

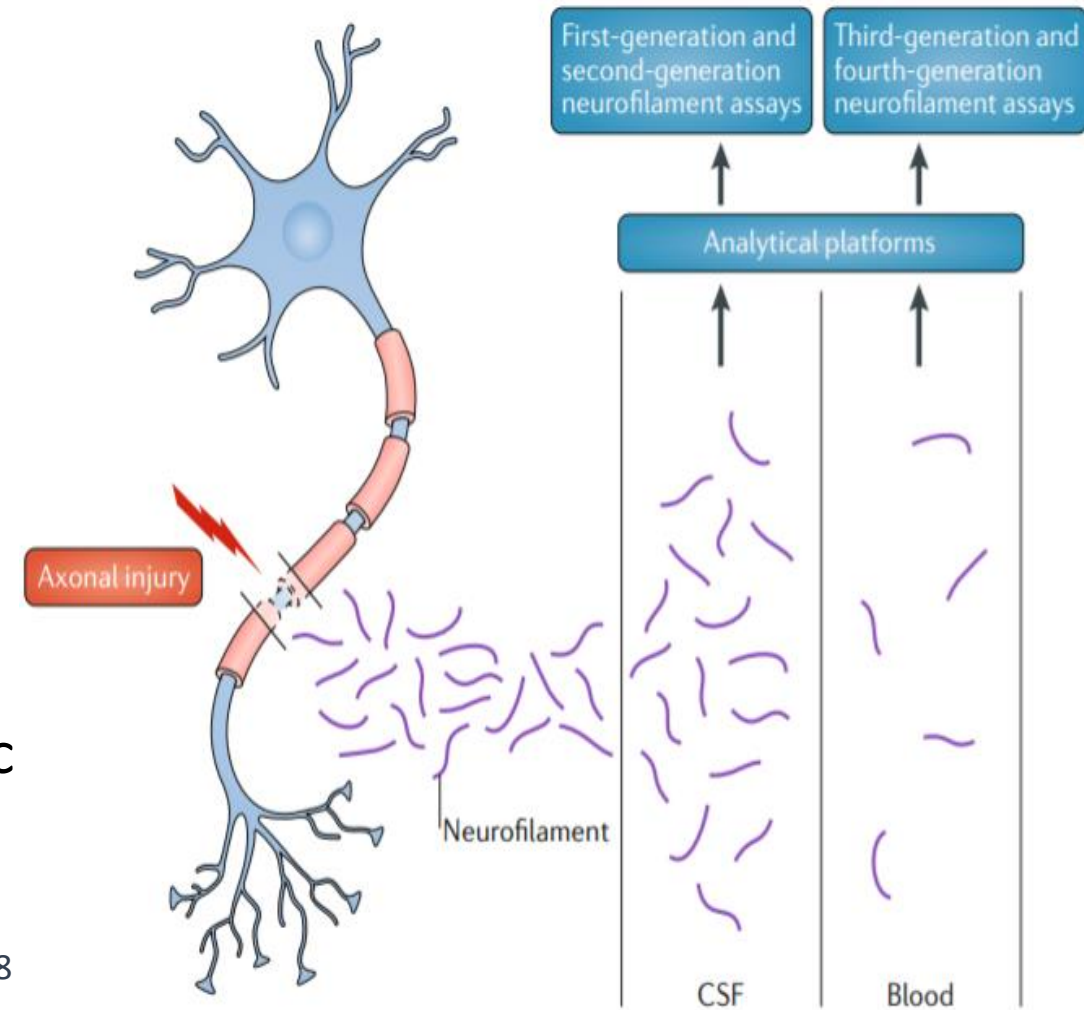
NFL et biomarqueurs

HL neurodégénérative – Neurofilament light (NFL)

Neurofilament = Protéine structurale.
Régule le diamètre et la forme des axones myélinisés.

