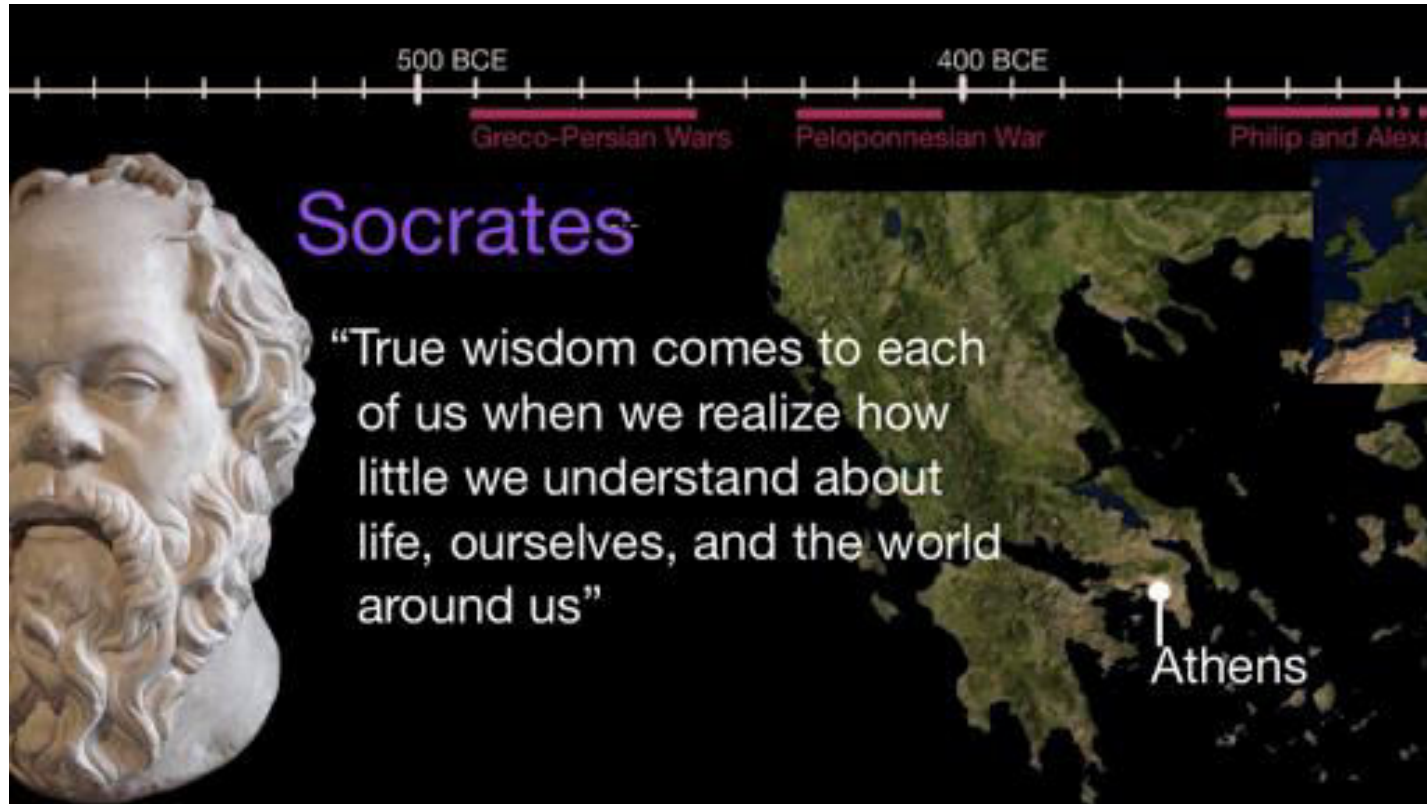


CHI: A continuous challenge



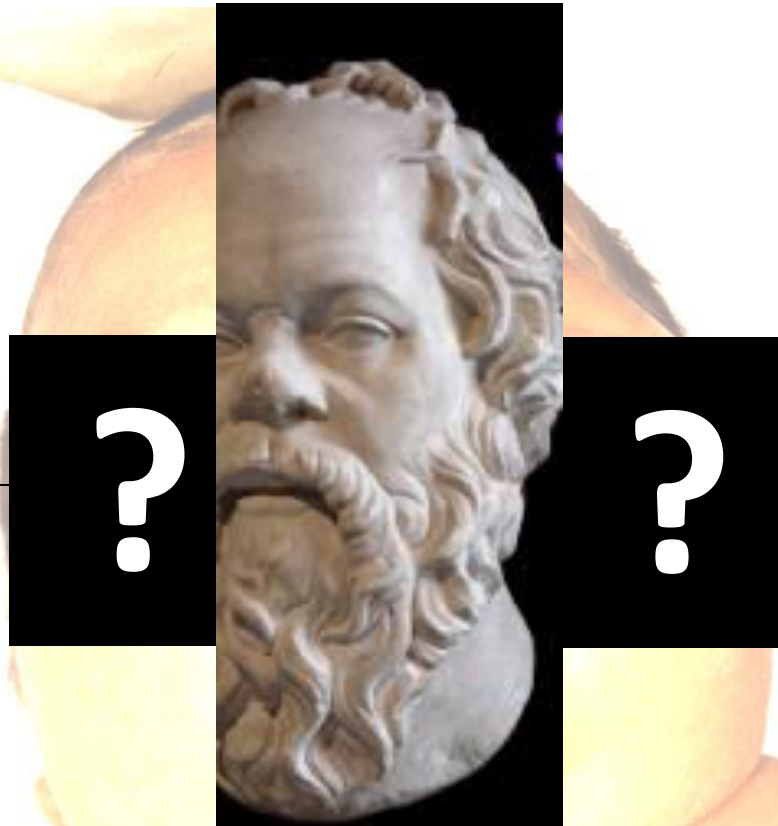
CHI family meeting,
Athens,
Sept. 25-26, 2018

Henrik Christesen, Professor, PhD, MD
International Hyperinsulinism Centre,
Hans Christian Andersen Children's Hospital,
Odense University Hospital, Denmark

CHI correlations: improve treatment!

Phenotype

- severity
- onset
- character
- duration
- diabetes
- syndromic



Histology

