

Guido Primiano

Miopatie

Novità sull'argomento

Riunione Neurologi in Formazione

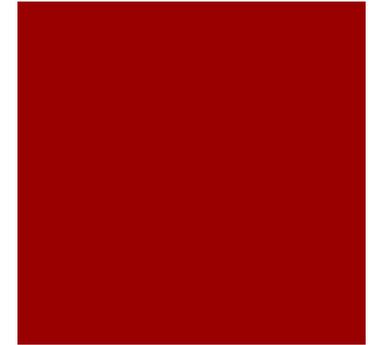
La richiesta di competenza neurologica nel prossimo futuro

Terza edizione, Roma 2019

Istituto di Neurologia

Fondazione Policlinico universitario A. Gemelli IRCCS/UCSC, Roma

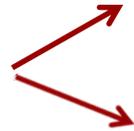
Novità in ambito diagnostico



European
Reference
Network

for rare or low prevalence
complex diseases

 **Network**
Neuromuscular
Diseases (ERN EURO-NMD)



Routine stains for all new biopsies (frozen tissue)

Recommended extended methods – context dependent

- ***Muscular dystrophy, congenital and progressive myopathies***
- ***Immune mediated myopathies***
- ***Vacuolar and protein aggregate myopathies***
- ***Congenital myopathies***
- ***Mitochondrial myopathies***
- ***Toxic myopathies***
- ***Ion channel myopathies***
- ***Glycogenoses***
- ***High CK and exercise intolerance, cramps***
- ***Amyloid myopathy***
- ***Myopathies with affected neuromuscular junctions (NMJ)***

**EURO-NMD NEUROMUSCULAR
PATHOLOGY WORKING GROUP**

Recommended Standards for Muscle Biopsies; to be used by all partner laboratories

Novità in ambito diagnostico

SCIENTIFIC REPORTS



Available online at www.sciencedirect.com
ScienceDirect



www.elsevier.com/locate/nmd

OPEN **A novel immunofluorescent assay to investigate oxidative phosphorylation deficiency in mitochondrial myopathy: understanding mechanisms and improving diagnosis**

Received: 14 July 2015
Accepted: 04 September 2015
Published: 15 October 2015

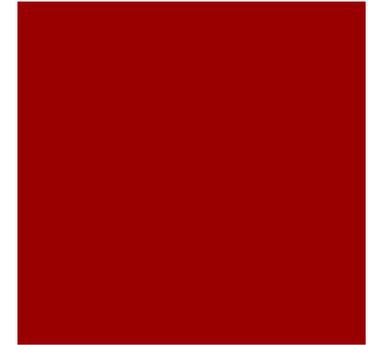
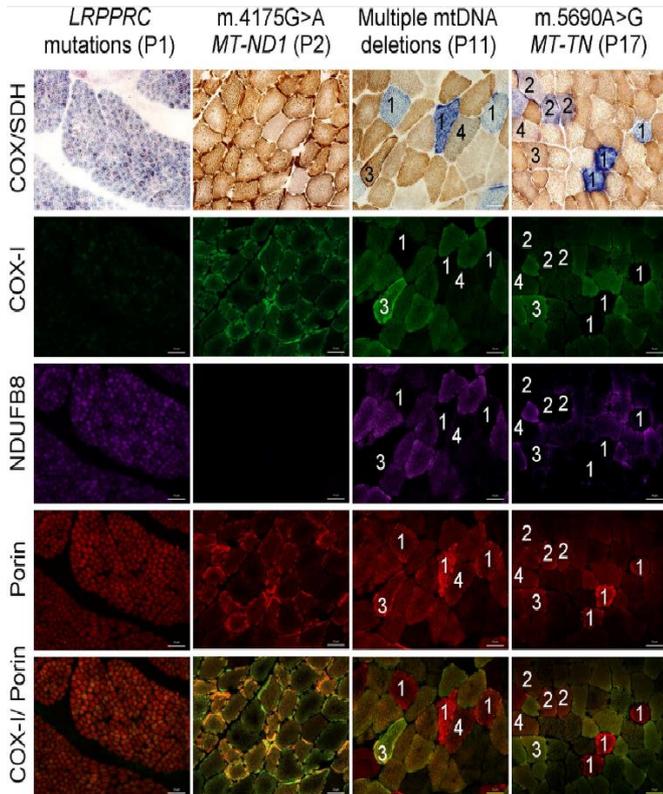
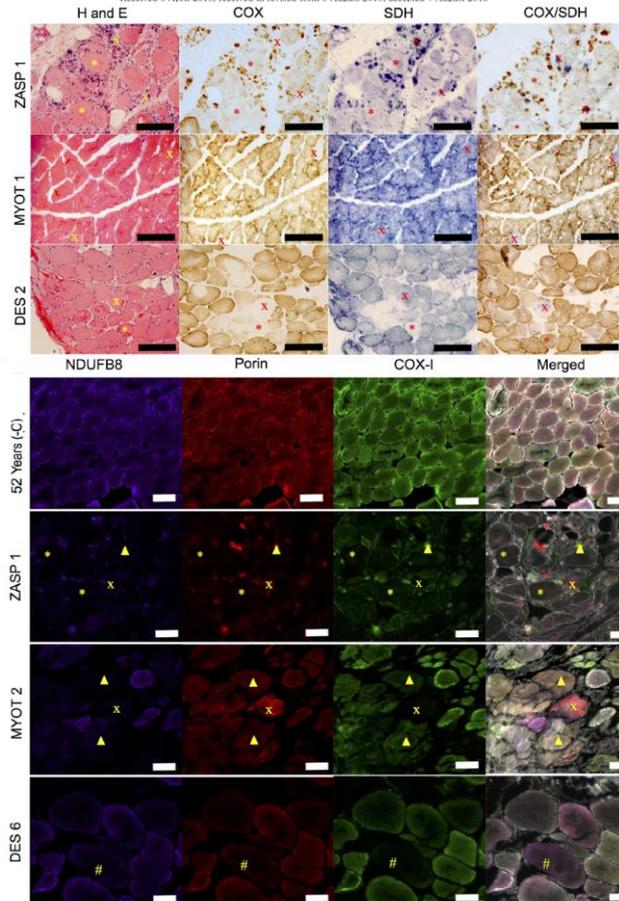
Mariana C. Rocha^{1,2*}, John P. Grady^{3,4}, Anne Grünewald⁵, Amy Vincent⁶, Philip F. Dobson⁷, Robert W. Taylor⁸, Doug M. Turnbull^{1,2,9} & Karolina A. Rygiel^{1,2}

