

# ACHROMATOPSIA

*Clinical overview  
and  
updates on clinical trial*

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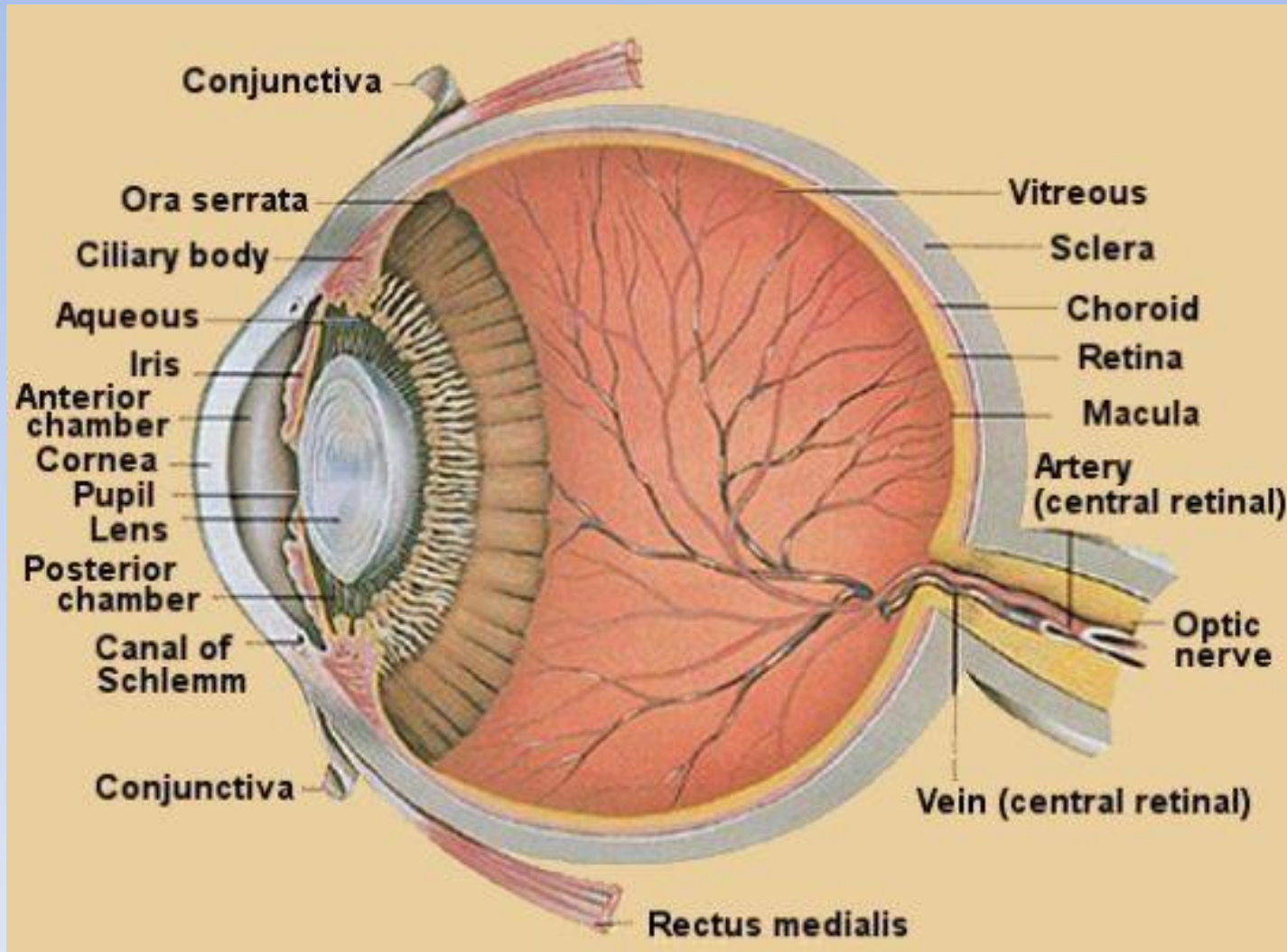
*Gainesville, Florida*

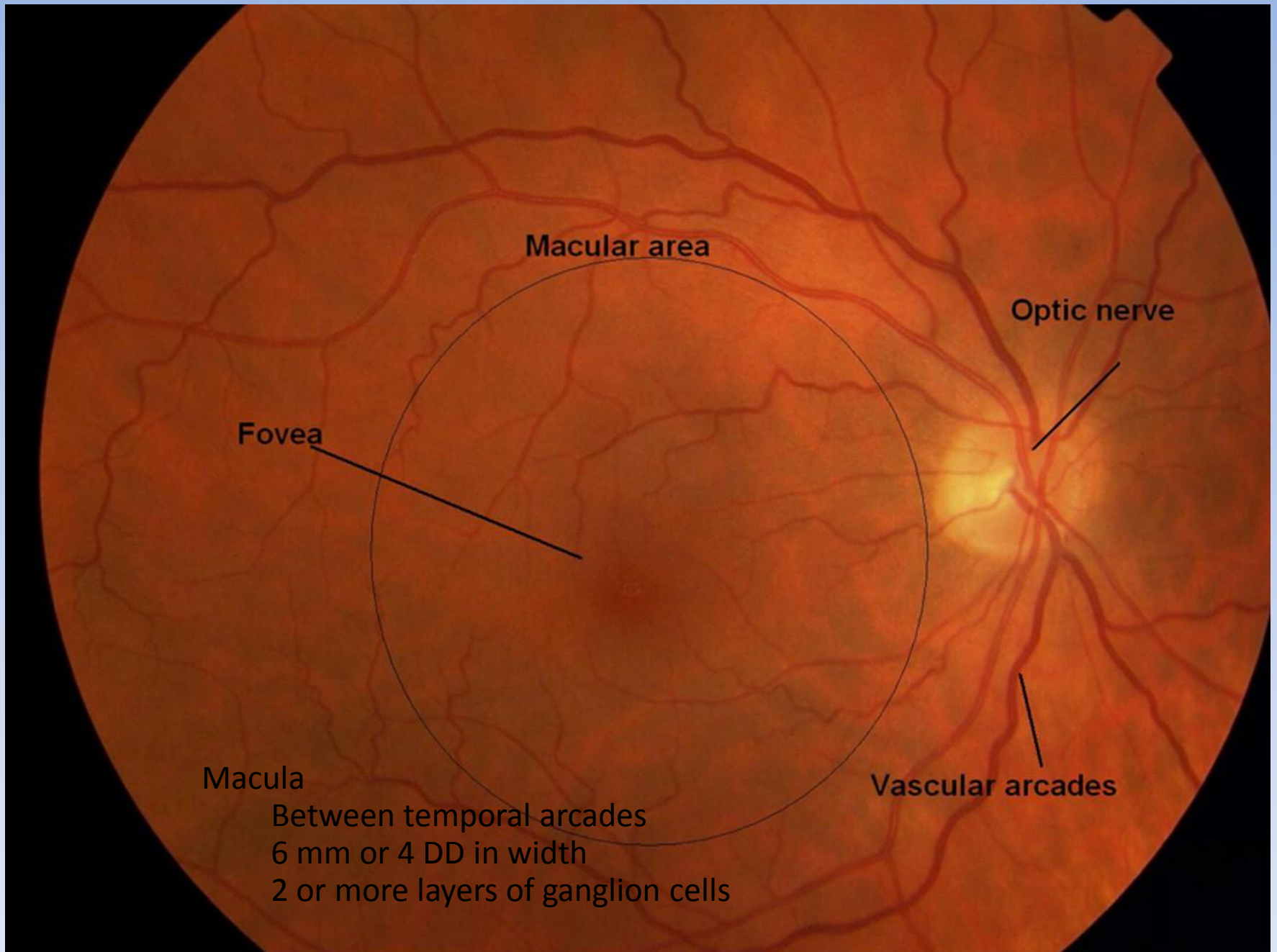


# Achromatopsia

- Autosomal Recessive
- Prevalence of 1:30,000-50,000
- Mild congenital pendular nystagmus
- Protan (red), deutan (green), and tritan (blue) color defects
- Severe photophobia
- Decreased VA around 20/100-20/200
- ERG shows normal rod function and no cone function
- Can have normal fundus or classic foveal atrophy
- OCT with characteristic foveal photoreceptor atrophy

