

PRF By The Numbers



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PRF By The Numbers: A Data Sharing Tool

- PRF By The Numbers is a **data sharing tool** originating from The Progeria Research Foundation's programs and services.
- We translate information collected within our programs and services, and develop charts and graphs which track our progress from year to year.
- This allows you to assess where we've been, and the improvements we've made for children with Progeria.

Why Sharing Data Is Essential

- According to the National Institutes of Health:
“data sharing is essential for expedited translation of research results into knowledge, products, and procedures to improve human health.”

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html>

- In other words, everyone benefits by knowing and learning as much as possible about Progeria - the scientific and medical communities, the public, and the children.

PRF By The Numbers...Here's How It Works

- We take raw data collected through our programs and services, remove any personal information to protect the participant, and present it to you in a format that is engaging and informative.
- PRF programs and services include:



The PRF International Registry



The PRF Diagnostics Program



The PRF Cell & Tissue Bank



The PRF Medical & Research Database



PRF Research Grants



Scientific Workshops



Clinical Trial Funding and Participation

Our Target Audience

- PRF By The Numbers is intended for a broad array of users



Families and children with Progeria

The general public and nonscientists of all ages

Scientists

Physicians

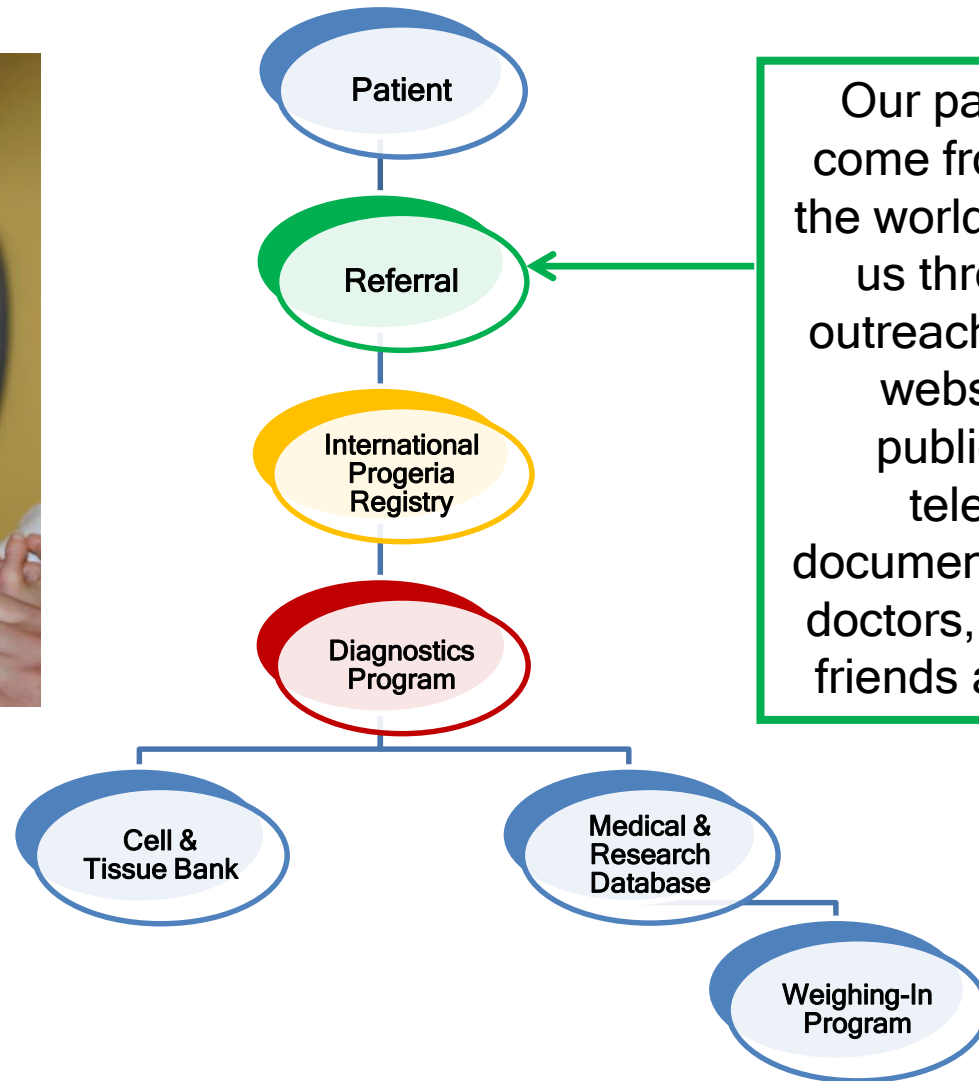
The media

- This means that different types of slides will be of interest depending on who is looking at the information. We have designed this slide set so that you can pull out what is most important to you.
- We love suggestions - if you don't see some facts and figures here that you think would be informative, please let us know at

info@progeriaresearch.org



PRF Programs: It All Starts With The Children



Our participants come from all over the world. They find us through our outreach - the PRF website, our publications, television documentaries, their doctors, neighbors, friends and family.

Collaborations For Success



BROWN
Alpert Medical School



BROWN
School of Public Health



RUTGERS



Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
A Lifespan Partner

PREVENTION > **GENETICS**

DISEASE PREVENTION THROUGH GENETIC TESTING



Boston Children's Hospital
Until every child is well™



National Institutes of Health
Turning Discovery Into Health



uOttawa



BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School

Our Program Collaborators

Our collaborating institutions are crucial to our ability to help children with Progeria. We are extremely grateful for these ongoing partnerships:



Brown University

Location of The PRF Medical & Research Database
Program IRB approval



BROWN
Alpert Medical School

BROWN
School of Public Health



Hasbro Children's Hospital

Location of The PRF Cell & Tissue Bank
Program IRB approval



Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
A Lifespan Partner



PreventionGenetics

CLIA-approved genetic sequence testing



DISEASE PREVENTION THROUGH GENETIC TESTING



Rutgers University Cell and DNA Repository

Lymphoblast generation and distribution



RUTGERS



University of Ottawa

Induced Pluripotent Stem Cell (iPSC)
CLIA-approved generation and distribution



uOttawa

Our Clinical Trial Collaborators

Our collaborating institutions are crucial to our ability to help children with Progeria



Harvard University - Associated Hospitals:
Boston Children's Hospital
Brigham and Women's Hospital
Dana Farber Cancer Institute

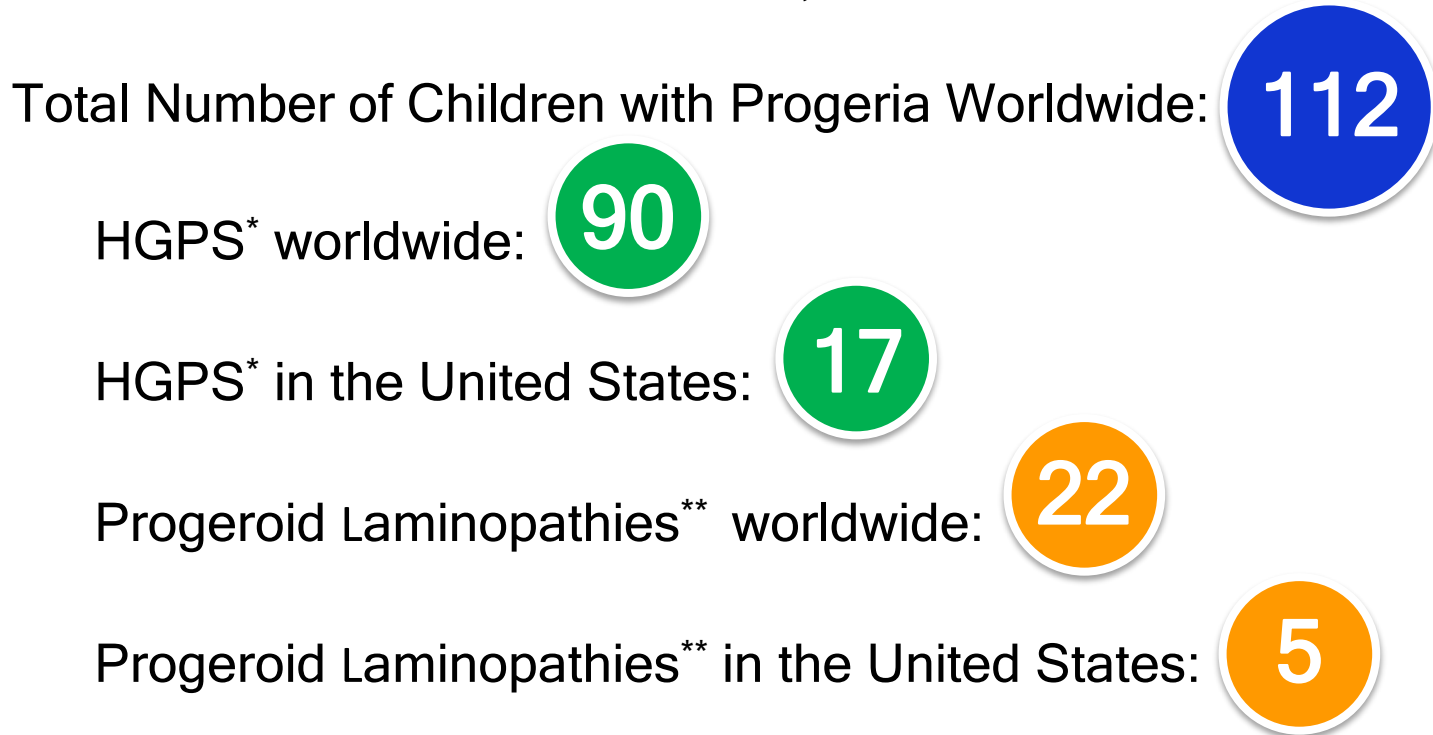


NIH - funded Clinical and Translational Study Unit at Boston Children's Hospital



Number of Living PRF-Identified Cases

As of December 31, 2013:



*Children in the HGPS category have a progerin-producing mutation in the LMNA gene

** Those in the Progeroid Laminopathy category have a mutation in the lamin pathway but don't produce progerin

PRF-Identified Cases Reside In 39 Countries

Argentina	Canada	Denmark	France	Ireland	Korea	Peru	Russia	Sweden	Turkey
Belgium	China	Dominican Republic	Germany	Israel	Libya	Philippines	Senegal	Tajikistan	USA
Brazil	Colombia	Egypt	Guatemala	Italy	Mexico	Poland	Spain	Tanzania	Venezuela
Bulgaria	Czech Republic	England	India	Japan	Pakistan	Portugal	South Africa	Togo	



