



**Mount
Sinai**

*Seaver Autism
Center for Research
and Treatment*

Gene mutations in autism and associated neurodevelopmental disorders

**Joseph D. Buxbaum, PhD, Director,
*The Seaver Autism Center for Research and Treatment***

Disclosures: Mount Sinai and JDB have a shared patent on the use of IGF-1 in PMDS; JDB is on the SAB of Corinis Neuroscience (no compensation, but options if the company goes public; E(X) < 100USD); Corinis is developing treatments for ADNP.

Rare Disease Day 2019



Mizuyaf NDD syndrome

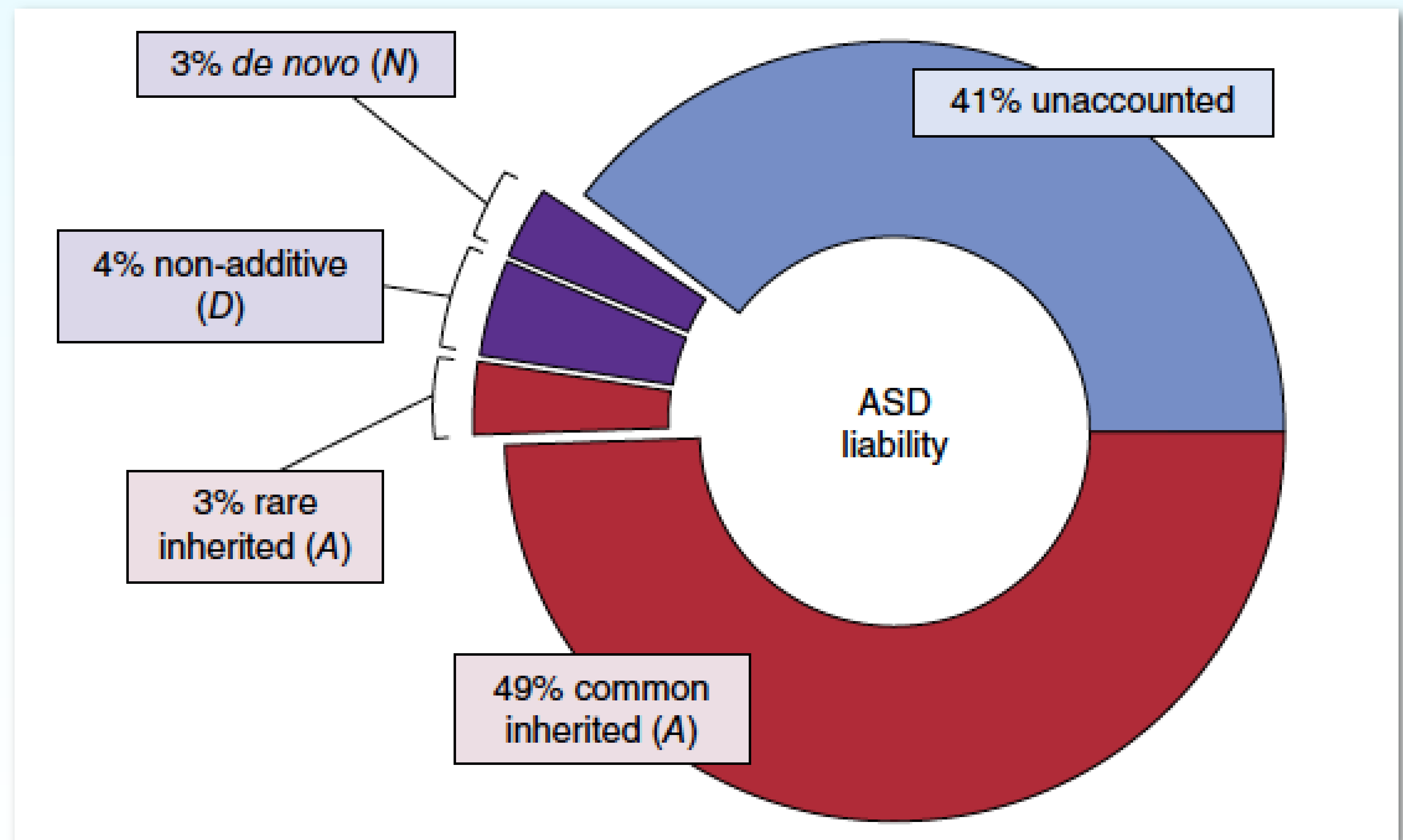
- The cause is unambiguous and uncontested
- There is an easy and accurate test for this syndrome
- There is very high conversion
 - If the test is positive there is 80-100% likelihood that the syndrome will manifest
- There are cell and animal models with highest construct validity
 - Translational biomarkers have been developed
- There is good preclinical evidence that reversing the causal deficit will lead to improvements, even if given later in life
- Unbiased estimates of prevalence place it at ~1:15,000 live births
 - Orphan designation, but not vanishingly rare
- Very engaged family foundation with registries of patients
- Expert sites are doing extensive phenotyping and can identify key clinical endpoints
- FDA is very supportive
 - Works with families; More flexible about endpoints/indications; PRV is likely
- If a drug is successful, there is reasonable path for the same drug to also get an indication in related disorders

Most genetic risk for autism resides with common variation

Trent Gaugler¹, Lambertus Klei², Stephan J Sanders^{3,4}, Corneliu A Bodea¹, Arthur P Goldberg⁵⁻⁷, Ann B Lee¹, Milind Mahajan⁸, Dina Manaa⁸, Yudi Pawitan⁹, Jennifer Reichert^{5,6}, Stephan Ripke¹⁰, Sven Sandin⁹, Pamela Sklar^{6-8,11,12}, Oscar Svantesson⁹, Abraham Reichenberg^{5,6,13}, Christina M Hultman⁹, Bernie Devlin², Kathryn Roeder^{1,14} & Joseph D Buxbaum^{5,6,8,11,15,16}

NATURE GENETICS VOLUME 46 | NUMBER 8 | AUGUST 2014

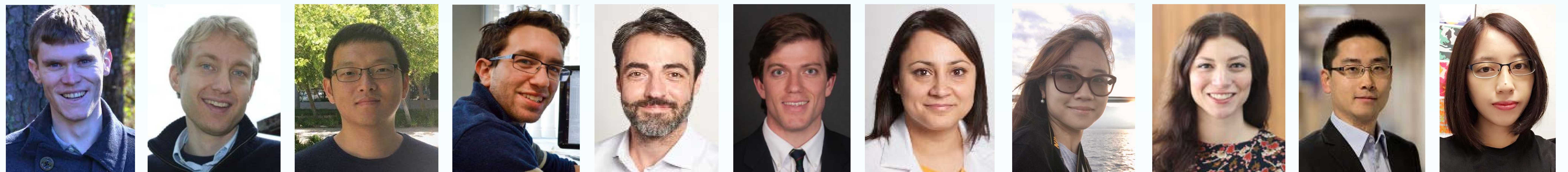
A	Additive genetic
D	Non-additive genetic
C	Common environment
E	Unique environment
N	De novo
■	Additive genetic (A)
■	Environment (C/E)
■	Non-additive/de novo (D/N)



The Autism Sequencing Consortium-2 (ASC2) exome working group



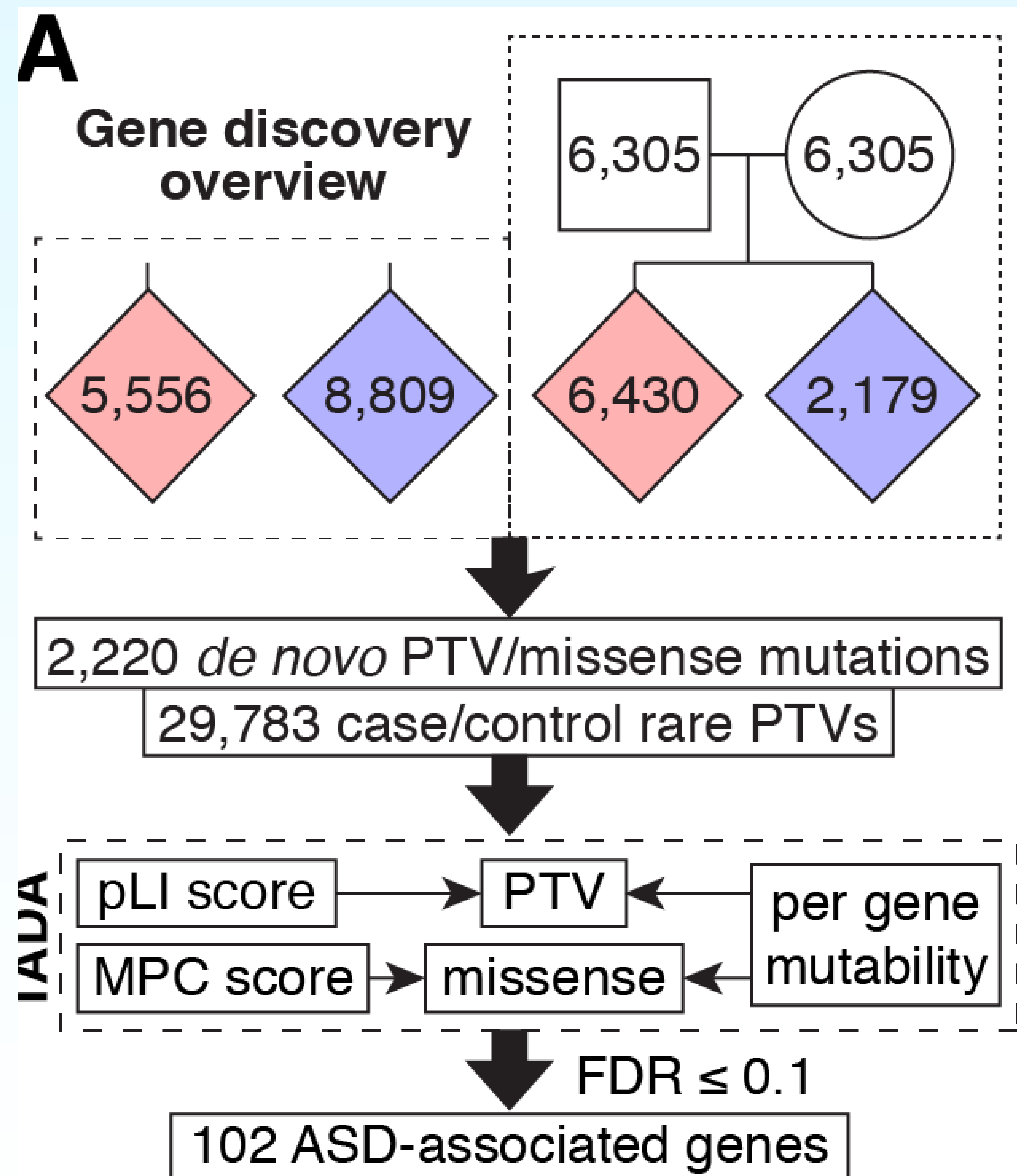
Anders Borglum Joseph Buxbaum Ercument Cicek David Cutler Mark Daly Bernie Devlin Jakob Grove Kathryn Roeder Behrang Mahjani Stephan Sanders Matt State Mike Talkowski



