Update on PSC Research

PSC Partners Seeking a Cure Conference Pittsburgh, PA April 8, 2006

David Rhodes

(father of Steven (20); PSC 07/03; UC 08/03)





www.psc-literature.org

www.pscpartners.org

Overview

• Progress in understanding regulation of bile transport and metabolism

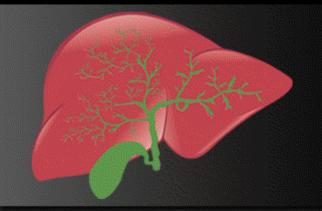
• Role of nuclear receptors in control of bile transport and metabolism

• Advances in understanding of how various medications are affecting nuclear receptors (and hence bile metabolism and transport)

• Animal models of PSC

Recent progress in IBD genetics and PSC genetics

PRIMARY SCLEROSING CHOLANGITIS CONFERENCE



September 19-20, 2005

Lister Hill Conference Center National Institutes of Health Bethesda, MD

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REGISTRATION AGENDA HOTEL INFORMATION LOCAL AREA INFORMATION CONFERENCE LOCATION CONTACT

To assess current knowledge about primary sclerosing cholangitis (PSC) focusing on its prevalence and incidence, diagnosis and staging, pathogenesis, disease associations, management, and treatment, including use of surgery and liver transplantation. The meeting will be sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases, the Office of Rare Diseases, and the Morgan Foundation. The aims of the meeting are to stimulate clinical and basic research interest in PSC and identify gaps in knowledge and challenges for medical research in this disease. The meeting will include poster sessions with noon and evening attendance of speakers. presenters, and participants. The meeting summary will be prepared for publication by members of the organizing committee.

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ORGANIZERS:

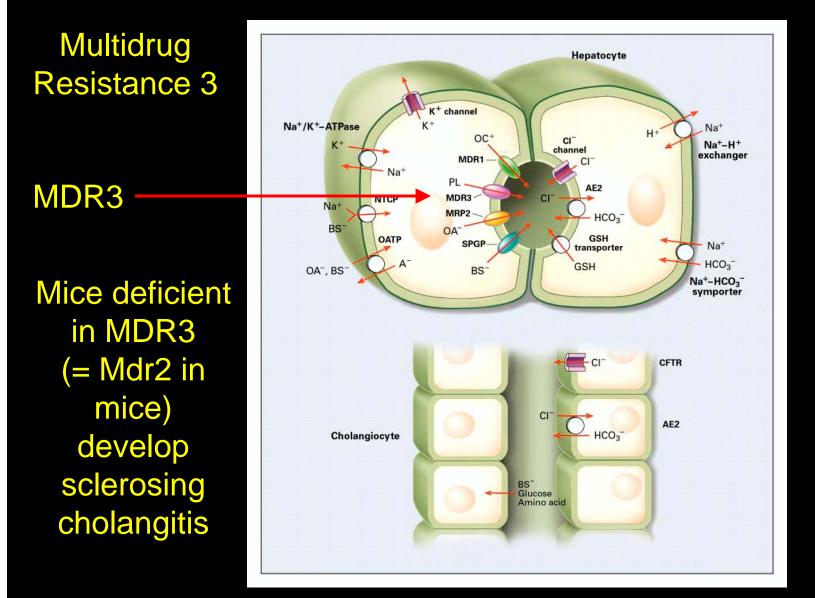
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Trauner, M. et al. N Engl J Med 1998;339:1217-1227



The NEW ENGLAND JOURNAL of MEDICINE Fickert P, Wagner M, Marschall HU, Fuchsbichler A, Zollner G, Tsybrovskyy O, Zatloukal K, Liu J, Waalkes MP, Cover C, Denk H, Hofmann AF, Jaeschke H, Trauner M 2006 24norUrsodeoxycholic acid is superior to ursodeoxycholic acid in the treatment of sclerosing cholangitis in Mdr2 (Abcb4) knockout mice. Gastroenterology 130: 465-481.

