

2018 HD Clinical Research Update

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What's new in HD research??



- Dr. Cattaneo's Keynote Address, HDSA 2017
- On-going studies:
 - Enroll-HD
 - STAIR trial: targeting irritability and aggression
 - SIGNAL trial: targeting neuro-inflammation
- New research:
 - Huntingtin-lowering therapies
 - Ionis-HTTx
 - Wave Life Sciences
 - Others
 - Stem cells – 2018 😊

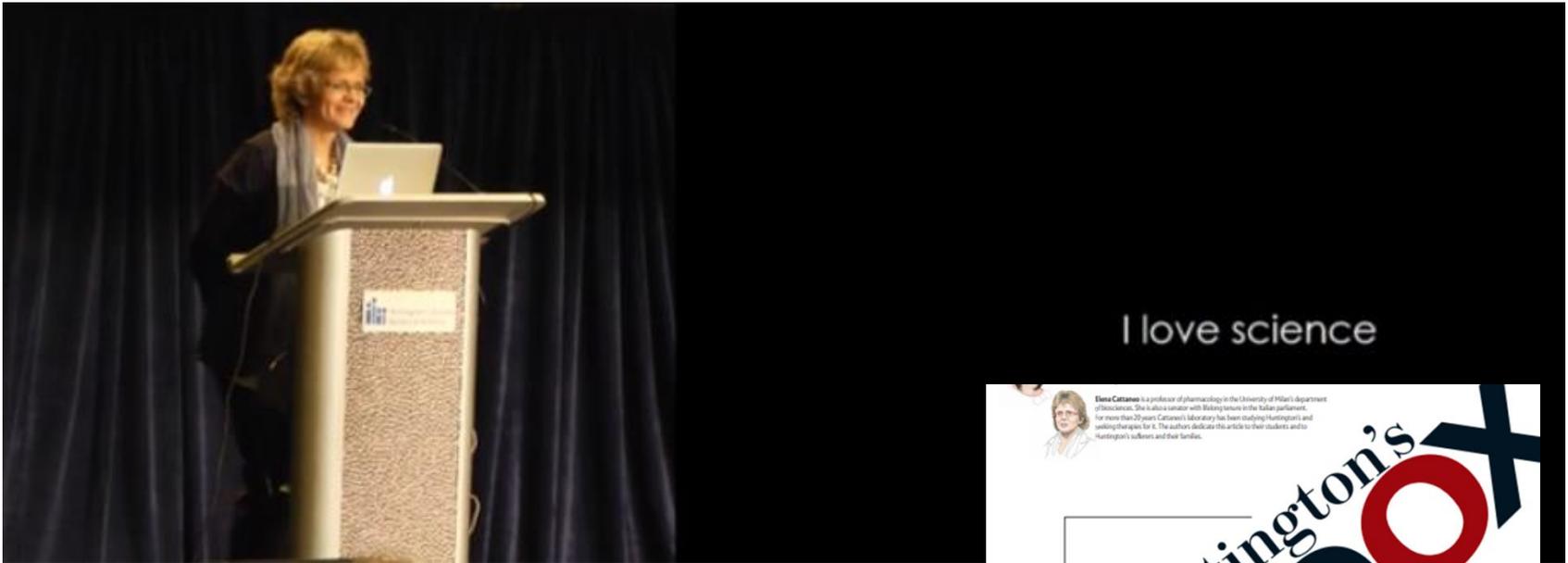
New insights: the Huntingtin gene and CAG repeats



Dr. Elena Cattaneo receives HDSA 2017 Research Award

Dr. Cattaneo's keynote address

<https://vimeo.com/223226694>



Elena Cattaneo is a professor of pharmacology in the University of Milan's department of biosciences. She is also a senator with lifelong tenure in the Italian parliament. For more than 20 years Cattaneo's laboratory has been studying Huntington's and seeking therapies for it.

I love science

Elena Cattaneo is a professor of pharmacology in the University of Milan's department of biosciences. She is also a senator with lifelong tenure in the Italian parliament. For more than 20 years Cattaneo's laboratory has been studying Huntington's and seeking therapies for it. The authors dedicate this article to their students and Huntington's sufferers and their families.

The Huntington's PARADOX

The gene that causes a devastating neurodegenerative disease may also have been critical in the evolution of our species

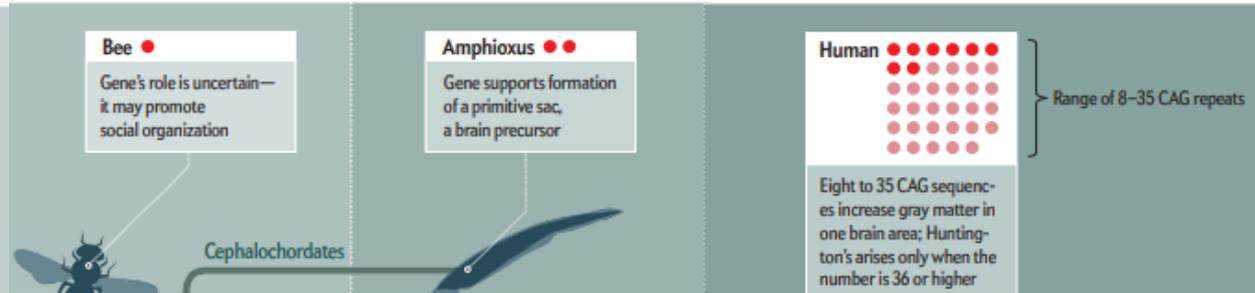
By Chiara Zuccato and Elena Cattaneo

Relationship of the huntingtin gene and CAG repeat length to nervous system development

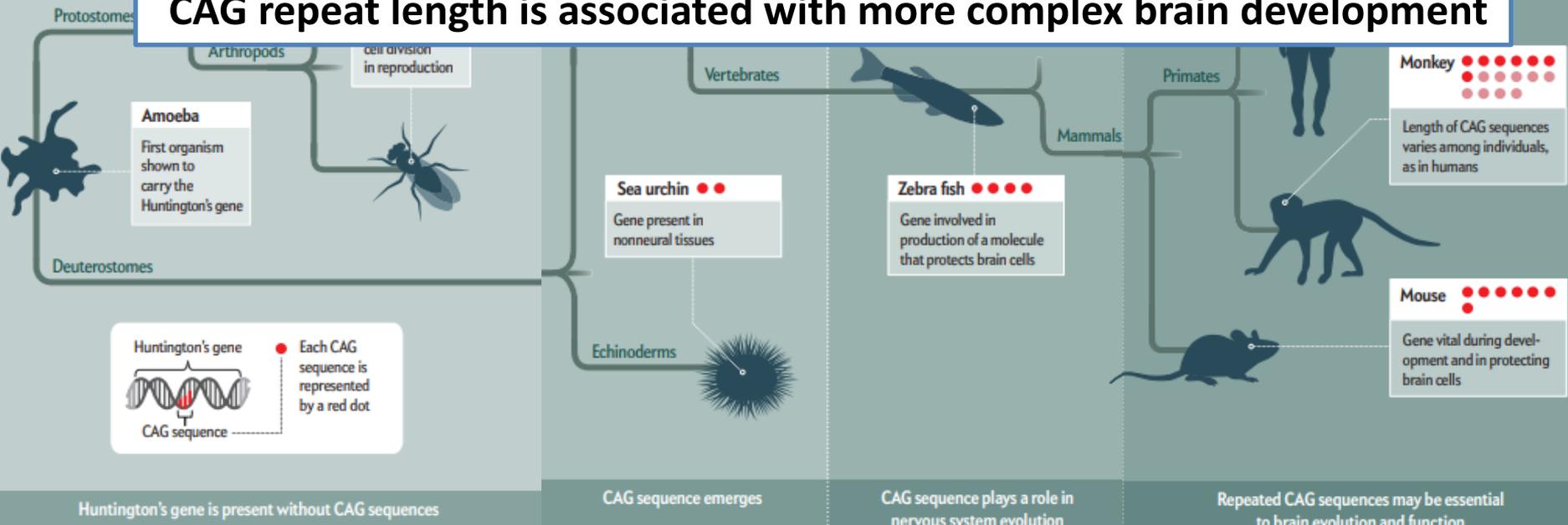
http://www.cattaneolab.it/wp-content/uploads/2016_08_Scientificamerican_CZ_EC.pdf

Biography of a Gene

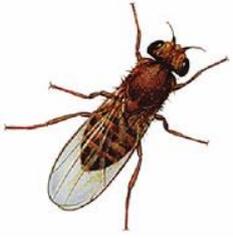
What do we owe to the lowly amoeba? One hand-me-down bequeathed over the eons is the Huntington's gene—the same one that, in its aberrant form, is responsible for Huntington's disease in humans. The unmutated gene appears to contribute to development in early life and to building complex nervous systems. Its story, traced on a tree of life, documents an ever expanding number of biological roles for the gene as the number of CAG sequences within it increases during the course of millions of years.