- Diffuse, focal, “atypical”

Genotype

- *SUR1 (ABCC8)*
- *Kir6.2 (KCNJ11)*
- *GCK*
- *HK1*
- *GLUD1*
- *HADH*
- *INSR*
- *MCT promotor*
- *HNF4A*
- *UCP2*
- *HNF1A*
- *PGM1*
- *PMM2*

Focal: happy stories

Margarita, Ukraine,
2½ m

Paternal *ABCC8*
mutation



Margaritha, Ukraine



- Cured by **enucleation** of the focal lesion





Arianna, Belarus

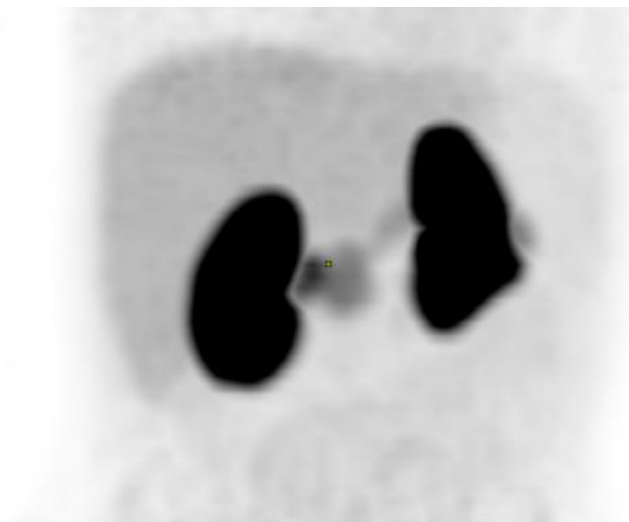
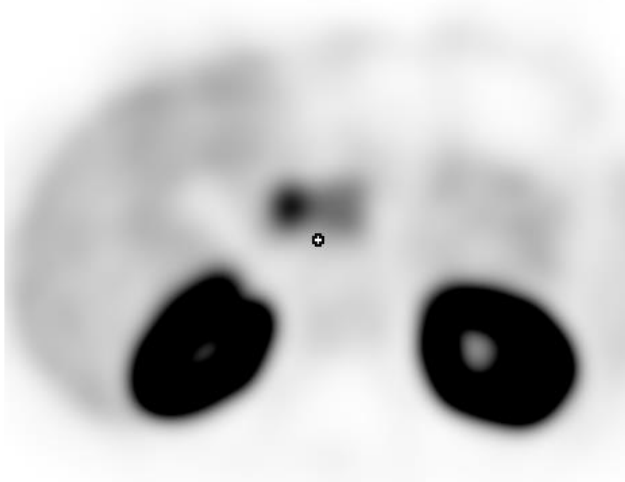
de novo mutation

