



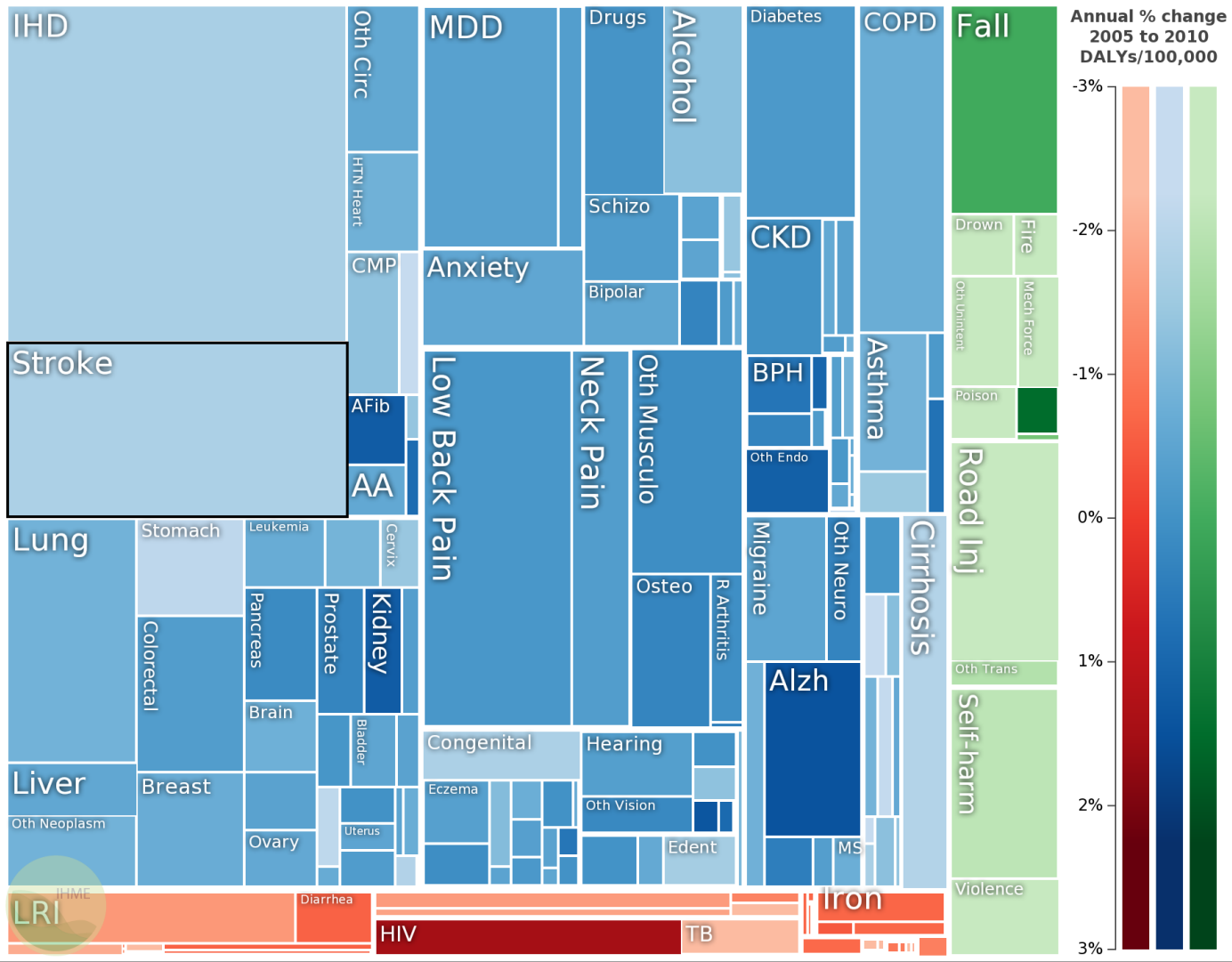
# ***Strategies to get Aging Interventions into Humans***

**Brian Kennedy**  
Buck Institute for  
Research on Aging



# DALYs – Developed World 2010

Developed, DALYs  
Both sexes, All ages, 2010



Communicable

Non-communicable

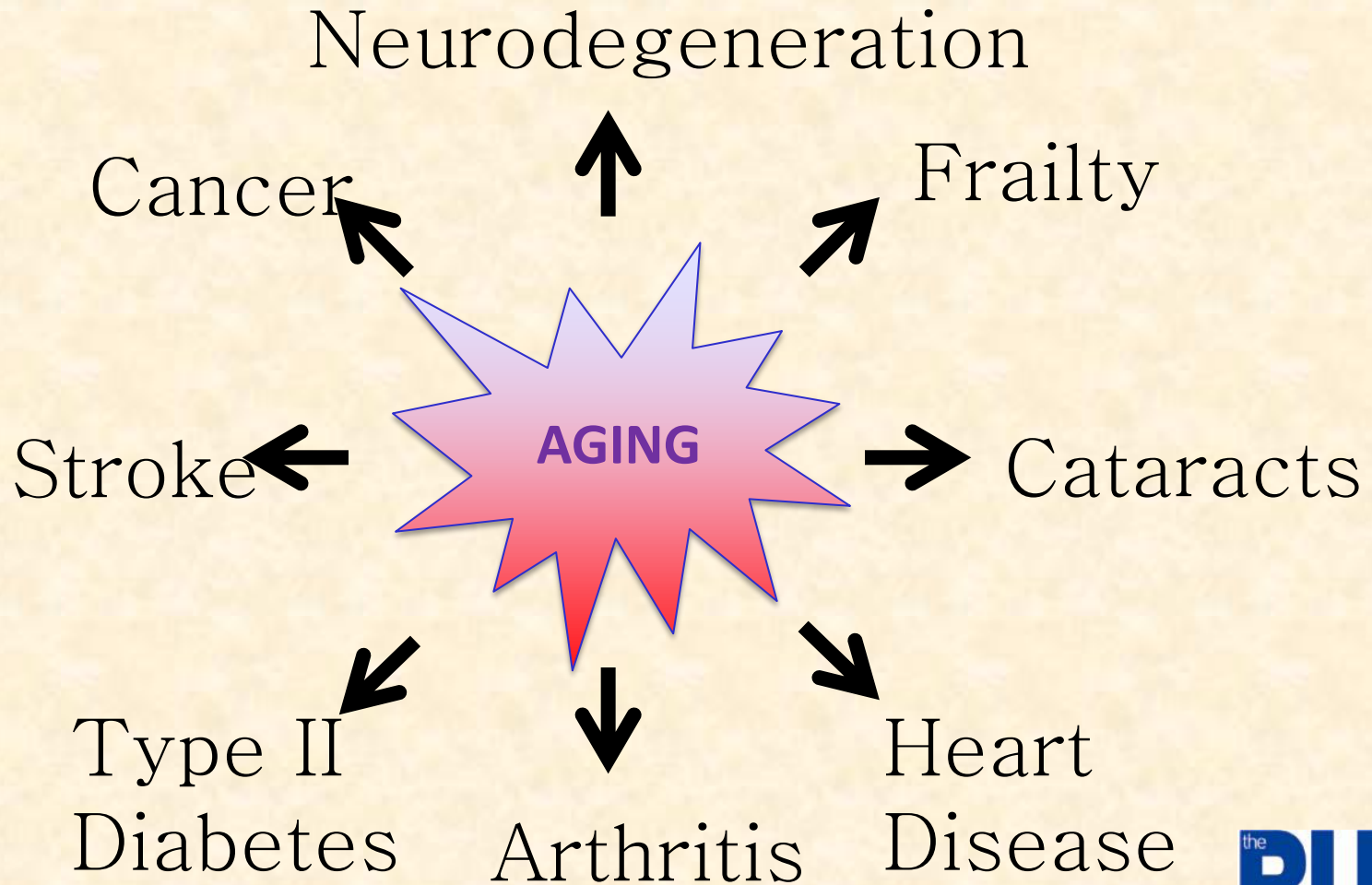
Injuries

# What's happening on the Ground?

- **Increased Assisted living / Senior Centers**
- **Aging in Place**
- **Increased hospitals / healthcare professionals**
- **Efforts to re-train elders**
- **Medical monitoring devices**
- **Emphasis on Rehabilitation Centers**
- **.....**

