

# Human prion diseases



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**German Center for Neurodegenerative Diseases**

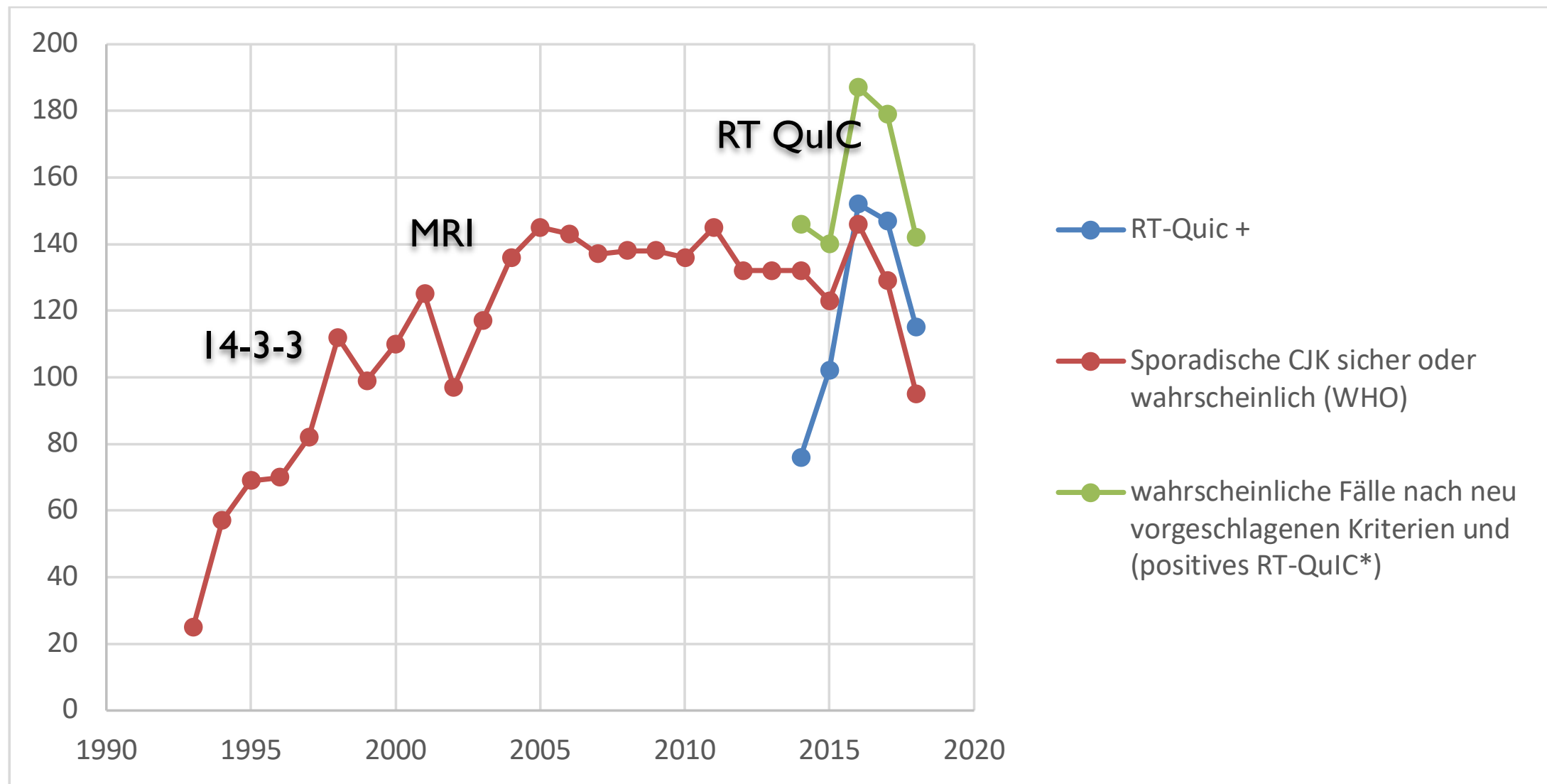
**National Reference Center for surveillance of TSE**

# Human TSE in Germany 1993-2018

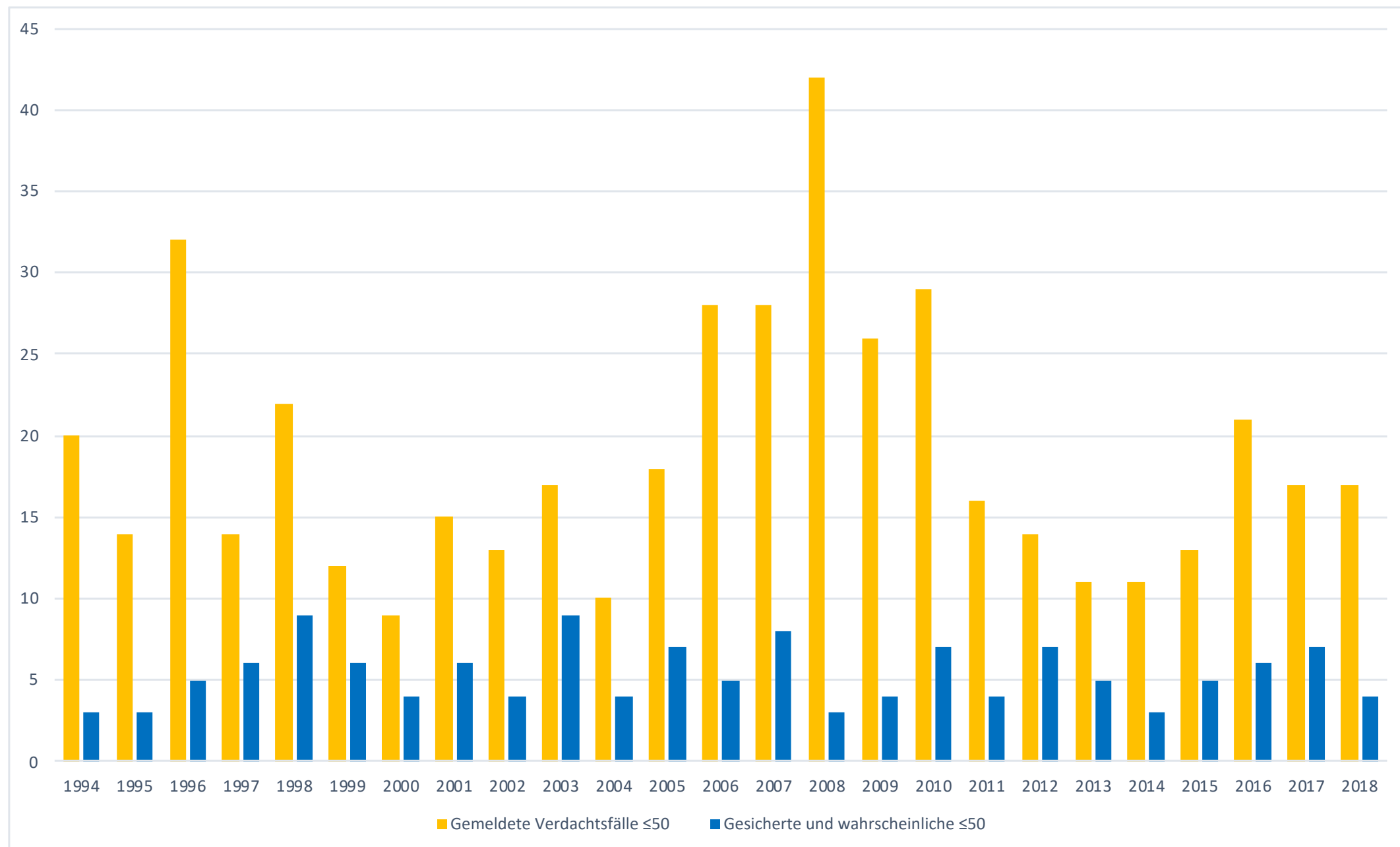
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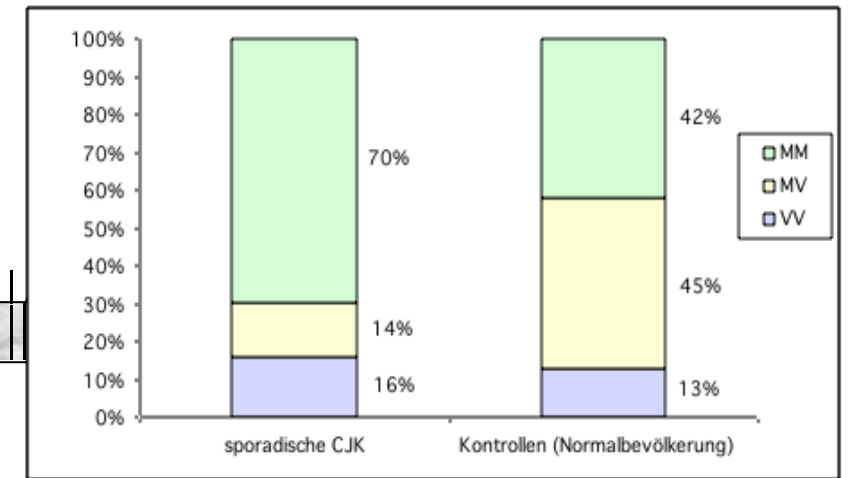
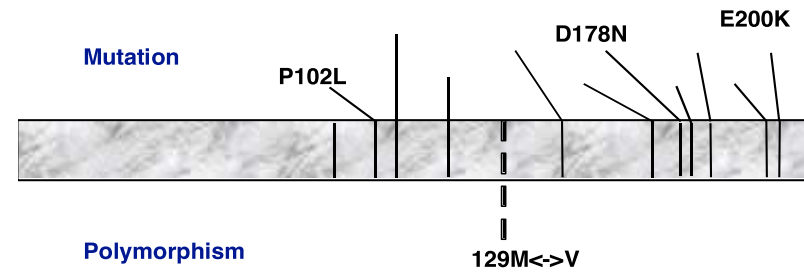
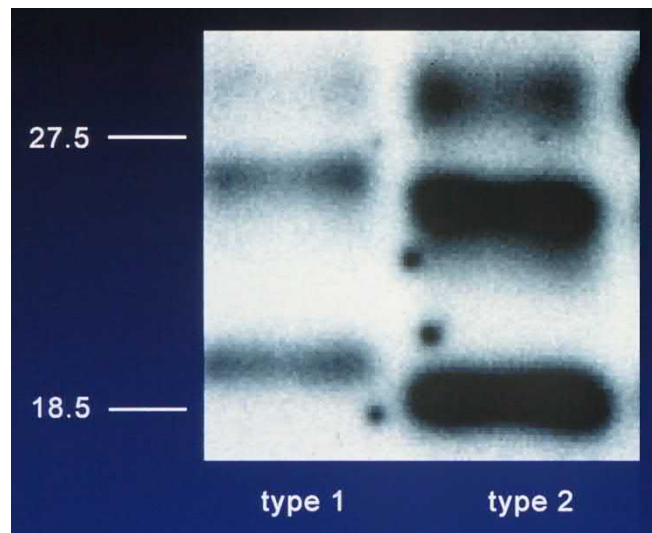
<b>definite</b>	<b>1353</b>
<b>probable</b>	<b>1720</b>
<b>possible</b>	<b>160</b>
<hr/>	
<b>iatrogenic</b>	<b>11</b>
<b>GSS (Gerstmann-Sträussler-Scheinker syndrome)</b>	<b>19</b>
<b>genetic CJD</b>	<b>118</b>
<b>FFI (fatal familial insomnia)</b>	<b>74</b>
<hr/>	
<b>excluded</b>	<b>1344</b>
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# CJD in Germany : 140-160 new cases each year



