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## Background

- Alport syndrome is an inherited condition characterised by progressive kidney disease, sensorineural hearing loss, and ocular abnormalities. Alport syndrome is caused by pathogenic variants in either *COL4A3*, *COL4A4* and *COL4A5*, the genes encoding type IV collagen  $\alpha3/\alpha4/\alpha5$  chains.
- Renin-angiotensin system inhibitors (RAASi) such as angiotensin-converting enzyme Inhibitors (ACEi) play a central role in the treatment of chronic kidney disease (CKD), and they have been proven to prolong kidney survival and reduce urinary protein excretion in Alport syndrome.
- The protective effect of RAASi has been explained by the reduction in intraglomerular pressure and the inhibition of inflammation and subsequent fibrosis. However, the precise molecular mechanisms of ACEi protection in Alport kidneys are yet to be elucidated.
- We used mass spectrometry-based proteomics to identify molecular pathways and components affected by ramipril treatment in *Col4a5* knockout (Alport) mice.

## Methods

- The ACEi ramipril was administered orally (n=10 each) to a mouse model of Alport syndrome (*Col4a5* knockout). Treatment was initiated at five weeks (early treatment group) or ten weeks (late treatment group) and continued until 16 weeks of age.
- We evaluated clinical parameters such as body weight, urine protein, kidney histology and mass spectrometry-based proteomic analysis of isolated kidney glomeruli.

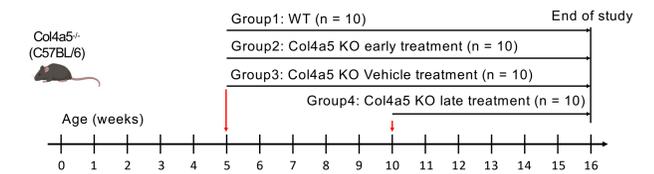
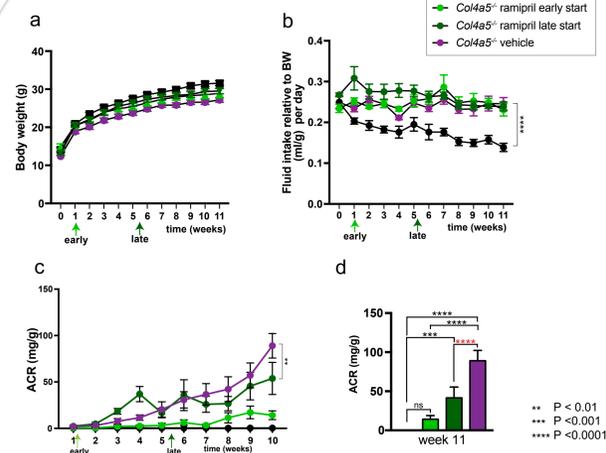


