

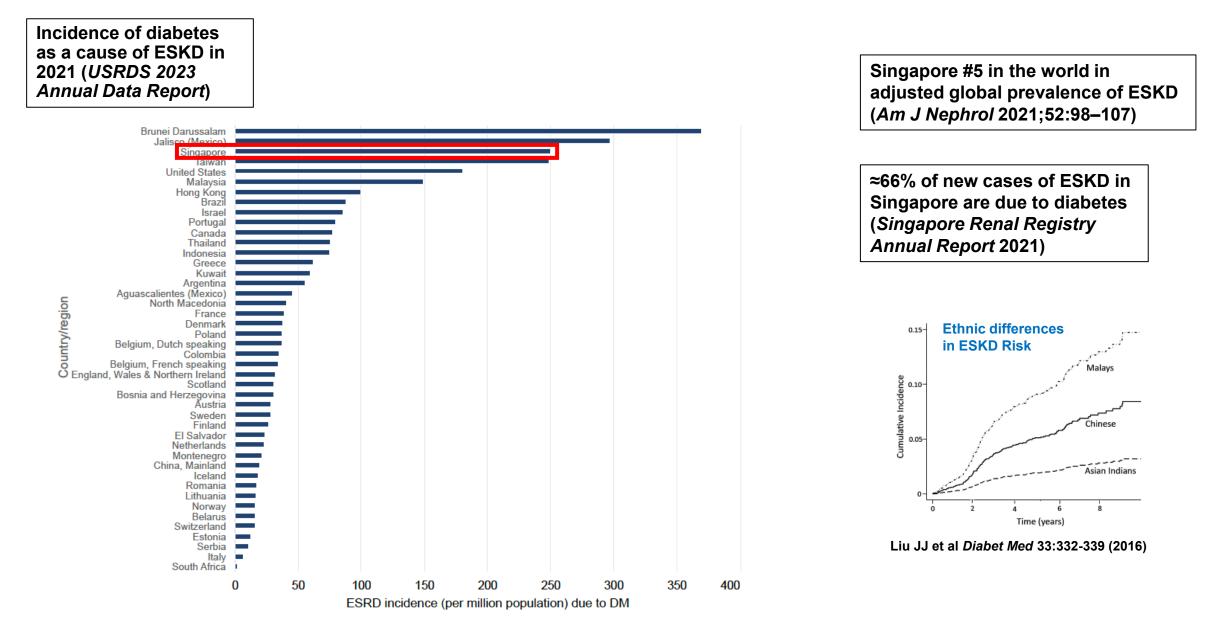
# DYNAMO

Diabetes studY in Nephropathy And other Microvascular cOmplications

## Addressing the Challenge of Diabetic Kidney Disease in Singapore

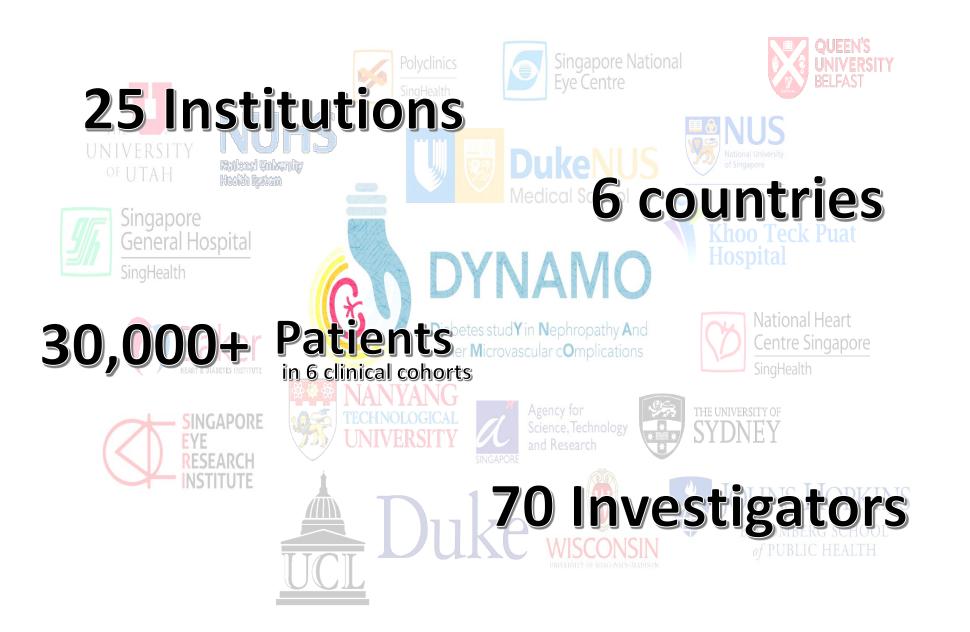
Thomas Coffman, MD Dean, Duke-NUS Medical School, Sinapore James R Clapp Professor of Medicine Duke University School of Medicine

## **Diabetic Kidney Disease in Singapore**



## **DYNAMO: Objectives**

- Address major unmet needs by identifying new mechanistic pathways in Diabetic Nephropathy
- Discovering and validating potential new <u>targets for</u> <u>treatment</u>
- Defining <u>novel biomarkers and strategies allowing early</u> <u>stratification of risk for DN</u> within the larger population of people with type 2 diabetes



| Table 1                                   | SEED  | KTPH Diabetic<br>Nephropathy | SMART 2D | The Diabetes<br>Cohort | NUH DKD<br>Cohort | SIDRP  | SGH DKD<br>Cohort* |
|---|-------|------------------------------|----------|------------------------|-------------------|--------|--------------------|
| Subjects w/ blood<br>and/or urine samples | 1,564 | 6,840                        | 2,067    | 14,068                 | 200               | *      | 62                 |
| Whole Genome<br>Sequences                 | 69    | 724                          | 498      | 655                    | -                 | -      | -                  |
| GWAS Array w/<br>imputation               | 2,214 | 4,875                        | 2,264    | 5,845                  | -                 | -      | -                  |
| <b>Retinal Photographs</b>                | 2,877 | 1,166                        | -        | -                      | -                 | 22,463 | -                  |
| Metabolomics                              | 2,785 | 1,032                        | 2,030    | 4,998                  | -                 | -      | -                  |
| Lipidomics                                |       | 1,031                        | 2,029    | 4,989                  |                   |        |                    |
| <b>Targeted Proteomics</b>                | -     | -                            | 300      | -                      | -                 | -      | -                  |
| Non-targeted<br>Proteomics                | -     | -                            | 300      | -                      | -                 | -      | -                  |
| Kidney Biopsy w/<br>Transcriptomics       | -     | -                            | -        | -                      | 40                | -      | 62                 |



