

# Serological extracellular matrix fragments may serve as early kidney damage biomarkers in children with defects in Alport genes

Solveig Groen<sup>1</sup>, Federica Genovese<sup>1</sup>, Christoforos Anagnostopoulos<sup>1</sup>, Rebecca Preston<sup>2</sup>, Rachel Lennon<sup>2,3</sup>

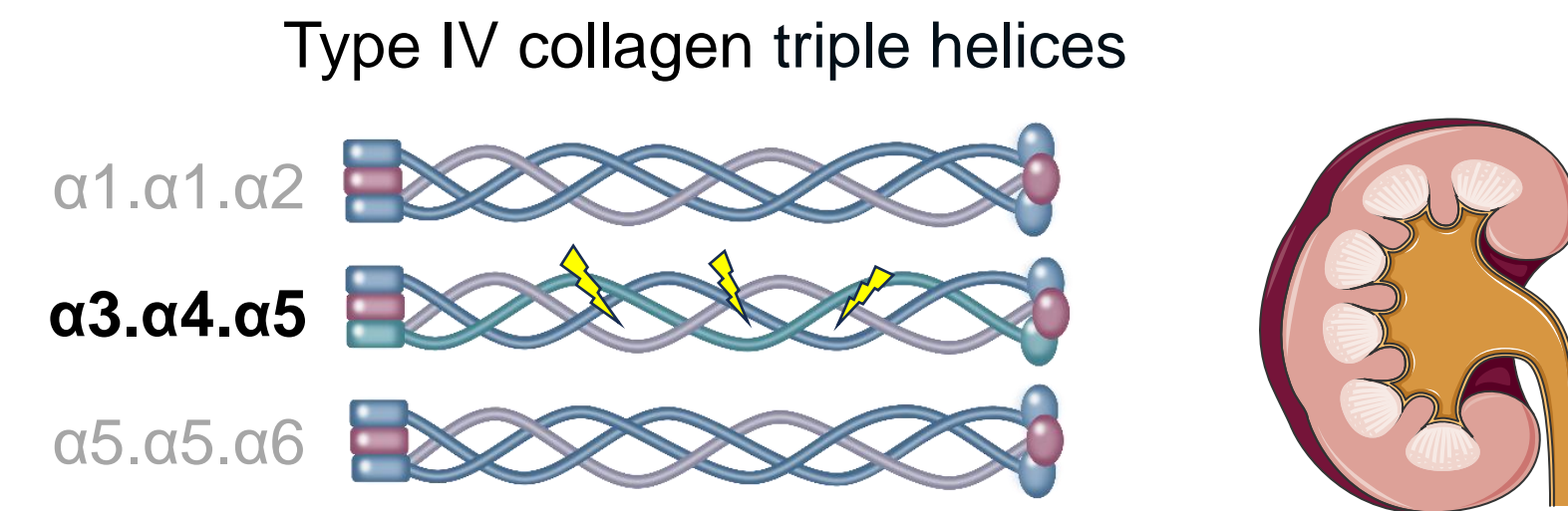
<sup>1</sup> Nordic Bioscience, Cardiovascular and Renal Research, Herlev, Denmark

<sup>2</sup> University of Manchester, Wellcome Centre for Cell-Matrix Research, Division of Cell Matrix Biology and Regenerative Medicine, School of Biological Sciences, Faculty of Biology Medicine and Health, Manchester, United Kingdom

<sup>3</sup> Manchester Academic Health Science Centre, Department of Paediatric Nephrology, Royal Manchester Children's Hospital, Manchester University Hospitals NHS Foundation Trust, Manchester, United Kingdom

