

THE PROTEASOME TO IMMUNOPROTEASOME SWITCH IN IGA NEPHROPATHY AND ITS GENETIC CONTROL: A POST-VALIGA EUROPEAN RESEARCH STUDY.

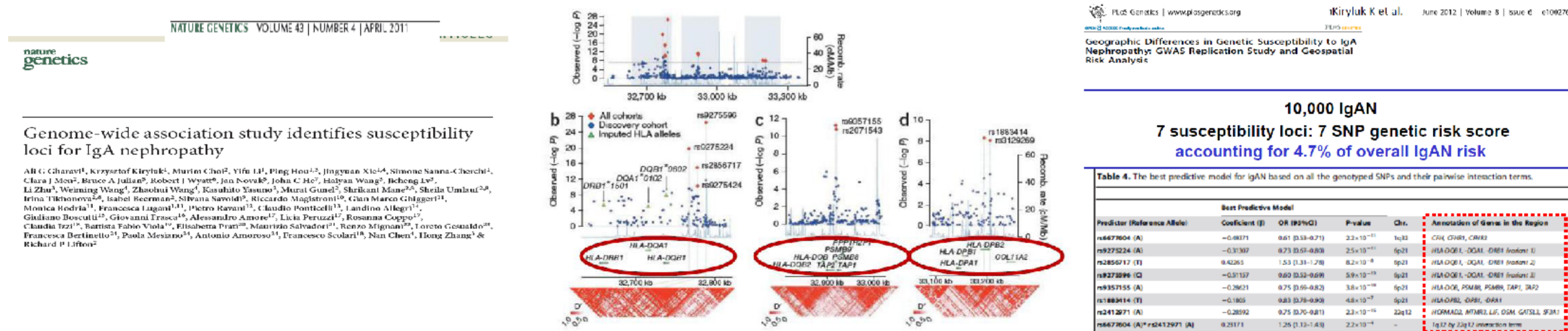
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OBJECTIVES

Under the influence of α - and γ -interferons, the proteasome (PS) β type catalytic subunits PSMB5, PSMB6 and PSMB7 are substituted with PSMB8, PSMB9 and PSMB10 leading to the formation of immunoproteasomes (IPS).

This switch favours optimal MHC 1 peptide presentation and T-cell response. Mutations and single nucleotide polymorphisms (SNPs) in the IPS catalytic subunit PSMB8 are associated with several inflammatory and autoimmune diseases. The locus encoding PSMB8 and PSMB9 genes has previously been associated with increased risk of IgA nephropathy (IgAN) in genome-wide association studies (GWAS).



