

*Prima Riunione Gruppo SIN  
Rete Italiana Tossina Botulinica*

Roma 17 marzo 2017

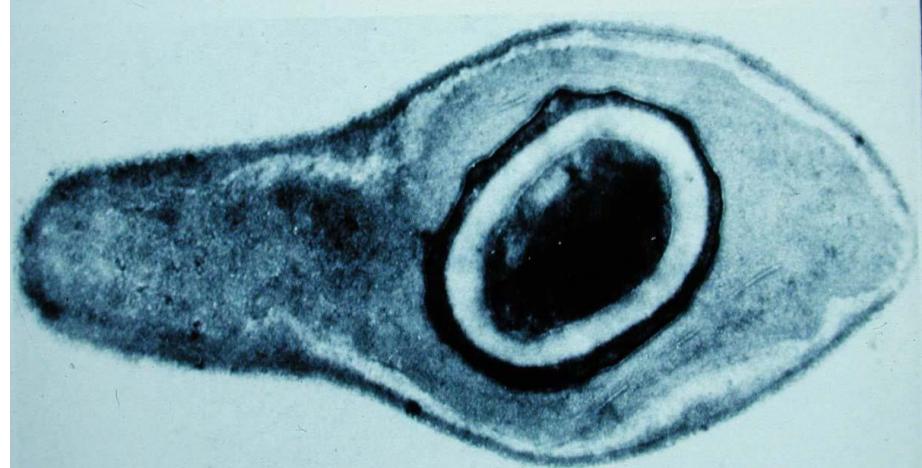
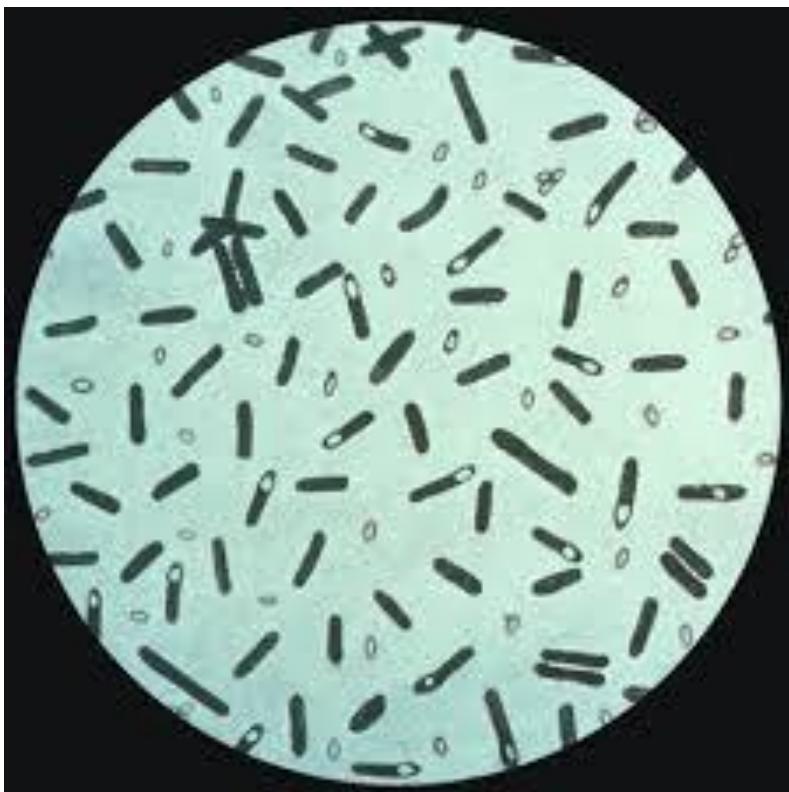
**Upgrade sui meccanismi d'azione  
delle Neurotossine Botuliniche**

*Cesare Montecucco  
Università di Padova*

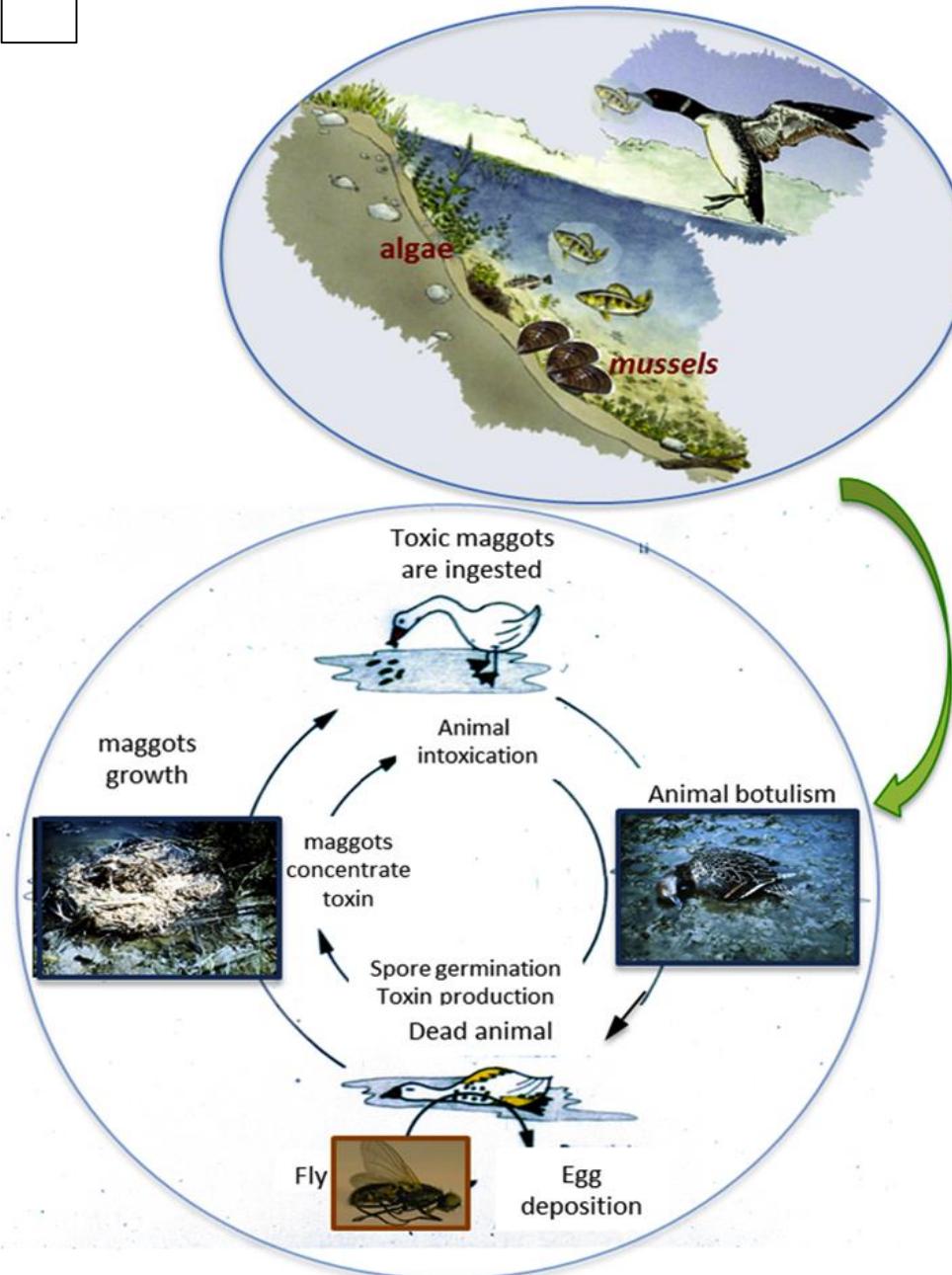


# *Clostridium spp.*

- Gram-positive
- Naturally found in soil
- Obligate anaerobic
- Form subterminal endospores ( $\approx 1 \mu\text{m}$ )



# Botulism in wildlife

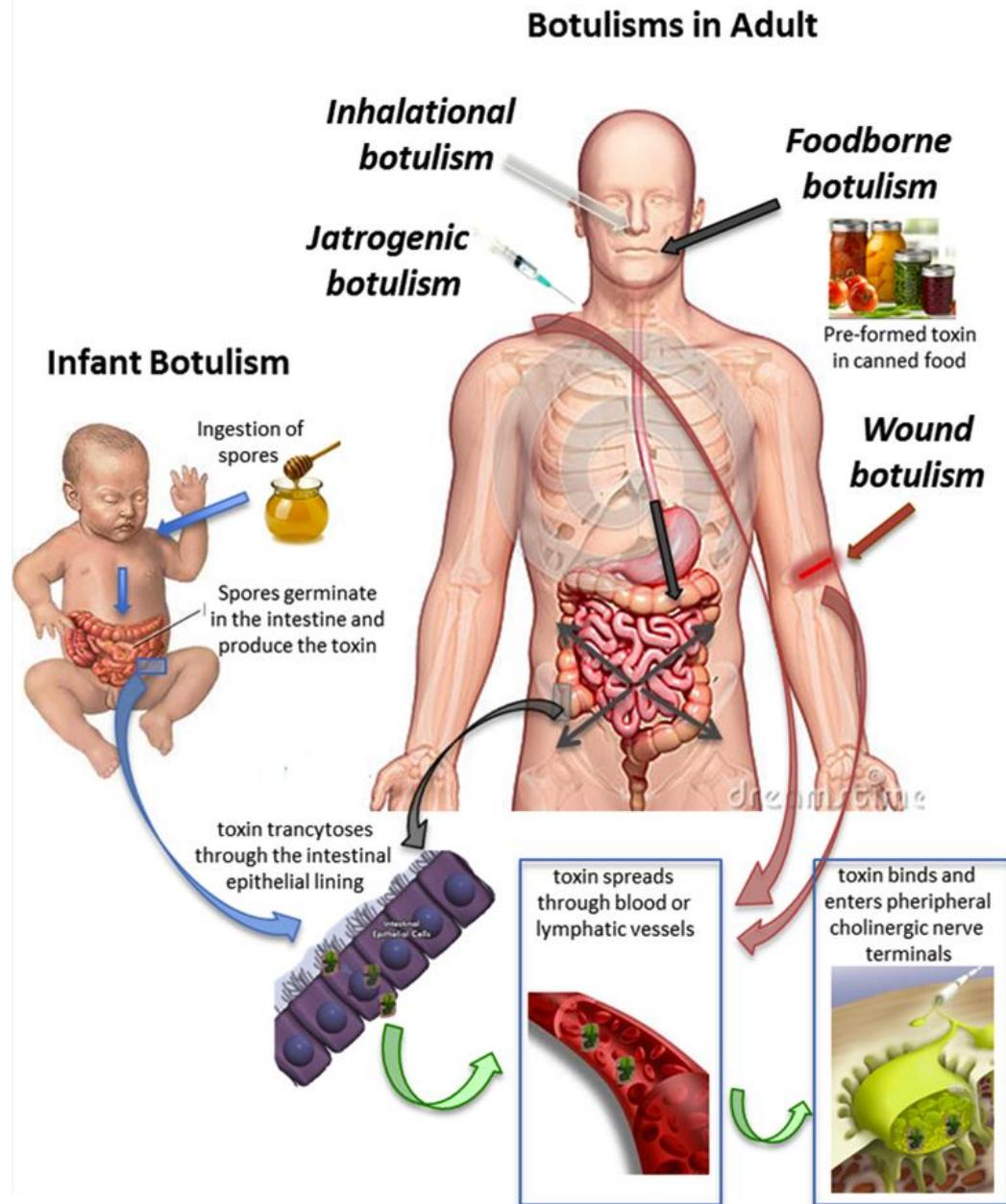


Rossetto et al.,  
Nature Rev. Microbiol. 2014





# Human Botulism



Rossetto et al.,  
Nature Rev. Microbiol. 2014

# THERE ARE MANY BOTULINUM NEUROTOXINS

**THEIR NUMBER IS RAPIDLY GROWING !!!**

**> 70 BoNT**

**Table 1:** Serotypes and subtypes of *Clostridium botulinum*

	Proteolytic <i>C. botulinum</i> Group I	Non-proteolytic <i>C. botulinum</i> Group II	<i>C. botulinum</i> Group III	<i>C. argentinense</i> (or group IV)	<i>C. butyricum</i>	<i>C. baratii</i>
Type	A, B, F, H	B, E, F	C, D	G	E	F
Subtype	A1, A2, A3, A4, A5, A6, A7, A8 B1, B2, B3, B5 (Ba), B6, B7, A(B), Ab, Af, Af84, Bf, F1, F2, F3, F4, F5	B4, E1, E2, E3, E6, E7, E8, E9, E10, E11, F6	C, D, C/D, D/C		E4, E5	F7

