How to Prepare for the Precision Medicine Era

• A GENOMIC PERSPECTIVE ON HEALTH AND DISEASE

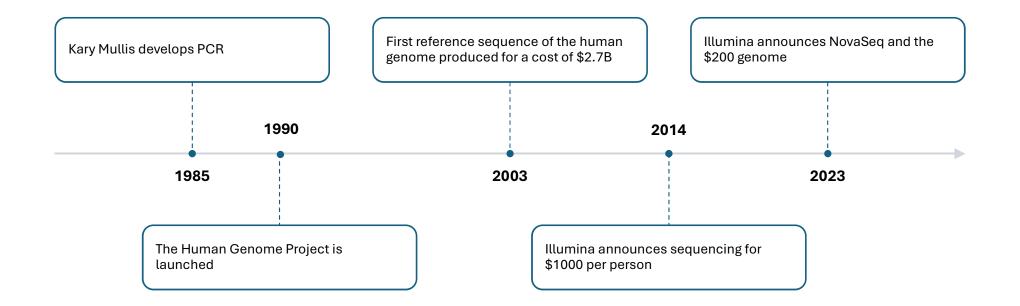
- Katheron Intson, PhD
- For: Parker University
- NeuroCon, Dallas, Texas
- July 27, 2024



"In each of us is written the story of our species." –Jacques Monod

- Our DNA is composed of millions of base pairs that code for everything that makes us who we are
- Within DNA are "genes", the units of heredity
- There are differences in the DNA sequences among individuals, called "genetic variants"
- These variants contribute to the uniqueness of each individual

The development of genome sequencing



Genetic variants influence:

Physical Traits

Behaviours

Disease Susceptibility

Variants shape the way we interact with our physical environment, and the way our environment interacts with us

PMID: 24045858

- White coat in *Panthera leo* is caused by a mutation to the Tyrosinase (TYR) gene
- Non-tawny lions camouflage poorly
 - Poorer hunters
 - Vulnerable to human hunting

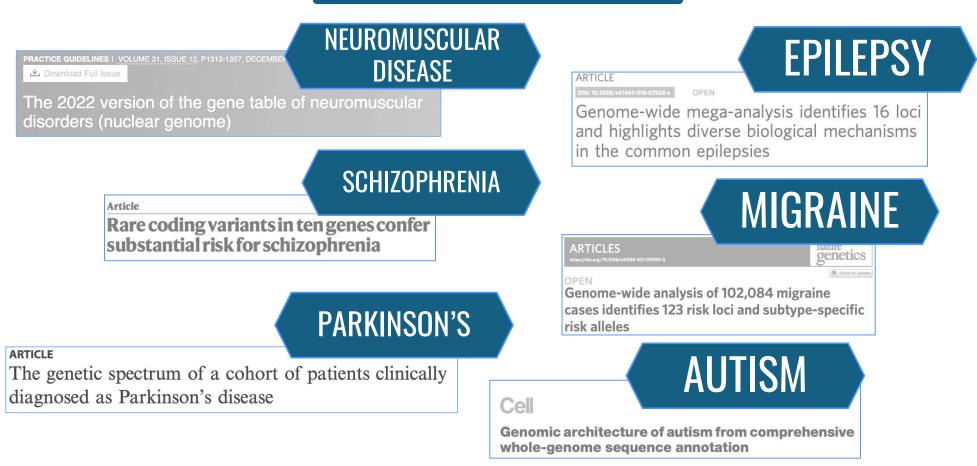


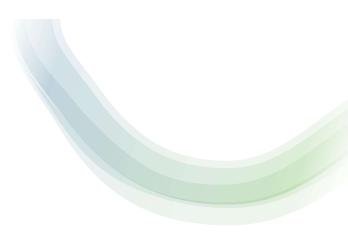
Variants shape our personality and life

- Dopamine Receptor D4 and Novelty-Seeking (DRD4-7R)
 - Greater propensity for risk-taking, novelty-seeking, sensitivity to the environment, ADHD, addiction
- Monoamine Oxidase A and Aggression (MAOA-3L and MAOA-4R)
 - Higher levels of aggression and impulsivity; increased risk of antisocial behaviour if exposed to child abuse
- Cathechol-O-Methyltransferase and Stress Resilience (COMT Val158Met)
 - Greater stress resilience following exposure to trauma, but at the cost of poorer learning + memory
- Fat Mass & Obesity-Associated Protein and Energy Balance (*FTO* variants)
 - · Increased risk of obesity