...and Speak 27 Languages

Arabic	English	Italian	Polish	Swedish	Urdu
Chinese	French	Japanese	Portuguese	Tagalog	Uzbek
Czech	German	Kannada	Russian	Tajik	
Danish	Hebrew	Korean	Spanish	Telugu	
Dutch	Hindi	Marathi	Swahili	Turkish	

прогерии исследовательский фонд

مؤسسة أبحاث الشيخا

早衰症研究基金會

Progeria रिसरच फाउंडेशन



조로증 연구 재단

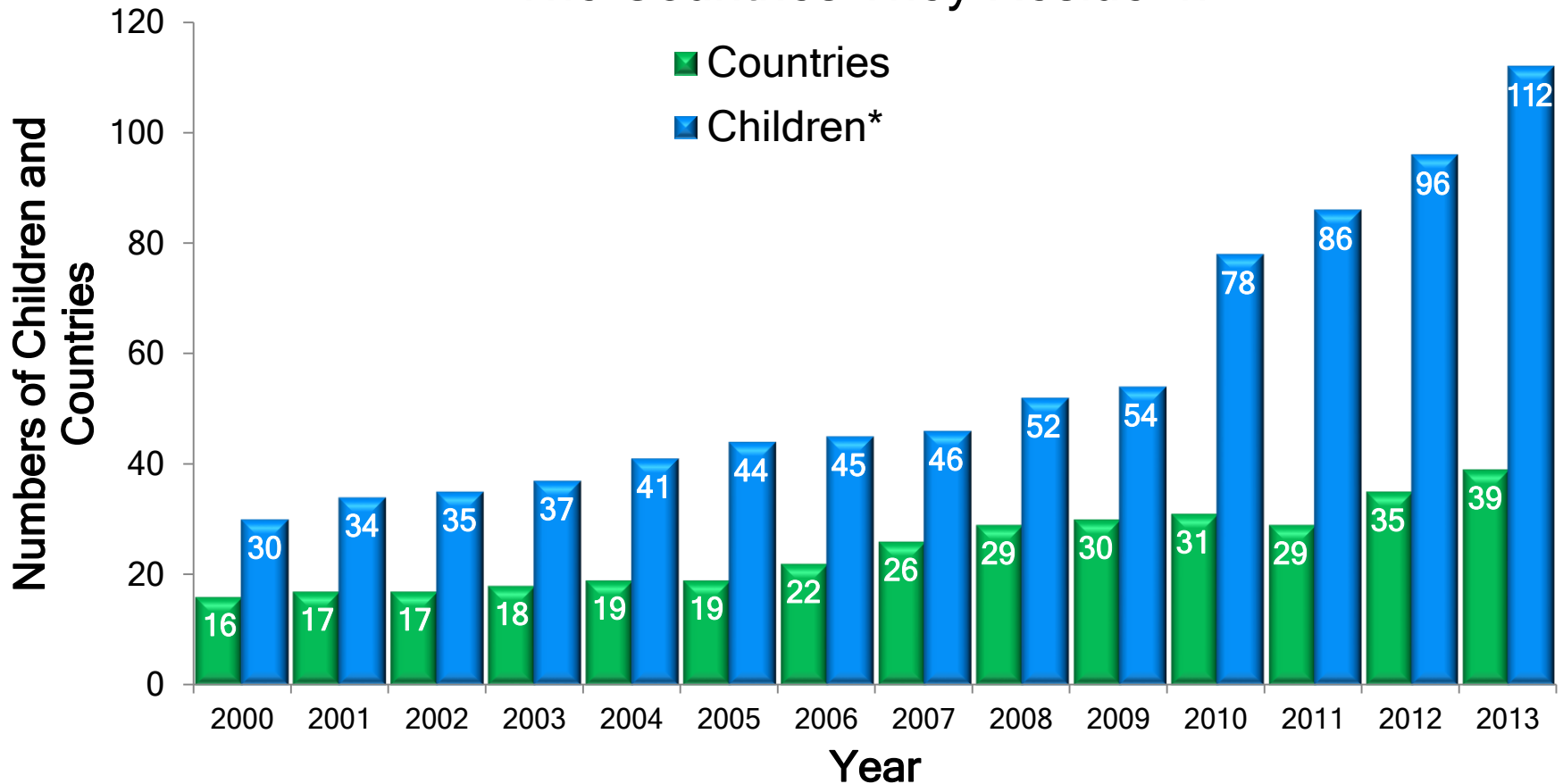
Progeria Araştırma Vakfı

早老症研究財団

బాలుడ బాలిక వయస్సు ముదరుకండానే వృద్ధాప్యరూపంలోనికి వచ్చుట రీసెర్చ్ ఫౌండేషన్

Every Year Our Numbers Grow

Living Children PRF Has Identified with Progeria and The Countries They Reside In*



*When a child passes away, numbers are decreased.

Numbers include those with HGPS and genetically confirmed Progeroid Laminopathies

Tracking Children with Progeria Through Prevalence

- How does PRF estimate how many children we are searching for, and in what countries? We use *population prevalence*.
- Prevalence is the proportion of children with Progeria per total population.

How Prevalence Is Estimated

- At PRF, we use a formula based on the number of children we've identified in the US. We then expand that out to the world population.
- We do this because we have the most complete reporting for the US and since Progeria has no gender, ethnic, or other biases, we assume that the prevalence in the US is the same prevalence in other countries.
- PRF estimates prevalence for years when the official US census provides a reliable population number.

USA Prevalence of Progeria

July 1, 2013 population statistics:



The US population was:

316,159,818 people



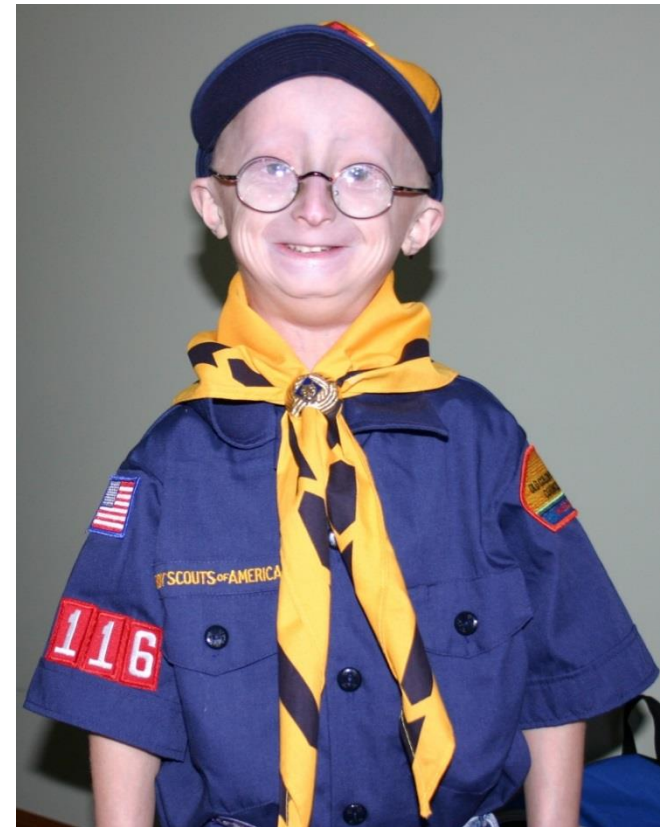
Number of PRF-identified children with Progeria in the US:

17



Prevalence of HGPS in the US:
17 in 316 million is about

1 in 18 million people



Prevalence and World Population of Progeria

Given the current world population, as of July 2013

there are between **350** and **400** children living with Progeria worldwide.



PRF strives to find every child with Progeria because in order to help every child, we must find every child

Using Prevalence To Find Children In A Certain Country

We can now use the total population estimates for any given country, in order to understand whether we have found most or all children in a particular country.

➤ For example, as of July 1, 2013:

 Brazil's population was **201,032,714** people

 Number of children living with Progeria in Brazil is

$201,032,714 / 18,000,000 =$

11



Source Brazil population: http://en.wikipedia.org/wiki/List_of_countries_by_population

International Progeria Registry*

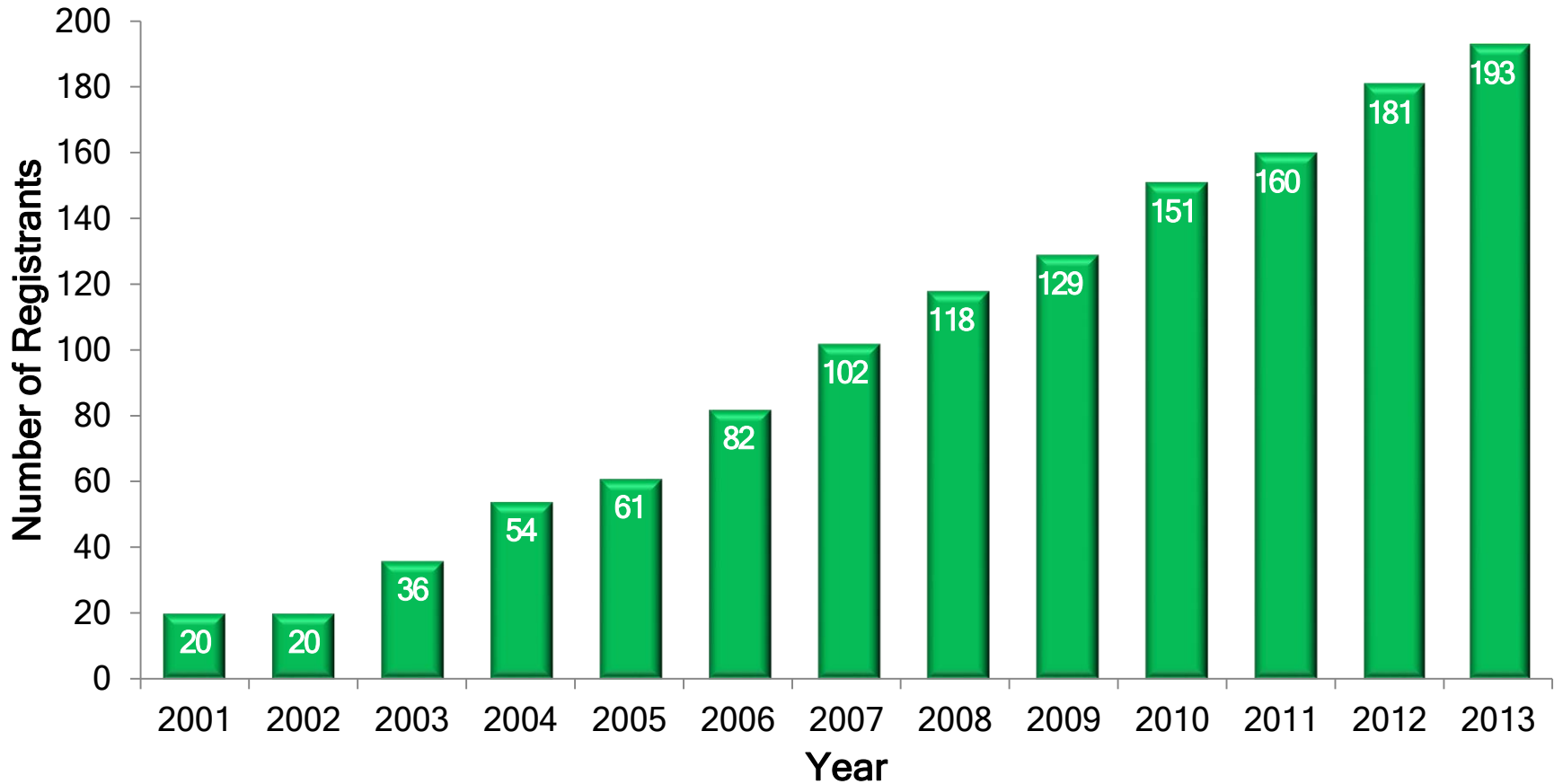
Program Goals:

- Patient identification
- Outreach to patient families and their physicians
- A springboard for program enrollment

Registry forms available at www.progeriaresearch.org/patient_registry

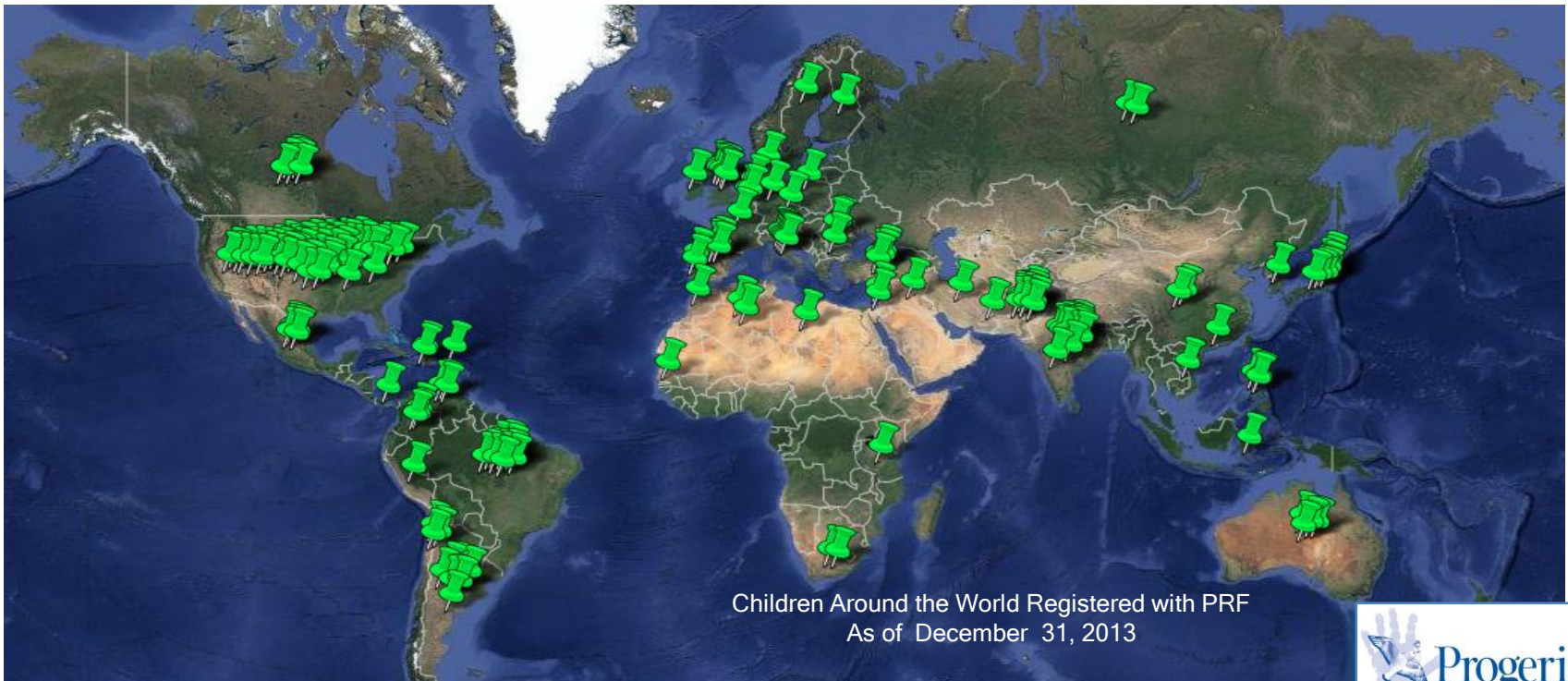
*PRF International Registry includes those with genetically confirmed or clinically suspected Progeria, as well as those with other possible progeroid syndromes

193 Children Have Registered With PRF



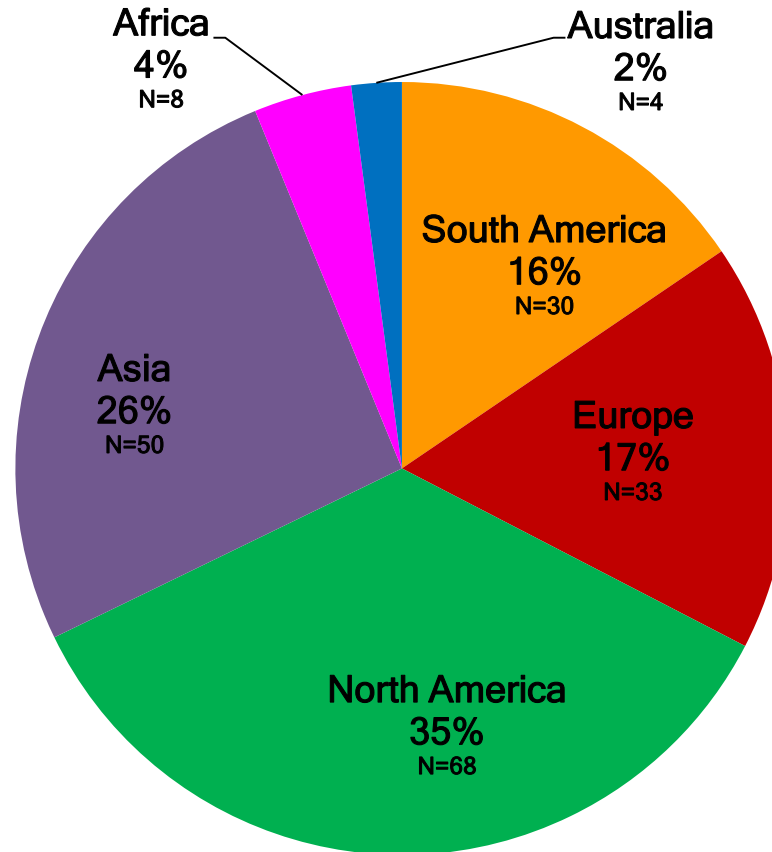
...From 48 Countries

Algeria	Bulgaria	Czech Republic	Finland	Iran	Japan	Panama	Portugal	South Africa	Turkey
Argentina	Canada	Denmark	Germany	Iraq	Libya	Pakistan	Puerto Rico	South Korea	United States
Australia	Chile	Dominican Republic	Hong Kong	Ireland	Mexico	Peru	Romania	Spain	Venezuela
Belgium	China	England	India	Israel	Morocco	Philippines	Russia	Sweden	Vietnam
Brazil	Colombia	France	Indonesia	Italy	Netherlands	Poland	Senegal	Tanzania	



...And All Continents

Participation (%) By Continent



PRF Diagnostics Program

Program Goal:

- Genetic Sequence Testing for Progeria-causing mutations

Pre-requisites for Testing:

- Registration with PRF International Registry
- Possible indications for genetic testing



Proband, prenatal - family history



Proband, postnatal - clinical presentation



Relative of positive proband



Testing information available at

www.progeriaresearch.org/diagnostic_testing

Diagnostics Testing Summary

As of December 31, 2013:

Total Number of Proband Tests Performed* : **111**

HGPS Mutations: **73**

Zmpste24 Mutations: **2**

Non-HGPS LMNA Mutations: **9**

Average Number of Patients Tested Per Year : **10**

All tests are performed in a Clinical Laboratory Improvement Amendments (CLIA) certified facility.

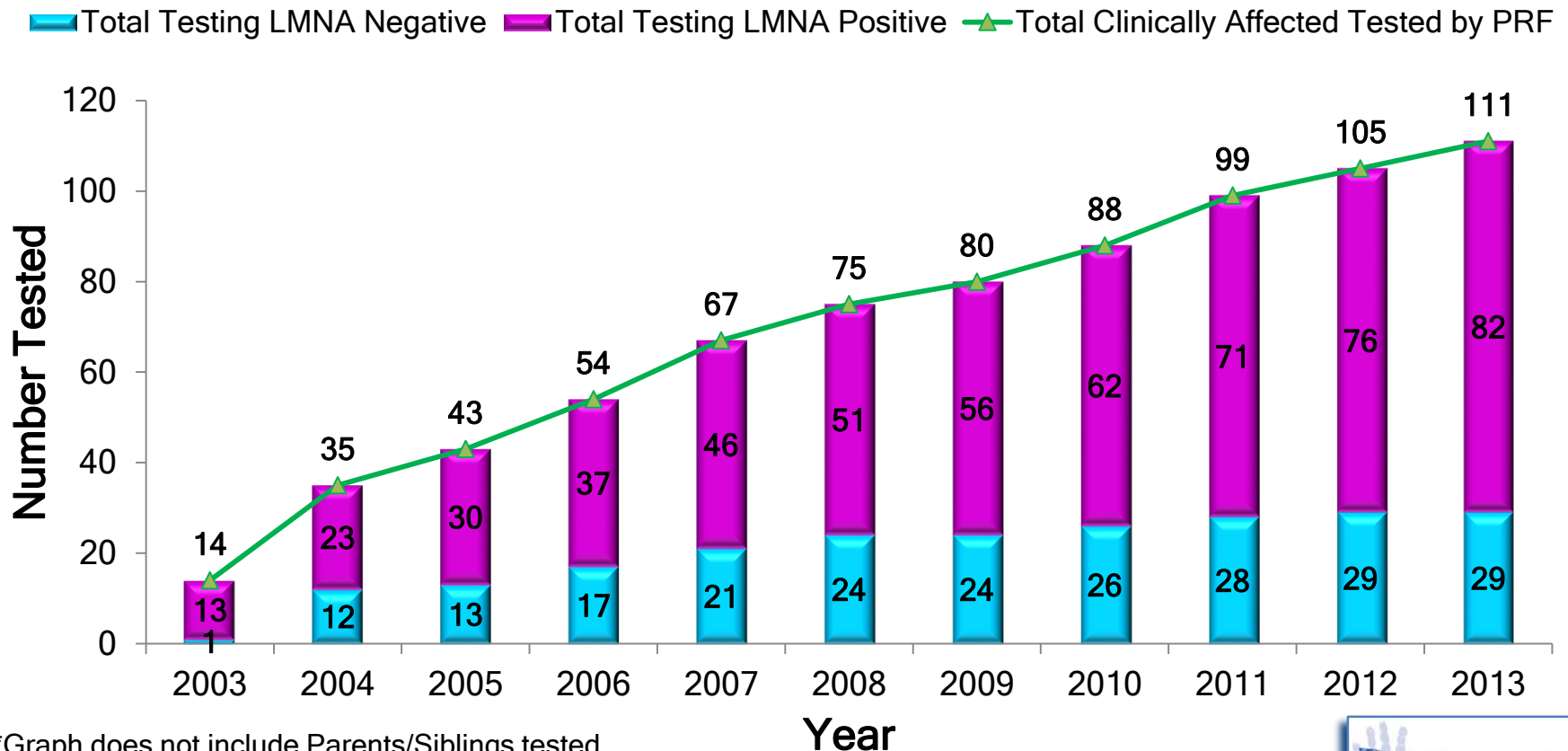
*An individual may have undergone multiple tests

