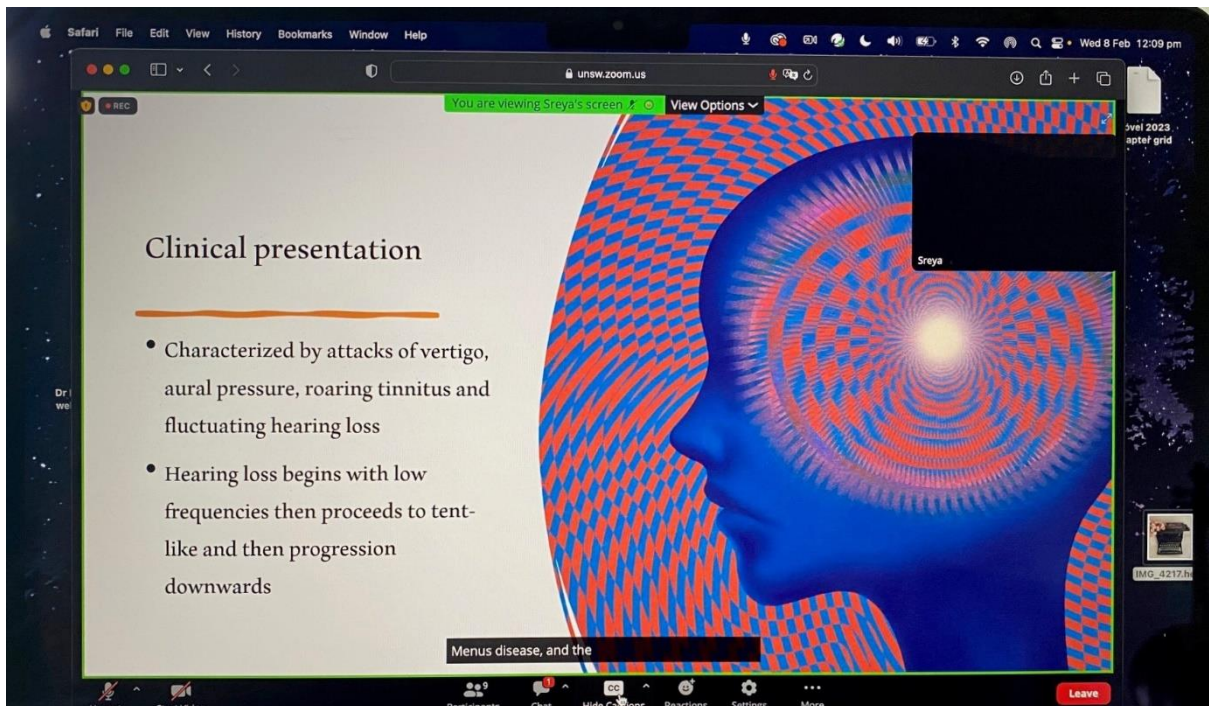


## Prof Jeffrey Harris UNSW Meniere's Presentation – 8 February 2023

*New insights on the etiopathogenesis of Meniere's Disease Zoom Session*

### **Gary was the host:**

- Stated that Meniere's is one of the most profound and disabling conditions of the inner ear
- UNSW is doing some outstanding research



*Next speaker:*

### **Prof Jeffrey Harris**

#### **Bio –**

*Jeffrey P Harris, MD, PhD, is Distinguished Professor and Chief of the Department of Otolaryngology / Head and Neck Surgery at the University of California, San Diego and Staff Surgeon at the VA Healthcare System. He is the Past President of the American Otological Society and the Association for Research in Otolaryngology. During his career he has focused his practice on microsurgery of the ear and skull base. He has written and lectured extensively on autoimmune inner ear disease, Meniere's disease and otosclerosis. He is co-founder of Otonomy, Inc and serves as a consultant. He has authored five textbooks and over 250 articles.*

#### **In talking on Zoom:**

- Has no answers about MD, yet, but can share what they think is going on.
- MD was named 161 years ago

- They don't know what starts MD, or what is the tipping point.
- You can have MD with or without vertigo, and then is it migraine or the inner ear?
- Stated that when a person is in an active meniere's episode, it is like someone who is 6 days before death.
- If you have gone bi-lateral in the first 8 years of having MD, you probably won't go bi-lateral

The screenshot shows a Zoom meeting window with a slide titled "Epidemiology of Meniere's disease". The slide content includes a bullet point about a recent study and a citation.

**Epidemiology of Meniere's disease**

- A recent study using health claims data for more than 60 million patients in the United States found prevalence of 190 per 100,000 with a female:male ratio of 1.89:1. The prevalence of MD increases with increasing age

Alexander TH, Harris JP. Current epidemiology of Meniere's syndrome. *Otolaryngol Clin North Am.* 2010 Oct;43(5):965-70. doi: 10.1016/j.otc.2010.05.001

So to get a little into the epidemiology

The screenshot shows a Zoom meeting window with a slide titled "Impact of Meniere's disease on Quality of Life". The slide contains a table of study means and population descriptions, along with a source citation.