It's becoming clear that common diseases are often constellations of rare single-gene variants





Talk Outline

- How genetic variants are **linked** to disease
- How genetic diseases can be **treated** with precision and personalized medicine
- **Examples** of precision medicines
- How medicine is **changing**
- What you should be prepared for in your practice



The end of congenital disability?

- 6,800,000 Americans live with congenital disabilities
- Can be diagnosed prenatally, at birth, or in childhood
- 80% are due to genetic variants (mutations)



The end of neurodegeneration?

- 7,000,000 Americans live with neurodegenerative disease (Alzhiemer's, Parkinson's, ALS)
- Can be early-onset, but usually diagnosed after age 65
- At least 5%, but likely more, are due to monogenetic (single-gene) variants

Emerging therapeutic modalities offer hope for reversal of genetic disease

Enzyme Repacement Therapies

Antisense Oligonucleotides

Gene therapy

Gene editing

A TALE OF MICE AND MEN: The discovery of GRI Disorder

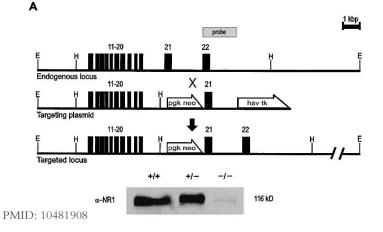
A non-syndromic epileptic encephalopathy with gene therapy in-development



Bryson MacArthur, first annual GRICon, 2018

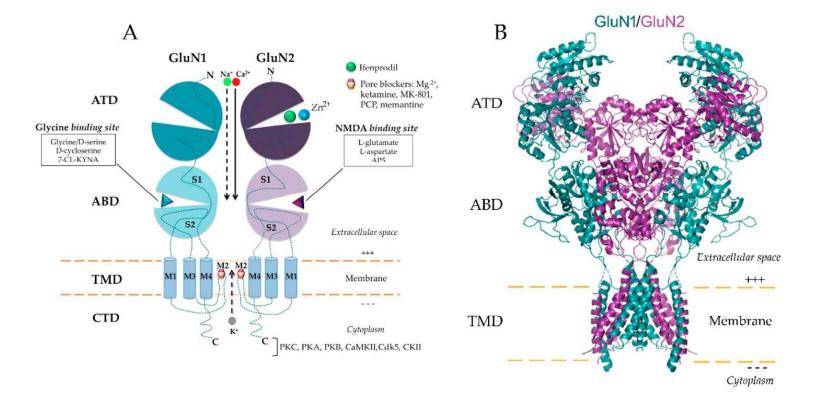
An introduction to *Grin1*^{KD} mice

- Insertion of neomycin resistance gene into intron 20 of *Grin1* gene
- Grin1^{KD} mice have 7.3% Grin1 protein levels of WT mice; neo mutation produces hypomorphic allele
- *Grin1*^{KD} mice have altered motor, stereotypic, social, vocal, and sexual behaviours





Grin1 encodes the must-have subunit of the N-Methyl-D-Aspartate (NMDA) Receptor





It was all for the love of science until the GRIN1 families found us...

