

Istituto  
C.S.S. Mendel



Italian Society of Pediatric Nephrology  
Milan, October 24, 2012

# **Joubert syndrome and related disorders: a paradigm to understand the complexity of ciliopathies**

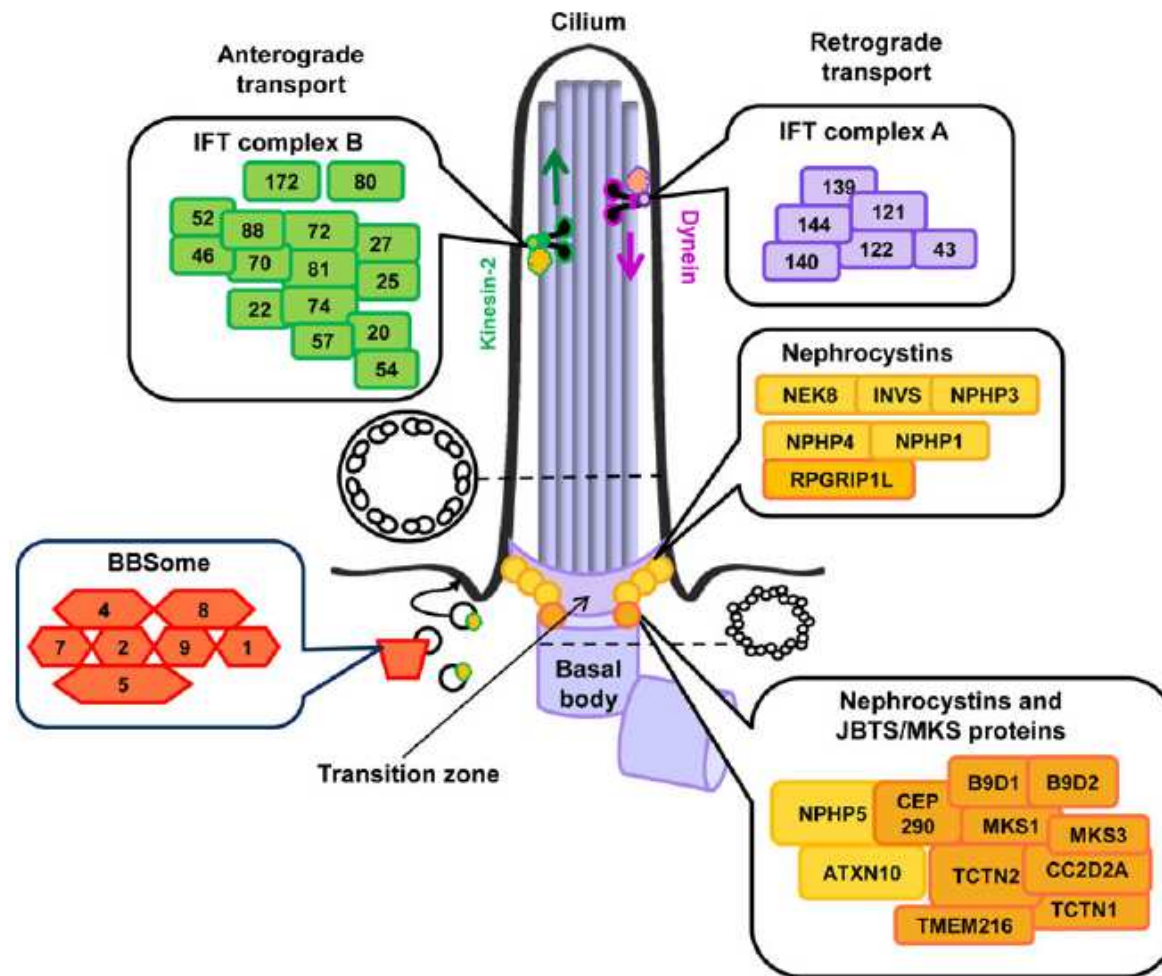
Enza Maria Valente

CSS-Mendel Institute, Rome

University of Salerno

# The primary cilium

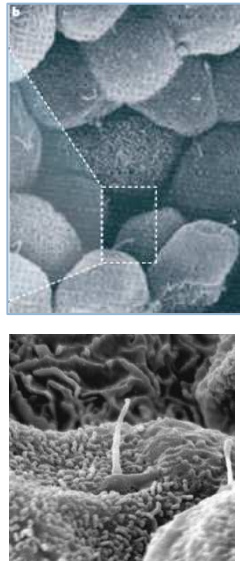
membrane-enclosed antenna-like structure with a ring-shaped skeleton (9+0 doublets of mt), a basal body (triplets of mt) and a transition zone



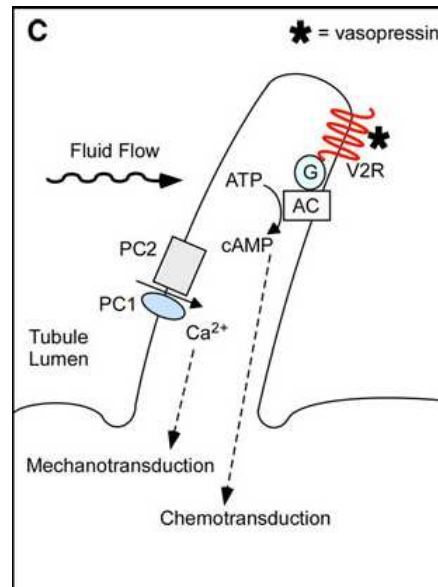
- up to 1000 proteins involved
- mutations identified in over 50 disease-genes
- about 100 disorders may be driven by cilia abnormalities
- minimal estimated collective incidence: 1/1000 conceptuses

# A truly multitasking organelle

*Kidney and bile ducts epithelial cells*

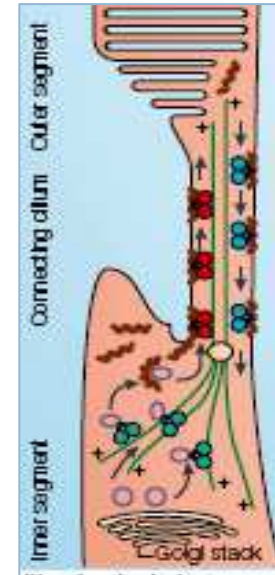


Primary cilia are present on the surface of nearly all cell types, both pre- and post-natally

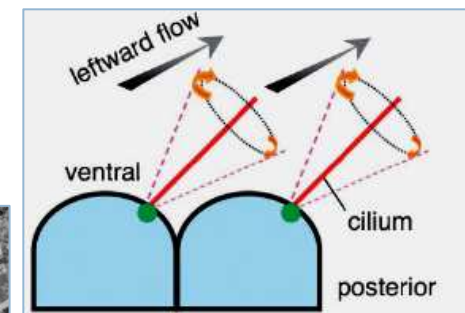
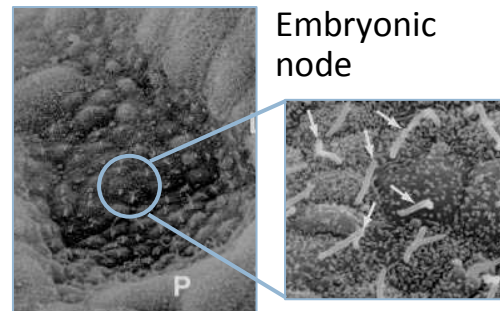


In many tissues, primary cilia link mechanosensory, visual and osmotic stimuli to cell-cycle control and epithelial cell polarity.

