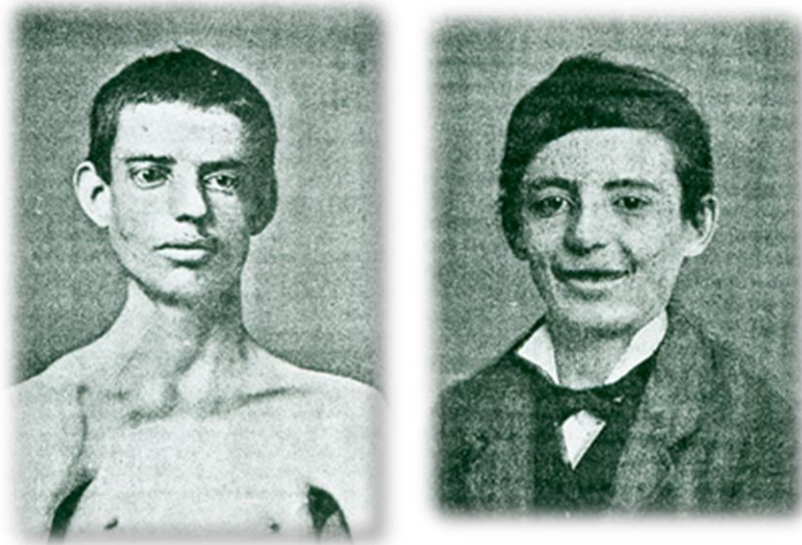


# **Genetics and Biology of FSHD**

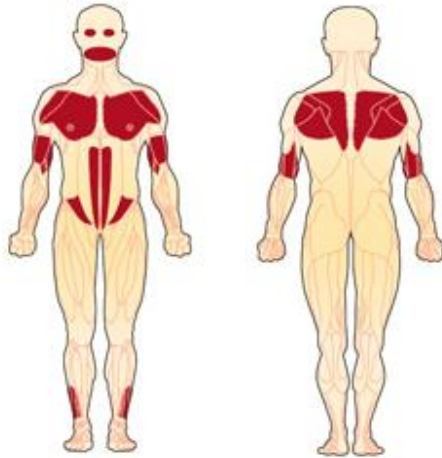
Stephen J Tapscott  
Fred Hutchinson Cancer Research Center  
Seattle, WA

1884 and 1886

Landouzy and Dejerine describe a progressive muscular atrophy with involvement of facial (facio), shoulder (scapula), and upper arm (humeral) weakness



# FSHD: Faciosscapulohumeral muscular dystrophy



- Autosomal dominant
- Slowly progressive muscle weakness
- Onset in early adulthood
- ~1/10,000 prevalence

**Mapping of facioscapulohumeral muscular dystrophy gene to chromosome 4q35-qter by multipoint linkage analysis and in situ hybridization.**

Wijmenga C, Padberg GW, Moerer P, Wiegant , Liem L, Brouwer OF, Milner EC, Weber JL, van Ommen B, Sandkuyl LA, et al.

Genomics 1991; 9:570-5.



**FSHD Locus**

# Determining the location of a disease mutation usually identifies the disrupted gene

- Duchenne muscular dystrophy
  - Mutation in the dystrophin gene
- Huntington's Disease
  - Mutation in the Huntingtin gene
- Myotonic Dystrophy
  - Mutation in the DMPK gene
- Breast Cancer
  - Mutation in BRCA1 gene

# What was different with FSHD?

- Standard model of genetic disease
  - Mutation in a gene = disease
- FSHD
  - Reduced size of an array of gene copies

# Each DNA sequence is like an instructive sentence

- Go to the zoo and let all of the monkeys out of their cages

# Each DNA sequence is like an instructive sentence

- Go to the **I**oo and let all of the monkeys out of their cages



# Each DNA sequence is like an instructive sentence

- Go to the zoo and let all of the mon\_eys out of their cages





# The FSHD mutation changed the packaging of the DNA and DUX4 gene

- DUX4 was normally not expressed in skeletal muscle
- The repeats moved the DUX4 gene to a silent region of the cell nucleus
- In FSHD the silencing of DUX4 was not complete in skeletal muscle

