

The spinocerebellar ataxias: wobbling towards translation.

Neurology Grand Rounds
University of Michigan



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Apopharma: DSMB
Off Label Usage: None

What are SCAs?

- Neurodegenerative Disorders
- Affect primarily cerebellum
- Often Purkinje cells
- Other neurologic systems as well
- Autosomal dominant

SCA Symptoms/Signs

- Cerebellar

- Gait
- Appendicular Ataxia (Precision/overshoot, rhythm)
- Speech
- Eye movements (nystagmus, overshoot)

- Other

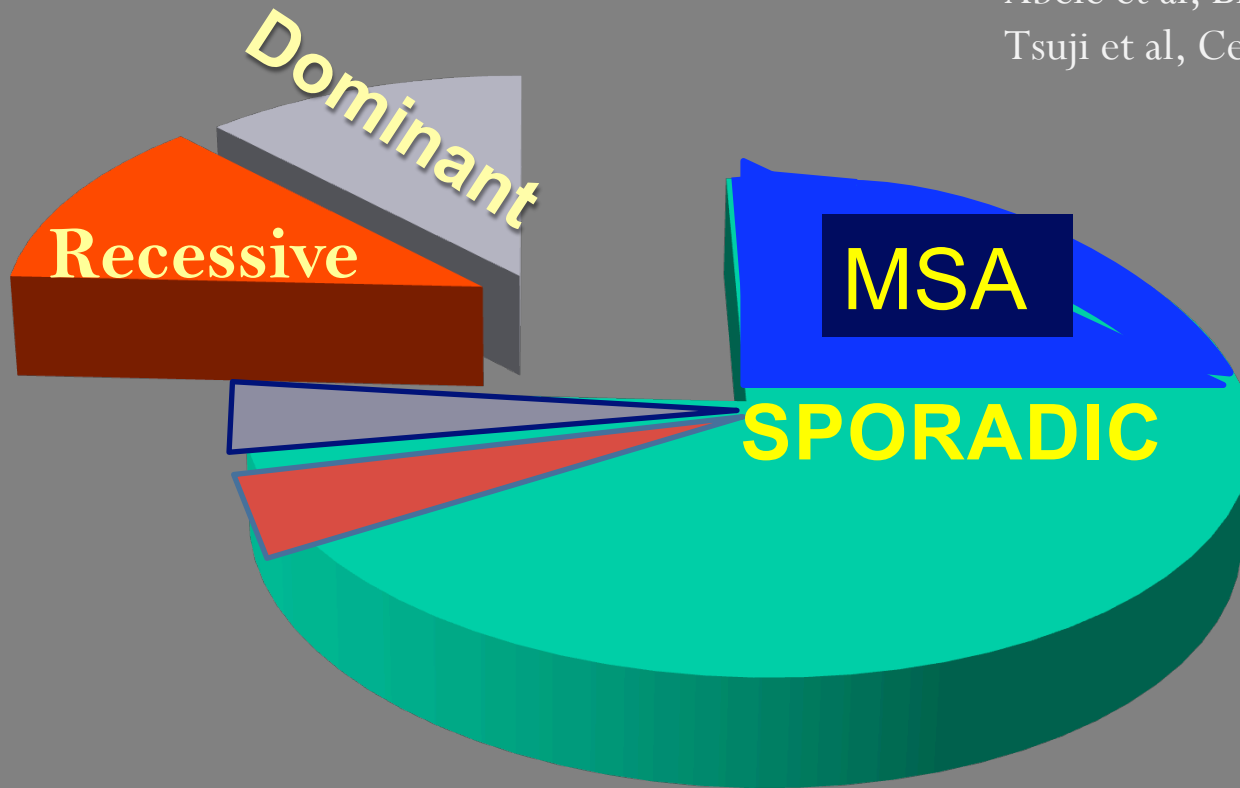
- Slow saccades
- Parkinsonism
- Spasticity
- Neuropathy
- ALS-like

Degenerative Ataxia with and without Family History

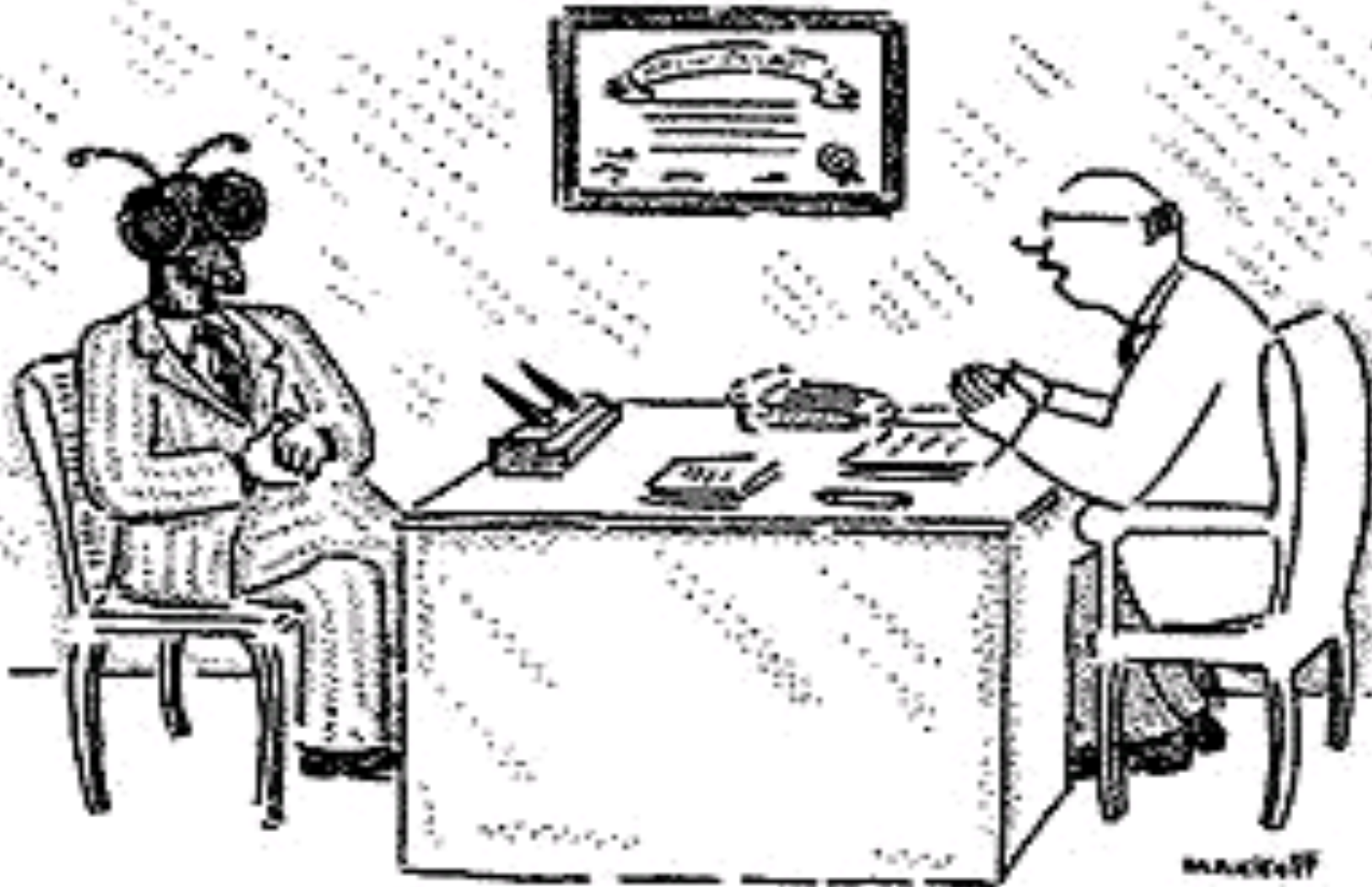
Prevalence rate: 18.6/100,000

Abele et al, Brain 2002

Tsuji et al, Cerebellum, 2008

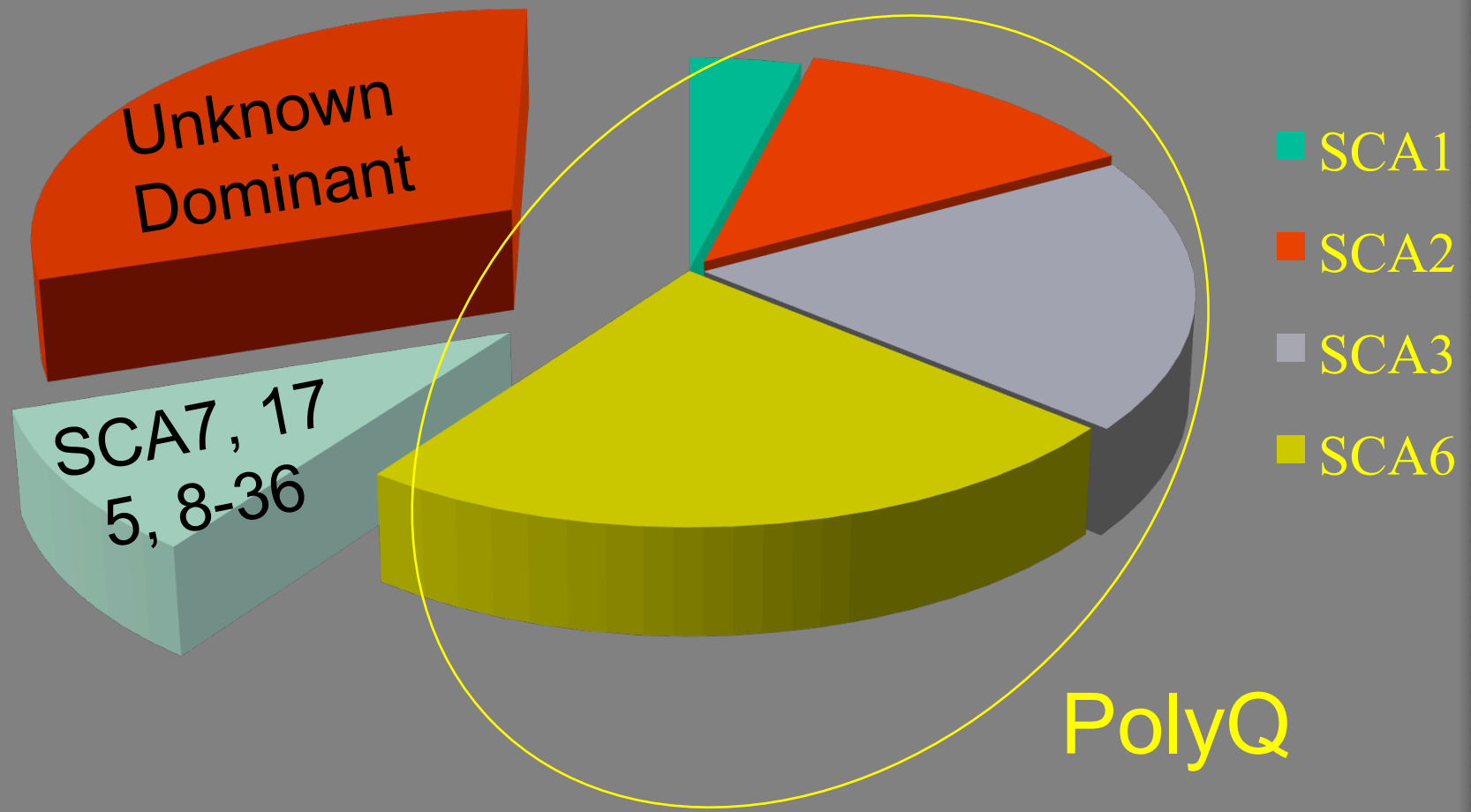


Genes



"We think it has something to do with your genome."

Genetic Architecture of SCAs



Non-polyQ Ataxias

- EA2 **CACNA1a**
- SCA5 beta3-spectrin
- SCA10 toxic RNA
- SCA11 Kinase (TTBK2)
- SCA13 **Voltage- gated K⁺ - channel (KCNC3)**
- SCA14 Kinase (PKCγ)
- SCA15/16 **Ca⁺⁺ release (ITPR1 LoF)**
- SCA19/22 **Voltage- gated K⁺ - channel (KCND3)**
- SCA20 Dup 11q (260kb)
- SCA23 Prodynorphin
- SCA27 FGF14 LoF
- SCA28 mitochondrial AAA protease
- SCA31 & 36 toxic RNA
- SCA35 transglutaminase TGM6

Dominant SCAs

Coding CAG repeat expansions:
SCA1, 2, 3, 6, 7, 17

PolyQ

PolyQ

Repeat is variable in normals

Pathological repeat length different

Repeat unstable → Anticipation

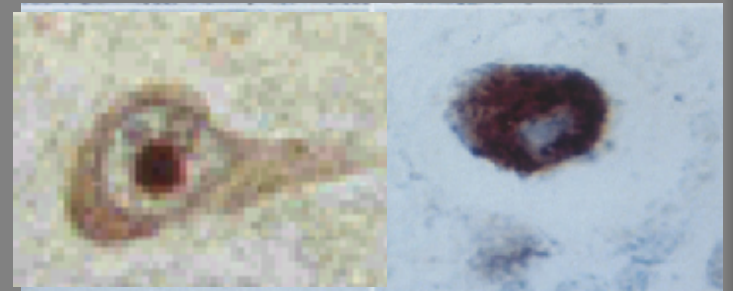
No homologies other than polyQ-tract

SCA6: Ca⁺⁺ channel (CACNA1A)

SCA17: transcription factor (TBP)

Poly-Q Pathogenesis

- Gain of Toxic Function
 - Aggregation of misfolded proteins
 - Misfolded toxic oligomers
- Gain of Normal Function
- Allele-specific Gain/Loss of Normal Function