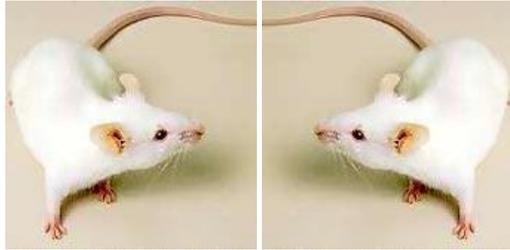
**The HD gene is involved in early stage neural development
CAG repeat length is associated with more complex brain development**



How do we study HD?



Fruit Flies



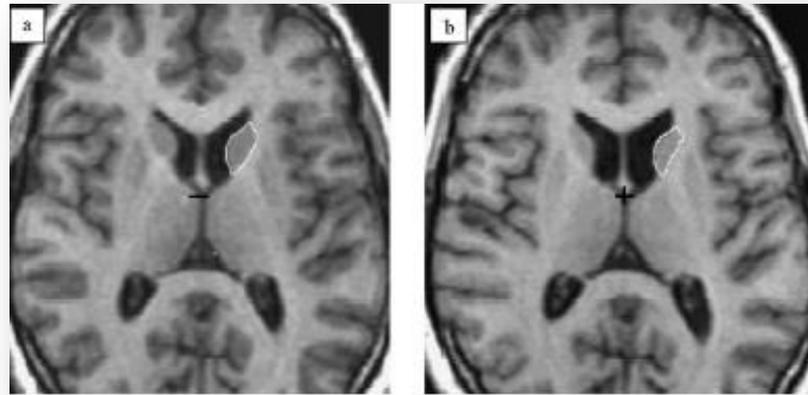
Mouse Models



Sheep



Pig



... and with observational studies and treatment trials in people with HD

Enroll-HD

Longitudinal Observational Trial



The Goal:



- To create opportunities for research participation for HD families on a **global scale**
- Through this effort, ENROLL- HD is creating a repository of unified clinical information and bio-samples critical for HD scientists world-wide.

Why Is This Important?

- This repository of data creates a wealth of information to better understand the disease and provide an important tool for future HD studies.
- Often studies require large numbers of individuals in order to be sufficiently powerful
- Enroll-HD investigators will be collaborating from across the globe to provide those large numbers of participants



**SRX246: Safety, Tolerability, and
Activity in Irritable Subjects with
HD (STAIR)**



How does SRX246 work?

- SRX246 blocks vasopressin_{1A} receptors
- Vasopressin is increased in the brain during anger and aggression in both animals and humans.
- It may be helpful in treating irritability and aggression.

NeuroNext **STAIR** Study



- **S**afety, **T**olerability, and **A**ctivity in **IR**ritable subjects with HD; Sponsor: NIH/Azevan Pharmaceuticals
- Therapeutic candidate: SRX246
- Mechanism: Vasopressin_{1A} receptor blocker; also being tested in Intermittent Explosive Disorder and PTSD.
 - May have a milder side effect profile than other drugs currently used for this symptom.
- First study targeting irritability in HD





NeuroNext **STAIR** Study

- Study design: This is a 12 week, randomized, placebo-controlled, double-blind, dose escalation study of SRX246 in irritable subjects with early-moderate stage HD.
- Subjects: Must have current feelings of irritability, aggression or anger
- Treatment: SRX246 vs placebo
- Primary outcome measure: Tolerability
- Secondary outcome measures: Rating scales for irritability



The NEXT Generation of Neurologic Treatments
NIH-Network for Excellence in Neuroscience Clinical Trials



The NEXT Generation of Neurologic Treatments
NIH-Network for Excellence in Neuroscience Clinical Trials

If you are interested in possible participation in the **STAIR** study, please call Amanda Martin at (916)734-3514,
or e-mail at: alema@ucdavis.edu

June 2018: This study is now CLOSED.

SIGNAL Trial



- Sponsor: Vaccinex and the Huntington Study Group
- Therapeutic candidate: VX 15/2503, a monoclonal antibody designed to target the semaphorin 4D (SEMA4D) protein
- Mechanism: reduction of neuroinflammation, possible increase neuronal progenitor survival, and increase oligodendrocyte migration and maturation
- ***First-time use of monoclonal antibody in HD***

SIGNAL Study



- Study design: Phase 2 multi-center, randomized, double-blind, placebo controlled study of VX15/2503.
- Subjects include 84 individuals who have undergone genetic testing for HD and have the HD gene expansion, with prodromal HD or very early stage HD.
- Treatment is via monthly intravenous infusions for 6 or up to 18 months.
- Primary outcome measure is safety and tolerability of VX15/2503.

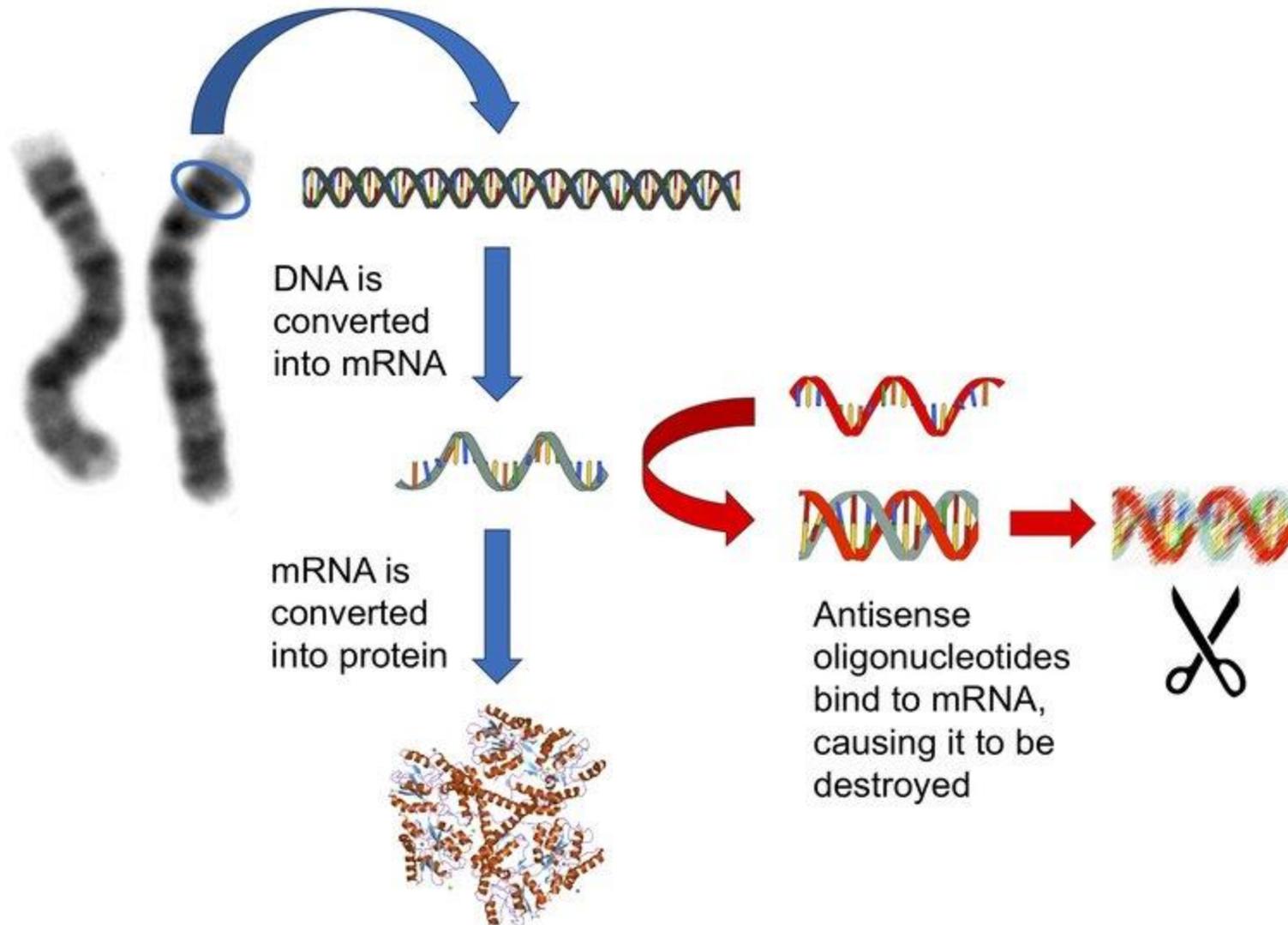
SIGNAL Study



- Update: the first group of subjects have completed this trial.
- The sponsors have expanded the SIGNAL trial to 240 participants and it is still actively enrolling
- Study assessments will include monthly visits for infusions, motor, cognitive and behavior rating scales MRI brain scans and spinal taps

See the Huntington Study Group website for further details and list of sites.

