

# Inhibiting Glycogen Synthesis Prevents Lafora Disease in a Mouse Model

Bartholomew A Pederson<sup>1\*</sup>, Julie Turnbull<sup>2\*</sup>, Jonathan R Epp<sup>3</sup>, Staci A Weaver<sup>1</sup>, Xiaochu Zhao<sup>2</sup>, Nela Pencea<sup>2,4</sup>, Peter J Roach<sup>5</sup>, Paul Frankland<sup>3</sup>, Cameron A Ackerley<sup>4</sup>, and Berge A Minassian<sup>2,6</sup>

<sup>1</sup>Indiana University School of Medicine—Muncie, and Ball State University, Muncie, Indiana, USA

<sup>2</sup>Program in Genetics and Genome Biology, The Hospital for Sick Children, Toronto, Ontario, Canada

<sup>3</sup>Program in Neurosciences and Mental Health, The Hospital for Sick Children, Toronto, Ontario, Canada

<sup>4</sup>The Division of Pathology, Department of Pathology and Laboratory Medicine, The Hospital for Sick Children, Toronto, Ontario, Canada

<sup>5</sup>Department of Biochemistry and Molecular Biology, Indiana University School of Medicine, Indianapolis, Indiana, USA

<sup>6</sup>Division of Neurology, Department of Paediatrics, The Hospital for Sick Children and University of Toronto, Ontario, Canada.

\*Drs. Pederson and Turnbull contributed equally to this work

Correspondence should be addressed

To:  
Dr. Berge A. Minassian  
Room 6536B  
The Hospital for Sick Children  
555 University Ave.  
Toronto, Ontario  
M5G 1X8  
Canada  
Tel: 416-813-6291  
Fax: 416-813-6334  
[berge.minassian@sickkids.ca](mailto:berge.minassian@sickkids.ca)

Or:  
Dr. Bartholomew A. Pederson  
Indiana University School of Medicine-Muncie  
on the campus of Ball State University  
221 N Celia Ave MT 201  
Muncie, IN  
47306  
USA  
Tel: 765-751-5114  
Fax: 765-751-5116  
[bapederson@bsu.edu](mailto:bapederson@bsu.edu)

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process which may lead to differences between this version and the Version of Record. Please cite this article as an 'Accepted Article', doi: 10.1002/ana.23899

## **Abstract**

Lafora disease (LD) is a fatal progressive myoclonus epilepsy characterized neuropathologically by aggregates of abnormally structured glycogen and proteins (Lafora bodies, LB), and neurodegeneration. Whether LB could be prevented by inhibiting glycogen synthesis and whether they are pathogenic remain uncertain. We genetically eliminated brain glycogen synthesis in LD mice. This resulted in long-term prevention of LB formation, neurodegeneration, and seizure susceptibility. This study establishes that glycogen synthesis is requisite for LB formation and that LB are pathogenic. It opens a therapeutic window for potential treatments in LD with known and future small molecule inhibitors of glycogen synthesis.

Lafora disease (LD) is the major teenage-onset progressive myoclonus epilepsy (PME). Insidious cognitive decline and escalating myoclonic, visual, convulsive, and other seizures follow an initial decade of normal development. Within a few years, seizures are intractable, myoclonic absences are near constant, and a disinhibited dementia has set in. A vegetative state with continuous myoclonus characterizes the final stage and most patients die in status epilepticus before age 30<sup>1</sup>.

The neuropathology of LD is characterized by progressive formation and growth of Lafora bodies (LB) in neuronal somata and processes, and by neurodegeneration<sup>1</sup>. LB are composed of aggregates of a variety of proteins and an abnormal form of glycogen that lacks normal glycogen's normal branching and spherical structure essential to its solubility. The abnormal glycogen, called polyglucosan, makes up over 70% of a LB<sup>2</sup>. Whether LB are pathogenic, or a mere epiphenotype, remains uncertain.

