



UniversitätsKlinikum Heidelberg

The Role of Genetics in Congenital Anomalies of the Kidneys and Urinary Tract

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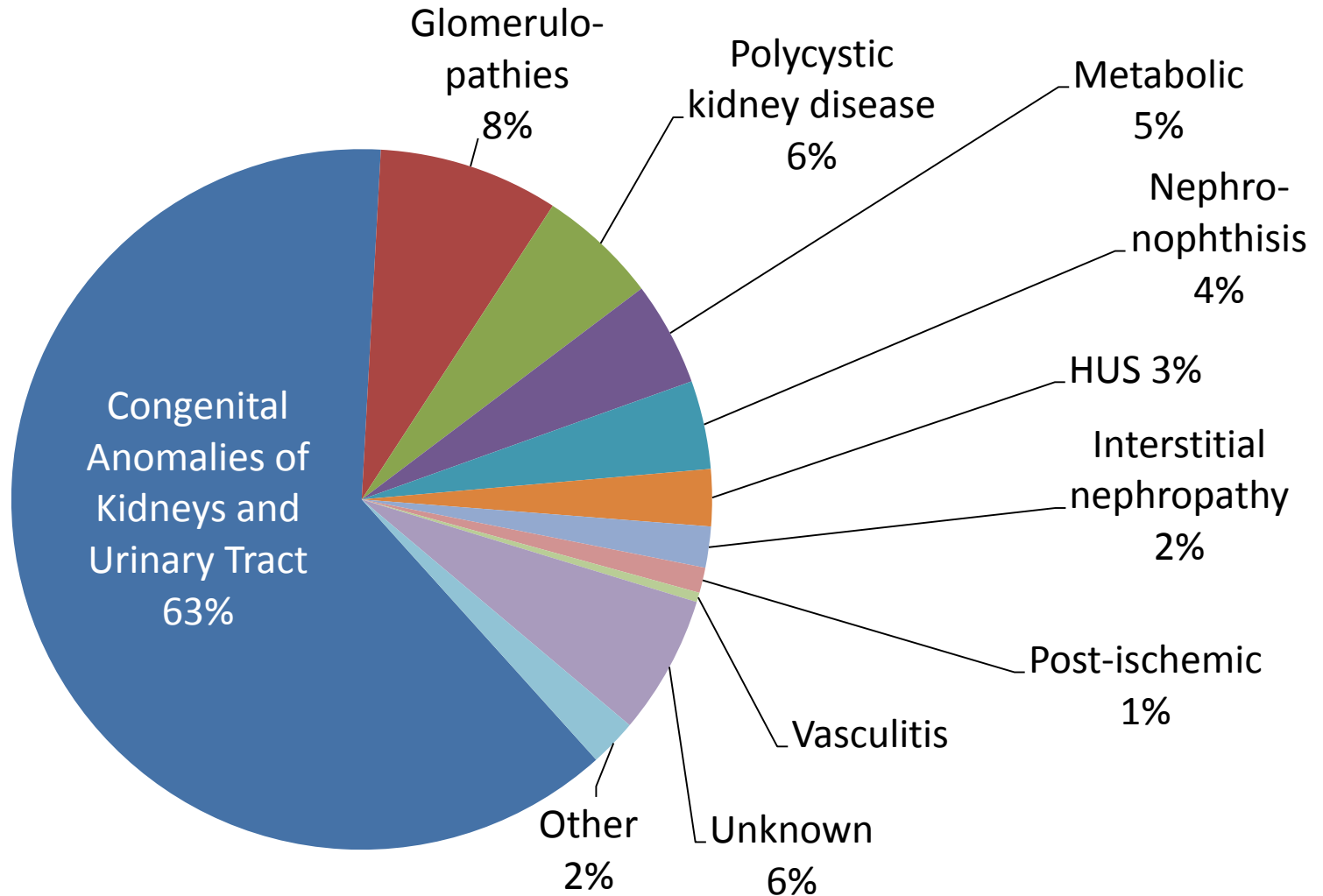
University of Heidelberg, Germany

Congenital **A**nomalies of **K**idneys and **U**rinary **T**ract (CAKUT): Prevalence (per 1000 births)

Vesicoureteral reflux	20-30 (100 during first days of life)
Duplex kidney/ureter	8.0
Obstruction of kidney or ureter	1.0
Kidney agenesis/hypoplasia/dysplasia	0.8
Obstruction of bladder/urethra	0.2
Horseshoe kidney	0.15
Bladder ekstrophy	0.06
Cystic kidney diseases	0.04

Causes of Chronic Kidney Disease in Children

4C Study, 700 European children with GFR 15-60 ml/min/1.73m²

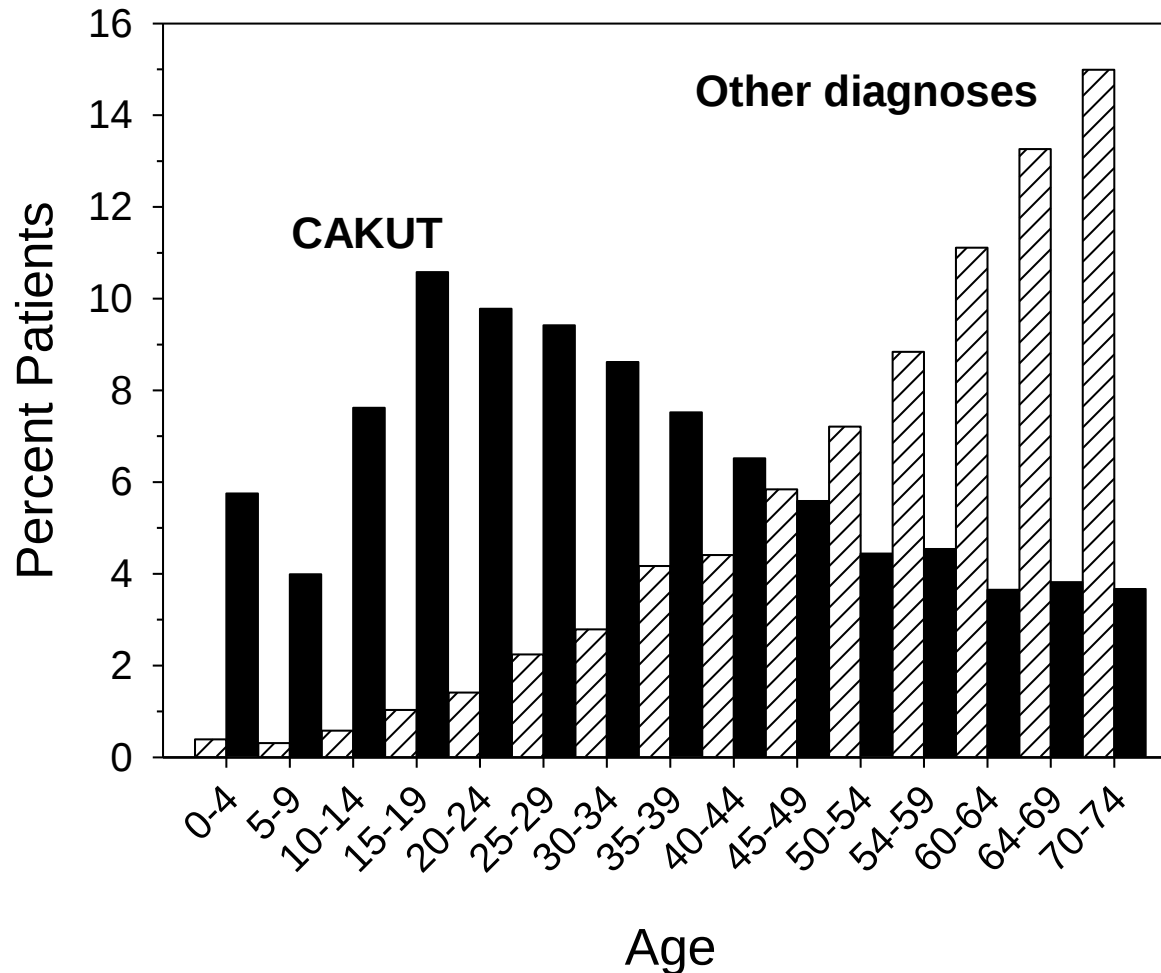


CAKUT Manifestations in CKD Cohort

Unilateral agenesis	12	54%
Unilateral hypoplasia	21	
Bilateral hypoplasia	21	
Unilateral dysplasia without cysts	14	50%
Bilateral dysplasia without cysts	12	
Unilateral cystic dysplasia	5	
Bilateral cystic dysplasia	8	
Multicystic-dysplastic kidney	11	
Associated VUR	48	62%
Associated distal ureteric obstruction	8	
Associated UPJ obstruction	6	

CAKUT: Age at Start of Renal Replacement Therapy

ERA-EDTA Registry: % patients starting RRT per age group



CAKUT: Familial Clustering

Unilateral renal agenesis in 9% of relatives of fetuses with bilateral renal agenesis

