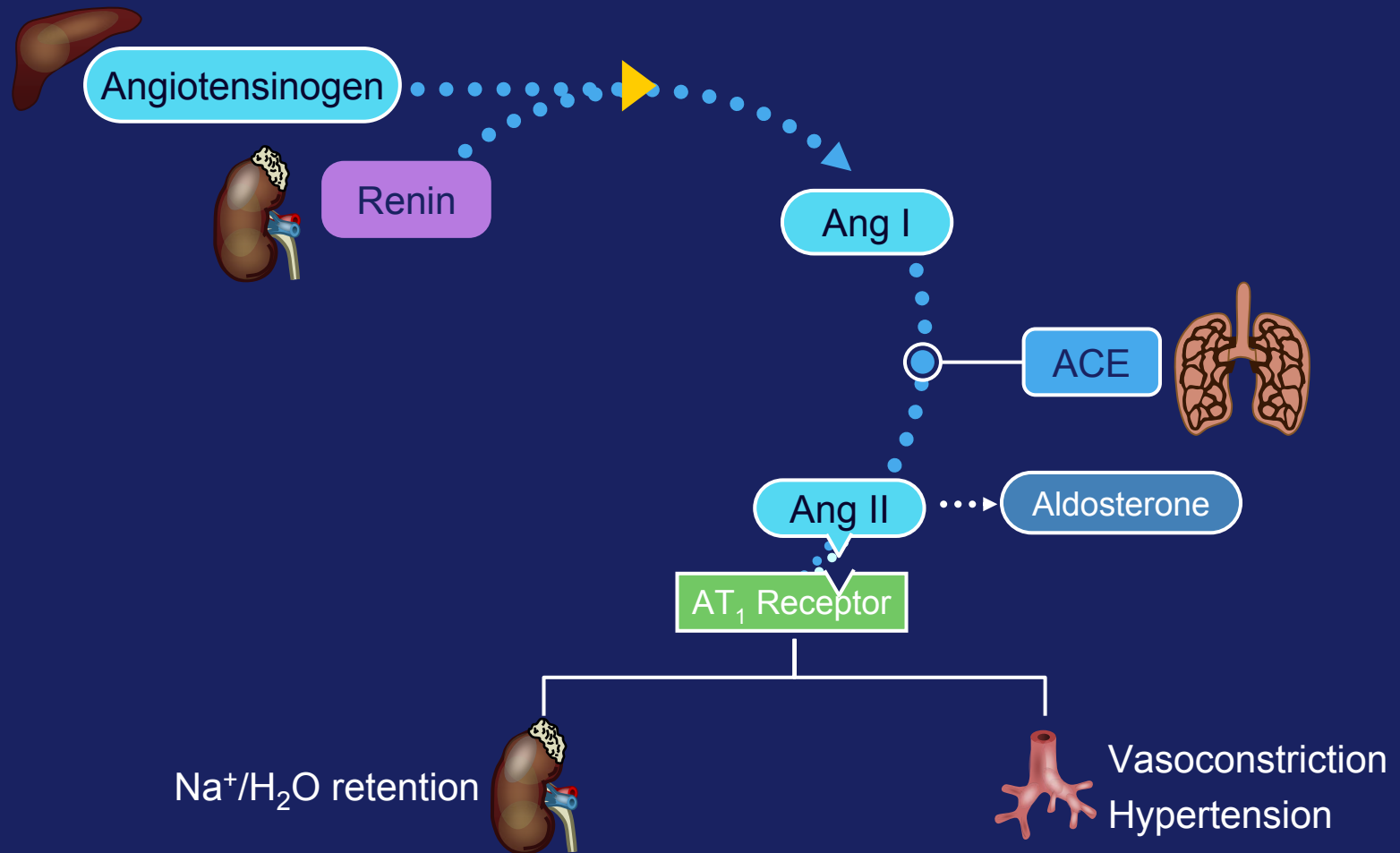


Renin sistemin tansiyondaki kontrol rolü ve kardiovasküler sistemdeki organ hedeflerin hasarı¹

Friedrich C. Luft, MD
Charité and Max-Delbrück Center
Campus Berlin-Buch
Berlin, Germany

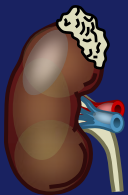
Renin angiotensinogen'i Ang I catalize ediyor, sonunda tansiyon yükseliyor



Chronic activation of the Renin System can lead to organ damage

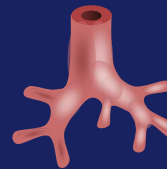
Renin sistemindeki organ hasarında Ang II kilit nokta

- Organ damage associated with excessive renin system activity and is mediated through Ang II.¹
- Chronic dysregulation of Ang II is implicated in organ remodeling and restructuring.²



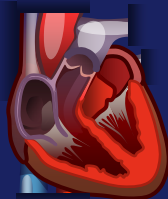
Kidney

- Dysfunction
- Glomerular sclerosis
- Fibrosis



Blood vessels

- Restenosis
- Atherosclerosis
- Thrombosis



Heart

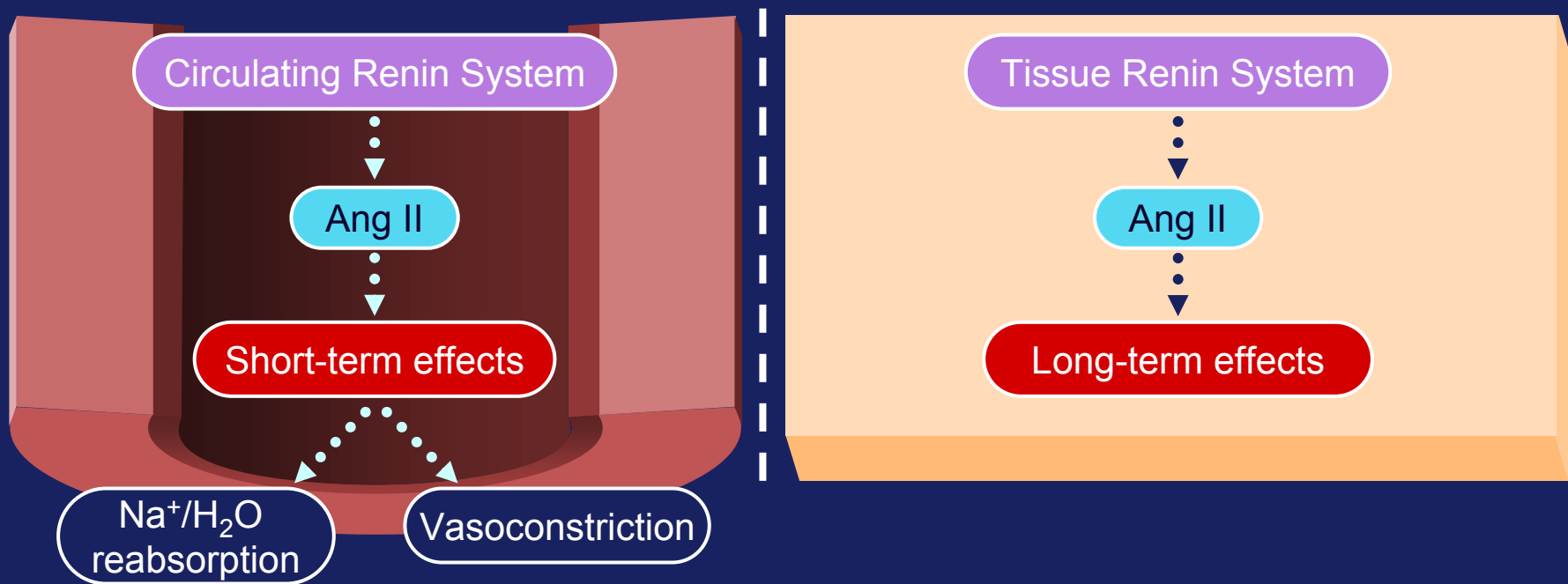
- Myocardial hypertrophy
- Systolic dysfunction

1. Müller DN & Luft FC. Clin J Am Soc Nephrol 2006;1:221–8

2. Weir MR & Dzau VJ. Am J Hypertens 1999;12:S205-S213

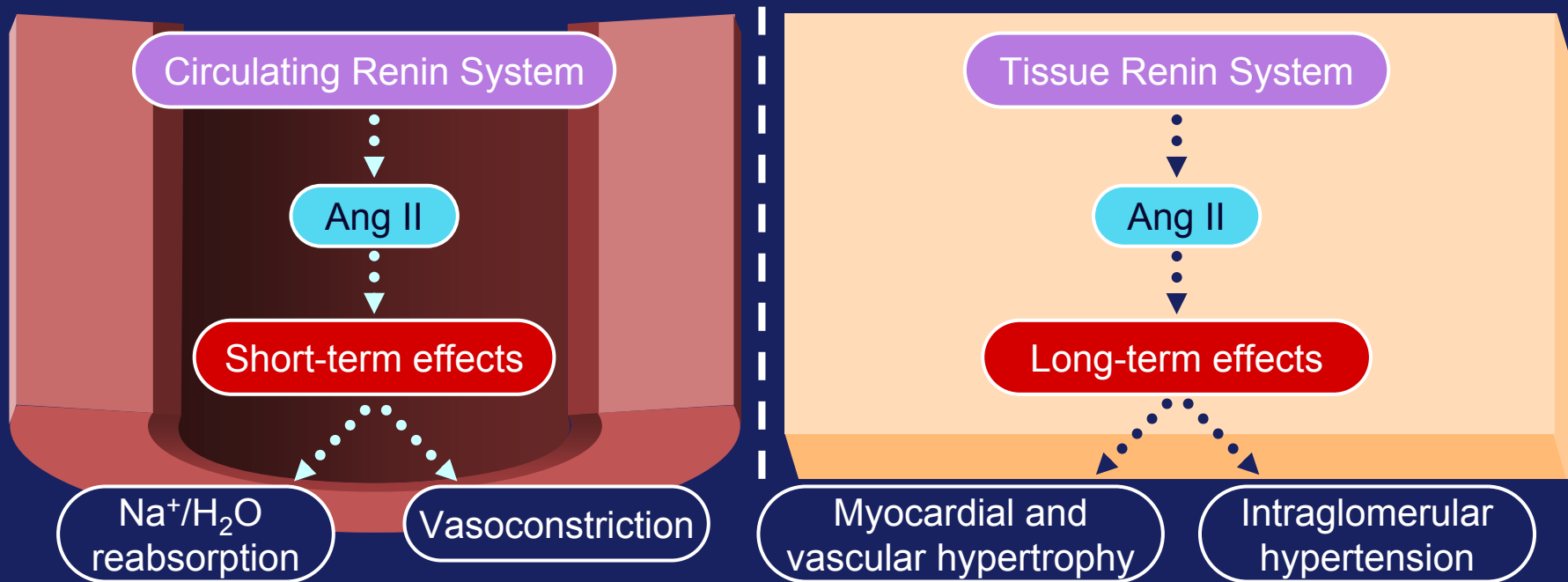
Dolaşan Renin sisteminden hariç, bölgesel bir yığın Renin sistemi dokuda var

- Tissue Renin System activity can vary independently of circulating Renin System activity
 - tissue Renin Systems can regulate local concentrations of Ang II independently of the circulating Renin System



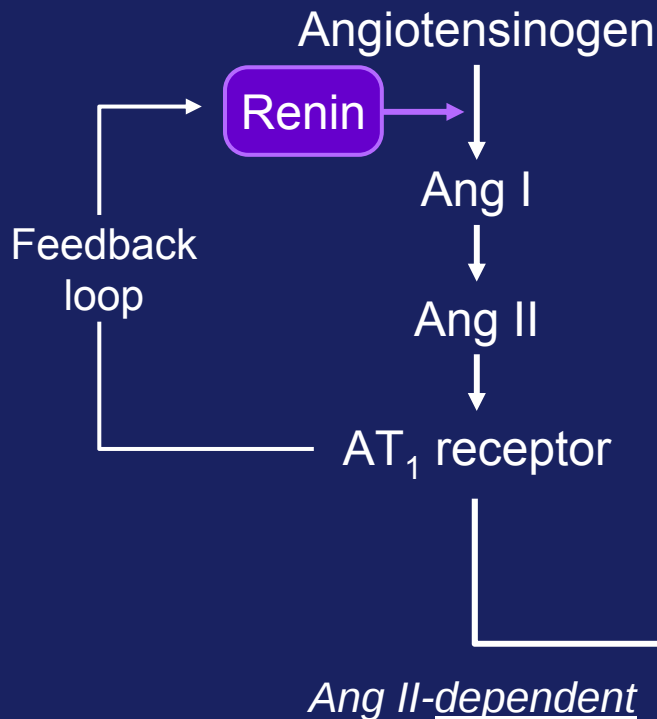
Renin sisteminin dokudaki görevleri detaylı bilinmiyor

- Over-activity of tissue Renin Systems has been implicated in the deleterious effects of hypertension
- How about the eye, the testis, or the mast cell?



(Pro)renin reseptör-baglantisi organ hasarına sebep olabilir, Ang II den bağımsız

Traditional thinking



Emerging concept

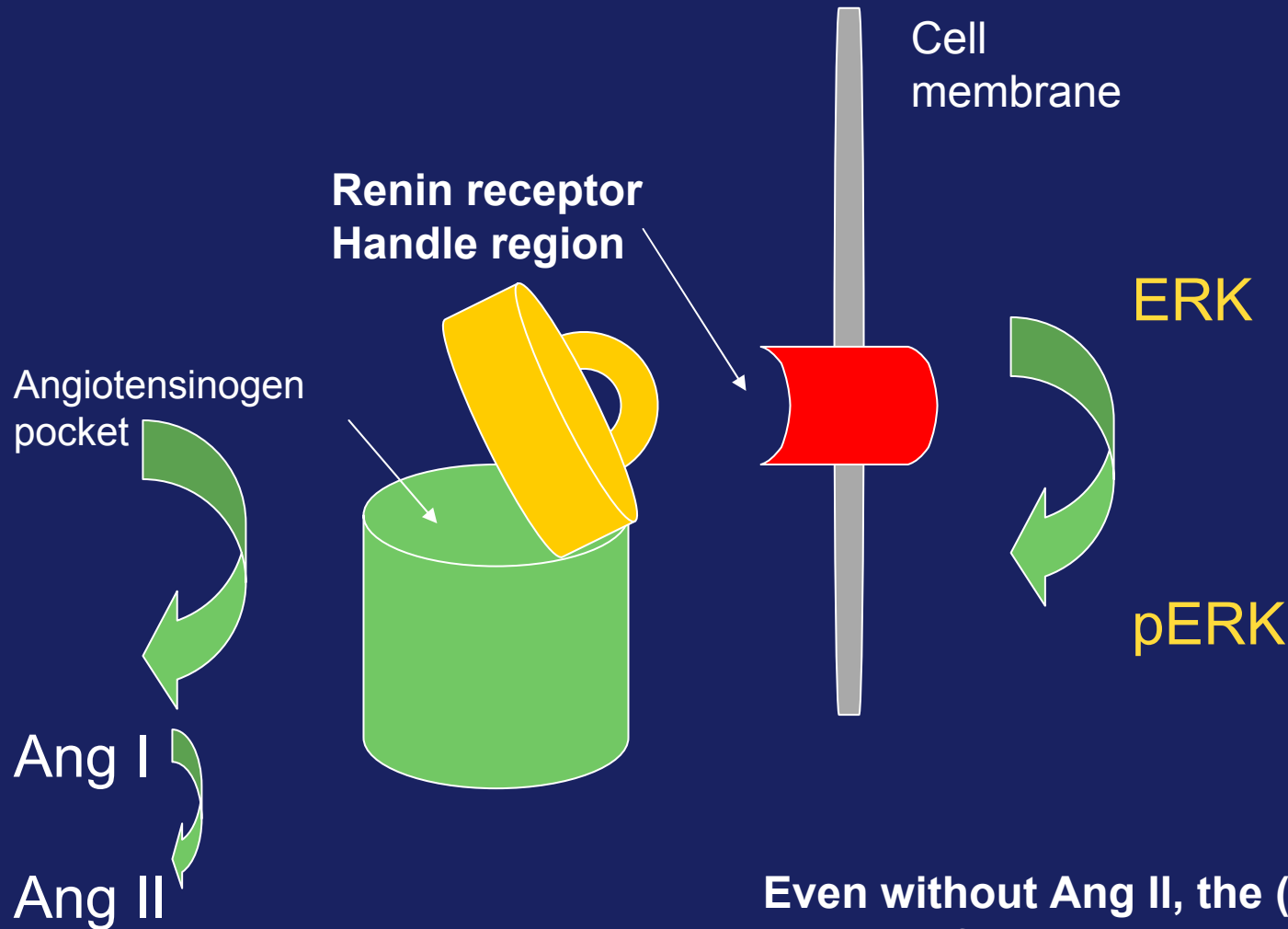
(Pro)renin binds to cell receptor

- Bound (pro)renin becomes activated
- ↑catalytic activity of bound renin
- Activation of ERK 1/2
- Production of TGF- β
 - Growth responses
 - Fibrotic responses