LD is caused by loss of function of either of two interacting enzymes, malin, a ubiquitin E3 ligase, and laforin, a phosphatase<sup>3</sup>. Malin regulates the amount of laforin, and laforin regulates glycogen phosphorylation. The latter is essential to normal glycogen structure, through mechanisms that remain poorly defined<sup>3-5</sup>. Based mostly on cell culture experiments, several additional functions, unrelated to glycogen metabolism, have been tentatively attributed to laforin and malin, including tau kinase dephosphorylation, Wnt signaling regulation, and others<sup>6-9</sup>. It is possible that loss of one or more of these functions, rather than effects on glycogen metabolism and LB formation, underlie the neurodegeneration and PME of LD.

PTG is an adaptor protein that mediates dephosphorylation of the glycogen synthesizing (glycogen synthase; GS) and degrading (glycogen phosphorylase; GP) enzymes by the pleiotropic phosphatase PP1, which activates GS, inactivates GP, and thus increases glycogen production<sup>10</sup>. We recently hypothesized that, malstructured though they are, polyglucosans are glycogen, and reducing glycogen synthesis might reduce LB formation, which, if LB cause the disease, might prevent LD. As a test of this hypothesis, we removed PTG from the laforin-deficient mouse model of LD (laforin

knockout; LKO) by crossing PTG knockout mice with the LD mice. This resulted in drastic reduction of LB and rescued the neurodegeneration of the LD mice<sup>11</sup>. While these results supported the view that LB are pathogenic, there remained the possibility that PTG has adaptor or other functions outside of glycogen metabolism and that its removal prevented neurodegeneration through pathways unrelated to glycogen metabolism and LB. Furthermore, the study was of short duration and did not assess whether the correction of the neurodegeneration is maintained. To address these two issues, we removed GS itself from LKO mice and found that the absence of glycogen synthesis alone was sufficient to prevent LB formation, neurodegeneration, and seizure susceptibility, and do so long-term.

## Methods

### *Mice*

All animal procedures were approved by the Toronto Centre for Phenogenomics and Ball State University animal care committees. The LD mouse model in this study is the previously described<sup>11, 12</sup> *Epm2a*<sup>-/-</sup> LKO model (mixed C57BL/6J and 129Sv/J).

Mice and humans have two GS isoforms, GYS2 expressed in liver, and GYS1 in most other tissues, including brain. Extrahepatic glycogen is not essential to murine life postnatally: *Gys1* knockout (*Gys1*<sup>-/-</sup>) results in perinatal lethality in 90% of cases but 10% survive birth, and these thereafter thrive, including in having normal exercise capacity<sup>13-15</sup>. To obtain laforin–GS double knockout mice (DKO), we crossed *Epm2a*<sup>-/-</sup> mice with *Gys1*<sup>-/-</sup> mice (mixed C57BL/6J and 129Sv/J). Double heterozygotes (*Epm2a*<sup>+/-</sup>/*Gys1*<sup>+/-</sup>) resulting from this mating were then crossed with *Epm2a*<sup>-/-</sup> mice. Resulting *Epm2a*<sup>-/-</sup>/*Gys1*<sup>+/-</sup> offspring were intercrossed to generate *Epm2a*<sup>-/-</sup>/*Gys1*<sup>+/+</sup> (LKO) and *Epm2a*<sup>-/-</sup>/*Gys1*<sup>-/-</sup> (DKO) experimental mice, and *Epm2a*<sup>+/-</sup>/*Gys1*<sup>+/-</sup> offspring were intercrossed to generate *Epm2a*<sup>+/+</sup>/*Gys1*<sup>+/+</sup> (WT) controls. DKO mice continued to have the 90% perinatal lethality of *Gys1*<sup>-/-</sup> mice, but the 10% birth-survivors were healthy, had normal life spans, and were studied here at ages of 20–26 months.

