



Knowledge that will change your world

# The Power of Biospecimens in Understanding Disease Progression in ALS

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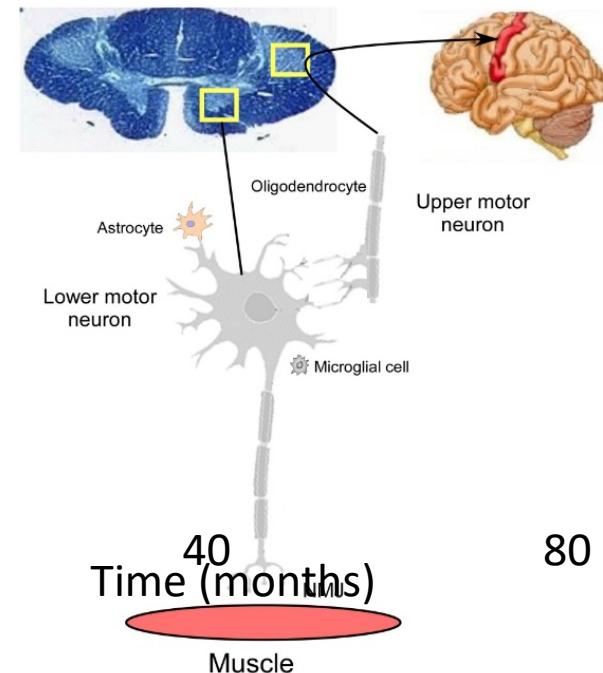
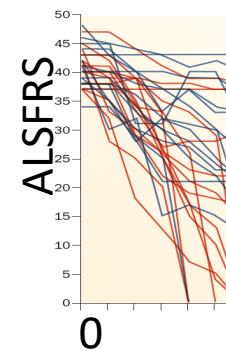
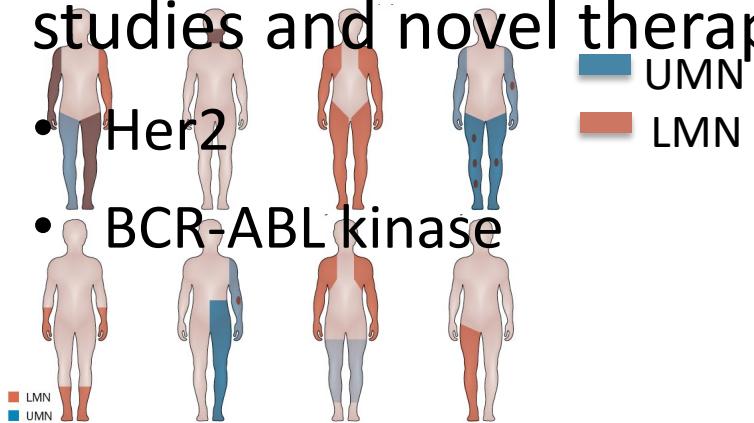
Professor and Vice Chair of Neurology, UAB

# Objectives

- General concepts of disease marker discovery
- Sharing the UAB/BVAMC experience in using ALS tissue
  - Example 1: Discovery of muscle biomarkers and new directions for understanding disease mechanisms
  - Example 2: Validation of HuR as a new regulator of central neuroinflammation in ALS
  - Example 3: Validation of peripheral neuroinflammation in ALS and support for a novel treatment direction

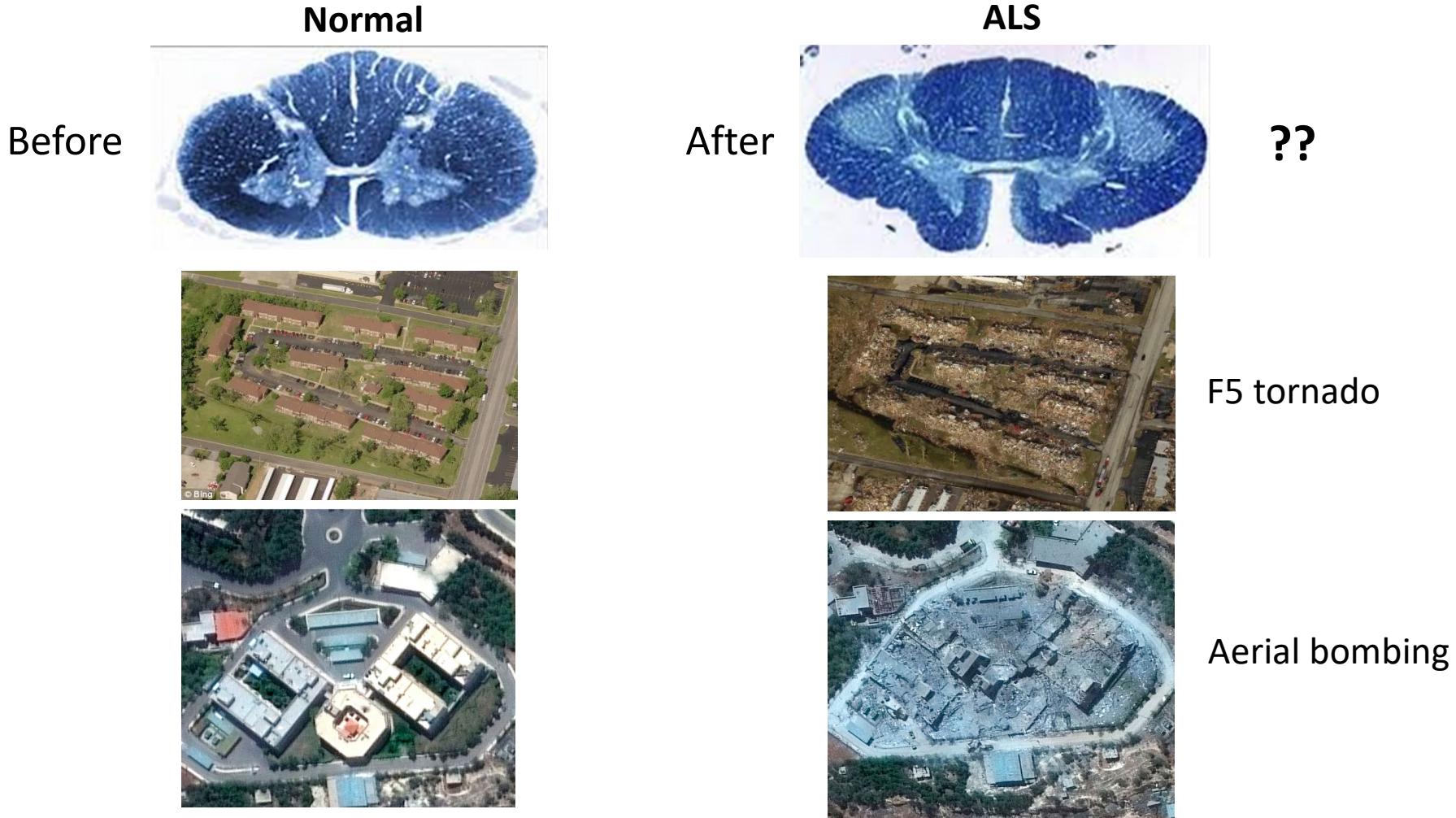
# Importance of Biomarker discovery by “omics”