ABCC8, p.Y1353X

DOPA PET/CT:

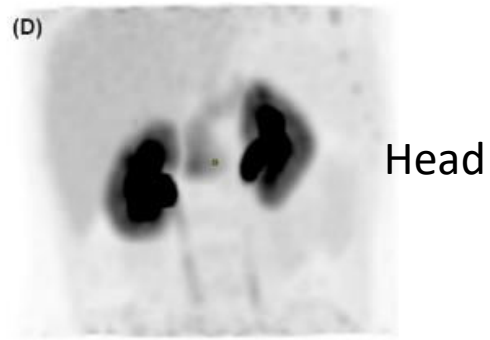
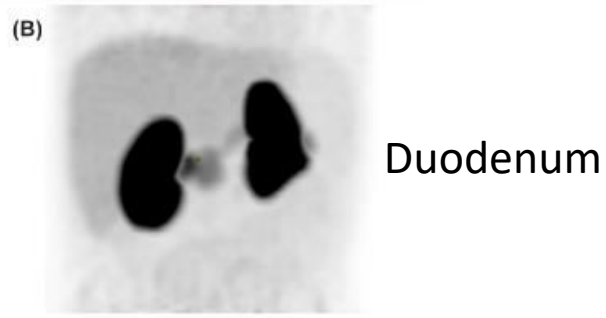
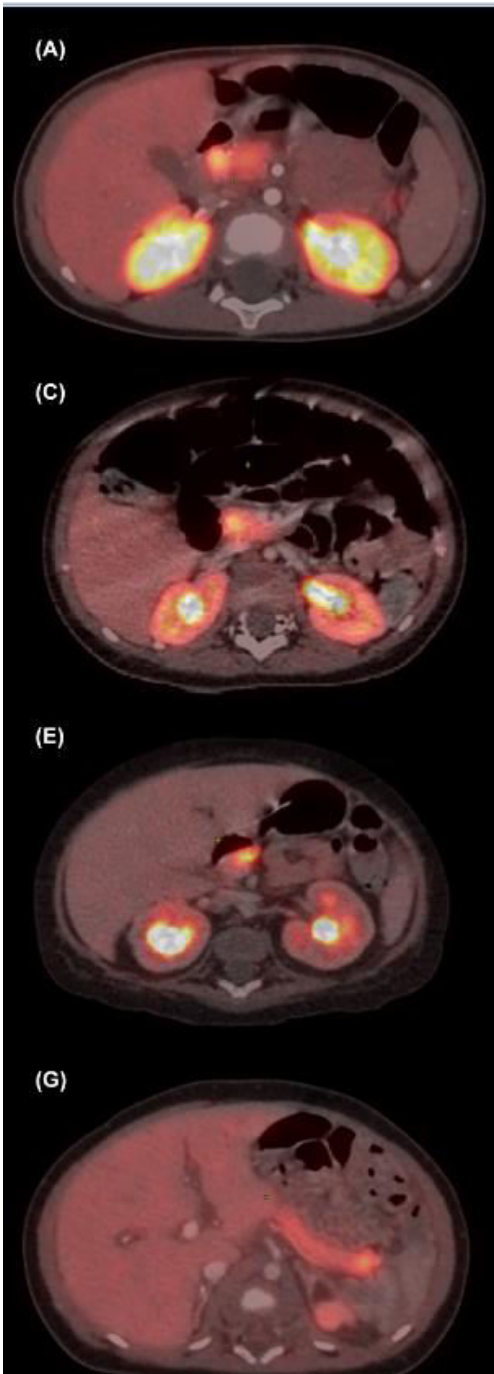
Focal, ectopic **duodenal**

