

Grupos:

Grupo de Neurología

Responsable: José M. Serratosa Fernández

IP: Marina Sánchez García

Investigación: Básica y Clínica

Grupo de Psiquiatría y Salud Mental

Responsable: Enrique Baca García

Investigación: Clínica

Grupo de Señalización Mitocondrial del Calcio

Responsable: Jorgina Satrústegui Gil-Delgado

Investigación: Básica

1. Esclerosis múltiple

Ponente: Irene Moreno

2. Enfermedad de Huntington

Ponente: Pedro García Ruiz-Espiga

3. Enfermedad de Lafora

Ponente: José María Serratos

4. Correlaciones clínico-genéticas en demencias familiares

Ponente: Estrella Gómez Tortosa

New therapeutic strategies for the treatment of Lafora disease

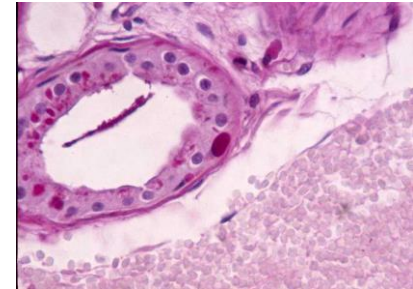
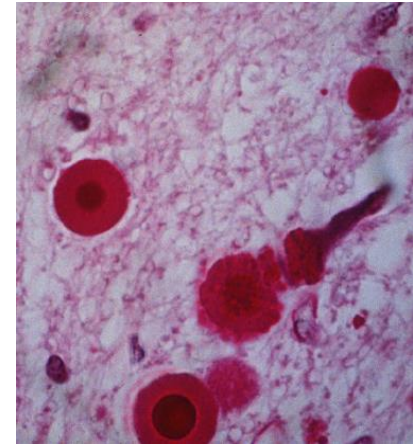
José M Serratosa, Marina Sánchez, Daniel Fernández Burgos,
Luis Zafra, Nerea Iglesias, Beatriz González Giráldez, María Machío,
Gema Sánchez

Grupo de Neurología/Epilepsias
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PME of Lafora

- Age at onset 10–18 years
- **Progressive** – neurological deterioration
 - Rapidly progressive dementia
 - Ataxia, agnosia, apraxia, aphasia
- **Myoclonus** – asymmetric, arrhythmic
- **Epilepsy** – GTC, myoclonic, absences, tonic
- Severe incapacity and death in <10 years
- Pathology: Lafora bodies
- **Genetics: *EPM2A*, *EPM2B***