*Retinal photoreceptors*



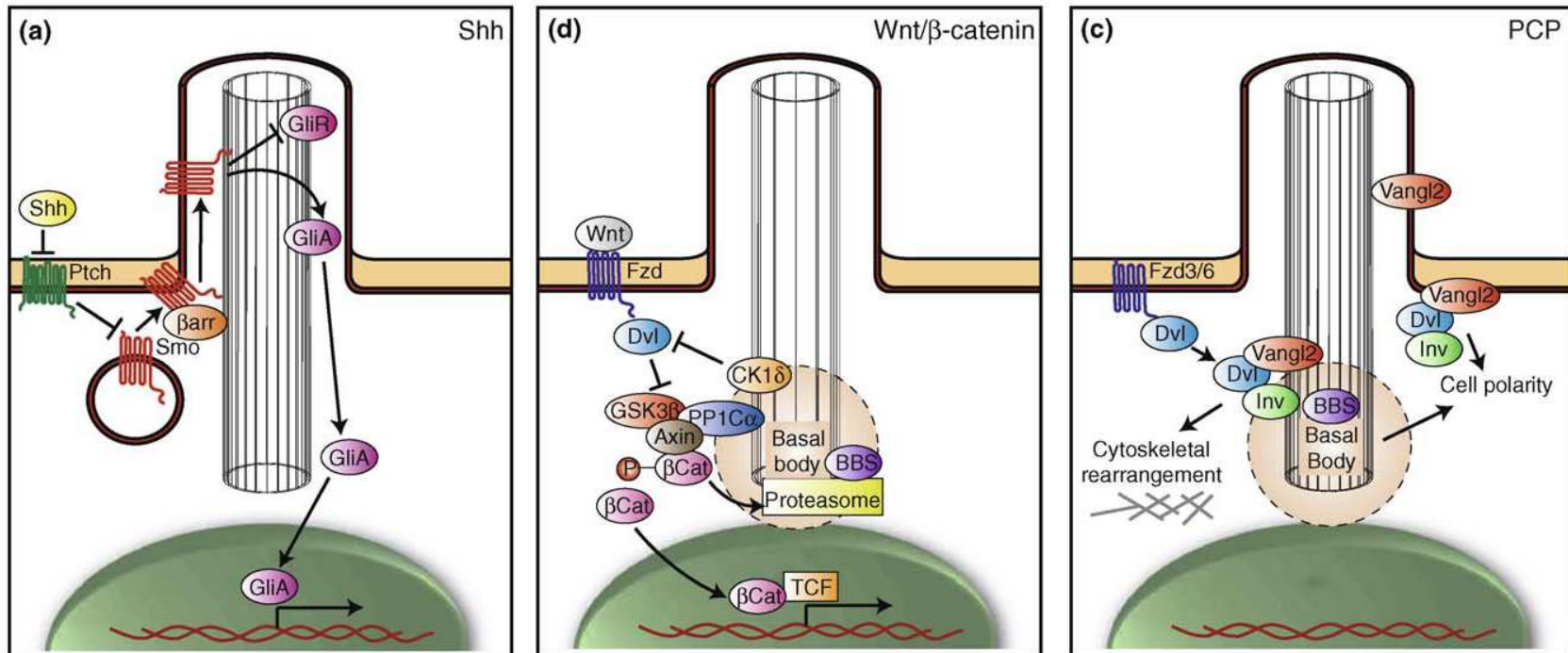
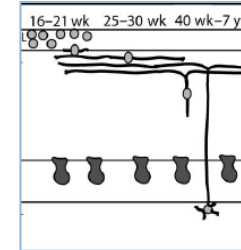
In the embryonic node (a transient structure during gastrulation), motile nodal cilia generate a leftward nodal flow that is essential for L-R axis determination.



# Primary cilia play a key role during development

Primary cilia control neural and limb patterning, by modulating:

- Sonic Hedgehog pathway
- Wnt / beta-catenin pathway
- planar cell polarity pathway



## Common features of ciliopathies

- Disorders caused by genes encoding for proteins of the primary cilium and its apparatus (basal body, centrosome)
- Variable severity and multiorgan involvement
- Clinical and genetic overlap among distinct conditions

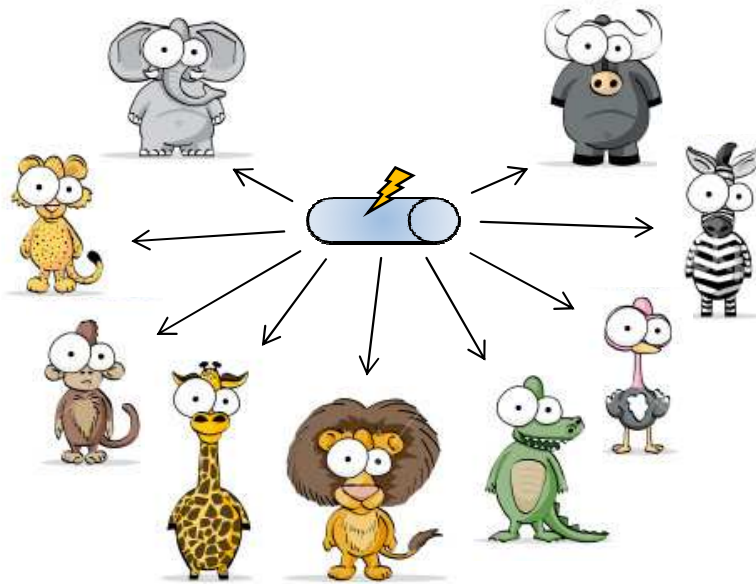
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Cystic kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatobiliary disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinal degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laterality defects	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Cerebellar vermis hypoplasia			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalocele		<input type="checkbox"/>	<input type="checkbox"/>						
Polydactyly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>								
Shortening/bowing of bones		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ectodermal dysplasia						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

# Ciliopathies: the concept of «splitting and lumping»

SPLITTING



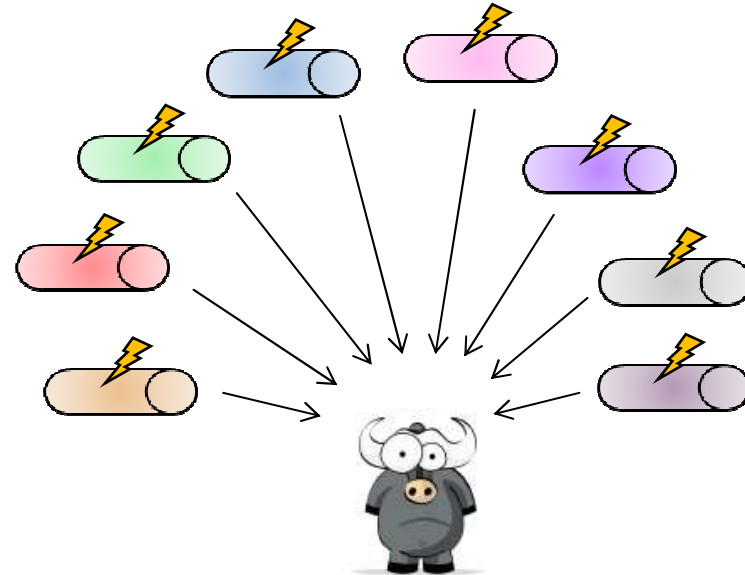
same gene →  
distinct phenotypes



LUMPING



distinct genes →  
same phenotype





# Joubert syndrome

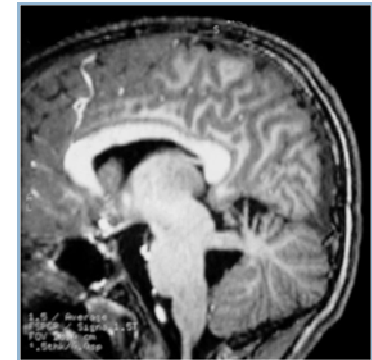
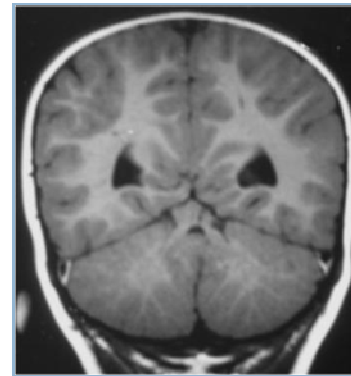
Reprinted with permission from *Neurology*, 1969;19:813–825.

