

Monitoring Kidney Transplant Patients: Beyond Creatinine

Jamil R. Azzi MD, PhD, FAST

Associate Professor of Medicine

Harvard Medical School

Director, Kidney and Pancreas Transplantation

Director, Renal Transplant Fellowship

Brigham and Women's Hospital





Jamil R. Azzi, MD, PhD



- ▶ Renal Fellowship @ BWH and MGH
- ▶ Transplant Fellowship @ BWH
- ▶ Post doctoral Fellowship @ BWH and HMS
- ► Associate Professor of Medicine @ HMS
 - Clinical focus: Transplant nephrology
 - Research focus: Basic immunology, cell and targeted therapies, and biomarker discovery

I have financial relationship(s) with:

Disclosures:

- *Intellectual properties:* ExosomeDx (Biotechne-Brand), Thermo Fisher and Accrue inc.
- Founder: Lybra Bio. ImmunNanoDx
- Royalties: Accrue inc.
- Grants: ExosomeDx (Biotechne-Brand), CareDx, Moderna Inc., Alexion.
- *Consultancy:* Moderna Inc., CareDx, Trustech, Kezar Life Sciences, CSL Behring, Sanofi,
- Advisory Boards: Trustech, CareDx, Moderna Inc., Vertex.

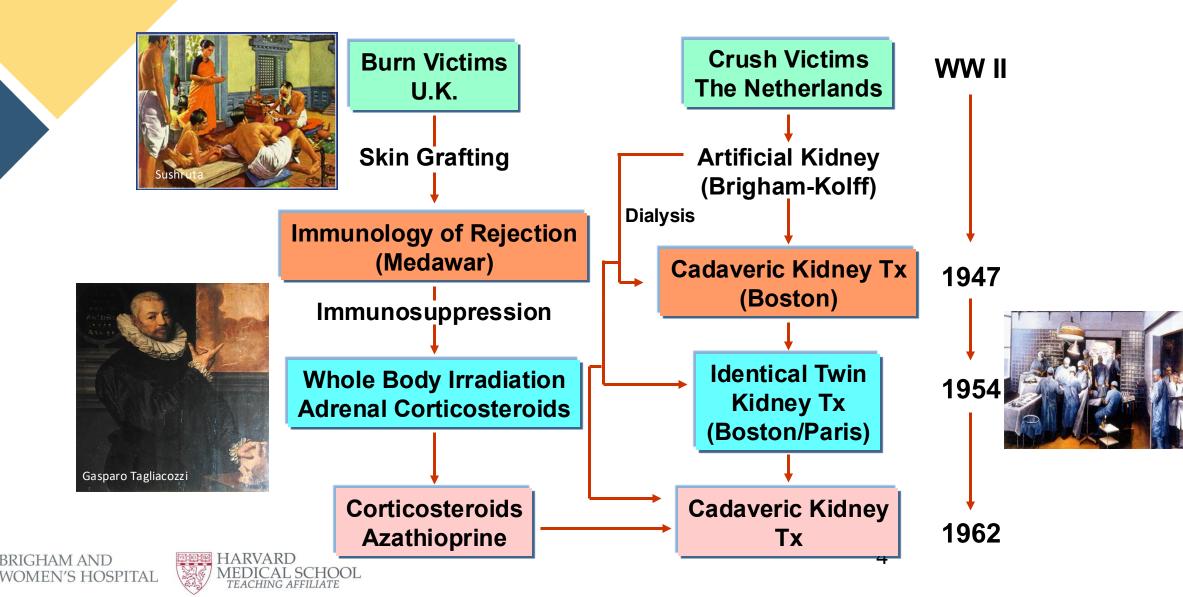
AND

My presentation does include discussion of off-label or investigational use.





Early Transplantation and Immunosuppression



Balancing Immunosuppression, Infection And Malignancy

Too Much

- ■*Infection*
- Malignancy



Too Little

AllograftRejection



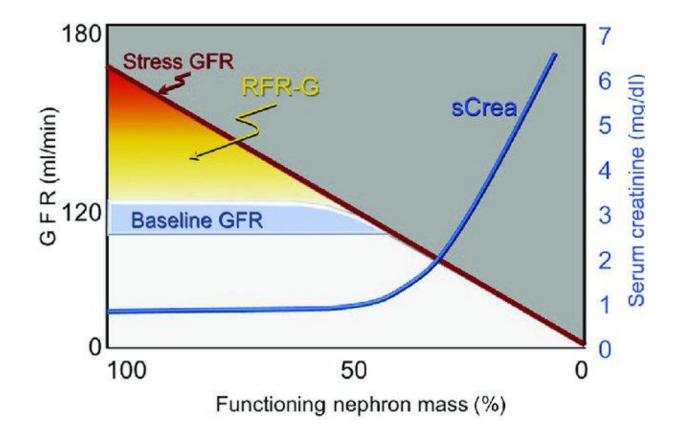


Monitoring kidney function through serum creatinine





But in kidney failure, your blood creatinine level will go up.



20 % Subclinical rejection





Long-term outcomes following acute rejection in kidney transplant recipients

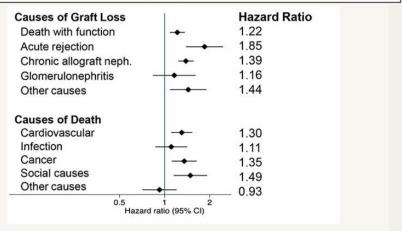


13614 KTRs 1997-2017 2906 with early acute rejection (AR in 1st 6mth)

Comparison of AR vs no AR:

- Graft survival
 - Causes of graft loss
- Patient survival
- Causes of death
 Models adjusted for era, donor,
 recipient, immune risk and DGF

Association between early AR and late outcomes for KTRs



KTRs with early AR are at increased risks of death, from CV disease and cancer, and graft failure, from chronic allograft nephropathy and late AR.

doi: 10.1681/ASN.2018111101

Philip A. Clayton et al. JASN 2019;30:1697-1707

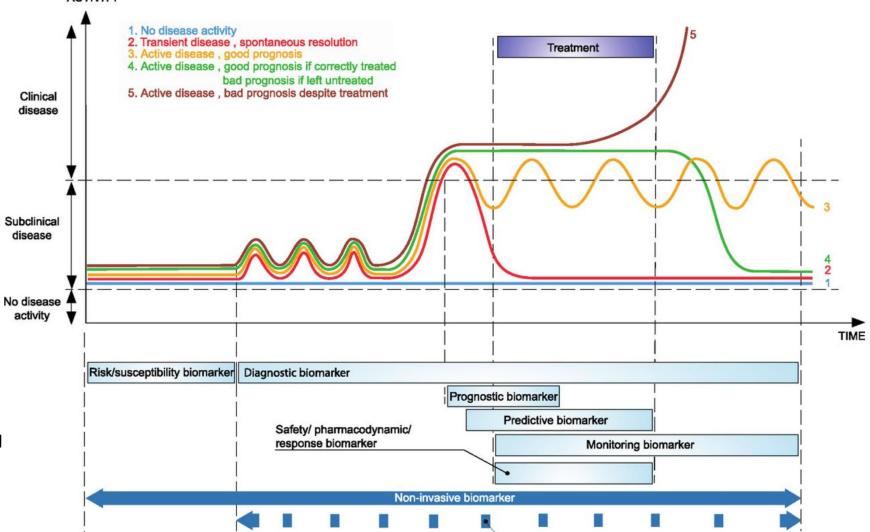






Biomarkers subtypes

CLINICAL DISEASE ACTIVITY



Prognostic biomarkers:

 predict clinical outcome regardless of treatment

Predictive biomarkers:

 Change in response to treatment

Surrogate end points:

• Substitute for a clinical end point.





