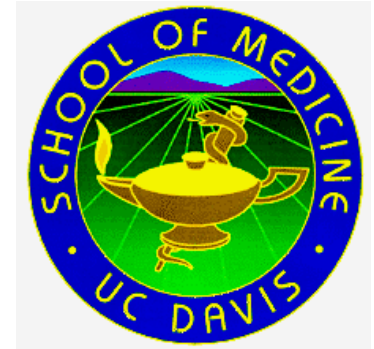




UCDAVIS
HEALTH



HD Clinical Research Update:

Promise and Progress in disease modifying therapies

Vicki Wheelock MD
May 5, 2018





What's new in HD?

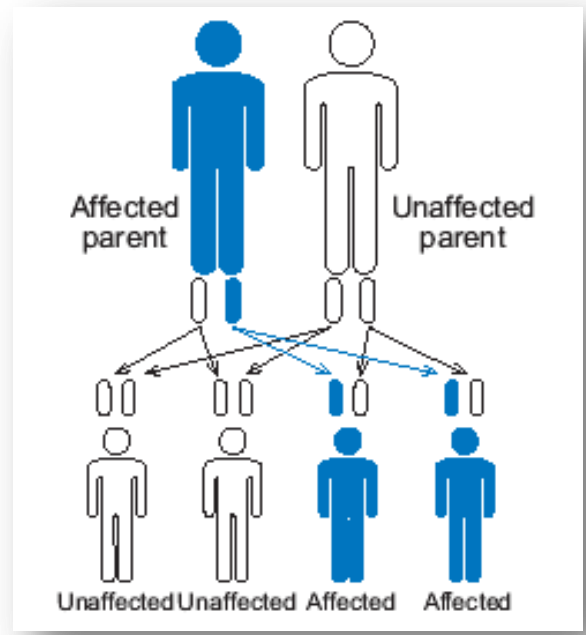
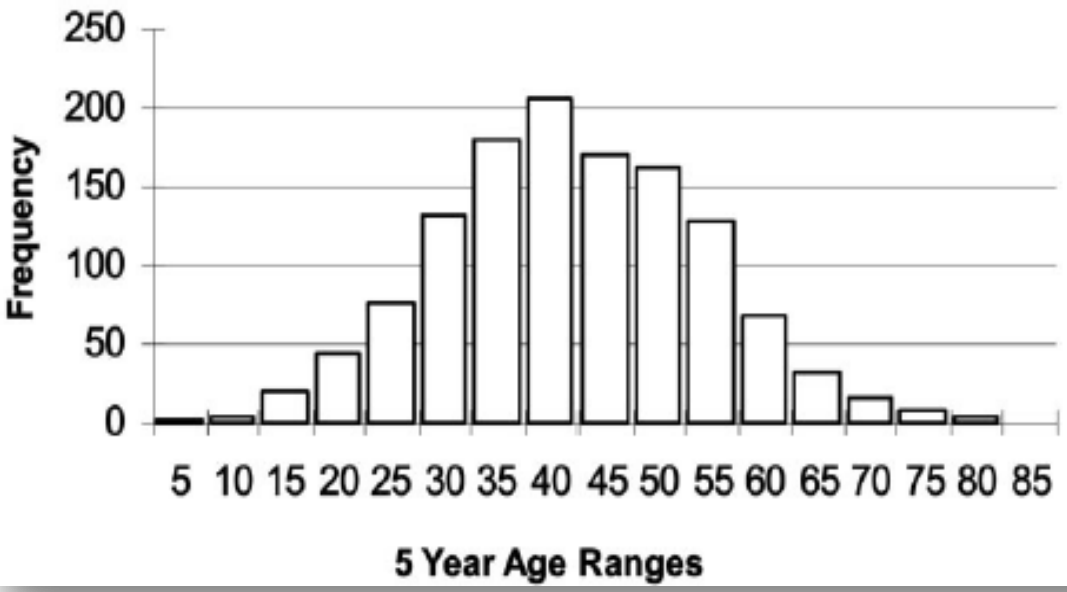
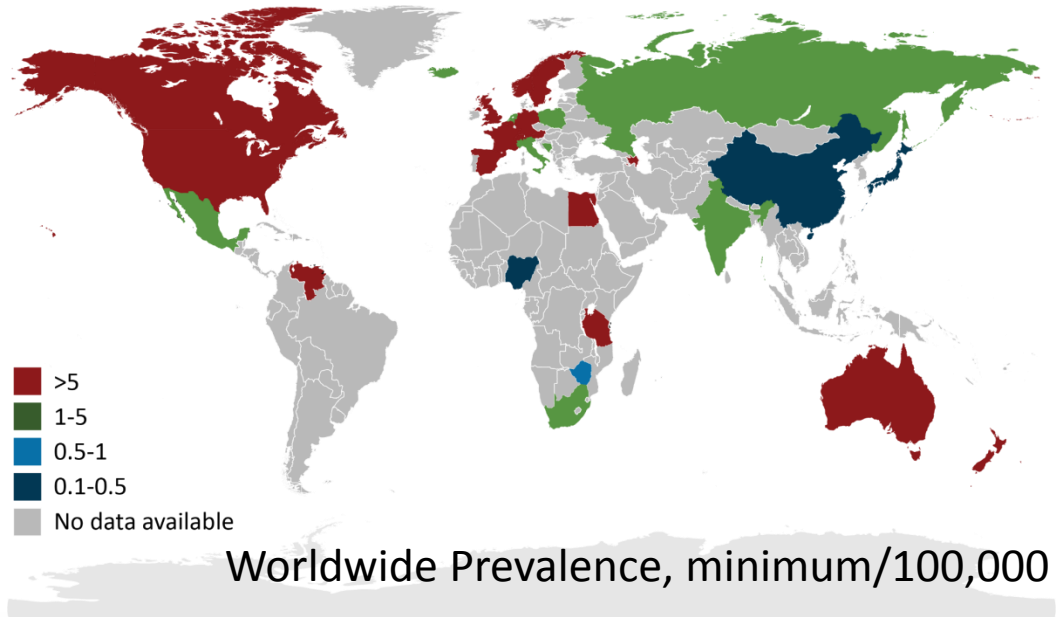


- New treatment: Austedo, April 2017
- New global awareness: Papal audience, May 2017
- New research:
 - Insights into the Huntingtin gene and CAG repeats
 - Targeting neuro-inflammation
 - Huntingtin-lowering therapies
 - Anti-sense oligonucleotides:
 - Ionis-HTTx
 - Wave Life Sciences
 - Other approaches
 - Stem cells – 2018 😊

Who gets HD?

- Each child with a parent with HD has a 50% chance of inheriting the disease.

10% of cases arise in families without hx of HD

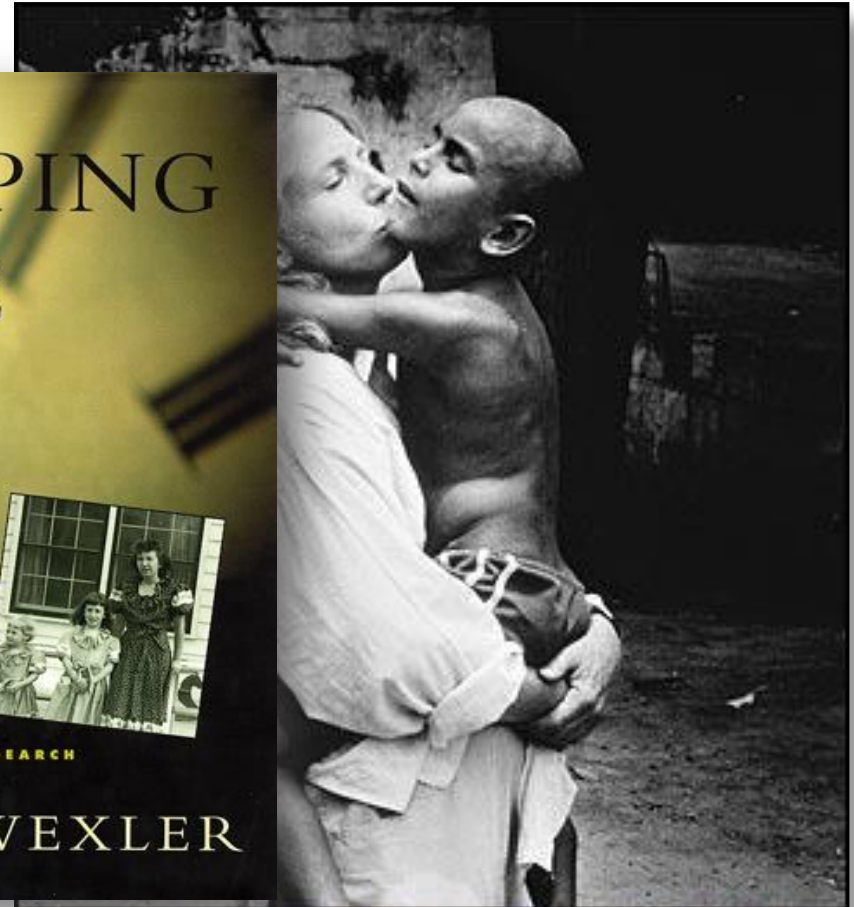
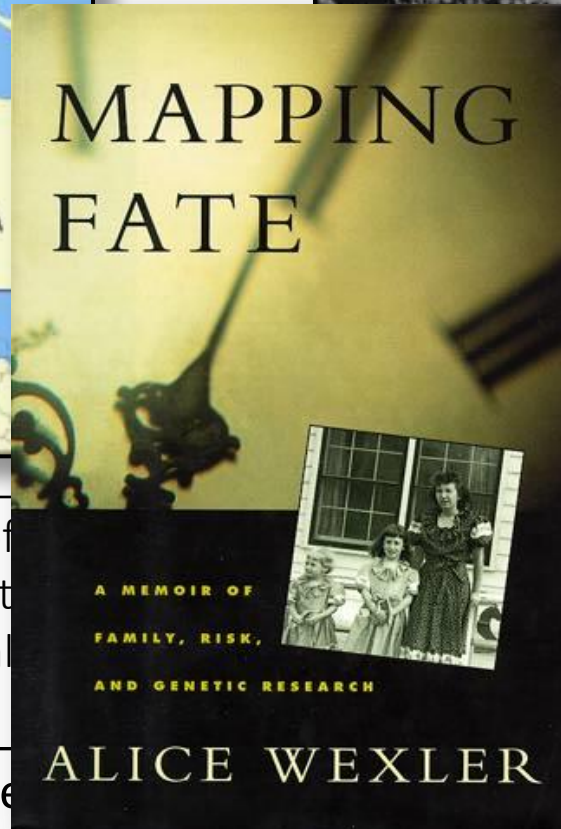


The Search for the HD Gene



Dr. Ramon Avila-Giron, student of Nancy Wexler, showed films of HD patients at the Huntington Centennial Meeting to a skeptical audience in 1972.

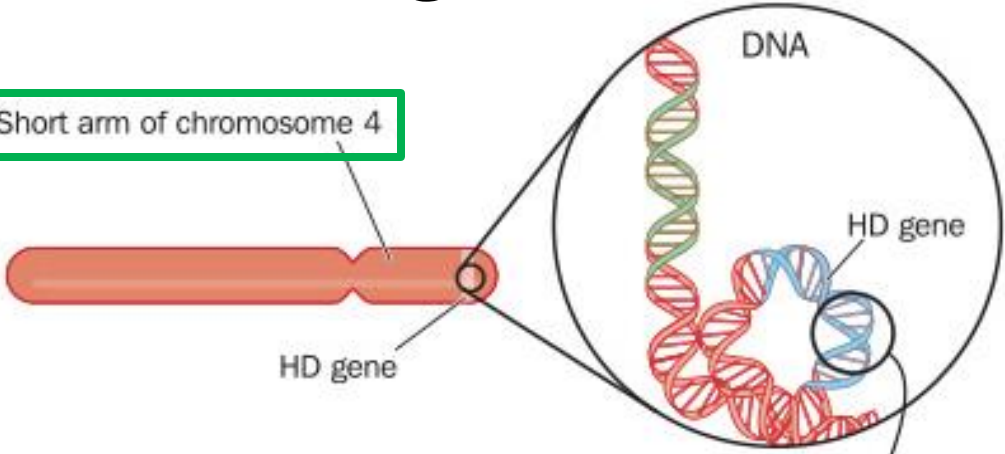
Dr. Nancy Wexler's team visited Maracaibo annually starting in 1979, identifying 18,149 individuals from HD families spanning 10 generations.