Surgery: confirmed
duodenal, roux-en-y



**By ^{18}F -DOPA
PET/CT,
all focal
lesions
correctly
identified
and localized**

Visual
or
SUV max ratio 1.45



Intraoperative Ultrasound: A Tool to Support Tissue-Sparing Curative Pancreatic Resection in Focal Congenital Hyperinsulinism

Julie Bendix^{1,2†}, Mette G. Laursen^{1,2†}, Michael B. Mortensen^{3,4}, Maria Melikian⁵, Evgenia Globa⁶, Sönke Detlefsen^{4,7}, Lars Rasmussen^{3,4}, Henrik Petersen⁸, Klaus Brusgaard^{4,9} and Henrik T. Christesen^{1,4*}

Frontiers in Endocrinology 2018

Tissue-sparing pancreatic resection (focal lesion enucleation, local resection of tail or uncinate process) was performed in 67%

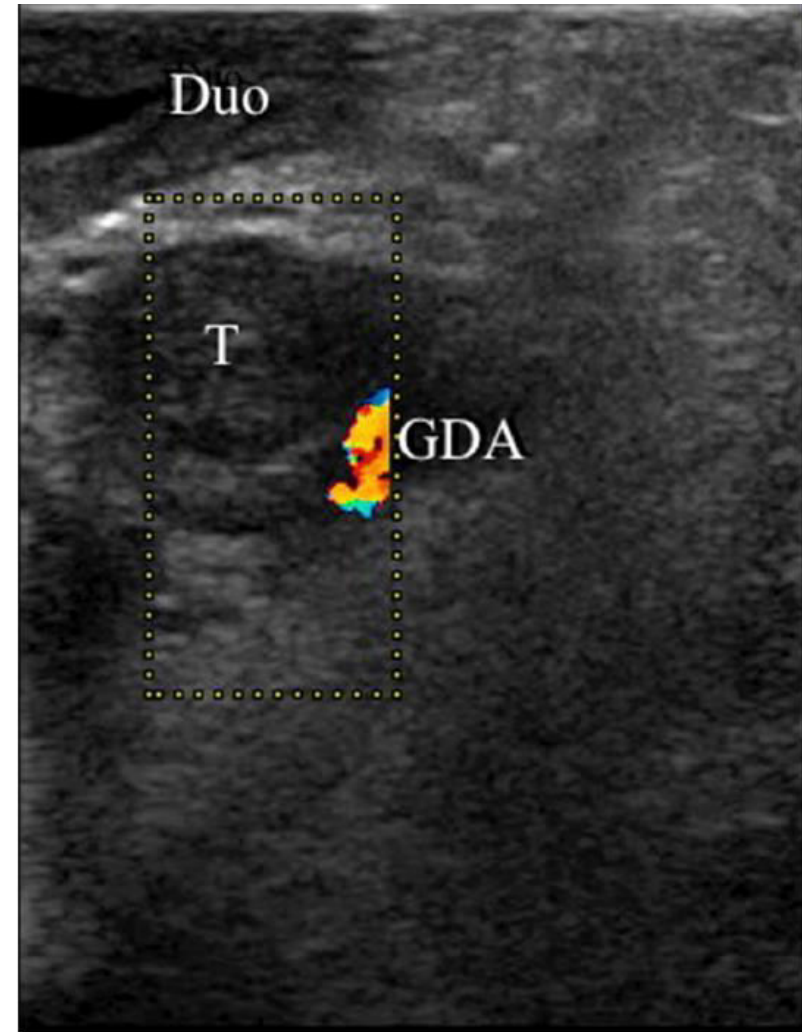


FIGURE 4 | Intraoperative ultrasound of a focal CHI lesion. A nine mm hypo-echoic focal CHI lesion ("T") is identified adjacent to the gastroduodenal

