

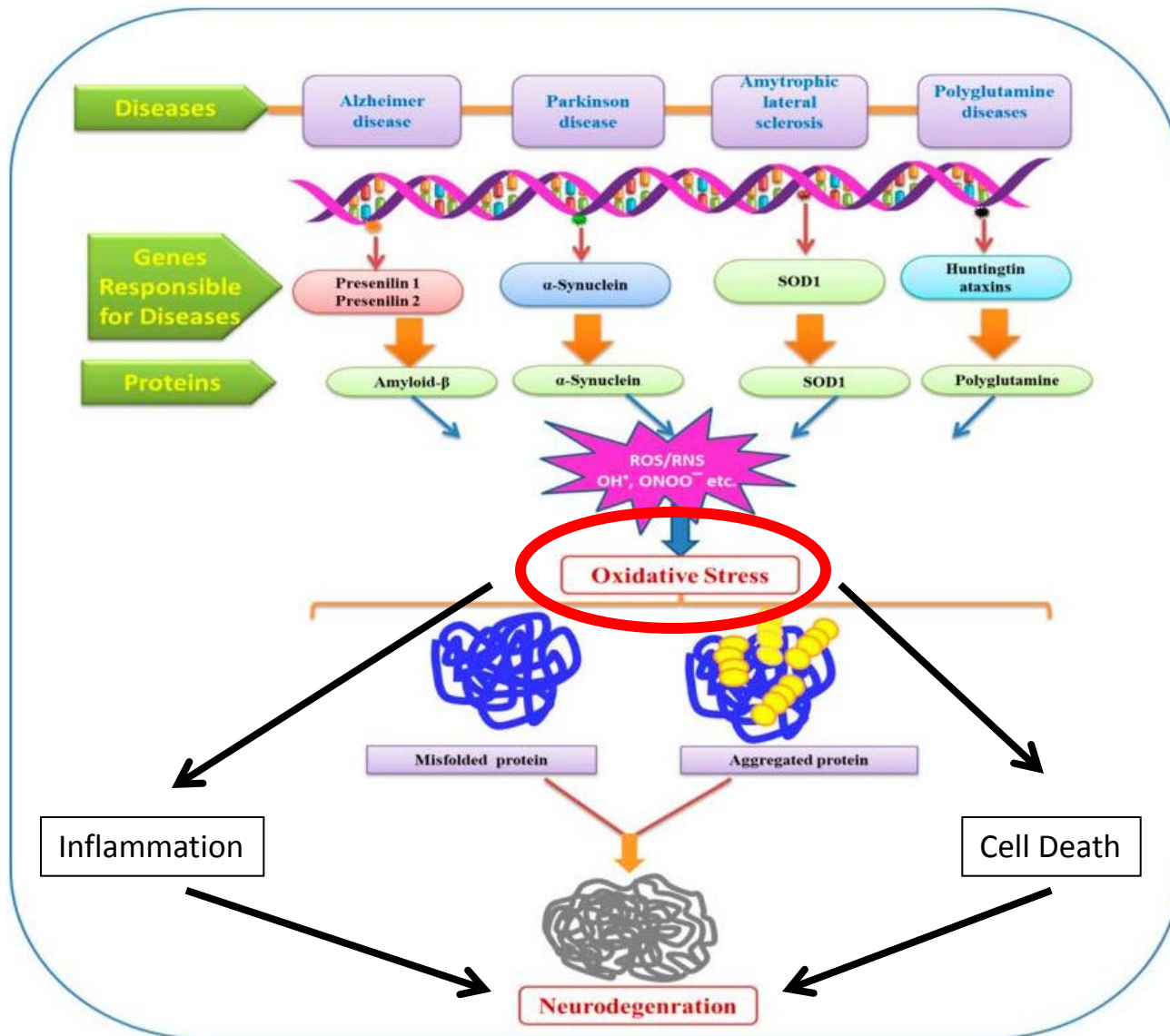
Alternative Therapies for ATTR

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Biannual Amyloid Support Group Meeting
