



Dravet Syndrome Foundation **Research Summary**

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ICARE MEETING 2019

Objectives

DSF as a funding source

- What is our role?
- What is our strategy?

DSF-Funded research

- Program design
- Funding breakdown
- Current/Exciting research
- Where do we go from here?



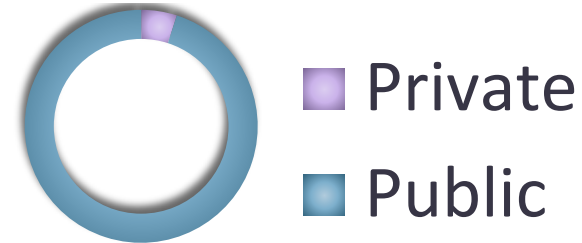
What is our role?

ICARE 2014 portfolio analysis:

\$150 Million spent in 2013

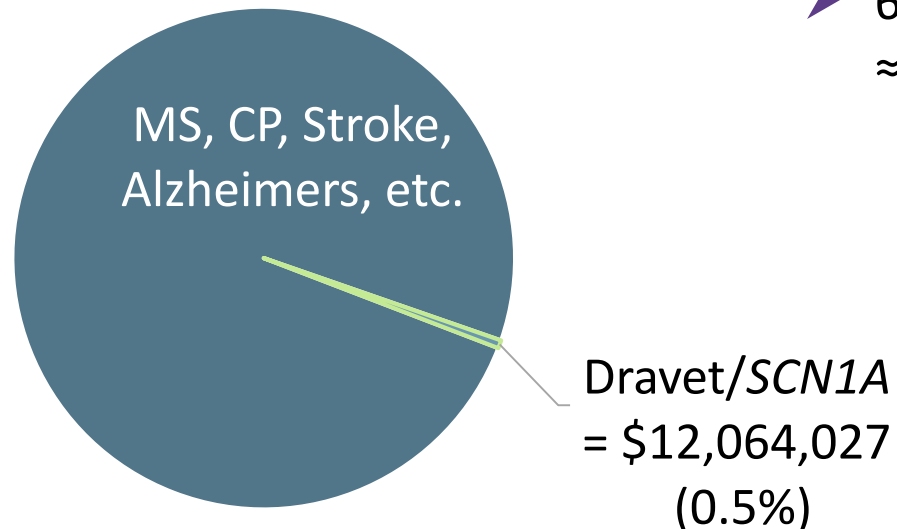
95% Public (NIH etc.)

<5% Private (DSF Incl.)



2019 NINDS Budget

\$2,216,913,000



- 6.75% of US residents have a neurological disorder,
≈ 0.09% of those are Dravet

Utilizing 0.5% of the NINDS budget
~~is actually pretty impressive~~

~~**BUT IT IS NOT ENOUGH**~~



What is our role?

Goals



Roles

Improved treatments

Minimize/eliminate
comorbidities

Better quality of life

Cure (?)

