# Prodromal biomarkers in fatal familial insomnia: a longitudinal study in humans and mice (ProFFIIe)

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JPND Final Symposium, Brusells 27-28 November 2024



#### The consortium

Roberto Chiesa (Coordinator) Istituto di Ricerche Farmacologiche Mario Negri, Private non-for-profit	<b>Inga Zerr</b> Universitätsmedizin Göttingen, Academia	Joaquín Castilla Asociación Centro de Investigación Cooperativa en Biociencias (CIC bioGUNE)
Italy	Germany	Spain
Izaro Kortazar	Fabio Moda	Nur Mustafaoglu
Hospital Universitario Araba, Public	Fondazione IRCCS Istituto	Sabancı Üniversitesi,
Health	Neurologico Carlo Besta, Public Health	Academia
	- North	
Spain	Italy	Turkey

#### External collaborators

Ignazio Roiter	Gustavo Mostoslavsky	David A. Harris
Associazione Familiari Insonnia Familiare Fatale, Patient association	Center for Regenerative Medicine (CReM) Boston University School of Medicine, Academia	Department of Biochemistry, Boston University School of Medicine, Academia
Italy	USA	USA

#### Patient associations

Associazione Familiari Insonnia Familiare Fatale (AFIFF) Associazione Italiana Encefalopatie da Prioni (A.I.En.P.) Fundación Española de Enfermedades Priónicas CJK-Initiative A.I.G.S.S. association





Associazione Familiari Insonnia Fatale Familiare



## **Overall aim of ProFFIle**

To discover and test potential **predictors of disease onset and progression** in **non-invasive** biological samples of individuals at risk of the genetic prion disease **fatal familial insomnia (FFI)** 

#### Challenges and needs for FFI therapy

- 1. FFI is caused by the *PRNP* D178N mutation. Dominantly inherited disease with a long silent phase followed by a rapid neurological decline, which invariably leads to death within one year from onset
- 2. Subjects at risk of FFI can be identified by molecular genetic testing decades in advance of symptom onset. However, the lack of prodromal markers leads to clinical diagnosis when substantial neurological damage has already occurred
- 3. FFI is rare and has highly variable age of disease onset, making it difficult to design preventive clinical trials statistically powered for an endpoint of clinical onset
- 4. For efficacious trial design, it is essential to identify biomarkers that may indicate when to start treatment (proximity biomarkers) and allow monitoring treatment efficacy (surrogate endpoint)

### Prion diseases are caused by PrP<sup>C</sup> to PrP<sup>Sc</sup> conversion



Modified from Kraus et al 2021

## PrP<sup>Sc</sup> self-propagates by inducing conversion of PrP<sup>C</sup>



#### The pathogenic process precedes the clinical onset



# ProFFIle workpackages

- <u>WP1</u>: Measure potential biomarkers (NfL, GFAP, tau) in longitudinal plasma samples of carriers of the FFI mutation
- <u>WP2</u>: Optimize amplification techniques to monitor the emergence of PrP<sup>Sc</sup> seeding activity in non-invasive FFI samples (blood, urine, olfactory mucosa, tear fluid)
- <u>WP3</u>: Carry out proteomic analysis of brain-derived extracellular vesicles (EVs) purified from the plasma of FFI carriers and non-carrier controls
- <u>WP4:</u> Perform proteomic and metabolomic analysis of EVs purified from the culture medium of neurons derived from iPSCs of carriers of the FFI mutation
- <u>WP5</u>: Characterize a new FFI mouse model and correlate changes in biomarkers levels with the emergence and progression of behavioral disturbances and neuropathological changes
- <u>WP 6:</u> Develop a iPSC-based BBB-on-a-chip model of FFI to investigate FFI-specific pathogenic changes and collect samples for biomarker discovery

### ProFFIle results

- 1. Collaboration with PAs enabled the longitudinal collection of biological samples from wellcharacterized cohorts of mutation carriers at various disease stages, across different countries
- 2. Proteomic analysis of plasma samples and brain-derived EVs identified several potential biomarkers which are being validated in longitudinal cohorts
- 3. Amplification techniques (PMCA and RT-QuIC) have been optimized for detection of FFI prions in blood, urine, olfactory mucosa and tear fluid (see poster #29 by Giuseppe Bufano)
- 4. A new FFI mouse model was developed by inoculating FFI brain extracts in TgVole mice, allowing longitudinal collection of biological samples
- 5. A microfluidic BBB-on-a-chip FFI model was developed that indicate alterations in BBB permeability. Outflows were collected for EV isolation for proteomics/metabolomics

#### Lessons learned and Patient and Public Involvement

- 1. The international collaboration was vital for the success of the project
- 2. Involving FFI families across different countries (Italy, Spain, Germany) was crucial for collection of samples
- 3. The collaboration with Patient Associations (PAs) was also crucial to:
  - address ethical issues
  - raise awareness about the ProFFIIe study
  - disseminate the results (social media, news, etc.)
- 4. ProFFIle promoted the collaboration between PAs of different countries

#### Partnership between the Italian and Spanish PAs: 2000 Km for research





Thank you for listening!