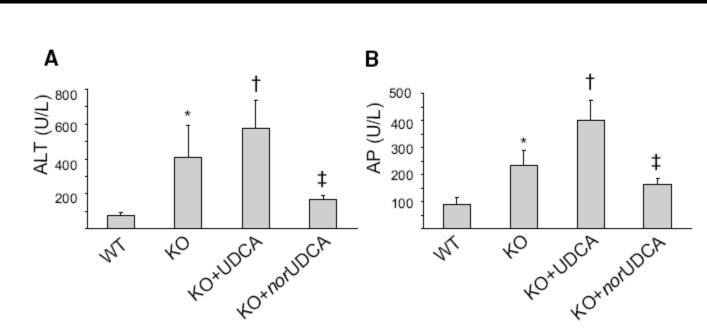


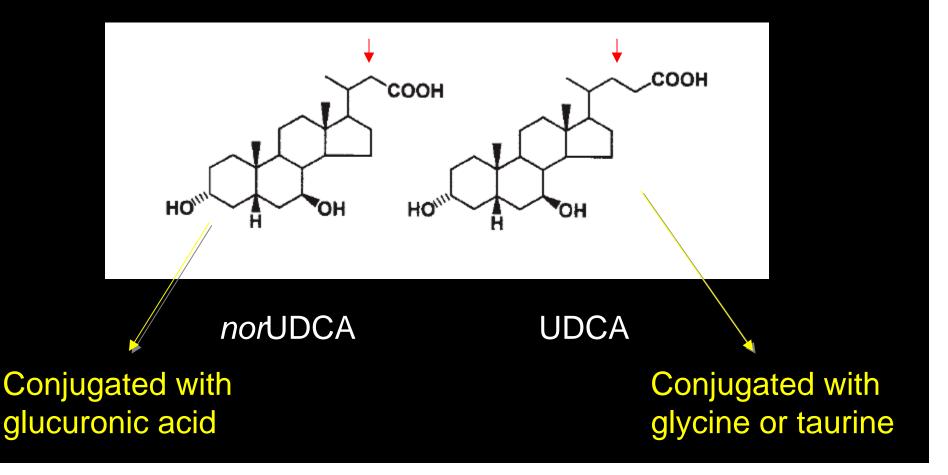
Figure 1. norUDCA reduces serum alanine transaminase (ALT) and alkaline phosphatase (AP) levels, whereas UDCA significantly increases both enzymes in $Mdr2^{-/-}$ mice. Control diet–fed wild-type animals (WT), control diet–fed $Mdr2^{-/-}$ mice (KO), UDCAfed $Mdr2^{-/-}$ mice (KO + UDCA), and norUDCAfed $Mdr2^{-/-}$ mice (KO + norUDCA) are shown. Values are mean ± SD from 5 animals per group. P < .05: *WT vs KO, †KO vs KO + UDCA, †KO vs KO + norUDCA.

*nor*UDCA ameliorates sclerosing cholangitis in Mdr2-/- mice. Its therapeutic mechanisms involve:

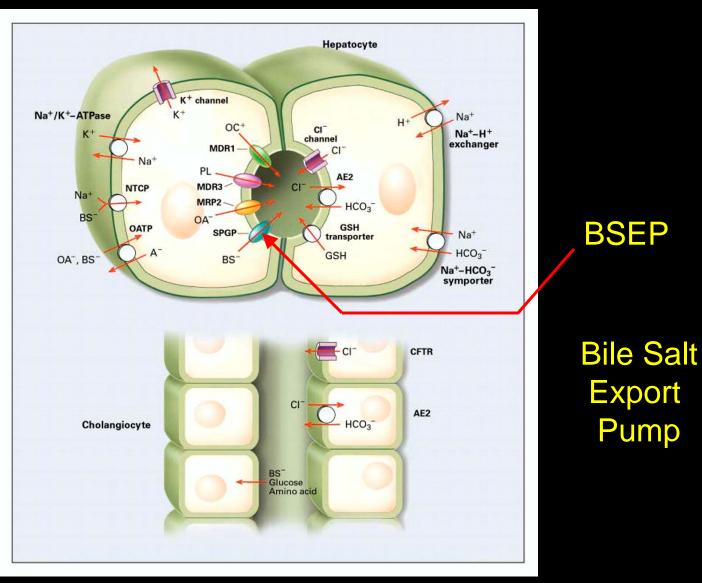
(1) increasing the hydrophilicity of biliary bile acids,(2) stimulating bile flow with flushing of injured bile ducts, and(3) inducing detoxification and elimination routes for bile acids.