# What About Keeping People Healthy Longer?

# Aging is a driving force in CHRONIC disease

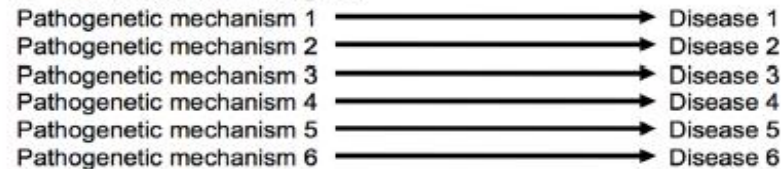


# The aging-disease false dichotomy: understanding senescence as pathology

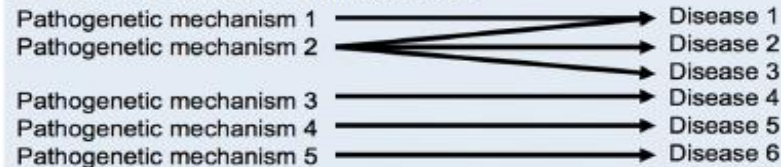
David Gems\*

*Institute of Healthy Ageing and Department of Genetics, Evolution and Environment, University College London, London, UK*

## A Individual pathologies



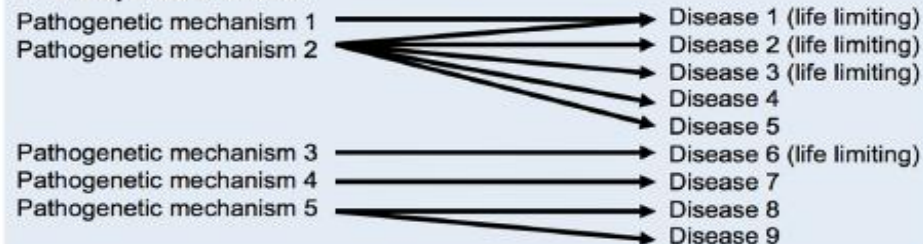
## B Some mechanisms in common



## C Aging as central cause



## D New, mixed model

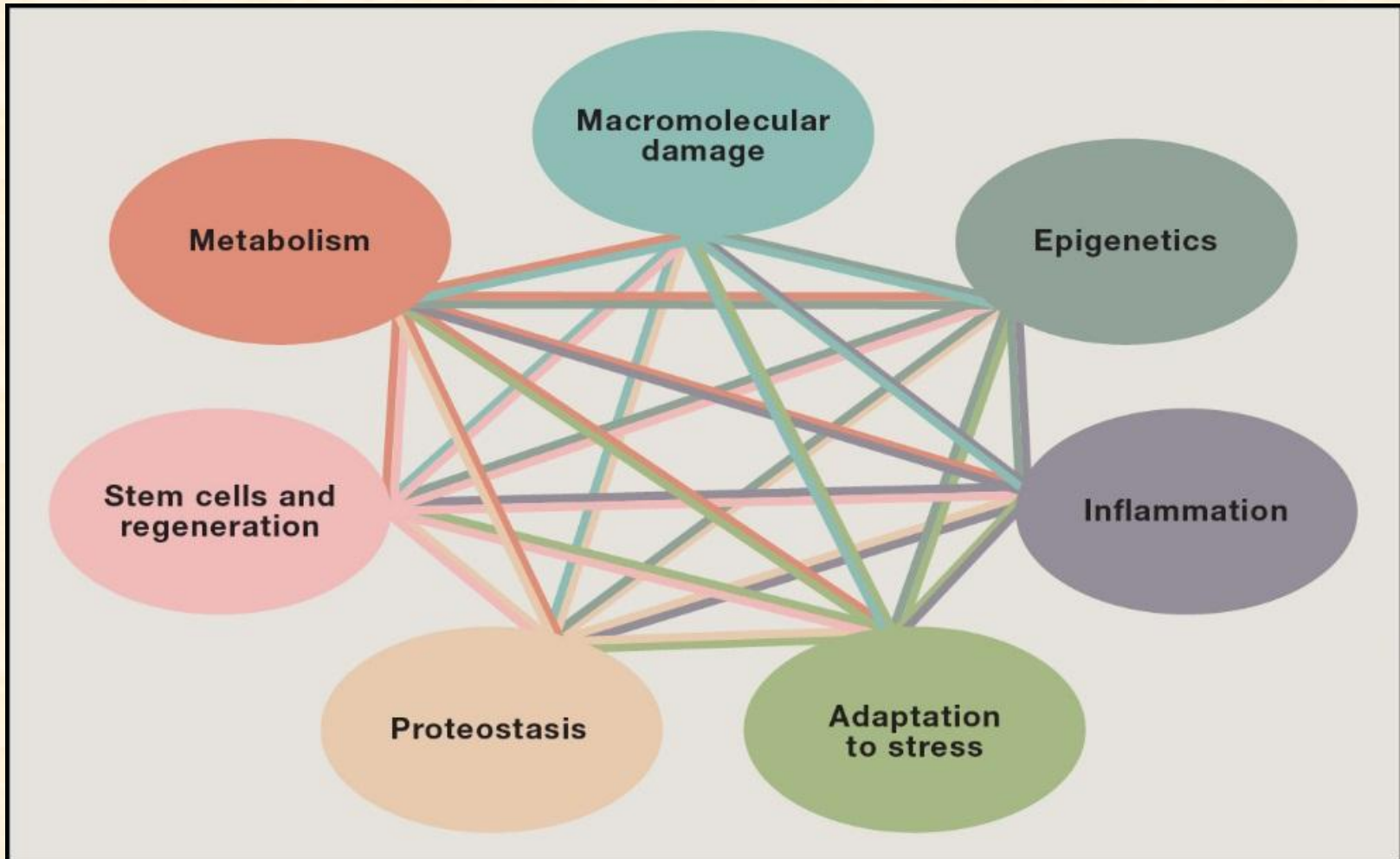


# Big Questions in Aging

- **What are the biological mechanisms driving aging?**
- Which candidate interventions work and why?
- From SICKcare to HEALTHcare?



# Biological Determinants of Aging



## Geroscience: Linking Aging to Chronic Disease

Brian K. Kennedy,<sup>1,\*</sup> Shelley L. Berger,<sup>2,3</sup> Anne Brunet,<sup>4,5</sup> Judith Campisi,<sup>1,6</sup> Ana Maria Cuervo,<sup>7,8</sup> Elissa S. Epel,<sup>9</sup> Claudio Franceschi,<sup>10,11,12</sup> Gordon J. Lithgow,<sup>1</sup> Richard I. Morimoto,<sup>13</sup> Jeffrey E. Pessin,<sup>14</sup> Thomas A. Rando,<sup>5,15,16</sup> Arlan Richardson,<sup>17,18</sup> Eric E. Schadt,<sup>19</sup> Tony Wyss-Coray,<sup>15,16</sup> and Felipe Sierra<sup>20</sup>





# Big Questions in Aging

- What are the biological mechanisms driving aging?
- **Which candidate interventions work and why?**
- **From SICKcare to HEALTHcare?**

# The Emergence of the Commercial Aging Field – BUYER BEWARE!

New Technologies

Genomics

Wellness Platforms

Anti-Aging Drugs

Longevity Clinics

Supplements

Dietary Interventions

Exercise

Stem Cells / Regenerative Medicine

# Lifespan extension Agents

## BEHAVIORAL

1. Calorie Restriction
2. Exercise
3. Intermittent Fasting
4. Alcohol???????

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## SMALL MOLECULES

1. Rapamycin
2. Metformin
3. NSAIDs
4. Acarbose
5. STACs (Resveratrol)

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# Emerging Approaches

- **Nutritional Supplements**
  - **NAD Precursors**
  - **TCM**
- **Drug Development**
  - **Senolytics**
- **Gene Therapy**
  - **Telomere Extension**
- **Longevity Clinics**
- **Medical Diets**

# Clinical Testing in Humans

- **HEALTHSPAN Trial (Metformin)**
- **Treating age-related disease**
- **Testing against aging biomarkers**

