

Full spectrum translation in rare disease research

Hans Tomas Bjornsson MD PhD



THE MCKUSICK-NATHANS
EPIGENETICS AND CHROMATIN CLINIC (ECC)

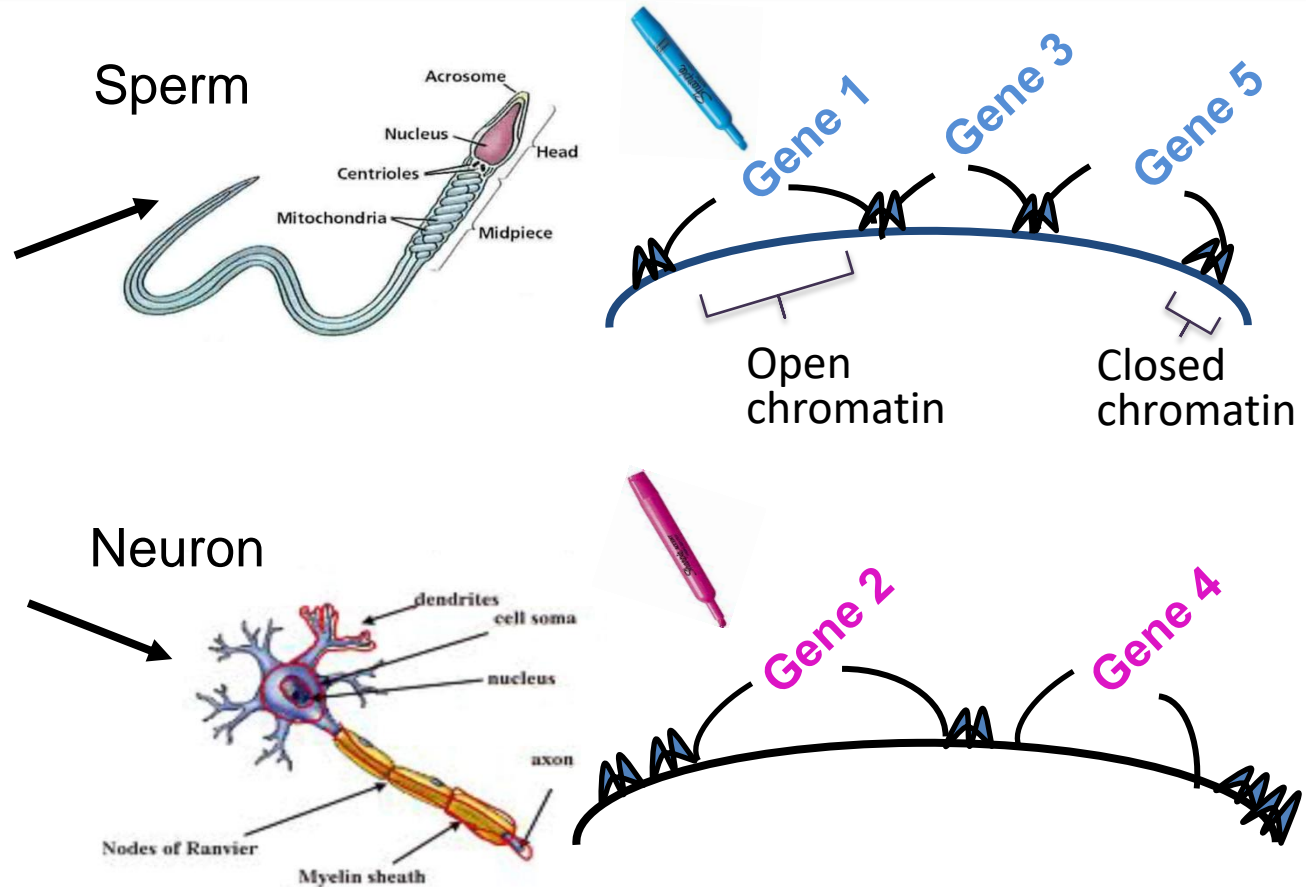
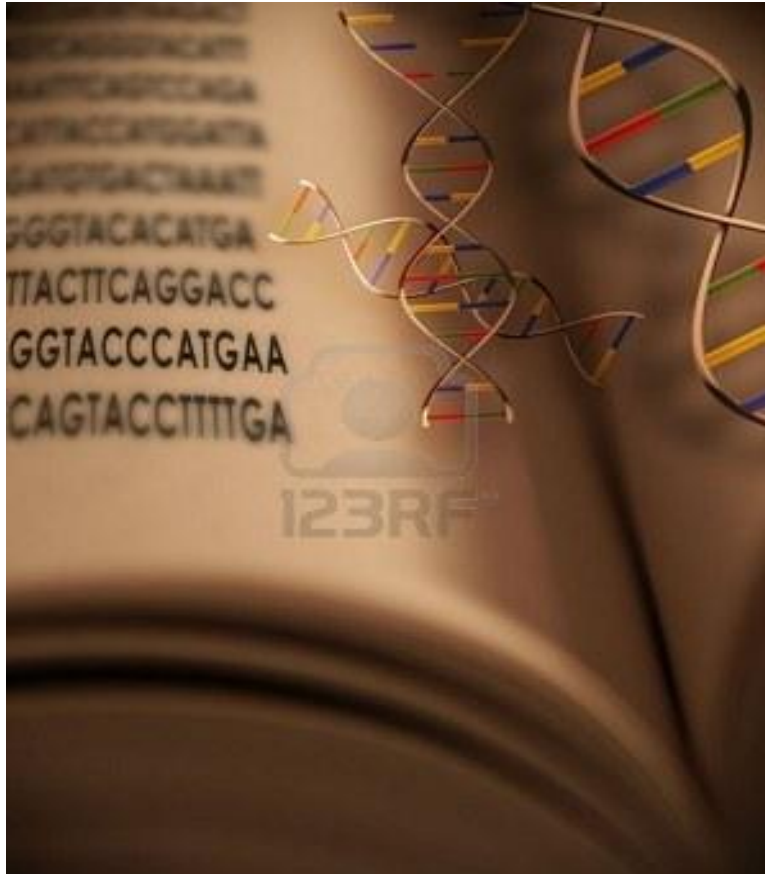


University of Michigan
2022



Same text, >300 different meanings

“Book of life”



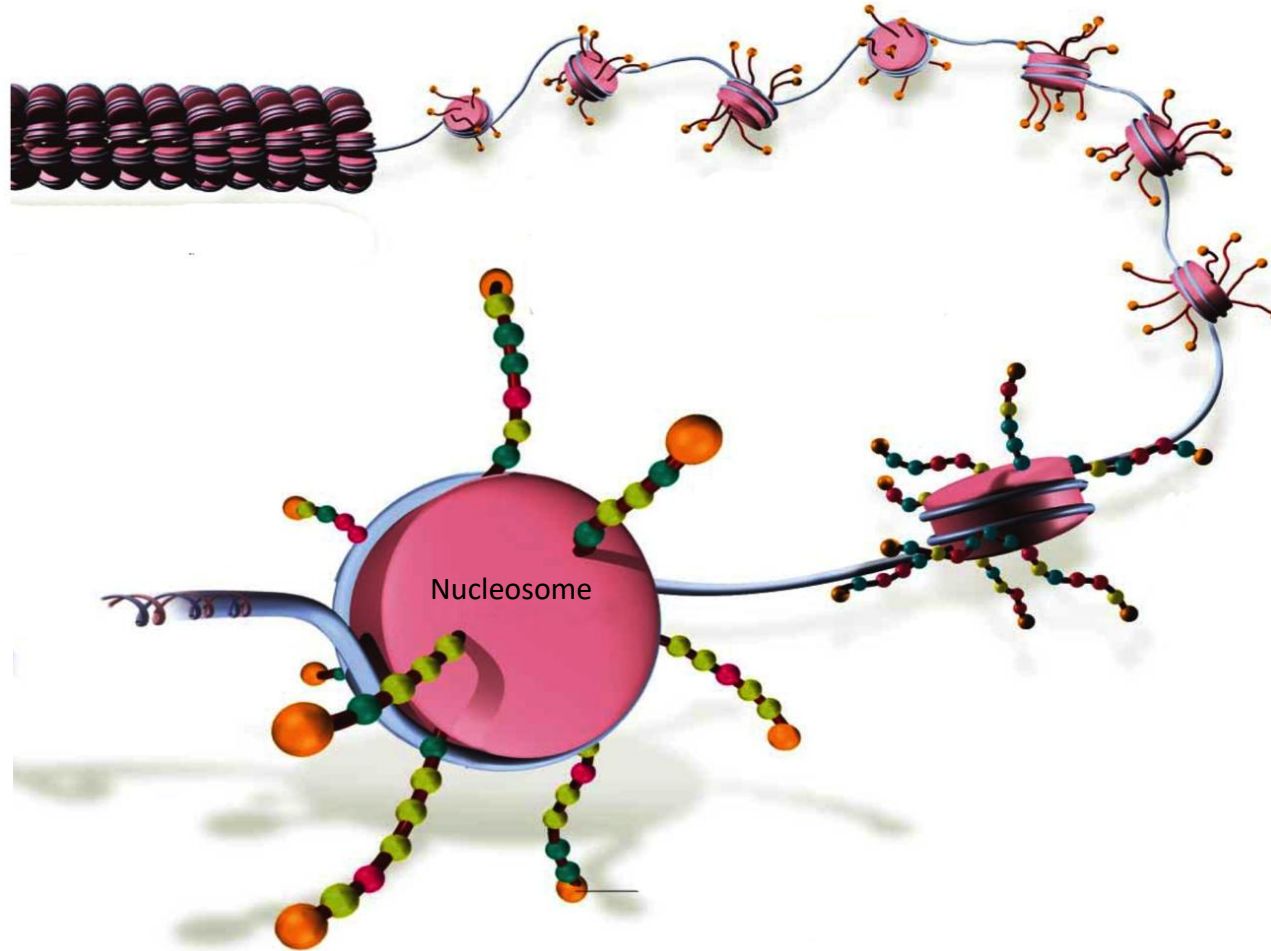
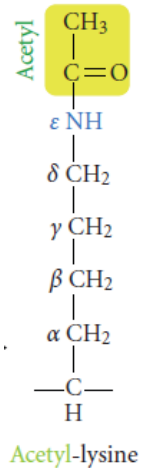
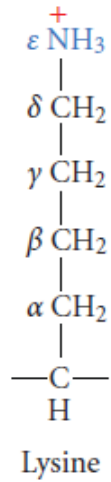
But how are these achieved and maintained in cells?

Epigenetic machinery: the genome's “highlighter”

- Epigenetic marks are modifications of DNA or associated proteins, other than the DNA sequence itself, that are heritable through cell division (mitosis)
- Reversible and affected by the environment
- Add to information content of DNA
 - » DNA methylation
 - » **Histone tail modifications**



Histone acetylation is seen in open chromatin

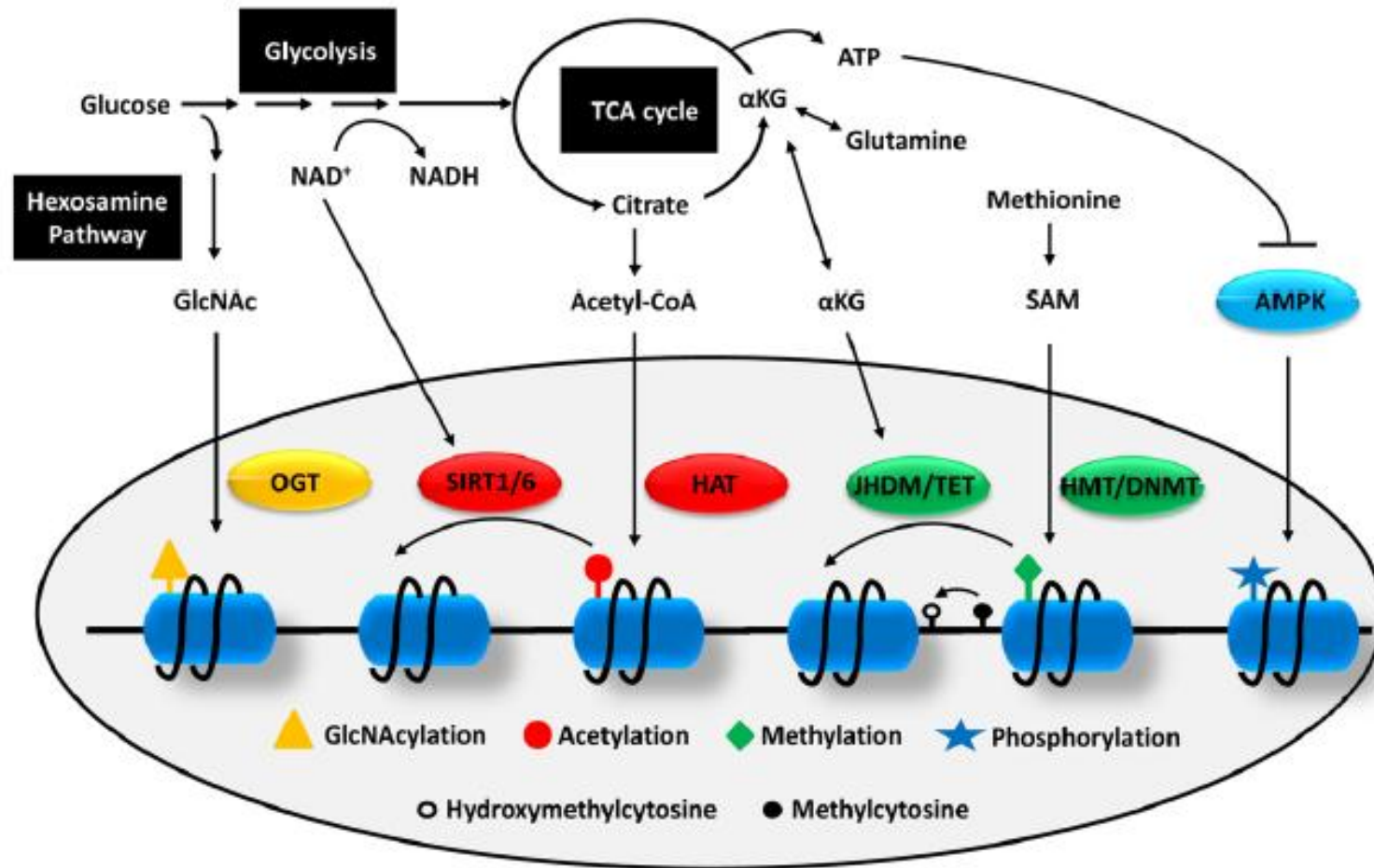


Histone tail modifications

Histone modification types and the interacting domains that “read” them

Modification types
Unmodified lysine
Acetylation
Methylation
Phosphorylation
Ubiquitylation
Sumoylation
ADP-ribosylation
Citrullination
Butyrylation
Propionylation
Glycosylation

Emerging links between metabolic pathways and histone modifications



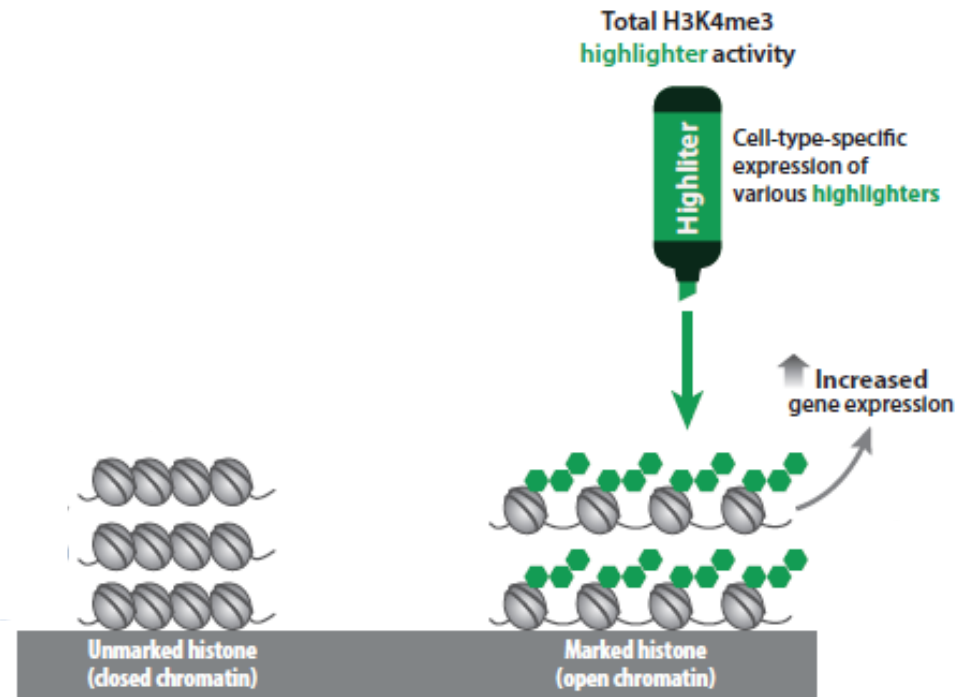
Summary (1):

- Epigenetic modifications are thought to help establish and maintain **cell type specific identity**;
- Many of the donors for epigenetic modifications are critical intermediates of cellular metabolism, **linking gene expression with cellular metabolic states**;

What are the components of the histone machinery?

