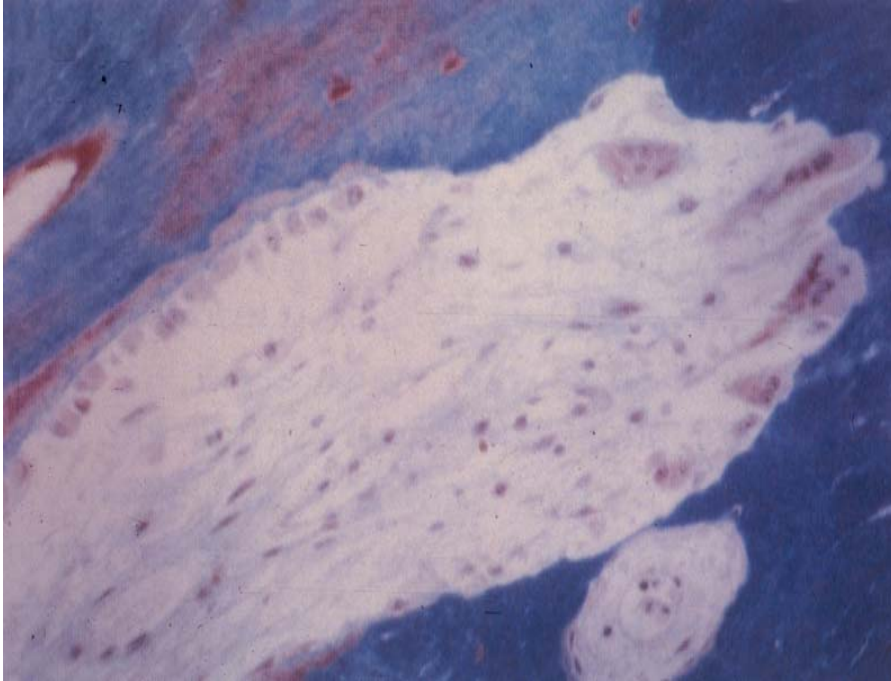


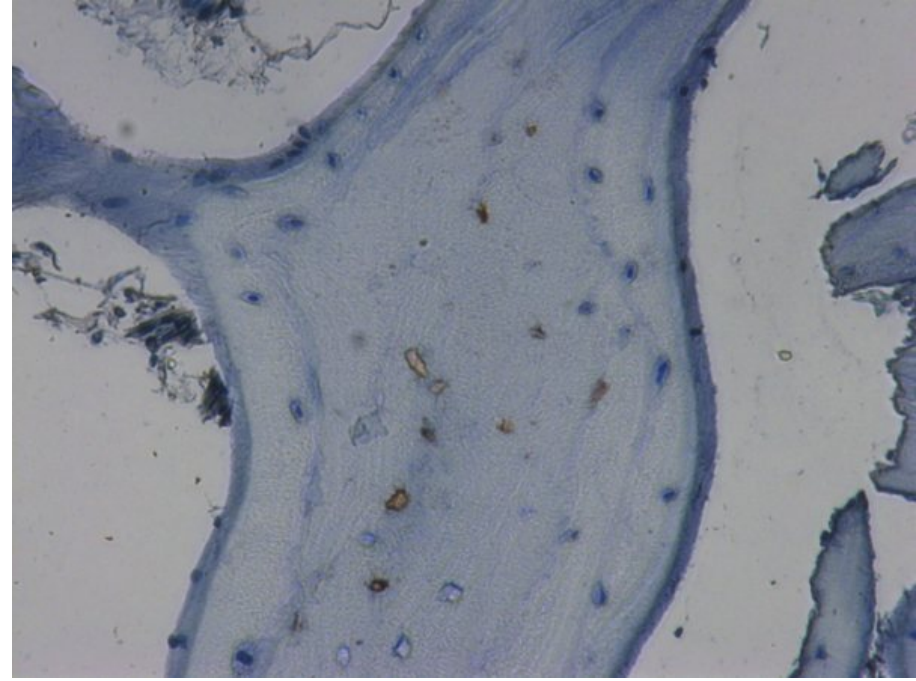
Desarrollo de terapias biológicas en el tratamiento de la osteoporosis: inhibición del sistema RANKL y otras dianas terapéuticas

José A. Riancho
Serv. Medicina Interna
Hospital U.M.Valdecilla
Universidad de Cantabria
Santander

Remodelado óseo



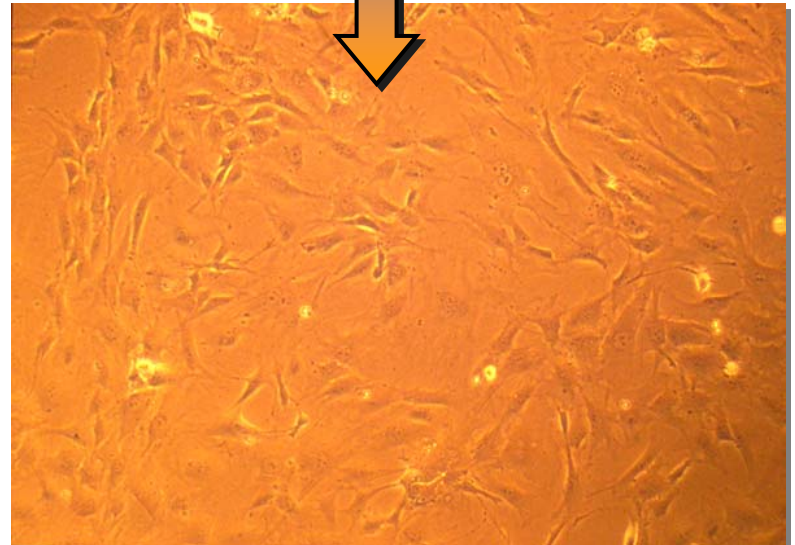
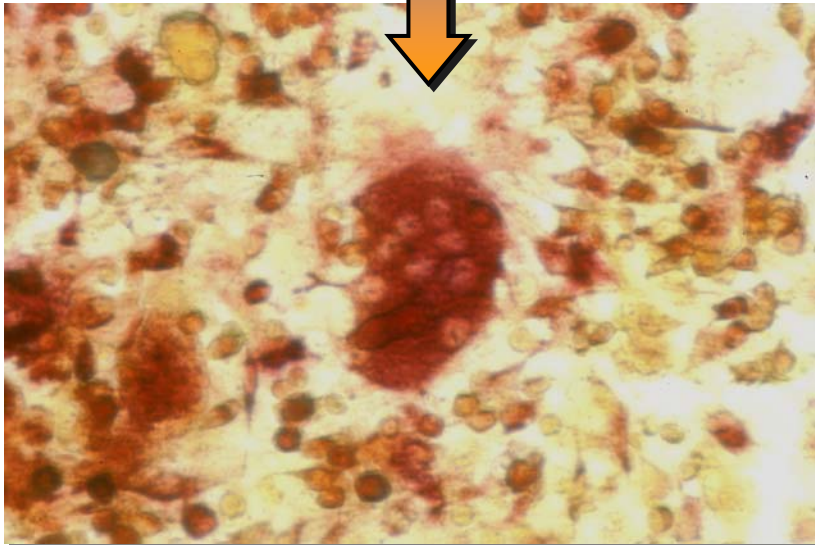
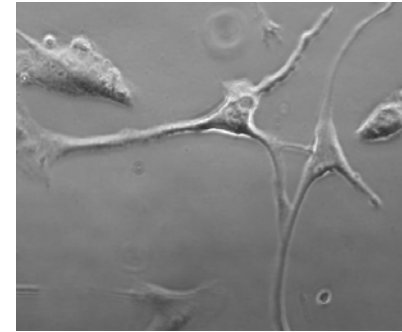
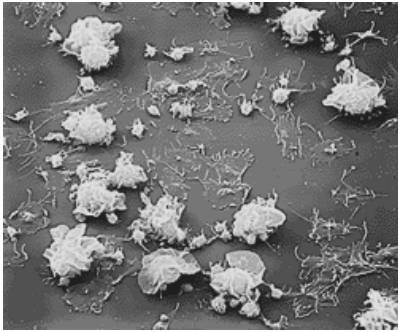
Acoplamiento espacio-temporal de
OBs y OCs*



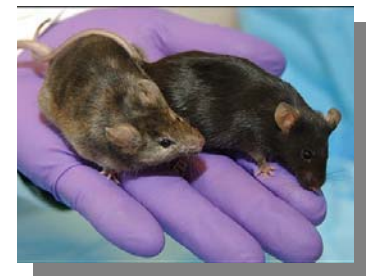
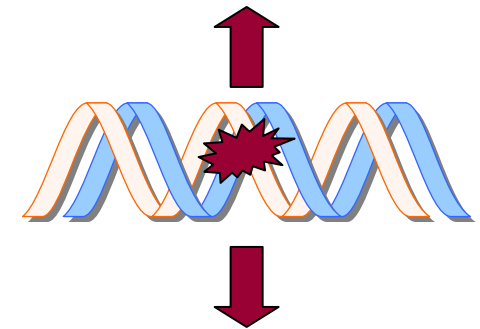
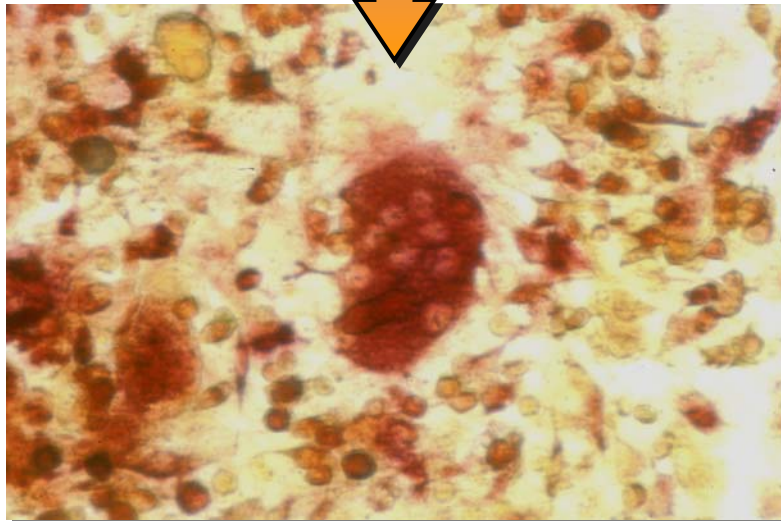
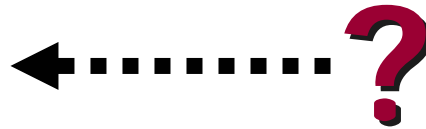
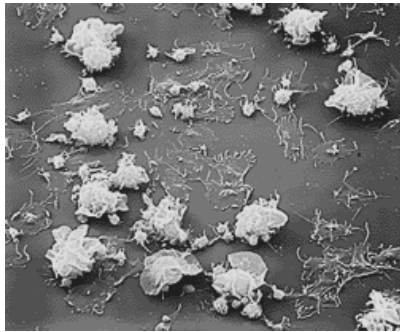
OBs y OCs son visitantes, no
residentes en la zona

(*figura tomada de Malluche)

Remodelado: papel crítico de proliferación y diferenciación de precursores de OC y OB

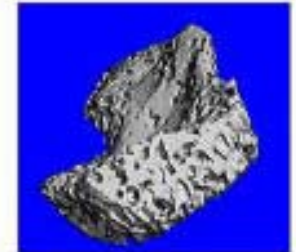


Identificación de factores clave de la osteoclastogénesis

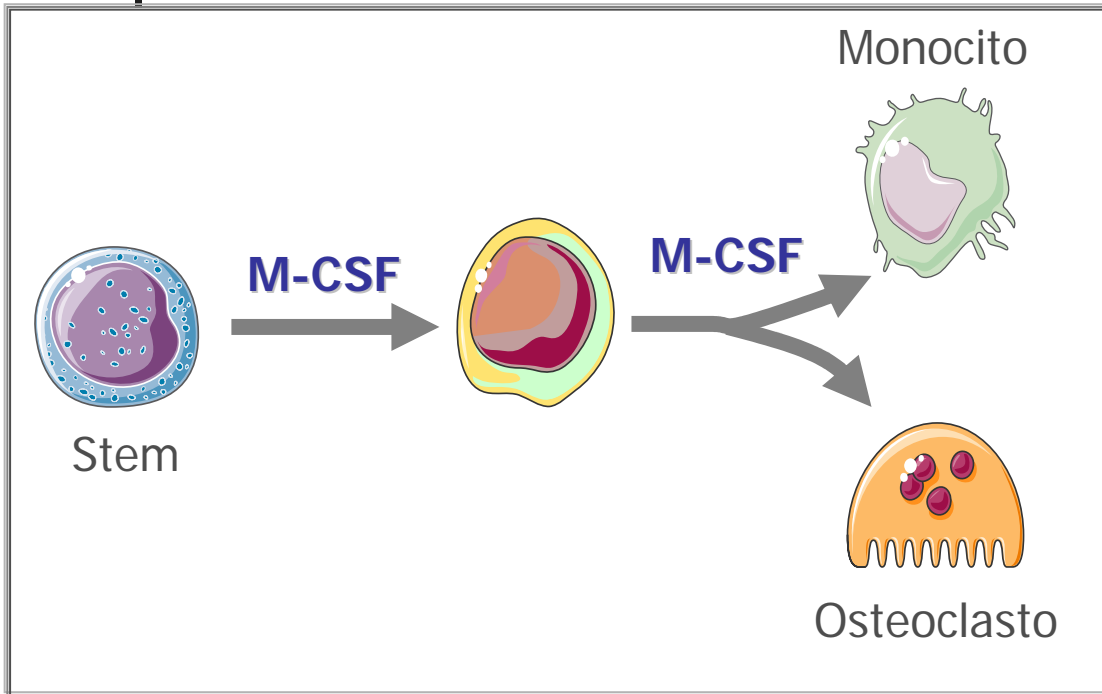


Factores clave de la osteoclastogénesis

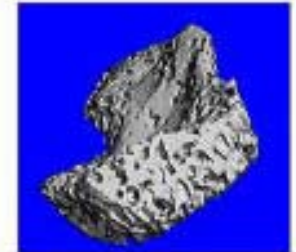
Osteopetrosis



Factores clave de la osteoclastogénesis



Osteopetrosis



Proc. Natl. Acad. Sci. USA
Vol. 87, pp. 4828-4832, June 1990
Medical Sciences

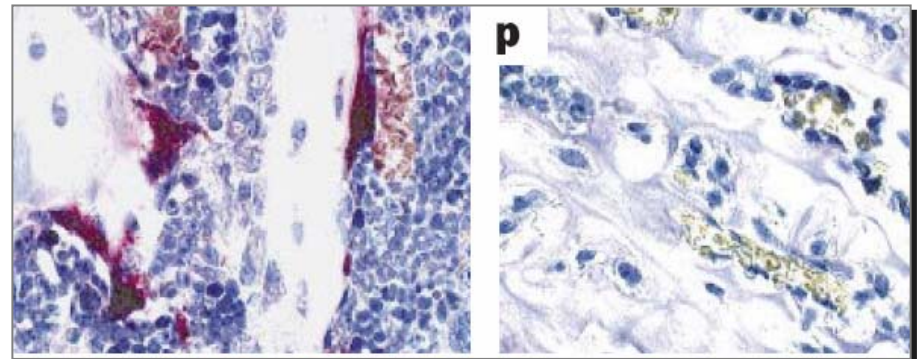
Total absence of colony-stimulating factor 1 in the macrophage-deficient osteopetrotic (*op/op*) mouse

(macrophage growth factor/mouse mutant/osteopetrosis/macrophage deficiency)