Progress in diffuse CHI

Original Paper

HORMONE
RESEARCH IN
PÆDIATRICS

Horm Res Paediatr
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A Multicenter Experience with Long-Acting Somatostatin Analogues in Patients with Congenital Hyperinsulinism

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Henrik Thybo Christesen^c Susann Empting^b Maria Salomon-Estebanez^d
Amalie Greve Rasmussen^e Annemarie Verrijn Stuart^f
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Syndromic CHI challenges

- Beckwith Wiedemann Syndrome (BWS)
- Turner Syndrome
- Simpson-Golabi-Behmel Syndrome
- Pearlman Syndrome
- Soto Syndrome
- Kabuki Syndrome
- Costello Syndrome
- Timothy Syndrome
- Congenital Disorder of Glycosylation 1a+1b
- Undine Syndrome
- Usher Syndrome (Saudi Arabia)
-

Victoria, Sweden

- Sept. 2010
- Preterm, GA 30+, early severe hyperinsulinism
- No syndromal signs
- *ABCC8/KCNJ11* neg
- PET/CT: Diffus type
- pancreatectomy (approx. 70%, repeat resection 90%)

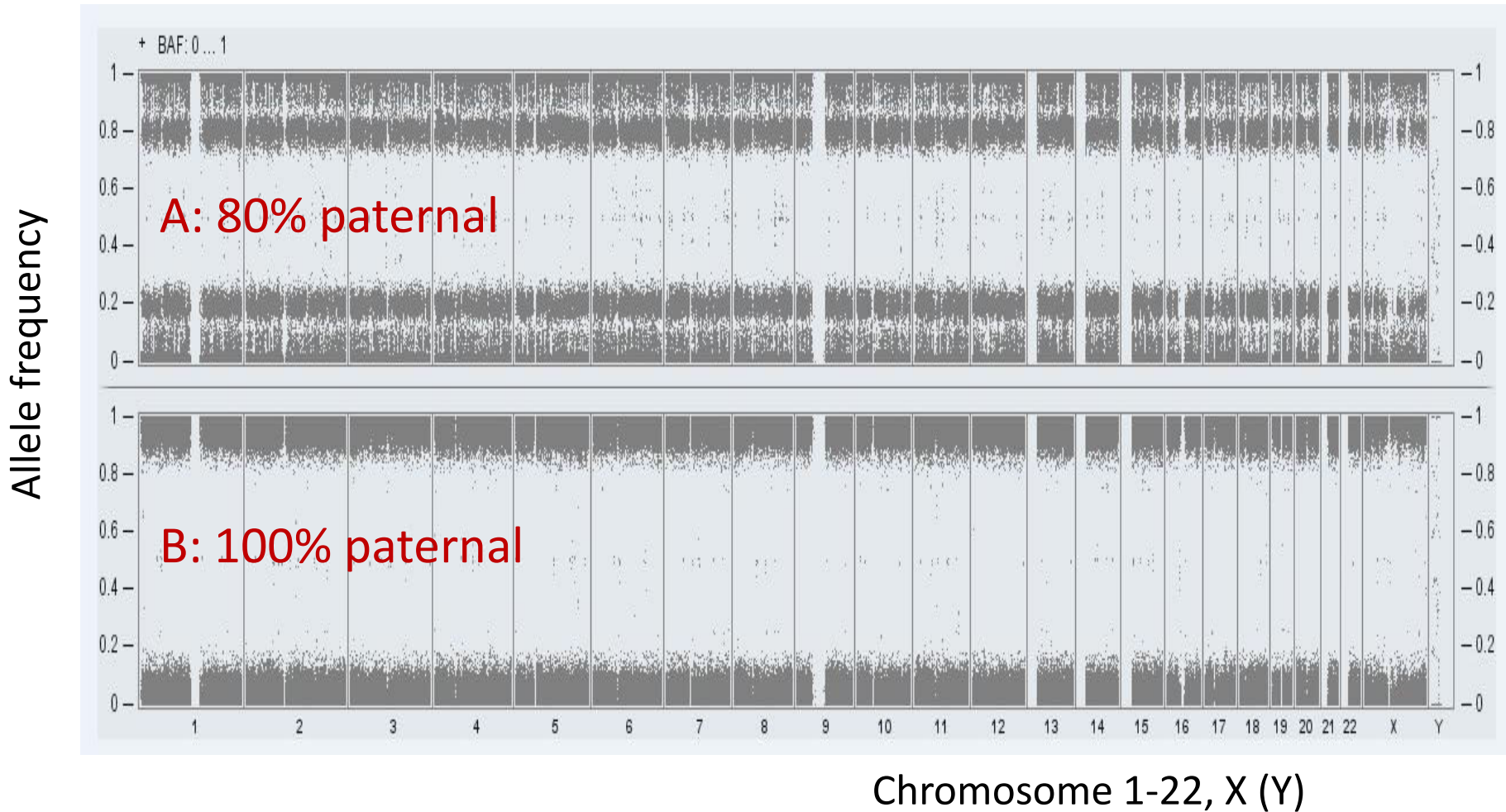
Victoria, Sweden

- Follow up:
- Makrosomia
- Hepatomegalia, small omphalocele
- Ultrasound/biopsy: Liver hemangioma
