# AMELIORATION OF PODOCYTE INJURY BY AN ORAL ADSORBENT AST-120 IN METABOLIC SYNDROME/DIABETES RATS: POSSIBLE ASSOCIATION WITH REDUCTION OF PROTEINURIA AND ALBUMINURIA

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## **OBJECTIVES**

 Metabolic syndrome is known to be an important risk factor involved in the development of diabetic nephropathy.

#### Diabetes Care. 2008; 31(12):2357-61

- AST-120 is an oral carbon adsorbent consisting of porous carbon particles.
- It has been used clinically for treatment of chronic kidney disease (CKD) patients to slow the progression of CKD

#### Nephron Clin Pract. 2007; 105(3):c99-c107

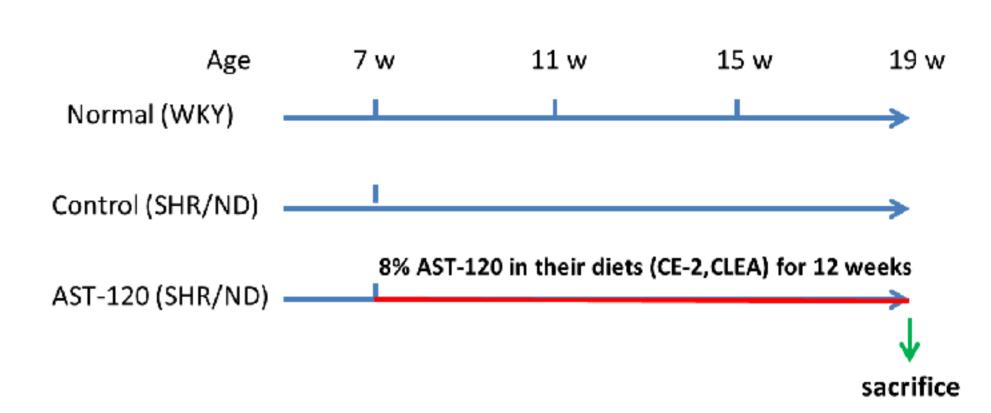
•There is little evidence that AST-120 should be prescribed for subjects with early stage overt diabetic nephropathy.

Therefore, we investigated whether AST-120 has an effect on the early stage of nephropathy using SHR/NDmc-cp (SHR/ND), a rat model of metabolic syndrome/ type 2 diabetes.

## **METHODS**

## Effect of treatment with AST-120 in SHR/ND

Seven-week-old male SHR/ND (n=10) rats were divided into two groups (n=5 each): AST-120 group and control group. AST-120 group was administered AST-120 with a diet containing 8% for 4 or 12 weeks. Wistar-Kyoto (n=5) rats were used as a normal.

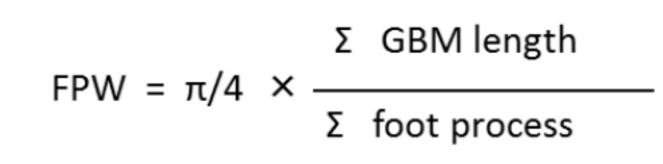


## **Oxidative stress**

The urinary 8-OHdG excretion was measured by ELISA.

#### **Podocyte injury**

Podocyte foot process width (FPW) was measured by Transmission Electron Microscopy



Kidney International 2004; 66, 1901-06

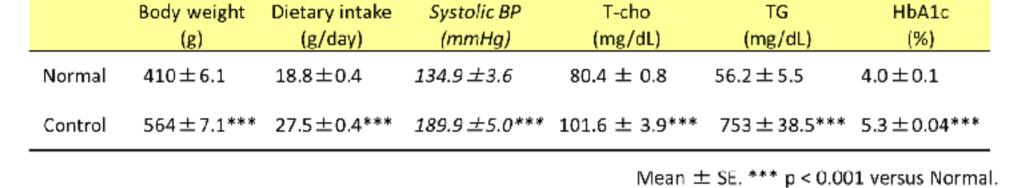
## **Metabolomic analysis**

Serum samples of three groups at 8 weeks after administration of AST-120 were analyzed by capillary electrophoresis mass spectrometry with time-of-flight (CE-TOFMS) and applied CE-TOFMS data to principal component analysis (PCA).

To validate these metabolites for the markers, we measured the serum levels of them by selected reaction monitoring method of LC/ESI-MS/MS.

# **RESULTS**

Tabele1. Biochemical parameters in Normal and Control groups at 19 weeks of age.