- Markers for clinical assessment
- Reveals novel molecular pathways
- Provides direction for mechanistic studies and novel therapies



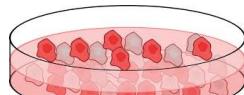
Swinnen, Nature Rev, 2014

# Post Mortem Biospecimens in ALS



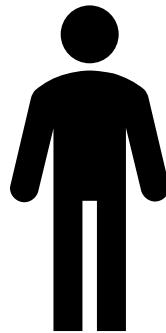
King and Mitsumoto, 1996

# ALS Tissue: Discovery and Validation

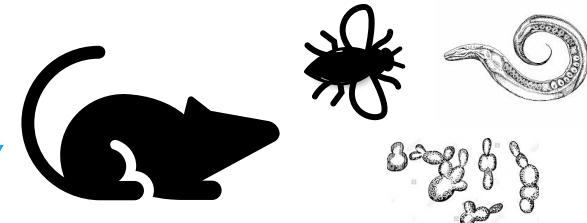


IPSC

- ALS patient derived
- Sporadic or familial
- Rapid testing
- Mechanistic
- **Not an organism**
- **No aging effect**



- “Gold” standard
- Sporadic form
- Microenvironment
- **End-stage**
- QC RNA, protein



- Temporal and spatial evolution
- Microenvironment
- Mechanistic
- Genetic manipulation
- **Genetic based**
- **Incomplete recapitulation of pathology**

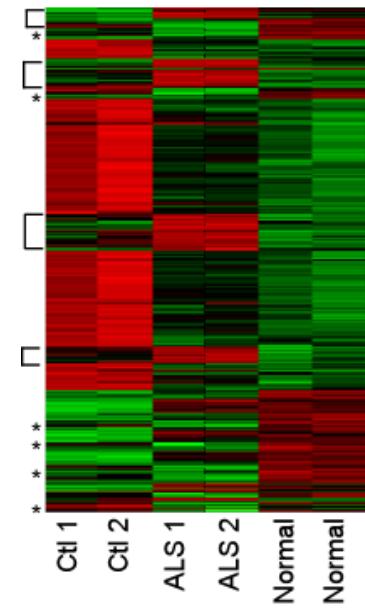
# Example 1: Biomarker Discovery



Muscle samples<sup>a</sup>.

	Normal	ALS	Myopathy	Neuropathy
Number	22	39	12	15
Age Range	32–74	27–82	38–74	33–88
Mean Age (y)	54 ± 11	59 ± 12	56 ± 14	60 ± 11
Gender (M:F)	2.6:1	1.2:1	1.1:1	3.3:1
Diagnosis	–	Spinal (77%) Bulbar (23%)	Inflammatory Mitochondrial Necrotizing	Axonal neuropathy Plexopathy CIDP  GBS (1) GBS Non-specific

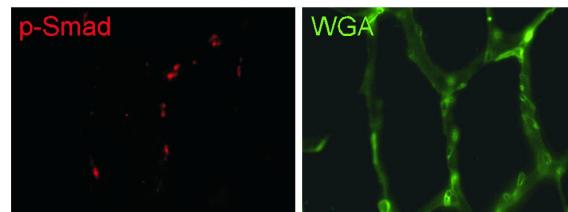
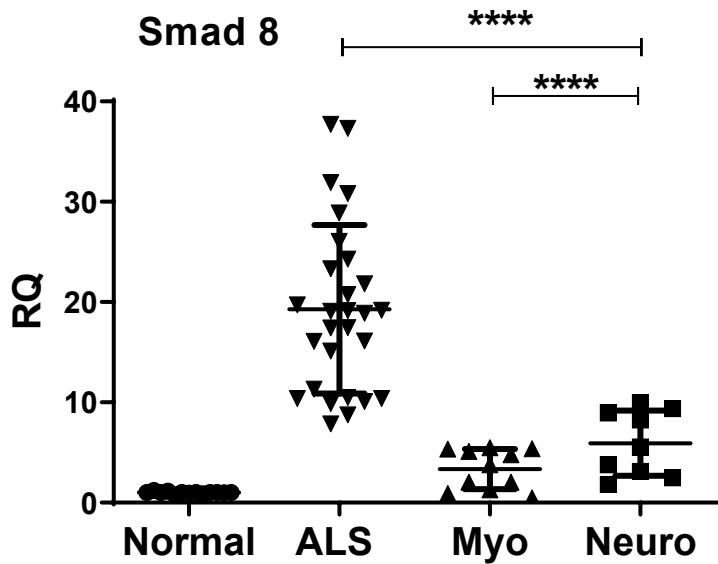
<sup>a</sup> Patient samples were used for either qPCR or western blot analysis. CIDP, Chronic inflammatory demyelinating polyradiculoneuropathy; GBS, Guillain Barre syndrome.



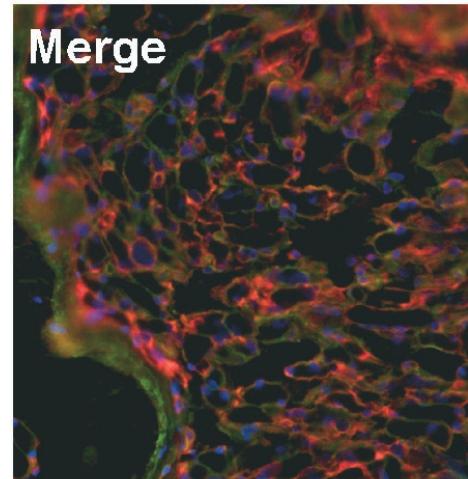
Si et al., Ann Clin Transl Neurol. 2014

# Smad 8 Validation

## qPCR



Biopsy

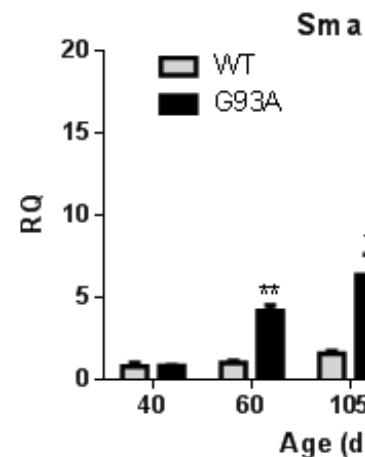
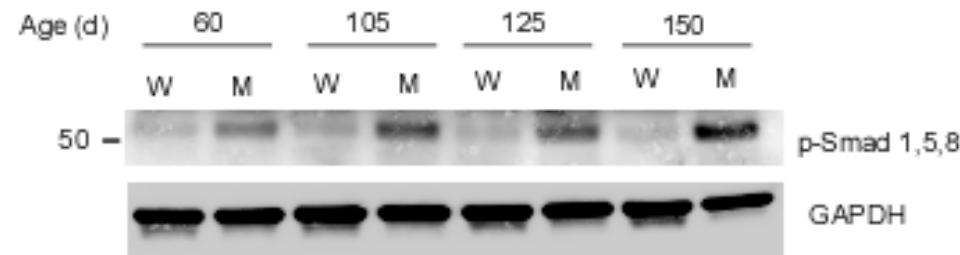
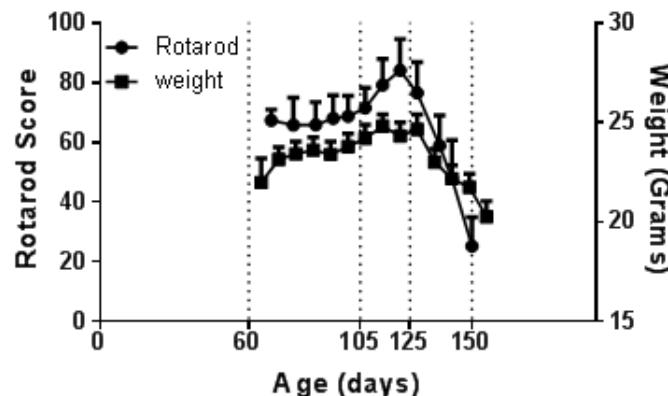


