

# Target ALS Global Natural History & Longitudinal Biofluid Study

Laura Dugoni<sup>1</sup>, Amy Easton<sup>1</sup>, Judith Chavira<sup>2</sup>, Lizz Neylon<sup>10</sup>, Kaycie Opiyo<sup>3</sup>, Michael Weiss<sup>3</sup>, Arleen Matos<sup>4</sup>, Senda Ajroud-Driss<sup>4</sup>, Jingqi Zhu<sup>5</sup>, James Berry<sup>5</sup>, Huy Tran<sup>6</sup>, Bjorn Oskarsson<sup>6</sup>, Nathan Budden<sup>7</sup>, Cindy Ly<sup>7</sup>, Gilbert Gutierrez<sup>8</sup>, John Ravits<sup>8</sup>, Benjamin Hoover<sup>9</sup>, Sarah Griffen<sup>9</sup>, Matthew Harms<sup>9</sup>, Neil Sheider<sup>9</sup>, Whitney Dailey<sup>10</sup>, Shafeeq Lachai<sup>10</sup>, Cassandra Holmes<sup>11</sup>, Nicholas Streicher<sup>11</sup>, Shakti Nayar<sup>11</sup>, Brent Harris<sup>11</sup>, Sarah Berth<sup>12</sup>, Frances Aponte<sup>13</sup>, Brenda Deliz<sup>13</sup>, Valerie Wojnal<sup>13</sup>, Manuela Quiroga Carillo<sup>14</sup>, Martha Peña<sup>14</sup>, Marc Gotkine<sup>15</sup>, Nortina Shahrizaila<sup>16</sup>, Vishnu V Venugopalan<sup>17</sup>, Nalini Atchayaram<sup>18</sup>, Seok-Jin Choi<sup>19</sup>, Jeannine Heckman<sup>20</sup>, Manish Raisinghani<sup>1</sup>, Robert Bowser<sup>2, 10</sup>

<sup>1</sup> Target ALS, New York, New York, USA  
<sup>2</sup> Department of Translational Neuroscience, Barrow Neurological Institute, Phoenix, AZ, USA  
<sup>3</sup> Department of Neurology, University of Washington, WA, USA  
<sup>4</sup> Department of Neurology, Northwestern University, Chicago, IL, USA  
<sup>5</sup> Department of Neurology, Massachusetts General Hospital, Boston, MA, USA  
<sup>6</sup> Department of Neurology, Mayo Clinic Jacksonville, Jacksonville, FL, USA  
<sup>7</sup> Department of Neurology, Washington University St. Louis, St. Louis, MO, USA  
<sup>8</sup> Department of Neurosciences, University of California, San Diego, San Diego, CA, USA  
<sup>9</sup> Department of Neurology, Columbia University Medical Center, New York NY, USA  
<sup>10</sup> Department of Neurology, Barrow Neurological Institute, Phoenix, AZ, USA  
<sup>11</sup> Department of Neurology and Pathology, Georgetown University, Washington, DC, USA  
<sup>12</sup> Baylor College of Medicine, Waco, TX, USA  
<sup>13</sup> University of Puerto Rico, San Juan, Puerto Rico  
<sup>14</sup> Instituto Roosevelt, Bogotá, Colombia  
<sup>15</sup> Hebrew University, Jerusalem, Israel  
<sup>16</sup> University of Malaya Medical Centre (UMMC), Kuala Lumpur, Malaysia  
<sup>17</sup> All India Institute of Medical Sciences (AIIMS), New Delhi, India  
<sup>18</sup> National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, India  
<sup>19</sup> Seoul National University Hospital, Seoul, South Korea  
<sup>20</sup> University of Cape Town, South Africa

## ABSTRACT

**Background** Although ALS exists in people of all ancestries, research studies and clinical trial participants are mainly composed of white patients of European descent. Inclusion of historically underrepresented ethnicities and races is a critical part of understanding the genetic risk factors for ALS and developing effective treatments for all patients. We therefore launched the ALS Global Research Initiative (AGRI). Under this initiative, we expanded our Global Natural History Study to include underrepresented and genetically diverse communities at sites around the world, with the goal of enrolling 800 symptomatic ALS patients and 200 healthy controls. We are generating robust multi-omic, clinical and demographic datasets linked to longitudinal biofluids to provide investigators a comprehensive resource for research studies.

