



ECTOPIC MINERALIZATION RESEARCH GHENT

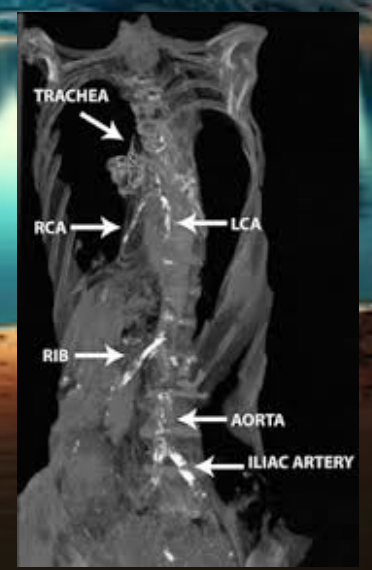
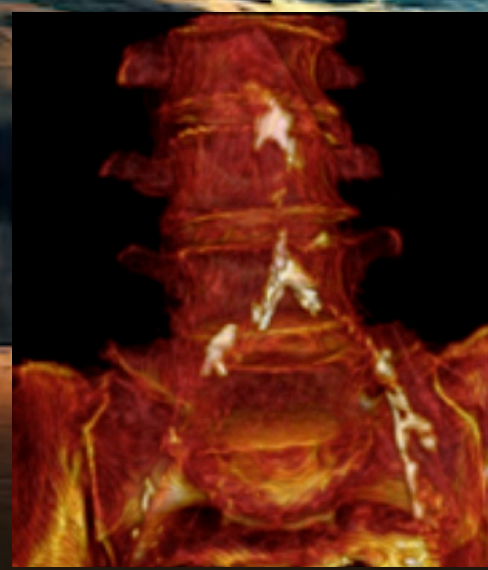
# OLIVIER VANAKKER | ECTOPIC CALCIFICATION

A prevalent multifaceted condition influencing healthy aging

MANAMA Clinical Genetics | 12.XI.2024

May 6th 1203 BC

2008 AD



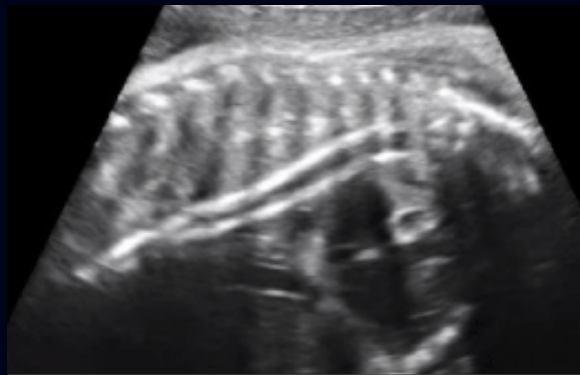




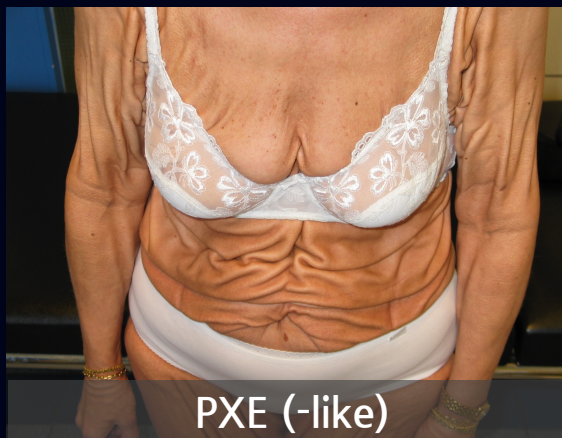
Lithopedion



CKD



GACI



PXE (-like)



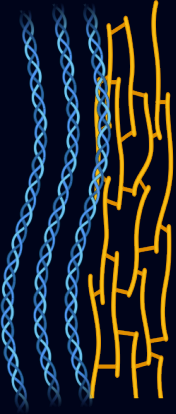
Aging





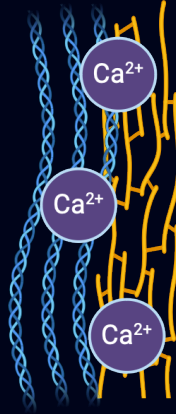
# CALCIFICATION | MULTISTEP PROCESS

ECM components  
collagen-elastin  
ECM components  
collagen - elastin

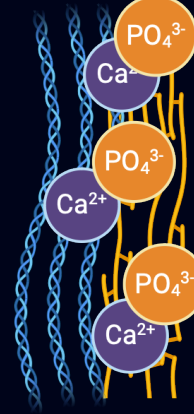


Fetuin-A

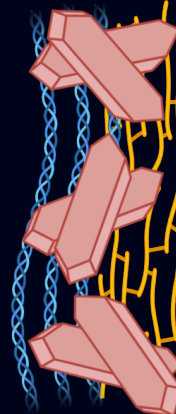
Calcium binding  
Net positive charge  
Calcium binding  
Net positive charge



Neutralization  
by anions  
Neutralization  
by anions



Maturation into  
hydroxyapatite crystals  
hydroxyapatite crystals

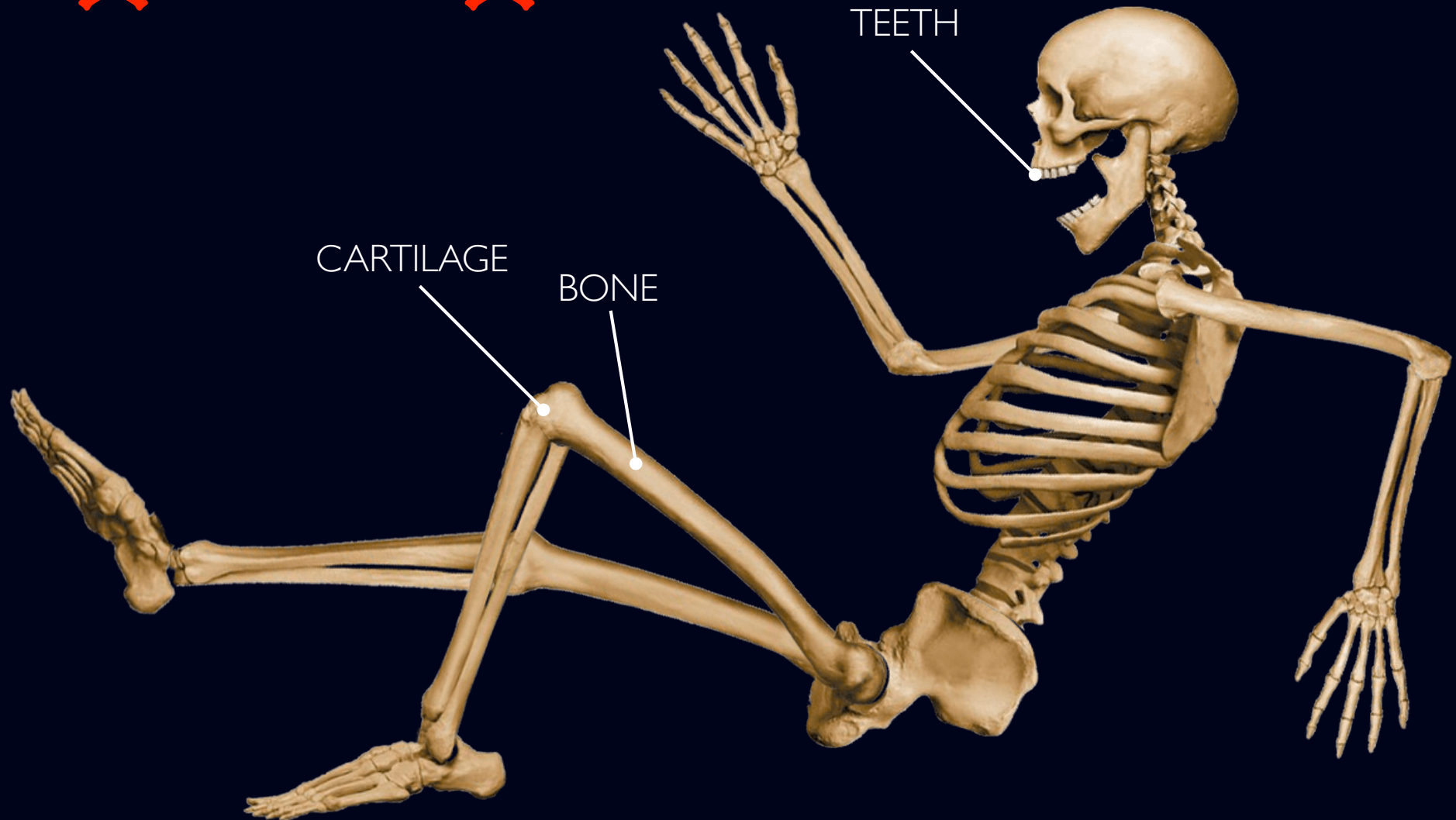


Humans are **supersaturated** for calcium and phosphate



# NORMAL MINERALIZATION | ACTIVELY REGULATED

**PROPAGATORS** and **ANTAGONISTS**

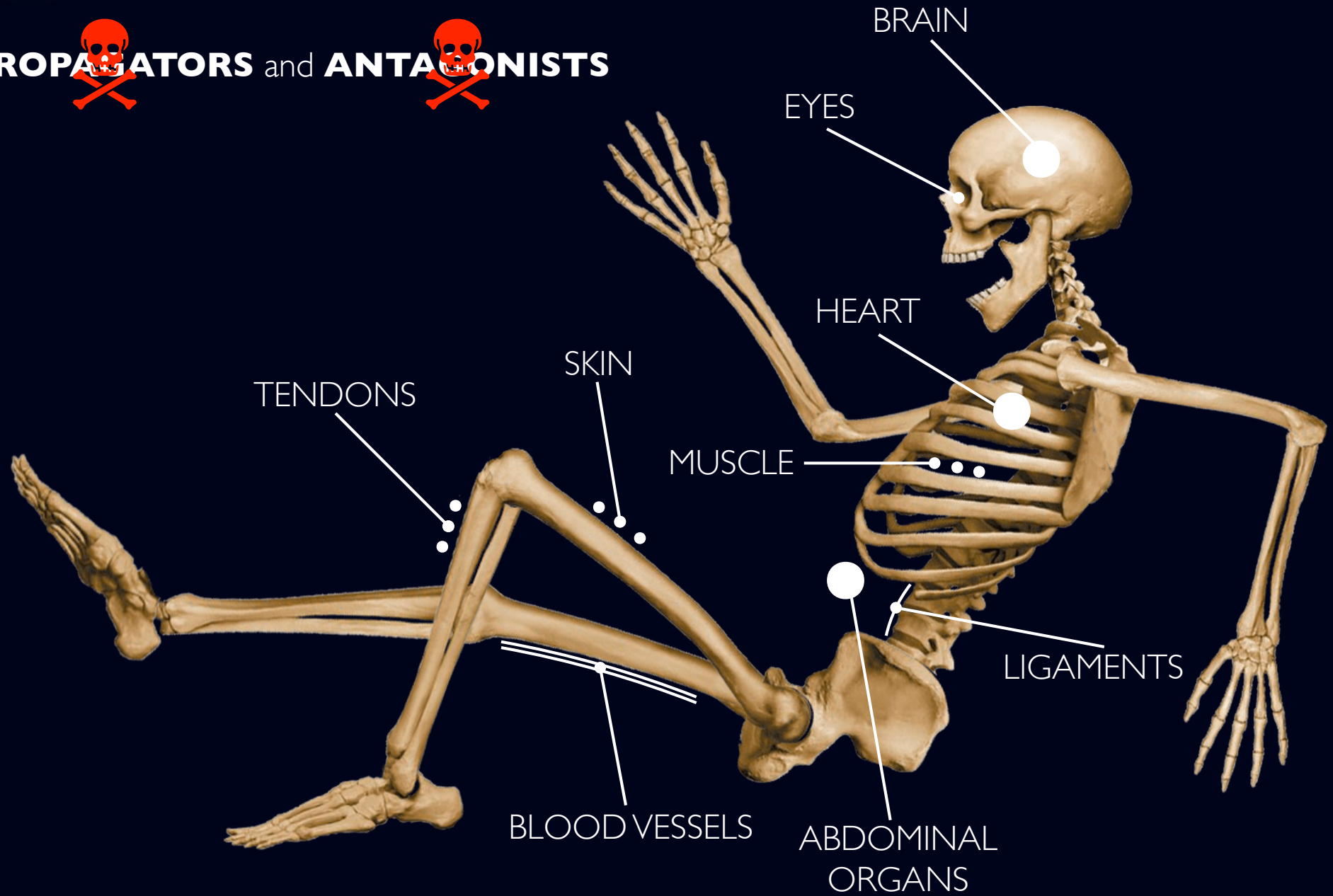






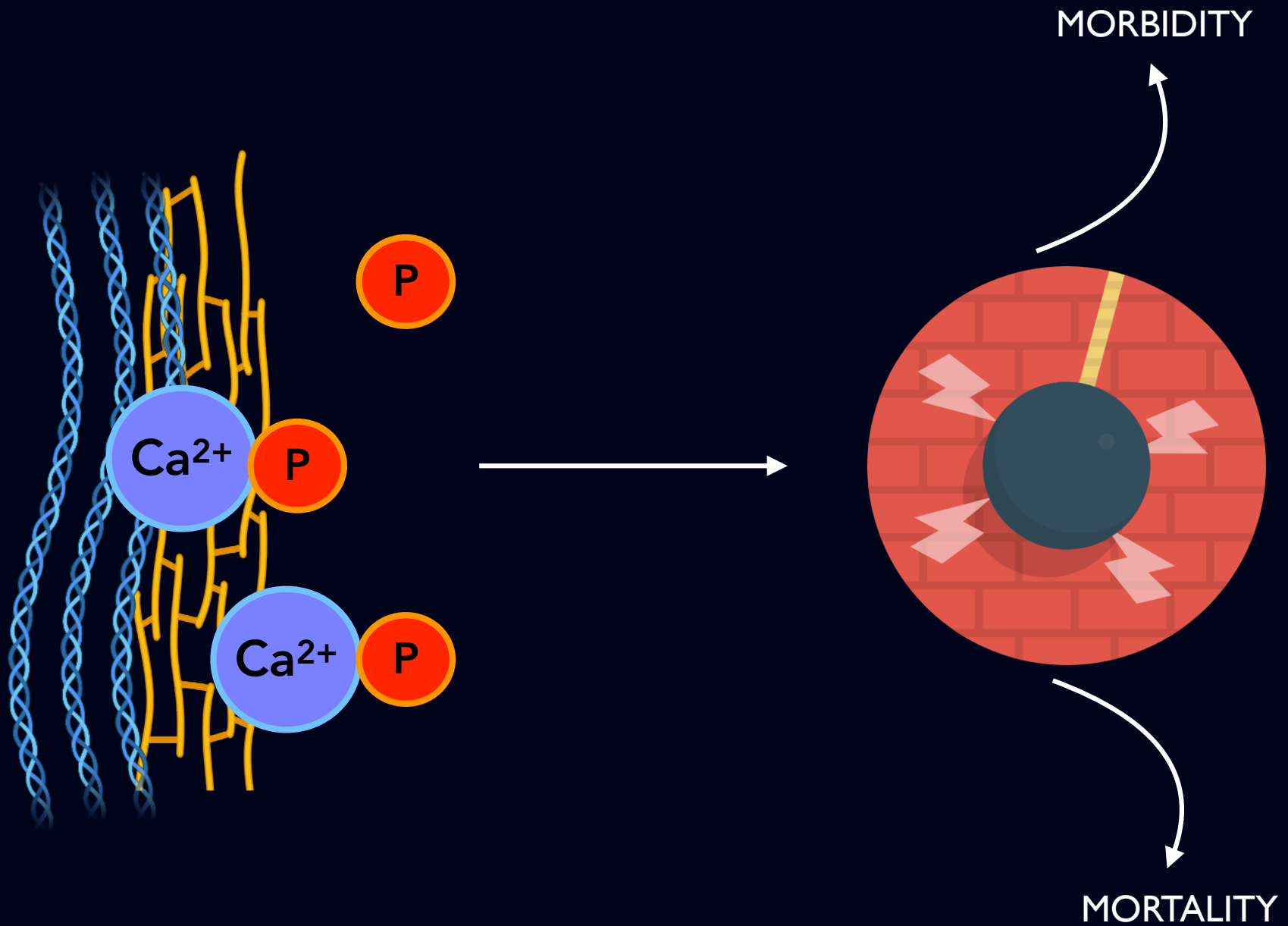
# ECTOPIC MINERALIZATION | DYSREGULATION

**PROPAGATORS** and **ANTAGONISTS**





# ECTOPIC MINERALIZATION | DYSREGULATION



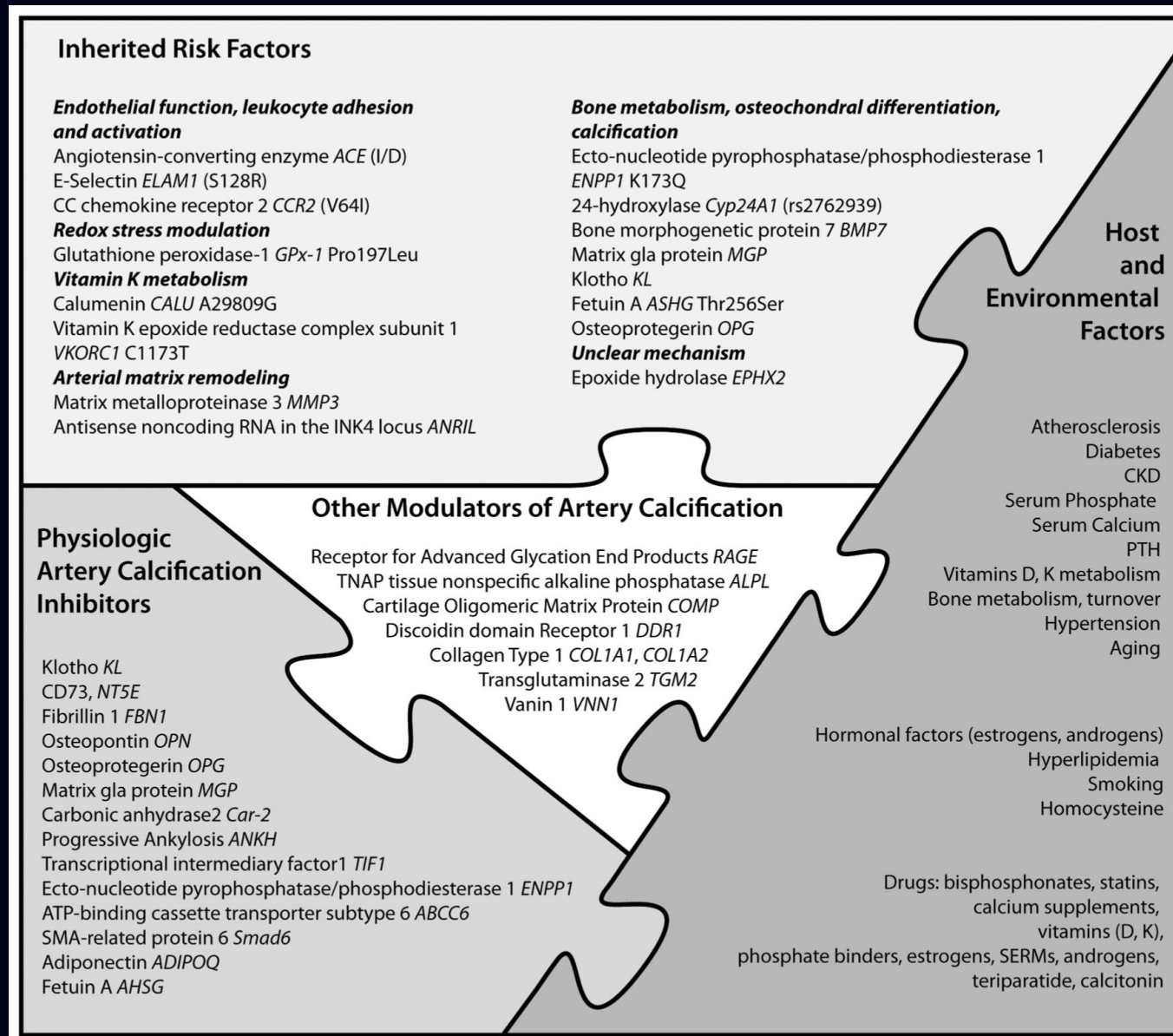
# ECTOPIC CALCIFICATION | OUTLINE

- **MECHANISMS** OF ECTOPIC CALCIFICATION
- ECTOPIC CALCIFICATION IN **RARE (AND COMMON) DISEASES**
- **GENETICS** OF ECTOPIC CALCIFICATION
- **DIAGNOSIS AND MANAGEMENT** OF ECTOPIC CALCIFICATION
- **TREATMENT** OF ECTOPIC CALCIFICATION
- NEED FOR **INTEGRATIVE MANAGEMENT** OF ECTOPIC CALCIFICATION

