

BACKGROUND AND OBJECTIVE

Niemann-Pick disease type C (NPC) is an ultra-rare and fatal neurodegenerative disease (1:100,000 live births). It is a highly heterogeneous disease with relentlessly progressive symptoms. In NPC, normal lysosomal function is disrupted by mutations in the NPC1 (95% of cases) or NPC2 genes. The dysfunction of either of these genes results in a reduced amount of properly folded and mature NPC protein, or even a complete lack of NPC protein. The consequence is lysosomal dysfunction with accumulation of unesterified cholesterol in lysosomes and late endosomes which is cytotoxic and causes neurodegeneration and peripheral organ dysfunction.

Arimoclomol, an orally available small molecule, is an FDA-approved treatment for NPC when used in combination with miglustat. The purpose of the in vitro studies was to explore the pathways by which arimoclomol targets the fundamentals of NPC etiology.

RESULTS

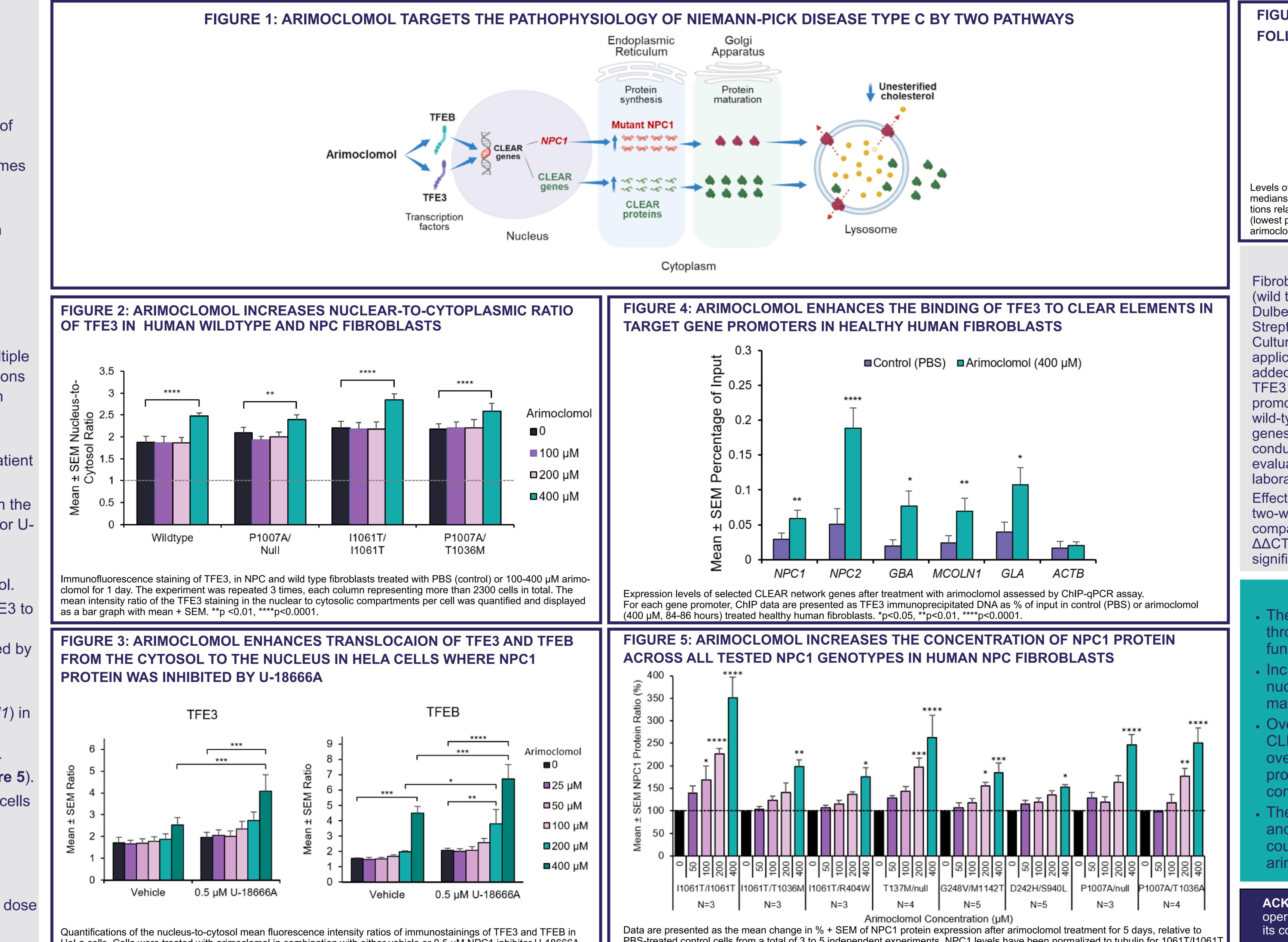
- The results presented below outlines how arimoclomol can target NPC etiology through multiple mechanistic pathways making it relevant both when NPC is caused by functional null mutations and missense mutations. The proposed mechanism of action of arimoclomol is illustrated in Figure 1
- After 1 day of treatment with arimoclomol, the translocation of TFE3 from the cytosol to the nucleus was significantly increased compared to vehicle in both healthy human and NPC patient fibroblasts across 3 genotypes containing either the I1061T or P1007A mutation (Figure 2)
