

JUNE 29, 2024

Breaking Ground: Emerging Therapies on the Horizon for Glutaric Aciduria Type I

Curtis R. Coughlin II, PhD, MS, MBE

Associate Professor

Section of Genetics, Department of Pediatrics

Center for Bioethics + Humanities

Conflict of Interest Disclosure

I have the following conflicts to disclose:

Anylam Pharmaceuticals

✓ Consultant (received consultant fees)

Member of the CHARLIE Consortium



Changing Rare Disorders of Lysine Metabolism

Patients, scientists, and physicians from 6 different countries working together in this project to develop and valid new therapies and biomarkers to avoid brain damage in GA1 and PDE



Radboudumc



HELMHOLTZ
MUNICH



ciberer isciit





Changing Rare Disorders of Lysine Metabolism



November 2022; Barcelona, Spain



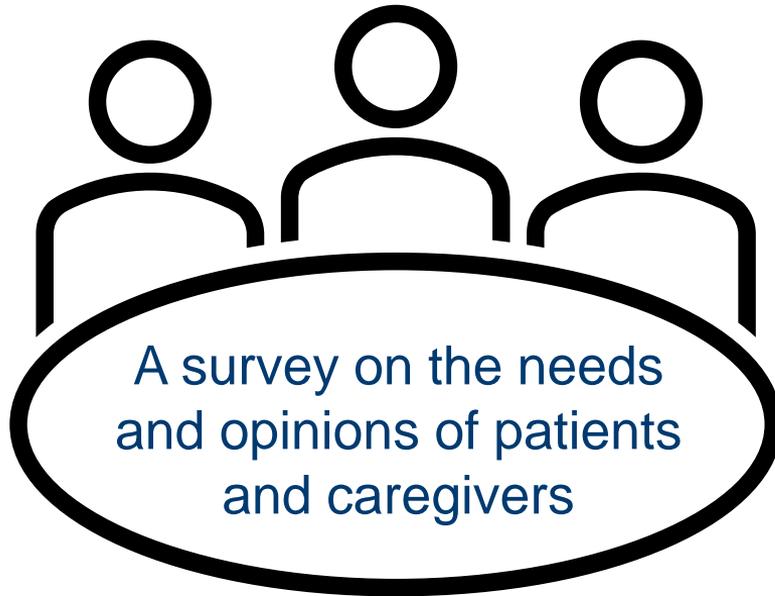
Changing Rare Disorders of Lysine Metabolism



November 2022; Barcelona, Spain



Patient & caregiver survey





Survey responses (all)

52%

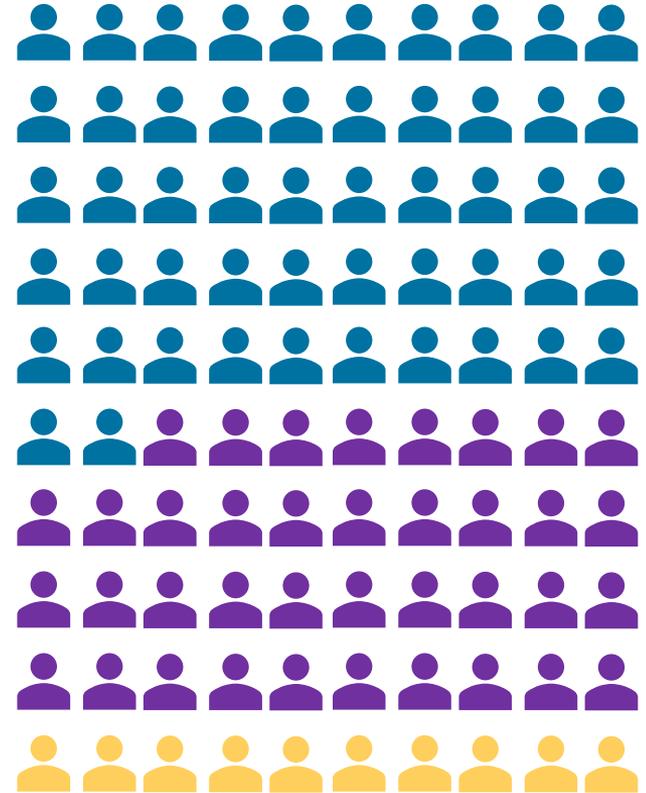
Glutaric aciduria type 1

38%

Pyridoxine-dependent epilepsy

10%

Not reported



N = 200





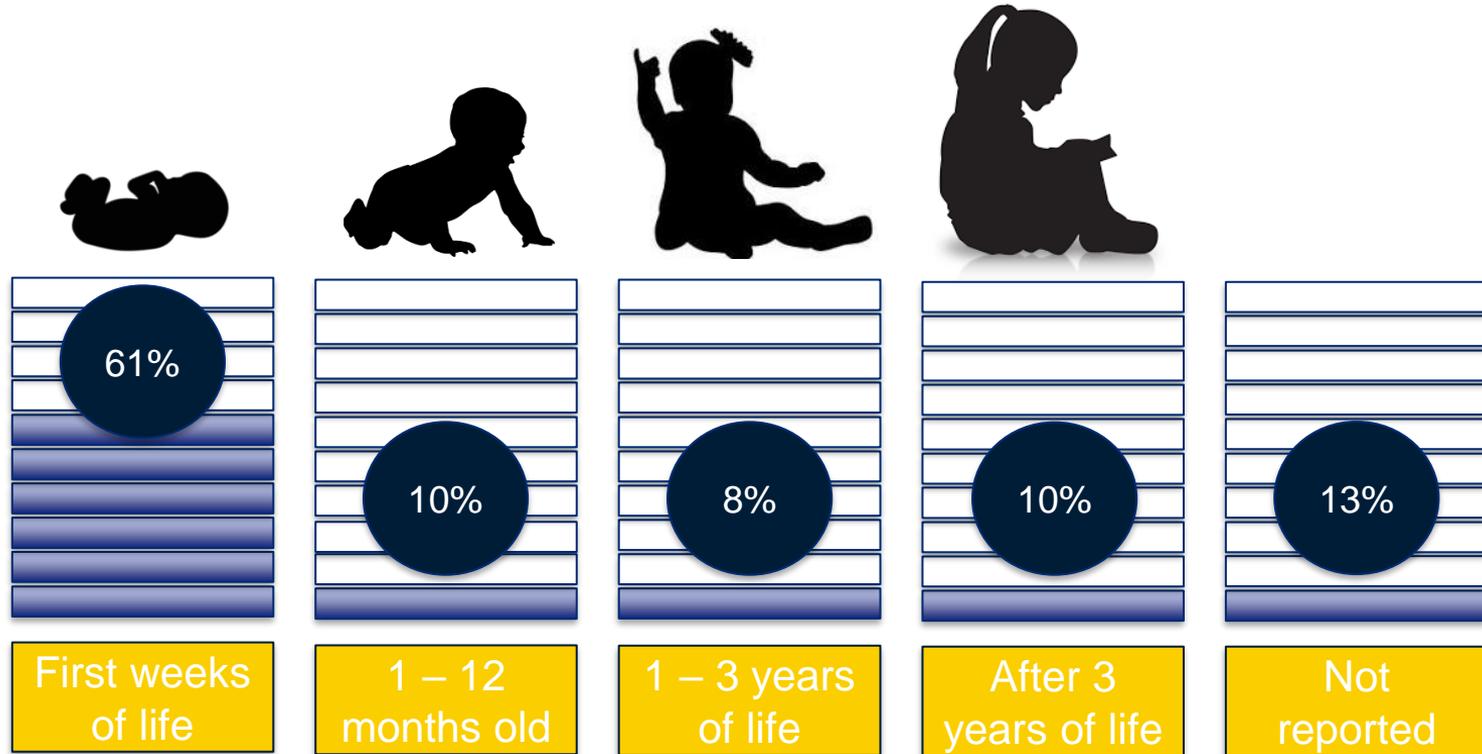
Geographic distribution (GA 1)

-  Antigua & Barbuda (2%)
-  Canada (2%)
-  Spain (47%)
-  Ukraine (1%)
-  United States (20%)
-  Belarus (1%)
-  Netherlands (9%)
-  Sweden (2%)
-  United Kingdom (3%)
-  Unknown (13%)





Age at start of treatment (GA 1)





Survey responses (GA 1)

“Is the patient totally asymptomatic?”



30%

“Does the patient follow a diet?”



66%

“Have you ever experienced a situation in which the patient’s symptoms worsened, either because of a crisis or more gradually?”



21%

Yes

No

NA



“The unknown. Every single symptom makes me wonder if GA1 is the cause. And regardless of the cause, I wonder if she is getting the treatment needed to keep her safe.”

Q: Can you describe which aspects of the disease is bothering you?

non-English responses
translated with google translate

“...the responsibility of caring for a child with needs that could have such irreversible and life changing consequences, if not handled correctly, has been a heavy weight to bear. We spent her early months/years petrified of our daughter having a crisis and were on constant high vigilance to any minor illness.”

Q: Can you describe which aspects of the disease is bothering you?

non-English responses
translated with google translate

“We are constantly on the alert to protect against potential contagions, social and family issues in many cases. Difficult to compare with a ‘normal’ life if you live another 8 month old. Difficult to find ‘family retirement/retreat’ if you do not have personal/financial centers. It is very physical and emotional.”

Q: Can you describe which aspects of the disease is bothering you?

non-English responses
translated with google translate



Survey responses (GA 1)

“Would you be willing to participate in a clinical trial?”



“Should the new therapy replace the diet?”



“Would your preference be for a single dose* therapy (e.g. gene therapy) or rather maintenance medication therapy?”



