

Rare mendelian diseases: pathways to therapy development.

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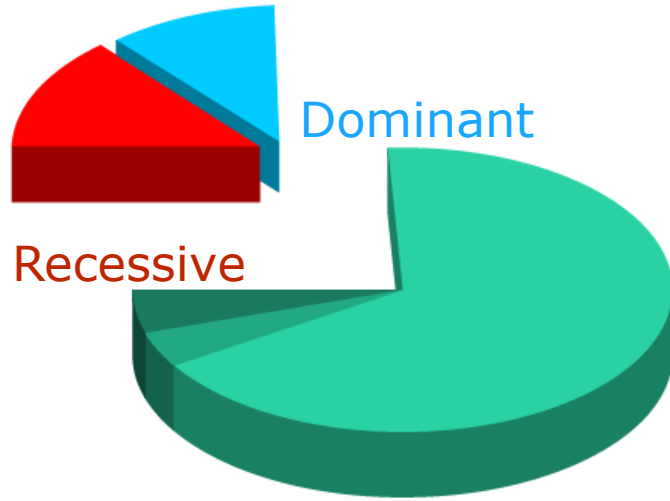
Disclosures

- Royalties:
Cedars-Sinai Medical Center
- Consulting agreements:
Progenitor Lifesciences
- Antisense Oligonucleotides:
Isis Pharmaceuticals
- Grant Funding
NINDS
National Ataxia Foundation

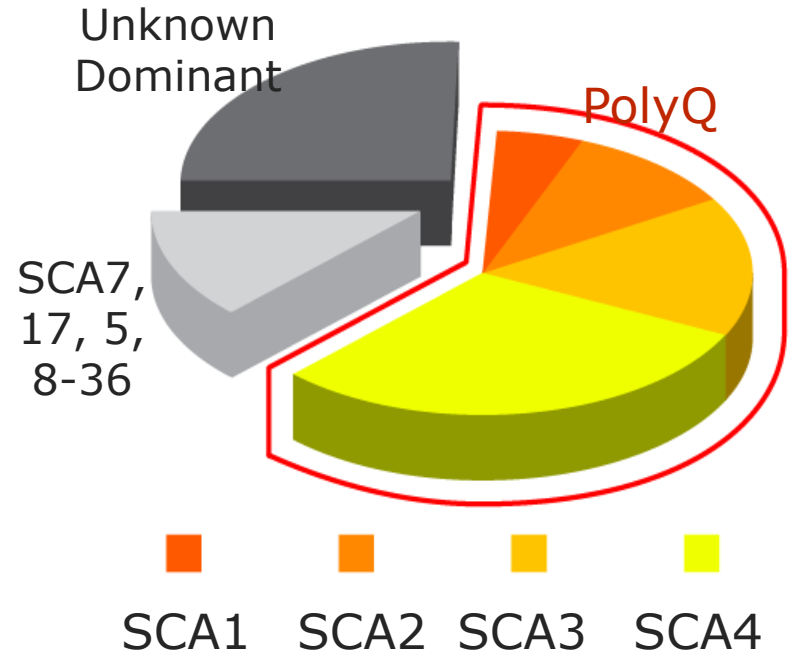
Why study rare genetic diseases?

- Identification of the primary disease-causing step
- Phenotypic definition
- Pathway identification
- Animal (rodent) models
- Mutation or Gene-directed therapies in a homogeneous population

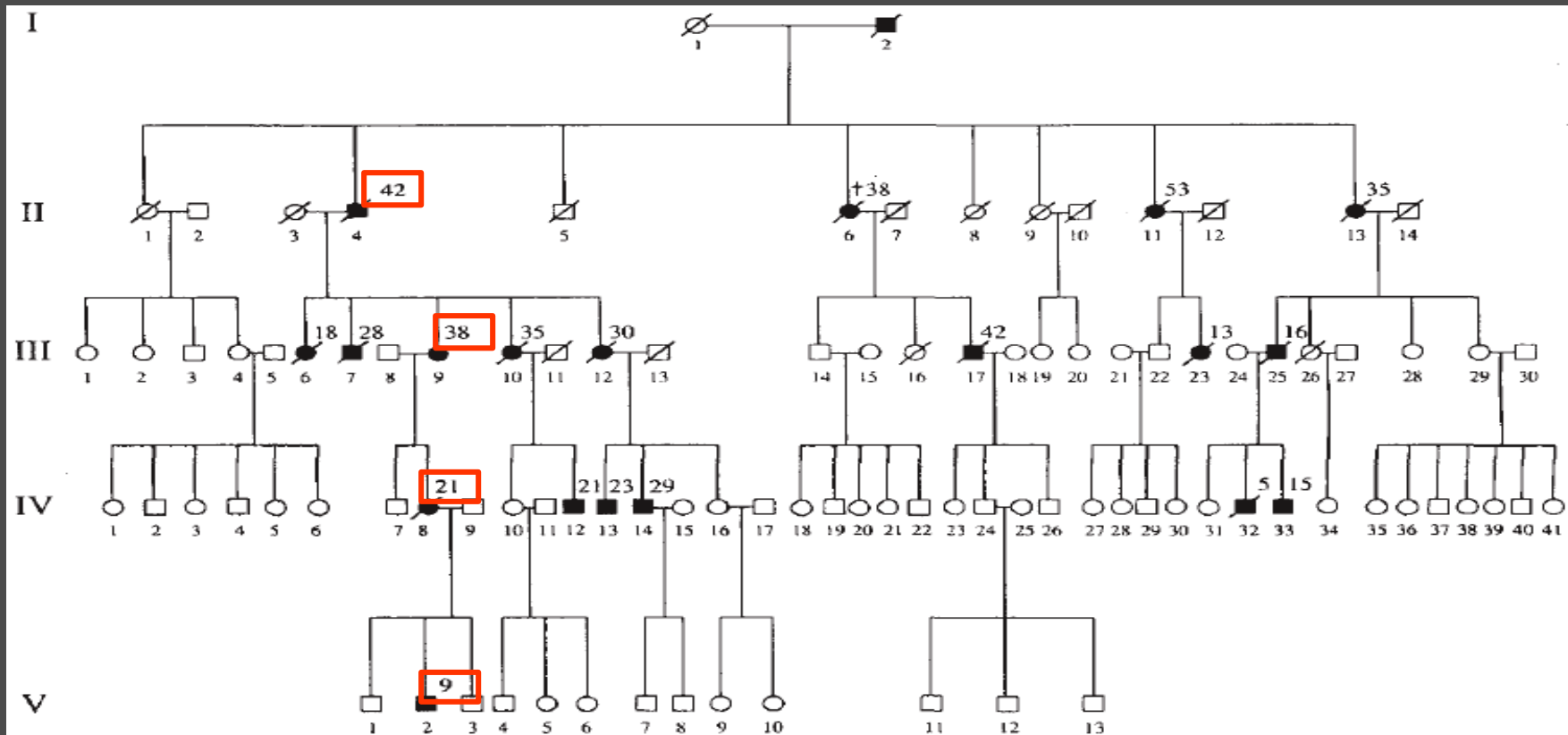
Degenerative Ataxias are common.



Prevalence rate: 19/100,000



Anticipation in the Ataxias



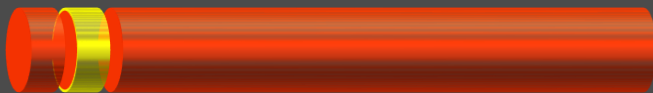
SCA Symptoms/Signs



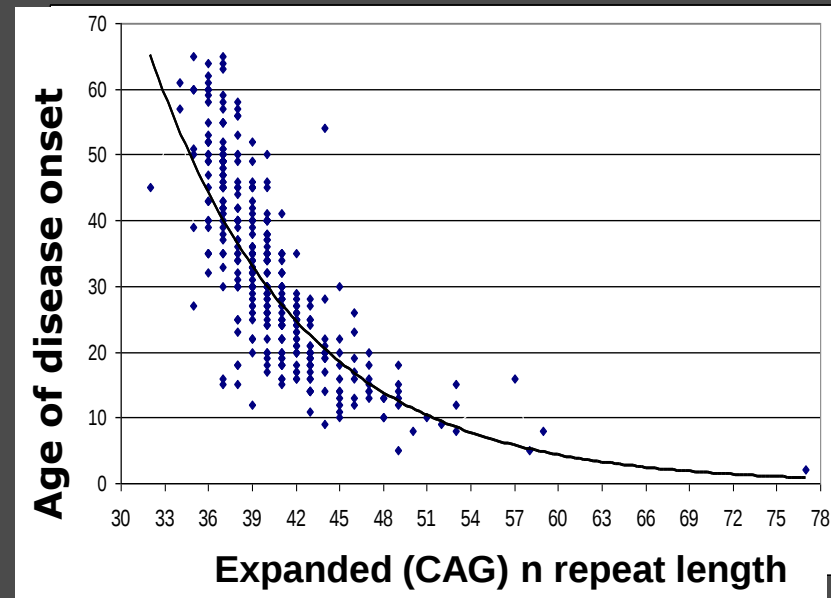
- **Cerebellar**
 - Gait
 - Appendicular Ataxia (Precision/overshoot, rhythm)
 - Speech
 - Eye movements (nystagmus, overshoot)
- **Other**
 - Slow saccades
 - Parkinsonism
 - Spasticity
 - Neuropathy
 - ALS-like

SCA2: Repeats and Anticipation

Normal: 22Q
Range: 13 – 32Q
DNA repeat: interrupted



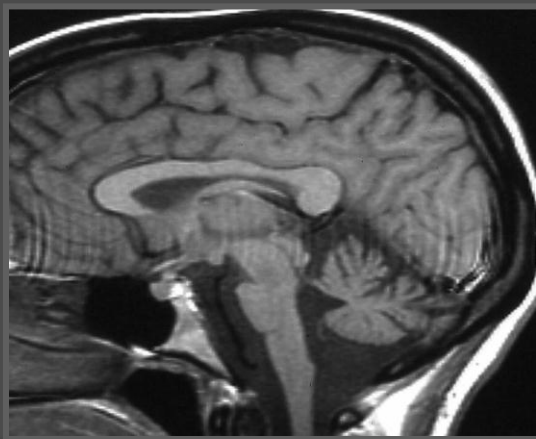
Mutant: $\geq 33Q$



SCA2 is more than cerebellar degeneration.