Roddhof et al. N Engl J Med 1984

Offspring of CAKUT patients: CAKUT risk 15-20%

Carter et al. J Hum Genet 1984

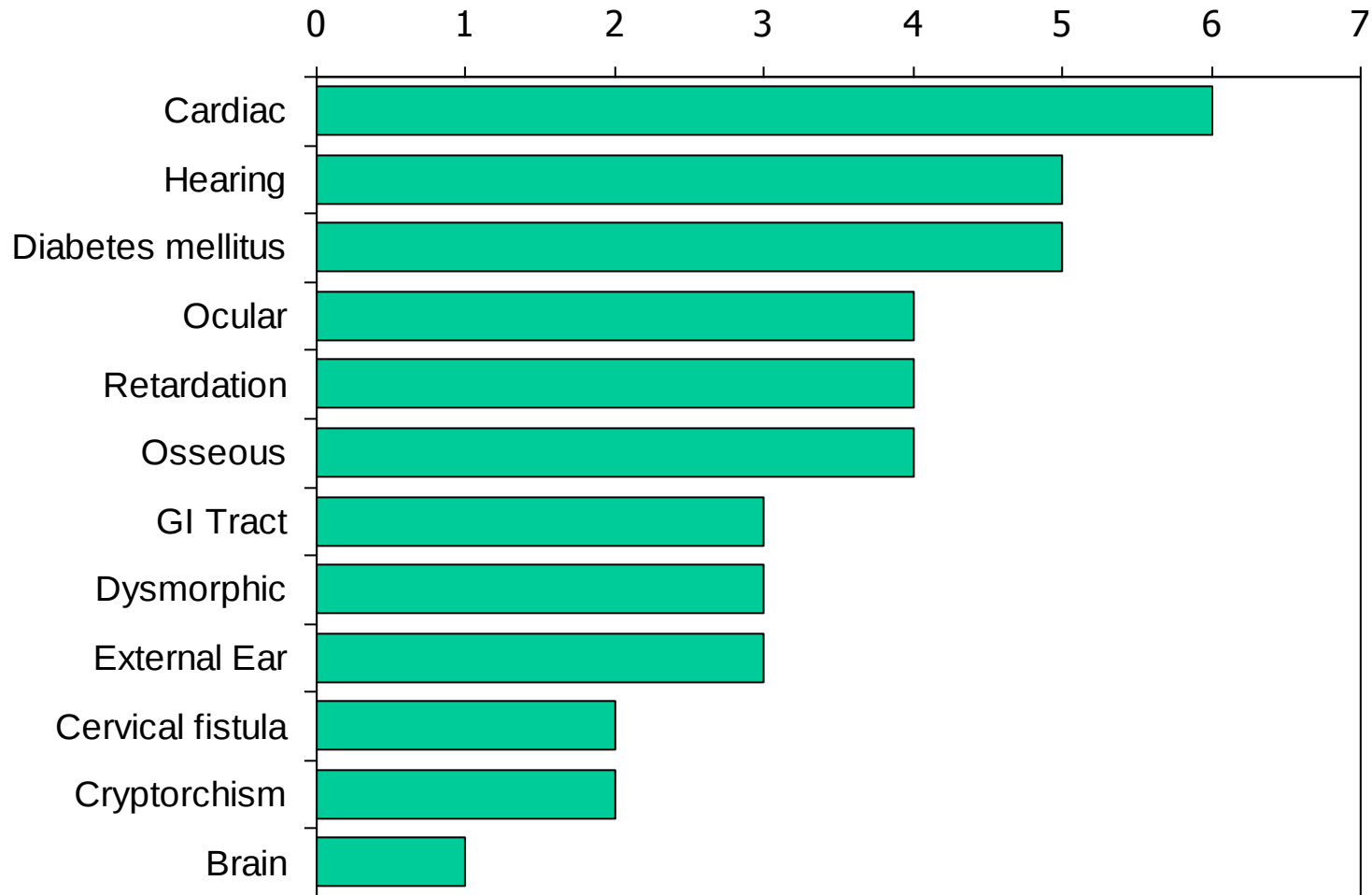
McPherson et al. Am J Med Genet 1987

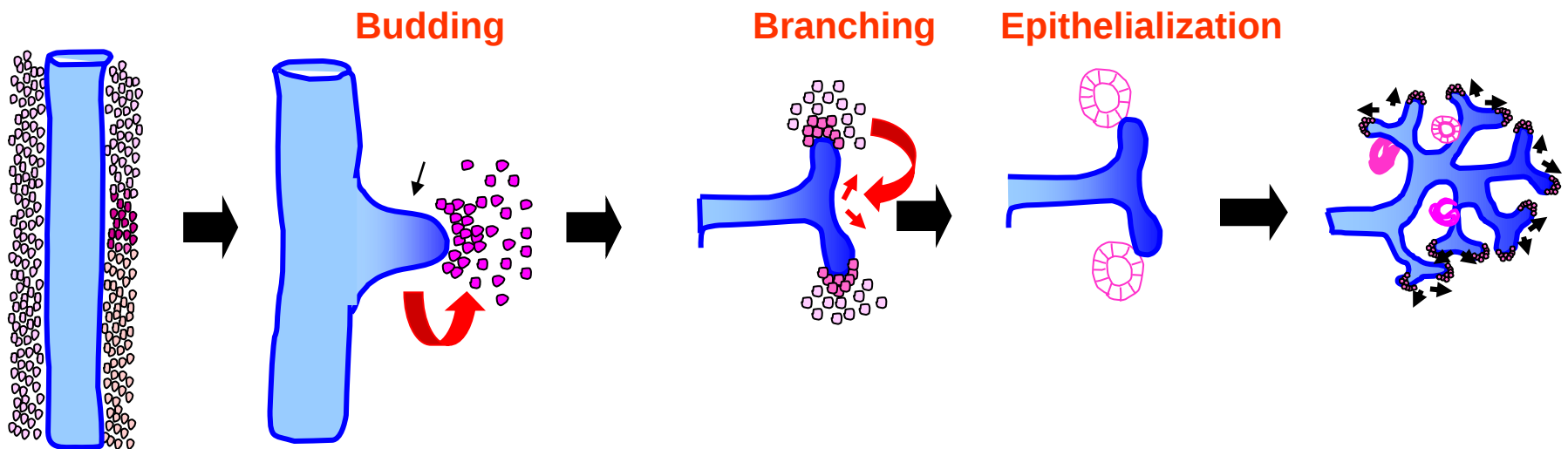
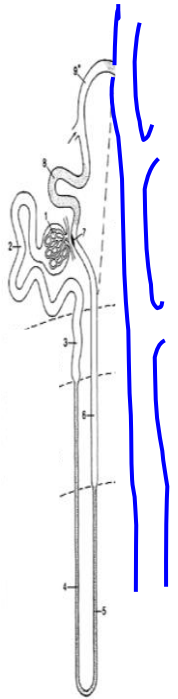
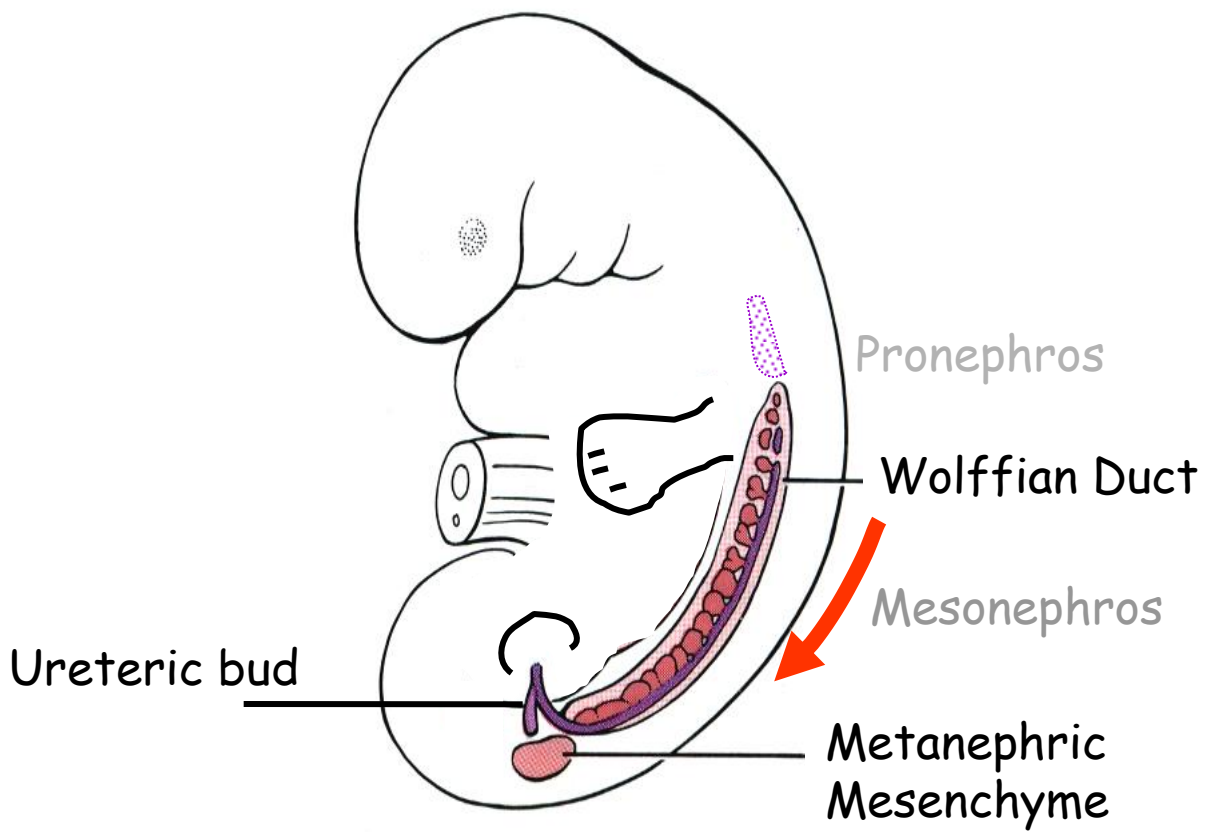
Solitary, duplex kidneys, UPJ obstruction in 15% of 1st/2nd degree relatives of children with renal agenesis/adysplasia

