

Molecular Genetics & Neuropathology of Frontotemporal Dementia

Ian Mackenzie

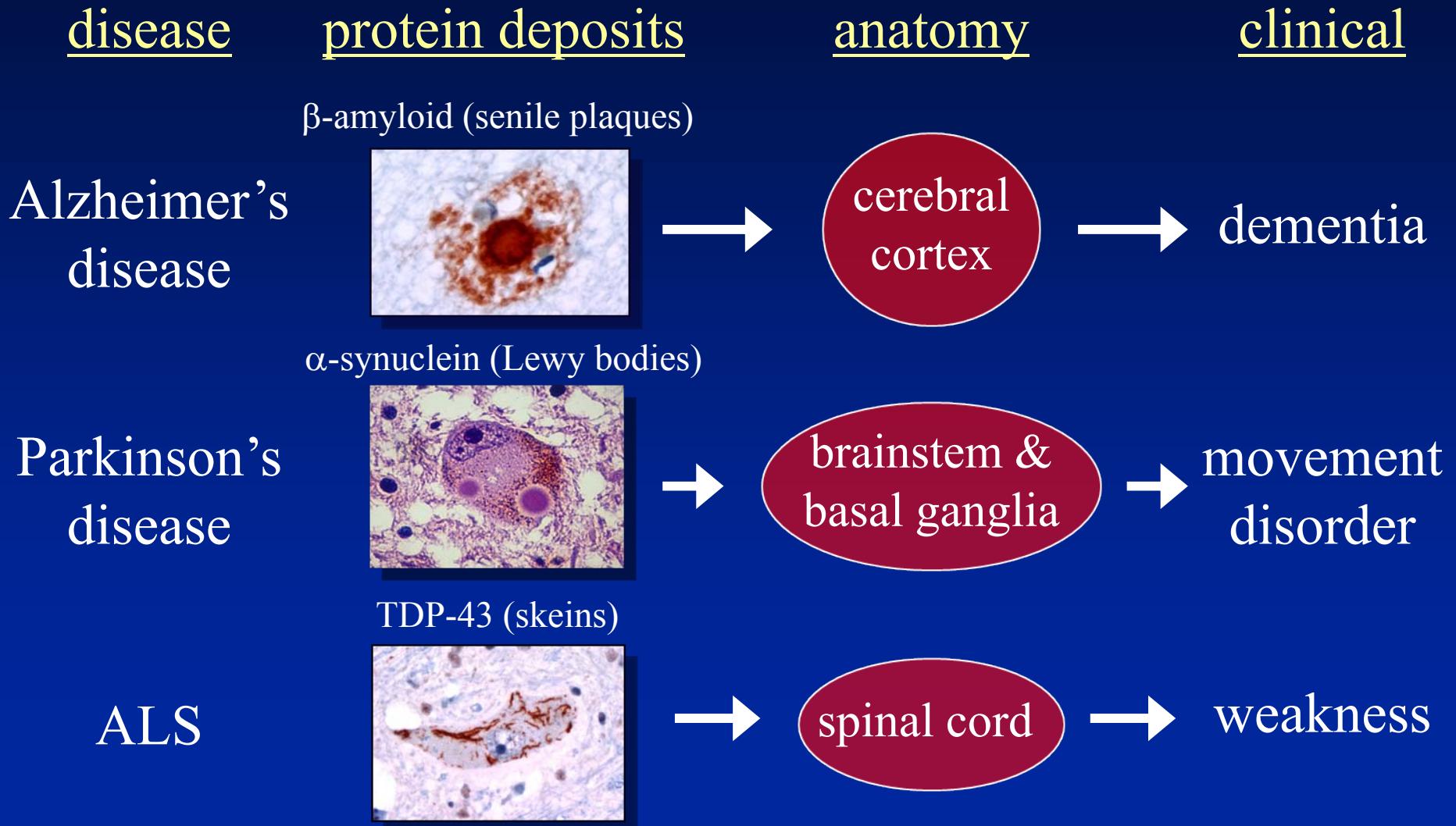
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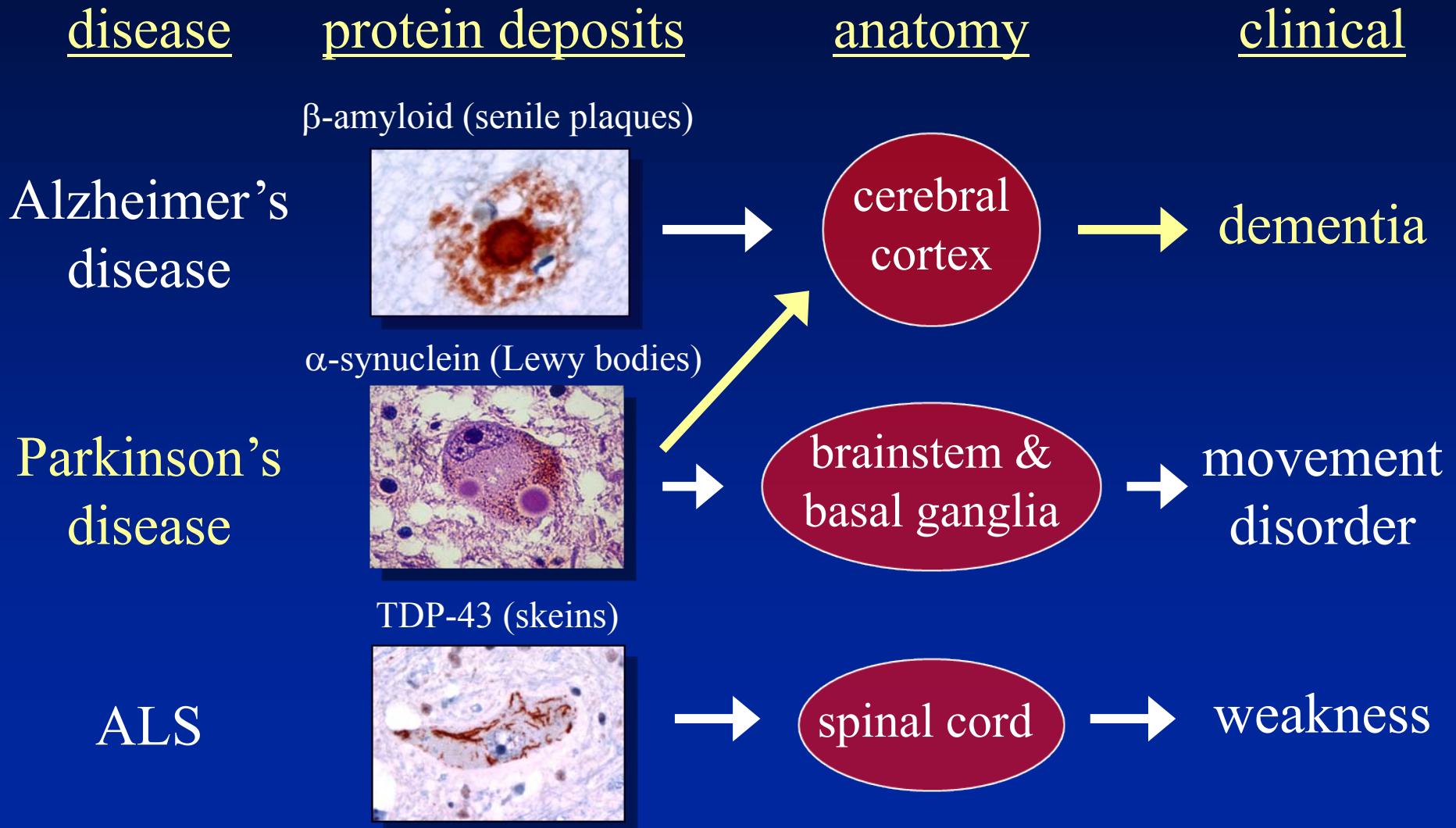
Neurodegenerative diseases

- ◆ slow, progressive, permanent loss of neurologic function.
- ◆ cause unknown.
- ◆ sporadic, familial or inherited.
- ◆ degeneration of specific brain region → clinical syndrome.
- ◆ pathology: abnormal accumulation of disease specific protein.