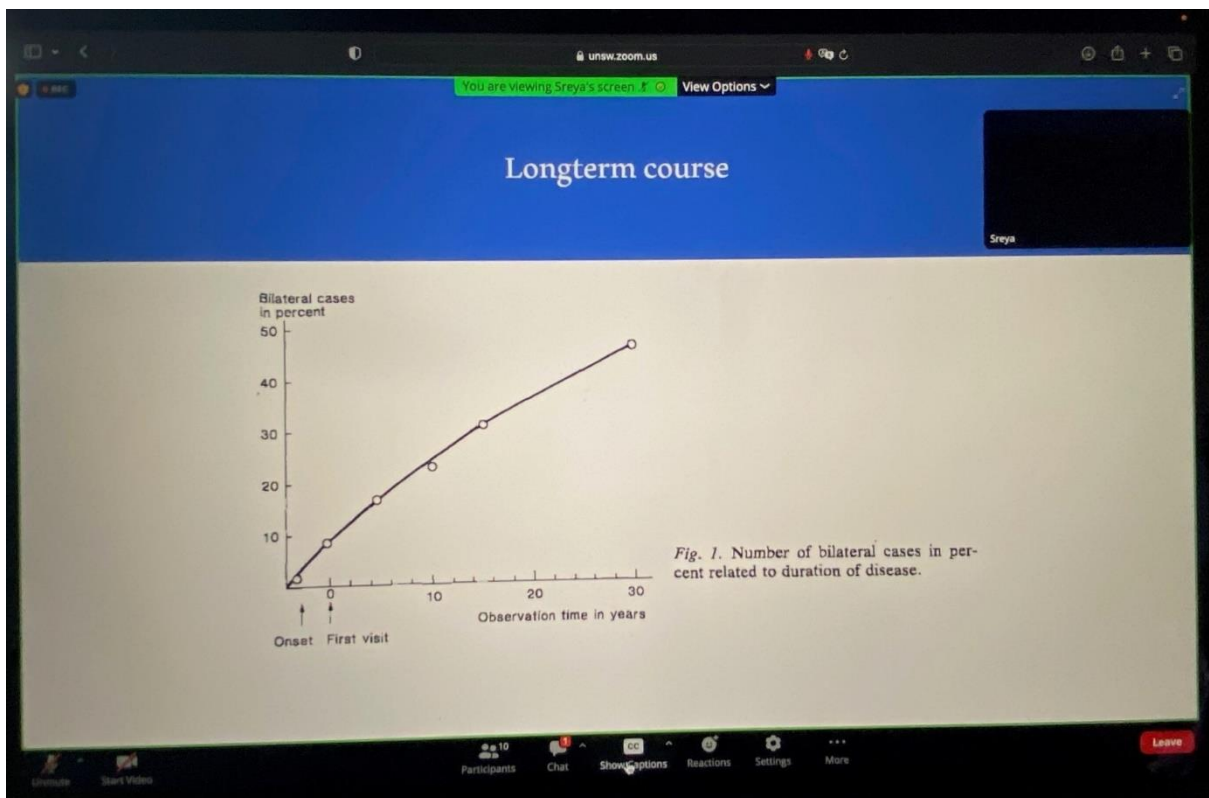
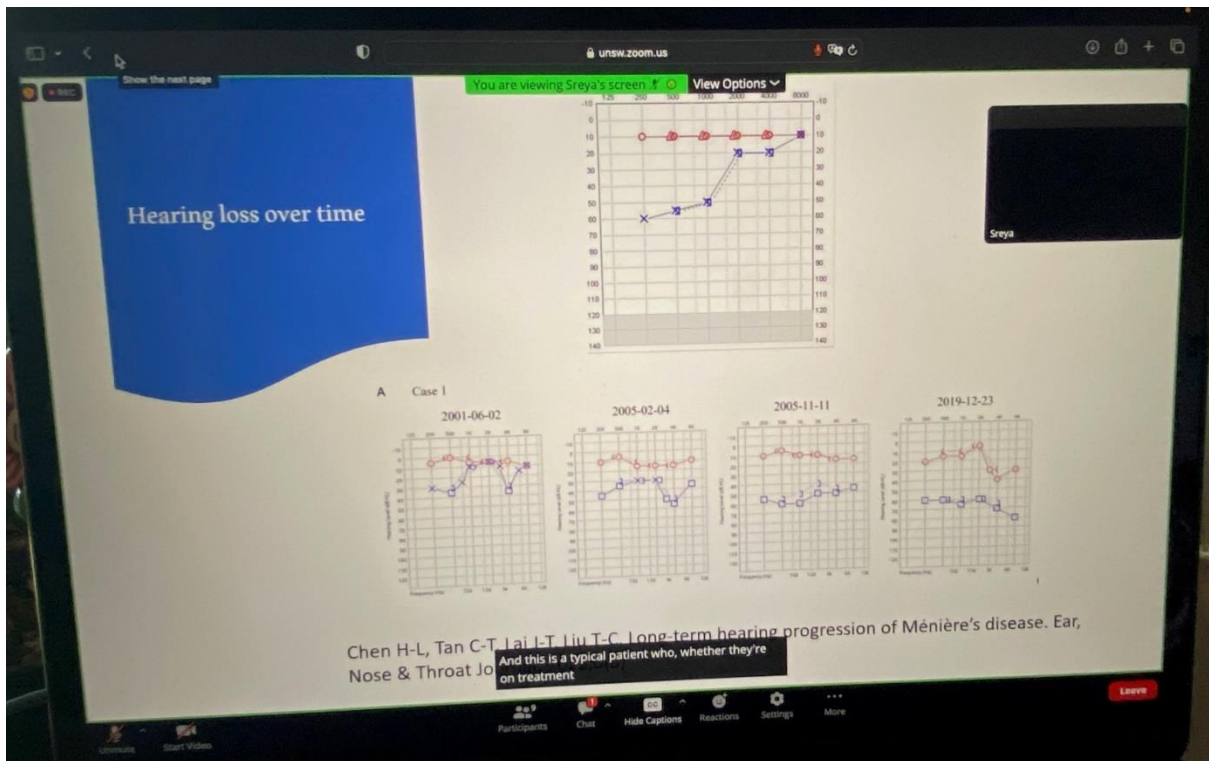
**Impact of Meniere's disease on Quality of Life**

