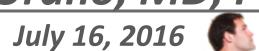
A Cure For Wolfram
Three Steps 3.0
Fumi Urano, MD, PhD





PROTECT & REGROW remaining tissues

STOP progression

Mechanisms

Loss of function of WFS1

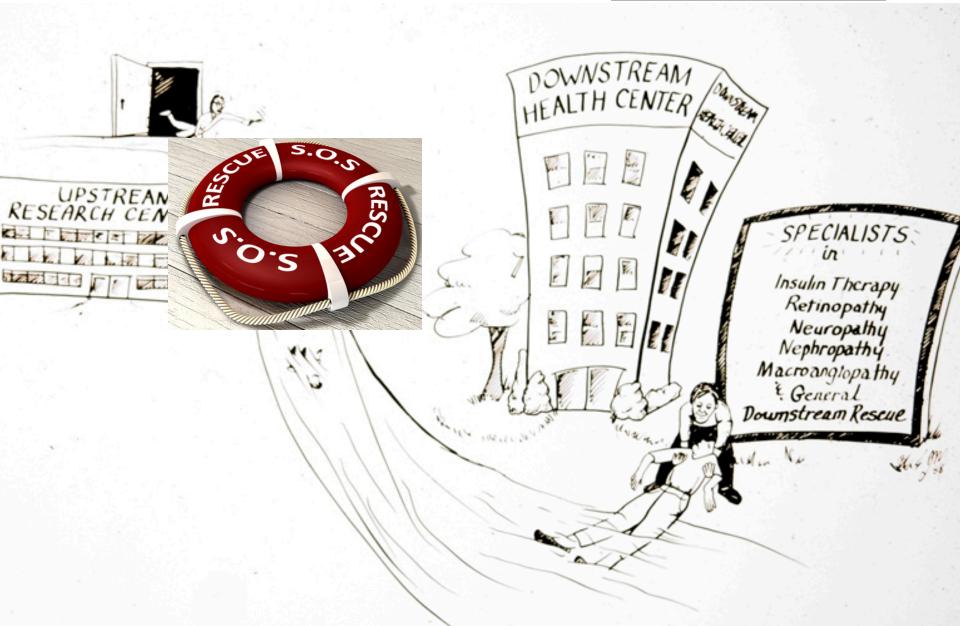
Calcium Leakage from the endoplasmic reticulum to the cytosol (ER stress)

Calpain 2 activation (enzyme)

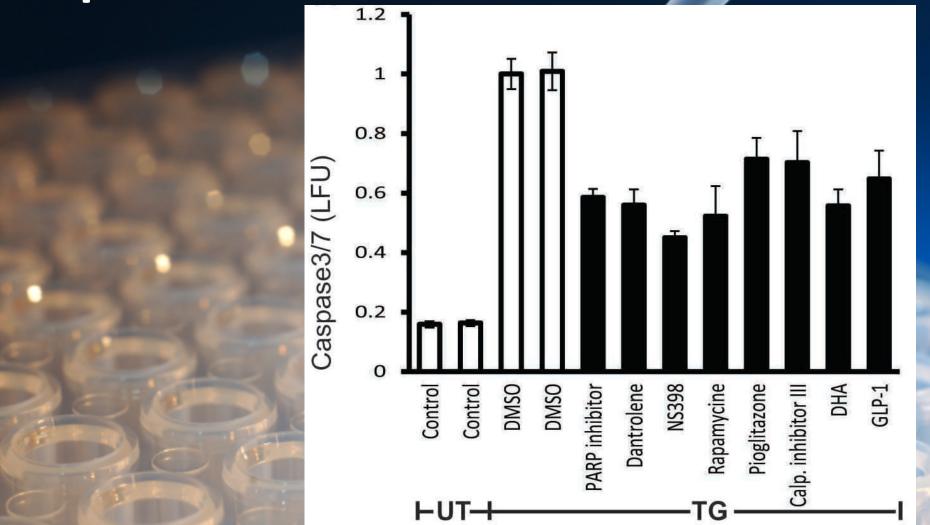
Neuro/retinal degeneration
Beta cell death