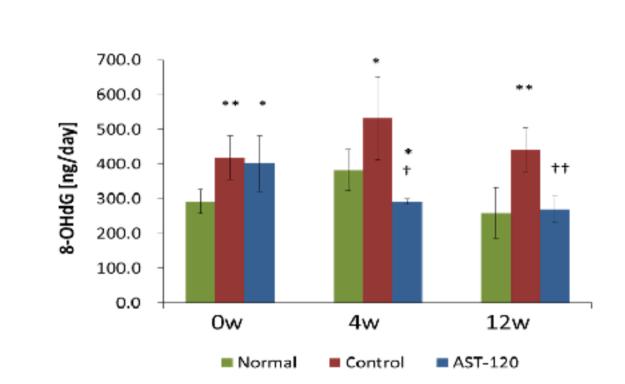


Fig.2 Urinary 8-hydroxy-2'-deoxyguanosine (8-OhdG) excretion of 3 Groups. Mean  $\pm$  SD, n=5 , \* p < 0.05, \*\* p < 0.01 versus Normal. †p < 0.05 , †† p < 0.01 versus Control

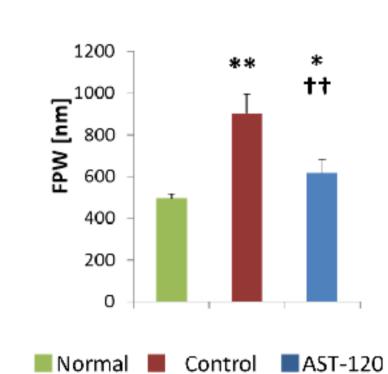


Fig. 4 podocyte foot process width (FPW) of 3 Groups Mean  $\pm$  SD, n=5 , \*\* p < 0.01, \* p < 0.05 vs. Normal, †† p < 0.01 versus Control

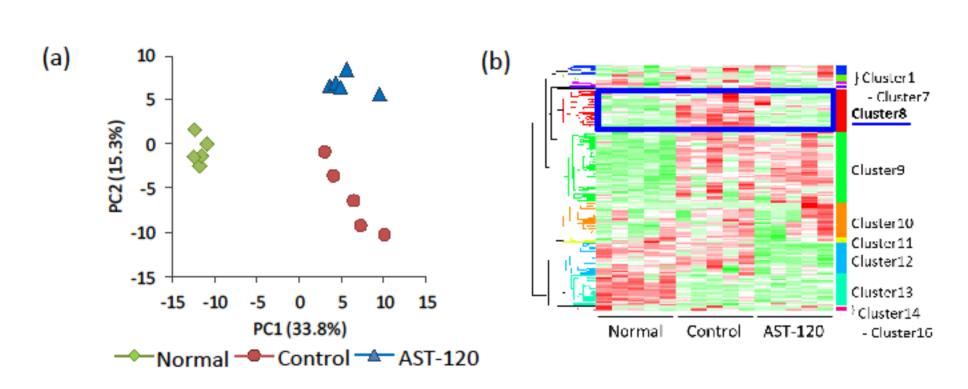


Fig. 6 The difference in the serum metabolites among three groups.

(a) PCA score plot of the CE-TOFMS data of serum samples.

(b) Hierarchical clustering showing patterns of metabolites.

Red and green indicate high and low concentration of metabolites, respectively.

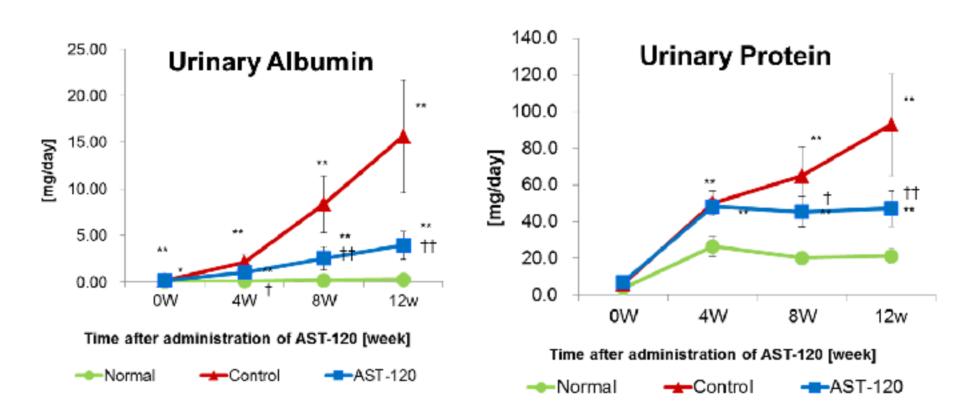


Fig. 1 Excretions of albumin and protein in the urine of Normal, Control and AST-120 groups. Mean  $\pm$  SD, n=5 \* p < 0.05, \*\* p < 0.01 versus Normal. †p < 0.05, †† p < 0.01 versus Control