# Possible Biomarkers

- **Epigenetic Clock**
- **Metabolomics**
- **p16INK4A protein levels**
- **Inflammatory Markers**
- **Telomere length**
- **Functional markers (walking speed etc.)**
- **Systems Approaches**



# Resources

```
graph TD; Resources[Resources] --> Interventions[Interventions]; Resources --> Biomarkers[Biomarkers]; Resources --> Regulatory[Regulatory]; Interventions --> Lives[Longer, Healthier Lives]; Biomarkers --> Lives; Regulatory --> Lives;
```

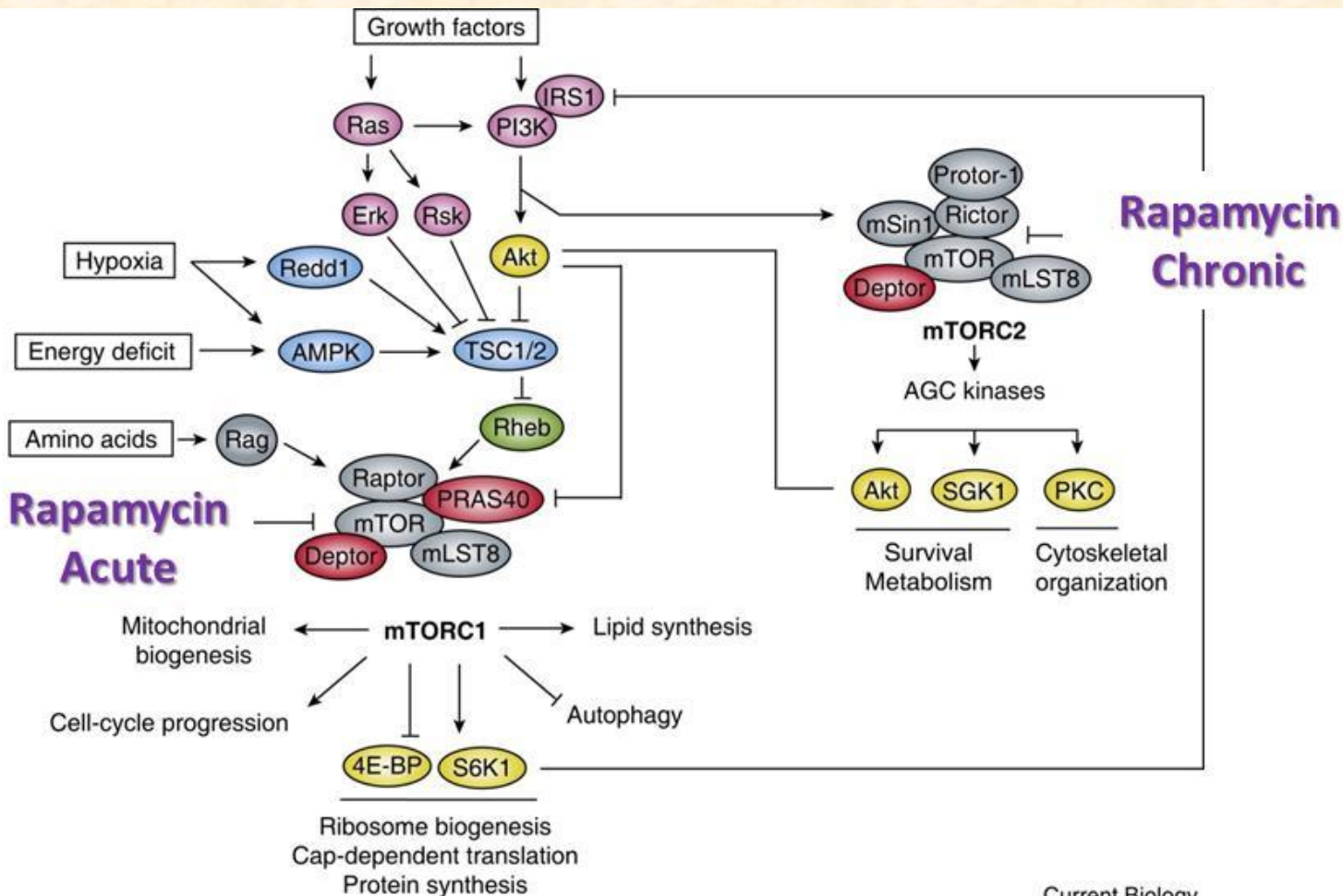
**Interventions**

**Biomarkers**

**Regulatory**

**Longer, Healthier Lives**

# Rapamycin?



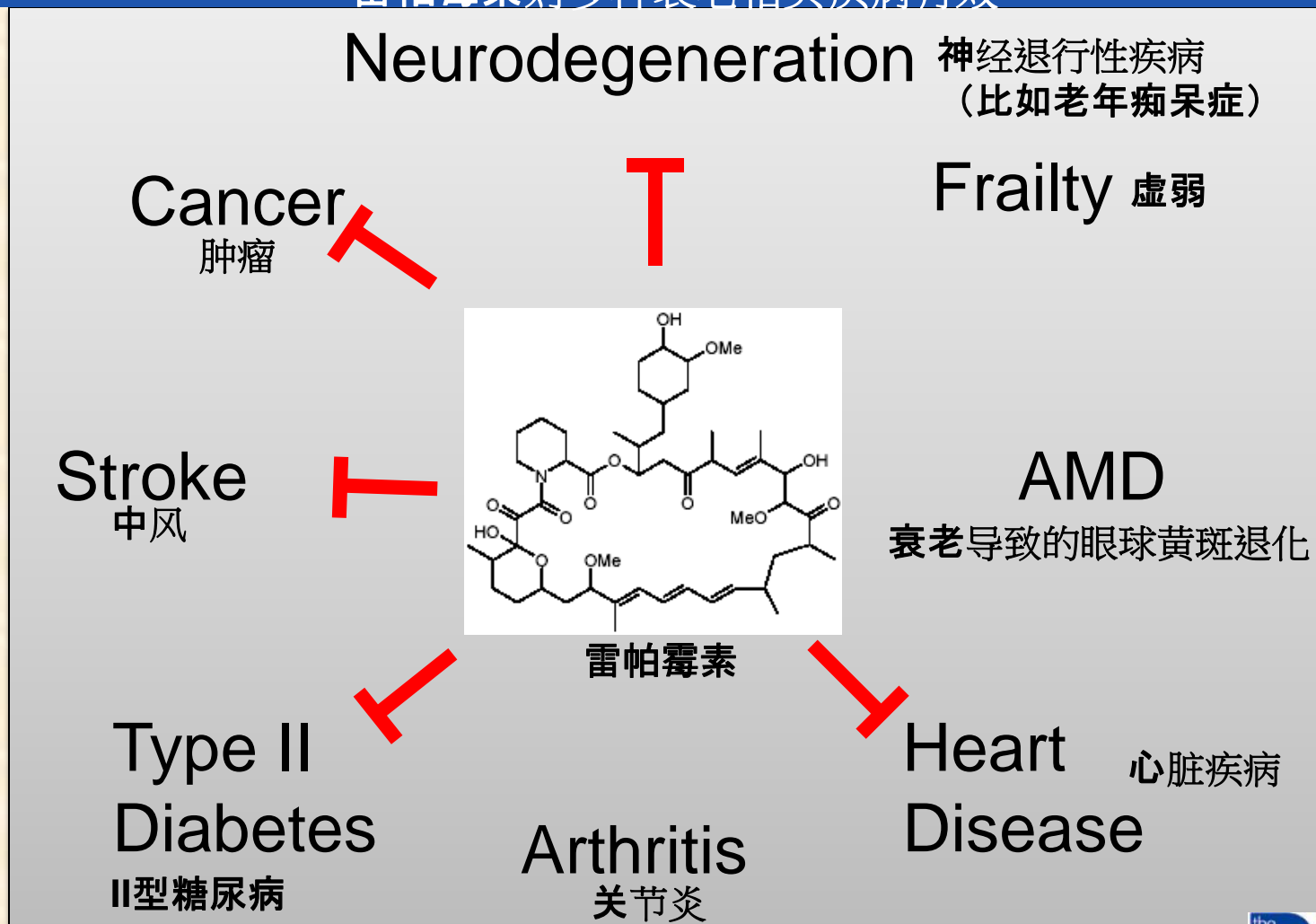
Current Biology





# Rapamycin and Age-related Disease

雷帕霉素对多种衰老相关疾病有效



*Biochim. Biophys. Acta* 1790: 1067-1074.