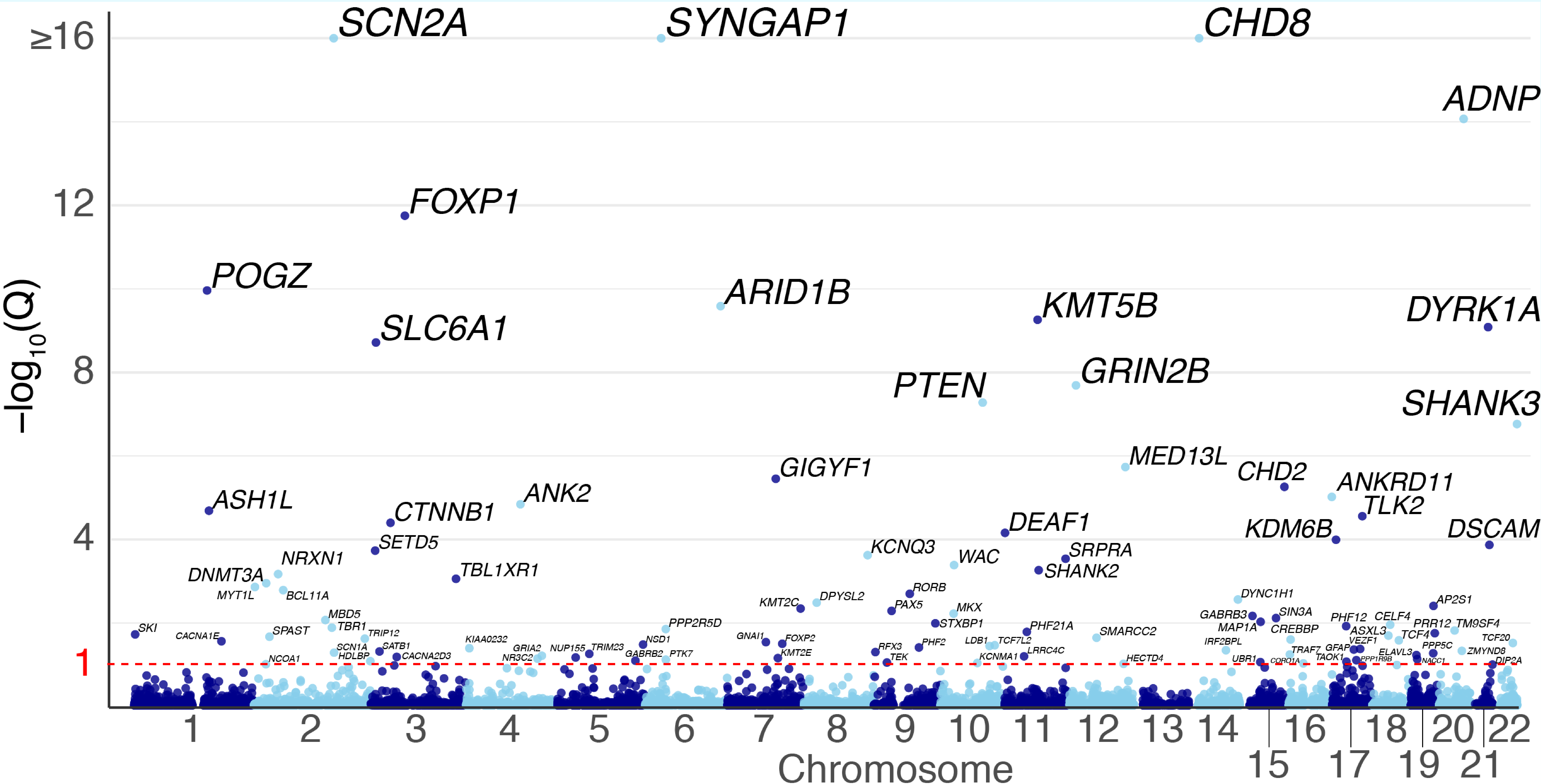
Jack Kosmicki Kyle Satterstrom Joon An Harrison Brand Michael Breen Ryan Collins Silvia De Rubeis Minshi Peng Brooke Sheppard Jiebiao Wang Xinyi Xu

... plus the entire ASC

ASC2 (n~36,000)



ASC2 (n~36,000)

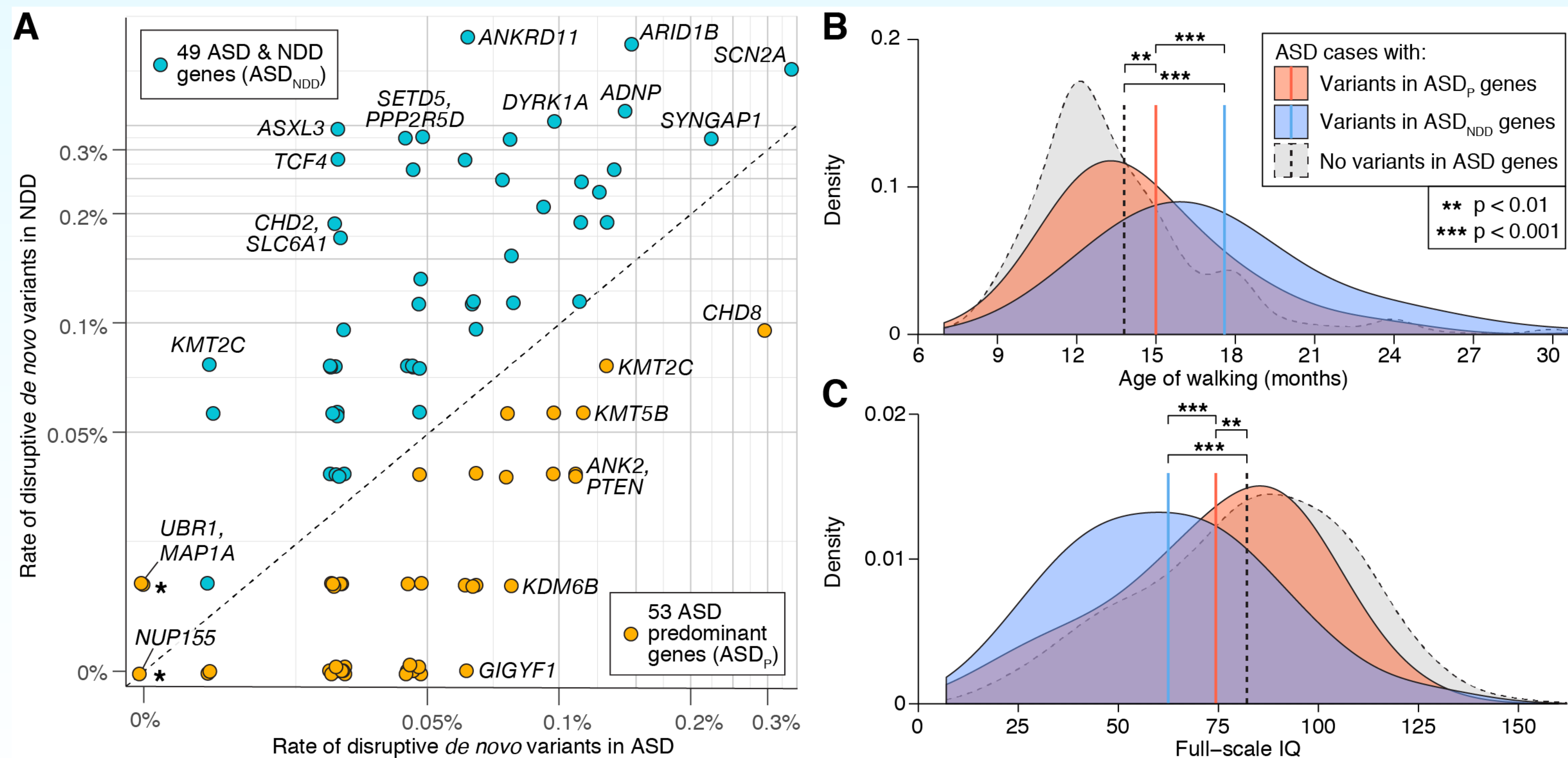


Large-scale discovery of novel genetic causes of developmental disorders

The Deciphering Developmental Disorders Study*

ASD vs NDD:

Social cognition vs general cognition?



Review

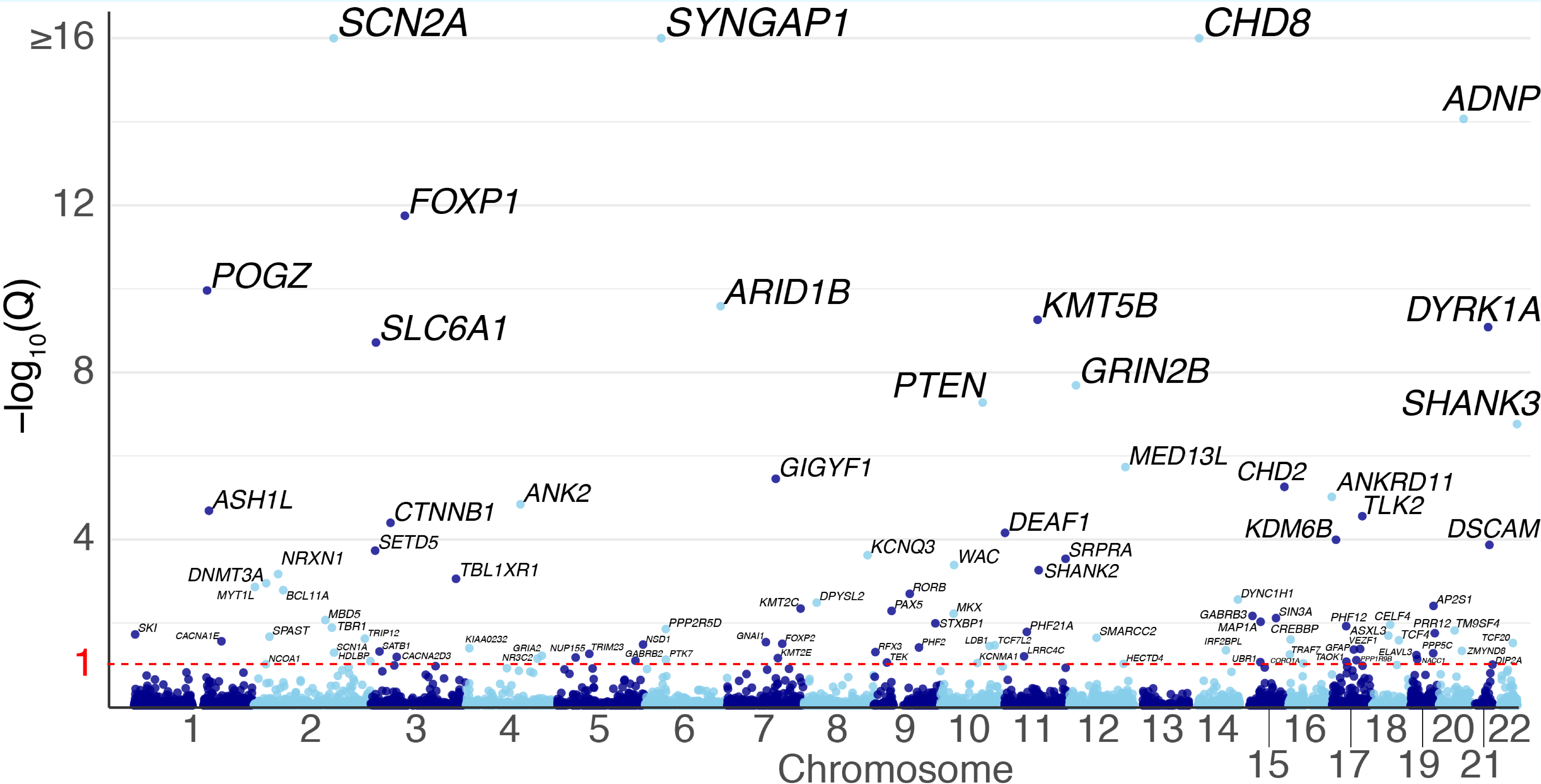
Etiological heterogeneity in autism spectrum disorders: More than 100 genetic and genomic disorders and still counting

Catalina Betancur 

INSERM, U952, Paris, France
CNRS, UMR 7224, Paris, France
UPMC Univ Paris 06, Paris, France

