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Characterization of the muscular and cardiac diseases of the DMSXL mouse model, a transgenic mouse model for Myotonic Dystrophy type 1

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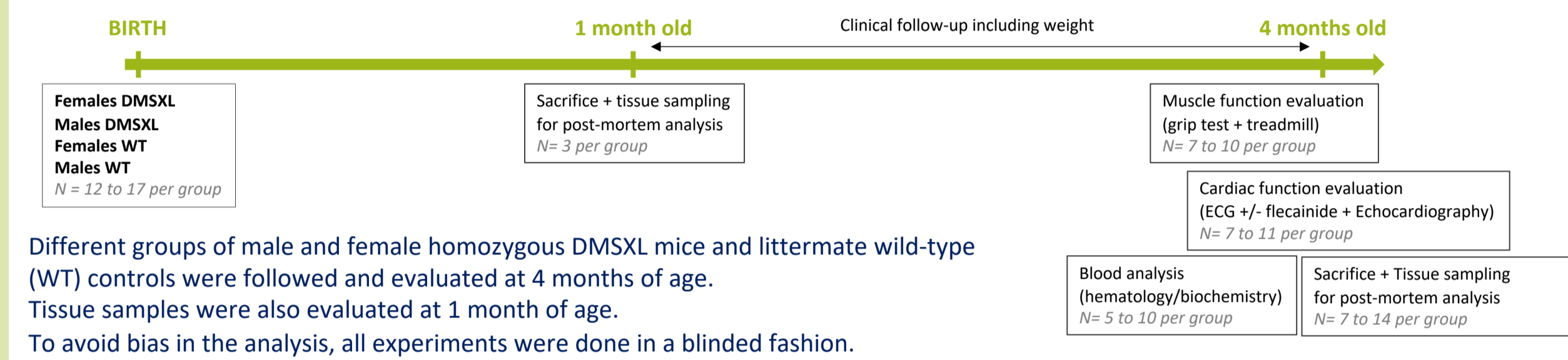
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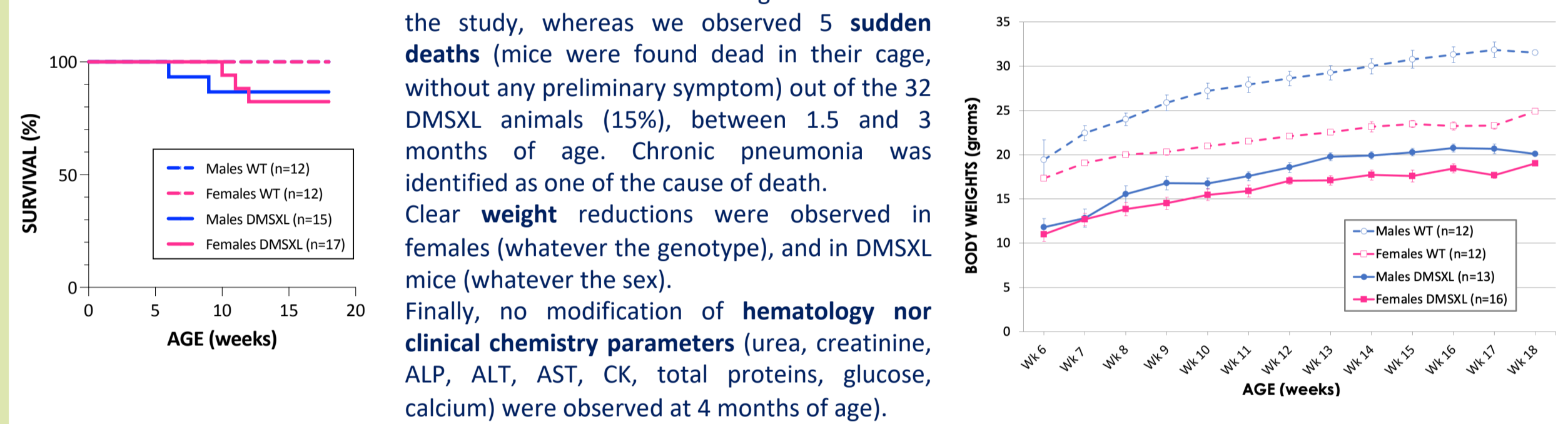
Context of the study