Mutations Identified Through PRF Diagnostics Program

DNA Mutation	Amino Acid Effect	Zygoty	Progerin Producing?	Number Diagnosed
Classic HGPS - LMNA Mutation				
1824 C>T, exon 11	G608G	heterozygous	Yes	62
Non Classic HGPS- LMNA Mutation				
1822 G>A, exon 11	G608S	heterozygous	Yes	4
1821 G>A, exon 11	V607V	heterozygous	Yes	2
1868 C>G, exon 11	T623S	heterozygous	Yes	1
1968+5 G>C, intron 11	-----	heterozygous	Yes	2
1968+1 G>C, intron 11	-----	heterozygous	Yes	2
1968+1 G>A		heterozygous	Yes	1
Progeroid Laminopathy- LMNA Mutation				
1579 C>T, exon 9	A527C	heterozygous	No	1
1579 C>T, exon 9	A527C	homozygous	No	4
1580G>T, exon9	A527L	Homozygous	No	1
1619 T>C, exon 10	M540T	homozygous	No	1
331 G>A, exon 1	G111L	heterozygous	No	1
Progeroid Laminopathy- Zmpste24 Mutation				
1274T>C, exon 10	L425P	homozygous	No	2

Longitudinal Testing Data for PRF Diagnostics Program

Number of Affected Children/Adults Tested and the Number Testing Positive for *LMNA* Gene Mutation*

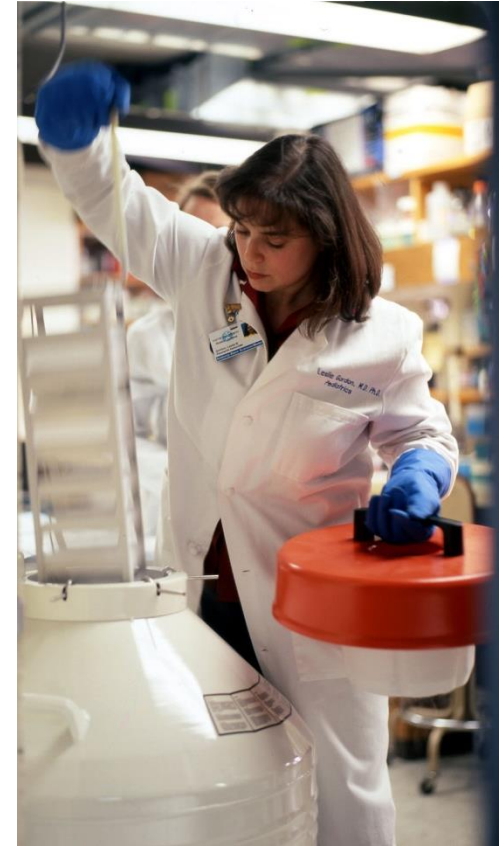


*Graph does not include Parents/Siblings tested

PRF Cell & Tissue Bank

Program Goals:

- Provide a resource for researchers worldwide
- Ensure the sufficient availability of genetic and biological materials essential for research aimed at understanding the pathophysiology of disease and the links between Progeria, aging and heart disease
- Obtain long-term clinical data



Resource information available at: [www.progeriaresearch.org/cell tissue bank](http://www.progeriaresearch.org/cell_tissue_bank)

PRF Cell & Tissue Bank Holdings

As of December 31,2013:

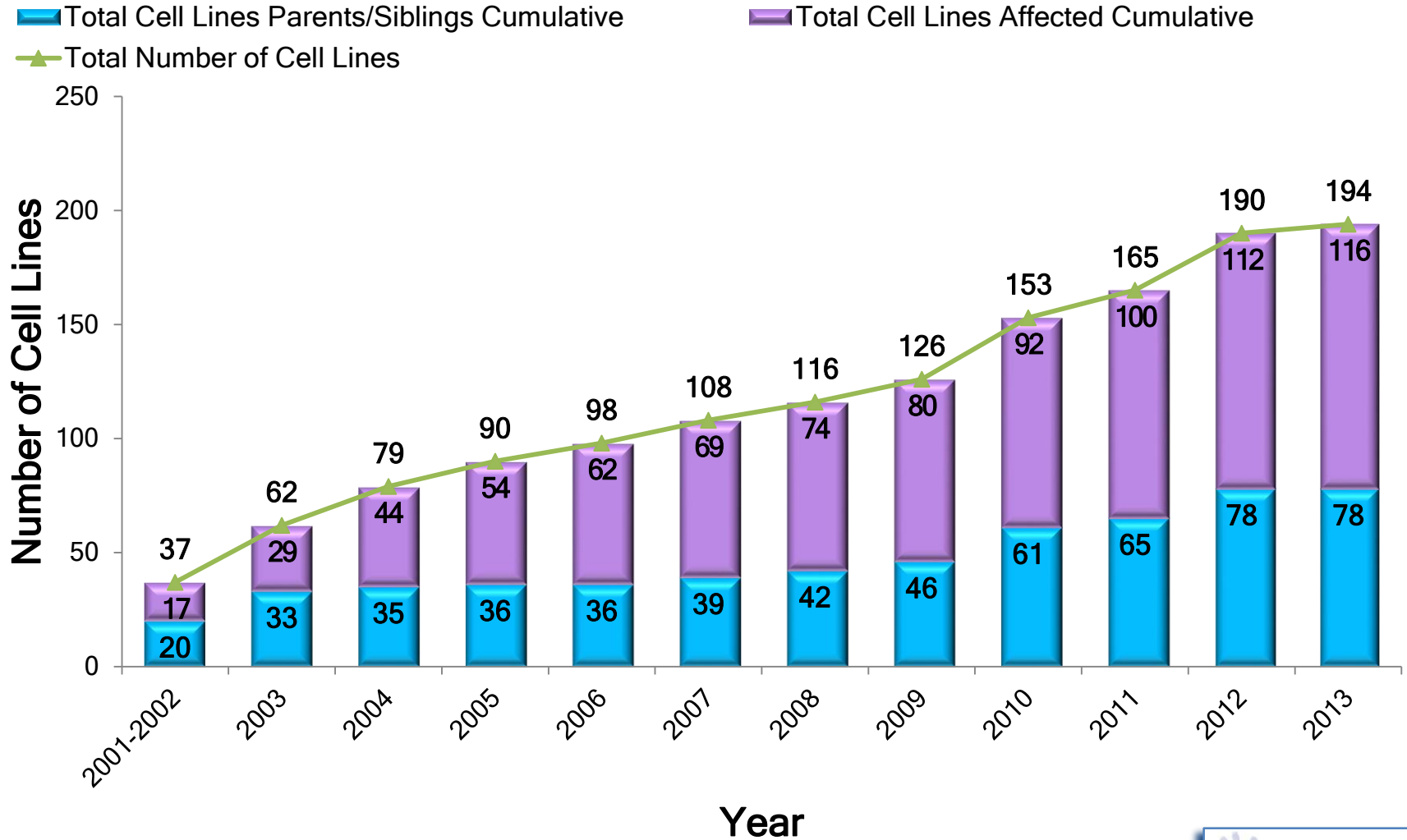
Total Number of Cell Lines: **194** From **185** Donors

- 67** Dermal Fibroblast Lines from **46** affected, **21** parents and **0** siblings
- 118** Lymphoblast Lines from **65** affected, **45** parents and **8** siblings
- 9** Induced Pluripotent Stem Cell Lines from **2** affected and **2** parents

Mutations Available in PRF Cell & Tissue Bank

DNA Mutation	Amino Acid Effect	Zygoty	Progerin Producing?	Cell Type DFN=Dermal Fibroblast LBV= Lymphoblast
Classic HGPS - LMNA Mutation				
c.1824 C>T, exon 11	p.G608G	heterozygous	Yes	DFN, LBV, iPSC
Non Classic HGPS- LMNA Mutation				
c.1822 G>A, exon 11	p.G608S	heterozygous	Yes	DFN, LBV
c.1821 G>A, exon 11	p.V607V	heterozygous	Yes	DFN
c.1868 C>G, exon 11	p.T623S	heterozygous	Yes	LBV
c.1762 T>C, exon 11	p.C588R	heterozygous	No	DFN
c.1968+5 G>C, intron 11	-----	heterozygous	Yes	DFN
c.1968+1 G>A, intron 11	-----	heterozygous	Yes	LBV
c.1968+2 T>A	-----	heterozygous	Yes	DFN
c.1968+2 T>C	-----	heterozygous	Yes	DFN
c.973 G>A, exon 6	p.A325A	heterozygous	No	DFN
Progeroid Laminopathy- LMNA Mutation				
c.1579 C>T, exon 9	p.A527C	heterozygous	No	LBV
c.1579 C>T, exon 9	p.A527C	homozygous	No	LBV
c.1580 C>T, exon 9	p.A527L	Homozygous	No	LBV
c.1619 T>C, exon 10	p.M540T	homozygous	No	DFN
c.331 G>A, exon 1	p.G111L	heterozygous	No	DFN, LBV
Progeroid Laminopathy- Zmpste24 Mutation				
c.1274 T>C, exon 10	p.L425P	homozygous	No	DFN, LBV
c.743 C>T, exon 6 & c.1349 G>A, exon 10	p.P248L p.T450S	heterozygous	No	DFN

Number Of Cell Lines By Year



PRF Cell & Tissue Bank Distribution

As of December 31, 2013:

60

Research Teams From

14

Countries Have Received

349 Cell Lines

61 DNA Samples

34 Types of Tissues



Senescent Progeria
Fibroblasts in Culture

USA Cell & Tissue Bank Recipients



Bruce Blazar	University of Minnesota	Mary Patti C. Ronald Kahn	Joslin Diabetes Center
Ted Brown	NYS Institute for Basic Research in Developmental Disabilities	Michele Olive & Betsy Nabel Earl Stadtman & Gabriela Viteri	National Heart, Lung and Blood Institute
Kan Cao	University of Maryland	Tom Misteli Christin Hanigan & Ana Robles	National Cancer Institute
Judy Campisi	Buck Institute	Shridar Ganesan V Ginjala	University of Medicine & Dentistry of NJ
Francis Collins	National Human Genome Research Institute	Abhimanyu Garg	University of Texas Southwestern Medical Center
Lucio Comai	University of South California	Thomas Glover	University of Michigan Medical School
Adrienne Cox Channing Der Kohta Ikegami Jason Lieb	University of North Carolina at Chapel Hill	Robert Goldman	Northwestern University
Greg Crawford	Duke University Medical Center	Susana Gonzalo	St. Louis School of Medicine
John Sedivy Antonei Csoka Marc Tatar	Brown University	John Graziotto & Dmitri Krainc	Massachusetts General Hospital
Kris Dahl	Carnegie Mellon University	Tom Wight	Hope Heart Institute
George Daley Harith Rajagopalan Andrew Sonis	Boston Children's Hospital	Vishwanath R. Iyer	University of Texas at Austin
Junko Oshima	University of Washington	Jan Lammerding	Harvard University
Stephen Doxsey Timothy Kowalik Jeanne Lawrence	University of Massachusetts Medical School	Bryce Paschal	University of Virginia
		Bryan Toole & Joan Lemire	Tufts University School of Medicine
		Jeffrey Miner	Washington University
		Dylan Taatjes	University of Colorado
		Steve Warren	Emory University School of Medicine
		Yue Zou	East Tennessee State University

International Cell & Tissue Bank Recipients

Thomas Dechat	Medical University of Vienna	
Michael Speicher	Medical University of Graz	
Neale Ridgway	University of Halifax	
William Stanford	University of Toronto	
J. El Molto	Molecular World, Inc	
Gerardo Ferbeyre	Université de Montréal	
Robert Hegele	University of Western Ontario	
Lynne Cox	University of Oxford	
Nicolas Levy	Génétique Médicale et Développement, Faculté de Médecine de la Timone	
Annachiara DeSandre-Giovannoli	Laboratoire de Génétique Moléculaire, Hôpital d'Enfants La Timone	
Michael Walter	University of Münster	
Karima Djabali	TU-Munich	
Zhongjun Zhou	University of Hong Kong	
Kirsztian Kvell	University of Pecs	
Yosef Gruenbaum	The Hebrew University of Jerusalem	
Chiara Lanzuolo	CNR Institute of Cellular Biology & Neurobiology	
Giovanna Lattanzi	ITOI-CNR Unit of Bologna	
Marco Foiani	Istituto FIRC di Oncologia Molecolare	
Amit Kumar		
Alex Zhavoronkov	Federal Clinical Research Centre for Pediatric Hematology, Oncology and Immunology	
Maria Eriksson	Medicinsk Naringslara	
Vicente Andres Garcia	Centro Nacional de Investigaciones Cardiovasculares	
Lino Ferreira	Center for Neuroscience and Cell Biology (CNC)	

PRF Medical & Research Database

Program Goals:

- Collect the patient health records for living and deceased children with Progeria
- Obtain long-term clinical data
- Abstract data for longitudinal and cross-sectional analyses
- Better understand the clinical disease process in Progeria and aging related diseases
- Develop treatment strategies and recommendations for health care professionals and families



How The PRF Medical & Research Database Works

- Project staff obtain the patient's medical records and film studies from birth throughout the participant's lifespan.
- Medical records include visits to: primary care physicians, specialty physicians, hospital emergency rooms, hospital admissions, dentists, physical therapy, occupational therapy and school health records.
- Retrospective data abstraction protocol allows for specifically targeted or broad spectrum of data.

Enrollment information available at: www.progeriaresearch.org/medical_database

Medical & Research Database Participation

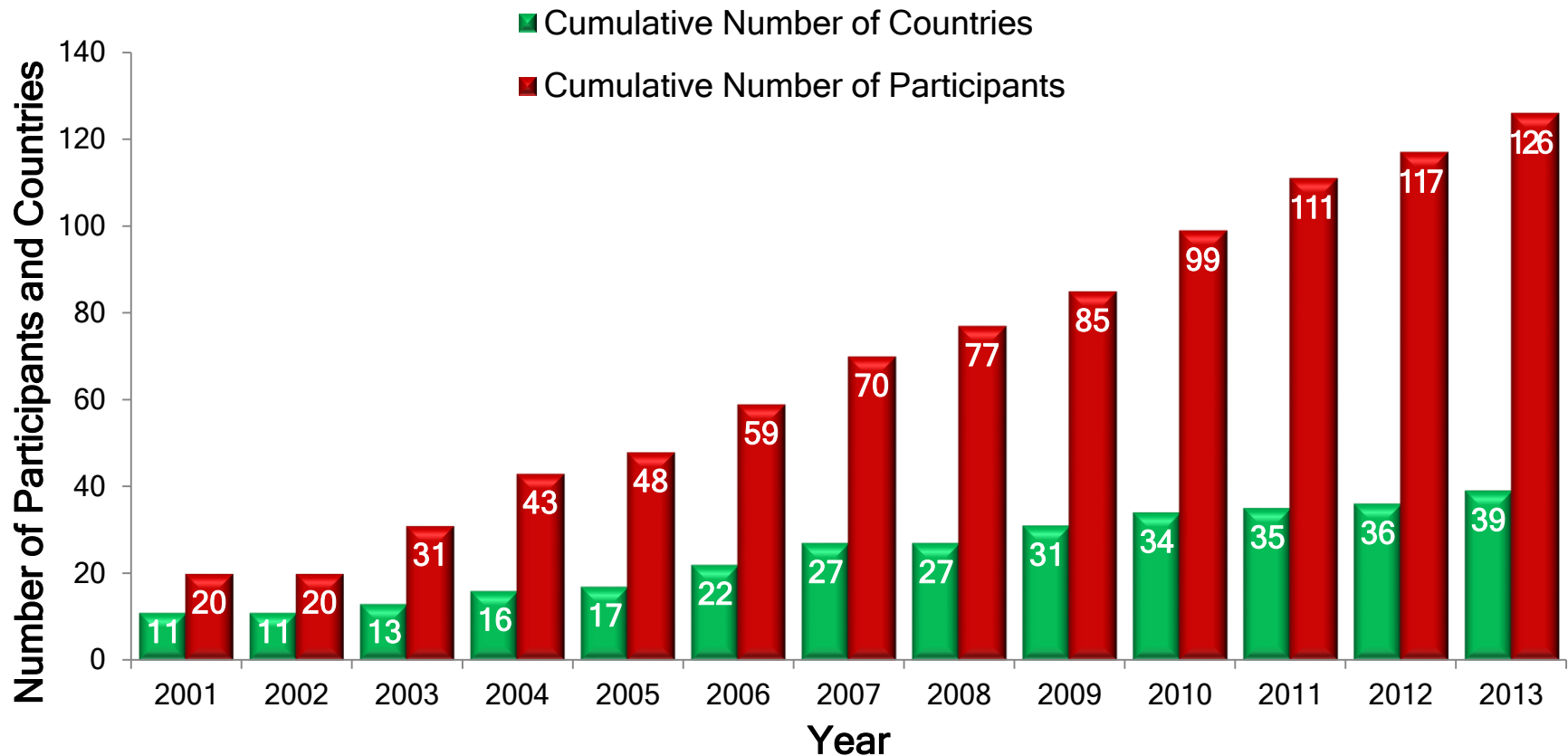
126 Participants are enrolled from **38** countries and **1** US territory

Argentina	Chile	England	Ireland	Mexico	Philippines	Senegal	Tanzania
Australia	Colombia	France	Israel	Morocco	Poland	South Africa	Turkey
Belgium	Denmark	Germany	Italy	Netherlands	Portugal	South Korea	United States
Brazil	Dominican Republic	India	Japan	Pakistan	Puerto Rico	Spain	Venezuela
Canada		Indonesia	Libya	Peru	Romania	Sweden	Vietnam



Database Longitudinal Enrollment

Children Enrolled in The PRF Medical & Research Database and the Countries of Residence



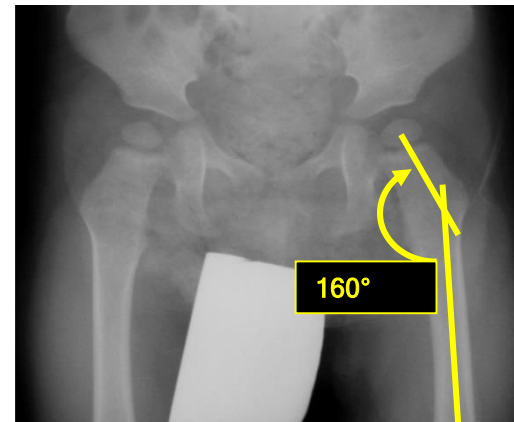
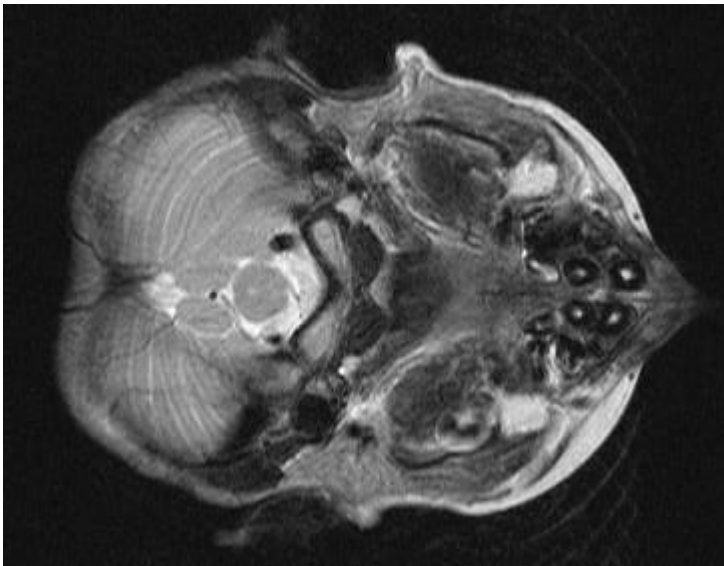
Types Of Data Collected