Biggest news in HD research since 1993....

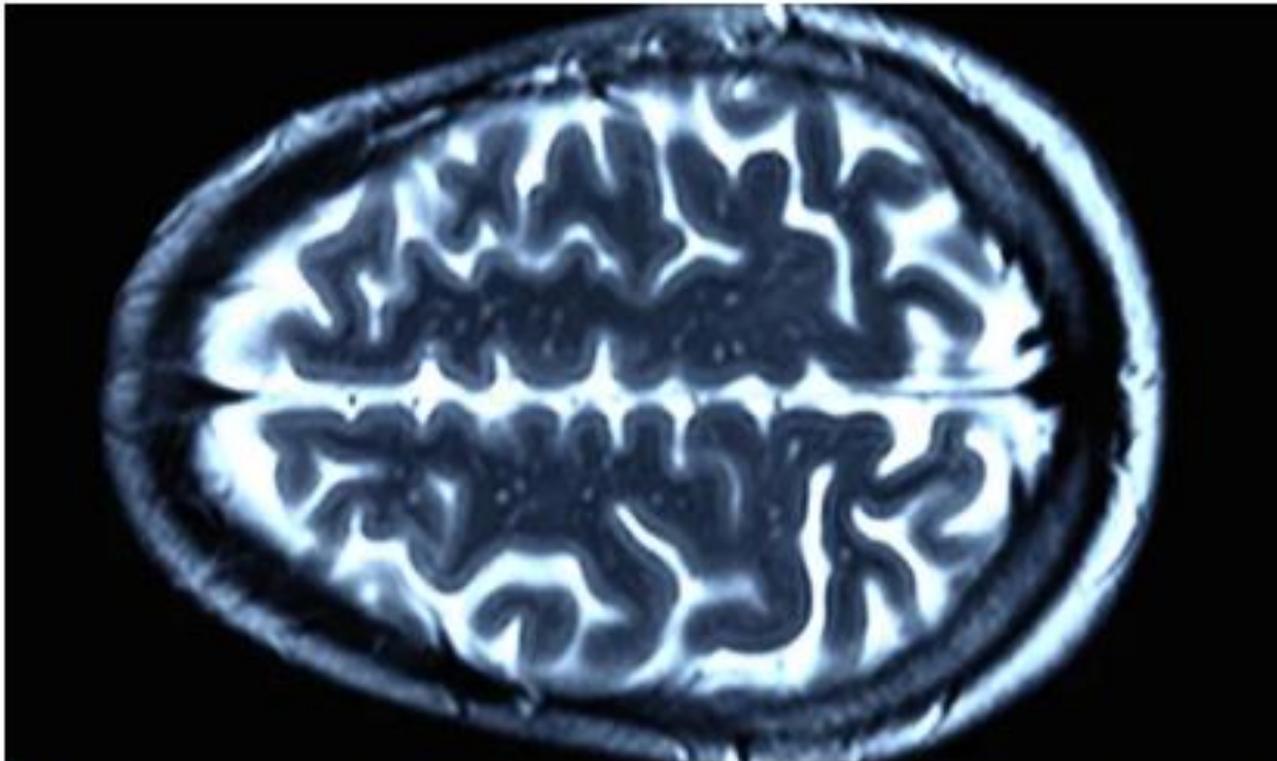


12/11/2017

Excitement as trial shows Huntington's drug could slow progress of disease

Hailed as 'enormously significant', results in groundbreaking trial are first time a drug has been shown to suppress effects of Huntington's genetic mutation

US edition ▾
The Guardian



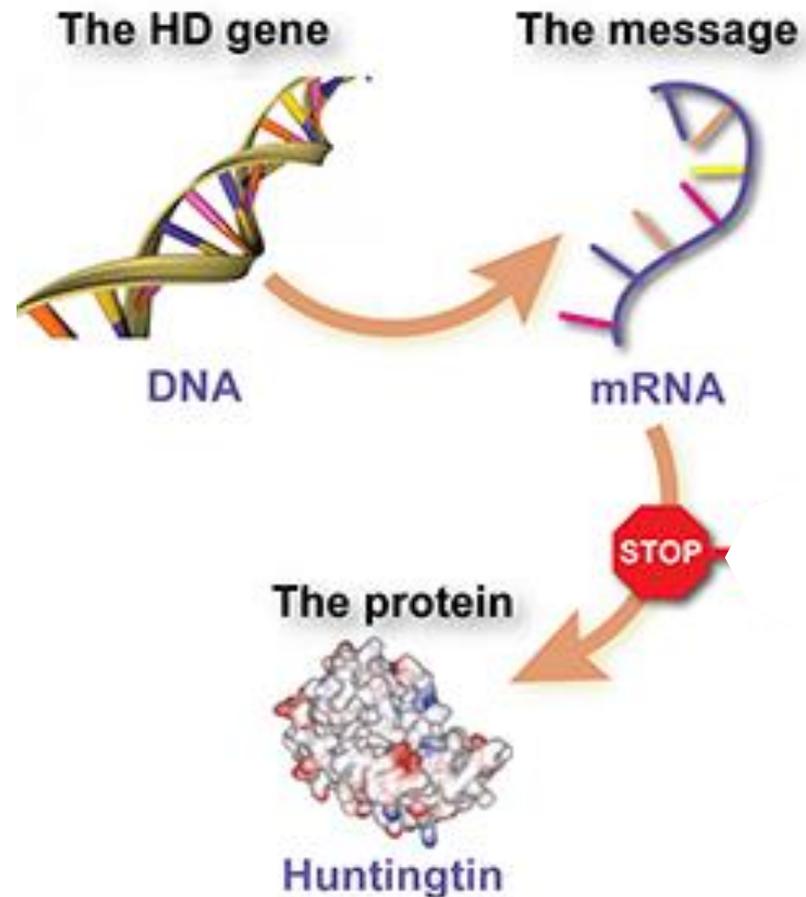
▲ An MRI scan of a healthy brain. In Huntington's patients, a genetic mutation causes irreversible damage to the brain. Photograph: Getty Images/Science Photo Library RF

<https://www.theguardian.com/science/2017/dec/11/excitement-as-huntingtons-drug-shown-to-slow-progress-of-devastating-disease>

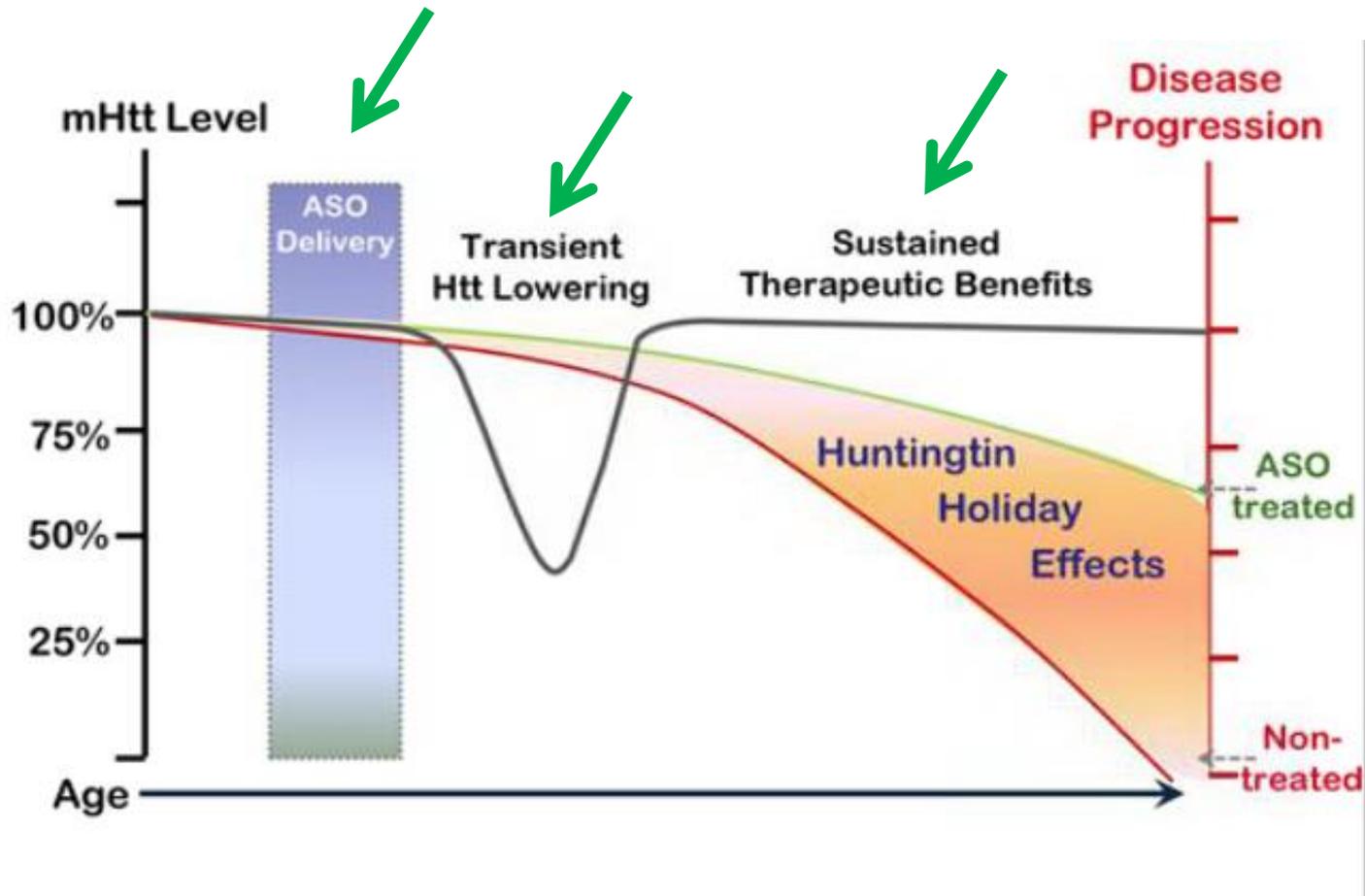
A landmark trial for Huntington's disease has announced positive results,

