



# Human Genetics to validate drug targets in neurodegenerative disease

## Heiko Runz

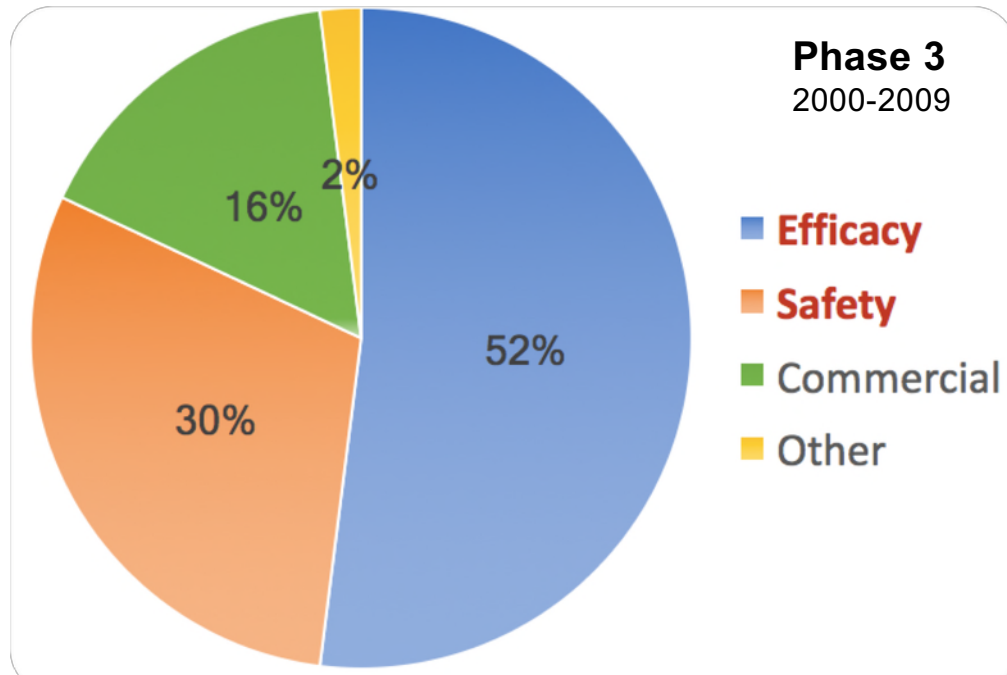
Head of Genetic Epidemiology  
Biogen Inc., Cambridge, MA, USA

### Disclosures:

- Employee at Biogen Inc.
- Stocks at Merck & Co.

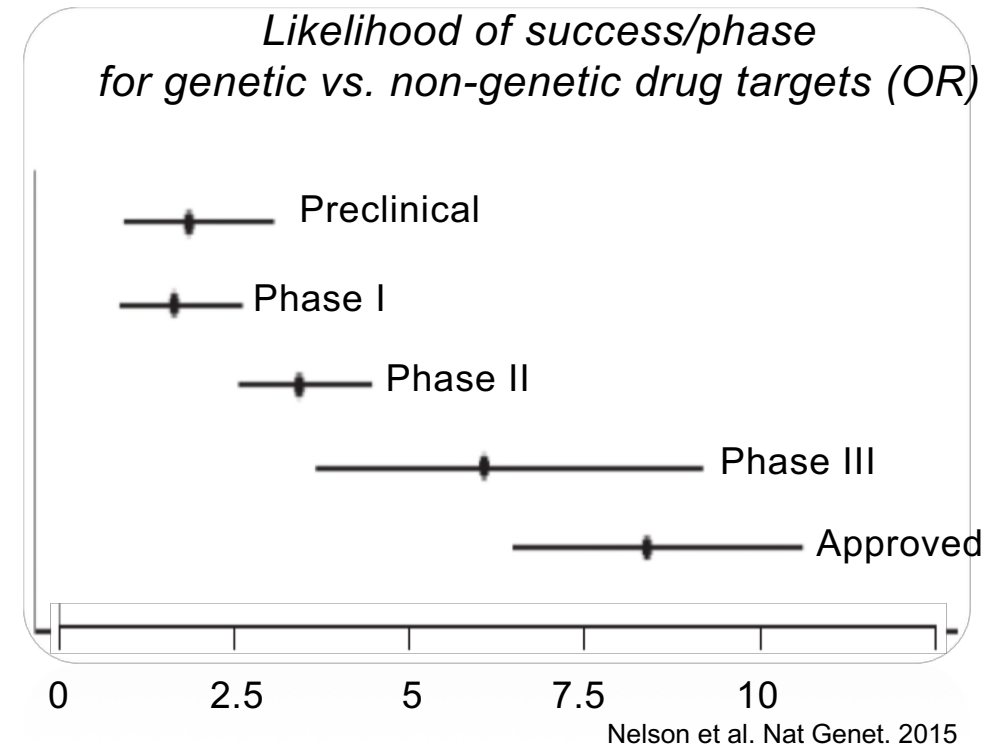
# >90% of drug programs fail clinical trials because we pick the wrong targets

## Causes of late-stage clinical failures



Tufts Center for the Study of Drug Development.. 2013

## Genetic support tracks with success



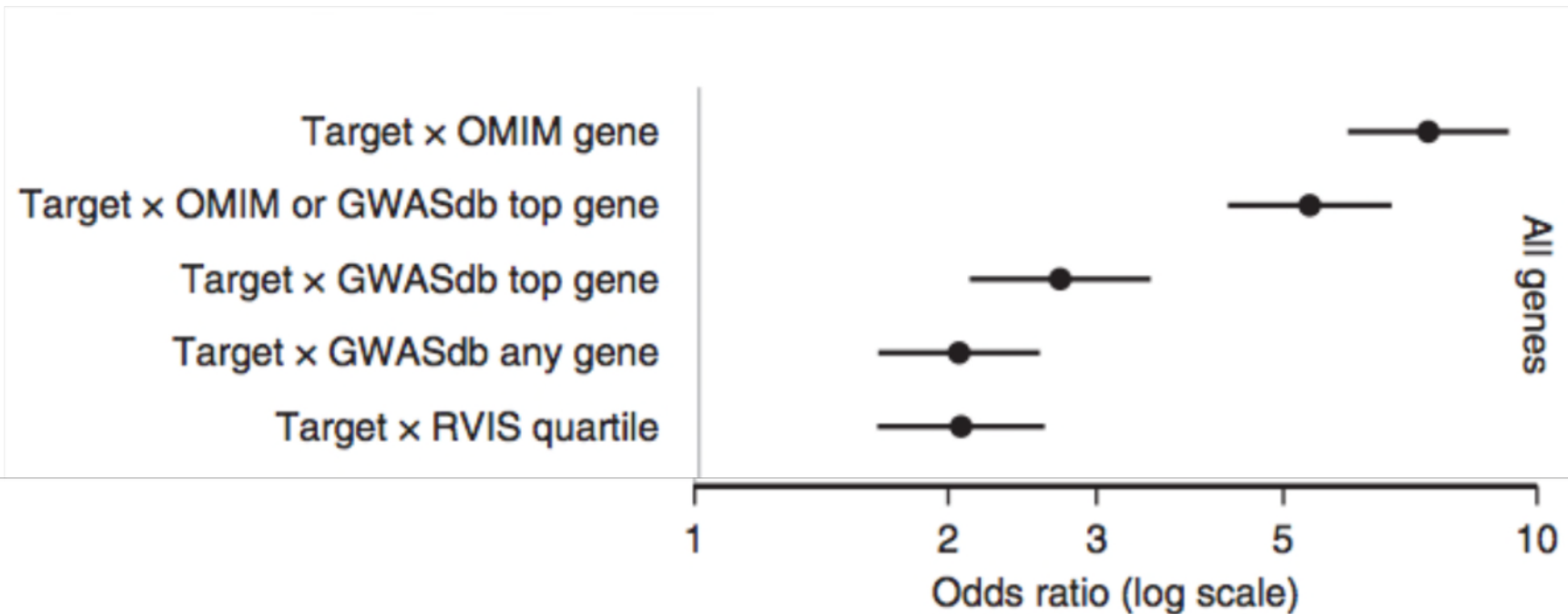
# Drug targets with human genetic support have higher success rates

## The support of human genetic evidence for approved drug indications



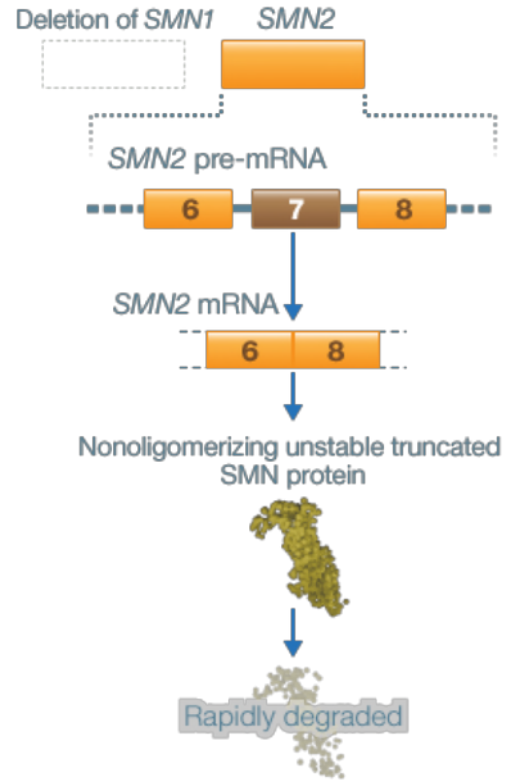
Matthew R Nelson<sup>1</sup>, Hannah Tipney<sup>2</sup>, Jeffery L Painter<sup>1</sup>, Judong Shen<sup>1</sup>, Paola Nicoletti<sup>3</sup>, Yufeng Shen<sup>3,4</sup>, Aris Floratos<sup>3,4</sup>, Pak Chung Sham<sup>5,6</sup>, Mulin Jun Li<sup>6,7</sup>, Junwen Wang<sup>6,7</sup>, Lon R Cardon<sup>8</sup>, John C Whittaker<sup>2</sup> & Philippe Sanseau<sup>2</sup>

Nelson et al (2015) *Nature Genetics* 47, 856–860 (2015)



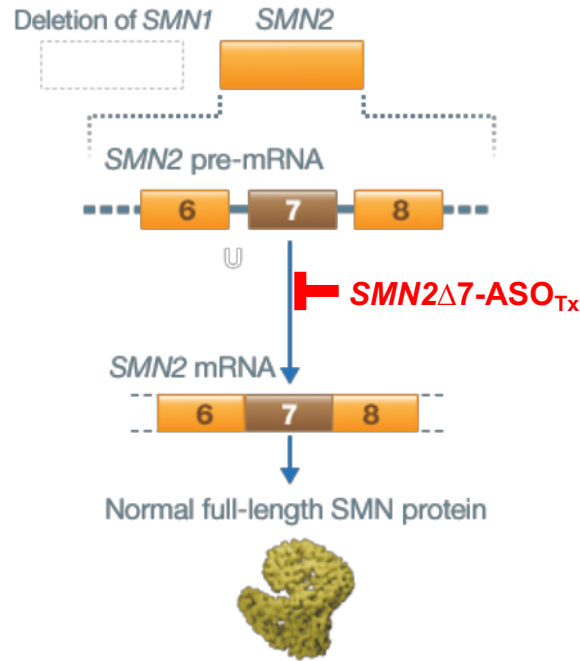
# Nursinersen (Spinraza®) as a treatment for Spinal muscular atrophy

## Spinal muscular atrophy



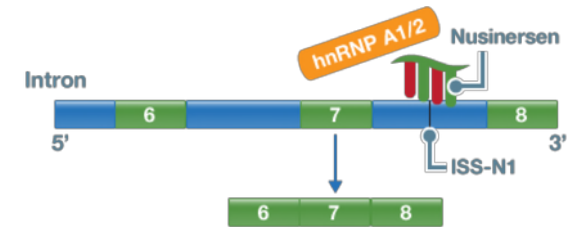
- cause: homozygous del*SMN1*
- *SMN2* nonfunctional due to alternative splicing

## Therapeutic hypothesis: *SMN2*Δ7 splicing ↓ → SMN protein ↑



- SMA severity correlates with SMN residual levels
- Can modulating *SMN2* splicing help in SMA?

