

# Genetics of (early onset) Parkinson's disease

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# Parkinson disease: a complex phenotype

*“Involuntary tremulous motion, with lessened muscular power, with a propensity to bend the trunk forward, and to pass from a walking to a running pace: the senses and intellects being uninjured.”*

## AN ESSAY

ON THE

## SHAKING PALSY.

BY

*JAMES PARKINSON,*  
MEMBER OF THE ROYAL COLLEGE OF SURGEONS.

LONDON:

PRINTED BY WHITTINGHAM AND HOWLAND,  
Queen's Street,

FOR SHERWOOD, NEELY, AND JONES,  
PATERNOSTER ROW.

1817.

### Motor signs

- resting tremor
- bradykinesia
- rigidity
- postural instability

### Non motor signs

- Cognitive impairment
- Psychiatric disturbances
- Autonomic dysfunctions

### «Plus» signs

- Dementia
- Dystonia
- Spasticity

## Genetic factors in PD pathogenesis

polymorphisms

(++ in autosomal dominant

PD genes: RR 1.1-1.4

sporadic

mutations in autosomal

dominant PD genes: reduced

penetrance (30%): RR 10-20

familial



multifactorial

mendelian

Heterozygous mutations  
in autosomal recessive

PD genes: RR 1.5-2

heterozygous mutations  
in other recessive

genes: RR 4-6

mutations in autosomal  
recessive PD genes:

full penetrance: 100%

## Autosomal recessive early onset «pure» parkinsonisms

**Parkin >>> PINK1 > DJ-1**

50% fam

1-8% in different

< 1%

10-15% spor

populations

### Distinct genes, same phenotype

- early onset (<40 years) → DJ1 < Parkin < PINK1
- slow progression
- excellent and sustained response to treatment

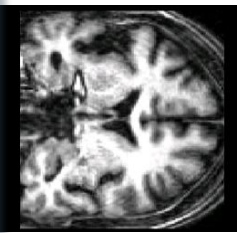
### Variable phenotypic features, same gene

- dystonia at onset
- sleep benefit, diurnal fluctuations
- hyperreflexia
- treatment-related complications (dyskinesias, behavioral problems)

# Emerging non motor signs in «pure» AR parkinsonisms

## Cognitive impairment

Task (cutoff)	Homozygotes (n = 5)
<b>MMSE (<math>\geq 24</math>)</b>	28.8 ± 0.6
<b>MoCA (<math>\geq 26</math>)</b>	21.4 ± 1.3
<b>RAVLT Imm (<math>\geq 28.52</math>)</b>	29.6 ± 3.7
<b>RAVLT del (<math>\geq 4.69</math>)</b>	6 ± 1.2
<b>Recognition% (<math>\geq 88\%</math>)</b>	89.4 ± 7.1
<b>RPM-47 (<math>\leq 18.96</math>)</b>	23 ± 5.6
<b>Stoop test</b>	-0.6 ± 0.7
<b>Nouns naming (<math>\geq 28</math>)</b>	27.8 ± 1.4
<b>Verbs naming (<math>\geq 26</math>)</b>	24.2 ± 2.3
<b>Phonol fluency (<math>\geq 17.35</math>)</b>	21.6 ± 5.8
<b>Semantic fluency (<math>\geq 12</math>)</b>	12.8 ± 4.2
<b>Digit span forw (<math>\geq 7 \pm 2</math>)</b>	4.8 ± 0.6
<b>Digit span back (<math>\geq 5 \pm 2</math>)</b>	3.4 ± 0.9



