RNA binding proteins and protein binding RNAs in ALS and FTD

Boris Rogelj

Jožef Stefan Institute, Ljubljana, Slovenia

What is amyotrophic lateral sclerosis?

(AKA, motor neuron disease, Lou Gehrig's disease)

Progressive muscle wasting disease due to the degeneration of motor neurons.

People become progressively paralysed unable to walk, talk, feed or toilet themselves.

Spares sensation and eye movements, bladder and bowel function, and cognition.

People die because they are unable to breathe, death occurs ~20 months after diagnosis.

There is no effective treatment for this disease.

Amyotrophic Lateral Sclerosis (ALS)



Epidemiology and prognosis

Average age of onset mid-50's

Mode of transmission

- Sporadic 90-95%
- Familial 5-10% (autosomal dominant)

Male : Female – 3:2 Incidence 1-2.5 / 100,000



Prognosis – difficult to predict in an individual patient

- 50% live 3-4 or more years
- 20% live 5 or more years
- 10% live 10 or more years
- Occasional patients live 20 years or more.

Frontotemporal dementia



- Prominent frontal and temporal lobe atrophy.
- Deterioration of personality and cognition.
- Mirror image of AD with pronounced behaviour problems initially and memory problems later.
- Accounts for up to 3-20% of dementias.
- <image>
- Common cause of dementia in younger population -in 45-64 age group at 15 per 100,000 (same as AD).
- Mean age of onset 52.8

Genetic overlap of ALS and FTD



Ito Neurology 2011

Progress of genetic findings related to ALS etiology and pathogenesis



Mutations in Slovenian ALS patients

Clinical data of Slovenian ALS patients with detected genetic changes

Gene	Nucleotide change	AA change	Frequency (%)	Gender	Onset; age of onset; disease duration; associated symptom	Reference
SOD1	c.43G>A	p.Val14Met	2.3	F	Spinal; 67 y; 4+ y	Deng et al., 1995
SOD1	c.280G>T	p.Gly93Cys		F	Spinal; 51 y; 5+ y	Rosen, 1993
TARDBP	c.990A>G	p.Leu330Leu	1.2			This study
FUS	c.1566G>A	p.Arg522Arg	1.2	M	Spinal; 84 y; 1 y	Ticozzi et al., 2009
C9ORF72	Expansion GGGGCC		5.9	Μ	Spinal; 52 y; 0.5 y	Renton et al., 2011
				F	Spinal; 60 y; 6+ yrs	
				Μ	Spinal; 61 y; 2+ yrs; FTD	
				F	Bulbar; 55 y; 2 y	
				Μ	Spinal; 70 y; 1 y	

Molecular pathology of TDP-43 in FTD



Toxicity could be loss of nuclear function or effect of cytoplasmic aggregates.

Molecular pathology of TDP-43 in ALS



TDP-43 +ve inclusions, lost from nucleus, insoluble phos+ 25kDa fragments.

TDP-43 mutations in ALS





TARDBP mutations



TDP-43 mutations in familial and sporadic ALS



Mutations present in 1-3% of familial and sporadic ALS, •~40 mutations in ALS all but one are in the G-rich C-terminal domain •~40% affect a potential phosphorylation site

TDP-43 is toxic to neural tissues



Electroporation with mt TDP-43 but not wild-type causes death of motor neurons.

Sreedharan et al. Science 2008

FUS mutations in ALS



Three Mutations in FUS in 8 kindreds



RGGDRGGFRGGRGG<mark>-</mark>DRGGFGPGKMDS<mark>R</mark>GDHR<mark>H</mark>D<mark>R</mark>RDRPY

Xenopus

Zebrafish

FUS mutations in familial ALS



Dormann, TiNS 2011

- •~ 40 mutations to date.
- •2/3 of the mutations are at the C terminus of the protein.
- •1/3 of the mutations in the Glycine-rich region.

