

Resources for Rare Disease Organizations

The Jackson Laboratory Rare Disease Translation Center

Madeleine Braun, Ph.D., MBA
Vice President, Research Growth Initiatives
madeleine.braun@jax.org

1929 Founded in
Bar Harbor, Maine

26
Nobel Prize
Associations



12 JAX locations
globally



3000+ employees
400+ with Ph.Ds



10,000+ trainees have
participated in JAX courses

About The Jackson Laboratory

The JAX Distinction

JAX RESEARCH

95+ years of human genomics, mouse genetics, interface expertise

Cutting edge scientific technologies & services

Collaborative culture

Integrated research across 3 campuses (Bar Harbor, Portland, Farmington)

DISCOVER

JAX MICE[®], CLINICAL, & RESEARCH SERVICES

#1 U.S. provider of mouse models & services; #2 globally

Over 13k unique genetic strains

Extensive preclinical & clinical genomics services & databases

Research translation & innovation

Powerful logistics, efficiency

EMPOWER



JAX Rare Disease Translational Center

OUR MISSION

For and with rare disease families, foundations, researchers and clinicians, the JAX RDTC **innovates patient-relevant models and preclinical strategies** to deliver targeted therapies from **lab to clinic** swiftly and effectively.

Cat Lutz, Ph.D., MBA,
Vice President RDTC



Mouse as an Avatar & Accelerator

Why the mouse?

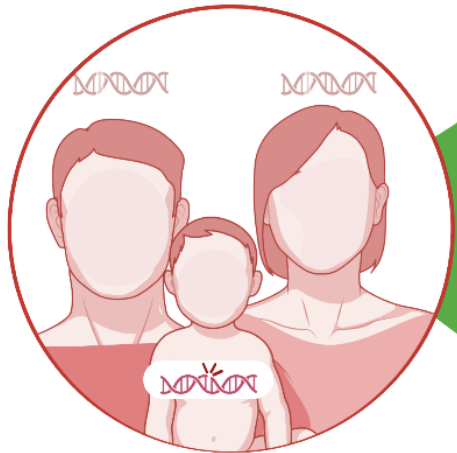
- Similar genetics, physiology, health
- 2.5 year lifespan
- Change the DNA to mirror human variants, disorders
- Whole body system complements cell lines
- For mechanistic proof of concept
- Important long term for new hypotheses and next-gen therapeutics
- Share openly to enable parallel studies
- Preclinical data for INDs

Provides answers

- What does the gene do?
- What does the variant impact?
- Which therapeutics are effective?
- Which readouts are modulated, are most informative?
- Is it safe?
- When to dose?
- Which route of administration?
- How well do drugs work in combination?

Our Approach

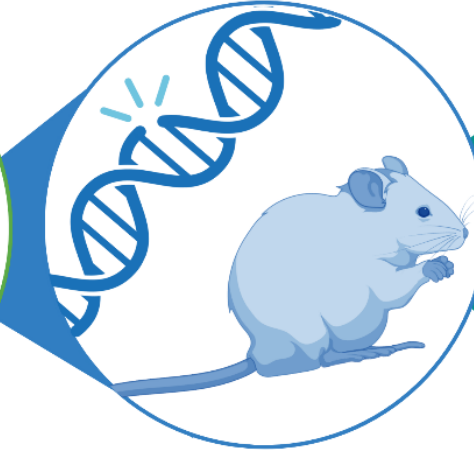
Translation begins with the end in mind: The Anticipated Therapy