Mitochondrial dysfunction in myofibrillar myopathy

Amy E. Vincent⁴, John P. Grady³, Mariana C. Rocha², Charlotte L. Alston², Karolina A. Rygiel², Rita Barresi³, Robert W. Taylor⁸, Doug M. Turnbull^{1,2,9*}

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² Rare Diseases Advisory Group Service for Neuromuscular Diseases, Muscle Immunology Unit, Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, NE2 4AZ, UK

Received 6 April 2016; received in revised form 5 August 2016; accepted 9 August 2016



| Old name | Gene | Proposed new nomenclature | Reason for exclusion |
|---|-------------------------------|--|---|
| LGMD 1A | <i>Myot</i> | Myofibrillar myopathy | Distal weakness |
| LGMD 1B | <i>LMNA</i> | Emery–Dreifuss muscular dystrophy (EDMD) | High risk of cardiac arrhythmias; EDMD phenotype |
| LGMD 1C | <i>CAV3</i> | Rippling muscle disease | Main clinical features rippling muscle disease and myalgia |
| LGMD 1D | <i>DNAJB6</i> | LGMD D1 DNAJB6-related | |
| LGMD 1E | <i>DES</i> | Myofibrillar myopathy | Primarily false linkage; distal weakness and cardiomyopathy |
| LGMD 1F | <i>TNP03</i> | LGMD D2 TNP03-related | |
| LGMD 1G | <i>HNRNPDL</i> | LGMD D3 HNRNPDL-related | |
| LGMD 1H | ? | Not confirmed | False linkage |
| LGMD 1I | <i>CAPN</i> | LGMD D4 calpain3-related | |
| LGMD 2A | <i>CAPN</i> | LGMD R1 calpain3-related | |
| LGMD 2B | <i>DYSF</i> | LGMD R2 dysferlin-related | |
| LGMD 2C | <i>SGCG</i> | LGMD R5 γ -sarcoglycan-related ^a | |
| LGMD 2D | <i>SGCA</i> | LGMD R3 α -sarcoglycan-related | |
| LGMD 2E | <i>SGCB</i> | LGMD R4 β -sarcoglycan-related | |
| LGMD 2F | <i>SGCD</i> | LGMD R6 δ -sarcoglycan-related | |
| LGMD 2G | <i>TCAP</i> | LGMD R7 telethonin-related | |
| LGMD 2H | <i>TRIM32</i> | LGMD R8 TRIM 32-related | |
| LGMD 2I | <i>FKRP</i> | LGMD R9 FKRP-related | |
| LGMD 2J | <i>TTN</i> | LGMD R10 titin-related | |
| LGMD 2K | <i>POMT1</i> | LGMD R11 POMT1-related | |
| LGMD 2L | <i>ANO5</i> | LGMD R12 anoctamin5-related | |
| LGMD 2M | <i>FKTN</i> | LGMD R13 Fukutin-related | |
| LGMD 2N | <i>POMT2</i> | LGMD R14 POMT2-related | |
| LGMD 2O | <i>POMGnT1</i> | LGMD R15 POMGnT1-related | |
| LGMD 2P | <i>DAG1</i> | LGMD R16 α -dystroglycan-related | |
| LGMD 2Q | <i>PLEC</i> | LGMD R17 plectin-related | |
| LGMD 2R | <i>DES</i> | myofibrillar myopathy | Distal weakness |
| LGMD 2S | <i>TRAPPC11</i> | LGMD R18 TRAPPC11-related | |
| LGMD 2T | <i>GMPPB</i> | LGMD R19 GMPPB-related | |
| LGMD 2U | <i>ISPD</i> | LGMD R20 ISPD-related | |
| LGMD 2V | <i>GAA</i> | Pompe disease | Known disease entity, histological changes |
| LGMD 2W | <i>PINCH2</i> | PINCH-2 related myopathy | Reported in one family |
| LGMD 2X | <i>BVES</i> | BVES related myopathy | Reported in one family |
| LGMD 2Y | <i>TOR1AIP1</i> | TOR1AIP1 related myopathy | Reported in one family |
| LGMD 2Z | <i>POGLUT1</i> | LGMD R21 POGLUT1-related | |
| Bethlem myopathy recessive | <i>COL6A1, COL6A2, COL6A3</i> | LGMD R22 collagen 6-related | |
| Bethlem myopathy dominant | <i>COL6A1, COL6A2, COL6A3</i> | LGMD D5 collagen 6-related | |
| Laminin α 2-related muscular dystrophy | <i>LAMA2</i> | LGMD R23 laminin α 2-related | |
| POMGNT2-related muscular dystrophy | <i>POMGNT2</i> | LGMD R24 POMGNT2-related | |



Available online at www.sciencedirect.com

ScienceDirect

Neuromuscular Disorders 28 (2018) 702–710



www.elsevier.com/locate/nmd

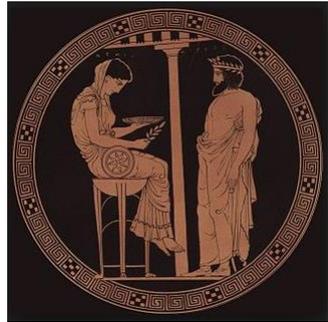
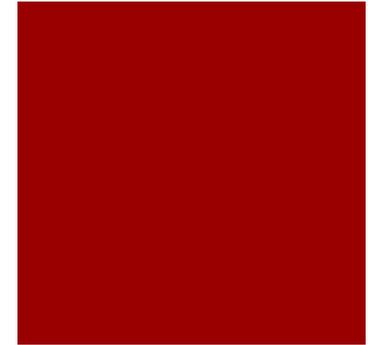
Workshop report

229th ENMC international workshop:
Limb girdle muscular dystrophies –
Nomenclature and reformed classification
Naarden, the Netherlands, 17–19 March 2017

Volker Straub^{a,*}, Alexander Murphy^b, Bjarne Udd^{b,c,d}, on behalf of the LGMD workshop study group

“Limb girdle muscular dystrophy is a genetically inherited condition that primarily affects skeletal muscle leading to progressive, predominantly proximal muscle weakness at presentation caused by a loss of muscle fibres. To be considered a form of limb girdle muscular dystrophy the condition must be described in at least two unrelated families with affected individuals achieving independent walking, must have an elevated serum creatine kinase activity, must demonstrate degenerative changes on muscle imaging over the course of the disease, and have dystrophic changes on muscle histology, ultimately leading to end-stage pathology for the most affected muscles.”

