

# **MOUSE MODELS OF CHARCOT-MARIE-TOOTH TYPE 2E FOR THERAPEUTIC DEVELOPMENT**



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### INTRODUCTION

- Charcot-Marie-Tooth (CMT) is a group of inherited peripheral neuropathies with an incidence of approximately 1 in 2,500.
- CMT2 is a slow, but progressive disorder associated with axonal dysfunction and the deterioration of axonal connections and communication with muscles.
- Clinical symptoms include muscle weakness, hammer toes, high arches, and the loss of balance, coordination, and sensation that progresses to the distal extremities.
- Subtype CMT2E is an autosomal dominant axonopathy caused by mutations in the NEFL gene that encodes for the intermediate filament protein, neurofilament light (NF-L).
- NF-L is one of five subunits (NF-H, NF-M, NF-L, peripherin, and ainternexin) that composes neurofilaments and contributes to the cytoskeleton of axons. • Disruptions in neurofilament formation impair axonal assembly, maintenance, and integrity. • Different *NEFL* mutations result in variable times of onset and typically lead to paresis and atrophy of the muscles in the distal lower limbs, loss of fine motor skills, and gait abnormalities. Currently, there are no FDA-approved treatments for CMT2. • We are directing focus toward the human mutation E396K (E397K), a point mutation in the rod domain of NF-L that alters amino acid 396 from glutamic acid to lysine. • In this study, we use a newly derived E396K mouse model in which the corresponding mutation was generated in the mouse NEFL gene.

#### **GENERATION OF NEFL E396K MOUSE**

Glu-Lys-Gln-Leu-Gln-Glu-Leu-Glu-Asp-Lys Glu-Lys-Gln-Leu-Gln-Lys-Leu-Glu-Asp-Lys

Figure 5. NEFL+/E396K and NEFLE396K/E396K (AMC100 mice) were generated at the MU-MMRRC core using CRISPR technology. An orthologous mutation was created in the mouse NEFL gene that corresponds to human NEFL<sup>E396K</sup>, making a Glutamic Acid (**G**AA) to a Lysine (**A**AA).

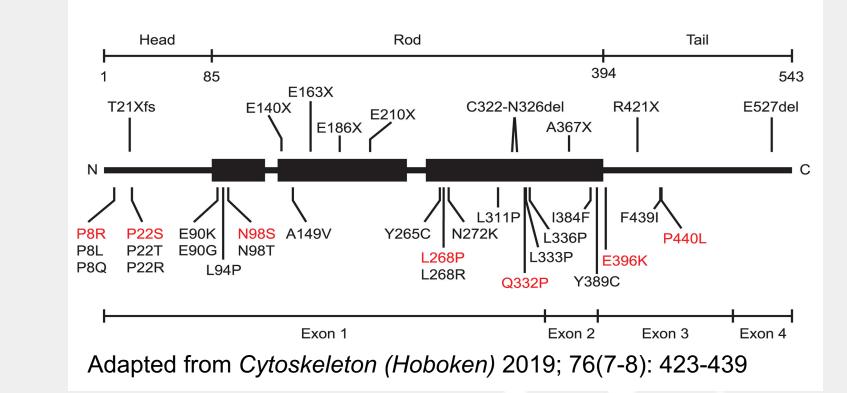
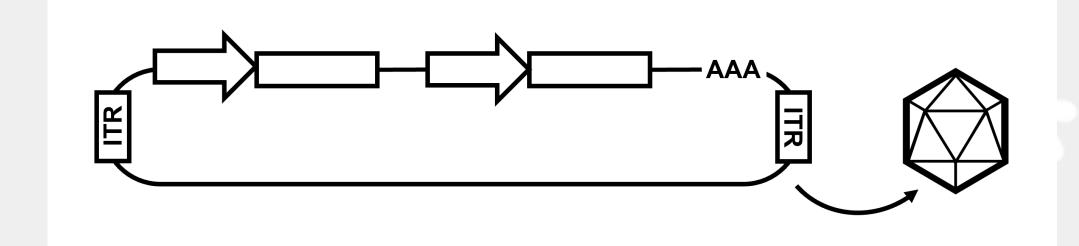


Figure 6. NF-L protein including some CMT2E mutations. The E396K mutation is located within the rod domain of NF-L.