	22.33	
(Opitz syndrome) <i>MID1</i>	22.32	<i>NLGN4X</i>
(Microphthalmia, linear skin defects) <i>HCCS</i>	22.31	
(Oral-facial-digital syndrome I) <i>OFD1</i>		
(VACTERL) <i>FANCB</i>	22.22	<i>AP1S2</i> (brain calcifications)
(Nance-Horan syndrome) <i>NHS</i>		
(Rett-like, infantile spasms) <i>CDKL5</i>	22.13	
(Pyruvate decarboxylase deficiency) <i>PDHA1</i>	22.12	<i>RPS6KA3</i> (Coffin-Lowry syndrome)
(Spermine synthase deficiency) <i>SMS</i>	22.11	<i>PTCHD1</i>
	21.3	<i>ARX</i> (XLAG, West, and Partington syndromes)
(Glycerol kinase deficiency) <i>GK</i>	21.2	<i>IL1RAPL1</i>
(Duchenne/Becker muscular dystrophy) <i>DMD</i>	21.1	
(Ornithine transcarbamylase deficiency) <i>OTC</i>		
(Lenz microphthalmia 2, oculofaciocardiodental syndrome) <i>BCOR</i>	11.4	<i>TSPAN7</i>
(epilepsy) <i>ATP6AP2</i>		<i>CASK</i> (microcephaly, brain malformations, nystagmus, FG syndrome)
(Brunner syndrome) <i>MAOA</i>		
(Norrie disease) <i>NDP</i>	11.3	<i>ZNF674</i>
(Focal dermal hypoplasia) <i>PORCN</i>		<i>ZNF41</i>
(severe congenital stationary night blindness) <i>CACNAF1</i>	11.23	<i>SYN1</i> (epilepsy)
(Cornelia de Lange syndrome) <i>SMC1A</i>		<i>ZNF81</i>
(2-methyl-3-hydroxybutyryl-CoA dehydrogenase deficiency) <i>HSD17B10</i>	11.22	<i>FTSJ1</i>
(Siderius–Hamel syndrome) <i>PHF8</i>	11.21	<i>PQBP1</i> (Renpenning syndrome)
		<i>SYP</i>
		<i>SHROOM4</i> (Stocco dos Santos syndrome)
		<i>JARID1C</i> (microcephaly, spasticity, epilepsy)
		<i>IQSEC2</i>
		<i>HUWE1</i> (dysmorphic features)
		<i>FDG1</i> (Aarskog-Scott syndrome)
	12	
(hyperekplexia, epilepsy) <i>ARHGEF9</i>		
(cerebellar hypoplasia) <i>OPHN1</i>	13.1	<i>DLG3</i>
(corpus callosum agenesis, coloboma) <i>IGBP1</i>		<i>NLGN3</i>
(Lujan-Fryns syndrome, Opitz-Kaveggia syndrome) <i>MED12</i>	13.2	<i>SLC16A2</i> (T3 transporter deficiency)
	13.3	
(progressive quadriplegia) <i>KIAA2022</i>		
(Menkes disease, occipital horn syndrome) <i>ATP7A</i>	21.1	<i>ATRX</i> (ATRX syndrome)
(Phosphoglycerate kinase-1 deficiency) <i>PGK1</i>		<i>MAGT1</i>
		<i>BRWD3</i>
		<i>ZNF711</i>
	21.31	
	21.33	
(Female-limited epilepsy) <i>PCDH19</i>		
(Rolandic epilepsy, speech dyspraxia) <i>SRPX2</i>	22.1	
(Mohr-Tranebjaerg syndrome) <i>TIMM8A</i>		
(Pelizaeus-Merzbacher disease) <i>PLP1</i>		
(Phosphoribosylpyrophosphate synthetase I superactivity) <i>PRPS1</i>	22.3	<i>ACSL4</i>
(Lissencephaly) <i>DCX</i>		<i>PAK3</i>
	23	<i>AGTR2</i>
(seizures, speech impairment, hirsutism) <i>UBE2A</i>		
(Mitochondrial complex I deficiency) <i>NDUFA1</i>	24	<i>UPF3B</i>
(Danon disease) <i>LAMP2</i>		<i>CUL4B</i>
	25	<i>GRIA3</i>
(Lowe syndrome) <i>OCRL</i>		<i>ZDHHC9</i>
(Simpson-Golabi-Behmel syndrome) <i>GPC3</i>	26.2	
(Borjeson-Forssman-Lehmann syndrome) <i>PHF6</i>		
(Lesch-Nyhan syndrome) <i>HPRT1</i>	26.3	<i>ARHGEF6</i>
(microcephaly, epilepsy, ataxia) <i>SLC9A6</i>	27.1	
(growth hormone deficiency) <i>SOX3</i>		
	27.3	
(Fragile X syndrome) <i>FMR1</i>		<i>AFF2</i>
(Mucopolysaccharidosis II) <i>IDS</i>	28	<i>SLC6A8</i> (Creatine transporter deficiency)
(Adrenoleukodystrophy) <i>ABCD1</i>		<i>MECP2</i> (Rett syndrome)
(MASA syndrome) <i>L1CAM</i>		<i>GDI1</i>
(Nephrogenic diabetes insipidus) <i>AVPR2</i>		<i>RAB39B</i> (epilepsy, macrocephaly)
(Periventricular heterotopia, otopalatodigital syndrome) <i>FLNA</i>		
(Incontinentia pigmenti) <i>IKBKG</i>		
(Dyskeratosis congenita) <i>DKC1</i>		

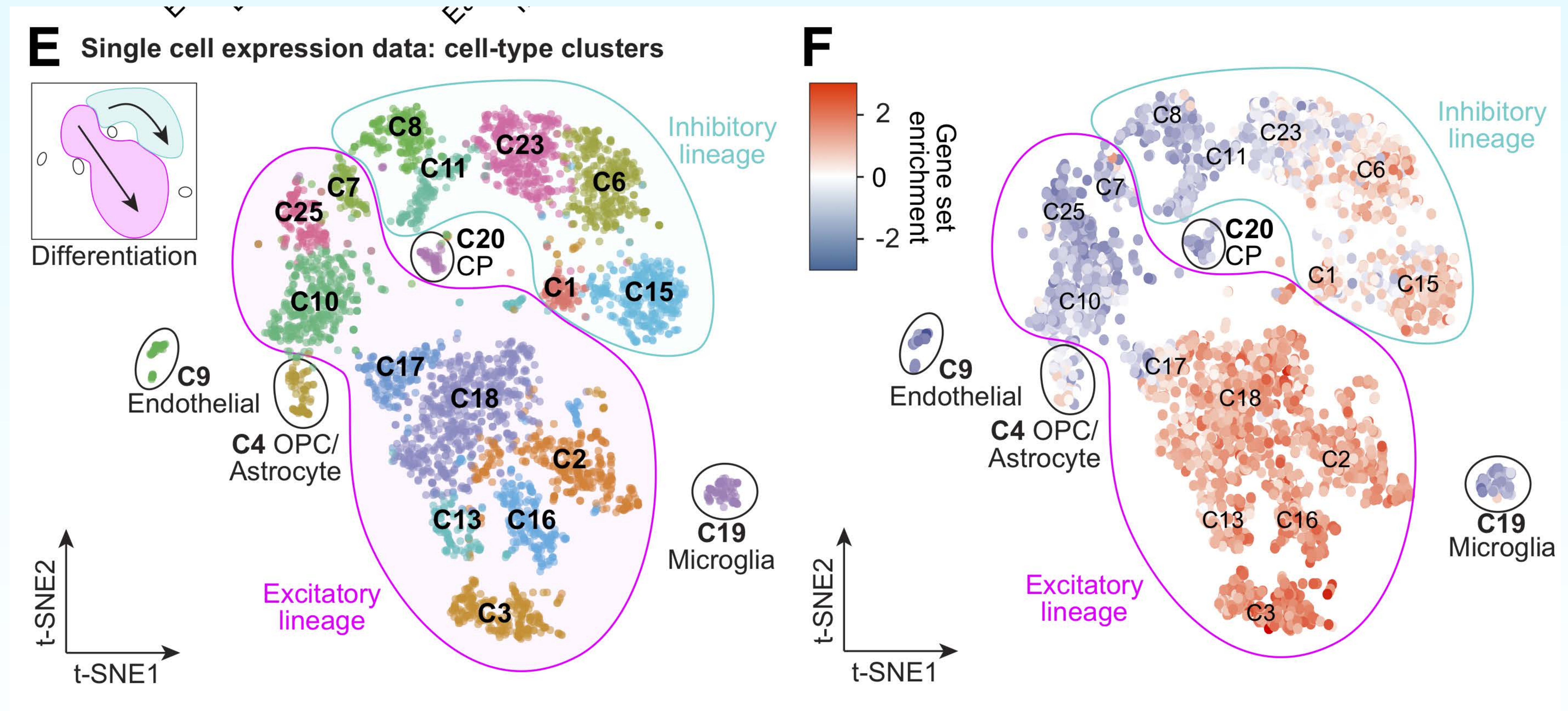
ASC2 (n~36,000)