~~Bring treatments to market (\$650 million)~~

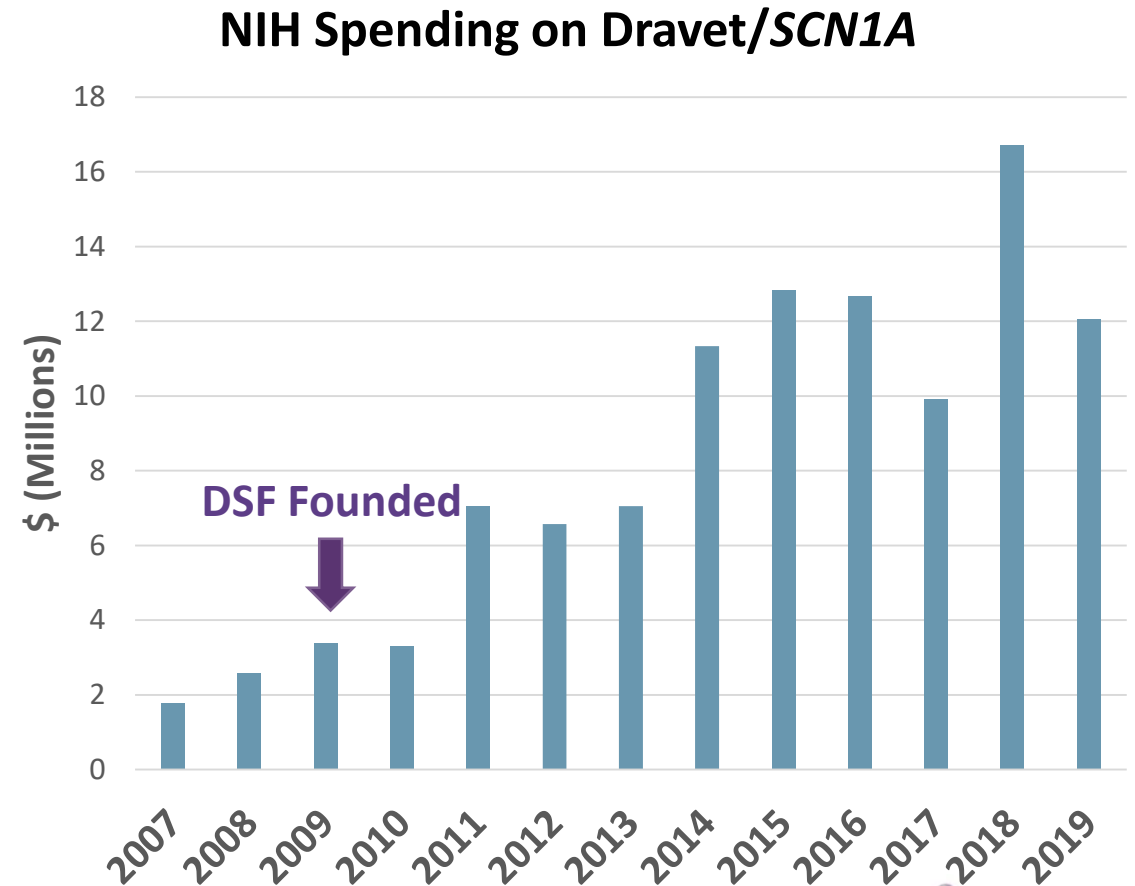
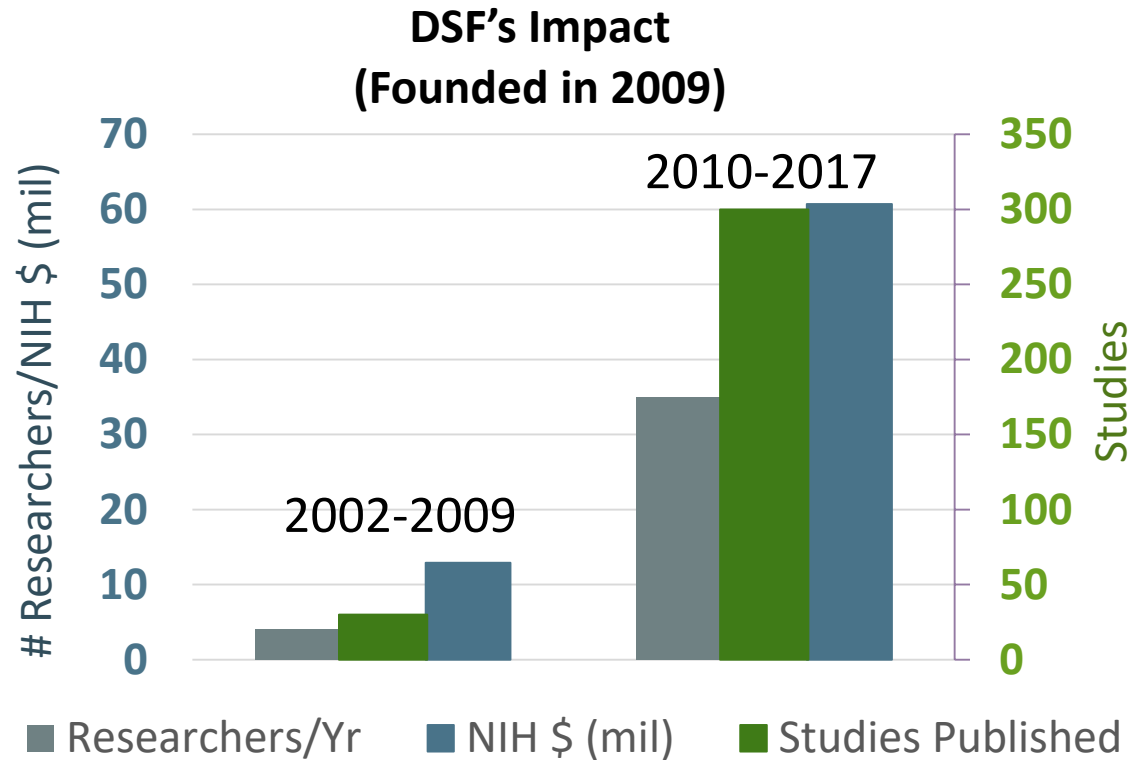
Improve understanding of mechanisms of Dravet,
comorbidities

Arm researchers & clinicians with preliminary data
or support needed to pursue further study

Prepare community for research



What is our strategy?