*Clostridium tetani* produces only one Tetanus Neurotoxin

Rossetto et al., Nat. Rev. Microbiol 2014

# **SEVEN BOTULINUM NEUROTOXIN SEROTYPES: A, B, C, D, E, F, G**

**(mouse LD50 ng/Kg)**

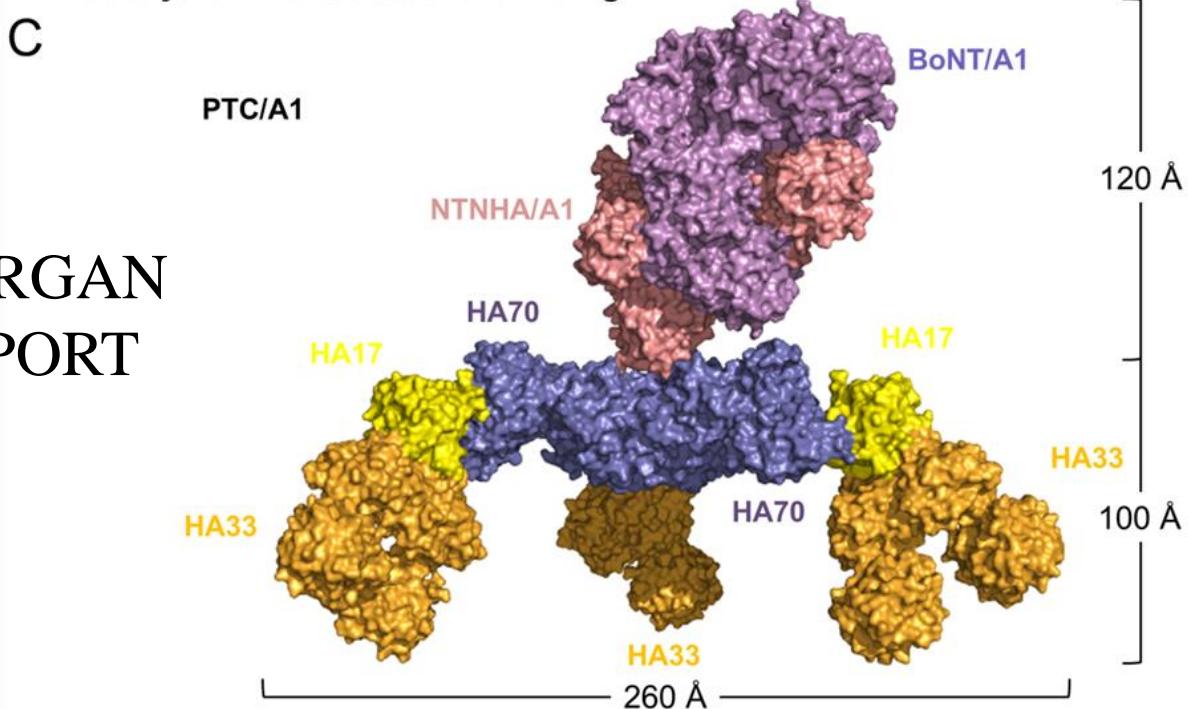
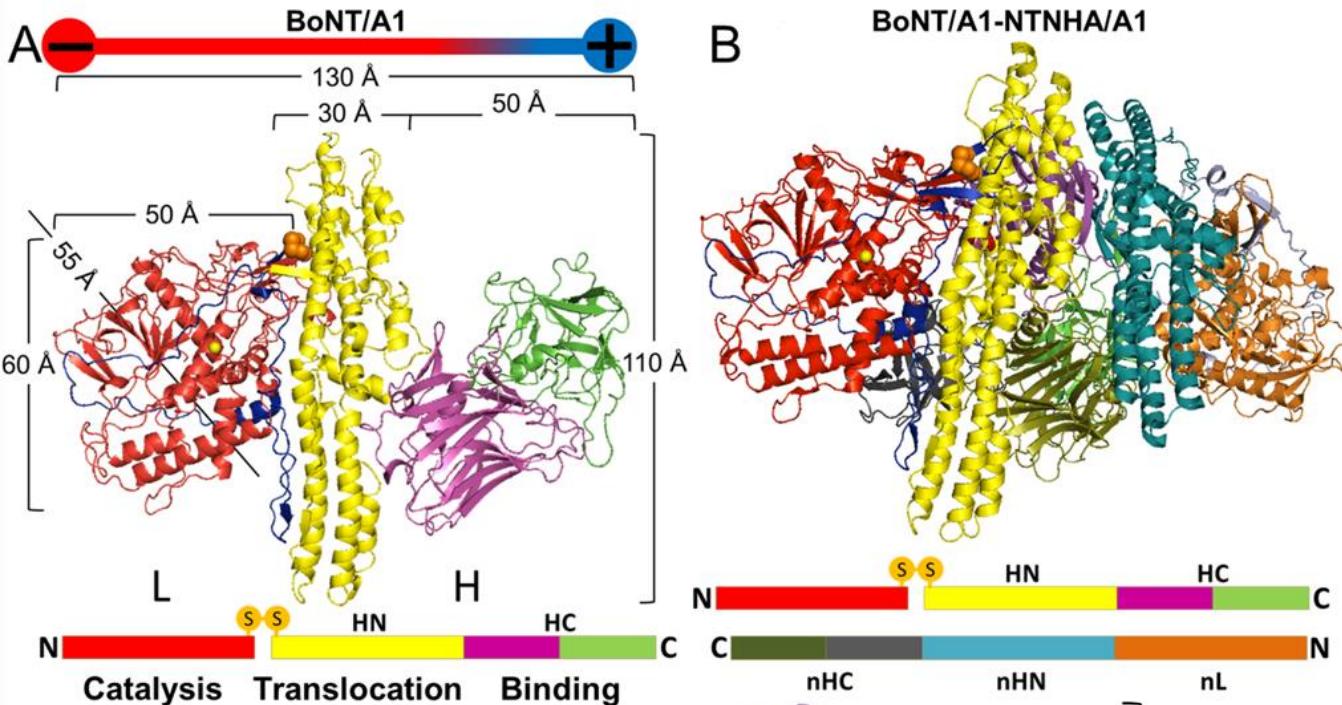
**BoNT/A, B, E, (F): Human and Animal Botulism (0.1 -1.2)**

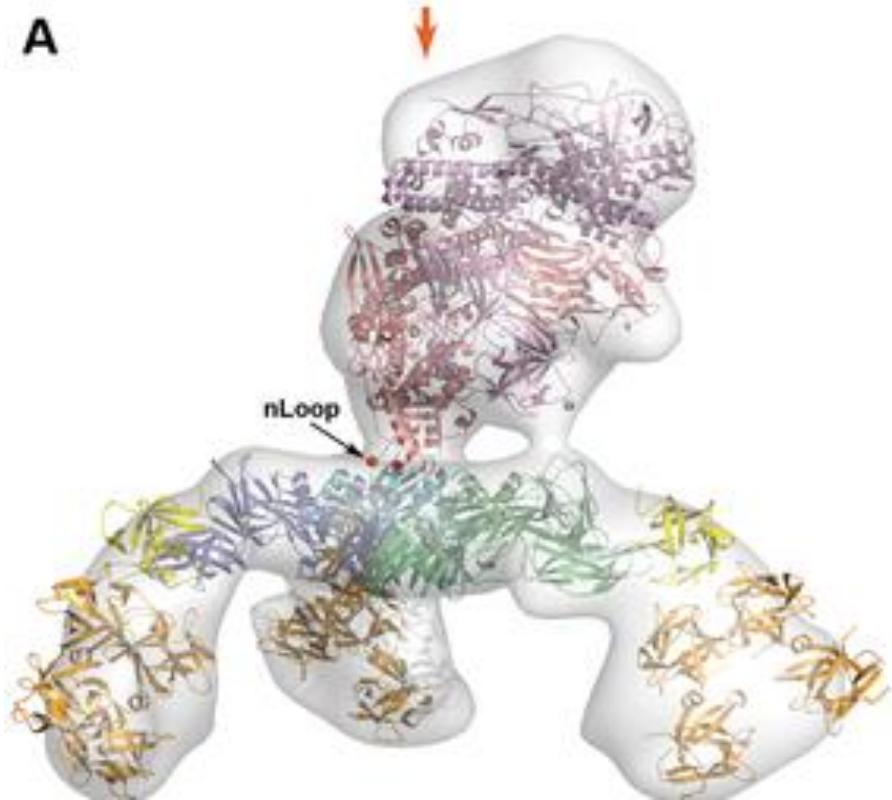
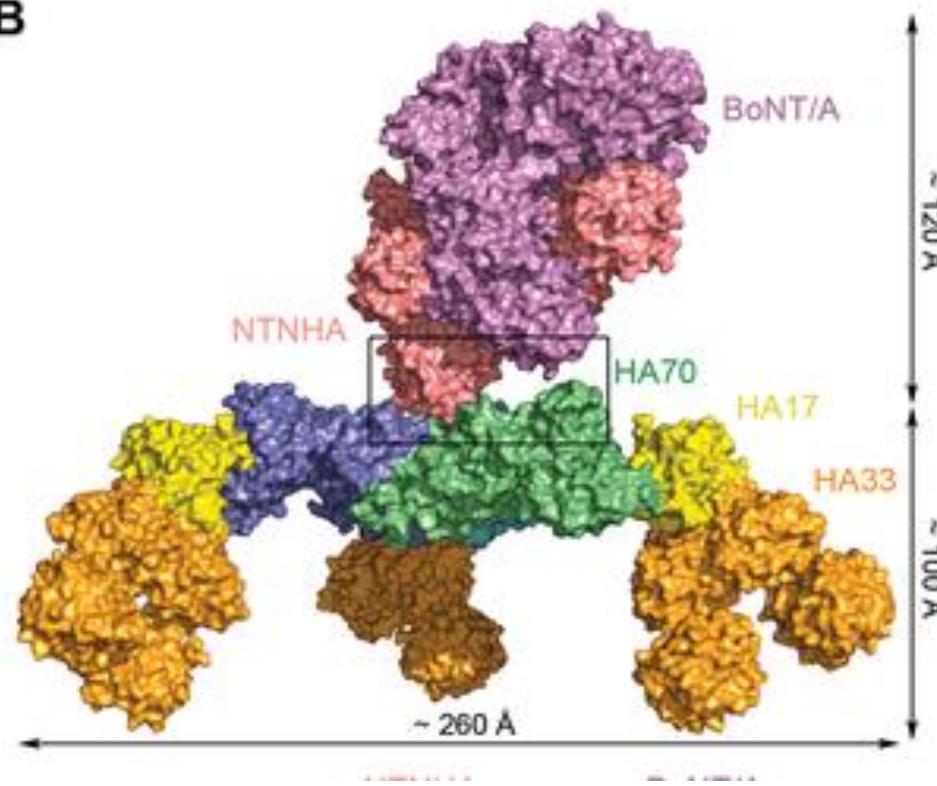
**BoNT/C                    Botulism of Birds**

**BoNT/D                    Animal botulism**

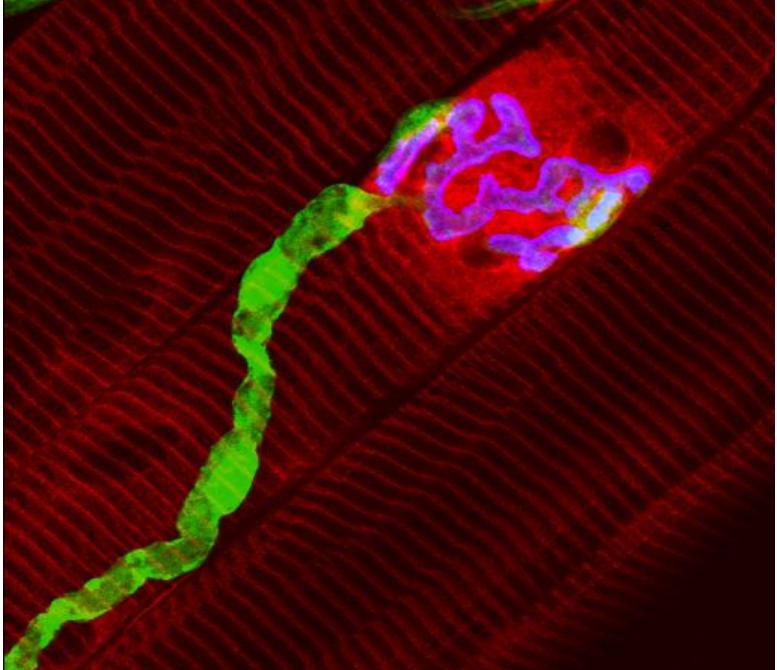
**BoNT/E                    Botulism in Aquatic Animals**