## **Familial Aggenesis of the Cerebellar Vermis: A Syndrome of Episodic Hyperpnea, Abnormal Eye Movements, Ataxia, and Retardation**

Marie Joubert, MD; Jean-Jacques Eisenring, MD; J. Preston Robb, MD; Frederick Andermann, MD

- Autosomal recessive condition (three affected siblings)
- Hypotonia and ataxia
- Oculomotor apraxia, other eye movement anomalies
- Developmental delay, mental retardation
- Neonatal breathing abnormalities
- Behavioural problems

**Molar Tooth Sign**



# Starting from the MTS: the expanding group of JSRD

## Joubert syndrome (JS)

- neurological features, MTS
- $\pm$  postaxial polydactily
- $\pm$  encephalocele
- $\pm$  posterior fossa cyst

## COACH and Gentile syndromes

- neurological features, MTS
- hepatic fibrosis
- $\pm$  coloboma
- $\pm$  renal disease

## Senior-Loken syndrome

- Leber congenital amaurosis
- nephronophthisis
- $\pm$  neurological features, MTS

## Dekaban-Arima syndrome (DAS)

- neurological features, MTS
- Leber congenital amaurosis
- cystic dysplastic kidneys
- $\pm$  coloboma
- $\pm$  postaxial polydactily

## Varadi-Papp syndrome (OFD VI)

- neurological features, MTS
- midline orofacial dysplasia
- polydactily, Y-shaped central metacarp
- $\pm$  hypothalamic hamartoma
- $\pm$  periventricular nodular heterotopia
- $\pm$  congenital heart disease

## MALTA syndrome

- neurological features, MTS
- encephalocele
- hydrocephalus
- renal cystic disease
- $\pm$  coloboma
- $\pm$  retinal dystrophy

## JS + retinopathy

- neurological features, MTS
- Leber congenital amaurosis or other retinopathy
- $\pm$  postaxial polydactily
- $\pm$  encephalocele

## Marsh syndrome

- neurological features, MTS
- white matter cysts
- renal cysts

## Al Gazali-Sztriha syndrome

- neurological features, MTS
- absent pituitary gland

## JB + polymicrogyria

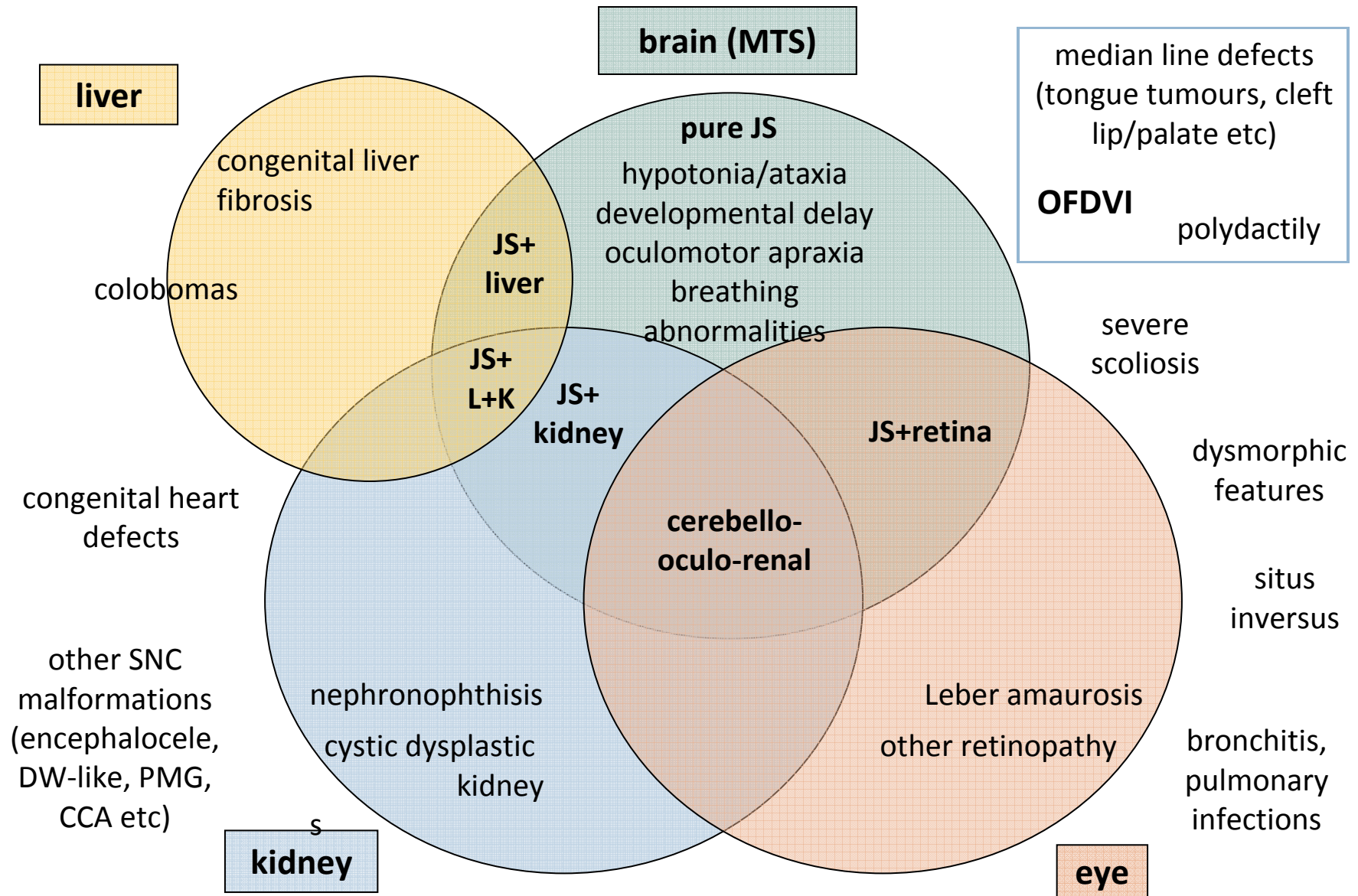
- neurological features, MTS
- cortical polymicrogyria

## JS + nephronophthisis

- neurological features, MTS
- nephronophthisis



## A more descriptive nosology for JSRD



## Genetic heterogeneity in JSRD

2004-2010

locus	gene/protein	JSRD	MKS	NPH/SLS
9q34	INPP5E	JBTS1		
11	TMEM216	JBTS2	MKS2	
6q23	AHI1/Jouberin	JBTS3		
2q13	Nephrocystin	JBTS4		NPHP1/SLSN1
12q21	CEP290	JBTS5	MKS4	NPHP6/SLSN6
8q24	TMEM67/Meckelin	JBTS6	MKS3	NPHP11
16q	RPGRIP1L	JBTS7	MKS5	NPHP8
3q11	ARL13B	JBTS8		
4p15	CC2D2A	JBTS9	MKS6	
Xp	CXORF5/OFD1	JBTS10		