Invasive biomarker

Phases of Biomarkers Discovery

Discovery

Validation

Standardization

Commercialization

- Targeted or nontargeted approaches
- High-throughput technologies
- Identify a panel

- Use independent samples
- Identify a refined set
- Prospective multicentral validation

- Laboratory equipment
- Reagents
- Can the test be reproduced in different laboratories





Ideal Biomarker

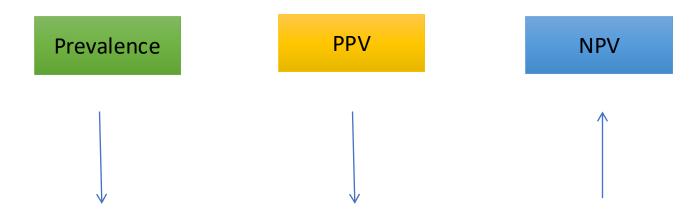
- Sample entire graft (avoid bias from sampling error)
- High positive and negative predictive value
- Diagnose rejection (acute and/or chronic) before its occurrence
- Uncover over-immunosuppressed/identify tolerant states
- Rapid
- Responsive
- Non-invasive
- Inexpensive





Impact of Prevalence on predictive values

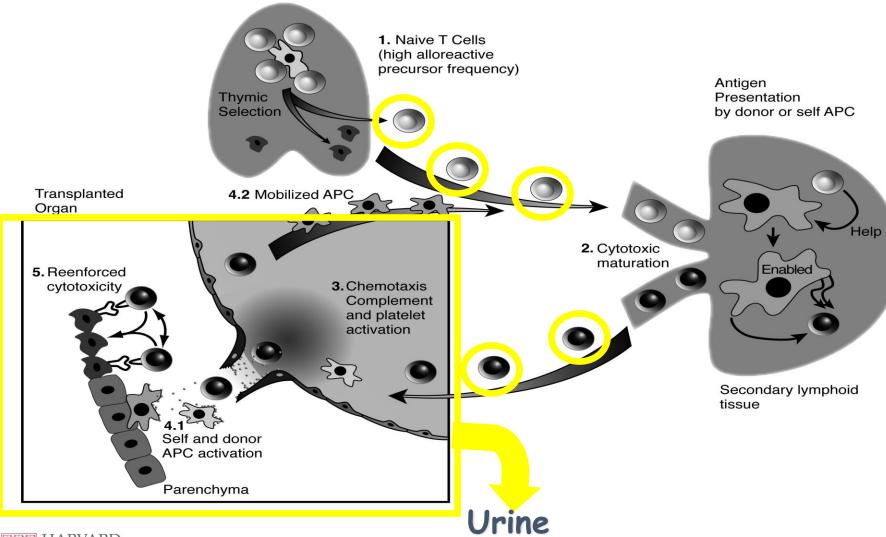
- Positive predictive value (PPV) is the number of true positives if the test is positive
- Negative predictive value (NPV) is the number of true negatives if the test is negative





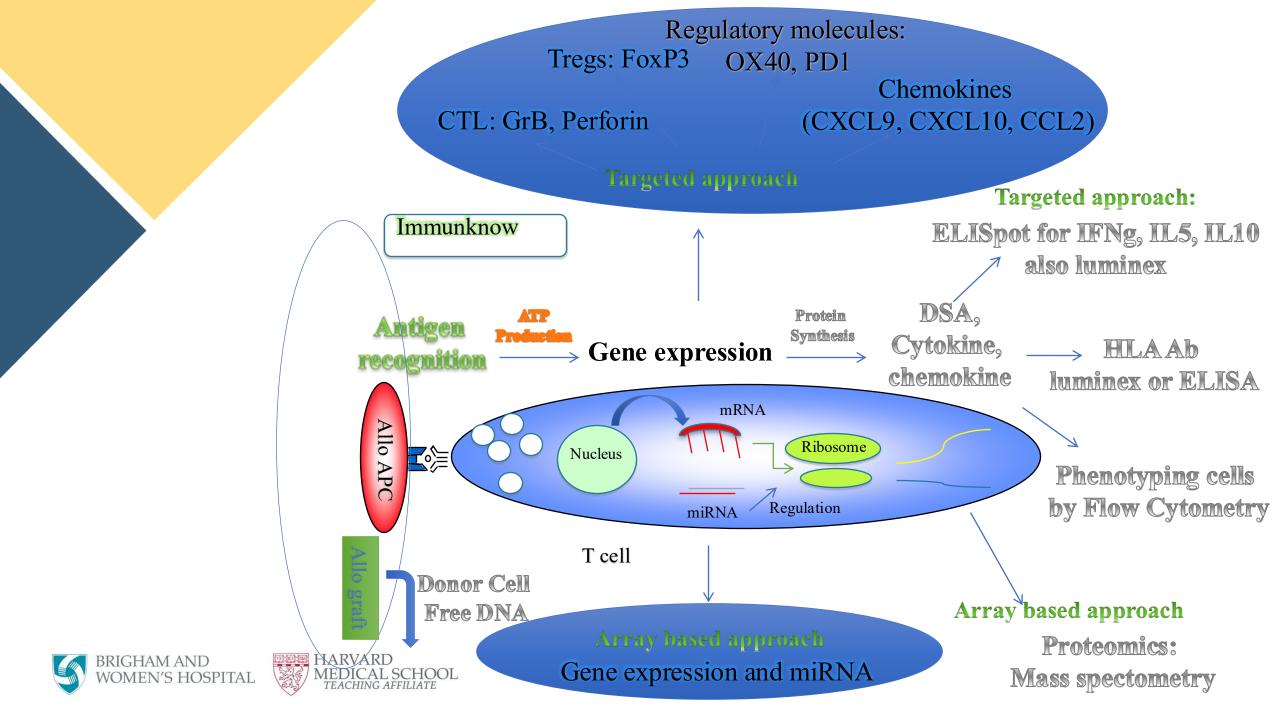


Mechanisms of Immune Monitoring What's Available for Evaluation?