The usual

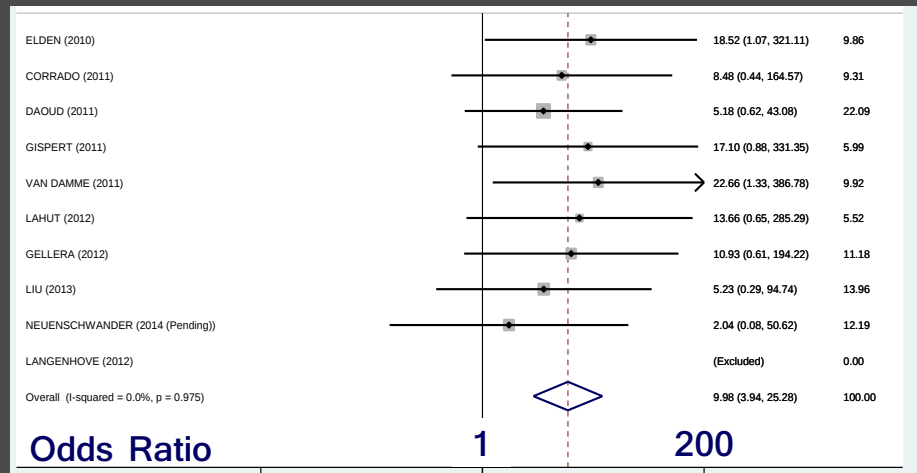
- Slow saccades
- Neuropathy
- Spasticity
- Dystonia
- Frontal-executive dysfunction



The Unusual

- L-DOPA responsive PD
- ALS

Increased ALS risk with ATXN2^{CAG32}



Neuenschwander et al subm.

Models

Why the Mouse ?

- Cells do not have a Cerebellum
- Cerebellar Circuits very similar in Mouse and Human.
- **Treatment trials in rodents**
 - Cost & Safety
 - Precise timing of disease onset and treatment.
 - Easier Differentiation between symptomatic and disease-modifying effects.

SCA2 Animal Models

- Transgenic:
 - Pcp2 → targeting of expression to PCs

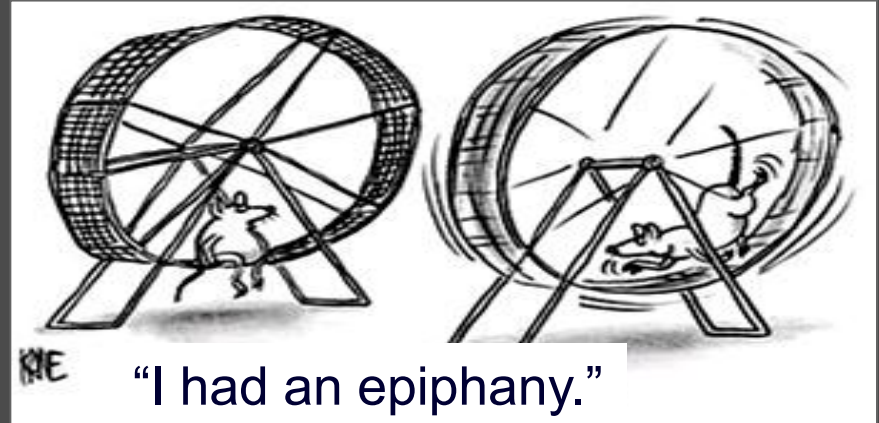
Humanized SCA2: BAC transgenics

ATXN-/- and ATXN2+/-

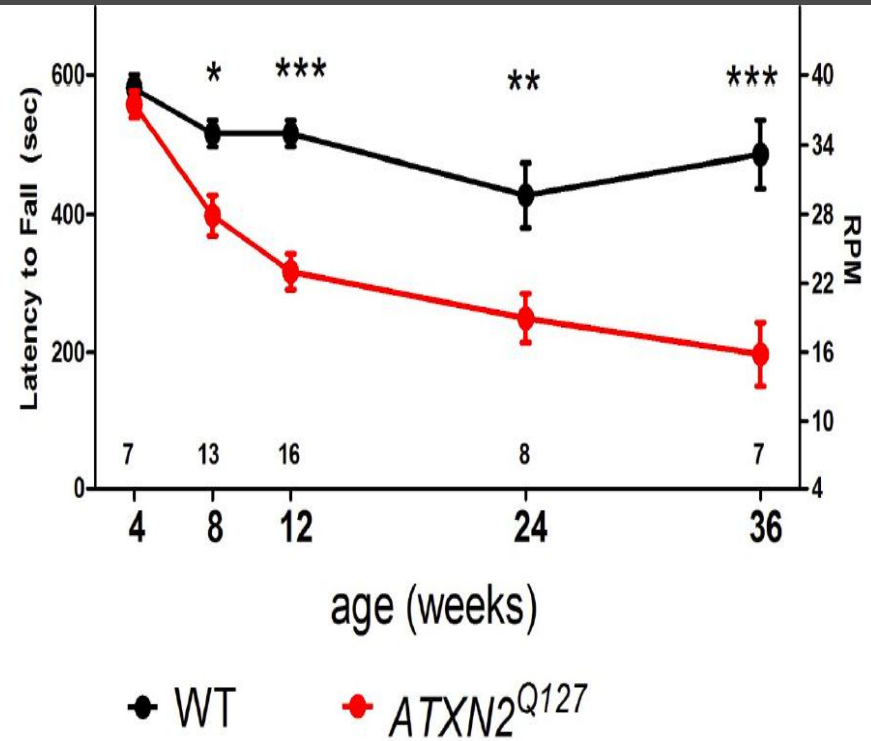
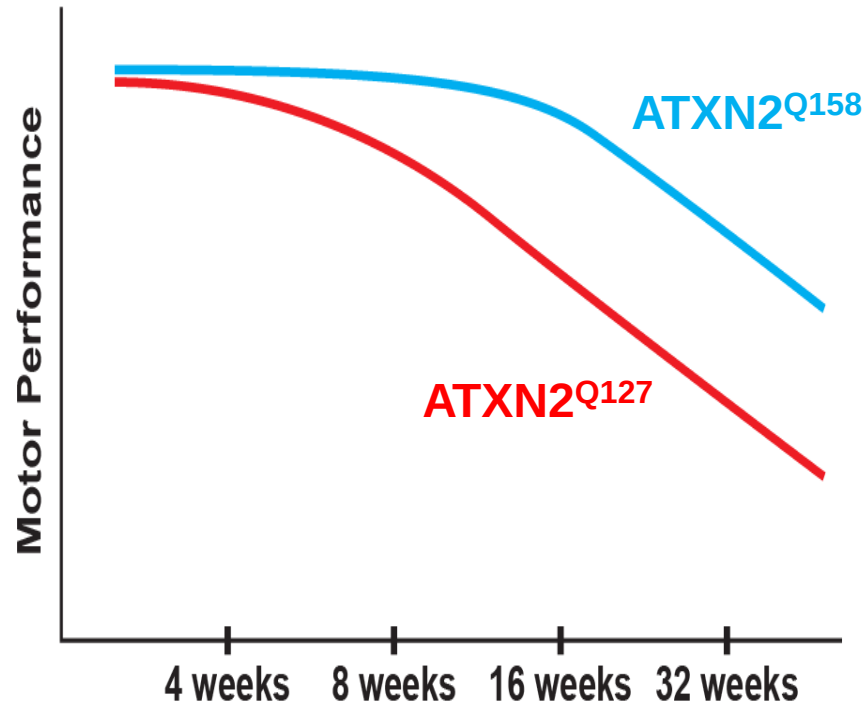