## Nusinersen antisense-oligonucleotide therapy



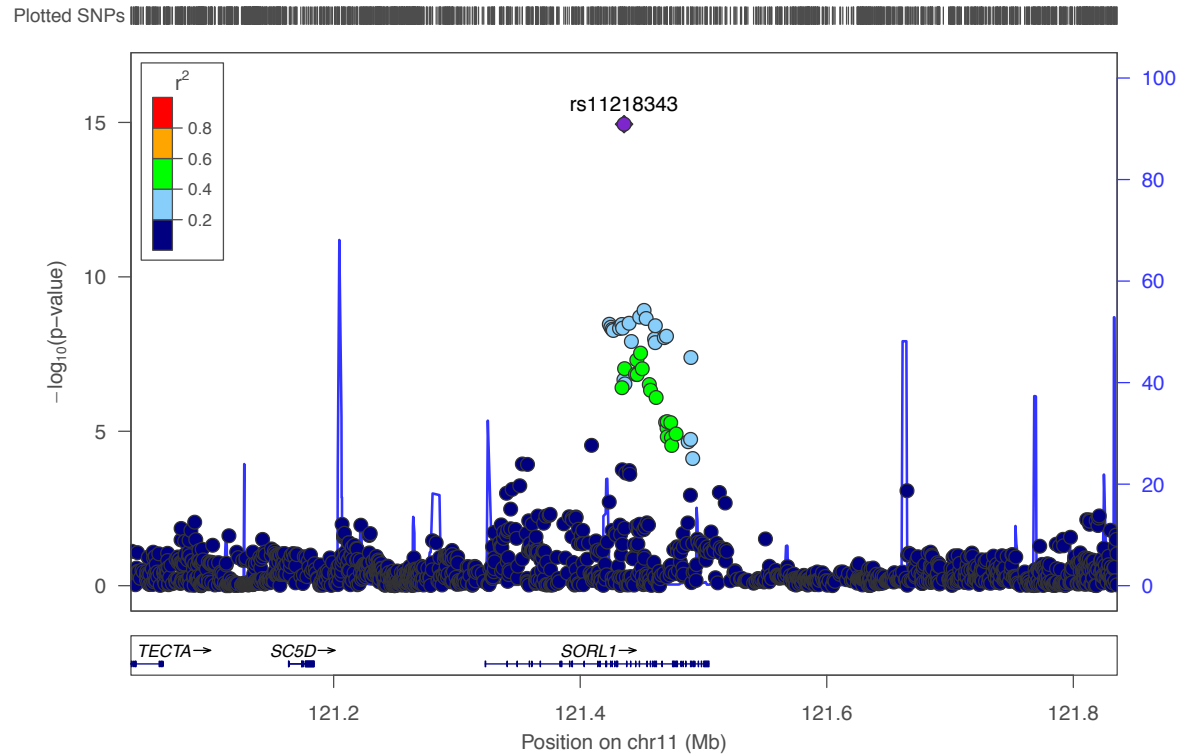
- **CS3A** Ph2 study in SMA infants: proof-of-biology
- **ENDEAR** Ph3 study in SMA infants: motor function ↑, event-free survival ↑  
 [endear](#)
- **NURTURE** Ph2 pre-symptomatic study: all participants reach motor milestones  
 [nurture](#)
- 1000s SMA patients on treatment
- newborn screening implemented

# Identification of causal gene from GWAS loci is not trivial

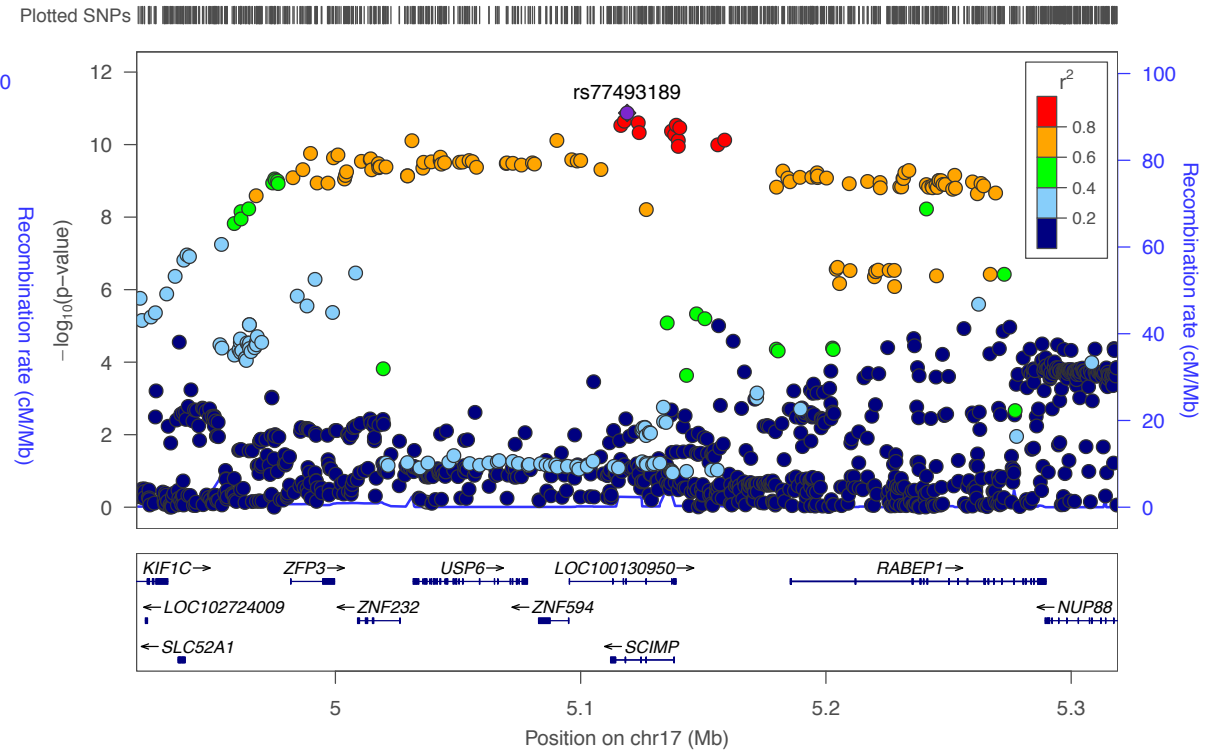
Some loci are discrete with only one gene embedded

However, most loci have dozens of genes making causal gene/variant identification difficult