Chicago, IL
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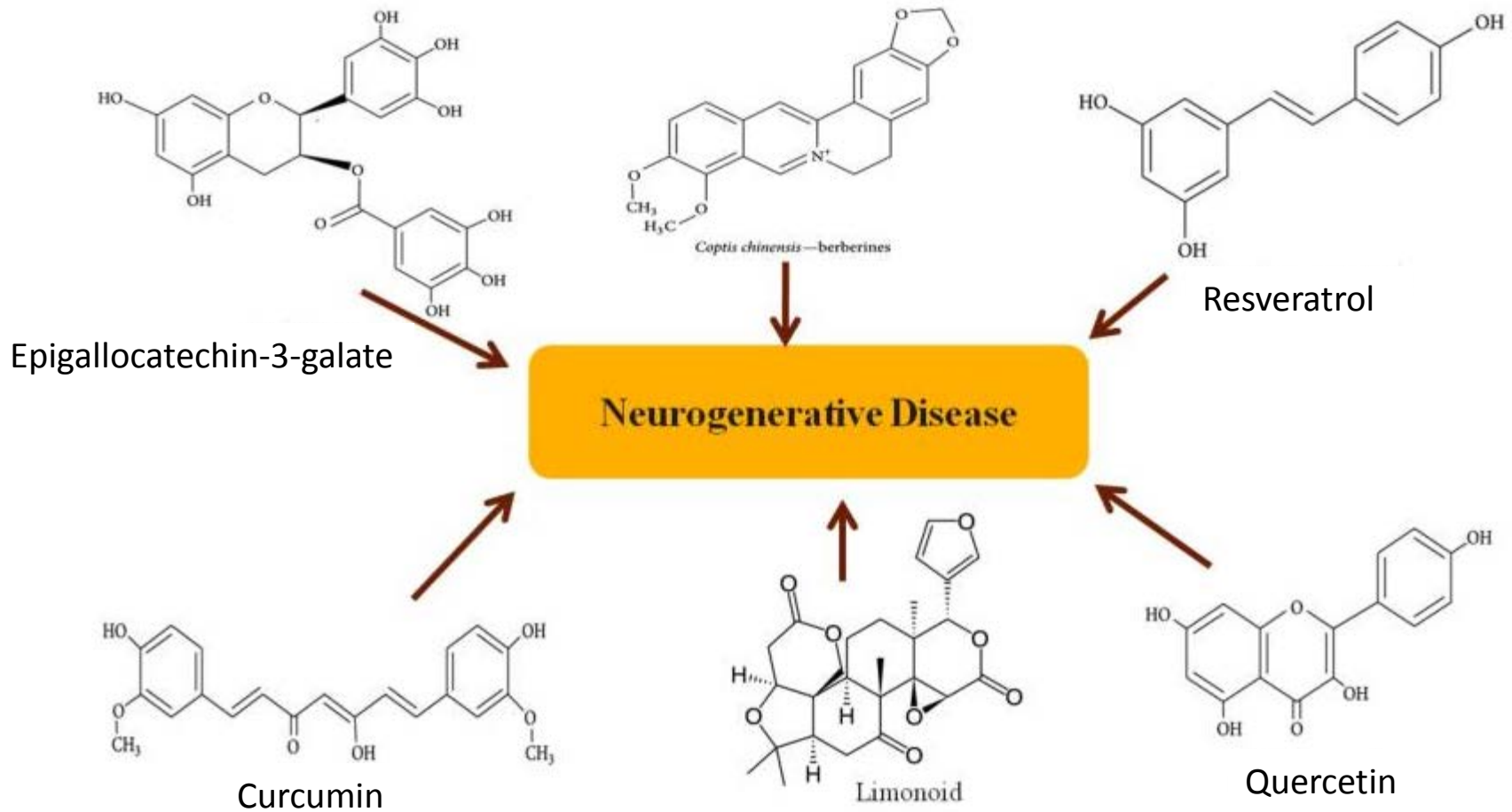
Neurodegenerative Disease



