

Τελευταίες εξελίξεις στις κλινικές μελέτες για την αντιμετώπιση της Μυικής Δυστροφίας Duchenne(DMD) και η σημασία της έγκαιρης διάγνωσης και αντιμετώπισης

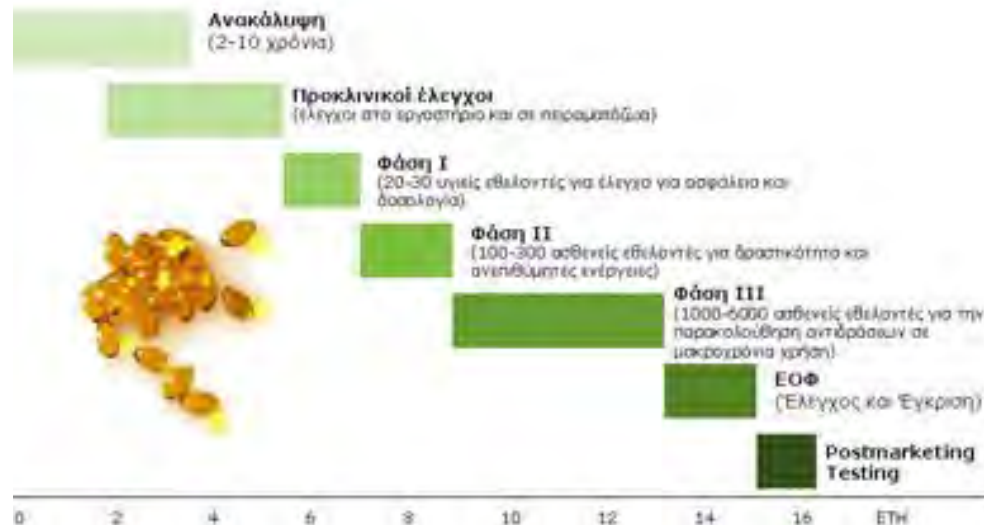
Μούντης Αλέξανδρος
Χειρουργός Οδοντίατρος ΑΠΘ,

Εκπρόσωπος Ομάδας Γονέων Β. Ελλάδος MDA Hellas (Parent Project MDA HELLAS)

Μέλος Οδοντιατρικής Ακαδημίας
Μέλος ΣΕΒΕ και ΟΣΘ

Ευρευνητικές Στατηγικές για την αντιμετώπιση του DMD

- Gene Therapy
- Cell Therapy
- Pharmacological Therapies
- Utrophin Upregulators
- Myostatin Inhibitors
- Exon-skipping



Τελευταίες εξελίξεις στις κλινικές μελέτες Phase II/III/IV

[TRANSLARNA \(Ataluren\)](#) - A New Drug for Nonsense Mutations by PTC Therapeutics Phase IV

[CATENA®/RAXONE®](#) - Study of Idebenone in Duchenne (DELOS) Phase III

[TADALAFIL](#) - Trial of Tadalafil for Duchenne Phase III

[SPIRONOLACTONE and EPLERENONE](#) - Therapeutic Potential for Aldosterone Inhibition in Duchenne Phase III

[ETEPLIRSEN](#) - Exon skipping Using Phosphorodiamidate Morpholino Oligomers (PMO) to produce functional dystrophin protein Sarepta

[ETEPLIRSEN](#) - Study 4658-203 for Early Stage Duchenne

[ETEPLIRSEN](#) - Study 4658-204 for Advanced Stage Duchenne

[VBP15](#) - A Novel Steroid Customized for Duchenne Phase II

[SMT C1100](#) - A Small Molecule Utrophin Modulator for Duchenne Phase II

[PF-06252616](#) - Pfizer's Myostatin Inhibitor Phase II

[CAT-1004](#) - Catabasis' MoveDMD Trial Phase II

[ISOFEN 3](#) - A combination drug for the treatment of Duchenne Phase II

[PF-06252616](#) - Pfizer's Myostatin Inhibitor Phase II

Τελευταίες εξελίξεις στις κλινικές μελέτες Phase I/II

[BMS-986089](#) - Bristol-Myers Squibb's Candidate for Myostatin Inhibition Phase 1/2

[FOLLISTATIN GENE TRANSFER](#) - Clinical Intramuscular Gene Transfer of rAAV1.CMV.huFollistatin344 Trial to Patients With Duchenne Phase 1/2

[MYOBLAST TRANSPLANTATION](#) - Myoblast Transplantation in Duchenne Patients Phase 1/2

[DT-200](#) - A Selective Androgen Receptor Modulator to Improve Muscle Strength & Function in Duchenne Phase I

[GALGT2 Gene Therapy](#) - Viral gene transfer for GALGT2 as a surrogate gene therapy for Duchenne Phase I

[GENE TRANSFER OF MICRO-DYSTROPHIN](#) - Clinical Intramuscular Gene Transfer Trial of rAAVrh74.MCK.Micro-Dystrophin Phase I