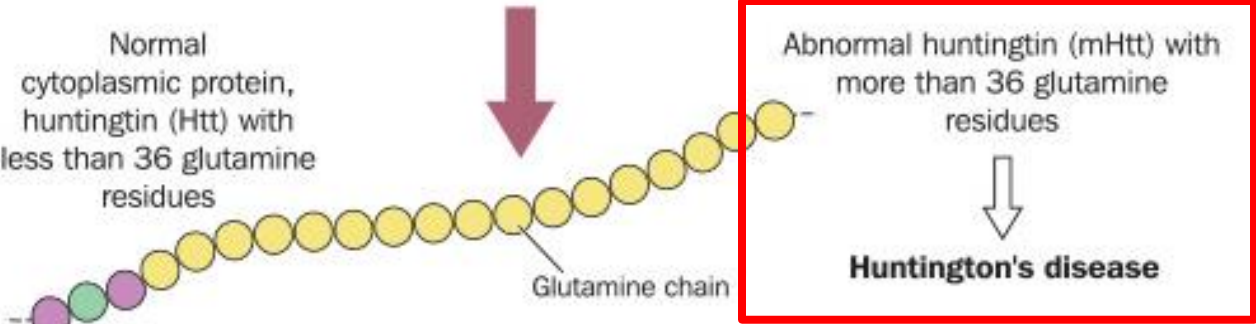
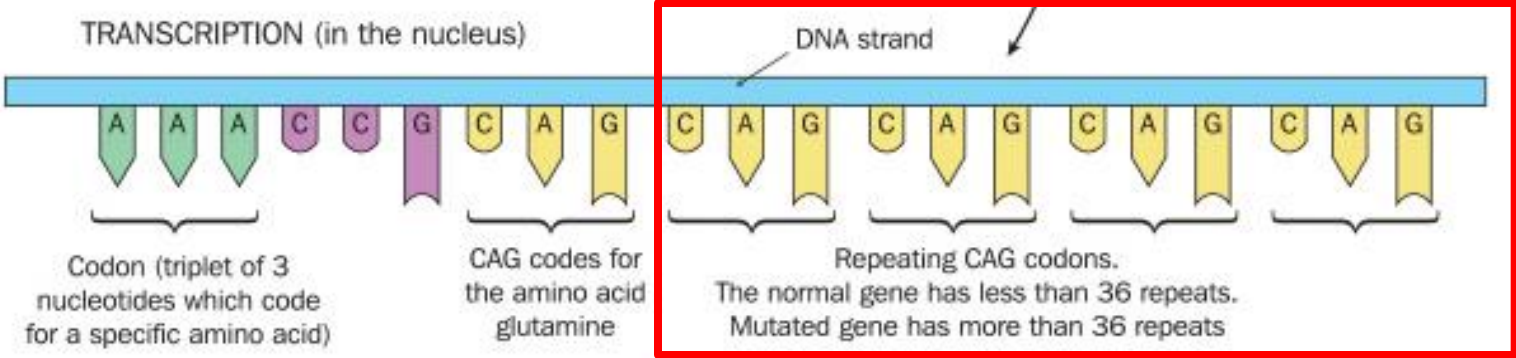
A new study from Nancy Wexler, in Venezuela in the 1990s with a boy with Huntington's disease, suggests there may be ways to delay the onset of the disease.

The *Huntingtin* Gene discovered 1993

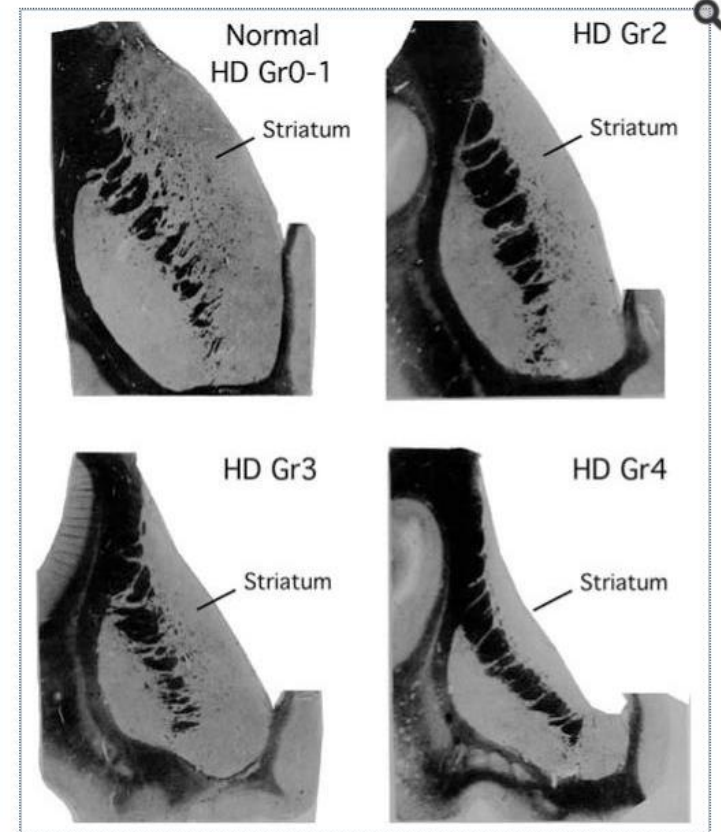
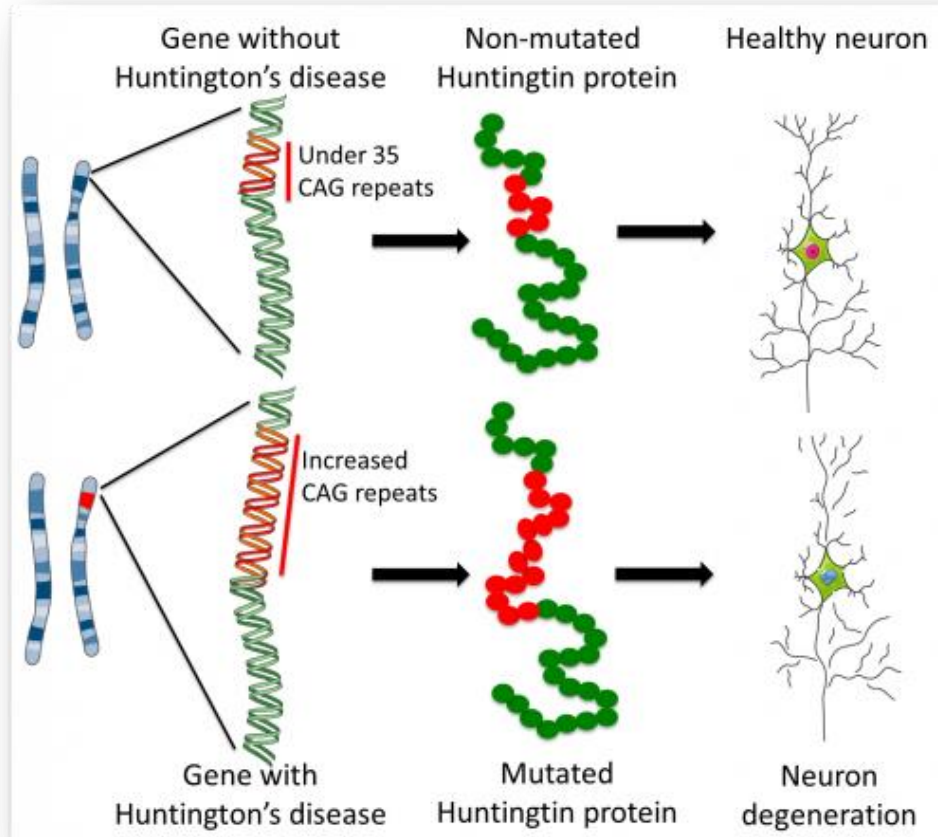
Short arm of chromosome 4



Location: 4p16.3	
CAG repeat length	
NORMAL	< 26
Unstable	27 – 35
Reduced penetrance	36 - 38
Huntington's disease	>38



CAG expansion in the HD gene causes brain degeneration



HD Gene (HTT) is highly mutable

- **10% of cases have no family history of HD**
- **1/17 people** has between 27 – 35 CAG repeats on the HTT gene
- **Anticipation** with paternal inheritance: earlier onset

Relationship between CAG repeat length and age at onset

Nance and Meyers, MRDD Research Reviews 2001;7:153–157.

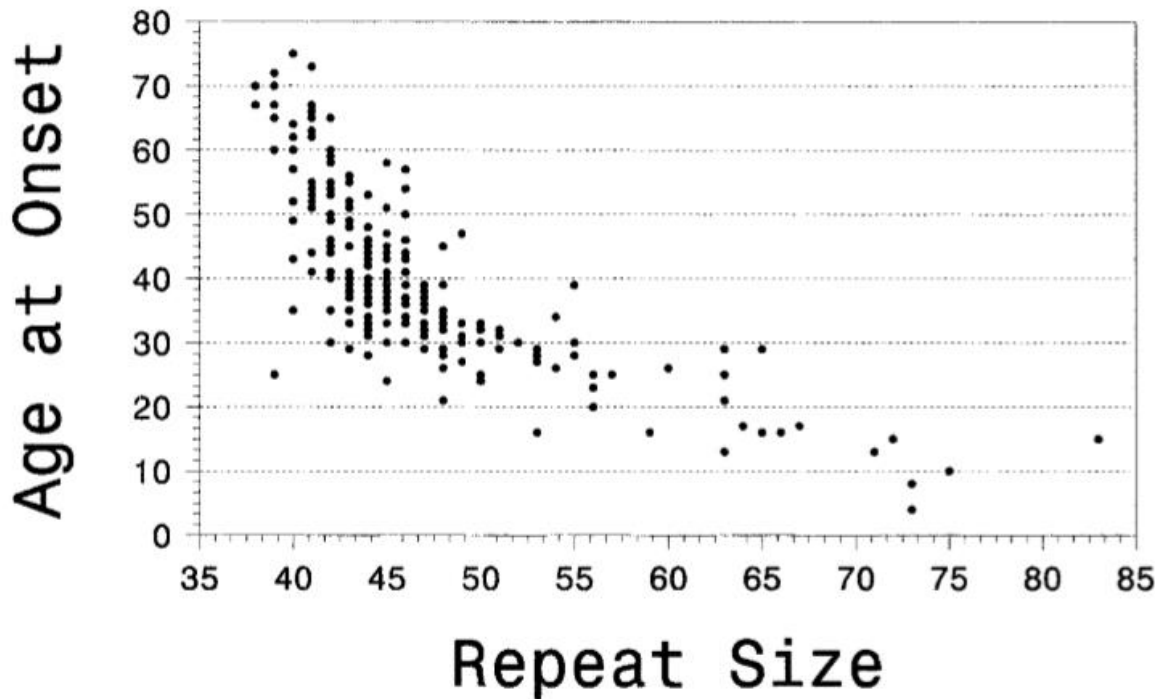


Fig. 1: The CAG repeat sizes for 220 persons HD diagnosed through the New England Huntington's Disease Research Center are presented in relationship to the age at onset of motor impairment. Repeat size is strongly related to age at onset. Onset age before age 20 is usually associated with a repeat size of more than 60 CAG units. Among persons with adult onset, the range in onset age for a given repeat is large and may vary by 30 years or more and thus repeat size is not a good predictor of age at onset.