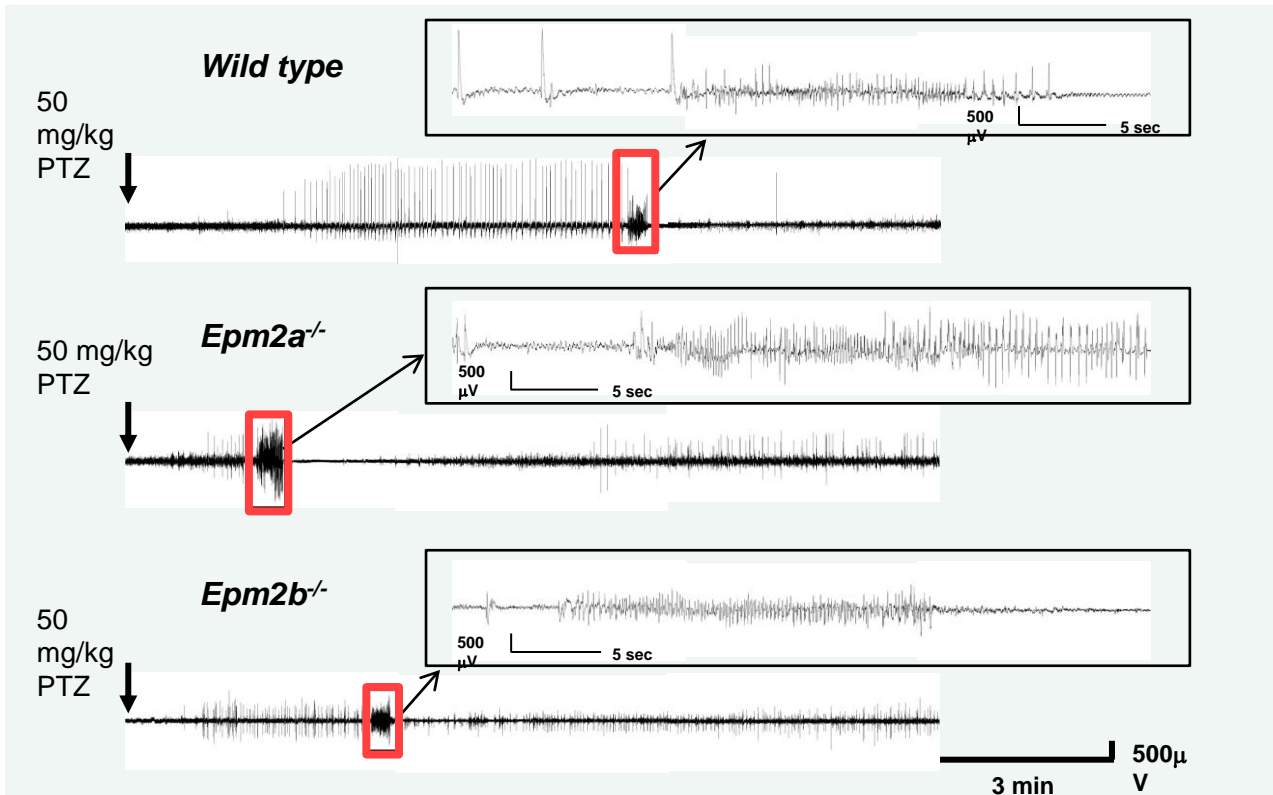


Mouse models of LD: *Epm2a* and *Epm2b* knock-outs

- Abundant Lafora bodies in the CNS and other tissues
- Altered motor activity, impaired motor coordination and dyskinesias
- Important cognitive deficits
- Impaired autophagy and oxidative stress
- Increased sensitivity to PTZ induced seizures

Epm2a and *Epm2b* ko mice present longer GTC sz + less latency

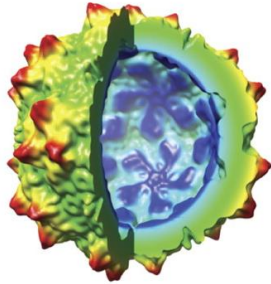
- *Epm2a*^{-/-} and *Epm2b*^{-/-} models present GTC seizures with particular patterns of discharges



New therapeutic strategies

- 1. Gene therapy
- 2. Antisense oligonucleotides (ASOs)
- 3. Antibody-enzyme fusions
- 4. Small molecules
 - Repurposed drugs
 - Newly designed drugs