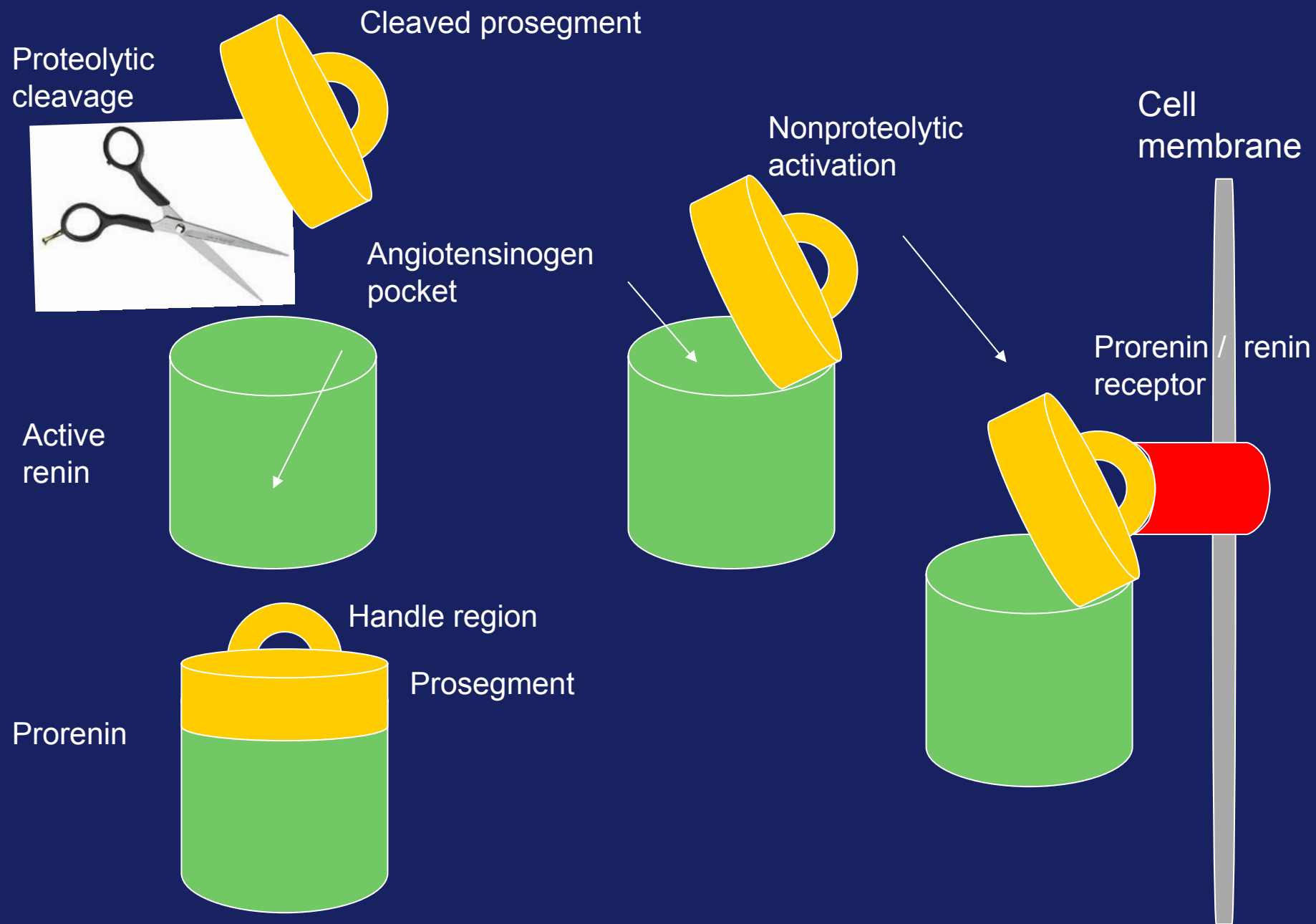
Organ damage

Ang II-independent

(Pro)renin receptor: a 350 amino-acid protein, single transmembrane domain, activates prorenin and activates ERK1/ERK2 even with losartan present



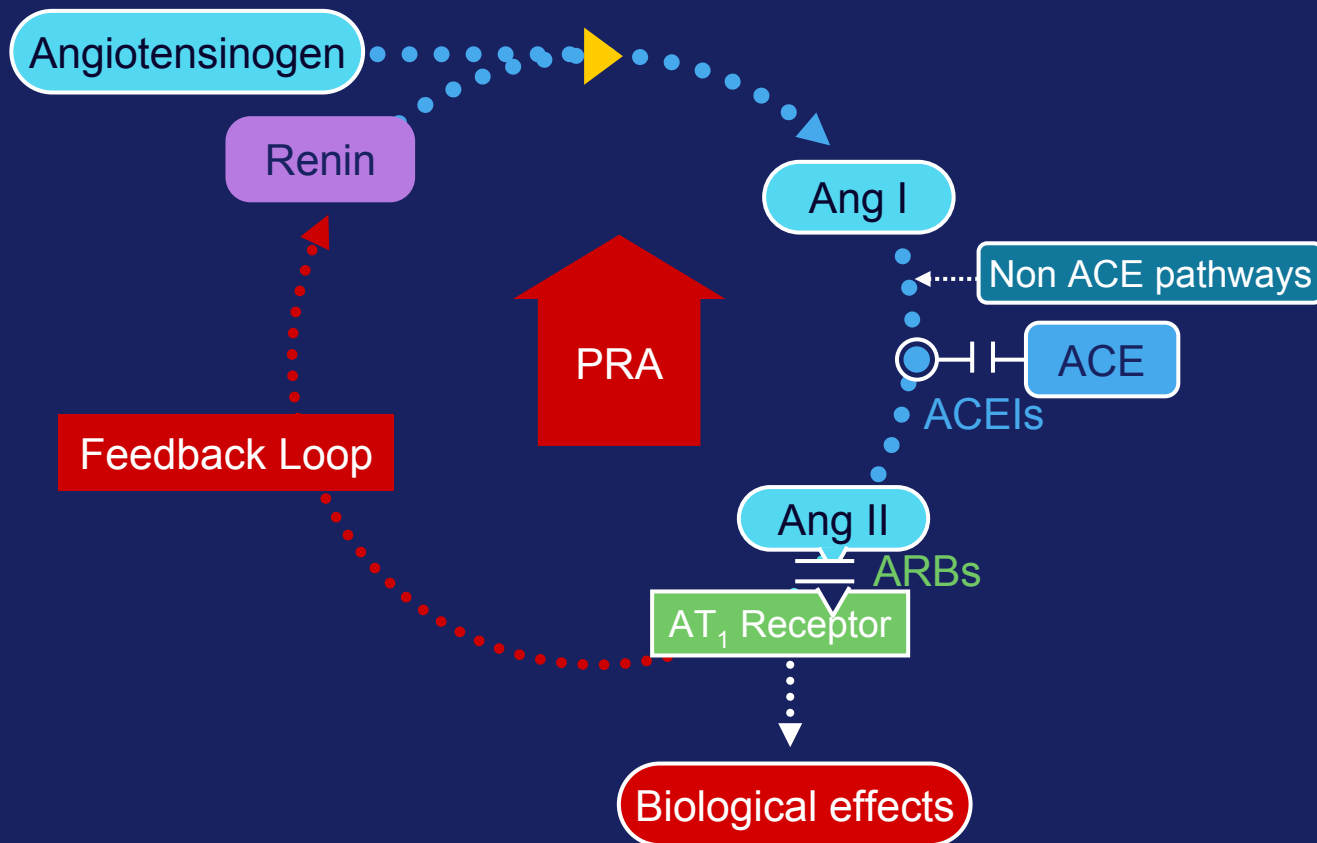
Even without Ang II, the (pro)renin receptor functions and activates ERK



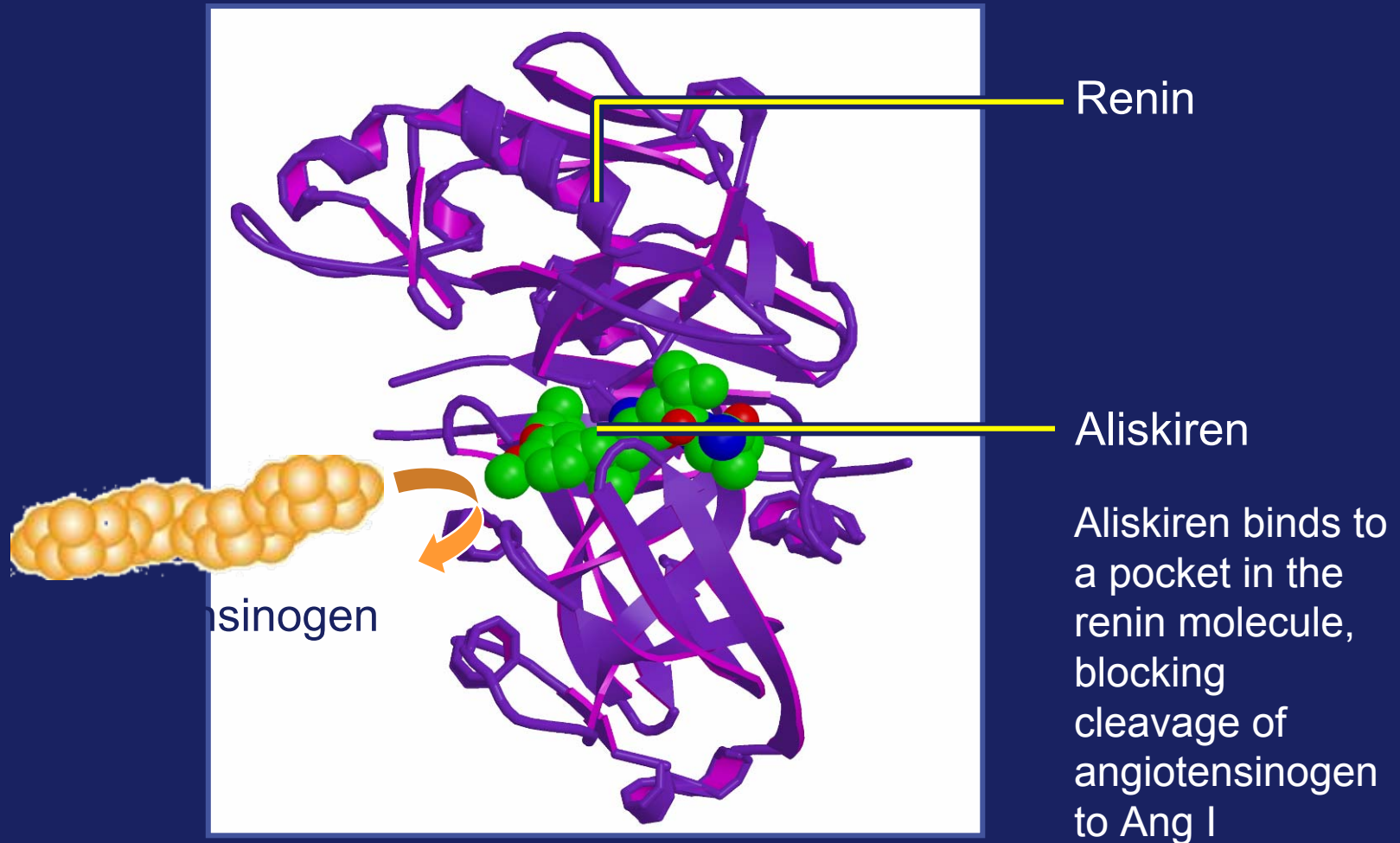
Direkt Renin engelleme giriřimi Renin sistemini denetim altına ala bilir

Aliskiren is the first effective DRI;
we had to wait 30 years for this!

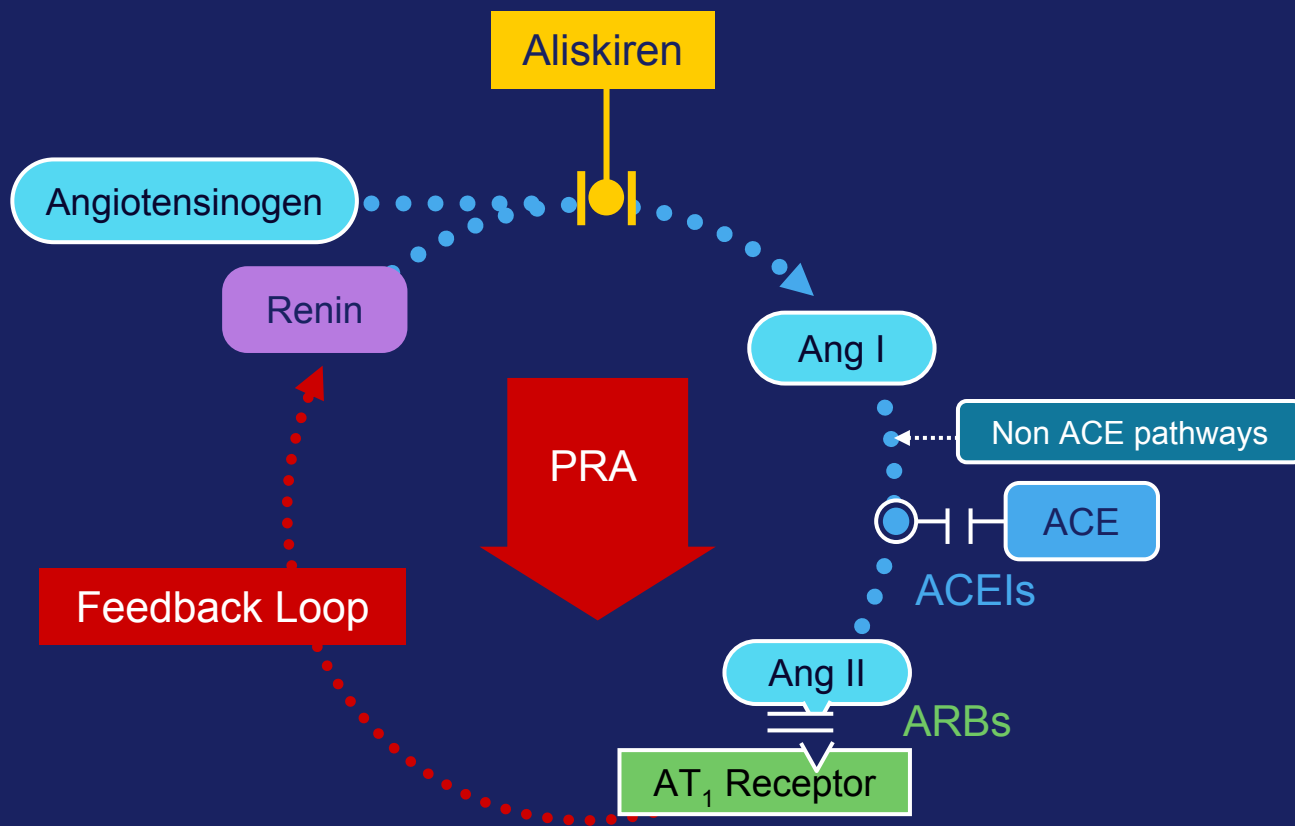
ACEIs ve ARBs stimülasyonu Renin sistem faaliyetini ters tepki üzerinden tetikliyor



Direkt renin önleyici aliskiren renin sistemini aktif yerleşim merkezinde bloke edip engelliyor



D R I ile aliskiren etkisizleştiriyor



Aliskiren özellikle Ang I, Ang II ve PRAyı düşürüyor

	Ang I	Ang II	Renin	PRA
ACEIs	↑	↓	↑	↑
ARBs	↑	↑	↑	↑
Aliskiren	↓	↓	↑	↓

Reduced Ang I production limits the generation of Ang II via non-ACE pathways

Gelişmiş Renin sistem kontrol – etkili ve gelişmiş organ koruma yöntemimi ?