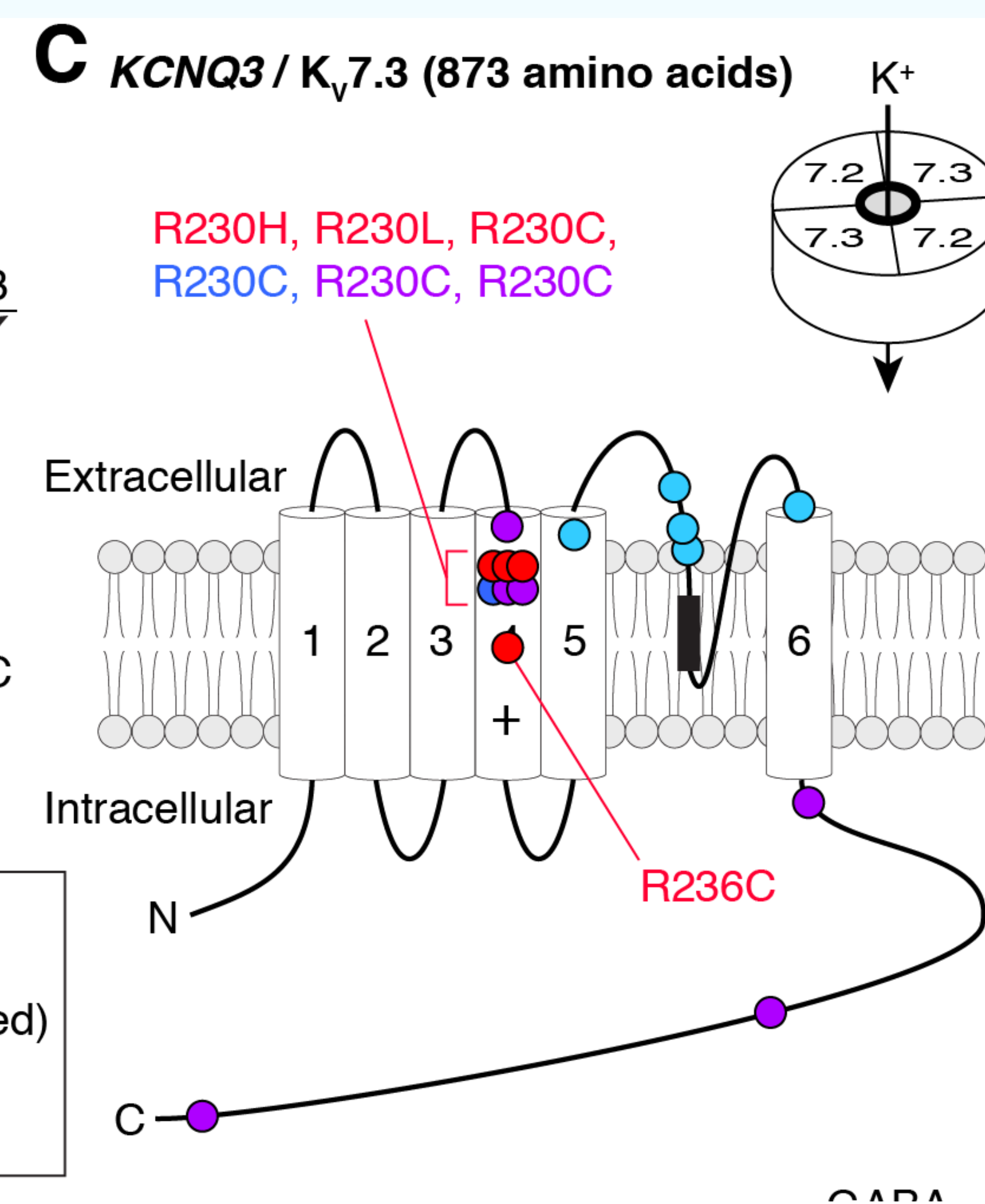
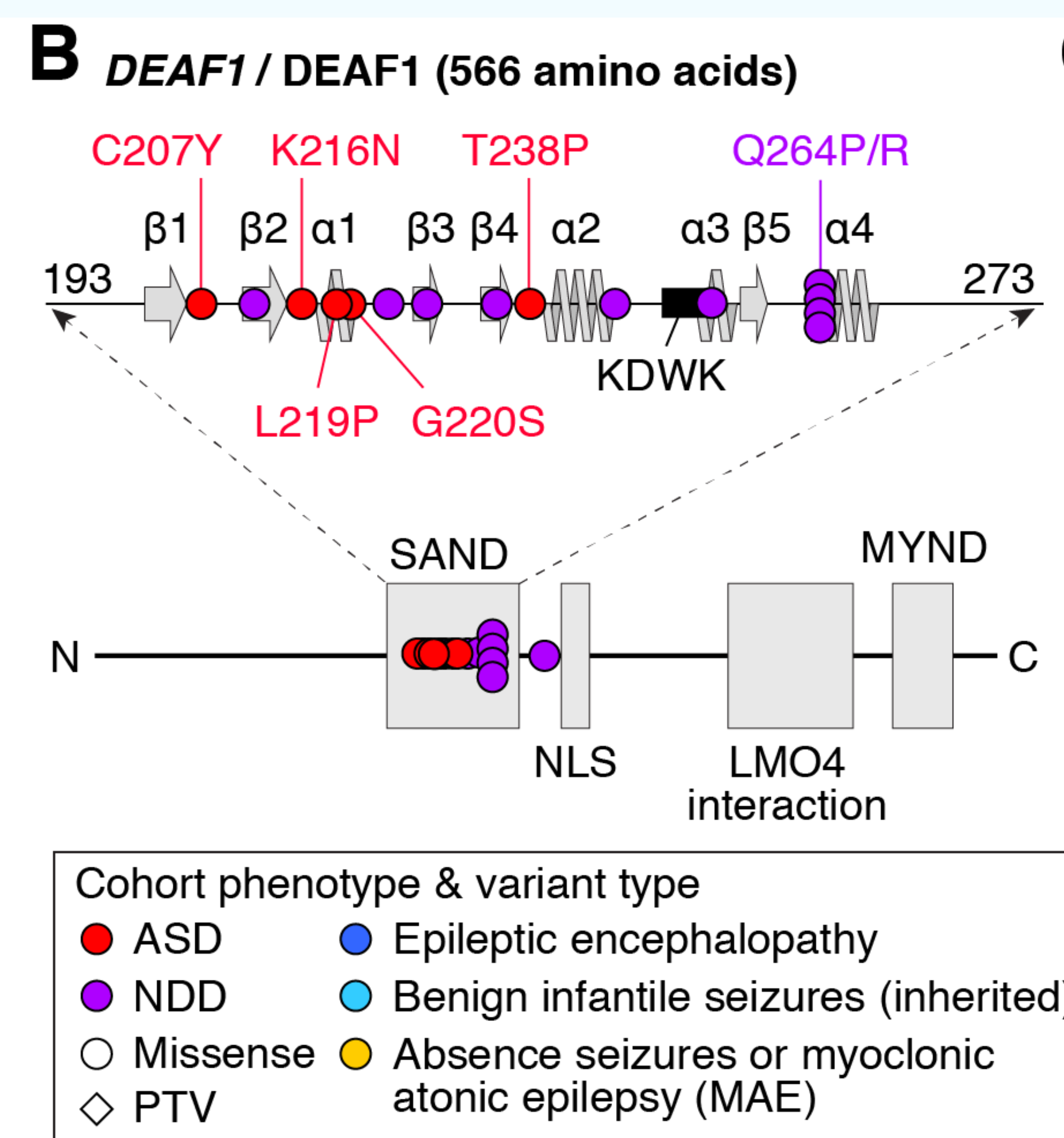
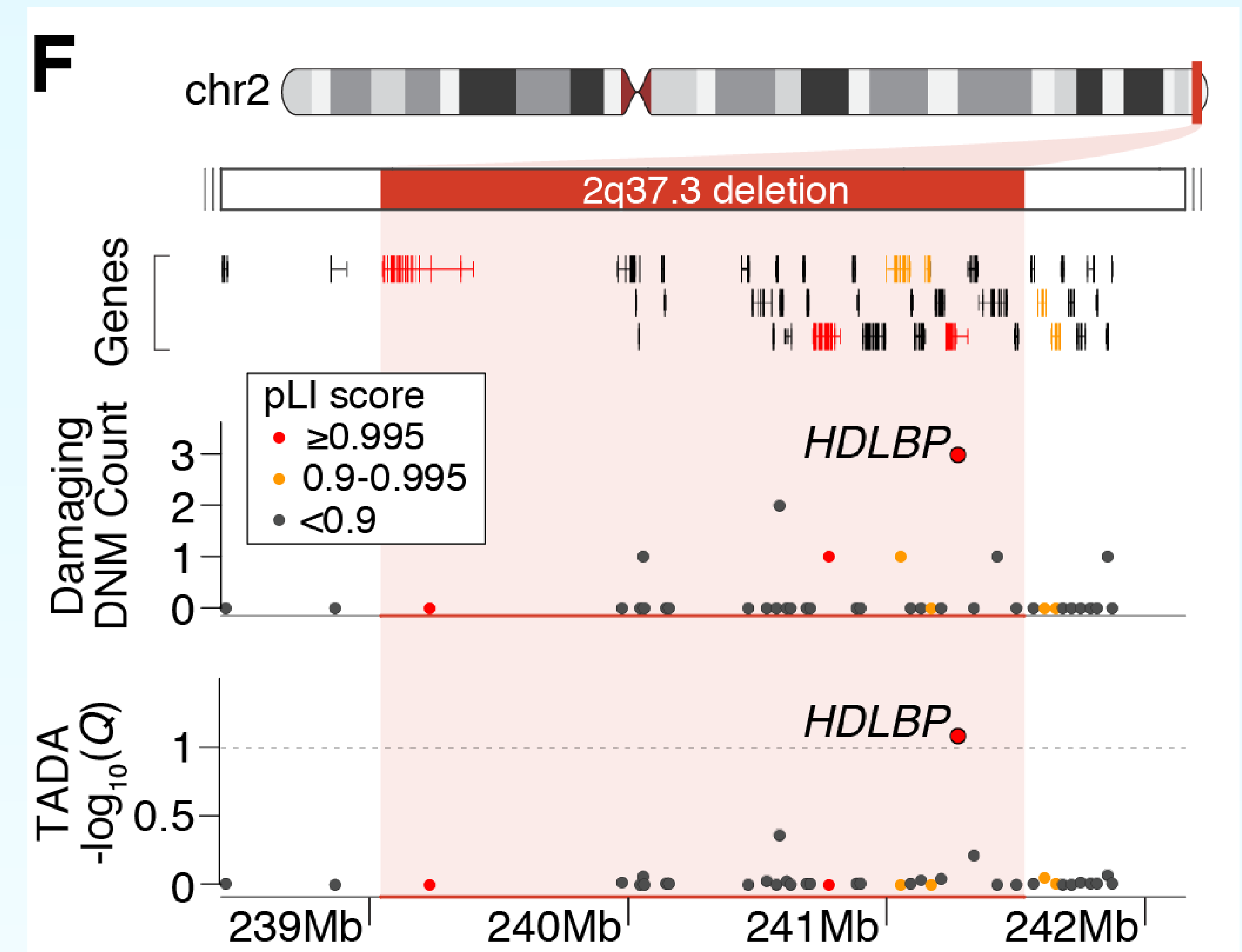
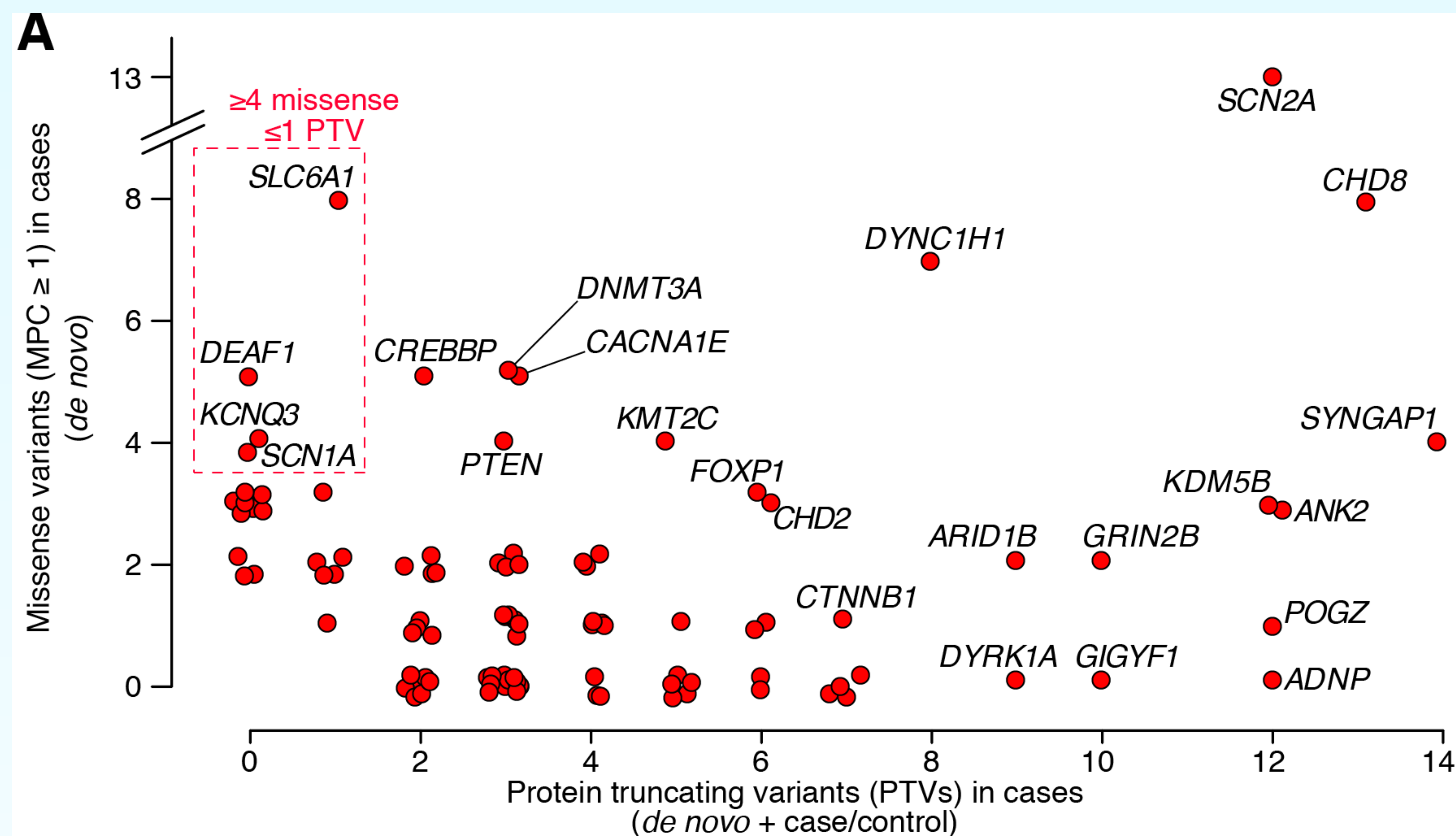
ASD/DD/ID gene mutations identified via HTS

- Not a single pathway by any stretch of the imagination
 - Precision medicine is critical
- Overwhelmingly dominant
 - We are most powered for de novo mutations, which are generally dominant
 - Second allele that can be manipulated
- Primarily LoF
 - But we know the genetic mechanism for many of the recurrent genes)
- Can show a U-shaped curve
- However, tend to be very severe
- In certain cases, it has been shown that late re-expression has benefit
 - Also, behavioral therapies have some efficacy even later in disease
- Top genes are “fairly” common
- Top genes are highly penetrant

