

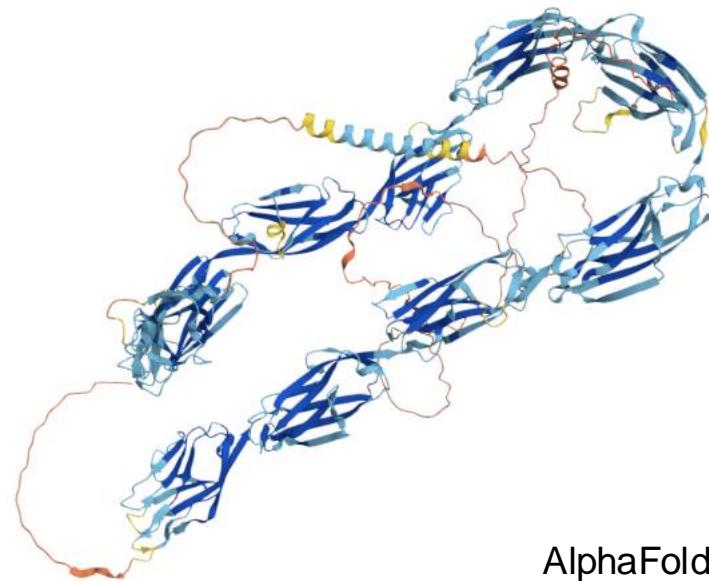
# Minimal Change Nephropathie als Autoimmunerkrankung

Nicola M. Tomas  
III. Medizinische Klinik und Poliklinik  
UKE

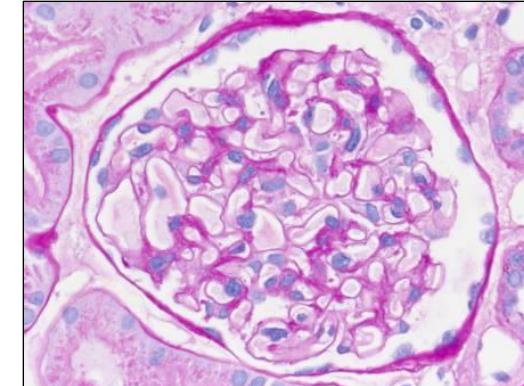
Vortragshonorare: CSL Vifor, AstraZeneca, Medfora GmbH, StreamedUp

Beratung: Merida Bioscience

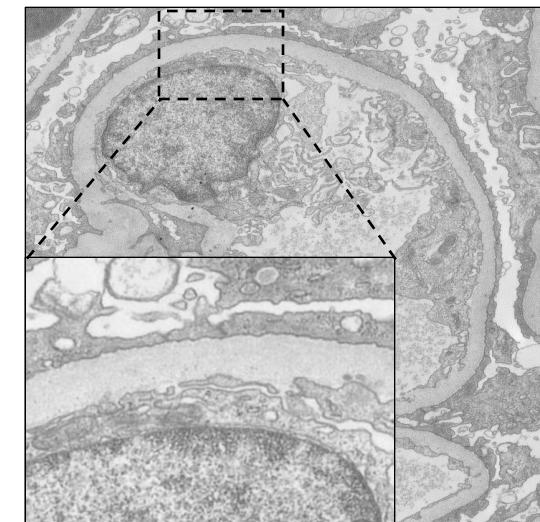
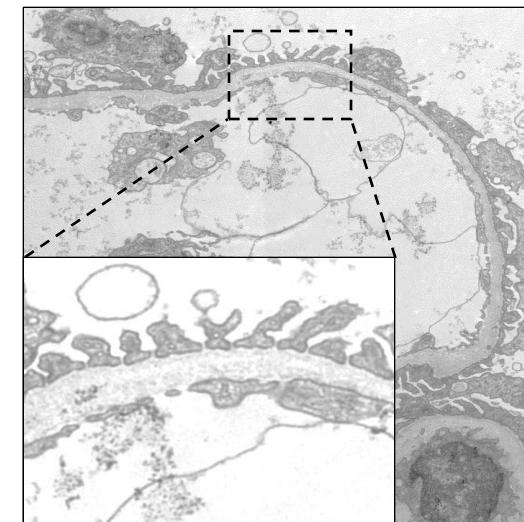
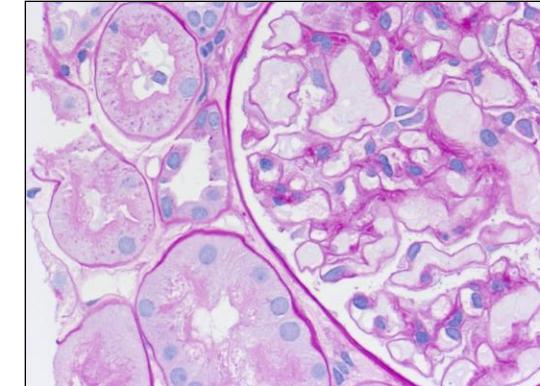
- Podozytopathien sind immunvermittelte Erkrankungen der Podozyten (MCD und primäre FSGS)
- Die Pathogenese ist unzureichend verstanden
- Nephrin ist ein integraler Bestandteil der podozytären Schlitzmembran



Normal



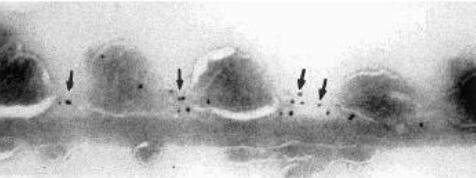
Podocytopathy / MCD



Bilder: Thorsten Wiech, Hamburg

**Nephritogenic mAb 5-1-6 is directed at the extracellular domain of rat nephrin**

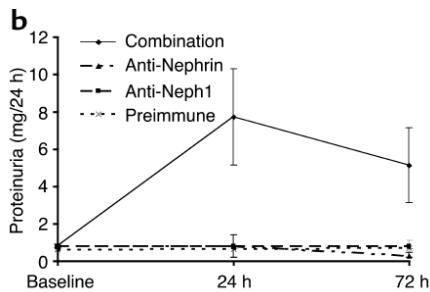
Peter S. Topham,<sup>1</sup> Hiroshi Kawachi,<sup>2</sup> Samir A. Haydar,<sup>1</sup> Sumant Chugh,<sup>1</sup> Theresa A. Addona,<sup>3</sup> Kathryn B. Charron,<sup>3</sup> Lawrence B. Holzman,<sup>4</sup> Michael Shia,<sup>1</sup> Fujio Shimizu,<sup>2</sup> and David J. Salant<sup>1</sup>



*J. Clin. Invest.* 104:1559–1566 (1999).

