

**On the phenotype and pathogenesis
of ectopic calcification diseases
using pseudoxanthoma elasticum as a model**

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Summary

Ectopic calcification (EC) refers to the presence of calcium crystals in soft tissues such as skin, arterial blood vessels and internal organs, and is associated with significant morbidity and mortality. EC is present in frequent western disorders such as atherosclerosis, calcific aortic valve disease and osteoarthritis. Currently, no effective treatments preventing, halting or reversing EC exist. Studies in Mendelian EC diseases have been instrumental in understanding important aspects of EC pathophysiology. In this doctoral research project, we therefore studied pseudoxanthoma elasticum (PXE), a multisystem EC disorder caused by bi-allelic pathogenic variants in *ABCC6* resulting in progressive calcification of elastic fibers affecting the skin, eye, and arteries (**Reviews 1-3**).

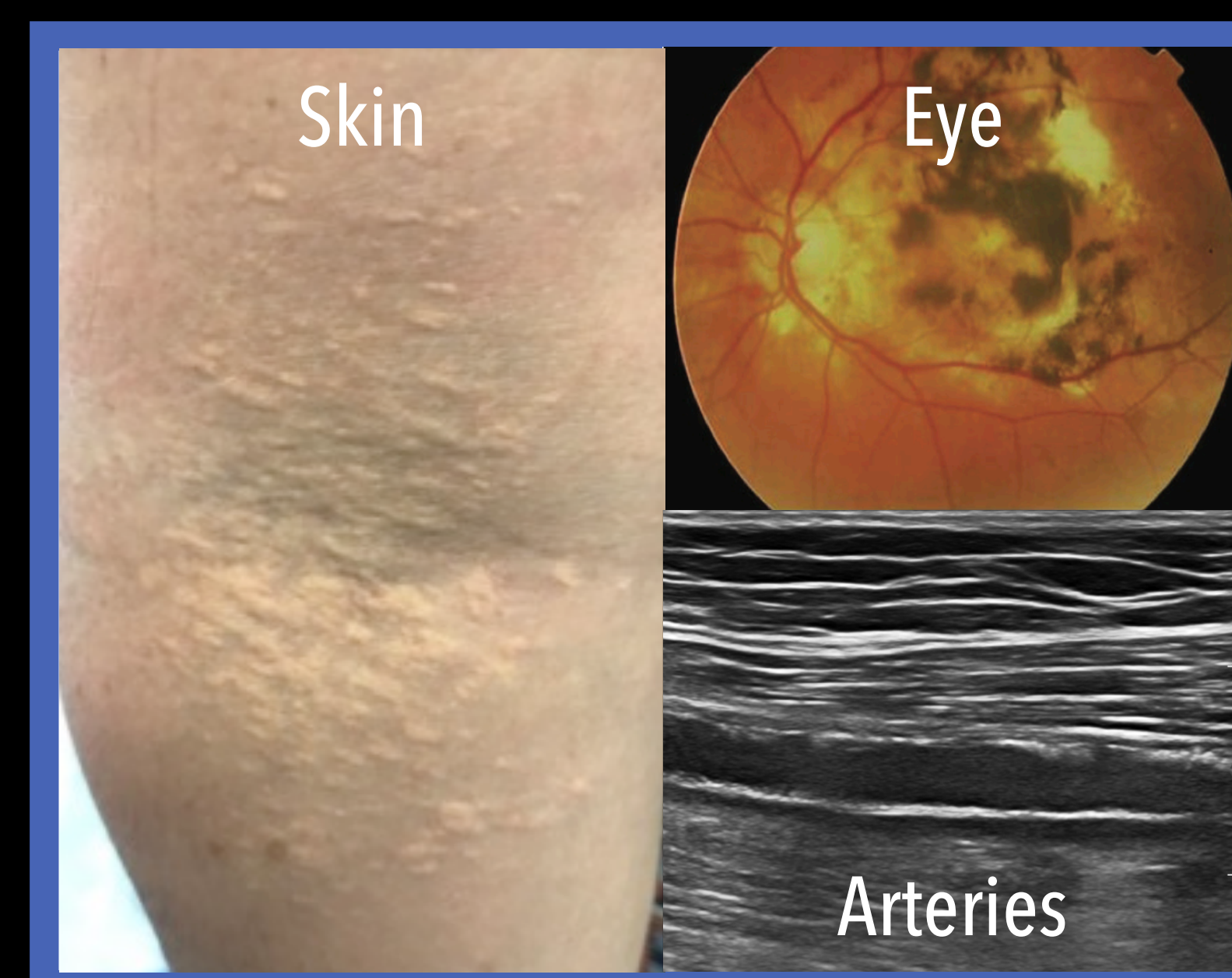
Similar to the findings in PXE patients, an increased burden of cardio- and cerebrovascular disease has been reported in individuals carrying a single heterozygous *ABCC6* mutation. In **paper 1**, we performed a deep-phenotyping study in a Belgian cohort of *ABCC6* carriers. Clinical, biochemical, imaging and genetic data were analyzed revealing the presence of distinct retinal alterations ('comet-like'), a high prevalence of dyslipidemia, diastolic dysfunction and testicular microlithiasis, as well as accelerated lower limb atherosclerosis, though with highly variable expression. We then created clinical practice guidelines aiming to standardize and improve early diagnosis, treatment and follow-up of *ABCC6*-related health problems in heterozygous carriers.

