Monthly Mito



EXPERT SERIES

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Friday, October 9th 12:00pm EST / 9:00am PST

WELCOME

Overlap Between

- **Mitochondrial Disorders**
- and Disorders of
- Neurotransmitter
- Metabolism

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Neurotransmitters: Body's Chemical Messengers





- Molecules used by the nervous system to transmit messages between neurons, or from neurons to muscles
- Dopamine, serotonin, glutamate, GABA, acetylcholine convey information from one neuron (message sender) to another "target" neuron (message recipient)

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- Dopamine, serotonin, glutamate, GABA, acetylcholine convey information from one neuron (message sender) to another "target" neuron (message recipient)
- The small space between the two is called a synapse
- Communication between two neurons happens in the synaptic cleft

Dopamine and Serotonin





Dopamine and Serotonin







Effect of AADC Deficiency on Dopamine, Serotonin, Epinephrine, and Norepinephrine Metabolism





Effect of AADC deficiency on dopamine, serotonin, epinephrine and norepinephrine metabolism





Axial hypotonia Limb hypertonia

Movement disorders

Dystonia Rigidity Hypokinesia Tremor Parkinsonism



Effect of AADC deficiency on dopamine, serotonin, epinephrine and norepinephrine metabolism





Autonomic instability:

Ptosis, frequently severe Excessive sweating Nasal congestion

Arterial hypotension, bradycardia Temperature instability, especially hypothermia

Effect of AADC deficiency on dopamine, serotonin, epinephrine and norepinephrine metabolism





Autonomic instability:

Ptosis, frequently severe Excessive sweating Nasal congestion

Arterial hypotension Temperature instability, especially hypothermia

Mood instability, irritability

Sleep problems

Key Symptoms of AADC Deficiency

- Patients with AADC deficiency
 present very early
- Symptoms start in the first months of life, yet many of them are not diagnosed until much later
- One of the key symptoms of AADC deficiency is developmental delay
- Most children do not reach any motor milestones



^aBased on Denver II Developmental Milestone chart.

Hwu WL, et al. *JIMD Rep.* 2018;40:1-6.
 Hwu WL, et al. *Sci Transl Med.* 2012;4(134):134ra161.

Diagnostic Odyssey of patients with AADC deficiency

4 old boy from Saudi Arabia

At 6 weeks of age --- episodes suggestive of seizures --- noted to be **hypoglycemic**

At 7 months --- tonic episodes with eye deviation that were felt to be **seizures**. Treated with antiepileptics

At 9 months, evaluation for **disorders of glucose metabolism**



Diagnostic Odyssey



Several admissions with video EEG telemetry: episodes are not seizures

Episodes appear to represent dystonia in combination with oculogyric crises

Exome sequencing revealed homozygous mutation in *DDC* gene

Neurotransmitter metabolite testing on CSF consistent with AADC deficiency



Consensus Guidelines Recommendation: Core Diagnostic Test to Confirm AADC Deficiency



2 out of 3 core diagnostic tests should be positive to confirm AADC deficiency:



MHPG, 3-methoxy-4-hydroxyphenylglycol.

^aThe appendix includes the pathway for production and metabolism for serotonin, dopamine, and other catecholamines.

Wassenberg T, et al. Orphanet J Rare Dis. 2017;12(1):12.

AADC Deficiency Has Been Documented Worldwide





AADC deficiency can affect patients of varying populations³:

- Asian
- Caucasian
- Arabic
- Iranian
- Jewish

Disease first described in 1990 More prevalent in Asian population

- 1. JAKEdb website. http://www.biopku.org/jake/jake_start.asp. Accessed January 31, 2018.
- 2. Data on File. Agilis Biotherapeutics. 2018.
- 3. Wassenberg T, et al. Orphanet J Rare Dis. 2017;12(1):12.

