

Nucleoside Bypass Therapy for Thymidine Kinase 2 Deficiency (TK2d)

MitoAction Expert Series

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Financial Disclosures

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Consulting Fee: Entrada Therapeutics, Modis Therapeutics, Epirium Bio Therapeutics

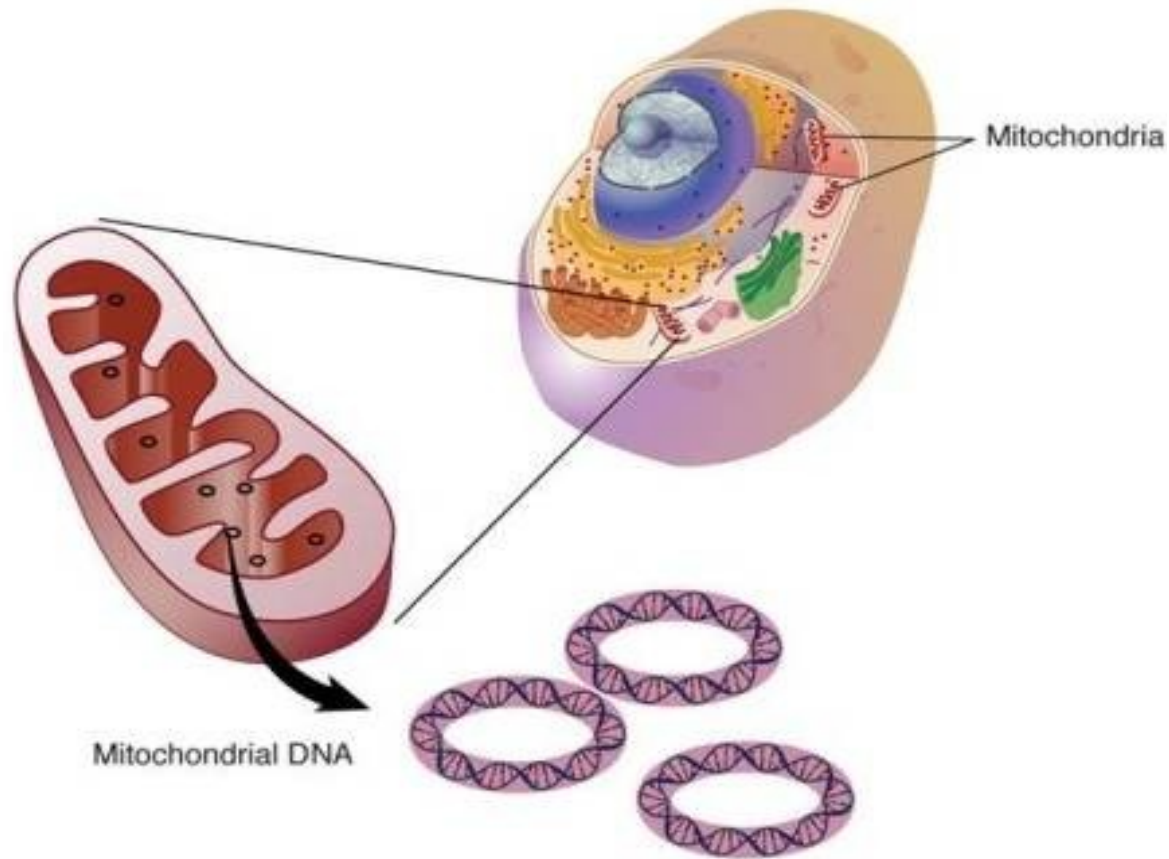
Contracted Research: Entrada Therapeutics, Stealth BioTherapeutics, Modis Therapeutics, Cycleron, Astellas Pharma, Reneo Pharmaceuticals

Speaking Fees: PlatformQ

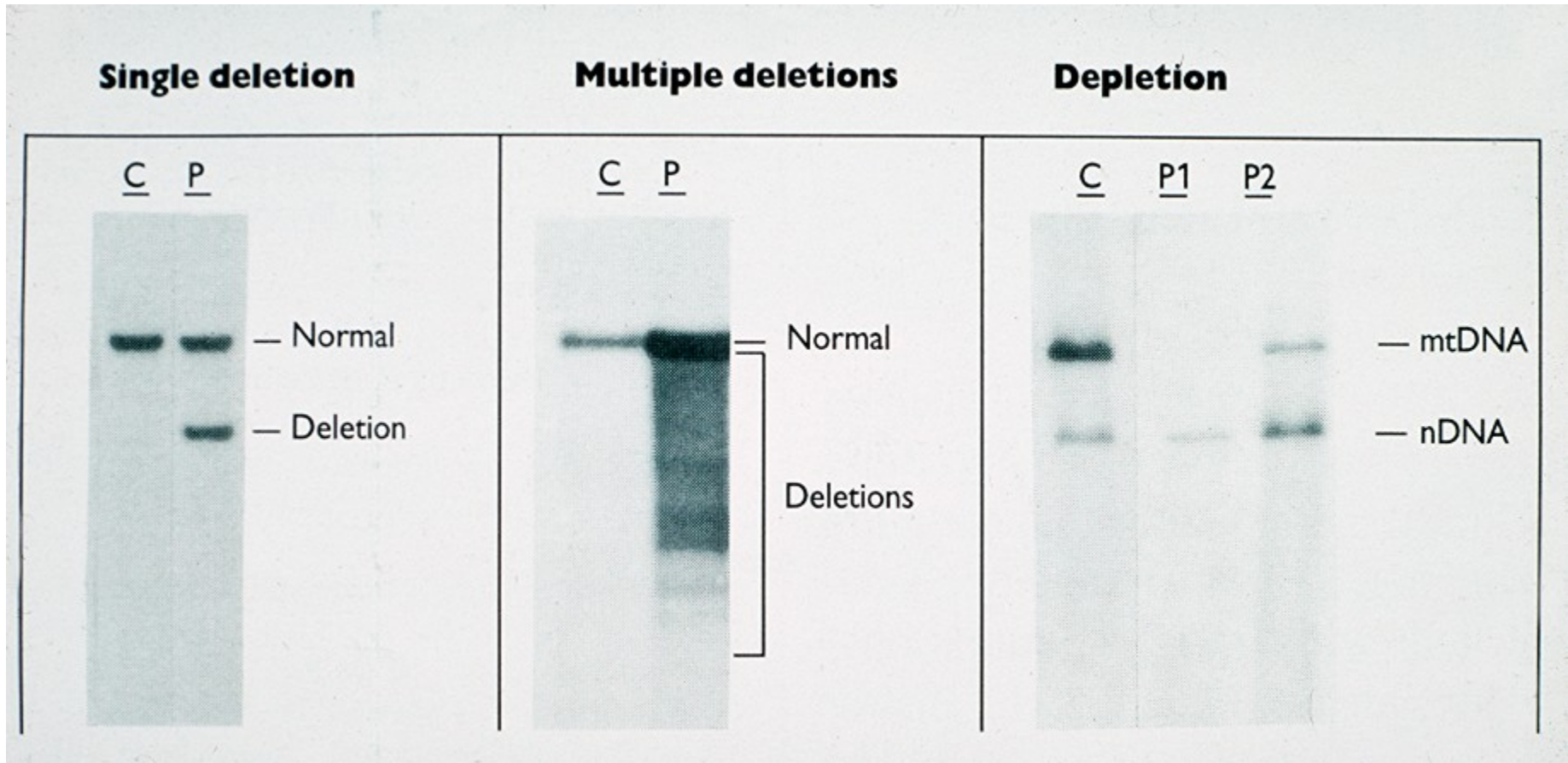
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Disorders of mtDNA maintenance

Clinically heterogeneous group of mitochondrial disorders characterized by **mtDNA depletion, multiple deletions, or both** in affected tissues.



