



congenital disorders of glycosylation (CDG)
advances in treatment

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disorders of glycosylation

- *hypoglycosylation*

- genetic: **CDG**

- non-genetic: e.g. alcoholism/infection

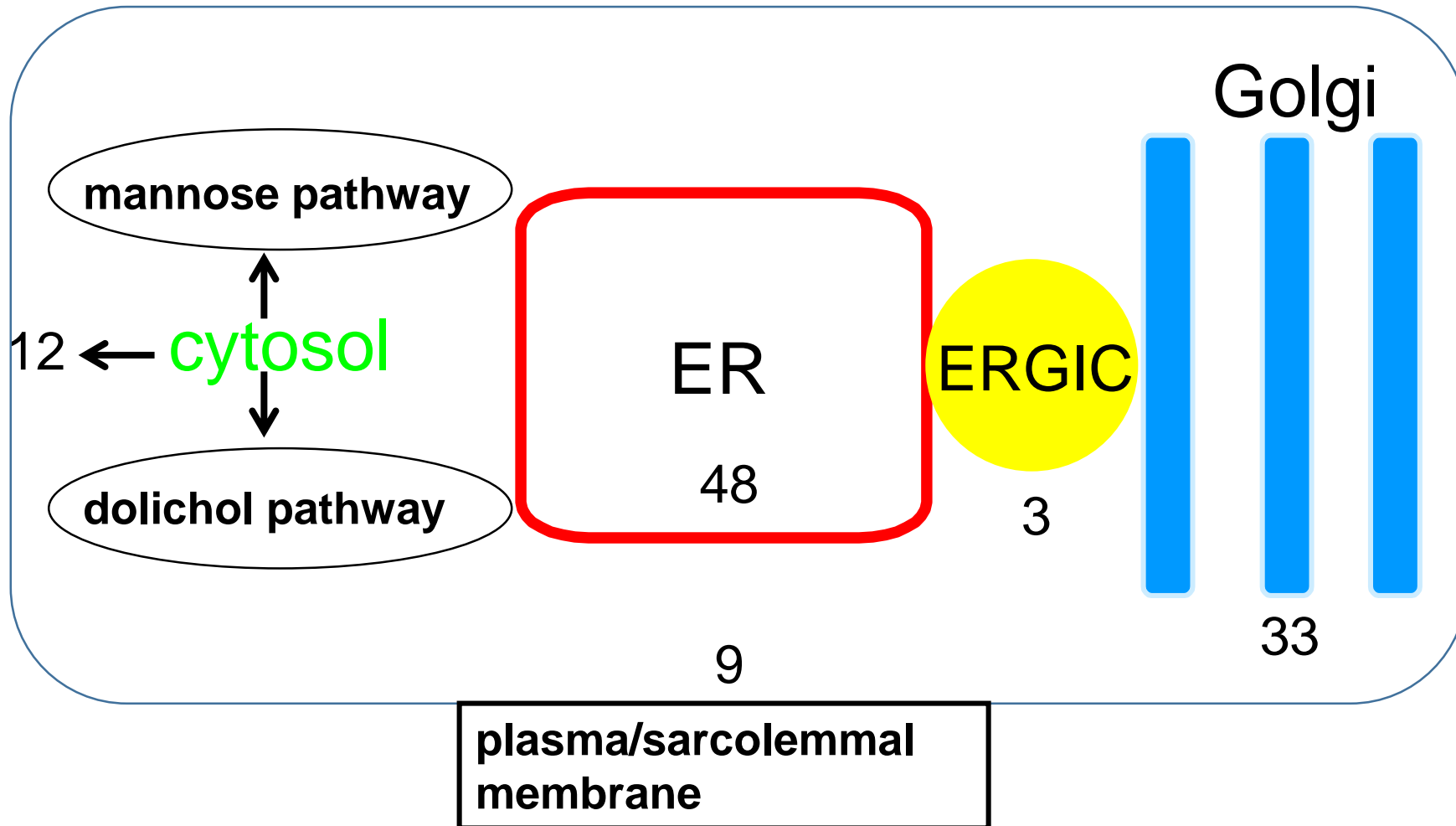
- *hyperglycosylation*