Anti-sense oligonucleotides (ASOs)

- These are single-stranded DNA building block sequences that are designed to target specific messenger RNA that are complementary
- Once targeted, the RNA part of the DNA/RNA duplex is destroyed by an enzyme
- The ASO can then be recycled to act again and again.

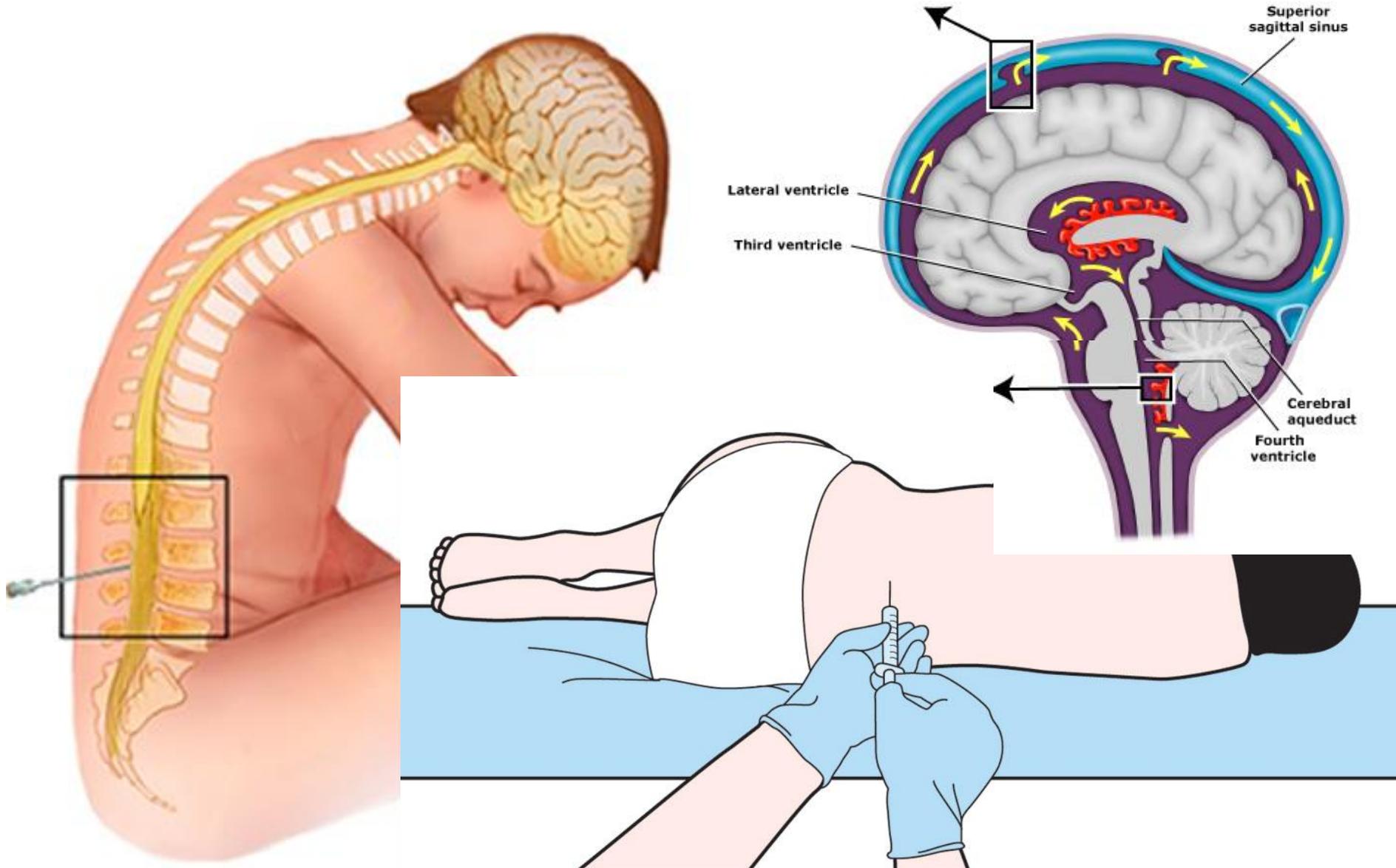


“Huntingtin Holiday”



Lu XH and Yang XW. *Neuron* 2012;74(6): 964–966.

Intra-thecal delivery: spinal tap





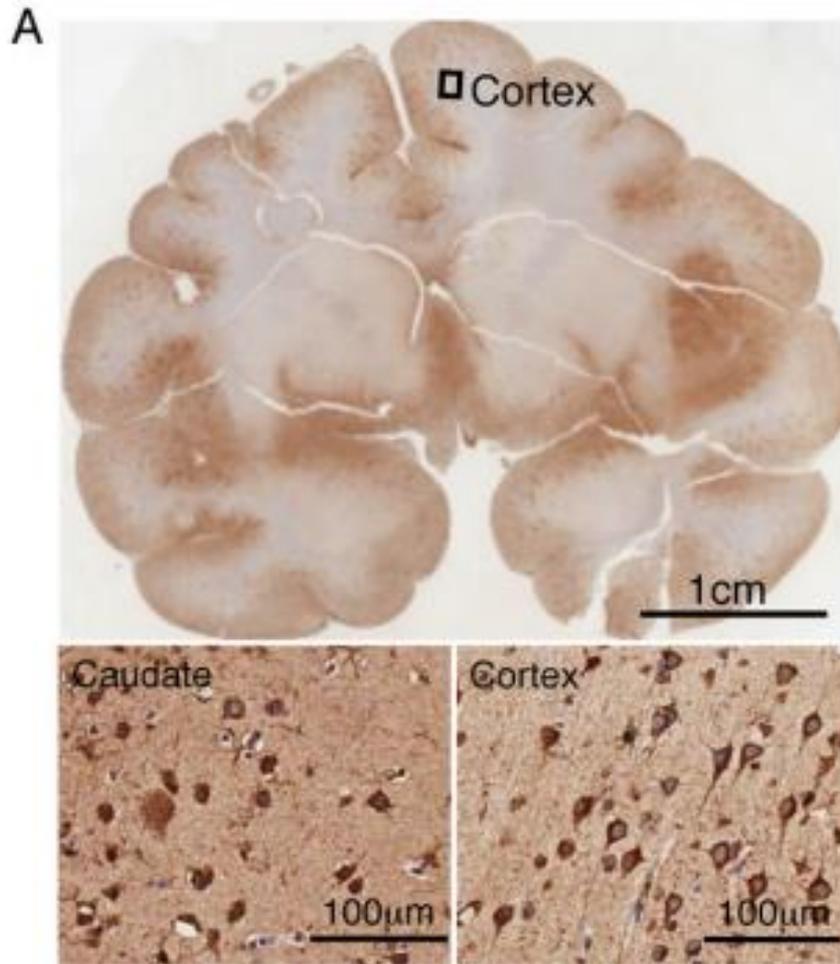
SPINRAZA™

(nusinersen) injection
12 mg/5 mL

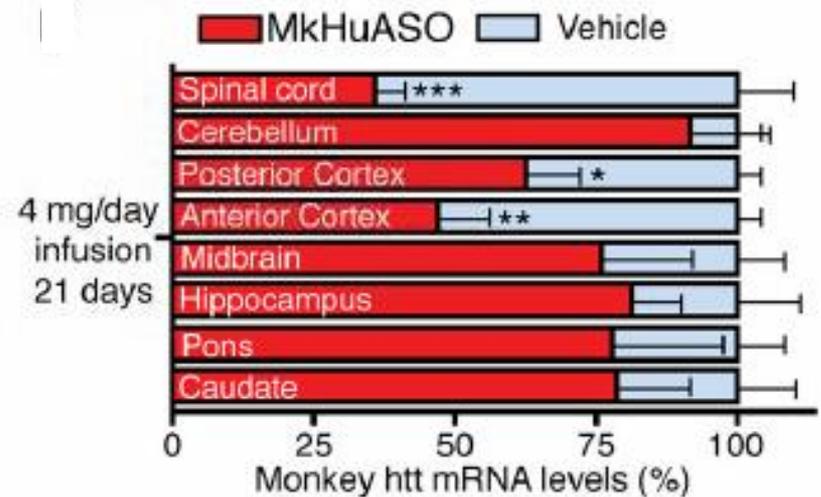
- Spinal muscular atrophy (SMA): motor neuron disease in infants and children
- Developed by Ionis and Biogen
- **The first ASO drug for neurological disease approved by FDA December 2016**
- Given via spinal tap every 2 weeks for three doses, then once every 4 months