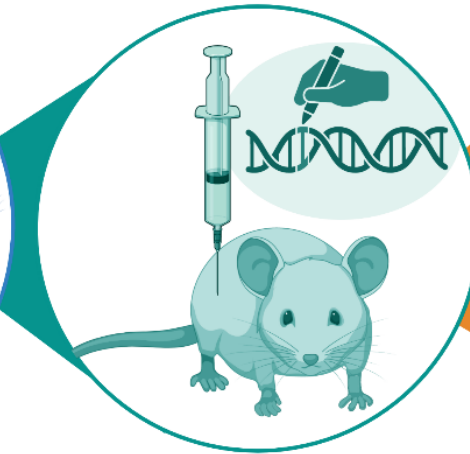
Causative patient mutations



Scope project and therapeutic approach, and devise overall modeling strategy



Engineer the mouse model



Phenotype and test therapeutics



Preclinical data supports IND

Foundations, Researchers, Clinicians & Industry Partners



JAX's growing influence on rare disease

Neurodevelopmental

- Cornelia de Lange syndrome (CdLS) (HDAC8)
- Alternating hemiplegia of childhood (AHC) (ATP1A3)
- HNRNPH2-related disorder
- MED13L-related disorder
- PURA-related disorder
- Cockayne syndrome (ERCC6/XPA)
- CHOPS syndrome (AFF4)
- Schuurs-Hoeijmakers syndrome (PACS1)
- PACS2-related disorder
- Temple-Baraister syndrome (KCNH1)
- SHINE syndrome (DLG4)
- Wieacker-Wolff syndrome (ZC4H2)
- CACNA1A-related disorder
- Ogden syndrome (Naa10)
- MAPK8IP3-related disorder
- CDKL5 deficiency disorder (CDD)

- DDX3X-related disorder
- Dravet syndrome
- FAM177A1-related disorder
- KCNT1-related epilepsies
- Multiple sulfatase deficiency (MSD) (SUMF1)
- Rett syndrome (MECP2)
- SLC6A1-related disorder
- SYNGAP1-related disorder

Neurodegenerative

- KIF1A-associated neurodevelopmental disorder (KAND)
- Amyotrophic lateral sclerosis/frontotemporal dementia (ALS/FTD) (UNC13A, CHMP2B, C9orf72, TARDBP)
- Metachromatic leukodystrophy (ARSA)
- Charcot-Marie-Tooth disorder (CMT) (ITPR3, SBF1, FIG4)
- Alzheimer's disease (KNG1)
- Infantile neuroaxonal dystrophy (PLA2G6)

- Leukoencephalopathy (CSF1R)
- Hereditary spastic paraplegia (HSP) (ALT1)
- Spastic paraplegia (SPG56)

Hematopoietic

- Schwachman-Diamond syndrome (SBDS)

Musculoskeletal/ Muscular Dystrophy/ Glycosylation defects

- Multicentric carpotarsal osteolysis syndrome (MAFB)
- Congenital muscular dystrophy (COL6A1)
- DHDDS-related disorder
- PGAP3-congenital disorder of glycosylation
- NGLY1-congenital disorder of glycosylation

Mitochondrial Disorders

- Friedreich ataxia (FXN)
- POLG-related disorder

Metabolic Disorders

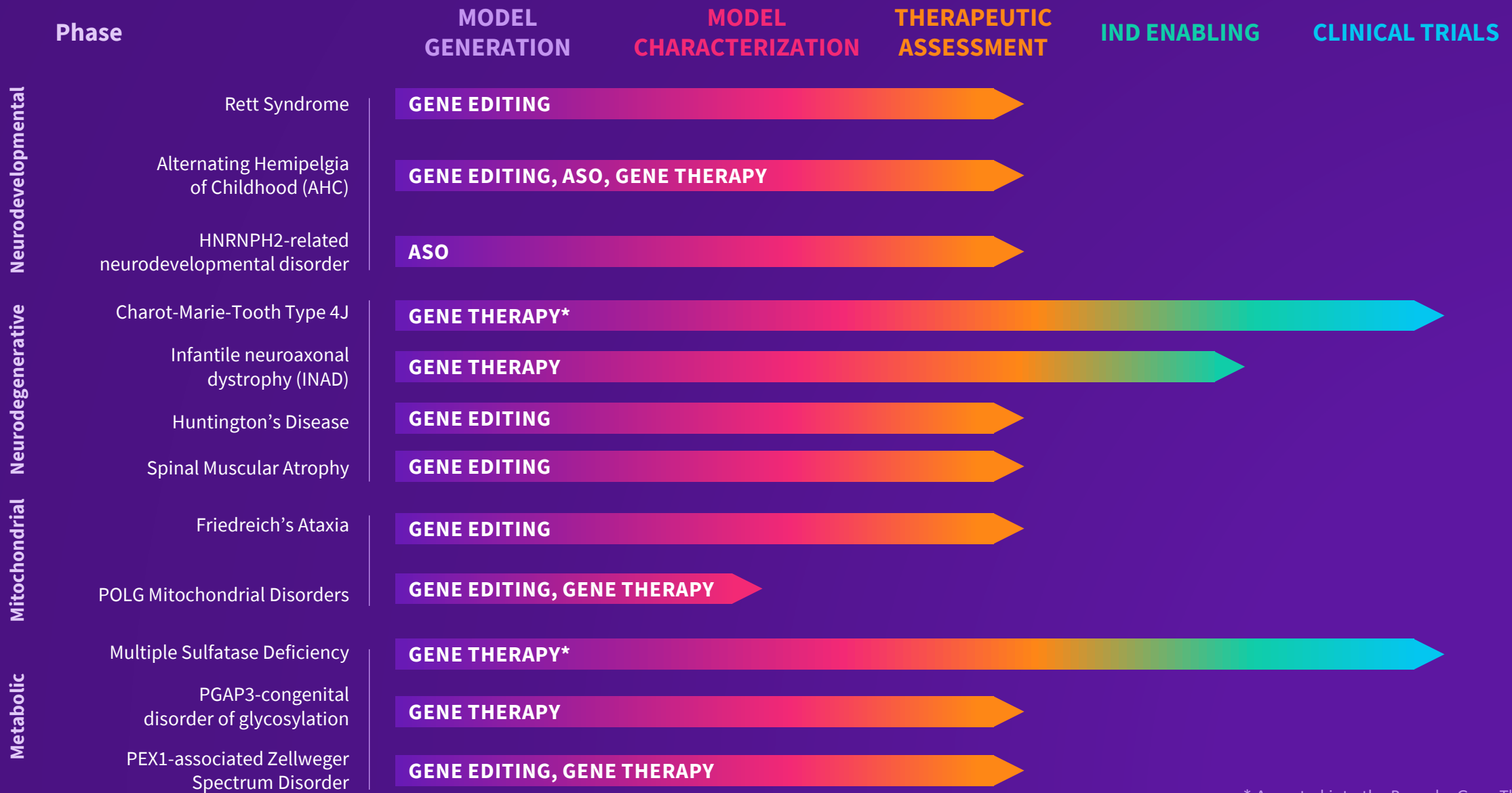
- Glycogen storage disease (SLC37A4)
- Zellweger syndrome (PEX1)
- Nonketotic hyperglycinemia (GLDC)

