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Dear Ching-Yuang Lin,

FINAL NOTICE!!!

CONGRATULATIONS! Your abstract, "chingyuang@mail.cmu.edu.tw", was accepted for a poster_ presentation at the upcoming Lysosomal Disease Network's 10th Anniversary WORLDSymposium, being held February 10-13, 2014 at The Manchester Grand Hyatt, One Market Place, San Diego, CA, 92101, USA.

Please confirm your participation and presentation at the bottom of this page by selecting "Accept" below. If you are unable to attend the symposium, please indicate so by selecting "Decline" below. If we do not receive confirmation by January 17, 2014, your poster will be declined; we will not assign a poster board to you, and you will not be able to participate as a poster presenter.

Please read the information below for additional details regarding your poster and deadlines.

WORLD Symposium 2014 Registration

- All poster presenters are required to register for the symposium and will be responsible for the registration fee.
- The early registration discount has expired. To register for the symposium, go to www.WORLDSymposium2014.com and click on "Register".

Hotel Reservations

- Poster presenters are responsible for their own hotel reservations and all travel expenses.
 - The Manchester Grand Hyatt is SOLD OUT. Please see our website at: www.WORLDSymposium2014.com for alternate hotels.

Preliminary Program -Available online

The Preliminary Program will be available online at www.lysosomaldiseasenetwork.org.

Poster Sessions and Dimensions

You have been invited to present your abstract as a poster. At this time, the poster sessions are scheduled on Tuesday, February 11th from 4:30-6:30 pm and Wednesday, February 12th from 4:30-6:30 pm. You, or one of your colleagues, must present your poster on these dates and be available for questions. If you are unable to present your poster, but a colleague is available, please "accept" below, and send an email to amber@gmimeetings.com with the name and email address of your co-author who will present your poster. Posters may be mounted beginning at 1:00PM on February 10th in the designated area. Poster board dimensions will be limited to Width: 44 inches and Height: 44 inches.

Poster Guidelines

Commercial logos are not allowed to be displayed on the abstracts, presentations or posters. Use generic drug names only. You will be assigned a poster board location number where your poster should be placed at a later date. Pins will be provided.

On behalf of the WORLDSymposium 2014 planning committee, congratulations!

If you have any further questions, please contact Amber Brown at amber@gmimeetings.com. We hope to see you in San Diego!

Warmest regards,

Chester B. Whitley, Ph.D., M.D.
Professor
Gene Therapy Center
Department of Pediatrics, and
Department of Experimental and Clinical Pharmacology
College of Pharmacy

Course Director

WORLDSymposium

Man Diego, CA, USA (February 10-14, 2014)

"We're Organizing Research on Lysosomal Diseases"

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Globotriaosylsphingosine actions on cardiomyocytes: implication for Fabry cardiomyopathy

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BACKGROUND Fabry disease leads to Cardiac injury. However, the link between metabolic abnormality and cardiac injury is poorly characterized. Globotiaosylsphingosine (lyso-Gb3) was a bioactive molecule accumulating in Fabry disease. Blocking FGFR attenuates LVH in a classic animal model of CKD. We hypothesized that lyso-Gb3 could modulaterelease of secondary mediators and result in cardiomyocyte injury.

METHODS Real time RT-PCR, ELISA and western blot were used to study the biological activity of lyso-Gb3 in cultured human cardiomyocytes and confirmed either by IHC or IF staining of cardiac biopsy specimens from Fabry patients.

RESULTS In cultured human cardimyocytes, lyso-Gb3 dose and time dependently increased expression of TGF-ß1, FGFR.TGF-ß1mediated lyso-Gb3 effects on extracellular matrix production. In vivo, TGF-ß1, and FGFR expression were increase in cardiac biopsy specimens from Fabry patients,

CONCLUSION Lyso-Gb3 may have a role in cardiac injury in Fabry disease by promoting the release of TGF- ß1 and expression of FGFR of cardiomyopathy.