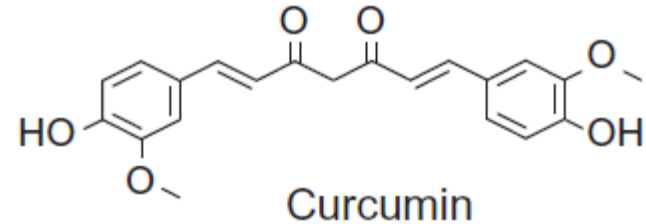
Polyphenolic Nutraceuticals

- Flavonoids
 - Vegetables, fruits, grains, bark , stems, teas, wine
- Effects on AD pathology
 - Limit oxidative injury
 - Inhibit A β fibril/aggregation, destabilize formed A β
 - Inhibit killer cell activation
 - Increase cell survival signaling
- Curcumin (active spice of Tumeric)
- Resveratrol (grapes/wine)
- Epigallocatechin gallate (EGCG)

Phytochemical (herbal medicines)

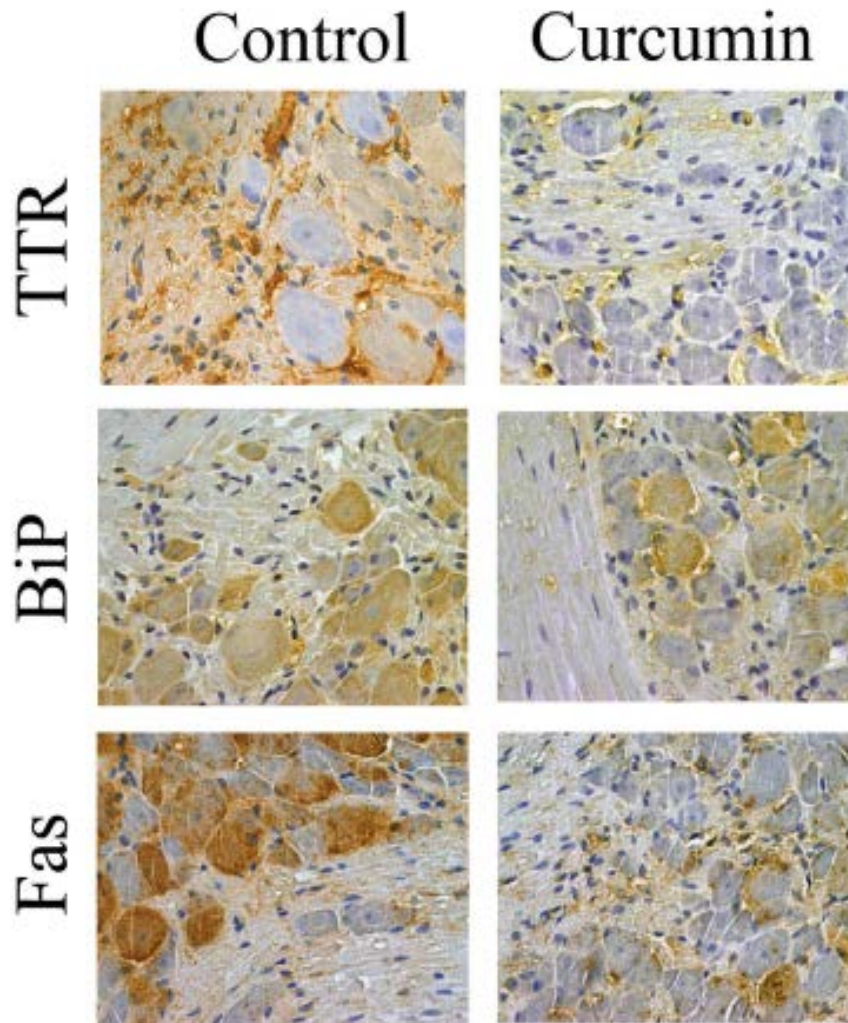


Curcumin



- Natural polyphenol (diarylheptanoid)
- Inhibits A β aggregation/breaks up A β fibrils
- Blocks toxicity of A β fragments on brain cells
- Competes T4 binding to TTR
- Promotes clearance of TTR aggregates
- Inhibits steps of ATTR fibril formation
- Penetrates blood brain barrier – extent unclear
- Poor bioavailability limits use