Other

- Dyskinesia (ADCY5)
- Chronic kidney disease (TRPC6)
- SPEEC1L-related disorder
- TMEM192-related disorder
- Olmsted syndrome (TRPV3)

60+
Distinct genetic
diseases
35+
therapies being
tested in mouse
models

RDTC's lead programs



* Accepted into the Bespoke Gene Therapy Consortium



Charcot Marie Tooth type 4J Gene Therapy

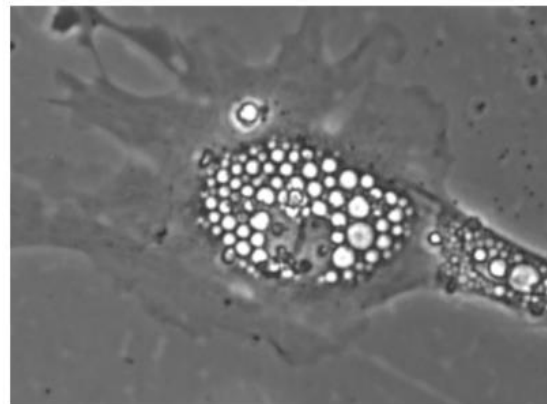


Jocelyn Duff
Executive Director

UT Southwestern
Medical Center

Steven Gray, Ph.D.
Rachel Bailey, Ph.D.

- Severe form of CMT neuropathy. Ultra-rare.
- Progressive profound muscle weakness in legs, arms or both with loss of motor capabilities.
- Autosomal recessive, caused by loss of function mutations in gene **FIG4**.



Vacuolation phenotype



Maximiliano Presa, Ph.D.
JAX Rare Disease
Translational Center (RDTC)