SCA2: Phenotype & Gene

Ataxia

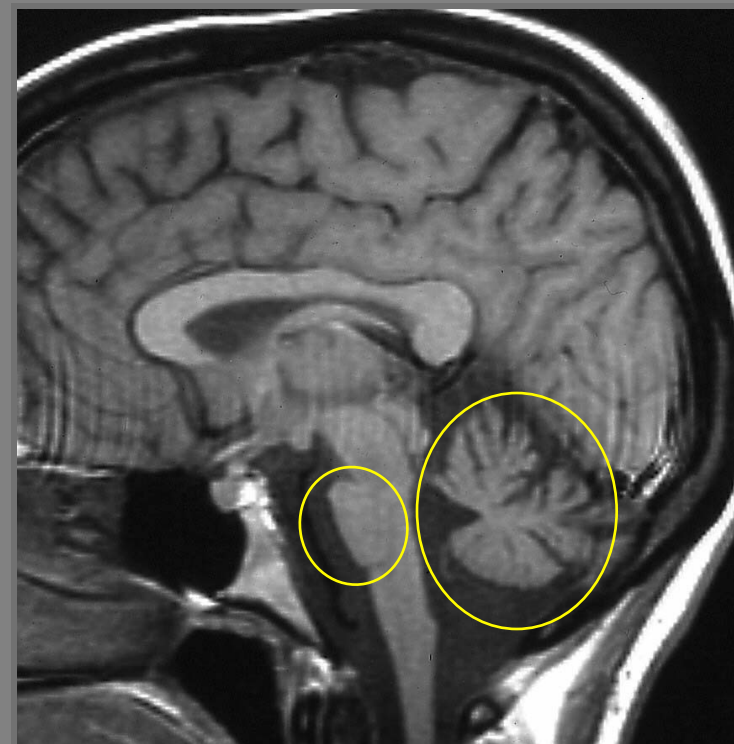
Slow saccades

Neuropathy

Parkinsonian features

Dystonia & Spasticity

ALS-like



Normal: 22Q

DNA repeat: interrupted



Mutant: $\geq 32Q$



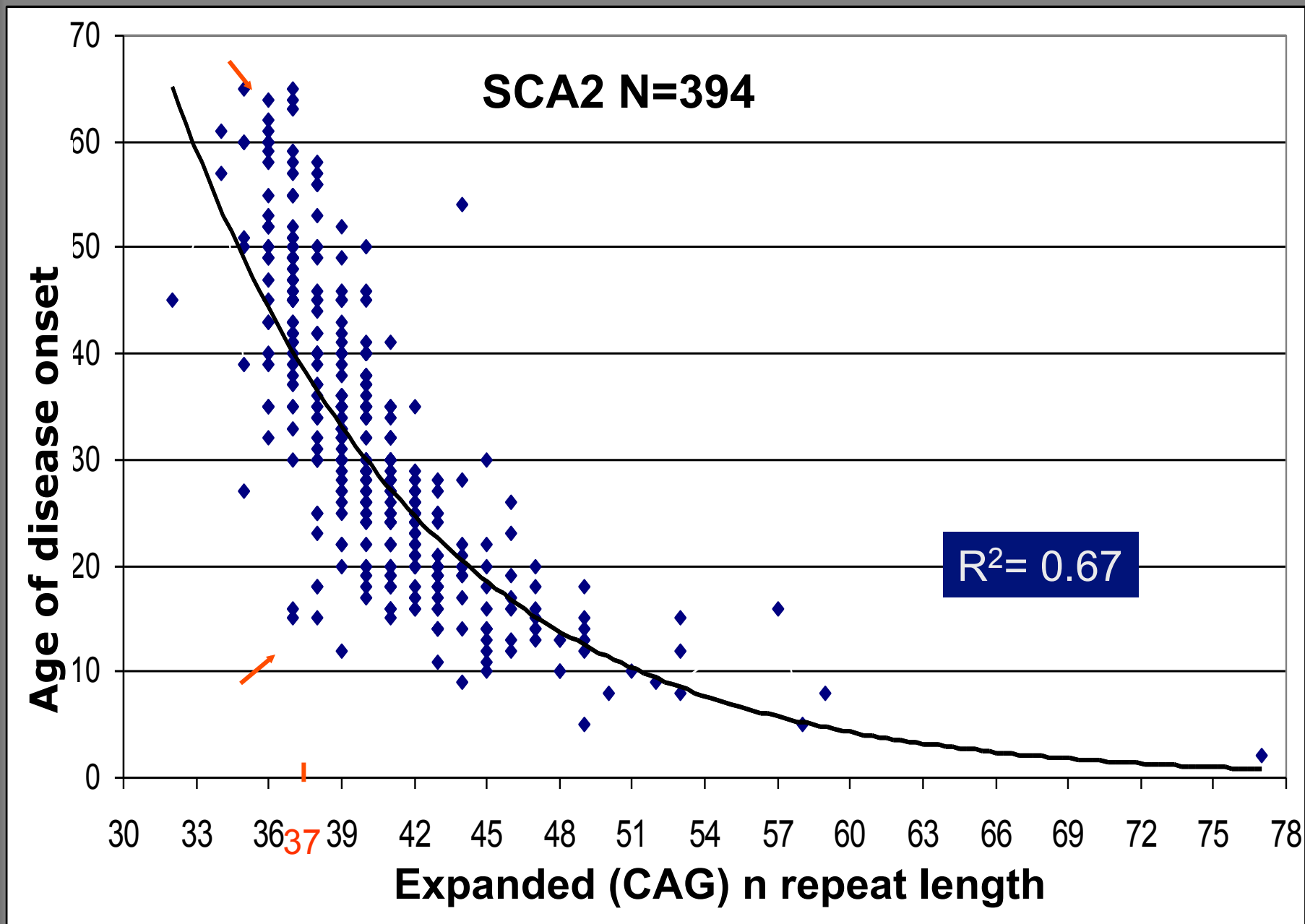
SCA2 N=394

Age of disease onset

$R^2 = 0.67$

Expanded (CAG) n repeat length

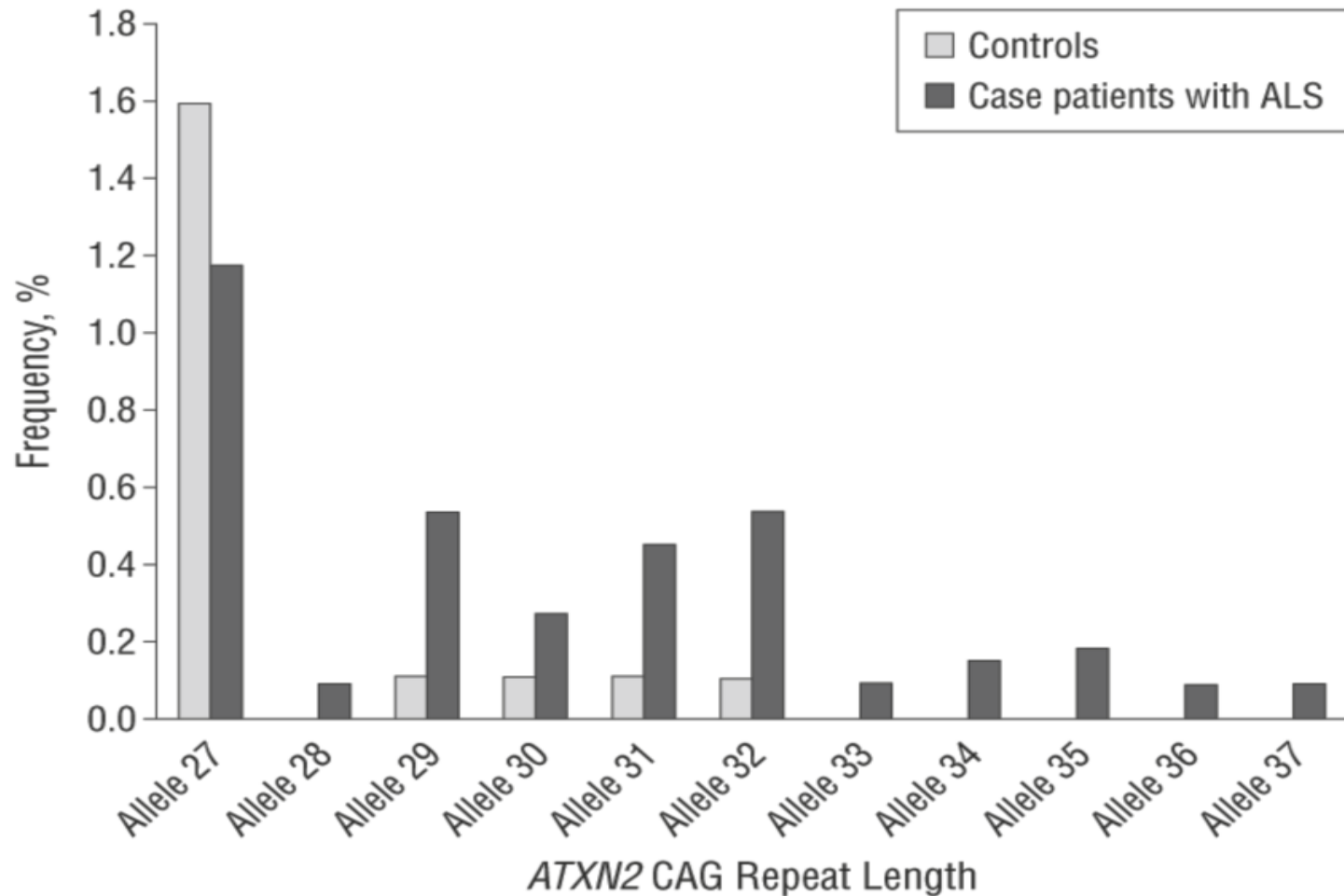
37



From Phenotypic Diversity to Phenotype Outliers

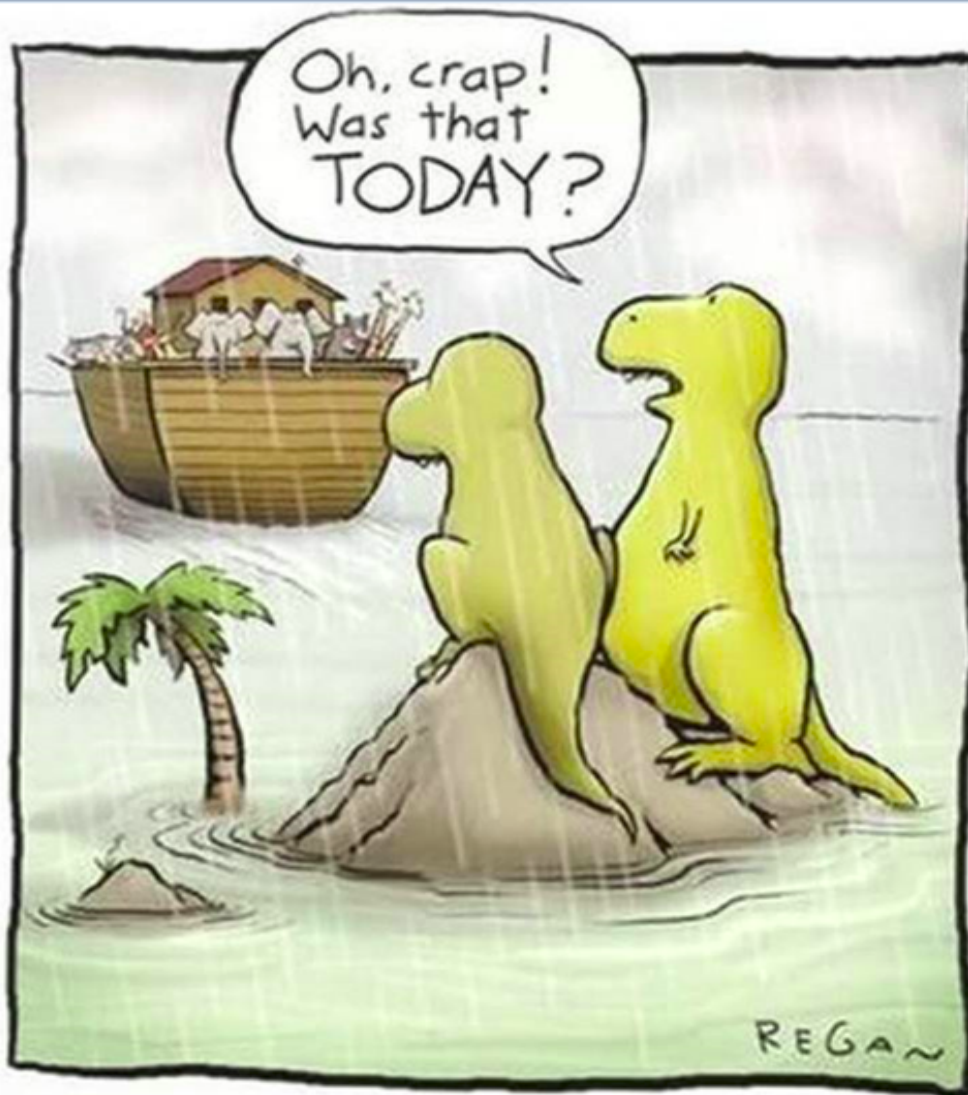
- Parkinsonian signs → DOPA-responsive PD
- UM signs & neuropathy → ALS
- Usually lower mutant repeat numbers
- Repeat may be interrupted

Association of Long ATXN2 CAG Repeat Sizes With Increased Risk of ALS



SCA2 Alleles & Phenotypes

- ≤ 24 Normal
- 29-32 Predisposed to expansion
to full mutation
Increased ALS risk
- ≥ 33 Cerebellar Ataxia
ALS
PD



SCA2:

Polyglutamine disease

Phenotypes:

Ataxia

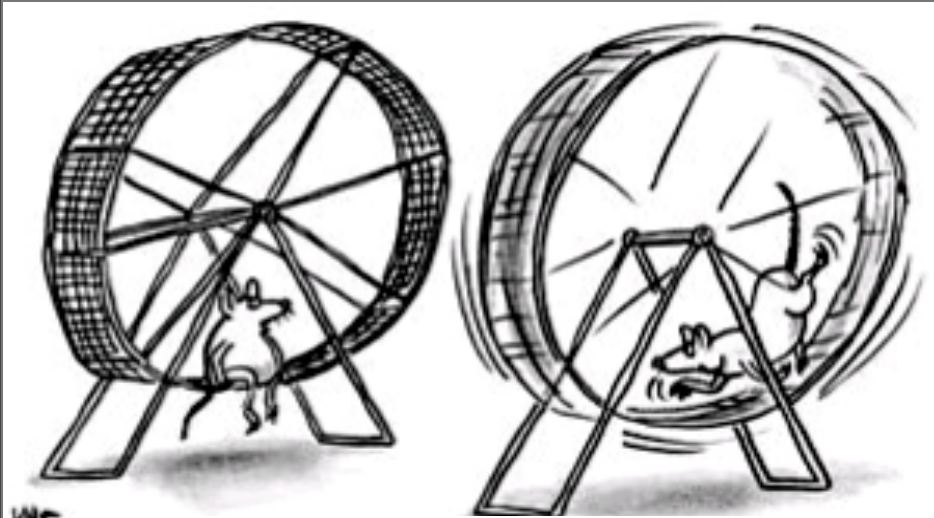
PD

ALS

Why are we wobbling towards translation?