Preclinical cardio-renal protection with aliskiren



Your average unfriendly marmoset

IC50 (nM):

Man 0.6

Monkey 2.0

Mouse 11

Rat 80

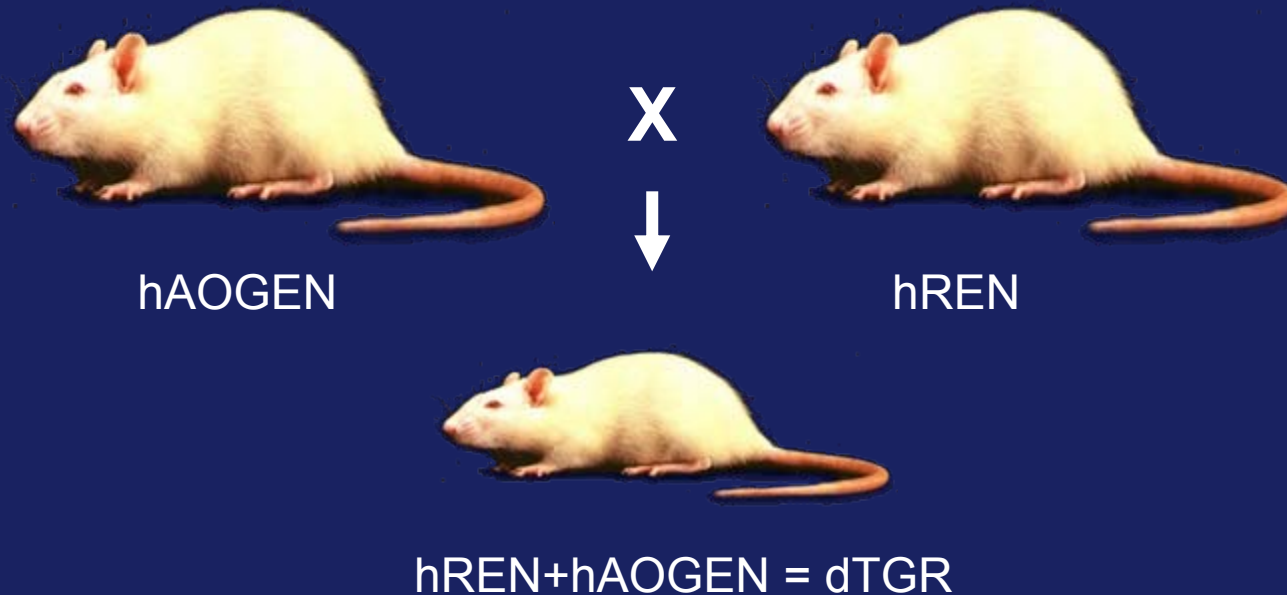
Cat 8500

Insan DRIs için Hayvan modeli

Double transgenic rats (dTGR)

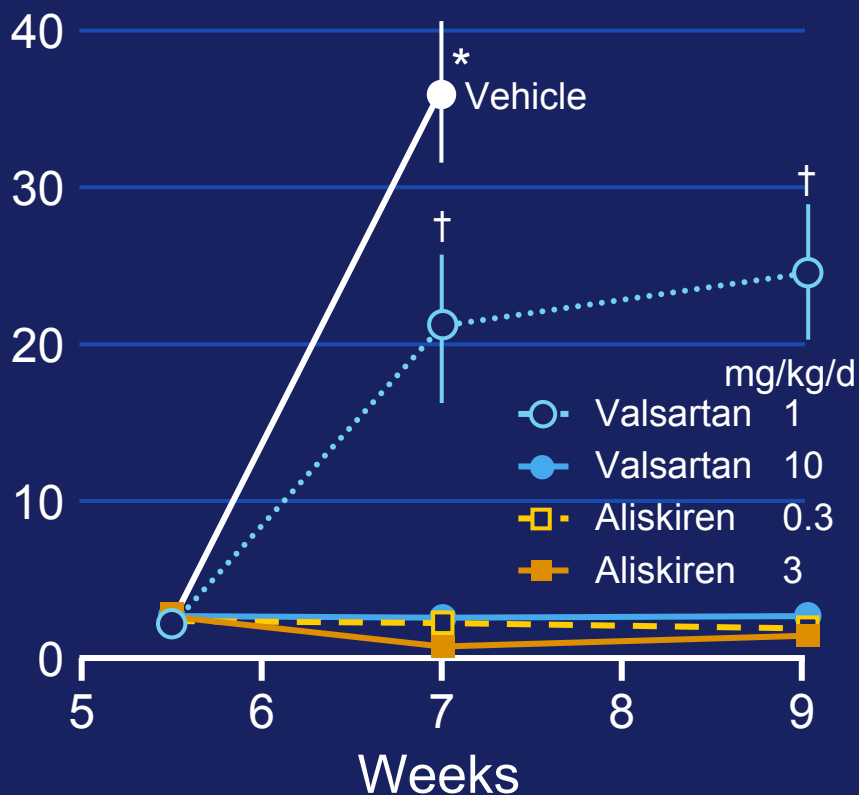
- dTGR model

- Expresses genes for human renin and human angiotensinogen
- Animals develop severe hypertension and end-organ damage
- They die at 7 weeks of age!

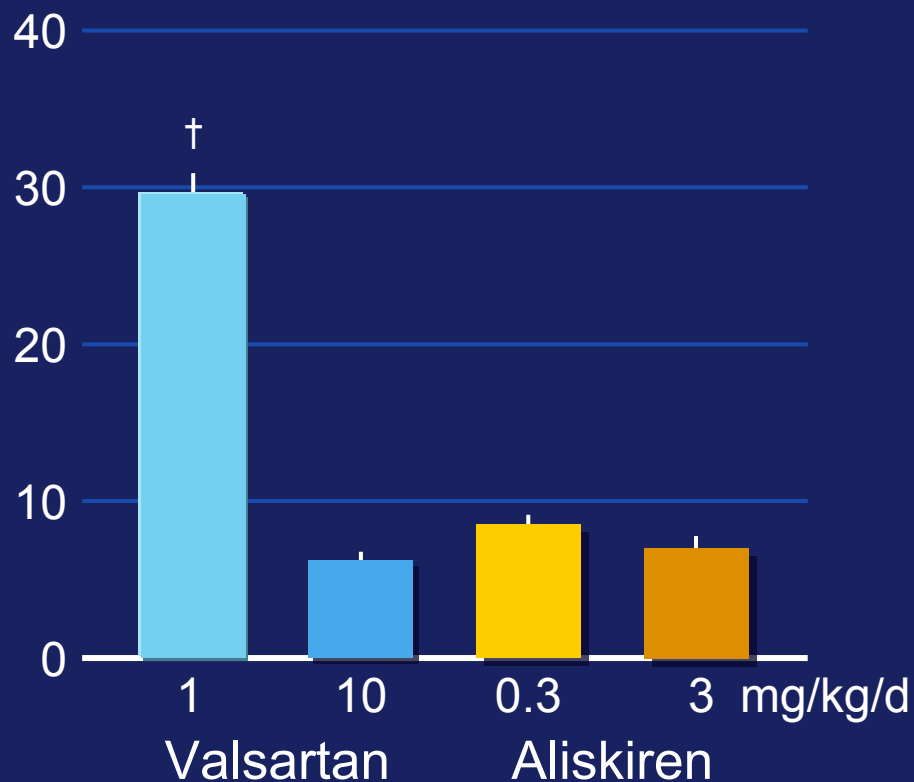


Aliskiren albuminuria önlüyor ve böbrek iltihabını engelliyor

Urinary 24-h albumin excretion in dTGR (mg/d)



Renal macrophage infiltration in dTGR



*P<0.05 vs all other groups;

†P<0.05 vs other groups.

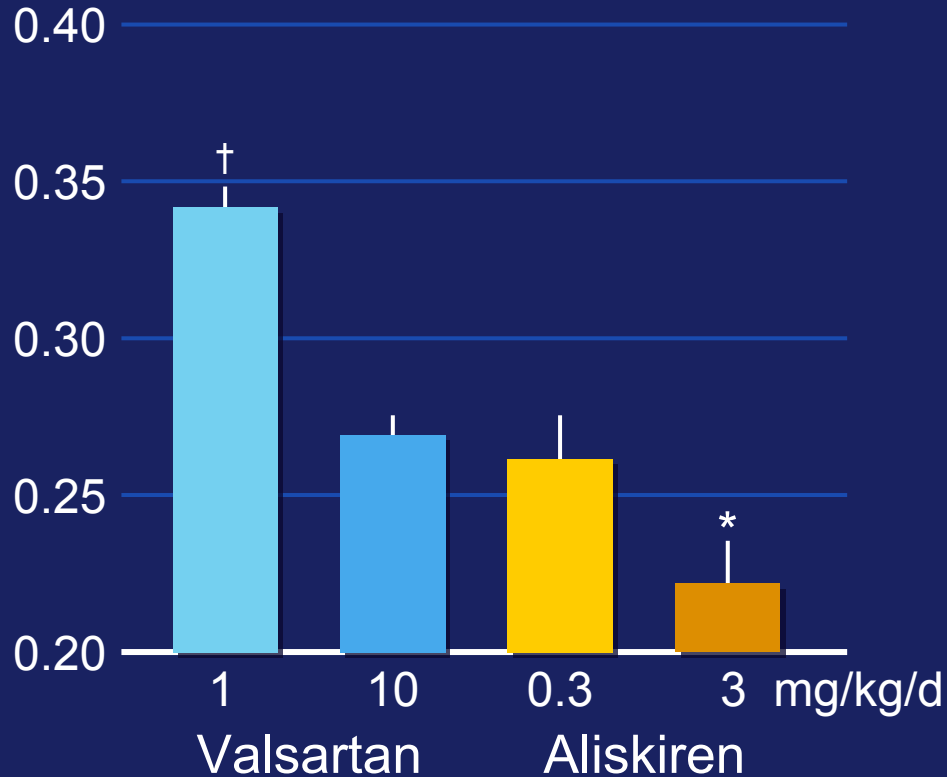
dTGR, double-transgenic rats. Untreated rats died by Week 8.

Error bars indicate standard error of the mean.

Aliskiren LVHyı dTGRde onluyor

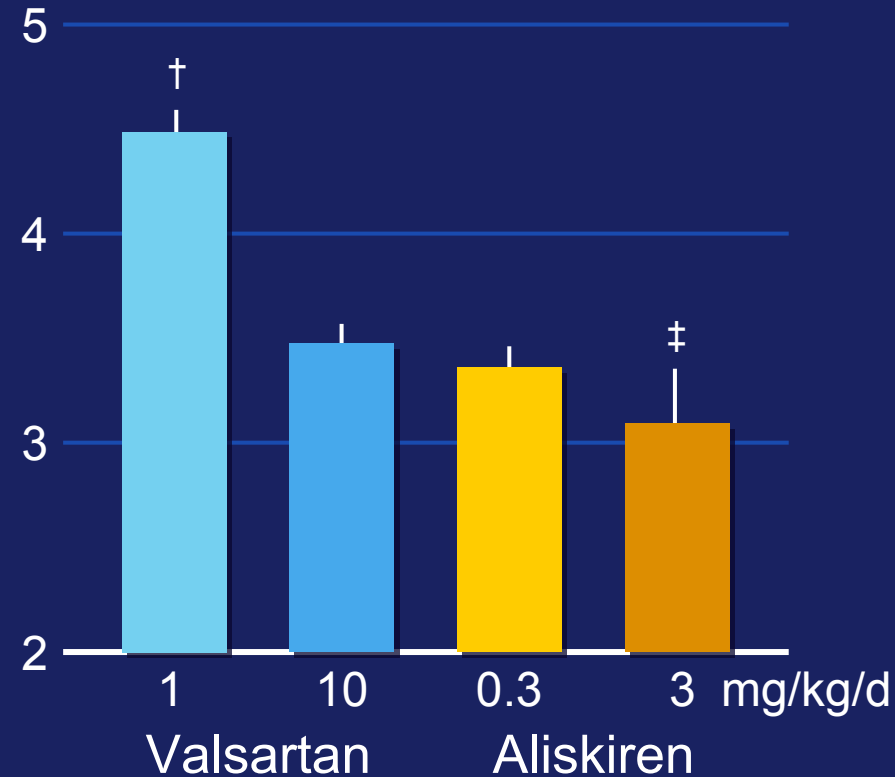
Echocardiography

Diastolic LV wall thickness (cm)



Cardiac hypertrophy

Cardiac hypertrophy index (mg/g)



*p<0.05 vs other groups; †p<0.05 vs other groups; ‡p<0.05 vs valsartan 10 mg.

dTGR, double-transgenic rats. Untreated rats died by Week 8

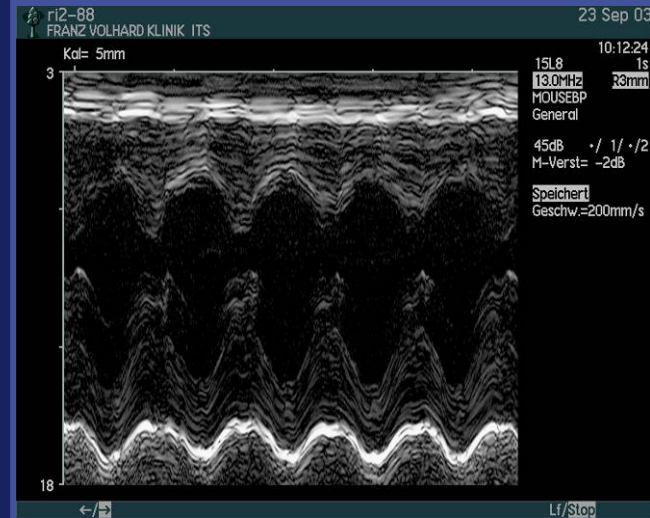
Error bars indicate standard error of the mean.

