

Disclosure

- I have a financial interest in **Fibrogen**, Inc., which is developing prolyl hydroxylase inhibitors for the treatment of anemia and ischemic diseases
- I have a financial interest in **Agios**, Inc., which is developing cancer drugs targeting metabolism
- I am on **Lilly** Board of Directors
- I am a cofounder of **Tango Therapeutics**, Inc., which is developing cancer drugs based on synthetic lethality
- I am a cofounder of **Cedilla Therapeutics**, Inc., which is developing protein degraders as cancer drugs

von Hippel-Lindau Disease

Past

- Othon Iliopoulos
- Adam Kibel
- Demetri Colevas
- Kim Lonergan
- Michael Ohh
- Mircea Ivan
- Jeff Klco
- Keiichi Kondo
- Michal Safran
- William Kim
- Jim Brugarolas
- Haifeng Yang
- Archana Reddy
- Susanne Schlisio
- Qin Yan
- Arthur Young
- Jinming Gu
- Andy Minamishima
- Qing Zhang
- Jayun Liu
- Eijiro Nakamura
- Sungwoo Lee
- Chuan Shen

Recent

- Abhishek Chakraborty
- Lianjie Li
- Javid Moslehi
- Julie Losman
- Kim Briggs
- Steven Bair
- Alan Baik
- Ben Olenchock
- Gang Lu
- Wenhua Gao
- Hyejin Cho
- Sagar Koduri
- Ben Lampson
- Jamie Pfaff
- Hilary Nicholson
- Wenyu Yu
- Laura Stransky
- Qinqin Jiang
- Nitin Shirole
- Greg Wyant
- Muhannad Abu-Remaileh

Collaborators

- **Joan and Ron Conaway (Stowers)**
- **Nikola Pavletich (MSKCC)**
- **Mark Goldberg (then at Harvard)**
- **William Lane (Harvard)**
- **Vincent Chau (now at Penn State)**
- **William Lane (Harvard)**
- **Volkmar Gunzler (Fibrogen)**
- **David Liu (Fibrogen)**
- **Peppi Koivunen (Univ. of Oulu)**
- **Eli Wallace (Peloton Therapeutics)**

David M. Livingston, M.D
Dana-Farber Cancer Institute
(Postdoctoral Mentor)





Johns Hopkins Medical Housestaff 1983

**Victor McKusick, M.D.
Johns Hopkins**



X. INTRA-OCULAR GROWTHS.

1. *Two cases, brother and sister, with peculiar vascular new growth, probably primarily retinal, affecting both eyes.*

By E. TREACHER COLLINS.

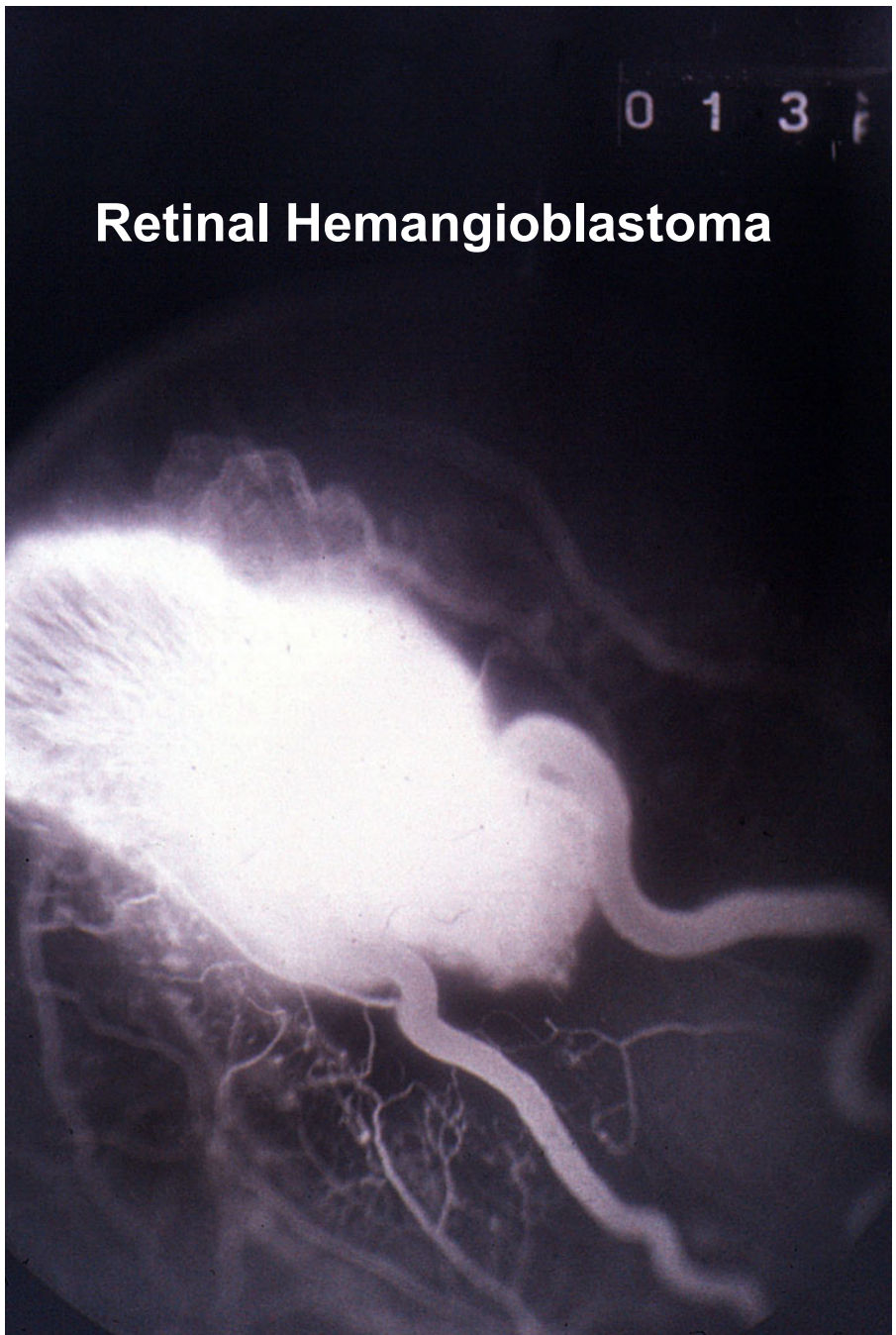
(With Plate IV.)

IN vol. xii of the 'Transactions' of this Society is published a coloured drawing of the fundus of the right eye of a patient of Mr. Tweedy's, showing very peculiar enlargement of some of the retinal blood-vessels. In this patient's left eye the retina was completely detached, and he, subsequently to being shown at the Society, developed

Trans. Ophthal. Soc. U.K. 14: 141-149, 1894

0 1 3

Retinal Hemangioblastoma



Graefe Arch.Ophthal. 59: 83-106,1904

(Aus der Universitäts-Augenklinik zu Heidelberg.)

Über eine sehr seltene Erkrankung der Netzhaut.
Klinische Beobachtungen.

Von

Prof. Eugen v. Hippel
in Heidelberg.

Mit Tafel III—VI, Fig. 1—5.



ZUR FRAGE DER ANGIOMATOSIS RETINÆ
UND IHRER HIRNKOMPLIKATIONEN

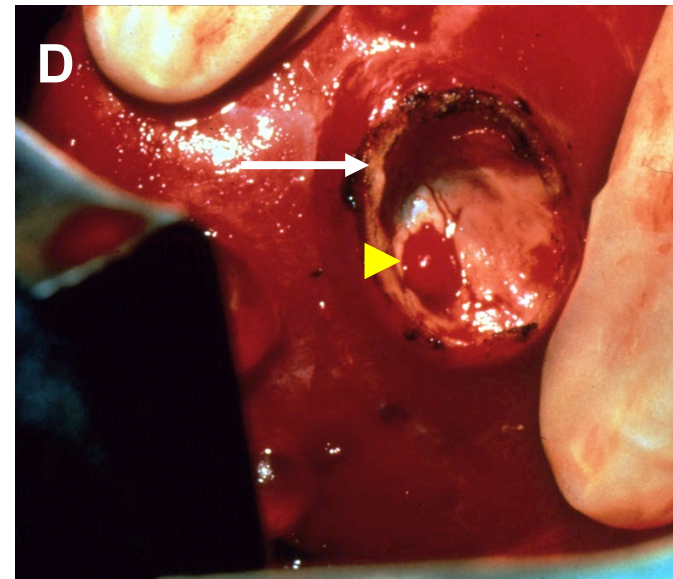
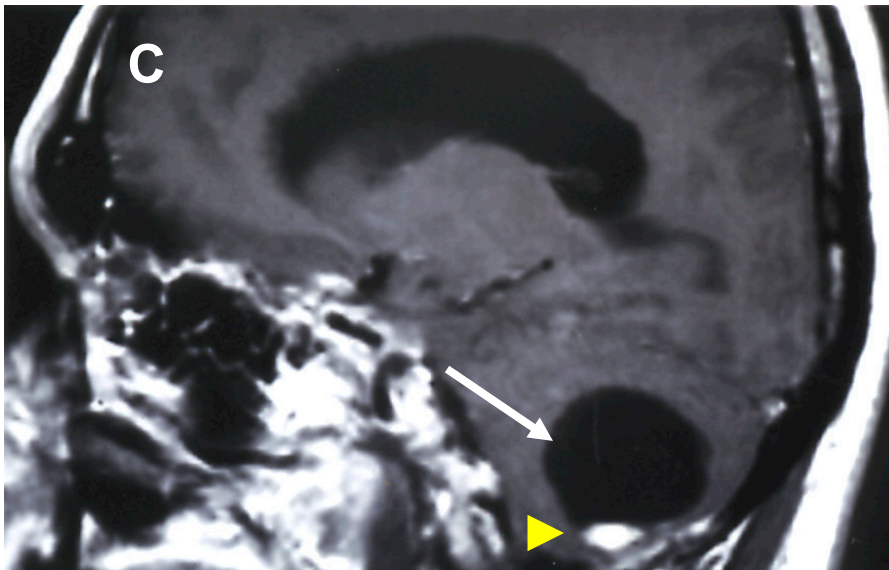
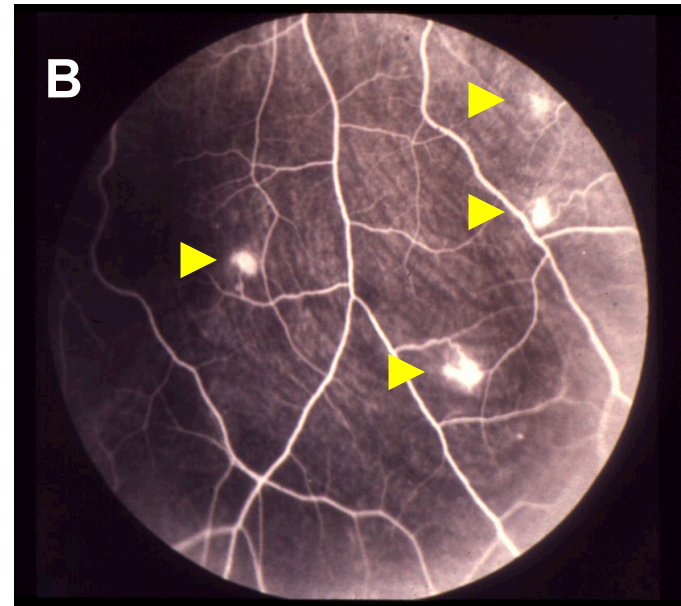
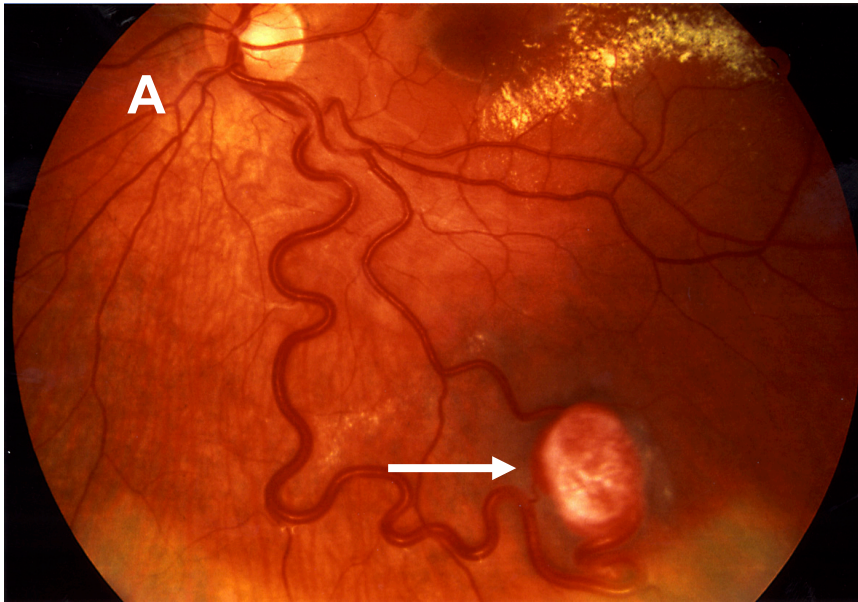
VON
ARVID LINDAU

Das ophthalmoskopische Bild einer Angiomatosis retinae ist, wenigstens in früheren Stadien der Krankheit, sehr charakteristisch. Von der Papille führen ein paar erweiterte und stark gewundene Gefässe (gewöhnlich ein »Gefässpaar«) zu einem peripher gelegenen, prominenten, kugeligen Gebilde von mehr oder weniger rötlicher Farbe [*Tr. Collins (1893), v. Hippel*

