

Dr Aubrey de Grey PhD



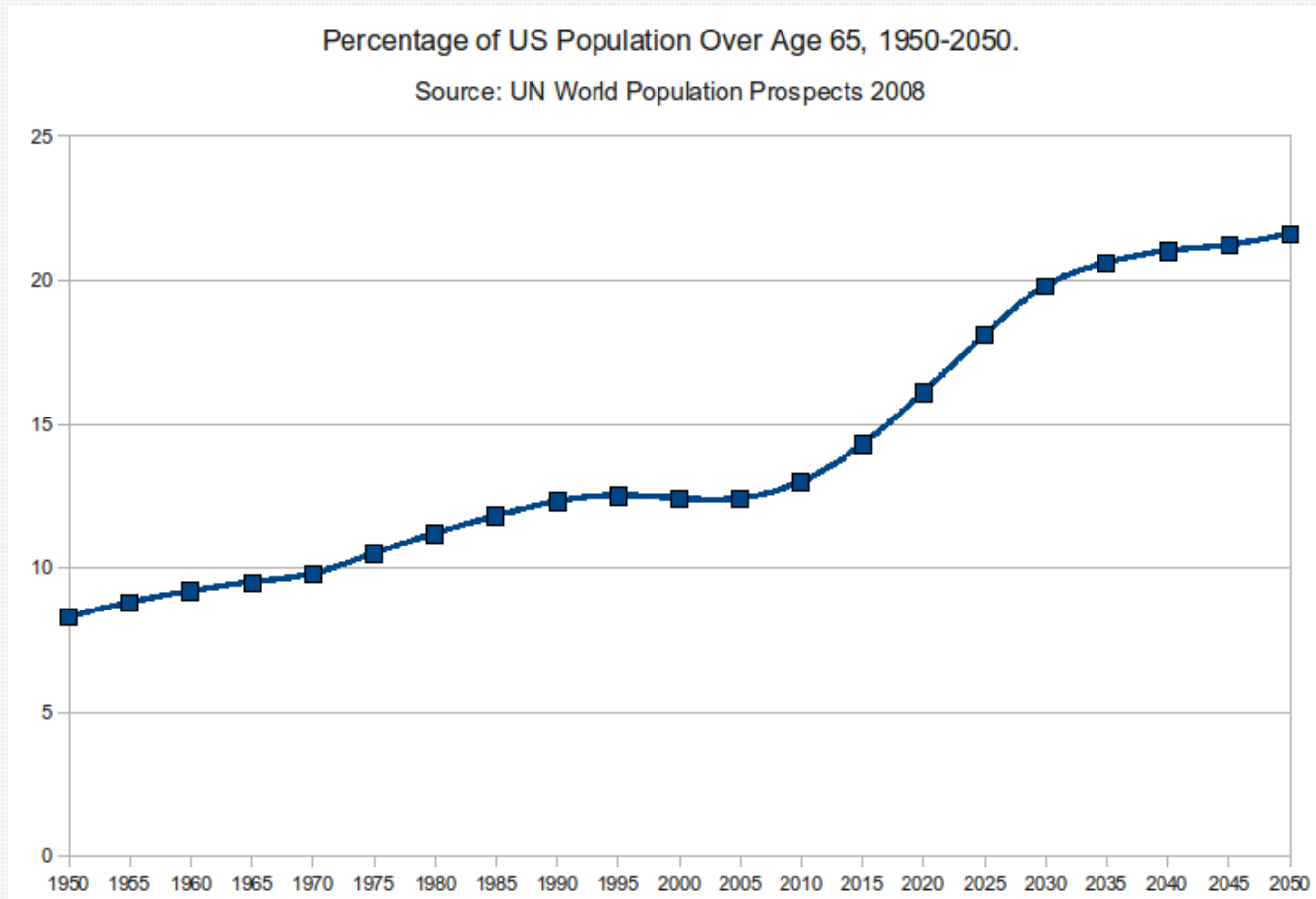
AACL 2013

Repairing the aging brain:

challenging, but not so futile
as some say

*Aubrey D.N.J. de Grey, Ph.D.
Chief Science Officer
SENS Research Foundation*

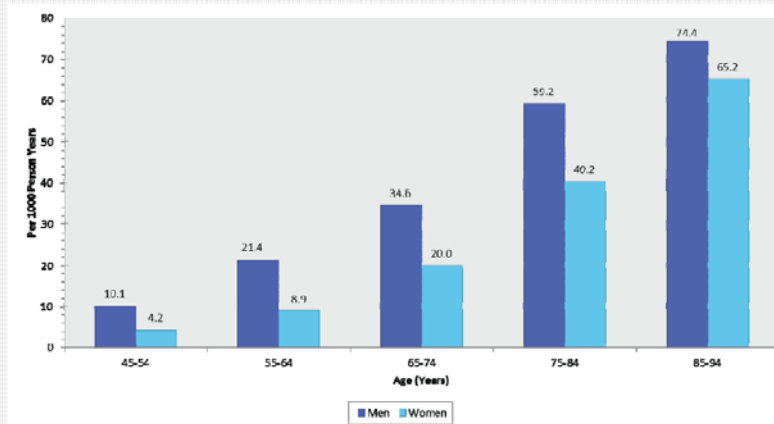
The aging population



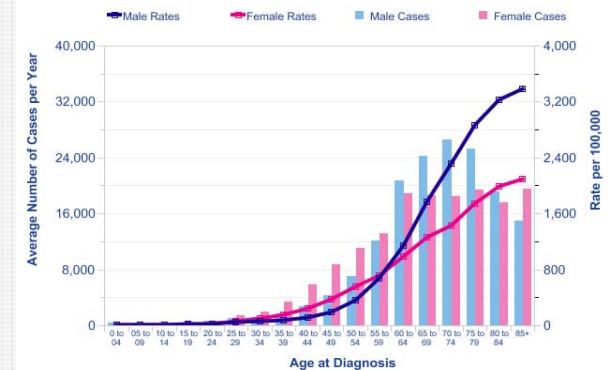
* Source: http://esa.un.org/wpp/unpp/panel_population.htm