Autopsy

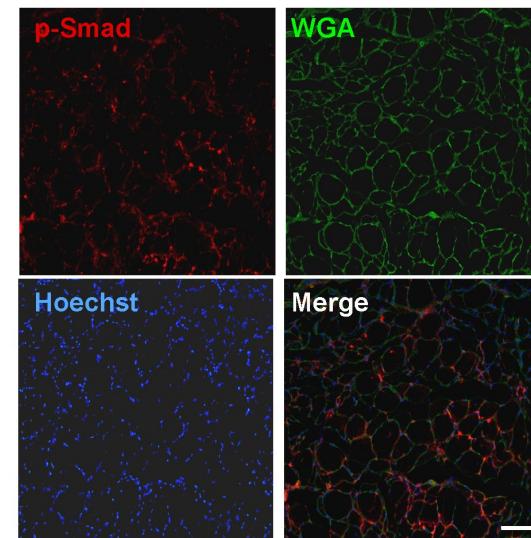
Si et al., Ann Clin Transl Neurol. 2014

# Smad8 in the G93A SOD1 mouse

ALS mouse



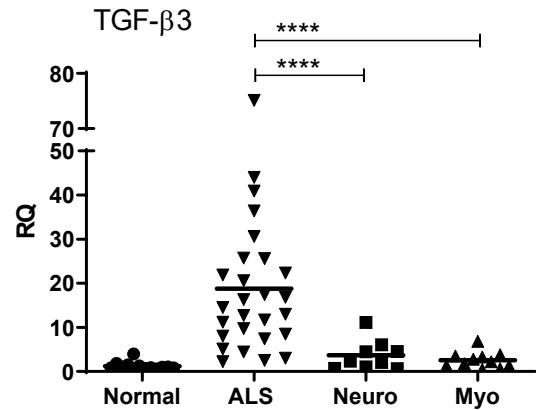
qPCR



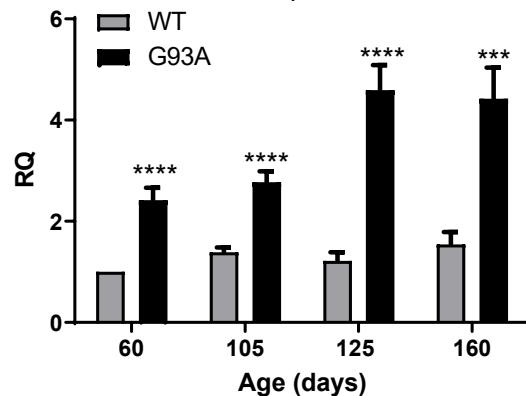
IHC

Si et al., Ann Clin Transl Neurol. 2014

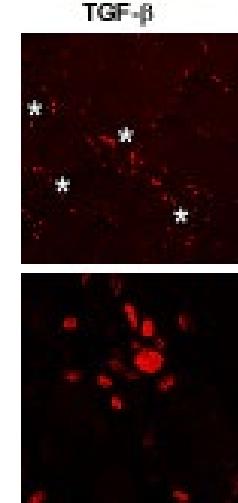
# TGF- $\beta$



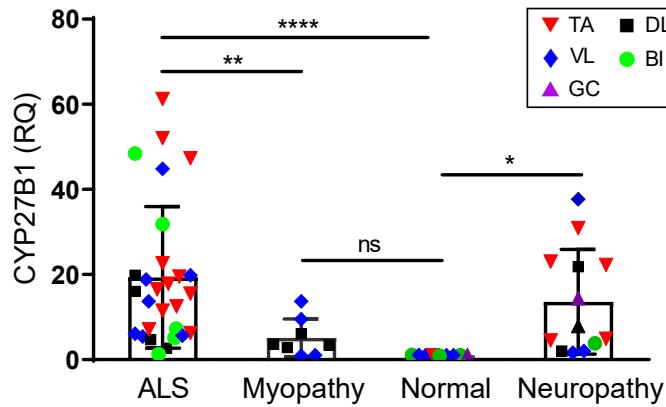
TGF- $\beta$ 3



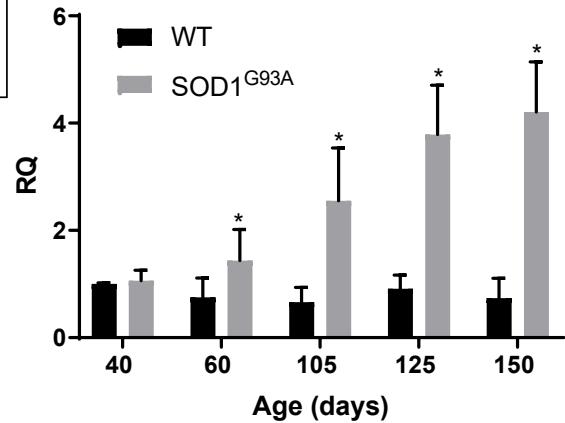
Human ALS (VL)



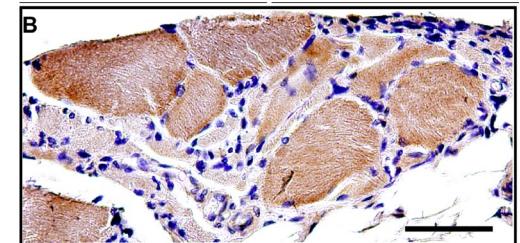
# CYP27B1



WT  
SOD1<sup>G93A</sup>



Human ALS (VL)