Acta. Ophthal. 4: 193-226, 1927



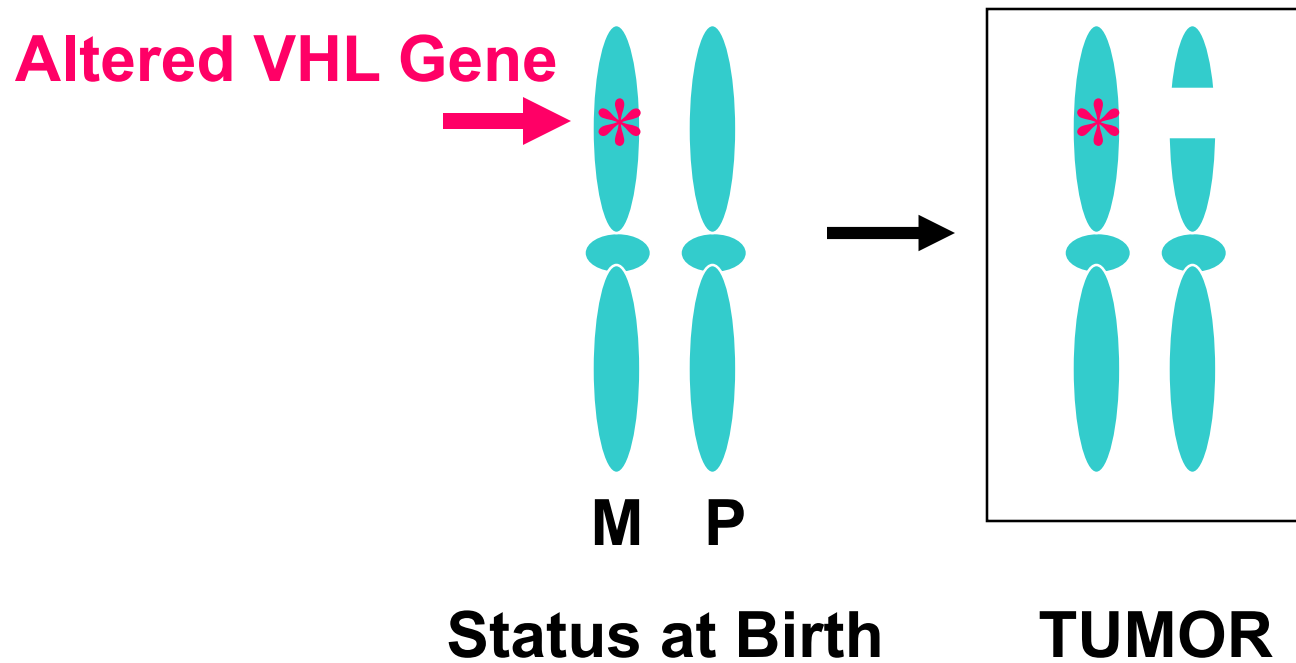
VHL-Associated Tumors



von Hippel-Lindau Disease

- **Affects ~1/35,000 people**
- **Caused by loss of function germline mutations of the *VHL* tumor suppressor gene at 3p25**
- **CNS and retinal hemangioblastomas, clear cell renal cell carcinomas, pheochromocytomas (+ a few others)**

VHL GENETICS



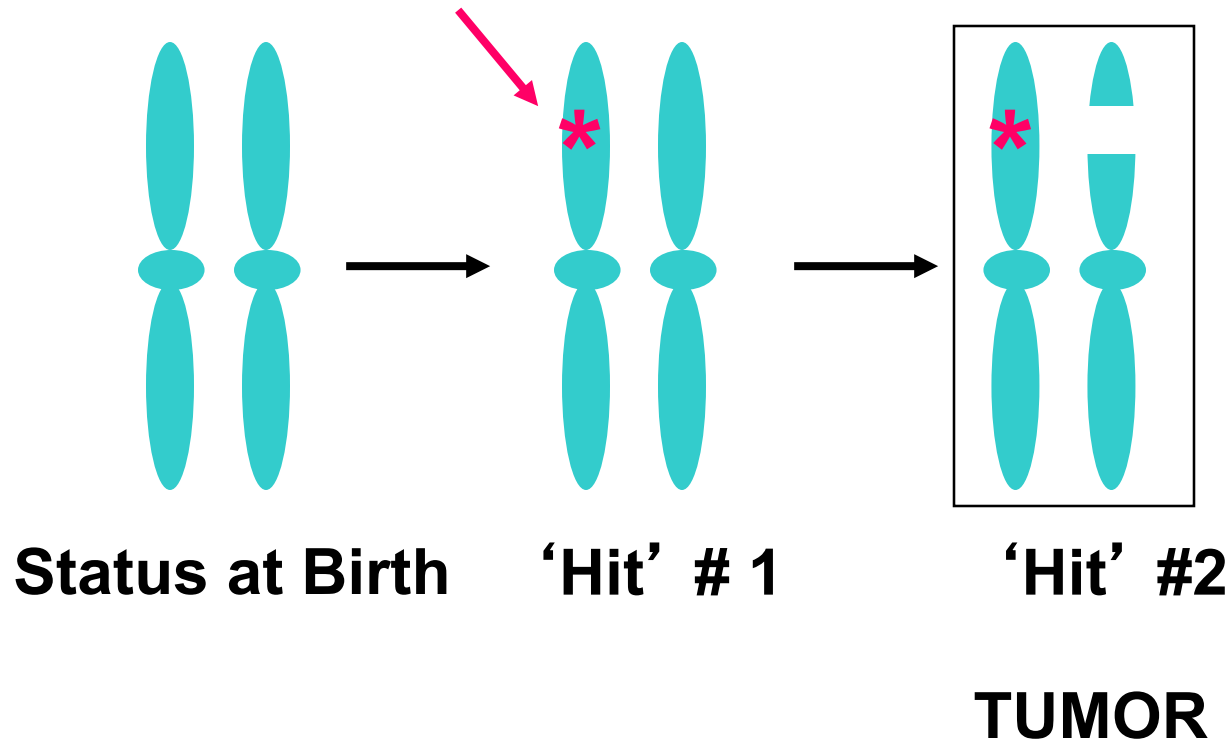
Identification of the von Hippel–Lindau Disease Tumor Suppressor Gene

Farida Latif, Kalman Tory, James Gnarra, Masahiro Yao, Fuh-Mei Duh, Mary Lou Orcutt, Thomas Stackhouse, Igor Kuzmin, William Modi, Laura Geil, Laura Schmidt, Fangwei Zhou, Hua Li, Ming Hui Wei, Fan Chen, Gladys Glenn, Peter Choyke, McClellan M. Walther, Yongkai Weng, Dah-Shuhn R. Duan, Michael Dean, Damjan Glavač, Frances M. Richards, Paul A. Crossey, Malcolm A. Ferguson-Smith, Denis Le Paslier, Ilya Chumakov, Daniel Cohen, A. Craig Chinault, Eamonn R. Maher,* W. Marston Linehan,* Berton Zbar,* Michael I. Lerman*

A gene discovered by positional cloning has been identified as the von Hippel–Lindau (VHL) disease tumor suppressor gene. A restriction fragment encompassing the gene showed rearrangements in 28 of 221 VHL kindreds. Eighteen of these rearrangements were due to deletions in the candidate gene, including three large nonoverlapping deletions. Intragenic mutations were detected in cell lines derived from VHL patients and from sporadic renal cell carcinomas. The VHL gene is evolutionarily conserved and encodes two widely expressed transcripts of approximately 6 and 6.5 kilobases. The partial sequence of the inferred gene product shows no homology to other proteins, except for an acidic repeat domain found in the procyclic surface membrane glycoprotein of *Trypanosoma brucei*.

Non-Hereditary Clear Cell Renal Cell Carcinoma

Altered VHL Gene





The Johns Hopkins Hospital ca 1987

VHL Disease Tumors Are Very Angiogenic

Retinal Hemangioblastoma

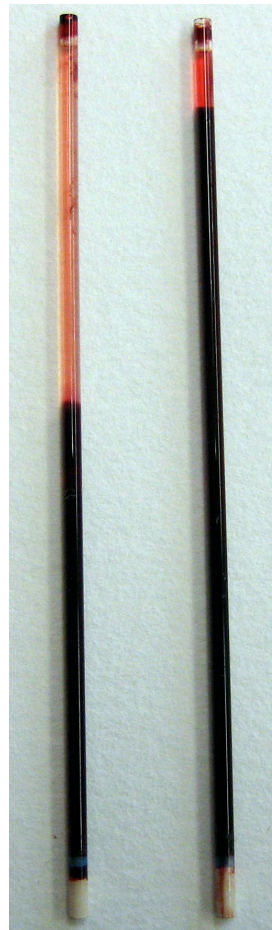


Kidney Cancer



...And Sometimes Stimulate Red Blood Cell Production

Normal Hematocrit



Elevated Hematocrit

Causes of Excessive Red Blood Cell Production

Primary autonomous erythropoiesis: polycythemia rubra vera

Secondary

Physiologically appropriate (decreased tissue oxygenation)

High altitude

Chronic lung disease or alveolar hypoventilation

Cardiovascular right-to-left shunt

High oxygen affinity hemoglobinopathy

Congenitally decreased erythrocyte 2, 3-diphosphoglycerate

Carboxyhemoglobinemia

Histiotoxic (for example, cobalt)

Physiologically inappropriate (normal tissue oxygenation)

Tumors producing erythropoietin or other erythropoietic substances

→ Renal cell carcinoma

→ Cerebellar hemangioblastoma

Hepatoma

Uterine leiomyoma

Ovarian carcinoma

→ Pheochromocytoma

Renal diseases

Cysts

Hydronephrosis

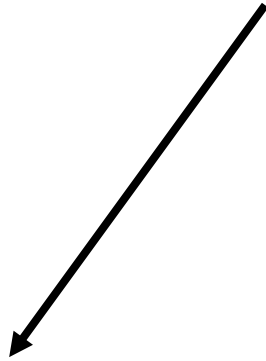
Bartter's syndrome

Transplantation

Adrenocortical hypersecretion

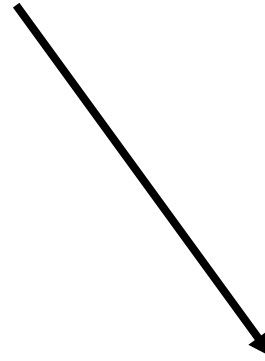
Relative polycythemia (Gaisböck's syndrome, spurious or stress erythrocytosis)

VHL-Associated Tumors



Induce Blood Vessel Formation

(Produce VEGF)



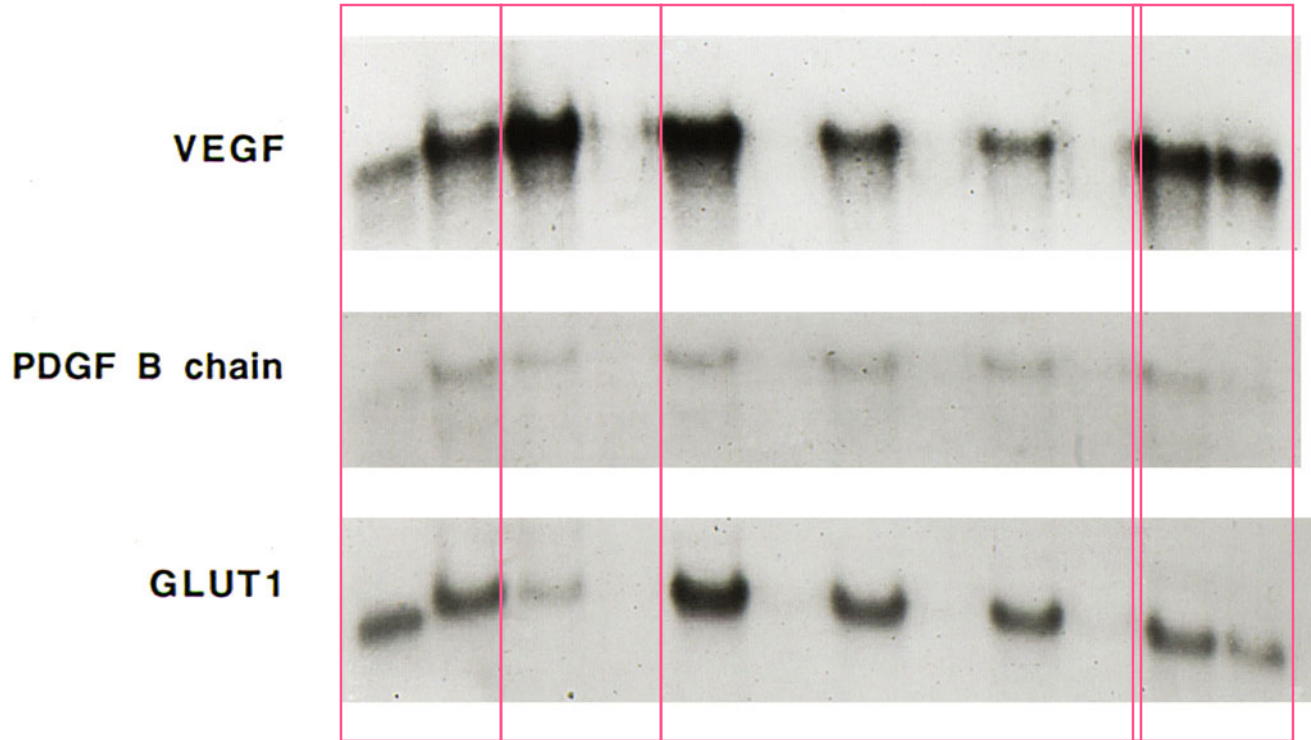
Increase Red Blood Cell Production

(Produce EPO)

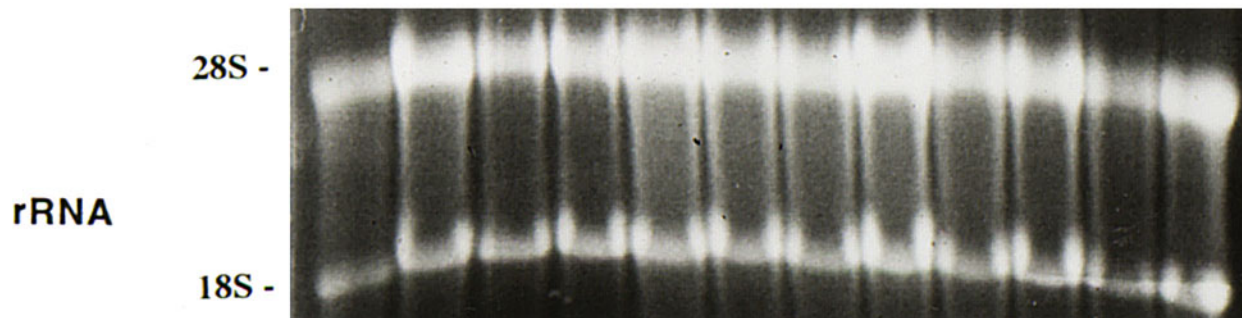
Link Between VHL and Oxygen Sensing?