FUS inclusions in patients carrying mutations



Vance/Rogelj, Science 2009

FUS mutations affect subcellular localisation



Vance/Rogelj, Science 2009

C terminus of FUS contains an NLS



C	WT	K510X	R521C	R521H	R514G	WT+NLS	R521C+NLS	R521H+NLS	R514G+NLS
GFP-FUS						0		0	6
Merge	0	a S			C				8

Mutant FUS does not colocalize with P bodies, nuclear speckles, RNA transport granules



Mutant FUS colocalizes with stress granules



Vance C et al. Hum. Mol. Genet. 2013

GCCGGGGCCGGGGCCGGG CCGGGGCCGGGGCCGGGGCCGGGGCC GGGGCCGGGGCCGGGGCC GGGCCGGGGCCGGGGCCGGG GCCGGGGCCGGGGCCGGG CCCGGGCCGGGCCCGGGGCCGGGGCC GGGGCCGGGGCCGGGGGC GGCCGGGGCCGGGGCCGGGGCCGGG

GG

CCCCGGGCCGGGGCCGGGGCCGGGGCCGGGG

GGGCCCGGGCCGGCCGGGGCCGGGGCCG

CCGGGGCCGGGGCCGGGGCCGGGGCCGGGG

GGGCCCGGGCCGGGGCCGGGGCCGGGGCCG



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CCCGGGGCCGGGGCCGGGGCCGGGGCCGGGGGGGGGGCC GGGCCGGGGCCGGGGCCGGGGCCGGGGCCGGGGCCGGG



CCGGGGCCGGGGCCGGGGCCGGGGCCGGGG



- Expansion recently associated with approximately 40% of familial ALS, 25% of familial FTLD, and 6%–7% of sporadic cases.
- 500 to >5000 repeats in patients with ALS or FTLD. Individuals without disease possess 2–19 repeats (average ~2).
- The intronic location of G4C2 repeat strongly suggests a disease mechanism directly involving RNA.
- TDP-43 proteinopathy.



RNA/DNA structures

- Repeat may cause highly complex DNA and/or RNA structures.
- Sense and antisense transcripts.

dG4C2 forms parallel GQs





Šket, Neurobiology of Aging 2014

Uniform structure breaks down with higer repeat number d(G4C2)4



Šket, Neurobiology of Aging 2014



Mechanism?

Three possible mechanisms:

- 1. Haploinsufficiency.
- 2. Repeat-associated RNA toxicity.
- 3. RAN translation resulting in DPRs.

RNA toxicity hypothesis



RNA pulldown



- 48x(G4C2)-S1; Controls: RFP(1-300)-S1 and S1 only
- Incubate in fresh nuclear or cytoplasmic brain extract from rats.



Targeted screeing of hnRNPs and other RBPs

g proteins
G4C2-Foci
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•
+
+

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hnRl	NPs
GENE	G4C2-Foci
hnRNP-pan	
hnRNP-A1	
hnRNP-A2B1	•
hnRNP-A3	•
hnRNP-	•
C1/C2	
hnRNP-E1	
hnRNP-F	•
hnRNP-H	+
hnRNP-K	
hnRNP-L	
hnRNP-M	
hnRNP-Q	•
hnRNP-R	•
hnRNP-U	

RNA foci are dependent on repeat length





SC35, SF2, and hnRNP-H colocalize with G4C2 nuclear foci

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RNA foci in C9ORF72 brain tissues colocalize with hnRNP-H



Cerebellum



E SF2 G4C2 foci DAPI Merge







Lee, Cell Reports 2013

SFPQ Splicing factor, proline- and glutamine-rich

G4C2 MERGE SFPQ DAPI pcDNA3.2/GW/TOPO 72xG4C2 **HEK293T** pcDNA3.2/GW/TOPO 72xG4C2 pcDNA3.2/GW/TOPO 72xG4C2 HeLa pcDNA3.2/GW/TOPO 72xG4C2

NONO Non-POU domain-containing octamer-binding protein

pcDNA3.2/GW/TOPO 72xG4C2

HEK293T

pcDNA3.2/GW/TOPO 72xG4C2

pcDNA3.2/GW/TOPO 72xG4C2

HeLa

pcDNA3.2/GW/TOPO 72xG4C2



Colleagues and funding

IJS-ALS group

Current: Anja Kovanda, Simona Darovic, Sonja Prpar Mihevc, Anja Pucer Janež, Ana Bajc Česnik, Vera Župunski (FKKT), Tomaž Bratkovič (FFA)
Former: Sabina Vatovec, Jure Pohleven, Maja Štalekar

Collaborators: Chris Shaw Jernej Ule Janez Plavec Blaž Zupan, Tomaž Curk Janez Zidar, Blaž Koritnik Nigel Leigh, Chris Miller, Ammar Al-Chalabi Bob Brown, John Landers, Tom Kwiatkowski Don Cleveland Francesco Baralle Ian Wilmut Tom Maniatis

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