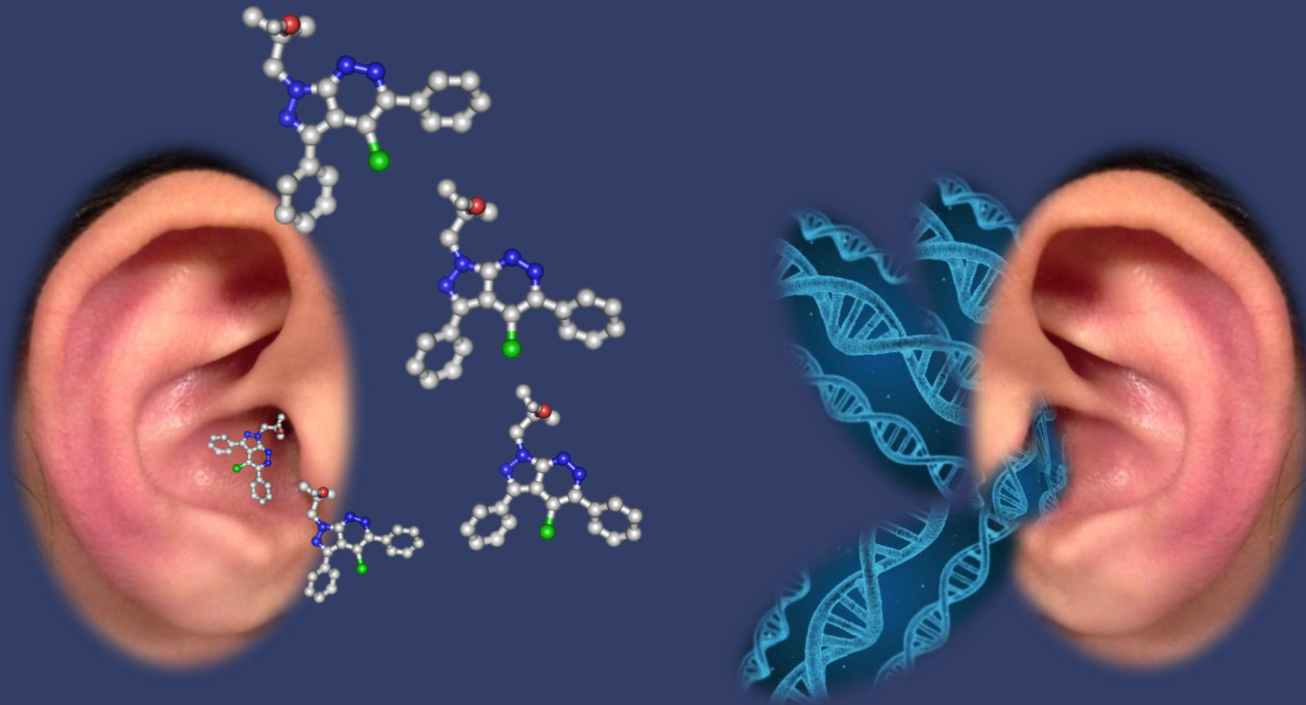




Kumar N. Alagramam, PhD  
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Cleveland, OH 44106



Small Molecule and Gene Therapy  
Approaches to Mitigate Hearing Loss  
in Usher Syndrome III

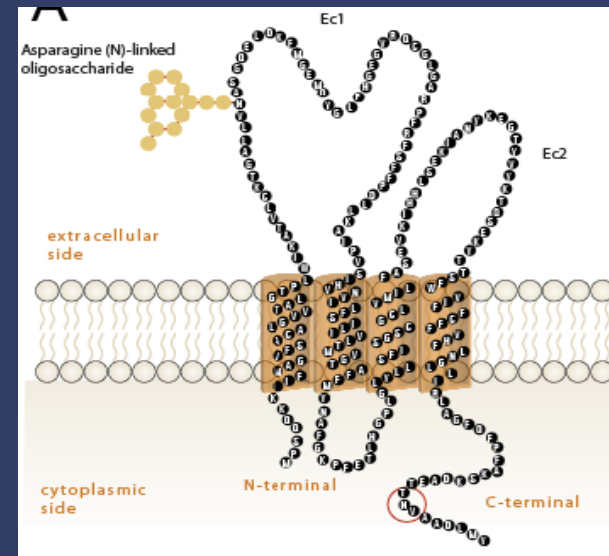
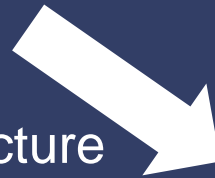
# Background

- Post-lingual progressive hearing loss
- Variable presence of balance disorder
- Variable onset & severity of retinitis pigmentosa.

# Usher Syndrome III (USH3)

- Mutation in the clarin-1 gene is linked to USH3\*
- Clarin-1 protein ( “CLRIN1”), translated from the clarin-1 gene, is membrane proteins (symbol CLRIN1)

Predicted structure



\* Joensuu et al *Am. J. Hum. Genet.* 69: 673–684, 2001.

\* Adato et al *Eur. J. Hum. Genet.*, 10, 339-350, 2002.

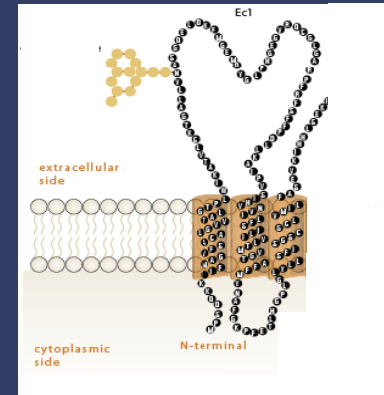
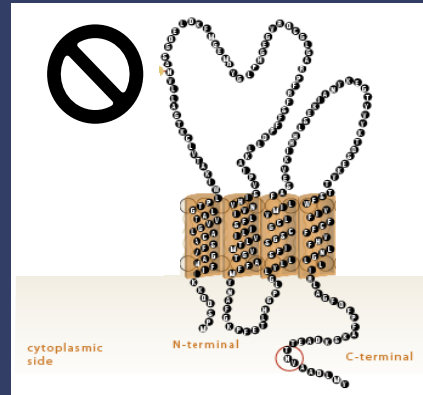
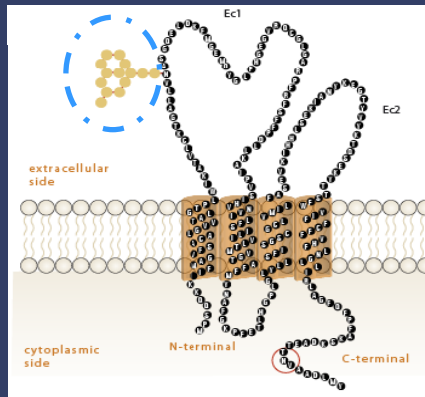
# Two common mutations in Clarin-1

**CLRN1**

**CLRN1<sup>N48K</sup>**

**CLRN1<sup>Y176X</sup>**

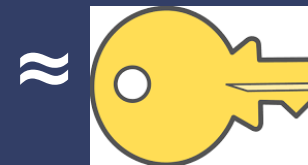
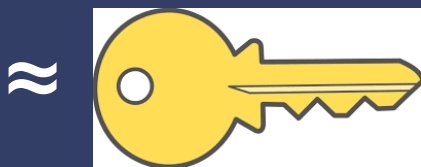
Sugar molecule



Normal

Unstable

“Null” effect



# General notes regarding my talk

1. Why hearing loss (HL) happens with CLRN1  $\Delta$ ?
2. The small molecule drug we developed to mitigate hearing loss linked to CLRN1<sup>N48K</sup>.
3. Gene therapy to preserve hearing loss in subjects with any  $\Delta$  in CLRN1, including 'FIN major.'
4. Mouse models = mice carrying  $\Delta$  in CLRN1 and showing hearing loss.
5. These mice do NOT develop eye disorder- we don't know why.