Gene therapy



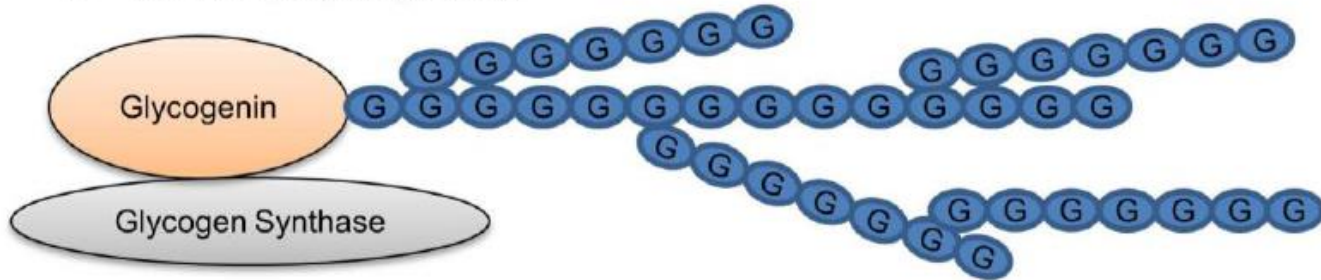
Gene therapy

Proyecto financiado por:
Fundación Tatiana Pérez de Guzmán el Bueno

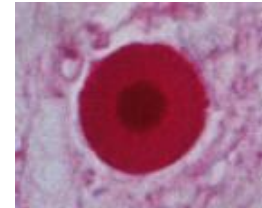
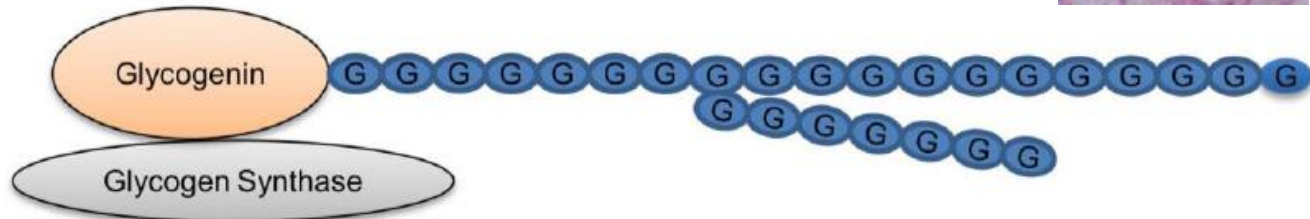
- AAV2/9-CAG vector containing laforin and malin (colaboration with Miguel Chillón – Viral Vector Unit UAB)
- Intracerebroventricular injection of Laforin KO mice at 3 months → histologic, epilepsy and behavioral characterization at 6 and 12 months

Lafora disease: Imbalance of GS and BE and synthesis of abnormal of abnormal glycogen

