



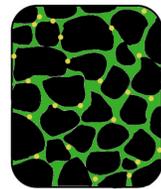
# The Effect of Rapamycin Dosing on A Murine Model of Congenital Muscular Dystrophy Over a Trial of Six Months

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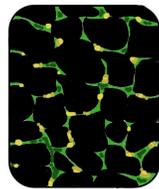


## Introduction

- Muscular dystrophy (MD) is a group of genetic diseases that are most known for causing the progressive weakening and loss of function of the skeletal muscle.
  - Can also negatively impact other organ systems
  - Has been known to cause a variety of cardiopulmonary complications
  - Can also impact the brain, leading to nervous system malformations and side effects such as lissencephaly, seizures, and hydrocephalus
  - Can kill via breathing issues, meaning that many patients must use ventilators in the late stages of the disease
- Prognosis is extremely dependent on the type of MD and the individual patient themselves (8)
- The process through which MD is inherited is currently not well-understood
  - Different subsets of MD exhibit unique inheritance patterns
  - Can be autosomal, sex-linked, recessive, or dominant, depending on the specific subtype
  - Can also present in people with no family history of the disease
- Duchenne muscular dystrophy is caused by the absence of the protein dystrophin, which assists in the cohesion of myocytes (12)
  - The absence of dystrophin is caused by a mutation in the DMD gene, which is usually inherited, but may also occur spontaneously
- Recessive mutation myodystrophy (MYD) mice are a murine model of muscular dystrophy in which dystroglycanopathy is caused by a mutation on chromosome 8 that results in abnormal glycosylation of the protein  $\alpha$ -dystroglycan (15) T
  - This causes a variety of symptoms, such as progressively deteriorating muscular weakness, fatigue, a smaller adult size, reduced growth, and early fatality. (13)
- The drug rapamycin (also known as sirolimus) may be able to decrease myopathy in people with muscular dystrophy (5)
  - Induces autophagy, a process by which old or unhealthy cells are destroyed



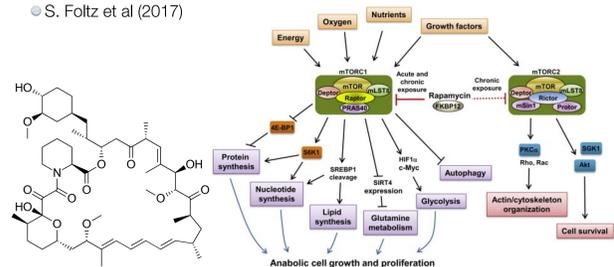
Healthy Tissue



MD Tissue

## Literature Review

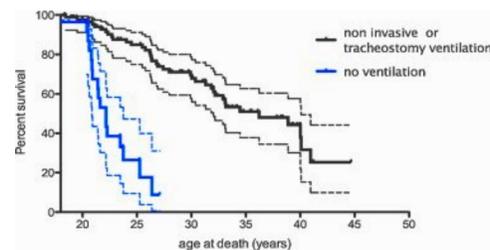
- Duchenne muscular dystrophy is a severe form of muscular dystrophy causing progressive myopathy, scoliosis, intellectual disability, and eventual immobility.
  - C. Angelini et al (2017)
- Because the heart and diaphragm are both muscles, muscular dystrophy can negatively affect them, resulting in problems with breathing and eventual cardiac arrest which can result in death.
  - J. Bach et al (1997) and I. Seigal et al (1972)
- Duchenne muscular dystrophy is caused by a mutation in the dystrophin encoding gene
  - K. Campbell et al (1989), A Anh et al (1993), and P Spitali (2012)
- This occurs due to improper glycosylation of alpha dystroglycanase
  - P Grewal et al (2001)
- Rapamycin limited muscular dystrophy development and improved symptoms in fukutin-deficient mice when dosed over a four week period, and additional manipulations with the mTOR (mammalian target of rapamycin) pathway could have potential therapeutic applications in dystroglycanopathy patients
  - S. Foltz et al (2017)



## Hypothesis

Treatment with rapamycin three times per week will improve muscular dystrophy symptoms in MYD mice over a period of six months.