➤ Participants with Medical Records Reports:

91

➤ Participants with Radiology Studies:

53



PRF Weighing-In Program

- A sub-program of The PRF Medical & Research Database
- Collects weight-for-age data prospectively:
 - ✎ Home scale provided by PRF
 - ✎ Parents weigh child weekly or monthly
 - ✎ Report weights electronically

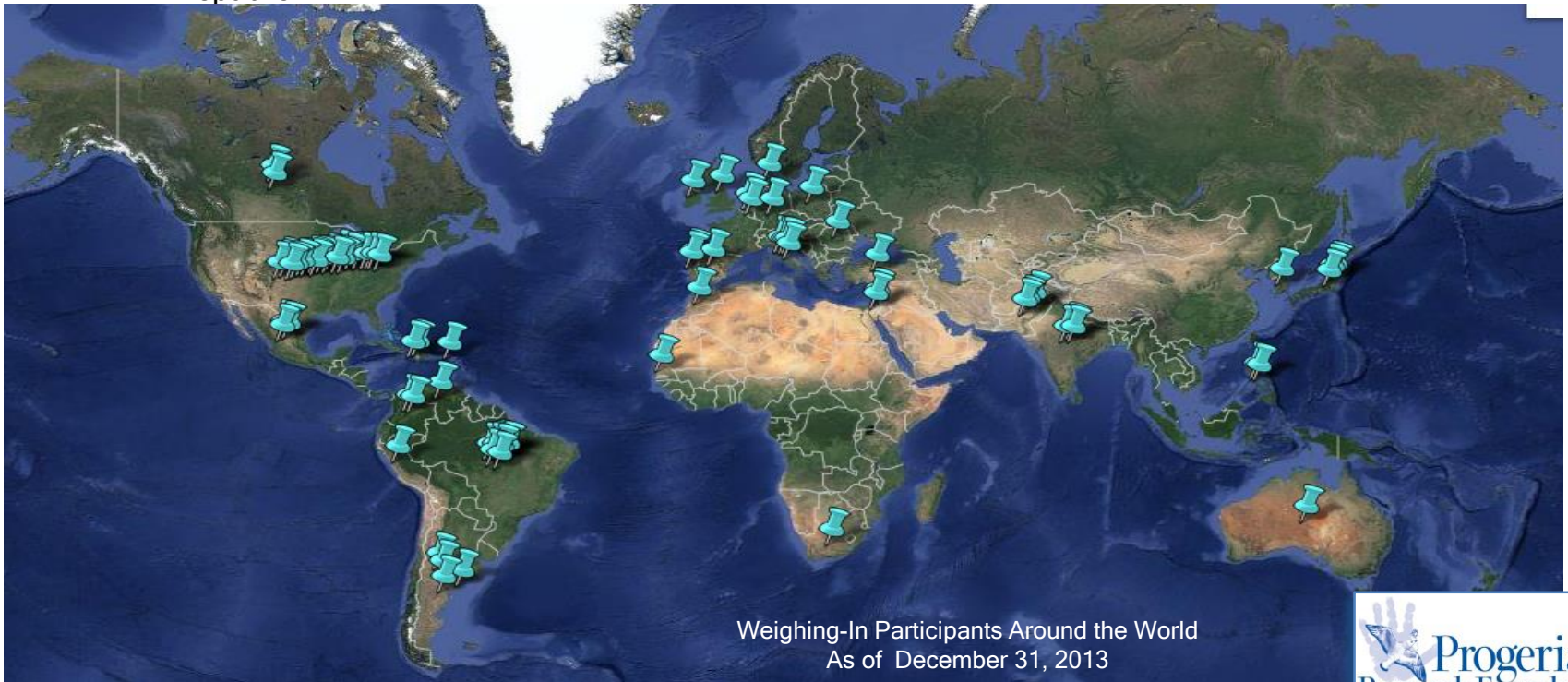


Weighing-In Program Participation

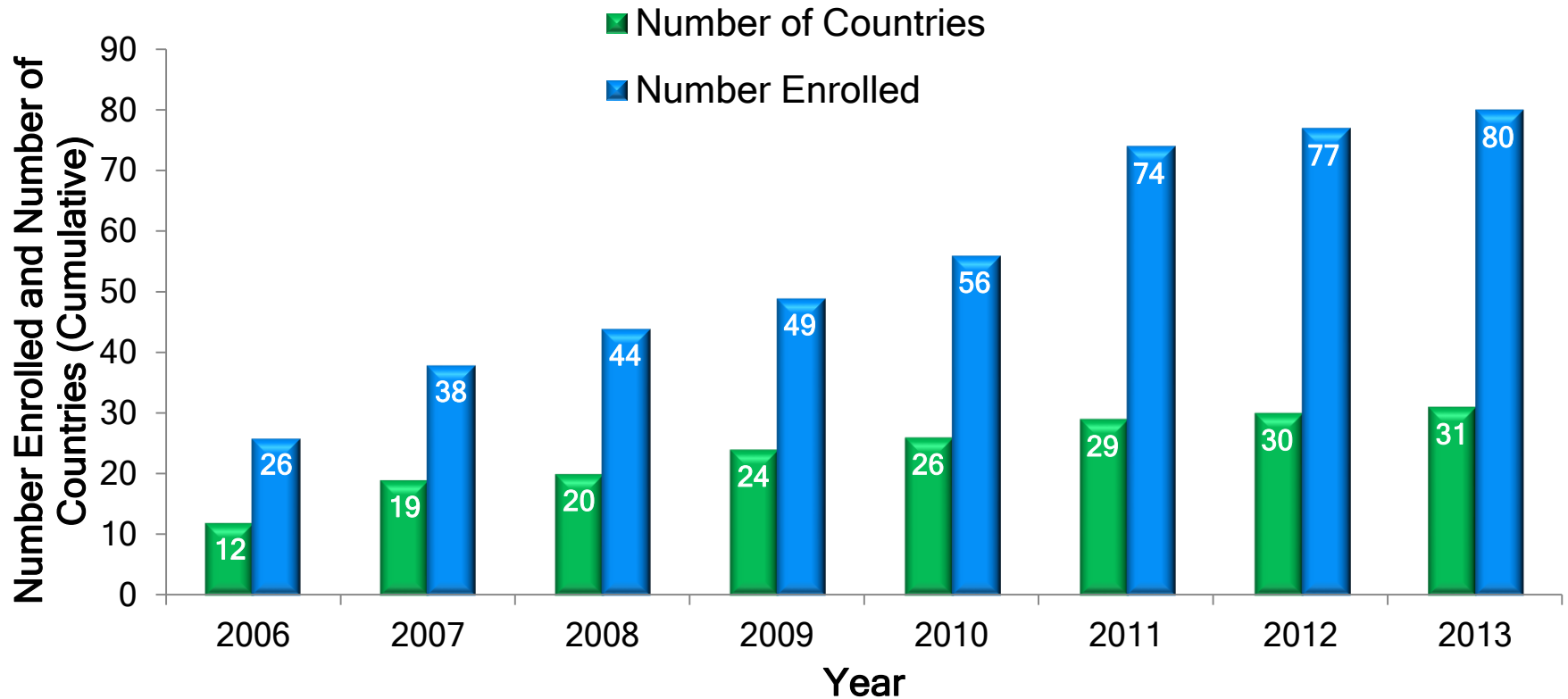
80

Participants are enrolled from **30** countries and **1** US territory

Argentina	Canada	England	Israel	Morocco	Poland	Senegal	Turkey
Australia	Colombia	Germany	Italy	Pakistan	Portugal	South Africa	United States
Belgium	Denmark	India	Japan	Peru	Puerto Rico	South Korea	Venezuela
Brazil	Dominican Republic	Ireland	Mexico	Philippines	Romania	Spain	

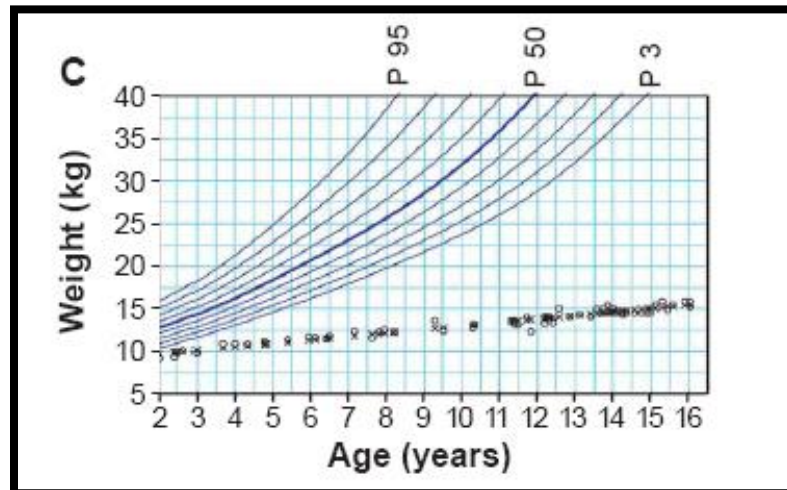


Participants Enrolled In The PRF Weighing-In Program and Countries of Residence



Clinical Trials And The Weighing-In Program

- Data from this program were key in the development of primary outcome measure for the first drug treatment trial for Progeria.
- As of December 31, 2013, **45** children from The PRF Weighing-In Program have entered clinical treatment trials using this data.



Failure to Thrive Starts Towards End of Year One

PRF Grants Program

Program Goals:

- Attract high level researchers to the field of Progeria
- Foster high quality publications
- Stimulate novel research that will lead to larger grants from other resources such as NIH, Ellison Foundation, and others
- Provide ability for researcher to thrive in the field
- Foster researchers of interest to PRF's mission

Grants program information available at
www.progeriaresearch.org/research_funding_opportunities

PRF Medical Research Committee

Volunteer MRC Reviews Grant Applications Semi-annually



Back Row (L to R): Tom Misteli, PhD; Judy Campisi, PhD; Christine Harling-Berg, PhD;
Leslie Gordon, PhD, MD; Ted Brown, MD, PhD
Front Row (L to R): Frank Rothman, PhD; Tom Glover, PhD; Bryan Toole, PhD (chair)
Not Pictured : Monica Kleinman, MD

PRF Granting Structure

➤ Innovator Awards:



2 years, up to \$75,000 per year



Allows an investigator to embark on new areas and produce enough preliminary data to compete for longer-term funding by NIH and/or other agencies.

➤ Established Investigator Awards:



Up to 3 years, up to \$100,000 per year.