Urano lab ref: Nature (2002); J Biol Chem (2006); Cell Metab (2006); J Clin Invest (2010); Proc Natl Acad Sci USA (2014); Science Sig (2015)

A DRUG targeting the <u>UPSTREAM</u>



Identify FDA-approved DRUGS that can prevent ER calcium depletion-mediated Cell Death



Dantrolene (FDA approved)

1. Targets ryanodine receptor in the ER

2. Spasticity (capsules)

Adults

25 mg once daily for seven days, then 25 mg t.i.d. for seven days, 50 mg t.i.d. for seven days, **100 mg t.i.d.**

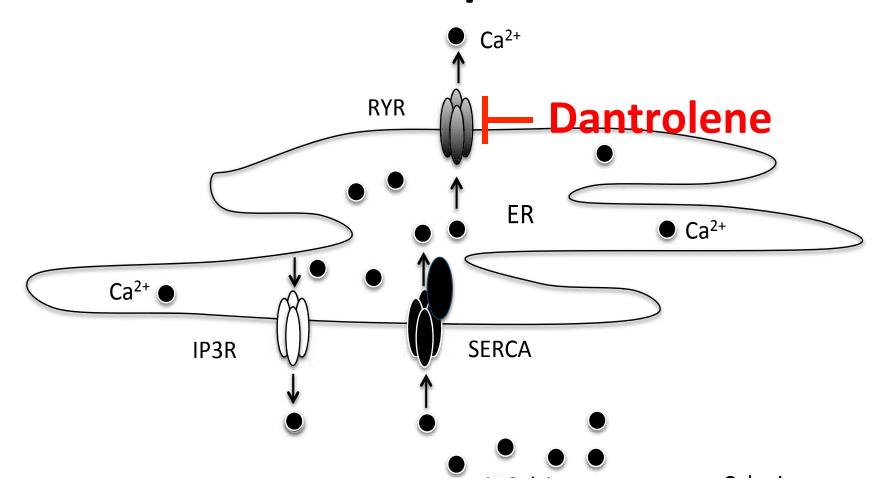
Children

0.5 mg/kg once daily for seven days, then 0.5 mg/kg t.i.d. for seven days 1 mg/kg t.i.d. for seven days, 2 mg/kg t.i.d.

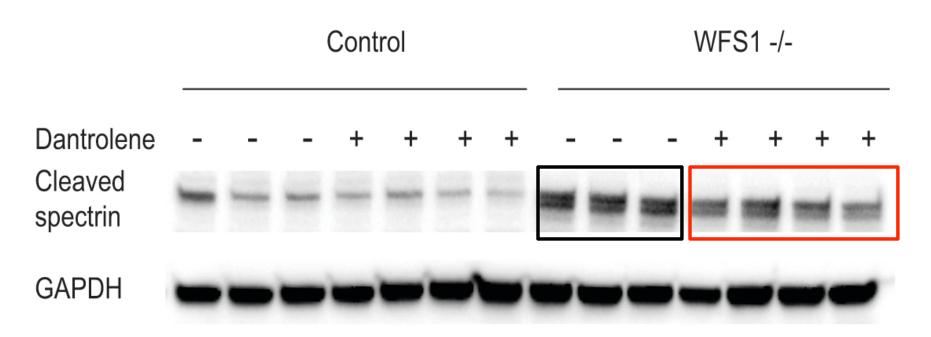
3. Malignant hyperthermia (intravenous)

1 mg/kg-10 mg/kg until symptoms subside.