ASO treatment in Rhesus monkey



- Rhesus monkey brain 180x larger than mouse, brain and 1/15th of human brain size.
- ASO given via spinal tap
- Mutant HTT was reduced in some brain areas (cortex) but not others (caudate)



IONIS-HTT_{Rx} trial



- Title: Safety, tolerability, pharmacokinetics, and pharmacodynamics of IONIS-HTT_{Rx} in patients with early manifest Huntington's disease.
- Sponsor: IONIS Pharmaceuticals, in partnership with Roche Pharmaceuticals and CHDI
- Phase 1/2 randomized, placebo-controlled, double-blinded study to evaluate the safety and tolerability of ascending doses of IONIS-HTT_{Rx} administered in 4 monthly intrathecal injections over a 13-week period.
- The study was conducted in Canada and the UK.
- Planned enrollment was 36.

Dec 11, 2017:

Phase 1 /2 Study results



- **46 people with early stage HD were treated for 13 weeks** with four intrathecal injections of 10 mg, 30 mg, 60 mg, 90 mg or 120 mg of IONIS-HTT_{RX} or placebo, administered monthly.
- **Significant, dose-dependent reductions in mHTT were observed in CSF** of treated participants with mHTT reductions of up to approximately 60%

<http://ir.ionispharma.com/news-releases/news-release-details/ionis-htt-rx-rg6042-top-line-data-demonstrate-significant>

Dec 11, 2017: Phase 1 /2 Study results



- **No serious side effects** were reported in treated participants. Most were mild and considered to be unrelated to study drug. No participants discontinued from the study.
- **An open-label extension study** for patients who participated in the Phase 1/2 study is ongoing.

<http://ir.ionispharma.com/news-releases/news-release-details/ionis-htt-rx-rg6042-top-line-data-demonstrate-significant>

The next step....

- Will be to conduct a safety and efficacy study to investigate if decreasing mutant huntingtin protein with IONIS-HTT_{Rx} can benefit people with Huntington's disease.
- Future studies for the program will be conducted globally, including the U.S.
- Roche will announce details about studies, including eligibility criteria and planned start dates, as this information becomes available.



Questions about the next study

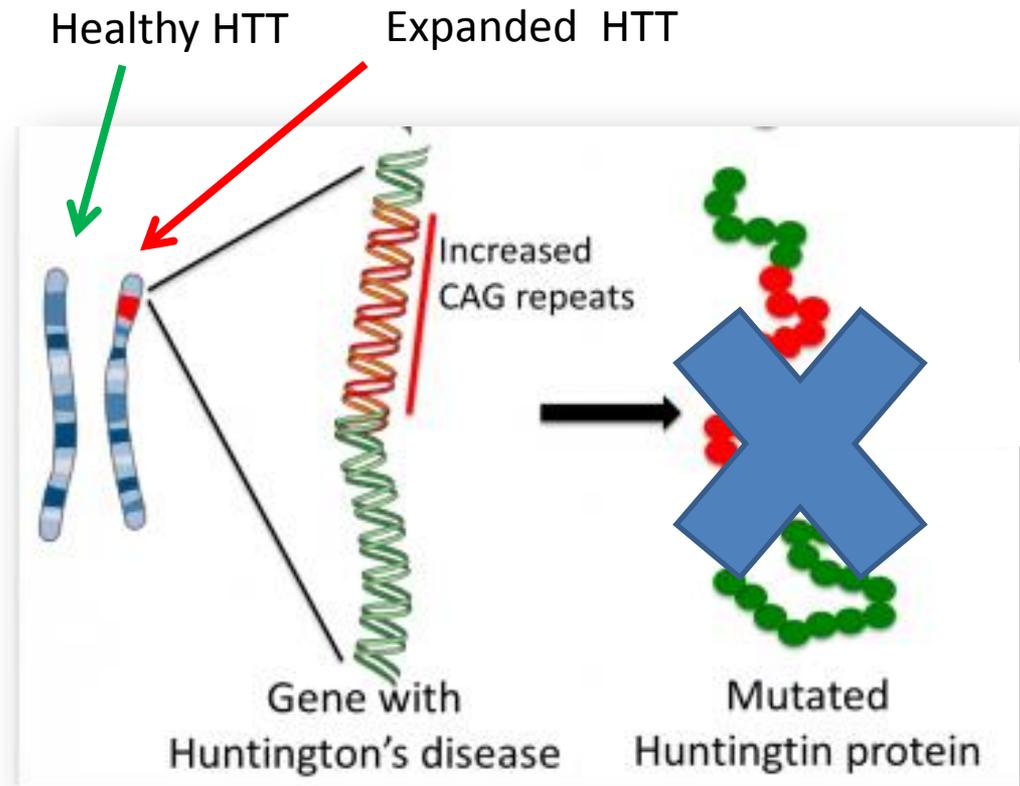
Dr. Leora Fox, HDSA

- What is the significance of the Ionis study findings?
- Does IONIS-HTT_{RX} really work?
- What are the next steps?
- How long will this take?
- Can I sign up for the trial, or put my name on a list?
- What can I do right now?

A new approach: Allele-specific ASO



In most HD patients, there are tiny genetic differences called SNPs in the huntingtin gene outside of the CAG repeat expansion region that can allow scientists to target ONLY the expanded huntingtin mRNA, leaving the health “wild-type” huntingtin mRNA unaffected.

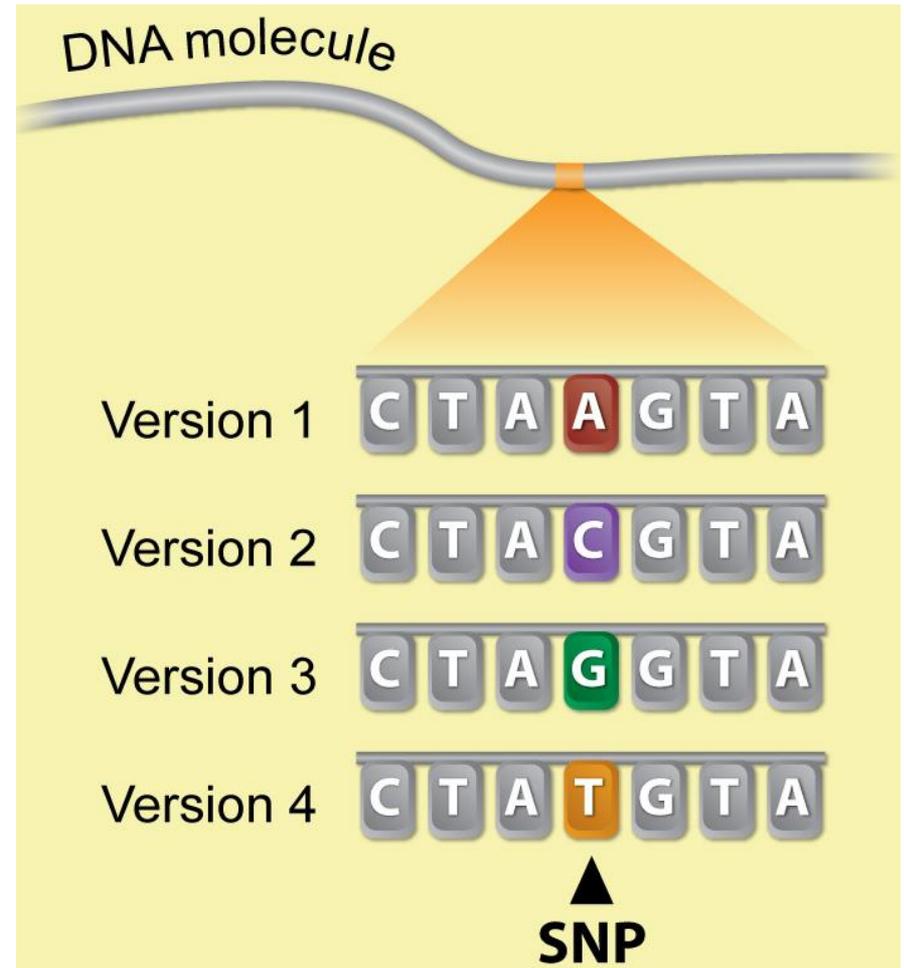


This approach may have less toxicity.