VHL Status:

	-		+		+		+		+		-	
cell line:	786-0		Hep3B		WT-2		WT-7		WT-8		pRC-9	
%oxygen:	1	21	1	21	1	21	1	21	1	21	1	21



Hypoxia-Inducible mRNAs



Hypoxia (Low O₂)-Inducible mRNA Status

Oxygen

Low

High

Present

High

Low

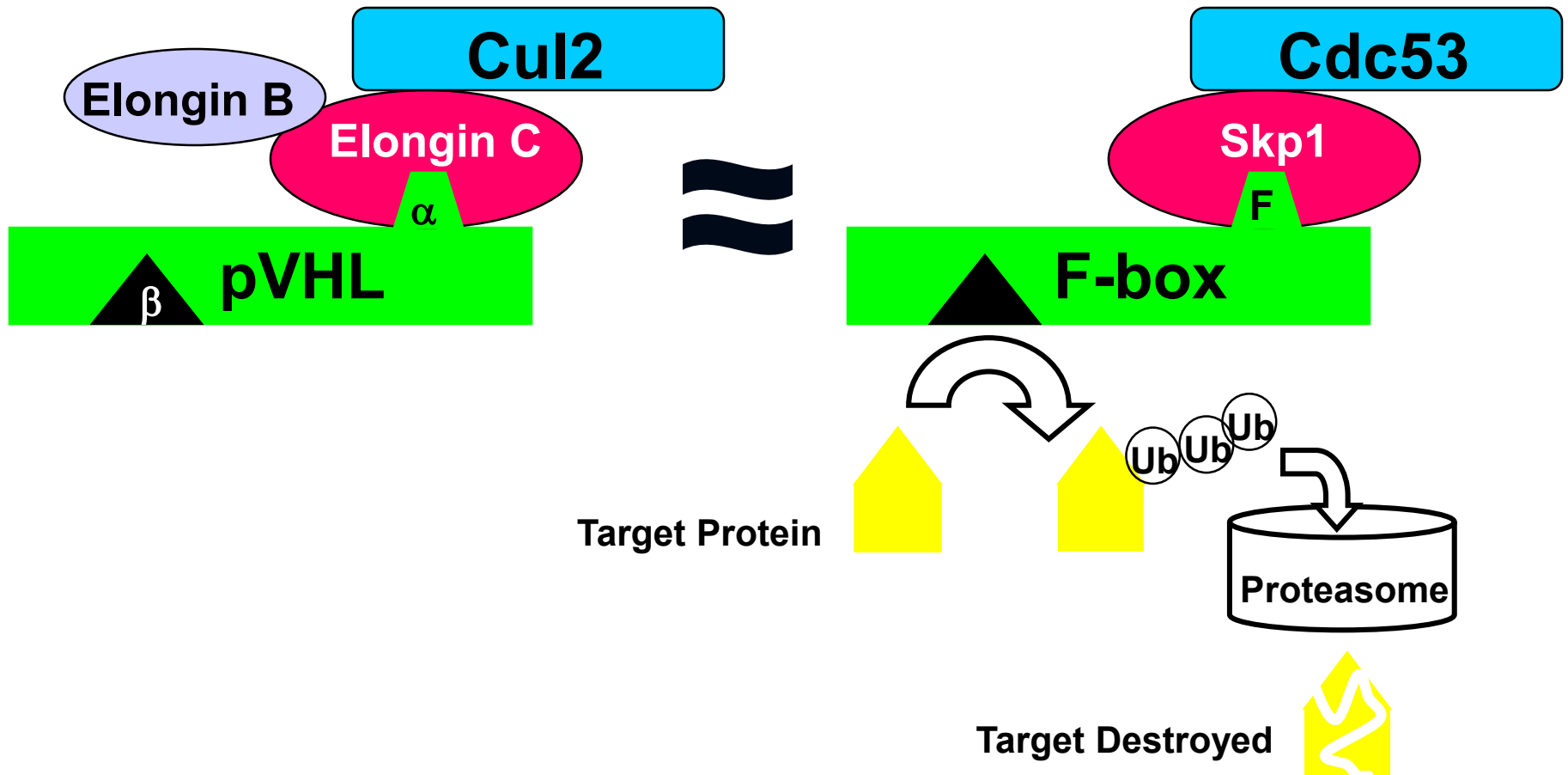
VHL Protein

Absent

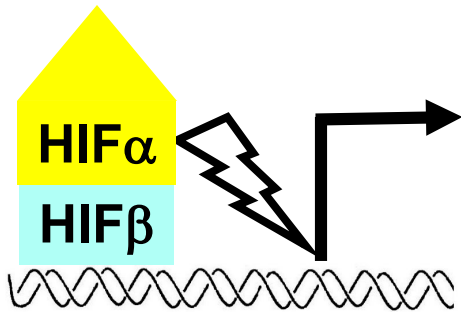
High

HIGH

SCF-Like Ubiquitin Ligases



The HIF Transcription Factor



Glucose Uptake (e.g. GLUT1)

Anaerobic Glycolysis (e.g. PFK, LDH)




Angiogenesis (e.g. **VEGF**, PDGF, IL-8, TGF β)

Erythropoiesis (e.g. **EPO***)

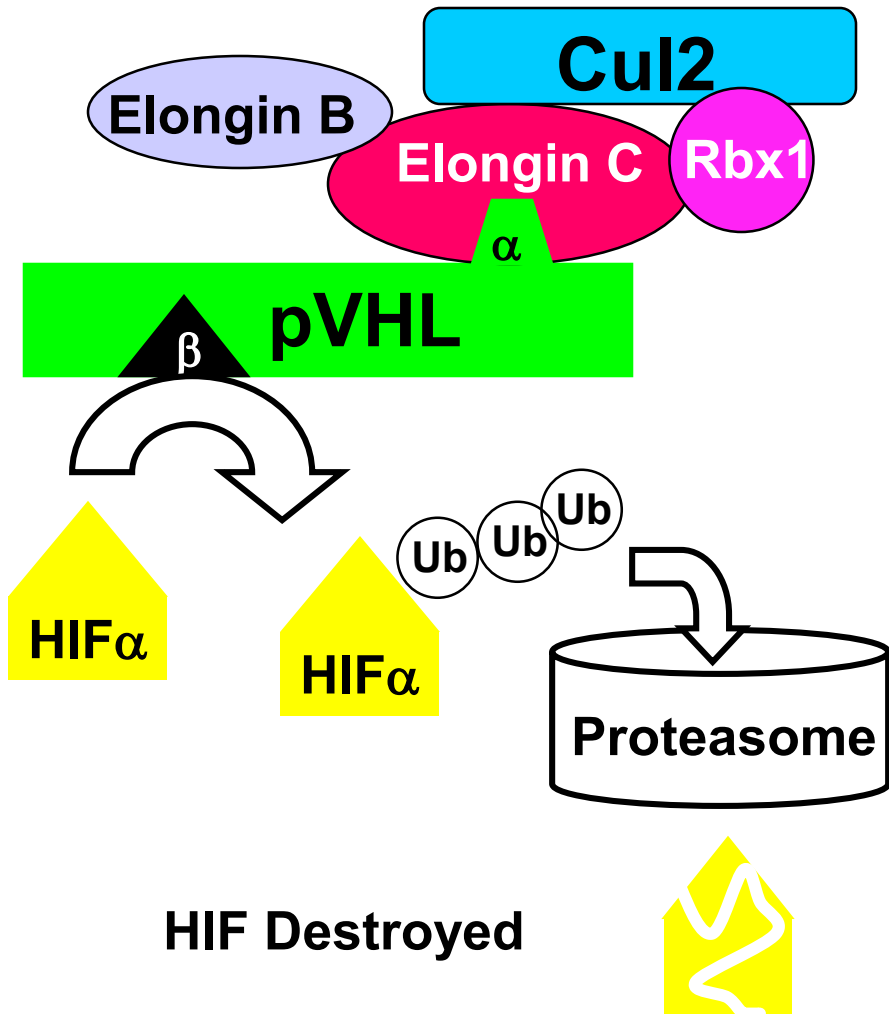
Invasion/Homing (e.g. MMP2, MMP9, c-MET, CXCR4)

Mitogenesis (e.g. TGF α , Cyclin D1*)

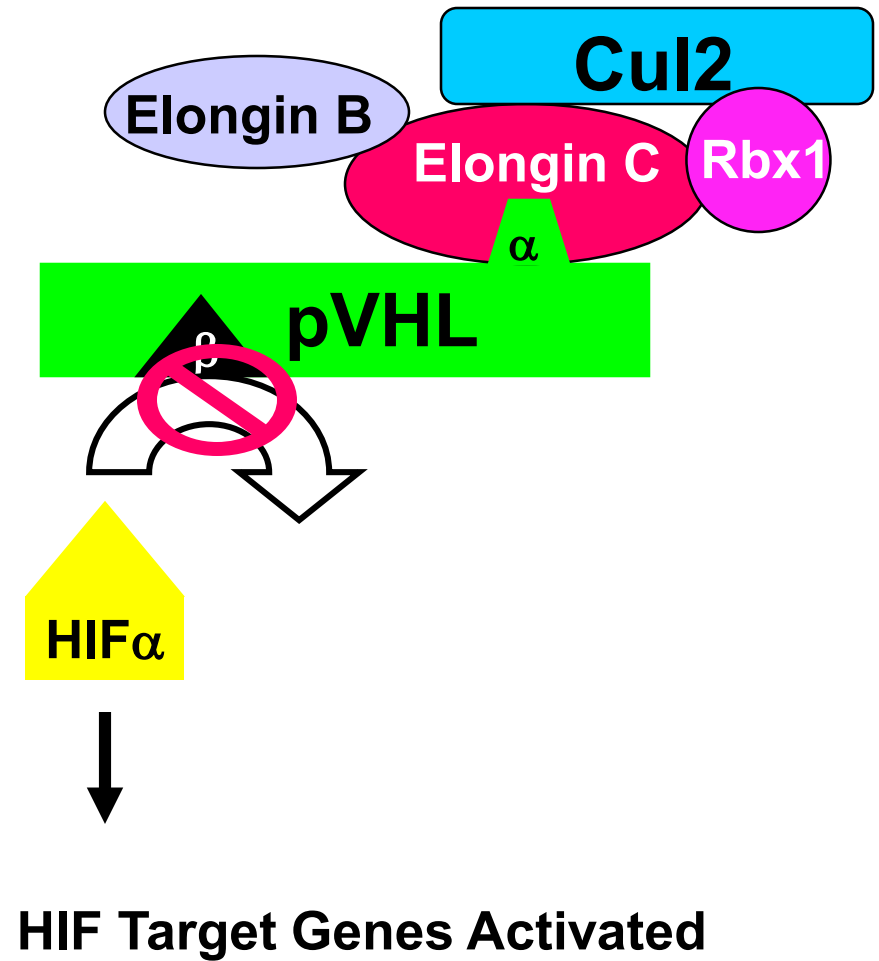
VHL-/- Cells Don't Degrade HIF α Under Normoxic Conditions

