

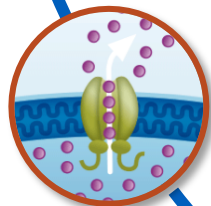
CF Disease due to Residual CFTR Activity Mutations



CFTR Mutations & Protein Defects: The Underlying Cause of CF



CFTR gene mutations can result in CFTR protein channel abnormalities – the underlying defect of CF disease¹



CFTR gene mutations can reduce chloride and other ion transport (total CFTR activity) through CFTR channels by affecting:^{1–3}

Quantity of CFTR channels at the cell surface,
and/or

Function of CFTR as an ion channel

Reduced quantity and/or function of CFTR channels leads to pathophysiologic changes in the epithelial cells of many organ systems^{1,2,4}

Effect of Mutations on Total CFTR Activity Depends on CFTR Quantity and Function¹⁻⁵



CFTR quantity

CFTR function

Little to no CFTR quantity
at cell surface resulting in little to no total CFTR activity

Total CFTR activity

Little to no CFTR function
at cell surface resulting in little to no total CFTR activity

Total CFTR activity

Some CFTR quantity
at cell surface resulting in residual CFTR activity

Total CFTR activity

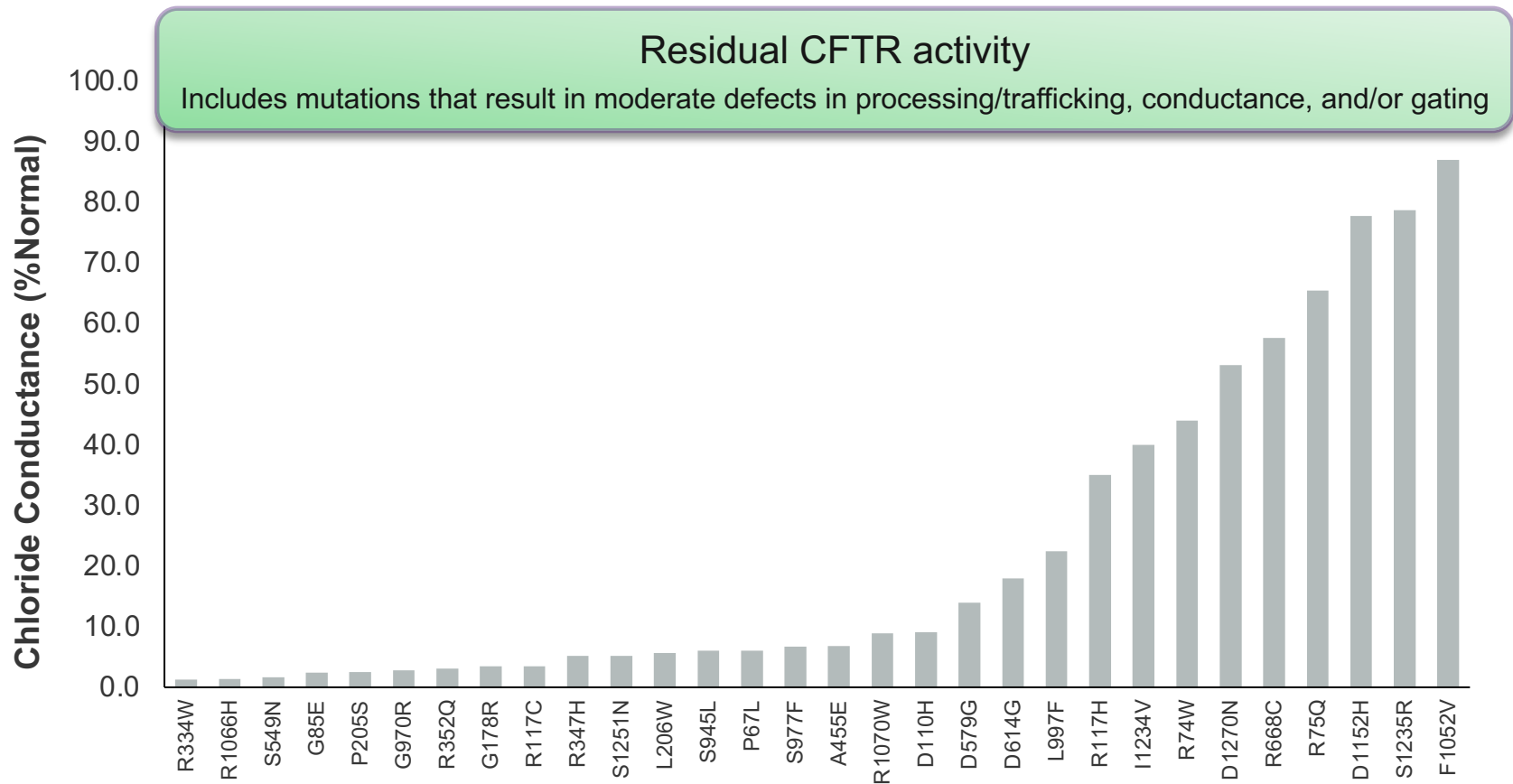
Some CFTR function
at cell surface resulting in residual CFTR activity