Myotonic Dystrophy type 1 (DM1) is an autosomal dominant, progressive, and multi-systemic genetic disorder affecting at least 900,000 individuals worldwide. It is primarily characterized by myotonia, muscular weakness, and muscle atrophy. Other clinical manifestations include cardiac conduction defects, cardio-respiratory problems, cataracts, endocrine dysfunction and frequent neurological manifestations. The disease is caused by unnaturally expanded repeats of CTG trinucleotide in the 3'-untranslated region of the *DMPK* (dystrophia myotonica protein kinase) gene. In DM1 patients, the number of CTG repeats within the mutant *DMPK* allele ranges from 50 to 5000. The number of repeats roughly correlates with disease onset, severity and life expectancy (more repeats correlated with earlier onset, more severe symptoms and shorter lifespan). CTG-containing mutant *DMPK* transcripts are toxic. They aggregate as nuclear foci and impact the expression and function of RNA-binding proteins (such as MBNL1 and CELF1), resulting in spliceopathy of downstream effector genes, which accounts for much of the disease phenotype. Several therapeutic approaches either pharmacological or gene-therapy based, are under investigation to address this unmet medical need. One current limitation for the efficient evaluation and development of therapeutic products is the lack of DM1 animal models that ideally recapitulate the symptoms and the complex pathophysiology of this disease. Among available animal models, one of the most relevant remains the DMSXL mouse model, which carries a 45-kb human genomic fragment including the *DMPK* gene with more than 1200 CTG repeats. The human *DMPK* transgene is under the control of its own promoter and has been shown to have an almost ubiquitous expression. Initial characterization studies demonstrated that homozygous DMSXL mice display several manifestations of the human DM1 pathology, including growth retardation, muscle defects, cognitive impairments, nuclear foci, and splicing abnormalities. After establishing a colony in our own facility, our goal was to define in our hands the most relevant and sensitive readouts that characterize this animal model, especially for its muscular and cardiac diseases, in both genders.