# Rapamycin – significant safety risks

## 雷帕霉素的使用有安全风险

- At doses relevant to disease treatment and lifespan extension, rapamycin has shown to 使用能够治疗疾病和延长寿命的雷帕霉素剂量导致各种代谢失调
  - Affect metabolism: Glucose intolerance, insulin resistance, glucose homeostasis
  - Present other side effects: lipid dysregulation, stomatitis
- Significantly limits therapeutic potential of rapamycin & analogs  
这些副作用很大程度上限制了雷帕霉素以及类似物在临床上的应用

Table 1 mTOR inhibitors—summary of toxicities 表1：雷帕霉素副作用总结

Toxicity	Temsirolimus [1–3, 15, 24]		Everolimus [4, 5, 25]		Ridaforolimus [6, 7, 20]	
	All grades (%)	Gr 3/4 (%)	All grades (%)	Gr 3/4 (%)	All grades (%)	Gr 3/4 (%)
粘膜炎 Mucositis	20–75	1–4	40–44	3–4	45–78	15–16
皮疹 Skin rash	47–76	4	25–29	<1	48–66	2–3
肺损失 Pulmonary toxicity <sup>a</sup>	2–36	9	8–14	3–4	15	3
高血糖症 Hyperglycemia	26–89	17–16	50–57	12–15	22	6–13
高胆固醇 Hypercholesterolemia	21–87	1–21	76–77	3–4	28	0
高甘油三酯血症 Hypertriglyceridemia	21–83	3–4	71–73	<1	9–13	4
血磷酸盐过少症 Hypophosphatemia	13–49	13–18	32–37	4–6	23	15
贫血症 Anemia	29–45	9–20	91–92	9–13	53	0
血小板减少症 Thrombocytopenia	14–40	1–8	20–23	1	18–22	6–15
白血球减少症 Neutropenia	7–19	3–5	11–14	0	7–19	3–4
虚弱无力 Asthenia/fatigue <sup>b</sup>	38–51	8–11	31–38	4–5	20–76	3–4
味觉障碍 Dysgeusia	20–21	0	7–10	0	26	0

<sup>a</sup> Reported as dyspnea in most trials. <sup>b</sup> Reported either as fatigue or asthenia

# Trials in Dogs





# Rapamycin trial in companion (pet) dogs

- Larger-breed dogs with average lifespan ~8-12 years
- Start **low dose** rapamycin at 6-9 years
  - Minimal if any side effects
- Follow healthspan parameters and survival in treated and untreated animals for 3-5 years
- Prediction: Treated animals will be healthier and have lower mortality than untreated animals



# Many Potential Disease Indications

**DELOS**  
Pharmaceuticals, Inc.



## Neurodegenerative

*Tauopathies*  
*Alzheimer's Disease*  
*mTORopathies*  
*Parkinson's Disease*  
*Epilepsy*  
*Huntington's Disease*  
*Traumatic Brain Injury*

## Inflammatory & Autoimmune

*Lupus*  
*Multiple Sclerosis*  
*Rheumatoid Arthritis*  
*Psoriasis*  
*Etc.*

## Metabolic

*Obesity*  
*Type II Diabetes*  
*Etc.*

## Genetic & Rare

*Tuberous Sclerosis*  
*mTORopathies*  
*Leigh's syndrome*  
*Friedrich's ataxia*  
*Diamond-Blackfan anemia*  
*LAM disease*  
*Etc.*