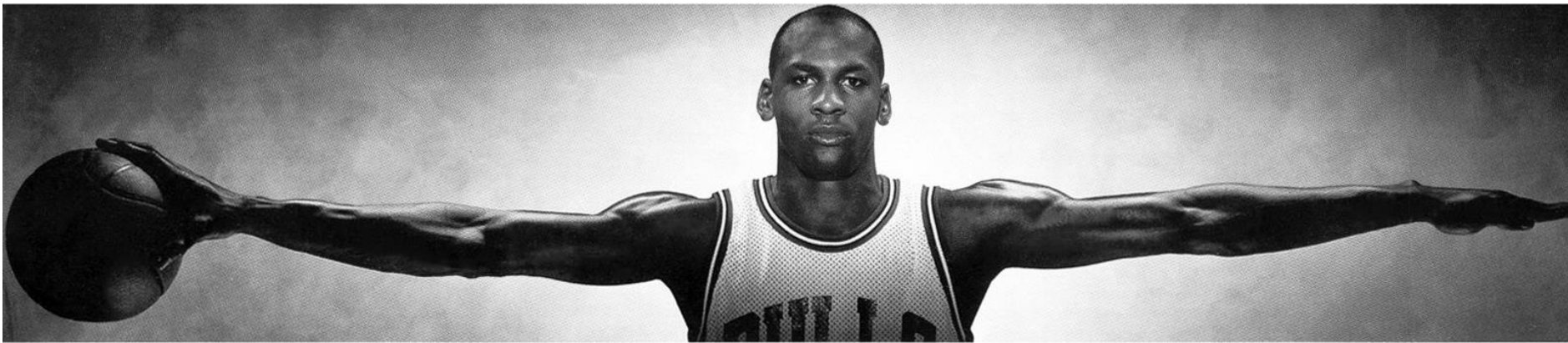
# The human diploid genome

( $6 \times 10^9$  bp/cell)

$0.34 \text{ nm/base} \times 6 \times 10^9 \text{ bases} = 2 \times 10^9 \text{ nm}$  or

$\sim 2 \text{ meters (6.5 feet)}$

---



The average human chromosome is  $\sim 4.3$  Centimeters long.

Human nuclei are  $\sim 10 \mu\text{m}$  in diameter:  $10,000 \times$  compaction

**If the nucleus was the size of a tennis ball ...**



**... it would have over 13 miles of DNA**

## **Regions that are open and can be used**

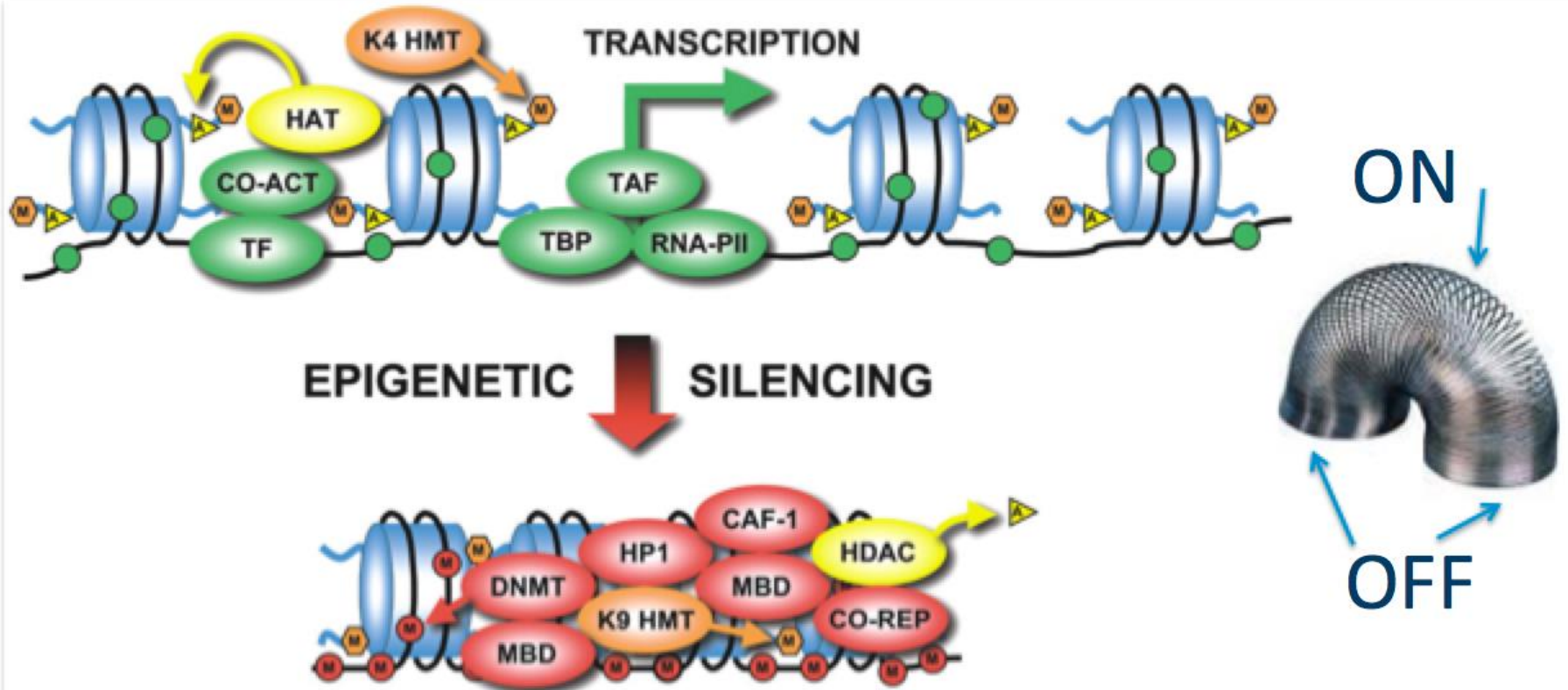
The book is open and the sentence can be read