- Human:
 - Limited Natural History
 - Scales to measure progression and response
 - Biomarkers
- Animal
 - Clinical trials approach:
 - Multiple Models & Backgrounds
 - Multiple Centers

Models



“I had an epiphany.”

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.

Animal Models

A model is a model is a model.

- Transgenic with cDNA:
 - Pcp2
 - PrP
 - endogenous
- BAC transgenics
- Conditional transgenics
- Knock-in:

Usually very long CAG repeats required

Outcomes: Moutaxia

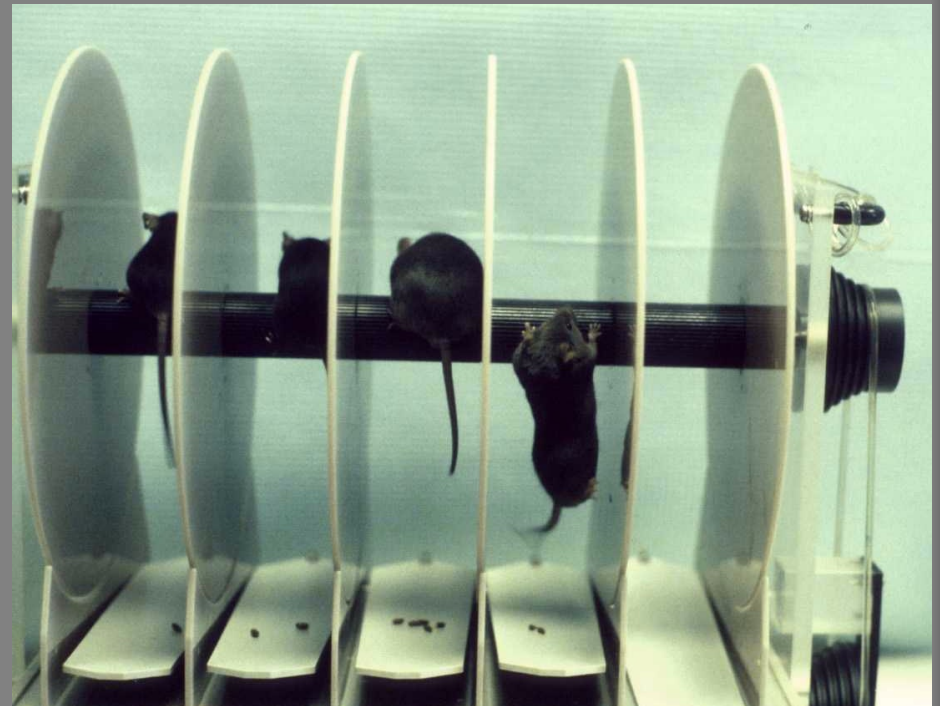
- **Morphologic**

- Calbindin staining
- Molecular layer thickness
- PC number

- **Biochemical**

- **Functional**

- Rotarod
- Beam
- Gait
Analysis



The tg-Pcp2-ATXN2[Q58] mouse

Promoter: Purkinje cell specific PcP2

2 lines



22Q

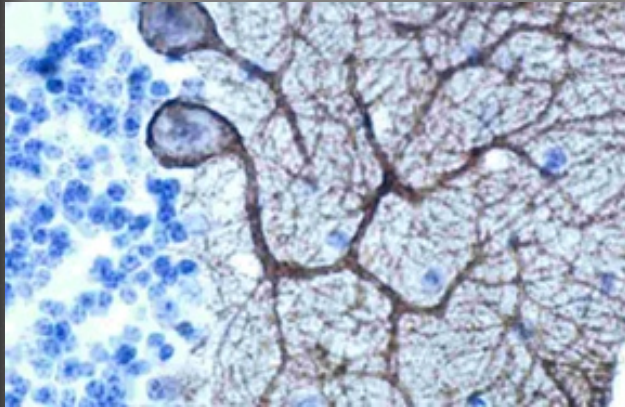


3 lines

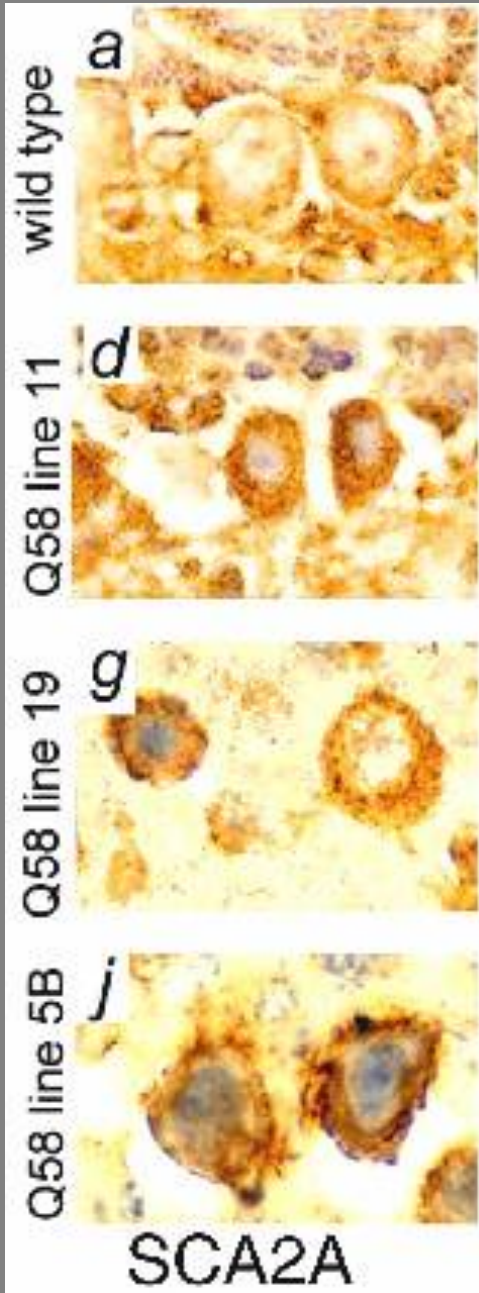
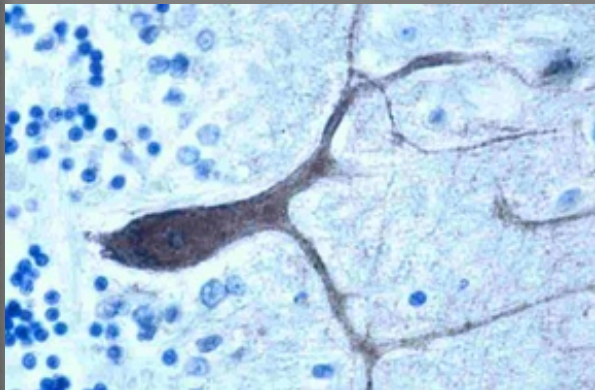