Outcomes: Moutaxia

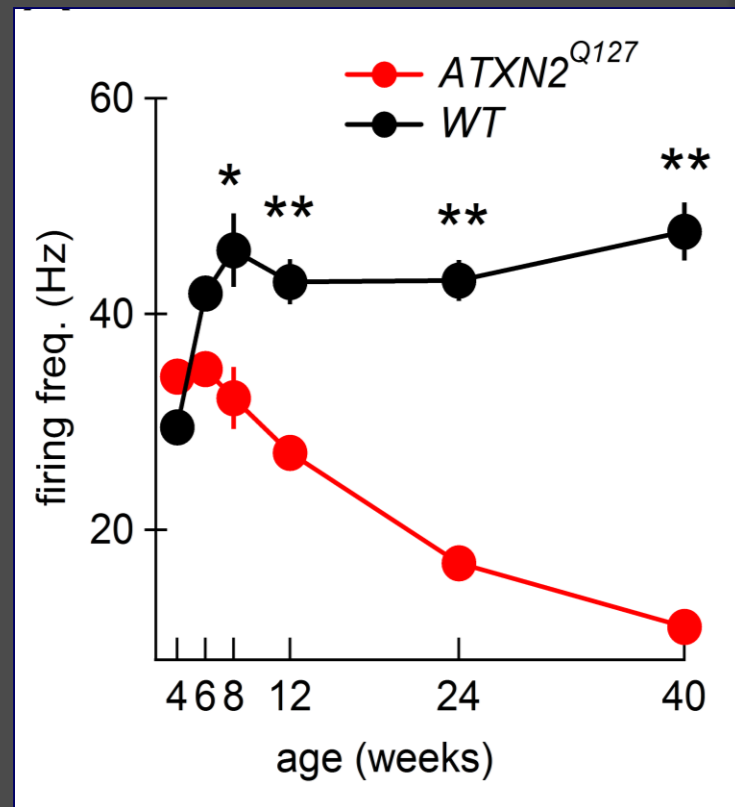
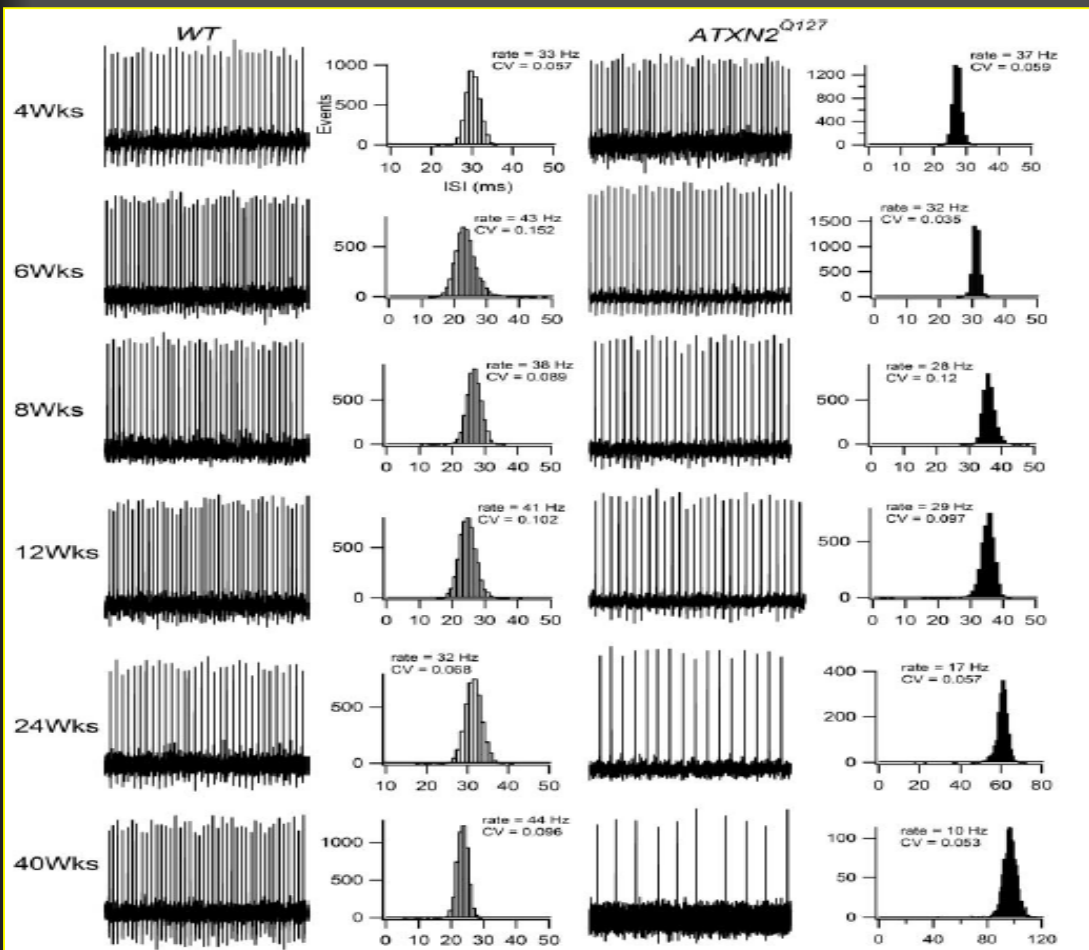
- **Functional**
 - Rotarod
 - Beamwalk
 - Gait Analysis
- **Morphologic**
 - Calbindin staining
 - Molecular layer thickness
 - PC number
- **Biochemical**



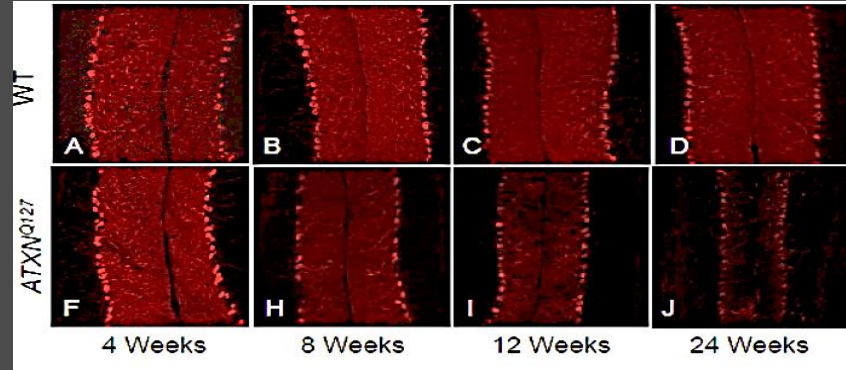
Rotarod behavior is abnormal in mice expressing mutant ATXN2^{Qexp}.



Purkinje cell firing becomes abnormal at onset of motor dysfunction.

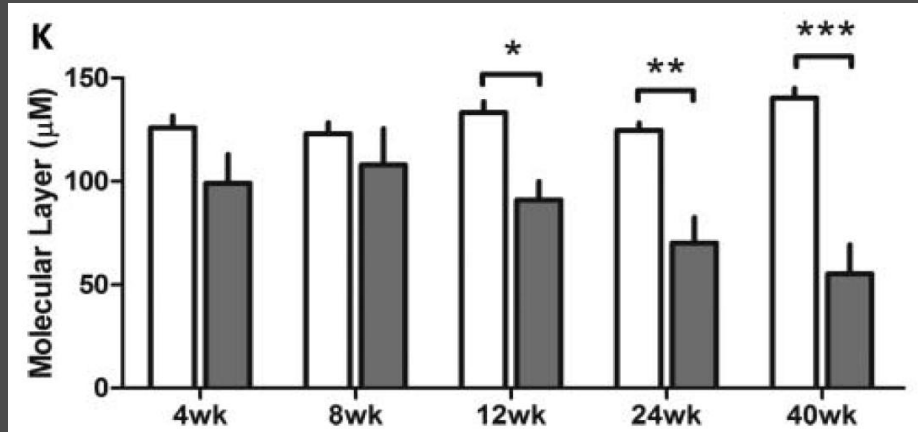


Morphologic Changes occur late.

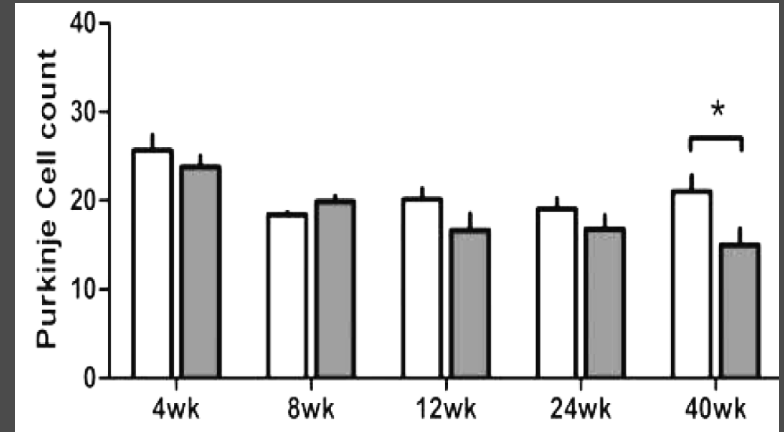


Calbindin28K
(Calb1)