Study mean	Study population description
.900	Probability sample of children in San Diego County
.810	Pre-injury (baseline) trauma recovery project adult patients
.788	Probability sample of adults in San Diego County
.720	Adult patients with non-insulin-dependent diabetes
.700	Patients treated at UCSD Regional Burn Treatment Center, at point of maximum recovery
.650	Trauma recovery project patients six months after release from hospital
.649	Baseline score for AIDS patients treated with AZT
.634	Baseline score for AIDS patients treated with placebo
.616	Baseline score for Health Care Utilization Project, No. 1 (HCUP1) patients: ill adults with life-threatening diseases (AIDS, cancer, renal, pulmonary, etc.); live patient scores stayed at about this level throughout the study
.600	Mean QWB study end score for AIDS patients treated with AZT
.561	Baseline, Ménière's disease patients
.550	Elderly adults with severe chronic obstructive pulmonary disease
.506	Noninstitutionalized Alzheimer's patients
.505	Ménière's disease patients, days with active episode of disease
.457	Patients with AIDS or cancer, six days before death

Representative scores to aid interpretation of Ménière's disease study Quality of Well-being (QWB) results

**Source**  
Impact of Ménière's Disease on Quality of Life  
*Otology & Neurology* 22(6):888-894, November 2001.

Anderson, J. P., & Harris, J. P. (2001). Impact of Meniere's disease on quality of life. *Otology & Neurology*, 22(6), 888-894. **6 days before death. So it's a it's a severe disease**



## Histopathology of MD

- Too much endolymphatic fluid. But why?
- MD is either too much secretion, or too little reabsorption
- Why do MD ears have too much endolymph fluid?
- One hypothesis is that they have decreased resorption
- Rupture theory causes attacks of vertigo, but it doesn't explain things
- Too much fluid the endolymphatic sac takes on is of importance

- Polygenetic traits often have an environmental trigger
- Endolymphatic sac surgery has been found not to be effective. If the patient had journeyed with the MD, they would be at the same place after 8 years as having the surgery
- Gene mutations
- Multifactorial causes of MD (same slide Dr Daniel Brown showed)
- Injuries to the ear can cause MD
- ION channel is Prof Jeffrey Harris's interest – the APT2B2 calcium channel came up in Rick Friedman's study

**Prof Jeffrey Harris recommends as initial treatment when you are diagnosed:**

- Diuretic
- Low salt
- Steroid shots to the inner ear



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## All Meniere's cases have endolymphatic hydrops but not all ears with endolymphatic hydrops have Meniere's

- Rauch SD, Merchant SN, Thedinger BA. Meniere's Syndrome and Endolymphatic Hydrops: Double-Blind Temporal Bone Study. *Annals of Otolology, Rhinology & Laryngology*. 1989;98(11):873-883

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## Fluid circulation in the inner ear- In Meniere's too much secretion or too little reabsorption?

- Radial flow
- Longitudinal flow

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Why do MD ears have too much endolymph?

- One hypothesis is that the endolymphatic sac malfunctions and there is decreased resorption

Figure 1. Schematic representation and histological examples (hematoxylin/eosin staining) of degenerative (A) and hypoplastic (B) ES pathologies, as present in cases with idiopathic endolymphatic hydrops. Adapted from [37], according to the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), under which the original article is distributed.

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Histopathology of Meniere's disease "rupture theory"

Fig. 6-9. Distention of the endolymphatic space leads to membrane ruptures and contamination of the perilymphatic fluid with neurotoxic endolymph.

After: H.F. Schuknecht

Inner ear fluid regulation and flow varies according to volume

Volume flows associated with volume regulation processes (detectors and mechanisms unknown)

Volume flows associated with solute transport processes

SALT, A.N. (2001), Regulation of Endolymphatic Fluid Volume. Annals of the New York Academy of Sciences, 942: 306-312

Why does e. hydrops lead to attacks of vertigo?

- Another hypothesis is that the endolymphatic sac malfunctions and there is reverse flow into that initiates attacks of vertigo (Gibson)

E Endolymphatic sinus overfills with endolymph

F Endolymph forces open Valve of Bast and enters the utricle

Meniere's ear with narrow vestibular aqueduct

Glycoprotein in ELS

Excess endolymph held in endolymphatic sinus during longitudinal flow

(This is Prof Bill Gibson's research)

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Polygenic traits often have an environmental trigger.

