GENETICS

MANAGEMENT OF GENETIC DISORDERS

*Sankar VH

Abstract: *The treatment of inherited metabolic diseases* and other genetic disorders have been limited primarily to symptomatic and supportive care. In the last two decades, advances in understanding the pathogenesis of the diseases and biotechnology has helped to develop novel therapies for genetic disorders like enzyme replacement therapy. Hemetopoietic stem cell transplantation is the state of the art treatment for hemoglobinopathies and some metabolic disorders. Enzyme replacement therapy is a reality for Gaucher disease, Fabry disease, mucopolysaccharidosis I and VI. Cost is prohibitive for clinical use especially in developing countries and enough facilities are not available. Bisphosphonates in osteogenesis imperfecta is the standard of care to prevent recurrent fractures. Gene therapy is envisioned as a potentially definitive treatment for a variety of diseases that have a genetic etiology. However, additional clinical and basic research is needed to determine the future role of gene therapy. This review discusses the various modalities of treatment of genetic disorders like metabolic correction, hematopoietic stem cell transplantation, enzyme replacement therapy, pharmacological therapy and gene therapy.

Keywords: *Hematopoietic stem cell transplantation, Enzyme replacement therapy, Gene therapy, Metabolic correction.*

 * Additional Professor and Geneticist, Department of Pediatrics, SAT Hospital, Government Medical College, Thiruvananthapuram

email: sankarvh@gmail.com

Points to Remember

- Management of genetic disorders can be considered as a biological model viewed from clinical phenotype and working back to the molecular level.
- Metabolic disorders can be treated with substrate limited therapy (dietary restriction) and pharmacological therapy to reduce the toxicity of the accumulated metabolite.
- Enzyme replacement therapy and enzyme enhancement therapy is showing promising results in the management of lysosomal storage disorder.
- Hematopoietic stem cell transplantation (HSCT) is an effective treatment for various genetic disorders like thalassemia, osteopetrosis and primary immunodeficiency disorders.
- Gene therapy is a promising technology for the definitive treatment of genetic disorders.

References

- Treacy EP, Valle D, Scriver CR. Treatment of genetic disease. In: Scriver RC, Beaudet AL, Sly WS, Valle D, eds. The metabolic & molecular bases of inherited disease Volume I. 8th edn, Mc Graw-Hill Medical Publishing division, 2001; pp175-192.
- Nussbaum RL, McInnes RR, Willard HF, eds. Thompson & Thompson Genetics in medicine. 8th edn, Philadelphia: W.B. Saunders Company, 2015; pp255-276.
- 3. Kabra M. Dietary management of inborn errors of metabolism. Indian J Pediatr 2002; 69(5):421-426.
- Frazier DM, Allgeier C, Homer C, Marriage BJ, Ogata B, Rohr F, Splett PL, Stembridge A, Singh RH. Nutrition management guideline for maple syrup urine disease: an evidence-and consensus-based approach. Mol Genet Metab 2014; 112(3):210-217.
- Baumgartner MR, Hörster F, Dionisi-Vici C, Haliloglu G, Karall D, Chapman KA, Huemer M, Hochuli M, Assoun M, Ballhausen D, Burlina A. Proposed guidelines for the diagnosis and management of methylmalonic and propionic acidemia. Orphanet J Rare Dis 2014; 9(1):130.
- Kölker S, Christensen E, Leonard JV, Greenberg CR, Boneh A, Burlina AB, Burlina AP, Dixon M, Duran M, Cazorla AG, Goodman SI. Diagnosis and management

of glutaric aciduria type I-revised recommendations. J Inherit Metab Dis 2011; 34(3):677-694.

