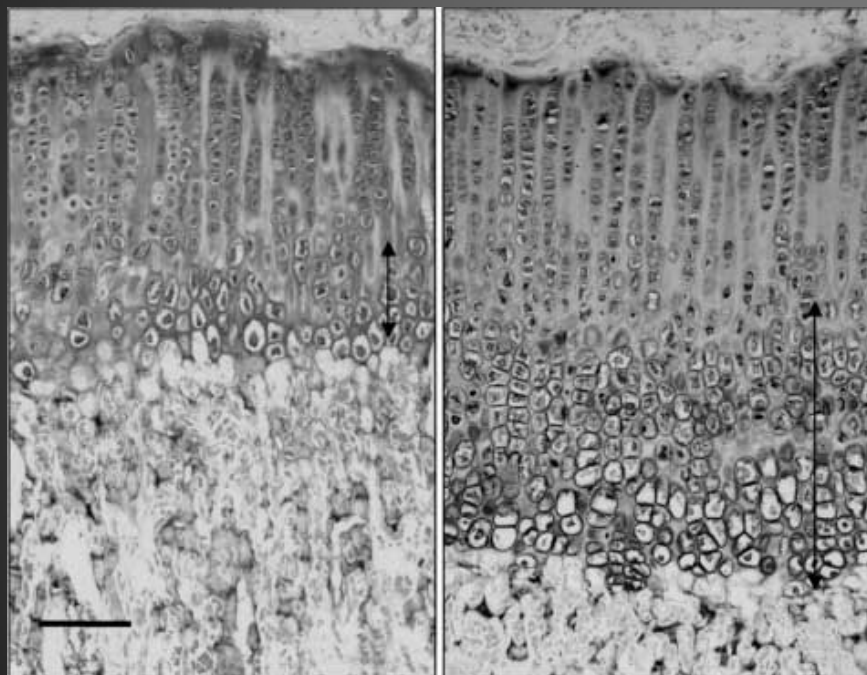
La Enfermedad Mineral Osea En la Enfermedad Renal Crónica