Genetic

Infection

Vascular

Dietary

Allergy

Autonomic

Endocrine

Autoimmune

Episodic vertigo

Fluctuating hearing loss

Tinnitus

Fullness

Sreya

(This is Dr Daniel Brown's)

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Environmental triggers causing Meniere's-like syndromes

Talking:

Immune reactivity-sterile antigen or viruses "lymph node of inner ear"

Syphilitic inflammation

Tomiyaama & Harris, Acta Otolaryngol. 1989 Mar-Apr;107 (3-4):202

Courtesy of F. Linthicum, M.D.



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# The Genetics of Meniere's Disease

Talking:

- Evidence for ethnic diversity in MD
- Sex bias (females)
- Familial 6-8%
- Caucasian
- Implicated genes:
  - FAM136A, DTNA, PRKCB, SEMA3D and DPT (familial).
  - GJB2, USH1G, SLC26A4, ESRRB, and CLDN14, NTN4 and NOX3 (sporadic).

Self-identified ethnicity (count, %)	Ménière's disease cohort	House clinic patients		
African	5 (1.3)	12 (3.2)		
Asian	16 (4.3)	45 (11.9)		
Hispanic	45 (12)	60 (15.9)		
Caucasian	310 (82.4)	260 (69.0)		
Total	376	377	$\chi^2$	$p$
			23.2	<0.001

Genetic Evidence for an Ethnic Diversity in the Susceptibility to Ménière's Disease  
Otolaryngology & Neurology 34(7):1336-1341, September 2013.

<https://pubmed.ncbi.nlm.nih.gov/23598705/>

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Talking: Sreya

## What do we think we know:

- Radial flow versus longitudinal flow or both
- Over production versus under absorption
- E. sac hypoplastic or degenerative
- Hyperosmolar products in the e. sac (Saccin, Aquaporins)
- Reverse flow from endolymphatic sinus into utricle
- e. sac is lymph node of the inner ear and is immunoreactive

But we do not have any idea of what creates the trigger for endolymphatic hydrops

Zoom meeting interface showing a slide titled "Charitable foundation". The slide content includes:

- Family member with Meniere's disease for many years contacted me to see if I had a vision for high-risk research into this disorder
- Dr. Friedman at UCSD had a stored bank of DNA samples from 527 patients with Meniere's
- Met with the family and proposed to do a Whole Genome Wide analysis of these patients to see if there might be common mutations that could point to underlying pathogenesis and potential therapeutic targets
- Family provided \$1.3 million for this project

Logos for the Minnesota Twins Baseball Club and the Minnesota Vikings are displayed on the right side of the slide.

Zoom meeting interface showing a slide titled "Full Disclosure". The slide content includes:

- I am not a geneticist
- From here on in I am reporting the results of the team from Computational Biology and the Genome Institute