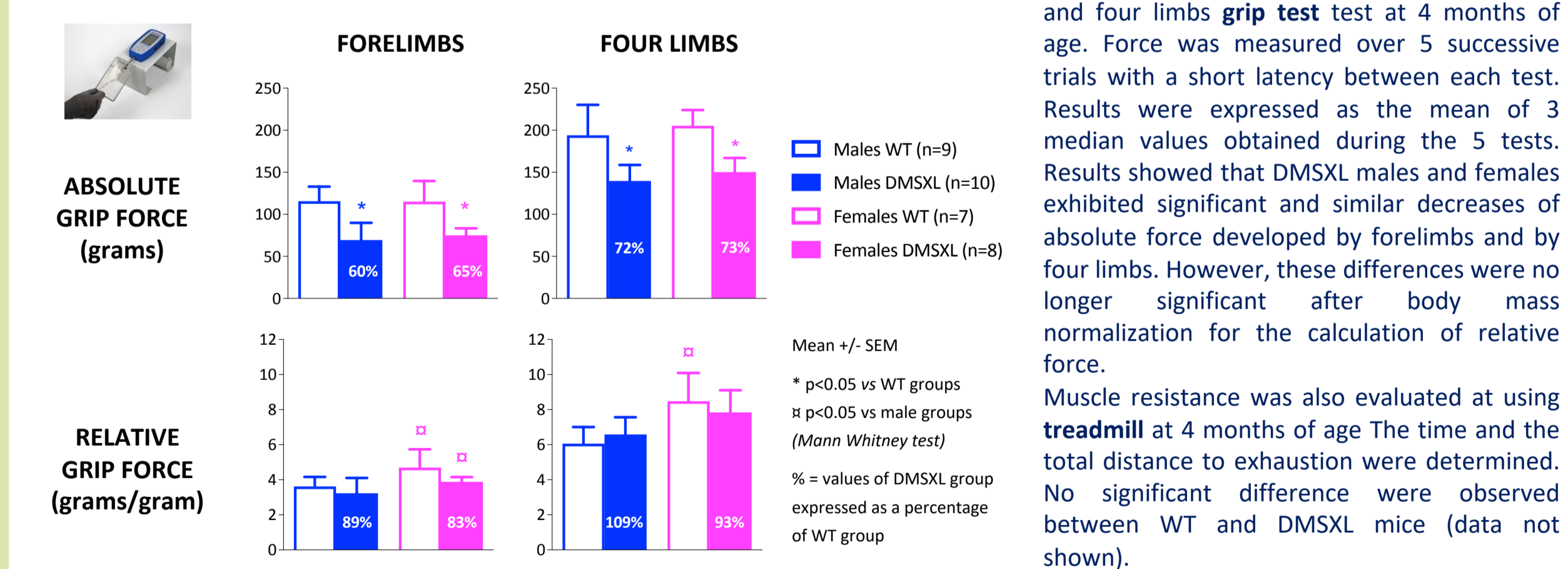
STUDY DESIGN



CLINICAL FOLLOW-UP



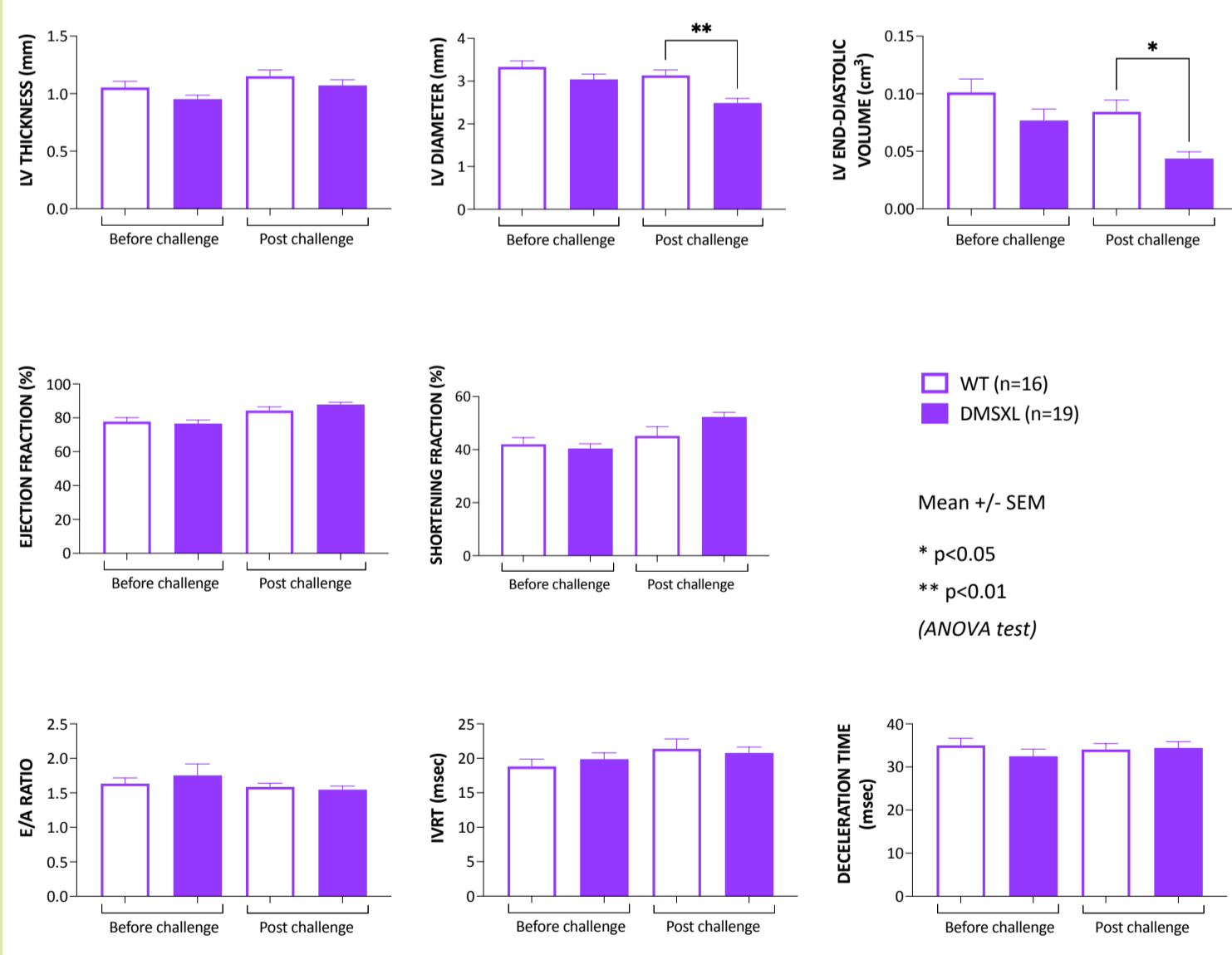
MUSCLE FUNCTION



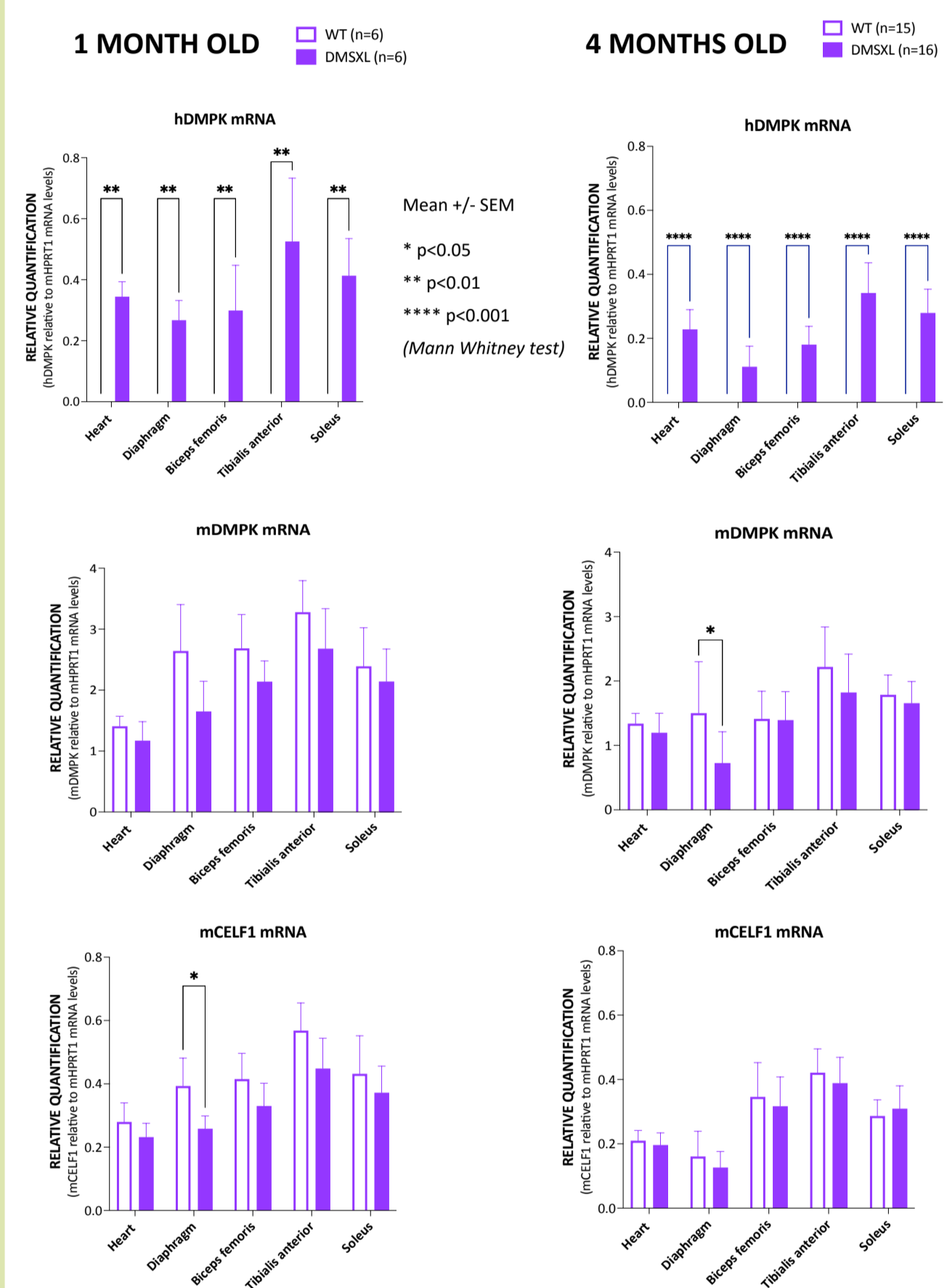
CARDIAC FUNCTION

At 4 months of age, conventional measurement of the electrocardiography (EKG) parameters was performed on anesthetized animals. Classical intervals and segments (P wave, RR interval, PR interval, QT interval, QRS interval) were measured, and compared between the different experimental groups. After basal measurements, animals were submitted to challenge with flecainide (20mg/kg) which acts as a pharmacological stressor of conduction disorders. As the data were similar for males and females, sex-group data were pooled to explore the effect of the genotype. No significant difference were observed between WT and DMSXL mice, whether before or after the flecainide challenge (data not shown).

