



HDNL 2020 - Issue No 82, Q3 20

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GENETIC SERVICES

For information on Genetic testing, contact the Genetics Centre - Tel: **01 409 6739** and [www.genetics.ie](http://www.genetics.ie)

SUPPORT MEETINGS

See information on page 4

## HDAL's Services

HDAL staff continue to work from home as much as possible. Our helpline remains open via mobile on **087 051 7772** and email: [info@huntington.ie](mailto:info@huntington.ie)



Our regional support group meetings have moved online during the current *Stay at Home* guidelines. Please get in touch if you would like to join an online support group chat.

NEWSLETTER OF THE HUNTINGTON'S DISEASE ASSOCIATION OF IRELAND

# Hope

IRELAND

## EHDN Bridging Event



Advancing Research, Conducting Trials, Improving Care

### Virtual Bridging Event 2020

FRIDAY, SEPTEMBER 11th, 2020

The European Huntington's Disease Network (EHDN) Plenary Meeting 2020, which was due to take place in Bologna, Italy in September 2020, has been rescheduled for September 2021. In lieu of the 2020 conference, the EHDN organised an online Bridging Event on September 11th to provide a half-day version of the planned conference. Anne Rosser and Patrick Weydt from EHDN, together with Astri Arnesen from the European Huntington Association, extended a warm welcome to over 1,000 people from 52 countries who were registered for the online event. The talks, which were grouped into Scientific and Clinical sessions are available to view on the EHDN website:

<http://www.ehdn.org/plenary-meeting/>

*HD Buzz* have kindly summarised the talks as follows:

### SCIENTIFIC SESSION

This session, chaired by **Lesley Jones** (University of Cardiff, UK), provided updates on some of the latest research from Huntington's disease scientists from around the world:

**Function of HTT: Frederic Saudou** (INSERM, France) discussed the role of the huntingtin protein, the protein encoded by the HD gene which is mutated in patients with HD, in moving capsules called vesicles in nerve cells, a process which is critical for brain function. Using "*brain on a chip*" technology, their work considers how vesicle movement changes in patients with HD as well as how brain cells connect and work together in HD models.

**Somatic Expansion of the HTT CAG repeat: Darren Monckton** (University of Glasgow, UK) presented an update on his group's research on somatic expansion in HD.

Somatic expansion is associated with the severity of HD and the increase of the CAG repeat length in the huntingtin gene in certain cells and tissue types which can lead to earlier symptom onset. Scientists have found that certain small changes in the code of DNA repair genes can affect the amount of somatic expansion that occurs. Studies indicate that small variations in sequence of DNA repair genes can cause symptom onset to start earlier or later for people at risk of HD. Understanding the precise mechanism and which genes are involved could create opportunities to develop new therapies for HD.

### HTT Phosphorylation and TBK1:

**Hilal Lashuel** (EPFL, Switzerland) presented his lab's recent findings which implicate a gene called TBK1 in HD. TBK1 is able to mark the huntingtin protein with a special label called phosphorylation. When the huntingtin protein is marked by TBK1, nerve cells survive much better in laboratory models of HD and this effect is reversed if the activity of TBK1 is blocked. Discovering how to activate TBK1 in HD could lead to a potential new therapy.

### Oral HTT Lowering Therapy:

**George McAllister** (CHDI Foundation, USA) spoke about promising new oral therapies for huntingtin lowering. Although not yet in the clinic, there are a number of companies, including Novartis and PTC, who are developing huntingtin lowering drugs which could be taken as a pill. This would mean avoiding spinal tap or brain injection methods currently used in HD clinical trials. Researchers hope that this would make it easier for patients to take the medicine.

Having an oral therapy would also mean that the whole body could be treated, not just the brain, which would have the bonus effect of making it easier to measure how well the drug is working by measuring in blood for example. The effects of the medicine would also be reversible if treatment was halted. However, there are lots of potential issues which scientists need to carefully consider such as whether targeting the whole body is appropriate or if there would be off target effects. Preclinical and clinical studies will hopefully provide these answers in the near future.



## CLINICAL STUDIES SESSION

This session chaired by **Jean-Marc Burgunder** (University of Bern, Switzerland) shared information on the clinical studies now underway to find new treatments for HD.