Renus kenus

<u>Theme 4:</u> Human genetics of kidney and metabolic dysfunction in DN (*Tai*, *Sim*, *Wenk*, *Sobota*, *Teo*)

DukeN

DukeN Transforming Medicing Livy

Medicine Lives Du DukeNUS

Transforming Medicine Internoving Lives

<u>Theme 5:</u> Systems genetics approaches to DN pathogenesis (*Petretto*, *Tolwinski*, *Behmoaras*, *Xia*) Theme 2: Sub-phenotyping of Asians with T2DM to stratify risk in DN (*Lim*, *Liu*, *Gurung*)

Duke

**DukeNU** 

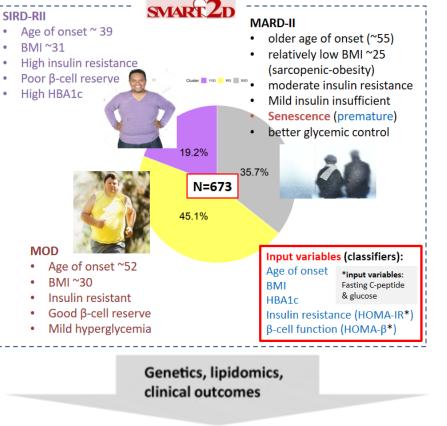
<u>Theme 3:</u> Retinal microvasculature as a "window" to study mechanisms and pathways in DN (*Tan*, *Wang*, *Sabanayagam*)

<u>Theme 1:</u> Role of Altered Lactate Metabolism in DN (Coffman, Kovalik, Widajaja, Chin)

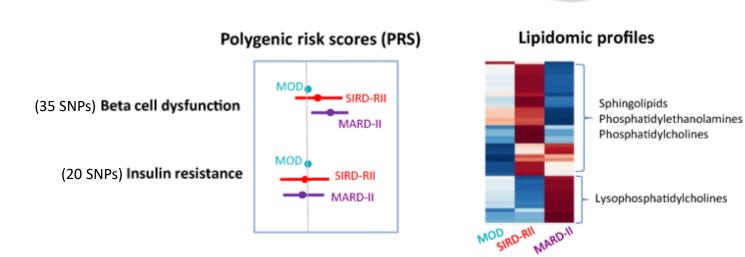
## Theme 2

Clinical variable-based cluster analysis identifies novel subgroups with a distinct genetic signature, lipidomic pattern and cardio-renal risks Diabetologia (2022) 65:2146-2156 cent-

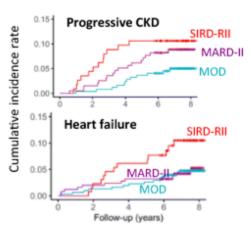
Keyen Ang, Trong Sharo, Justin Pshing Tang, Peter I. Benke, Federico Torta, Markus R. Wenk, Subramaniam Tavintharan, Wern Ee Tang, Chee Fang Sum, Su Chi Lim



SIRD-RII: Severe insulin resistant diabetes, relative insulin insufficient;
MARD-II: Mild age-related diabetes – insulin insufficient;
MOD: Mild obese diabetes