*single dose = yes



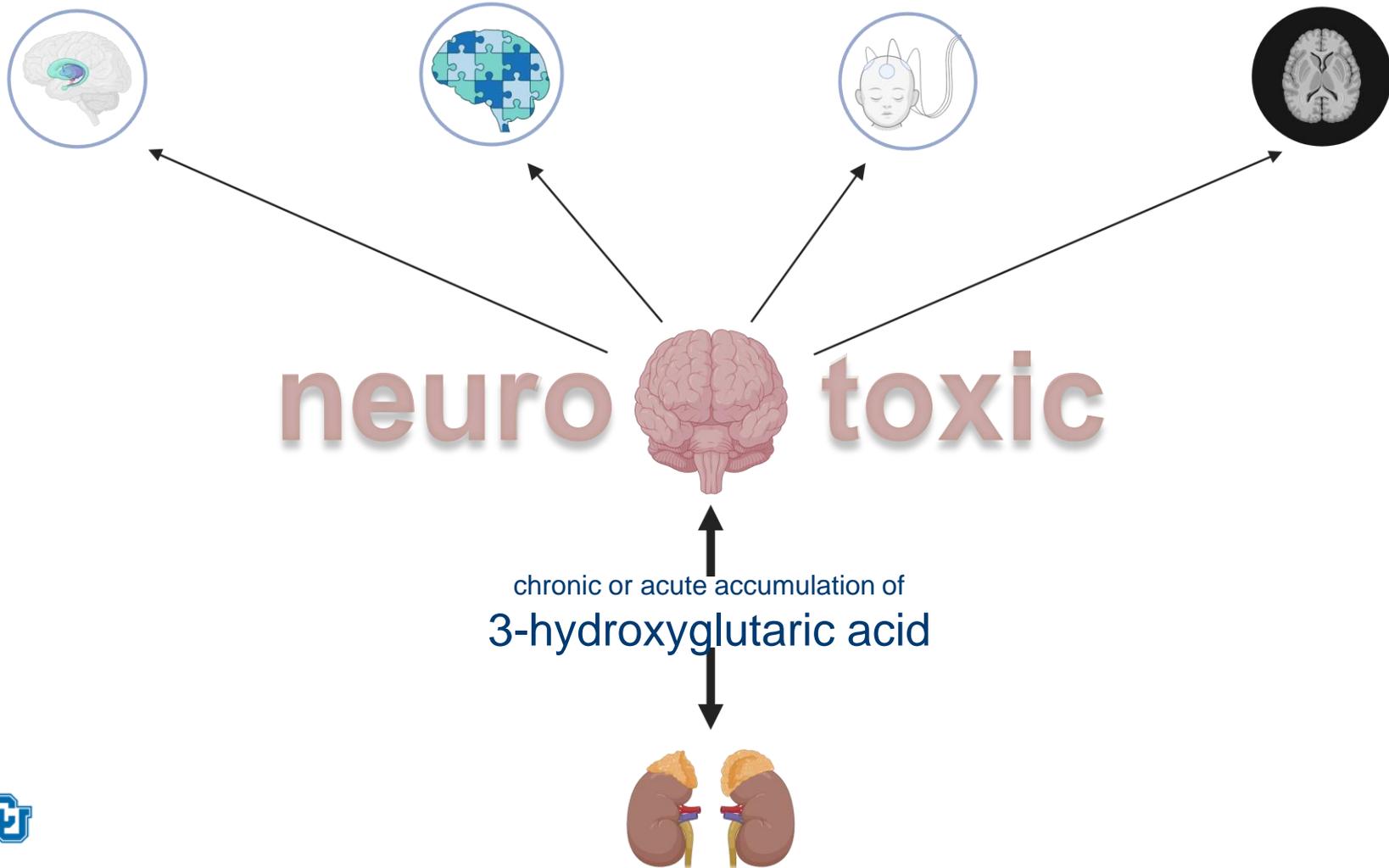
Treatment for GA 1

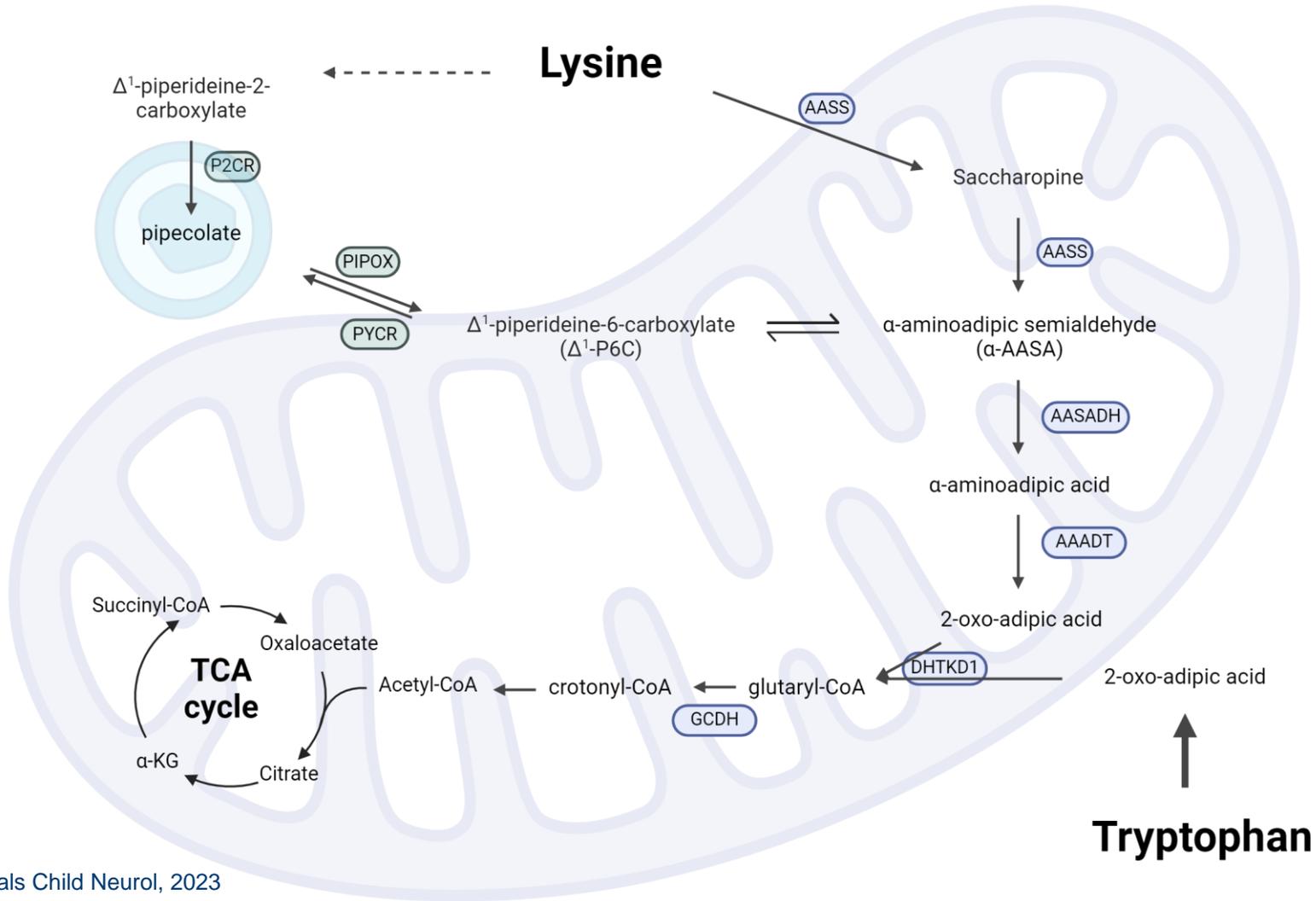


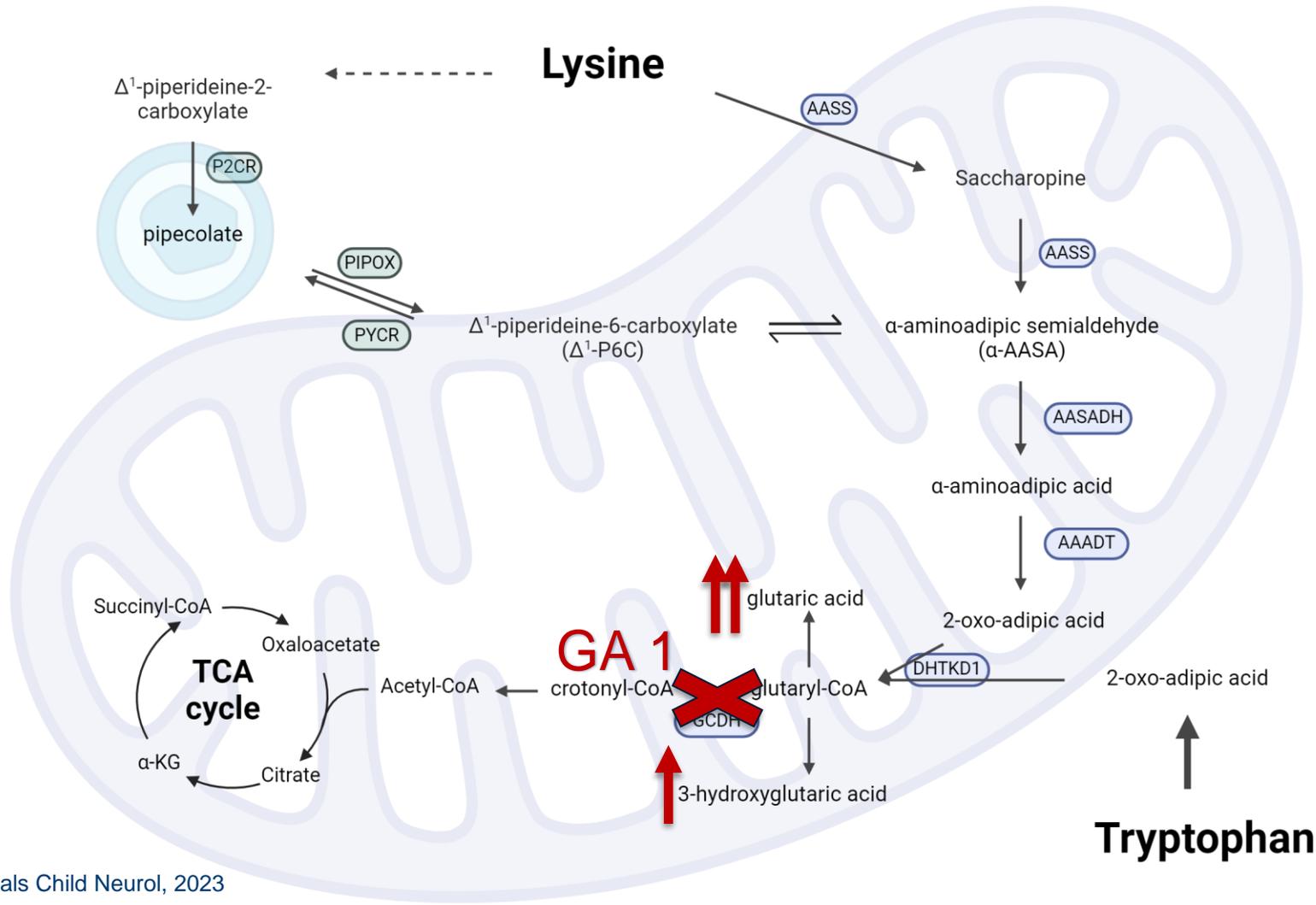
Children's Hospital Colorado
Here, it's different.™

