

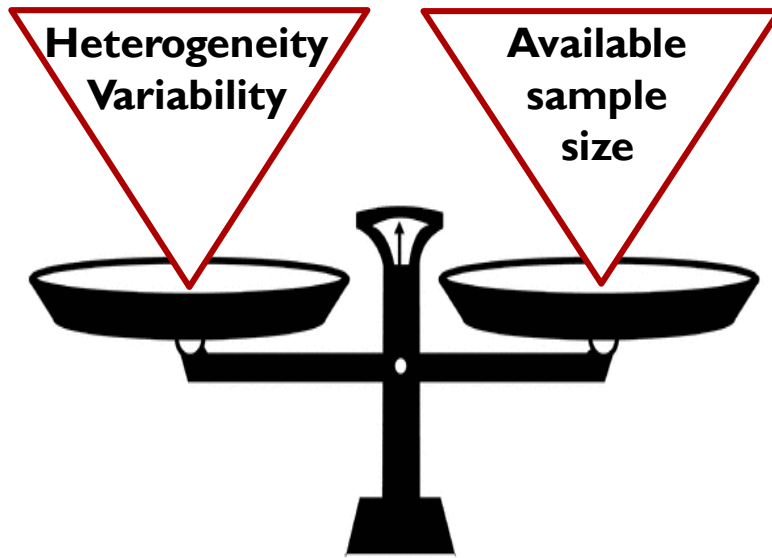
To clump or to split? That is the question.

Cases

- ▶ 8 mo female with jaundice and liver failure
- ▶ 3 yo male with developmental regression and seizures
- ▶ 15 yo female with migraines, severe constipation, fainting
- ▶ 24 yo male with speech and balance problems
- ▶ 30 yo female with enlarged heart and strokes
- ▶ 55 yo male with weakness, muscle pain, hearing loss
- ▶ 71 yo female with dementia, diabetes, jerking limbs



The Challenge !



Clump Patients?

- Target all mitochondrial diseases
- Target a clinical phenotype
 - a specific symptom
 - a specific organ
 - a specific syndrome
-

Split Patients?

- Target a specific genotype
- Target a specific cellular pathway
- Target a specific biochemical defect
- Target a specific age group
-



The Challenge !

Clump Patients?

-Target all mitochondrial diseases (Master protocol)

What is a mitochondrial disease?

- Primary mitochondrial disease
- Secondary mitochondrial dysfunction



Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:

- Affect all ages from birth to late-adulthood
- Range from monosymptomatic to multi-systemic diseases
- Hundreds of presentations



The Challenge !

Clump Patients?

- Target all mitochondrial diseases (Master protocol)
 - small numbers of patients with any given MD might preclude meaningful subgroup analyses
 - differences in outcomes between patients with different MD types could be missed



The Challenge !

Clump Patients?

- Target all mitochondrial diseases
- Target a clinical phenotype



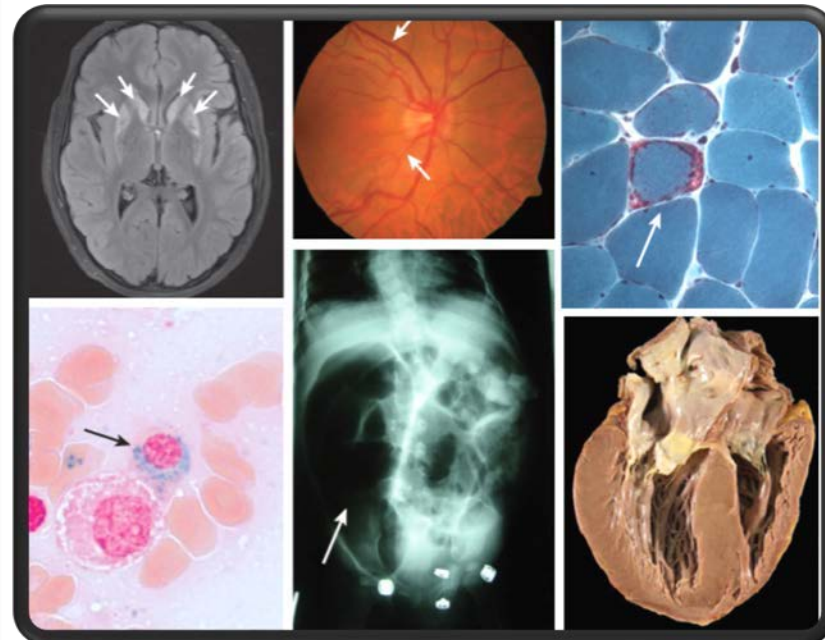
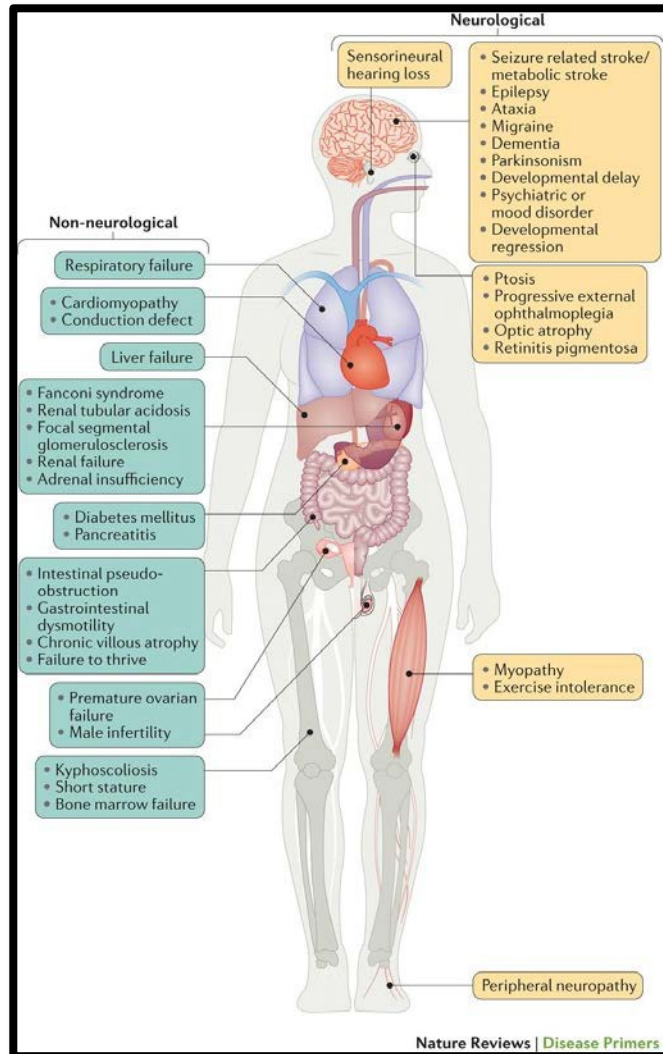
The Challenge !

Clump Patients?

- Target all mitochondrial diseases
- Target a clinical phenotype
 - a specific symptom



Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:



Vafai and Mootha, Nature 2012

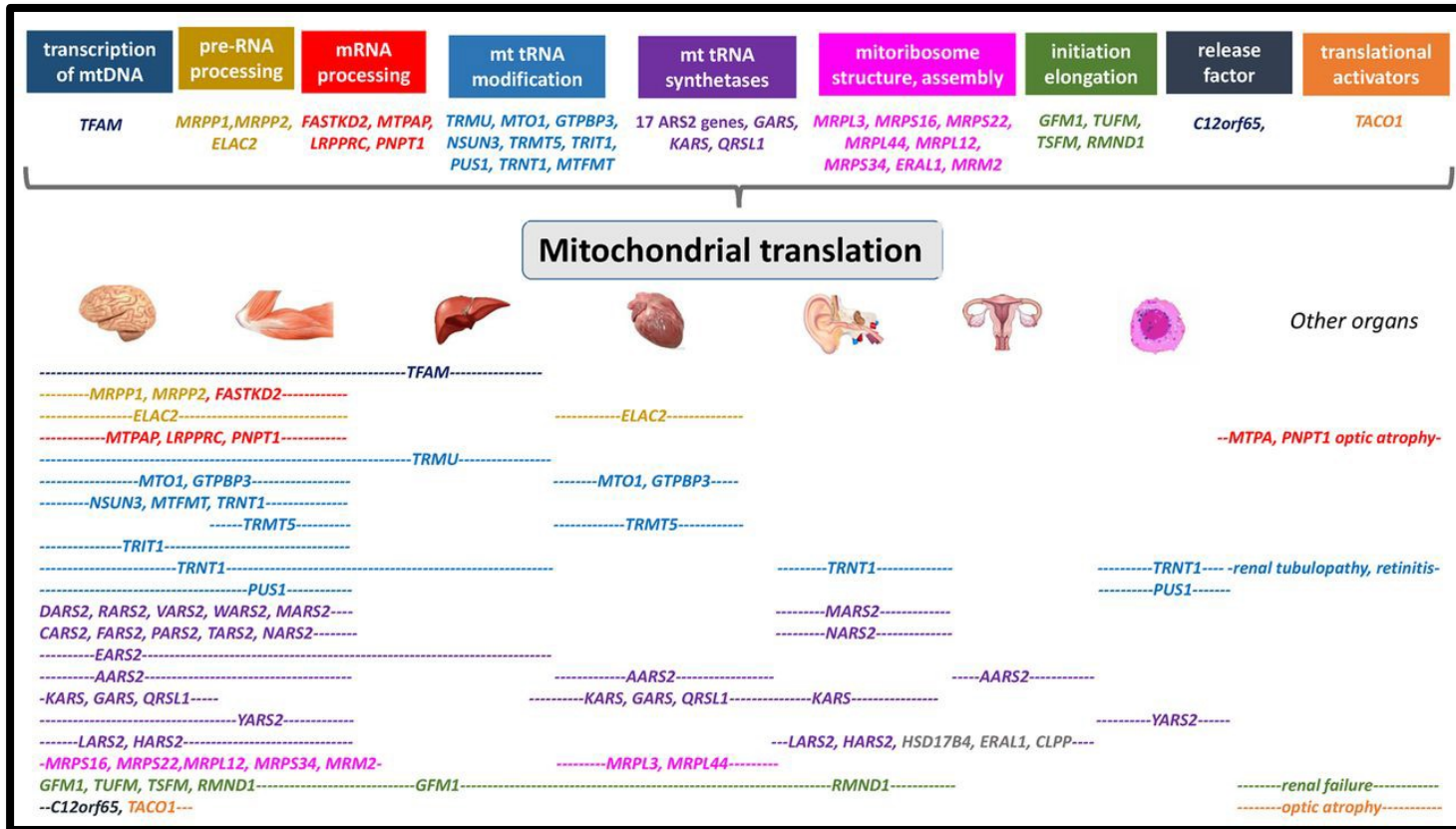
The Challenge !