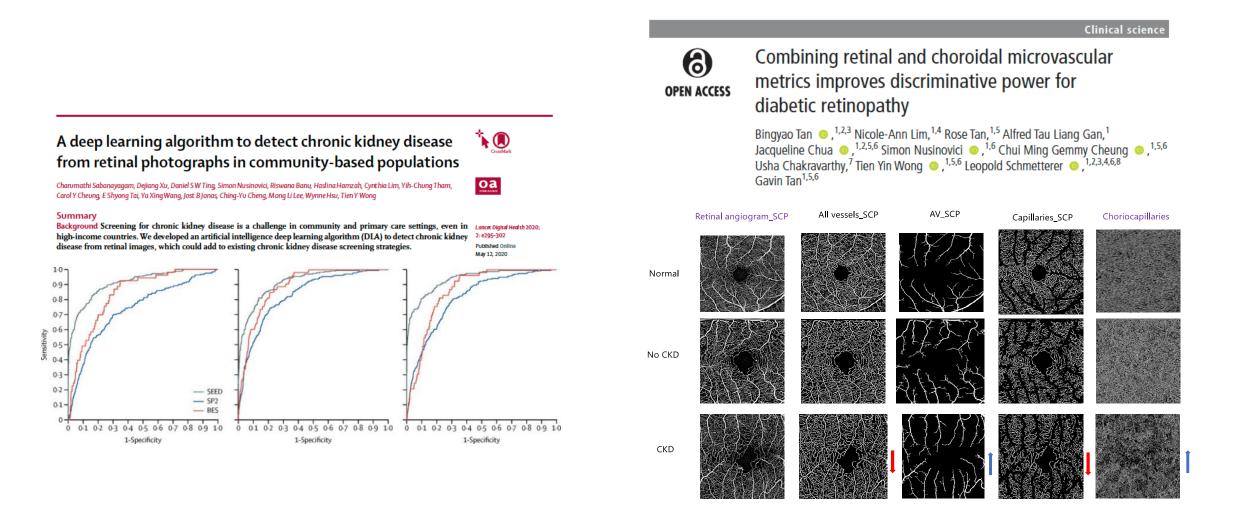


#### Risks of cardio-renal outcomes

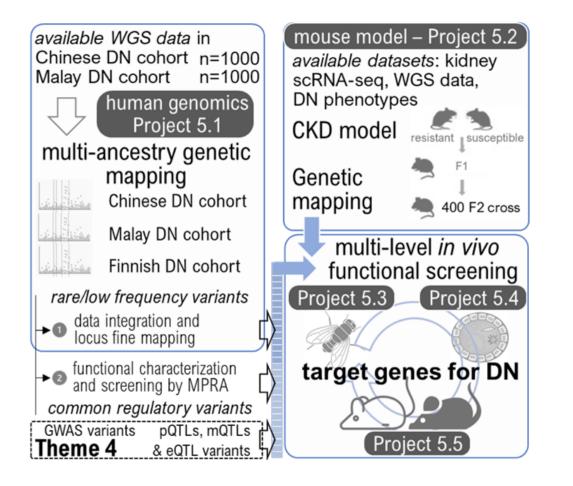


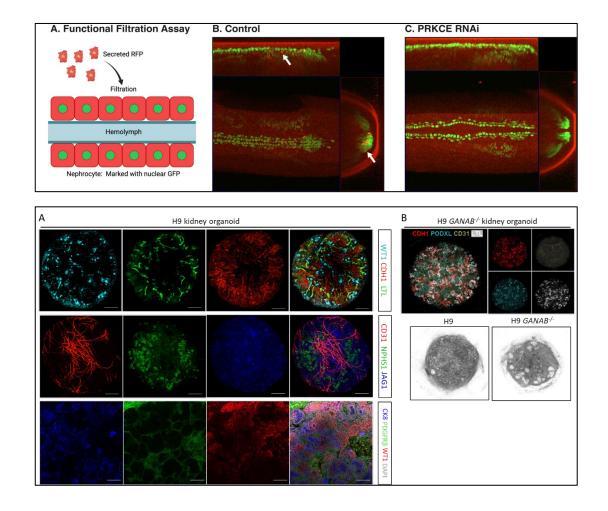
## Theme 3

## Predicting CKD with AI and Retinal Optical Coherence Tomography



# Themes 4 & 5 Genetic Mechanisms in DN Pathogenesis







#### Systems genetics approaches to DN pathogenesis Nrxn1

#### BASIC RESEARCH www.jasn.org

DSP

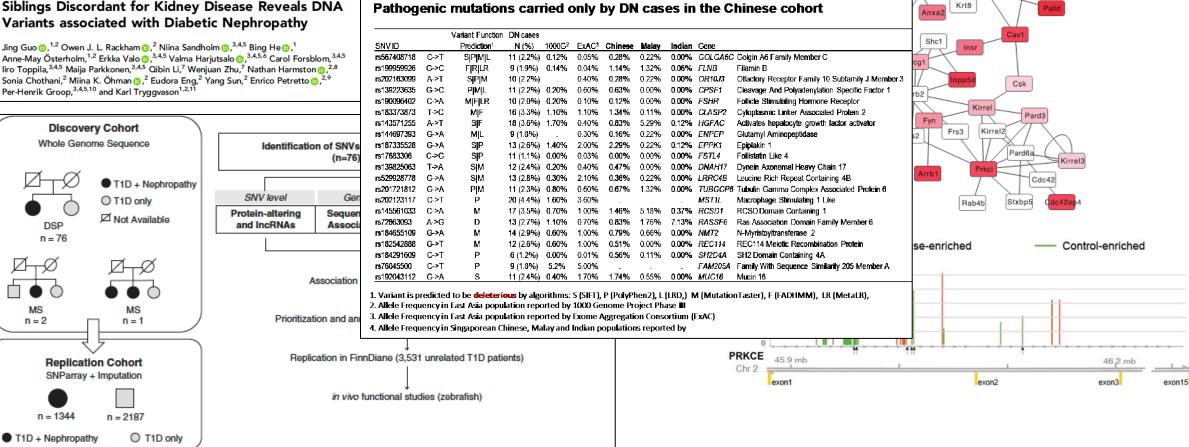
n = 76

n = 2

n = 1344

Whole-Genome Sequencing of Finnish Type 1 Diabetic Siblings Discordant for Kidney Disease Reveals DNA Variants associated with Diabetic Nephropathy

Jing Guo (b, <sup>1,2</sup> Owen J. L. Rackham (b, <sup>2</sup> Niina Sandholm (b, <sup>3,4,5</sup> Bing He (b, <sup>1</sup> Anne-May Österholm,<sup>1,2</sup> Erkka Valo (),<sup>3,4,5</sup> Valma Harjutsalo (),<sup>3,4,5,6</sup> Carol Forsblom,<sup>3,4,5</sup> liro Toppila,<sup>3,4,5</sup> Maija Parkkonen,<sup>3,4,5</sup> Qibin Li,<sup>7</sup> Wenjuan Zhu,<sup>7</sup> Nathan Harmston (2,8) Sonia Chothani,<sup>2</sup> Miina K. Öhman (),<sup>2</sup> Eudora Eng,<sup>2</sup> Yang Sun,<sup>2</sup> Enrico Petretto (),<sup>2,9</sup> Per-Henrik Groop, 3,4,5,10 and Karl Tryggvason<sup>1,2,1</sup>