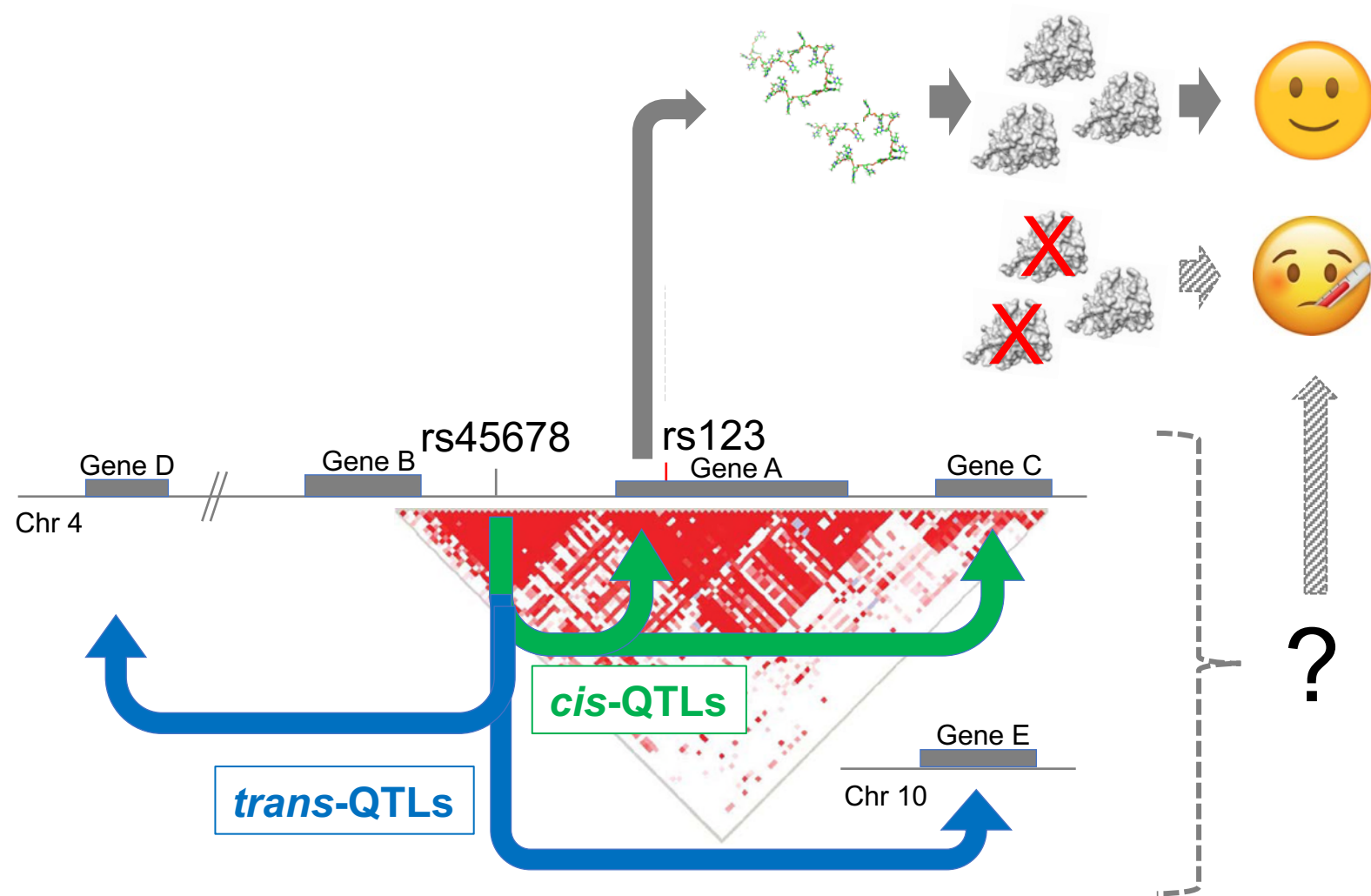
rs11218343



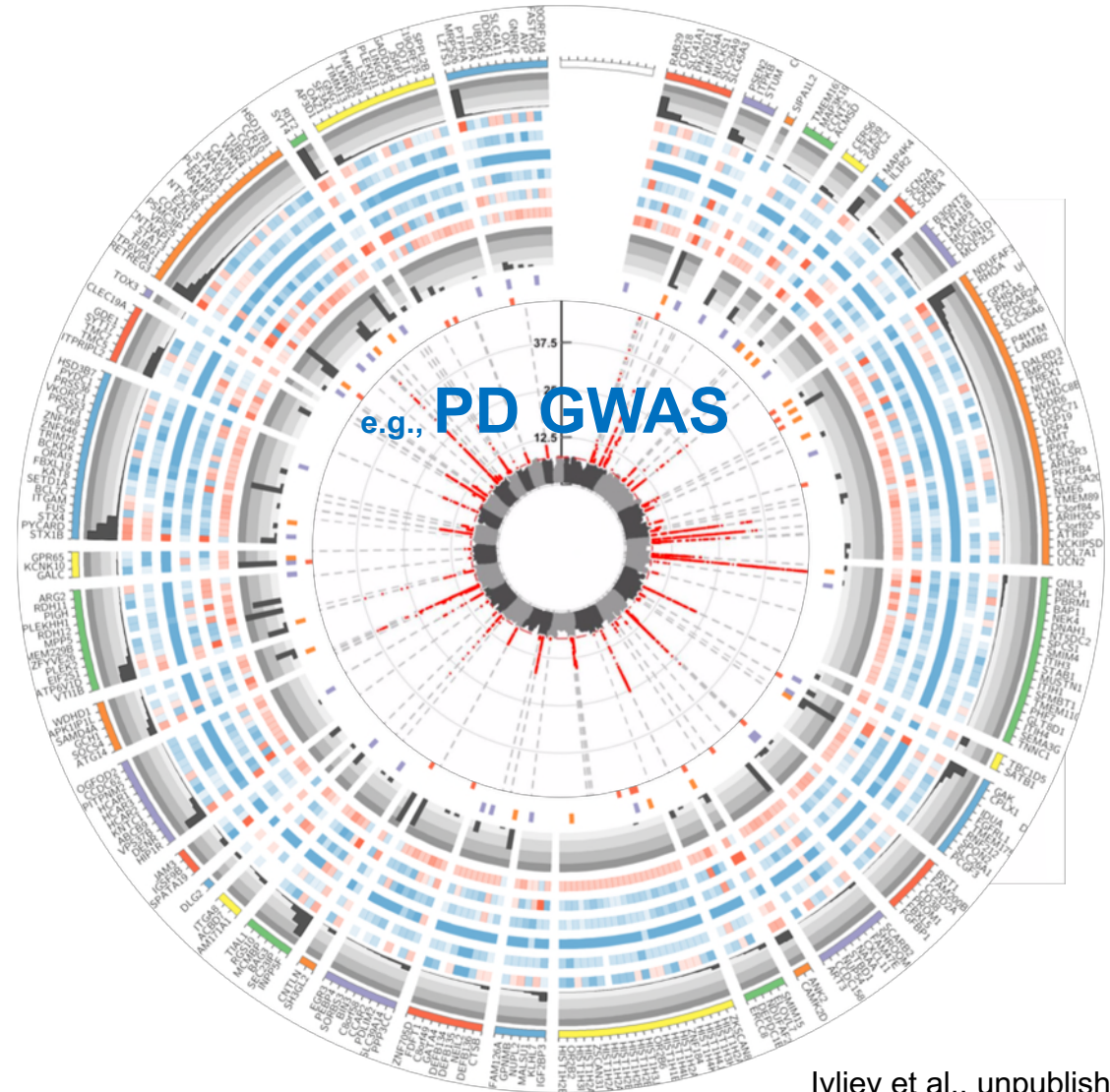
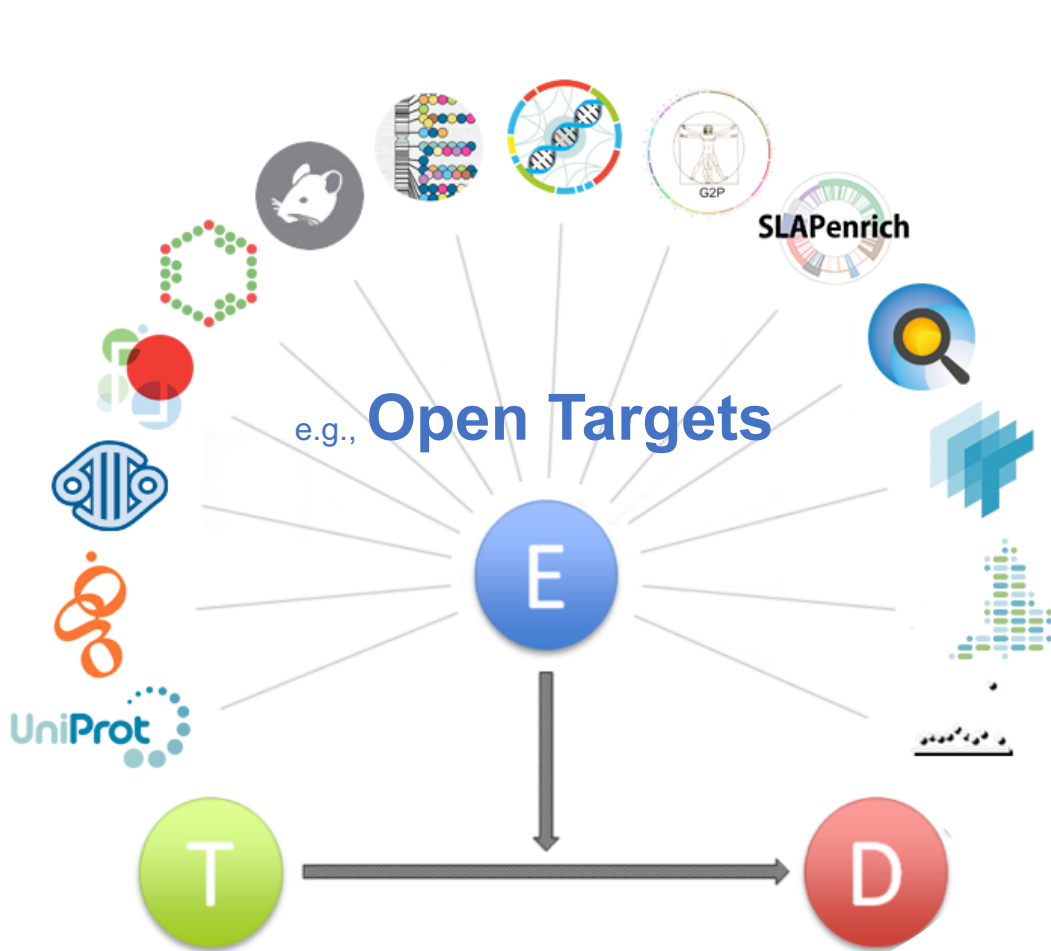
rs77493189



The challenge: 1. What's the causal gene in a GWAS locus?  
2. Is it a suitable drug target?



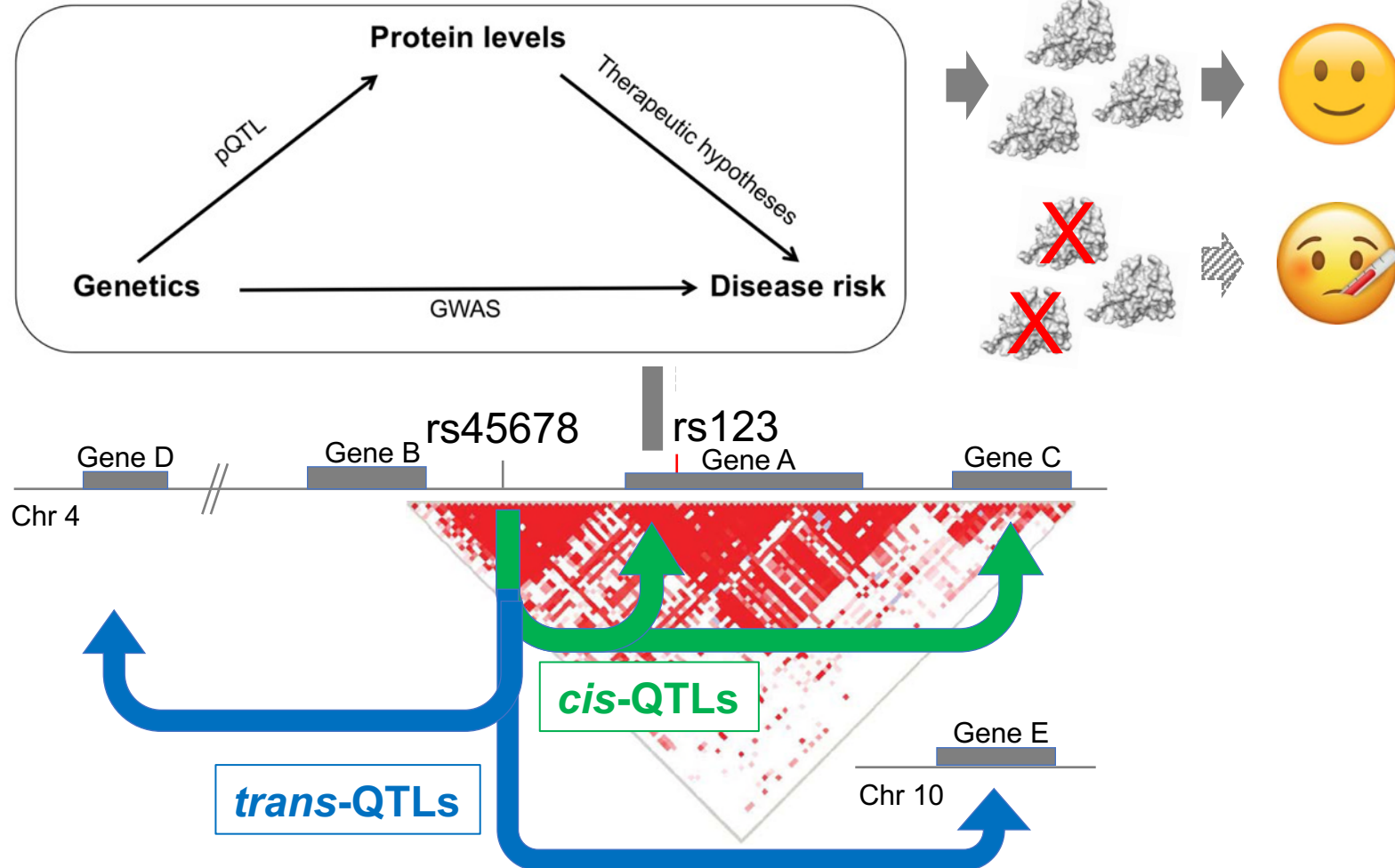
# Omic Evidence helps closing gaps between genes (= Targets) and Disease



 <http://targetvalidation.org/>

# Yet: Data have yet been missing to directly the genome and the proteome

Proteins are the targets of most drugs, culprits of disease, and relied on as intermediate biomarkers, but we know little about how their levels are influenced by variation in the genome