# sporadic CJD < 50 at onset





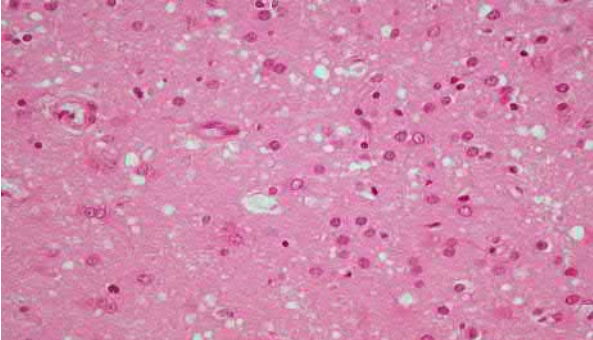
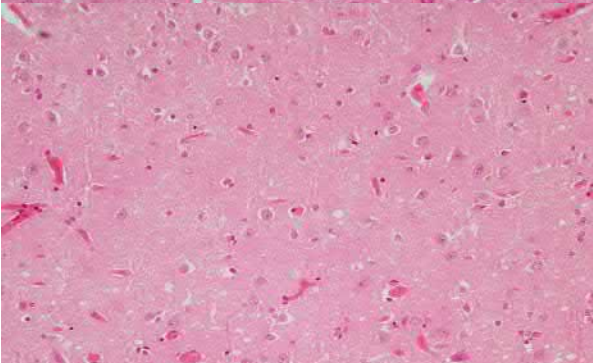
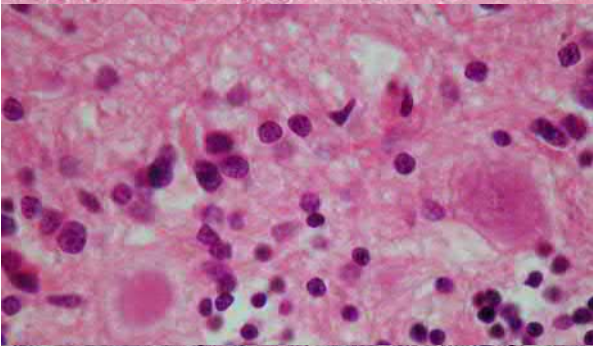
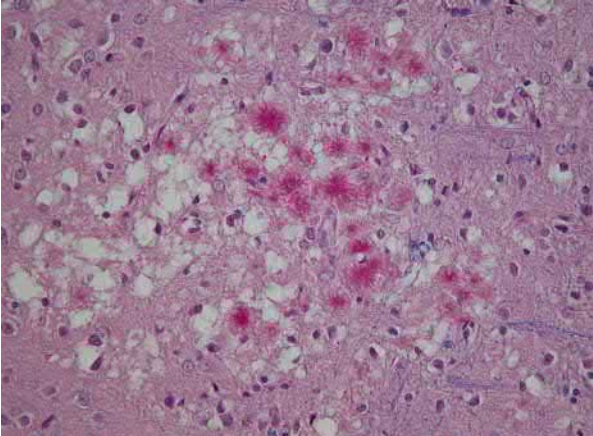
PrPSc type 1/2

Codon 129 genotype

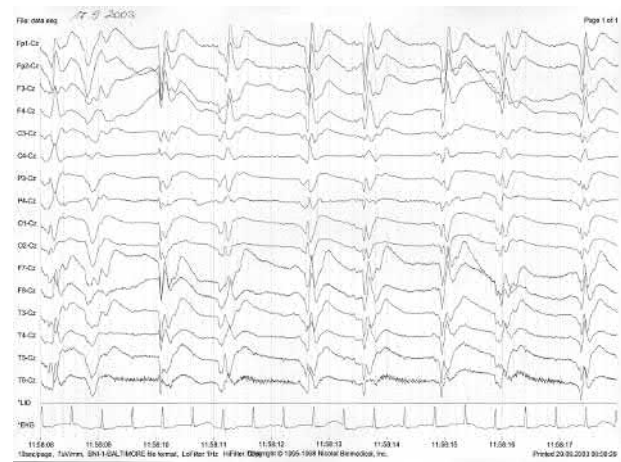


molecular disease subtypes in CJD

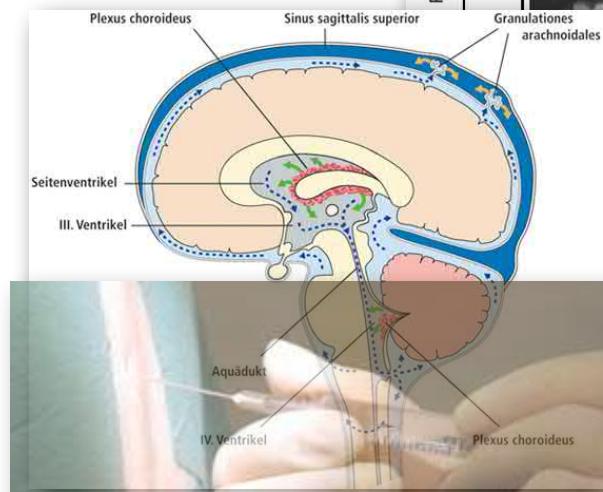
# molecular disease subtypes in CJD

	age	duration	syndrom	EEG	CSF 14-3-3	MRI	
<b>MM1</b>	65	5	dementia, myoclonus	+	+	+	
<b>VV2</b>	62	8	ataxia	-	+	+	
<b>MV2</b>	64	13	ataxia dementia extrapyramidal	-	(+)	+	
<b>MM2b vCJD</b>	30	14	ataxia dementia	-	-	+	