58Q

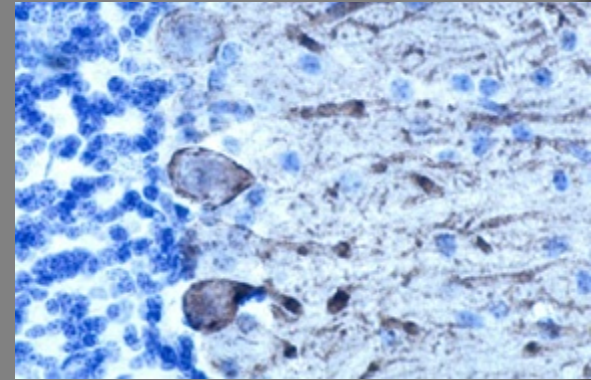
Human control



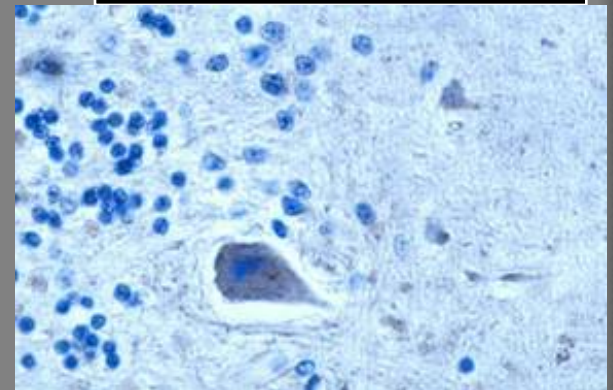
Wildtype Mouse



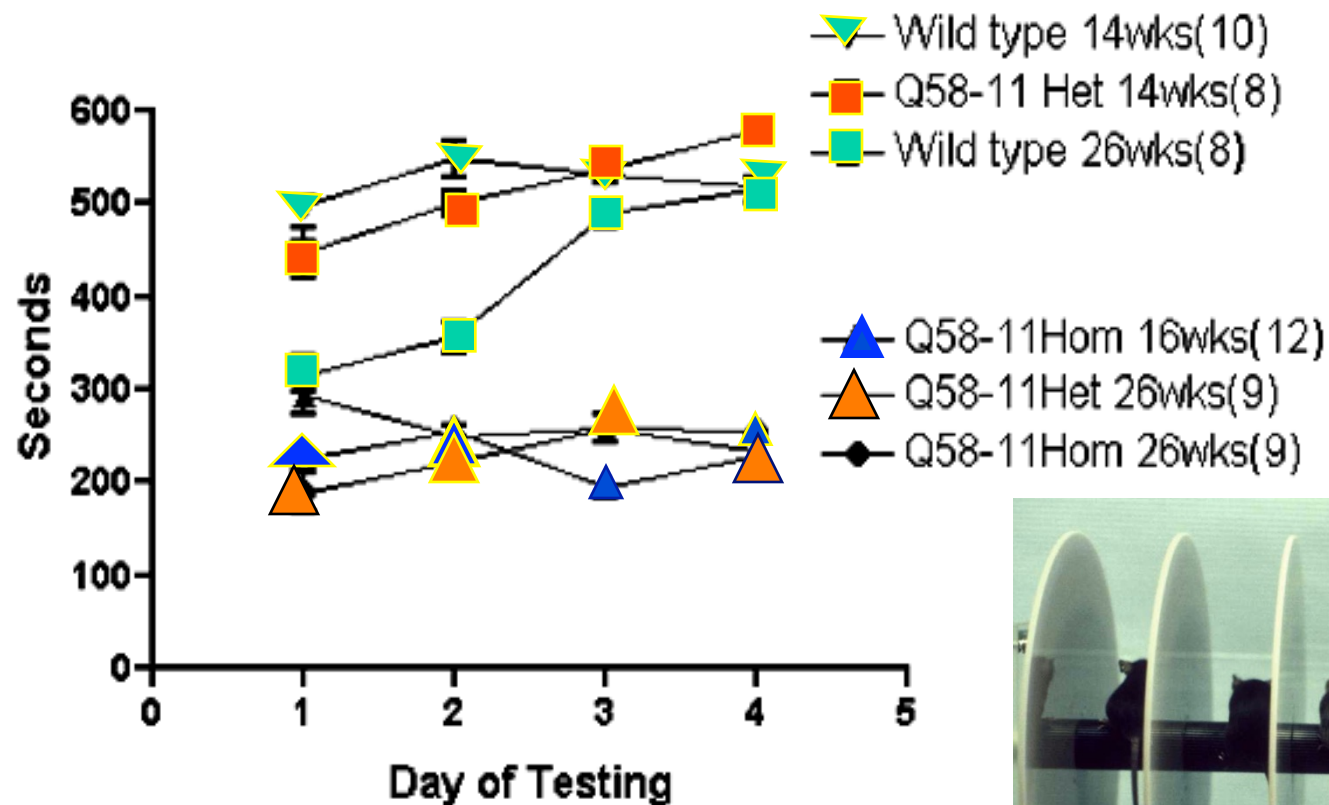
SCA2 patient



Ataxin-2_[Q58] mouse



Functional Analysis



Treatments

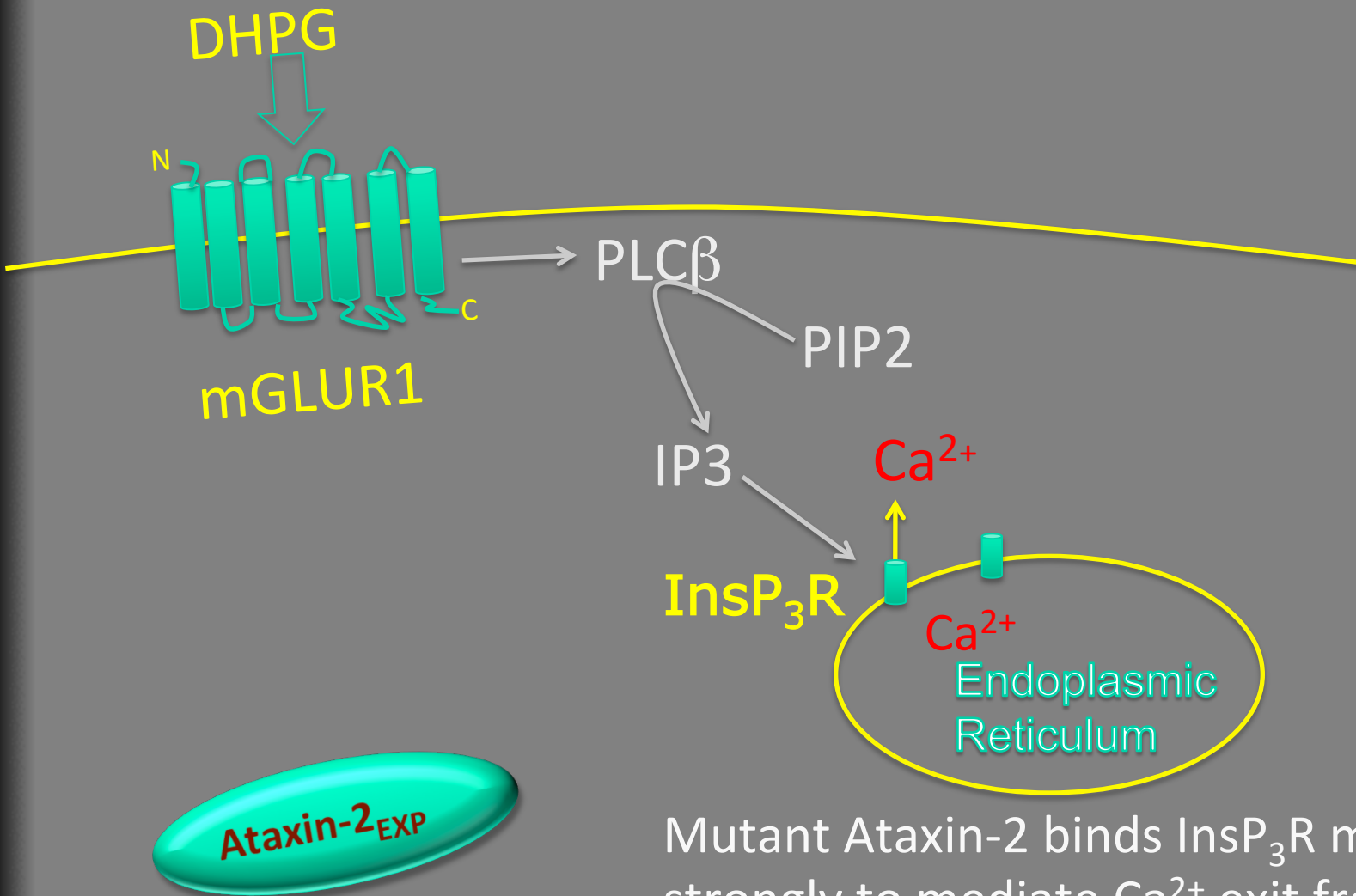


“Discouraging data on the antidepressant”

Treatment Strategies for SCAs

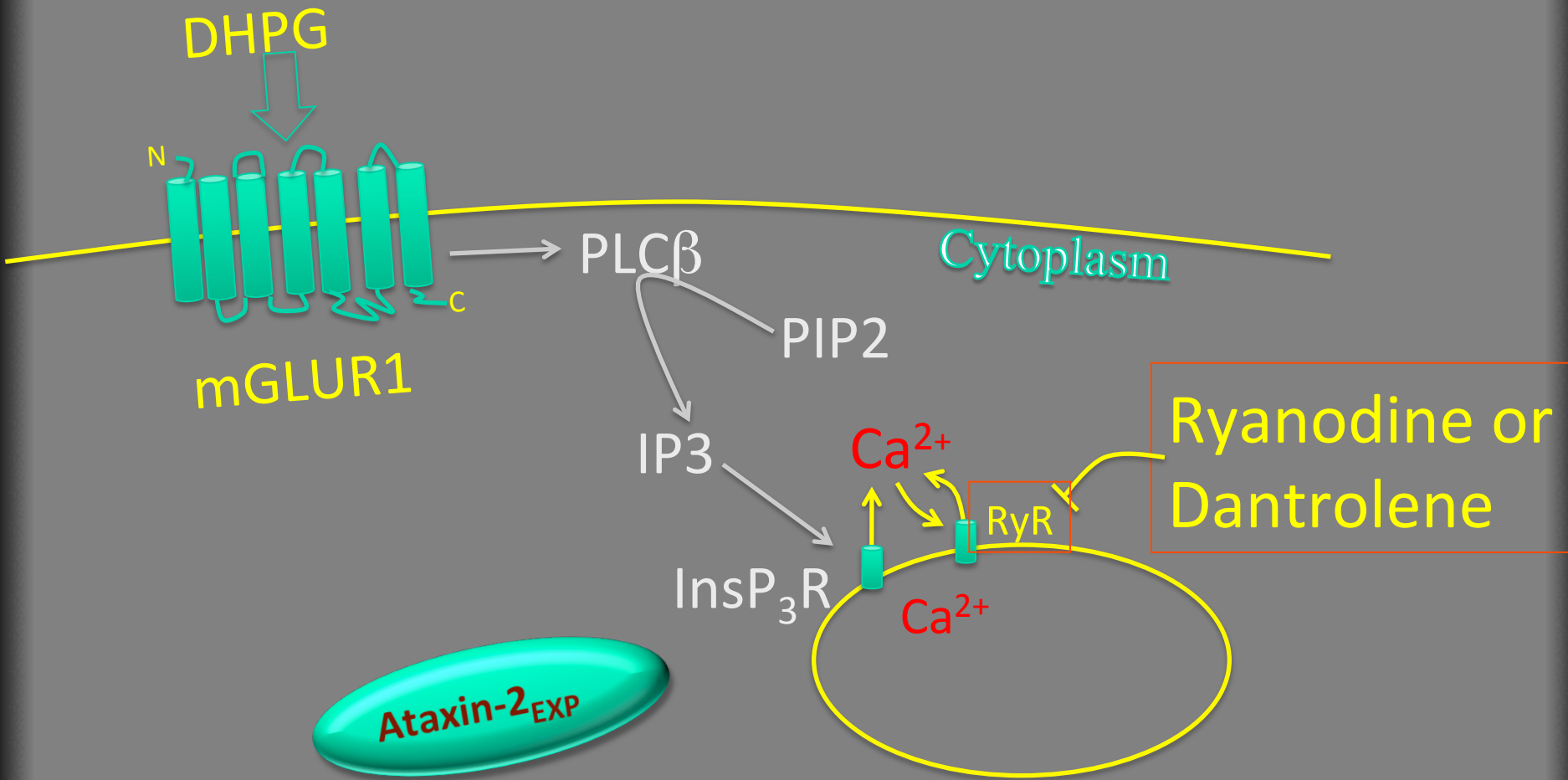
- SCA-type specific
 - siRNA knockdown (SCA1, 3)
 - Modified Antisense (SCA2 in progress)
 - Small molecules (SCA2 in progress)
- Directed at potentially shared mechanisms
 - Correcting deranged gene expression:
SCA1 Lithium
 - Correcting abnormal PC firing: riluzole
 - Glutamate-stimulated Ca-release:
SCA2 & SCA3, Dantrolene

Mutant ATAXN2 and Ca^{2+} Release



Mutant Ataxin-2 binds InsP₃R more strongly to mediate Ca^{2+} exit from ER .

Mutant ATAXN2 and Ca^{2+} Release



Ataxin-2 action on Ca^{2+} movement in vitro. (cultured primary Purkinje cells from *ATXN2* transgenic mice)

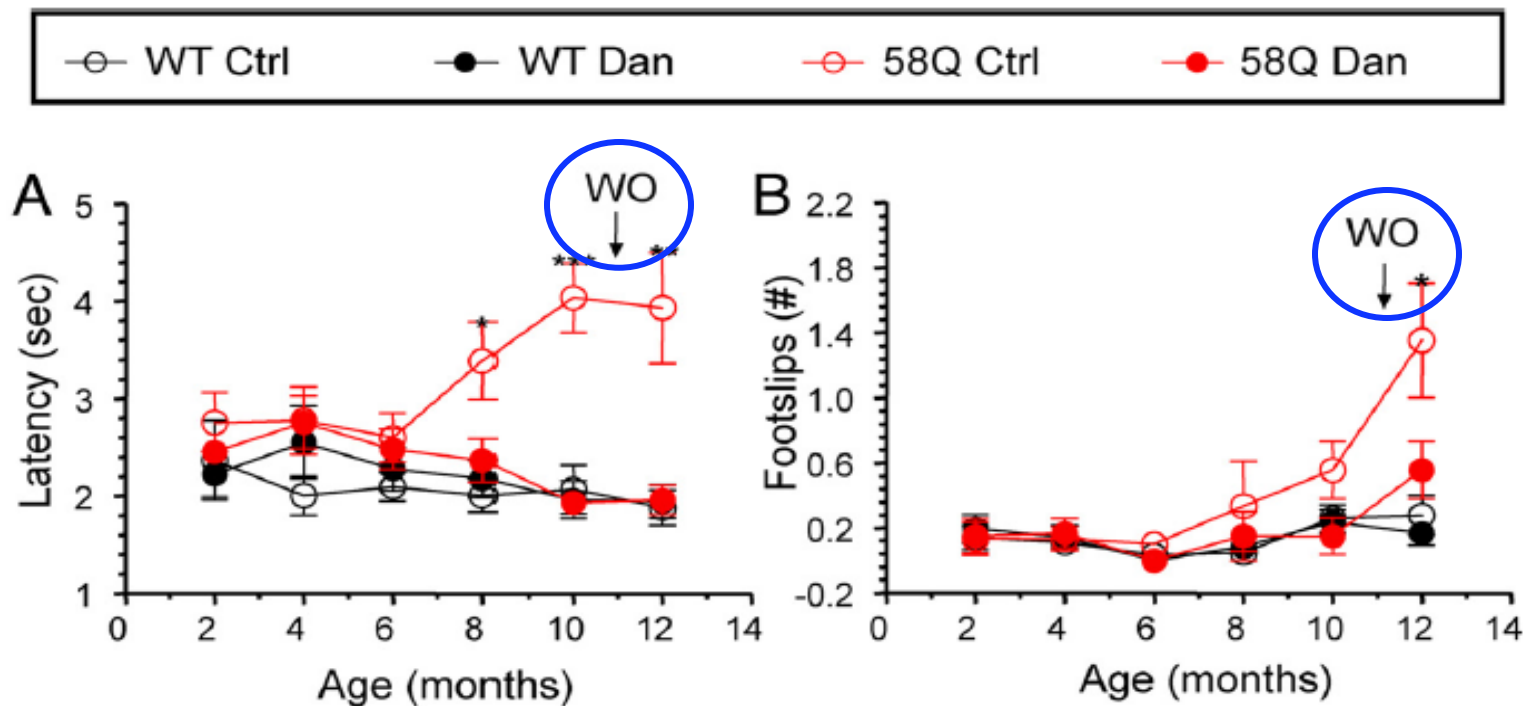
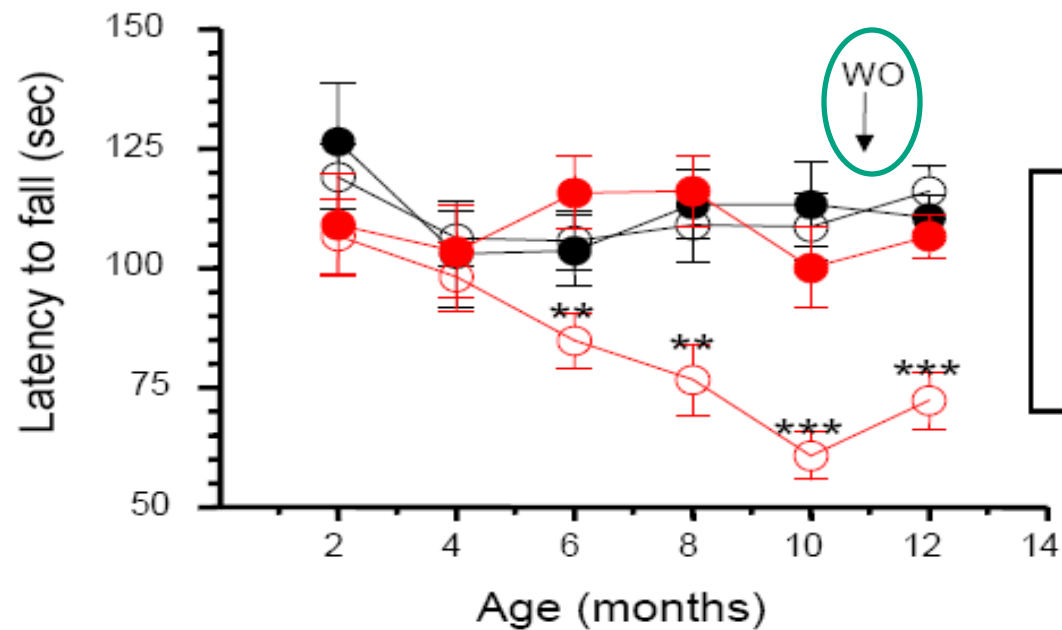
Differential interaction for wt and
mutant *ATXN2* with *InsP3R1*

