Reversal of pathologic changes in fibroblasts from Niemann-Pick type C disease patients by

inhibition of bromodomain and extraterminal proteins

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<u>Abstract</u>

Niemann-Pick type C disease (NPCD) is a lysosomal disorder whith patients presenting highly

variable onset, neurovisceral symptoms and life spans due to defective lipid homeostasis. At present,

therapeutic options are limited to palliative and disease-modifying drugs, and there is a continued

need for new approaches. Here, we explored bromodomain and extraterminal (BET) proteins as new

drug target for NPCD using patient-derived fibroblasts. Treatment of cells with JQ1, a prototype BET

inhibitor, enhanced the level of NPC1 protein and increased its presence in lysosomes, diminished

lysosomal expansion and cholesterol accumulation and induced extracellular release of lysosomal

components in a time- and dose-dependent manner. The reversal of pathologic changes in an

established cell model suggest inhibition of BET protein as new therapeutic approach for NPCD.

Keywords: epigenetic regulation; lysosome; bromodomain; cholesterol; neurodegeneration; rare

disease; proteostasis

Introduction

Niemann-Pick type C disease (NPCD) is a rare, autosomal-recessive, and pan-ethnic lysosomal

disorder presenting progressive and ultimately fatal neurovisceral symptoms (Pfrieger, 2023; Vanier,

2010). The primary cause are specific variants of *NPC intracellular cholesterol transporter 1* (*NPC1*;

OMIM #257220; 95% of cases) (Carstea et al., 1997; Loftus, 1997) or of *NPC intracellular*

cholesterol transporter 2 (*NPC2*; OMIM 607625; 5% of cases) (Naureckiene et al., 2000). The

encoded proteins NPC1 and NPC2, which are ubiquitously expressed, reside in the membrane

(Higgins et al., 1999; Kobayashi et al., 1999; Neufeld et al., 1999) and lumen of late endosomes

(Blom et al., 2003; Naureckiene et al., 2000; Zhang et al., 2003), respectively. Genetic manipulations

(Sleat et al., 2004), biochemical assays (Infante et al., 2008; Liou et al., 2006) and structure analyses

(Friedland et al., 2003; Kwon et al., 2009; Li et al., 2016; Qian et al., 2020; Wang et al., 2016;

Winkler et al., 2019) indicate that the two proteins mediate cooperatively the egress of unesterified

cholesterol from the endosomal-lysosomal system.

45   Dysfunction of either protein causes intracellular accumulation of unesterified cholesterol

(Pentchev et al., 1985; Vanier et al., 1991) and other lipids (Altuzar et al., 2023; Fan et al., 2013;

Lloyd-Evans et al., 2008; Malathi et al., 2004; Sugimoto et al., 2001; Taniguchi et al., 2001; te

Vruchte et al., 2004; Zervas et al., 2001a), and impairs lysosomal (Elrick et al., 2012; Ko et al., 2001;

Lloyd-Evans et al., 2008; Shen et al., 2012; Zhang et al., 2001) and mitochondrial function (Colaco et

al., 2020; Li et al., 2005; Marí et al., 2006; Torres et al., 2017; Yambire et al., 2019; Yu et al., 2005),

and autophagy (Ko et al., 2005; Liao et al., 2007; Pacheco et al., 2007). Patients present distinct forms

of the disease depending on the onset of neurovisceral symptoms (Bolton et al., 2022; Geberhiwot et

al., 2018; Patterson, 2020; Rangel et al., 2020). The most common forms are characterized by

infantile onset at two months to six years of age presenting hepatosplenomegaly, delayed motor and

speech development, and progressive neurologic symptoms including dysphagia, ataxia, clumsiness,

seizures, and cataplexy. These patients die within several years often due to respiratory failure (Pineda

et al., 2019; Yilmaz et al., 2020). The estimated incidence of NPCD is 1:100,000 births (Vanier, 2010)

although the number of patients with the adolescent/adult form is probably higher (Wassif et al.,

2016) due to lack of proper diagnosis.