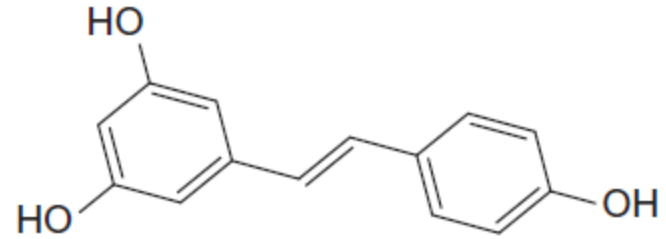
Curcumin decreases ATTR and injury signals in mouse nerves



COMMENTS

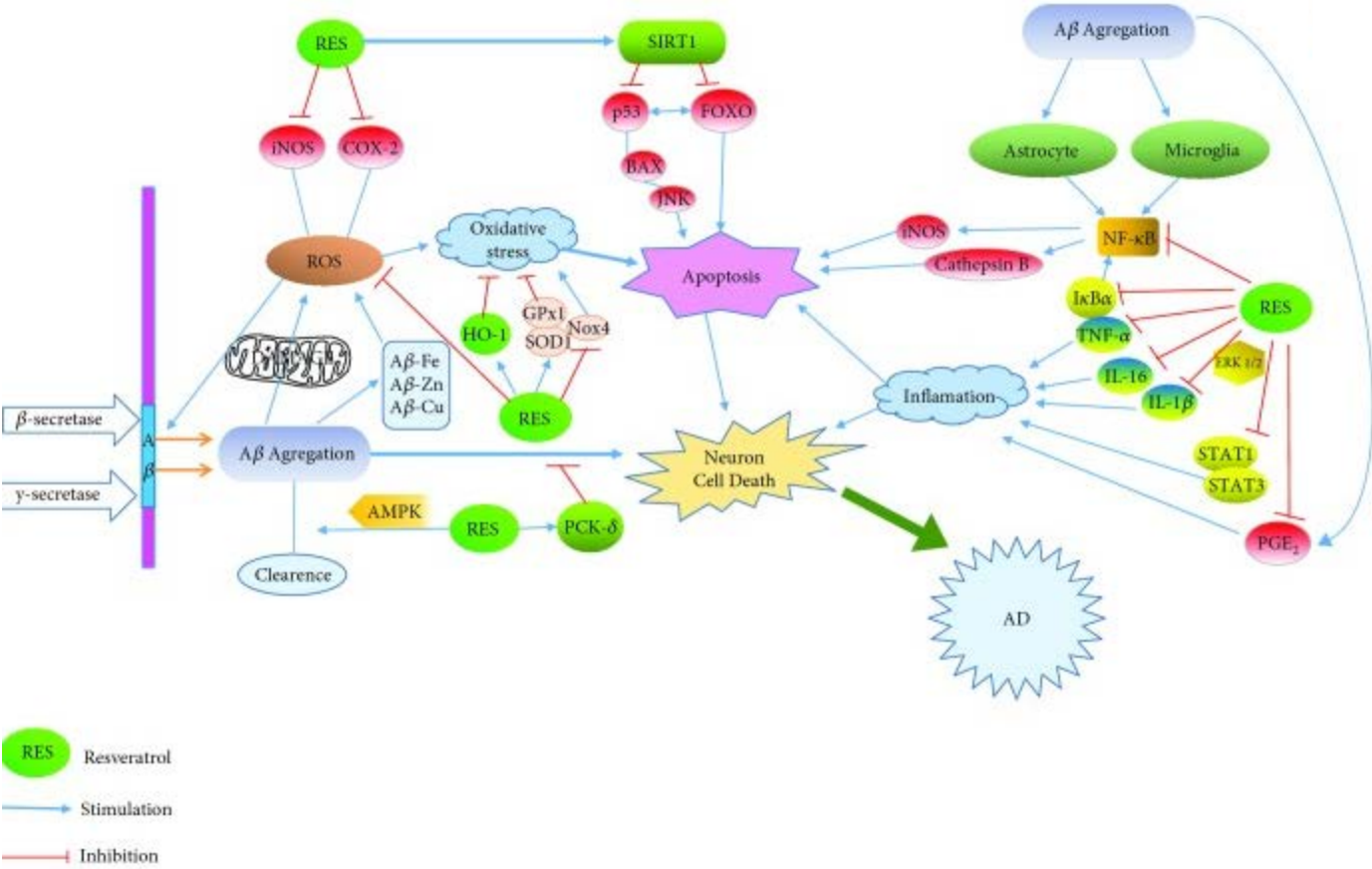
- Prefibrillar aggregates
- 6 weeks curcumin in drinking water
- Poor bioavailability
- Unachievable levels
- Does not recapitulate human disease