Disease prevalence by age

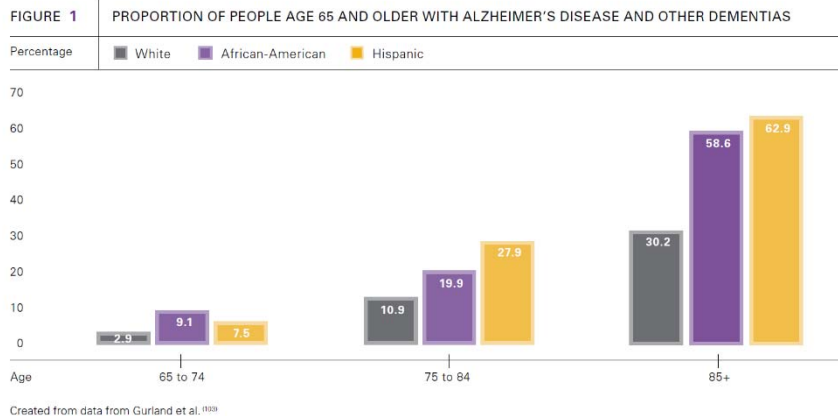
Heart Disease



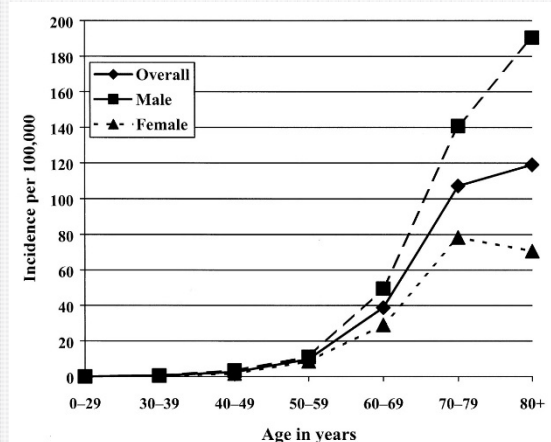
All Cancers



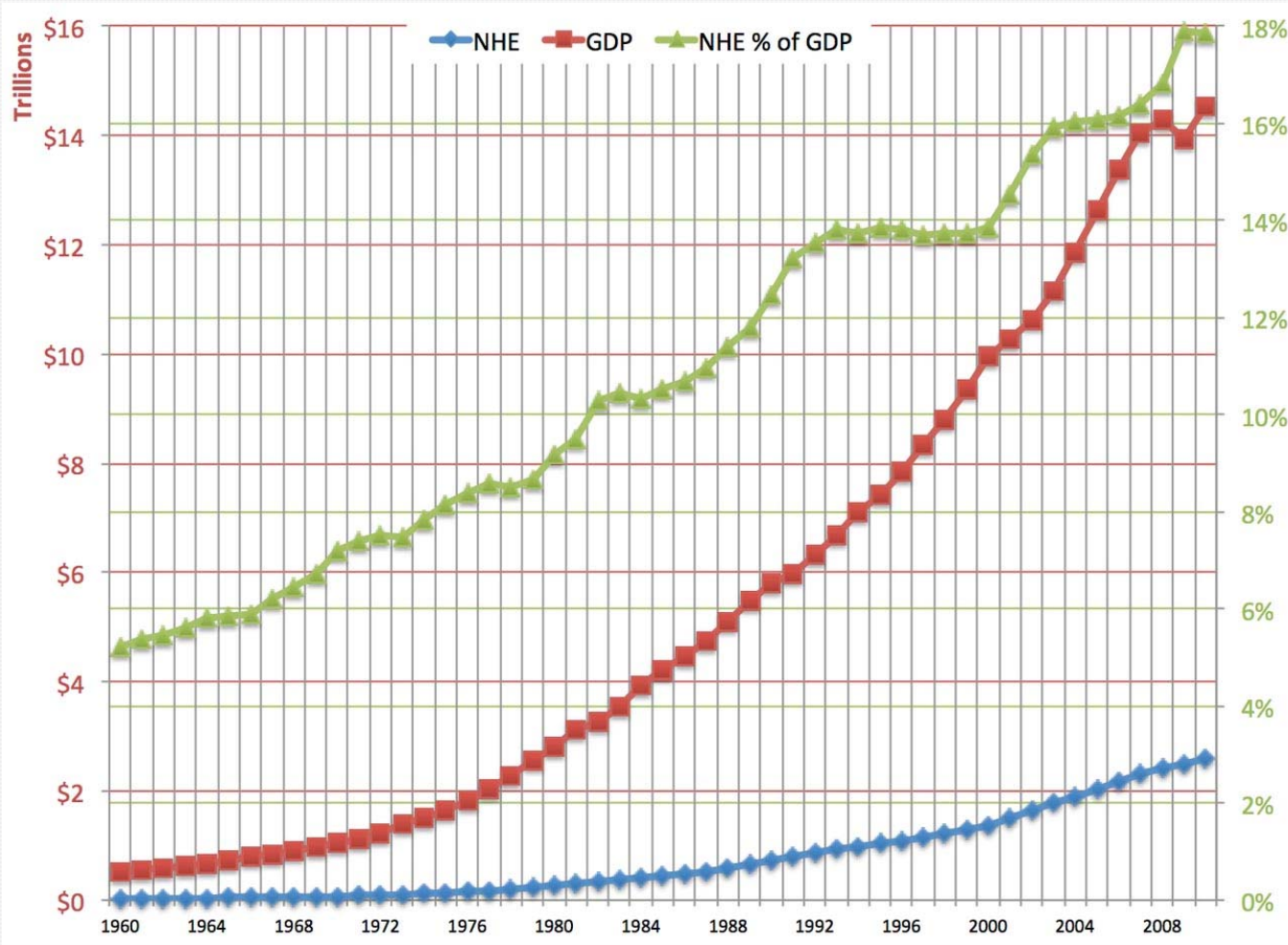
Alzheimer's Disease



Parkinson's Disease



The economics of aging



Source: <http://sambaker.com/econ/classes/nhe10/>

If historical rates continue, US healthcare spending will be 34% of GDP by 2040. Source:

<http://www.whitehouse.gov/administration/eop/cea/TheEconomicCaseforHealthCareReform>

In 2010, the US spent \$1.186 trillion on healthcare for people 65+

Source: http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_dchs_2012_hidden_costs112712.pdf

Age-related vs. infectious diseases

- Most infectious diseases have been easily prevented
 - Sanitation
 - Vaccines
 - Antibiotics
 - Carrier control
- Age-related diseases have not. Why not?

