



Palak Shah, MD, MS, FACC, FHFSA

Director, Cardiovascular Genomics Center & Heart Failure Research Inova Heart and Vascular Institute Assistant Professor of Medicine, George Washington University



CUTTING EDGE of TRANSPLANTATION

TRANSPLANT SUMMIT 2019

NO SIZE FITS ALL: Uncovering the Potential of Personalized Transplantation

Disclosures

- Grant Support: Merck, Haemonetics, Medtronic, American Heart Association / Enduring Hearts Scientist Development Grant
- Consultant: NuPulse CV, Ortho Clinical Diagnostics



Mission Statement

Develop a blood-based, biomarker that accurately predicts risk for rejection, diagnoses rejection and the major subtypes (TCMR & AMR), reflects immune system activity (immunosuppression phenomapping), prognosticates longterm risk of graft failure, and ultimately eliminates the need for invasive endomyocardial biopsies.



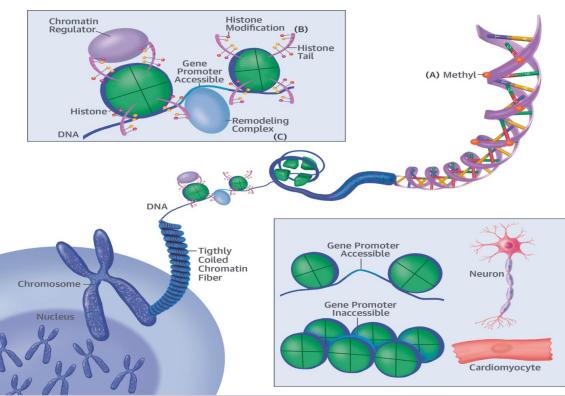
Learning Objectives

- 1. Describe how microRNAs and other epigenetic mechanisms regulate gene expression.
- 2. List the characteristics of microRNAs which make them viable circulating and tissue-level biomarkers of allograft rejection.
- 3. Distinguish how microRNAs can be used to develop novel therapeutic targets for the prevention or treatment of allograft rejection.



- Mendelian Genetics
 →explains little risk
 associated with
 lifestyle, environmental,
 pharmacologic therapy
- Epigenetics Factors:
 Methylation, Histone /
 Chromatin
- Non-coding RNAs (long non-coding RNA and microRNAs)