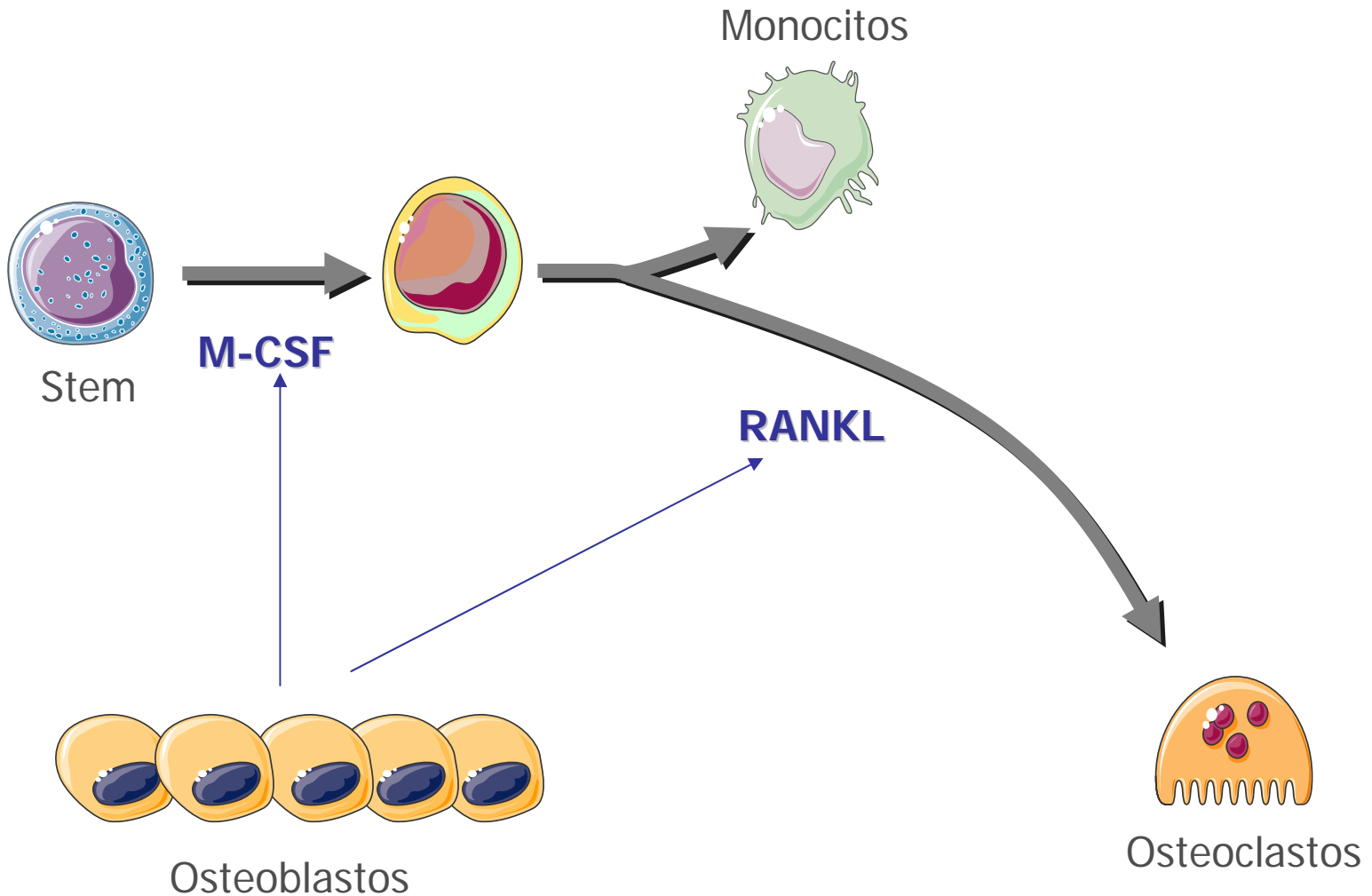
WIESLAW WIKTOR-JEDRZEJCZAK*[†], ANNA BARTOCCI[‡], ANTHONY W. FERRANTE, JR.[‡],
AFTAB AHMED-ANSARI*, KENNETH W. SELL*, JEFFREY W. POLLARD[‡], AND E. RICHARD STANLEY[‡]

*Department of Pathology, Emory University School of Medicine, Atlanta, GA 30322; and [†]Department of Developmental Biology and Cancer, Albert Einstein College of Medicine, Bronx, NY 10461

RANKL: promotor clave de la osteoclastogénesis

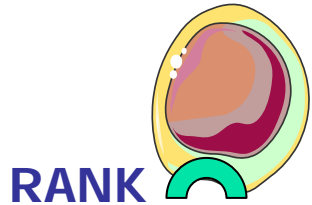


OBs modulan la formación de OCs



RANK-RANKL

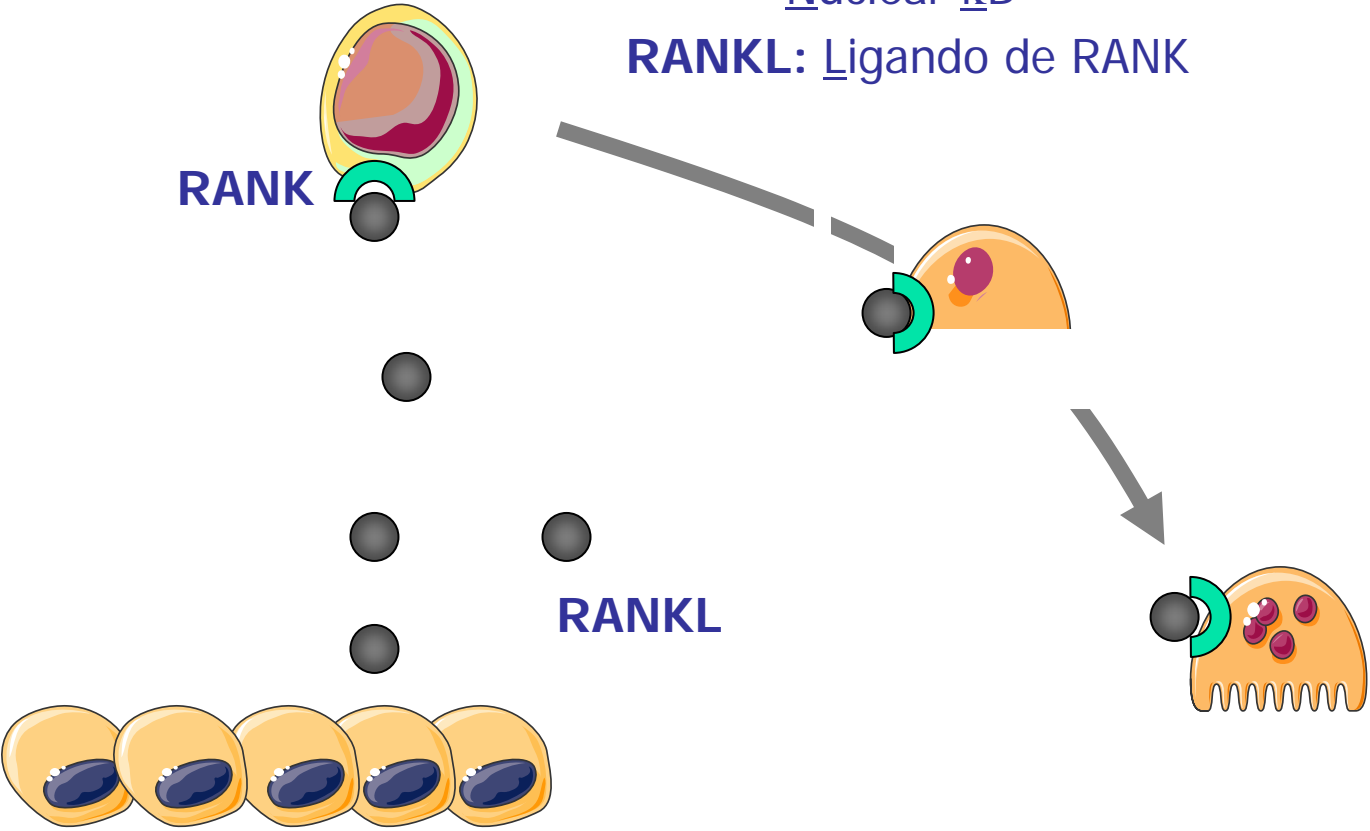
RANK: Receptor Activador del factor
Nuclear κB



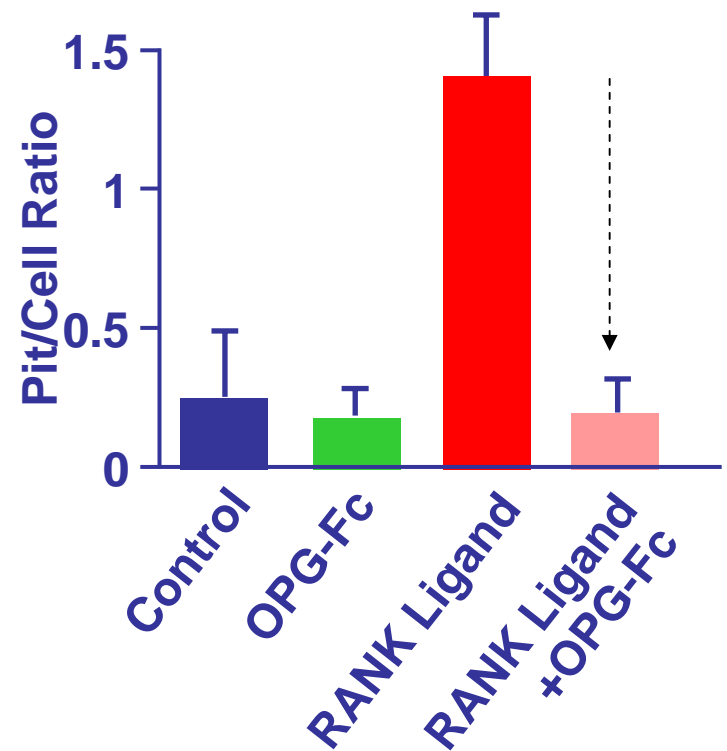
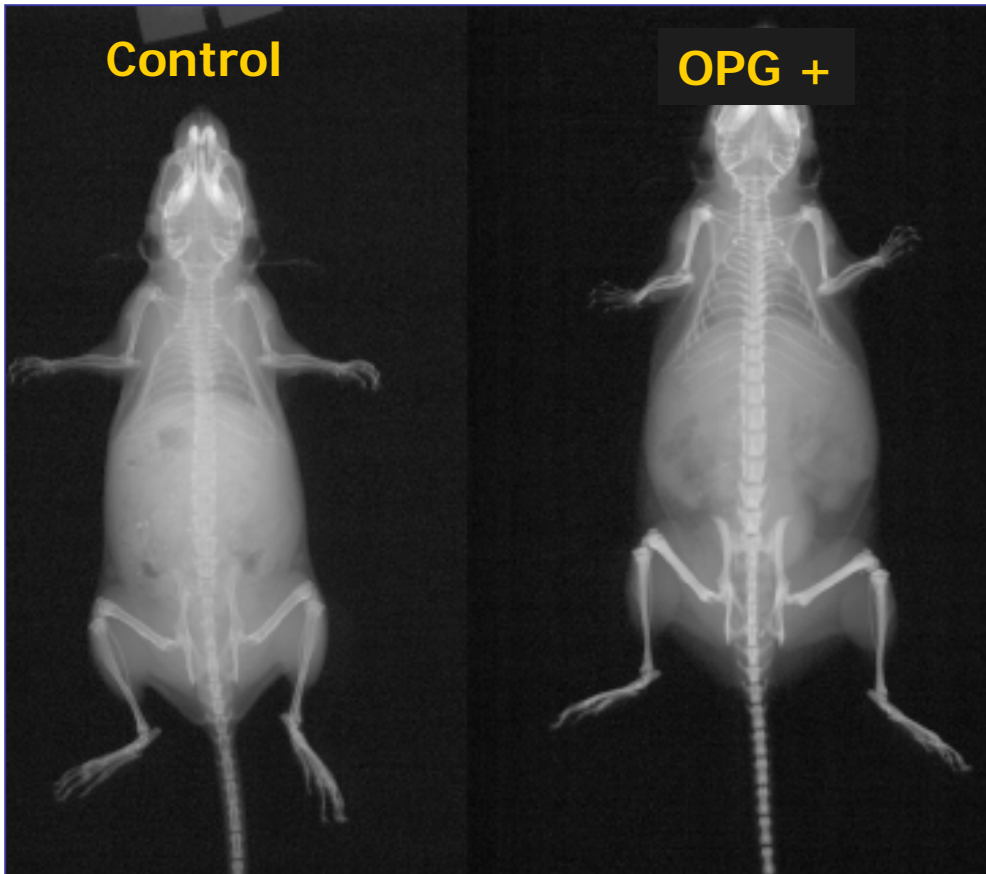
RANK-RANKL