Introduction to a new acronym: SNP

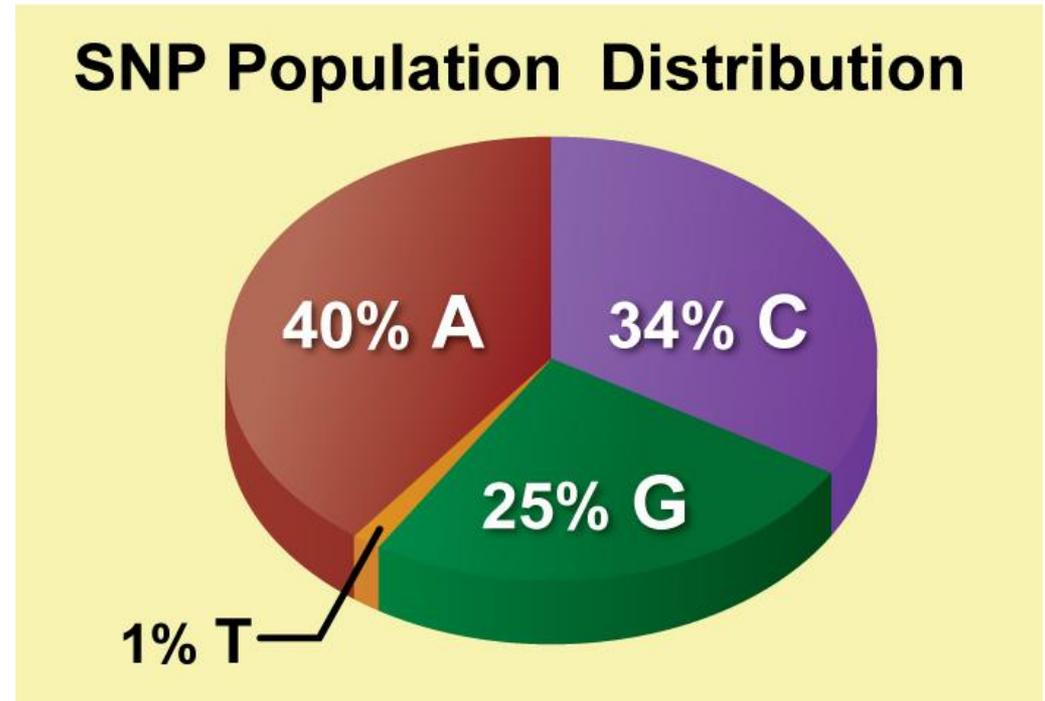
Single Nucleotide
Polymorphism, pronounced
“snip”

SNPs are single-nucleotide substitutions of one base for another. Each SNP location in the genome can have up to four versions: one for each nucleotide, A, C, G, and T.



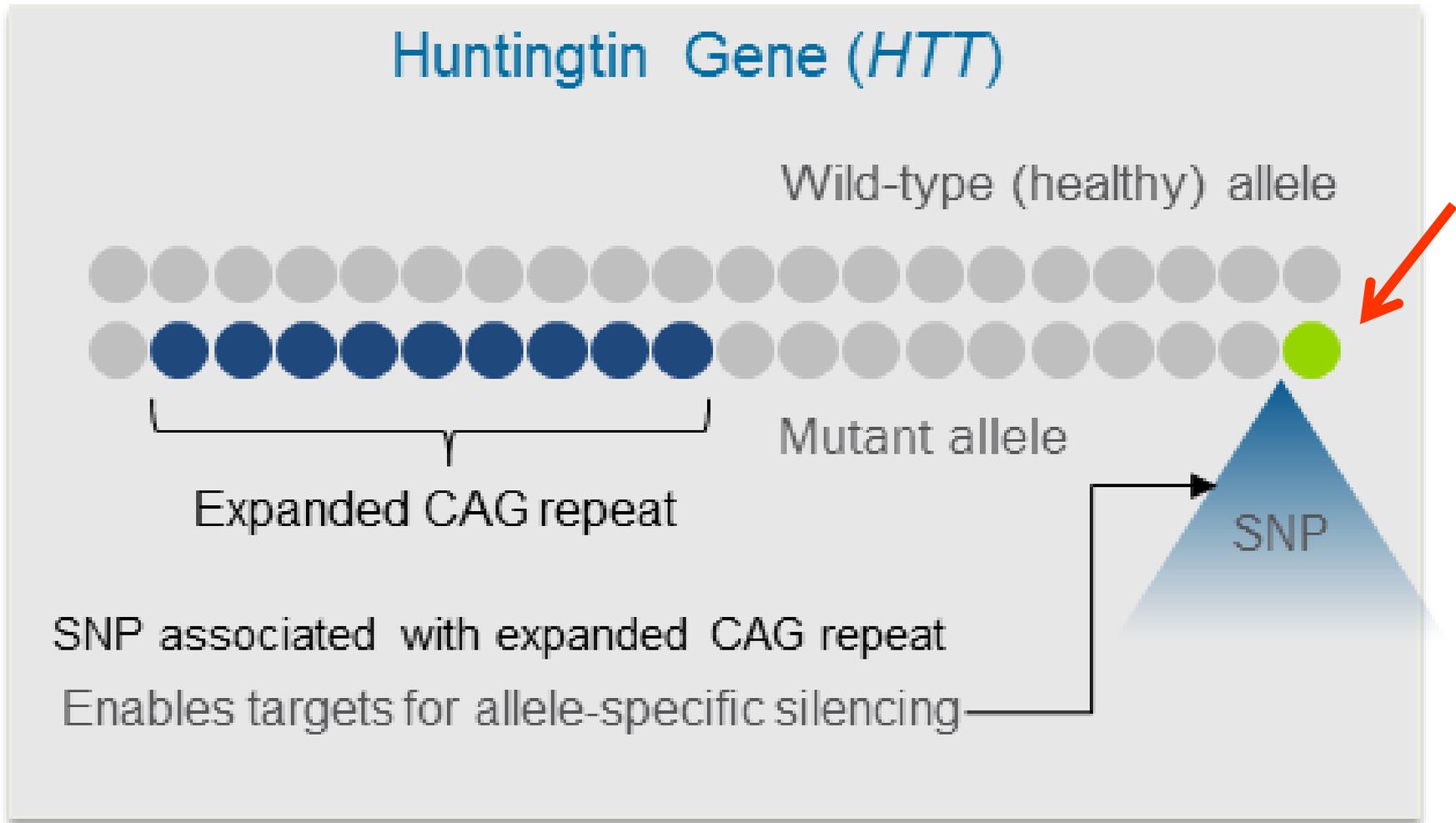
Not all single-nucleotide changes are SNPs

To be classified as a SNP, two or more versions of a sequence must each be present in at least one percent of the general population.