**BoNT/G:                    ?**



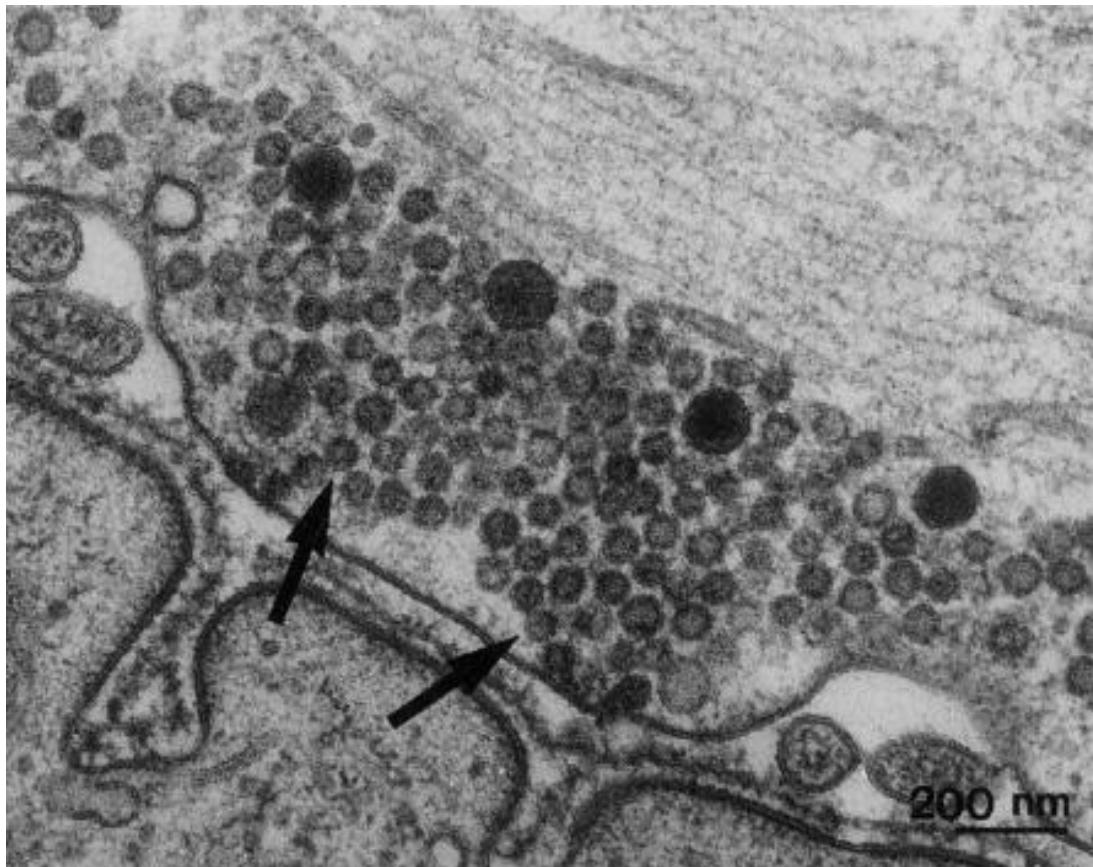
**A****B**

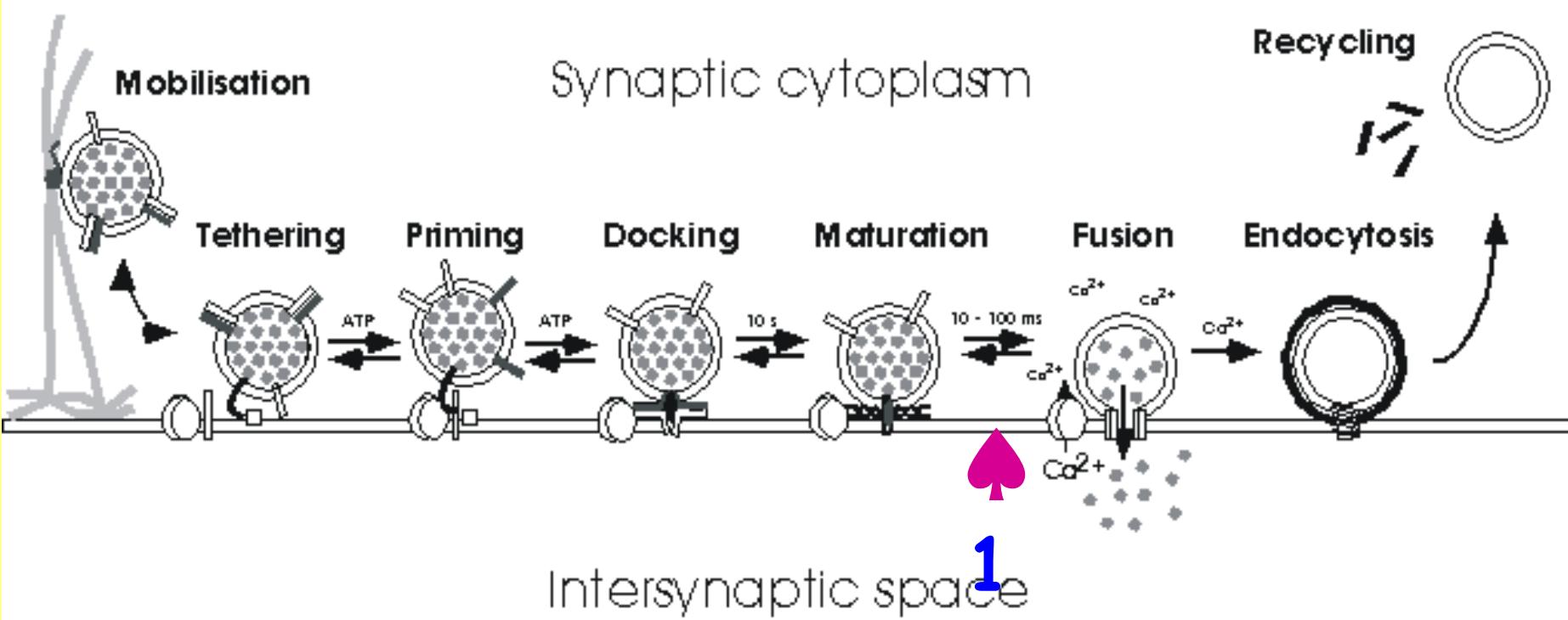
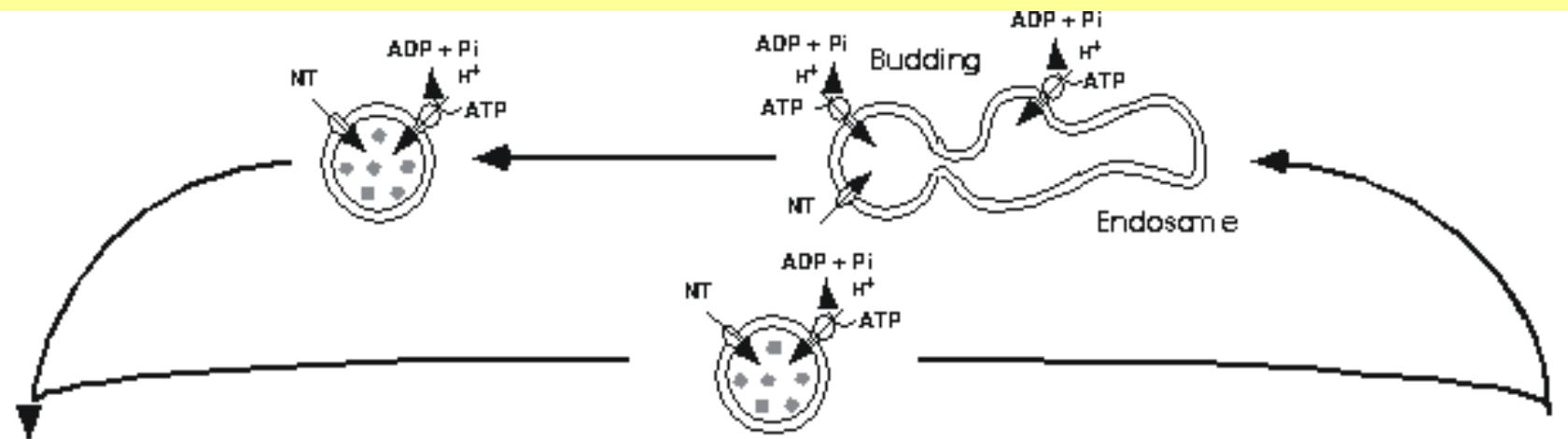
The complex of BoNT/A with accessory proteins (NTNHA e HA70, HA17, HA33) rapidly dissociates at the neutral pH of tissues freeing BoNT/A which can bind to cholinergic terminals.



## BoNT/A:

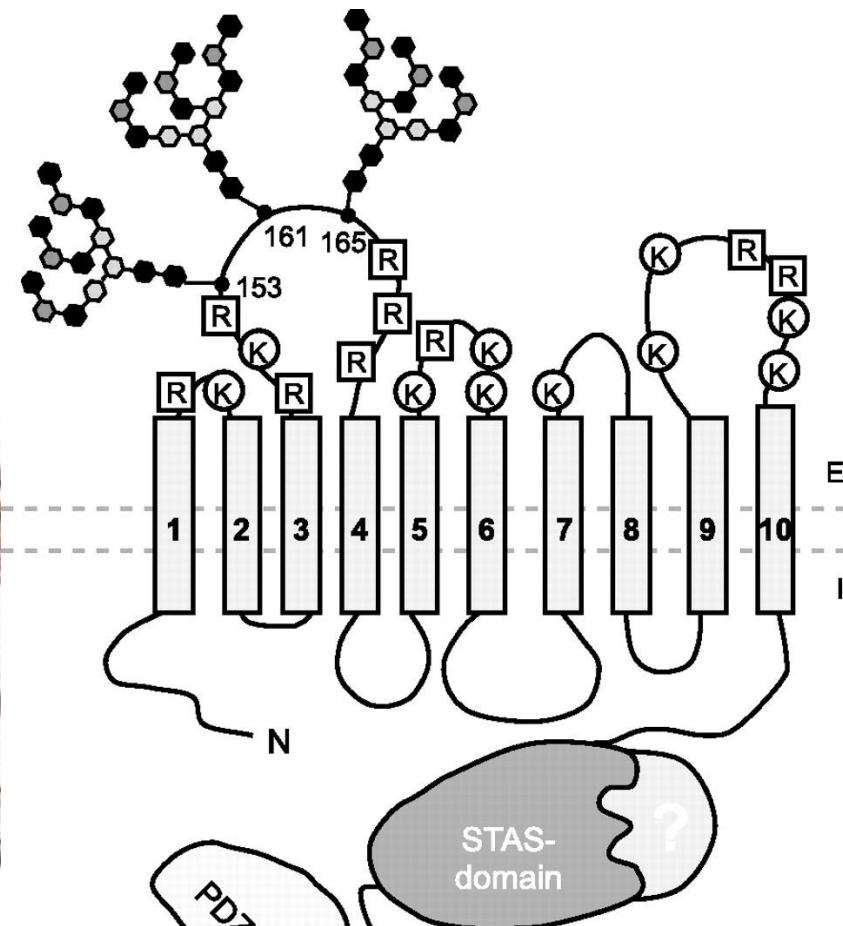
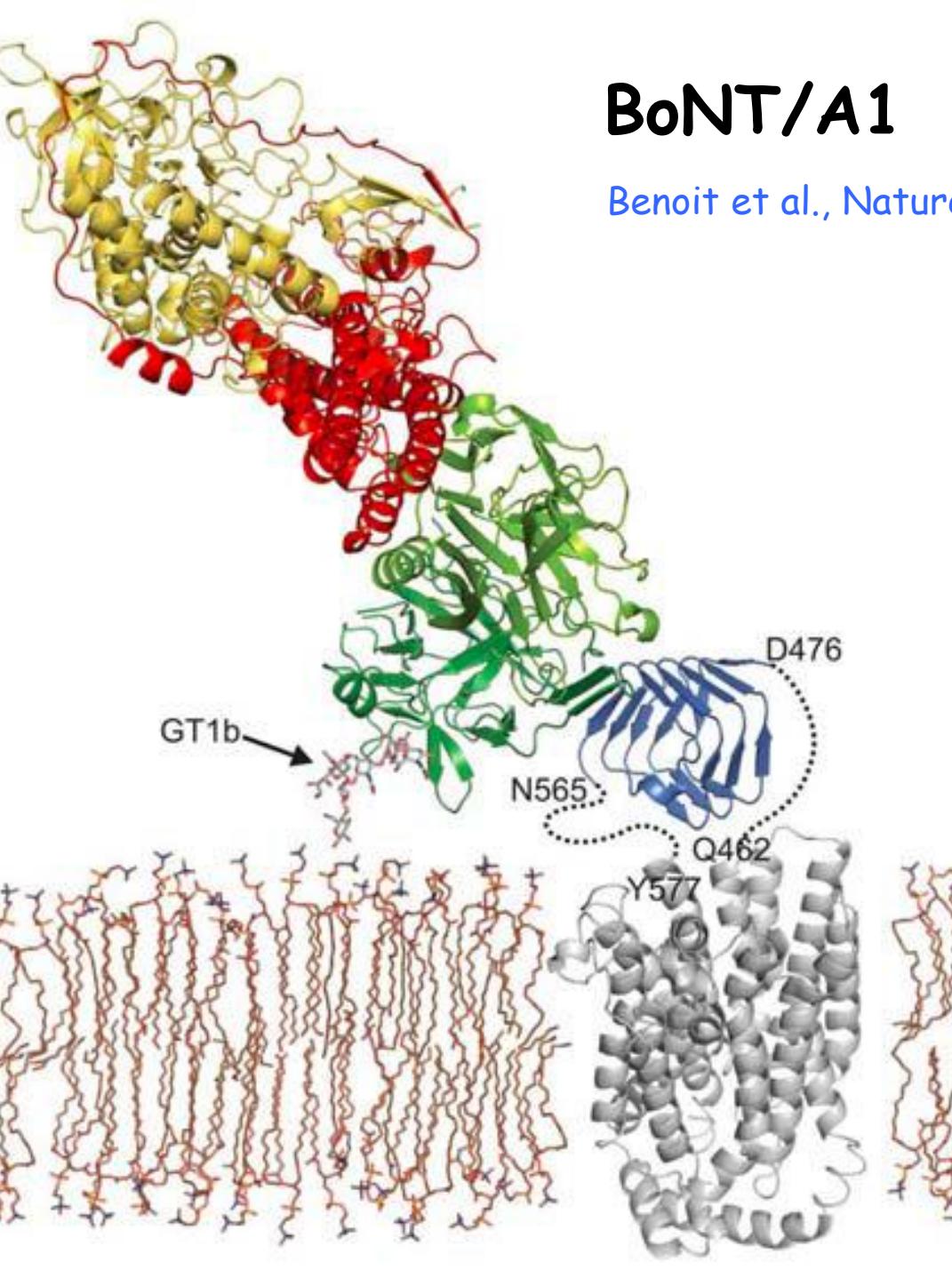
- 1) is highly neurospecific
- 2) it causes a localized and long lasting neuroparalysis
- 3) This neuroparalysis is totally reversible
- 4) It does not diffuse significantly from the site of injection
- 5) It is poorly immunogenic