Jup

Ctnnd1

Dnm1

Ywhab

Grint

Ldb3

mICA

Racgap⊨

Matr3

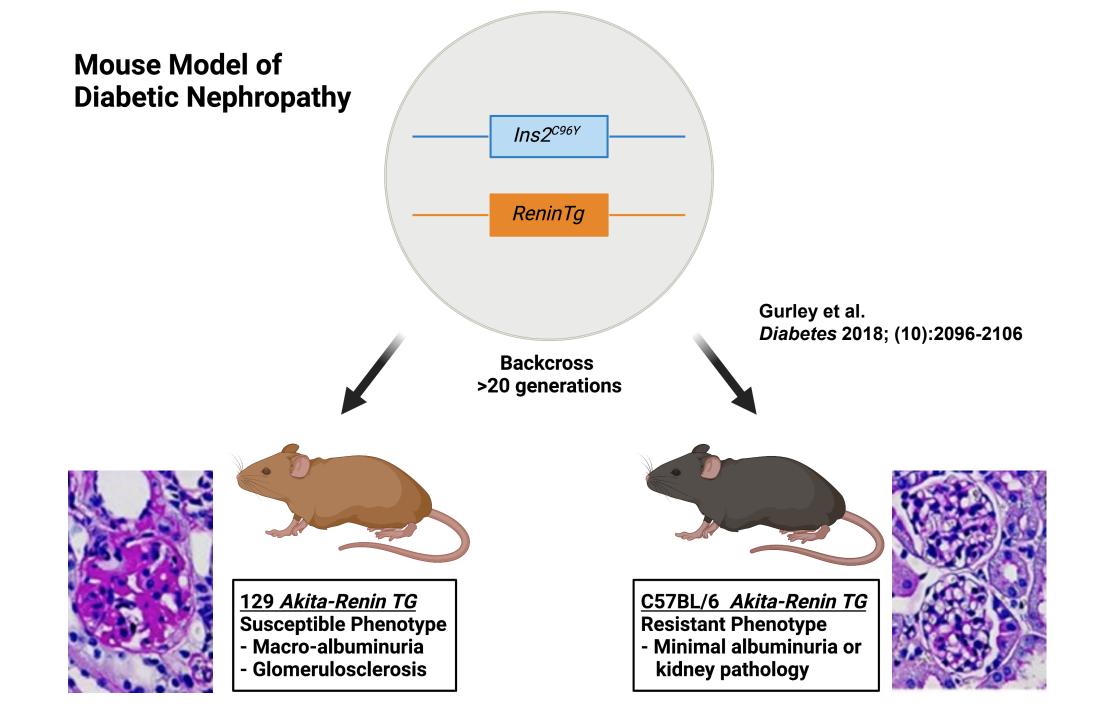
Vim

Psen

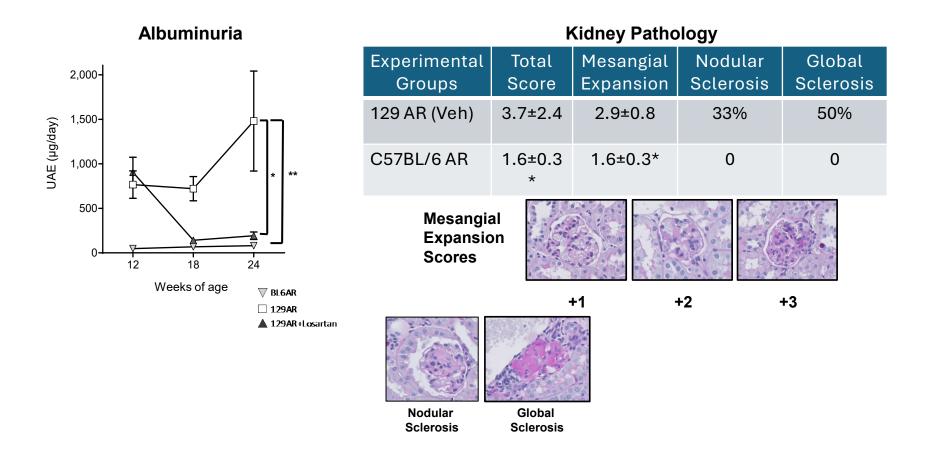
Rac1

Ctnnb

## <u>Theme 1:</u> Role of Altered Lactate Metabolism in Diabetic Nephropathy

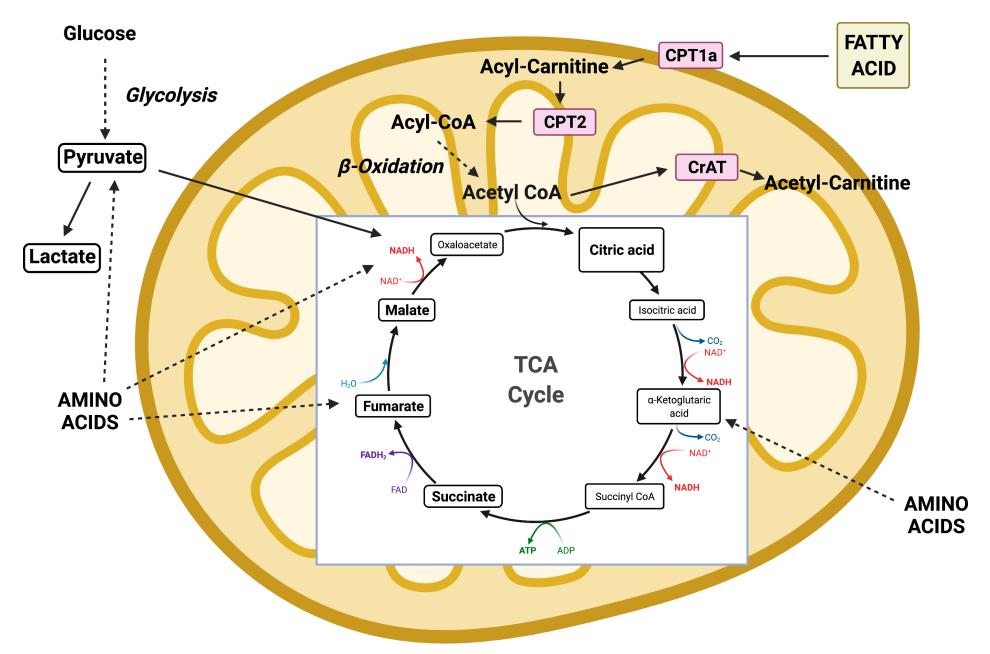


## ARB Treatment Abolishes Albuminuria and Improves Kidney Pathology in a Mouse Model of Diabetic Nephropathy

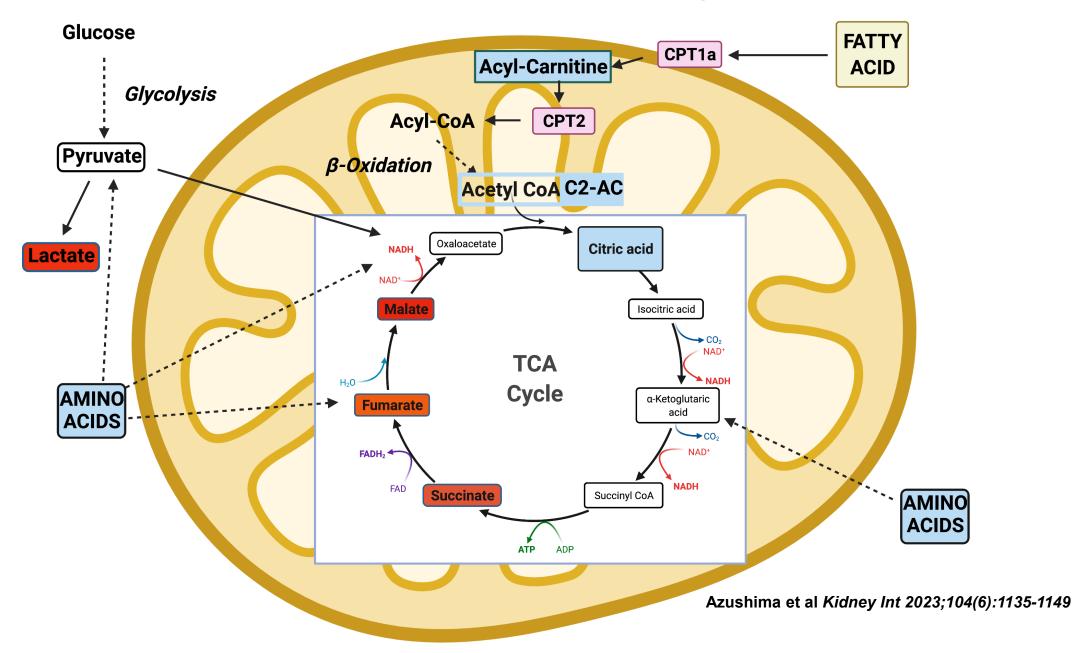


Azushima et al Kidney International (2023) doi.org/10.1016

## **Kidney Metabolism in Diabetic Kidney Disease**



## **Metabolic Alterations in Kidneys of 129AR Mice**



## Lactate and TCA Cycle Metabolites in DKD

#### **Mouse Kidney**

-1

\*\*

\*\*

\*

\*

200

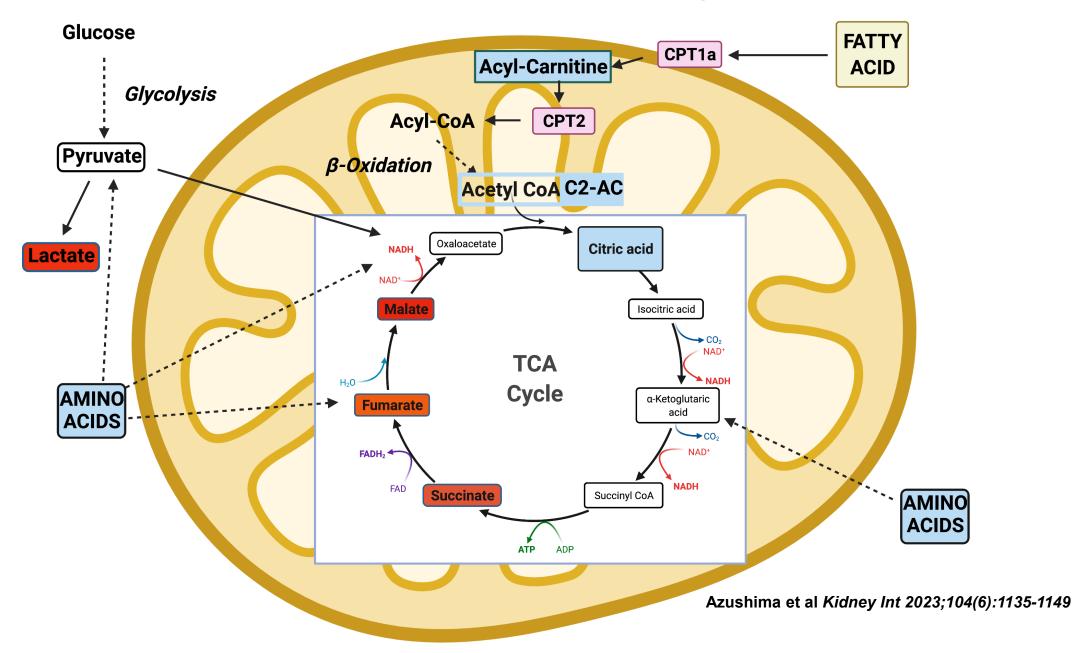
|                    | <b>1</b> | Table 2. Bas<br>Validation St | seline Urine TCA Cy<br>udies          | cle Metabolite L                      | evels (nM in                                     | 4 mM Creatinine)                       | in Discovery and                      |  |  |
|--------------------|----------|-------------------------------|---------------------------------------|---------------------------------------|--|--|---------------------------------------|--|--|
| Lactate            |          |                               | Discovery Study                       |                                       |  | Validation Study                       |                                       |  |  |
