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Phenotype-genotype correlations of pediatric patients with biallelic mutations in *ABCA3* and *SFTPB* surfactant-related genes

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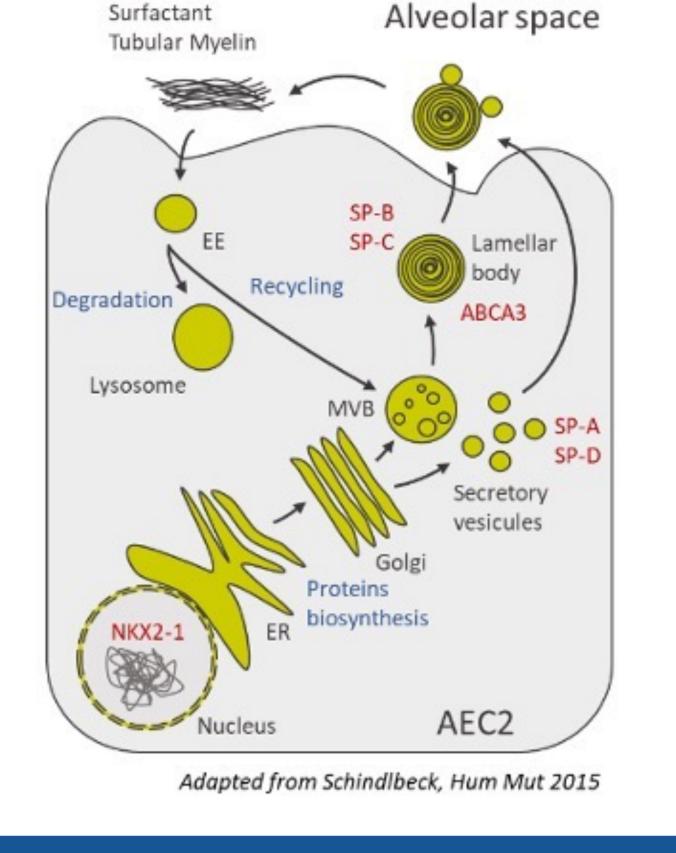
## Introduction

Among childhood interstitial lung diseases (chILD) etiologies, the main genetic causes are due to **surfactant metabolism abnormalities**.

Mutations in the ATP-binging-cassette transporter A3 (*ABCA3*) and in *SFTPB* genes lead to ABCA3 and SP-B deficiencies respectively. Both **recessive diseases**, they are the most severe causes of chILD. Cohort studies remain limited.

- →The main goal of this study was to describe the clinical presentation and the evolution of patients with ABCA3 and SP-B deficiency in the French paediatric RespiRare cohort in order to establish phenotype-genotype correlations.
- → The **secondary objective** of the ABCA3 cohort was to attempt to predict, through sequences homology with CFTR (ABCC7), the potential effect of CFTR modulators in patients.

Surfactant metabolism



## Methods

### Type of study

- Observational
- Retrospective (1995 2022)
- National, multicentric (all the RespiRare centres in France)
- Legal issue: ethics committee gave their authorization

## Inclusion criteria

- Bi-allelic mutations of ABCA3 or SFTPB genes (ACMG class 4 and 5)
- Patients aged 0-18 years

#### **Exclusion criteria**

Not followed in France



#### **Data collection**

- e-Respirare database
- Multidisciplinary team meetings (MDT) for chILD
- Direct emails to the centres

#### Eligibility of ABCA3 mutations for CFTR modulators

Eligibility	Code	Type of p	ts	
Not eligible	0	Non sense mutations, with a stop before the 1160 position corresponding to the NBD2 domain (not essential for the activity of the protein)	All deletions or insertions resulting in a frameshift mutations	Splice mutations known to be non-responders
Eligible	1	All other situations		
Very eligible	2	Mutation that corresponds to an amino acid identical to CFTR or belonging to the same amino acid family		
Undefined eligibility	?	Mutation that does not match a CFTR amino acid		

## Results

A total of 47 patients were included:

ABCA3 = 37 patients, SP-B = 10 patients

General characteristics

	<b>ABCA3</b> cohort	SP-B cohort
Sex ratio	0.76	1.5
Full-term birth	35 (95%)	7 (70%)
Family history of ILD	15 (41%)	8 (80%)
Invasive ventilation	27 (73%)	7 (70%)
Fan score 5	11 (30%)	4 (40%)

#### Distribution of ABCA3 genotype:

- 70% hypo/hypo
- 22% hypo/nul
- 8% nul/nul

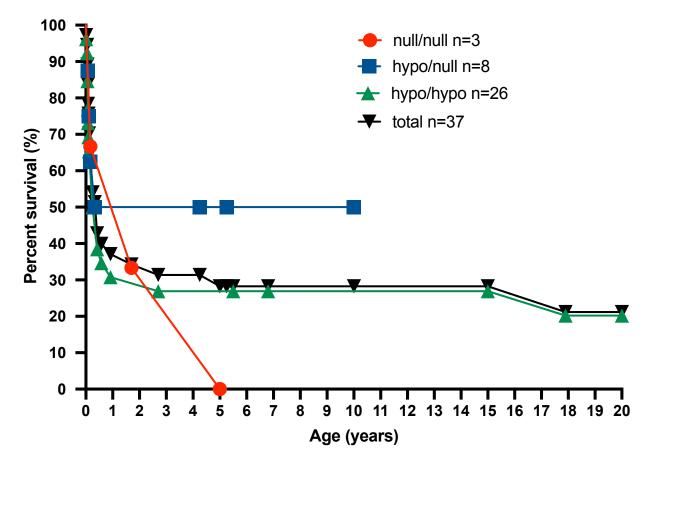
#### Age at onset of symptoms:

- → In the ABCA3 cohort:
- Majority (86%) of presentation at birth
- Minority (14%) of later onset disease beyond 1 year
- → In the SP-B cohort:
- 90% of presentation at birth

#### **Evolution**

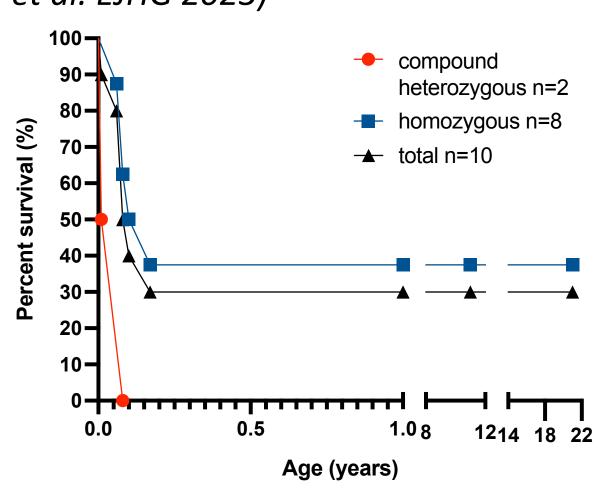
#### → In the ABCA3 cohort:

- . 73% died at a median age of3 months
- . Better prognosis of later onset disease (p=0.0136)



#### → In the SP-B cohort:

. 70% died at a median age of 1 m (remaining 30% = one family with *SFTPB* splice hypomorphic variant, *Desroziers* et al. EJHG 2023)



Kaplan Meier survival according to the genotype

# A132T G202R R208W P248L P248L P248S D253H LB lumer 45 Organelle membrane bilayer Cytosol N R288K R290 P3 G378R A330 A343 A50 Cytosol R288K P248C R1272G R1272G

Results

Genotype:

Hypo variant (n= 33)

Null variant (n=13)

Variant homozygous (n=13)

heterozygous mutation in the same domain:
 Sick-same under treatment
 Sick-worse under treatment

Domain organization of ABCA3 sequence variations observed in the cohort

Predicted eligibility to CFTR modulators

	Eligibility	n of patients	
to	Non eligible	3 (8%)	
	Eligible	33 (89%)	
	Non determined	1 patient (1%)	

# Discussion and conclusion

This study confirms that the prognosis of ABCA3 patients with a null/null genotype appears to be fatal, as is the case for SP-B-deficient neonates.

At birth, it remains very difficult to distinguish both deficiency.

**CFTR modulators** may represent a **promising therapeutic approach**. The next challenge will be to develop international studies.