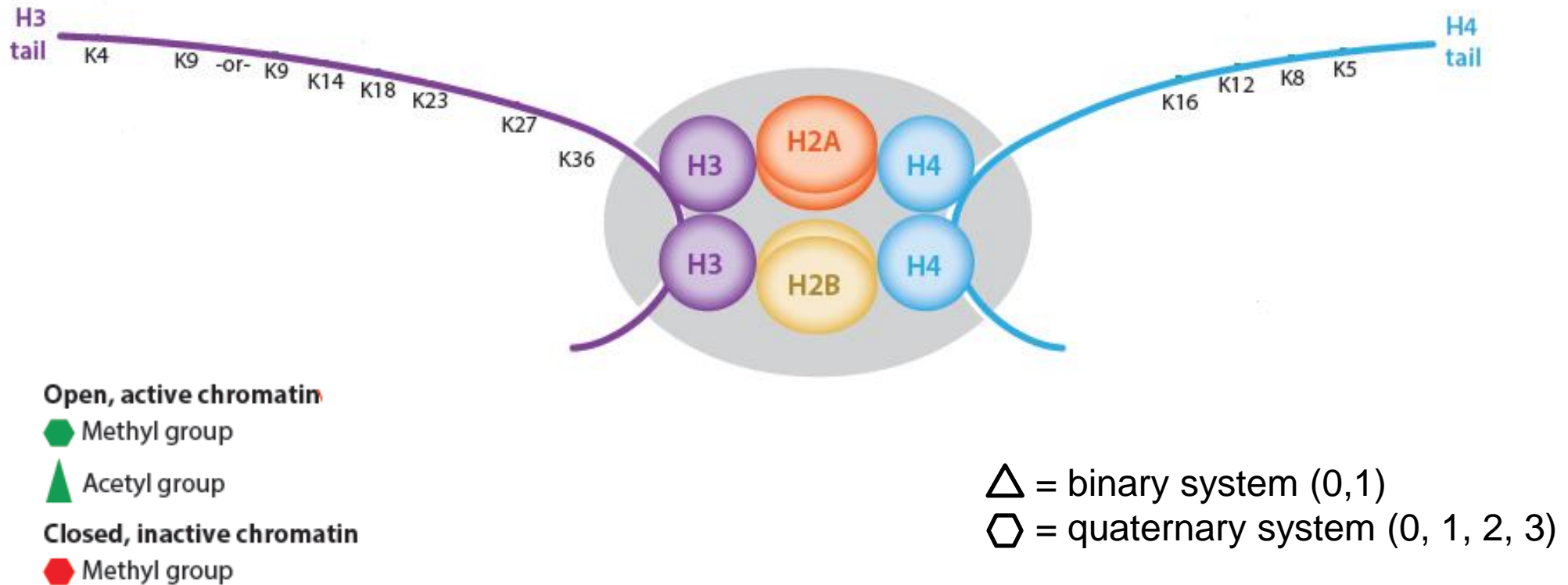
Histone machinery

1. Writers

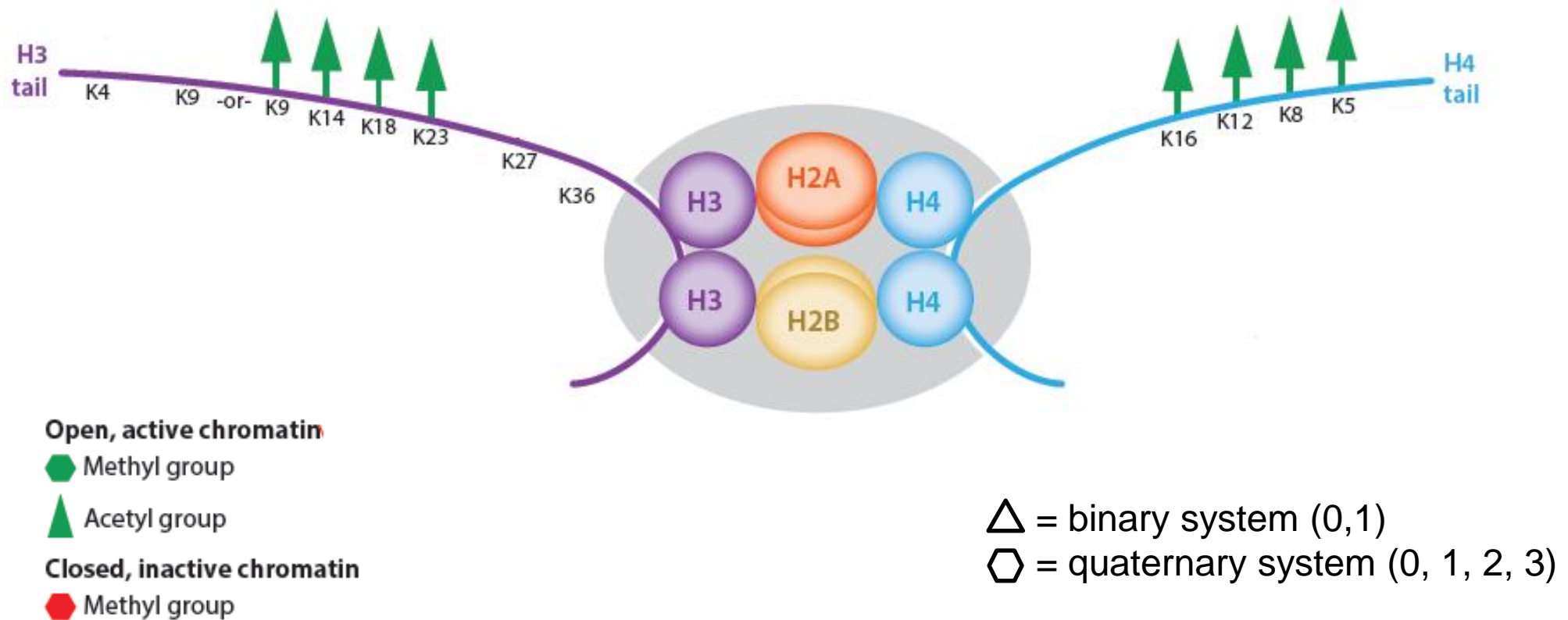


- 1) Sliding
- 2) Exchange variants

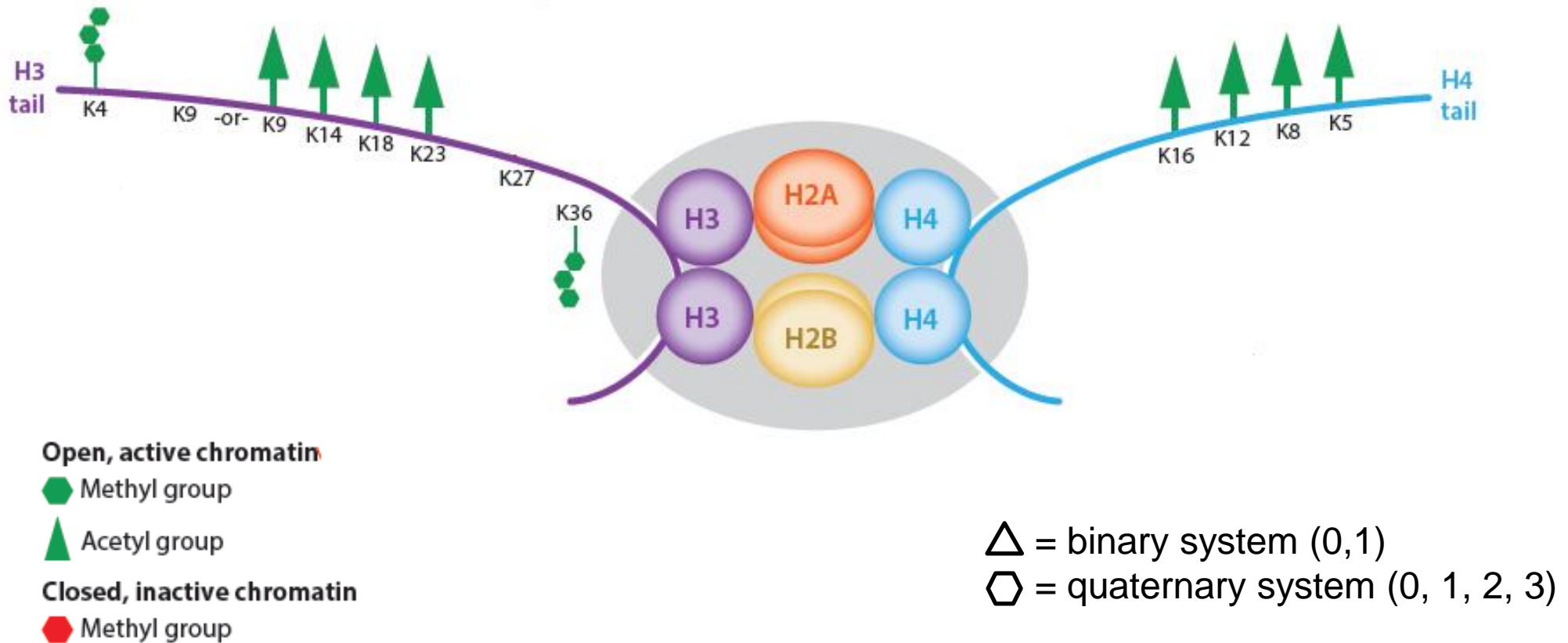
Histone marks in open and closed chromatin



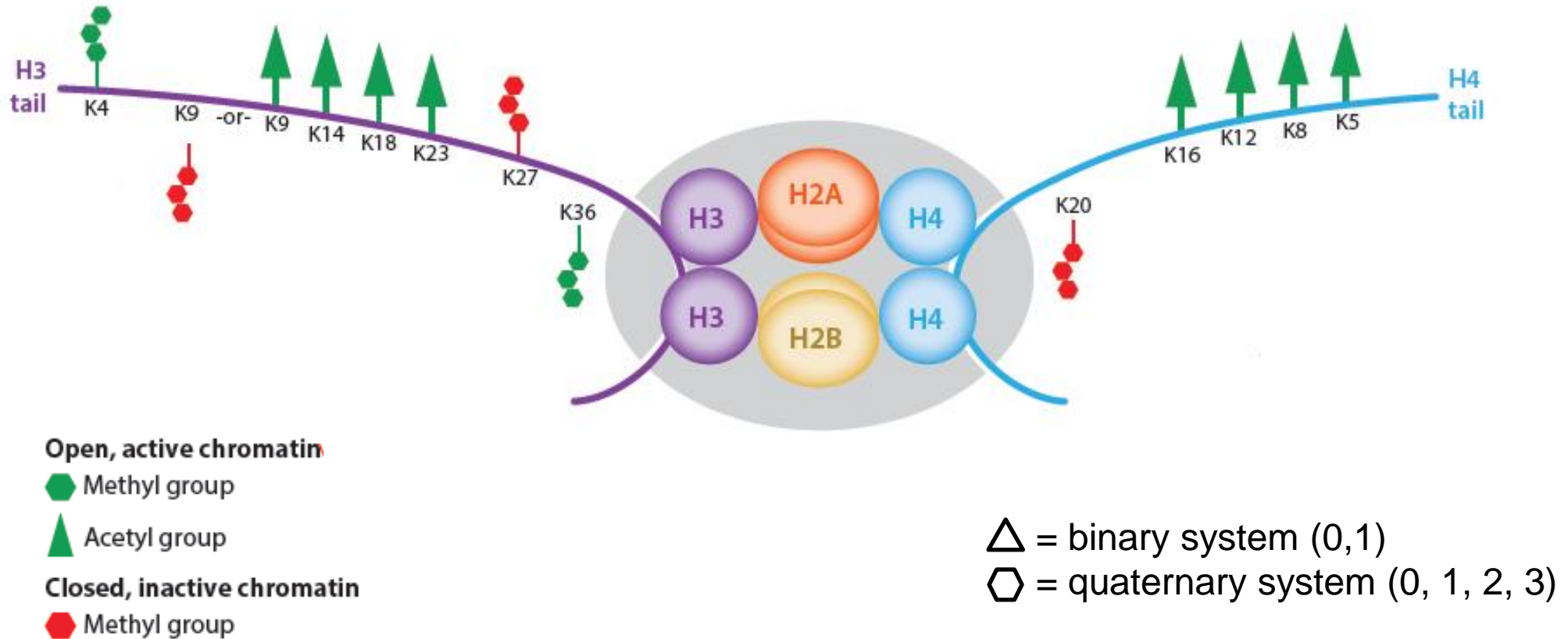
Acetylation is an open chromatin mark



H3K4me3 is an open chromatin mark



H3K27me3 is a closed chromatin mark



Summary (2):

- The histone machinery consists of **writers** (highlighters), **erasers**, **readers** and **remodelers**;
- There are many different histone modifications, and **certain combinations** of marks are seen in **open** chromatin (H3K4me3, H4ac) and other combinations in **closed** chromatin (H3K27me3, H3K9me3);

But what happens when epigenetic machinery is disrupted?



Epigenetics and Chromatin Clinic

The McKusick-Nathans
Epigenetics and Chromatin Clinic

- Imprinting disorders
 - » Beckwith Wiedemann syndrome

Mostly
CIS

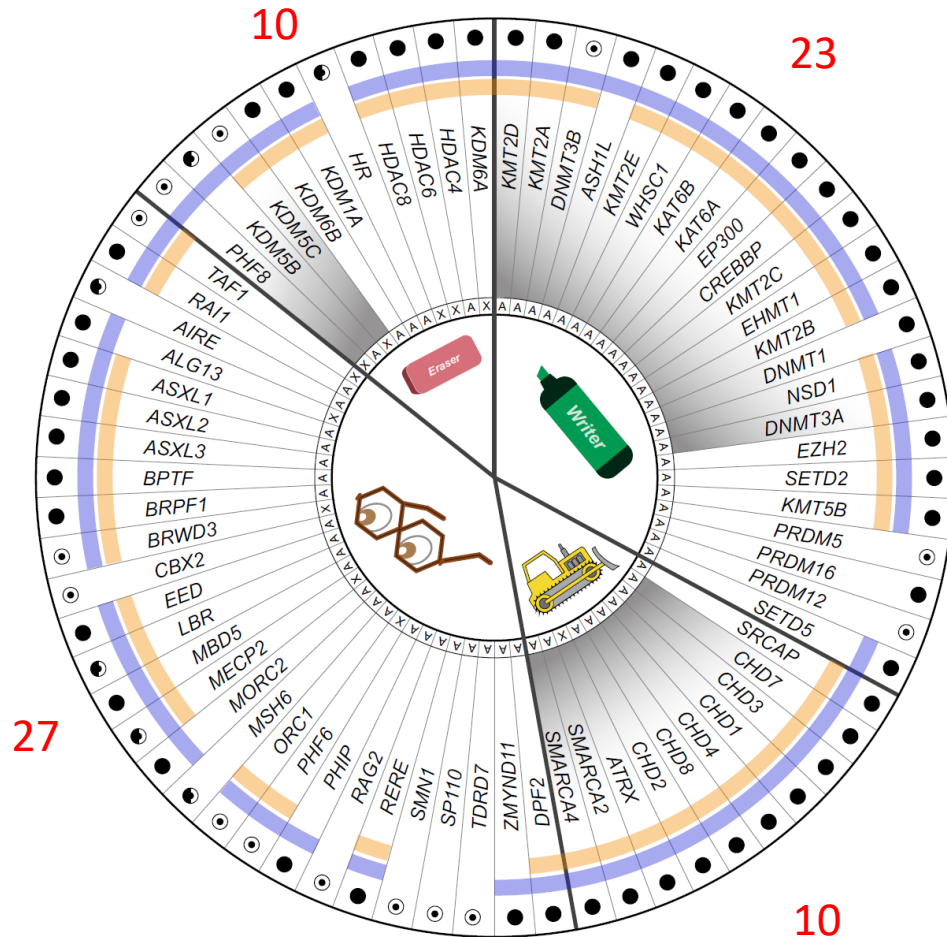
- Disorders of the DNA methylation machinery
 - » Rett syndrome
- Disorders of the histone machinery
 - » Kabuki, Rubinstein-Taybi syndromes

TRANS

Genetic disorders with epigenetic consequences

The Mendelian disorders of the epigenetic machinery: 70 genes

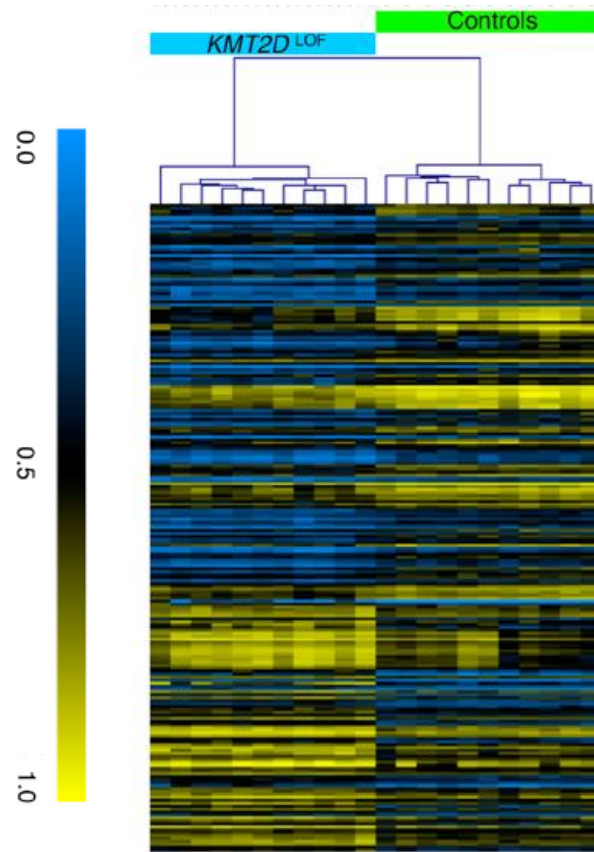
Intellectual disability
 Growth dysregulation (overgrowth/growth retardation)