- **CAG repeat length inversely correlates with age at onset**
- **Repeats in the reduced penetrance range may cause late-onset HD**
- **Repeats > 60 typically cause juvenile onset HD**
- **Two non-HD genetic variations have been identified that modify the age at onset**

HD over the life cycle

AT-RISK

PRODROMAL

MOTOR MANIFEST

ADVANCED-HD

HD TIMELINE

Psychosocial Concerns.....

Cognitive Symptoms.....

Psychiatric Symptoms.....

Chorea, dystonia, falls.....

Weight loss, total care...



From Dr. Mary Edmondson

HDdenmore

MAI PIÙ NASCOSTA • OCULTA NUNCA MÁS

**POPE FRANCIS' SPECIAL AUDIENCE WITH
THE HUNTINGTON'S DISEASE COMMUNITY
IN SOLIDARITY WITH SOUTH AMERICA**
May 18, 2017 – Vatican City



Huntington's disease: the pope steps in to help raise awareness

A papal audience for families affected by the inherited brain disease could end centuries of stigma - and open vital doors in the search for a cure

US edition ▼
The Guardian



Addressing the crowd on 18 May, Pope Francis spoke warmly, telling people that they are all precious in the eyes of the church. He then spent nearly an hour with about 150 patients, their families and their carers, greeting and hugging them one by one.

▲ The pope embraces and blesses families with Huntington's at the Vatican. Photograph: Pier Paolo Lisarelli

<https://www.theguardian.com/science/2017/may/27/huntingtons-disease-pope-steps-in-to-raise-awareness>

HDdenmore

MAI PIÙ NASCOSTA • OCULTA NUNCA MÁS

**POPE FRANCIS' SPECIAL AUDIENCE WITH
THE HUNTINGTON'S DISEASE COMMUNITY
IN SOLIDARITY WITH SOUTH AMERICA**
May 18, 2017 – Vatican City



Goal: *to raise awareness of HD and mobilize action to end the stigma and shame around the disease that has persisted for generations*

Papal Audience

May 18, 2018



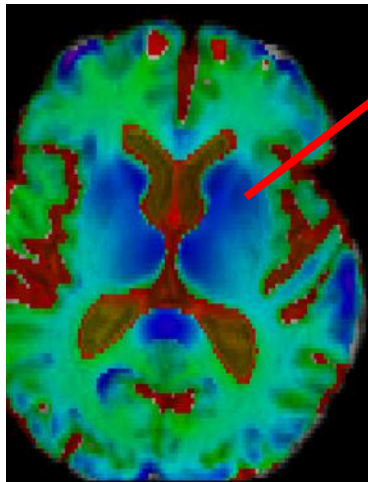
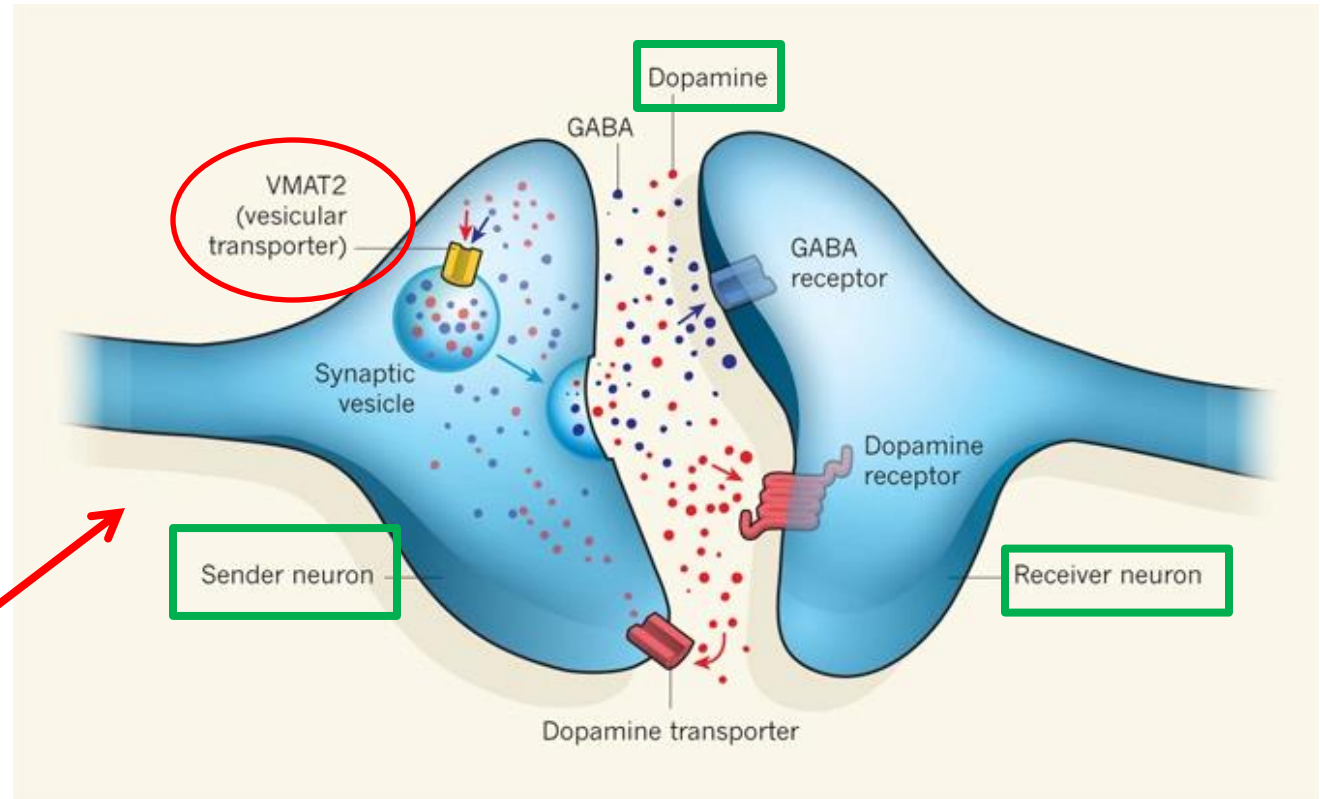
Anyervi, 13, and Brenda, 15, who both have Juvenile Huntington's.

Photograph: Pier Paolo Lisarelli

HD treatments: current and emerging

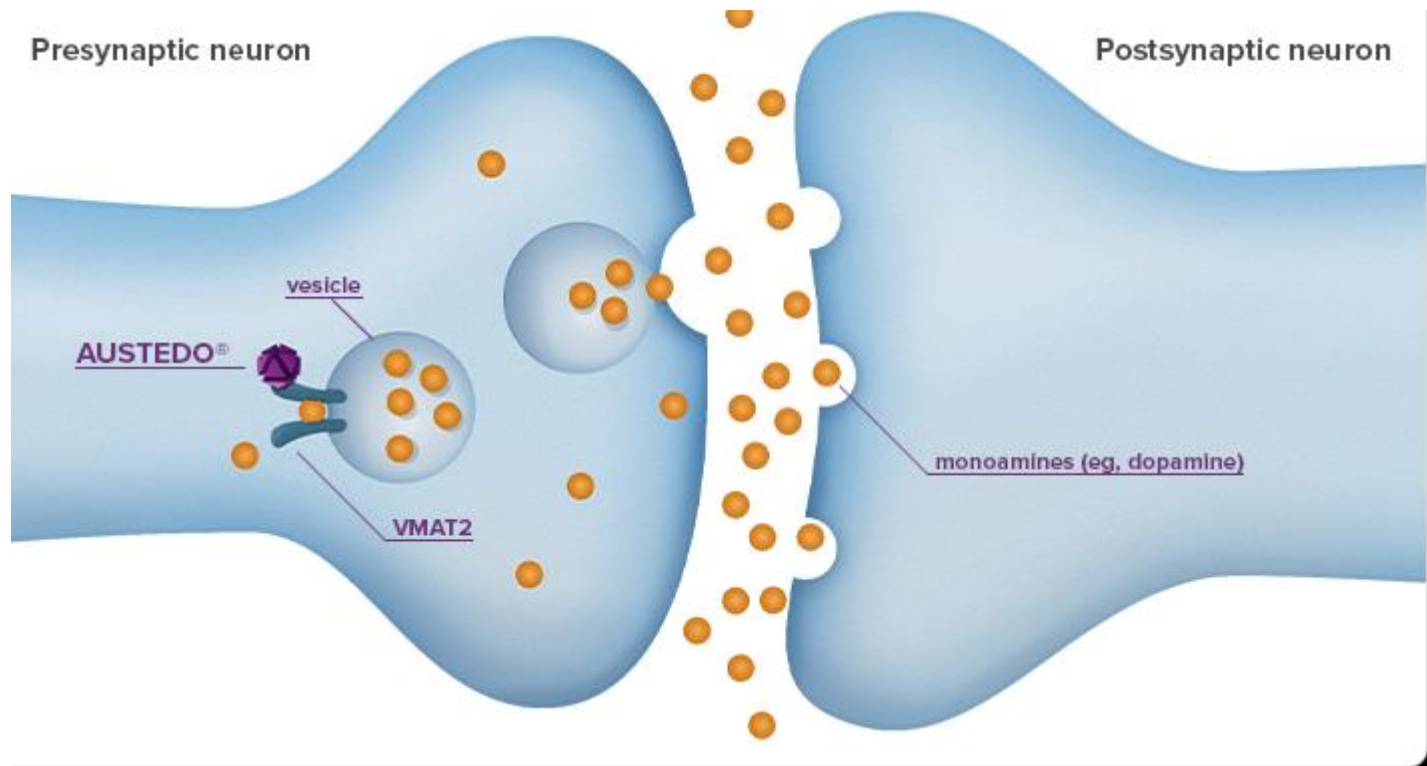
- **Symptomatic:**
 - FDA approved medications for chorea
 - Off-label medications for behavioral and other symptoms
 - HD study drug: STAIR study for irritability
 - Allied health therapies: physical, occupational and speech therapy
- **Care facilities, palliative care and hospice**
- **Disease modifying therapies.....**
 - STAIR and SIGNAL trials
 - Huntingtin-lowering treatments
 - Others.....

Treatment of chorea in HD



Inhibitors of **V**esicular **M**ono**A**mine **T**ransporter 2 (VMAT2) block the release of dopamine and reduce chorea

Deutetrabenazine (Austedo™)

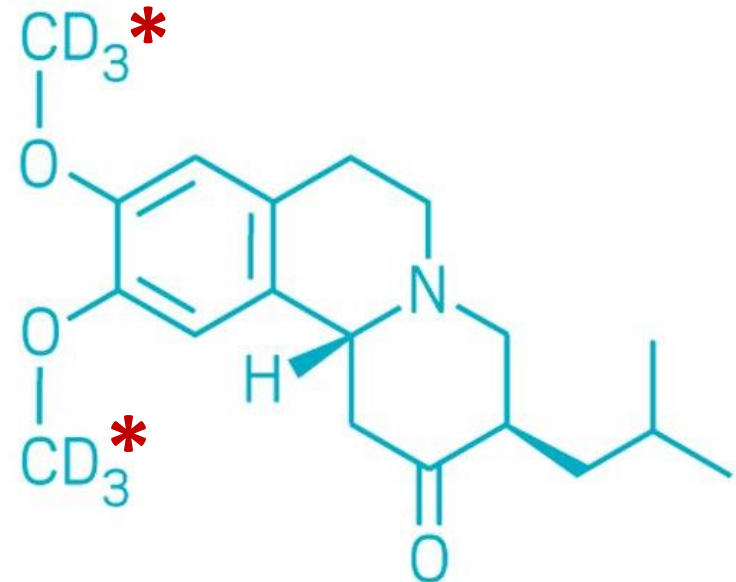
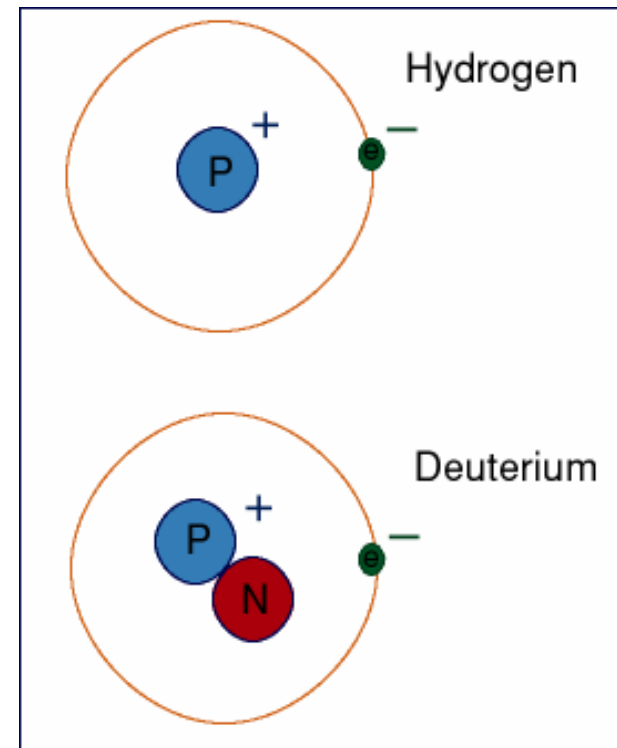


 **Austedo™**
(deutetrabenazine)
tablets


TEVA PHARMACEUTICALS

Deutetrabenazine

- **Deuterium** is a naturally occurring stable isotope of hydrogen discovered in 1931
 - Nobel prize in Chemistry awarded (American Harold Urey, 1934)
 - 1/6420 H atoms in ocean
- **Deutetrabenazine** was designed by substituting naturally occurring deuterium molecule at 2 locations on tetrabenazine molecule
- This results in slower metabolism and less variability in blood levels.