Ekokardiografi aliskirenin kalp hipertrofisini azaltığını gösteriyor

Valsartan
1 mg/kg/d



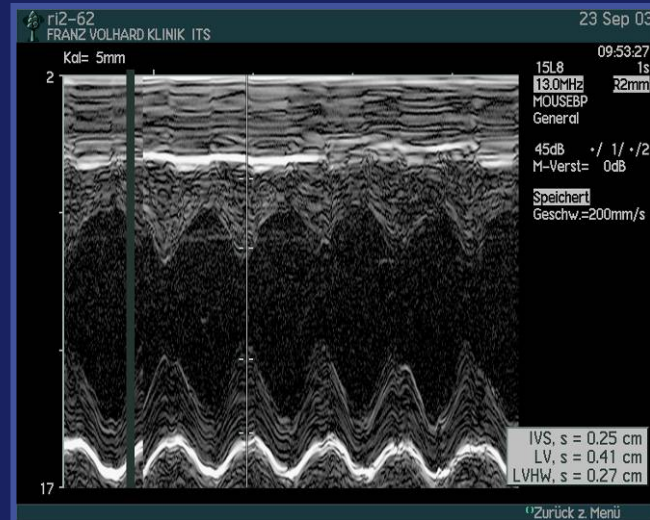
Aliskiren
0.3 mg/kg/d



Valsartan
10 mg/kg/d

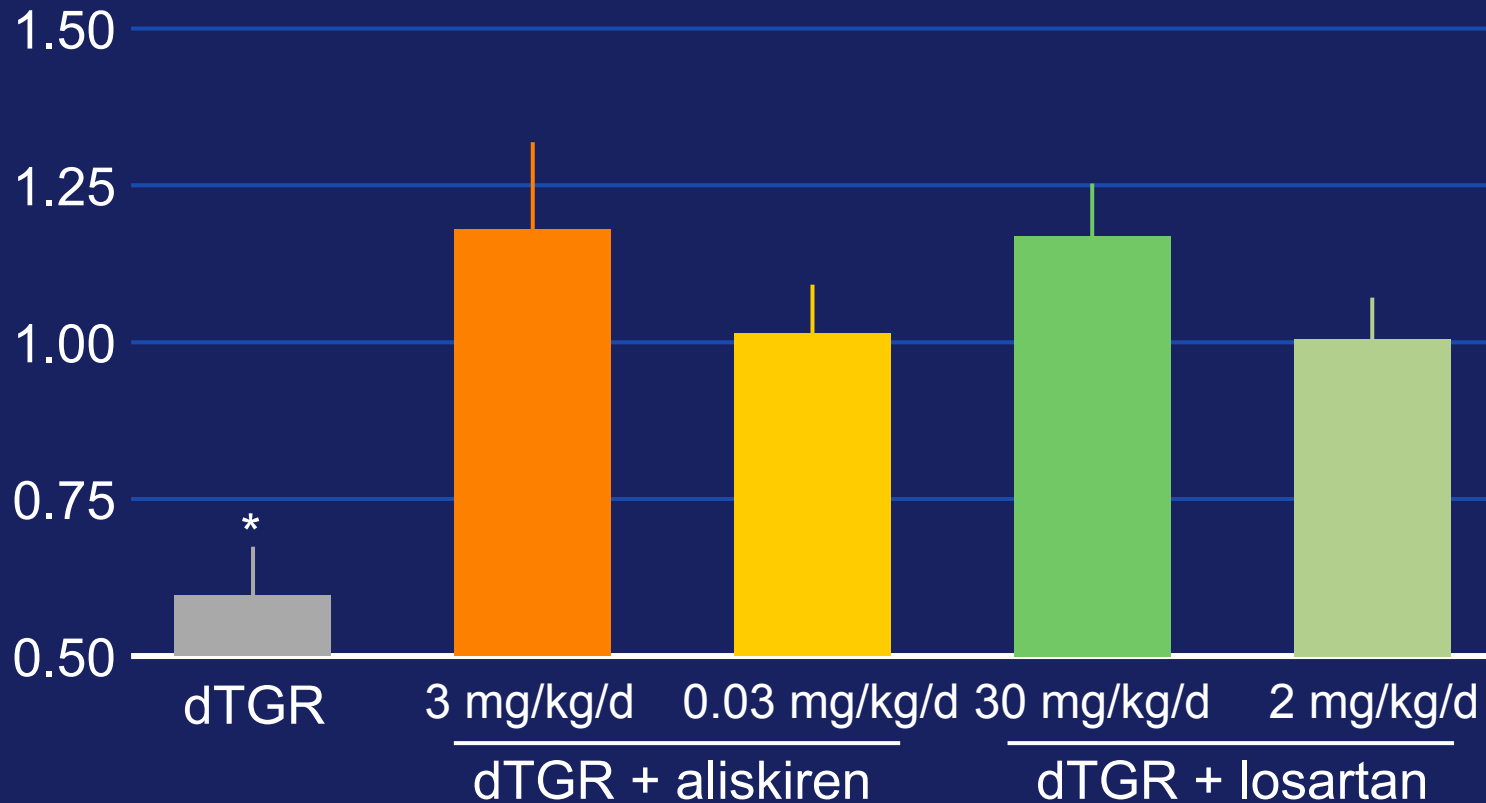


Aliskiren
3 mg/kg/d



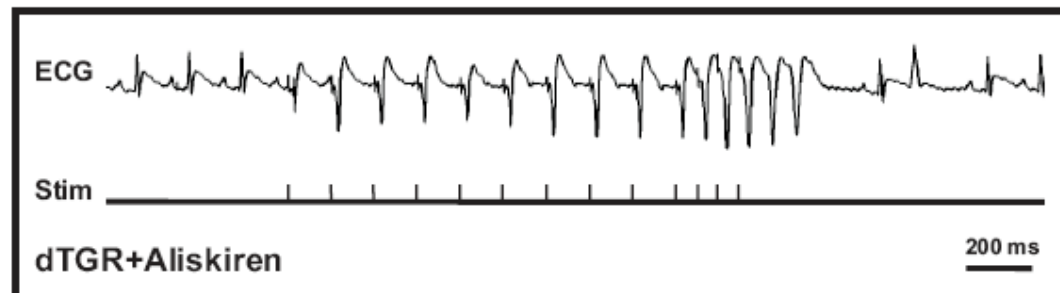
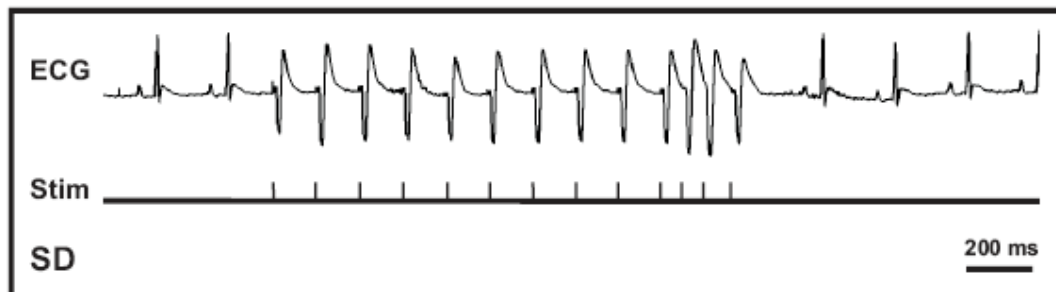
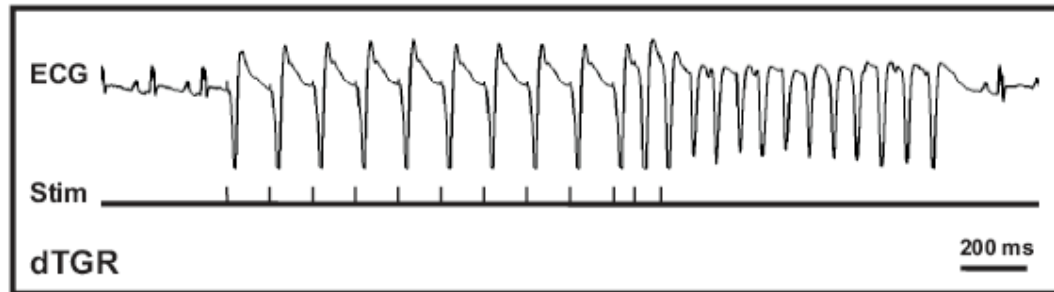
Aliskiren diastolik fonksiyon bozukluğunu dTGRde düzeltiyor

Tissue-Doppler-Imaging (Diastolic dysfunction; Ea/Aa)



Tissue-Doppler imaging
*p<0.05 vs other groups

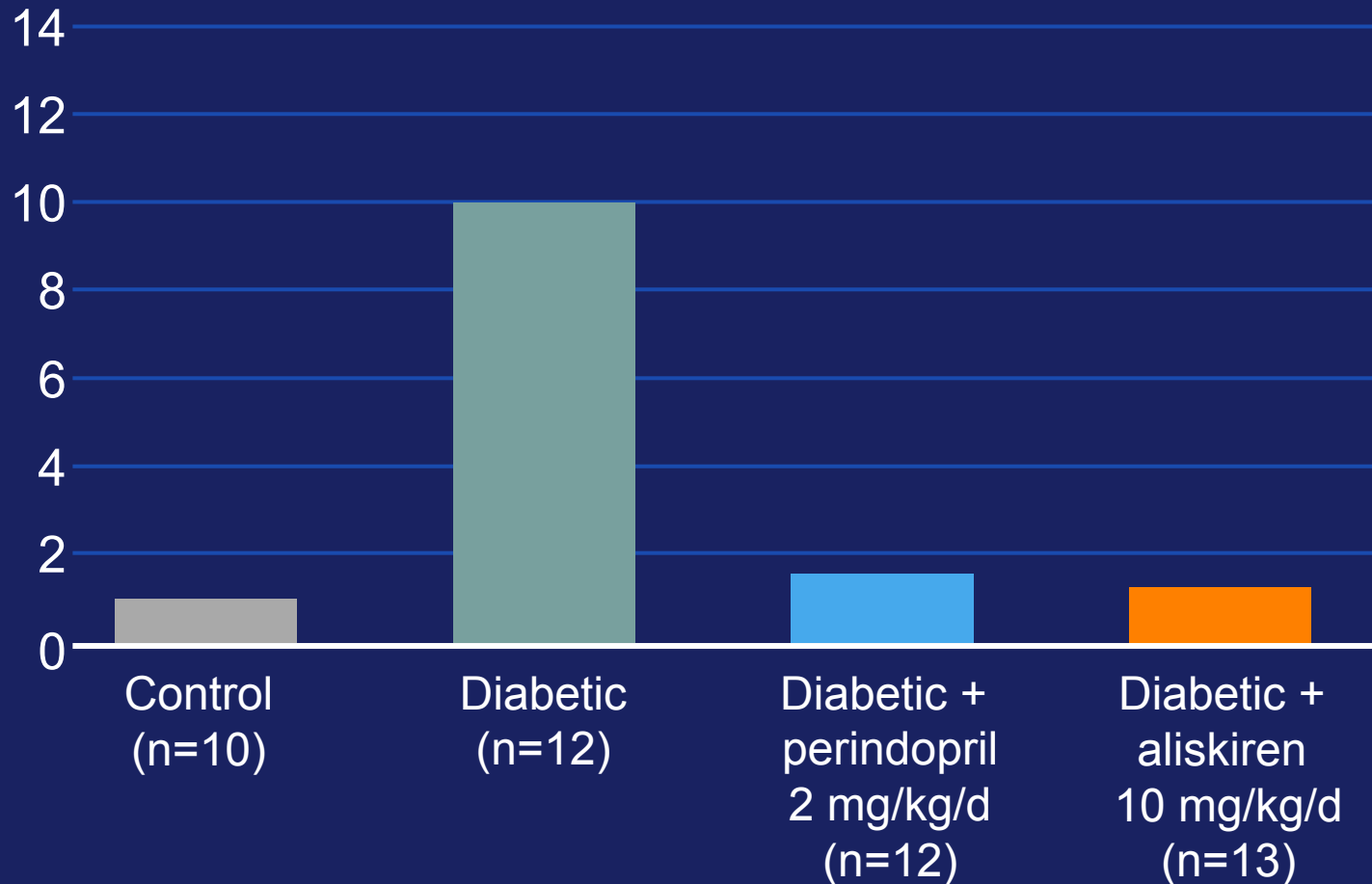
Hayvanlar VTden ölüyor



Fischer et al.
Hypertension (submitted)

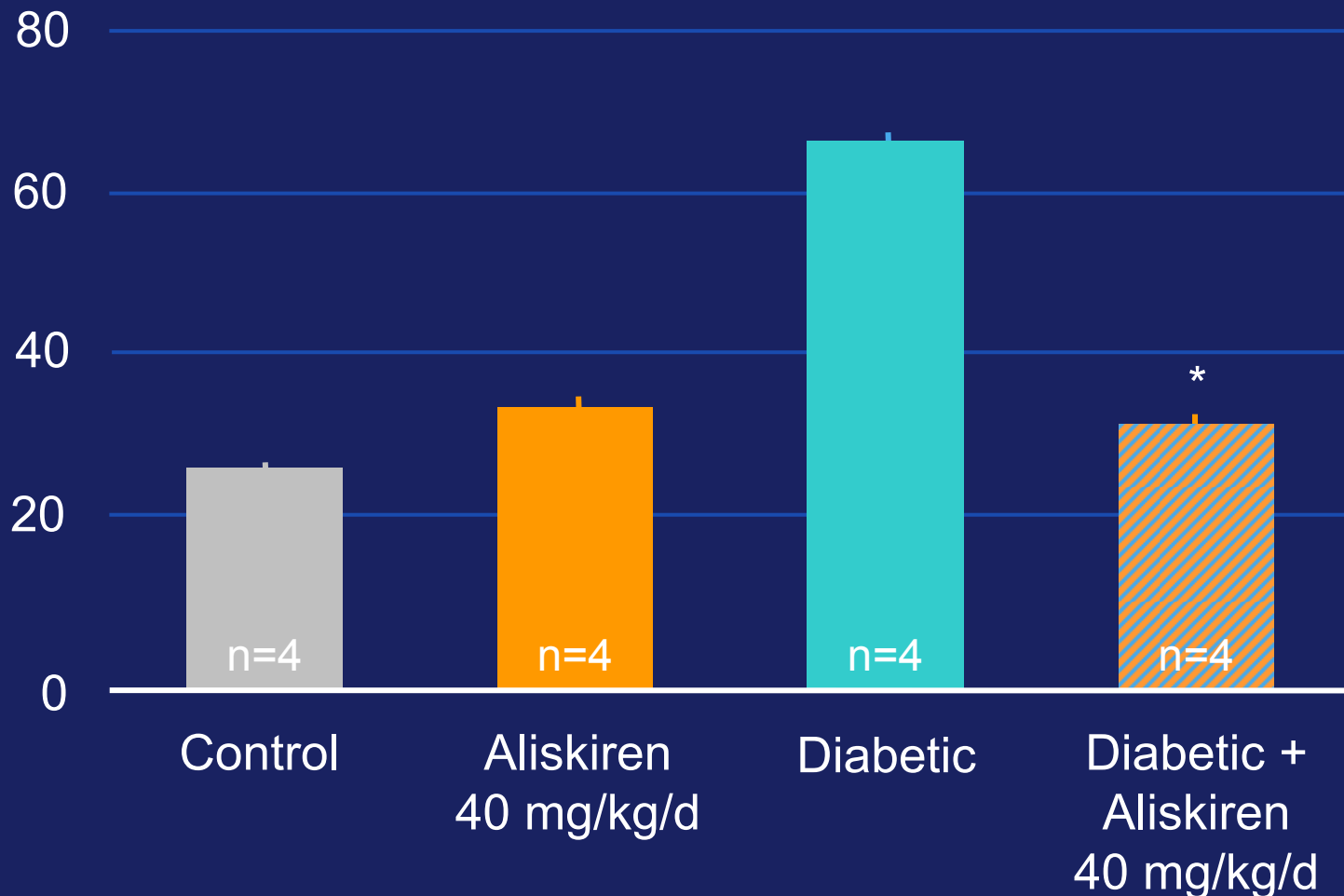
Aliskiren albuminüriyi devamlılık belirten diyabetik nefropatide modelinde azaltıyor (streptozotocin-uyarılmış (mRen-2)27 fare)

Albuminuria (mg/24-hours) after 16 weeks



Aliskiren diyabetik hipertansiyon farede glomerular süzmeyi düzeltiyor

Single nephron glomerular filtration rate (nl/min)

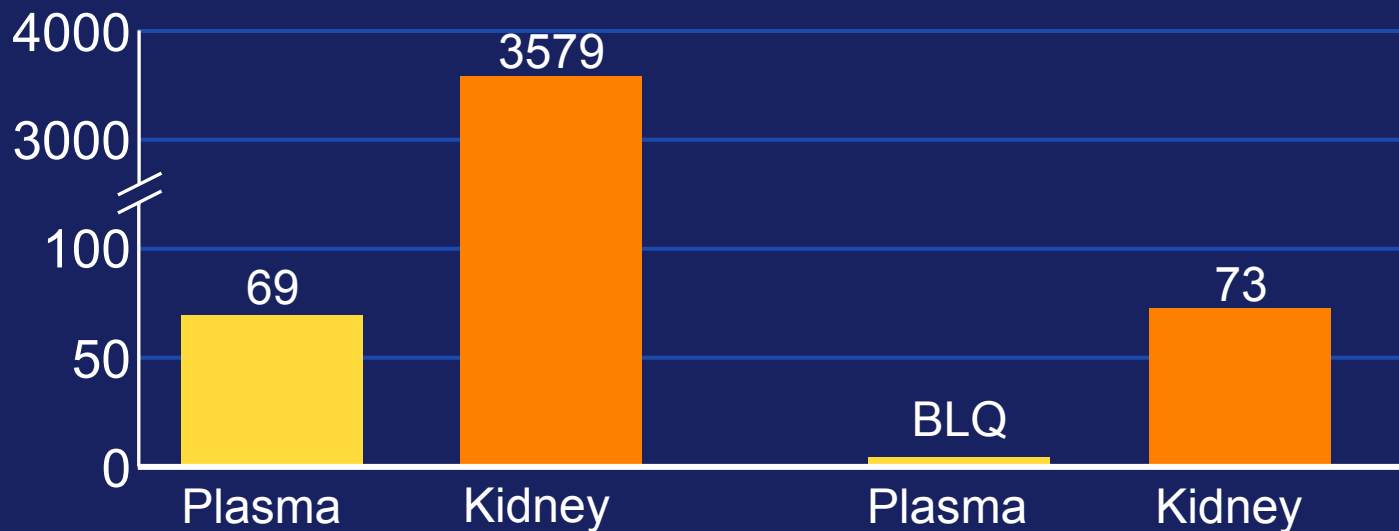


*p<0.05 vs. diabetic group

Aliskiren tedavi bırakıldıktan veya ara verildiginden sonra böbrekte kalır

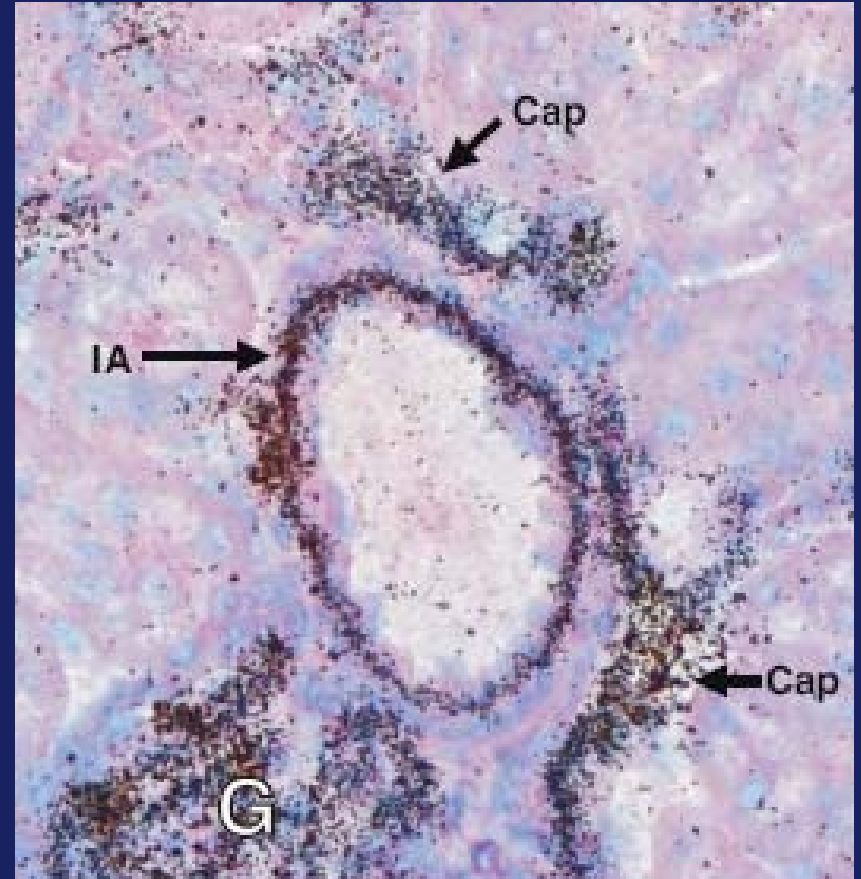
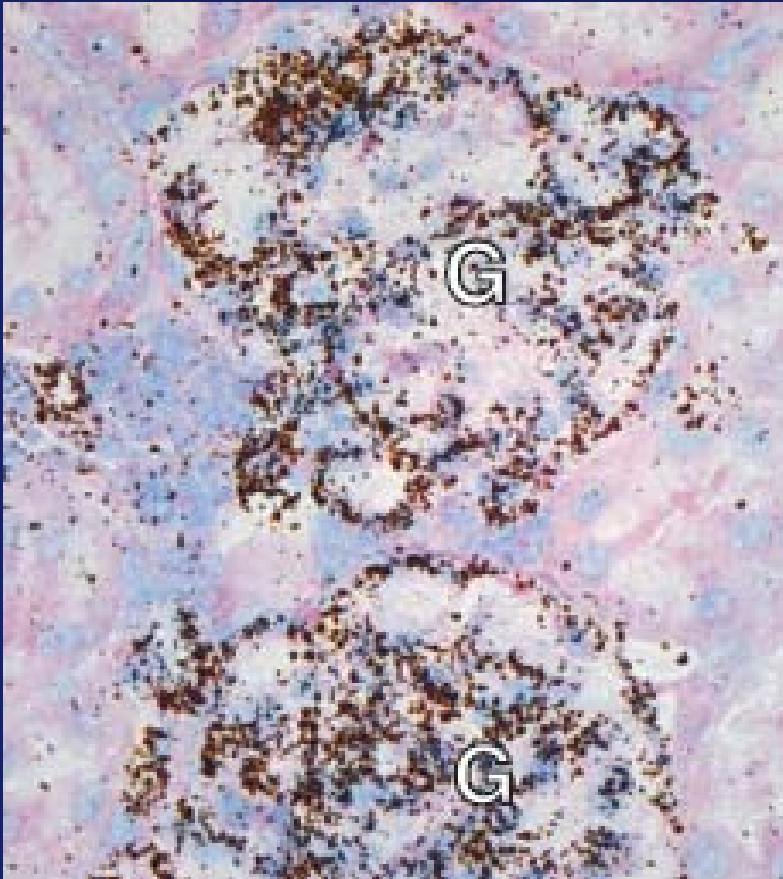


Concentration of aliskiren (nM)



Aliskiren continued (n=11) Aliskiren discontinued (n=11)

Böbrekteki Aliskiren bölümleri (double-transgenic fare)



G = glomerulus
IA = interlobular artery
Cap = Capillaries

Direkt renin inhibitor bloku renini (pro)renin receptorundan bloke edebilir mi?

