SECTION 2 - ALS Research
Research Team

Clinical trials are health-related studies in people that are closely supervised and carefully follow a pre-defined protocol. Each study answers scientific questions and tries to find better ways to prevent, screen for, diagnose or treat a disease. Clinical research studies involve people, but do not involve treatment with an experimental drug or testing of an experimental device. These studies may help doctors, researchers and scientists learn more about the disease, so that they may diagnose, prevent, treat or cure the disease. Our Research Team works with participants in both.
We are back to full-speed in the laboratory with investigations on multiple topics using a variety of methods. One example is our search for genetic factors that might "modify" ALS disease activity. Here we are comparing DNA, RNA, and protein expression from people with early vs. late onset disease and slowly progressive vs. rapidly progressive disease. We are also searching the genes of people who are healthy and do not have ALS, but who carry a genetic mutation that typically causes ALS. Why are they "resisting" the onset of disease? Another example is the discovery of "cryptic exons", which are pieces of RNA that normally are not made into protein, but in the context of ALS are "released" to make small pieces of protein (called cryptic peptides). These peptides, if they can be measured, will provide an important biomarker of ALS pathology that might be used for diagnosis, prognosis, or even measures of disease activity during clinical trials. There are several other projects underway using the techniques of genomics, proteomics, cell modeling, and even the creation of animal models.

Some New Projects:

- In collaboration with investigators at the University of Massachusetts and the NIH, and funded by ALSA, Dr. Glass is working on generating a repository of whole genome sequences collected from ALS patients around the world. This will be a valuable collection of genetic information unprecedented in size and will be made available to any and all investigators who are studying any aspect of ALS.
- The Emory ALS Center is continuing our program titled “Pathobiology Neurodegeneration in C9ORF72 Repeat Expansion”, funded by the NIH. This project, in collaboration with investigators at the Mayo Clinic, Johns Hopkins, and the Massachusetts General Hospital will use animal models and human tissues to identify causative factors in patients with this form of genetic ALS.
- We are well into the clinical trials of gene therapies for ALS patients carrying either the SOD1 or C9ORF72 genetic mutation. Though the results of the phase 3 trial of tofersen for SOD1-ALS are disappointing, we have embarked on a new trial of tofersen, the ATLAS trial, attempting to delay or prevent the onset of ALS in asymptomatic people who carry SOD1 mutations. We are also participating in a genetic trial to knock down a protein called ataxin-2, which has been shown to increase the risk of ALS (though is not considered a causative gene for ALS).
- Enrollment has started for Dr. Fournier’s new study to validate and create new scales for measuring ALS symptoms. This study is funded by the Department of Defense and is open to patients with ALS anywhere in the United States. Participants will complete questionnaires online and will undergo neurologic exams by video teleconference – no on-site visits are required. More information can be found here: https://is.gd/EMORYDOD

Our Investigators:

Dr. Jonathan Glass, Director. Professor of Neurology and Pathology. Dr. Glass actively collaborates with other ALS investigators around the world on multiple projects examining ALS genetics, immunology, neuropathology, and animal and cellular models of ALS. Dr. Glass also continues his work on discovering biomarkers of ALS, which necessitates the participation of PALS and CALS. We are collecting blood and spinal fluid samples from patients for our research. Family members and non-related adults are also important participants in our studies, serving as “controls” that allow us to compare results between people living with and without ALS. Dr. Glass is also a Neuropathologist, and much of his research depends on tissue donations providing a rich source of material for investigations into the causes of ALS. For a presentation by Dr. Glass about the neuropathology of ALS, please see his NEALS webinar.

Dr. Christina Fournier, Associate Professor of Neurology. Dr. Fournier is well into her 5-year research grant from the Veterans Administration to develop a new questionnaire to measure the progression of ALS. The first phase of the project
is complete with creation and validation of the Rasch-Built Overall ALS Disability Scale (ROADS), a new and improved tool for measuring the degree of disability in PALS. The ROADS is an improvement over the ALS Functional Rating Scale (ALSFRS-R), as it is shown to be more reliable and is expected to be more responsive in capturing smaller changes in disability. It is hoped that this new scale will improve the efficiency of future ALS clinical trials. You can read about ROADS and be directed to the ROADS webinar here. Many thanks to all the patients who helped by completing the questionnaire and then completing it again from home. We will now be using the ROADS along with the ALSFRS-R in our clinics to help us get a clear picture on how our patients are progressing. Additional opportunities to participate in this important research may be available at your clinic visit. Please consider participating in this important effort, as these efforts help us to design better clinical trials in the future.