# Anatomy overview





Macular area

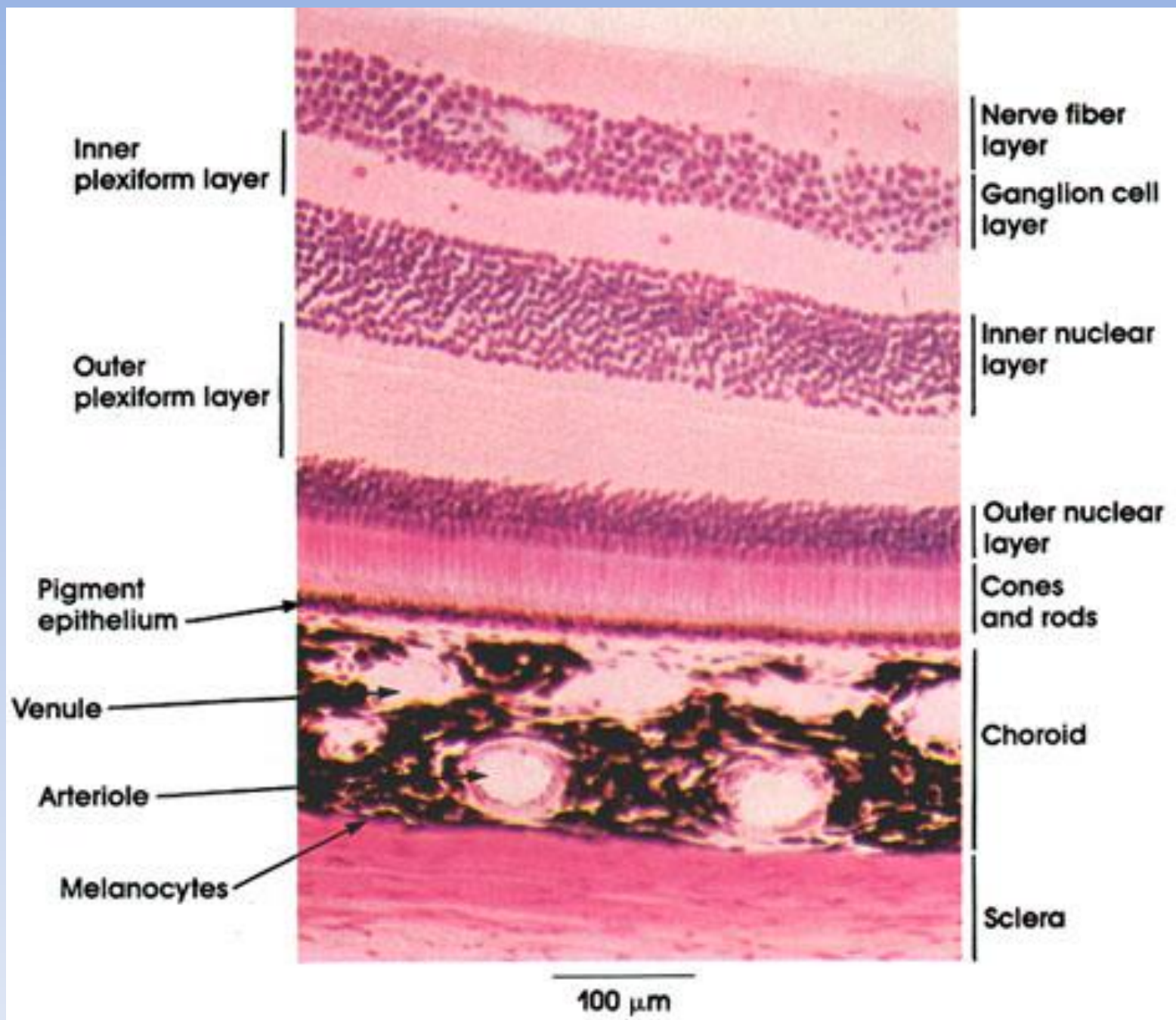
Optic nerve

Fovea

Macula

Between temporal arcades  
6 mm or 4 DD in width  
2 or more layers of ganglion cells

Vascular arcades



# Photoreceptors

- Light sensitive cells found in the retina.
- Rods (93% of cells) and Cones (7%)
  - Rods: night vision, visual field
  - Cones: visual acuity, color vision

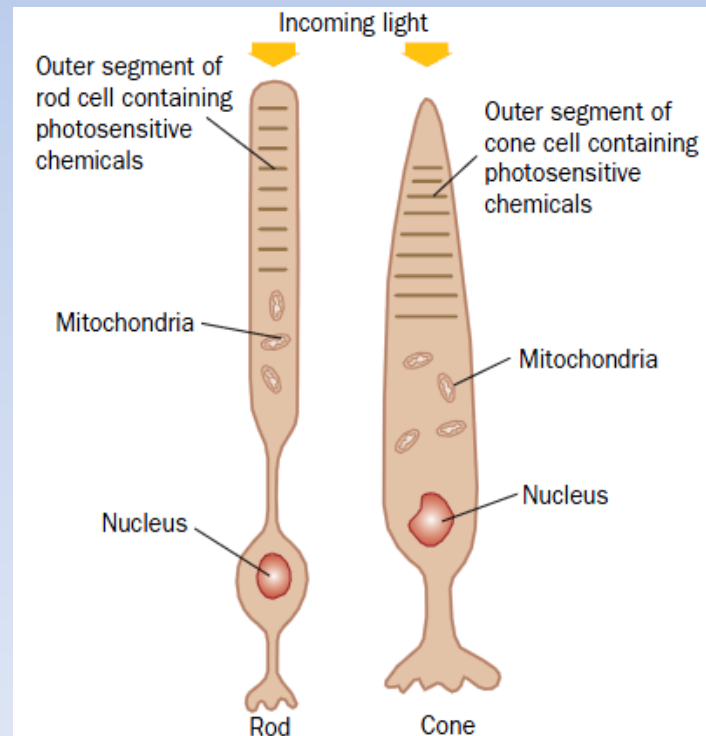
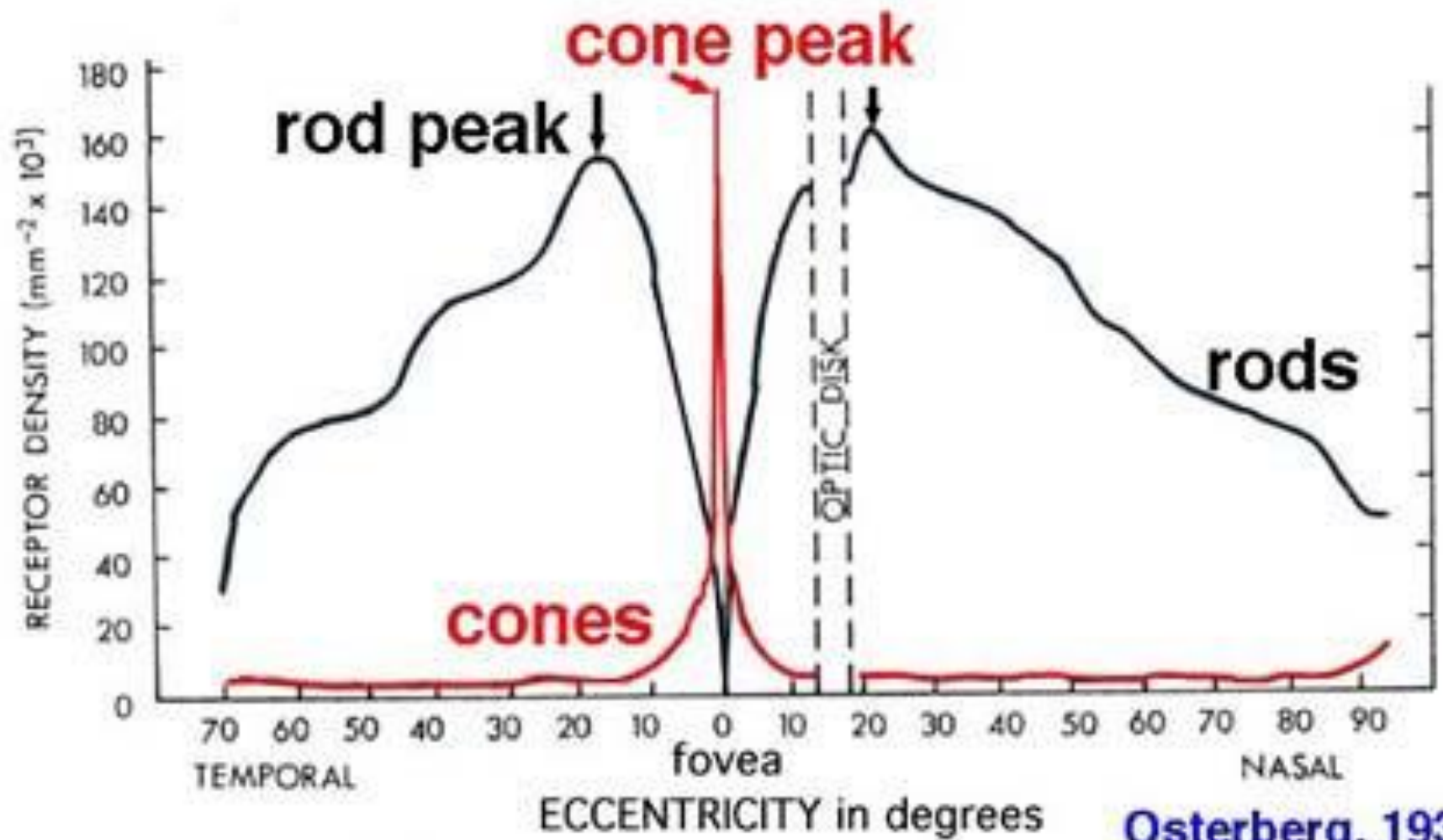