- e.g. deficient deglycosylation: lysosomal diseases

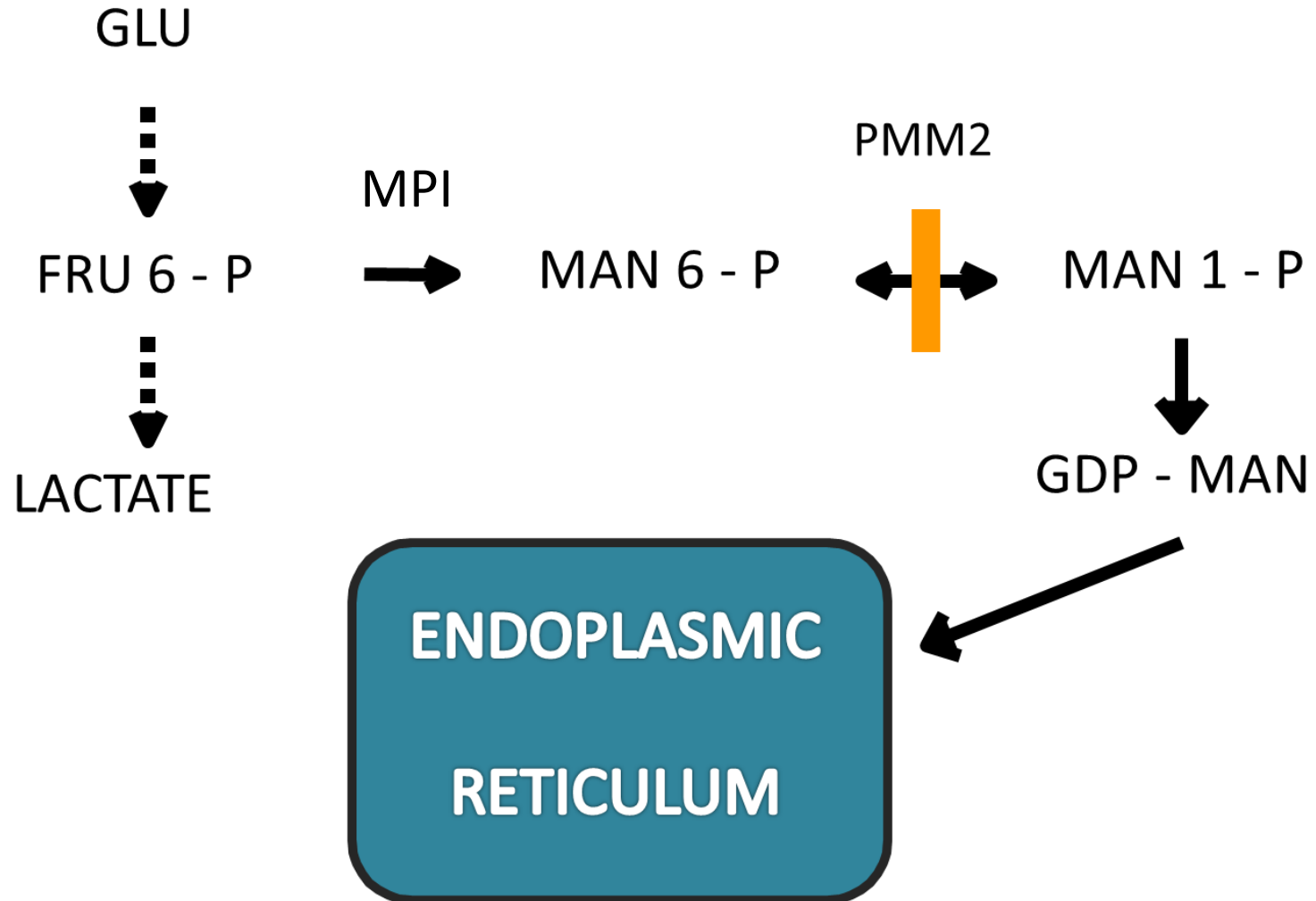
CDG classification (105)

- defects in protein N-glycosylation (28)
- defects in protein O-glycosylation (21)
- combined N- and O-glycosylation defects (39)
- defects in lipid glycosylation (2)
- GPI anchor synthesis defects (15)