# General notes regarding my talk

More than 10 years of research compressed into few slides

Details kept to a minimum

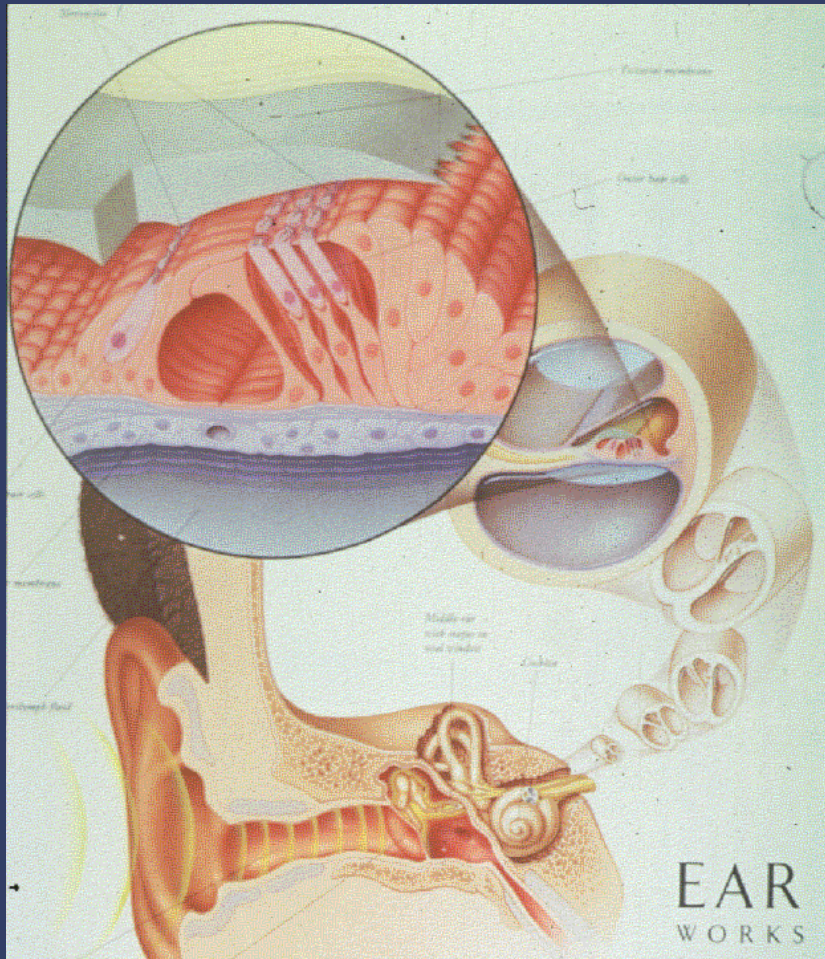


Please contact me at [kna3@case.edu](mailto:kna3@case.edu) if you have question.

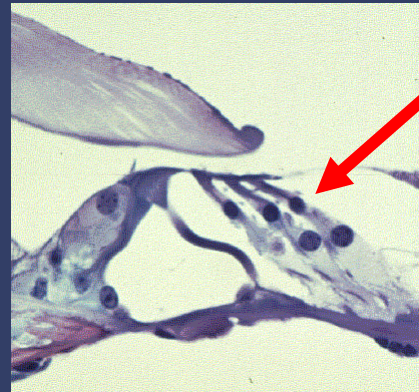
# Human Ear Anatomy

(Mouse ear is similar to human ear)

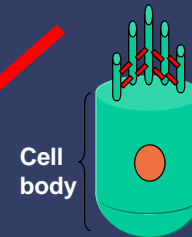
Human organ of Corti



Mouse organ of Corti



“Hair” Cell



Cell body

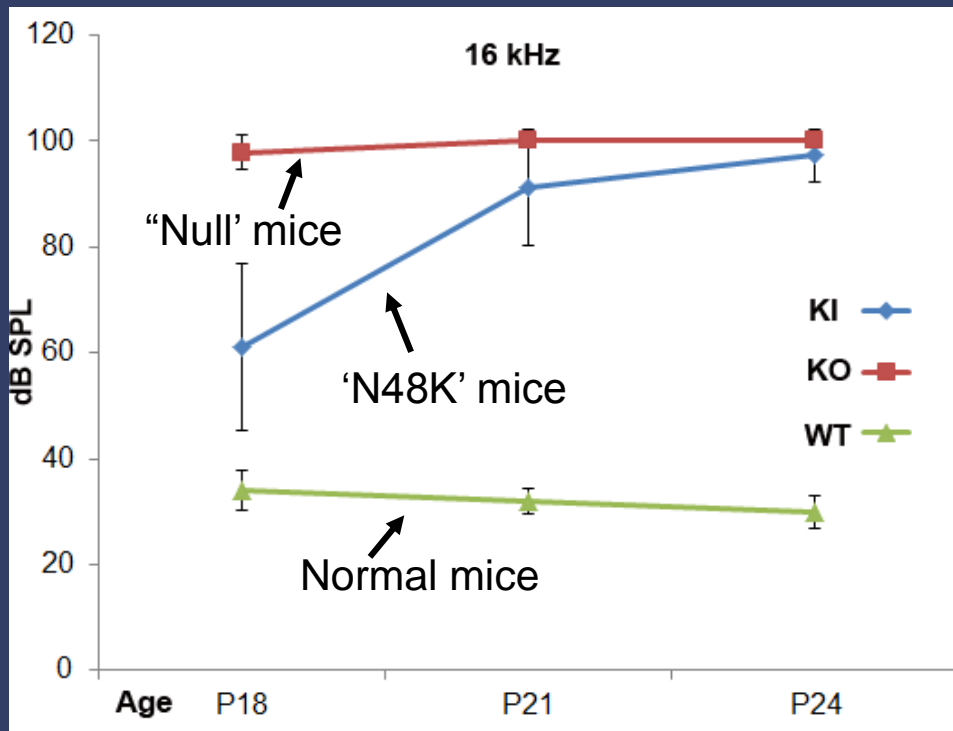
Hair cells convert sound vibrations into electrical signals → to the brain via the auditory nerve.