| Pyruvate<br>Malate | 0.5      |                               | Nonprogressors<br>(Controls, n = 271) | CKD Progressors<br>(Cases, n = 116)   | <i>P</i> Value <sup>a</sup>                      | Nonprogressors<br>(Controls, n = 402)  | CKD Progressors<br>(Cases, n = 96)    | P Value <sup>a</sup>                         |  |
| Succinate          | 0        | Lactate<br>Pyruvate           | <b>158 (96–295)</b><br>140 (91–230)   | <b>212 (141–498)</b><br>161 (97–237)  | <b>2.6 × 10<sup>-4</sup></b> 0.12                | <b>215 (142–348)</b><br>117 (83–154)   | <b>239 (165–412)</b><br>126 (101–158) | <b>0.02</b> 0.01                             |  |
| Fumarate           | U        |                               | <b>1060 (602–1713)</b><br>94 (52–172) | <b>754 (329–1491)</b><br>132 (64–242) | 0.001<br>0.02                                    | <b>1266 (810–1685)</b><br>119 (75–206) | <b>936 (505–1644)</b><br>129 (94–203) | <b>3.1 × 10<sup>−5</sup></b><br>0.15         |  |
| Citrate            | -0.5     | acid<br>Succinate             | 51 (29–90)                            | 53 (34–99)                            | 0.77   | 33 (21–54)                             | 29 (20–52)                            | 0.51   |  |
|                    |          | Fumarate<br>Malate            | 12 (7.1–22)<br>17 (10–36)             | 17 (10–29)<br>30 (16–44)              | 3.4 × 10 <sup>-5</sup><br>2.9 × 10 <sup>-5</sup> | 9.3 (5.7–18)<br>15 (9.0–31)            | 13 (8.6–22)<br>19 (12–39)             | $1.2 \times 10^{-4}$<br>$4.6 \times 10^{-4}$ |  |