2011-2012

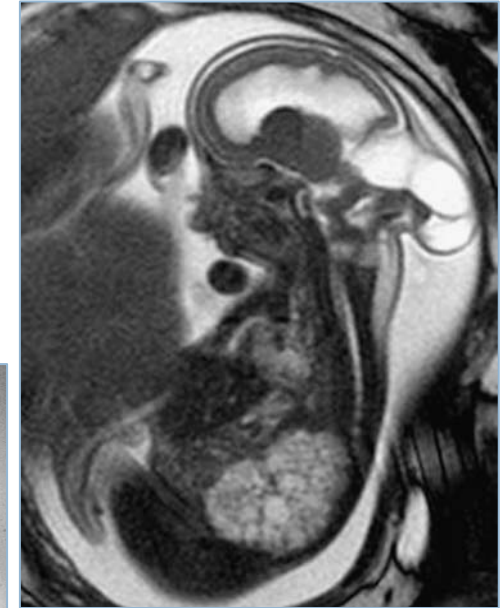
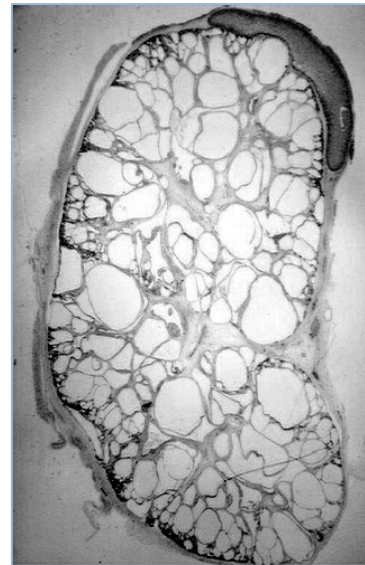
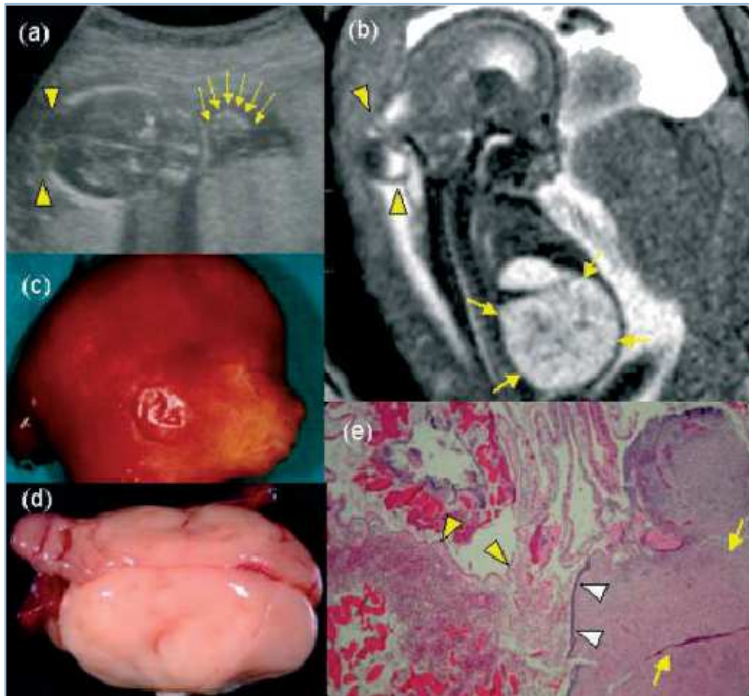
2q24	<i>TTC21B</i>	<i>JBTS11</i>	<i>MKS</i>	
15q26	KIF7	JBTS12		
12q24	TCTN1	JBTS13		
12q24	TCTN2	JBTS	MKS8	
2q33	TMEM237	JBTS14		
7q32	TSGA14/CEP41	JBTS15	MKS	
11	TMEM138	JBTS16	MKS	
5p13	C5ORF42	JBTS17		
10q24	TCTN3/OFD4	JBTS18		
16q12	ZNF423	JBTS19		NPHP14
3q22	NPHP3		MKS7	NPHP3

the currently known genes are responsible for only ~50% cases

all JSRD genes encode for proteins of the primary cilium

## Overlap with other ciliopathies: Meckel syndrome

- **cystic dysplastic kidneys**
- occipital encephalocele, other posterior fossa abn
- liver fibrosis (ductal plate malformation)
- postaxial polydactyly
- other: ocular/retinal abn, CHD, genital abn



9 genes shared  
with JSRD

- in utero / early lethality
- autosomal recessive inheritance

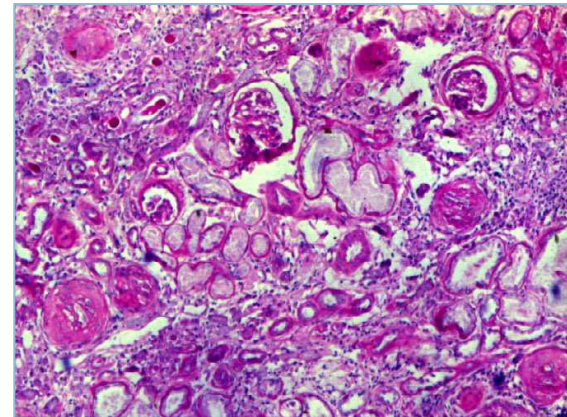
# Isolated Nephronophthisis and Senior-Loken syndrome

Isolated juvenile NPH is the most common genetic cause of ESRF in childhood

Asymptomatic in the first decade of life

Symptoms at onset (late first decade):

- polyuria, polydypsia
- anemia, growth retardation
- urinary concetration defect
- acute renal failure!!!!



**Kidney ultrasound (variable):** small kidneys, cortico-medullary hyper-echogenicity, isolated small cysts

**Kidney biopsy:** thickening of the tubular basal membrane, interstitial fibrosis

**DDAVP test:** deficit of urinary concentration ability after Desmopressin stimulation (positive from 3-4 years of age!!)

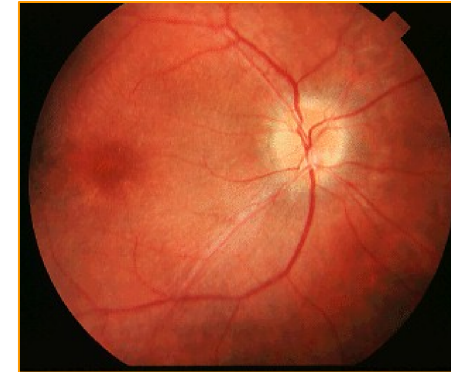
5 genes shared with JSRD



## Overlap with other ciliopathies: Bardet-Biedl syndrome



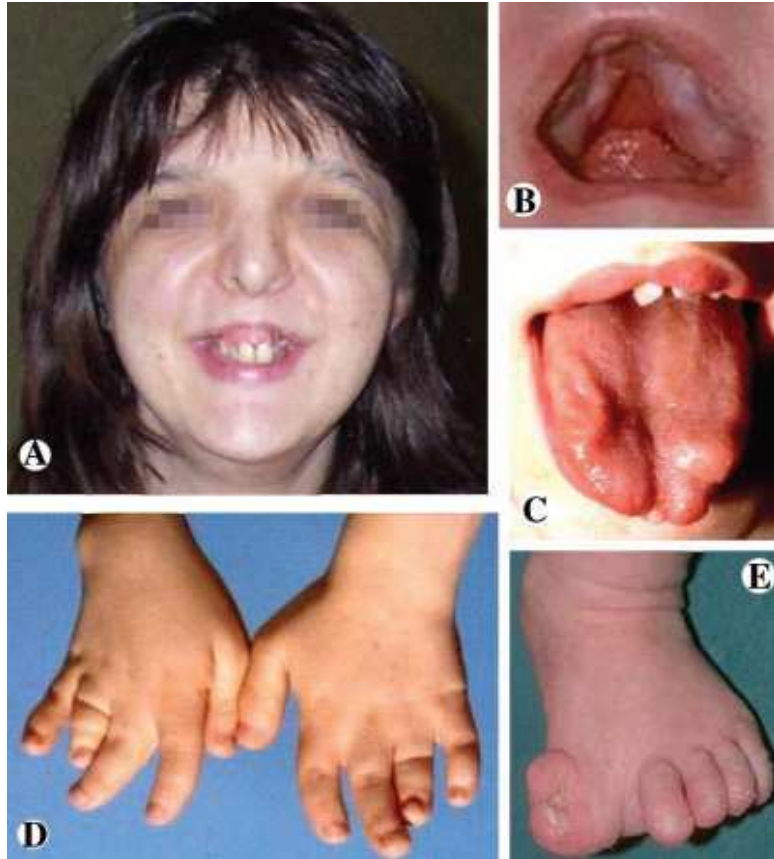
- obesity, hypogenitalism
- retinal dystrophy
- renal dysplasia (including cysts)
- polydactyly
- congenital heart defects
- hepatic fibrosis
- (cognitive impairment, ataxia, deafness, neural tube defects)



3 genes shared with JSRD,  
more with MKS



## Overlap with other ciliopathies: OFD1 syndrome



X-linked dominant, male lethality

Facial and oral abnormalities

- tongue anomalies, frenula
- cleft palate/lip
- abnormal teeth and hair
- dysmorphic features

Skeletal abnormalities

- brachydactyly, polydactyly, other

Other organs

- **cystic kidneys**
- CNS malformations



Joubert patients:

- MTS or CVA
- PMG, hydrocephalus
- retinitis pigmentosa
- postaxial polydactyly
- **polycystic kidneys**

OFD1 Is Mutated in X-Linked Joubert Syndrome and Interacts with *LCA5*-Encoded Lebercilin