Original Investigation

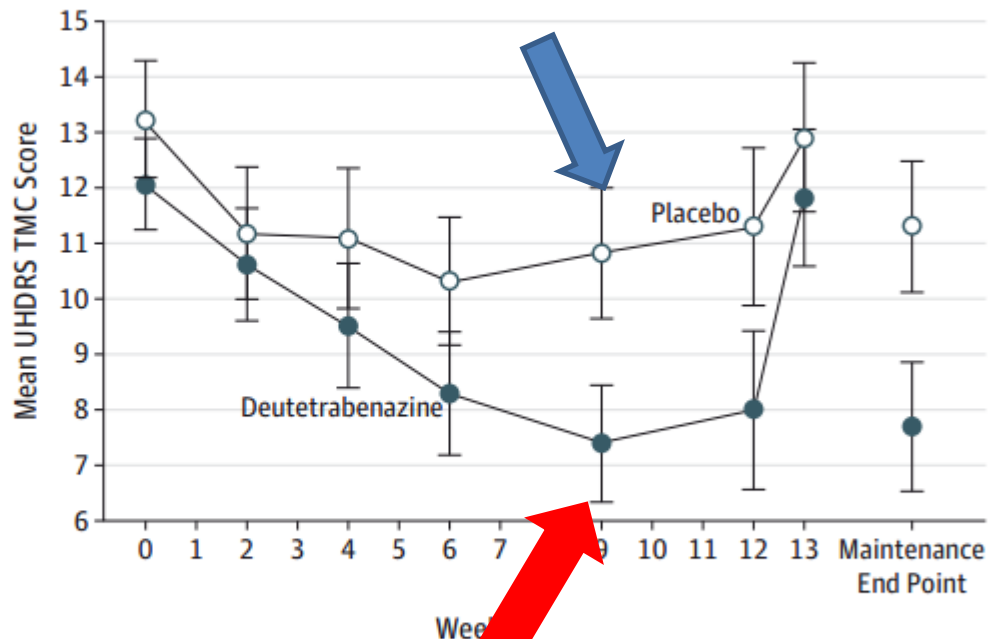
Effect of Deutetrabenazine on Chorea Among Patients With Huntington Disease

A Randomized Clinical Trial

JAMA. 2016;316(1):40-50.

Figure 2. Total Maximal Chorea Score by Week

Deutetrabenazine significantly reduced chorea scores compared to placebo in a 13 week randomized placebo-controlled study



enazine	45	45	44	44	45	45	44	45
	45	45	45	44	42	43	43	45



HD research studies



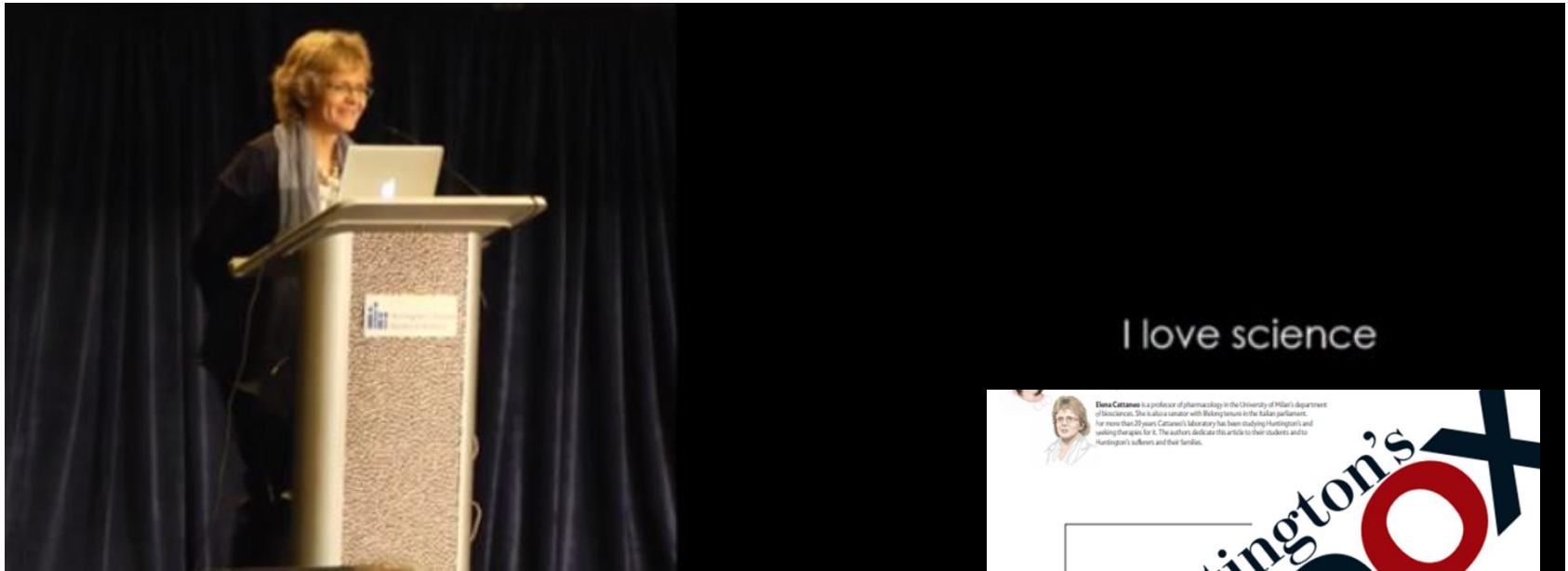
New insights: the HTT gene and CAG repeats



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

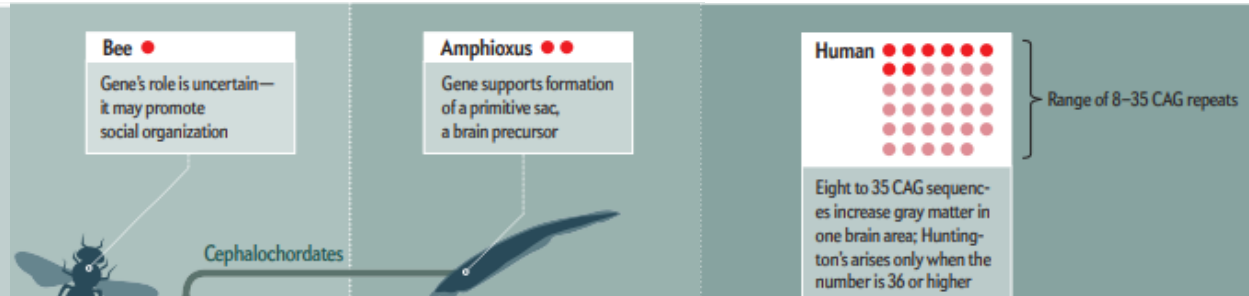
By Chiara Zuccato and Elena Cattaneo

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

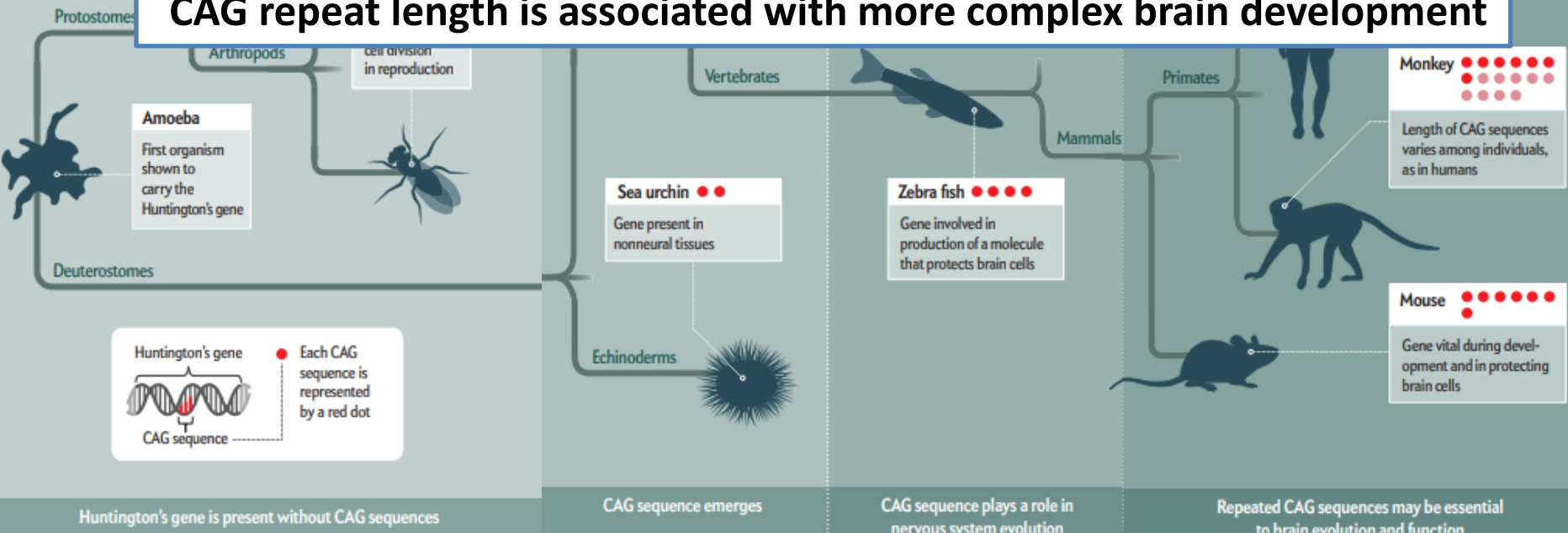
http://www.cattaneolab.it/wp-content/uploads/2016_08_Scientificamerican_CZ_EC.pdf

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



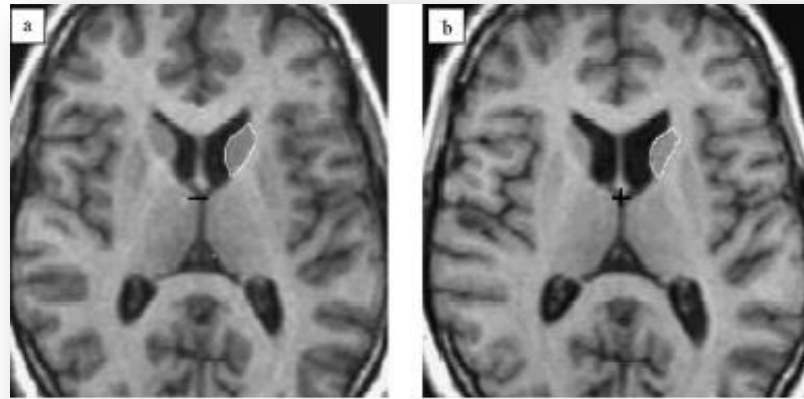
Mouse Models



Sheep



Pig



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

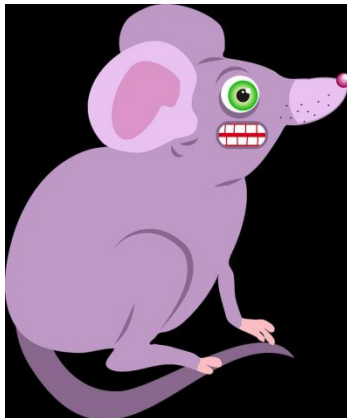
**SRX246: Safety, Tolerability, and
Activity in Irritable Subjects with
HD (STAIR)**



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.