		Oxygen	
		Low	High
VHL Protein	Present		
	Absent		

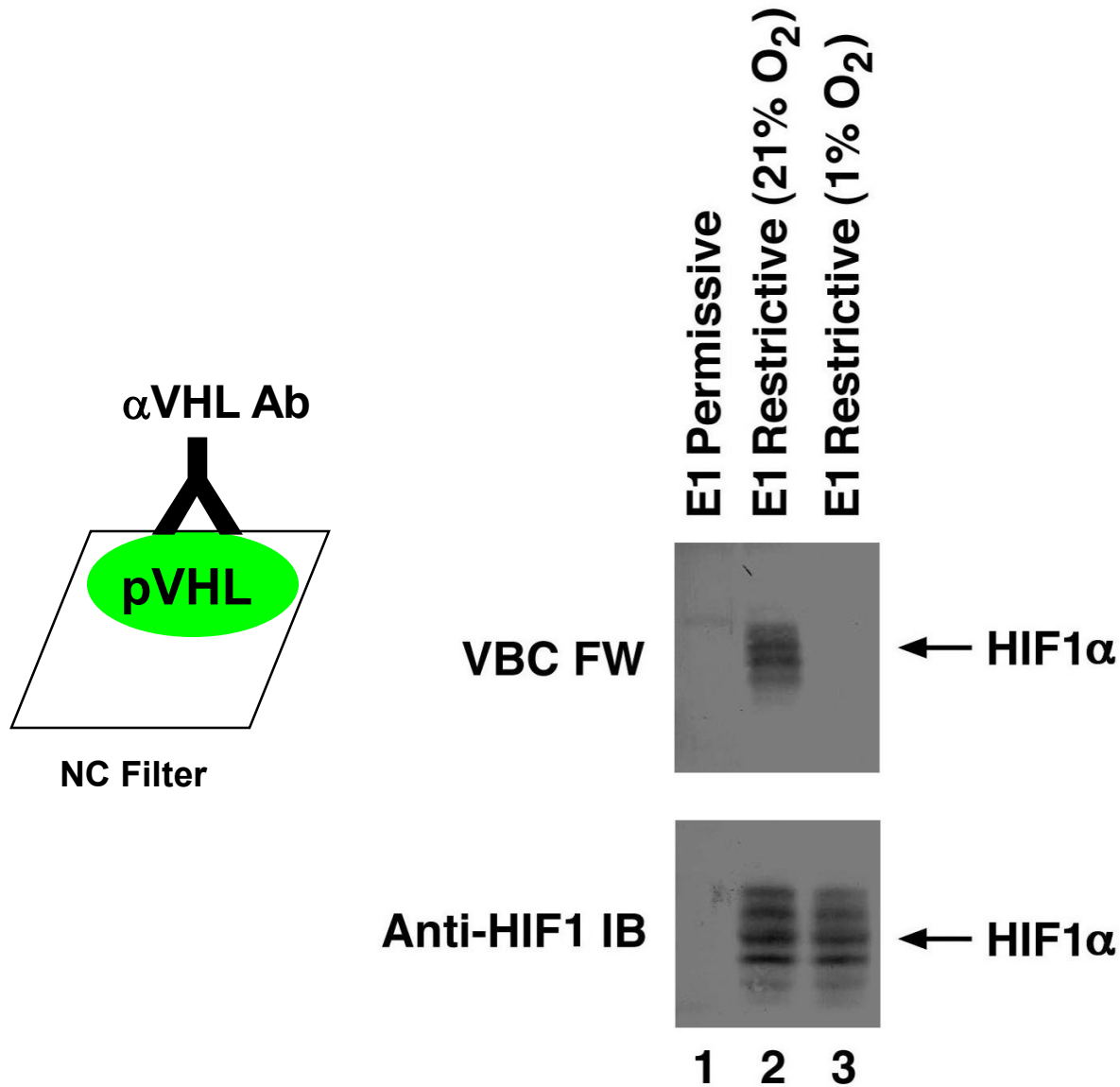
O₂ Present



O₂ Absent



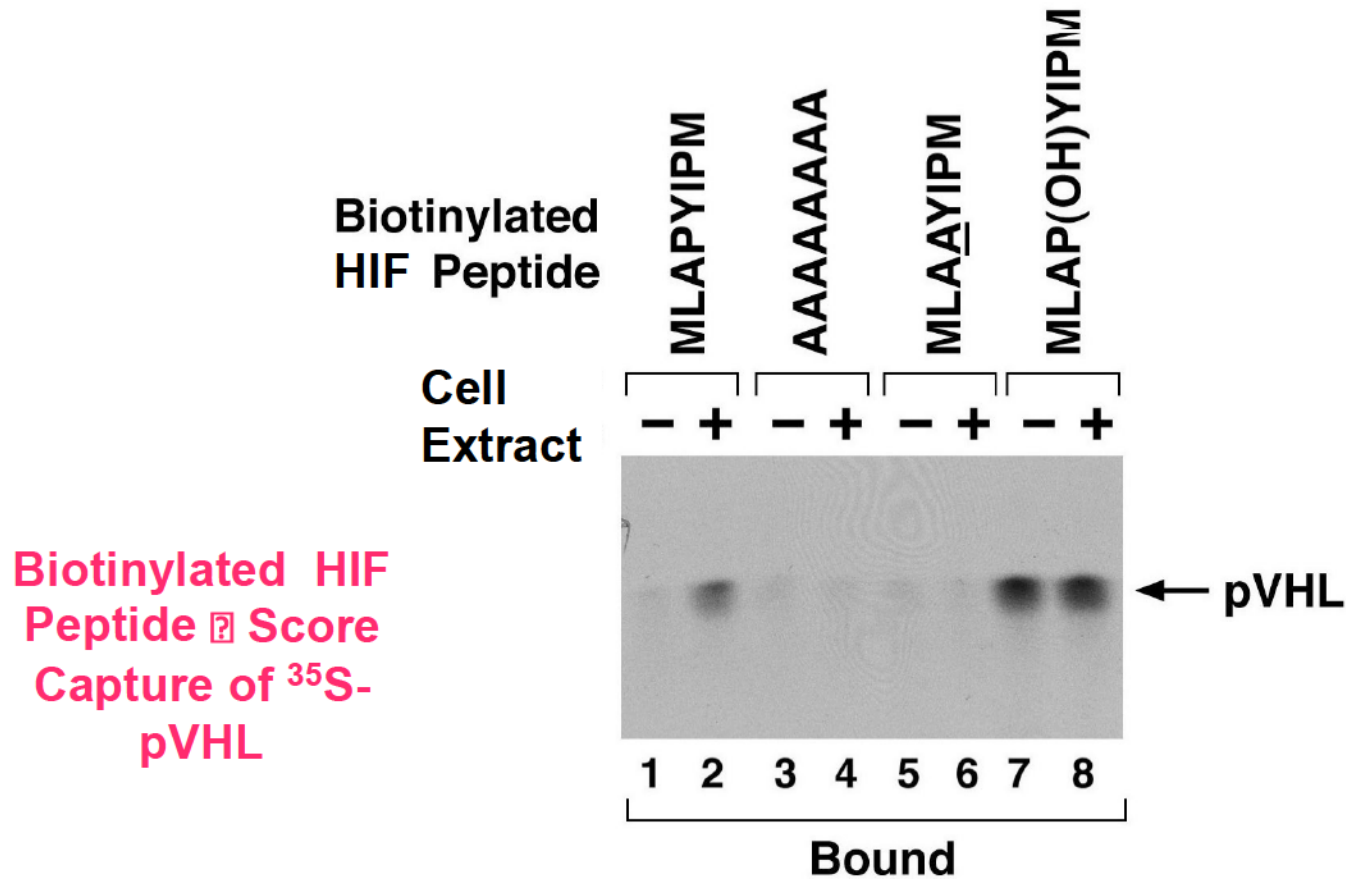
HIF1 α Undergoes an Oxygen-Dependent Modification that Regulates its Direct Binding to pVHL



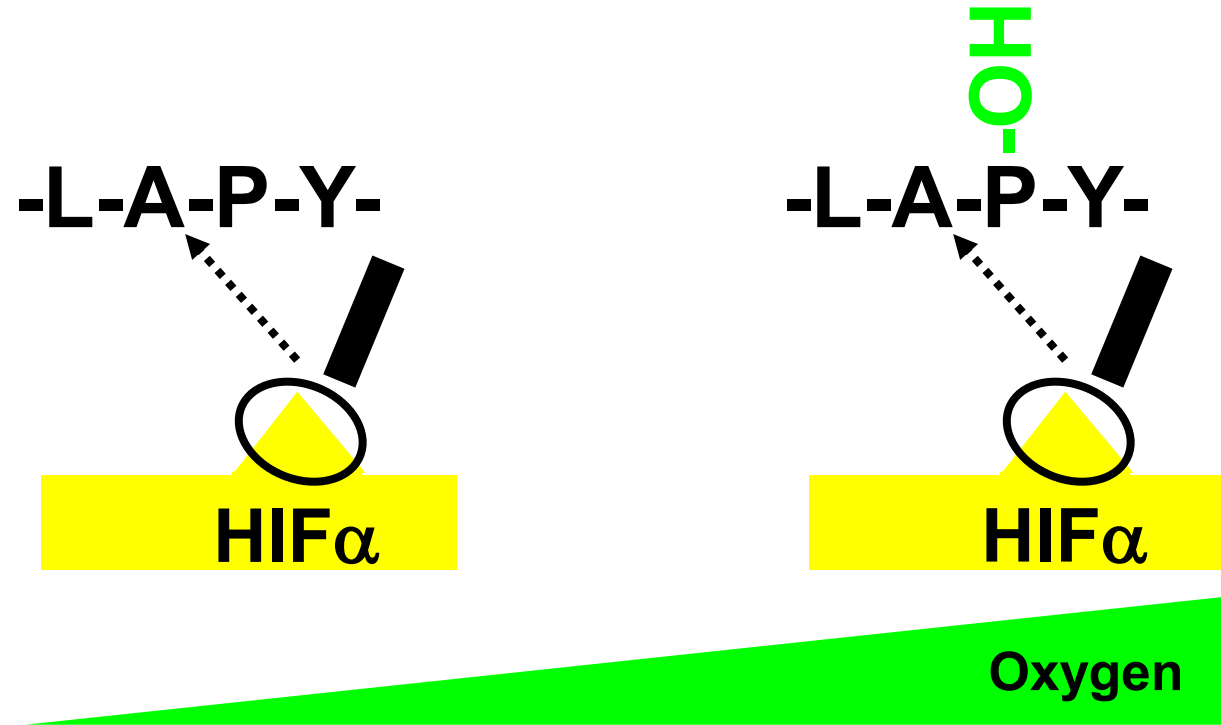
ts20 (VHL +/+) mouse fibroblasts (TS E1 Mutant)

Haifeng Yang

pVHL Binds to Prolyl Hydroxylated HIF1 α



Oxygen-dependent pVHL-Binding

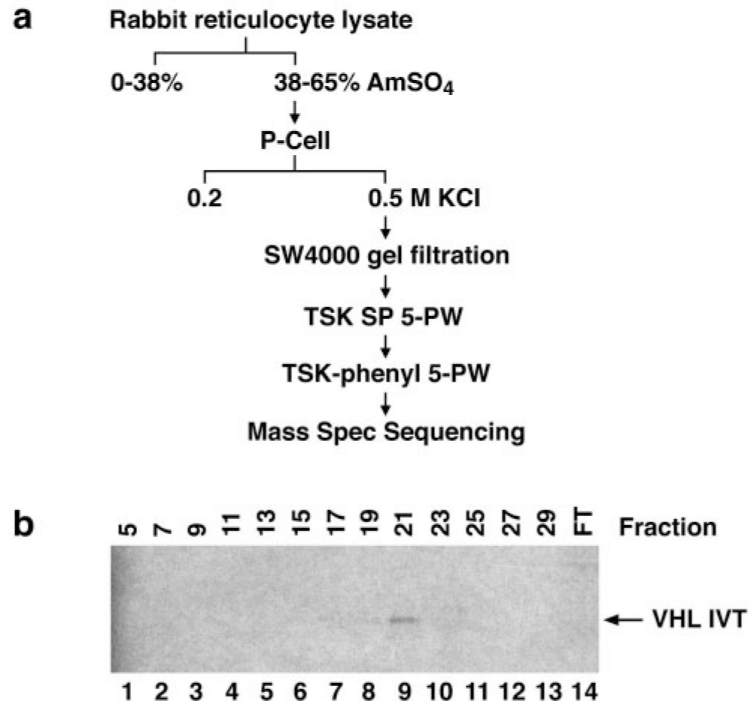


Bind pVHL:

No

Yes

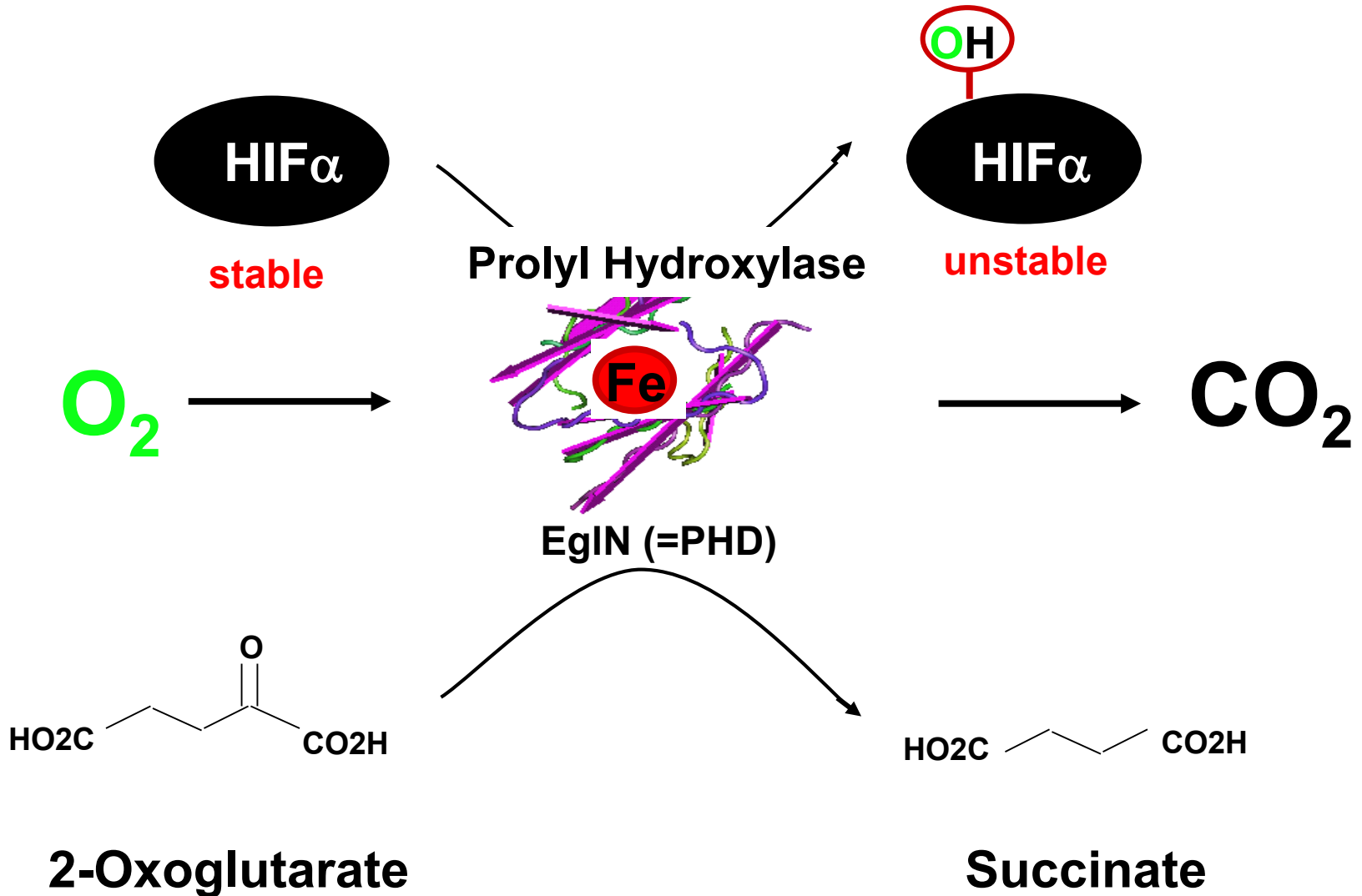
Purification of the HIF Prolyl Hydroxylase Egln1



c

MANDSGGPGGPPSPSERDRQYCELCGKMENLLRCSRCS
 SFYCCKEHQQRQDWKKHKLVCQGSEALGHGVGPHQHS
 GPAPPAAVPPPAGAREPRKAAARRDNASGDAAGKVKVA
 KPPADPAAAAASPCRAAAGGQGSAAVAEAEPGKEEPARS
 SLFQEKANLYPPSNTPGDALSPGGGLRPNGQTKPLPALKL
 ALEYIVPCMNKHGICVVDLFLGK ETGQQIGDEVRALHDTG
KFTDGQLVSQKSDSSKDIRGDKITWIEGKEPGCETIGLLMS
 SMDDLIRHCNGKLSYKINGRTKAMVACYPNGTGYVRH
 VDNPNGDGRVTCIYYLNKDWDAKVS GGILRIFPEGKAQF
 ADIEPKFDRLLFFWSDRRNPHEVQPAYATRYAITVWYFDA
 DERARAK VKYLTGEKGVRVELNKPSDSV GKDV F

HIF Prolyl Hydroxylase Reaction



EgIN Family Members

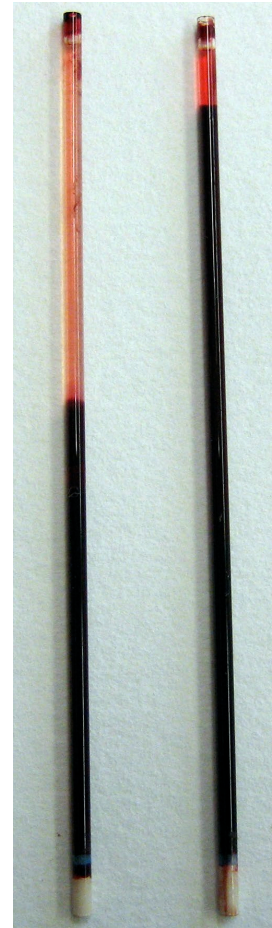
- **EgIN1 (= PHD2)**
 - **EgIN1^{-/-} embryonic lethal**
- **EgIN2 (= PHD1)**
 - **EgIN2^{-/-} mice viable; grossly normal**
- **EgIN3 (= PHD3)**
 - **EgIN3^{-/-} mice viable; grossly normal**

Conditional Inactivation of EglN1 (= PHD2) in Mice



**+/+;Cre-ER
TAM(+)**

**F/F;Cre-ER
TAM(+)**



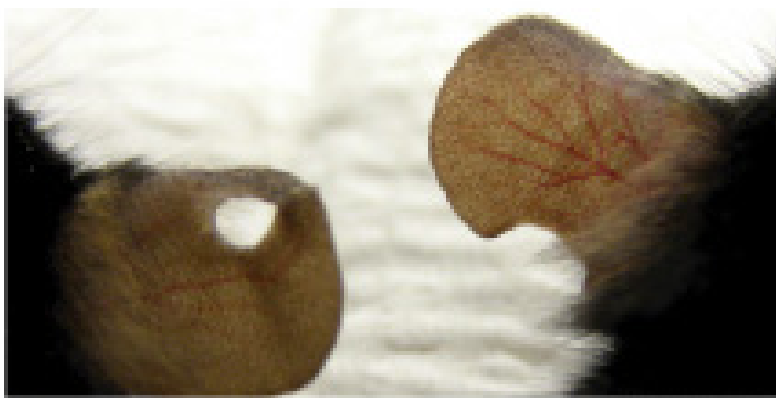
+/+

Δ/Δ

Human Familial Polycythemia and HIF

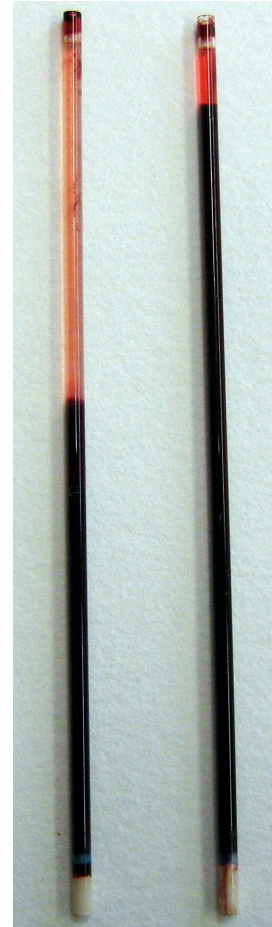
- Homozygous (or compound heterozygous), hypomorphic, *VHL* Mutations (Chuvash Polycythemia)
- Heterozygous, hypomorphic, *Egln1* Mutations
- Heterozygous, hypermorphic, *HIF2 α* Mutations

Conditional Inactivation of EglN1 (= PHD2) in Mice



**+/+;Cre-ER
TAM(+)**

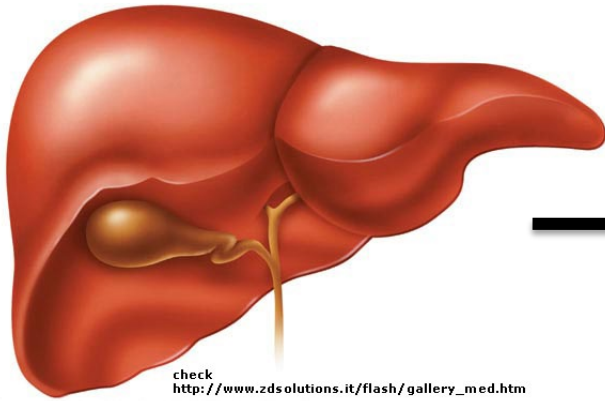
**F/F;Cre-ER
TAM(+)**



+/+

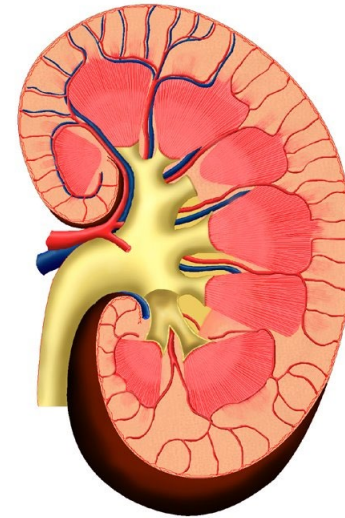
Δ/Δ

EPO Production



check
http://www.zdsolutions.it/flash/gallery_med.htm

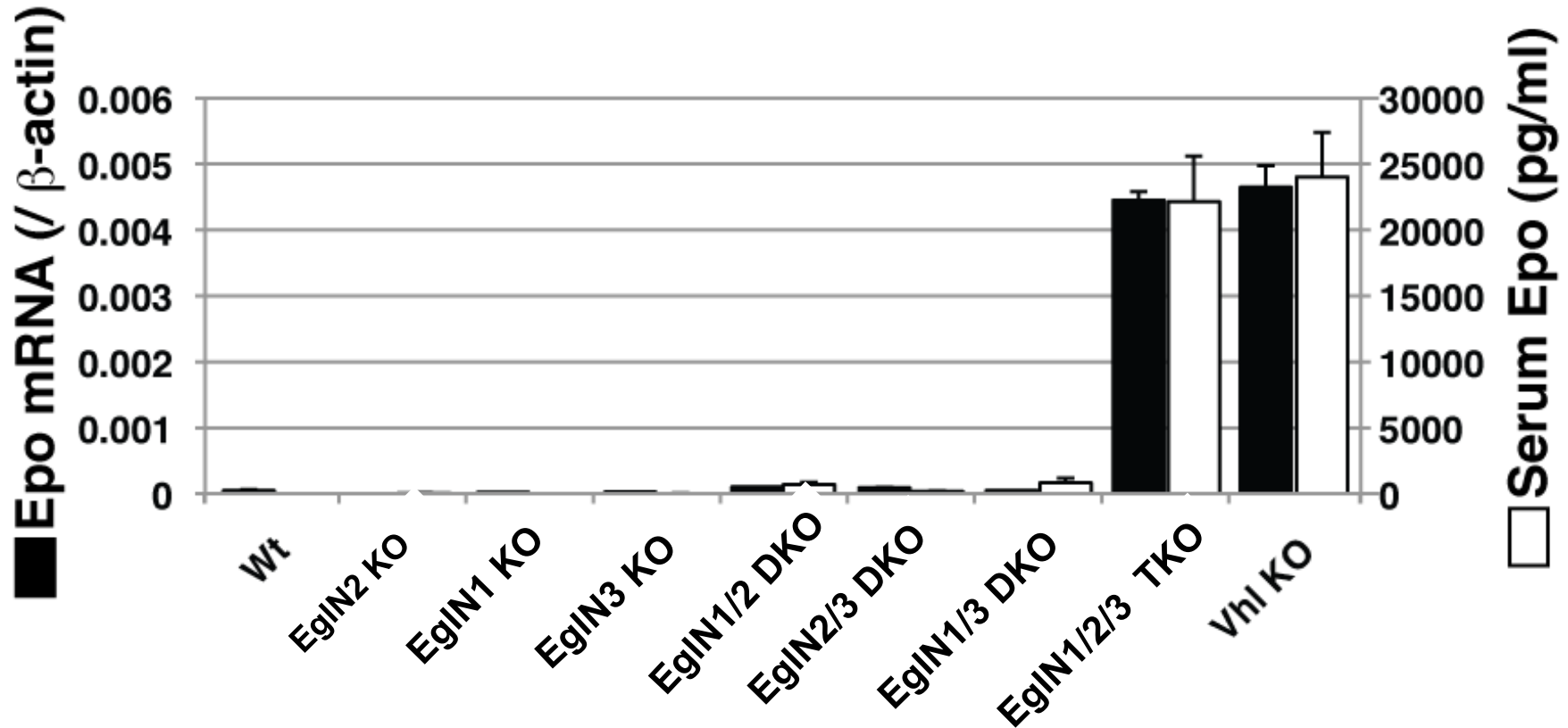
Fetal Life



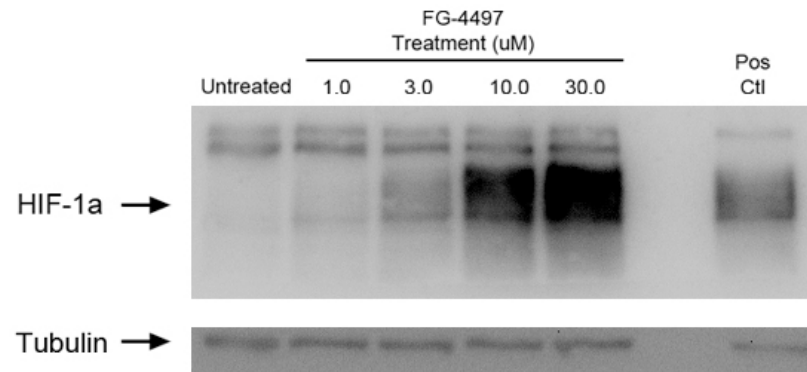
Adult

~ 20 million Americans with Chronic Renal Failure
2-4 million of these are Anemic