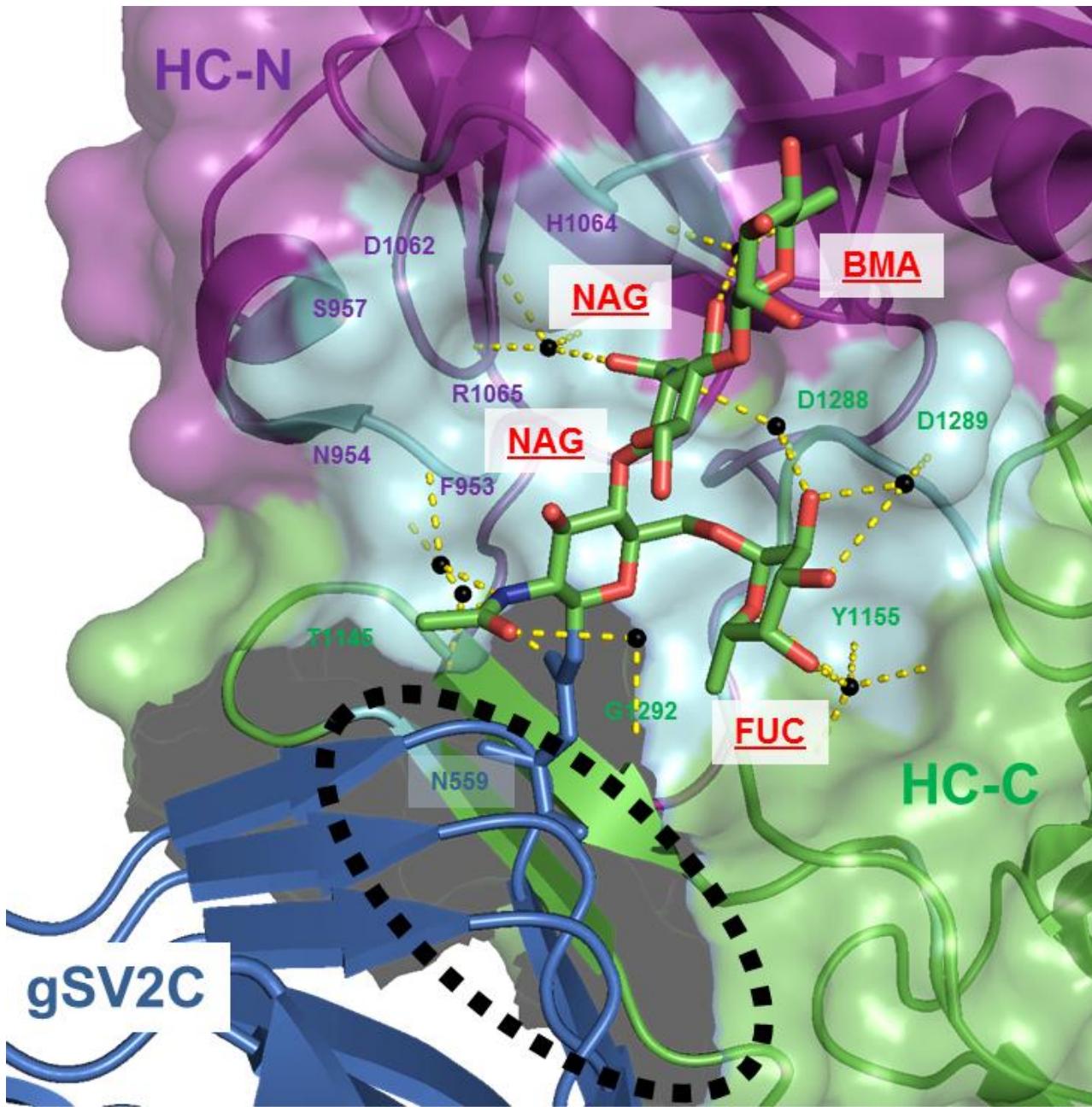


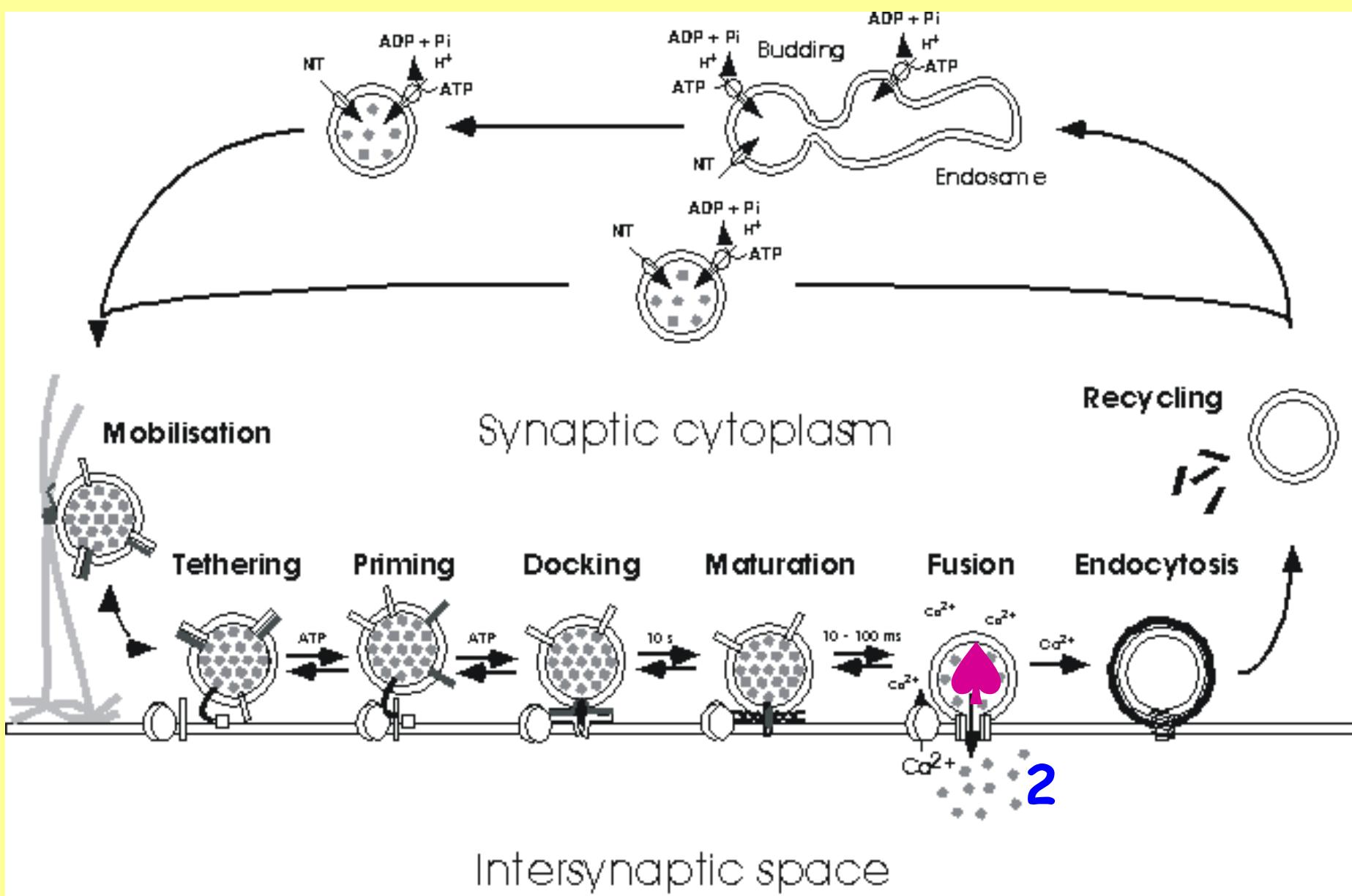
# BoNT/A1

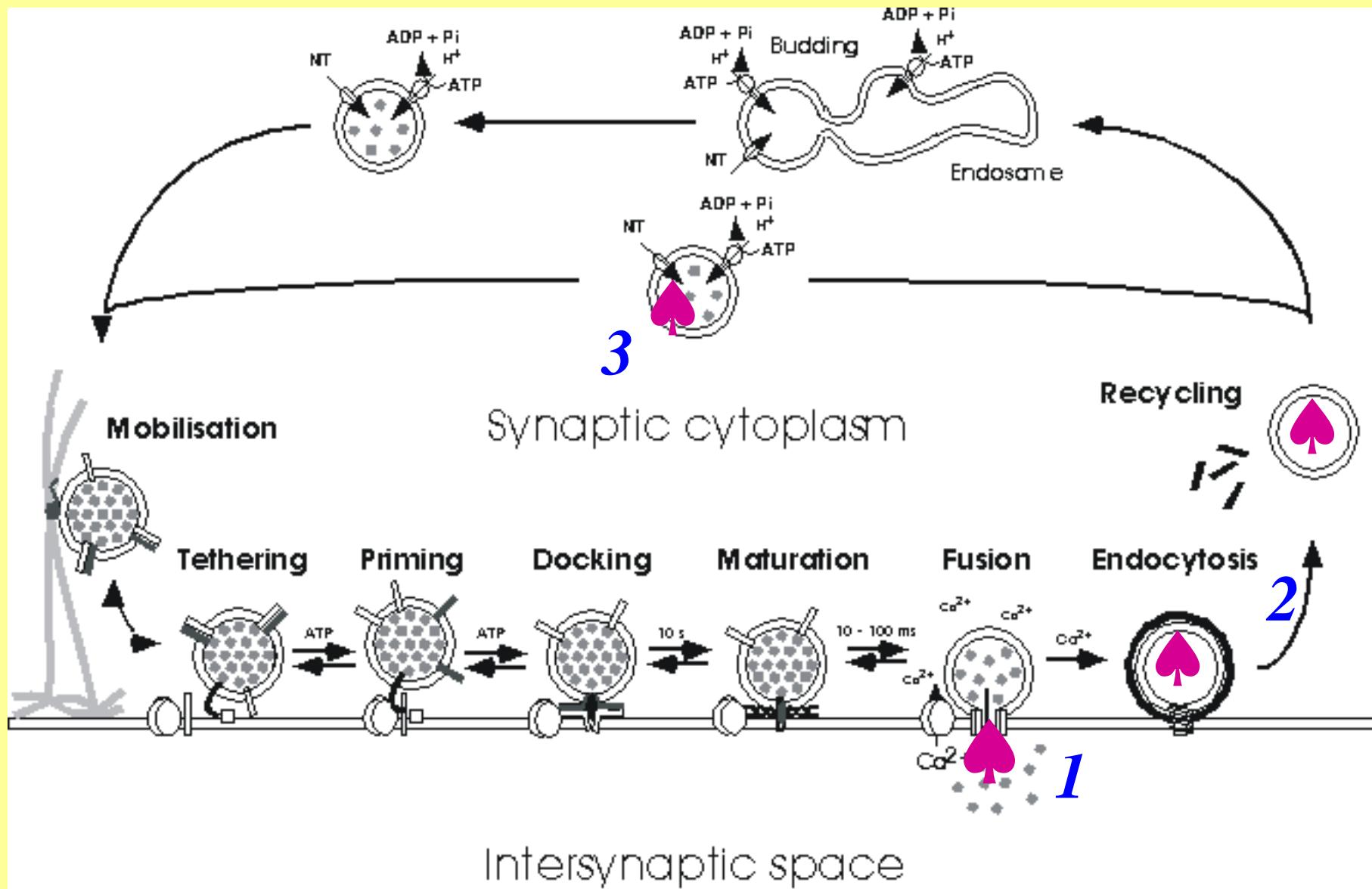
Benoit et al., Nature 2013

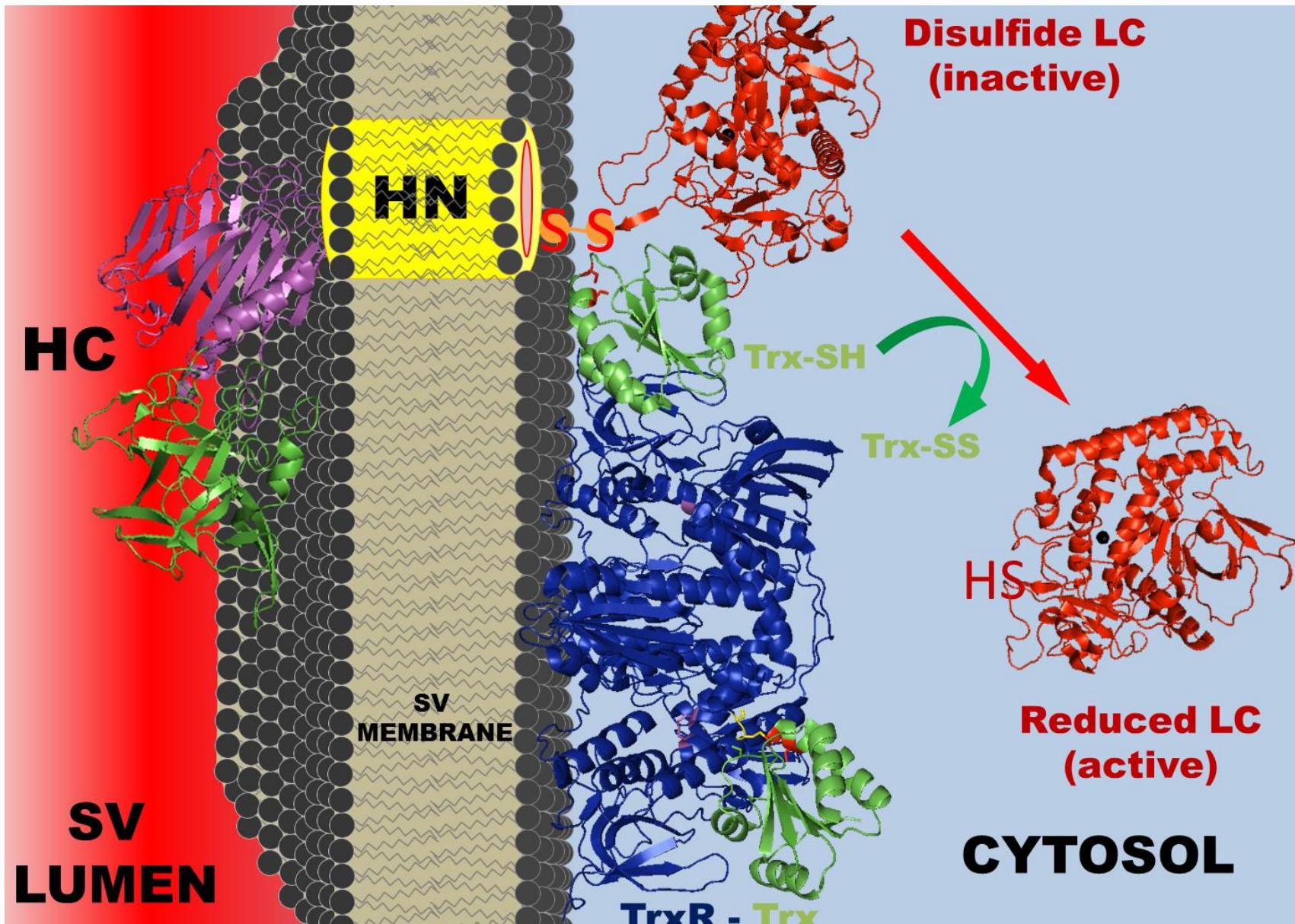


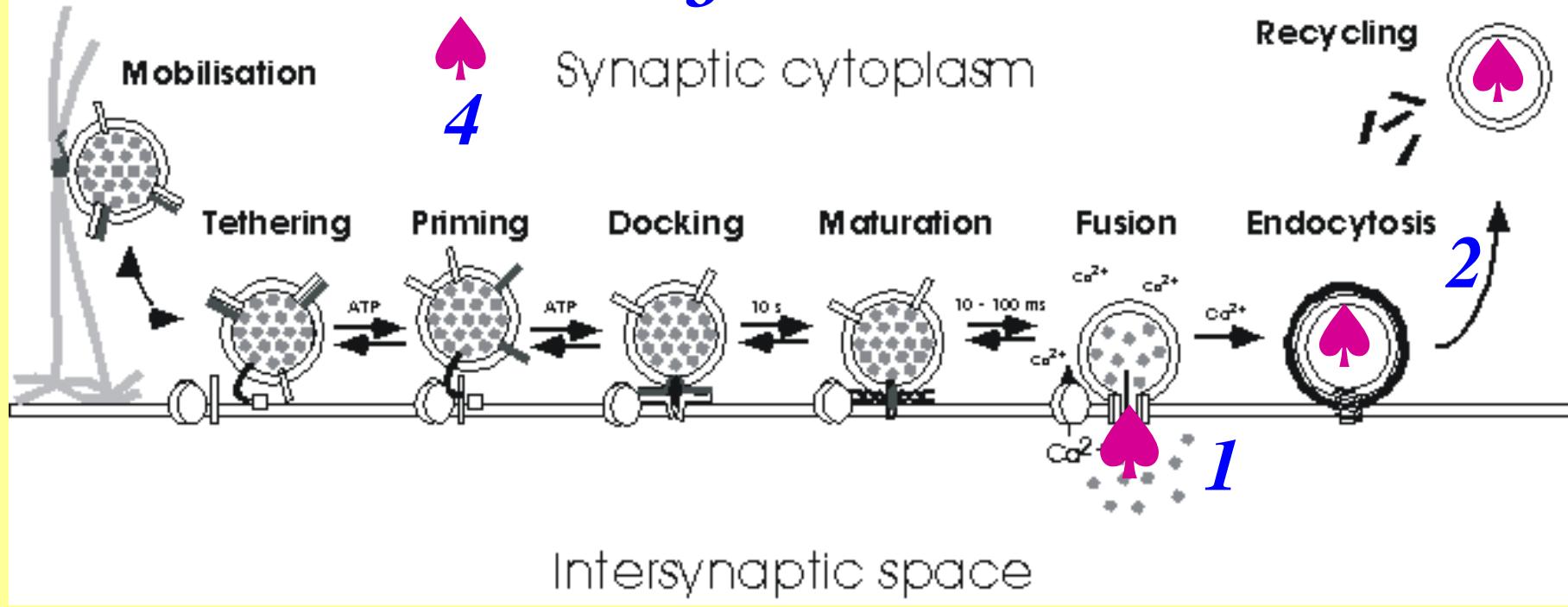
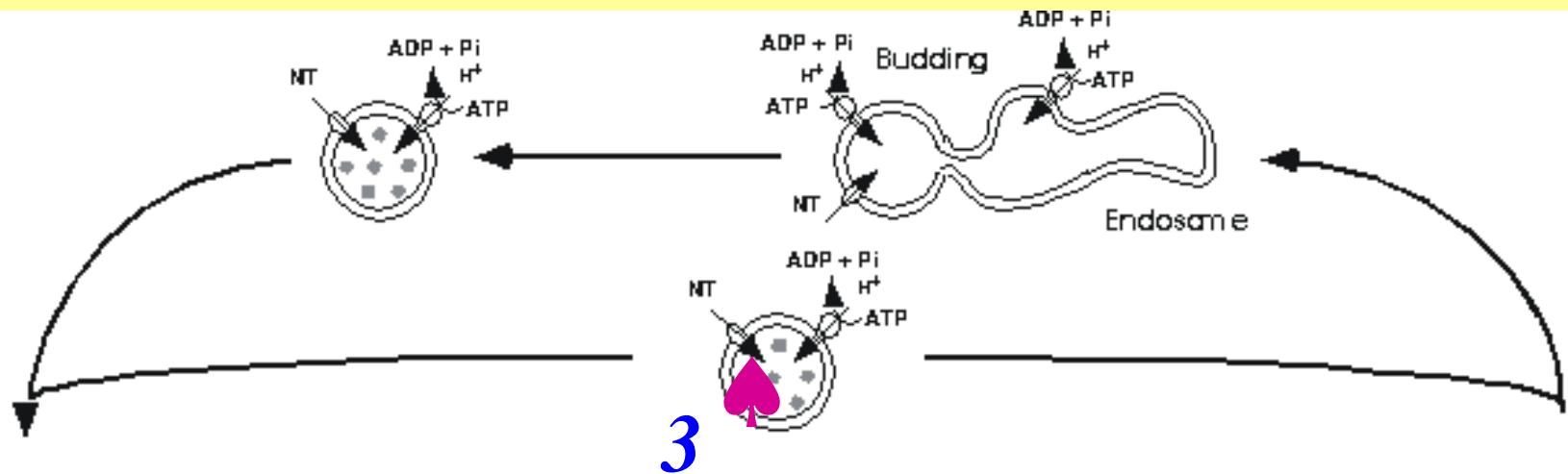
N-glycans vary from individual to individual and could contribute to explain the