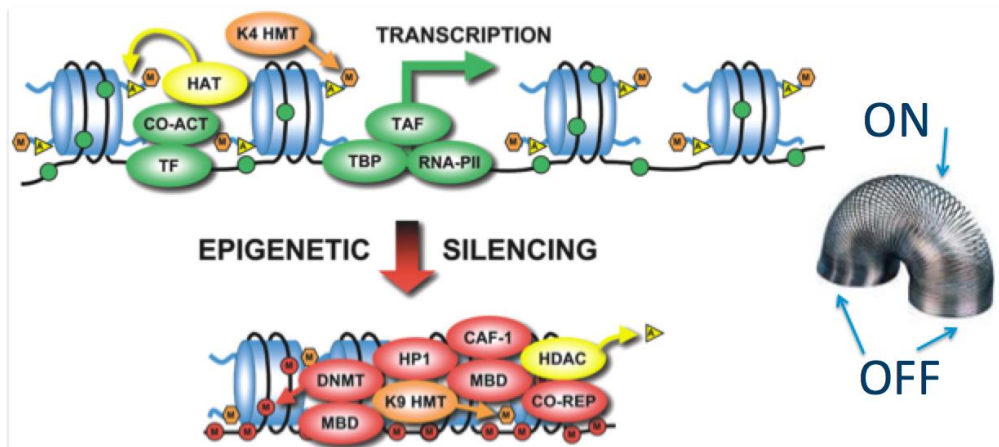
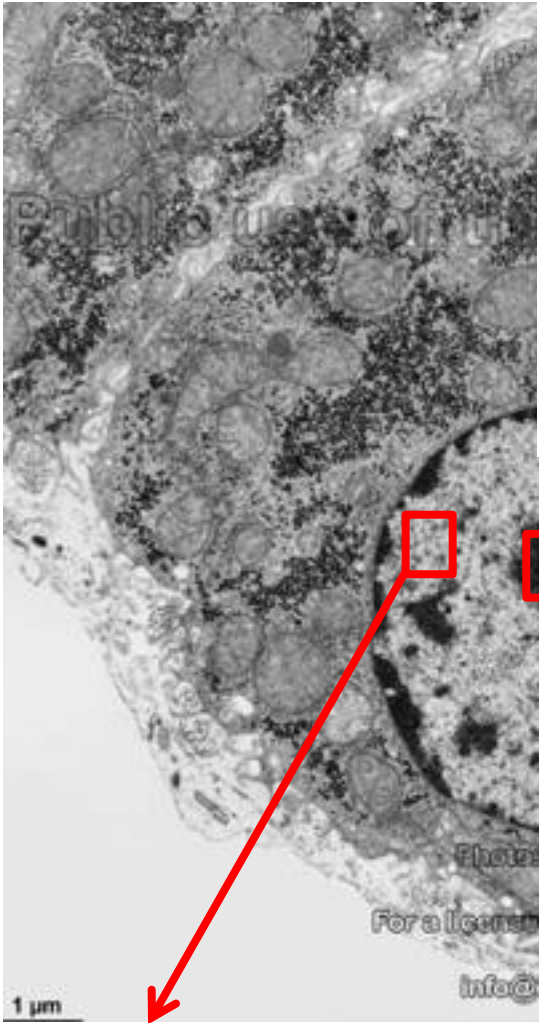
## **Regions that are closed and cannot be used**