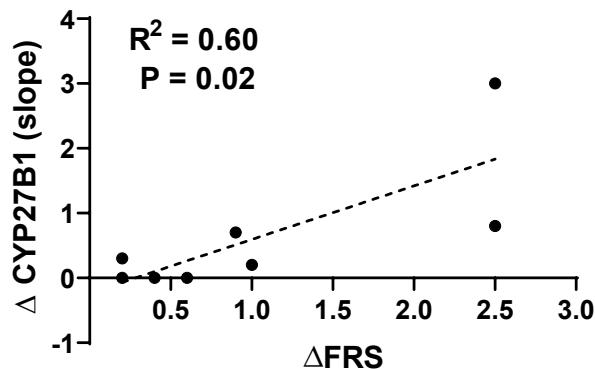
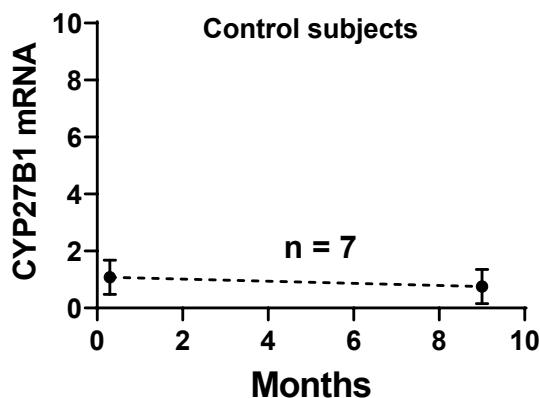
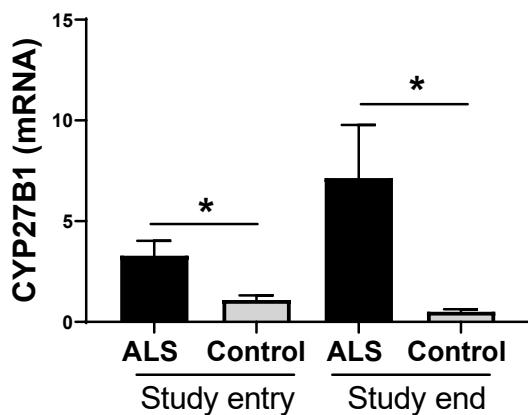
Si et al., Plos One, 2015

Si et al., J Steroid Bioch, 2020

# CYP27B1 and ALS Disease progression: a prospective study

## Study patients

Sex	Age	Onset	<sup>a</sup> Duration (m)	Study duration (m)	<sup>c</sup> ALSFRS-R		<sup>d</sup> ΔFRS	<sup>e</sup> Muscle
					Entry	End		
M	59	Bulbar	7	6 <sup>b</sup>	28	13	2.5	DL
M	64	Bulbar	8	6 <sup>b</sup>	36	21	2.5	DL
M	41	Spinal	15	12	24	12	1.0	TA
M	44	Spinal	17	12	30	19	0.9	DL
M	54	Spinal	47	12	34	27	0.6	BI
M	66	Spinal	17	12	44	42	0.2	DL
F	53	Spinal	26	12	43	40	0.3	DL
M	62	Spinal	16	12	29	27	0.2	DL



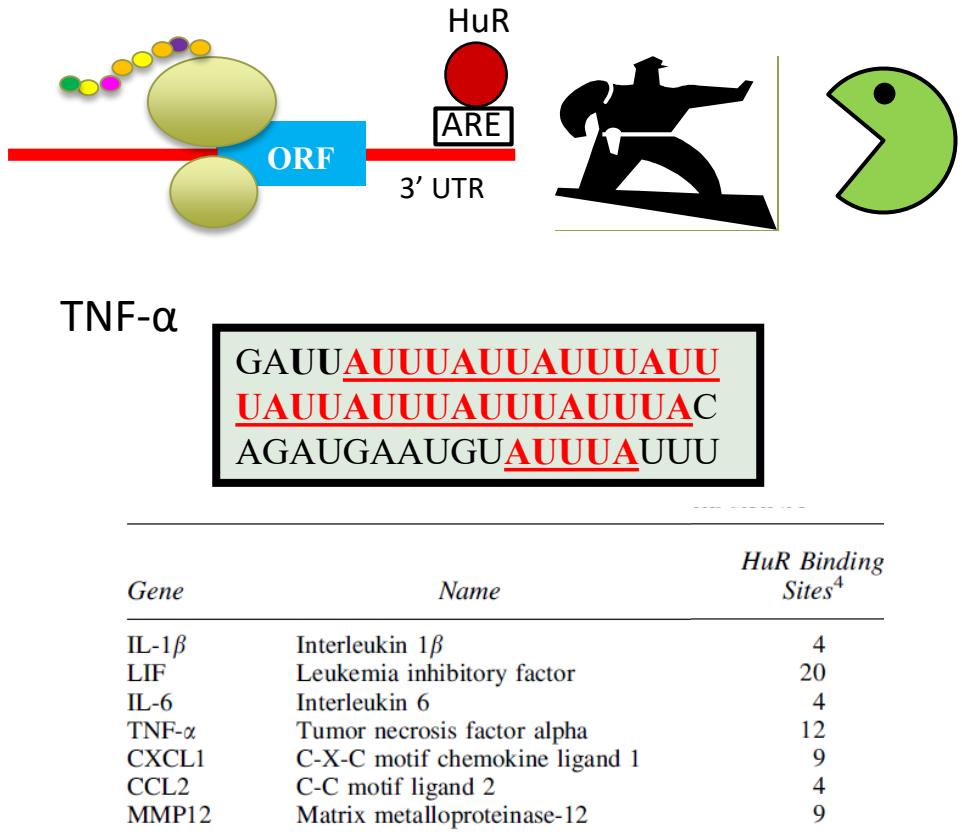
Si et al., J Steroid Bioch, 2020

# Lessons Learned

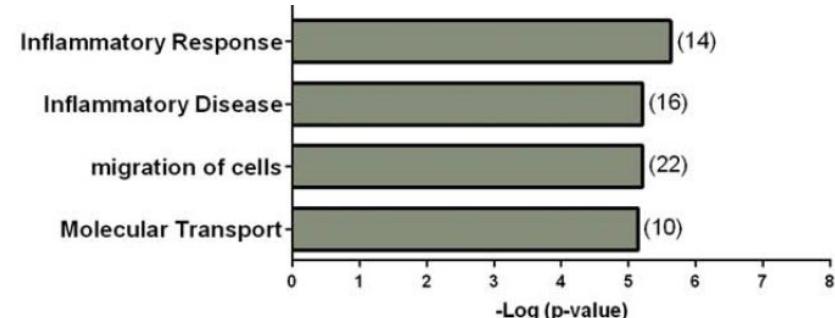
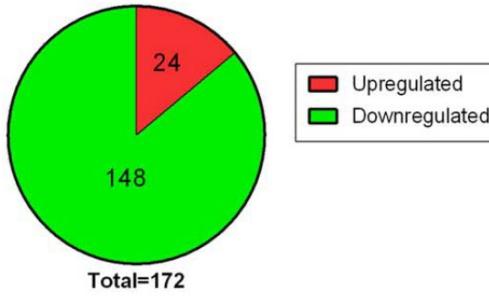
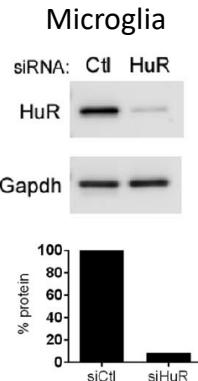
- Coordinated molecular program initiated in skeletal muscle in ALS at early pre-symptomatic stages
- Diversity of novel disease-associated pathways
  - Smads in muscle denervation/reinnervation and miRNA regulation
  - Role of local Vitamin D in denervated skeletal muscle
  - TGF- $\beta$ : role in muscle fibrosis and inflammation; link to Smads
- Potential markers for tracking disease progression