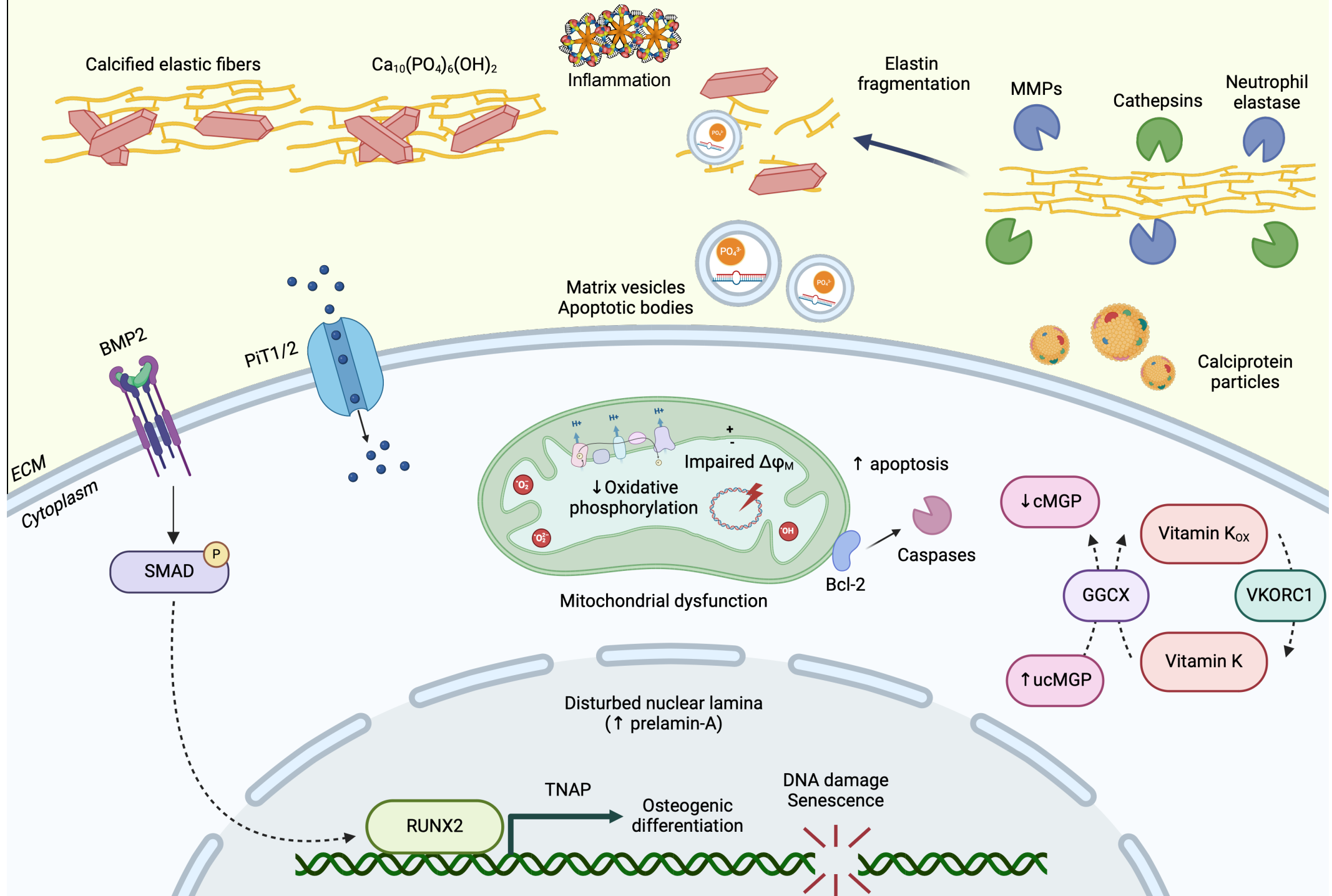




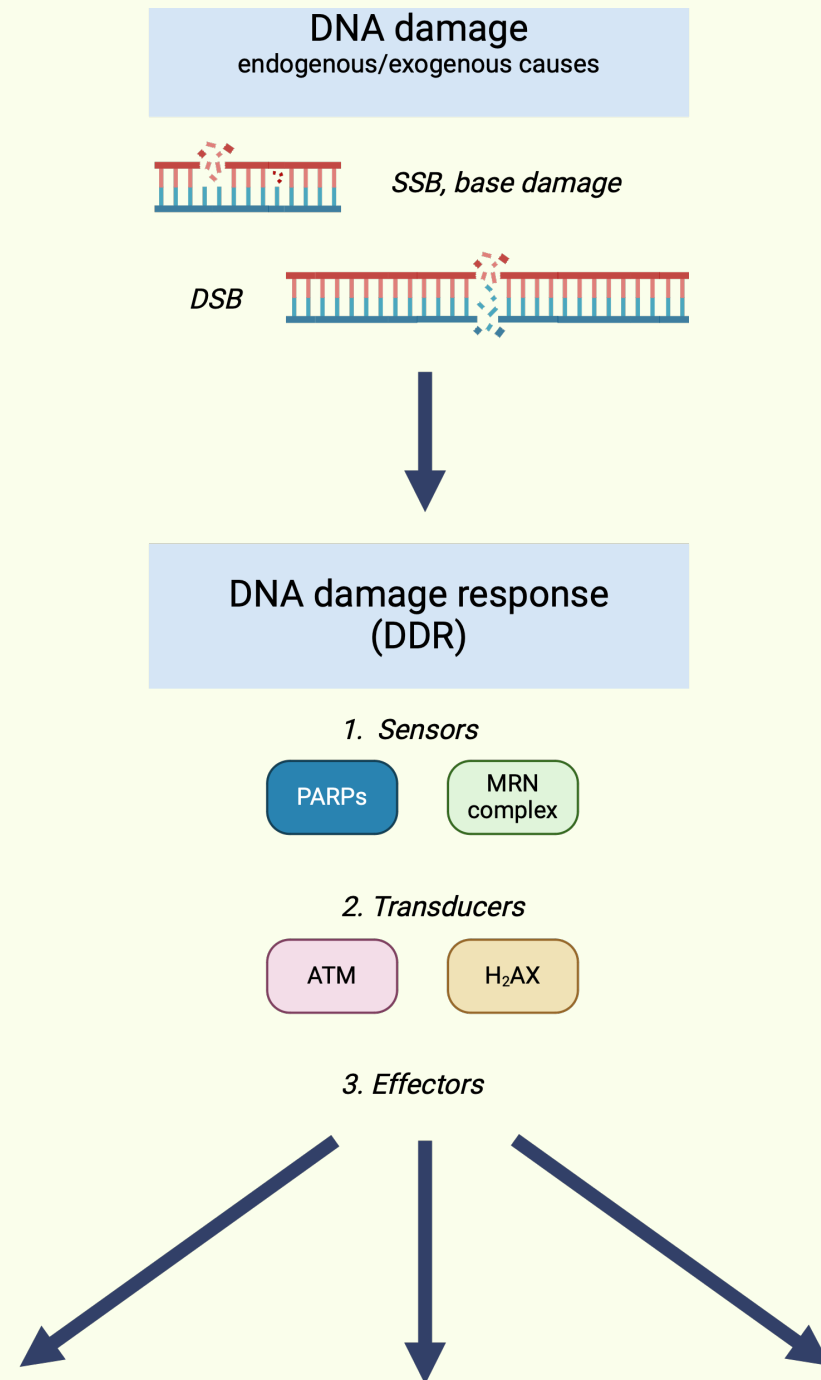
# MECHANISMS OF MINERALIZATION | MULTIFACTORIAL



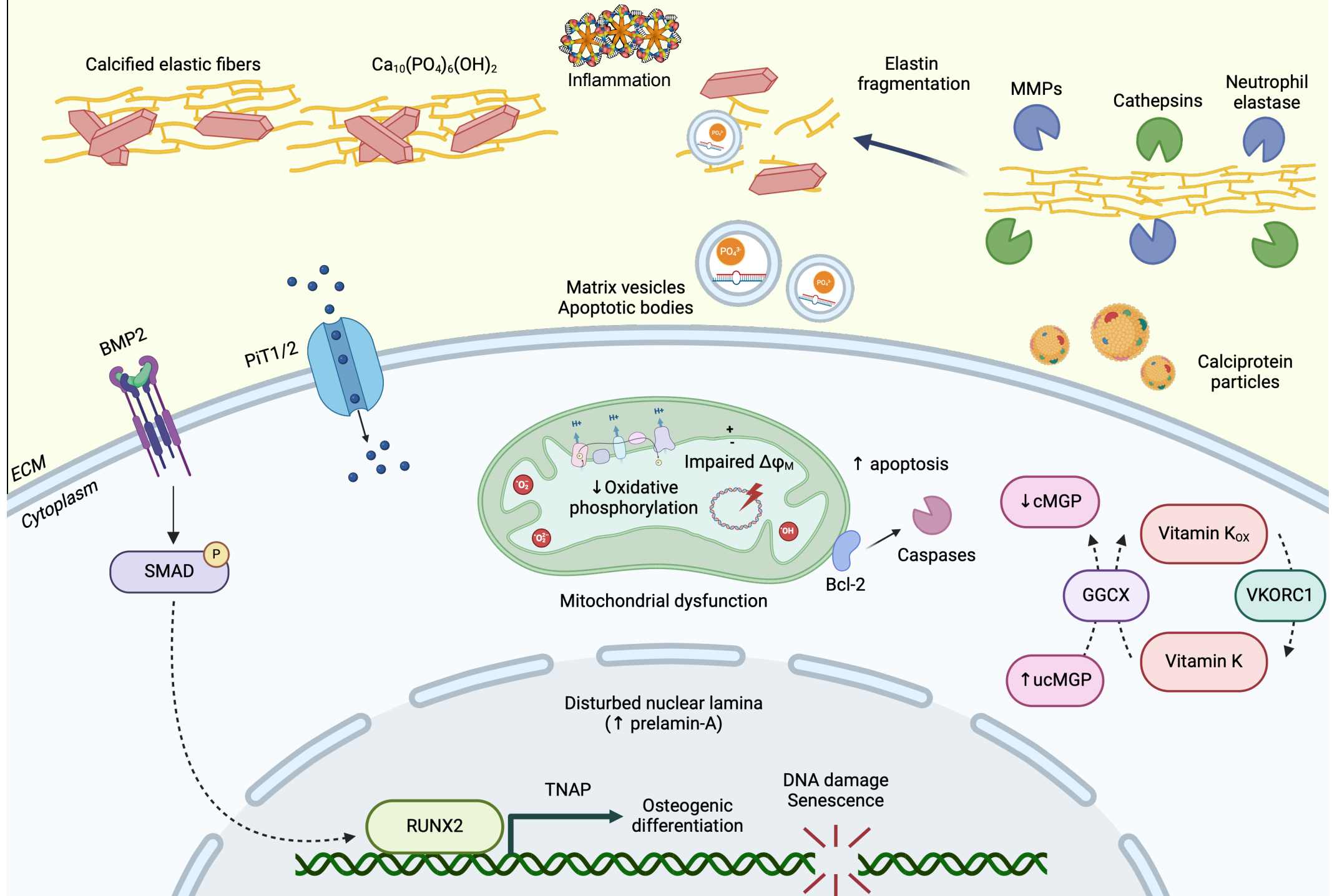
# PATHWAYS TOWARDS ECTOPIC MINERALIZATION



# PATHWAYS TOWARDS ECTOPIC MINERALIZATION

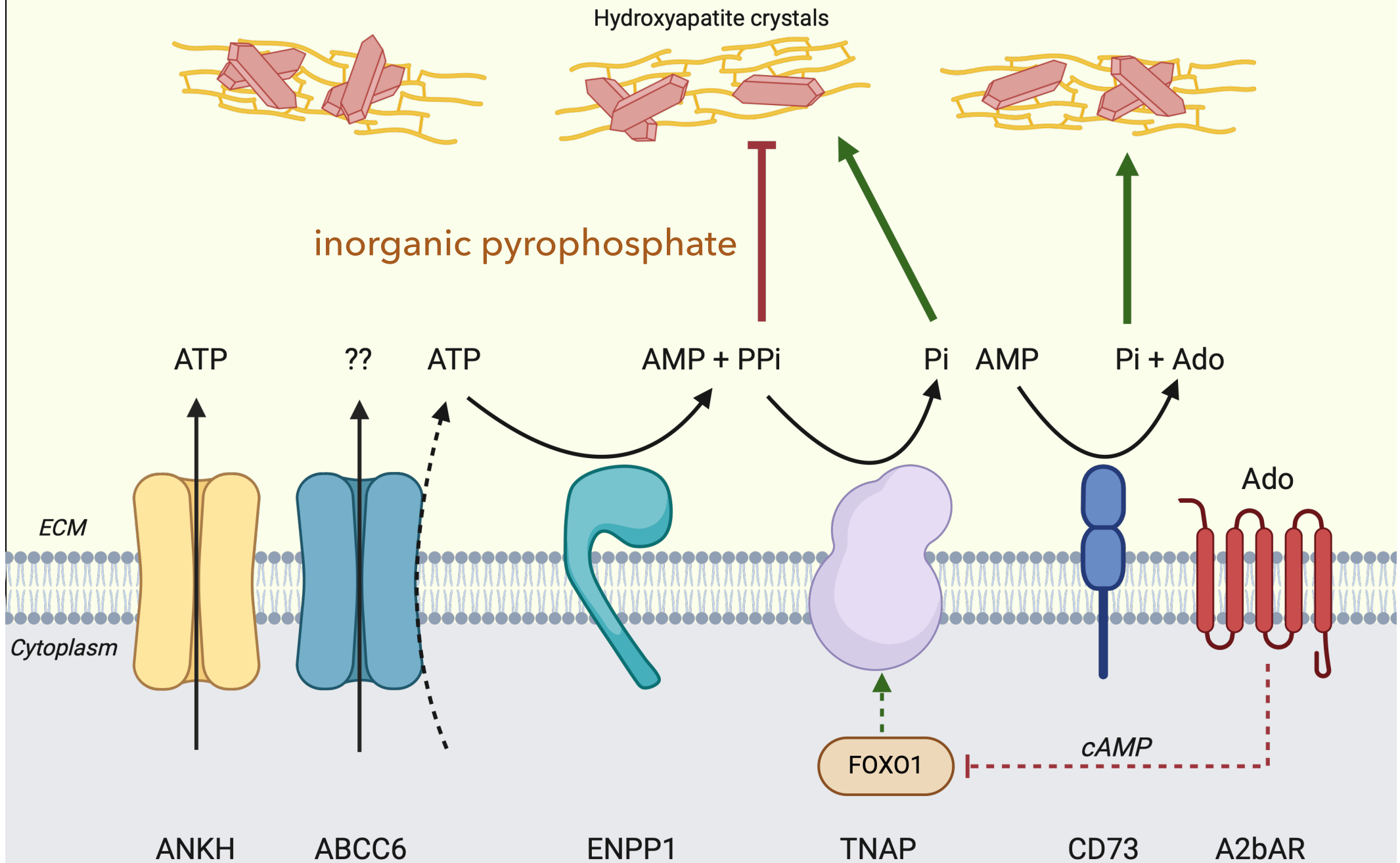


# PATHWAYS TOWARDS ECTOPIC MINERALIZATION





# PATHWAYS TOWARDS ECTOPIC MINERALIZATION



# ECTOPIC CALCIFICATION | HEREDITARY DISORDERS



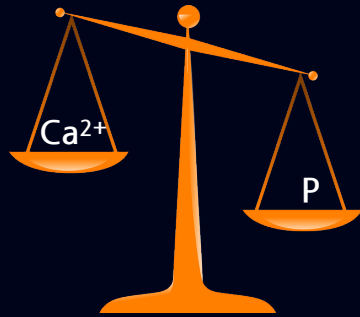


# RARE & COMMON DISORDERS | VARIABILITY

|                                          | Hereditary diseases                                                                                                   | Acquired diseases                                                                                                      |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Neurology</b>                         | COAT2plus syndrome;<br>Leuko-encefalopathy with calcifications and cysts;<br>Primary familial brain calcification     | Alzheimer disease;<br>Brain tumors;<br>Down syndrome;<br>Lewy body disease;<br>Parkinson disease;<br>Vascular dementia |
| <b>Cardiology &amp; vascular disease</b> | Generalised arterial calcification of infancy (GACI);<br>Pseudoxanthoma elasticum (PXE);<br>Singleton-Merten syndrome | Heart failure;<br>Valve calcification;<br>Vascular calcification (coronary, peripheral art.);<br>Metabolic syndrome    |
| <b>Endocrinology</b>                     | Hypophosphatasia;<br>(pseudo)Hypoparathyroidism                                                                       | Diabetes mellitus;<br>Metabolic syndrome                                                                               |
| <b>Nephrology</b>                        | Gitelman syndrome;<br>PXE                                                                                             | Chronic kidney disease;<br>Nephrocalcinosis, kidney stones                                                             |
| <b>Dermatology</b>                       | Calcinosis cutis;<br>Calcinosis universalis;<br>Calciphylaxis;<br>PXE;<br>PXE-like syndrome;<br>Tumoral calcinosis    | Dermatomyositis;<br>Myositis ossificans;<br>Polymyositis                                                               |
| <b>Rheumatology</b>                      | Chondrocalcinosis;<br>Hereditary calcification of joints and arteries (ACDC)                                          | CREST syndrome;<br>Osteoarthritis;<br>Scleroderma;<br>Systemic lupus erythematosus                                     |
| <b>Orthopaedics &amp; physiotherapy</b>  | Fibrodysplasia ossificans progressiva;<br>Progressive osseous heteroplasia                                            | Degenerative disease of intervertebral disk;<br>Scoliosis                                                              |
| <b>Ophthalmology</b>                     | PXE                                                                                                                   | Age-related macular degeneration (ARMD)                                                                                |
| <b>Pneumology</b>                        | Keutel syndrome                                                                                                       | Chronic obstructive lung disease                                                                                       |
| <b>Generalized</b>                       | Progeroid syndromes                                                                                                   | Sarcoidosis;<br>Systemic sclerosis                                                                                     |

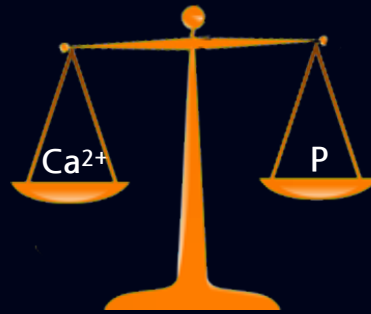


# RARE CALCIFICATION DISEASES | CLASSIFICATION 1



## METASTATIC

- Tumoral calcinosis
- Primary hyperparathyroid.
- Second. hyperparathyroid.
- Sarcoidosis
- Vitamin D intoxication
- Milk-Alkali syndrome
- Renal failure
- Tumor lysis syndrome



## DYSTROPHIC

- Systemic sclerosis
- Scleroderma
- (Hutchinson-Gilford) progeria
- ACDC-related arterial calcif.
- Pseudoxanthoma Elasticum
- GACI
- Keutel syndrome
- Basal ganglia calcification



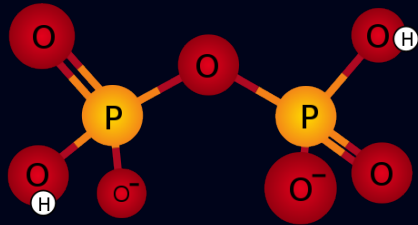
## OSSIFICATION

- Myositis ossificans
- Fibrodysplasia ossificans progressiva
- Primary Hypertrophic osteoarthropathy





# RARE CALCIFICATION DISEASES | CLASSIFICATION 2



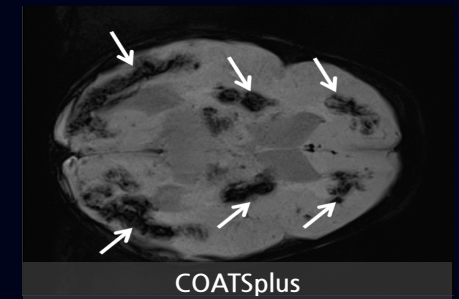
INORGANIC PYROPHOSPHATE DEFICIENCY



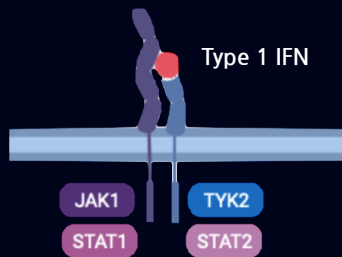
Pseudoxanthoma elasticum



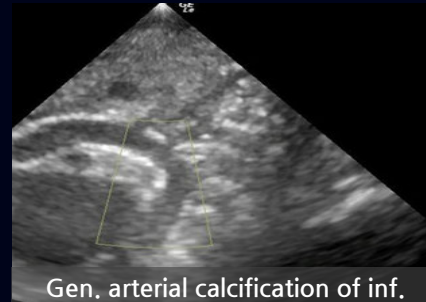
Singleton-Merten syndrome



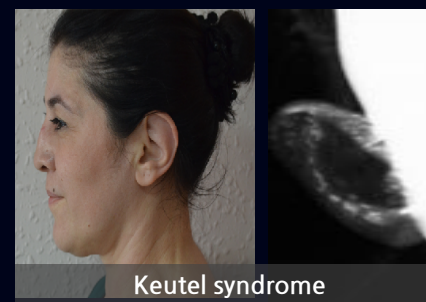
COATSplus



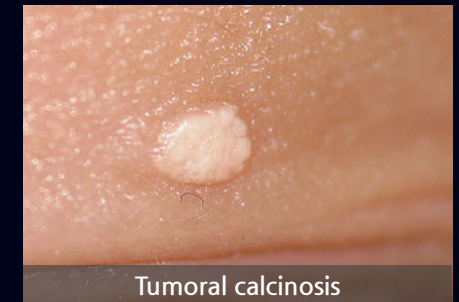
INTERFERONOPATHY



Gen. arterial calcification of inf.



Keutel syndrome



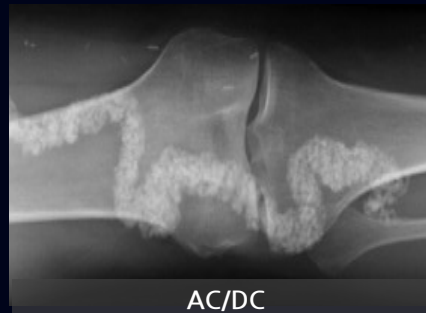
Tumoral calcinosis



GGCX



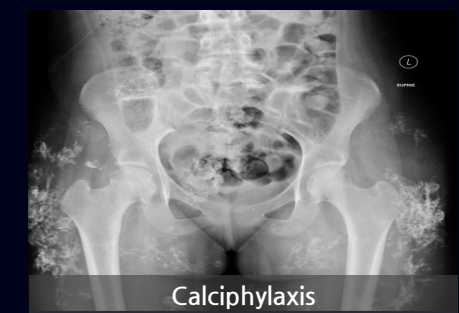
VK-DEPENDENT DISEASES



AC/DC



PXE-like with coagulopathy

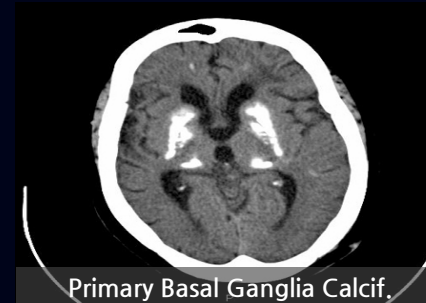


Calciphylaxis

*all the rest*



Hutchinson-Gilford



Primary Basal Ganglia Calcif.