HOSPITAL LUIS CALVO MACKENNA

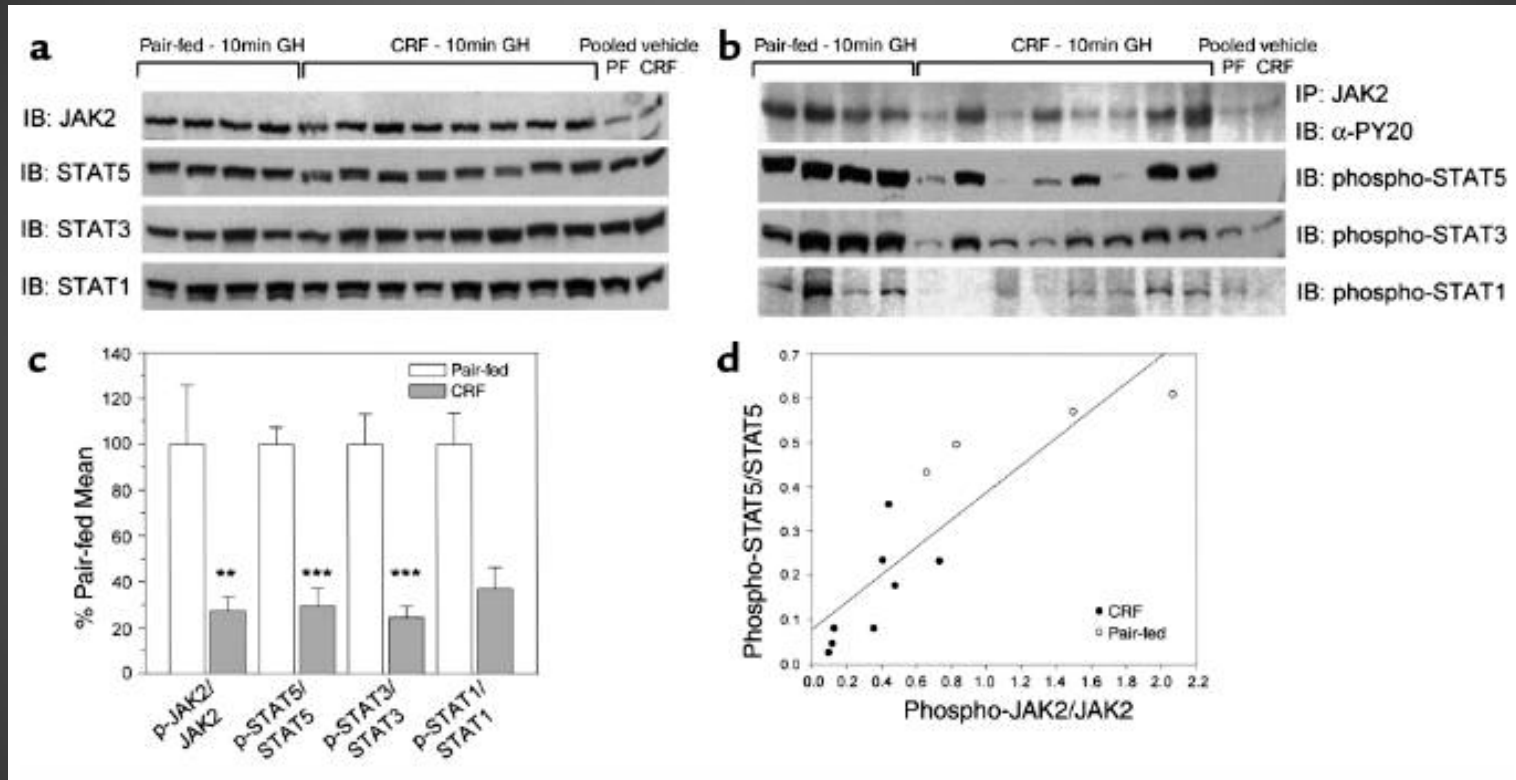


La placa de crecimiento en la insuficiencia renal crónica



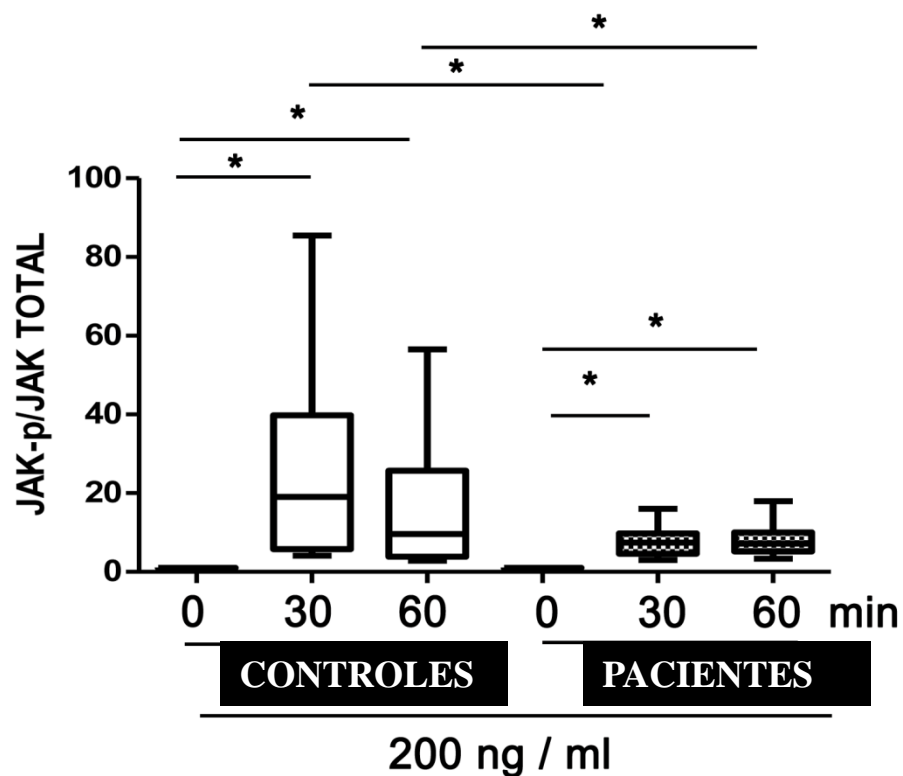
	Control	Malnutrición	IRC
Volumen condrocito distal (μ^3)	16.303 \pm 1.483	14.466 \pm 1.521	12.080 \pm 1.158*
Recambio celular por columna y día	8,0 \pm 1,6	7,2 \pm 1,1	5,4 \pm 0,9*
Duración fase hipertrófica (h)	32,1 \pm 6,7	34,8 \pm 5,1	89,0 \pm 15,2*
Velocidad de avance celular (μ /h)	11,3 \pm 2,7	10,1 \pm 2,5	7,4 \pm 2,2*