atrophy and cognitive decline

Frontal lobe dysfunction

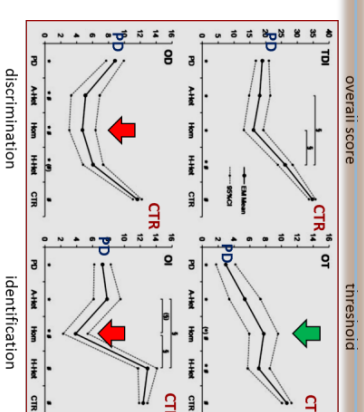
## Psychiatric disturbances

Parkin/ PINK1  $\Rightarrow$  DOC

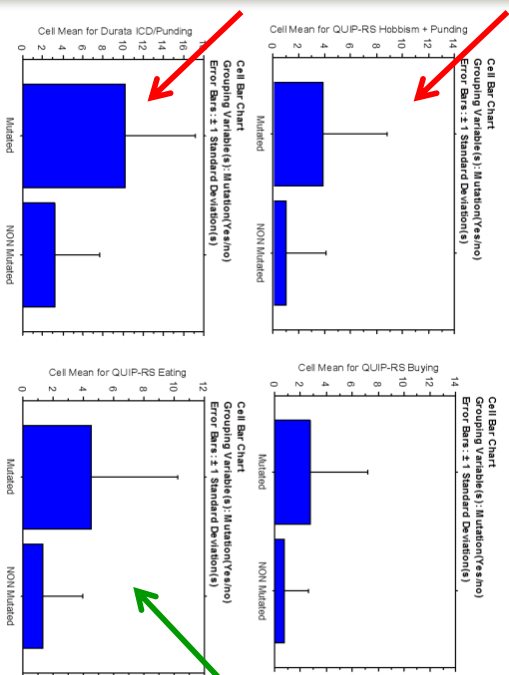
- anxiety, depression
- panic disorders
- Schizoph. spectrum

## PINK1 olfactory abnormalities

$\downarrow \downarrow$  odor identification and discrimination



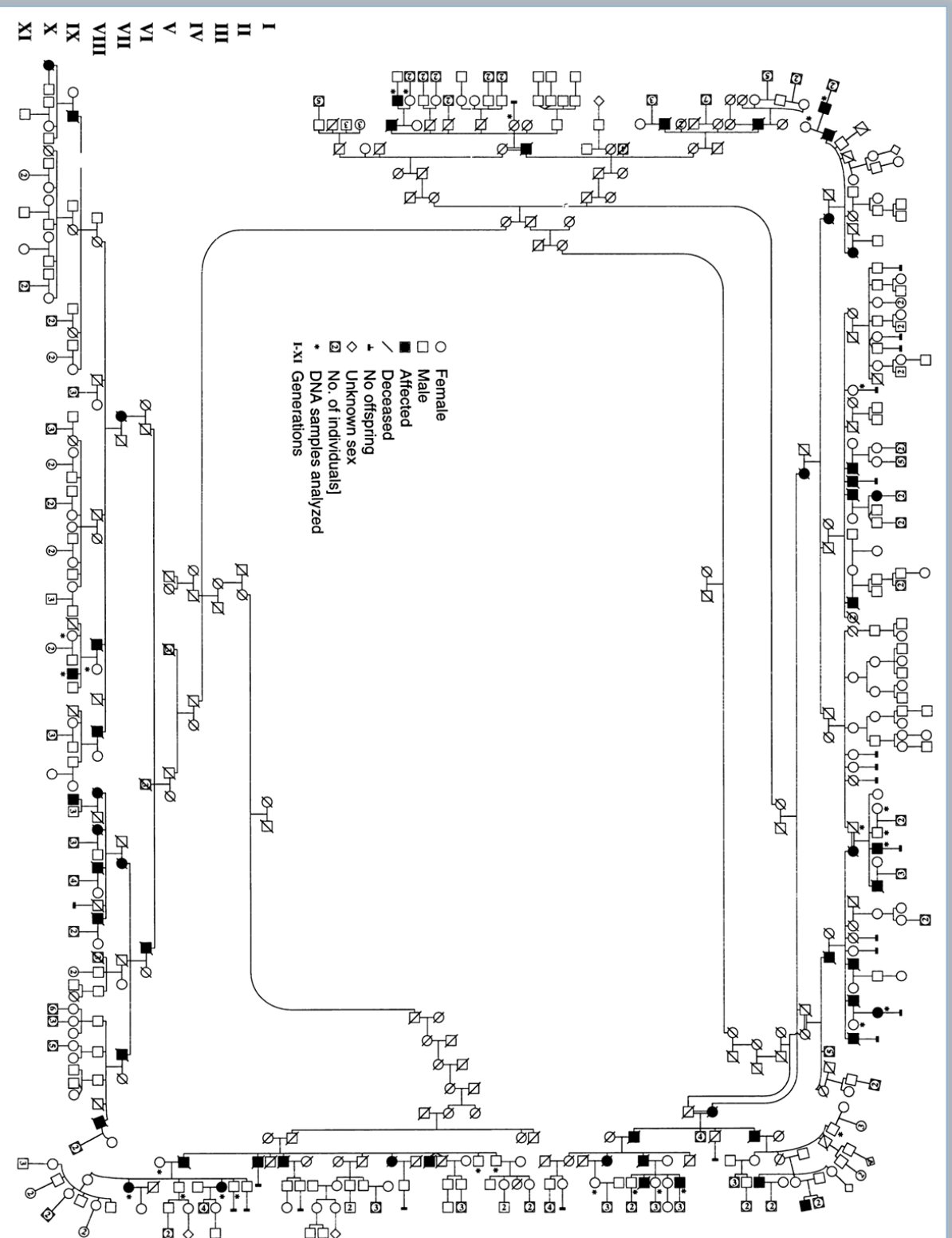
## Impulse control behaviour (ICB)