Dantrolene targets ryanodine receptor localized to the endoplasmic reticulum



Dantrolene prevents calpain activation (cell death enzyme) in a Wolframneurdegeneration mouse model



i.p., q.d., 20 mg/kg, 4 weeks (For Spasticity in children: 6 mg/kg/day)

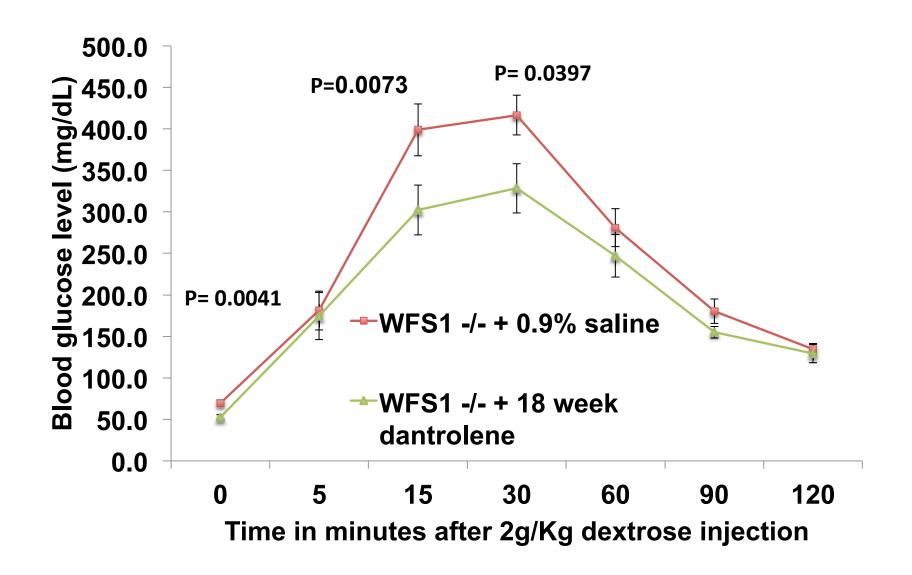
Dantrolene in beta cell-specific WFS1 KO mice (Wolfram-diabetes mouse model)

Group 1: 10 WFS1 beta cell-specific knockout male mice, 8 weeks of age, 6mg/kg of dantrolene, I.P. Injection for 5 days per week up to 18 weeks (10 mice).

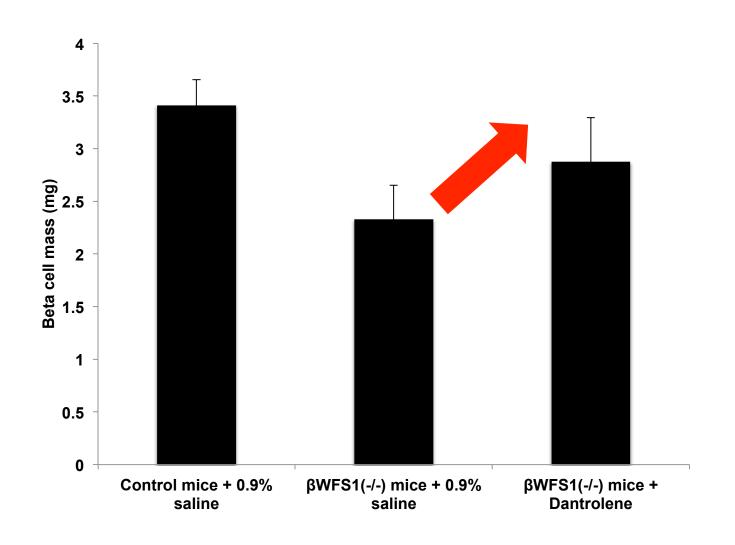
Group 2: 10 WFS1 beta cell-specific knockout male mice, 8 weeks of age with 0.9% saline (10 mice).

Group 3: 10 Littermate control male mice, 8 weeks of age with 0.9% saline (10 mice).