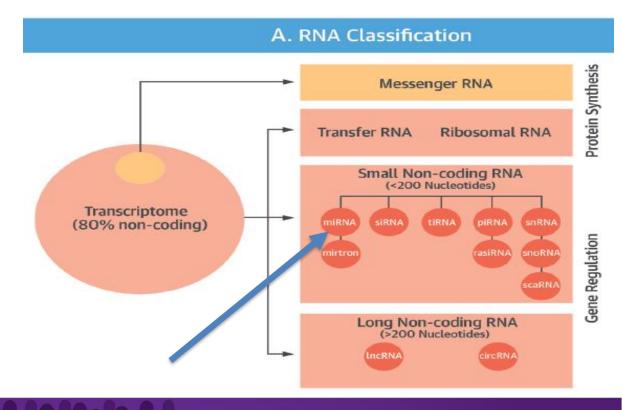
Epigenetics





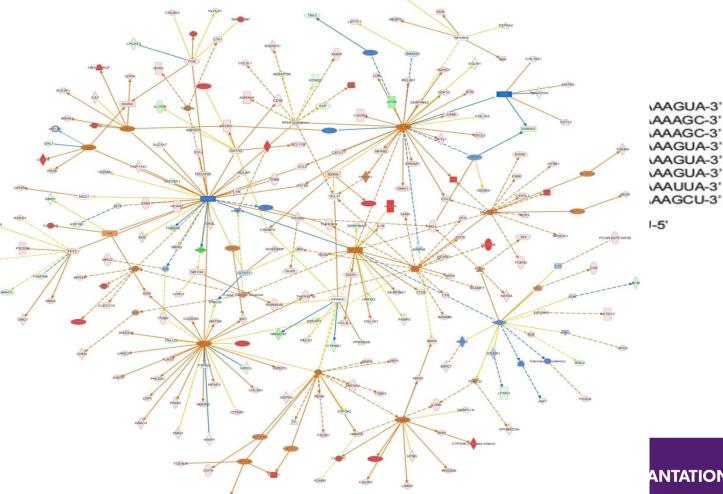
Non-Coding RNAs

 Variety of non-coding RNA species





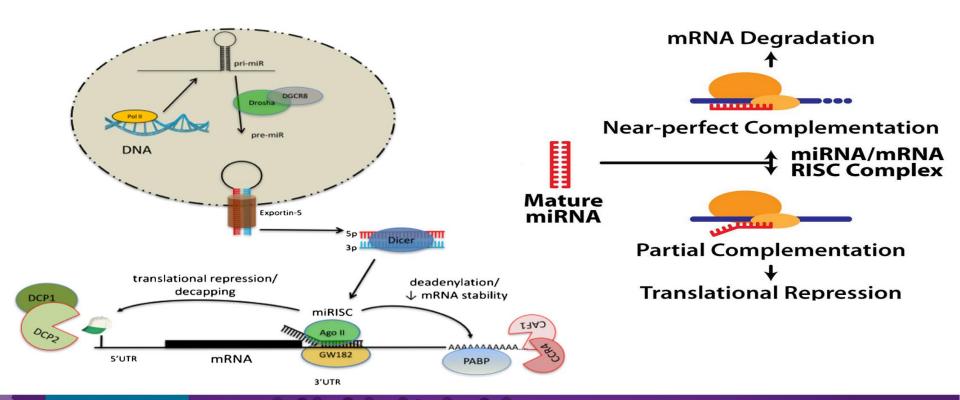
- Small RN
- Non-codi
- Human G 2,000
- Highly co
- **Suppress** expressic
- Complim multiple



Lagos-Quintana, M, et al. S www.mirtere anggan society of Transplanting Bartel, D.P., Cell 2009;136 Kumarswamy, R., et al. EH

ANTATION

MicroRNA Biology







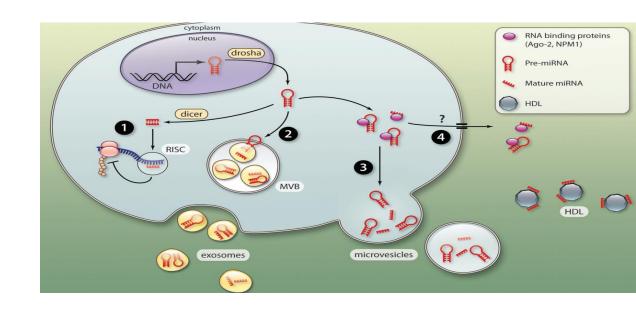
Learning Objectives

- 1. Describe how microRNAs and other epigenetic mechanisms regulate gene expression.
- 2. List the characteristics of microRNAs which make them viable circulating and tissue-level biomarkers of allograft rejection.
- 3. Distinguish how microRNAs can be used to develop novel therapeutic targets for the prevention or treatment of allograft rejection.



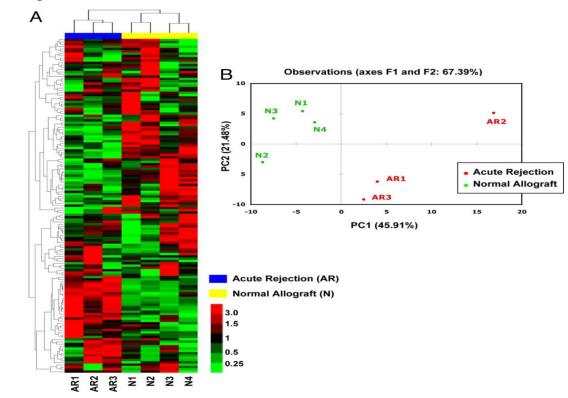
Biomarker Characteristics

- High stability in plasma:
 - Repetitive freezethaw cycles
 - Boiling conditions
 - Across pH ranges
 - At room temperature



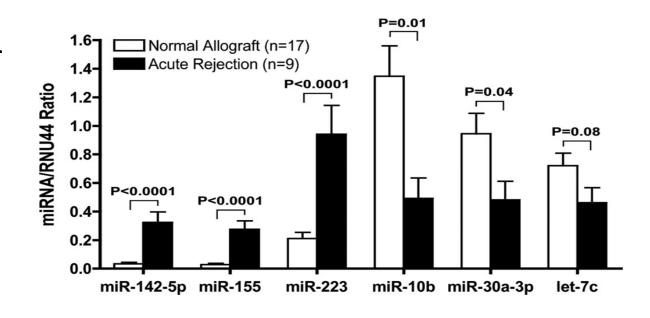
MiRs as Rejection Biomarkers

- Profiled 365
 microRNAs, 174
 expressed
- 33 renal allograft biopsies (12 – ACR, 21 – normal)
- Training / Validation sets