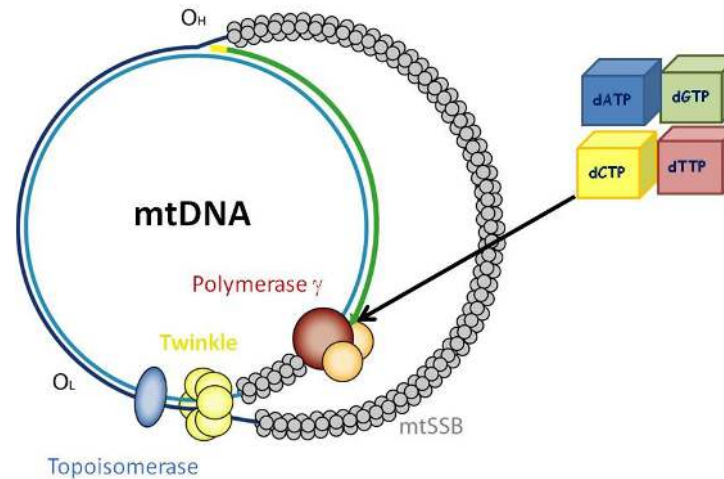
Defects of mtDNA Maintenance



Autosomal dominant or recessive
progressive external ophthalmoplegia

Mitochondrial DNA depletion syndrome
-myopathy
-hepatopathy
-hepatocerebral disease
-Alpers syndrome
-Navaho neurohepatopathy

Mutations in 34 nuclear genes cause mtDNA depletion, multiple deletions, or both



•mtDNA replication

- POLG1
- POLG2
- TWNK
- SSBP1
- MGME1
- DNA2
- RNaseH1
- TFAM
- TOP3A
- LIG3

•Nucleoside/nucleotide metabolism

- TYMP
- ANT1
- TK2
- DGUOK
- RRM2B
- RRM1

•Mitochondrial dynamics

- OPA1
- MFN2
- SPG7
- AFG3L2
- MICOS13
- GFER

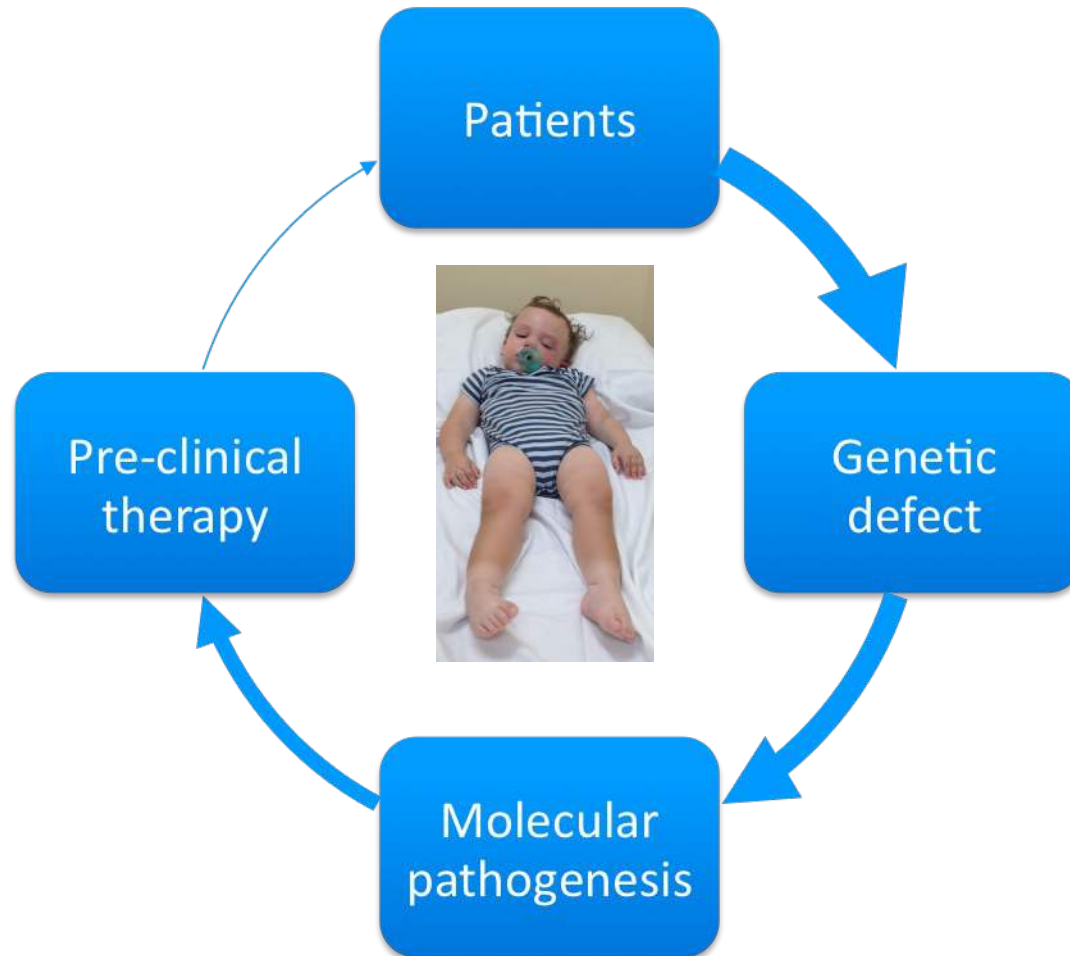
•Membrane channels

- SLC25A4
- MPV17
- SLC25A1
- SLC25A10

•Other Function/ Mechanism unknown

- SUCLA2
- SUCLG1
- GFER
- AGK
- FBXL4
- ABAT

TK2 deficiency: From bedside to bench and back



**What is thymidine kinase 2
deficiency (TK2d)?**

TK2 Disease and Therapy Overview

Mutant mitochondrial thymidine kinase in mitochondrial DNA depletion myopathy

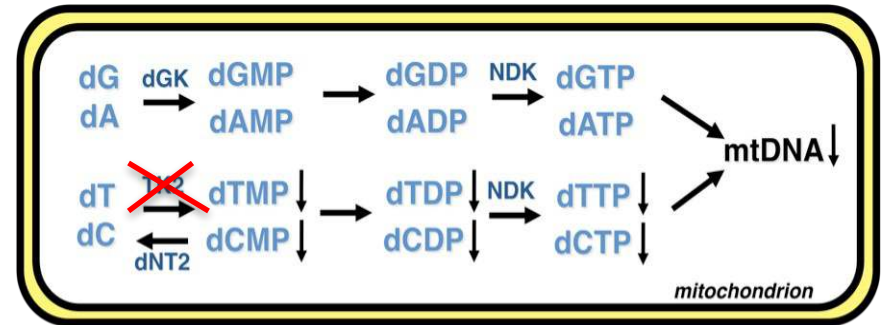
Ann Saada^{1*}, Avraham Shaag^{1*}, Hanna Mandel², Yoram Nevo³, Staffan Eriksson⁴ & Orly Elpeleg¹