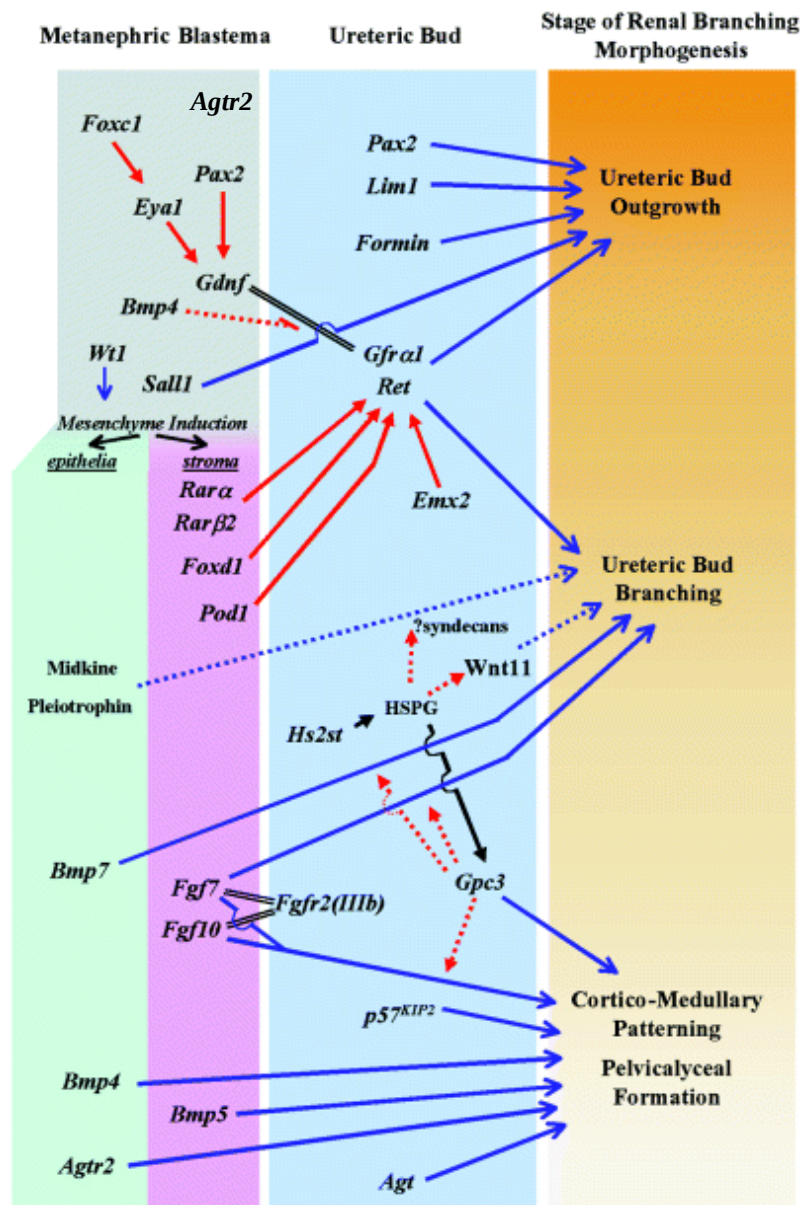
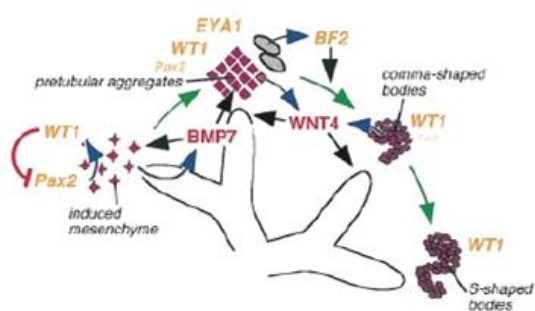
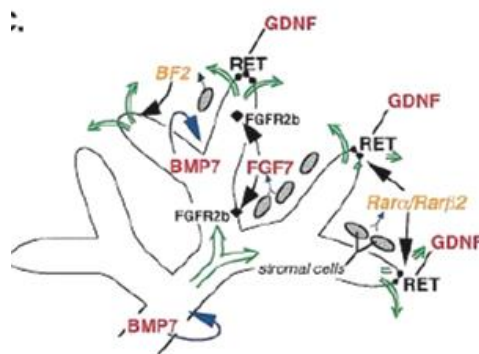
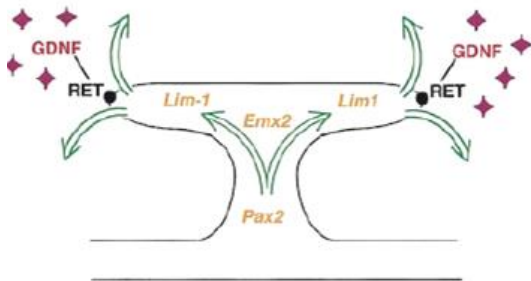
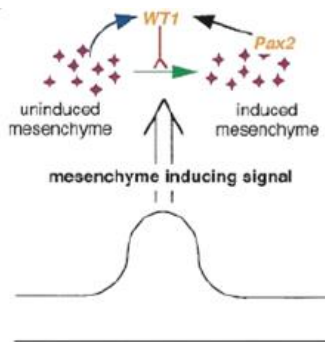
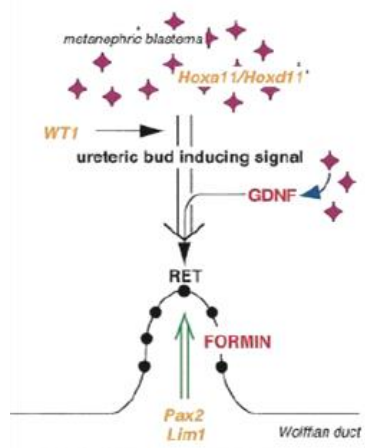
Schwaderer Pediatr Nephrol 2007

Positive family history: 12%

Extrarenal anomalies: 28%





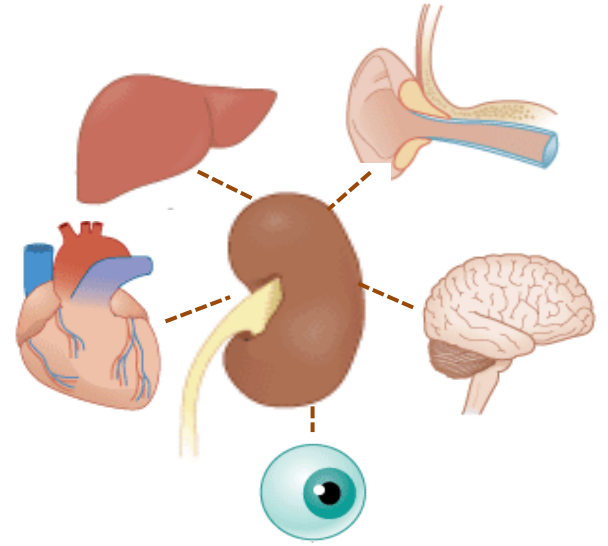


Knock-Out Mouse Models with Renal Phenotype

Gene	Function	Renal phenotype
WT1	transcription factor	bilateral agenesis
Pax2	transcription factor	-/-: bilateral agenesis; +/-: hypoplasia
EYA-1	transcription factor	-/-: bilateral aplasia; +/-: hypoplasia
LIM1	transcription factor	bilateral agenesis
Foxc1/2	transcription factor	double kidneys, hydroureter, hypoplasia
BMP-4	secreted signaling molecule	+/-: hypo/dysplasia, hydronephrosis
BMP-5	secreted signaling molecule	hydronephrosis
BMP-7	secreted signaling molecule	dysplasia
FGF-7	secreted signaling molecule	-/-: hypoplasia
WNT4	secreted signaling molecule	dysplasia
GDNF	secreted signaling molecule	+/-: unilat.agenesis, bilat.dysplasia -/-: bilat.agenesis
RET	receptor tyrosine kinase	uni/bilat.aplasia/dysplasia
AGTR2	angiotensin receptor	hypo/dysplasia, hydronephrosis
ADAMTS-1	metalloproteinase	-/-: stenosis of uretero-pelvic junction

Bardet-Biedl → **BBS1-12**
Beckwith-Wiedemann → **p57KIP2**
Cat-Eye
Renal cysts and diabetes → **HNF1β**
EEC
Fanconi
Fraser → **FRAS1**
Fryns
Jeune (thoracic dystrophy)
Johanson-Blizzard
Klippel-Feil (sequence)
Lateral (sequence)
Meckel-Grubel
Melnick-Fraser (BOR) → **EYA1, SIX1, SIX5**
MURCS (association)
Oral-Facial-Digital → **OFD1**
Pallister-Hall
Peter's-Plus
Renal-coloboma → **PAX2**
Rubinstein-Taybi
Schinzel-Gideon
Tuberous sclerosis
Saldino-Noonan
Majewski
Townes-Brocks → **SALL1**
VATER (association)
Zellweger → **PAF1**