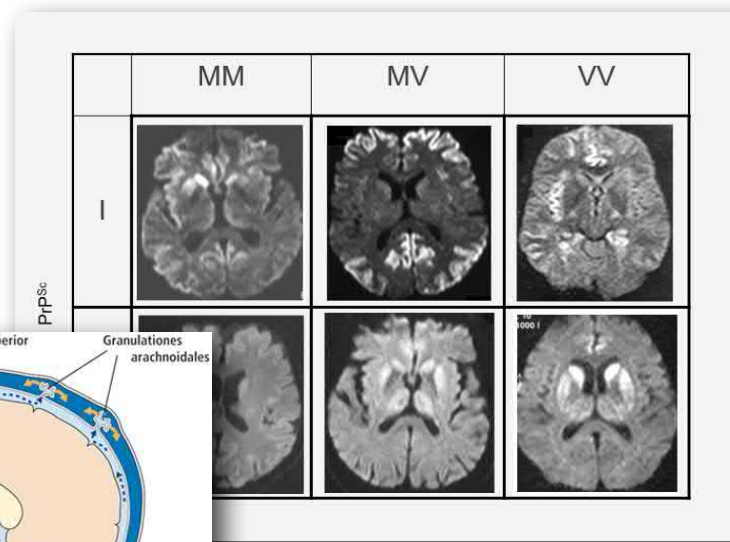




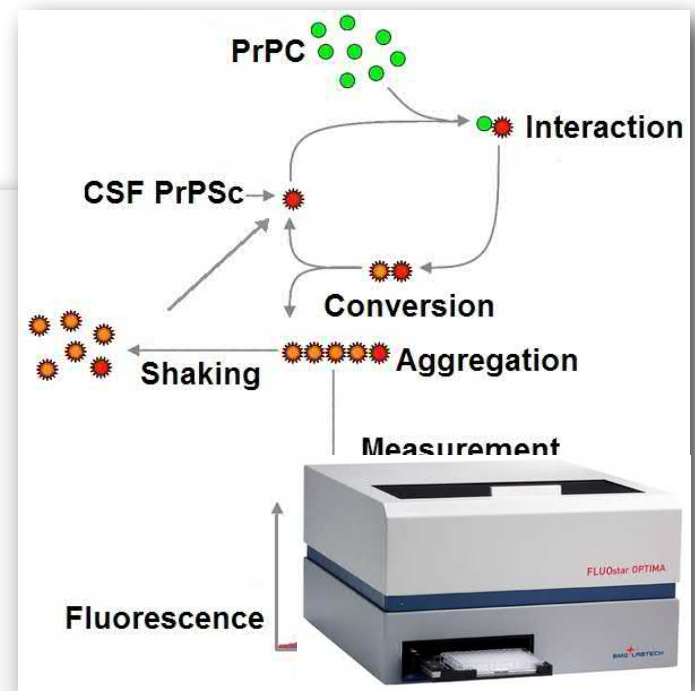
EEG



CSF 14-3-3



MRI



RT QuIC

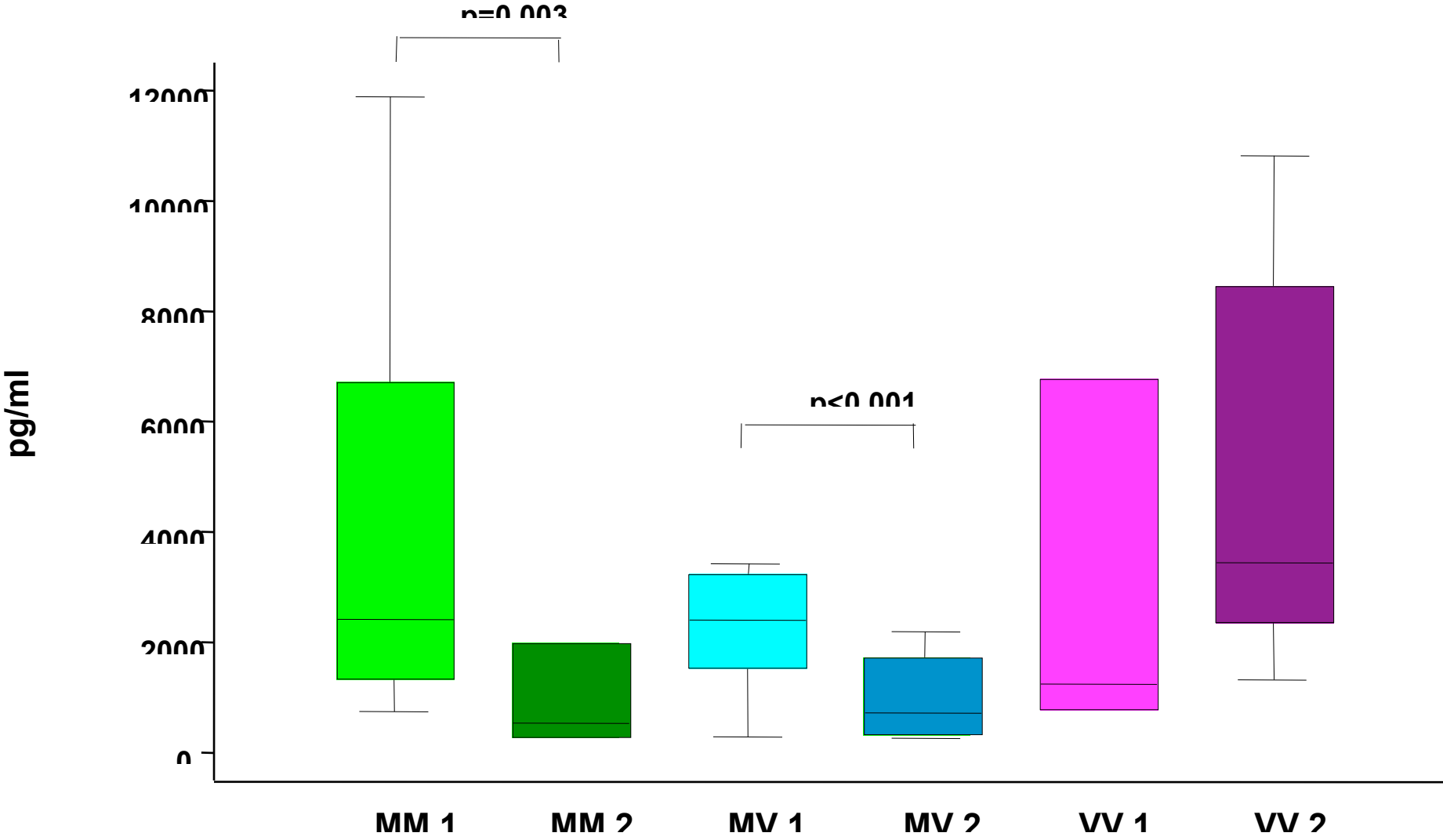
1980

1990

2000

2010

# 14-3-3 in CSF in prion diseases by disease subtype





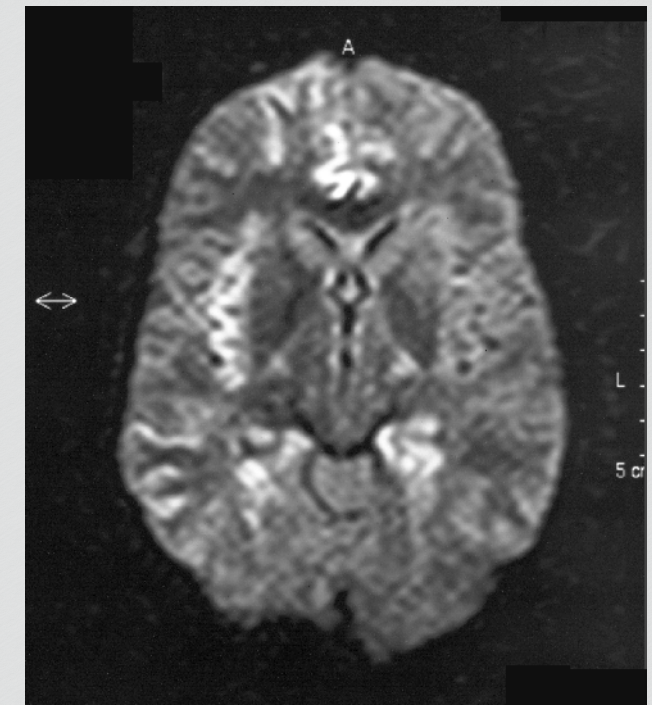
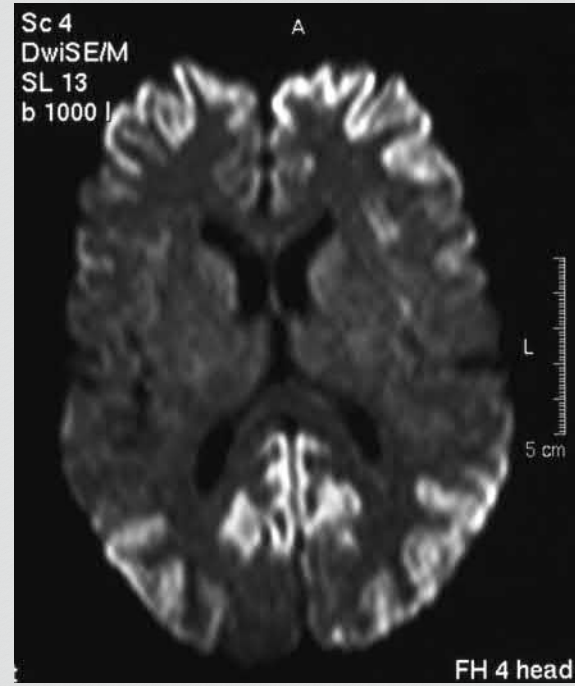
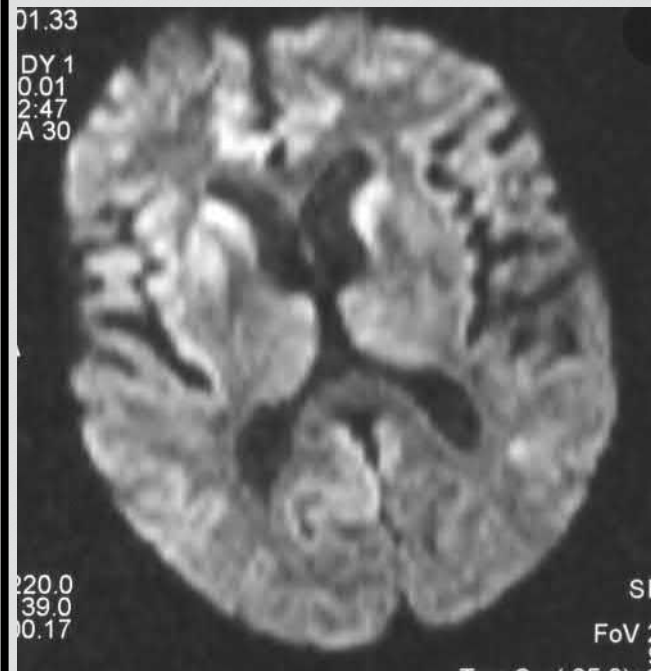
PRPSC