## Gap in the Research



There is currently no cure for muscular dystrophy.

<https://www.sciencedirect.com/science/article/pii/S187706713000869>

## Methodology

### Mice

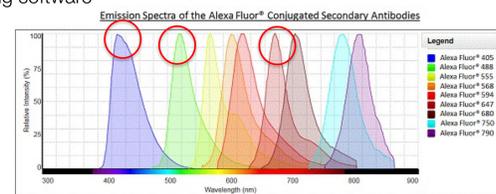
- Knockout, MD prone mice obtained from Jackson Labs and maintained at SUNY Binghamton
- Earclips taken at birth for genotyping purposes
- Tested for a variety of criteria (weight, torque, ALT & BUN)



Conditional dystrophin knockouts

### Microscopy

- Iliopsoas muscle used
  - Small and easy to access, multiple can fit on a single slide
- Sectioned with microtome cryostat and stained with H&E
- Stained with Alexa Fluor far-red, blue, and green dyes for fluorescence microscopy
- Completed slides were placed underneath an X71 inverted epifluorescent microscope with camera
- Section maps were compiled both manually and with the use of imaging software

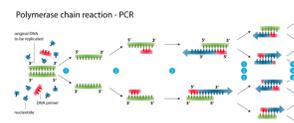


## Data Analysis

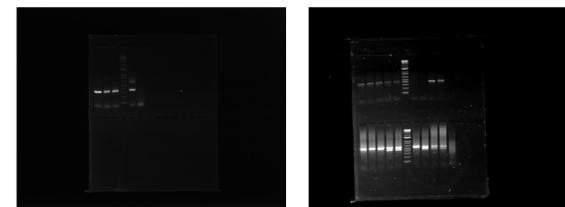
- AlphaView 3.0 software (Protein Simple) and Prism 5 (GraphPad)

## PCR

- Identify incomplete knockouts, complete knockouts, and controls



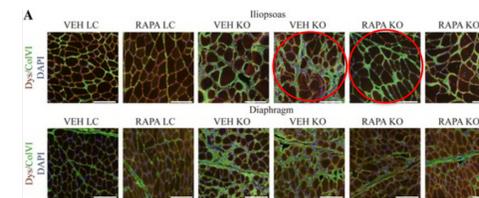
## Results



Rosa

DT Cre & DT Flox

- Early behavioral observations indicate improvement in muscular dystrophy mice who have received treatment
- Initial 4 weeks showed decreased fibrosis (blue) in dosed mice



## Discussion

- Four-week daily dosing results of the initial study showed a marked improvement in myopathy in dosed animals
  - Fiber size was increased, fibrosis and inflammation were reduced, and torque was higher in experimental group
- Significant correlation between treated animals and decreased dystroglycanopathy progression
  - Indicate that mTOR inhibition for five days per week results in disease feature improvement in murine dystroglycanopathy models
- Adverse effects of daily treatment were numerous, and certain mice did not improve
  - Side effects of rapamycin negatively impacted kidney and liver health
  - Toxicity of 5 times/week dosage led to other damage even in healthy mice
- Dose needs to be decreased

## Limitations

- Incomplete dystrophin knockouts
  - Knockout is embryonic lethal, so researchers set it to be knocked out under certain conditions only so mice don't die in utero
  - Possibility that some of the healthier mice were incomplete knockouts
- Variations among individual mice

Dystrophin can't be knocked out completely or mice will die in utero, so a conditional knockout is made

## Conclusion

- Ongoing study
- Limitations created by incomplete knockouts
- Rapamycin is effective, but high doses can cause unwanted side effects
- Ultimately, more research is needed before this treatment progresses to human trials

## Applications

- Despite rapamycin's toxicity in large doses, it still has potential as a treatment for muscular dystrophy
  - Rapamycin is already approved by the FDA, so it wouldn't need to go through such an extensive approval process all over again for muscular dystrophy treatment
- Decreased muscular atrophy can mean individuals affected by muscular dystrophy can have a higher quality of life
  - Reduction of wheelchair usage
  - Increased participation in athletic activities
  - Decreased need for hospitalization
  - Longer lifespan