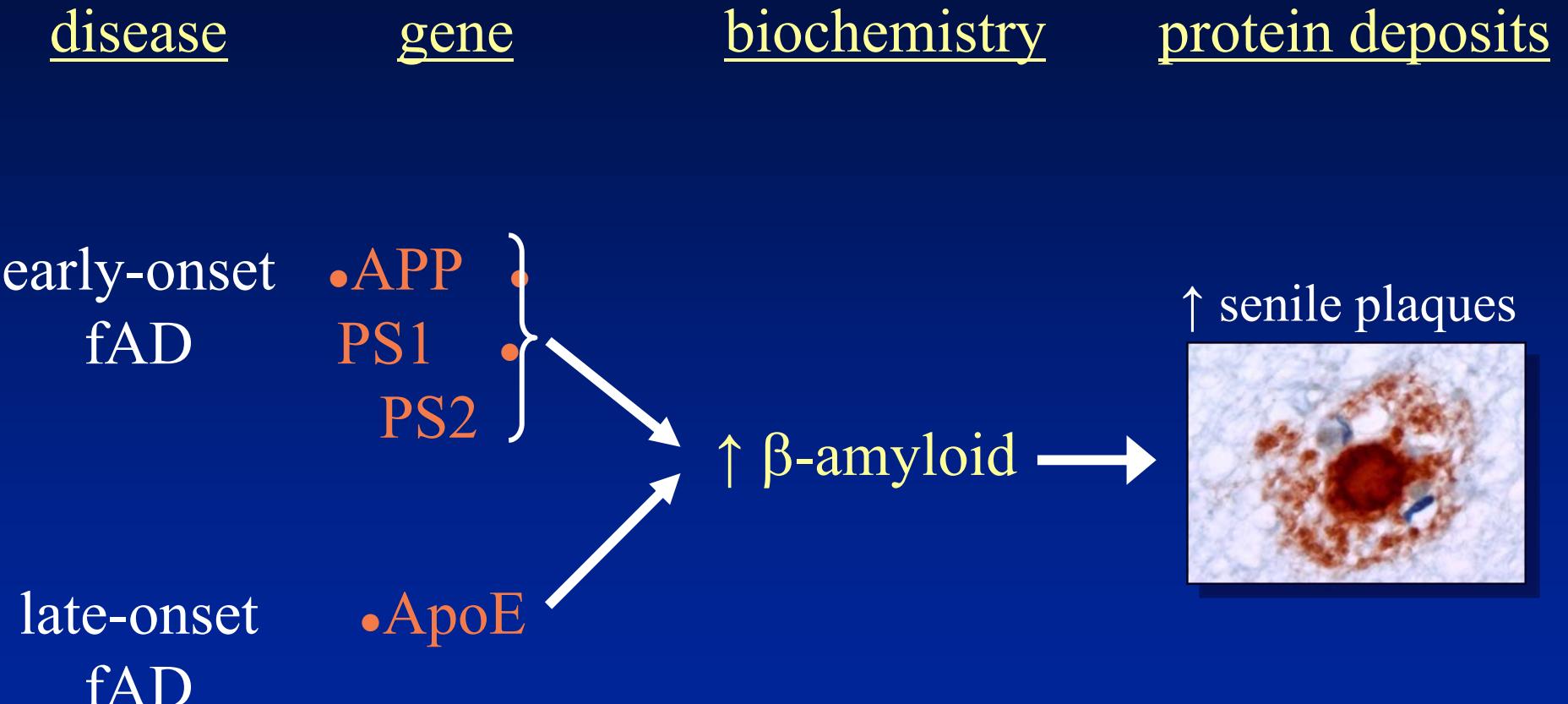
Neurodegenerative diseases



Neurodegenerative diseases



Neurodegenerative diseases



Frontotemporal dementia (FTD)

Clinical syndrome:

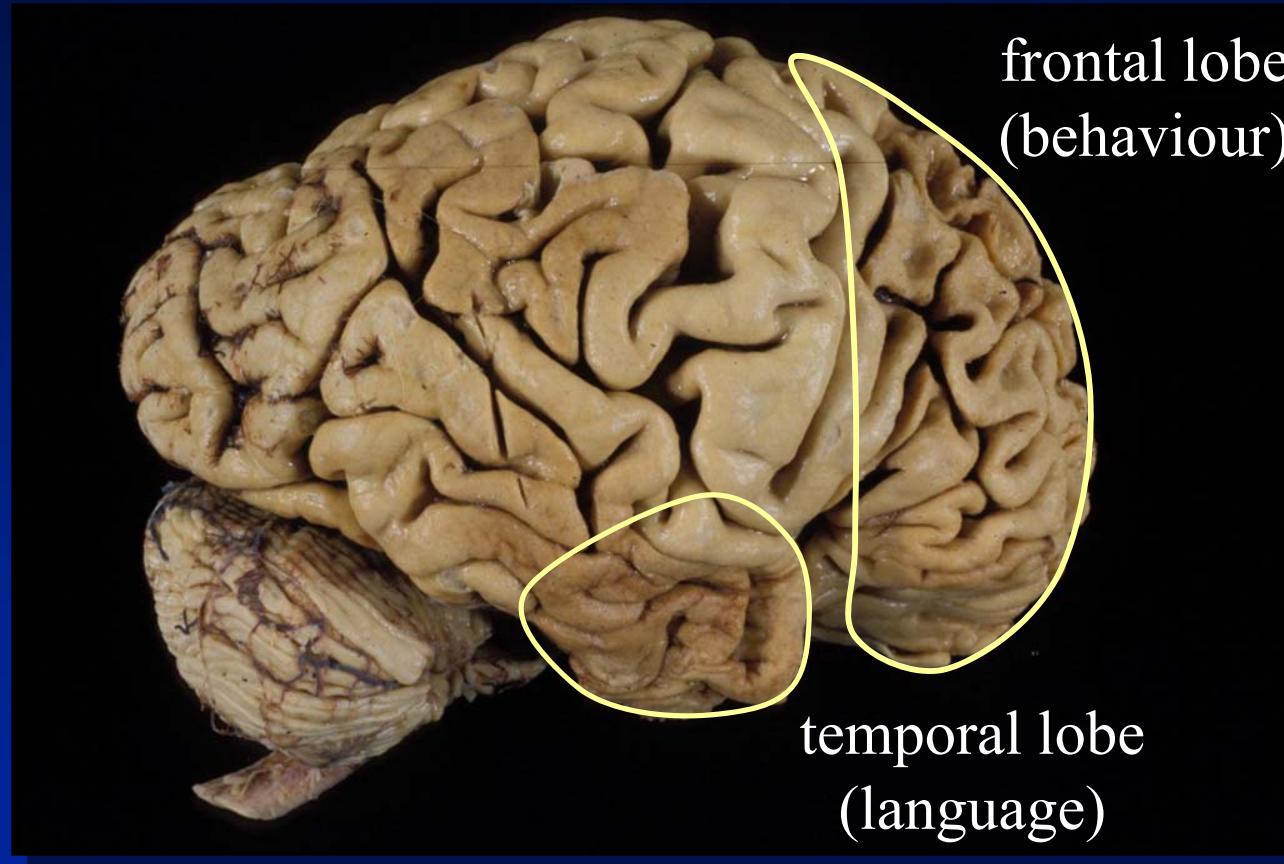
- ◆ progressive change in behaviour, personality and/or language.
- ◆ often associated with movement disorder (parkinsonism or ALS).
- ◆ 25-50% have family history, most autosomal dominant.

Neuropathology of FTD



- ◆ selective atrophy of frontal & temporal lobes

Neuropathology of FTD



- ◆ selective atrophy of frontal & temporal lobes

Neuropathology of FTD

Microscopic pathology:

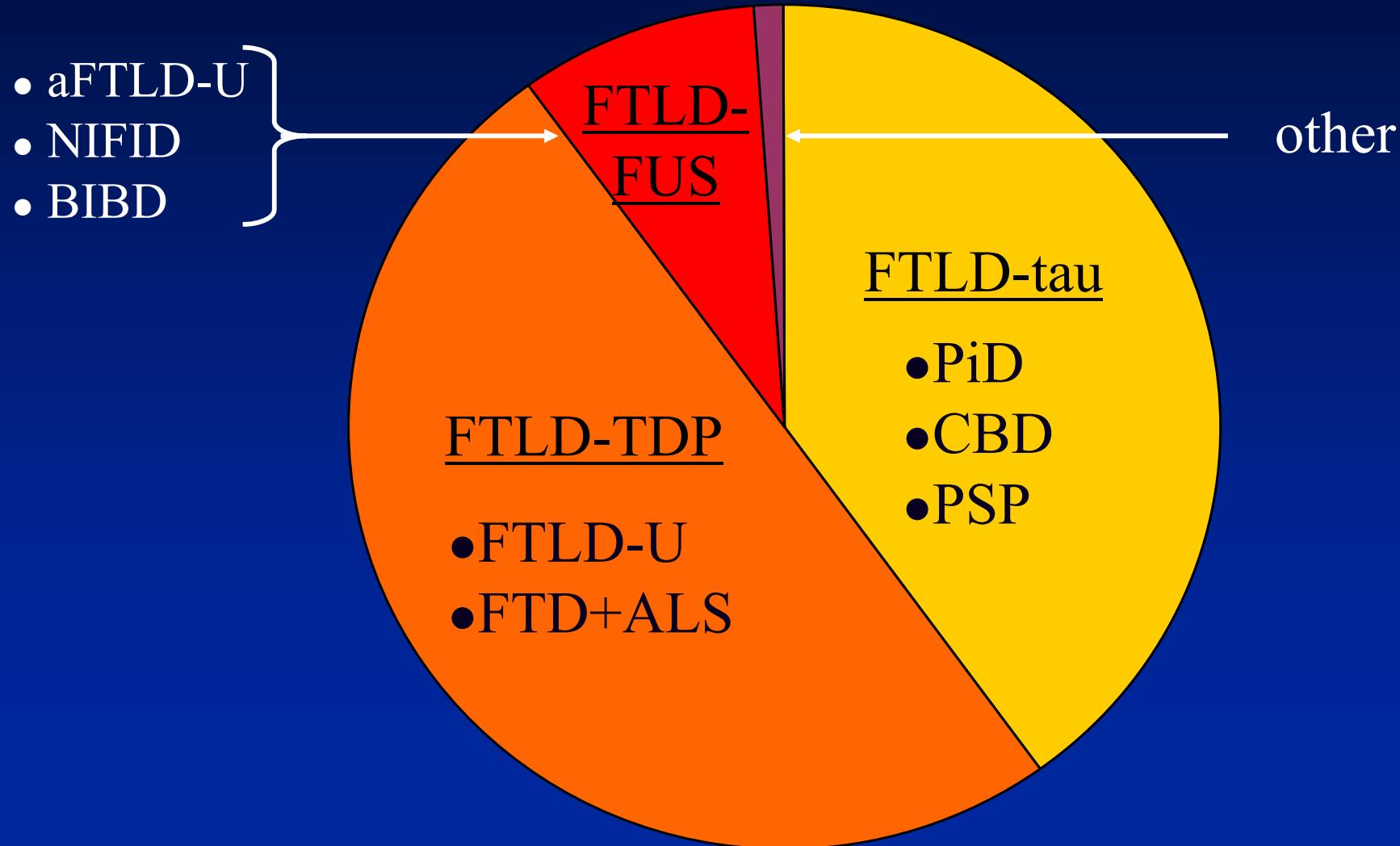
- ◆ Pick's disease
- ◆ corticobasal degeneration (CBD)
- ◆ progressive supranuclear palsy (PSP)
- ◆ frontotemporal lobar degeneration with ubiquitinated inclusions (FTLD-U)
- ◆ FTD with ALS
- ◆ atypical FTLD-U
- ◆ neuronal intermediate filament inclusion disease
- ◆ basophilic inclusion body disease
- ◆ dementia lacking distinctive histopathology (DLDH)