Novità in ambito nosologico



Available online at www.sciencedirect.com

ScienceDirect

Neuromuscular Disorders 27 (2017) 1126–1137



www.elsevier.com/locate/nmd

Workshop report

International Workshop:

Outcome measures and clinical trial readiness in primary mitochondrial myopathies in children and adults. Consensus recommendations.
16–18 November 2016, Rome, Italy

Michelangelo Mancuso ^{a,*}, Robert McFarland ^b, Thomas Klopstock ^c, Michio Hirano ^d on behalf of the consortium on Trial Readiness in Mitochondrial Myopathies ¹

Definition

Consensus

| Percentage of sum 4 + 5 | Mean score |
|-------------------------|------------|
|-------------------------|------------|

DEFINITION OF PRIMARY MITOCHONDRIAL MYOPATHIES

PMM are genetically defined disorders leading to defects of oxidative phosphorylation affecting predominantly, but not exclusively, skeletal muscle. Secondary involvement of mitochondria, frequently observed in multiple neuromuscular diseases (i.e. inclusion body myositis, Duchenne muscular dystrophy, Kennedy disease) are not considered PMM.

| | |
|------|------|
| 100% | 4.88 |
|------|------|



Classification and management of adult inflammatory myopathies

Albert Selva-O'Callaghan, Iago Pinal-Fernandez, Ernesto Trallero-Araguás, José César Milisenda, Josep Maria Grau-Junyent, Andrew L Mammen

| | Clinical features | Type of organ involvement and severity | | |
|--|---|--|----------|----------|
| | | Muscle | Lung | Skin |
| Dermatomyositis | | | | |
| Anti-Mi2 autoantibodies ¹² | Mild-to-moderate muscle involvement with classical skin rash | Moderate | None | Moderate |
| Anti-NXP2 autoantibodies ^{13,14} | Mild-to-moderate muscle involvement with myalgia, classical skin rash, calcinosis, distal extensor weakness and oedema, and dysphagia; increased risk of cancer | Moderate | None | Moderate |
| Anti-TIF1 autoantibodies ^{14,15} | Strong association with cancer; mild muscle involvement with marked skin | Mild | None | Moderate |
| Anti-SAE autoantibodies ¹⁶ |  | | None | Moderate |
| Anti-MDA5 autoantibodies | | | Severe | Severe |
| Antibody-negative dermatomyositis | | | Unknown | Moderate |
| Immune-mediated necrotising myopathy | | | | |
| Anti-SRP autoantibodies ^{21,22} | | | Mild | None |
| Anti-HMGCR autoantibodies | | | None | None |
| Antibody-negative immune-mediated necrotising myopathy | | | Unknown | None |
| Sporadic inclusion-body myositis | | | | |
| | | | None | None |
| Overlap myositis | | | | |
| Antisynthetase syndrome | | | | |
| Anti-Jo1 autoantibodies ^{28,29} | Mild-to-moderate muscle involvement with progressive lung involvement and possible mild dermatomyositis skin rash (~50% of patients); other characteristic cutaneous features (eg, mechanic's hands and Raynaud syndrome) | Moderate | Moderate | Mild |
| Anti-PL7 autoantibodies ²⁸ | Symptoms are similar to those of anti-Jo1 autoantibody-positive myositis with more severe lung involvement | Moderate | Severe | Mild |
| Anti-PL12 autoantibodies ²⁸ | Severe lung involvement with mild muscle weakness | Mild | Severe | Mild |
| Anti-Pm/Scl autoantibodies ³⁰ | Mild myositis and scleroderma features with muscle weakness, interstitial lung disease, and skin involvement | Mild | Mild | Mild |
| Anti-Ku autoantibodies ³¹ | Mild muscle involvement and interstitial lung disease | Mild | Mild | Mild |
| Anti-U1RNP autoantibodies ³² | Myositis, scleroderma, and systemic lupus erythematosus features; glomerulonephritis and pulmonary hypertension are possible | Mild | Mild | Mild |
| Polymyositis | | | | |
| | Diagnosis of exclusion; heterogeneous clinical features | Unknown | Unknown | Unknown |



Novità in ambito clinico

LGMD

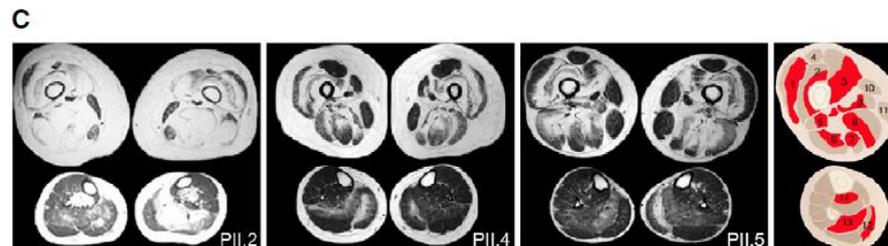
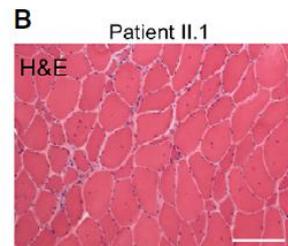
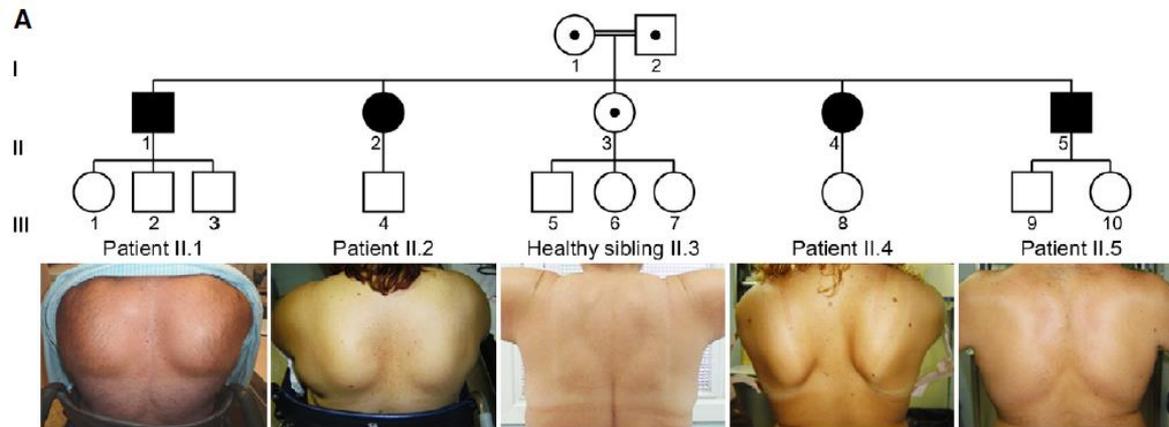
Published online: October 10, 2016