- more severe
- binge eating (p= 0.04)
- punding/hob bism (p=0.05)

- $\uparrow$  trend for ICB before PD onset (p=0.08)
- stronger family history for ICB (p=0.005)
- longer duration of ICB (p=0.04)

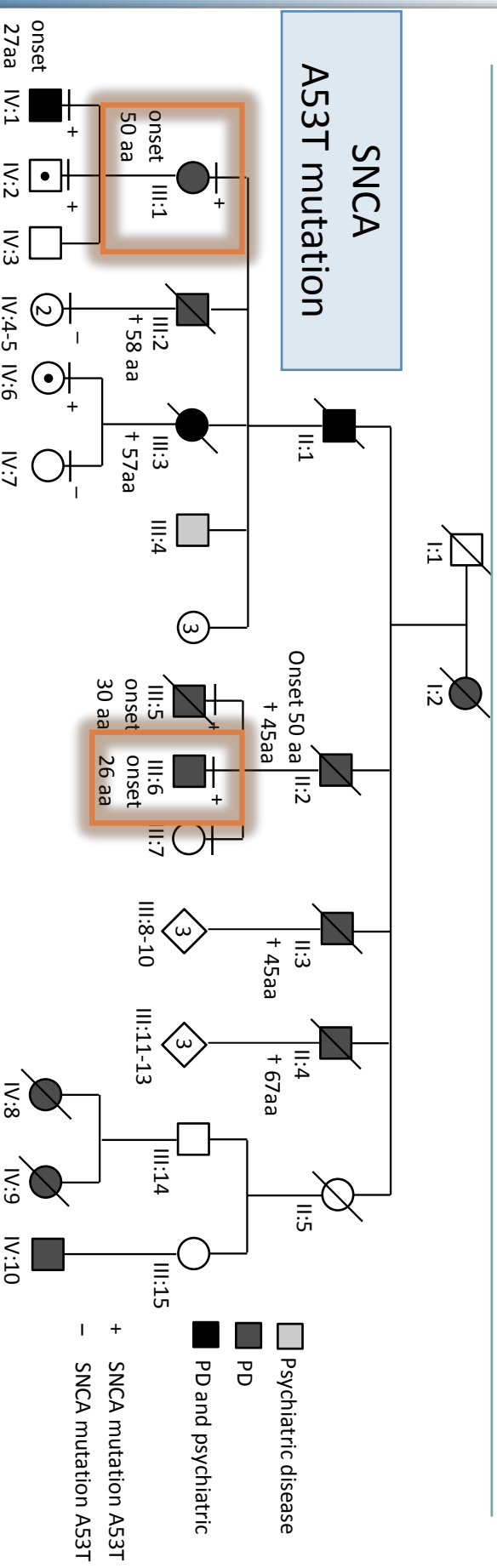
# the Contursi family and the discovery of $\alpha$ -synuclein