GH-mediated JAK2/STAT signal transduction is impaired in CRF

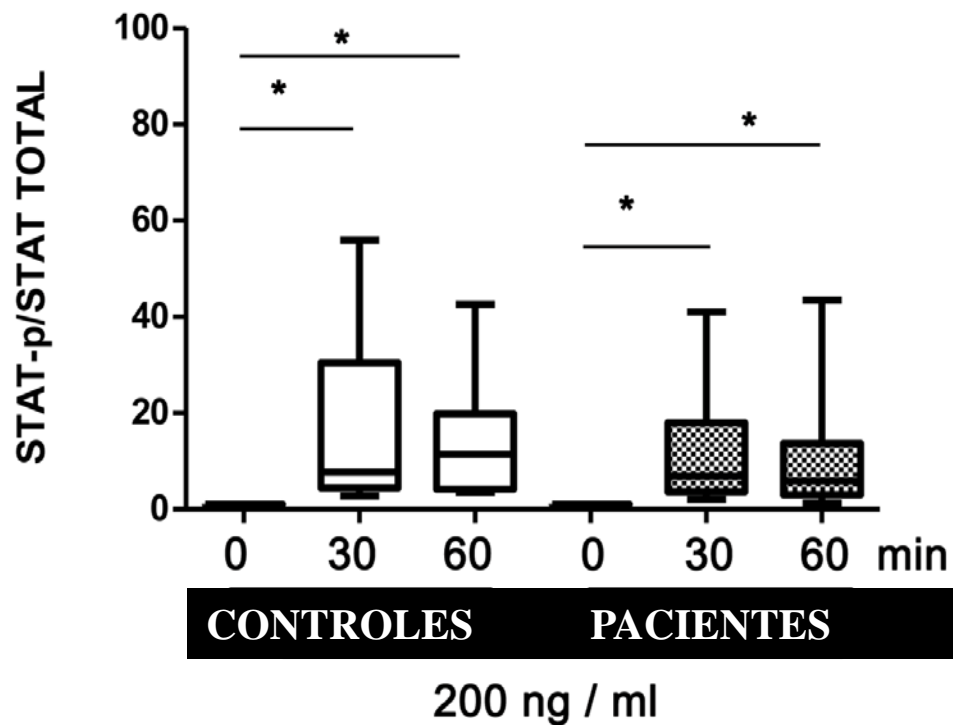


ROL DEL EJE GH/IGF1 EN EL RETRASO DE CRECIMIENTO EN NIÑOS EN DIALISIS PERITONEAL. FONDECYT 1110226

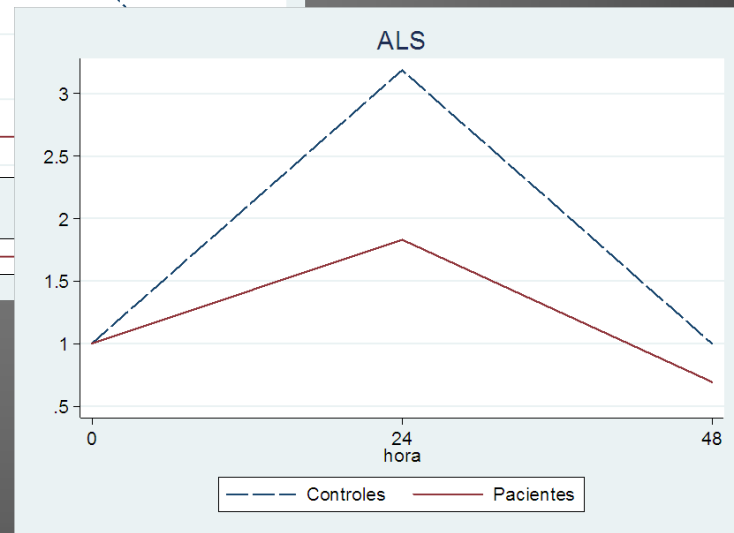
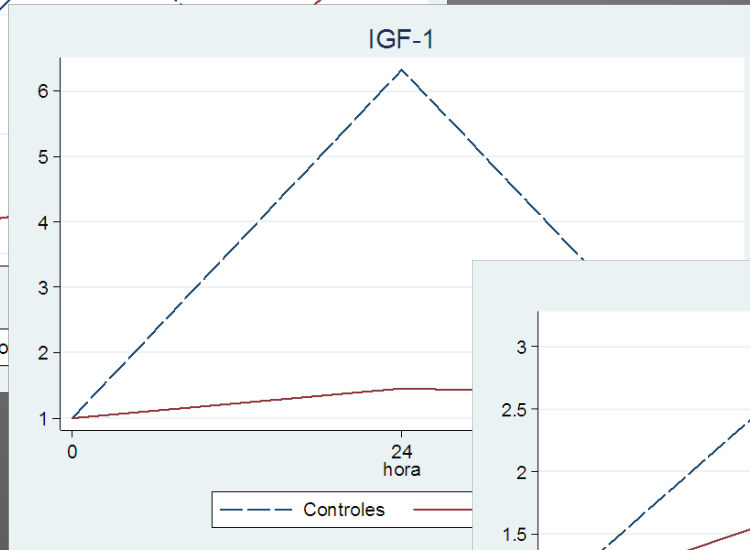
pJAK2/JAK2 tot (cyt)



pSTAT 5b/STAT tot (cyt)

