

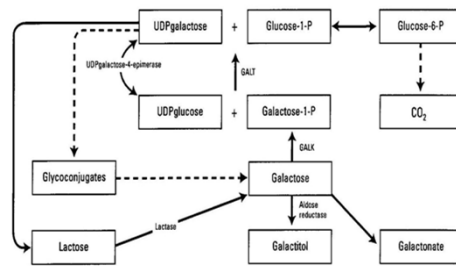


## EXPANDED RESEARCH IN GALACTOSEMIA

DIVISION OF GENETICS  
BOSTON CHILDREN'S HOSPITAL  
HARVARD MEDICAL SCHOOL

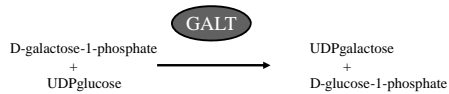
Gerard T Berry\*, MD  
\*no conflicts of interest to disclose

## Galactose Metabolism



## Galactosemia

Deficiency: galactose-1-phosphate-uridylyltransferase(GALT)



Gene: GALT on chromosome 9p13

Frequency: 1/35,000 to 1/60,000 (1/16,476 in Ireland)

Inheritance: autosomal recessive

## Long-term Prognosis in Galactosaemia: Results of a Survey of 350 Cases

D. D. WAGGONER<sup>1</sup>, N. R. M. BUIST<sup>2\*</sup> and G. N. DONNELL<sup>3</sup>  
<sup>1</sup>Crippled Children's Division, Oregon Health Sciences University, USA  
<sup>2</sup>Departments of Pediatrics and Medical Genetics, Oregon Health Sciences University, USA  
<sup>3</sup>Southern California School of Medicine and Children's Hospital of Los Angeles, USA

**Summary:** An international survey of the long term results of treating galactosaemia has shown poor results. These do not seem to be related to any of the relevant variables studied, for example delayed diagnosis or poor dietary compliance.

**Table 10 Sibling cases: older sibling diagnosed because of clinical symptoms or newborn screening, younger sibling treated within first two days of life**

|                                   | Proband (n = 28)<br>Result (n) | Sibling (n = 31)<br>Result (n) | p      |
|-----------------------------------|--------------------------------|--------------------------------|--------|
| Age                               |                                |                                |        |
| Mean (range)                      | 14 y (3-33 y)                  | 10 y (0-31 y)                  | 0.1    |
| Neonatal history                  |                                |                                |        |
| Symptomatic                       | 100%                           | 3%                             | 0.0001 |
| Age diet begun                    |                                |                                |        |
| Mean (range)                      | 63 d (7-400 d)                 | 1 d (1-2 d)                    |        |
| Milk restriction during pregnancy | 0% (22)                        | 76% (25)                       | 0.0001 |
| DQ/IQ (Mean ± SD)                 |                                |                                |        |
| IQ 3-5 y                          | 87 ± 8 (9)                     | 96 ± 20 (13)                   | 0.2    |
| IQ 6-9 y                          | 83 ± 23 (11)                   | 93 ± 21 (12)                   | 0.3    |
| IQ 10-16 y                        | 69 ± 19 (9)                    | 84 ± 15 (9)                    | 0.1    |
| Speech                            |                                |                                |        |
| Abnormal                          | 64% (25)                       | 62% (26)                       | 0.9    |
| Ovarian function (F ≥ 14 y)       |                                |                                |        |
| Abnormal                          | 75% (8)                        | 71% (7)                        | 0.7    |

from Waggoner D.D. et al 1990

J Inherit Metab Dis  
DOI 10.1007/s10545-011-9372-y

ORIGINAL ARTICLE

## The adult galactosemic phenotype

Susan E. Waishren • Nancy L. Potter • Catherine M. Gordon • Robert C. Green • Patricia Greenstein • Cynthia S. Gubbek • Estela Rubio-Gozalbo • Donald Schomer • Corrine Welt • Vera Anastasoale • Kali D'Anna • Jennifer Gentile • Chao-Yu Guo • Leah Hecht • Roberta Jackson • Bernadette M. Jansma • Yijun Li • Va Lip • David T. Miller • Michael Murray • Leslie Power • Nicole Quim • Frances Rohr • Yiping Shen • Amy Skinder-Meredith • Inge Timmers • Rachel Tunick • Ann Wessel • Bai-Lin Wu • Harvey Levy • Louis Elsas • Gerard T. Berry

J Inherit Metab Dis. 2012 Mar;35(2):279-86. Epub 2011 Jul 21.

SO, AS YOU CAN SEE,  
EXCEPT FOR POI IN  
FEMALES WITH CLASSIC  
GALACTOSEMIA, ALMOST  
ALL OF THE OTHER CHRONIC  
COMPLICATIONS ARE  
VARIABLE IN THEIR  
EXPRESIVITY

DOES THE GALT GENOTYPE  
PROVIDE AN EXPLANATION?