The book is closed and the sentence cannot be read

# Open regions can be read Closed regions cannot be read



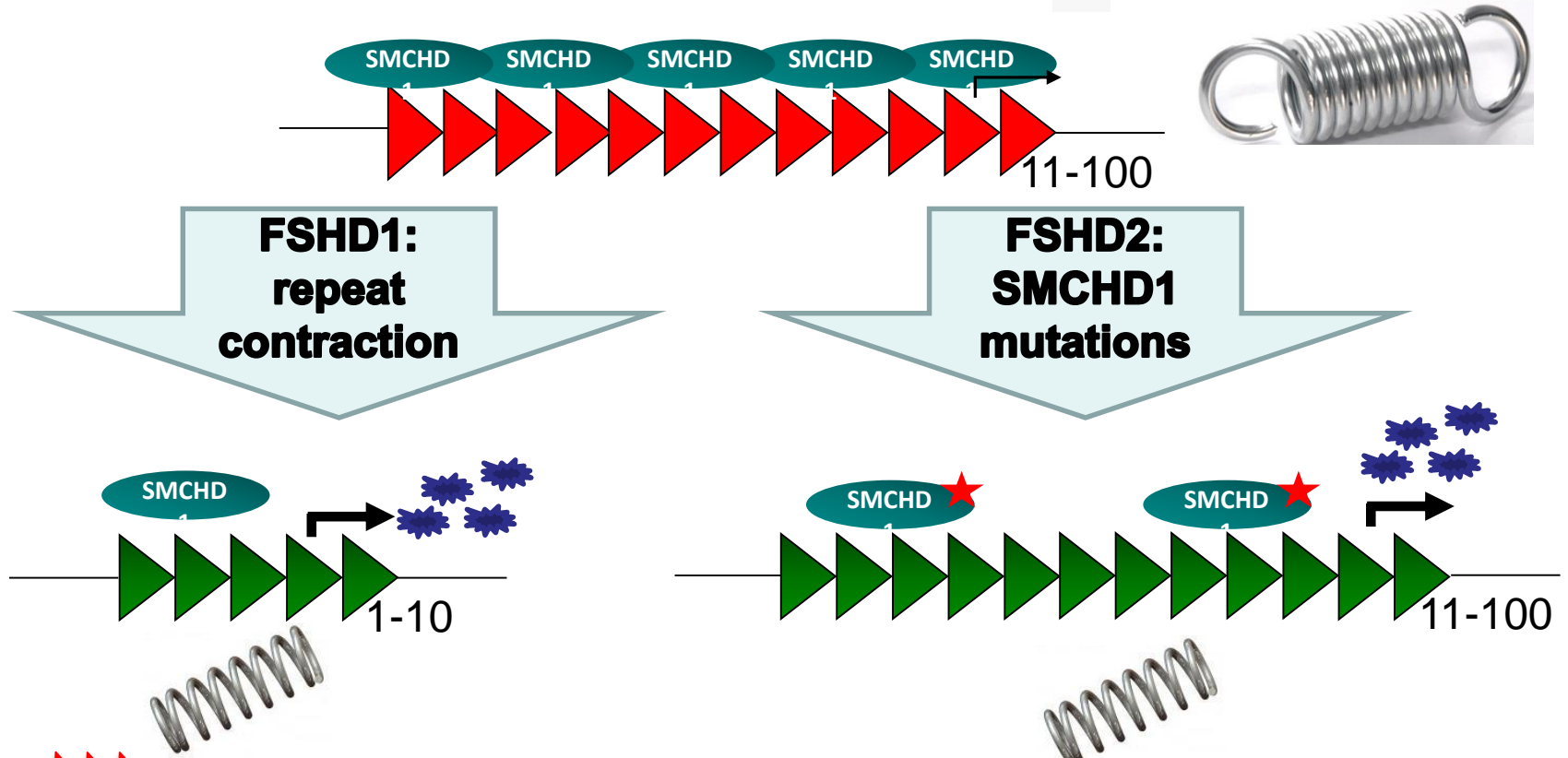




**Light = Genes On  
Open chromatin**

**Dark = Genes Off  
Closed chromatin**

# FSHD mutations move the repeats from closed to open regions in skeletal muscle



▶▶▶▶ = closed chromatin = cannot be read

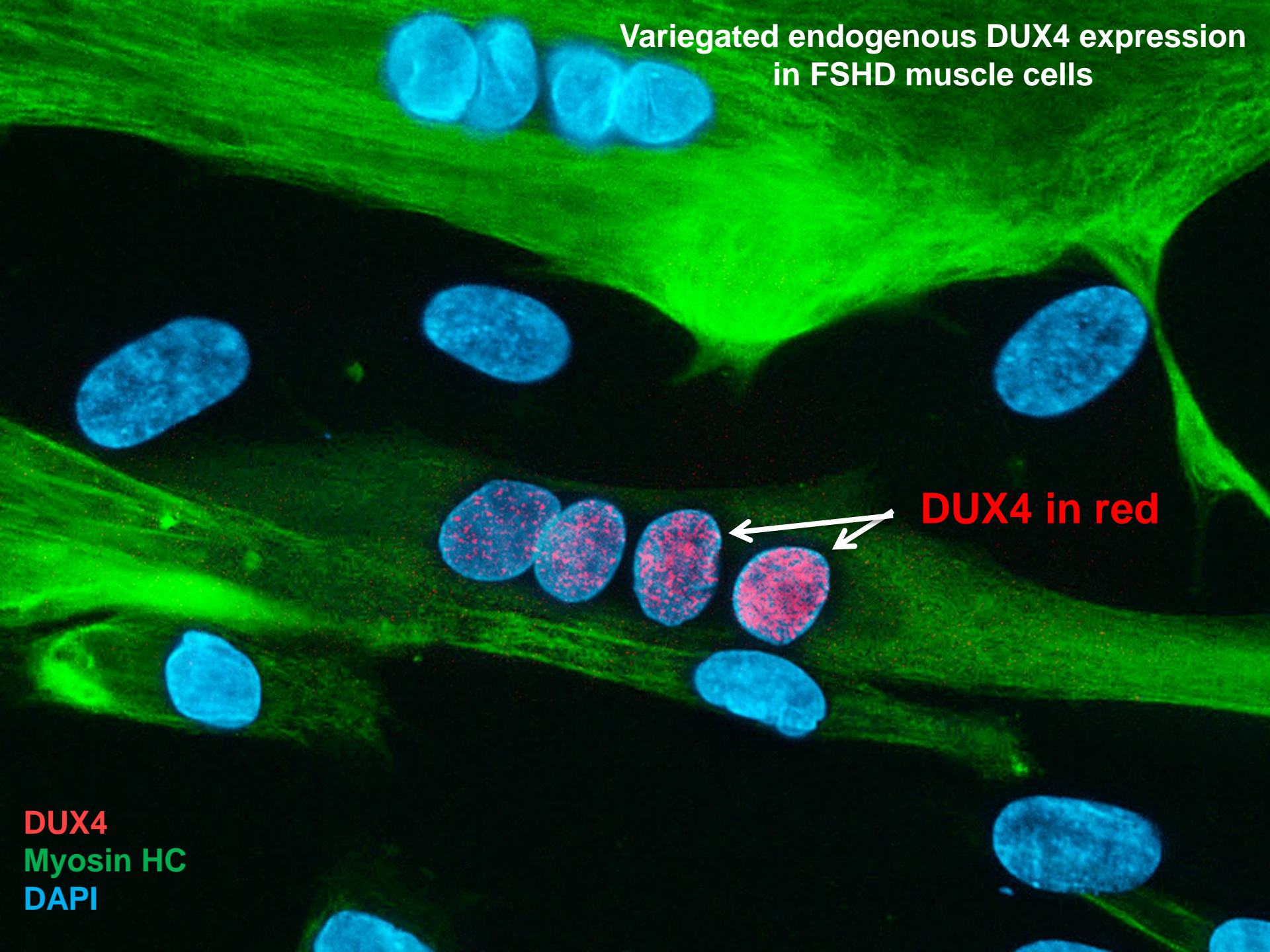