*nor*UDCA may be activating a receptor called the constitutive androstane receptor (CAR).

In contrast to UDCA, *nor*UDCA does not undergo significant conjugation with taurine or glycine in experimental animals but instead is secreted into bile in part in unchanged form and in part as trihydroxy derivatives, as well as sulfate and glucuronide conjugates. The secreted *nor*UDCA undergoes absorption by cholangiocytes, returns to the liver, and is resecreted into bile. Such cholehepatic shunting leads to a bicarbonate-rich hypercholeresis. Hofmann AF, Zakko SF, Lira M, Clerici C, Hagey LR, Lambert KK, Steinbach JH, Schteingart CD, Olinga P, Groothuis GM 2005 Novel biotransformation and physiological properties of *nor*ursodeoxycholic acid in humans. Hepatology 42: 1391-1398.



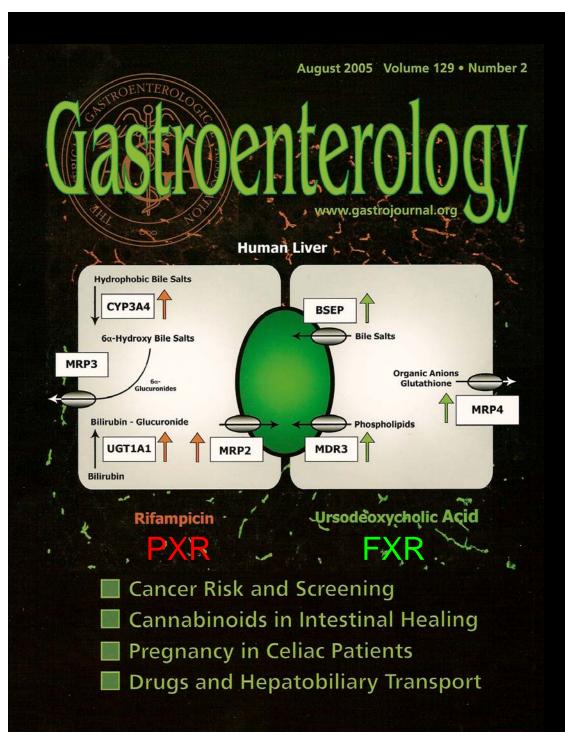
Ursodiol (UDCA) preserves **BSEP** activity; in part by activating a receptor called the farnesoid X receptor (FXR)



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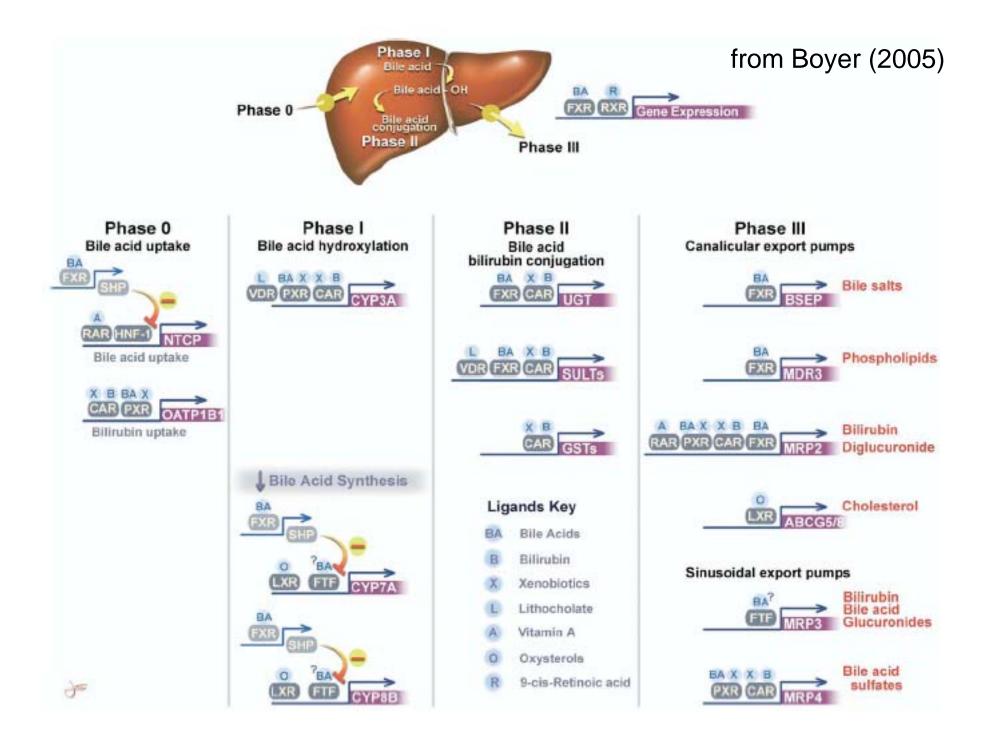