Clump Patients?

- Target all mitochondrial diseases
- Target a clinical phenotype
 - a specific symptom
 - a specific organ



The different phenotypes



The Challenge !

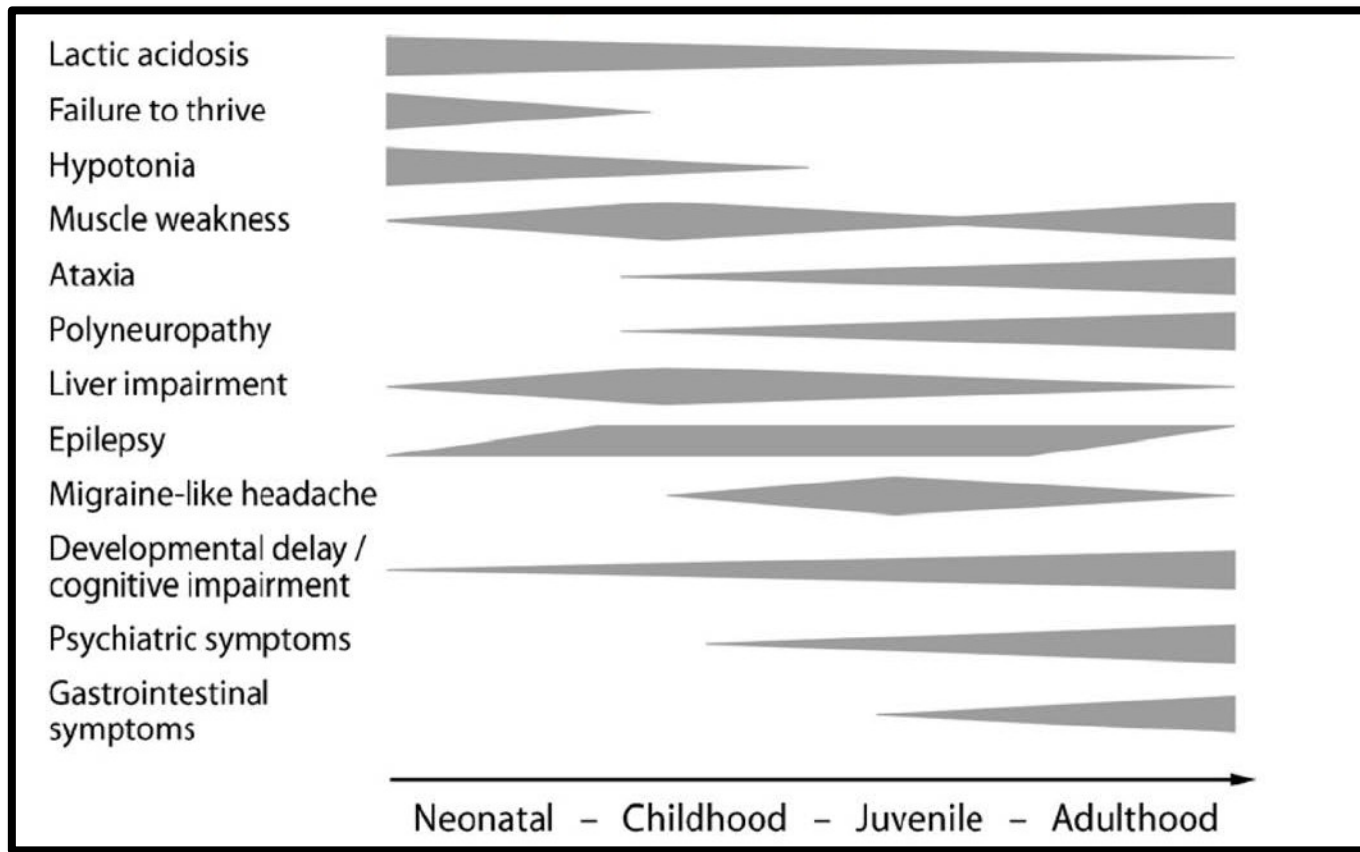
Clump Patients?

- Target all mitochondrial diseases
- Target a clinical phenotype
 - a specific symptom
 - a specific organ
 - a specific syndrome



The different phenotypes

The depletion syndrome

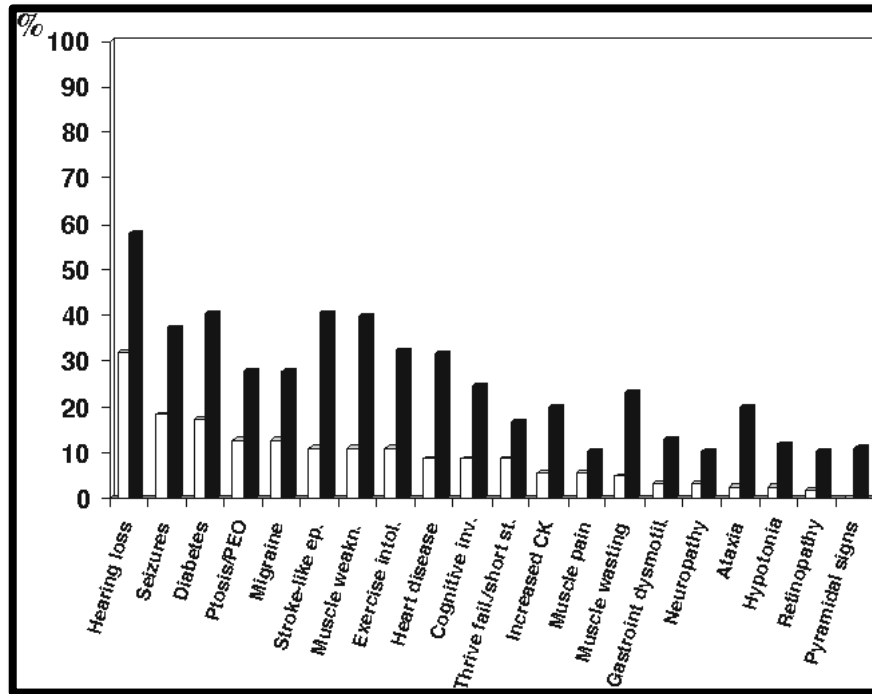


The different phenotypes

KSS
 MERRE
MELAS
 NARP
 LHON
 Leigh
 CPEO

Tissue or Area	Symptom or Sign	Kearns-Sayre Syndrome	Myoclonus Epilepsy with Ragged-Red Fibers	Mitochondrial Encephalomyopathy, Lactic Acidosis, and Stroke-like Episodes	Neuropathy, Ataxia, Retinitis Pigmentosa	Maternally Inherited Leigh Syndrome
Central nervous system	Seizures	-	+	+	+	+
	Ataxia	+	+	+	+	±
	Myoclonus	-	+	±	-	-
	Psychomotor retardation	-	-	-	-	+
	Psychomotor regression	+	±	+	-	-
	Hemiparesis or hemianopia	-	-	+	-	-
	Cortical blindness	-	-	+	-	-
	Migraine-like headache	-	-	+	-	-
	Dystonia	-	-	+	-	+
Peripheral nervous system	Peripheral neuropathy	±	±	±	+	-
Muscle	Weakness or exercise intolerance	+	+	+	+	+
	Ophthalmoplegia	+	-	-	-	-
	Ptosis	+	-	-	-	-
Eye	Pigmentary retinopathy	+	-	-	+	±
	Optic atrophy	-	-	-	±	±
Blood	Sideroblastic anemia	±	-	-	-	-
Endocrine	Diabetes mellitus	±	-	±	-	-
	Short stature	+	+	+	-	-
	Hypoparathyroidism	±	-	-	-	-
Heart	Conduction block	+	-	±	-	-
	Cardiomyopathy	±	-	±	-	±
Gastrointestine	Exocrine pancreatic dysfunction	±	-	-	-	-
Ear, nose, throat	Sensorineural hearing loss	-	+	+	±	-
Kidney	Fanconi's syndrome	±	-	±	-	-
Laboratory results	Lactic acidosis	+	+	+	-	±
	Ragged-red fibers on muscle biopsy	+	+	+	-	-
Inheritance	Maternal	-	+	+	+	+
	Sporadic	+	-	-	-	-

The different phenotypes



	Onset 23.4 ± 15.6 years ^a (%)	Last evaluation 36.0 ± 20.7 years (%)
Hearing loss	39 (31.0)	73 (57.9)
Generalized seizures	23 (18.3)	47 (37.3)
Diabetes	22 (17.5)	51 (40.5)
Ptosis/ophthalmoparesis	16 (12.7)	35 (27.8)
Migraine	16 (12.7)	35 (27.8)
Stroke-like episodes	14 (11.1)	51 (40.5)
Muscle weakness	14 (11.1)	50 (39.7)
Exercise intolerance	14 (11.1)	41 (32.5)
Heart disease	11 (8.7)	40 (31.7)
Cognitive involvement	11 (8.7)	31 (24.6)
Failure to thrive/short st.	11 (8.7)	21 (16.7)
Increased CK	7 (5.6)	25 (19.8)
Muscle pain	7 (5.6)	13 (10.3)
Muscle wasting	6 (4.8)	29 (23.0)
Vomiting	5 (4.0)	7 (5.6)
Gastrointestinal dysmotil.	4 (3.2)	16 (12.7)
Neuropathy	4 (3.2)	13 (10.3)
Ataxia	3 (2.4)	25 (19.8)
Hypotonia	3 (2.4)	15 (11.9)
Retinopathy	3 (1.8)	13 (10.3)
Myoclonus	3 (2.4)	8 (6.3)
Hypothyroidism	2 (1.6)	5 (4.0)
Psychiatric involvement	1 (0.8)	8 (6.3)
Optic neuropathy	1 (0.8)	6 (4.8)
Hypogonadism	1 (0.8)	5 (4.0)
Pyramidal signs	–	14 (11.1)
Respiratory impairment	–	6 (4.8)
Status epilepticus	–	5 (4.0)

The Challenge !