▶▶▶▶ = open chromatin = can be read

★ = DUX4 protein

Variegated endogenous DUX4 expression  
in FSHD muscle cells

DUX4 in red

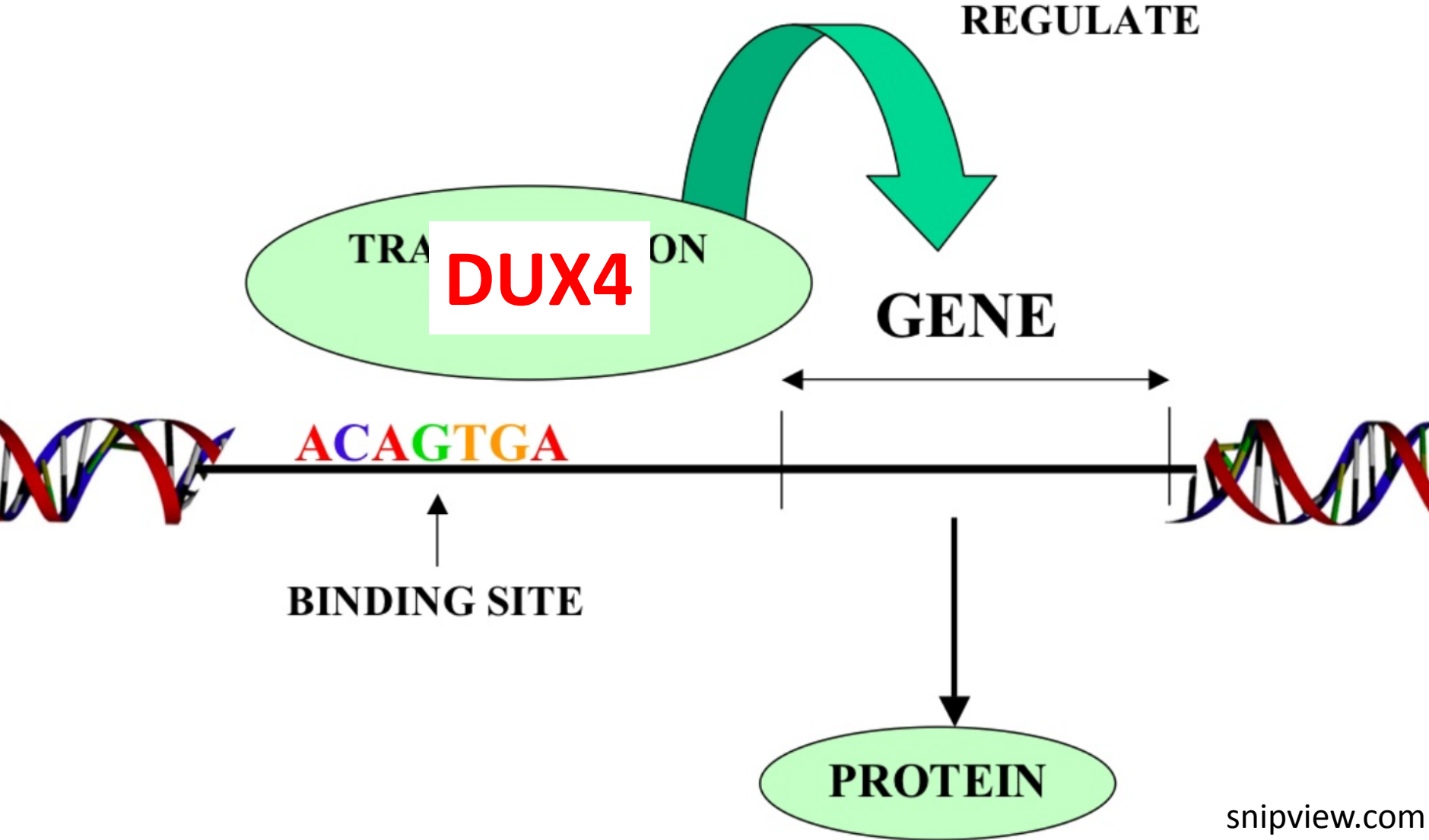
DUX4  
Myosin HC  
DAPI



# FSHD mutations move DUX4 into an open region

- The DUX4 gene can be made into RNA and protein
- DUX4 instructs the cell to turn on other genes
- What does DUX4 do?