**Neph1 and nephrin interaction in the slit diaphragm is an important determinant of glomerular permeability**

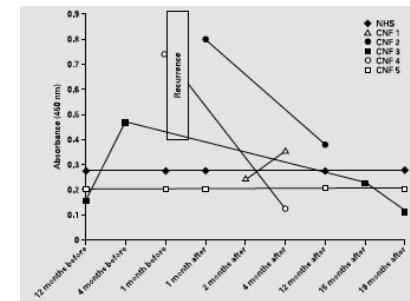
Gang Liu,<sup>1</sup> Beenoo Kaw,<sup>2</sup> Jayson Kurpis,<sup>1</sup> Syed Rahmanuddin,<sup>1</sup> Yashpal S. Kanwar,<sup>3</sup> and Sumant S. Chugh<sup>1</sup>



*J. Clin. Invest.* 112:209–221 (2003).

**Recurrence of Nephrotic Syndrome after Transplantation in CNF Is due to Autoantibodies to Nephrin**

Shi-Xuan Wang, Heikki Ahola, Tuula Palmen, Marja-Liisa Solin, Paullina Luimula, Harry Holthöfer

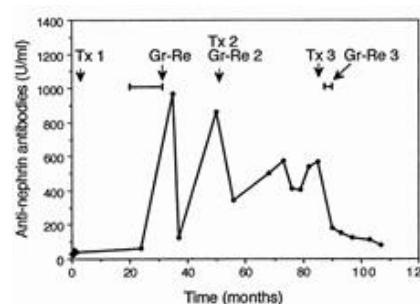


*Exp Nephrol* 2001;9:327–331

**CLINICAL TRANSPLANTATION**  
**RECURRENCE OF NEPHROTIC SYNDROME IN KIDNEY GRAFTS OF PATIENTS WITH CONGENITAL NEPHROTIC SYNDROME OF THE FINNISH TYPE**

**Role of Nephrin<sup>1</sup>**

Potnokki, Jukka<sup>1,2</sup>; Ruohtasainen, Vesa<sup>1,2</sup>; Reponen, Paula<sup>1</sup>; Qvist, Erik<sup>2</sup>; Laine, Jarmo<sup>2</sup>; Holmberg, Christer<sup>1</sup>; Tryggvason, Karl<sup>2</sup>; Jalanko, Hannu<sup>2</sup>



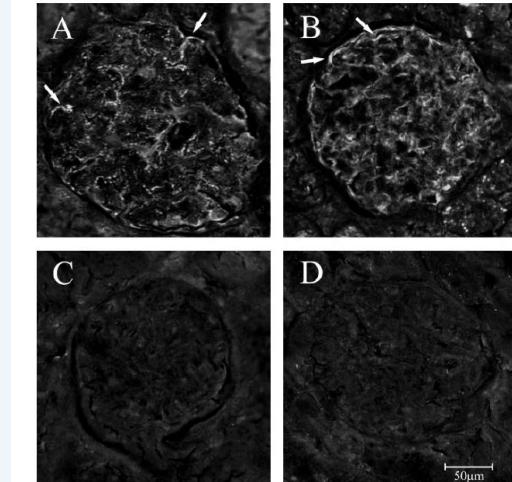
*Transplantation* 73(3):p 394–403, February 15, 2002.

**Circulating antibodies to nephrin in patients with type 1 diabetes**

Petri Aaltonen<sup>1</sup>, Johanna Rinta-Valkama<sup>1</sup>, Anu Päätäri<sup>1</sup>, Päivi Tossavainen<sup>2</sup>, Tuula Palmén<sup>1</sup>, Petri Kulmala<sup>3</sup>, Mikael Knip<sup>3</sup> and Harry Holthöfer<sup>1</sup>

	Nephrin autoantibodies at diagnosis <sup>a</sup>	
	Positive	Negative
Age (years)	8.4 ± 3.4	8.2 ± 4.0
Male proportion	63%	66%
Systolic blood pressure (mmHg)	113 ± 12	110 ± 14
Diastolic blood pressure (mmHg)	72 ± 11	68 ± 9
Serum creatinine (μmol/l)	67 ± 13	67 ± 20
Blood glucose (mmol/l)	21.2 ± 6.9	21.5 ± 8.4
Glycated haemoglobin (%)	15.9 ± 3.4	14.5 ± 3.3
Blood pH	7.34 ± 0.08	7.35 ± 0.10
Ketosis present at diagnosis	88%	65%
C-peptide (nmol/l)	0.15 ± 0.06	0.18 ± 0.16
Initial insulin dose (U/kg/d)	0.46 ± 0.19	0.39 ± 0.20

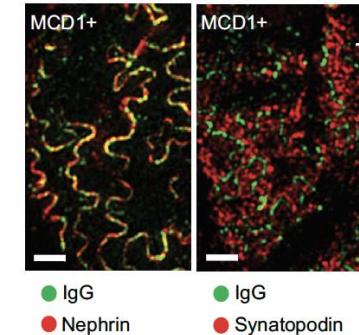
**Nephrin antibodies in type 1 diabetes**



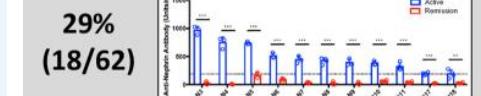
*Nephrol Dial Transplant* 22: 146–153

**Discovery of Autoantibodies Targeting Nephrin in Minimal Change Disease Supports a Novel Autoimmune Etiology**

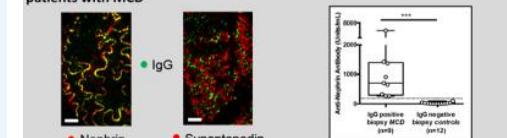
Andrew J.B. Watts,<sup>1,2</sup> Keith H. Keller,<sup>1</sup> Gabriel Lerner,<sup>3,4</sup> Ivy Rosales,<sup>5</sup> A. Bernard Collins,<sup>5</sup> Miroslav Sekulic,<sup>1,6</sup> Sushrut S. Walker,<sup>2,4</sup> Anil Chandraker,<sup>2</sup> Leonardo V. Riella,<sup>2,7</sup> Marian P. Alexander,<sup>2,8</sup> Jonathan P. Troost,<sup>9</sup> Junbo Chen,<sup>3</sup> Damian Fermín,<sup>10</sup> Jennifer L. Yee,<sup>10</sup> Matthew G. Sampson,<sup>11,12</sup> Laurence H. Beck, Jr.,<sup>1,4</sup> Joel M. Henderson,<sup>3</sup> Anna Greka,<sup>2,12</sup> Helmut G. Renneke,<sup>1</sup> and Astrid Weins,<sup>1,2</sup>