Chaine légère des neurofilaments (NFL) :

- Marqueur de lésions neuroaxonales
- Dosage dans le plasma et le LCR
- Augmentée prouvée dans le LCR de SEP, AVC etc



HL neurodégénérative – Neurofilament light (NFL)

Etude du NFL par ELISA chez patients HL ND (n=9)

- NFL augmenté dans le LCR : n=4
- Inférieur au seuil de détection par ELISA : n=5

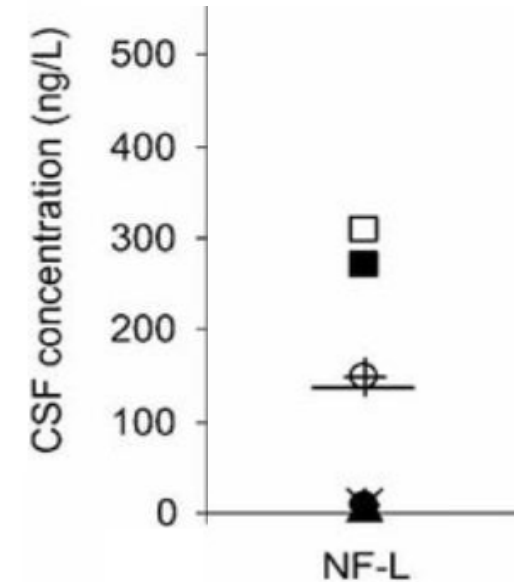
Objectifs :

Augmenter le seuil de détection pour étude plasma (**SIMOA**)

Seuil quantif **ELISA** ~80 pg/mL ; Seuil quantif **SIMOA** < 1 pg/mL

Corrélation clinique et impact pronostic

Evaluation réponse au traitement

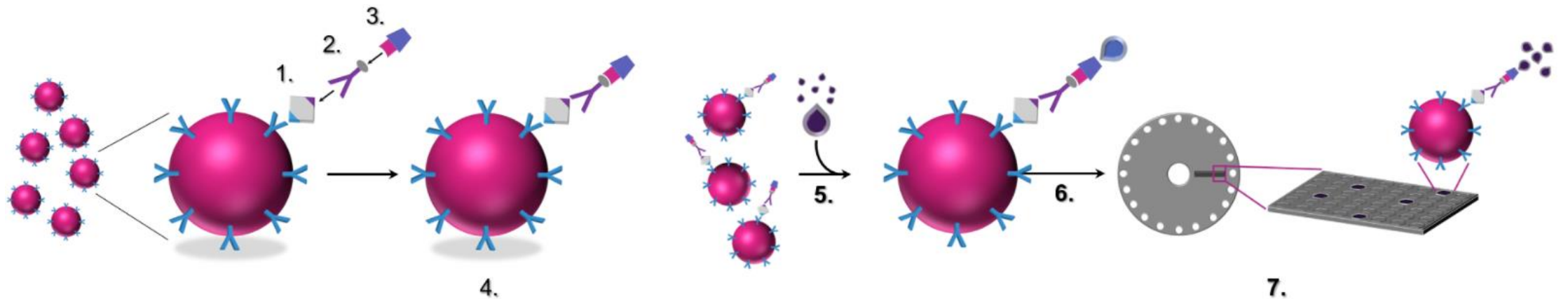


Gavhed, PBC 2009
Kuhle, CCLM 2016

HL neurodégénérative – SIMOA

= complexes immunitaires « en sandwich » sur des billes paramagnétiques qui sont isolées dans des puits permettant une lecture « numérique » de chaque bille individuelle.