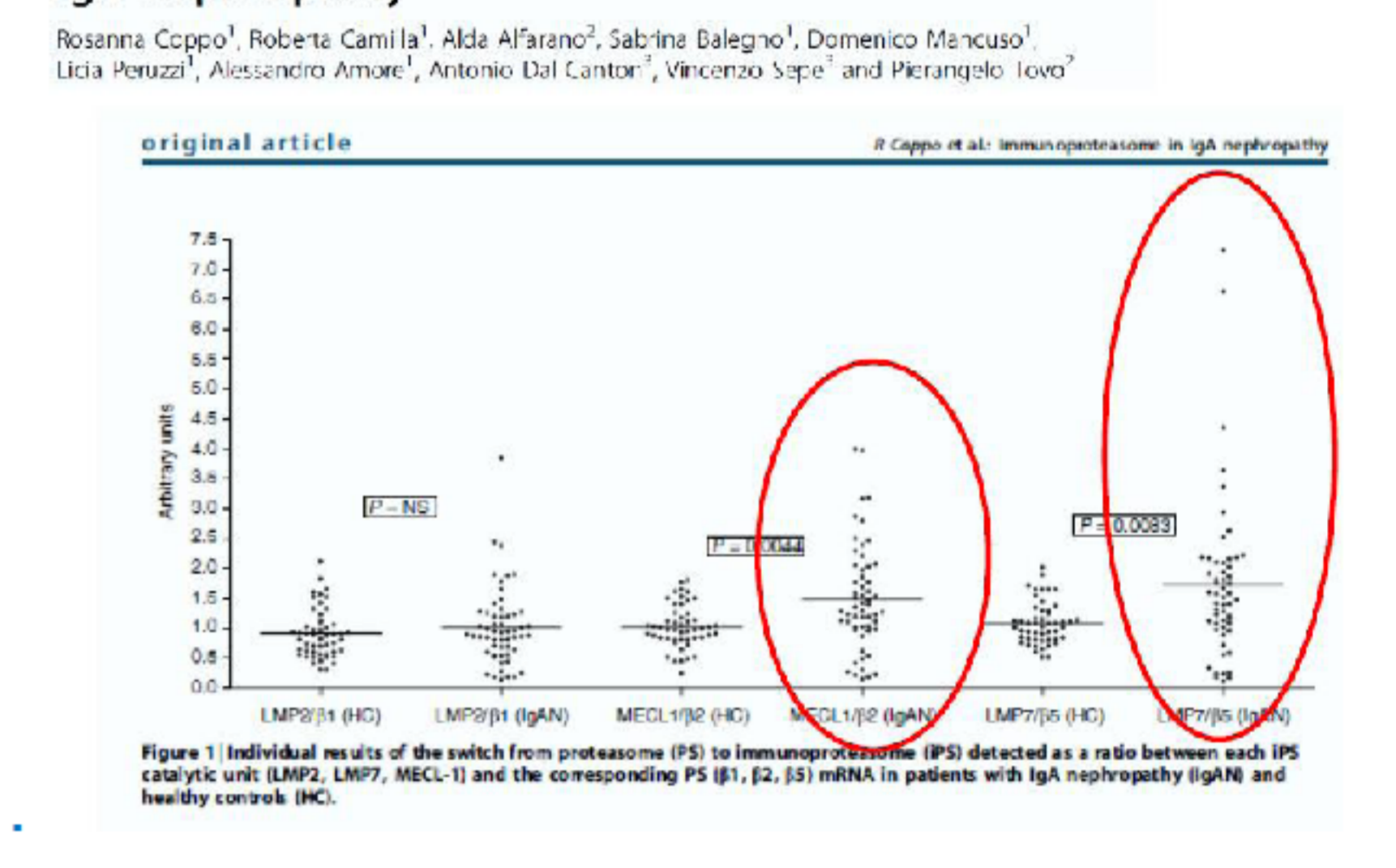
The aim of this study is to validate our observations of increased switch from PS to IPS in PBMC in a large cohort of European patients with IgAN (VALIGA: validation study of Oxford classification of IgAN) and to test if the top SNP at the PSMB8/PSMB9 locus (rs9357155) contributes to the genetic control of this process.

METHODS

We analyzed mRNA expression of the constitutive (PSMB 5, -6, -7) and the corresponding IPS subunits (PSMB 8, -9, -10) by RT-PCR in PBMCs from 150 VALIGA patients with IgAN, of which 77 patients had DNA available for rs9357155 genotyping.

We have also previously reported up-regulation of PSMB8 mRNA expression in peripheral mononuclear cells (PBMC) of patients with IgA nephropathy (IgAN)