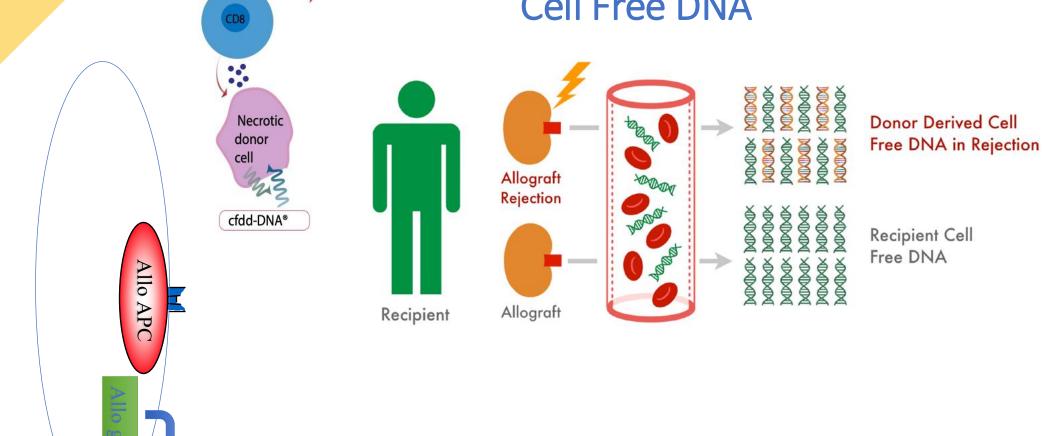








Clinically Available Biomarkers: Donor-derived Cell Free DNA





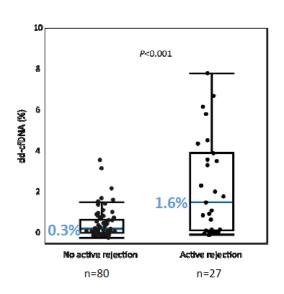


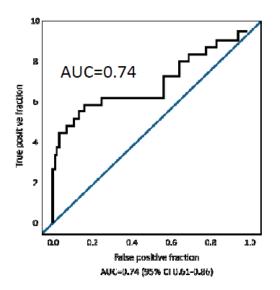
Donor Cell

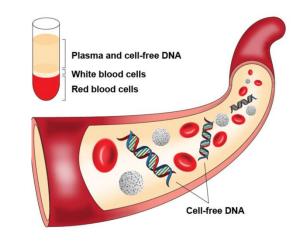
Free DNA

Clinically Available Biomarkers: Donor-derived Cell Free DNA

• DART study, Bloom et al, J Am Soc Nephrol, 28:2221-2232, 2017





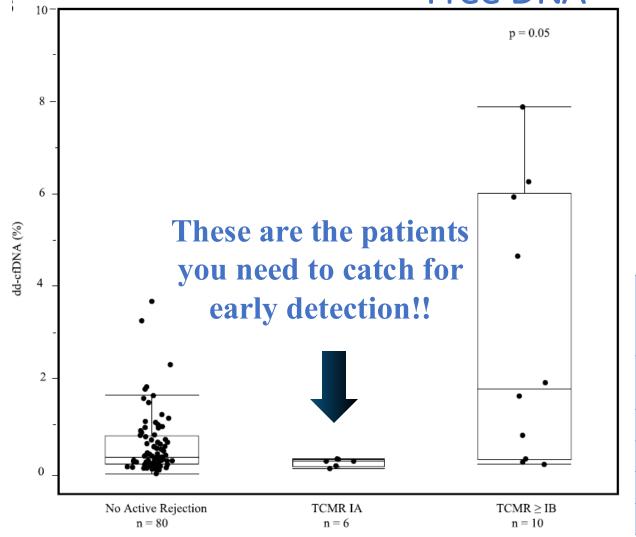


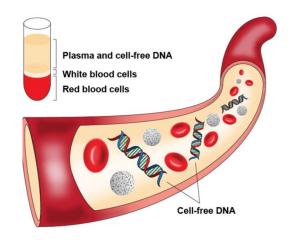
Performance metric	AlloSure test performance at 1% threshold
ROC/AUC	0.74 (95% CI 0.61-0.86)
Sensitivity	85%
Specificity	59%
NPV	84%
PPV	61%





Clinically Available Biomarkers: Donor-derived Cell Free DNA





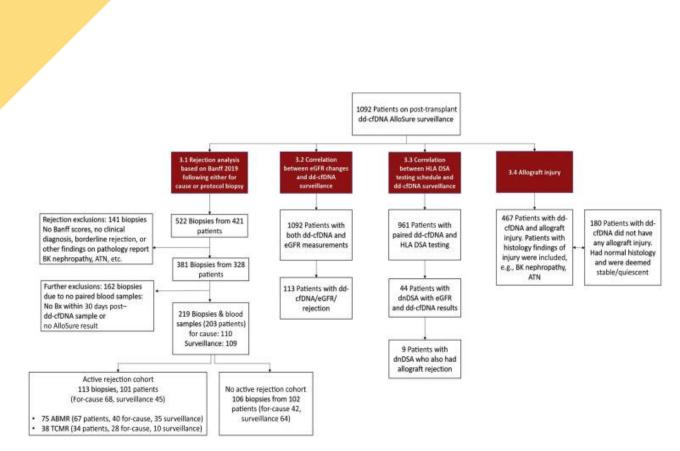
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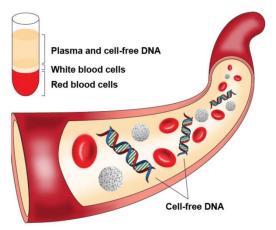




Clinically Available Biomarkers: Donor-derived Cell

Free DNA



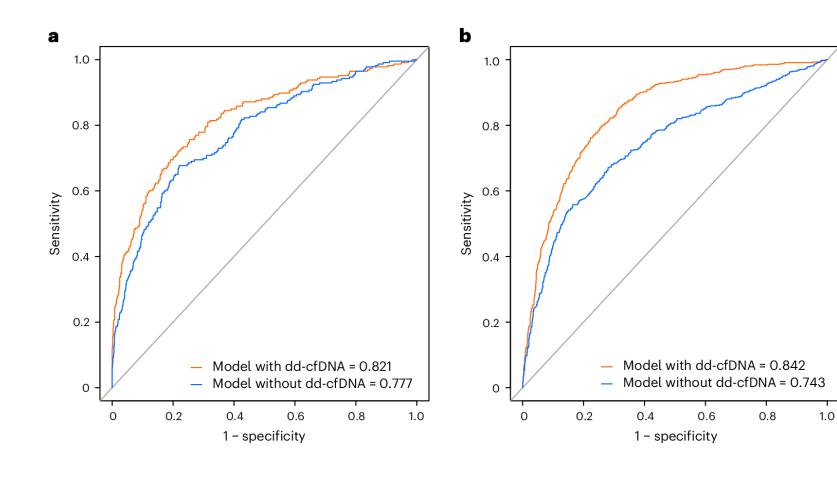


Data from 1092 kidney transplant recipients monitored for dd-cfDNA over a three-year period





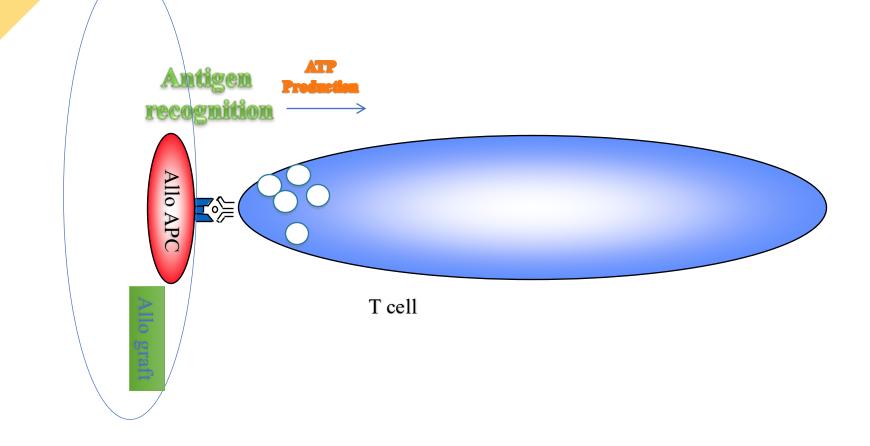
Clinically Available Biomarkers: Donor-derived Cell Free DNA