CDG locations



PMM2-CDG

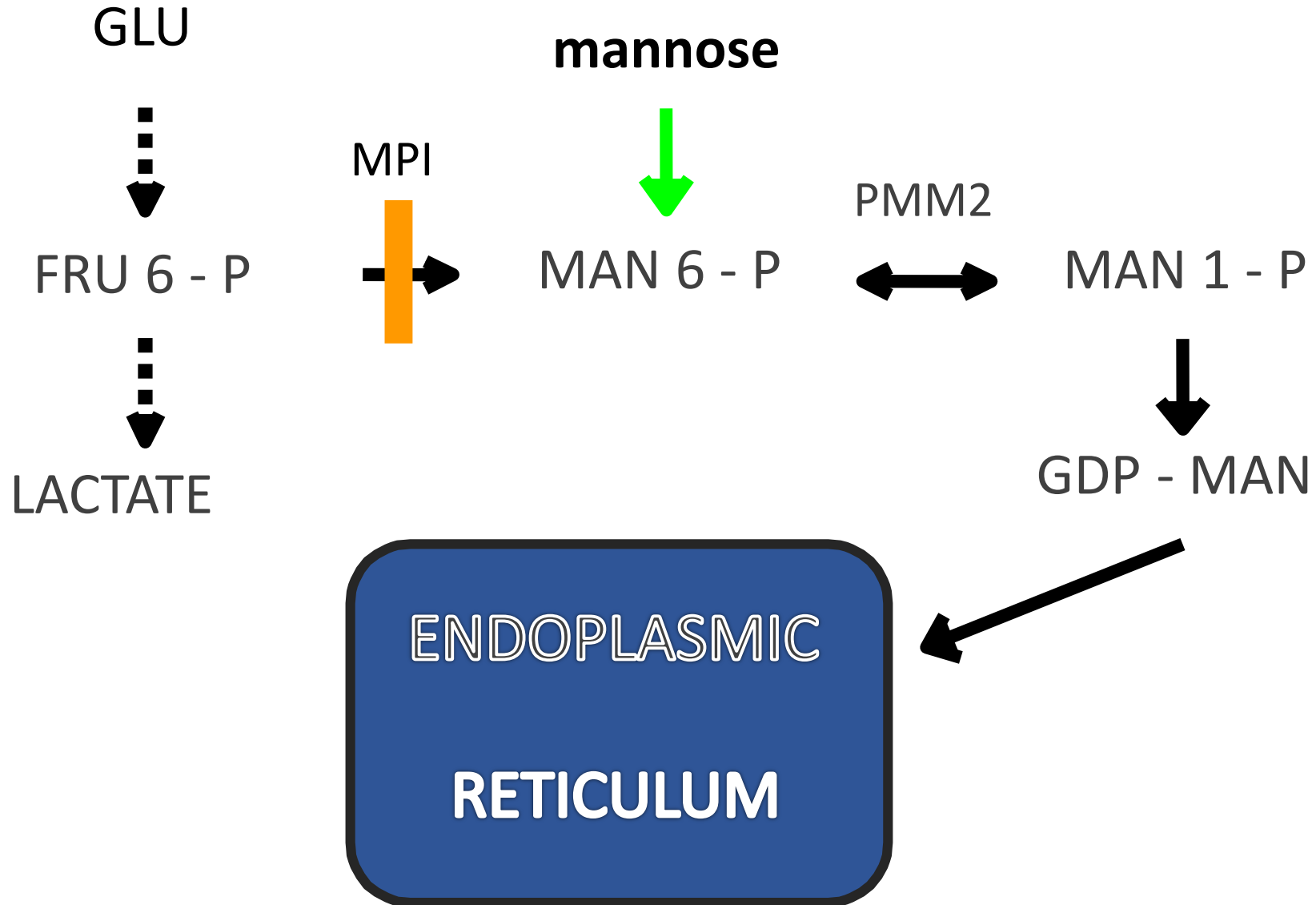


**Mannose Corrects Altered N-Glycosylation in
Carbohydrate-deficient Glycoprotein Syndrome Fibroblasts**

K. Panneerselvam and H. H. Freeze

J Clin Invest 1996

MPI-CDG



**Phosphomannose Isomerase Deficiency: A
Carbohydrate-Deficient Glycoprotein Syndrome with
Hepatic-Intestinal Presentation**

J. Jaeken, G. Matthijs, J-M Saudubray et al.

Am J Hum Genet 1998

“basic” treatments (14 CDG)

- **nutrient supplementation**
- **pharmacological treatment**
 - **transplantation**

“basic” treatments

- **nutrient supplementation**
- **pharmacological treatment**
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nutrient supplementation

- **monosaccharides**
- **vitamin**
- **oligoelement**
- **nucleotide**

monosaccharide supplementation

- **mannose:** MPI-CDG (mannose phosphate isomerase deficiency)
- **fucose:** SLC35C1-CDG (GDP-fucose transporter deficiency)
- **galactose:** ° SLC35A2-CDG (UDP-galactose transporter deficiency)
 - ° SLC39A8-CDG (Golgi Mn/Zn transporter deficiency)
 - ° TMEM165-CDG (Golgi Mn transporter deficiency)
 - ° PGM1-CDG (phosphoglucomutase 1 deficiency)

supplementation of other nutrients

- **vitamin B6:** PIGO-CDG (GPI anchor defect)
- **manganese:** SLC39A8-CDG (Mn/Zn transporter defect)
- **uridine:** ° PGM1-CDG (phosphoglucomutase 1 deficiency)
 - ° CAD-CDG (pyrimidine biosynthesis)