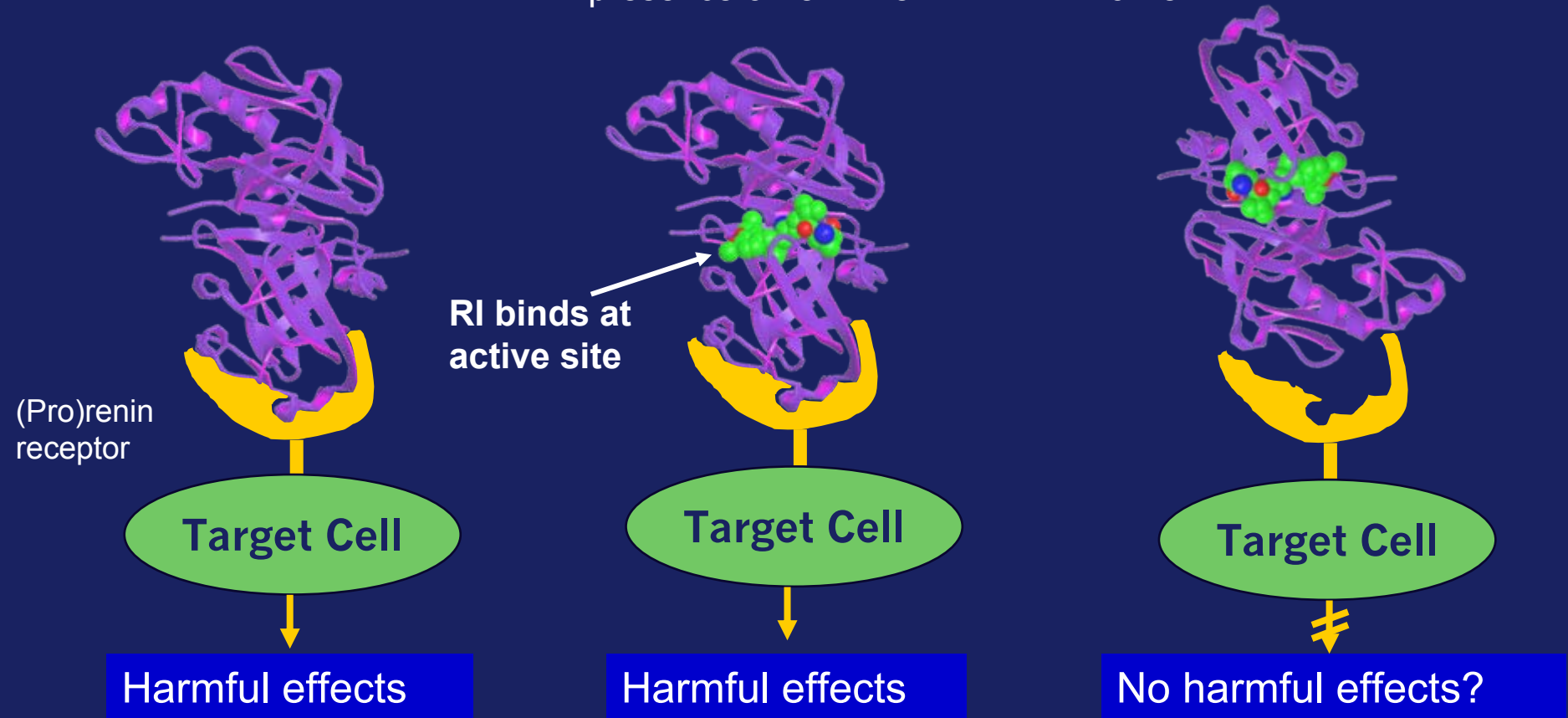
Renin binds to (pro)renin receptor

Binding domain $\neq$ active site

- Normal receptor binding in presence of remikiren

Does aliskiren block (P)RR:

- RI must change conformation of renin



Prorenin prosegment

Handle
region

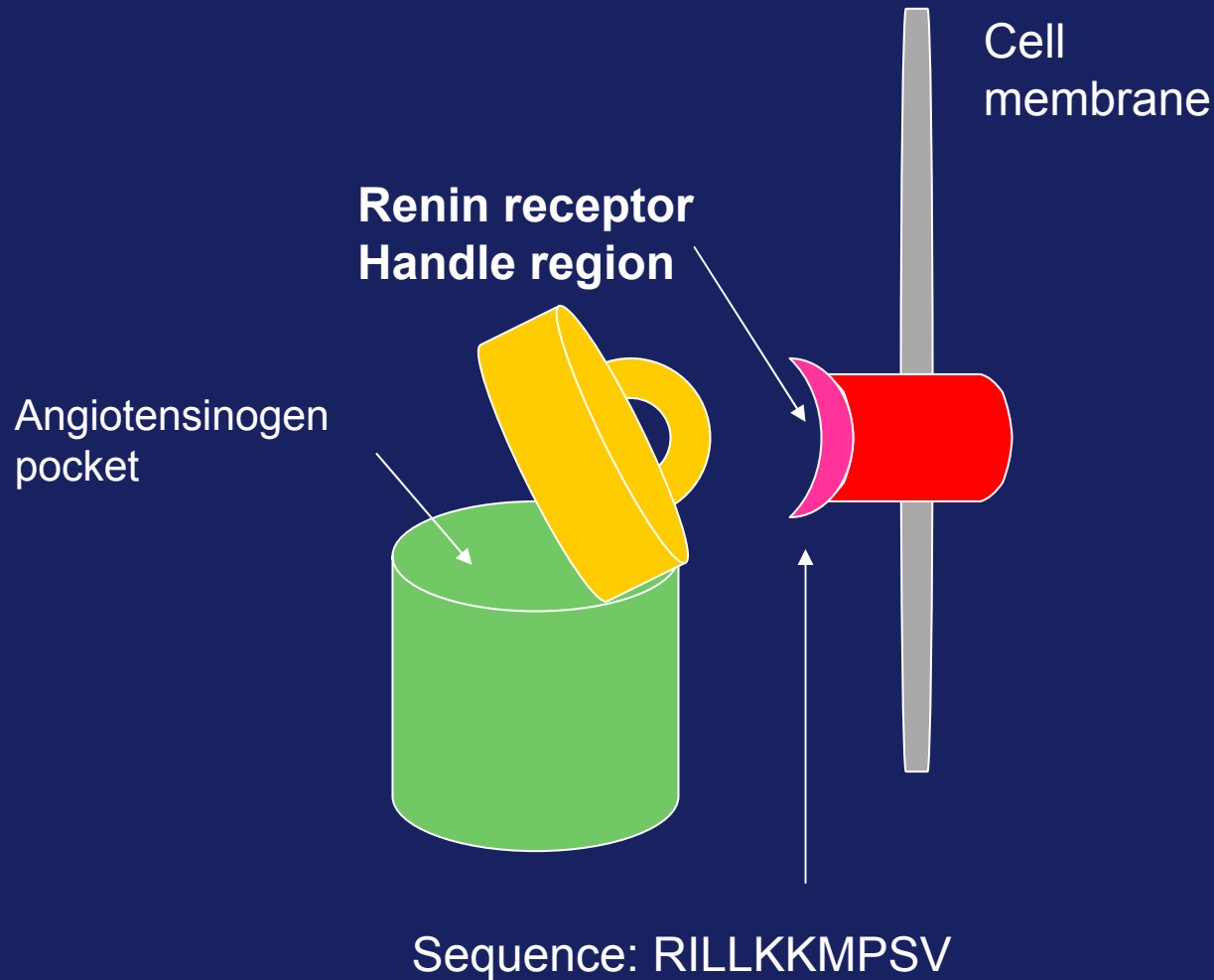
Prorenin - LPTDTASFORILLKKMPSVREILEERGVD MTRISA EWGEFIKK - Renin

NH₂-RILLKKMPSV-COOH

HRP

Decoy decapeptide

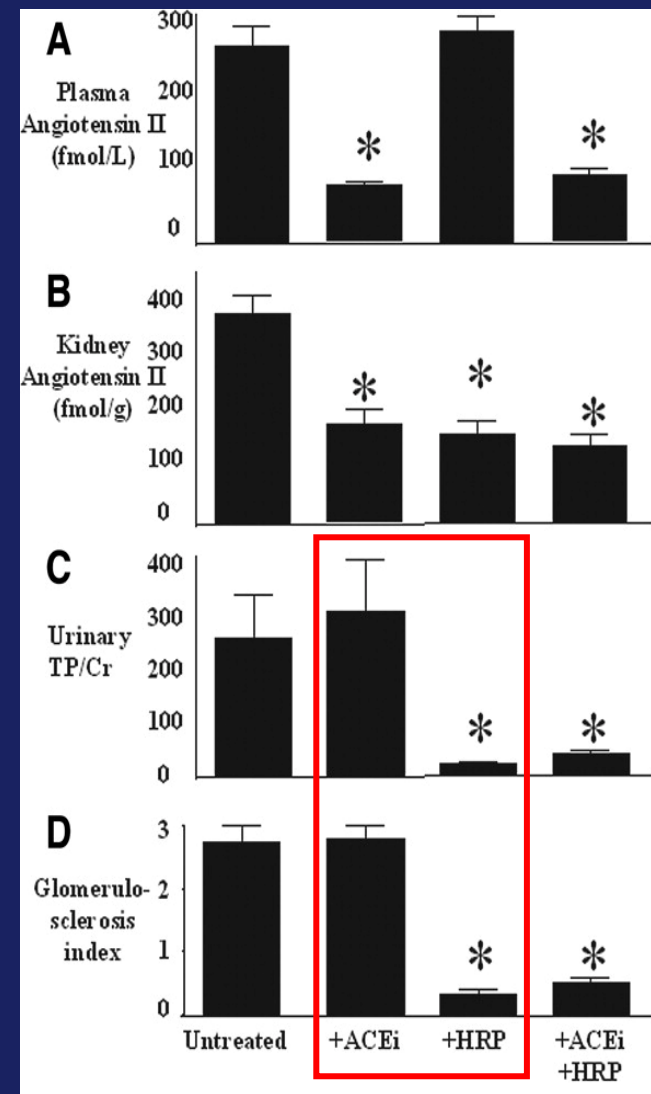
Handle region peptide (HRP)
blocks the (pro)renin receptor



Diyabetik nefropatide (P)RRin bloker rolü

AT1 receptor KO mice

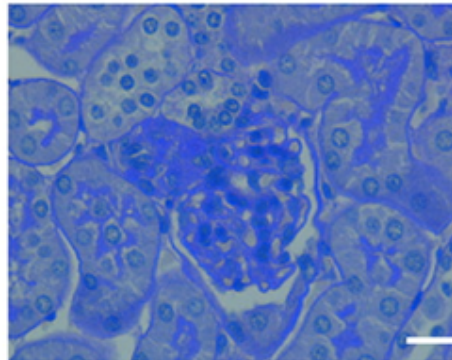
HRP works while ACEi does not in AT1a KO (abnormal) mice



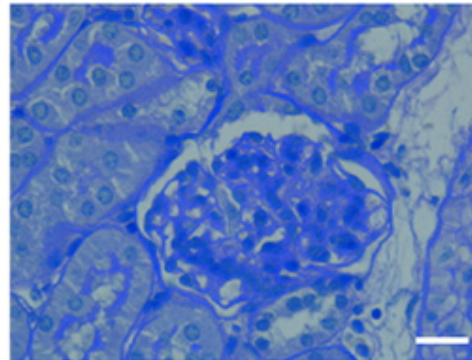
(P)RRin ablukası ve diyabetik nefropatid: HRP tedavi

Diabetic WT 24 wk

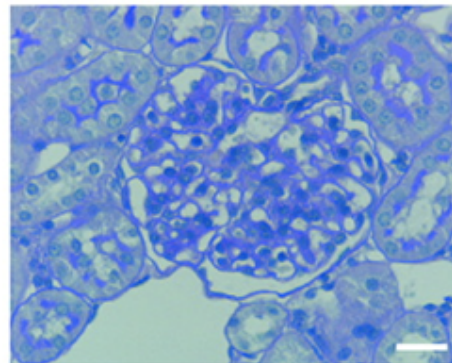
Untreated



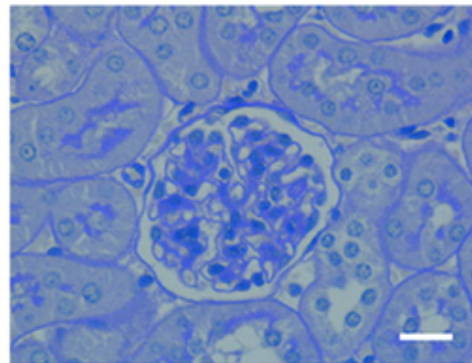
+ACEi



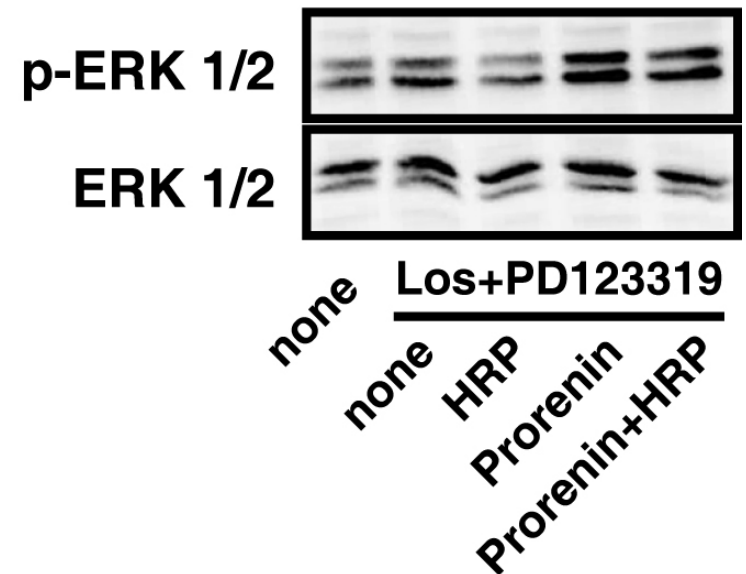
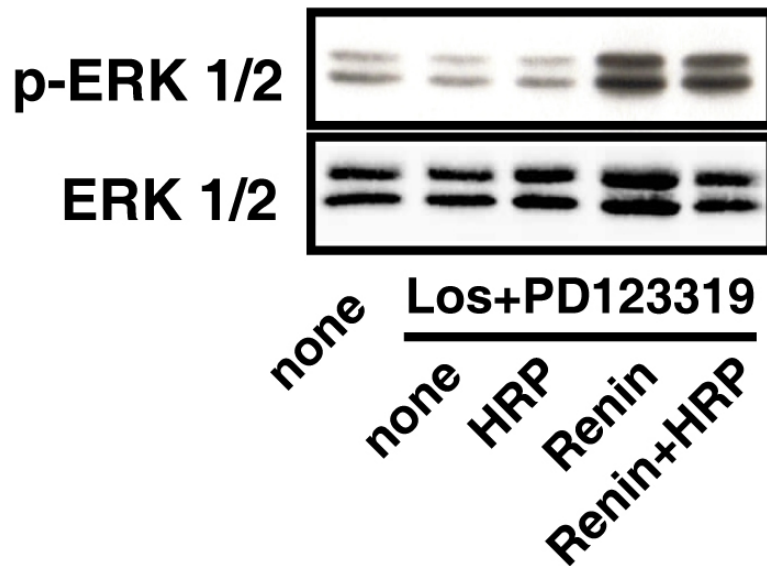
+HRP