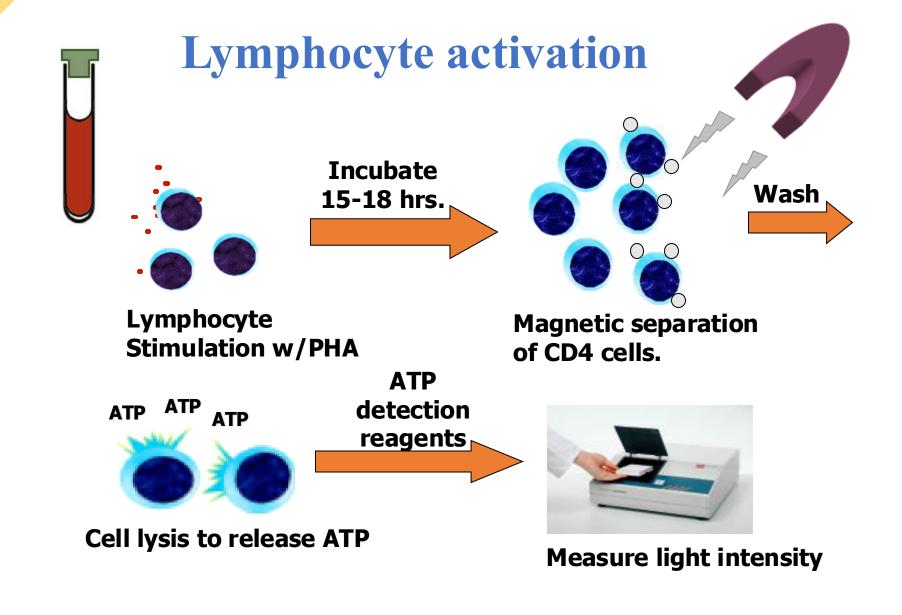


Clinically Available Biomarkers: ImmuKnow





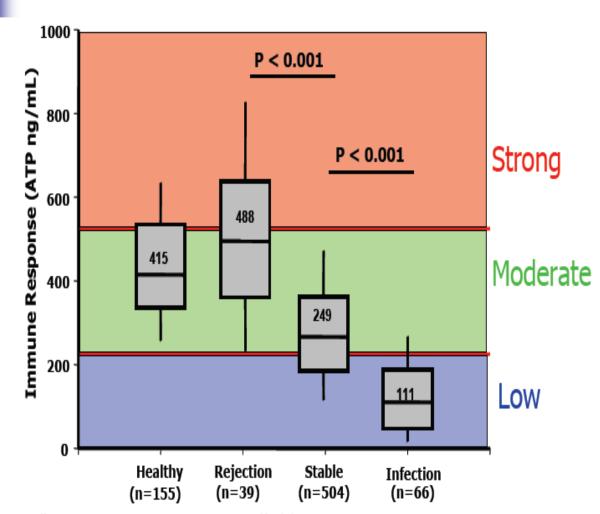








Immune Function Correlates With Clinical Outcomes





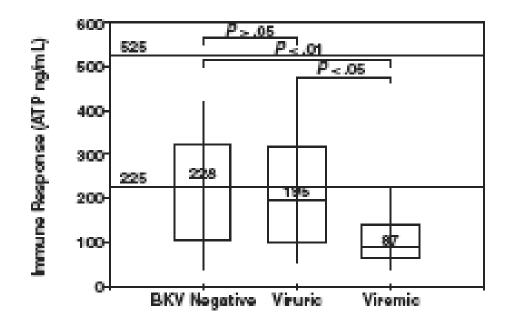


Multicenter Studies: NIDDK, UCLA, JHU, UPMC, NZTI, LifeLink, UAB, UMD, INOVA, UTMB



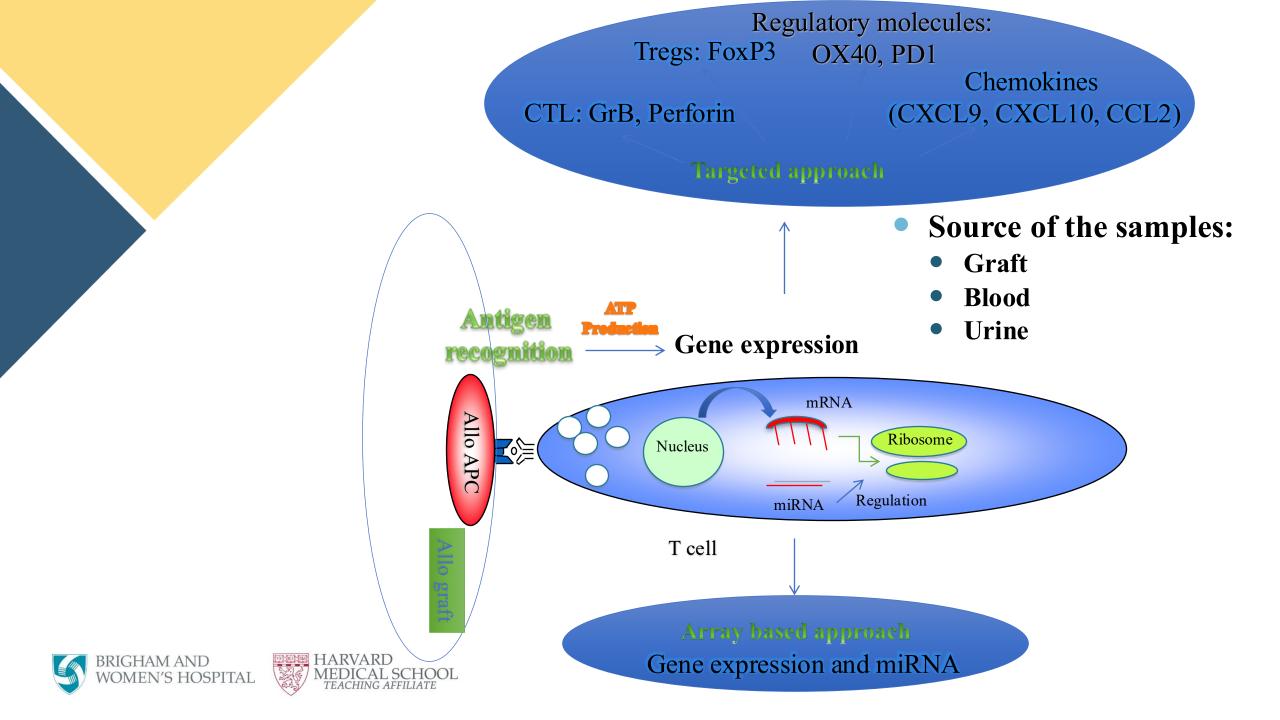
Ibrahim Batal, MD,¹ Adriana Zeevi, PhD,¹ Amer Heider, MD,¹ Alin Girnita, MD,¹ Amit Basu, MD,² Henkie Tan, MD, PhD,² Ron Shapiro, MD,² and Parmjeet Randhawa, MD¹

Key Words: BK virus: Immune cell function: Viremia: Viruria





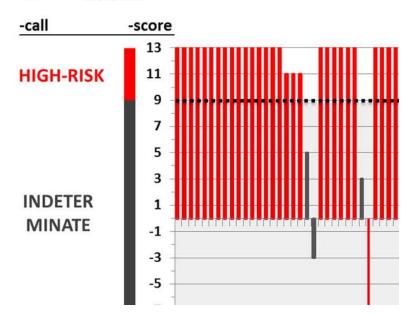




Clinically Available Biomarkers: KSORT







- qPCR to measure mRNA expression levels of 17 genes
- Algorithm generates risk scores
- Multicenter study of 436 adults,
 - Predict patients at high risk of acute rejection
 - Sens 92%
 - Spec 93% Unable to distinguish between acute TCMR and ABMR.
- A subsequent large, multicenter study of 1134 patients (under real-world clinical conditions) was unable to validate the utility of the kSORT assay.





Roedder S, PLoS Med, 2014 Crespo E, Transplantation, 2017 Loon EV, AJT, 2021



Clinically Available Biomarkers: TruGraf

Table 1A. Results of TruGraf Blood Test and Comparison With Clinical Phenotype in All 192 Kidney Transplant Recipients with Stable Renal Function

	Clinical Phenotype not-TX	Clinical Phenotype TX
TruGraf Blood Test not-TX	26	42
TruGraf Blood Test TX	8	116

Accuracy = 142/192 (74%).

Accuracy of TruGraf TX result 116/124 (94%).

NPV = 91%.

PPV = 48%.

