Baltimore Polycystic Kidney Disease Center Clinical/Translational Core

- <u>Contact:</u> Stephen Seliger, Core Director; <u>sseliger@som.umaryland.edu</u>
- Core Resources

<u>Study #1</u>: Longitudinal Cohort Study of adult ADPKD patients without ESRD and eGFR>15 ml/min/1.73m² **Biorepository**:

- Urine
- Plasma
- Sera
- DNA

Clinical Phenotyping

- 1. Clinical history:
 - Age of diagnosis and initial <u>presenting symptoms</u> (e.g., pain, hematuria)
 - History of <u>renal and cyst complications</u>: pain, hemorrhage, infection, rupture, stones, hematuria, and nocturia.
 - <u>Extra-renal cysts</u> hepatic, pancreatic, other
 - <u>GI complications</u> diverticulae, herniae (including type and surgical correction)
 - <u>Cardiovascular</u> complications valvular heart disease, aortic aneurysms
 - <u>CNS complications</u> including presence and size of intra-cranial aneurysms
 - <u>Exposures</u> including caffeine, tobacco, iodinated contrast, hormonal therapies and oral contraception, environmental toxins
 - Non-ADPKD <u>co-morbid conditions</u> and <u>medications</u>
- 2. **Family History** Including age of ESRD of affected family members, and history of extra-renal complications including hepatic disease and intra-cranial aneurysms.
- 3. Physical Exam:
 - Resting blood pressure and heart rate
 - Height, weight
- 4. Clinical Laboratory Results
 - Electrolytes (estimated GFR from CKD-Epi equation)
 - Lipid profile,
 - Liver function panel,
 - Urine protein
- 5. **Renal and Hepatic MRI**: Total Kidney Volume (<u>TKV</u>) and total liver volume (<u>TLV</u>)
- 6. Vascular Function: Aortic Pulse wave velocity
- 7. Echocardiography:
 - Left Ventricular Mass
 - Left Ventricular Ejection fraction
 - Left ventricular and atrial dimensions
 - Vavular dysfunction
 - Pericardial effusions
- 8. Cognitive Function (Montreal Cognitive Assessment (MoCA) and Depressive symptoms (Beck Depression Inventory).

9. Health-related **Quality of Life** (NIH PROMIS instruments)

Study #2: Human Tissue Study (Adult ADPKD patients with ESRD presenting for simultaneous native nephrectomy and living donor kidney transplant:

Clinical Phenotyping:

- 1. Demographics
- 2. Age at onset and presenting symptoms
- 3. Family History
- 4. Hypertension
- 5. Extra-renal Polycystic disease (including liver disease)
- 6. CNS disease (Intracranial aneurysm)
- 7. GI complications (including hernias)
- 8. Blood pressure and treatment
- 9. Renal ADPKD complications (stones, hematuria, pain, infections)
- 10. Laboratory data: eGFR (if not on dialysis), blood counts, electrolytes
- 11. Co-morbid conditions

Tissue and biological specimens:

- 1. DNA (peripheral blood)
- 2. Cyst fluid (individual selected cysts)
- 3. Primary cell cultures from individual selected cysts
- 4. Tissue blocks