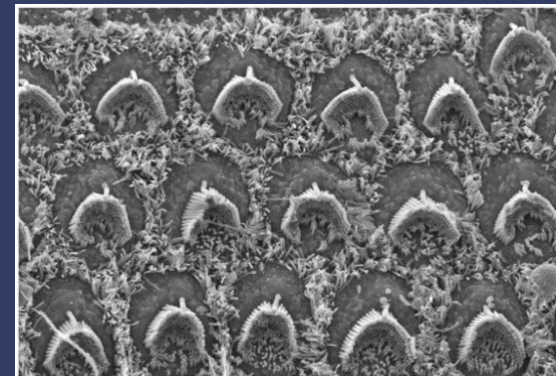
# Why HL with CLRN1 $\Delta$ ?

## What do the mouse models tell us?

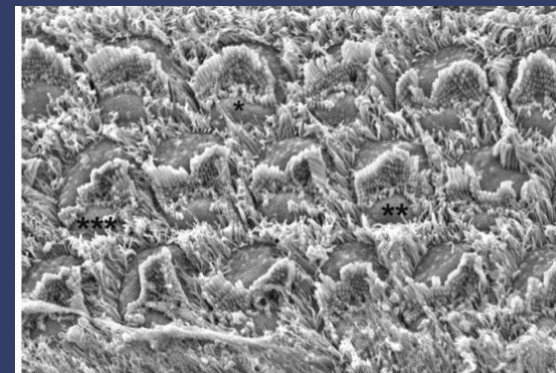
### Hearing in mouse models of UsH3



### Hair cells - normal mouse

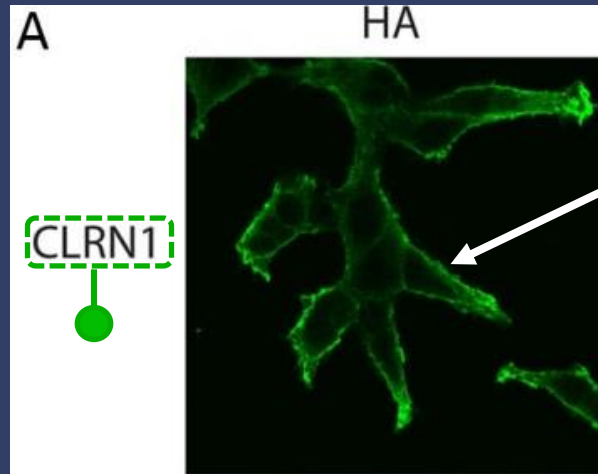


### Hair cells - CLRN1 $\Delta$ mouse



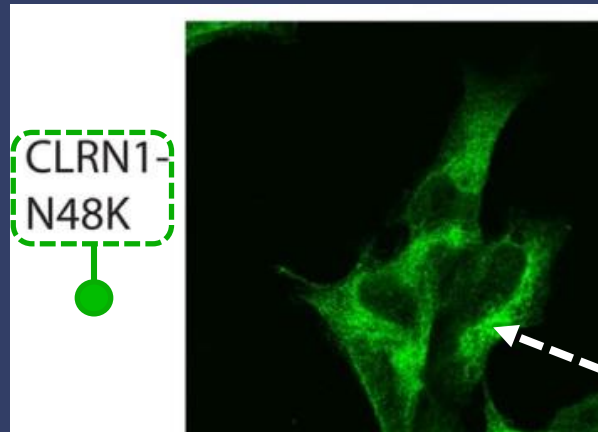
# The impact of N48K mutation on CLRN1

Cells “making” CLRN1 protein



Normal CLRN1 protein goes to the cell membrane

Cells “making” CLRN1<sup>N48K</sup> protein



1<sup>st</sup>, CLRN1<sup>N48K</sup> protein can be seen in the cell ONLY if we add chemical agents to block protein degradation.

2<sup>nd</sup>, CLRN1<sup>N48K</sup> is “stuck” inside the cell

## How to mitigate the CLRN1<sup>N48K</sup> problem?

**Hypothesis:** Increasing the stability of CLRN1<sup>N48K</sup> would help the mutant protein reach the proper site in the cell and rescue CLRN1-mediated function in the affected cells.

Proteasome inhibitors can increase CLRN1<sup>N48K</sup> stability in cell culture, but we cannot use these as drugs for disorders like USH3 because it is toxic.

# Small molecule therapy for CLRN1<sup>N48K</sup> $\Delta$

nature  
chemical biology

ARTICLE

PUBLISHED ONLINE: 25 APRIL 2016 | DOI: 10.1038/NCHEMBIO.2069

## A small molecule mitigates hearing loss in a mouse model of Usher syndrome III

Kumar N Alagramam<sup>1-3\*</sup>, Suhasini R Gopal<sup>1</sup>, Ruishuang Geng<sup>1,9</sup>, Daniel H-C Chen<sup>1</sup>, Ina Nemet<sup>4</sup>, Richard Lee<sup>4</sup>, Guilian Tian<sup>4</sup>, Masaru Miyagi<sup>5</sup>, Karine F Malagu<sup>6</sup>, Christopher J Lock<sup>6</sup>, William R K Esmieu<sup>6</sup>, Andrew P Owens<sup>6</sup>, Nicola A Lindsay<sup>6,9</sup>, Krista Ouwehand<sup>7</sup>, Faywell Albertus<sup>7</sup>, David F Fischer<sup>7</sup>, Roland W Bürli<sup>6,9</sup>, Angus M MacLeod<sup>6</sup>, William E Harte<sup>8</sup>, Krzysztof Palczewski<sup>4</sup> & Yoshikazu Imanishi<sup>4\*</sup>