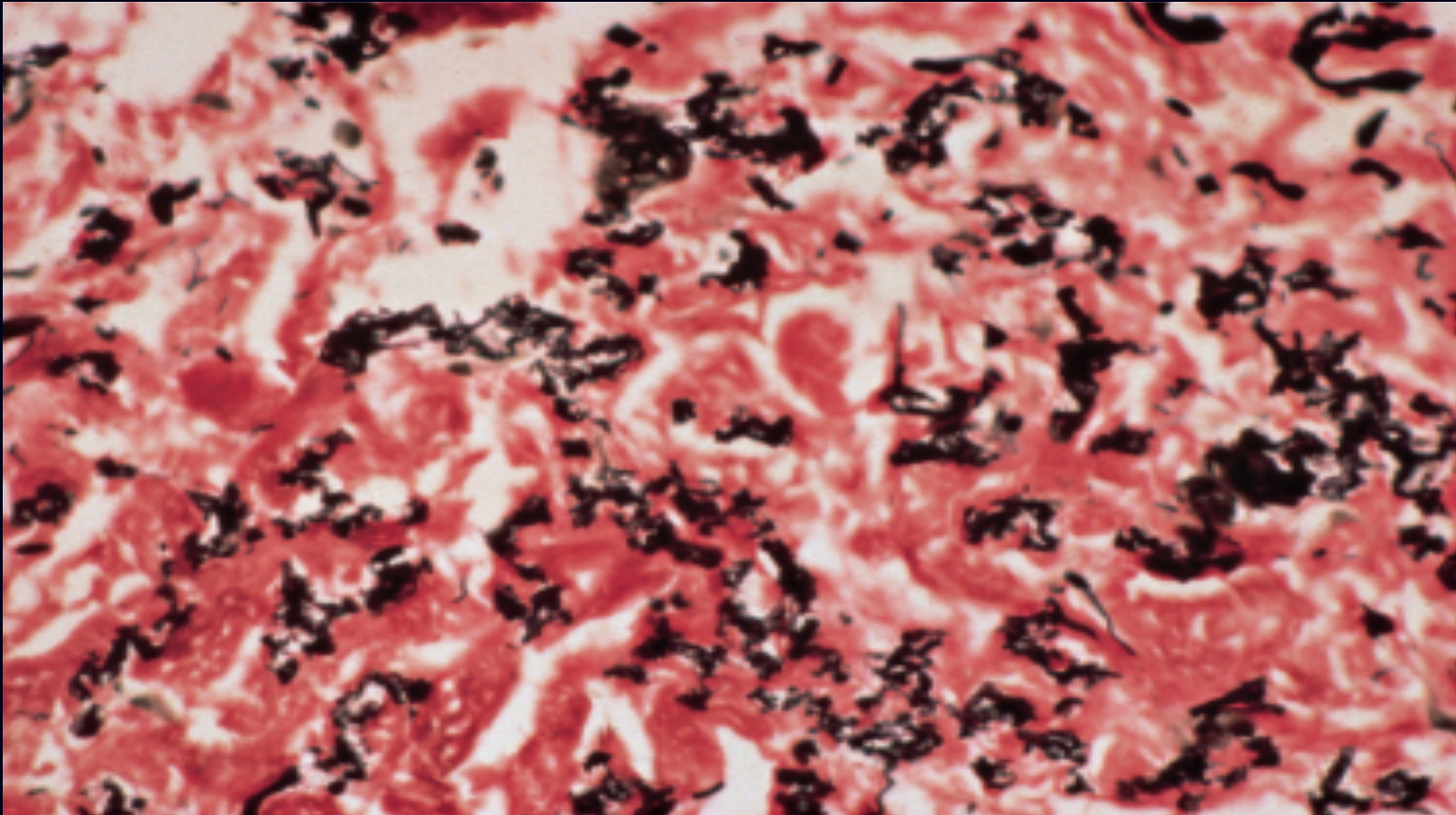
Fibrodysplasia Prog. Ossif.





## PPI DEFICIENCY | PSEUDOXANTHOMA ELASTICUM (PXE)

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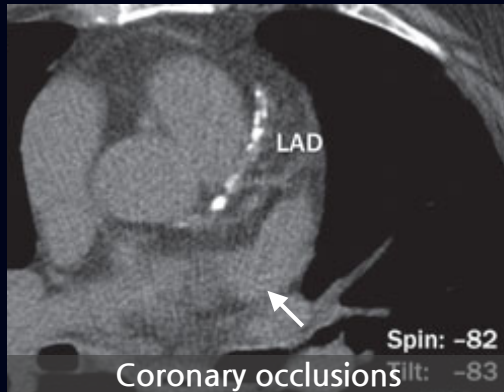


PXE affects the **skin, eyes** and **cardiovascular system**

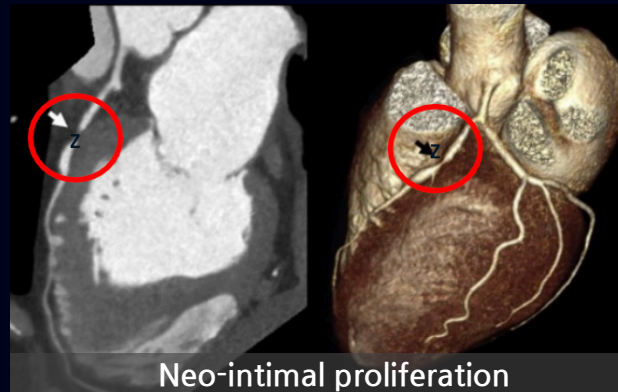


# PPI DEFICIENCY | PSEUDOXANTHOMA ELASTICUM (PXE)

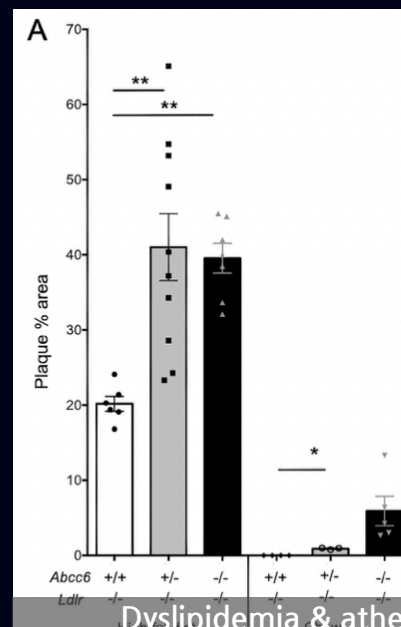
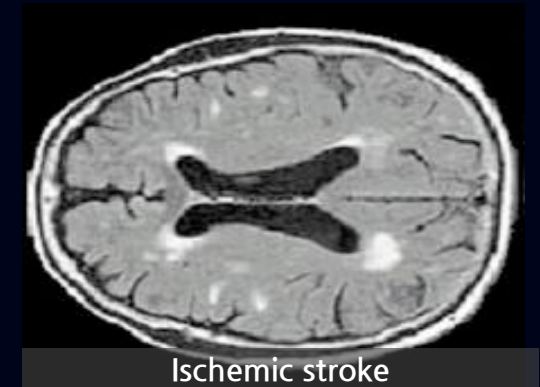
## Calcification-related



## Calcification-unrelated

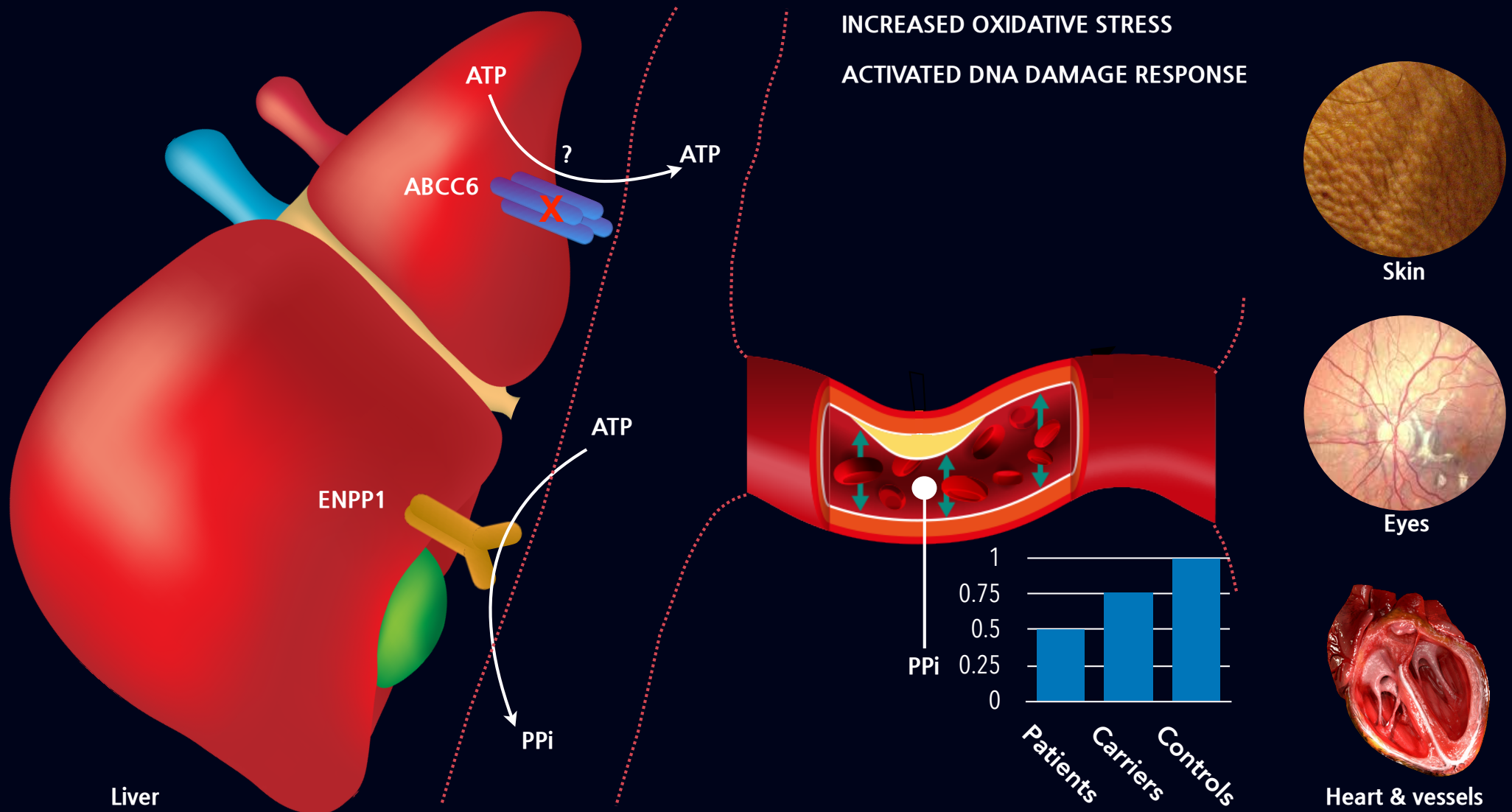


Karam et al, 2015





# A METABOLIC DISORDER | ABCC6 DEFICIENCY



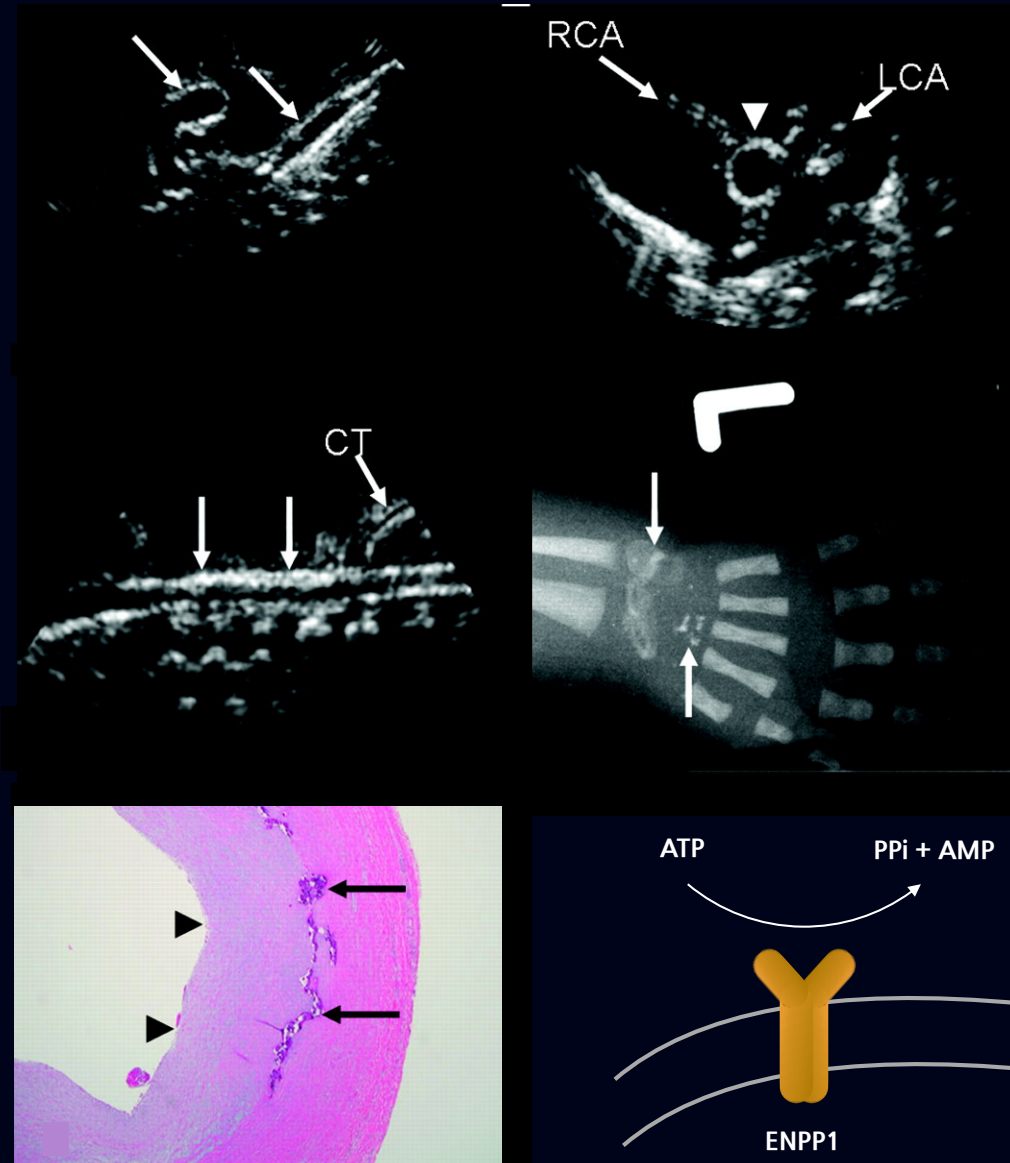
Van Gils et al, J Clin Med, 2023

P<sub>i</sub> correction does not completely alleviate calcification in animal models





# PPi DEFICIENCY | GENERALIZED ARTERIAL CALCIFICATION OF INFANCY

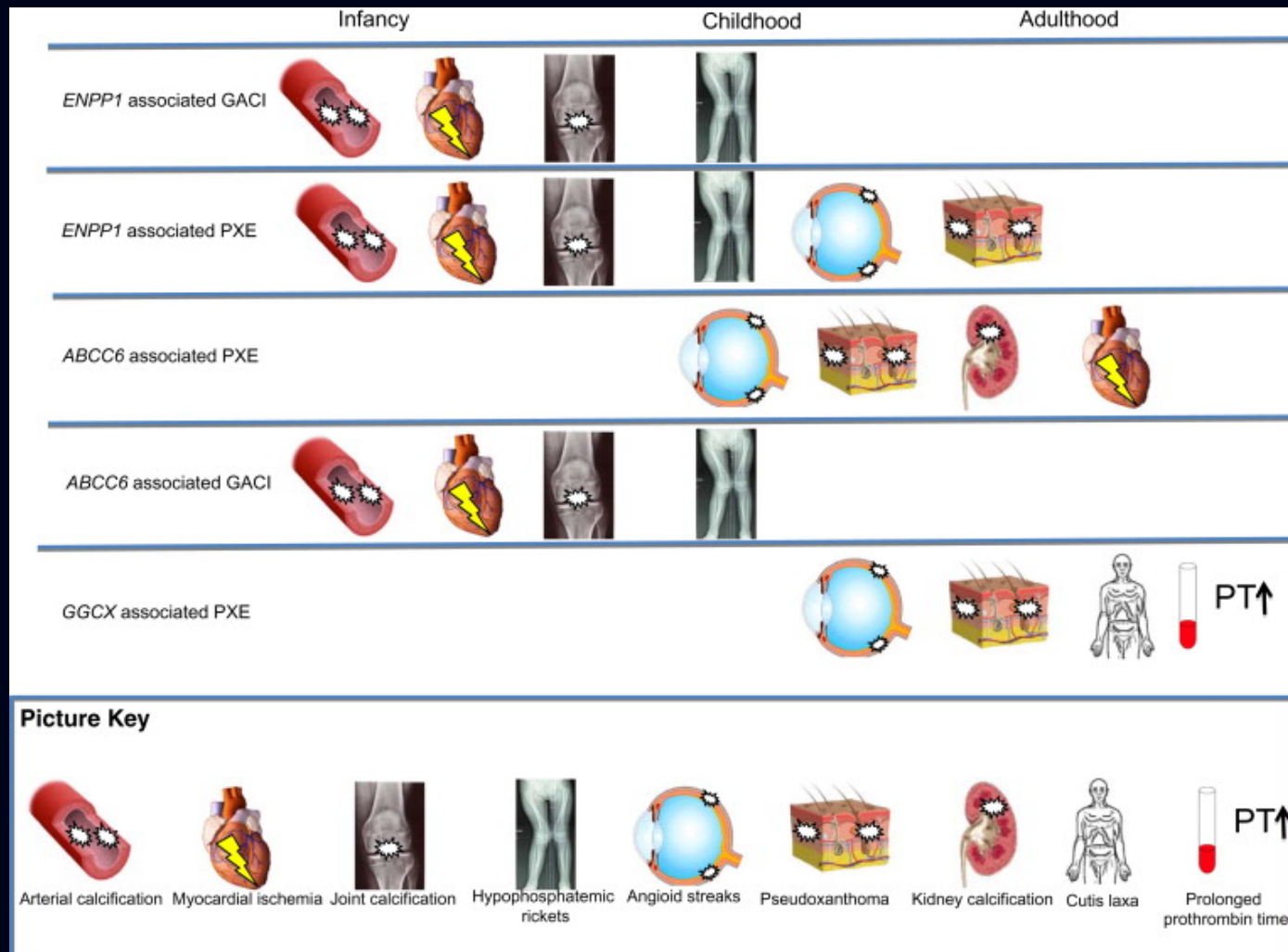


In utero ectopic **calcification** of bloodvessels and **hypertrophy** of the vessel wall





# PPI DEFICIENCY | THE PXE - GACI SPECTRUM

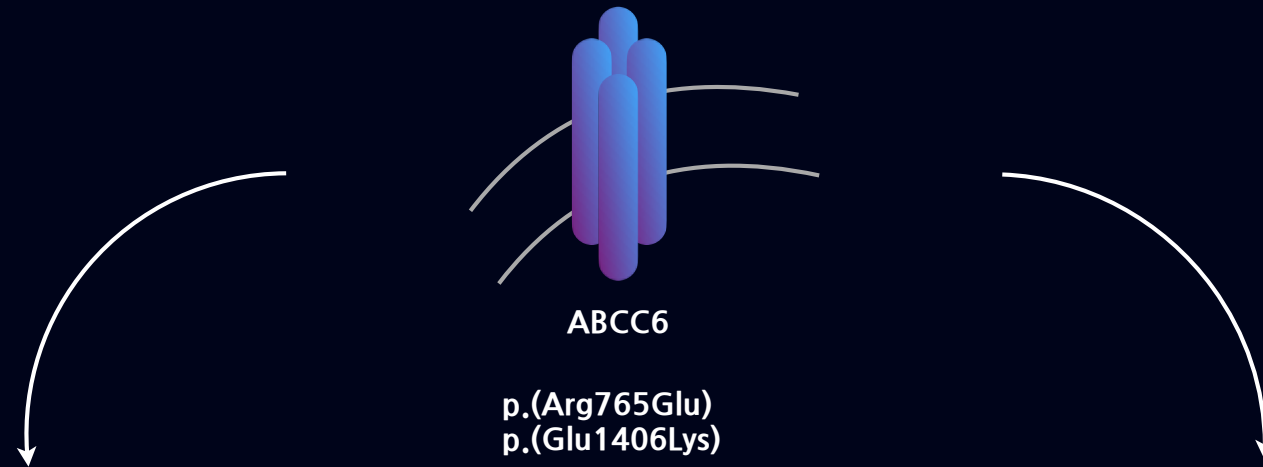


Nitschke et al., 2012

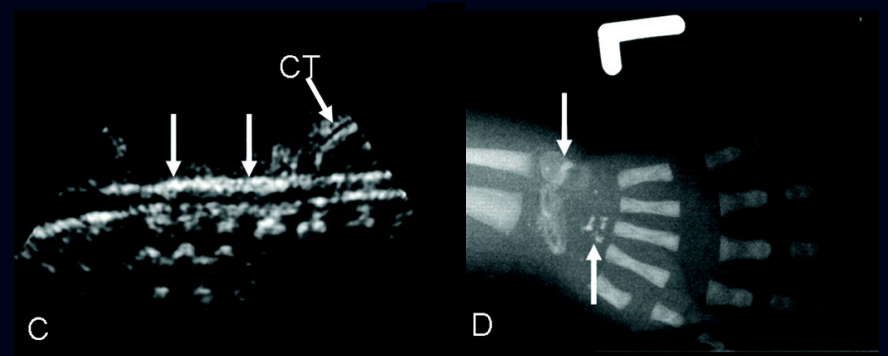
PXE can also be caused by mutations in the **ENPP1** gene  
 GACI can also be caused by mutations in the **ABCC6** gene



# PPi DEFICIENCY | ROLE OF DISEASE MODIFYING FACTORS



PSEUDOXANTHOMA ELASTICUM

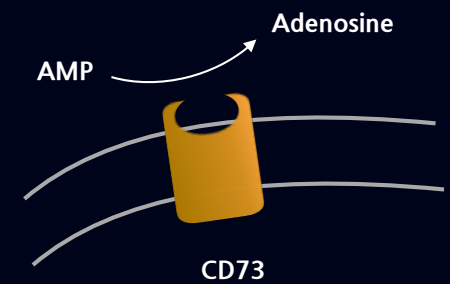
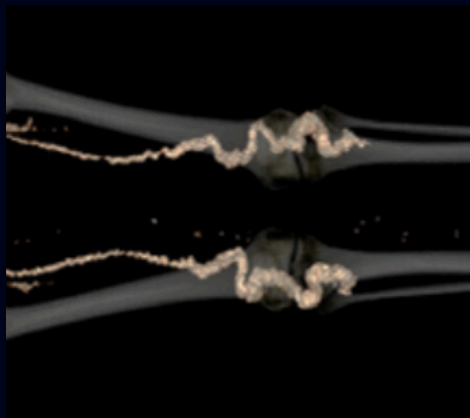