Therapeutic options are still limited to treatment of specific symptoms like for example

seizures, and to the disease-modifying N-butyl-deoxynojirimycin (OGT918, Miglustat, Zavesca) that

inhibits glucosylceramide synthase (Platt et al., 1994) and non-lysosomal glucosylceramidase (GBA2)

(Nietupski et al., 2012). The drug, which is approved for NPCD in many countries, but not in the US,

slows down disease progression in NPC1-deficient mice (Zervas et al., 2001b), cats (Stein et al.,

2012), and patients (Patterson et al., 2020; Patterson et al., 2007; Pineda et al., 2018; Solomon et al.,

2022) except for those presenting early infantile disease onset (Freihuber et al., 2023). Within the last

decade, numerous therapeutic approaches have been tested, but only few have entered clinical studies,

and none has been approved (Bremova-Ertl and Schneider, 2023; Cariati et al., 2021; Heras et al.,

2023; Pfrieger, 2023; Sitarska et al., 2021). Therefore, there is a strong need to develop new

therapeutic approaches.

Here, we explored bromodomain and extra-terminal (BET) proteins as new drug target for

NPCD. BET proteins bind to acetylated lysine on histones and thereby regulate gene transcription

(Filippakopoulos and Knapp, 2014). They serve as therapeutic drug targets (Cochran et al., 2019) for

different types of cancer (Shorstova et al., 2021) and many other pathologic conditions (Kulikowski et

al., 2021; Martella et al., 2023) including cachexia (Segatto et al., 2017), Duchenne muscular

dystrophy (Segatto et al., 2020), Fabry disease (Fu et al., 2022) and retinal inflammation due to

STING activation (Zou et al., 2022), which also contributes to neurodegeneration in NPCD (Chu et

al., 2021). Recently, we discovered that JQ1, a well-characterized competitive inhibitor of BET

proteins (Filippakopoulos et al., 2010), enhances the protein content of NPC1 in cultured cells (Tonini

et al., 2020). This effect has therapeutic potential for NPCD patients because disease severity

correlates with cellular levels of NPC1 protein (Millat et al., 2001; Musalkova et al., 2020; Yamamoto

et al., 2000) and because some pathogenic variants of NPC1 are functional, but degraded due to

misfolding (Feng et al., 2019; Gelsthorpe et al., 2008; Macías-Vidal et al., 2014; Praggastis et al.,

2015; Schultz et al., 2018; Wang et al., 2019).

Using patient-derived skin fibroblasts serving as established in vitro model for preclinical

studies (Pallottini and Pfrieger, 2020) we show that inhibition of BET proteins increases the levels of

NPC1 and its localization in the endosomal-lysosomal system, and reverts pathologic changes at least

in part through lysosomal exocytosis. Together, our results suggest BET protein inhibition as a

potential new therapeutic approach for NPCD.

<u>Material and Methods</u>

<u>Cell culture and drug treatment</u>

Dermal fibroblasts from a NPCD patient (GM18453) homozygous for a frequent pathogenic allele

encoding the I1061T variant (Millat et al., 1999) and from a sex- and age-matched healthy donor

(GM05659; NIGMS Human Genetic Cell Repository; Coriell Institute for Medical Research,

Camden, NJ, USA) were cultured in Dulbecco's modified Eagle medium (DMEM) containing high

glucose supplemented with 5% fetal bovine serum (FBS), 1% L-glutamine, 1% sodium pyruvate, 1%

non-essential amino acids, and 1% penicillin-streptomycin (all Sigma-Aldrich/Merck) at 37°C and 5%

CO_2. All experiments were performed at 60–70% cell confluency and maximally 20 passages. The

drug (+)-JQ1 (#SML1524, Sigma-Aldrich/Merck) was added to primary cultures at indicated

concentrations after dilution from a stock solution (3 mM in DMSO; stored at -20°C). Controls were

treated with vehicle alone (0.1% DMSO in DMEM).