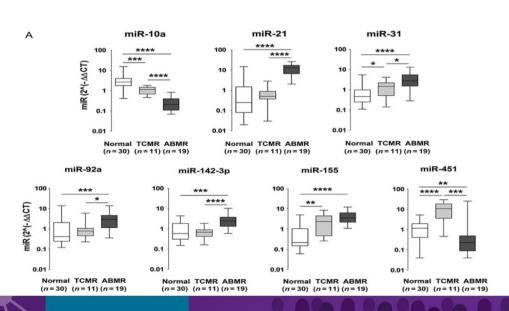
High Diagnostic Accuracy

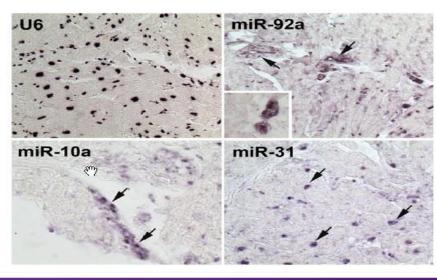
- High sensitivity & specificity
- Area Under the Curve (AUC) for:
 - miR-142-5p(0.99)
 - miR-155 (0.98)
 - miR-223 (0.96)



Cardiac Allograft Rejection

- Myocardial miR analysis, evaluated 14 miRs by PCR
- 113 cardiac transplant recipients (~50% rejection)

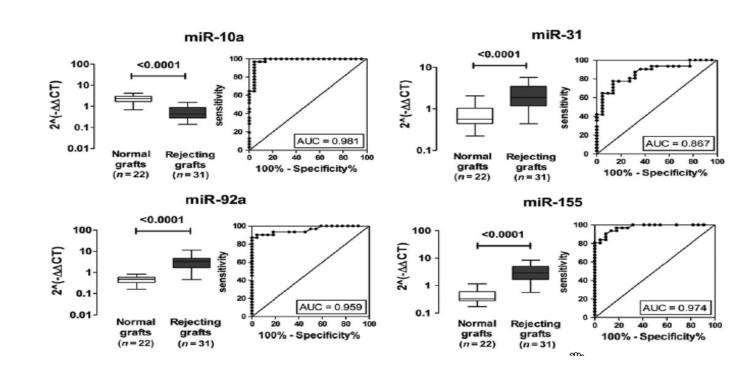






Tissue v. Serum Analysis

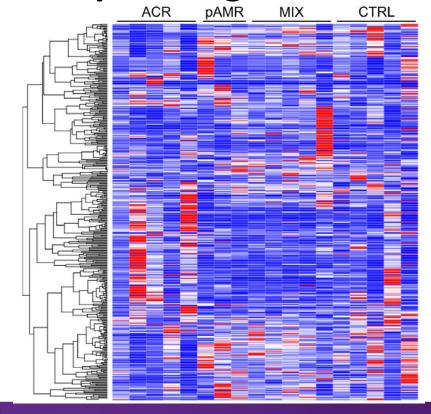
- Patients
 divided
 into
 training
 and
 validation
 set
- Tissue & Serum analysis





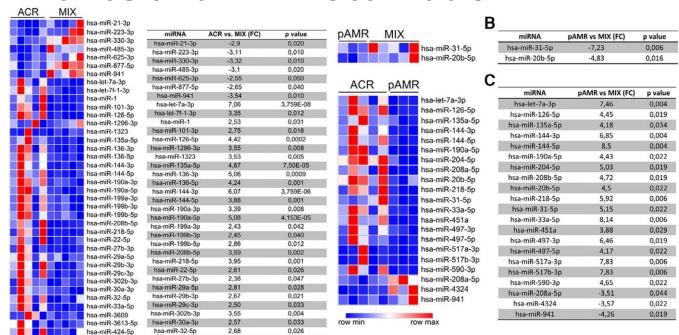
Cardiac Biopsy MiR Sequencing

- 33 Endomyocardial
 Biopsies 20 sequenced
- Candidate miRs, evaluated by PCR in 13 samples
- Paraffin embedded tissues: ACR (n=12), AMR (n=6), MR (n=6) and No rejection (n=9)



Performance and miR Localization

- AMR v ACR 20 miRs DE
- MR v. AMR2 miRs DE
- MR v. ACR47 miRs DE



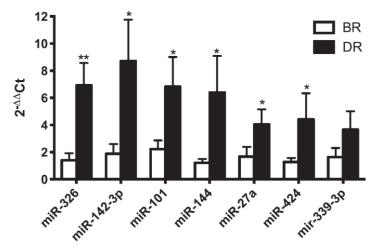
miRs may aid in more accurate diagnostic classification of endomyocardial biopsies, an even more powerful molecular microscope?