Research Article



EMBO
Molecular Medicine

A *POGLUT1* mutation causes a muscular dystrophy with reduced Notch signaling and satellite cell loss



Novità in ambito clinico

Miopatie congenite

Human Molecular Genetics, 2018, Vol. 27, No. 24 4263–4272

doi: 10.1093/hmg/ddy320

Advance Access Publication Date: 12 September 2018

General Article

OXFORD

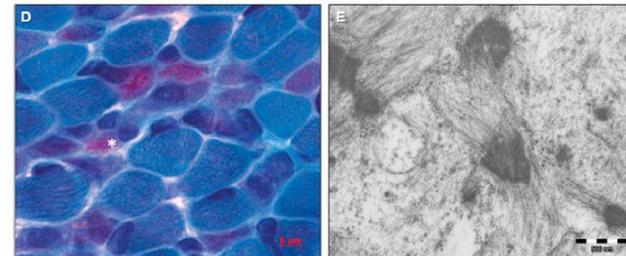
GENERAL ARTICLE

Bi-allelic mutations in *MYL1* cause a severe congenital myopathy

Journal of Neuromuscular Diseases 2 (2015) 219–227
DOI 10.3233/JND-150085
IOS Press

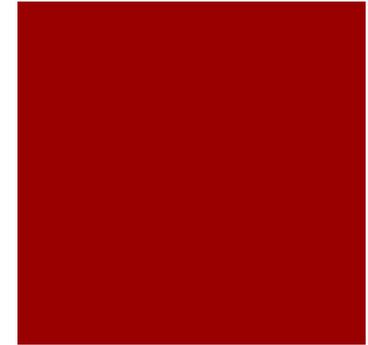
Research Report

A Premature Stop Codon in *MYO18B* is Associated with Severe Nemaline Myopathy with Cardiomyopathy

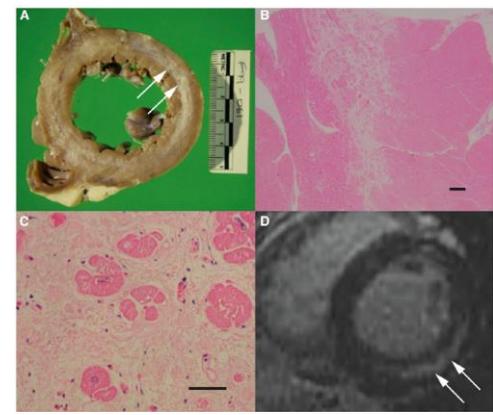
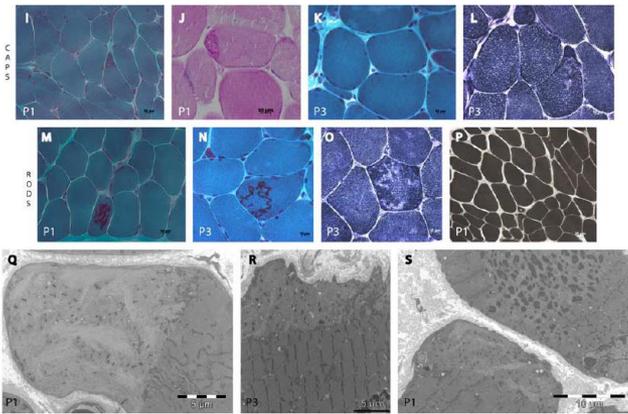
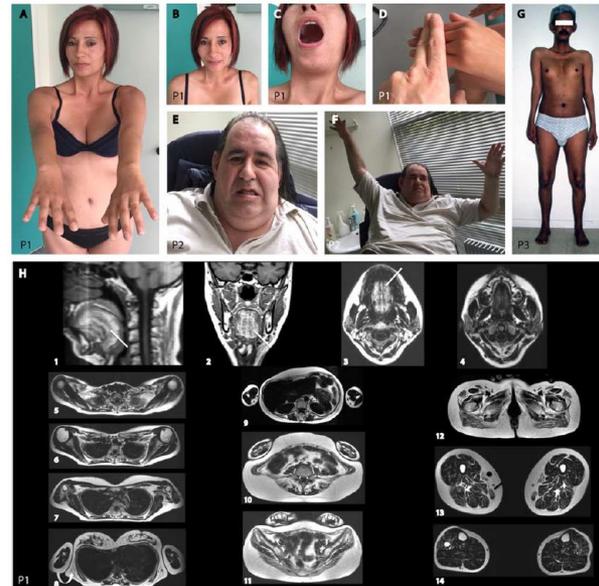


Novità in ambito clinico

Miopatie congenite



Recessive *MYPN* mutations cause cap myopathy with occasional nemaline rods



The American Journal of Human Genetics 99, 1–9, September 1, 2016 1

Sudden Cardiac Death due to Deficiency of the Mitochondrial Inorganic Pyrophosphatase PPA2