Program Design

DSF has awarded \$4.1 million to research since 2009:

	Research Awards	Postdoctoral Fellowships	Clinician-Researcher Awards	Special RFA	Other
Award:					
Length:					
Projects Funded:					
Total \$\$ Awarded					
Publications From Research:					

For grant information, visit: www.dravetfoundation.org/dsf-funded-research/research-grant-program/

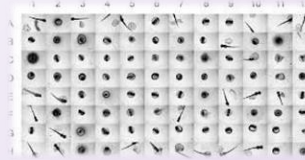


DSF Funding Breakdown

29% Clinical Research



\$1.2 Million



**71% Basic Science Research
(mice, iPSC, zebrafish)**



\$2.9 Million

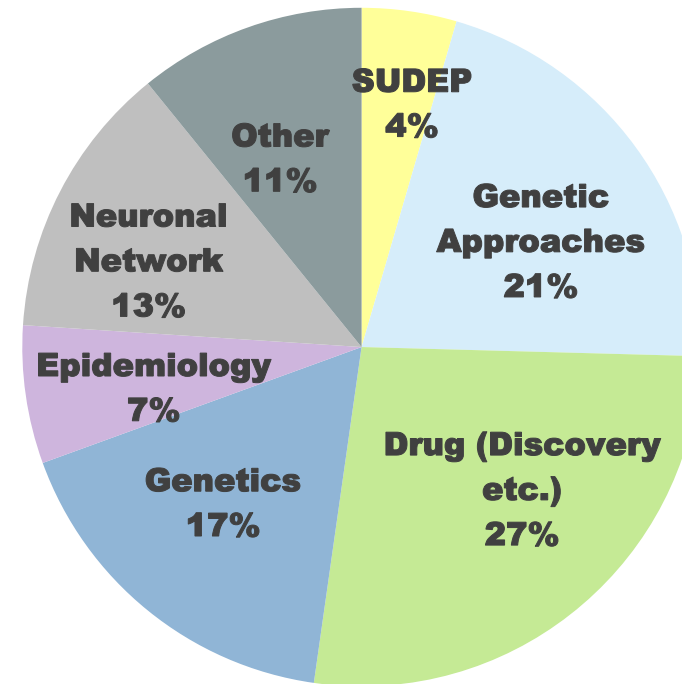


DSF Funding Breakdown

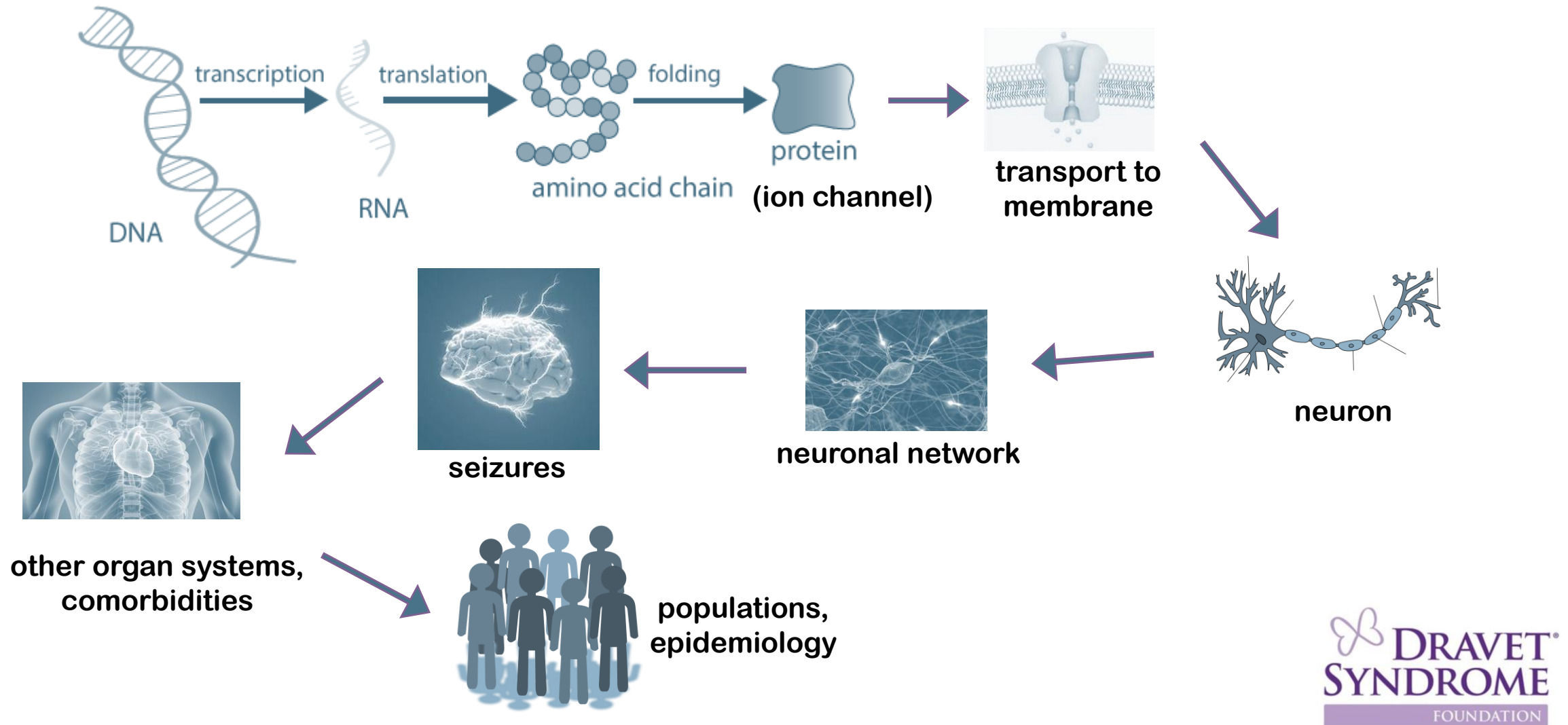
38 Projects

Drug Discovery/Screening/ Treatment	\$1,113,000
Genetics	\$714,000
Genetic Approaches	\$868,000
Neuronal Network	\$545,000
SUDEP	\$187,500
Epidemiology	\$273,000
Other	\$450,000
Total	\$4,150,500

DSF Funded Research



DSF Funding Breakdown



The diagram illustrates the multi-scale model of Sudden Unexpected Death in Epilepsy (SUDEP), showing the progression from molecular biology to population-level outcomes.

Top Pathway (Molecular Biology):

- DNA** (represented by a double helix) undergoes **transcription** to produce **RNA** (represented by a single strand).
- The RNA undergoes **translation** to form an **amino acid chain** (represented by a string of blue spheres).
- The amino acid chain undergoes **folding** to form a **protein (ion channel)** (represented by a blue structure).
- The protein is **transported to the membrane** (represented by a lipid bilayer).

Bottom Pathway (Systemic and Population Level):

- The protein in the membrane is associated with a **neuron** (represented by a blue cell with dendrites and an axon).
- The neuron is part of a **neuronal network** (represented by a cluster of blue cells).
- The neuronal network is associated with **seizures** (represented by a cluster of blue cells).
- Seizures are associated with **other organ systems, comorbidities** (represented by a cluster of blue cells).
- The final outcome is **populations, epidemiology** (represented by a group of stylized human figures).

SUDEP (Sudden Unexpected Death in Epilepsy):

The entire process is summarized by a red octagon labeled **SUDEP**, which contains the numbers 33 and 2.

DR SYNDROME:

The diagram is part of a presentation on **DR SYNDROME**, as indicated by the logo in the bottom right corner.