Common themes:

- 1) Intellectual disability (also growth, immune, limbs);
- 2) Dosage sensitivity: Uniformly caused by the loss of a single allele;
- 3) Episignatures;

DNA methylation episignatures: interdependence of epigenetic modifications

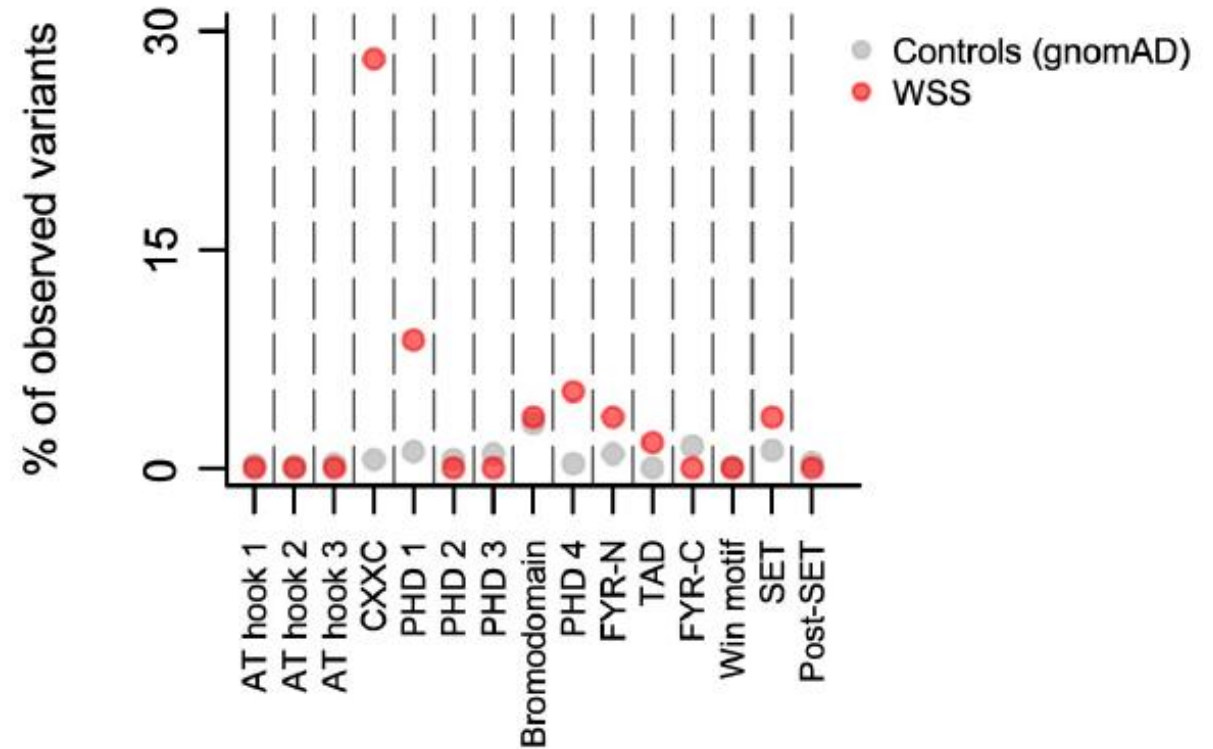


*Butcher et al. AJHG, 2017;
Sobreira et al. EJHG 2017*

Caveat: An enzyme domain is not always the most important region for disease state



B



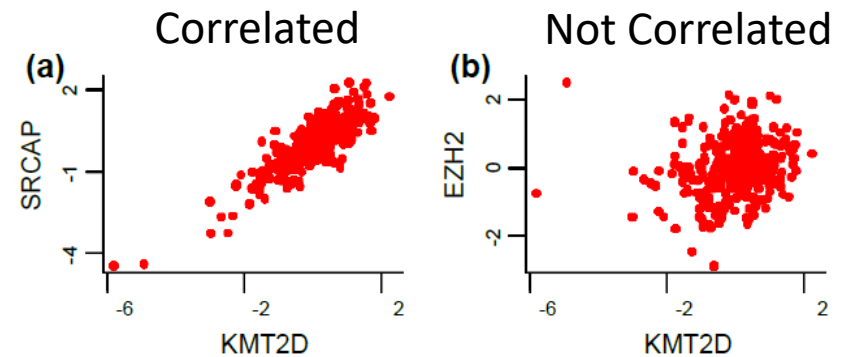
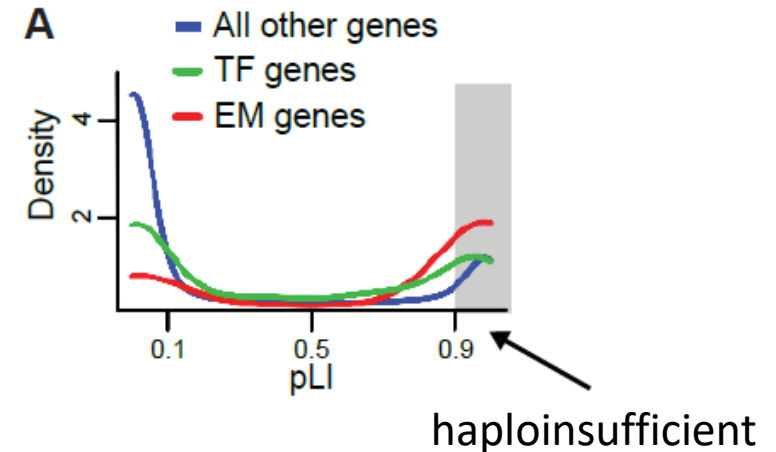
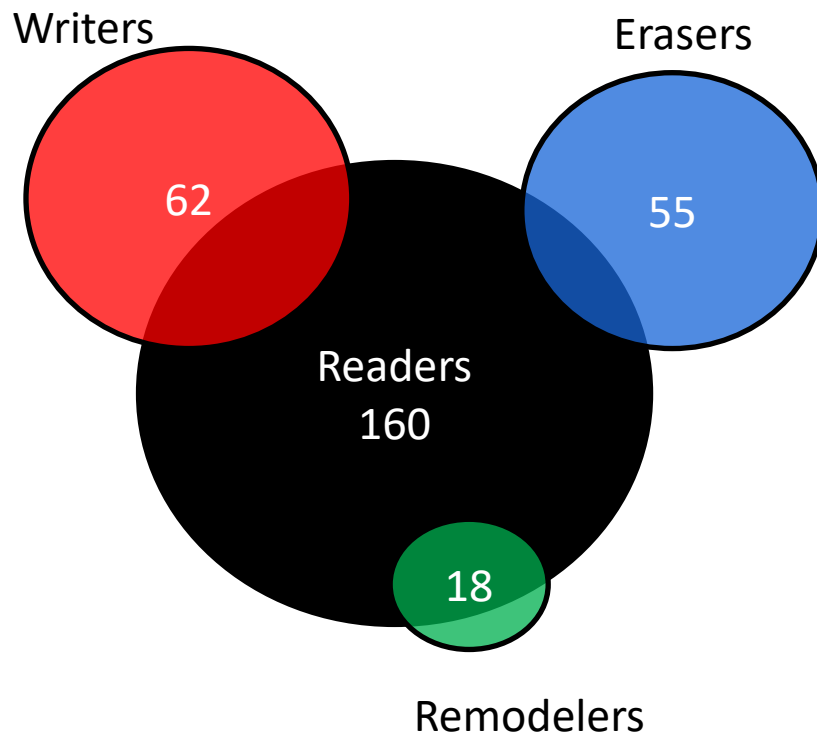
Summary (3):

- The Mendelian disorders of the epigenetic machinery (MDEM), are **genetic** disorders that are expected to have **epigenetic consequences**;
- The Mendelian disorders of the epigenetic machinery lead to disruption of **growth** and **intellect**;
- Most of these disorders have unique **DNAm episignatures** that currently can help with evaluation of variants but perhaps in future will help clarify function of various factors;

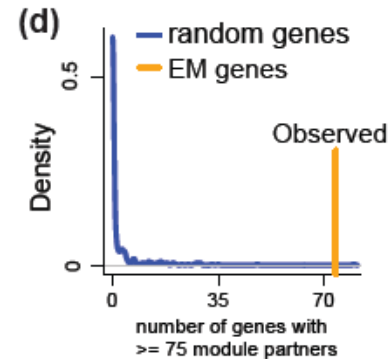
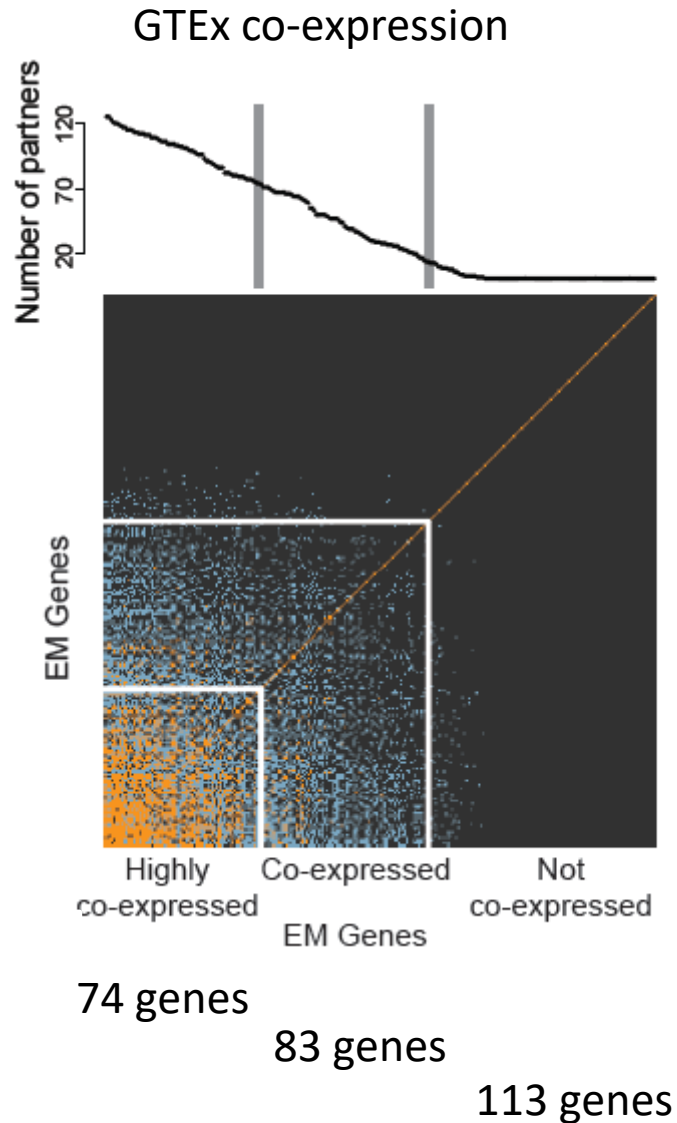
Is dosage sensitivity a general theme in EM factors?

Epigenetic Machinery genes act in a modular way and are intolerant to variation

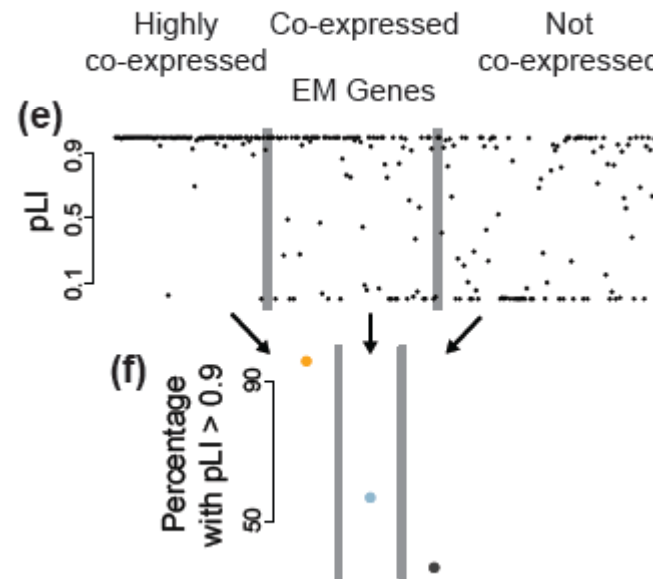
At least 295 factors have direct function as writers, erasers, reader or remodeler



A subset of the 300 epigenetic machinery (EM) genes are highly co-expressed



Could disruption of co-expression play a role in disease pathogenesis?



Summary (4):

- Enzymatic functions of EM factors are **mutually exclusive** (one enzyme function per factor);
- 74 of these factors form a large co-expression module, and those factors are very highly intolerant to variation and enriched for neurological disease phenotypes (perhaps network itself plays role in disease and dosage sensitivity) and perhaps should be **prioritized for future disease gene discovery**;
- A list of all known EM factors (and our data):
 - www.epigeneticmachinery.org

Have we found all the EM disease factors?

De novo changes in *CHD1* cause autism and speech apraxia

4/6 had
speech
apraxia!

We have now
made a
mouse with
R618Q which
is lethal in
homozygosity!

De novo changes in *CHD3* also cause speech apraxia

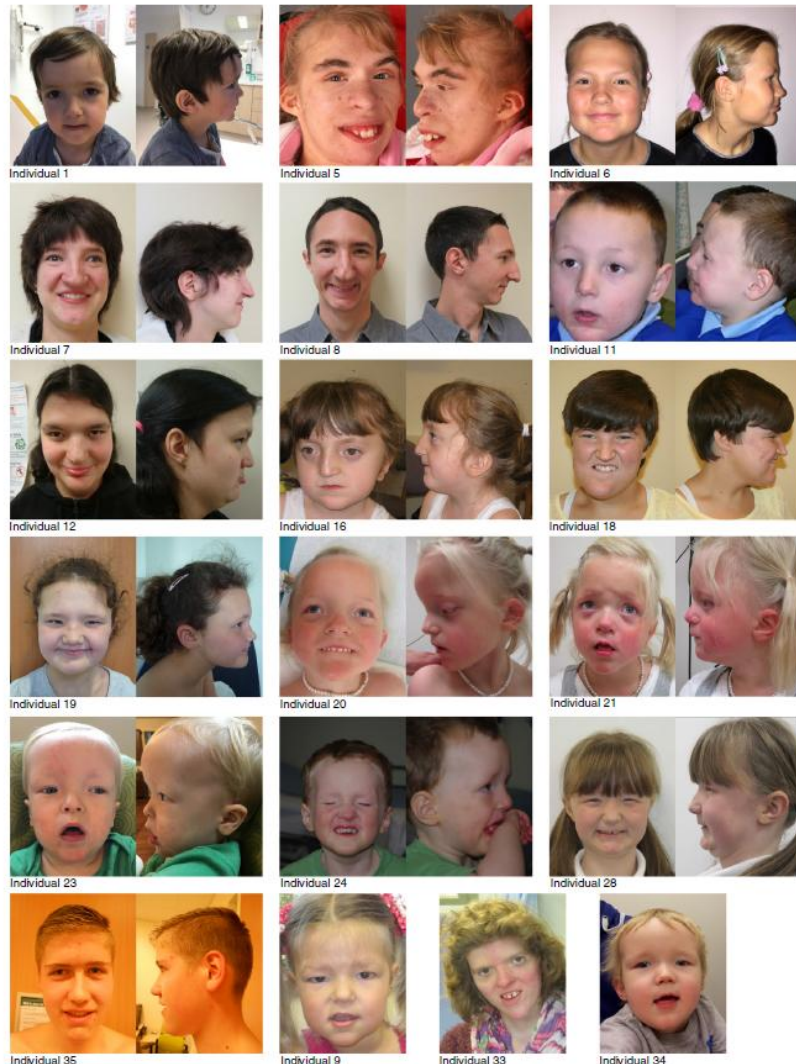


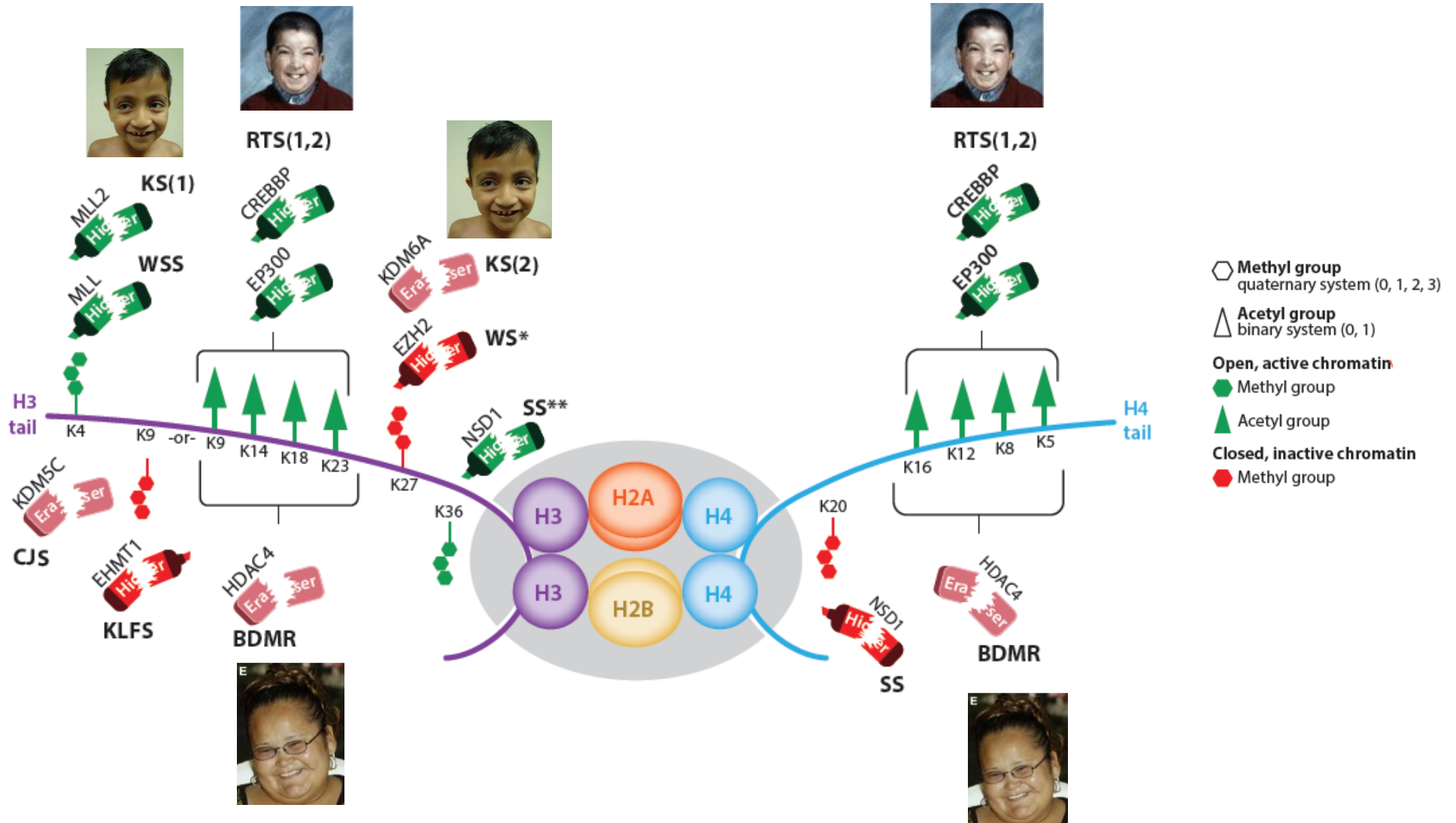
Table 1 Summary of phenotypes found in this cohort of probands with *CHD3* mutations

