

11th Annual Meeting Dublin, Ireland 31 May 2023

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8:15-8:30	Welcoming Remarks & Introduction A brief overview of The Dystonia Coalition	Chair: Jinnah Jinnah
8:40-8:55	Natural History Project	Perlmutter
9:05-9:20	Biobank Project	Perlmutter
9:30-9:45	Objective Measures Project	Peterson
9:55-10:05	COFFEE BREAK	

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9:55-10:05	COFFEE BREAK	

Career Development: A program that supports junior investigators

Patient Advocacy Groups (PAG)

Future of the DC

Discussion / Suggestions

Introduction

LUNCH

10:50-11:00

11:10-11:20

11:30-11:45

12:00-12:30

13:00-14:00

	A bird overview of the bystolia coalition	Jiiiiaii
8:40-8:55	Natural History Project	Perlmutter
9:05-9:20	Biobank Project	Perlmutter
9:30-9:45	Objective Measures Project	Peterson
9:55-10:05	COFFEE BREAK	
10:05-10:20	Patient-Centered Outcomes Project	Richardson
10:30-10:40	Pilot Project Program: A program that supports pilot projects	Jinnah
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DC Steering & Executive Committees Meet to Review Progress (Conference room)

Jinnah

Perlmutter

Hieshetter & Kuman

Chair: Jinnah & Perlmutter

What is the Dystonia Coalition?

- Infrastructure to advance dystonia therapeutics not a "research study"
- Support first began in 2009
 started with 8 centers in North America
 now more than 40 centers in North America, Europe, Australia
- Main goal is clinical trial readiness not basic science

Clinical Trial Readiness

- Engage all relevant stakeholders
 patients in need of novel therapeutics
 patient advocacy groups & experts who can advise on trials
 industry experts to facilitate trials
- De-risk clinical trials
 natural history studies to characterize patient subgroups
 develop and test measurement endpoints for trials
 collaboration rather than competition
 identify novel potential agents

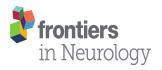
What Have We Done So Far?

- Delineate relevant target populations definition and classification of all types of dystonia facilitated diagnostic criteria/guidelines: CD, BSP, LD largest natural history population to date
- Develop and test clinical trial outcome measures clinical rating scales: CD, BSP patient-reported outcomes: CD, BSP, LD more objective assessments; digital video and wearable sensors create biobank for biomarker discovery
- More than 200 publications!

Ongoing Major Clinical Projects

- Natural history project
 largest collection of patients, uniform data collection, centralized database
- Biobank project
 DNA, plasma for biomarker discovery
- Objective measures project digital video to diagnose and score severity of most common subtypes
- Patient-reported app most common subtypes of dystonia

Dystonia Coalition: For More Info



The Dystonia Coalition: A Multicenter Network for Clinical and Translational Studies

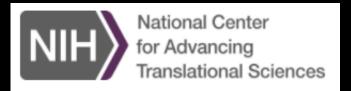
REVIEW

published: 08 April 2021 doi: 10.3389/fneur.2021.660909 Gamze Kilic-Berkmen¹, Laura J. Wright², Joel S. Perlmutter³, Cynthia Comella⁴, Mark Hallett⁵, Jan Teller⁶, Sarah Pirio Richardson⁷, David A. Peterson⁸, Carlos Cruchaga⁹, Codrin Lungu¹⁰ and H. A. Jinnah^{1,11*}

- Summary of main projects
- Summary of smaller pilot projects
- How to access data/materials
- How to get more involved

Sources of Support







Other supporters
 Industry
 Professional societies
 Patient advocacy groups

Sources of Support



DYSTONIA
MEDICAL
RESEARCH
FOUNDATION

serving all dystonia-affected persons

dystona society



serving all dystonia-affected people désservant toutes personnes atteintes de dystonie





Benign Essential Blepharospasm Research Foundation

















Special Sources of Support!