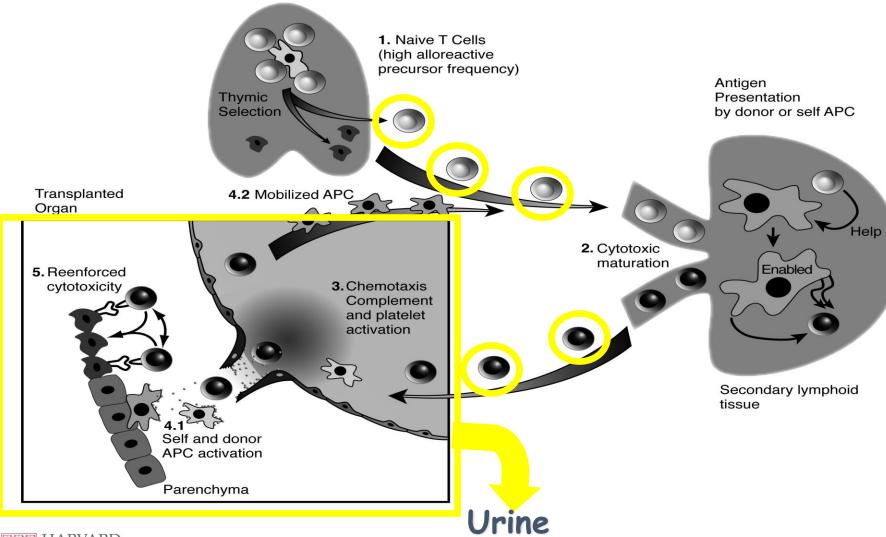
Sensitivity = 76%.

Specificity = 73%.





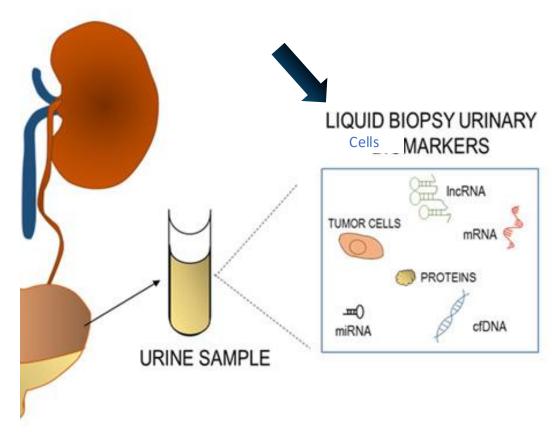
Mechanisms of Immune Monitoring What's Available for Evaluation?

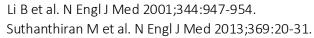






mRNA in Urinary Cells.

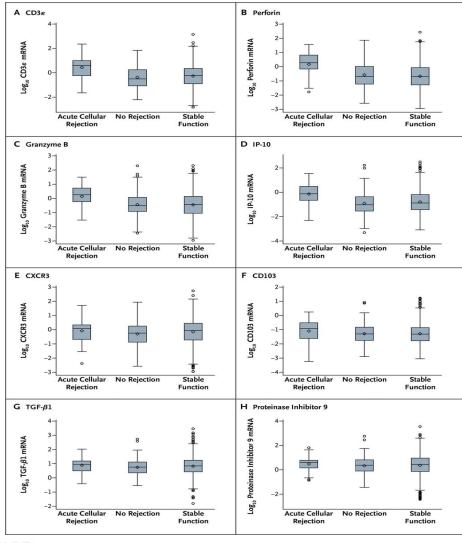








Levels of mRNA in Urinary Cells.



- Prospective collection
- 4300 urine specimens from 485 kidney-graft recipients
- Day 3 through month 12 after transplantation.
- CD3ε, IP-10 and 18S
 rRNA
 - 79% sensitivity and 78% specificity
 - [AUC], 0.85

Suthanthiran M et al. N Engl J Med 2013;369:20-31.





Phases of Biomarkers Discovery

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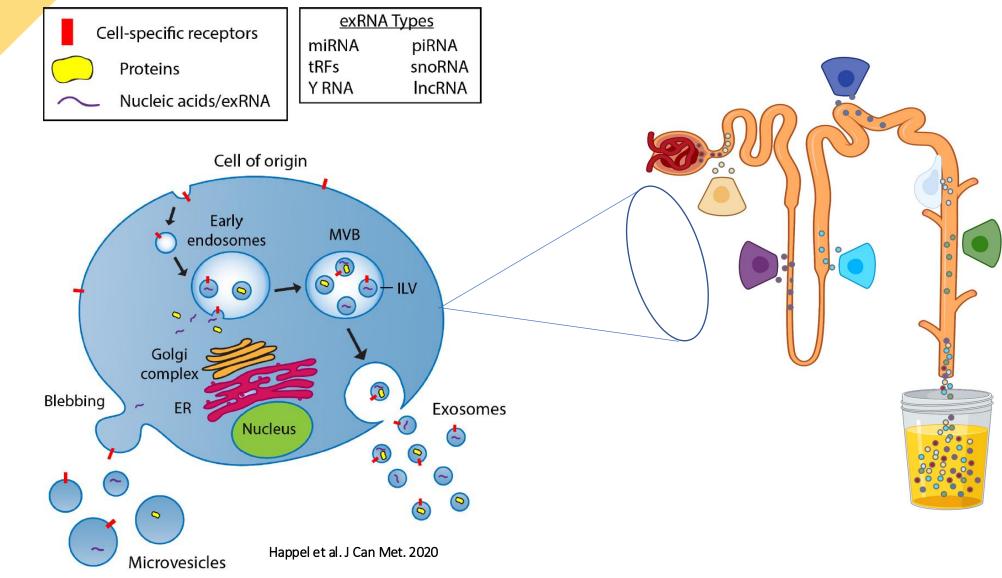
- Use independent samples
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- Laboratory equipment
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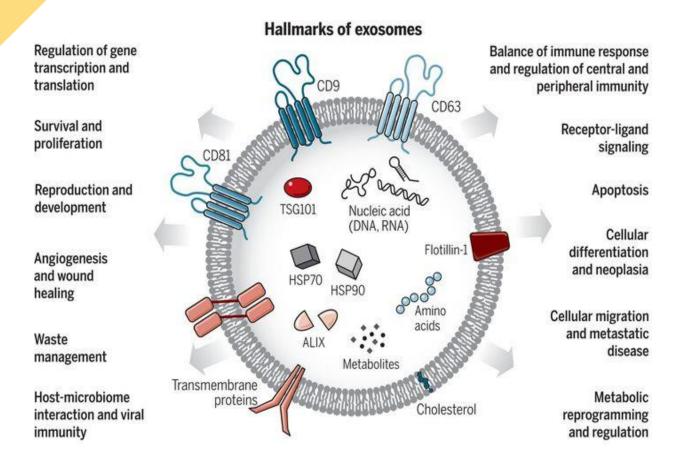
Extracellular vesicles as biomarkers