## Example 2 Central neuroinflammation: validation

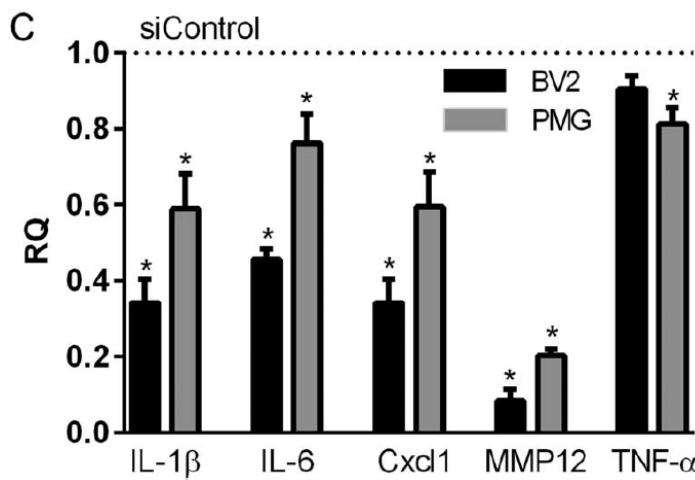
- HuR is an RNA binding protein in the ELAV family
- Binds to AUUUA sequences and stabilizes mRNA and increases translation
- Translocates to cytoplasm when activated
- Expressed in microglia/macrophages



# HuR and Neuroinflammation

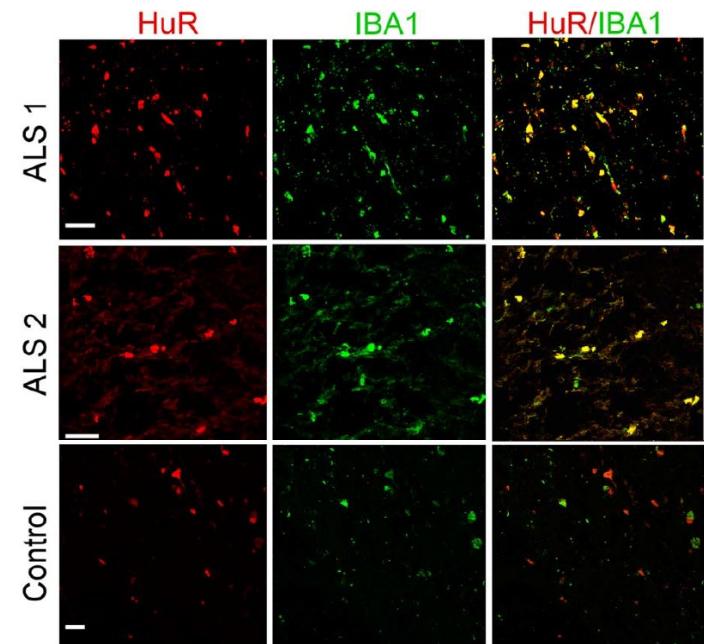
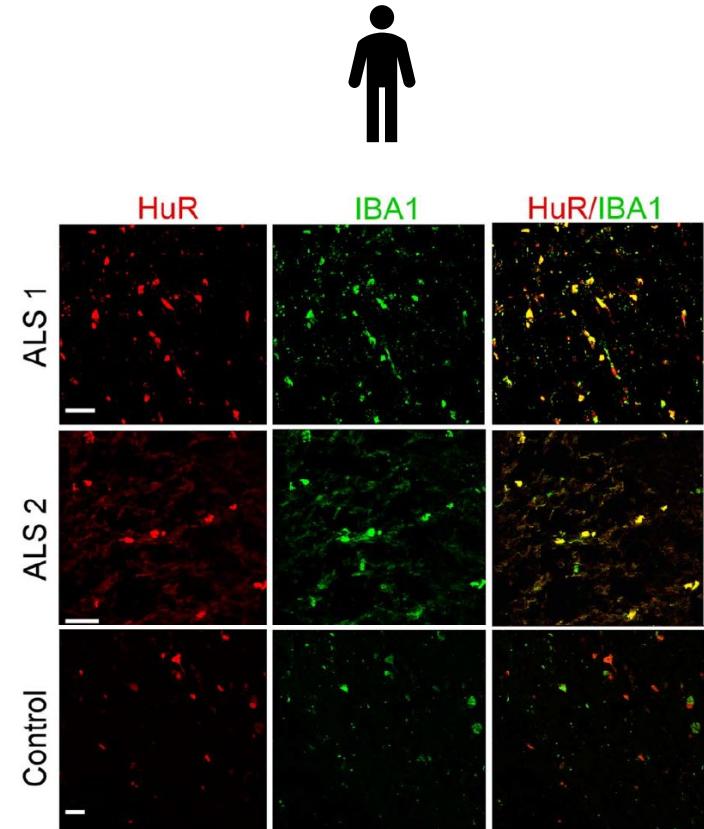
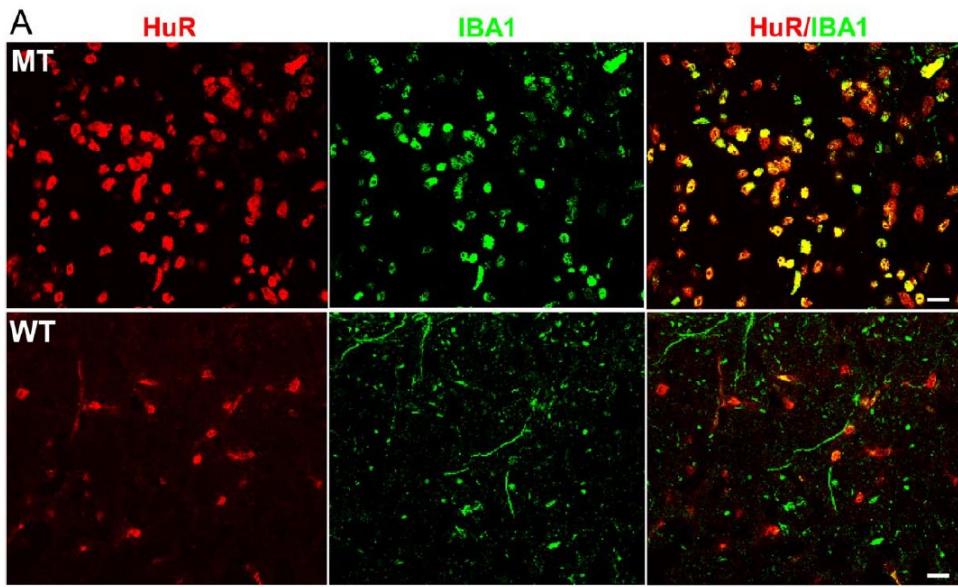
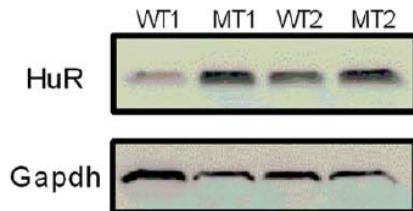