- Genetics: Beckwith Wiedemann syndrome (BWS)
 - Paternal uniparental disomy (pUPD) 11p15
- Liver tumor
- Adrenal tumor

Victoria, Sweden

1. pUPD 11p15
 2. pUPD 11
 3. Whole genomic pUPD (WG-pUPD)
 - Blood, saliva: 33%
 - Pancreas, liver and adrenal tumors: >90%
- No additional somatic CHI gene mutations in pancreatic tissue

GW-pUPD: liver (A), liver tumor (B)



Victoria, Sweden

Mosaic WG-pUPD: Clinical features

- pUPD11: BWS with tumors
- pUPD6: Transient DM; low BW, conjugated hyperbilirubinemia
- pUPD15: Angelmann syndrome (CNS, behavior)
- pUPD14: Thoracic outlet obstruction syndrome
- pUPD20: Pseudohypoparathyroidism

MULTISYNDROMIC CHI

No mutations by CHI NGS panel

- Syndromic?
 - Germline mutations in novel genes?
- > Trio whole exome sequencing (WES)
blood

Novel germline gene mutation

- Swedish boy. Non-syndromic CHI, onset 4 mo. Old. Responded to diazoxide
- WES: Compound heterozygous gene "Z" mutations
- Gene "Z" expressed in beta cells
- SIFT, PolyPhen-2, PANTHER, SNPs&GO, and nsSNPAnalyzer all predicted both variants to be deleterious

Novel germline gene mutation

- Gene knock out (CRISPR/Cas9, RIN-m cell line)