<u>Cell numbers and viability</u>

Fibroblasts were cultured in 24-well plates (#833922, Sarstedt) at 15,000 cells/well and treated as

indicated. Cells were detached with trypsine/EDTA (0.05%), resuspended in medium, stained with

propidium iodide (2 µg/ml; Sigma-Aldrich/Merck) to label dead cells, and subjected to flow

cytometry (CytoFlex, Beckman Coulter) counting all cells and propidium iodide-positive cells

(excitation at 488 nm, emission 585/42 band pass filter).

Lysate preparation and immunoblotting

Fibroblasts were cultured in 6-well plates at 150,000 cells/well and treated as indicated. Cells were

lysed in homogenization buffer (Sucrose 0.1M, KCl 0.05M, KH_2PO_4 0.04M, EDTA 0.04M, pH 7.4,

with protease inhibitor cocktail (1:1,000) and phosphatase inhibitor cocktail (1:400; Sigma-

Aldrich/Merck) by sonication (VCX 130 PB, Sonics Materials) on ice for 20 sec. Samples were then

centrifugated at 13,000 rpm for 10 min at 4°C to remove cell debris. Protein concentration was

assessed by the Lowry method. For immunoblotting, samples were diluted with Laemmli buffer,

boiled for 5 min, and subjected to SDS-PAGE (40 µg of protein/lane). Proteins were transferred to

nitrocellulose membranes (Trans-Blot Turbo Transfer System; Bio-Rad Laboratories). Membranes

were blocked with fat-free milk (5% in Tris-buffered saline 0.138M NaCl, 0.027M KCl, 0.025M Tris-

HCl, and 0.05% Tween-20, pH 6.8) for 1h at room temperature (RT), exposed to antibodies against

NPC1 (1:1,000; #NB400-148, Novus Biologicals) or vinculin (VCL) as loading control (1:40,000;

#V9131, Sigma-Aldrich) overnight at 4°C followed by horseradish peroxidase-conjugated secondary

IgG antibody (Bio-Rad Laboratories) for 1h at RT. Chemiluminescence was visualized using the

ChemiDoc MP system (Bio-Rad Laboratories) and analyzed by ImageJ (National Institutes of Health,

Bethesda, MD, USA).

Endoglycosidase H Assay

Fibroblasts were cultured in 6-well plates and treated as indicated. Cells were lysed in

homogenization buffer (Sucrose 0.1M, KCl 0.05M, KH_2PO_4 0.04M, EDTA 0.04M, pH 7.4) by

sonication (VCX 130 PB, Sonics Materials) at 4°C for 20 sec, and centrifuged at 12,000 rpm for 10

min at 4°C to yield total lysate. The endoglycosidase H (EndoH) assay (V4875, Promega) was

performed following the manufacturer's instructions. The samples contained EndoH reaction buffer,

water, and EndoH enzyme, for negative controls, the EndoH enzyme was replaced by water. All

samples were incubated at 37°C for 6 hours, and the reaction was terminated by adding Laemmli

sample buffer before immunoblotting.

Immunocytochemical staining

Fibroblasts were cultured on 96-well microplates (black imaging plate; #353219, BD Falcon, Becton-

Dickinson) at 3,000 cells/well and treated as indicated. Cells were washed three times with phosphate-

buffered saline (PBS), and fixed with 4% paraformaldehyde (in PBS) for 15 min at RT. Cells were

permeabilized (0.05% Saponin in PBS) for 10 min, and incubated for 45 min with blocking solution

(3% BSA with 1% goat serum in PBS) and then overnight at 4°C with primary antibodies (1% BSA in

PBS) against NPC1 (1:2,500; NB400-148, Novus Biologicals) and LAMP2 (1:1,000; #sc-18822,

Santa-Cruz). After incubation, cells were washed and reacted for 1h at RT with appropriate secondary

antibodies (1:1,000; goat anti-rabbit secondary antibody Alexa Fluor 546; #A-10040, ThermoFisher

Scientific; goat anti-mouse secondary antibody Alexa Fluor 488; #A-11001, ThermoFisher

Scientific). Fluorescence was visualized and digitized using an upright microscope (Zeiss Observer 7)

equipped with a light source (Zeiss Colibri), objectives (40x water, N.A. 1.2; 63x oil, N.A. 1.4; Zeiss),

a module for optical sectioning by structured illumination (Zeiss ApoTome.2) and a digital camera

(Hamamatsu ORCA-Flash 4.0). Colocalization analysis was performed using ImageJ and the plugin

JaCoP (Just another Colocalization Plugin) to measure Pearson's correlation coefficients in manually

selected regions of interest.