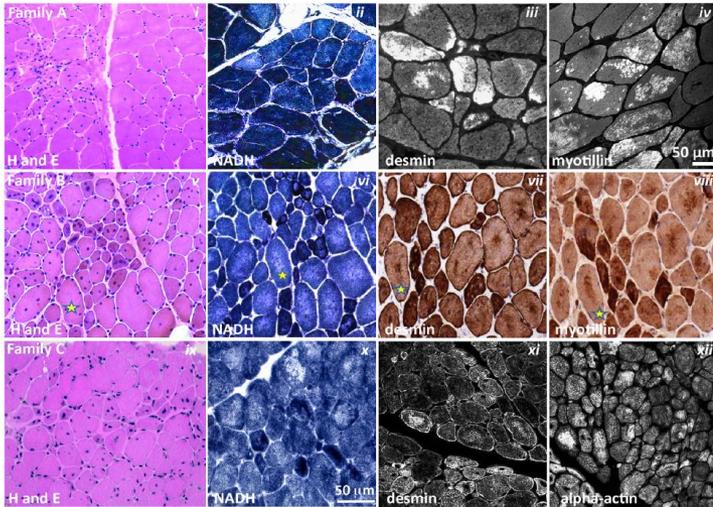
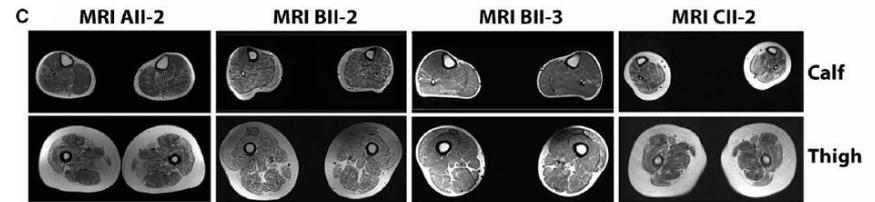
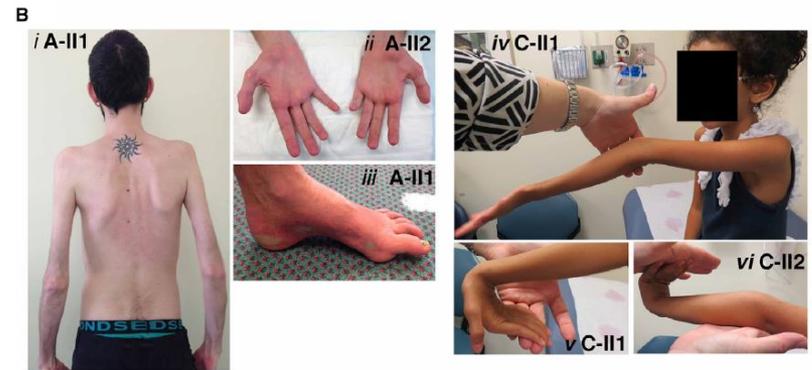
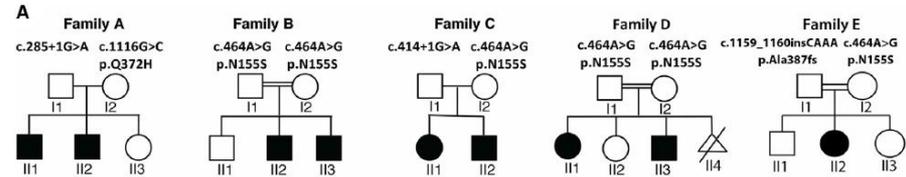
Novità in ambito clinico



Miopatie congenite e canalopatie muscolari

The American Journal of Human Genetics 99, 1–20, November 3, 2016 1

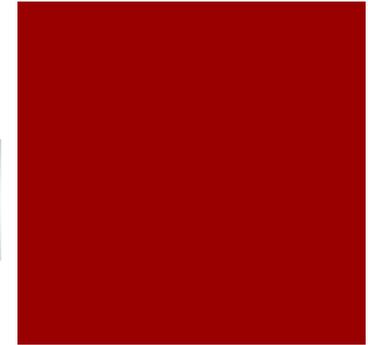
Variants in the Oxidoreductase PYROXD1 Cause Early-Onset Myopathy with Internalized Nuclei and Myofibrillar Disorganization



Lancet 2018; 391: 1483–92

Dysfunction of NaV1.4, a skeletal muscle voltage-gated sodium channel, in sudden infant death syndrome: a case-control study





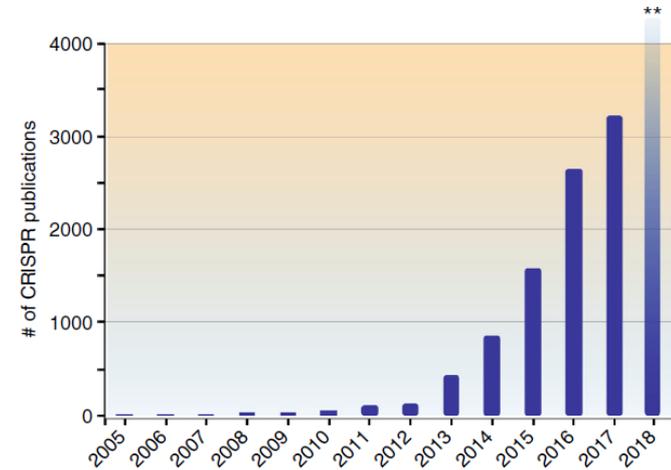
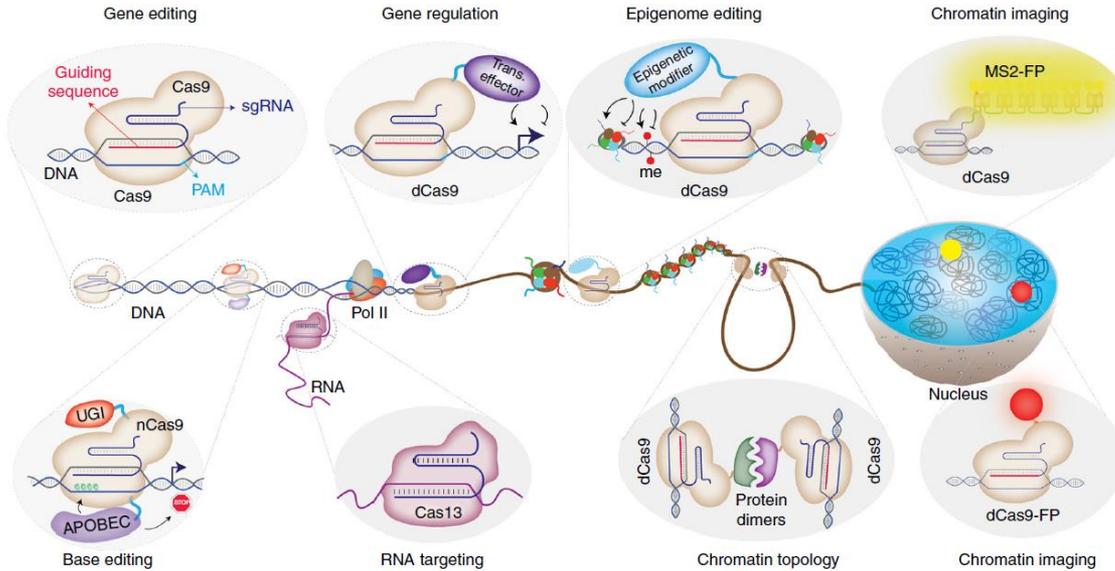
REVIEW ARTICLE