- A dose-dependent (0–400 µM) arimoclomol-enhanced translocation of TFE3 and TFEB from the cytosol to the nucleus was demonstrated in HeLa cells treated with the NPC1 protein inhibitor U-18666A that induces an NPC like phenotype (Figure 3). The results show that the impaired function of NPC1 protein alone promote some translocation of TFE3/TFEB to the nucleus indicating that the NPC phenotype is more sensitive to TFE3/TFEB activation by arimoclomol.
- Treatment with arimoclomol (400 µM) was shown to significantly enhance the binding of TFE3 to the CLEAR promoter elements of NPC1, NPC2, GBA, MCOLN, and GLA in healthy human fibroblasts, whereas binding of TFE3 to the negative control ACTB promoter was not affected by arimoclomol (Figure 4).
- Transcriptional upregulation with arimoclomol (400 µM) was observed for all tested CLEAR genes related to lysosomal function (NPC1, NPC2, GBA, GLA, MCOLN1, RRAGD, SQSTM1) in healthy human fibroblasts (data not shown).
- Arimoclomol (0–400 µM) increased NPC1 protein concentrations in all genotypes in a dosedependent manner with the greatest effects observed in the I1061T/I1061T genotype (Figure 5).
- Increased maturation of mutant NPC1 proteins in the NPC fibroblasts was demonstrated in cells incubated with arimoclomol compared to untreated control by use of the endoglycosidase H (Endo H) assay (data not shown).
- Arimoclomol (100 and 200 µM) increased the cholesterol clearance from the lysosomal compartment demonstrated by reduced filipin staining intensity at prespecified timepoints (7, 14, 21, 28 days), with the most pronounced effect obtained with the highest arimoclomol dose (**Figure 6**).