# α-synuclein mutations and PD

Five mutations reported after screening of thousands PD cases

SNCA mutations	p.A53T	p.A30P	p.E46K	p.H50Q	p.G51D
onset	40s	60s	60s	60s	40s
parkinsonism	++, rapid progr.	+	+	+	++, rapid progr.
cognitive impairment	++	+	++	++	-
psychiatric involvement	+	-	+	-	++
autonomic disturbance	+	-	-	-	-/+
L-Dopa response	+	+	+	+	+/+
pyramidal signs	-	-	-	-	++



# SNCA gene multiplications and PD phenotypes

**Multiplications** of the genomic region containing the **SNCA** gene cause  $\alpha$ -syn overexpression

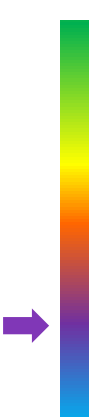


correlation between the number of SNCA copies and phenotypic severity

	Three SNCA copies	Four SNCA copies
Subjects	73	27
Asymptomatic carriers	20	0
Age at onset	50 $\pm$ 12 (30-77)	37 $\pm$ 10 (24-60)
Autonomic dysfunction	41%	100%
Psychiatric disturbances	61%	87%
Cognitive impairment	52%	96%



## PARK8 - LRRK2 - Dardarin



2482 aminoacids, several active domains including a kinase domain

1-2% of sporadic PD  G2019S mutation  5-8% of familial PD

Founder effect among Ashkenazi Jews and North African Arabs

other mutations are rare (about 10 different mutations reported)

### Phenotype of LRRK2 mutations:

- variable presentation, onset 3rd-8th decade
- reduced penetrance: 15-30%, increasing with age
- usually indistinguishable from idiopathic PD

## Rare causes of AD PD with similar phenotypes



### **PARK17 - VPS35**

- **p.D620N** mutation detected in ~ 30 cases from 9 families.

### **DNAJC13**

- **p.N855S** mutation detected in PD patients with the same Dutch–German–Russian Mennonite ancestry.

### **PARK18 - EIF4G1**

- Only two mutations found in a few families of different ethnic background:
  - **p.A502V** → very rare
  - **p.R1205H** → detected in patients and controls

#### Clinical features

- age at onset: 40-80 yrs
- typical PD, relatively mild course, cognition preserved in most cases
- Low penetrance