Karliën L.M. Coene,<sup>1,2,9</sup> Ronald Roepman,<sup>1,2,9,\*</sup> Dan Doherty,<sup>4</sup> Bushra Afroze,<sup>5</sup> Hester Y. Kroes,<sup>6</sup> Stef J.F. Letteboer,<sup>1</sup> Lock H. Ngu,<sup>5</sup> Bartłomiej Budny,<sup>7</sup> Erwin van Wijk,<sup>3</sup> Nicholas T. Gorden,<sup>4</sup> Malika Azhimi,<sup>1</sup> Christel Thauvin-Robinet,<sup>8</sup> Joris A. Veltman,<sup>1,2</sup> Mireille Boink,<sup>1</sup> Tjitske Kleefstra,<sup>1</sup> Frans P.M. Cremers,<sup>1,2</sup> Hans van Bokhoven,<sup>1,2</sup> and Arjan P.M. de Brouwer<sup>1,2</sup>

*AJHG* 2009

*Macca and Franco, AJMG 2009*



# Intrafamilial variability of ciliopathies

## Co-Occurrence of Distinct Ciliopathy Diseases in Single Families Suggests Genetic Modifiers

Maha S. Zaki,<sup>1\*</sup> Shifteh Sattar,<sup>2</sup> Rustin A. Massoudi,<sup>2</sup> and Joseph G. Gleeson<sup>2</sup>