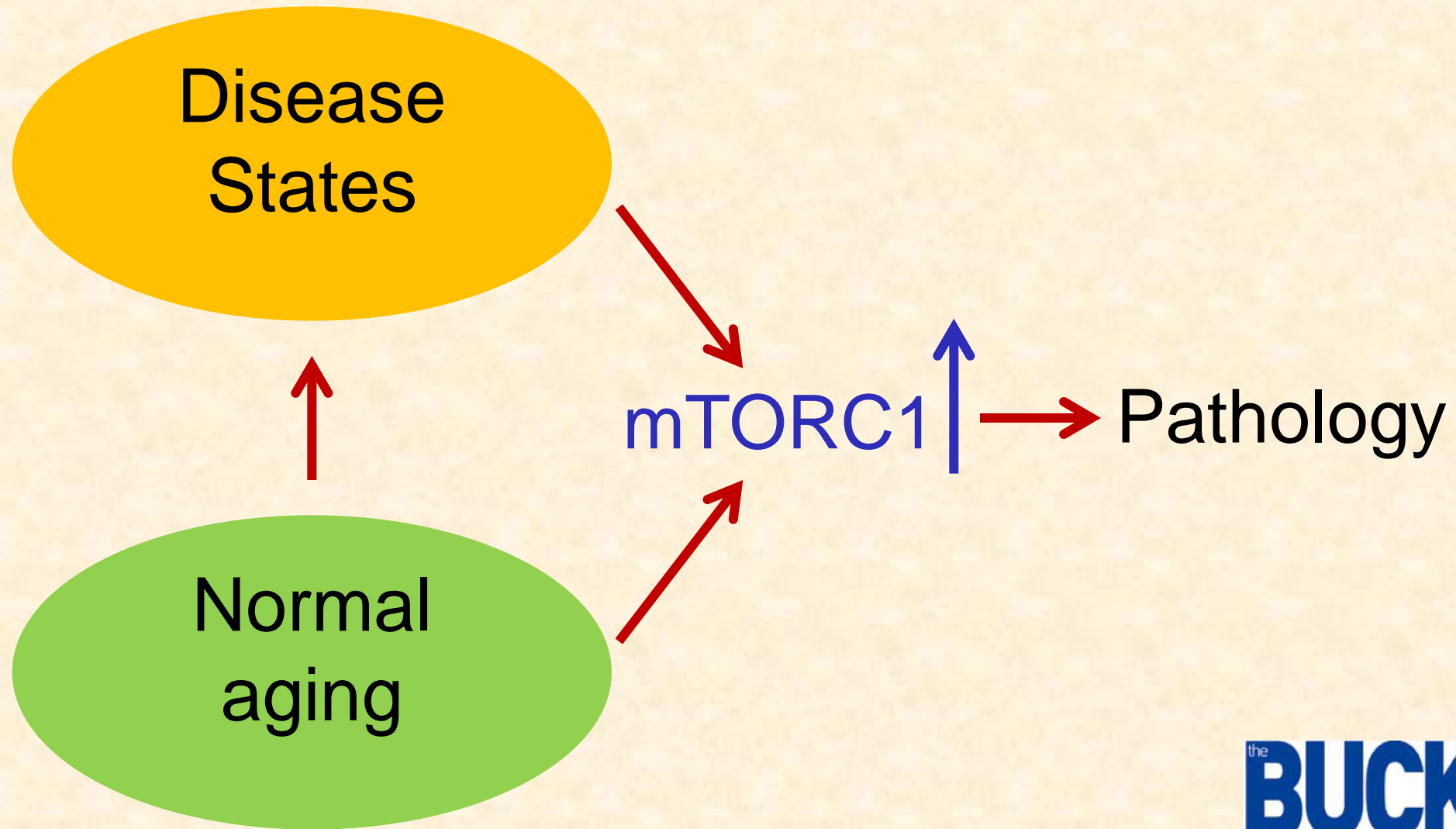
## Cardiovascular

*Cardiomyopathies*  
*Cardiac hypertrophy*  
*Etc.*

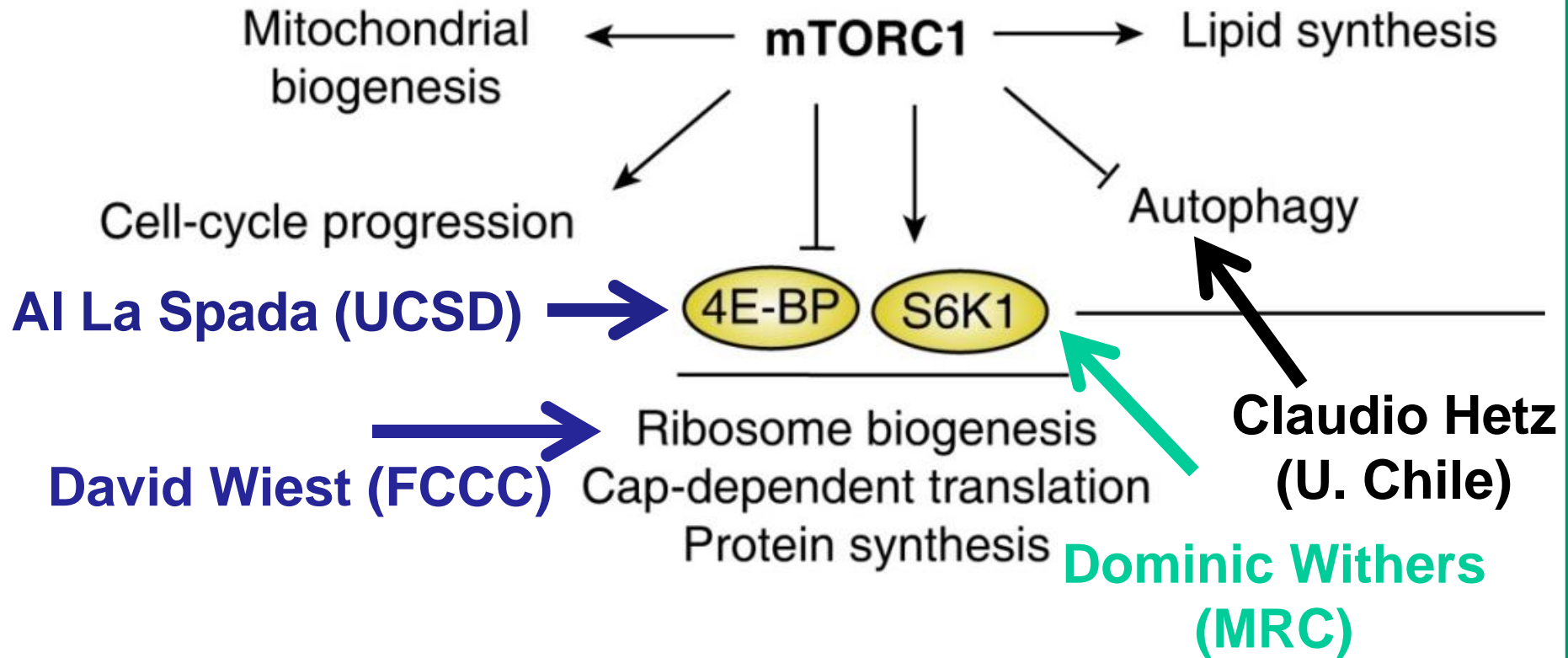
**Mount Tam**  
BIOTECHNOLOGIES



# Aberrant mTOR activation

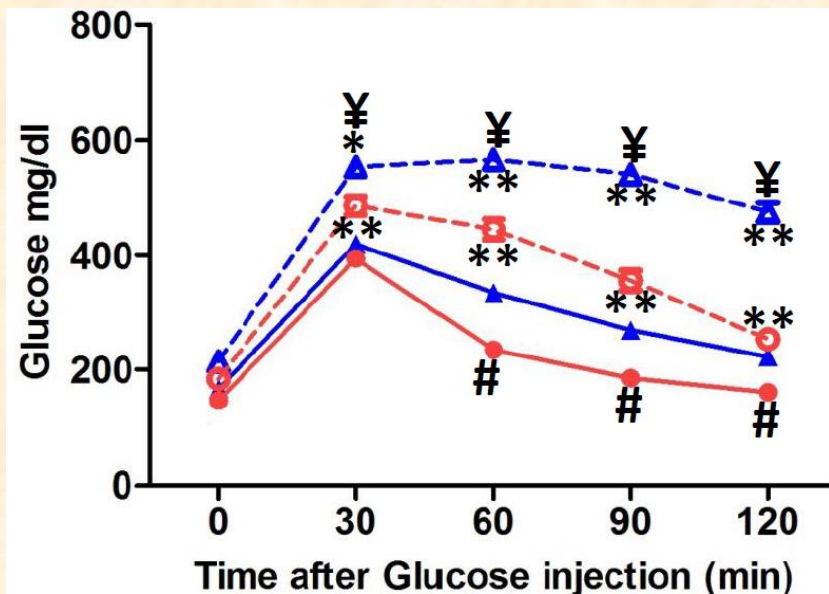
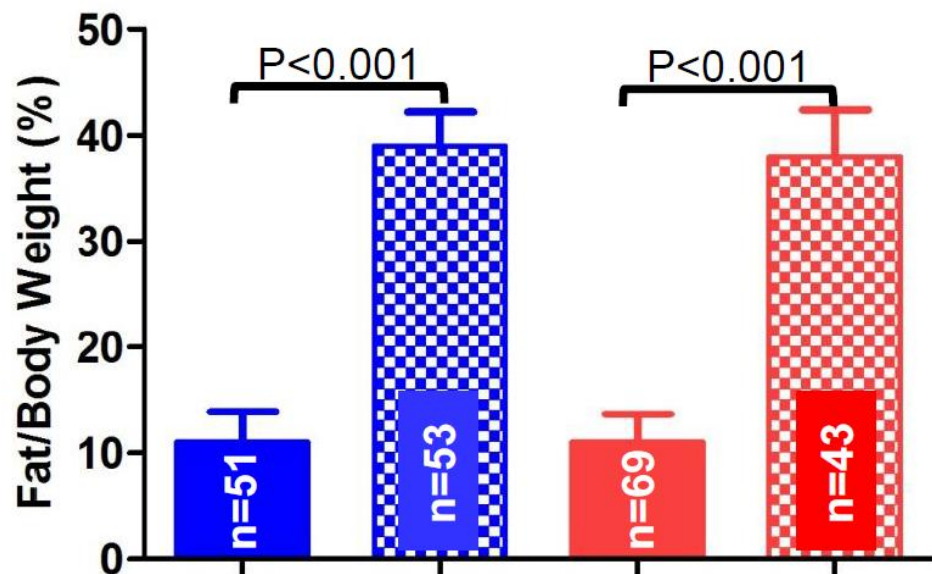