ASC – No single pathway



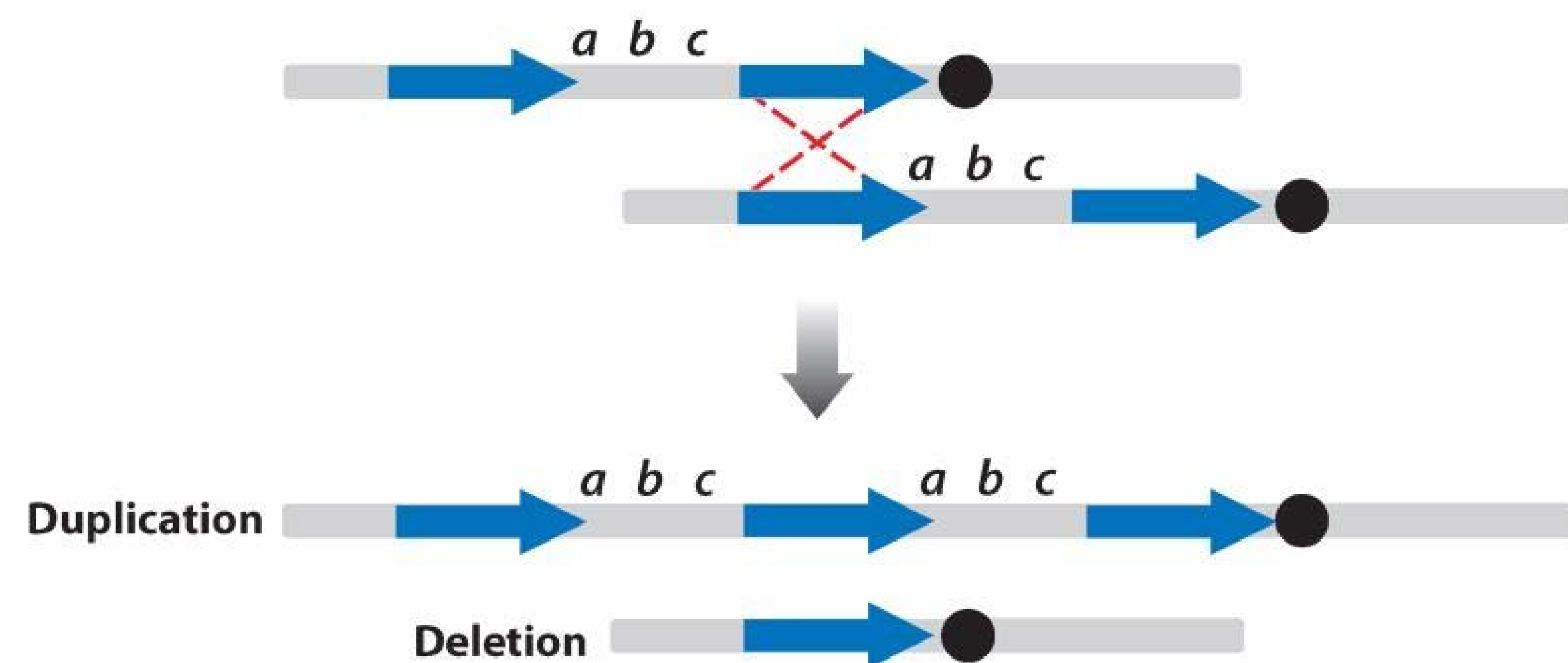
ASC - Primarily LoF



U-shaped curve

PubMed Central, Figure 1: Annu Rev Genomics Hum Genet. 2014; 15: ...hed online 2014 Apr 16. doi: 10.1146/annurev-genom-091212-153408 4/24/19, 11:51 AM

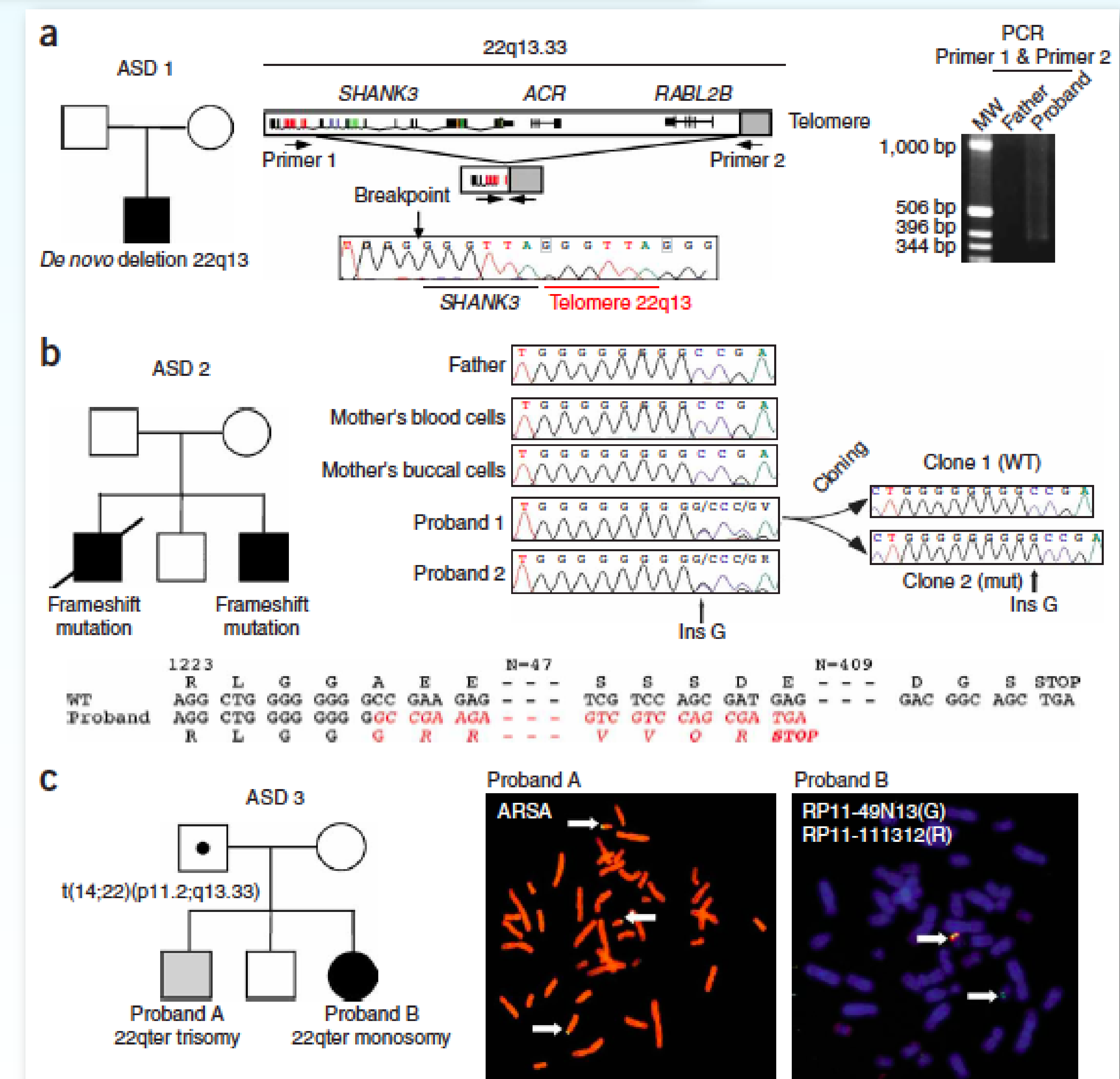
Figure 1



Mutations in the gene encoding the synaptic scaffolding protein SHANK3 are associated with autism spectrum disorders

Christelle M Durand¹, Catalina Betancur², Tobias M Boeckers³, Juergen Bockmann³, Pauline Chaste¹, Fabien Fauchereau^{1,4}, Gudrun Nygren⁵, Maria Rastam⁵, I Carina Gillberg⁵, Henrik Anckarsäter⁵, Eili Sponheim⁶, Hany Goubran-Botros¹, Richard Delorme¹, Nadia Chabane⁷, Marie-Christine Mouren-Simeoni⁷, Philippe de Mas⁸, Eric Bieth⁸, Bernadette Rogé⁹, Delphine Héron¹⁰, Lydie Burglen¹¹, Christopher Gillberg^{5,12}, Marion Leboyer^{2,13} & Thomas Bourgeron^{1,4}

- **22q11.2**
 - Del: Digeorge Syndrome, Velocardiofacial Syndrome; anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), autism; higher rates of schizophrenia.
 - Dup: Severe congenital anomalies and developmental delays, autism.
- **7q11.23**
 - Del: Williams Syndrome
 - Dup: Developmental delay, intellectual disability, autism, speech-language delays
- **17p11.2**
 - Del: Smith-Magenis Syndrome; global developmental delay, moderate intellectual disability, autism
 - Dup: Potocki-Lupski syndrome; language delay, moderate intellectual disability, autism.
- **16p11.2**
 - Del: mild intellectual disability, language delay, autism
 - Dup: mild intellectual disability, autism.



Tend to be very severe

Prospective investigation of autism and genotype-phenotype correlations in 22q13 deletion syndrome and *SHANK3* deficiency

Latha Soorya^{1,2,13}, Alexander Kolevzon^{1,2,3*}, Jessica Zweifach¹, Teresa Lim², Yuriy Dobry², Lily Schwartz¹, Yitzchak Frank^{1,2,3,4}, A Ting Wang^{1,2,5}, Guiqing Cai^{1,2,6}, Elena Parkhomenko^{1,2}, Danielle Halpern^{1,2}, David Grodberg^{1,2}, Benjamin Angarita², Judith P Willner^{3,6}, Amy Yang^{3,6}, Roberto Canitano^{1,14}, William Chaplin⁸, Catalina Betancur^{9,10,11} and Joseph D Buxbaum^{1,2,5,6,7,12}

Soorya et al. *Molecular Autism* 2013, **4**:18

	N	%
Consensus ASD diagnosis (n = 32)		
Autism	24	75
Autism spectrum	3	9.4
Not ASD	5	15.6
Nonverbal IQ classification (n = 30)		
Average (IQ 100–110)	1	3.3
Mild intellectual disability (IQ 50–55 to 70)	3	10
Moderate intellectual disability (IQ 35–40 to 50–55)	3	10
Severe intellectual disability (IQ 20–25 to 35–40)	7	23.3
Profound intellectual disability (IQ <20–25)	16	53.3

ASD, autism spectrum disorder; IQ, intelligence quotient.

beis et al. *Molecular Autism* (2018) 9:31
<https://doi.org/10.1186/s13229-018-0205-9>

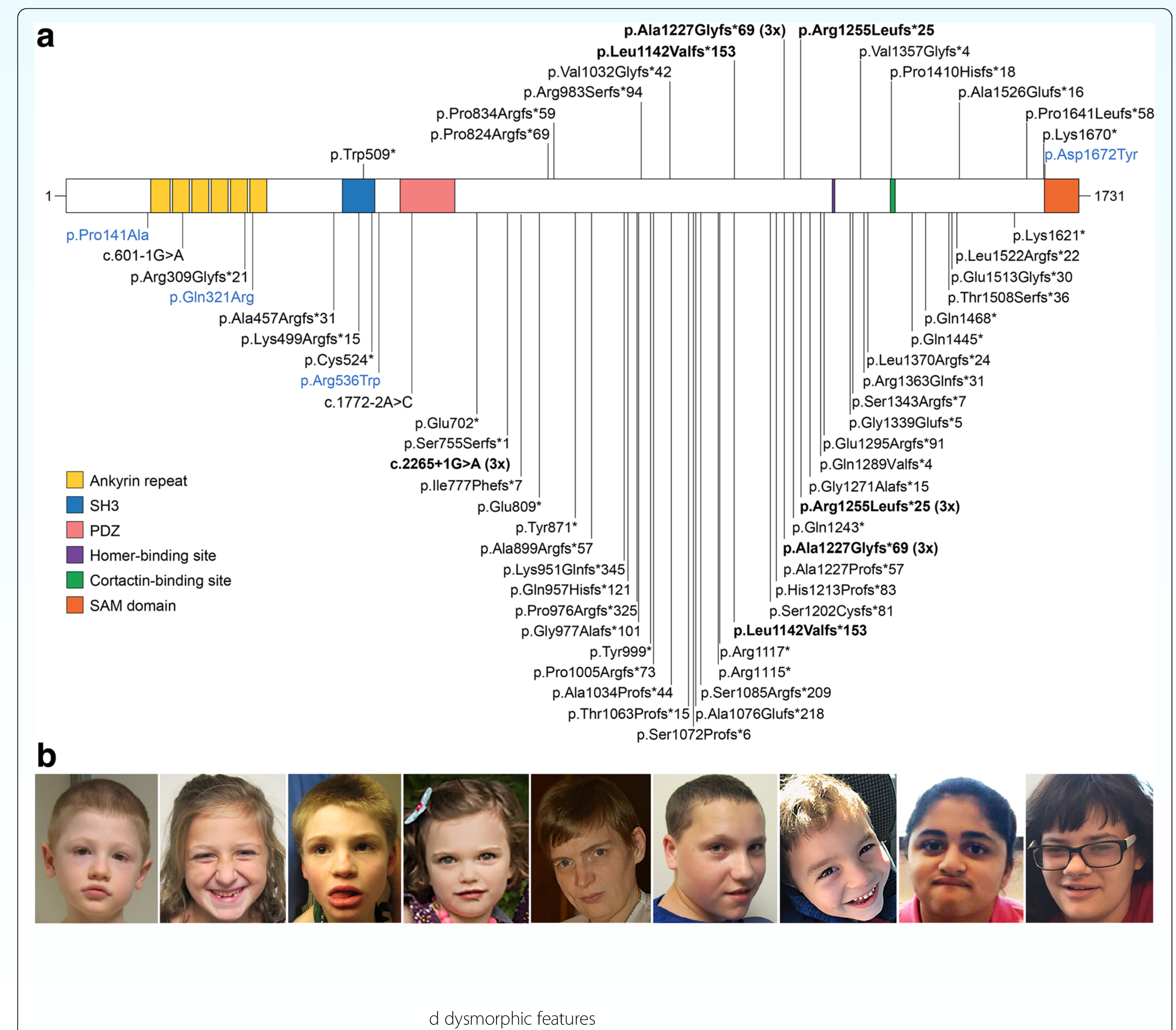
RESEARCH

Open Access



Delineation of the genetic and clinical spectrum of Phelan-McDermid syndrome caused by *SHANK3* point mutations