So... what is 'aging', exactly?

Aging is:

The life-long accumulation of damage to the tissues, cells, and molecules of the body that occurs as an intrinsic side-effect of the body's normal operation.

The body can tolerate some damage, but too much of it causes disease and disability.

A bizarrely underappreciated truth

Age-related diseases are caused by aging!

Thus, they are:

- widespread now that infections are “rare”
- staggeringly costly
- universal if you live long enough
- not medically curable, in the strict sense

But they, and aging itself, are nonetheless:

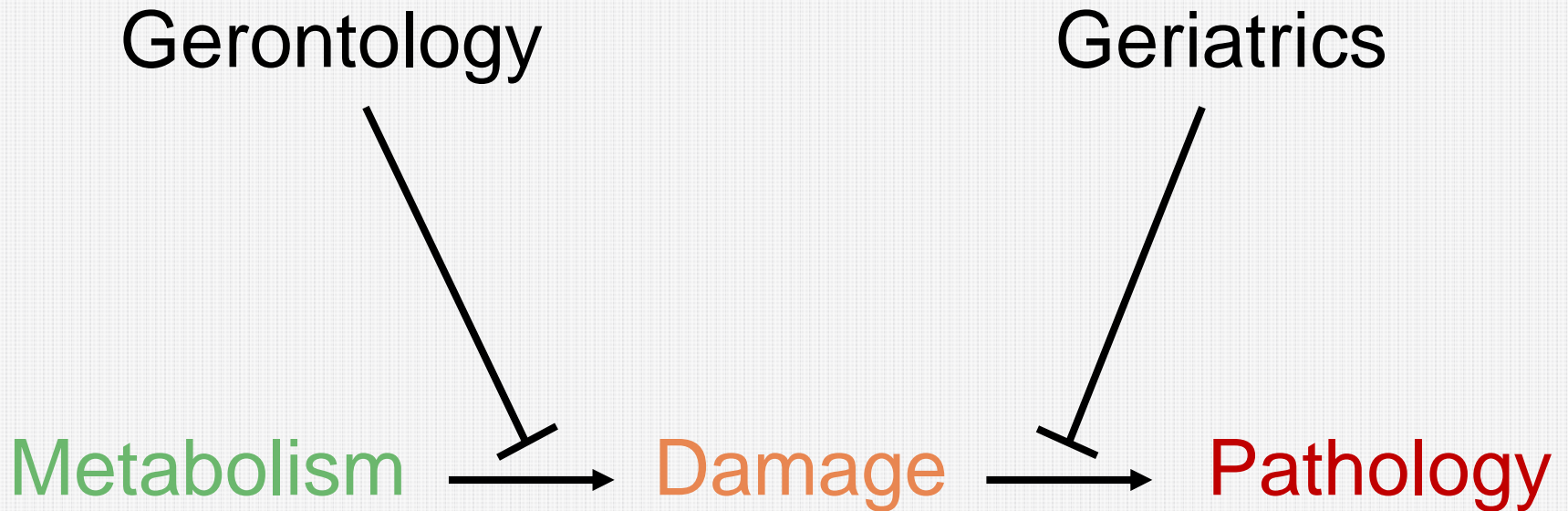
- medical problems
- medically preventable in principle

What this misguidedness means in \$\$

Even though 90% of US deaths and at least 80% of US medical costs are caused by aging:

National Institutes of Health budget (\$M)	~30,000
National Institute of Aging budget	~1,000
Division of Aging Biology budget	~150
Spent on translational research (max)	~10
SENS Research Foundation budget	~5