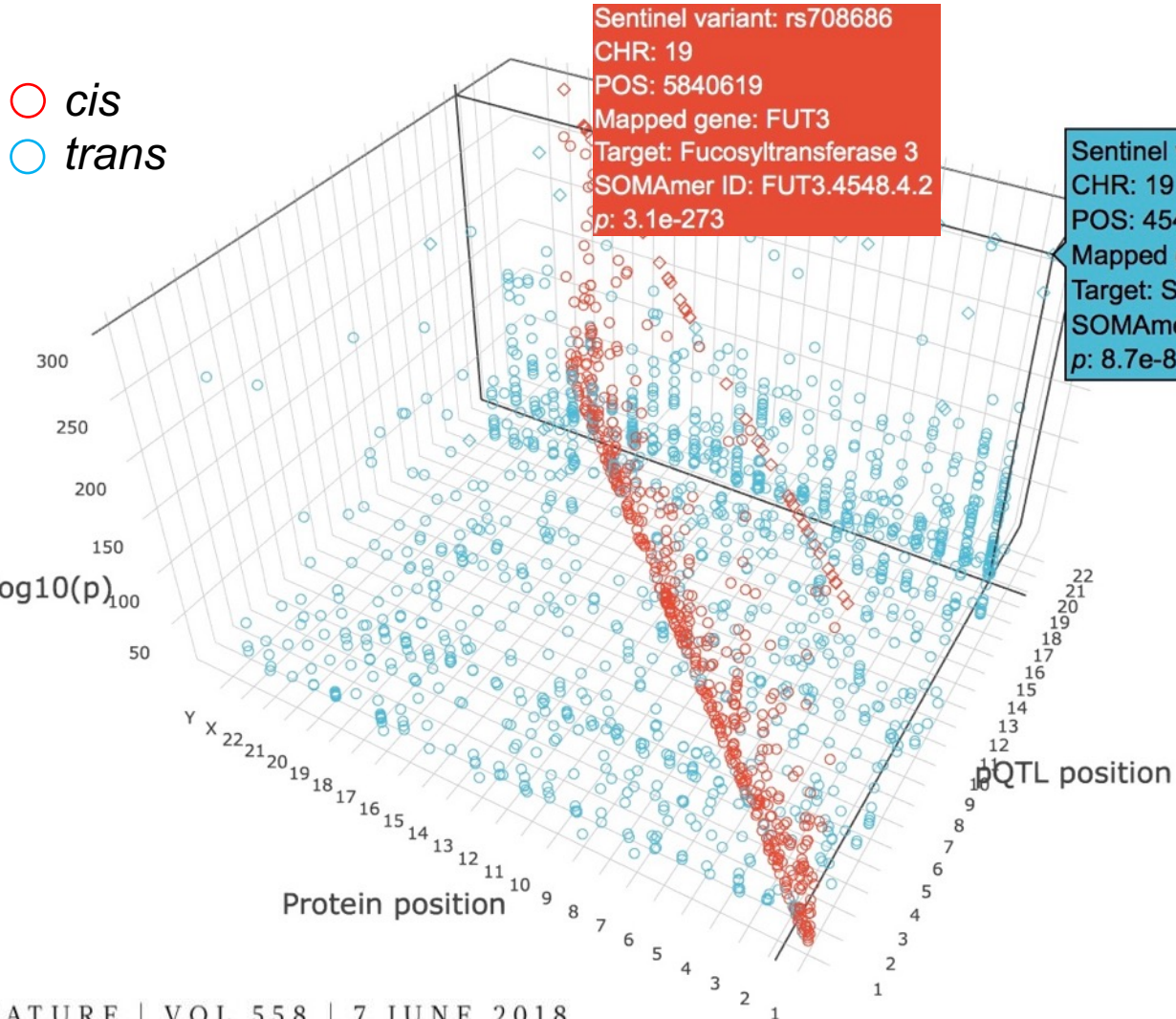




# Genomic atlas of the human plasma proteome

Benjamin B. Sun<sup>1,22</sup>, Joseph C. Maranville<sup>2,20,22</sup>, James E. Peters<sup>1,3,22</sup>, David Stacey<sup>1</sup>, James R. Staley<sup>1</sup>, James Blackshaw<sup>1</sup>, Stephen Burgess<sup>1,4</sup>, Tao Jiang<sup>1</sup>, Ellie Paige<sup>1,5</sup>, Praveen Surendran<sup>1</sup>, Clare Oliver-Williams<sup>1,6</sup>, Mihir A. Kamat<sup>1</sup>, Bram P. Prins<sup>1</sup>, Sheri K. Wilcox<sup>7</sup>, Erik S. Zimmerman<sup>7</sup>, An Chi<sup>2</sup>, Narinder Bansal<sup>1,8</sup>, Sarah L. Spain<sup>9</sup>, Angela M. Wood<sup>1</sup>, Nicholas W. Morrell<sup>3,10</sup>, John R. Bradley<sup>11</sup>, Nebojsa Janjic<sup>7</sup>, David J. Roberts<sup>12,13</sup>, Willem H. Ouwehand<sup>3,14,15,16,17</sup>, John A. Todd<sup>18</sup>, Nicole Soranzo<sup>3,14,16,17</sup>, Karsten Suhre<sup>19</sup>, Dirk S. Paul<sup>1</sup>, Caroline S. Fox<sup>2</sup>, Robert M. Plenge<sup>2,20</sup>, John Danesh<sup>1,3,16,17\*</sup>, Heiko Runz<sup>2,21,23</sup> & Adam S. Butterworth<sup>1,17,23\*</sup>

- 1,927 pQTLs ( $p < 1.5 \times 10^{-11}$ )
- link 1,478 proteins and 764 genomic regions
- 89% novel, 529 (28%) *cis*-acting
- 12% of proteins controlled both, in *cis* and in *trans*
- several loci are highly pleiotropic



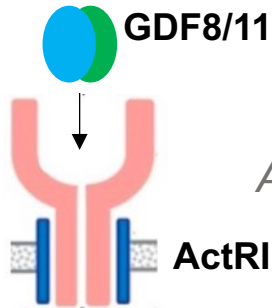
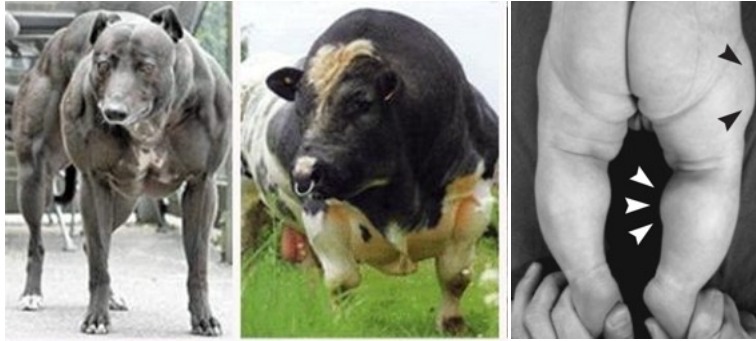
**88 sentinel pQTLs in high LD ( $r^2 \geq 0.8$ )  
 with sentinel GWAS variants**

- 30 with *cis*, 54 with *trans*, and 4 with both
- 253 distinct genotype–disease associations
- 96 PP>0.8 for shared causal variants

# Myostatin (*GDF8*), a plasma protein and drug target for neuromuscular disease

## Plasma myostatin (*GDF8*) is a target for muscle wasting disease

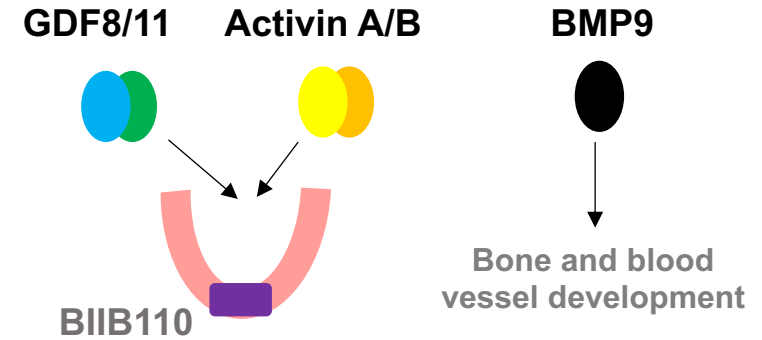
$\Delta GDF8$  causes muscle hypertrophy



GWAS associate  
GDF8/11-receptor  
*ACVR2B* with hand-grip  
strength

**Therapeutic hypothesis:**  
GDF8 in plasma  $\downarrow$   $\rightarrow$  muscle growth  $\uparrow$

## The impact of modulating myostatin pathway is being tested in clinical trials



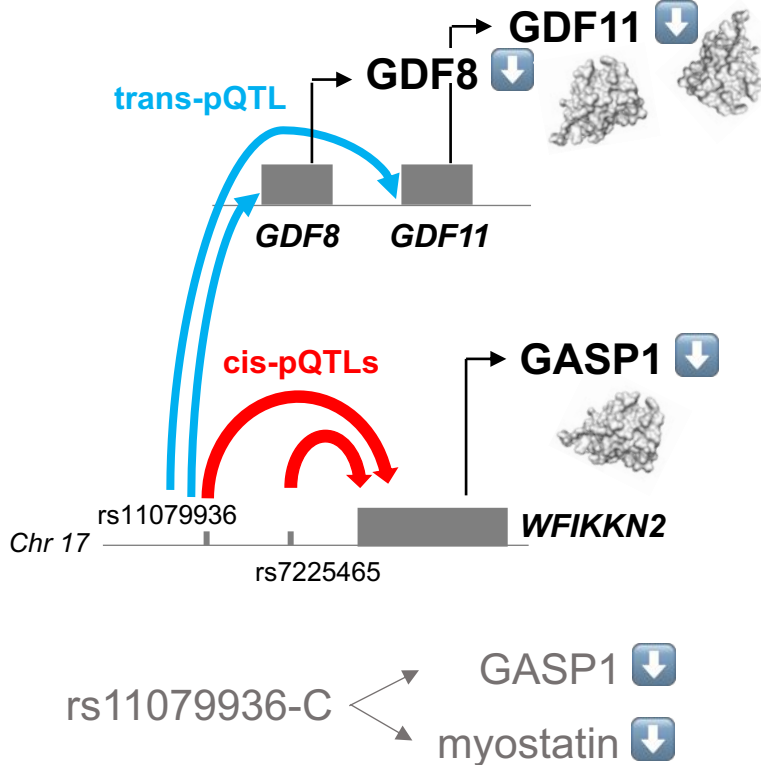
**BIIB110:** extracellular ActRII domain with BMP9-sparing hinge for improved efficacy & safety

BIIB110 is currently in a **Phase1a** study

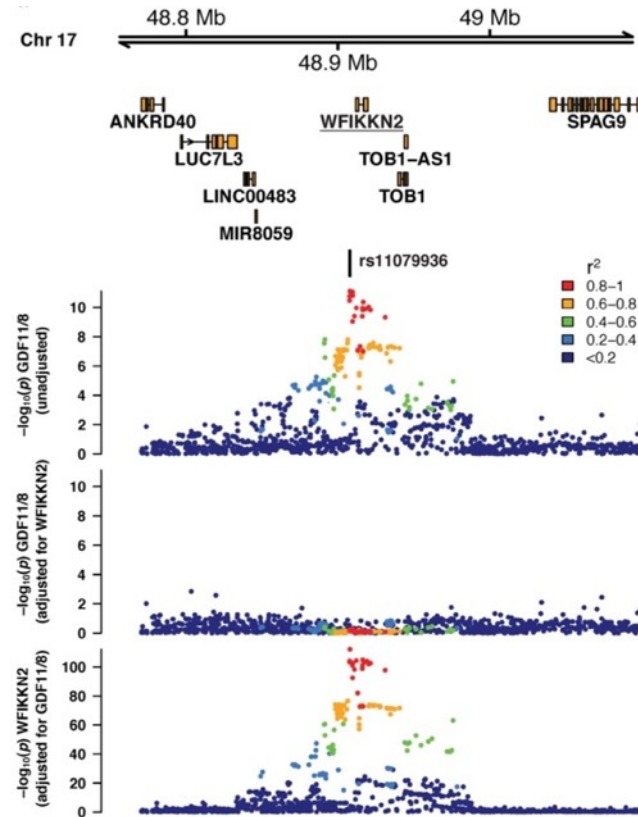
**Potential for complementary benefit**  
when used combined with SPIRAZA

# Myostatin levels and function underlie genetic control by GASP1 (*WFIKKN2*)

Plasma levels of GDF8, GDF11 and GASP1 (*WFIKKN2*) are genetically controlled

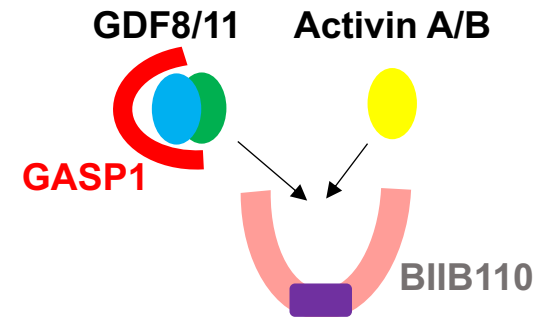
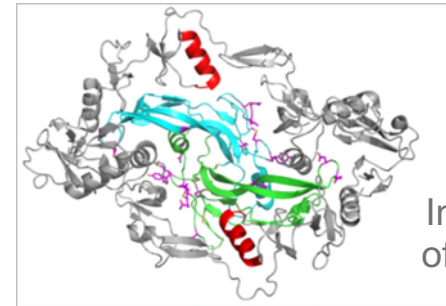