RANK: Recceptor Activador del factor Nuclear κB

RANKL: Ligando de RANK

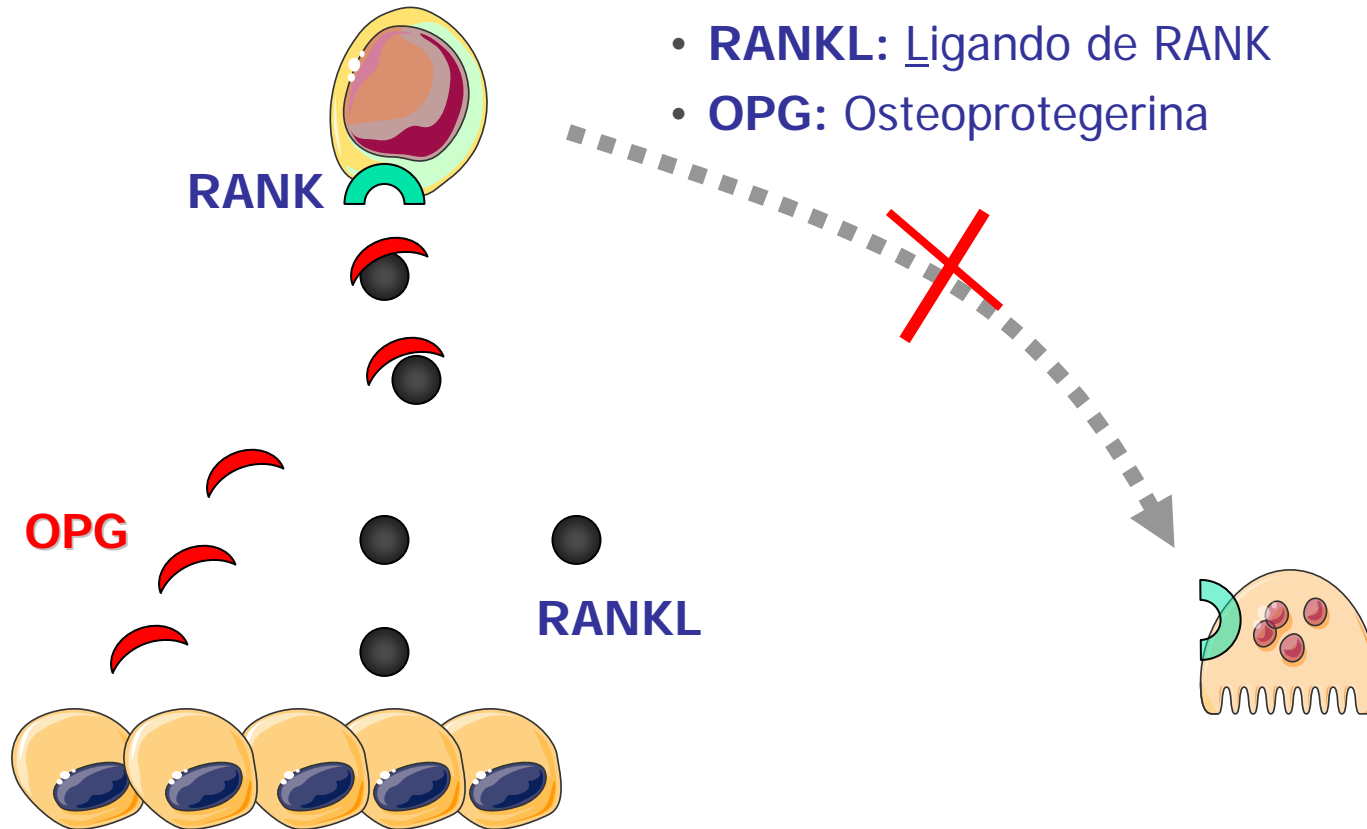


La Osteoprotegerina bloquea la formación de osteoclastos

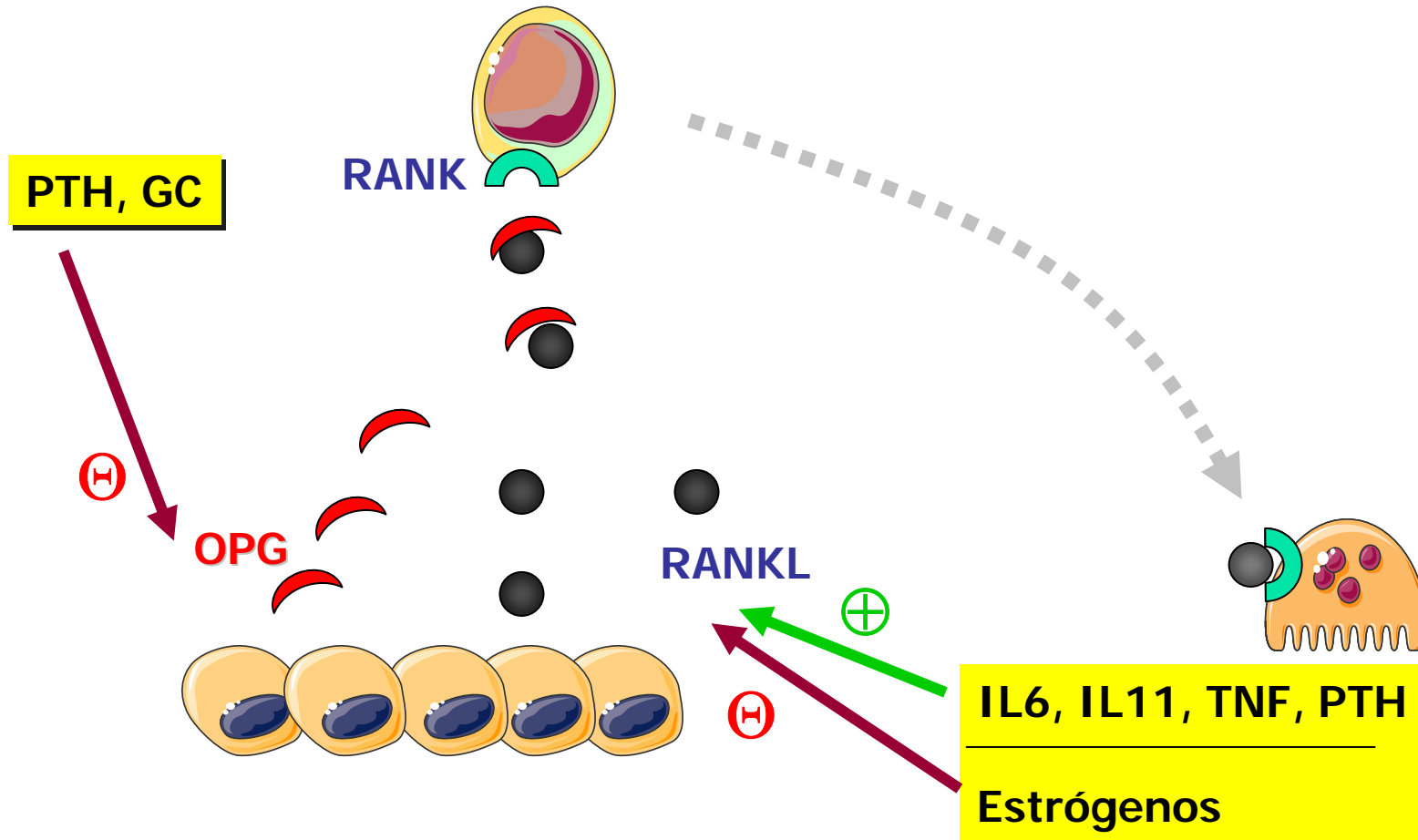


RANK-RANKL-OPG

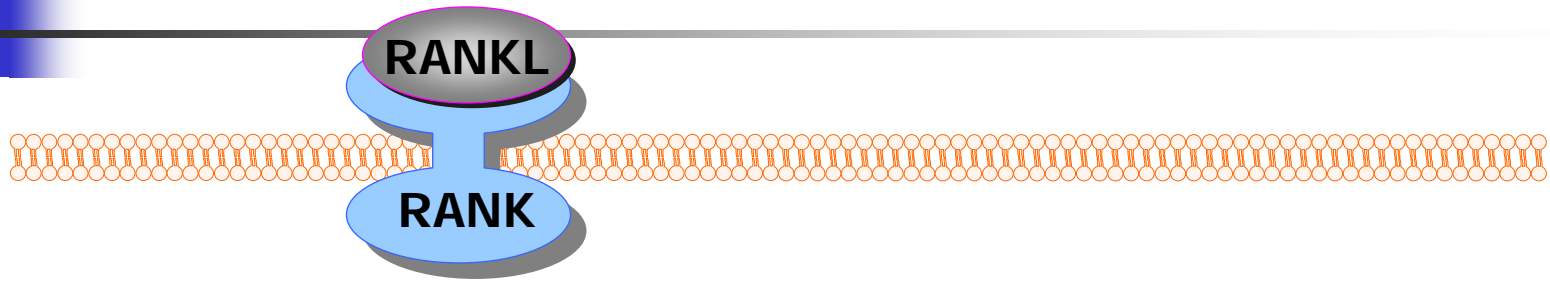
- **RANK:** Recceptor Activador del factor Nuclear κB
- **RANKL:** Ligando de RANK
- **OPG:** Osteoprotegerina



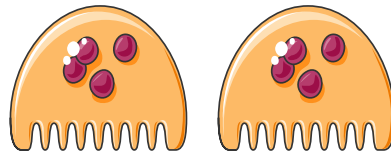
RANK-RANKL-OPG: Modulación



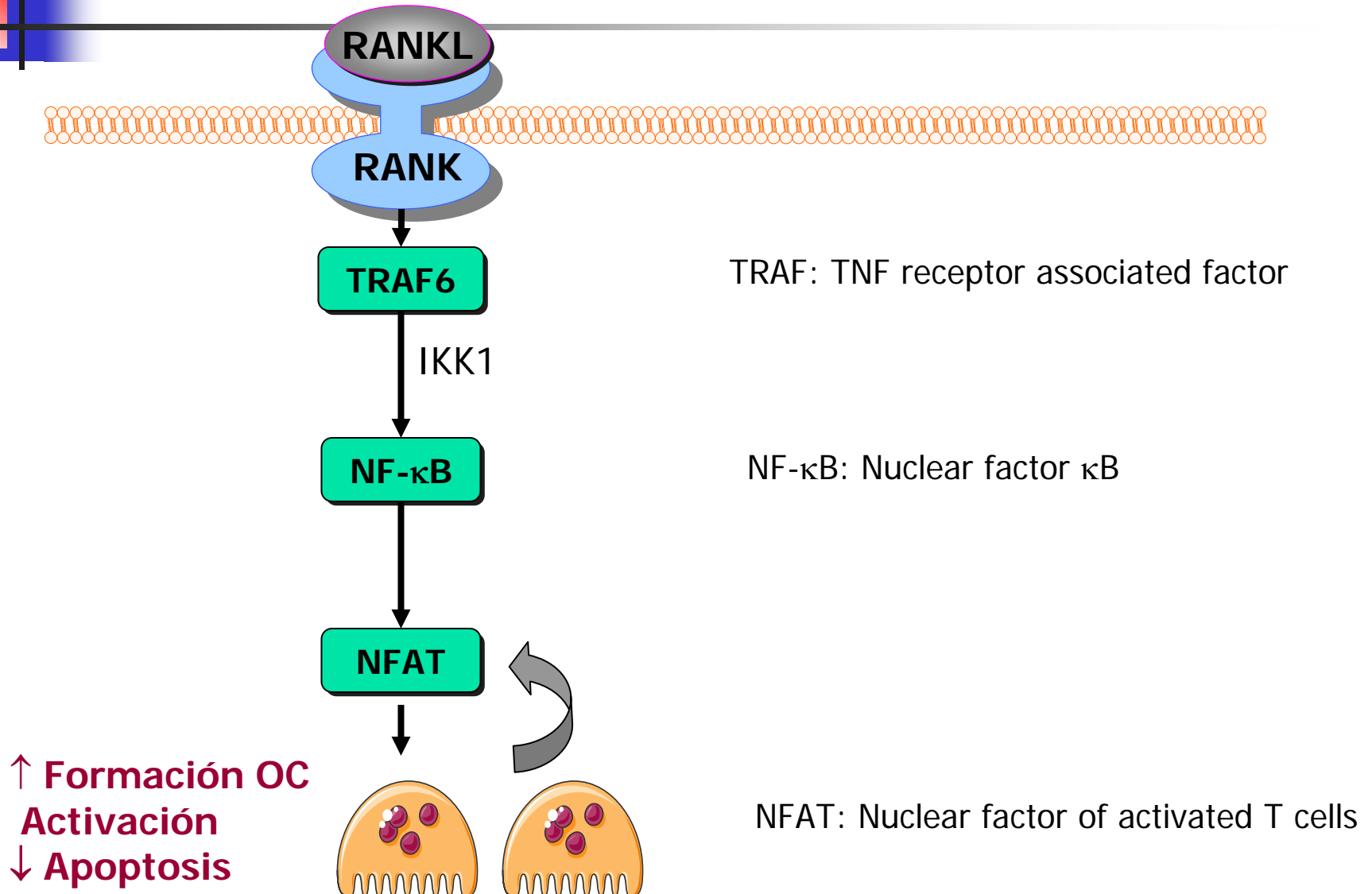
Mediadores intracelulares de RANK-RANKL



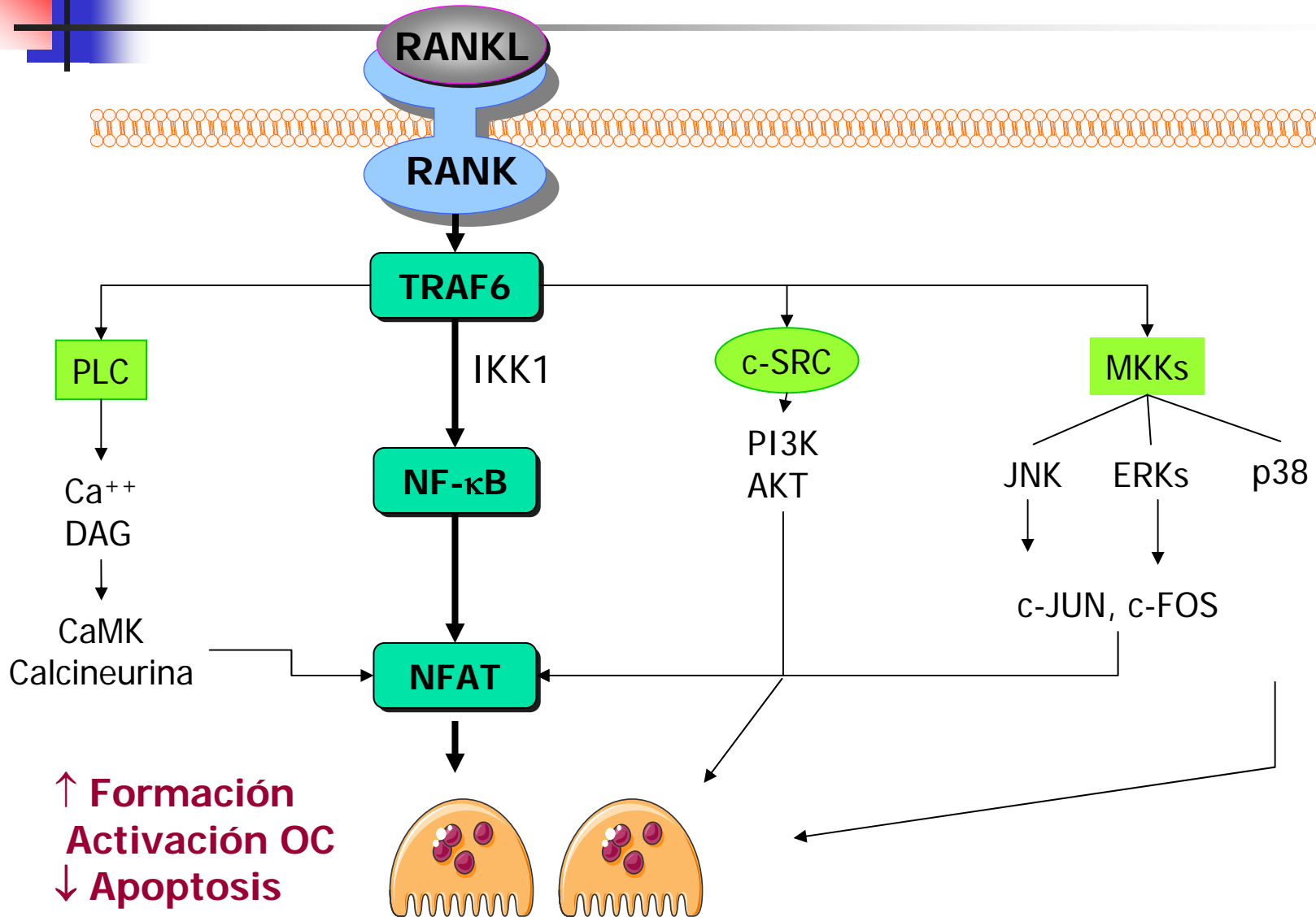
↑ **Formación OC**
Activación
↓ **Apoptosis**



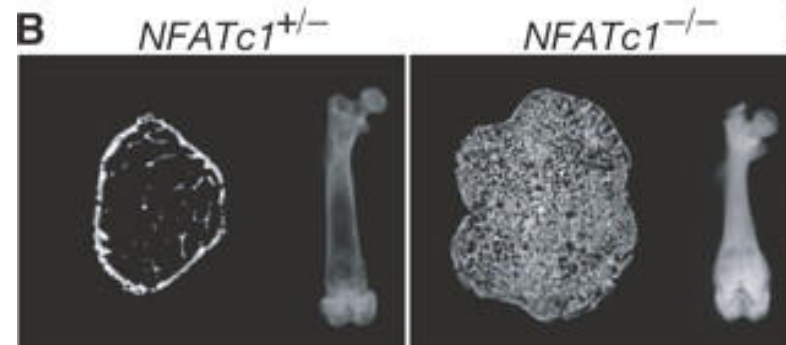
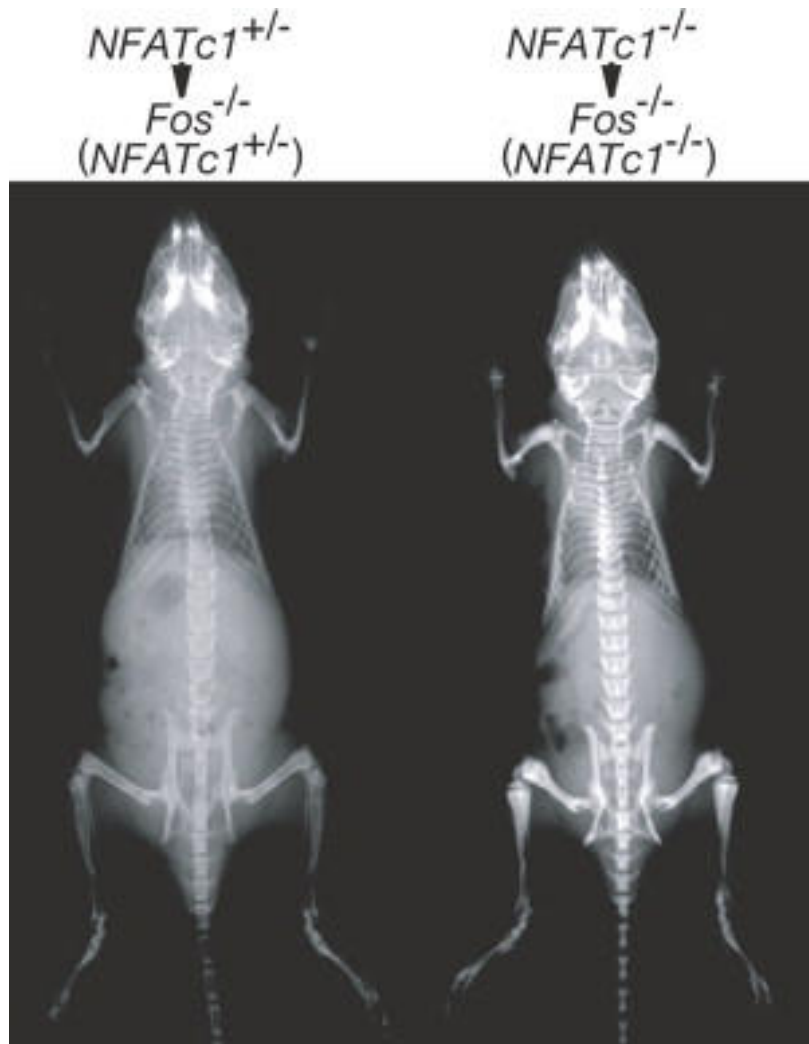
Mediadores intracelulares de RANK-RANKL