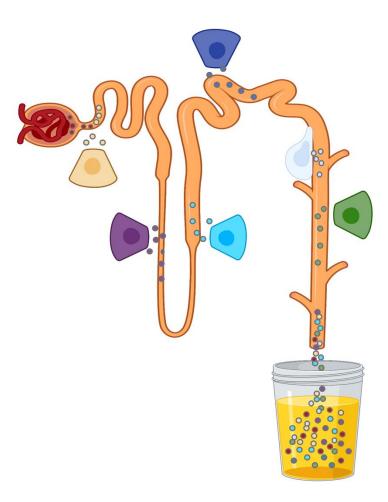






Hallmarks of exosomes



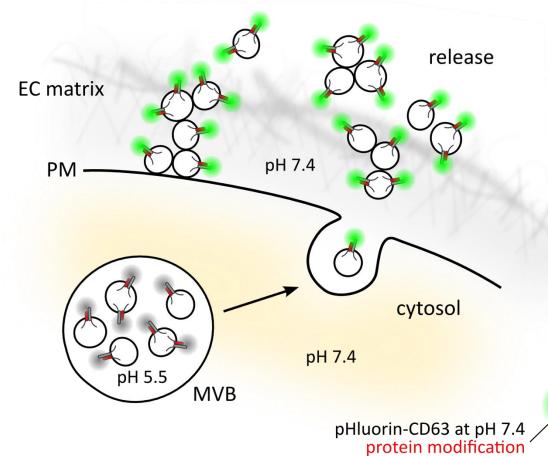


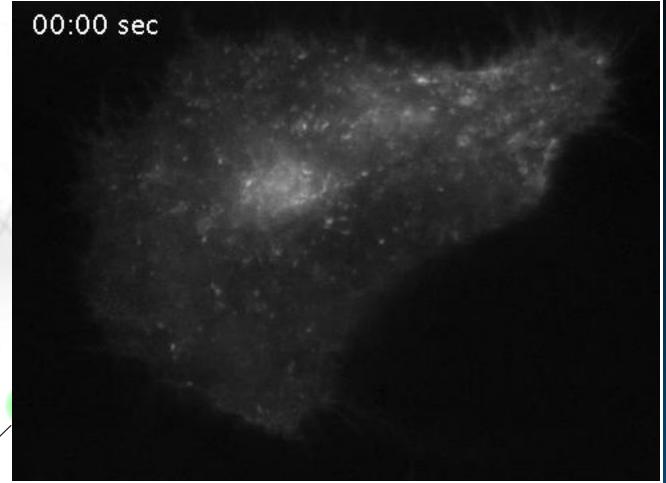
The biology, function, and biomedical applications of exosomes, Volume: 367, Issue: 6478, DOI: (10.1126/science.aau6977)





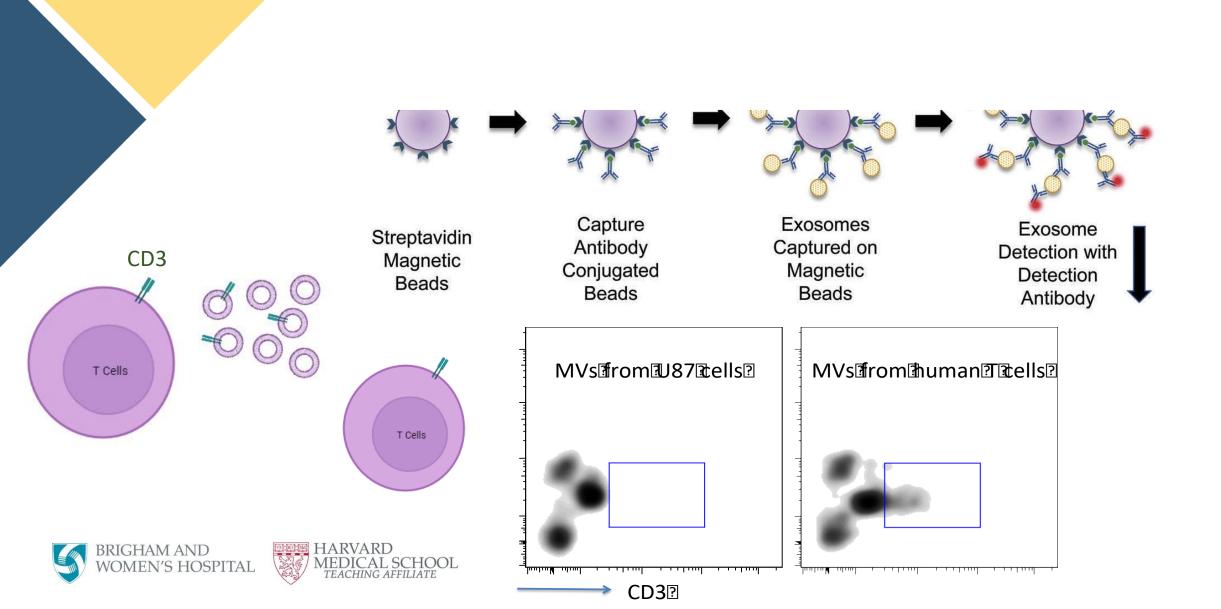
LIVE-IMAGING REVEALS EXOSOME SECRETION DYNAMICS FROM A SINGLE LIVING CANCER CELL



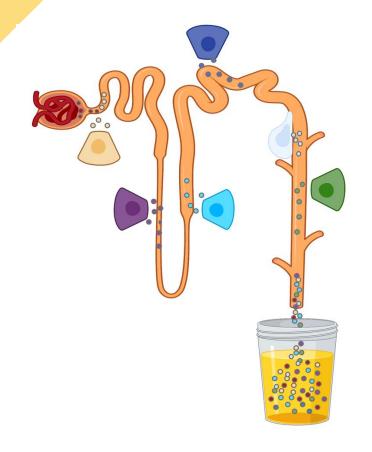


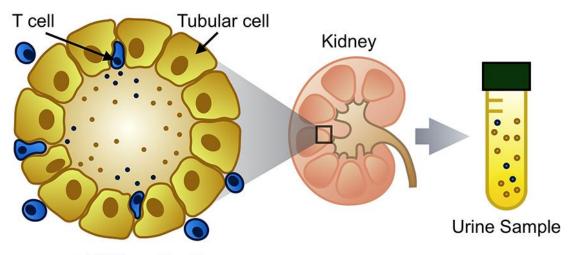
Verweij et al., J Cell Biol 2018

Immune cell specific EVs



Immune cell specific EVs in urine of rejecting kidney allografts



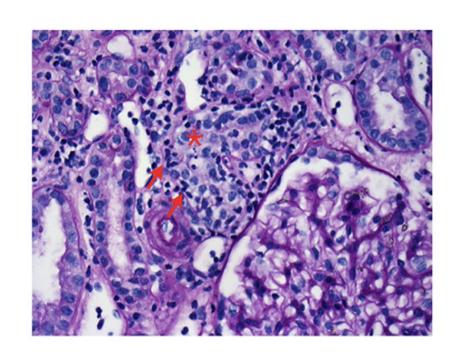


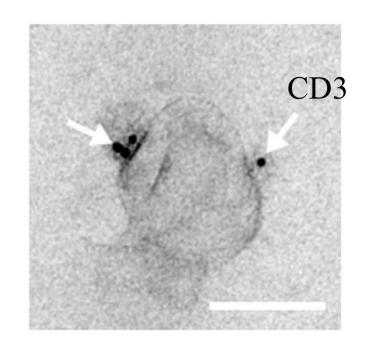
- EV from T cell
- EV from Tubular cell





Immune cell specific EVs in urine of rejecting kidney allografts









High Throughput approach of discovery

Regulation of gene transcription and translation

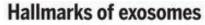
Survival and proliferation

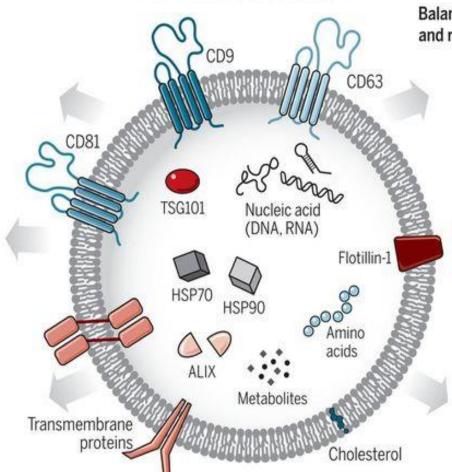
Reproduction and development

Angiogenesis and wound healing

Waste management

Host-microbiome interaction and viral immunity





Balance of immune response and regulation of central and peripheral immunity

> Receptor-ligand signaling

> > **Apoptosis**

Cellular differentiation and neoplasia

Cellular migration and metastatic disease

Metabolic reprogramming and regulation





CLINICAL RESEARCH

www.jasn.org

Discovery and Validation of a Urinary Exosome mRNA Signature for the Diagnosis of Human Kidney Transplant Rejection