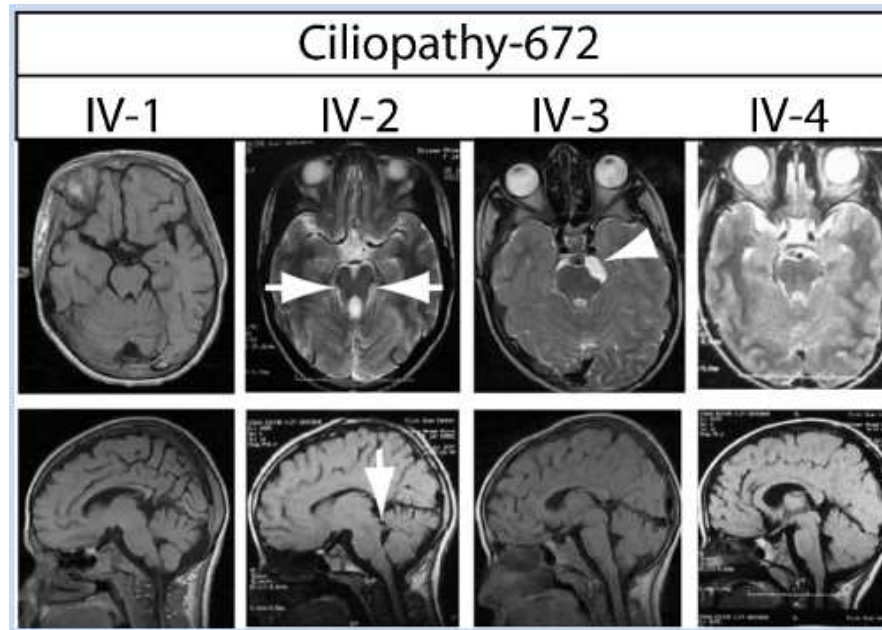
*AJMG* 2012

### JSRD + MKS

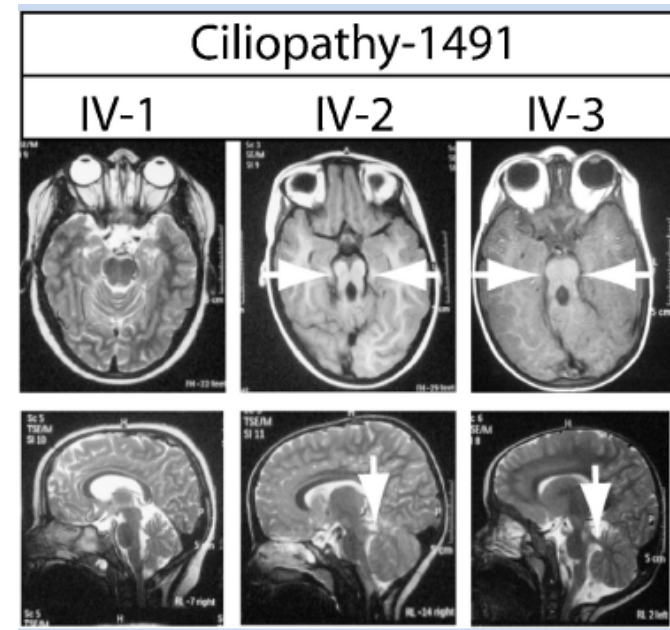
- TMEM67 mut
- TMEM216 mut

### JSRD + ACLS

- KIF7 mut

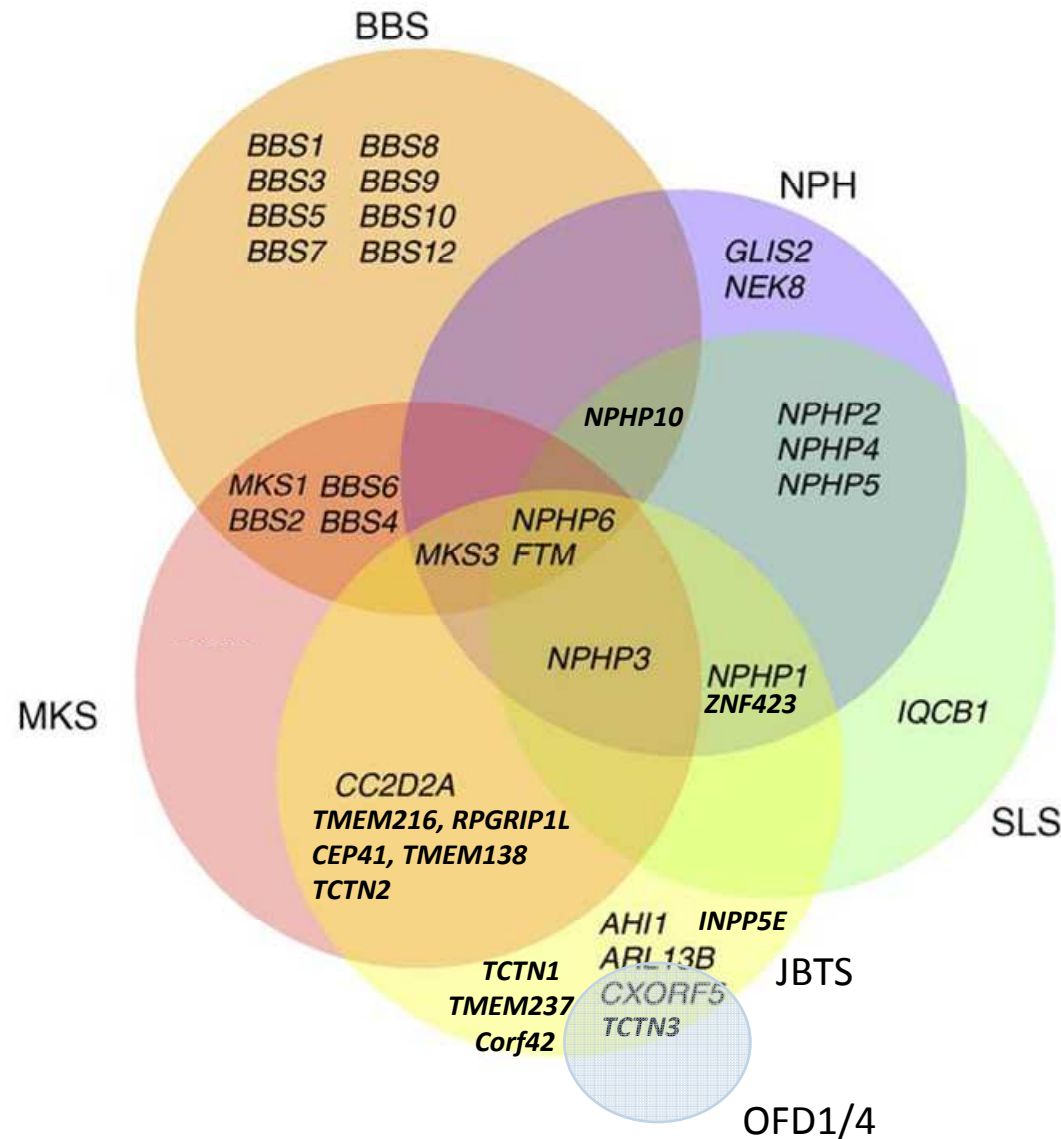


<b>NPH</b>	pure JS	<b>NPH</b>	<b>NPH</b>
polydactyly			MCI
mild CVA			



BBS	pure JS	JS
mild CVA		polydactyly
		corneal opacity

## Genetic overlap between JSRD and other ciliopathies

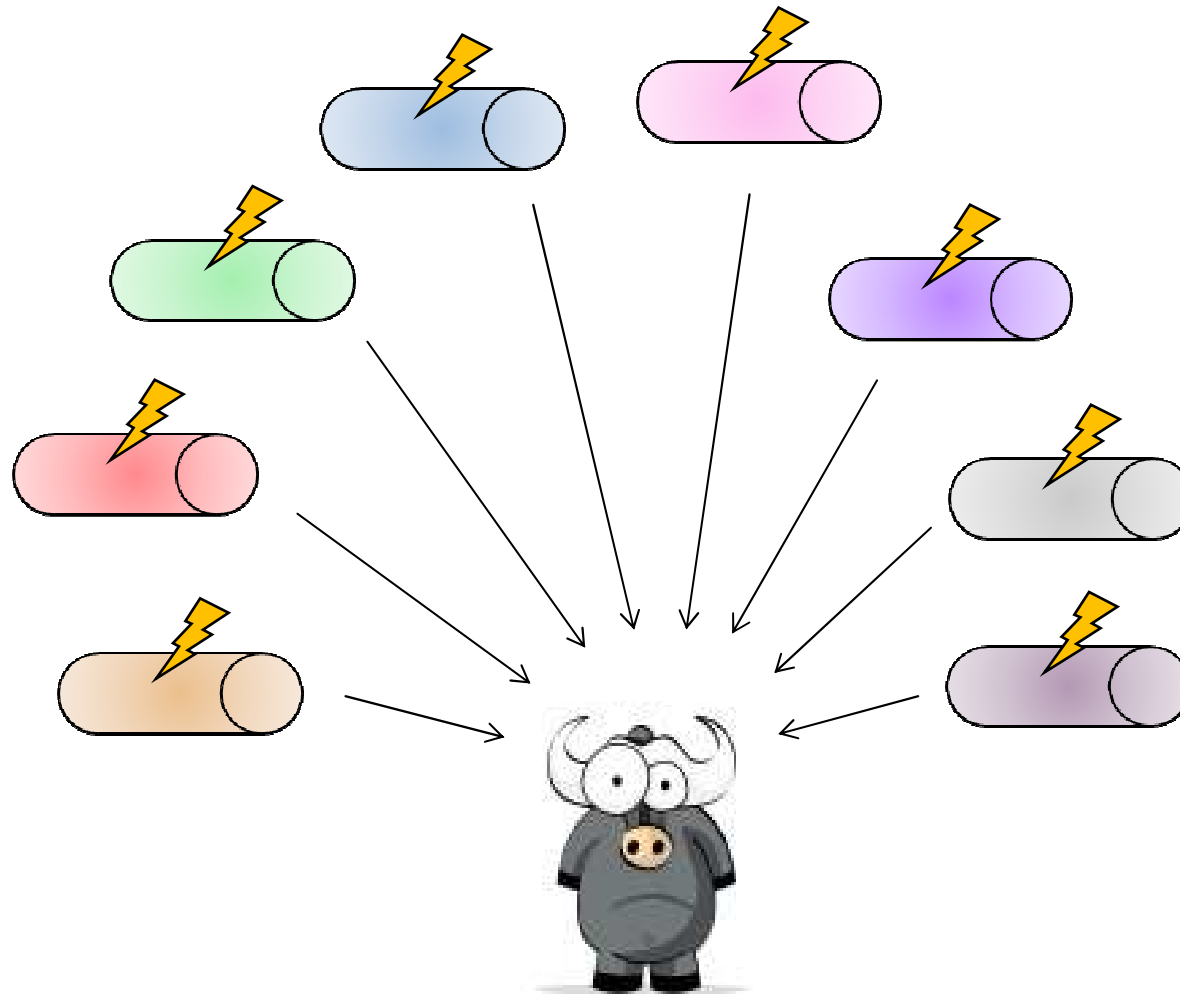


several genes cause  
distinct ciliopathies with  
variable clinical overlap

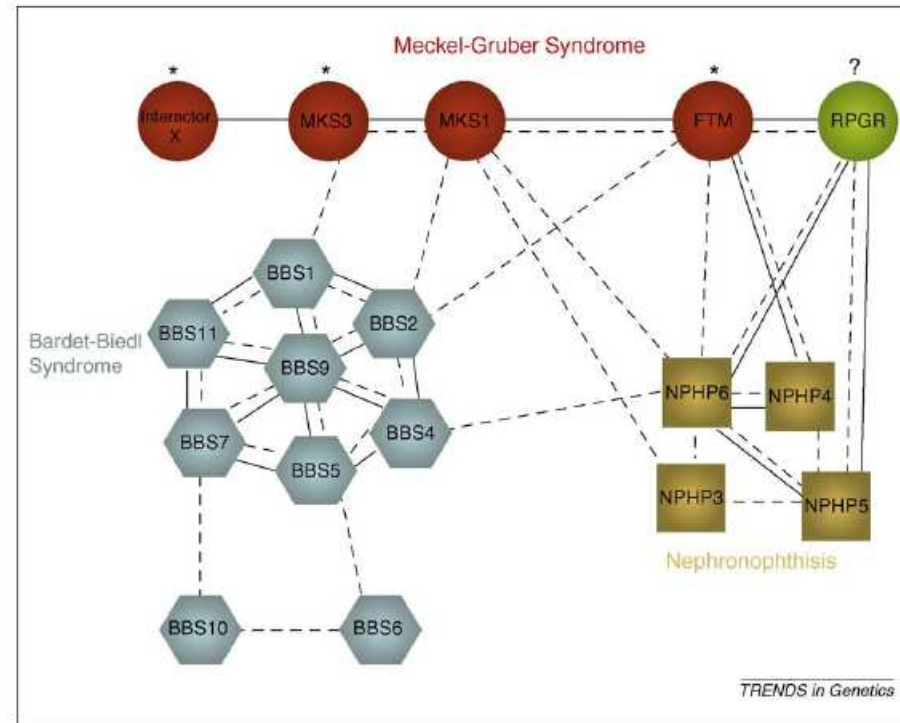
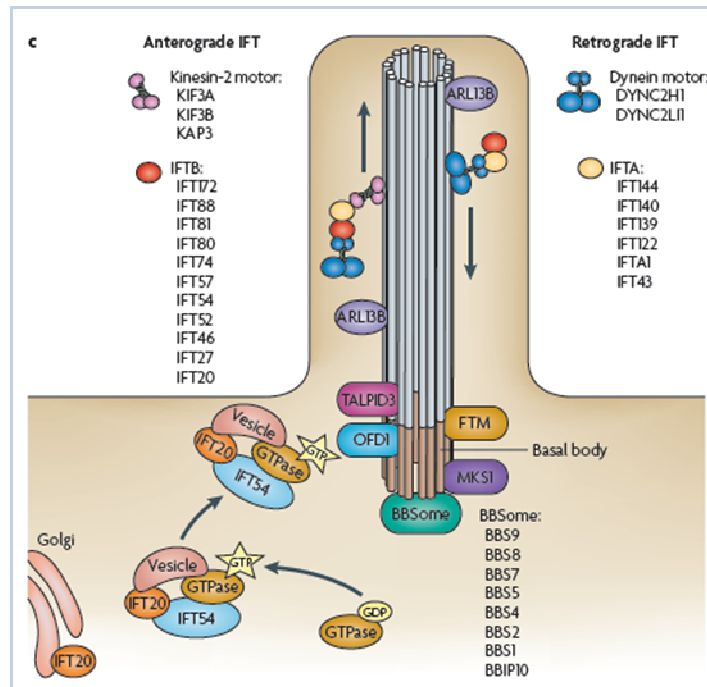
not all genes have been  
tested for all phenotypes  
→ further associations to  
come soon

