



**CONGENITAL  
DISORDERS OF  
GLYCOSYLATION  
WORLD CONFERENCE**

The power of advancing patient-oriented research united  
FAMILIES AND PROFESSIONALS



# Successful dietary treatment in CDG and outlook for future therapies

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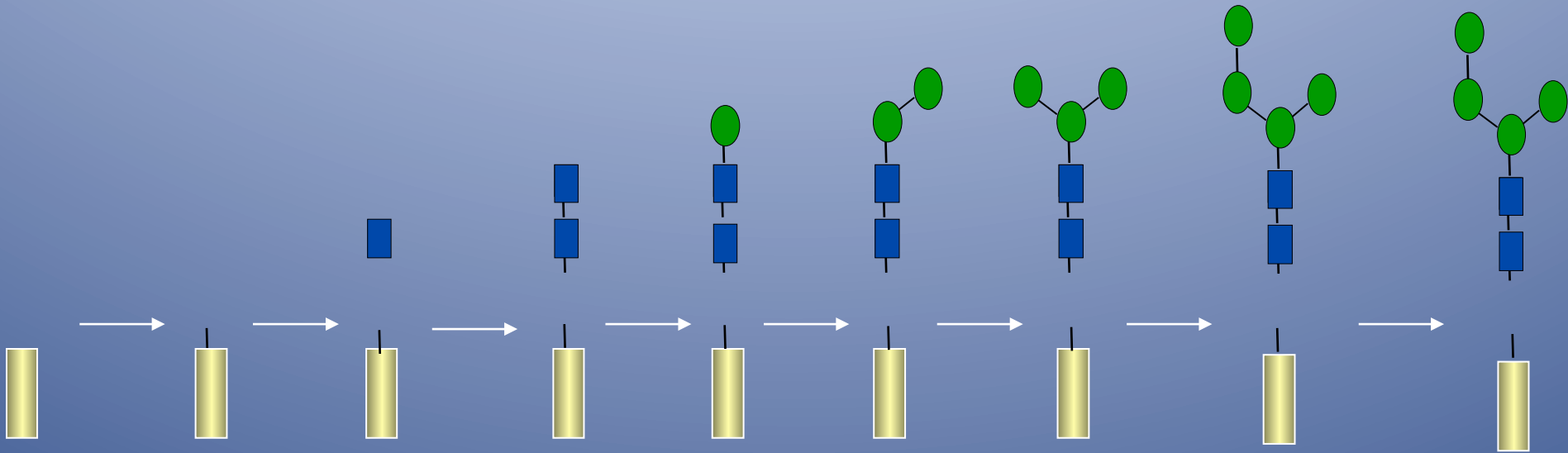
**and**

**University Hospital Leuven, Belgium**

**KU LEUVEN**

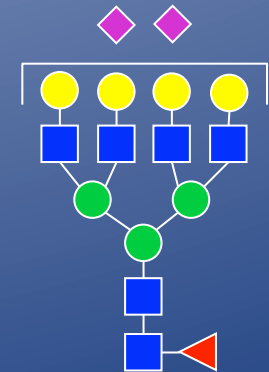
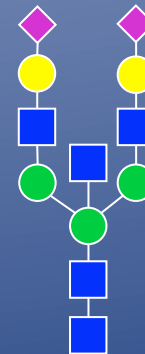
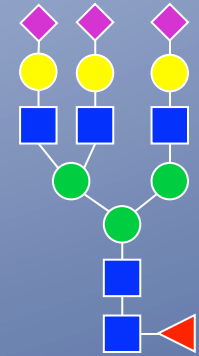
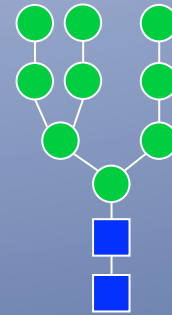
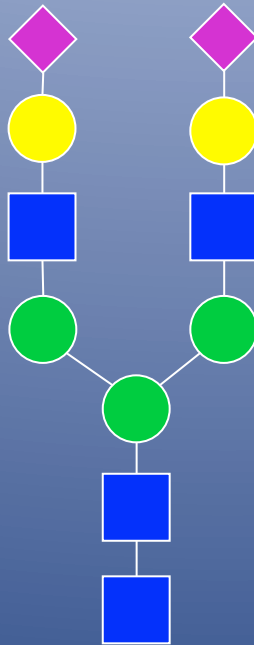
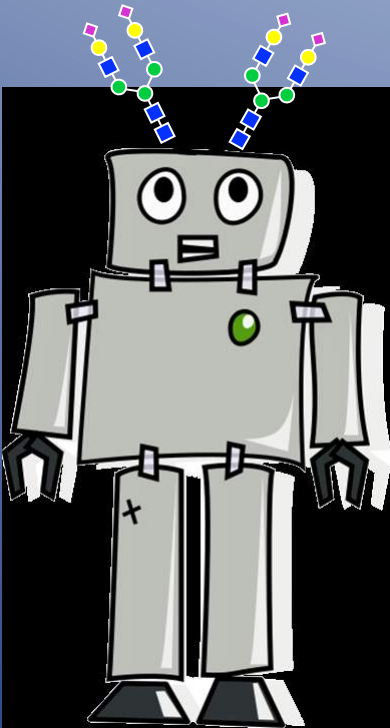