different response To BoNT/A1 among individual patients

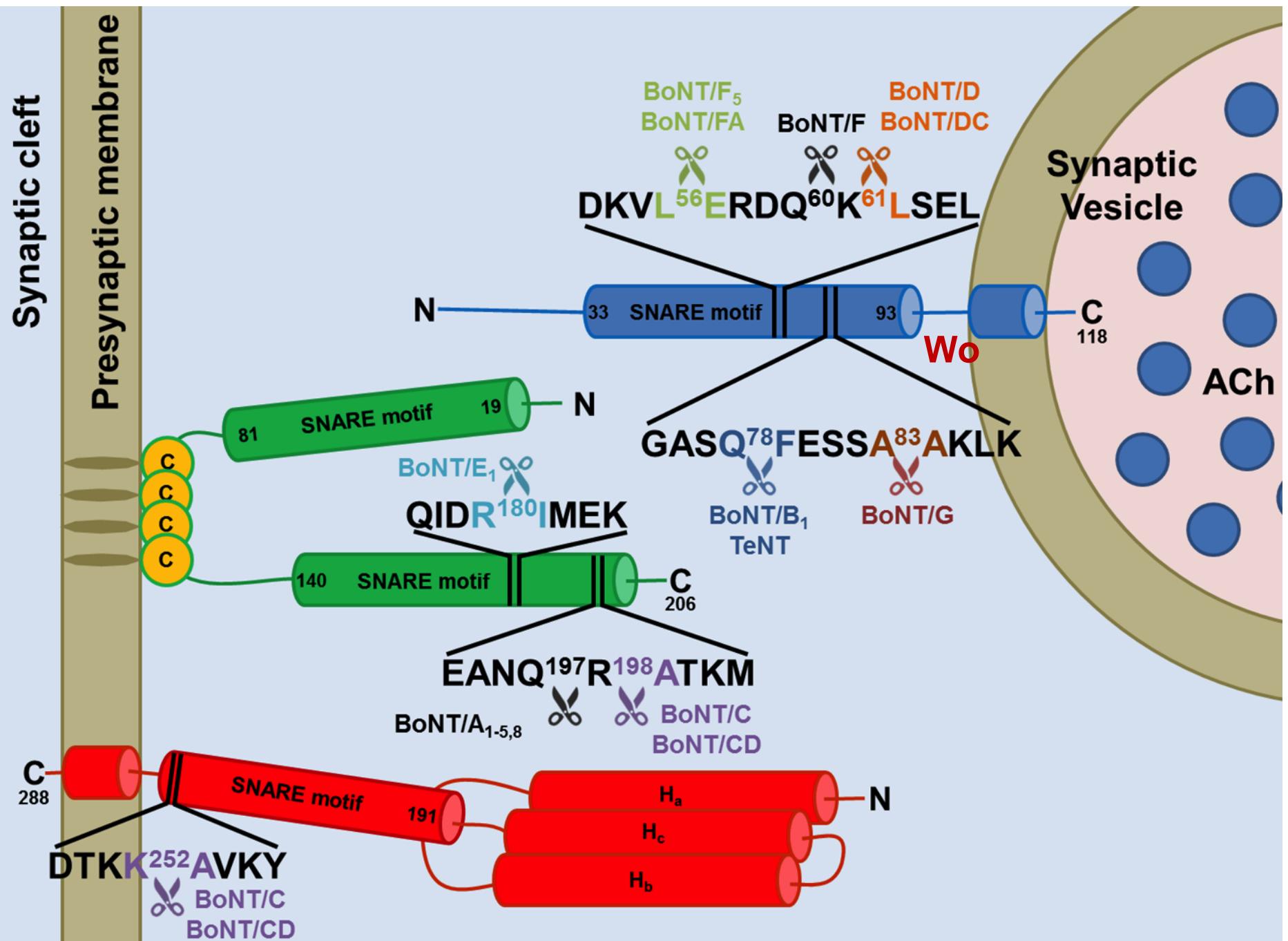














Weissella oryzae, probiotico capace di fermentare il riso

# **BoNT intoxication is fully reversible**

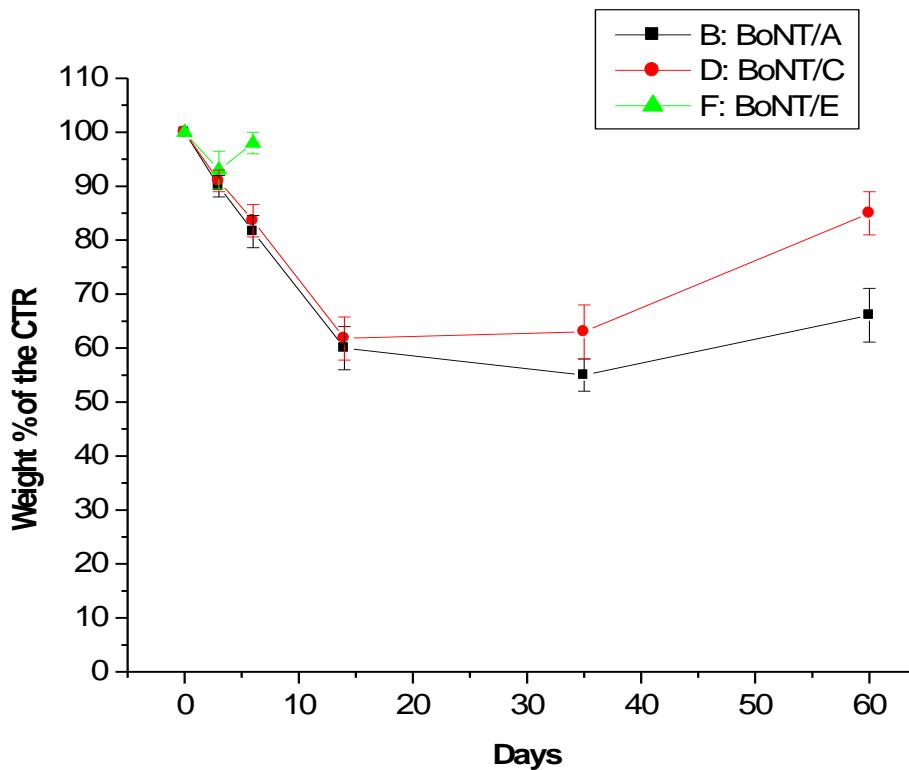
The time course of the recovery of the function of a cholinergic nerve terminal poisoned by BoNT depends on:

**1. The animal species**

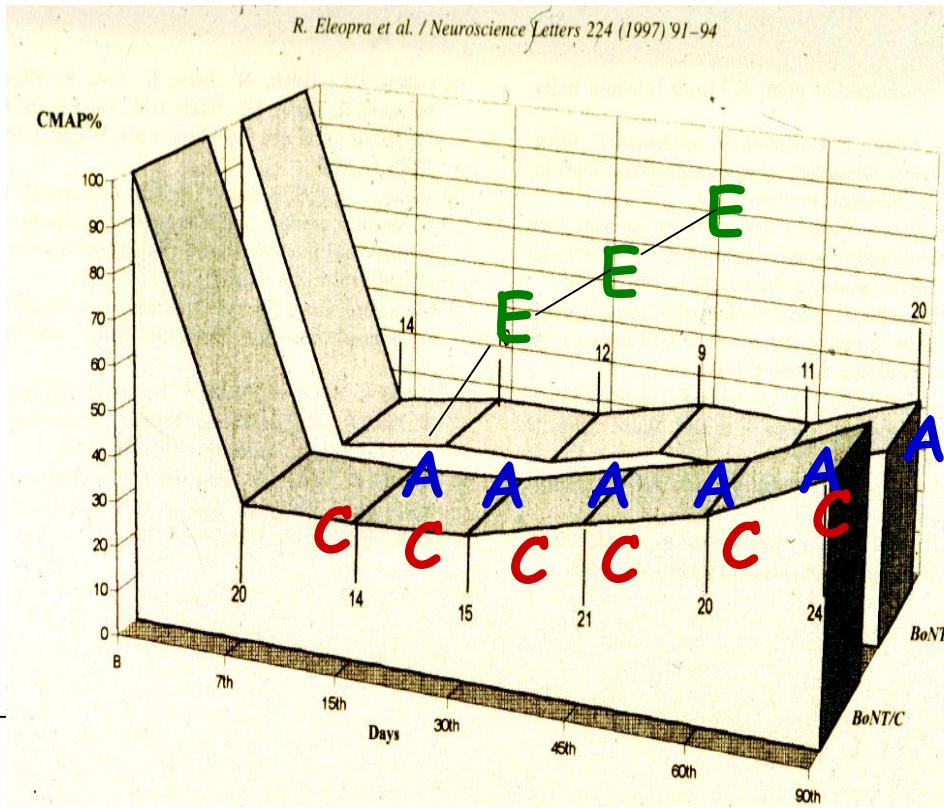
**1. the BoNT serotype and the DOSE**

**3. the type of terminal  
(skeletal “*rapid*”, autonomic “*slow*”)**

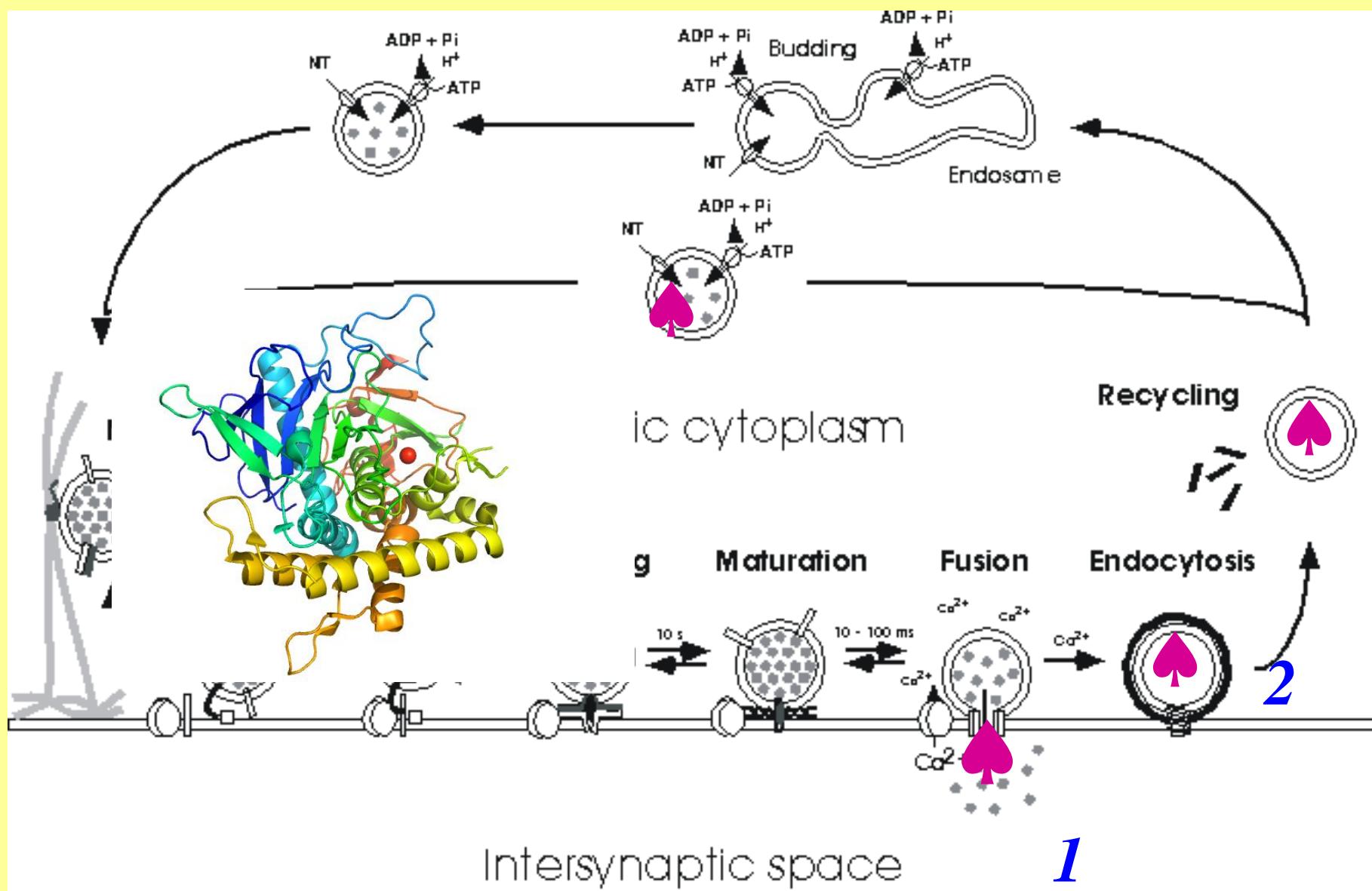
# Duration of the muscle paralysis induced by BoNT/A, /C and /E in mice and humans



