

# A systematic review of progranulin concentrations in biofluids in over 7,000 people - assessing the pathogenicity of *GRN* mutations and other influencing factors

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## Background

- Heterozygous mutations in the *GRN* gene are a major cause of genetic frontotemporal dementia (FTD), causing an estimated 5-10% of all FTD cases (1).
- GRN* encodes for progranulin (PGRN) and mutations lead to haploinsufficiency.
- Mutations are associated with significantly lower concentrations of PGRN in biofluids in mutation carriers compared to controls (2,3).

## Methods

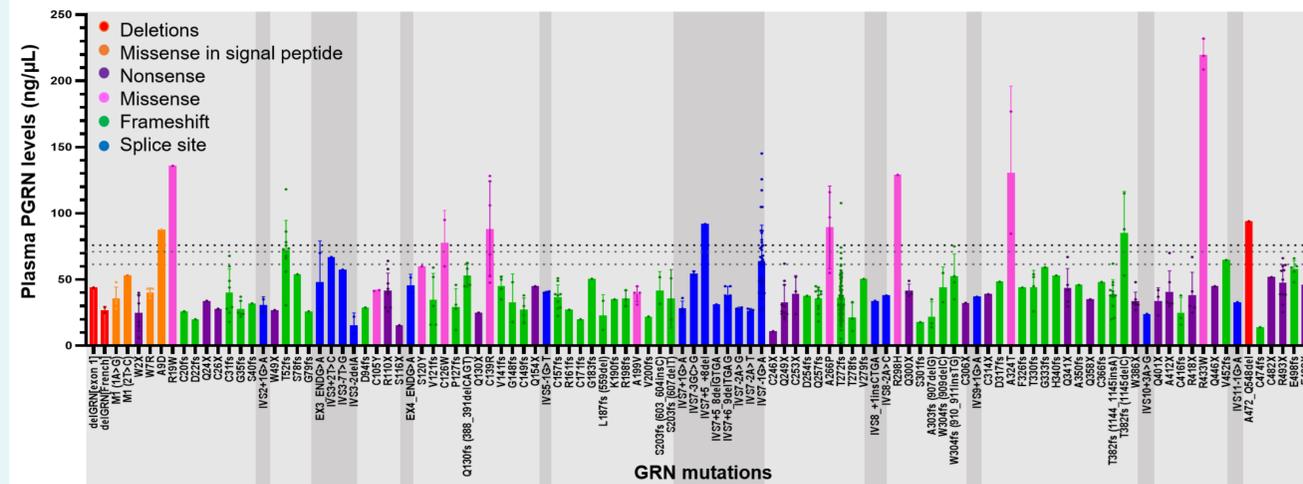
- We contacted all authors who have published data on PGRN concentrations in serum, plasma or CSF (in any medical condition) up to December 2019.
- We asked if they were able to share anonymised data including PGRN concentrations and clinical data such as specific mutation if present, clinical diagnosis, age at onset of dementia, sex, and *GRN* rs5848 polymorphism.
- Data from 7,071 people was collated and analysed, including PGRN measured with a range of assays and in different fluid types (Table 1).

	A&G	Adipogen	BioVendor	Mediagnost	R&D	Others
<b>Total (<i>GRN</i> mutation carriers)</b>	<b>149 (7)</b>	<b>5058 (564)</b>	<b>56 (38)</b>	<b>55 (0)</b>	<b>1481 (6)</b>	<b>272 (1)</b>
<b>Plasma (<i>GRN</i> mutation carriers)</b>	<b>0 (0)</b>	<b>3301 (438)</b>	<b>0 (0)</b>	<b>0 (0)</b>	<b>671 (0)</b>	<b>147 (1)</b>
<b>Serum (<i>GRN</i> mutation carriers)</b>	<b>149 (7)</b>	<b>758 (125)</b>	<b>53 (35)</b>	<b>49 (0)</b>	<b>649 (6)</b>	<b>0 (0)</b>
<b>CSF (<i>GRN</i> mutation carriers)</b>	<b>0 (0)</b>	<b>1346 (19)</b>	<b>32 (23)</b>	<b>55 (0)</b>	<b>0 (0)</b>	<b>125 (0)</b>