Cytochemical staining

Fibroblasts were cultured on 96-well microplates (black imaging plate; #353219, BD Falcon) at 3,000

cells/well and treated as indicated. Cells were washed three times with PBS, fixed by

paraformaldehyde (4% in PBS) for 15 min at RT and stained with filipin (50 μg/mL in PBS prepared

freshly from a 250-fold ethanolic stock; #F9765, Sigma-Aldrich/Merck) for 2h at RT in the dark.

Fluorescence images of stained cells were acquired using an inverted microscope (Axiovert 135TV;

Zeiss) equipped with a metal halide lamp (10%; Lumen 200; Prior Scientific), an appropriate

excitation/emission filter (XF02-2; Omega Optical Inc.), a 40x objective (oil, N.A. 1.3; Zeiss) and an

air-cooled monochrome charge-coupled device camera (Sensicam, PCO Computer Optics) controlled

by custom-written Labview routines (National Instruments). Density of filipin-positive puncta was

determined in manually outlined somata using custome-written Labview routines (Demais et al.,

2016).

<u>Lysotracker staining and cytometry</u>

Fibroblasts were cultured in 6-well plates (#833920 Sarstedt) at 150,000 cells/wells and treated as

indicated. Before the end of the treatment, cells were incubated with LysoTracker Red DND-99 (1

µM in culture medium; #L7528, Life technologies) for 30 minutes at 37°C, detached, spun-down at

13,000 rpm and resuspended in 300 µL of medium prior to flow cytometry. Data were acquired using

a flow cytometer (Cytoflex-LX; Bekman-Coulter) and analyzed by specialized software (Kaluza,

Beckman Coulter; FloJo, Becton-Dickinson). Fold-changes in LysoTracker intensity were calculated

as ratios of geometric means of stained / unstained samples as described (Rodriguez-Gil et al., 2013).

<u>Hexosaminidase activity assay</u>

Cells were cultured in 96-well microplates source (#833924, Sarstedt) at 4,000 cells/wells in DMEM

without phenol red. The assay was performed similar as described (Demais et al., 2016). Briefly, at

the end of the treatment, 20 µL of cell culture medium were incubated at 37°C for 3 hours with 20 µL

reaction mix containing sodium citrate (10 mM; pH 4.2) and 4-methylumbelliferyl-2-acetamido-2-

deoxy-b-D-glucopyranoside (2 mM; #474502, Sigma-Aldrich/Merck). The reaction was stopped by 5

volumes of glycine and Na_2CO_3. (0.2M). Crystal violet (#C0775, Sigma-Aldrich/Merck; 0.05% in

H_2O with 1% paraformaldehyde and 1% methanol) was added to the cell suspension to indicate cell

number. The fluorescent product 4-methylumbelliferone and crystal violet were measured in triplicate

on a microplate reader (Tecan Spark, Männedorf, Switzerland) using suitable filters (excitation: 365

nm; emission filters: 440 nm; absorbance: 585 nm). Calibration curves were acquired using defined

amounts of the fluorescent product 4-methylumbelliferone sodium salt (#M1508, Sigma-

Aldrich/Merck). Fluorescence of 4-methylumbelliferone was normalized to crystal violet intensity.

Data analysis and visualisation

Data analysis and visualisation were accomplished with the open source software R (R Core Team,

2021) and selected packages (data.table, ggplot2). Unless indicated otherwise, results are displayed

using bar and whisker plots representing mean and standard deviation, respectively. Statistical tests

were performed as indicated. When comparing three or more experimental groups, analysis of

variance (ANOVA) was carried out, followed by Tukey's post-hoc test. Asterisks indicate statistically

significant differences based on p values (*, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$).