Figure 8.4.2 Basic structure of rods and cones



Osterberg, 1935

# Achromatopsia foveal atrophy



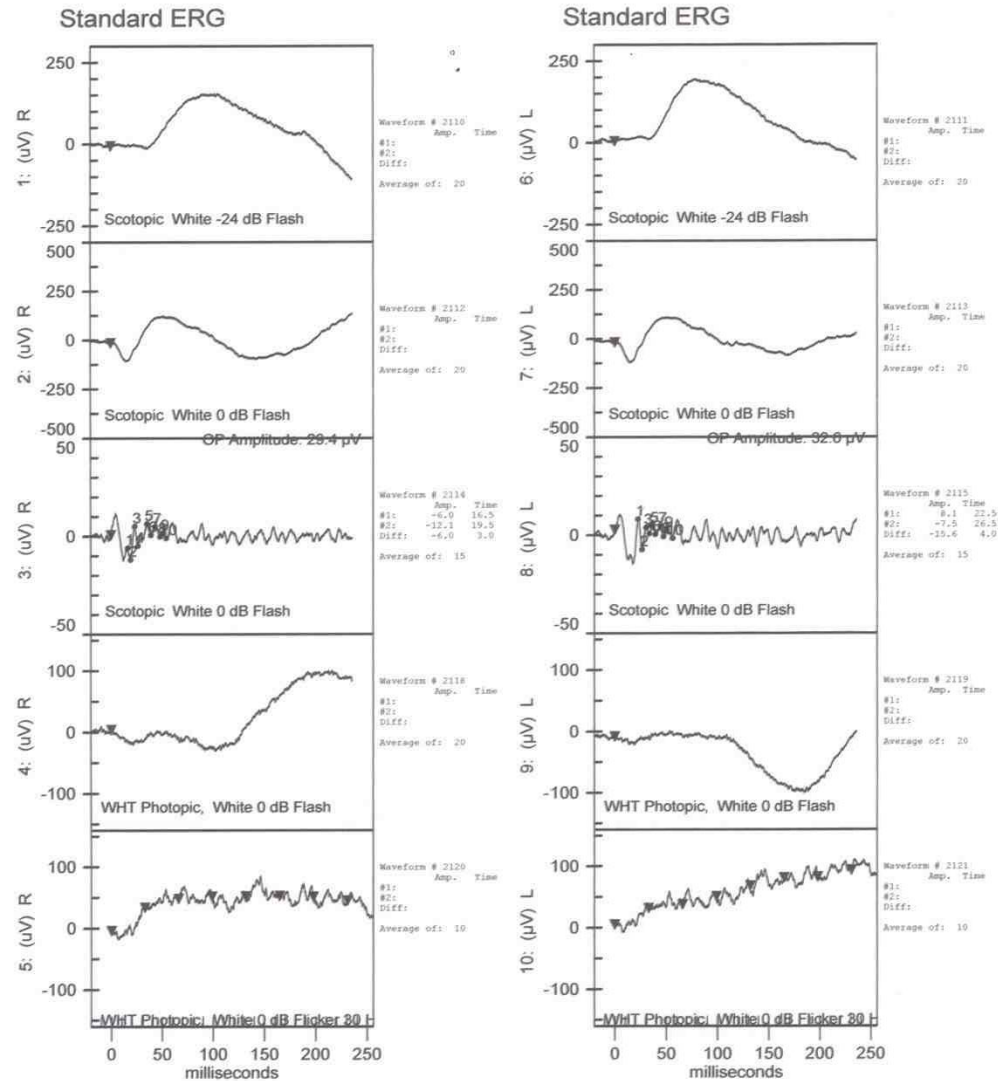




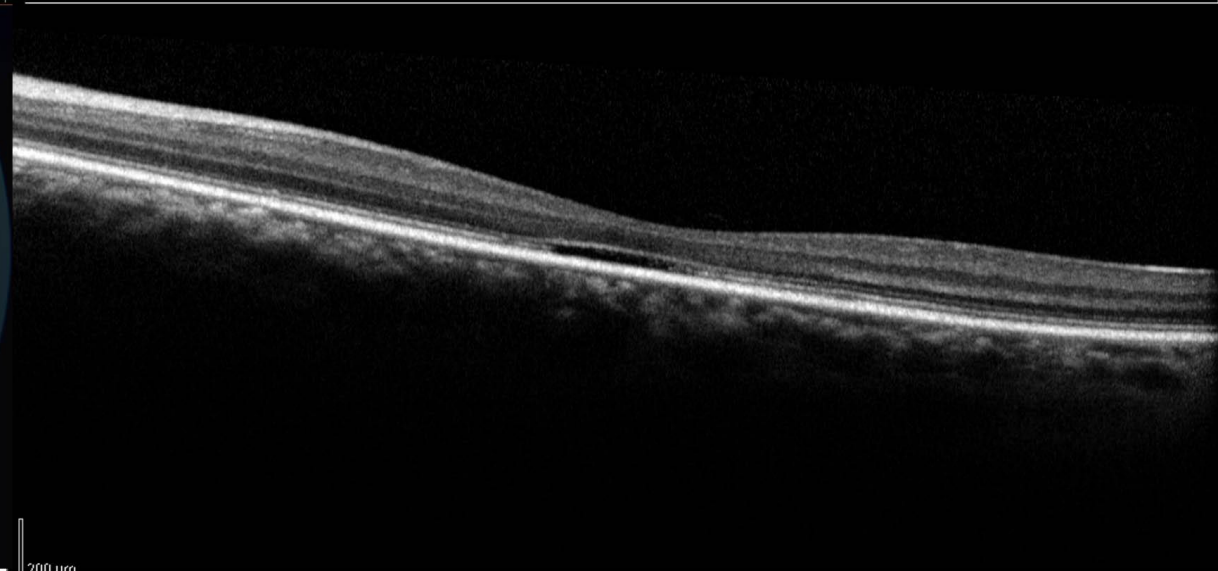
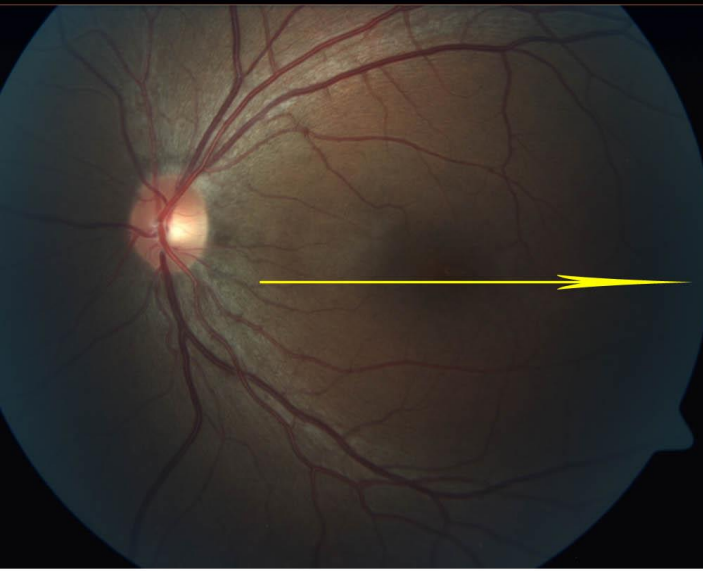
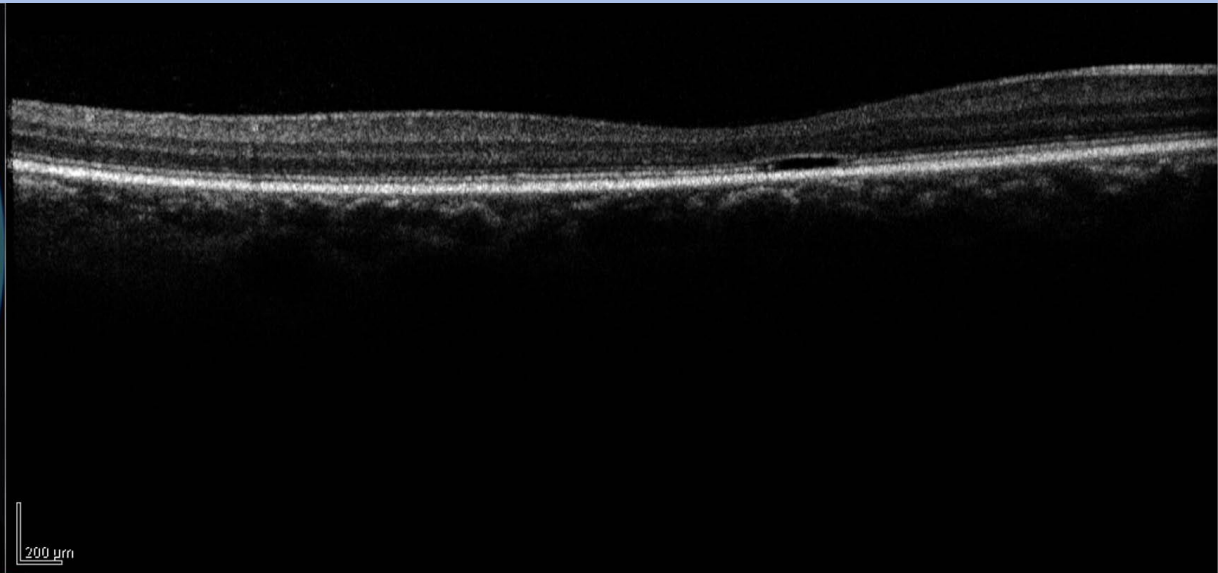
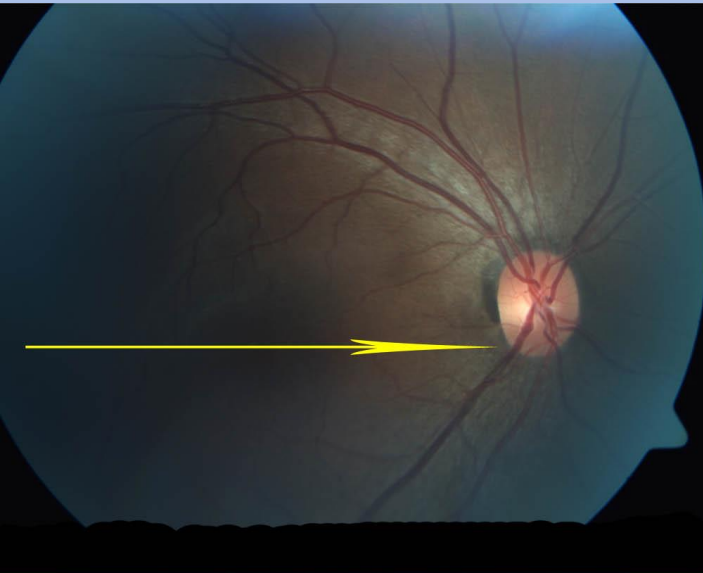