Mediadores intracelulares de RANK-RANKL



El bloqueo de NFAT produce osteopetrosis con ausencia de OC



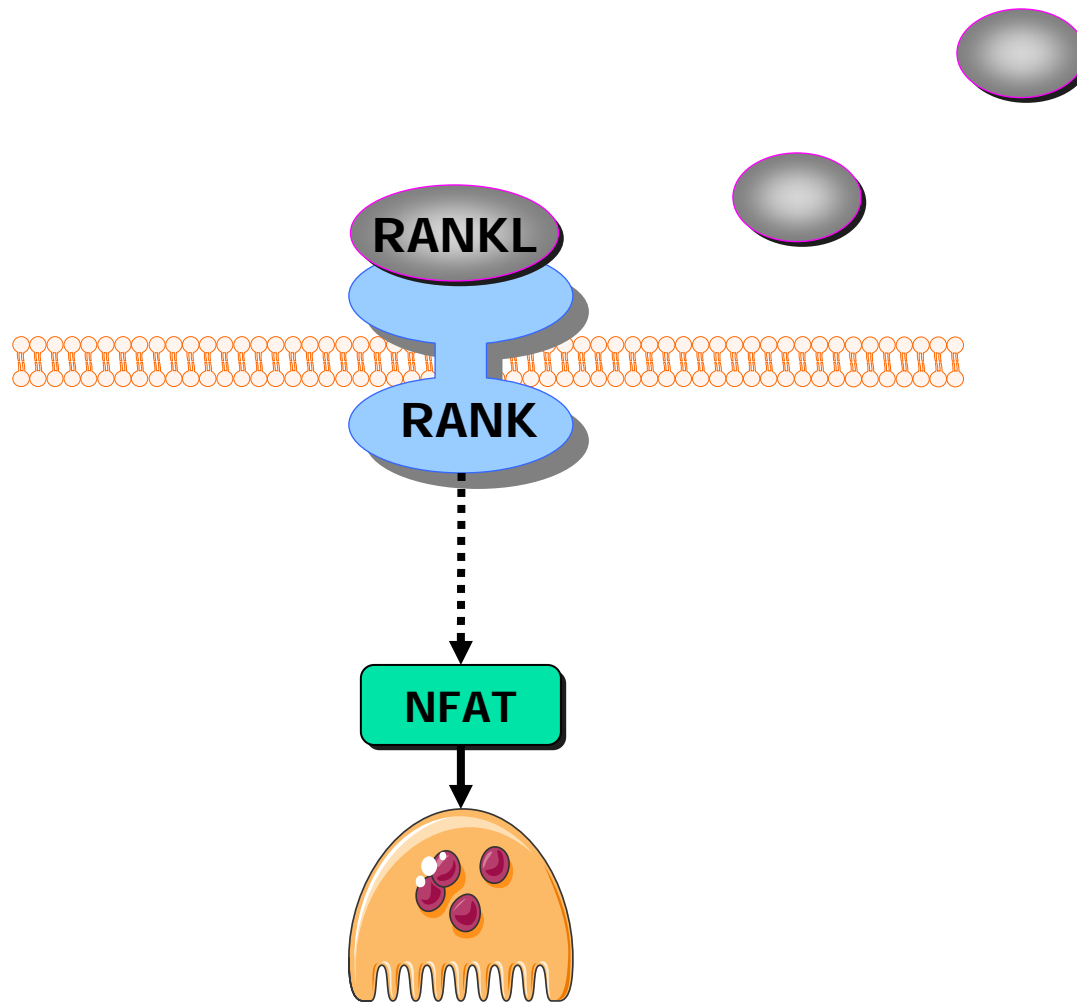


Mutaciones de la vía RANKL- RANK-OPG en humanos

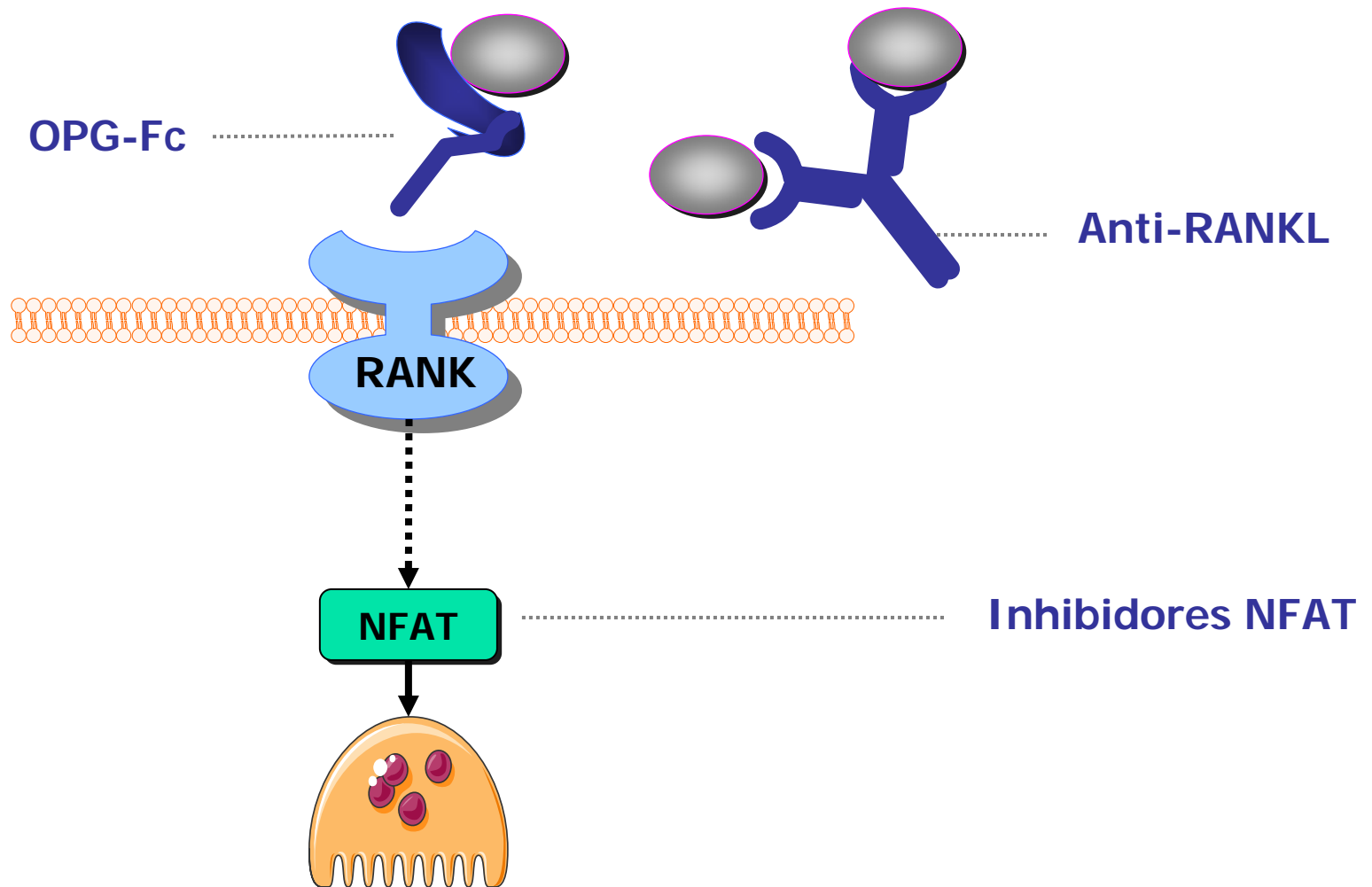
Table 1 A summary of human diseases caused by mutations in the RANK, RANKL and OPG genes

Gene	Mutation	Disease
RANK	18 bp duplication	Familial expansile osteolysis
	27 bp duplication	Early onset Paget's disease
	15 bp duplication	Expansile skeletal hyperphosphatasia
RANKL	Deletion of amino acids 145-177	Autosomal recessive osteopetrosis
	A single nucleotide change (596T-A) in exon 8 of both alleles	Autosomal recessive osteopetrosis
	Deletion of two nucleotides (828_829delCG)	Autosomal recessive osteopetrosis
OPG	Deletion making OPG inactive	Juvenile Paget's disease
	20 bp deletion resulting in premature termination of OPG translation	Juvenile Paget's disease

Dianas inhibición vía RANK

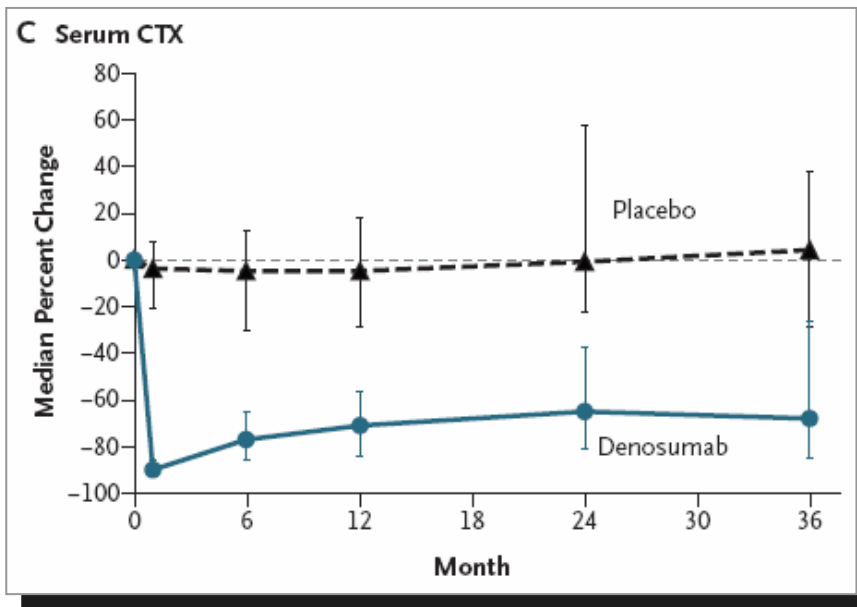


Dianas inhibición vía RANK

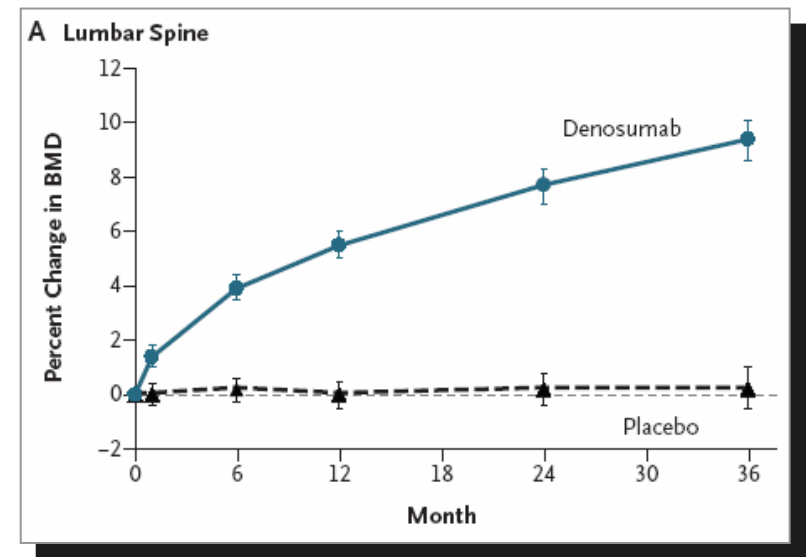


Denosumab (anti-RANKL) en mujeres postmenopáusicas

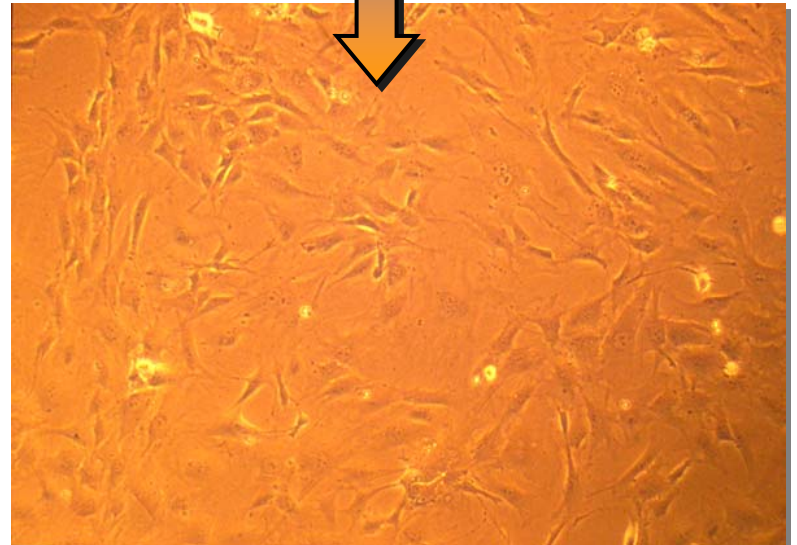
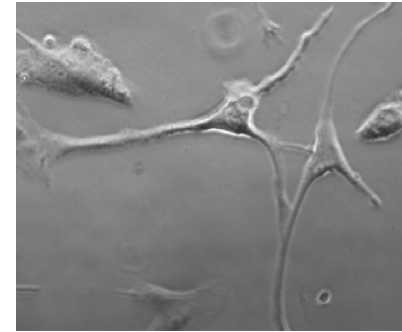
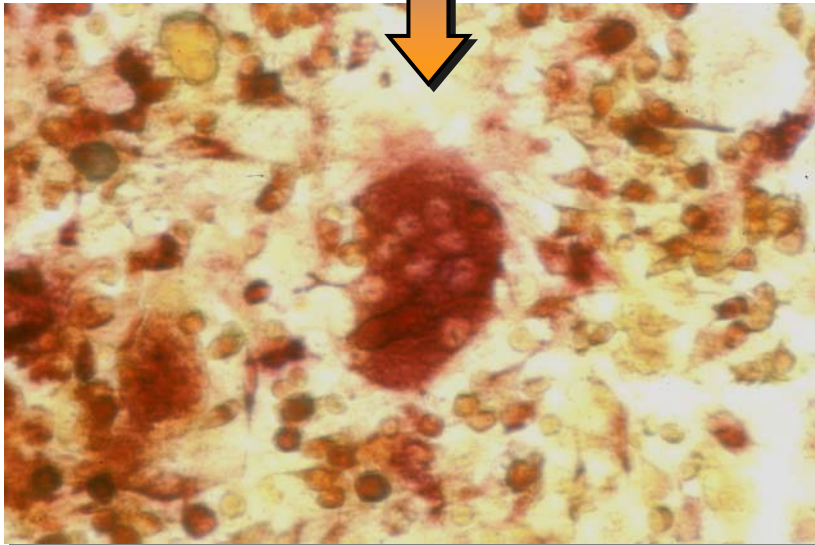
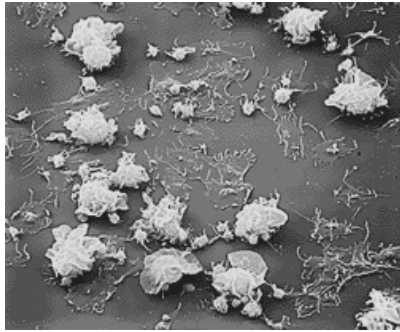
Marcadores resorción (CTX)



DMO (columna)



Papel crítico de proliferación y diferenciación de precursores de OC y OB



Osteoporosis-pseudoglioma y LRP5

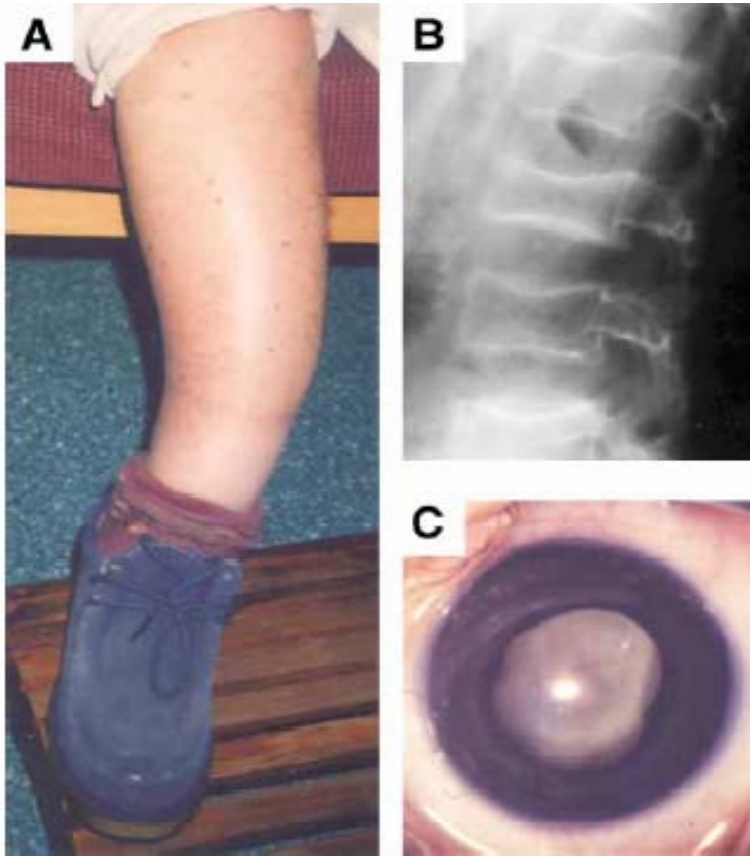
Cell, Vol. 107, 513-523, November 16, 2001, Copyright ©2001 by Cell Press