Sílvia De Rubéis^{1,2†}, Paige M. Siper^{1,2†}, Allison Durkin¹, Jordana Weissman¹, François Muratet^{1,2}, Danielle Halpern^{1,2}, Maria del Pilar Trelles^{1,2}, Yitzchak Frank^{1,3}, Reymundo Lozano^{1,2,4,5}, A. Ting Wang^{1,2}, J. Lloyd Holder Jr⁶, Catalina Betancur^{7*}, Joseph D. Buxbaum^{1,2,5,8,9,10*} and Alexander Kolevzon^{1,2,4,10*}



Re-expression of SHANK3

Adult restoration of *Shank3* expression rescues selective autistic-like phenotypes

Yuan Mei^{1*}, Patricia Monteiro^{1,2,3*}, Yang Zhou¹, Jin-Ah Kim¹, Xian Gao^{1,4}, Zhanyan Fu^{1,3} & Guoping Feng^{1,3}

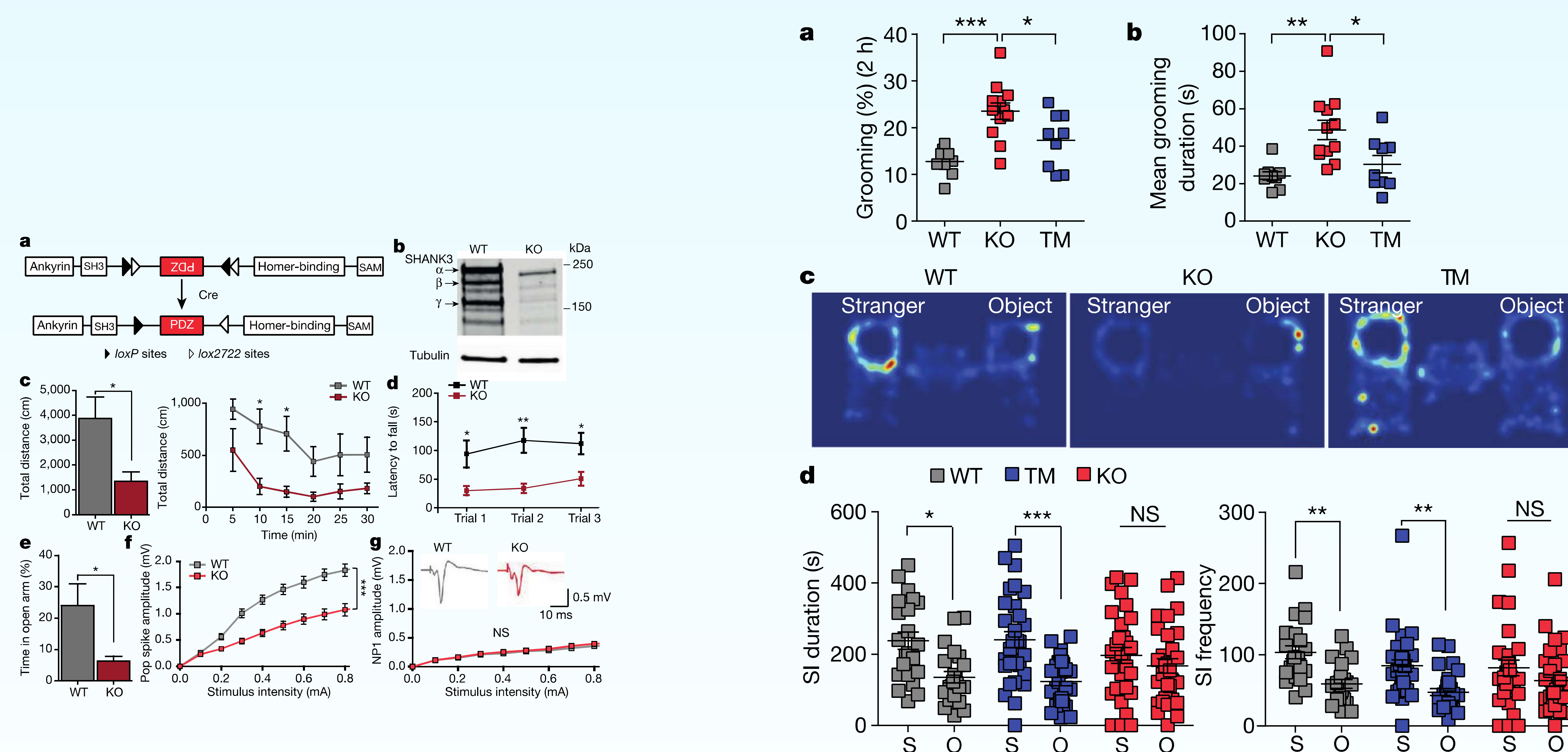


Figure 3 | Adult *Shank3* expression rescued repetitive grooming and social interaction. **a, b**, Significantly reduced repetitive grooming behaviour in TM compared to KO mice. **c**, Representative heat maps from the social interaction test for all groups. **d**, Unlike WT mice, KO mice showed no preference for social interaction (SI) with a stranger (S) mouse rather than a novel object (O); this behaviour is rescued in the TM group. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ (one-way repeated measures ANOVA with Bonferroni post-hoc test (**a, b, d, left**), Kruskal–Wallis test with Dunn’s multiple comparison test owing to non-normal distribution (**d, right**)). Data are mean $\pm$ s.e.m. (**a and b**: $n = 9$ WT, $n = 9$ TM and $n = 12$ KO mice; **d**: $n = 22$ WT, $n = 30$ TM and $n = 30$ KO mice).

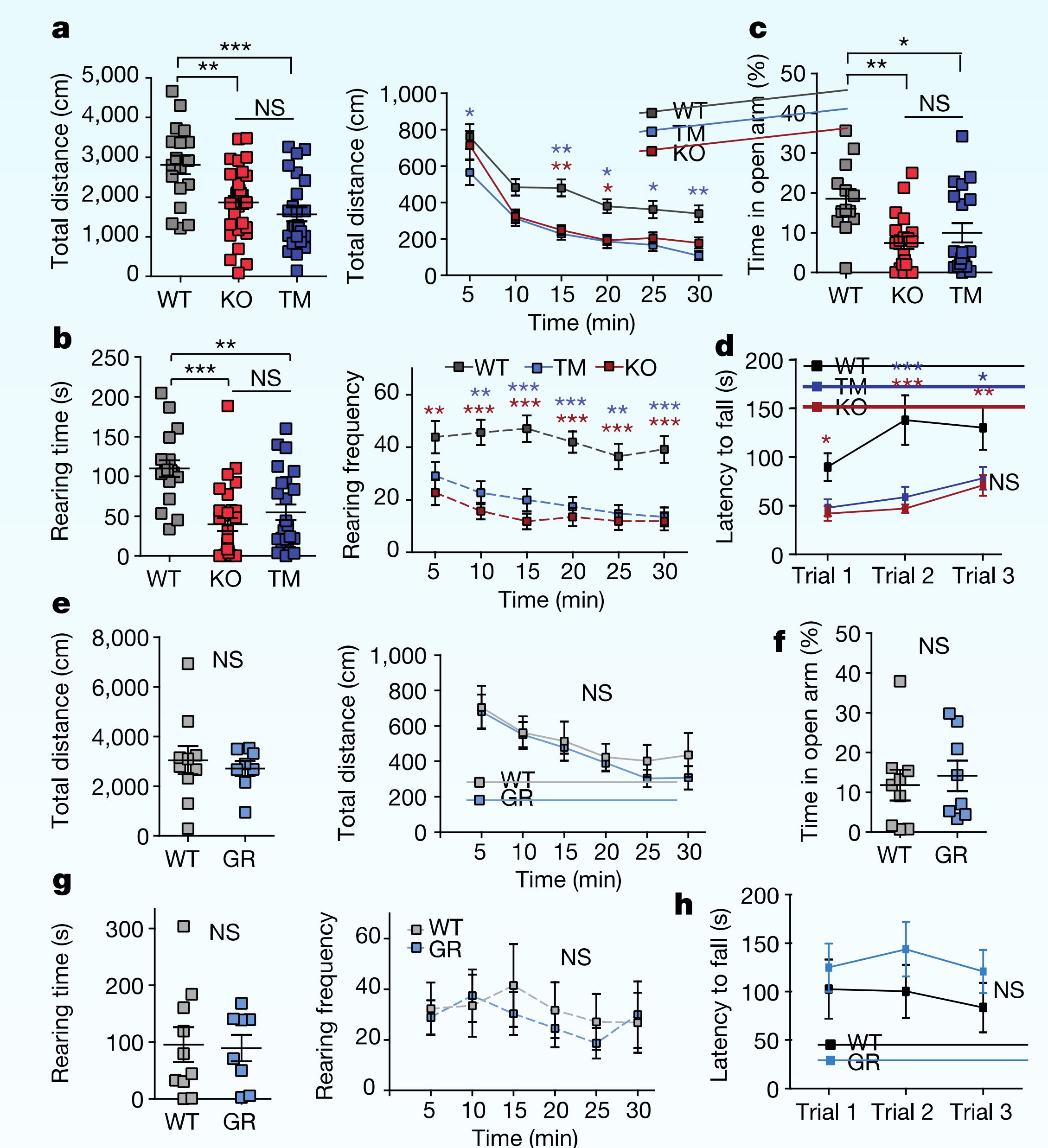
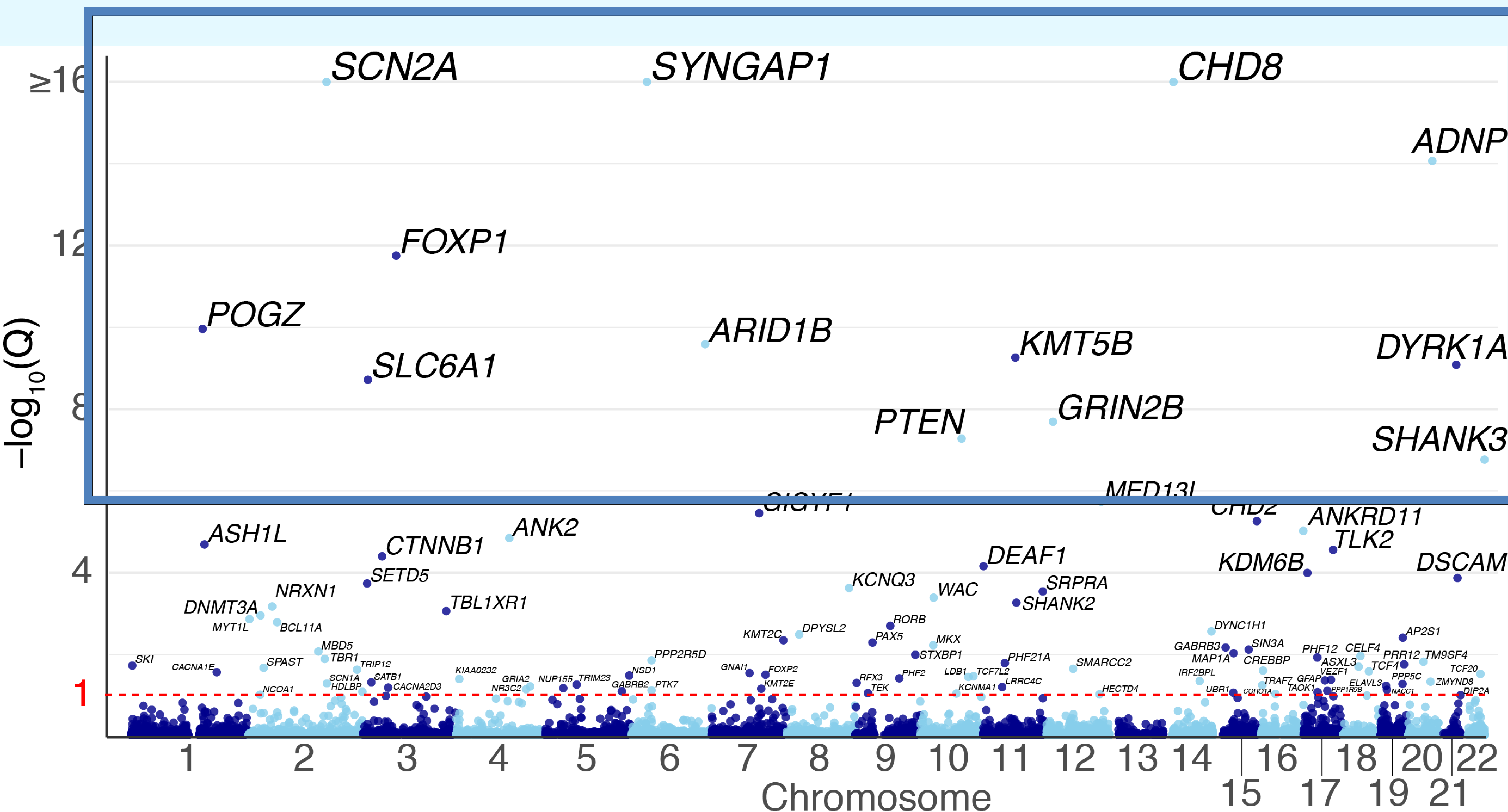