Predicting Rejection & Assessing Response to Therapy

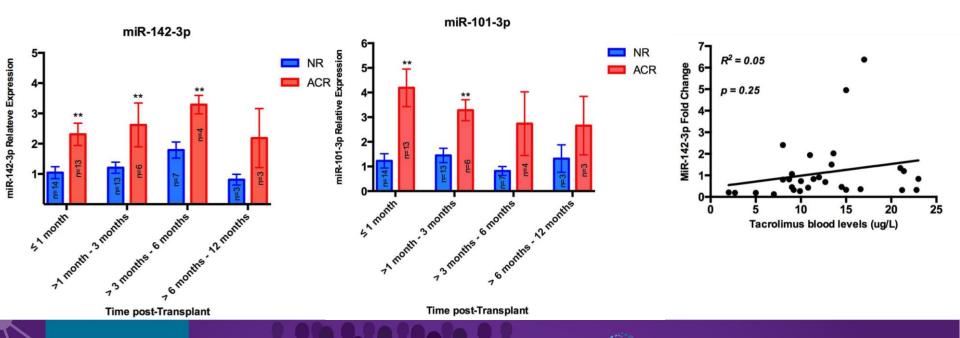
- 10 patients with rejection
- PCR of samples before, during and after cellular rejection





Sensitivity of microRNAs Over Time Post-Transplant

• 26 ACR, 37 controls; 7 miRs of interest





















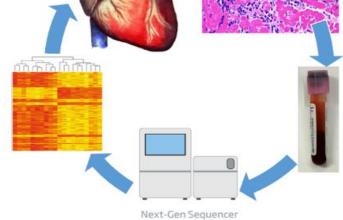


Our Work

Why Sequence?:

- Annotate all circulating 2,200 miRs
- Identify miRs associated with multiple transplant co-morbidities









Learning Objectives

- 1. Describe how microRNAs and other epigenetic mechanisms regulate gene expression.
- 2. List the characteristics of microRNAs which make them viable circulating and tissue-level biomarkers of allograft rejection.
- 3. Distinguish how microRNAs can be used to develop novel therapeutic targets for the prevention or treatment of allograft rejection.

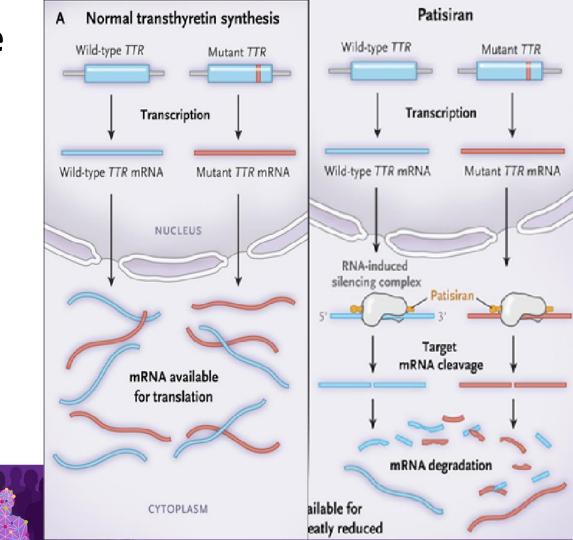


Small RNA Therapeutics

- Lack of new immunosuppressant therapies
- microRNAs inhibit gene expression
- miRNA-based therapeutics can be classified as miR mimics and inhibitors (aka antimirs or antagomirs)

RNA Interference

- Inclisiran example in dyslipidemia
- Patisiran example in TTR Amyloid



Conclusions

- MicroRNAs suppress gene expression
- Highly stable in the circulation
- Promising biomarkers in tissue and blood for the diagnosis of allograft rejection and it's subtypes
- Outside of biomarkers, are potential targets to develop novel oligonucleotide therapies (mimics or antimirs)



THANK YOU