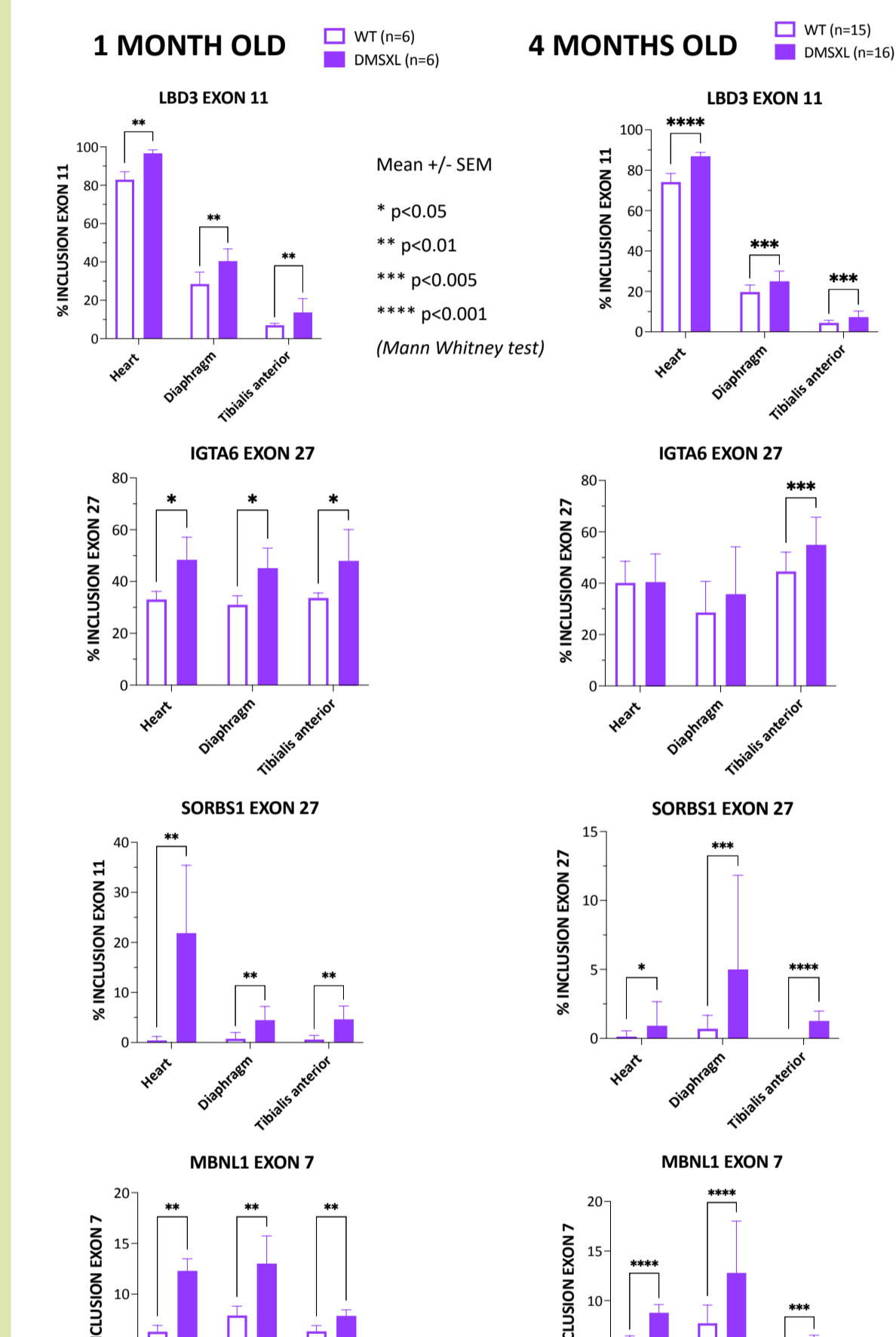
During the same anesthesia, before and after flecainide challenge, 2D-echocardiography and pulsed Doppler was also performed to look for possible structural remodeling (left ventricular thickness, diameter and end-diastolic volume), as well as systolic function (ejection and shortening fractions) and diastolic function (E/A ratio, isovolumetric relaxation time =IVRT, and deceleration time). Again, as the data were similar for males and females, sex-group data were pooled. No modification of the systolic and diastolic functions were observed, whatever the experimental group and condition. However, significant reduction of the left ventricle diameter and end-diastolic volume were observed in the DMSXL animals, suggesting initiation of a structural remodeling in these animals at 4 months old.