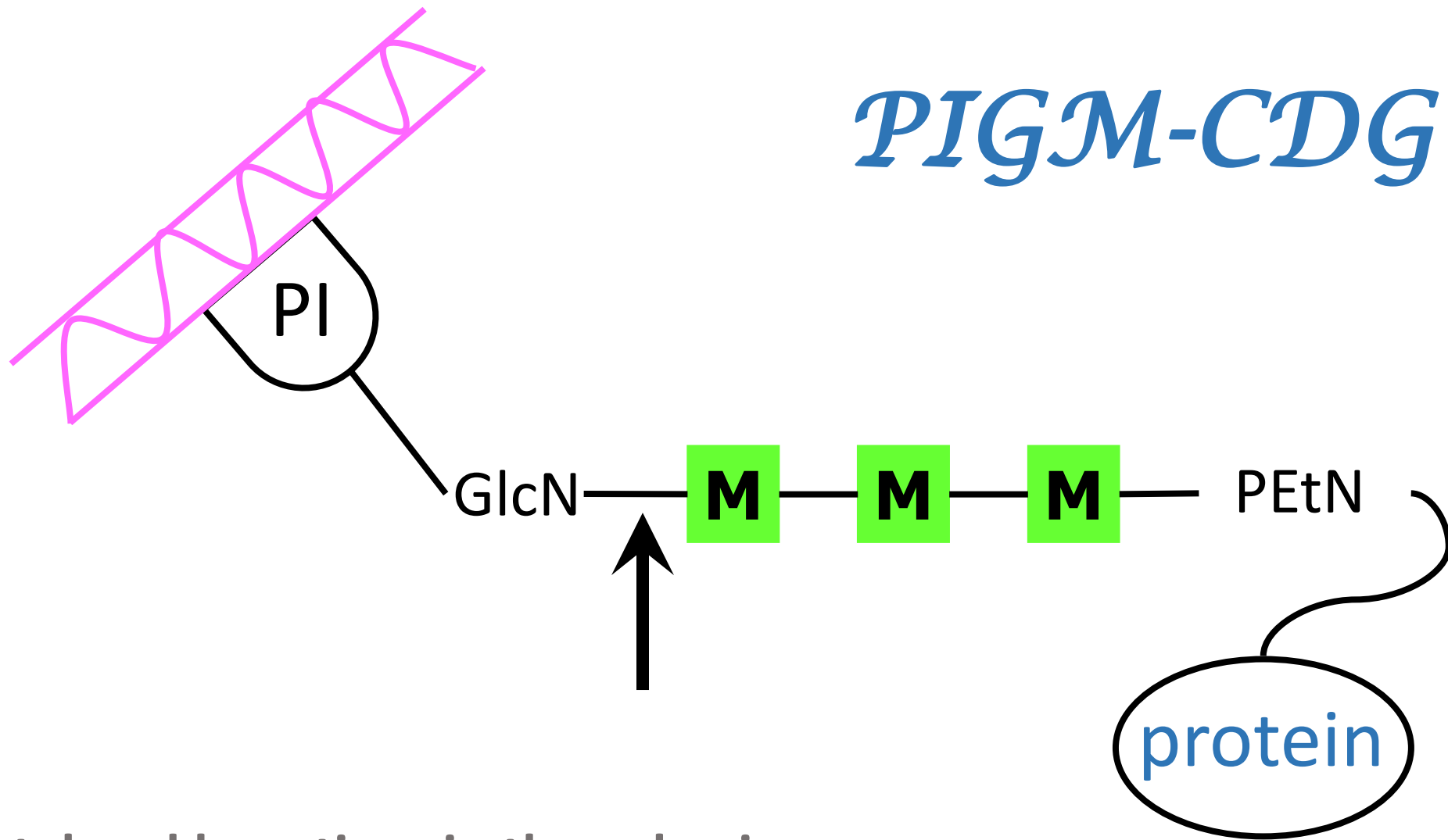
“basic” treatments

- nutrient supplementation
- **pharmacological treatment**
- transplantation

pharmacological treatment

sodium butyrate: PIGM-CDG (GPI anchor promotor defect)

PIGM-CDG



- portal and hepatic vein thrombosis
- absence seizures

PGM-CDG: treatment

- histone deacetylation at the *PIGM* promotor
- BUTYRATE: inhibition of histone deacetylation