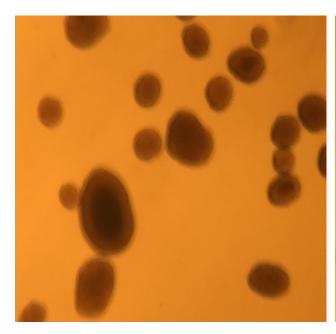
18-week treatment with dantrolene



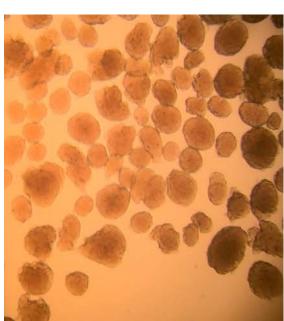
Beta cell mass is preserved in dantrolene-treated WFS1 KO mice



Bright field microscopy image of islets from Wolfram mice treated with dantrolene





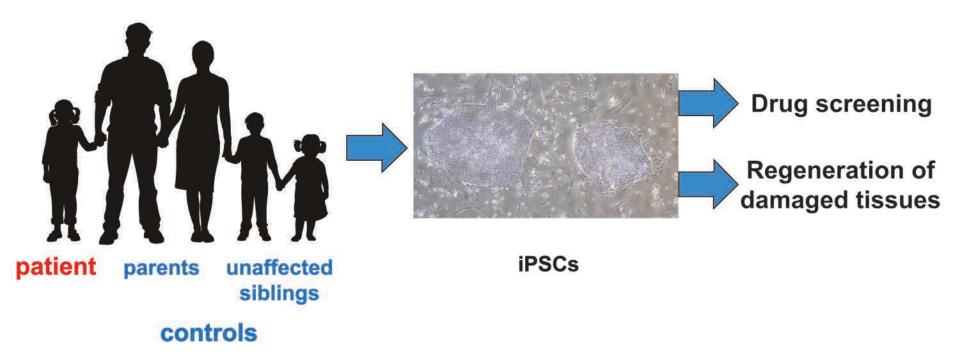


Control mice

β-WFS1 -/- mice Tx: saline

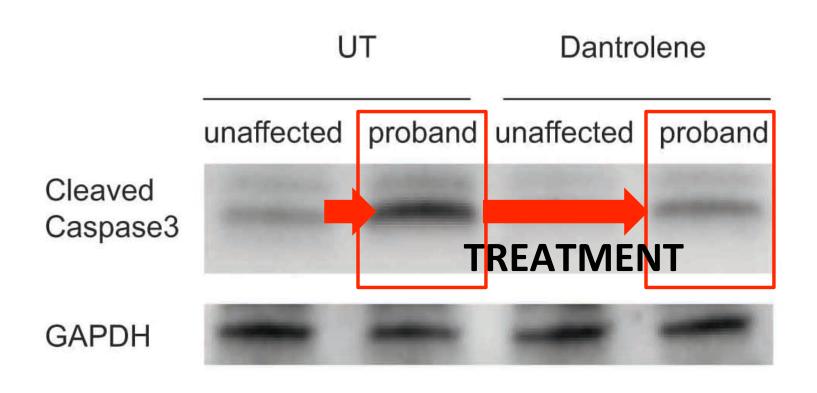
β-WFS1 -/- mice Tx: dantrolene

Induced Pluripotent Stem Cells from Wolfram patients



Urano F. Diabetes (2014)

Dantrolene prevents apoptosis in Wolfram iPSC-derived neuronal cells



Dantrolene



- 1. Preclinical studies in the Wolfram neurodegeneration mouse model
- 2. Orphan drug designation (Approved by FDA, 2016)
- 3. Safety studies in patients with Wolfram syndrome

A Proof of Concept Clinical Trial

ClinicalTrials.gov Identifier: NCT02829268

- An open label and ascending dose study in children and adult patients
- To assess the safety and tolerability of dantrolene administered orally at upper end of therapeutic dose range for 6 months.
- Primary endpoint
 - Safety and Tolerability (Liver enzymes)
- Secondary endpoints
 - Beta cell function (C-peptide, mixed meal challenge test)
 - Balance test
 - Visual acuity
 - QOL, WURS, ER stress

FIGURE: CLINICAL TRIAL DIAGRAM

Screening Visit 1

- Obtain informed consent & assent (age appropriate forms)
- Screen subjects by criteria; medical history, Genetic testing, physical exam (PE), ECG, safety labs, pregnancy test
- Baseline beta cell functions, ophthalmology & neurological assessments, baseline lab assessments



24 eligible subjects (12 adults and 12 children)