GASP1 regulates GDF8/11 at the protein level



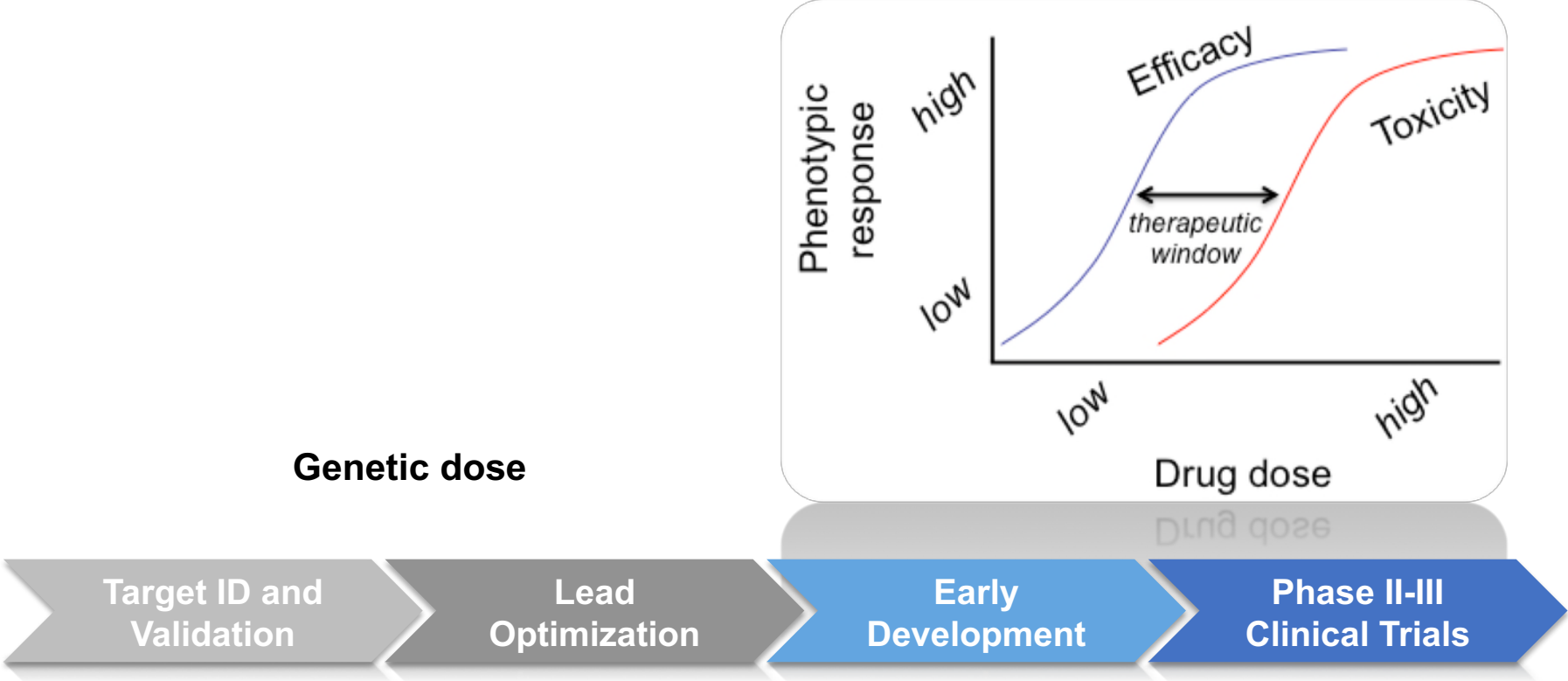
rs11079936-C → GASP1 ↓ → myostatin ↓

Mass spec proposes a GASP1/GDF8/GDF11 complex regulating GDF8 activity



**GASP1:** a new target modulating GDF8/11 function and/or BIIB110 efficacy

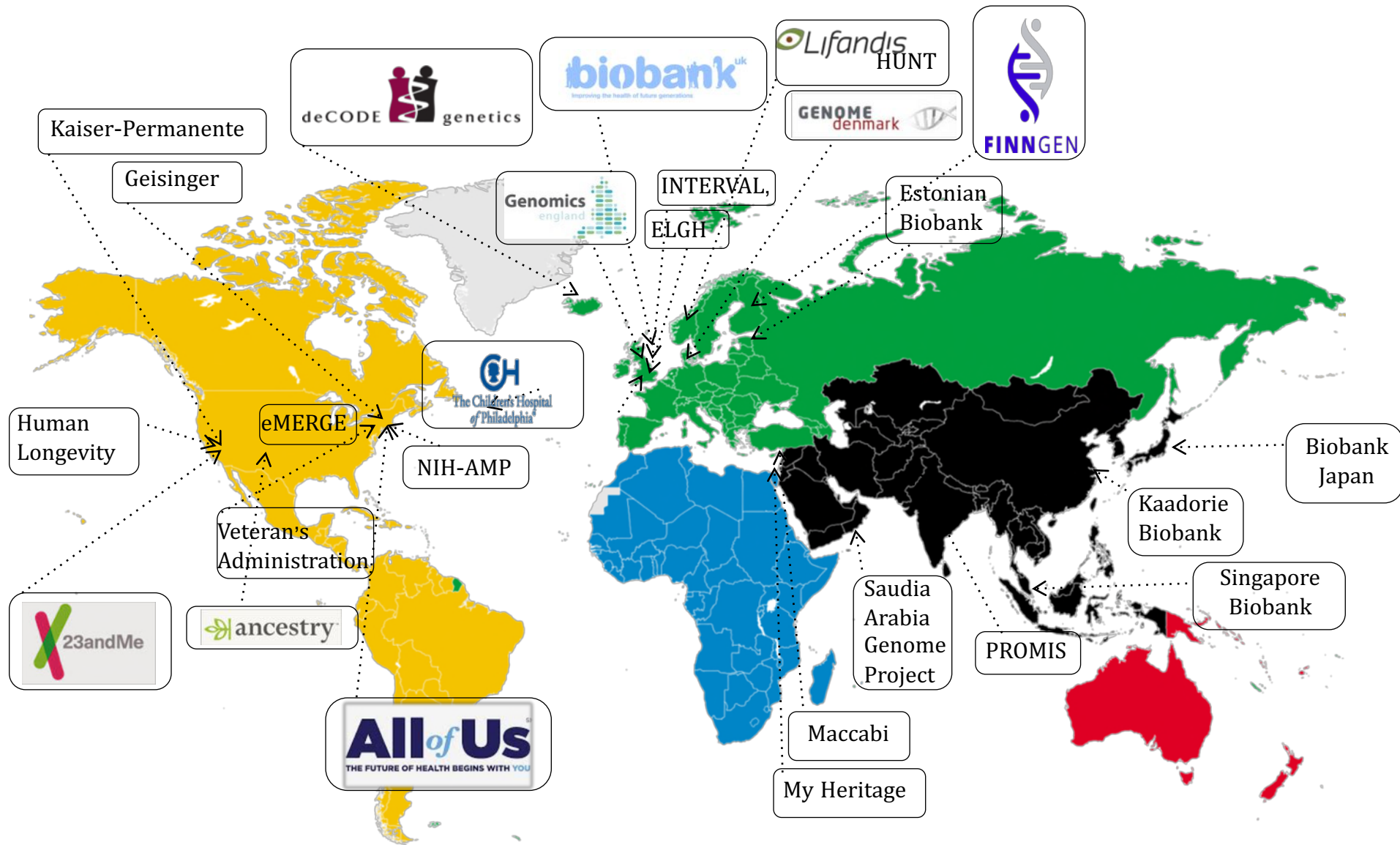
# We use genetics to predict targets that will be safe and efficacious in humans



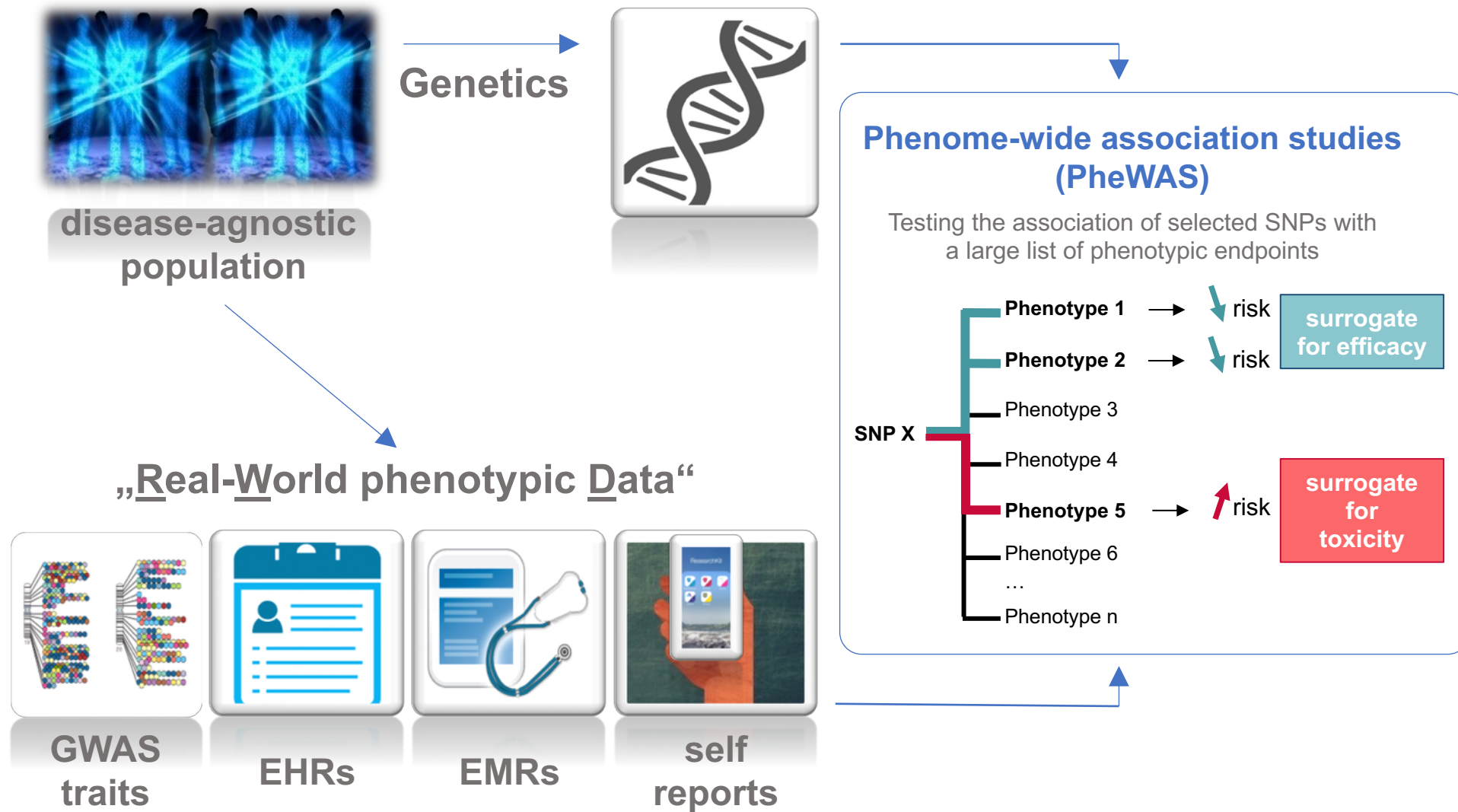
*We aspire to determine dose-response at the time of target ID and validation*