# Downstream of TOR for Aging and Metabolism



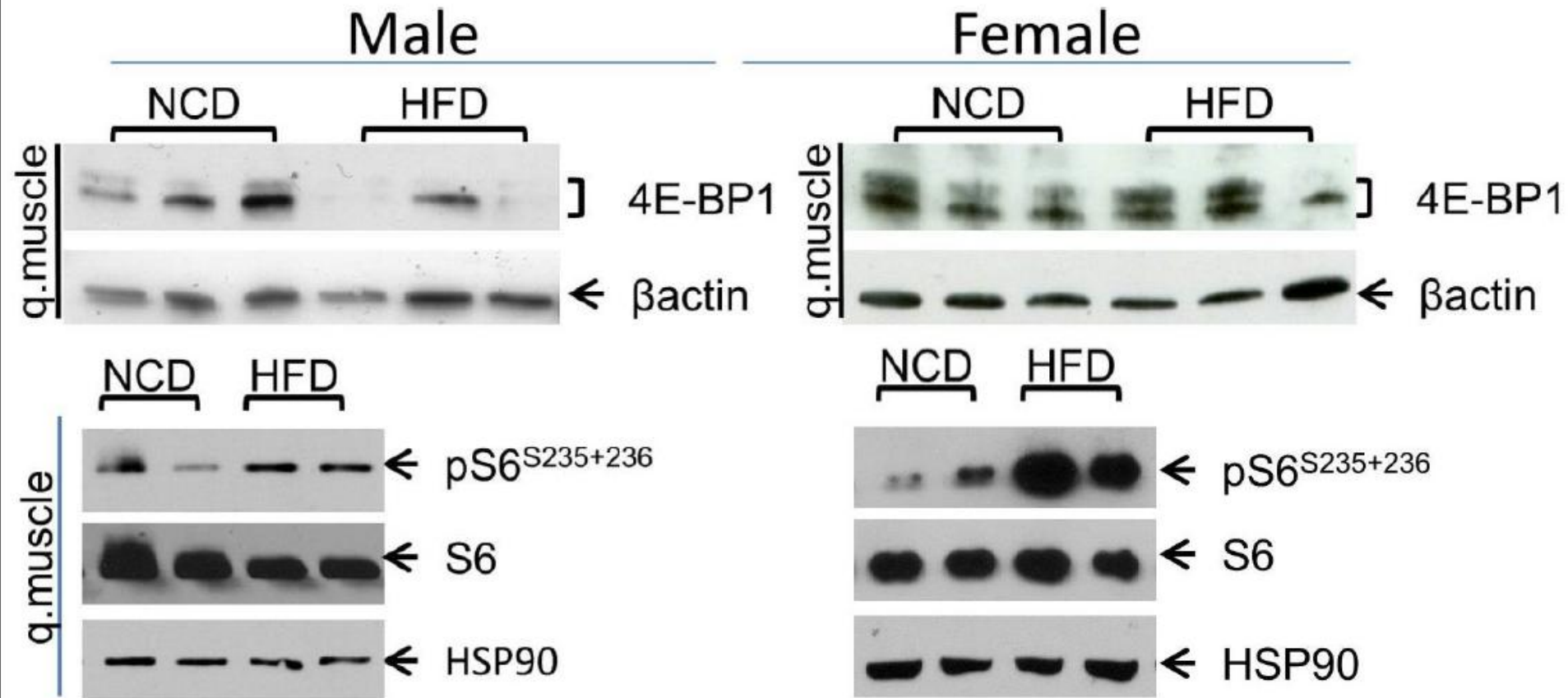


# Males have Increased Diabetic Phenotypes at the Same Level of Obesity

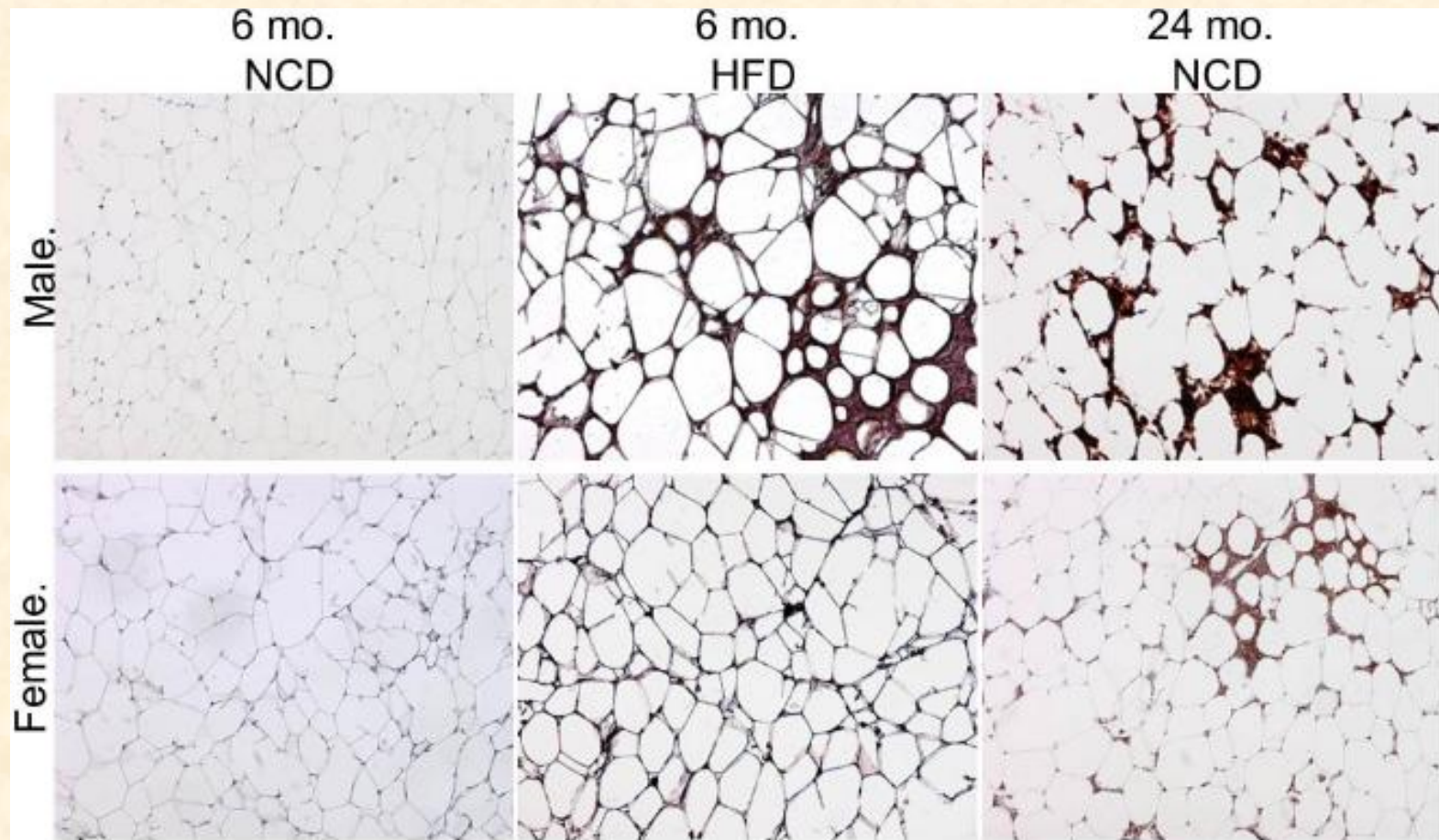


Shihyin Tsai

# Loss of 4E-BP1 Specifically in Males



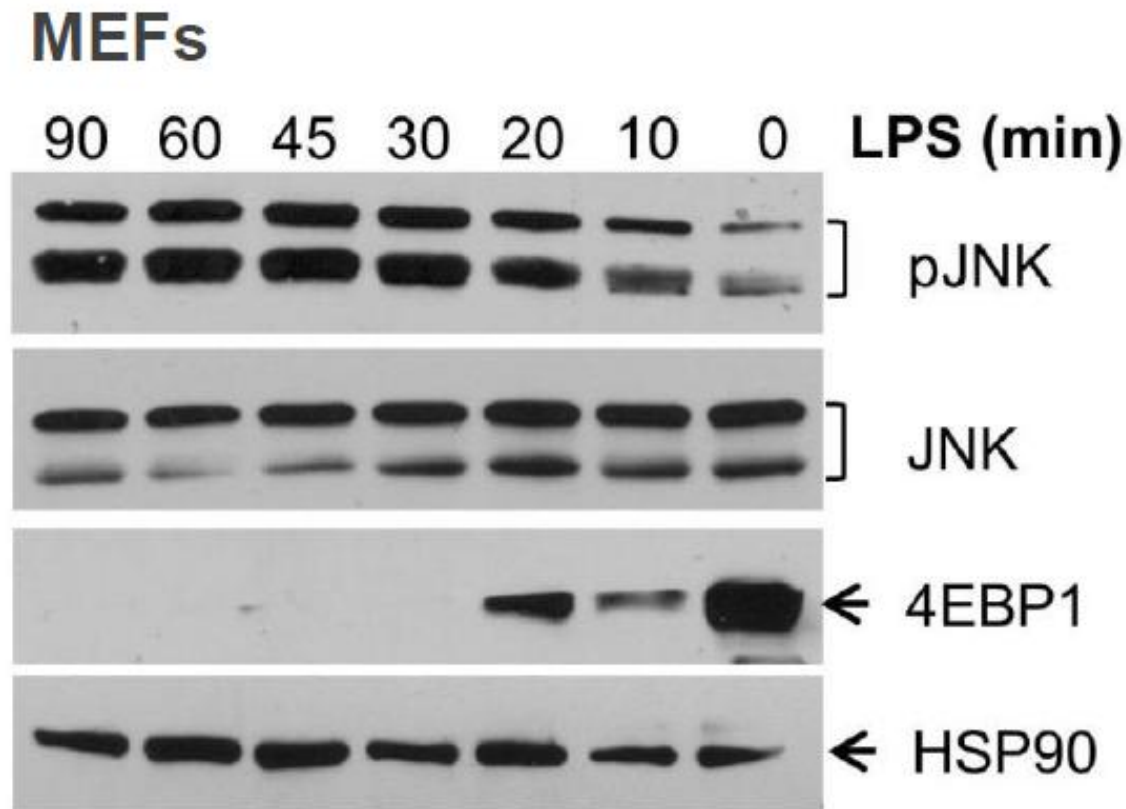
# Males have Higher Levels of Inflammation