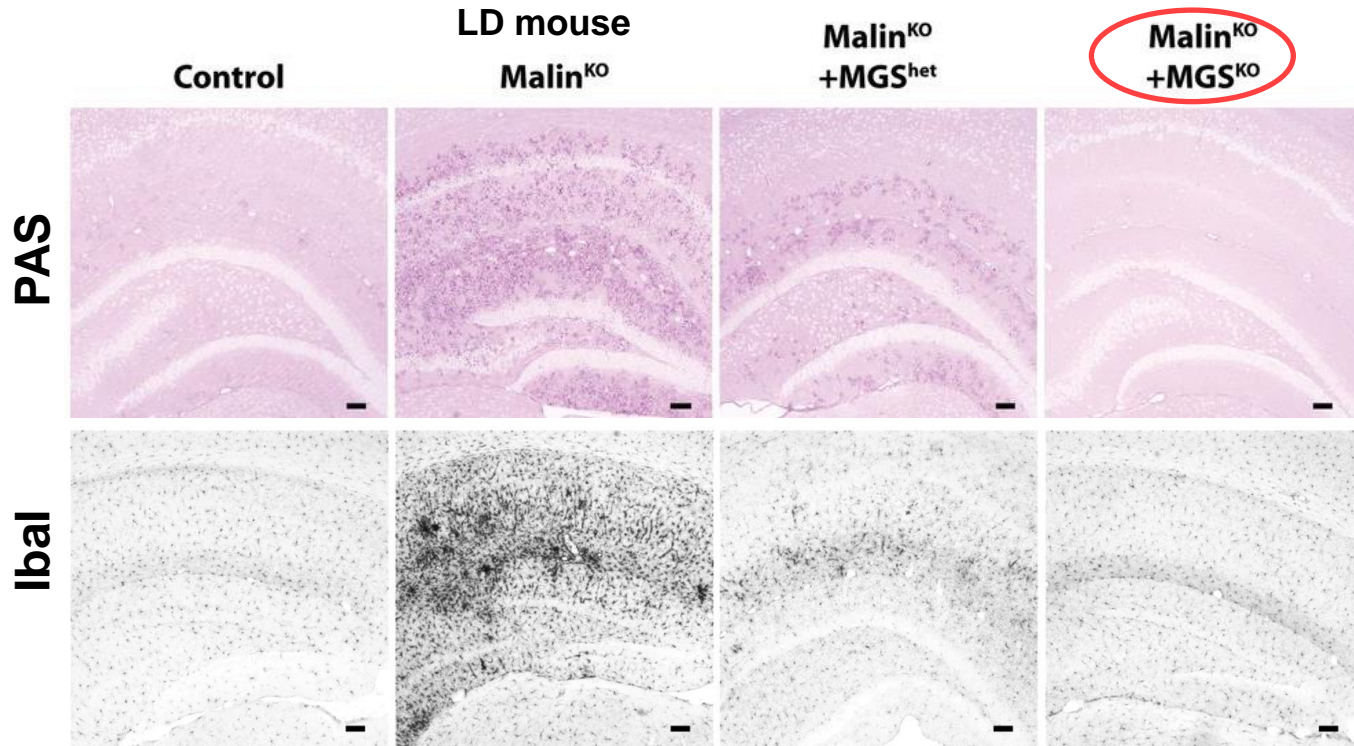
B Normal Glycogen Synthesis



C Imbalance of Glycogen Synthase and Glycogen Branching Enzyme



Underexpression of glycogen synthase stops LB formation and neurodegeneration

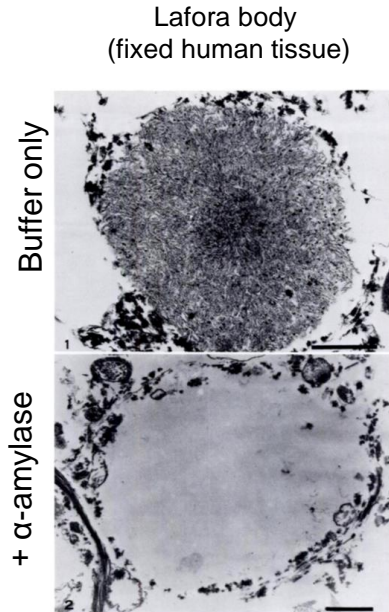


MGS = muscle glycogen synthase

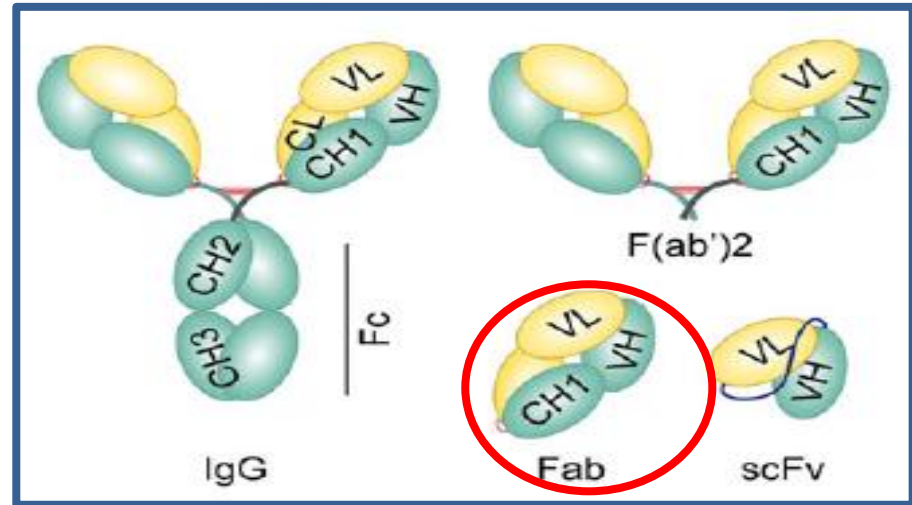
Antisense oligonucleotides (ASOs) for LD

- ASO knock-down of **glycogen synthase**
 - Prevents Lafora body formation if given early
 - Stops Lafora body formation in later stages
- LECI and Ionis Pharmaceutical preparing clinical trial