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

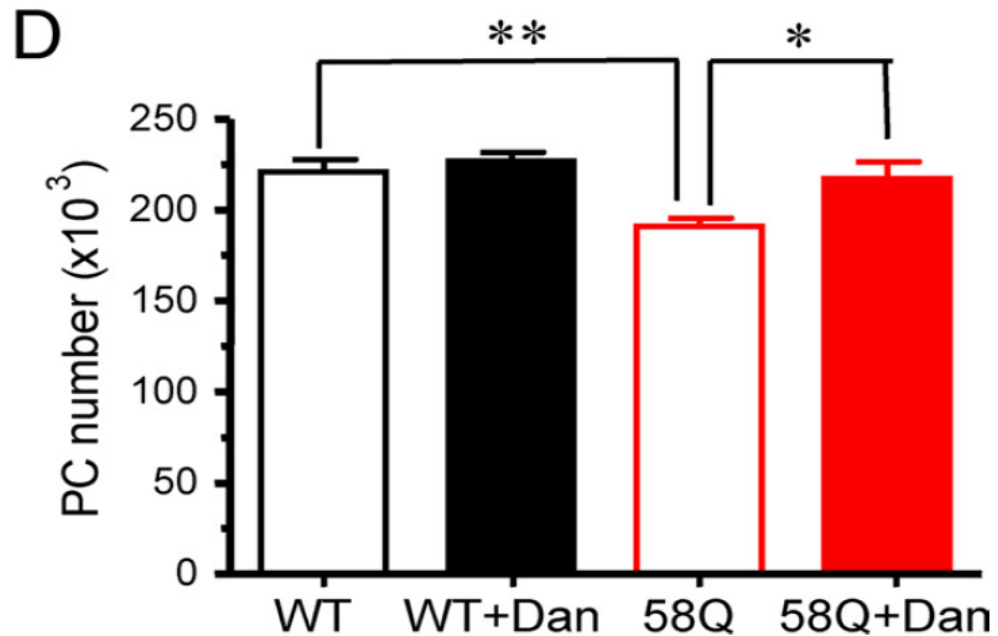
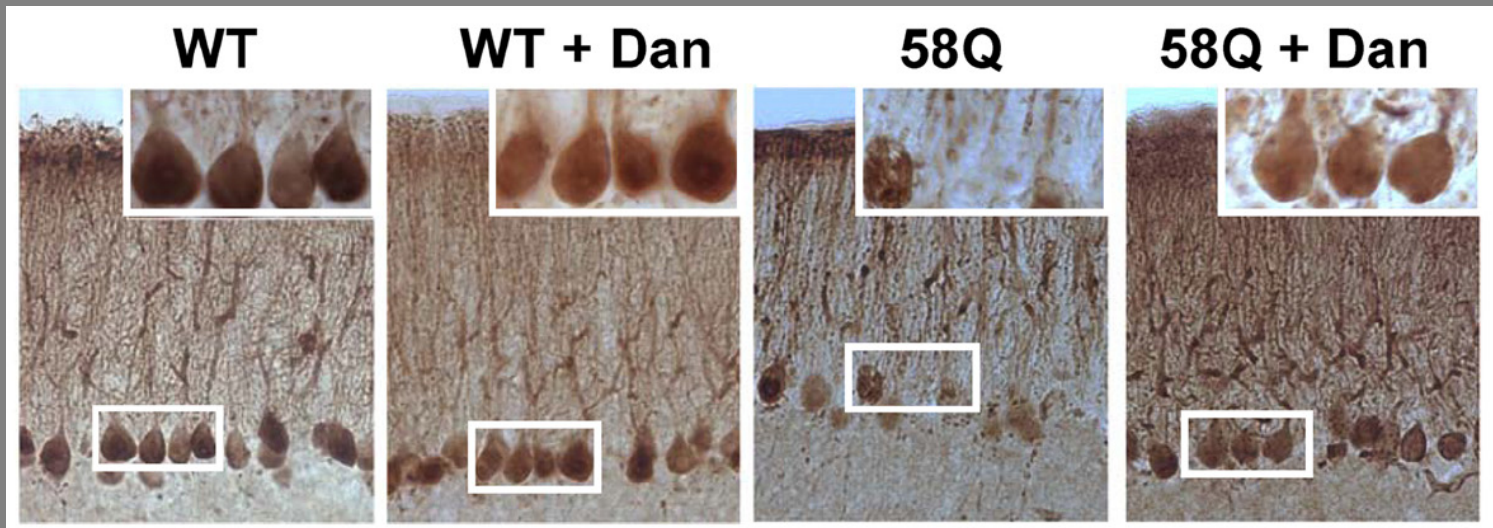
Enhanced Ca signals in 58Q PCs cause
Glutamate induced cell death

Dantrolene recovery of cellular
phenotype in 58Q PCs in vitro

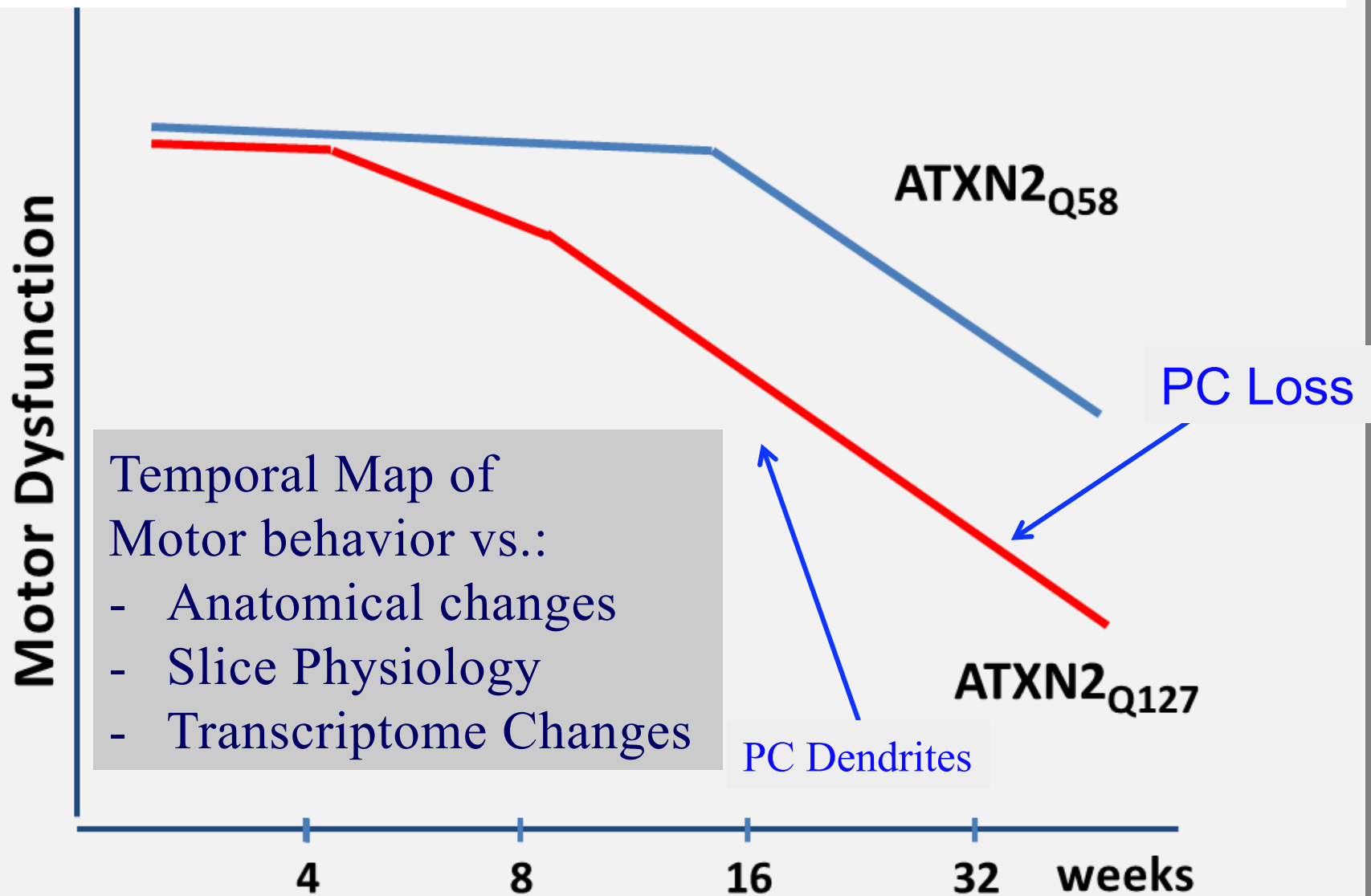
Does dantrolene have an effect *in vivo* ?



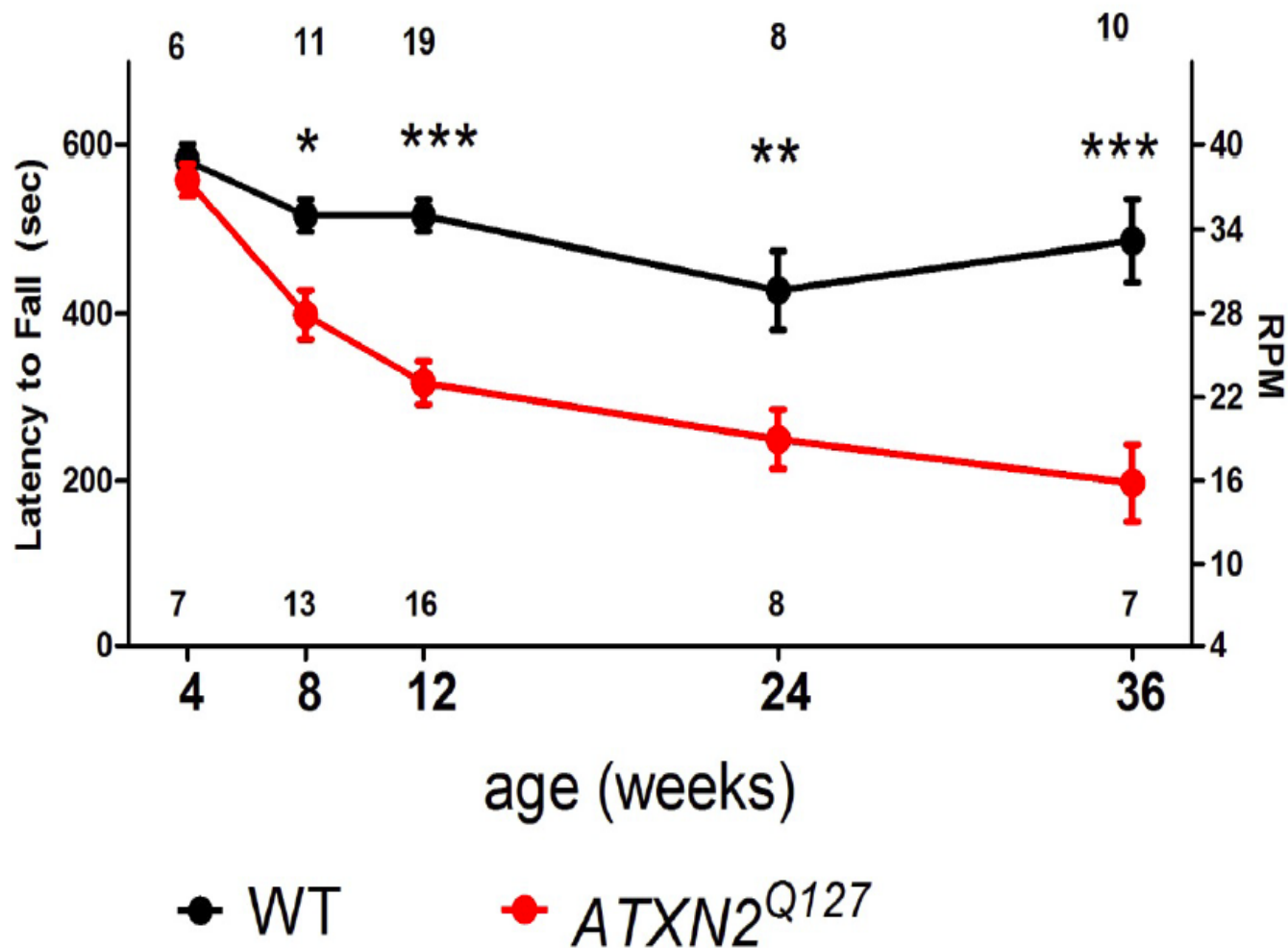
Dantrolene is neuroprotective in the ATXN2Q58 mouse model



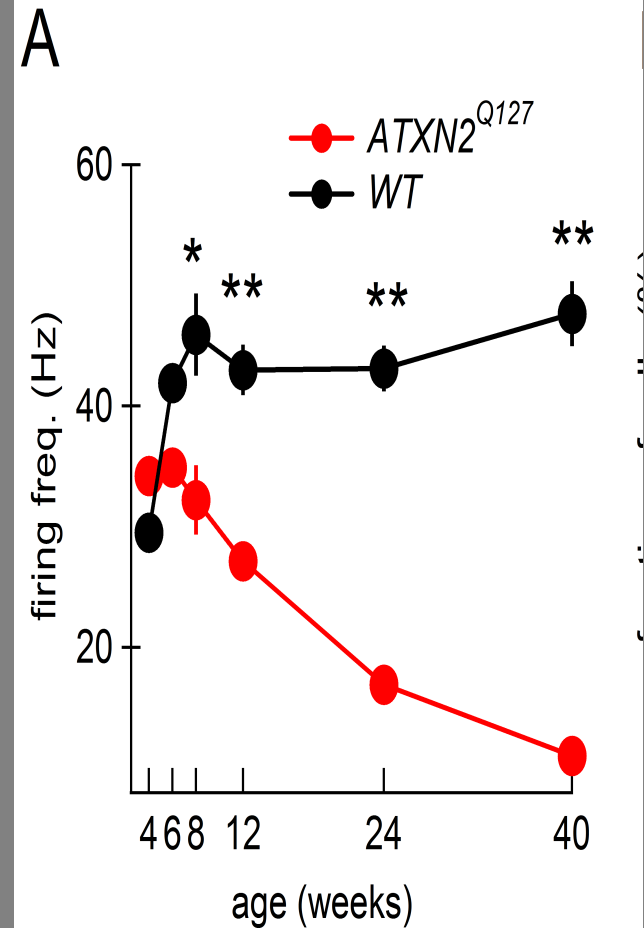
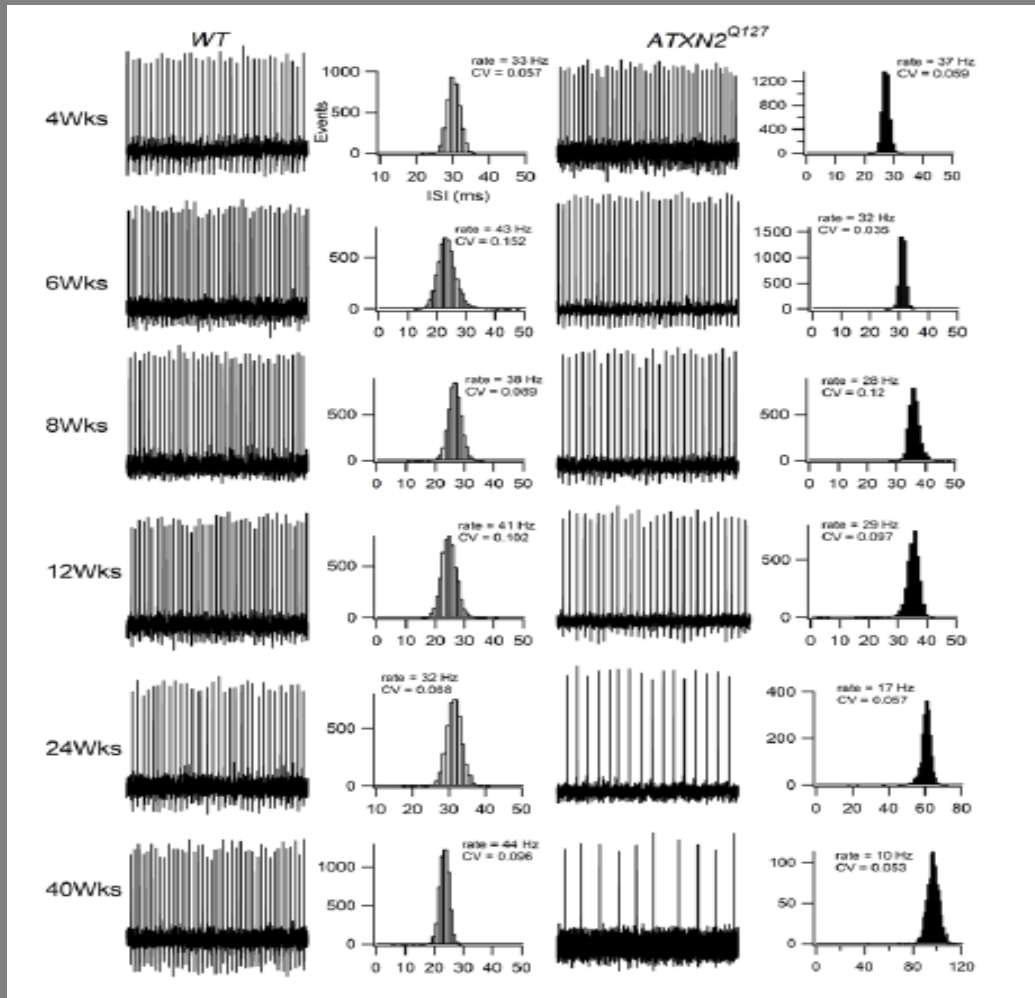
The Pcp2^{-tg(ATXN2Q127)} mouse has a more severe phenotype.