**How can we explain the  
splitting and lumping?**

## Lumping...



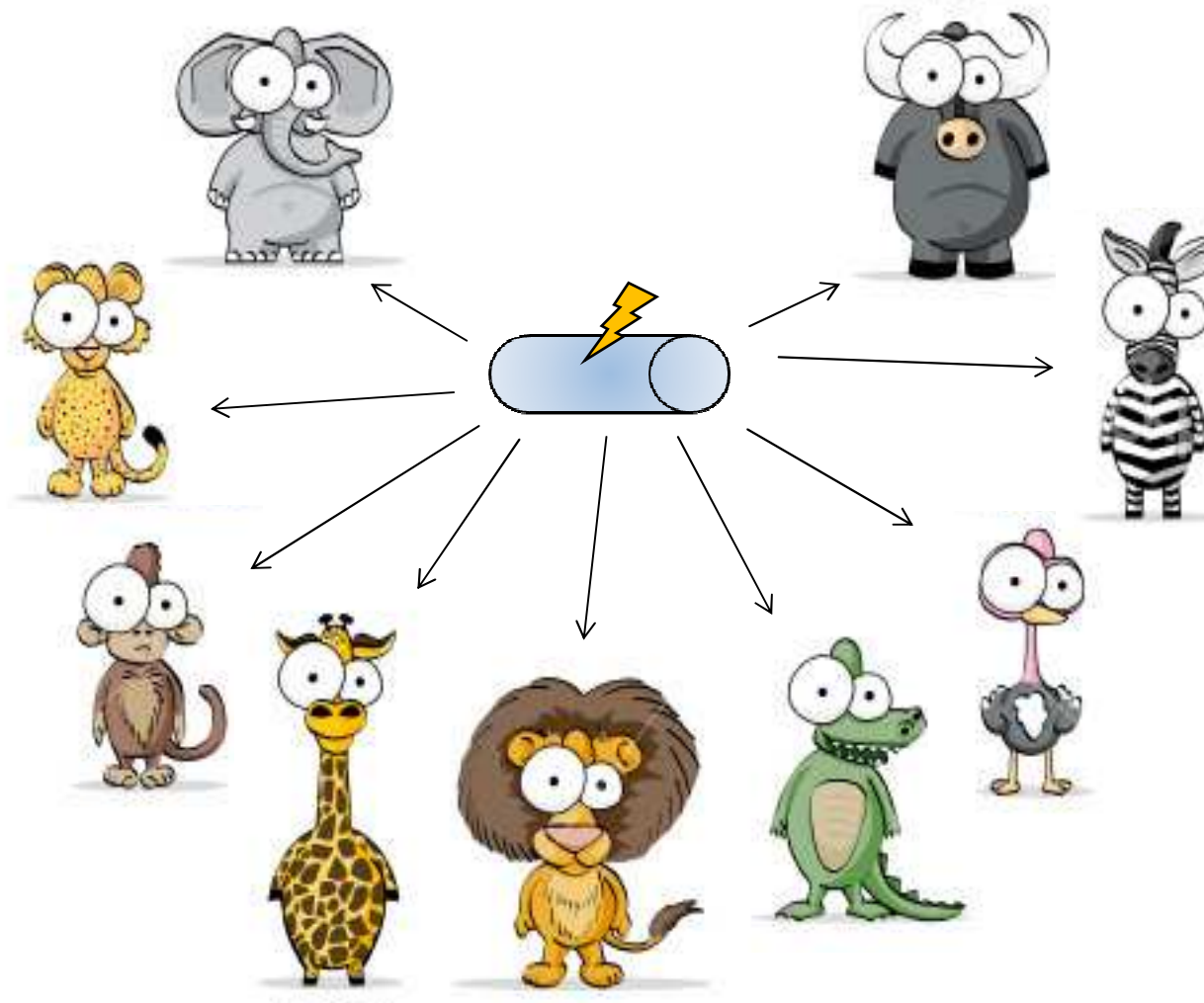
# Ciliary proteins interact in complex, integrated networks



Families of ciliary proteins with distinct functions may associate with specific phenotypes:

- BBS → BBSome
- Skeletal dysplasias → IFT complex
- NPH → NPH complex at the transition zone
- JSRD/MKS → Tectonic complex at the transition zone

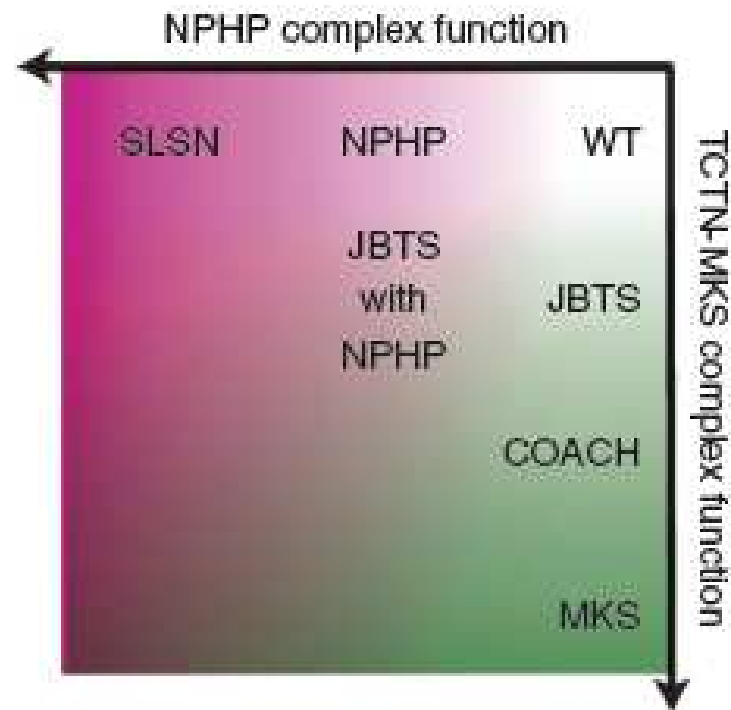
... and splitting





## Genotype-phenotype correlates

	RPGRIP1L – TMEM67 – CC2D2A	MKS1	NPHP3
2 truncating mutations	MKS	MKS	MKS
at least 1 missense mutation	JSRD	BBS	NPH



### CEP290

wide phenotypic spectrum:

LCA – NPH – SLS – JSRD – MKS

founder hypomorphic mutation → isolated LCA;  
otherwise, no obvious correlation between  
mutation type and phenotype

### NPHP1

95% cases: same homozygous 250kb  
deletion encompassing the gene → variable  
phenotypes (NPH – SLS – JSRD)

# Oligogenic inheritance and mutational load in ciliopathies

## The oligogenic properties of Bardet–Biedl syndrome

Nicholas Katsanis\*

*Human Molecular Genetics*, 2004, Vol. 13, Review Issue 1  
DOI: 10.1093/hmg/ddh092  
Advance Access published on February 19, 2004

## Evidence of Oligogenic Inheritance in Nephronophthisis

Julia Hoefele,<sup>\*,†</sup> Matthias T.F. Wolf,<sup>\*</sup> John F. O'Toole,<sup>\*</sup> Edgar A. Otto,<sup>\*</sup> Ulla Schultheiss,<sup>\*</sup> Georges Dêschènes,<sup>‡</sup> Massimo Attanasio,<sup>\*</sup> Boris Utsch,<sup>\*</sup> Corinne Antignac,<sup>§</sup> and Friedhelm Hildebrandt<sup>\*,||</sup>  
*J Am Soc Nephrol* 18: 2799–2795, 2007.