Total CFTR activity

1. Zielenski J. *Respiration* 2000;67:117–33; 2. MacDonald KD et al. *Paediatr Drugs* 2007;9:1–10; 3. Boyle MP & De Boeck K. *Lancet Respir Med* 2013;1:158–63; 4. Welsh MJ & Smith AE. *Cell* 1993;73:1251–4; 5. Castellani C. *J Cyst Fibrosis* 2008;7:179–96

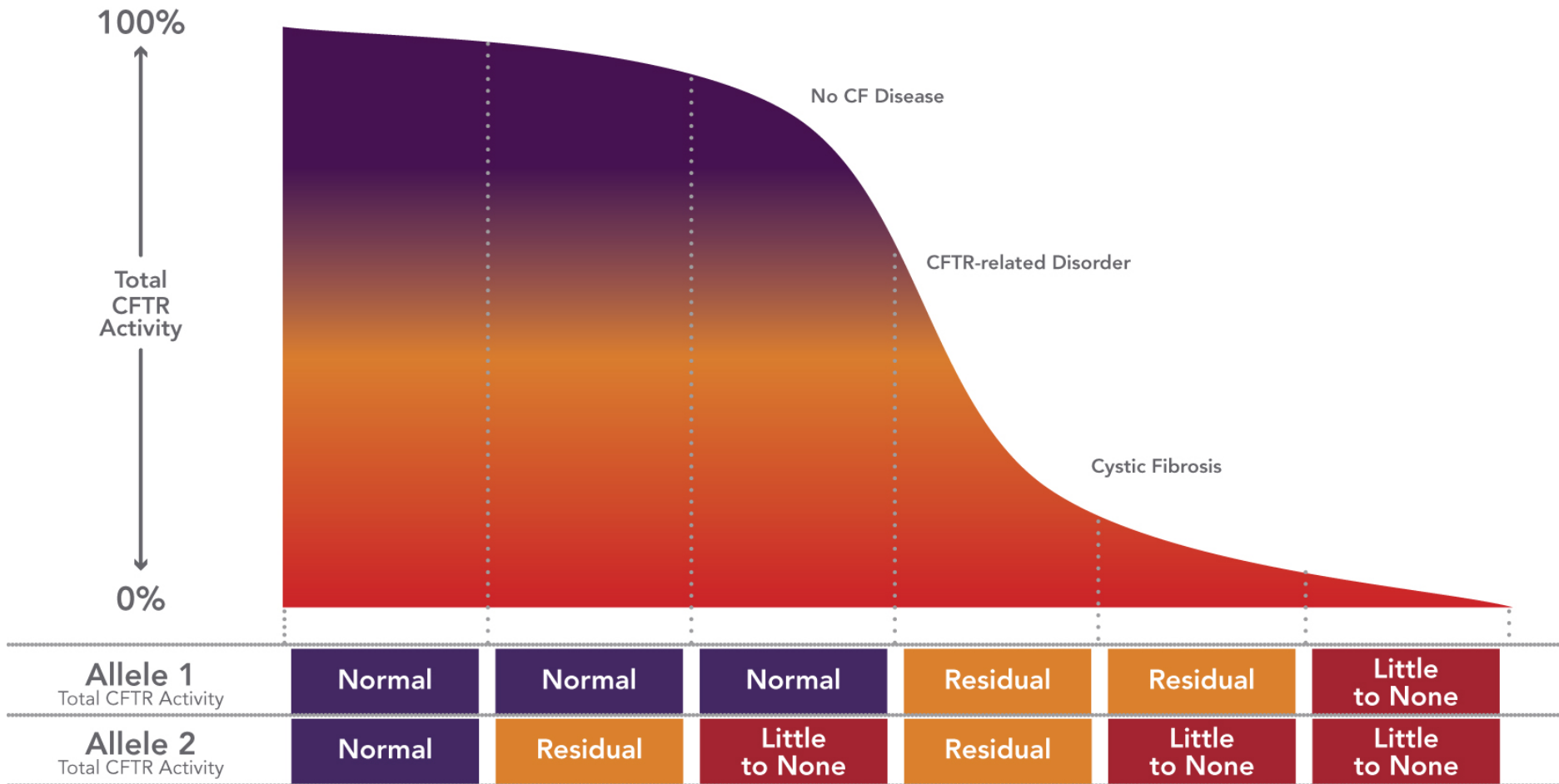


Different Mutant *CFTR* Genotypes Result in a Range of Total *CFTR* Protein Activity



Ussing chamber studies using Fischer rat thyroid (FRT) cells

CFTR Genotype of Both Alleles is a Determinant of Total CFTR Activity and CF Phenotype