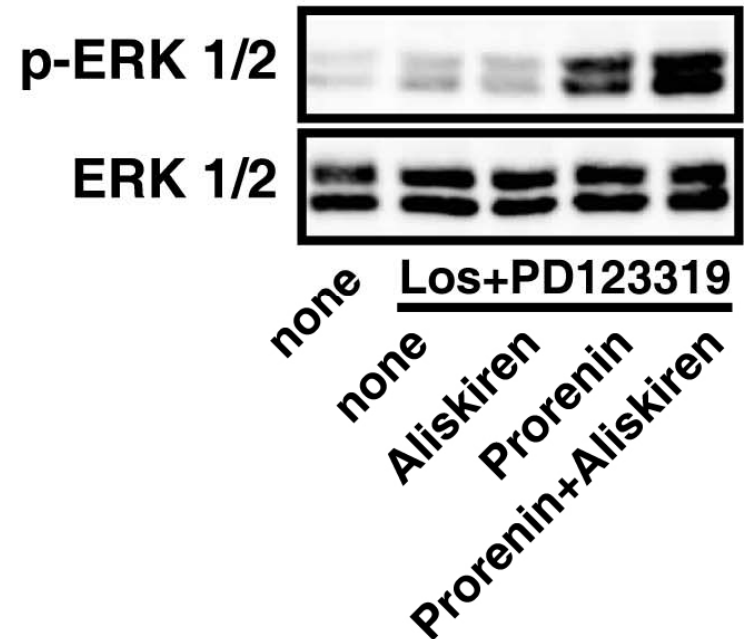
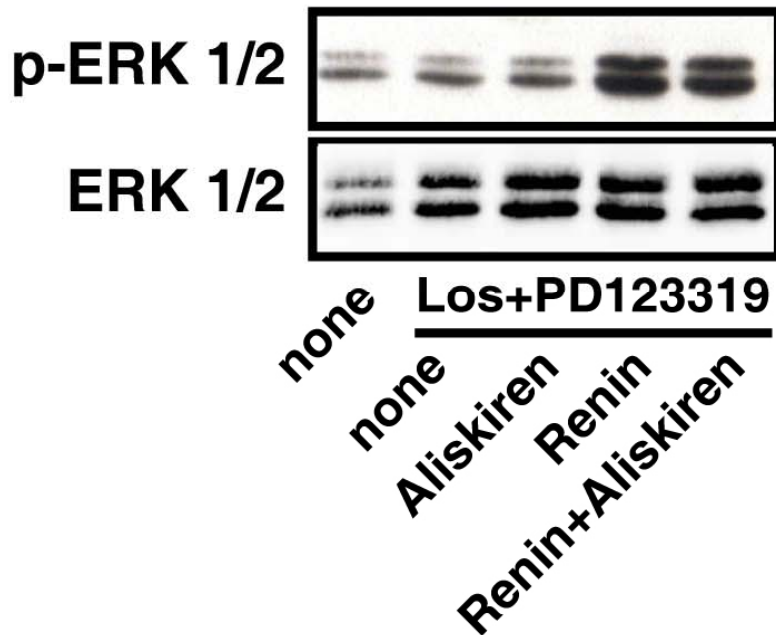
+ACEi +HRP



HRP, VSMC signal transduktion' de (pro)renin-tetiklemede bloke etmiyor



Aliskiren, VSMC signal transduktion'unda (pro)renin-tetiklemede bloke etmiyor



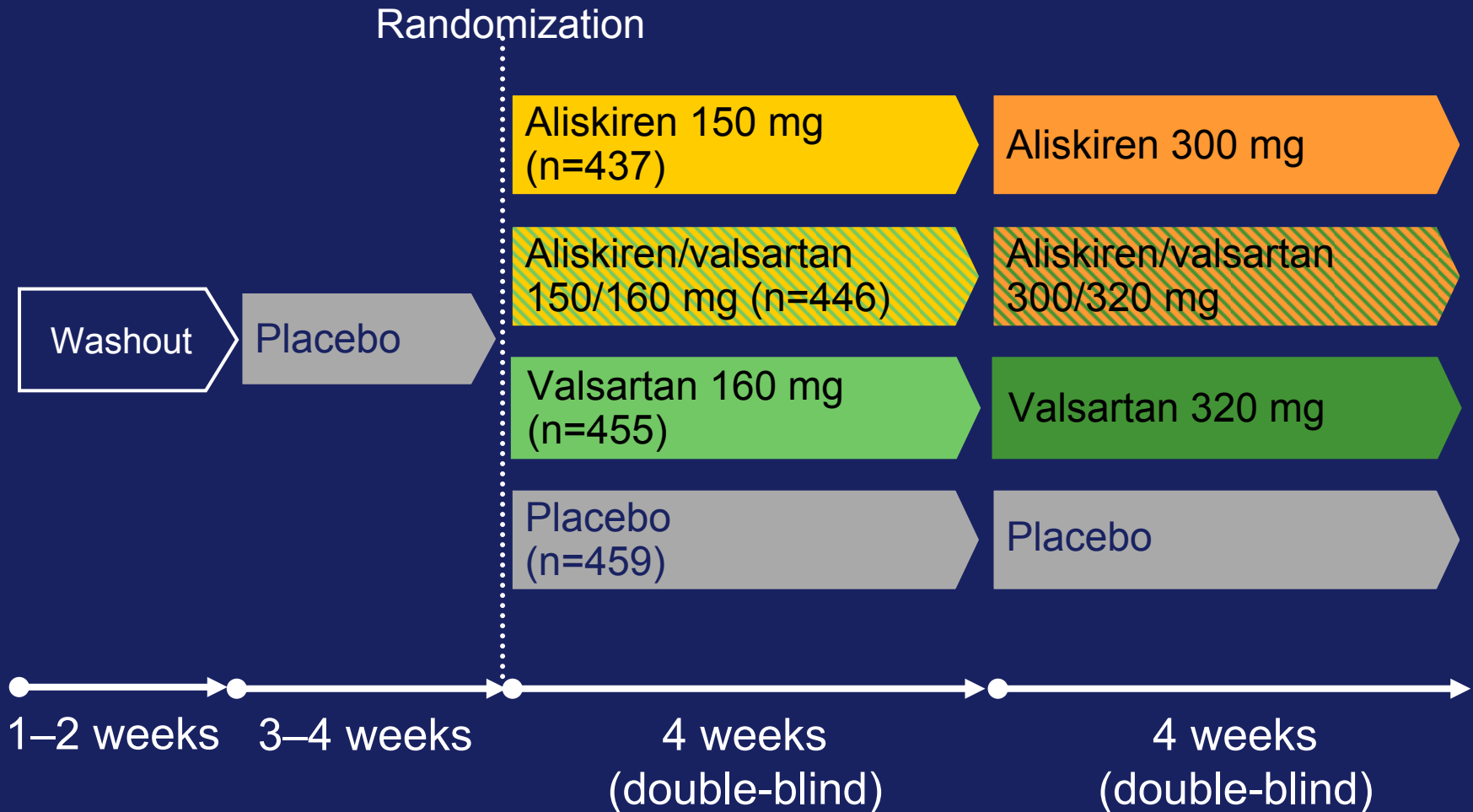
Prorenin signaling is NOT blocked by aliskiren

Aliskiren pharmacokinetic ve metabolik profil

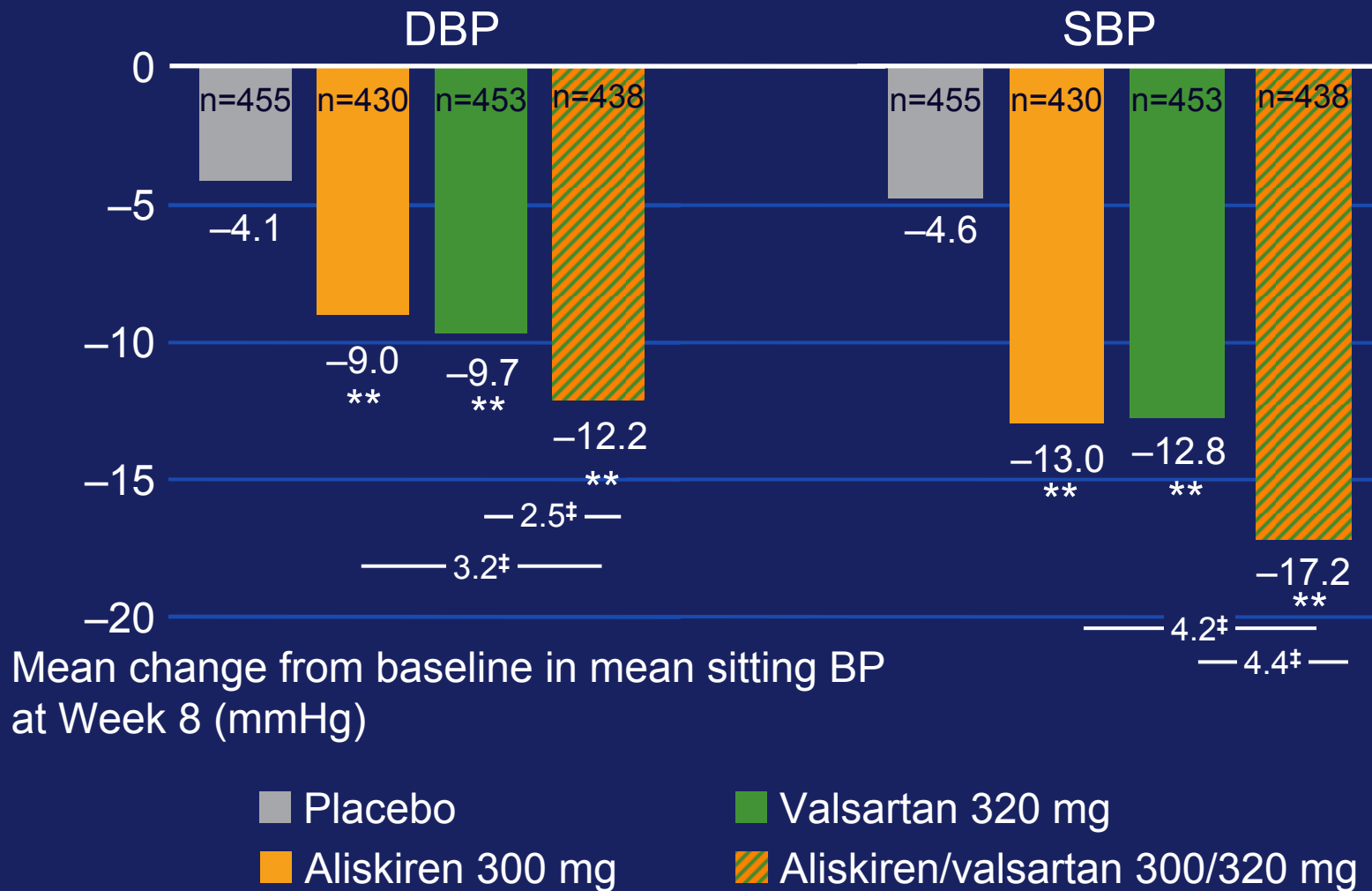
- Aliskiren has a half-life of 40 h
 - Not influenced by renal function
 - Not influenced by liver function
 - Not influenced by age, sex, ethnic group
 - No dose adjustments necessary
- Aliskiren is not metabolized by P450 (CYP) enzymes
 - Thus, no interaction with any other drugs
 - Side effect profile is similar to placebo in all studies to date
 - Like ACEI and ARB, aliskiren should not be given in pregnancy

Aliskiren ve valsartan kombinasyon terapi

Study design

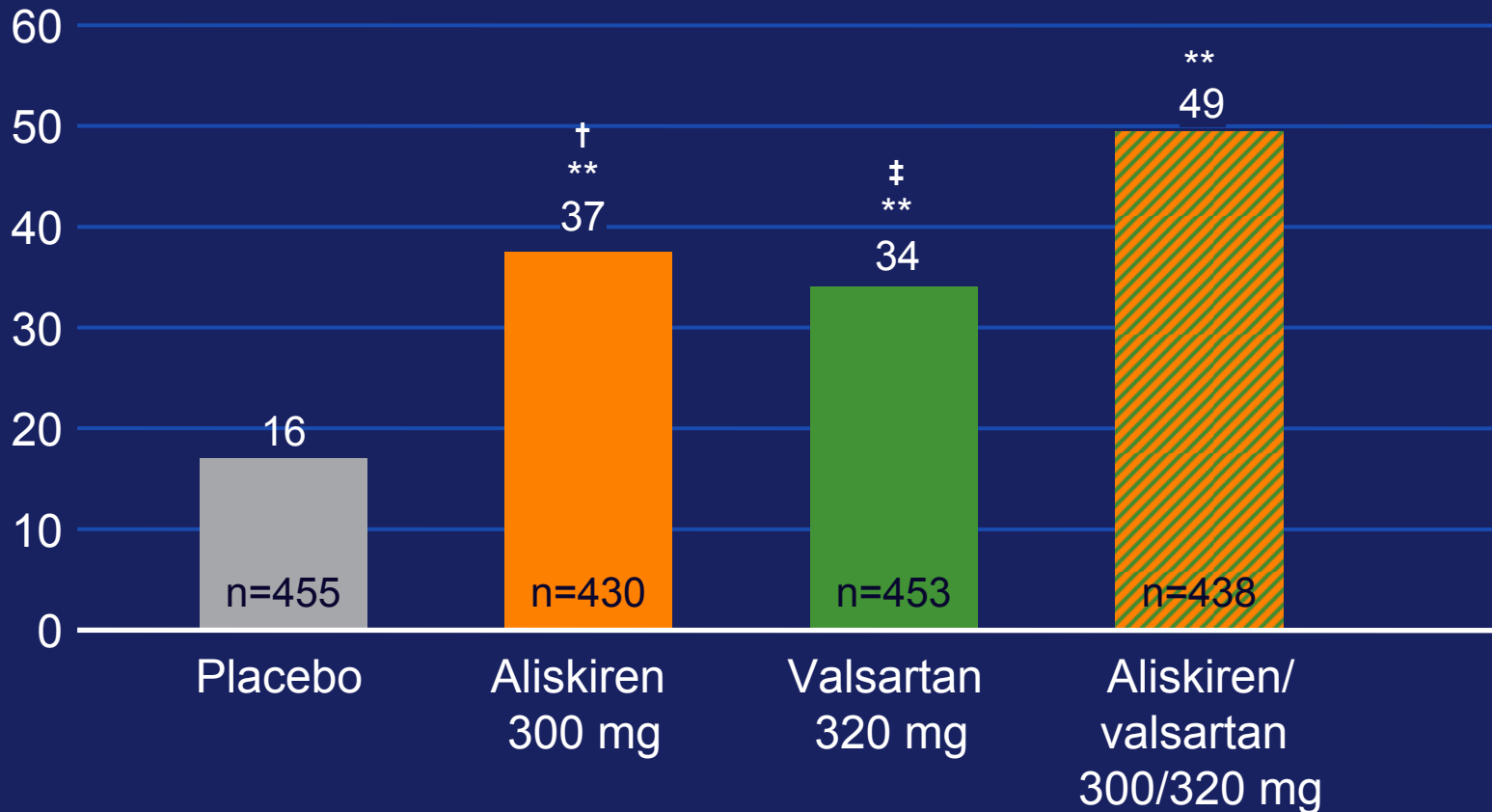


Aliskiren/valsartan kombinasyon terapisi tansiyonun düşüşünü sağlıyor



Aliskiren/valsartan tansiyon kontrolünü düzeltiyor her ikisini teker karşılaştırdığımızda

BP control rate at Week 8 (%)