Results

Here we explored whether BET proteins can serve as new therapeutic target for NPCD using the

membrane-permeant inhibitor JQ1 and primary cultures of human dermal fibroblasts from NPCD

patients.

Effects of JQ1 on viability, protein levels of NPC1 and its distribution in fibroblasts

First, we tested whether the drug affected the number and viability of dermal fibroblasts. As shown in

Fig. 1A, patient-derived fibroblasts carrying the I1061T variant attained lower numbers at each time

point tested, and showed a lower fraction of propidium-iodide-positive (dead) cells compared to

fibroblasts with normal NPC1. JQ1 inhibited cell growth compared to vehicle (DMSO) (Fig. 1B) as

reported previously in dermal fibroblasts (Vichaikul et al., 2022) and in immortalized cell lines

(Filippakopoulos et al., 2010). This effect occurred regardless of the genotype (Fig. 1B). The drug

enhanced the percentage of dead cells at 48h of treatment in healthy fibroblasts, but the most robust

effects occurred in patient-derived cells after 96h of treatment (Fig. 1B).

Figure 1. Effects of JQ1 on cell numbers and viability in primary cultures of human skin fibroblasts.

Cell counts (top) and percentages of propidium iodide-positive cells (bottom) in primary cultures of skin fibroblasts from a healthy donor (GM056549; black) and a NPCD patient (GM018453; orange) in untreated cells (A) and after treatment with JQ1 or vehicle (DMSO) for indicated periods and concentrations (B). Values in B were normalized to values from vehicle-treated control cultures run in parallel. Asterisks indicate statistically significant changes (ANOVA with Tukey's post-hoc test; n = 3 independent preparations for each experiment).

Next, we tested how JQ1 affects the level of NPC1 protein in human fibroblasts. These experiments followed up on our observation that the drug modifies components mediating lipid homeostasis including NPC1 in a hepatocarcinoma cell line (Tonini et al., 2020). Immunoblotting revealed lower levels of the I1061T variant compared to the normal version of NPC1 in fibroblasts (Fig. 2A) in agreement with previous studies (Gelsthorpe et al., 2008; Pipalia et al., 2011; Yu et al., 2012). Treatment with JQ1 enhanced the levels of NPC1 in a concentration-dependent manner compared to vehicle-treated cultures independently from the genotype with statistically significant changes occurring after 72h of treatment (Fig. 2B). The fraction of EndoH-resistant NPC1 variant was unaffected by JQ1 (Fig. 2C) indicating that JQ1 does not impede protein glycosylation in the Golgi apparatus.

Figure 2. JQ1 enhances NPC1 protein levels in cultured skin fibroblasts.

Levels of NPC1 protein in primary cultures of skin fibroblasts from a healthy donor (GM056549; black) and a NPCD patient (GM018453; orange) in untreated cells (A) and after treatment with JQ1 or vehicle (DMSO) for indicated periods and concentrations (B). Values in A and B were normalized to vinculin (VCL) levels and to vehicle-treated control cultures, respectively. Asterisks indicate statistically significant changes (A: t test; n = 4 preparations; B: ANOVA with Tukey's post-hoc test; n = 3–7 preparations). C, Fraction of EndoH-resistant protein compared to total protein in patient-derived fibroblasts after treatment with JQ1 as indicated (n = 3 preparations per treatment). Note the change in protein size following EndoH-mediated glycan removal. Images in (B) and (C) show representative immunoblots reacted with antibodies against NPC1 and VCL as loading control.

Next, we asked whether JQ1-induced NPC1 protein reaches the endosomal-lysosomal system using double immunocytochemical staining with antibodies against NPC1 and against the endosomal-lysosomal marker LAMP2 (Fig. 3A). Quantitative analyses confirmed lower levels of marker colocalization in patient-derived fibroblasts compared to the health control cells (Fig. 3B). Treatment of patient-derived cells with JQ1 enhanced the colocalization of NPC1 with LAMP2 (Fig. 3C).