Resveratrol

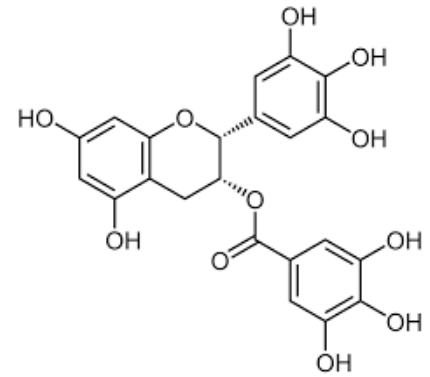


- Damaged grapevines, pines, peanuts
- Stabilizes TTR tetramer conformation (T4 pocket)
- Promotes aggregation of potentially toxic TTR monomers
- In mouse models, inhibits A β aggregation, disrupts plaques
- Attenuates oxidative damage of A β aggregates in neuronal cell culture and brains (hippocampus) of AD patients
- Poor bioavailability
- Effective dose undefined
- CNS penetration appears limited
- Inconclusive data from human clinical trials

Role of Resveratrol in AD



EGCG



- Inhibits neurodegeneration in ALS/AD
- Protects rat brain neurons from A β toxicity
- Low dose inhibits inflammatory pathways
 - IL1 β , TNF, TGF β
- Activates cell survival (PI3K/Akt) pathway
- Stabilizes TTR tetramers
 - Different mechanism than diflunisal
- Inhibits ATTR amyloid fibril formation
- Promotes breakdown of amyloid deposits
 - Non-toxic aggregates