increased *PIGM* transcription



cessation of convulsions

“basic” treatments

- nutrient supplementation
- pharmacological treatment
- **transplantation**

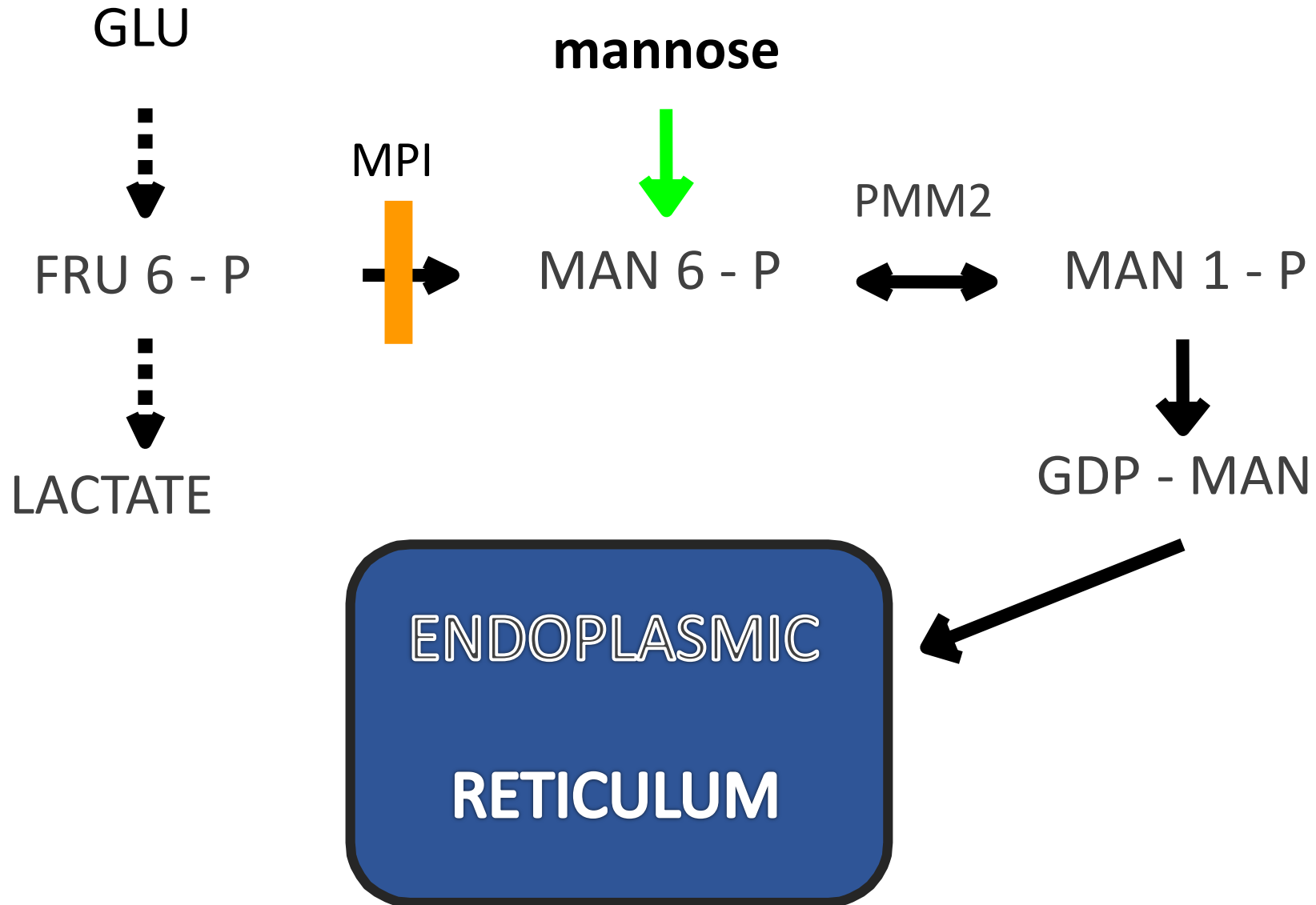
transplantation

- **liver:** °MPI-CDG
°CCDC115-CDG
- **heart:** DOLK-CDG limited to the heart
- **hematopoietic stem cells:** PGM3-CDG

zooming in on a few treatable CDG

- MPI-CDG
- SLC39A8-CDG
- CAD-CDG

MPI-CDG



MPI-CDG: presentation

- liver dysfunction
- recurrent diarrhoea
- recurrent vomiting
- hypoglycemia
- hyperinsulinism

MPI-CDG: treatment

oral mannose

1 g/kg per day (in 4 to 6 doses)

but

liver transplantation in MPI-CDG

- **2 y:** congenital hepatic fibrosis
protein-losing enteropathy
- **15 y:** diagnosis of MPI-CDG
oral mannose: problematic!
- **25 y:** progressive edema and ascites
progressive hemolytic jaundice
- **28 y:** recurrent hepatic encephalopathy/dyspnea
R/ LTx