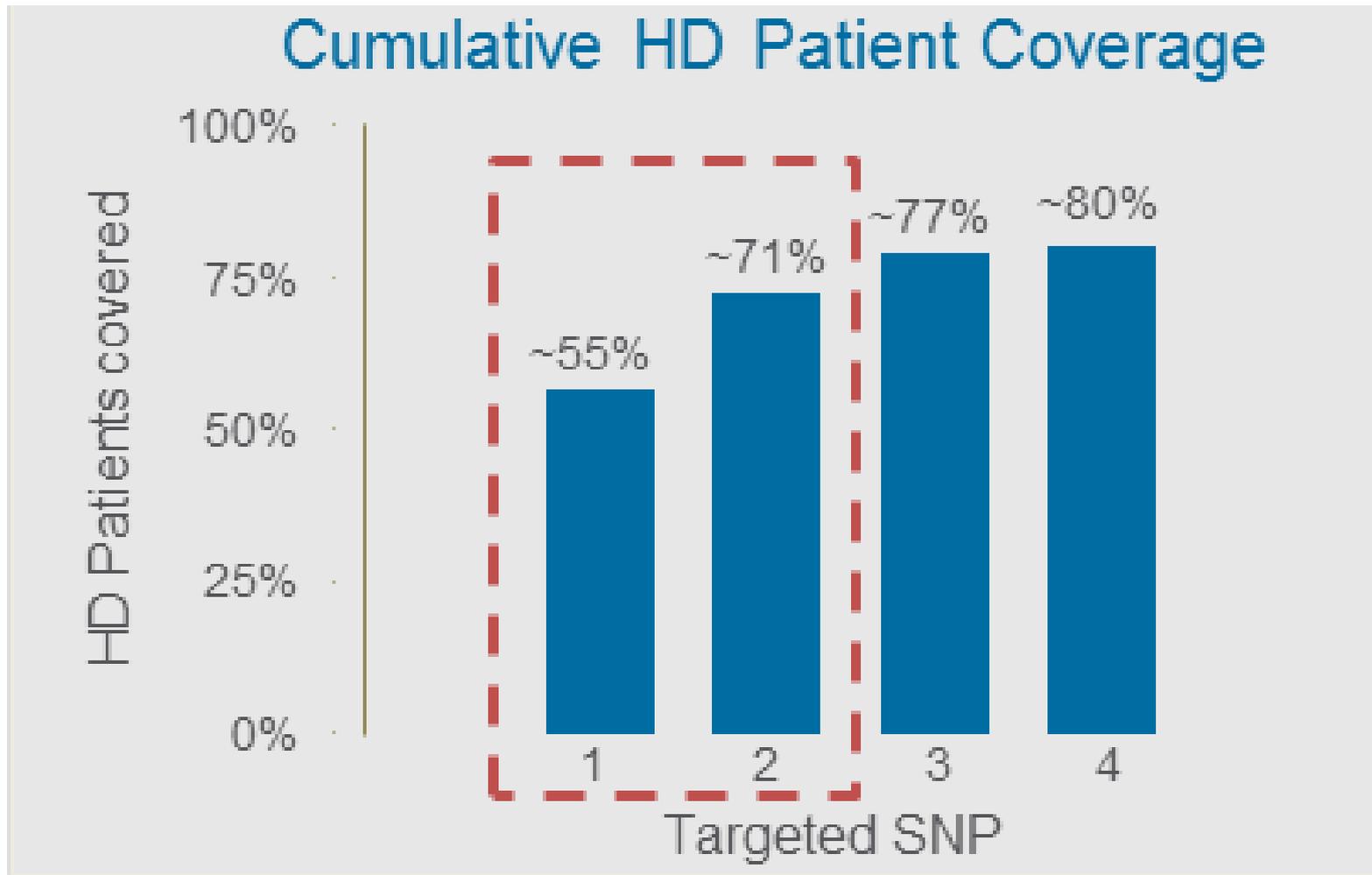
SNPs occur throughout the human genome: about one in every 300 nucleotide base pairs. This translates to about 10 million SNPs within the 3-billion-nucleotide human genome.

Taking advantage of SNPs: Allele-specific ASO



Courtesy Dr. Michael Panzara, WAVE Life Sciences

HD SNP1 and SNP2 are found in about 2/3^{rds} of HD patients



Courtesy Dr. Michael Panzara, WAVE Life Sciences

WAVE ASOs for SNP1 and SNP2

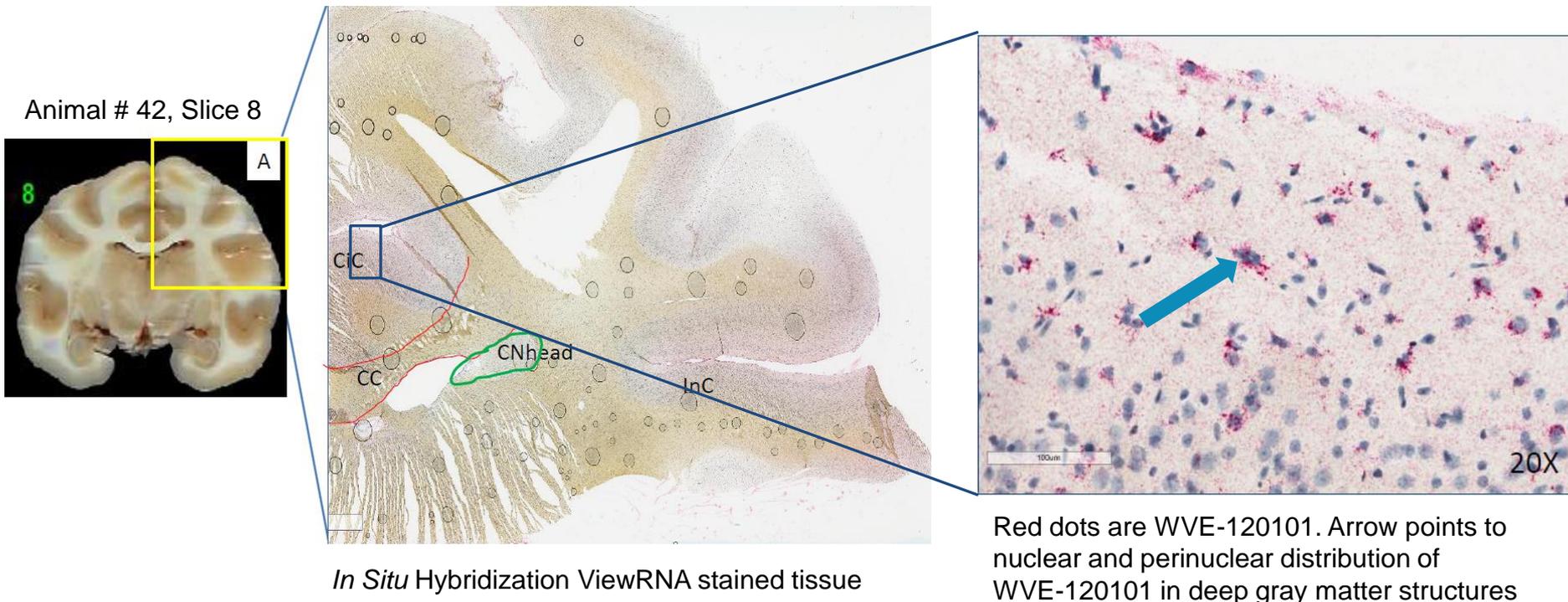
In reporter cell and in patient cell lines:

- Both significantly reduce the messenger RNA levels with minimal effect on wild type mRNA levels.
- Both significantly reduce the mutant huntingtin protein levels with minimal effect on wild type huntingtin

WAVE ASO for SNP1



- In non-human primate studies
 - The ASO is easily detected in the cortex and the deep structures of the brain after delivery via spinal tap (“intrathecal route”)



Courtesy Dr. Michael Panzara, WAVE Life Sciences

PRECISION HD Trials

WAVE ASO 1 and ASO 2



- First-in-human Phase 1 trials initiated in 2017 in Canada and Europe, with start-up in US in 2018
- Primary objective: Assess safety and tolerability of intrathecal doses in early manifest HD patients
- Patient SNP determination (SNP-1, SNP-2, other) at pre-screening visit
- Approximately 60 patients per trial
- Key inclusion criteria:
 - Age ≥ 25 to ≤ 65 , Stage I or Stage II Huntington's disease

Courtesy Dr. Michael Panzara, WAVE Life Sciences

HD research pipeline update from the Huntington Study Group 2017 meeting

Company	Product/mechanism	Delivery
Ionis	HTT _{Rx} anti-sense oligonucleotide (ASO)	Intrathecal (spinal tap)
Wave	Allele-specific ASOs	Intrathecal (spinal tap)
UniQure	AAV5 vector carrying an artificial micro-RNA specifically tailored to silence the huntingtin gene.	Direct brain implantation
Voyager	AAV capsid and transgene to harness endogenous RNA interference pathway to knockdown mHTT	Direct brain implantation
Nuredis	small molecules to interrupt mHTT RNA transcription	Potential oral or subQ



Latest stem cell research:

Leslie Thompson, UC Irvine, Jan 2018

Stem Cell Reports

Article

ISSCR



OPEN ACCESS

Human Neural Stem Cell Transplantation Rescues Functional Deficits in R6/2 and Q140 Huntington's Disease Mice

Jack C. Reidling,^{1,11} Aroa Relaño-Ginés,^{2,11} Sandra M. Holley,^{3,11} Joseph Ochaba,⁴ Cindy Moore,⁵ Brian Fury,⁶ Alice Lau,⁷ Andrew H. Tran,¹ Sylvia Yeung,¹ Delaram Salamati,¹ Chunni Zhu,² Asa Hatami,² Carlos Cepeda,³ Joshua A. Barry,³ Talia Kamdjou,³ Alvin King,⁴ Dane Coleal-Bergum,⁶ Nicholas R. Franich,² Frank M. LaFerla,^{1,4} Joan S. Steffan,^{1,7} Mathew Blurton-Jones,^{1,4,8} Charles K. Meshul,^{5,9} Gerhard Bauer,⁶ Michael S. Levine,^{3,10} Marie-Francoise Chesselet,² and Leslie M. Thompson^{1,4,7,8,*}