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Laura (Jo) Wright Data Manager & QC Washington University laurajwright@wustl.edu



Jeane Em Dubose Manager of Science & Technology Dystonia Medical Research Foundation jdubose@dystonia-foundation.org



Pilot Projects Program

Pilot Projects Program: Description

- Purpose is to serve as seed funding to foster promising ideas into more competitive research projects
- Focus is clinical & translational research in dystonia
- Plan is for 1-2 grants each year
- Ideal budgets less than \$50,000
- Partnerships with private patient groups or industry partners extend the reach of this program

Pilot Projects: Review Criteria

- * Candidate: prior record, potential, and career goals
- * Research plan: relevance to primary dystonia, impact, feasibility
- Project development: will the award lead bigger projects/grants?
- Mentor: experience, ability, track record
- Environment: local or collaborative

Pilot Projects: Review Committee

- Buz Jinnah (Chair)
- Committee members: Sophie Cho, Carlos Cruchaga, Joel Perlmutter, David Peterson, Sarah Pirio Richardson, Jan Teller















Pilot Projects Program: Progress

17 grants have been funded so far

Several co-funded by BEBRF, BSDPF, NSTA & CDN

Pilot Project Awards

LeDoux 2009 (USA); Gene sequence variants in primary dystonia DeFazio 2009 (Italy); A diagnostic & rating scale for blepharospasm Bhatia 2010 (UK); DYT6 as a window to mechanisms of primary dystonia Roze 2010 (France); Cortical plasticity & cerebellum in focal dystonias Klein 2011 (Germany); Endophenotypes in focal task-specific dystonias Peterson 2011 (USA); Facial recognition software for blepharospasm Houlden 2012 (UK); Neuropathology in DYT1 and DYT6 dystonia Frucht 2012 (USA); Rating scale for musicians with dystonia Eichenseer 2012 (USA); Item response theory for CD rating scale Jinnah 2012 (USA); Fibroblast and iPS resource for dystonia LeDoux 2013 (USA); Targeted sequencing in primary dystonias Norris 2013 (USA); fMRI in spasmodic dysphonia and MTD Lohmann 2013 (Germany); Genome sequencing in dystonia Lohmann 2013 (Germany); Genetic causes in alcohol-responsive dystonia Mink (2015) (USA); Rating scales for children with dystonia Hammer 2020 (USA); Motor & somatosensory cortical responses in SD Cruchaga 2021 (USA); A proteomic study of adult-onset focal dystonia Corp 2022 2022 (USA); Theta-burst stimulation on symptoms of cervical dystonia Martino 2022 (Canada); Moodscreen for cervical dystonia Schreglmann 2023 (Germany); Genetic characterization of GBA in dystonia



Career Development Program

Career Development Program

- Main purpose is to help junior faculty develop careers in dystonia research
- Focus is clinical & translational research in dystonia
- Plan is for 1-2 awards each year
- Each award is about \$50,000

Career Development Program: Progress

19 awards have been made so far

Several were co-funded by the DMRF or NSDA

Career Development Program Review Criteria

- * Candidate: prior record, potential, and career goals
- * Research plan: relevance to primary dystonia, impact, feasibility
- Career development: will the award really help?
- Mentor: experience, ability, track record
- Environment: local or collaborative
- Use of projects exploiting data/resources already collected by DC

Career Development Program Review Committee

- Cindy Comella (Chair)
- Committee members rotate



Career Development Awards

Carbon-Corell (2009); Feinstein Institute, New York, USA

Zurowski (2010); Toronto Western Hosp, Canada

Espay 2010); Univ Cincinnati, Cincinnati, USA

Karimi (2011); Washington Univ, St Louis, USA

Kimberley (2011); Univ Minnesota, Minneapolis, USA

Berman (2012); Univ Colorado, Denver, USA

Wagle-Shukla (2012); Univ Florida, Gainesville, USA

Pirio Richardson (2013); Univ NM, Albuquerque, USA

Peterson (2013); Univ Calif San Diego, USA

Bologna (2013); Univ of Rome, Italy

Arkadir (2013); Hadassah Univ, Israel

Shaikh (2016); Case Western, Cleveland OH, USA

Udupa (2016); Toronto Western Hospital, Canada

Hammer (2016); Univ Wisconsin, Madison, USA

Rocchi (2020); Univ Rome, Italy

Parlakturk (2020); Duke Univ, Durham NC, USA

Scorr (2021); Emory Univ, USA

Hoffmeister (2022); Univ Minnesota, Minneapolis, MN



What's in The Future?

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What's in the Future?

- The NIH RDCRN funding cycle is 5 years we have been funded for 3 cycles
- Each funding cycle provides an opportunity to re-focus

 1st funding cycle: natural history, biorepository, CD scales

 2nd funding cycle: more attention to BSP diagnosis and scales

 3rd funding cycle: more attention to objective measures and PROs
- What's next?
 diversify sources of support
 pros and cons of NIH-dominated funding