Antibody-enzyme fusion (AEF) platform

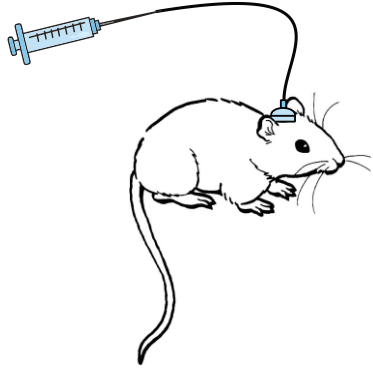


Nikaido et al. 1971. *J Histochem Cytochem.*



Antibody-enzyme fusion (AEF) treatment

Intracerebroventricular (ICV) injection



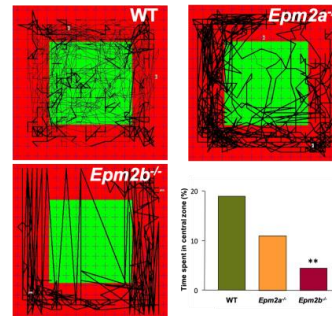
Infusion of VAL-1221 (0.12 mg) or PBS via ICV single injection or via ICV with continuous infusion (osmotic pump) 9 month old laforin KO mice

Alzet osmotic pump

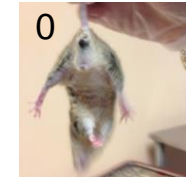


1 week

Anxiety: Actimeter & Actitrack



Abnormal postures: tail suspension tail (TST)



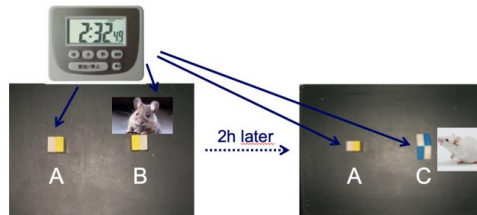
Neuropathology



Pentylenetetrazol (PTZ)



Memory: Object recognition task (ORT)



Treatment of *Epm2a* and *Epm2b* mice with metformin

- *Epm2b*^{-/-} mice show decreased number of Lafora bodies
- Improved motor activity and dyskinesias
- Reduced sensitivity of *Epm2b*^{-/-} mice to convulsant PTZ



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

6 January 2017
EMA/741007/2016
Committee for Orphan Medicinal Products

Public summary of opinion on orphan designation

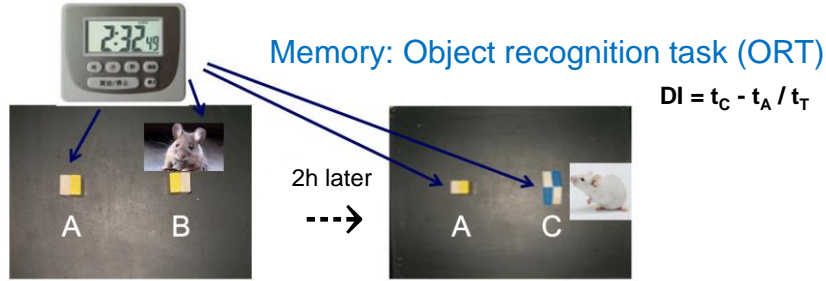
Metformin for the treatment of progressive myoclonic epilepsy type 2 (Lafora disease)

On 12 December 2016, orphan designation (EU/3/16/1803) was granted by the European Commission to Centro de Investigación Biomédica en Red (CIBER), Spain, for metformin for the treatment of progressive myoclonic epilepsy type 2 (Lafora disease).

Question: Is early treatment worth it?