**Table 1:** Number of PGRN measurements across different assay and fluid types

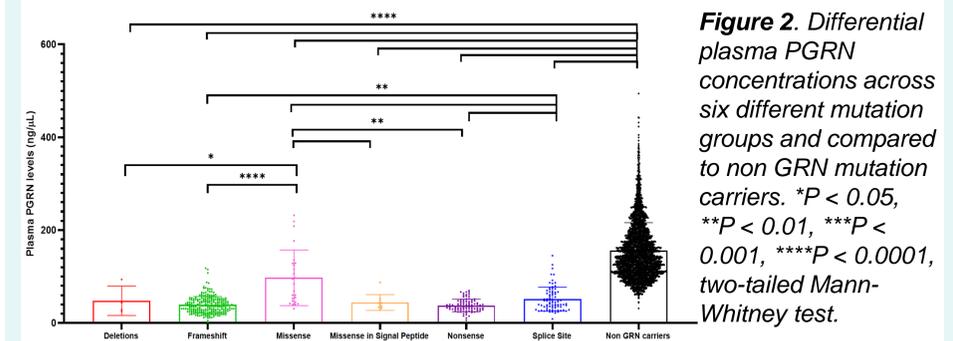
## Results

- Using levels measured with the Adipogen assay in plasma, we found considerable variability in PGRN concentrations across 109 different *GRN* mutations spanning the *GRN* gene (figure 1).



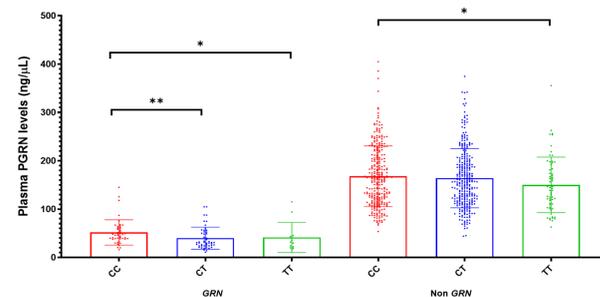
**Figure 1.** Plasma PGRN concentrations measured with the Adipogen assay spanning the *GRN* gene. Dotted lines indicate suggested cut-offs of 61.55ng/µL, 71.00ng/µL and 75.95ng/µL, as defined in (1), (2) and this dataset, respectively. Exonic mutations are in light grey and intronic mutations are in dark grey.

- Missense variants outside the signal peptide have significantly higher levels compared to other groups (figure 2).
- This suggests that these mutations are less likely to be pathogenic.
- Based on this, we defined a cut-off of 75.95ng/µL with a Youden's index of 0.92.



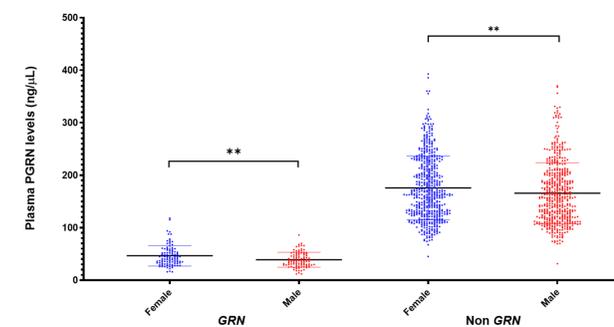
**Figure 2.** Differential plasma PGRN concentrations across six different mutation groups and compared to non-*GRN* mutation carriers. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ , \*\*\*\* $P < 0.0001$ , two-tailed Mann-Whitney test.

- The *GRN* rs5848 polymorphism affects plasma PGRN levels, with the TT genotype linked to significantly lower levels than CC.



**Figure 3.** *GRN* polymorphism rs5848 influences plasma PGRN concentrations in this data set.

- Sex differences in plasma PGRN concentrations in this data set.



- We also found that females have significantly higher PGRN levels than males.

## Conclusions

- These findings highlight the variable pathogenicity of different *GRN* mutations and the importance of considering other factors when looking at biofluid concentrations of PGRN.
- This is important for upcoming clinical trials of progranulin-associated FTD where PGRN levels are being used as outcome measures.

### References

- Greaves CV, Rohrer JD. An update on genetic frontotemporal dementia. *J Neurol*. 2019 Aug;266(8):2075-2086.
- Ghidoni R, Stoppani E, Rossi G, Piccoli E, Albertini V et al. Optimal plasma progranulin cut off value for predicting null progranulin mutations in neurodegenerative diseases: a multicenter Italian study. *Neurodegener Dis*. 2012;9(3):121-7.
- Sellami L, Rucheton B, Ben Younes I, Camuzat A, Saracino D et al. Plasma progranulin levels for frontotemporal dementia in clinical practice: a 10-year French experience. *Neurobiol Aging*. 2020 Jul;91:167.e1-167.e9.