

GBA – personalised medicine for Parkinson disease: clinical and therapeutic stratification (GBA-PaCTS)

JPND/JPco-fuND2 Midterm Symposium

Brussels, November 28th 2024

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GBA1 and Parkinson disease

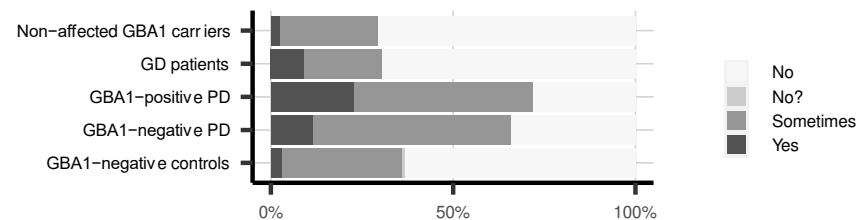
- **Changes in the *GBA1* gene are found in:**
 - Less than 1% of the general population
 - 12% of people with a diagnosis of PD (up to 30% if Ashkenazi Jewish background)
- **The risk of developing PD is small**
 - Only about 3-10% of people with changes in *GBA1* will develop PD by the age of 80, so most people will not.
- **GBA1 pathology is relevant in all PD cases**
 - GCase activity is reduced in people with PD without *GBA1* variants

Aims of the project

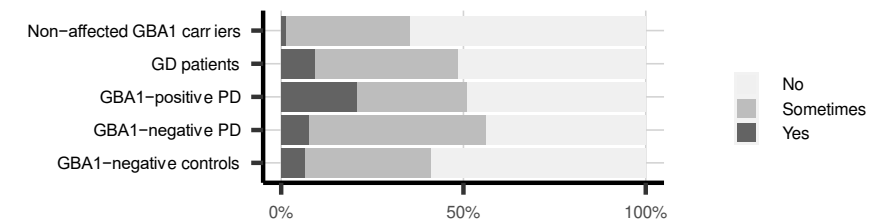
- **Recruit and harmonise** assessment strategies of GBA1-PD patients and GBA1 carriers across different countries (UK, Italy, Germany, Spain)
- **Collect multiple samples** from participants (saliva, blood, fibroblasts) to evaluate biochemical and inflammatory markers
- Use *in vitro* (human iPSc, 3D organoids, primary neuronal cultures) and *in vivo* models to study biochemical consequences of GBA1 variants on α -synuclein spread, mitochondrial and immune function
- Evaluate effect of GBA1 **targeted therapies** (Ambroxol) to reverse pathological events that can precipitate PD pathology

UK-Italian-Spanish cohort

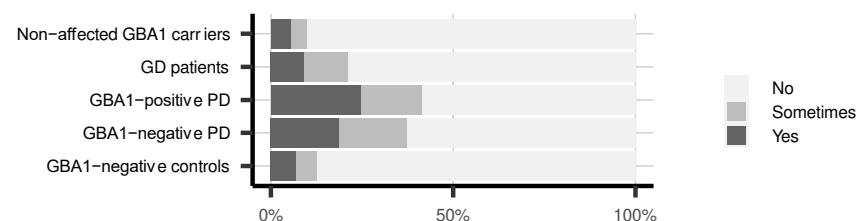
Does opening your bowels require a lot of effort?



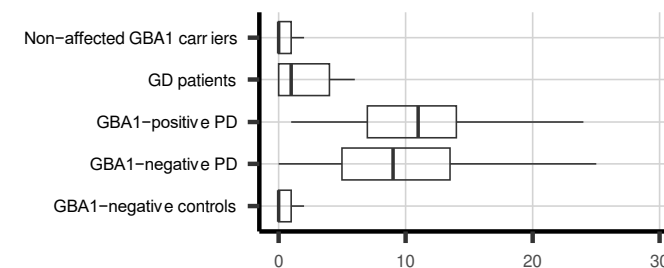
Do you suffer from hard stools?



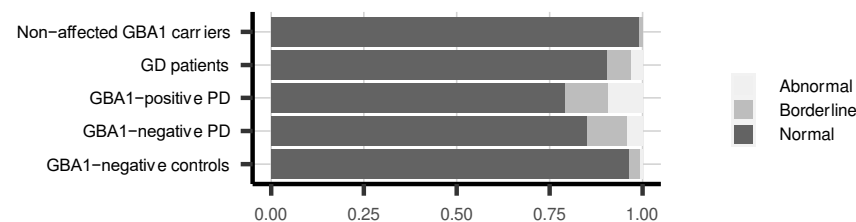
Do you ever use laxatives?