Meraida Polak, RN After her many years of devotion to ALS research and patient care at Emory, Meraida has begun a phased retirement plan. She will continue to work on our team part-time. It was Meraida who urged Dr. Glass to start the Emory ALS Clinic in 1997 and we want to thank her for her unflagging commitment to making the lives of people living with ALS better.

We are thrilled to announce Jane Bordeau, RN as our new Research Director. Jane is a familiar face among our team, having been with us since 2010. She has been a nurse coordinator on our research team on many ALS clinical and research trials.

Ezana Assefa, PhD Student. Ezana is a new graduate student working with Dr. Glass on the question of why ALS patients are so different in their clinical characteristics. This is even true for those carrying a genetic form of the disease. Ezana has embarked on a project looking at genetic factors (i.e. genetic modifiers) that may underlie this disease heterogeneity using DNA and cells generated from skin biopsy samples from patients with genetic ALS, but with varying clinical features. Ezana is just getting started, but this promises to be an exciting project.

We at the Emory ALS Center understand the dire need for effective treatments for ALS. The only way to help develop new therapies for ALS is through rigorous scientific investigation. This type of investigation requires the efforts of teams of clinicians and scientists around the world, adequate research funding, and time.

Most importantly, we need the partnership of our patients and their families to study and better understand this disease!

Visit our website to learn about upcoming clinical research and trials we are offering: www.als.emory.edu

Clinical Trial Opportunities: (treatment with an experimental drug)

| A Phase I Study of DNL343 sponsored by Denali Therapeutics: NOW ENROLLING -- This first-in-human study is investigating the safety of DNL343, an orally-administered capsule, for treatment of ALS. Subjects will be randomized 1:1:1 to receive one of 2 dose levels of active drug or a placebo. Length of participation is approximately 2 months, with an open-label extension of 18 months. If you have disease onset of fewer than 3 years, are 18 years or older, and are able to swallow capsules you may be eligible. Please contact Wanda Sanchez at wanda.sanchez@emory.edu to learn more. |
| Biogen Ataxin Study: NOT ENROLLING--This is a first-in-human gene therapy trial for sporadic ALS to evaluate the safety of BIIB-105. There will be 6 cohorts, with subjects being randomized 3:1 to receive active drug or placebo. Five doses of drug will be administered via lumbar puncture over 12 weeks, with total participation period to be approximately 29 weeks. For more information, please contact Annie Rowland at anne.rowland@emoryhealthcare.org |
**Mitsubishi Oral Drug Dosing Regimen Study:** NOW ENROLLING—The purpose of this study is to test if an oral formulation of the FDA-approved IV drug edaravone (Radicava) is effective and safe in patients with ALS, and to compare its effects when given in 2 different dose regimens. Subjects will be randomized 1:1 to either Group 1 which will receive active drug daily for 14 days, followed by 2 weeks off drug, or Group 2 which will receive edaravone to be taken daily in 28-day on/off cycles. For more information, please contact Megan Yun at megan.yun@emory.edu

**Clinical Research Opportunities:** (no experimental drug treatment)

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<th>Research Study</th>
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| **TRACK ALS**  | The purpose of this study is to see whether we can acquire dependable at-home measurements of breathing, movement, speech and general function, that will allow more people to participate in clinical trials without repeated trips to the clinic. | Katie Terrebonne  
404-727-5193  
katherine.cummings@emory.edu |
| **ALS OUTCOME MEASURES (DOD)** | For any patient with ALS residing in the United States  
Participants will complete questionnaires about their ALS every month for 6 months. Participants will also complete questionnaires 1 time by phone and will have 2 neurologic exams by video teleconference.  
No in-person visits are required. | Karon Simmons  
404-712-4182  
kmsimm2@emory.edu |
| **Pathogenesis in C9ALS (PICALS): RECRUITING** | Three visits over 12 months with the option of ongoing visits. Will have exams, questionnaires and donate blood and spinal fluid.  
Relatives of people with C9 ALS will have genetic counseling and testing, at no charge, to learn results. | Karon Simmons  
404-712-4182  
kmsimm2@emory.edu |
| **Microbiome in the progression of ALS (MPALS): RECRUITING** | For ALS patients with live-in spouse/partner or caregiver  
Couples mail in saliva and stool samples three times over 6 months | Karon Simmons  
404-712-4182  
kmsimm2@emory.edu |
| **Clinical Research in ALS (CRIALS): RECRUITING** | To learn more about neurological disorders  
To contribute to Project MinE | Jane Bordeau  
404-727-1679  
jrbord@emory.edu  
www.projectmine.com |
| **Research Survey on ALS Genetic Testing:** | For English speaking adults with ALS who have been offered genetic testing and  
Family members who have been offered genetic testing | Take online survey at the link below:  
EmoryALSGeneticCounselingSurvey |
| **PLS Natural History Study** | To improve the current research status of Primary Lateral Sclerosis (PLS) by studying the natural history of the disease  
To prepare the research community for future clinical trials in PLS | Karon Simmons  
404-712-4182  
kmsimm2@emory.edu |
| **Microbiome in the progression of ALS (MPALS): RECRUITING** | For ALS patients with live-in spouse/partner or caregiver  
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**H ave you enrolled in the national ALS registry??**

https://www.cdc.gov/als/Default.html
Is research right for me? Am I right for research?