## INTRODUCTION & AIM

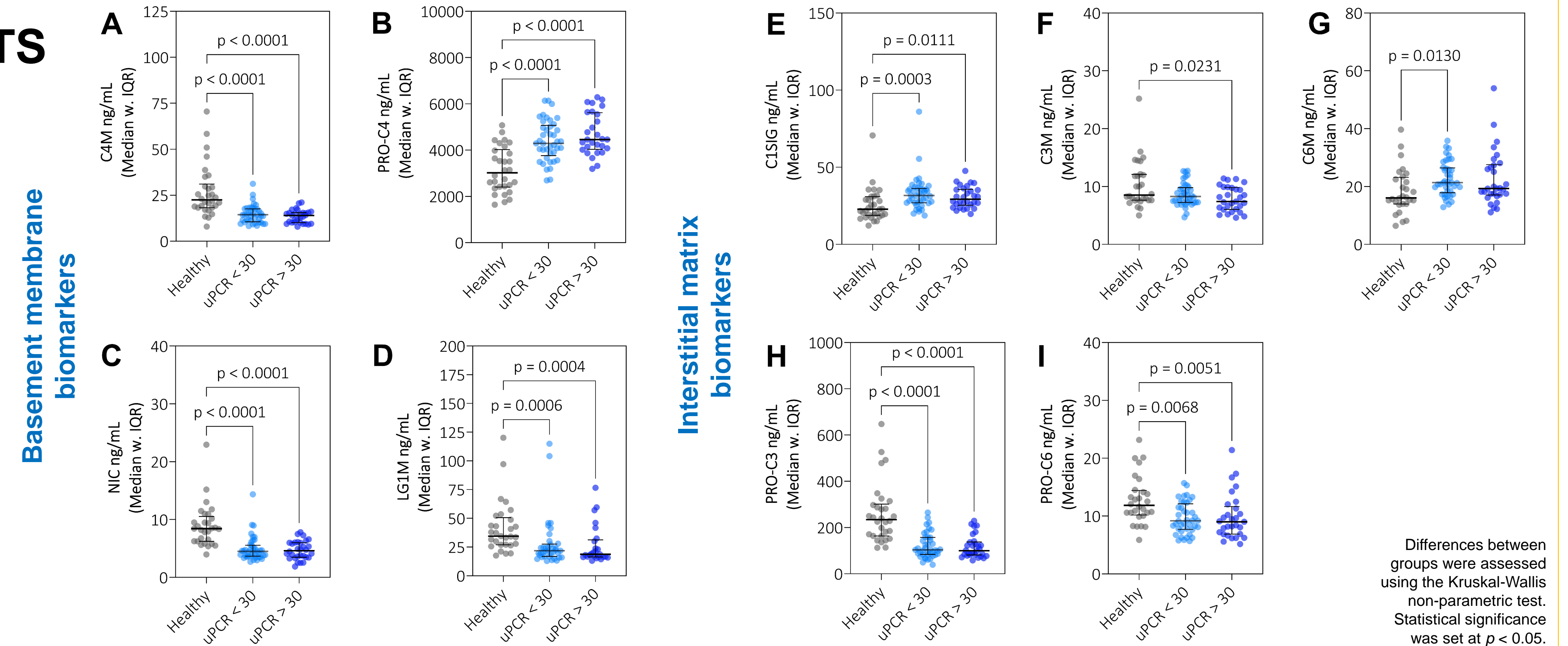
Alport syndrome is a **genetic disorder** caused by variants in **COL4A3**, **COL4A4**, or **COL4A5**, which encode **type IV collagen**. The  $\alpha 3. \alpha 4. \alpha 5$ (IV) collagen network is a critical structural component of the **glomerular and tubular basement membranes** within the kidney's **extracellular matrix (ECM)**.



Variants in this network compromise basement membrane integrity, leading to cell injury, inflammation, and **fibrotic remodeling** of the surrounding **interstitial matrix**, which contributes to progressive kidney dysfunction

We aim to identify **serological protease-generated fragments** of the **ECM** as potential **early biomarkers** of kidney damage.

