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**Removing obstacles in translation of preclinical discoveries to clinic:  
focus on finding cures for epilepsy**

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## The unmet need

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30% of people with epilepsy do not respond well to AEDs

Opportunities to interfere with early stages of epileptogenesis are limited

What can be offered to patients with established drug-resistant epilepsy?

- New small molecule treatments
  - (new drugs have not had much impact on refractoriness in the last 20 years)
- Surgical resection
  - (only where epileptogenic zone remote from eloquent cortex)
- Vagal nerve stimulation (weak evidence, uncertain effectiveness)
- Ketogenic diet (evidence mainly in children, poor compliance)
- Brain cooling (experimental)
- Brain stimulation (experimental)
- Stem cells (experimental)
- Gene therapy (experimental)

## Gene therapy is the most promising prospect for a long-lasting reduction in seizures

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- Rational design to decrease circuit excitability
- Regional specificity
- Cell-type specificity
- (Temporal specificity)
- Advances in vectors and promoters
- 2012: first gene therapy licensed for lipoprotein lipase deficiency

# Preclinical research efforts

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## Choice of vector:

- Lentivirus
- AAV
- HSV
- ...

## Choice of cargo:

- Overexpression of native proteins
- Expression of non-native proteins
- RNA interference
- ...

## Choice of preclinical model:

- Limbic epilepsy
- Focal neocortical epilepsy
- Thalamocortical epilepsy
- Models of epilepsy associated with malformations

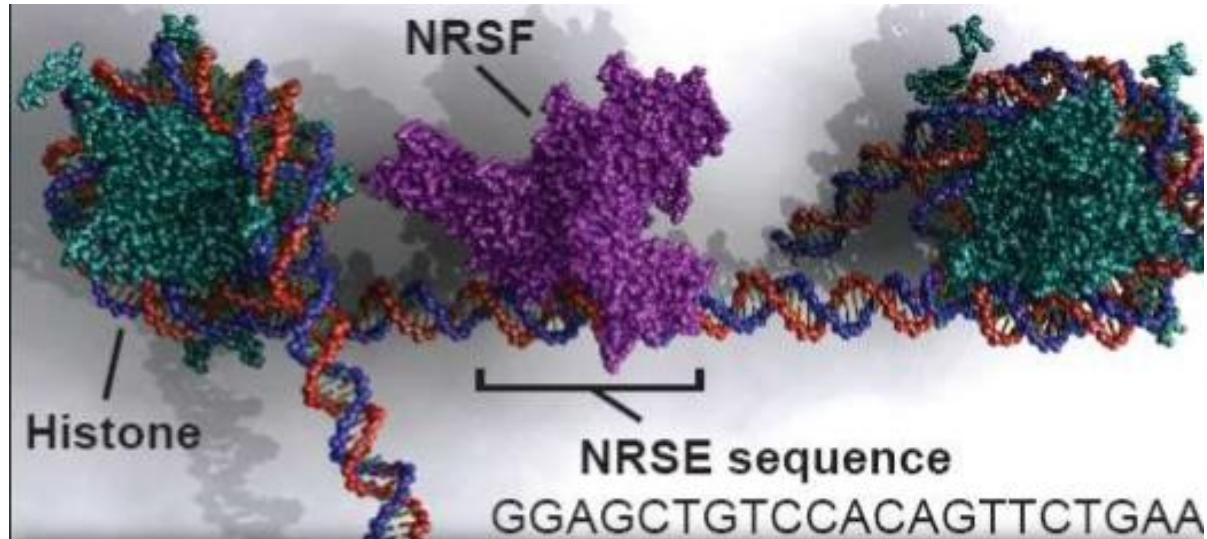
## Early preclinical data

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Promising results in recent years:

- Epigenetic repression
- MiRNA silencing
- Neuropeptide overexpression
- Neurotrophin overexpression
- Potassium channel overexpression
- Optogenetics

