A Quantitative Systems Pharmacology Platform of Brain and Serum Progranulin (PGRN) to Investigate Targets in Frontotemporal Dementia (FTD).

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Introduction

- Frontotemporal dementia (FTD) is the second most common form of neurodegenerative dementia, characterized by extensive neuronal loss, TDP-43 pathology, and gliosis
- FTD can be caused by loss of function mutations in the GRN gene that results in a haploinsufficiency of the progranulin (PGRN) protein
- Restoration of normal PGRN levels is a therapeutic strategy of interest, and plasma PGRN is of interest as a possible biomarker
- It is unclear which pool of PGRN (e.g., intra-vs. extracellular) should be increased to achieve optimal therapeutic efficacy, and which functional pathway should be targeted

Objectives

- Elucidate and document PGRN production, uptake, clearance, and transport in the brain and periphery
- Formulate hypotheses for unknown or uncertain aspects of PGRN life cycle
- Identify experiments to test hypotheses, resolve uncertainties, identify/prioritize potential targets
- Support development of therapies designed to restore the expression and distribution of PGRN

Figure 1. PGRN synthesis, secretion, uptake, and clearance. Microglia are the highest producers of PGRN on a per cell basis. Neurons are thought to be the relevant target for clinical manifestation of disease.



Methods

- Explore the role of PGRN in FTD by collaborating on the development of a PGRN PhysioMap[®], a qualitative, graphical model of PGRN's known and hypothesized functions
- Develop a PGRN PhysioPD[™] research platform to quantitatively integrate public and proprietary data sets into a mechanistic representation of PGRN dynamics
- Reproduce key results in simulated experiments
- Facilitate identification of knowledge gaps, generation of hypotheses, and identification of assays to resolve uncertainties and test hypotheses



References

- 1. Friedrich CM. A model qualification method for mechanistic physiological QSP models to support model-informed drug development. CPT Pharmacometrics Syst Pharmacol. 2016;5(2):43-53.
- 2. Wilke C, Gillardon F, Deuschle C, et al. Serum levels of progranulin do not reflect cerebrospinal fluid levels in neurodegenerative disease. Curr Alzheimer Res. 2016;13(6):654–662.

- and FORUM to represent PGRN life cycle in brain, CNS, and periphery (Figure 3)
- The PGRN PhysioMap was designed and curated by a multidisciplinary team from Rosa Forum quantitative assay data were reproduced in the PGRN PhysioPD Research Platform • The systematic process of integrating information in the PGRN Platform led to insights, development of hypotheses, and identification of experiments to resolve uncertainty



Figure 3. The PGRN PhysioMap.

Finding #1: PGRN protein in the brain is mostly stored in neurons

- Modeling confirmed that microglial supply most of the PGRN in the brain, but total neuronal secretion rate was also significant (Figure 4)
- Neurons take up more PGRN than microglia
- Because PGRN in neurons has a long intracellular half-life, it is expected that most of the PGRN measured in brain tissue is stored in neurons (Figure 5)
- This has important implications for interpreting PGRN protein measurements in brain



Results



- The process of constructing the PGRN PhysioPD Research Platform produced novel insights and recommendations
- Several experiments were identified that could resolve knowledge gaps and test hypotheses identified by the team in the process of developing the Platform
- The PGRN PhysioPD Research Platform can be used to simulate the effects of modulating different targets on increasing PGRN in intracellular and extracellular compartments in support of developing effective treatments for FTD
- PhysioPD research supports focused pharmaceutical R&D and reduces development risk





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Results

Finding #2: PGRN synthesized vs. taken up has very different intracellular half-life.

- Modeling of two proprietary datasets revealed an apparent inconsistency in the intracellular half-life of PGRN in neurons
 - Cyclohexamide chase experiments suggested long intracellular half-life
 - o Blocking sortilin-mediated PGRN uptake increased extracellular PGRN concentration compared to control, but had no effect on intracellular PGRN levels in neurons
- The team formulated 5 hypotheses to explain the apparent contradiction (Figure 6)
- One hypothesis that is consistent with the given data is that there is a protected pool of
- The team discussed specific experiments that could be used to test the hypotheses

Figure 6. The PGRN PhysioMap facilitated hypothesis development and initial testing to uncover possible mechanistic explanations for constant intracellular PGRN levels in neurons when uptake is blocked. Hypotheses:

- 1. EnLy pool is much smaller than 33% and does not contribute much to total IC PGRN
- Con: Shown to be inconsistent with CHX data 2. Much longer IC half-life
- Con: Shown to be inconsistent with sortilin data 3. Separate protected (IC) PGRN pool, not
- connected to sortilin uptake Pro: Tested, consistent with data
- 4. PGRN is shuttled from TGN to EnLy, and this flow rate increases when sortilin is inhibited Requires further testing
- 5. PGRN transcription is upregulated when sortilin is inhibited/EnLy pool drains Requires further testing
- <u>Finding #3: Dynamic analysis suggests significant revision of plasma PGRN half-life.</u>
- FORUM preclinical data showed that when PGRN production in CNS is increased, plasma
- Dynamic modeling illustrated that this level of increase at 4 hours is inconsistent with a
- This suggests that caution should be used in interpreting serum PGRN level as a biomarker for brain PGRN level, consistent with recent evidence²



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Figure 7. Changes in plasma PGRN level in response to a temporary increase in CNS PGRN production are influenced by plasma PGRN half-life.

Conclusions

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