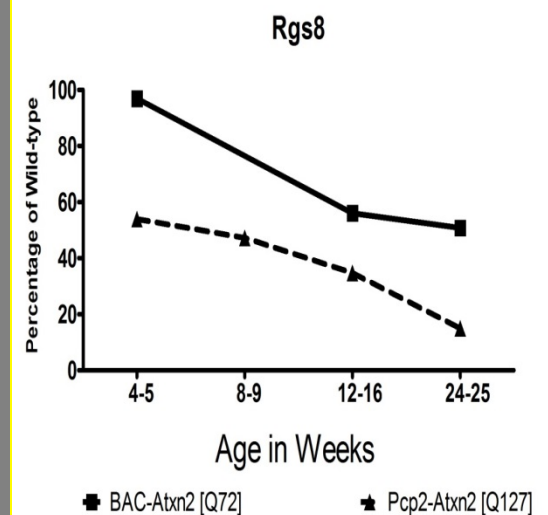
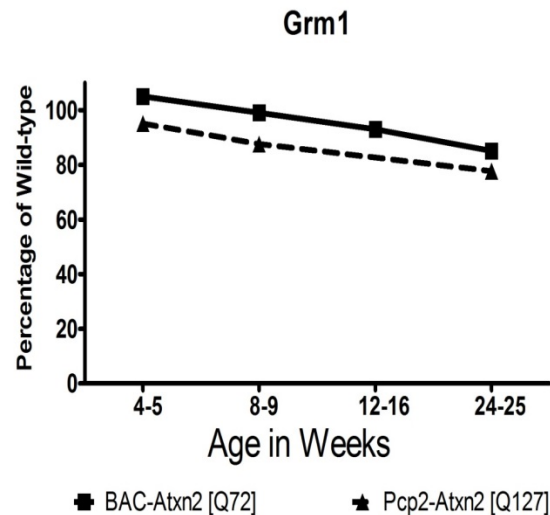
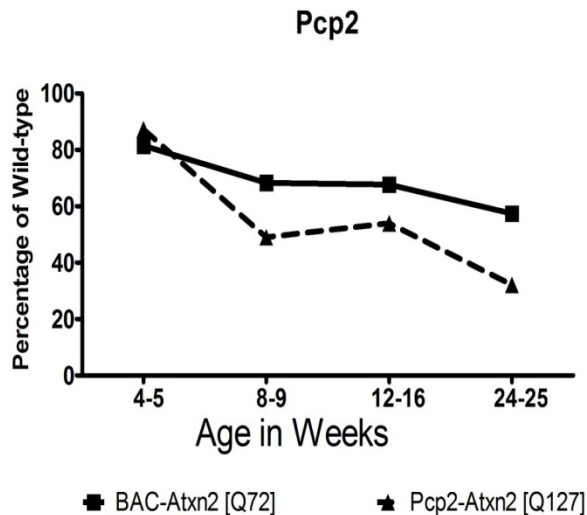
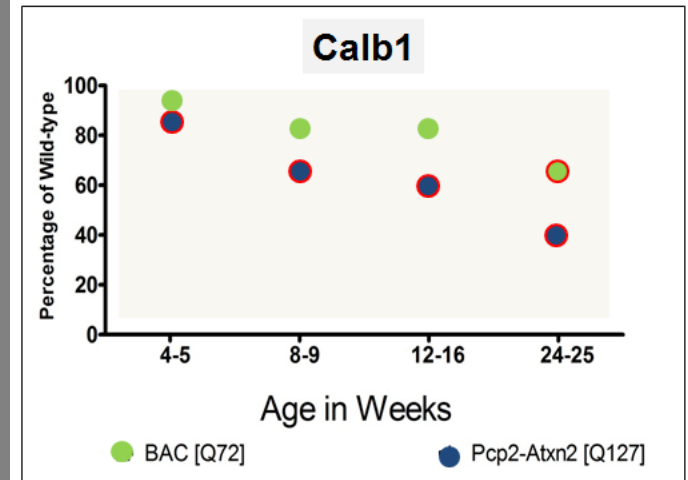
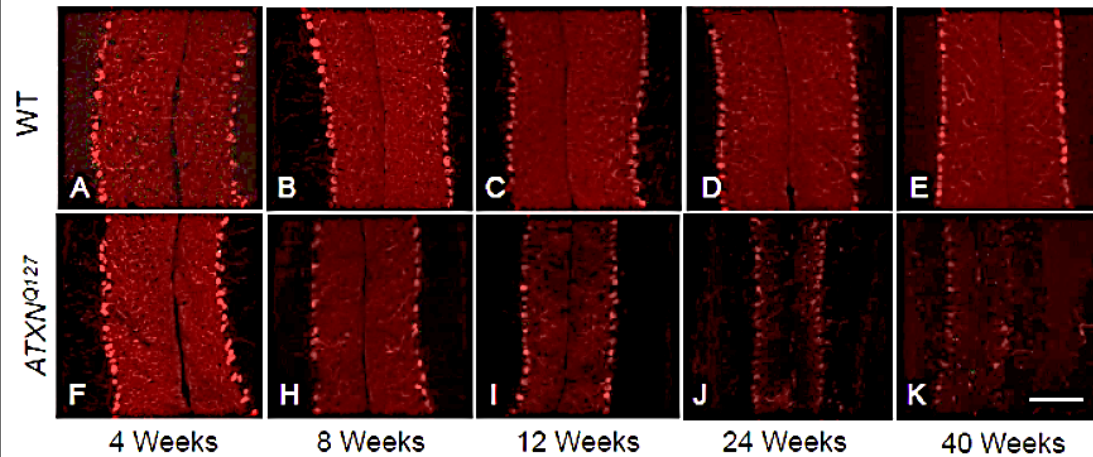
Rotarod behavior is abnormal in the ATXN2^{Q127} Mouse



Purkinje cell firing becomes abnormal at onset of motor dysfunction.



