TREATMENT FOR FSHD – A BROADER VIEW

Nicol Voermans, neurologist



Neuromuscular Centre Radboudumc





European Reference Network

for rare or low prevalence complex diseases

O Network

Neuromuscular Diseases (ERN EURO-NMD)



Neuromuscular Centre the Netherlands

- Netherlands:
 - 17 million people
 - 2000 patients with FSHD
- 6 Neuromuscular centers







2022 IRC Keynote: Patient Perspective on Living with FSHD by Lexi Pappas - YouTube







FSHD clinic



Cure and treatment



Cure and treatment

FACT:

FSH

SOCIETY FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY

Currently, there is no cure for FSHD.



Cure and treatment

Treatment

A treatment is a process that leads to an improvement in health, but it may not eliminate the disease. When a disease can't be cured (or a cure doesn't exist yet) medical professionals use medicine, therapy, surgery, and other treatments to help lessen the symptoms.



Cure

A "cure" usually refers to a complete restoration of health. After medical treatment, the patient no longer has that particular condition anymore.

(Sub)acute, acquired diseases (fracture, infection)

Chronic, inherited diseases (inherited myopathy)





FSHD Cure

Cure is targeted at the **disease process in muscle cells** (gene, RNA or toxic protein (DUX4))



FSHD UNIVERSITY

Annual Drug Development Update with Nicholas Johnson





https://www.fshdsociety.org/fshd-university/

Treatment is targeting all consequences of the disease







OUALITY OF LIFE

- Housing circumstances
- Having enough money ٠



FSHD brings with it several important health issues, We're here to help you learn and understand more. In addition to the information below, follow our blog for regular updates and information on Living with FSHD.

Anesthesia	+
Breathing	+
Emergency Medical Considerations for FSHD Patients	+
Facial Surgery	+
Heart problems	+
Occupational Therapy and Assistive Technology	+
Pain Management	+
Physical Therapy	+
Scapular Fixation Surgery	+

Symptomatic treatment

- Genetic testing
- Respiratory strength assessment and home mechanical ventilation
- Cardiac screening
- Screening of ear and eye function
- Treatment of chronic pain and fatigue
- Strength training



Symptomatic treatment

- Genetic testing
- Respiratory strength assessment and home mechanical ventilation
- Cardiac screening
- Screening of ear and eye function
- Treatment of chronic pain and fatigue
- Strength training





Update of standard of care





P7.07 Developing an updated standard of care and management for facioscapulohumeral muscular dystrophy June Kinoshita, Sarah Elmarkhous, Ronne Pater

Genetic testing

- Complex genetic test
 - only few laboratories
 - deletion (number of units) and A allele
 - FSHD2 and rare genetic causes
- Update of standard of genetic testing



10:10 a.m.

S4.02 Clinical variability in FSHD: The importance of robust clinical information for reliable interpretation of genetic data Richard Lemmers, *Leiden University Medical Center*

Richard Lemmers and Emiliano Giardina

Genetic testing

- Challenges in intepretation:
 - kB / units
 - small deletions in the normal populations (9-10 units)
 - importance of family history

Table 1

Confirmation table of D4Z4 repeat lengths in units and kb with the different techniques.

For registries it is recommended to document the D4Z4 repeat size in repeat units including the genetic background irrespective of the technology used.

Size D4Z4 fragment (in basepair) after digestion

units	4A161S		4A161L	
	EcoRI	EcoRI/BlnI	EcoRI	EcoRI/BlnI
IU	10,2	7,0	11,8	8,6
2U	13,5	10,3	15,1	15,1
3U	16,8	13,6	18,4	18,4
4U	20,1	16,9	21,7	21,7
5U	23,4	20,2	25,0	25,0
6U	26,7	23,5	28,3	28,3
7U	30,0	26,8	31,6	31,6
8U	33,3	30,1	34,9	34,9
9U	36,6	33,4	38,2	38,2
10U	39,9	36,7	41,5	41,5
11U	43,2	40,0	44,8	44.8
12U	46,5	43,3	48,1	48,1
13U	49,8	46,6	51,4	51,4