## Non-canonical PD genes

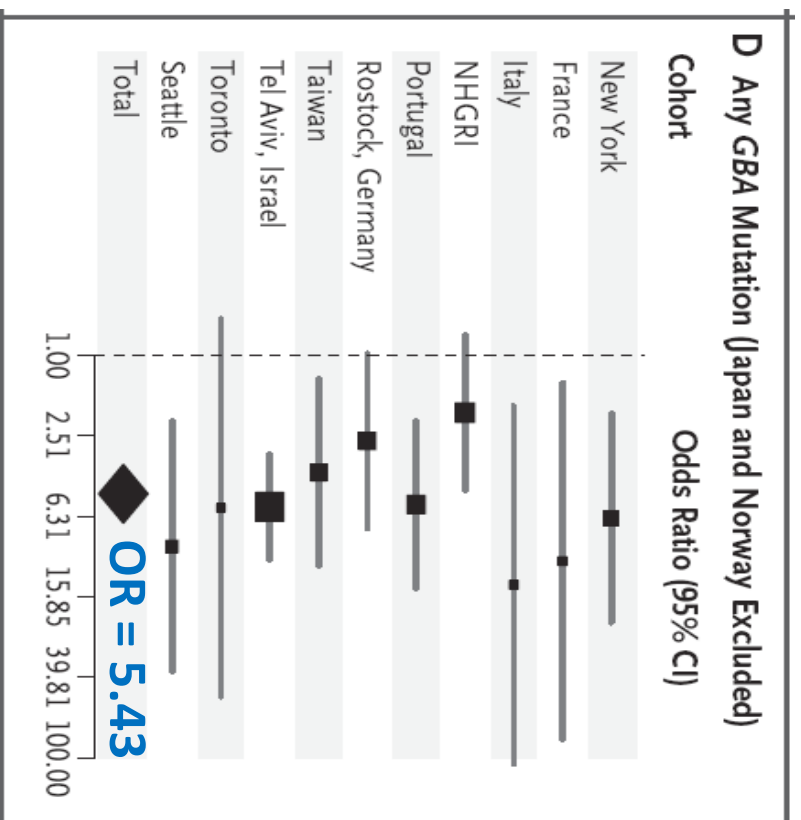


- **SCA2** uninterrupted CAG expansions (usually AD spinocerebellar ataxia)
  - PD with benign course, good response to therapy
  - MRI: no cerebellar atrophy on MRI
  - SPECT: abnormal dopaminergic uptake (similar to PD)
- **FMR1** expansions (>200 rpts → intellectual disability in males)
  - **Permutations (55-200 rpts)**: → kinetic tremor, cerebellar gait ataxia, **parkinsonism** and cognitive decline (FXTAS) in males and females.
  - **Gray zone (49-54 rpts)** → **parkinsonism** and **idiopathic PD** (1-7,5%; 0-11%), ataxia.
- **C9orf72** GGGGCC expansion (>22 rpts, → FTD+ ALS)
  - rare cause of parkinsonism with variable onset (29-64 yrs) and cognitive decline (2/3 patients)
  - family history for atypical parkinsonism with dementia / ALS
- Other genes of FTD ± parkinsonism:
  - MAPT** (microtubule-associated protein tau); **PGRN** (progranulin); **TARDBP** (TAR DNA binding protein)

# Glucocerebrosidase and PD (++ non-motor signs)

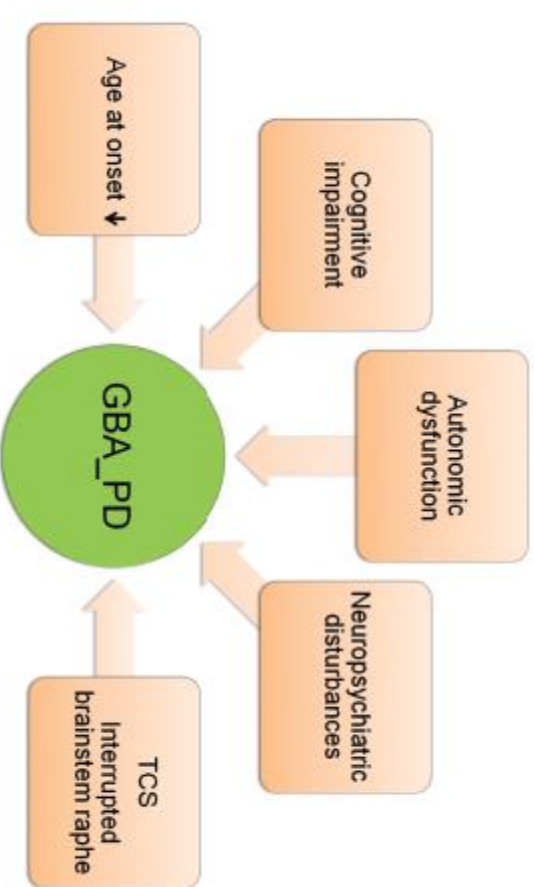
Glucocerebrosidase deficiency → **Gaucher's disease**

heterozygous GBA mutations represent the **most common genetic risk factor for PD** identified to date (4-8% PD vs <1% controls)