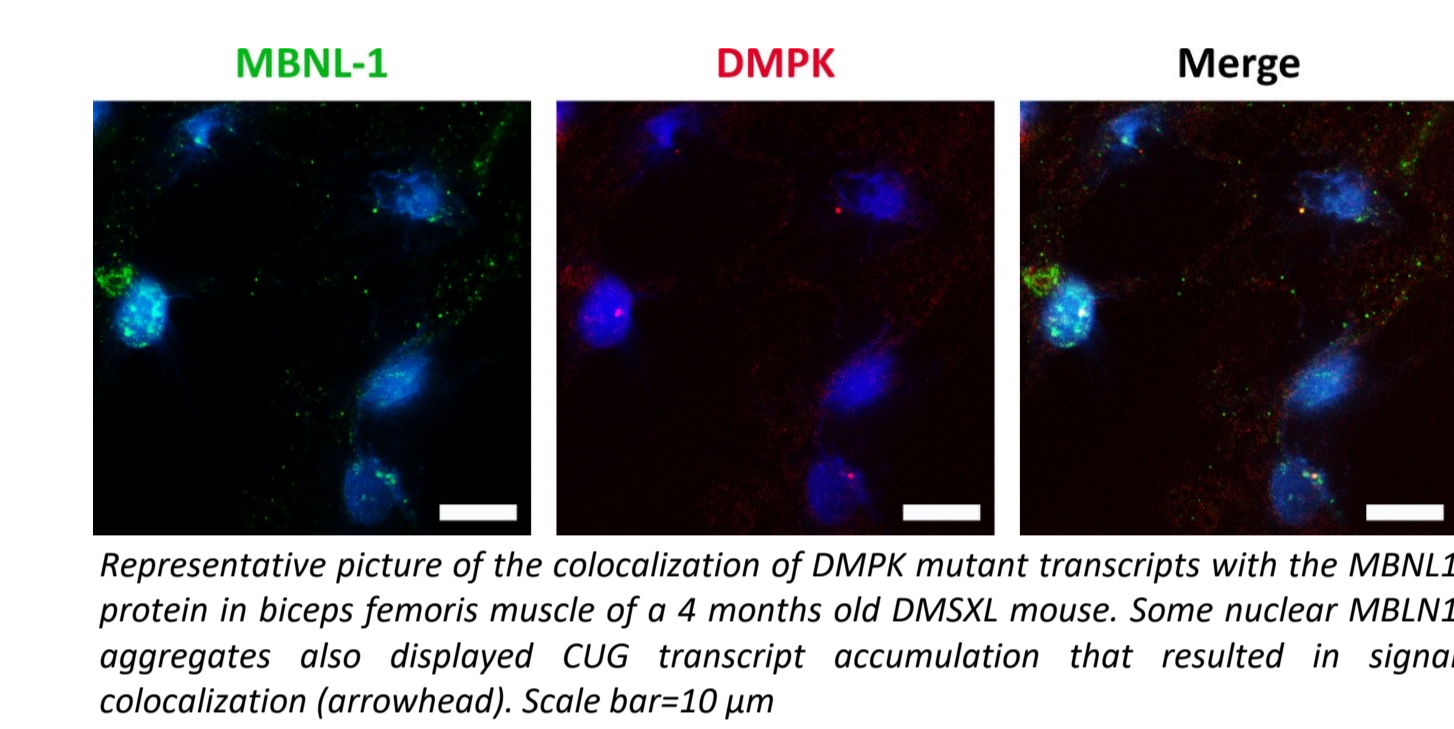
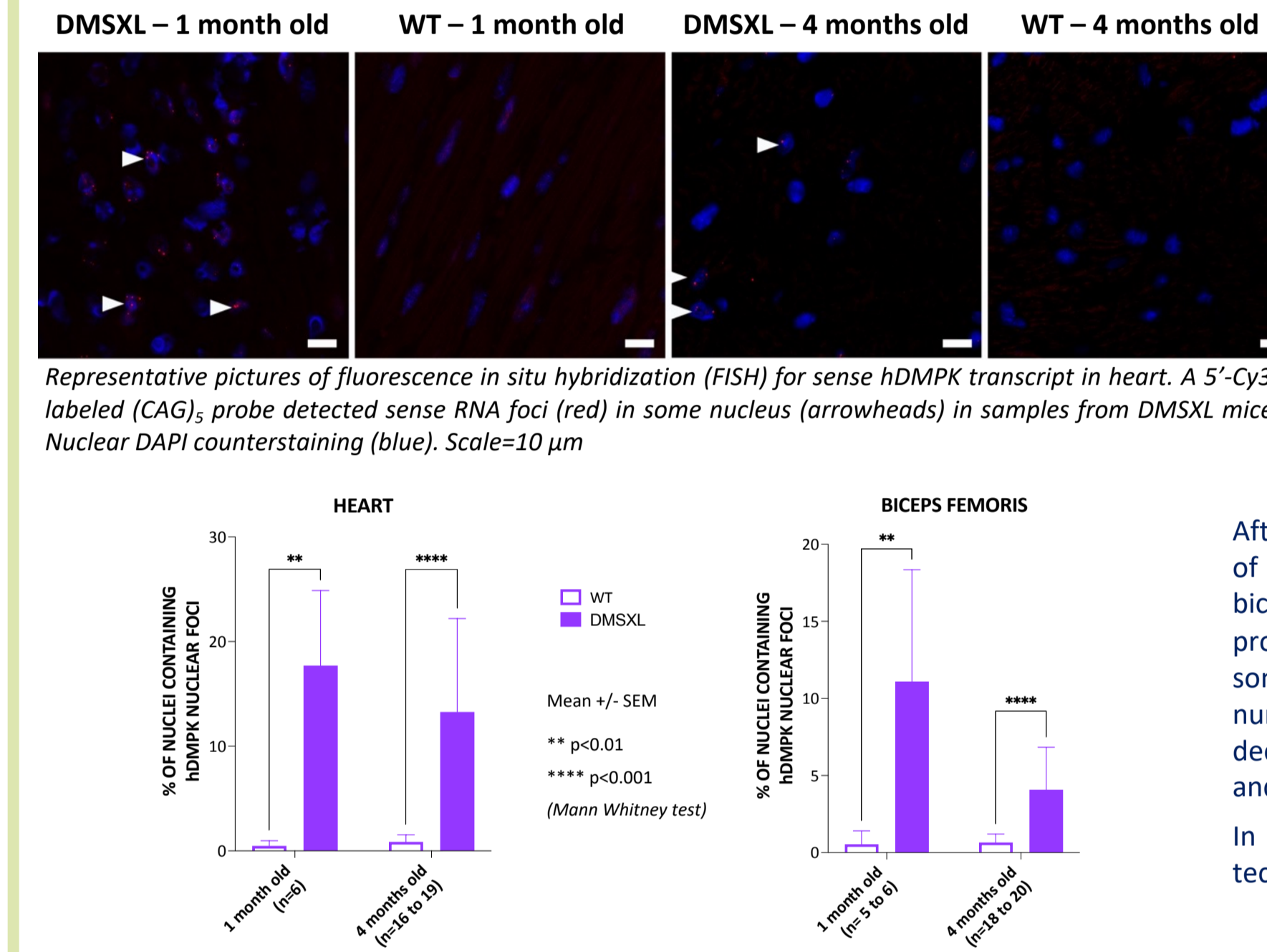
mRNA EXPRESSION LEVELS