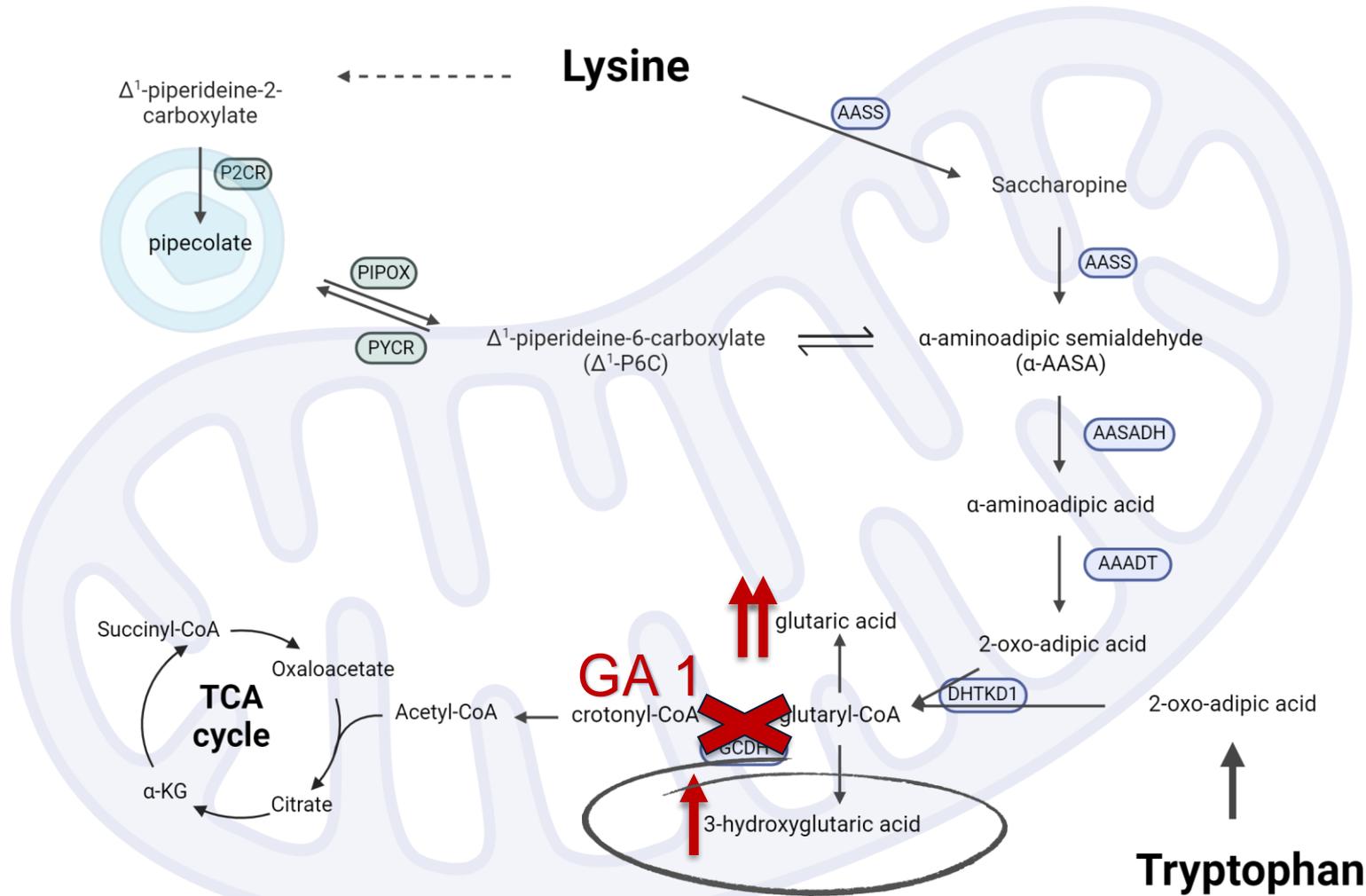


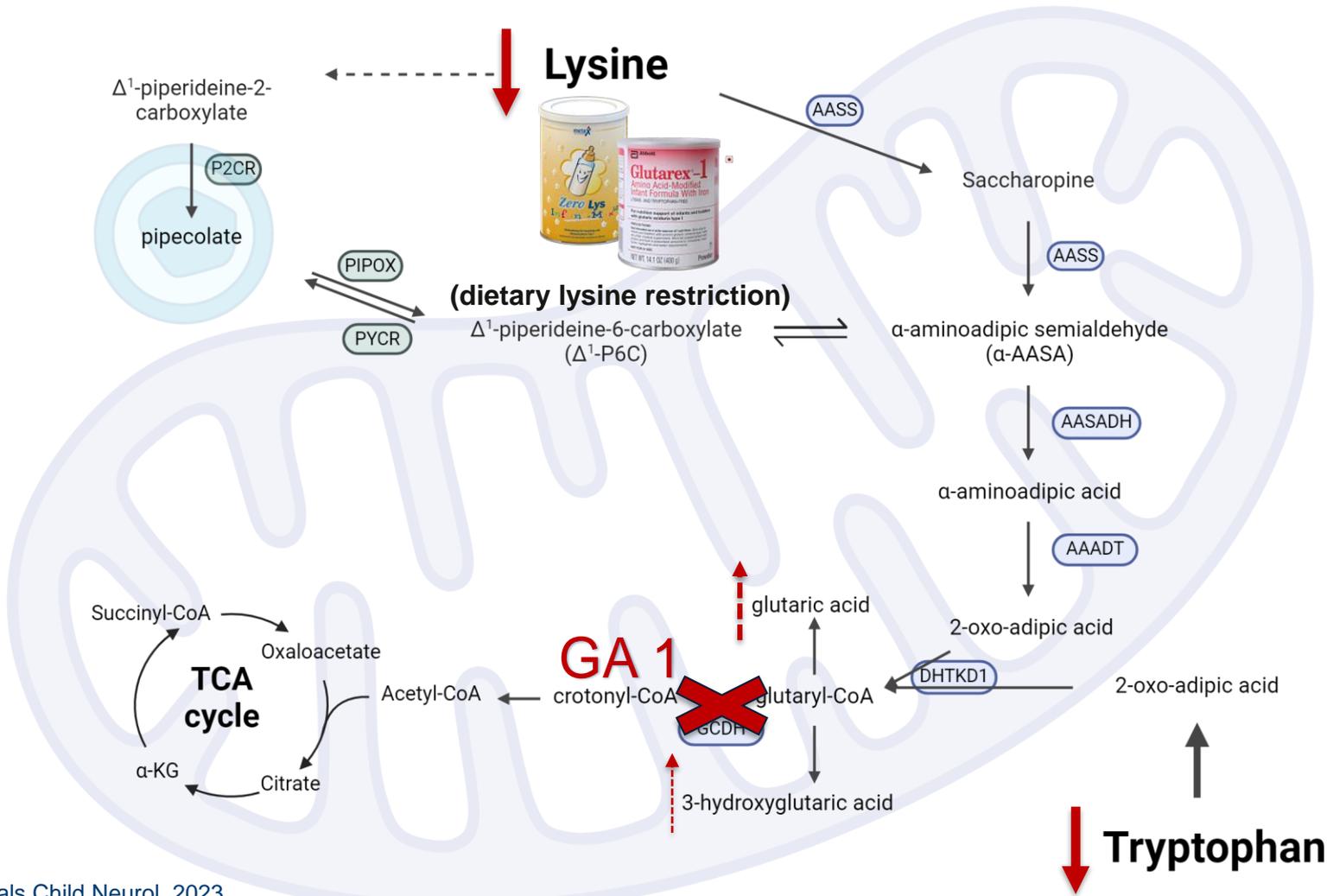
Affiliated with
University of Colorado
Anschutz Medical Campus







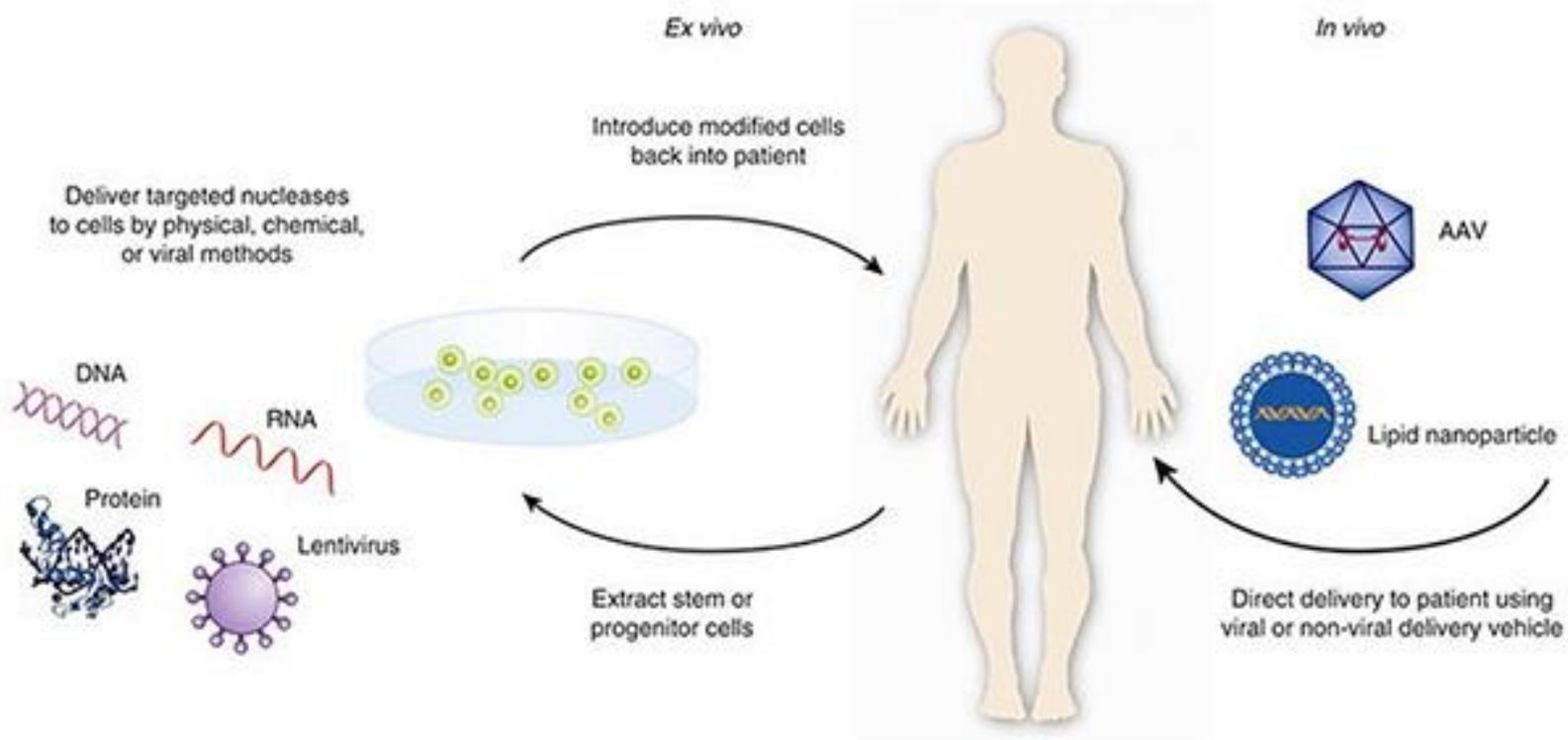




Gene Therapy

- gene replacement therapy
- gene addition therapy
- gene editing approaches







SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

INBORN ERRORS OF METABOLISM

Rescue of glutaric aciduria type I in mice by liver-directed therapies

Mercedes Barzi¹, Collin G. Johnson², Tong Chen¹, Ramona M. Rodriguiz³, Madeline Hemmingsen¹, Trevor J. Gonzalez⁴, Alan Rosales⁴, James Beasley¹, Cheryl K. Peck⁵, Yunhan Ma¹, Ashlee R. Stiles¹, Timothy C. Wood⁵, Raquel Maeso-Diaz⁶, Anna Mae Diehl⁶, Sarah P. Young¹, Jeffrey I. Everitt⁷, William C. Wetsel³, William R. Lagor⁸, Beatrice Bissig-Choisat¹, Aravind Asokan^{4,9,10,11}, Areeg El-Gharbawy¹, Karl-Dimiter Bissig^{1,6,10,11,12*}



Check for updates

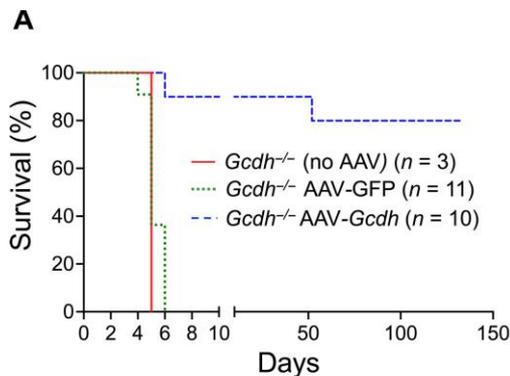
Copyright © 2023 The Authors, some rights reserved; exclusive licensee American Association for the Advancement of Science. No claim to original U.S. Government Works