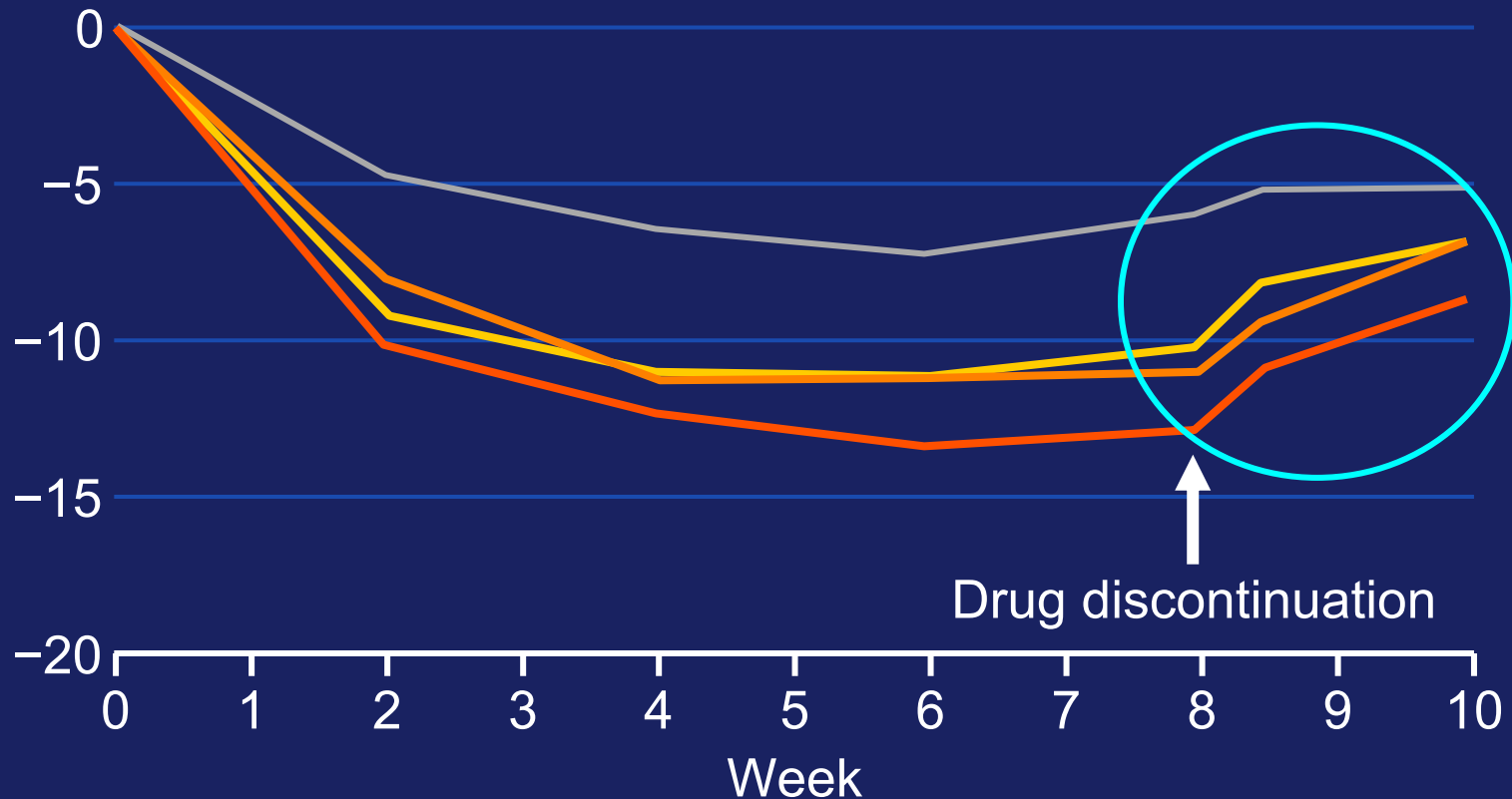
BP control defined as BP <140/90 mmHg

**p<0.0001 vs placebo; †p<0.001, ‡p<0.0001 vs aliskiren/valsartan combination

Oparil S, et al. Lancet 2007

Aliskiren uzun düşük tansiyon saglıyor

Mean change in sitting diastolic blood pressure (mmHg)



— Aliskiren 300 mg (n=166)

— Aliskiren 600 mg (n=166)

— Placebo (n=163)

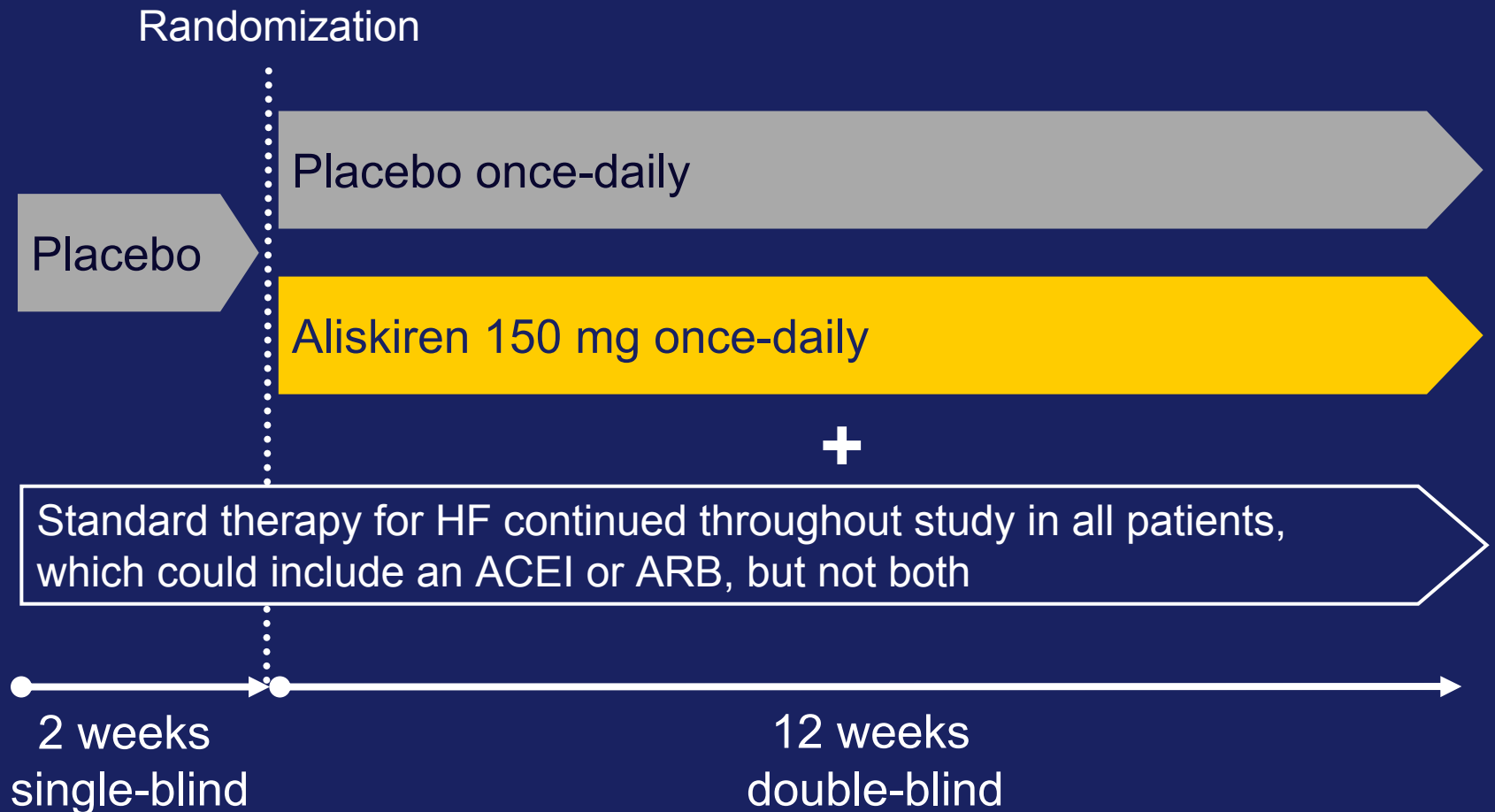
— Aliskiren 150 mg (n=167)

Kıyaslamalı araştırmalarda yararlı

Summary

- Aliskiren lowers SBP and DBP about 10 mm Hg
- Aliskiren effectively combines with ARB
- Aliskiren effectively combines with HCTZ and amlodipine (not shown)
- Maximum dosage 300 mg/day
- Side effect profile similar to ARB and better than placebo (because of reduced headaches)
- When aliskiren is discontinued, there is no rebound - instead, BP takes 2 weeks to come back up

Aliskiren kalp hastalıkları tedavisindeki gözetleme (ALOFT) – Study design overview



ALOFT

Population and objectives

Study population:

- Patients with NYHA II-III HF, prior or current hypertension, B-type natriuretic peptide (BNP) >100 pg/mL, and β -blocker with either an ACEI or an ARB

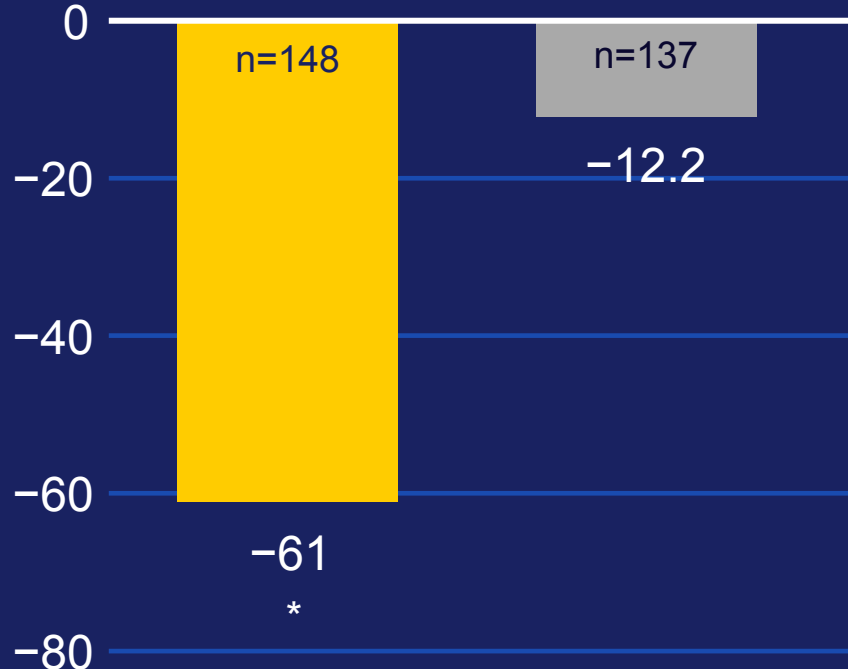
Primary objective:

- Safety and tolerability of aliskiren 150 mg

Secondary objectives include:

- Effect of aliskiren on BNP, N-terminal proBNP (NT-proBNP), aldosterone levels, echocardiogram, signs and symptoms of HF, and blood pressure

Aliskiren BNP ve NT-proBNPı indiriyor placebo ile karşılaştırdığımız zaman (kalp hastalarında)



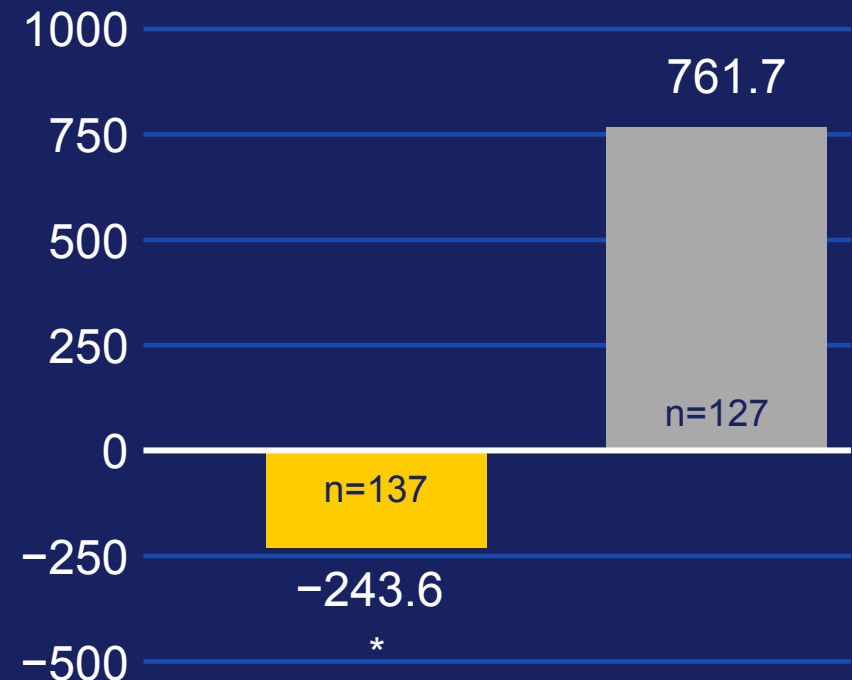
Mean change from baseline† in plasma BNP at Week 12 (pg/mL)

Standard HF therapy

■ + aliskiren 150 mg

■ + placebo

Mean change from baseline‡ in plasma NT-proBNP at Week 12 (pg/mL)



McMurray JJV. ESC 2007 (ALOFT)

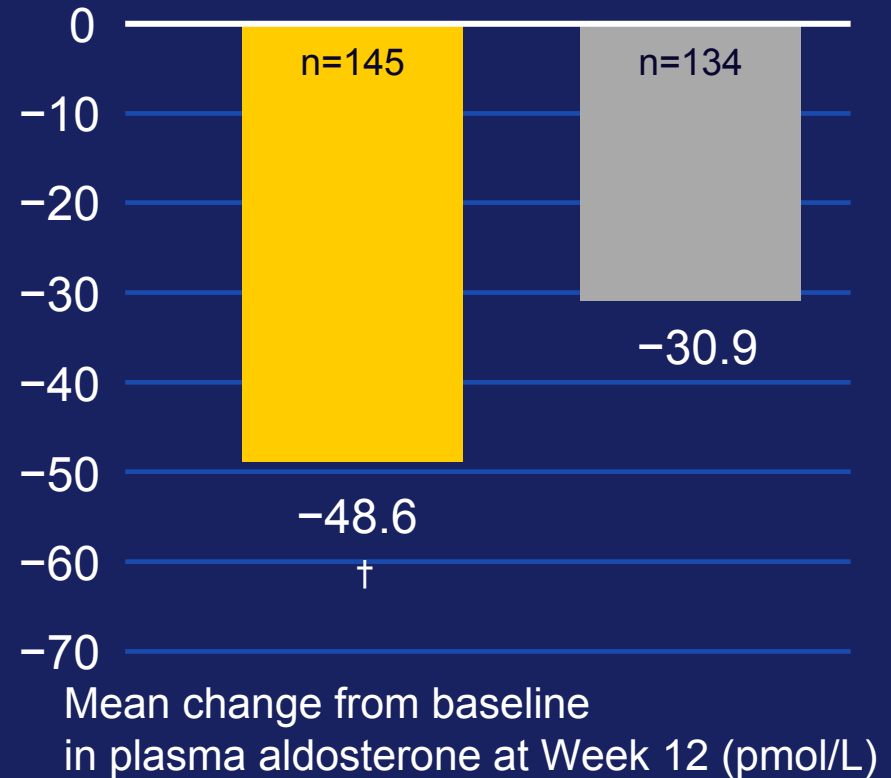
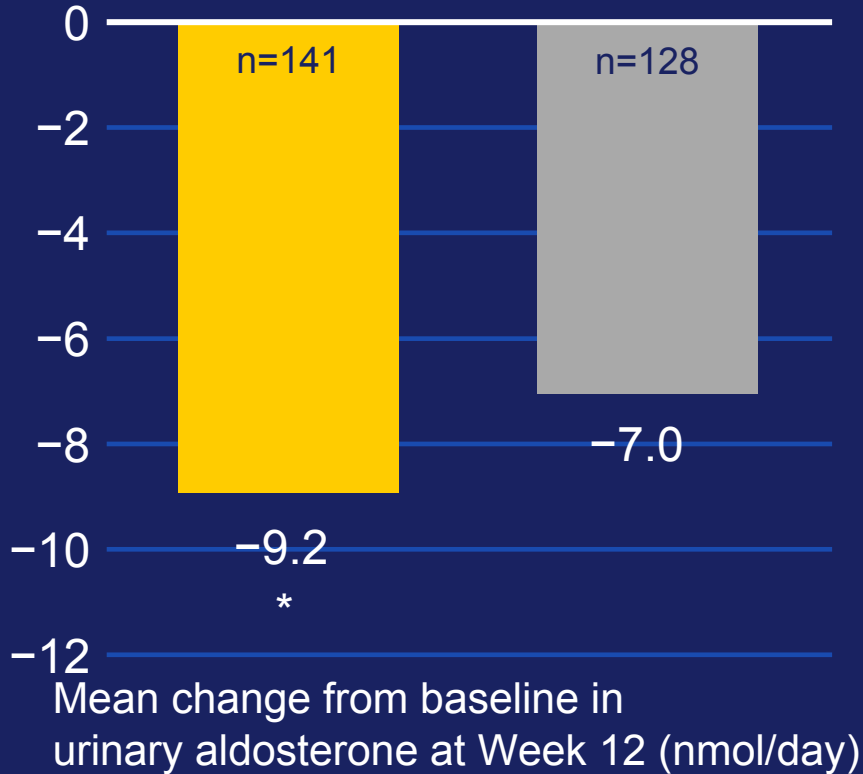
McMurray et al. 2008 (ALOFT)