Neuropathology of FTD

Microscopic pathology:

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 - ◆ basophilic inclusion body disease
 - ◆ dementia lacking distinctive histopathology (DLDH)
- protein
- tau
- TDP-43
- FUS
- none

Neuropathology of FTD

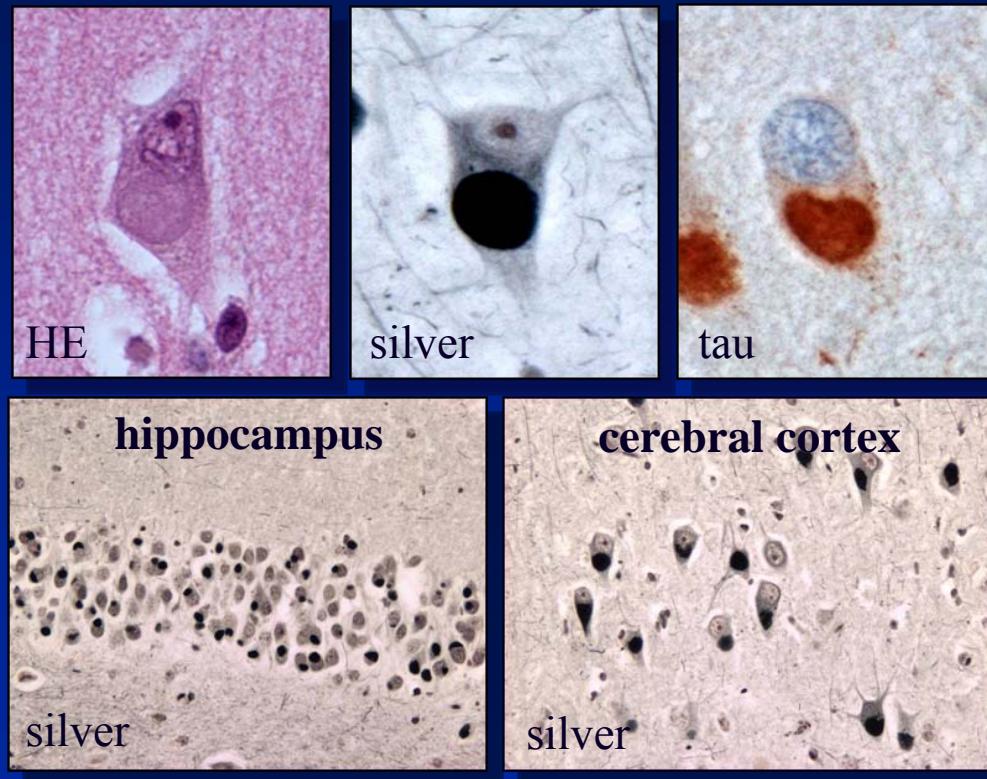


Tau protein

- ◆ a microtubule associated protein.
- ◆ gene on chromosome 17.
- ◆ forms cytoskeleton of neurons, important for axonal transport.
- ◆ abnormal tau accumulates in neurons and glial cells (inclusion bodies).

Pick's disease

- ◆ usually presents as FTD.



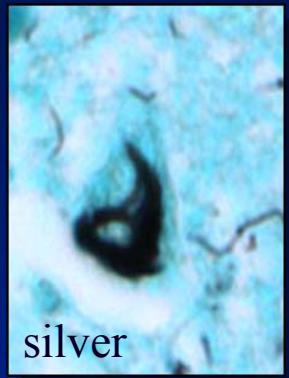
◆ Pick bodies.

Corticobasal degeneration (CBD)

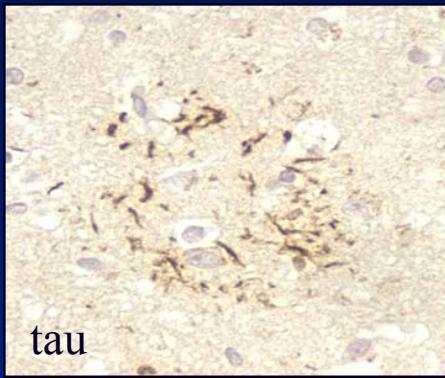
- ◆ may present as parkinsonism or FTD.



swollen neuron



neuronal tangle



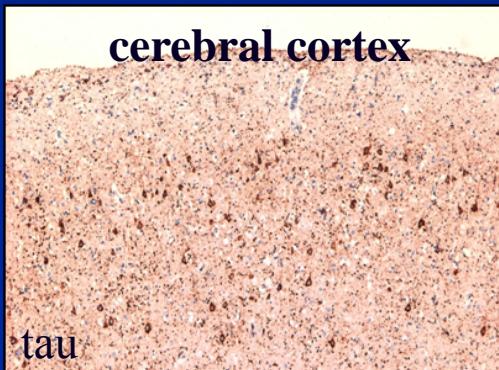
tau

astrocytic plaque

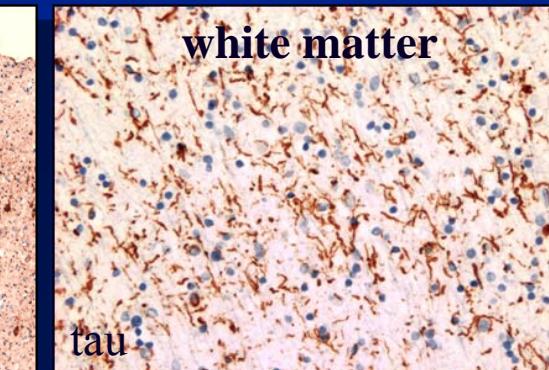


silver

coiled body



tau

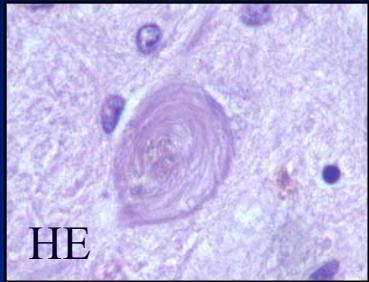


tau

- ◆ abnormal accumulation of tau in neurons and glia.
- ◆ cortex, subcortical grey and white matter.

Progressive supranuclear palsy (PSP)

- ◆ most often presents as parkinsonism but may cause FTD.



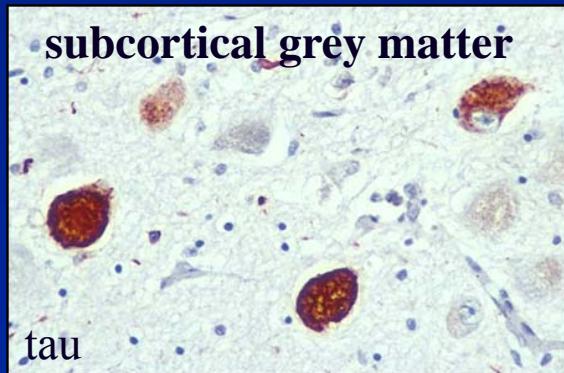
neurofibrillary tangle



tufted astrocyte



thorny astrocyte



subcortical grey matter

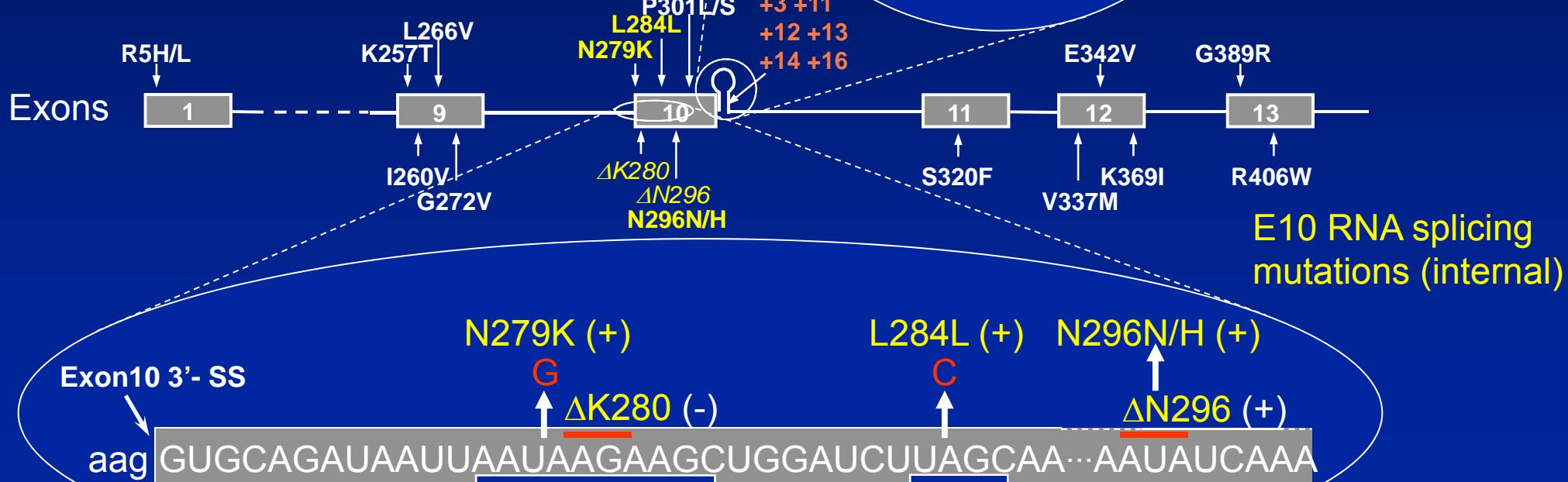


cerebral cortex

- ◆ abnormal accumulation of tau in neurons and glia.
- ◆ cortex, subcortical grey and white matter.