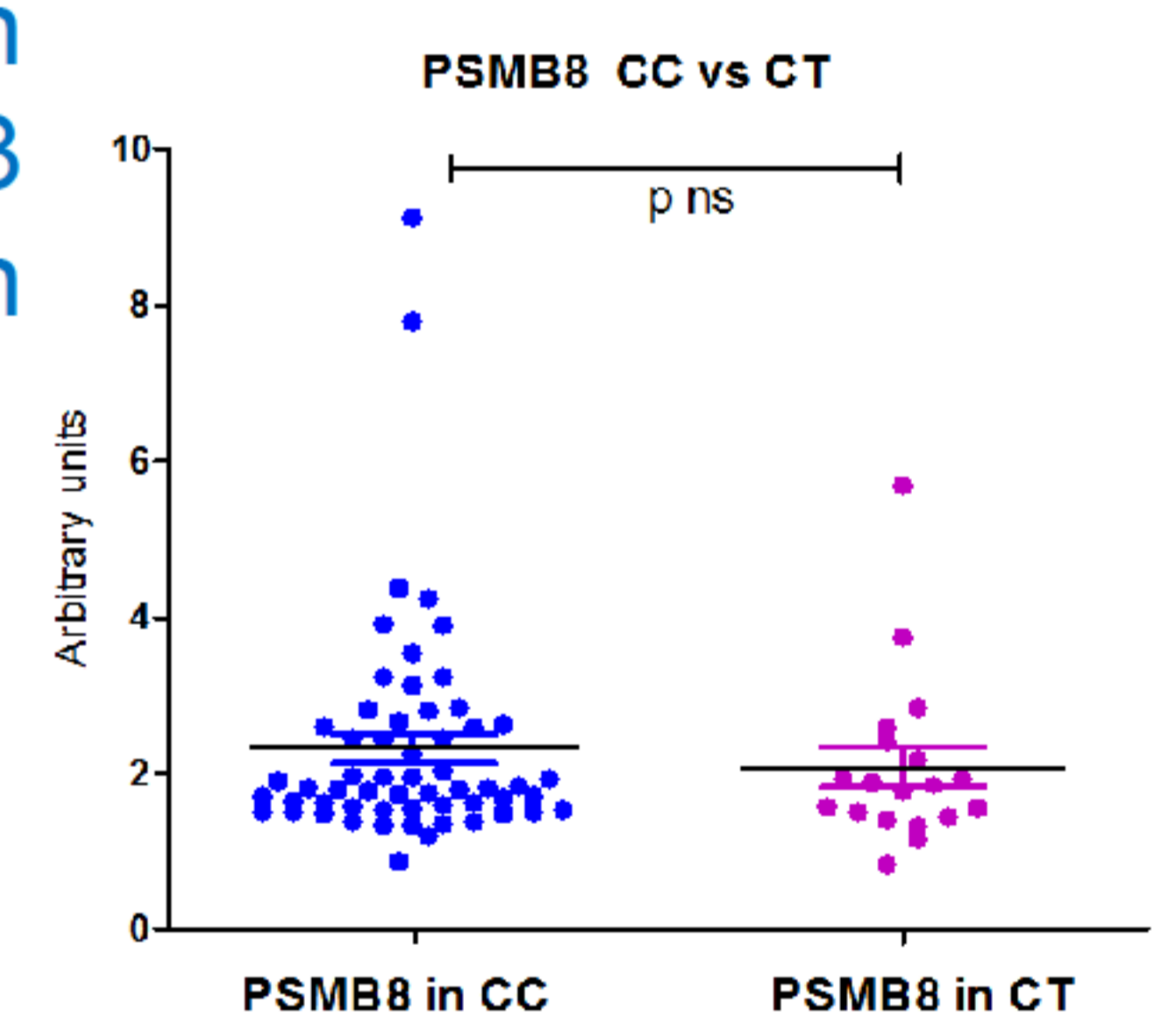
Upregulation of the immunoproteasome in peripheral blood mononuclear cells of patients with IgA nephropathy



RESULTS

We detected a highly significant increase in comparison to healthy controls (HC) in the expression of IPS subunit PSMB8 and corresponding PS/IPS switch. (PSMB8:IgAN median value 2.09, IQR 1.6- 3.2; HC 1.2, 0.7-1.9, $p < 0.0001$; PSMB8/PSMB5 IgAN 1.70, 1.3-2.3; HC 1.02, 0.9-1.2, $p = 0.0002$) and of IPS subunit PSMB9 and corresponding PS/IPS switch (PSMB9 IgAN 1.80, 1.2 -2.4; HC 0.44, 0.3-0.7, $p < 0.0001$; PSMB9/PSMB6 IgAN 1.25, 0.9-1.9, HC 0.49, 0.3-0.7, $P < 0.0001$). The expression of PSMB10 and PSMB10/PSMB7 was similar to HC.

The frequency of IgAN risk allele rs9357155-C was 0.87 in our cases, as compared to 0.83 in the CEU HapMap population (European controls). Patients with CC genotype tended to have higher IPS switch in comparison to CT/TT genotypes, but these preliminary results did not reach statistical significance



CONCLUSIONS

In conclusion, this large multicenter European study confirms enhanced immunoproteasome activation in PBMCs from IgAN patients. We also observed a trend for increased PS/IPS switch in homozygotes for the GWAS risk allele at the PSMB8/PSMB9 locus, although low power of our genetic association study precludes a definitive conclusion; we expect to confirm this trend as we continue to increase the sample size for the genetic arm of this study.

PS/IPS switch in IgAN and healthy controls