Split Patients?

- Target a specific genotype

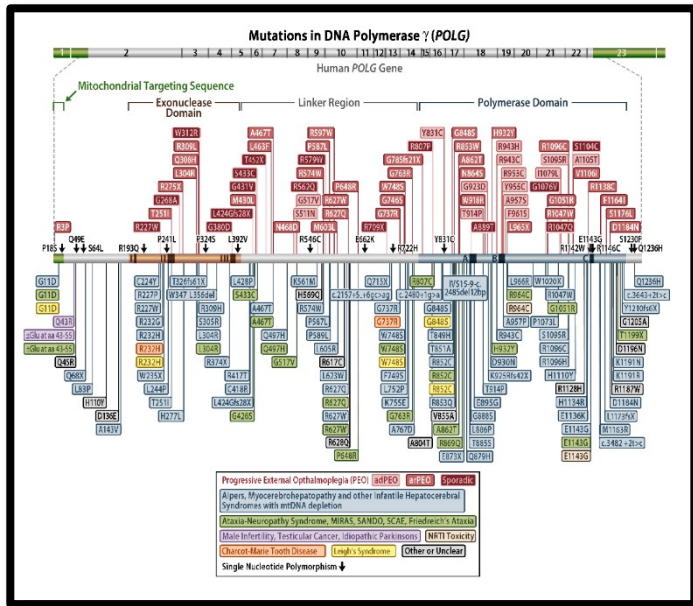


Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:

- Caused by mutations in nDNA, mtDNA or both



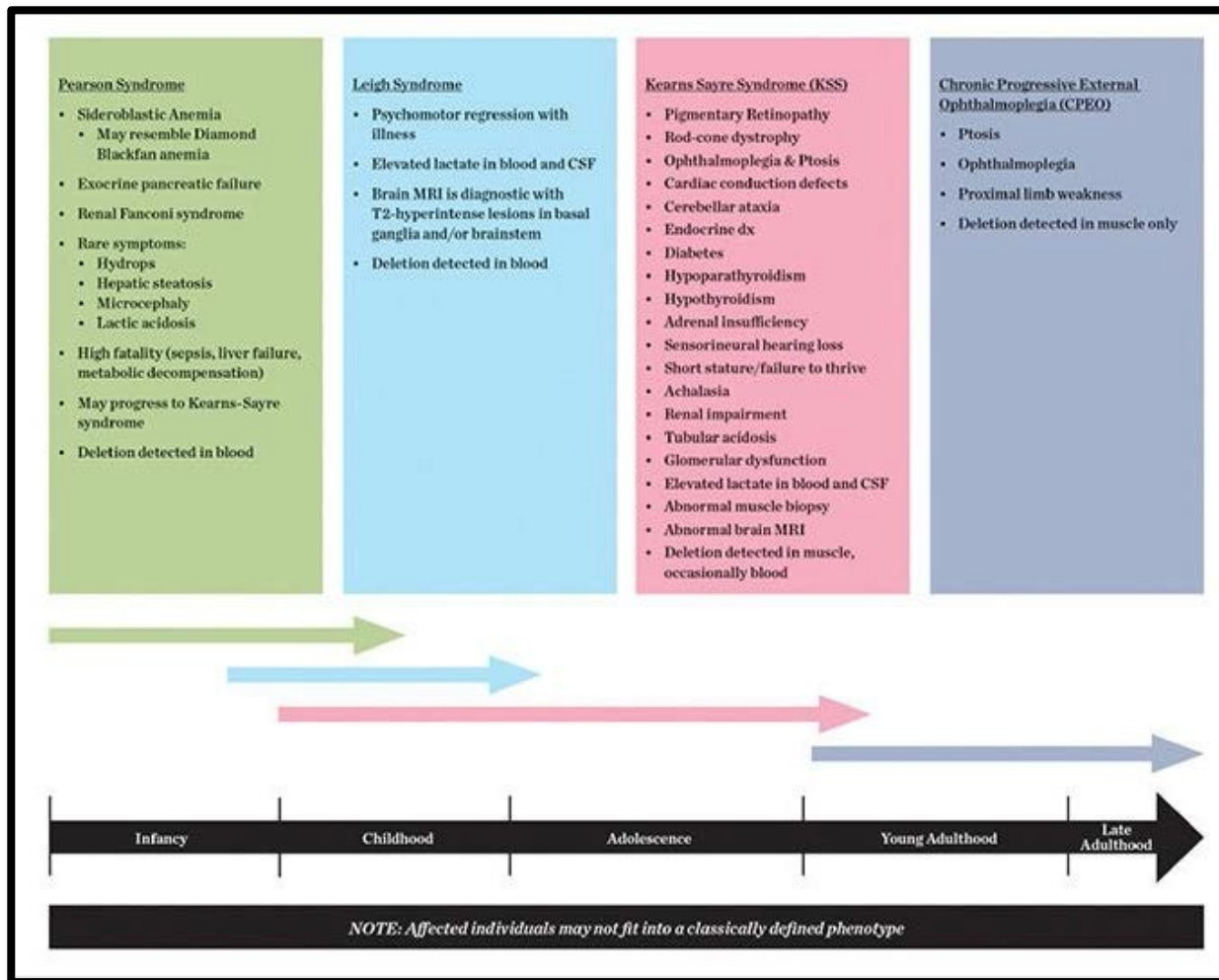
Complicated genotypes



<https://tools.niehs.nih.gov/polg/>

Alpers–Huttenlocher syndrome (AHS)	nDNA (<i>POLG</i> -related)	Intractable epilepsy, psychomotor regression and liver disease; might also include the clinical features of MCHS and MEMSA	55–57
Childhood myocerebrohepatopathy spectrum (MCHS)		Neuropathy, ataxia, hypotonia, myoclonus (spontaneous muscle contractions), choreoathetosis (the occurrence of involuntary jerky, writhing movements of muscles or muscle groups) and Parkinsonism, in addition to renal tubulopathy	
Ataxia neuropathy spectrum (ANS; previously referred to as mitochondrial recessive ataxia syndrome (MIRAS) and sensory ataxia neuropathy dysarthria and ophthalmoplegia (SANDO))		Sensory axonal neuropathy with variable sensory and cerebellar ataxia	
Myoclonic epilepsy myopathy sensory ataxia (MEMSA; previously referred to as spinocerebellar ataxia with epilepsy (SCAE))		Epilepsy, PEO, seizures, dysarthria, dementia, spasticity and myopathy	
	<i>POLG1</i> , which encodes α -DNA polymerase subunit γ 1	Ataxia, peripheral sensory neuronopathy, Parkinsonism, premature ovarian failure, psychiatric symptoms, MELAS syndrome and epilepsy	195
	<i>POLG2</i> , which encodes DNA polymerase subunit γ 2	Ptois and proximal myopathy, dystrophy, cerebellar ataxia and gastrointestinal symptoms	196