By Meraida Polak, RN, BSN
Clinical Research Director, Emory ALS Center

While most everyone is interested in results of research seeking causes and treatments for ALS, not everyone has the opportunity to personally participate in the process. Progress can only be made with the generosity of patients and families that choose to participate. But research is not for everyone. If the opportunity to participate in a research project arises, here are some things for you to consider.

There are two types of research that seek participants:

1. Research that follows patients as they progress through the illness: This might include: surveys, observations over time and/or collection of blood, spinal fluid or tissue. This type of research may provide no benefit to the participant other than the satisfaction of knowing that they helped move science forward. This may include a simple one-time donation of blood, or having blood and spinal fluid taken several times/year, or the donation of your tissue through autopsy after death.

2. Research with experimental treatment: This might be a dietary plan, a pill, an injection, an infusion, an implant or a transplant. Treatment studies are divided into phases. Phase I studies seek to evaluate whether the treatment is harmful and if so, the treatment is abandoned. Phase II seeks to identify a hint that the treatment might work while testing to see what the best dose might be. Phase III determines if the treatment is effective. Phase IV studies are done after the drug or treatment has been approved and marketed. The purpose is to gather information on the drug’s effect in various populations and any side effects associated with long-term use. Most investigational new drug studies include a group of participants who are assigned to a placebo (sugar pill) group for all or part of the study. Neither the participant nor the physician/study team know if the patient is taking a placebo or the actual drug. Some placebo controlled studies will offer participants the opportunity to get active drug after the blinded phase has ended.

Is it for me? Ask yourself:

How will I feel if my participation does not help me personally? Is it enough to know that I am helping others?

Am I prepared to accept risk and if so, how will I feel if I am harmed by my participation? All research poses a risk. Even a single donation of blood could result in bruising or discomfort. Experimental treatments have risks small and large up to even causing paralysis or death. And there are risks that no one even knows about yet! It is this participation where the risks are first identified.

Will I feel like a "guinea pig?" The term guinea pig is a derogatory term for test subject that implies exploitation. Research participants are indeed test subjects but the relationship between the investigators and the participants is one of a partnership with both parties sharing a common goal. If you feel like you would be exploited or taken advantage of then research might not be for you. It might go back to the first question, is it enough to know that you are helping others.

Do I clearly understand what I am signing up for? One of the most important responsibilities of the research team is to make sure that you have all of the information that you need to make an informed, educated
decision about joining the research or not. You should always feel free to volunteer or not and always feel free to change your mind and withdraw if you want to.

Research studies are NOT designed to help the participants. They are designed to answer a question, such as, "does this pill work to slow down ALS." Are you OK with that?

**Am I right for research?**

Every study has two sets of requirements. First are the eligibility requirements. When you are learning about the study, you will be able to evaluate yourself and get an idea if you meet the entry requirements. If you think that you might meet the criteria, the research team will determine if you meet the requirements. This might be decided after a casual conversation and review of your records. Or it might be determined after you have volunteered and have been screened for the study. But if you know that you don’t qualify, then inform the research team. People who are comfortable being honest with the researchers are right for research.

Second are requirements to do specific things during the ongoing study. This means coming to all your appointments on time, taking the therapy as directed, and keeping a diary or log of how you are doing. Some studies require frequent visits. Others require fewer visits but more diary keeping on how you are tolerating the treatment. People who can get to the clinic and take their medications and keep everything written down are right for research.

One of the most important responsibilities for the investigator is the process of informed consent. This begins with completely informing the potential participant of the study goals, risks, possible benefits, and responsibilities. No research is allowed to take place until the participant has signed a form giving permission. If you consider becoming a research participant, you will be given a written form with enough time to read every word and consider every aspect. You should note your questions or any aspect of the project that you are not crystal clear about.

We all want to know the cause of ALS and we desperately want to find the cure. This cannot be done without people with ALS participating in the research process. But research is not for everyone, and if it is not right for you, there are other ways of helping that may be just as important.