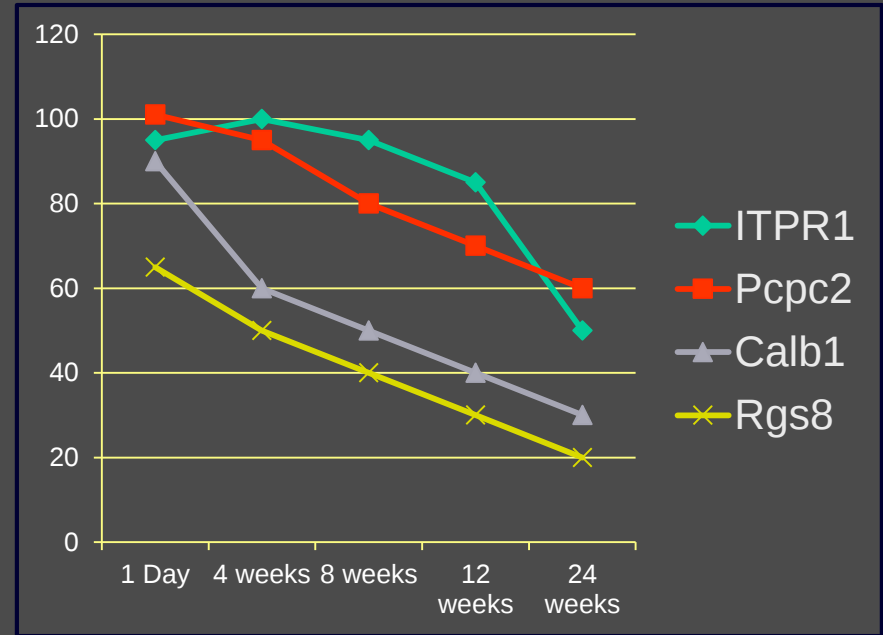
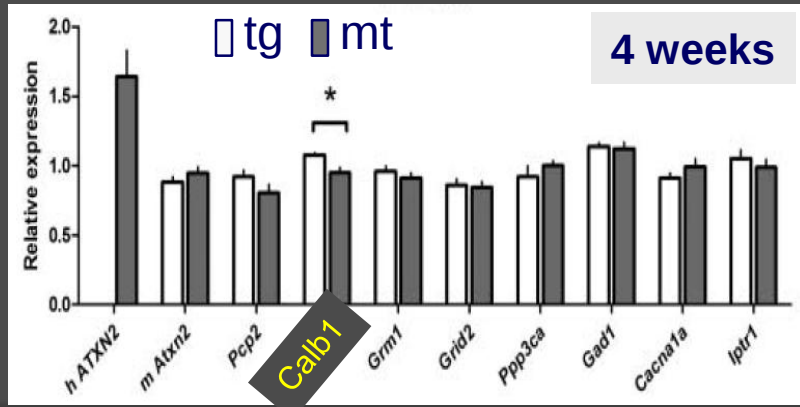
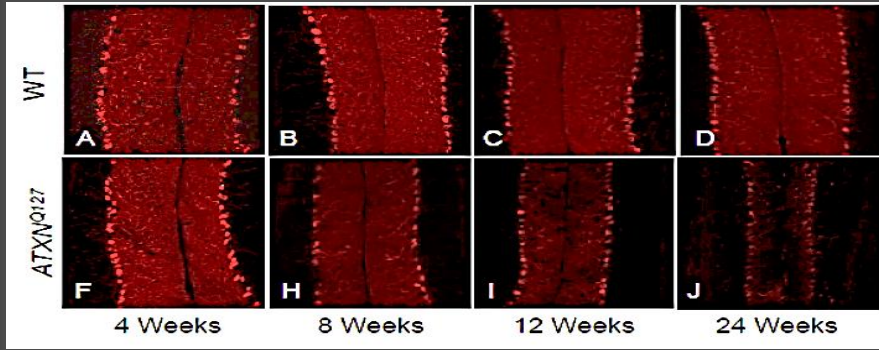
Mol. layer decreases at 12 weeks



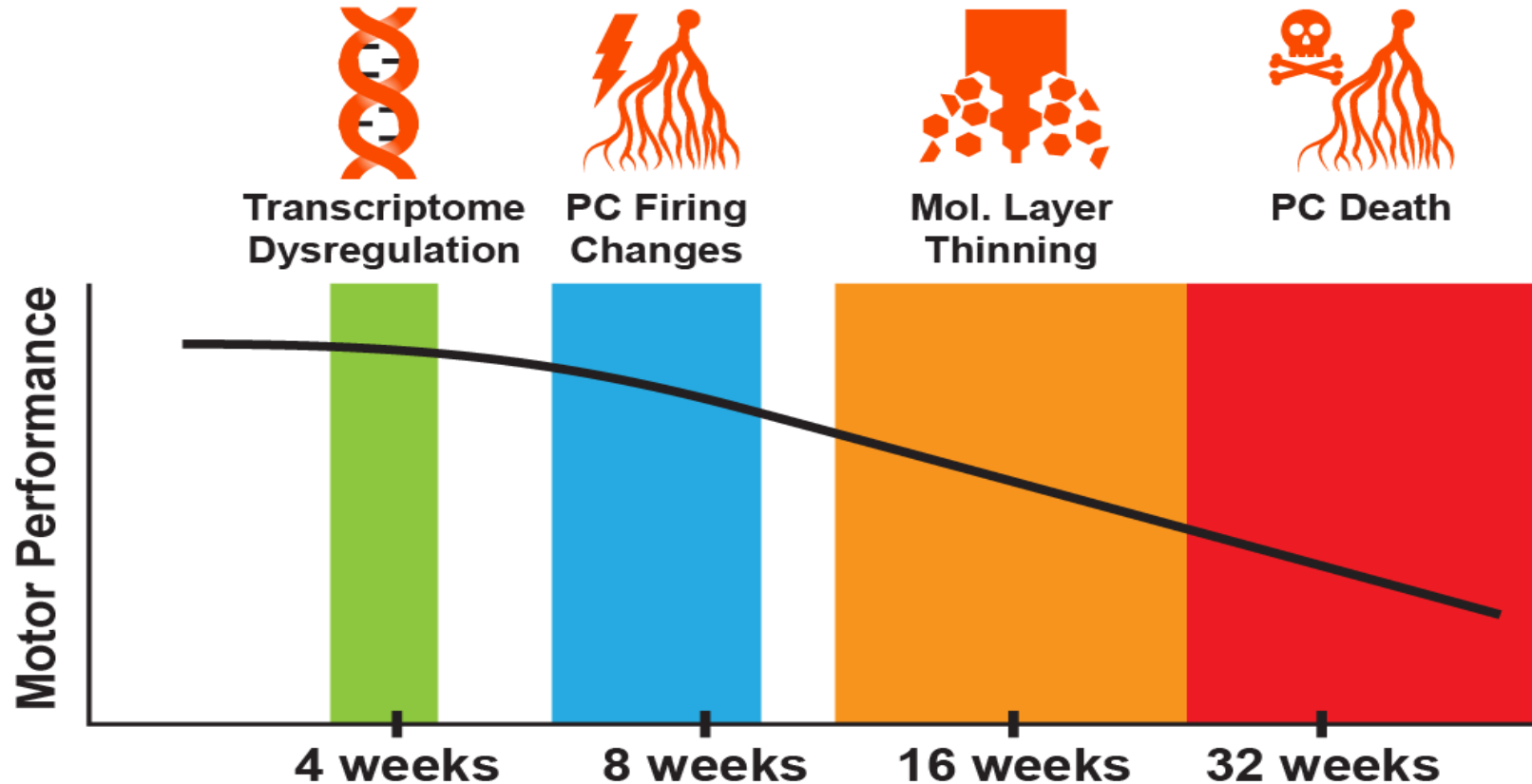
Purkinje cell loss occurs at 40 weeks



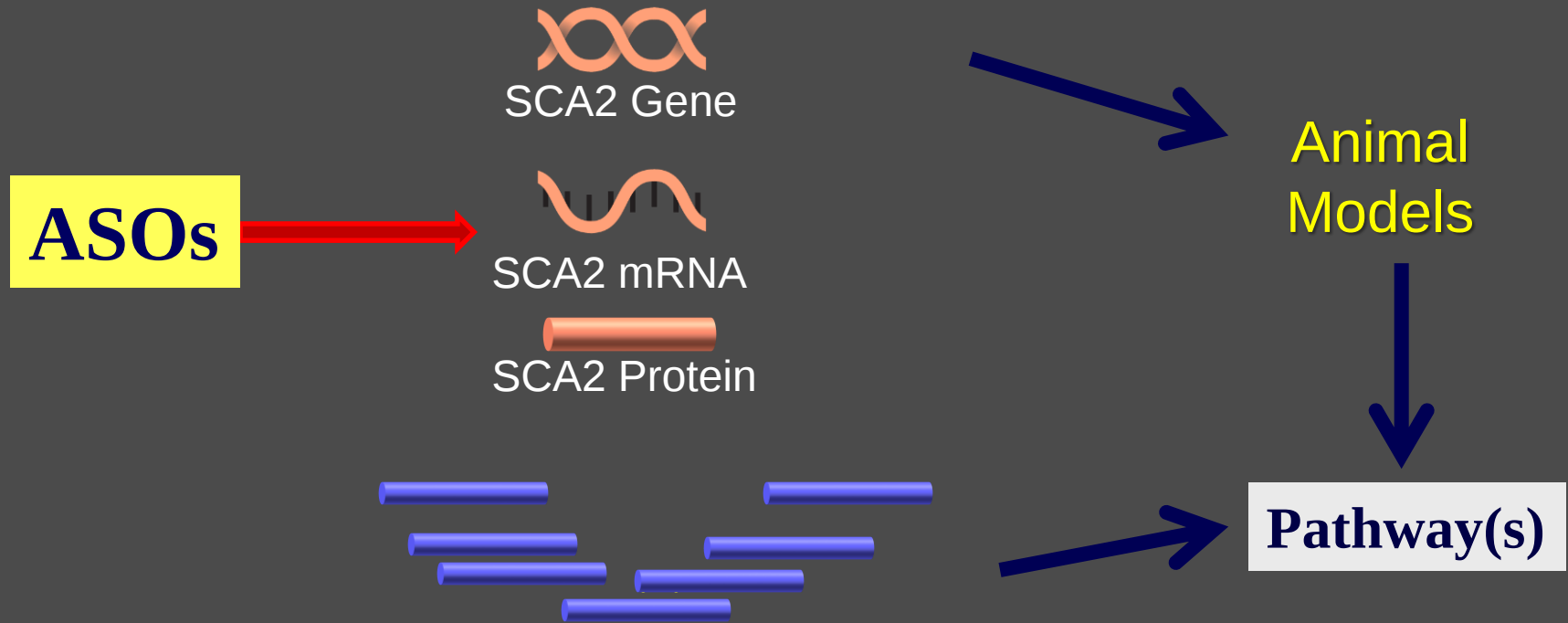
Transcriptome profiling identifies an intermediate biochemical phenotype.



