

Facioscapulohumeral Muscular Dystrophy (FSHD): Overview and Emerging Treatment Strategies

A
Resource
for
Clinicians

Background

- FSHD is one of the most common adult-onset muscular dystrophies and affects the muscles of the face (facio), shoulders (scapulo), and upper arms (humeral).
- Genetic testing is required to confirm FSHD diagnosis and can be challenging; a genetic counselor can facilitate the process and select sponsored programs are available.
- FSHD is optimally managed via multidisciplinary care. There are no approved therapies (as of 2023), but several interventional clinical trials are underway to evaluate potential drug candidates.
- Information in this document highlights key points from an MDA mini-webinar with a neurologist with extensive FSHD expertise. [View the companion mini-webinar here.](#)

Overview

Description

- Slow progression
- Variable symptoms
- Gradual muscle weakness that typically starts in the face, shoulders and upper arms
- Asymmetric weakness

Epidemiology

- One of the most common adult-onset muscular dystrophies
- Prevalence: 1 in 8,000 to 1 in 20,000 people

Onset

- Can occur anytime from infancy to middle age
- Most people begin experiencing symptoms by their 20s

Prognosis

- People who develop symptoms at an early age often experience more severe disease, sometimes leading to wheelchair dependence
- Typically not life-threatening
- Does not significantly affect life span

Tawil R. *Handb Clin Neurol*. 2018;148:541-548. doi:10.1016/B978-0-444-64076-5.00035-1

Etiology: The Role of DUX4^{1,2}

DUX4

- Transcription factor involved in embryonic development
- Multiple DUX4 copies contained in microsatellite (D4Z4) units on chromosome 4
- **11-150 repeats**

Inappropriate DUX4 Expression

- Shortened D4Z4 repeats (**1-10**)
- Results in DUX4 expression
- In FSHD1, repeat size correlates with symptom severity and onset



Downstream impact

- Inflammation
- Muscle atrophy
- Increased susceptibility to oxidative stress
- Disrupted myogenesis

1. Tawil R. *Handb Clin Neurol*. 2018;148:541-548. doi:10.1016/B978-0-444-64076-5.00035-1 2. Statland JM. *Muscle and Nerve*. 2013; 49(4):520-527. doi: 10.1002/mus.23949.

In FSHD, inappropriate expression of DUX4 in skeletal muscles activates genetic programs that lead to downstream functional consequences.

Clinical Features: A “Typical” Pattern with Wide-Ranging Variability

Primary Abnormalities

- Distinctive pattern of weakness
- Face and shoulders typically involved early on, with a characteristic shoulder profile
- Progresses to involve muscles of the trunk and lower extremities

Symptom Variability

- Variable progression in muscle groups in same individual
- Wide-ranging severity: Minimal symptoms to wheelchair bound (20% > age 50)
- Restrictive lung disease in ~10-20% of individuals
- Non-skeletal muscle involvement:
 - Hearing loss
 - Coats disease: retinal hemorrhage that can result in blindness
 - Cognitive impairment (mainly in childhood-onset disease)

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Genetic testing is required to confirm the diagnosis of FSHD.
Sponsored testing is available for select mutations.

Guidelines for Genetic Confirmation

FSHD1:

- D4Z4 repeat of 10-40 kb (equivalent to 1-10 repeats)
- A variant (permissive)

FSHD2:

- D4Z4 repeat of 10-60 kb (equivalent to 10-20 repeats)
- A variant (permissive)
- Hypomethylation
- Confirmed by mutation in:
 - SMCHD1 (most common; sponsored testing available), DNMT3B, LRIF1

Management: Multidisciplinary Care and Monitoring



Rehabilitation/Holistic Care

- Pain management
- Physical therapist to manage progressive weakness, advise on exercise programs and the use of assistive devices



Specialist Care

- Periodic monitoring of lung function in more severely affected individuals
- Evaluation by experienced surgeon for possible scapular fixation
- Access to a genetic counselor

Severe, early-onset FSHD may require:

- additional therapy for muscle weakness
- additional monitoring of breathing and hearing function

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Ongoing Studies (as of June 2023)*

MOVE-FSHD (NCT04635891)

- Collecting motor and functional outcomes specific to FSHD over time

FSHD Registry

- Participants enroll by downloading and completing a form
- Registered participants receive updates on enrolling trials

Interventional Trials

- REACH:** Losmapimod, Phase 3
- FORTITUDE:** AOC1020, Phase 1/2
- MANOEUVRE:** GYM329, Phase 2

*Visit clinicaltrials.gov for the most up-to-date information

1. FSHD CTRN webpage. <https://www.kumc.edu/fshd-clinical-trial-research-network/about.html> 2. ClinicalTrials.gov (MOVE-FSHD). <https://clinicaltrials.gov/ct2/show/NCT04635891> 3. ClinicalTrials.gov. <https://clinicaltrials.gov/ct2/show/NCT05397470> 4. Clinicaltrials.gov (FORTITUDE). <https://clinicaltrials.gov/ct2/show/NCT05747924> 5. Clinicaltrials.gov (MANOEUVRE). <https://clinicaltrials.gov/ct2/show/NCT05548556> Accessed June 2023.

Resources and Additional Reading

Select Publications

- Tawil R. 171st ENMC international workshop: Standards of care and management of facioscapulohumeral muscular dystrophy. *Neuromuscul Disord.* 2010 Jul;20(7):471-5. doi: [10.1016/j.nmd.2010.04.007](https://doi.org/10.1016/j.nmd.2010.04.007).
- Tihaya MS. FSHD muscular dystrophy: the road to targeted therapies. *Nat Rev Neurol.* 2023;19(2):91-108.

Sponsored Genetic Testing Programs



Invitae Detect Muscular Dystrophy

- Includes testing for FSHD2 (**SMCHD1** only)
- Does **not** include testing for FSHD1

Clinical Trial Resources

- MOVE FSHD natural history study

- FSHD Registry

- MDA Clinical Trial Updates and Finder



1. Invitae. <https://www.invitae.com/en/sponsored-testing/detect-mdys> 2. Clinical trials.gov (MOVE FSHD). <https://clinicaltrials.gov/ct2/show/NCT04635891> Accessed June 2023. 3. University of Rochester webpage. FSHD Registry. <https://www.urmc.rochester.edu/neurology/national-registry/join.aspx> 4. MDA. Clinical Trial Finder. <https://www.mda.org/research/clinical-trials>