GENERALIZED ARTERIAL CALCIFICATION OF INFANCY

Identical ABCC6 mutations can cause either PXE or GACI

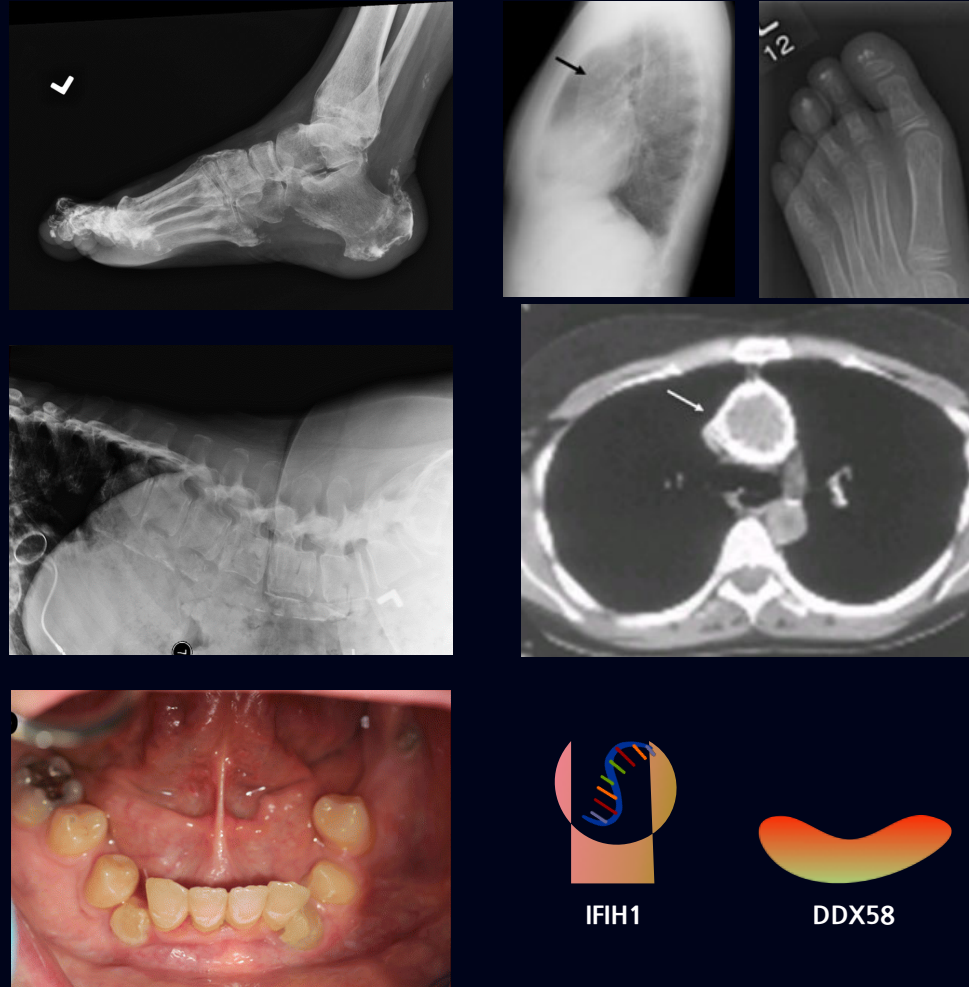


# PPI DEFICIENCY | ARTERIAL CALCIFICATION D/T CD73 DEFICIENCY





# INTERFERONOPATHY | SINGLETON-MERTEN SYNDROME

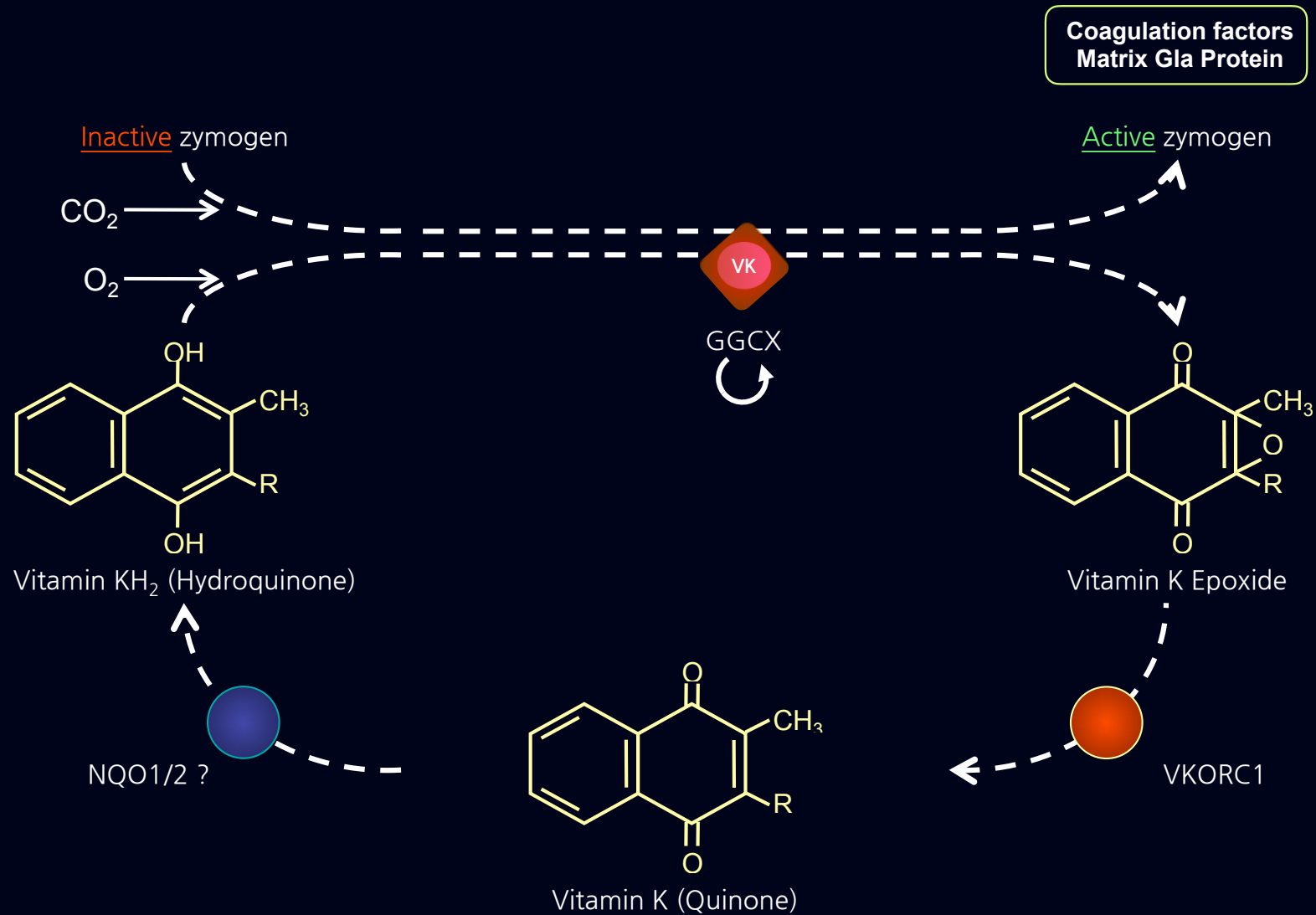


Autosomal dominant short **stature**, bone **dysplasia** and **heart failiure**





# VK-DEPENDANT DISEASES | VITAMIN K CYCLE





# VK-DEPENDENT DISEASES | KEUTEL SYNDROME

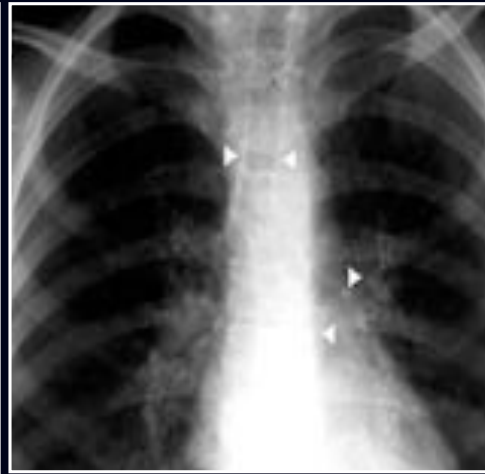
## CARDINAL FEATURES



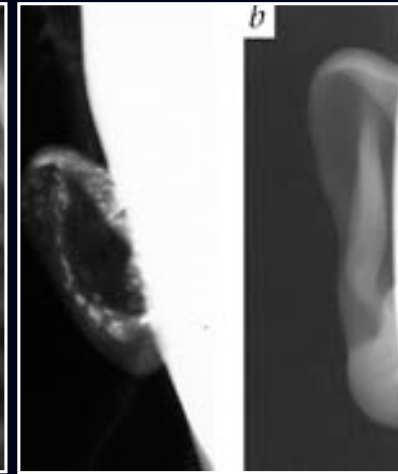
Facial dysmorphism:  
long face  
midface hypoplasia  
small alae



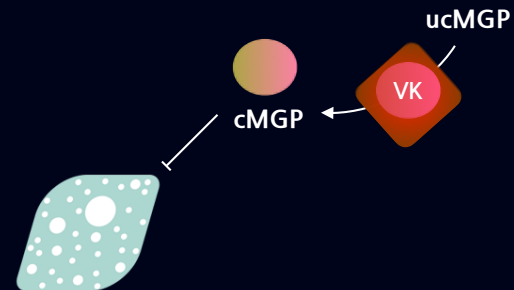
Brachytelephalangism



Cartilaginous calcification  
(Peripheral pulmonary stenosis)

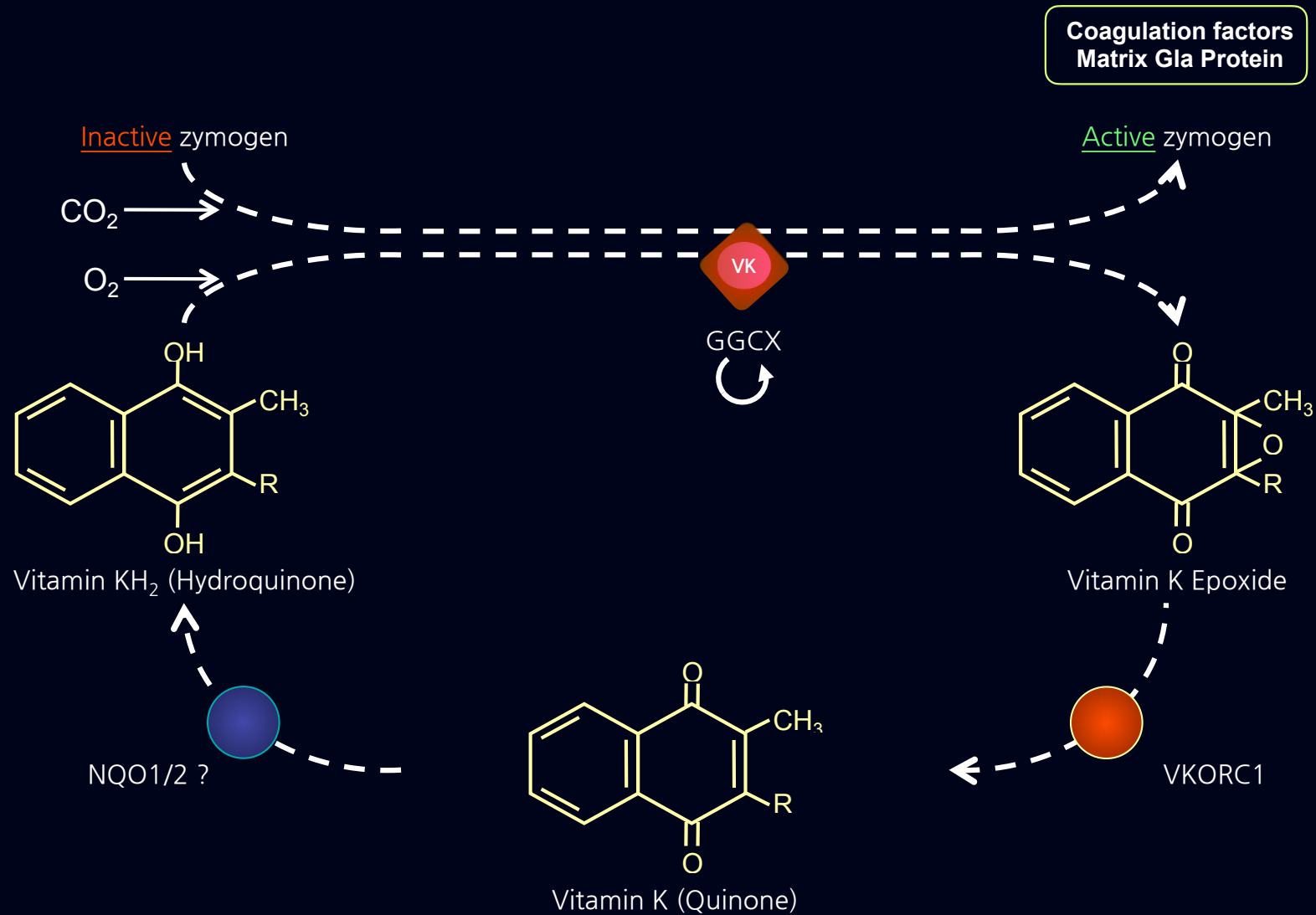


7 pathogenic variants in the MGP gene





# VK-DEPENDANT DISEASES | VITAMIN K CYCLE





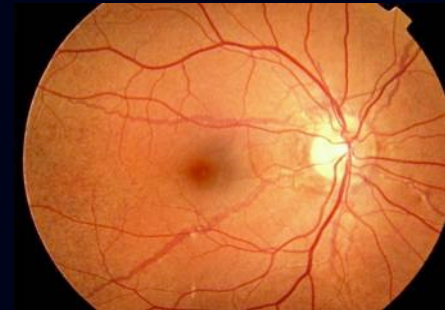
# VK-DEPENDENT DISEASES | PXE-LIKE DISORDER WITH COAGULOPATHY



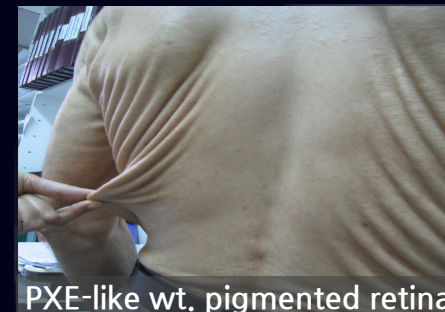
PXE - PXE-like overlap



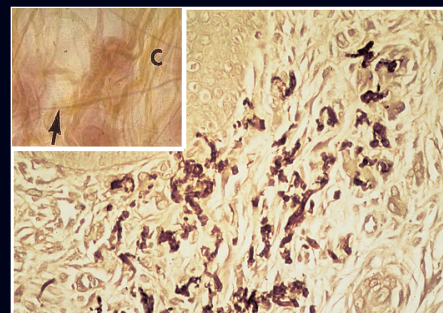
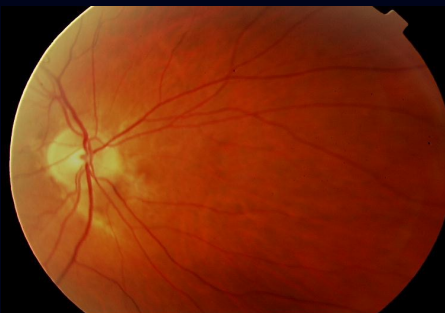
Pseudoxanthoma elasticum



PXE-like with coagulopathy



PXE-like wt. pigmented retina



Vanakker et al, J Invest Dermatol, 2007





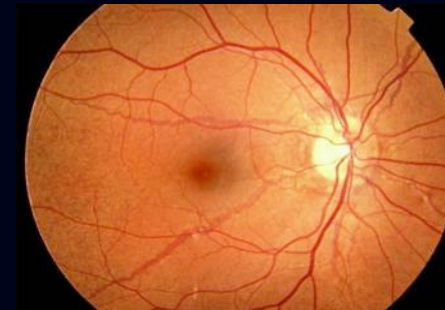
# VK-DEPENDENT DISEASES | PXE-LIKE W/ PIGMENTED RETINOPATHY



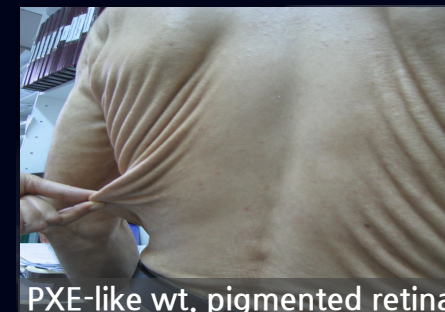
PXE - PXE-like overlap



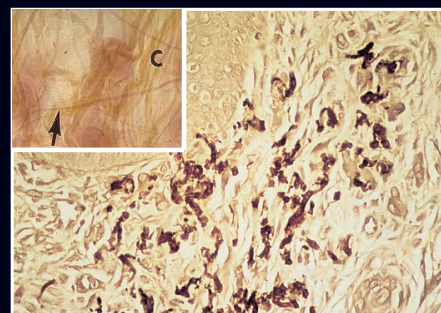
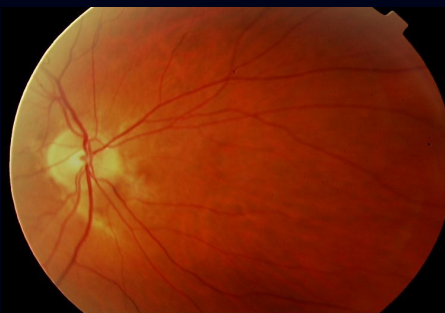
Pseudoxanthoma elasticum



PXE-like with coagulopathy



PXE-like wt. pigmented retina



Kariminedjad, Vanakker et al, J Invest Dermatol, 2014



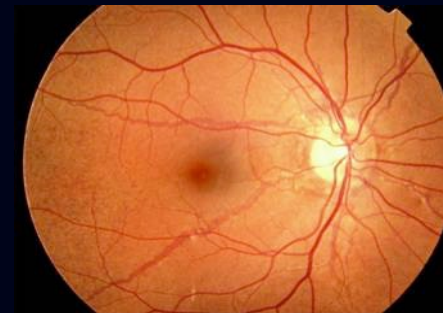
# GGCX | DISEASE MODIFYING CAPACITIES



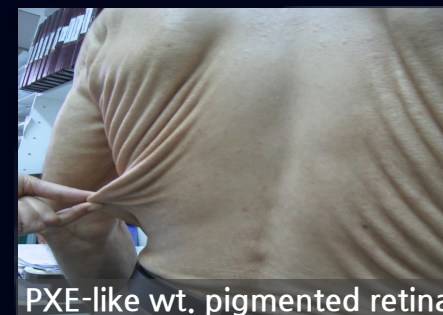
PXE - PXE-like overlap



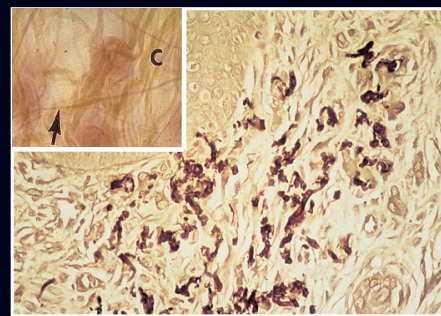
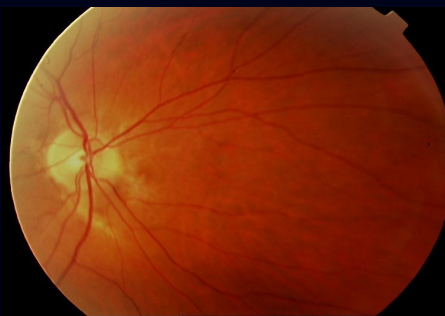
Pseudoxanthoma elasticum