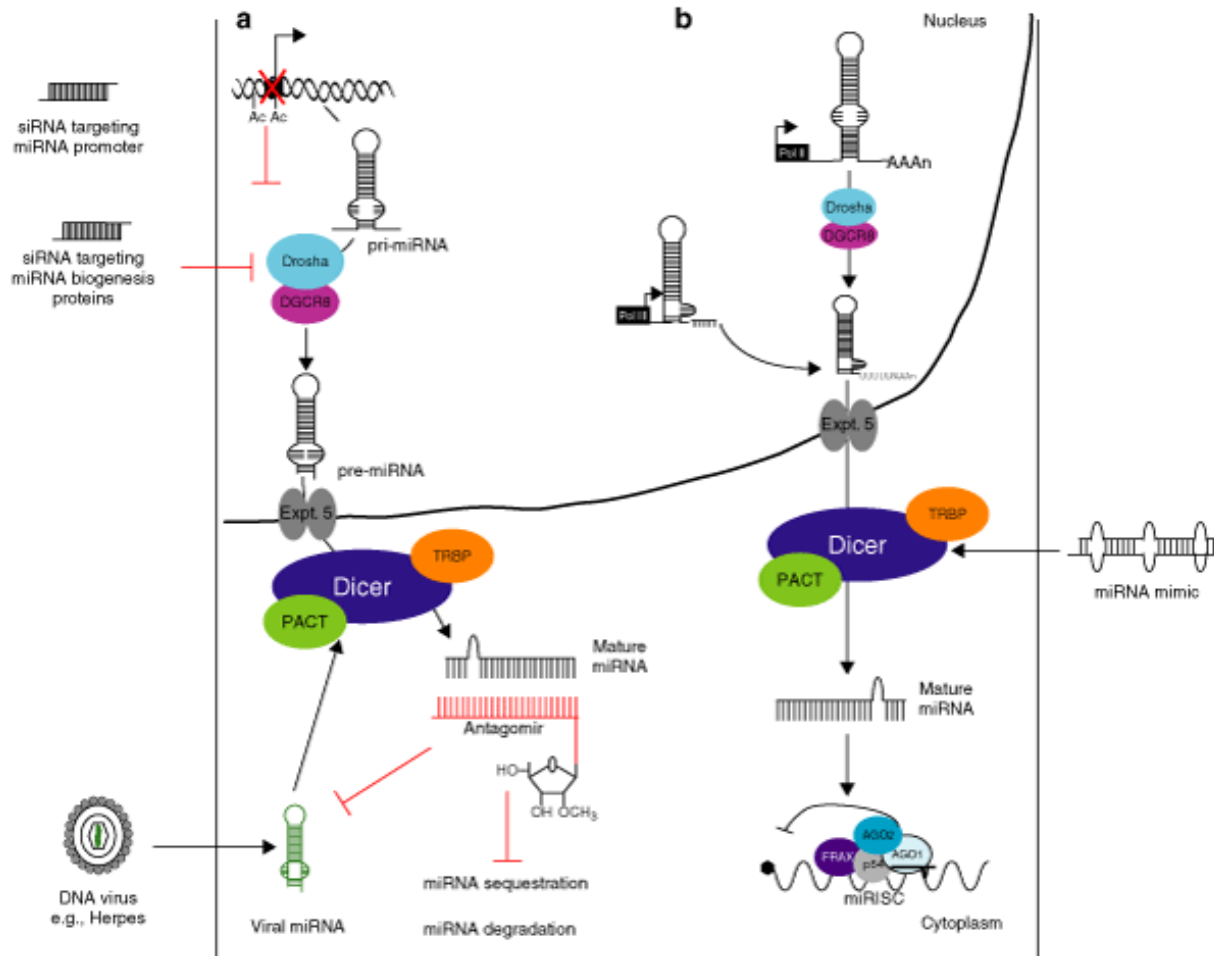
# Manipulation of epigenetic repression



Neuron-restrictive silencer factor

McClelland et al (2011) *Ann Neurol* 70, 454–465

# MicroRNA silencing



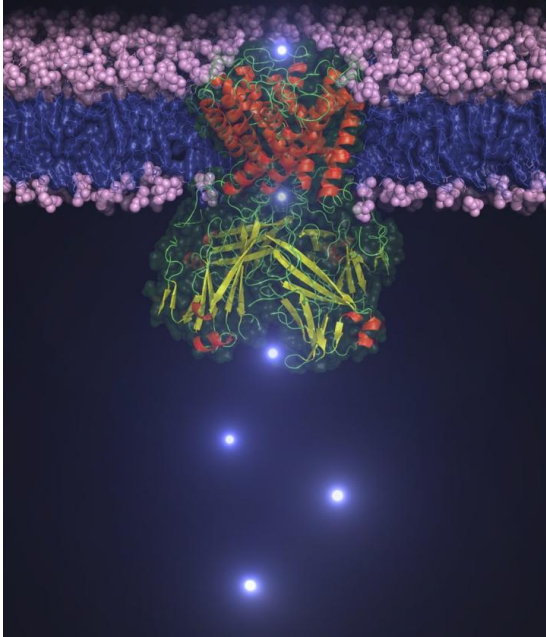
## Antagomir-mediated silencing of MiRNA-134