*Next speaker (Zoom to the USA):*

**Rick Friedman**

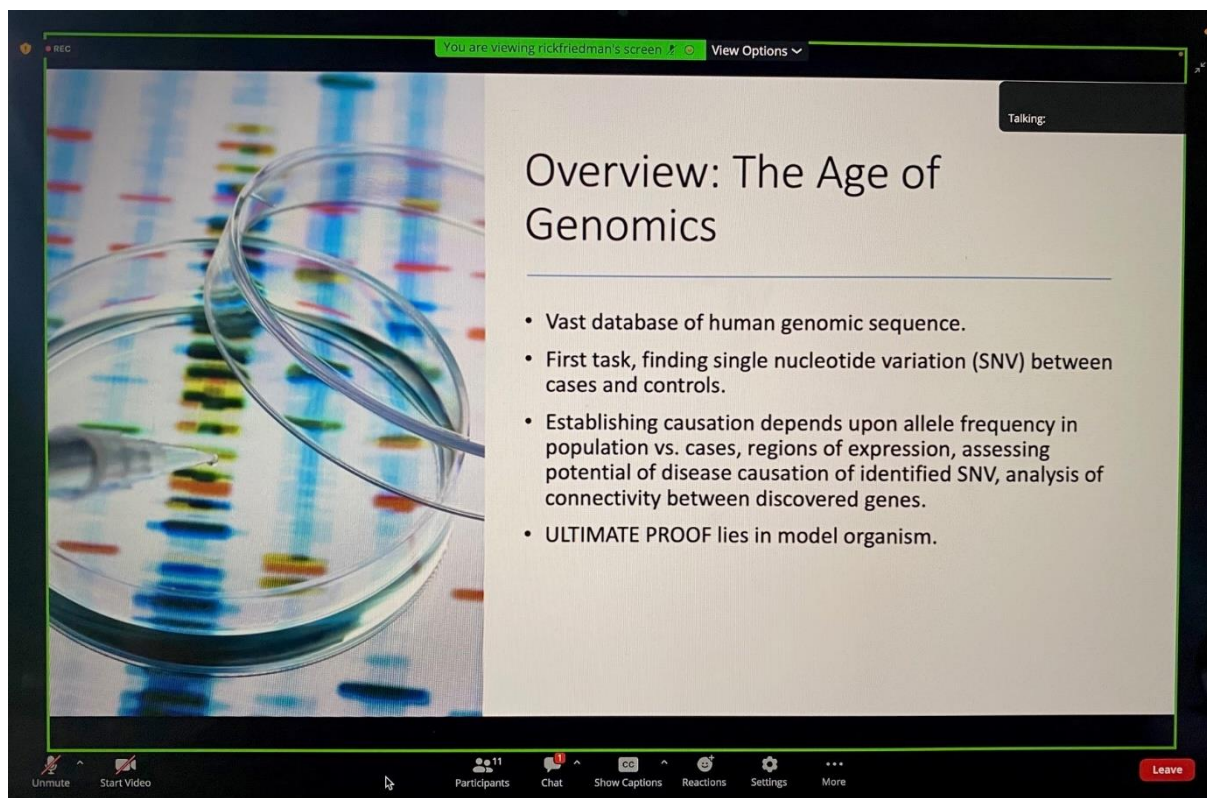
**Bio:**

Dr. Rick Friedman received his Medical Degree in 1988 and completed his Doctoral Degree in 1994 at the University of California, San Diego. While earning his P.h.D., Friedman served as a resident in the Division of

Otolaryngology at the UCSD Medical Center. In 1995, Dr. Friedman came to the House Clinic as a clinical fellow and then joined the group as an Associate. Dr. Friedman also serves as research section chief of Hereditary Ear Disorders in the House Ear Institute's Department of Cell and Molecular Biology. The focus of his laboratory is the identification and analysis of genes and networks contributing to complex traits involving hearing and balance in humans and mice [Presbycusis (ARHI), Meniere's Disease (MD), and Noise-Induced Hearing Loss (NIHL)]. We identified an association between ARHI and SNP variation within the GRM7 gene. We have collected the largest sample to date of individuals with Meniere's disease and seek to identify associated genes and pathways. We are incorporating a systems-based genetic approach consisting of the integration of natural genetic variation in inbred strains and molecular phenotypes (cochlear eQTL) to study ARHI and NIHL in mice. In collaboration with A. Jake Lusic, Ph.D. we are adapting the Hybrid Mouse Diversity Panel as a resource for studying complex traits in the mouse (ARHI, NIHL, and vestibular function).

**Rick Friedman, in talking on Zoom:**

- Is mapping the genome of MD – analysis of the whole human genome
- 21 genes explain 95.3% of cases
- Defect in the ion transport protein
- CRISPR for direct targeted treatment for MD
- Changes in genetic structure
- Retinal cells (eyes) mimic hair cells in the inner ear



The image is a screenshot of a Zoom meeting. At the top, a green status bar reads "You are viewing rickfriedman's screen" and "View Options". The main content is a slide with a background image of a petri dish containing a DNA microarray. The slide title is "Overview: The Age of Genomics". Below the title, there is a list of bullet points. At the bottom of the Zoom window, there is a control bar with icons for Unmute, Start Video, Participants (11), Chat, Show Captions, Reactions, Settings, and More. A red "Leave" button is visible in the bottom right corner.

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Talking:

## Overview: The Age of Genomics

- Vast database of human genomic sequence.
- First task, finding single nucleotide variation (SNV) between cases and controls.
- Establishing causation depends upon allele frequency in population vs. cases, regions of expression, assessing potential of disease causation of identified SNV, analysis of connectivity between discovered genes.
- ULTIMATE PROOF lies in model organism.

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## Overriding Hypothesis: MD is a Polygenic Trait

- We sequenced 527 genomes of well-characterized MD patients with unilateral disease.
- Restricted analysis to SNVs with extremely rare population frequencies.
- Assessed the probability of our "disease causing" SNVs occurring randomly.
- Assessed connectivity via STRING analysis.

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Talking:

## How to sort out large sequence data sets.

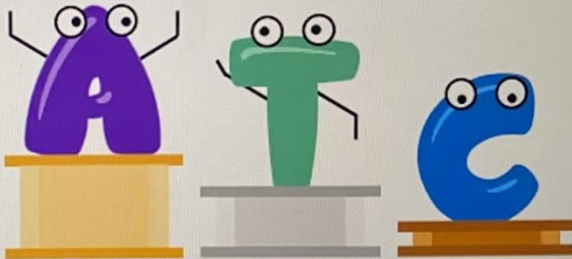
- Well-phenotyped population.
- Salivary DNA purified (AmpureXP beads) quality controlled.
- Seq libraries (400bp frags; Kappa Biosystems).
- Sequencing (NovaSeq 6000) 30X coverage.
- Include variants based upon rarity in the MD population vs. controls.
- Assess impact of variant on protein structure/function.
- Look for appropriate tissue expression.