Figure 3. JQ1 enhances presence of NPC1 in the endosomal-lysosomal system.

A, Fluorescence micrographs of cultured fibroblasts from a healthy donor (top) and a NPCD patient

following treatment for 72h with vehicle or JQ1. Cells were fixed and subjected to

immunocytochemical staining for NPC1 and LAMP2. False-color micrographs represent overlays of

NPC1 (red) and LAMP2 (green). Scale bar: 20 µm. B, C Boxplots showing Pearson's correlation

coefficients of NPC1 and LAMP2 intensity in somata of fibroblasts without treatment (B), and in

patient-derived fibroblasts following treatment with JQ1 as indicated (C). In C, coefficients were

normalized to the means of vehicle-treated cultures. Asterisks indicate statistically significant changes

(B: t test; n = 185/171 healthy/patient cells, 4 preparations; C: ANOVA with Tukey's post-hoc test; n

= 99–162 cells per treatment, 4 preparations).

<u>JQ1-induced effects on pathologic changes in patient-derived fibroblasts</u>

Since JQ1 increased the endosomal-lysosomal level of NPC1 protein, we tested whether the drug

reverts hallmarks of NPC1-deficiency in these cells, the accumulation of unesterified cholesterol and

the expansion of the acidic (lysosomal) compartments, using cytochemical staining with the

cholesterol-binding drug filipin (Pentchev et al., 1985) and a pH-sensitive fluorescent dye named

lysotracker (Funk and Krise, 2012; Rodriguez-Gil et al., 2013; te Vruchte et al., 2014; Xu et al.,

2014), respectively (Fig. 4). As expected based on previous studies, patient-derived fibroblasts

showed a higher density of filipin-positive puncta (Fig. 4A, B), larger cell complexity and stronger

lysotracker fluorescence compared to cells from the healthy donor (Fig. 4D-F). Surprisingly, JQ1

increased the density of filipin-positive puncta after 48h of treatment (Fig. 4C). Treatment for 72h

seemed to lack an effects on filipin densities (Fig. 4C). However, at closer inspection we observed a

dual effect with some cells showing an increase, whereas others showed no change or a decrease of

filipin densities after this treatment duration (Fig. 4A, C, insert). This finding suggested a time-

dependent switch of the JQ1 effect. To test this possibility, we treated cells with JQ1 for 168h. This

prolonged treatment period reduced the accumulation of cholesterol in patient-derived fibroblasts

already at the lowest dose tested (Figs. 4C). Flow cytometry of lysotracker-labeled cells confirmed

that cells bearing the disease-causing variant of NPC1 had a larger acidic compartment than cells from

a healthy donor (Fig. 4D–F). Notably, treatment of patient-derived cells with JQ1 reduced this

compartment in a dose-dependent manner at all time points tested (Fig. 4G).

Figure 4. JQ1 reverts pathologic lysosomal changes in patient-derived fibroblasts.

A, Fluorescence micrographs showing cultured fibroblasts from a healthy donor and a NPCD patient

following treatment for 72h with JQ1 (3 µM) or vehicle (Veh.; DMSO). Cells were fixed and

subjected to cytochemical staining with filipin to reveal the distribution of unesterified cholesterol.

Scale bar: 20 µm. B, Boxplots showing densities of filipin-positive puncta in fibroblasts from a

healthy donor and from NPCD patient. C, Boxplots showing densities of filipin-positive puncta

normalized to the means of vehicle-treated cultures following treatment with JQ1 for indicated

durations and concentrations. Circles indicate mean values. Insert, cumulative relative frequency

distributions of filipin densities in cells treated for 72h with JQ1 (1µM) or with vehicle (0 µM). Note

the dual effect of JQ1 inducing a increase and a small decrease of cholesterol accumulation at this

time point. Asterisks indicate statistically significant changes (B: t test; $n = 502/608$ healthy/patient-

derived cells from 4 preparations; C: ANOVA with Tukey's post-hoc test; 48h: 434–479 cells per

treatment, 3 preparations; 72h: n = 390–527 cells per treatment, 3 preparations; 168h: n = 453–818

cells, 5 preparations). D, Representative plots of side and forward scatter intensities. E, Histograms of

fluorescence intensities normalized to maxima in cells from indicated donors untreated or treated with