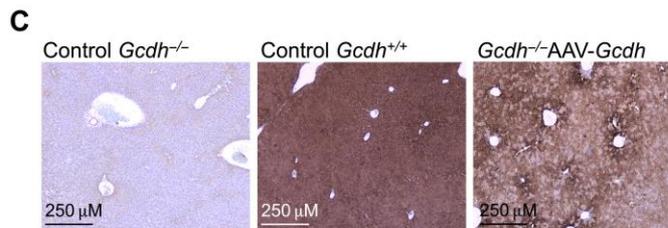
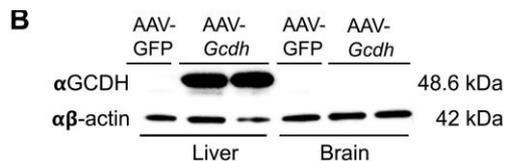
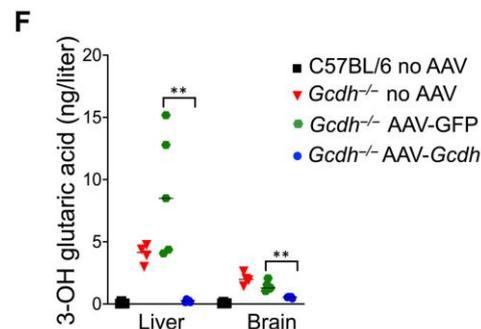
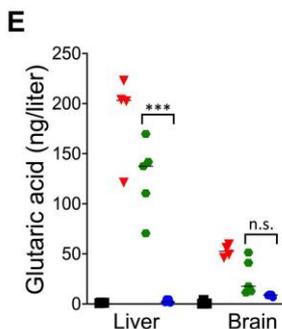
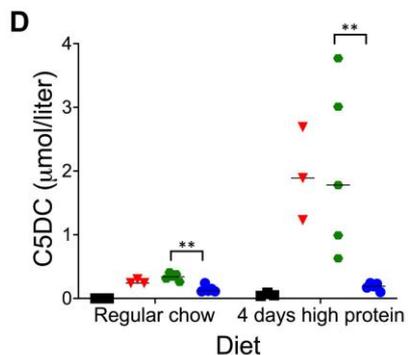
Gene replacement therapy



Improves survival



Improves biochemistry





www.nature.com/gt

Gene Therapy

BRIEF COMMUNICATION

Check for updates

Modeling Glutaric Aciduria Type I in human neuroblastoma cells recapitulates neuronal damage that can be rescued by gene replacement

A. Mateu-Bosch^{1,2,8}, E. Segur-Bailach^{1,2,3,8}, J. García-Villoria^{1,3,4,5}, S. Gea-Sorlí^{1,3}, I. Ruiz⁶, J. del Rey⁶, J. Camps^{1,6,7}, M. Guitart-Mampel^{1,2,3,5}, G. Garrabou^{1,2,3,5}, F. Tort^{1,3,5}, A. Ribes^{1,3,5} and C. Fillat^{1,2,3}



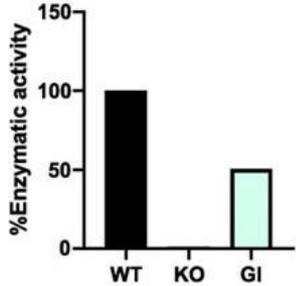


Gene replacement therapy

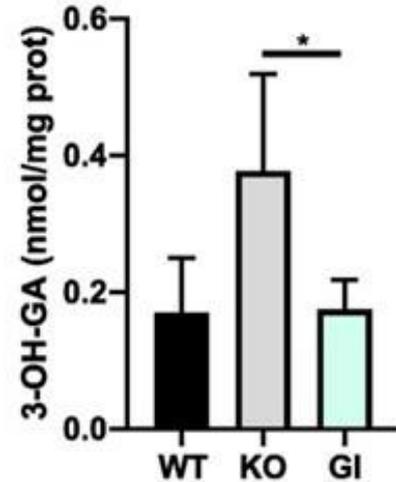
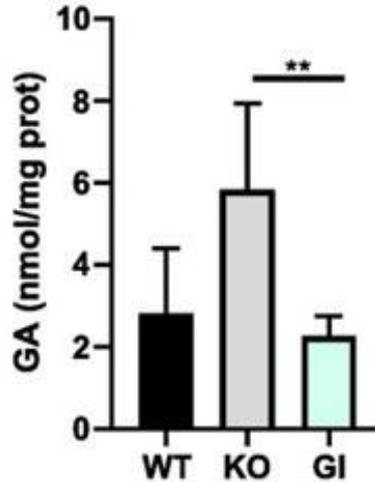
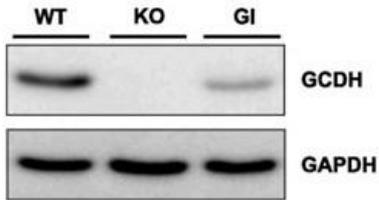


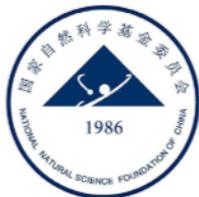
Restore enzyme activity

Normalizes biochemistry



Identify GCDH protein





Contents lists available at [ScienceDirect](#)

Fundamental Research

journal homepage: <http://www.keaipublishing.com/en/journals/fundamental-research/>



Article

Treatment of glutaric aciduria type I (GA-I) via intracerebroventricular delivery of GCDH



Lu Guo^{a,b,c,1}, Zhikun Li^{a,b,c,1}, Yuhuan Li^{d,1}, Bin Qu^{a,b,c,1}, Guanyi Jiao^{a,b,c,1}, Chen Liang^{a,b,c}, Zongbao Lu^{a,b,c}, Xin-Ge Wang^{a,b,c}, Cheng Huang^{a,b,c}, Hongwei Du^d, Jianmin Liang^d, Qi Zhou^{a,b,c,*}, Wei Li^{a,b,c,*}

^a State Key Laboratory of Stem Cell and Reproductive Biology, Institute of Zoology, Chinese Academy of Sciences, Beijing 100101, China

^b Beijing Institute for Stem Cell and Regenerative Medicine, Beijing 100101, China

^c University of Chinese Academy of Sciences, Beijing 100049, China

^d The First Hospital of Jilin University, Changchun, Jilin 130021, China



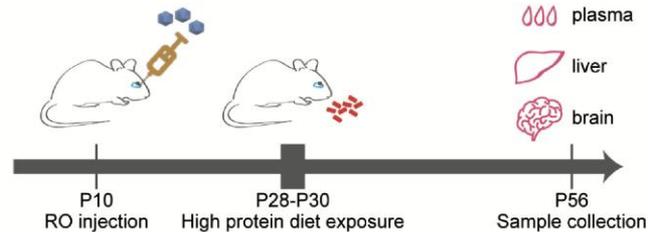
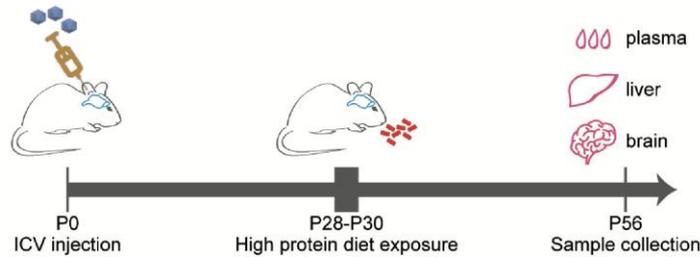


Improves survival

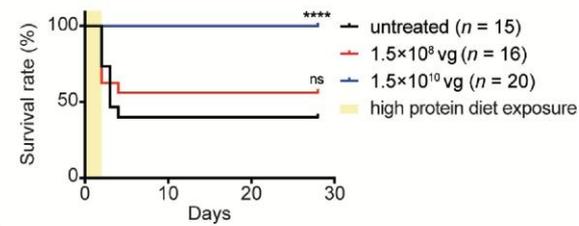
a



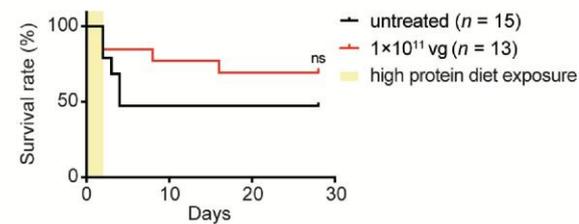
b



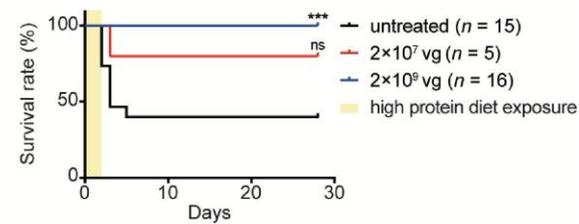
c *Gcdh*^{+/+}, scAAV9-GCDH ICV injection



d *Gcdh*^{+/+}, scAAV9-GCDH RO injection



e *Gcdh*^{+/+}, scAAVPHP.eB-GCDH ICV injection

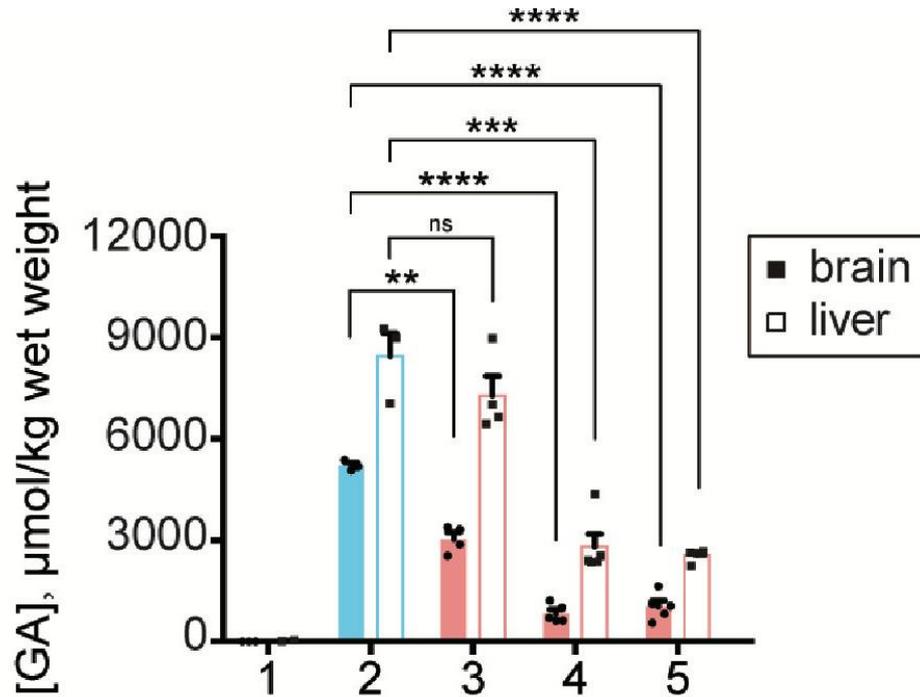


ICV: intracerebroventricular
RO: retro-orbital





Improves biochemistry



1: WT

2: *Gcdh*^{-/-}, untreated

3: *Gcdh*^{-/-}, 1.5×10⁸ vg
scAAV9, ICV

4: *Gcdh*^{-/-}, 1.5×10¹⁰ vg
scAAV9, ICV

5: *Gcdh*^{-/-}, 2×10⁹ vg
scAAVPHP.eB, ICV



RECRUITING 

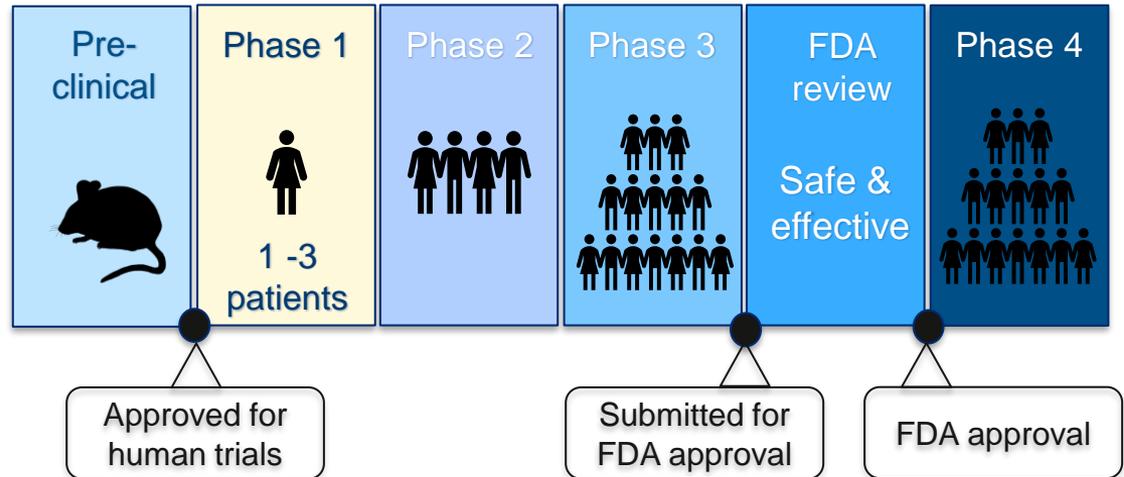
A Study to Evaluate the Tolerability, Safety and Efficacy of VGM-R02b

ClinicalTrials.gov ID  NCT06217861

Sponsor  Shanghai Vitalgen BioPharma Co., Ltd.