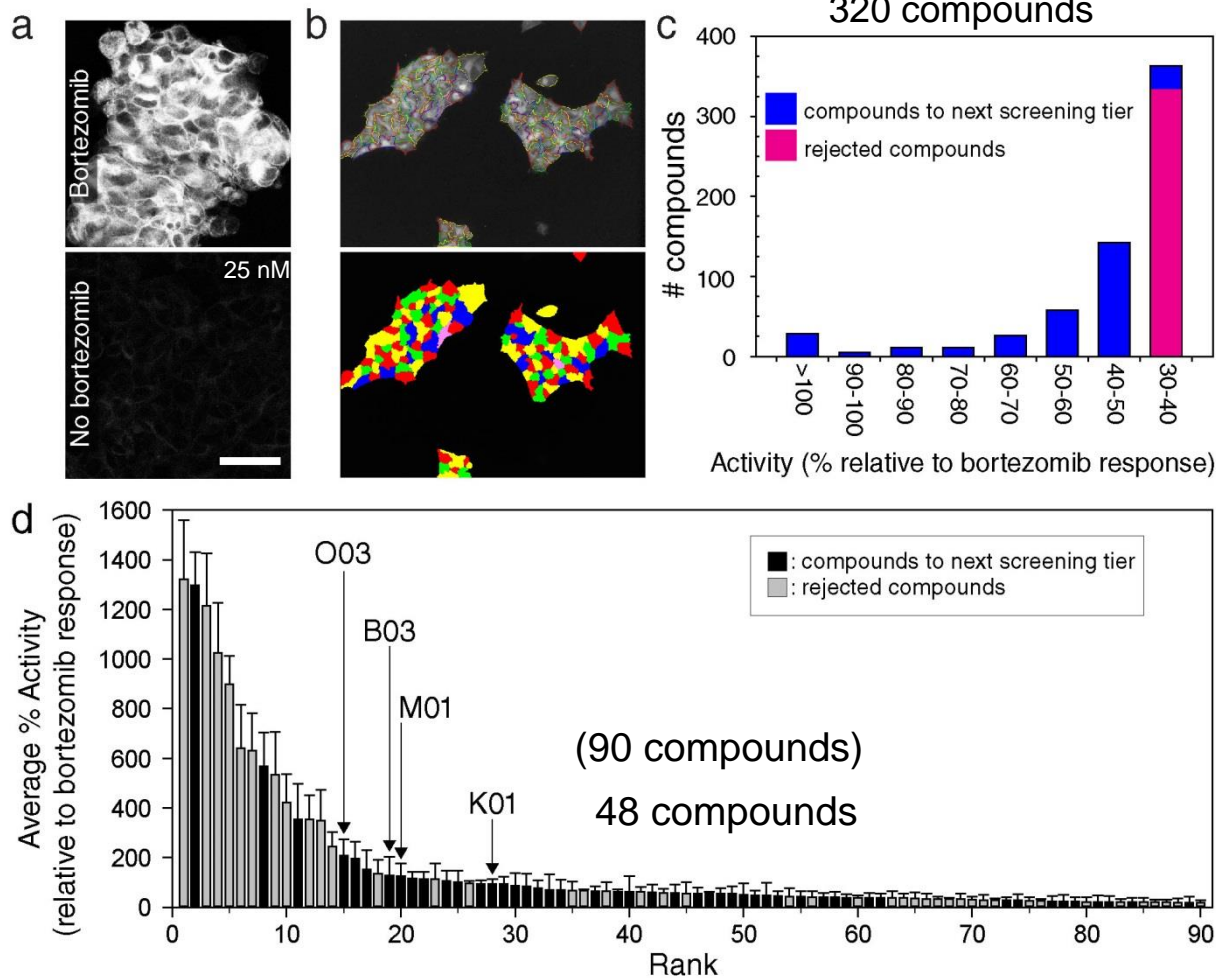
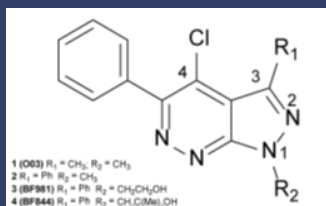
We = Team effort

For author contributions, IP rights to the small molecule, etc., please refer to the published paper noted above.

# 50,000 small molecules screened

What's a small molecule?

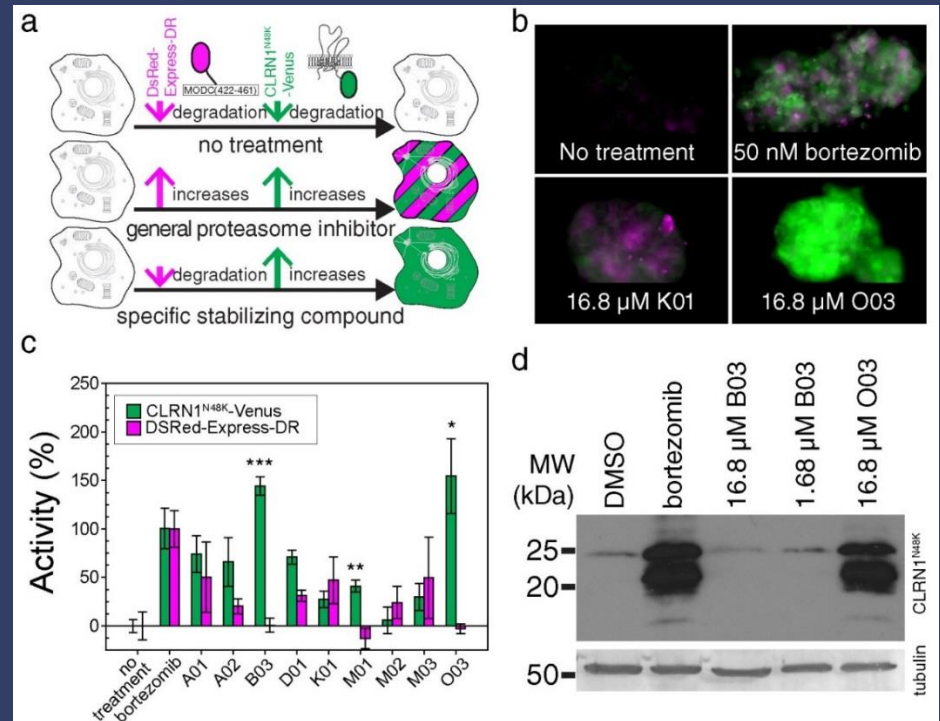
Example



# Discovery of Lead Small Molecule - O03

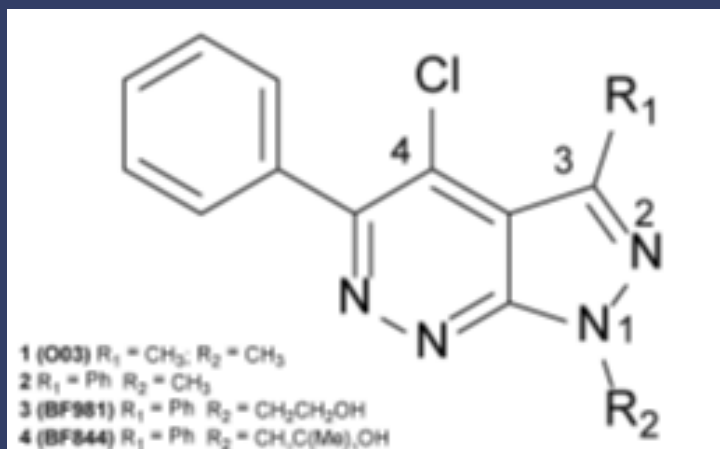
- HTS of 50,000 compounds representing the chemical diversity space of pharmacologically relevant compounds were screened using a cell based immunofluorescence assay.
- A dual-reporter assay eliminates pan-proteasome inhibitors.
- From 50K → 1 lead compound "O03"