STEM CELL REPORTS

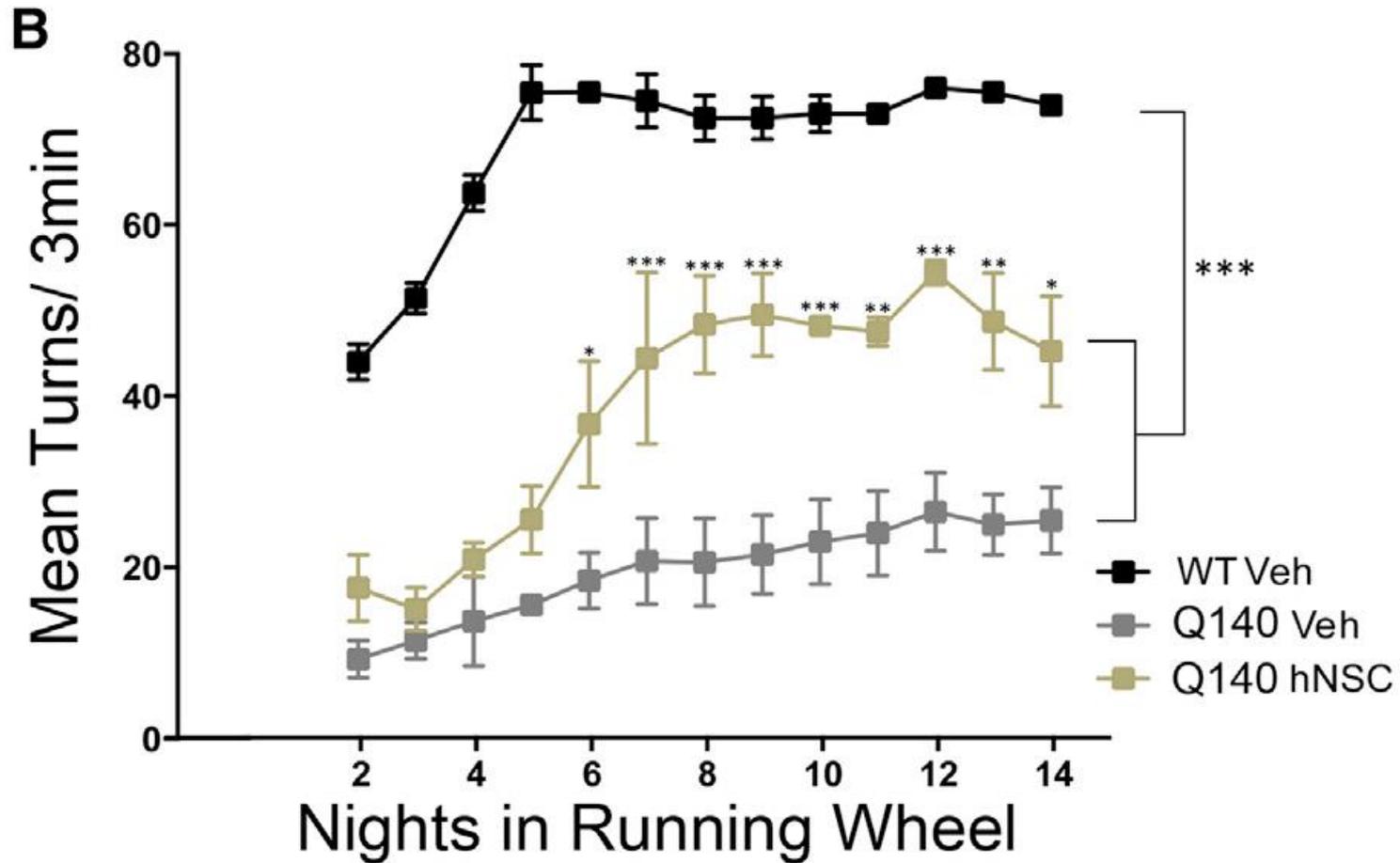
Results

Human embryonic stem cell-derived neurons

- R6/2 mouse, implanted age 5 weeks, sacrificed at 9 weeks:
 - Improved motor behavior
 - Implanted cells showed potential synaptic connections with the stem cells
 - Good cell survival
 - Decreased mutant huntingtin aggregation
- Q140 Knock-in mice, implanted at 2 months, sacrificed at 8 months
 - Improved pole test performance
 - Improved behavior (novel object recognition)
 - Good cell survival
 - Increased BDNF levels
 - Decreased microglial activation
 - Decreased mutant huntingtin aggregation

Results

Q140 Knock-in Mouse following implantation

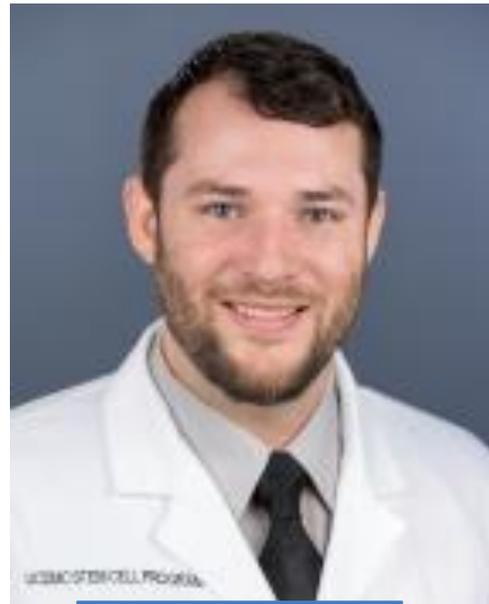
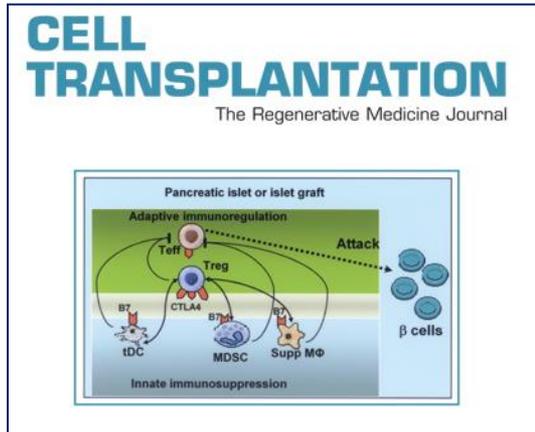


Next steps in HD stem cell research

- Dr. Nolta has 2 major NIH grants to continue research
- Dr. Thompson and other researchers starting a consortium to aid in design of development, testing, delivery of stem cell therapies



Gene Editing for HD



Kyle Fink, PhD



Peter Deng

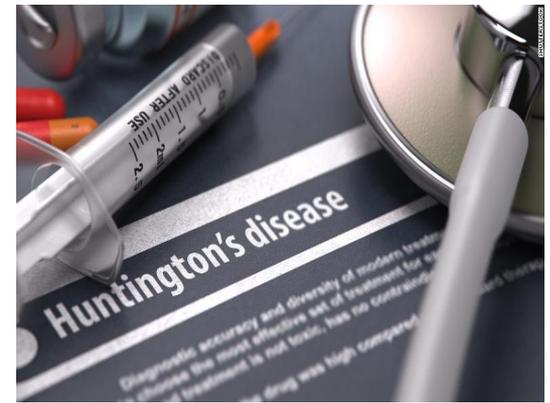
Allele-Specific Reduction of the Mutant Huntingtin Allele Using Transcription Activator-Like Effectors in Human Huntington's Disease Fibroblasts

Kyle D. Fink,* Peter Deng,*† Josh Gutierrez,* Joseph S. Anderson,* Audrey Torrest,*
Anvita Komarla,*† Stefanos Kalomoiris,* Whitney Cary,* Johnathon D. Anderson,*
William Gruenloh,* Alexandra Duffy,‡ Teresa Tempkin,‡ Geralyn Annett,*
Vicki Wheelock,‡ David J. Segal,† and Jan A. Nolte*

*Stem Cell Program and Institute for Regenerative Cures, University of California Davis Health Systems, Sacramento, CA, USA

†Genome Center, MIND Institute, and Biochemistry and Molecular Medicine, University of California, Davis, CA, USA

‡Department of Neurology, University of California Davis Health Systems, Sacramento, CA, USA



Are you interested in HD research?

If you are interested in volunteering
for research participation,
please call Amanda Martin at (916)734-3514,
or e-mail her at: alema@ucdavis.edu

HDSA Center of Excellence at UC Davis

Thank You to HD Patients and Care Partners!

Our work in HD has been inspired and generously supported by HD patients and family members

We are grateful to the Joseph P. Roberson Foundation, the Charles and Margaret Pue Charitable Foundation, HDSA, Help4HD and many others who have contributed to our HD care and research programs at UC Davis.



<https://www.ucdmc.ucdavis.edu/huntingtons/>