The 4 Stages of PC Dysfunction & Death

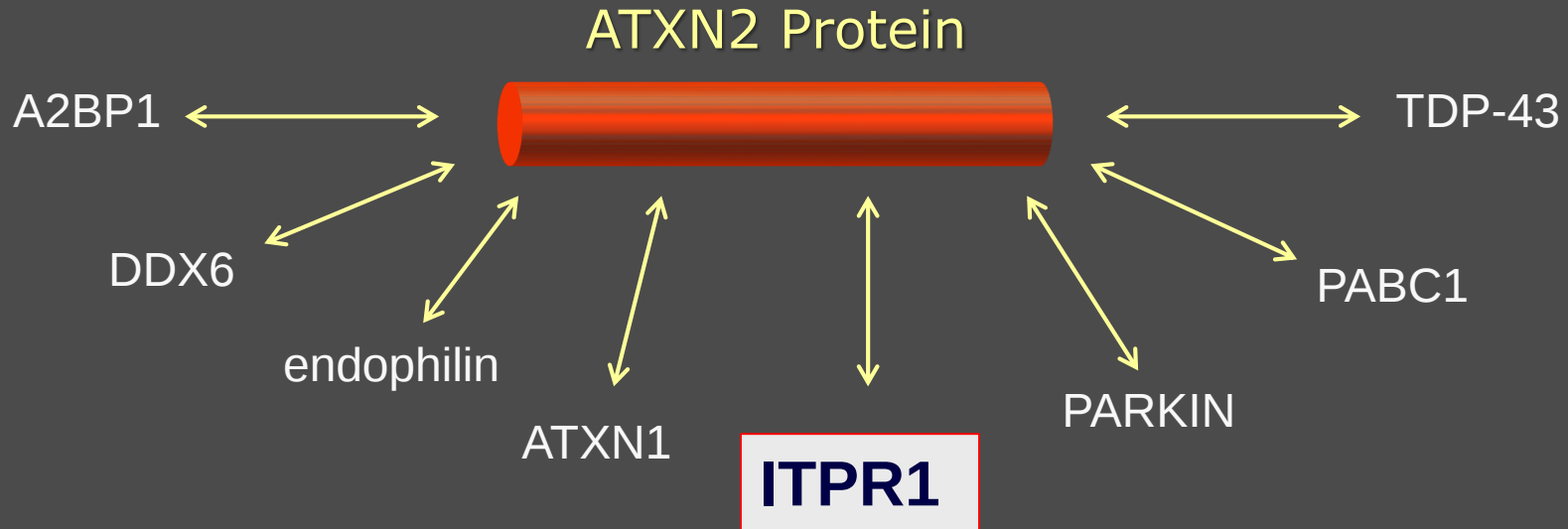


Pathway-directed and Gene-directed Therapies



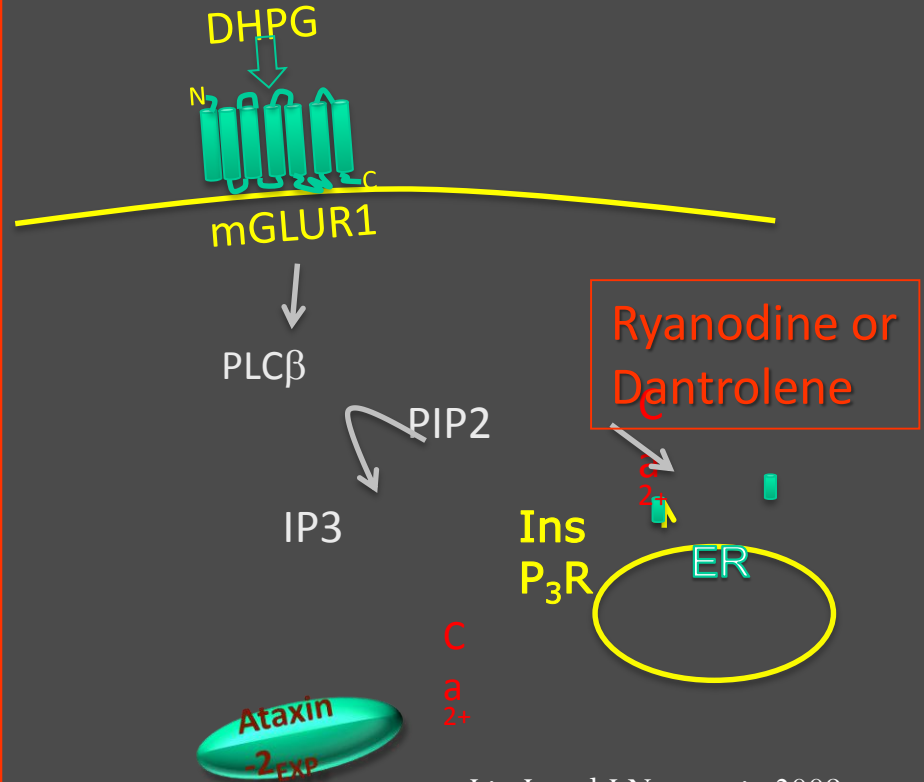
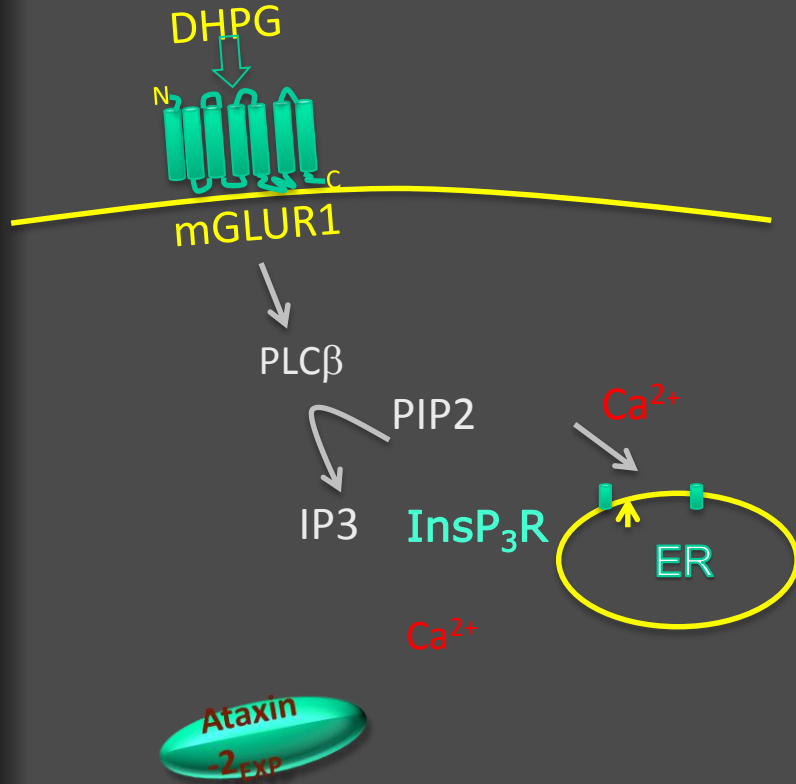
Multiple Proteins interact with ATXN2 !

Which one(s) are relevant in the cerebellum?



Shibata et al HMG 2000; Ralser et al HMG 2005 & JMB 2005; Satterfield&Pallanck HMG 2006; Huynh et al Exp Neurol 2007; Nonhoff et al MCB 2007; Liu et al J Neurosci 2009; Elden et al Nature 2010; Damrath et al PLoS Genet 2012

Mutant ATAXN2 and Ca²⁺ Release



Mutant ATXN2 causes abnormal Ca^{++} release after stimulation of mGluR1 in cultured Purkinje cells.

Differential interaction for wt and mutant ATXN2 with InsP3R1

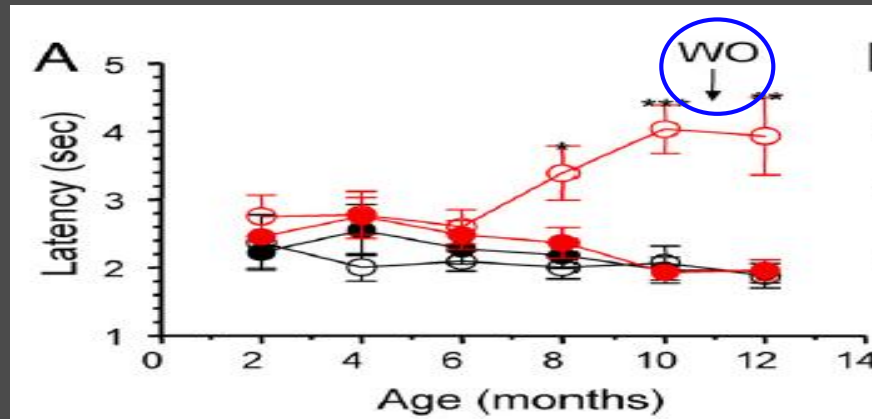
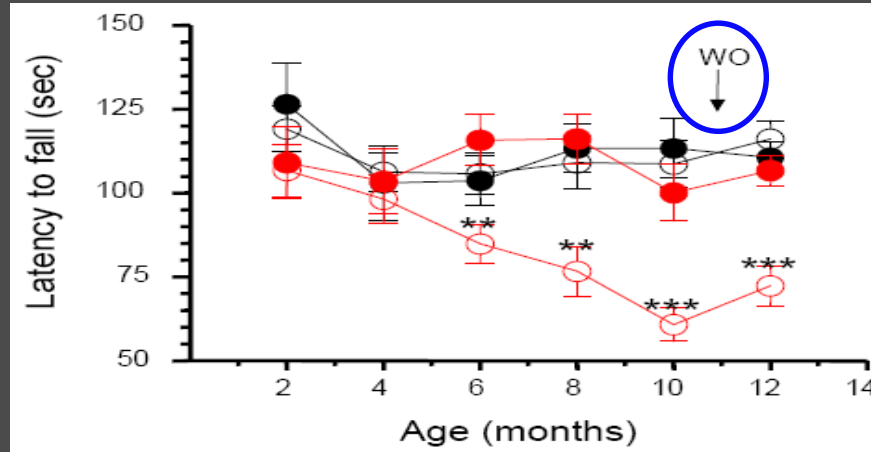
Exaggerated responses in 58Q PCs to DHPG stimulated Ca^{++} release