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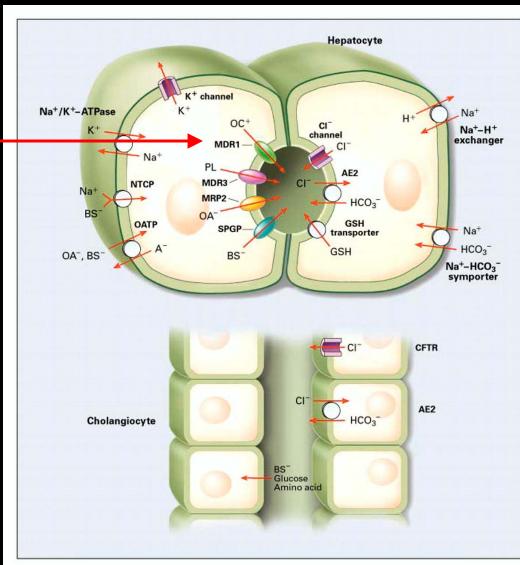
Marschall HU, Wagner M, Zollner G, Fickert P, Diczfalusy U, Gumhold J, Silbert D, Fuchsbichler A, Benthin L, Grundstrom R, Gustafsson U, Sahlin S, Einarsson C, Trauner M 2005 Complementary stimulation of hepatobiliary transport and detoxification systems by rifampicin and ursodeoxycholic acid in humans. Gastroenterology 129: 476-485.

Boyer JL 2005 Nuclear receptor ligands: rational and effective therapy for chronic cholestatic liver disease? Gastroenterology 129: 735-740.



PXR activated by rifampin

(also activates enzymes of bile metabolism)



MDR1 and PXR gene mutations linked to some cases of UC

Trauner, M. et al. N Engl J Med 1998;339:1217-1227



Langmann T, Moehle C, Mauerer R, Scharl M, Liebisch G, Zahn A, Stremmel W, Schmitz G 2004 Loss of detoxification in inflammatory bowel disease: dysregulation of pregnane X receptor target genes. Gastroenterology 127: 26-40.

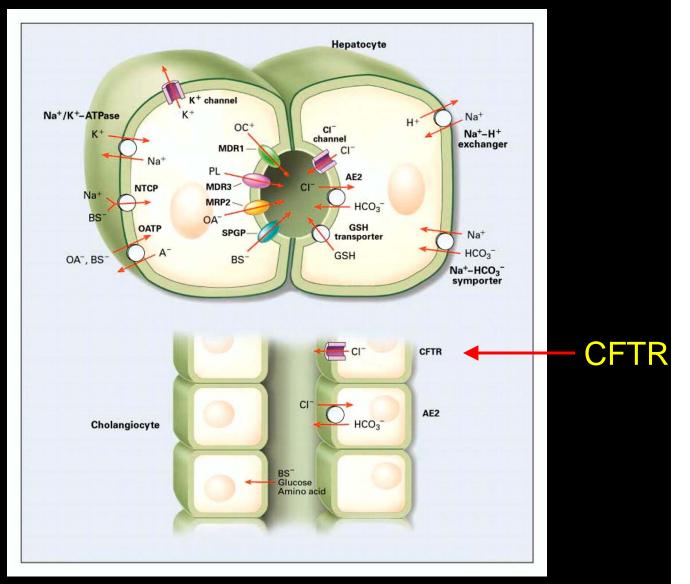
Ho GT, Nimmo ER, Tenesa A, Fennell J, Drummond H, Mowat C, Arnott ID, Satsangi J 2005 Allelic variations of the multidrug resistance gene determine susceptibility and disease behavior in ulcerative colitis. Gastroenterology 128: 288-296.