Aarskog
Acrodysostose
Apert → **FGFR2**
Baller-Gerold
Branchio-Oculo-Facial
Campomelic dysplasia → **SOX9**
CHARGE (association)
Chondroectodermal dysplasia
Elhers-Danlos
Gorlin
HDR → **GATA3**
Kabuki
Kallmann → **KAL1, FGFR1, PROK2**
Langer-Gideon
Nail-patella → **LMX1B**
Opitz
Robinow
Russell-Silver
Saethre-Chotzen
Simpson-Golabi-Behmel → **GPC3**
Smith-Lemli-Opitz → **D(7)HCR**
Von Hippel Lindau
Williams → **elastine**
Deletions 3p, 4p, 5p, 9p,13q, 18q
Duplications 4p, 9p
Trisomies 9 mosaïque, 13, 18



Identifying human CAKUT genes:
The **Syndrome Candidate Gene** Approach

100 CAKUT Patients from ESCAPE Study:

Search for Mutations in Genes Causing Syndromes with Mild Clinical Phenotype

PAX2: Renal-Coloboma Syndrome (RCS)

RHD, MCDK, oligomeganephronia, VUR,
optic nerve dysplasia / coloboma, rarely hypoacusis

HNF1b (*TCF2*): Renal Cysts and Diabetes Syndrome

RHD, glomerulocystic nephropathy,
MODY, hyperuricemia, hepatopathy

EYA1 and *SIX1*: Branchio-Oto-Renal Syndrome (BOR)

RHD, lateral cervical cysts/fistulae, ear anomalies, hypoacusis

SALL1: Townes-Brocks Syndrome (TBS)

RHD, VUR, PUV, skeletal, cardiac, hepatic and cerebral anomalies

PAX2

Heterozygous *PAX2* mutations detected
in 7 patients from 6 families

Multicystic-dysplastic kidney in 2 pts, UPJ obstruction in 1 patient

Ocular anomalies in 5 of 7 patients and 1 of 2 affected parents

Hypoacusis in 3 of 7 patients

Extrarenal anomalies minimal in 5 of 7 affected patients,
diagnosed only after mutation findings

HNF1B

- *HNF1b* anomalies in **8/100** patients with renal hypo/dysplasia
- 4 heterozygous *HNF1b* deletions, 1x *de novo*
3 heterozygous mutations in 4 patients
- **Cystic RHD** in 6 of 8 affected patients
- Extrarenal manifestations: 1 DM (13 y), 2 hyperuricemia
- Diabetic relatives in 3 of 8 families

HNF1B

Ulinski et al. *JASN* 2006:

- *HNF1b* mutations and gene deletions in **25/80** patients with mainly **cystic RHD**
- ***de novo*** in 9 / 17 families

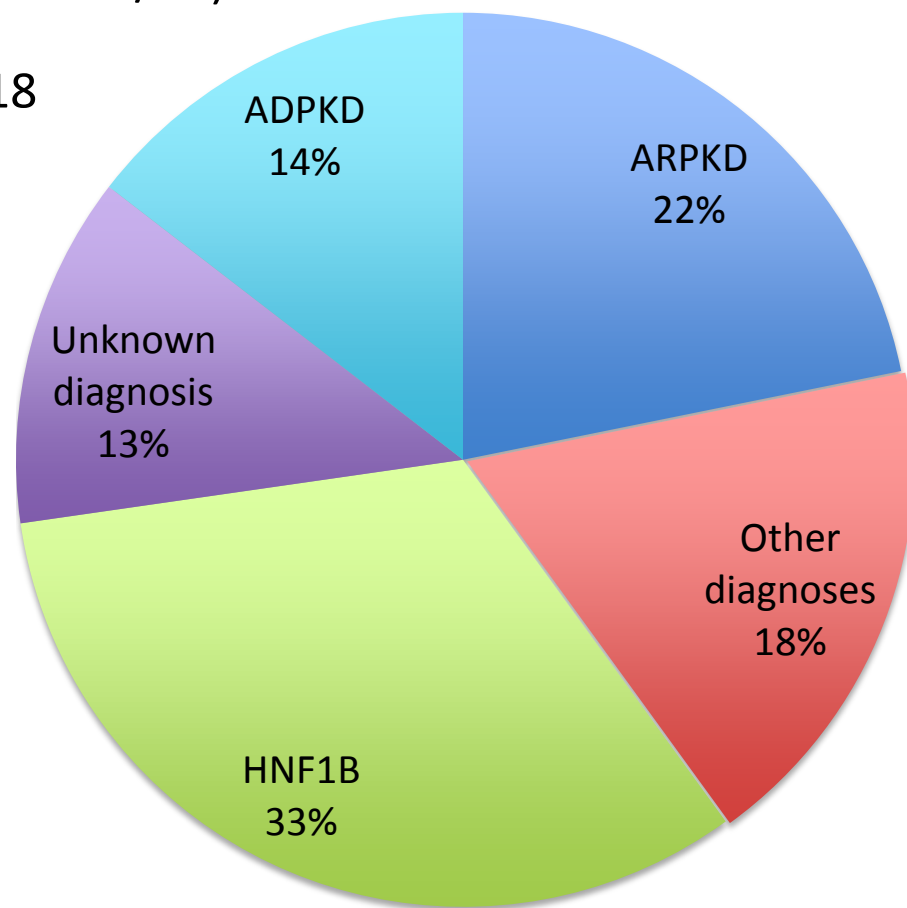
-> Systematic *HNF1b* screening relevant

- in children with **cystic RHD**
- because of **metabolic risks** (diabetes, hyperuricemia, liver dysfunction) for patient and affected family members

Anomalies of the *TCF2* Gene Are the Main Cause of Fetal Bilateral Hyperechogenic Kidneys

Stéphane Decramer,^{*¶} Olivier Parant,[†] Sandrine Beaufiles,[‡] Séverine Clauin,[‡] Cécile Guillou,[¶]
Sylvie Kessler,[†] Jacqueline Aziza,[§] Flavio Bandin,^{*¶} Joost P. Schanstra,^{*} and
Christine Bellanné-Chantelot[¶]

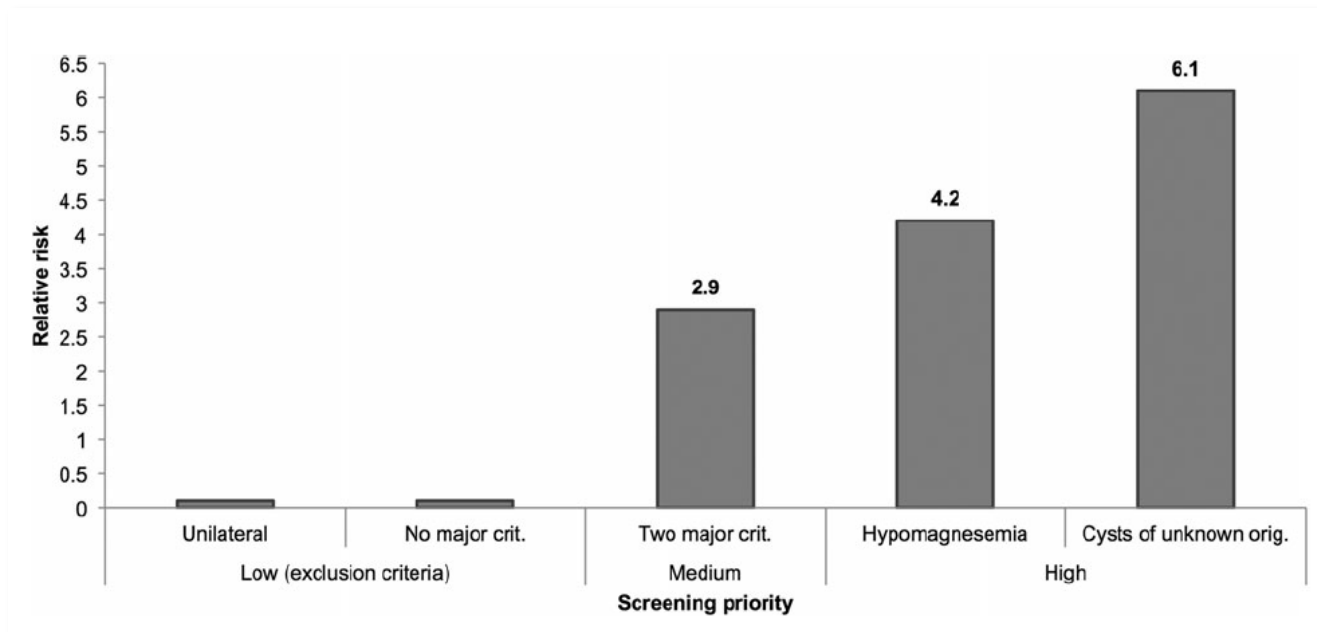
- Antenatal cysts: 11 of 18 pts (unilateral in 8/11)
- Cysts appeared during 1st YoL in 17/18
- GFR decreased with time in all pts