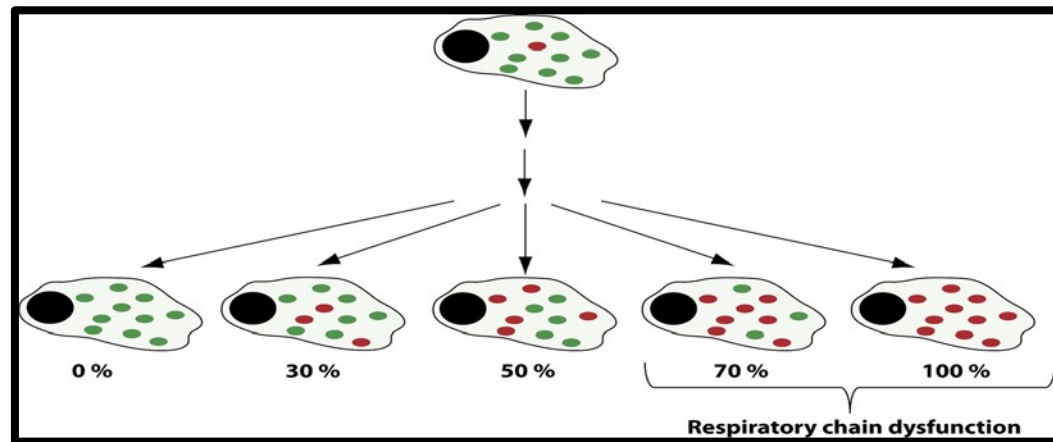
Complicated genotypes



Complicated genotypes

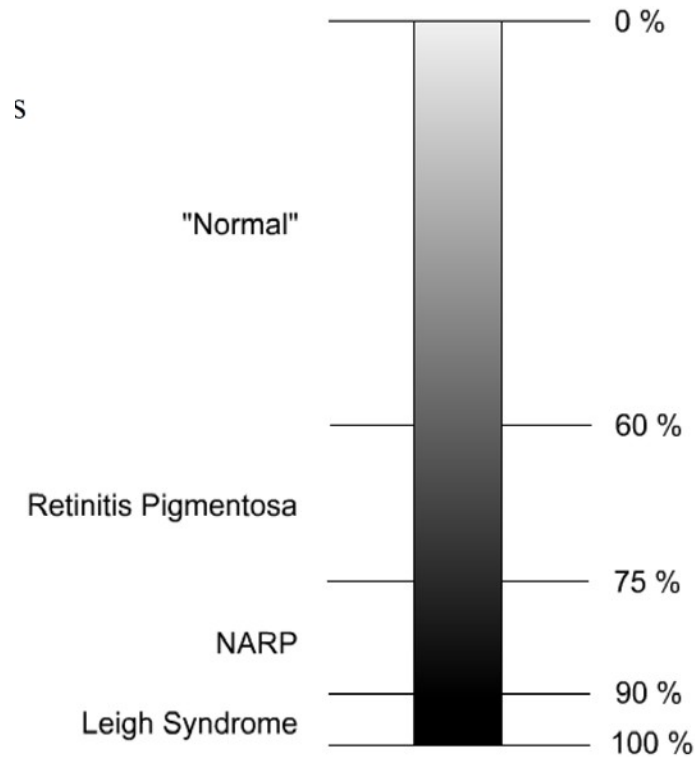
Mitochondrial DNA

- ▶ Heteroplasmy
- ▶ Random mitotic segregation
- ▶ Threshold expression

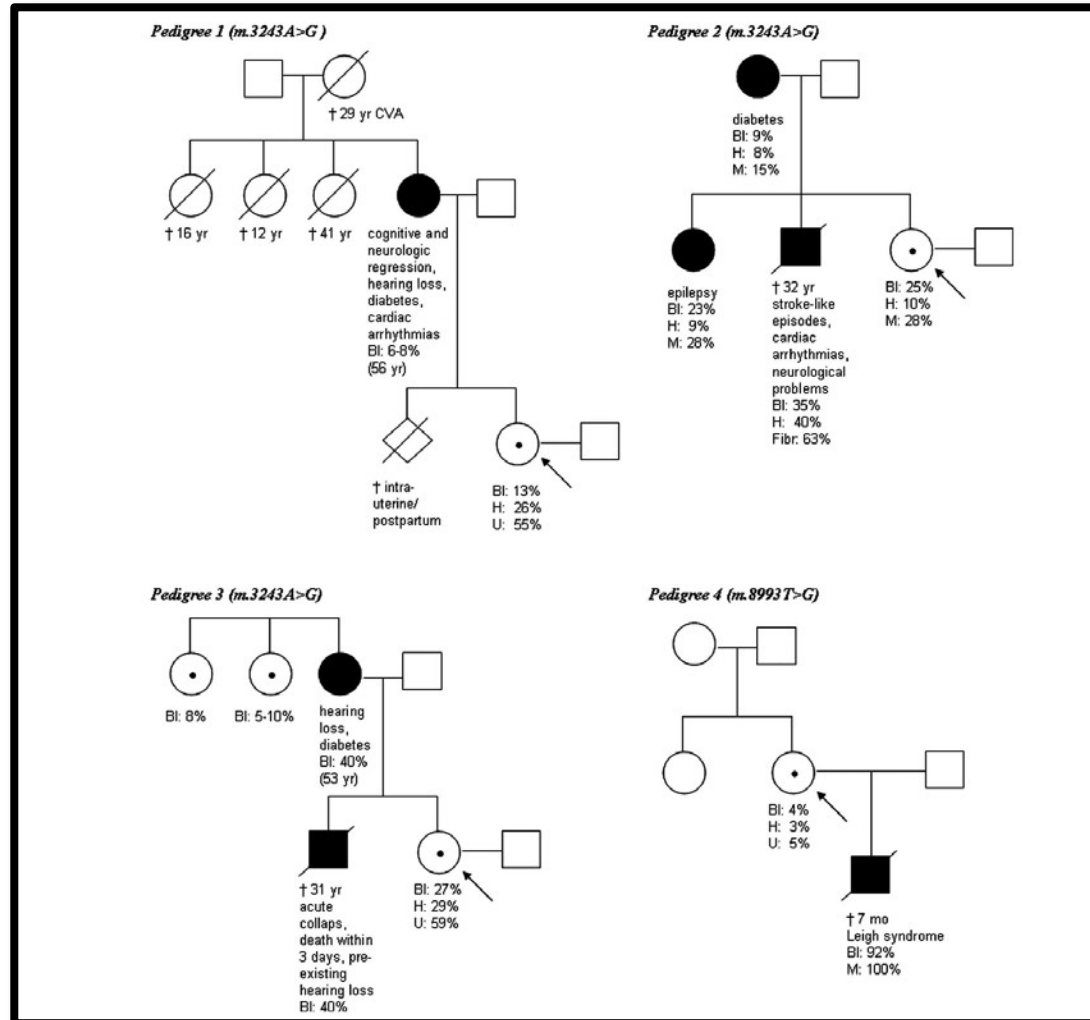


Complicated genotypes

Importance of tissue heteroplasmy:
m.T8993G mutant load



Complicated genotypes



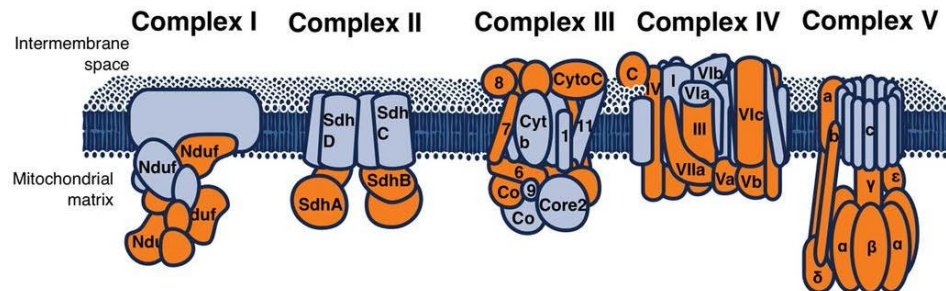
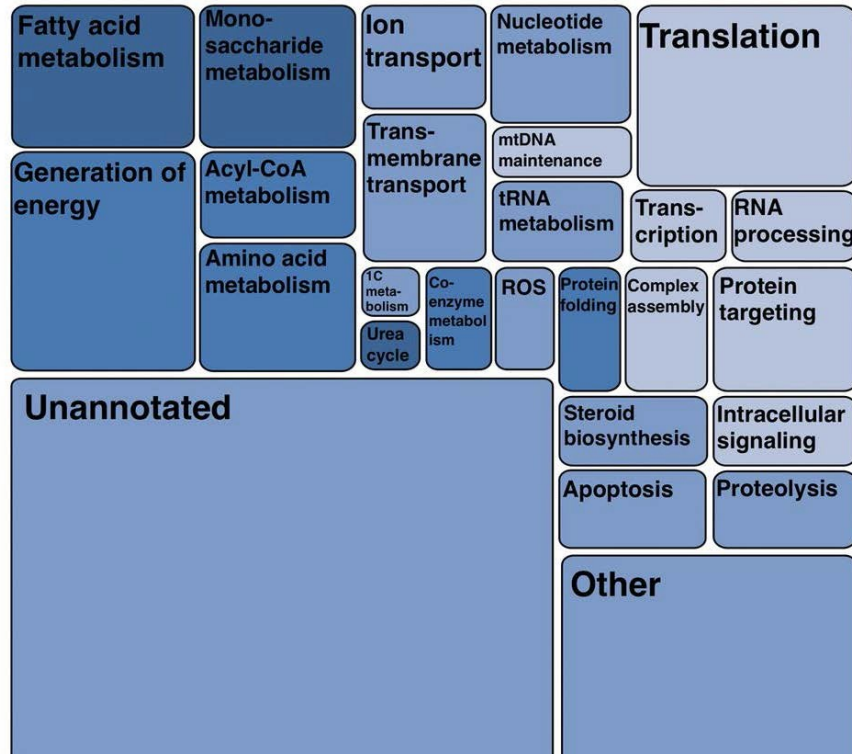
The Challenge !

Split Patients?

- Target a specific genotype
- Target a specific cellular pathway

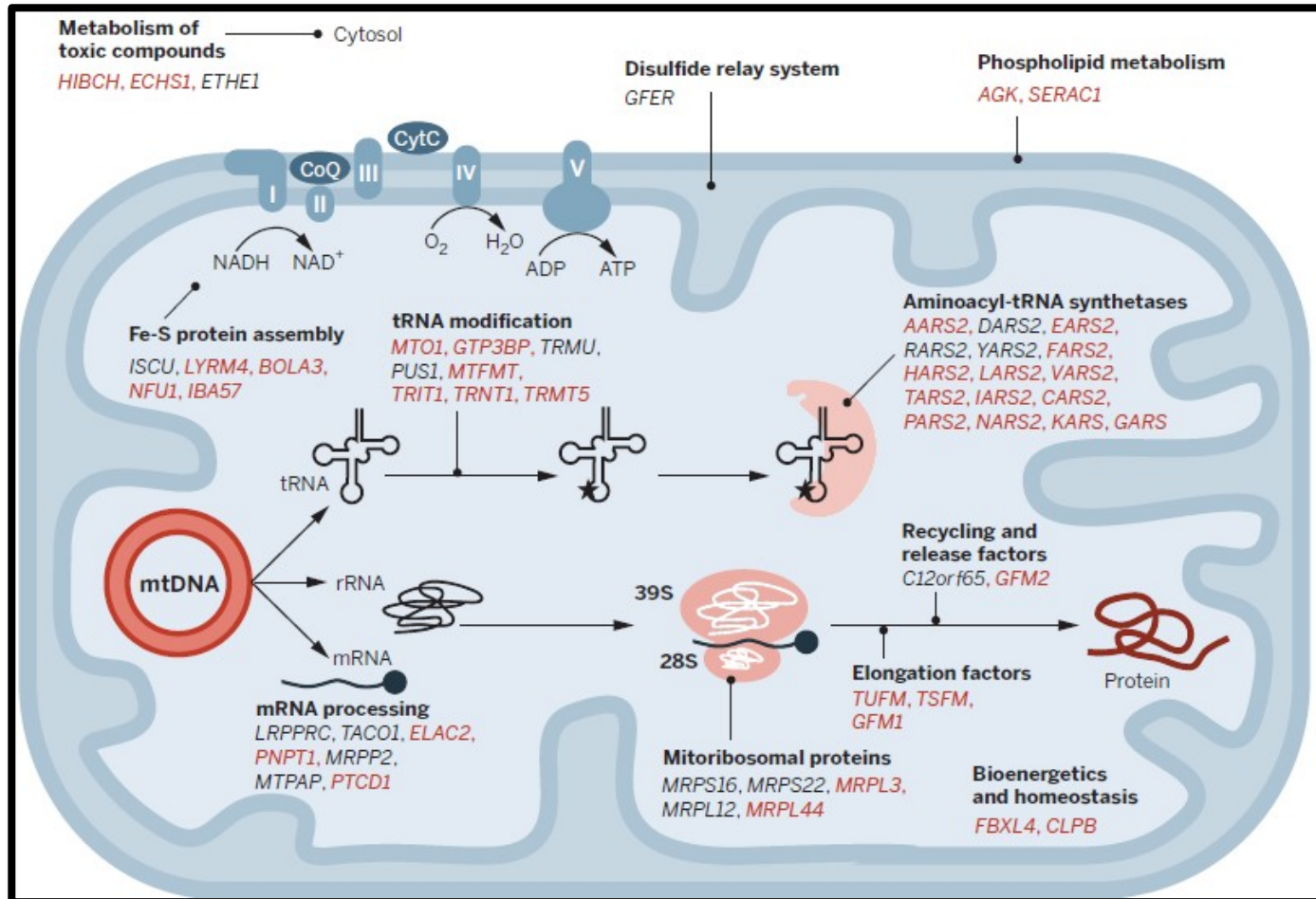


Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:



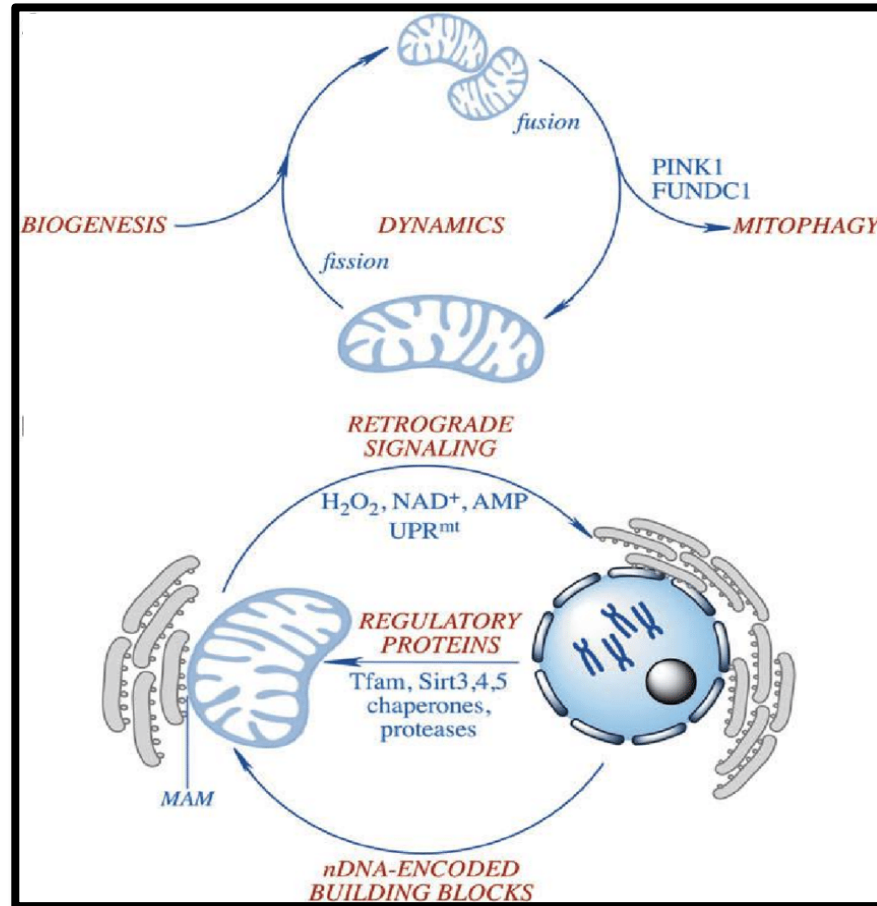
Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:

Mitochondrial maintenance and translation



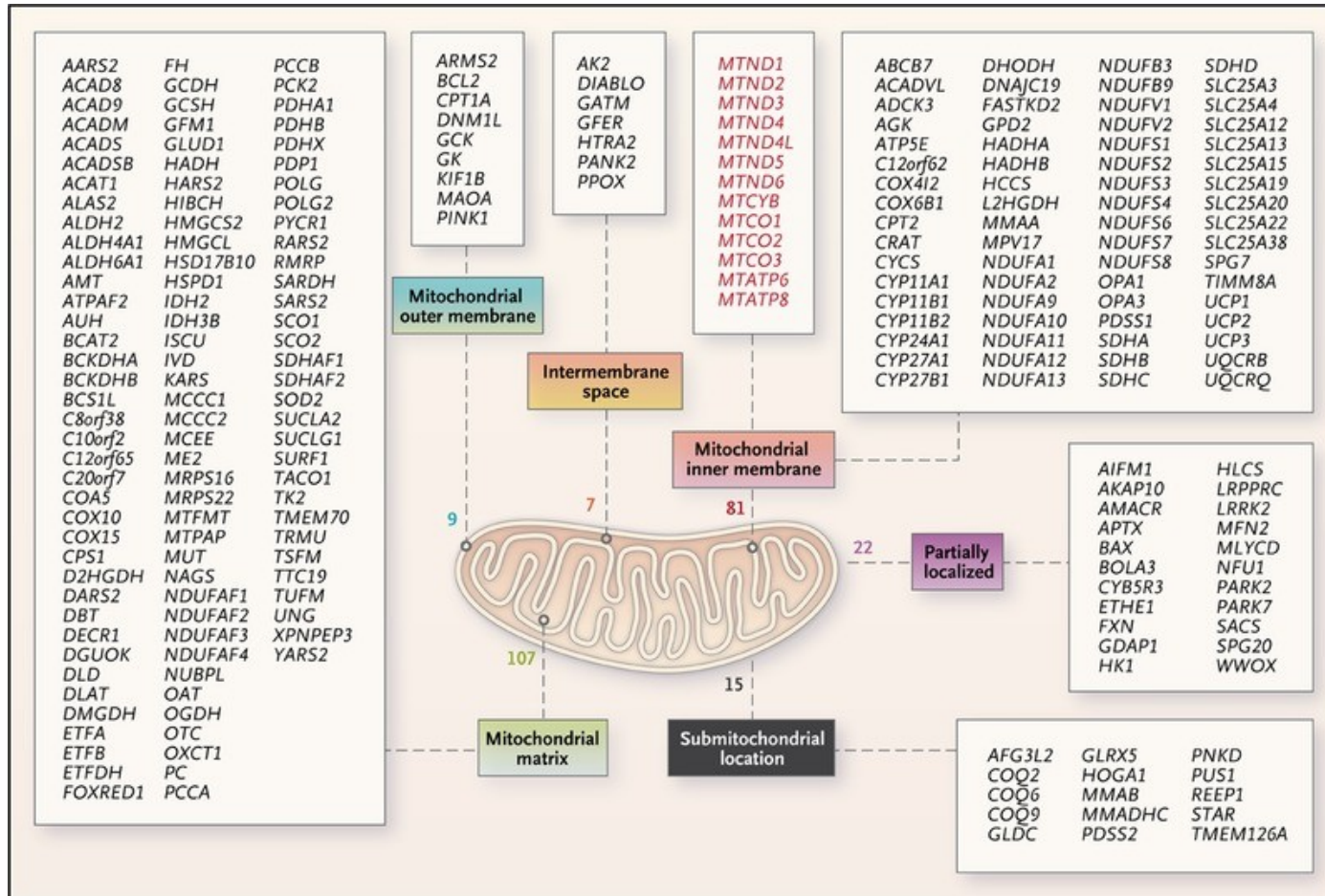
Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:

Mitochondrial dynamic

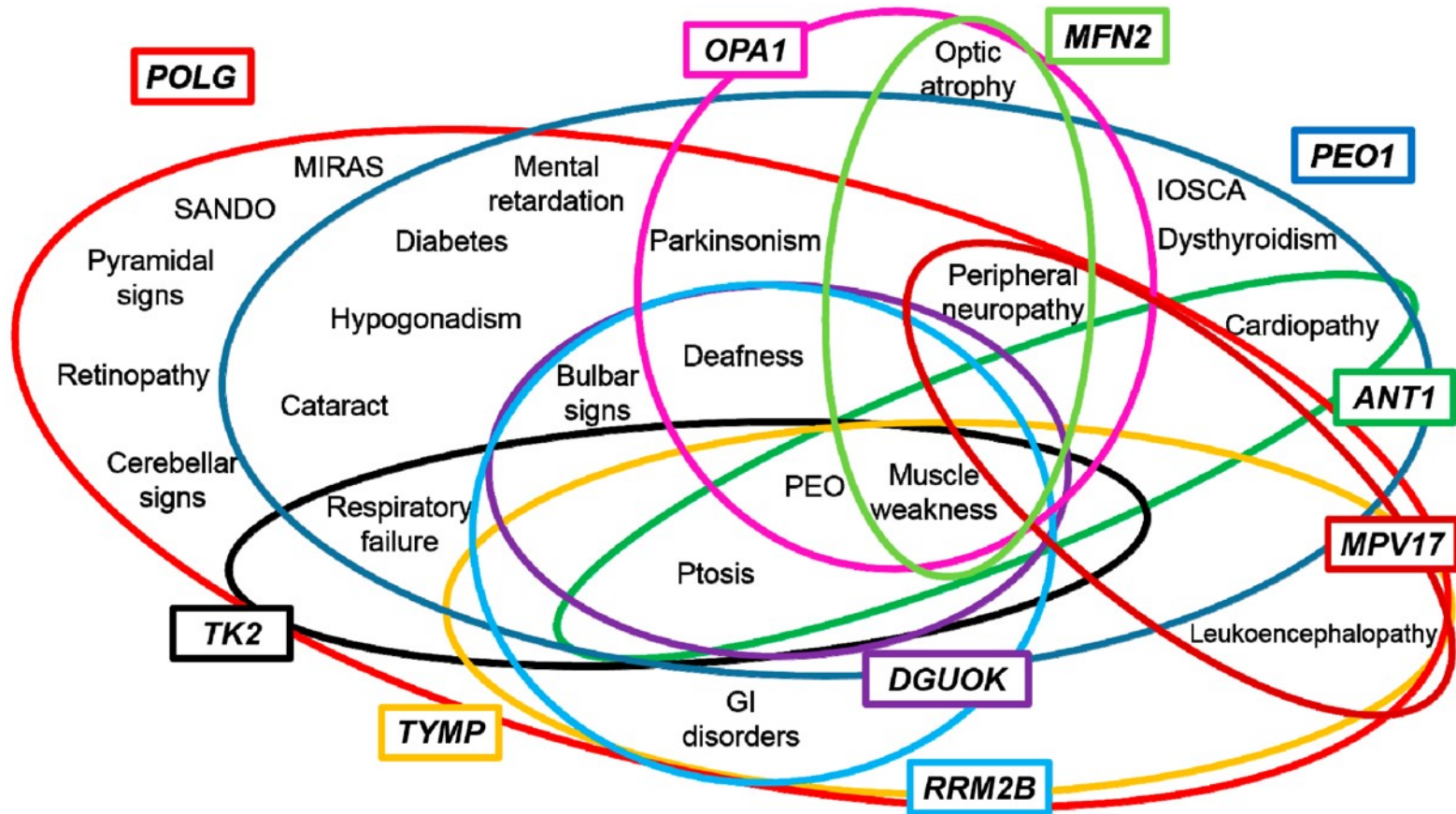


Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:

Mitochondrial protein localization



Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:



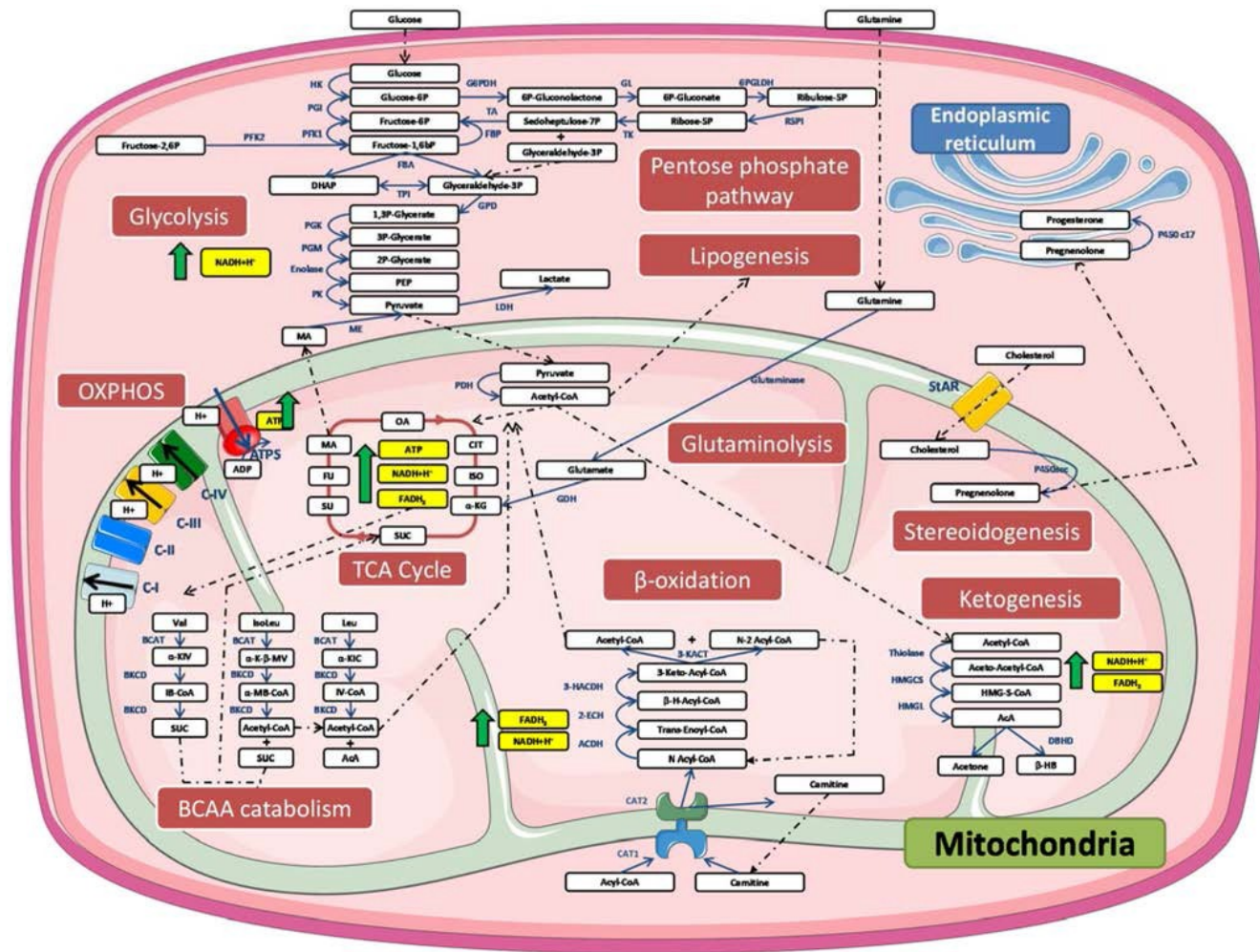
The Challenge !

Split Patients?

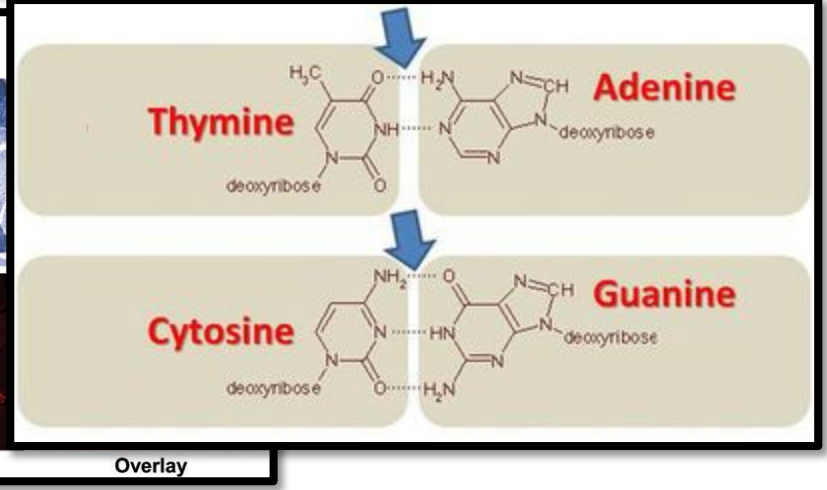
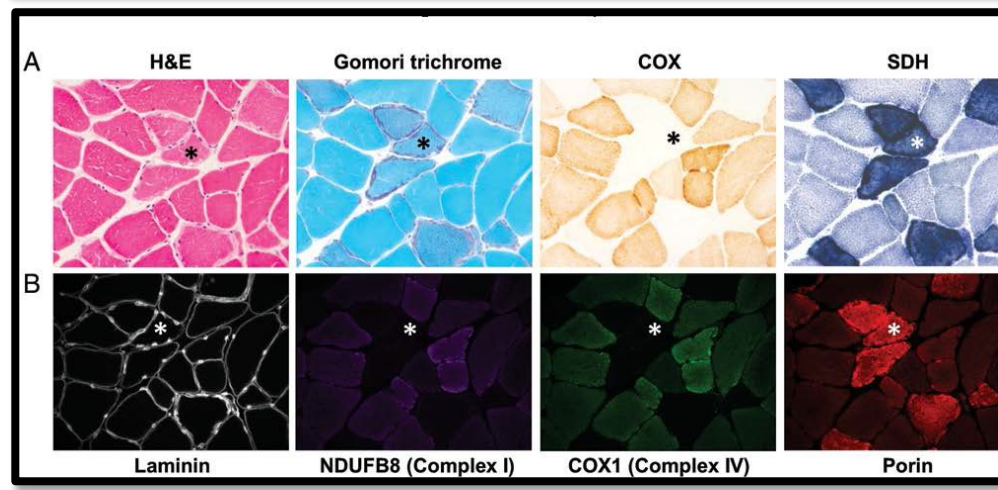
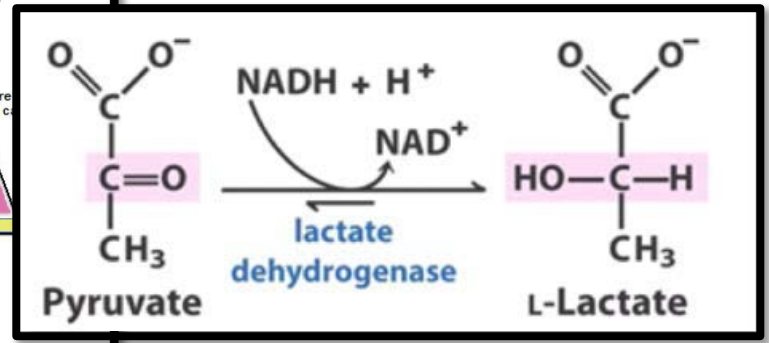
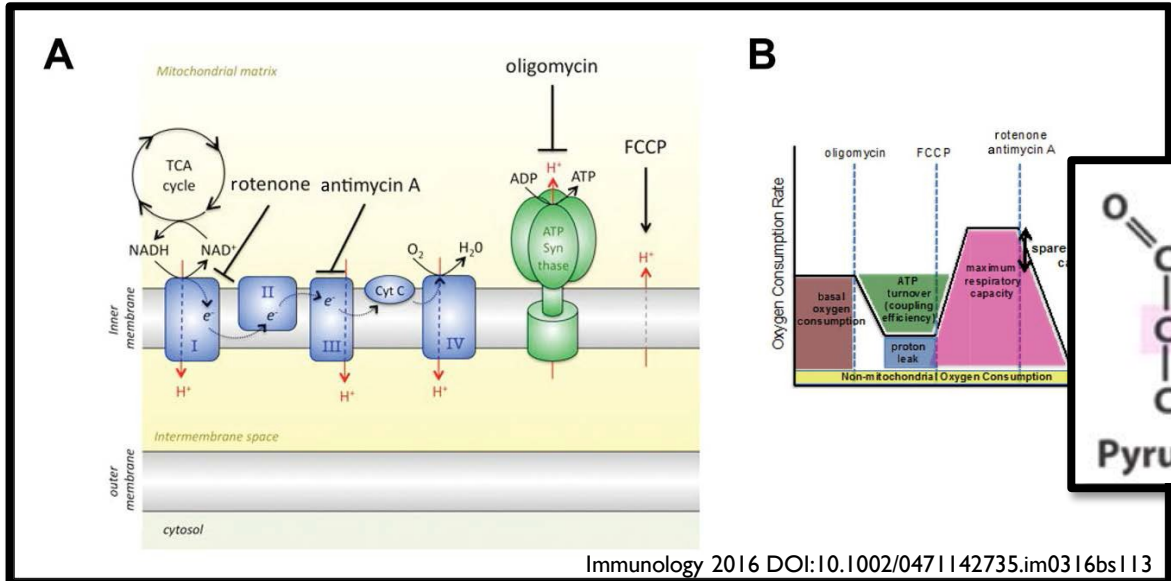
- Target a specific genotype
- Target a specific cellular pathway
- Target a specific biochemical defect