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# Variant Prioritization

- 527 samples (definite MD):
  - ~4 million variants per sample
  - Filtered to 16606 unique variants
- Filtering criteria
  - Protein altering events
  - Gnomad v3 max population allele frequency < 0.01 (rare variants)
  - Deleterious according to SIFT and PolyPhen software
  - Expressed in adult mouse cochlea or human developing cochlea – single cell RNAseq in public data bases

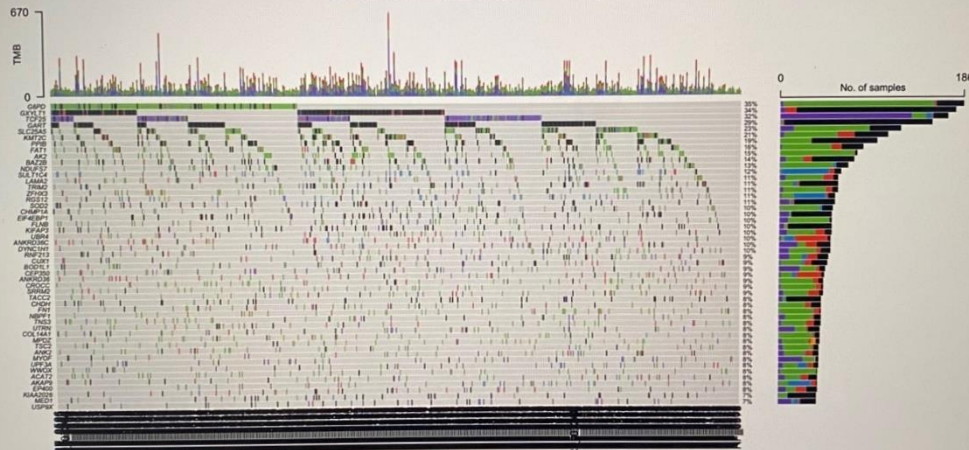


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# SNPs and Indels

Altered in 522 (99.05%) of 527 samples.



670 TMB

0 No. of samples 186

■ Frame\_Shift\_Ins ■ Nonsense\_Mutation  
 ■ Missense\_Mutation ■ Splice\_Site  
 ■ Frame\_Shift\_Del ■ Multi\_Hit

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Talking:

## Variant Analysis: Network propagation

- STRING network specific to human cochlea (10,763 expressed genes, filtered by in-house RNA-seq of human cochlea)
- Network propagation from mutated genes (9509 unique genes - almost every expressed gene, Flag<sup>+</sup> genes removed)
- z-scores under null model (mutations are random).
- Look for functional clues using Gene Set Overrepresentation Analysis of 273 top genes with  $fdr < 0.2$

\*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267152/>

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Talking:

## Frequency/z-score (top 30 genes) compared to population controls

	A	B	C	D	E	F	G
1	query	entrezgene symbol	name	z	fdr	freq	
2	ENSG000001591	2618 GART	phosphoribosylglycinamide formyltransferase	22.419542814	3.79043165445E-14	0.29601519	
3	ENSG000000783	54715 RBFOX1	RNA binding fox-1 homolog 1	22.197271424	5.1147615417E-14	0.548387097	
4	ENSG000001602	2539 G6PD	glucose-6-phosphate dehydrogenase	18.352734678	6.65486546374E-09	0.356736243	
5	ENSG000001961	3123 HLA-DRB1	major histocompatibility complex, class II, D $\beta$	17.749137256	3.10661769538E-08	0.434535104	
6	ENSG000000050	292 SLC25A5	solute carrier family 25 member 5	17.645778687	3.87843260173E-08	0.352941176	
7	ENSG000001129	56940 DUSP22	dual specificity phosphatase 22	16.448413356	5.92875084228E-07	0.461100569	
8	ENSG000001767	197322 ACSF3	acyl-CoA synthetase family member 3	16.126016052	1.14584705949E-06	0.375711575	
9	ENSG000001001	23331 TTC28	tetratricopeptide repeat domain 28	15.195832587	6.73272920152E-06	0.366223909	
10	ENSG000001972	5265 SERPINA1	serpin family A member 1	14.348816983	3.06065249994E-05	0.24288425	
11	ENSG000000351	84908 FAM136A	family with sequence similarity 136 member A	13.676128798	9.21640849299E-05	0.39658444	
12	ENSG000001964	9612 NCDR2	nuclear receptor corepressor 2	13.517330602	0.0001167142	0.159392789	
13	ENSG000001867	5479 PPIB	peptidylprolyl isomerase B	12.961964544	0.0002760987	0.187855787	
14	ENSG000001109	506 ATP5F1B	ATP synthase F1 subunit beta	12.848940605	0.0003245088	0.149905123	
15	ENSG000001512	283464 GX VLT1	glucoside xylosyltransferase 1	12.203136487	0.0008175089	0.339658444	
16	ENSG000000703	8218 CLTC1	clathrin heavy chain like 1	11.960186507	0.0011574336	0.151802657	
17	ENSG000001973	3064 HTT	huntingtin	11.839207898	0.0013557816	0.132827324	
18	ENSG000001987	10487 UNC13B	unc-13 homolog B	11.622085307	0.0018150627	0.193548387	
19	ENSG000001059	4567 OGDH	oxoglutarate dehydrogenase	11.583367864	0.001896962	0.174573055	
20	ENSG000001393	6996 TDG	thymine DNA glycosylase	11.564100596	0.0019377182	0.210626186	
21	ENSG000001154	2335 FN1	fibronectin 1	11.47947122	0.0021837511	0.10056926	
22	ENSG000001789	2580 GAK	cyclin G associated kinase	11.346919932	0.0025992448	0.110056926	
23	ENSG000001643	51752 ERAF1	endoplasmic reticulum aminopeptidase 1	11.311872825	0.0027091031	0.18958254	
24	ENSG000001570	491 ATP2B2	ATPase plasma membrane Ca <sup>2+</sup> transporting	11.126138848	0.0034107933	0.134724858	
25	ENSG000001329	10207 PATJ	PATJ crumbs cell polarity complex component	10.980361237	0.0040739209	0.132827324	
26	ENSG000001311	5119 CHMP1A	charged multivesicular body protein 1A	10.883760276	0.0045133494	0.17077989	
27	ENSG000000044	204 AK2	adenylate kinase 2	10.589534817	0.0063989197	0.153770019	
28	ENSG000001236	29994 BAZ2B	bromodomain adjacent to zinc finger domain	10.574457927	0.0064982978	0.146110057	
29	ENSG000002579	1523 CUX1	cut like homeobox 1	10.53333069	0.0067822297	0.11954459	
30	ENSG000001249	56897 VRRH1P1	VRRH1 helicase interacting protein 1	10.490641141	0.0071648768	0.17077989	

