

Renal cell-type associated therapeutic effects of semaglutide in a mouse model of hypertension accelerated diabetic kidney disease

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Background & Aim

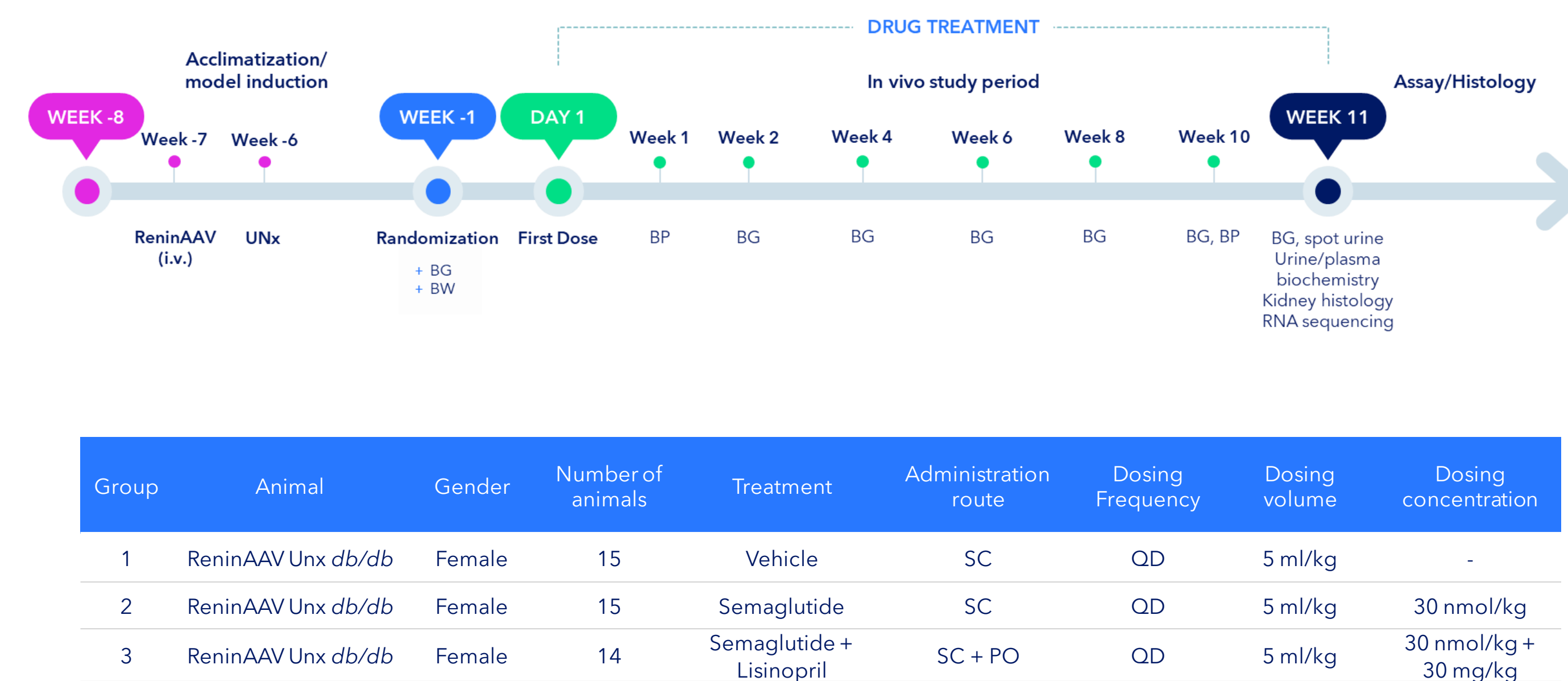
Obesity, hyperglycemia and hypertension are critical risk factors for development of diabetic kidney disease (DKD). While emerging evidence suggests that glucagon-like peptide-1 receptor (GLP-1R) agonists improve cardiovascular and renal outcomes in type 2 diabetes patients, their mode of action is presently unclear. Using paired bulk and single-nucleus RNA sequencing (RNAseq), we profiled renal transcriptome signatures of the long-acting GLP-1R agonist semaglutide alone and in combination with the ACE inhibitor lisinopril in a model of hypertension-accelerated, advanced DKD facilitated by adeno-associated virus-mediated renin overexpression (ReninAAV) in uninephrectomized (UNx) female *db/db* mice.