Figure 1. Treatment schedule of the study

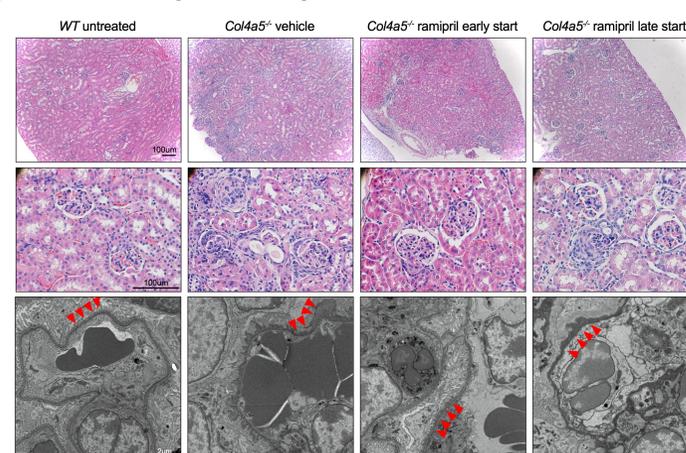
## Results

### 1 Functional evaluation



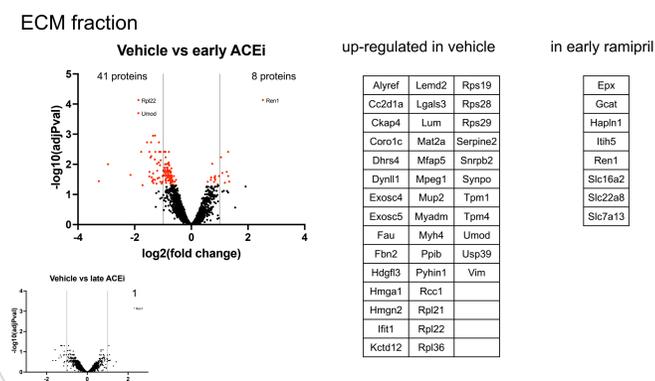
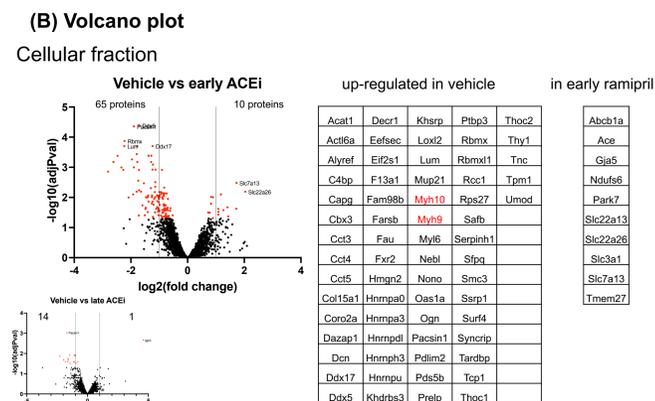
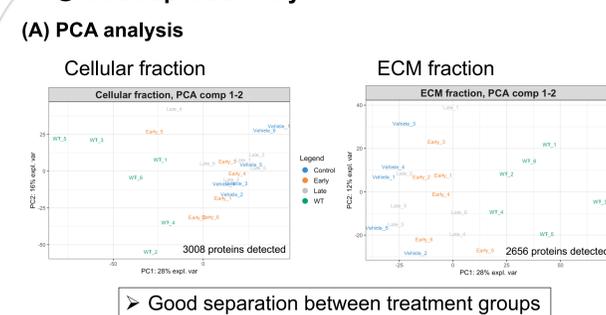
**Figure 2. Clinical evaluation of Ramipril treatment.** (a) There was no significant changes in body weight. (b) Fluid intake was increased in the Alport mice. (c)(d) The urinary albumin creatinine ratio (ACR) was reduced in ramipril treated groups compared to the vehicle treatment group. However, there was no significant difference between early and late ramipril treatment groups.

### 2 Pathological findings

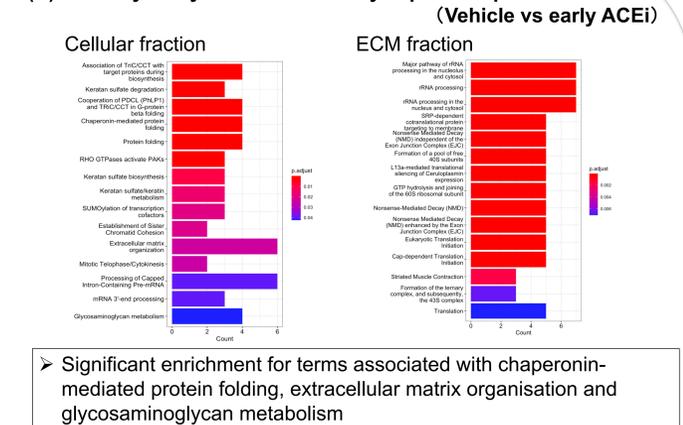


**Figure 3. Light microscopic and electron microscopic findings at 16 weeks.** Inflammatory cell infiltration to the interstitial area and glomerular sclerosis were prominent findings in the vehicle and late ramipril groups, while such changes were minor in the early ramipril treatment group. Similarly, the glomerular basement membrane (red triangle) was thicker in the vehicle and late ramipril groups.