Dantrolene PO



Dose Escalation Study Visits 2-5; Wks 0-3

Administer Study med per dose escalation guidelines; Complete physical exam (PE), VS/Wt, and liver enzyme testing (ALT, AST, alkaline phosphatase) at each visit; adverse event monitoring; Evaluative labs visit 4, wk 2 (HbA1c, C-peptide (C-P), Proinsulin/C-peptide, blood glucose levels, serum osmolality (osm), Phosphorus (phos), Ammonia (Am), UA (micro/macro, glucose)



Treatment Assessment Study Visit 6, Month1

Continue Study med or placebo at determined dose. Adverse event monitoring. Quality of Life (QOL) questionnaire, Review medication diary, Complete PE, VS/Wt, pregnancy test, and Safelty labs: liver enzyme testing (ALT, AST, alkaline phosphatase), Eval labs: C-P, Proinsulin/C-peptide, blood glucose levels, osm, phos, Am, UA (micro/macro, glucose), myelin basic protein and MANF assays (ELISA)

Study Visits 7, 8; Months 2, 4

Continue Study med or placebo at determined dose. Adverse event monitoring. Quality of Life questionnaire, Review medication diary, complete PE, VS/Wt, pregnancy test, Safety labs, myelin basic protein and MANF assays (ELISA), Month 4: Eval labs: C-P Proinsulin/C-peptide, blood glucose levels, osm, phos. Am, UA(micro/macro, glucose)



Study Visit 9 Month 6

Assessment of Final Study Outcome Measures

Discontinue study med or placebo; Complete PE, VS/Wt, all safety labs and evaluative labs: C-P Proinsulin/C-peptide, blood glucose levels, osm, phos, Am, UA(micro/macro, glucose); ECG, beta cell functions, neurological and ophthalmology exam, QOL, myelin basic protein and MANF assays (ELISA)



Study Visit 10 Final Follow up

Dose escalation in the first four weeks



Adult patients

Visit #2: 25 mg once daily for seven days, then

Visit #3: 25 mg t.i.d. for seven days

Visit #4: 50 mg t.i.d. for seven days

Visit #5: 100 mg t.i.d.

Pediatric patients

Visit #2: 0.5 mg/kg once daily for seven days, then

Visit #3: 0.5 mg/kg t.i.d. for seven days

Visit #4: 1 mg/kg t.i.d. for seven days

Visit #5: 2 mg/kg t.i.d.

- <u>Duration: 6-9 months (Screening, Dose</u>
 <u>escalation, 6 month treatment, and follow-up)</u>
- 24 patients (12 adults, 12 children)
- Primary endpoint
 - Safety (liver enzymes, lab test, physical exams)
 - Tolerability (Dose escalation over 4 weeks)
- Secondary endpoints
 - Beta cell function (baseline C peptide, Mixed meal boost test)
 - Balance test (Mini-BESTest)
 - Visual acuity
 - QOL, WURS, Serum biomarkers (MANF, MBP)

Anticipated Timeline

- February 2016: Orphan Drug Designation Approved by the US FDA
- June 2016: A clinical trial protocol submitted to the WashU Institutional Review Board (IRB)

- Fall 2016: IRB approval
- Winter 2016: Screening and Recruitment of Patients
- Spring-Summer 2017: Commencement of the trial

Funding: **Snow Foundation and Ellie White Foundation**National Institutes of Health (pending)
Private Foundations, such as JDRF (pending)



