

Introduction

Autism spectrum disorder (ASD) has no defined biomarkers for diagnostics or novel drug discovery.

A major cluster of ASD-associated loci encode calcium signaling proteins.

 Functionalizing these signals in fibroblasts showed only intracellular Ca2+ release altered in rare forms of monogenic ASD syndromes (associated with FMR1, TSC1, TSC2).

 A molecular defect in IP₃ channel gating was resolved with single-channel optical patch clamp showing all forms have a reduced mean open-time (an unstable flicker opening) and therefore low flux, while channel abundance selectivity, conductance, and latency are unchanged, similar to kinetic changes seen in genetic channelopathies.¹



first as a single channel; it's propagated by Ca²⁺ within a cluster, then spreads in waves throughout a cell by a positive feedback mechanism that involves diffusion of neighboring Ca2+ between clusters of IP3R's. b. Stochastic, quantal single channel optical patch clamp recording of IP₃R channel by super-resolution total internal reflectance microscopy from skin

fibroblasts. c.Analysis of IP₂R single channel event demonstrating latency, amplitude and

open duration. d&e. Histograms showing no statistical difference of amplitude and latency of IP₃R channels from neurotypical, fragile x (FXS) and tuberous sclerosis 1 and 2

(TS) fibroblasts f. Exponential curve fit by single-exponential distributions with time constants t





FI IPR: High-throughout plate reader . screens 96 sample wells in real-time P2Y receptor

activation assay





igure 2: Representative Ca2+ responses to extracellular application of purinergic agonists and ionomycin

n absences of extracellular Ca²⁺ in fibroblasts from ASD subjects & neurotynical controls²

roQure, Inc. Dana Point, CA, ²UC Irvine, Irvine, CA

ASHG Annual Meeting 2024, Denver, CO

AUTISM DIAGNOSIS AT BIRTH VIA FUNCTIONAL ANALYSIS OF IP, RECEPTOR CA2+ SIGNALING IN FIBROBLASTS

Methods & Results

It is well established that IP₄R Ga³⁺ release flux is required to maintain proper mitochondrial functioning, setting the rate of ATP production.⁴ Defects in mitochondrial bioenergetics are a phenotype long associated with ASO¹⁴ and abnormalities in mitochondrial energetics have recently been discovered via cortical brain imaging in areas responsible for social/facial stimuli.^{7,8} IP₃R signaling impacts the full ASD phenotype including GI and immune dysfunctions and the excitation/inhibition ratio as the final step in axonal synaptic neurotransmitter release. The ER is also a key stress sensor, perhaps contributing to environmental inputs to ASD.

Cell Organelles and CNS Disease

N = 62 datasets

B) Typical and

activation to

Xiao et al 2022.

Motherese social

Mitochondrial energy-deficient phenotype IP3R Ca²⁺ signaling in neuronal cells impacts, via MAMs (structure shown above) all mitochondrial ATP production and energetics via control of the three calcium-sensitive TCA dehydrogenases.

Mitochondrial energy-deficiency in

social signals in ASD temporal lobe7,8

Mitochondrial energy-deficient signal seen in right temporal lobe "social" areas in fMRI in ASD. The same signal is detected in EEG

with near infrared spectroscopy of the neuronal mitochondrial

cytochrome oxidase copper center (7,8).

gamma frequency waves, and at much higher resolution is detected

A. Map of Social Processing in Temporal Cortex in Typical Adults

112%

AUC=0.84

Voltage-activated calcium channel flux is amplified by ER calcium release which triggers fusion of docked synaptic vesicles at axon terminus, releasing presynaptic neurotransmitter into synapse to activate post-synaptic dondrito

.....

Defects in all organelles cause CNS diseases and... All are diagnosed with a functional assay on skin biopsy



IP.R functional defect is suggestive that ASD is vet another organellar disease, along with those of mitochondria, lysosomes and peroxisomes, and similarly diagnosable in fibroblasts.

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Conclusions

- In monogenic ASD syndromes, a molecular defect in the ER organelle IP3 channel gating is seen All forms have a short flicker open time, similar to that seen in genetic seizure, arrhythmia and muscle channelonathies. It is post-translational, perhaps conveyed by linid raft, and they have no mutation. It is a new form of organelle disease, an organelle channelopathy
- A high-throughput screen was developed to capture this defect in the monogenic and typical ASD.
 Patent issued and is licensed by NeuroQure, Inc.
- iPSC- derived neuronal precursors from patient fibroblasts share this signaling defect. ROC curves can distinguish ASD samples and neurotypical controls which give a robust rapid
- signal. The assay captures 75 – 85% of ASD with minimized false positives, none below cut-off
- IP₃R signaling appears to be at a node in a signaling pathway at which many forms of ASD are unified into a shared defective output that limits intracellular Ca²⁺ release.

A) it controls mitochondrial ATP production ...Explaining mitochondrial energy- deficiency biochemical phenotype & excess ROS.

B) EU-AIMS & MIT mitochondrial energy deficiency in right temporal lobe signals, ...particularly in response to social/facial/voice stimuli in high-risk/low-risk infant cohorts ... by EEG, fMRI, eve tracking, and best by mitochondrial NIRS

C) IP.R release is final step in axonal synaptic neurotransmitter release....E/I imbalance D) GI and immune dysfunction in ASD...both influenced by IP₃R function ...ASD is not just a brain disorder

E) Ca²⁺ homeostasis of the endonlasmic reticulum is the fundamental cellular stress senso

eat-shock, unfolded protein, etc.

This IP.R functional biomarker is useful as an autism risk detection test at any age a clinical trial for a surged outcome measure or entry criterion, and potentially in a screen for novel therapeutics for ASD and for environmental stress risks for ASD.

Take Home Messages

- ASD has no defined biomarkers for diagnostics or novel drug discovery.
- IP_3R signaling appears to be at a <u>node in a signaling pathway</u> at which many forms of ASD are unified into a shared defective output. . This highly specific clinical assay assesses autism risk at any age, with 75-85%
- of syndromic and non-syndromic ASD detected. Early intervention with currently available therapy could begin as early as
- possible providing the greatest possible achievement for people with ASD.



1. Schmunk at al. 2015 *Transi Psychiatry*. 2015 <u>PMID: 26393489</u> 2. Schmunk et al. 2017. Sci *Rep. <u>PMID: 28145469</u>* 3. Nguyen et al. 2018. *Biochim Biophys Acto Natol Cell Res. <u>PMID: 30992134</u> 4. Parker, Smith. 2010. <i>J Gen Physiol. <u>PMID: 20660654</u>* 5. Gargus. 2009. Ann N Y Acad Sci. PM 6. Filipek et al. 2004. J Autism Dev Diso Siddiqui et al. 2023. eLife. <u>PMID: 3781894</u>
 Siddiqui et al. 2016. Autism Open Access.