MAPT mutations

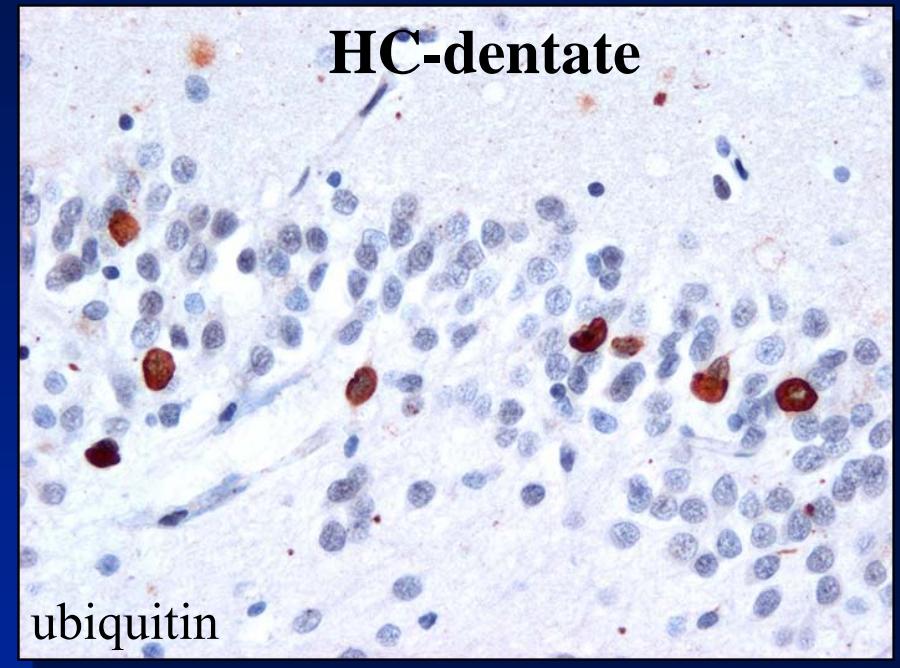
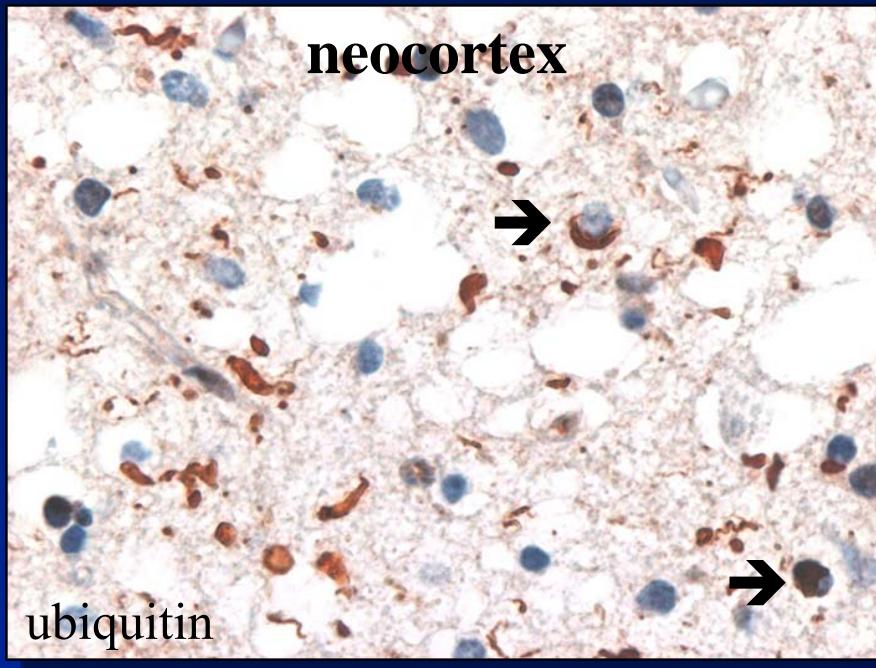
- ◆ 44 mutations in >130 families.
- ◆ 10-20% familial FTD.
- ◆ FTD + parkinsonism.
- ◆ FTLD-tau pathology.



FTLD with ubiquitinated inclusions

- ◆ originally identified as cerebral pathology in patients with ALS and dementia.
- ◆ now recognized as most common FTD pathology.
- ◆ neuronal inclusions only recognized with immunohistochemistry for ubiquitin (non-specific).
- ◆ TDP-43 recently identified as abnormal (ubiquitinated) protein in most FTLD-U and ALS.

FTLD-U

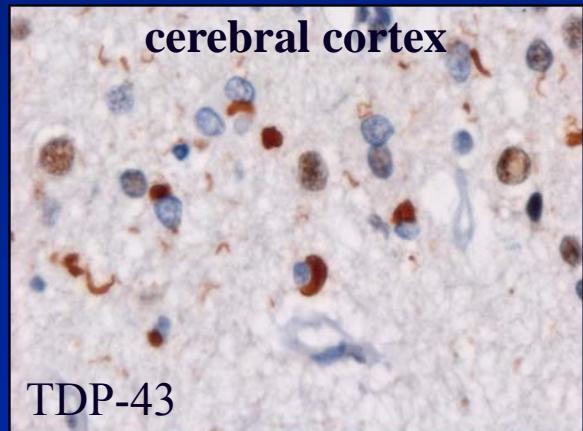


- ◆ abnormal protein deposits in neurons.
- ◆ stain for ubiquitin but not tau or other proteins.

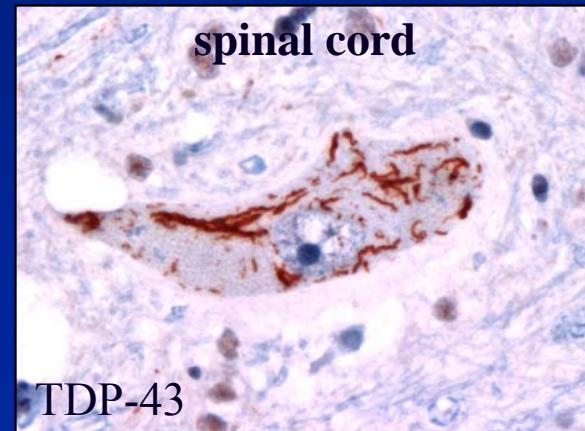
Ubiquitinated TDP-43 in Frontotemporal Lobar Degeneration and Amyotrophic Lateral Sclerosis

Manuela Neumann,^{1,11*} Deepak M. Sampathu,^{1*} Linda K. Kwong,^{1*} Adam C. Truax,¹ Matthew C. Micsenyi,¹ Thomas T. Chou,² Jennifer Bruce,¹ Theresa Schuck,¹ Murray Grossman,^{3,4} Christopher M. Clark,^{3,4} Leo F. McCluskey,³ Bruce L. Miller,⁶ Eliezer Masliah,⁷ Ian R. Mackenzie,⁸ Howard Feldman,⁹ Wolfgang Feiden,¹⁰ Hans A. Kretzschmar,¹¹ John Q. Trojanowski,^{1,4,5} Virginia M.-Y. Lee^{1,4,5†}

- ◆ nuclear protein involved in mRNA processing.
- ◆ abnormally fragments accumulate in neurons and glia.