Enhanced Ca signals in 58Q PCs cause Glutamate induced cell death

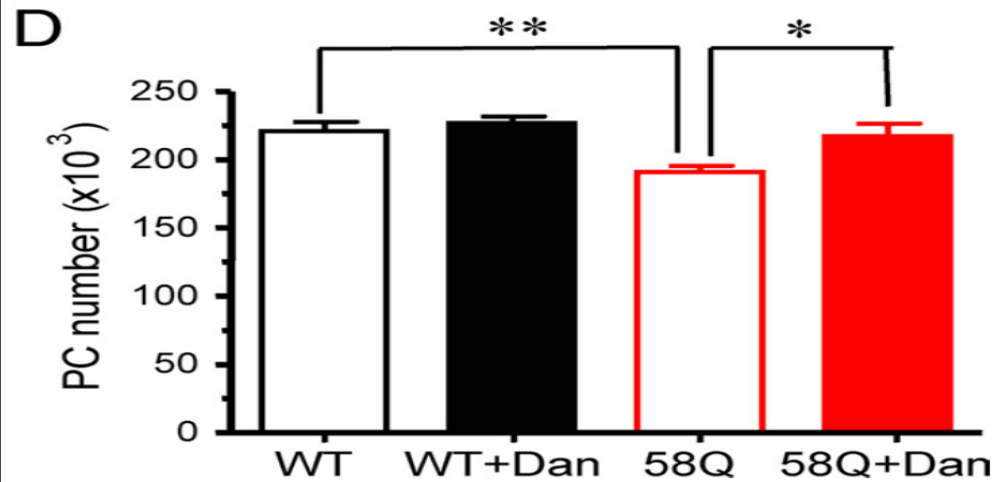
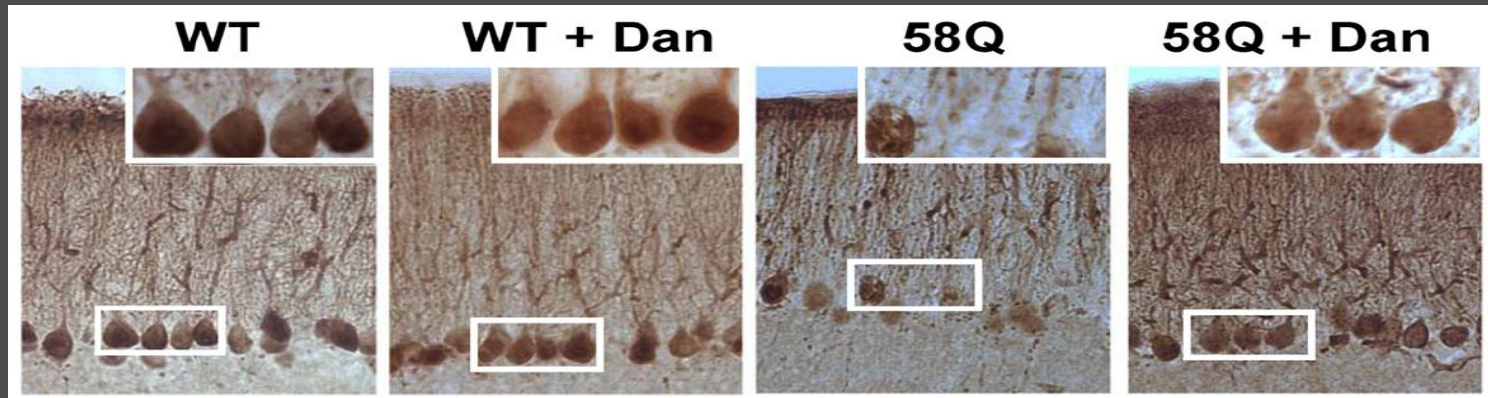
Dantrolene recovery of cellular phenotype in 58Q PCs in vitro

Does dantrolene have an effect *in vivo* ?

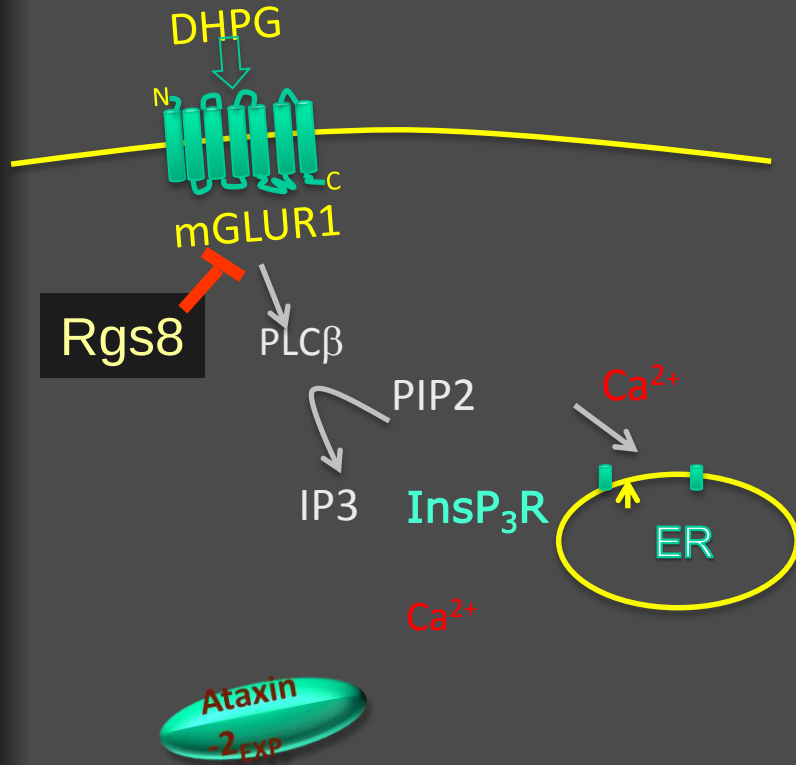
Dantrolene improves motor function in the ATXN2^{Q58} mouse model.



Dantrolene is neuroprotective in the ATXN2^{Q58} mouse model.