**Circulating nephrin autoantibodies are present in almost 1/3 of patients with MCD in the NEPTUNE cohort and correlate with disease activity**

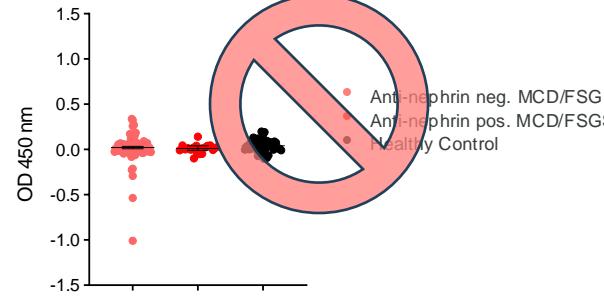


Nephrin autoantibodies are detectable both in serum and renal biopsies of patients with MCD

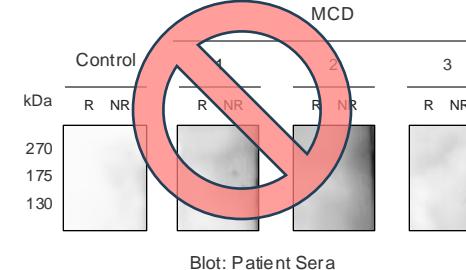


*JASN* 33: 238–252, 2022.

Conventional ELISA



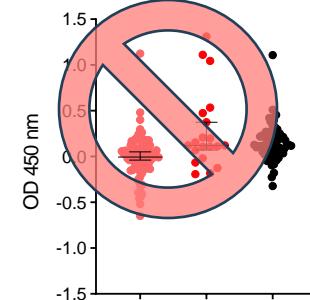
Straight WB



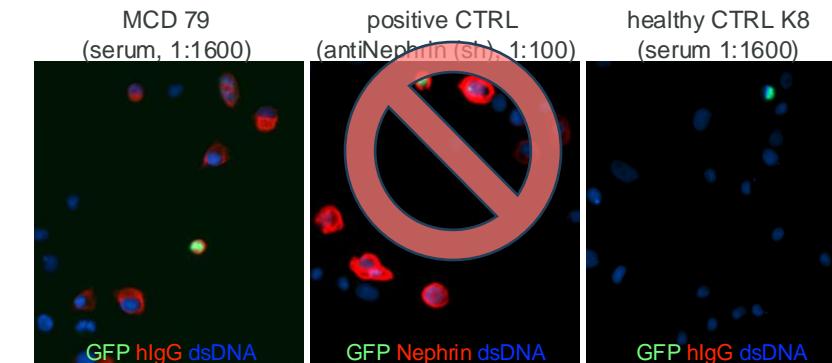
Biotin-Streptavidin-Enhanced Dotblot



Biotin-Streptavidin-Enhanced ELISA

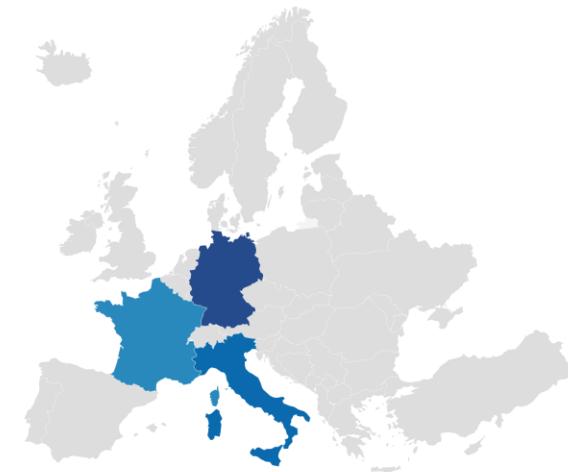
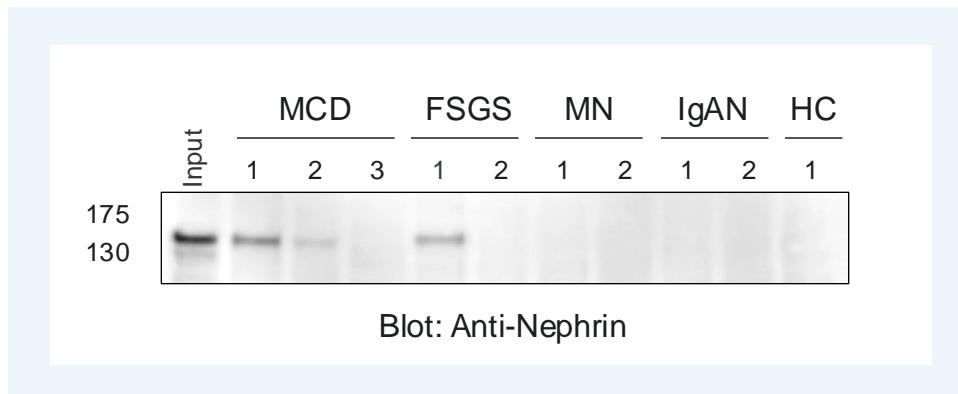
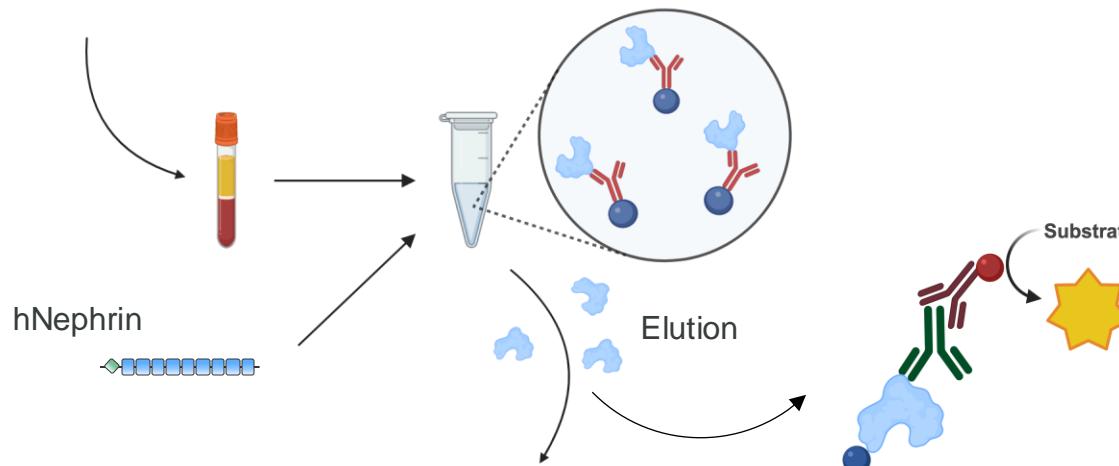