### 3 Mass spectrometry



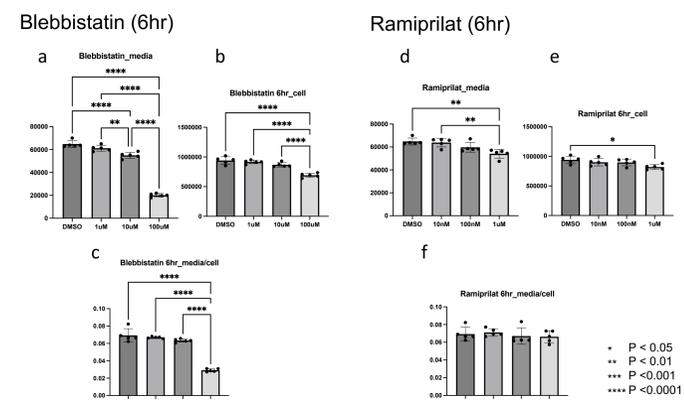
### (C) Pathway analysis of differentially expressed proteins (Vehicle vs early ACEi)



Significant enrichment for terms associated with chaperonin-mediated protein folding, extracellular matrix organisation and glycosaminoglycan metabolism

### 4 in vitro ECM secretion analysis

We investigated the potential effect of non-muscle myosin inhibition (blebbistatin) or ramiprilat (a bioactive metabolite of ramipril) on the secretion of extracellular matrix using human podocytes with HiBiT-tagged COL4A2.



Blebbistatin reduced both COL4A2 secretion into the medium and intracellular accumulation (a,b). The secretion into the medium was most notable (c). In contrast, ramiprilat only reduced type collagen IV secretion into the medium (d) but not in intracellular accumulation in podocytes (e). The ratio of extracellular to intracellular signals did not differ between the groups (f).

## Discussion

### Functional effects

- The early ACEi treatment group had a greater reduction in proteinuria at the end of the study compared with the late-treatment group. This result confirms the recent human RCTs showing that early introduction of ACEi in Alport syndrome may be effective in reducing proteinuria and in preventing the decline of kidney function.

### Pathological findings

- Similar to the functional data (urine ACR), pathological findings showed less fibrosis, less inflammatory cell infiltration and less glomerular sclerosis in the early-treatment group than in the late-treatment group. Although overall survival was not observed in this study, clinical and pathological data suggest that earlier ACEi treatment may reduce the development of kidney fibrosis and inflammation and eventually improve kidney prognosis.

### Proteomic analysis

- With proteomics we found more changes with early ACEi treatment compared to vehicle treatment. With pathway enrichment analysis, we found significant enrichment for terms associated with chaperonin-mediated protein folding, extracellular matrix organisation and glycosaminoglycan metabolism in early ACEi-treated. Furthermore, looking at the differentially expressed proteins individually, we found increased expression of several non-muscle myosin class II proteins (Myh9, Myh10) in the untreated group.
- MYH9 is expressed mainly in podocytes in the kidney and is thought to play a central role in maintaining the actin cytoskeleton, anchoring podocytes to the glomerular basement membrane and stabilising the slit membrane against mechanical stress such as blood flow. MYH9 variants have also been associated with kidney diseases with glomerular basement membrane findings similar to Alport syndrome (Epstein syndrome; OMIM#155100). The elevated expression of Myh9 in the untreated group suggests that this may be a compensatory change for the high intraglomerular pressure in the absence of ACEi treatment.
- Furthermore, inhibition of myosin action in vitro resulted in an inhibition of type IV collagen secretion in podocytes and a concentration-dependent decrease in the ratio to the intracellular signal. These results suggested that myosin signaling may also be involved in extracellular matrix production and transport.

## COI and Acknowledgements

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