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Talking:

## Variant Analysis: Network propagation

- STRING network specific to human cochlea (10,763 expressed genes, filtered by in-house RNA-seq of human cochlea)
- Network propagation from mutated genes (9509 unique genes - almost every expressed gene, Flag\* genes removed)
- z-scores under null model (mutations are random).
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\*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267152/>

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Talking:

## Over-representation Analysis

GO Term	-log10(FDR)
GO:0030705:cytoskeleton-dependent intracellular...	~3.2
GO:0045785:positive regulation of cell adhesion	~3.1
GO:1901214:regulation of neuron death	~3.0
GO:0030902:hindbrain development	~2.9
GO:0034329:cell junction assembly	~2.8
GO:0007018:microtubule-based movement	~2.7
GO:0048666:neuron development	~2.6
GO:0030155:regulation of cell adhesion	~2.5
GO:0051640:organelle localization	~2.4
GO:0034330:cell junction organization	~2.3
GO:0000902:cell morphogenesis	~2.2
GO:0000904:cell morphogenesis involved in...	~2.1
GO:0007010:cytoskeleton organization	~2.0
GO:0030900:forebrain development	~1.9
GO:0007155:cell adhesion	~1.8
GO:0000226:microtubule cytoskeleton organization	~1.7
GO:0007017:microtubule-based process	~1.6
GO:0060322:head development	~1.5
GO:0007420:brain development	~1.4
GO:0007417:central nervous system development	~1.3

Over-representation (or enrichment) analysis is a statistical method that determines whether genes from pre-defined sets are present more than would be expected (over-represented) in a subset of data

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### Over-representation analysis: microtubule-based processes

- These 21 genes "explain" 95.3% of cases

Gene set: GO:0007017 microtubule-based process

FDR	P Value	Gene Set Size	Expected Value	Overlap	Enrichment Ratio
0.0014179	1.3127e-7	480	5.6281	21	3.7313

User ID	Gene Symbol	Gene Name
AKAP9	AKAP9	A-kinase anchoring protein 9
AP351	AP351	adaptor related protein complex 3 subunit sigma 1
ATXN7	ATXN7	ataxin 7
C2CD3	C2CD3	C2 calcium dependent domain containing 3
CEP350	CEP350	centrosomal protein 350
CHMP1A	CHMP1A	charged multivesicular body protein 1A
CUL9	CUL9	cullin 9
DNAH14	DNAH14	dynein axonemal heavy chain 14
DNHD1	DNHD1	dynein heavy chain domain 1
DYNC1H1	DYNC1H1	dynein cytoplasmic 1 heavy chain 1
FLNA	FLNA	filamin A
FMN2	FMN2	formin 2
HTT	HTT	huntingtin
HYDIN	HYDIN	HYDIN, axonemal central pair apparatus protein
KATNAL2	KATNAL2	katanin catalytic subunit A1 like 2
KIFAP3	KIFAP3	kinesin associated protein 3
MAP2	MAP2	microtubule associated protein 2
NEFH	NEFH	neurofilament heavy
OBSL1	OBSL1	obscurin like 1
PCM1	PCM1	pericentriolar material 1
SON	SON	SON DNA binding protein

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Talking:

### Over-representation analysis: cell junction assembly

- These 10 genes "explain" 77.2% of cases

Gene set: GO:0034329 cell junction assembly

FDR	P Value	Gene Set Size	Expected Value	Overlap	Enrichment Ratio
0.044281	0.000024598	167	1.9581	10	5.1070

User ID	Gene Symbol	Gene Name
ANK2	ANK2	ankyrin 2
DUSP22	DUSP22	dual specificity phosphatase 22
EPHA2	EPHA2	EPH receptor A2
FLNA	FLNA	filamin A
FMN1	FMN1	formin 1
FN1	FN1	Fibronectin 1
ITGB4	ITGB4	integrin subunit beta 4
KDR	KDR	kinase insert domain receptor
RUNX1	RUNX1	runt related transcription factor 1
TNS1	TNS1	tensin 1

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These 16 functionally related genes explain 95.1% of cases

- Solitary genes are not known to interact with the rest of the genes (STRING)
- Line thickness reflects confidence that the interaction exists, range 30-90% (STRING)
- Magenta genes are linked to hearing disorders

STRING Analysis: software package assessing connectivity of proteins in cellular physiological pathways.