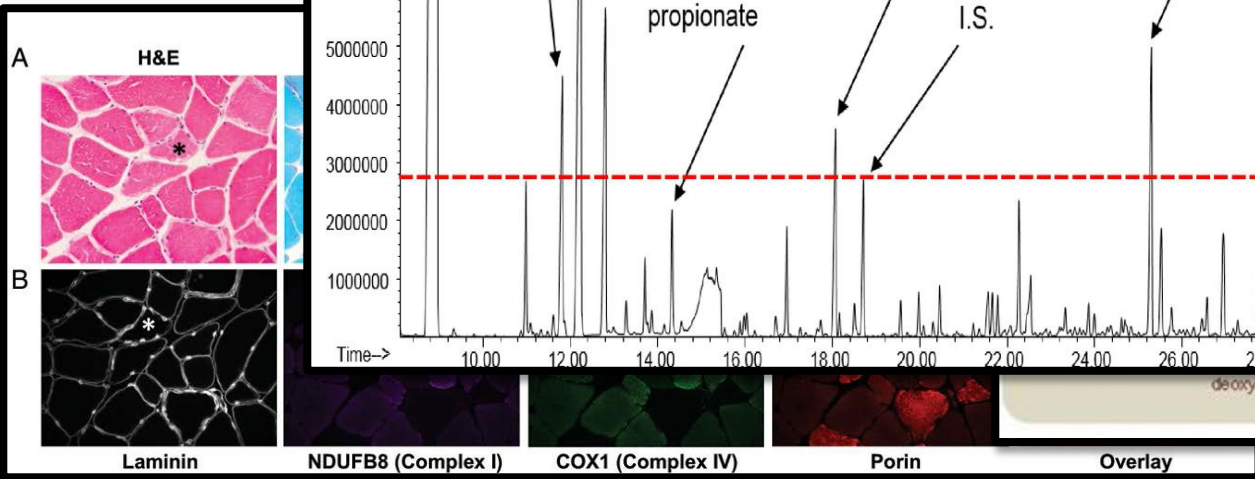
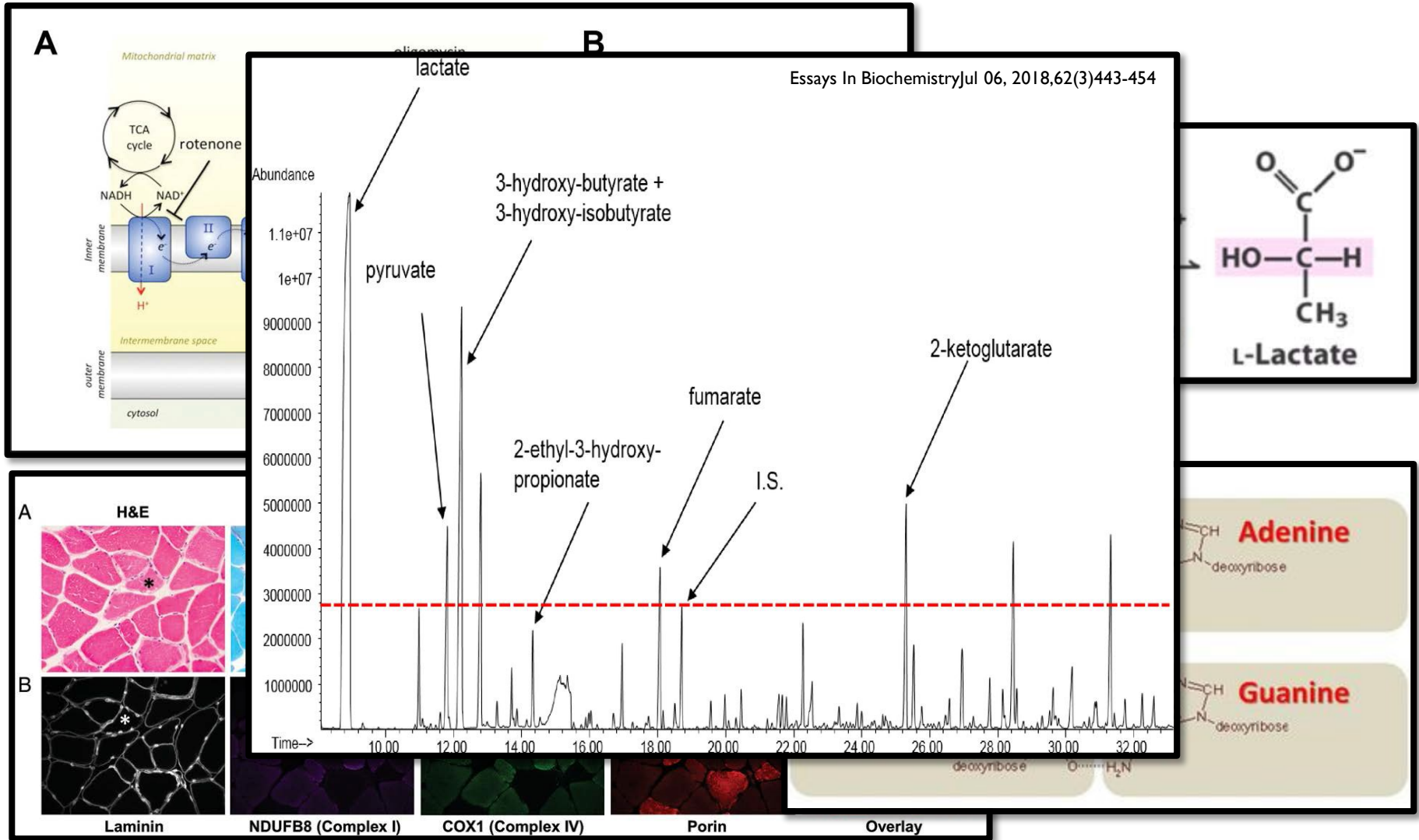
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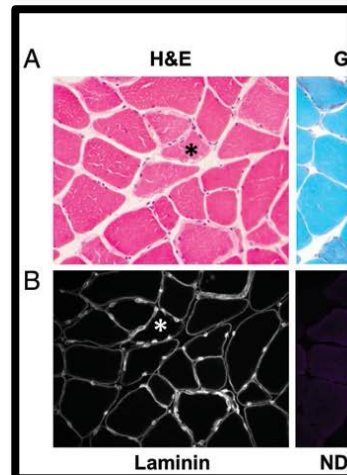
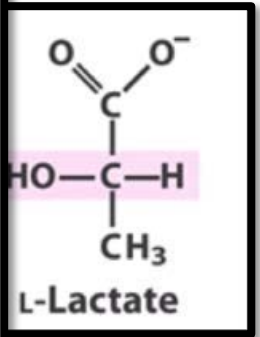
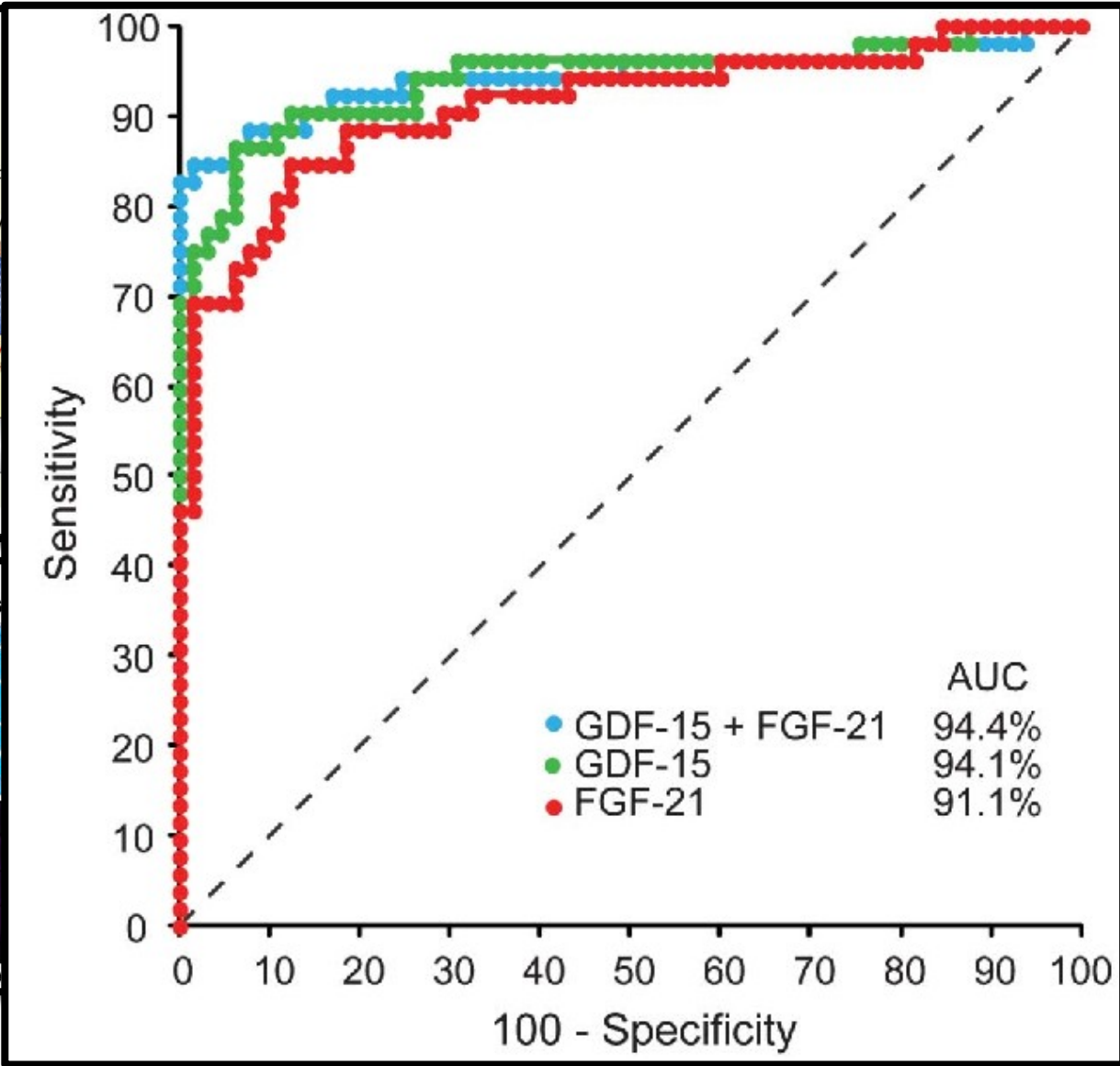
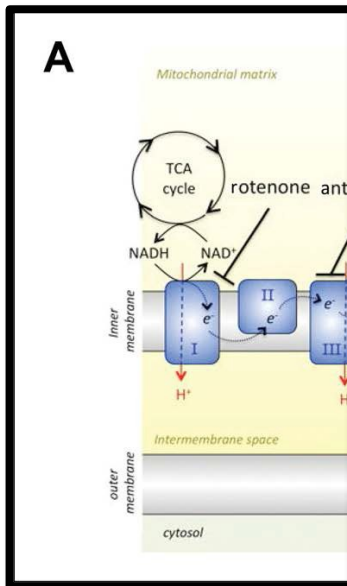
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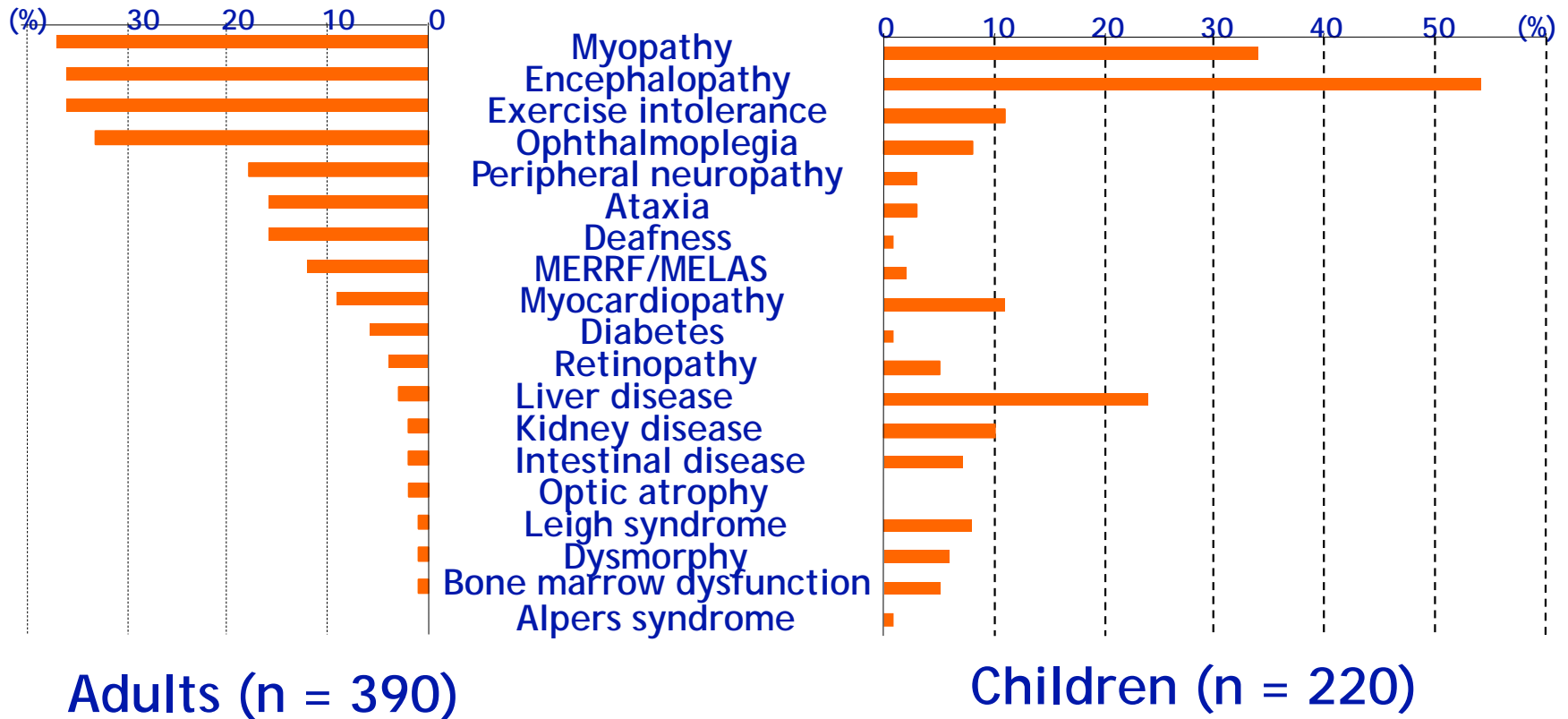
The Challenge !