LDL Receptor-Related Protein 5 (LRP5) Affects Bone Accrual and Eye Development

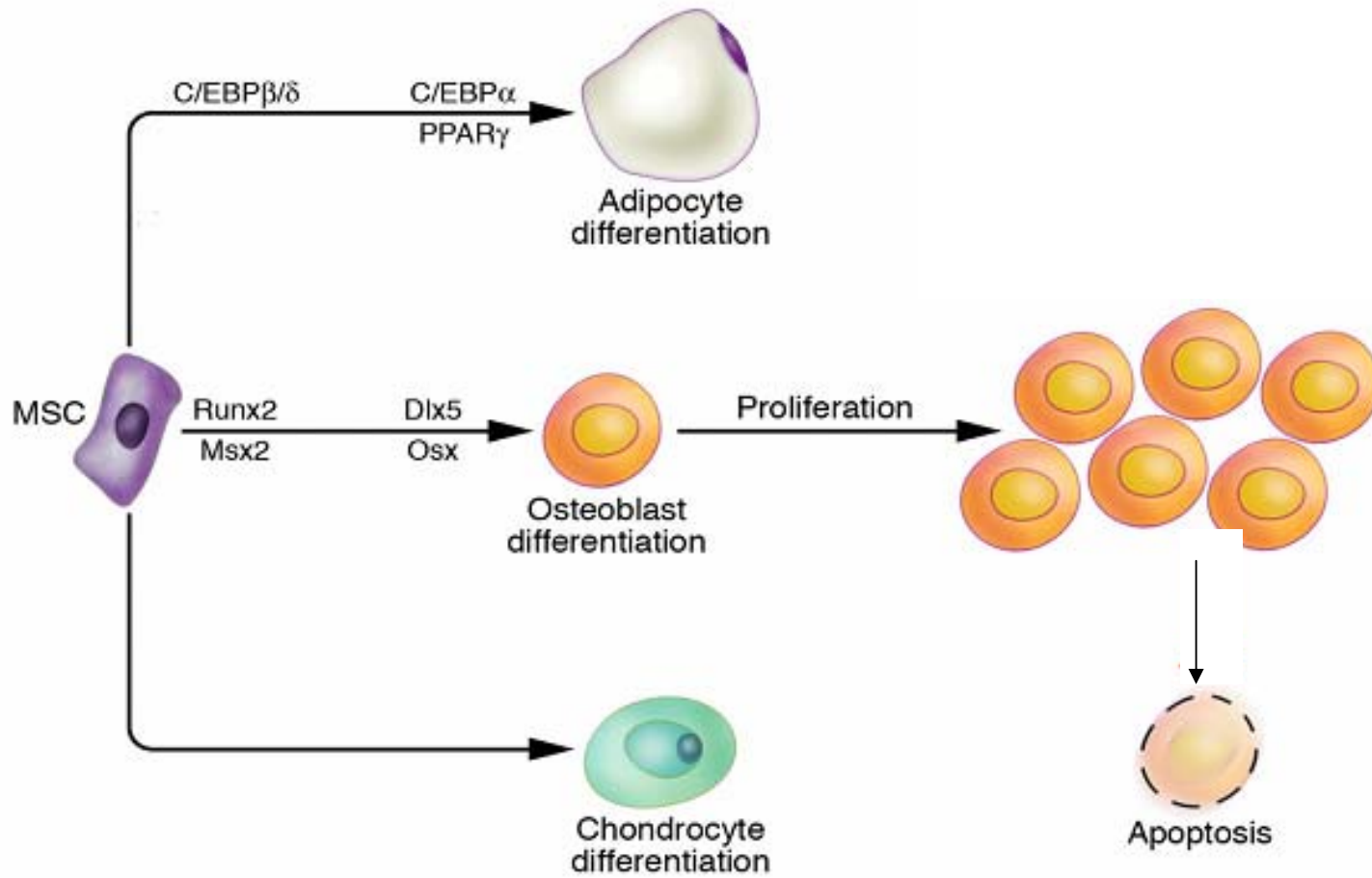
Yaoqin Gong,² Roger B. Slee,² Naomi Fukai, Georges Rawadi, Sergio Roman-Roman, Anthony M. Reginato, Hongwei Wang, Tim Cundy, Francis H. Glorieux, Dorit Lev, Margaret Zacharin, Konrad Oexle, Jose Marcelino, Wafaa Suwairi, Shauna Heeger, George Sabatakos, Suneel Apte, William N. Adkins, Jeremy Allgrove, Mine Arslan-Kirchner, Jennifer A. Batch, Peter Beighton, Graeme C. M. Black, Richard G. Boles, Laurence M. Boon, Carla Borrone, Han G. Brunner, Georges F. Carle, Bruno Dallapiccola, Anne De Paepe, Barbara Floege, Melissa Lees Halfhide, Bryan Hall, Raoul C. Hennekam, Tatsuo Hirose, Ab Jans, Harald Jüppner, Chong Ae Kim, Kim Keppler-Noreuil, Alfried Kohlschuetter, Didier LaCombe, Marie Lambert, Emmanuelle Lemyre, Tom Letteboer, Leena Peltonen, Rajkumar S. Ramesar, Marta Romanengo, Hannu Somer, Elisabeth Steichen-Gersdorf, Beat Steinmann, Beth Sullivan, Andrea Superti-Furga, Walter Swoboda, Marie-José van den Boogaard, Wim Van Hul, Miikka Vakkula, Marcela Votruba, Bernhard Zabel, Teresa Garcia, Roland Baron, Bjorn R. Olsen, and Matthew L. Warman¹

in life when bone catabolism supersedes bone formation, resulting in significant loss of bone mass (osteoporosis), a common medical problem (Riggs and Melton, 1986). In the United States, it is estimated that more than \$10 billion are spent annually for the treatment of osteoporosis (NIH Consensus Development Conference on Osteoporosis Prevention, 2001). The worldwide prevalence of osteoporotic hip fracture exceeds 1 million annually (http://www.who.int/inf-pr-1999). Numerous factors have been implicated in the development of osteoporosis. Family and twin studies indicate that the peak bone mass achieved in early life is an important risk factor for osteoporosis (Orwoll et al., 1994).

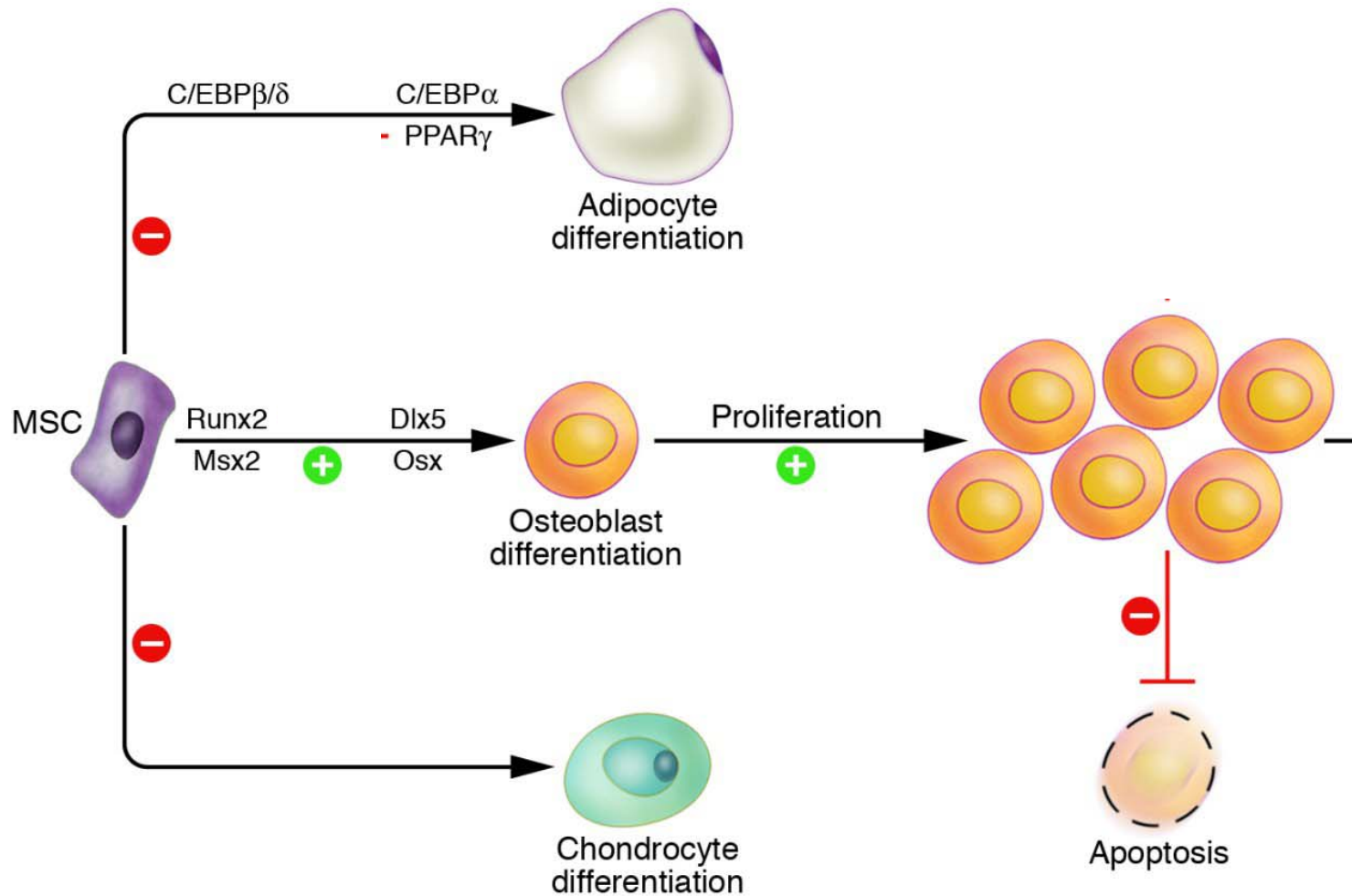
Two principal cell types responsible for the formation and degradation of bone matrix are osteoblasts and osteoclasts. Osteoblasts differentiate from mesenchymal stem cells at sites of membranous bone formation, while osteoclasts differentiate from hematopoietic stem cells in peripheral blood (Roodman, 1996). In order for bone formation to occur, the growth and maturation of osteoblasts must be balanced by osteoclast activity.



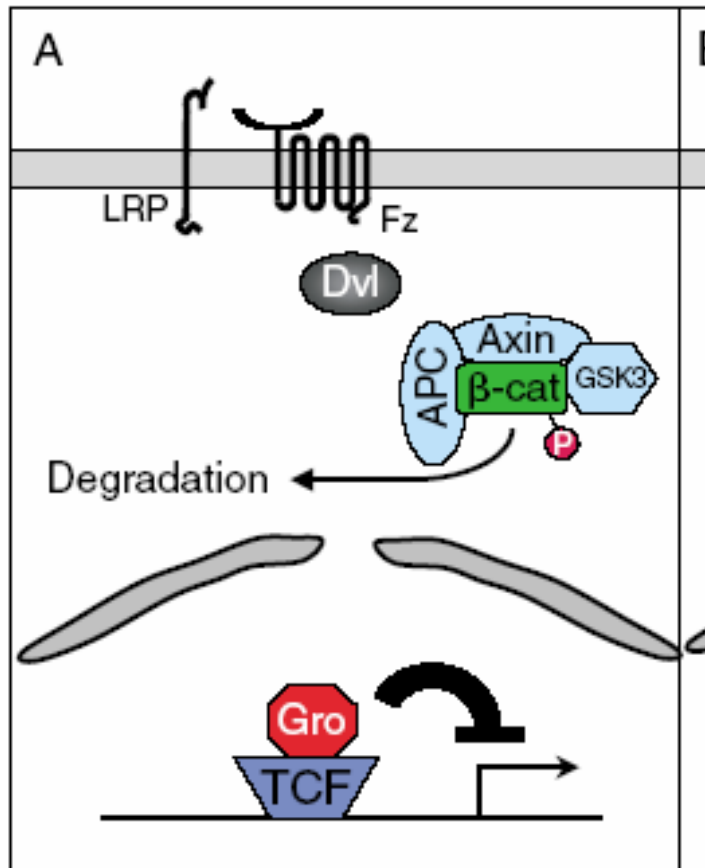
Diferenciación de OB



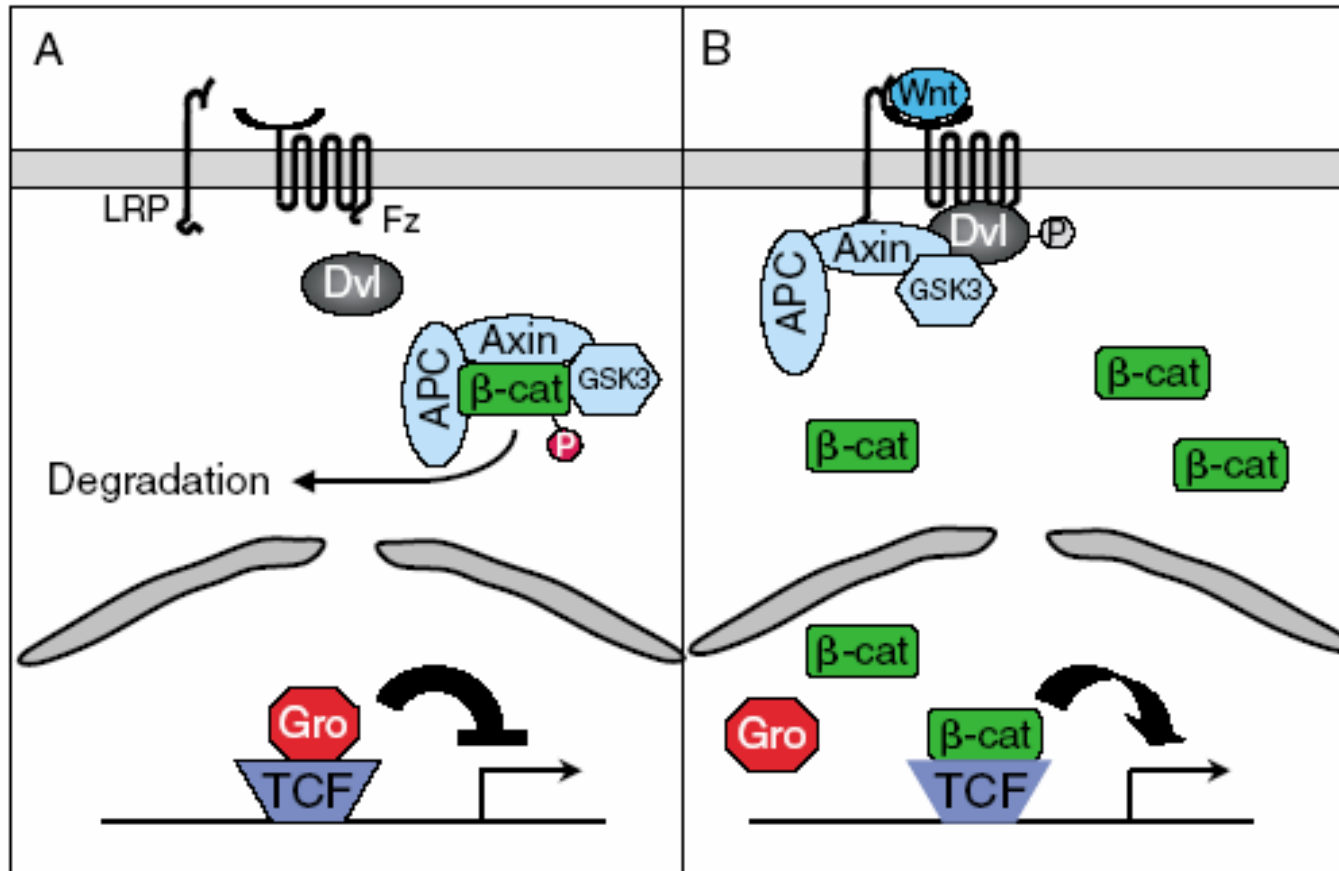
Wnt y Diferenciación de OB



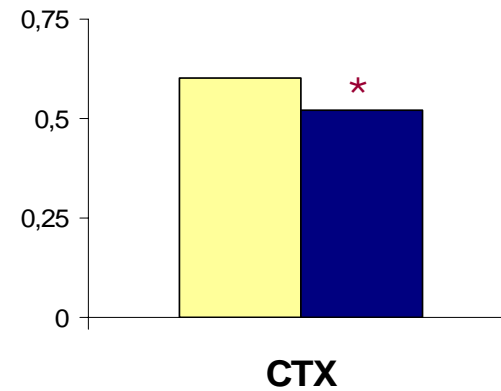
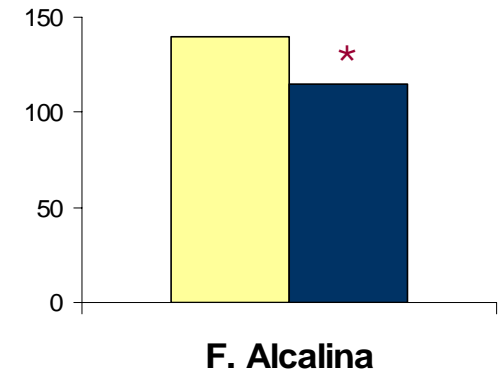
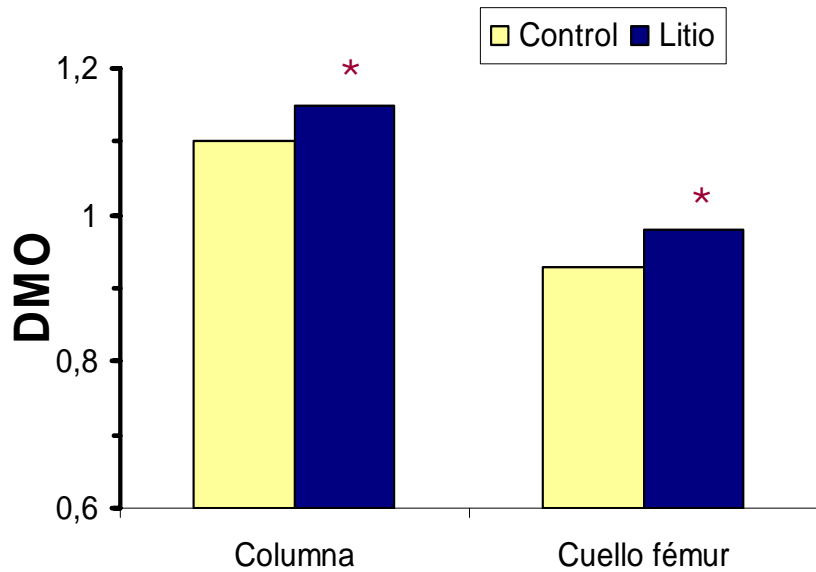
Vía Wnt canónica