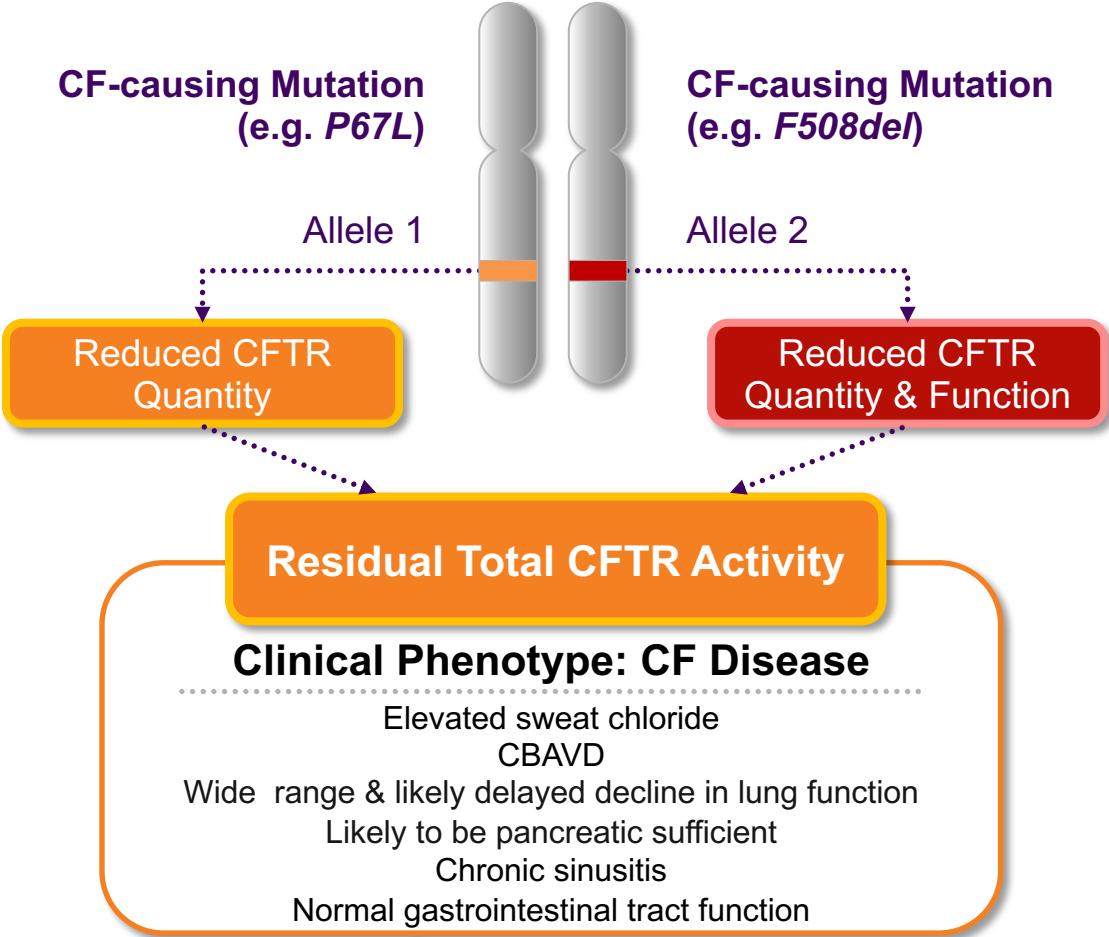


Adapted from Zielenski J. Respiration 2000;67:117-33



Genotype & Phenotype in Individuals with CF and Residual CFTR Activity

Example genotype: *P67L/F508del*



CF phenotype is also influenced by non-*CFTR* modifier genes and environmental factors

CBAVD- Congenital Bilateral Absence of Vas Deferens

Boyle MP & De Boeck K. *Lancet Respir Med* 2013;1:158–63; Griesenbach U