These children had been diagnosed with rare or unique variants to the GRIN1 gene through genome sequencing

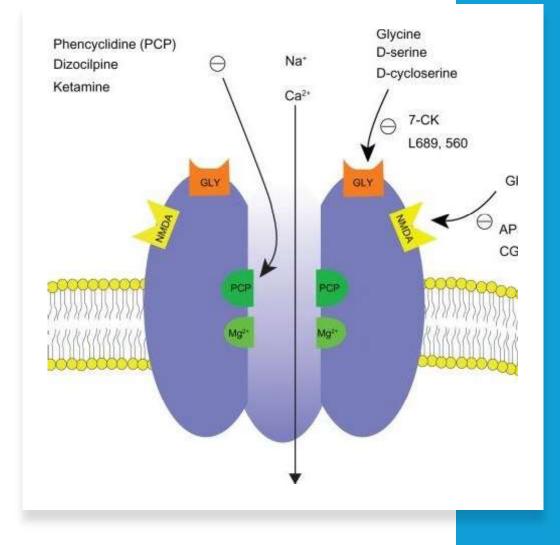
Grin1^{KD} mice as a model of human *GRIN1* variants

	MICE	PATIENTS
	Seizures	Epilepsy
	Progressive volume reductions in some brain structures + white matter	Generalized cerebral atrophy
	Impaired learning + executive function in tasks	Intellectual disability PMID: 27164704
	Altered social communication measured via USV	Non-syndromic or severe speech delay
	Hyperlocomotion in OFT	Hyperkinetic movement disorders
	Possible cortical blindness	Cortical blindness
PMID: 31299220	A 3 weeks, t-statistics 6 weeks, t-statistics	12 weeks, t-statistics 14.7 -13.5

PN

What changes occur to the kids' NMDA receptors as a result of variants to the *GRIN1* gene?

- Total protein expression level
- Protein folding, degradation
- · Subunit interaction and assembly
- Receptor trafficking
- · Sensitivity to ligands
- Channel open time/probability, channel conductance, Mg++ stickiness, leakiness
- Receptor desensitization or deactivation
- Binding of exogenous modulators
- Impaired excitation/inhibition balance
- Impaired synaptic plasticity