# Glycosylation is a step-wise metabolic process

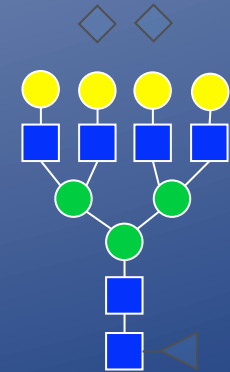
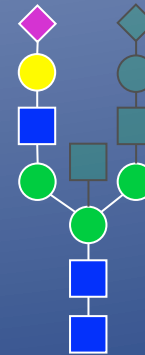
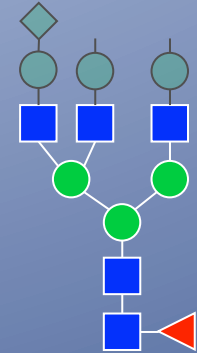
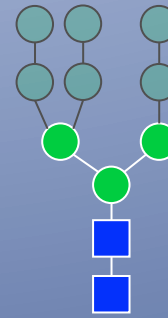
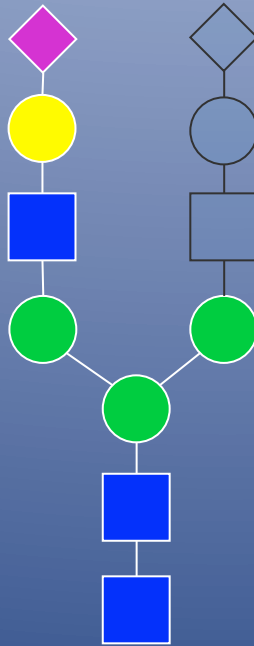
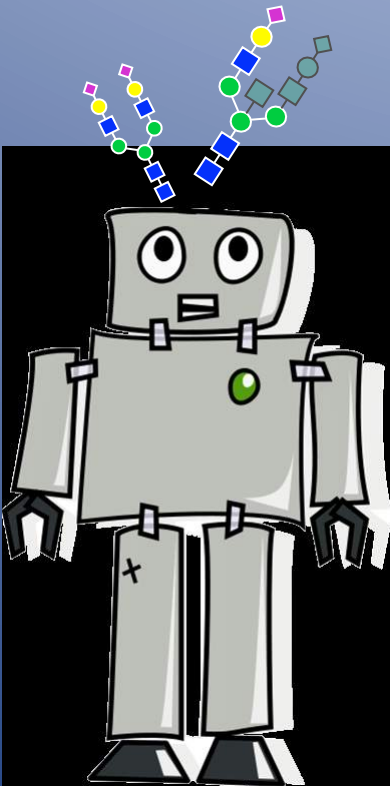


Sugar by sugar: building the “glycan” chain

# Glycosylation



# Abnormal glycosylation



# How can we develop new dietary therapies in CDG?

## 1. Diagnosis

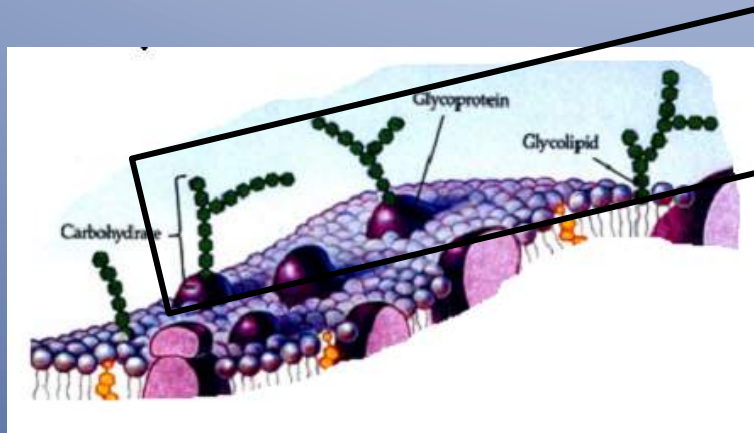
- Diagnosis of a disease with a glycosylation defect
- Understand the biochemical mechanisms



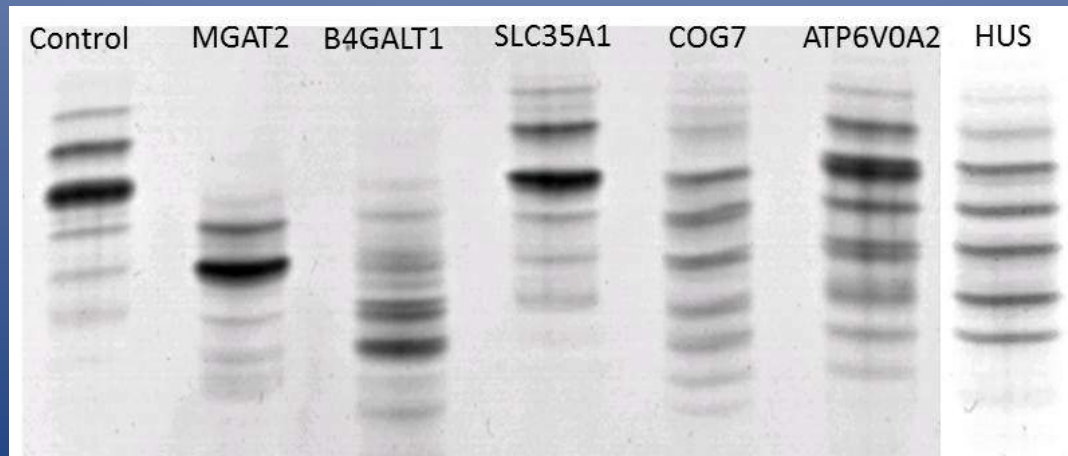
## 2. Therapy

- Is dietary therapy possible?
- Is it safe?

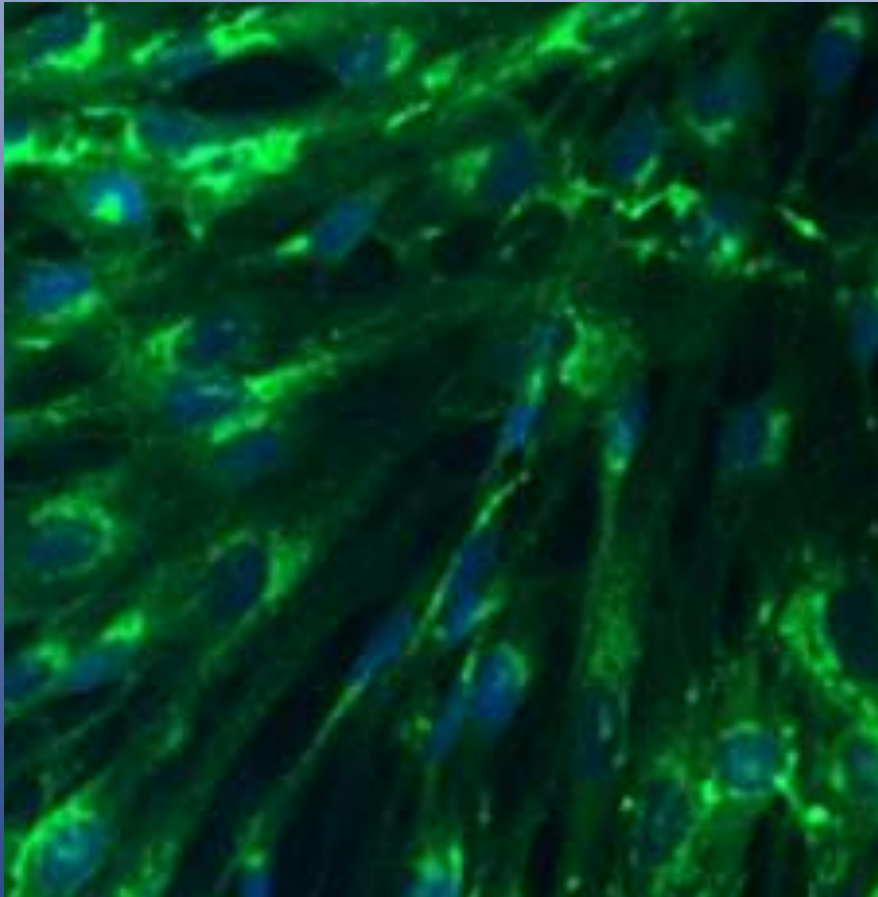
# Biochemical testing in blood to diagnose congenital disorders of glycosylation