# ERG



# CNGB3-Achromatopsia OCT

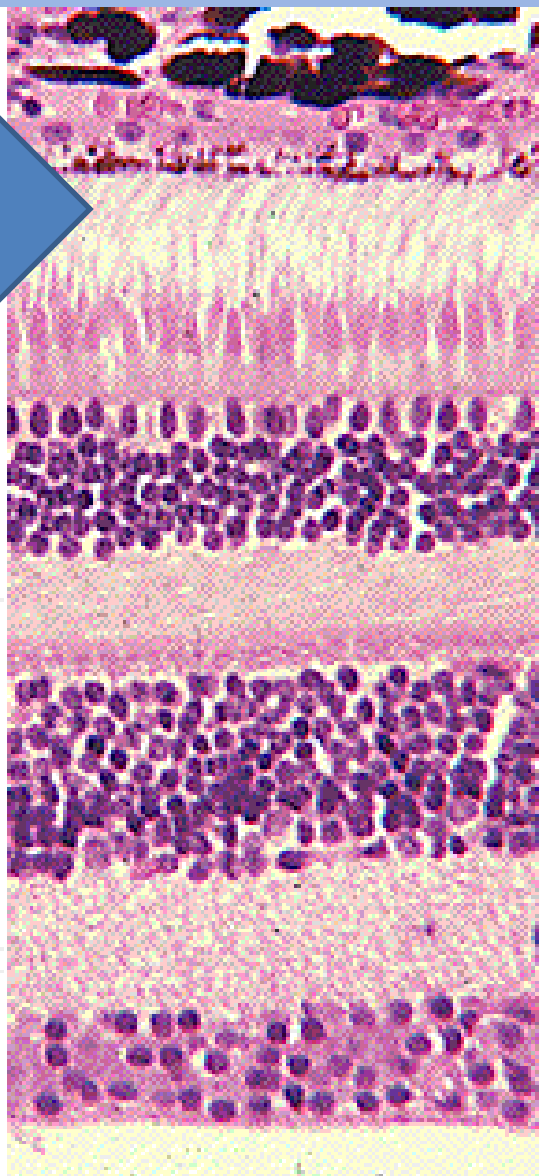
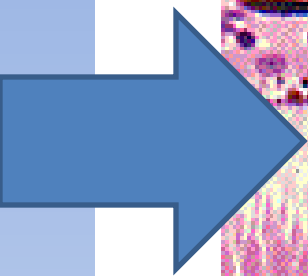


# Genetics of Achromatopsia

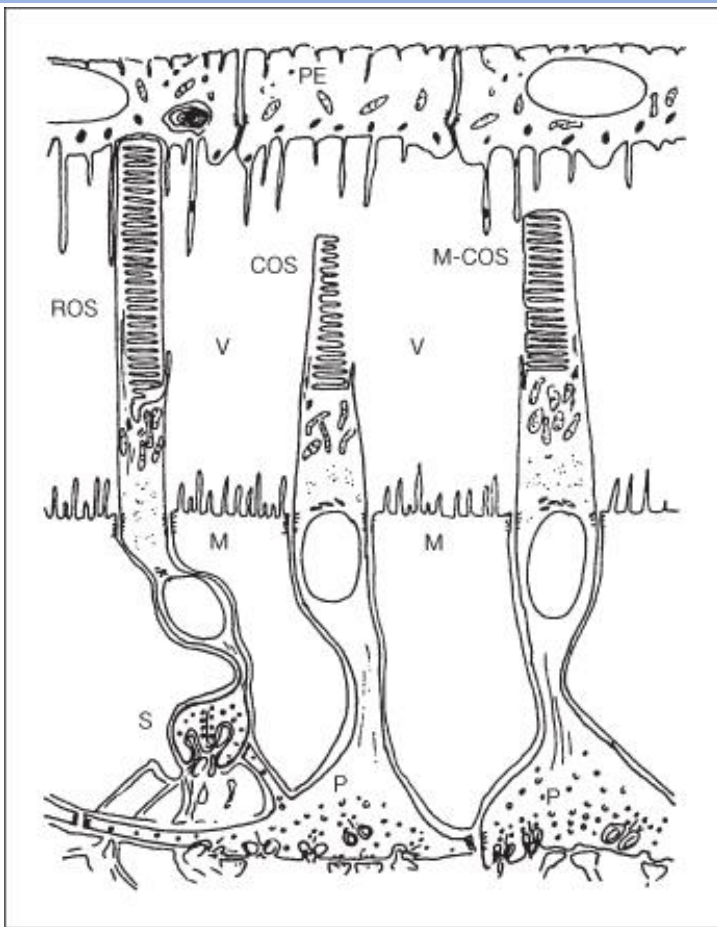
- CNGA3 or CNGB3, **C**yclic **N**ucleotide **G**ated **C**hannel (Subtype A or Subtype B)
  - CNGA3 (25%)
  - CNGB3 (50%):
    - Most frequent mutation is Thr383fsx mutation (80%) – this frameshift mutation causes truncation of pore-forming loop and C-terminal cytoplasmic domain, and no intact CNGB3 is formed.
- GNAT2 (1%)
- PDE6C (1%)

# Retinal Physiology

- Quick overview...



choroid  
pigment epithelium  
outer segments  
inner segments  
outer nuclear layer (ONL)  
outer plexiform layer (OPL)  
inner nuclear layer (INL)  
inner plexiform layer (IPL)  
ganglion cell layer (GCL)



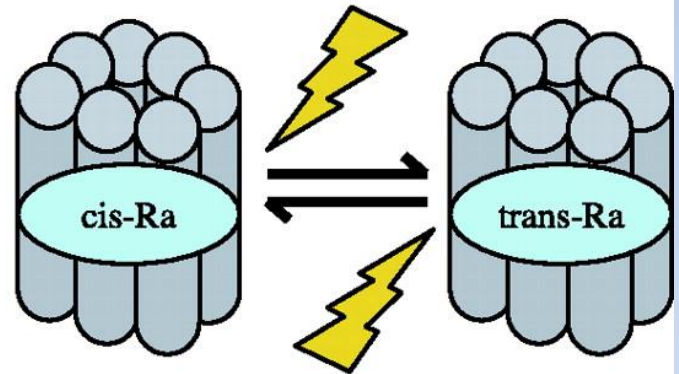
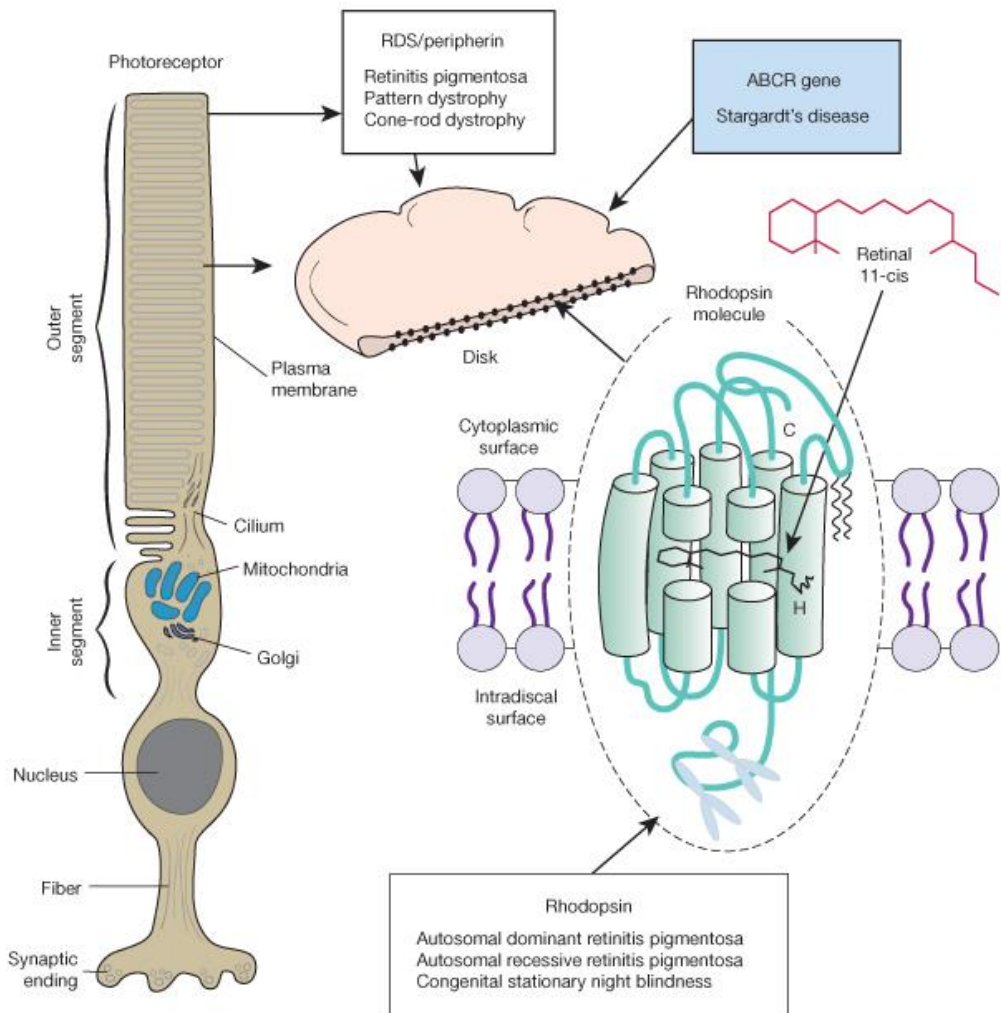


# Physiology of Photoreception: THE MAJOR PLAYERS

- **Photoreceptor outer segment:**
  - Phototransduction
  
- **RPE cell:**
  - Visual cycle

# The Outer Segment:

*the light sensitive part of a photoreceptor*



First step in phototransduction is activation of rhodopsin by light causes isomerization of 11-cis to all-trans