†Baseline BNP values – aliskiren 301 pg/mL, placebo 273 pg/mL

‡Baseline NT-proBNP values – aliskiren 2158 pg/mL, placebo 2123 pg/mL

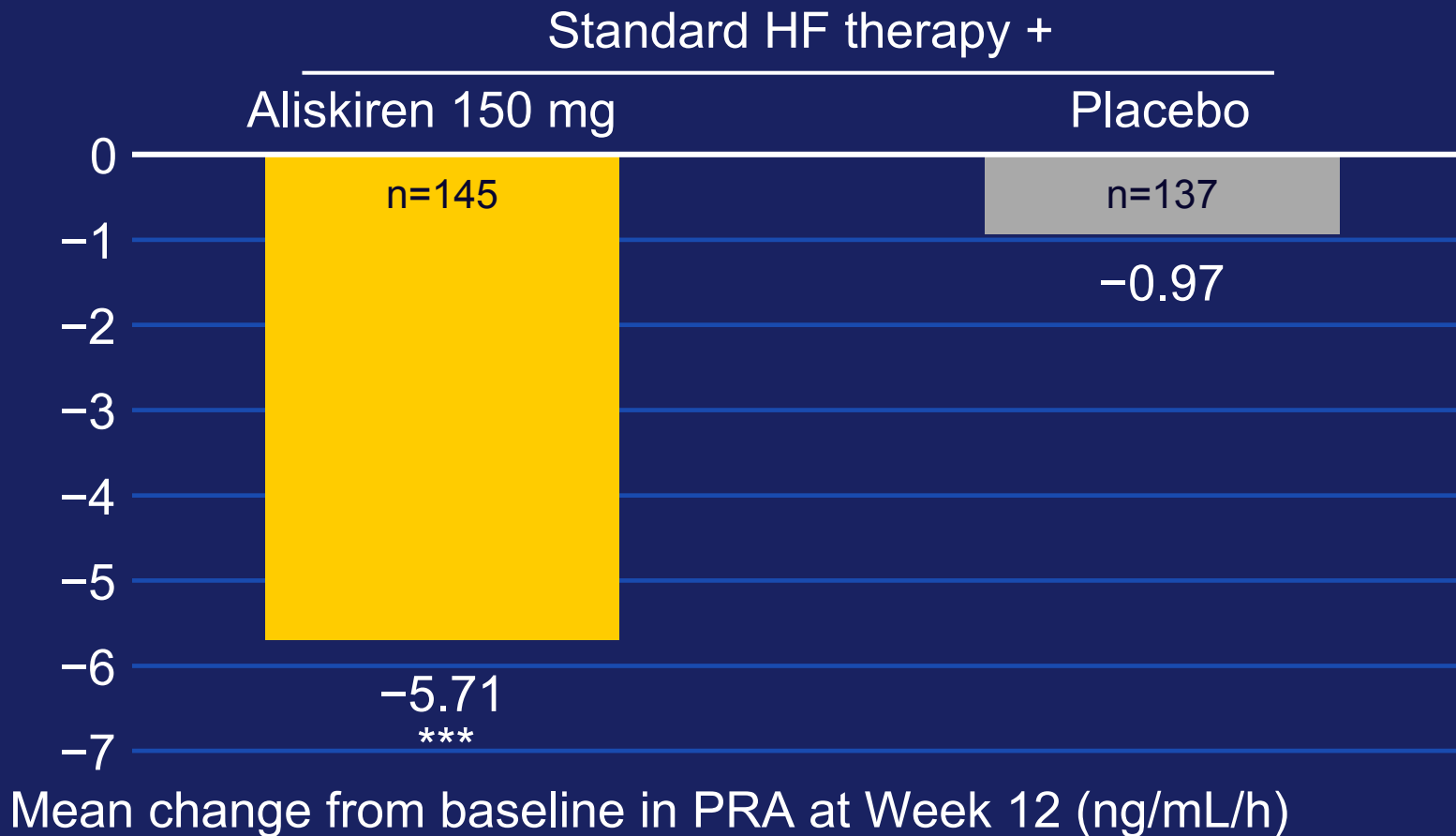
*p<0.05 vs placebo

Aliskiren idrar ve plazma aldosteronu azaltıyor placebo ile karşılaştırdığımız zaman HF hastalar arasında



Standard HF therapy
■ + aliskiren 150 mg
■ + placebo

Aliskiren PRA düşürüyor placebo ile karşılaştırdığımız zaman HF hastalar arasında

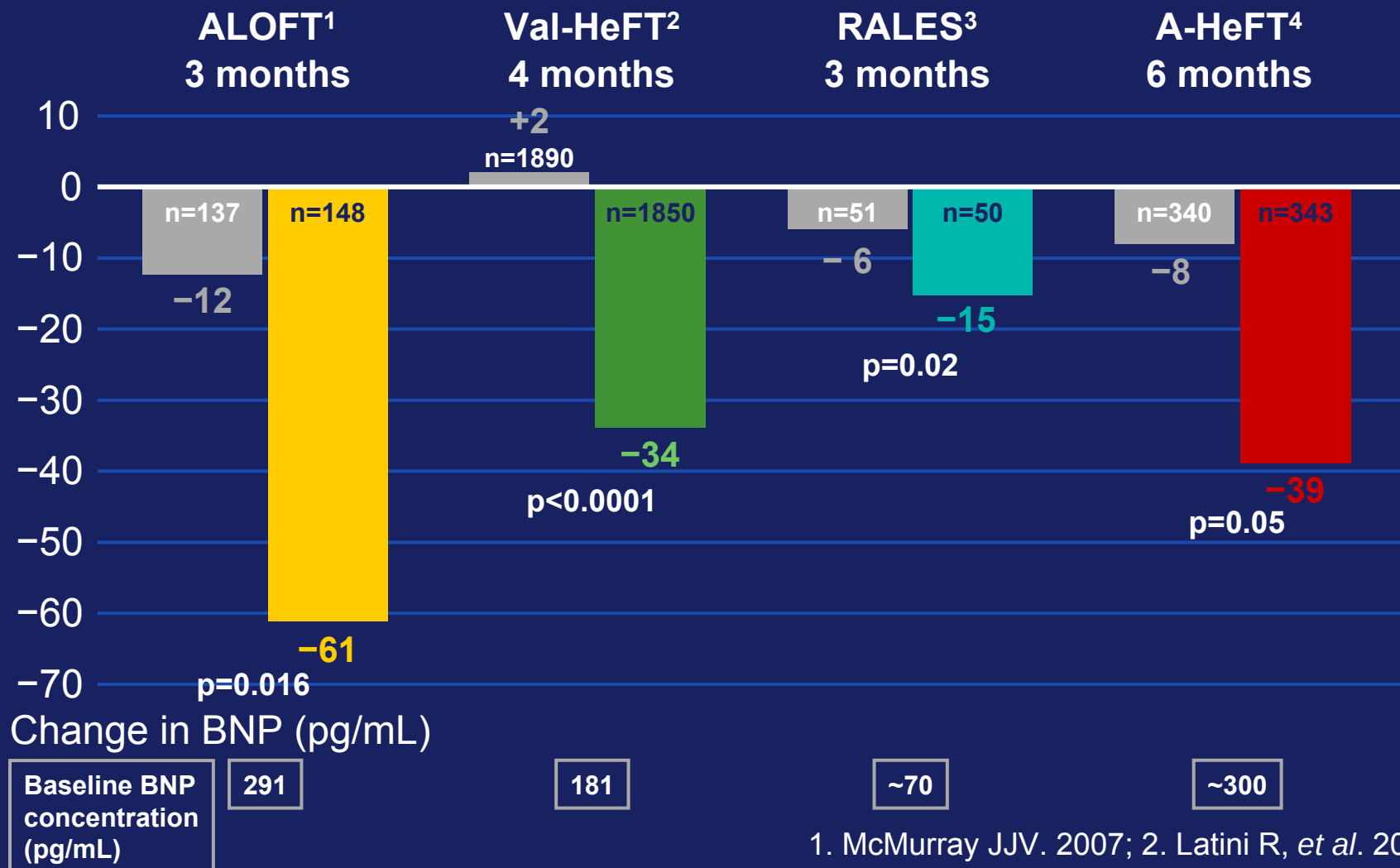


***p<0.0001 vs placebo
PRA, plasma renin activity

McMurray JJV. ESC 2007 (ALOFT)

Aliskirenin diğer antihypertensivler ile araştırmalara karşı izlenimi

■ Placebo ■ Aliskiren ■ Valsartan ■ Spironolactone ■ Hydralazine-isosorbide dinitrate



1. McMurray JJV. 2007; 2. Latini R, *et al.* 2002;
3. Rousseau MF, *et al.* 2002; 4. Cohn JN, *et al.* 2007

ALOFT

Summary

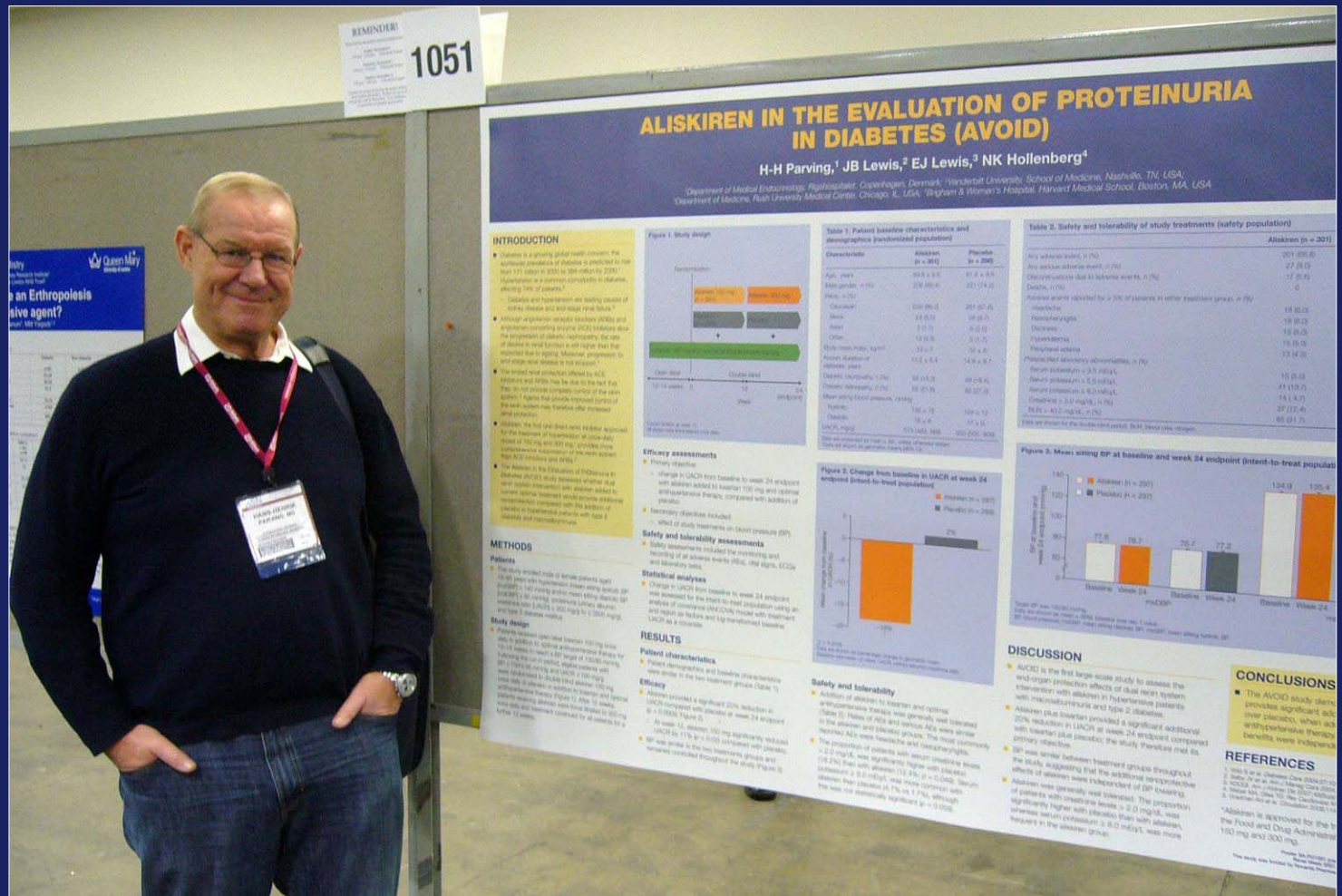
- In patients receiving standard therapy for HF:
 - Aliskiren has a placebo-like tolerability profile
 - Aliskiren significantly reduces BNP and NT-proBNP compared with placebo
 - Aliskiren reduces urinary aldosterone compared with placebo
 - Aliskiren provides significant reductions in PRA compared with placebo
 - Aliskiren provides significant improvements in some echocardiographic assessments of LV function

AVOID Study

Proteinuria reduction in DM nephropathy

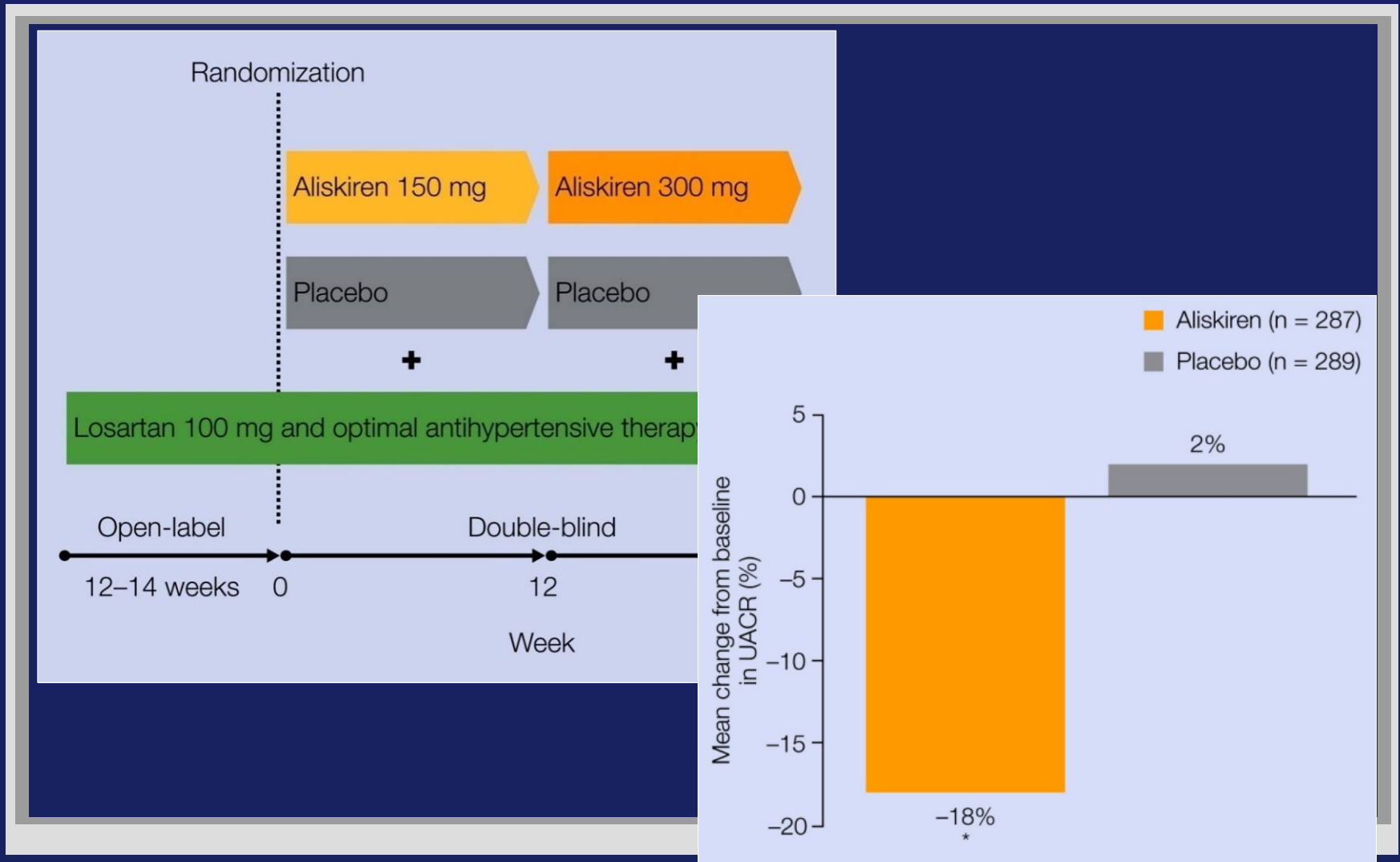
ASN Renal Week 2007
October 31 - November 5, 2007
San Francisco, California

ASN
THE AMERICAN SOCIETY OF
NEPHROLOGY



Parving, et al. , ASN 2007

Aliskiren „on top“ of losartan lowered proteinuria another 20%



Renin: the key to cardiovascular pathology

Conclusions

- Chronic Ang II generation in the circulating or tissue renin systems causes organ damage
- Inhibition of the Renin System with either ACEIs and ARBs causes a compensatory rise in PRA
- Aliskiren targets the Renin System at its point of activation, providing more complete control
- Aliskiren reduces levels of Ang I and Ang II, and neutralizes the rise in PRA induced by other antihypertensives
- Aliskiren works in hypertension (alone or combined), heart failure, and diabetic renal disease