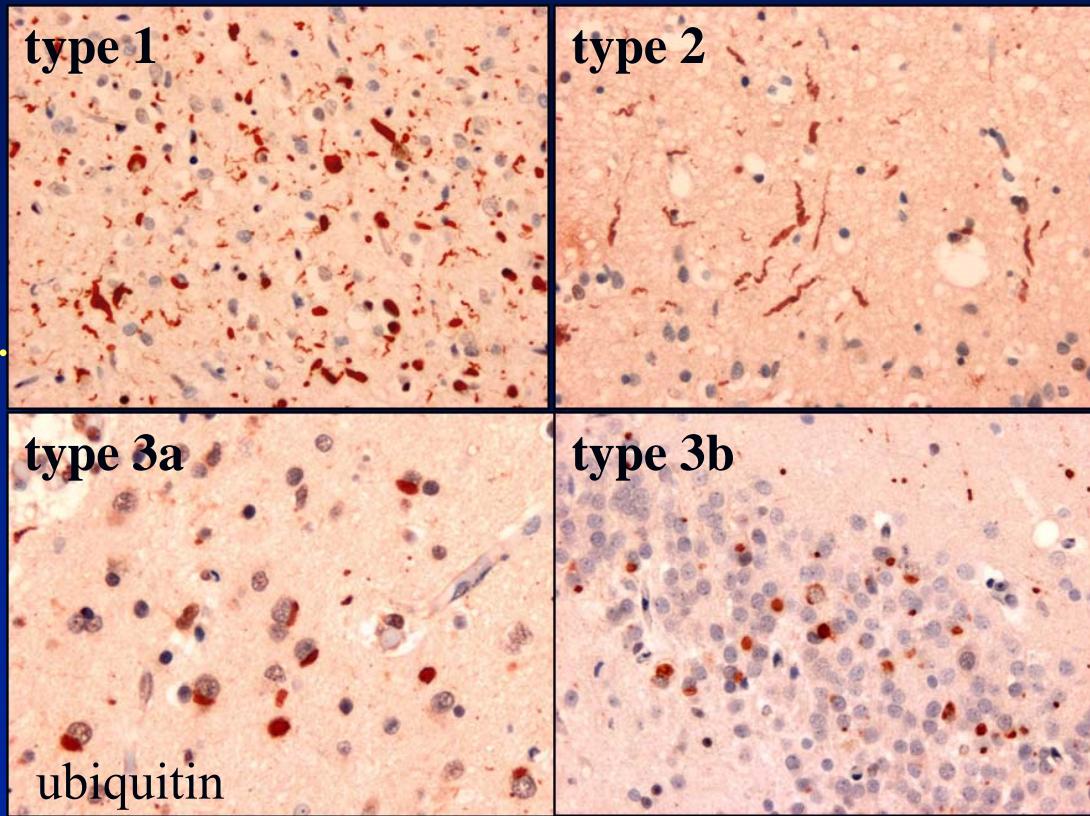
FTLD-U



ALS

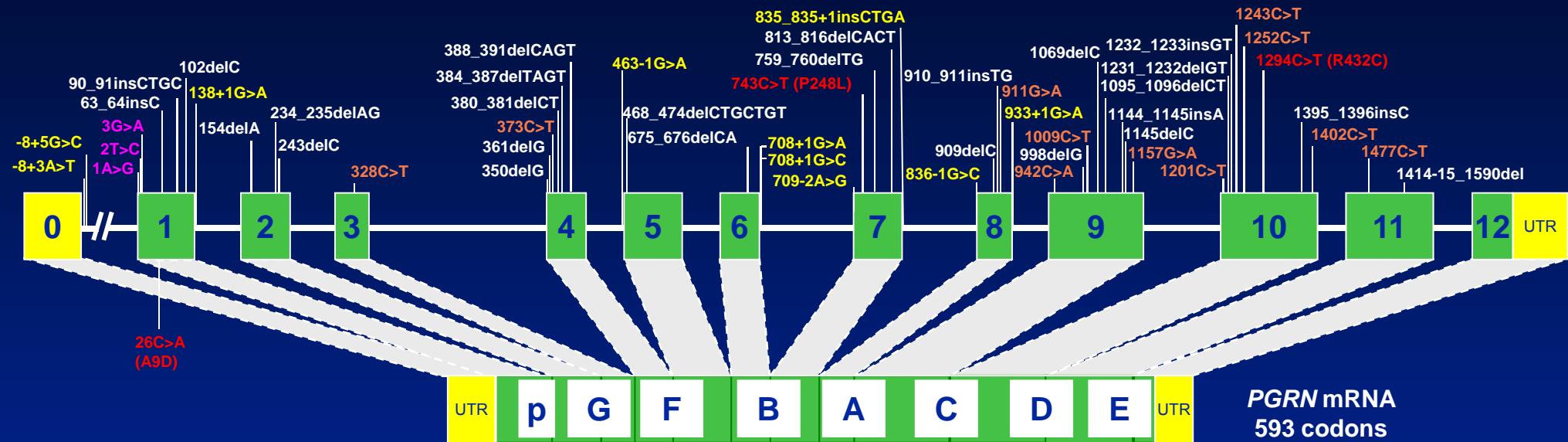
FTLD-U subtypes

- neurites & NCI in layer II.
 - 32%.
 - bvFTD or PNFA.
-
- NCI in neocortex.
 - 20%.
 - ALS-FTD.

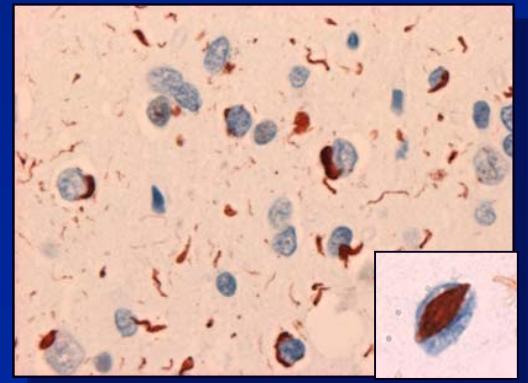


- neurites in layer II.
 - 27%.
 - SD.
-
- NCI in HC.
 - 22%.
 - bvFTD or ALS-FTD.

GRN mutations in FTD

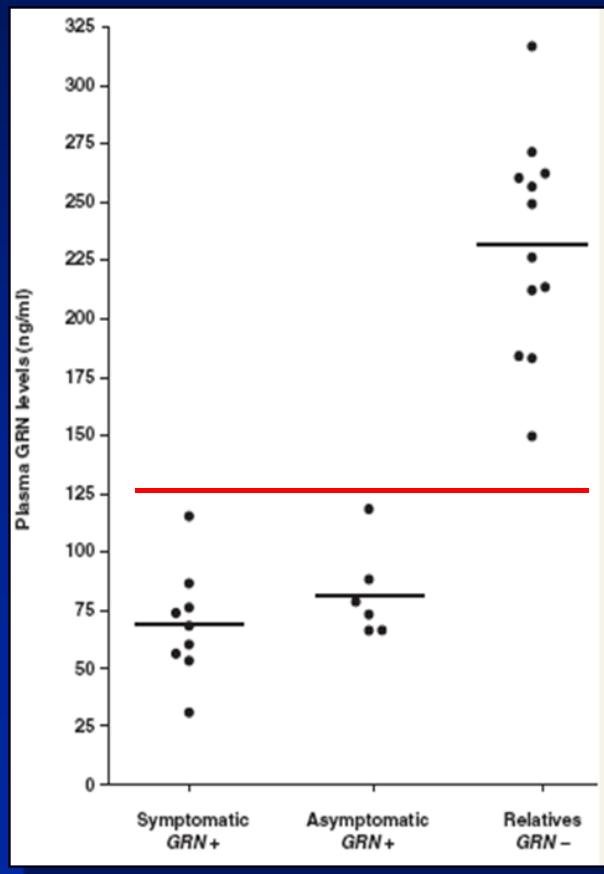
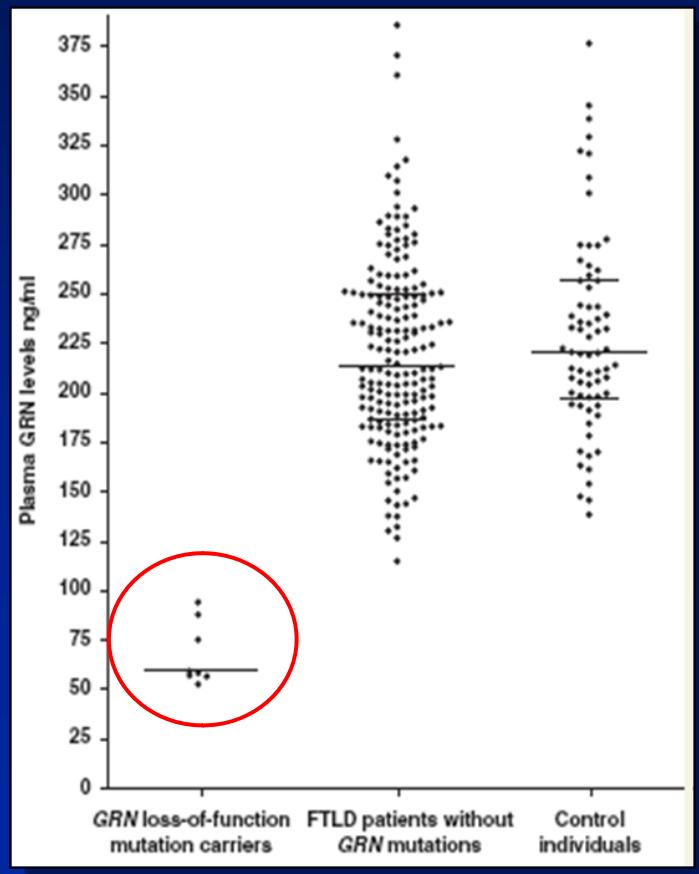


- ◆ progranulin = secreted neuronal growth factor.
- ◆ *GRN* gene on chromosome 17.
- ◆ 68 mutations in 226 families.
- ◆ all cause ↓ functional PGRN.
- ◆ 12-25% of familial FTD.
- ◆ clinical = bvFTD or PPA, no ALS.
- ◆ pathology = FTLD-TDP type 1 with neuronal intranuclear inclusions.