- NO

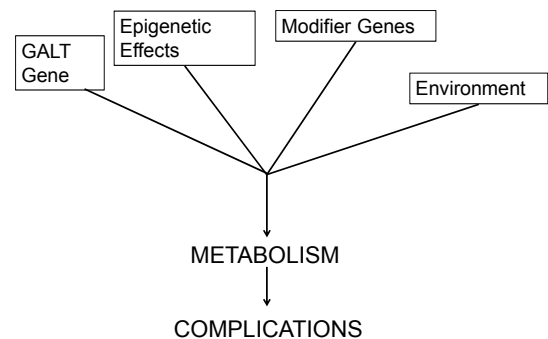
### Common GALT Mutations

- N314D
- Q188R
- S135L
- K285N
- L195P
- 5.2 kb deletion
- More than 230 GALT gene mutations have been detected

### Postulated Mechanisms of Disease Pathogenesis in Galactosemia

- Phosphate trapping due to galactose-1-phosphate excess
- Galactose-1-phosphate inhibition of enzymes/transporters
- Galactitol ( cytotoxic edema, NADPH deficiency )
- Galactonate toxicity
- Unidentified galactose metabolite
- Myo-inositol deficiency
- Reduced concentration of the GALT-product, UDP-galactose
- Reduced synthesis of galactose-containing glycoproteins, galactocerebrosides and glycosaminoglycans due to ER and/or Golgi lesions
- Moonlighting function of GALT protein
- Effect of GALT gene mutation on IL-11R $\alpha$  gene

- Data support galactose-1-phosphate as the key pathogenic factor



## Clinical Research: An Evidence-Based Medicine Approach Is Mandatory

## Establish an International Consortium for Galactosemia

- International Database
- Repository
- Patient care
- Education
- Multicenter Research Studies

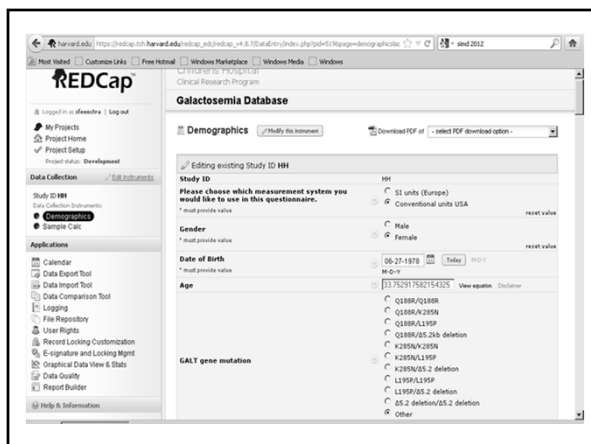
## Research Targets

- Determine the developmental / time dependent tolerance of patients to dietary lactose (or galactose).
- Determine the developmental / time dependent rates of de novo galactose synthesis in patients using stable isotopically labeled sugars, mass spectrometry and in vivo kinetic analyses.
- Determine the developmental / time dependent relationship between galactose-containing glycoconjugate formation and de novo galactose synthesis in patients with and without dietary lactose intake.

## International Consortium for Galactosemia

Patient Care  
Education  
Research

Initiate Multicenter Clinical Study of Dietary Galactose Tolerance in adolescents and adults, and assess the effect of Exogenous Galactose Exposure on Glycoconjugate formation and Endogenous galactose synthesis



## Human iPS cells (2007)

www.sciencemag.org SCIENCE VOL 318 21 DECEMBER 2007

### Induced Pluripotent Stem Cell Lines Derived from Human Somatic Cells

Junying Yu,<sup>1,2</sup> Maxim A. Vodyanik,<sup>2</sup> Kim Smolke-Otto,<sup>1,2</sup> Jessica Antosiewicz-Bourget,<sup>1,2</sup> Jennifer L. Frame,<sup>2</sup> Shuhua Tian,<sup>2</sup> Jeff Nie,<sup>2</sup> Guirun A. Jansdottir,<sup>2</sup> Victor Ruotti,<sup>2</sup> Ron Stewart,<sup>1</sup> Igor I. Slukvin,<sup>1,2</sup> James A. Thomson<sup>1,2,3,4</sup>

Cell 131, 681–672, November 30, 2007 ©2007 Elsevier Inc.

### Induction of Pluripotent Stem Cells from Adult Human Fibroblasts by Defined Factors

Kazutoshi Takahashi,<sup>1</sup> Koji Tanabe,<sup>1</sup> Mari Ohnuki,<sup>1</sup> Megumi Naito,<sup>1,2</sup> Tomoko Ichisaka,<sup>1,2</sup> Kichiro Tomoda,<sup>1</sup> and Shinya Yamanaka<sup>1,2,3,4</sup>

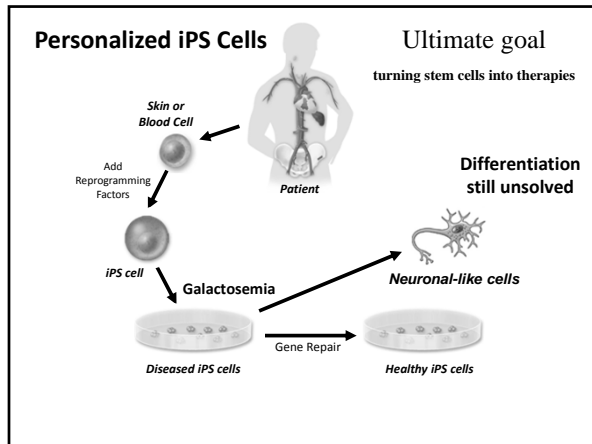
Vol 318/10 January 2008 • doi:10.1126/science.1152852

### Reprogramming of human somatic cells to pluripotency with defined factors

In-Hyun Park,<sup>1</sup> Rui Zhao,<sup>1</sup> Jason A. West,<sup>1</sup> Akiko Yabuuchi,<sup>1</sup> Honggang Huo,<sup>1</sup> Tan A. Ince,<sup>1</sup> Paul H. Leroi,<sup>1</sup> M. William Lensch,<sup>1</sup> & George Q. Daley<sup>1</sup>



Inhyun Park



**THANK YOU!**

- We greatly thank the Galactosemia Foundation for supporting our work.