FDA-approved drugs

Stop the progression



Novel drugs

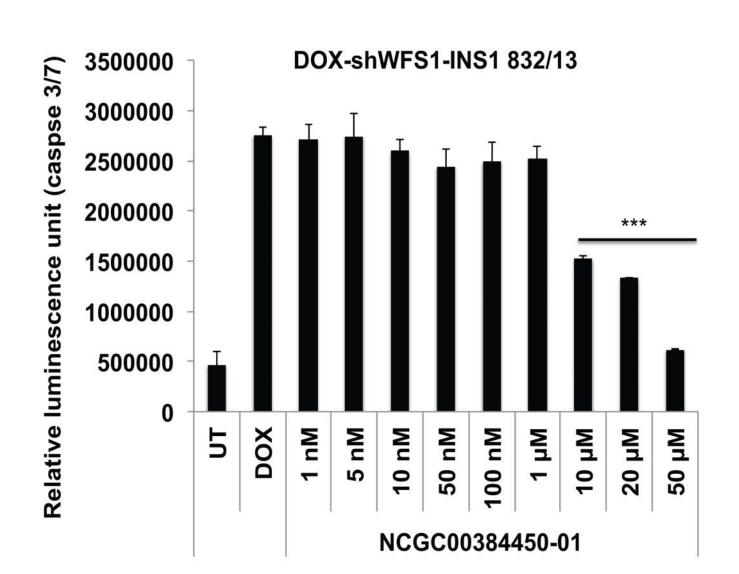
Identify novel drugs that can prevent WFS1 gene depletion-mediated Cell Death

Washington University-National Center for Advancing Translational Sciences (NCATS)/NIH Joint Diagnostic and Therapeutic Development (2014-present)

The Therapeutics for Rare and Neglected Diseases (TRND) program at NCATS

- Aims to encourage and speed the development of new treatments for rare and neglected diseases.
- Optimization and pre-clinical testing of therapies, with the goal to generate sufficient-quality data to support successful Investigational New Drug applications to the Food and Drug Administration and first-in-human studies in limited circumstances.

NCGC00384450-01 prevents WFS1-depletion-mediated beta cell death



New Drug Candidates designed for the treatment of Wolfram syndrome



- 1. Medicinal chemistry
- 2. Pharmacokinetics and toxicity studies
- 3. Preclinical studies in cell and animal models for the Investigational New Drug (IND) application

Anticipated Timeline

- 2014-2015: Screening of drugs
- 2015: Testing in cell models of Wolfram
- 2015-2016: Identification of two lead drug candidates
- 2016: Toxicity and PK studies of two drug candidates

- 2016-2017: Testing of two lead drug candidates in mouse models
- 2016-2017: Further modification of two lead drug candidates
- 2017-2018: Toxicity and PK studies of modified candidates
- 2018-2020: Further animal studies and human studies

A Cure For Wolfram Three Steps 3.0



JREPLACE

damaged genes & tissues

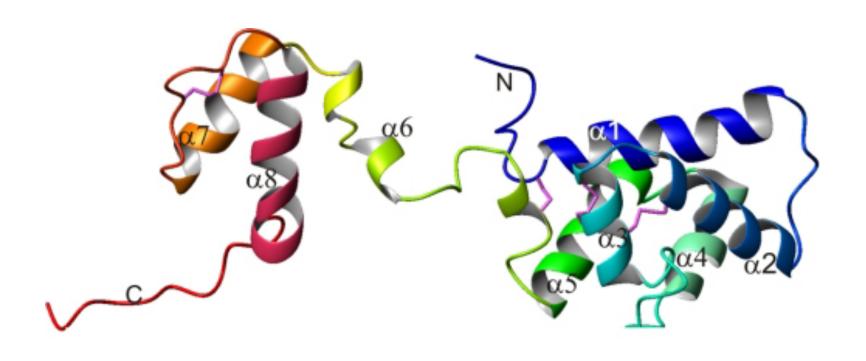
PROTECT & REGROW remaining tissues

STOP progression



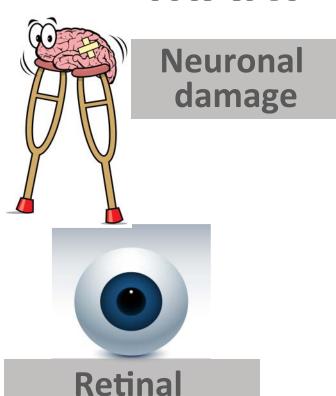
REGENERATION FACTORS Produced in our body