	Amount	Percentage
Development		
ID/DD	35/35	100%
<i>Degree of ID/DD</i>		
Borderline ID	3/35	9%
Mild or mild-moderate ID	9/35	26%
Moderate or moderate-severe ID	8/35	23%
Severe ID	7/35	20%
DD/level unknown	8/35	23%
Speech delay/disorder	33/33	100%
Autism or autism-like features	9/31	29%

Summary (5):

- **Pilarowski-Bjornsson syndrome (PILBOS)** is a novel Mendelian disorder of the epigenetic machinery caused by mutations in the chromatin remodeler CHD1;
- CHD3 also leads to a novel ID syndrome, which also has a strong connection to **speech problems**, indicating that these related factors and/or chromatin remodeling have something to do with speech.

Three illustrative writer/eraser disorders



Rubinstein-Taybi syndrome: a writer disorder

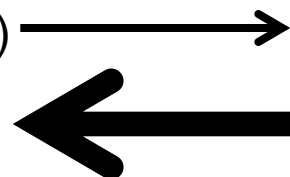
A disorder of histone acetylation
Autosomal dominant
Mutations in either <i>CREBBP</i> or <i>EP300</i>
Intellectual disability, dysmorphic features Immunodeficiency (1)
1/100000



RTS, Type 1 and 2:

CREBBP/EP300 

ARTKQ//KAPRKQLATK (H3)
14 18 23



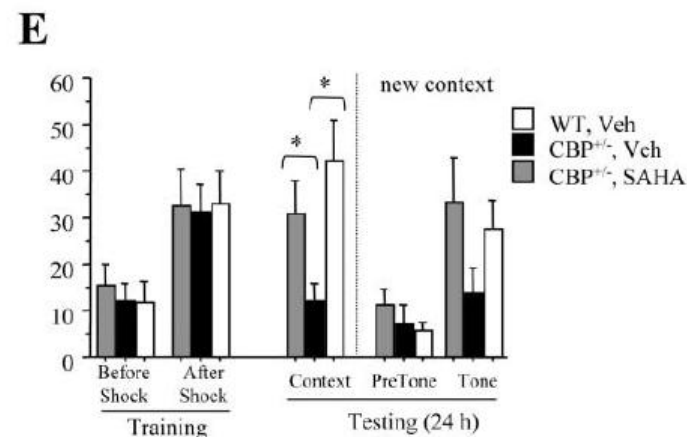
ARTKQ//KAPRKQLATK (H3)
14 18 23

Closed chromatin

Open chromatin

Postnatal treatment with histone deacetylase inhibitors can rescue memory defect in mouse models of RTS:

Alarcon et al. Neuron 2004
Wood et al. Neuron, 2004



Brachydactyly Mental Retardation syndrome

Disorder of histone acetylation
Autosomal dominant
Mutations in <i>HDAC4</i>
Brachycephaly, brachydactyly type E, intellectual disability
Rare (less than 100 cases)

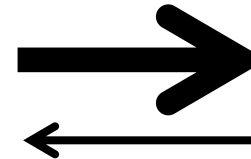


Williams SR et al. AJHG 2010

BDMR

ARTKQ//KAPRKQLATK (H3)
14 18 23

Closed chromatin



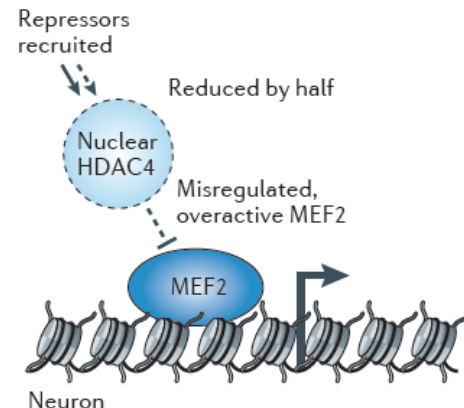
HDAC4



Ac Ac Ac
14 18 23

Open chromatin

HDAC4 in BDMR syndrome



Ronan JL et al. Nature Reviews 2013

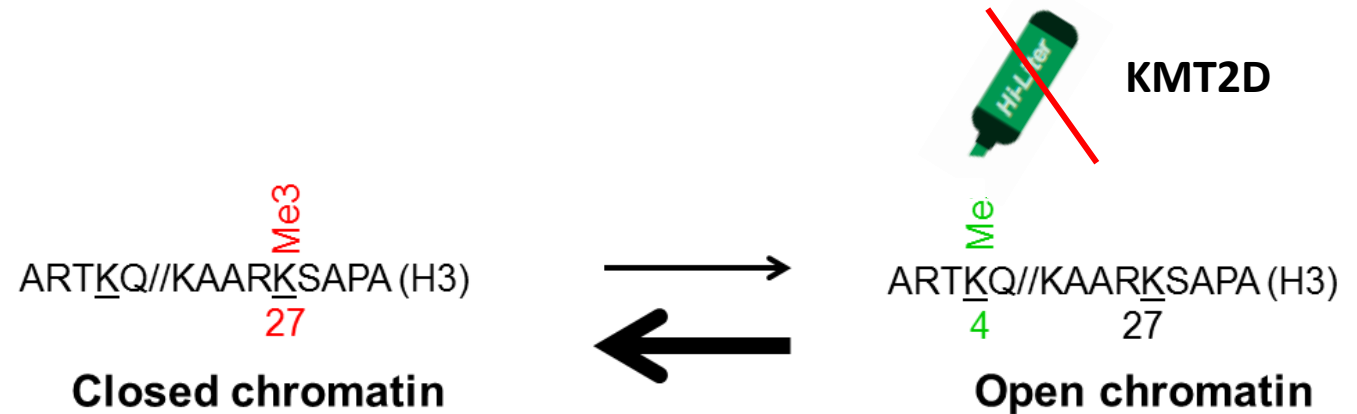
Either too little or too much acetylation can lead to intellectual disability.

Kabuki syndrome: An imbalance of open and closed chromatin?

Disorder of histone methylation
Autosomal dominant/ X linked (escapes)
Mutations in <i>KMT2D</i> or <i>KDM6A</i> (<i>UTX</i>)
Variable intellectual disability, postnatal growth retardation
1/30,000



Adam MP *et al.* Clin. Genet. 2005



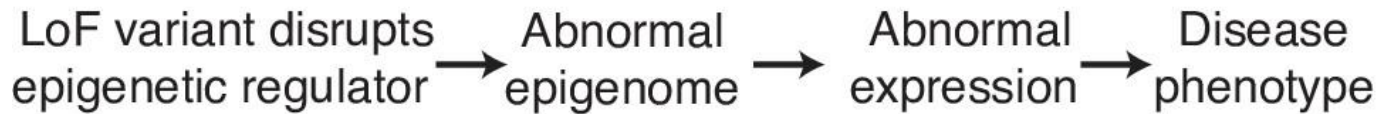
Ng *et al.* Nature Gen. 2010.



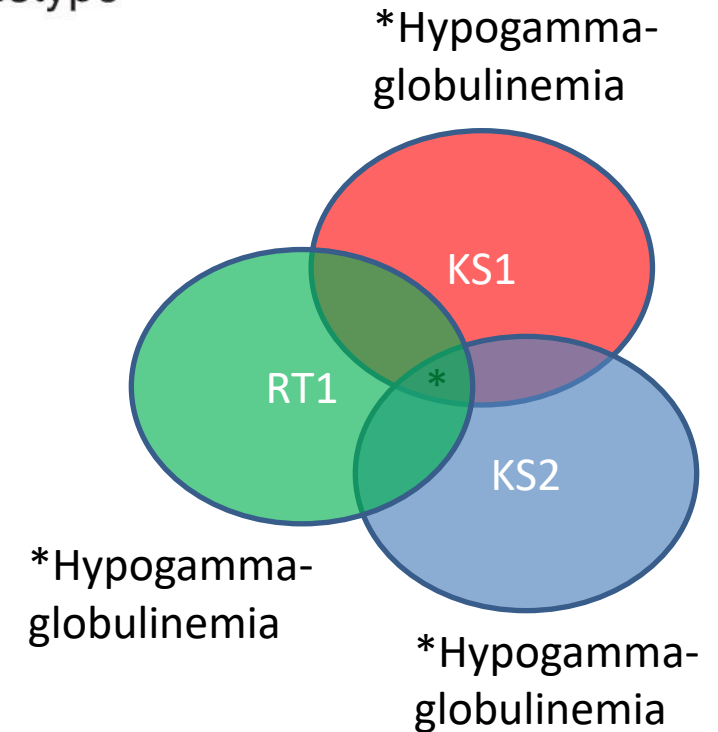
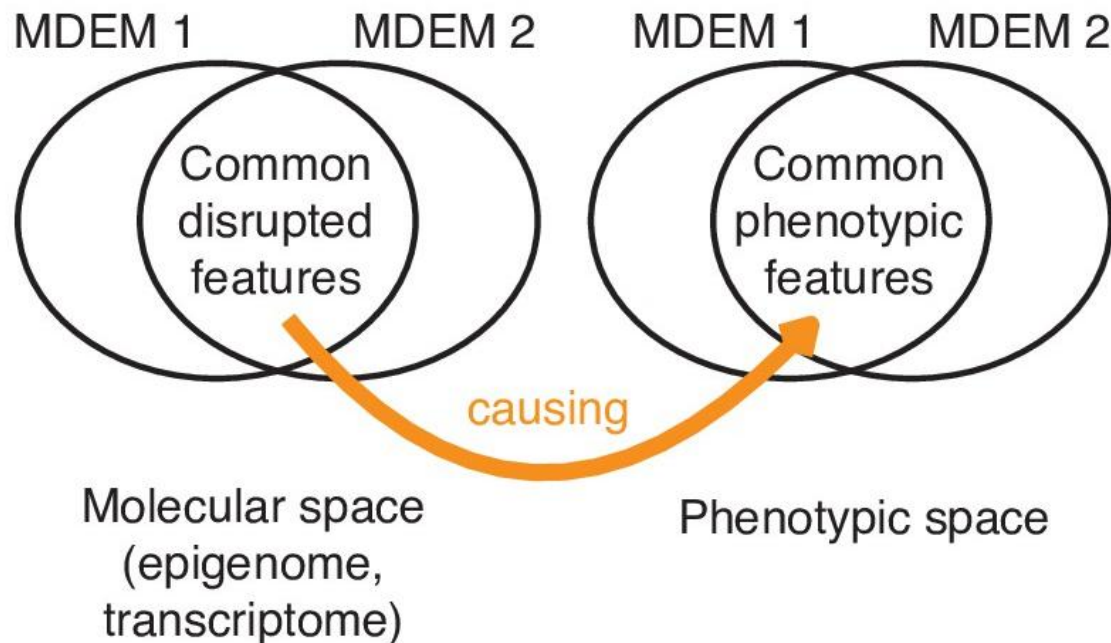
Lederer *et al.* Am. J. Hum Genet. 2012.

Are there shared chromatin abnormalities between KS1, KS2 and RT1?

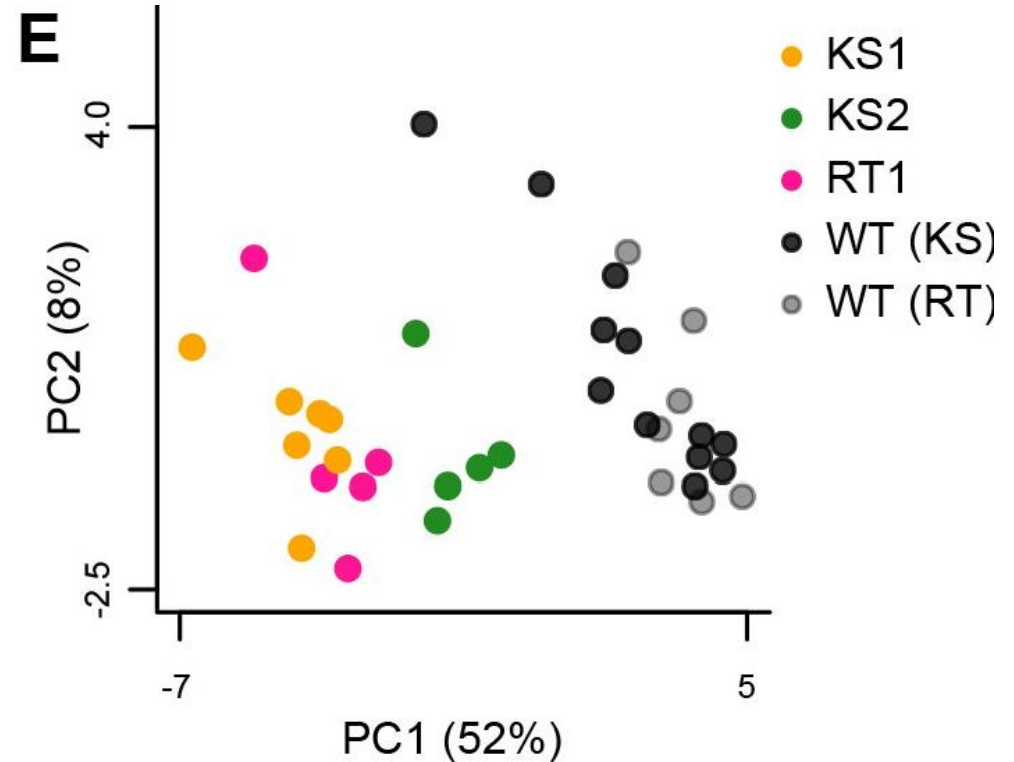
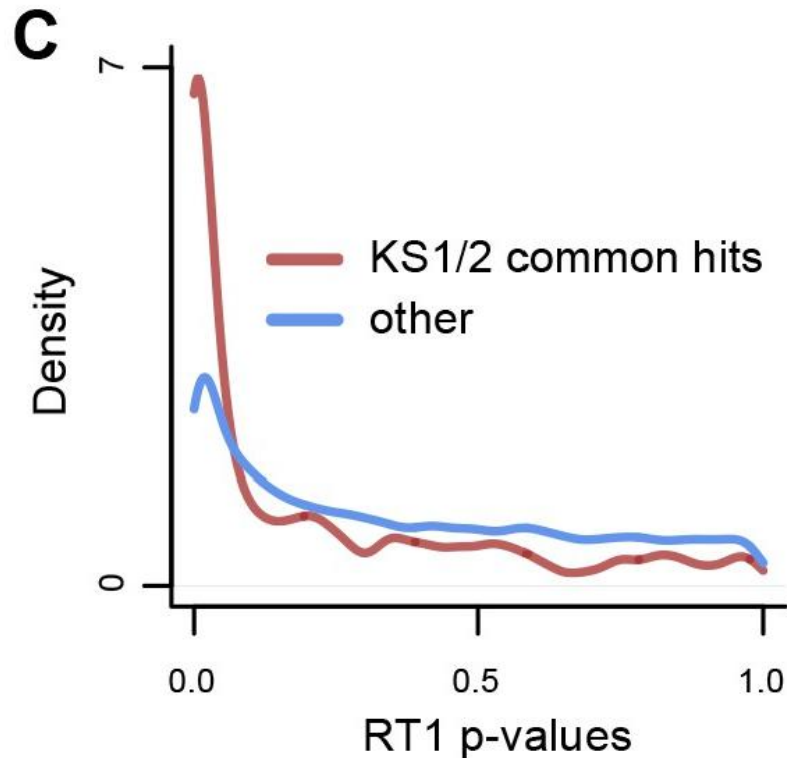
A MDEM pathogenesis



B Overlap hypothesis



Sharing of chromatin promoter abnormalities



724 promoter peaks disrupted in both KS1 and KS2 (98% concordant direction)
67% are differential in RT1 as well ([Figure 2C](#); $p < 2.2e-16$, 5 RT1 vs. 7 wild-type mice)

Summary (6):

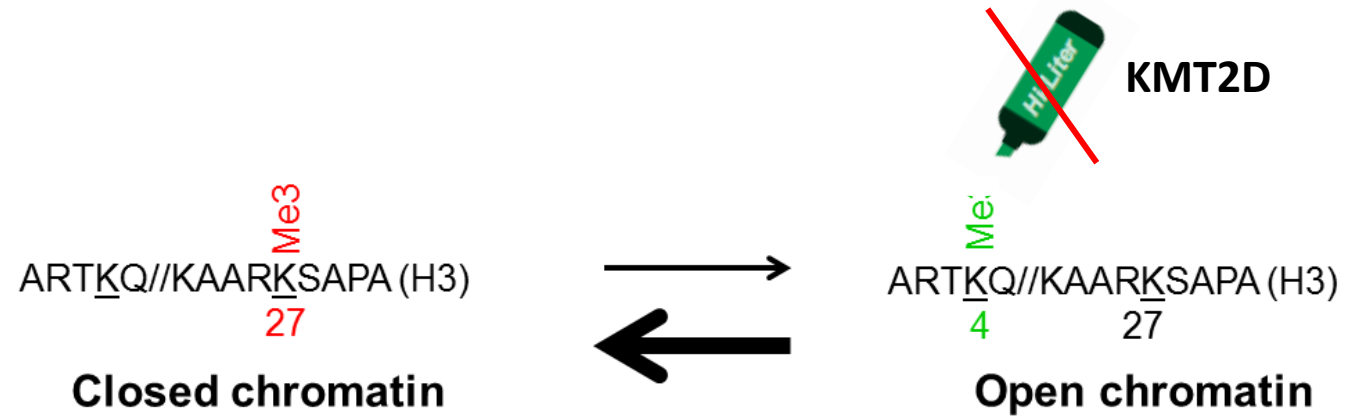
- The apparent dosage sensitivity and disease states when histone acetylation is either increased or decreased indicate **tight regulation of the levels** of these marks;
- The two types of Kabuki syndrome suggest that an **imbalance between open and closed chromatin** states may play a role;
- Some of these disorders (KS and RTS) appear to have **shared molecular abnormalities** which hints at shared pathogenesis which could be a target for therapeutic development if fully understood;

Kabuki syndrome: An imbalance of open and closed chromatin?