JQ1 and unstained or stained with lysotracker as indicated. F, G, Mean ratios of geometric means

(lysotracker signal divided by background signal from cells without lysotracker) in fibroblasts without

treatment (F), and in patient-derived fibroblasts following treatment with JQ1 (G) as indicated. In G,

ratios were normalized to the means of vehicle-treated (concentration 0) cultures (B: t test; n = 4

preparations; C: ANOVA with Tukey's post-hoc test; n = 3–5 preparations.

<u>JQ-induced lysosomal exocytosis</u>

The reduction of the lysotracker signal raised the question whether JQ1 enhanced the release of

lysosomal content to the extracellular medium. To address this point, we performed two

complementary assays, namely immunocytochemical staining of LAMP2 on the surface of non-

permeabilized cells and detection of hexosaminidase activity in the culture medium (Fig. 5). Both

assays revealed that NPC1 deficiency enhances basal LAMP2 surface expression (Fig 5A, B) and

hexosaminidase activity (Fig. 5D) in patient-derived fibroblasts compared to normal cells. Treatment

with JQ1 increased both the surface expression (Fig. 5C) and hexosaminidase release in a

concentration-dependent manner (Fig. 5E) suggesting that the drug induces release of lysosomal

material.

Figure 5. JQ1 induces extracellular release of lysosomal material in patient-derived fibroblasts.

A, Fluorescence micrographs showing cultured fibroblasts from a healthy donor and a NPCD patient

following treatment for 72h with JQ1 or vehicle (Veh.). Cells were fixed without permeabilization

and subjected to immunocytochemical staining to reveal the surface distribution of LAMP2. Scale

bar: 20 µm. B, C, Violinplots showing fluorescence intensities indicating surface expression of

LAMP2 on somata of fibroblasts without treatment (B), and in patient-derived fibroblasts following

treatment with JQ1 as indicated (C). In C, intensities were normalized to the means of vehicle-treated

cultures. Black points indicate means. Asterisks indicate statistically significant changes (B: t test; n =

153/131 healthy/patient-derived cells from 4 preparations; C: ANOVA with Tukey's post-hoc test;

48h: 85–116; 72h: n = 102–131 cells per treatment from 3–4 preparations). D, E, Hexosaminidase

activity normalized to cell numbers in fibroblasts without treatment (D), and in patient-derived

fibroblasts following treatment with JQ1 as indicated (E). In E, values were normalized to the means

of vehicle-treated (concentration 0) cultures (D: t test; n = 3–4 preparations; E: ANOVA with Tukey's

post-hoc test; n = 3–4 preparations).

<u>Discussion</u>

Our work identifies inhibitors of BET proteins as new drug candidates for NPCD. This is based on

our observations that a prototypic inhibitor enhanced the level of NPC1 protein and increased its

presence in lysosomes, diminished lysosomal expansion and cholesterol accumulation, and induced

release of lysosomal components in a time- and dose-dependent manner.

Our finding that BET protein inhibition enhances NPC1 protein as a component of the

endosomal-lysosomal system is in line with previous reports that the promoter region of *Npc1* is

associated with acetylated histones (Gevry et al., 2003) and that de-acetylation increases gene

expression (Munkacsi et al., 2011). More generally, BET proteins have been shown to control

lysosome- and autophagy-related genes in various cell types and disease conditions (Campbell et al.,

2018; Gong et al., 2022; Jang et al., 2017; Li et al., 2020; Sakamaki et al., 2017; Segatto et al., 2020;