PXE-like with coagulopathy



PXE-like wt. pigmented retina



Vanakker et al, Am J Med Genet, 2011





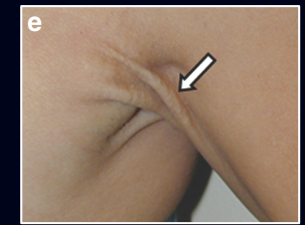
# ABCC6 + GGCX | DIGENIC INHERITANCE

**Patient III-3**

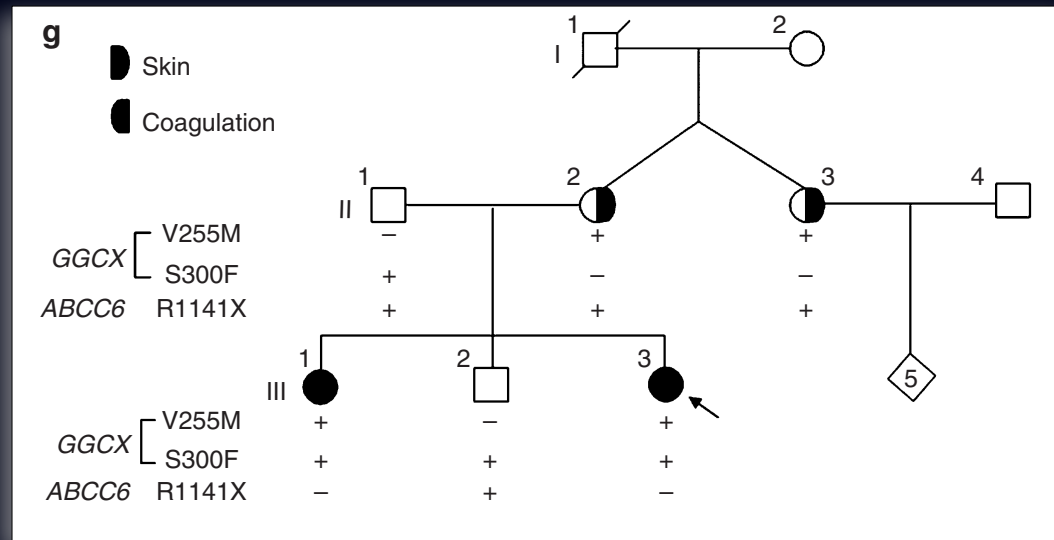


Coagulation  
disorder

**Patient II-2**



No  
coagulation  
disorder



Li et al, 2009



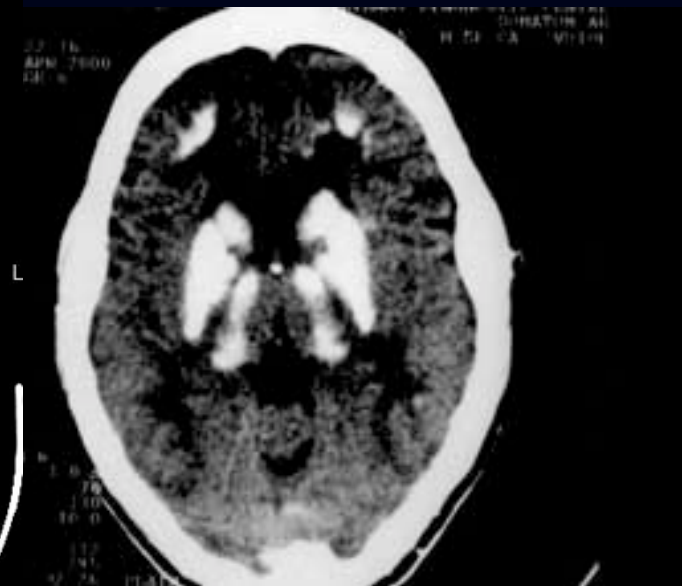
# BRAIN CALCIFICATIONS | BASAL GANGLIA CALCIFICATIONS

As a group not considered a rare disorder

Part of normal aging process

Variety of acquired etiologies

22

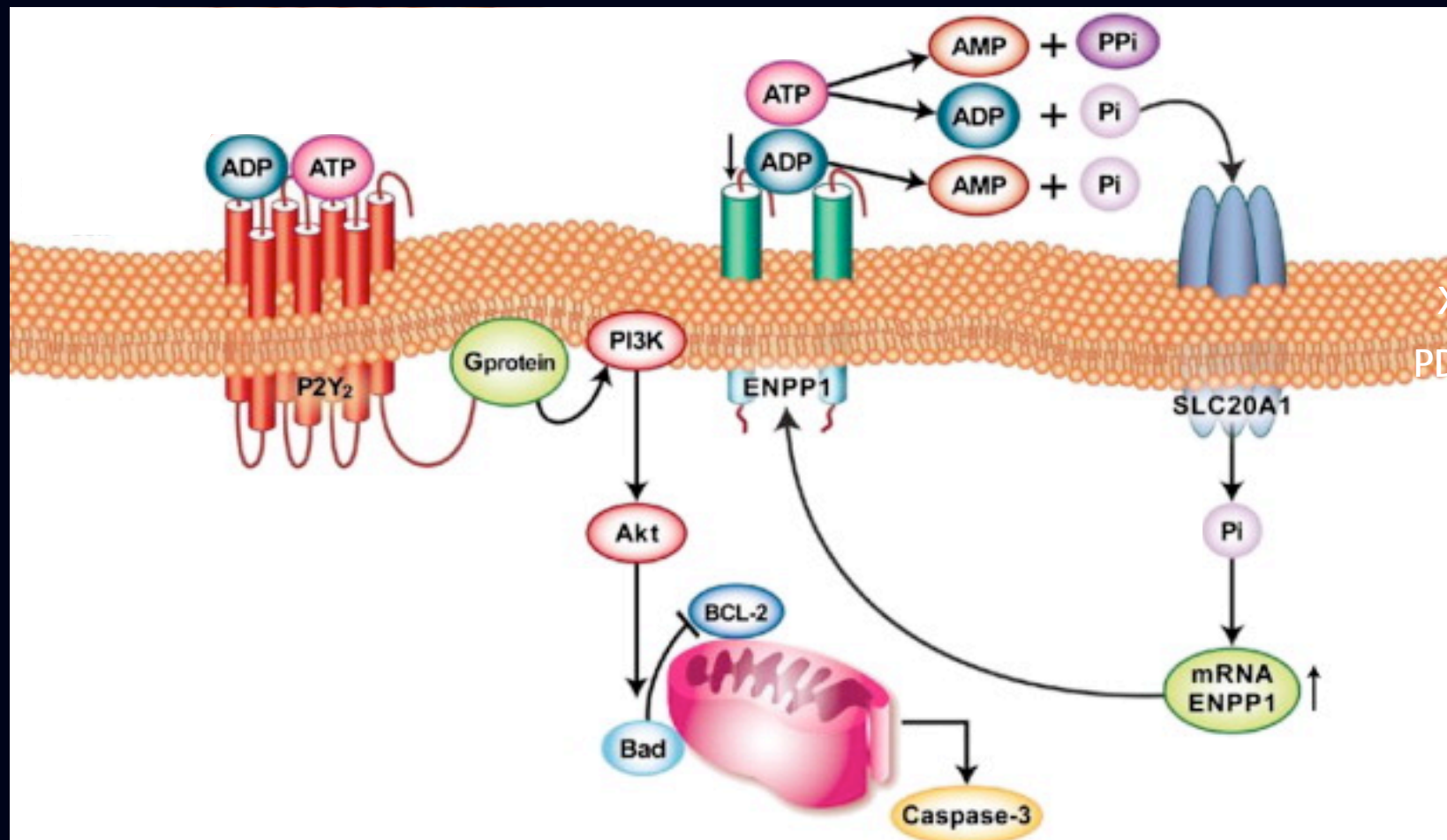






# PFBC | PRIMARY FAMILIAL BASAL GANGLIA CALCIFICATIONS

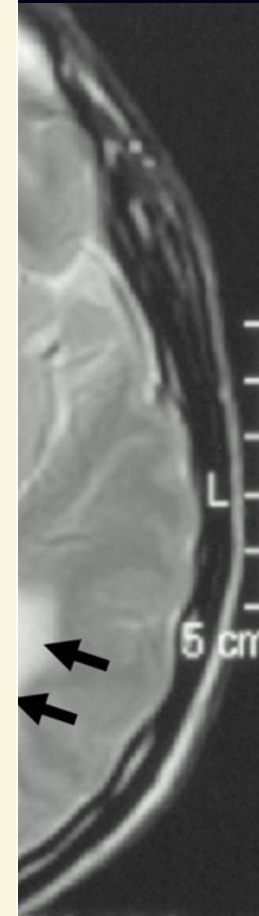
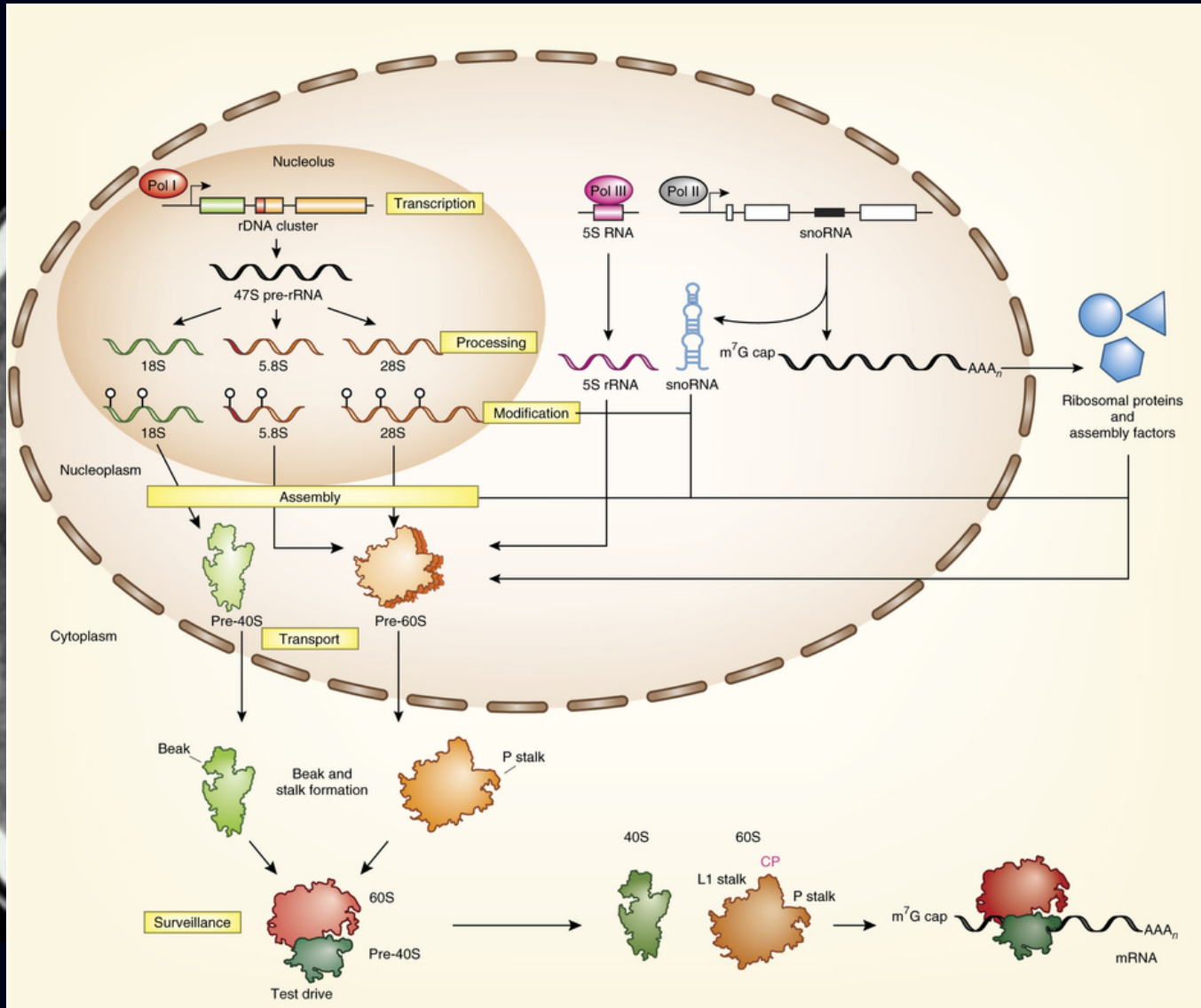
Rare neurodegenerative disorder  
Early onset basal ganglia calcification  
Neuropsychiatric and movement disorders in 3<sup>rd</sup>-5<sup>th</sup> decade  
No other mineralisation phenotypes



XPR1 (AD)  
PDGFRB (AD)  
PDGFB (AD)  
YORG (AR)  
AM2 (AR)



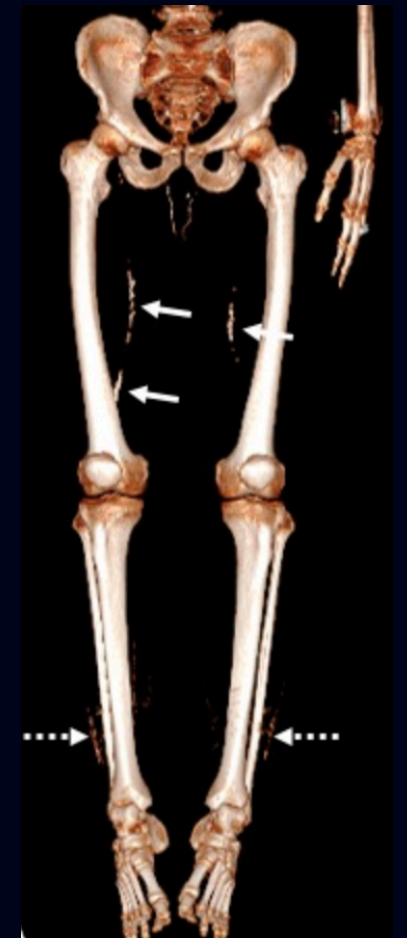
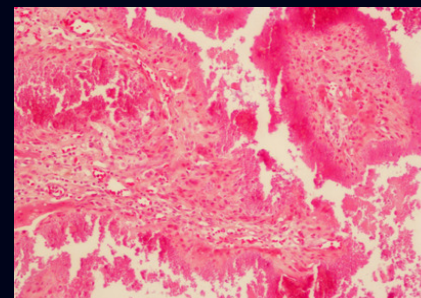
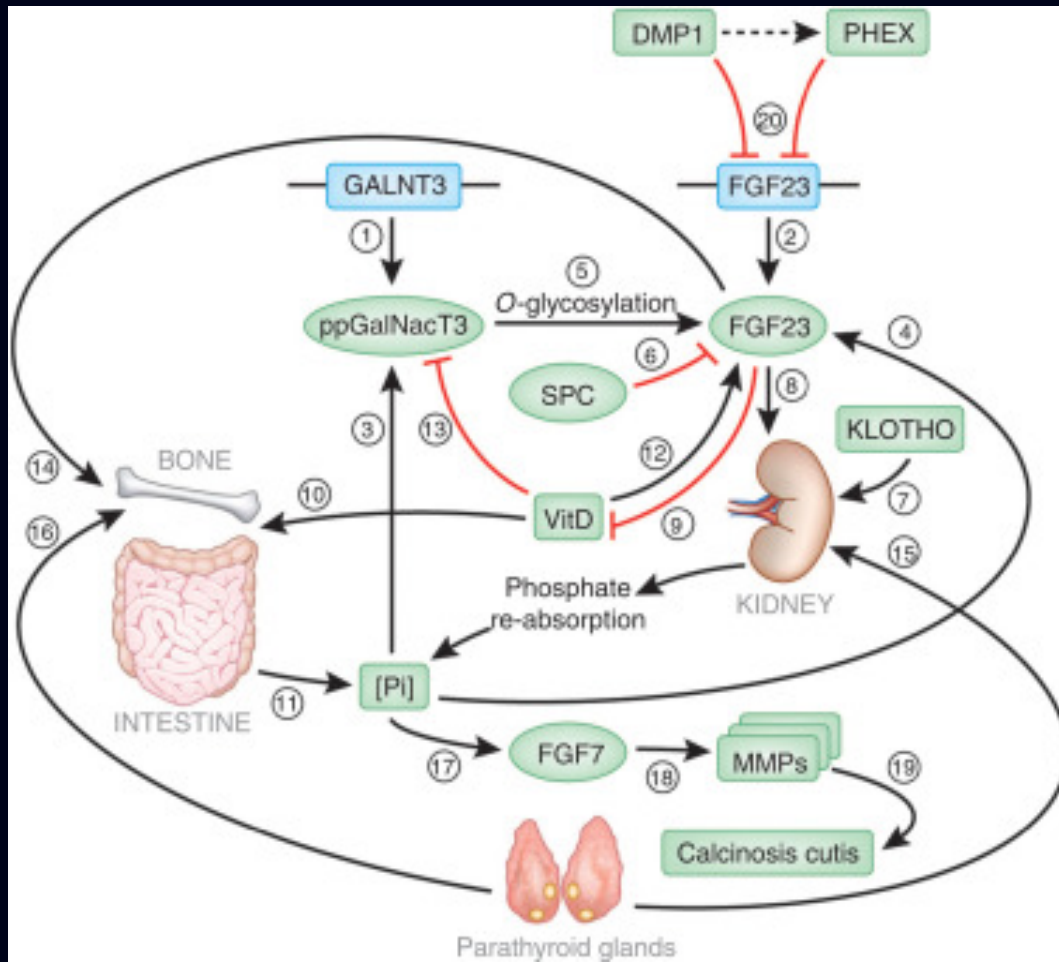
# BRAIN | LEUCO-ENCEFALOPATHY WITH C & C



SNORD118: box C/D snoRNA U8



# TUMORAL CALCINOSIS | SYMPTOMS AND PATHOPHYSIOLOGY





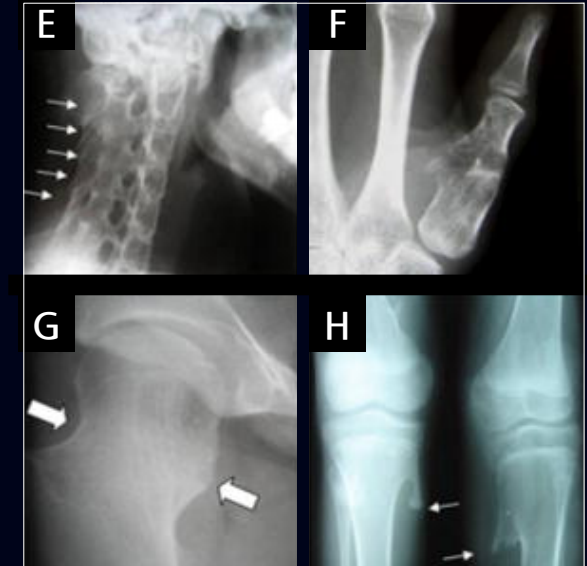


# OSSIFICATION | FIBRODYSPLASIA OSSIFICANS PROGRESSIVA

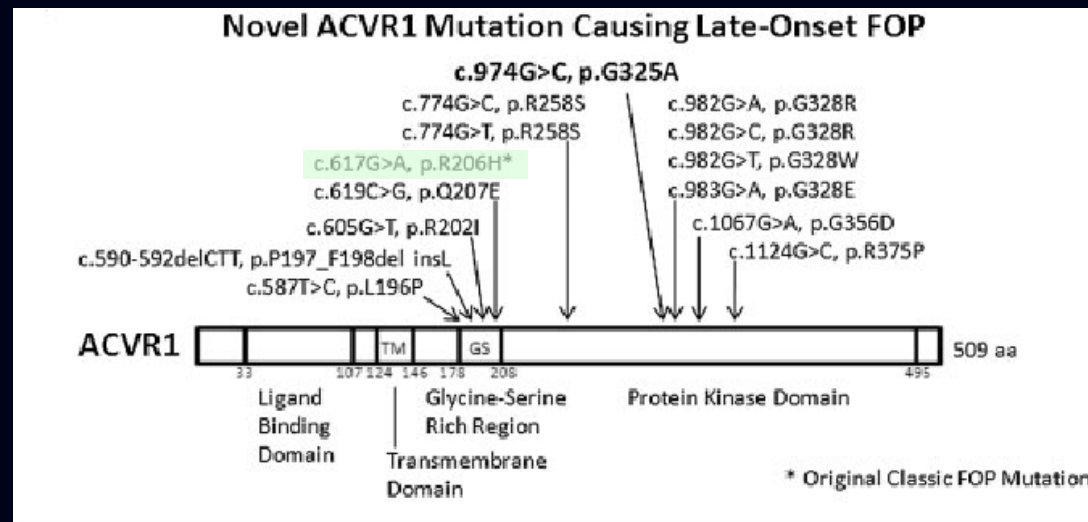
## TYPICAL FOP



## ATYPICAL FOP-Plus



Kaplan et al., 2009



37  
Dandara et al., 2012





# OSSIFICATION | FIBRODYSPLASIA OSSIFICANS PROGRESSIVA

Birth

⋮

1<sup>st</sup>

D  
E  
C  
A  
D  
E

⋮

2<sup>nd</sup>

D.

⋮

4<sup>th</sup>

D.

Normal (except for congenital malformation of toes)

Flare-ups

(episodes of painful soft tissue swellings)

Initially some flare-ups may regress

Transformation of skeletal muscle, tendons, ligaments,  
fascia, aponeuroses into heterotopic bone

NO skin involvement

(DD Progressive osseous heteroplasia)

Limitations in mobility

Demise

- Thoracic ossification
- Severe weight loss (jaw ossification)
- Spinal ossification

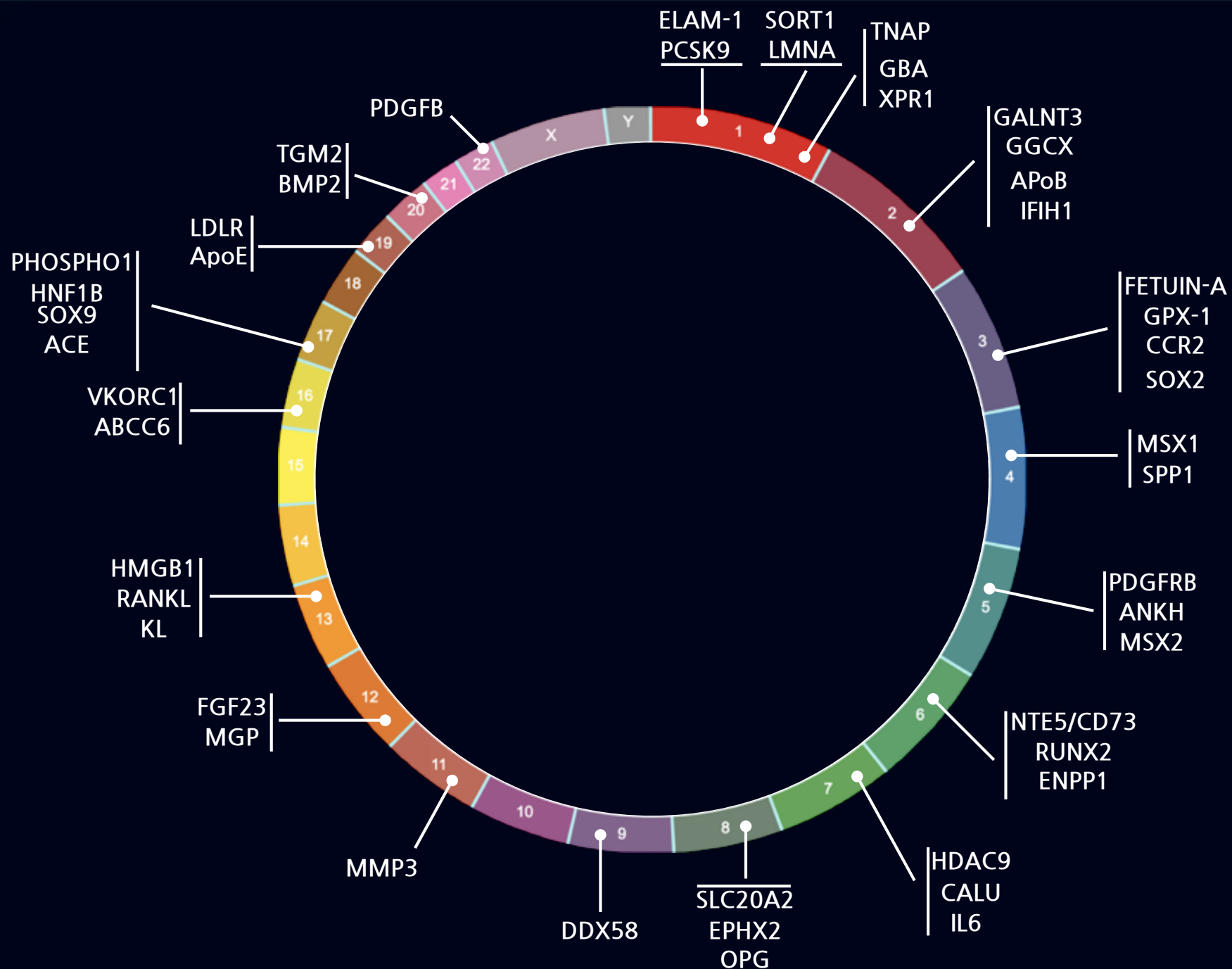


# ECTOPIC CALCIFICATION | GENETICS





# ECTOPIC CALCIFICATION | GENOMIC ARCHITECTURE

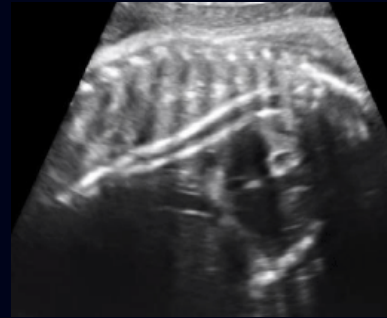




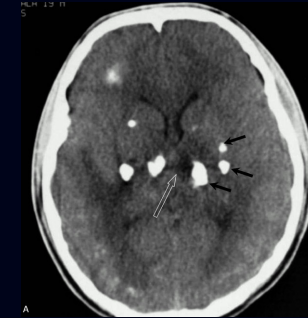
Pseudoxanthoma elasticum(-like)