Immunofluorescence test





Immunoprecipitation

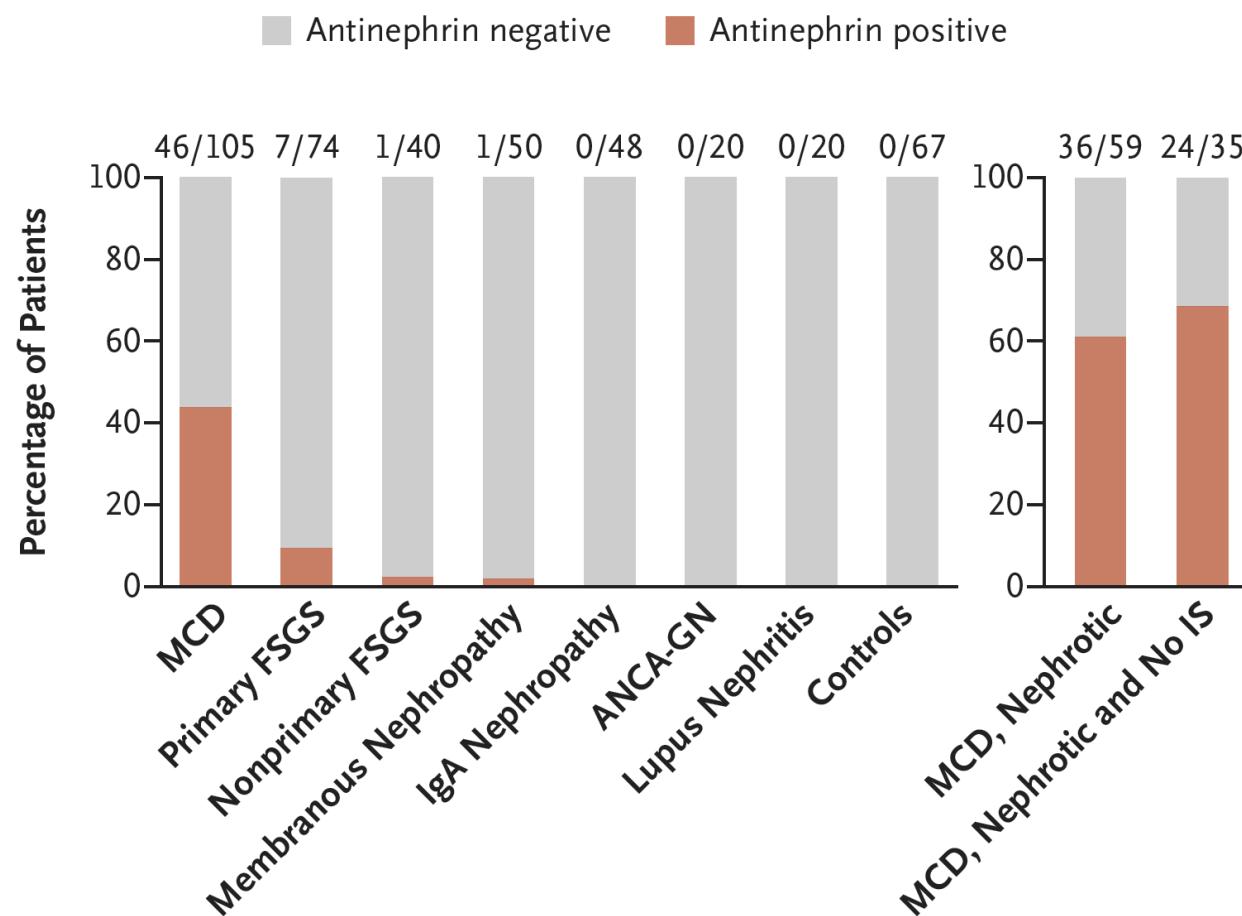


539 patients (357 adults and 182 children)  
117 controls

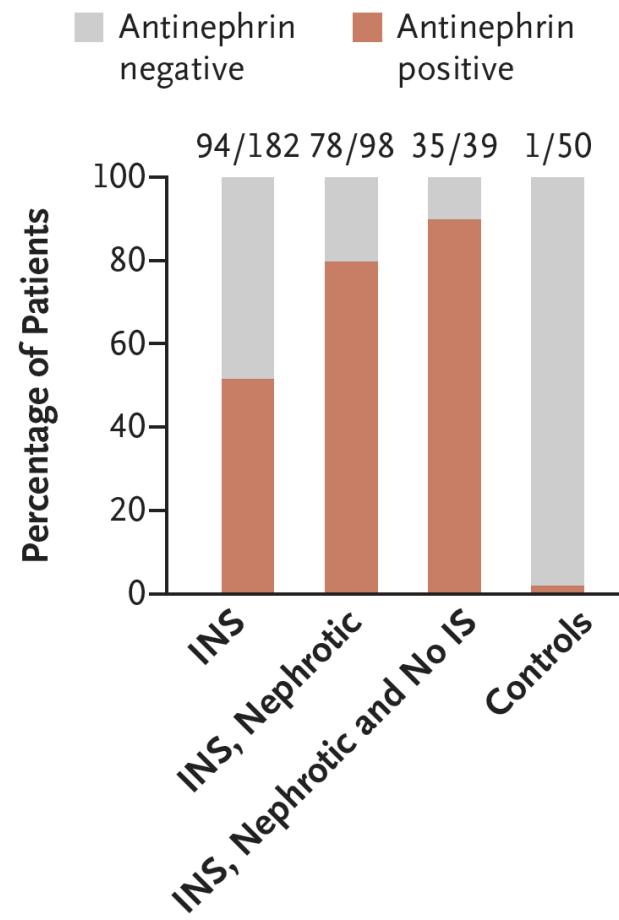
Minimal Change Disease	105
FSGS	114
Membranous Nephropathy	50
IgA Nephropathy	48
ANCA-GN	20
Lupus nephritis	20
Idiopathic Nephrotic Syndrome	182
Healthy Controls Adults	67
Control Children	50