nature genetics • volume 29 • november 2001

nature genetics • volume 29 • november 2001

Table 2 • The activity of thymidine kinase 2 in muscle mitochondria

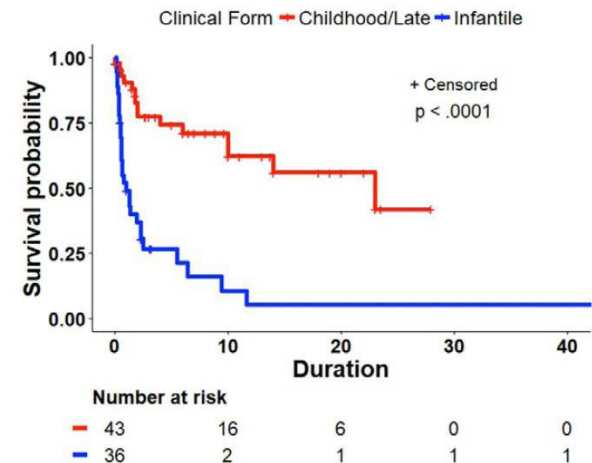
Sample	Substrate	
	[³ H]dThd	[³ H]dCyt
patient 1	3.42±0.38	1.80±0.06
patient 2	1.03±0.31	0.71±0.59
patient 4	1.76±0.42	0.68±0.08
controls (range)	7.55±1.45 (5.40–10.51)	5.65±1.89 (4.55–7.59)



- Early onset: from birth to 30 months
- Progressive weakness of skeletal and respiratory muscles
- Elevated CK and lactic acid
- Mean age of death: 2.6 years

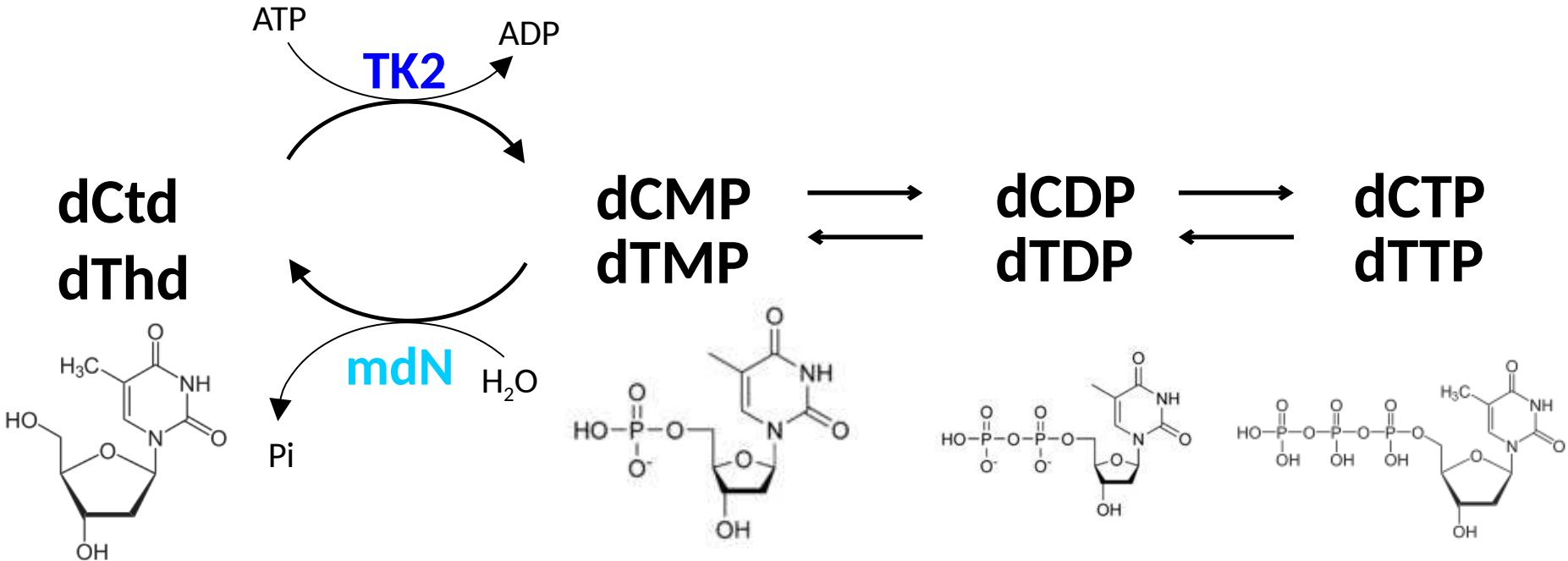
Disease Spectrum of 92 TK2-deficient Patients

	Infantile-onset myopathy 39 (42.4%)	Childhood-onset myopathy 37 (40.2%)	Late-onset myopathy 16 (17.4%)
Onset	≤12 months	>1-<12 years-old	≥12 years-old
Symptoms	Diffuse muscle weakness, early respiratory failure	Proximal muscle weakness, areflexia	Muscle weakness
EMG	Myogenic +/- neuropathic pattern	Myogenic +/- neuropathic pattern	Myogenic pattern
CK	↑↑↑	↑↑↑	normal-↑↑
mtDNA depletion	+++	+++	+/-
mtDNA deletions	—	—	+++
Other signs & symptoms	seizures 7, encephalopathy 5, cognitive dysfunction 3, ptosis 4, facial diplegia 3, dysphagia 3, multiple bone fractures 2, nephropathy 1, rigid spine 1, coma episodes 1, cardiomyopathy 1, bi-ventricular hypertrophy 1, arrhythmia 1 and esophageal atresia 1	facial diplegia 11, ptosis 9, PEO 3, hearing loss 2, cognitive decline 1, encephalopathy 1, prolonged QT 1, arrhythmia 1, multiple bone fractures 1, renal tubulopathy 1, and gynecomastia 1	ptosis 9, PEO 8, dysphagia 6, respiratory insufficiency 5, dysarthria 3, cardiomyopathy 2, gynecomastia 1, Neuropathy 1, Hearing loss 1



What does thymidine kinase 2 (TK2) do?

TK2 catalyzes the first phosphorylation of pyrimidine deoxynucleosides in mitochondria



How can we study TK2d in the laboratory?

