

Rodolfo Tonin¹, Federica Feo¹, Anna Caciotti¹, Martino Calamai², Daniele Bani³, Selene Lomoio⁴, Giuseppina Tesco⁴, Carola M Morell⁵, Ludovic Vallier⁵, Renzo Guerrini¹⁻⁶, Amelia Morrone¹⁻⁶

1 Laboratory of Molecular Biology of Neurometabolic Diseases, Neuroscience Department, Meyer Children's Hospital, Florence, Italy; 2 Department of Chemistry "Ugo Schiff", (DICUS), University of Florence, Italy; 3 Parkinson Unit, AOU Careggi Florence, Florence, Italy; 4 Dip Sc Biom, Spermental Clinical Mario Serio, Florence, Italy; 5 Department of NEUROFARBA, University of Florence, Italy.

email: amelia.morrone@meyer.it; rodolfo.tonin@meyer.it

BACKGROUND

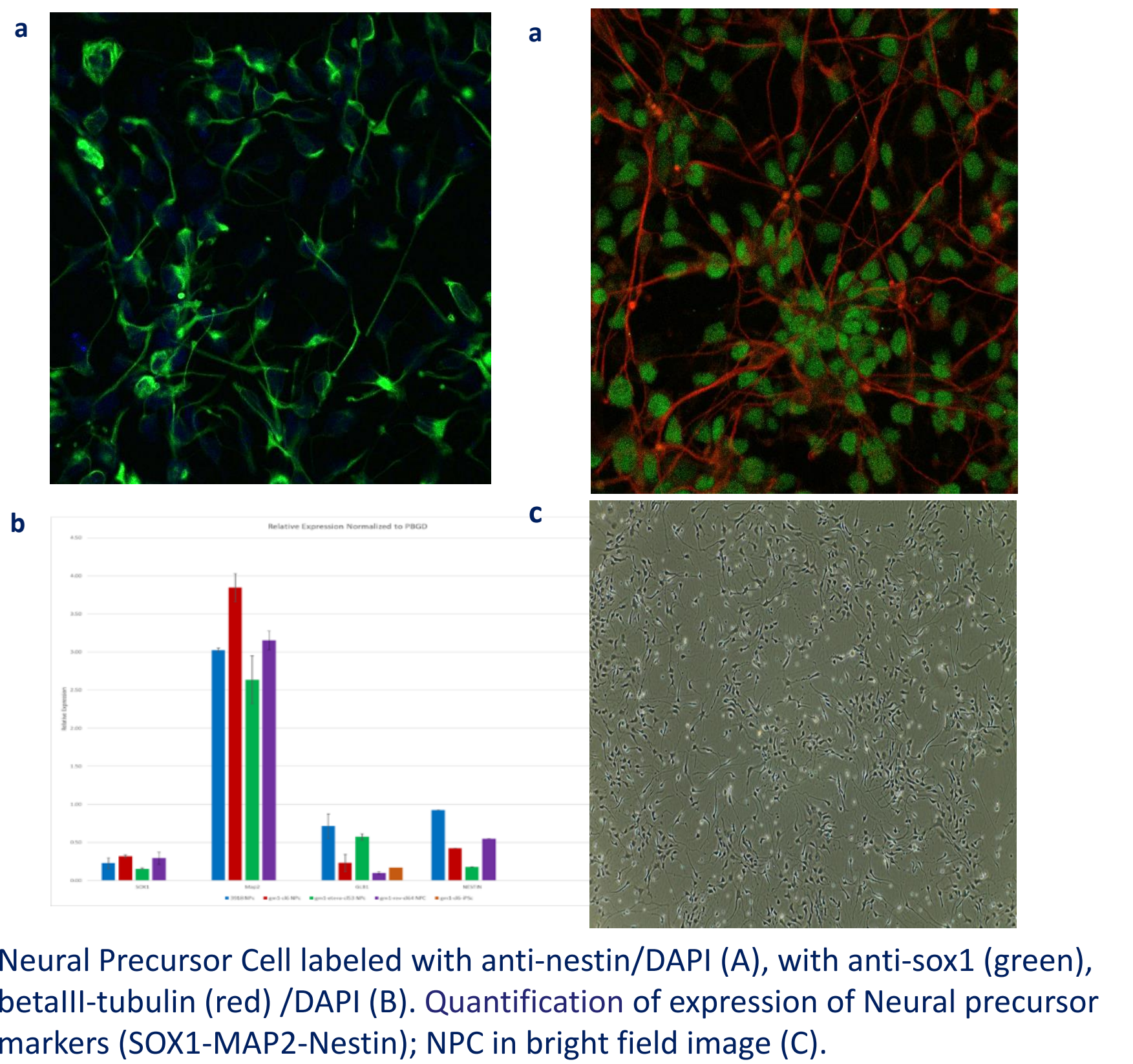
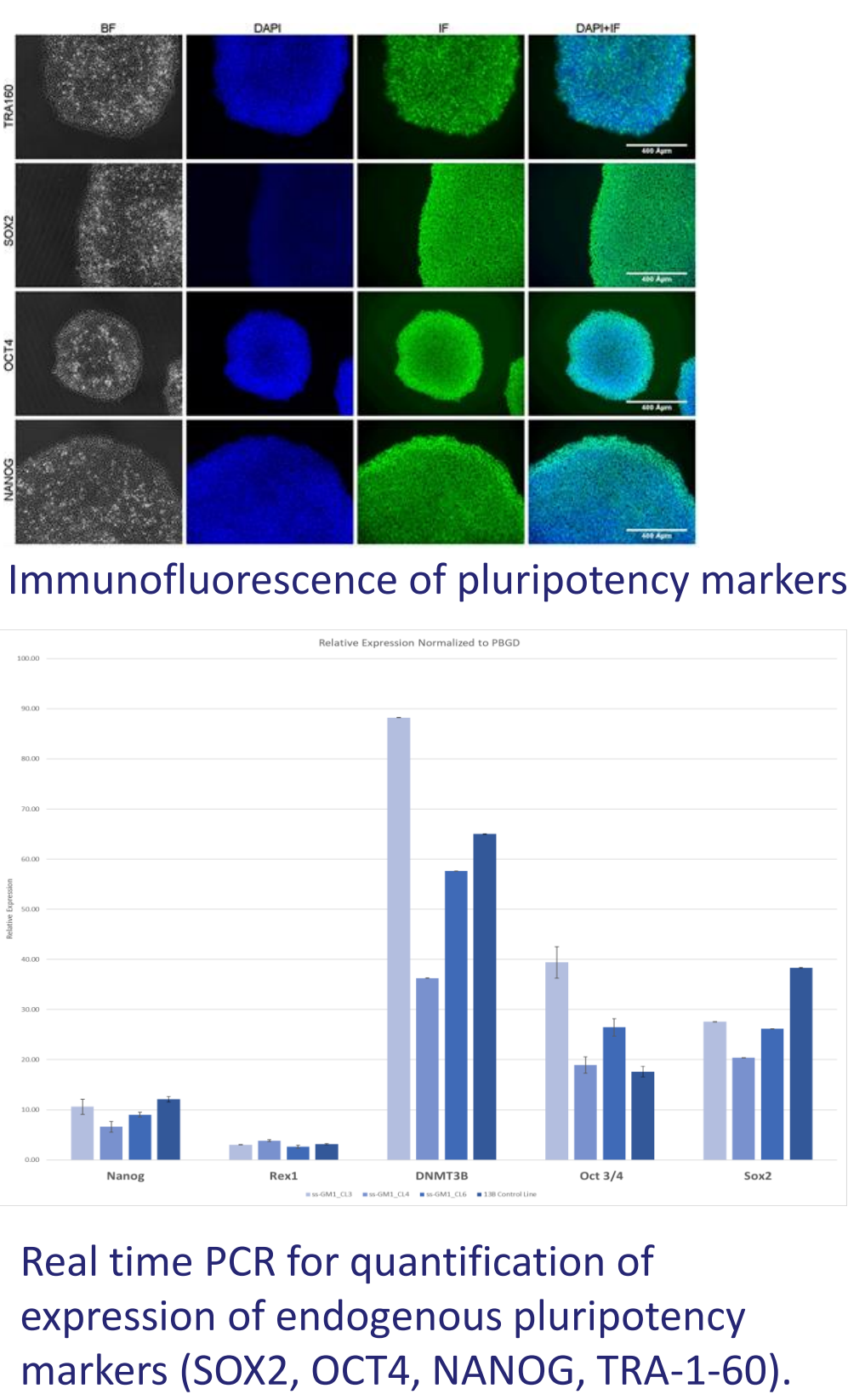