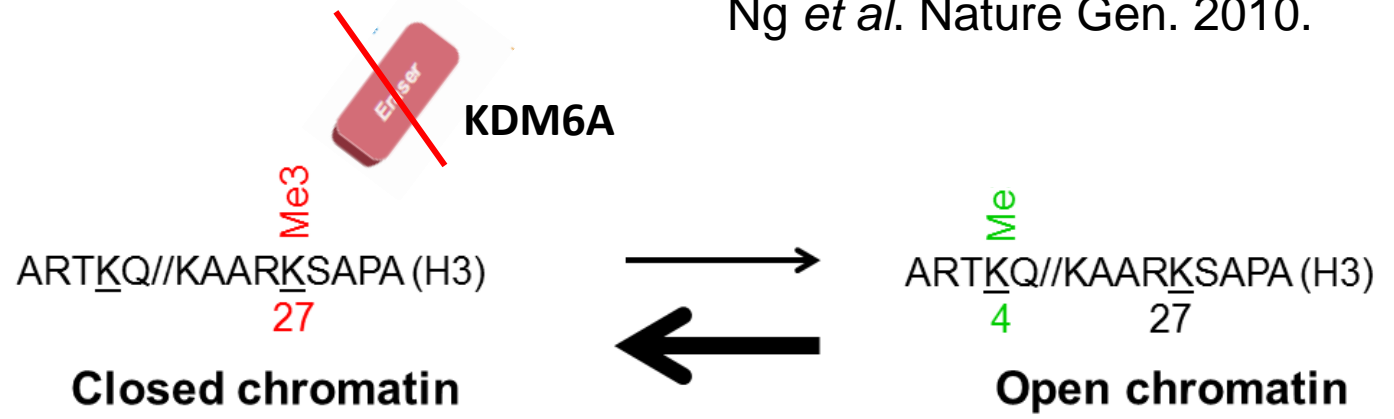
Disorder of histone methylation
Autosomal dominant/ X linked (escapes)
Mutations in <i>KMT2D</i> or <i>KDM6A</i> (<i>UTX</i>)
ID, immune problems, postnatal growth retardation
1/30,000



Adam MP et al. Clin. Genet. 2005

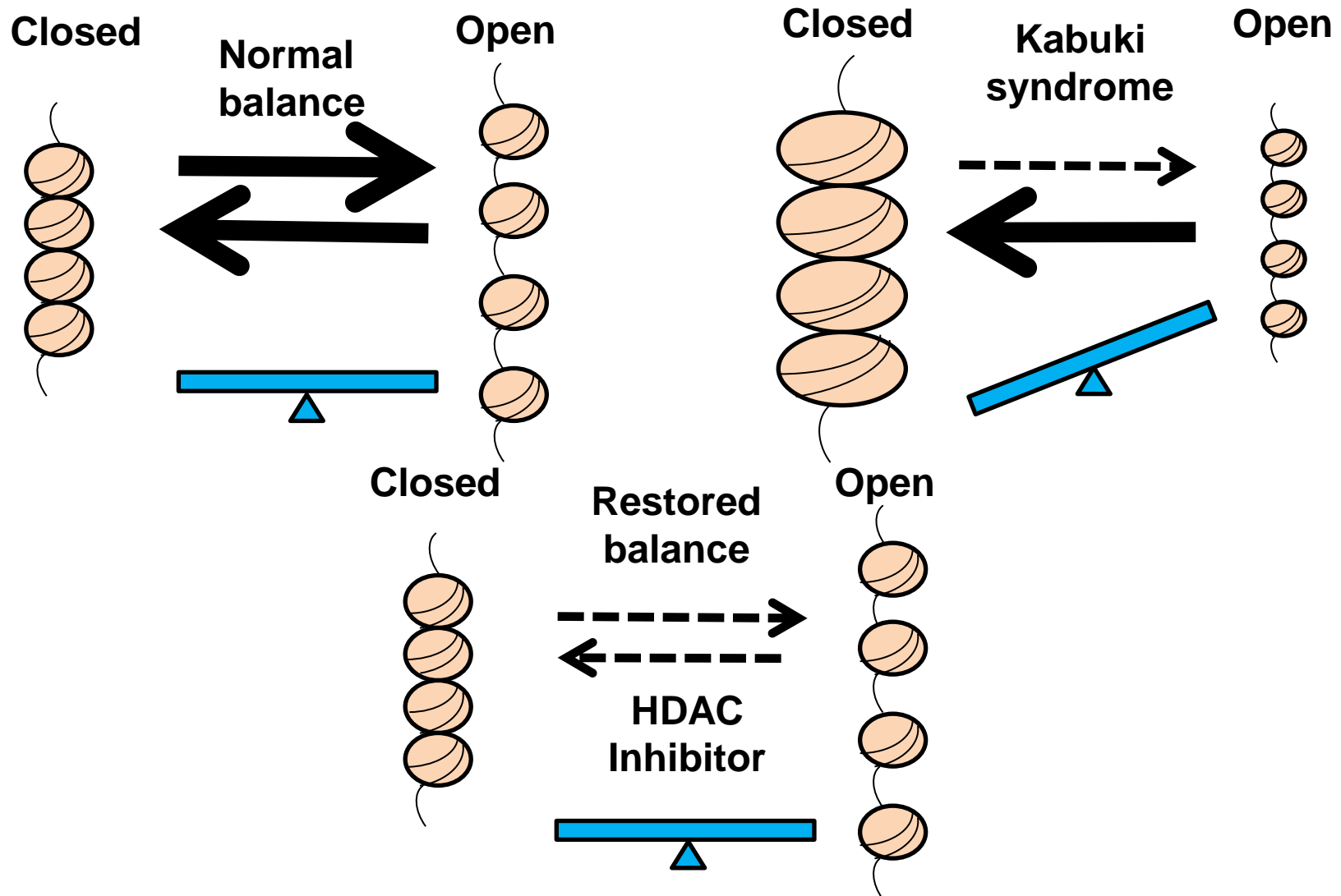


Ng et al. Nature Gen. 2010.

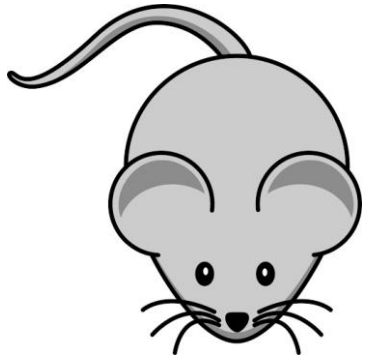


Lederer et al. Am. J. Hum Genet. 2012.

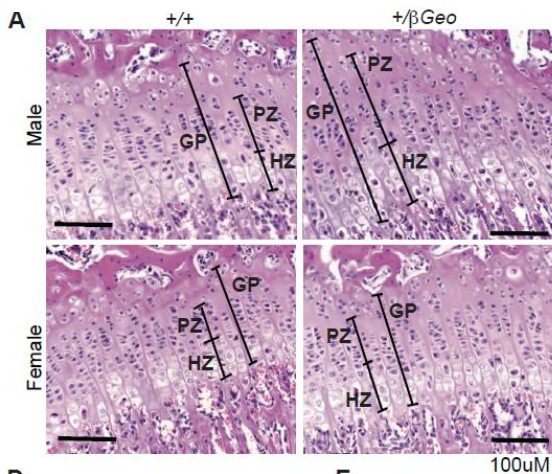
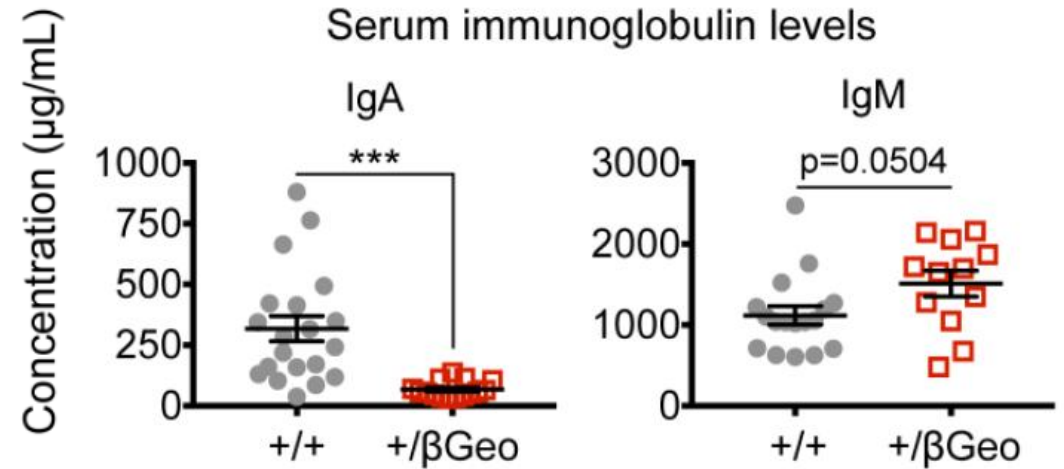
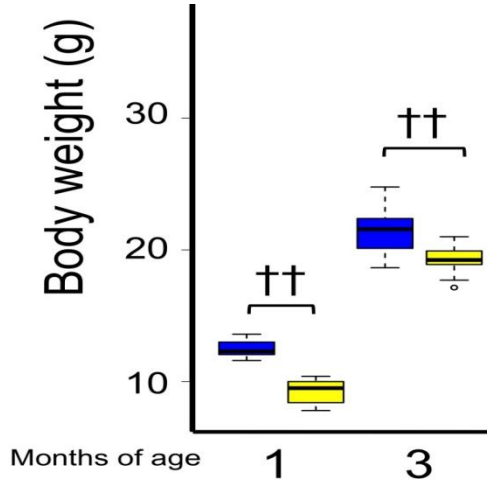
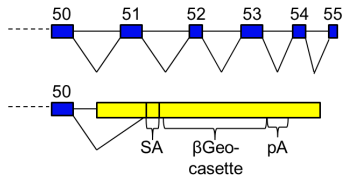
Kabuki syndrome (KS): A treatable cause of intellectual disability?



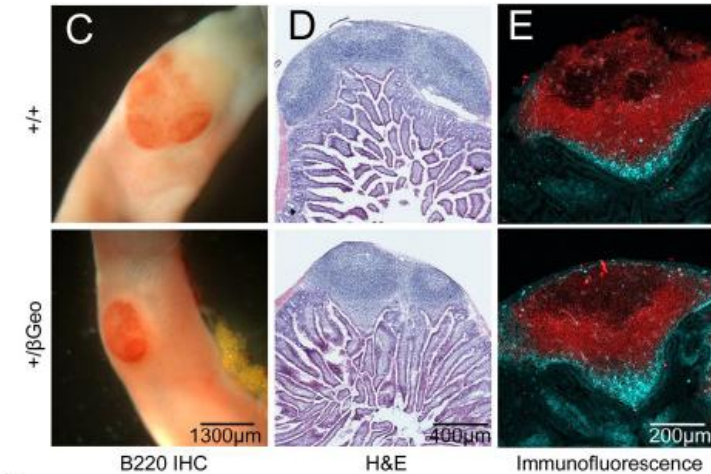
$Kmt2d^{+/\beta Geo}$ mice: Known and new phenotypes



$Kmt2d^{+/\beta Geo}$

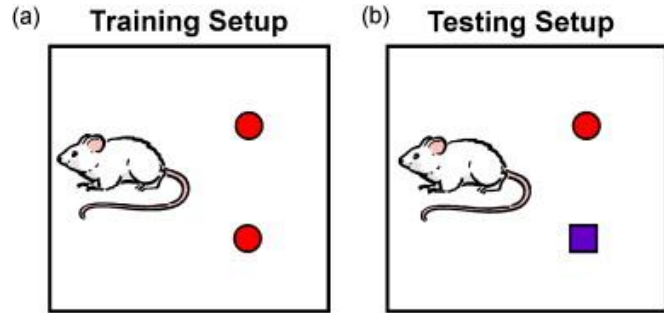


Expanded Growth plate

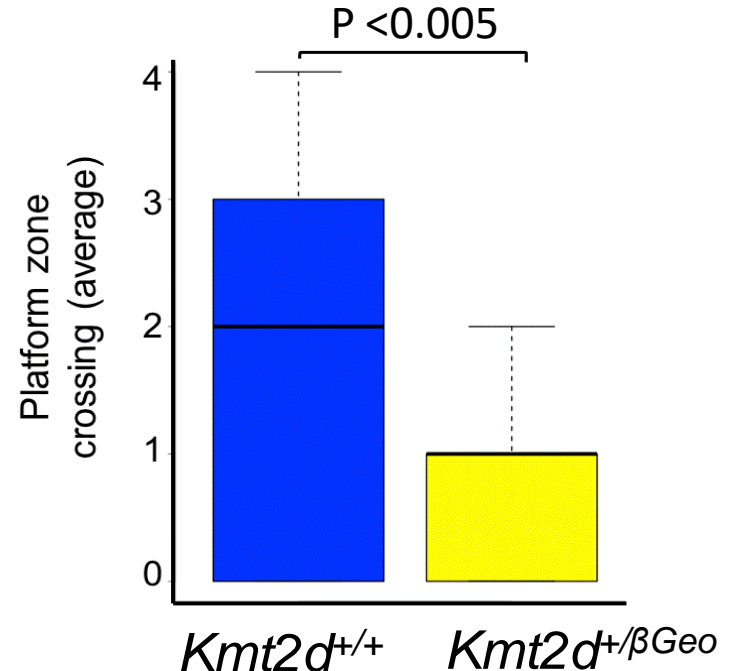
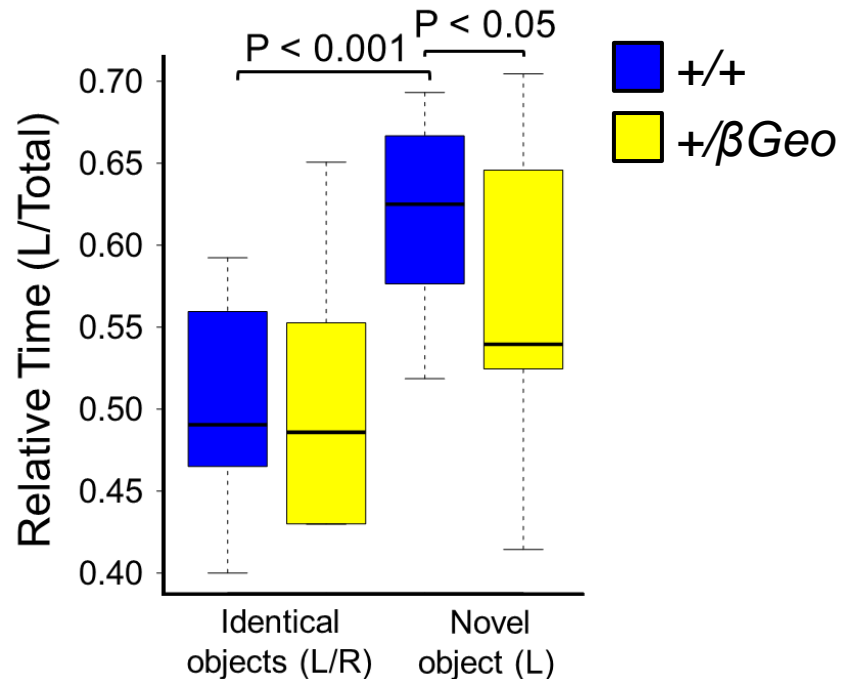
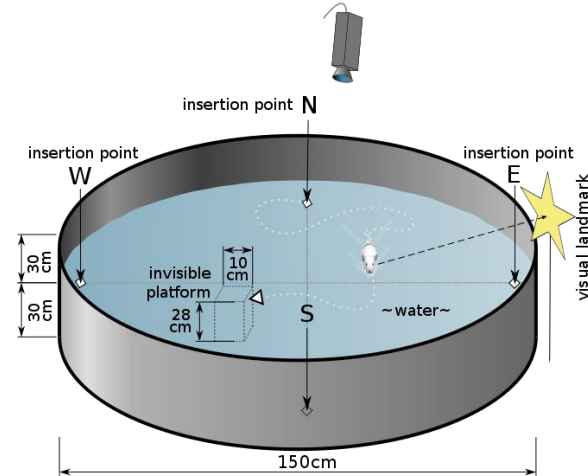