- Sensible (Femto gramme/ml)
- Permet dosage de NFL **dans le plasma/serum**



Etude Française: Temps 1 Etude pilote juin-Sept 2019

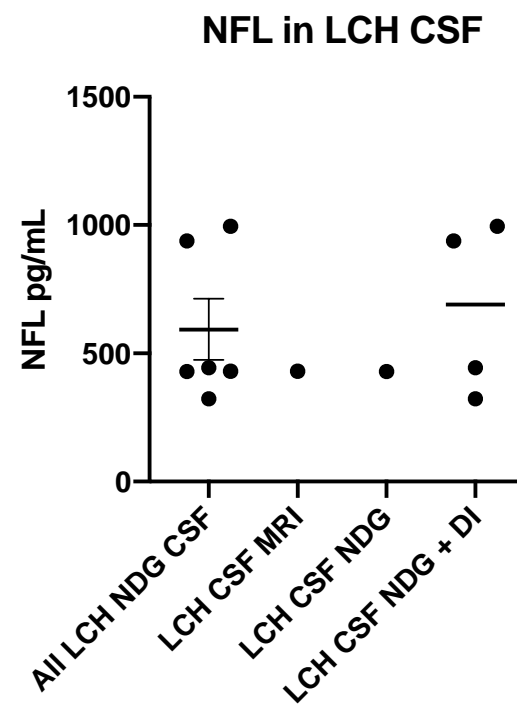
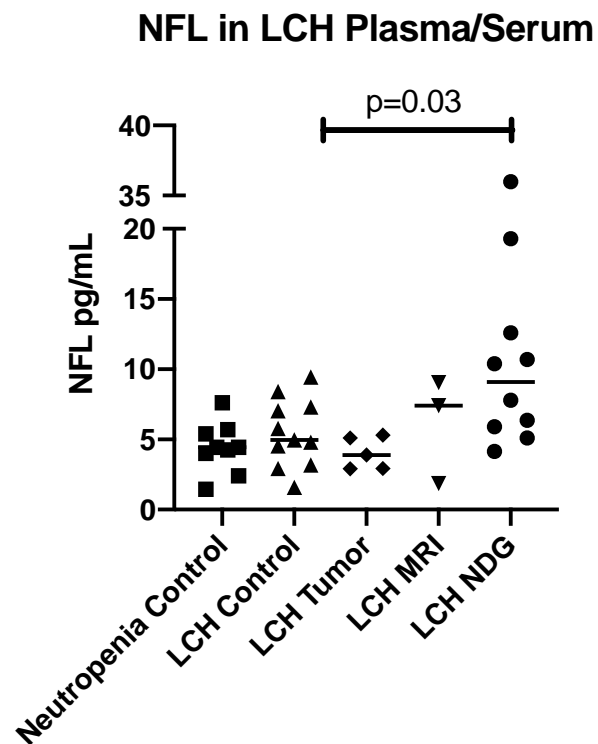
- En lien avec Equipe F Geissman / NY et une Star Up US (third rock adventure)
- Dosage fait à Boston / Quanterix
 - Contrôle 9 neutropenies 'bénignes
 - 25 « LCH » diverses
 - Os sans atteinte neuro ni endocrino
 - Endocrino
 - Atteinte Neuro IRM
 - Atteinte Neuro Deg clinique

Breakdown of Pilot Study Samples

		<u>N</u>	<u>M/F</u>	<u>Age (yr)</u>	<u>NFL range (pg/mL)</u>
CSF	NDG	4	3M/1F	3.1-20.5	444-996
	NDG + DI	1	1M	27.7	323
	MRI	1	1F	7.0	431
	CSF total	6	4M/2F	3.1-27.7	323-996
Plasma	LCH Non-Neuro	2	2M	4.3-6.3	4.8-7.0
	LCH Tumor	1	1F	15.6	3.9
	LCH MRI	3	1F/2M	7.0-27.7	1.9-9.1
	LCH NDG	1	1M	3.1	10.7
	LCH NDG + DI	2	2M	18.4-18.5	5.9-7.8
	Plasma total	9	7M/2F	4.3-27.7	1.9-10.7
Serum	Neutropenia Control	9	7M/2F	1.4-32.2	1.4-7.6
	LCH Non-Neuro	9	7M/2F	1.1-10.7	1.6-9.4
	LCH DI	4	2M/2F	5.1-21.4	2.9-5.1
	LCH NDG	1	1F	15.6	6.4
	LCH NDG + DI	5	3M/2F	8.1-28.5	4.2-36
	LCH DI + Tumor	1	1M	21.4	2.9
	Serum total	29	12M/7F	1.1-28.5	1.4-36