Cell models



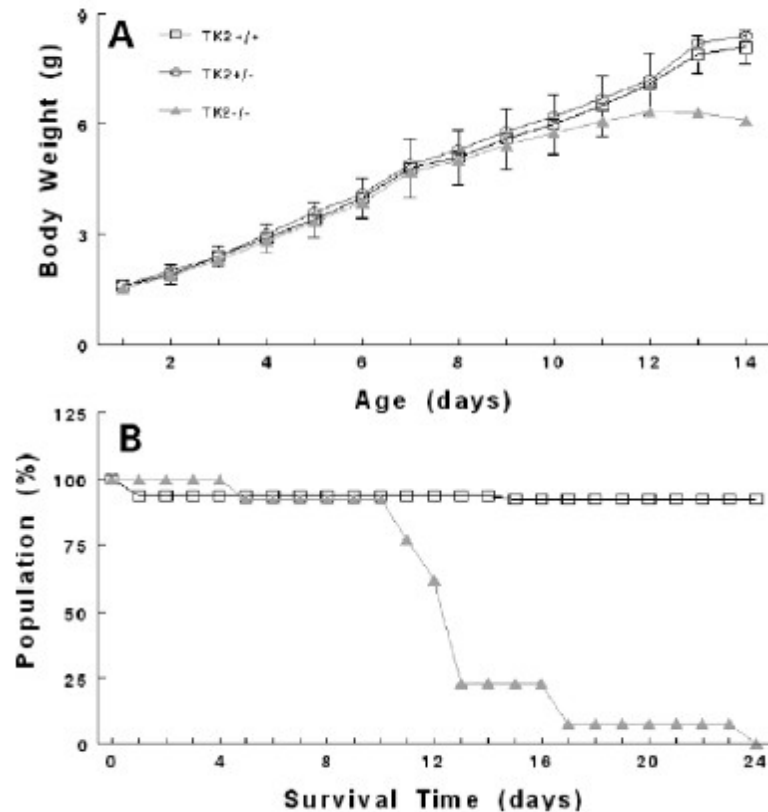
Animal models



Thymidine kinase 2 (H126N) knockin mice show the essential role of balanced deoxynucleotide pools for mitochondrial DNA maintenance

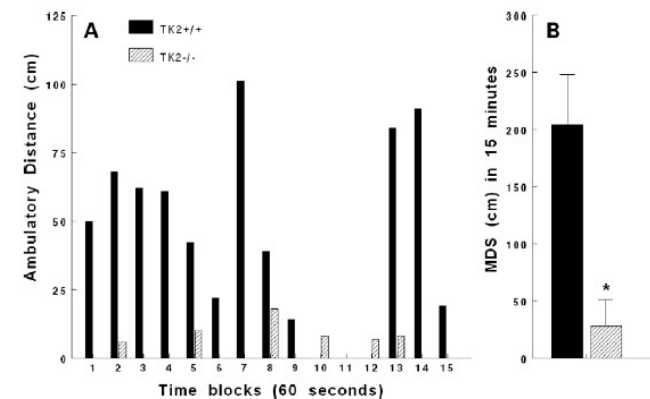
Hasan O. Akman^{1,†}, Beatriz Dorado^{1,†}, Luis C. López¹, Ángeles García-Cazorla^{1,2},
Maya R. Vilà^{1,3}, Lauren M. Tanabe⁴, William T. Dauer^{1,4}, Eduardo Bonilla^{1,5},
Kurenai Tanji⁵ and Michio Hirano^{1,*}

Human Molecular Genetics, 2008, Vol. 17, No. 16



After post-natal day 10:

- Reduced spontaneous movements
- Generalized coarse tremor
- Severely impaired gait

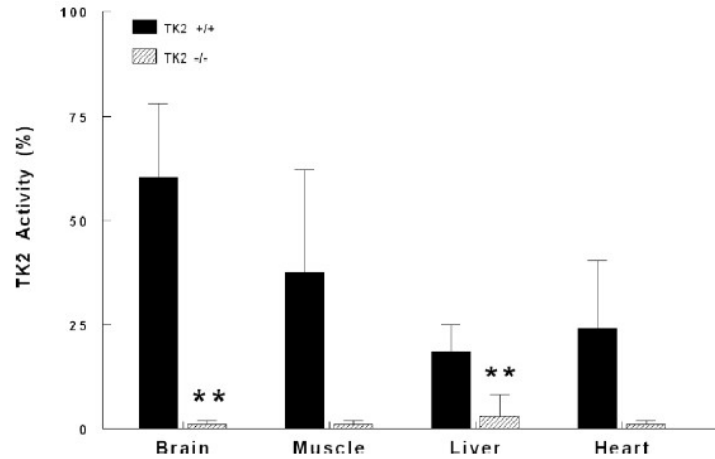


Why should we study cell and animal models?

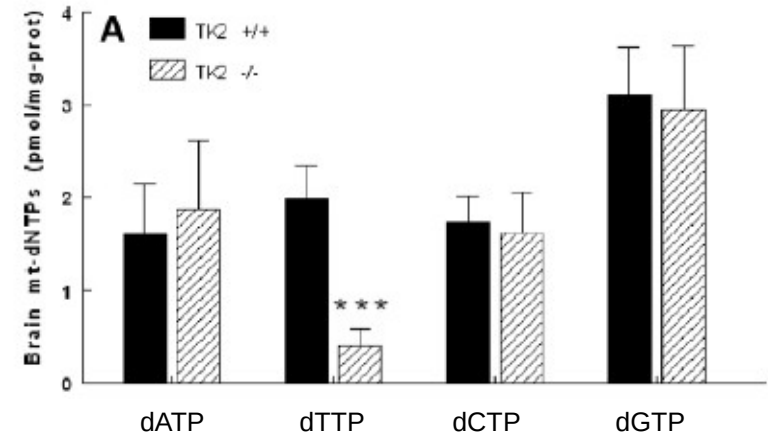
- 1. To understand pathomechanisms of diseases**
- 2. To identify and assess therapies for diseases**

Pathogenesis of Tk2 deficiency

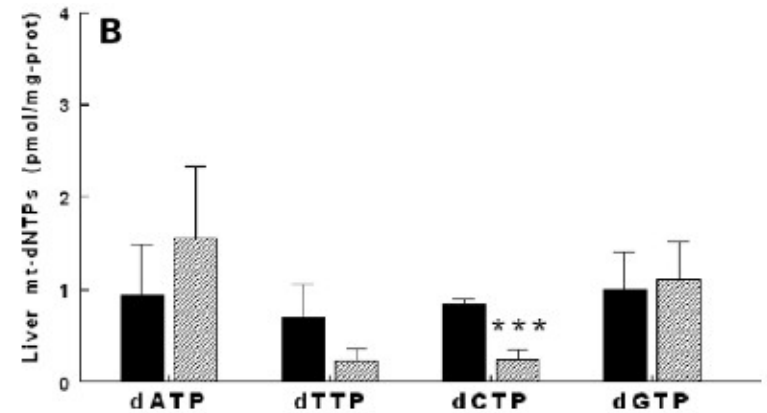
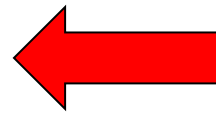
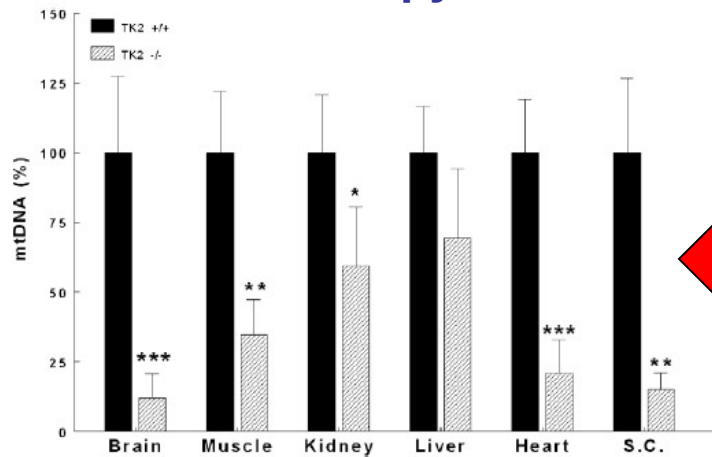
Tk2 activity