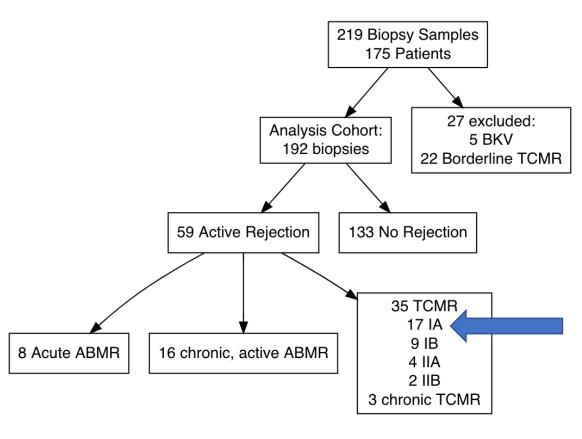
Rania El Fekih, ¹ James Hurley, ² Vasisht Tadigotla, ² Areej Alghamdi, ¹ Anand Srivastava, ¹ Christine Coticchia, ² John Choi, ¹ Hazim Allos, ¹ Karim Yatim, ¹ Juliano Alhaddad ¹, ¹ Siawosh Eskandari, ¹ Philip Chu, ¹ Albana B. Mihali ¹, ¹ Isadora T. Lape, ¹ Mauricio P. Lima Filho, ¹ Bruno T. Aoyama, ¹ Anil Chandraker, ¹ Kassem Safa, ³ James F. Markmann, ³ Leonardo V. Riella ¹, ¹ Richard N. Formica ¹, ⁴ Johan Skog, ² and Jamil R. Azzi ¹

Due to the number of contributing authors, the affiliations are listed at the end of this article.





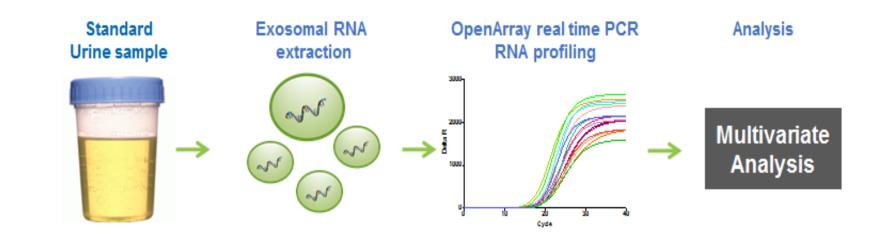
Consort Flow Diagram and histologic diagnosis of enrolled patients







Sample processing workflow

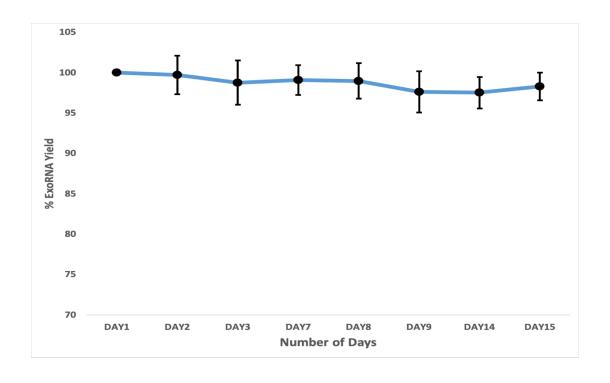


- The exosomes are isolated from the urine with EXOPRO (ExosomeDx)
- RNA reverse transcribed using the VILO cDNA synthesis kit (Thermo Fisher).
- Analyzed using the TaqMan® OpenArray® Human Inflammation





Urine exosome RNA stability





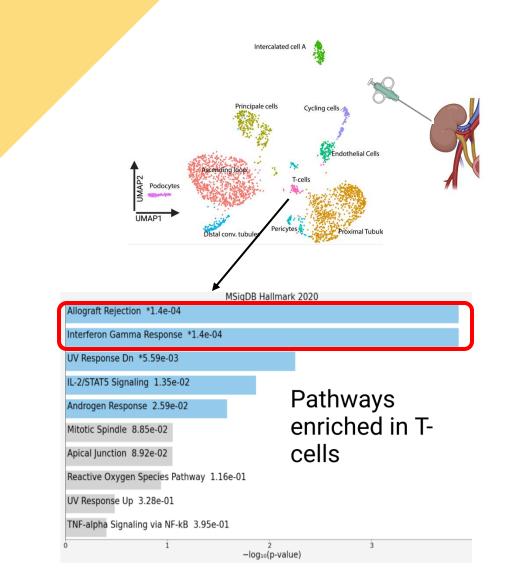


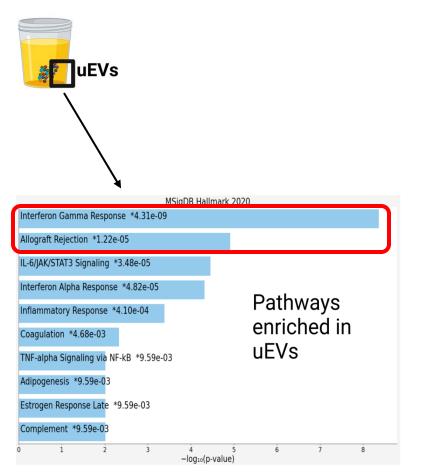
Upregulated Genes

Role in Immune activation	Gene signature	
	All cause rejection	ABMR vs TCMR
Pro-inflammatory cytokines	IL32 CXCL14 B2M	
TGF6 superfamily	BMP7	
Upregulated in acute allograft rejection	C3 CXCL11	C3 CXCL11
Inflammasome, different inflammatory processes	STAT1, TBP, NAMPT, IFNGR1, IRAK2, IL18BP, SERPINA1	IFNAR2
Regulating protein trafficking, dendritic cell migration and T lymphocytes homing	CD74	CD74 CD44





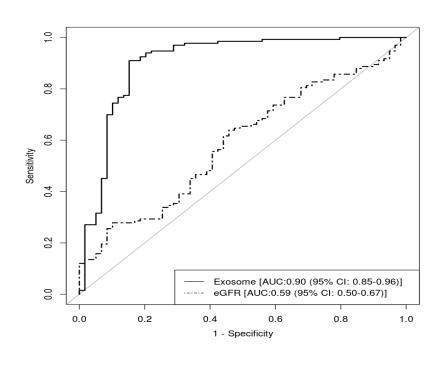


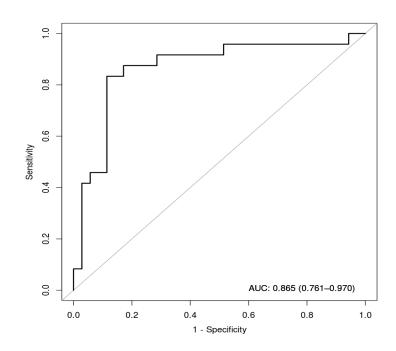






Receiver-Operating-Characteristic (ROC) curve for Diagnosis of any-cause Acute Rejection and ABMR





 Any cause rejection: Exosome RNA signature AUC = 0.90 (95% CI 0.84-0.96)
 vs eGFR AUC= 0.59 (95%CI 0.5-0.67).

ABMR discriminating RNA signature AUC 0.87 (95%CI 0.76-0.97).