*We determine dose-response in clinical trials, after many years and millions of dollars*

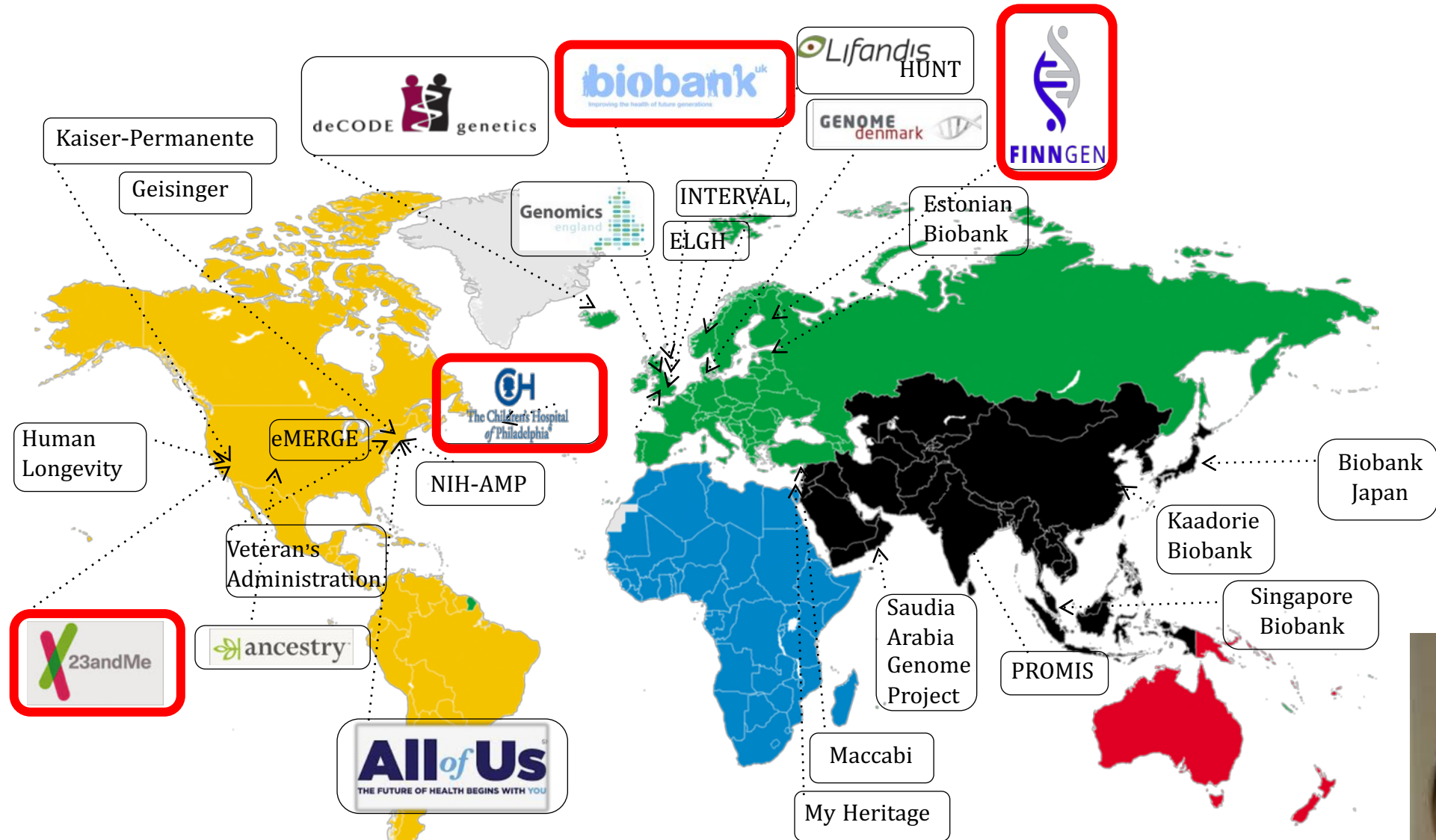
# Biobanks that link genetic with health outcomes provide the source data



# Deep phenotypes in biobanks enable more comprehensive target assessments



# Is all this data of any concrete use for drug discovery and development?



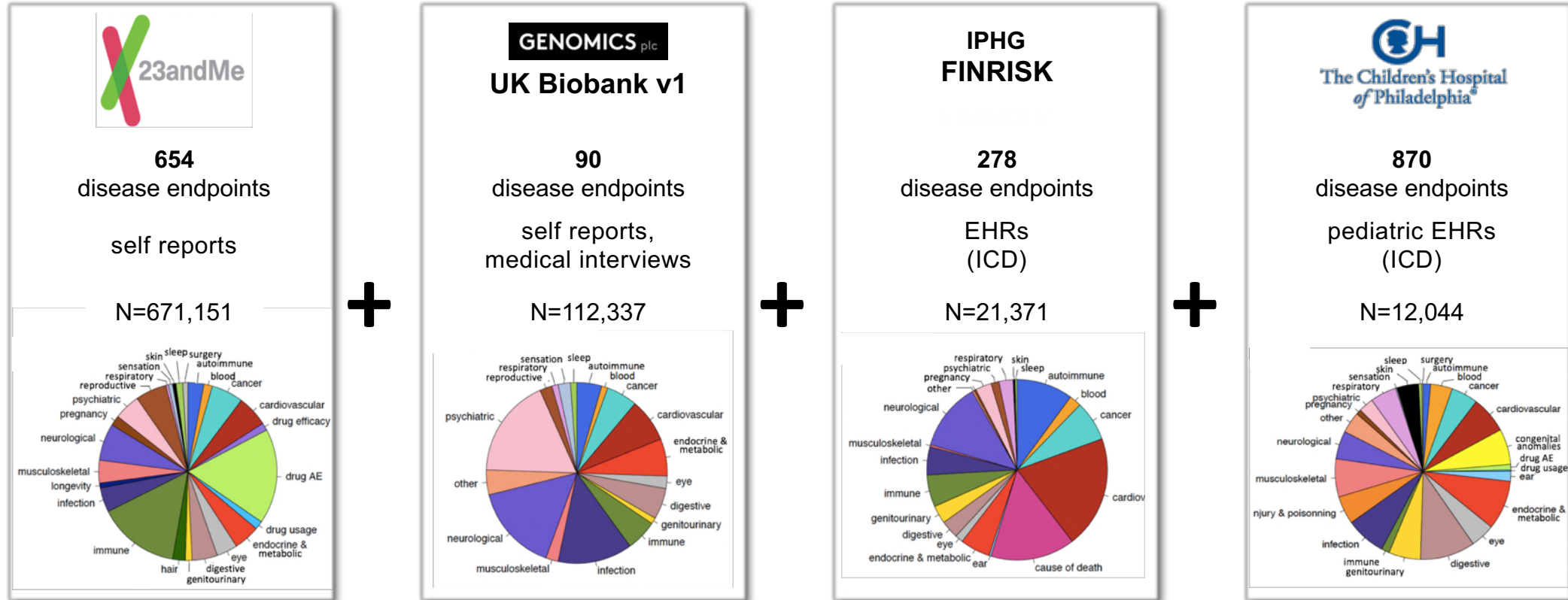
**nature COMMUNICATIONS**

ARTICLE  
DOI: 10.1038/s41467-018-06540-3 OPEN  
Phenome-wide association studies across large population cohorts support drug target validation



Dorothee Diogo

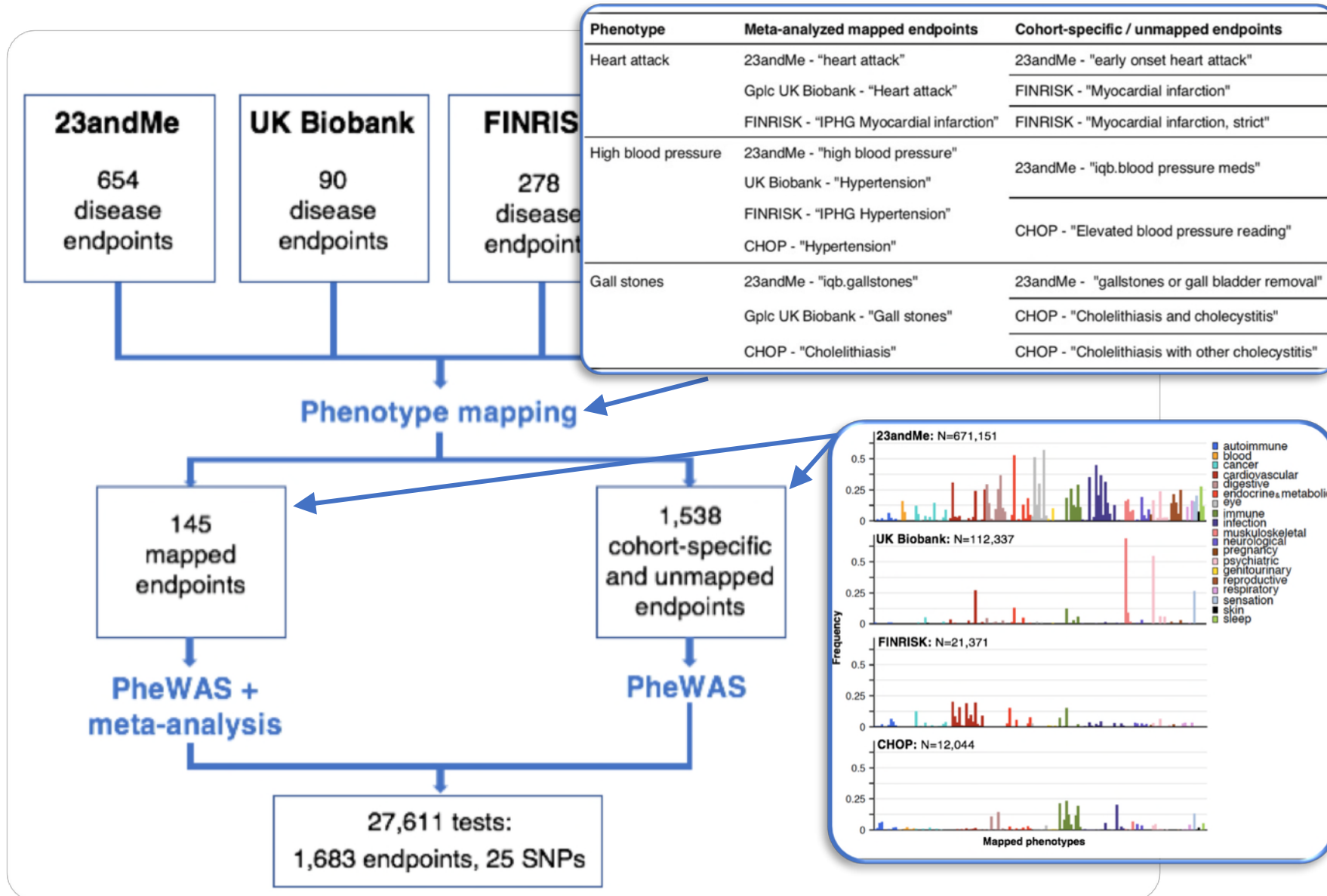
# Can we inform on drug target safety / efficacy through meta-PheWAS across multiple large real-world biobank cohorts?