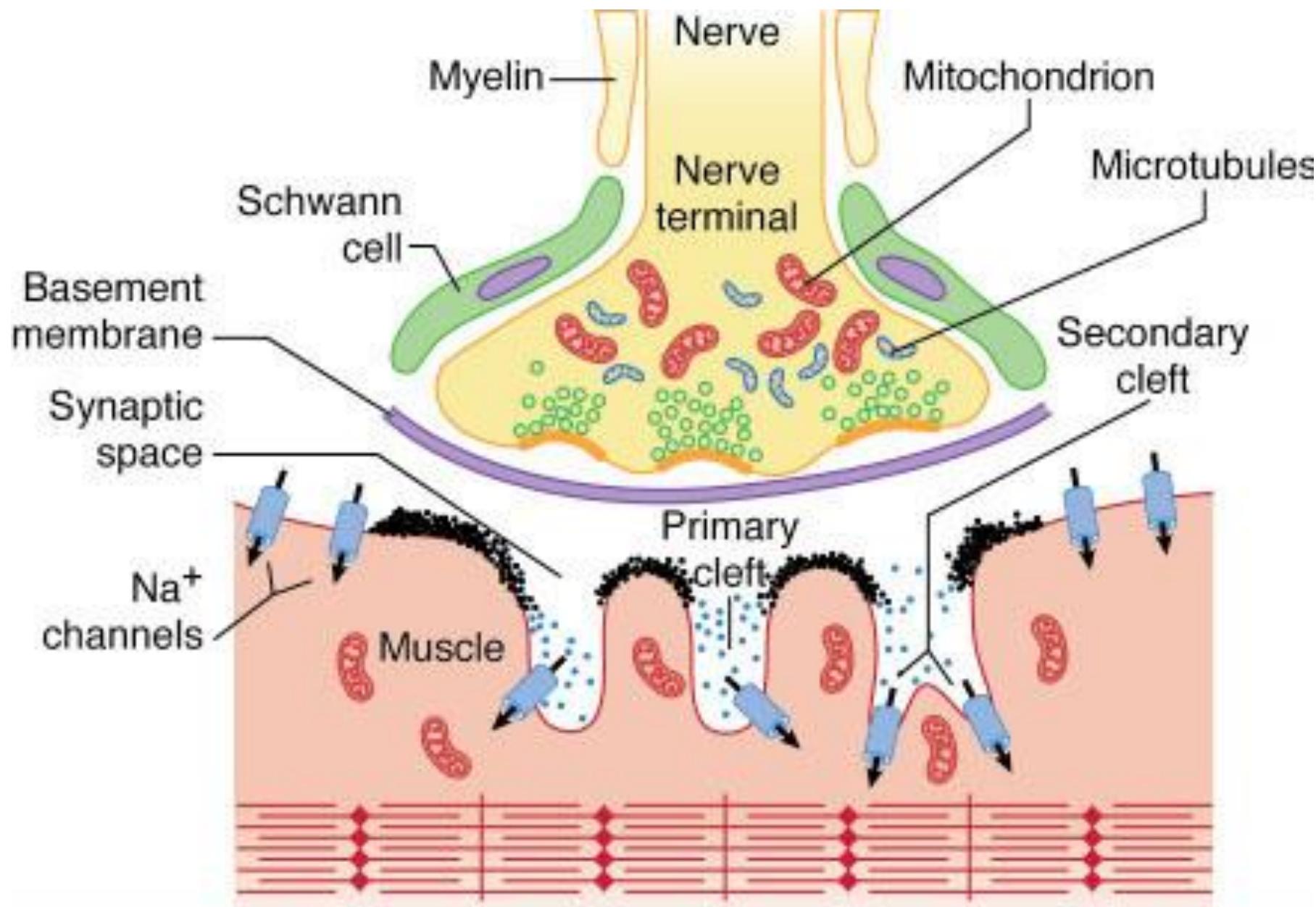
Morbiato et al. 2007



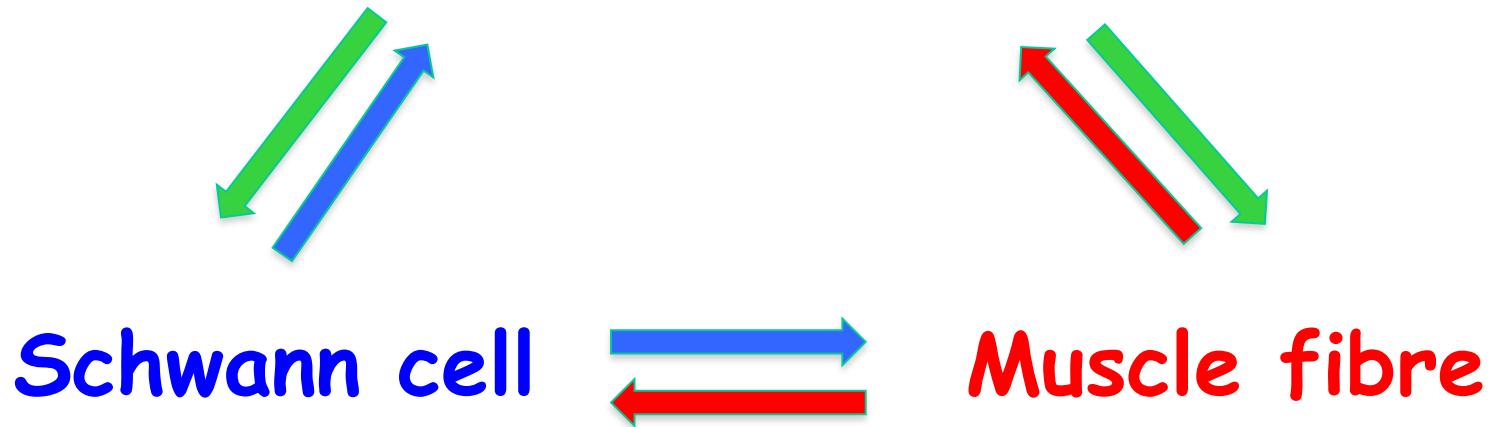
Eleopra et al. 1997



Common explanation: **different lifetimes of the different toxins**

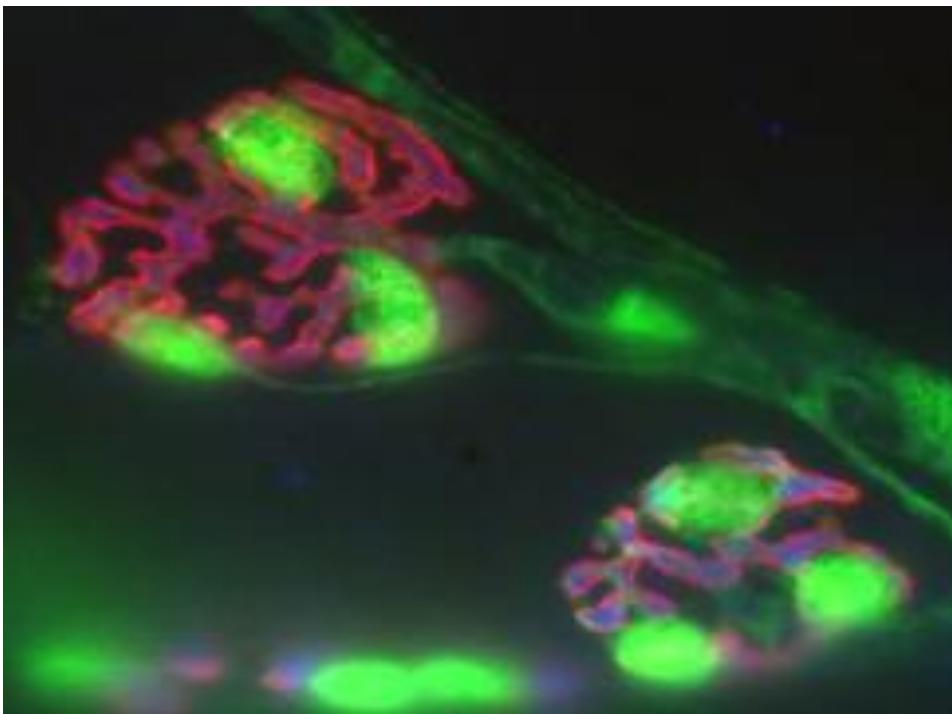


## Axon terminal



BoNT/A intoxicated nerve terminals send **anterograde signals** which activate perisynaptic Schwann cells and muscle fibers which, in turn, release **retrograde signals** which stimulate the motor axon terminal to resume their electrophysiological signalling activity

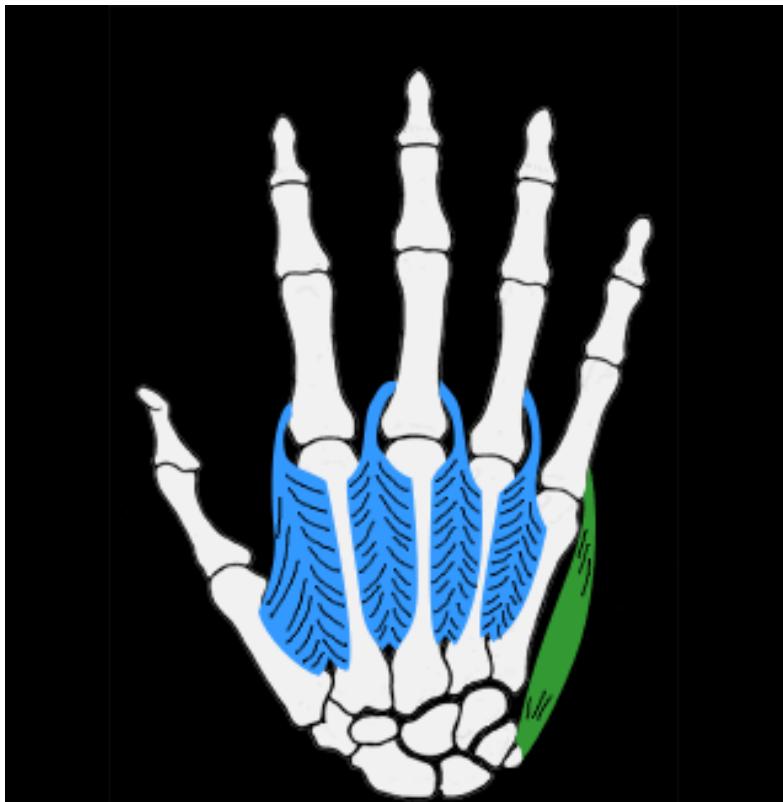
**The duration of paralysis of the NMJ induced by BoNT is also determined by the response of the peripheral Schwann Cells and Muscle fibre to the blockade of neuroexocytosis.**



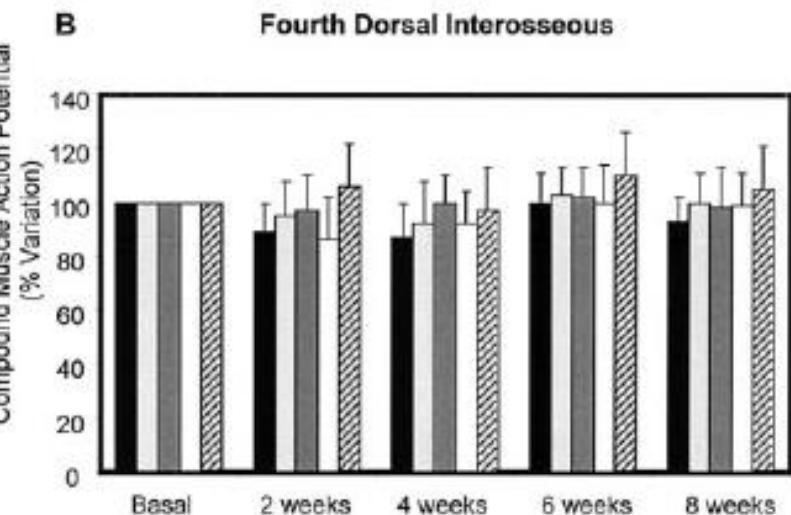
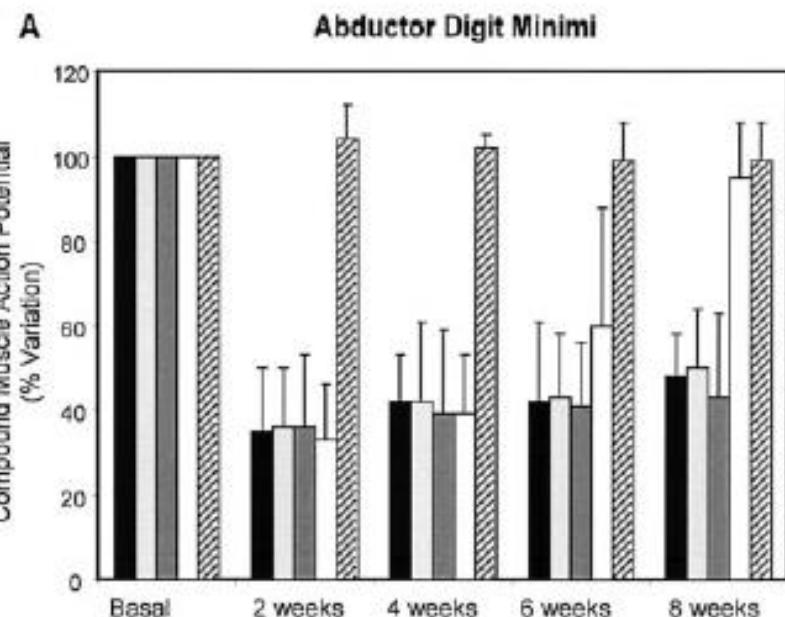
This provides an explanation for the long duration of action of BoNT/A1 and BoNT/B1 at autonomic nerve terminals and in neurons in culture with respect to the shorter duration of action at skeletal nerve terminals.

1. The problem of botulinum neurotoxin diffusion from the site of injection
2. The problem of immunization with production of toxin neutralizing antibodies

There is little if any spreading into adjacent muscles



Eleopra et al. 2004



Black bars, BoNT/A; light gray bars, BoNT/B; dark gray bars, BoNT/C; white bars, BoNT/F; striped bars, placebo.

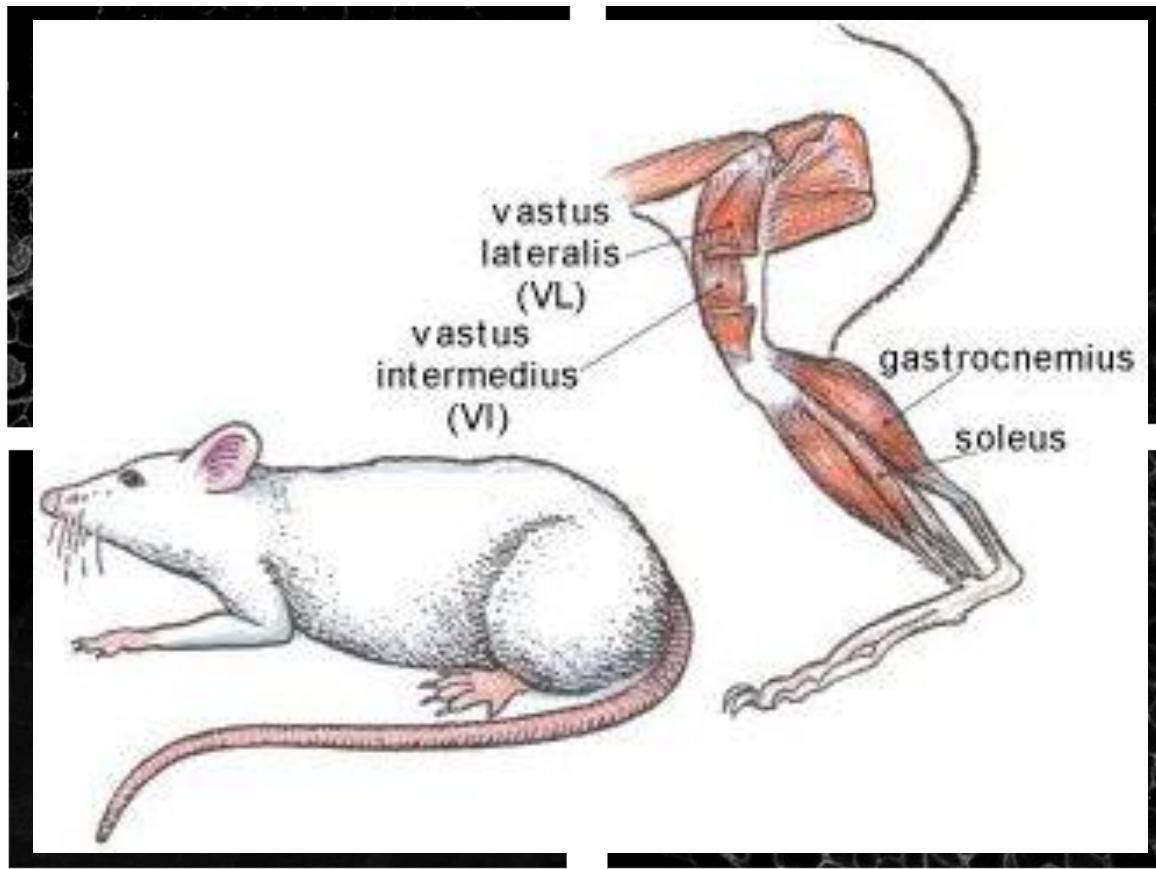


Fig. X: *Tibialis anterior* transverse cryosections labelled with anti-N-CAM antibody.