**Methods** Participant enrollment currently occurs across 14 international sites, with sites in India, Malaysia, South Korea, and South Africa on-boarding. Longitudinal clinical assessments and cognitive measures occur every 4 months, along with collection of blood, urine, and cerebrospinal fluid (CSF). At-home digital measures of speech, using Aural Analytics or Modality AI platforms, and respiratory function using the ZEPHYRx platform are collected in a subset of study participants. In addition, environmental and occupational history data are collected. ALS participants are followed for up to 18 months and healthy controls are seen in clinic twice, 12 months apart.

**Results** To date, 229 participants (145 ALS, 84 HC) have been enrolled. 27% of ALS participants are symptomatic genetic mutation carriers. While the majority of participants (64.2%) are White Caucasian, increased enrollment at our international sites is quickly enhancing the study's diversity. Currently, approximately 4% of participants identify as Asian, 19% as Hispanic/Latino, and 3% as African American/Black. Robust clinical and genomic datasets can be mined in the Target ALS data portal. The biorepository currently holds over 23,000 biofluid vials; samples are being distributed to researchers to help identify biomarkers critical for clinical use. Application for samples can be found on the Target ALS website.

**Conclusion** This global Natural History study will inform the heterogeneous nature of disease and allow for development of novel biomarkers that can predict and track disease progression. New insights from ALS populations outside of the USA will help further our understanding of the disease and provide the

framework to enable future clinical studies in diverse parts of the world.

## PARTICIPANT COHORT - ENHANCING GLOBAL DIVERSITY

### Enrollment by Gender, Racial, and Ethnic Categories

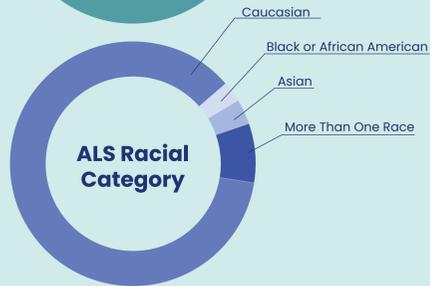
Gender	ALS	HC
Male	93	40
Female	52	44
Total (229)	145	84

Ethnic Category	ALS	HC
Hispanic or Latino	28	16
Not Hispanic or Latino	117	68



Racial Category	ALS	HC
Caucasian	125	66
Black or African American	4	2
Asian	5	4
American Indian/Alaska Native	0	1
Native Hawaiian/Pacific Islander	0	0
More Than One Race	11	11



## GENETIC MUTATIONS IN COHORT

C9ORF72	FUS	SOD1	TDP43	SPG11	ATXN2
17	1 VUS	20	1 and 2 VUS	1	1 and 1 VUS (p.P3922)

## GLOBAL NATURAL HISTORY STUDY DESIGN

**Global Natural History Study**

- 1,800 ALS symptomatic, 200 healthy
- Efforts to enhance genetic and ethnic diversity
- 19 sample requests approved and 3202 samples distributed
- Longitudinal clinical data and biofluids (0, 4, 8, 12, 16 months)
- Optional At-home functional measures include speech (Aural Analytics or Modality AI) and respiration (ZEPHYRx-subset of sites)
- WGS, unbiased multi-omics, NFL

**Operations**

- Biofluids sample collection** process is standardized across 14 international sites
- Biofluids stored at and distributed** from Barrow Neurological Institute
- Biofluids datasets generated at:** Broad Institute, New York Genome Center, University of Gothenburg, Psmagen
- Data Engine for access and analyses**

**Visits and biofluid sample collection in months**

ALS Participants: 0, 4, 8, 12, 16  
 Healthy Controls: 0, 12

## SCHEDULE OF ACTIVITIES

**Clinic Visits**

ALS: 5 Visits (0, 4, 8, 12, 16 mos)  
 HC: 2 Visits (0, 12 mos)

**Planned**

ALSFRS-R/Harmonized, SVC, Neurologic Exam, ALS-CBS/ECAS, Medications, Family History, Environmental Questionnaire