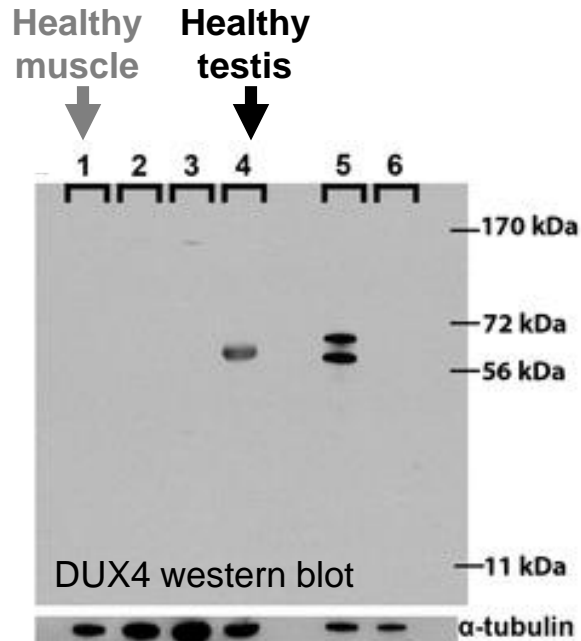
Legend: A transcription factor molecule binds to the DNA at its binding site, and thereby regulates the production of a protein from a gene.



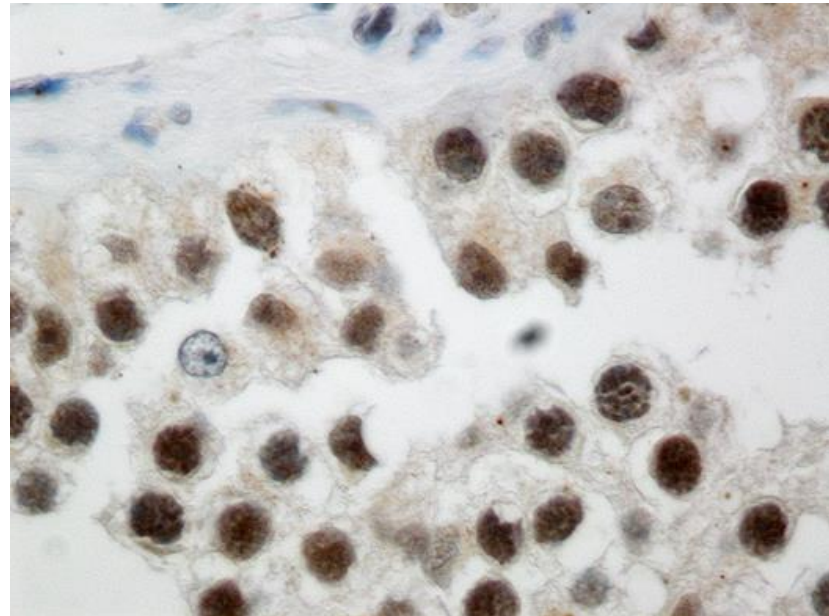
# What is DUX4 instructing the cell to do?

- It gives the first instructions to become an early stem cell
- It is expressed in the germline that gives rise to sperm and eggs
- It turns on the first set of genes in the early embryo