Male Rat Intruder Model



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

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.

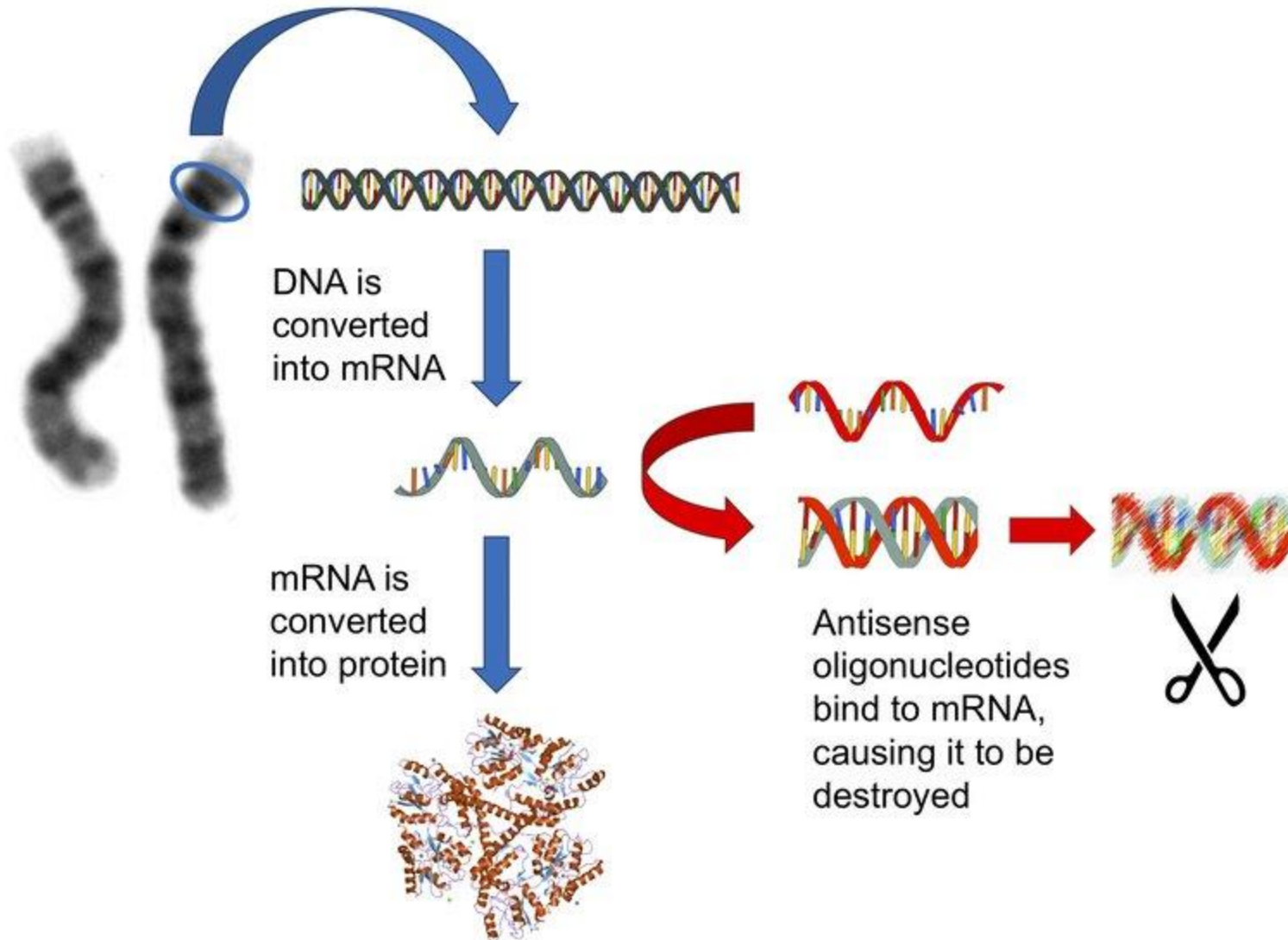
SIGNAL Study



- Update: the first Cohort 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....

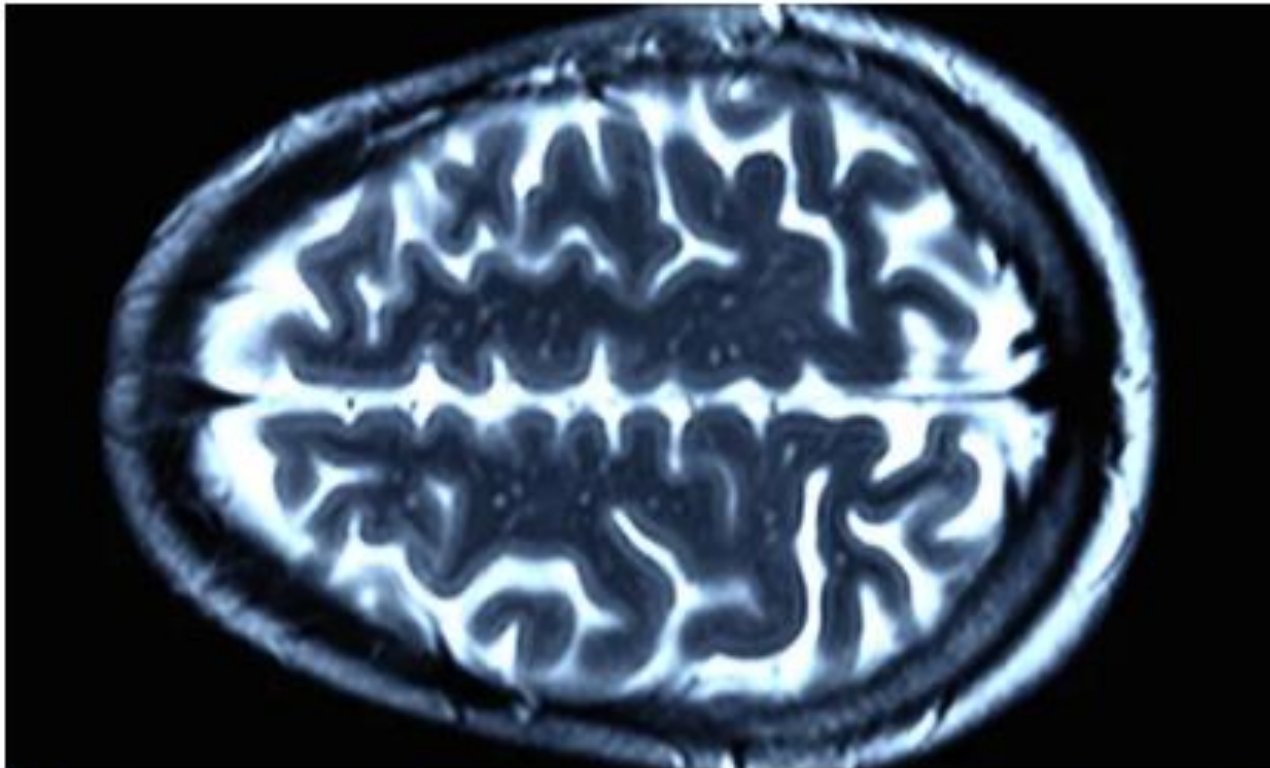


12/11/2017

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



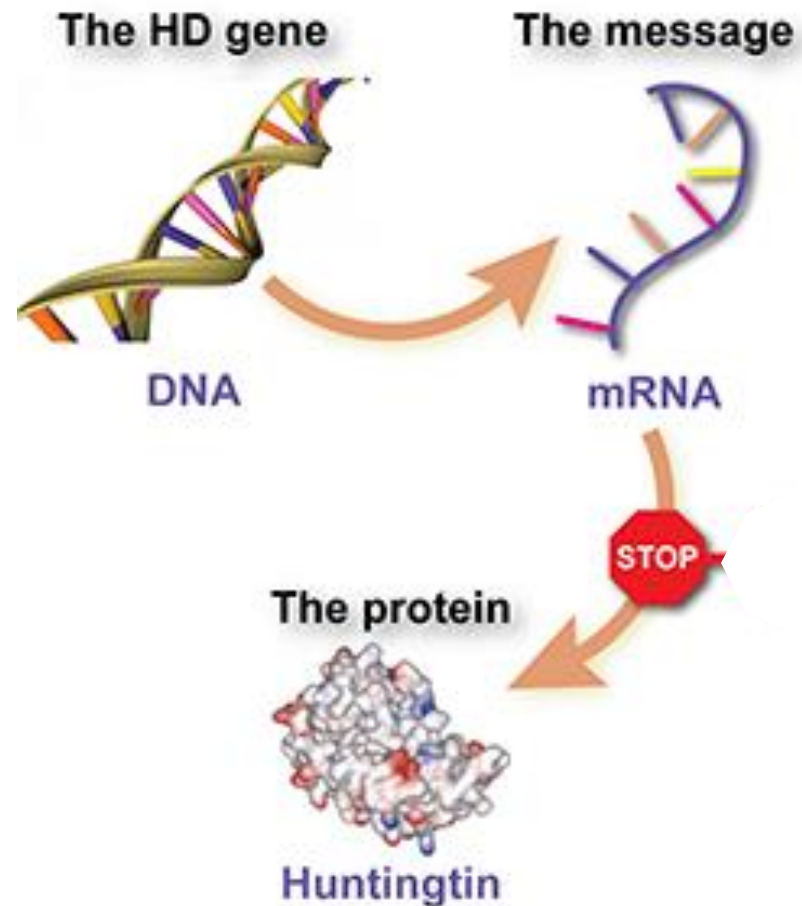
▲ An MRI scan of a healthy brain. In Huntington's patients, a genetic mutation causes irreversible damage to the brain. Photograph: Getty Images/Science Photo Library RF