- Sex bias in collection, 66% Male
- 4 subjects with paired CSF/plasma collections
 - 2 collected at same time
 - 1 collected day after plasma
 - 1 collected 1 weeks after plasma

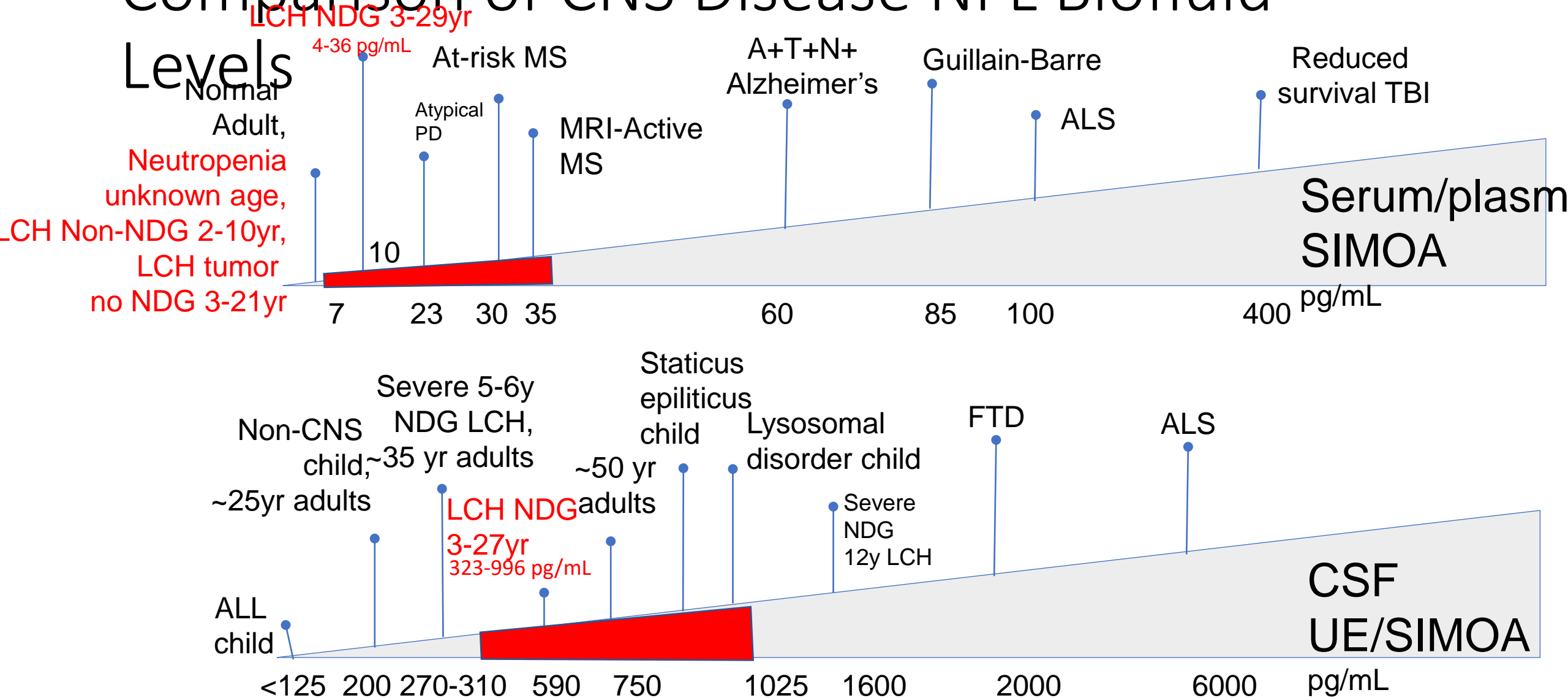
NFL Levels in Plasma/Serum and CSF



>23 pg/mL corresponds to atypical PD
>30 pg/mL corresponds to at-risk to MRI-Active MS