MM

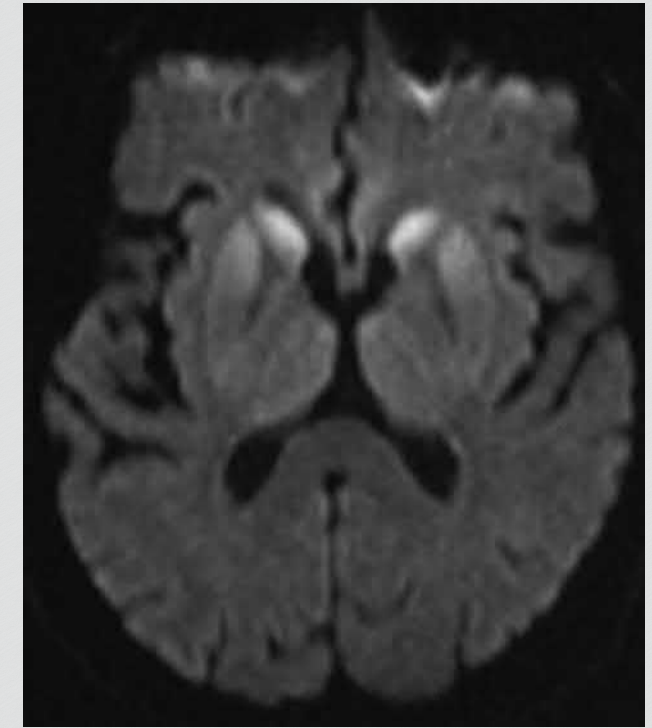
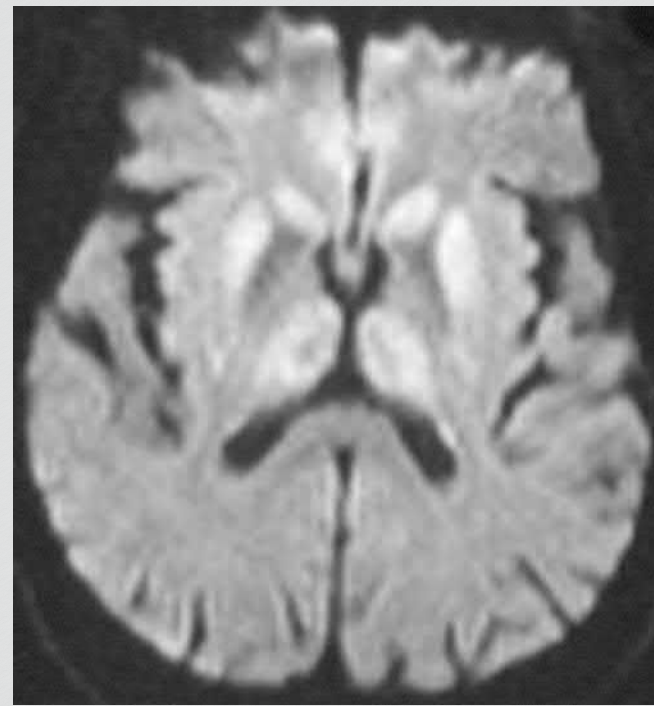
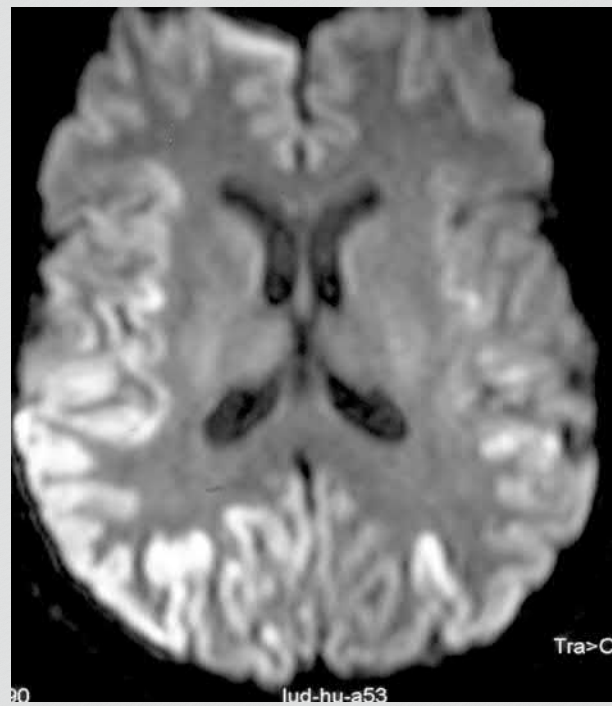
MV

VV

I



II



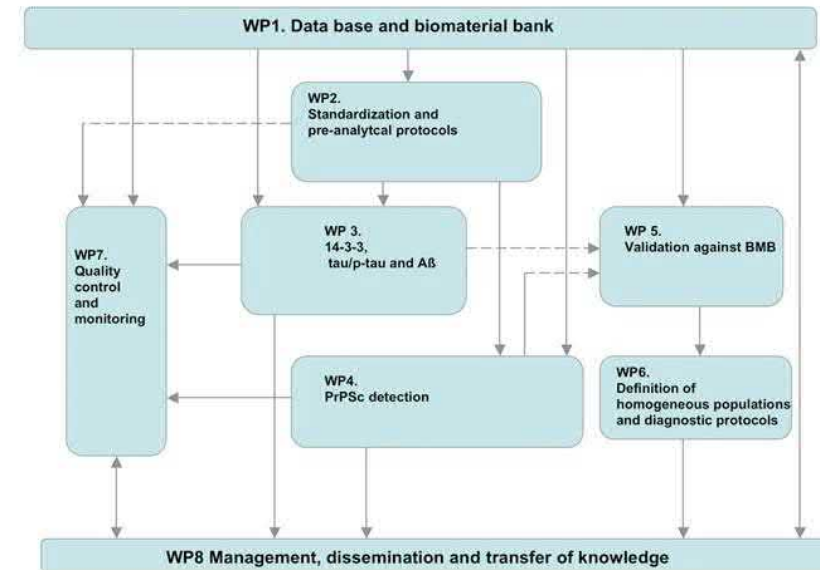
# Biomarker based diagnosis of progressive dementias