**Oo3 stabilizes CLRN1<sup>N48K</sup>, improving its chances of rendering clarin-1 mediated function in the cell**



# Optimized small molecule

O03 → Lot of work → BF844  
~2 years



EC<sub>50</sub> 2 μM



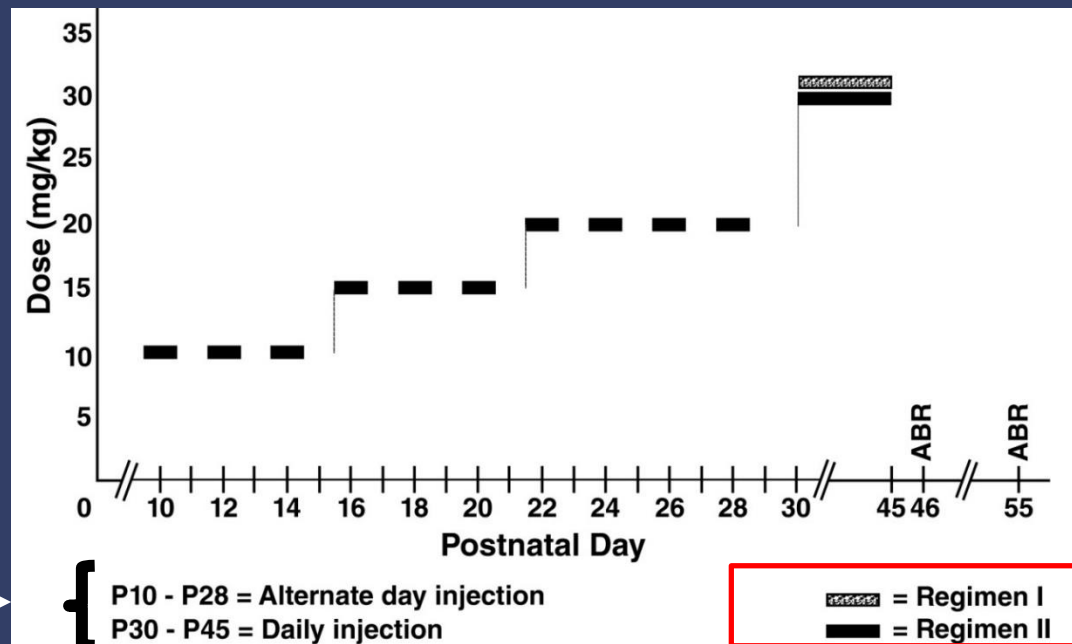
EC<sub>50</sub> 0.34 μM

# Testing the efficacy of BF844

BF844 was injected into CLRN1<sup>N48K</sup> mice to test its ability to protect hearing protection in this model


We arrived at the doses based on *in vitro* and *in vivo* testing

Drug tested on young mice





# Hearing test used: Auditory Brainstem Response

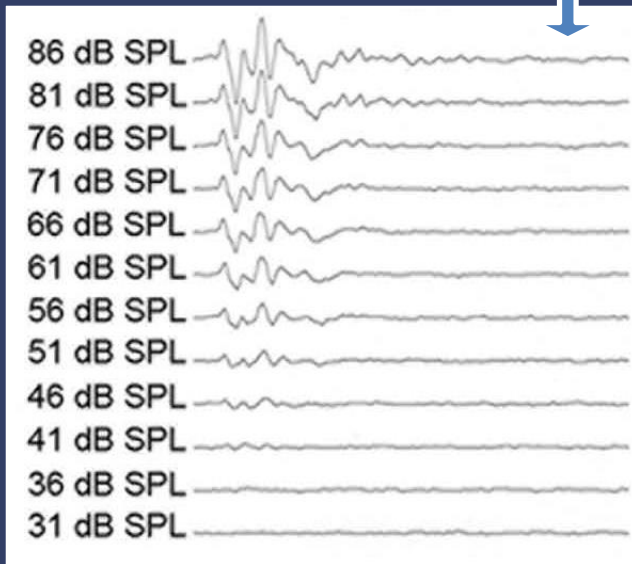
Sound → Ear → auditory nerve → brain(stem) →  Recorder