Arimoclomol Upregulates Expression of Genes Belonging to the Coordinated Lysosomal Expression and Regulation (CLEAR) Network

Hadeel Shammas¹, Nikolaj Havnsøe Torp Petersen², Pontus Klein², Anja Koustrup², Marianne Terndrup Pedersen², Anne Sigaard Bie², Travis Mickle¹, Cathrine Kolster Fog², Thomas Kirkegaard Jensen², Sven Guenther¹

¹Zevra Therapeutics, Orlando, FL, USA, ²Orphazyme A/S, Copenhagen, Denmark.

2024 AMERICAN SOCIETY OF HUMAN GENETICS ANNUAL MEETING, NOVEMBER 5-9, DENVER, COLORADO



HeLa cells. Cells were treated with arimoclomol in combination with either vehicle or 0.5 µM NPC1 inhibitor U-18666A for 3 days. Bars depict the means of median ratios of independent experiments (n=4), each with >160 cells per sample, error bars show SEM. *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001

PBS-treated control cells from a total of 3 to 5 independent experiments. NPC1 levels have been normalized to tubulin for 1061T/I1061T and P1007A/null, and to ponceau staining of total protein for the other cell lines. *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001.



FIGURE 6: HEATMAP OF FILIPIN STAINING INTENSITY IN LYSOSOMES **FOLLOWING ARIMOCLOMOL TREATMENT**

Day	Arimoclomol Concentration (µM)					
	0	12	25	50	100	200
7	0%	-11%	-14%	-21%	-21%	-34%
14	0%	-17%	-27%	-25%	-32%	-55%
21	0%	-12%	3%	-15%	-29%	-55%
28	0%	-8%	-1%	-11%	-39%	-38%

Levels of unesterified cholesterol were measured by high-content imaging of filipin staining in NPC patient fibroblasts. Data represent the means of medians of 3 replicate experiments and are expressed as percent reduction in the staining intensities measured with different arimoclomol concentra tions relative to vehicle control (0 µM) at Day 7, 14, 21 and 28 (for each condition, the total cell line included > 1400 cells).Colors range from green (lowest possible reduction of 100%) to white (cholesterol content observed with control) to red (symmetrically set to an increase of 100%) across arimoclomol concentrations by treatment day

METHODS AND STATISTICS

Fibroblast cell lines derived from skin biopsies of clinically confirmed NPC patients and from healthy donors (wild type controls) were maintained in culture in standard conditions (37°C and 5% CO₂, High glucose Dulbecco's Modified Eagle Medium supplemented with non-essential amino acids, 1% Penicillin-Streptomycin and 12% Fetal Bovine Serum). HeLa cells clone CCL-2 were acquired from American Type Culture Collection (ATCC) and cultured in the same medium and conditions as the fibroblast cell lines. As applicable, test solutions of arimoclomol citrate or U-18666A in PBS, or just PBS (vehicle control) were added to the cell medium. The effect of arimoclomol on the nuclear vs cytosolic distribution of TFEB and TFE3 was assessed in different cell types by immunofluorescence staining. Binding of TFEB/TFE3 to the promoter regions of CLEAR genes was assessed with chromatin immunoprecipitation (ChIP) and qPCR in wild-type fibroblasts treated with arimoclomol. The effects of arimoclomol on the expression levels of CLEAR genes were examined by qPCR in WT and NPC1 fibroblasts. Endo H assays and Western blotting were conducted to assess NPC1 protein level and maturation. High-content imaging of filipin staining was used to evaluate cholesterol clearance from lysosomes. All experiments were performed in the Orphazyme laboratory in Copenhagen, Denmark.

Effects of treatment relative to control were assessed by a paired 2-tailed t-test or by repeated measures two-way analysis of variance (ANCOVA). Multiplicity was adjusted using Šídák's or Dunnett's multiple comparisons test. Expression levels of target genes relative to reference genes were calculated with the ΔΔCT-method. Analyses were performed using GraphPad Prism (versions 9.1.0, 9.1.1 or 9.3.1). Statistical significance was considered at a threshold value of 0.05.

CONCLUSIONS

 The presented in vitro data provide mechanistic evidence of how arimoclomol can target NPC through multiple mechanistic pathways making it relevant in NPC, both when caused by functional null mutations and missense mutations.

• Increased translocation of the transcription factors TFE3 and TFEB from the cytosol to the nucleus is a crucial step that results in upregulation of a series of downstream processes that may improve lysosomal function and cell viability.

• Overall, the data support that arimoclomol does not only upregulate expression of certain CLEAR genes and specifically NPC1 at the transcriptional level, but also that this overexpression results in amplification of NPC1 protein levels and more successful NPC1 processing ultimately leading to increased cholesterol clearance from the lysosomal compartments

 The effects of arimoclomol in mutant NPC cells found across the in vitro studies are consistent and downstream effects expected to result from the activation of a specific process in one study could be confirmed in another study to provide a cohesive picture of the mechanism of action o arimoclomol

ACKNOWLEDGEMENTS: This work was sponsored by Zevra Therapeutics. KemPharm acquired all assets and operations of Orphazyme, including arimoclomol, on June 01, 2022. Effective February 22, 2023, KemPharm changed its company name to Zevra Therapeutics.

DISCLOSURES: HS, TM, and SG are employees of Zevra Therapeutics.