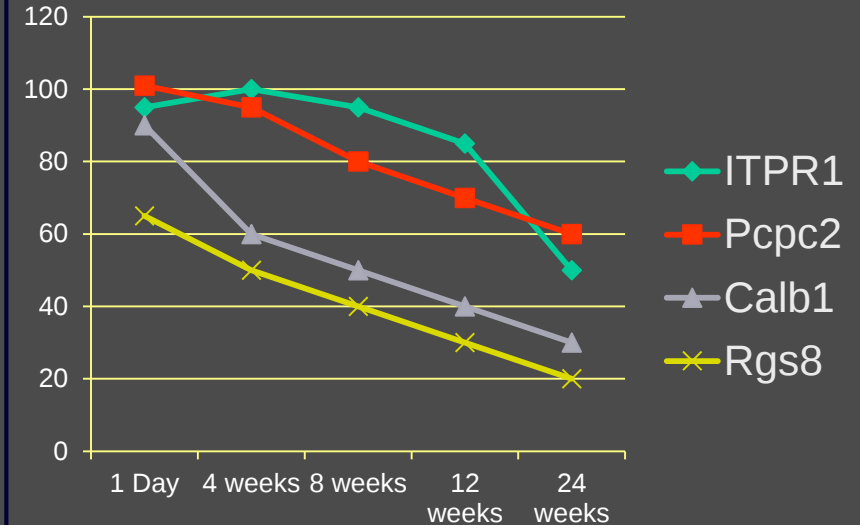


The mGluR1-ITPR-Ca⁺⁺ model of PC death



Deep RNA-seq

Expression Networks

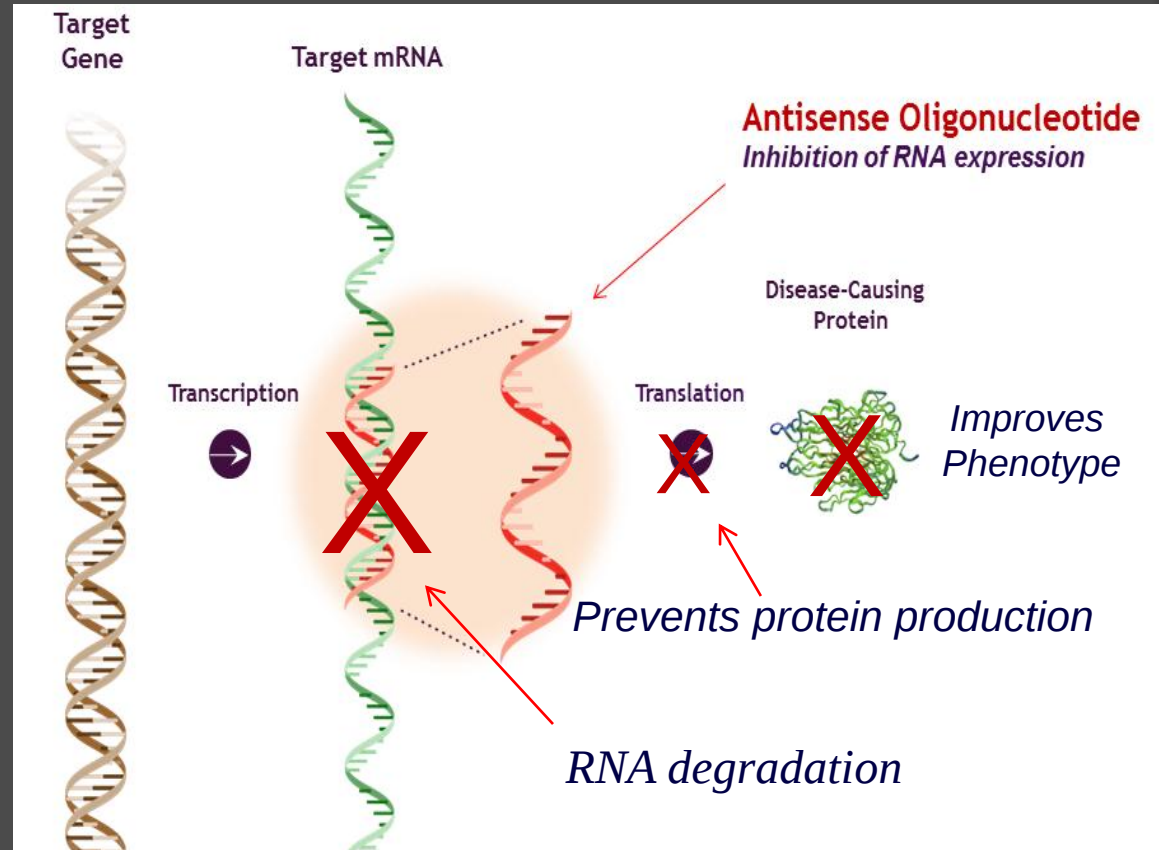


Regulator of G-protein Signaling 8

Antisense drugs target RNA and can inhibit production of disease causing proteins.

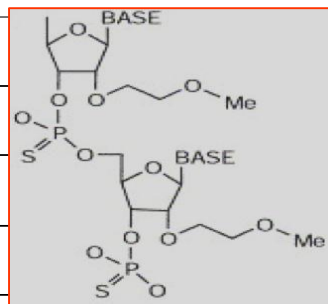
Rationale:

- Human double mutants have more severe disease.
- Fly & Mouse models are dosage sensitive.
- Conditional transgenics
- Knock-out

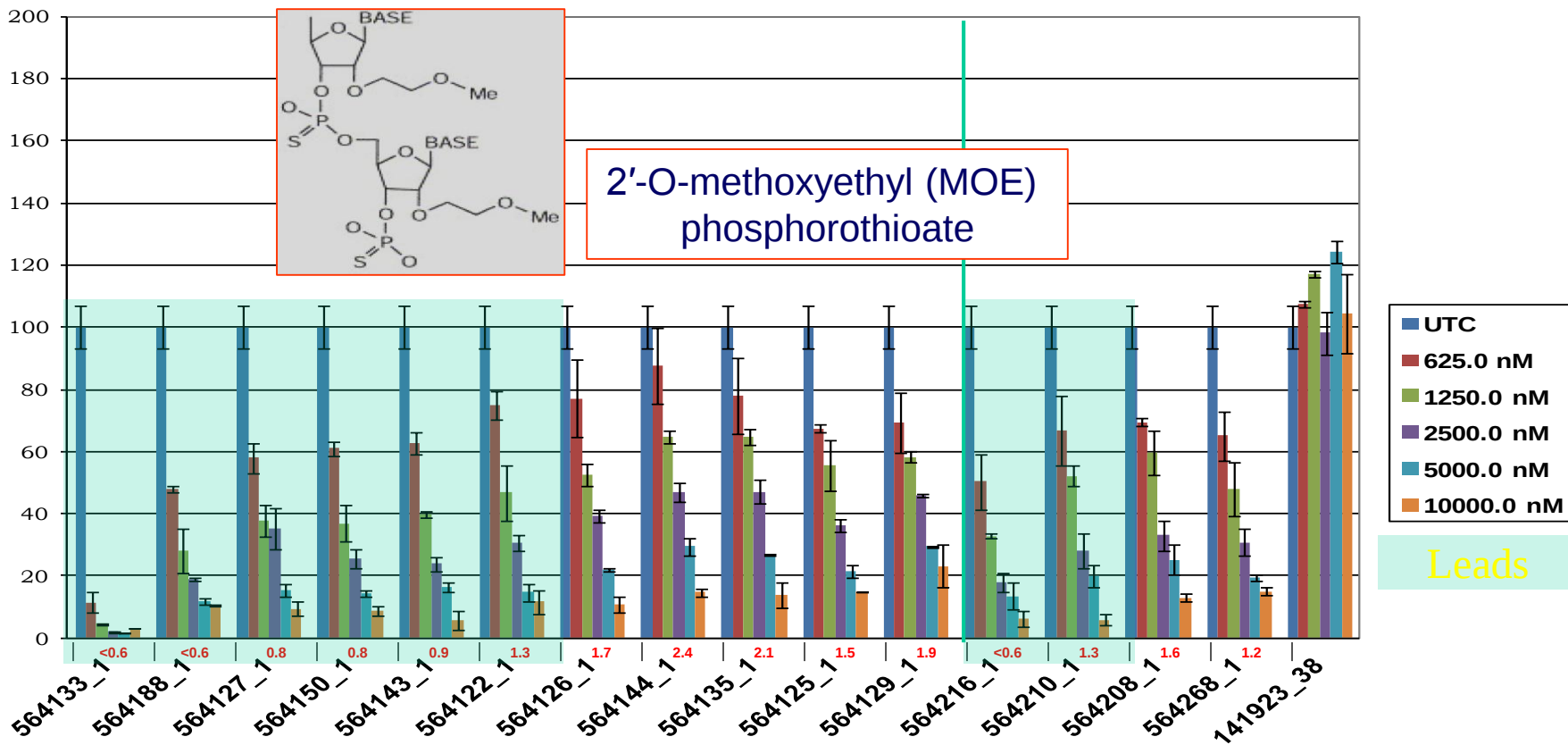


**Dose Response Confirmation for Human ataxin 2, ID: 13737, Cell Line: HepG2, Primer
Probe Set: RTS3642, Transfection Reagent: Electroporation**

% of untransfected control



2'-O-methoxyethyl (MOE)
phosphorothioate



Antisense Oligonucleotide #

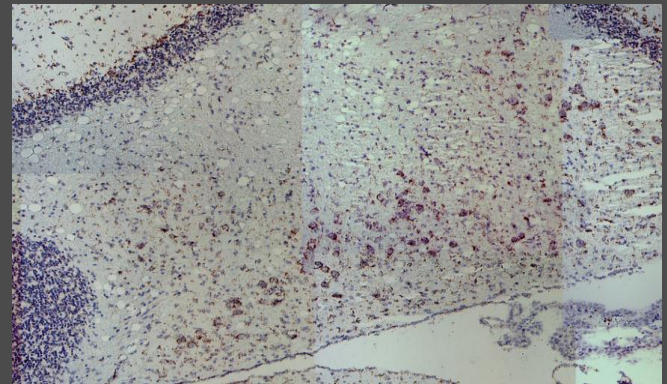
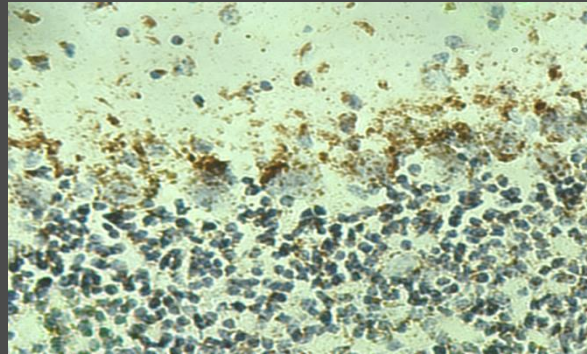
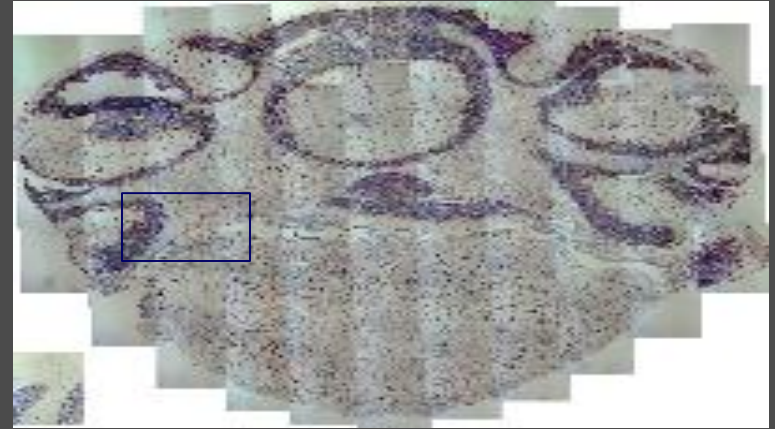
Leads