Phases of Biomarkers Discovery

Discovery

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Standardization

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- Targeted or nontargeted approaches
- High-throughput technologies
- Identify a panel

- Use independent samples
- Identify a refined set
- Prospective multicentral validation

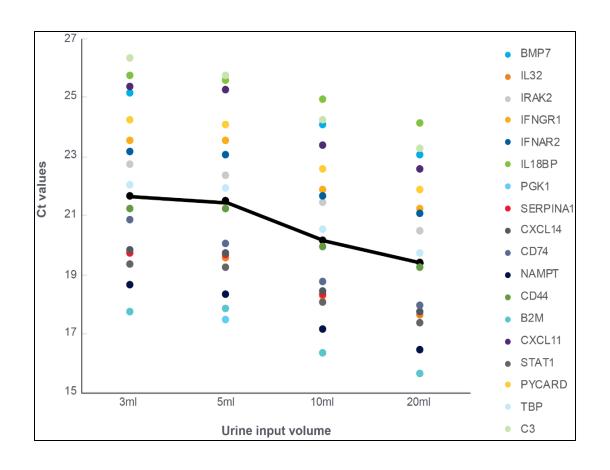
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Transfer the signature to a clinical platform



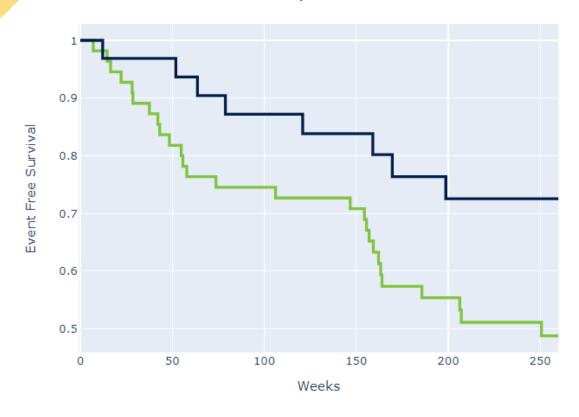






Prognostic Potential: ExoTRU score is associated with 5 years outcome





Five-Year Composite Endpoints:

- >30% decrease in eGFR
- Subsequent rejection
- De novo DSA
- Death
- Loss of graft with either return to dialysis or re-transplant





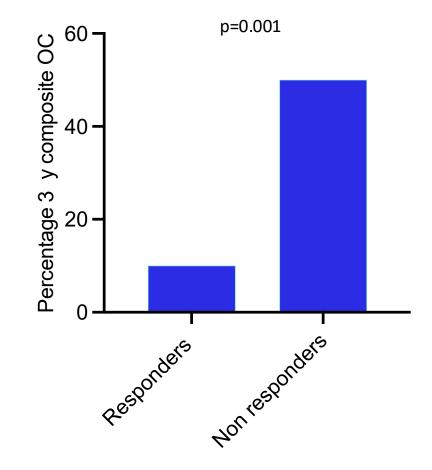
Predictive Potential:

ExoTRU scores correlate with response to treatment and 3 years outcome

23 samples from patients who have had a repeat ExoTRU score after being treated for rejection, we looked at the change in score after treatment.

Responders: patients who showed at least 30% decrease in the urinary score after treatment.

Non responders: score increased or was stable after treatment







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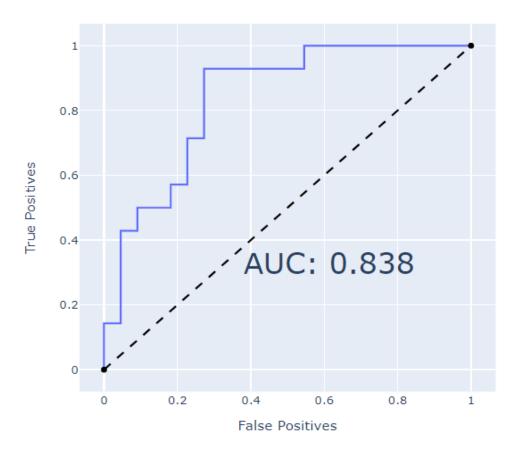
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Independent Validation By Thermo Fisher

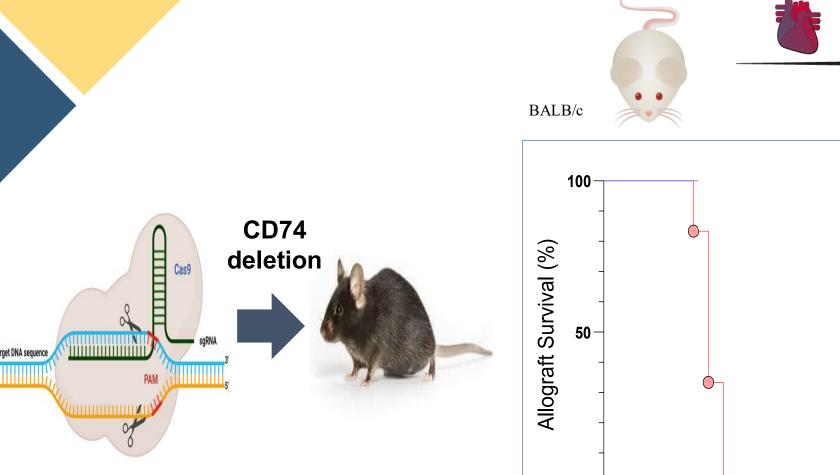


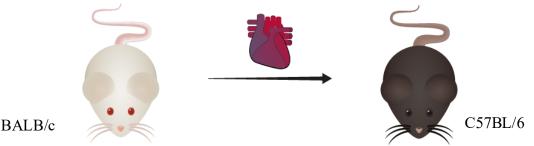


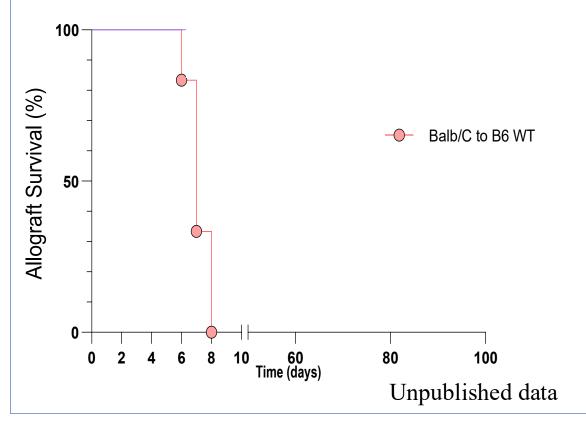




From humans back to mice











Biomarkers in Tx: Challenges!

- Where to look: periphery versus graft tissue?
- Adequacy of sample collections
- Quality assurance and control, reproducibility, multicenter validation
- Handling massive amount of data
- Bioinformatics
- Statistical analysis
- Assay standardization and commercialization
- Incorporation into endpoints





Summary

- Different types of Biomarkers
- PPV and NPV
- Phases of Biomarker Discovery
- Clinically available tests
- Importance of molecular signatures











TRANSPLANTATION RESEARCH CENTER



Funding sources:









Azzi Lab:

- Rania El Fekih, MD
- Ahmad Halawi, MD
- John Choi MD
- · Siawosh Eskandari MD, PhD
- Hengcheng Zhang MD, PhD
- Zhabiz Solhjou MD
- Nour Younis MD
- Anis Joseph Saad MD
- Jean Pierre Assaker, MD
- Farnaz, Namazi
- Karim Yatim MD
- Areej Alghamdi, MD
- Christa Deban
- Saif Muhsin MD
- Ina Sulkaj, PhD candidate
- Karim Yatim, MD
- Mostapha Tawfeeq PhD candidate
- Kate Cashman

Collaborators:

• ExosomeDx:

Johan Skog PhD James Hurley PhD Vasisht Tadigotla PhD Bryan Haynes PhD

• MGH:

Hakho Lee PhD Jongmin Park PhD James Markman MD, PhD Leo Riella MD, PhD Kassem Safa MD

• Yale:

Richard formica MD Richard Bucala MD, PhD

- University of Pittsburgh: Fadi Lakkis MD Camila Macedo PhD
- AUB:

Pierre Khouery PhD

TRC:

- Reza Abdi, MD
- Anil Chandraker, MD
- •Martina McGrath, MD
- •Melissa Yeung, MD
- •Peter Sage PhD