Methods

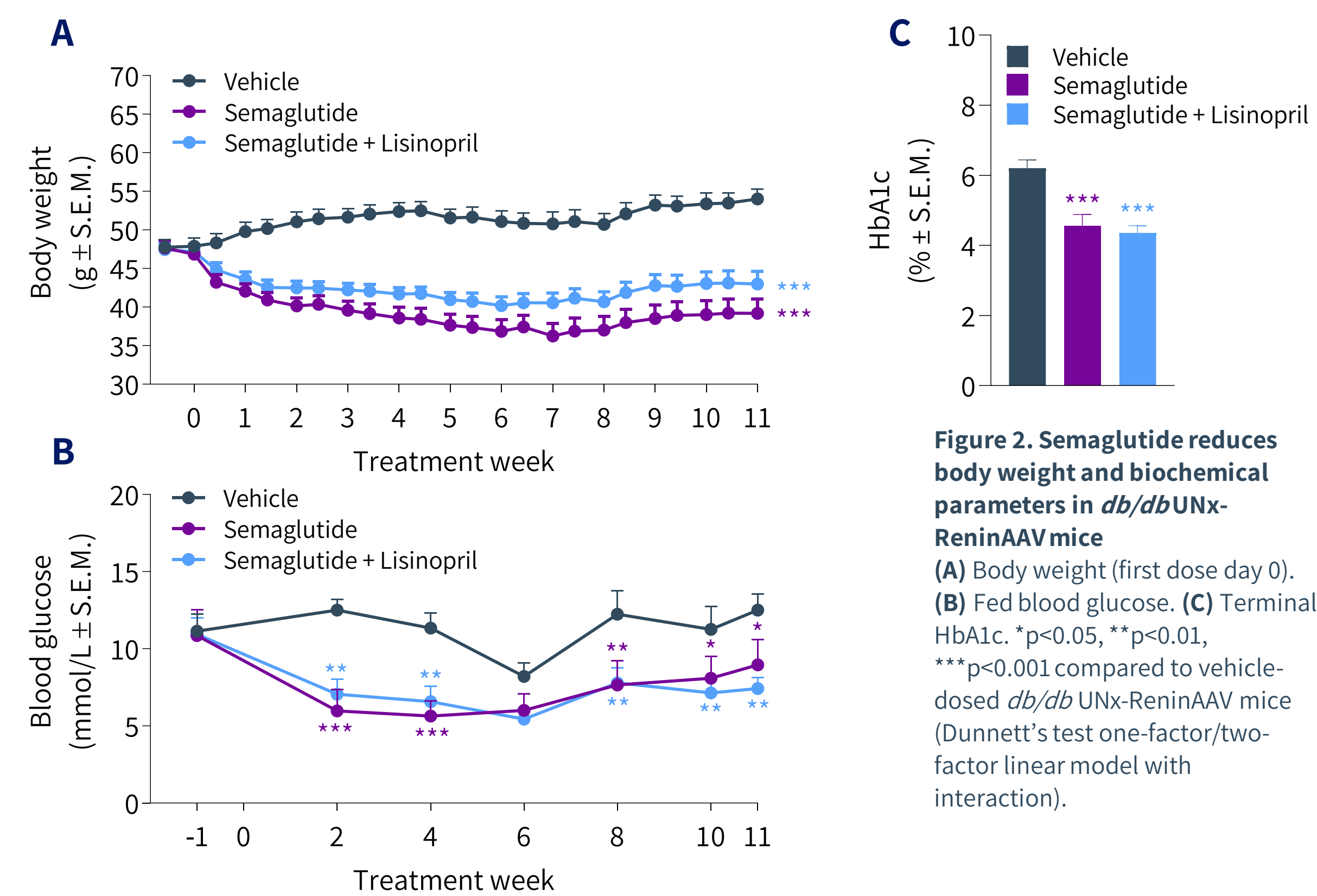
Seven weeks after ReninAAV administration and six weeks post-UNx, ReninAAV UNx *db/db* mice were administered (q.d.) vehicle, semaglutide (30 nmol/kg, s.c.) or semaglutide (30 nmol/kg, s.c.) + lisinopril (30 mg/kg, p.o.) for 11 weeks. Endpoints included blood pressure, urine biochemistry, kidney histopathology as well as paired bulk and single-nucleus RNA seq. Cell type deconvolution was performed by referencing expression of treatment-affected genes across all major kidney cell types using single nuclei RNAseq.