DOI: 10.1038/s41467-018-04252-2

OPEN

The CRISPR tool kit for genome editing and beyond

CRISPR technology: Beyond genome editing

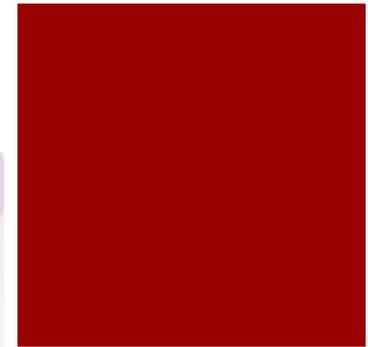


The American Journal of Human Genetics 98, 90–101, January 7, 2016

ARTICLE

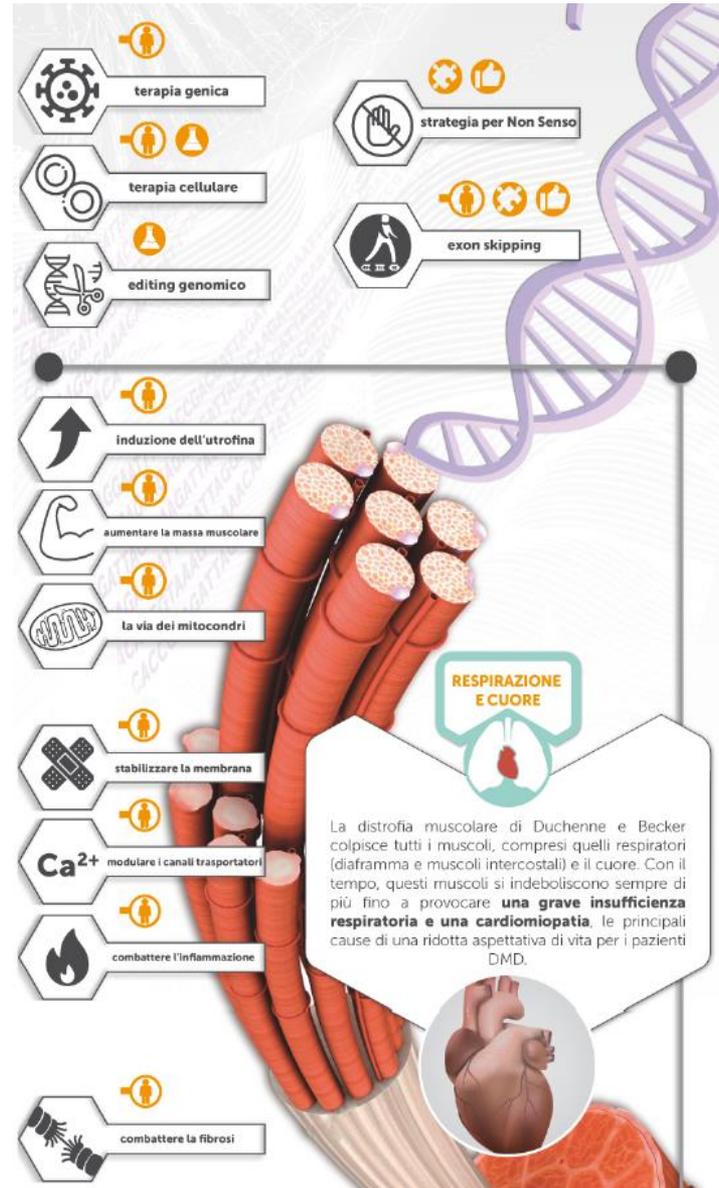
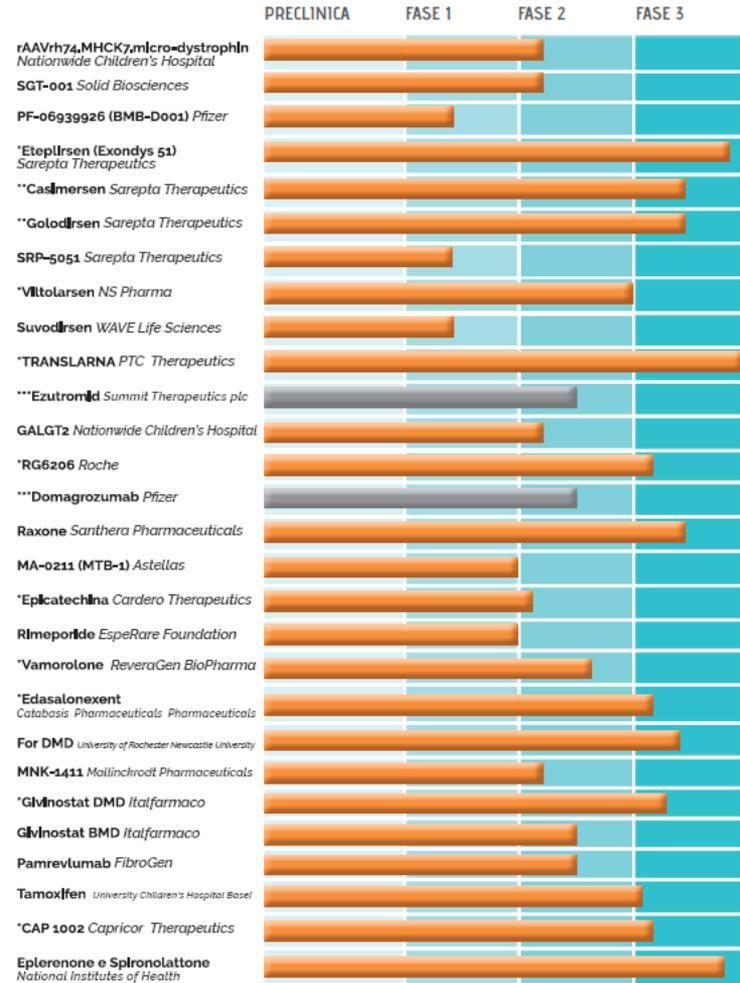
Spell Checking Nature: Versatility of CRISPR/Cas9 for Developing Treatments for Inherited Disorders

Novità in ambito terapeutico



DMD e BMD

Fondazione Policlinico Universitario Agostino Gemelli IRCCS
Università Cattolica del Sacro Cuore



LEGENDA:

- = in trial
- = preclinica
- = mutazione specifica
- = farmaco approvato
- = strategia
- = terapia genica
- = terapia cellulare
- = editing genomico
- = exon skipping
- = strategia per Non Senso
- = induzione utrofina
- = aumentare la massa muscolare
- = la via dei mitocondri
- = stabilizzare la membrana
- = modulare i canali trasportatori
- = combattere l'infiammazione
- = combattere la fibrosi