CMT4J Gene therapy summary

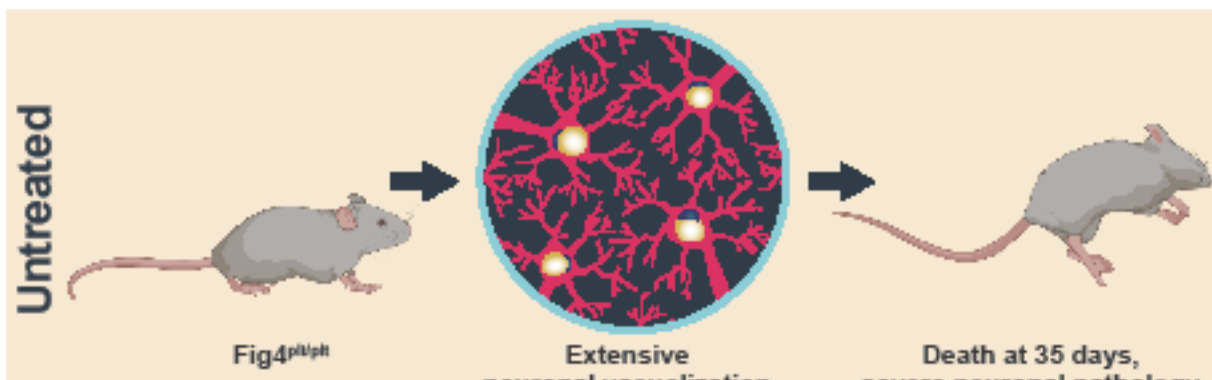
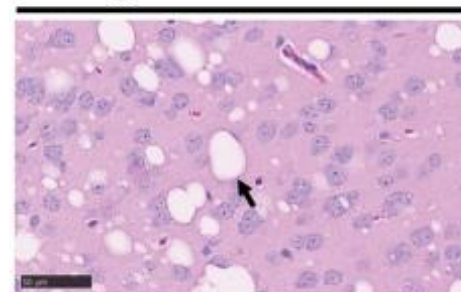
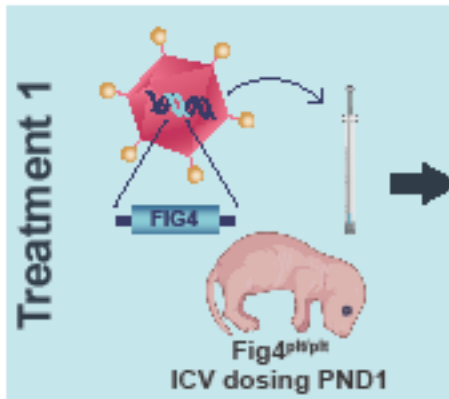


Fig4^{plt/plt} untreated



The Journal of Clinical Investigation

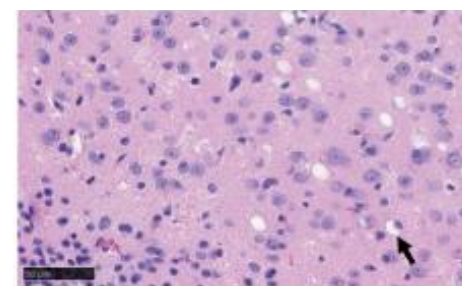
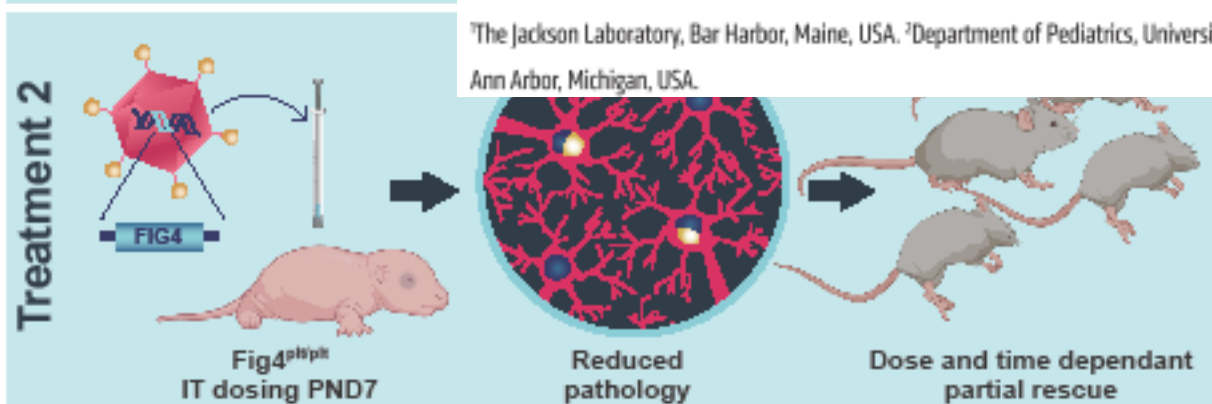
RESEARCH ARTICLE



AAV9-mediated FIG4 delivery prolongs life span in Charcot-Marie-Tooth disease type 4J mouse model

Maximiliano Presa,¹ Rachel M. Bailey,² Crystal Davis,¹ Tara Murphy,¹ Jenn Cook,¹ Randy Walls,¹ Hannah Wilpan,¹ Laurent Bogdanik,¹ Guy M. Lenk,³ Robert W. Burgess,¹ Steven J. Gray,² and Cathleen Lutz¹

¹The Jackson Laboratory, Bar Harbor, Maine, USA. ²Department of Pediatrics, University of Texas Southwestern Medical Center, Dallas, Texas, USA. ³Department of Human Genetics, University of Michigan, Ann Arbor, Michigan, USA.



