

PARKIN Mutation

Mutations in the [parkin](#) gene (PARK2;OMIM #600116)^{1) 2)}, are the most common genetic risk factors for early-onset Parkinson's disease (EOPD)^{3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13)}.

Kunath et al., propose that Parkinson's patients with PARKIN mutations may benefit most from a [cell replacement therapy](#) because (i) they often lack [synucleinopathy](#), and (ii) their [neurodegeneration](#) is often confined to the [nigrostriatal pathway](#). While patients with PARKIN mutations exhibit clinical signs of Parkinson's, post-mortem studies to date indicate the majority lack [Lewy bodies](#) suggesting the nigral [dopaminergic neurons](#) are lost in a cell autonomous manner independent of α -synuclein mechanisms. Furthermore, these patients are usually younger, slow-progressing, and typically do not suffer from complex non-nigral symptoms that are unlikely to be ameliorated by a cell replacement therapy. Transplantation of dopaminergic cells into the [putamen](#) of these patients will provide neurons with wild-type PARKIN expression to re-innervate the [striatum](#). The focal nature of PARKIN-mediated neurodegeneration and lack of active synucleinopathy in most young-onset cases makes these patients ideal candidates for a dopaminergic cell replacement therapy. Strategies to improve the outcome of cell replacement therapies for sporadic Parkinson's include the use of adjunct therapeutics that target α -synuclein spreading and the use of genetically engineered grafts that are resistant to synucleinopathy¹⁴⁾.

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