Reactivation of Hepatic EPO Production after Loss of all 3 Egln Members



Pharmacologic Stabilization of HIF



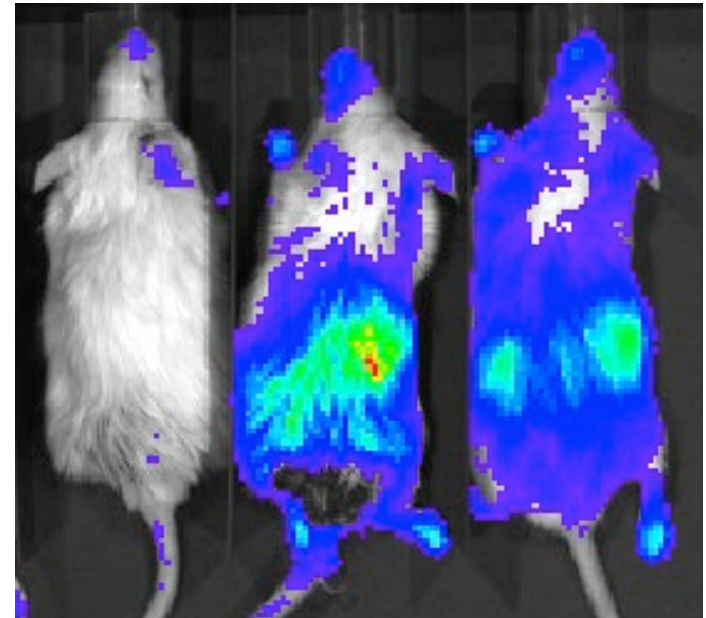
FG-4497
(mg/kg)

0

50

100

HIF-Luc
Reporter
Mice



ROSA26

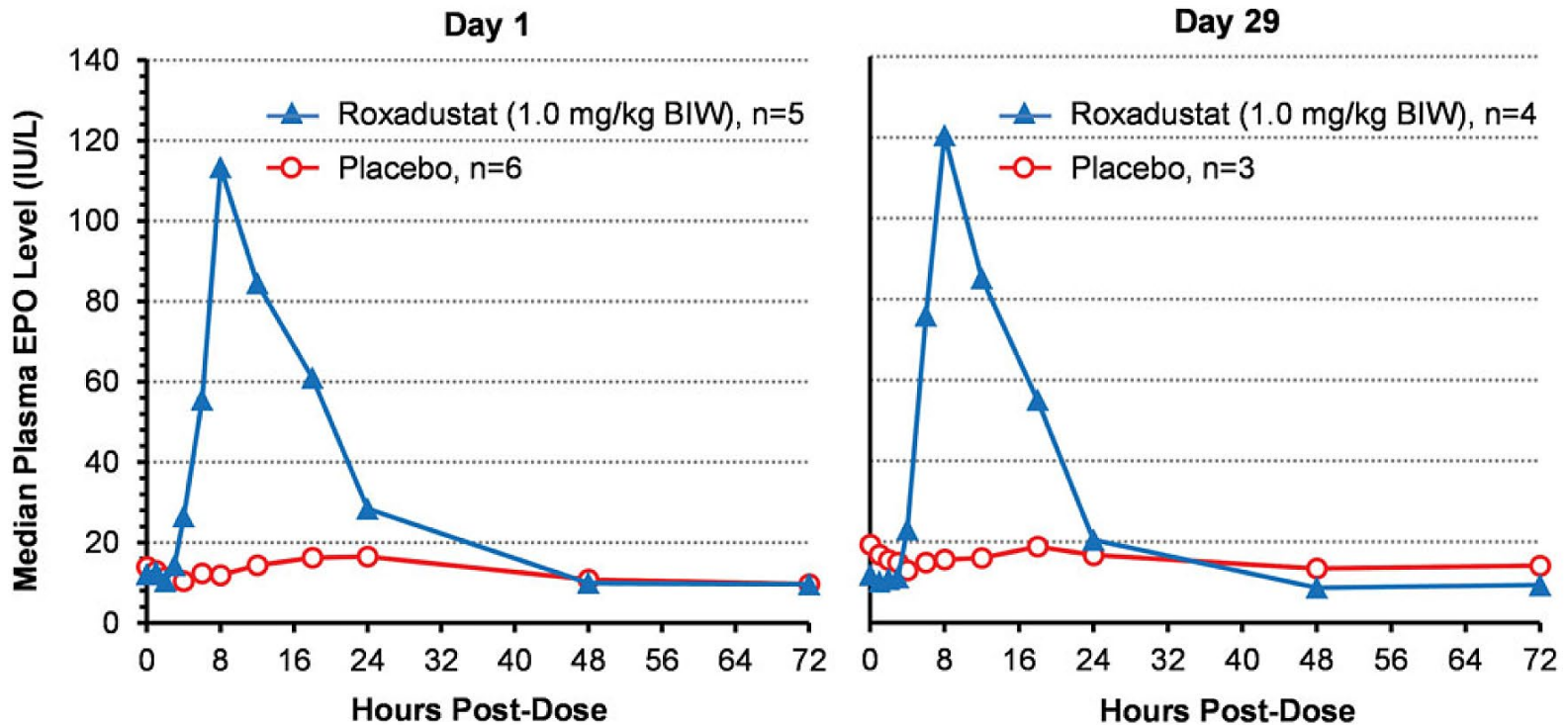


HIF1 α

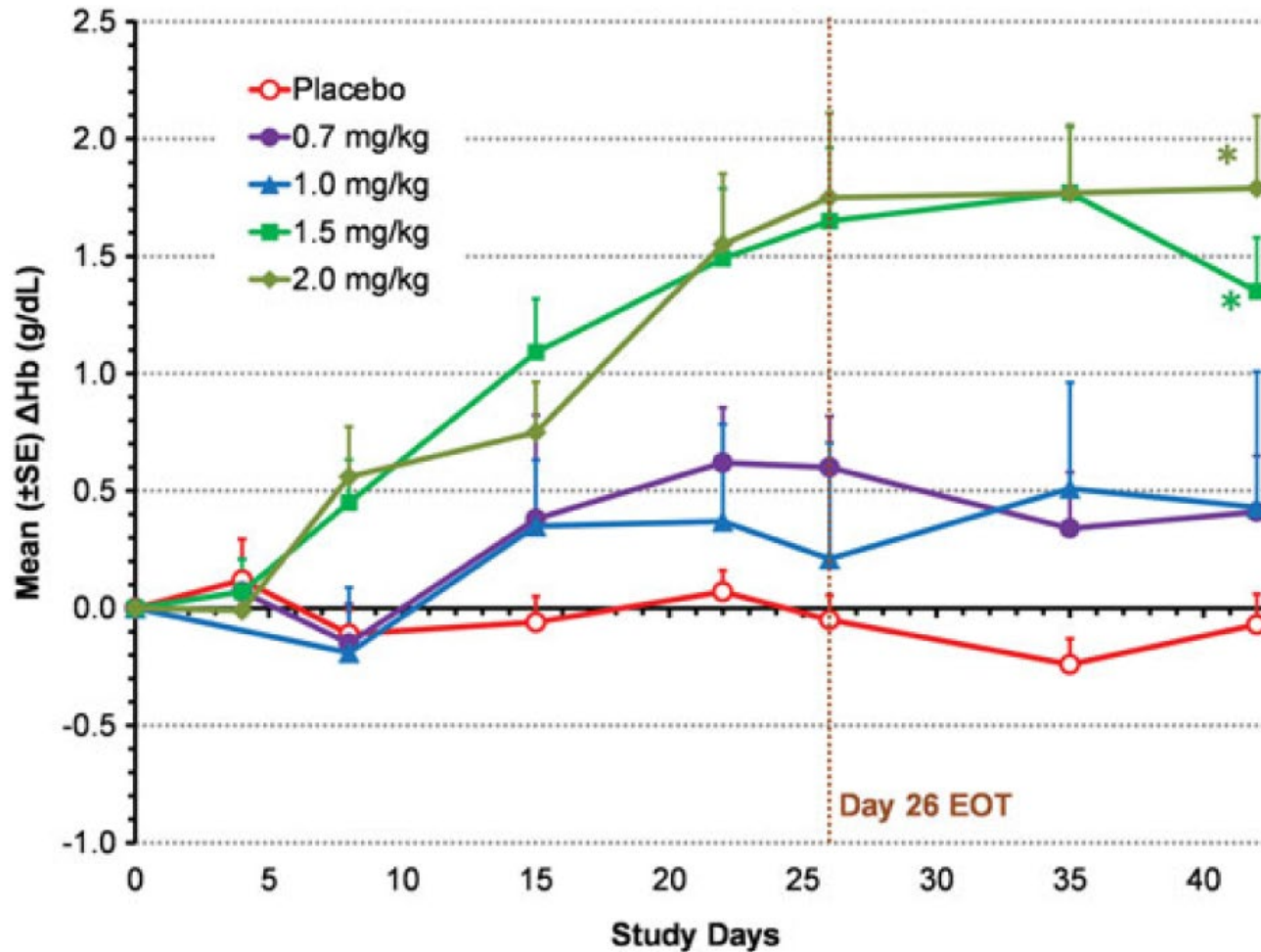
Luciferase

e.g. Ivan et al PNAS 2002
Safran et al PNAS 2006

Treatment of Anemia with Oral Egln Inhibitor: Predialysis Chronic Kidney Failure



Treatment of Anemia with Oral Egln Inhibitor: Predialysis Chronic Kidney Failure



ORIGINAL ARTICLE

Roxadustat for Anemia in Patients with Kidney Disease Not Receiving Dialysis

N. Chen, C. Hao, X. Peng, H. Lin, A. Yin, L. Hao, Y. Tao, X. Liang, Z. Liu, C. Xing,
J. Chen, L. Luo, L. Zuo, Y. Liao, B.-C. Liu, R. Leong, C. Wang, C. Liu, T. Neff,
L. Szczech, and K.-H.P. Yu

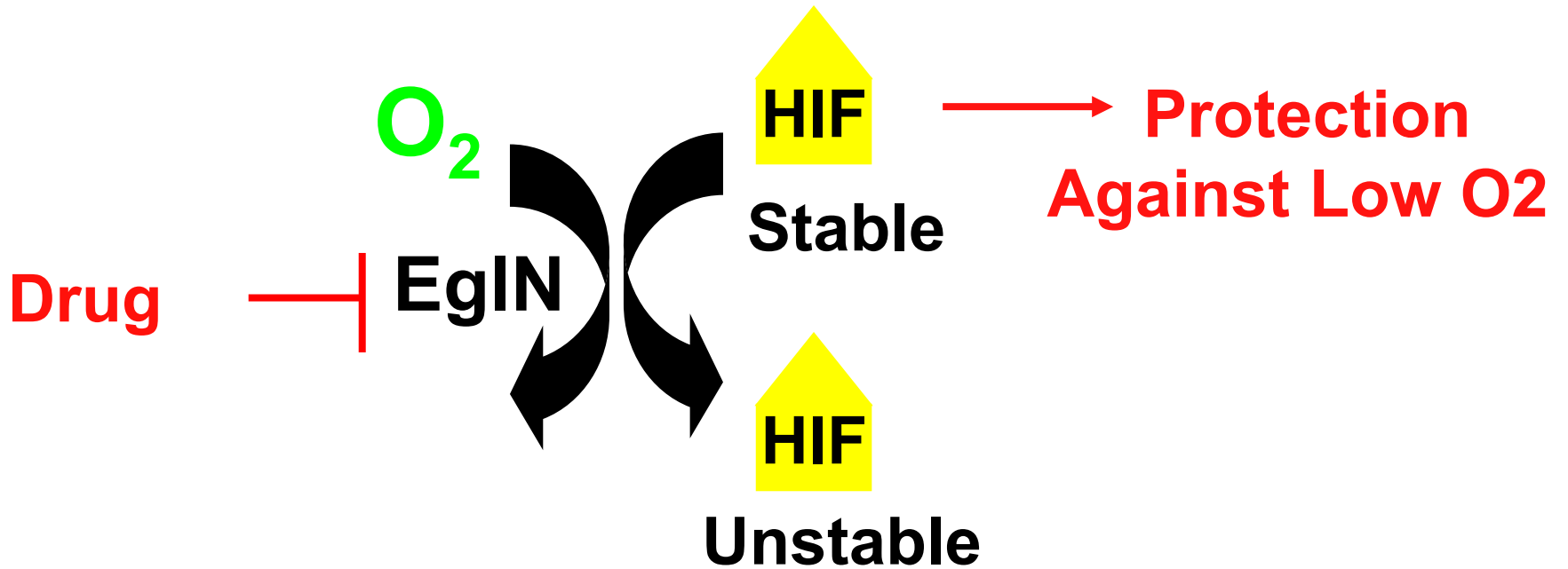
ORIGINAL ARTICLE

Roxadustat Treatment for Anemia in Patients Undergoing Long-Term Dialysis

N. Chen, C. Hao, B.-C. Liu, H. Lin, Caili Wang, C. Xing, X. Liang, G. Jiang,
Zhengrong Liu, X. Li, L. Zuo, L. Luo, J. Wang, M. Zhao, Zhihong Liu, G.-Y. Cai,
L. Hao, R. Leong, Chunrong Wang, C. Liu, T. Neff, L. Szczech, and K.-H.P. Yu

July 24, 2019

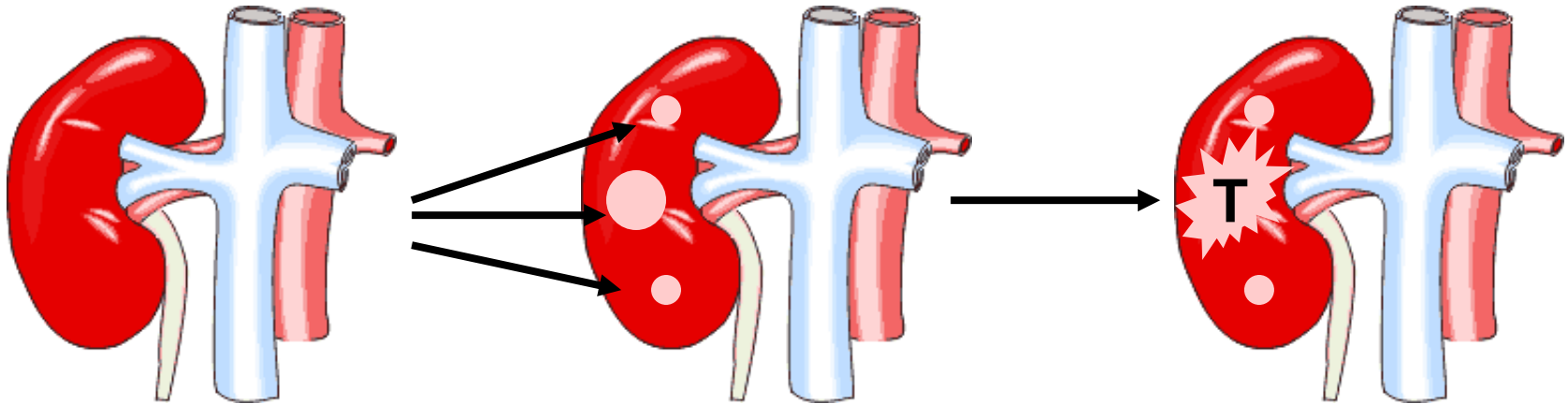
Treatment for Ischemic Diseases?