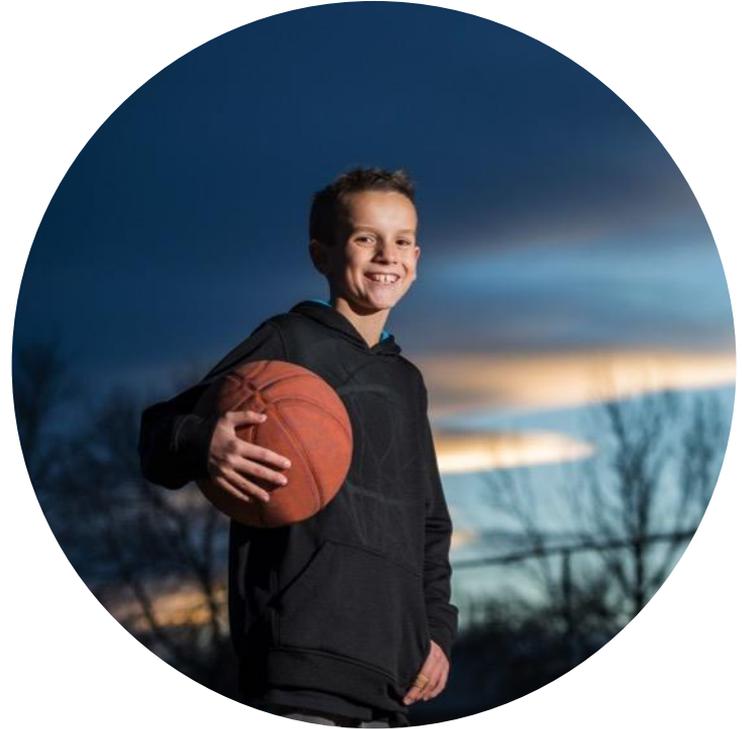
Information provided by  Shanghai Vitalgen BioPharma Co., Ltd. (Responsible Party)

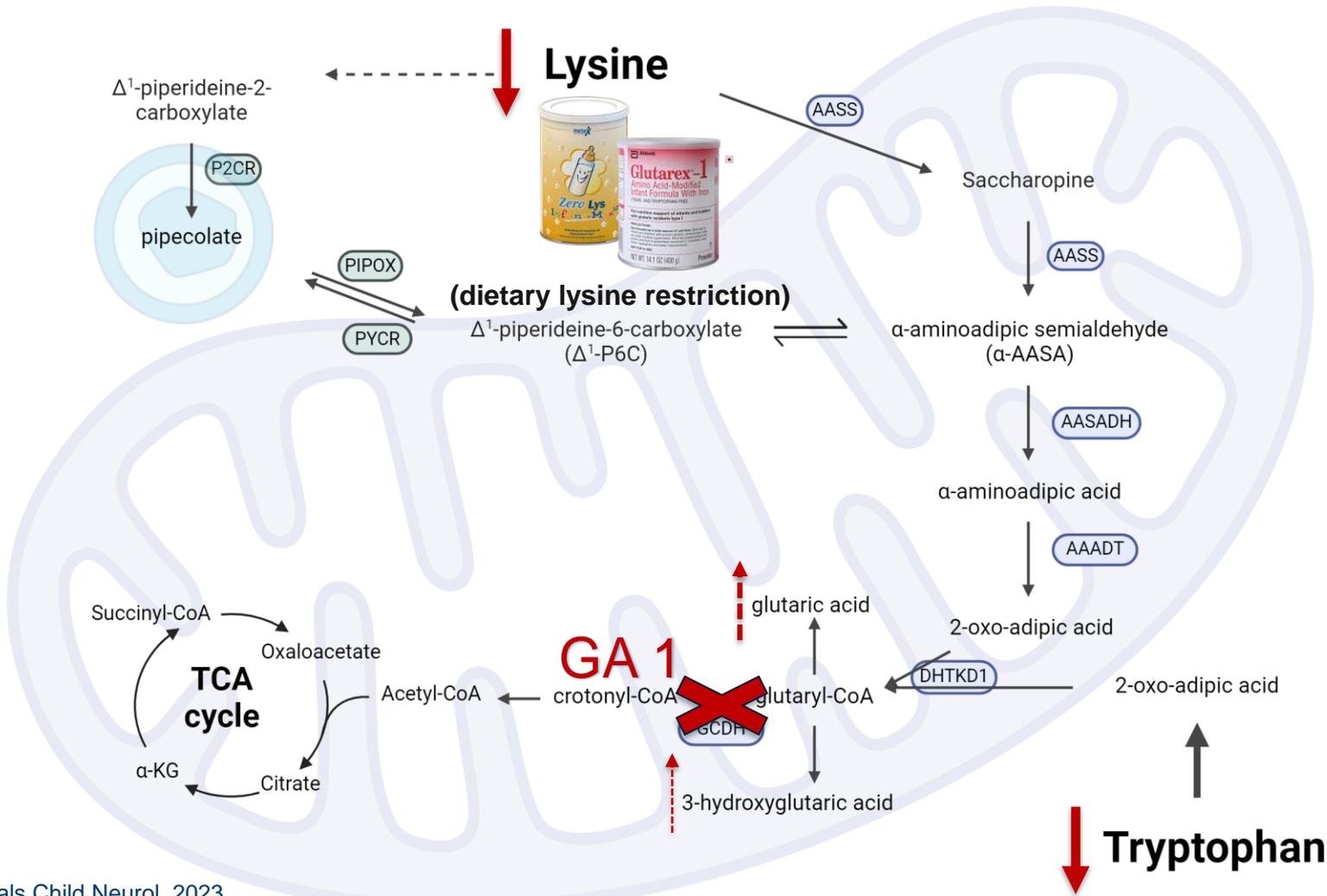
Last Update Posted  2024-05-17



substrate reduction therapy

- upstream enzyme inhibition





Lysine

Δ^1 -piperidine-2-carboxylate



Saccharopine

AASS

α -aminoadipic semialdehyde (α -AASA)

AASADH

α -aminoadipic acid

AAADT

2-oxo-adipic acid

glutaryl-CoA

crotonyl-CoA

GA 1



3-hydroxyglutaric acid

glutaric acid

2-oxo-adipic acid

Tryptophan

> Am J Hum Genet. 1983 May;35(3):438-42.

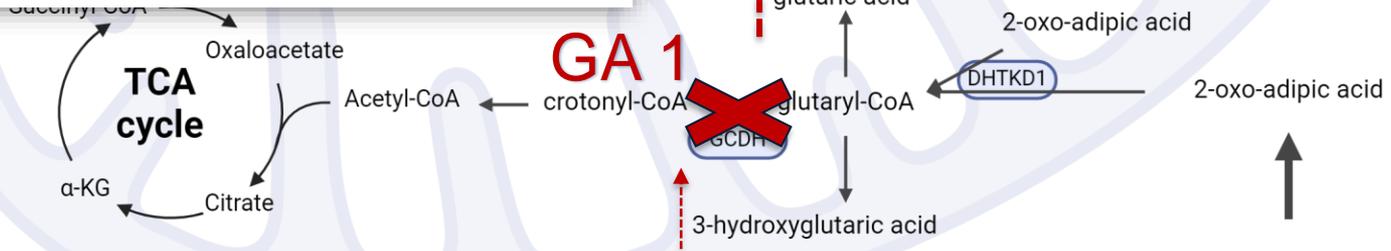
The prognosis of hyperlysinemia: an interim report

J Dancis, J Hutzler, M G Ampola, V E Shih, H H van Gelderen, L T Kirby, N C Woody

PMID: 6407303 PMCID: PMC1685659

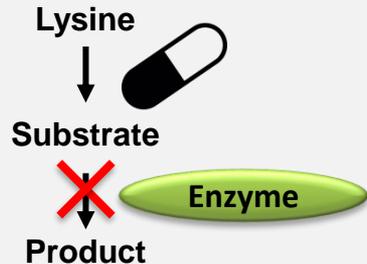
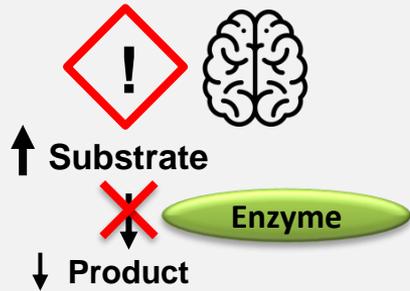
Abstract

Ten patients with familial hyperlysinemia with lysine-ketoglutarate reductase deficiency, identified through newborn screening programs or family surveys, were selected for review. Ages ranged from 2 to 24 years when last examined. A low-protein diet had been administered to two patients, which reduced the plasma lysine levels from 20 mg per dl or more to about 12 mg per dl. The rest were untreated. Mental development was judged normal or above average in nine. Mildly subnormal performance in three was considered appropriate to family and social background. No adverse mental or physical effects could be attributed to the hyperlysinemia. A normal child has been born to a mother with hyperlysinemia, indicating that the fetus may develop normally despite exposure to high lysine levels.