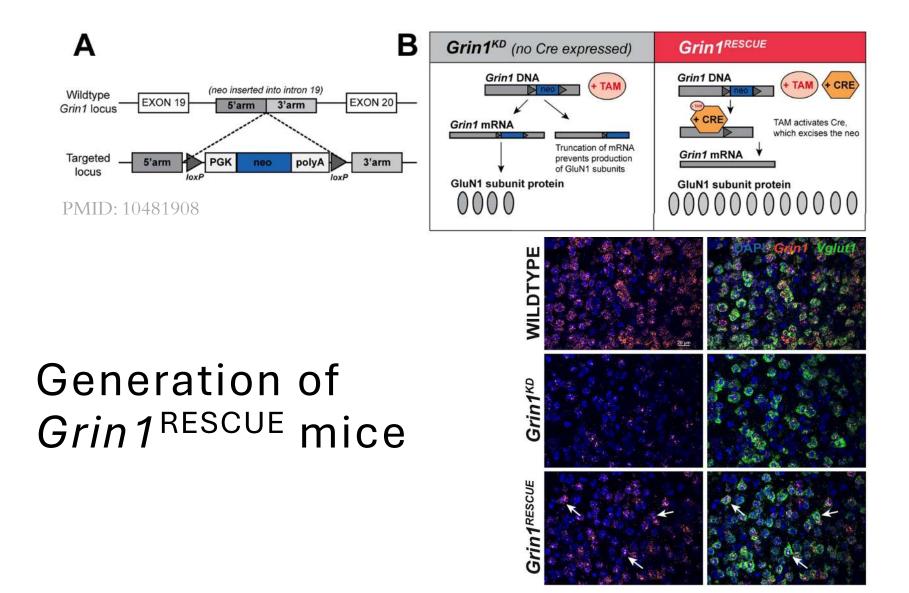
Small Molecule Drugs

Enzyme Repacement Therapies

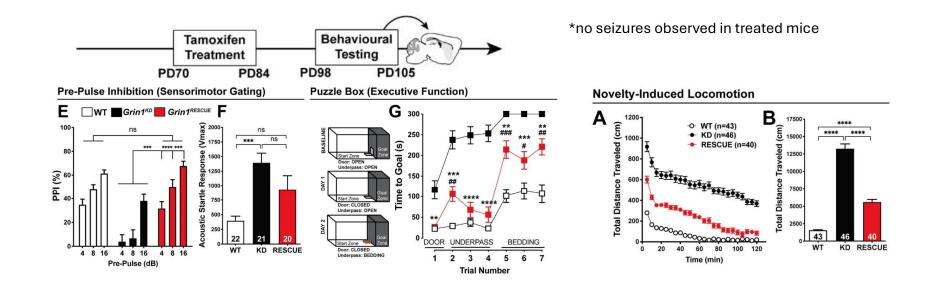
Antisense Oligonucleotides

Gene therapy

Consequences of lifelong Grin1 mutations in mice can be rescued in adulthood



Cognitive impairments and seizures are improved by intervention in adult mice



Takeaways

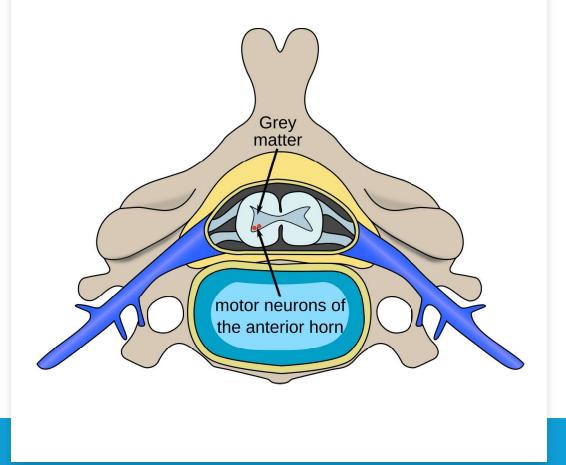
- Remarkable recovery from lifelong deficiencies in Grin1/NMDARs is possible in adult animals
- Gene therapy likely holds promise for children with Grin1 variants
- Gene therapy development now in-progress, preliminary results showing reversal of phenotype
- If you are diagnosed with a genetic variant, try to get a sense of the gene's function in your body

Gene therapy already in the clinic



Example: Spinal Muscular Atrophy

- Progressive degeneration of motor neurons in the spinal cord beginning at age 6 months
- Usually autosomal recessive, caused by variants to Survival Motor Neuron 1 (SMN1) gene
- SMA Type 1, SMA Type 2, SMA Type 3, SMA Type 4 diagnoses based on onset/severity of symptoms



Historically, SMA Type 1 was a death sentence for children

Stage 1 (Birth to 6 months)

• Hypotonia, difficulty moving, difficulty feeding, shallow breathing

Stage 2 (6 months to 1 year)

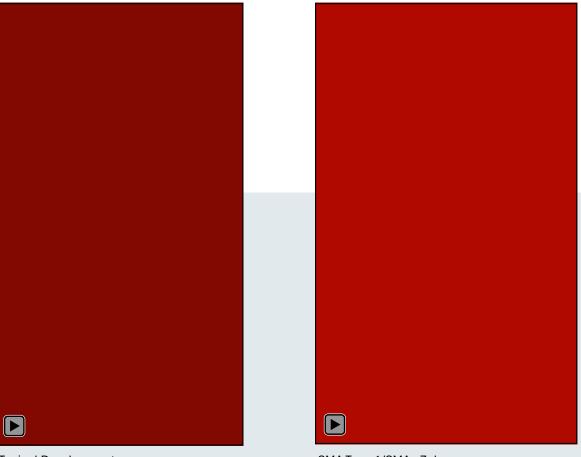
• Regression of motor skills, loss of reflexes, respiratory issues, swallowing challenges