#### THERAPEUTIC DEVELOPMENT

- CMT2E is predominantly a result of autosomal dominant mutations distributed throughout human NEFL.
- The focus of our studies is the E396K mutation, but our therapeutic strategy could be applied to any dominant mutation.



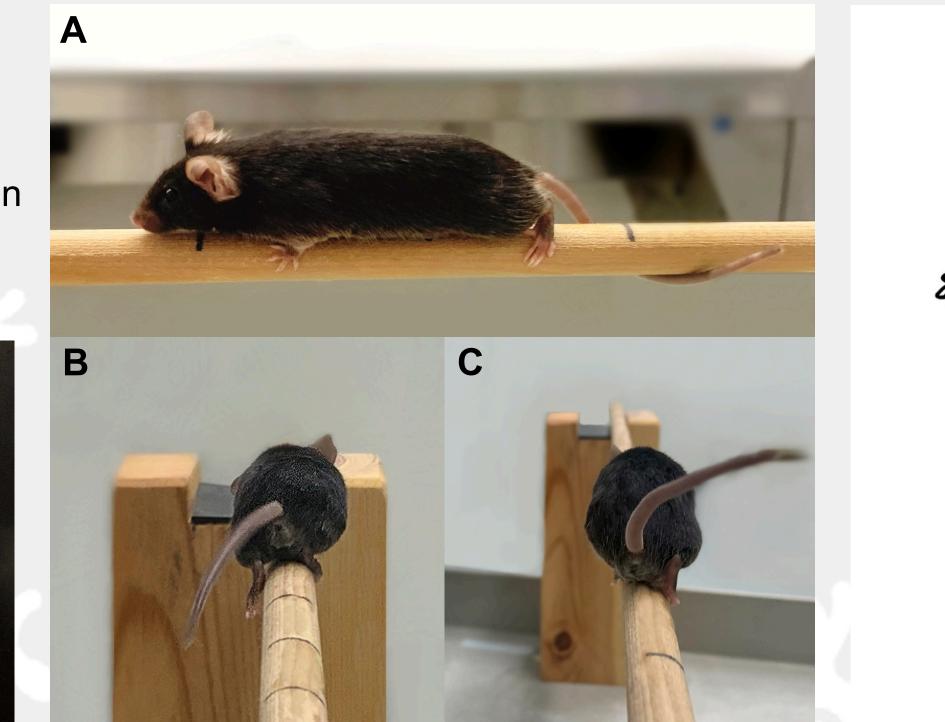
#### What is CMT2?

CMT2 Subtype	Affected Gene
CMT2A	MFN2
CMT2B	RAB7
CMT2C	TRPV4
CMT2D	GARS
CMT2E	NEFL
CMT2F	HSPB1
CMT2I	MPZ
CMT2K	GDAP1
CMT2L	HSPB8



#### **ASSAYS FOR CHARACTERIZING THE NEFL E396K MUTATION**

- The NEFL<sup>E396K</sup> and wildtype mice were evaluated on the following criteria for future comparison to age-matched wildtype mice in order to characterize the phenotype of the heterozygous and homozygous mutant strains:
- Lifespan
- Weight
- Hindlimb splay scores
- Rotarod scores Dowel rod scores
- Gait and motor coordination



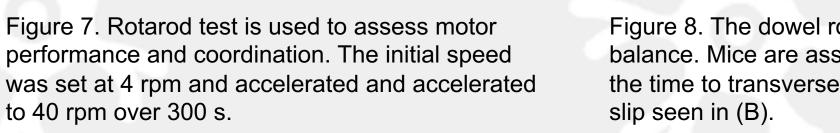
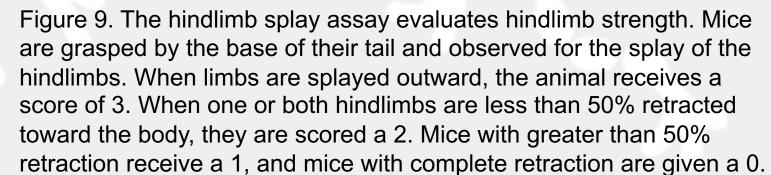