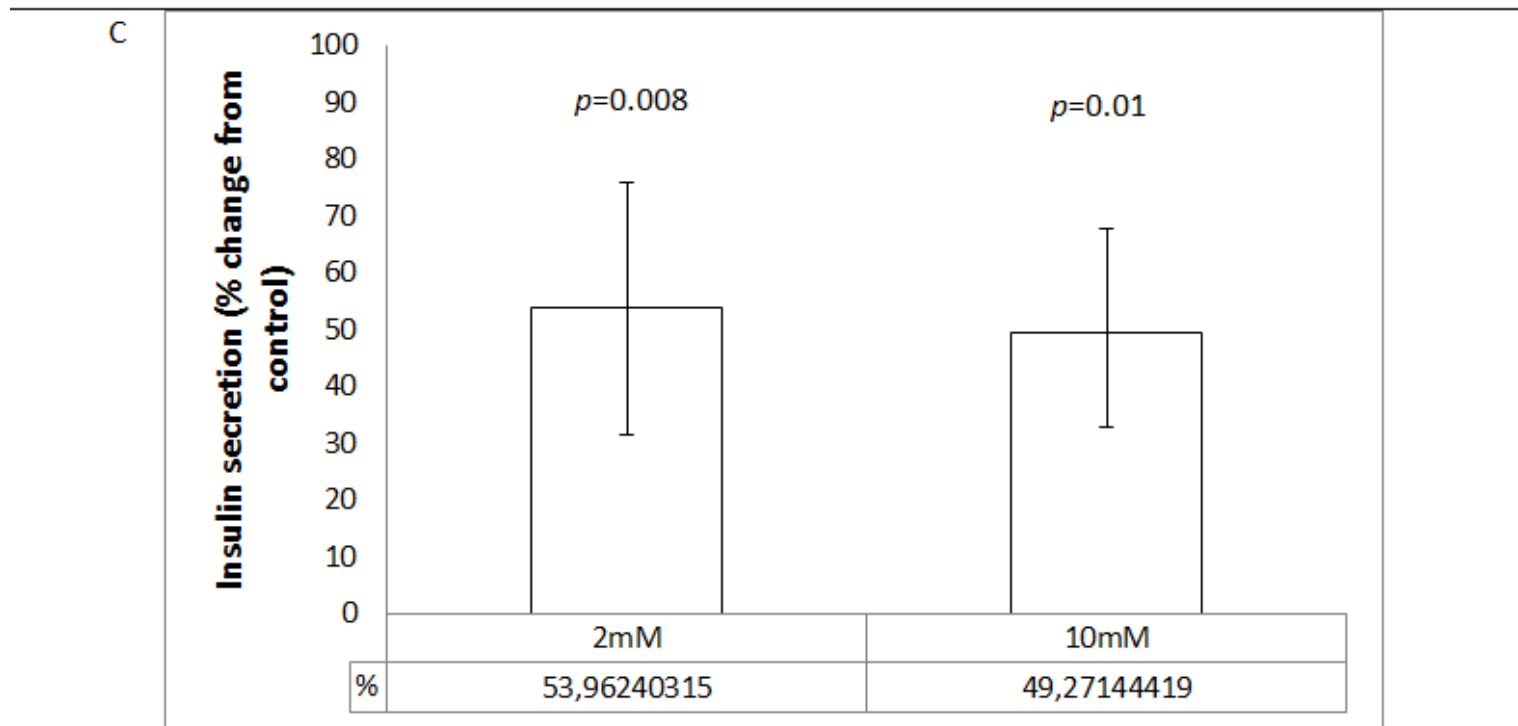


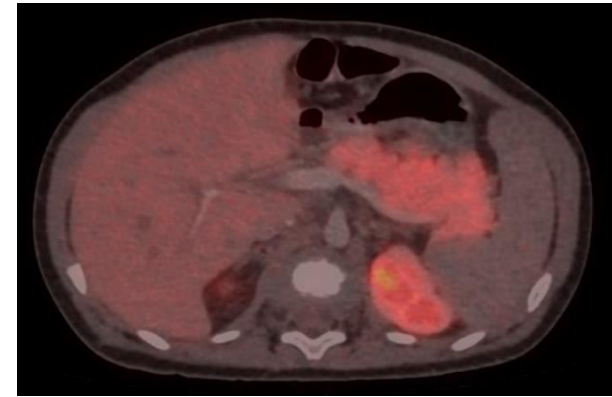
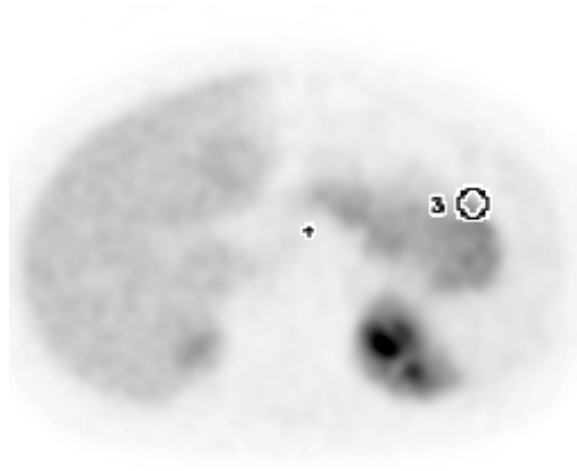
Figure 2: RIN-m^(-/-) mRNA level established by quantitative RT-PCR. The CT values were