## Clinical picture of GB-related PD :

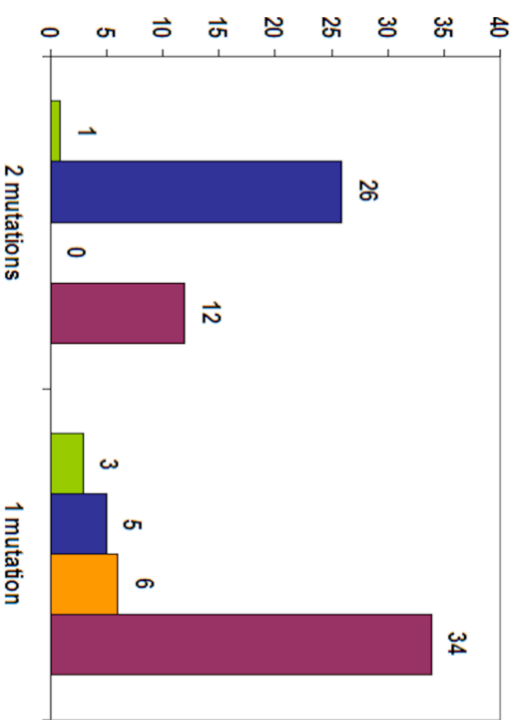
- ++ earlier onset, positive family history
- ++ non-motor features; + severe PD



# Heterozygous mutations in recessive genes

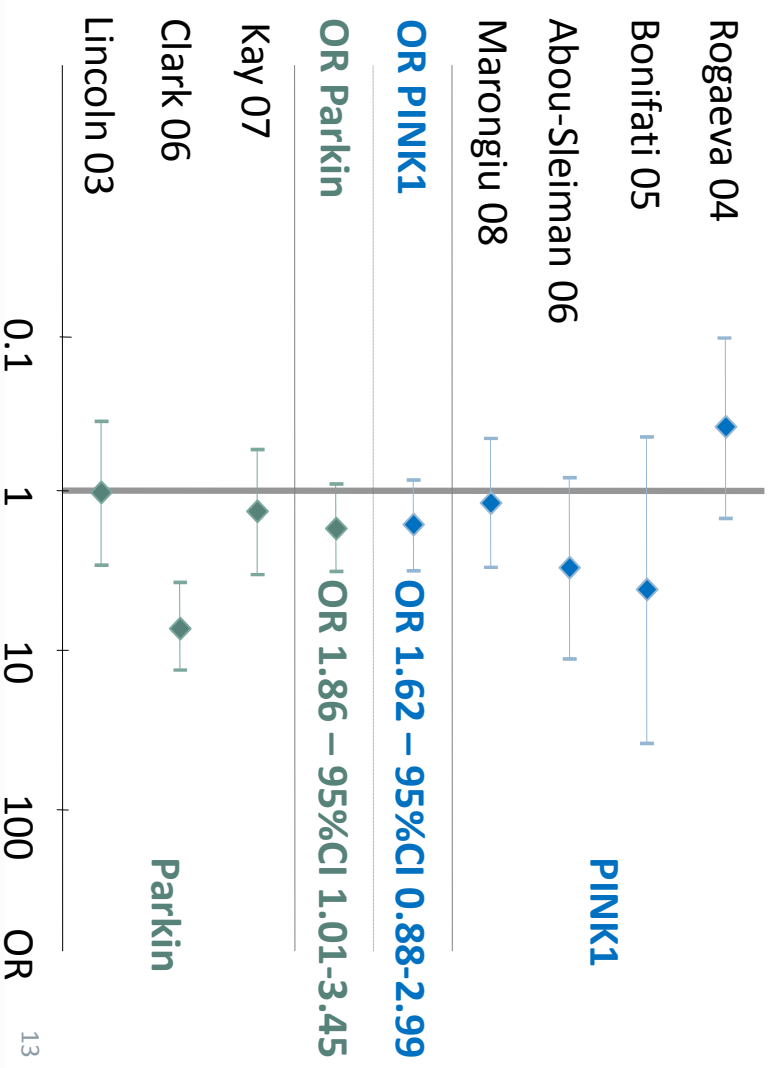
Heterozygous mutations are more frequent in sporadic cases (heterogeneous phenotypes and higher age at onset).