Waveform ← Recorder

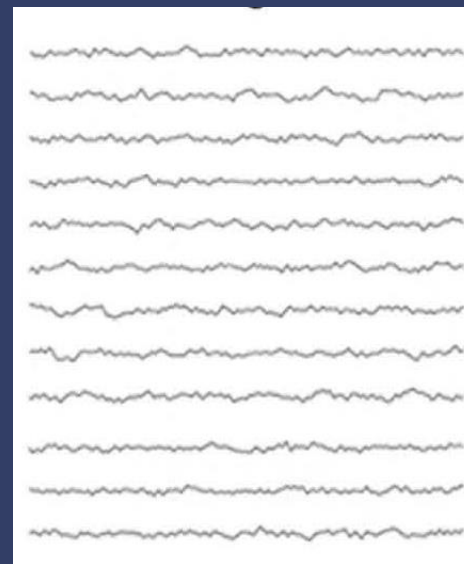
Normal mouse

USH3 mouse

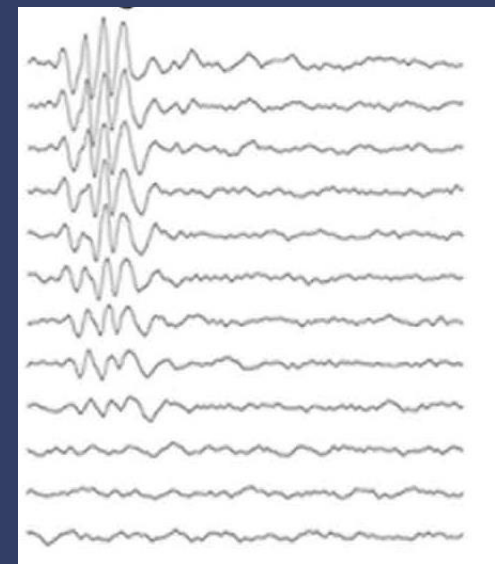
Treated USH3 mouse



100 days old



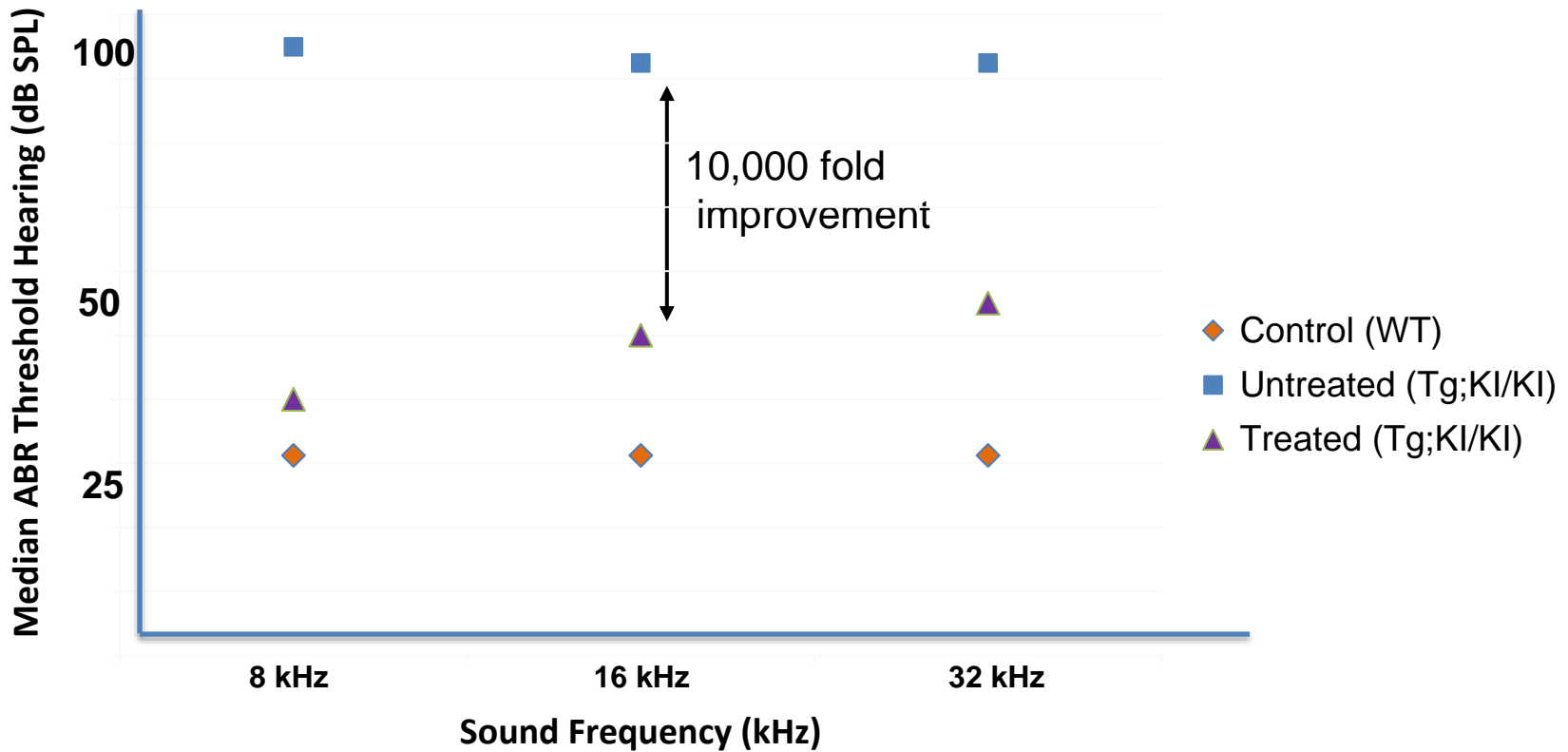
100 days old



100 days old

# BF844 mitigates HL in CLRN1<sup>N48K</sup> Mice

**Median ABR thresholds in BF844 treated (regimen II) versus untreated Tg;KI/KI mice at day 55**



Hearing improved in treated mice by 10,000 fold!

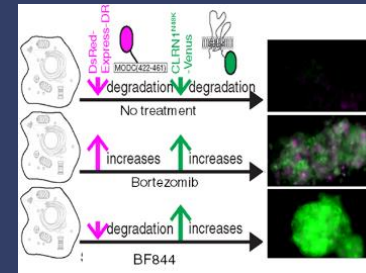
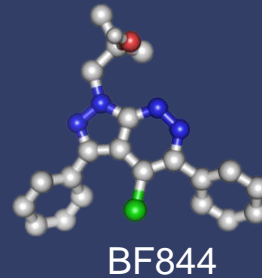
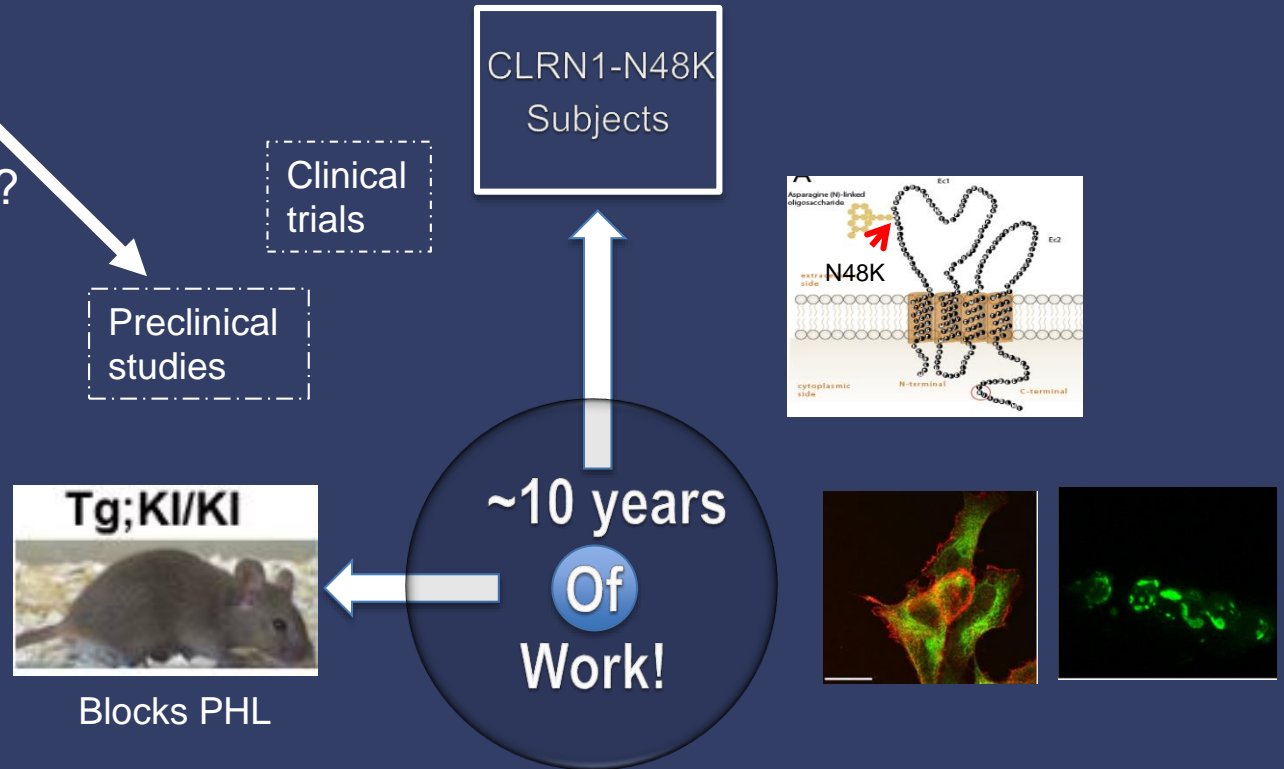
## Small Molecule BF844

- 1<sup>st</sup> targeted therapy for an Usher  $\Delta$
- Preserves hearing in CLRN1<sup>N48K</sup> mouse
- Since the CLRN1<sup>N48K</sup>  $\Delta$  causes both hearing and vision loss, BF844 administered systemically could in principle prevent both sensory deficiencies in patients with USH3
- In principle, the BF844 would have to be taken regularly, because sensory deficit in USH3 patients is a chronic disorder.

# Current status?

Now, we are here

- How old can we go?
- How “long” can we go?
- Long term?



# Part II of my talk: Exciting Development!

Gene therapy (**GT**) tested in USH3 mouse model;  
paper published 18<sup>th</sup> October, 2017!

From the publishers of *Nature* [www.nature.com/scientificreports](http://www.nature.com/scientificreports)

# SCIENTIFIC REPORTS

**OPEN** Modeling and Preventing Progressive Hearing Loss in Usher Syndrome III

Received: 21 April 2017  
Accepted: 29 September 2017  
Published online: 18 October 2017

Ruishuang Geng<sup>1</sup>, Akil Omar<sup>2</sup>, Suhasini R. Gopal<sup>1</sup>, Daniel H.-C. Chen<sup>1</sup>, Ruben Stepanyan<sup>1</sup>, Martin L. Basch<sup>1</sup>, Astra Dinculescu<sup>3</sup>, David N. Furness<sup>4</sup>, David Saperstein<sup>5</sup>, William Hauswirth<sup>3</sup>, Lawrence R. Lustig<sup>2,6</sup> & Kumar N. Alagramam<sup>1,7,8</sup>



We = Team effort

For details regarding author contributions, IP rights, etc., please refer to the published paper noted above.