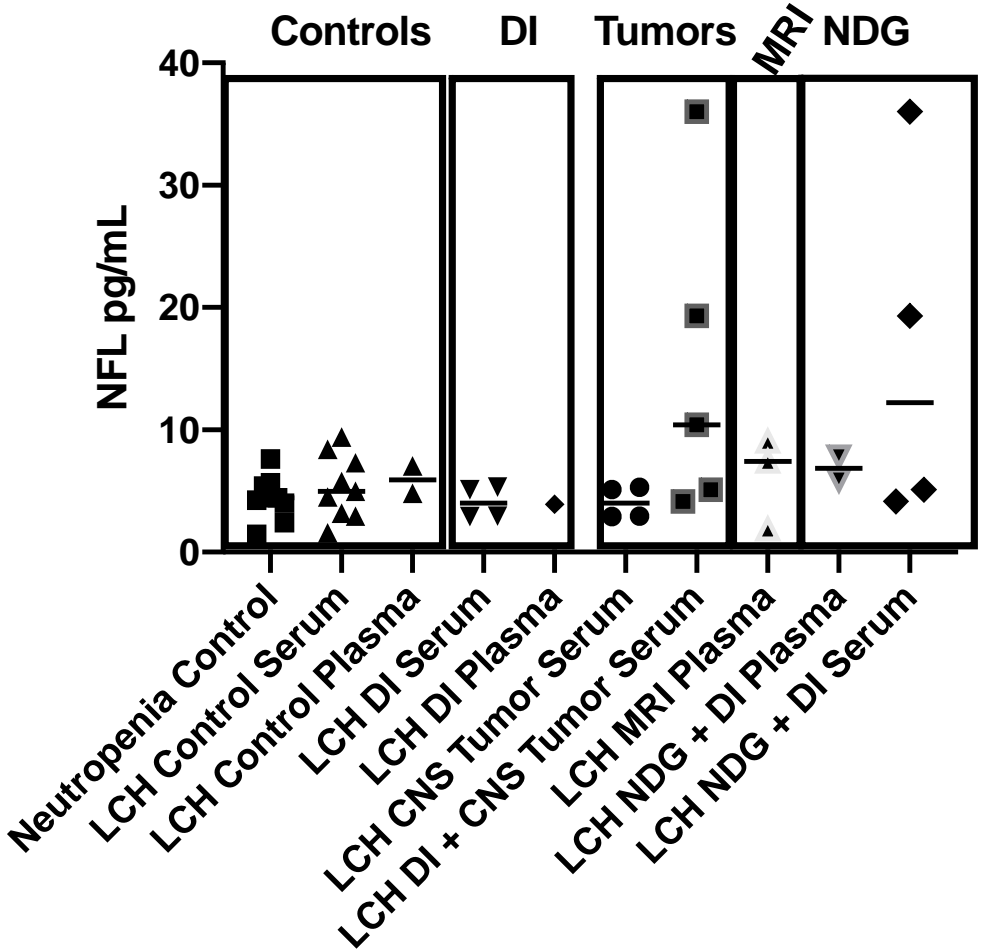
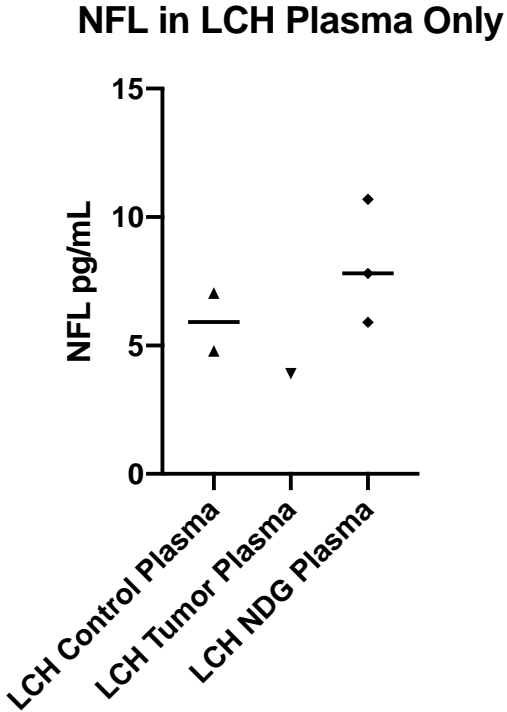