et al. *Thorax* 1999;54(Suppl 2):S19–23; Zielenski J. *Respiration* 2000;67:117–33; Davis PB. *Am J Respir Crit Care Med* 2006;173:475–82; Wilschanski M & Durie PR. *Gut* 2007;56:1153–63; Castellani C et al. *J Cyst Fibrosis* 2008;7:179–96; https://cfr2.org/mutations_history Accessed April 2020



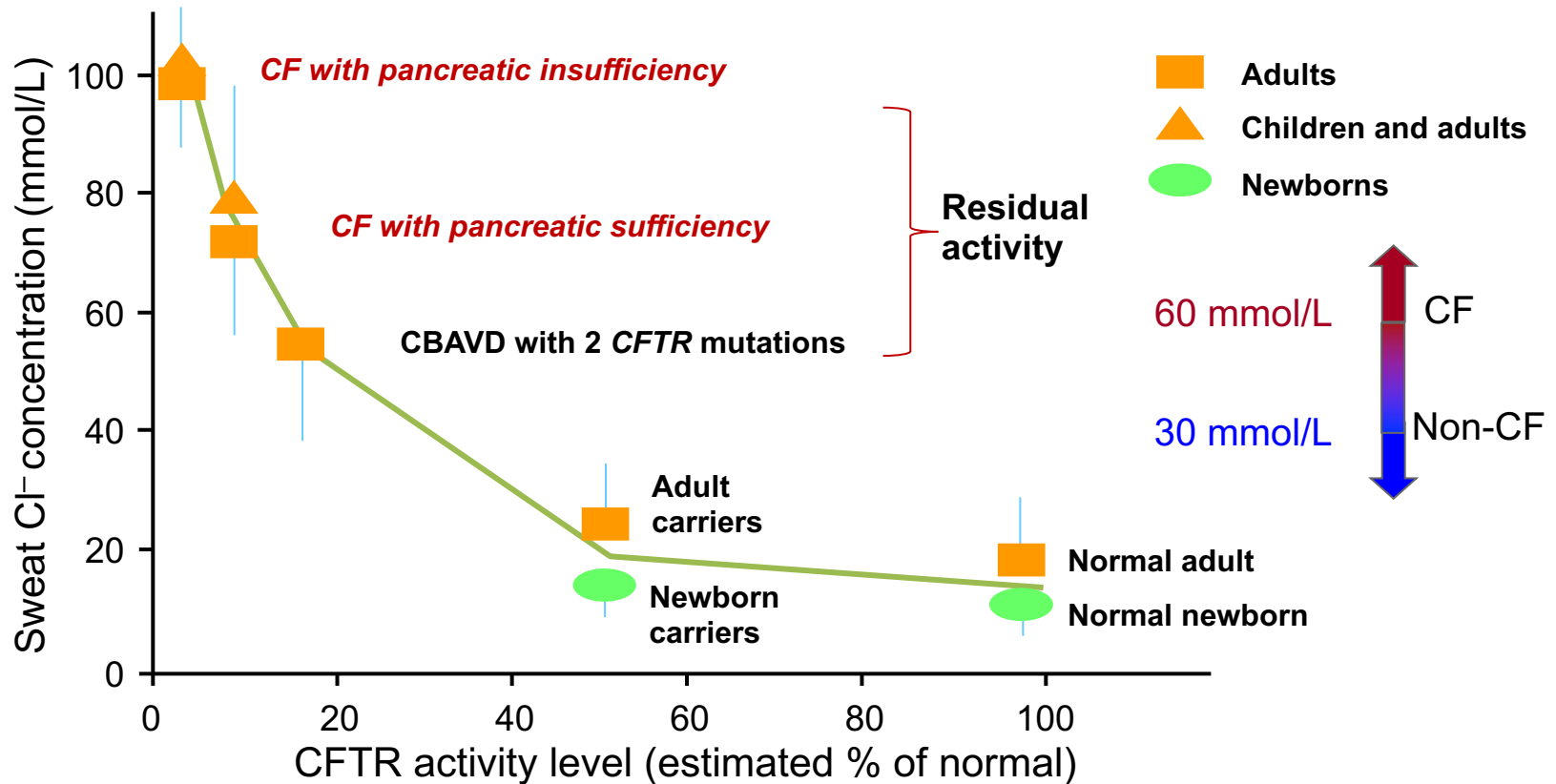
Clinical Phenotypes Are Heterogeneous in Patients with Residual CFTR Activity