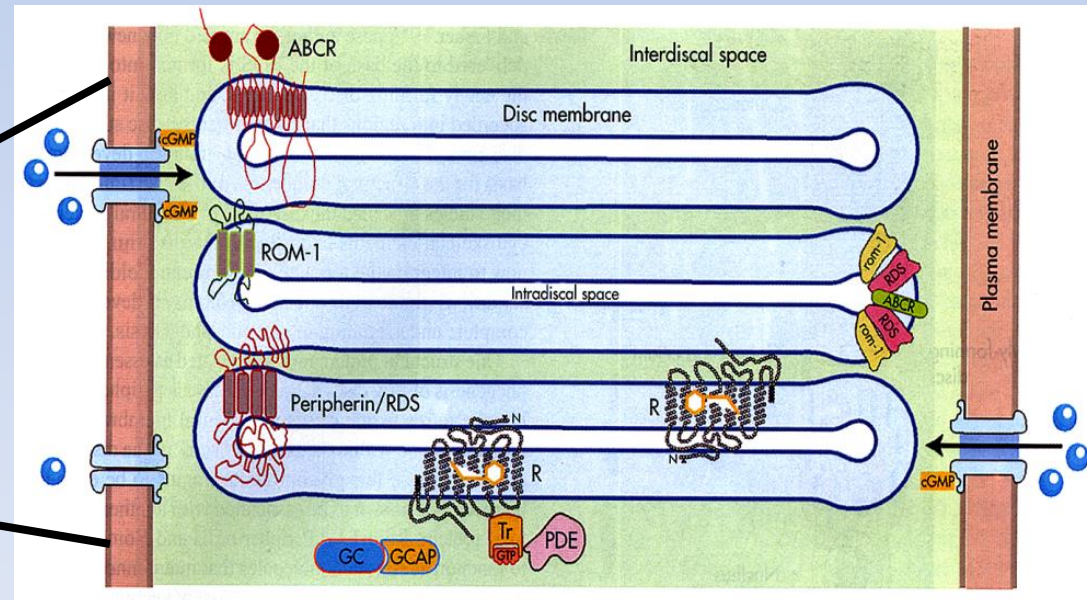
# Cyclic Nucleotide Gated Channels

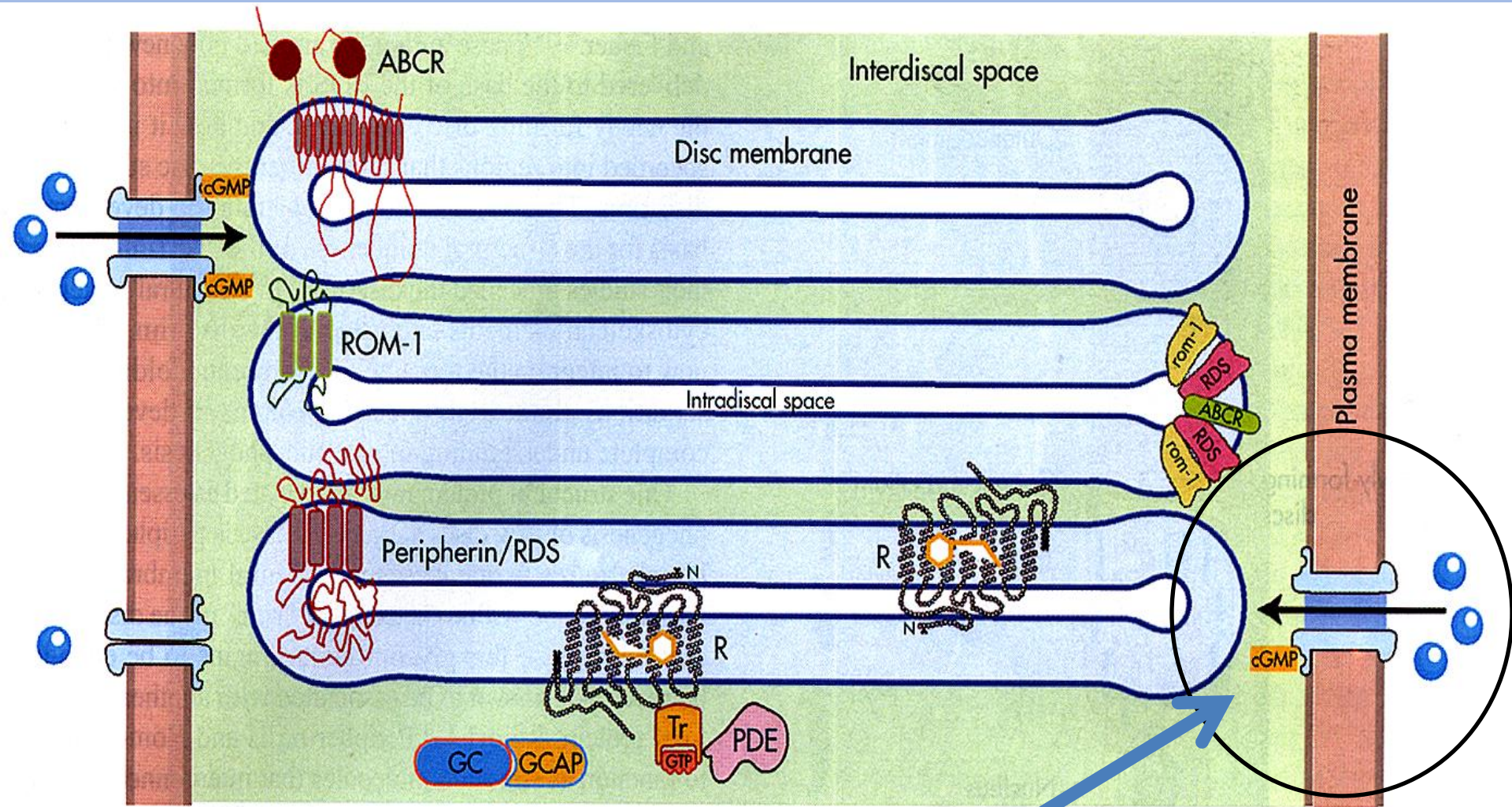
- CNG channels are localized to **plasma membrane of outer segment**
- Belong to superfamily of voltage-gated ion channels
- Play **pivotal role in phototransduction:**
  - CNGA1/B1: in rods
  - CNGA3/B3: in cones

# CNGA3 versus CNGB3

- Two channel subunits, alpha and beta
- Alpha subunits are ion transporting structures
- Beta subunits modulate the behavior of alphas but do not function as channels by themselves
- CNGA3 and CNGB3 mutations involve inability to properly control or respond to altered levels of cGMP.
- cGMP level controls the opening of cyclic nucleotide gated-ion channels.

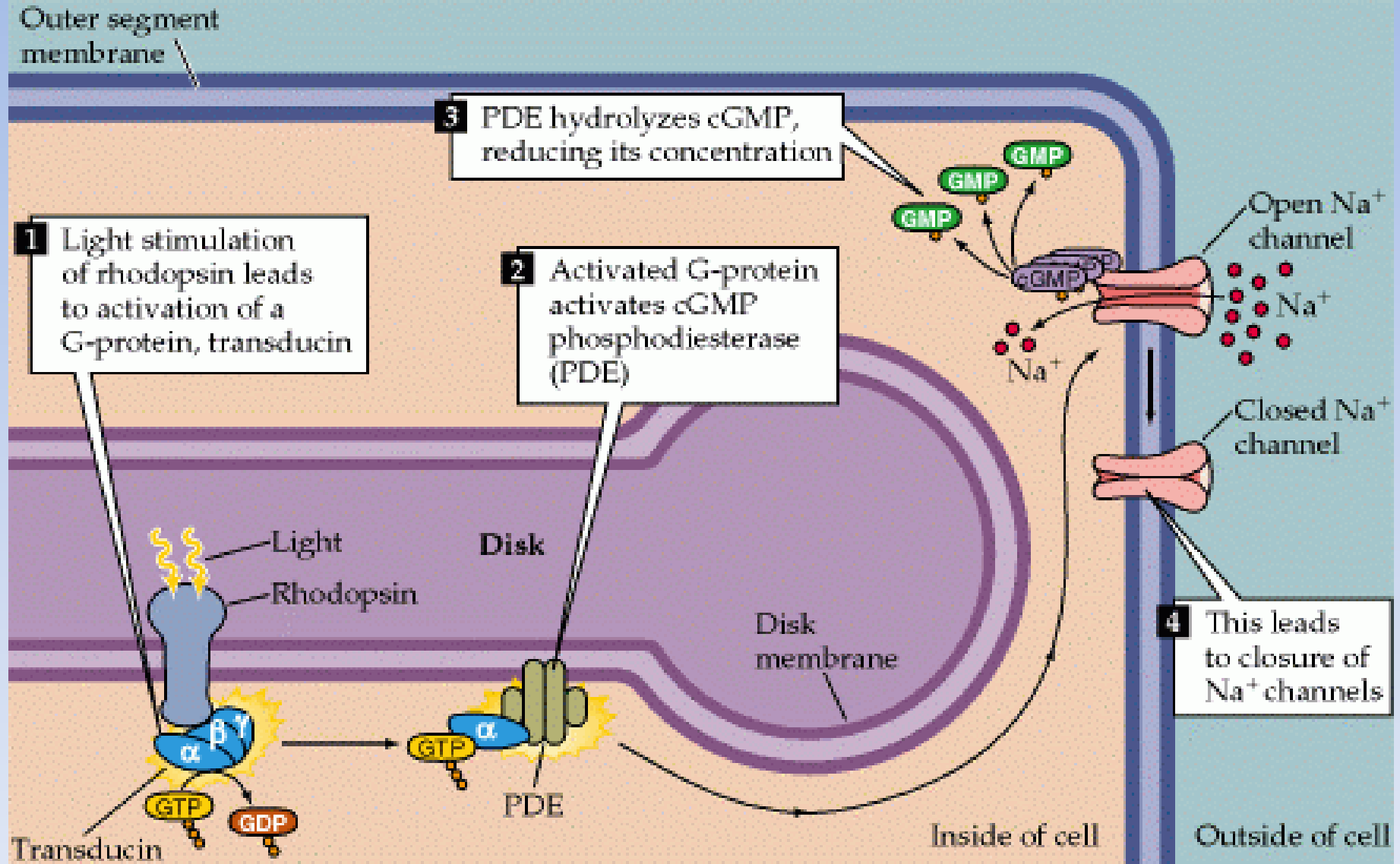
# CNG channels localized to photoreceptor outer segment





Cyclic nucleotide gated channel

Light stimulation leads to hydrolysis of cGMP → CNG channel closure → reduction of inward  $\text{Na}^+$  and  $\text{Ca}^{2+}$  currents → membrane hyperpolarization



# Physiology summary

- Achromatopsia involves mutations in genes that play critical roles in the way the retina electrically responds to light (PHOTOTRANSDUCTION)
- Achromatopsia involves mutations in CONE cells, which are clustered in the fovea, and are responsible for visual acuity and color vision.