Also found in healthy controls

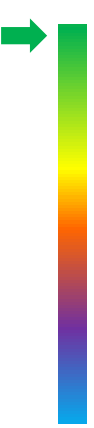


- dominant
- recessive
- unclear
- sporadic

The risk of developing PD in heterozygous carriers is mildly elevated



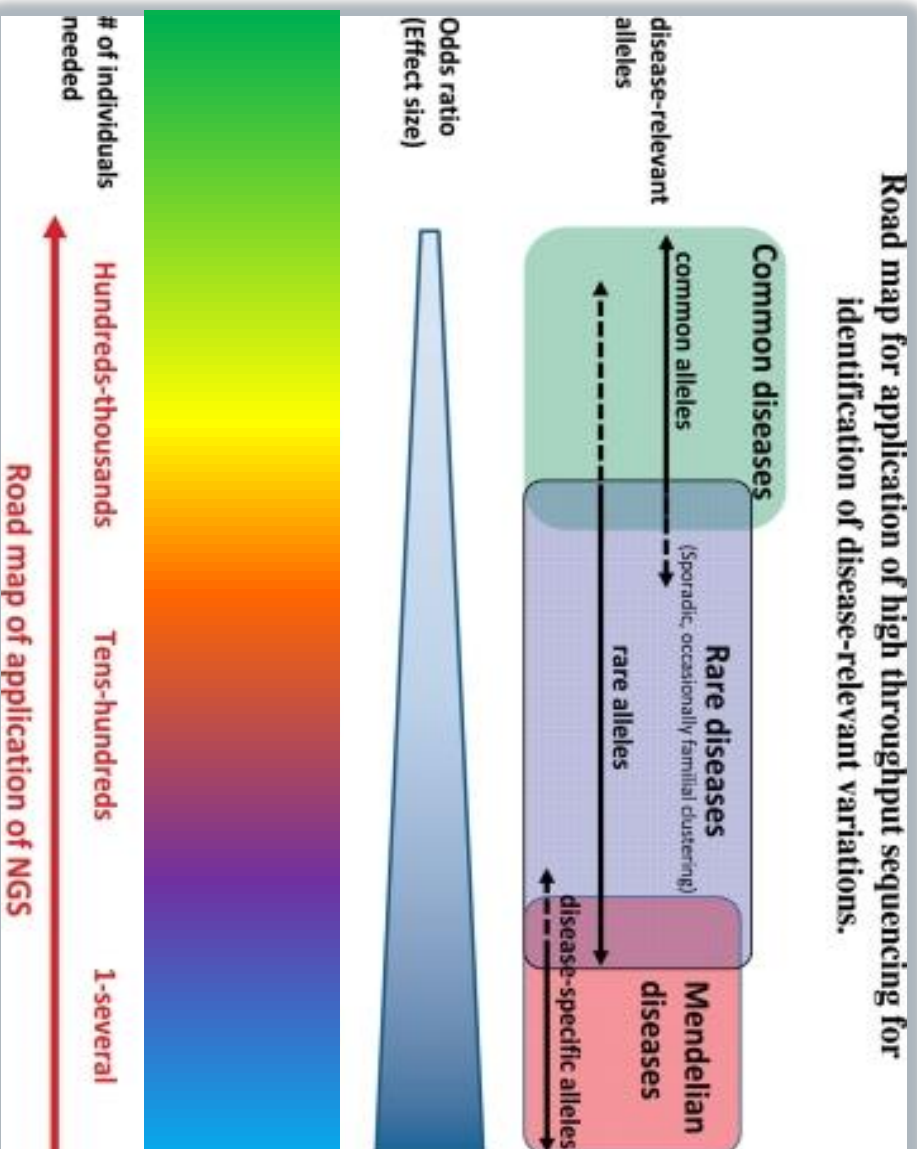
## Association Studies and GWAS in sporadic PD