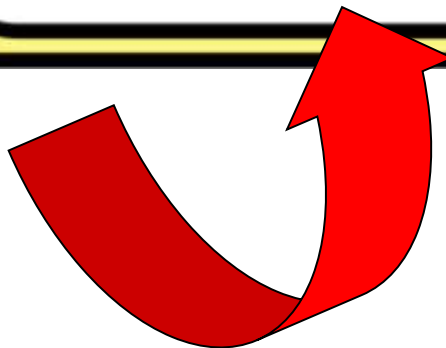
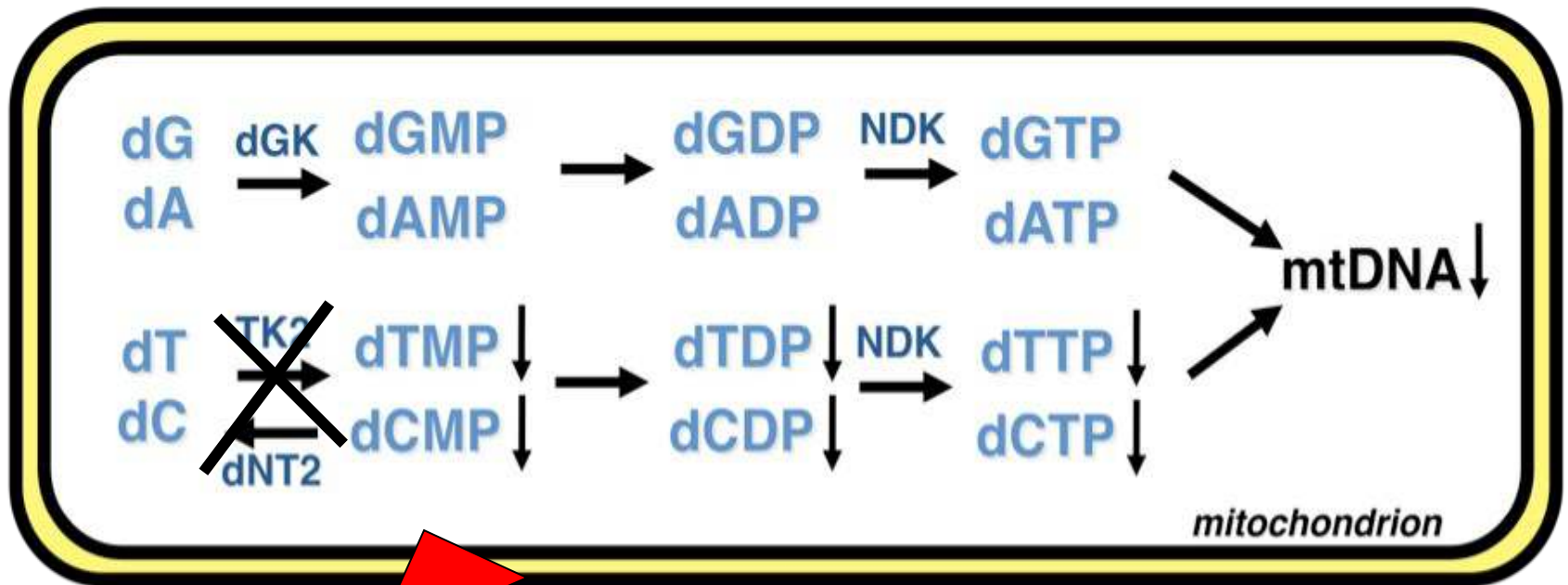
dNTP pool



mtDNA copy number



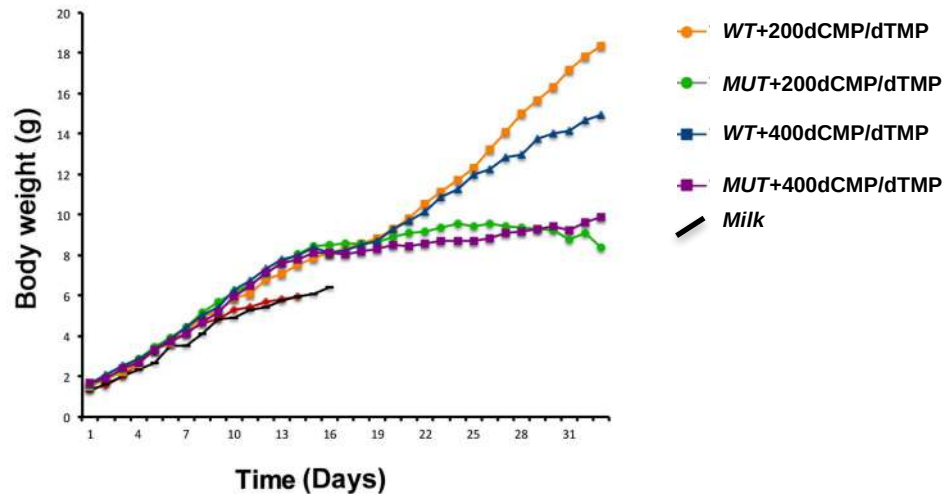
Deoxypyrimidine monophosphate therapy



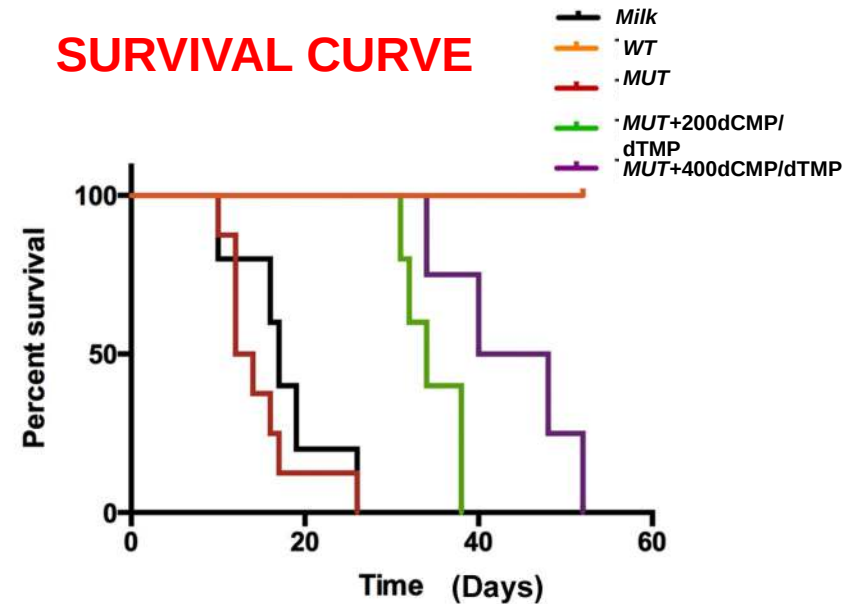
Deoxypyrimidine monophosphate bypass therapy for thymidine kinase 2 deficiency