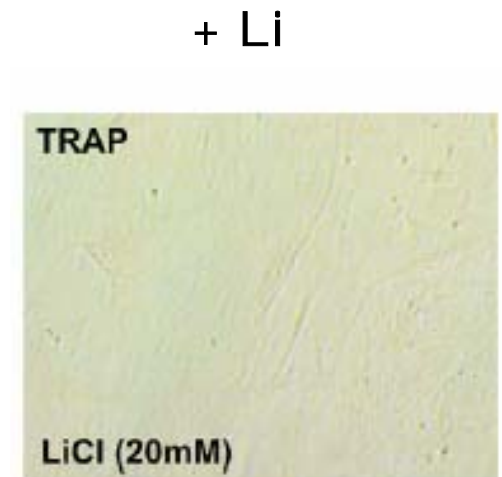
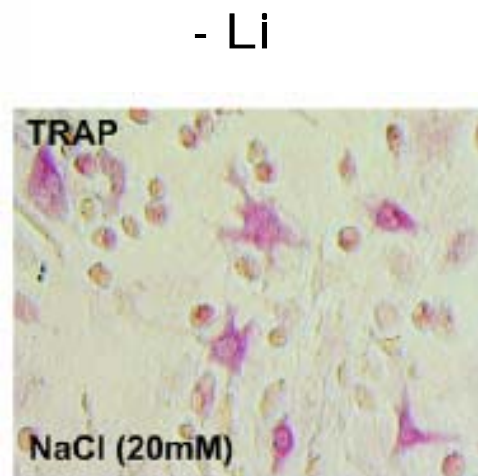
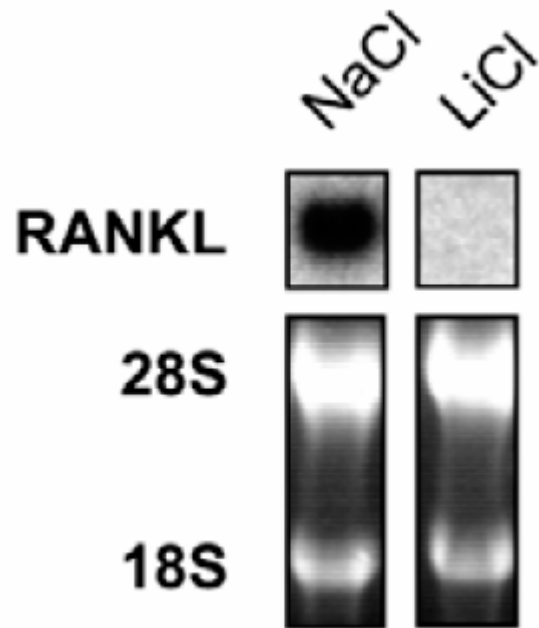
Vía Wnt canónica



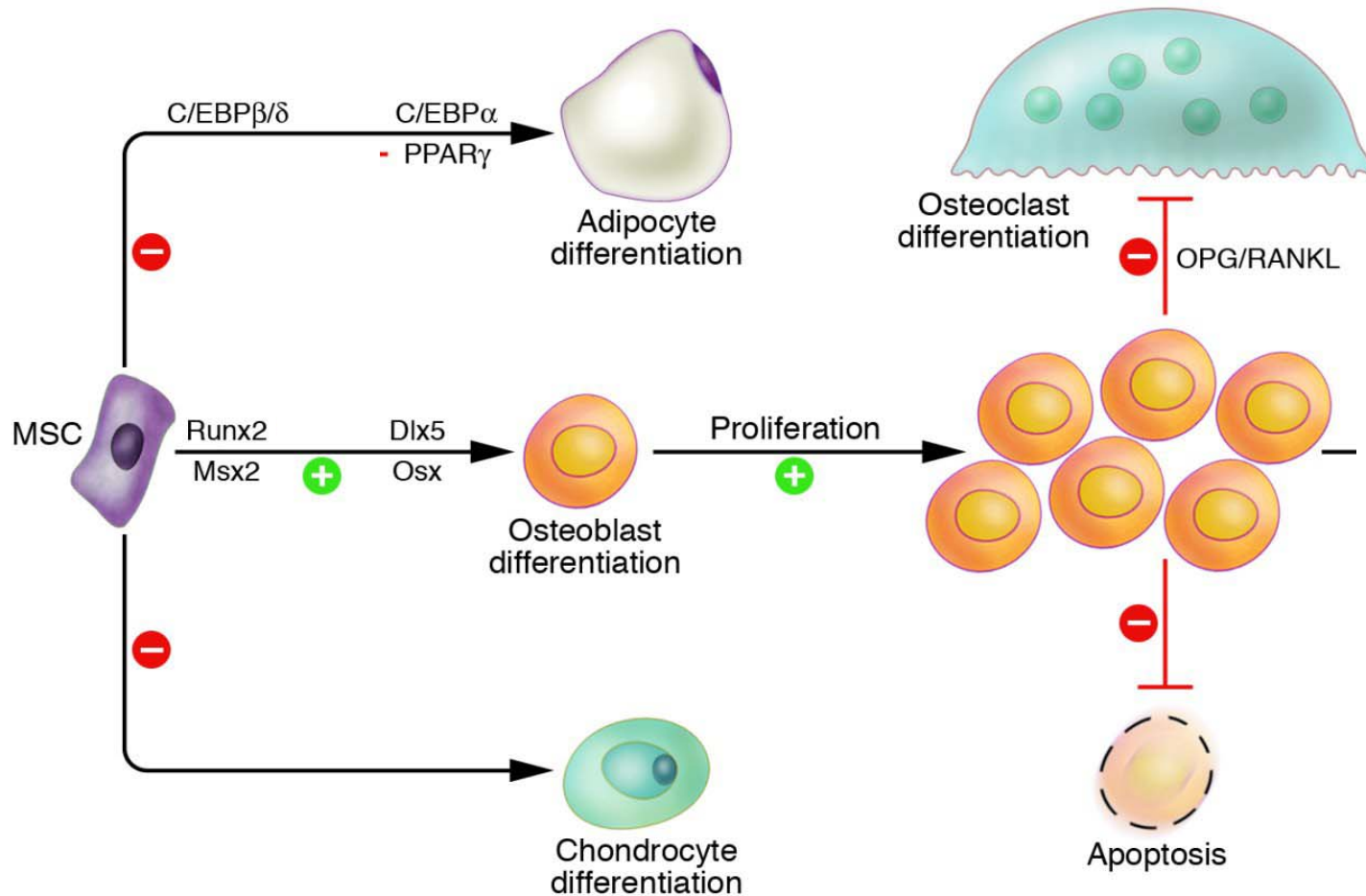
Litio y hueso



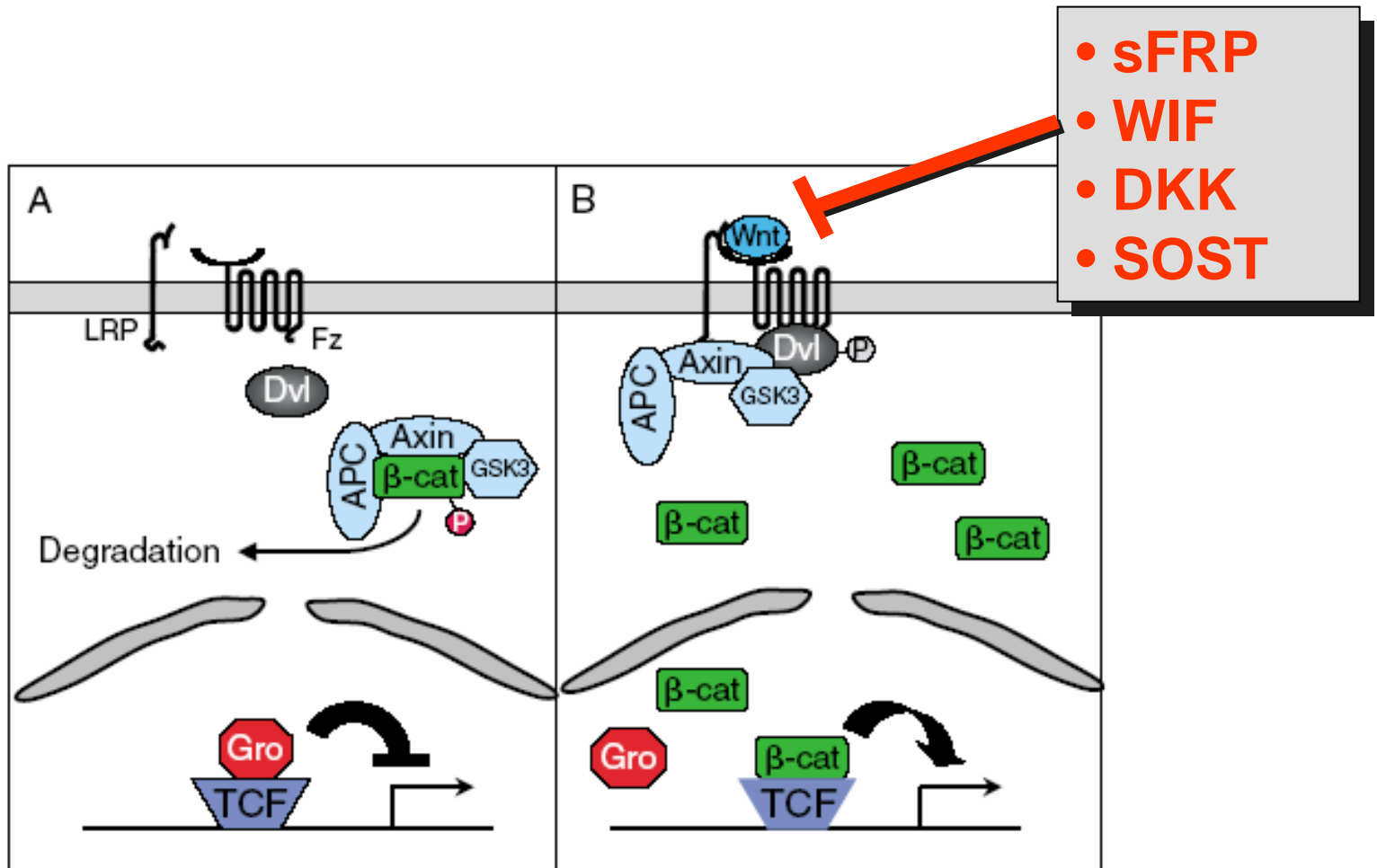
Vía Wnt - RANKL



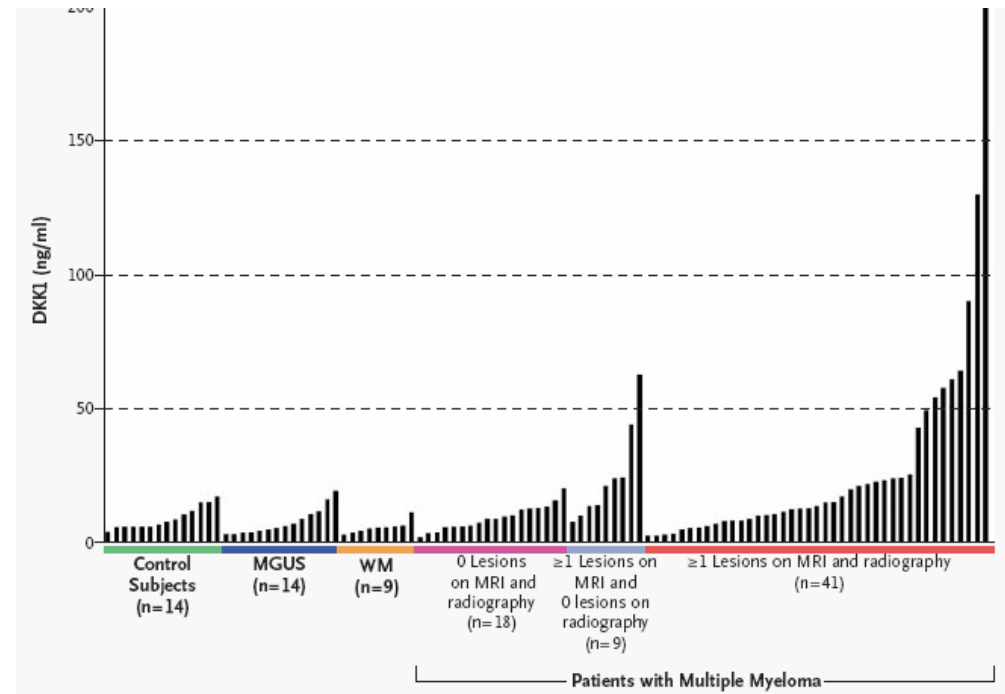
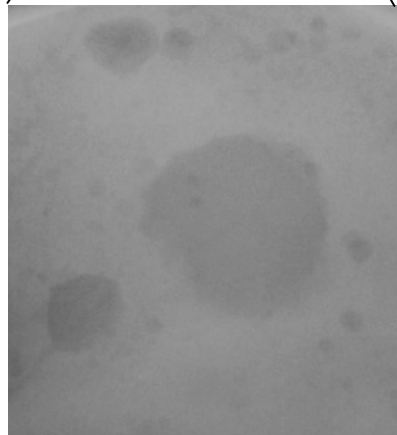
Vía Wnt - RANKL