## Part II: Gene therapy (GT) approach

- GT: Normal copy of a gene is transplanted into  $\Delta$  cells of the target organ to correct the genetic disorder.
- Why GT for USH3?
- BF844 won't work for all mutation in USH3  
Example,  $CLRN1^{Y176X} \approx$  no protein made;  
GT will enable the synthesize CLRN1 protein
- GT can be used to treat any mutation in CLRN1
- So, why did we bother developing BF844 for  $CLRN1^{N48K}$  patients?

## Part II: Gene therapy (GT) approach

- In case of CLRN1<sup>N48K</sup> a 'functional' protein is made, but it needs '*help to keep up*', to deliver CLRN1-mediated function; BF844 'assists' the  $\Delta$  protein to do so.
- BF844 can reach both eyes and both ears and treat all '4' sensory organs at the same time.
- GT has to be done 1 eye and 1 ear at a time.

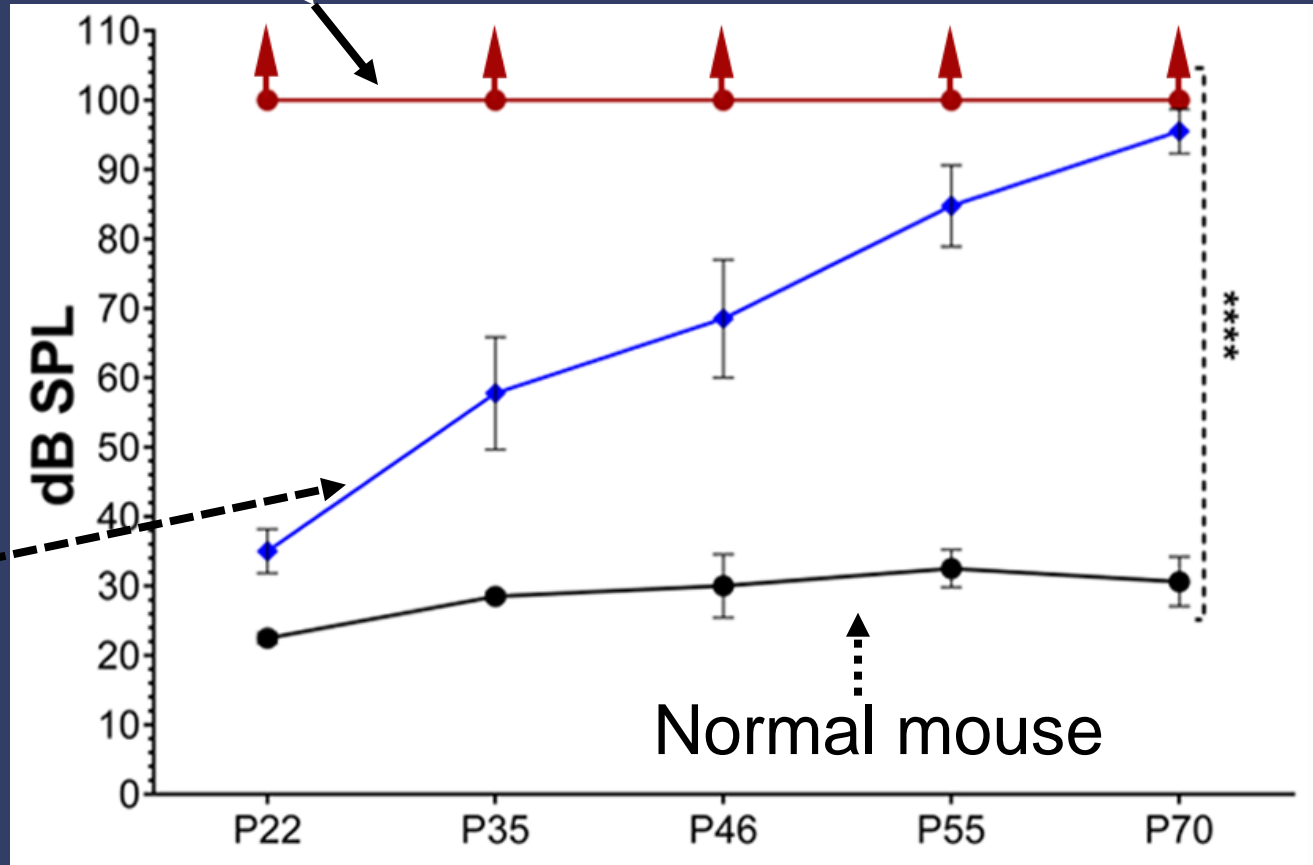
# “New & Improved” Mouse Model for HL in USH3

Old model

--Early onset  
profound HL

New model

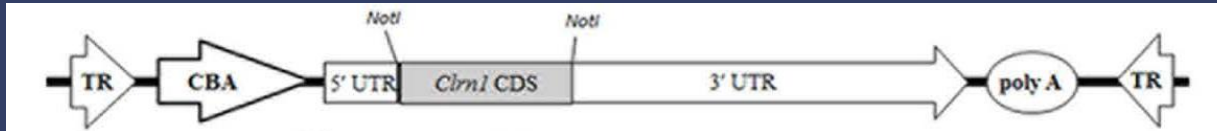
-Delayed onset  
progressive HL  
(in CLRN1 null  
background)





# GT Approach in Mice

Insert Clarin-1 cDNA into viral gene therapy vector



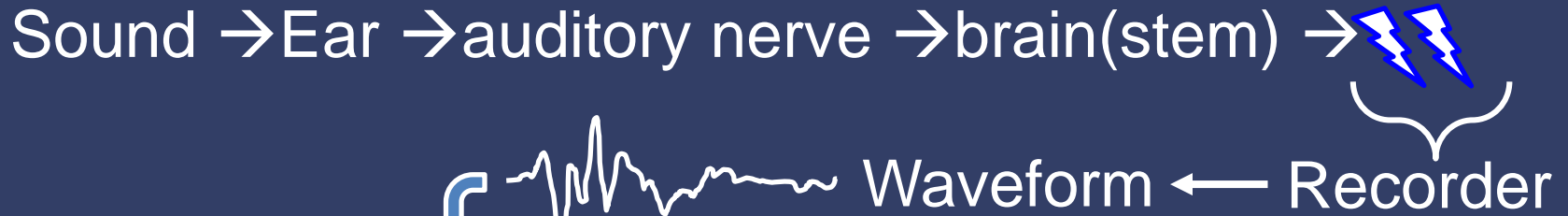
Inject gene therapy vector into new born mouse ear



Wait for a month

Start periodic hearing test from 1 month to 5 month  
Compare hearing in treated vs. untreated siblings