SLC39A8-CDG

**solute carrier family 39, member 8
(Mn and Zn membrane transporter)
deficiency**

combined N- and O-glycosylation disorder

SLC39A8-CDG: phenotype

8 patients

- ***neurological presentation***

- severe intellectual disability
- hypotonia
- strabismus
- cerebellar atrophy

- ***variable features***

epilepsy, dwarfism, bone abnormalities,

SLC39A8-CDG: serum biochemistry

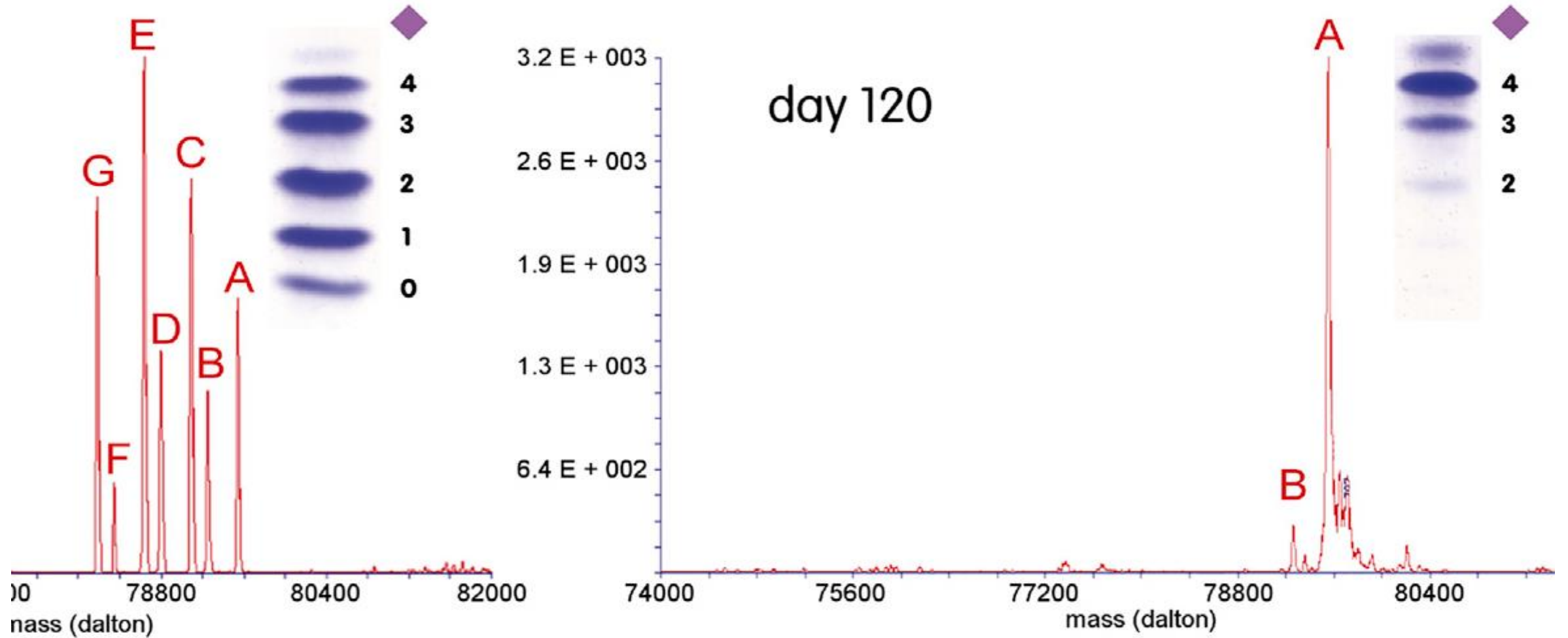
- Mn and Zn: absent to low-normal
- transferrin IEF: type 2
- transferrin glycans ESI-TOF MS