MANF: Regeneration Factor



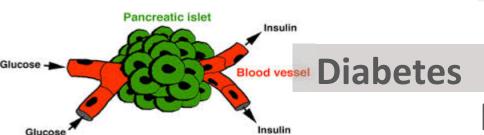
Produced in our body

MANF-based treatment



degeneration





MANF-like drugs
MANF Receptor agonists

Anticipated Timeline

2016-2018: Generation of MANF-like drugs (receptor modulators)

- 2018-2020: Preclinical studies in cell and animal models
- 2020-: Preclinical to First-in-Human Studies

A Cure For Wolfram Three Steps 3.0

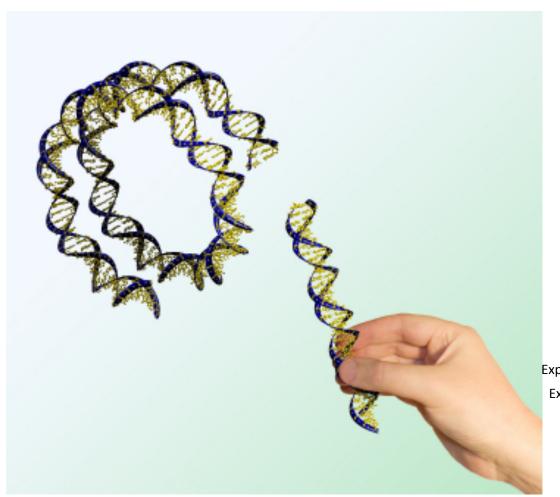


REPLACE
damaged genes &
tissues

PROTECT & REGROW remaining tissues

STOP progression

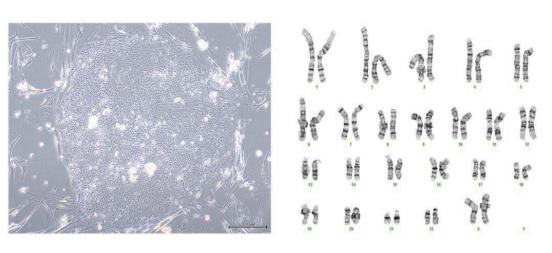
Replace disease-causing DNA with the healthy one (CRISPR/CAS9)



_____5' ____3' ____ L 1 2 3 4 5 6 7 8

Expected size 1268bp -> Expected size 877bp ->

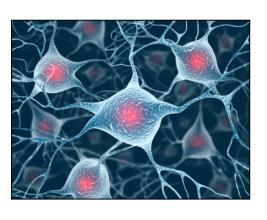
Brain Cells and Eye cells from skin cells







EYE



BRAIN

Anticipated Timeline

2016-2020: Early stage preclinical studies

After 2021: Preclinical to First-in-Human Studies

Washington University Wolfram Etiology Cris Brown Mai Kanekura Simin Lu Damien Abreu Kohsuke Kanekura Jana Mahadevan Stephen Stone Amy Clark Takuya Yagi Takashi & Mariko Hara

Wolfram syndrome registry
Cris Brown

Wolfram Clinic
Tamara Hershey
Bess Marshall
Neil White
Samantha Ranck
Wolfram Study Group

Wolfram iPSC
Shondra Miller
Pat Blannter
Rita Maritinez
Amber Neilson
Jeff Millman

ER Disease Center Kelly Moley Bradley Evanoff Karen Seibert Jonathan Heusel Catherine Cottrell Hussam Al Kateb

Type 1 Diabetes
Emil Unanue
Jean Schaffer

Optic Nerve Atrophy Raj Apte

Neurodegeneration

Timothy Miller
David Holtzman
Matthew Harms
Celeste Karch
Valeria Cavalli
Robert Schmidt
David Wozniak

<u>Regenerative Medicine</u> Lila Solnica-Krezel











Nephrotic Syndrome
Ying Maggie Chen

Calcium

David Piston

Zeno Lavagnino

Larry Spears

Clay Semenkovich

<u>Autophagy</u> Abhinav Diwan

<u>U Birmingham</u> Timothy Barrett

NIH/NCATS
Francis Collins
Ajit Jadhav
David Maloney
Anton Simeonov
Bandon Harvey
Mark Henderson
Petra Kaufmann