The CMT4J Journey

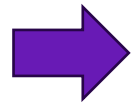
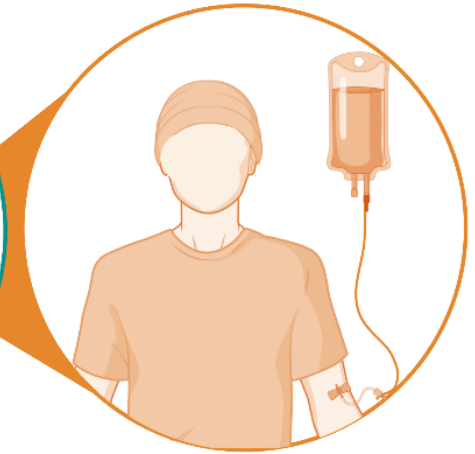
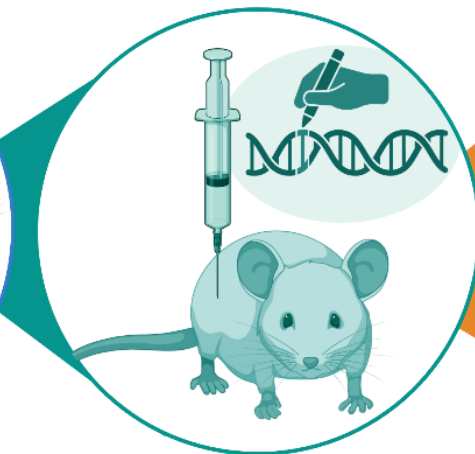
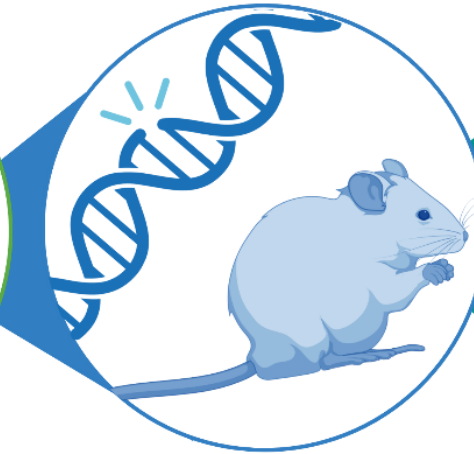
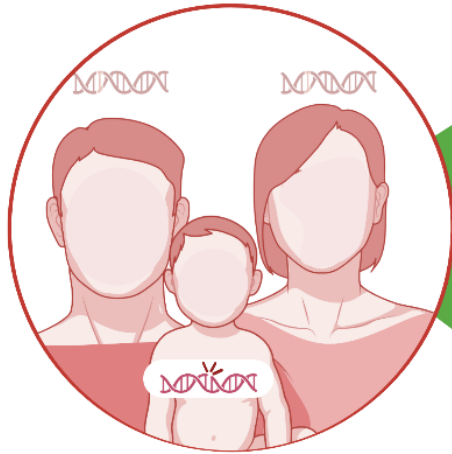
Patient Variants

Anticipated therapies

Mouse engineering

Phenotype and testing

Pre-clinical test and IND



Talia's mouse

Gene Therapy

Fig4 gene knockout
Fig4 mutation I41T

Gene Therapy
Drug repurposing?

AMP Bespoke Gene
Therapy
Consortium

How it Works

raredisease@jax.org

1

Nominate Your Disease

Use the NIH grant-funded JAX Center for Precision Genetics (JCPG)

2

Committee Research & Acceptance Criteria

What do we know about the biology?

Does a mouse exist, does it work?

Feasibility and potential — will it work, advance goals?

Humanization approach?

Aiming for which clinical features?

Fits with the intended therapeutics?

Who will use it once built?

3

Let's Get to Work!