Figure 8. The dowel rod test is used to assess coordination and balance. Mice are assessed for tail grabs (A), foot slips (B), falls, and the time to transverse the rod. (C) serves as a comparison for the foot



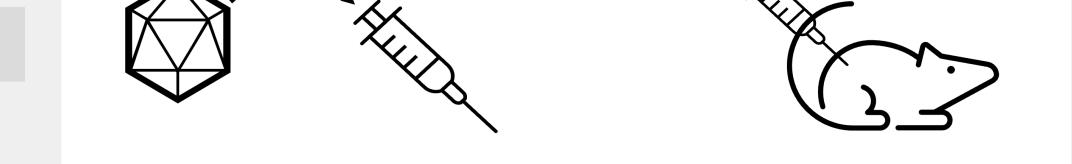
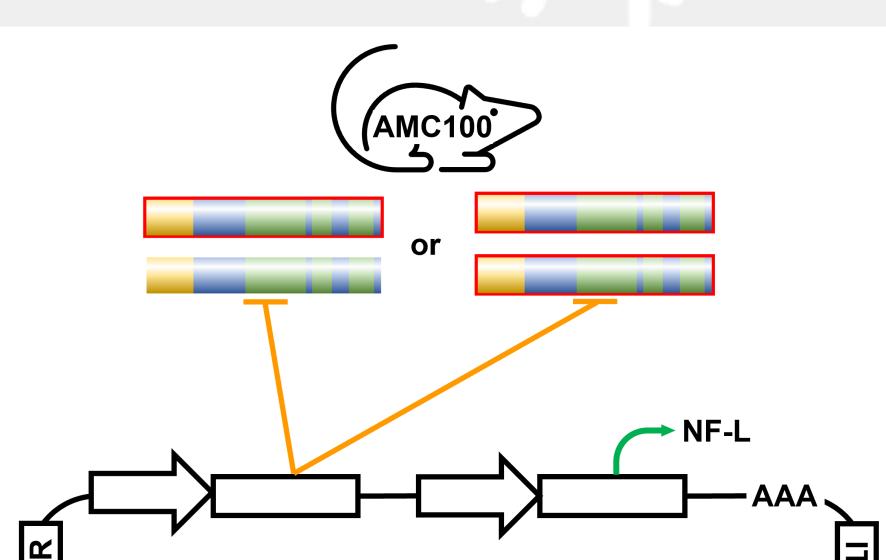


Figure 16. The construct made for AAV9 delivery is transfected to generate viral particles

#### **Steps of construct delivery and action:**

1. Subcutaneous delivery of ssAAV virus to *NEFL* E396K mutant mice at post-natal day 2. 2. The construct is designed to reduce the expression of *NEFL* in the mouse while providing normal NF-L protein.

3. Look for modification of mutant phenotype and molecular changes.



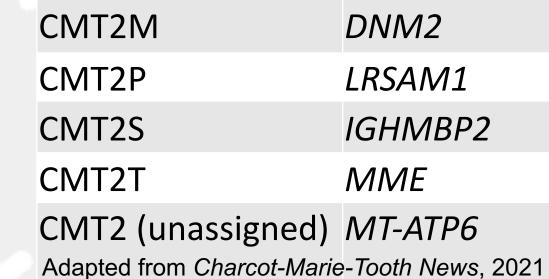


Figure 1. CMT2 subtypes and the associated

gene. Mutations in *NEFL* result in CMT2E.

Adapted from *Am J Hum* Genet 2014; 95(5): 590-601 Figure 2. Clinical symptoms of patients with CMT2E. (A)

Muscular atrophy of the lower legs, (B) hand contractures, (C) hand flattening, (D) high arches, (E) trombone-shaped tongue, (F) muscular atrophy of the hand.