Indications for HNF1B Screening

- 200 CAKUT patients screened in HNF1B
- Screening criteria:
1 major renal criterion,
or 1 minor + extrarenal / family history
- 20 positive (10%)
(10 mutations, 10 deletions)

Major criteria	Minor criteria
Fetal bilateral hyperechogenic kidneys	Ectopic kidney
Multicystic dysplastic kidney	Vesico-ureteral reflux
Renal agenesis	Hydronephrosis
Hypoplastic or dysplastic kidneys	
Cysts from unknown origin	
Extra-renal criteria	Positive familial history
Diabetes mellitus	Abnormalities in kidney
Hypomagnesaemia	Abnormalities in urogenital tract
Hypokalaemia	Gout
Hyperuricaemia	Liver function abnormalities
Liver function abnormalities	Diabetes or exocrine pancreas dysfunction



ESCAPE CAKUT Cohort:

Gene Variations in 99 Patients with Renal Hypodysplasia

<i>PAX2:</i>	7 patients with mutations
<i>HNF1b:</i>	8 patients with deletions/mutations/variants
<i>EYA1:</i>	1 patient with mutation
<i>SALL1:</i>	1 patient with mutation

-> **17% prevalence** of mild syndromic forms in CAKUT with CKD

HNF1B and Pax2 Mutations in Fetuses with Severe CAKUT

103 fetuses from 91 families with termination of pregnancy due to severe CAKUT on ultrasound

HNF1B mutations in 12 fetuses from 11 families

- all bilateral hyperechogenic kidneys, cystic dysplasia
- 2 unilateral duplex ureter

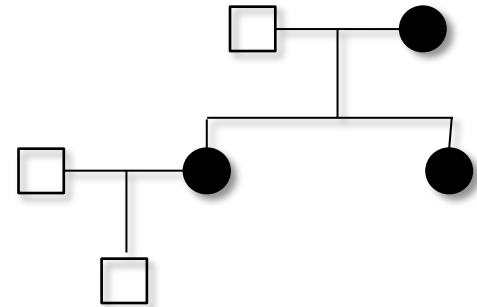
PAX2 mutations in 5 unrelated fetuses

3 bilateral hypoplasia, 1 hypodysplasia, 1 single dysplastic kidney

50% isolated, 50% syndromic features

No *HNF1B/PAX2* mutations in 27 cases of bilateral renal agenesis

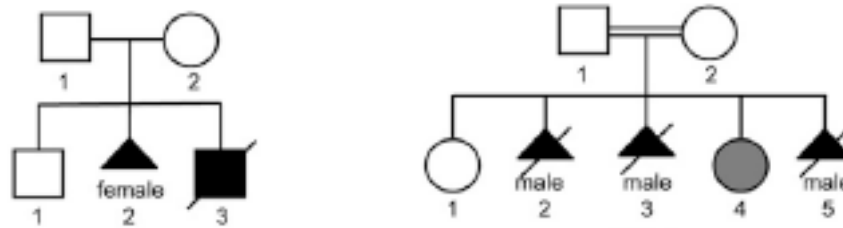
-> **23% prevalence** of *HNF1B/PAX2* anomalies in **non-BRA CAKUT**



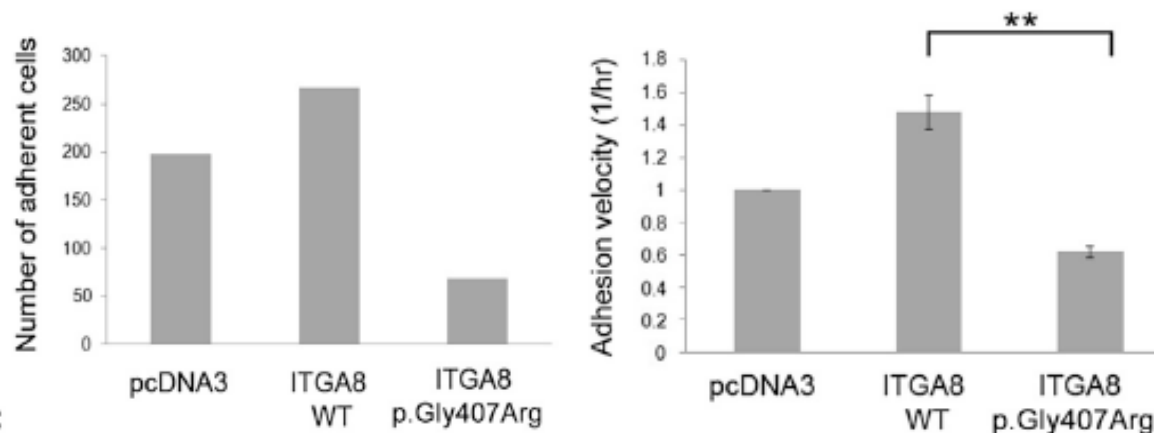
Identifying human CAKUT genes:
The **Family Gene Study** Approach
(genome-wide linkage, whole exome sequencing)

Bilateral Renal Agenesis

- Recessive **ITGA8** mutations identified by WES in 2/10 families

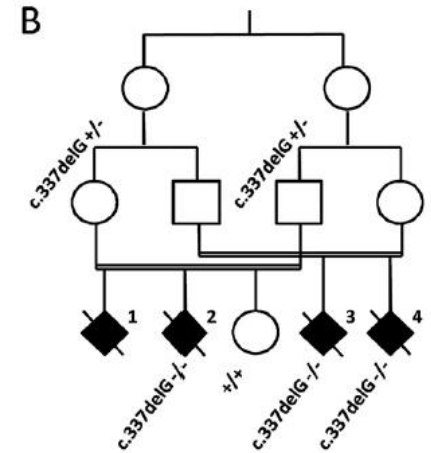


- Integrin- $\alpha 8$ expressed in metanephric mesenchyme
- Absent kidney development in KO mice
- Pathogenicity of mutations demonstrated

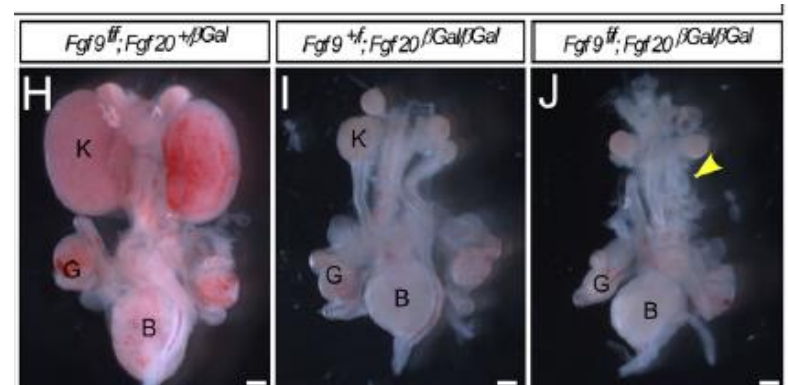
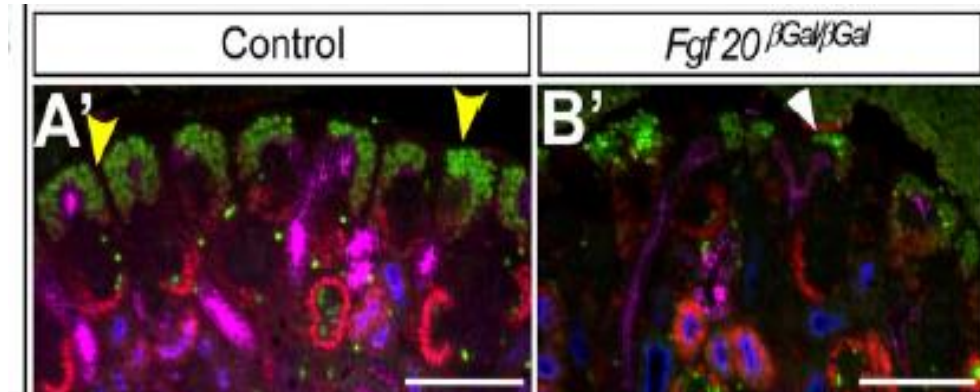


Bilateral Renal Agenesis

- Recessive **FGF20** mutation identified in family with BRA



- FGF20 deficiency in mice induces renal hypoplasia due to premature differentiation of nephron progenitors (‘loss of stemness’)