Smaller
Fewer
Peyer's
patches

Kmt2d^{+/ β Geo} mice: hippocampal memory defects in NOR and MWM testing

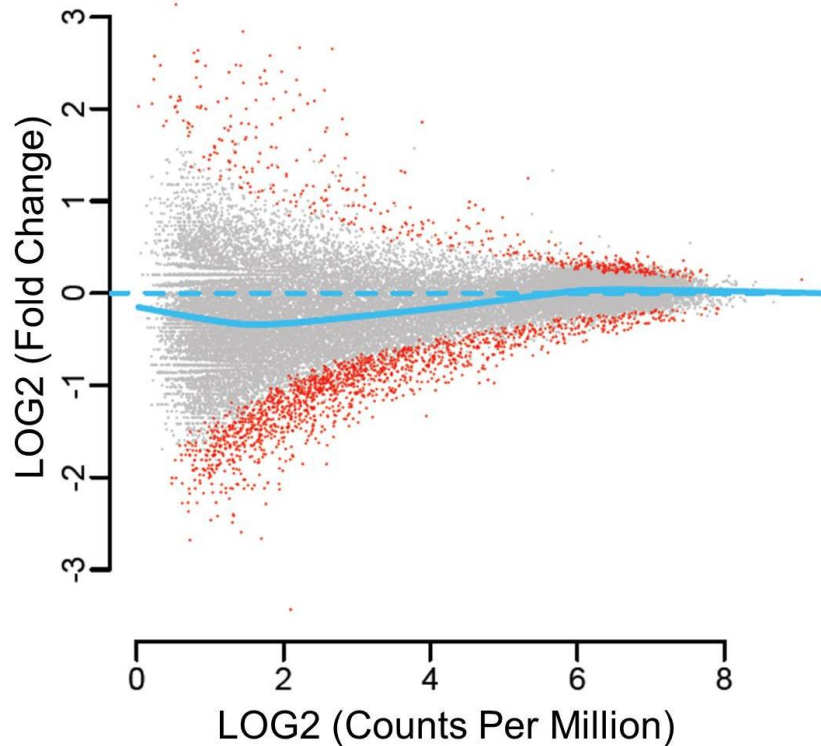


Tagliabata et al. Behav. Brain. Res. 2009



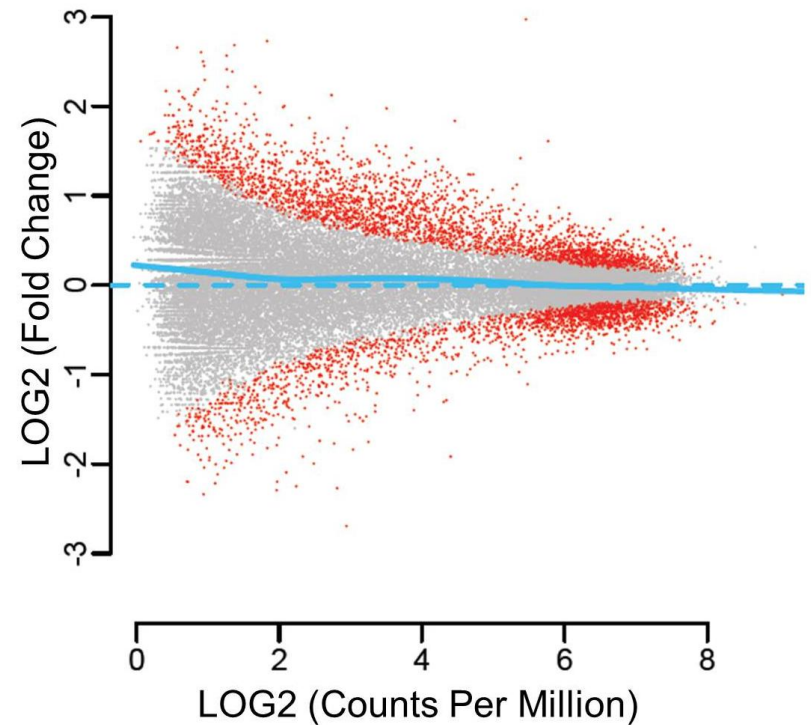
H3K4me3 deficiency is improved *in vivo* with HDACi AR-42

$Kmt2d^{+/βGeo} - Kmt2d^{+/+}$



No drug

$Kmt2d^{+/βGeo} \text{ (on AR-42)} - Kmt2d^{+/+}$



AR-42

Summary (7):

- The two types of Kabuki syndrome suggest that an **imbalance** between **open and closed** chromatin states may play a role;
- Our mouse model of Kabuki syndrome has **overlapping phenotypic features** with patients with Kabuki syndrome as well as **hippocampal memory defects**, a phenotype that can be monitored during therapeutic trials.
- *Kmt2d*^{+/ β Geo} mice have a deficiency of genome-wide **H3K4me3 levels** and this can be manipulated with histone deacetylase inhibition;

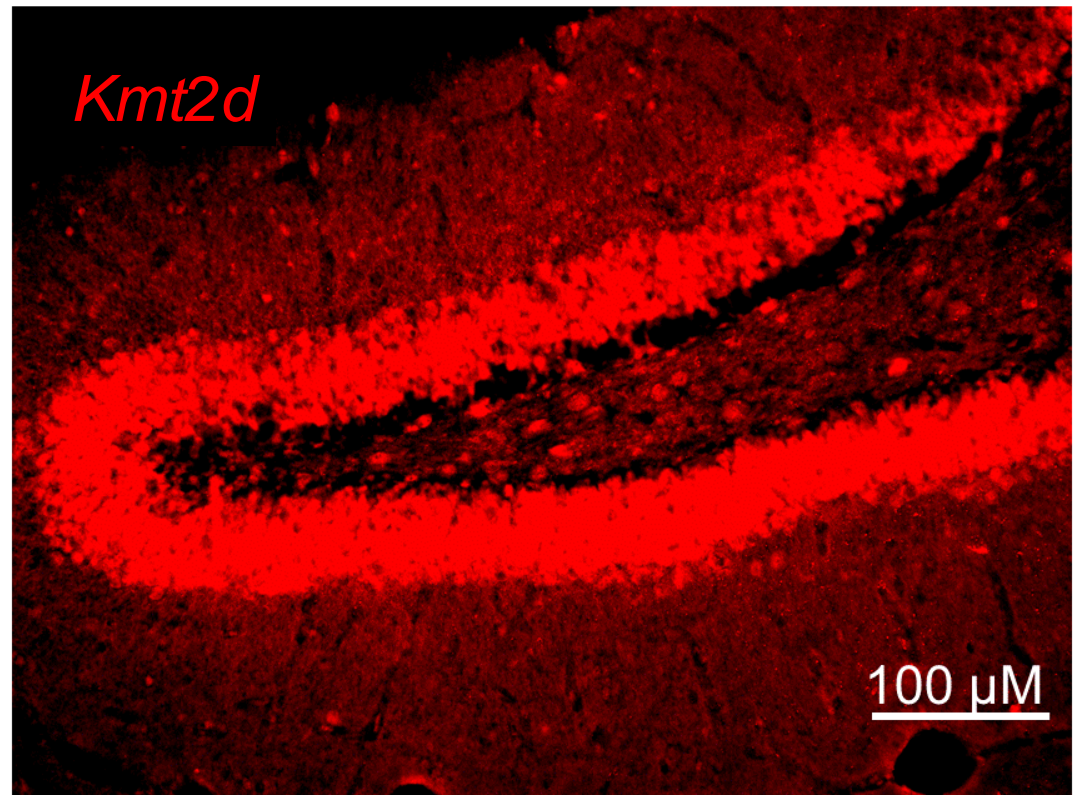
Kmt2d is highly expressed in Granule Cell Layer (GCL) of the dentate gyrus

Strongest expression in Granule Cell Layer (GCL);

GCL is within dentate gyrus which is part of the hippocampus;

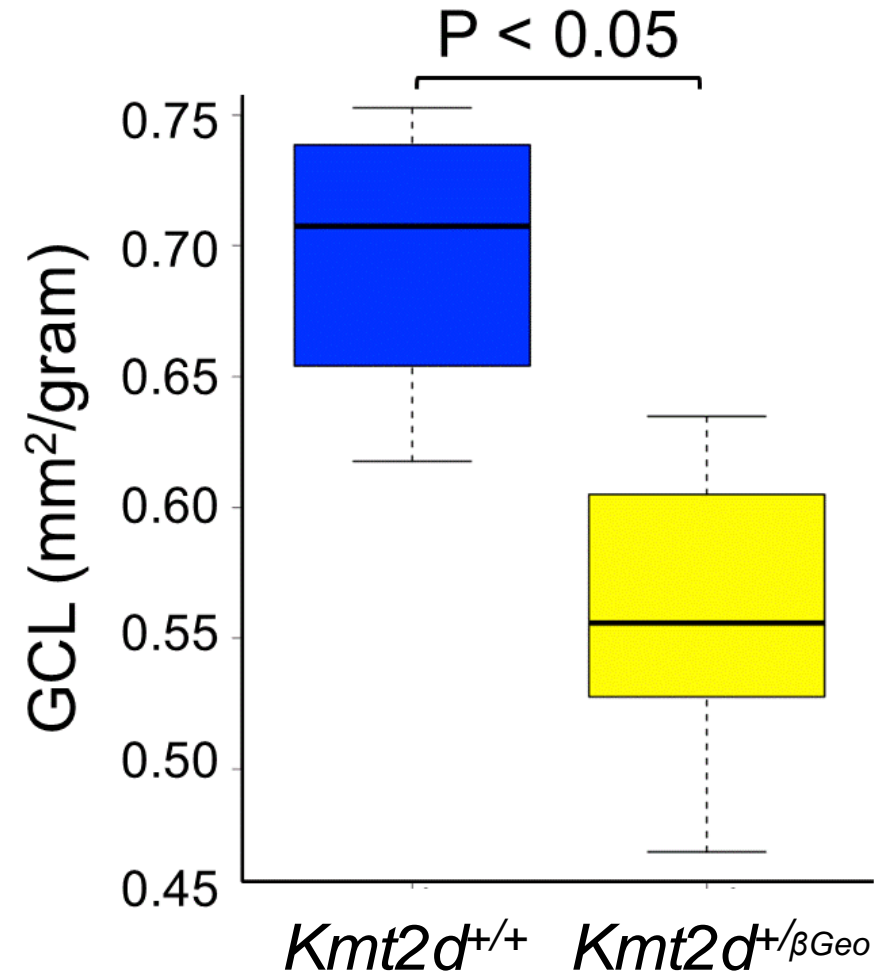
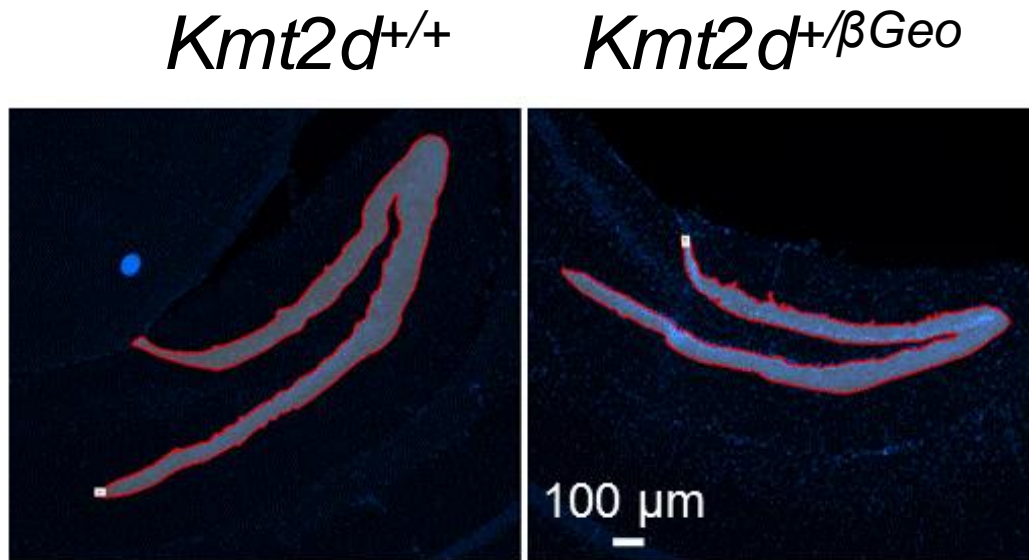
Adult neurogenesis occurs in subgranular zone (SGZ);

Defects of adult neurogenesis lead to hippocampal memory defects.

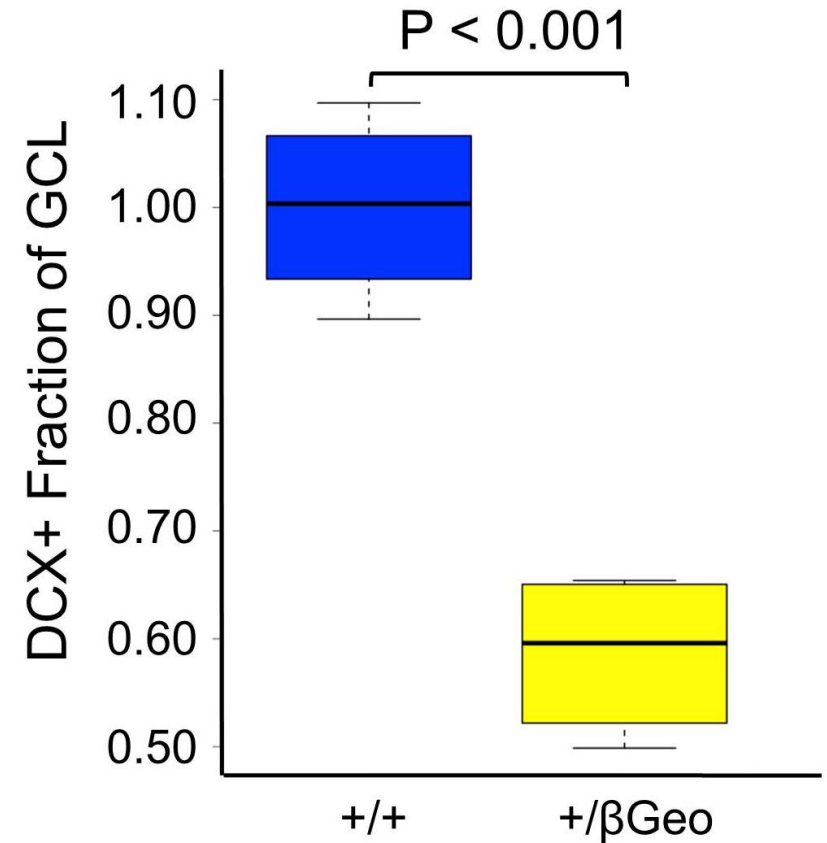
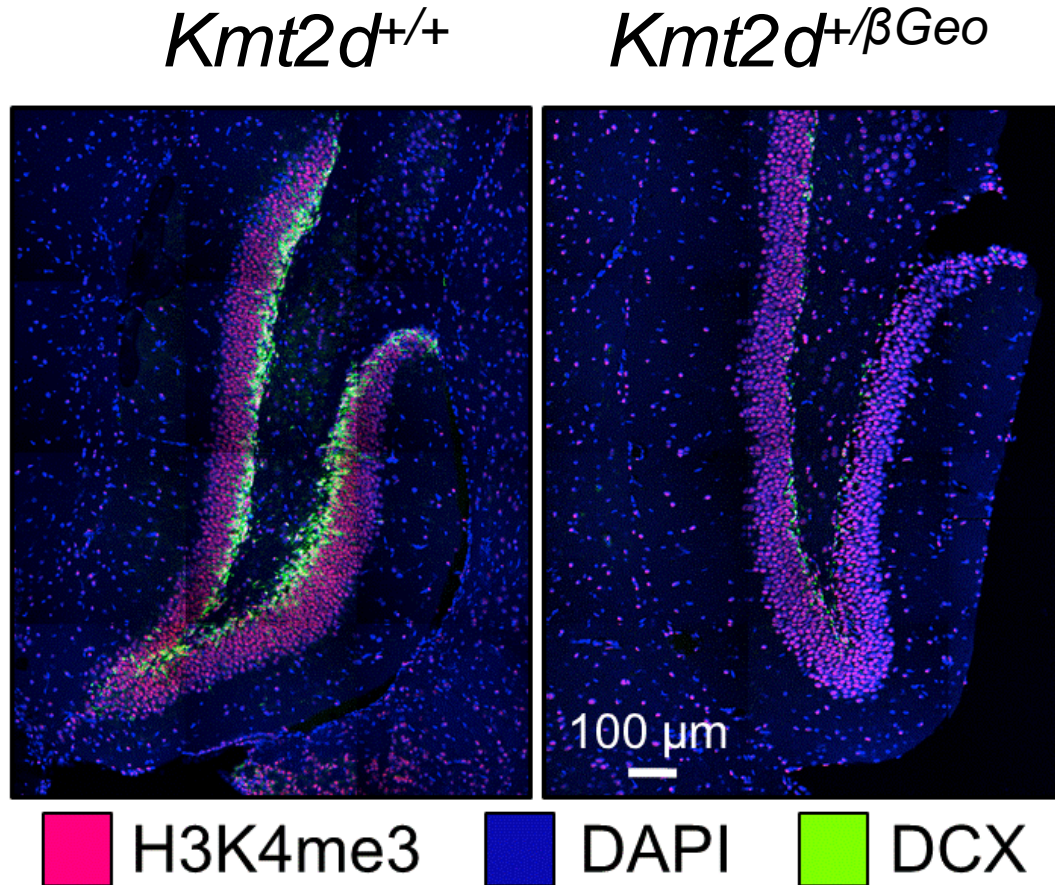