1 unit fragments (4A161S = short variant); 4A161L = long variant

Genetic testing

- Challenges in intepretation:
 - incomplete penetrance

A. Symptomatic B. Symptomatic + asymptomatic 1.0 -1.0 -5 5 0.8 0.8 Cumulative incidence 0.6 -0.6 8 Q, 0.4 0.4 0.2 0.2 0.0 0.0 60 80 20 40 60 80 20 40 0 Age (years) Age (years) Symptoms reported + Symptoms reported

Figure 3 Maximum likelihood curves of the penetrance

signs observed

Genetic counseling and reproductive options

Facioscapulohumeral muscular dystrophy—Reproductive counseling, pregnancy, and delivery in a complex multigenetic disease

Sanne C. C. Vincenten¹ | Nienke Van Der Stoep² | Aimée D. C. Paulussen³ | Karlien Mul¹ | Umesh A. Badrising⁴ | Marjolein Kriek² | Olivier W. H. Van Der Heijden⁵ | Baziel G. M. Van Engelen¹ | Nicol C. Voermans¹ | Christine E. M. De Die-Smulders³ | Saskia Lassche^{1,6}

TABLE 1 Reproductive options

Reproductive options	FSHD1	FSHD2
Prenatal diagnostic trajectory using chorionic villus testing or amniocentesis (PND)	×	
Preimplantation genetic testing (PGT)	х	
Refrain from having (biological) children	x	x
Adoptive or foster children	X	х
Egg- or sperm donation	x	x
Accepting the risk of having a child affected with FSHD	×	x

Symptoms of Hypercapnia



Persistent tiredness or sluggishness during the day.



Neurological symptoms (disorientation, confusion, altered mental state, depression).

Respiratory strength assessment

- Hypoxia = low oxygen
- Hypercapnia = high carbon dioxide
- Spirometry:
 - Reduction of vital capacity from sitting to lying down



Cardiac screening

- Cardiac ultrasound:
 - No / few abnormalities in heart muscle
- ECG:
 - Rythm abnormalities in 10%:
 - Right bundle branch block
 - mostly not symptomatic
 - mostly not progressive
- Presence of cardiac abnormalities cannot be predicted from phenotype nor genotype



Screening of ear and eye function

- Audiometry (hearing test):
 - hearing loss only in patients with severe mutations (large deletions: ≤ 20 kB): 32%
- Fundoscopy (view on retina):
 - 25% has abnormalities on test
 - 0.6% has symptoms





Treatment of chronic pain and fatigue



FSHD brings with it several important health issues, We're here to help you learn and understand more. In addition to the information below, follow our blog for regular updates and information on Living with FSHD.



https://www.fshdsociety.org/living-with-fshd/medical-issues/



Overall approach to pain management in FSHD

- Is there a clear modifiable cause (ex. it only hurts when I sit in this chair)?
- Treatments
 - Pharmacologic (medication)
 - Non-pharmacologic (physical and cognitive treatments)
 - Recall, pain occurs in the brain. If the brain is not involved (anesthesia) you don't feel pain
- Treatment is a process, there is no magic wand
 - Pain is complex and different for each person



FSHD University Kathy Matthews

) 9:38 / 1:09

Aerobic exercise and cognitive behavioral therapy reduces fatigue







Design:

- FSHD patients with severe chronic fatigue
- 16 weeks intervention:
 - 28 patients aerobic training (hometrainer and PT)
 - 25 patients cognitive behavioral therapy (increase of physical activity)
- Measurements before, directly after and 12 weeks after intervention

Conclusion

- More physically active
- Better sleep
- Less fatigue
- Better social participation

Self-management improves participation

ARTICLE CLASS OF EVIDENCE

Self-management program improves participation in patients with neuromuscular disease

A randomized controlled trial

Yvonne Veenhuizen, MSc, Edith H.C. Cup, PhD, Marianne A. Jonker, PhD, Nicoline B.M. Voet, MD, PhD, Bianca J. van Keulen, MSc, Daphne M. Maas, MSc, Anita Heeren, MD, Jan T. Groothuis, MD, PhD,* Baziel G.M. van Engelen, MD, PhD,* and Alexander C.H. Geurts, MD, PhD