mainly hypogalactosylation

SLC39A8-CDG: treatment

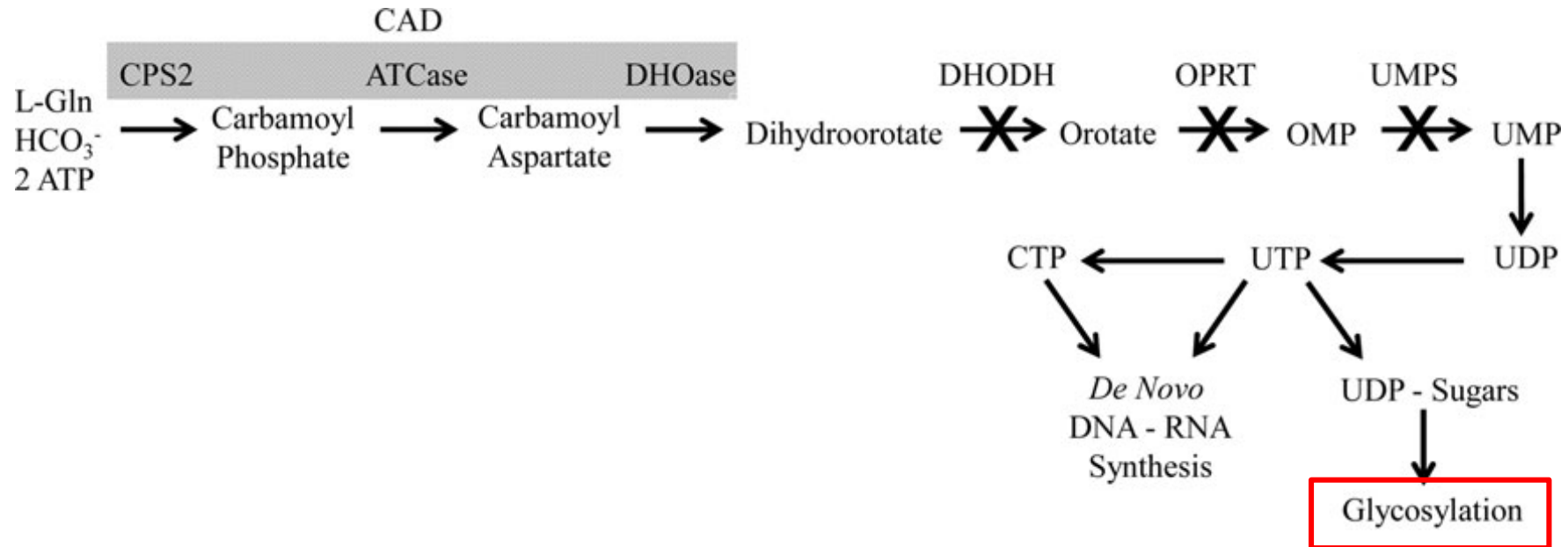
- β -1,4-galactosyltransferase is Mn-dependent
- deficient galactosylation
- galactose therapy: 1 - 3.7 g/kg per day
- rapid normalisation of glycosylation!

SLC38A8-CDG: galactose treatment



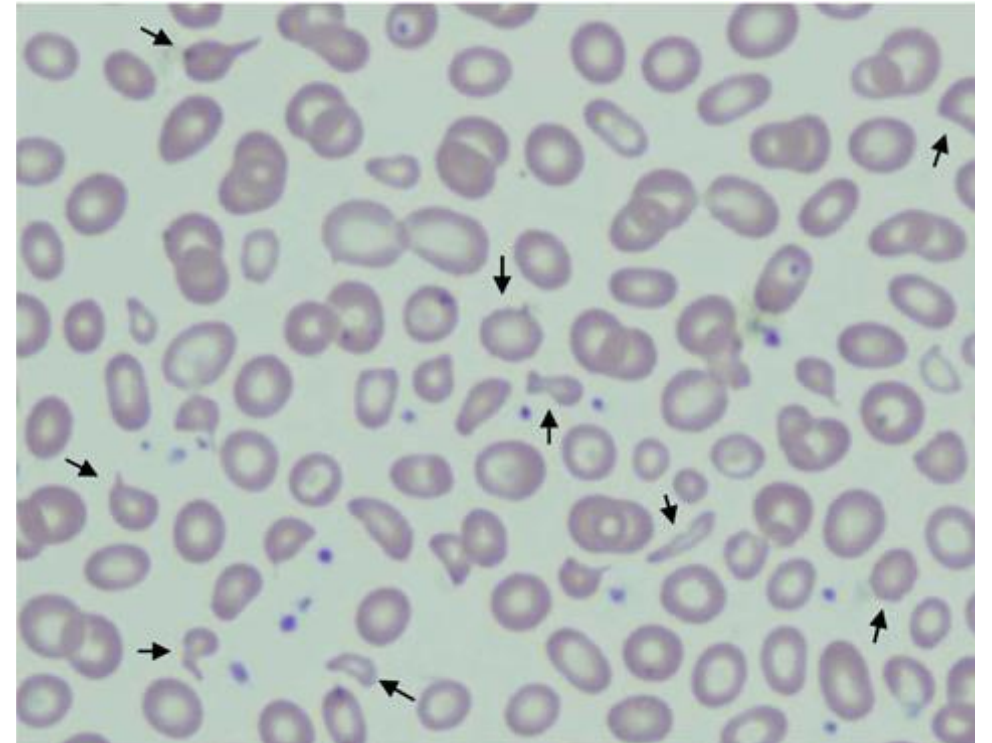
CAD-CDG

defect in de novo pyrimidine biosynthesis



CAD-CDG: phenotype

- developmental disability with regression
- therapy-resistant epilepsy
- anemia with anisopoikilocytosis
- decreased UDP-sugars in fibroblasts



CAD-CDG: treatment

oral uridine 100 mg/kg per day in 4 daily doses

- ° epilepsy abolished
- ° psychomotor development greatly improved
- ° anemia disappeared
- ° UDP sugars normalized in fibroblasts

