

ANTI-PLA2R

Nueva herramienta en el manejo de la recidiva de GMN Membranosa

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Is a major cause of the nephrotic syndrome in adults, affecting 10-12 cases per million population

Lead to end-stage renal disease in 40-50%

Post-transplant relapse 7-42 %

Strong negative effect on kidney graft survival

- Considered to be an autoimmune disease
- In 2009:
 - Possible to detect circulatting antibodies against phospholipases A2 receptor (PLA2R1)
 - This antibody is present in 70-75 %



Glomerular extracts from human kidneys (as a source of antigens) enabled the identification of a **protein band** that was detected in about 70% of patients with idiopathic MN

Beck M-type phospholipase A 2 receptor as target antigen in idiopathic membranous nephropathy. N Engl J Med 2009



PLA 2 R was detected in podocytes of normal human glomeruli

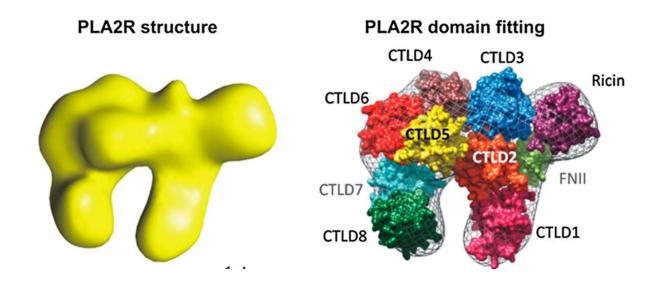
PLA 2R and IgG4 were within the subepithelial immune deposits in patients with idiopathic MN.

Beck M-type phospholipase A 2 receptor as target antigen in idiopathic membranous nephropathy. N Engl J Med 2009

PLA2R1



PLA 2R is a transmembrane receptor for secretory phospholipase A 2, a member of the mannose receptor family





2011: Genetic susceptibility

- Chromosome 2q PLA2R1
- Chromosome 6p HLA complex class II DQA1

Some PLA2R1 alleles (3 variants)
HLA DQA1 (1 variant)

PLA2R1 Antibodies clinically relevant



- High levels of Anti PLA2R antibodies are associated to
 - Active disease
 - Poor clinical outcome at 5 years
 - Less chance of spontaneus remission
- Failure to render patients anti-PLA2R seronegative by immunosupression therapy is associated with high risk of relapse

PLA2R1 Antibodies Diagnostic tests



Serological assays of circulating PLA 2R1 antibodies by indirect immunofluorescence and ELISA are now commercially available

High specificity (near 100%):

elderly patients

those with poor clinical condition

those with life-threatening

kidney biopsy can be postponed or even not performed



PLA2R1 Antibodies Clinical Application

Low prevalence of anti-PLA 2 R antibodies in secondary forms of MN

Exceptions:

active sarcoidosis replicating hepatitis B

Knehtl M, Ronco P: A case of phospholipase A 2 receptor-positive membranous nephropathy preceding sarcoid-associated granulomatous tubulointerstitial nephritis. Am J Kidney Dis 2011





To increase sensitivity

Detection of PLA2R antibodies in kidney biopsy: rapid clearance of circulating antibodies not all antibodies to PLA2R1 are pathogenic

Kidney biopsies: IgG subclass: IgG4 is the major deposited subclass in IMN

Debiec H, Ronco P: PLA 2 R autoantibodies and PLA 2R glomerular deposits in membranous nephropathy. N Engl J Med 2011



Genetic susceptibility

genomawide association

Table 1. Characteristics of Patients in the Three Study Cohorts.*						
Characteristic	French Cohort	Dutch Cohort	British Cohort			
No. of patients	75	146	335			
Sex (no.)						
Male	58	109	231			
Female	17	37	104			
Sex ratio (M:F)	3.4:1	2.9:1	2.2:1			
Age at diagnosis (yr)	49.8±15.3	51.8±14.2	52.5±13.3			

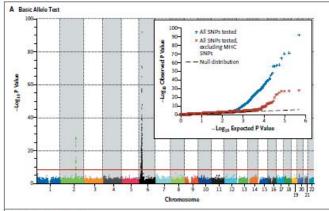
Stanescu, M.D., Risk HLA-DQA1 and PLA2R1 Alleles in Idiopathic Membranous Nephropathy N Engl J Med 2011;