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

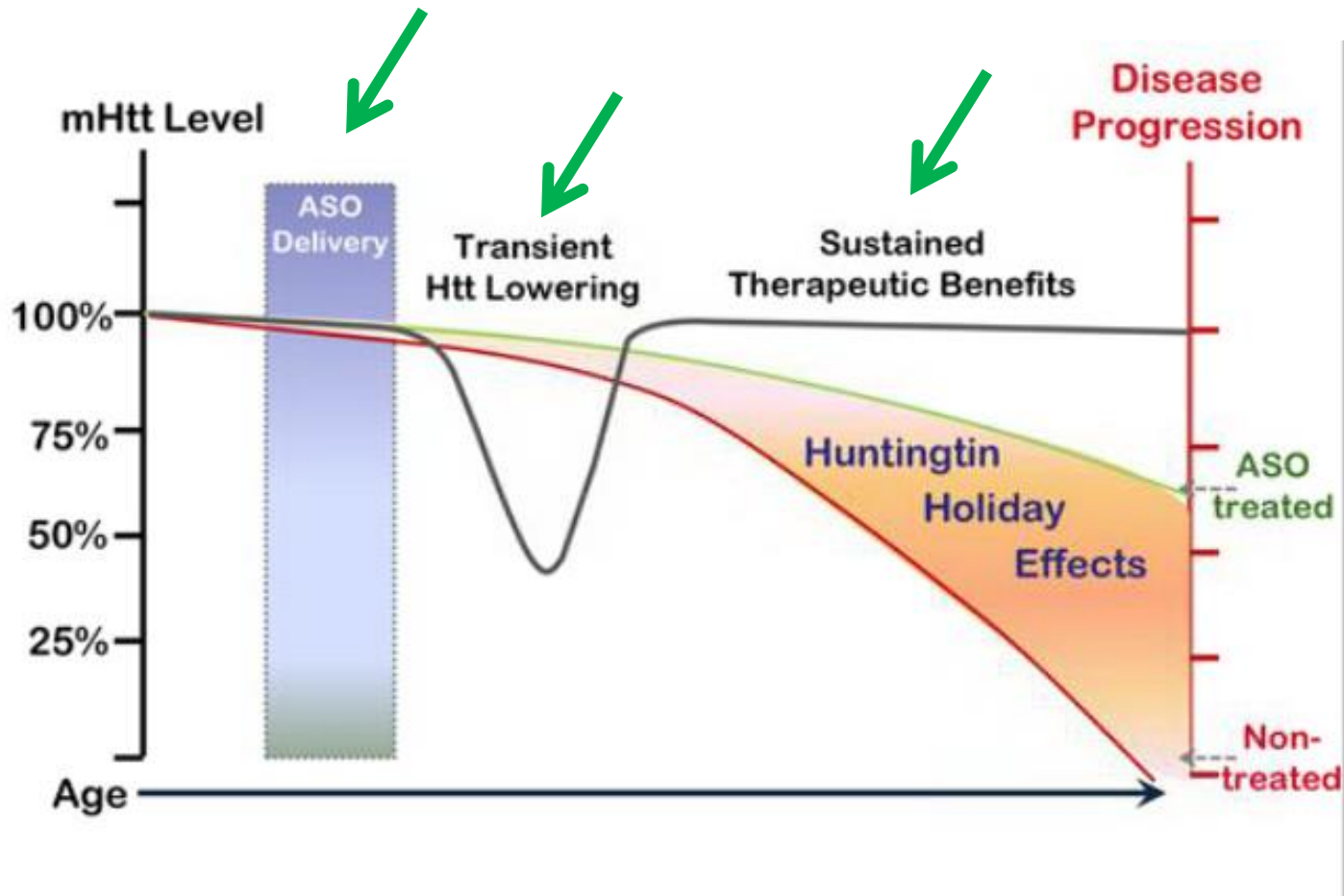
A landmark trial for Huntington's disease has announced positive results,

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.

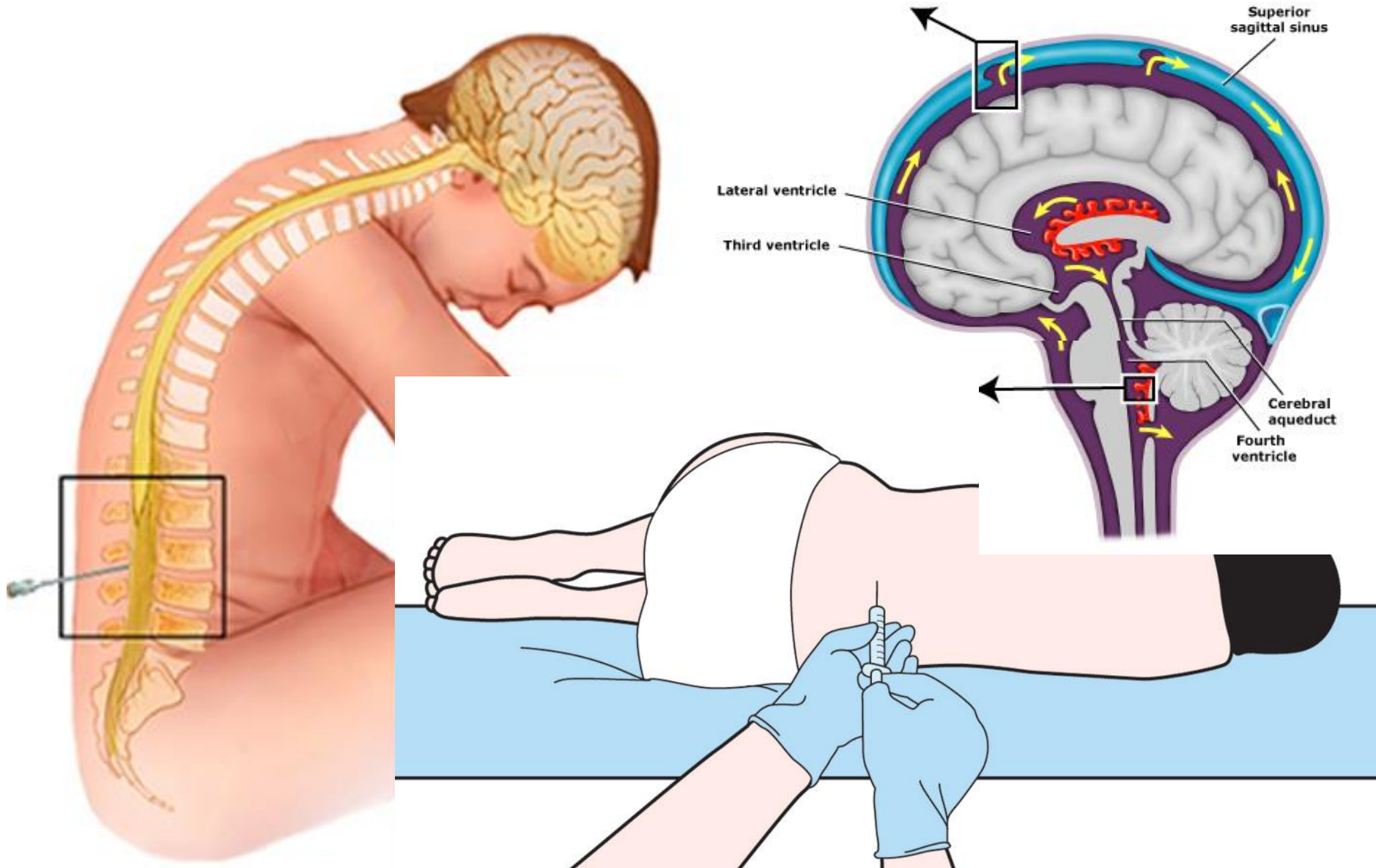


“Huntingtin Holiday”



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

Intra-thecal delivery: spinal tap





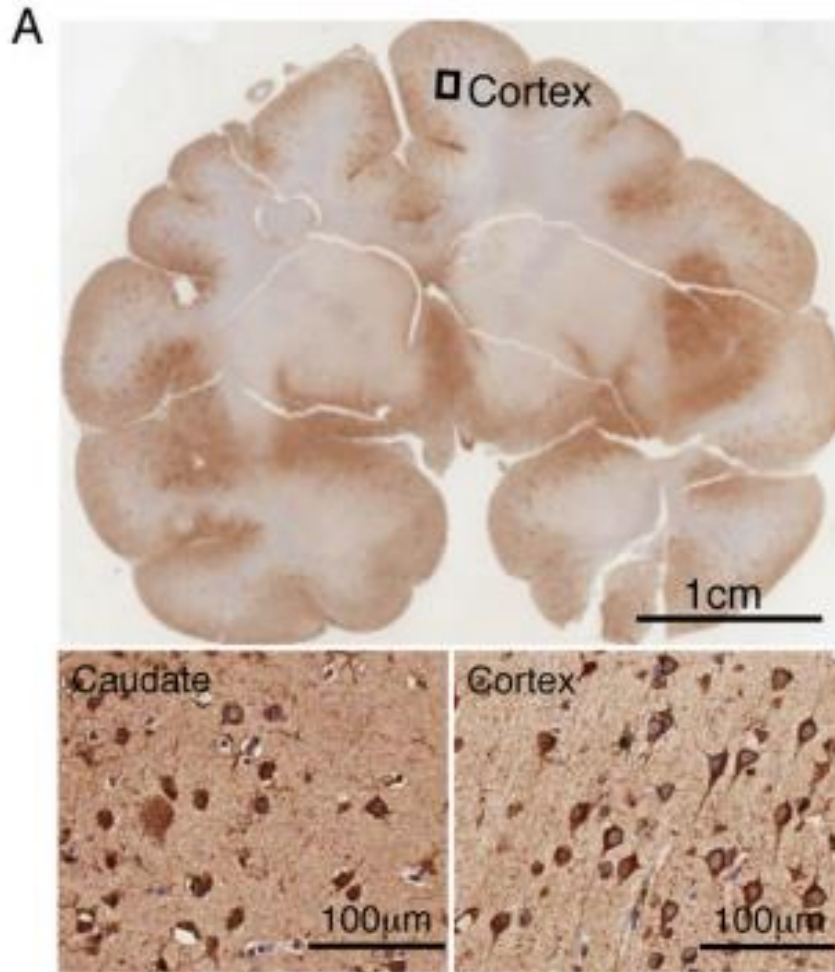
SPINRAZA™

(nusinersen) injection
12 mg/5 mL

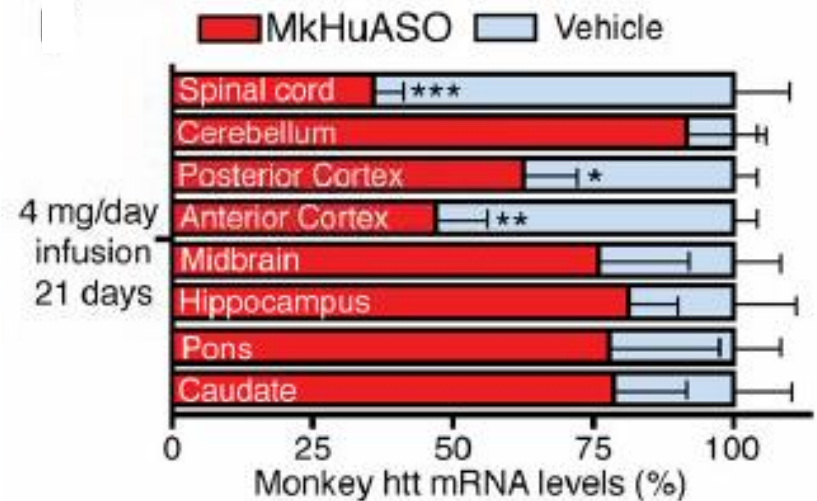
- Spinal muscular atrophy (SMA): motor neuron disease in infants and children
- Developed by Ionis and Biogen
- **The first ASO drug for neurological disease approved by FDA December 2016**
- Given via spinal tap every 2 weeks for three doses, then once every 4 months



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

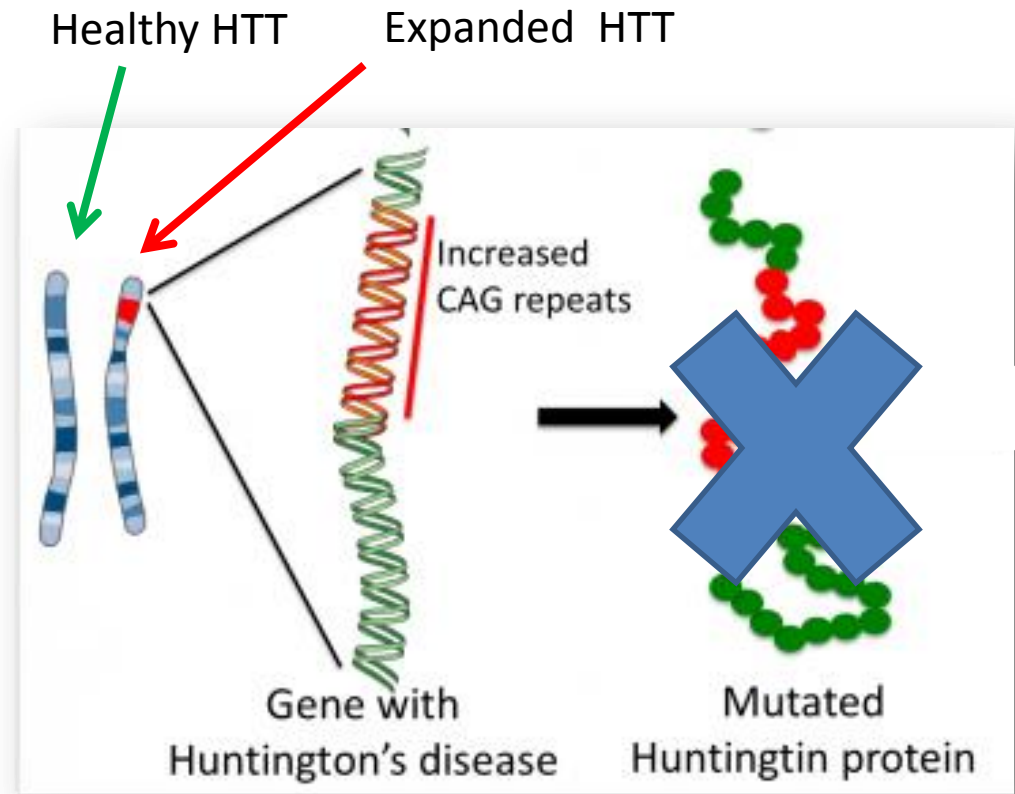
Dr. Leora Fox, HDSA

- 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.