**At Home Assessments** (every 2 weeks)

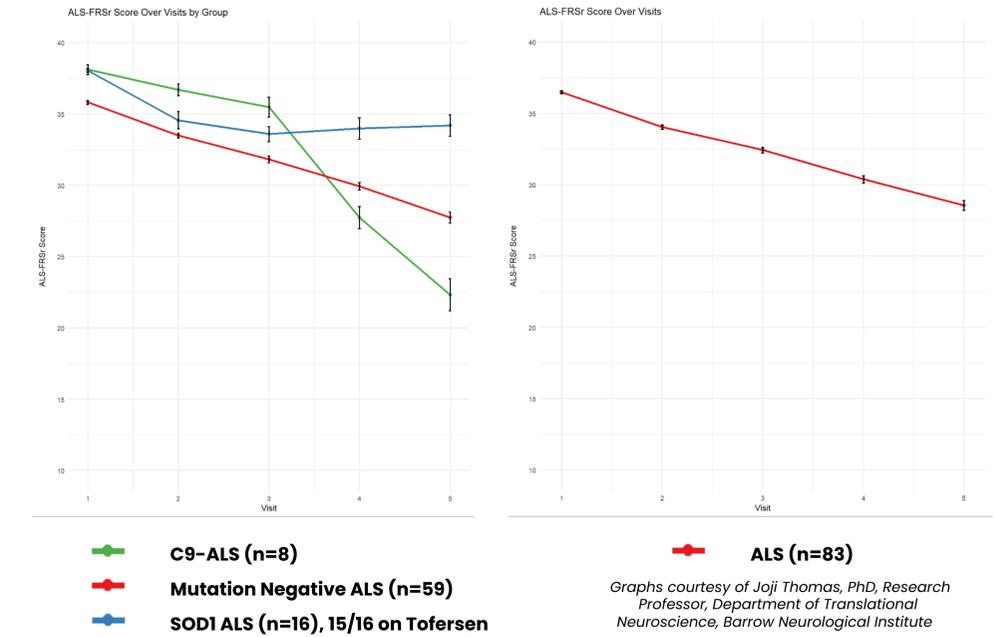
Speech and Motor Function Measures: Aural Analytics (100 ALS, 50 HC), Modality.ai (100 ALS, 50 HC)

Respiratory Measures: ZEPHYRx (100 ALS and HC)

**Participants**

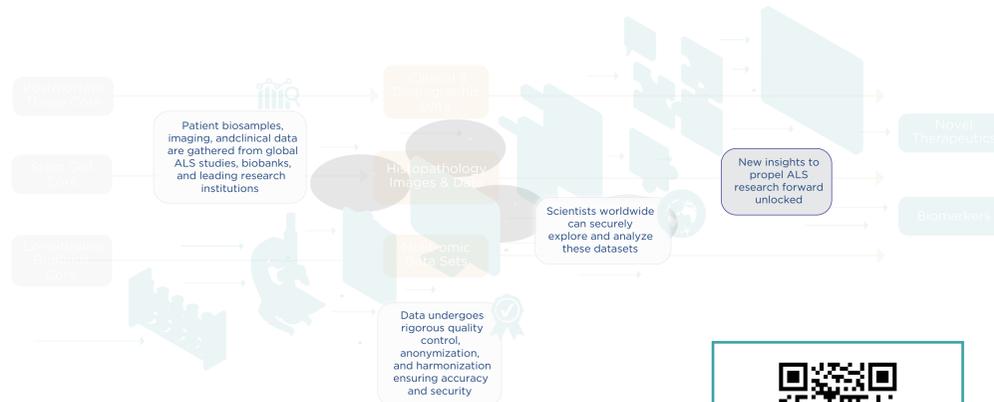
CSF, Plasma, Serum, Urine, PBMC Platelet

## LONGITUDINAL ALS-FRSR SCORES



Patients with C9orf72 mutations and negative for genetic mutations progress throughout the 16-18 month time course. SOD1 patients treated with Tofersen (15 of 16) show stable ALS-FRS-R scores.

## TARGET ALS DATA ENGINE



Requests for samples will be made through the Target ALS website <https://www.targetals.org/>. Research proposals will be reviewed by an independent review committee and samples distributed from the repository at BNI. All clinical, genomic, & functional meta-data will be available via a Target ALS Data Engine developed with DNASTACK and Verily.



Scan the QR code to access the Target ALS Data Engine at [dataengine.targetals.org](https://dataengine.targetals.org)