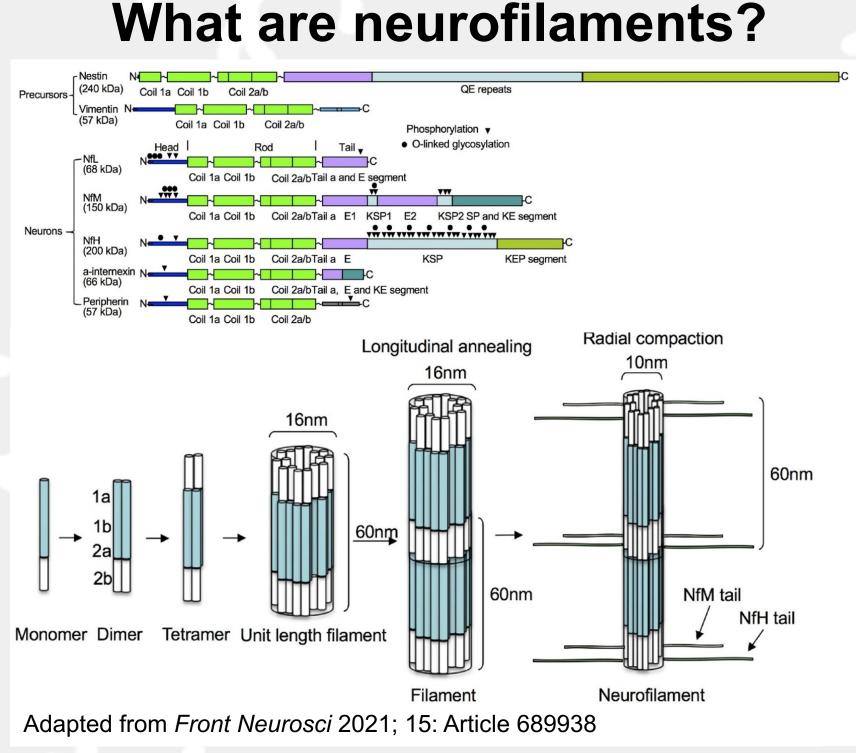


Figure 3. NEFL encodes for the protein NF-L. NF-L monomers combine to form coiled-coil dimers that form filaments that then twist to create neurofilaments.

#### RESULTS

Data collection for all assays began on post-natal day 108. All statistical significance determined by two-way ANOVA followed by a Tukey post-hoc test for pairwise comparisons. Error bars represent standard error of the mean. \* = p < 0.05.