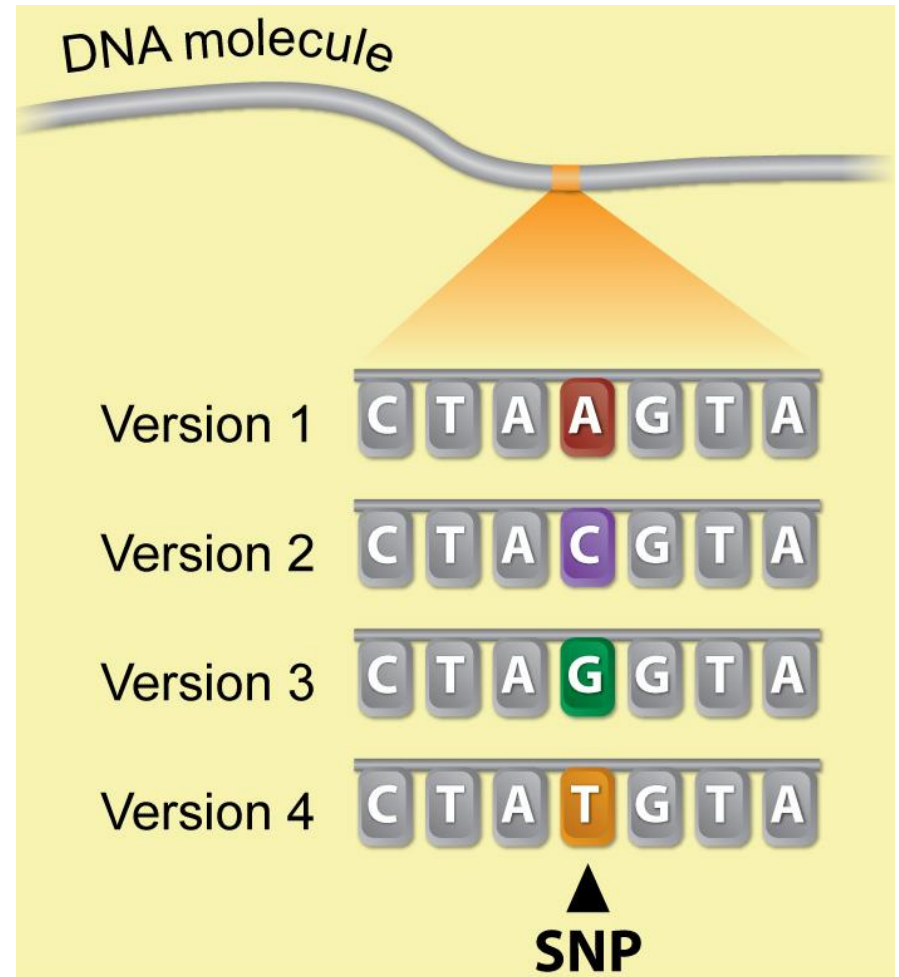


This approach may have less toxicity.

Introduction to a new acronym: SNP

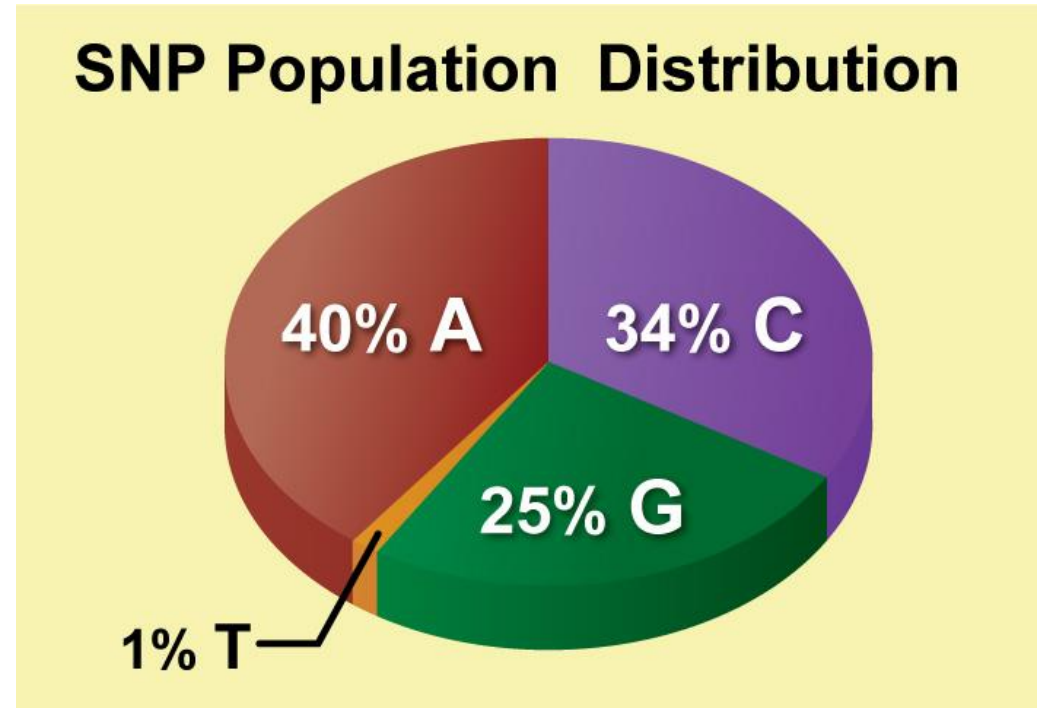
Single Nucleotide
Polymorphism, pronounced
“snip”

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.



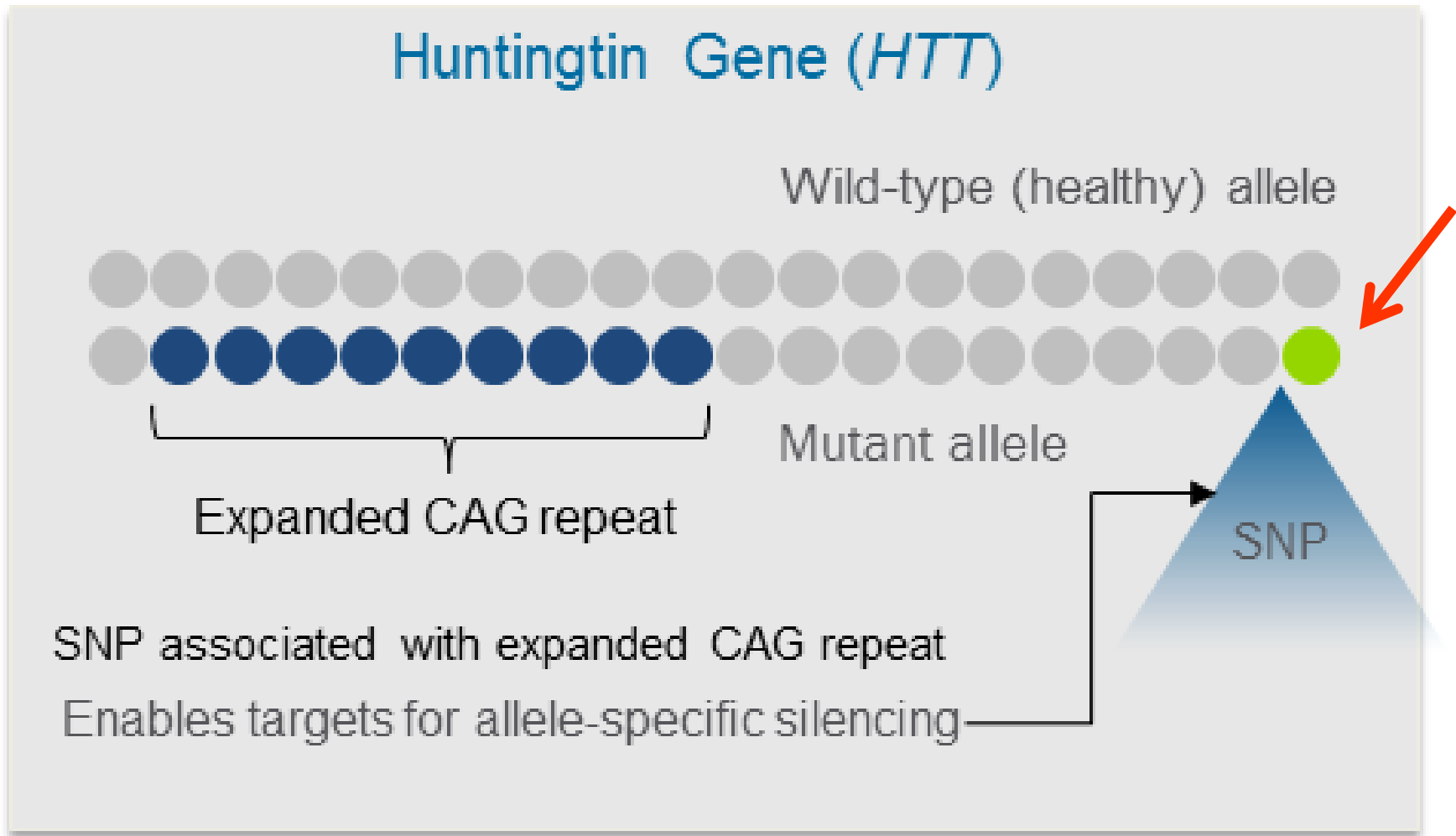
Not all single-nucleotide changes are SNPs

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.