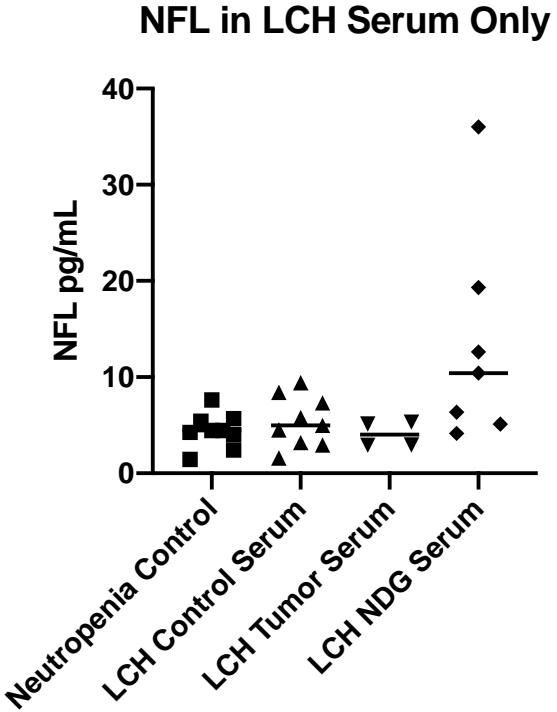
“Normal” pediatric CSF levels are <125pg/mL