Development of an oral substrate reduction therapy medication for Glutaric Aciduria Type 1

Glutaric Aciduria Type 1



Glutaric aciduria type 1

Inherited defect in an enzyme involved in lysine degradation
Substrate accumulation is neurotoxic

Current treatment



&



New treatment is a small molecule drug that prevents the formation of the toxic substrates





Received: 27 April 2020 | Revised: 4 June 2020 | Accepted: 17 June 2020

DOI: 10.1002/jimd.12276

RAPID COMMUNICATION

JIMD JOURNAL OF INHERITED METABOLIC DISEASES **SSIEM** **WILEY**

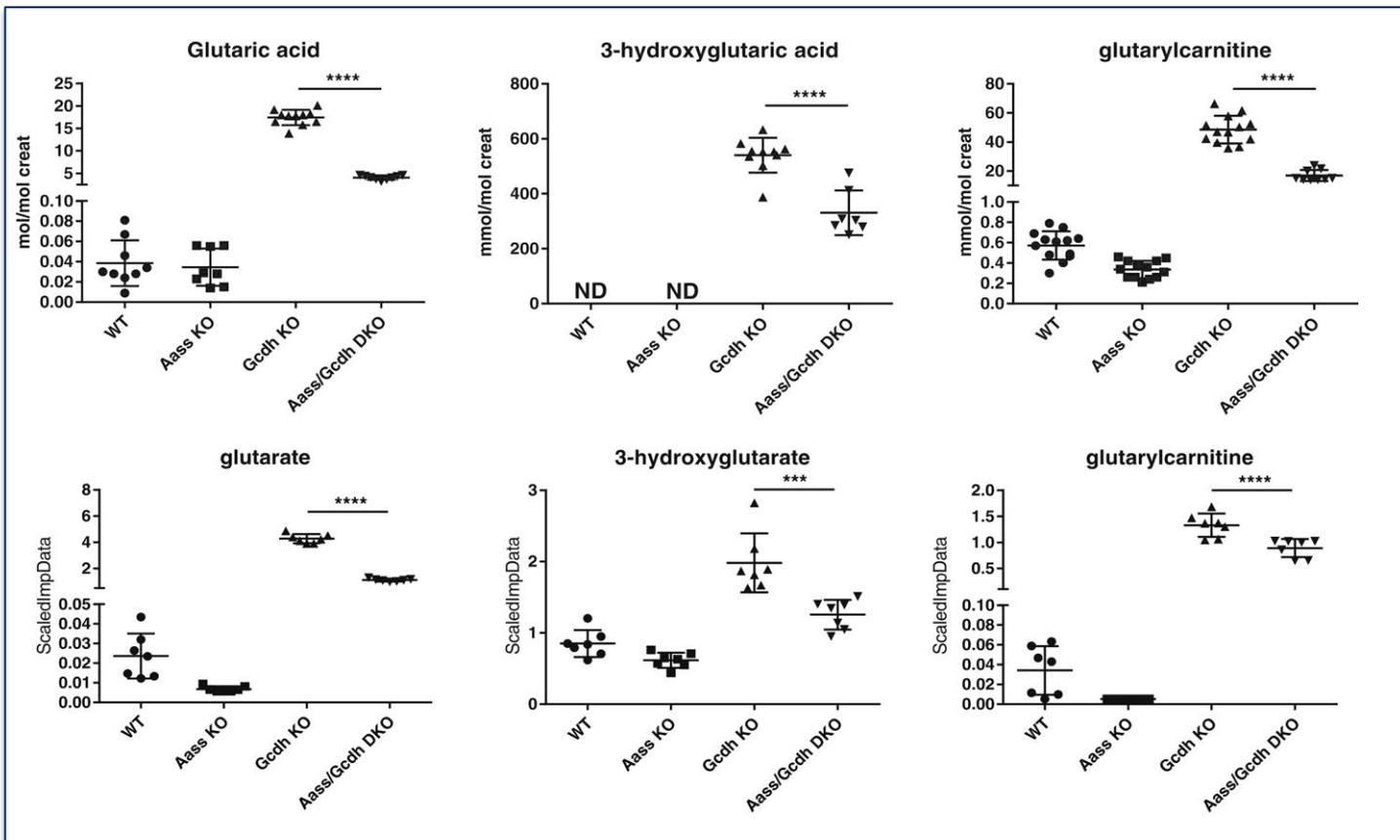
Deletion of 2-aminoadipic semialdehyde synthase limits metabolite accumulation in cell and mouse models for glutaric aciduria type 1

João Leandro^{1,2} | Tetyana Dodatko^{1,2} | Robert J. DeVita^{3,4} | Hongjie Chen^{1,5} |
Brandon Stauffer^{1,5} | Chunli Yu^{1,5} | Sander M. Houten^{1,2} 





plasma



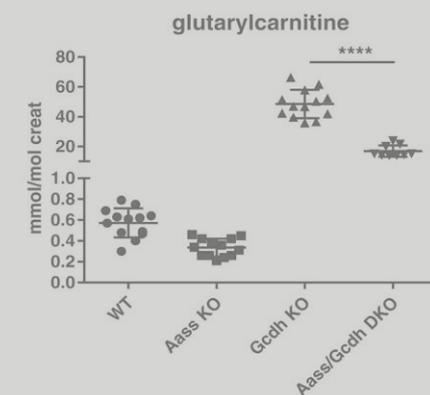
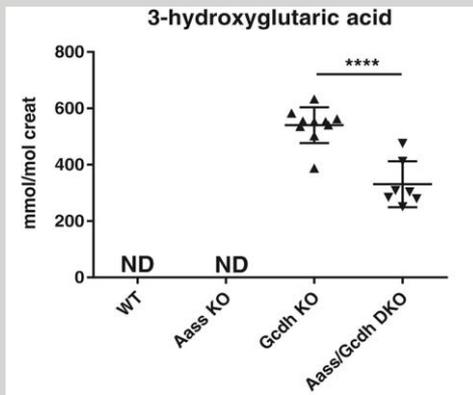
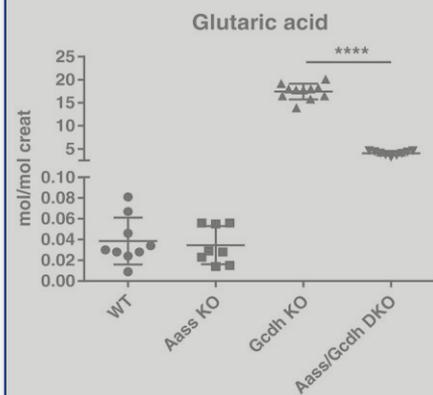
brain



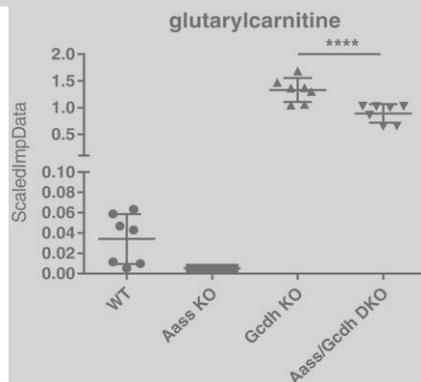
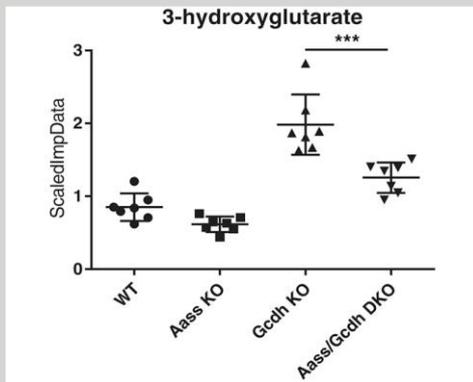
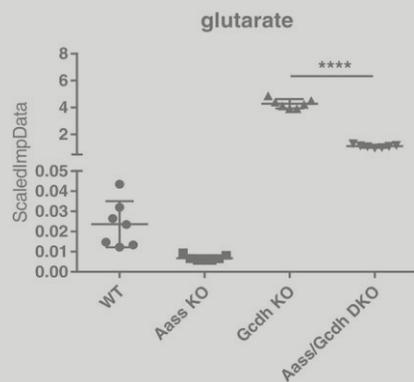


Improves biochemistry

plasma



brain





SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

INBORN ERRORS OF METABOLISM

Rescue of glutaric aciduria type I in mice by liver-directed therapies

Mercedes Barzi¹, Collin G. Johnson², Tong Chen¹, Ramona M. Rodriguiz³, Madeline Hemmingsen¹, Trevor J. Gonzalez⁴, Alan Rosales⁴, James Beasley¹, Cheryl K. Peck⁵, Yunhan Ma¹, Ashlee R. Stiles¹, Timothy C. Wood⁵, Raquel Maeso-Diaz⁶, Anna Mae Diehl⁶, Sarah P. Young¹, Jeffrey I. Everitt⁷, William C. Wetsel³, William R. Lagor⁸, Beatrice Bissig-Choisat¹, Aravind Asokan^{4,9,10,11}, Areeg El-Gharbawy¹, Karl-Dimiter Bissig^{1,6,10,11,12*}



Check for updates

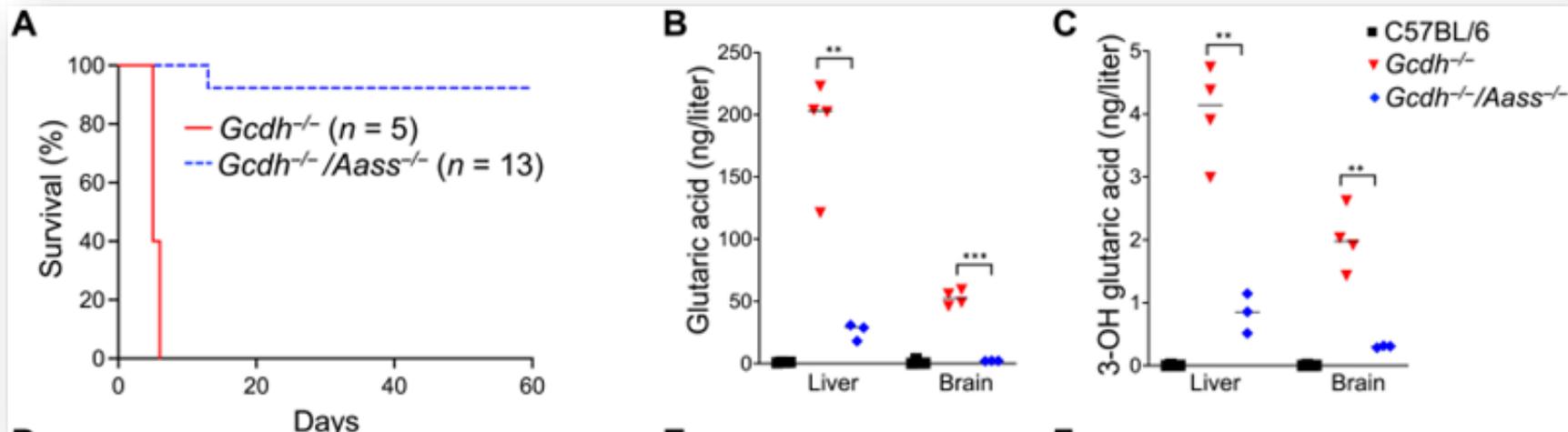
Copyright © 2023 The Authors, some rights reserved; exclusive licensee American Association for the Advancement of Science. No claim to original U.S. Government Works





Improves survival

Improves biochemistry



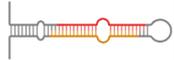
Strategies to inhibit AASS



Repurpose FDA approved drugs



Antisense oligonucleotides (ASO)