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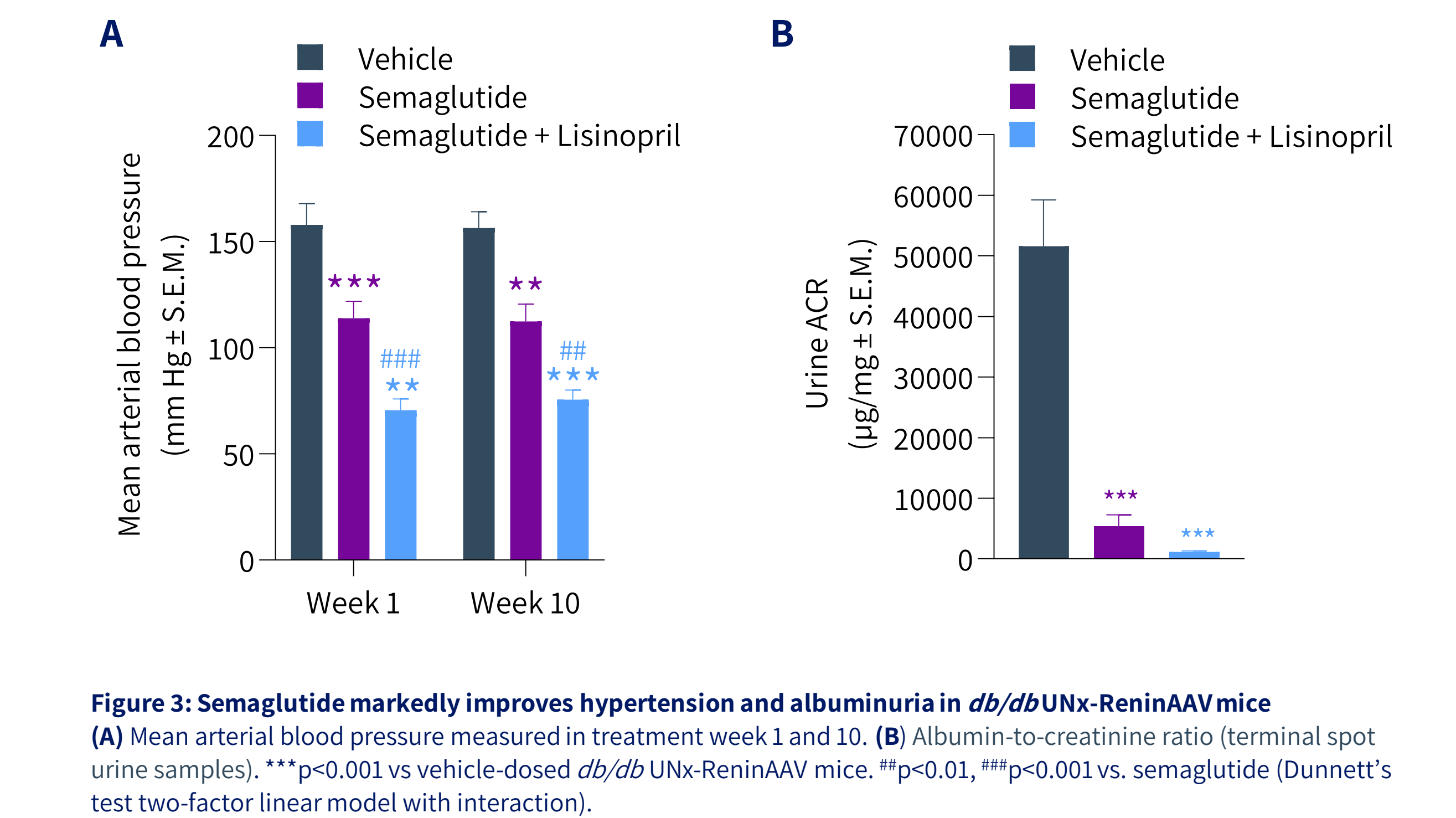
1 Study outline