## RESULTS



## METHODS

Serological biomarkers quantified using ELISAs\*

### ECM degradation

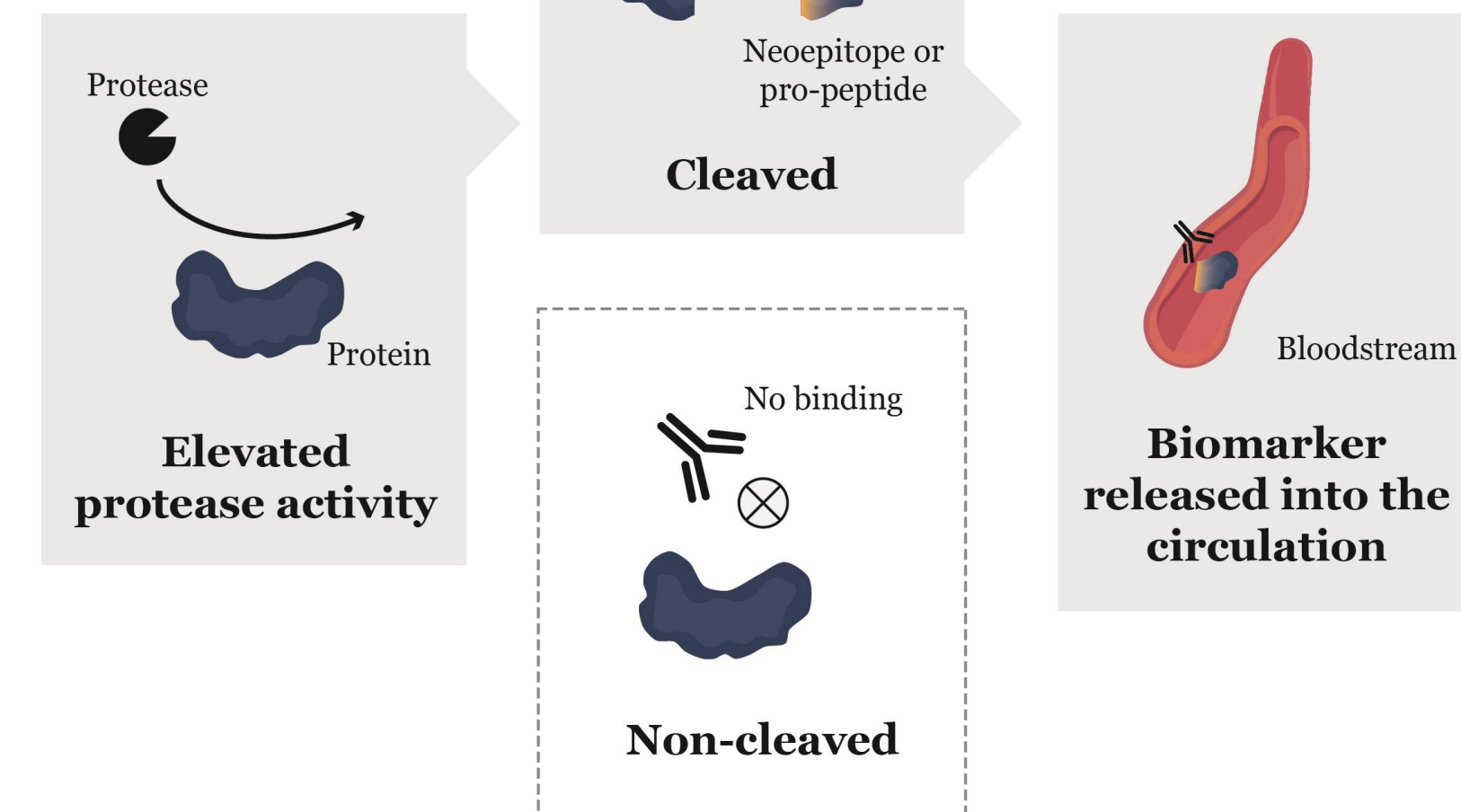
**C1SIG** Type I collagen  
**C3M** Type III collagen  
**C4M** Type IV collagen  
**C6M** Type VI collagen  
**NIC** Nidogen  
**LG1M** Laminin

### ECM formation

**PRO-C3** Type III collagen  
**PRO-C6** Type VI collagen

### ECM turnover

**PRO-C4** Type IV collagen



Age- and sex-matched healthy children (n = 30)

Children with Alport syndrome

uPCR < 30 (n = 41)

uPCR > 30 (n = 30)

Baseline

Follow-up

Biomarkers

uPCR

\*ELISAs are developed by Nordic Bioscience

## CONCLUSIONS

The following biomarkers were **altered** in children with Alport syndrome, compared to healthy donors, before the onset of detectable proteinuria:

- ↓ **C4M**, **LG1M**, **NIC** (basement membrane degradation)
- ↓ **PRO-C3** and **PRO-C6** (interstitial matrix formation)
- ↑ **C1SIG** and **C6M** (interstitial matrix degradation)
- ↑ **PRO-C4** (basement membrane turnover)

These biomarkers could potentially indicate **early kidney damage** and enable earlier initiation of **kidney-protective treatments** in children with Alport syndrome.

HAVE QUESTIONS OR WANT TO CHAT?  
PLEASE REACH OUT 🍌 Solveig Groen, [ssg@nordicbio.com](mailto:ssg@nordicbio.com)