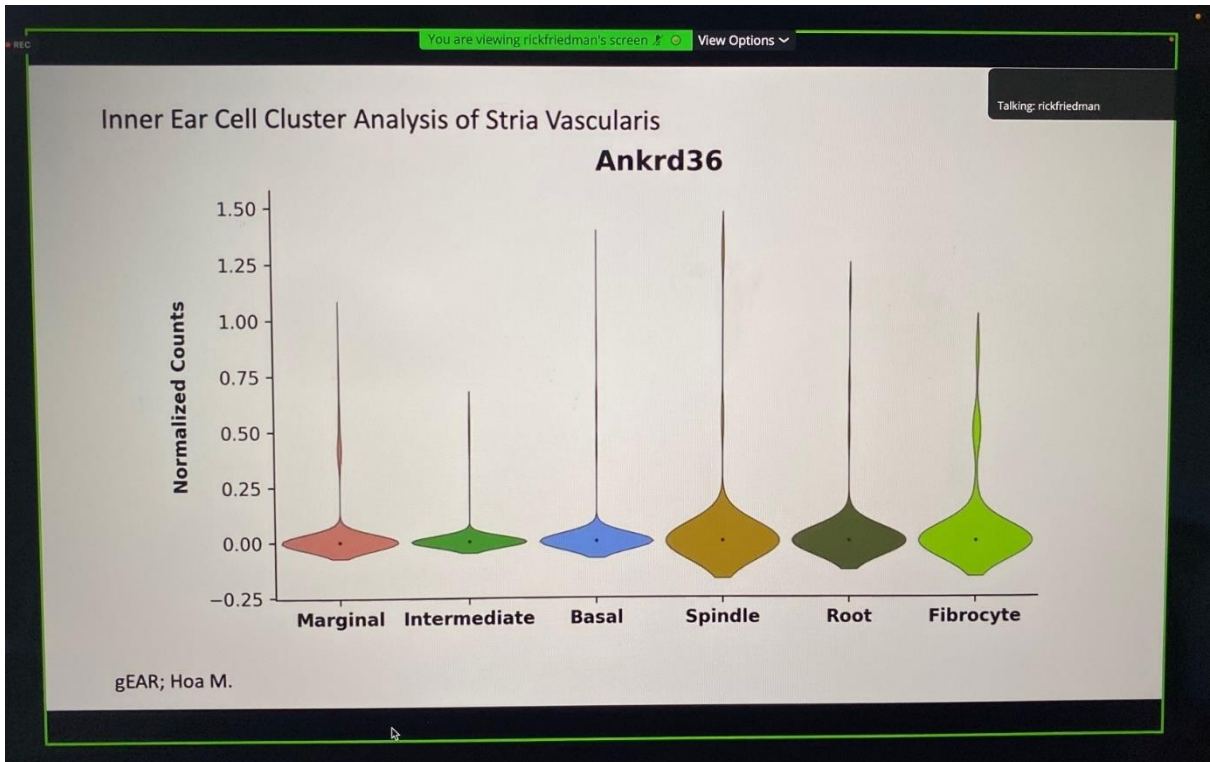
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Statistical test of significance of the 16 genes

- Under the null model in which a gene set size of the 16 is chosen at random from the set of 9509 genes known to carry mutations in a random population, the probability of explaining more cases than our set of 16 genes is  $p < 0.00001$ .
- The set of 16 genes is hugely significant.





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**Wild type**                      **Ankrd36 KO**

ANKRD36

Normal                      Hypertension

Yupeng Yan. Circulation Research. ANKRD36 Is Involved in Hypertension by Altering Expression of ENaC Genes. Volume: 129, Issue: 11, Pages: 1067-1081, DOI: (10.1161/CIRCRESAHA.121.319883)

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## Conclusions Based Upon Data: Cell-Cell/ECM interface

- Popular thought: increased endolymph production or reduced reabsorption.
- Aberrations in Cell-Cell/ECM interface leading to swelling within the endolymphatic space?

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## Observation and a Hypothesis

- FAM136A, which is known to be associated with Menière's disease, does not explain most cases (only 39.7%), and does not point to a mechanism of the disease (not enough is known about it).
- No evidence for migraine or inflammatory pathways.

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## Ongoing Directions

- Replicated findings in a large cohort-UKBB exome/whole-genome database.
  - Generate mouse model (CRISPR).

*Next speaker:*

**Robert from Cochlear Australia:**

- Could one therapy cure all – tinnitus, vertigo, hearing loss
- Are cochlear hydrops, vestibular hydrops and tinnitus 3 separate issues?
- Any damage to the inner ear can cause tinnitus

**Prof Jeffrey Harris:**

- Ruptured membranes in the inner ear can scar up
- Inheritance of MD is very low