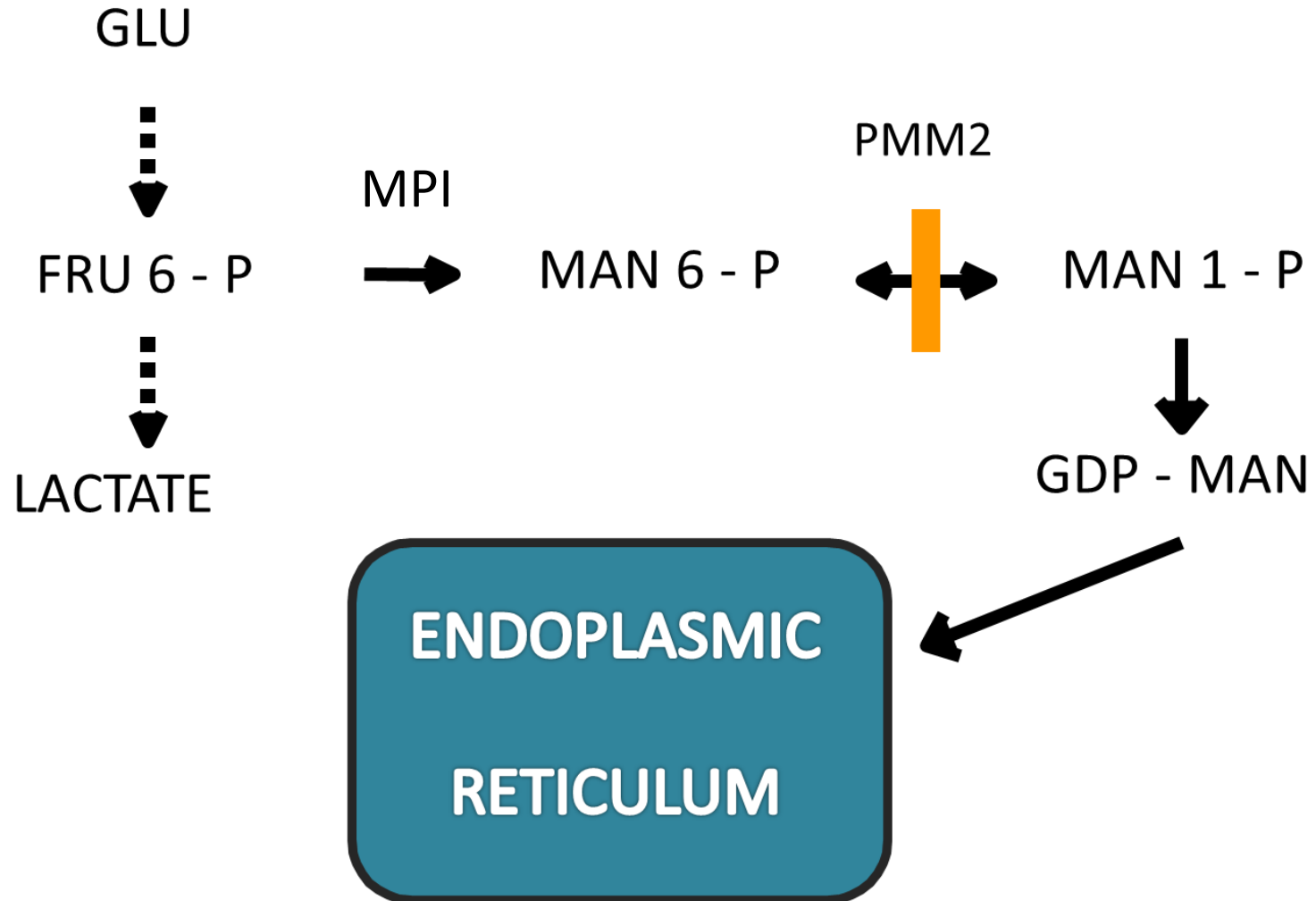
what about PMM2-CDG?

mystery why mannose 'works' in vitro but not in vivo!

PMM2-CDG: prospects for treatment

- **Man-1-P pharmacological formulation under development
liposomes as delivery system**
- **pharmacological chaperones (Yuste-Checa et al. 2017)**
- **antisense therapy using morpholino oligonucleotides
(Yuste –Checa et al. 2015)**

PMM2-CDG



PMM2-CDG: prospects for treatment

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conclusions

- **The best treatable CDG are MPI-CDG and CAD-CDG;
do not miss these diagnoses!**
- **Efficient treatment of PMM2-CDG: still a long way to go.**
- **Provide patients with the best possible symptomatic treatment.**

collaborating teams

- Leuven Center for Human Genetics
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