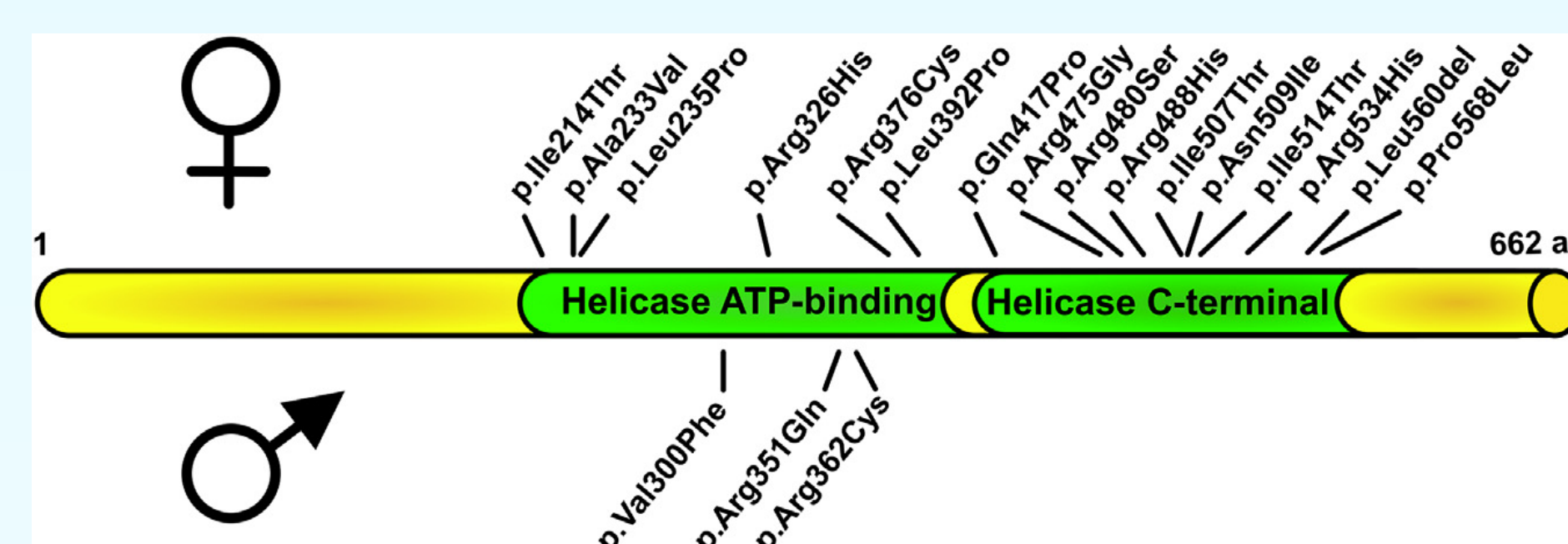
Figure 4 | Restoring *Shank3* expression in adulthood did not rescue anxiety and rotarod deficits. **a, b**, Open-field tests indicated that SHANK3 re-expression in adults (TM) does not rescue reduced locomotion and reduced rearing (axiogenic behaviour) in KO mice. NS, not significant. **c**, KO mice spend less time exploring the open arm during the elevated zero maze test; this behaviour is also not rescued in TM group. **d**, Motor coordination measurement from rotarod is not rescued in TM group. **e–h**, Germline rescued (GR) *Shank3*^{flx/flx} mice show that all above parameters for open-field, elevated zero maze and rotarod tests can be rescued if *Shank3* expression is restored at the germ-cell stage. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ (one-way ANOVA (**a, left, c**), Kruskal–Wallis test with Dunn’s multiple comparisons (**b, left**), two-tailed *t*-test (**e, left, f, g, left**); two-way repeated measures ANOVA with Bonferroni post-hoc test (**a, right, b, right, d, e, right, g, right, h**)). Data are mean $\pm$ s.e.m. (**a–c**: $n = 18$ WT, $n = 25$ TM and $n = 27$ KO mice; **d**: $n = 13$ WT, $n = 19$ TM and $n = 21$ KO mice; **e–h**: $n = 10$ WT and $n = 8$ GR mice).

ASC2 (n~36,000)



Mutations in top genes are “relatively” common

Mutations in *DDX3X* Are a Common Cause of Unexplained Intellectual Disability with Gender-Specific Effects on Wnt Signaling



substitutions found in affected males are all located within the helicase ATP-binding domain.

DDX3X

1-3% of ID in girls;

SHANK3

0.5% of ASD; 0.5% of ID

ANDP

0.2% of ASD; higher in ID?

Etc

1:15,000-1:20,000

SHANK3 haploinsufficiency: a “common” but underdiagnosed highly penetrant monogenic cause of autism spectrum disorders

Catalina Betancur^{1,2,3*} and Joseph D Buxbaum⁴

Table 1 22q13.3 deletions involving *SHANK3* identified through microarray analyses in autism spectrum disorder samples

Study	Subjects	22q13.3 deletions
Sebat <i>et al.</i> [5]	165	1 <i>de novo</i>
Moessner <i>et al.</i> [6]	400	2 <i>de novo</i> ^a
Weiss <i>et al.</i> [7]	299 ^b	0
van der Zwaag <i>et al.</i> [8]	105	0
Guilmatre <i>et al.</i> [9]	260	2 <i>de novo</i>
Qiao <i>et al.</i> [10]	100	0
Schaefer <i>et al.</i> [11]	68	0
Pinto <i>et al.</i> [12] + Autism Genome Project (manuscript in preparation)	2,446	3 <i>de novo</i> ^c
Shen <i>et al.</i> [13]	848	0
Rosenfeld <i>et al.</i> [14]	1,461	4 (2 <i>de novo</i> , 2 unknown)
Bremer <i>et al.</i> [15]	223	1 <i>de novo</i>
Sanders <i>et al.</i> [16]	1,124	0
Wisniewiecka-Kowalik <i>et al.</i> [17]	145	0
Girirajan <i>et al.</i> [18]	243	0
Total	7,887	13 (0.16%)

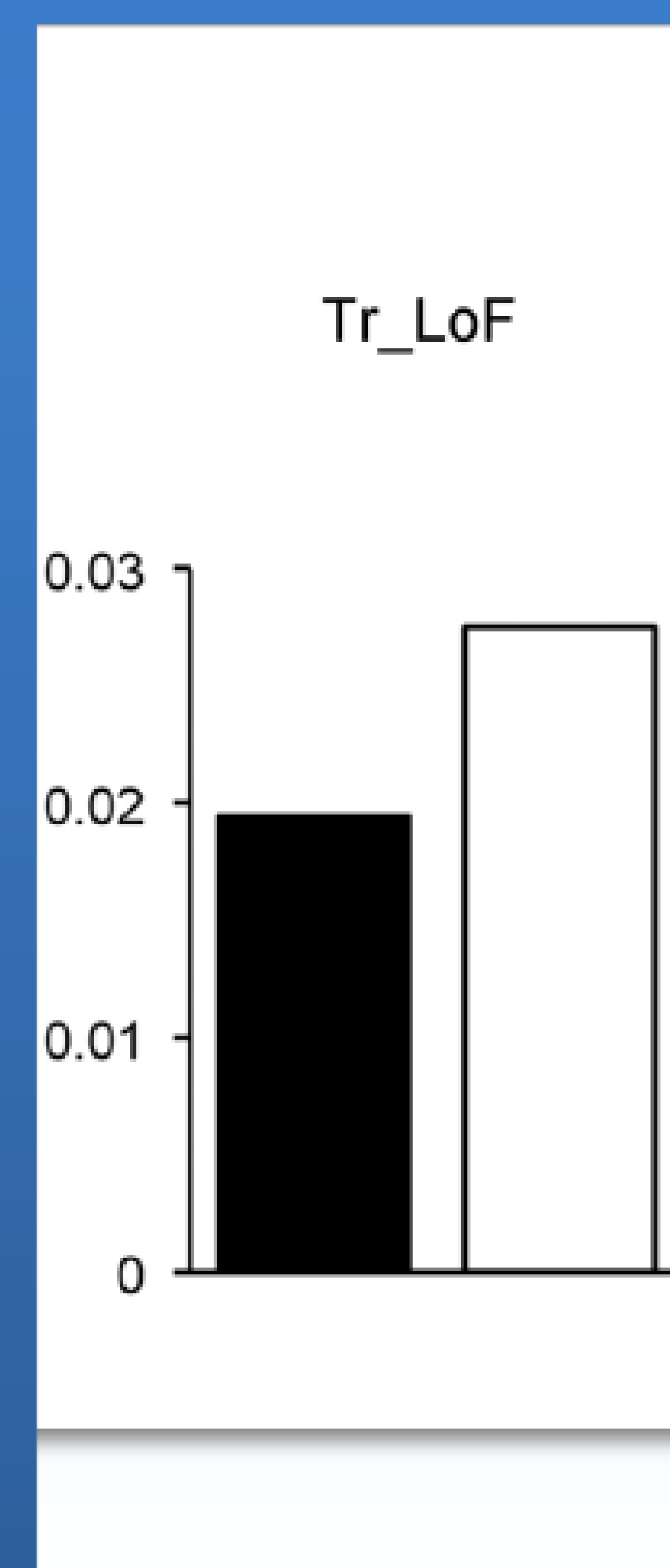
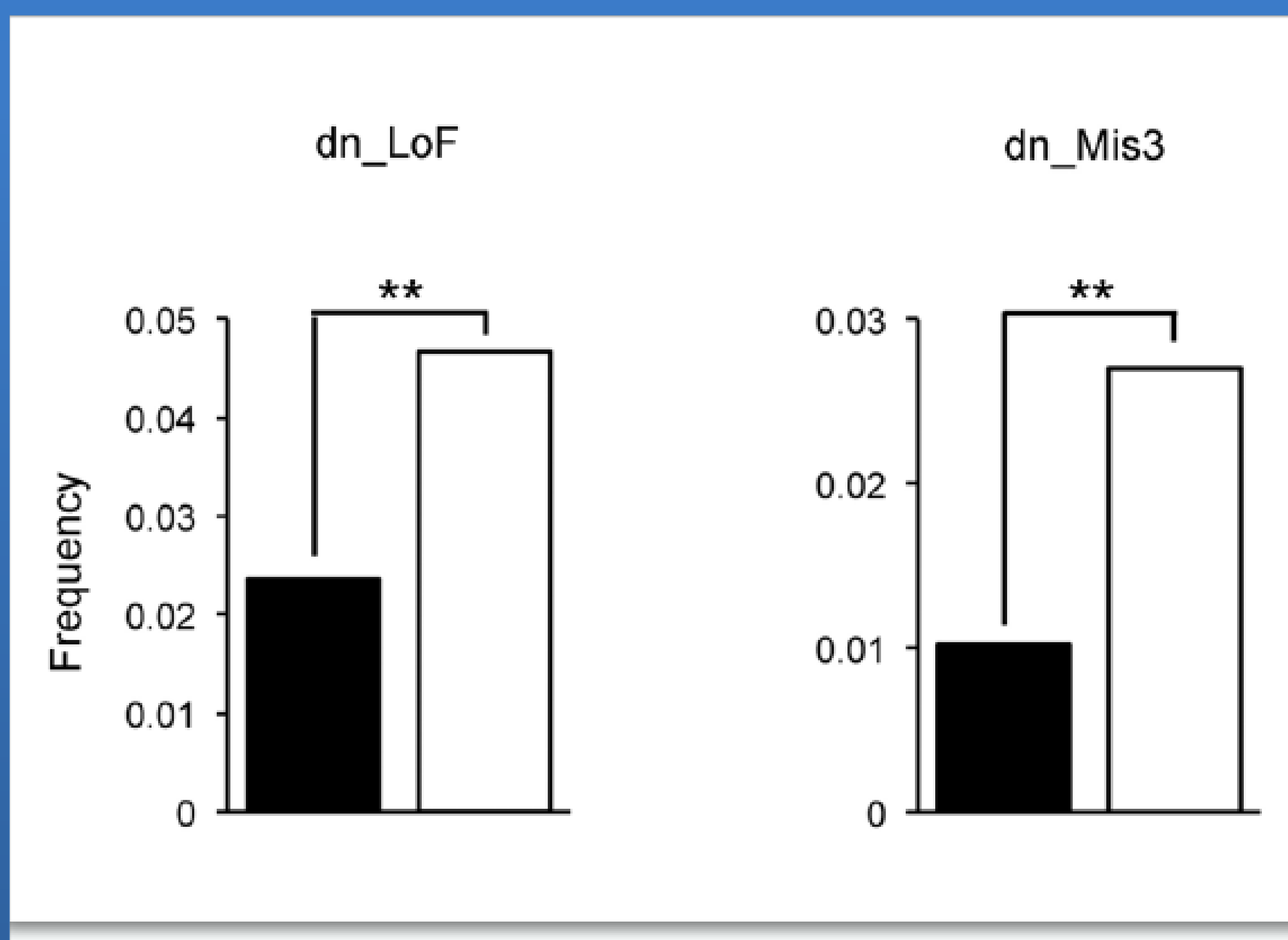
Table 2 *De novo* SHANK3 mutations identified through large-scale screening of autism spectrum disorder samples