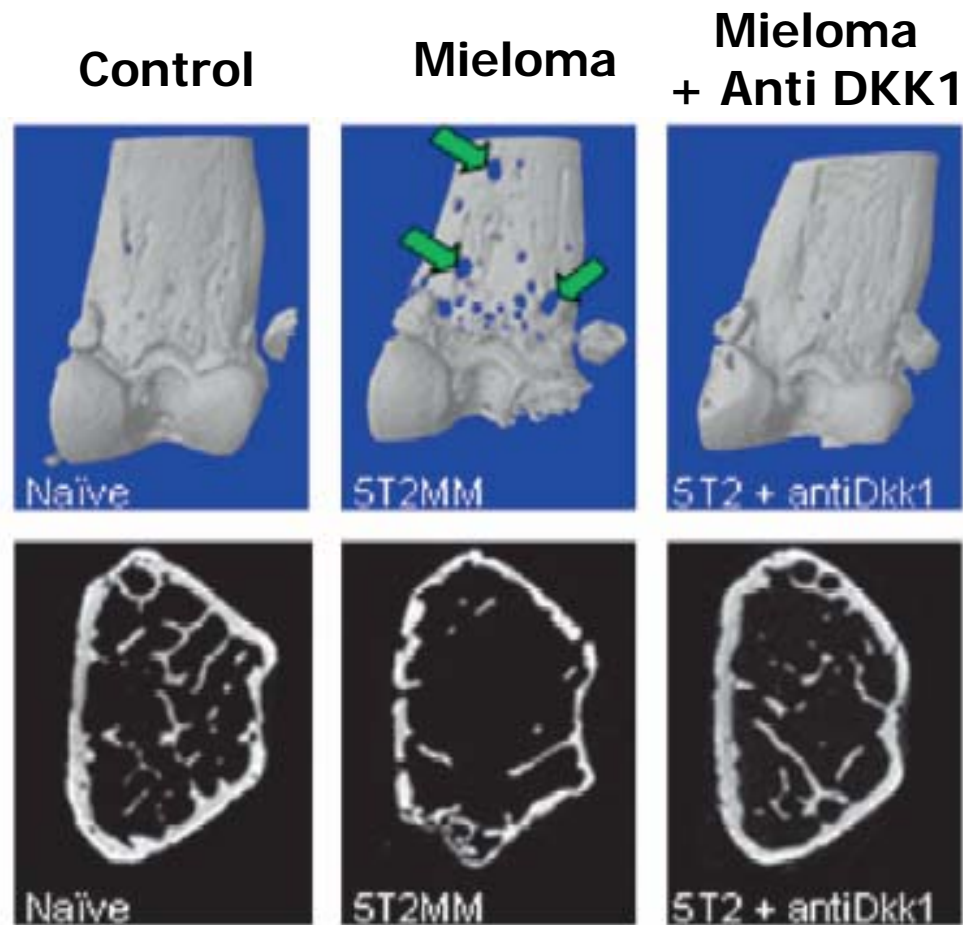
Inhibidores de Wnt



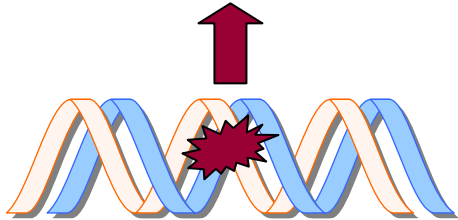
Dickkopf-1 (DKK1) y mieloma



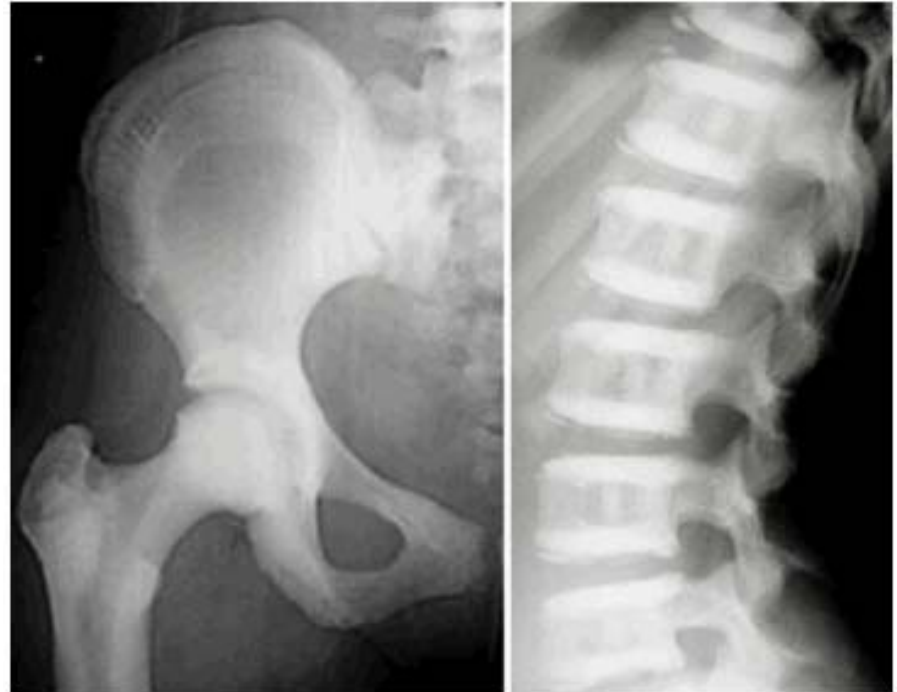
Dickkopf-1 (DKK1) y mieloma



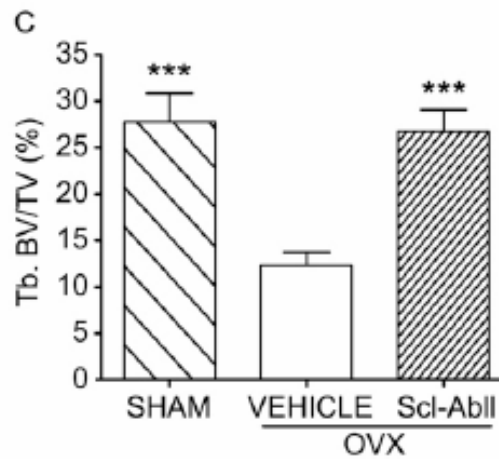
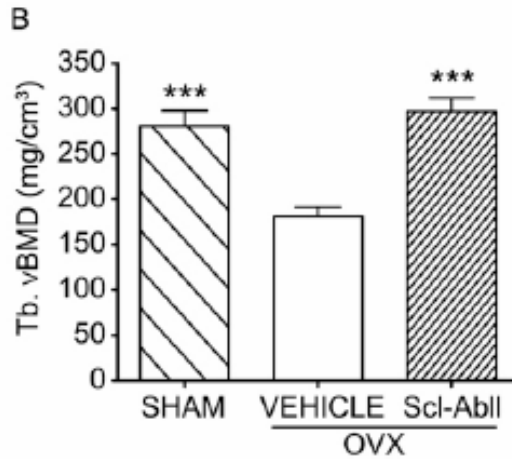
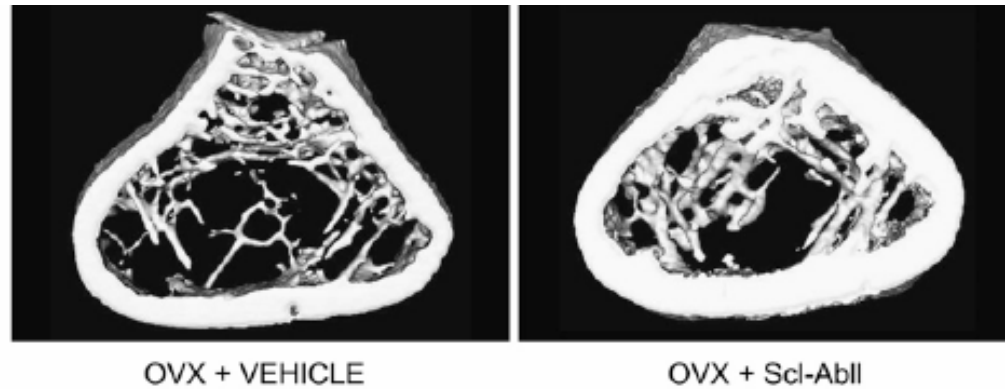
Esclerostina y masa ósea



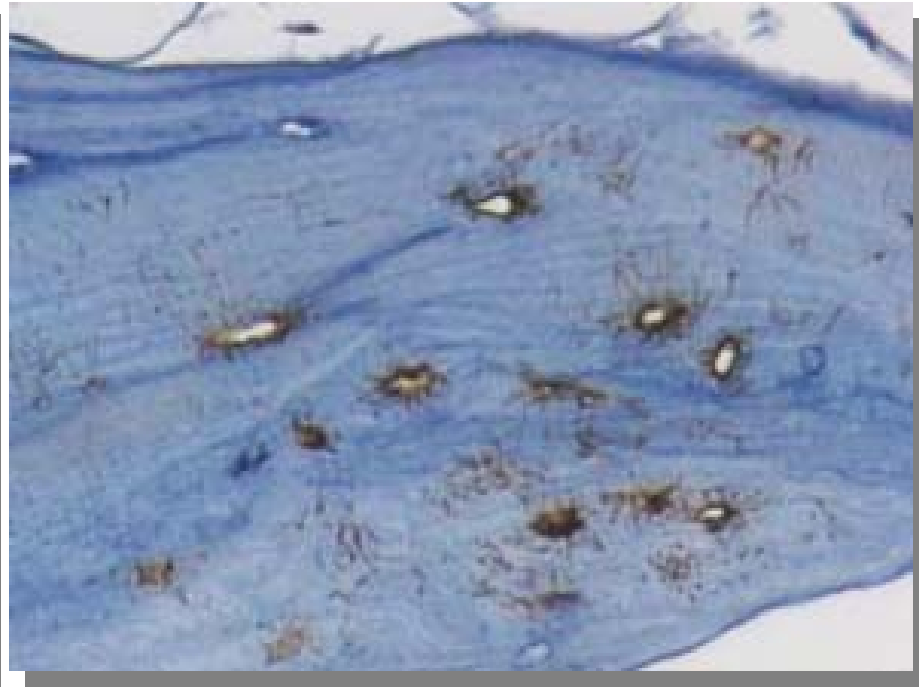
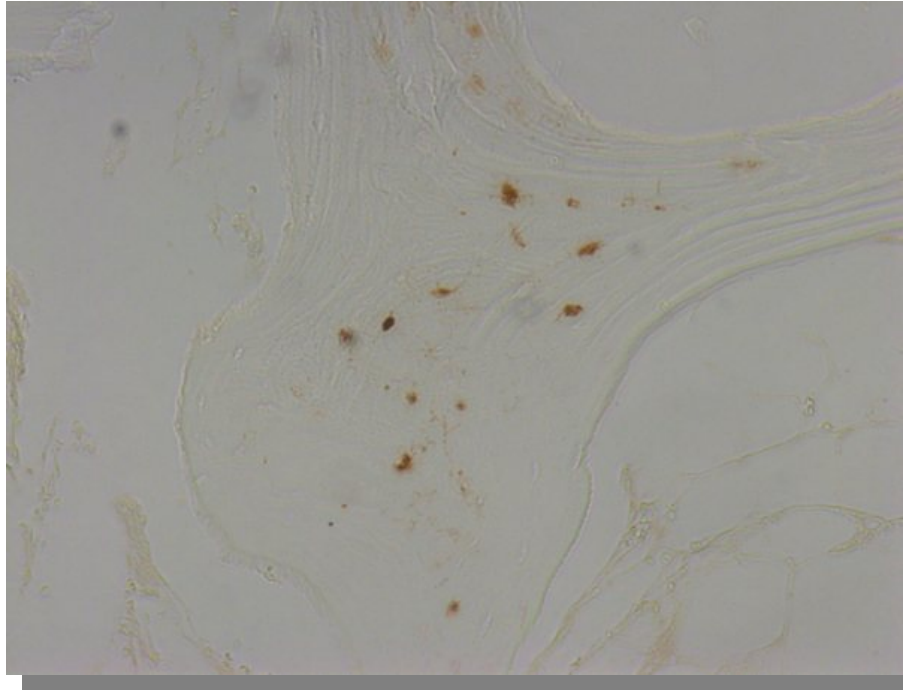
Enfermedad de Van Buchem
(mutación gen SOST)



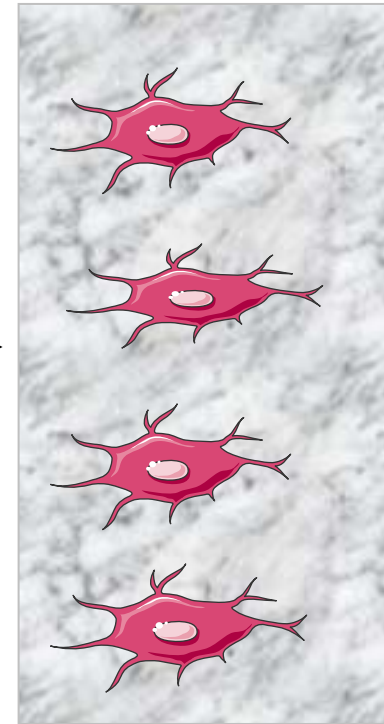
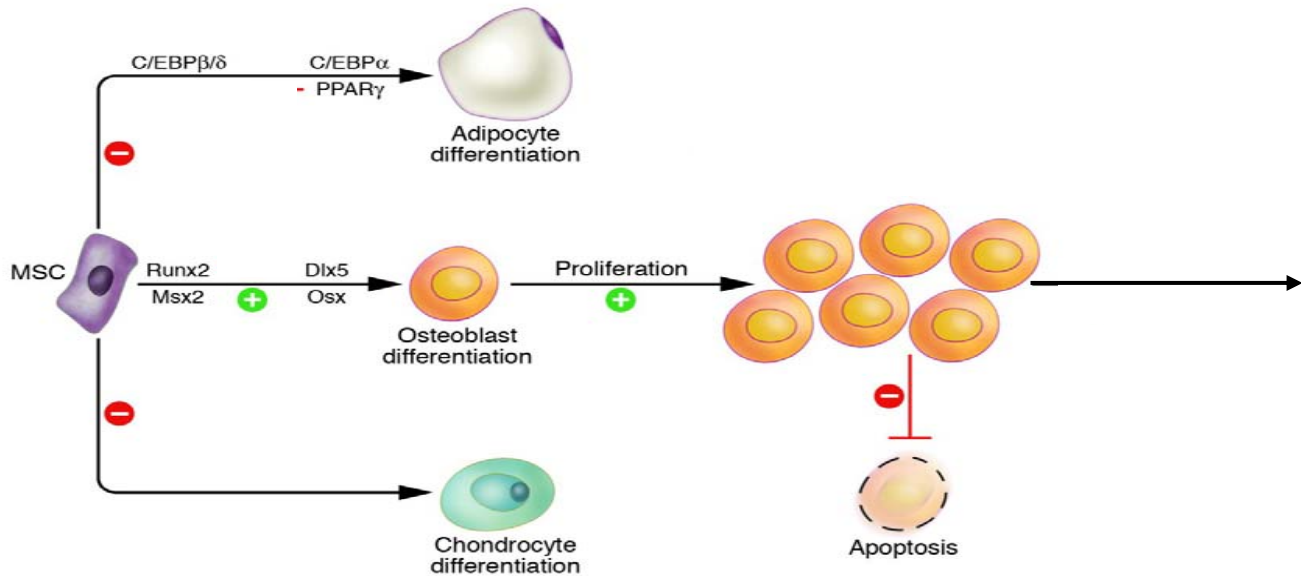
Ac anti-esclerostina en ratas