EGCG

ATTR

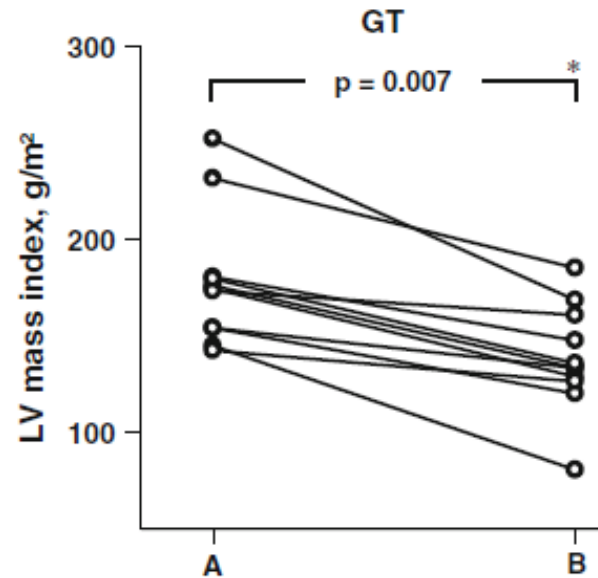
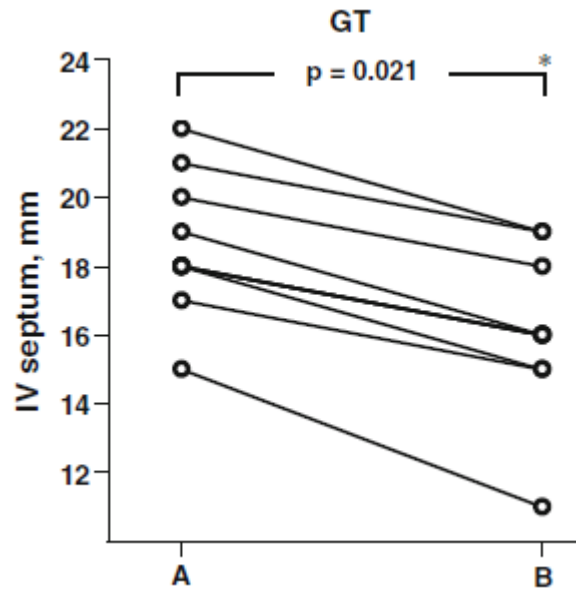
- 14 ATTR cardiomyopathy patients
- EGCG 500-700 mg/day x 12 months
- Findings
 - Echo: no change in LV wall thickness
 - Cardiac MRI: 12.5% decrease LV mass

AL

- 59 patients with AL amyloid cardiomyopathy
- EGCG 600-800 mg/day + AL amyloid treatments
- Findings
 - 11 patients -- > 2 mm septal wall decrease
 - 6 months (range, 3-10)

EGCG

AL Amyloid Cardiomyopathy



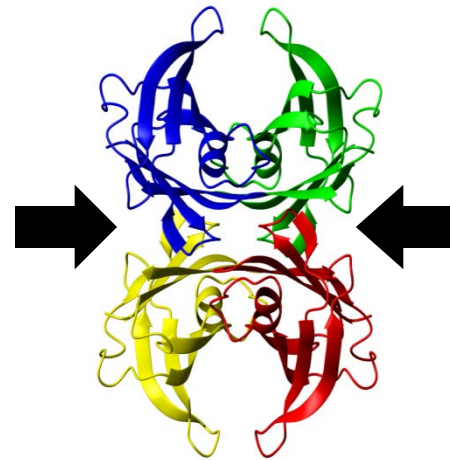
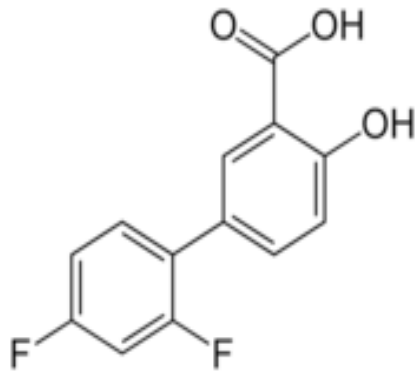
EGCG for ATTR Cardiomyopathy

- Retrospective study of ATTR CM patients
- Tuscan Regional Amyloid Center, Florence Italy
- 30 pts (+) EGCG 675 mg/day \geq 9 months;
- 35 pts (-) EGCG
- Median follow up 691 days
- 5 deaths (+) EGCG; 8 deaths (-) EGCG
- Survival estimates $60_{\pm}15\%$ v. $61_{\pm}12\%$, $p=0.276$