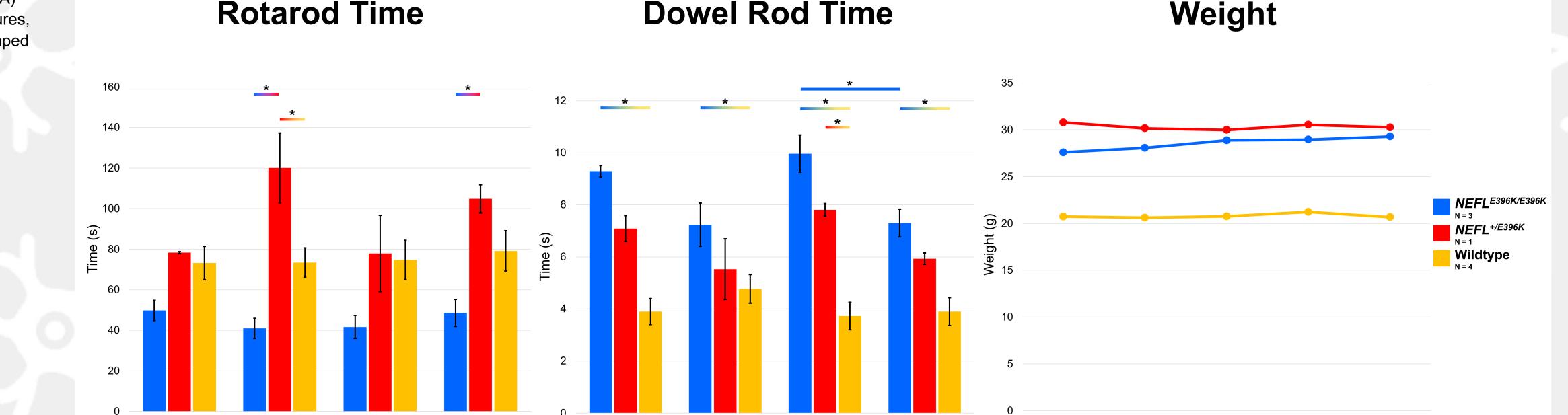


Figure 11. NEFL<sup>E396K/E396K</sup> and NEFL<sup>+/E396K</sup> mice take longer Figure 10. *NEFL*<sup>E396K/E396K</sup> mice show reduced time on the rotarod wheel compared to NEFL<sup>+/E396K</sup> mutant mice to cross the dowel rod than wildtype controls. weight as compared to controls. and wildtype controls.

0.00002485\*

Week 3

Week 4

Week 5

Comparison	P Value	Comparison	P Value
NEFL <sup>E396K/E396K</sup> vs. NEFL <sup>+/E396K</sup>	0.000001897*	NEFL <sup>E396K/E396K</sup> vs. NEFL <sup>+/E396K</sup>	0.001696*
NEFL <sup>E396K/E396K</sup> vs. WT	0.000006682*	NEFL <sup>E396K/E396K</sup> vs. WT	0*
NEFL <sup>+/E396K</sup> vs. WT	0.02283*	NEFL <sup>+/E396K</sup> vs. WT	0.00002485

Week 5

Week 2

Week 4

Week 3

Week 2

Figure 12. *NEFL* E396K mutant mice show increased

**NEFL**<sup>E396K/E396K</sup>

NEFL<sup>E396K/E396K</sup>

**NEFL**+/E396K

Figure 17. The construct inhibits expression of the wildtype, mouse mutant, and human mutant copies of NEFL and will "rescue"/provide normal NF-L protein.

#### CONCLUSIONS

- Our findings suggest that the dowel rod and rotarod assays, and weight can be used to evaluate disease progression in NEFLE396K/E396K and NEFL+/E396K mice.
- Additional phenotypes of NEFL<sup>E396K/E396K</sup> and *NEFL*<sup>+/E396K</sup> mice include a slight tremor and abnormal gait
- NEFL<sup>E396K/E396K</sup> and NEFL<sup>+/E396K</sup> mice are useful models of CMT2E for the assessment of disease progression and the efficacy of therapeutic treatments.