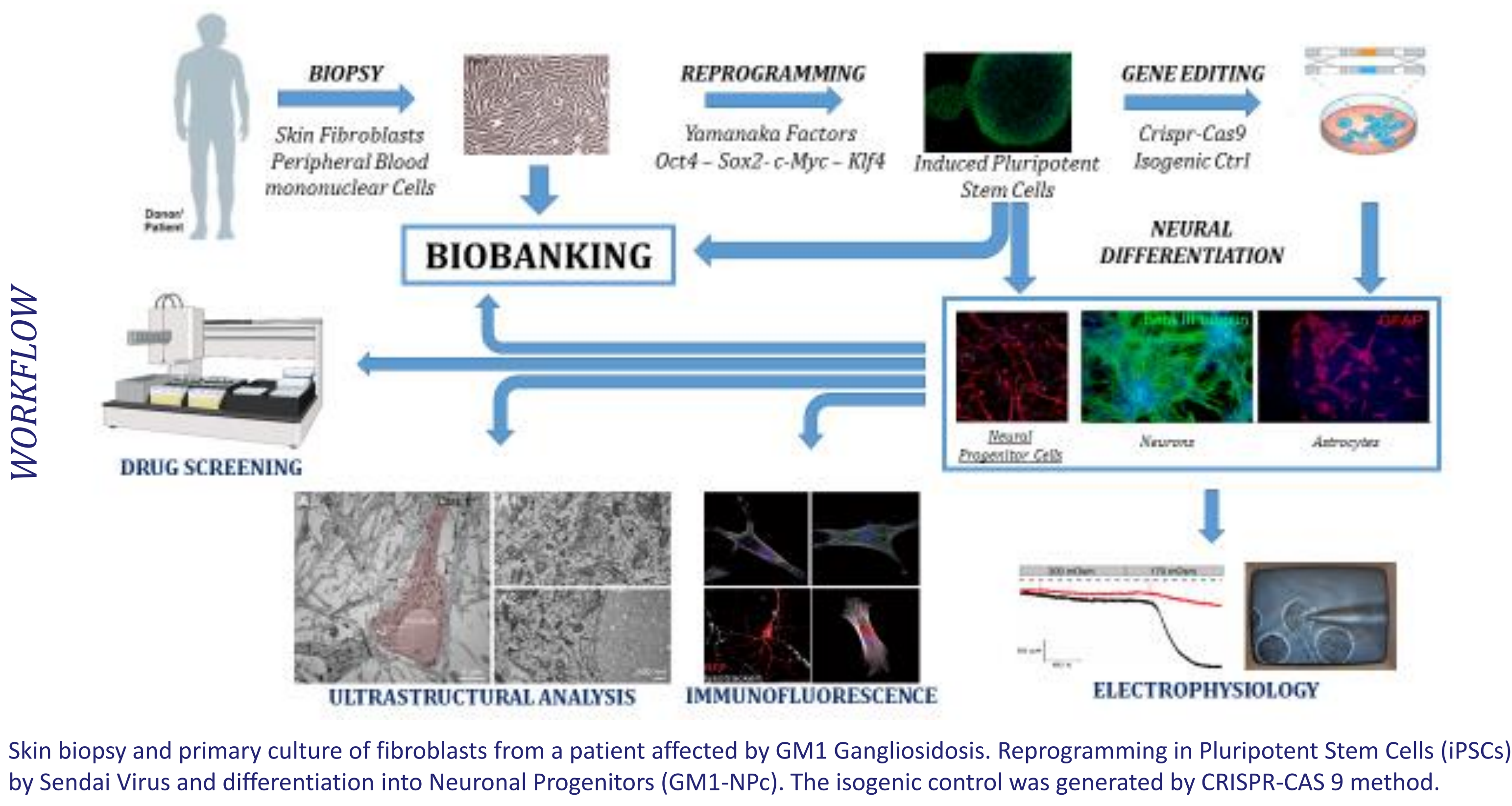
GM1 gangliosidosis is a progressive, neurosomatic, lysosomal storage disorder caused by mutations in the *GLB1* gene encoding the enzyme β -galactosidase (β -gal). Absent or reduced β -gal activity leads to the accumulation of β -linked galactose-containing glycoconjugates including the glycosphingolipid (GSL) GM1-ganglioside in neuronal tissue.