Comparison of CNS Disease NFL Biofluid

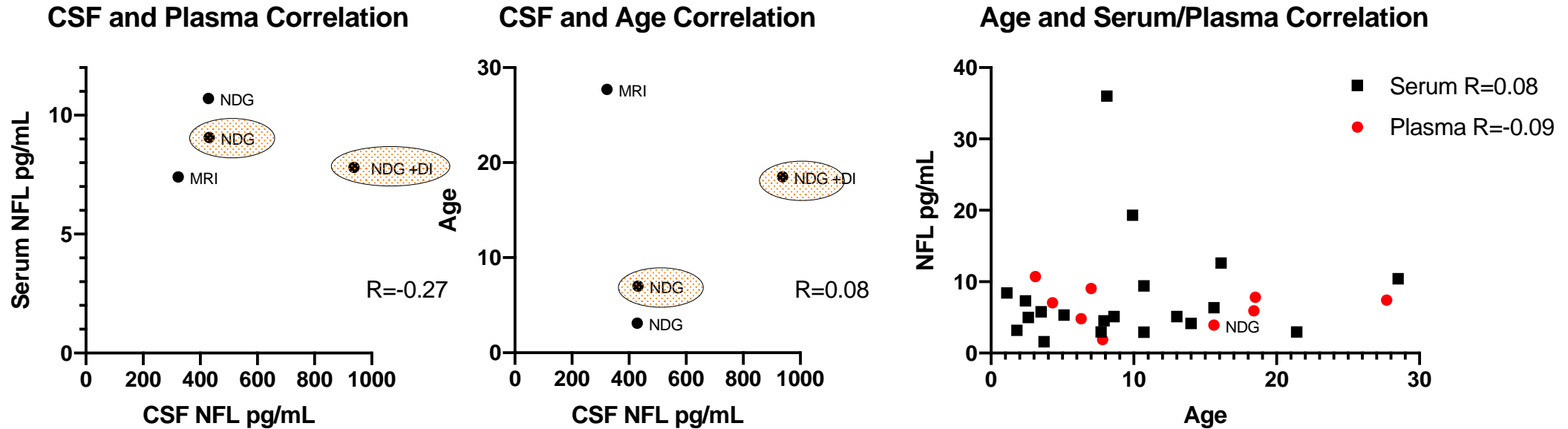


Data by Matrix, Subgroups

Serum/Plasma NFL Across Subgroups



Lack of Correlation of CSF NFL and Age or to Plasma/Serum NFL



Orange shading indicates CSF, plasma samples were collected 1-7d apart

NFL LCH Pilot Results

- Topline
 - CSF NFL levels are 323-996pg/mL, corresponding to an elevation consistent children with status epilepticus or LSDs, and ~50yr old CNS normal adults
 - No obvious elevation of NFL observed in serum or plasma of LCH non-CNS controls, or LCH patients with DI or tumors but no neurodegeneration (1.6-9.4pg/mL)
 - LCH patients with neurodegeneration +/- DI or tumors have higher plasma/serum NFL levels (4.15-36.0pg/mL)
 - No trends towards correlation were observed between NFL levels and age or CSF and plasma/serum NFL, or BRAF mutation status and NFL levels
- Followup study concepts
 - Repeating the CSF NFL elevation signal, longitudinal measures
 - Expanding the specific DI or Tumor cohort to confirm lack of signal
 - Inclusion of some pediatric CSF control group
 - Study selection
 - More complete annotation/selection of cohort
 - Sole use of plasma or serum samples
 - Nice to have: more matched CSF/plasma to serum samples

NFL LCH Pilots Study Caveats & Details

- Caveats

- Sample sizes were small in the groups, ranging from N=4 (LCH MRI) to N=9 (LCH NDG and Neutropenia Controls)
- Groups were comprised of both plasma and serum samples, reducing the N per subgroup
- No CSF control group
- Lack of detailed clinical annotation: duration of disease, extent of CNS tumors, CNS symptoms, Tx history, BRAF genotype for all cohort etc.

- Data details

- Samples were run at 1:100x dilution for CSF and 1:4 for plasma and serum
- All test samples were reconciled
 - One extra tube that had a unclear vial designation was also sent but not included in the analysis
- Variance was low with CV of 5% for the samples and <5% for controls

conclusion intermédiaire:

- Il y a un signal spécifique 'neuro dégénératif'
>> continuer à accumuler des échantillons..
- Il faut monter une étude !
 - Histo target... des financements ... des collaborations
fin 2019 → juin 2021...
 - Collaboration avec équipe Imagine / F Rieux Leucat

HL neurodégénérative – Résultat 1^{ère} série (sept 2021)

- Réalisation au laboratoire d'immunogénétique du Dr Rieux-Laucat, **Institut Imagine**
Ingénieur recherche : Camille Brunaud
- Etude de **la 1^{ère} série** : n = **12 LCR**
n = **23 Plasmas**
- Echantillons contrôles : 3 LCR (LAL)
3 plasmas (1 LAL, 1 thalassémie, 1 neutropénie)

HL neurodégénérative – Résultat 1^{ère} série (sept 2021)

- **Echantillons contrôles :**

LCR : valeur ≤ 380 pg/ml (2 patients LAL sans atteinte ND)

2759 pg/ml: LAL avec atteinte neurotoxique/ tumorale++

Plasma : valeur $< 7,5$ pg/ml : 2 patients

valeur 20,6 pg/ml : post cure consolidation LAL (MTX HD, Ifosfamide, IT triple)

- **Echantillons patients :**

ND+ : LCR n=11 : valeur médiane **315,8** pg/mL [87-1127]