Kidney Cancer Arising in VHL Patients

Loss of Remaining
Wild-type *VHL* Allele

Mutation (s) at
non-*VHL* Loci



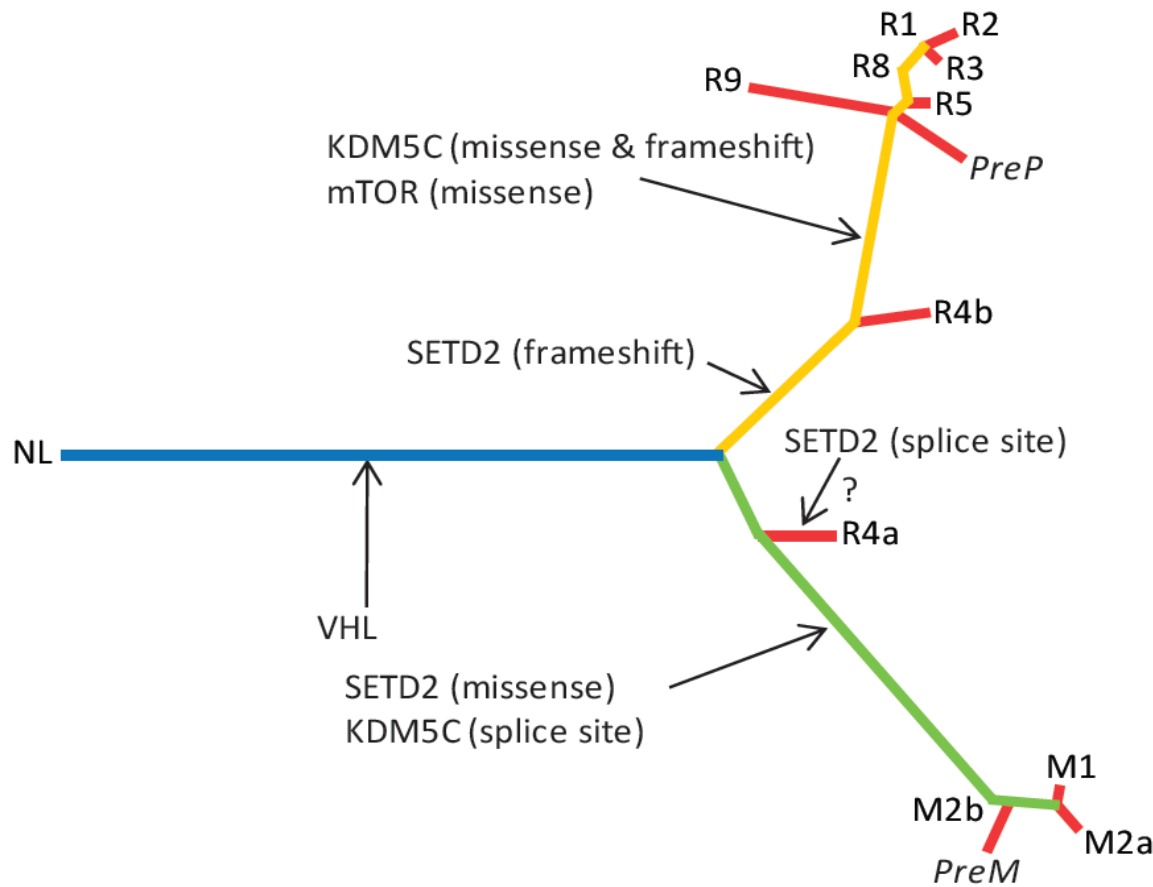
VHL (+/-) Kidney

VHL (-/-) Renal Cysts

VHL (-/-) Tumor

Inactivation of *VHL* is not Sufficient for Renal Carcinogenesis

VHL Loss is the Initiating Event in Most Sporadic Clear Cell Renal Cell Carcinomas- One Example



Inhibition of HIF2 is *Necessary* and *Sufficient* for Kidney Tumor Suppression by pVHL

VHL (-/-) RCC → TUMORS

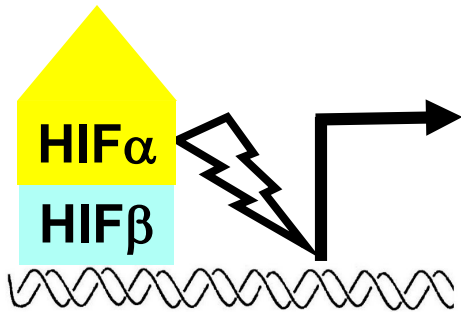
VHL (-/-) RCC + pVHL → NO TUMORS

VHL (-/-) RCC + pVHL + HIF2 α P -> A → TUMORS

VHL (-/-) RCC + HIF2 α shRNA → NO TUMORS

Iliopoulos et al Nat Med 1995
Kondo et al Cancer Cell 2002
Kondo et al PLOS Biology 2003

The HIF Transcription Factor



Glucose Uptake (e.g. GLUT1)

Anaerobic Glycolysis (e.g. PFK, LDH)

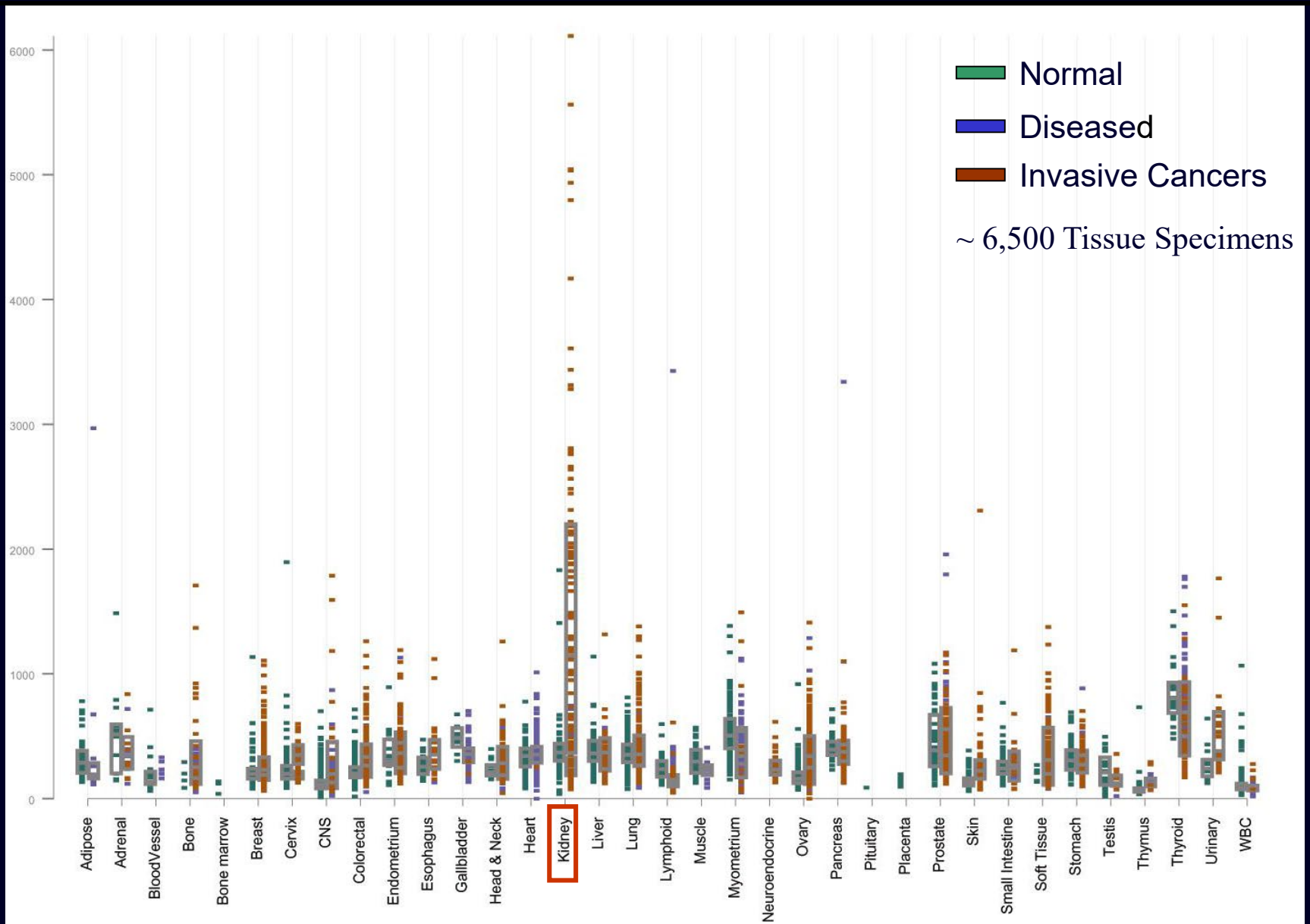
Angiogenesis (e.g. **VEGF**, PDGF, IL-8, TGF β)

Erythropoiesis (e.g. EPO*)

Invasion/Homing (e.g. MMP2, MMP9, c-MET, CXCR4)

Mitogenesis (e.g. TGF α , Cyclin D1*)

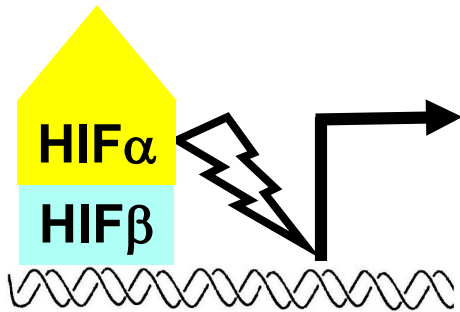
Expression of VEGF-A in Human Tissues – GeneLogic / Affymetrix®



FDA Approved VEGF Inhibitors for Treating Kidney Cancer

- **Bevacizumab**
- **Sunitinib**
- **Sorafenib**
- **Axitinib**
- **Pazopanib**
- **Cabozantib**
- **Levantinib**

The HIF Transcription Factor



Glucose Uptake (e.g. GLUT1)

Anaerobic Glycolysis (e.g. PFK, LDH)

Angiogenesis (e.g. **VEGF**, PDGF, IL-8, TGF β)

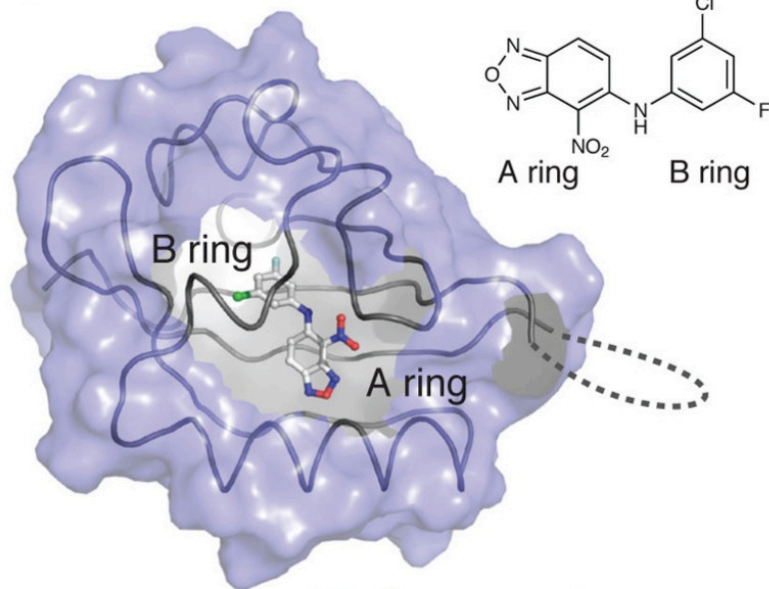
Erythropoiesis (e.g. EPO*)

Invasion/Homing (e.g. MMP2, MMP9, c-MET, CXCR4)

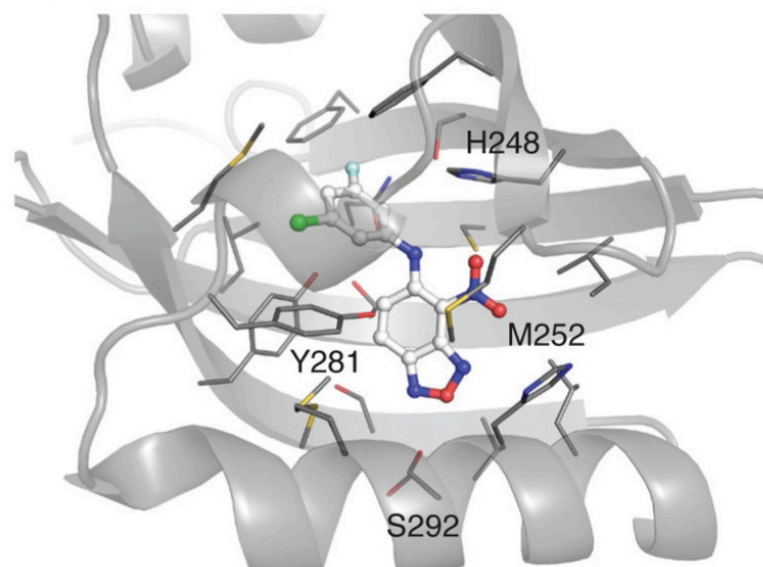
Mitogenesis (e.g. TGF α , Cyclin D1*)

First Generation HIF2 α Inhibitors

a.

