Development of a standard of care for patients with valosin-containing protein (VCP) associated multisystem proteinopathy (MSP)

Manisha Korb1, Allison Peck4, Lindsay N Alfano5, Kenneth I Berger6, Meredith K. James7, Nupur Ghoshal8, Elise Healzer9, Claire Henchcliffe1, Shaida Khan10, Pradeep P A Mammen11, Sujata Patel12, Gerald Pfeffer13, Stuart H Ralston14, Bhaskar Roy15, Bill Seeley16, Andrea Swenson17, Tahseen Mozaffar1,3, Conrad Weihl18, 19, Virginia Kimonis2,3, on behalf of the VCP Standards of Care Working Group

Department of Neurology1, Pediatrics2, and Pathology & Laboratory Medicine3, University of California - Irvine School of Medicine, Orange CA, USA; Cure VCP Disease, Americus GA, USA4; The Abigail Wexner Research Institute at Nationwide Children's Hospital, Columbus OH, USA5; Department of Medicine (Pulmonary) NYU Grossman School of Medicine, New York NY, USA6; The John Walton Muscular Dystrophy Research Centre, Newcastle University and Newcastle Hospitals NHS Foundation Trust, Newcastle Upon Tyne, UK7; Department of Neurology and Psychiatry, Washington University in St. Louis, St. Louis MO, USA8; Thriving Hope Consulting, Vinton Iowa, USA9; Department of Neurology & Neurotherapeutics10 and Medicine (Cardiology)11; University of Texas Southwestern Medical Center, Dallas TX, USA; Wellness with Sujata, Wadsworth, Ohio12; Hotchkiss Brain Institute, University of Calgary Cumming School of Medicine, Calgary AB, Canada13; Institute of Genetics and Cancer at the University of Edinburgh, Edinburgh SCT, UK14, Department of Neurology, Yale School of Medicine, New Haven CT, USA15, Weill Institute for Neurosciences University of California San Francisco, San Francisco CA, USA16; Department of Neurology, University of Iowa Hospitals and



allison@curevcp.org www.curevcp.org @Allison38600974 allison-peck-vcp

AIM 1: Establishing a multidisciplinary standard of care for appropriate pharmacotherapies and supportive therapies

AIM 2: Expediting time to accurate diagnosis **AIM 3:** Identify gaps and future directions for clinical research

METHODS

- 1. Recruited a multidisciplinary team of 50 physicians and therapists
- 2. Domain teams reviewed literature, exchanged ideas, and prepared a domain consensus recommendation based on expert opinion and adjacent disease practices
- 3. A virtual consortium meeting was held on April 9, 2021
- 4. Meeting discussion points integrating into one manuscript with team member sign-off

PATIENT ADVOCACY ROLE

- 1. Provided patient perspective in project scope
- 2. Recruited expert clinicians to participate
- 3. Organized communications, facilitated discussions, and hosted meetings
- Assisted in literature review 4.
- 5. Reviewed and edited the manuscript concerning patient perspective and symptoms

RESULTS

- Each domain team created a 2-5 page consensus guideline
- One multidisciplinary manuscript has been submitted for publication

International collaboration among a multidisciplinary team addresses unmet patient need in rare disease:

- Delays in diagnosis and prolonged time to treatment
- 3. Disparate care between clinics
- 4.

Physician Survey

Patient Registry

Informal Reports

Patients and physicians identified unmet patient needs

Research projects launched to address gaps and future directions

Natural History

Clinical Studies

Case Studies

REFERENCES:

- proteinopathy. Clin Genet 2018;93:119-125.
- November 2015, Heemskerk, The Netherlands. Neuromuscul Disord 2016;26:535-547.
- 4. Taylor JP. Multisystem proteinopathy: intersecting genetics in muscle, bone, and brain degeneration. Neurology 2015;85:658-660.
- dementia. Clin Genet 2013;83:422-431.

2. Delays in recognizing involvement of other organ systems Disease development in at risk, undiagnosed family members

OUR STANDARD OF CARE DEVELOPMENT CYCLE

Experts recruited to exchange current knowledge

Team Meetings

Literature Revie

Expert Dialogu

Care recommendations created, modified, accepted, and published

Clinical Features

Diagnosis

Management

Surveillance

1. Korb MK, Kimonis VE, Mozaffar T. Multisystem proteinopathy: Where myopathy and motor neuron disease converge. Muscle Nerve 2021;63:442-454. 2. Al-Obeidi E, Al-Tahan S, Surampalli A, et al. Genotype-phenotype study in patients with valosin-containing protein mutations associated with multisystem

3. Evangelista T, Weihl CC, Kimonis V, Lochmuller H, Consortium VCPrd. 215th ENMC International Workshop VCP-related multi-system proteinopathy (IBMPFD) 13-15

5. Mehta SG, Khare M, Ramani R, et al. Genotype-phenotype studies of VCP-associated inclusion body myopathy with Paget disease of bone and/or frontotemporal

6. Ralston SH, Corral-Gudino L, Cooper C, et al. Diagnosis and Management of Paget's Disease of Bone in Adults: A Clinical Guideline. J Bone Miner Res 2019;34:579-604.

ABOUT VCP ASSOCIATED MSP

Rare, heterogeneous, autosomal dominant, genetic disorder affecting multiple organ systems including the muscular, skeletal, and central nervous system

PREVALENCE OF PHENOTYPES

- Inclusion Body Myopathy ~ 90%
- Paget's disease of Bone ~ 40%
- Frontotemporal dementia ~ 30%
- Respiratory dysfunction ~ 40-50%
- Amyotrophic lateral sclerosis ~10%
- Parkinson disease ~ 4%
- Alzheimer disease ~ 2%
- Spastic paraplegia ~ isolated
- Charcot Marie Tooth disease ~ isolated
- Cardiomyopathy ~ unknown
- Urinary and anal dysfunction ~ unknown

MULTIDISCIPLINARY DOMAIN TEAMS

- Genetic diagnosis
- Myopathy
- Frontotemporal dementia
- Paget's disease of bone
- ALS and CMT
- Parkinson's disease/ parkinsonism
- Cardiomyopathy
- Respiratory dysfunction
- Supportive therapies [including physical and occupational therapy, speech language pathology]
- Mental health
- Supplements and nutrition



2W	
le	

5		