Split Patients?

- Target a specific genotype
- Target a specific cellular pathway
- Target a specific biochemical defect
- Target a specific age group

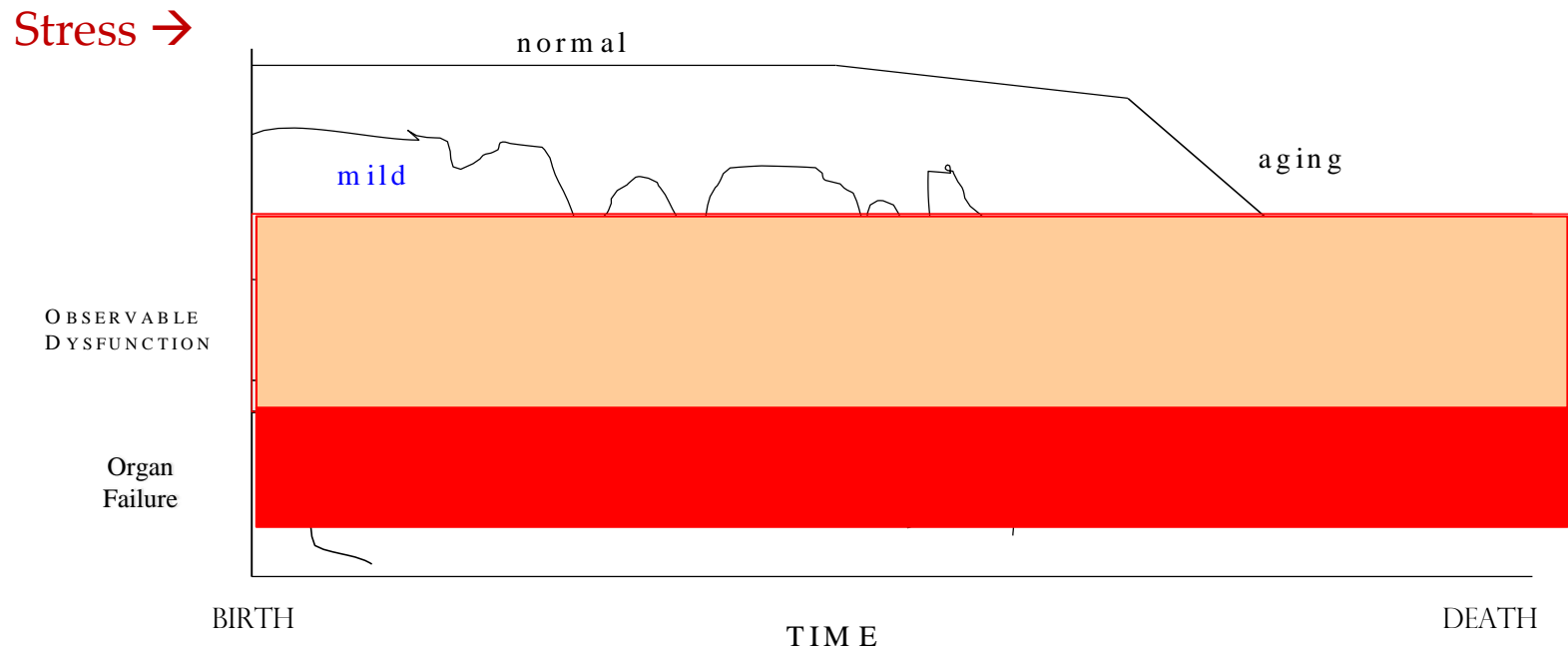


Mitochondrial disorders are one of the most complex and heterogeneous group of diseases:



Other considerations

Episodic, progressive Phenotype



The Challenge !

- ▶ Considerable heterogeneity
- ▶ No clear genotype-phenotype correlations
 - ▶ Is there consensus among clinical experts?
 - ▶ Uncertainties about the correct diagnosis in non-expert settings
 - ▶ Is there diagnostic consistency across centers?
- ▶ Clumping vs. splitting?



How to select the right trial patient population?

One size does not fit all

- ▶ Stable or highly variable condition?
- ▶ Life limiting or symptom control?
- ▶ Short or long-term endpoints?



How to select the right trial patient population?

One size does not fit all

Selection will need to be tailored by:

- ▶ Drug mechanism of action
- ▶ Therapeutic effects
- ▶ Off target effects
- ▶ Outcome measure
- ▶ Availability of natural history data
- ▶ Trial design
- ▶ Patient input



How to adequately power studies
Overcome recruitment problems



Thank you

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