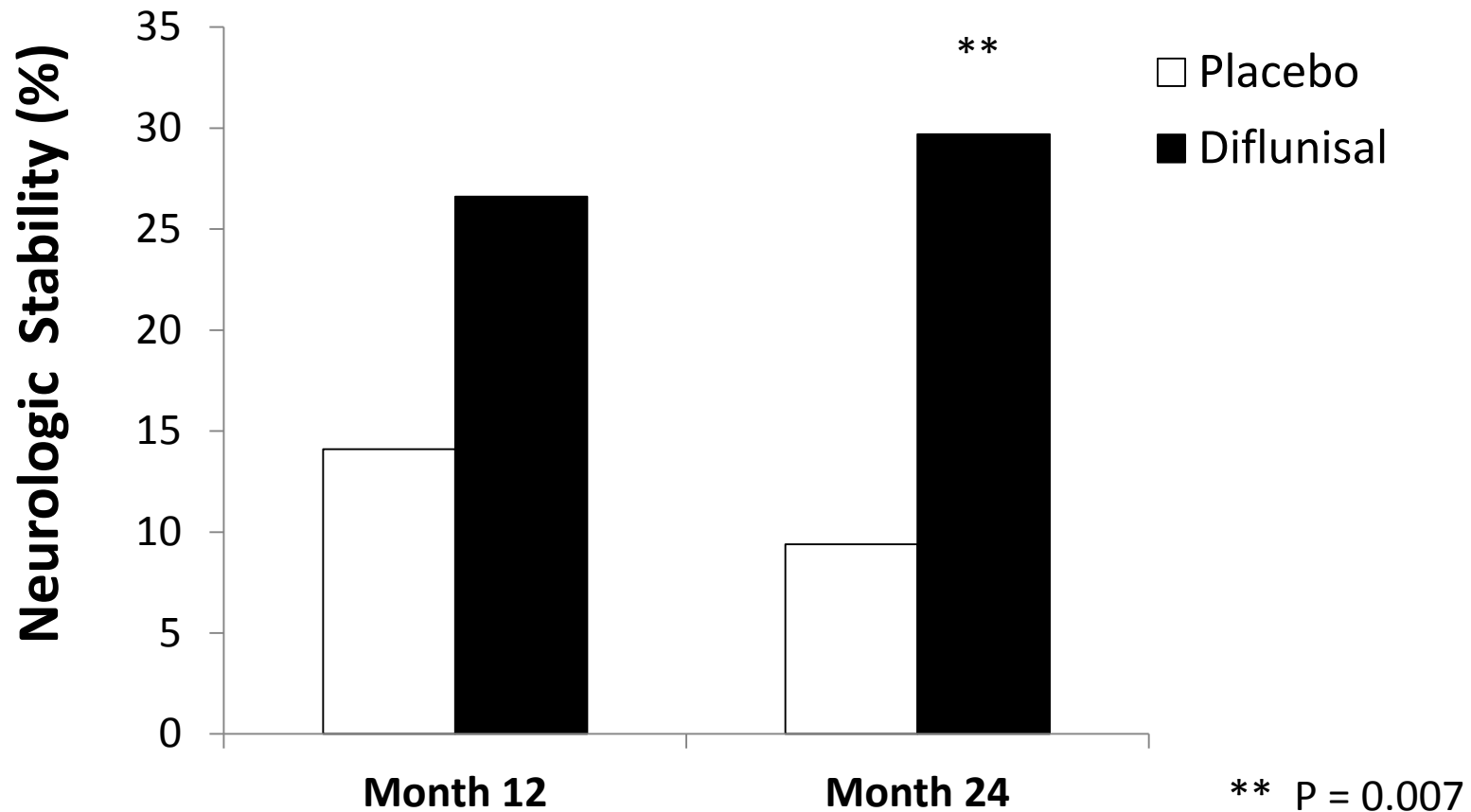


Diflunisal IND 68092

- 2',4'-difluorophenyl salicylate derivative
- Non-Steroid Anti-Inflammatory Drug (NSAID)
- High serum concentrations and low toxicity



No Decline in 30% taking Diflunisal for 2 YRS





Conclusions

- Diflunisal inhibits neurologic progression and preserves quality of life in patients with ATTR-FAP
- Effective across gender, mutations, and severity of disease at entry
- Cost effective – if no kidney, heart, GI issues