Genomawide association study



There are highly significant associations with an allele on chromosome 6 (containning HLA DQA1) and an allele on chromosome 2 (containning PLA2R1)

Stanescu, M.D., Risk HLA-DQA1 and PLA2R1 Alleles in Idiopathic Membranous Nephropathy N Engl J Med 2011;



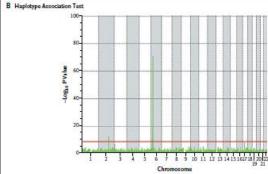


Figure 2. Manhattan Plots for the Joint Genomewide Association Study.

The joint analysis, which included 536 white patients with idiopathic membranous nephropathy and 2338 racially matched controls, used 242, 264 single-nucleotide polymorphisms (SNPs). Penal A shows the genomewide significance level (red horizontal line) for the basic allele test, with the use of the chi-square test and the Bonferroni correction and with adjustment for the genomic inflation factor (Pc-8, Sx10⁻⁹). The inset shows the quantile-quantile plot for observed versus expected – log₅₀ P values with and without the extended HLA complex. There are highly significant associations with an allele on chromosome 6 (containing HLA-DQA1) and an allele on chromosome 2 (containing PLA2R1). Panel B shows the genomewide significance level (red horizontal line) for the haplotype association test with the use of the same data set. MHC denotes major histocompatibility complex.

Genomawide association study



SNP rs2187668 (HLA-DQA1)	SNP rs4664308 (PLA2R1)			
	GG	GA	AA	
GG				
No. of cases/total no. of subjects	14/354	79/944	97/659	
Odds ratio (95% CI)	1.00	2.22 (1.24-3.97)	4.19 (2.36-7.46)	
GA				
No. of cases/total no. of subjects	23/115	94/363	178/348	
Odds ratio (95% CI)	6.07 (3.01-12.27)	8.49 (4.73-15.22)	25.43 (14.32-45.16)	
AA				
No. of cases/total no. of subjects	5/11	23/41	42/55	
Odds ratio (95% CI)	20.24 (5.51-74.38)	31.03 (13.72–70.19)	78.46 (34.55–178.17)	

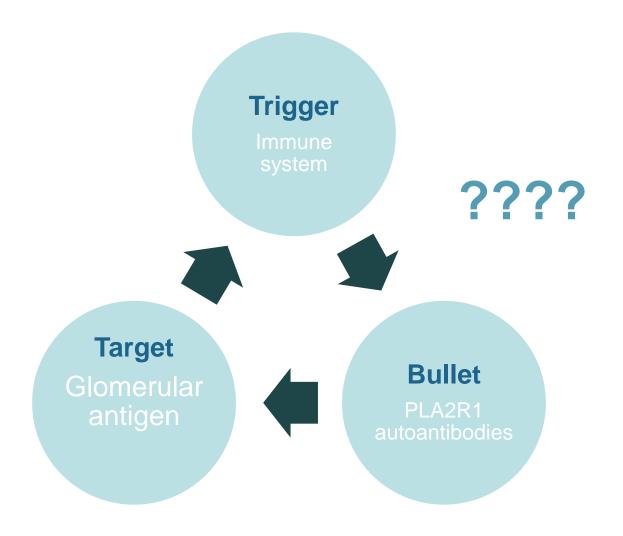
^{*} Persons who were homozygous for the low-risk allele (GG) constituted the reference category. Numbers of cases and total numbers of subjects are from the joint analysis. OR denotes odds ratio.