Dring MM, Goulding CA, Trimble VI, Keegan D, Ryan AW, Brophy KM, Smyth CM, Keeling PWN, O'Donoghue D, O'Sullivan M, O'Morain C, Mahmud N, Wikstrom AC, Kelleher D, McManus R 2006 The pregnane X receptor locus is associated with susceptibility to inflammatory bowel disease. Gastroenterology 130: 341-348.

CFTRdeficient mice (cftr (-/-)) develop sclerosing cholangitis when given colitis.

DHA protects against bile duct injury.

DHA = docosahexaenoic acid_{Traune}

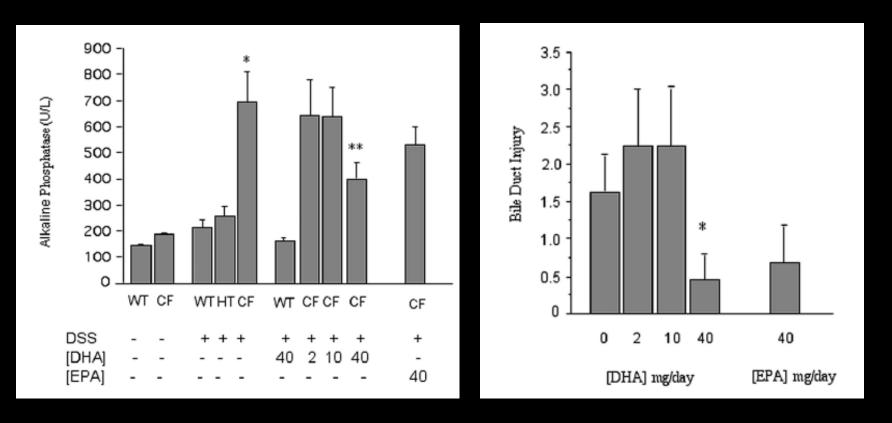


Trauner, M. et al. N Engl J Med 1998;339:1217-1227



The NEW ENGLAND JOURNAL of MEDICINE Sheth S, Shea JC, Bishop MD, Chopra S, Regan MM, Malmberg E, Walker C, Ricci R, Tsui LC, Durie PR, Zielenski J, Freedman SD 2003 Increased prevalence of CFTR mutations and variants and decreased chloride secretion in primary sclerosing cholangitis. Hum. Genet. 113: 286-292.

Blanco PG, Zaman MM, Junaidi O, Sheth S, Yantiss RK, Nasser IA, Freedman SD 2004 Induction of colitis in cftr-/- mice results in bile duct injury. Am. J. Physiol. Gastrointest. Liver Physiol. 287: G491-G496.



Pall H, Zaman MM, Andersson C, Freedman SD 2006 Decreased peroxisome proliferator activated receptor alpha (PPARa) is associated with bile duct injury in cystic fibrosis transmembrane conductance regulator (-/-) mice. J. Pediatr. Gastroenterol. Nutr. 42: 275-281.

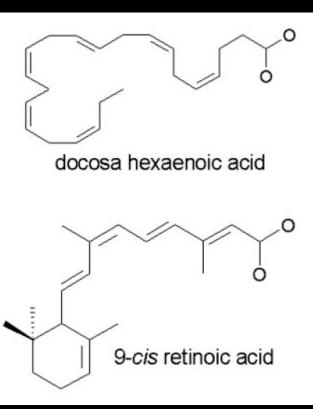
Dextran sodium sulfate (DSS) induced bile duct injury in cftr (-/-) mice is associated with a defect in PPARa expression, which is reversed by DHA.

DHA induces the expression of PPARa, a receptor that controls expression of MDR3, and is known to be involved in the control of inflammation.