# Current management of achromatopsia in humans

- Tinted glasses (to minimize severe photosensitivity).
- Currently no approved treatment.
- Gene therapy studies underway...

# CLINICAL TRIAL UPDATE

- **Clinical and Genetic Characterization of Individuals With Achromatopsia**
- **NATURAL HISTORY TRIAL**
- NIH grant (R24) to University of Florida and AGTC to co-sponsor a clinical trial on Achromatopsia
  - PI: Bill Hauswirth
  - Clinical PI's:
    - Casey Eye Institute: Dick Weleber
    - Chicago, Lighthouse: Gerald Fishman
    - University of Florida: Christine Kay
    - Bascom Palmer: Byron Lam
    - Wisconsin: Joe Carroll (Adaptive Optics)
- Actively recruiting patients.

# Population

- The study population will consist of up to 150 individuals at least 6 years of age with a clinical diagnosis of achromatopsia.

# Protocol

**Study Duration:** Approximately 1.5 years per participant

## **Objectives**

Clinically characterize and genotype individuals with *CNGB3*-achromatopsia.

Determine progression and stability of clinical measures

Determine a subset of reliable endpoints and identify inclusion/exclusion criteria for future clinical trials

**Study Design:** Patients with mutations in both alleles of the *CNGB3* gene will be evaluated twice a year for up to 1.5 years by using a variety of non-invasive visual function tests to more fully characterize their clinical condition.

# TESTING

- Genetic testing to confirm 2 CNGB3 mutations at Casey.
- Routine ophthalmic examination and visual acuity
- Color vision
- Reading speed (MNREAD)
- Microperimetry
- Two color dark adapted static perimetry (Octopus)
- Nystagmus testing on MP1S
- Light sensitivity testing (Octopus)
- Optical coherence tomography
- Fullfield and Multifocal Electroretinography
- Fundus photography
- Quality of life questionnaire
- Adaptive optics retinal imaging (Wisconsin)

# Visual acuity

**Figure 1 Electronic Visual Acuity Tester (EVA)**



**Figure 6 Example of an MNREAD chart. Actual charts are 11 by 14 inches.**

*MNREAD ACUITY CHART 1*

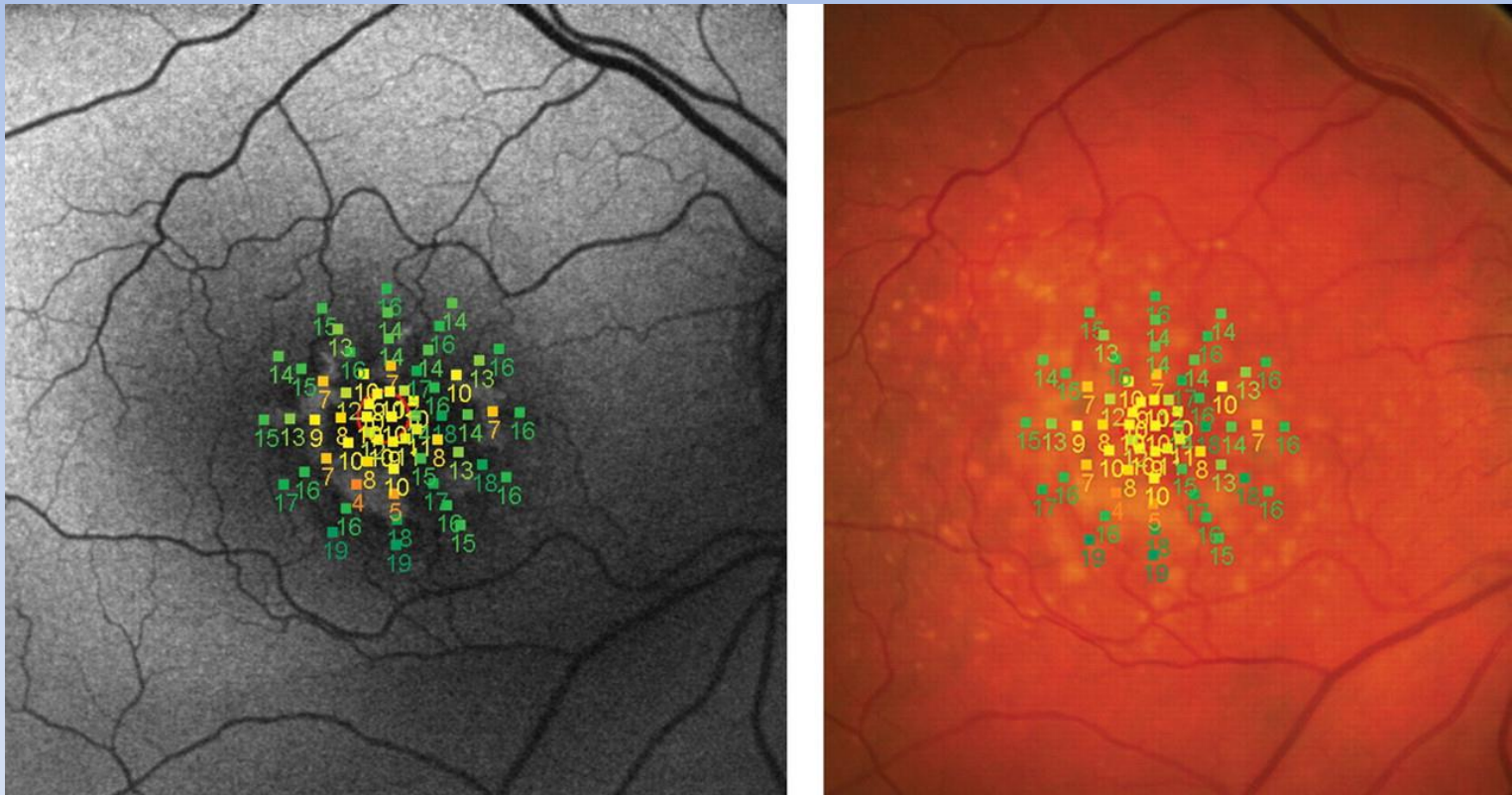
| M size |                                                                   | Snellen              | logMAR |
|--------|-------------------------------------------------------------------|----------------------|--------|
|        |                                                                   | for 40cm (16 inches) |        |
| 4.0    | My father asked me<br>to help the two men<br>carry the box inside | 20/200               | 1.0    |
| 3.2    | Three of my friends<br>had never been to a<br>circus before today | 20/160               | 0.9    |
| 2.5    | My grandfather has<br>a large garden with<br>fruit and vegetables | 20/125               | 0.8    |
| 2.0    | He told a long story<br>about ducks before<br>his son went to bed | 20/100               | 0.7    |
| 1.6    | My mother loves to<br>hear the young girls<br>sing in the morning | 20/80                | 0.6    |
| 1.3    | The young boy held<br>his hand high to ask<br>questions in school | 20/63                | 0.5    |