Identifying novel disease mechanisms and treatment targets in PXE is of utmost importance to accelerate the development of new therapies. In **paper 2**, we demonstrated the involvement of excessive DDR/PARP1 signaling in PXE pathogenesis finding increased activation of the ATM-p21-p53 and PARP1-IL6-STAT3-RUNX2 pathways, which associated with progressive calcification of the extracellular matrix.

Treatment of PXE patient cells, *abcc6a*^{-/-} zebrafish and *Abcc6*^{-/-} mice (**paper 3**) with the PARP1 inhibitor minocycline attenuated this deleterious mechanism and significantly reduced EC.

Clinical trials in PXE are currently severely hampered by the lack of reliable biomarkers for disease severity, as conventional clinical or radiological outcome measurements cannot be used due to the very slow progression of PXE signs and symptoms. We therefore evaluated the use of serum calcification propensity T50, a measurement of the anti-calcifying buffer capacity of serum, as a novel biomarker for PXE disease severity (**paper 4**). We showed that serum T50 values in PXE are primarily determined by serum fetuin-A, phosphorus and magnesium levels, while no correlations were identified with *ABCC6* genotype. In a multivariate regression analysis, serum T50 was found to be significantly and inversely associated with ocular, vascular and overall clinical disease severity in PXE patients. On the contrary, plasma pyrophosphate - an endogenous calcification inhibitor - was found to be reduced in heterozygous carriers and PXE patients but was not a reliable biomarker for PXE disease severity (**paper 5**).

This doctoral research project further established the existence of a distinct clinical phenotype in heterozygous *ABCC6* carriers and created clinical practice guidelines to aid primary and secondary care physicians in their management of individuals carrying a single *ABCC6* mutation. With the advent of exome-wide genetic screening tests in the general population, an exponential increase in the detection of heterozygous pathogenic *ABCC6* variants is expected and thus our findings will improve genetic counseling of *ABCC6* carriers and their relatives. By demonstrating that DDR/PARP1 activation is a key driver of PXE pathogenesis and that minocycline treatment significantly reduces EC, we greatly increased the translational potential of minocycline and hence clinical trials in PXE patients may be endeavored. We also showed that serum T50 is a clinically relevant biomarker in PXE and may thus be used as a surrogate endpoint in future therapeutic trials. Overall, our research findings may accelerate the development and implementation of safe and effective treatment options for patients with hereditary or acquired EC diseases.



The clinical phenotype of PXE

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