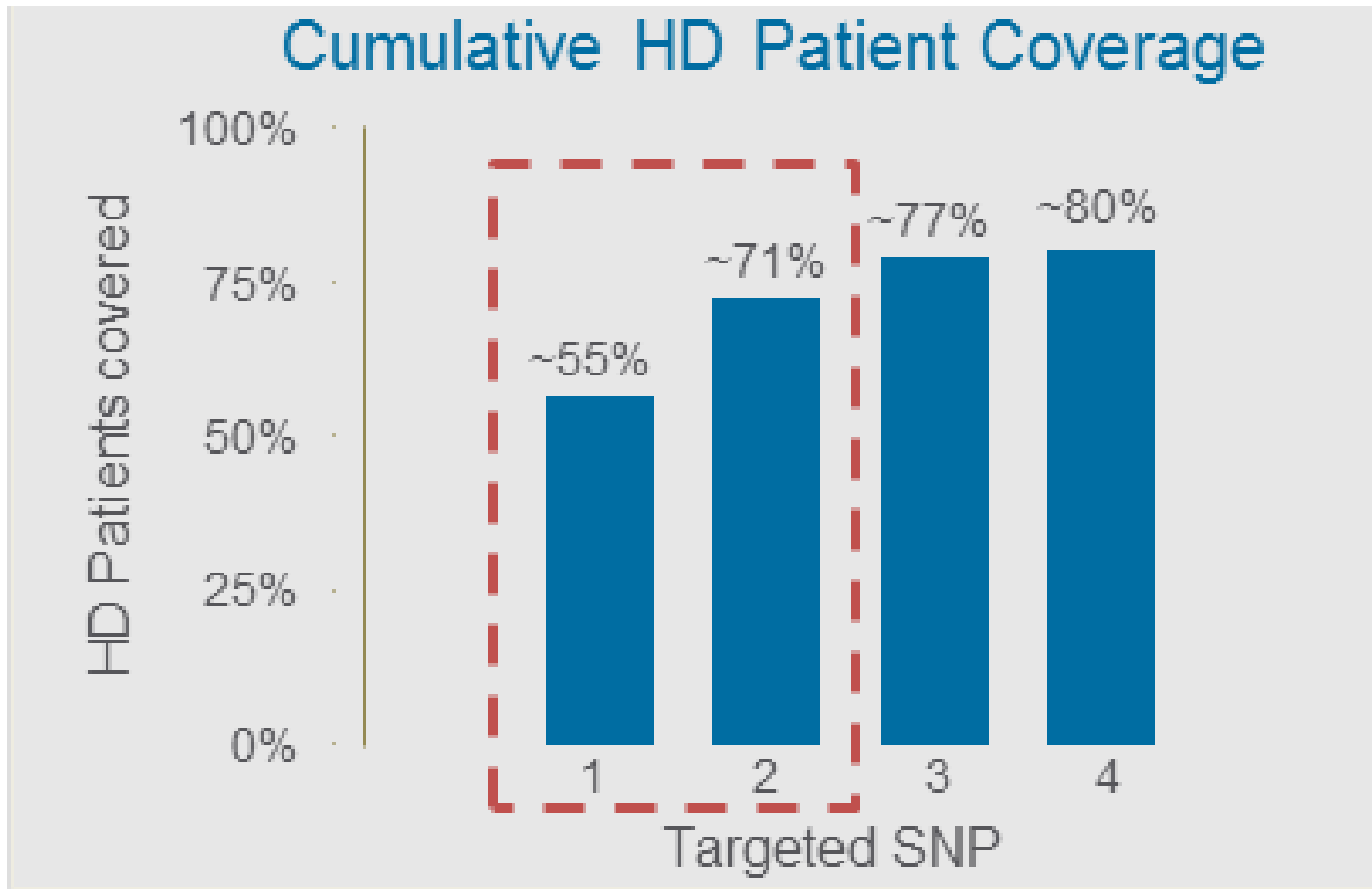


SNPs occur throughout the human genome: about one in every 300 nucleotide base pairs. This translates to about 10 million SNPs within the 3-billion-nucleotide human genome.

Taking advantage of SNPs: Allele-specific ASO



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

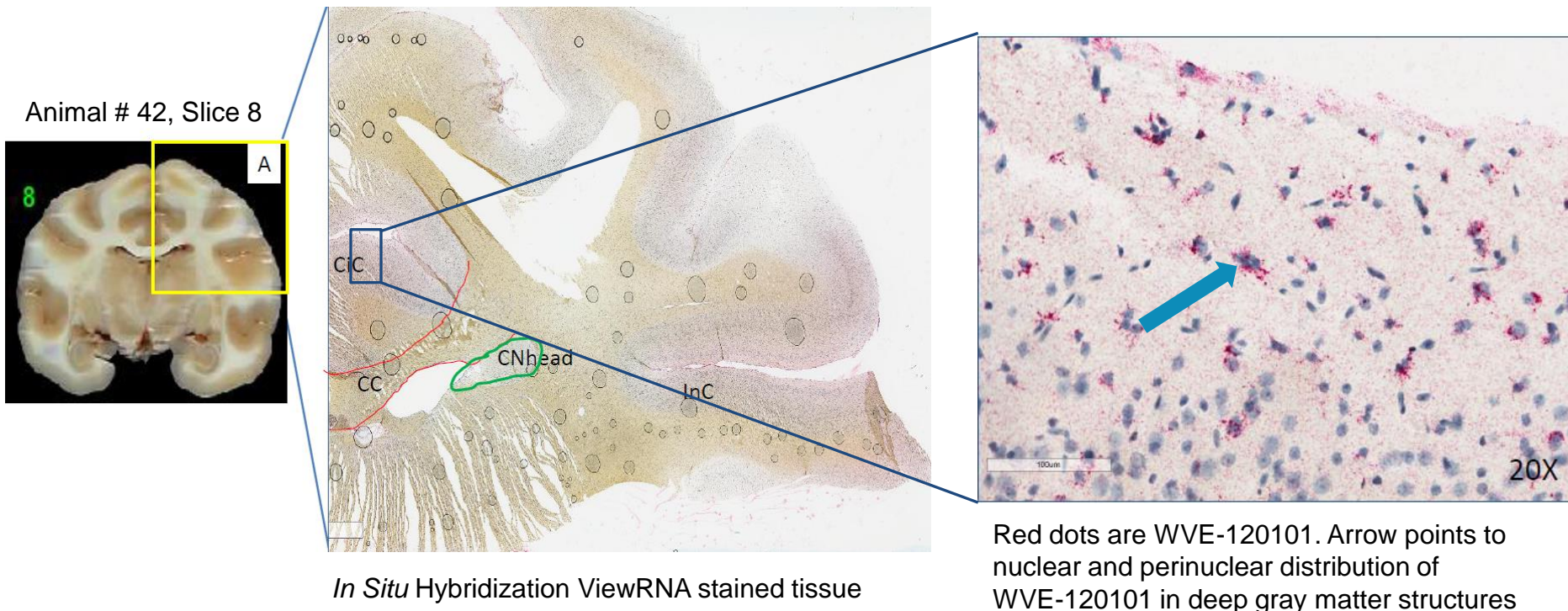
In reporter cell and in patient cell lines:

- 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

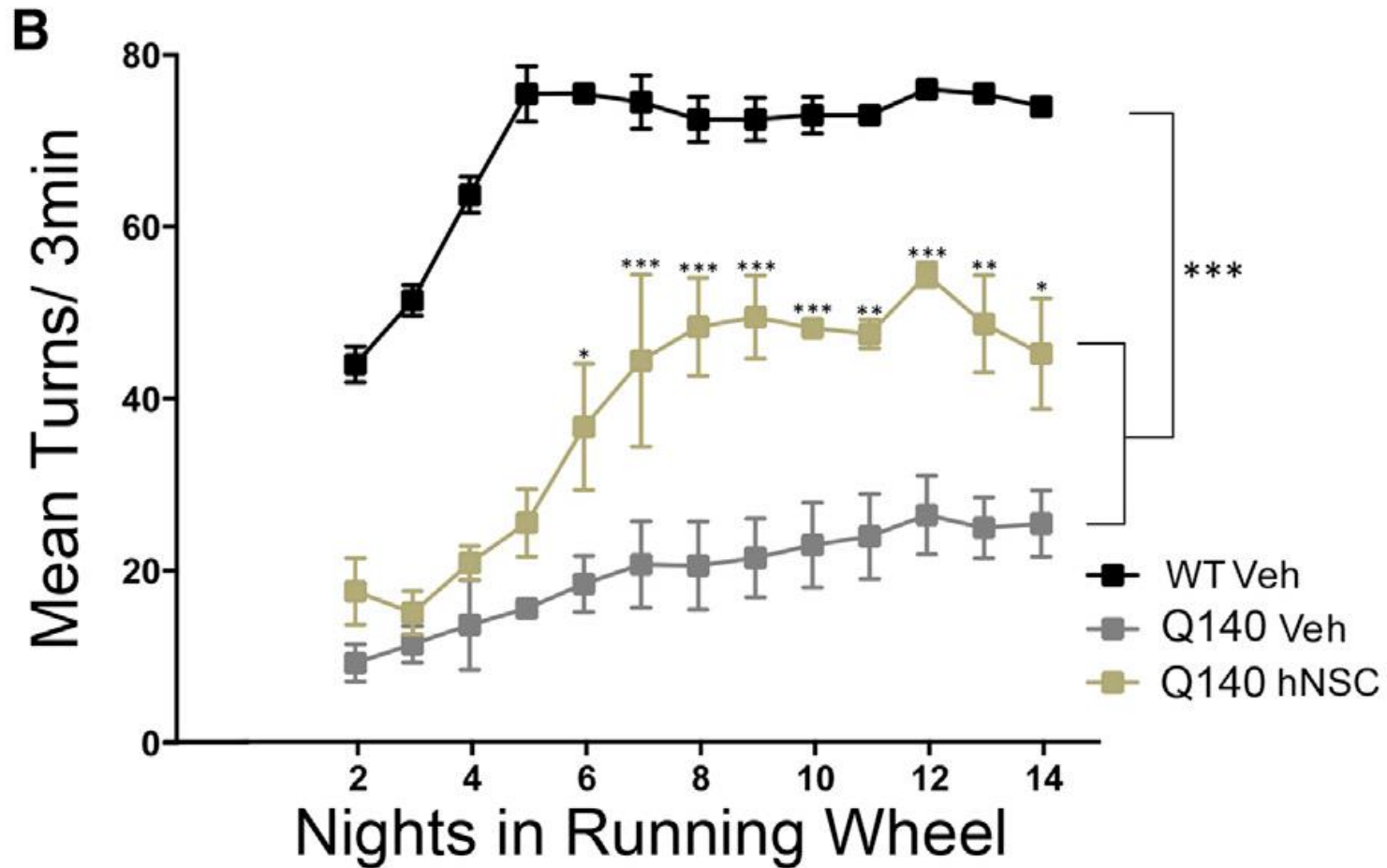
Results

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

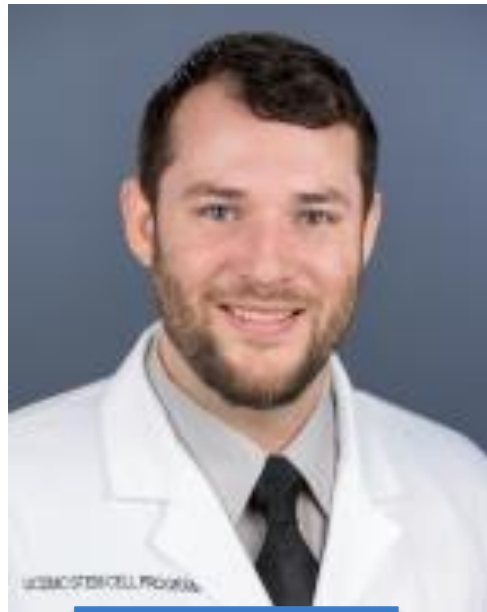


Next steps in HD stem cell research

- 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



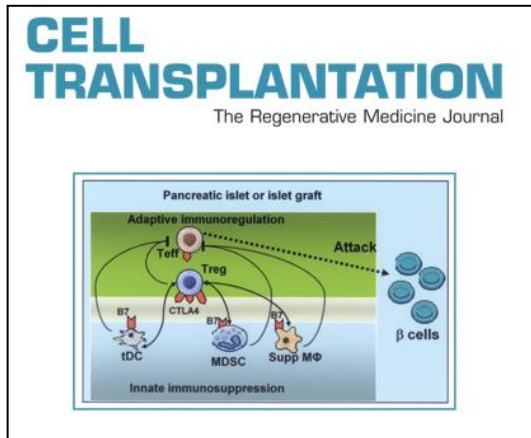
Gene Editing for HD



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,*
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- In the last year we have seen extraordinary progress for HD patients and families
- New insights about the huntingtin gene across species and ideas about CAG repeat length
- Increased global recognition about HD
- First huntingtin-lowering drug trial results announced and show great promise
- New research in the pipeline: many approaches



What can you do?



Don't just stay tuned, *stay **CONNECTED**...*



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/>

See you in LA