# Farnsworth color testing

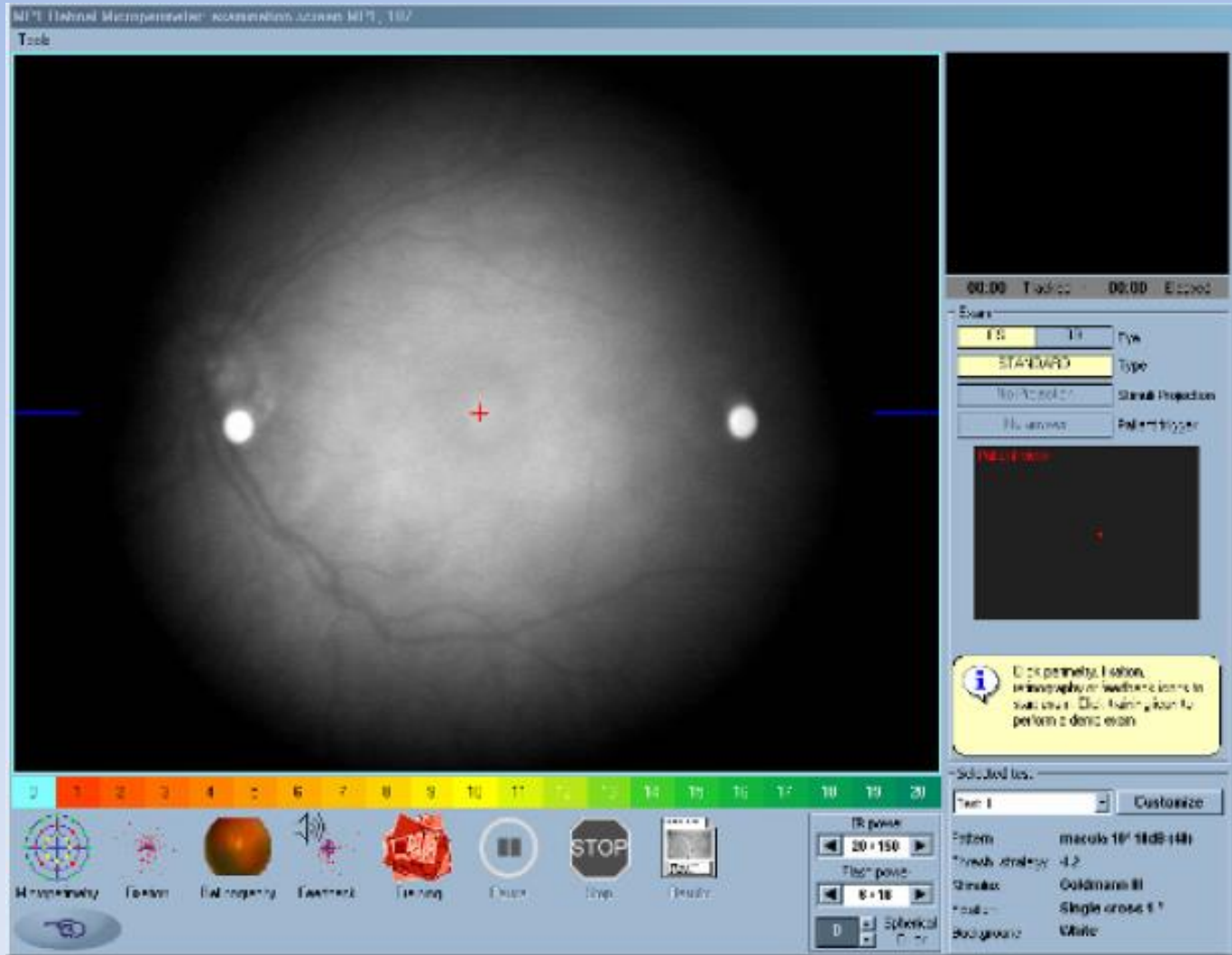




# Microperimetry – assess function at particular anatomical location



# Nystagmus testing on MP1S



# LIGHT SENSITIVITY TESTING ON ESPION

ColorDome Ganzfeld

**Output Stimulator**  
Stimulator 1

Flash      Fixation      Trigger

Flash Mode      Flash Cycles  
User Defined      Single

**Stimulus Parameters**

Filename      C:\Fred\BrightnessTol\White\_back\_0004.col

4 cd/m<sup>2</sup> white on background\_note 65536 is cd/m<sup>2</sup>

Duration ms White      Duration ms Back  
2000      2000

**Background**

| Intensity | cd/m <sup>2</sup> | Color | Units->Scotopic         | Units |
|-----------|-------------------|-------|-------------------------|-------|
|           |                   |       | 2.938 cd/m <sup>2</sup> |       |

Ok  
Cancel

**Calibration**

| Stim 1 | Stim 2 |
|--------|--------|
| 1.00   | 1.00   |
| 1.00   | 1.00   |
| 1.00   | 1.00   |
| 1.00   | 1.00   |

Cal      Def

Flash Power

Temperature

Trolands

Browse

Stop

# Ganzfeld Electroretinogram



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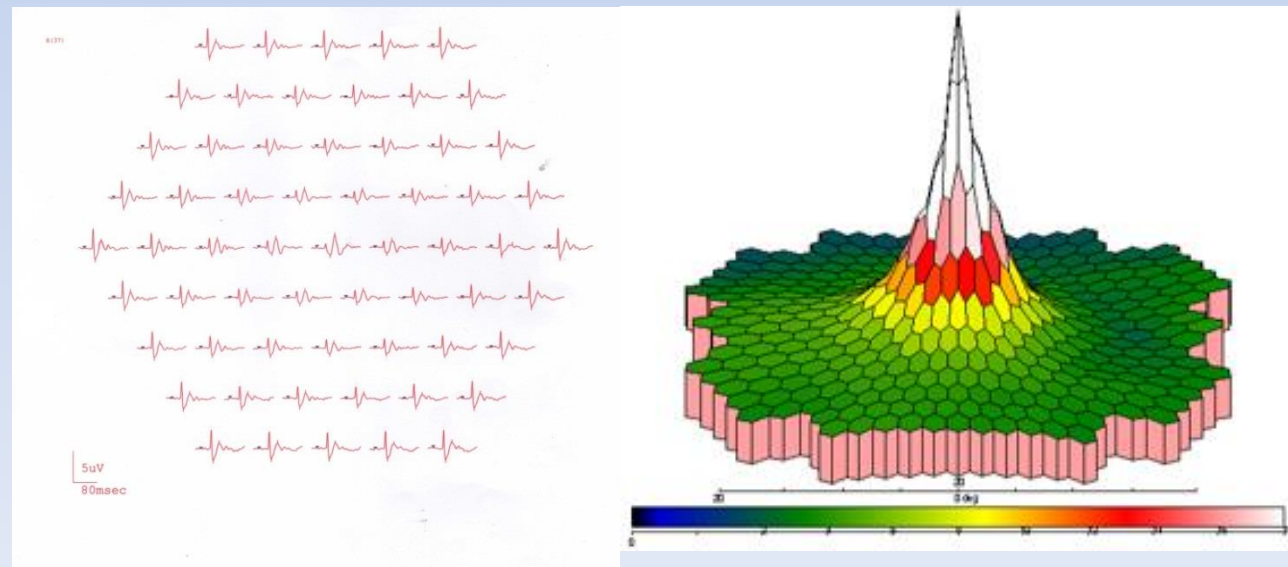
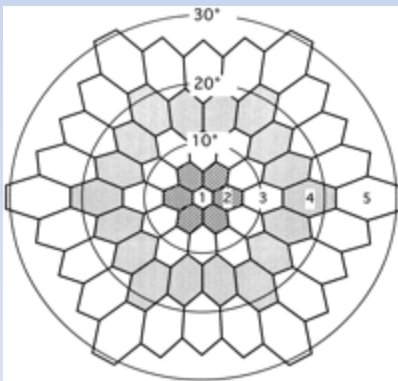
Burian-Allen contact lens electrode



DTL electrode

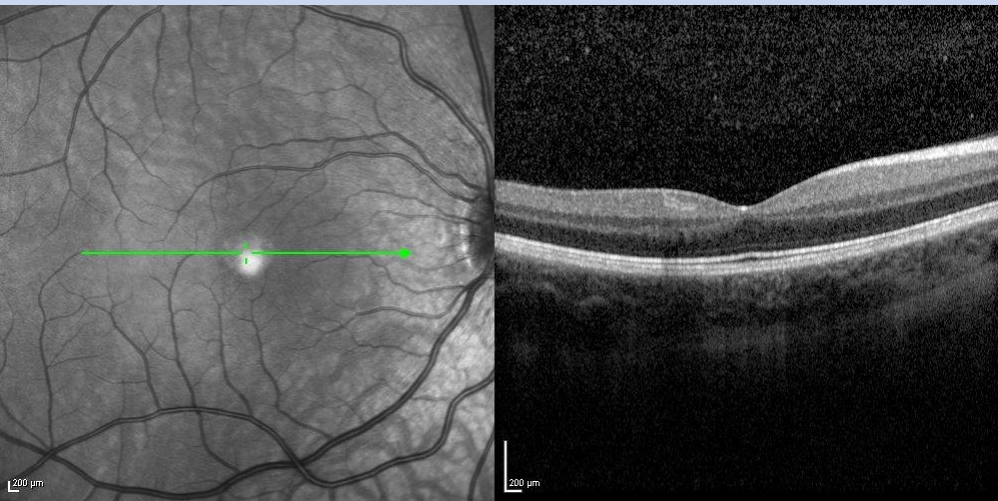
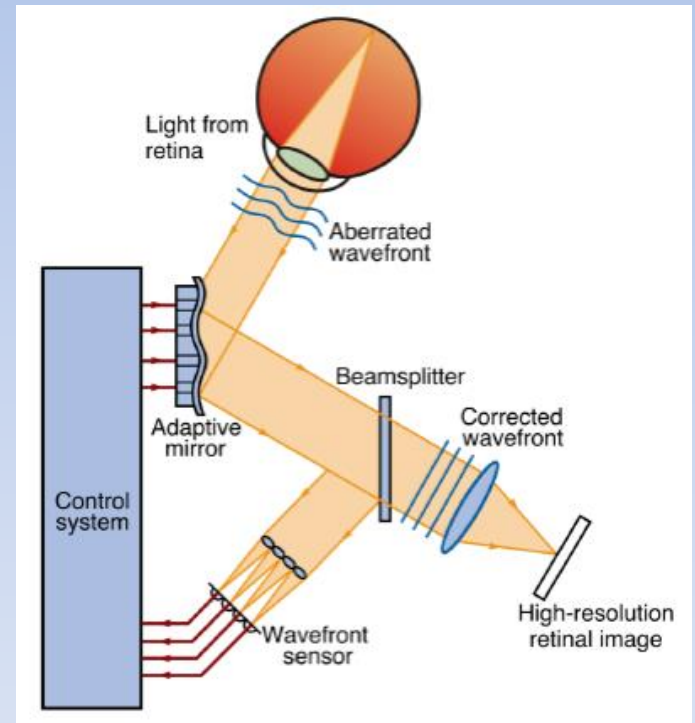
# Multifocal ERG

- In 1990s Dr. Sutter created program to extract hundreds focal ERGs from 1 electrical signal
- ERG activity in central 30 degrees tested
- Subject fixates on stimulus of hexagon pattern
- ERG tracings recorded