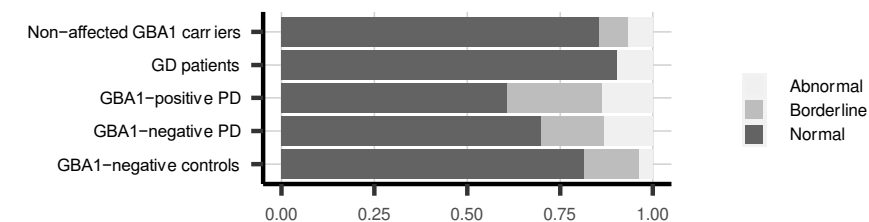
MDS-UPDRS Part 2



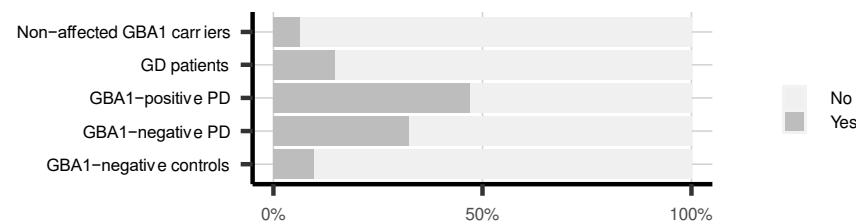
HADS - Depression



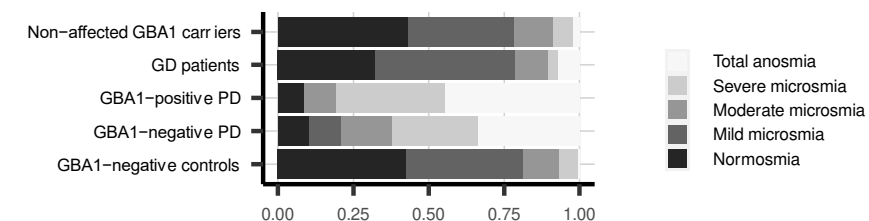
HADS - Anxiety



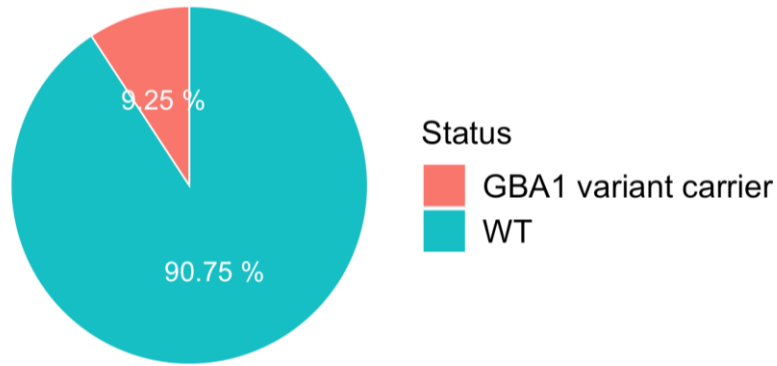
RBDsq



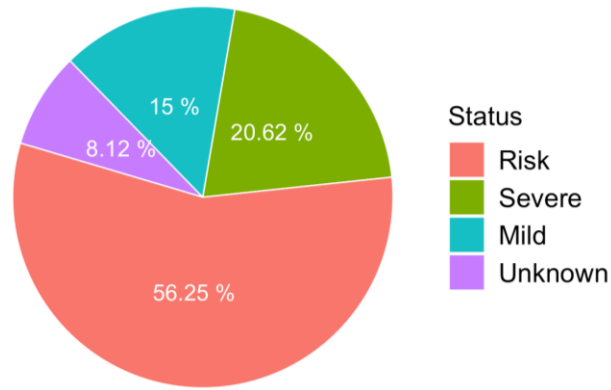
UPSIT



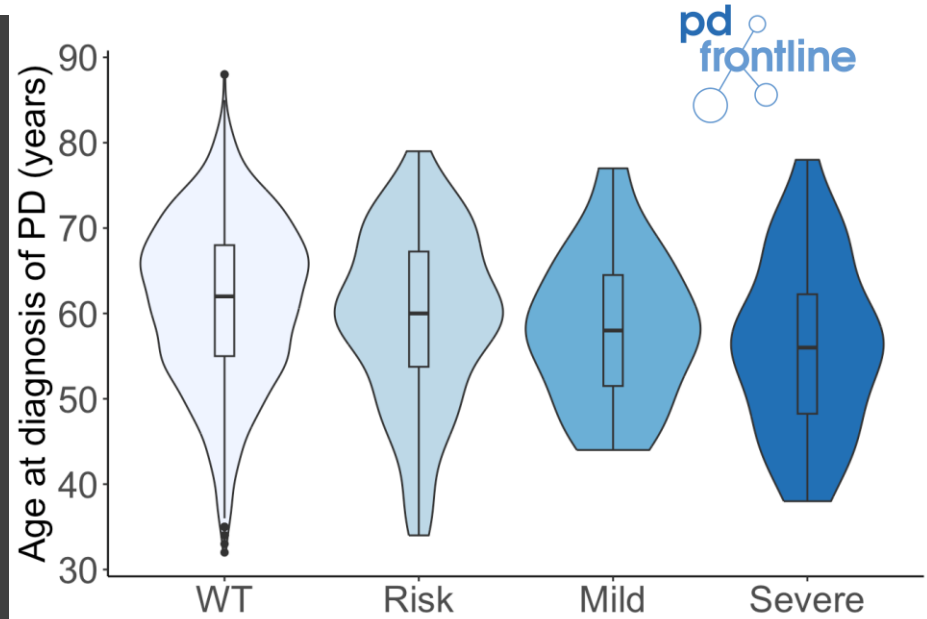
Characterisation of the *GBA1* gene in a large Parkinson disease cohort in the UK



Prevalence of *GBA1* variants (n=3458)