Shen et al., 2020; Sui et al., 2019; Wakita et al., 2020). Other pathways to enhance cellular NPC1

protein levels have been explored *in vitro* including inhibition of histone deacetylases (Newton et al.,

2017; Nunes et al., 2013; Pipalia et al., 2011; Pipalia et al., 2017; Praggastis et al., 2015; Wang et al.,

2019), enhanced chaperone activity (Gelsthorpe et al., 2008; Nakasone et al., 2014; Ohgane et al.,

2013; Pipalia et al., 2021; Schultz et al., 2022; Völkner et al., 2022; Wang et al., 2020; Yu et al.,

2012; Zampieri et al., 2012) and reduced protein degradation (Gelsthorpe et al., 2008; Macías-Vidal et

al., 2014; Nakasone et al., 2014; Zampieri et al., 2012). Similar to what we observed following JQ1

treatment, these manipulations enhanced the presence of NPC1 variants in the endosomal-lysosomal

system (Gelsthorpe et al., 2008; Macías-Vidal et al., 2014; Ohgane et al., 2013; Pipalia et al., 2021;

Pipalia et al., 2017; Völkner et al., 2022; Wang et al., 2019; Wang et al., 2020; Yu et al., 2012;

Zampieri et al., 2012) and decreased the intracellular accumulation of unesterified cholesterol

(Gelsthorpe et al., 2008; Macías-Vidal et al., 2014; Munkacsi et al., 2011; Newton et al., 2017;

Ohgane et al., 2013; Pipalia et al., 2011; Pipalia et al., 2021; Pipalia et al., 2017; Praggastis et al.,

2015; Völkner et al., 2022; Wang et al., 2019; Wehrmann et al., 2012; Yu et al., 2012; Zampieri et al.,

2012). Interestingly, however, these manipulations reverted cholesterol accumulation within

maximally 72h, whereas JQ1 affected cholesterol levels at a slower pace. In this context, we note a

recent fibroblast-based high-throughput drug screen for NPCD, which revealed an effect of JQ1 on

LAMP1 levels, but not on cholesterol accumulation (Pugach et al., 2018). Our results posit that this

apparent lack of effect was due to the 72h time window selected for this assay. In fact, our study

reveals a biphasic effect of JQ1. The transient cholesterol accumulation within 48h may be due to

enhanced autophagy and lysosome function as reported previously (Sakamaki et al., 2017). The

concomitant reduction of the lysosomal volume as indicated by lysotracker staining may at least in

part be caused by release of lysosomal content to the extracellular space. Evidence for induction of

this pathway by JQ1 is based on the enhanced presence of LAMP2 on the cell surface and increased

hexosaminidase activity in the medium. This pathway may also limit the extent of cholesterol

accumulation due to NPC1 dysfunction as suggested by previous studies on cell lines (Chen et al.,

2010; Feltes et al., 2020; Vacca et al., 2019), patient-derived fibroblasts (Arguello et al., 2021; Cao et

al., 2015; Xu et al., 2012), and retinal neurons in vitro (Demais et al., 2016) and in vivo (Barthelemy

et al., 2021).

The protracted decrease of cholesterol accumulation over 7 days may be due to the lower

efficacy of the I1061T NPCD variant to export cholesterol from the endosomal-lysosomal system.

The delay may also be caused by a sequence of changes in pathways or processes that are affected by

BET protein inhibition (Garcia et al., 2023). Obvious candidates based on previous studies are a

reduction of cholesterol biosynthesis (Shen et al., 2021; Tonini et al., 2020) and of intracellular lipid

levels (Tonini et al., 2020) and an increase of apolipoprotein a (McLure et al., 2014), which has been

explored as therapeutic agent for NPCD (Schultz et al., 2019). In general, BET protein inhibition

affects many transcriptional programs through interactions with acetylated lysins on histones

including a site showing epigenetic marks in NPCD (Kunkel et al., 2023).

<u>Conflict of Interest</u>

MS and VP are listed as inventors on an Italian patent related to the therapeutic use of BET proteins.

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Author contributions

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