*JASN Express*. Published on April 4, 2007 as doi: 10.1681/ASN.2006101164

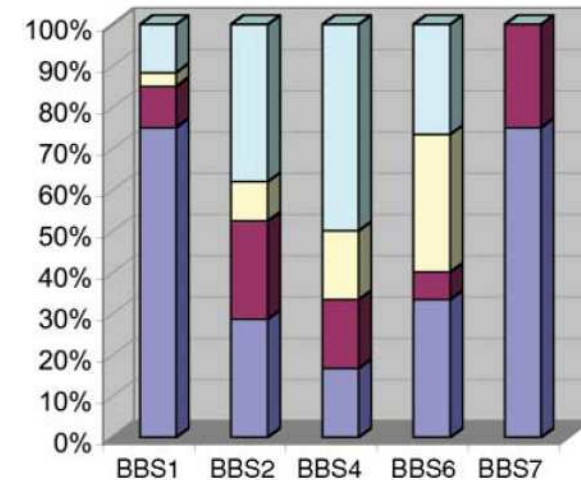
## High *NPHP1* and *NPHP6* Mutation Rate in Patients with Joubert Syndrome and Nephronophthisis: Potential Epistatic Effect of *NPHP6* and *AHI1* Mutations in Patients with *NPHP1* Mutations

Kálmán Tory,<sup>\*,†</sup> Tiphane Lacoste,<sup>\*,†</sup> Lydie Burglen,<sup>‡</sup> Vincent Morinière,<sup>\*,†</sup> Nathalie Boddart,<sup>§</sup> Marie-Alice Macher,<sup>||</sup> Brigitte Llanas,<sup>||</sup> Hubert Nivet,<sup>\*\*,†</sup> Albert Bensman,<sup>††</sup> Patrick Niaudet<sup>††</sup> Corinne Antignac,<sup>\*,§§</sup> Rémi Salomon,<sup>\*,†††</sup> and Sophie Saunier<sup>\*,†</sup>

## *TTC21B* contributes both causal and modifying alleles across the ciliopathy spectrum *IFT139*

Erica E Davis<sup>1,2</sup>, Qi Zhang<sup>3</sup>, Qin Liu<sup>3</sup>, Bill H Diplas<sup>1</sup>, Lisa M Davey<sup>1</sup>, Jane Hartley<sup>4</sup>, Corinne Stoetzel<sup>5</sup>, Katarzyna Szymanska<sup>6</sup>, Gokul Ramaswami<sup>7</sup>, Clare V Logan<sup>6</sup>, Donna M Muzny<sup>8</sup>, Alice C Young<sup>9</sup>, David A Wheeler<sup>8</sup>, Pedro Cruz<sup>9</sup>, Margaret Morgan<sup>8</sup>, Lora R Lewis<sup>8</sup>, Praveen Cherukuri<sup>9</sup>, Baishali Maskeri<sup>9</sup>, Nancy F Hansen<sup>9</sup>, James C Mullikin<sup>9</sup>, Robert W Blakesley<sup>9</sup>, Gerard G Bouffard<sup>9</sup>, NISC Comparative Sequencing Program<sup>9</sup>, Gabor Gyapay<sup>10</sup>, Susanne Rieger<sup>11</sup>, Burkhard Tönshoff<sup>11</sup>, Ilse Kern<sup>12</sup>, Neveen A Soliman<sup>13</sup>, Thomas J Neuhaus<sup>14</sup>, Kathryn J Swoboda<sup>15,16</sup>, Hulya Kayserili<sup>17</sup>, Tomas E Gallagher<sup>18</sup>, Richard A Lewis<sup>19–22</sup>, Carsten Bergmann<sup>23,24</sup>, Edgar A Otto<sup>7</sup>, Sophie Saunier<sup>25</sup>, Peter J Scambler<sup>26</sup>, Philip L Beales<sup>26</sup>, Joseph G Gleeson<sup>27</sup>, Eamonn R Maher<sup>4</sup>, Tania Attié-Bitach<sup>28</sup>, Hélène Dollfus<sup>5</sup>, Colin A Johnson<sup>6</sup>, Eric D Green<sup>9</sup>, Richard A Gibbs<sup>8</sup>, Friedhelm Hildebrandt<sup>7,29</sup>, Eric A Pierce<sup>3</sup> & Nicholas Katsanis<sup>1,2,30</sup>

*Nat Genet* 2011



in several patients, only one heterozygous mutation is identified instead of the expected two  
(e.g. het TSGA14 mut + het mut in other genes in half mutated pts)

## *TTC21B* recessive mutations:

- isolated NPH / NPH plus / JATD

## *TTC21B* heterozygous mutations:

-2.5% pts with ciliopathies (some mutated in other genes) vs 0.06% controls

## ... and common variants acting as genetic modifiers

A common allele in *RPGRIP1L* is a modifier of retinal degeneration in ciliopathies

Hemant Khanna<sup>1,22</sup>, Erica E Davis<sup>2,22</sup>, Carlos A Murga-Zamalloa<sup>1</sup>, Alejandro Estrada-Cuzcano<sup>1</sup>, Irma Lopez<sup>3</sup>, Anneke I den Hollander<sup>4</sup>, Marijke N Zonneveld<sup>4</sup>, Mohammad I Othman<sup>1</sup>, Naushin Waseem<sup>5</sup>, Christina F Chakarova<sup>5</sup>, Cecilia Maubaret<sup>5</sup>, Anna Diaz-Font<sup>6</sup>, Ian MacDonald<sup>7</sup>, Donna M Muzny<sup>8</sup>, David A Wheeler<sup>8</sup>, Margaret Morgan<sup>8</sup>, Lora R Lewis<sup>8</sup>, Clare V Logan<sup>9</sup>, Perciliz L Tan<sup>2</sup>, Michael A Beer<sup>2,10</sup>, Chris F Inglehearn<sup>9</sup>, Richard A Lewis<sup>11-14</sup>, Samuel G Jacobson<sup>15</sup>, Carsten Bergmann<sup>16</sup>, Philip L Beales<sup>6</sup>, Tania Attié-Bitach<sup>17</sup>, Colin A Johnson<sup>9</sup>, Edgar A Otto<sup>18</sup>, Shomi S Bhattacharya<sup>5</sup>, Friedhelm Hildebrandt<sup>18,19</sup>, Richard A Gibbs<sup>8</sup>, Robert K Koenekoop<sup>3</sup>, Anand Swaroop<sup>1,18,20</sup> & Nicholas Katsanis<sup>2,21</sup>

*Nat Genet* 2009

### RPGRIP1L p.A229T

- controls: 2.8%
- ciliop. non RP: 0%
- ciliop + RP: 4.5% (p<0.001)

*AHI1* is required for photoreceptor outer segment development and is a modifier for retinal degeneration in nephronophthisis

*Nat Genet* 2010

Carrie M Louie<sup>1</sup>, Gianluca Caridi<sup>2</sup>, Vanda S Lopes<sup>3,4</sup>, Francesco Brancati<sup>5,6</sup>, Andreas Kispert<sup>7</sup>, Madeline A Lancaster<sup>1</sup>, Andrew M Schlossman<sup>1</sup>, Edgar A Otto<sup>8,9</sup>, Michael Leitges<sup>10</sup>, Hermann-Josef Gröne<sup>11</sup>, Irma Lopez<sup>12</sup>, Harini V Gudiseva<sup>13</sup>, John F O'Toole<sup>8,9</sup>, Elena Vallespin<sup>14</sup>, Radha Ayyagari<sup>13</sup>, Carmen Ayuso<sup>14</sup>, Frans P M Cremers<sup>15</sup>, Anneke I den Hollander<sup>16</sup>, Robert K Koenekoop<sup>12</sup>, Bruno Dallapiccola<sup>17</sup>, Gian Marco Ghiggeri<sup>2</sup>, Friedhelm Hildebrandt<sup>8,9</sup>, Enza Maria Valente<sup>5,18</sup>, David S Williams<sup>3,4</sup> & Joseph G Gleeson<sup>1</sup>

### AHI1 p.R830W

- controls: 2.8%
- isolated NPH: 1.8%
- SLS: 25% (p<0.001)
- other ciliopathies: ns

## NEXT GENERATION SEQUENCING:

- targeted gene resequencing

- whole exome sequencing