Variables reaching statistical significance in the discovery and validation substudies are shown in boldface.

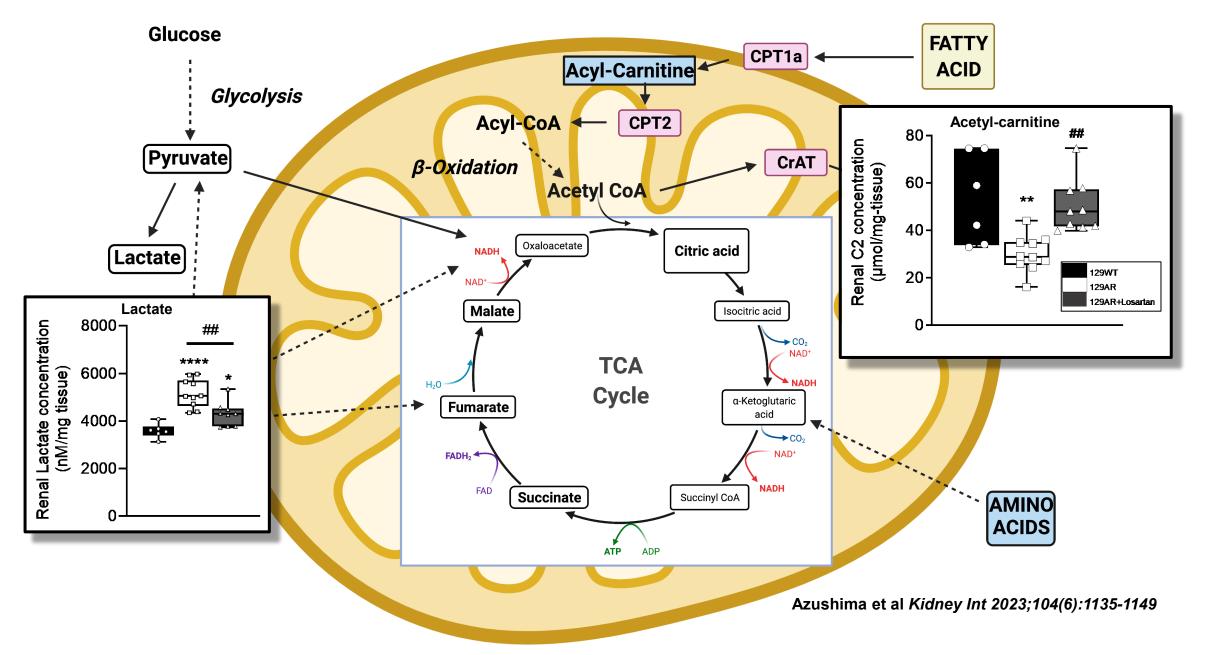
<sup>a</sup>Student t tests.

J Clin Endocrinol Metab 103: 4357-4364, 2018

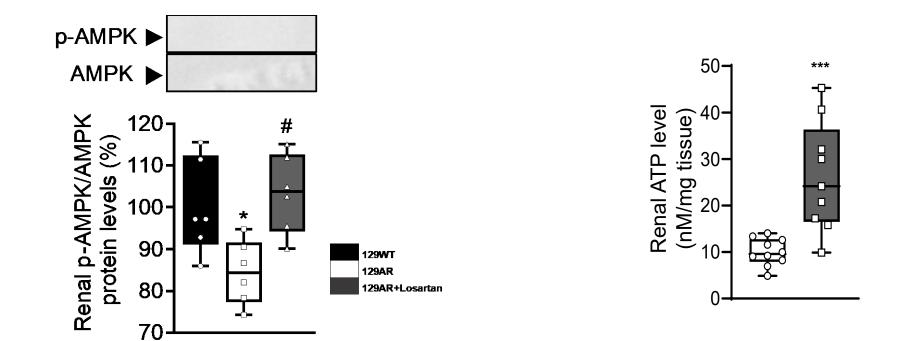
## **Metabolic Alterations in Kidneys of 129AR Mice**