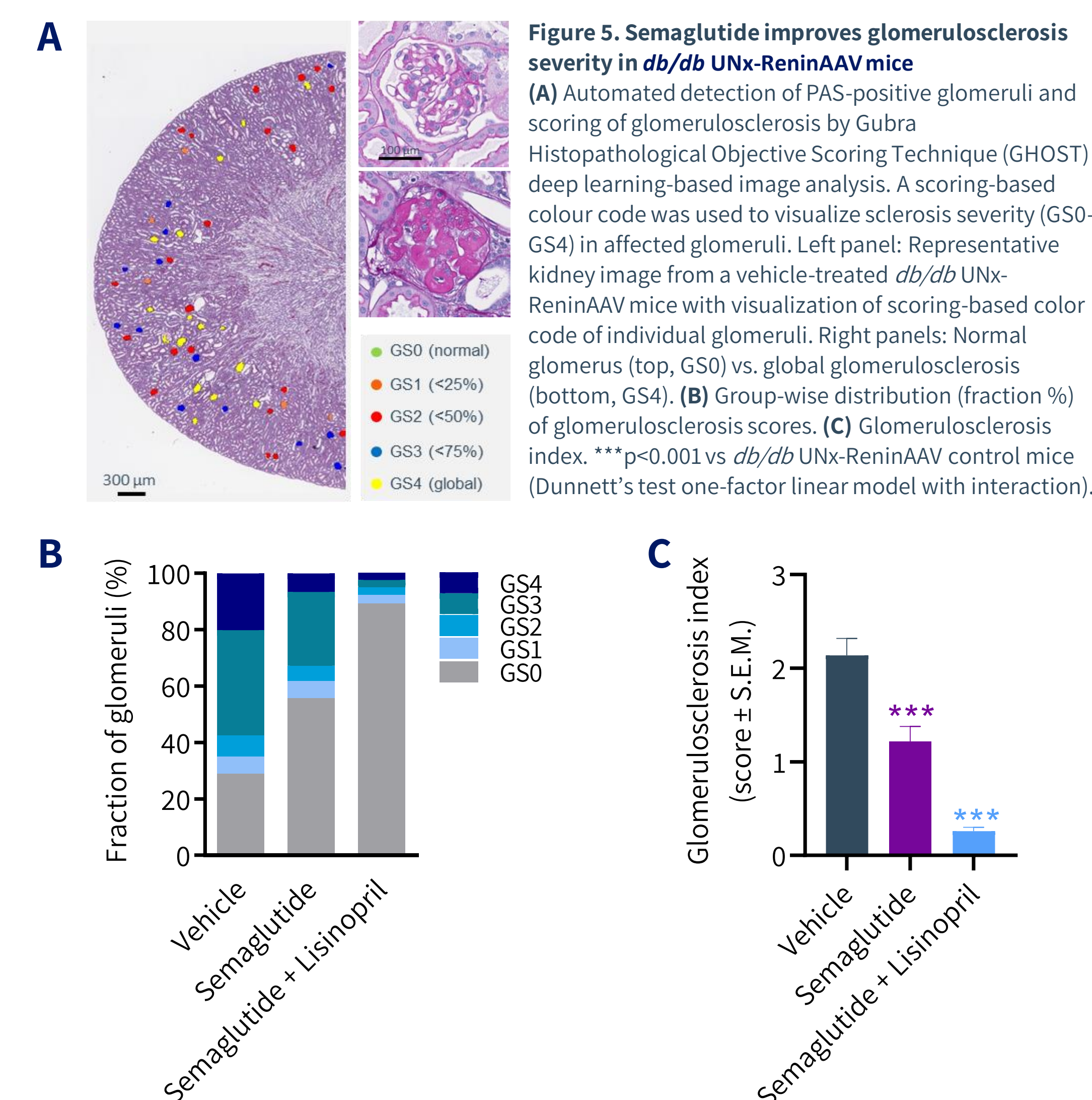
2 Improved metabolic parameters



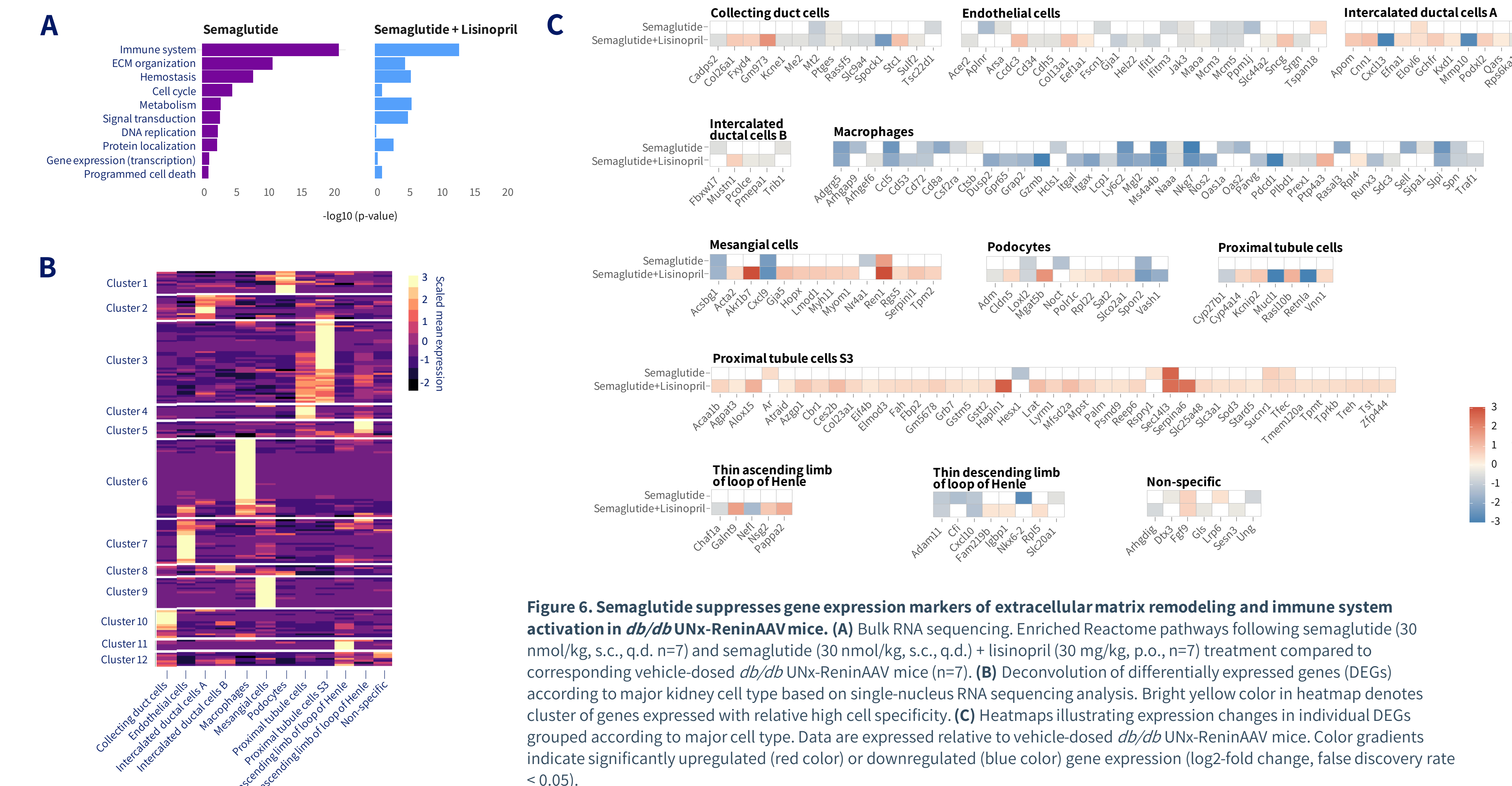
3 Improvements in hypertension and albuminuria



4 Reduced glomerulosclerosis



5 Renal cell-type associated transcriptome changes



Conclusion

- Reduces body weight, blood glucose and HbA1c
 - Markedly improves hypertension and albuminuria
 - Markedly reduces glomerulosclerosis
 - Improves renal transcriptome signatures
- These findings support nephroprotective effects of semaglutide in DKD, highlighting the applicability of the *db/db* UNx-ReninAAV mouse model in preclinical drug development.

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