Progeria syndromes



Arterial calcification of infancy



Familial brain calcification



Tumoral calcinosis

PREDICT

MONITOR

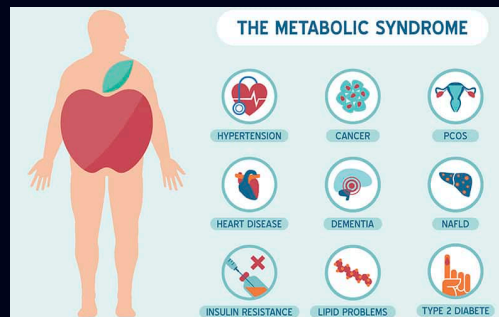


PREVENT

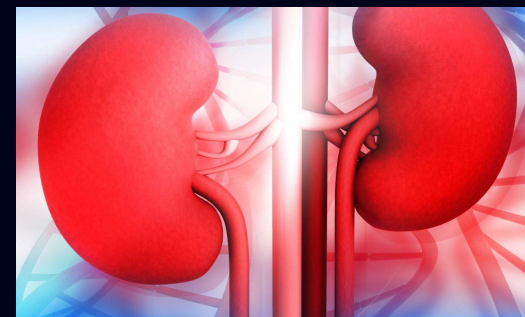
TREAT



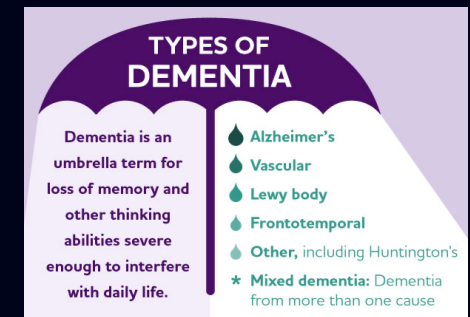
Diabetes mellitus



Metabolic syndrome



Chronic kidney disease



Dementia

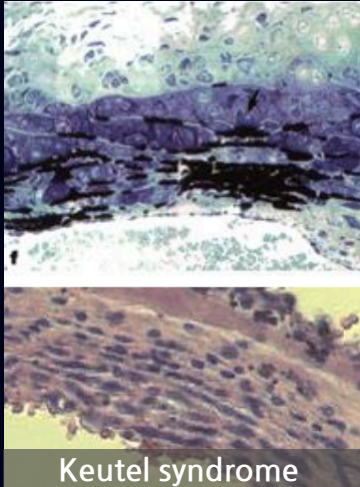




# FROM RARE TO COMMON | CLINICAL EXAMPLES

## MGP

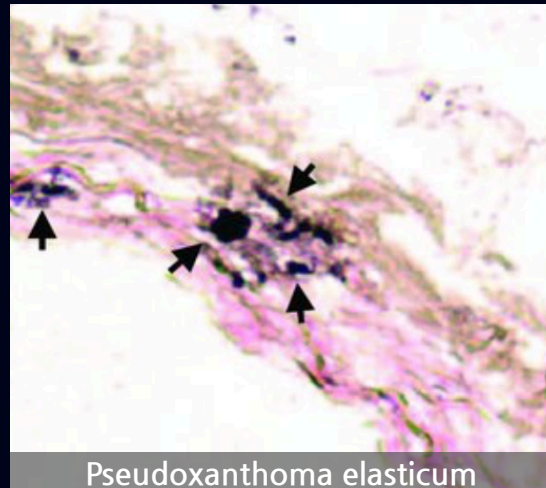
MGP null



Wild-Type

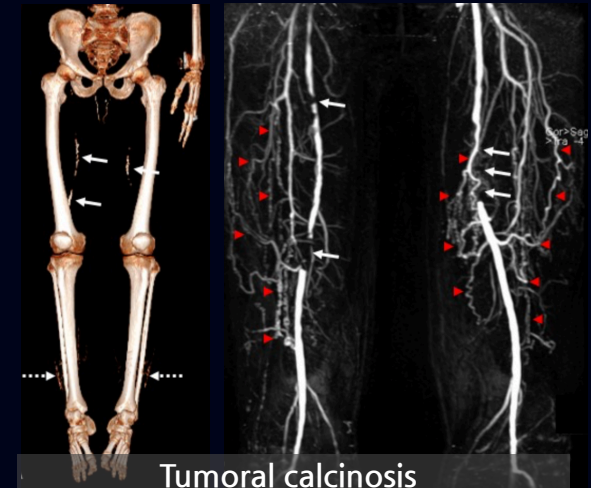
Keutel syndrome

## ABCC6

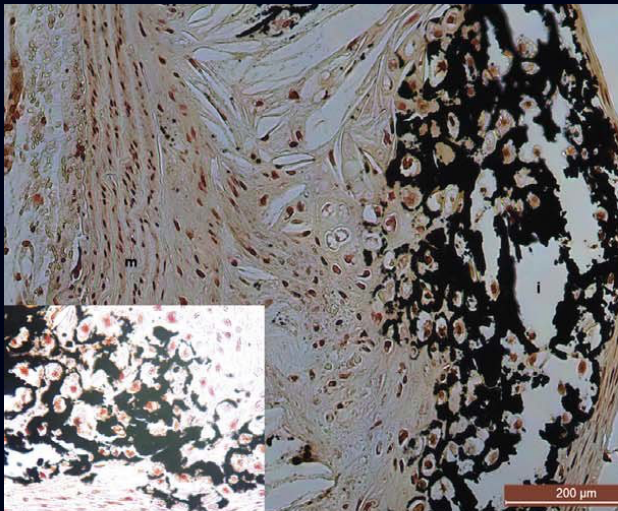


Pseudoxanthoma elasticum

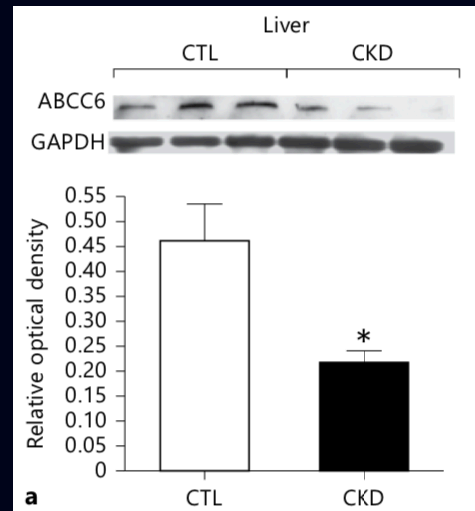
## FGF23



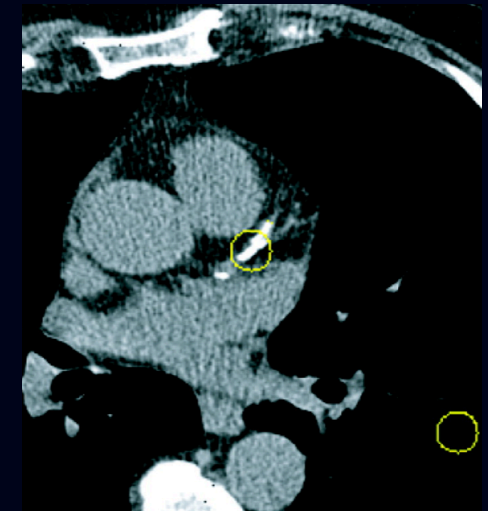
Tumoral calcinosis



WARFARIN-INDUCED  
MINERALIZATION



CKD-INDUCED  
MINERALIZATION

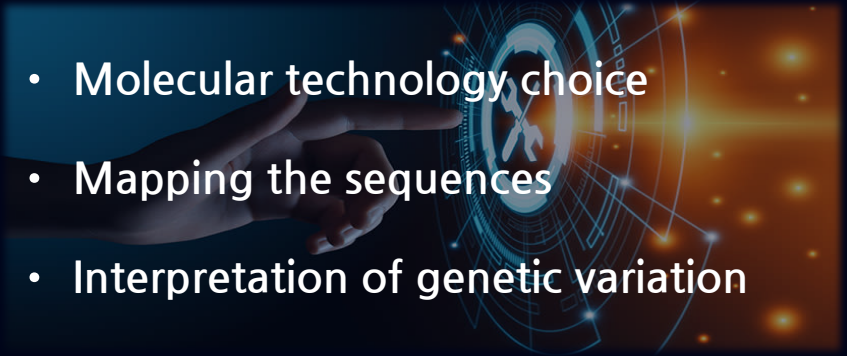


CORONARY ARTERY  
MINERALIZATION



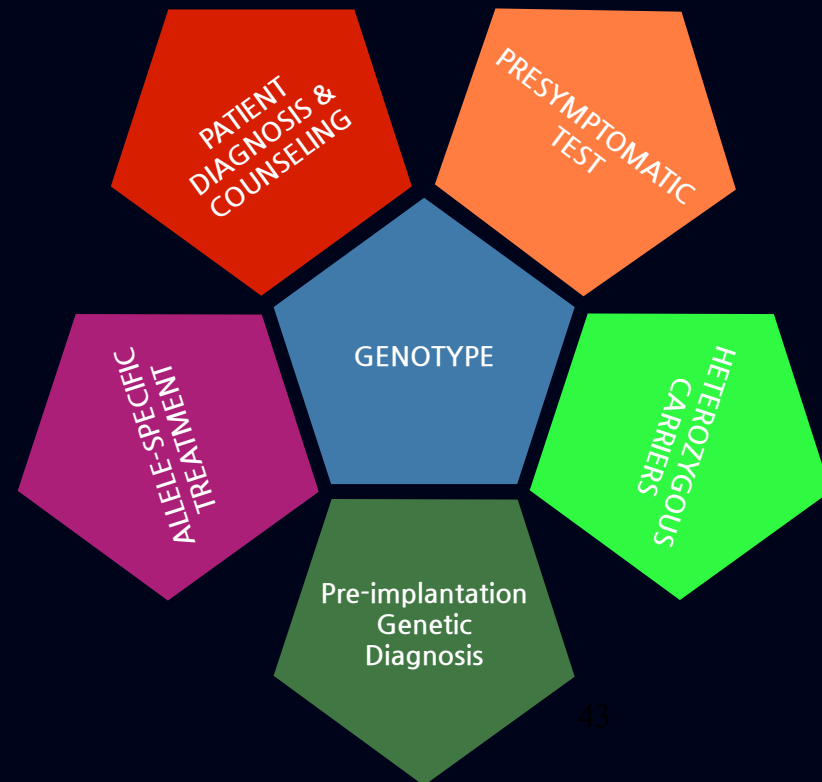
# GENOMICS OF CALCIFICATION | CHALLENGES

TECHNICAL ..... **OBTAIN**  
**INTERPRET**

- 
- Molecular technology choice
  - Mapping the sequences
  - Interpretation of genetic variation

CLINICAL  
.....  
ETHICAL

**USE**





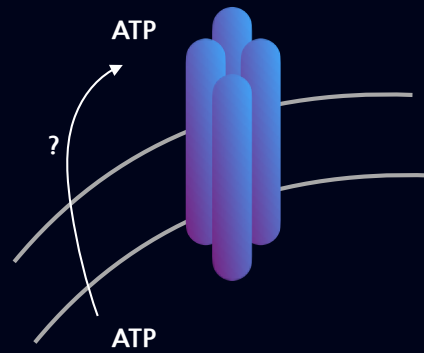
# PXE | THE ABCC6 GENOMIC LOCUS

**nature  
genetics**

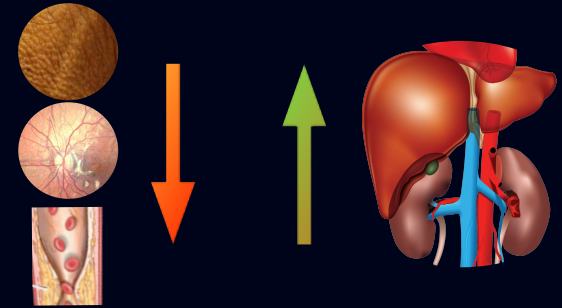
nature genetics • volume 25 • june 2000

**Mutations in a gene encoding an ABC transporter cause pseudoxanthoma elasticum**

Olivier Le Saux<sup>1</sup>, Zsolt Urban<sup>1</sup>, Cordula Tschuch<sup>1</sup>, Katalin Csiszar<sup>1</sup>, Barbara Bacchelli<sup>2</sup>, Daniela Quaglini<sup>2</sup>, Ivonne Pasquali-Ronchetti<sup>2</sup>, F. Michael Pope<sup>3,4</sup>, Allan Richards<sup>4</sup>, Sharon Terry<sup>5</sup>, Lionel Bercovich<sup>6</sup>, Anne de Paepe<sup>7</sup> & Charles D. Boyd<sup>1</sup>

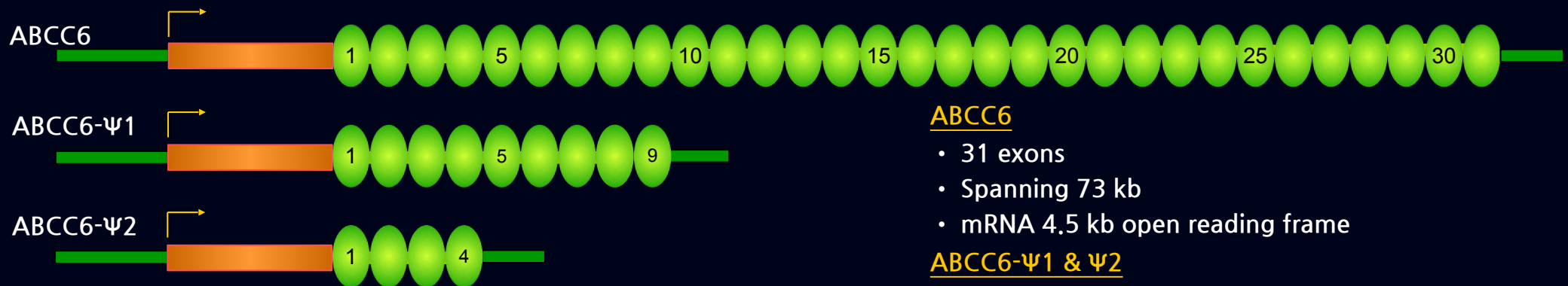


ABCC6



Expression profile

ABCC6 LOCUS: 16p13.11



## ABCC6

- 31 exons
- Spanning 73 kb
- mRNA 4.5 kb open reading frame

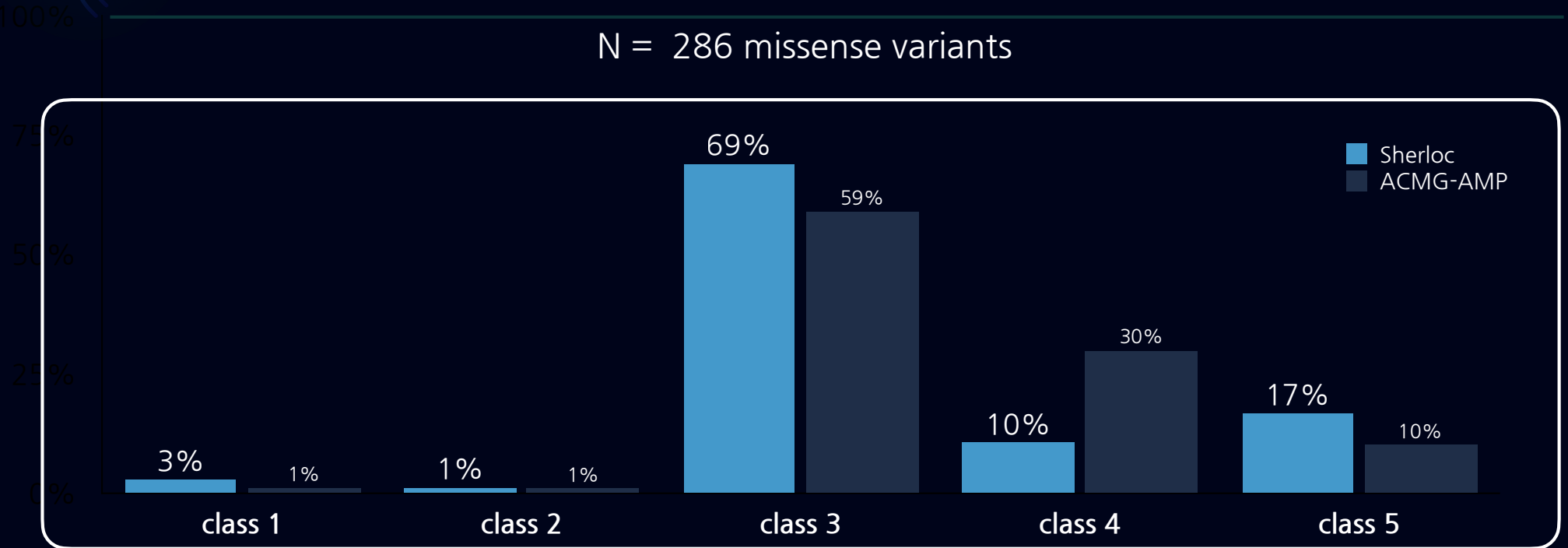
## ABCC6-Ψ1 & Ψ2

- 16p
- 99.995% homology

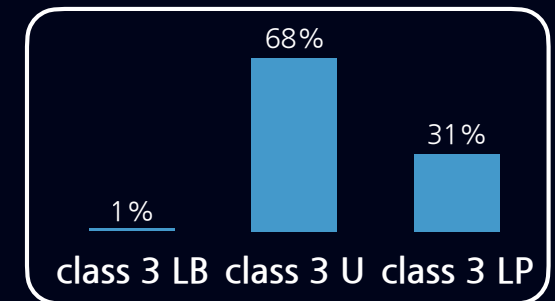


# PXE | ABCC6 MISSENSE VARIANT INTERPRETATION

N = 286 missense variants



VARIANTS OF UNKNOWN SIGNIFICANCE



133 out of 286 missense variants (47%) are (likely) pathogenic





# PXE | INCOMPLETE PENETRANT ABCC6 ALLELES

p.(R391G)

p.(V787I)

## POPULATION GENETICS

AF: 0.0078  
Enrichment: 2.89  
 $p=5 \times 10^{-4}$

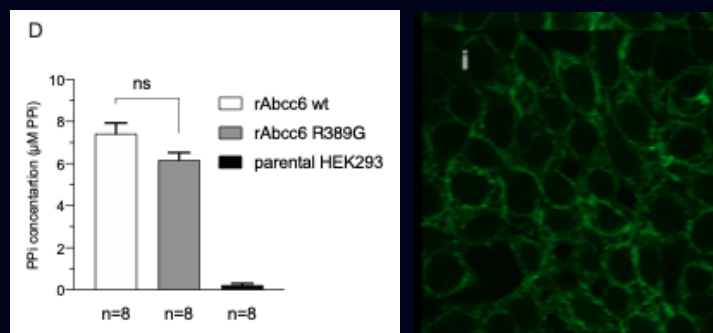
AF: 0.00057  
Enrichment: 9.53  
 $p=0.02$