Barcode for disease



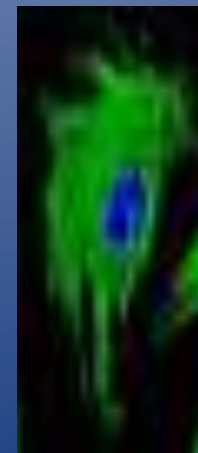
# Glycosylation staining in cells



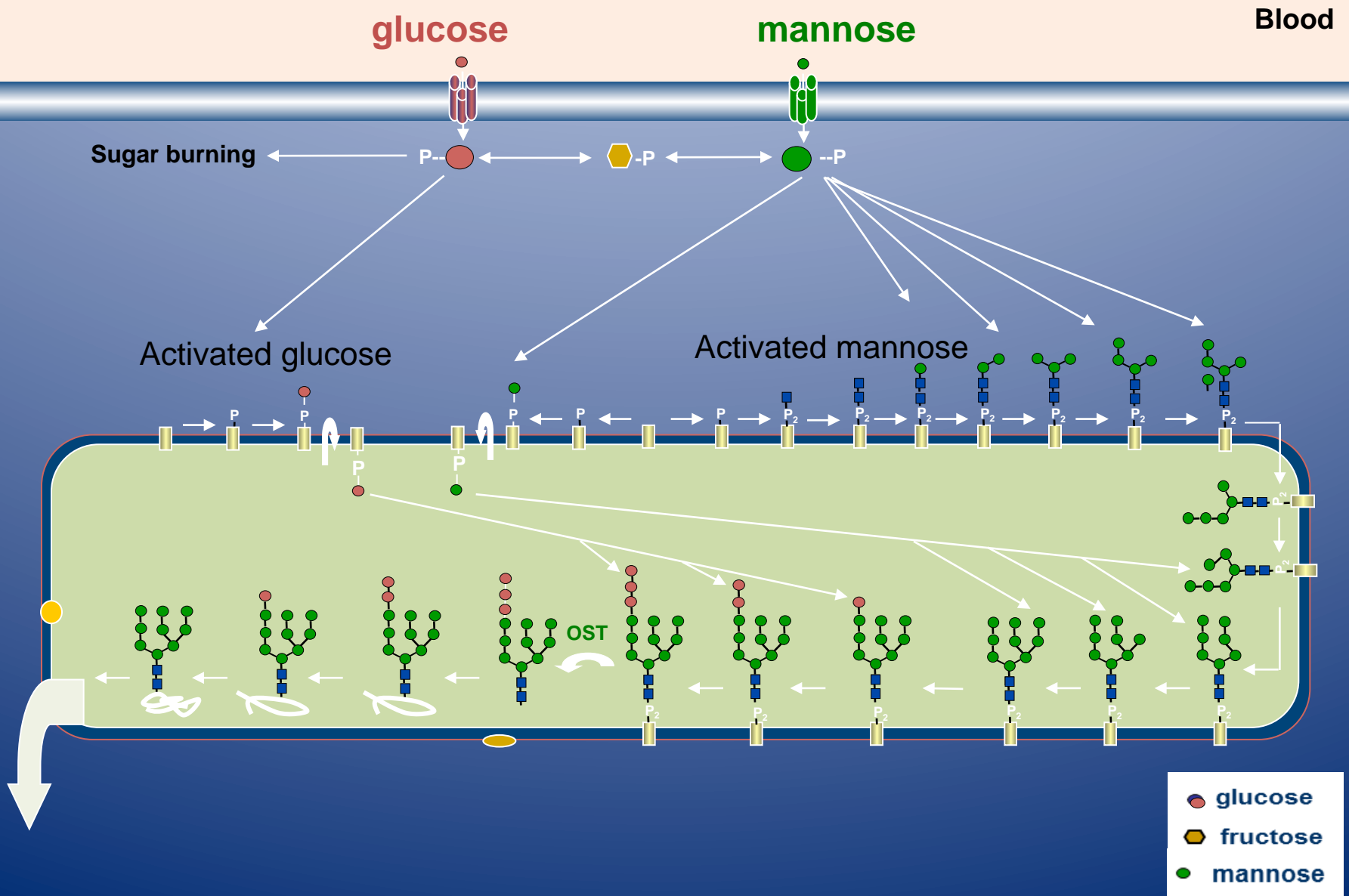
Healthy (control) skin cells in culture



Fluorescent staining