Novità in ambito terapeutico

DMD

Neurological Sciences (2018) 39:1837–1845
<https://doi.org/10.1007/s10072-018-3555-3>

REVIEW ARTICLE

Clinical management of Duchenne muscular dystrophy: the state of the art

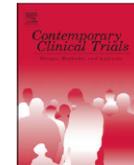
Sonia Messina^{1,2,3}  • Gian Luca Vita²



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Contemporary Clinical Trials

journal homepage: www.elsevier.com/locate/conclintrial



Developing standardized corticosteroid treatment for Duchenne muscular dystrophy[☆]



- 0.75 mg/kg/day prednisone
- 0.75 mg/kg/day prednisone 10 days on/10 days off
- 0.9 mg/kg/day deflazacort

Novità in ambito terapeutico

Fondazione Policlinico Universitario Agostino Gemelli IRCCS
Università Cattolica del Sacro Cuore

DMD

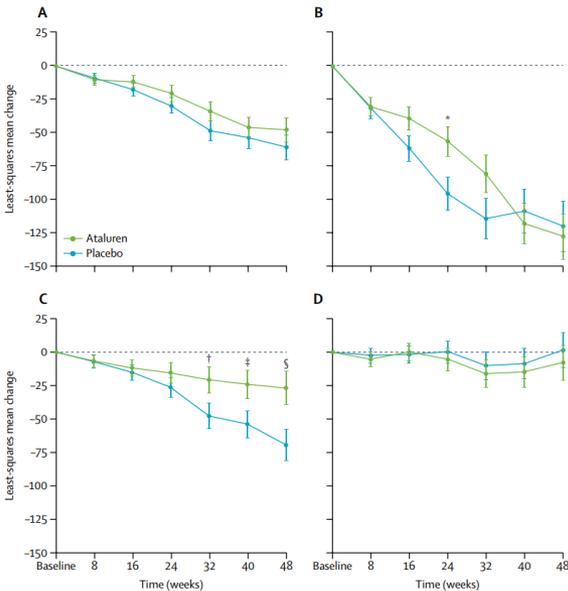
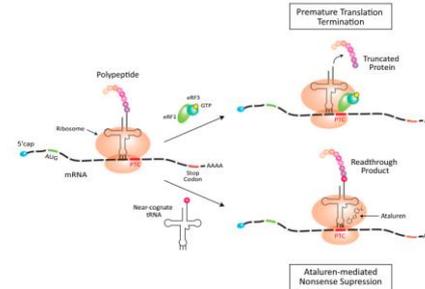
THE LANCET

Volume 390, Issue 10101, 23–29 September 2017, Pages 1489–1498

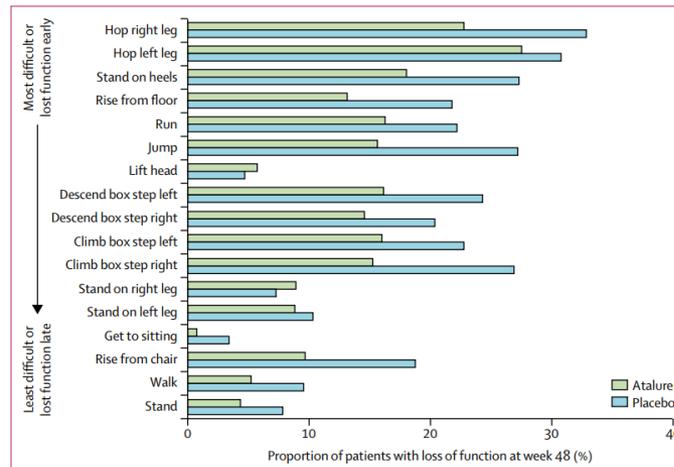
THE LANCET

Articles
Ataluren in patients with nonsense mutation Duchenne muscular dystrophy (ACT DMD): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial

PNAS PNAS



Least-squares mean change in 6-minute walk distance from baseline to week 48



Proportion of patients who lost the ability to perform each individual item in the North Star

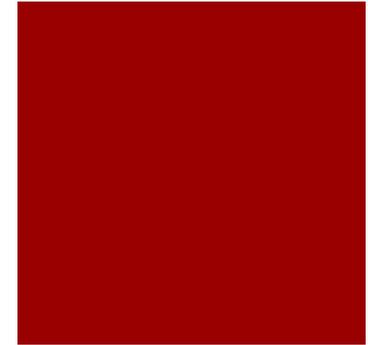


NCT03179631
(Fase 3)

NCT02819557
(Fase 2, ≥2 to <5 anni)

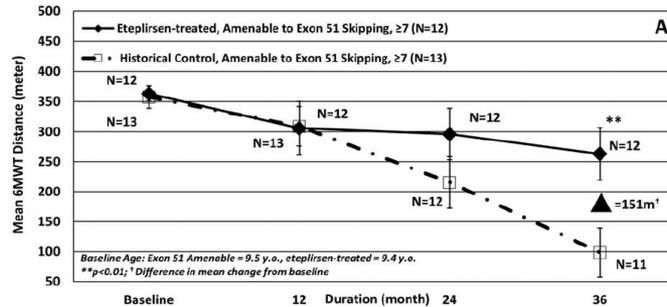
Novità in ambito terapeutico

DMD Exon skipping



Research Article | Open Access | CC BY-NC-ND

Longitudinal effect of eteplirsen versus historical control on ambulation in Duchenne muscular dystrophy



PROMOVI
(NCT02255552 Fase 3)

Golodirsen → Skipping dell'esone 53 (8% pazienti DMD patients)

Casimersen → Skipping dell'esone 45 (8% pazienti DMD patients)



Available online at www.sciencedirect.com

ScienceDirect

Neuromuscular Disorders 26 (2016) 643–649



www.elsevier.com/locate/nmd

→ BMD, Fase 2 (26 pazienti)

Histological effects of givinostat in boys with Duchenne muscular dystrophy

Malattie mitocondriali

BJP British Journal of Pharmacology

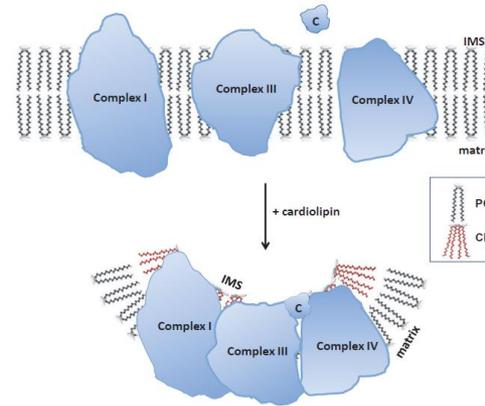
Themed Issue: Mitochondrial Pharmacology: Energy, Injury & Beyond