The pathogenic pathway by which GM1 storage leads to cell death involves both the accumulation of toxic products causing an inflammatory response and of aberrant mitochondria, a pathogenic pathway common to many neurodegenerative diseases (Ballabio et al. 2009).

AIMS

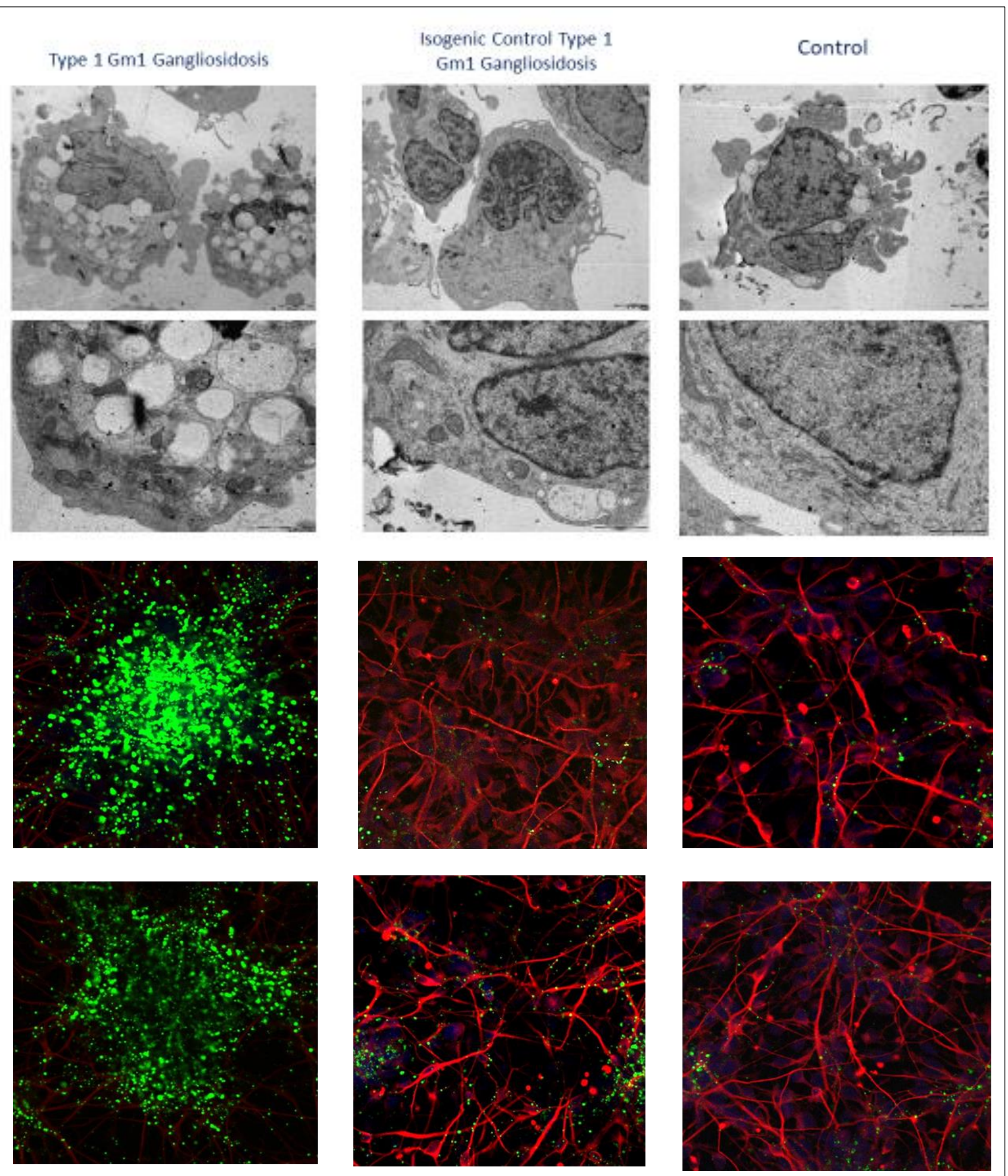
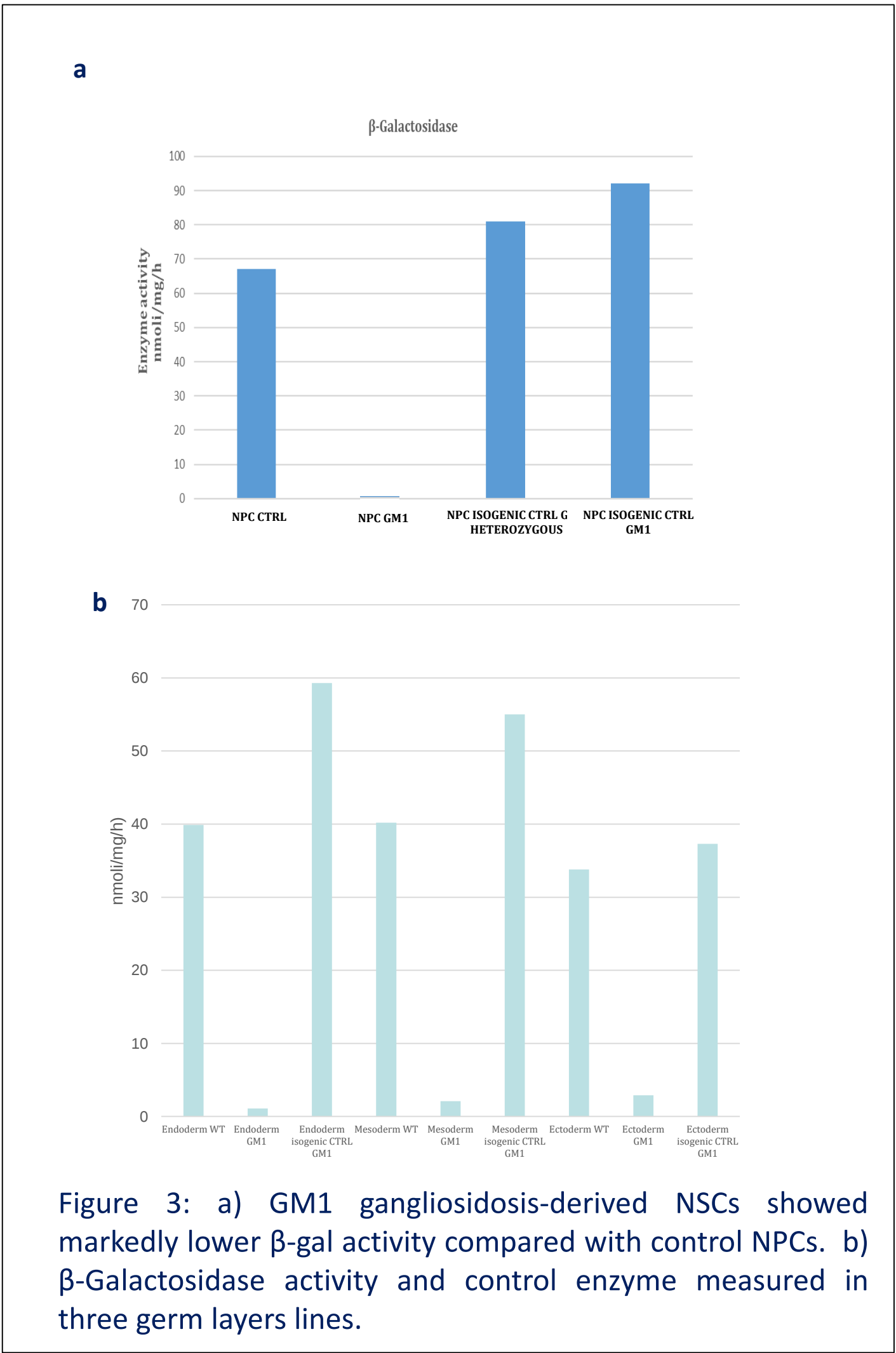
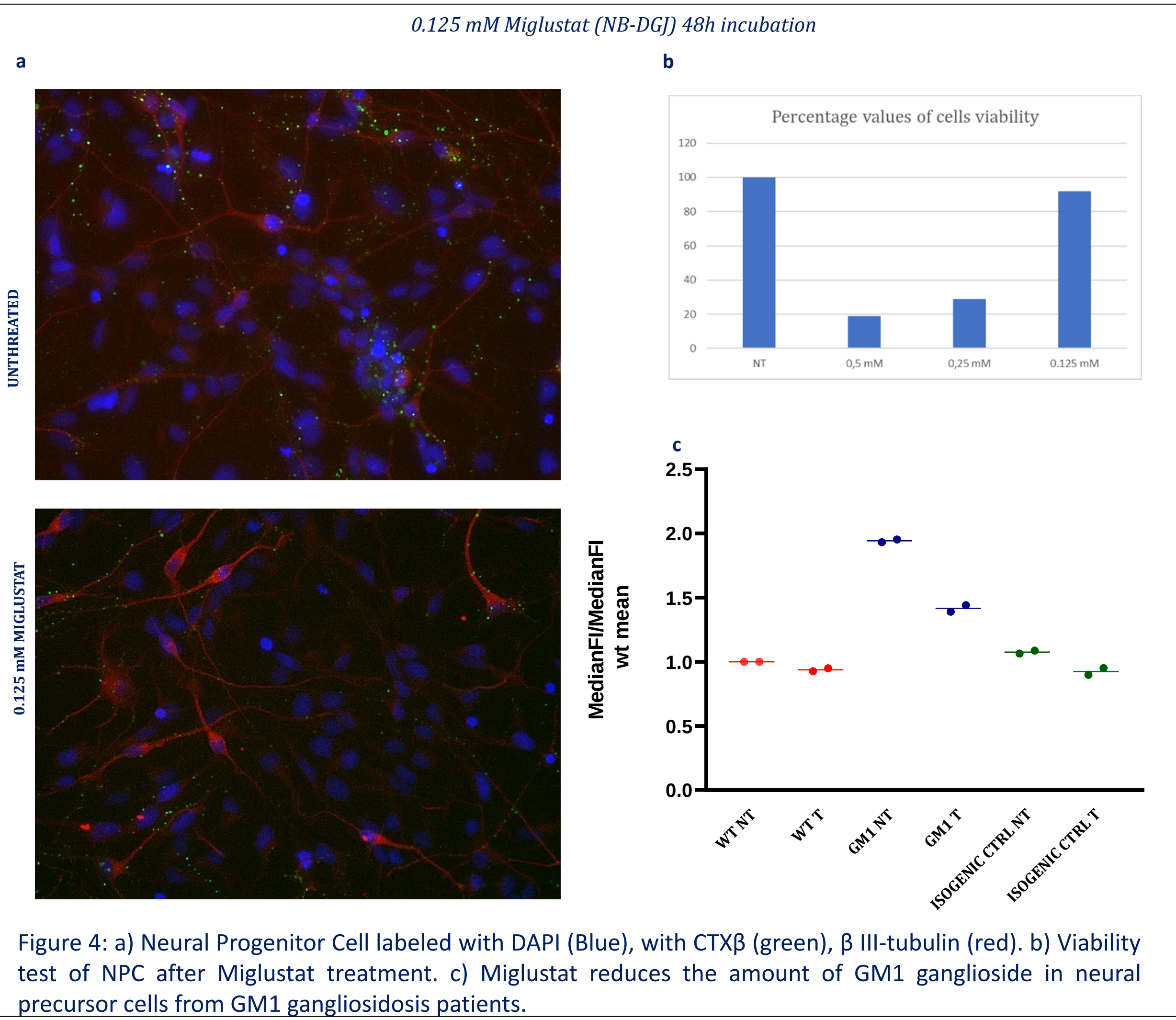
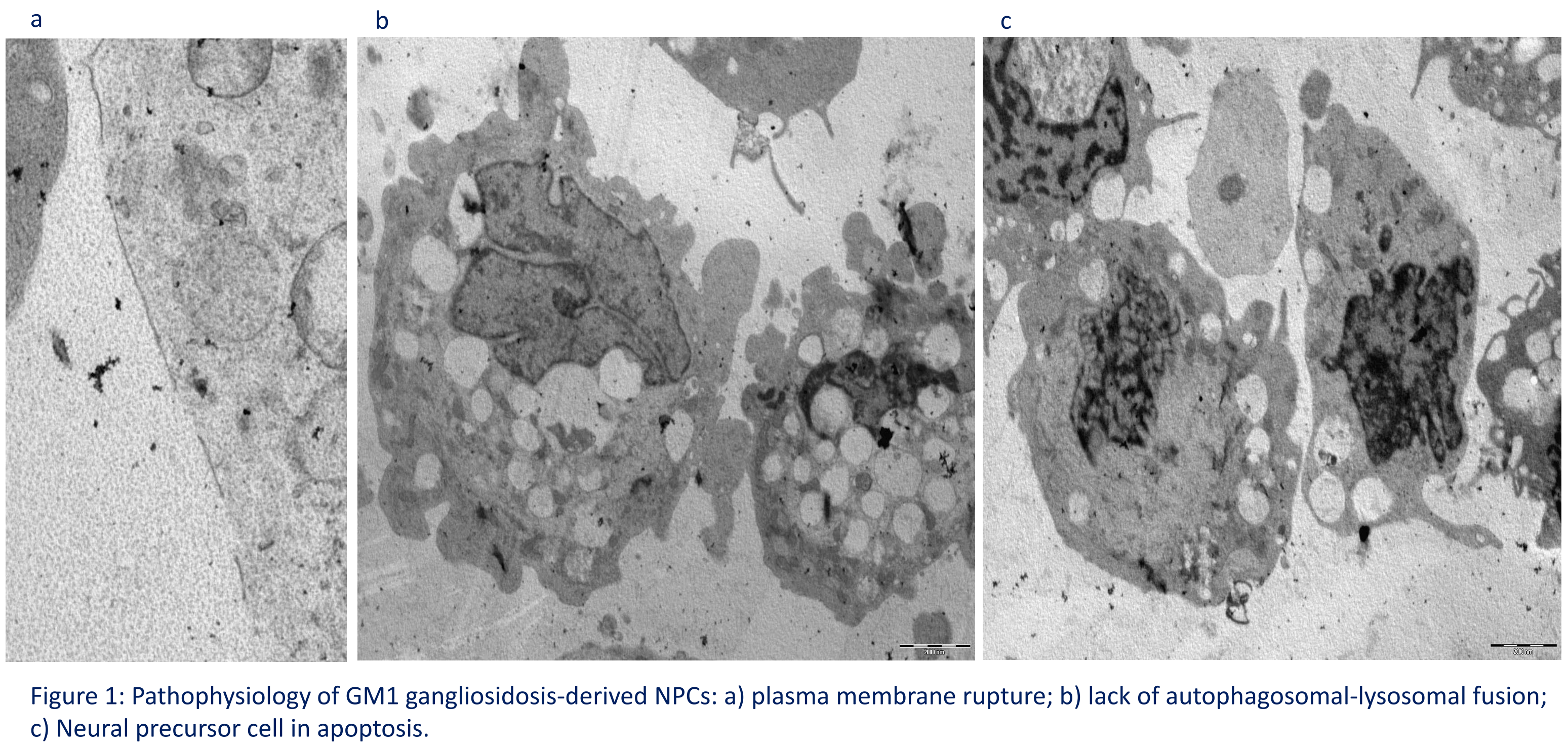
To generate a specific and complex cellular model of GM1 Gangliosidosis disease, in order to conduct immunofluorescence and ultrastructural tests to highlight the typical cellular phenotypes of the disease, and subsequently to perform drug screening tests and develop validated biomarkers for simplifying diagnosis and monitoring disease progression.