How age-related disease is addressed today



Targeting pathology: tricky

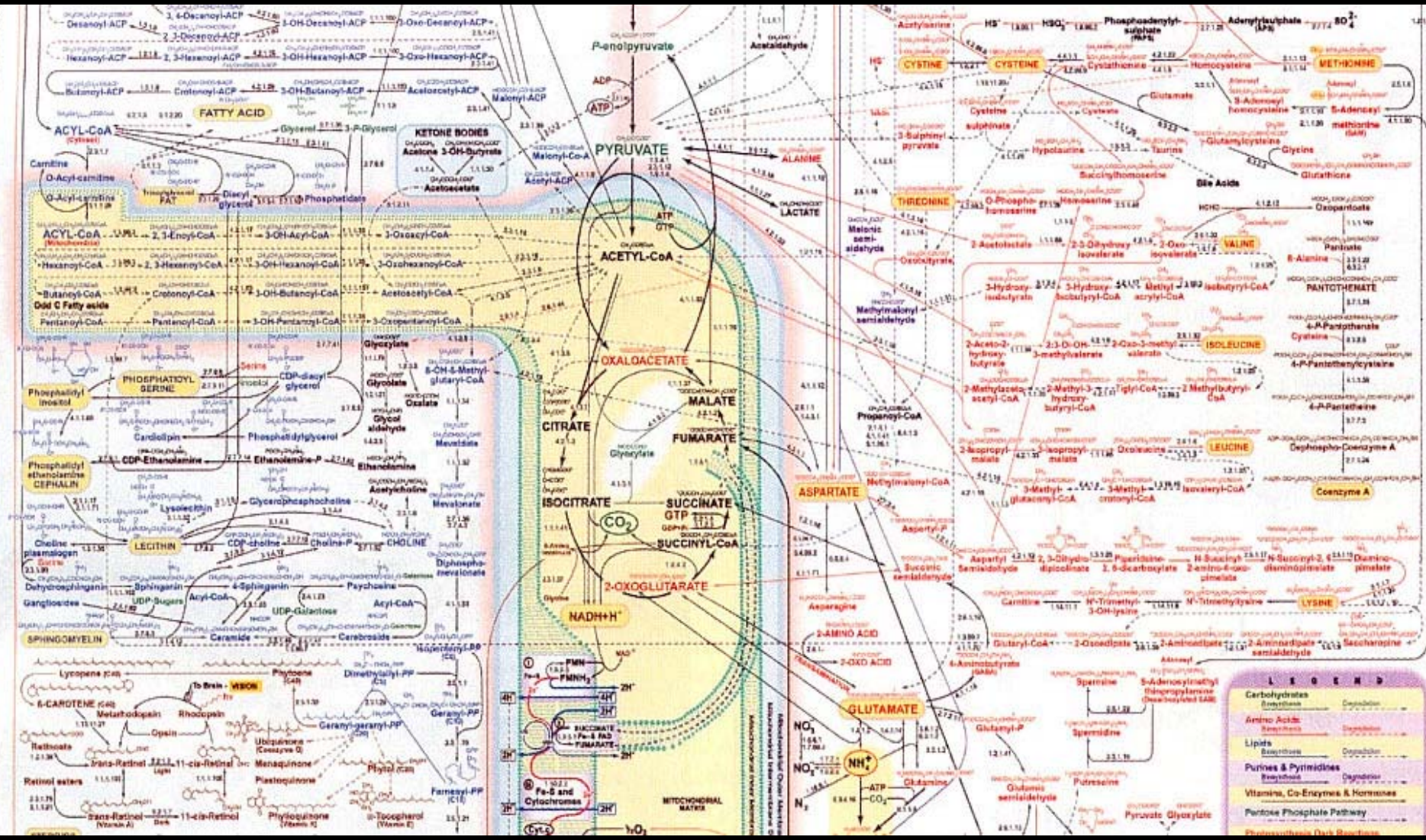
presbycusis
osteoporosis
osteoarthritis
autoimmunity
greying hair
presbyopia
cataract
glaucoma
temporal arteritis
polymyalgia rheumatica
wrinkling
Alzheimer's disease
Pick's disease
corticobasal degeneration
progressive supranuclear palsy
Parkinson's disease
multiple system atrophy
dementia with Lewy bodies
sarcopenia
glomerulonephritis
senile cardiac amyloidosis
atherosclerosis
arteriosclerosis
age-related macular degeneration
cardiomyopathy
diastolic heart failure
cancer
systemic inflammation
oxidative stress
reduced coronary blood flow
loss of cardiac reserve
andropause
thymic involution
reduced plasma renin activity
reduced aldosterone
reduced melatonin diurnal rhythm

reduced light adaptation
reduced ethanol metabolism
altered drug pharmacokinetics
somatopause
loss of cardiac adaptability
incontinence
impaired wound healing
idiopathic axonal polyneuropathy
autonomic neuropathy
arrhythmia
chronic obstructive pulmonary disorder
benign prostatic hypertrophy
menopause
leukoaraiosis
stroke
vascular dementia
frontotemporal dementia
immunosenescence
anosmia
cachexia
anorexia of aging
systolic hypertension
ageusia
erectile dysfunction
orthostatic hypotension
impaired adaptive beta-cell proliferation
fibroblast collapse
anergic T-cell clones
cellular senescence
vascular calcification
impaired transdermal absorption
impaired thermoregulation
reduced tactile acuity
impaired vasoconstriction
loss of neuromuscular junctions
delayed withdrawal reflex

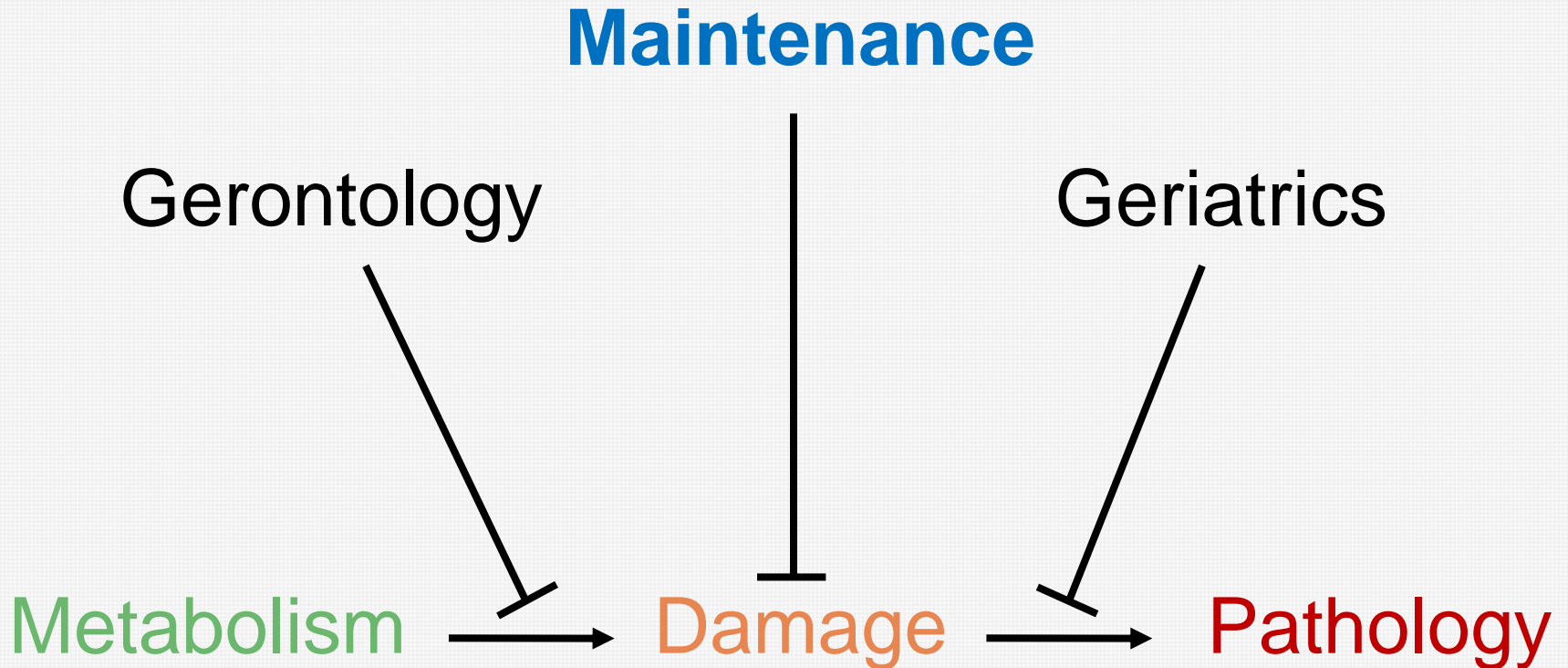
impaired pH maintenance
reduced chemical clearance
altered dermal immune cell residence and function
aberrant allergic and irritant reactions
loss of skin elasticity
impaired vitamin D synthesis
reduced renal reserve
renal cortex atrophy
gut dysbiosis
loss of jejunal villus height
impaired response to vaccination
impaired thirst
lentigo senilis
thinning hair
impaired proprioception
impaired balance
reduced vital capacity
reduced cardiorespiratory endurance
impaired sweat response
impaired blood distribution
nutrient malabsorption
diverticular disease
presbyphagia
increased reflux
alveolar loss
neuronal loss
senile emphysema
degenerative disc disease
joint calcification
pineal calcification
aberrant differentiation
gait instability
frontal demyelination
axonal atrophy
impaired functional connectivity
impaired working memory