Grant funding available for initial model development

Expert team develops new mouse model, with genetic engineering, breeding, phenotyping (1 year)

Drug efficacy, tolerability, cell modeling and proteomic studies typically need external funding

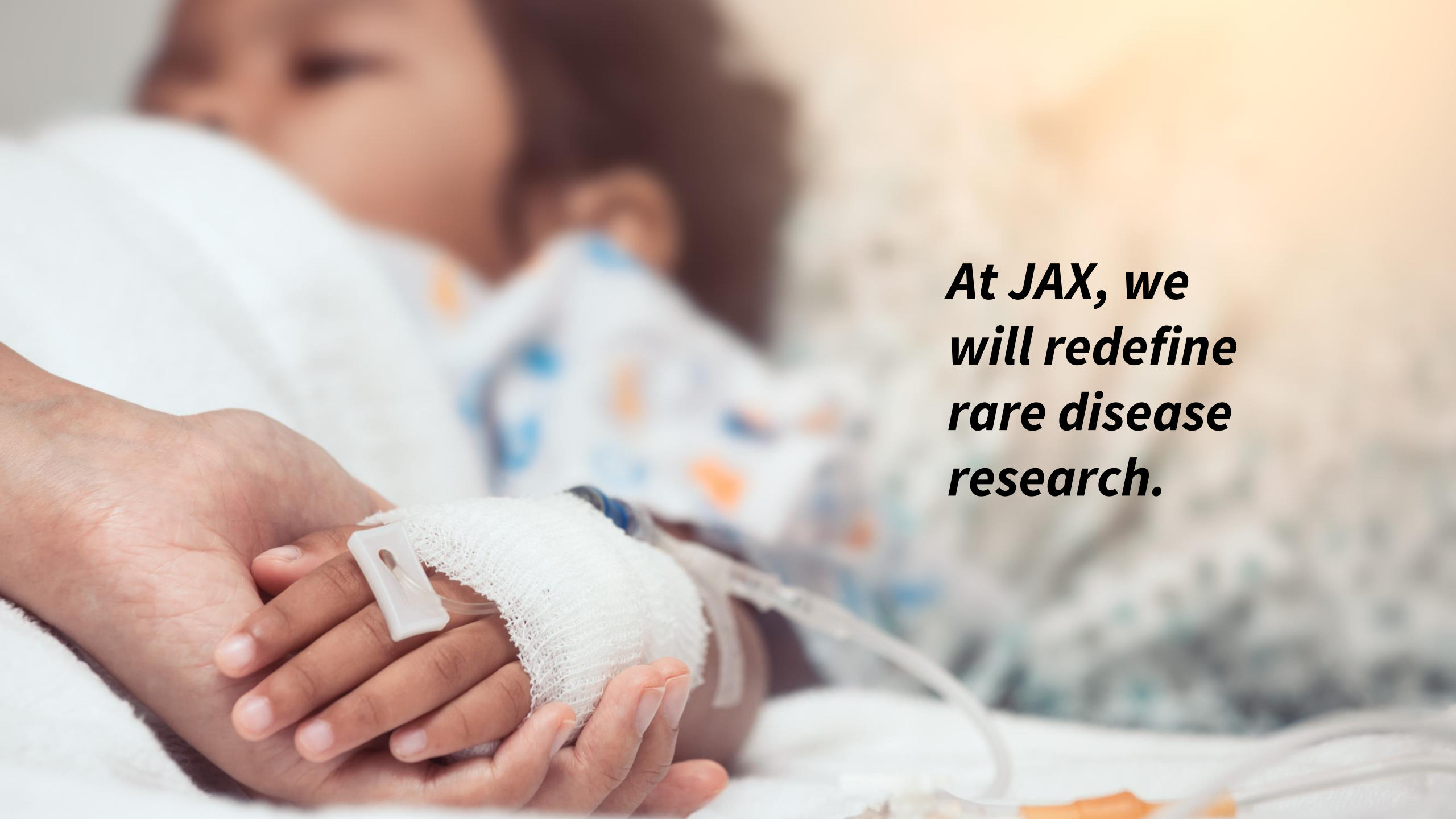
4

Share, Collaborate & Advance

All new models deposited in NIH-supported MMRRC for open access

Use strains to test new therapeutics, discover biomarkers and answer pharmacology questions

raredisease@jax.org



***At JAX, we
will redefine
rare disease
research.***



Thank you

For new inquiries contact

Rebecca (Becky) Smith, MS, CGC
Certified Genetic Counselor
Clinical Research Project Manager
rebecca.smith@jax.org
raredisease@jax.org