For senior investigators established either in the field of Progeria or a field that can be directly applied to Progeria

➤ Specialty Awards:



Funding amounts and lengths flexible



For smaller, technology-driven projects, e.g., sequencing, drug screening, obtaining cell lines, antibody preparation, animal models, other

Grant Funding Rates And Topics

As of December 31, 2013, The PRF funding rate is **50.5%**

- Since inception, **117** grant applications received and **54** funded
- PRF has funded **51** researchers from **34** labs in **10** countries

 Lamina A, progerin, Lamin B in HGPS and aging

 Genetics and nuclear function

 Preclinical Drug Therapy

 Molecular Abnormalities and Therapies

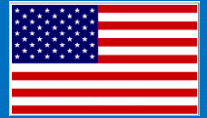
 Vascular Pathology

 Mouse Models

 Stem Cell Investigations and Therapy











 Clinical Trials

USA PRF Grantees



GRANTEE NAME	INSTITUTION	GRANTEE NAME	INSTITUTION
Jemima Barrowman Katherine Wilson	Johns Hopkins University	Joan Lemire	Tufts University School of Medicine
Ted Brown	The Institute for Basic Research in Developmental Disabilities	Jason Lieb	University of North Carolina
Kan Cao	National Institutes of Health University of Maryland	Monica Mallampalli Susan Michaelis	The Johns Hopkins School of Medicine
Christopher Carroll	Yale University	Thomas Misteli	National Cancer Institute
Lucio Comai	University of Southern California	Junko Oshima	University of Washington
Kris Dahl	Carnegie Mellon University	Bryce Paschal	University of Virginia
Karima Djabali	Columbia University	John M. Sedivy	Brown University
Loren Fong	UCLA	Michael Sinensky	East Tennessee State University
Michael Gimbrone	Brigham & Women's Hospital	Brian Snyder	Beth Israel Hospital
Thomas W. Glover	University of Michigan	Dylan Taatjes	University of Colorado
Robert Goldman Dale Shumaker	Northwestern University	Jakub Tolar	University of Minnesota
Leslie B. Gordon	Tufts University School of Medicine Brown University	Katherine Ullman	University of Utah
John Graziotto	Massachusetts General Hospital	Thomas Wight	Benaroya Research Institute
Brian Kennedy	Buck Institute for Research on Aging	Stephen Young	UCLA
Jan Lammerding	Cornell University	Yue Zou	East Tennessee State University

International PRF Grantees

GRANTEE NAME	INSTITUTION	
Vincente Andres Garcia	Centro Nacional de Investigaciones Cardiovasculares	
Thomas Dechat	Medical University of Vienna	
Maria Eriksson	Karolinska Institute	
Evgeny Makarov	Brunel University	
Gerardo Ferbeyre	Université de Montreal	
Zhongjun Zhou	University of Hong Kong	
Anthony Weiss	University of Sydney	
William Stanford	University of Toronto	
Samuel Benchimol	York University, Toronto	
Colin Stewart Vandana Ramachandran	Institute of Medical Biology	

PRF Scientific Meetings

Meeting Goals:

- To promote collaboration between basic and clinical scientists toward progress in Progeria, cardiovascular, and aging research

PRF has held **11** international scientific meetings



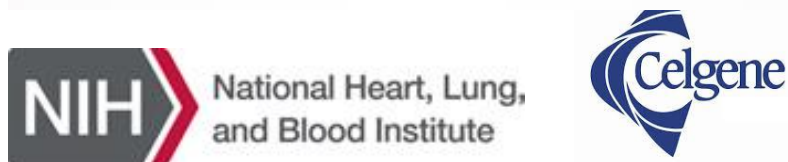
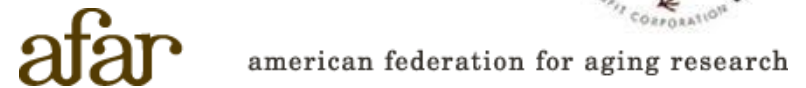
2010 PRF Workshop

7 Workshops Promoting Global Interest In Progeria, Cardiovascular Disease And Aging

These are large multi-day workshops open to all scientists. Clinical and basic researchers spend intense days sharing data and planning new collaborations for progress towards treatments and cure.

Various NIH Institutes have funded all **7** workshops through R13 and other granting mechanisms

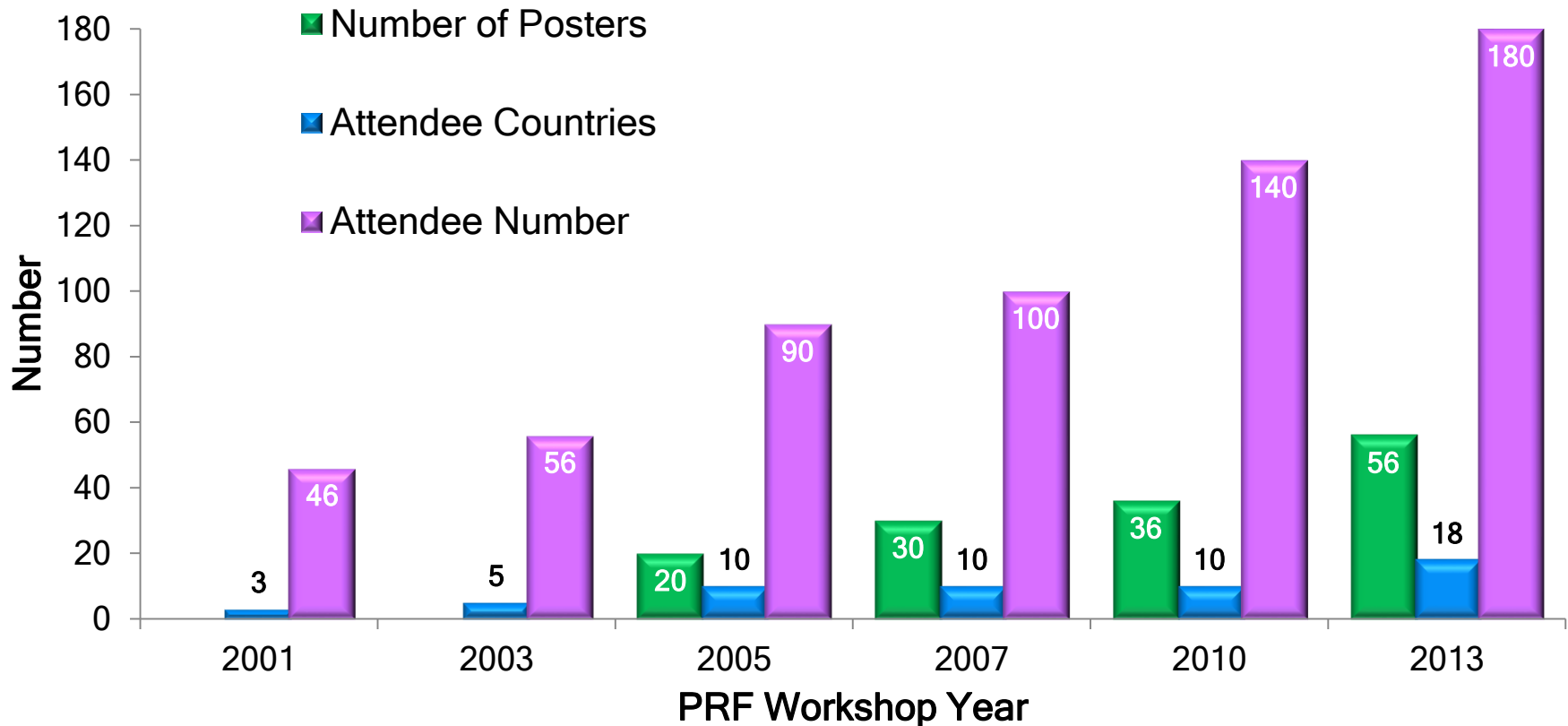
Other organizations have also generously sponsored workshops



THE MAX AND VICTORIA DREYFUS FOUNDATION





Growth of Global Interest In PRF Workshops



4 Subspecialty Scientific Meetings

Small, focused meetings designed to promote and support work in areas of high interest for Progeria

 First Genetics Consortium Meeting - “Searching for the Progeria Gene”, August 23, 2002 , Brown University, Providence, RI

 Second Genetics Consortium Meeting - “Post-gene Discovery”, July 30, 2003, Bethesda, MD

 Bone Marrow Transplant Meeting - “Forging Ahead by Exploring Potential Treatments”, April 25-26, 2004, National Institutes of Health , Bethesda, MD

 New Frontiers in Progeria Research (2011), Boston, MA



Scientific Publications

As of December 31, 2013:

38

Scientific articles have been published citing PRF Cell & Tissue Bank resources:



Publication list at www.progeriaresearch.org/cell_tissue_bank

23

Scientific articles have been published citing The PRF Medical & Research Database:



Publication list at www.progeriaresearch.org/medical_database

6

Scientific articles have been published from clinical trial data



See slide #64

Progeria Clinical Care Handbook

The Progeria Handbook. A Guide for Families & Health Care Providers of Children with Progeria. *The Progeria Research Foundation*. Leslie B. Gordon (editor) 2010.



Provided in English, Spanish and Portuguese

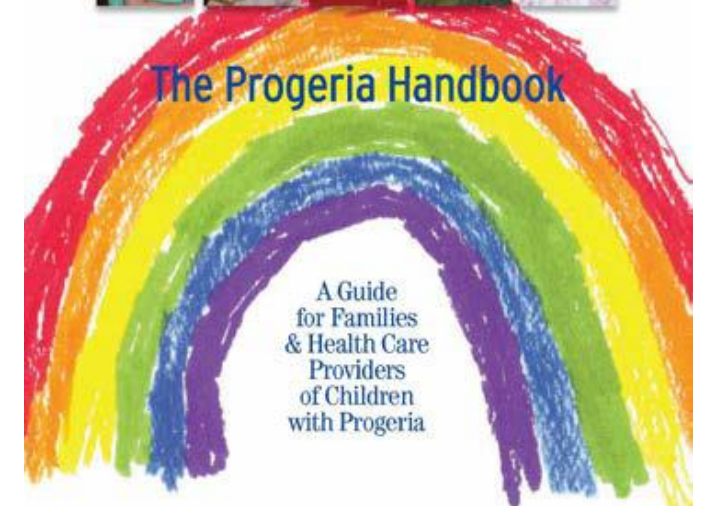


Expert contributors from Boston Children's Hospital



Number of Progeria Care Handbooks distributed to families of those with Progeria and their care givers:

446



NIH Natural History Study

- From 2005-2006, PRF participated in an NIH/NHGRI sponsored natural history study that included **15** children with Progeria conducted at the NIH Clinical Research Center.

Goal: to understand the disease processes that drive Progeria.