Τελευταίες εξελίξεις στις κλινικές μελέτες **Preclinical**

[TAMOXIFEN](#) - Using tamoxifen to improve muscle strength in DMD/BMD

[LAMININ-111](#) - Laminin-111, Integrin and Utrophin as a Potential Therapy for DMD

[RTC13 Read-Through Compound](#) - Development of a drug that corrects nonsense mutations in patients with Duchenne

[COENZYME Q10 AND LISINOPRIL](#) - Clinical Trial of Coenzyme Q10 and Lisinopril in Muscular Dystrophies

[ARM210](#) - Using ARM210 to Improve Muscle Strength & Function in DMD

[NBD Peptide](#) - Using NF- κ B blockers to Decrease Inflammation and Improve Muscle Function in Duchenne

[LAMININ-111](#) - Laminin-111, Integrin and Utrophin as a Potential Therapy for Duchenne

[IPS CELL THERAPY](#) - Induced Pluripotent Stem Cells for Duchenne

Τελευταίες εξελίξεις στις κλινικές μελέτες **Preclinical**

[BIGLYCAN](#) - A Unique Utrophin Upregulator

[CARMESEAL-MD](#) - Poloxamer 188 N

[AT-300](#) - **Akashi's Novel Modulator of Stretch-Activated Calcium Channels**

[DT-200](#) - A Selective Androgen Receptor Modulator to Improve Muscle Strength & Function in Duchenne

[EXON 2 SKIPPING](#) - To induce Internal Ribosomal Entry Site (IRES) activation in Duchenne patients with Exon 2 Duplications

[HT-100](#) - Akashi's Phase 1/2 Clinical Program in Duchenne – Stopped

[DEFLAZACORT](#) - A Pharmacokinetic Study of Oral Deflazacort in Children and Adolescents with Duchenne

[STERIODS IN YOUNG BOYS](#) - Historically Controlled Trial of Corticosteroids in Young Boys With Duchenne

Τελευταίες εξελίξεις στις κλινικές μελέτες **Preclinical**

[FOR-DMD](#) - Finding the Optimal steroid Regimen for Duchenne Muscular Dystrophy

[ImagingDMD](#) - Magnetic Resonance Imaging and Biomarkers for Muscular Dystrophy

[MICROSOFT BAND](#) - A Potential Outcome Measure for Boys with Duchenne

[MRI and CARDIOPULMONARY FUNCTION](#) - Using MRI to Assess Cardiopulmonary Function in Duchenne

[DP ARF ULTRASOUND](#) - Double Push Acoustic Radiation Force Ultrasound for Monitoring Degeneration

[STRENGTH TRAINING](#) - Development of a Strength Training Protocol in Duchenne

[COUGH in DUCHENNE and BECKER](#) - Peak Cough Flow and Cough Clearance in Duchenne and Becker Muscular Dystrophy

[BECKER MUSCULAR DYSTROPHY](#) - A Natural History Study to Predict Efficacy of Exon Skipping

[DUCHENNE MUSCULAR DYSTROPHY](#) - A Longitudinal Study of the Natural History of Duchenne

Η σημασία της έγκαιρης διάγνωσης και αντιμετώπισης 1

- Γενετική συμβουλευτική
- Έγκαιρη Φυσιοθεραπευτική υποστήριξη
- Έγκαιρη παρέμβαση με λογοθεραπεία και εργοθεραπεία
- Έγκαιρη φαρμακευτική υποστήριξη για την προστασία του μυϊκού ιστού και των οστών
- Διατροφολογική συμβουλευτική και συμπληρώματα διατροφής
- Προστασία από την χρήση μη κατάλληλων φαρμάκων (πχ αναισθησίας 2)
- Προστασία του μυϊκού ιστού από ακατάλληλες δραστηριότητες
- Οικογενειακός προγραμματισμός

Ref.

1. Bushby K, Finkel R, Birnkrant DJ *et al*/DMD Care Considerations Working Group: Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and pharmacological and psychosocial management. *Lancet Neurol* 2010; **9**: 77-93.
2. Breucking E, Reimnitz P, Schara U, Mortier W. Anesthetic complications. The incidence of severe anesthetic complications in patients and families with progressive muscular dystrophy of the Duchenne and Becker types. *Anaesthetist* 2000; 49: 187-195

Neuromuscular and skeletal management

Tools

Creatine kinase
Genetic testing
Muscle biopsy

Interventions

Genetic counselling
Family support

Assessments

ROM
Strength
Posture
Function
Alignment
Gait

Interventions

Stretching
Positioning
Splinting
Orthoses
Submaximum exercise/activity
Seating
Standing devices
Adaptive equipment
Assistive technology
Strollers/scooters
Manual/motorised wheelchairs

Assessments

Clinical evaluation
Strength
Function
ROM

Considerations

Age of patient
Stage of disease
Risk factors for side-effects
Available GCs
Choice of regimen
Side-effect monitoring and prophylaxis
Dose alteration

Diagnostics

Rehabilitation management

Orthopaedic management

Tools

Assessment of ROM
Spinal assessment
Spinal radiograph
Bone age (left wrist and hand radiograph)
Bone densitometry