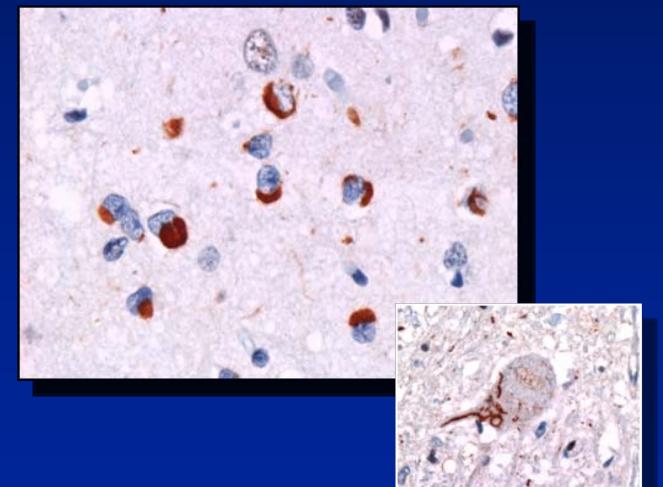
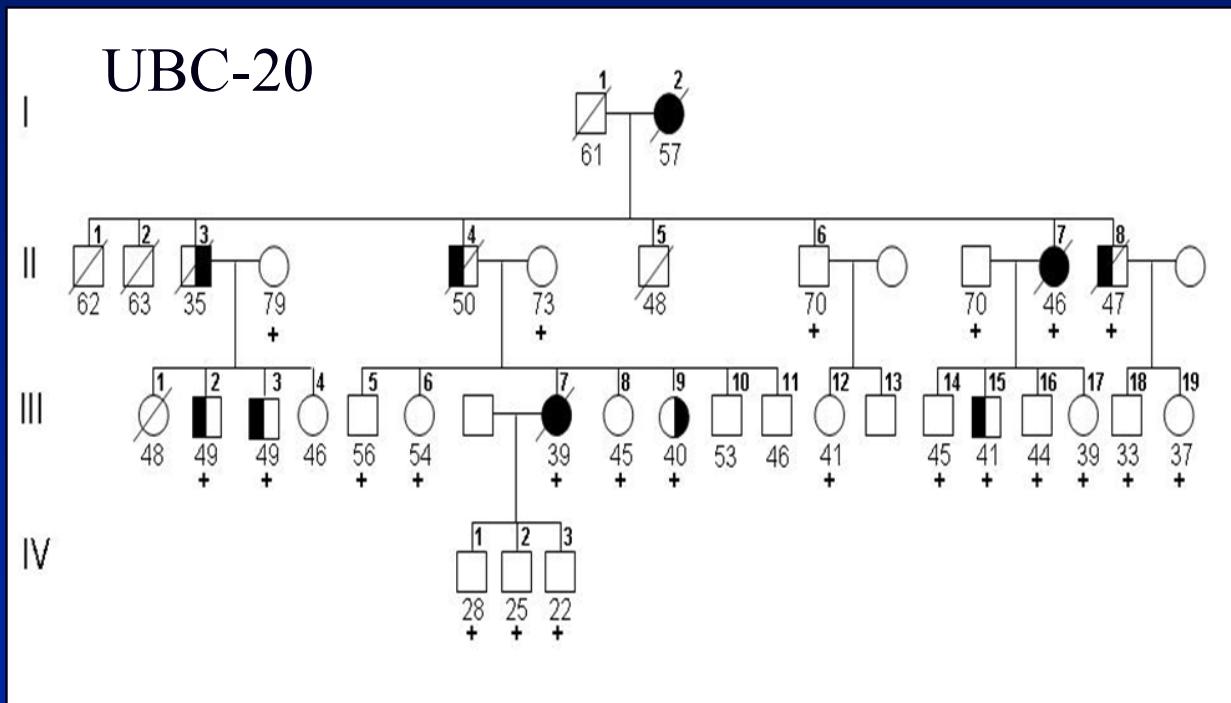
Plasma progranulin levels predict progranulin mutation status in frontotemporal dementia patients and asymptomatic family members

NiCole Finch,¹ Matt Baker,¹ Richard Crook,¹ Katie Swanson,¹ Karen Kuntz,² Rebecca Surtees,¹ Gina Bisceglie,¹ Anne Rovelet-Lecrux,³ Bradley Boeve,² Ronald C. Petersen,² Dennis W. Dickson,¹ Steven G. Younkin,¹ Vincent Deramecourt,⁴ Julia Crook,¹ Neill R. Graff-Radford⁵ and Rosa Rademakers¹



FTD/ALS linked to chromosome 9

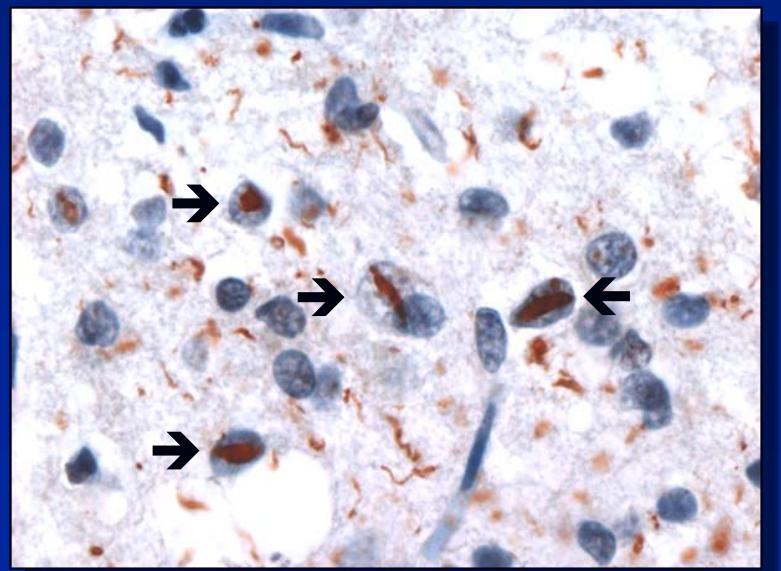
- ◆ multiple families reported with combination of FTD and ALS showing genetic linkage to region on chromosome 9.



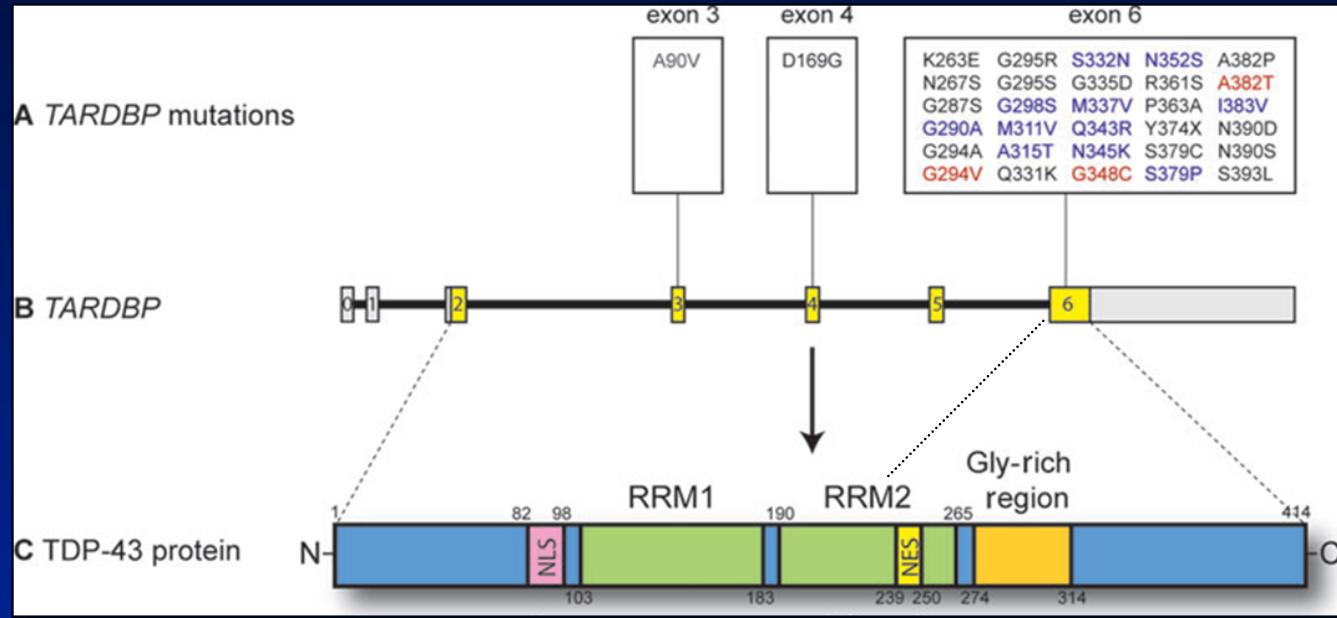
- ◆ FTLD-TDP type 3 and ALS.

Inclusion body myopathy with Paget's disease of bone and FTD

- ◆ rare autosomal dominant syndrome.
- ◆ myopathy (80%), Paget's disease of bone (50%), early-onset FTD (30%).
- ◆ mutations in the gene for valosin-containing protein (*VCP*).
- ◆ FTLD-TDP type 4.