No mutations by CHI NGS panel

- Syndromic?
- Germline mutations in novel genes?
- Somatic pancreatic mutations?
 - known or novel genes

Elen, Armenia

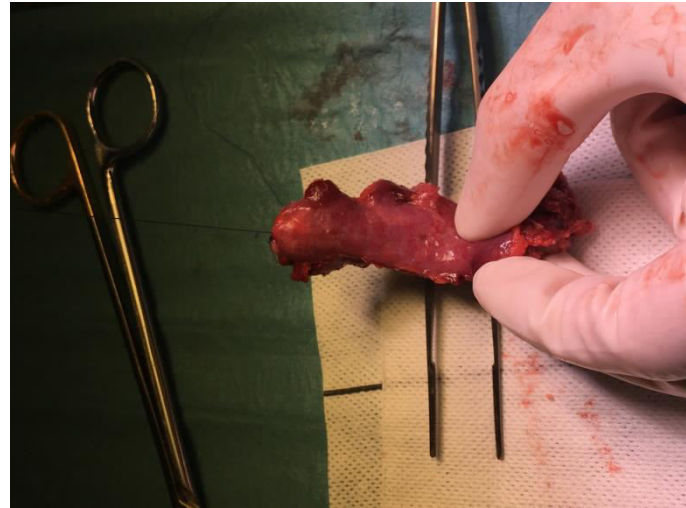
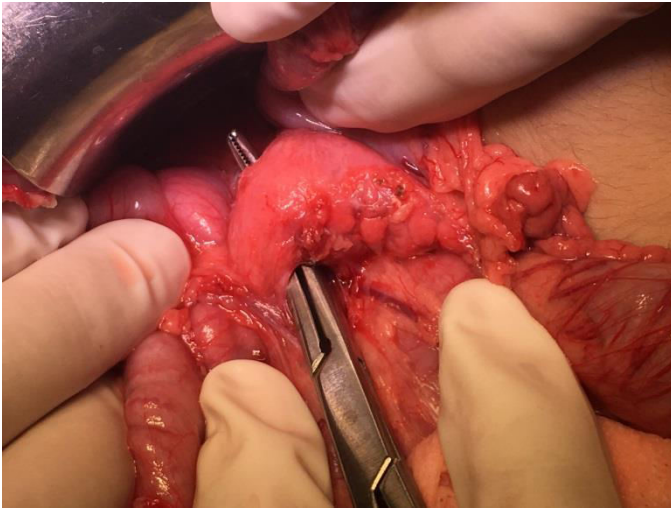
- paternal *ABCC8* p.Val1497Met. Predicted focal



Atypical PET/CT

Elen, Armenia

- Giant, fibrous left 2/3 of pancreas, resected -> cure



- Blood DNA: No BWS
- Pancreatic tissue:
 - 1) abnormal methylation pattern 11p15 (“somatic BWS”)
 - 2) mosaic loss of p57

Somatic novel gene mutation

- Caroline, onset of HI age 9 years
 - No insulinoma; DOPA PET/CT: atypical tail
 - tail resection -> cure
- No CHI panel mutations blood or tissue
- No WES mutations of interest in blood
- **WES pancreatic tissue:**
 - **Novel gene "X" frameshift mutation**
 - Islet growth (CRISPR/Cas9 knock out cells)
 - Hypersecretion of insulin (bioinformatic, to be proven)

Conclusion

- CHI heterogeneous → Individualized treatment
- Major needs:
 - Better prompt recognition and treatment modalities
 - Referral/early contact to highly specialized multidisciplinary centers
 - More research