Caterina Garone^{1,2}, Beatriz Garcia-Diaz¹, Valentina Emmanuele^{1,3}, Luis C Lopez⁴, Saba Tadesse¹, Hasan O Akman¹, Kurenai Tanji⁵, Catarina M Quinzii¹ & Michio Hirano^{1,*} EMBO Mol Med 2014;6:1016-27

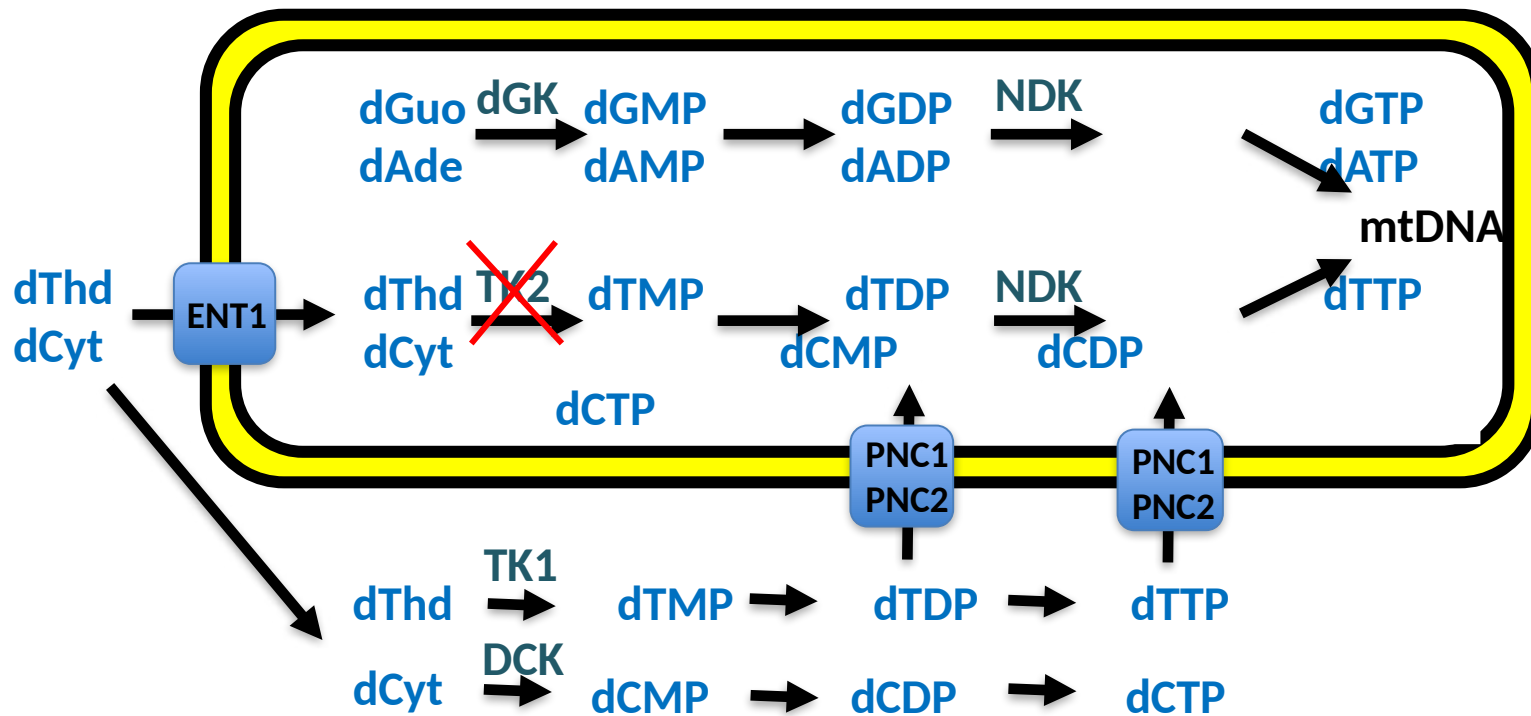
GROWTH CURVE



SURVIVAL CURVE



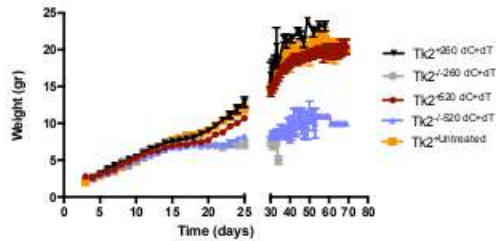
Deoxynucleoside “molecular bypass” therapy



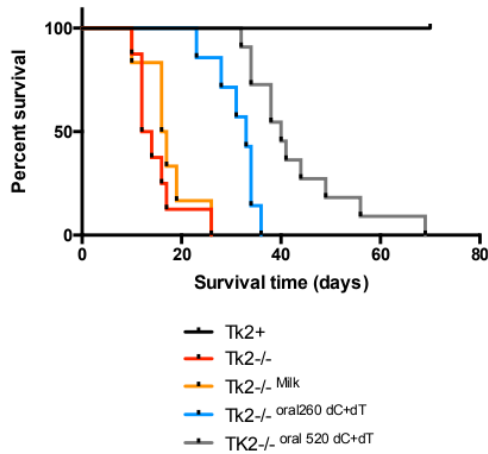
Pharmacological treatment

Oral dC+dT treatment

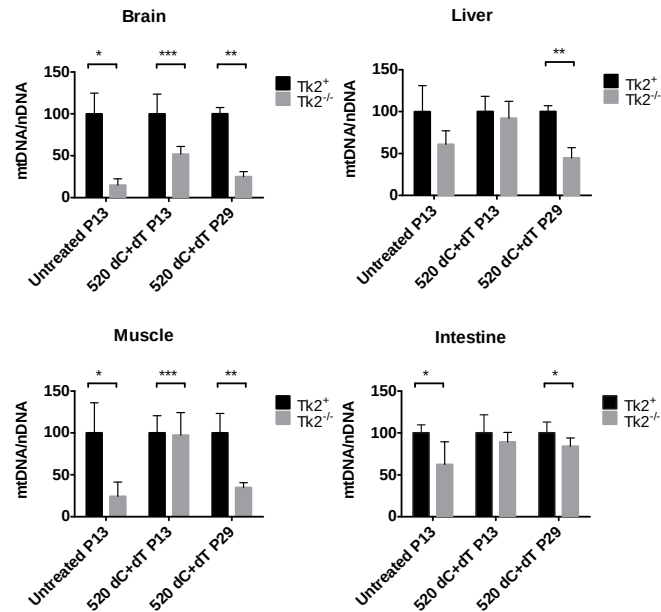
Delays disease onset



Prolongs lifespan



Rescue mtDNA copy number at P13 Only partial rescue at P29 Less efficient in brain



Patient A.E.