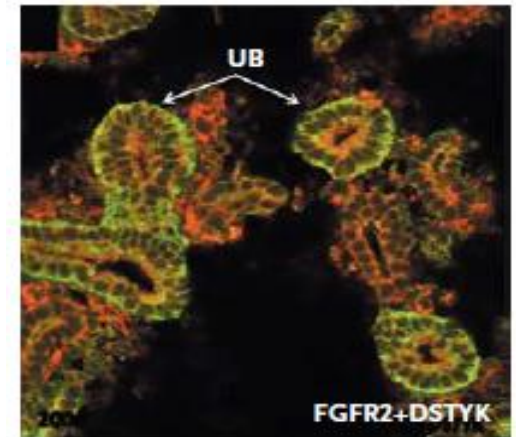
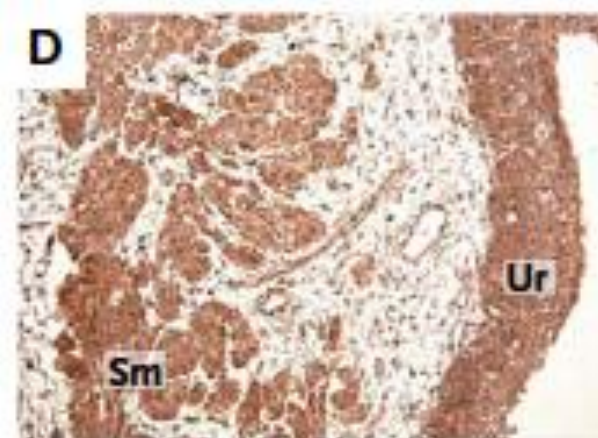
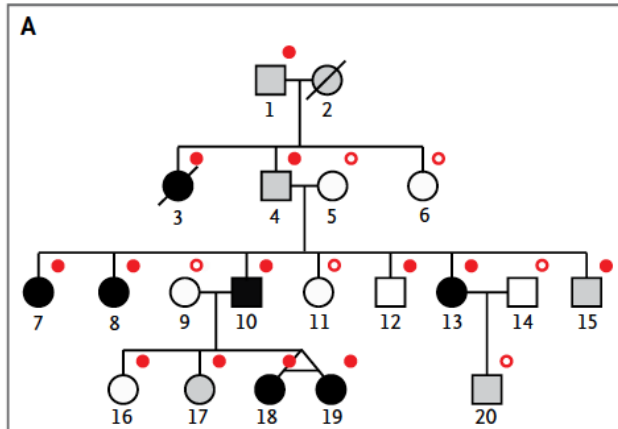
DSTYK: Novel Genetic Cause of CAKUT

Dual Serine-Threonine and tyrosine protein Kinase (DSTYK) gene identified by GWLA/WES in **dominant CAKUT** family

Additional DSTYK mutations found in **7 of 311** CAKUT patients (2.3%)

Phenotype: **UPJO, UVJO, renal hypodysplasia**

DSTYK defects cause **loss of FGF signaling** in UB/MM

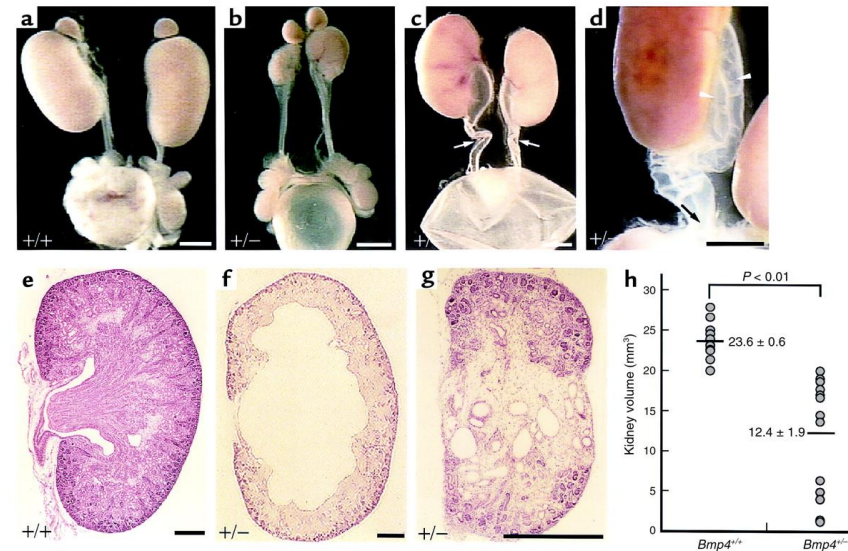
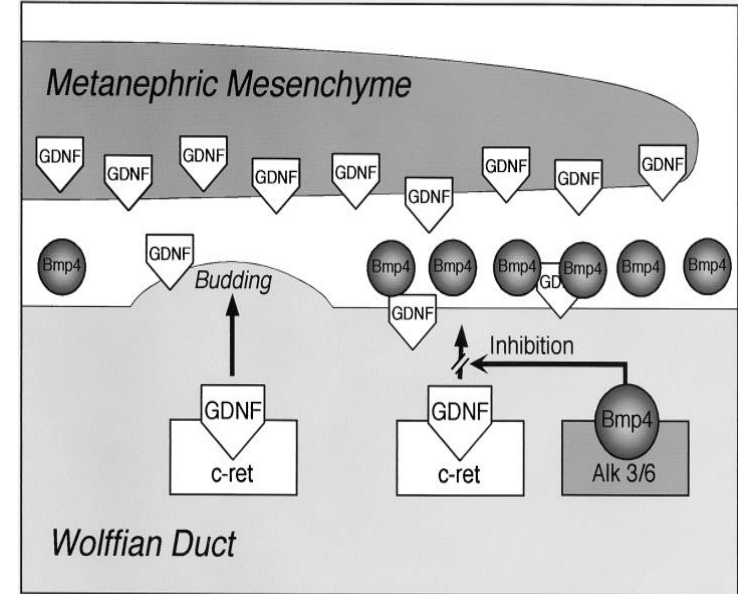




Identifying human CAKUT genes:
The **Murine Candidate Gene** Approach

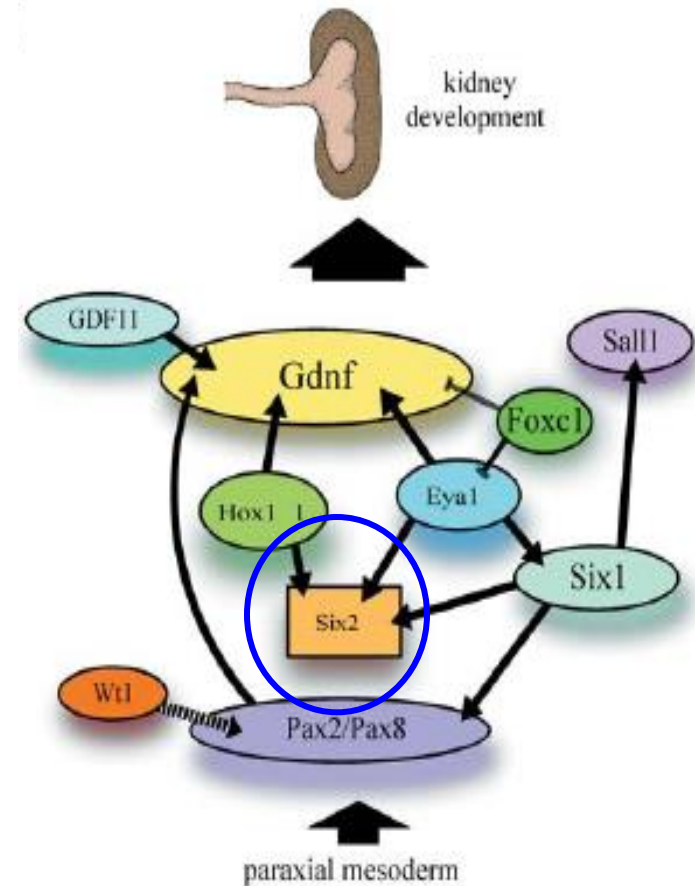
CAKUT Candidate Gene: BMP4

- Bone morphogenetic proteins: secreted signaling proteins involved in body patterning and morphogenesis
- Bmp4 highly expressed in cells surrounding the Wolffian Duct, inhibits abnormal ureteric budding
- Bmp4 promotes elongation of the branching ureter
- Murine *Bmp4* knock-out: Homozygous lethal, heterozygous renal hypo/dysplasia, anomalies of urinary tract



CAKUT Candidate Gene *SIX2*

- Six protein family has important functions as transcription factors for early organogenesis
- Human mutations in *SIX1* and *SIX5* are associated with BOR syndrome
- In the kidney, *SIX1* and *SIX2* have similar expression patterns
- Murine *Six2* knock-out is associated with bilateral kidney dysplasia (Self et al., ASN 2004)



(Dominant?) Heterozygous Mutations in *SIX2* and *BMP4* in 250 Children with Renal Hypodysplasia