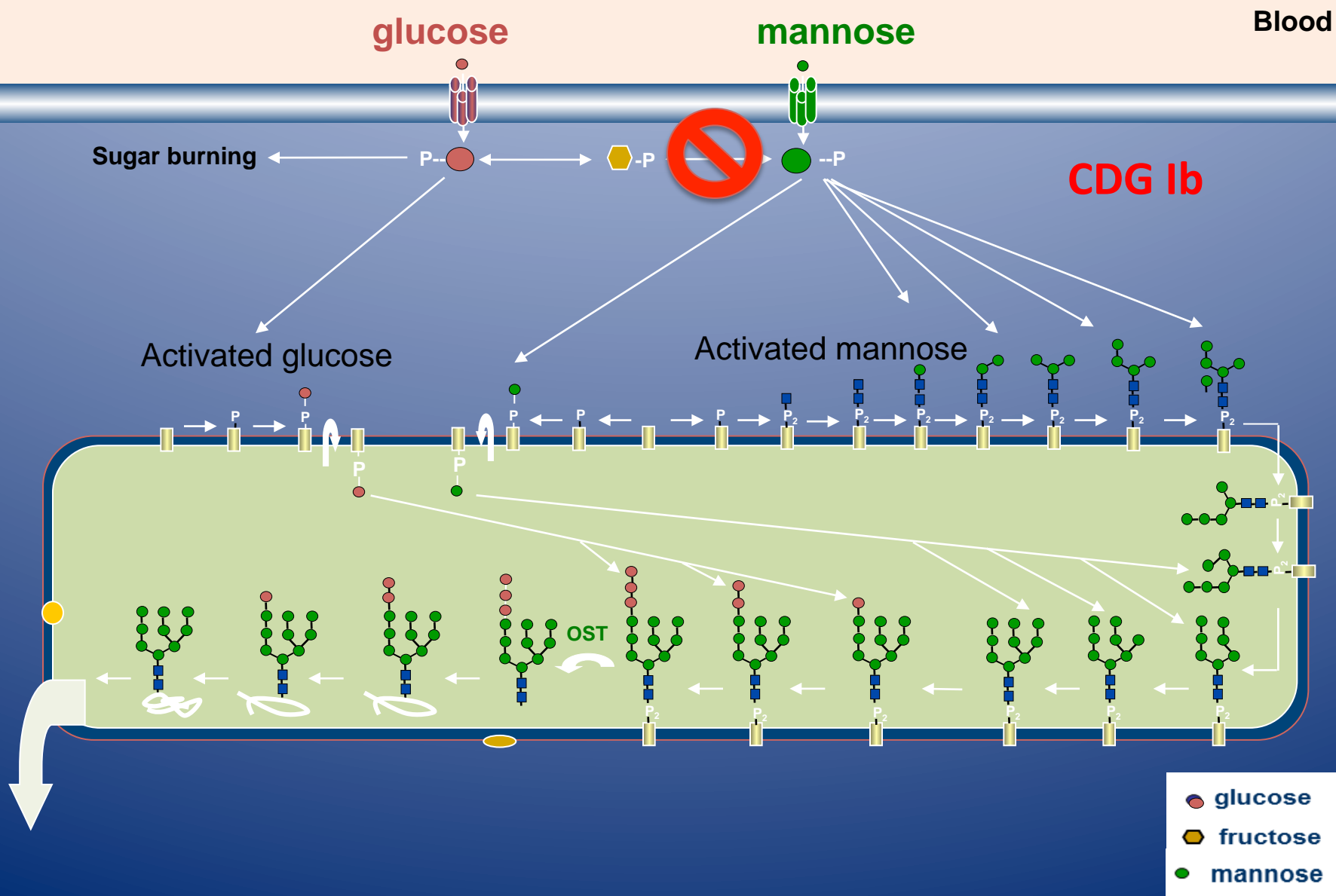


# Sugar activation is essential for sugar chain synthesis

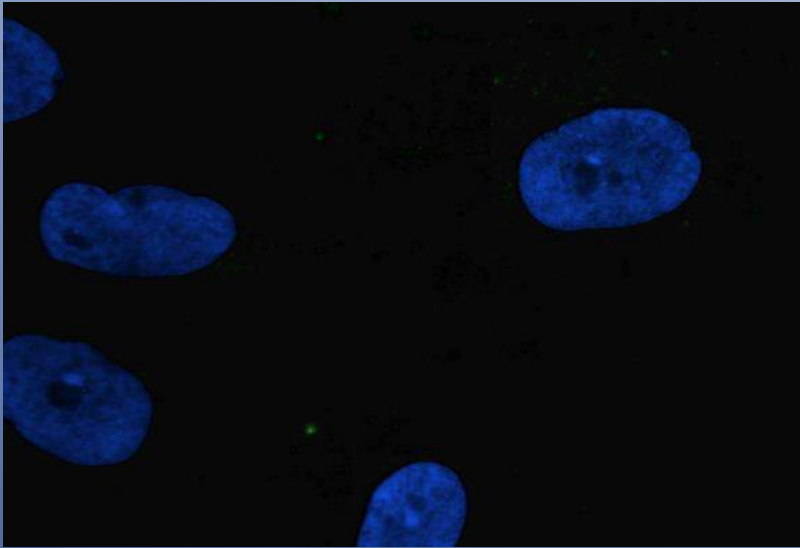




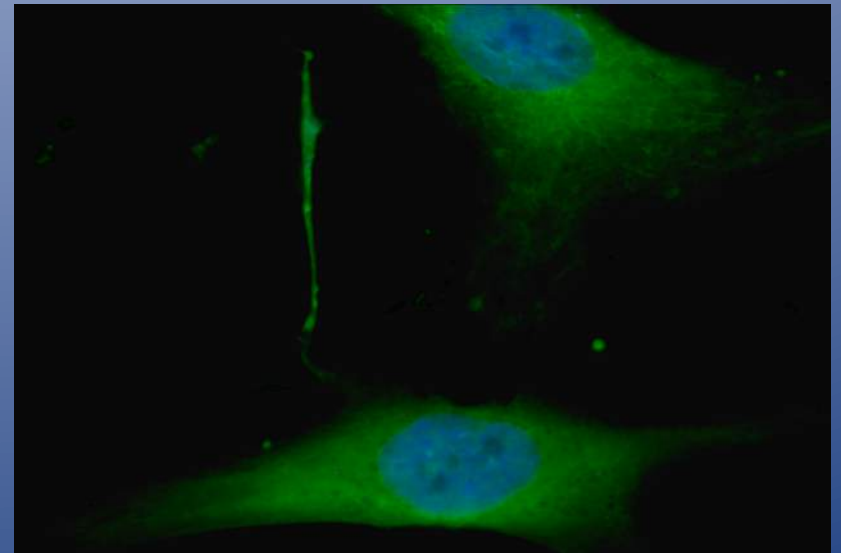
# Sugar activation is essential for sugar chain synthesis