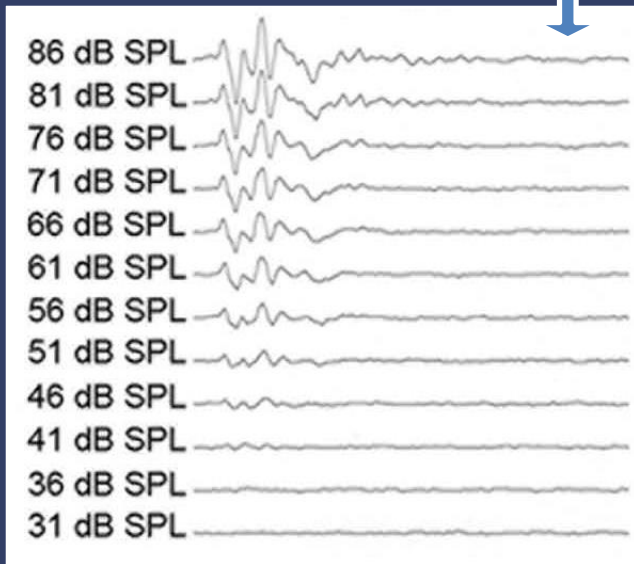
# Hearing test used: Auditory Brainstem Response



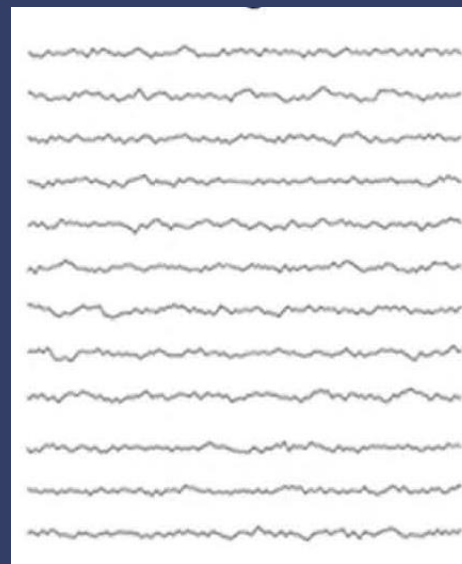
Normal mouse

USH3 mouse

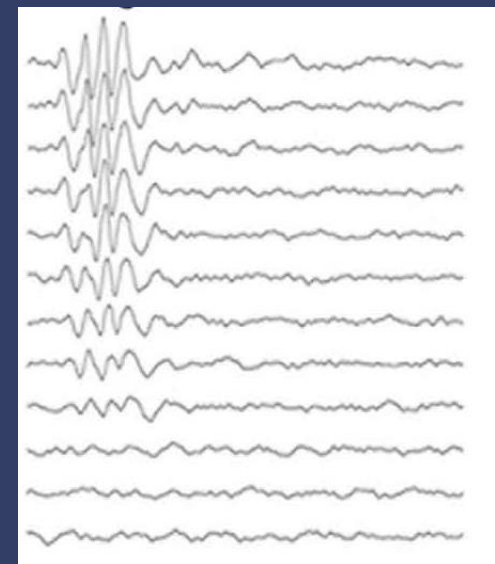
GT USH3 mouse



100 days old

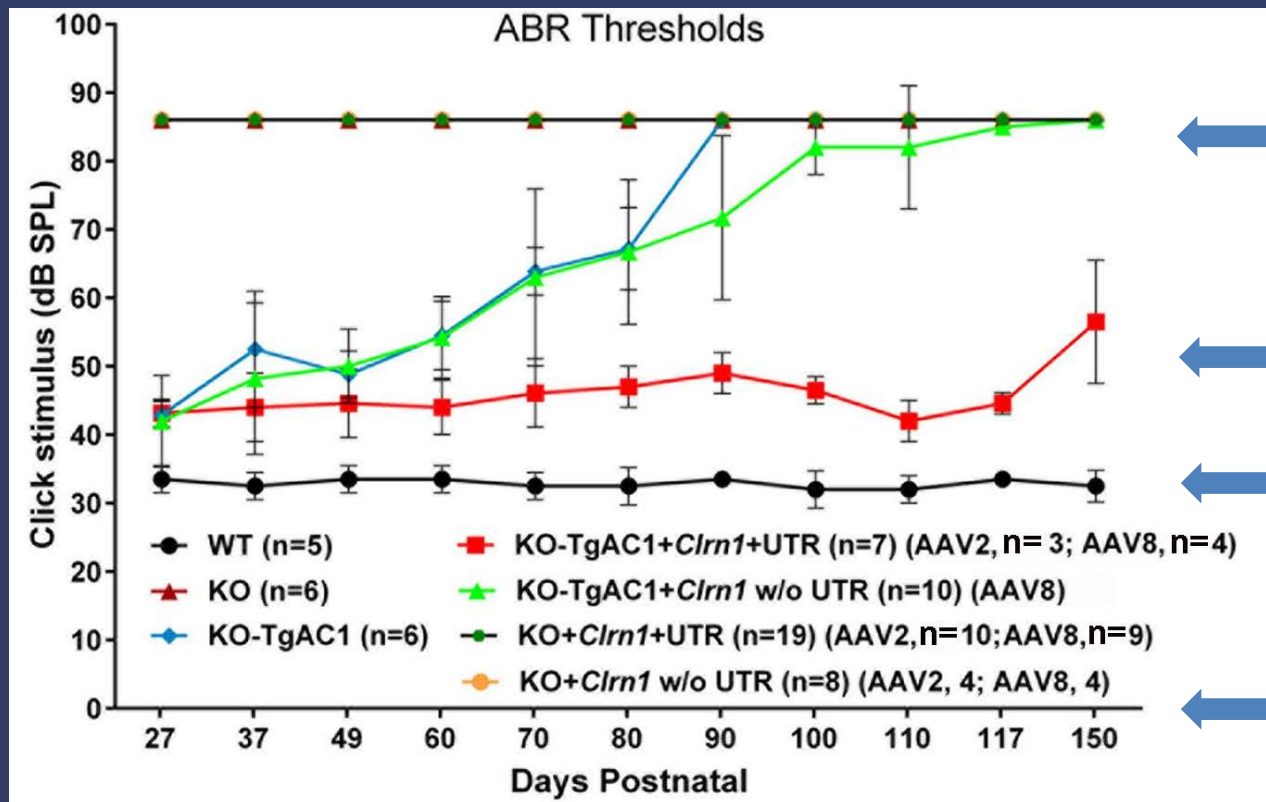


100 days old



100 days old

# GT in USH3 mice is very effective!



(Untreated)  
USH3 mice

GT-USH3 mice

Normal  
mice  
hearing

Study stopped @  
150 days

## Part II: Conclusions

- Developed a progressive HL mouse for USH3
- Developed a GT approach that is very effective in curtailing progressive HL in the USH3 mouse model and the effect remains stable
- GT vectors were introduced very early, i.e. before the onset of HL in this model

## Next steps in GT for USH3

- Will GT work in the new USH3 mouse model if the viral vector was introduced in adult mice? If so, how well?
- Test GT in the USH3 model using new generation viral vectors, such as Anc80
- Apply for regulatory approval for a trial

# General notes regarding my talk

- More than 10 years of research compressed into few slides.
- Both the small molecule therapy and gene therapy work represents team effort.
- Both publications are free online:
- <https://www.ncbi.nlm.nih.gov/pubmed/29044151>
- <https://www.ncbi.nlm.nih.gov/pubmed/27110679>
- Please contact me at [kna3@case.edu](mailto:kna3@case.edu) if you have questions.

# Acknowledgements

## Funding

1. Usher III Initiative
2. NIDCD
3. University Hospitals  
Cleveland Medical Center

Thank you