Interventions

Tendon surgery
Posterior spinal fusion

Management of other complications

Tools

Upper and lower GI investigations
Anthropometry

Interventions

Diet control and supplementation
Gastrostomy
Pharmacological management of gastric reflux and constipation

GI, speech/swallowing, nutrition management

Pulmonary management

Cardiac management

Psychosocial management

Assessments

Coping
Neurocognitive
Speech and language
Autism
Social work

Interventions

Psychotherapy
Pharmacological
Social
Educational
Supportive care

Tools

Spirometry
Pulse oximetry
Capnography
PCF, MIP/MEP, ABG

Interventions

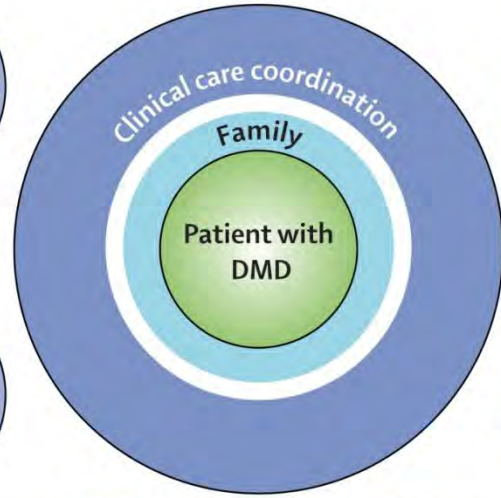
Volume recruitment
Ventilators/interfaces
Tracheostomy tubes
Mechanical insufflator/exsufflator

Tools

ECG
Echo
Holter

Interventions

ACE inhibitors
β blockers
Other heart failure medication



	Stage 1: Presymptomatic	Stage 2: Early ambulatory	Stage 3: Late ambulatory	Stage 4: Early non-ambulatory	Stage 5: Late non-ambulatory
Diagnostics	<p>Can be diagnosed at this stage if creatine kinase found to be raised or if positive family history</p> <p>Might show developmental delay but no gait disturbance</p>	<p>Gowers' sign</p> <p>Waddling gait</p> <p>Might be toe walking</p> <p>Can climb stairs</p>	<p>Increasingly laboured gait</p> <p>Losing ability to climb stairs and rise from floor</p>	<p>Might be able to self propel for some time</p> <p>Able to maintain posture</p> <p>Might develop scoliosis</p>	<p>Upper limb function and postural maintenance is increasingly limited</p>
	Diagnostic examination and genetic counselling		Likely to be diagnosed by this stage unless delayed for other reasons (eg, concomitant pathology)		
Neuromuscular management	<p>Anticipatory planning for future developments</p> <p>Ensure immunisation schedule is complete</p>	<p>Continue assessment to ensure course of disease is as expected in conjunction with interpretation of diagnostic testing</p> <p>At least 6-monthly assessment of function, strength, and range of movement to define phase of disease and determine need for intervention with GCs, ongoing management of GC regimen, and side-effect management</p>			
Orthopaedic management	Orthopaedic surgery rarely necessary		Consider surgical options for TA contractures in certain situations	<p>Monitor for scoliosis: intervention with posterior spinal fusion in defined situations</p> <p>Possible intervention for foot position for wheelchair positioning</p>	
Rehabilitation management	<p>Education and support</p> <p>Preventive measures to maintain muscle extensibility/minimise contracture</p> <p>Encouragement of appropriate exercise/activity</p> <p>Support for function and participation</p> <p>Provision of adaptive devices, as appropriate</p>		<p>Continue previous measures</p> <p>Provision of appropriate wheelchair and seating, and aids and adaptations to allow maximum independence in ADL, function, and participation</p>		
Pulmonary management	<p>Normal respiratory function</p> <p>Ensure usual immunisation schedule includes 23-valent pneumococcal and influenza vaccines</p>	<p>Low risk of respiratory problems</p> <p>Monitor progress</p>		<p>Increasing risk of respiratory impairment</p> <p>Trigger respiratory assessments</p>	<p>High risk of respiratory impairment</p> <p>Trigger respiratory investigations and interventions</p>
Cardiac management	Echocardiogram at diagnosis or by age 6 years	<p>Maximum 24 months between investigations until age 10 years, annually thereafter</p>	<p>Assessment same as in the younger group</p> <p>Increasing risk of cardiac problems with age; requires intervention even if asymptomatic</p> <p>Use of standard heart failure interventions with deterioration of function</p>		
GI, speech/swallowing, nutrition management	<p>Monitor for normal weight gain for age</p> <p>Nutritional assessment for over/underweight</p>				<p>Attention to possible dysphagia</p>
Psychosocial management	<p>Family support, early assessment/intervention for development, learning, and behaviour</p>	<p>Assessment/intervention for learning, behaviour, and coping</p> <p>Promote independence and social development</p>			<p>Transition planning to adult services</p>

ΕΥΧΑΡΙΣΤΩ

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