Targeting metabolism: also tricky

SYNTHESIS
LIPID DEGRADATION
PHOSPHOLIPIDS
SOPRENOLIDS



Maintenance: targeting damage



Claim: unlike the others, the maintenance approach can deliver a big extension of human healthy lifespan quite soon

Advantages of damage repair

- Claim: damage repair can increase healthspan....
 - *more quickly*
 - *more safely*
 - *more thoroughly*
 - *more economically*

than the gerontology or geriatrics options. Why?

- ***Prevents*** disease, addressing causes not symptoms
- But ***avoids*** interfering in metabolism

Analogy: car maintenance



Categorizing damage

Damage Types

Cell loss, cell atrophy

Division-obsessed cells

Death-resistant cells

Mitochondrial mutations

Intracellular junk

Extracellular junk

Extracellular matrix stiffening

No new type of
damage
confirmed
since 1982

And, I've said
so without
challenge
since 2002

Diseases by damage type

Damage Types

Cell loss, cell atrophy

Division-obsessed cells

Death-resistant cells

Mitochondrial mutations

Intracellular junk

Extracellular junk

Extracellular matrix stiffening

Cancer



Diseases by damage type

Damage Types

Cell loss, cell atrophy

Division-obsessed cells

Death-resistant cells

Mitochondrial mutations

Intracellular junk

Extracellular junk

Extracellular matrix stiffening



Parkinson's

The diagram consists of a vertical list of seven damage types on the left, each in a colored rectangular box. From top to bottom, the boxes are: orange, grey, grey, grey, purple, grey, and grey. To the right of these boxes is the text 'Parkinson's' in a bold, italicized blue font. Two blue lines originate from the right side of the orange box and the purple box, converging towards the 'Parkinson's' text, indicating that these two damage types are specifically associated with the disease.

Diseases by damage type

Damage Types

Cell loss, cell atrophy

Division-obsessed cells

Death-resistant cells

Mitochondrial mutations

Intracellular junk

Extracellular junk

Extracellular matrix stiffening

Alzheimer's



The diagram consists of a vertical stack of seven colored rectangular boxes on the left, each containing a text label. From top to bottom, the boxes are: light orange, light gray, light gray, light gray, light purple, light blue, and light gray. To the right of these boxes, the word 'Alzheimer's' is written in a bold, italicized, dark blue font. Three thin, dark blue lines originate from the right side of the first, fourth, and sixth boxes and converge towards the 'Alzheimer's' text, indicating that these specific damage types are associated with the disease.

The “how” of preventative maintenance

- Replace
- Remove
- Repair
- Reinforce

Addressing each category

Damage type

The maintenance approach

Cell loss, cell atrophy

Replace

Division-obsessed cells

Reinforce

Death-resistant cells

Remove

Mitochondrial mutations

Reinforce

Intracellular junk

Remove

Extracellular junk

Remove

Extracellular matrix stiffening

Repair

Addressing each category

Damage type

The maintenance approach

Cell loss, cell atrophy

Cell therapy, mainly

Division-obsessed cells

Telomerase/ALT gene deletion plus
periodic stem cell reseed

Death-resistant cells

Suicide genes, immune stimulation

Mitochondrial mutations

Allotopic expression of 13 proteins

Intracellular junk

Transgenic microbial hydrolases

Extracellular junk

Phagocytosis by immune stimulation

Extracellular matrix stiffening

AGE-breaking molecules/enzymes

Clinical trials for brain aging diseases

Damage type

The maintenance approach

Cell loss, cell atrophy

Cell therapy, mainly

Division-obsessed cells

Telomerase/ALT gene deletion plus
periodic stem cell reseed

Death-resistant cells

Suicide genes, immune stimulation

Mitochondrial mutations

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AGE-breaking molecules/enzymes