# Abnormal glycosylation in CDG cells



Healthy control

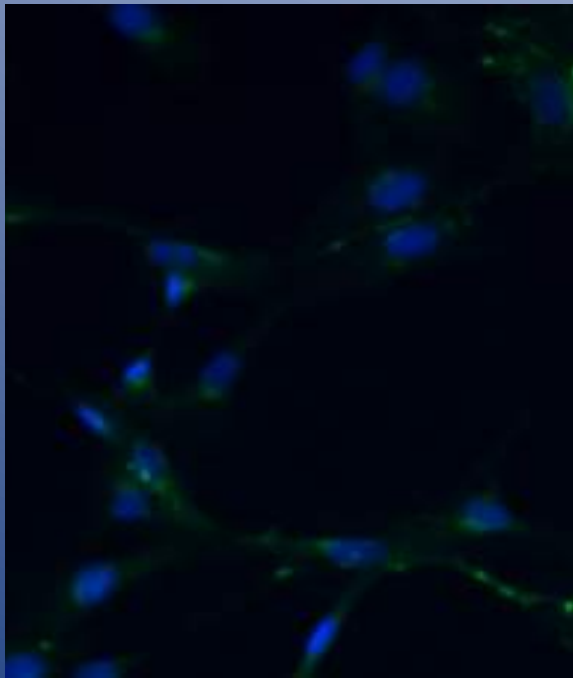


## Immune histochemistry

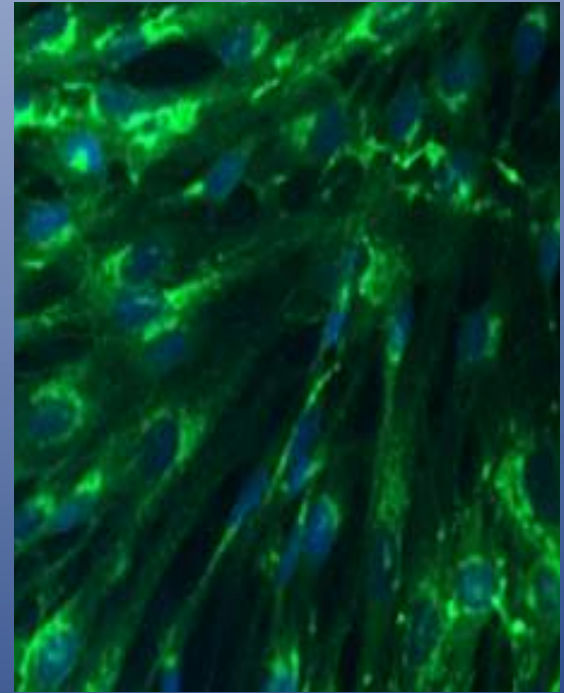
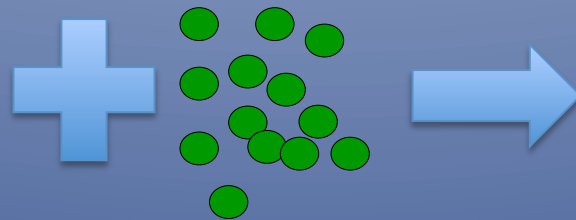
Skin biopsy cells grown in culture media and stained for glycosylation

# Mannose feeding restores glycosylation in MPI-CDG

+ 0.75mM Mannose



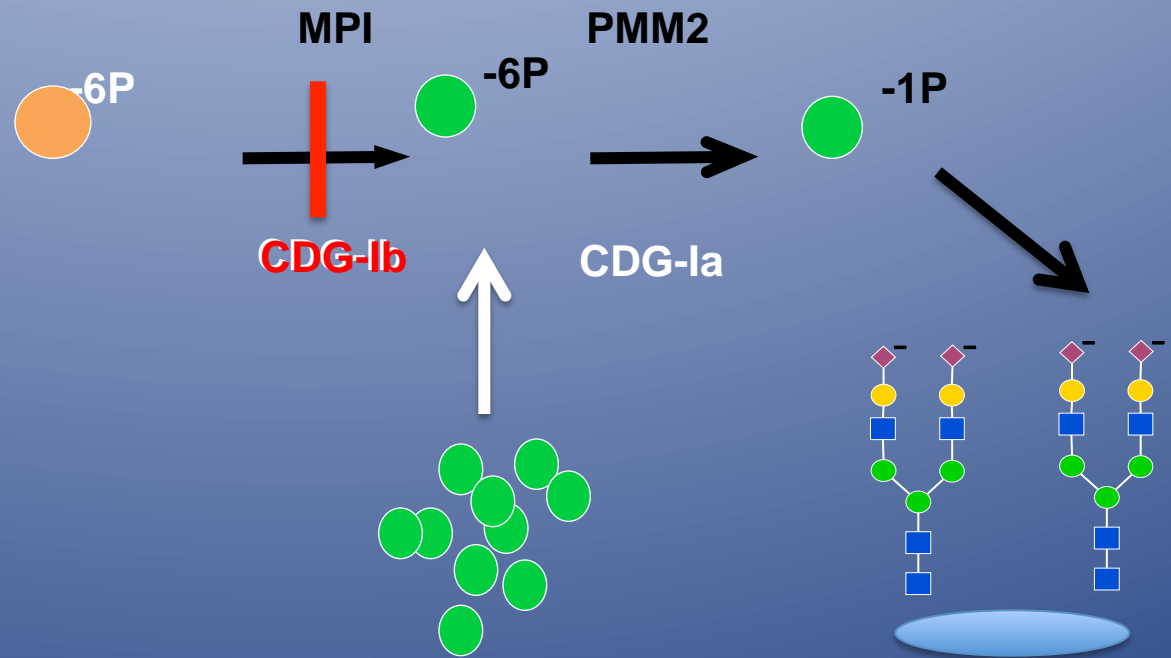
Before mannose



After mannose

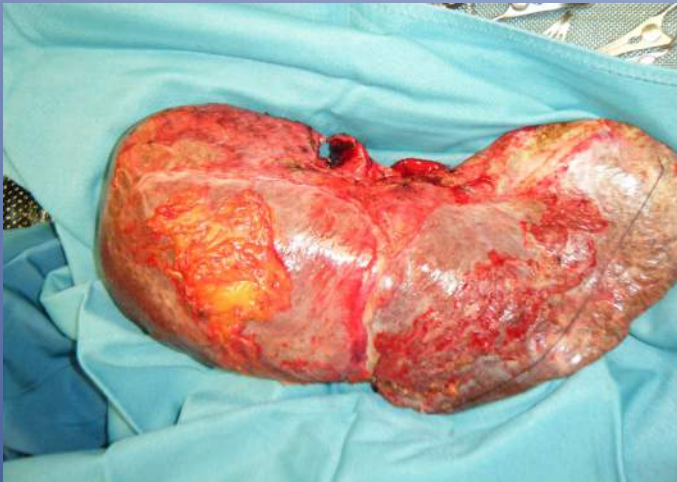
# MPI-CDG (CDG Ib)

