

Emerging therapies for FAODs

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Mission statement

- The International Network for Fatty Acid Oxidation Research and Management (INFORM) has been formed in order to promulgate information on the research and management of disorders of fatty acid oxidation.
- The Network will provide a collaborative framework for ongoing communication and research between the members.



Conflicts of interest

- Research funding
 - NIH
 - Ultragenyx
 - Stealth
 - Reata
 - Mitobridge
 - Wellstat
- Consulting
 - American Gene Therapies
 - Mitobridge



Thanks to Innsbruck

S-02 пппп **INFORM Inaugural Symposium: September 6, 2014** Innsbruck, Austria

Welcome to Lyon





INFORM Second Annual Symposium: September 4-5, 2015 Lyon, France



Mark your calendars!



INFORM Third Annual Symposium: May 9-11, 2016 Boston, MA USA



Organizing committee



Jerry Vockley, MD, PhD Co-Chairman Professor of Human Genetics, University of Pittsburgh School of Medicine



Ute Spiekerköetter, MD Co-Chairman Department of Pediatrics and Adolescent Medicine, University Children's Hospital, Freiburg, Germany,



Michael Bennett, PhD Michael J. Palmieri Metabolic Laboratory, University of Pennsylvania School of Medicine,



Jean Bastin, PhD INSERM, Hôpital Necker-Enfants Malades



Niels Gregersen, PhD Professor of Molecular Medicine Research Unit for Molecular medicine, MMF Aarhus University Hospital, Skejby Brendstrupgaardsvej



Daniela Karall, MD Department for Child and Adolescent Medicine, Medical University of Innsbruck



Melanie Gillingham, PhD Molecular and Medical Genetics Department, Oregon Health & Science University,



Nicola Longo, M.D., Ph.D Co-Chair Professor of Pediatrics University of Utah School of Medicine



Sponsors and partners





O sigma tau



Starting line





Anaplerotic therpy





FAODs clinical trials

- Triheptanoin
 - FDA phase 2 complete
 - Publication on compassionate use
 - Phase 3 soon?
- Anti-inflammatories
- Bendavia (Stealth Biotherapeutics)
- RTA408 (Reata Pharm., Inc.)
- Mitobridge
- Uridine
- Ravicti in MCAD (Horizon)



Triheptanoin Treatment History

Age at Start	Duration of Treatment					
of Treatment*	<1 year	1-2 years	2-5 years	>5 years	Total N (%)	
0-1 month (Neonates)	-	-	-	2	2	
1 month-2 years (Infants)	1	-	1	3	5	
2-12 years (Children)	-	-	-	10	10	
12-16 years (Adolescents)	-	-	-	-	-	
>16 years (Other)	-	-	1	2	3	
Total N (%)	1	-	1	17	20	

*Dose levels varied over time and per subject. Target dose levels were initially 2-4 g/kg and later 1-2 g/kg Triheptanoin.



Hospital days/year





Hypoglycemic events/year





Rhabdo hospitalizations





Triheptanoin

- LC-FAOD lead to frequent complications/hospitalizations
- Treatment with triheptanoin appears to reduce the hospitalizations and hospital days
- Hypoglycemic hospitalizations were nearly eliminated
- Rhabdomyolysis hospitalization # not changed
- Additional studies planned

	Decrease in Event Rate	Decrease in # of Hospitalization Days
Total Events	30%	67%
Hypoglycemia	96%	98%
Rhabdomyolysis	No Change	60%



FDA triheptanoin trial







Diagnosis	Triheptanoin C7	MCT C8	
CPT-2 (n)	5 Age 21-64; BMI 18-33	6 Age 8-43; BMI 17-35	
VLCAD (n)	4 Age 7-38; BMI 17-31	5 Age 23-42; 22-31	
LCHAD/TFP (n)	7 Age 7-29; BMI 14-24	5 Age 8-17; BMI 15-23	
TOTAL:	16	16	
Participant Characteristics	Triheptanoin C7	MCT C8	
Age (years)	7 - 64	8 - 43	
BMI (kg/m²)	14-33	15-35	
Males (n)	6	6	
Females (n)	10	10	



Adverse events

	C-7		C-8	
Expected Adverse Event	# of events	# of subjects	# of events	# of subjects
Diarrhea/Loose Stools/Steatorrhea	9	5	12	6
Gastrointestinal Upset	24	11	38	12
Emesis/Vomiting	7	6	0	0
Musculoskeletal Pain/Cramping/Elevated CPK	16	11	18	10
Rhabdomyolysis (hospital admission)	7	5	7	4
Entique/Lethargy	2	2	2	2
	5	5	2	Z
	/ 6 0 0 16 11 18 10 7 5 7 4 3 3 2 2 C-7 C-8 # of events # of subjects # of events # of subject 17 5 7 3 22 15 17 11	-8		
Unexpected Adverse Event	C # of events	-7 # of subjects	C. # of events	-8 # of subjects
Unexpected Adverse Event Headache	Contents	- 7 # of subjects	Control of events	-8 # of subjects 3
Unexpected Adverse Event Headache Viral Illness	C # of events 17 22	- 7 # of subjects 5 15	C # of events 7 17	-8 # of subjects 3 11
Unexpected Adverse Event Headache Viral Illness Localized Pain Not Associated with Rhabdomyolysis	22 5	- 7 # of subjects 5 15 4	7 17 2	•8 # of subjects 3 11 2