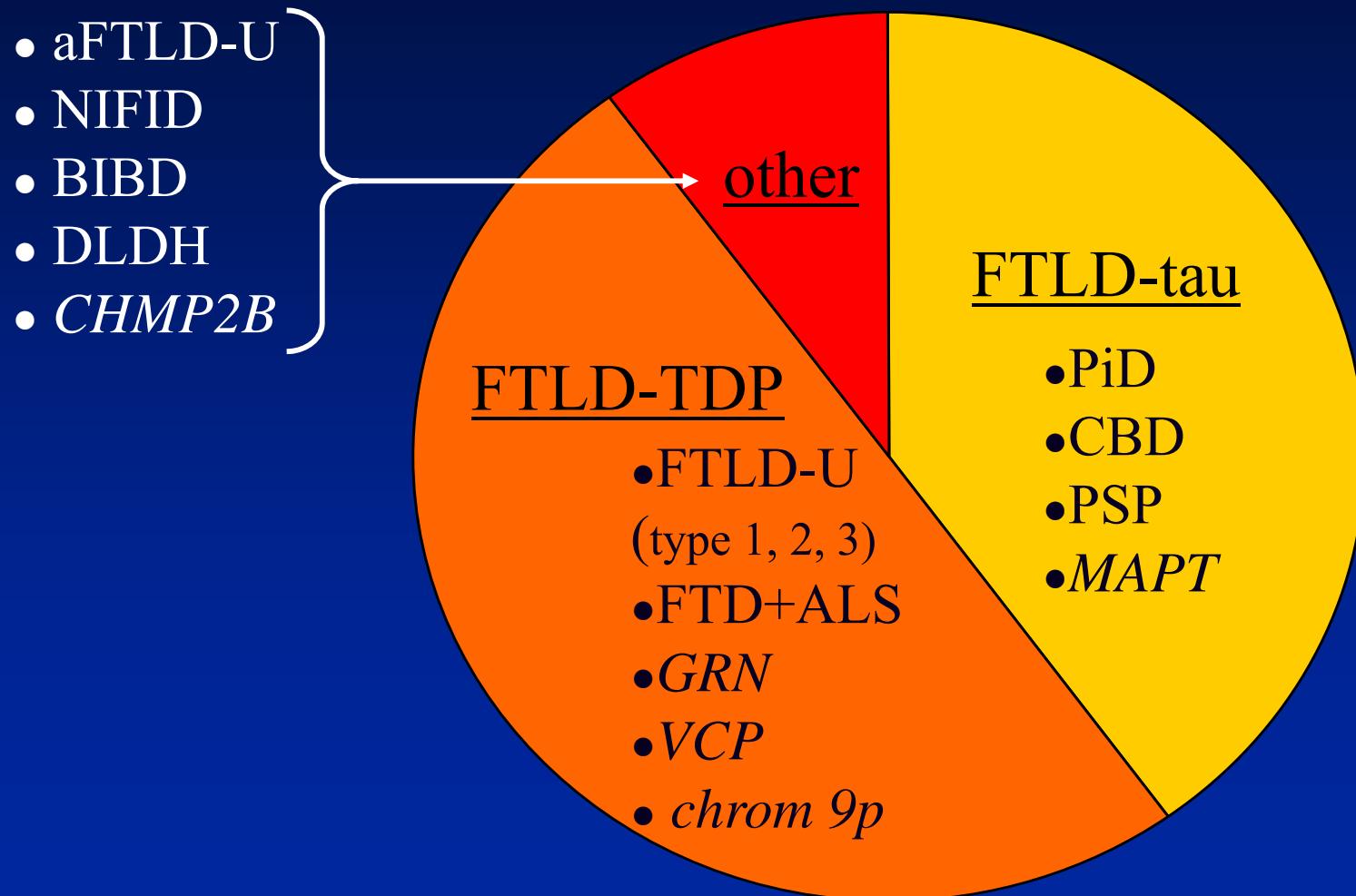


TARDBP mutations in ALS



- ◆ 38 missense mutations in 78 families.
- ◆ ~3% FALS and ~1.5% SALS.
- ◆ clinically and pathologically typical ALS.
- ◆ rare mutations in familial and sporadic FTD +/- ALS.

Neuropathology of FTD



Mutations in the *FUS/TLS* Gene on Chromosome 16 Cause Familial Amyotrophic Lateral Sclerosis

T. J. Kwiatkowski Jr.,^{1,*} D. A. Bosco,^{1,2} A. L. LeClerc,^{1,2} E. Tamrazian,¹ C. R. Vanderburg,³ C. Russ,^{1,4} A. Davis,¹ J. Gilchrist,⁵ E. J. Kasarskis,⁶ T. Munsat,^{7†} P. Valdmanis,⁸ G. A. Rouleau,⁸ B. A. Hosler,¹ P. Cortelli,⁹ P. J. de Jong,¹⁰ Y. Yoshinaga,¹⁰ J. L. Haines,¹¹ M. A. Pericak-Vance,¹² J. Yan,¹³ N. Ticotti,^{1,2,14} T. Siddique,¹³ D. McKenna-Yasek,¹ P. C. Sapp,^{1,15} H. R. Horvitz,¹⁵ J. E. Landers,^{1,2} R. H. Brown Jr.,^{1,2*}

Mutations in FUS, an RNA Processing Protein, Cause Familial Amyotrophic Lateral Sclerosis Type 6

Caroline Vance,^{1,*} Boris Rogelj,^{1,*} Tibor Hortobágyi,^{1,*} Kurt J. De Vos,^{2,*} Agnes Lumí Nishimura,¹ Jemeen Sreedharan,¹ Xun Hu,¹ Bradley Smith,¹ Deborah Ruddy,¹ Paul Wright,¹ Jeban Ganeshalingam,¹ Kelly L. Williams,³ Vineeta Tripathi,¹ Safa Al-Saraj,¹ Ammar Al-Chalabi,³ P. Nigel Leigh,¹ Ian P. Blair,^{3,5} Garth Nicholson,^{3,4,5} Jackie de Belleroche,⁶ Jean-Marc Gallo,¹ Christopher C. Miller,^{1,2} Christopher E. Shaw^{1†}

B

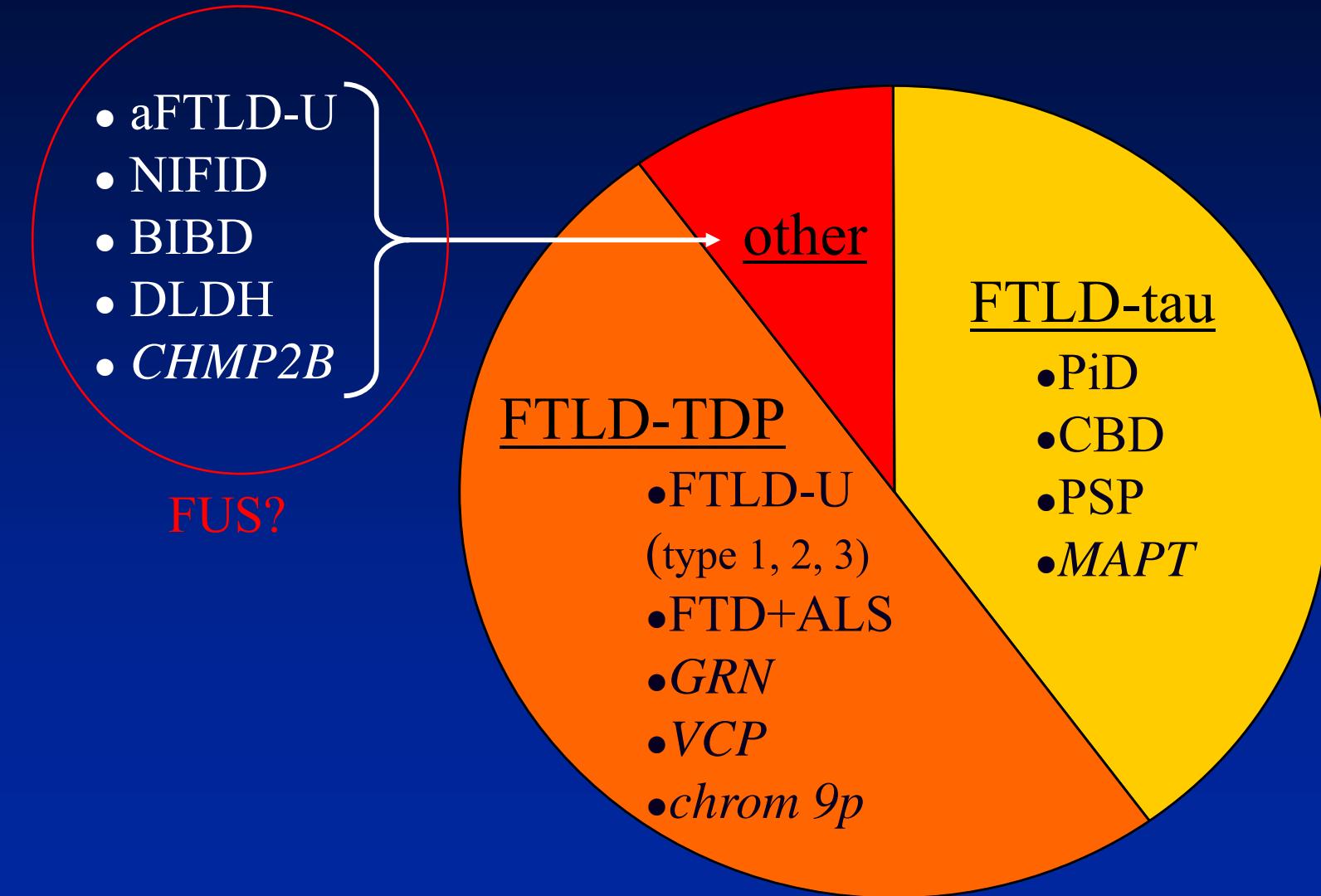
FUS/TLS

- Glutamine, Glycine, Serine, Tyrosine-rich region
- Arginine, Glycine-rich region