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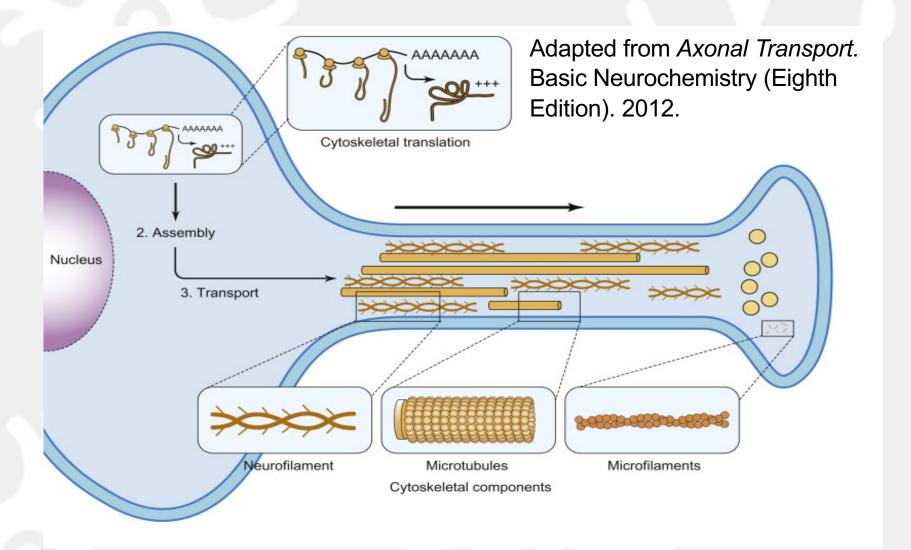
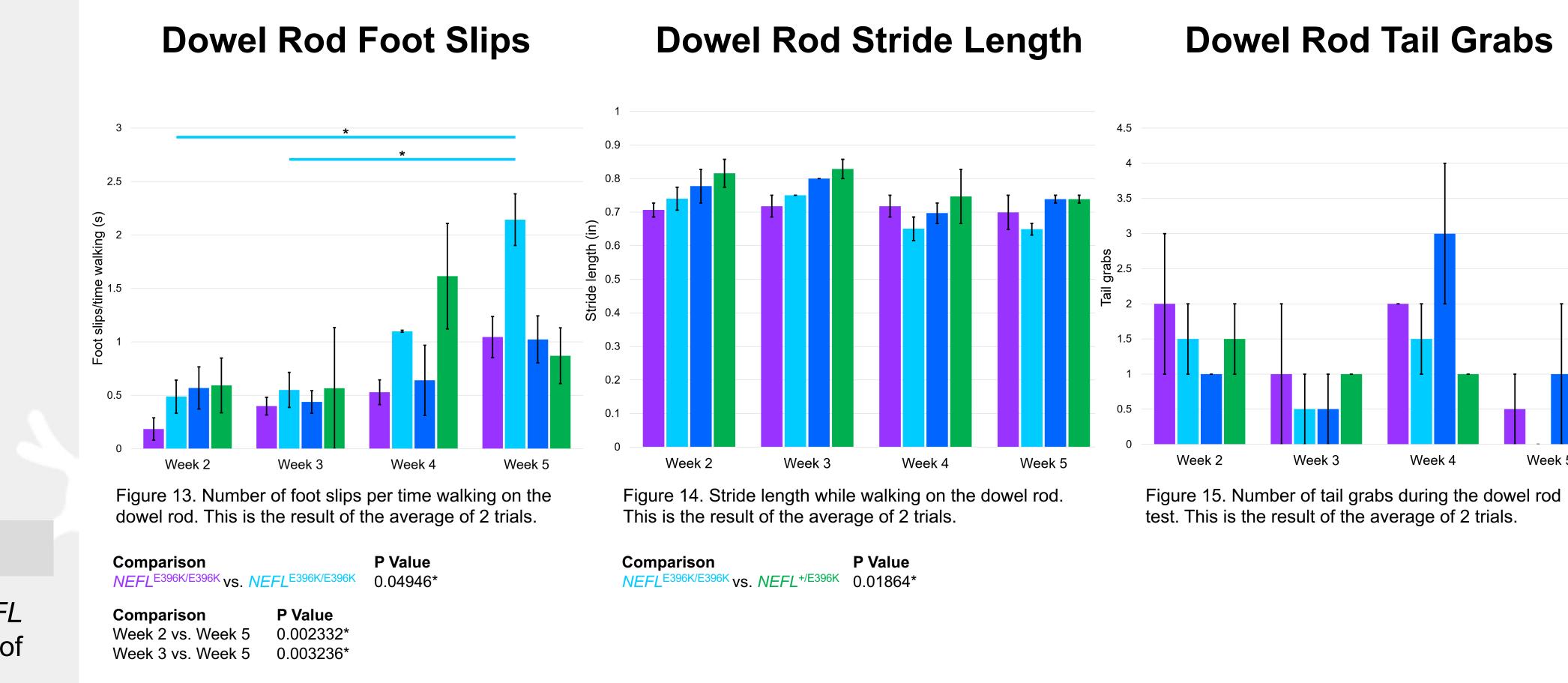


Figure 4. Neurofilaments, along with microtubules and microfilaments compose the neuronal cytoskeleton. They support the growth and maintenance of the axon.

OBJECTIVE

• The objective of this study is to characterize the newly-derived *NEFL* E396K model and develop a therapeutic strategy for the treatment of CMT2E.



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