From ICC to qPCR



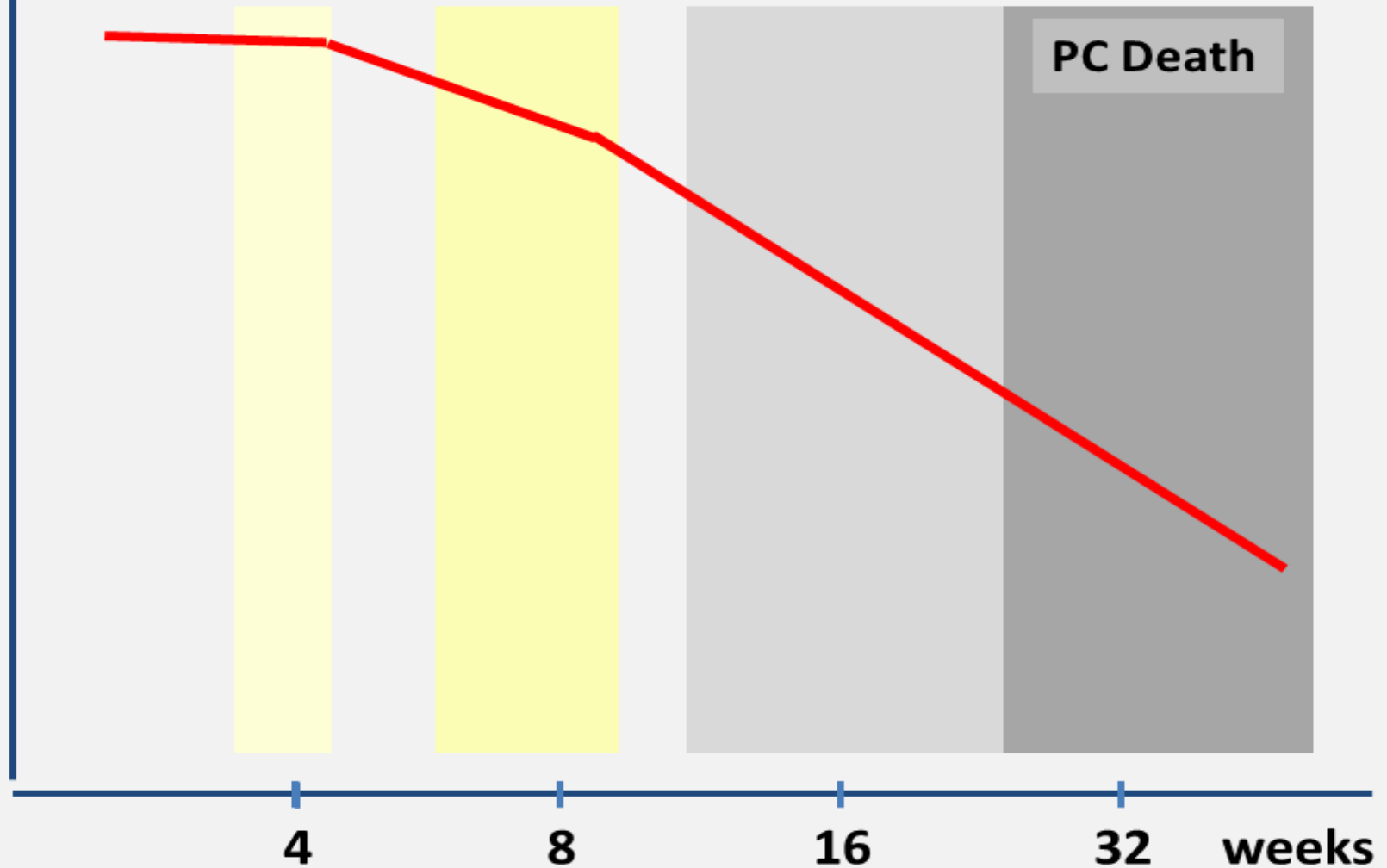
Transcriptome Dysregulation

PC Firing Changes

Mol. Layer Thinning

PC Death

Motor Dysfunction

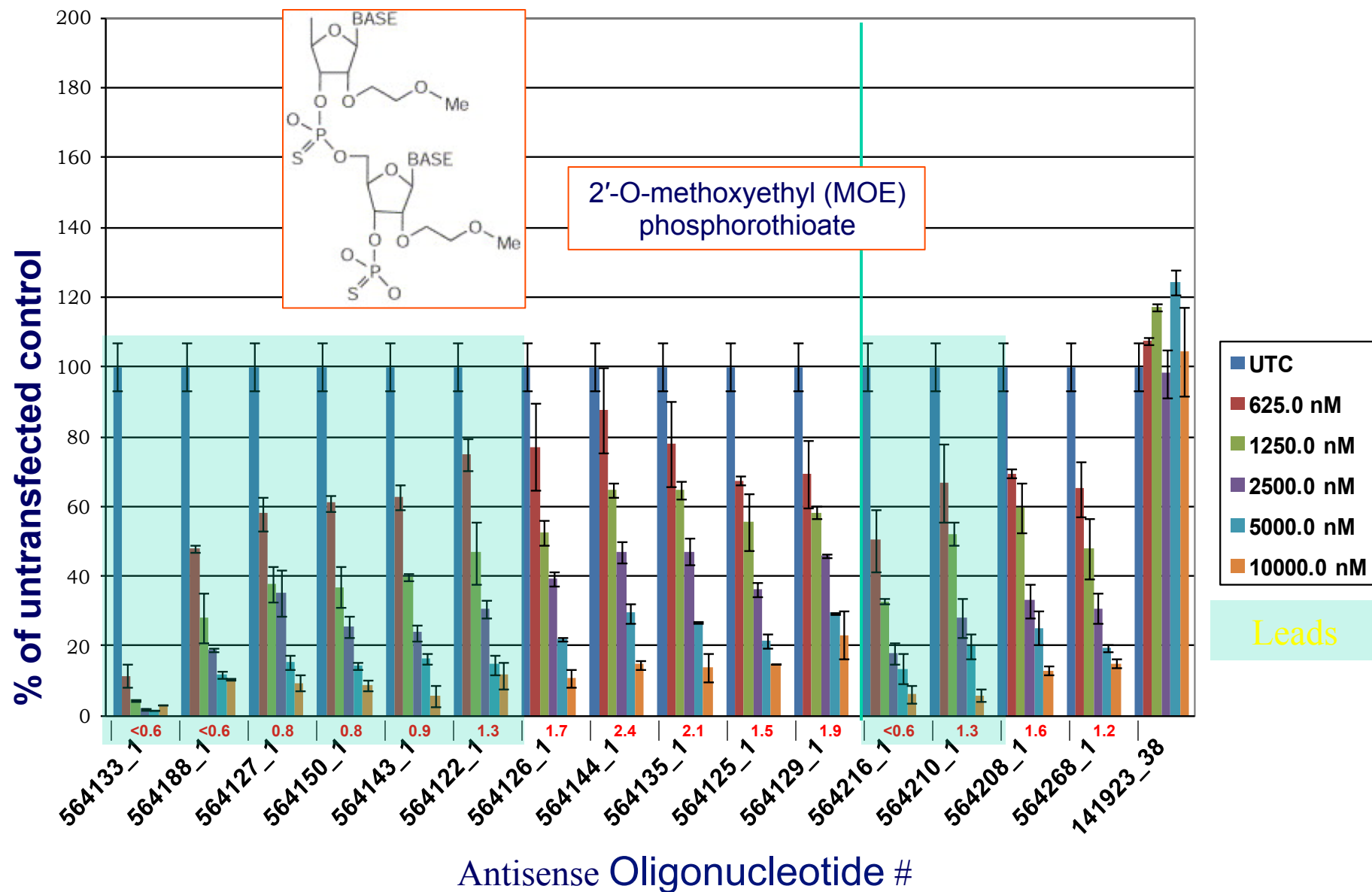


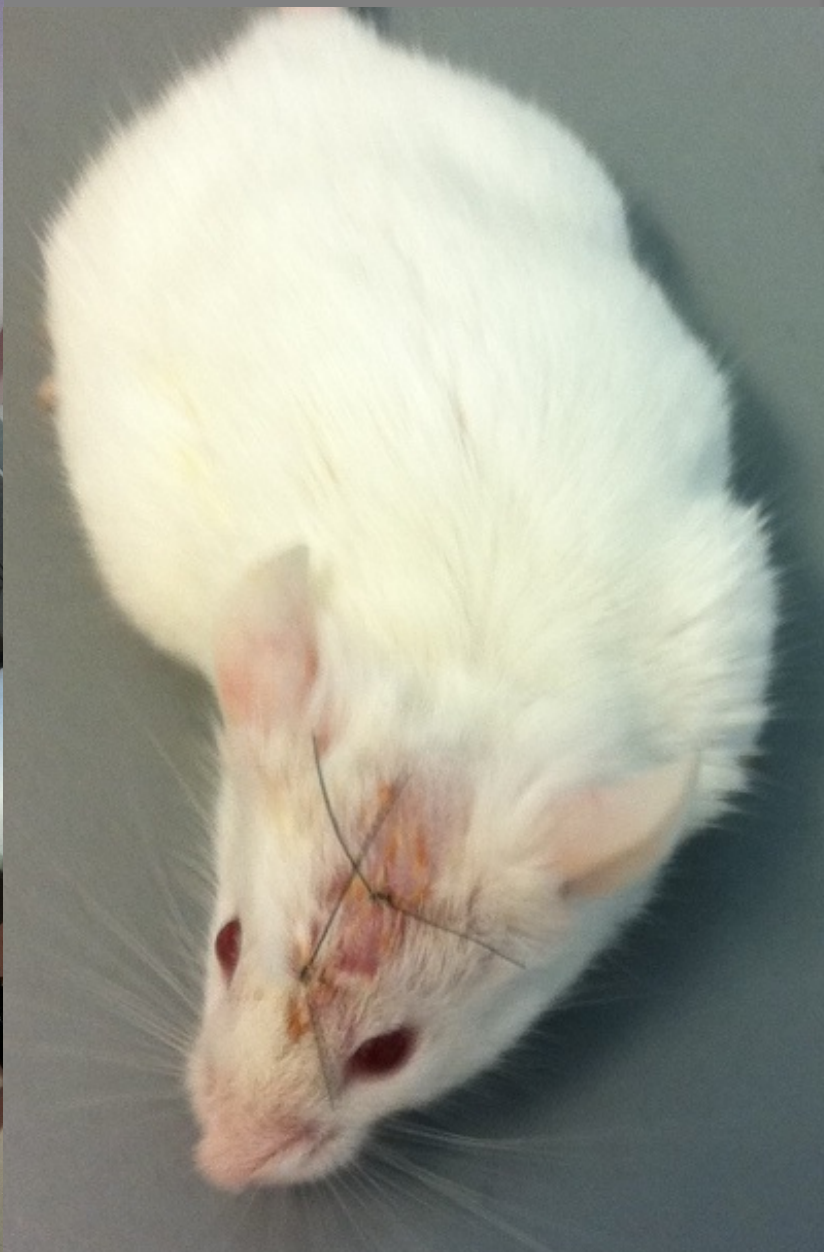
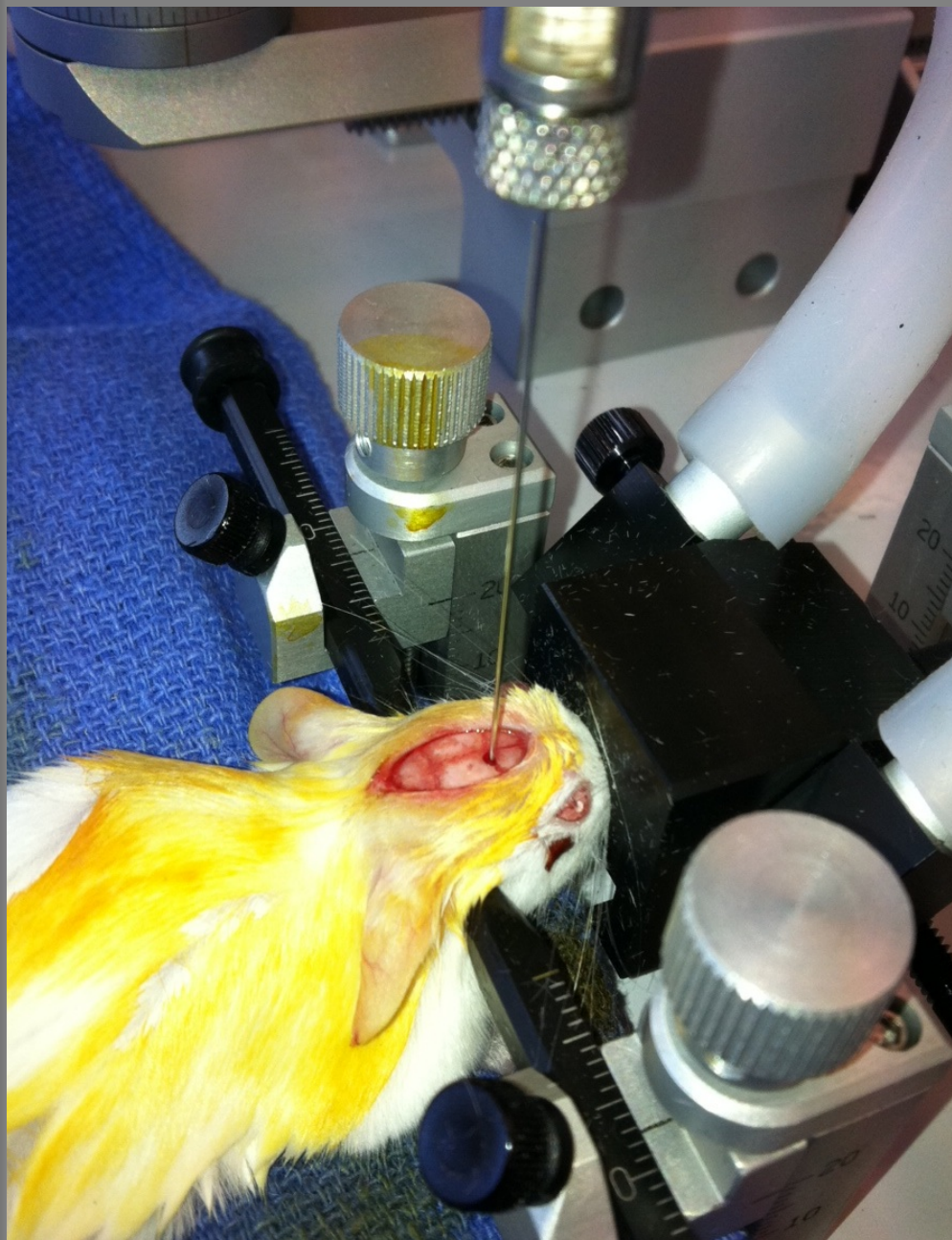
Targeting the Allele or Gene of Interest

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

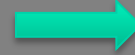
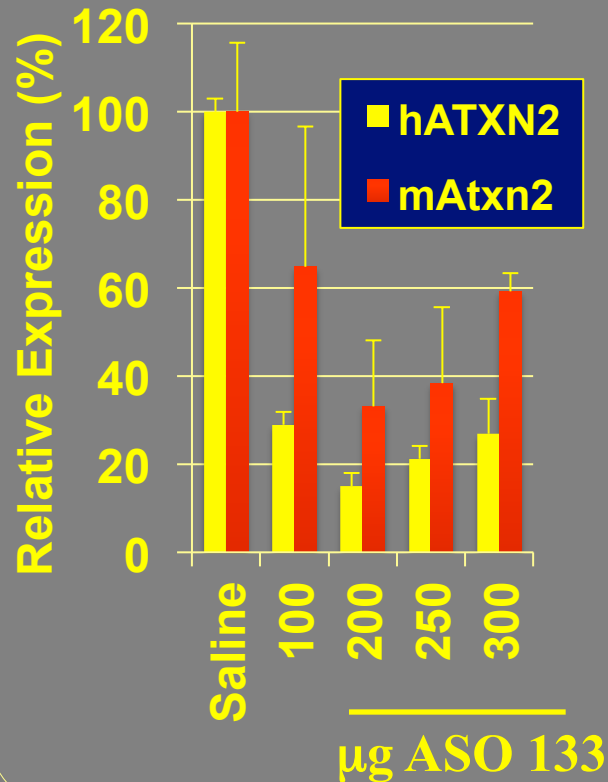




ASO In *ATXN2-Q127* Tg & SCA2-BACQ72 mice

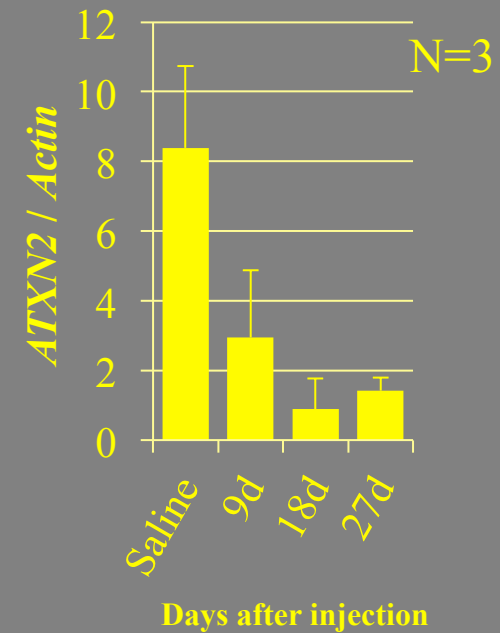
Dosing study

Injected with increasing doses of ASO 133, treated 7 days.