### ***Seizure susceptibility measurements***

Seizure susceptibility was assessed by the response to kainic acid injected intraperitoneally. An 8 mg/kg dose, previously shown to distinguish LD mice from WT<sup>16</sup>, was used. Seizures were scored based on a modified Racine scale<sup>17</sup>: stage 0, no change; stage 1, immobility, head bobbing; stage 2, myoclonic jerk within five minutes of injection; stage 3, forelimb clonus and rearing, tail shaking; stage 4, convulsive seizure within 90 minutes of injection, continuous rearing and falling; and stage 5, mortality.

### ***Pathology***

For light microscopy, mice were sacrificed by cervical dislocation and tissues fixed in 10% formalin. Periodic acid-Schiff staining following diastase pretreatment (PASD) was used to stain LB and assess LB load, and glial fibrillary acidic protein (GFAP) immunostaining was used to assess the extent of gliosis, as previously described<sup>11</sup>. For electron microscopy (EM), mice were perfused through the left ventricle of the heart with 2.5% glutaraldehyde in 0.1 M phosphate buffer (pH 7.4), with subsequent processing as described previously<sup>11</sup>.

## **RESULTS**

### ***Laforin and GS double knockout mice have no LB, neurodegeneration, or gliosis***

LKO mice had the previously documented<sup>11, 12</sup> profuse amounts of LB in brain and skeletal muscle. DKO mice, like WT, had none (Fig. 1A-F). LKO mice had the previously described increased astrocytes and gliosis<sup>11, 12</sup>. DKO mice did not and were no different from WT (Fig. 1G-I). Neurodegeneration in LKO mice does not involve apoptosis or necrosis - it is instead characterized, as observed under EM, by loss of neuronal cytoplasmic fullness, shrinking and darkening of neurons, nuclear and cytoplasmic membrane retraction, and loss of synaptic architecture and contacts at the retracted cell membranes<sup>11, 12</sup>. The LKO mice of this study showed these features, while the DKO mice did not and were no different than their WT controls (Fig. 2).

### ***DKO mice have no increased seizure susceptibility***

LD mouse models closely recapitulate the pathology of LD, including widespread LB formation and neurodegeneration but only modestly reproduce the clinical features of the disease. Their behavioral and epileptic abnormalities are mild, and are highly affected by genetic background. Small differences between LKO mice and WT were originally reported in anxiety (startle response), memory (passive avoidance), balance (rotorod), and muscle strength tests<sup>12</sup>. We were unable to replicate these results in the current LKO mice bred into the genetic background of the *Gys1*<sup>-/-</sup> mice (the LKO mice were no different than WT in this background; data not shown). Spontaneous convulsive seizures do occur in LKO mice but their frequency is too low to use as a reliable outcome measure. Finally, myoclonus was a distinguishing feature between LKO mice and WT controls in our previous study in which LKO mice were bred into the PTG knockout background<sup>11</sup>, but this was no longer the case in the present study in the *Gys1*<sup>-/-</sup> background.

A recent study demonstrated that sensitivity to seizure induction by kainic acid clearly distinguishes LD mice from WT<sup>16</sup>. We found this to apply to our present mice in the *Gys1*<sup>-/-</sup> genetic background. We therefore utilized this test to determine whether DKO mice were seizure-susceptible. While LKO mice were highly sensitive to kainic acid seizure induction, DKO mice were not, and were no different from WT (Fig. 3).

## **DISCUSSION**

Lafora, 102 years ago, identified LB in the brains of patients with a PME, the genetics, neurological, and neuropathological features of which he described in near-comprehensive detail. His and subsequent human pathological studies showed that LB are present in profuse quantities in the neuropils of patients with active LD, often completely replacing the cytoplasm of countless neuronal processes<sup>1</sup>. These observations long suggested a pathogenic role for LB in the disease. The present

work corroborates this, establishing that, at least in the disease's standard mouse model, generation of polyglucosans and LB are necessary to the neurodegeneration and seizure susceptibility – when polyglucosan generation and LB formation are absent, LKO mice no longer exhibit neurodegeneration and are no longer sensitive to kainic acid induced seizures, even at advanced age.