Immunofluorescence against *Kmt2d* (WT)

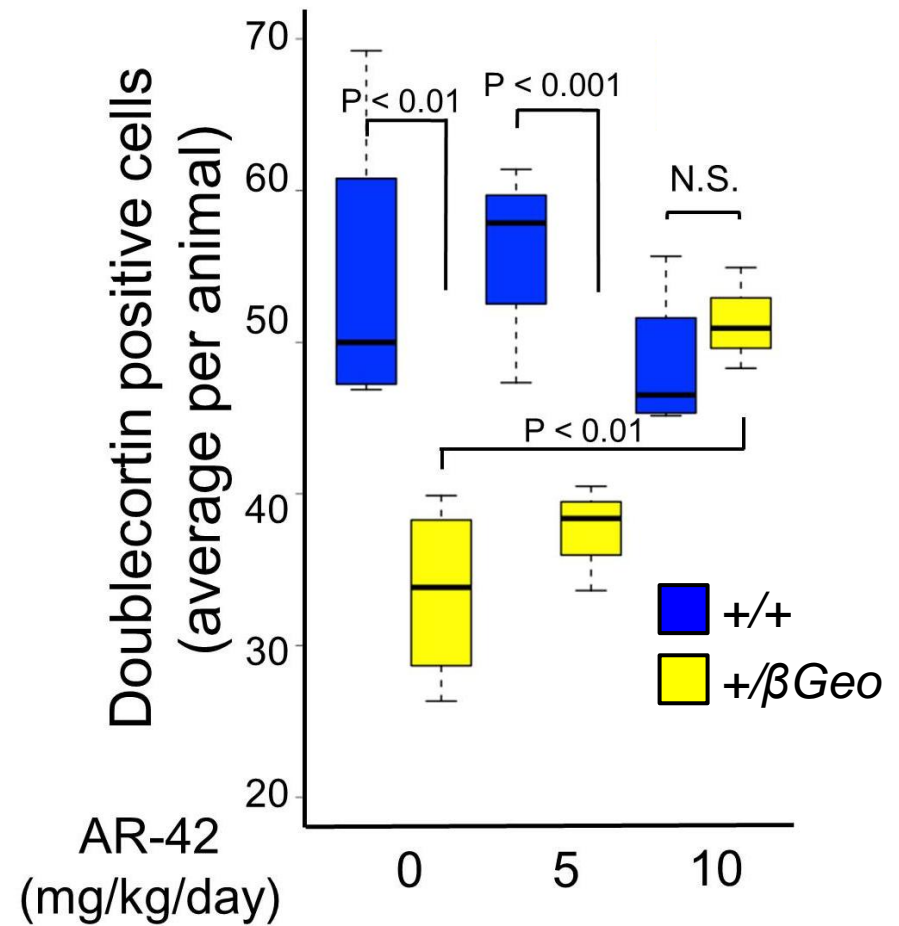
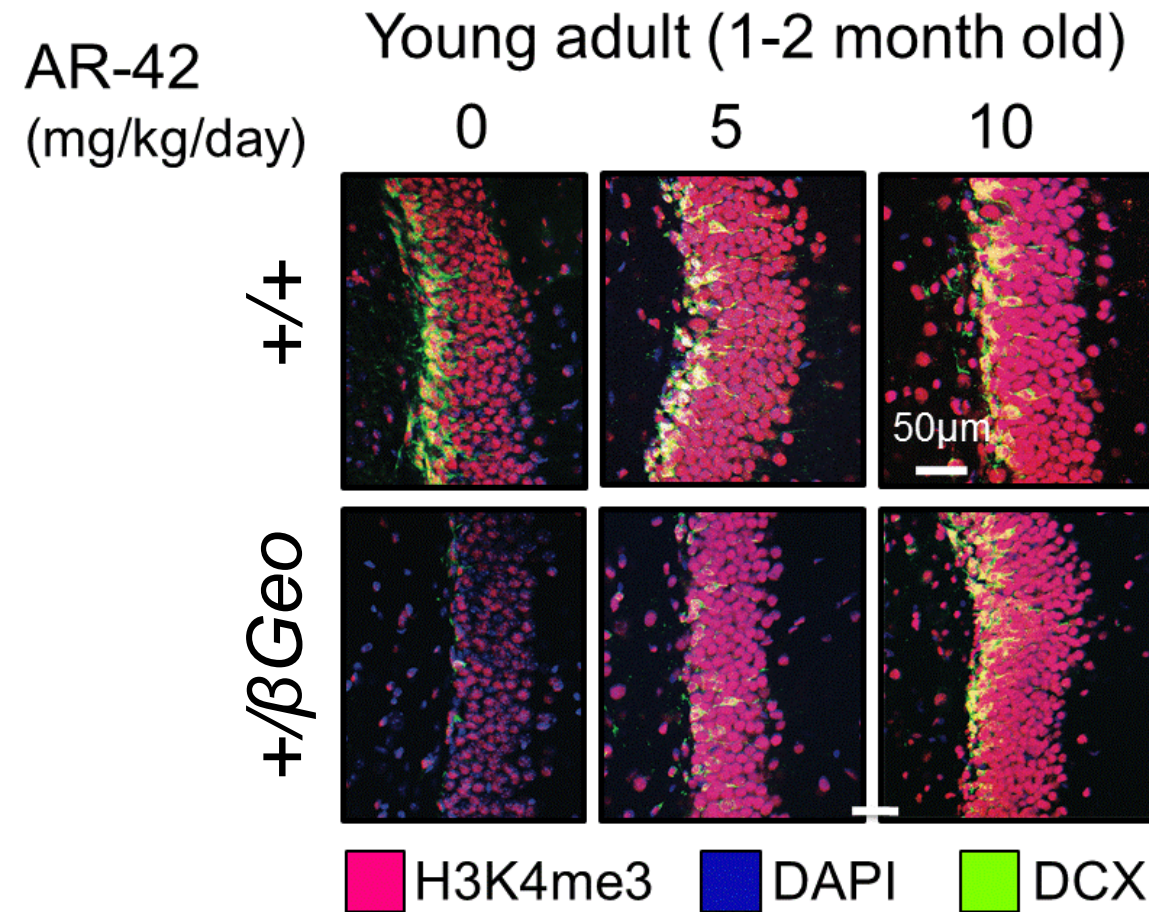
Kmt2d^{+/ β Geo} mice have a thinner GCL layer



$Kmt2d^{+/\beta Geo}$ mice have a deficiency of neurogenesis in the GCL layer of the DG

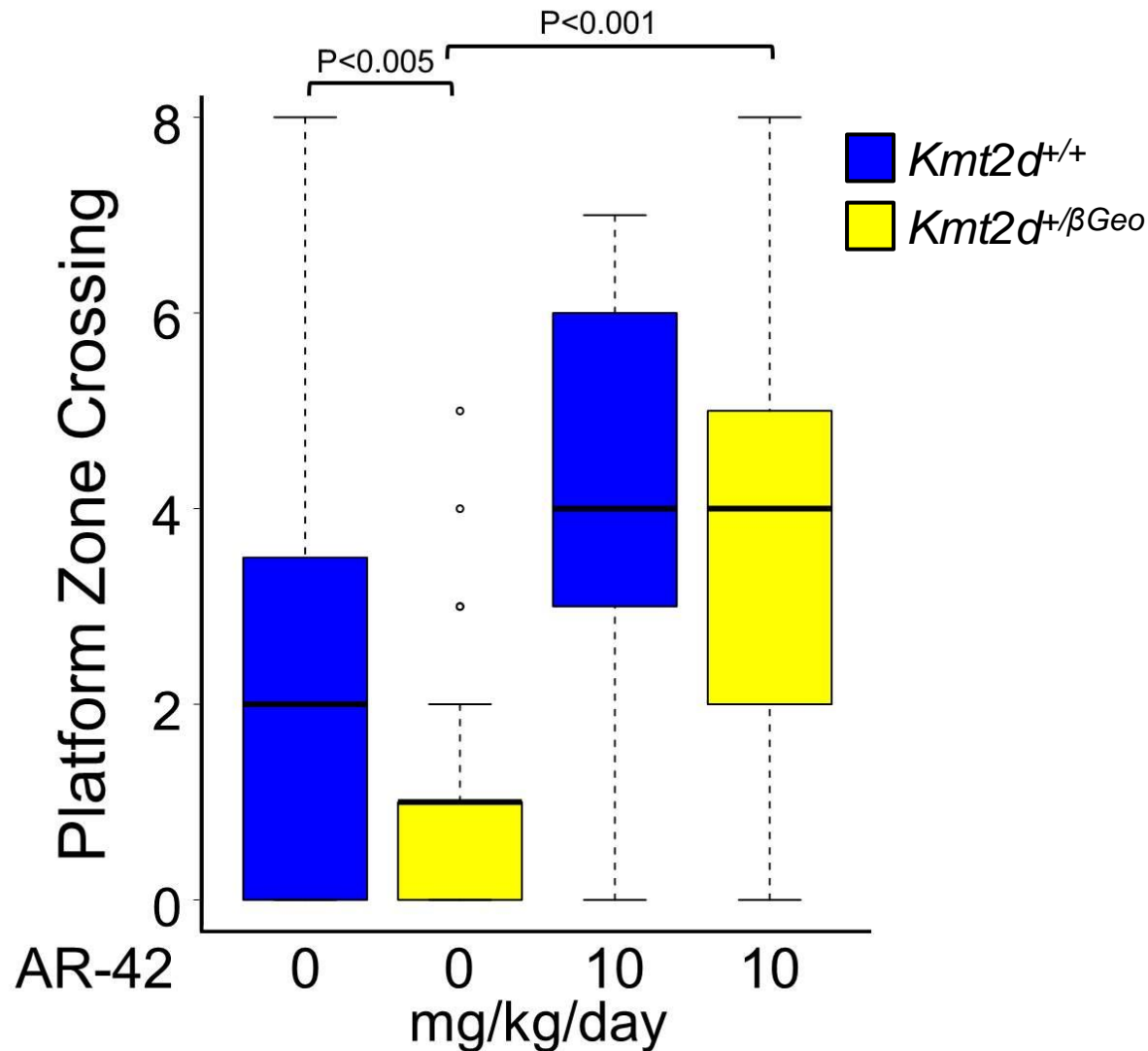


Impaired neurogenesis in $Kmt2d^{+/\beta Geo}$ mice is improved with 2 weeks of HDAC inhibitor AR-42



Five month old cohort

Hippocampal memory defect in *Kmt2d*^{+/ β Geo} mice improves after 2 weeks of HDAC inhibitor AR-42

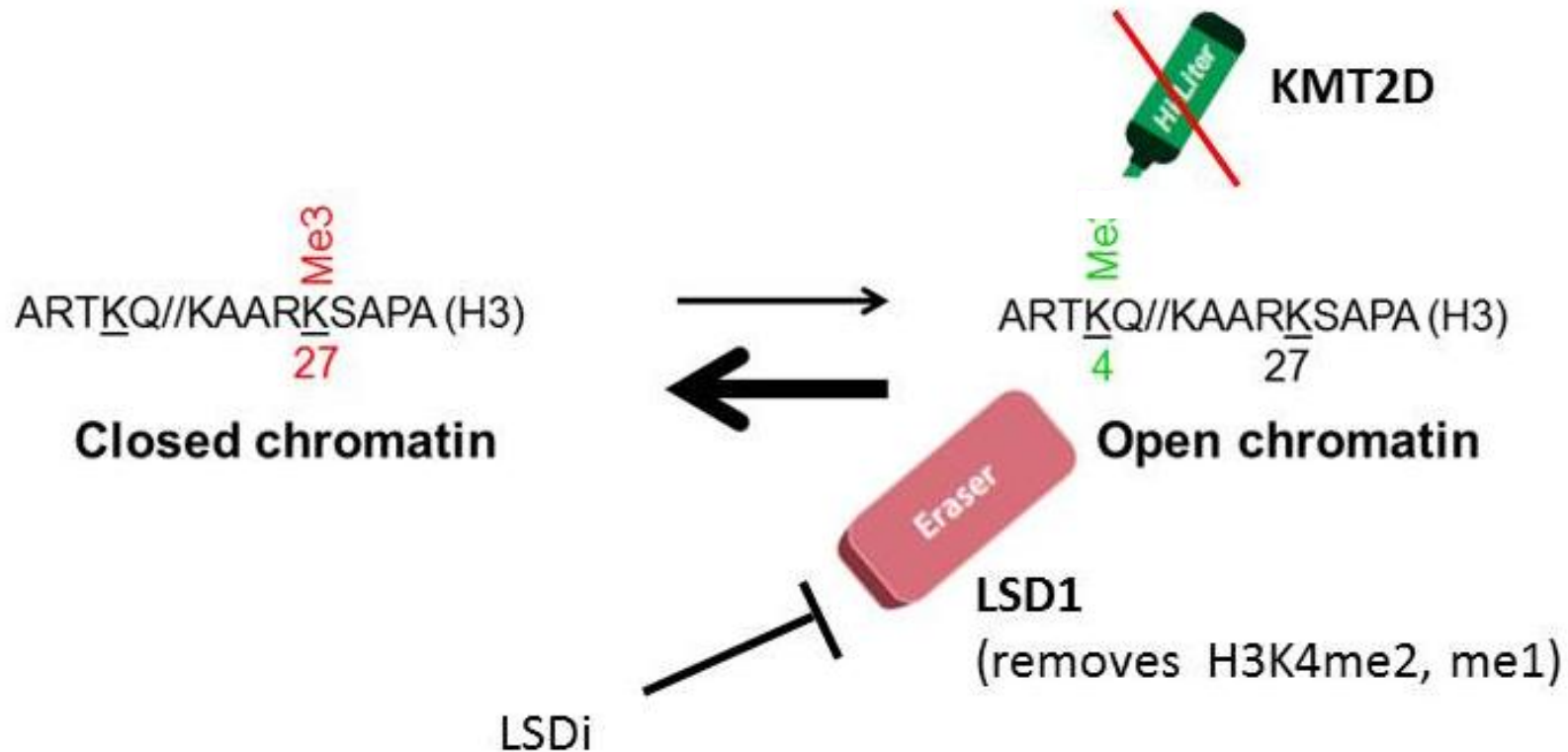


Summary (8):

- A mouse model of KS reveals **thinning of the GCL layer of dentate gyrus** caused by impaired neurogenesis;
- Defects in the dentate gyrus can be reversed using drugs that target the epigenetic machinery, suggesting that the intellectual disability seen in KS (and perhaps other disorders of epigenome homeostasis) may be **treatable**;

AR-42 is a cancer agent, are there more specific strategies?

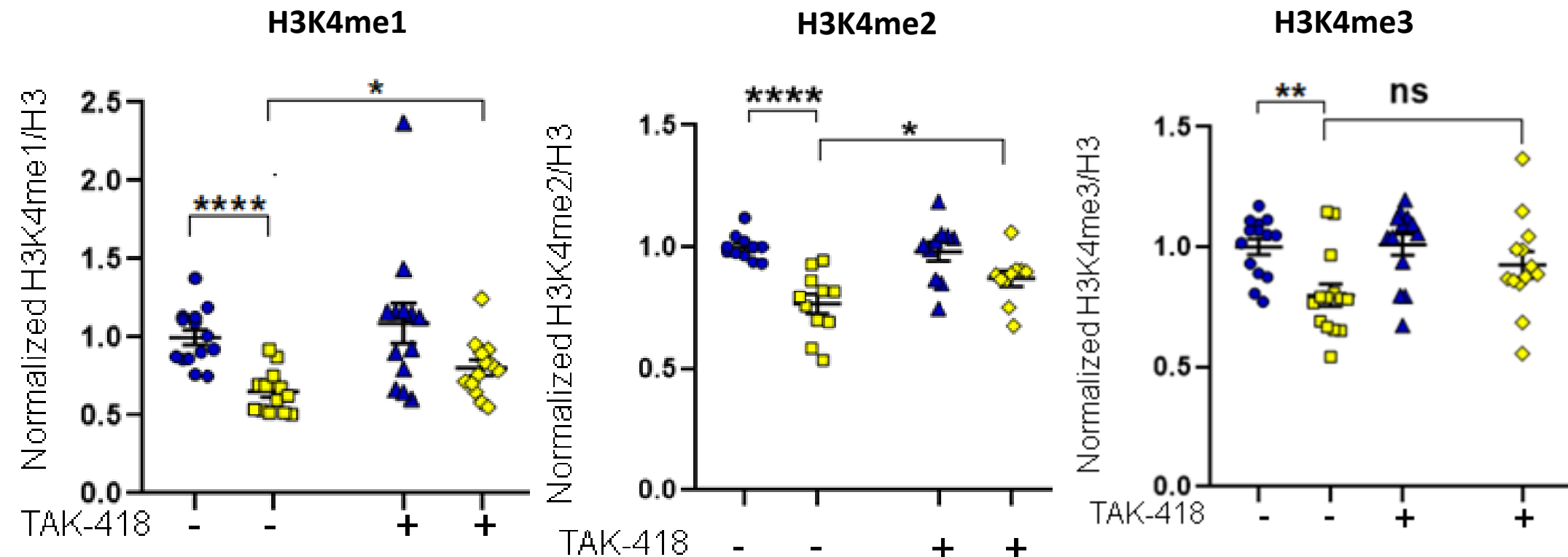
LSD1 inhibition is theoretically a very specific way of increasing H3K4 methylation



Can LSD1 inhibition modify histone methylation levels in mouse hippocampus?