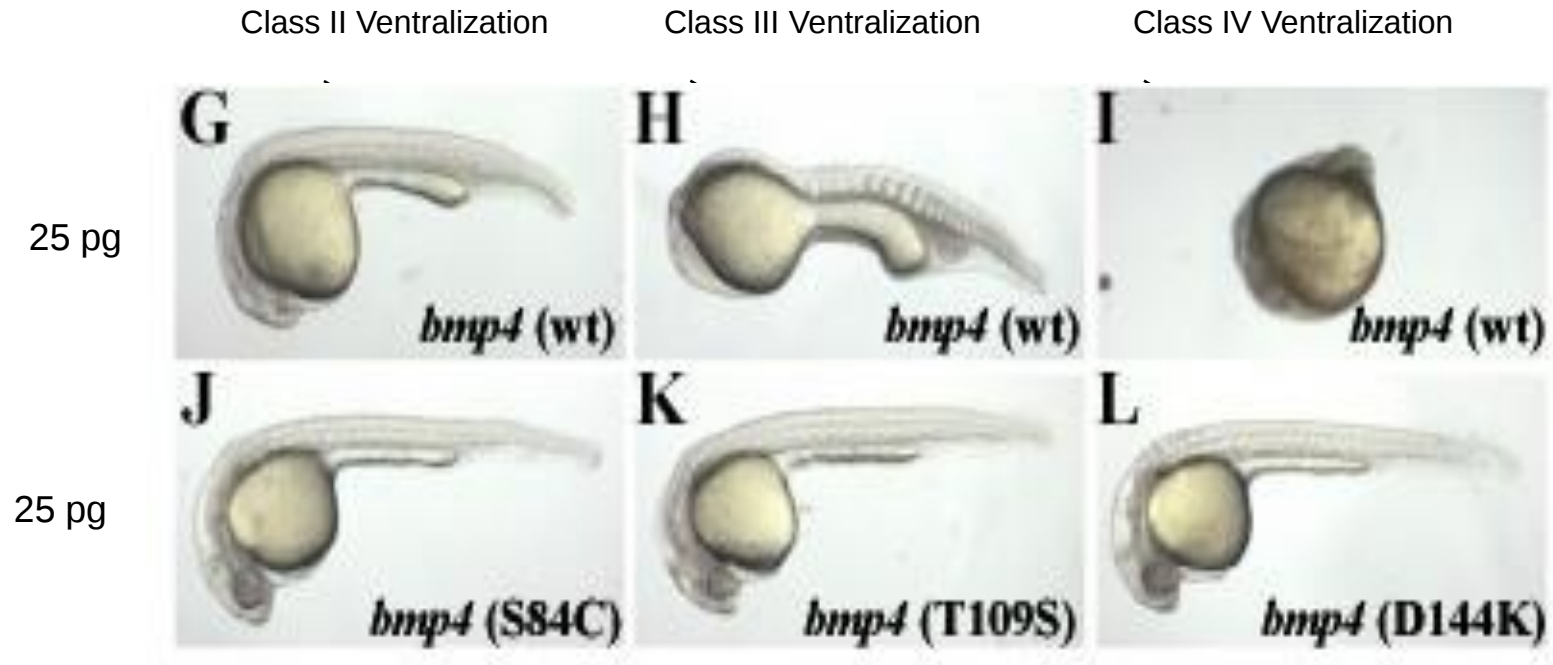
BMP4

Patient	Origin	<i>BMP4</i> mutation analysis Nucleotide exchange	<i>BMP4</i> mutation analysis Amino acid exchange	Kidney ultrasound
P6	Poland	272 C->G	Ser91Cys (het)	AGEN(r)
P7	Germany	272 C->G	Ser91Cys (het)	DYS(l)/VUR(r)
P8	Turkey	347 C->G	<i>de novo</i> Thr116Ser (het)	HYPO(r)/VUR(l)
P9	Turkey	450 C->G	Asn150Lys (het)	HYPO(r)
P10	Turkey	450 C->G	Asn150Lys (homo)	CYS-DYS(r,l)

SIX2

Patient	Origin	<i>SIX2</i> mutation analysis Nucleotide exchange	<i>SIX2</i> mutation analysis Amino acid exchange	Kidney ultrasound
P1	Poland	402 C->T	Leu43Phe (het)	DYS(l)/VUR(r)
P2	Poland	997 C->T	Pro241Leu (het)	CYS-DYS(r,l)/VUR(r,l)
P3	Germany	997 C->T	Pro241Leu (het)	CYS-DYS(r,l)
P4	Italy	997 C->T	Pro241Leu (het)	HYPO(r)/VUR(r)
P5	Poland	1100-1101 GG->AA	Asp276Asn (het)	CYS-DYS(r,l)/ HYPO(r)

Human mutations abolish *bmp4* function in zebrafish overexpression assay



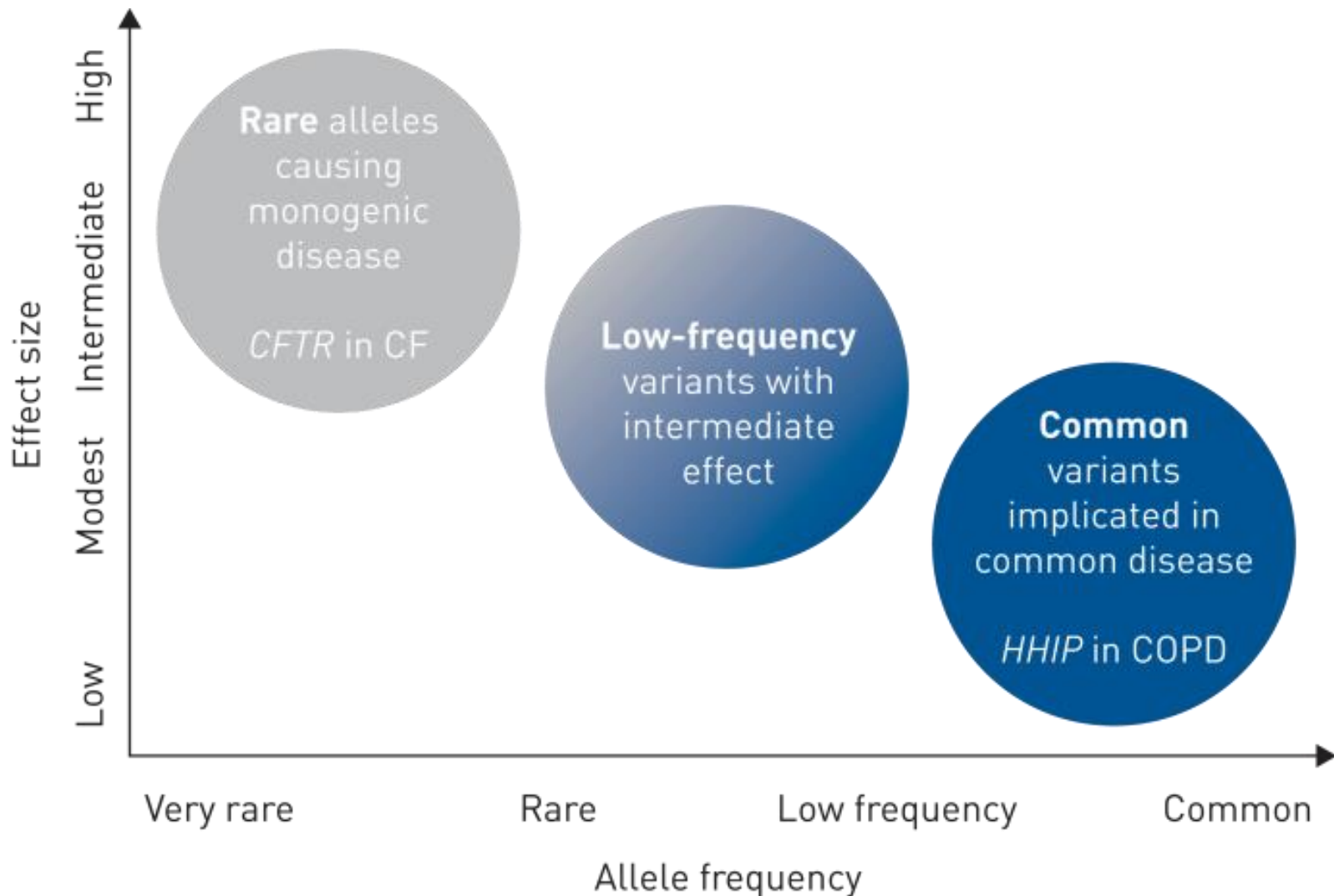
ESCAPE CAKUT Cohort:

Gene Variations in 99 Patients with Renal Hypodysplasia

<i>BMP4:</i>	3 patients with variants
<i>SIX2:</i>	3 patients with variants
<i>SIX1:</i>	2 siblings with variant
<i>RET:</i>	6 patients with mutations, 5 patients with variants
<i>GDNF:</i>	1 patient with variant

But: Some variants also found in healthy family members and patients with non-renal disease!

CAKUT: A Disease with Complex Genetics?



Human Mutations in Genes Causing Recessive Unilateral Renal Agenesis in Mice

NGS panel sequencing of 12 recessive murine candidate genes

574 individuals with isolated CAKUT from 590 families

- **15 of 590 families**: recessive mutations in FRAS1 (n=7), FREM2, GRIP1, FREM1, ITGA8, and GREM1
- All genes involved in UB – MM interaction
- Missense FRAS mutations cause isolated CAKUT, truncating mutations multiorgan Fraser syndrome
- Mutations in 6 identified genes accounted for **2.5% of patients** in CAKUT cohort

Identifying human CAKUT genes:

The **Next Generation Panel Gene Sequencing** Approach

NGS Panel Sequencing of CAKUT Cohort

749 individuals from 650 families with CAKUT screened in

17 known dominant CAKUT-causing genes

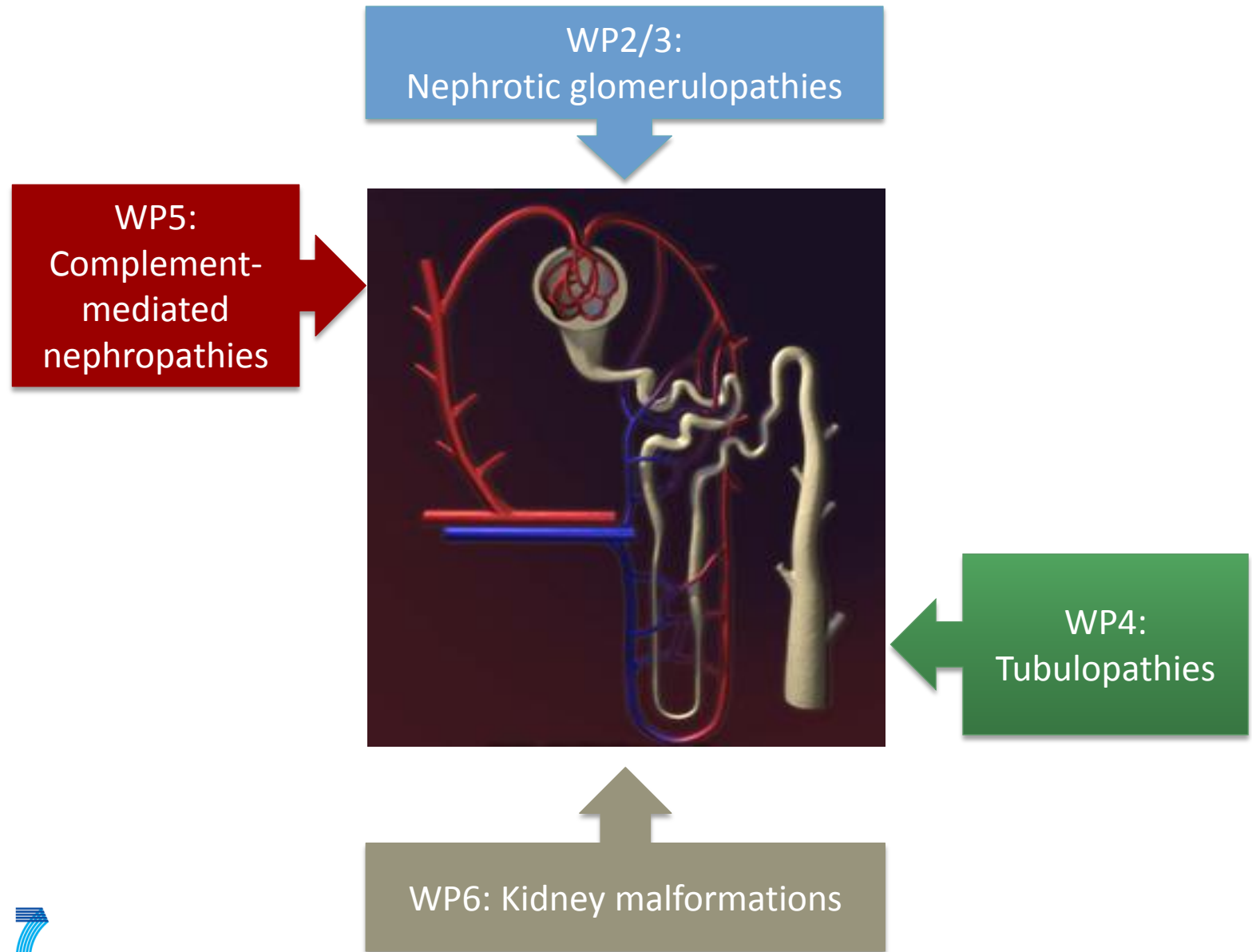
39% VUR, 15% renal hypodysplasia, 12% unilateral renal agenesis

37 heterozygous mutations in 47 patients from 41 families (6.3%):

HNF1B (6), *PAX2* (5), *SALL1* (9), *CHD1L* (5), *ROBO2* (4), *EYA1* (3),
RET (3), *GATA3* (2), *BMP7* (1), *CDC5L* (1), *SIX2* (1), *SIX5* (1)

-> Cohort differences in CAKUT phenotype spectrum

-> Challenge to verify pathogenicity of mutations



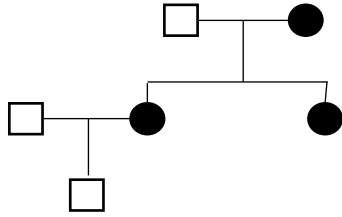
Targeted NGS Approach



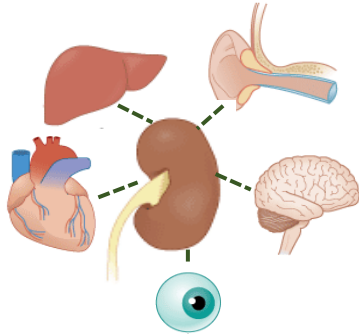
Nayia Nicolaou



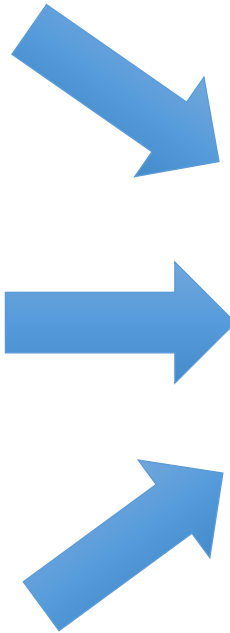
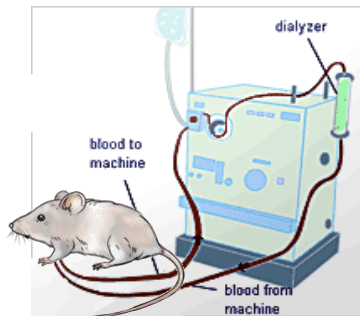
Gene mutations
identified in
family studies



Human
malformation
syndromes



Animal models
of CAKUT



CAKUTOME NGS
Panel: 208 genes

453 CAKUT patients

predominantly mild disease (VUR, PUJO...)

Massive parallel sequencing of pooled samples
(196 samples per run)

Mean target coverage per sample of 135X

Variant Filtering

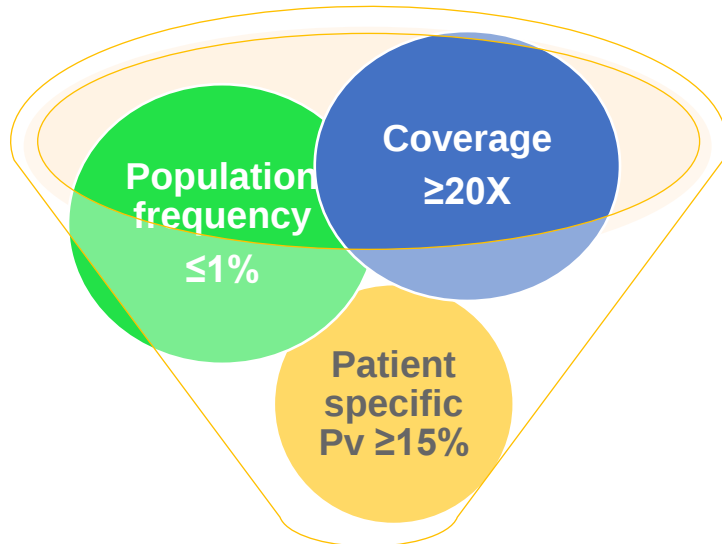
208 genes; 453 patients

11,588 variants



remove synonymous

3,142 variants



1,928 variants



Prioritization

Prioritization

Missense variants

n=1,642

Mean Pv ≤ 2.5

Mean Po ≤ 2.5

Novel, Deleterious

n=145

Truncating

n=78

**HGMD
variants**

n=75

Kidney
disease-
related genes

n=44



Validated by Sanger sequencing

n=180



Classification

Classification of the Validated Variants

Group 1: Causal Mutations (n=5)

Criteria	1	Known or truncating mutations in known CAKUT-causing genes with a high penetrance (no frequency in healthy individuals)
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Group 2: candidate variants of pathogenicity (n=15)

Criteria	1	Rare truncating variants in known kidney disease-related genes
	2	Variants previously reported in CAKUT patients with experimental evidence supporting the pathogenic effect on the protein function

Group 3: Probably deleterious (n=128)

Criteria	1	Novel missense variants predicted to be deleterious (PolyPhen-2, SIFT) and conserved (GERP>4)
	2	Rare truncating variants in any of the 208 genes

Group 4: Variants of uncertain significance (VUS) (n=32)

Criteria	1	HGMD variants with no functional evidence supporting their causality
	2	HGMD variants found in population databases and have no statistical evidence for an association with disease.

Conclusions: CAKUT NGS Gene Panel Sequencing

- Successful high-throughput sequencing with high coverage
- Small patient subset carries known or novel pathogenic mutations in a known causal CAKUT gene
- 148 candidate variants in **82 genes in 151/453 (33%) CAKUT patients** of which **143 variants** need further investigation
- ~98% of these variants were predicted to be among 1% most deleterious of all possible substitutions in the human genome
- Testing of **second CAKUT cohort** with more severe kidney disease (4C/ESCAPE) underway

Can CAKUT Genetics Become Clinically Useful?

- Currently limited impact of genetic diagnosis on clinical management: Genetic counseling, syndromic cases
- NGS technologies making diagnostics quick and cheap
- Lack of detailed genotype-phenotype correlation studies
- Crucial issue:
Does genetic defect predict risk and rate of renal failure progression?
- Comprehensive NGS gene panel studies in large, well characterized CAKUT cohorts required

Role of Epigenetic Modifications in CAKUT?

Jin et al. AJKD 2014

- Monozygotic twins **discordant for unilateral renal agenesis**
- No discordant SNPs or DNA copy number variations
- 514 Differentially Methylated Regions, localized to 10 signaling pathways and 25 genes, including MAP kinase pathway and 6 genes involved in organ development (FGF18, FGF12, PDGFRA, MAPK11, AMH, CTBP1)
- Epigenetic mechanisms involved in renal agenesis?

Potential Causes for Impaired Nephrogenesis in Humans