Chromosome	Gene	Risk variants	Odds ratios (OR)
12q12	<b>LRRK2(PARK8)</b>	G2385R, R1628P	2-3 <sup>#</sup>
1q22	SYT11	SNPs	1.43 <sup>*</sup>
17q21.31	<b>MAPT</b>	H1 haplotype	1.4 <sup>*</sup>
4p16.3	GAK	SNPs	1.35
4q21-22	<b>SNCA (PARK1/PARK4)</b>	Rep1; 5' and 3' UTR variants; SNPs	1.2-1.4
18q12.3	RIT2	SNPs	1.2
2q24.3	STK39	SNPs	1.2
12q24.31	CCDC62/HIP1R	SNPs	1.15
16p11.2	STX1B	SNPs	1.14
4p15	BST1	SNPs	1.1
2q21.3	ACMSD	SNPs	1.02 <sup>*</sup>
6p21.32	HLA-DRB5	SNPs	0.95 <sup>*</sup> -0.98 <sup>#</sup>
others	MCCCC1/LAMP3, STBD1, GPNMB, FGF20, ITGA8, PARK16...	SNPs	<1

# Polymorphisms, but also rare mutations

Whole exome (and even whole genome) sequencing are likely to replace GWAS to search for genetic modifiers of the phenotype



## PD genetic testing in clinical practice

early onset pure parkinsonism (<40yrs, ++ if consanguinity or AR)

→

- parkin
- PINK1
- (DJ-1)

variable onset, rapidly progressive PD + NMS, (AD inheritance)

→

- SNCA mut. and mult.

early onset complicated parkinsonism (+ pyramidal, dystonia, dementia; iron dep)

→

- ATP13A2
- PLA2G6
- (FBXO7)

juvenile onset complicated parkinsonism (+ epilepsy, cognitive impairment)

→

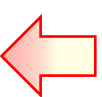
- SYNJ1
- DNAJC6

Late onset typical PD (≥45yrs, AD inheritance)

→

- LRRK2\*
- (other AD)
- (SNCA dup)

✓ negative genetic tests



✓ Expensive sanger sequencing

## NGS-based PD sequencing panels

16

\* : Common mutations



## Parkinson gene panels

Target ID	Regions	Coverage	High Coverage (>= 90%)	Low Coverage (< 90%)
ATP13A2	29	100.00 %	29	0
C100RF2	5	100.00 %	5	0
C190RF12	3	100.00 %	3	0
COASY	10	100.00 %	10	0
DNAJC6	20	100.00 %	20	0
EIF4G1	33	100.00 %	33	0
FA2H	7	100.00 %	7	0
FBX07	10	100.00 %	10	0
GBA	11	97.40 %	10	1
LRRK2	52	99.63 %	52	0
MAPT	16	100.00 %	16	0
PANK2	8	100.00 %	8	0
PARK2	16	100.00 %	16	0
PARK7	6	99.71 %	6	0
PINK1	8	100.00 %	8	0
PLA2G6	26	99.84 %	26	0
POLG	22	99.93 %	22	0
SNCA	5	100.00 %	5	0
SYNJ1	34	100.00 %	34	0
VPS35	18	99.71 %	18	0
WDR45	12	100.00 %	12	0

Illumina MiSeq  
platform

simultaneous  
sequencing of 21 genes

mean coverage: 99,83%

up to 96 samples in a  
run

approx. cost x sample:  
150-180€