Plasma n=13 : valeur médiane **8,9** pg/mL [2,9- 35,8]

ND- : LCR n=1 : **62** pg/mL

Plasma n=10 : valeur médiane **7,2** [2,7- 133,8] pg/mL

HL neurodégénérative – Conclusion 1^{ère} série (sept 2021)

- Etablissement de valeurs seuils

LCR (pg/ml) :

≤ 125 : strictement normal

125-380 : zone de chevauchement

≥ 380 : anormalement élevé

Plasma (pg/ml) :

≤ 4,5 : strictement normal

5-9,5 : zone de chevauchement

≥ 9,5 : anormalement élevé

- A compléter avec les échantillons témoins de séries futures
(éviter les patients LAL traités par chimiothérapies MTX HD)
- Mise au point du dosage ostéopontine : en cours
- Suivi longitudinal +++

HL neurodégénérative – HISTIO target 2020-2030

		Y1	Y3	Y5	Y10	Y15	Y20
Risk factor for neuro-degenerative histiocytosis	<i>BRAF</i> ^{V600E} positive	c MRI NP eval	c MRI	c MRI NP eval	c MRI NP eval	c MRI	c MRI NP eval
	<i>BRAF</i> ^{V600E} negative	c MRI		c MRI	c MRI NP eval		

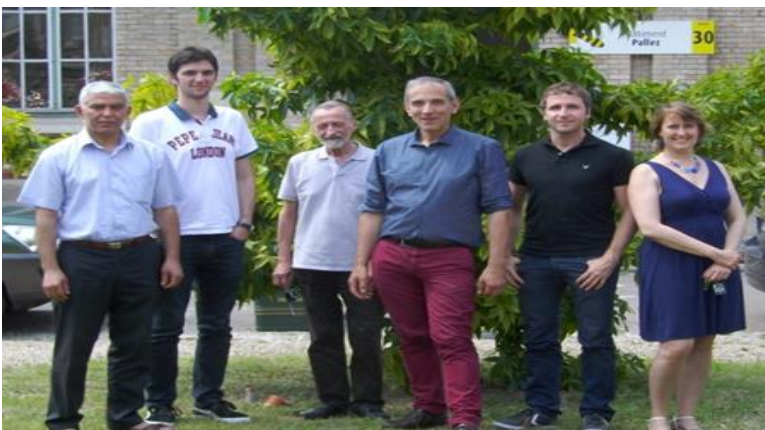
If academic/school delay or neurologic abnormality
(based on neurologic examination or cerebral MRI or neuropsychological assessment)

As soon as possible after the abnormality detection	Y+1 after the abnormality detection	Y+3 after the abnormality detection	Y+6 after the abnormality detection
<div style="background-color: red; color: white; border-radius: 50%; padding: 5px; display: inline-block;">Blood</div> <div style="background-color: green; color: white; border-radius: 50%; padding: 5px; display: inline-block;">LP</div> c PET	<div style="background-color: red; color: white; border-radius: 50%; padding: 5px; display: inline-block;">Blood</div> <div style="background-color: green; color: white; border-radius: 50%; padding: 5px; display: inline-block;">LP</div>	<div style="background-color: red; color: white; border-radius: 50%; padding: 5px; display: inline-block;">Blood</div> <div style="background-color: green; color: white; border-radius: 50%; padding: 5px; display: inline-block;">LP</div> c PET	
c MRI and NP eval <small>if not recently performed</small>	c MRI and NP eval	c MRI and NP eval	c MRI and NP eval

Merci de votre attention

Centre de référence des Histiocytose pédiatriques
Registre national des Histiocytoses

Dr S. Héritier
Dr J. Donadieu



Laboratoire d'immunogénétique des maladies auto-immunes pédiatriques

Mme C. Brunaud
Dr F. Rieux-Laucat (UMR_S1163)

imagine
INSTITUT DES MALADIES GÉNÉTIQUES