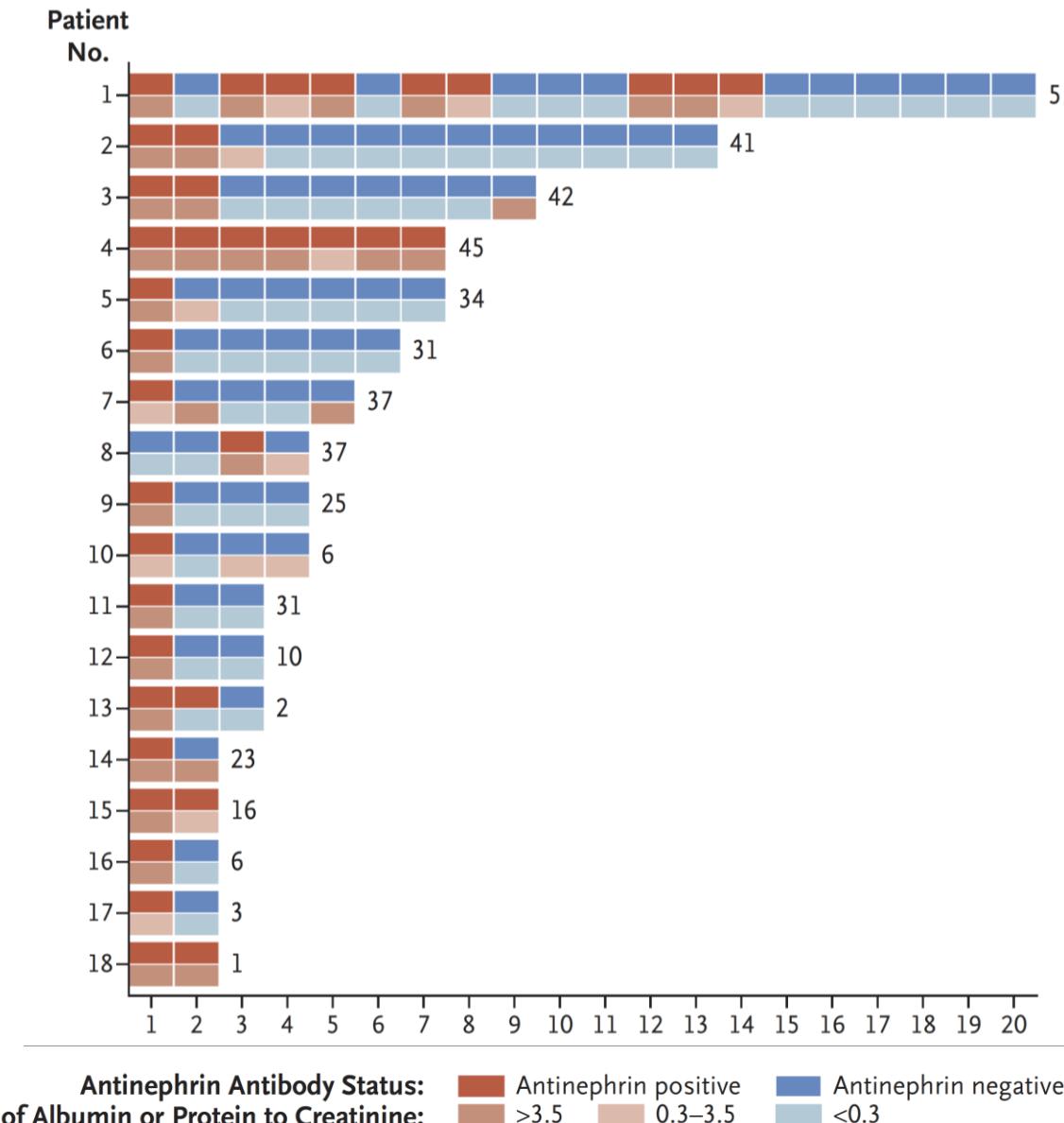
## Anti-Nephrin Autoantikörper Prävalenz

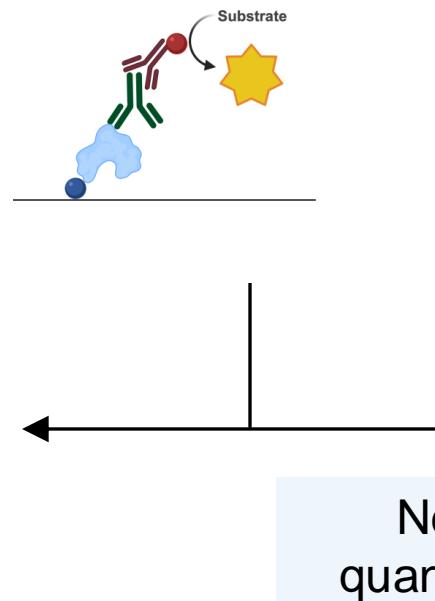
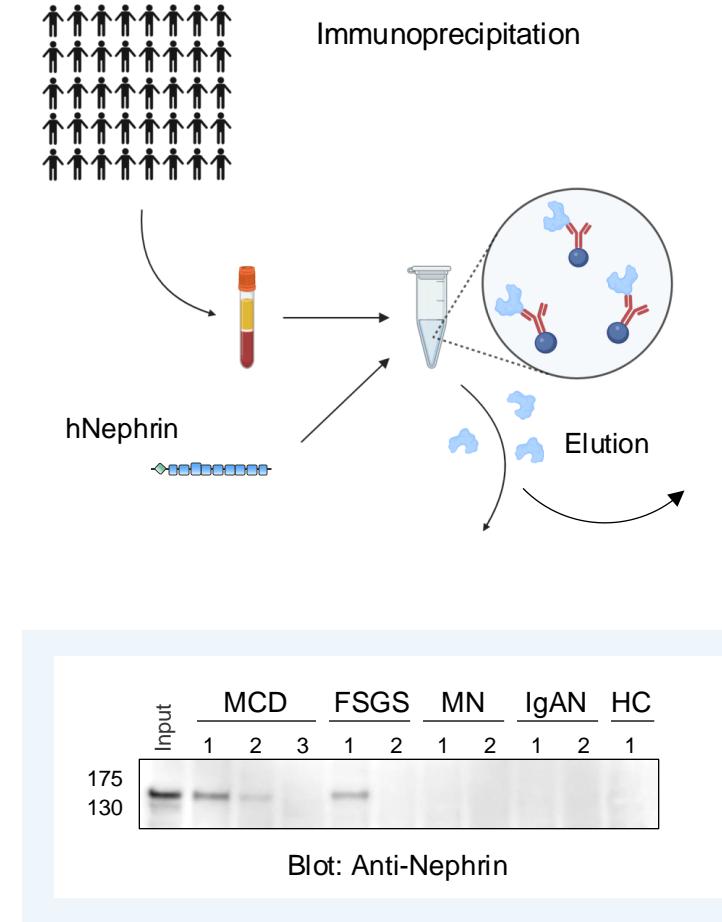
Erwachsene