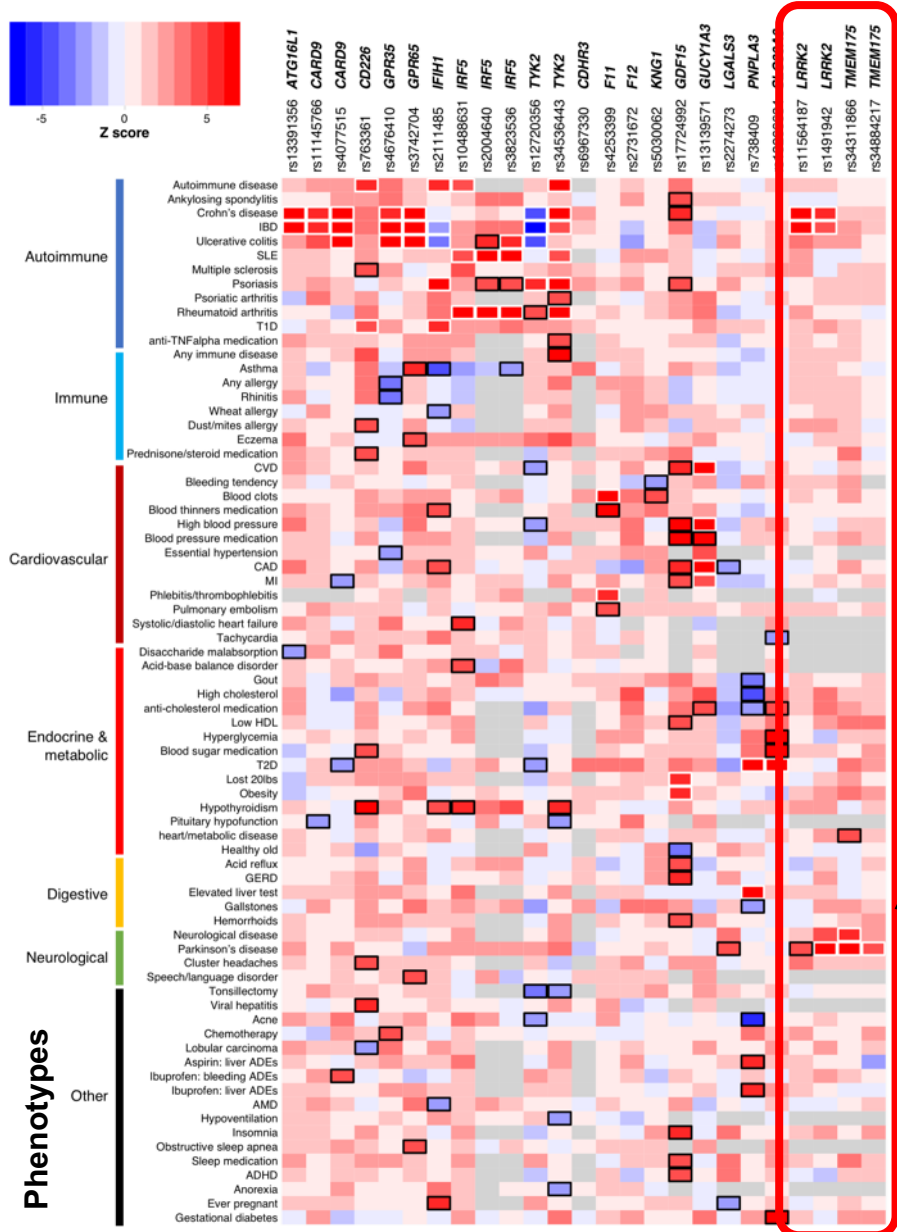
**Study outline:** 25 SNPs in 19 drug targets across indication -> 4 RWD cohorts + 44 GWAS



# Phenotype mapping for „meta-PheWAS“ in 700k individuals



# PheWAS help validate hypotheses, propose novel indications and hint at AEs



## Example: Parkinsons Disease

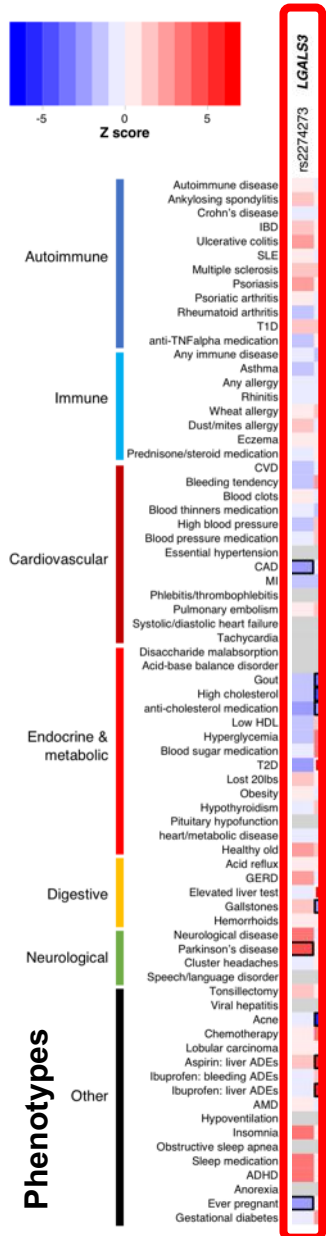
2 loci: a) *LRRK2*  
b) *TMEM175*

rs11564187 *LRRK2*  
rs1491942 *LRRK2*  
rs34311866 *TMEM175*  
rs34884217 *TMEM175*

PheWAS results:

Neurological	<ul style="list-style-type: none"> <li>Neurological disease</li> <li>Parkinson's disease</li> <li>Cluster headaches</li> <li>Speech/language disorder</li> </ul>		➤ support PD as indication
Autoimmune	<ul style="list-style-type: none"> <li>Autoimmune disease</li> <li>Ankylosing spondylitis</li> <li>Crohn's disease</li> <li>IBD</li> <li>Ulcerative colitis</li> <li>SLE</li> <li>Multiple sclerosis</li> <li>Psoriasis</li> <li>Psoriatic arthritis</li> <li>Rheumatoid arthritis</li> <li>T1D</li> <li>anti-TNFalpha medication</li> </ul>		➤ validate & expand previous LRRK2/IBD link
Endocrine & metabolic	<ul style="list-style-type: none"> <li>heart/metabolic disease</li> </ul>		➤ suggest metabolic role of TMEM175 (AEs?)