	Masvidal	Genotype-Phenotype Consortium	Castaldo	Gilfillan	De Braekeleer	Antinolo
	2789+5G>A (n=11)	R117H (n=23)	D614G (n=3)	P67L (n=13)	A455E (n=14)	R334W (n=12)
Age at diagnosis, years (SD)	21 (8)	10 (11)	40, 40, 31	23 (11)	6 (5)	15 (15)
Sweat Chloride, mmol/L(SD)	103 (23)	82 (19)	79, 55, 97	57 (9)	79 (19)	96 (9)
ppFEV ₁ (SD)	82 (31)	73 (22)	51, 84, 88		85 (17)	59 (27)
PI, %	27	13	PS, PS, PI	23	50	33
<i>Pseudomonas</i> colonization, %	64	30	Y, N, N		50	33

ppFEV₁, percent predicted forced expiratory volume in 1 second; PS, pancreatic sufficient; PI, pancreatic insufficient; N, no; Y, yes.

- Lower rates of pancreatic insufficiency
- Highly variable sweat chloride concentration
- Highly variable lung function

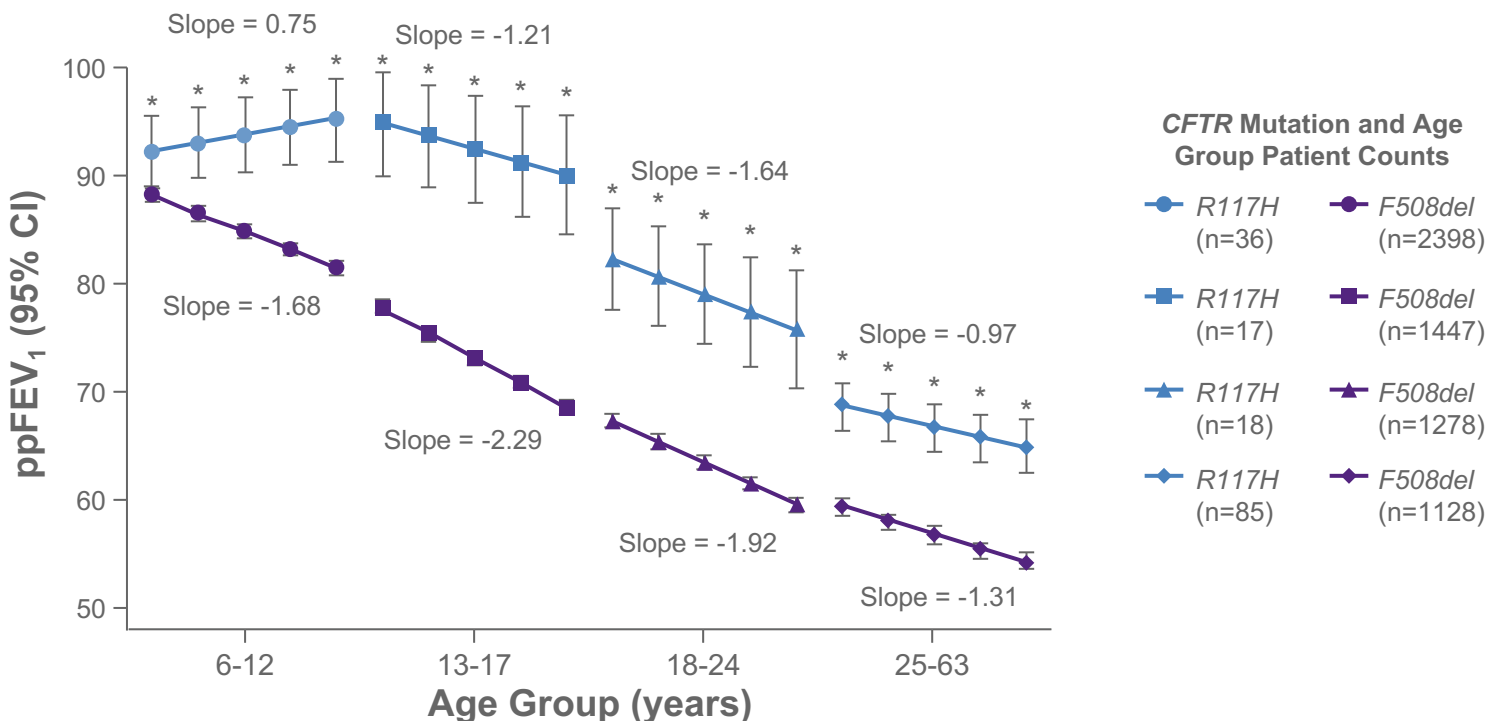
Sweat Chloride and Pancreatic Status are Indicators of CFTR Activity



Note: Three important assumptions are made: (1) Sweat chloride levels are vs **predicted** CFTR activity; (2) normal individuals are assumed to have 100% CFTR activity; (3) carriers are assumed to have 50% CFTR activity.

Lung Disease in Patients With CF and Residual CFTR Activity May Be Delayed, But Not Lessened, Compared With Patients Homozygous for the F508del CFTR Mutation

Estimated Intercept and 4-Year Slopes of ppFEV₁ by Mutation and Age Group



*P<0.001.
Each data point represents a study year. Bars represent standard errors. Intercept and slopes not adjusted for age