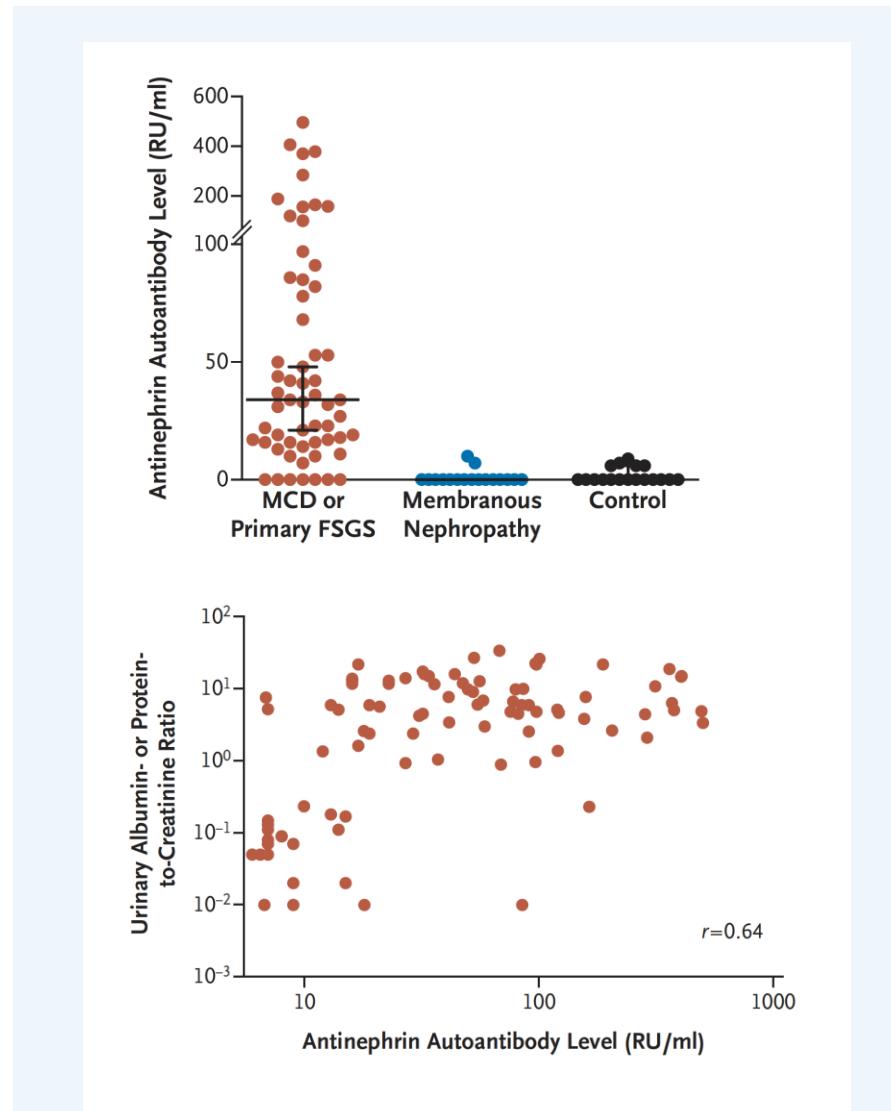
Kinder

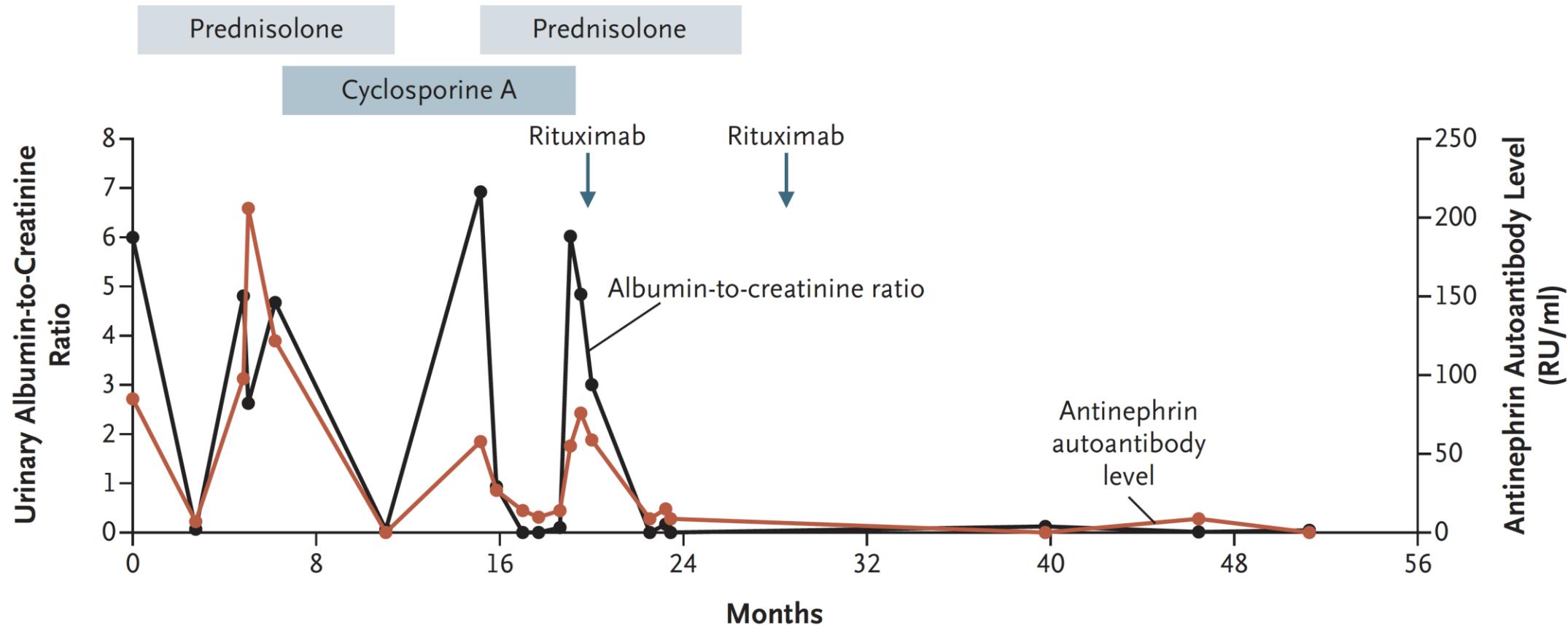




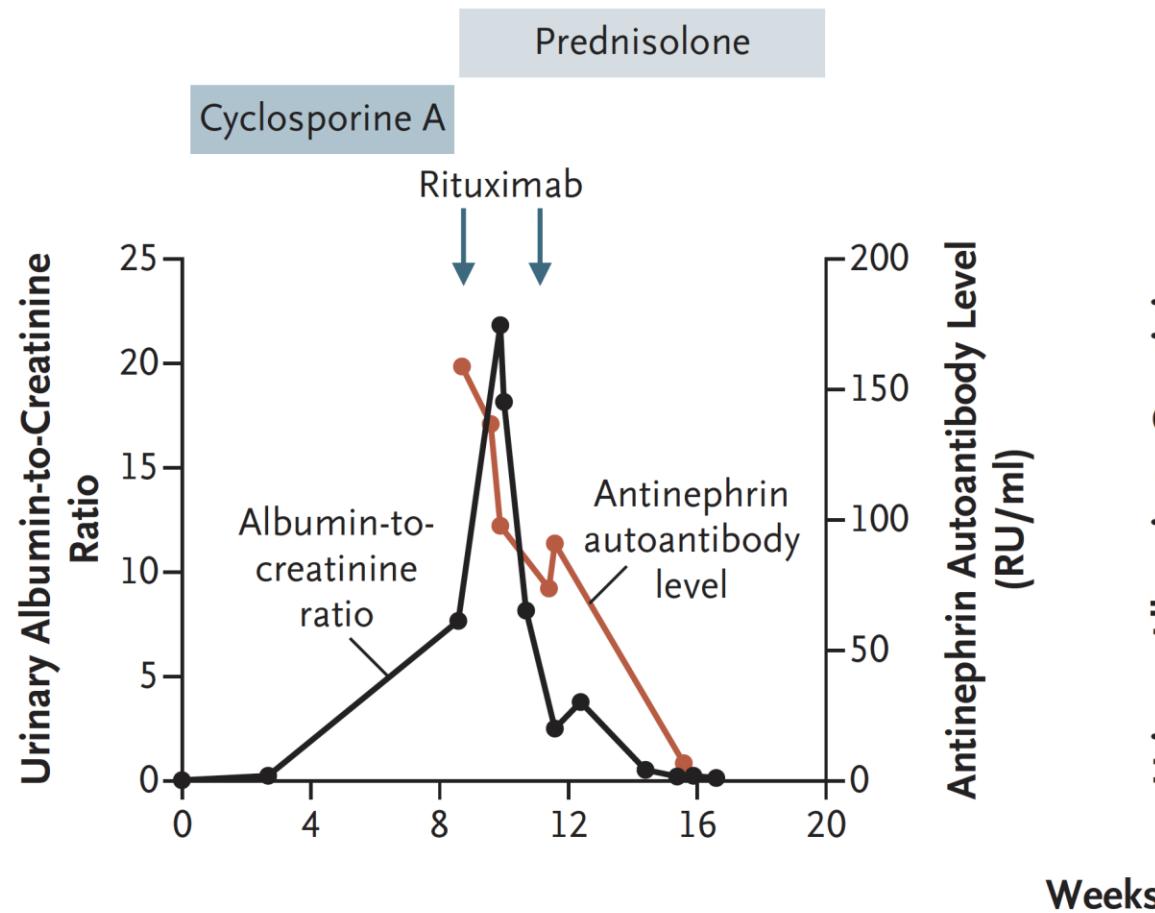


Nephrin  
quantification

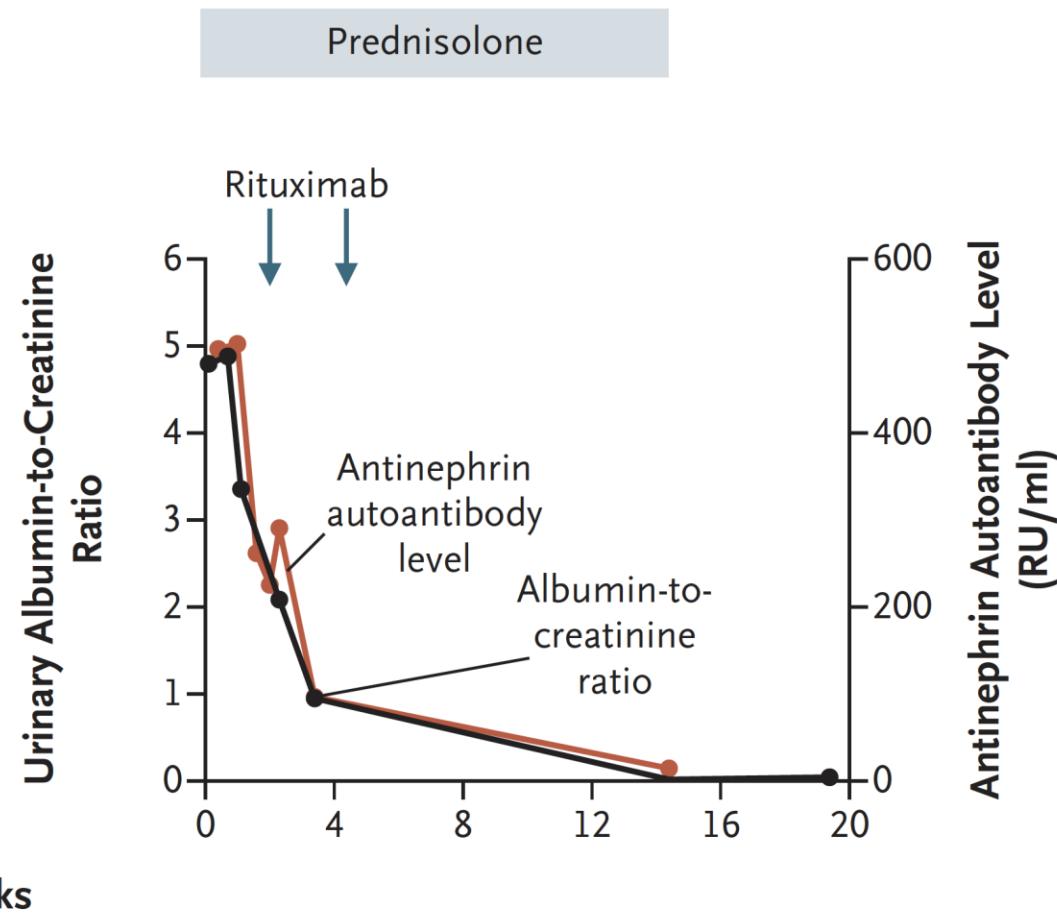




Patient A

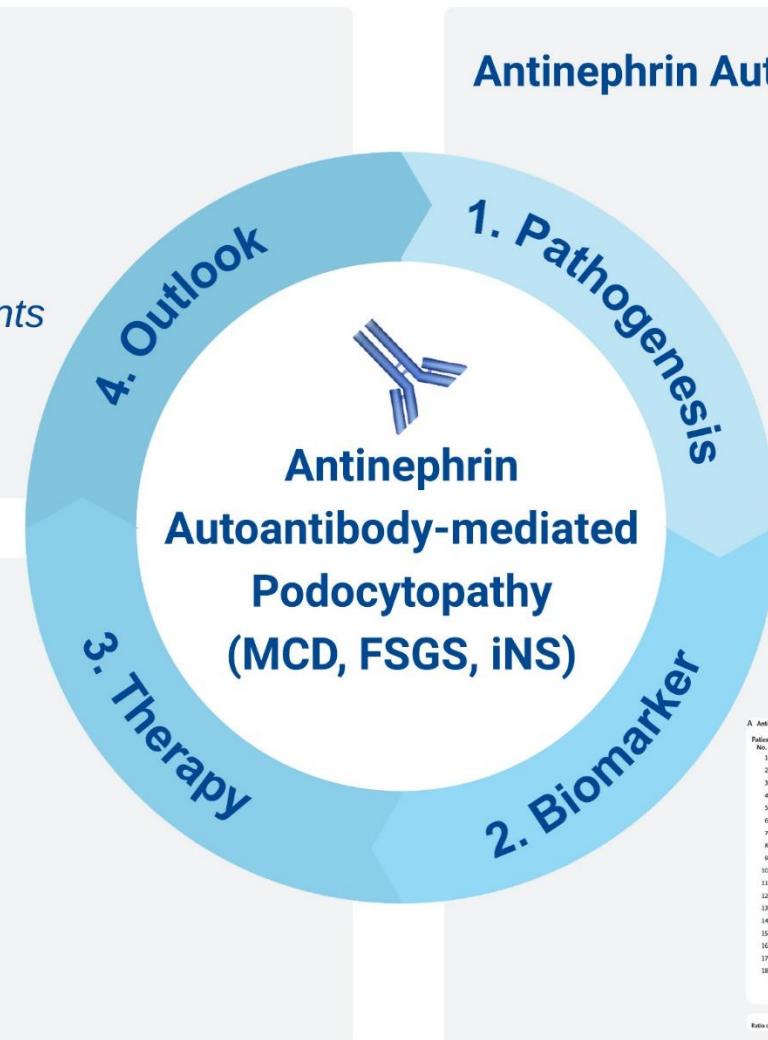
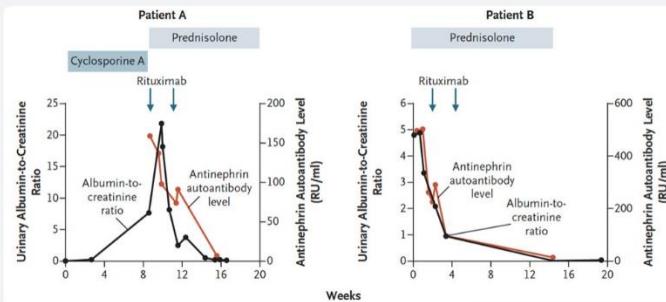


Patient B

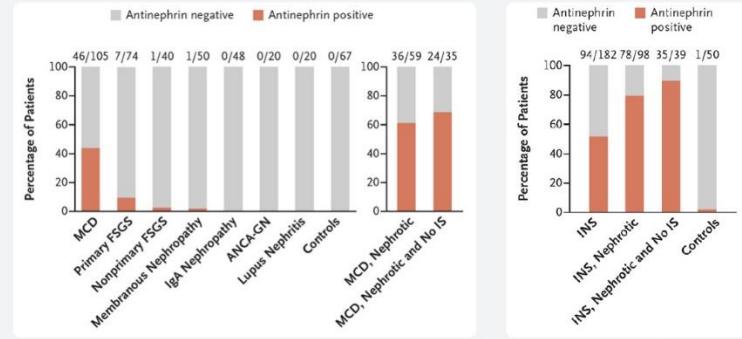


- Diagnosis
- Monitoring of disease course