● The demonstration that LB formation is dependent on glycogen synthesis opens crucial therapeutic possibilities for LD. Humans who have total absence of hepatic (Glycogenesis 0a)<sup>18</sup> or extrahepatic (Glycogenesis 0b)<sup>19</sup> GS (i.e. GYS2 or GYS1 respectively) are healthy except for osteopenia in the former and a late-childhood cardiomyopathy in the latter; their parents, with 50% GS activities, are completely healthy. While in the present study murine extrahepatic GS was removed completely for the purpose of unambiguously establishing the critical role of glycogen synthesis in LB formation, in our preceding study GS activity had only been partially reduced (by approximately 30%) through removal of PTG, which inhibits GS by promoting its phosphorylation. In that study, there was no cardiac or other disease, and LB, neurodegeneration, and myoclonus were still eliminated<sup>11</sup>, suggesting that partial GS reduction might suffice to prevent LD. There are a number of compounds that are known to partially inhibit GS, including sirolimus which is in clinical use in another neurological disease (tuberous sclerosis), and which leads to GS phosphorylation and glycogen reduction by ~30% in certain tissues tested (brain not yet tested)<sup>20</sup>. These and new GS inhibitors that can be identified through high throughput small molecule screens could prove useful in halting LD early in its course, or preclinically, and prevent its devastating progression.

## **Acknowledgments**

This work was supported by the Canadian Institutes of Health Research (MOP-14667), the National Institutes of Health (DK27221), The Hospital for Sick Children, and Ball State University. BAM holds the University of Toronto Michael Bahen Chair in Epilepsy Research.

1. Lafora GR, Glueck B. Beitrag zur Histopathologie der myoklonischen Epilepsie. Zeitschrift Gesamte Neurologische Psychiatrie. 1911;6:1-14.
2. Sakai M, Austin J, Witmer F, Trueb L. Studies in myoclonus epilepsy (Lafora body form). II. Polyglucosans in the systemic deposits of myoclonus epilepsy and in corpora amylacea. Neurology. 1970 Feb;20(2):160-76.
3. Tiberia E, Turnbull J, Wang T, et al. Increased laforin and laforin binding to glycogen underlie Lafora body formation in malin-deficient Lafora disease. J Biol Chem. 2012 Jul 20;287(30):25650-9.
4. Gentry MS, Worby CA, Dixon JE. Insights into Lafora disease: malin is an E3 ubiquitin ligase that ubiquitinates and promotes the degradation of laforin. Proc Natl Acad Sci U S A. 2005 Jun 14;102(24):8501-6.
5. Tagliabracci VS, Girard JM, Segvich D, et al. Abnormal metabolism of glycogen phosphate as a cause for Lafora disease. J Biol Chem. 2008 Dec 5;283(49):33816-25.