### Update from the Tominersen Global Clinic Development Programme:

**Sarah Tabrizi** (UCL, UK) discussed the open label extension of Tominersen, the huntingtin lowering therapy developed by Roche. This extension study looks at the long-term safety of the treatment in a small group of premanifest HD patients over the course of 15 months. The study has found that longer periods of time between doses of Tominersen still lowered huntingtin sufficiently in treated participants, and in addition, resulted in fewer negative side effects. This 8-week treatment regimen will now be used in the GENERATION HD1 trial which will evaluate whether the treatment improves outcomes for HD patients. Researchers know that the drug shows lower huntingtin levels in a treated patient's spinal fluid. Now the scientists need to work out if the huntingtin lowering is sufficient to improve patient symptoms. The trial is now fully enrolled and Professor Tabrizi expressed gratitude to the 791 HD patients from around the world who signed up for this very important clinical trial. Despite the COVID-19 pandemic, Roche states that it is working hard to mitigate any effects to the ongoing trials whilst keeping patients, clinicians and HD families safe.

### PRECISION-HD1 and 2: allele selective targeting of the mutant

**HTT: Anna Heinzmann** (ICM Institut du Cerveau, France) presented an update on the PRECISION-HD study, a huntingtin lowering therapy developed by Wave. Wave's therapy specifically targets the mutated (unhealthy) form of the huntingtin gene which could be a preferred approach as it leaves the 'normal' huntingtin levels intact. However, this treatment is only available to patients that have a specific barcode in their

DNA as this is how the drug targets the mutated version of HTT so not every patient is eligible. So far, the scientists at Wave have shown that their therapy is safe in patients but trials are ongoing and further data is expected in the first quarter of 2021.

**SHIELD HD: Anne Rosser** (University of Cardiff, UK) explained how the SHIELD HD study run by Triplet Therapeutics will lay the groundwork for future clinical trials which aim to target DNA damage repair pathways. Patients with faster somatic expansion may develop more aggressive symptoms regardless of whether they have the same CAG repeat. Triplet have shown in the HD mouse models that reducing the levels of certain DNA damage repair proteins can halt the process of somatic expansion. By targeting somatic expansion in this way, Triplet hopes to treat the underlying pathology of HD. They are running this natural history study in order to inform the design of a future clinical trial and to work out what measures will be needed to establish whether their therapy is working. The trial commenced in May 2020 and is now underway in Canada, Europe and USA. The 60 HD patients enrolled will be assessed by clinicians using a variety of methods over a two-year period. Data and samples taken from patients will be critical for scientists to better design future clinical trials.

**Prilenia: G. Bernhard Landwehrmeyer** (Ulm University, Germany) discussed PROOF-HD which will assess the potential for treating HD patients with the drug Pridopidine. Pridopidine can affect the dopamine signalling function of nerve cells and has already been tested in clinical trials for HD patients. Although those earlier trials had disappointing results, this new trial hopes that by looking at treating early manifest patients for much longer they may see better patient outcomes.

**Uniqure: Ralf Reilmann** (George Huntington Institut, Germany) presented an update on the Uniqure AAV gene therapy which aims to lower huntingtin.

Uniqure's AMT-130 therapy is delivered in a one-shot brain surgery and this virus-based approach irreversibly alters the patient's DNA resulting in reduced HTT levels. Scientists have been able to show that this HTT lowering treatment is safe and effective in both small and large animal models of HD such as rats, pigs and monkeys. The current AMT-130-01 study (HD GeneTRX1) will monitor the 26 participants who will receive the therapy by brain surgery at specialist HD clinics over a five year period. Two patients have already received the therapy

### MIG-HD Trial: Anne-Catherine

**Bachoud-Levi** (INSERM, France) discussed the MIG-HD clinical trial which investigated the use of stem cells in treating HD in a long clinical study spanning more than a decade. Although the treatment tested in this specific trial was not successful in treating HD, the scientists learnt a lot about best practises for this type of stem cell transplantation treatment. Since the trial, there have been huge breakthroughs in our understanding of stem cells. Bachoud-Levi and team are hopeful that new stem cell-based therapies may help HD patients in the future.

### HEATED - Huntington's Equal Access to Effective Drugs: Hugh Rickards

(University of Birmingham, UK) discussed the HEATED project. As there are an increasing number of very exciting drugs in clinical trials, many people in the HD research community expect there to be a few which might be approved for use in HD patients. However, it is likely that these might be very expensive meaning that not all HD patients would be able to access them immediately. Rickards is working to understand the challenges of HD drug affordability and accessibility to ensure as many patients as possible are able to access therapies when they become available.