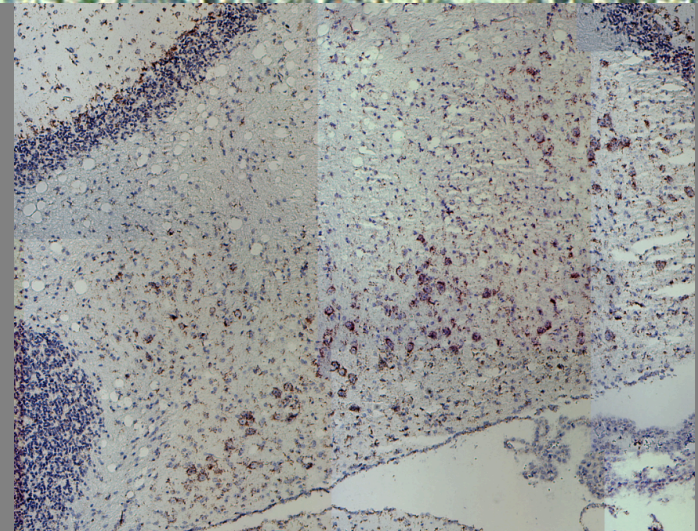
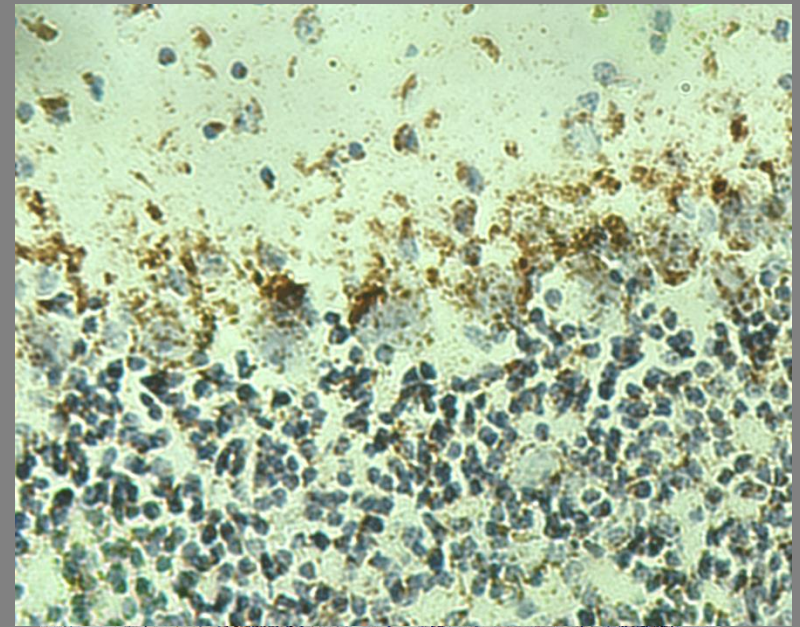
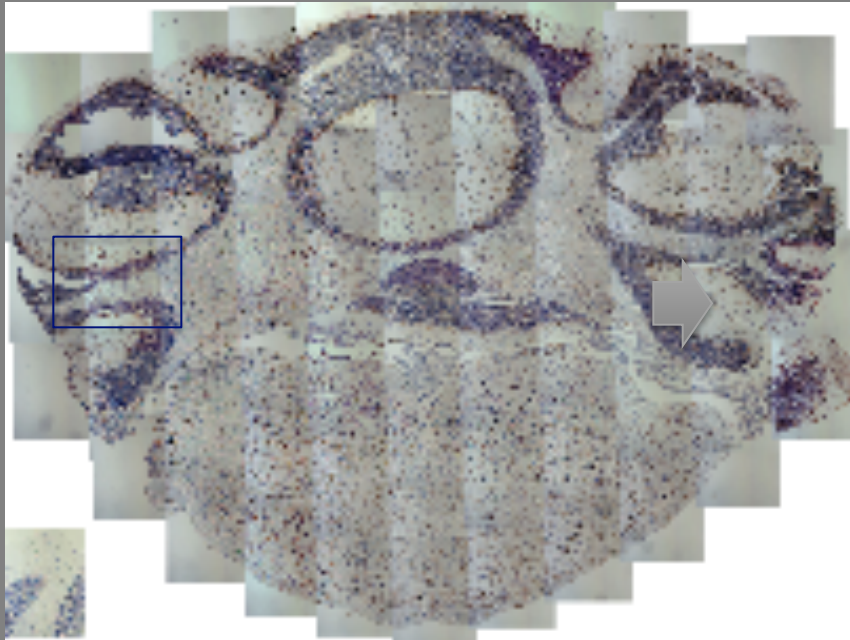
Timecourse study

Injected with 200 µg ASO 133
5.7 µl of 35 µl/ml ASO.



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

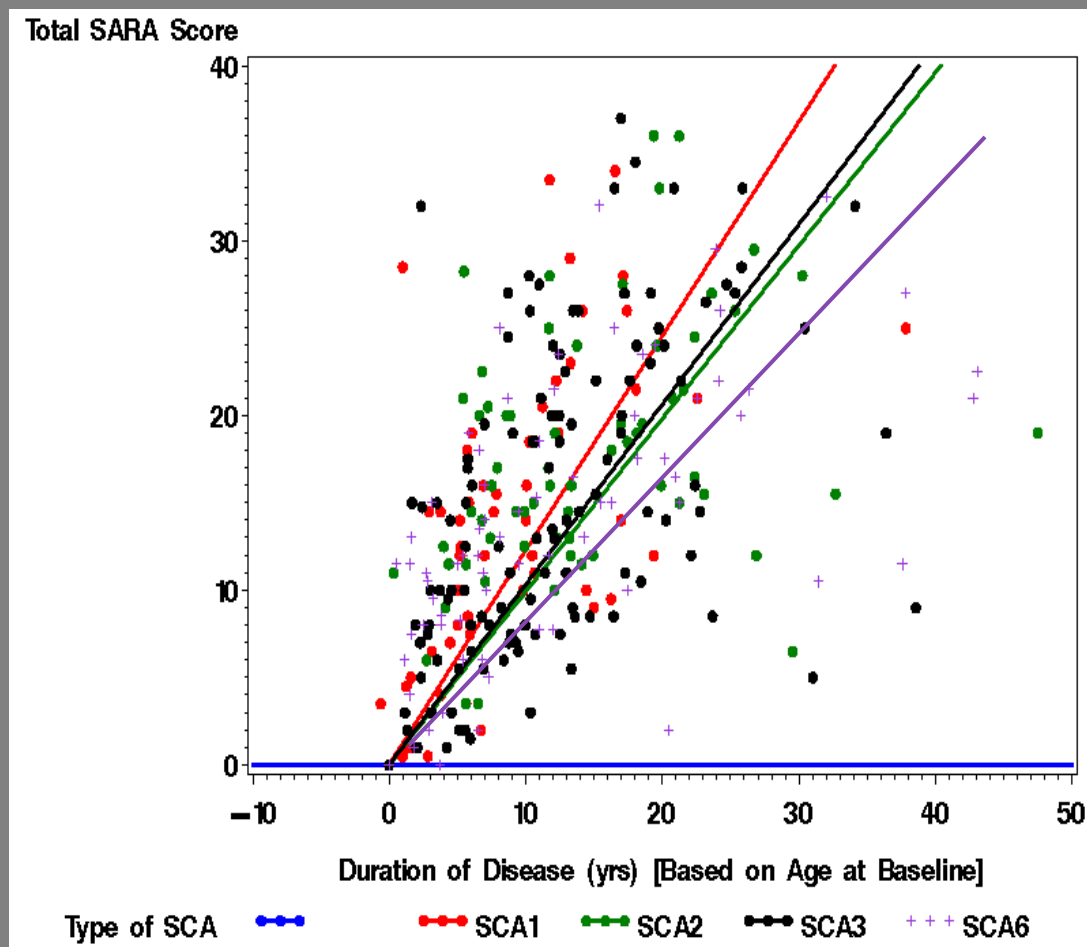
ASO-133 localized to deep cerebellar nuclei



SARA Scale

- Published in 2006
- From 0 (normal) to 40 points
- Gait/Stance
- Sitting
- Speech
- Finger Chase/N-F
- RAM/H-S slide

The NIH SCA-CRC confirms progression rates for the SCAs Shown by EURO-SCA



Translation is bidirectional

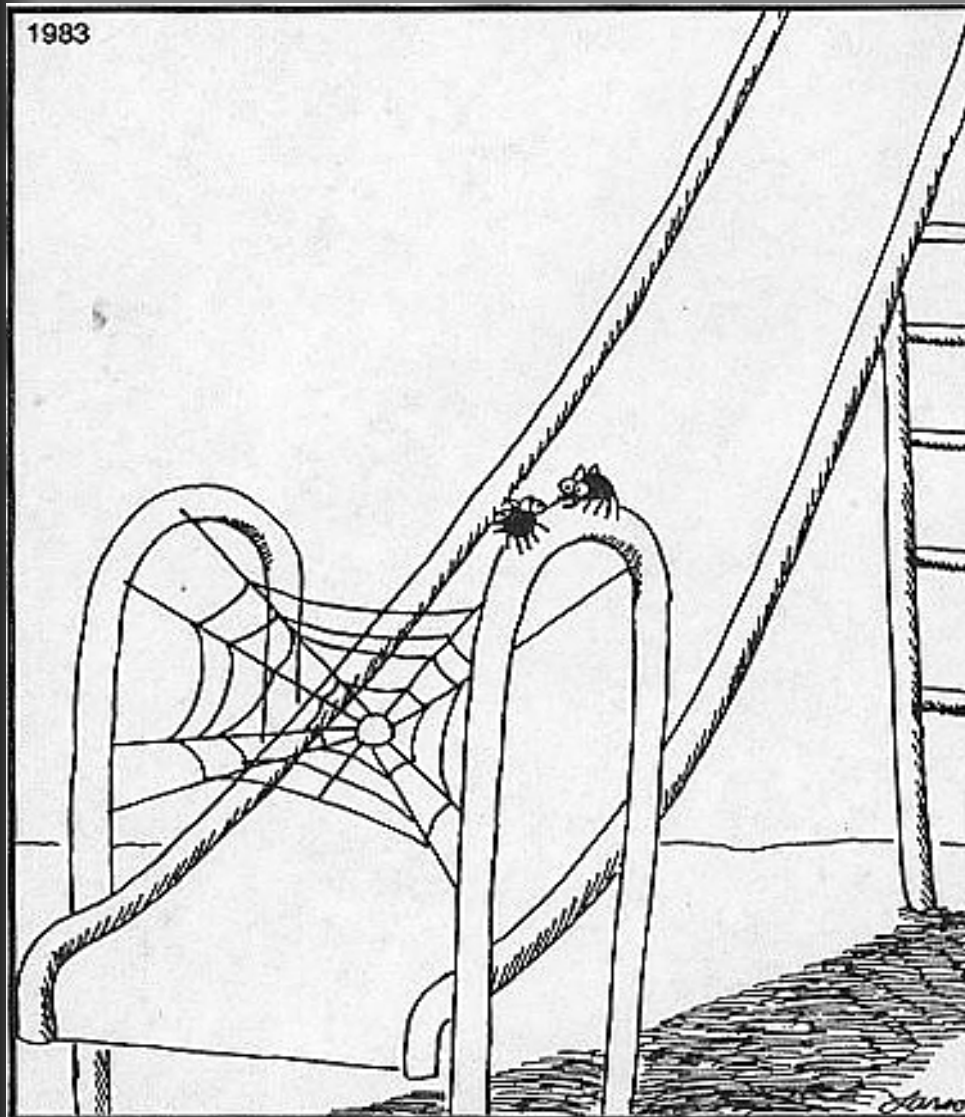
- Bedside to Bench important.
- Culture change from the “one grad-student-one PI” model to multi-center trials.
- Rodent trials can distinguish between symptomatic changes and disease modification.

For rare diseases

Mouse trials are a must !

- Formal Randomization
- Multi-investigator & Multi-center
- Multiple models
- Multiple mouse backgrounds & both sexes
- Pre-specified outcome criteria
- Funding Agencies & Journals

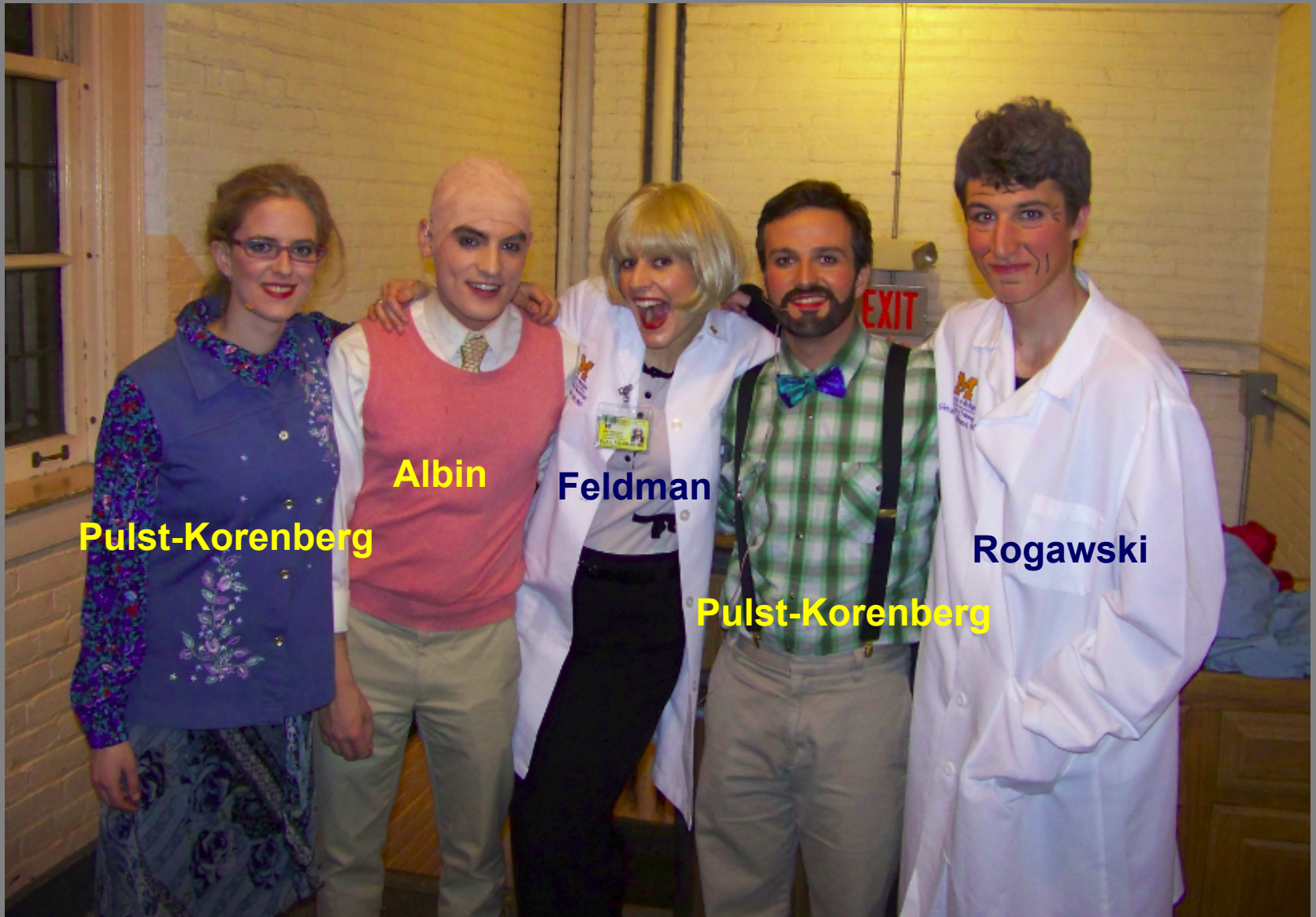
Collaborators



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

- **Animal Models**
 - Pattie Figueroa
 - Duong Huynh, PhD.
 - Stephen Hansen, Ph.D.
 - Warunee Dansithrong, Ph.D.
 - Marion Schiffmann
 - Don Atkinson
 - 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

Neurology F1's @ the Smoker's "Spleen Girls"



Pulst-Korenberg

Albin

Feldman

Pulst-Korenberg

Rogawski