By variant type



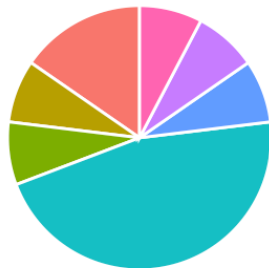
GBA1 status vs age at diagnosis

Any Other White Background



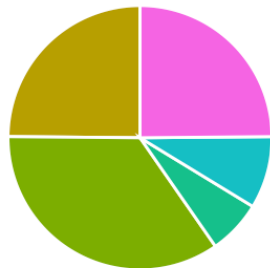
n=475

Ashkenazi Jewish

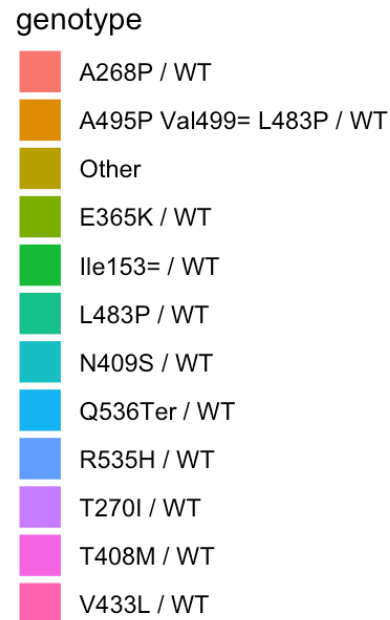


n=124

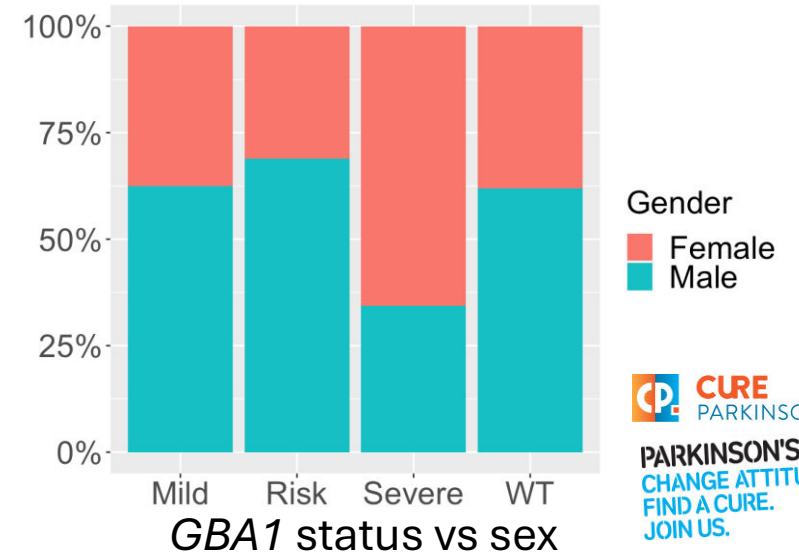
English/Welsh/Scottish/
Northern Irish



n=2523



GBA1 status vs ethnicity



Inflammatory and biochemical markers

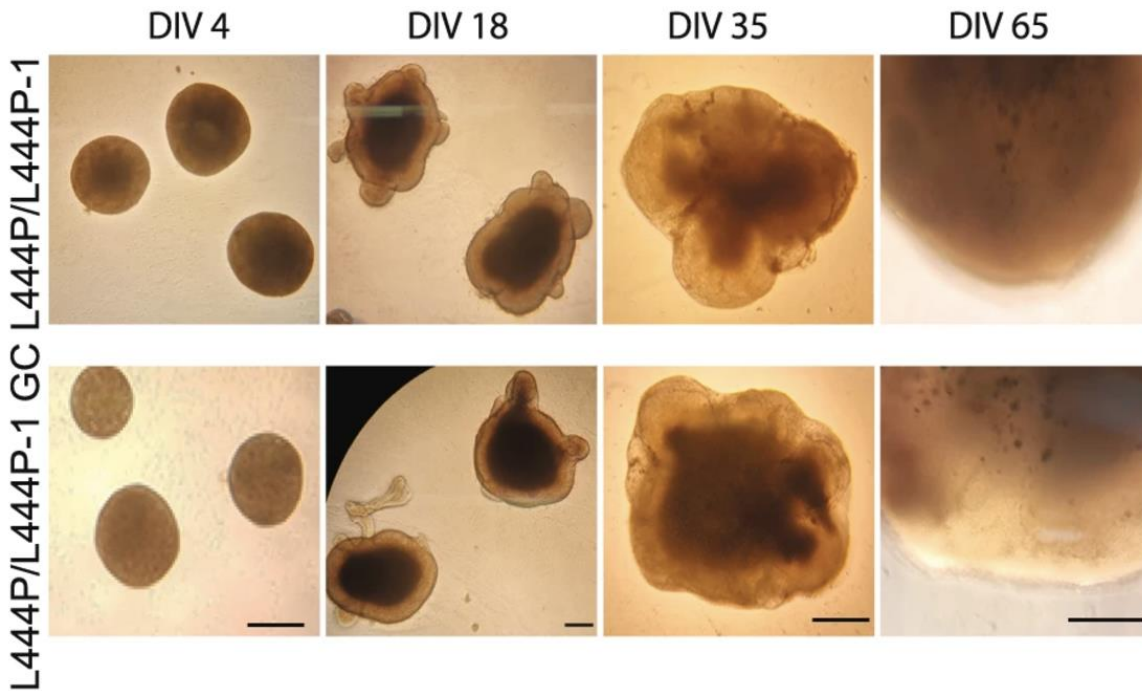
Role of Microglia:

- Microglia are crucial in the early stages of GBA-associated Parkinson's disease (PD).
- GBA inhibition alters microglial morphology, function, and mRNA expression.
- These changes reduce microglial neuroprotection and increase neuronal vulnerability to PD-related triggers.

Sex-Specific Responses:

- GCase inhibition in female microglia disrupts the Nrf2 detoxification pathway, reducing neuroprotection.
- This aligns with clinical data showing:
 - Women have a lower risk of idiopathic PD.
 - This protective effect is lost in GBA mutation carriers.

GBA1 & A-SYN pathology in midbrain organoids



- Developed a model of GBA-PD α -Synuclein Pathology
- Significant transcriptional dysregulation in DA neurons of GBA1 mutants
- Altered mitochondrial ATP production.
- Dysregulated respiratory chain complex

Ambroxol to reverse PD-related pathology

- **Ambroxol and Microglia-to-Neuron Communication:**