## Future Research

- Monitoring of rapamycin's side effects
  - Effect on kidneys and liver in particular
- Determining ideal dosing schedule for maximum efficiency and minimum side effects
- How to create fewer incomplete knockouts



Sirolimus is another name for rapamycin <https://www.drug.com/drug-monograph/sirolimus.html>

## Acknowledgements

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## Bibliography

- Ahn, A. H., & Kunkel, L. M. (1993). The structural and functional diversity of dystrophin. *Nature Genetics*, 3(4), 283-291. doi: 10.1038/ng0493-283
- Angelini, C. (2017). Duchenne Muscular Dystrophy. *Genetic Neuromuscular Disorders*, 3-7. doi: 10.1007/978-3-319-56454-8\_1
- Bach, J. R., Ishikawa, Y., & Kim, H. (1997). Prevention of Pulmonary Morbidity for Patients With Duchenne Muscular Dystrophy. *Chest*, 112(4), 1024-1028. doi: 10.1378/chest.112.4.1024
- Campbell, K. P., & Kahl, S. D. (1989). Association of dystrophin and an integral membrane glycoprotein. *Nature*, 338(6212), 259-262. doi: 10.1038/338259a0
- Foltz, S. J., Luan, J., Call, J. A., Patel, A., Passig, K. B., Fortunato, M. J., & Beedle, A. M. (2016). Four-week rapamycin treatment improves muscular dystrophy in a fukutin-deficient mouse model of dystroglycanopathy. *Skeletal Muscle*, 6(1). doi: 10.1186/s13395-016-0091-9
- Grewal, P. K., Holzfeld, P. J., Bittner, R. E., & Hewitt, J. E. (2001). Mutant glycosyltransferase and altered glycosylation of  $\alpha$ -dystroglycan in the myodystrophy mouse. *Nature Genetics*, 28(2), 151-154. doi: 10.1038/88865
- Helbling-Leclerc, A., & Guicheney, P. (n.d.). Analysis of LAMA2 Gene in Merosin-Deficient Congenital Dystrophy. *Muscular Dystrophy*, 199-218. doi: 10.1385/1-59259-138-8:199
- High Creatine Phosphokinase Activity of Sera with Progressive Muscular Dystrophy. (1959). *The Journal of Biochemistry*. doi: 10.1093/jb/46.1.103
- Hoffman, E. P., Brown, R. H., & Kunkel, L. M. (1987). Dystrophin: The protein product of the duchenne muscular dystrophy locus. *Cell*, 51(6), 919-928. doi: 10.1016/0092-9674(87)90579-4
- Hoffman, E. P., Brown, R. H., & Kunkel, L. M. (1987). Dystrophin: The protein product of the duchenne muscular dystrophy locus. *Cell*, 51(6), 919-928. doi: 10.1016/0092-9674(87)90579-4
- Hoffman, E. P., & Kunkel, L. M. (1989). Dystrophin abnormalities in Duchenne/Becker muscular dystrophy. *Neuron*, 2(1), 1019-1029. doi: 10.1016/0896-6273(89)90226-2
- Ibraghimov-Beskrovnaya, O., Ervasti, J. M., Leveille, C. J., Slaughter, C. A., Sernett, S. W., & Campbell, K. P. (1992). Primary structure of dystrophin-associated glycoproteins linking dystrophin to the extracellular matrix. *Nature*, 355(6362), 696-702. doi: 10.1038/355696a0
- Respiratory Care of the Patient with Duchenne Muscular Dystrophy. (2004). *American Journal of Respiratory and Critical Care Medicine*, 170(4), 456-465. doi: 10.1164/rccm.200307-8852
- Spitali, P., & Aartsma-Rus, A. (2012). Duchenne Muscular Dystrophy: Therapeutic Approaches to Restore Dystrophin. *Muscular Dystrophy*, 10.15772/31232