ASO-133 is taken up by PCs & deep cerebellar neurons



Benefits of ASOs

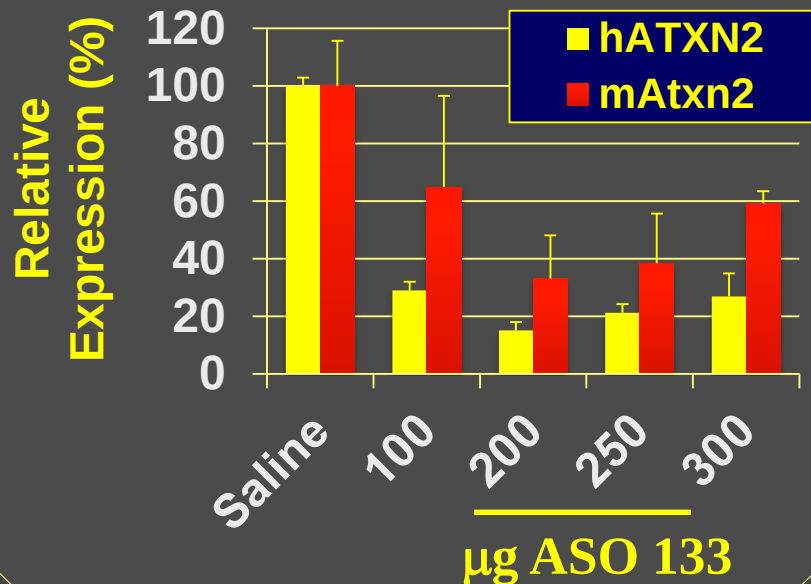
Diffusible
Stable
Reversible



ASOs reduce ATXN2 expression in Tg mice

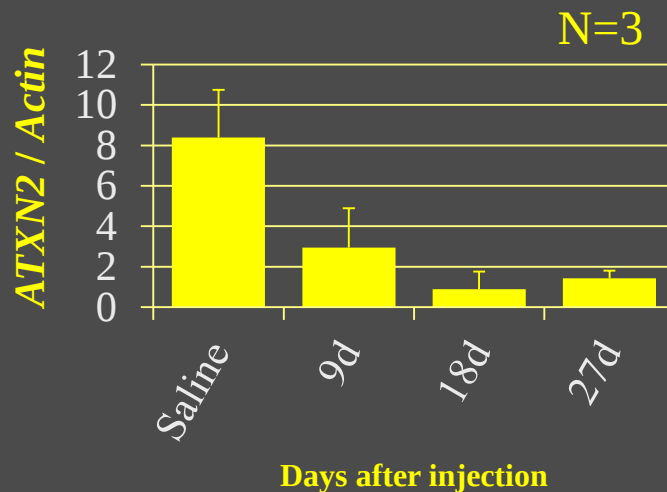
Dosing study:

ICV injection of increasing doses of ASO 133, treated 7 days.



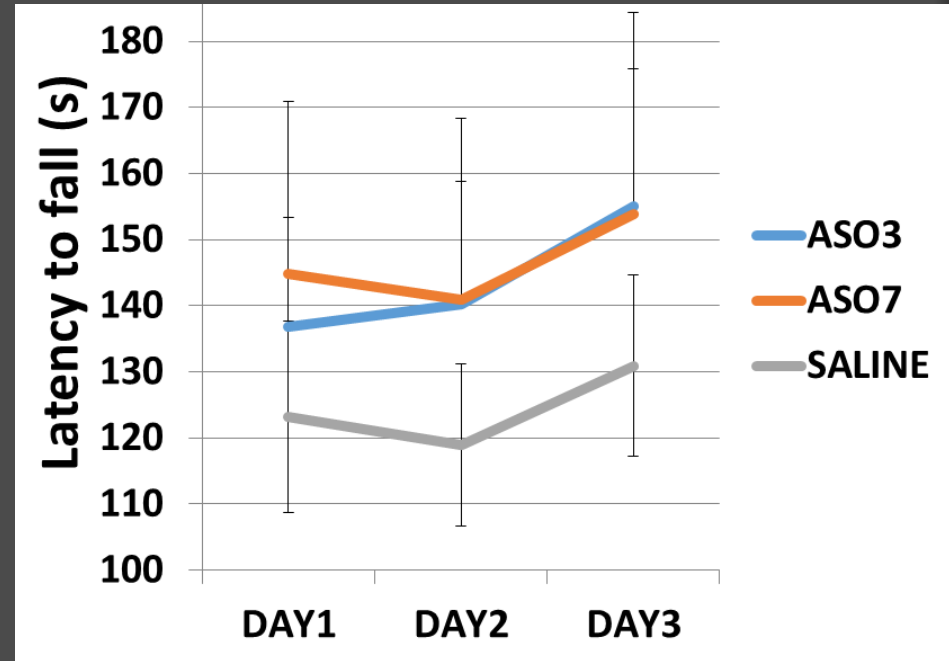
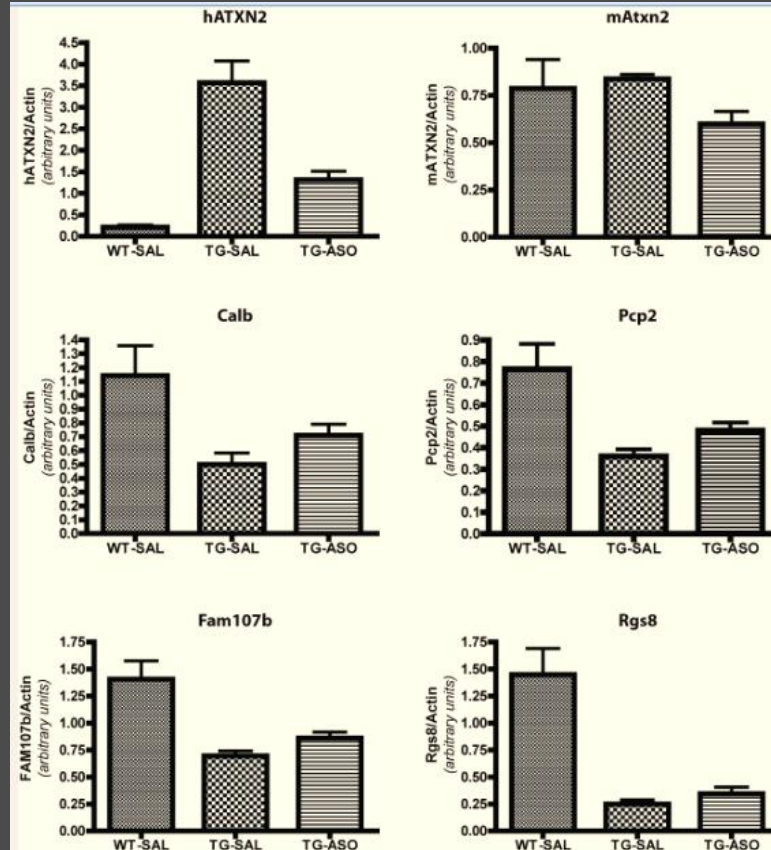
Time course study

Injected with 200 mg ASO 133
5.7 ml of 35 ml/ml ASO.



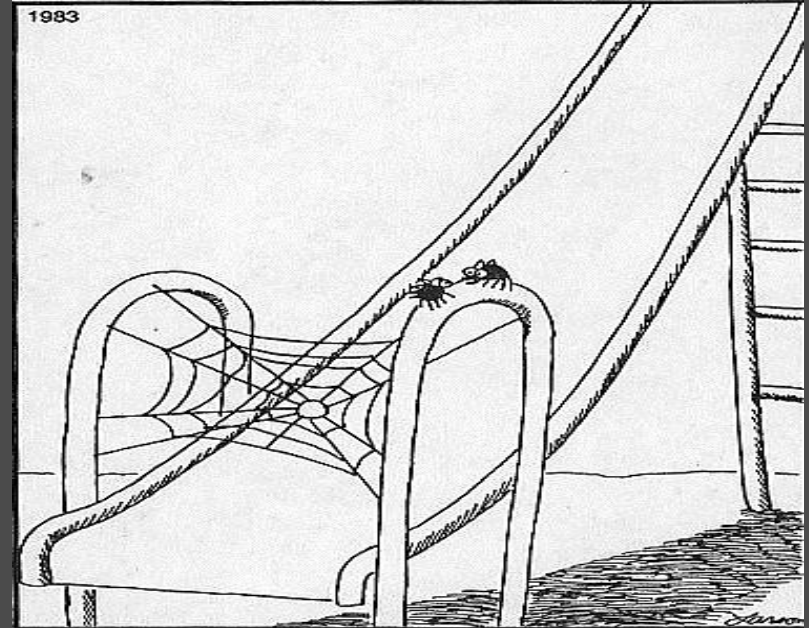
* The saline group consisted of one 9d mouse, one 18d mouse, & one 27d mouse.

Behavior & Transcriptomes



The G¹P¹M¹ Problem

- Adoption of best practices from human clinical trials:
 - Multi-center
 - Randomization
 - Formal blinding
 - Prespecified outcomes
 - Prespecified statistical analysis
 - Multi - PI
- Models
 - Multiple mutational models
 - Multiple genetic backgrounds
 - Use of both sexes.



If we pull this off, we'll eat like kings.

Summary

- Rare genetic diseases offer unique opportunities for :
 - pathway discovery-
 - Animal modeling
 - Gene-directed therapy.
- Molecular definition discovers a wider phenotypic spectrum.
- Model organisms inform evaluation of therapies.
- Hyperactive mGluR1-ITPR1 calcium axis can be targeted.
- ASO compounds suppress expression of disease proteins.

Collaborators

- **Animal Models**
 - Pattie Figueroa
 - Duong Huynh, PhD.
 - Stephen Hansen, Ph.D.
 - Warunee Dansithrong, Ph.D.
 - Tim-Rasmus Kiehl, MD
- **Dantrolene Study**
 - Ilya Bezprozvanny, PhD
 - Jing Liu, PhD
 - Emily Herndon, PhD
 - Duong Huynh, PhD.
- **Physiology (UCLA)**
 - Tom Otis, PhD
 - Meera Pradep PhD
- **Small Molecule & ASO Screen**
 - Daniel Scoles, Ph.D.
 - Lance Pflieger
 - Frank Bennett, PhD (ISIS)
 - Gene Hung, PhD (ISIS)