## Demtest

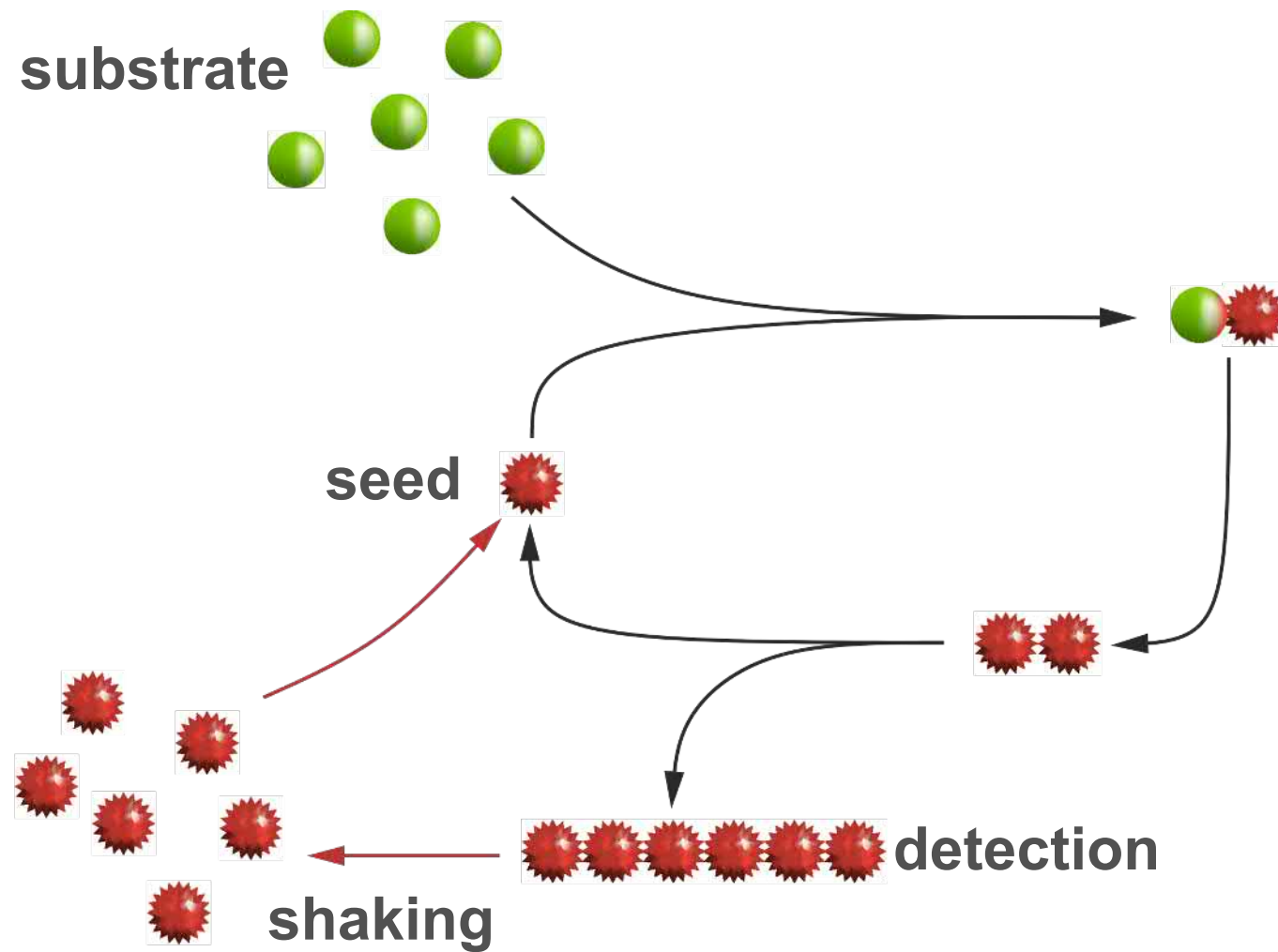


### Biomarker based diagnosis of rapid progressive dementias - optimisation of diagnostic protocols- DEMTEST

>6 MILLION EUROPEAN PEOPLE SUFFER FROM DEMENTIA  
[http://ec.europa.eu/health/ph\\_information/diseases/alzheimer\\_en.htm](http://ec.europa.eu/health/ph_information/diseases/alzheimer_en.htm)





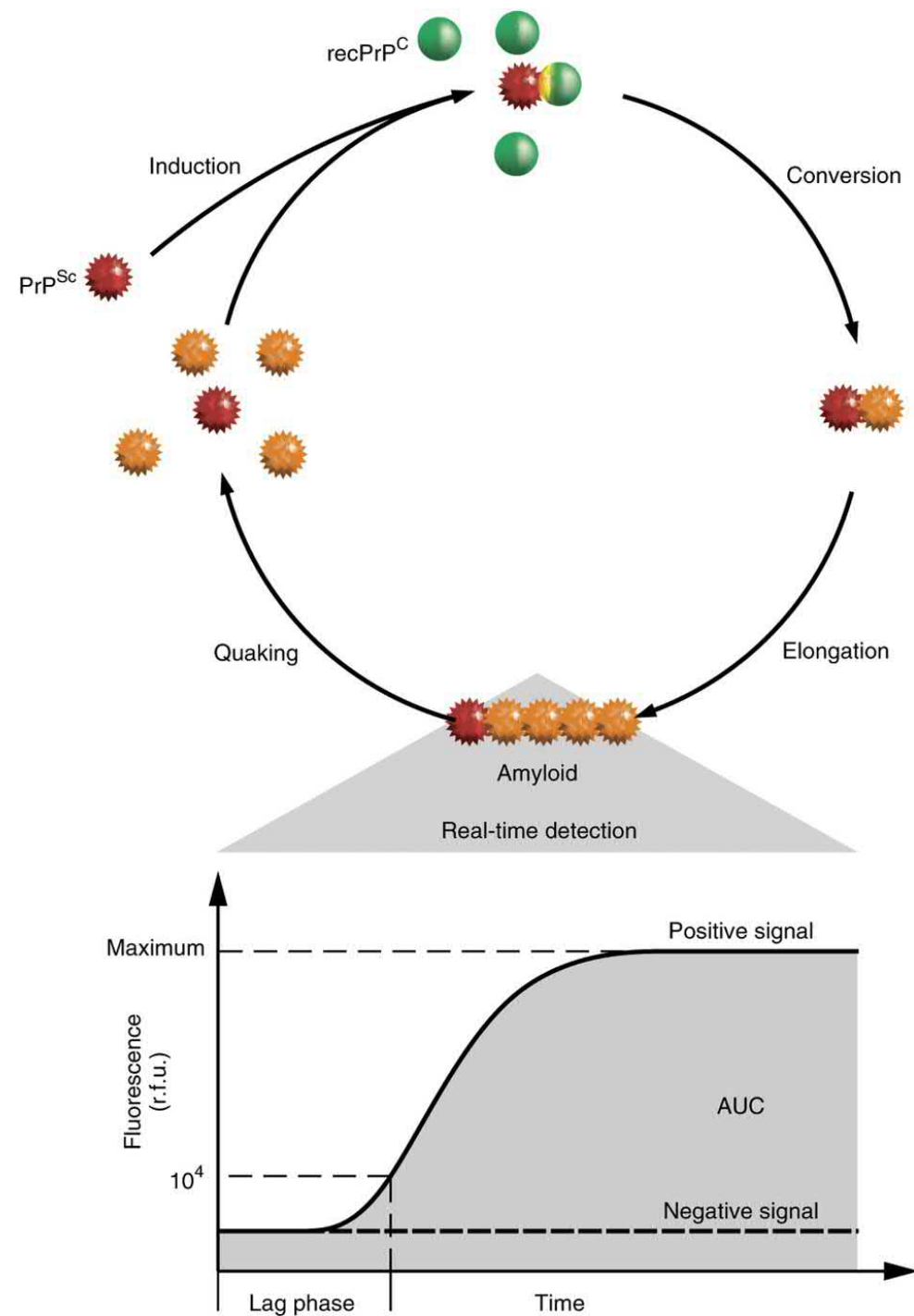


- Real-Time Quaking-Induced Conversion (RT-QuIC)
  - **seed = PrPSc**
  - **Substrate = recombinant PrPC**