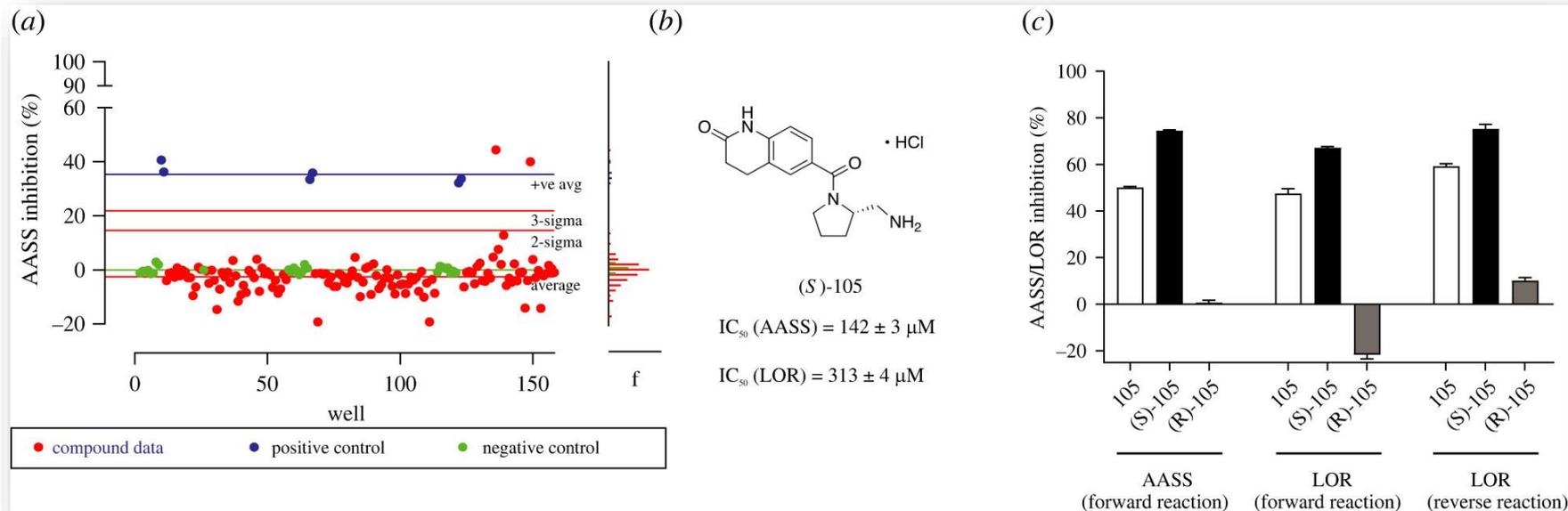
miRNA inhibition



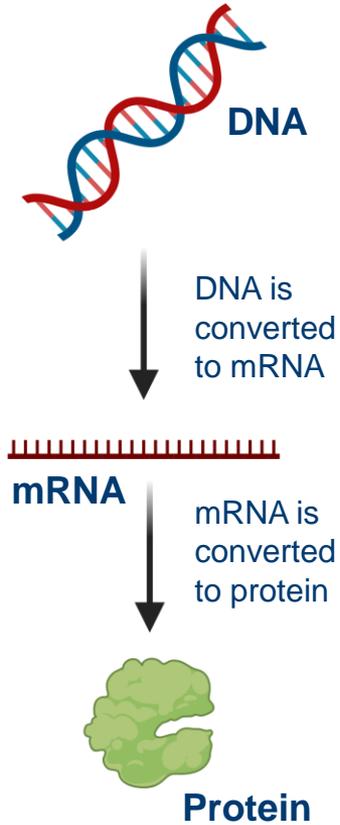
Gene editing (i.e. CRISPR)



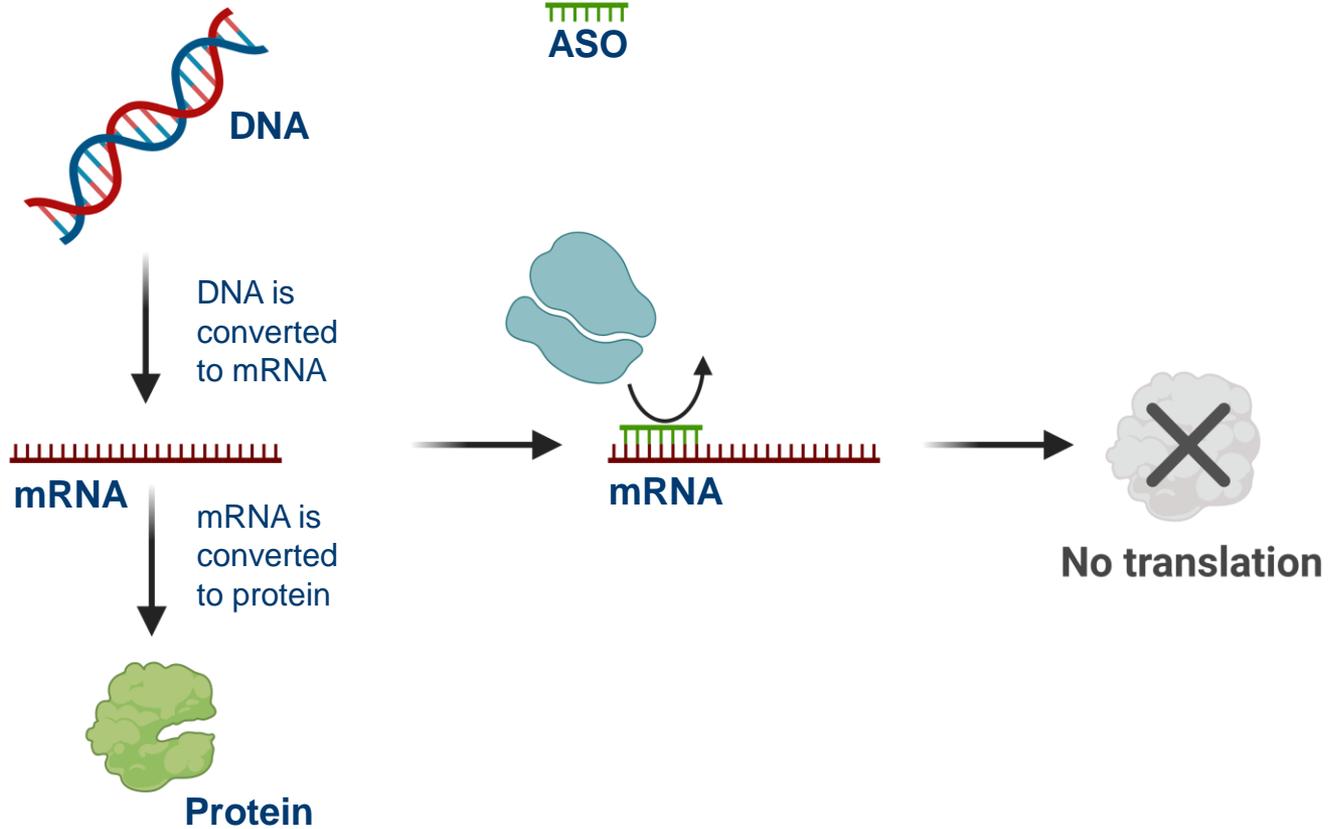
Repurposing drugs to target AASS



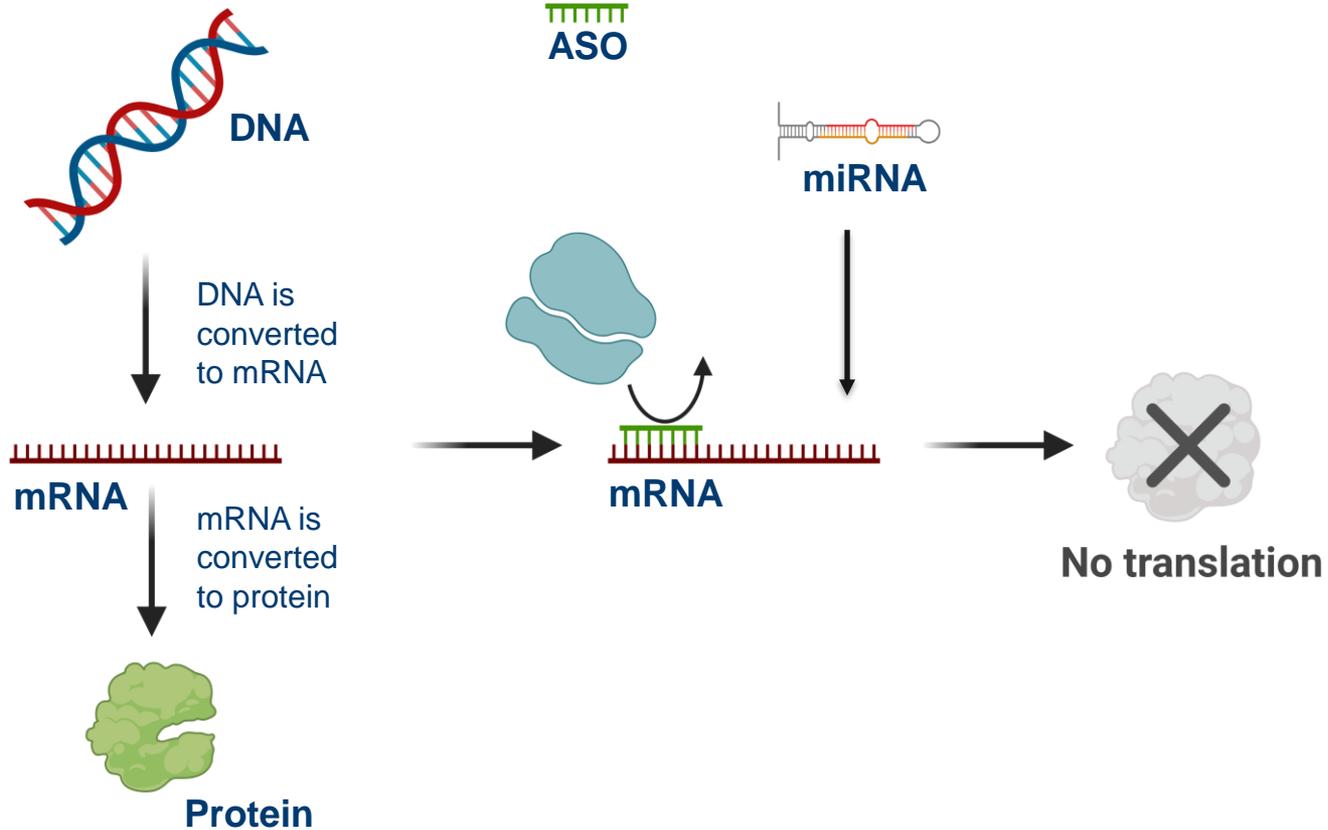
Antisense Oligonucleotide (ASO)