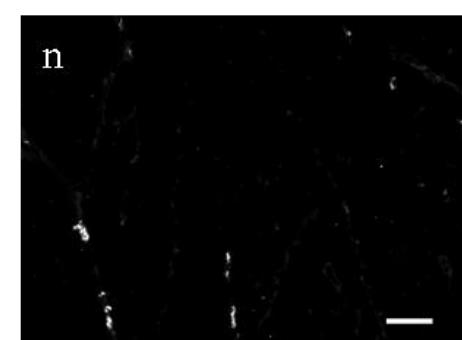
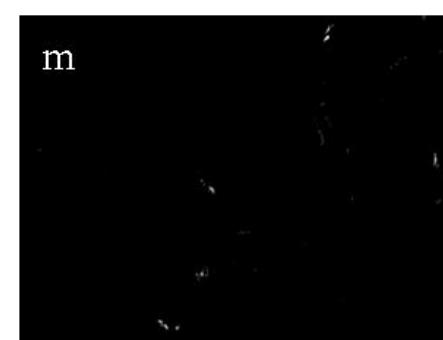
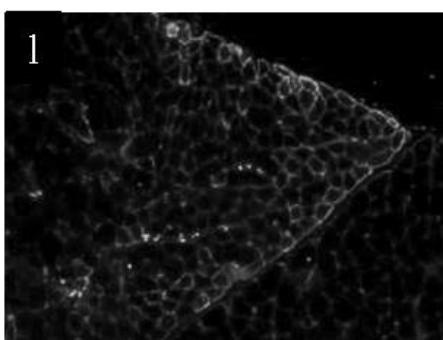
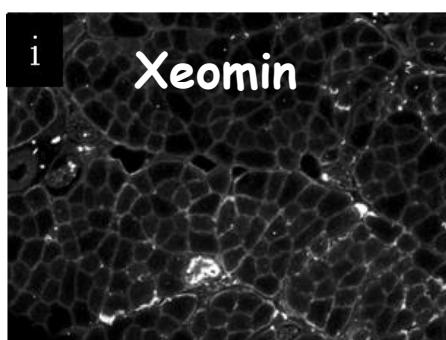
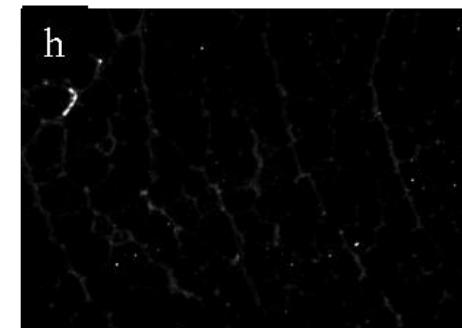
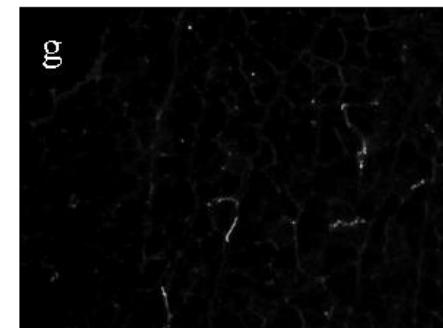
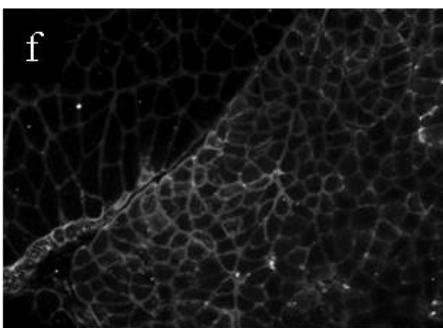
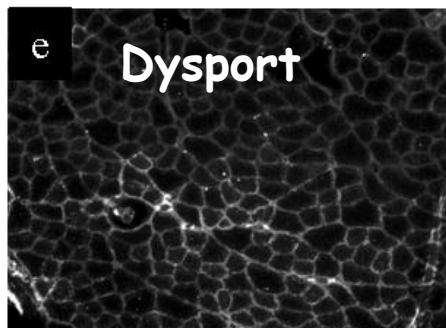
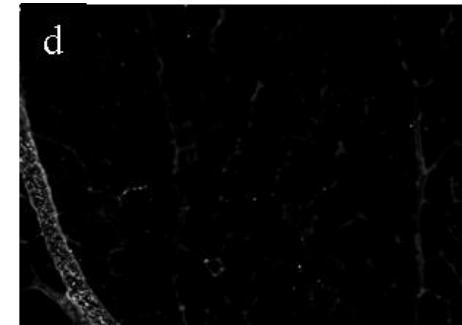
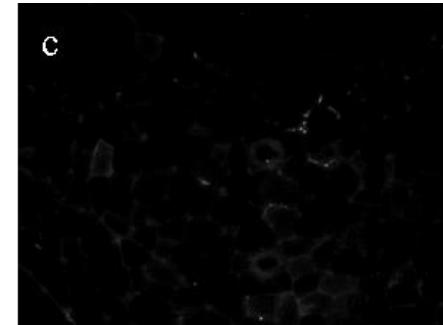
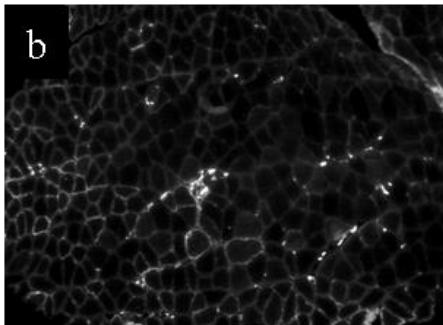
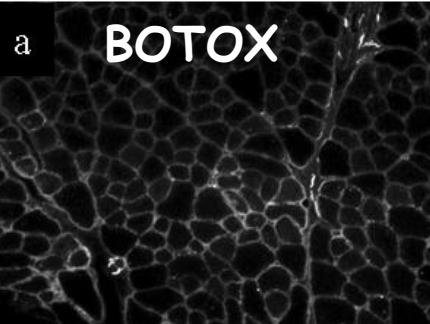
(a) 7 days denervated muscle; (b) Control muscle; (c) saline injected; (d) Botox injected.

*Tibialis*

*Soleus*

*Gastrocnemius*

*Quadriceps*



BoNT diffusion della BoNT around the site of injection depends on the injected VOLUME.

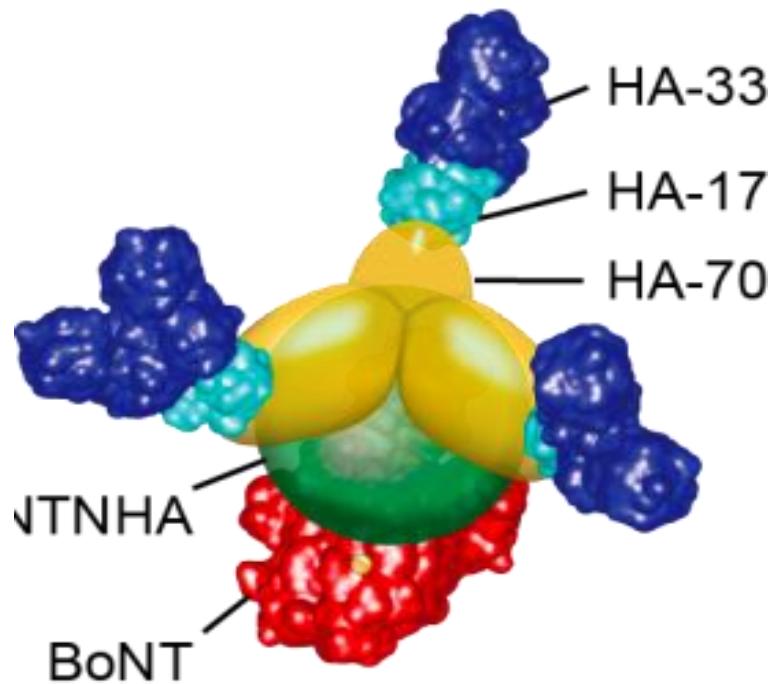
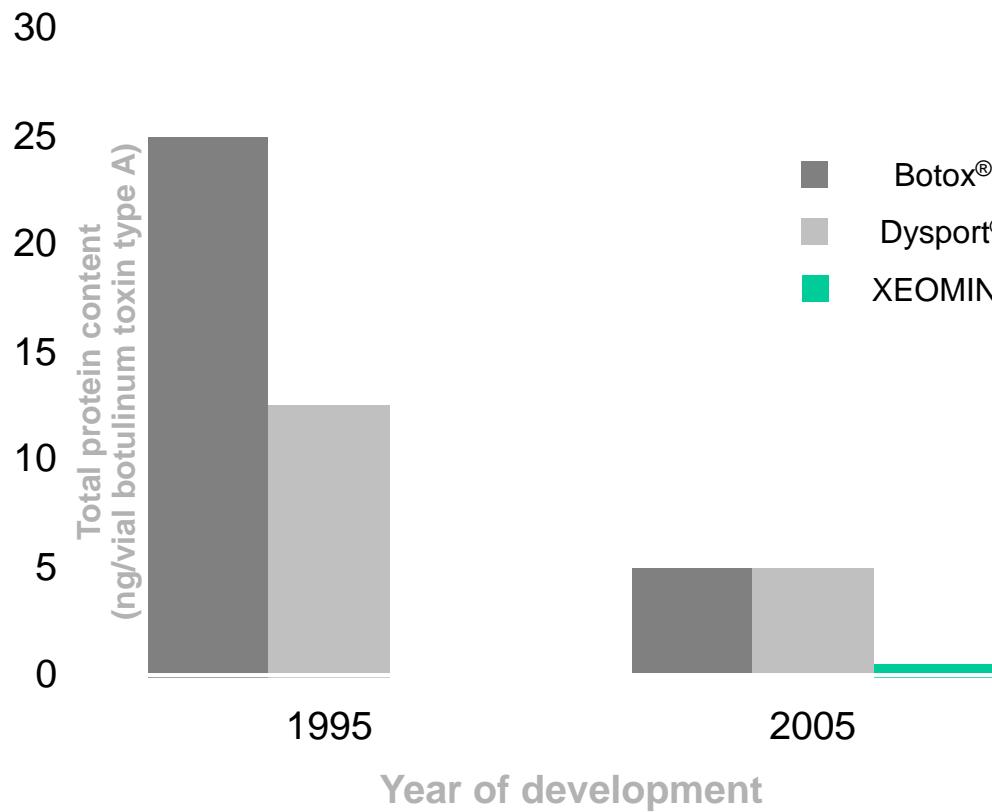
Smaller volumes  $\approx$  lower diffusion

Larger injected volumes  $\approx$  larger diffusion

2. The problem of immunization with production of toxin neutralizing antibodies depends on:

- a) The nature of the antigen (i.e. tetanus toxin is a strong antigen, botulinum neurotoxins are not.)
- b) Quality of the antigen (purity of the toxin, if the toxin preparation contains other bacterial proteins, they can act as carriers or adjuvants )

# Protein content of BoNT/A preparations



**Table 4: Comparison of Botulinum Neurotoxins products marketed in Europe and North America**

Brand name	Botox®/Vistabel®	Dysport®/Azzalure®	Xeomin®/Bocouture®	Neurobloc®/Myobloc®
<b>Generic name</b>	OnabotulinumtoxinA	AbobotulinumtoxinA	IncobotulinumtoxinA	RimabotulinumtoxinB
<b>Manufacturer</b>	Allergan (USA)	Ipsen Pharmaceuticals (France)	Merz Pharmaceuticals (Germany)	US WorldMeds (USA)
<i>C. botulinum</i> strain	Hall A-hyper	Hall A	Hall A (ATCC 3502)	Bean
<b>Toxin type</b>	A1	A1	A1	B1
<b>MW (PTCs<sup>a</sup>)</b>	900 kDa complex (Yes)	MW not reported (Yes)	150 kDa None	MW not reported (Yes)
<b>Pharmaceutical form</b>	Vacuum-dried powder for reconstitution	Freeze-dried powder for reconstitution	Freeze-dried powder for reconstitution	Ready-to-use solution
<b>Shelf life</b>	2-8 °C 36 months	2-8 °C 24 months	Room temperature 36 months	2-8 °C 24 months
<b>pH (reconstituted)</b>	7.4	7.4	7.4	5.6
<b>Excipients</b>	In 100 IU vial: HSA <sup>b</sup> 500 µg NaCl (900 µg/vial)	In 500 IU vial: HSA <sup>b</sup> 125 µg Lactose (2.5 mg/vial)	In 100 IU vial: HSA <sup>b</sup> 1000 µg Sucrose (4.7 mg/vial)	HSA <sup>b</sup> 500 µg/ml Succinate 10 mM NaCl 100mM
<b>Unit<sup>*</sup>/vial</b>	100 IU or 200 IU Botox® 50 IU Vistabel®	300 IU or 500 IU Dysport® 125 IU Azzalure®	100 IU or 200 IU Xeomin® 50 IU Bocouture®	2500 IU/0.5ml 5000 IU/1ml 10000 IU/2ml
<b>Protein load/vial</b>	5 ng/100U	4.35 ng/500U	0.44 ng/100U <sup>c</sup>	55 ng/2500U
<b>Clinical activity in relation to Botox®</b>	1	1:2 - 1:3	1	1:40-50

nits are manufacturer specific and are not interchangeable. <sup>a</sup>Progenitor Toxin Complex. <sup>b</sup>Human Serum Albumin eurotoxin concentration measured by ELISA (Frevert, 2010).

- La tossina, anche se pura dal punto di vista chimico può essere in parte denaturata (fisicamente aggregata, non solubile). L'aggregato potrebbe essere immunogenico
- Quantità di tossina iniettata
- Luogo d'iniezione: maggiore pericolo d'immunizzazione se in zona ricca in linfonodi regionali (collo).
- Quantità di tossina iniettata: maggiore è la quantità maggiore è il pericolo.
- Frequenza di trattamento: tanto più frequente è il numero d'iniezioni tanto maggiore è il rischio d'immunizzazione.