6. Puri R, Suzuki T, Yamakawa K, Ganesh S. Hyperphosphorylation and aggregation of Tau in laforin-deficient mice, an animal model for Lafora disease. J Biol Chem. 2009 Aug 21;284(34):22657-63.
7. Rao SN, Maity R, Sharma J, et al. Sequestration of chaperones and proteasome into Lafora bodies and proteasomal dysfunction induced by Lafora disease-associated mutations of malin. Hum Mol Genet. 2010 Dec 1;19(23):4726-34.
8. Sharma J, Mulherkar S, Mukherjee D, Jana NR. Malin regulates Wnt signaling pathway through degradation of dishevelled2. J Biol Chem. 2012 Feb 24;287(9):6830-9.
9. Sharma J, Rao SN, Shankar SK, Satishchandra P, Jana NR. Lafora disease ubiquitin ligase malin promotes proteasomal degradation of neuronatin and regulates glycogen synthesis. Neurobiol Dis. 2011 Oct;44(1):133-41.
10. Fong NM, Jensen TC, Shah AS, Parekh NN, Saltiel AR, Brady MJ. Identification of binding sites on protein targeting to glycogen for enzymes of glycogen metabolism. J Biol Chem. 2000 Nov 10;275(45):35034-9.
11. Turnbull J, Depaoli-Roach AA, Zhao X, et al. PTG depletion removes Lafora bodies and rescues the fatal epilepsy of Lafora Disease. PLoS Genet. 2011 Apr;7(4):e1002037.
12. Ganesh S, Delgado-Escueta AV, Sakamoto T, et al. Targeted disruption of the Epm2a gene causes formation of Lafora inclusion bodies, neurodegeneration, ataxia, myoclonus epilepsy and impaired behavioral response in mice. Hum Mol Genet. 2002 May 15;11(11):1251-62.
13. Pederson BA, Chen H, Schroeder JM, Shou W, DePaoli-Roach AA, Roach PJ. Abnormal cardiac development in the absence of heart glycogen. Mol Cell Biol. 2004 Aug;24(16):7179-87.
14. Pederson BA, Cope CR, Schroeder JM, et al. Exercise capacity of mice genetically lacking muscle glycogen synthase: in mice, muscle glycogen is not essential for exercise. J Biol Chem. 2005 Apr 29;280(17):17260-5.
15. Pederson BA, Schroeder JM, Parker GE, Smith MW, DePaoli-Roach AA, Roach PJ. Glucose metabolism in mice lacking muscle glycogen synthase. Diabetes. 2005 Dec;54(12):3466-73.
16. Valles-Ortega J, Duran J, Garcia-Rocha M, et al. Neurodegeneration and functional impairments associated with glycogen synthase accumulation in a mouse model of Lafora disease. EMBO Mol Med. 2011 Aug 29.
17. Racine R, Okujava V, Chipashvili S. Modification of seizure activity by electrical stimulation. 3. Mechanisms. Electroencephalogr Clin Neurophysiol. 1972 Mar;32(3):295-9.
18. Weinstein DA, Correia CE, Saunders AC, Wolfsdorf JI. Hepatic glycogen synthase deficiency: an infrequently recognized cause of ketotic hypoglycemia. Mol Genet Metab. 2006 Apr;87(4):284-8.
19. Kollberg G, Tulinius M, Gilljam T, et al. Cardiomyopathy and exercise intolerance in muscle glycogen storage disease 0. N Engl J Med. 2007 Oct 11;357(15):1507-14.