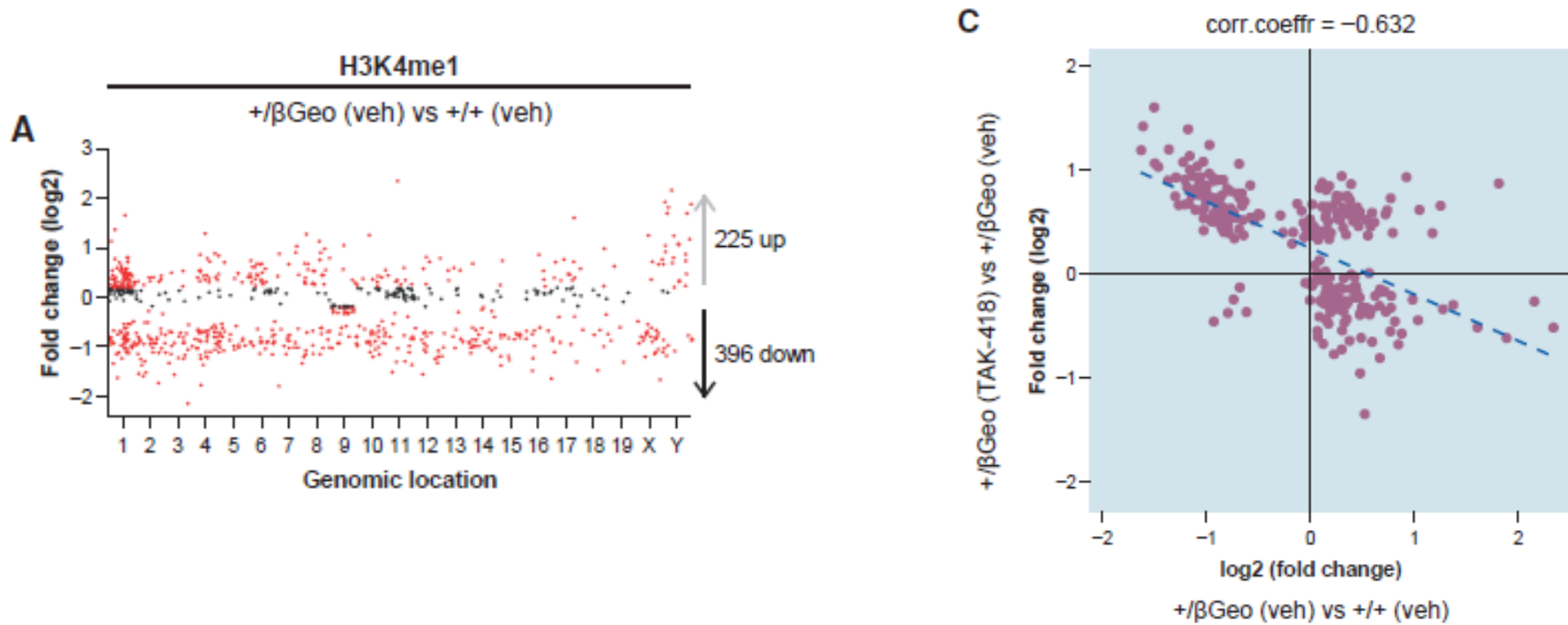
Used TAK-418, a LSD1 inhibitor developed by Takeda Pharmaceuticals.

Western blot (mouse hippocampus)

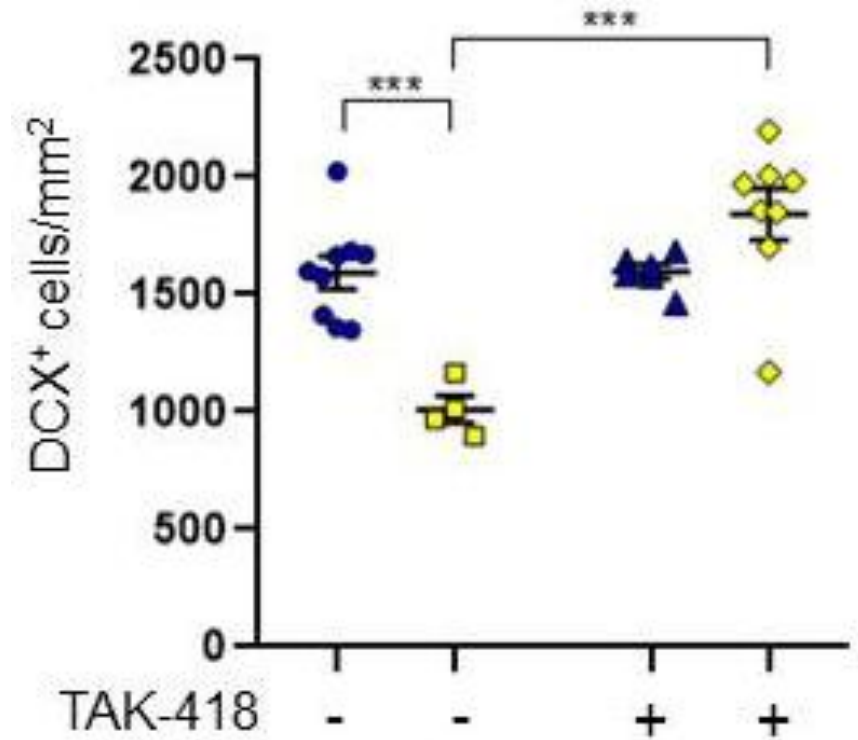
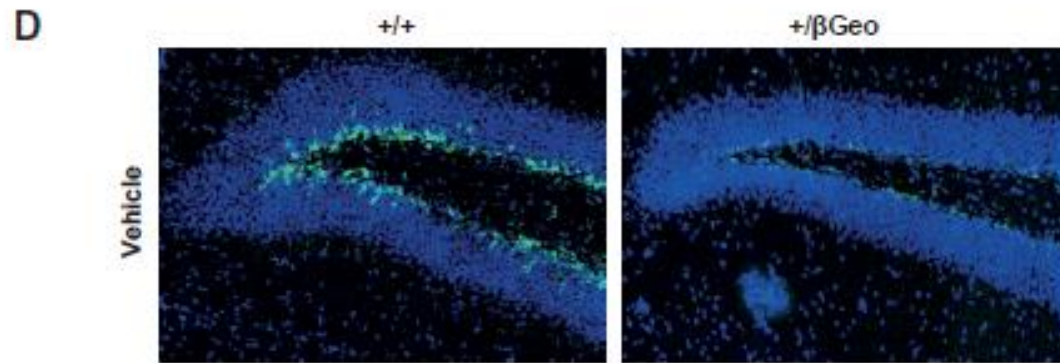


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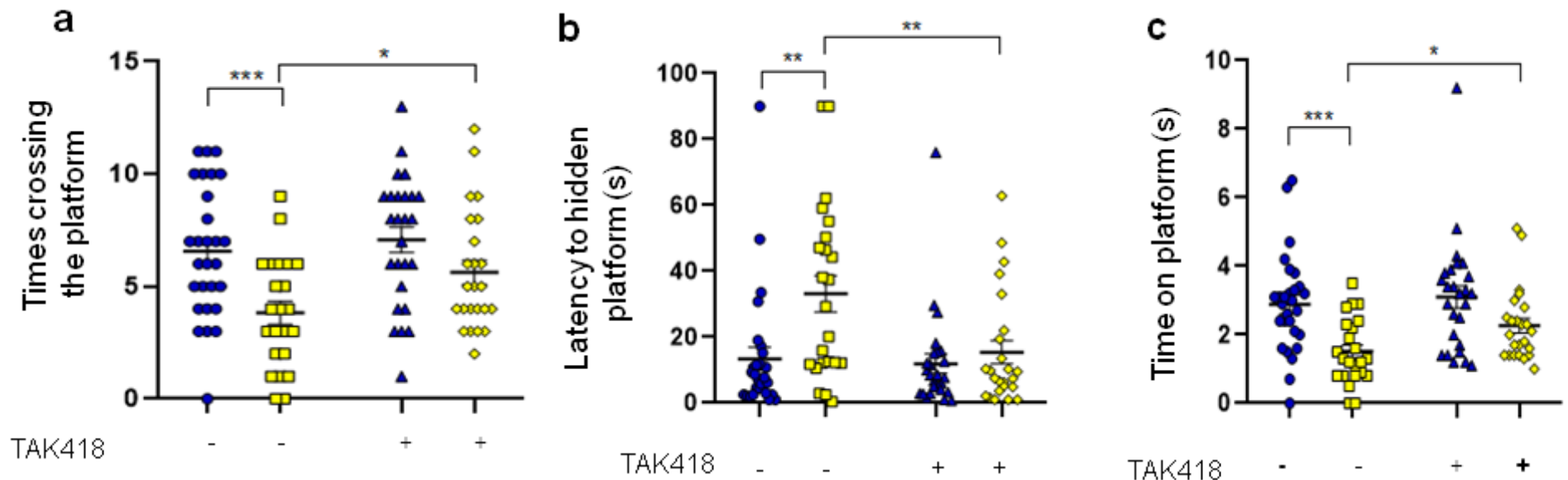


Does LSD1 inhibition rescue defect of adult neurogenesis in dentate gyrus?



Does LSD1 inhibition rescue hippocampal memory defects?

Morris water maze

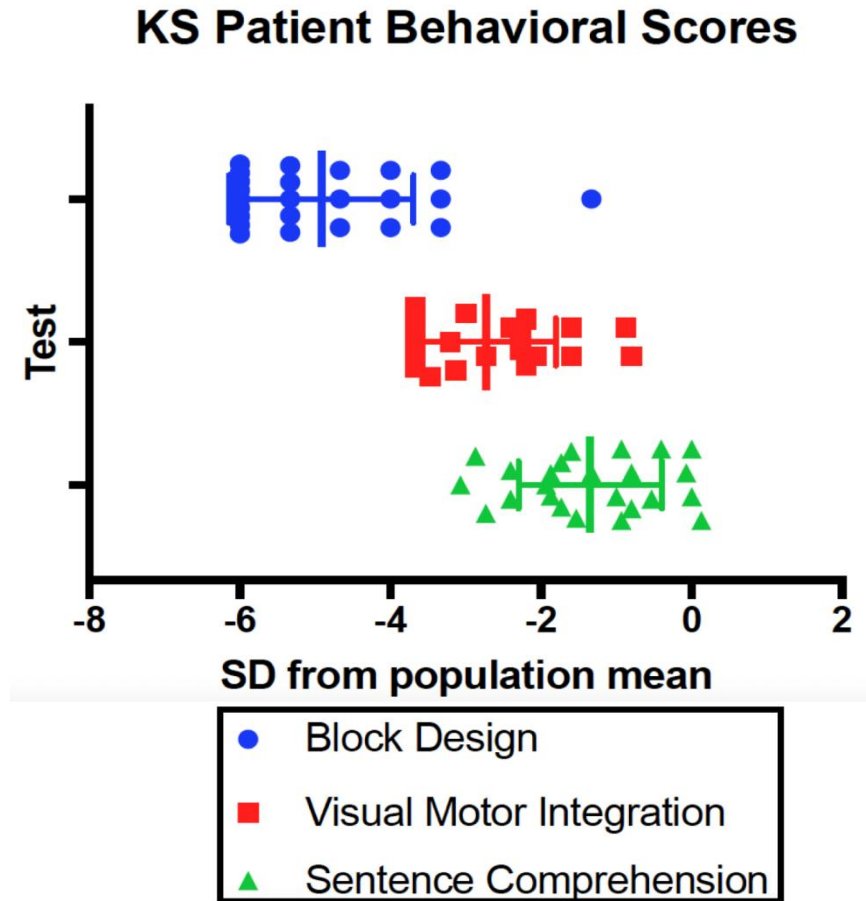
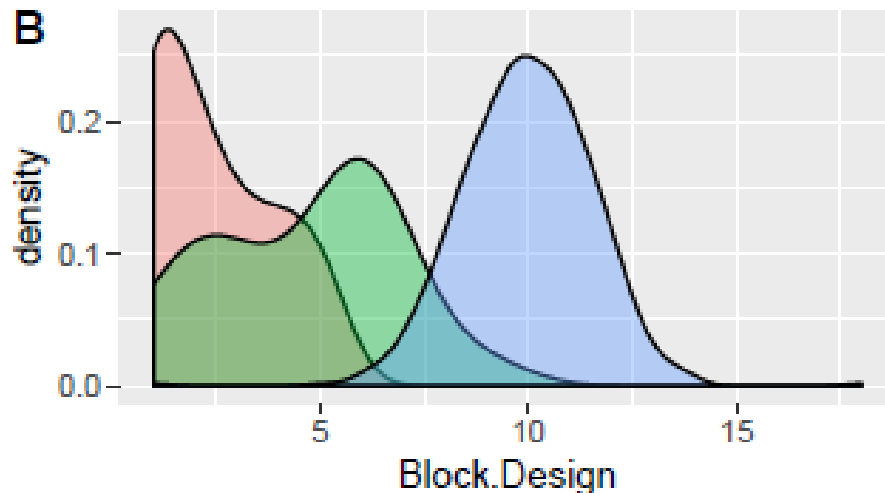
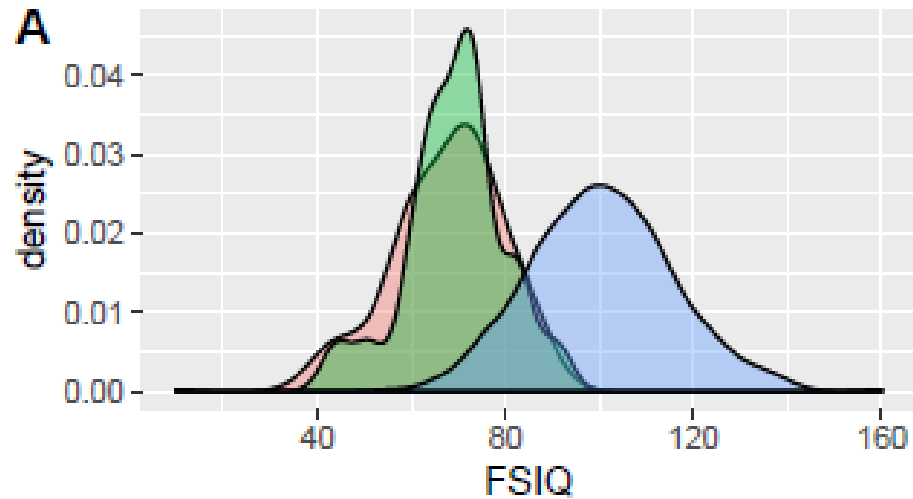


Summary (9):

- Defects in the dentate gyrus can be reversed using a drug that inhibits the **opposing epigenetic machinery (LSD1)**;
- This validates the prior non-specific strategy and suggests that aspects of the intellectual disability phenotype **in Kabuki syndrome may be treatable**;

Can we relate these mouse findings to humans?

Patients with KS have visuospatial defects



Patients with KS have a significantly smaller dentate gyrus and hippocampus

Anatomical and functional abnormalities on MRI in kabuki syndrome

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Table 2

Volume of hippocampus and dentate gyrus in patients with KS and healthy controls.

Volume of:	KS participants (n = 6)	Healthy controls (n = 26)	Statistics	df	p
Left hippocampus (in mm ³), mean [SD]	3283.06 [510.45]	3814.43 [336.94]	t = 3.93	28	0.0005*
Right hippocampus (in mm ³), mean [SD]	3427.31 [624.17]	3855.47 [373.06]	t = 2.83	28	0.008*
Left dentate gyrus (in mm ³), mean [SD]	230.65 [38.24]	268.53 [29.41]	t = 3.11	28	0.004*
Right dentate gyrus (in mm ³), mean [SD]	247.47 [38.69]	278.83 [32.90]	t = 2.73	28	0.01*

Abbreviations: SD: Standard Deviation; df: degrees of freedom.

* p < .05

HOPE trial with Vafidemstat (planned 2022)

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Summary (10):

- Patients with molecularly confirmed Kabuki syndrome type 1 (*KMT2D*) have **visuospatial defects**, symptoms that localize to the dentate gyrus of the hippocampus and **smaller hippocampi and dentate gyri**;
- HOPE trial planned (Oryzon) 2022!

Acknowledgements



JOHNS HOPKINS
SCHOOL of MEDICINE



Video summary of our Kabuki work:

<https://www.youtube.com/watch?v=AVK-tWIhXBk&feature=youtu.be>

EM Factor list:

www.epigeneticmachinery.org

Funding:

NIH (Early Independence)

Louma G. Foundation

Takeda Pharmaceuticals

Icelandic Research Fund

(#195835, #206806,

#217988)

Icelandic Technology Fund

(#2010588)

Icelandic Cancer Society

Göngum Saman

Landspítali Research Fund

University Research Fund

Kabuki families

InfraStructure Fund

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