- No difference in GI upset or diarrhea between groups
- Emesis occurred in 6 subjects, only in triheptanoin group
- No difference in rhabdomyolysis, fatigue, or unexpected AE's

Triheptanoin is similarly tolerated as MCT



	C-7		C-8	
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Diarrhea/Loose Stools/Steatorrhea	9	5	12	6
Gastrointestinal Upset	24	11	38	12
Emesis/Vomiting	7	6	0	0
Musculoskeletal Pain/Cramping/Elevated CPK	16	11	18	10
Rhabdomyolysis (hospital admission)	7	5	7	4
Fatigue/Lethargy	3	3	2	2
	C-7		C-8	
Unexpected Adverse Event	C-7C-8# of events# of subjects# of events# of s	# of subjects		
Headache	17	5	7	3
Viral Illness	22	15	17	11
Localized Pain Not Associated with Rhabdomyolysis	5	4	2	2
Dermatitis	1	1	4	4

- No difference in GI upset or diarrhea between groups
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Triheptanoin is similarly tolerated as MCT



Improved cardiac function



7% increase LV ejection fraction in Triheptanoin group



Treadmill response



- Significantly lower Heart Rate for same work performed with Triheptanoin supplementation
- p=0.05 adjusted for baseline
- Mean -7 beats per minute > MCT



Compared to previous study



Behrend et al. MGM 2012 105: 110-115

- MCT V HR 15 bpm compared to carbohydrate
- Triheptanoin ↓ HR 7 bpm compared with MCT



Improvement with C7 > C8



- MCT ↓ HR 15 bpm compared to carbohydrate
- Triheptanoin ↓ HR 7 bpm compared with MCT



Conclusions

- Triheptanoin similarly tolerated as MCT
- No observed skeletal muscle effect
- Cardiac effect of Triheptanoin
 - -Improved LV ejection fraction
 - –Lower HR for same work performed
- Similar CPK, acylcarnitines & ketones



A long summer





Cardiomyopathy

- Data collection still in progress
- ~12 patients with severe, life-threatening cardiomyopathy while on MCT
- All but one recovered with C7 treatment



Ultragenyx phase 2 trial

- Open label
- 25 patients treated
- Results reported at 24 weeks
- 8 patients qualified for exercise testing



Ultragenyx phase 2 results

- Safety
 - Safe and well tolerated
 - No new potential risks identified
 - Most common adverse events GI (similar to MCT)
- Exercise results (8 patients)
 - 60% increase in exercise energy generated compared to baseline
 - 28% increase in 12 minute walk distance compared to baseline
- General outcome
 - Decrease in overall major medical events
 - Event rate to be reported at 78 weeks



Inflammation in VLCAD patients

Blood cytokine levels



Macropahge surface markers





The Mitochondrion







Mitochondria

- 100s-1000s per cell
- Bacterial origins
- Cytoplasmic
- Subcellular organelles
- Dynamic, pleomorphic, motile





Cardiolipin



Monolysocardiolipin





Bendavia

- Cardiolipin binding tetrapeptide (D-Arg-dimethyl-Tyr-Lys-Phe-NH₂)
- Up-regulates expression of nuclear encoded mito genes
- Reduces cardiomyocyte apoptosis post-ischemia
- Decreases amyloid $\boldsymbol{\beta}$ induced mito abnormalities
- Improves skeletal muscle funciton









Leading Mitochondrial Medicine



Gene regulation





RTA408

- Semi-synthetic triterpenoid
- Nrf2 promoter activator (induces PGC1a)
- Improves antioxidant gene response to oxidative stress in Friedrich's ataxia cells
- Related compound improves
 survival in ALS mouse model
- ETC deficiency study in progress
- Mitobridge with similar compounds



N-(2-cyano-3,12-dioxo-28-noroleana-1,9(11)dien-17-yl)-2,2-difluoro-propanamide







Uridine triacetate

- Regulates mito ATP-sensitive potassium channel
 - Prevents ATP depletion, Ca⁺⁺ overload, and ROS production
 - Regulates mito volume and pH
- Activation of mito-KATP increases ATP synthesis rate in hypoxic tissues
- Decreases inflammatory signalling?





MCAD deficiency

- Common K304E MCAD mutation is a folding defect
- MCAD metabolizes phenylbutyryl-CoA as substrate
- Binding pocket analogues are strong chaperonins
- Phenylbutyryl-CoA as a chaperonin therapy for MCAD deficiency





MCAD and phenylbutyrate





MCAD deficient lymphoblasts (TL671)



The sky is the limit







Just do it!





Thank You!





Questions?