### CLOSING REMARKS

In the closing summary, Bernhard Landwehrmeyer reminded us that a lot of the ideas being tested in Clinical Trials today are informed by the HD observational studies to which over 25,000 people from the HD community have contributed to.

Anne Rosser summed up with a thank you to all who contributed and participated in a wonderful event which is something she hopes will happen again, irrespective of a global pandemic. She thanked the speakers, the session Chairs, the organising team, CHDI for funding the event with a special thanks to the patients, their families and friends who have supported the HD studies discussed.

See: <https://en.hdbuzz.net/293>

## Have you received the flu vaccine?



The HSE provide information on the seasonal flu vaccine (flu jab) on their website at <https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/about-the-vaccine/>

They state that the flu vaccine protects against 4 strains of flu virus. These are the strains most likely to be circulating this flu season. The vaccine is available every year to adults and children at risk of flu and its complications. The HSE recommend that you get the flu vaccine if you or a person you live with is more at risk of flu because of a long-term health condition.

You can get the flu vaccine for free if you:

- are 65 years of age and over
- are pregnant
- are a child aged 2 to 12 years (new for 2020/2021)
- are an adult or child aged 6 months or older with a long-term health condition (including chronic neurological disease)
- live in a nursing home or other long-term care facility

### Where to get the flu vaccine

You can get the flu vaccine from:

- your GP
- a local pharmacy
- an occupational health department or peer vaccinator if you work in healthcare

Further information is available on the HSE website or you can speak to your community nurse or GP.

## Volunteers Urgently Needed to Help in HD Research

The Academic Unit of Neurology, Trinity College Dublin, need volunteers to take part in ground breaking research of Huntington's disease and other neurodegenerative diseases. This research, led by Prof. Orla Hardiman, aims to improve prediction of symptom progression rates and improve the identification of new treatments.

To complete this research, we urgently need volunteers of any age above 18 years old, who do not have blood relatives with Huntington's disease (e.g. family care givers, friends etc.), to provide baseline measurements in a number of related research projects.

Volunteers will be asked to take part on one occasion with the option of later participating at further time-points. Taking part involves performing mental or movement tasks or relaxing while biological signals are recorded over the skin. While not essential, a small blood sample can also be provided to help with genetic research.

To hear more about our research or express an interest in participating, please email

[AcademicNeurology@tcd.ie](mailto:AcademicNeurology@tcd.ie) or call/text **089 488 8697**

## Thank You

### Ahern Family Fundraiser



The extended Ahern family held a reunion in the beautiful Cabra Castle in February 2020 with many family members attending from abroad (the good old days before social distancing).



The gathering raised over €16,000 for their two chosen charities, one being HDAI, receiving an exceptional contribution of €8,500 from the extended Ahern family. Sincere thanks to all involved and to Howard and Mitzie at Cabra Castle for hosting this marvellous event.

### Sunrise Up Croagh Patrick

Due to the relative rarity of Huntington's Disease and the lack of awareness outside of our community, the Sunrise Up Croagh Patrick event has been of vital assistance to HDAI over recent years and even more so in 2020 as the current pandemic adds extra challenges to the lives of many Huntington's Disease families. We have now received €8,935.13 (net of iDonate fees) from the 2020 event. We greatly appreciate the support of the SUCP organising team, volunteers who participated and the many families from the HD community who support the event.

## Football Jersey Auction

Sincere thanks to John Scanlon and Michael Carter who very generously auctioned signed football jerseys raising a marvellous €1,250 to support the Huntington's Disease Association.



*Anna (centre) pictured with Michael Carter and John Scanlon*

## In Memory

Sincere thanks to Shannon Hayes who has set up an 'In Memory' page online [https://www.idonate.ie/fundraiser/11387460\\_in-memory-of-mary-whelan.html](https://www.idonate.ie/fundraiser/11387460_in-memory-of-mary-whelan.html) and has raised over €300 in memory of her beloved mother Mary. Thank you Shannon and thanks to your family and friends who have contributed

## Recently Received Donations

A big Thank You to all who have supported HDAI recently including:

- Donation via Benevity €90
- Congratulations to Miriam and Jack on your recent wedding and sincere thanks for your very thoughtful donation to HDAI
- Direct Debit donations from Fionnuala, Martina, Zil, Jacyntha and Ger
- Ide, Maire & family Sunrise Up Croagh Patrick fundraising €755, Hand knits €30 and Cake Sale €50
- Mary McQuillan €500
- Eoin €114.00
- In Memory: thank you to all who made In Memory donations.
- Membership - Thank you to all who have renewed your 2020 membership.