- Is early treatment more effective than later treatment?
 - We treated *Epm2a* and *Epm2b* KO mice with 12 mM metformin since conception
 - We evaluated mice at 3, 6 and 12 months
 - Lafora bodies
 - Behavioral tests
 - Sensitivity to PTZ

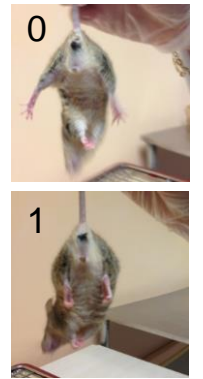
Behavioral, histological and neuronal hyperexcitability analysis



Spontaneous movement: Actimeter



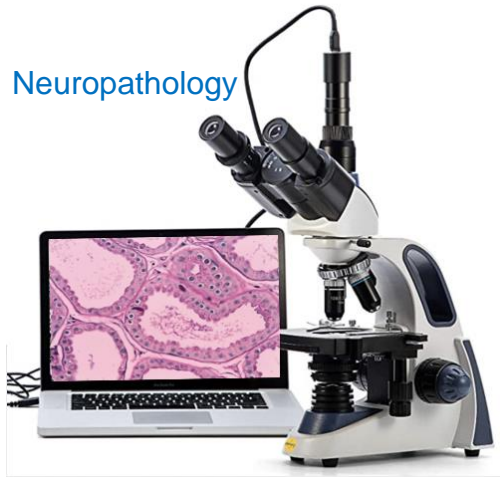
Abnormal postures: tail suspension tail (TST)



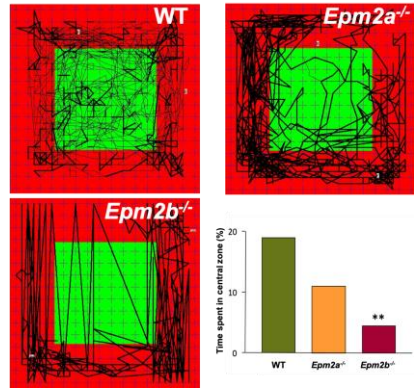
Motor coordination: Rotarod



Neuropathology



Anxiety: Actimeter & Actitrack



Pentylene-tetrazol (PTZ)



Early-MET in 12-month-old LD mice

- Decreases neuronal hyperexcitability in LF and ML mice
- Improves spontaneous movement and motor coordination behavior
- Abolishes hindlimb claspings
- Avoids memory decline in LD mice
- Prevents neuronal loss and astrogliosis

Genetic Epilepsies Group at Madrid FJD



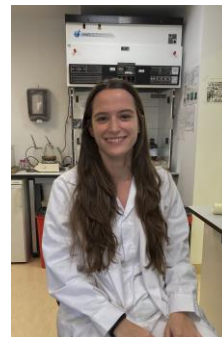
José M. Serratosa, MD, PhD



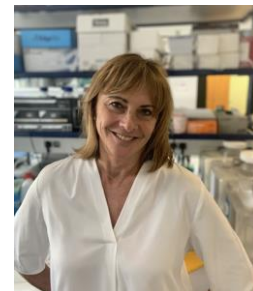
Daniel F. Burgos, MSc



Gema Sánchez-Martín, Tech



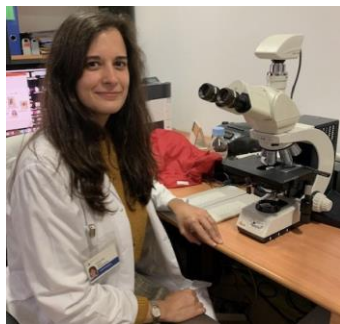
Nerea Iglesias Cabeza, MSc



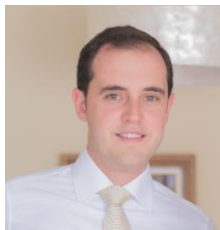
Marina P. Sánchez, PhD



Luiz Zafra-Puerta, MSc



María Machío-Castellón, MD



Juan González-Fernández, PhD

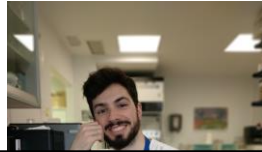


Beatriz G. Giráldez, MD

Genetic Epilepsies Group at Madrid FJD



José M. Serra



Luiz Zafra-Puerta, MSc



Juan Gonzalez-Fernandez, PhD



Beatriz G. Giráldez, MD

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Marina P. Sánchez, MSc



Marina P. Sánchez, PhD



María Machío-Castellón, MD