## ESTIMATED PENETRANCE

20%

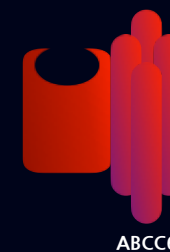
10%

## FUNCTIONAL VALIDATION



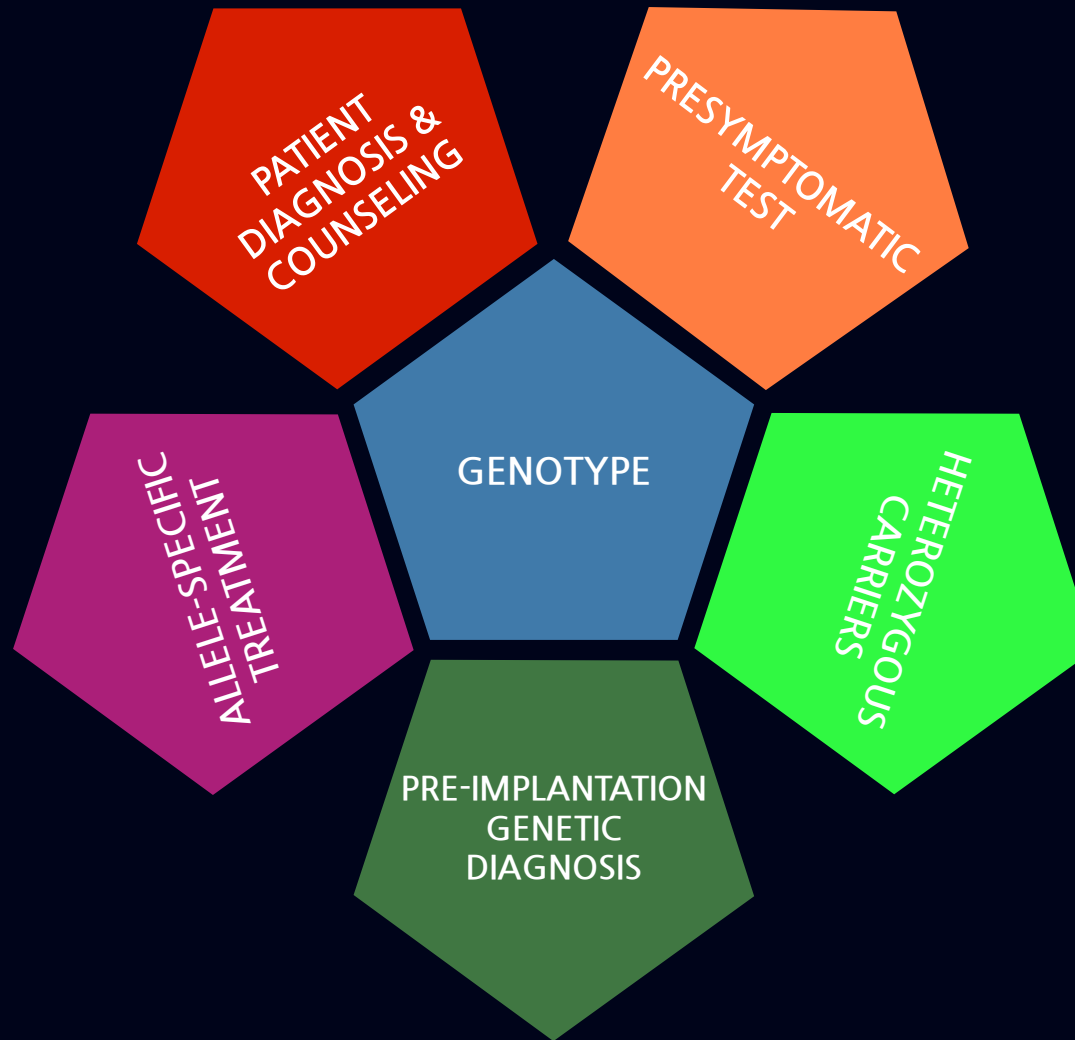
## UNDERLYING MECHANISM

Third ABCC6 variant in cis  
Second ABCC6 variant in trans



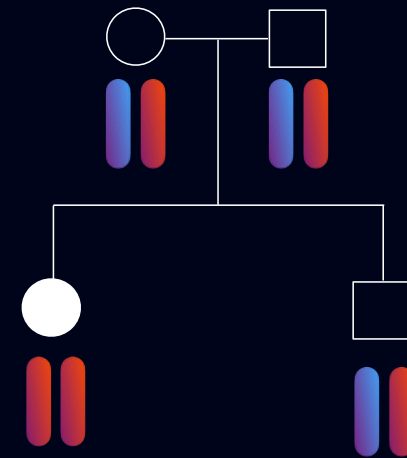
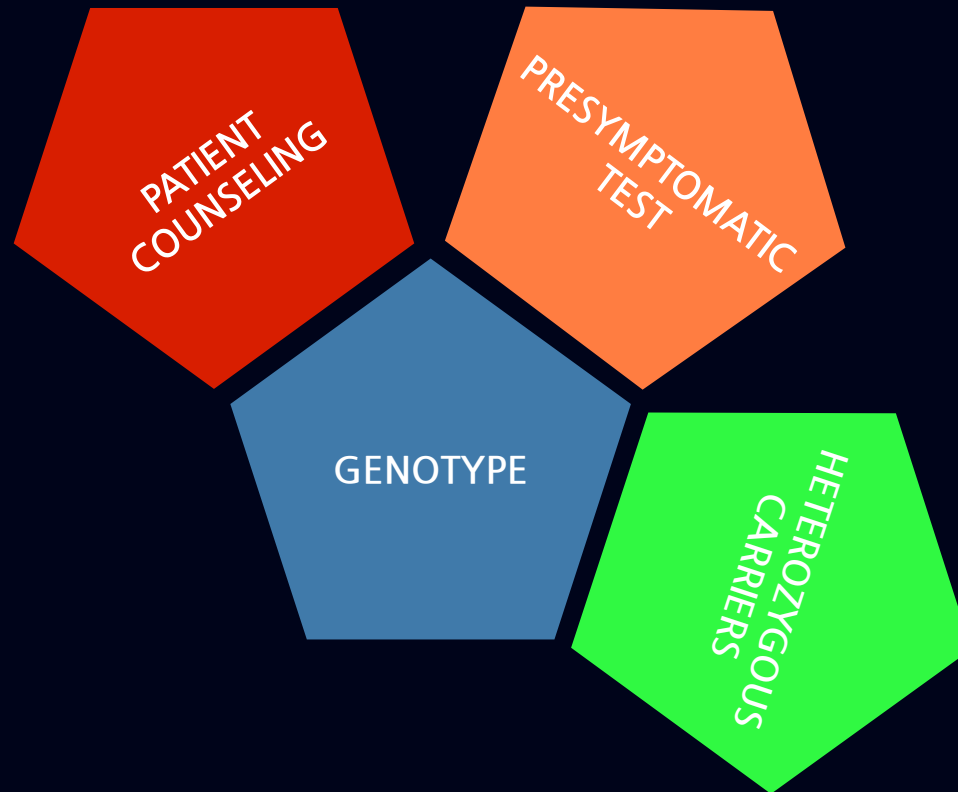


# GENOMICS | CLINICAL APPLICATIONS





# GENOMICS | TESTING FAMILY MEMBERS OF A PROBAND

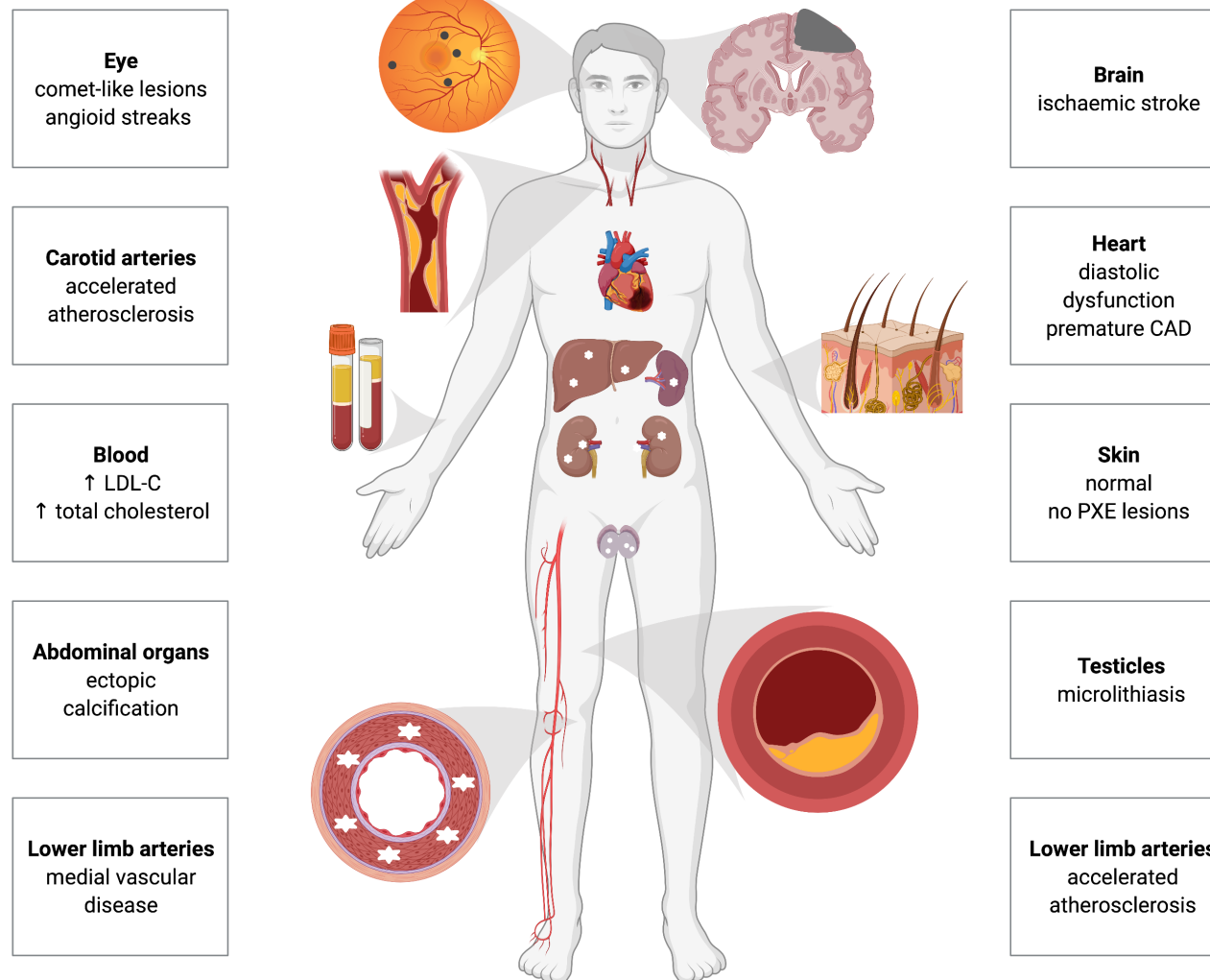


Heterozygous carriers have a higher **cardio- & cerebrovascular** risk<sup>48</sup>

**To cite:** Nollet L, Campens L, De Zaeytijd J, *et al.* *J Med Genet* Epub ahead of print: [please include Day Month Year]. doi:10.1136/jmedgenet-2020-107565

# Clinical and subclinical findings in heterozygous *ABCC6* carriers: results from a Belgian cohort and clinical practice guidelines

Lukas Nollet <sup>1,2</sup> Laurence Campens,<sup>3</sup> Julie De Zaeytijd,<sup>4</sup> Bart Leroy,<sup>4,5</sup> Dimitri Hemelsoet,<sup>6</sup> Paul J Coucke,<sup>1,2</sup> Olivier M Vanakker<sup>1,2</sup>

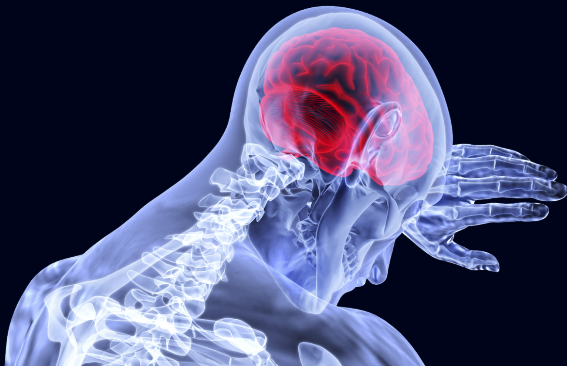






# GENOMICS | FINDING ABCC6 PATHOGENIC VARIANTS

## ABCC6 BEYOND PXE



De Vilder et al.



Letavernier et al.

## SECONDARY FINDING



Untargeted exome analysis



prenatal (ultra-fast) Mendeliome analysis

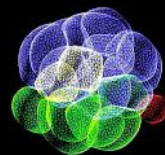
## EXPANDED CARRIER SCREENING



EasyDNA



CoreBiome



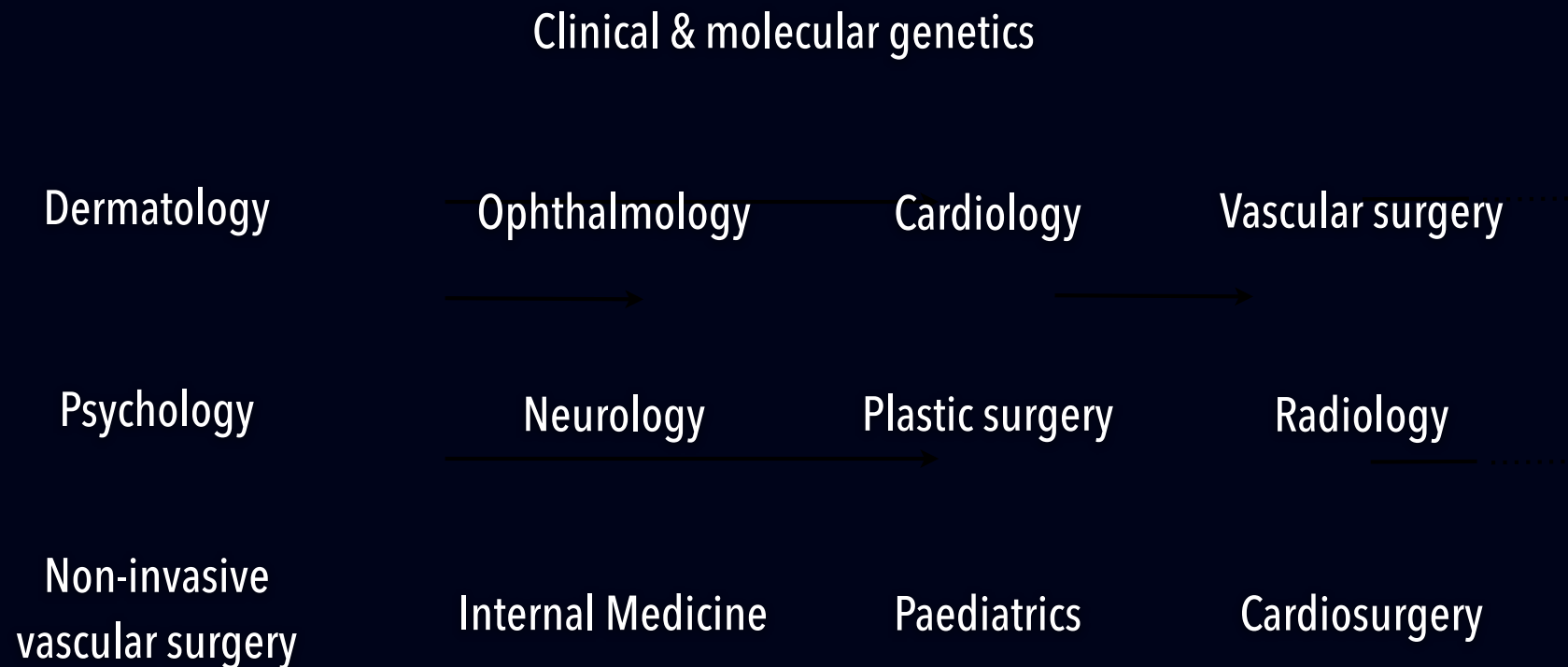
## PRE-IMPLANTATION GENETIC DIAGNOSIS

# ECTOPIC CALCIFICATION | MANAGEMENT





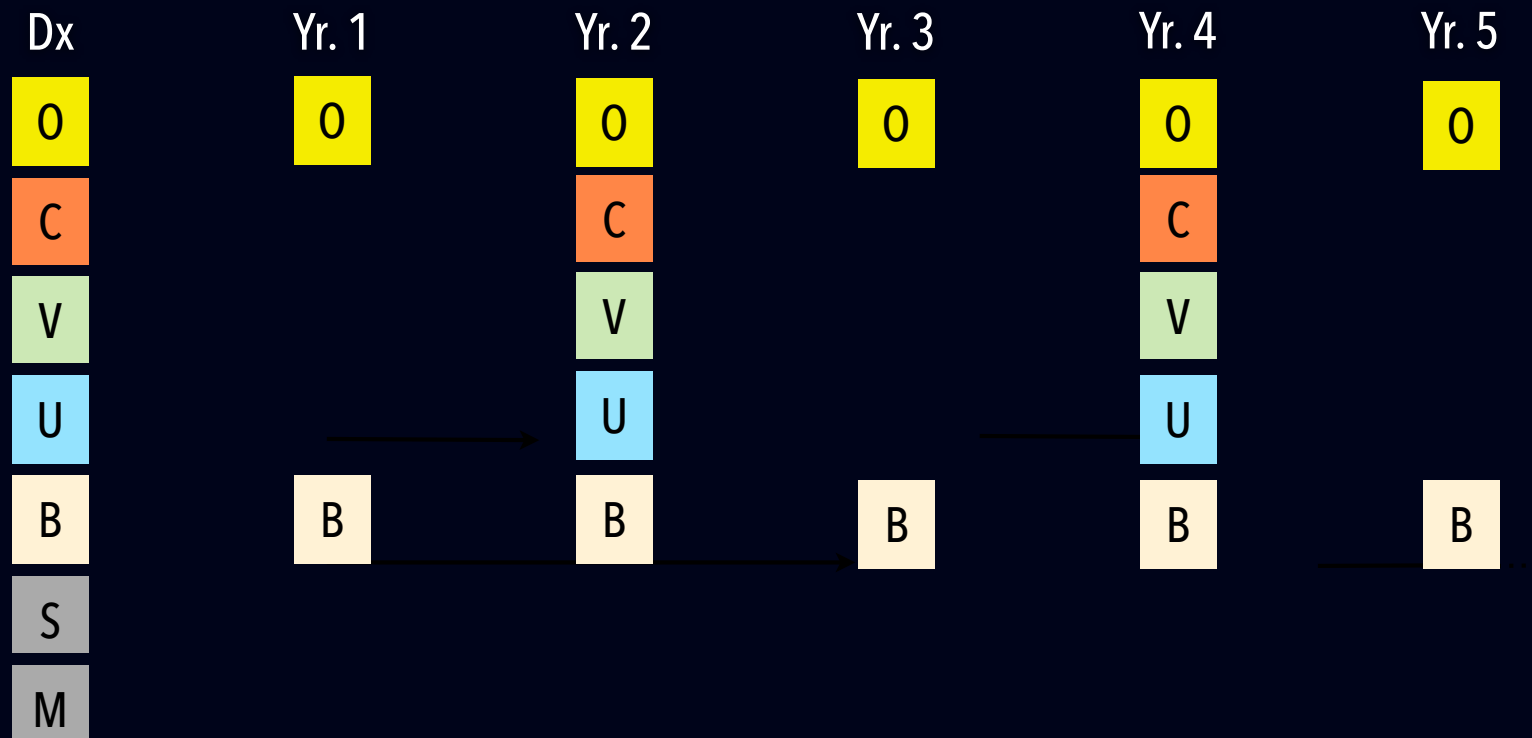
## MULTIDISCIPLINARY





# ECTOPIC MINERALIZATION | MANAGEMENT

## PXE



Focus on **prevention** and **early** detection





## ECTOPIC MINERALIZATION | PREVENTION

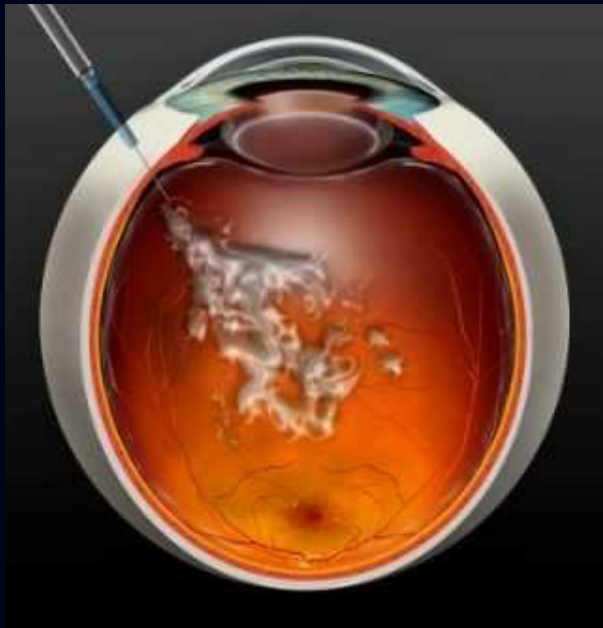
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- No contact sports
- Avoid ball sports
- No deep sea diving / mountain climbing
- No longterm NSAIDs
- Avoid anti-coagulants

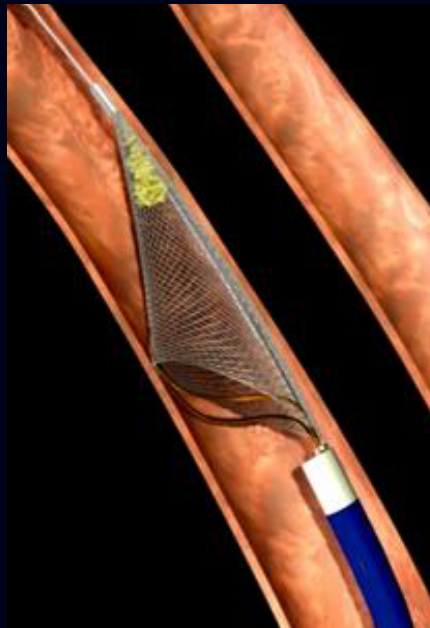


# ECTOPIC MINERALIZATION | SYMPTOMATIC TREATMENT

Anti-VEGF  
antibodies



Vascular  
stenting



Subcutaneous  
lipofilling



Early treatment of the complications



# ECTOPIC MINERALIZATION | TREATMENT

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## DISEASE-SPECIFIC TREATMENT