## In Memory



**Martina Grant** died on July 20th having bravely lived with HD for many years. Martina will be lovingly remembered by her son, her sisters and brothers, nieces and nephews, aunts and uncles and her friends. Rest in Peace Martina.

**Pat Davis**, a great friend of HDAI, died on October 4th. Pat's son-in-law Joe lost his life to HD and Pat generously supported the Association for many years through her marvellous crochet hats, her fundraising with the Postal Celtic Club and her charm in selling HDAI Christmas cards.



Sincere condolences to Angelina and all Pat's family and many friends.



**Tom Downes** died on July 3rd. He enjoyed a great quality of

life throughout his Huntington's illness and died in the loving care of his wife Maura. Tom will be lovingly remembered by his wife Maura, his children, grandchildren, siblings, extended family and many friends. May he rest in peace.

The articles which appear in this newsletter may not necessarily represent the views of HDAI.



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## Keeping Informed and Supported during the COVID-19 Pandemic

The resurgence in cases of COVID-19 across Ireland is worrying for our health and well-being. The impact on out-patient appointments and on community health and social services is a huge cause of concern for many.

If you are impacted by Huntington's Disease and are having difficulty accessing the health or social care services you require please contact HDAI and we can advocate on your behalf. Also, if you are experiencing anxiety or stress you can call HDAI confidentially for information and support.

The Health Service Executive (HSE) provide reliable information on the virus including information on: Symptoms, Protect Yourself and Others, Testing, People at Higher Risk, Managing COVID-19 at Home, Testing, Staying Well During the pandemic, Parents and Carers, Services, Translated Information and an Updates and Resources section <https://www2.hse.ie/coronavirus/> Information on government guidelines and restrictive measures are available at <https://www.gov.ie/>

### COVID Tracker App

The COVID Tracker is a free app for your mobile phone. It aims to help us to protect each other and slow the spread of coronavirus (COVID-19) in Ireland.



Using the COVID Tracker app along with the existing public health measures will help us all stay safe when we meet others. The COVID Tracker is free to download from the App Store or Google Play.

## HDAI's AGM

HDAI's AGM was held in Carmichael Centre and online on August 6th. Thomas Lillis, Chair, welcomed everyone and gave a report on HDAI's activities in 2019. He thanked our remarkable volunteers and gave a special thanks to Ide Cussen and Bernard Caldwell for their very successful Fairyhouse event in 2019.

Anne O'Shea Clarke, Treasurer gave an overview of income and expenditure. The 2019 Audited Financial Statements distributed before the meeting were adopted and are now available on our website. HDAI were delighted to contribute another €10,000 in 2019 towards Dr Niall Pender and his team's HD research studies. Anne thanked all HDAI's fundraisers and asked that those impacted by HD get in touch if they need support. Anne Lennon Bird and Pat Griffin did not go forward for re-election to the Board. Thomas thanked them for their hard work and dedication to HDAI and for their continuing support to the Association. Elected Board members are: Thomas Lillis, Anne O'Shea Clarke, Deirdre Jones, Anna Porter, Valerie Moran, Patricia O'Reilly, and Betty McCormack.

Thomas advised that HDAI's Board and stakeholders have been working on HDAI's strategic plan for the next 5 years and have agreed on main goals to include:

- Promote a better understanding of Huntington's Disease
- Strengthen the Huntington's Disease community in Ireland
- Advocate for Improved HD Services
- HDAI Sustainability

Pat Griffin paid tribute to those who lost their lives to HD during the year and mentioned especially departed friends who contributed to HDAI's work. Pat Carty, who died in June, served as a Board member in the past alongside his wife Eileen. They both worked to raise awareness and funds in addition to bringing optimism and good humour to meetings.

## HDAI Online Support Group Meetings



The online support group aims to provide a safe meeting space for participants to build support and share their lived experiences with others with similar experiences. The family support officer facilitates meetings and can provide further information on relevant community resources. Please contact us at [info@huntingtons.ie](mailto:info@huntingtons.ie) if you are interested in joining an online chat.

Limerick Group

Oct. 24th

Dublin Group

Nov. 7th

Cork Group

Nov. 28th

West Group

Dec. 5th

Dates subject to change - contact HDAI for confirmation.