F4/80 Staining

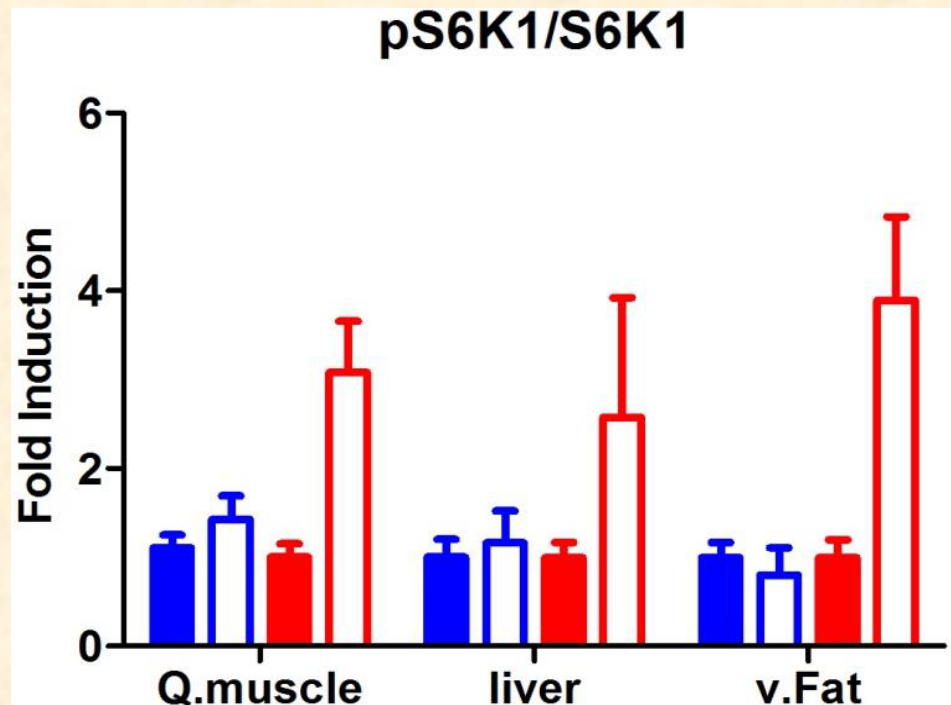
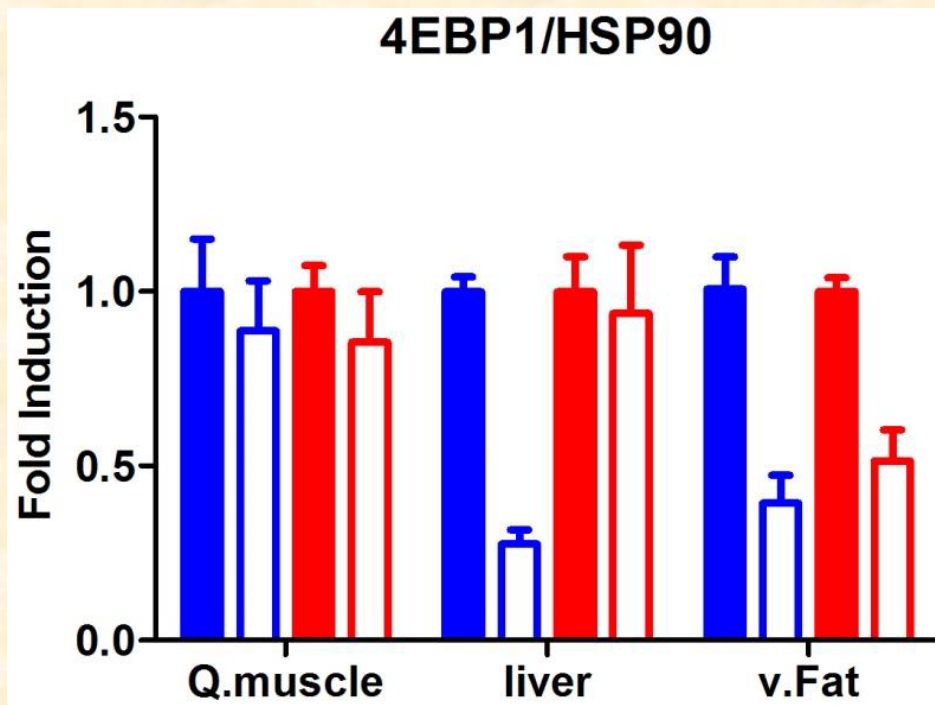
Shihyin Tsai

# Inflammation Triggers Degradation of 4E-BP1



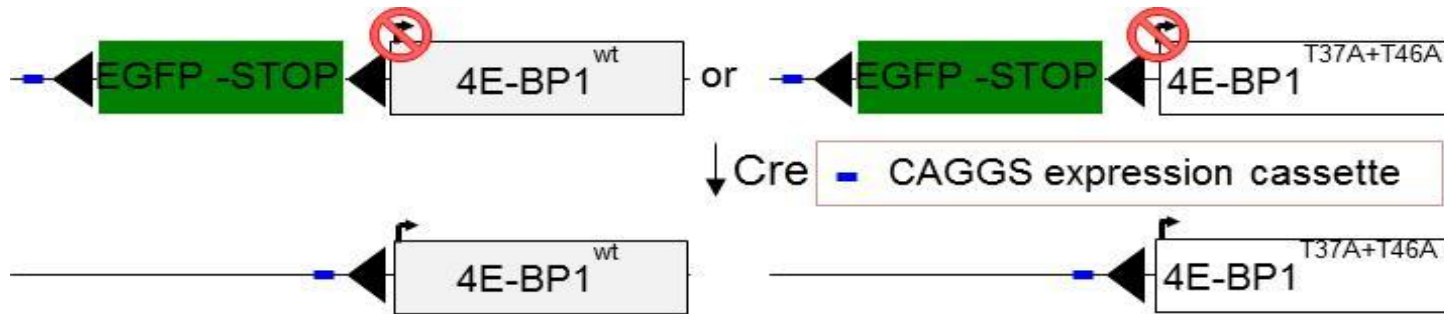


# Altered 4E-BP1 Levels and S6K1 Phosphorylation with Age



- Young-Male
- Old-Male
- Young-Female
- Old-Female

# 4E-BP1 Transgenic Mice



Expression	4E-BP1 WT	4E-BP1 Mut
Whole Body	Small	Lethal
Adipose	Normal	Obese
Skeletal Muscle	Normal	Small
Liver	Ongoing	Ongoing

The Journal of Clinical Investigation

RESEARCH ARTICLE

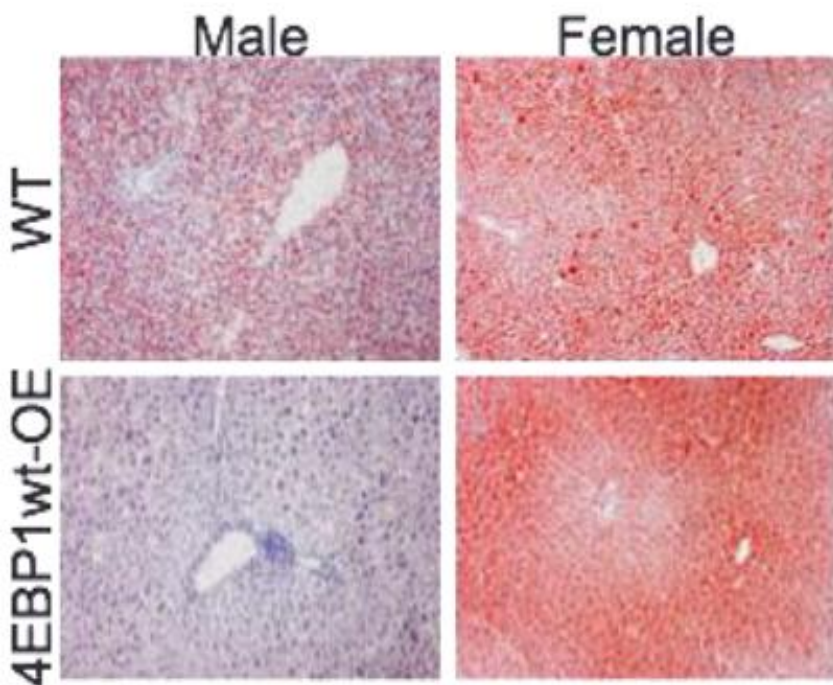
**Muscle-specific 4E-BP1 signaling activation improves metabolic parameters during aging and obesity**