# Methods: Real-Time Quaking Induced Conversion

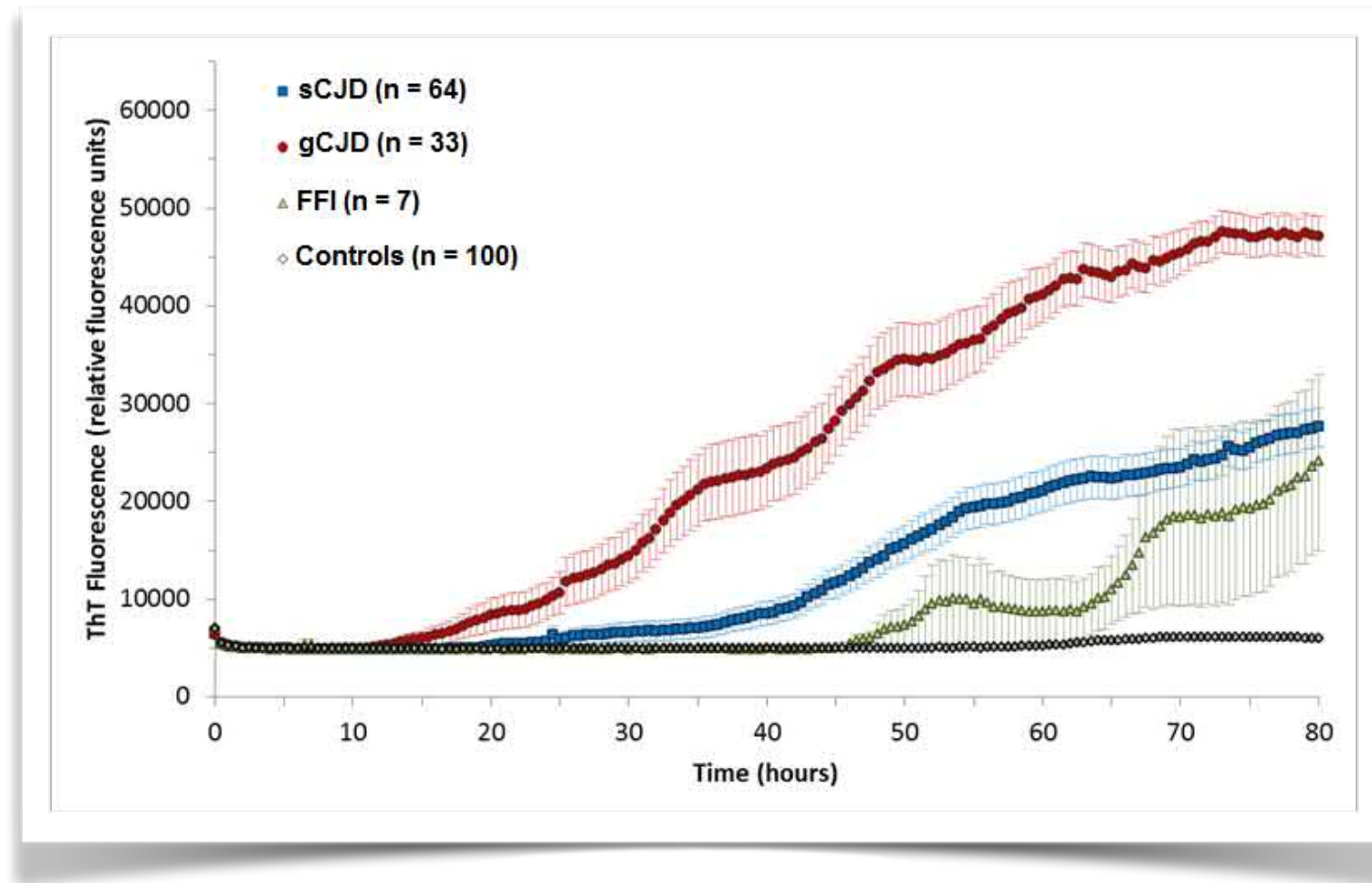
## RT-QuIC

- Use of recombinant PrPC as a substrate to amplify PrP<sup>Sc</sup> by repeated automated shaking
- Real-time monitoring aggregation by Thioflavin-T/S fluorescence dye analysis



FLUOstar OMEGA – BMG Labtech

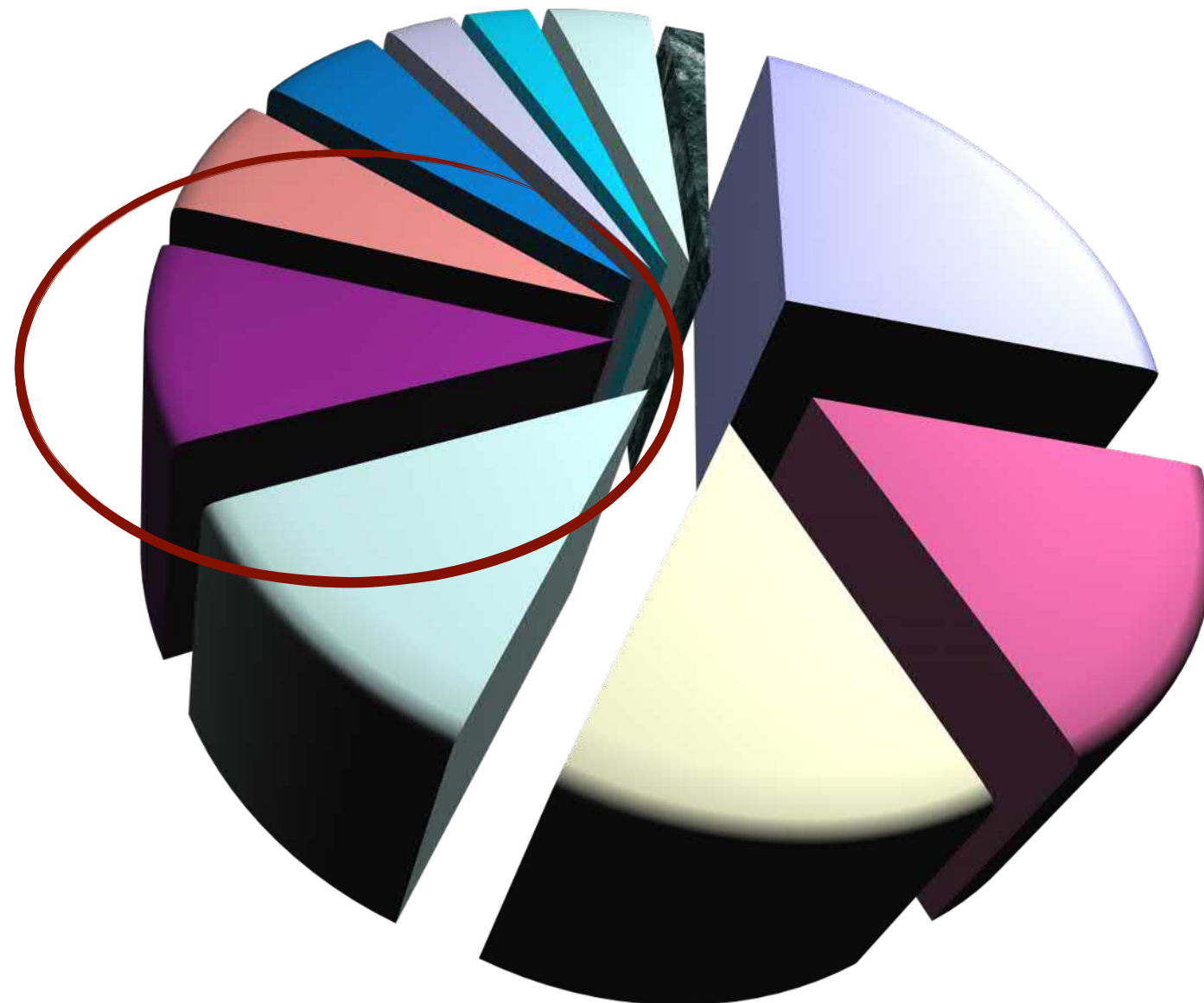
# Earlier signal detection in gCJD than sCJD and FFI



t-test: p-values	Prion vs. Controls	gCJD vs. sCJD	gCJD vs. FFI	sCJD vs. FFI
Time to 10.000	< 0.001	< 0.001	<0.001	0,458
rel.AUC	< 0.001	< 0.001	0.013	0,999
Maximum	< 0.001	< 0.011	0.677	0,078



# Differential diagnosis rapid progressive dementia



- Prion
- AD
- VD
- other degenerative
- immune mediated
- DLB
- psychiatric
- tumour
- epilepsy
- metabolic
- mixed

Brain 2012;

**Cerebrospinal fluid biomarker supported diagnosis of Creutzfeldt–Jakob disease and rapid dementias: a longitudinal multicentre study over 10 years**

Katharina Stoeck,<sup>1</sup> Pascual Sanchez-Juan,<sup>2</sup> Joanna Gawinecka,<sup>1</sup> Alison Green,<sup>3</sup> Anna Ladogana,<sup>4</sup> Maurizio Pocchiarri,<sup>4</sup> Raquel Sanchez-Valle,<sup>5</sup> Eva Mitrova,<sup>6</sup> Theodor Sklaviadis,<sup>7</sup> Jerzy Kulczycki,<sup>8</sup> Dana Slivarichova,<sup>6</sup> Albert Saiz,<sup>9</sup> Miguel Calero,<sup>9</sup> Richard Knight,<sup>3</sup> Adriano Aguzzi,<sup>10</sup> Jean-Louis Laplanche,<sup>11</sup> Katell Peoc'h,<sup>11</sup> Gabi Schelzke,<sup>1</sup> Andre Karch,<sup>1</sup> Cornelia M. van Duijn<sup>12</sup> and Inga Zerr<sup>1</sup>