 The association is stonger for HLA DQA1 than for PLA2 receptor 1

 HLA DQA1 allele might facilitate autoantibody development (also antiGBM disease)





METHODS



Prospective unicenter study to determine the presence of anti PLA2R antibodies in biopsy proven IMN transplant receptors

The role of anti PLA2R antibodies in the post-tranplant MN recurrence and response to immunosupressant treatment

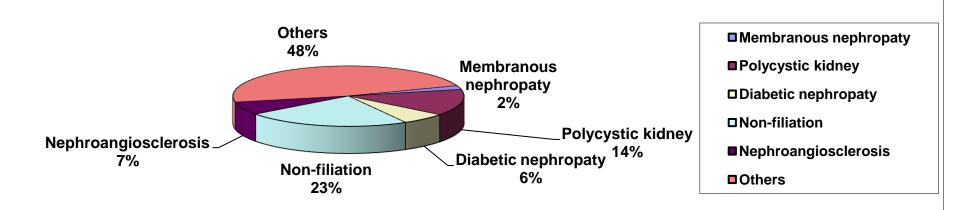


RESULTS

In our serie we identify 34 transplant recipients with a biopsy proven MN

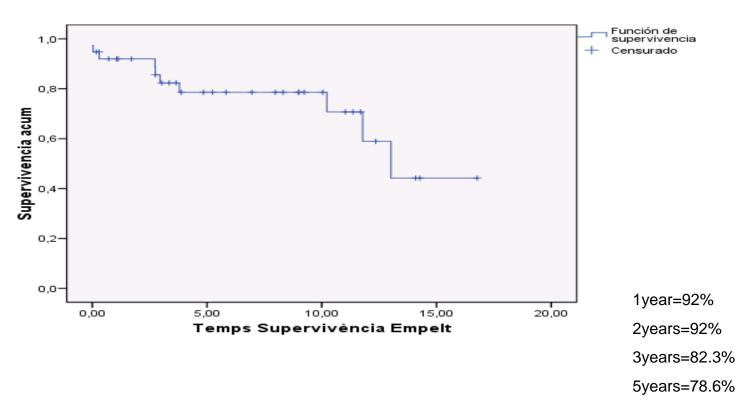
IMN relapsed 23 %, time 31+/- 36 months after KT

CAUSE OF RENAL KIDNEY DISEASE



GRAFT SURVIVAL(death-censored)

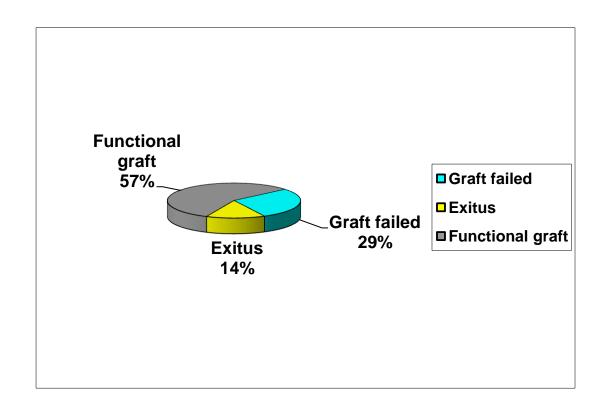
Función de supervivencia



RECURRENCE OF IMN



8/34: 23% recurrence



Recurrence of membranous nephropathy (months)

Medium time from transplant to IMN relapse 58.6 ± 55.8 months.

Patient	Months	Serum creatinine(µmol/L)	Proteinuria(g/24h)
1	140	146	4,4
2	49	215	2.1
3	16	245	2.8
4	102	116	1,7
5	23	175	2,2
6	2,4	162	1,8
7	4,2	116	1,93
8	122,5	178	3,06

RESULTS



 We detect anti PLA2R antibodies since 2012

- Immunofluorescence
- ELISA since 2013

 We treat all the recurrencies with Rituximab

PLA2R1 antibodies



PLA2R1	Initial diagnosis	Transplant	Relapse	Post- Treatment
ND (?)	50% (4)	50% (4)		
NEGATIVE	25% (2)	25% (2)	25% (2)	100 % (8)
POSITIVE	25 %(2)	25% (2)	75 % (6)	

Decreased of proteinuria

CONCLUSIONS



- Our incidence of relapsed MN is similar to others series
- Positive PLA2R1 antibodies at the moment of kidney transplant relapsed 100% in patients previously positive
- No difference in Negative or Positive PLA2R1 antibodies related to relapse

CONCLUSIONS



- In our study, the presence of anti-PLA2R1 is associated with:
 - Disease recurrence
 - Good Response to treatment (Rituximab)
- Patients with no PLA2R1 Antibodies did similar
- However, more studies are required to confirm these results



Gràcies