Shihyin Tsai,<sup>1</sup> Joanna M. Sitzmann,<sup>1</sup> Somasish G. Dastidar,<sup>2</sup> Ariana A. Rodriguez,<sup>1</sup> Stephanie L. Vu,<sup>1</sup> Circe E. McDonald,<sup>1</sup> Emmeline C. Academia,<sup>1</sup> Monique N. O'Leary,<sup>1</sup> Travis D. Ashe,<sup>2</sup> Albert R. La Spada,<sup>2,3</sup> and Brian K. Kennedy<sup>1</sup>

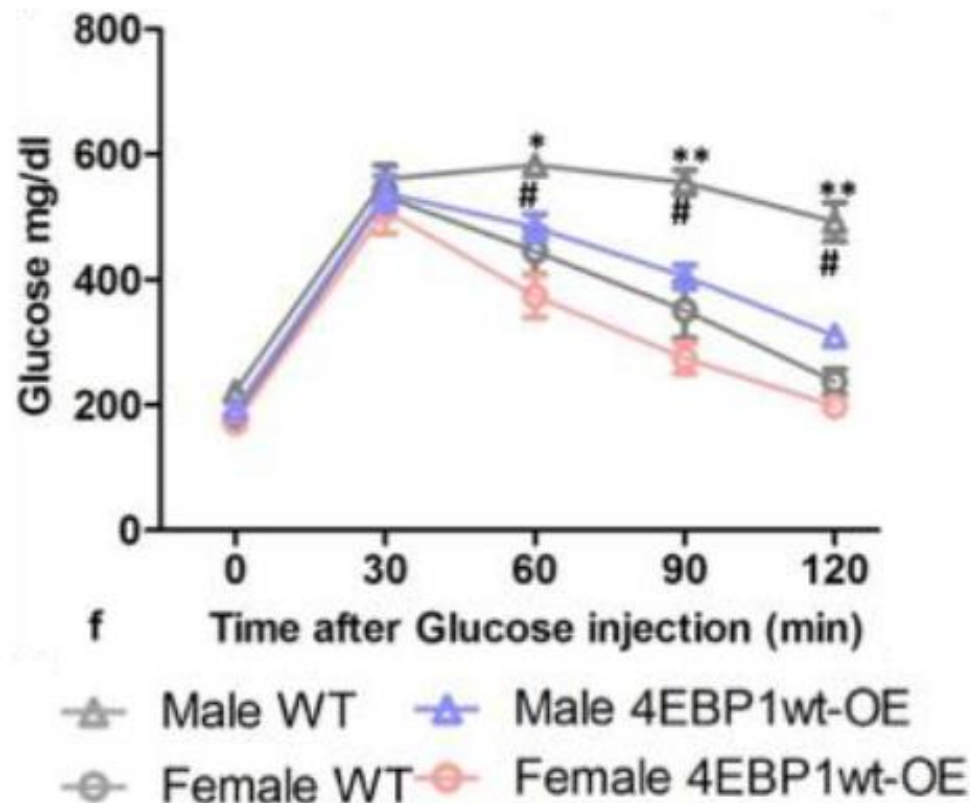
**Al La Spada (UCSD)**

the  
**BUCK**  
INSTITUTE  
FOR RESEARCH ON AGING

# Overexpression of 4E-BP1 Protects Male Mice from Metabolic Dysfunction



Fatty liver



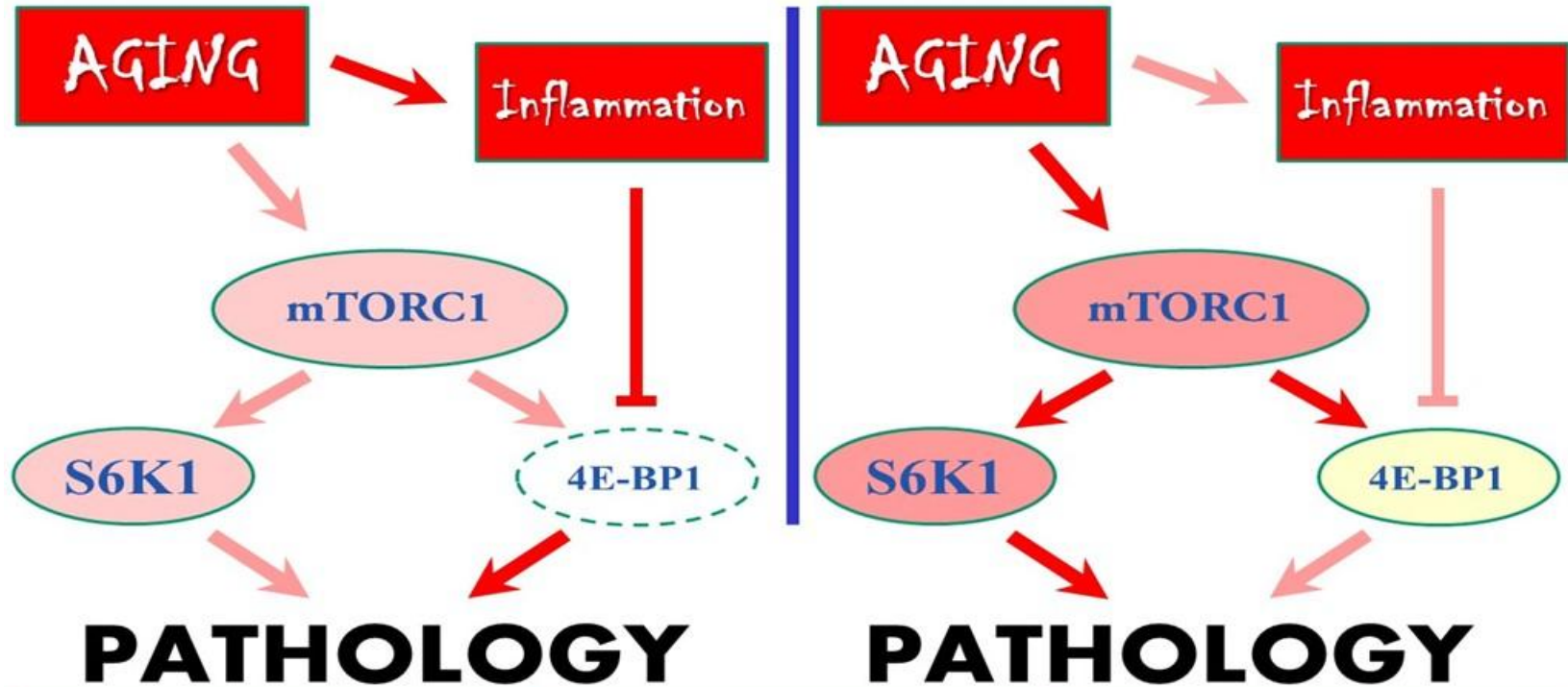
# Summary

- Inflammation Causes Loss of 4E-BP1
- Male Mice Resistant to Diabetes during a High Fat Diet (like females)
- Male Mice Protected from aging
  - Muscle Maintenance
  - Better Metabolism
  - Less Inflammation



# MALES

# FEMALES



Lifespan extension?	MALES	FEMALES
Rapamycin	Yes	Yes
<i>S6K1</i> <sup>-/-</sup>	No	Yes
<i>4E-BP1</i> Tg	Yes?	No?
Aspirin	Yes	No
17 $\alpha$ -Estradiol	Yes	No



## Former Lab Members

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(Mt. Holyoke)

**Stuart Adamson** Mark McCormick

Regina Brunauer Bhumil Patel

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## Funding

NIA, AFAR, Glenn

Ellison

Progeria Foundation

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