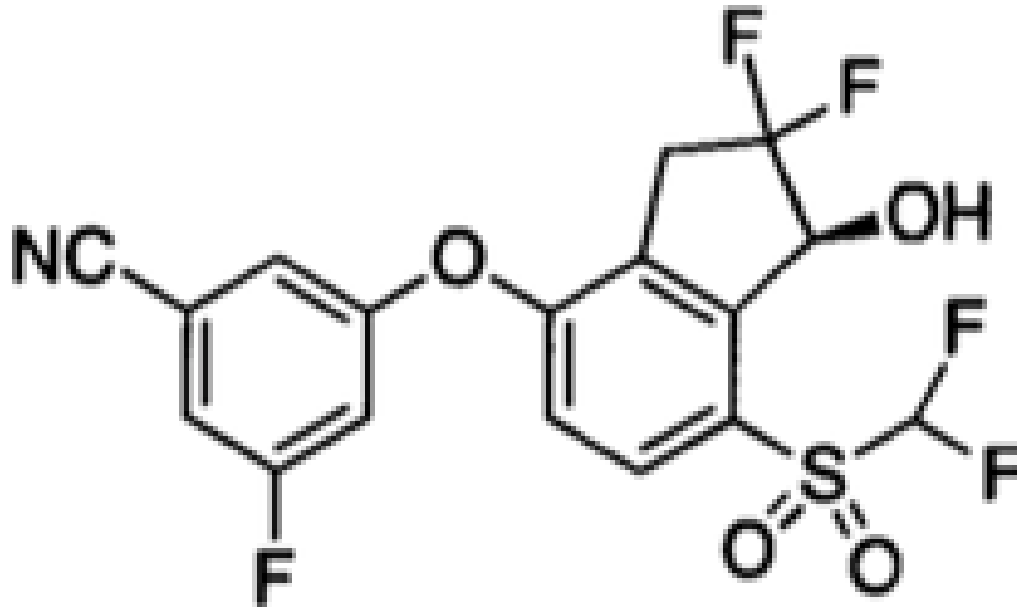


b.



Rick Bruick and Kevin Gardner-UTSW

HIF2 α Inhibitor

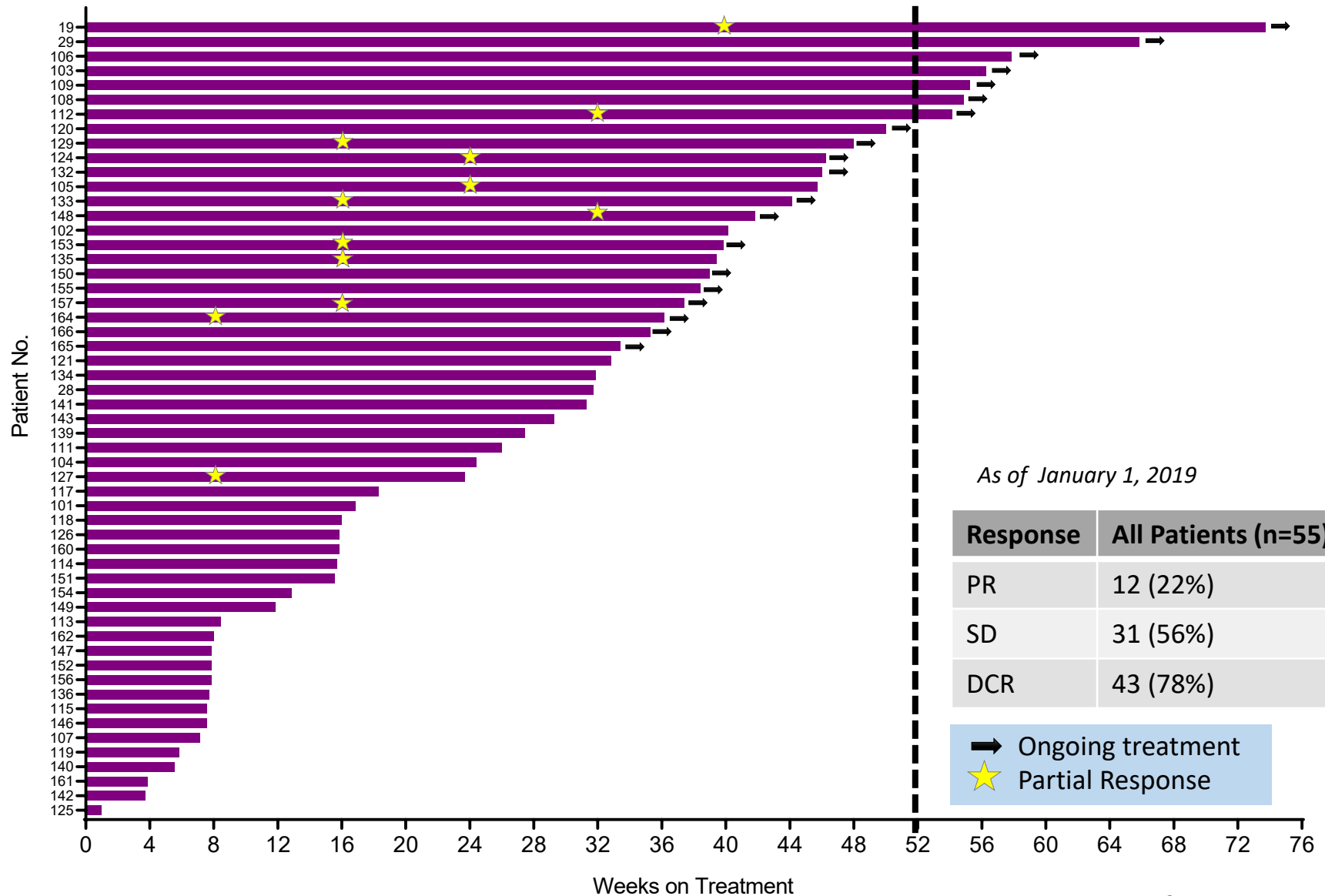


PT2399

On-target efficacy of a HIF-2 α antagonist in preclinical kidney cancer models

Hyejin Cho¹, Xinlin Du², James P. Rizzi², Ella Liberzon¹, Abhishek A. Chakraborty¹, Wenhua Gao¹, Ingrid Carvo^{1,3}, Sabina Signoretti^{1,3}, Richard K. Bruick⁴, John A. Josey², Eli M. Wallace² & William G. Kaelin Jr^{1,5}

HIF2 Inhibitor in Patients with Advanced Kidney Cancer (Phase 2)



X. INTRA-OCULAR GROWTHS.

1. *Two cases, brother and sister, with peculiar vascular new growth, probably primarily retinal, affecting both eyes.*

By E. TREACHER COLLINS.

(With Plate IV.)

IN vol. xii of the 'Transactions' of this Society is published a coloured drawing of the fundus of the right eye of a patient of Mr. Tweedy's, showing very peculiar enlargement of some of the retinal blood-vessels. In this patient's left eye the retina was completely detached, and he, subsequently to being shown at the Society, developed

Trans. Ophthal. Soc. U.K. 14: 141-149, 1894

WWW.VHL.ORG



PATIENTS

CLINICIANS

RESEARCHERS

GIVE

ABOUT



Patients

What is VHL?



Manifestations >

Genetics >

First in Family >

VHL: Spreading Awareness of von



Hippel-Lindau

36 mins · 

Hey all- wanted to update my fellow VHL warriors on my 24 week scans for the PT2977 clinical trial! More great results! I never thought I'd see this day

Kidney: 1.3cm decreased to 1.1cm (started off at 2.9x2.2cm)

The lesions that have decreased from my previous scans are stable, which is great.

Brain : 4mm now 3mm (started at 7mm)

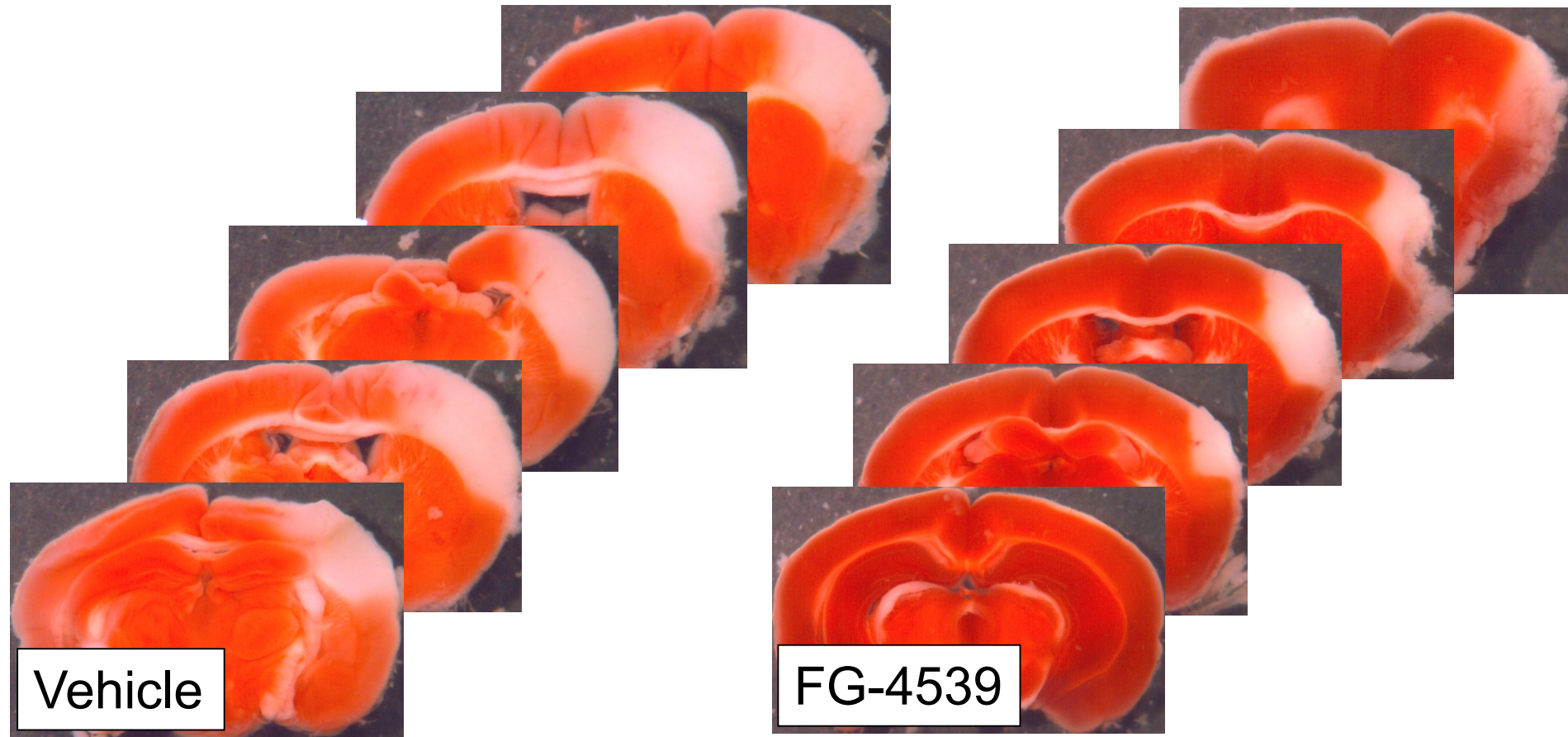
5mm which is stable.

3 brain tumors disappeared



Carolyn M. Kaelin M.D. (April 4, 1961– July 28, 2015)

Neuroprotection in Rodent Stroke Model



- **FG-4539 administered i.v. at time of MCAO (60 mg/kg shown)**
- **Significant reduction in infarct volume**

Inhibition of HIF2 is *Necessary* and *Sufficient* for Kidney Tumor Suppression by pVHL

VHL (-/-) RCC → TUMORS

VHL (-/-) RCC + pVHL → NO TUMORS

VHL (-/-) RCC + pVHL + HIF2 α P -> A → TUMORS

VHL (-/-) RCC + HIF2 α shRNA → NO TUMORS

Iliopoulos et al Nat Med 1995
Kondo et al Cancer Cell 2002
Kondo et al PLOS Biology 2003