Jimenez-Mateos et al (2012) *Nature Medicine* 18, 1087–1094





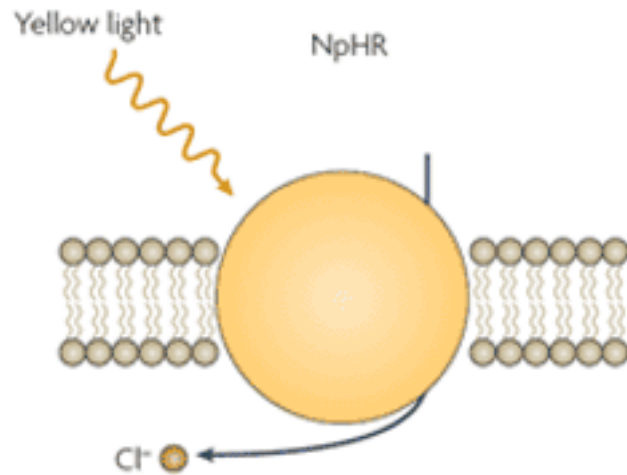
# Potassium channel overexpression



Kv1.1

Wykes et al (2012) *Sci Transl Med* 4:161ra152..

# Optogenetics



## Halorhodopsin, channelrhodopsin

Tønnesen et al (2009) *PNAS* 106:12162-7

Wykes et al (2012) *Sci Transl Med* 4:161ra152.

Krook-Magnuson et al (2012) *Nat Commun.* 4:1376.

Paz et al (2013) *Nat Neurosci* 16:64-70.

## Prevention or cure?

	Antiepileptogenic	Antiepileptic / disease modifying
NRSF manipulation	+	?
Antagomir	+	?
Galanin	+	?
NPY (+ Y2)	+	(+)
Potassium channel overexpression	+	+
Optogenetics	-	-

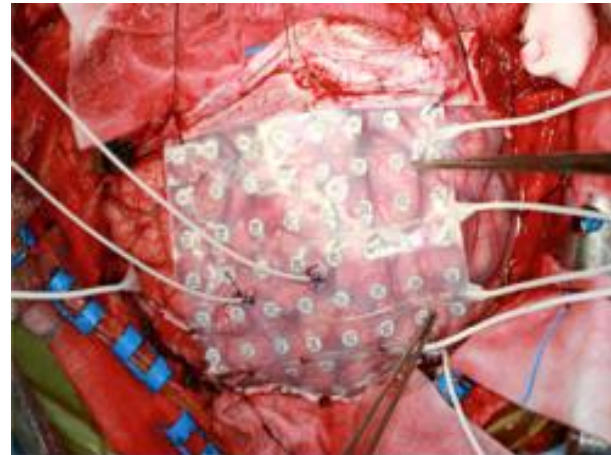
## How to move from the lab towards clinical trials?

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- Consolidate evidence of preclinical effectiveness
- Anticipate structure of clinical trials
- Meet regulatory requirements

## Anticipate the structure of a clinical trial

What might a phase I/II trial of an antiepileptic treatment for drug-resistant epilepsy look like?



Current practice:

Identify epileptogenic zone



± Resect

Clinical trial:



Focal gene therapy



## European legislative framework surrounding gene therapy

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- Clinical trials: Directive 2001/20/EC
- Definition of medicinal product: Directive 2001/83/EC
- Regulation on Advanced Therapy Medicinal Products: Regulation (EC) 1394/2007)
- Genetically Modified Organisms: Directive 2001/18/EC or Directive 2009/41/EC

## Regulatory framework surrounding clinical translation

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A new medicine or medical device is allowed on to the market with a licence or CE-mark only if there is enough evidence that the potential benefits will outweigh the likely risks.