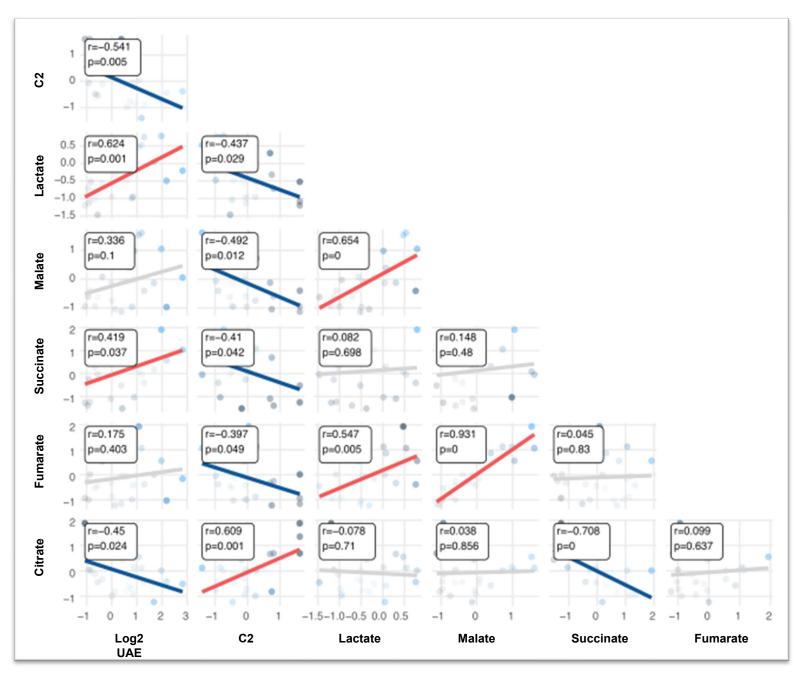


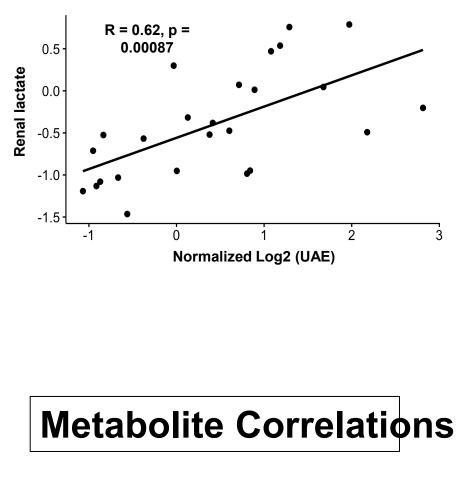
## **ARB Treatment Corrects Metabolic Abnormalities in Kidneys of 129**



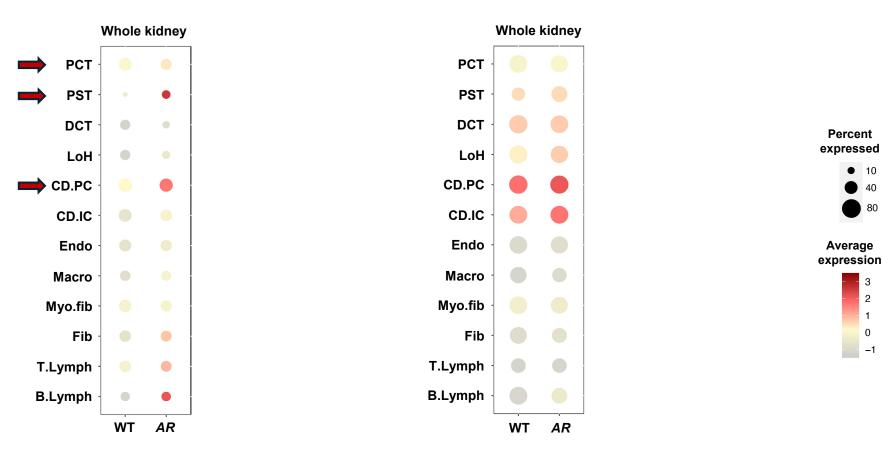
## **ARB Treatment Corrects Metabolic Abnormalities in Kidneys of 129**