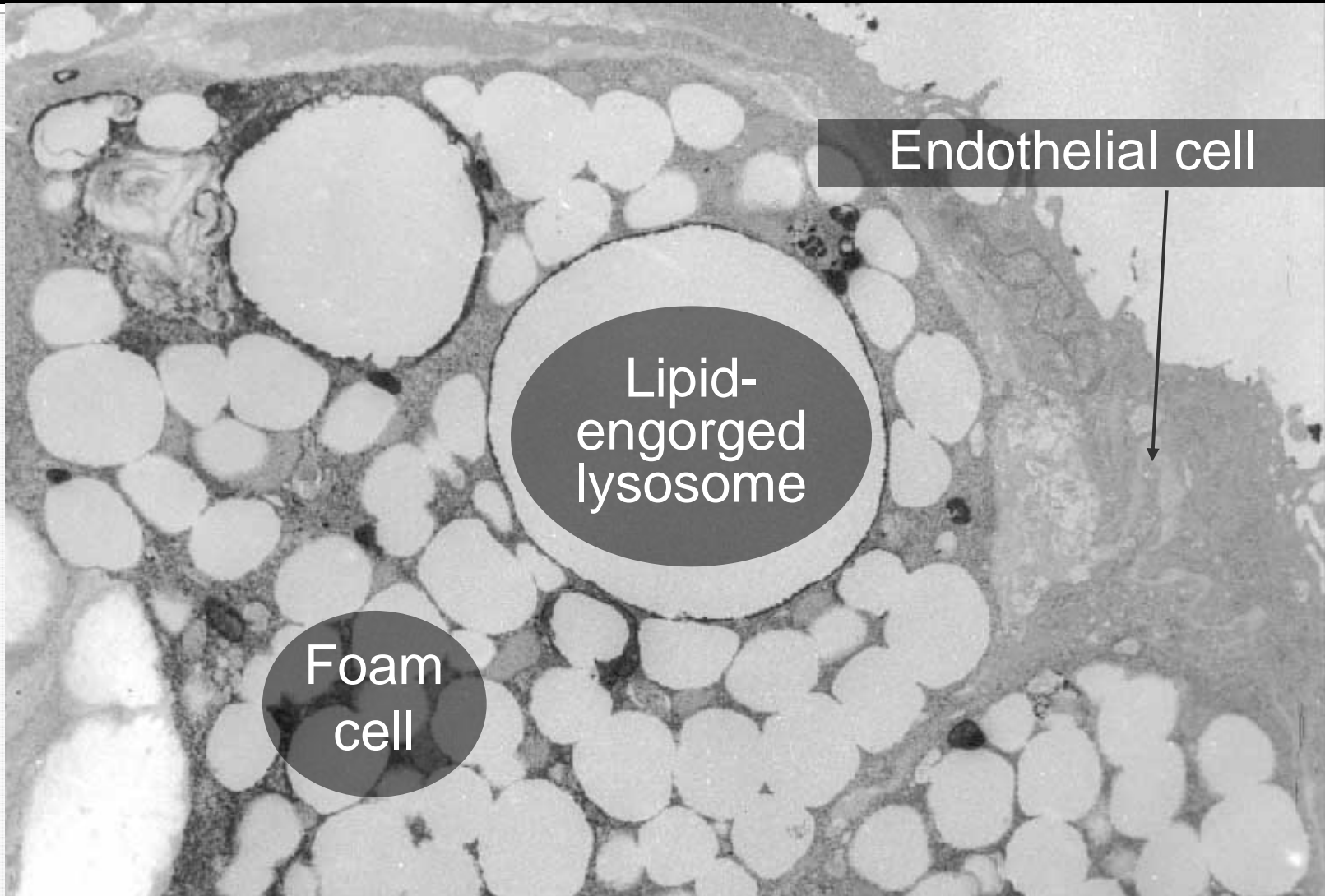
A huge flaw in medical research today

- Two big Phase III trials of amyloid vaccines were recently concluded
- Clinical endpoints were not achieved
- Amyloid **was** robustly removed
- Tangles were not (not targeted), cells not replaced
- AD has no clear chain of causation!

Another flaw in medical research today

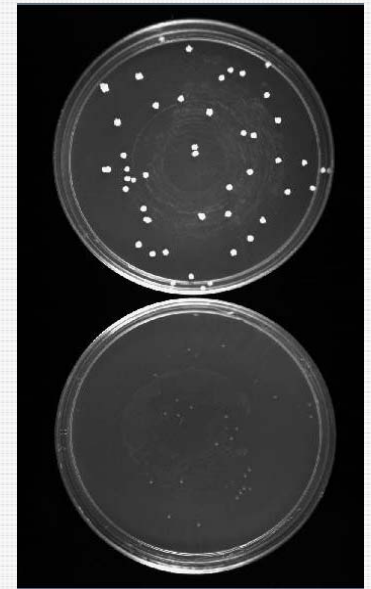
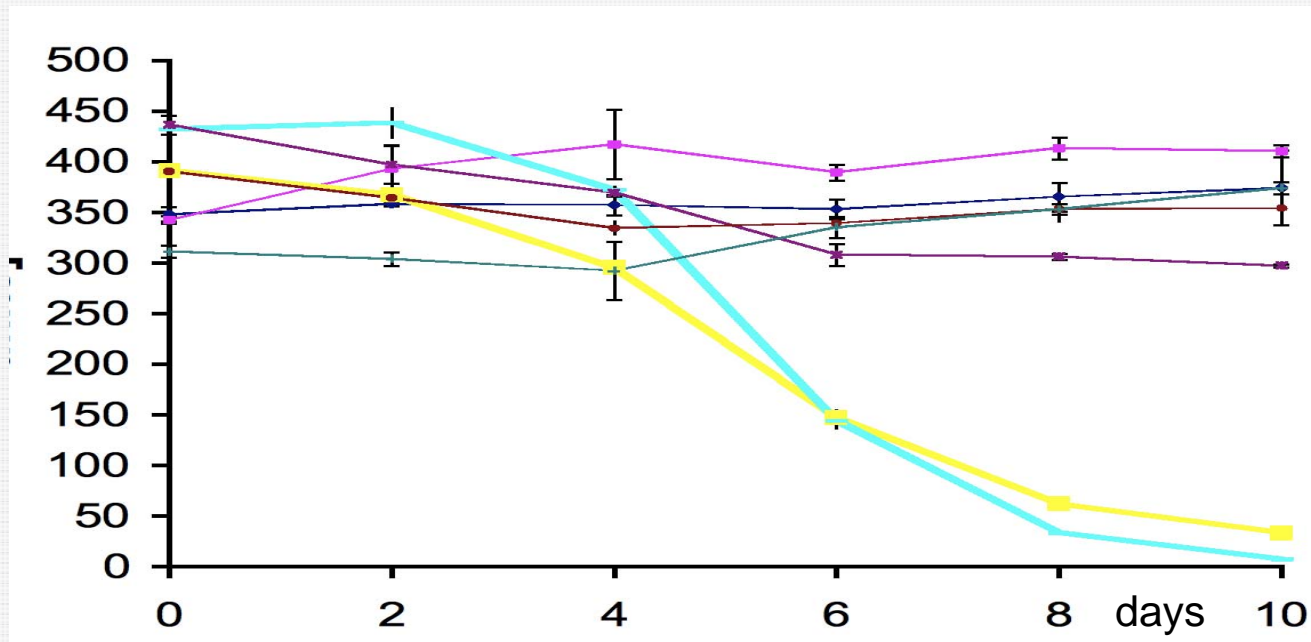
- Fetal stem cells were used to treat Parkinson's
- Success was patchy but massive when good
- Subsequent trials with other stem cells failed
- Nearly all researchers abandoned this approach
- Turns out the stem cells didn't make DA neurons!