Prevalence of AADC deficiency



Predicted birth rates

- □ US 1/42,000 1/90,000
- □ EU 1/118,000
- □ Japan 1/182,000

Prevalence

 \Box Worldwide ~ 1800

- 🛛 US 840
- □ EU 853
- □ Japan 125

Mean age of symptom onset 2.7 months

Mean age at diagnosis **3.5 years** (median 13 months; range: 2 months–23 years)

Mitochondrial Disorders







http://cmapspublic.ihmc.us/rid=1102536487930_333741980_4083/ATPanim.gif

Image by Mariana Ruiz Villarreal

http://www.mammag.uci.edu/foswiki/bin/view/MAMMAG/PhilosophicalPremiseOfMAMMAG

Mitochondrial Disorders



- Arise as a result of dysfunction of the mitochondrial respiratory chain
- Disorders impacting the structure or function of the mitochondria
- Tissues and organs that are highly dependent on aerobic metabolism are affected the most



Mitochondrial Disorders



"Any symptom, any organ, any age, any mode of inheritance" - Munnich & Rustin (Am.J.Med.Genet. 2001, 106:4-17)

Hundreds of different diseases

- Different combination of symptoms
- •Many genes causing the same disease
- •The same gene can cause many different types of MDs
- Neurological symptoms are very common, especially in children with MDs





"If organelles could talk," available at: <u>www.beatricebiologist.com</u>





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Prevalence of Mitochondrial Disorders

• At least 1 in 4,300 of adults will develop mitochondrial disease





Source: The Mariani Foundation Center for the Study of Pediatric Mitochondrial Diseases, hosted by the Molecular Neurogenetics Unit of the IRCCS Foundation Neurological Institute "C. Besta" at Bicocca http://www.mitopedia.org/eng/img/mitocondri2 z.jpg

Source: U.S. National Library of Medicine

Why are patients with disorders of NT metabolism diagnosed with MDs?



- Many common features
- Lack of awareness
- Problems with obtaining genetic testing

Common Features



Disorders of NT metabolism

- developmental delay
- abnormal muscle tone
- dysautonomia
- oculogyric crises can look like seizures
- difficult to diagnose
- Present early
- No newborn screening at the moment, but it is possible

Mitochondrial Disorders

- developmental delay
- abnormal muscle tone
- dysautonomia
- seizures
- difficult to diagnose
- Can present early
- No newborn screening, hardly possible

Differences



Disorders of NT metabolism

- Affect primarily CNS
- Diagnosis can be made by metabolic CSF analysis
- Brain MRI normal or nonspecific
- Metabolically stable
- Can be diagnosed by gene panels

Mitochondrial disorders

- Affect multiple organs
- Metabolic screening can suggest, but is never fully diagnostic of a MD
- Brain MRI frequently abnormal, esp. in children, but can be normal
- Metabolically unstable
- Can be diagnosed by gene panels, but frequently requires whole exome sequencing and mtDNA sequencing



PTC PINPOINT

Invitae and PTC Therapeutics have partnered to offer the PTC Pinpoint sponsored testing program, which provides no-charge genetic testing and counseling for individuals in the US suspected of having a neurotransmitter disorder such as AADC deficiency.

The panel analyzes up to 37 genes that are associated with disorders of monoamine metabolism, GABA metabolism, and neurotransmitter receptors and transporters utilizing either blood or saliva samples.

Individuals tested through the PTC Pinpoint Program are eligible for no charge post-test genetic counseling to help interpret their test results.

No age limit as to whom can be tested.

www.invitae.com/PTC-pinpoint

Diagnosis of Mitochondrial Disorders





Sequence analysis of the entire mitochondrial genome with quantification of heteroplasmy levels

Detection of deletions with breakpoints and heteroplasmy

Around 1400+ nuclear genes are involved in proper mitochondrial function



Next generation (NGS) panels (up to 1100 genes) Whole genome (exome) sequencing

Science, VOL 349 ISSUE 6255

Therapies



Disorders of NT metabolism

- Specific treatments: Dopamine and serotonin agonists, Melatonin
- Gene therapy for AADC is available

Mitochondrial disorders

- No specific therapies with rare exceptions
- Gene therapies not available

Treatment of AADC Deficiency

Several companies around the world developed gene therapy in which virus carrying the deficient enzyme (aromatic amino acid decarboxylase) is injected directly in the brain







 Disorders of Neurotransmitter Metabolism and Mitochondrial Disorders are underdiagnosed, but diagnosis of NTs is less complicated.

 In spite of being very different conditions, they may have similar clinical presentations.

• Gene therapy is on the horizon for NTs, but not yet for MDs.

Thank you for your attention