METHODS



RESULTS

- The NPC of the GM1 type I patient shows an increased accumulation of GM1 Ganglioside and a plasma membrane rupture that could be caused by alteration of the plasma membrane Ca^{2+} -ATPase activity (Figure 1a).
- In many neurodegenerative diseases, lack of autophagosomal-lysosomal fusion is believed to be the main cause of autophagic failure and apoptosis (Figure 1b-1c).
- Immunofluorescence and electron microscopy highlighted the accumulation of GM1 gangliosidosis in the NPC patient in comparison to the control cell line and to the patient's reverted isogenic line which allowed a clear genotype-phenotype correlation (Figure 2).
- For the validation of the different GM1 type I models, β -gal enzyme activity, in NPC, Endoderm, Mesoderm and Ectoderm cells was measured (Figure 3).
- The NPC of the GM1 gangliosidosis type I patient showed a significant reduction of GM1 ganglioside levels (25%) after administration of 0.125 mM of the substrate inhibitor Miglustat. A comparison of MFI values for treated and untreated cells is shown in Figure 4.



CONCLUSIONS

GM1-NPCs are an important *in vitro* cellular model of pathological neural dysfunction in GM1 gangliosidosis. This model appears to be essential for the genotype-phenotype correlation of novel identified *GLB1* gene variants, especially for those of uncertain significance (VUS). GM1-NPCs offers a fundamental contribution to developing, screening and validating new drugs for the treatment of GM1 Gangliosidosis

Grant : this work received funding from Bando Regione Toscana 2018 (Project 'Lysolate')
The Fondazione AMMeC (Associazione Malattie Metaboliche Congenite), Italia, is gratefully acknowledged for support.
CONFLICT OF INTEREST: nothing to declare.