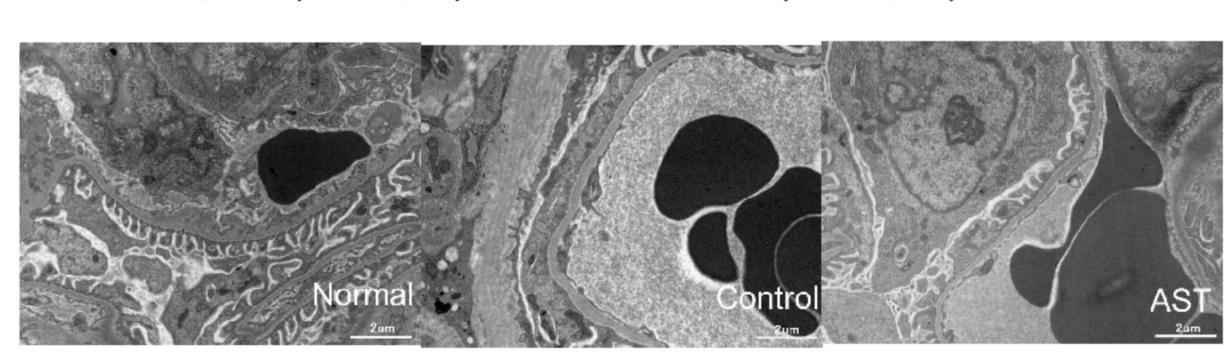


Fig. 3 Representative electron microscopy images

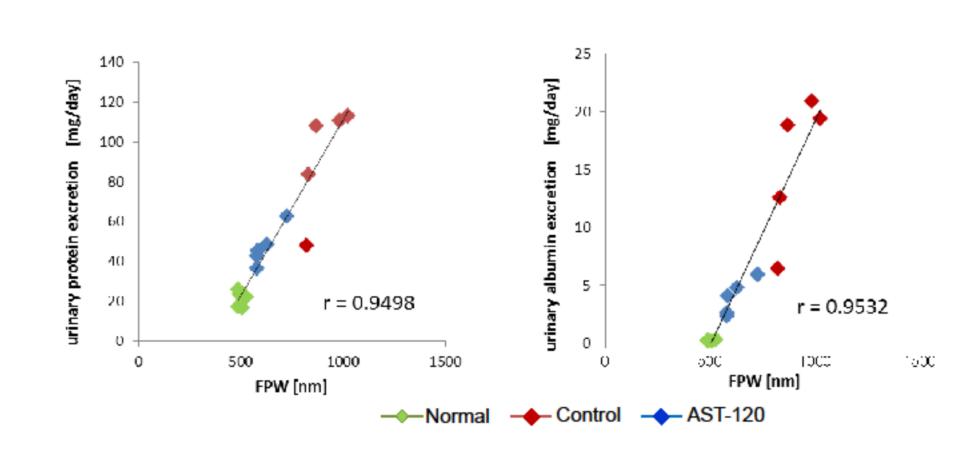


Fig. 5 Correlation between FPW and the levels of urinary protein excretion and urinary albumin excretion

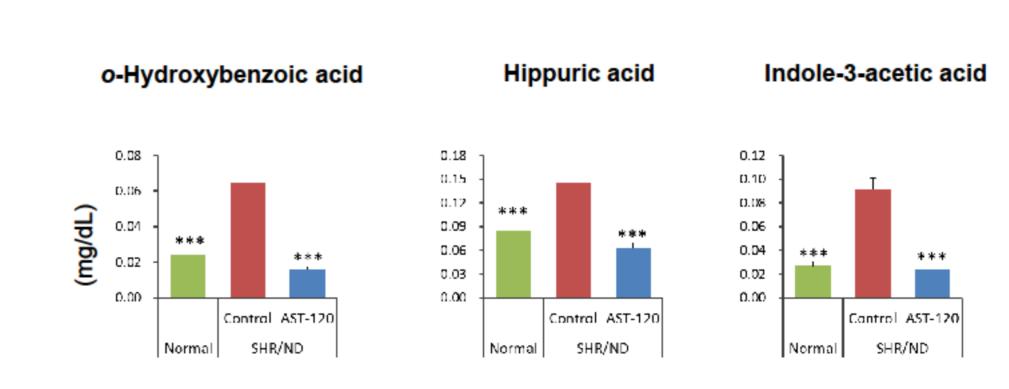


Fig. 7 Serum levels of o-hydroxybenzoic acid, hippuric acid and indole-3-acetic acid in 3 groups.

Mean ± SE, \*\*\* p < 0.001 versus Control.

AST-120-administered SHR/ND rats showed significantly lower levels of urinary protein excretion, urinary albumin excretion (Fig.1), urinary 8-OHdG excretion (Fig.2) and the FPW (Fig.4) as compared with SHR/ND rats.

The FPW was significantly correlated with the levels of urinary protein excretion (r = 0.9498) and urinary albumin excretion (r = 0.9532) (Fig.5).

PCA score plot showed clear separation among three groups (Fig.6).

We could detect 40 metabolites, such as ohydroxybenzoic acid, hippuric acid and indole-3-acetic acid, which accumulated in the serum of SHR/ND rats, and of which serum levels were reduced by administration of AST-120 (Fig.6, 7).

## CONCLUSIONS

The amelioration of podocyte injury by AST-120 may contribute to the reduction of proteinuria and albuminuria. It indicates that the administration of AST-120 at an early stage of diabetic nephropathy has a protective effect on the disease progression.