## DUX4 is expressed in testis but not in skeletal muscle

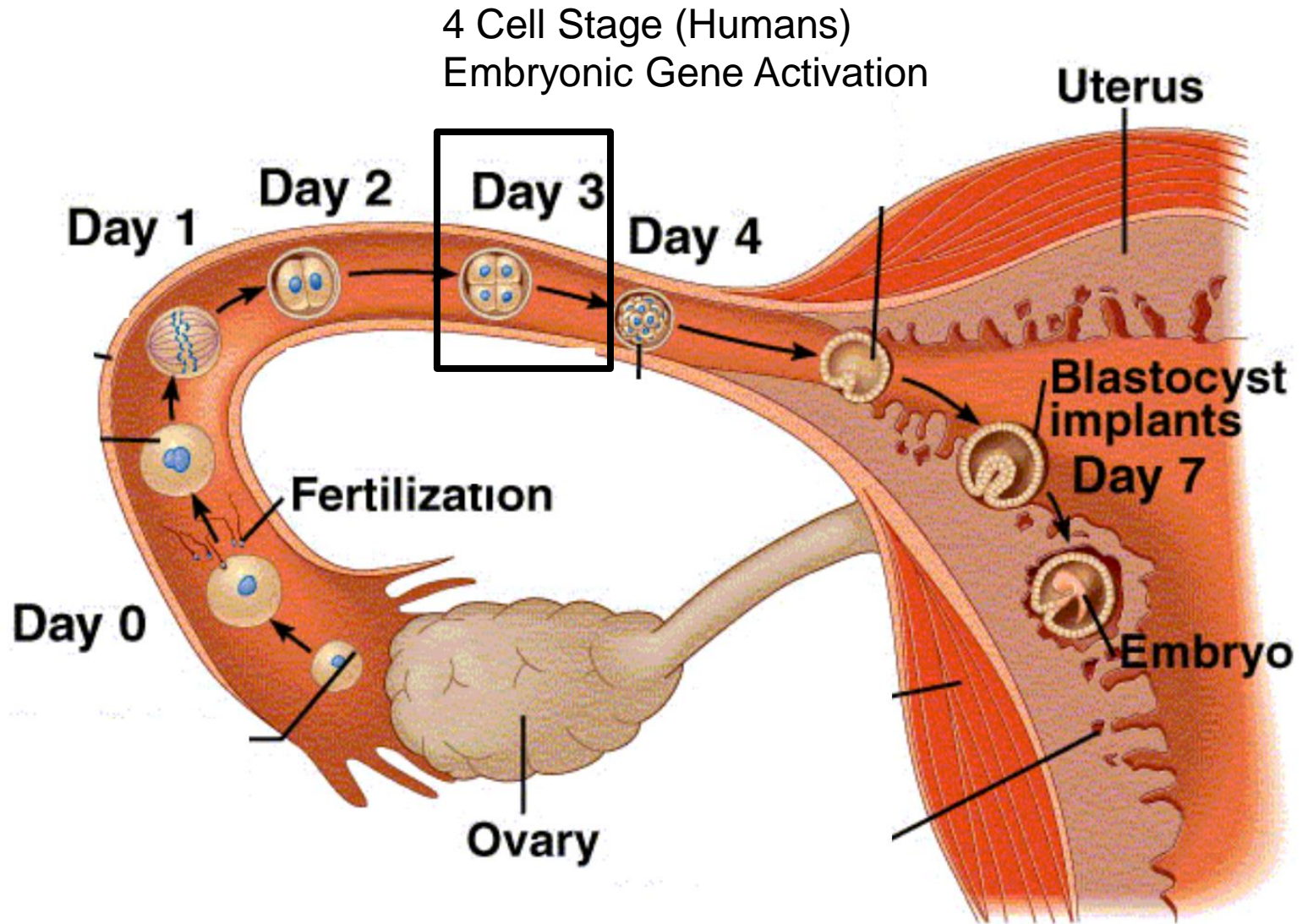


DUX4 expressed in stem cells in the testis



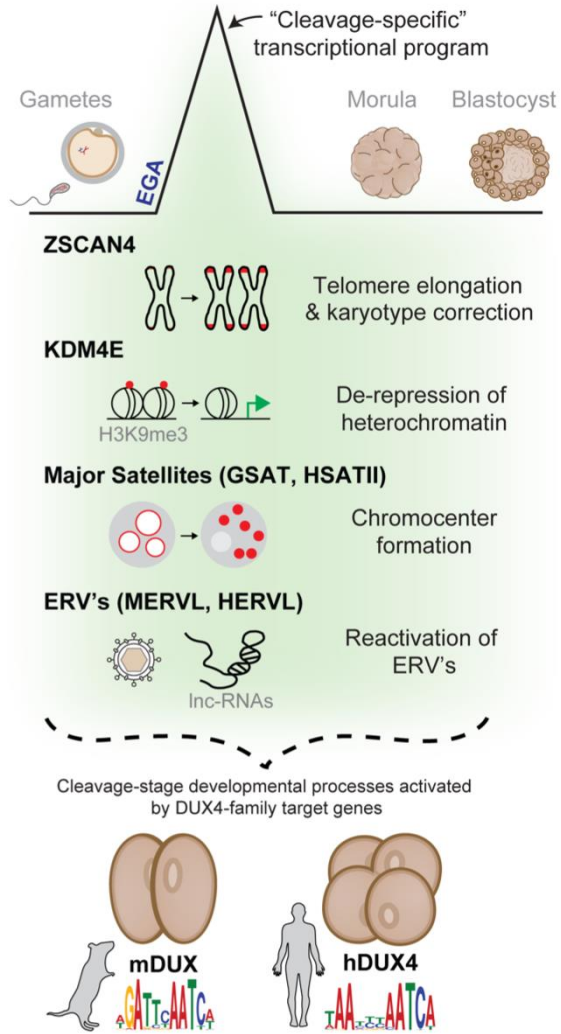
**Brown = DUX4 immunodetection**

# Embryo development from fertilization to implantation

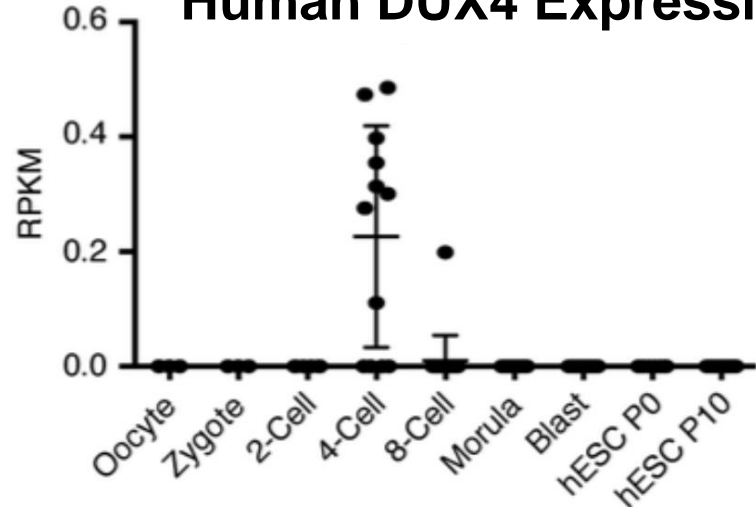




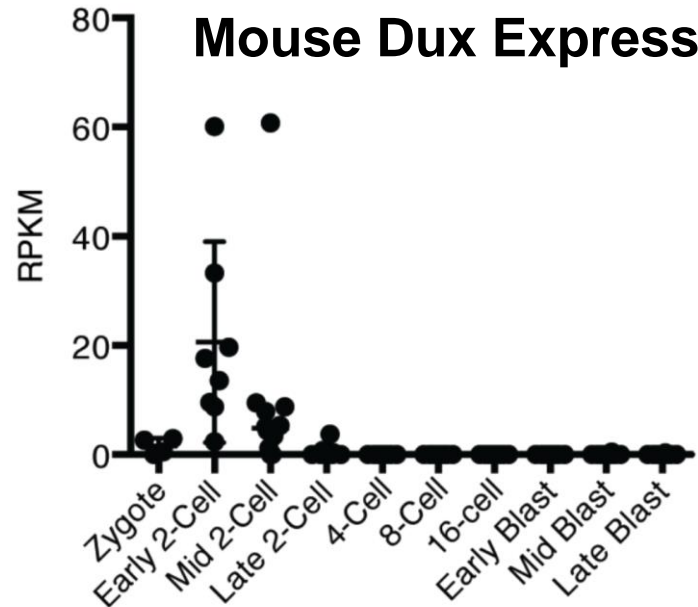
# DUX4 activates the cleavage-stage transcriptional program



## Human DUX4 Expression



## Mouse Dux Expression



# Consequences of DUX4 expression in muscle cells

- Induces expression of stem cell genes
- Stem cell genes might induce an immune response
- Inhibits muscle gene expression
- Activates stress response pathways
- Leads to accumulation of toxic RNAs
- Leads to muscle cell death (apoptosis)

# Expression of DUX4 in Skeletal Muscle

- DUX4 activates expression of stem cell genes
  - Incompatible with normal muscle function?
  - Might induce immune response similar to CTAs
- DUX4 in muscle causes cell death: apoptosis
  - Why does it not cause cell death in early stem cells?
- DUX4 alters RNA processing
  - Accumulation of abnormal RNAs and proteins
  - Expression of repetitive RNAs and retrotransposons
- Inhibition of muscle regeneration
  - Expression of beta-defensins and abnormal Wnt signaling
- Other ...

# Therapeutic Opportunities

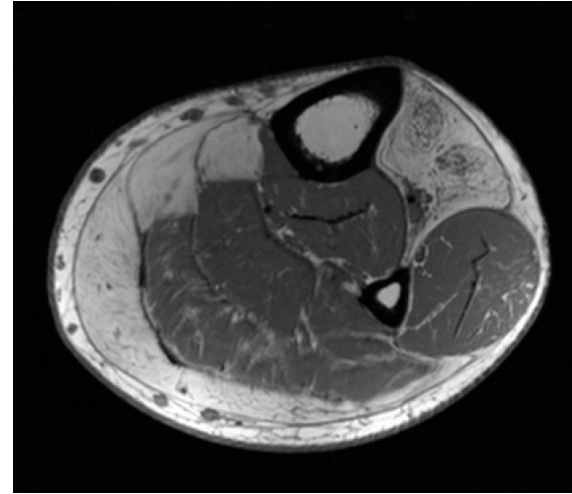
- **Suppress DUX4 expression**
  - DUX4 should be “off” in muscle cells
  - Increase the normal chromatin repression of DUX4
    - SMCHD1 pathway or other repressors
- **Decrease DUX4 mRNA stability/translation/splicing/pA**