## Validation of targets



Matsye et al., Glia, 2017

# HuR and ALS

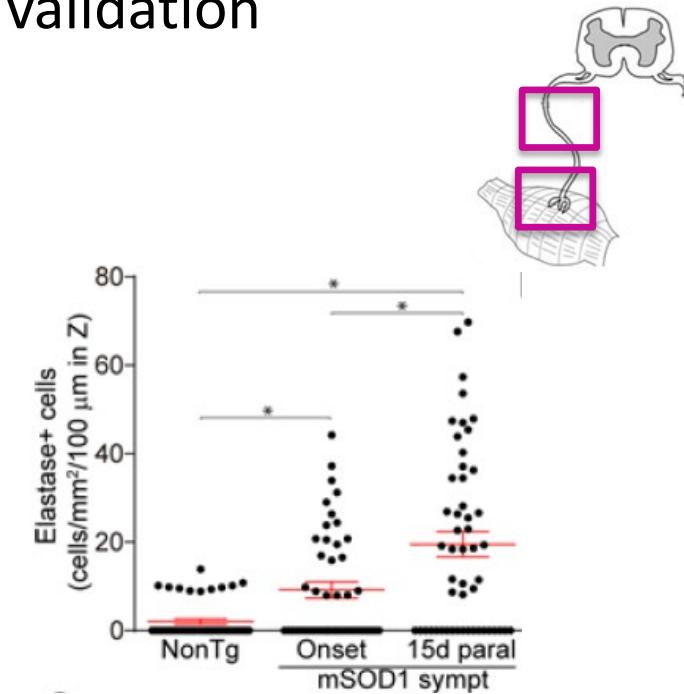
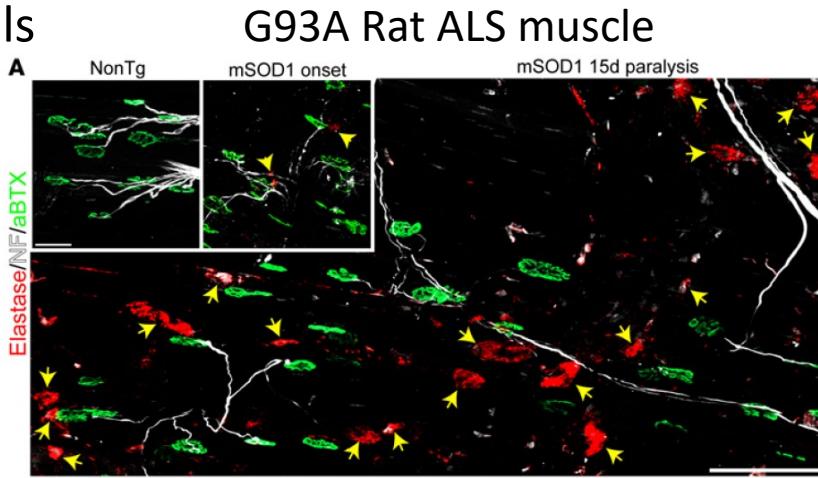


# Lessons Learned

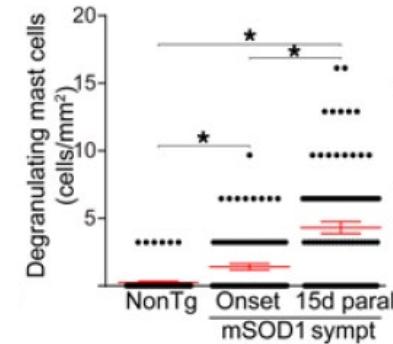
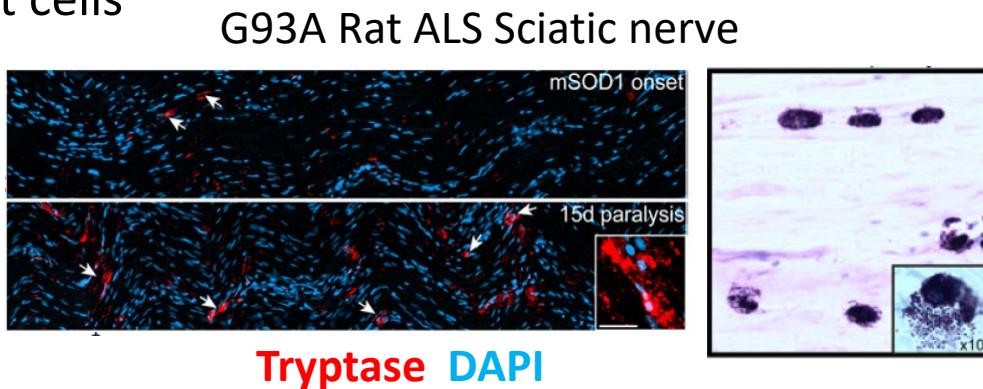
- HuR is a major regulator of inflammatory cytokine production through posttranscriptional pathways
- Human tissue validation of ALS mouse findings: HuR is activated and upregulated in microglia.
- HuR may be a therapeutic target for slowing disease progression in ALS

# Example 3 Peripheral inflammation in ALS: validation

## Neutrophils



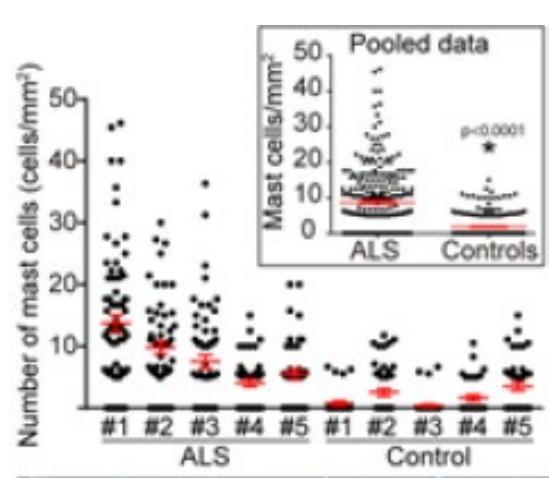
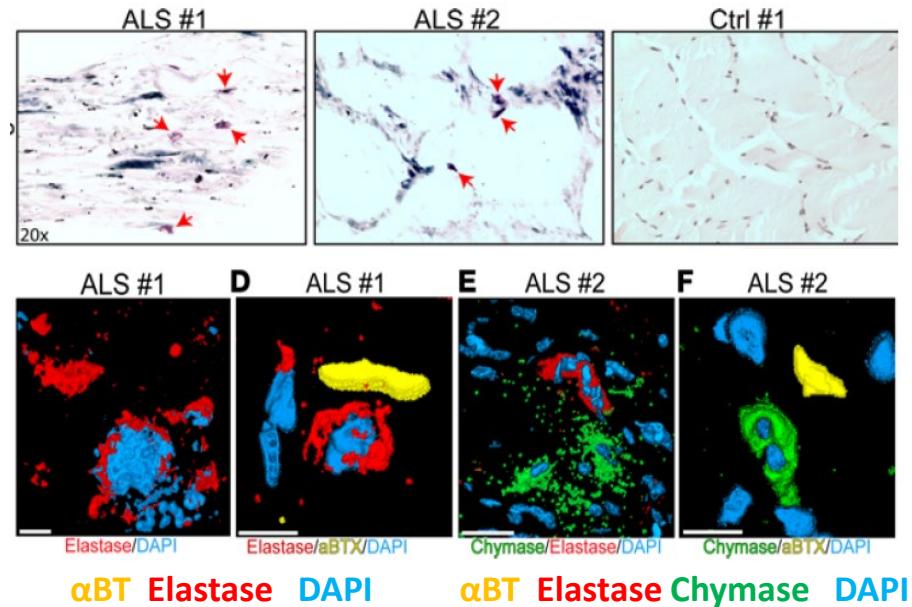
## Mast cells