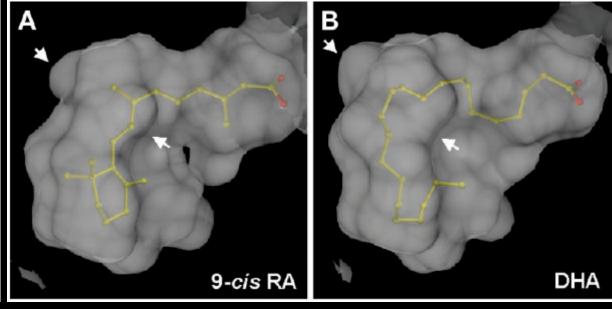
Dr. Steven Freedman currently has a trial to test the efficacy of DHA in PSC (funded by the Morgan Foundation).

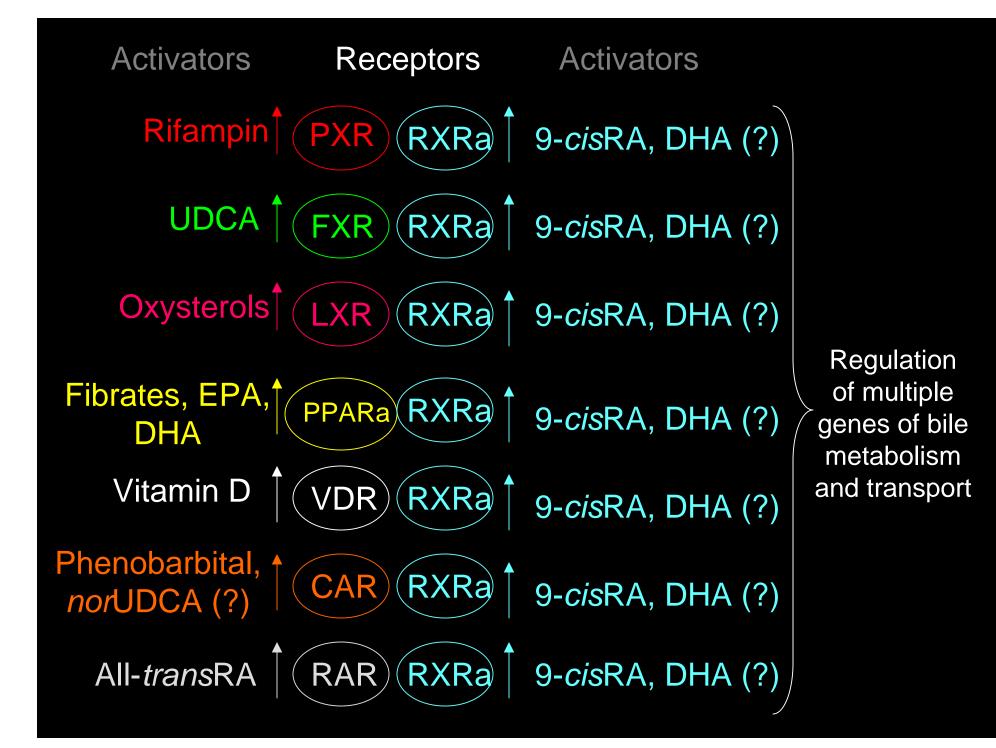
DHA might also be binding to (and activating) the retinoid X receptor alpha (RXRa).

DHA structurally resembles 9-*cis* retinoic acid, and binds to the RXRa active site:



Egea PF, Mitschler A, Moras D 2002 Molecular recognition of agonist ligands by RXRs. Mol. Endocrinol. 16: 987-997.





PSC genetics research in the U.S.A. is currently underway at:

 Mayo Clinic: Unraveling the Genetic Predilection to Primary Sclerosing Cholangitis (PSC).

http://clinicaltrials.mayo.edu/clinicaltrialdetails.cfm?trial_id=100124

• UC Davis: The UC Davis group is establishing a PSC Patient Registry and DNA/Serum Bank.

http://www.psc-literature.org/PSC_research_at_UC_Davis.pdf

• Beth Israel Deaconess Medical Center Children's Hospital, Boston: focused on CFTR in children with PSC.

http://www.clinicaltrials.gov/ct/show/NCT00179439

• Morgan Foundation: The Morgan Foundation is taking the lead in forming a PSC registry among liver centers so that a database of information on adult and pediatric PSC patients can be assembled. The nearly 20 participating centers include Le Bonheur, The Mayo Clinic, Harvard University, the University of Cincinnati, Northwestern University and the Hospital for Sick Children in Toronto, Canada.

http://www.pscfoundation.org/