- Ohashi T. Enzyme replacement therapy for lysosomal storage diseases. Pediatr Endocrinol Rev 2012; 10 Suppl 1 :26-34.
- 8. Shemesh E, Deroma L, Bembi B, Deegan P, Hollak C, Weinreb NJ, Cox TM. Enzyme replacement and substrate reduction therapy for Gaucher disease. Cochrane Database Syst Rev 2015; (3):CD010324.
- Charrow J, Andersson HC, Kaplan P, Kolodny EH, Mistry P, Pastores G, Prakash-Cheng A, Rosenbloom BE, Scot CR, Wappner RS, Weinreb NJ. Enzyme replacement therapy and monitoring for children with type 1 Gaucher disease: consensus recommendations. J Pediatr 2004; 144(1):112-120.
- Weinreb NJ, Charrow J, Andersson HC, Kaplan P, Kolodny EH, Mistry P, Pastores G, Rosenbloom BE, Scott CR, Wappner RS, Zimran A. Effectiveness of enzyme replacement therapy in 1028 patients with type 1 Gaucher disease after 2 to 5 years of treatment: a report from the Gaucher Registry. Am J Med 2002; 113(2):112-119.
- van Dussen L, Biegstraaten M, Hollak CE, Dijkgraaf MG. Cost-effectiveness of enzyme replacement therapy for type 1 Gaucher disease. Orphanet J Rare Dis 2014; 9:51.
- 12. Puri RD, Kapoor S, Kishnani PS, Dalal A, Gupta N, Muranjan M, Phadke SR, Sachdeva A, Verma IC, Mistry PK. Diagnosis and Management of Gaucher Disease in India - Consensus Guidelines of the Gaucher Disease Task Force of the Society for Indian Academy of Medical Genetics and the Indian Academy of Paediatrics. Indian Pediatr 2018; 55(2):143-153.
- 13. Desnick RJ, Schuchman EH. Enzyme replacement and enhancement therapies: lessons from lysosomal disorders. Nat Rev Genet 2002; 3(12):954-966.
- Van Rossum A, Holsopple M. Enzyme Replacement or Substrate Reduction? A Review of Gaucher Disease Treatment Options. Hosp Pharm 2016; 51(7):553-563.
- 15. Wyatt K, Henley W, Anderson L, Anderson R, Nikolaou V, Stein K, Klinger L, Hughes D, Waldek S, Lachman R, Mehta A. The effectiveness and cost-effectiveness of enzyme and substrate replacement therapies: a longitudinal cohort study of people with lysosomal storage disorders. Health Technol Assess 2012; 16(39):1-543.
- Steinberg MH, McCarthy WF, Castro O, Ballas SK, Armstrong FD, Smith W, Ataga K, Swerdlow P, Kutlar A, DeCastro L, Waclawiw MA. The risks and benefits of long-term use of hydroxyurea in sickle cell anemia: A 17.5 year follow-up. Am J Hematol 2010; 85(6):403-408.
- Keikhaei B, Yousefi H, Bahadoram M. Clinical and Haematological Effects of Hydroxyurea in â-Thalassemia Intermedia Patients. J Clin Diagn Res 2015; 9(10): OM01-3.

- Dwan K, Phillipi CA, Steiner RD, Basel D. Bisphosphonate therapy for osteogenesis imperfecta. Cochrane Database Syst Rev 2014; (7):CD005088.
- 19. Bondy CA, Turner Syndrome Study Group. Care of girls and women with Turner syndrome: a guideline of the Turner Syndrome Study Group. J Clin Endocrinol Metab 2007; 92(1):10-25.
- 20. Moser HW, Moser AB, Hollandsworth K, Brereton NH, Raymond GV. "Lorenzo's oil" therapy for X-linked adrenoleukodystrophy: rationale and current assessment of efficacy. J Mol Neurosci 2007; 33(1): 105-113.
- 21. Mayorandan S, Meyer U, Gokcay G, Segarra NG, de Baulny HO, van Spronsen F, Zeman J, De Laet C, Spiekerkoetter U, Thimm E, Maiorana A. Cross-sectional study of 168 patients with hepatorenal tyrosinaemia and implications for clinical practice. Orphanet J Rare Dis 2014; 9(1):107.
- 22. Boelens JJ, Orchard PJ, Wynn RF. Transplantation in inborn errors of metabolism: current considerations and future perspectives. Br J Haematol 2014; 167(3):293-303.
- 23. de Ru MH, Boelens JJ, Das AM, Jones SA, van der Lee JH, Mahlaoui N, Mengel E, Offringa M, O'Meara A, Parini A, Rovelli A. Enzyme replacement therapy and/or hematopoietic stem cell transplantation at diagnosis in patients with mucopolysaccharidosis type I: results of a European consensus procedure. Orphanet J Rare Dis 2011; 6(1):55.
- 24. Wang D, Gao G. State-of-the-art human gene therapy: part II. Gene therapy strategies and clinical applications. Discov Med 2014; 18(98):151-161.