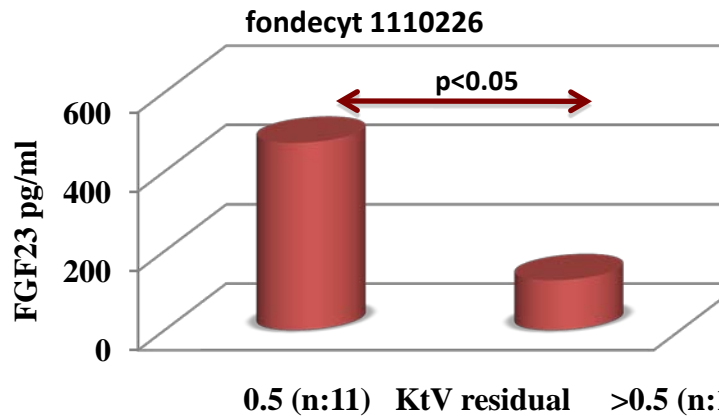


ROL DEL EJE GH/IGF1 EN EL RETRASO DE CRECIMIENTO EN NIÑOS EN DIALISIS PERITONEAL. FONDECYT 1110226

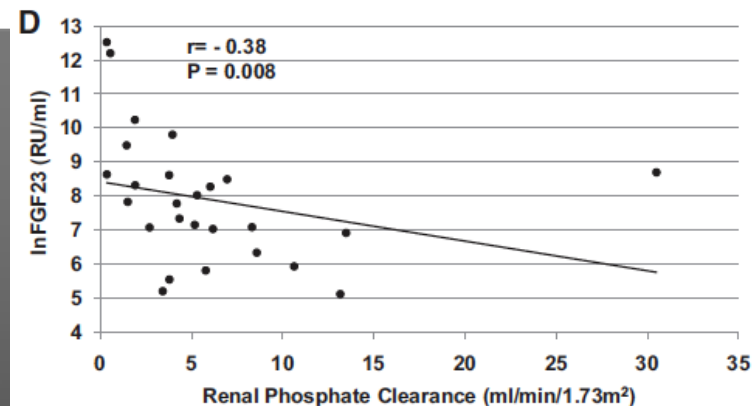
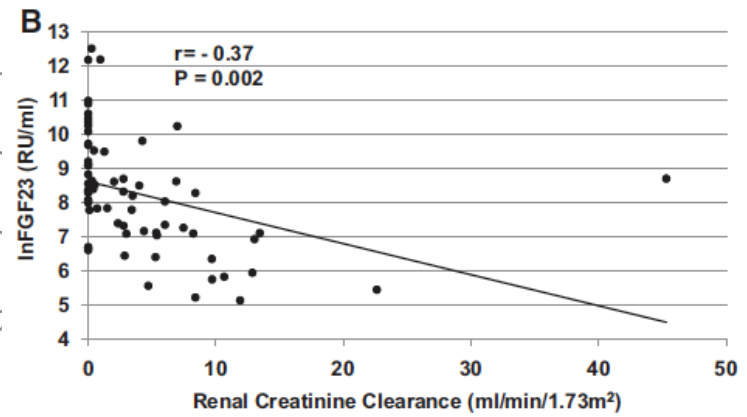


Longitudinal FGF23 and Klotho axis characterization in children treated with chronic peritoneal dialysis

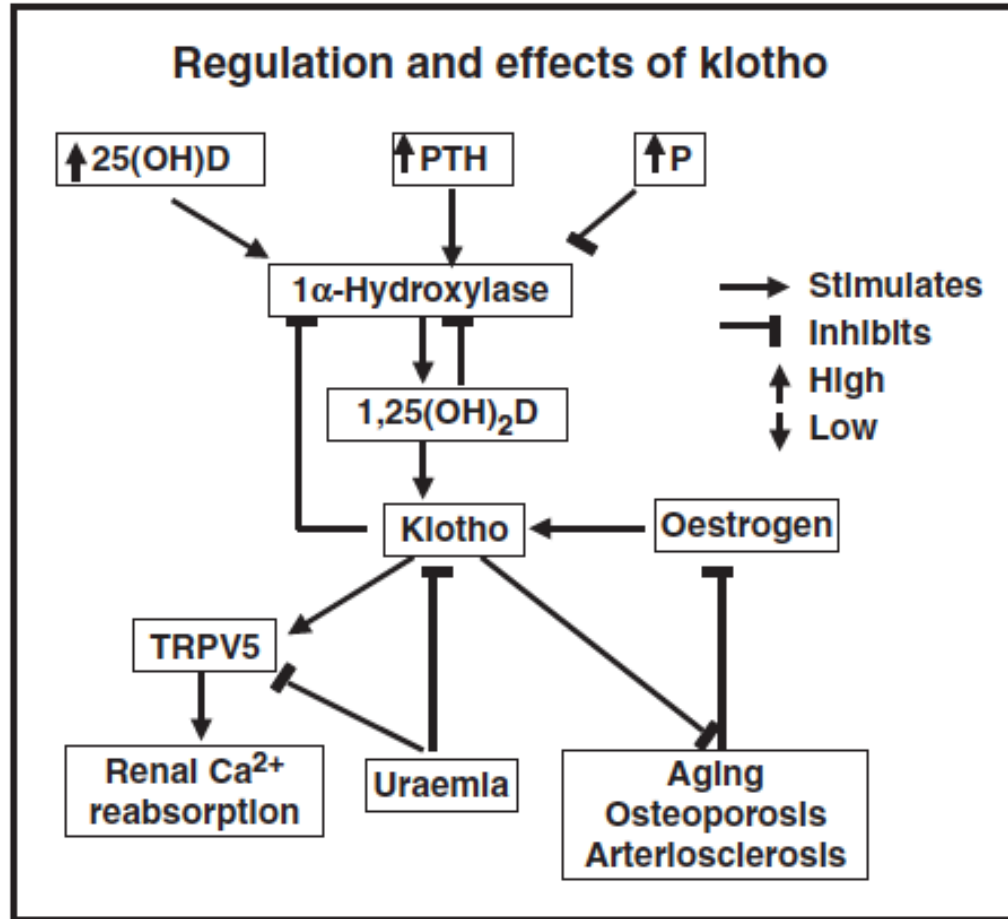
KtV residual y FGF23 en pacientes pediátricos en DP crónica