 - Ambroxol shows potential in modulating microglial phenotypes affected by GCase inhibition.
- **Effect of Ambroxol on Macrophages:**
 - Treatment increased GCase activity in PD-GBA+ patients, restoring it to healthy levels.
 - Reduced pro-inflammatory cytokines, especially TNF- α , in all groups (PD or GBA mutation presence didn't affect this result).
- **Limitations of Ambroxol:**
 - Failed to restore mitochondrial function in PD-GBA+ macrophages.
 - Persistent mitochondrial issues likely due to irreversible effects of GBA mutations.

Patients/Public Involvement: UK experience



- **Webinars**

- RAPSODI Educational Events (yearly)
- Cure Parkinson's Research Updates

https://www.youtube.com/channel/UCdsOHwDsn_yaunFAxAnkM7A

<https://cureparkinsons.org.uk/2021/11/pd-frontline/>

- **Online platform and newsletter**

- **Social media platform**



- @RapsodiRFH, @PDFrontline  [#gettrialready](#)

<https://rapsodistudy.com/en>

<https://pdfrontline.com/en>



- **Involvement of Jewish community across the UK**

- **Feedback from our patients**

- *"If there was anything I could do to help in this research programme I would be there like a shot"*





Prof Tony Schapira
(UCL)



Prof Michela Deleidi
(DZNE Tubingen)



Prof Fabio Blandini
(Mondino Foundation)



Prof Paolo Ciana
(University of Milan)



Prof Donato di Monte
(DZNE Bonn)



Prof José Luis Lanciego
(CIMA)

Thank you for
your attention