Correspondence Mrs. Veenhuizen Yvonne.Veenhuizen@ radboudumc.nl

Neurology® 2019;93:e1720-e1731. doi:10.1212/WNL.00000000008393



Gold Coin ENERGY SELF-MANAGEMENT Ria de Haas, PhD, project manager, FSHD Europe/FSHD European Trial Network



Design:

- 53 patients with different neuromuscular disorders and severe fatigue
- 16 weeks intervention:
 - 29 patients self-management group training (aerobic training and energy management)
 - 24 patients usual care
- Measurements before, 3 and 11 months after intervention

Conclusion

- Improvement of walking: longer distance on 6MWT
- Better endurance of physical activity
- Better social participation
- Sustainable improvements

Veenhuizen Neurology 2019

Muscle mass and strength

÷ † † † † † †



Healthy lifestyle is essential

Age – number of disorders





With age comes wisdom (and prescriptions)

Share that have taken prescribed medicines in the last week in England, by amount & age group



Lifestyle intervention



Lifestyle intervention

FSHD patients: Muscle mass and strenght in ageing



Lifestyle intervention

FSHD patients: Muscle mass and strenght in ageing

֠†††



Mental strength training





Understanding FSHD

DONATE 🖤

Physical Health

Home / Physical Health

As an individual or family member affected by FSH muscular dystrophy, you are going to find that most doctors, therapists, and fitness trainers have little to no experience with FSHD. That's just the reality of living with any rare disease, but you have the power to make a difference. Learn all you can about FSHD so you can take care of yourself and guide your health care providers on how to help you maintain the best possible fitness and health.

Our downloadable brochure About FSHD provides valuable guidance. A physician or licensed therapist should be your source for specific health care recommendations, but being a knowledgeable patient makes a huge difference.

Click on the links below for a deeper dive...



HEALTH AND MEDICINE

EXERCISE AND FITNESS



ACT to improve quality of life

Home / FSHD Research / ACT to improve quality of life

Posted on: Apr 11, 2022

by Kent Drescher, PhD, Bay Area Chapter Co-Director

I've had FSHD symptoms for over 50 years. It seems like I've spent much of that time waiting. Waiting for treatment. Waiting to see what precious physical ability I will lose next. Waiting for a cure. Along with physical symptoms of FSHD (e.g. weakness, pain, fatigue) there are large mental and emotional costs. These range from hopelessness and depression to worry about one's future. It also **brings** struggles with self-worth as we fall prey to societal expectations about body image and implicit bias about disability. Unfortunately, little research has examined those costs.

I am excited to share positive results from a recent clinical trial of a psychological treatment for the mental and emotional costs of FSHD and other neuromuscular diseases. Michael Rose, Christopher Graham, and their team found large positive improvements in quality of life and mood within the group of patients who completed four weekly self-help modules at home



using Acceptance and Commitment Therapy (ACT). Their study randomized 139 patients with neuromuscular disease (50% had FSHD) into two groups, comprising standard medical care (SMC) and ACT plus SMC.

Five Things I Wish I'd Known Before My Chronic Illness

Finding out you have a chronic illness — one that will, by definition, never go away — changes things, both for you and those you love.



By Tessa Miller Feb. 18, 2019

Communication training





Happy f

- How does facial weakness influence communication?
- What does it mean to have a different facial expression in different phases of your life?
- How do you create the right " subtitles"?



Sad facial expression



FSHD in childhood

GROWING UP WITH FSHD

Characteristics of early-onset FSHD and childhood FSHD



Precautions in emergency situations / for anesthesia





Treatment is a required start for cure



What is needed in clinical trials?



Patients:

Adequate diagnostics Registration Clinical outcome measures: PROM, functional, imaging





Natural history: Disease course without cure

Personnel and facilities Trial sites



Questions?

Thanks

















Radboudumc