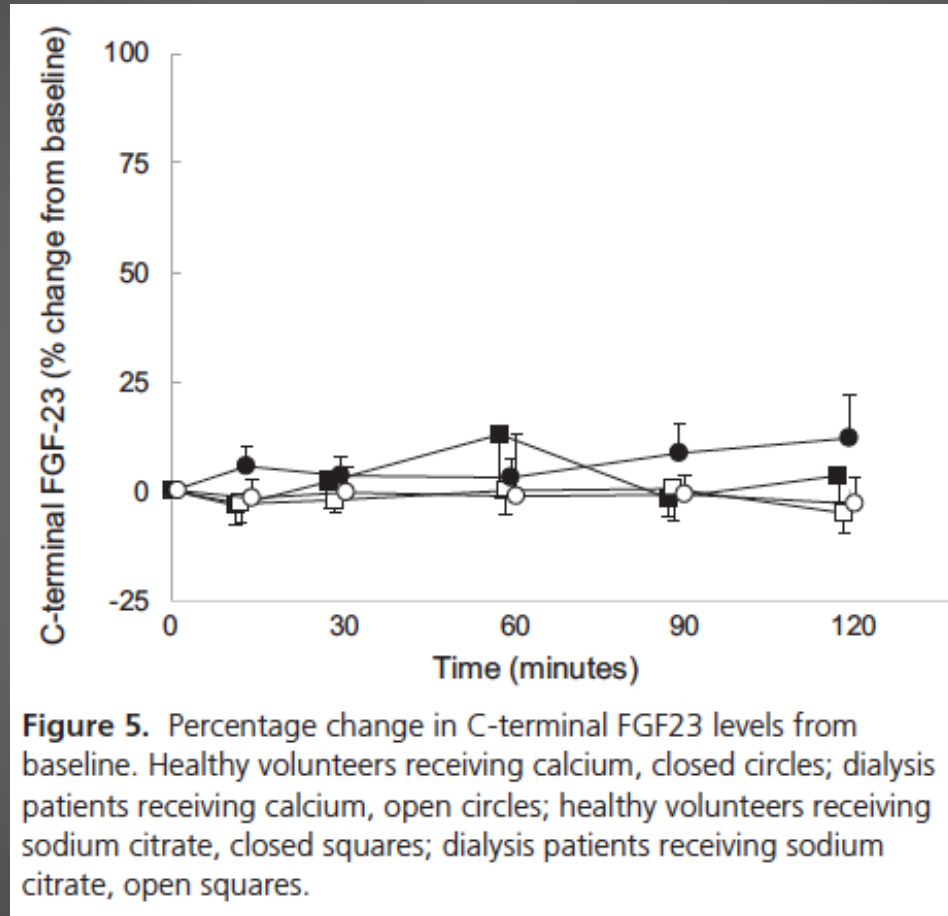
Fibroblast Growth Factor 23 in Patients Undergoing Peritoneal Dialysis



Klotho, an important new factor for the activity of Ca^{2+} channels



Lack of FGF23 Response to Acute Changes in Serum Calcium and PTH in Humans



Wesseling-Perry K. et al.

J Clin Endocrinol Metab, October 2014, 99(10):E1951–E1956