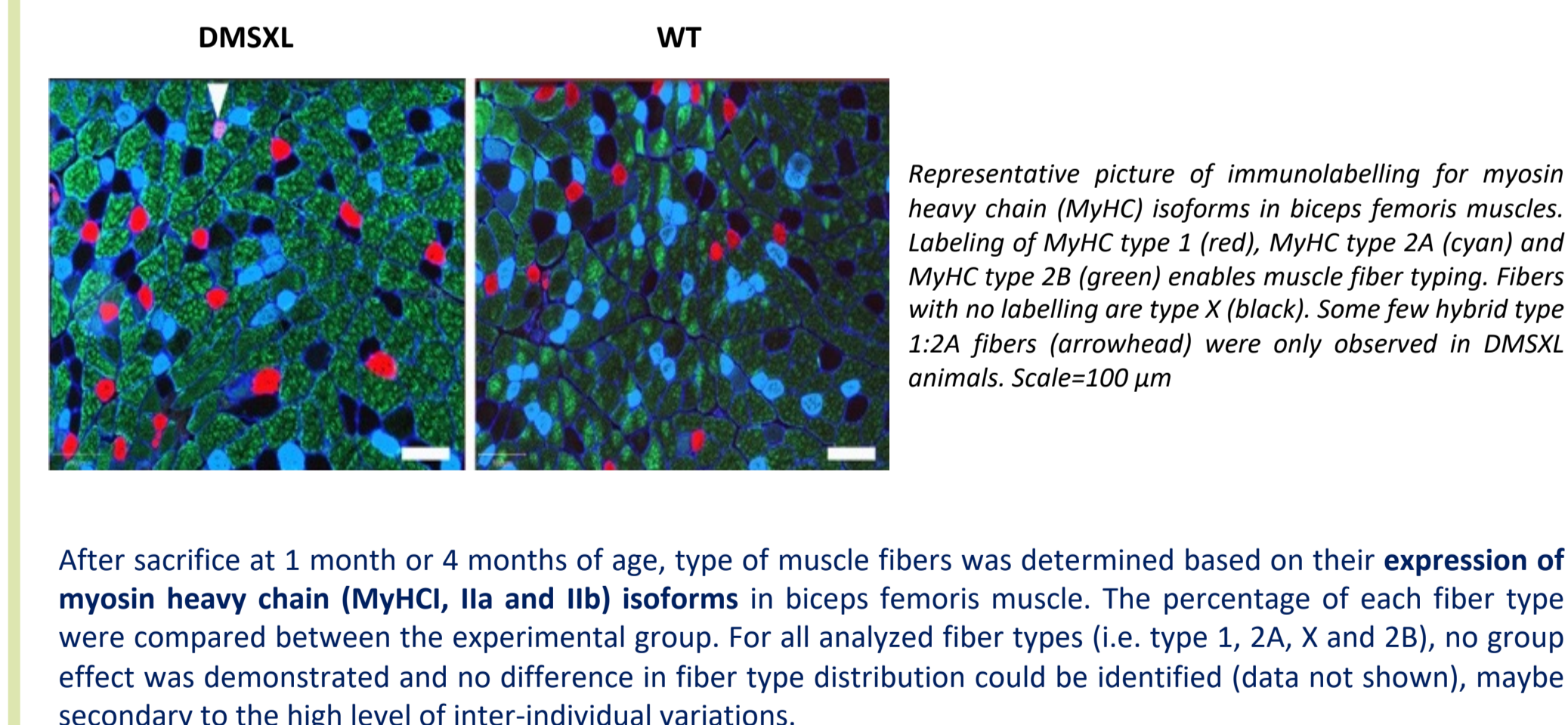
SPLICING DEFECTS



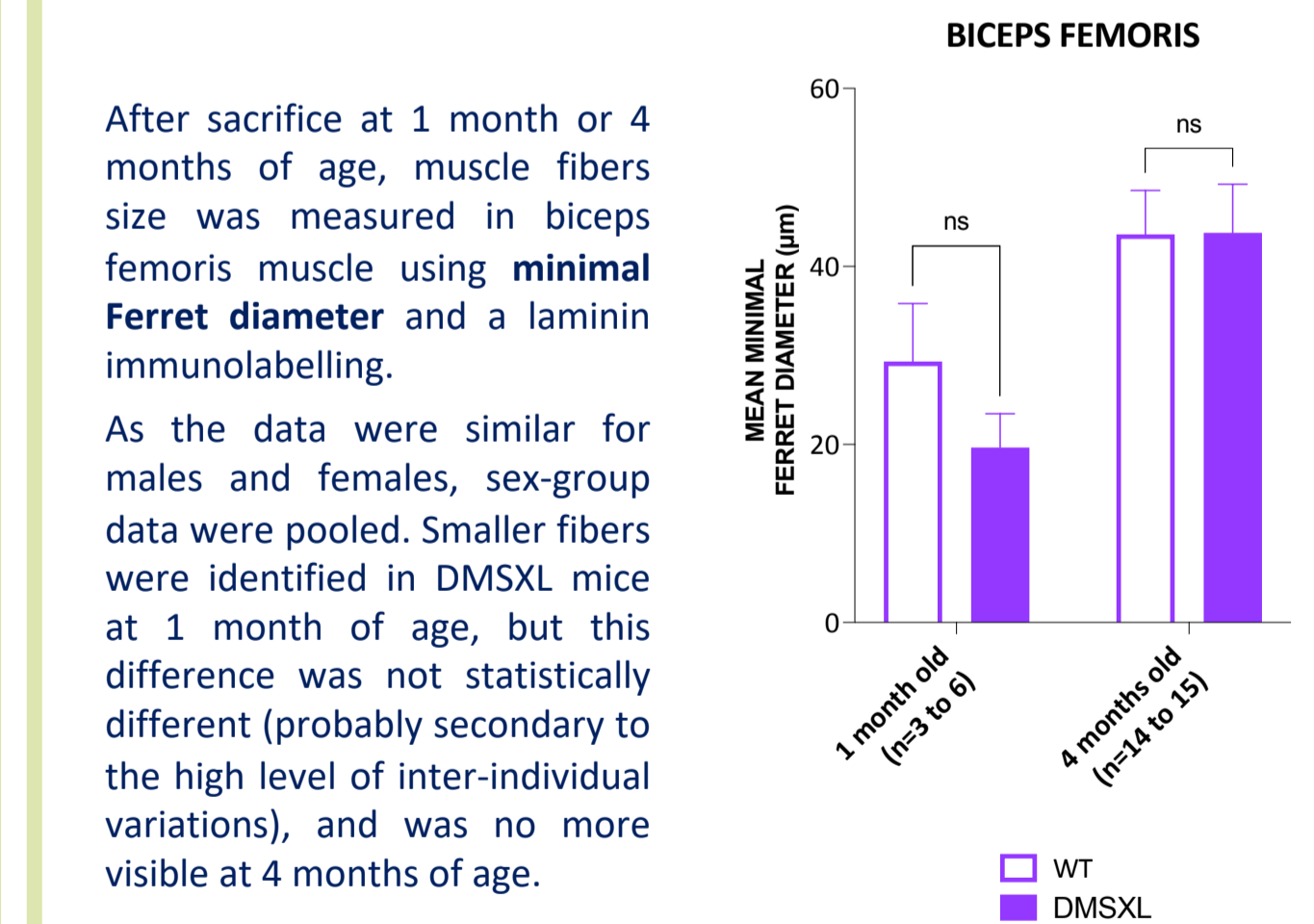
hDMPK NUCLEAR FOCI & MBNL1 COLOCALIZATION



MUSCLE FIBER TYPES



MUSCLE FIBER SIZE



Conclusion

The data obtained in the frame of this study confirm that the DMSXL mouse model exhibits several features of the DM1 pathology at the muscular and cardiac levels. Expression of the mutated human *DMPK* messenger, which contained CUG-repeats, was detected in skeletal muscles and heart at both 1 and 4 months of age. This mutant transcript aggregates as foci in the nuclei of the muscle cells, where sequestration of the MBNL1 protein was also observed. As a consequence, and even if expression of the murine *CELF1* mRNA was not modified, splicing defects of several downstream messengers was shown. Due to high level of inter-individual variations, no clear skeletal muscle histological abnormalities were observed. However, grip force was found reduced in 4 months old DMSXL animals. At the same age, the heart exhibited no EKG abnormalities, but an initiation of structural remodeling. Except for body weights, no gender effect was raised during this study.

All these data will be of importance to design future preclinical studies for the evaluation of the efficacy and safety of different therapeutic products designed to treat DM1 at the muscular and cardiac levels, and using this unique DMSXL mouse model.