### Mapping Expression of Lactate Dehydrogenase Isoforms in Diabetic Kidney [





Ldhb

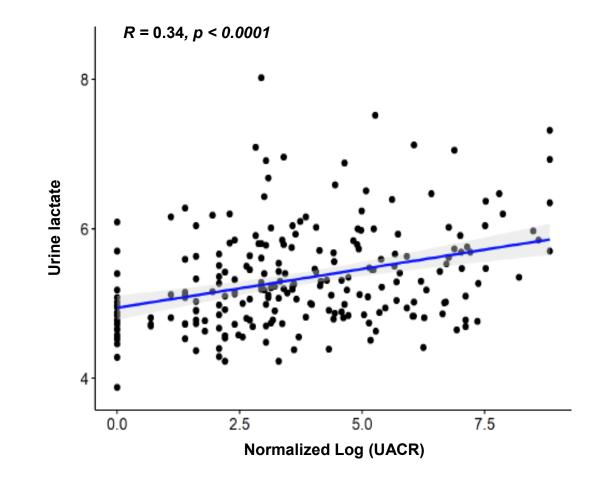
40 80

2

1 0

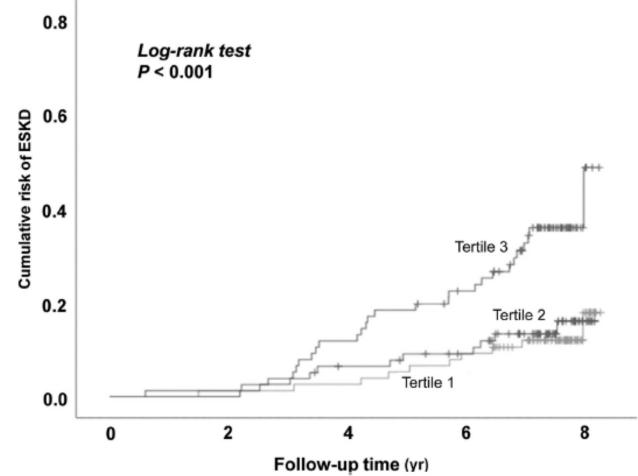
-1

## **Association Between Urinary Lactate Levels with Albuminuria**



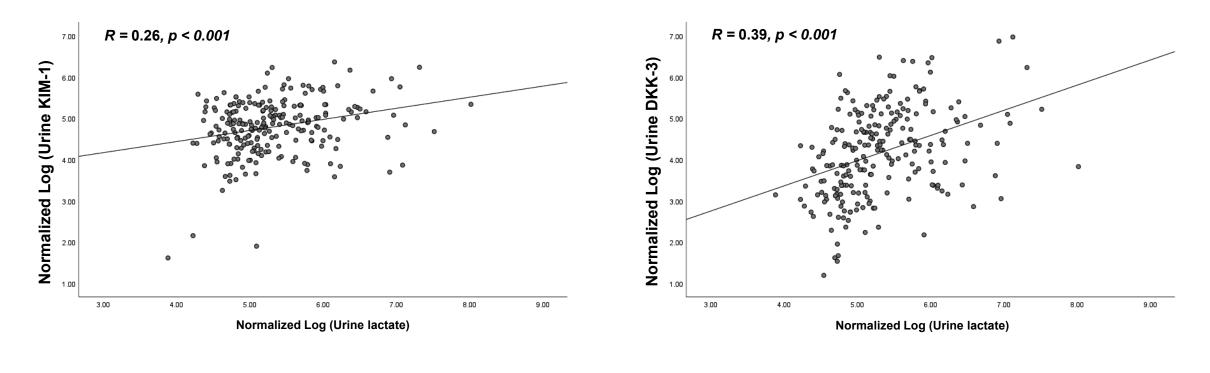
R=0.31; [0.16–0.45]; P < 0.001 with RAS blockers; R=0.49; [0.29–0.67]; P < 0.001 without RAS blockers

## Increased Urinary Lactate Levels are Associated with Risk for ESKD in T2DM



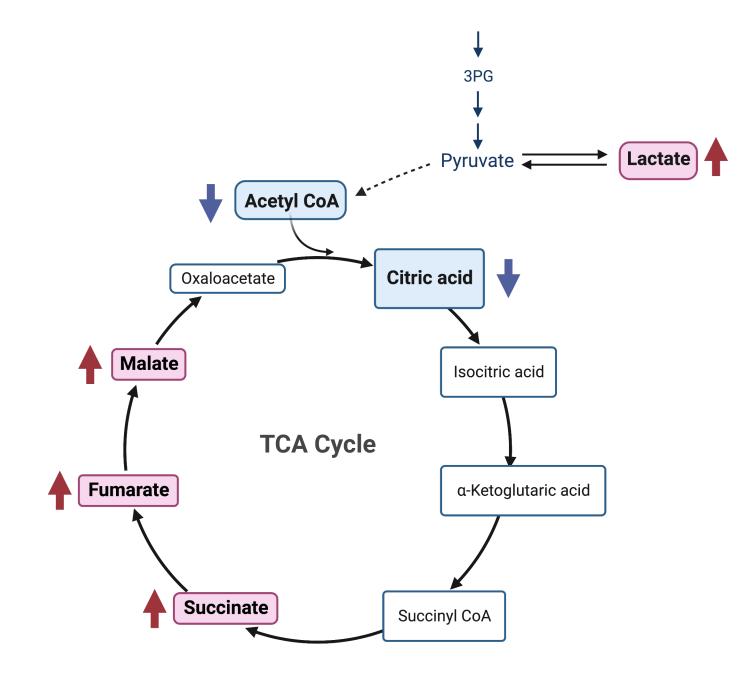
Azushima et al Kidney Int 2023;104(6):1135-1149

## **Urinary Lactate Levels Correlate with Markers of Tubular Stress and**



KIM-1

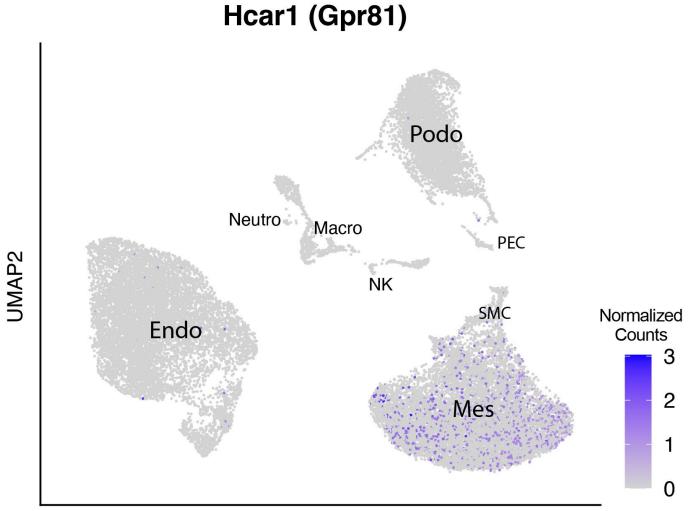
DKK-3



## Summary

- Distinct kidney metabolic defects associated with elevated lactate levels are associated with susceptibility to diabetic kidney disease
- In a human cohort with T2DM, elevated urinary lactate is associated with progression to ESKD
- Increased urinary lactate levels may be a useful biomarker for risk of progressive kidney injury
- The association between abnormal lactate metabolism and albuminuria suggests that lactate may be an indicator of epithelial distress caused by high-grade proteinuria in DN

## **Expression of GPR81 in Glomerular Mesangial Cells**



UMAP1

### **Acknowledgements**

### **Duke-NUS**

Takahiro Yamaji Rashidah Sakban GUO Jing Mien Nguyen

JP Kovalik CHING Jinhong

Enrico Petretto

Keck School of Medicine

Susan Gurley

## Khoo Teck Phuat Hospital

LIM Su Chi WANG Jiexun LIU Jian-Jun

**Yokohama City University** 

Kengo Azushima\*



**DukeNUS** 

**DukeNUS** 

**DukeNUS** 

## **DYNAMO II**

Duk

**DukeNUS** 

**DukeNUS** 

.