# Genetic follow-up to PheWAS can help validate or rule out hypotheses



**LGALS3**  
(rs2274273)

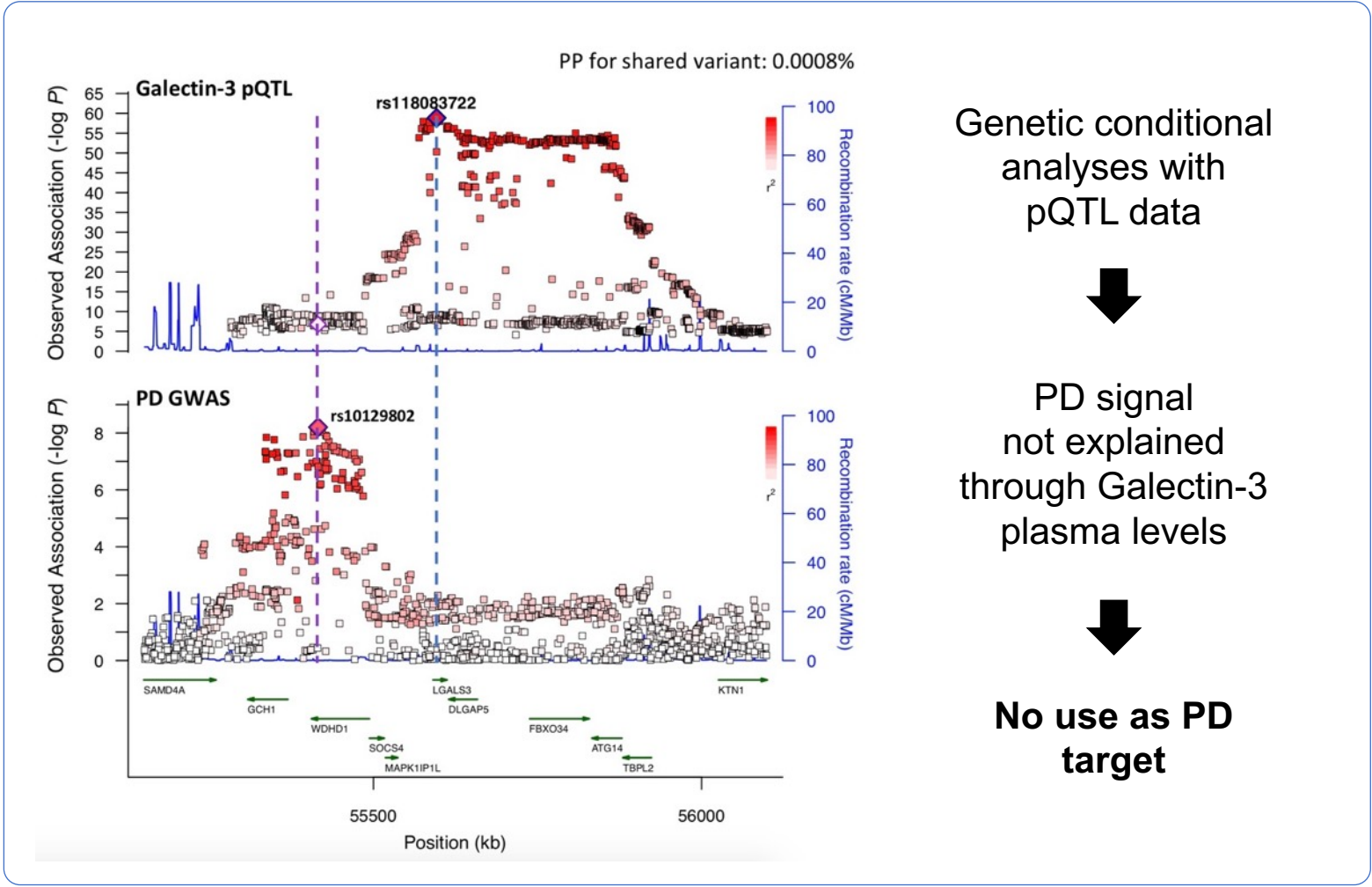
**Cardiovascular**

- Blood pressure medication
- Essential hypertension
- CAD
- MI

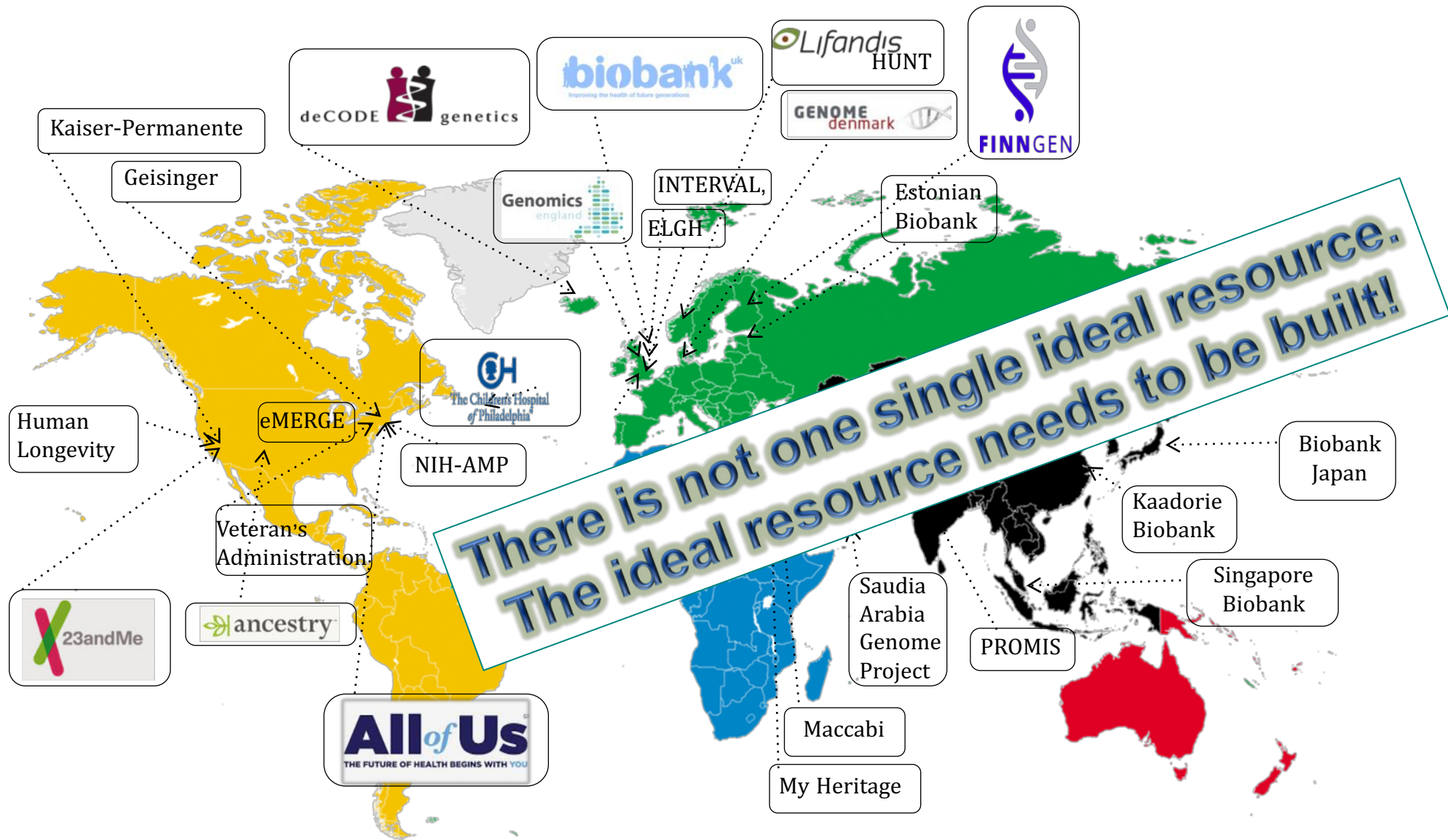
**Neurological**

- Neurological disease
- Parkinson's disease
- Cluster headaches
- Speech/language disorder

**Question:**  
Is there truly an association between Galactin-3 levels and PD?



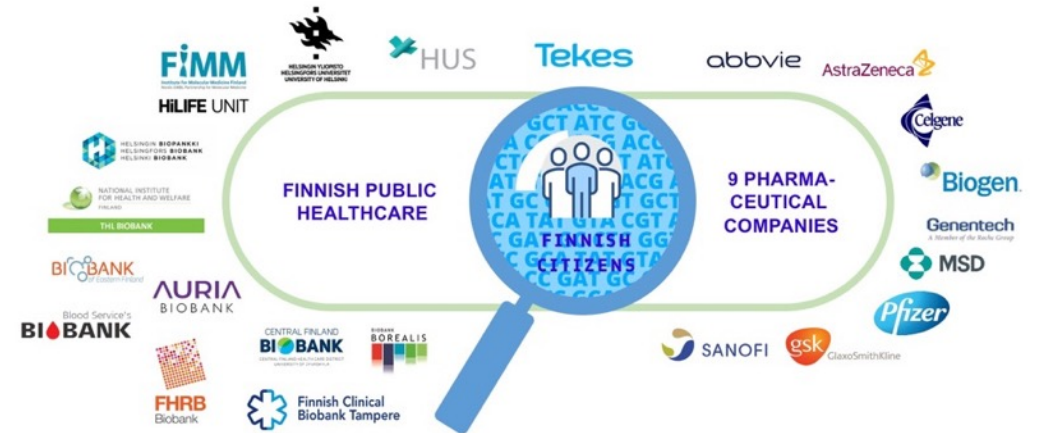
# Conclusions: meta-PheWAS across “real-world data” cohorts can inform drug discovery on efficacy, alternative indications and safety risks



# We contribute to establish the framework for optimally utilizing human data and improved discovery of novel medicines



Life Science Genetics Consortium



Aim: To sequence the exomes of 500k UKBB participants

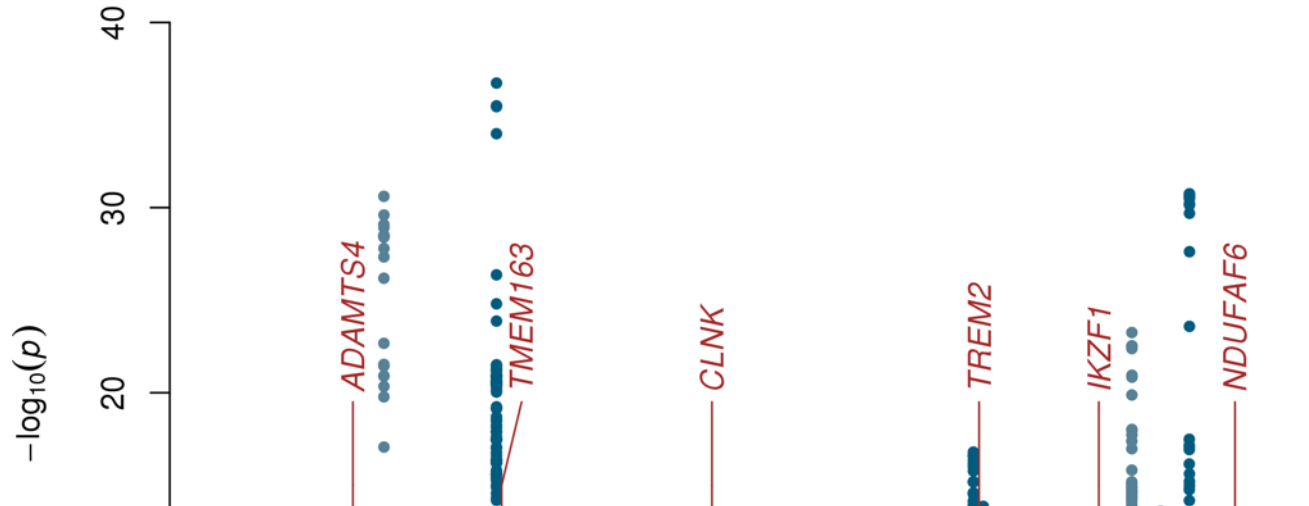
Aim: To link genetics to health data in 500k Finns

# Are such investments delivering any value?

*"YES - clearly for nominating new targets"*

## GWAS on family history of Alzheimer's disease:

- only ~400 AD cases in 500k UKBB
- family history available
- ⇒ 52,715 proxy cases / 354,628 controls (power equivalent to largest AD GWAS)

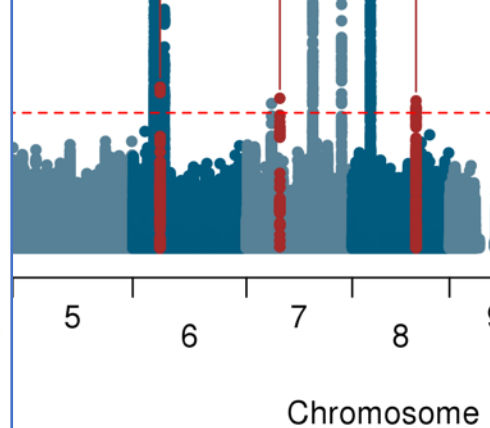


Article | OPEN | Published: 18 May 2018

### GWAS on family history of Alzheimer's disease

Riccardo E. Marioni, Sarah E. Harris, Qian Zhang, Allan F. McRae, Saskia P. Hagenaars, W. David Hill, Gail Davies, Craig W. Ritchie, Catharine R. Gale, John M. Starr, Alison M. Goate, David J. Porteous, Jian Yang, Kathryn L. Evans, Ian J. Deary, Naomi R. Wray & Peter M. Visscher

*Translational Psychiatry* 8, Article number: 99 (2018) | [Download Citation](#)



**Genetic meta-analysis identifies 9 novel loci and functional pathways for Alzheimers disease risk**

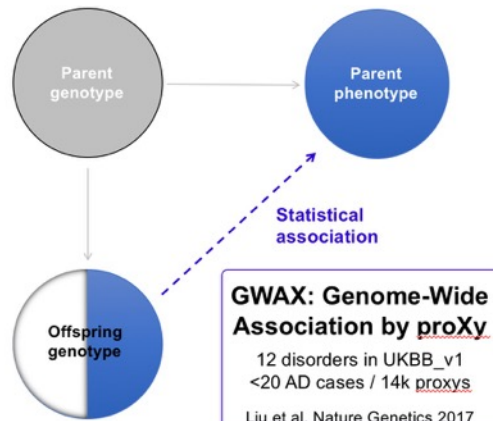
Iris Jansen, Jeanne Savage, Kyoko Watanabe, Julien Bryois, Dylan Williams, Stacy Steinberg, Julia Sealock, Ida Karlsson, Sara Hagg, Lavinia Athanasiu, Nicola Voyle, Petroula Proitsi, Aree Witoelar, Sven Stringer, Dag Aarsland, Ina Almdahl, Fred Andersen, Sverre Bergh, Francesco Bettella, Sigurbjorn Bjornsson, Anne Braekhus, Geir Brathen, Christiaan de Leeuw, Rahul Desikan, Srdjan Djurovic, Logan Dumitrescu, Tormod Fladby, Timothy Homan, Palmi Jonsson, Steven Kiddle, Arvid Rongve, Ingvild Saltvedt, Sigrid Sando, Geir Selbak, Nathan Skene, Jon Snaedal, Eysteinn Stordal, Ingun Ulstein, Yunpeng Wang, Linda White, Jens Hjerling-Leffler, Patrick Sullivan, Wiesje van der Flier, Richard Dobson, Lea Davis, Hreinn Stefansson, Kari Stefansson, Nancy Pedersen, Stephan Ripke, Ole Andreassen, Danielle Posthuma

doi: <https://doi.org/10.1101/258533>



Jimmy Liu

### Getting around the need for cases



# Are such investments delivering any value?

*"WE HOPE SO - to change how drugs will be developed in the future"*

We aspire to test therapeutic hypotheses in "Virtual Clinical Trials"

Imagine we'd never have to run trials to test if ActRII2 or GASP1 improve SMA?



$MSTN_{wt}$



$MSTN_{\Delta}$



$SMN1_{\Delta}/MSTN_{wt}$



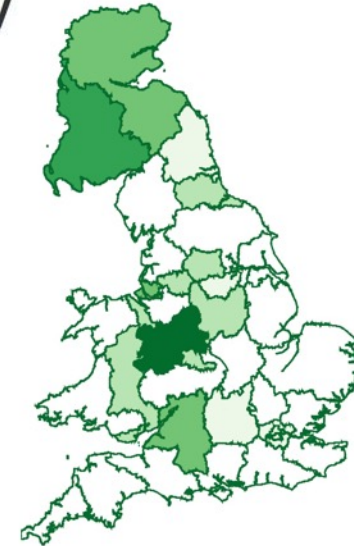
$SMN1_{\Delta}/MSTN_{\Delta}$

Imagine we'd know early which patients benefit the most from a drug, where and why?

ICD code: **G12** - Spinal muscular atrophy and related syndromes

Shows the number of events in regions where UK Biobank assessment centers were recruiting participants

Map [?](#)



RiSTEYES (Andrea Ganna, FIMM)

# Acknowledgements

## Biogen team

Jimmy Liu  
Ellen Tsai  
Chris Whelan  
Chia-Yen Chen  
et al.

Sally John

## pQTL study

Joe Maranville  
Ben Sun  
Jimmy Peters  
John Danesh  
Adam Butterworth  
et al.

## PheWAS study

Dorothee Diogo  
Robert Plenge  
et al.

## Finnish academic partners

Aarno Palotie (Director General)  
Mark Daly (Scientific Lead)  
*et al.*

... THE PARTICIPANTS !!!  
... AND MANY OTHERS

## UKBB LSGC



## FinnGen partners



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positions open!!