Intracellular junk in the artery



We found bacteria that eat 7KC

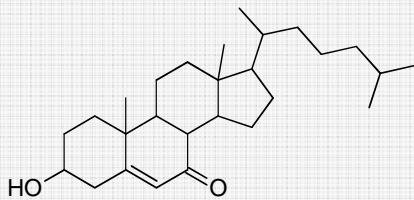
7KC over time in enrichment cultures



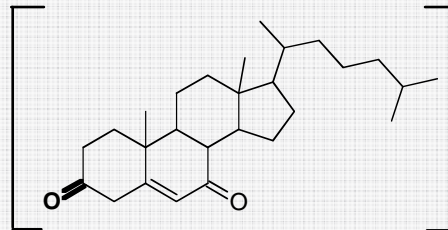
Mathieu et al, Biodegradation 2008; 19(6):807-813

We found out what enzyme they use

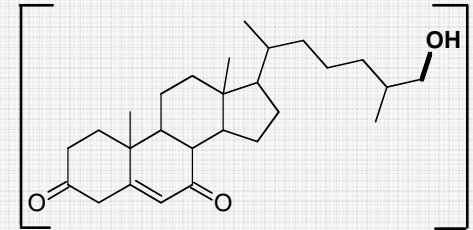
7-ketocholesterol
M = 400, M₁₃C = 401



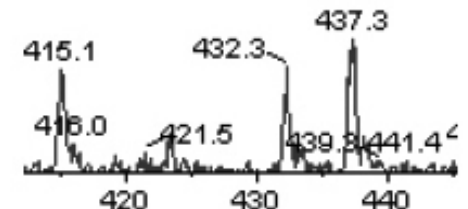
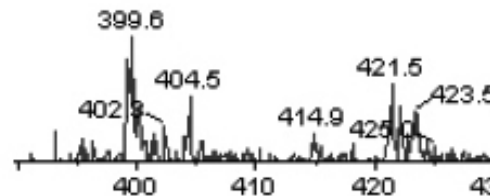
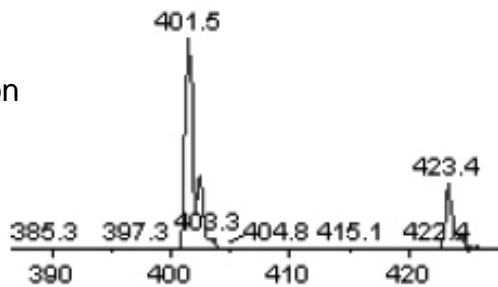
Dione metabolite ?
M = 398, M₁₃C = 399



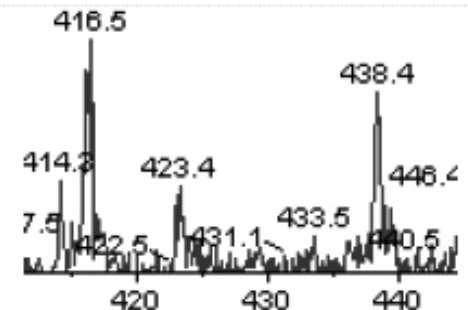
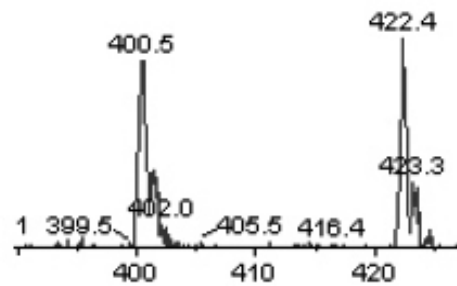
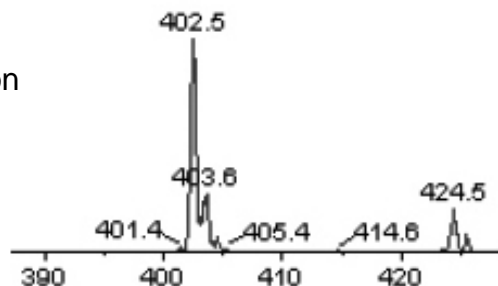
Hydroxylated dione ?
M = 414, M₁₃C = 415



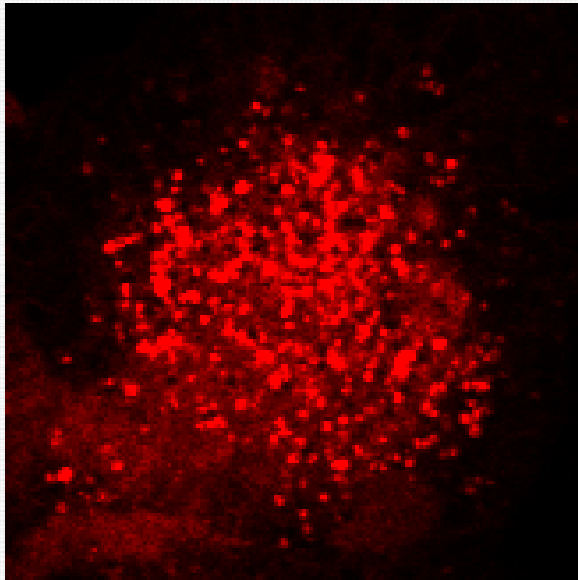
Culture growing on
7-ketocholesterol



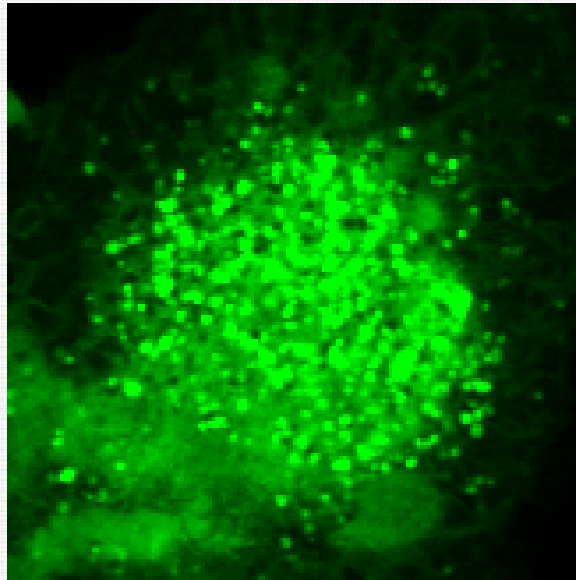
Culture growing on
¹³C-labeled
7-ketocholesterol