Liver disease  
Bleeding  
Diarrhea



Mannose 1 g/kg/day (iv or oral)

# Clinical mannose therapy in MPI-CDG



Mannose 1 g/kg/day (iv or oral)

Significant improvement of laboratory results but slow progression of liver fibrosis led to the first two cases of successful liver transplantation

# Discovery of a new, treatable type of CDG

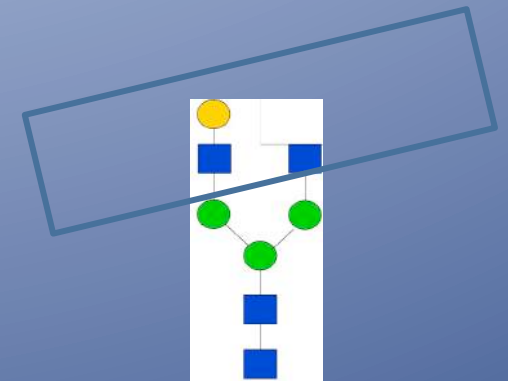
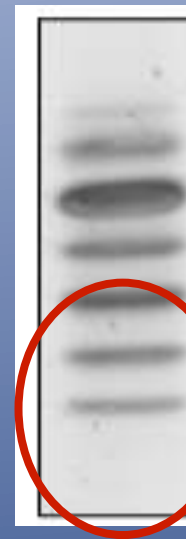
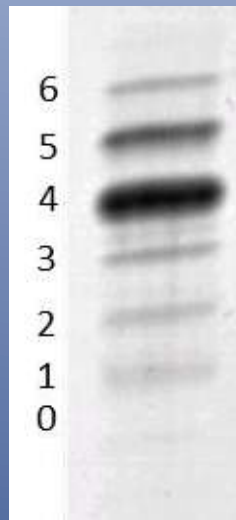
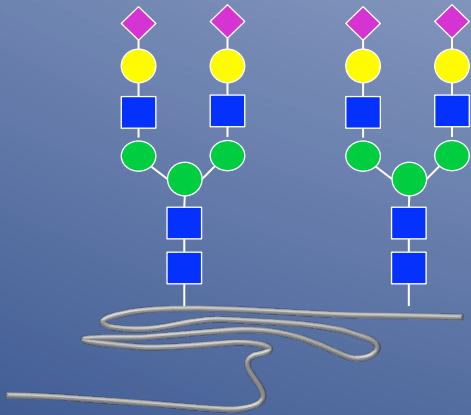


Muscle pain  
Low blood sugar  
Bleeding risk  
Hormonal disturbance  
Heart disease  
Normal intelligence!

Diagnosis in blood:

1. Glycosylation screening
2. Enzyme measurement
3. Protein assay (Western blot)

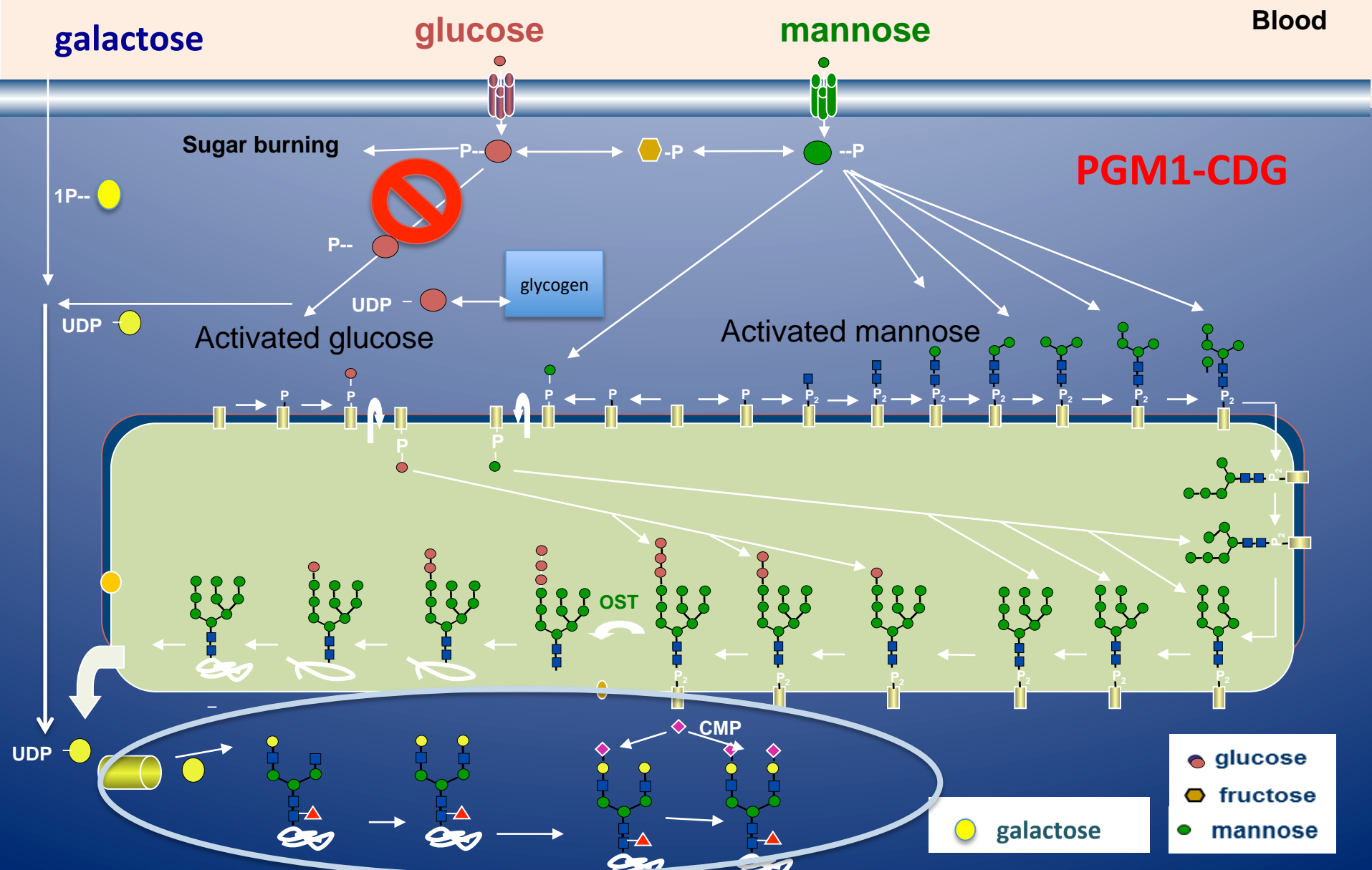
# Screening for abnormal glycosylation in blood