20. Ashe KM, Taylor KM, Chu Q, et al. Inhibition of glycogen biosynthesis via mTORC1 suppression as an adjunct therapy for Pompe disease. *Mol Genet Metab.* 2010 Aug;100(4):309-15.

## Legends

### Figure 1

LKO mice lacking GS (DKO mice) have no LB and no gliosis. (A-C) LB in the cerebellum (A), hippocampus (B), and skeletal muscle (C) of LKO mice. (D-F) Corresponding brain regions and muscle in DKO mice. (G-I) GFAP staining in the hippocampus of LKO (G), DKO (H), and WT (I) mice. Note the increase in astrocytes (gliosis) in the LKO mice; DKO mice are similar to WT.

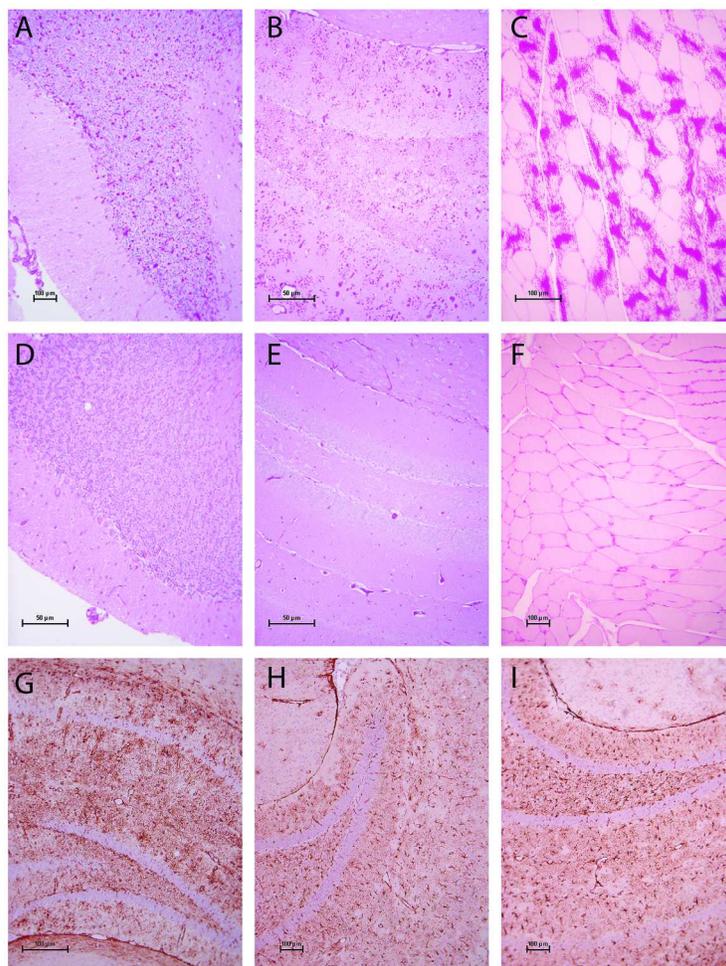
### Figure 2

DKO mice do not exhibit the neurodegeneration seen in LKO mice. (A, B) Representative low and high power electron micrographs of a cerebellar Purkinje cell from a WT mouse. Note the smooth linear cell contour and normal synaptic contacts with the cell membrane (arrow). (C, D) Corresponding images from a DKO mouse. Purkinje cells exhibit healthy cytoplasm, smooth linear cell membranes, and normal synaptic contacts similar to WT. (E, F) Purkinje cells from an LKO mouse. Note the darkened amorphous cytoplasm, wrinkled plasma membranes, and disturbed synaptic contacts; asterisk in E indicates a LB. (G) Part of a Purkinje cell from an LKO mouse with multiple surrounding LB (asterisks).

### Figure 3

LKO mice exhibit a much more severe epileptic response to kainic acid than WT. DKO mice are similar to WT.  $n = 3-8$  mice per genotype, 20-26 months of age. Data is shown as means  $\pm$  SEM and significance calculated using an unpaired student's t-test.