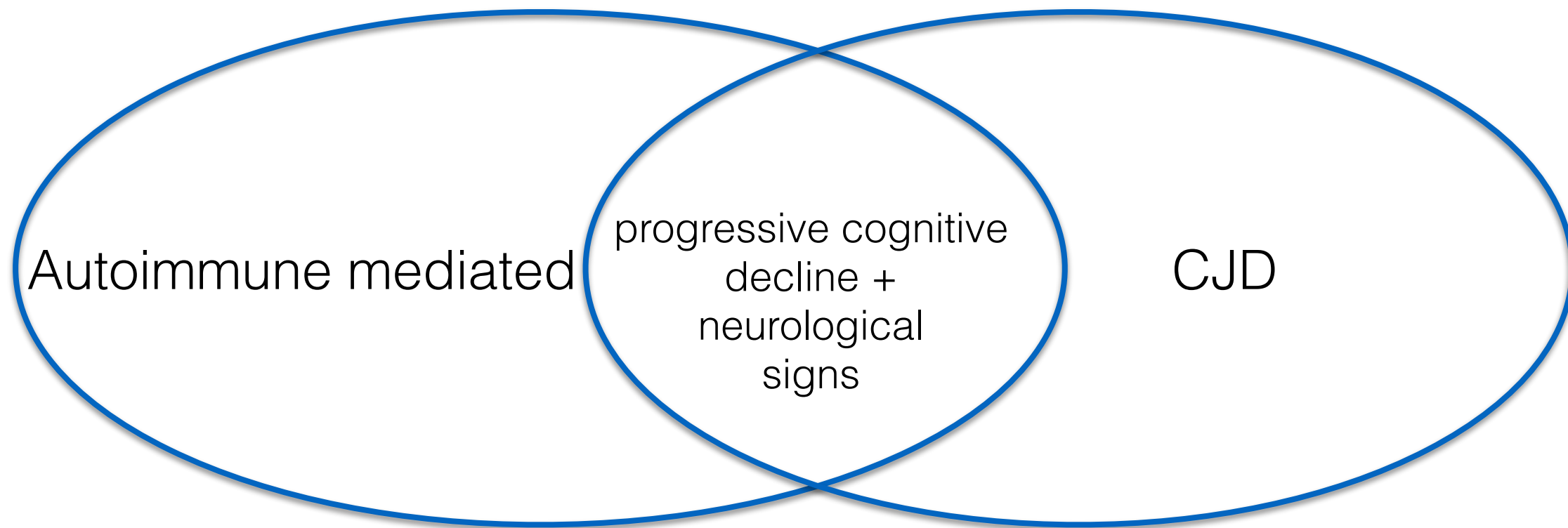


**Tab. 2** Klinisch relevante, paraneoplastisch auftretend

Name (Synonym)	Prävalenz*	Antigen
<b>Gut charakterisierte, paraneoplastische Antikörper</b>		
Anti-Hu (ANNA-1)	40 %	HuD
Anti-Yo (PCA-1)	15 %	cdr2, cdr62
Anti-CV2 (CRMP5)	5 %	CRMP5
Anti-Ma1 <sup>#</sup>	5 %	Ma-Proteine
Anti-Ta/Ma2 <sup>#</sup>	5 %	Ma-Proteine
Anti-Ri (ANNA-2)	5 %	NOVA
Anti-Amphiphysin	5 %	Amphiphysin
Anti-Recoverin		Recoverin
<b>Teilcharakterisierte paraneoplastische Antikörper</b>		
Anti-Tr(PCA-Tr)	2 %	MAZ-Protein
Anti-Zic4		Zic1-4
Anti-SOX-1 (AGNA)		SOX-1
PCA-2		280 kD
ANNA-3		170 kD
Anti-ganglionäre AchR-AK		ganglionäre AchR (α3)
<b>Fakultativ paraneoplastische Antikörper</b>		
Anti-NMDA-R		NMDA-R NR1a
Anti-VGKC-Komplex		LGI1, CASPR2
Anti-AMPA-R		GluR1 GluR2
Anti-GABA <sub>B</sub> -R		GABA <sub>B</sub>

häufigste Tumore
<b>einem Tumor in &gt;95 %</b>
Lungenkarzinom (85%), insb. SCLC, Neuroblastom, Prostata-Karzinom, Merkel-Zell-Karzinom, weitere
Ovarial-, Mamma-, Uteruskarzinom
SCLC, Thymom, weitere
Mammakarzinom, Lungenkarzinom
Keimzelltumor
Mammakarzinom, Ovarialkarzinom, SCLC
Mammakarzinom, SCLC
Lungenkarzinom
<b>neoplastie unklar</b>
Hodgkinlymphom, NHL
SCLC
SCLC, Bronchial-Karzinoid
SCLC
SCLC
SCLC, Thymom, Lymphom, Blasen-, Mamma-, Prostata-, Rektumkarzinom
<b>nale Oberflächenantigene)</b>
20-50% Ovarial-Teratoma > männl. Keimzelltumor
SCLC, Thymom
SCLC, Mammakarzinom, Thymom
SCLC, Thymom, neuroendokrine Tumore

**Top 3:**  
**lung**  
**mamma**  
**ovar**



abnormal CSF test

WBC	X	
BBB	X	rare
Oligoclonal IgG	X	rare
autoantobodies	X	
brain derived proteins		X

# vCJD and blood transfusion

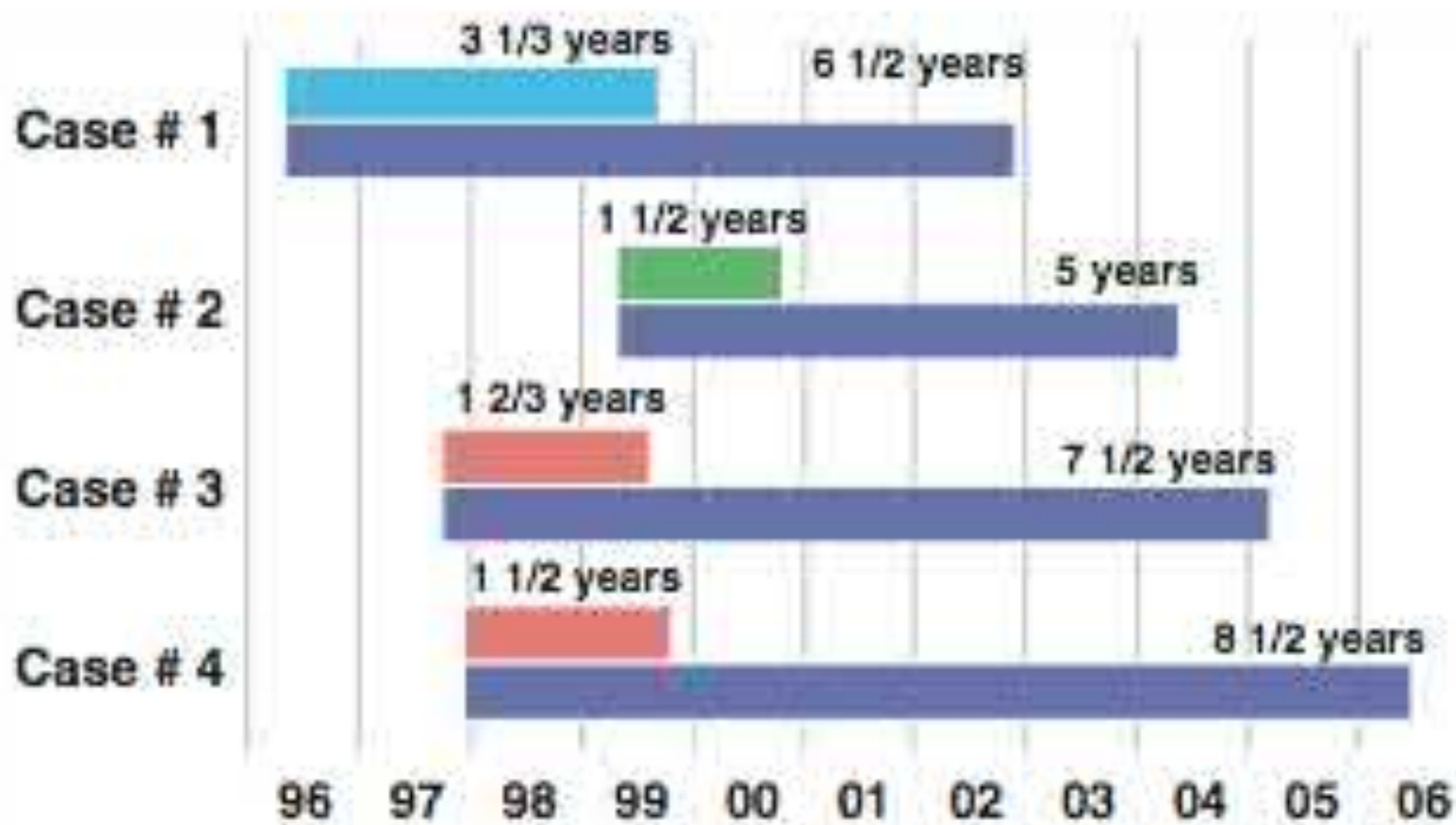


Fig. 5. Dates of red cell donations and incubation periods of vCJD in donors and recipients of the four transfusion-associated infections identified in the United Kingdom. The third and fourth recipients received red cells from the same donor.