RESEARCH PAPER

Targeting mitochondrial cardiolipin and the cytochrome c/cardiolipin complex to promote electron transport and optimize mitochondrial ATP synthesis

A V Birk^{1*}, W M Chao^{1*}, C Bracken^{2,3}, J D Warren^{2,4} and H H Szeto¹

BJP H H Szeto



Randomized dose-escalation trial of elamipretide in adults with primary mitochondrial myopathy

Amel Karaa, MD, Richard Haas, MD, Amy Goldstein, MD, Jerry Vockley, MD, PhD, W. Douglas Weaver, MD, and Bruce H. Cohen, MD

Neurology® 2018;90:e1212-e1221. doi:10.1212/WNL.0000000000005255

Correspondence
Dr. Karaa
akaraa@mgh.harvard.edu



140 pazienti arruolati

LOPD

JID: NMD

[m5+;February 12, 2019;19:55]



Available online at www.sciencedirect.com

ScienceDirect

Neuromuscular Disorders xxx (xxxx) xxx



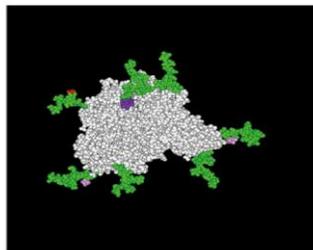
www.elsevier.com/locate/nmd

Safety, tolerability, pharmacokinetics, pharmacodynamics, and exploratory efficacy of the novel enzyme replacement therapy avalglucosidase alfa (neoGAA) in treatment-naïve and alglucosidase alfa-treated patients with late-onset Pompe disease: A phase 1, open-label, multicenter, multinational, ascending dose study

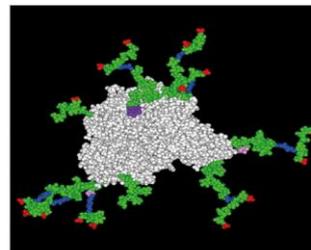


COMET (Fase 3): 84 pazienti arruolati

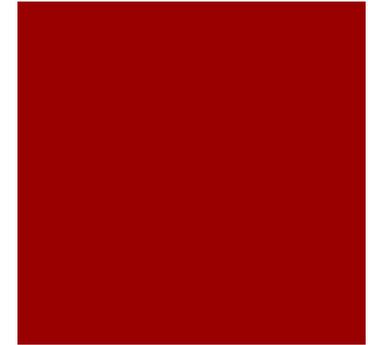
Alglucosidase alfa



Investigational avalglucosidase alfa second-generation acid α -glucosidase replacement therapy



Miopatie infiammatorie



NATURE REVIEWS | RHEUMATOLOGY VOLUME 14 | MAY 2018 | 279

Treatment in myositis

Chester V. Oddis* and Rohit Aggarwal

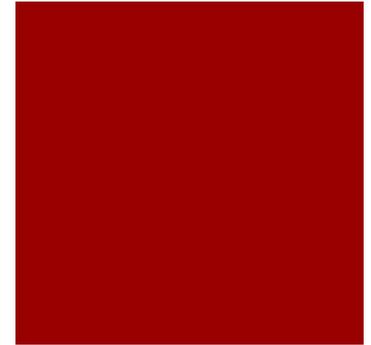
Table 1 | Summary of biologic agents used in the treatment of myositis: selected trials

| Biologic agent | Therapeutic target | Study population | Study design | Primary end points | Results | Refs |
|----------------|--------------------|--|--|---|--|------|
| Rituximab | B cells | Adult polymyositis and dermatomyositis and JDM (n = 200) | Randomized, double-blind and placebo-phase | IMACS DOI | Primary end point was not met, but 83% of study participants met the DOI | 39 |
| | | Anti-SRP-positive individuals (n = 8) | Open-label | MMT and creatine kinase decline | Six of eight patients showed improvements | 38 |
| Infliximab | TNF | Adult polymyositis and dermatomyositis (n = 12) | Randomized, double-blind, placebo-controlled and crossover | ≥15% MMT improvement | <33% response rate | 50 |
| Etanercept | TNF | Adult dermatomyositis (n = 16) | Randomized, double-blind and placebo-controlled | Adverse events; time from randomization to treatment failure; prednisone wean | Five of 11 etanercept-treated patients were weaned off prednisone; no adverse events | 43 |
| Tocilizumab | IL-6 | Adult polymyositis, dermatomyositis and IMNM (n = 40) | Randomized, double-blind and placebo-controlled | Myositis Total Improvement Score | Study in progress | 58 |
| Abatacept* | T cells | Adult polymyositis and dermatomyositis (n = 20) | Randomized, open-label and 'delayed-start' | IMACS DOI | Treatment resulted in lower disease activity in nearly 50% of patients | 63 |
| Anakinra | IL-1 receptor | Adult polymyositis, dermatomyositis and IBM (n = 15) | Open-label | IMACS DOI and functional index | Seven of the 15 patients responded to treatment | 64 |

DOI, definition of improvement; IBM, inclusion body myositis; IMACS, International Myositis Assessment and Clinical Studies; IMNM, immune-mediated necrotizing myopathy; JDM, juvenile dermatomyositis; MMT, manual muscle testing; SRP, signal recognition particle. *Larger, international study in progress⁶⁵.

Novità in ambito terapeutico

Miosite a corpi inclusi (sIBM)



[Neurology](#). 2014 Dec 9; 83(24): 2239–2246.

PMCID: [PMC4277670](#)

doi: [10.1212/WNL.0000000000001070](https://doi.org/10.1212/WNL.0000000000001070)

PMID: [25381300](#)

Treatment of sporadic inclusion body myositis with bimagrumab



Risultati promettenti nello studio di fase 2, non confermati nello studio di fase 3 (RESILIENT), in attesa di valutazione degli outcomes secondari

Canalopatie

doi:10.1093/brain/awx192

BRAIN 2017; 140; 2295–2305 | 2295

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CLINICAL TRIAL

The antimyotonic effect of lamotrigine in non-dystrophic myotonias: a double-blind randomized study

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