

Disclaimer

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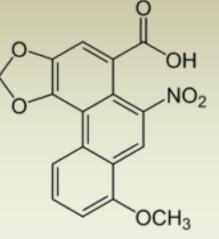
ENVIRONMENTAL & OCCUPATIONAL HEALTH SCIENCES

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Problem: Aristolochic Acid Nephropathy (AAN)



Aristolochia clematitis



Aristolochic Acid (AA-I)

- Chinese-herb nephropathy (CHN) / Balkan endemic nephropathy (BEN)
- Chronic kidney disease (CKD) and upper urinary tract urothelial carcinoma (UUC)

IARC classifications :

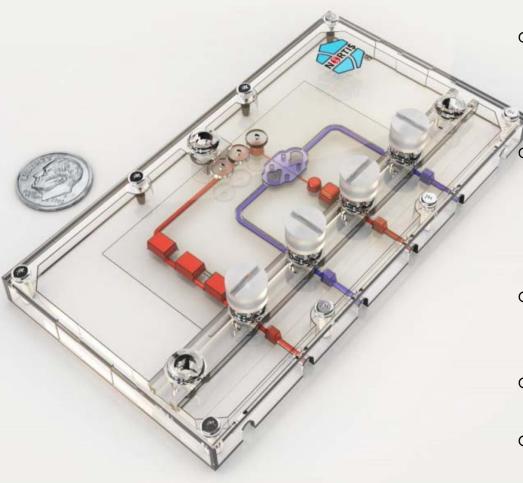
Herbal remedies containing plant species of the genus Aristolochia are carcinogenic to humans (Group 1).

Naturally occurring mixtures of AA are probably carcinogenic to humans (Group 2).

 Can we model AAN using an ex vivo organotypic system?

 Direct <u>and</u> functional coupling of liver→kidney to recapitulate 1st pass metabolism/bioactivation

Platform: Nortis Microphysiological System (MPS)



Technical details:

- Gas-permeable PDMS silicone, polycarbonate base, collagen type I ECM, with a microscope coverslip
 - Incorporation of "bubble traps" (port
 1) at media entry point, as well as option for "ablumenal" flow (ports 2/4)
- Diameter of "tubule" is ~120 µM with an internal volume of ~70 nL
- o Typical flow rate of 0.5-1.0 μL/min
- A 6 mm tubule contains ~5000
 PTECs

www.kidney-international.org

basic research

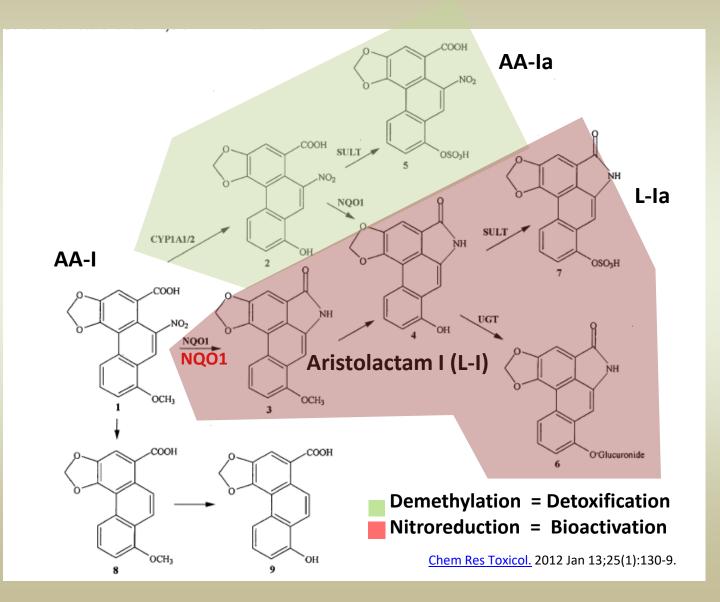
Development of a microphysiological model of human kidney proximal tubule function



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What is the role of the liver in AA-I first-pass metabolism?

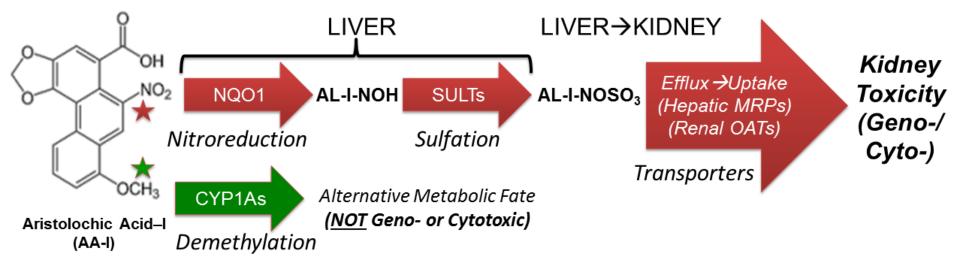


Study Design

AA-nephrotoxicity via hepatic bioactivation

DNA adduct formation from bioactivated AA-I

The role of the liver in bioactivation of AA-I



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