Stage 3 (1 year onward)

• Severe motor impairment, skeletal deformities, ventilation, food aspiration, infection

Death

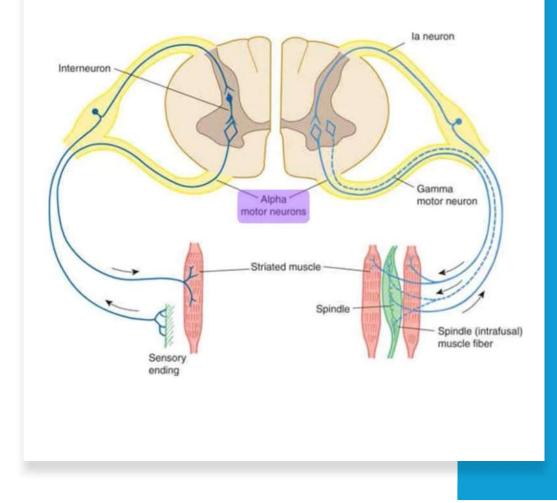
Motor Milestones: 10.5 Months

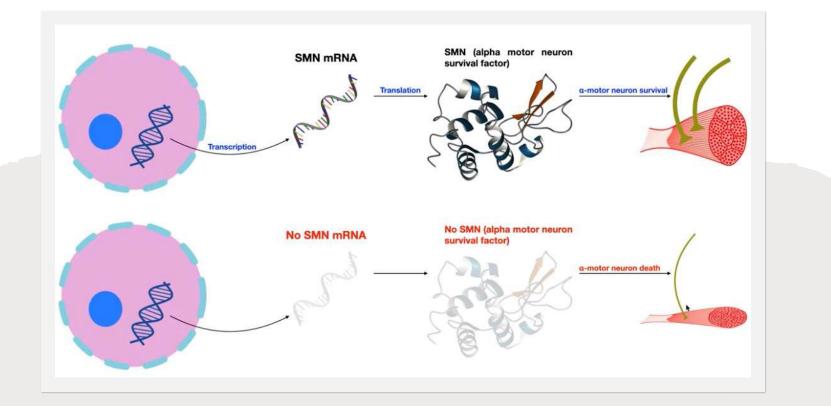


Typical Development

SMA Type 1/SMA+ Zolgensma

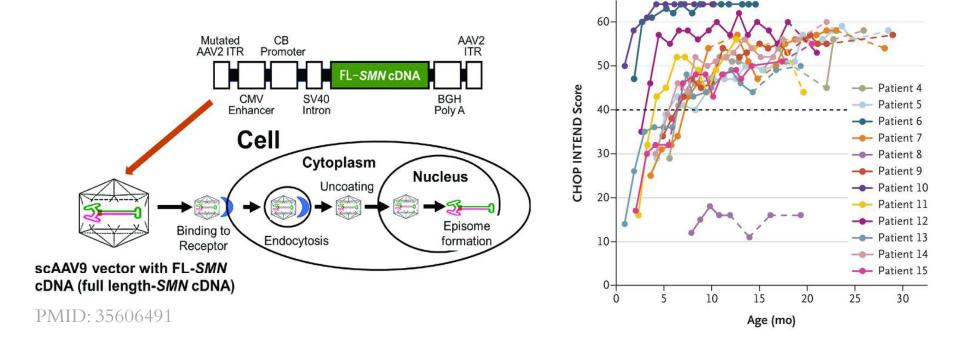
a-Motor Neurons





SMN1 protein promotes survival of a motor neurons

Gene therapy is capable of halting and reversing disability in SMA



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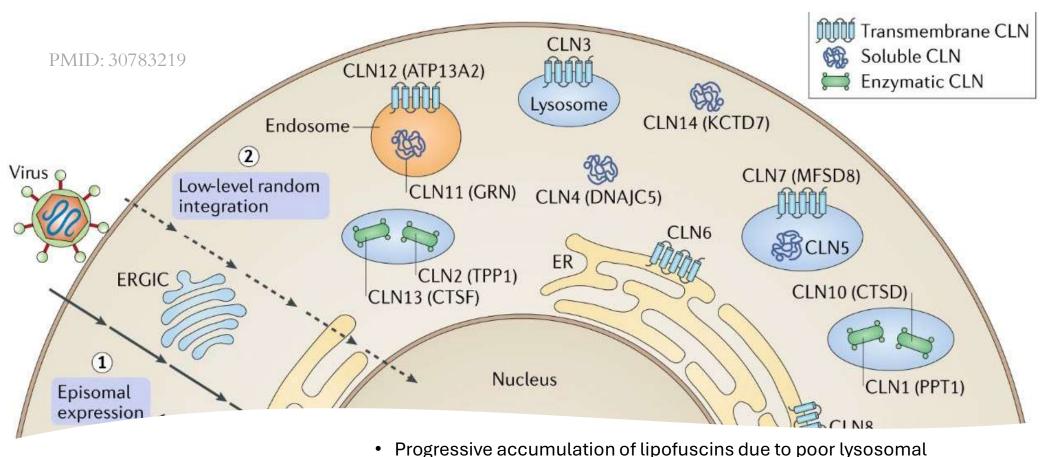
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Death



Children with neuromuscular disorders who receive gene therapy may still struggle with:

- Scoliosis
 - Atypical curvature leading to discomfort/pain
- Joint contractures
 - Stiffness and reduced range of motion