Normal early development: sitting at 6-7 months, cruising at 12 months

At 12 months: trouble holding up head

At 15 months: unable to cruise or sit

Admitted to a hospital for severe weakness.

- CK 1,290-2,098 (NL 24-295)
- Venous lactate 3.9 mM (NL 0.5-2.2).
- Muscle biopsy: severe mtDNA depletion
- TK2 mutations: p. Lys50IlefsX99 and p.Thr108Met.



A.E.

Age 19 months

- Severe quadriparesis (1-2/5 strength)
- Placed on mechanical ventilation 24 h/day
- Gastrostomy

Age 21 months

- Treatment initiated via emergency IND
- dTMP+dCMP 100mg/kg/day for one month then 200mg/kg/day for 3 years

A.E.

2015:

dT+dC 260 mg/kg/day then 400mg/kg/day

After 2 months, he was able to stand for 5 minutes with support of a person and after 4 months, used biceps to lift forearms off the bed and index finger to press computer keys

A.E.

9 years-old:

- gained weight from 10.4 to 28.4 kg;
- lifted arms and legs from bed; gained ability to hold and manipulate small objects, use an iPad and television remote;
- said words and spells name;
- sat with mild support of a person or in wheelchair 2-3 hours;
- stood in stander up to 90 minutes
- dT+dC 400mg/kg/day for >4 years: still uses ventilator and feeding tube, but...

Deoxynucleoside Therapy for Thymidine Kinase 2-Deficient Myopathy

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Yuelin Long, BS,¹⁹ Yuqi Tu, BS,¹⁹ Bruce Levin, PhD,¹⁹ John L. P. Thompson, PhD,¹⁹

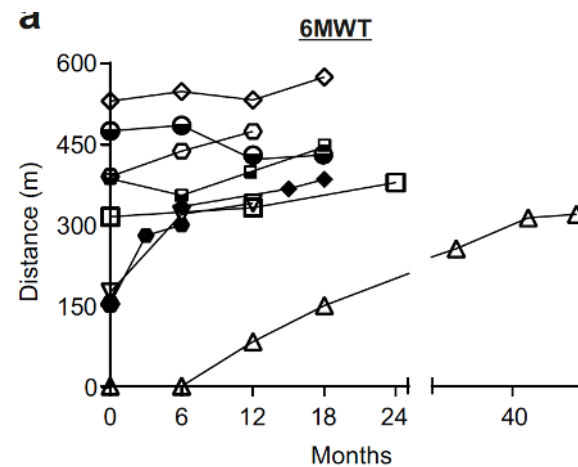
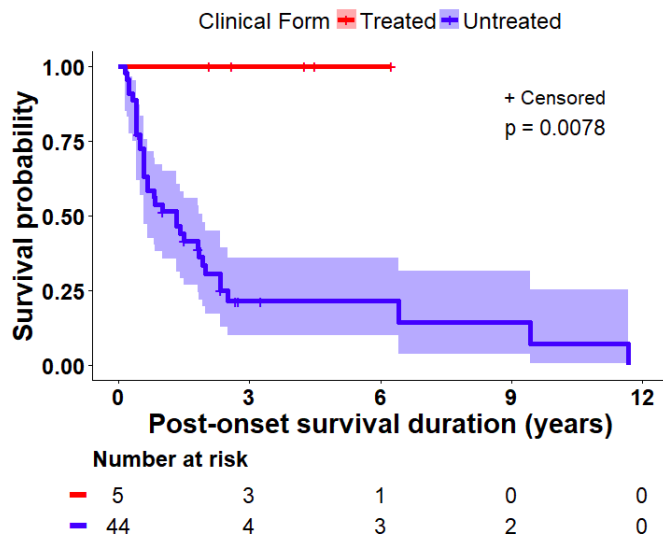
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Ann Neurol 2019;86:293-303

16 TK2-deficient patients treated with deoxynucleos(t)ides under compassionate use protocols for at least one year prior to September 1, 2017.



**TK2d treatment experience at
Columbia University Irving Medical Center (CUIMC)
2012-19**

- The first treated US patient started dTMP+dCMP in November, 2012 under an emergency IND
- 2012-2019: 22 additional patients were enrolled in a US investigator-initiated expanded access program
- FDA recommended: 1) stop enrollment of new patients into the research expanded access (EA) protocol and 2) initiation of new treatment-naïve patients into a new industry-sponsored study or a Sponsor-Investigator (SI) research study to obtain industry-standard data required for drug registration.

MT1621 Clinical Program

Study	Description	N	Status
TK2 DEFICIENCY STUDIES			
	Untreated Patient Dataset (literature)	~130	Ongoing
MT1621-101	Ph 2 RETROspective study	38	Completed
MT1621-102	Ph 2 Prospective, open-label continuation study	47*	Ongoing
MT1621-107	Ph 2 Retrospective chart review study to collect vital status of untreated and treated patients not participating in Zogenix sponsored trial	~ 45 untx ~20 tx	Ongoing
CLINICAL PHARMACOLOGY STUDIES			
MT1621-103	PK and food effect (healthy volunteers)	14	Completed
MT1621-105	PK and food effect (healthy volunteers)	14	Completed
MT1621-106	Renal Impairment Study	32	Dosing complete

*includes 35 pts who were in Study 101+ 12 addl pts;
AWCT = adequate well-controlled trial