⊕ Possible transmission of variant Creutzfeldt-Jakob disease by blood transfusion

*Haemophilia* (2007), 13 (Suppl. 5), 33–40

Transfusion / Volume 57, Issue 8

TRANSFUSION COMPLICATIONS |  Full Access |

## Creutzfeldt-Jakob disease lookback study: 21 years of surveillance for transfusion transmission risk

Lauren A. Crowder, Lawrence B. Schonberger, Roger Y. Dodd, Whitney R. Steele 

First published: 25 April 2017

<https://doi.org/10.1111/trf.14145>

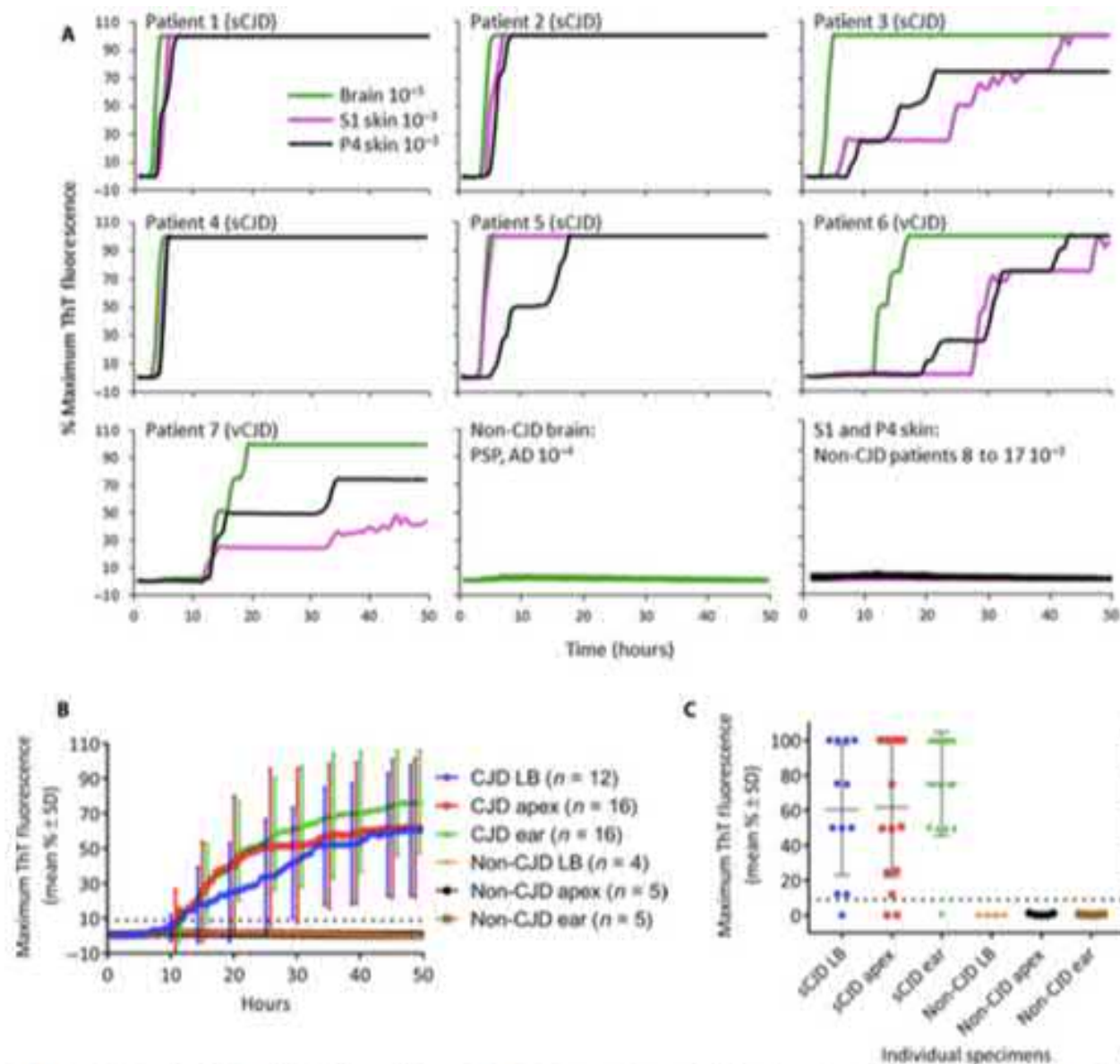
Cited by: 10

65 donors, follow up

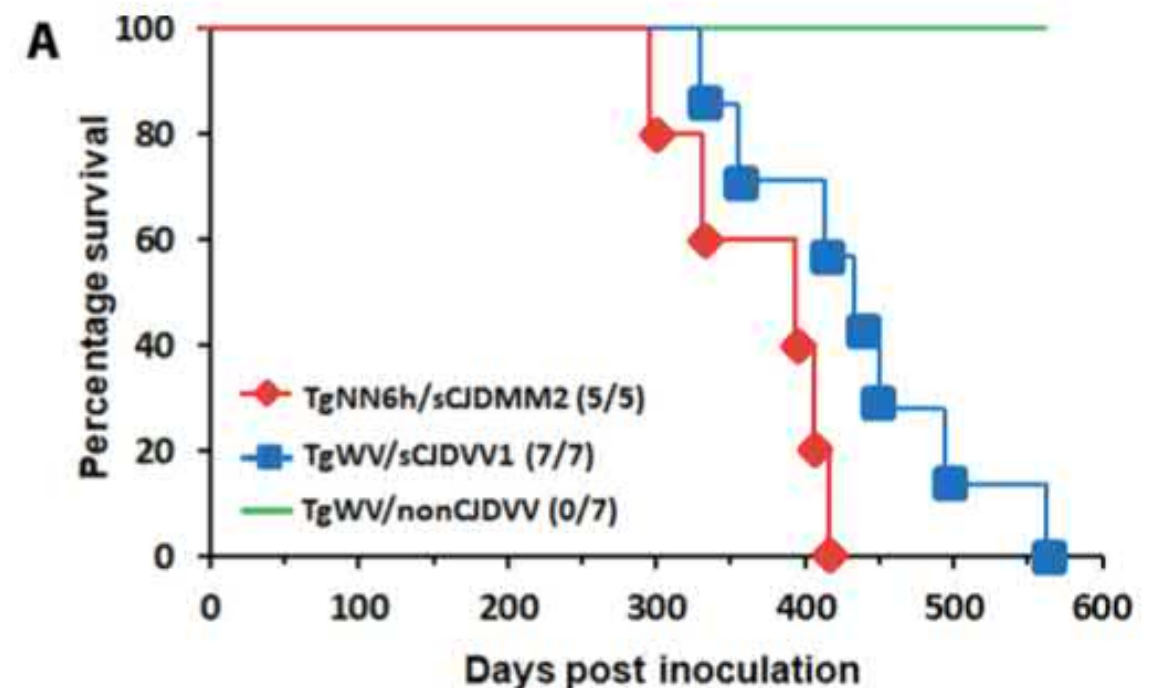


## Prion seeding activity and infectivity in skin samples from patients with sporadic Creutzfeldt-Jakob disease

Christina D. Orrú,<sup>1\*</sup> Jue Yuan,<sup>2\*</sup> Brian S. Appleby,<sup>2,3,4\*</sup> Balya Li,<sup>2,5\*</sup> Yu Li,<sup>2,6</sup> Dane Winner,<sup>7</sup> Zerui Wang,<sup>2,8</sup> Yi-An Zhan,<sup>2,6</sup> Mark Rodgers,<sup>2</sup> Jason Rarick,<sup>2</sup> Robert E. Wyza,<sup>9</sup> Tripti Joshi,<sup>9</sup> Song-Xian Wang,<sup>6</sup> Mark L. Cohen,<sup>2</sup> Shulin Zhang,<sup>2</sup> Bradley R. Groveman,<sup>1</sup> Robert B. Petersen,<sup>10</sup> mes W. Ironside,<sup>11</sup> Miguel E. Quiñones-Mateu,<sup>2,7</sup> Jiri G. Safar,<sup>2,4</sup> Qingzhong Kong,<sup>2,3,4,12†</sup> Iron Caughey,<sup>1†</sup> Wen-Quan Zou<sup>2,3,4,6,8,12,13†</sup>



**Fig. 2.** RT-QuIC testing of sCJD and vCJD brain and skin samples. (A) Final tissue dilutions of  $10^{-5}$  brain (green) and  $10^{-3}$  skin tissue (first supernatant (S1) fraction and P4 fraction in black) from sporadic CJD (sCJD) patient nos. 1 to 7 were used to seed quadruplicate real-time quaking-induced conversion (RT-QuIC) reactions. Reactions were seeded in quadruplicate with a  $10^{-4}$  dilution of brain tissue from patients with Alzheimer's disease (AD) or progressive supranuclear palsy (PSP), and of S1 or P4 skin fractions from non-CJD patient nos. 8 to 17. A final RT-QuIC concentration of 200 nM in combination with 100  $\mu$ M ThT was used with reactions.



# Instruments use in suspected CJD in 2018 (40 incidents in 31 patients)

**endoscopes (n=25)**

**surgery (n=15)**

- neurosurgery: 2
- eyes: 4
- others: 9

**classification**

- definite and probable: 18
- pending or CJD excluded: 13





**Prion 2020**  
Göttingen, Germany

**09. - 11. September 2020**