# Practical obstacles to translation

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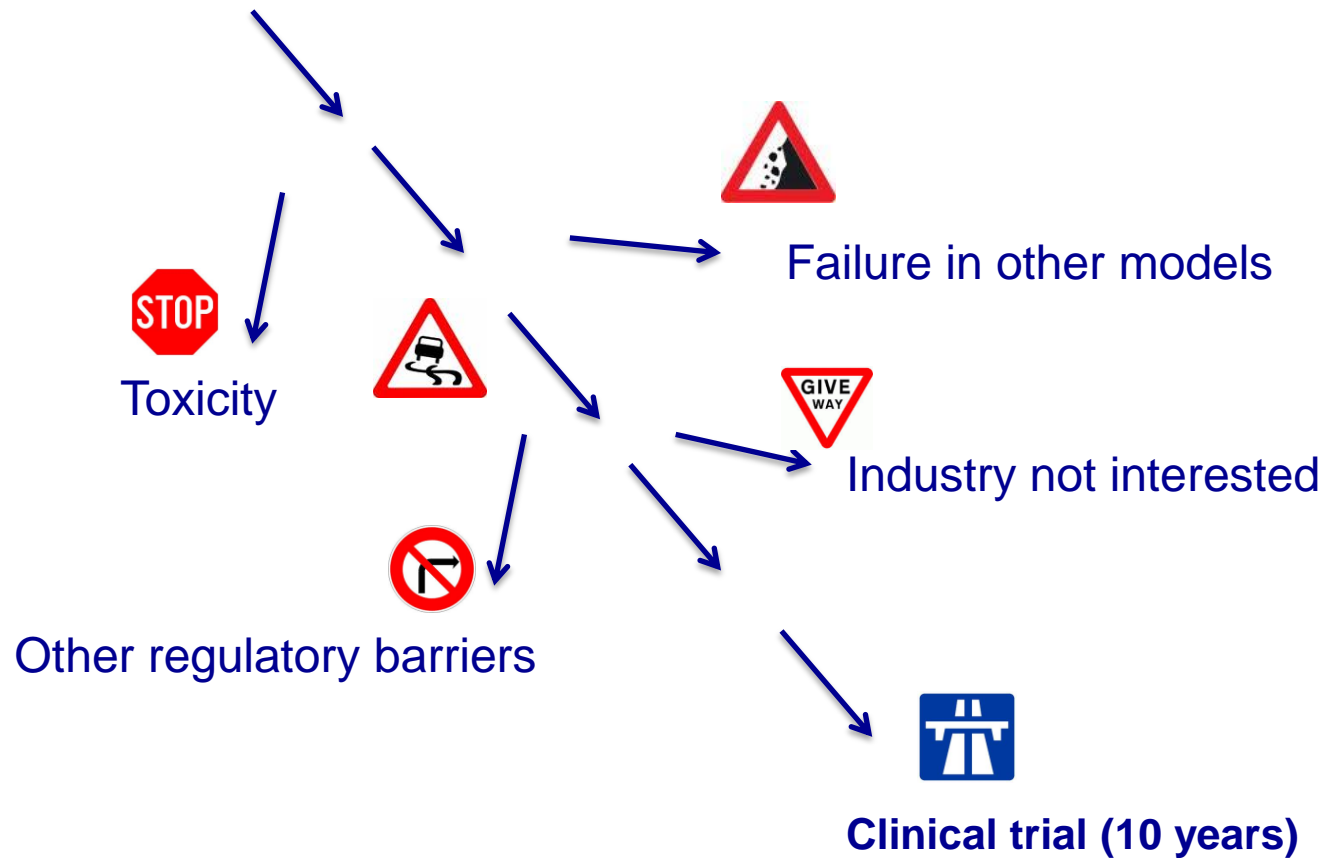
## Anticipated challenges

- Minimise effects on normal circuit function
- Minimise long-term toxicity:
  - off-target effects
  - insertional mutagenesis
  - Immunogenicity of non-mammalian proteins including fluorescent reporters
- Control biodistribution:
  - spread of the virus
  - level of expression of transgene
- Proof of concept in other models and other species
- Meet cost of making viruses to GMP standards
- Licensing
  - Navigate IP landscape



# What does the roadmap look like now?

Now: limited preclinical data, usually limited to only one rodent model, one time point



# Research priorities

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- Which vector?
  - Predictable expression, reduced risk of insertional mutagenesis, refined promoter design
- Which payload?
  - Reliable effect, absence of adverse effects, selective for abnormal vs normal activity
- Which preclinical model?
  - Relevant to several forms of epilepsy, across different ages, effective in the long term
- Which target population?
  - Improved understanding of epilepsy mechanisms
- How to run a trial?
  - Multi-centre patient recruitment, define outcome