- Hip dysplasia
 - Misalignment or instability of the hip joint
- Muscle weakness
- Fractures
 - Osteopenia, osteoporosis increasing risk of fractures



Example: Batten's Disease

- clearance from neurons and other tissue
- Usually autosomal-recessive, caused by mutations to genes that encode proteins essential for lysosomal function (*PPT1, TPP1, CLN3, CLN5, CLN6, CLN7, CLN8*)

Personalized medicine from bench to bedside

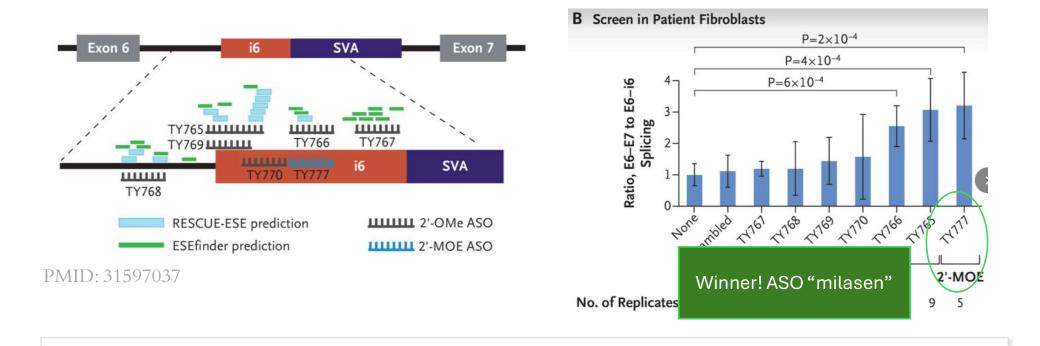




"N of 1" therapy in Batten's Disease

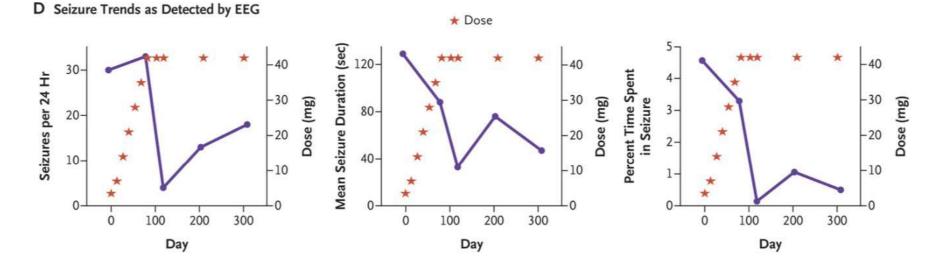
- Age 3: Typical development
- Age 4: Vision difficulty
- **Age 5**: Language and social regression, clumsiness, stumbling
- Age 6: Rapid vision loss, falls, difficulty swallowing, motor speech disorder, epileptiform brain activity
- Discovery of loss-of-function *CLN7* variants