**ABNORMAL "barcode"**



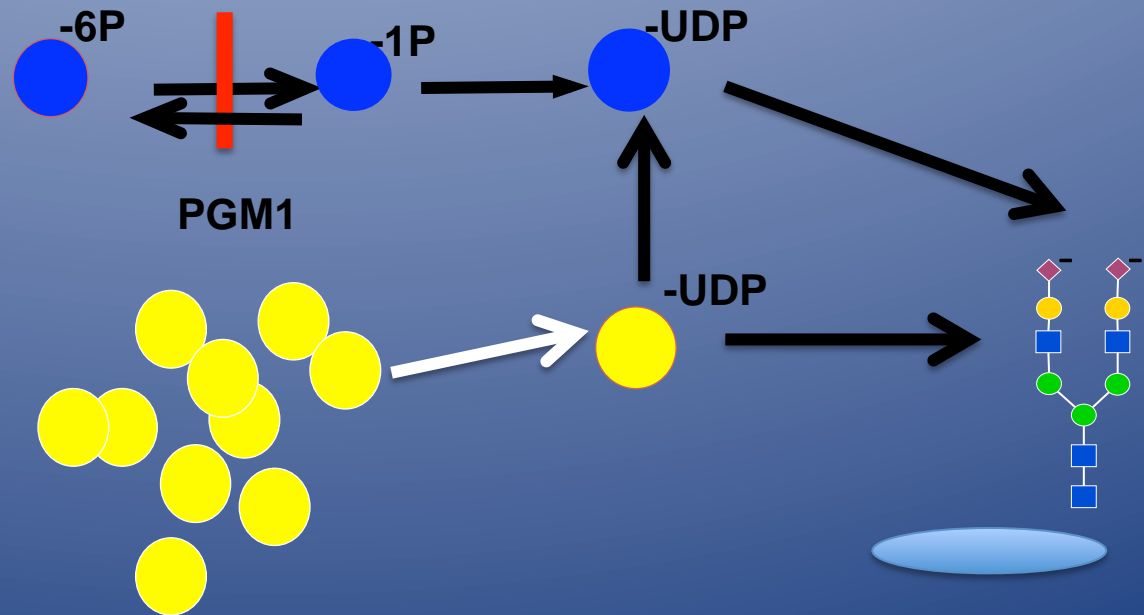
# Sugar activation is essential for sugar chain synthesis





# PGM1-CDG

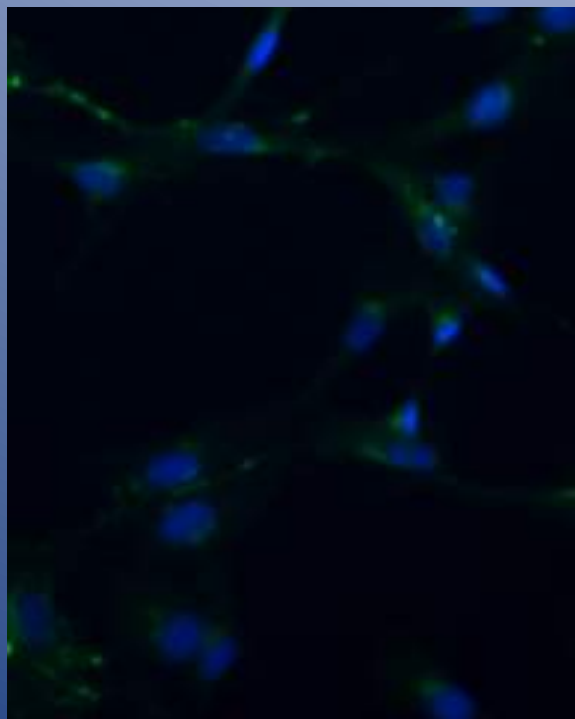
Hypoglycemia  
Heart disease  
Bleeding  
Hormone problems



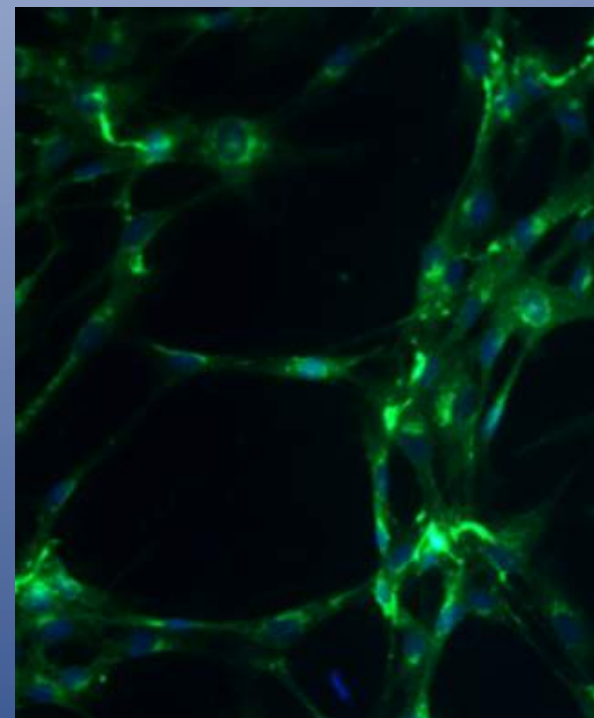
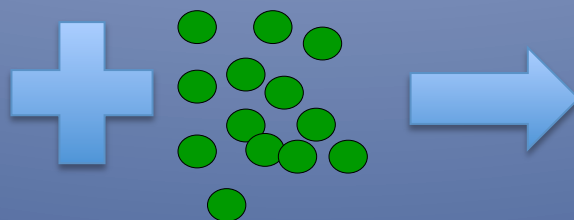
Galactose 1 g/kg/day (iv or oral)