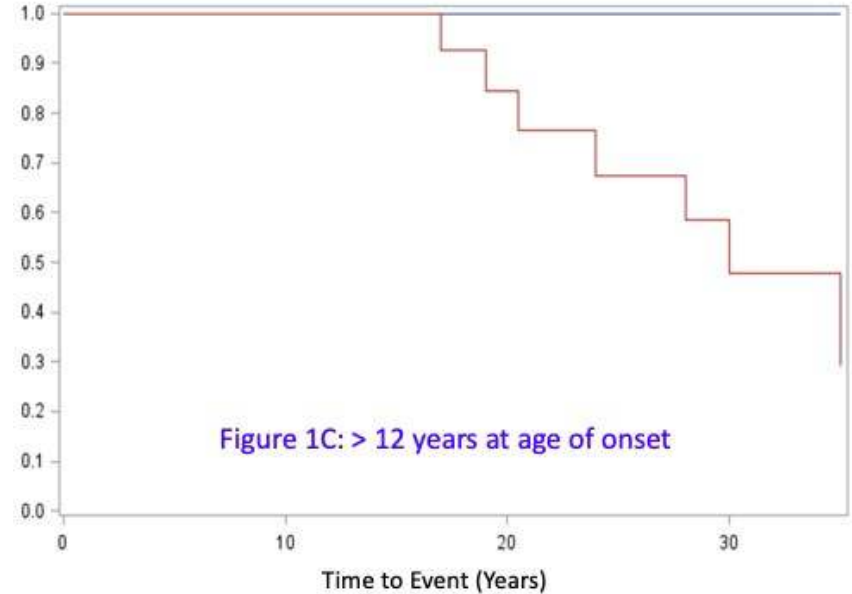
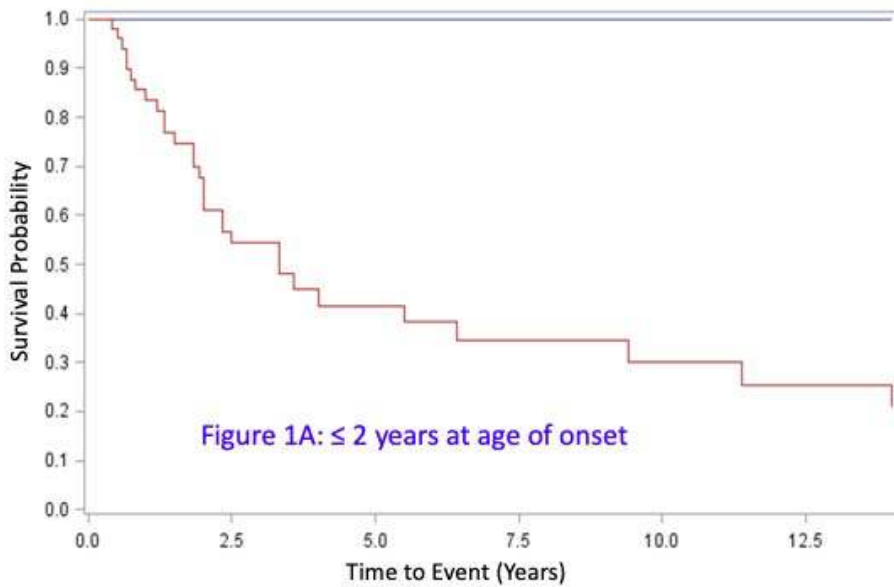
Retrospective analysis of compassionate use deoxynucleos(t)ide therapy for TK2d

- 38 patients with TK2 deficiency have been treated with deoxynucleos(t)e therapy under an expanded access program through December 31, 2018.
- Median treatment 71 weeks (range 92 days-7 years)

Subject Demographics in Study MT-1621-101	
n	38 subjects
Age at Onset	
≤ 2 years	15 (40%)
2-12 years	14 (37%)
>12 years	9 (24%)
Median Age of Onset (Q1,Q3)	2.5 (1.4,11.7) years
Male	21 (55%)
Female	17 (45%)
Baseline Status	
Ambulatory	16 (42%)
Ventilator Support	19 (50%)
Feeding Tube	8 (21%)

Direct Adjusted Survival Curves Modeled from Treated and Historical Untreated Data

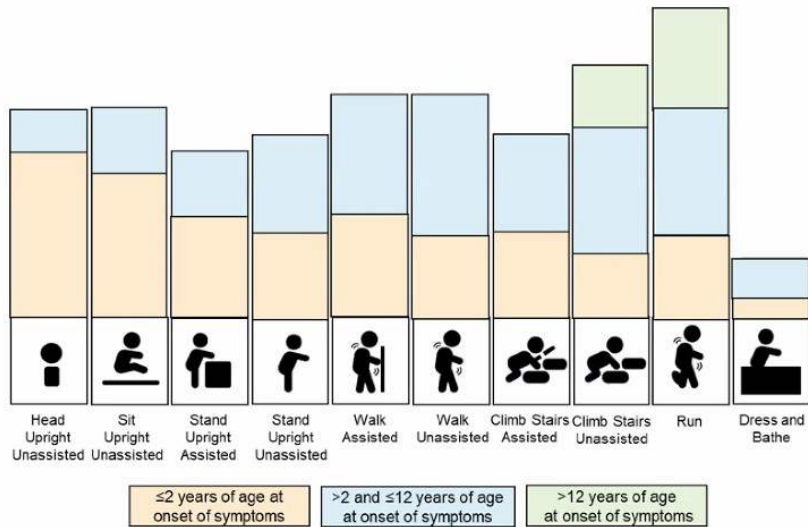
(Assuming Treatment from Time of Onset, Red=Untreated, Blue=Treated)



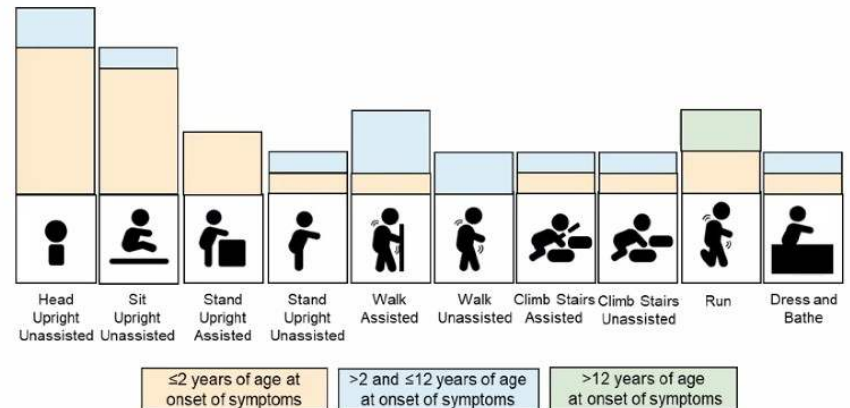
$p=0.0006$

Study MT1621-101 Efficacy on Major Motor Milestones

25 of 38 patients (66%) lost motor milestones



Post Treatment *Regain* of Motor Milestones
17 of 25 patients (68%) regained motor milestones



Thymidine + Deoxycytidine (dT+dC)

- A Potential Treatment for TK2d

16 month-old boy

- Onset at age 10 months
- Lost ability to sit, stand, and walk

Age 26 months
after 10 months of dT+dC therapy

Adult Spanish TK2d patient

- 38 years-old woman
- Onset: age 5 years-old.
- Diagnosis: age 35 years-old
- Homozygous TK2 p.T108M mutation. mtDNA copy number in muscle: 25%
- Symptoms:
 - Fatigue and exercise intolerance
 - Facial, axial, and proximal limb weakness. No dysphagia.
 - Respiratory muscle weakness: Orthopnea. At age 35 yo: Vital capacity 53% began using BiPAP.
- At age 35 yo, began chemical grade deoxynucleosides 200mg/kg/day. Developed diarrhea.

Adult Spanish TK2d patient

- Response to treatment

**PRE-
TREATMENT**

AFTER 3 MONTHS OF TREATMENT

Adult Spanish TK2d patient: Response to Treatment

**PRE-
TREATMENT**

**AFTER 6 MONTHS
OF TREATMENT**

TK2 Deficiency Team Acknowledgements

Special thanks to the patients and their families

Columbia University

Laboratory Team

Carlos Lopez-Gomez, PhD
Caterina Garone, MD
Orhan Akman, PhD
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Clinical Team

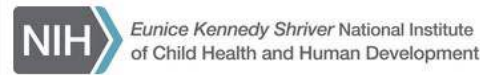
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