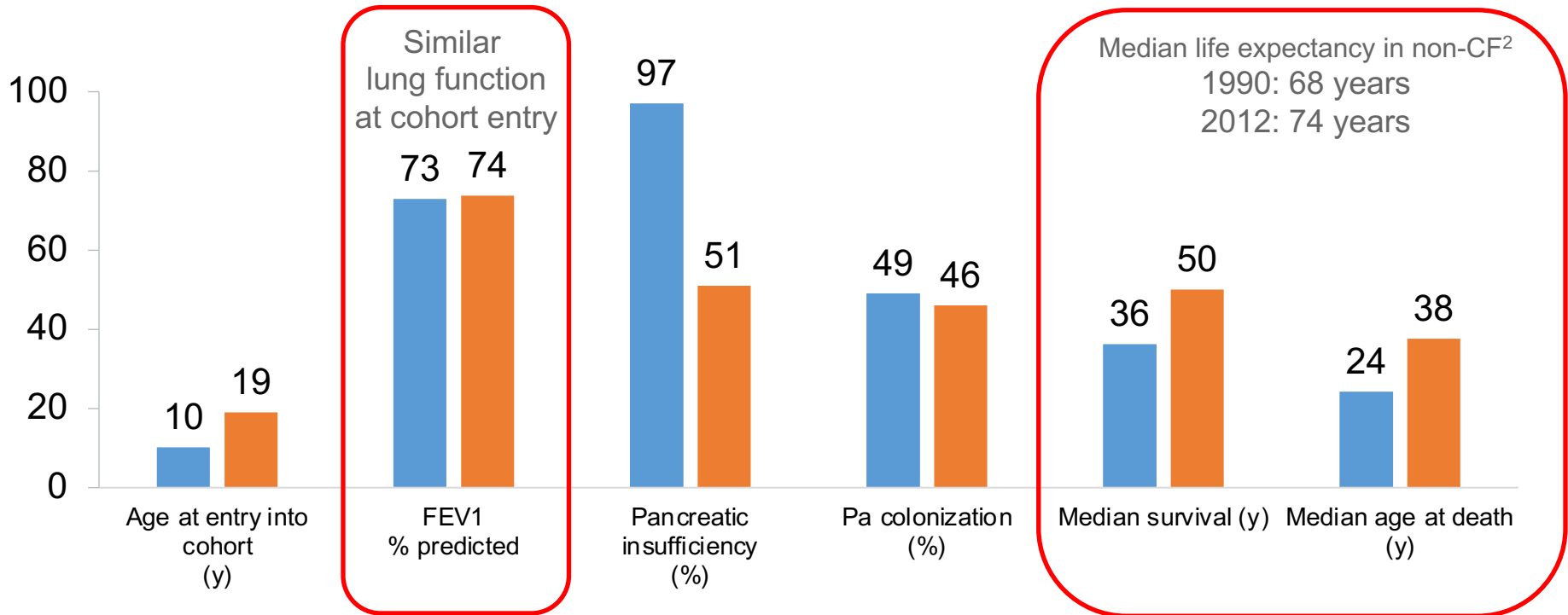
- Patients with CF 6 to 12 years of age with the residual function genotype *R117H* did not experience a decline in lung function over 4 years compared with age-matched *F508del* homozygous patients
- However, patients with residual function genotypes in older age groups experienced similar lung function decline compared with age-matched *F508del* homozygous patients

Once Symptoms Appear, Life Expectancy and Lung Function in Patients With CF With Residual Activity Phenotypes Are Similar to Those With Minimal Activity

Characteristics by Phenotype^{1*}

■ "Severe" phenotype (n=14,525)

■ Residual function phenotype (n=1126)



*Clinical characteristics assessed during the year of cohort entry, and followed between 1993 and 2002.¹

Severe mutations: Both alleles: G542X, R553X, W1282X, R1162X, 621-1G>T, 1717-1G>A, 1078T, 3659delC, F508del, I507del, N1303K, S549N, G85E, G551D, and R560T.

Residual function mutations: At least 1 allele: R117H, R334W, R347P, 3849+10KbC>T, 2789+5G>A, and A455E.

Pa, pseudomonas aeruginosa

Summary

- As of 10 January 2020, a total of 432 variants are annotated on the CFTR website, which 352 are CF-causing¹
- Some *CFTR* mutations are associated with almost complete loss of CFTR activity while others are associated with residual activity
- A patient's phenotype is primarily related to the effect of mutations on CFTR activity
- Phenotypes are variable in patients with mutations associated with residual CFTR activity
- Patients with residual CFTR activity phenotypes may be diagnosed later in life than *F508del* homozygotes, but median survival is still below the median survival in the overall non CF population worldwide

1. https://cftr2.org/mutations_history Accessed April 2020