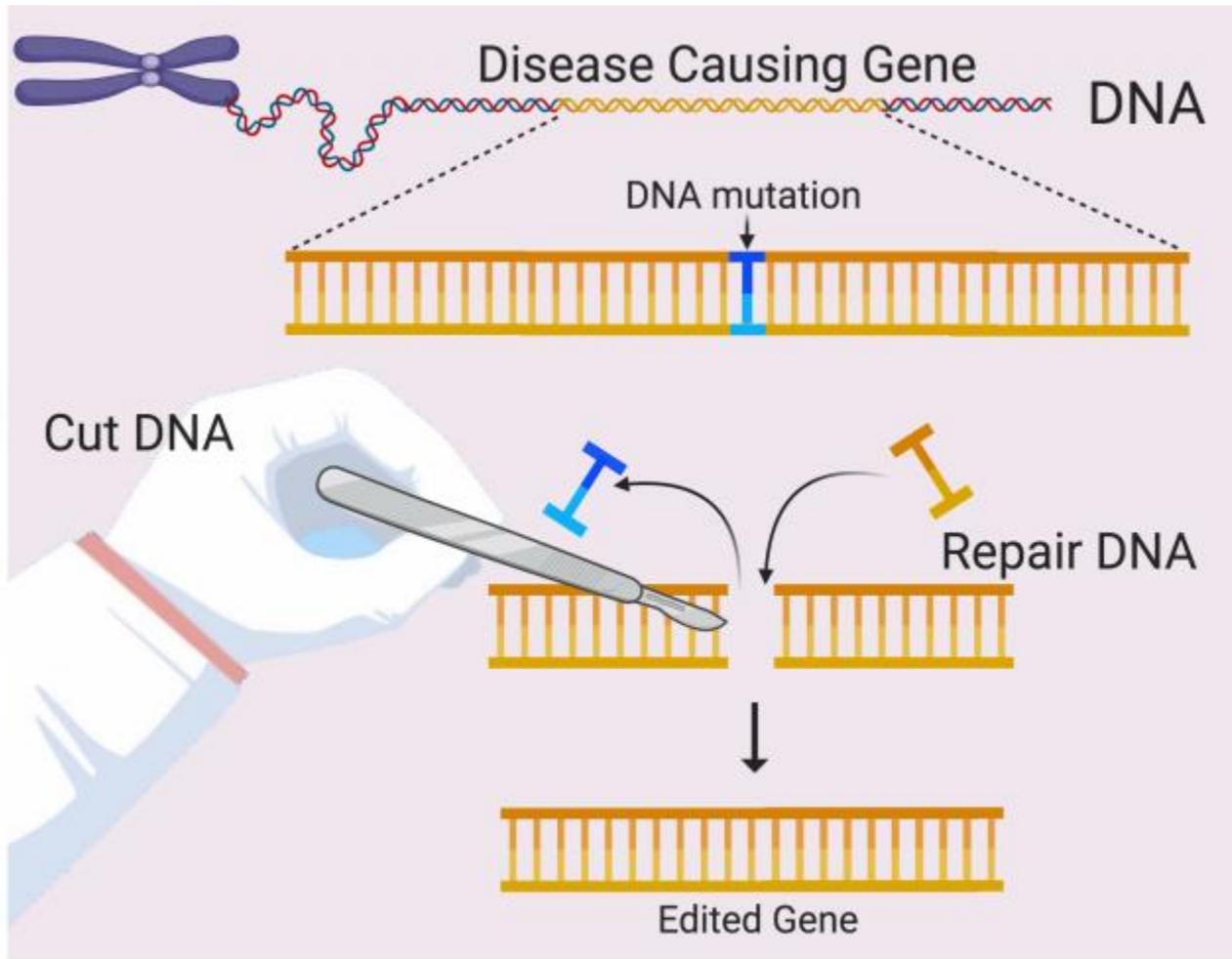


Antisense Oligonucleotide (ASO)



Antisense Oligonucleotide (ASO) and miRNA

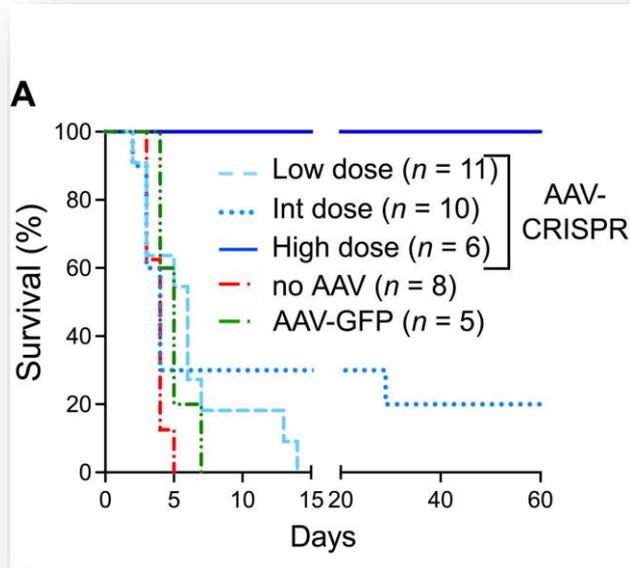




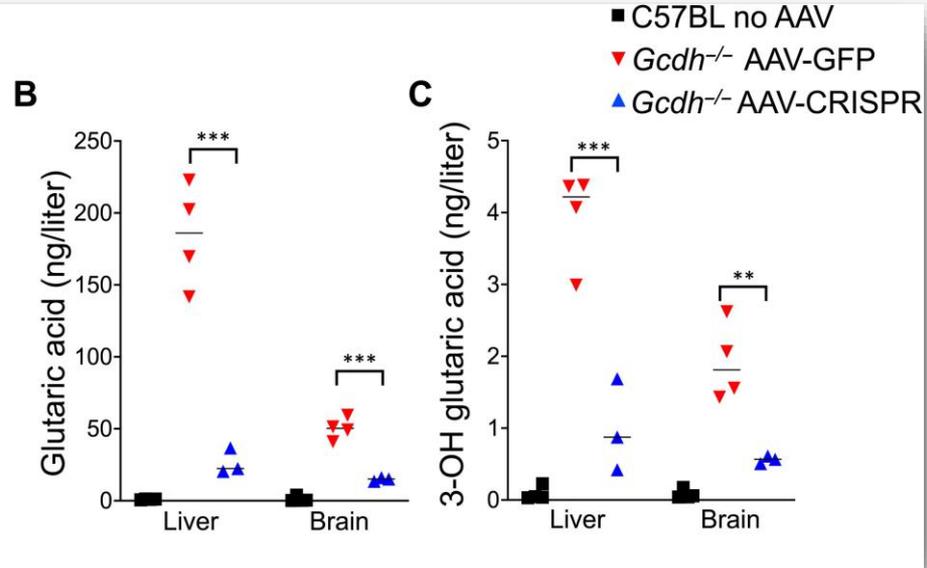


CRISPR targeting (to inhibit) AASS

Improves survival



Improves biochemistry





SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

INBORN ERRORS OF METABOLISM

Rescue of glutaric aciduria type I in mice by liver-directed therapies

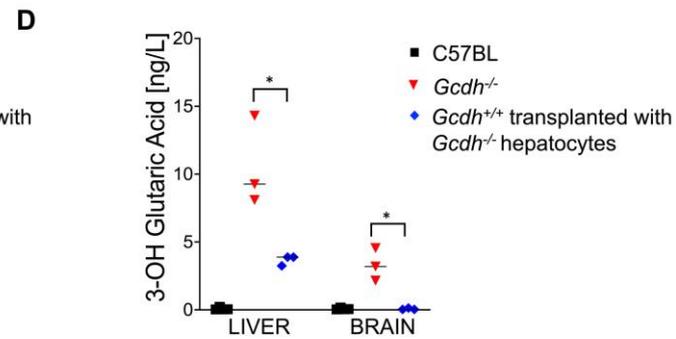
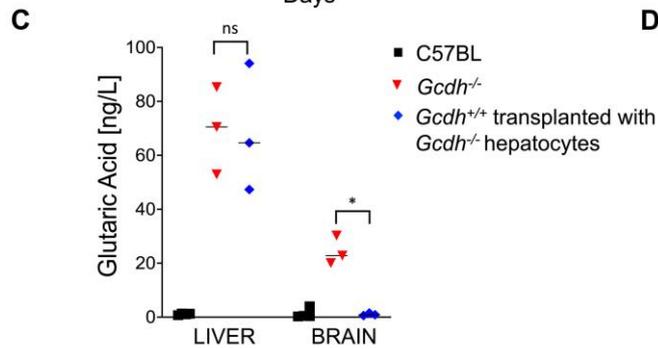
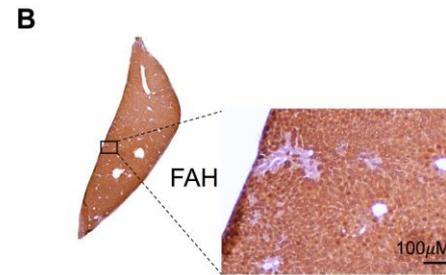
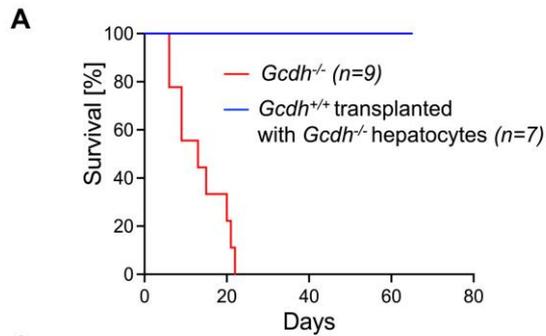
Mercedes Barzi¹, Collin G. Johnson², Tong Chen¹, Ramona M. Rodriguiz³, Madeline Hemmingsen¹, Trevor J. Gonzalez⁴, Alan Rosales⁴, James Beasley¹, Cheryl K. Peck⁵, Yunhan Ma¹, Ashlee R. Stiles¹, Timothy C. Wood⁵, Raquel Maeso-Diaz⁶, Anna Mae Diehl⁶, Sarah P. Young¹, Jeffrey I. Everitt⁷, William C. Wetsel³, William R. Lagor⁸, Beatrice Bissig-Choisat¹, Aravind Asokan^{4,9,10,11}, Areeg El-Gharbawy¹, Karl-Dimiter Bissig^{1,6,10,11,12*}



Check for updates

Copyright © 2023 The Authors, some rights reserved; exclusive licensee American Association for the Advancement of Science. No claim to original U.S. Government Works





E

Strain	 $Gcdh^{-/-}/Aass^{+/+}$ mouse	 $Gcdh^{-/-}/Aass^{+/+}$ mouse	 $Gcdh^{-/-}/Aass^{-/-}$ mouse	 $Gcdh^{-/-}/Aass^{-/-}$ mouse	 $Gcdh^{+/+}/Aass^{+/+}$ mouse
Transplantation	none	$Gcdh^{+/+}/Aass^{+/+}$ cells	none	$Gcdh^{-/-}/Aass^{+/+}$ cells	$Gcdh^{-/-}/Aass^{+/+}$ cells
Outcome					



JIMD

JOURNAL OF INHERITED METABOLIC DISEASE

SSIEM

EDITORIAL |  **Free Access**

Is it time to start to consider treating the liver in glutaric aciduria type 1?

Sander Houten , Curtis R. Coughlin II 

First published: 10 May 2023 | <https://doi.org/10.1002/jimd.12623>





Children's Hospital Colorado
Here, it's different.™



Affiliated with
University of Colorado
Anschutz Medical Campus



When is the cure available?

- **Improvement in survival**
- Mice are not people
- Eating very HIGH lysine diets
- Only ~50% of these mice get sick or die

- **Improvement in biochemistry**
- Is the improvement enough?



Children's Hospital Colorado
Here, it's different.™



Affiliated with
University of Colorado
Anschutz Medical Campus



Can I help?

Cross sectional study

- Curtis.Coughlin@cuanschutz.edu
- kristine.pauly@cuanschutz.edu
- Coughlinlab.org

CHARLIE patient & caregiver survey



Children's Hospital Colorado
Here, it's different.™



Affiliated with
University of Colorado
Anschutz Medical Campus

Coughlin laboratory

- **Kristie Pauly, BS, MPH**
- Michael Woontner, PhD

Clinical colleagues

- **Clara van Karnebeek, MD, PhD** (Netherlands)
- **Sidney Gospe Jr, MD, PhD** (WA)
- Jose E. Abdenur, MD (CA)
- Nicola Longo, MD, PhD (CA)
- Phillipa Mills, PhD (United Kingdom)
- Laura Tseng (MD/PhD student, Netherlands)
- International PDE consortium members

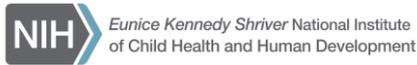
Research collaborators

- **Clara van Karnebeek, MD, PhD** (Netherlands)
- Valerie Gailus-Durner, PhD (Germany)
- Cristina Fillat (Spain)
- Stefan Kölker, MD (Germany)
- Blair Leavitt (Canada)
- Carole Linster, PhD (Luxemburg)
- Giancarlo la Marca (Italy)
- Ron Wevers (Netherlands)
- The CHARLIE consortium members

Colorado collaborations

- Sommer Gaughan, RD
- Johan Van Hove, MD, PhD
- Michael Wempe, PhD
- Tim Wood, PhD
- Section of Clinical Genetics and Metabolism

Foundations, Consortiums, Funding Sources



Family donations and philanthropy support

Patients and families