Mila, 2019



Bespoke antisense oligonucleotide therapy for CLN7 Batten Disease

• The problem: therapeutics for Mila cannot be scaled to treat other CLN7 children due to the uniqueness of her variant



Milasen reduced Mila's seizures over 200 days

- Mila's seizures were reduced from occurring for 5% of her entire day to 0.5%
- Some improvements in adaptive skills, such as communication, socialization, and daily living skills

Lessons learned from Mila

- Ultimately, focus on the brain lead to improvement of neurological symptoms, but not others
- Bespoke therapies are feasible, but costly
- ... at this present time



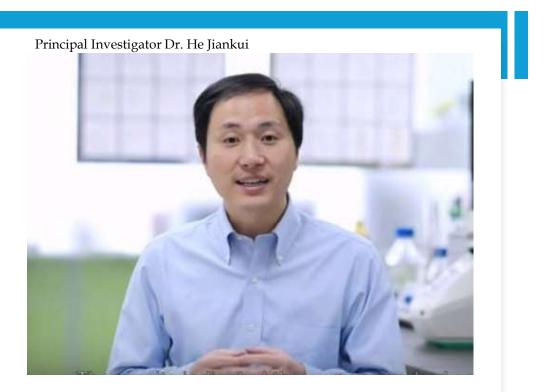
What's next? 5-year timeline

- Systematic prioritization of genetic subgroups in diseases of aging
 - E.g., LYS3884961 by Lilly/Prevail for Parkinson's patients with GBA variants
- Gene editing in reprogrammed cell populations or localized to specific organs
 - EDIT-101 by Editas Medicine for blindness due to *CEP290* variant IVS26
 - CTX001 by CRISPR Therapeutics for gene-edited hematopoietic stem cell therapy due to *HBB* variants
- Explosion of gene replacement therapeutic development for LoF variants

Gene editing in humans

The curious case of Lulu, Nana, and Amy

- Unpublished, shrouded in mystery
- Parents part of project involving HIV-positive fathers
- Twins conceived via IVF, additional child conceived via IVF
- Underwent CRISPR/Cas9-mediated germline deletion of 32 base pairs of the CCR5 gene
- Goal: confer resistance to HIV acquisition
- Questions regarding informed consent, scientific validity and priority, off-target effects, non-publication of results



The black box has been opened

- We are all living with medicallyactionable, rare genetic variants
- Many of us will receive gene therapies within our lifetime
- It remains to be seen whether germline editing (heritable changes) will be ethically permitted



Impact of precision medicine on functional medicine

- Halted disease progression
 - Stability at advanced stages of disease requires ongoing care
- Reversal of disability
 - Greater need for providers trained in rehabilitation
- Expanded scope of practice + increased work in disciplinary teams
- Greater need for geriatric and pediatric providers
 - Treatment of developmental disease and disorders of aging

Areas of expected change in functional medicine within your career

- Musculoskeletal issue focus in obesity recovery (Ozempic, FTO gene therapy)
- Pediatric rehabilitation (neuromuscular disorders, neurodevelopmental disorders, epilepsies, cerebral palsy, mitochondrial disorders, lysosomal storage disorders)
- Geriatric rehabilitation (neurodegenerative disorders)
- Pain management demand in above populations
- Fewer arthritis, migraine patients (gene therapies in development)
- Greater development of subspecialties

Thank you!



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