Trias et al. JCI Insight, 2018

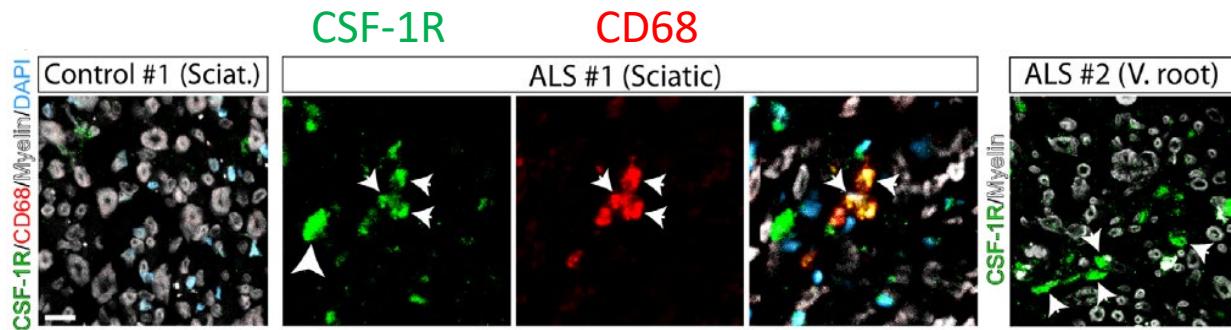
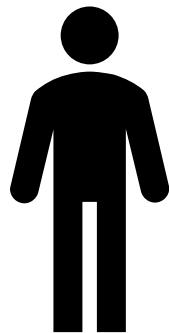
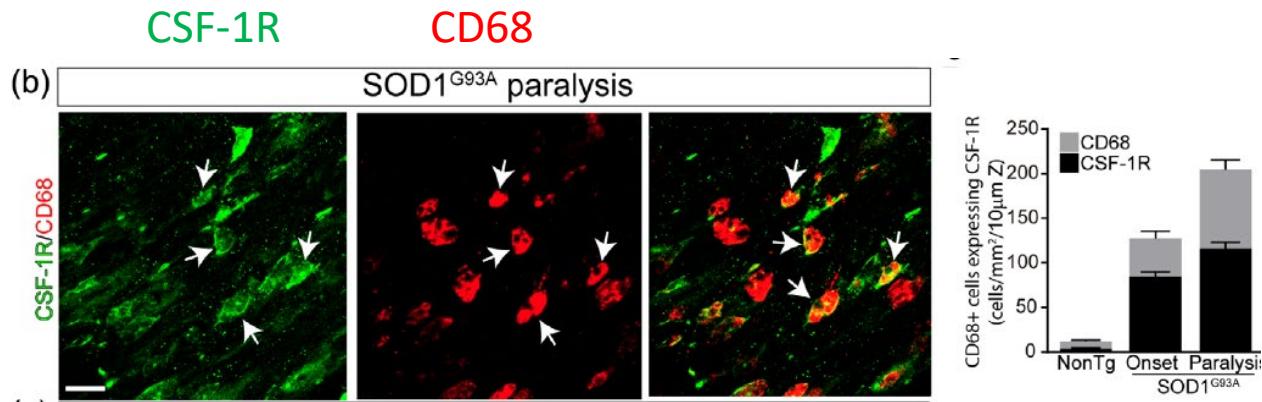
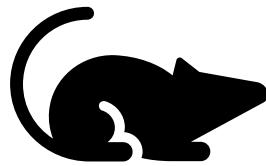
# Validation in Human ALS

NMJ/muscle



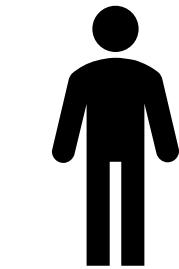
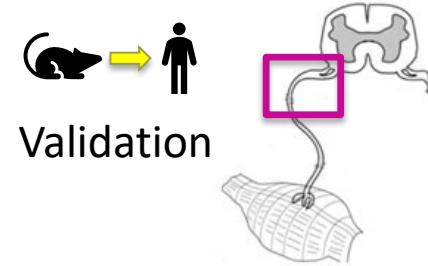
JCI Insight, 2018

# CD68+, CSF-1R+ Macrophages in ALS Nerve Roots

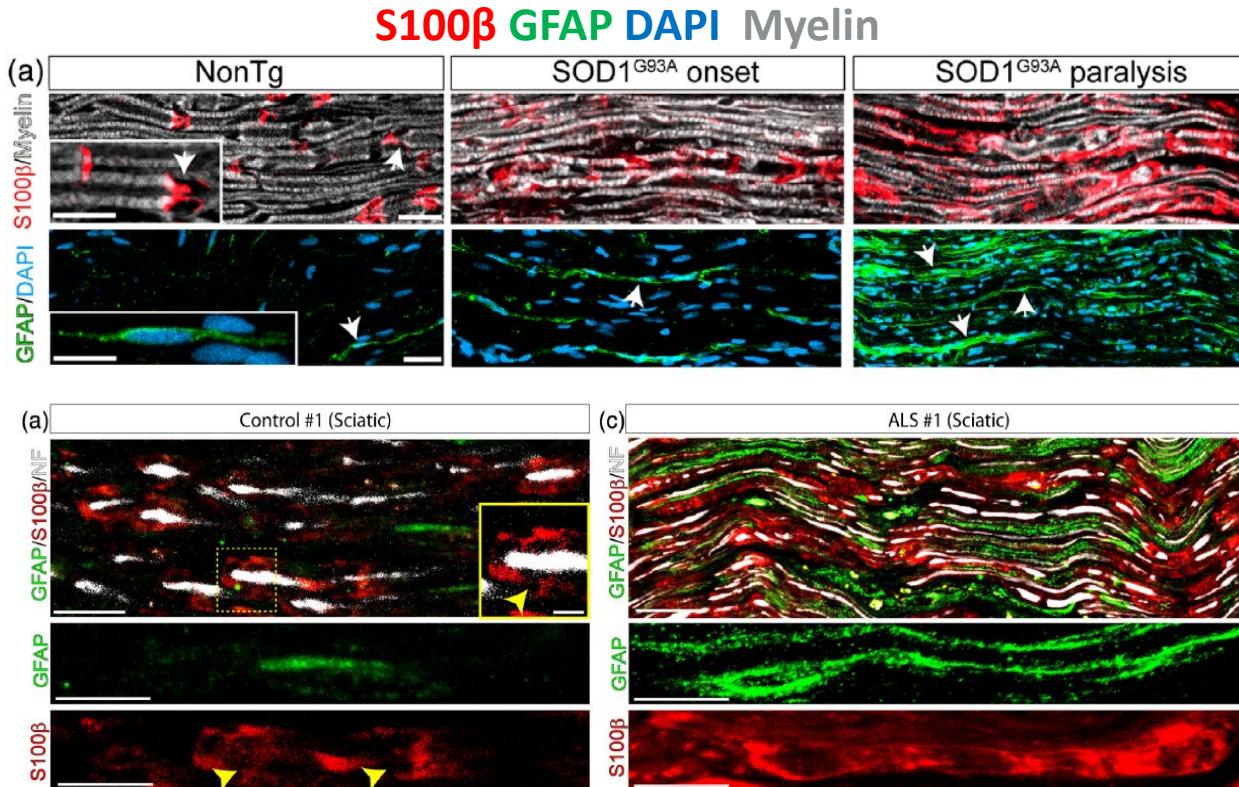


Trias et al., 2019

# Schwann cells orchestrate peripheral nerve inflammation through the expression of CSF1, IL-34, and SCF in amyotrophic lateral sclerosis