DSF-Funded Research Highlights

- Zebrafish are a good model for efficient drug discovery (3 drugs in development as a result) and mechanistic studies (Baraban et al. 2013; Grone et al. 2016)
- Dravet is nearly 2x more prevalent than previously thought (Wu 2015)
- Postictal EEG suppression could be a factor in SUDEP (Kim et al. 2015)
- Expert consensus on diagnosis and treatment incl. 1st and 2nd line agents (Wirrell et al. 2017)
- Regulatory elements may play a key role in *Scn1a* expression and may account for the 10-15% of *SCN1A*-negative patients (Nord, AES poster 2016)

Current DSF-Funded Research

2017 Awards (Currently in Year 2):

Daniel Mulkey, PhD – University of Connecticut

\$150,000 – Research Grant (2 year project)

Disordered breathing contributes to SUDEP in a mouse model of Dravet syndrome

David R. Hampson, PhD – University of Toronto

\$143,000 – Research Grant (2 year project)

Exploring gene therapy to treat sudden unexpected death and other pathological features of Dravet syndrome

Current DSF-Funded Research

2018 Awards (Currently in Year 1):

Gemma Carvill, PhD – Northwestern University, *\$165,000 (2 year project)*

Pathogenic splicing mechanisms of an SCN1A poison exon in Dravet syndrome

John M Schreiber, MD – Children's National / Children's Research Institute, *\$150,000 (2 year project)*

Subclinical myocardial damage in Dravet syndrome, other refractory convulsive epilepsy, and convulsive status epilepticus

Sharon Swanger, PhD – Virginia Polytech Institute and State University, *\$150,000 (2 year project)*

Balancing thalamic excitation and inhibition in a Dravet syndrome mouse model

Rajeswari Banerji, PhD – University of Colorado Denver, *\$50,000 – 1 year postdoctoral fellowship*

Identifying a novel metabolic target for improving disease outcomes in Dravet syndrome

Jessica Chancey, PhD – University of Texas at Austin, *\$50,000 – 1 year postdoctoral fellowship*

Mechanisms of altered neuronal excitability and synaptic integration in a mouse model of Dravet syndrome

Other Exciting Research

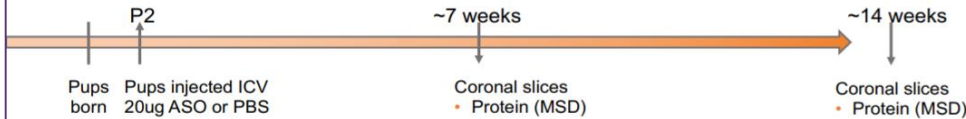
Genetic Approaches	Oakley, Wagnon	Creating a mouse model that can be turned off and on at different stages of life to determine how fixing the SCN1A problem affects development and seizures
	Hampson, Waddington, Karda, Rubinstein, others	Taking steps toward gene therapy – studying possible delivery vectors
	Mallamaci	RNA-based transcription/translation stimulation of healthy SCN1A
	Stoke Therapeutics	Using ASO to increase the efficiency of mRNA processing in SCN1A's favor
	DSF Grant Recipient(s)	Genetic Approaches spring RFA recipient(s) to be announced in mid May 2019
SUDEP Mechanisms	Goldman, Richerson, Mulkey, others	Investigating the cardiorespiratory failure in SUDEP and its relation to SCN1A, studying patient data in depth to elicit cause and effect
Cellular Models	Parent, Isom, Kiskinis, Dang, others	Creating iPSC models that can more quickly identify therapeutic approaches
Other	Industry	Preclinical work going on in several exciting areas

Other Exciting Research (Stoke)

Stoke (TANGO) – Targeted Augmentation of Nuclear Gene Output

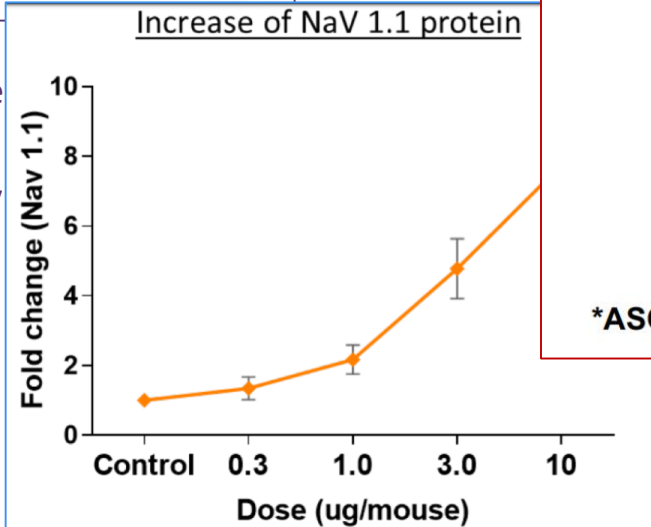
A single dose of ASO restores Nav1.1 to WT levels in *Scn1a*^{+/-} Dravet syndrome mice

Study Design:



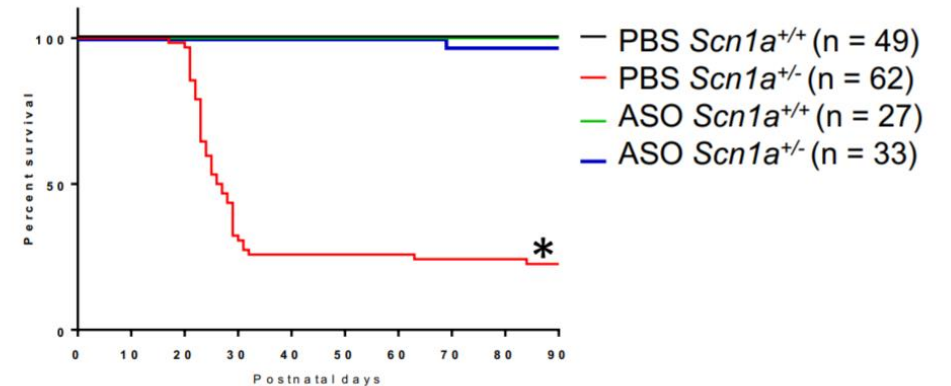
Increased sodium channels in Dravet mice when given 2 days after birth

- Increased sodium channels in healthy mice with no adverse effects



Increased sodium channels in Dravet mice was dose dependent

A single dose of ASO administered at P2 rescues SUDEP in 99% of *Scn1a*^{+/-} Dravet syndrome mice



F1 [129S-*Scn1a*^{tm1Koa} x C57BL/6] males and females

*ASO treatment significantly improved survival in *Scn1a*^{+/-} DS mice (p<0.0001)

- Prevented generalized seizures and SUDEP in 99% of animals
- When given at Day 14 instead, it still prevented seizures and SUDEP



Where do we go from here?

1. Understanding is not complete:



- ✓ Collaborations between experts in research fields is required
- ✓ Address the root cause of the problem
- ✓ Determine effects on other organ systems
 - How to measure those effects

Where do we go from here?

2. Moving from understanding to action requires patient participation:



- ✓ Support natural history studies
- ✓ Define, measure, analyze outcomes/endpoints beyond seizures
- ✓ Prepare patient community for research
 - Input on different trial designs, understanding of each design's limitations
 - Address caregiver burn-out in trials

Where do we go from here?

3. Moving from understanding to action requires more clinicians:



Statistically-Funny.blogspot.com

CATCH-22: CLINICAL TRIAL EDITION

- ✓ Experts tapped out. Encourage clinician-researchers
- ✓ Expand network of experts
- ✓ Engage adult neurologists in studies, from characterization to clinical trials

References

Baraban SC, Dinday MT, Hortopan GA. Drug screening in Scn1a zebrafish mutant identifies clemizole as a potential Dravet syndrome treatment. *Nat Commun*. 2013;4:2410. doi:10.1038/ncomms3410

Grone BP, Qu T, Baraban SC. Behavioral Comorbidities and Drug Treatments in a Zebrafish *scn1lab* Model of Dravet Syndrome. *eNeuro*. 2017;4(4):ENEURO.0066-17.2017. Published 2017 Aug 14. doi:10.1523/ENEURO.0066-17.2017

Wu YW, Sullivan J, McDaniel SS, et al. Incidence of Dravet Syndrome in a US Population. *Pediatrics*. 2015;136(5):e1310–e1315. doi:10.1542/peds.2015-1807

Kim, S. H., Nordli, D. R., Berg, A. T., Koh, S., & Laux, L. (2015). Ictal ontogeny in Dravet syndrome. *Clinical Neurophysiology*, 126(3), 446–455. doi:10.1016/j.clinph.2014.06.024

Wirrell EC, Laux L, Donner E, Jette N, Knupp K, Meskis MA, Miller I, Sullivan J, Welborn M, Berg AT. Optimizing the Diagnosis and Management of Dravet Syndrome: Recommendations From a North American Consensus Panel. *Pediatr Neurol*. 2017 Mar;68:18-34.e3. doi: 10.1016/j.pediatrneurol.2017.01.025.

Nord, Alex, poster presentation at 2016 AES: www.aesnet.org/meetings_events/annual_meeting_abstracts/view/198665

Thank
you!



OUR SUPERHEROES NEED A CURE

 **DRAVET[®]
SYNDROME**
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