Gene therapy

Allele-specific therapy

Stem cell treatment

## CALCIFICATION-DIRECTED TREATMENT

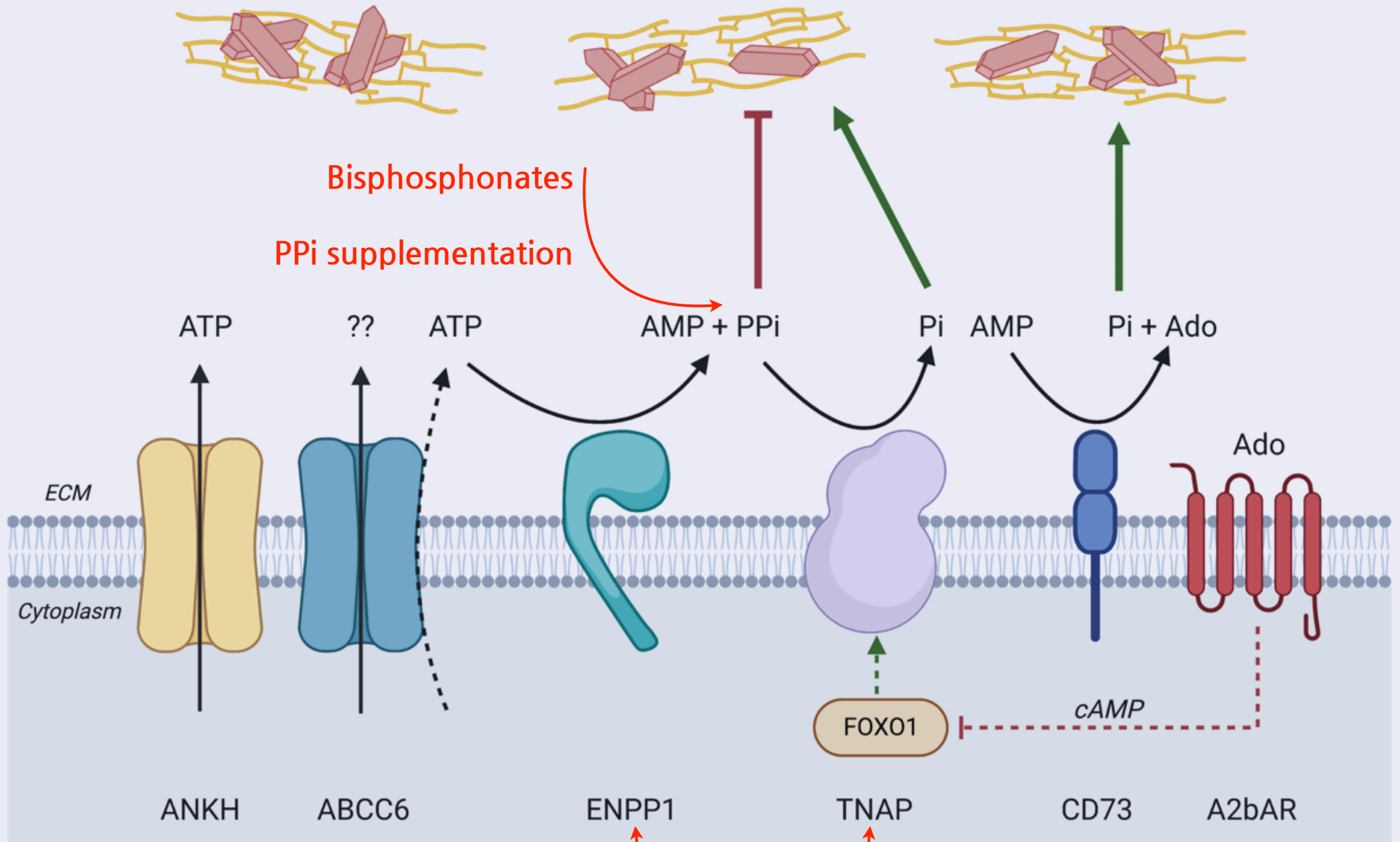
Stop progression

Reverse ectopic calcification

Reverse matrix damage

# DTPA-Nanoparticle treatment

Bisphosphonates  
PPi supplementation

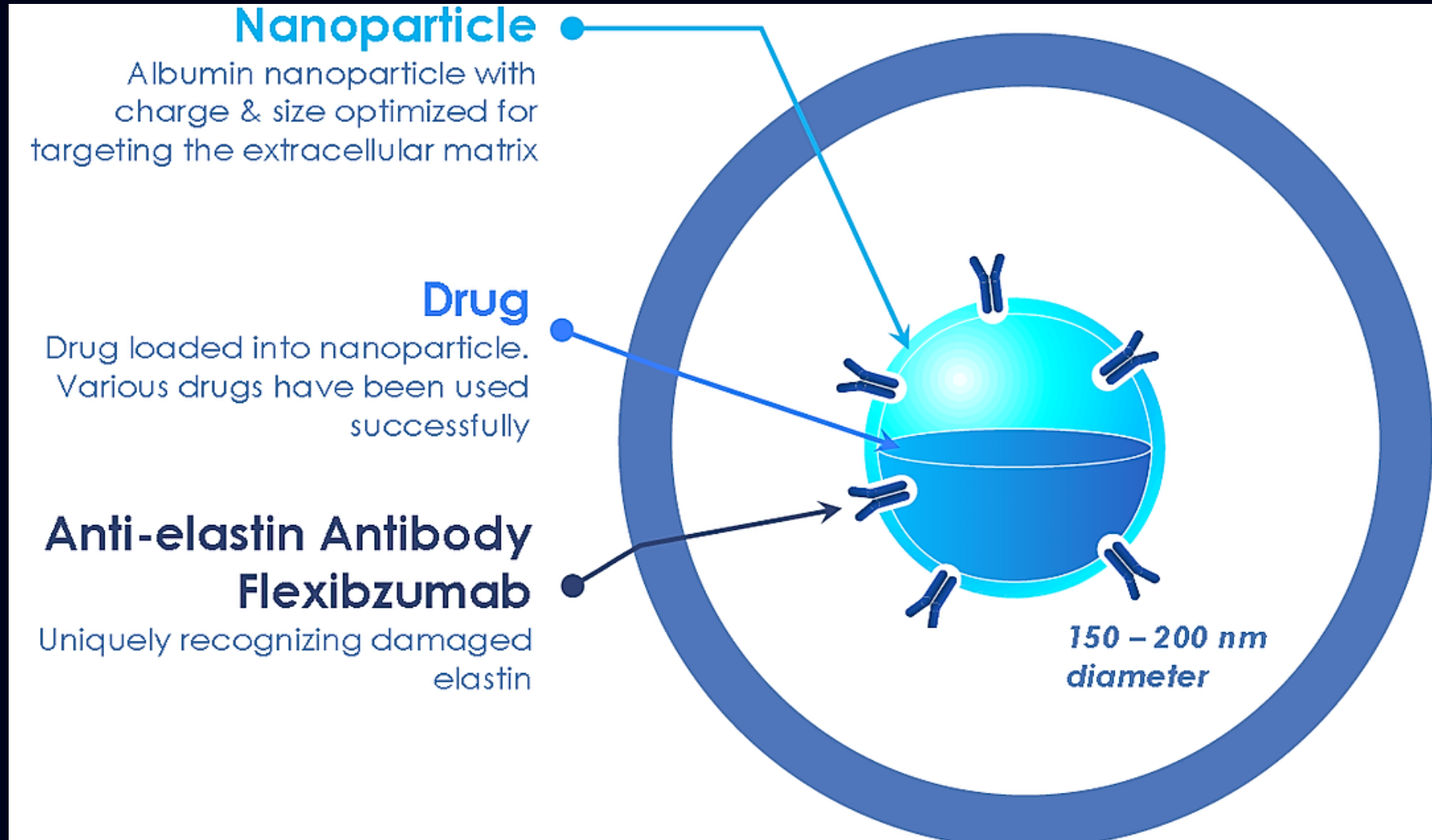


ENPP1 recombinant protein

TNAP inhibition



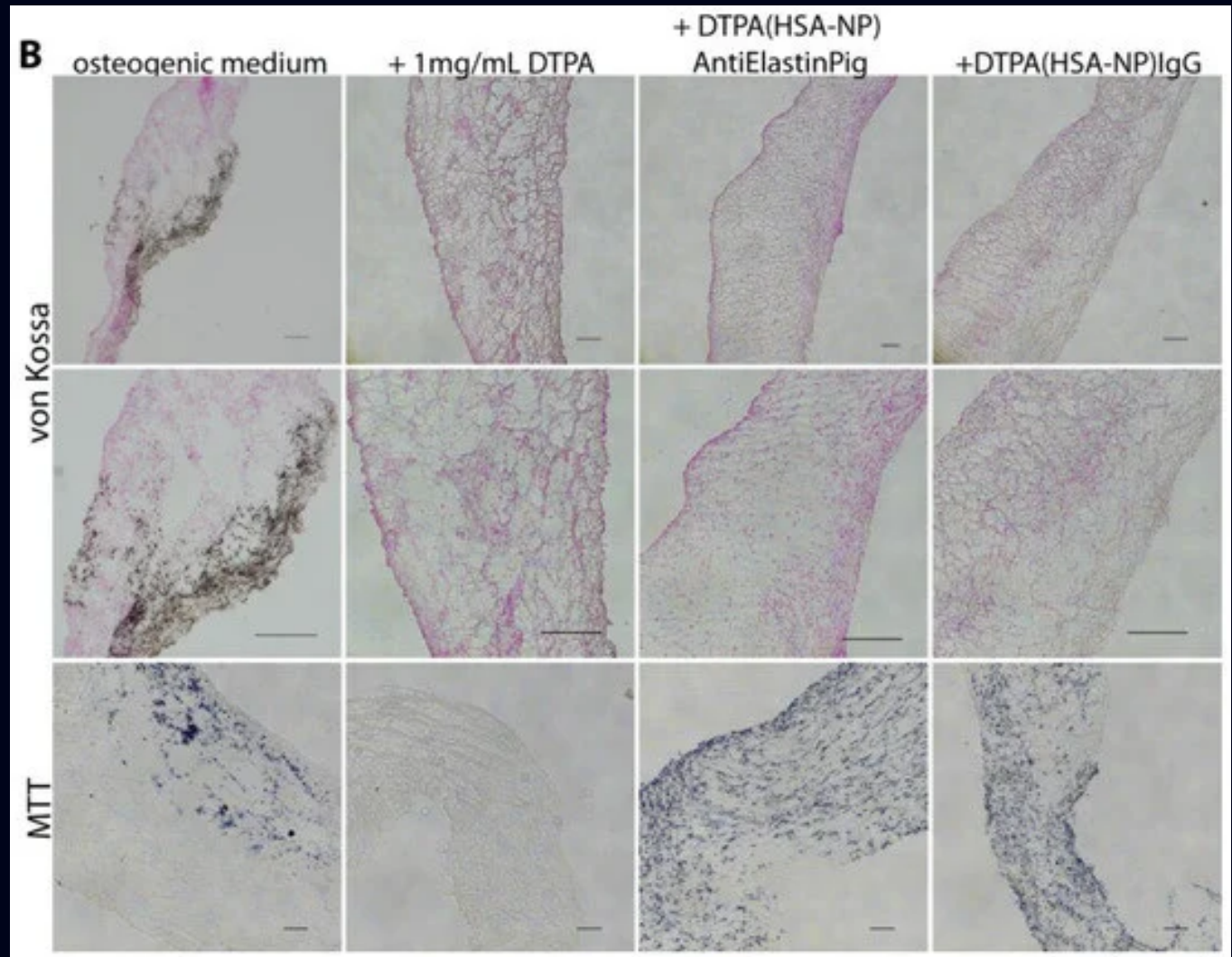
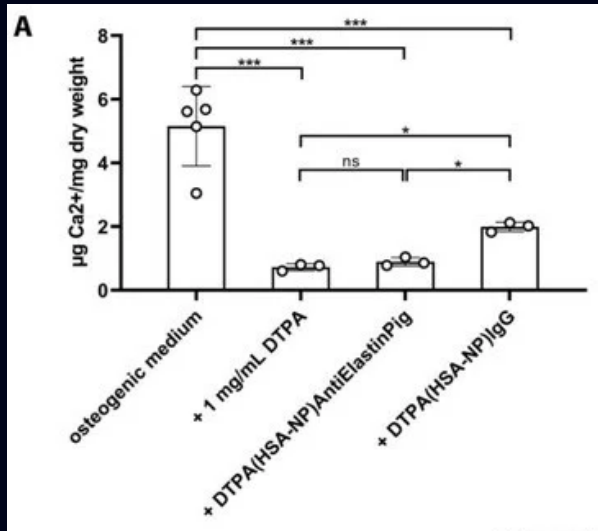
# TREATMENT | NANOPARTICLE TREATMENT







# TREATMENT | NANOPARTICLE TREATMENT

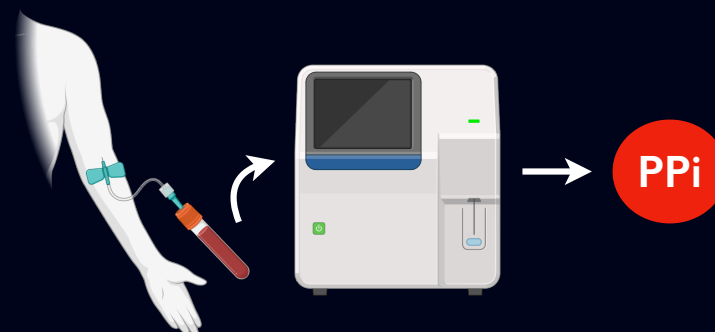
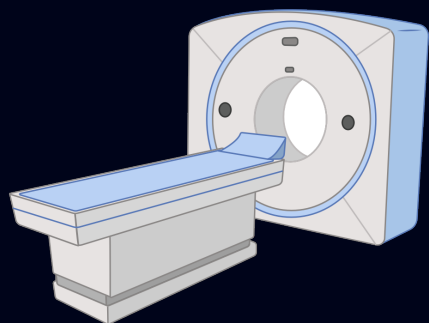


# ECTOPIC CALCIFICATION | MONITORING





# MINERALIZATION | DIAGNOSIS AND MONITORING



## CENTRAL ILLUSTRATION: Proposed Decision-Making Approach to Selective Use of Coronary Artery Calcium Measurement for Risk Prediction

Using 10-year ASCVD risk estimate plus coronary artery calcium (CAC) score to guide statin therapy

| Patient's 10-year atherosclerotic cardiovascular disease (ASCVD) risk estimate: | <5%                                        | 5-7.5%                                  | >7.5-20%                                | >20%                                       |
|---------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------|
| Consulting ASCVD risk estimate alone                                            | <b>Statin not recommended</b>              | Consider for statin                     | <b>Recommend statin</b>                 | <b>Recommend statin</b>                    |
| Consulting ASCVD risk estimate + CAC                                            |                                            |                                         |                                         |                                            |
| If CAC score =0                                                                 | <b>Statin not recommended</b>              | <b>Statin not recommended</b>           | <b>Statin not recommended</b>           | <b>Recommend statin</b>                    |
| If CAC score >0                                                                 | <b>Statin not recommended</b>              | Consider for statin                     | <b>Recommend statin</b>                 | <b>Recommend statin</b>                    |
| Does CAC score modify treatment plan?                                           | ✗<br>CAC not effective for this population | ✓<br>CAC can reclassify risk up or down | ✓<br>CAC can reclassify risk up or down | ✗<br>CAC not effective for this population |

Greenland, P. et al. J Am Coll Cardiol. 2018;72(4):434-47.

Article

## Inorganic Pyrophosphate Plasma Levels Are Decreased in Pseudoxanthoma Elasticum Patients and Heterozygous Carriers but Do Not Correlate with the Genotype or Phenotype

Matthias Van Gils<sup>1,2,3</sup>, Justin Depauw<sup>3</sup>, Paul J. Coucke<sup>1,2,3</sup>, Shari Aerts<sup>1,2,3</sup>, Shana Verschuere<sup>1,2,3</sup>, Lukas Nollet<sup>1,2,3</sup> and Olivier M. Vanakker<sup>1,2,3,\*</sup>

Article

## Plasma Level of Pyrophosphate Is Low in Pseudoxanthoma Elasticum Owing to Mutations in the ABCC6 Gene, but It Does Not Correlate with ABCC6 Genotype

Eszter Kozák<sup>1,†</sup>, Jonas W. Bartstra<sup>2,†</sup>, Pim A. de Jong<sup>2</sup>, Willem P. T. M. Mali<sup>2</sup>, Krisztina Fülöp<sup>1</sup>, Natália Tőkési<sup>1</sup>, Viola Pomozi<sup>1</sup>, Sara Risseuw<sup>3</sup>, Jeannette Ossewaarde-van Norel<sup>3</sup>, Redmer van Leeuwen<sup>3</sup>, András Váradi<sup>1,‡</sup> and Wilko Spiering<sup>4,\*,‡</sup>

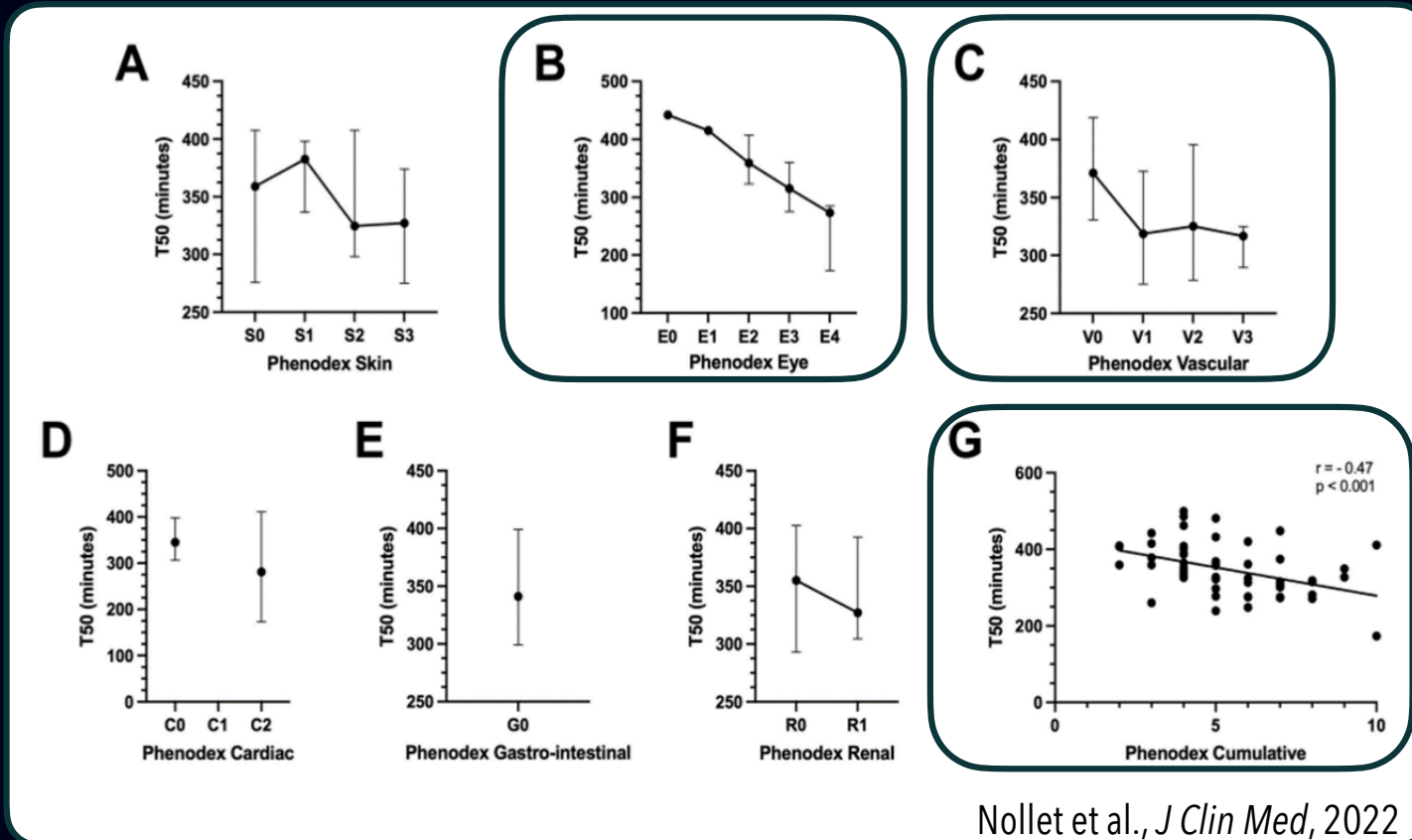
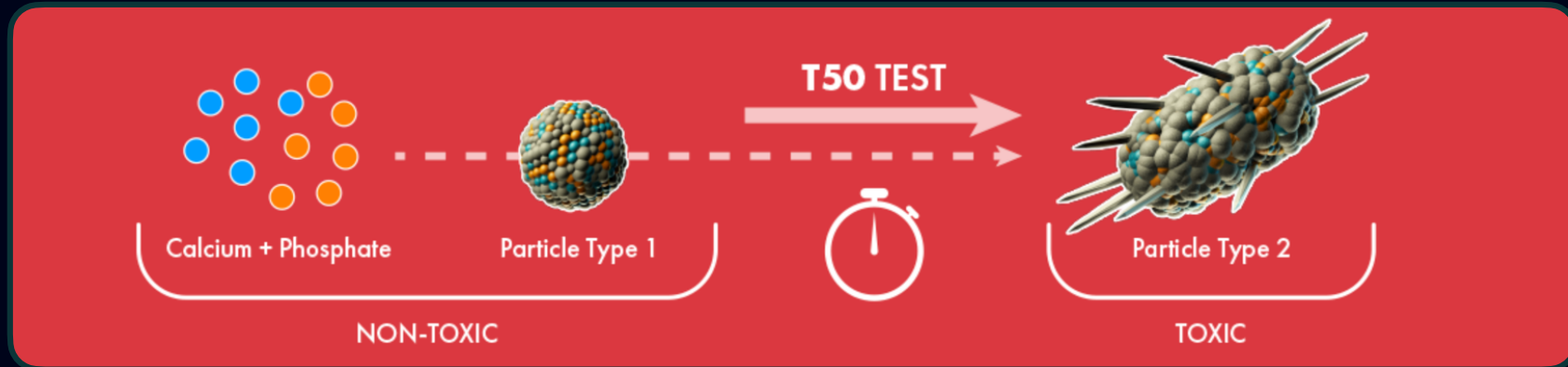
Article

## Relationships between Plasma Pyrophosphate, Vascular Calcification and Clinical Severity in Patients Affected by Pseudoxanthoma Elasticum

Georges Leftheriotis<sup>1,2,\*</sup>, Nastassia Navasiolava<sup>3</sup>, Laetitia Clotaire<sup>2</sup>, Christophe Duranton<sup>2</sup>, Olivier Le Saux<sup>4</sup>, Saïd Bendahhou<sup>2</sup>, Audrey Laurain<sup>2</sup>, Isabelle Rubera<sup>2</sup> and Ludovic Martin<sup>3</sup>



# MONITORING | T50 CALCIFICATION PROPENSITY



# ECTOPIC MINERALIZATION | INTEGRATIVE APPROACH





SOFT TISSUE MINERALIZATION  
SHOULD BE CONSIDERED

**A DISEASE**

RATHER THAN AN (INNOCENT)  
EPIPHENOMENON



ECTOPIC MINERALIZATION RESEARCH GHEENT

*Instagram: @ectopicmineralizationresearch*



## ECTOPIC MINERALIZATION RESEARCH GROUP GHEENT



○ GHENT PXE & EC REFERENCE CENTER

PATIENTS  
CARRIERS

○ RESEARCH

CLINICAL  
GENETIC  
EPIGENETIC



ECTOPICMINERALIZATIONRESEARCH



International Network on Ectopic Calcification

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International Network on Ectopic Calcification

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P20



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16



12



18

# ECTOPIC MINERALIZATION | TAKE HOME MESSAGES

- **MULTIFACETTED** PATHOPHYSIOLOGY
- **HEREDITARY** & **COMMON** DISORDERS AS WELL AS **AGING**
- DIRECT RELATION TO **MORBIDITY** AND **MORTALITY**
- HIGHLY **VARIABLE** PHENOTYPES
- DIAGNOSIS BASED ON **COMBINED** CLINICAL, MOLECULAR & BIOCHEMICAL EVALUATION
- SHOULD BE CONSIDERED A SEPARATE AND UNIQUE **DISEASE ENTITY**
- OPTIMAL CARE REQUIRES AN **INTEGRATIVE MANAGEMENT** APPROACH



# EMRg | GHENT ECTOPIC MINERALIZATION RESEARCH GROUP



## INTEC | INTERNATIONAL NETWORK ON ECTOPIC CALCIFICATION



[www.itnintec.com](http://www.itnintec.com)

## ISSEC | INTERNATIONAL SCIENTIFIC SOCIETY OF ECTOPIC CALCIFICATION



[www.issec.org](http://www.issec.org)