Study	Subjects	Mutations	Nucleotide ^a	Protein ^b	Exon/intron
Durand <i>et al.</i> [2]	227	1	g.51159940>51159941insG	p.A1227fs	exon 21
Moessner <i>et al.</i> [6]	400	1	g.51121844A>G	p.Q321R	exon 8
Gauthier <i>et al.</i> [22]	427	1	g.51153476delG	(splice site deletion)	intron 19
Schaaf <i>et al.</i> [23]	339	0			
Boccuto <i>et al.</i> [24]	221	2	g.51117094C>G	p.P141A	exon 4
			g.51160144delG	p.E1295fs	exon 21
Total	1,614	5 (0.31%)			

ASC – Top genes are highly penetrant

Synaptic, transcriptional and chromatin genes disrupted in autism

13 NOVEMBER 2014 | VOL 515 | NATURE | 209



OR 20-70

OR ~ 5

ASD/DD/ID gene mutations identified via HTS

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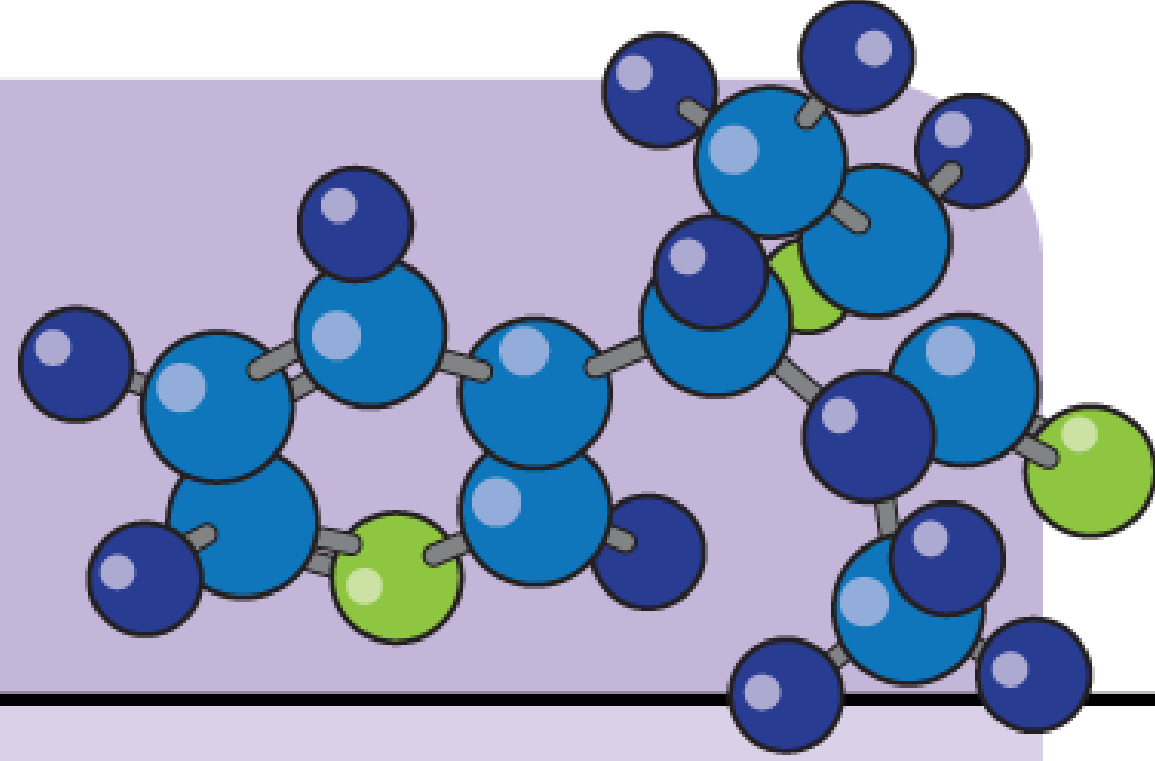
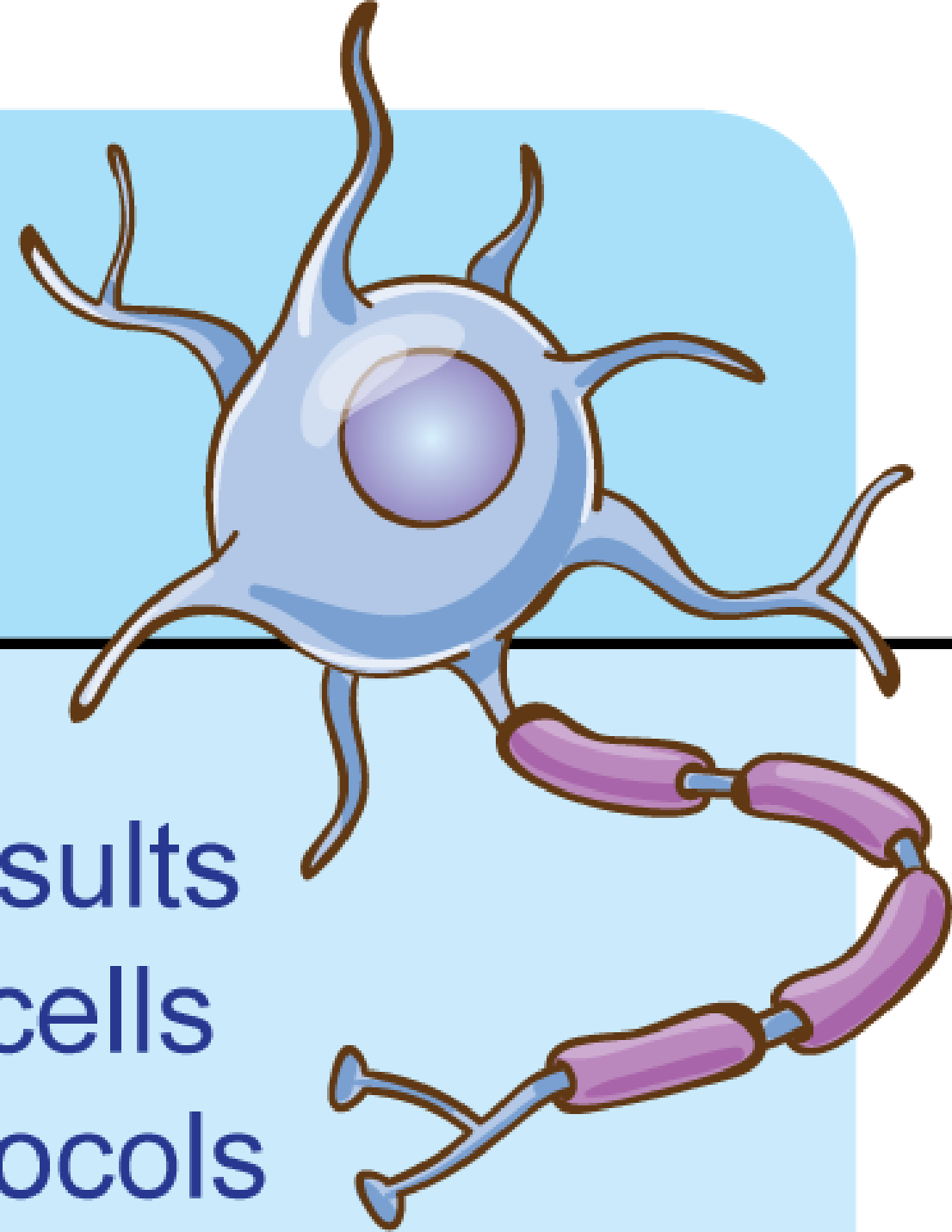
PMS/SHANK3 NDD syndrome

- The cause is unambiguous and uncontested – SHANK3 loss
- There is an easy and accurate test for this syndrome – genetic test
- There is very high conversion – "fully" penetrant
 - If the test is positive there is 80-100% likelihood that the syndrome will manifest
- There are cell and animal models with highest construct validity
 - Translational biomarkers have been developed – EEG etc
- There is good preclinical evidence that reversing the causal deficit will lead to improvements, even if given later in life – mouse models
- Unbiased estimates of prevalence place it at ~1:15,000 live births
 - Orphan designation, but not vanishingly rare – good objective data
- Very engaged family foundation with registries of patients - PMSF
- Expert sites are doing extensive phenotyping and can identify key clinical endpoints – RDCRN
- FDA is expected to be very supportive
 - Works with families; More flexible about endpoints/indications; PRV is likely
- If a drug is successful, there is reasonable path for the same drug to also get an indication in related disorders – SHANK2?, EEG biomarker

Mizuyaf syndrome

- There is no syndrome called Mizuyaf syndrome
 - (Mizuyaf is Hebrew for ‘forged’)
- However, there are at dozens of NDD syndromes with many of these properties
 - And the fraction with most of them will increase with more experimentation

Seaver Autism Center - Drug Discovery and Development

	 Molecular Target	 Human Neurons	 GM Rodent Models	 Patients
Expertise	• Lead site for international Autism Sequencing Consortium (ASC) n~38,000 • Knowledge of top genes • Knowledge of primary molecular targets	• Molecular results from neural cells • Multiple protocols to create induced neurons • Known cellular phenotype	• Phenotypes of relevant models • Behavioral endpoints • Translatable biomarkers	• Lead site for ASC • Phenotype of patients • Clinical endpoints • Clinical trials • Multi-site trials
Resources	• Biochemical and molecular biological assays	• CRISPR-Cas9 generated stem cells • Patient-derived stem cells	• Mouse and rat models	• Prospectively assessed patient groups • Multi-site studies • Assess 150-200 new families per year
DDD Pipeline	• DNA, RNA, protein and pathway based, targeted therapeutics <i>and/or</i> • Agnostic, high-throughput screens	• Develop robust cellular phenotype assays to screen libraries and test lead compounds • Use phenotype assays for go/no-go decisions	• Identify relevant phenotypes to use as in vivo validation of lead compounds • Use phenotype assays for go/no-go decisions	• Clinical trials

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ADNP; DDX3X; FOXP1; SHANK3

Thank you!