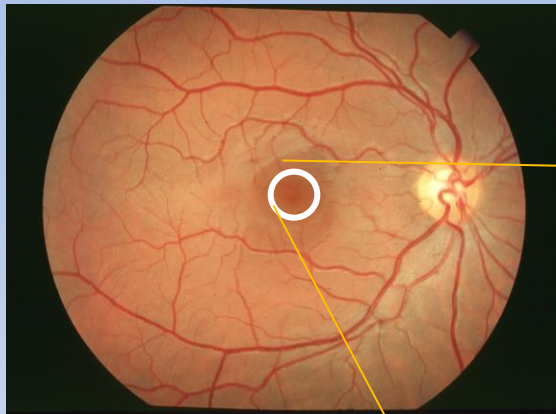


# Imaging

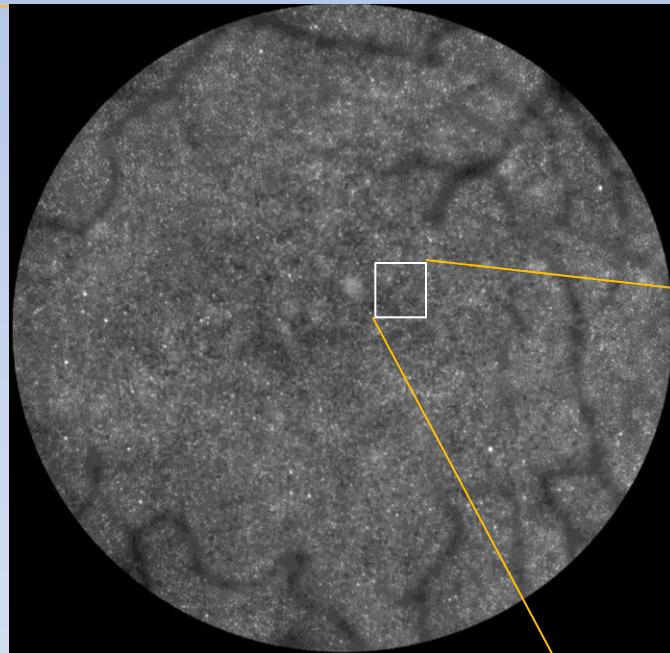
- Spectral domain OCT
- Adaptive Optics



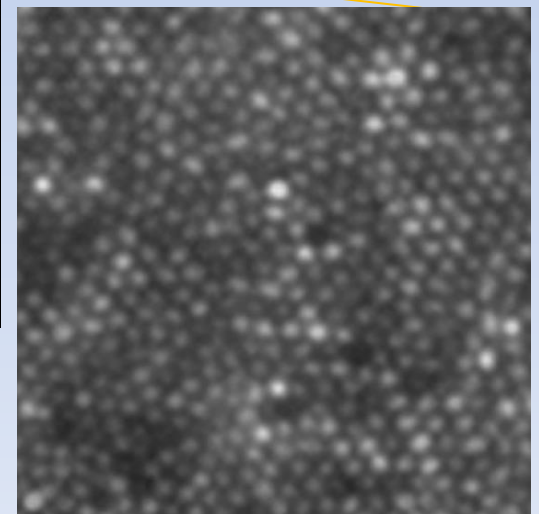
# Retinal imaging with adaptive optics



30 degrees



3 degrees



**2  $\mu$ m resolution**

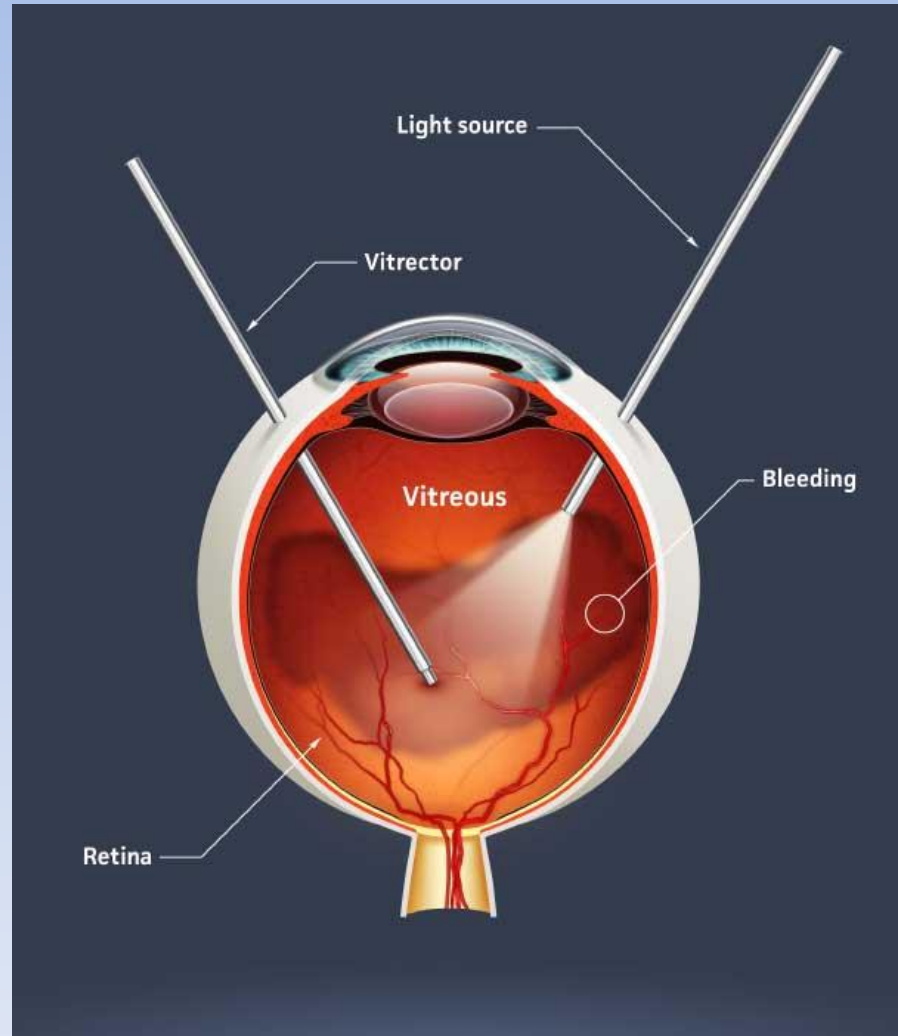
# Gene therapy for CNGB3 achromatopsia

- Plan to submit IND to FDA for gene therapy trial.
- Vector being chosen/optimized for preclinical testing.

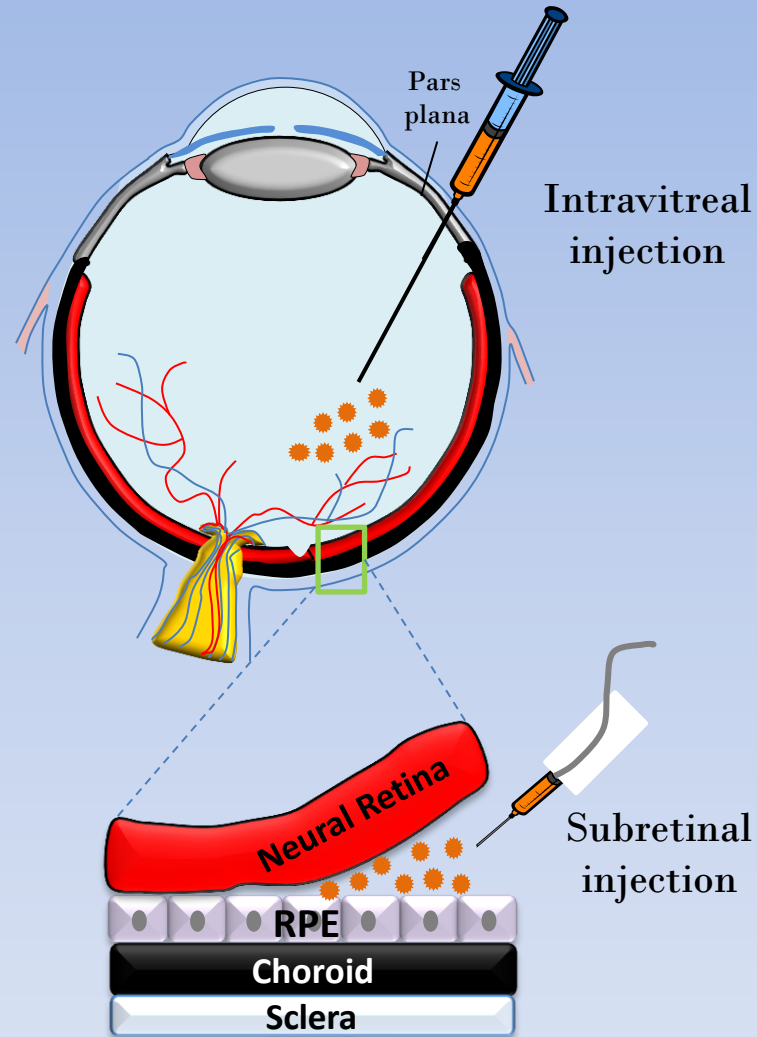


- *Shannon Boye to talk much more about Gene Therapy in next talk!*

# Surgical approach for gene therapy: VITRECTOMY



# Vector delivery considerations



Can we get the vector to the cells we intend?

Will the immune system cooperate with us?

Is injecting under the retina  
("subretinal injection") causing tissue  
damage?

# Current gene therapy clinical trials

- Phase 1 trials:
  - Choroideremia: Oxford/Moorfields, (AAV2)
  - AMD: Genzyme (AAV2-sFLT01; intravitreal)
  - Stargardt: StarGen (Lentivirus)
  - Usher 1B: UshStat (Lentivirus)
- Phase 3: FIRST PHASE 3 trial for gene therapy:
  - RPE65-LCA: Ongoing at Iowa/Penn, (AAV2)