# Galactose feeding improves glycosylation in PGM1-CDG

+ 0.75mM Galactose



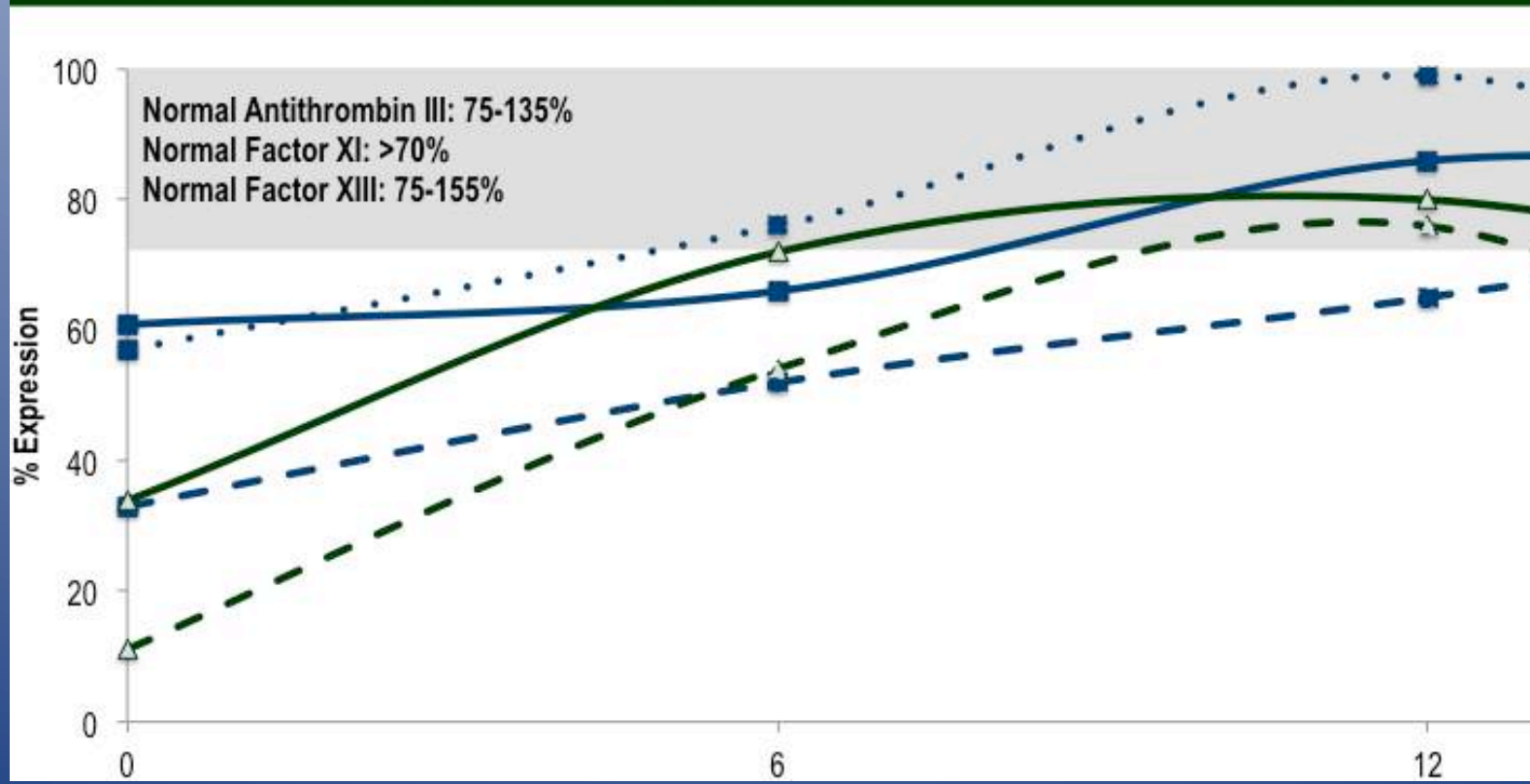
Before galactose



After galactose

# Coagulation and anticoagulation factors improve in patients rapidly

## CHANGES IN COAGULATION AND ANTICOAGULATION FACTORS



- Patient 1**
  - Antithrombin III
  - Factor XI
  - ..■.. Factor XIII
- Patient 2**
  - ▲— Antithrombin III
  - ▲- Factor XI

# Discovery of a new, treatable type of CDG



Muscle pain: decreases  
Low blood sugar: improves  
Bleeding risk: decreases  
Hormonal disturbance normalizes  
Heart disease: **no effect**

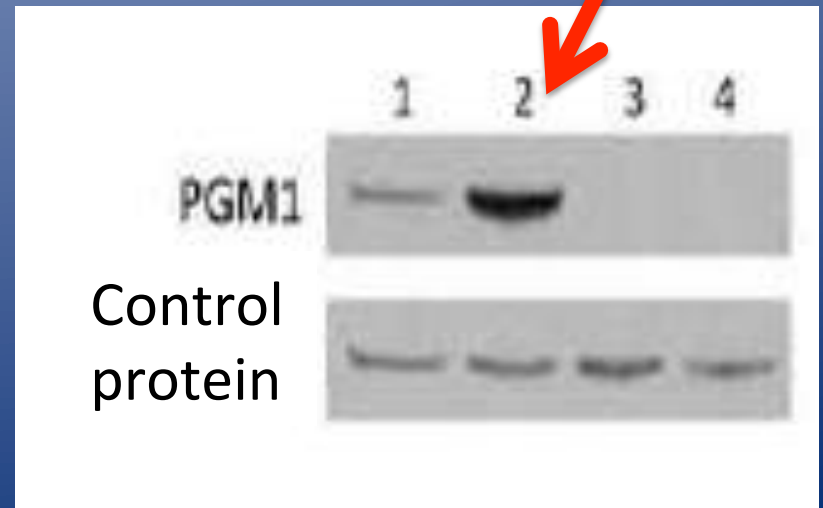


# Measuring the PGM1 protein in patients



Western blot

Galactose increases PGM1 level



# Increase in gene expression by sugar therapy

- Several CDG genes show increase in gene expression and protein expression on galactose therapy
- Which metabolite has this effect, needs to be further studied
- Chaperon therapy can increase protein expression and improve glycosylation in different types of CDG I



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