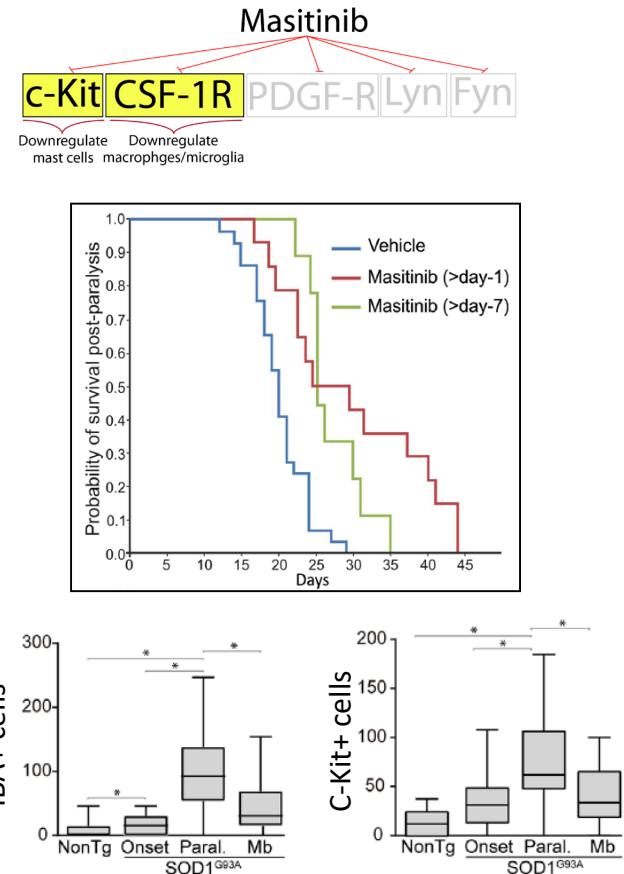


Sciatic nerve

Trias et al., *Glia*, 2019

# Lessons learned

- Peripheral neuromuscular inflammation in Rat ALS model is validated in human ALS tissue
- Rat model indicates an evolution of peripheral inflammation with disease progression
- Provide rationale for masitinib



# Conclusions

- Post mortem ALS tissue is essential for discovery of new pathways and validation of pathways discovered in non-human ALS models
- The importance of animal models for assessing temporal evolution of biomarkers
- The importance of normal controls and disease controls
- Discovery in ALS will not move forward without the cooperation and courage of our patients

# Patient Acknowledgement

**GLIA** | Wiley | 961

associated factors. Microglia play multiple roles in normal brain and neuroinflammatory/degenerative diseases, some beneficial and some detrimental (Cherry, Olschowka, & O'Banion, 2014; Pena-Altimira et al., 2015; Streit, 2002; Wake et al., 2013). The roles may change depending on the disease type and stage. In the G93A mouse model of ALS, for example, microglia are neuroprotective in the early stages of the disease and later become deleterious (Henkel et al., 2009; Zhao et al., 2013). In models of AD and MS, migration of microglia to diseased brain and phagocytic removal of debris ( $\text{A}\beta$  in the former and myelin breakdown products in the latter) may be beneficial (El Khoury et al., 2007; Neumann, Kotter, & Franklin, 2009). On the other hand, in spinal cord injury, early upregulation of IL-1 $\beta$  and TNF- $\alpha$  (microglia being a major source) contributes to neuronal toxicity (David and Kroner, 2011). Taken together, these findings suggest that HuR may be a therapeutic target depending on the disease and stage of disease. HuR expression is not limited to microglia, and thus it remains to be seen whether other cells could be adversely affected by its inhibition.

## ACKNOWLEDGMENT

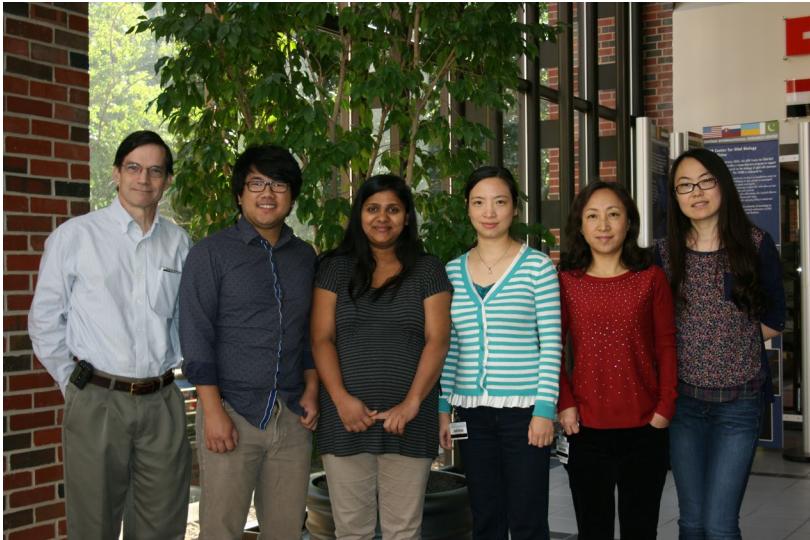
The authors report no conflict of interest. The authors wish to thank the UAB Genomics Core, funded through the UAB Comprehensive Cancer Center (CA13148) and CFAR (AI027767). We would like to thank Dr Rakesh Bakshi, Department of Medicine (Division of Infectious Diseases) for his kind support with neutrophil isolation and Dr Ranjit Kumar, Center for Clinical and Translational Science, for his help with RNA sequencing analysis. We are also grateful to our patients who donated their spinal cord tissue postmortem for ALS research.

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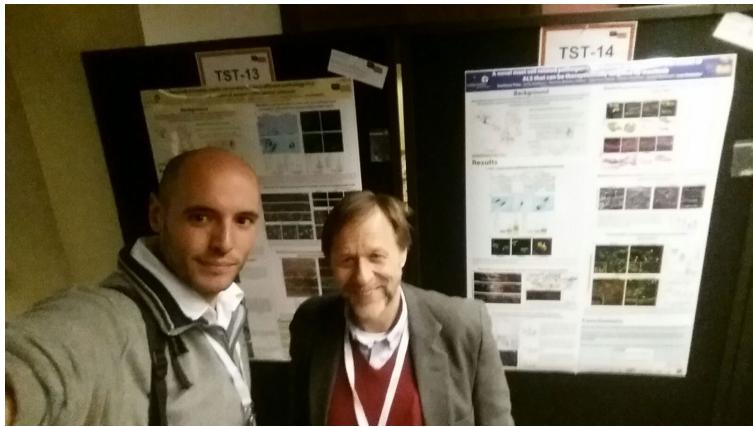
**“...We are also grateful to our patients  
who donated their spinal cord tissues  
postmortem for ALS research”**

# Collaborative Teams

## Laboratory



## BVAMC ALS Clinic



## Support