The NEW ENGLAND
JOURNAL of MEDICINE

Phenotype and Course of Hutchinson-Gilford Progeria Syndrome
Merideth et al, NEJM, 2008, vol 358, 592-604

NIH Clinical Center
NATIONAL INSTITUTES OF HEALTH

genome.gov
National Human Genome Research Institute
National Institutes of Health

 Progeria
Research Foundation

NIH Natural History Study Publications

As of December 31, 2013:



Phenotype and course of Hutchinson-Gilford progeria syndrome. Gordon LB, Clauss S., Sachdev V, Smith AC, Perry MB, Brewer C, Zalewski C, Kim J., Soloman B, Brooks BP, Gerber LH, Turner ML, Domingo DL, Hart TC, Graf J, Reynolds JC, Gropman A, Yanovski JA, Gerhard-Herman M, Collins FS, Nabel EG, Cannon RO 3rd, Gahl WA, Introne WJ. *New England J. Med.*, 2008 Feb 7;358(6):592-604.

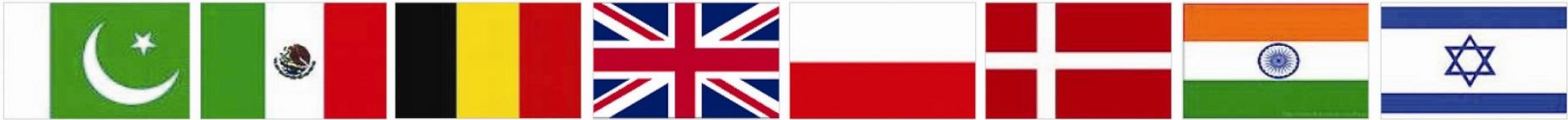


Hutchinson-Gilford progeria syndrome: oral and craniofacial phenotypes. Domingo DL, Trujillo MI, Council SE, Merideth MA, Gordon LB, Wu T, Introne WJ, Gahl WA, Hart TC. *Oral Dis.* 2009 Apr;15(3):187-195. Epub 2009 Feb 19.



Otologic and Audiologic Manifestations of Hutchinson-Gilford Progeria Syndrome. Guardiani E, Zalewski C, Brewer C, Merideth M, Introne W, Smith AC, Gordon L, Gahl W, Kim HJ. *Laryngoscope.* 2011 Oct; 212(10):2250-2255.

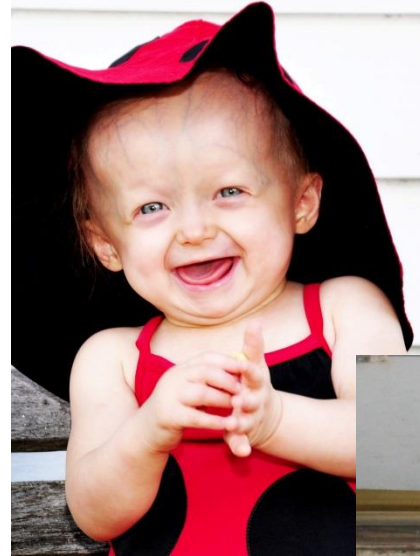
PRF-Funded Clinical Treatment Trials



Clinical Drug Treatment Trials

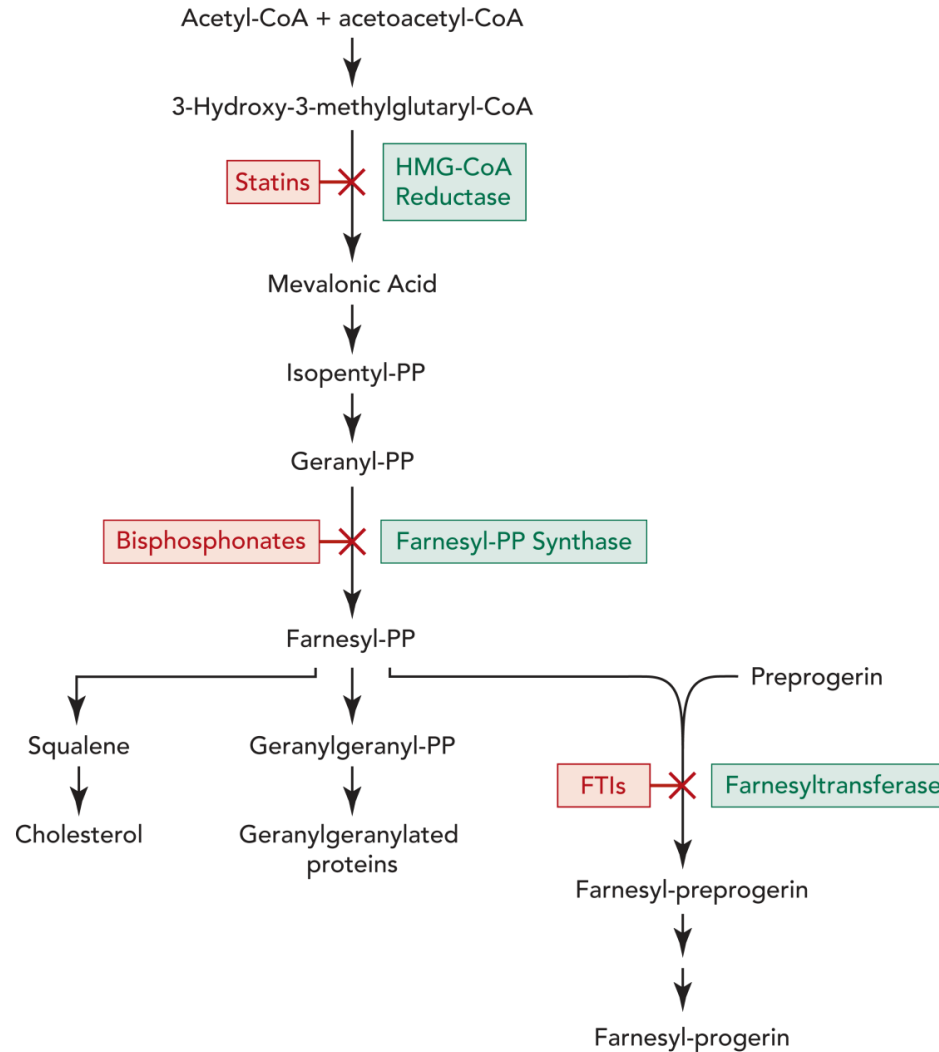
Goals:

- To define the natural history of HGPS in quantifiable terms that will expand our ability to measure treatment outcome
- To assess the safety of new treatments for HGPS
- To measure effects of treatments for children with HGPS on disease status, changes in health, and survival



Current Therapeutic Intervention Strategies

Medications That Inhibit Farnesylation of Progerin



PRF Has Funded 3 Clinical Treatment Trials



Year	Drug	Phase	Location	#	Countries
2007-2010	Lonafarnib	2	Boston	28	17
2009	Lonafarnib & Pravastatin & Zoledronate	1/2	Boston	5	1
2009-2013	Lonafarnib & Pravastatin & Zoledronate	2	Boston	45	24



Treatment Trial Collaborations For Success

➤ The children are seen by physicians from:

 Boston Children's Hospital




 Dana-Farber Cancer Institute



 Brigham and Women's Hospital



➤ Data were also generated by scientists from:

 Alpert Medical School at Brown University



 Brown University School of Public Health



 University of California Los Angeles



 National Human Genome Research Institute



 Schering-Plough Research Institute



➤ Lonafarnib generously provided by Merck



Clinical Treatment Trial Efficacy Results

Lonafarnib, a type of farnesyltransferase inhibitor (FTI) is our first treatment for Progeria.

➤ Results showed improvement in:



Rate of weight gain



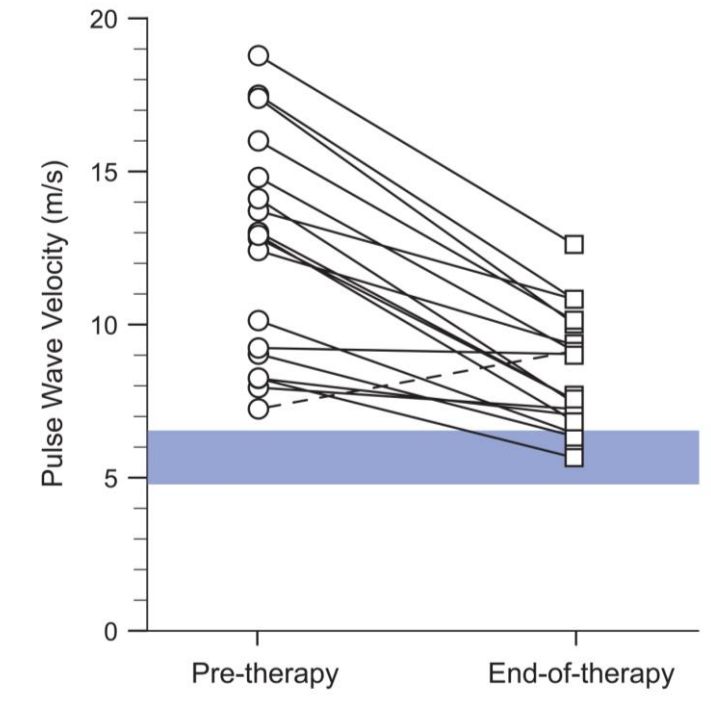
Increased vascular distensibility



Improved bone structure









Better neurosensory hearing



Gordon et al, PNAS, 2011

Clinical Treatment Trial Publications

As of December 31, 2013:

-  **Dermatology:** Initial Cutaneous Manifestations of Hutchinson-Gilford Progeria Syndrome - *Pediatric Dermatology*, 2013, in press.
-  **Drug Effect:** Neurologic Features of Hutchinson-Gilford Progeria Syndrome after Lonafarnib Treatment - *Neurology*, 2013, 81:427-430.
-  **Drug Effect:**, Clinical Trial of a Farnesyltransferase Inhibitor in Children with Hutchinson-Gilford Progeria Syndrome, Gordon et al, *Proceedings of the National Academy of Sciences*, 2012 Sep 24.
-  **X-ray:** A Prospective Study of Radiographic Manifestations in Hutchinson-Gilford Progeria Syndrome, Cleveland et al., *Pediatric Radiology*, 2012 Sep;42(9):1089-98. Epub 2012 Jul 1.
-  **Cardiology:** Mechanisms of Premature Vascular Aging in Children with Hutchinson-Gilford Progeria Syndrome. Gerhard-Herman M, et al., *Hypertension*. 2012 Jan;59(1):92-97; Epub 2011 Nov 14.
-  **Skeleton:** Hutchinson-Gilford progeria is a skeletal dysplasia. Gordon, et al., *J Bone Miner Res*. 2011 Jul;26(7):1670-9.

The Progeria Research Foundation

Finding...
Diagnosing...
Studying...
Treating...
CURING



Together We *WILL* Find The Cure!

www.progeriaresearch.org