Esclerostina

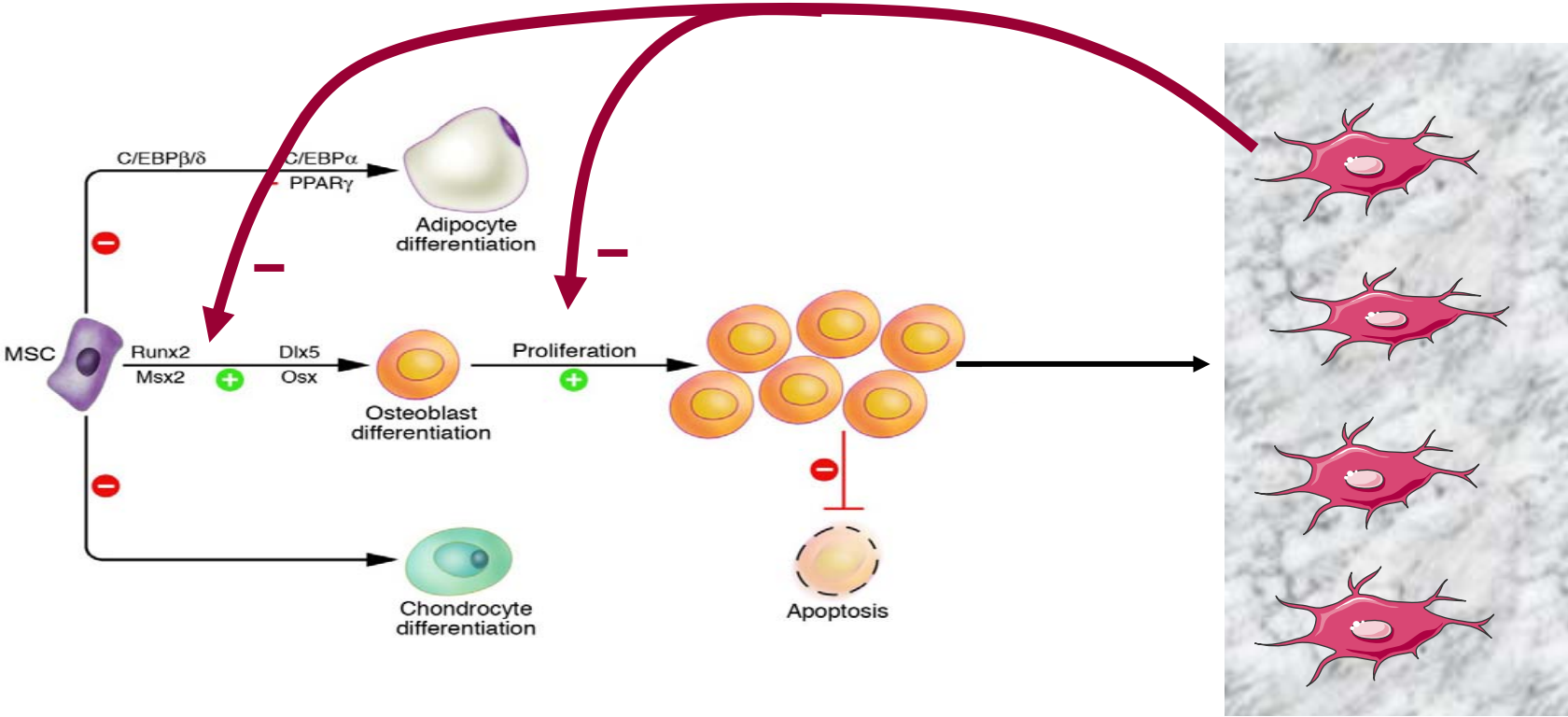


Esclerostina



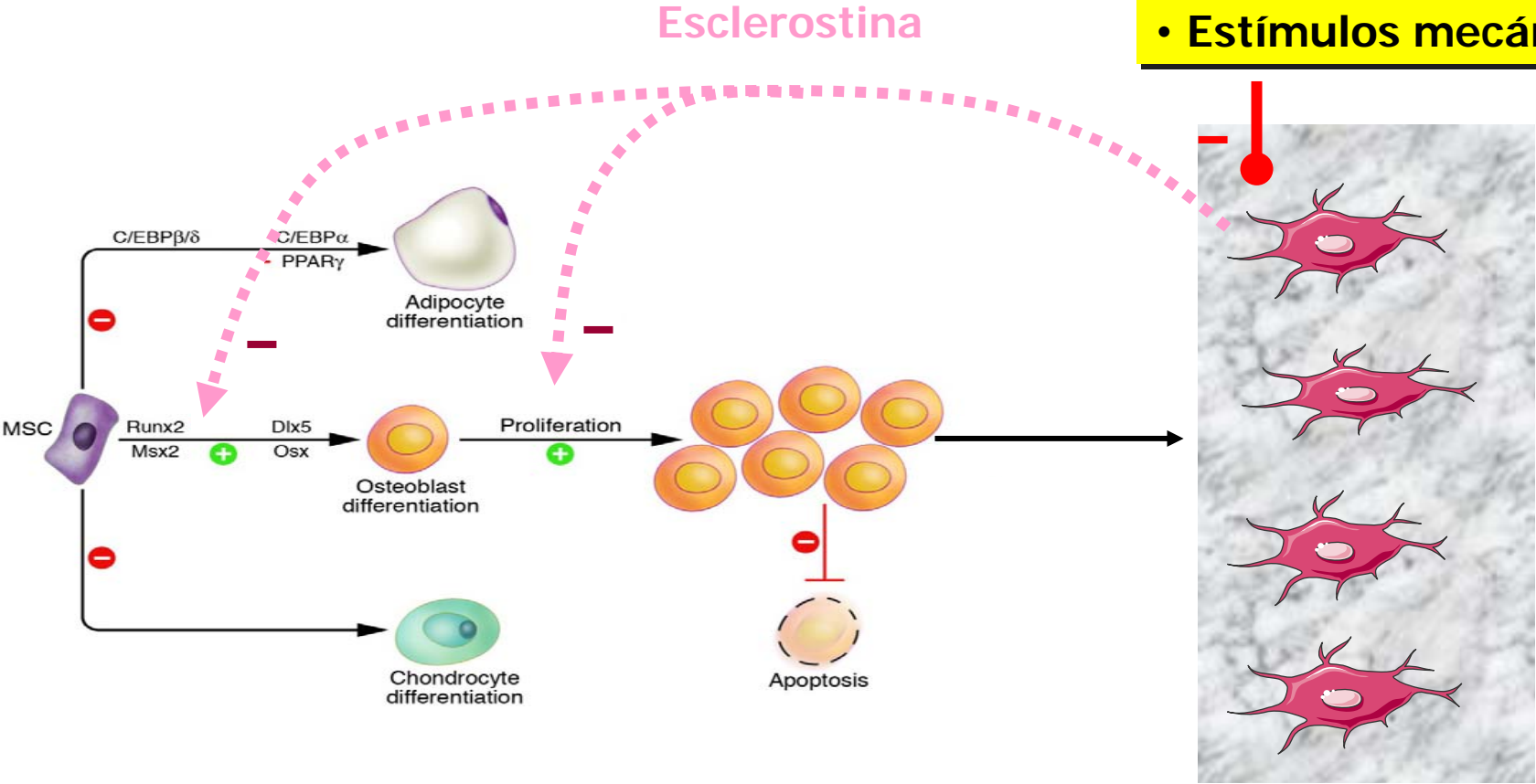
Esclerostina

Esclerostina

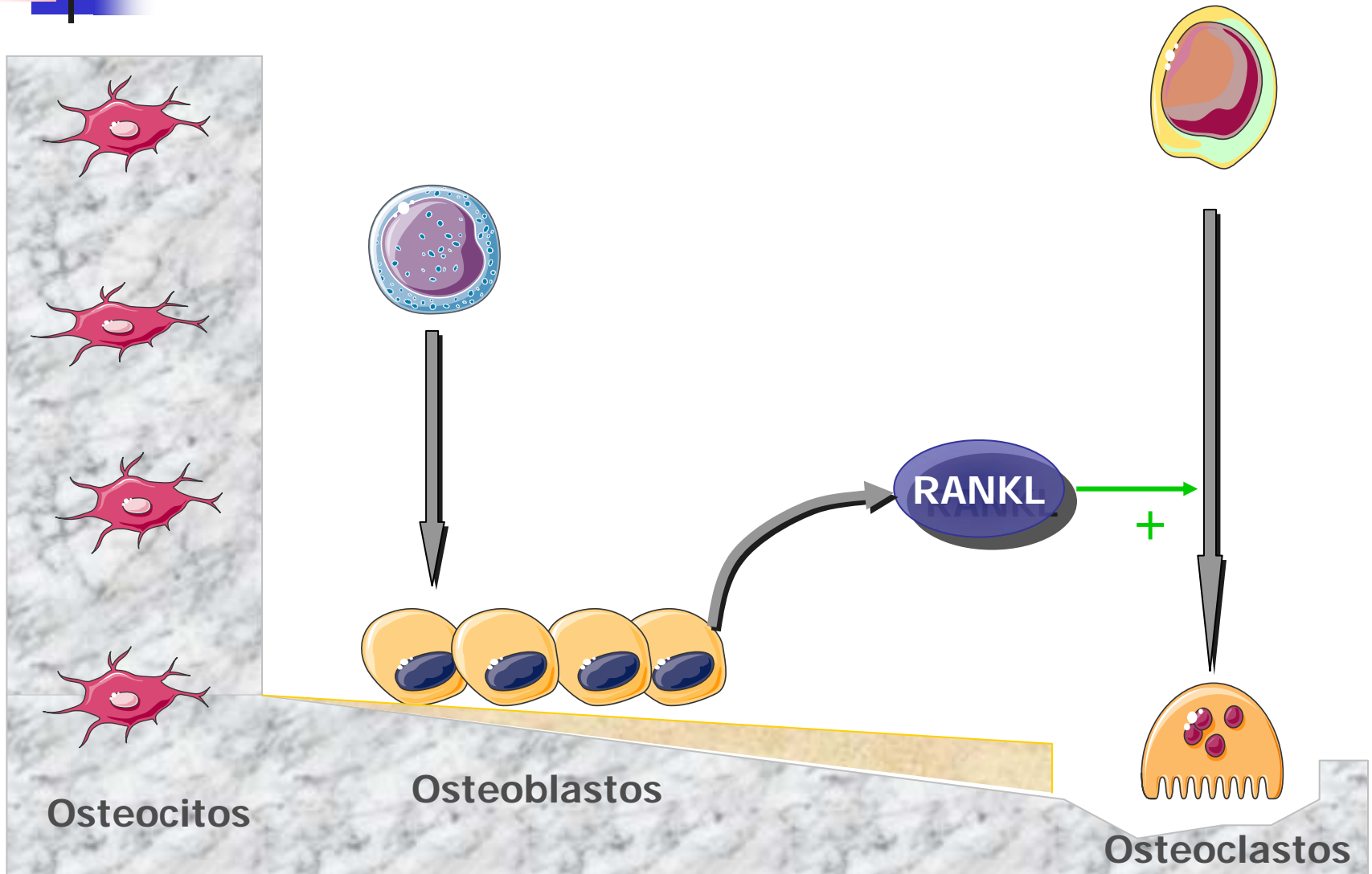


Esclerostina

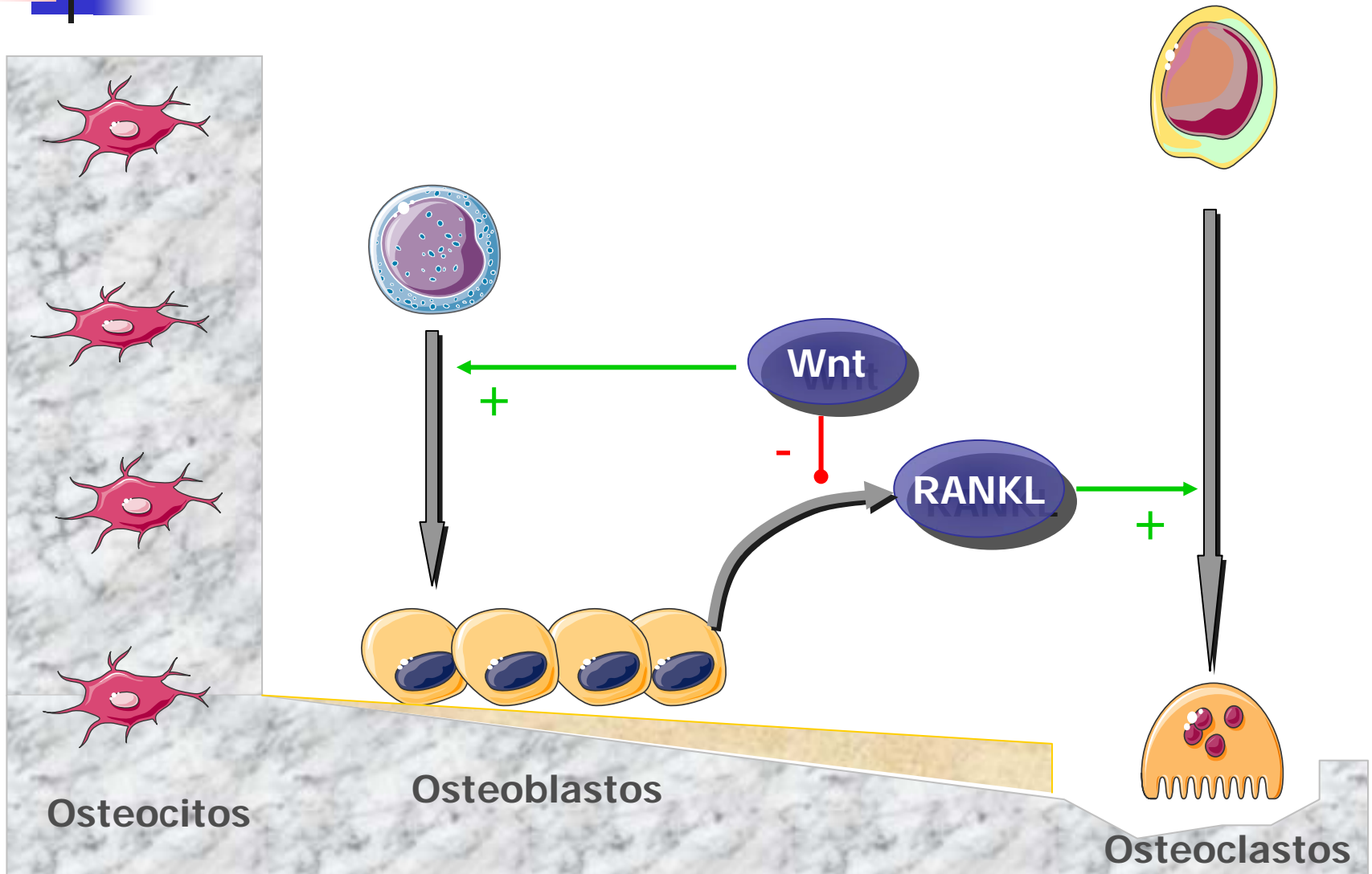
- PTH
- Estímulos mecánicos



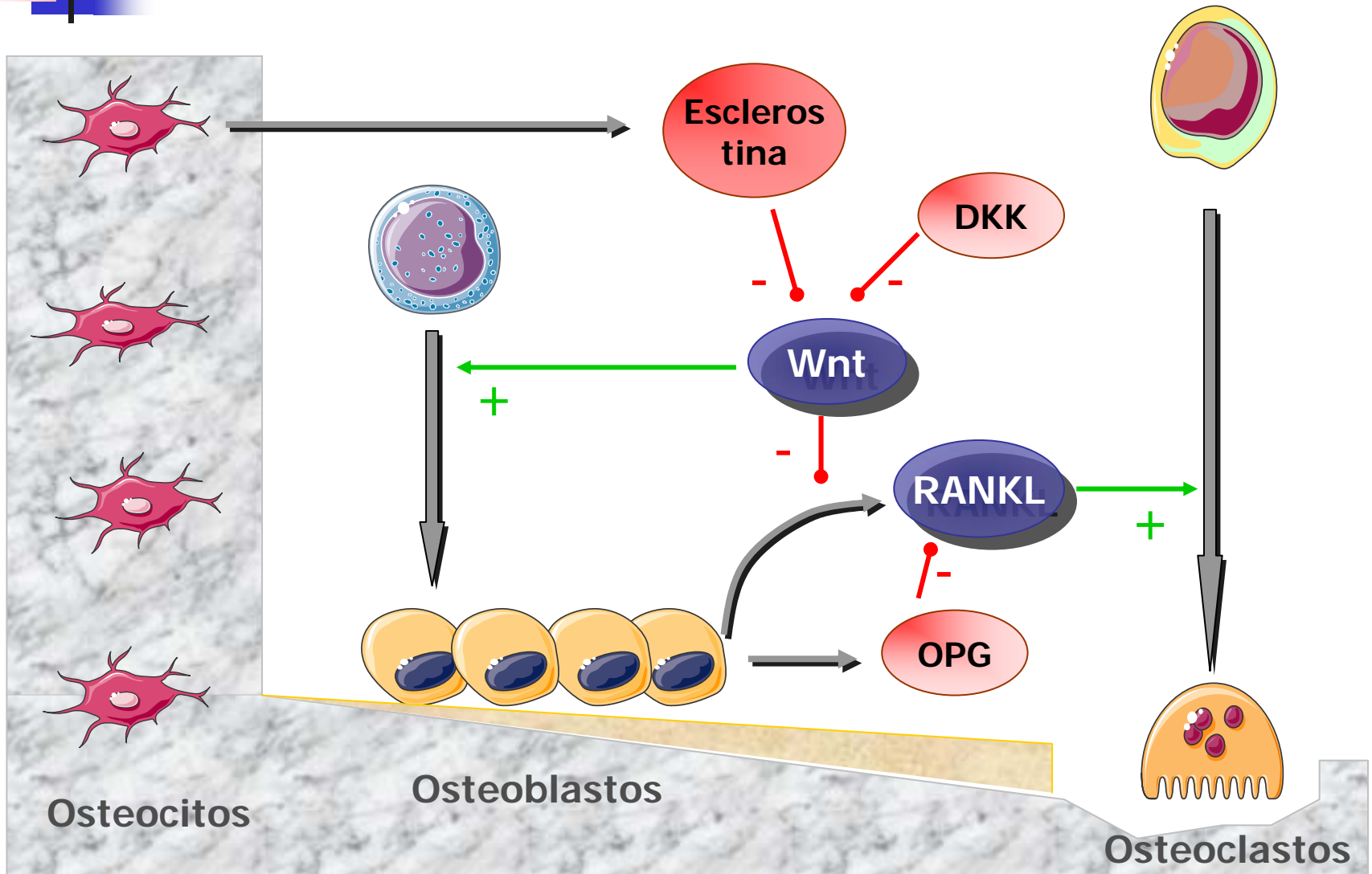
Dianas para terapias biológicas



Dianas para terapias biológicas



Dianas para terapias biológicas



Dianas para terapias biológicas