  - sh-, si-, mi, or mo-RNA; small molecule inhibitors
- **Block DUX4 protein activity**
  - Dominant negative or target protein interactions
- **Interfere with pathological mechanism(s)**
  - Why does DUX4 kill the muscle cells and not the stem cells?
  - Does an immune response contribute to the disease?
  - In what other ways does DUX4 cause muscle damage?

# Identifying Candidate Therapies

- Screen existing chemical compounds
  - FDA approved compounds
  - Clinical candidate compounds
  - Diverse libraries
- Rational development of new drugs
  - Targeting a specific protein/RNA
    - Small molecule drugs and siRNAs
- Immunomodulation?

# Clinical Trial Milestones

- **Demonstration of drug activity**
  - DUX4 mRNA or regulated genes
  - Immune response or regeneration
- **Biological response**
  - MRI or serum markers of muscle damage
- **Halt or reverse disease progression**
  - Slowly progressive disease
    - Requires long-term study
    - Large numbers of participants
  - Natural history studies and FSHD registries



# How long will it take?

- Within a few years if ... ?
  - FDA approved drug
  - Repurposed drug
  - Class of drugs in development for other diseases
- Within a decade if ... ?
  - New drug development
  - Progressively more effective drugs

# When will we start?

- We have, thanks to you.
  - Consensus model of disease
  - Candidate biomarkers
  - Clinical history studies & infrastructure
  - Multiple efforts at drug development
    - Academic
    - Pharmaceutical Companies



# THANK YOU!!!!!!

- For coming today
- For supporting FSHD research
- For participating in this important research