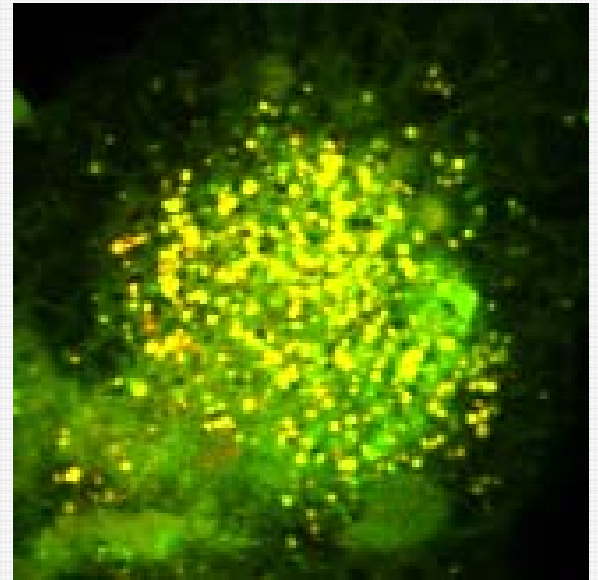
We modified it to go to the lysosome



Acridine Orange

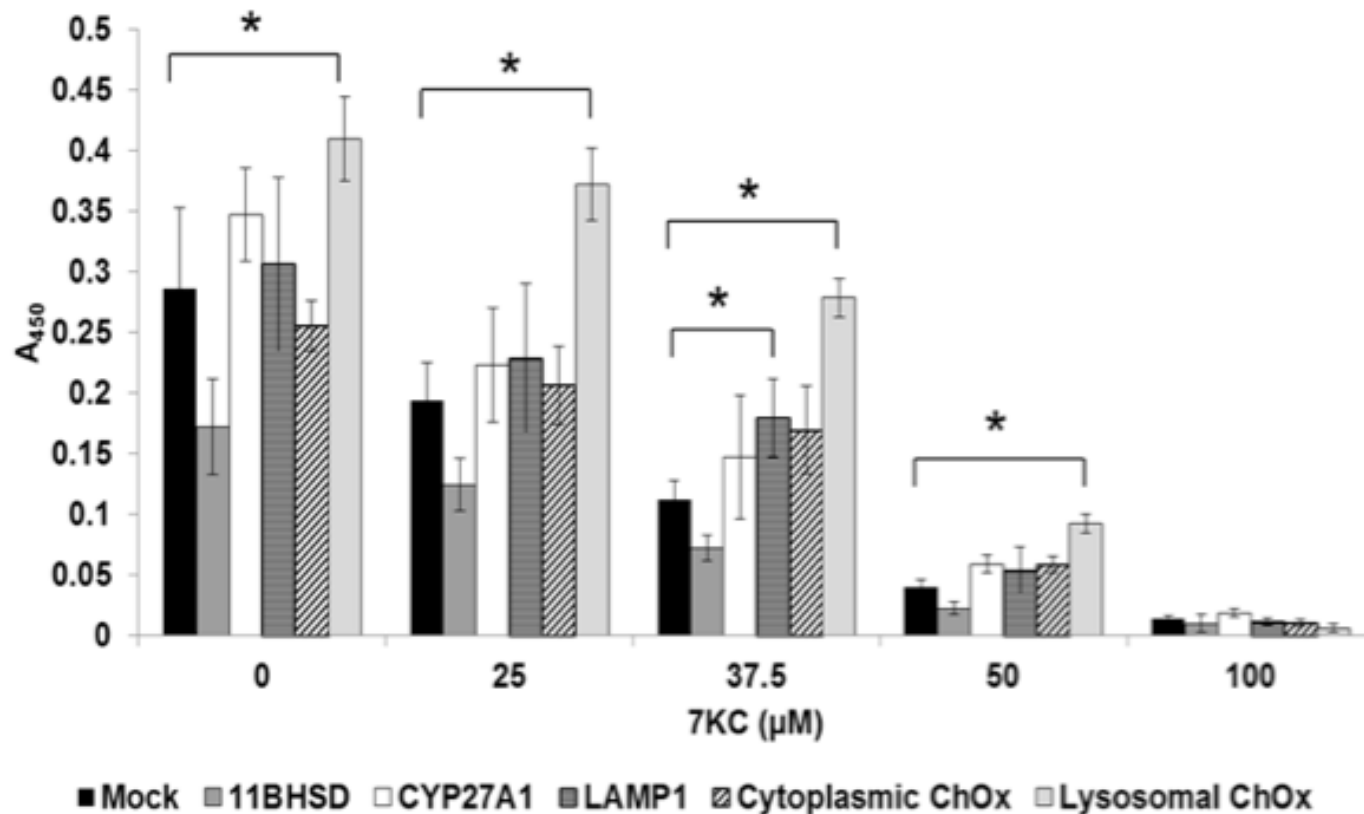


EGFP



Merge

Our enzyme protects cells from 7KC



Mathieu et al., Biotechnol. Bioeng. 2012; 109(9):2409-2415

And there's so much more

- We pursue three major in-house projects at our Mountain View HQ
- We sponsor over a dozen other projects at top academic institutions
- Our educational program currently places interns both in our own lab and extramurally at the Buck Institute for Research on Aging and four prestigious universities worldwide

Our Research Advisory Board



See their names,
their awesome
credentials and
their hard-hitting
endorsement of
our research
approach at

www.sens.org/about/leadership/research-advisory-board



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