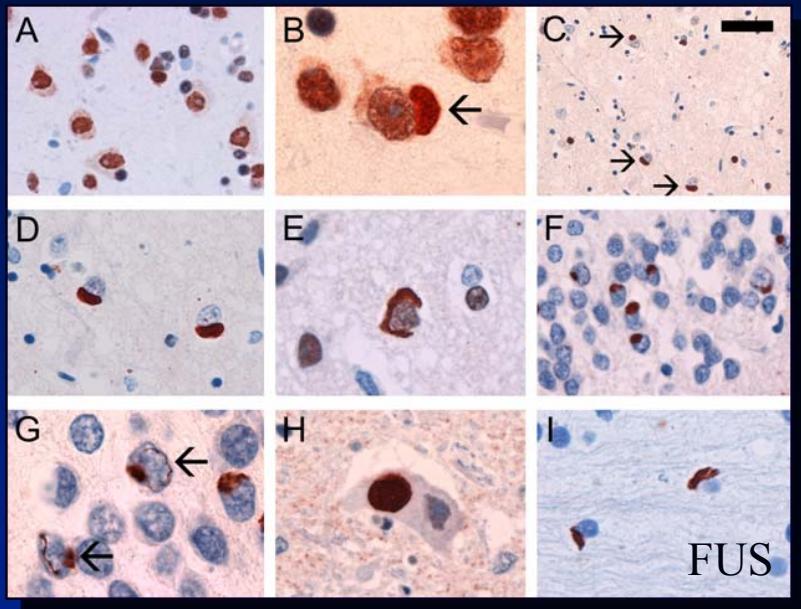
- ◆ fused in sarcoma / translocated in liposarcoma.
- ◆ RNA/DNA binding protein with similar function to TDP-43.
- ◆ mutations → ~4% FALS and <1% SALS.
- ◆ pathology = TDP-43-negative, FUS-positive inclusions.

Neuropathology of FTD

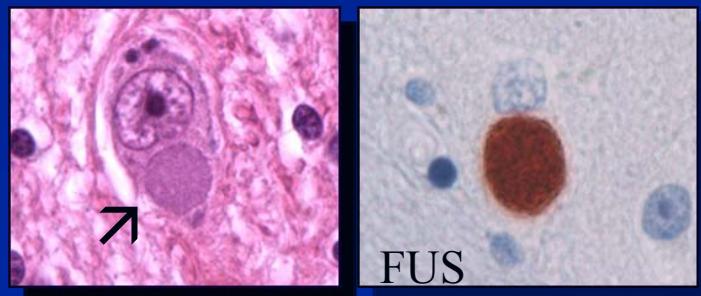


FTLD-FUS

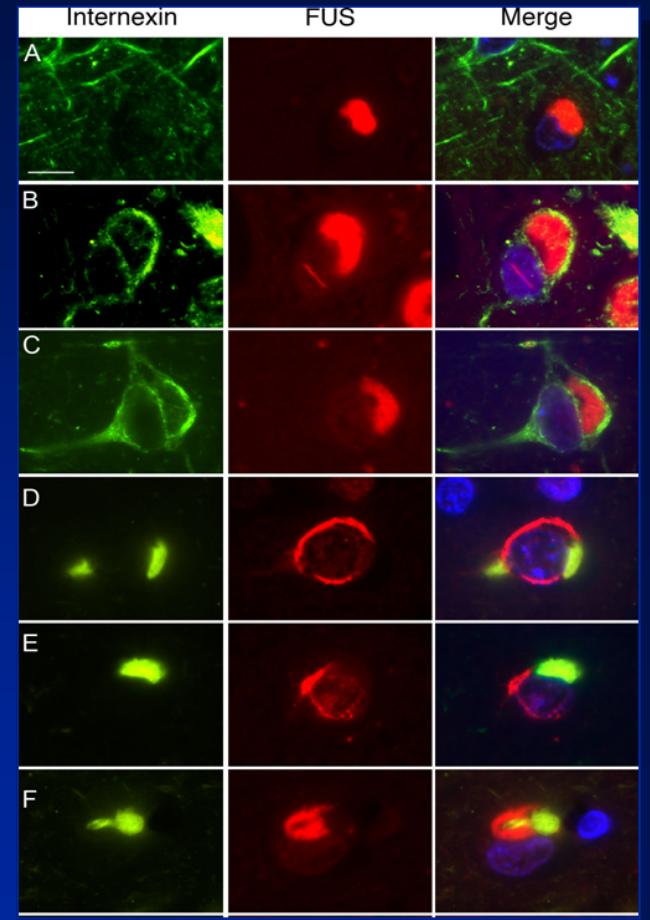
“Atypical” FTLD-U



Basophilic inclusion body disease



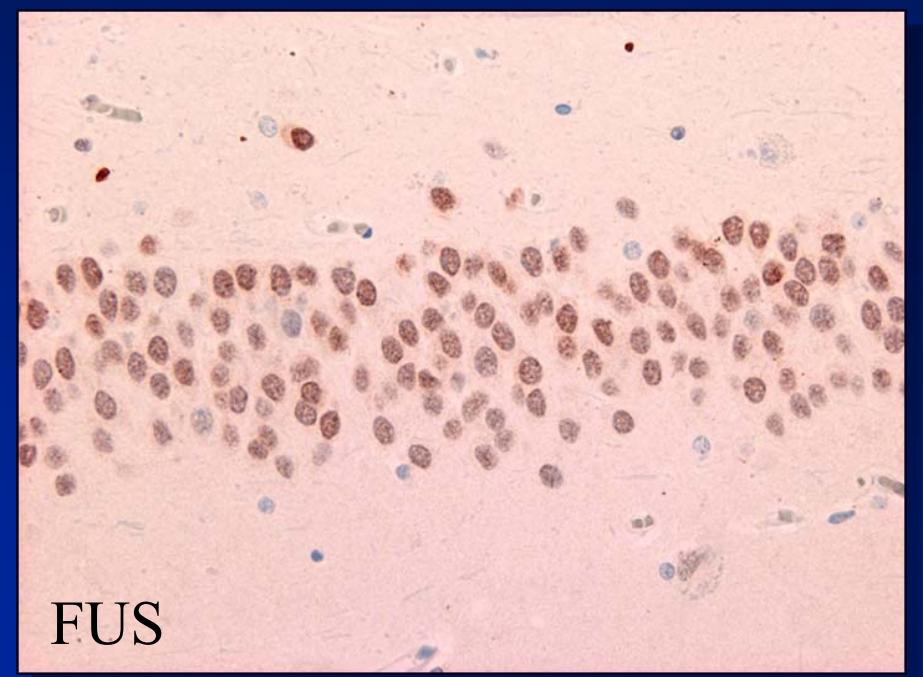
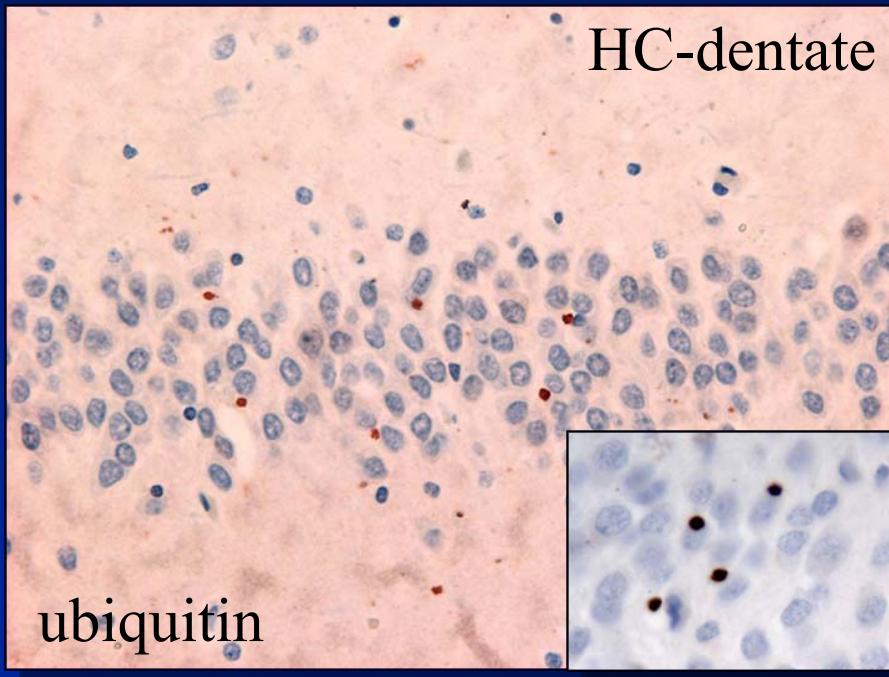
Neuronal intermediate filament inclusion disease



◆ most tau/TDP-negative FTLD is FUS+.

FTD linked to chromosome 3

- ◆ single Danish family with FTD caused by mutation in *CHMP2B* gene.



- ◆ ubiquitin+ inclusions do not label for tau, TDP-43 or FUS.

Neuropathology of FTD