- Outcome prediction
- Therapy guidance, e.g. rNS in TX Patients driven by Antinephrin Autoantibodies

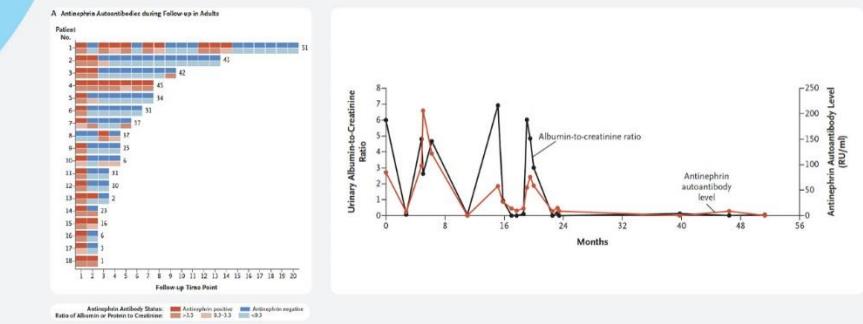
Antinephrin Autoantibody titers can be used for Therapy Guidance



### Antinephrin Autoantibodies are associated with Disease



Antinephrin Autoantibodies correlate with Disease Activity



- Anti-Nephrin Autoantikörper finden sich bei einem substantiellen Teil der Patientinnen und Patienten mit der histologischen Diagnose einer MCD
- Die Autoantikörper sind an der Pathogenese beteiligt
- Die Autoantikörper sind mit einem guten Therapieansprechen assoziiert



**SFB 1192**  
Immune-Mediated  
Glomerular Diseases



HCTI Hamburg Center for  
Translational Immunology



Emmy Noether Research Group  
Molecular Mechanisms of  
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