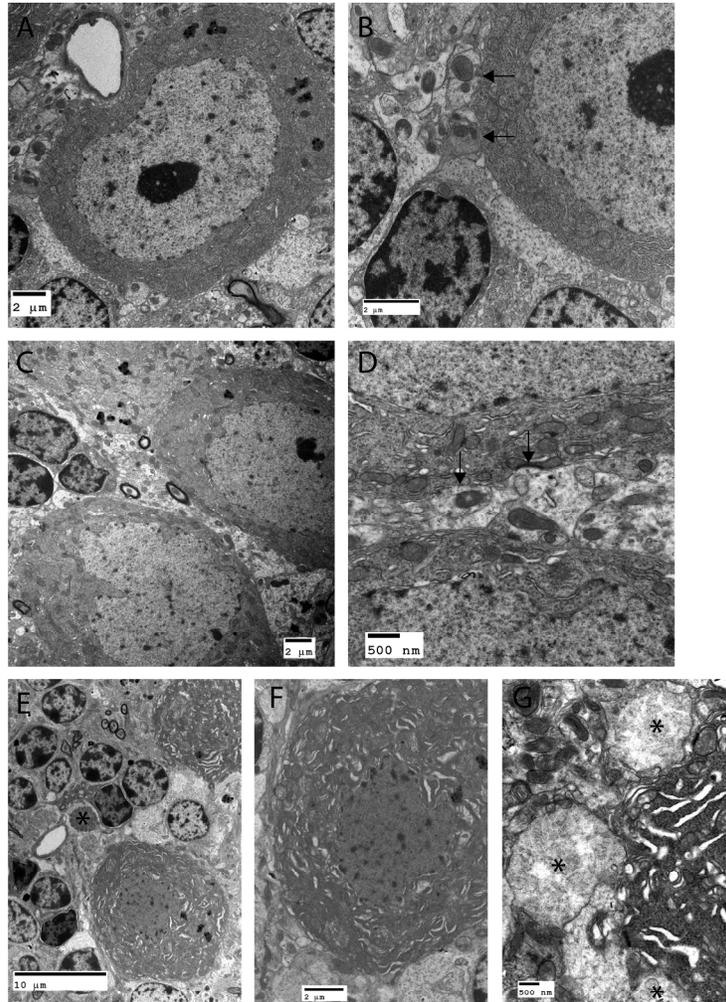
Figure 1



LKO mice lacking GS (DKO mice) have no LB and no gliosis. (A-C) LB in the cerebellum (A), hippocampus (B), and skeletal muscle (C) of LKO mice. (D-F) Corresponding brain regions and muscle in DKO mice. (G-I) GFAP staining in the hippocampus of LKO (G), DKO (H), and WT (I) mice. Note the increase in astrocytes (gliosis) in the LKO mice; DKO mice are similar to WT.  
203x279mm (300 x 300 DPI)

A

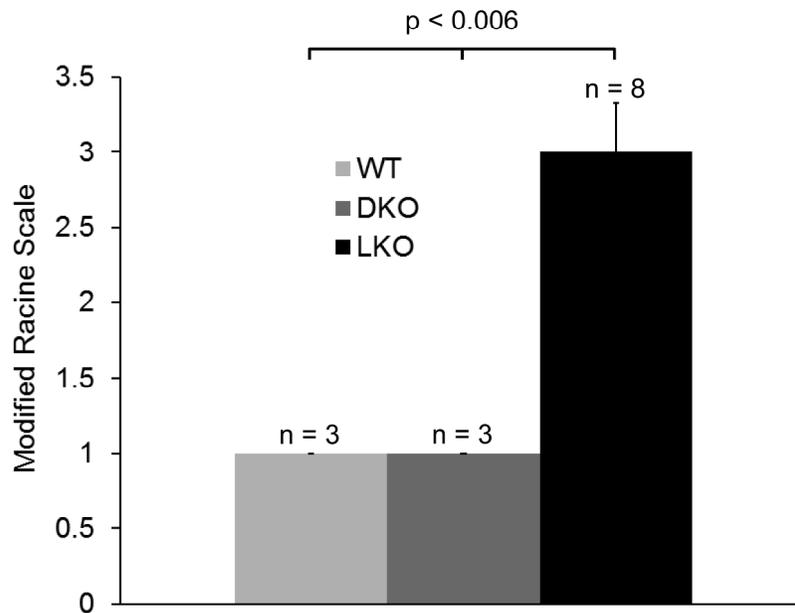
Figure 2



DKO mice do not exhibit the neurodegeneration seen in LKO mice. (A, B) Representative low and high power electron micrographs of a cerebellar Purkinje cell from a WT mouse. Note the smooth linear cell contour and normal synaptic contacts with the cell membrane (arrow). (C, D) Corresponding images from a DKO mouse. Purkinje cells exhibit healthy cytoplasm, smooth linear cell membranes, and normal synaptic contacts similar to WT. (E, F) Purkinje cells from an LKO mouse. Note the darkened amorphous cytoplasm, wrinkled plasma membranes, and disturbed synaptic contacts; asterisk in E indicates a LB. (G) Part of a Purkinje cell from an LKO mouse with multiple surrounding LB (asterisks).

203x279mm (300 x 300 DPI)

Figure 3



LKO mice exhibit a much more severe epileptic response to kainic acid than WT. DKO mice are similar to WT. n = 3–8 mice per genotype, 20–26 months of age. Data is shown as means  $\pm$  SEM and significance calculated using an unpaired student's t-test.  
203x279mm (300 x 300 DPI)

A