

Genetic Therapy of Cells

Helmut Hanenberg, MD

Department of Pediatrics III, University Children's Hospital Essen,
University of Duisburg-Essen, 45122 Essen, Germany

ENT (HNO) Department, UKD, Heinrich Heine University,
40225 Düsseldorf, Germany

Content

- Introduction
- Principle of integrating viral vectors
- Principles of non-integrating viral vectors
- Nonviral alternatives for genetic therapies

Genetic Therapies

Pol II promoter

protein (cDNA)

Pol III promoter

shRNA (DNA)

Therapeutic agent:	protein	↔	RNAi
Expression:	permanent	↔	transient
genetic manipulation:	<i>ex vivo</i>	↔	<i>in vivo</i>
target cells:	dividing	↔	nondividing/ post-mitotic
target organ structure:	hierachical	↔	heterachical

Hierachy in the Hematopoietic System

after JCM van der Loo

Hematopoietic Stem Cell Transplantation

- Pioneered from 1950-70 at the Fred Hutchinson Cancer Research Center, Seattle, by **E. Donnell Thomas, MD** & colleagues
- The first 200 patients died („Rainer Storb“)
- **Indications** are cancers and nonmalignant conditions
- In **allogeneic** transplantation, host and patient should be **HLA identical/matched**
- Host/patient needs to be **conditioned** with myeloablative regimens (chemo ± radiotherapy) to ensure long-term engraftment of the stem cells

Donor bone marrow cells repopulate recipient bone marrow

Effects for nonmalignant genetic disorders

- Healthy donor stem cells engraft and repopulated the entire hematopoietic blood/immune system with normal progeny for the life-time of the stem cell

Gene Transfer into Hematopoietic Cells

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Three Principles of Stem Cell Gene Therapy

- The integrated vector as part of the genome will also be present after division in each daughter cell.
- If a stem cell was the target for the integrating vector, all its progeny (= all blood & immune cells) will be genetically modified - for the life of the stem cell.
- If a selective advantage for corrected over deficient cells exists, the corrected stem cells & their progeny will repopulate the entire hematopoietic system.

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Does Stem Cell Gene Therapy Exist in nature?

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X-SCID (γ_c)

- X-linked severe combined immunodeficiency (SCID) without T or NK cells, normal B-cells
- deficiency in the common γ_c chain (γ_c) of the IL-2, IL-4, IL-7, IL-9, IL-15 and IL-21 receptor
- lethal within the first year due to severe infections
- stem cell transplantation or genetic therapy to replace the deficient lymphoid system

IL-2 receptor

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Reversions in X-linked SCID Patients

Stephan *et al.* NEJM 1996
Bouso *et al.* PNAS 2000

immortal (self-renewal) precursor cells mature cells
limited life-span

10

Fanconi Anemia (FA)

Inherited DNA repair disorder

- clinical trias of
 - > congenital abnormalities
 - > progressive BM failure
 - > high incidence of malignancies
- germ-line defects in ≥ 22 DNA repair genes (**FANCA-W**)
- FA proteins form large complexes also with other DNA repair proteins

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Reversions in Fanconi Anemia Patients

Waiszfisz *et al.* 1999
Gregory *et al.* 2001
Gross *et al.* 2002
Mankad *et al.* 2007
Virts *et al.* 2015

immortal (self-renewal) progenitor cells mature cells
limited life span

Stem Cell Gene Therapy 12

Disorders with *in vivo* selective advantage for corrected cells

- Fanconi Anemia => (stem cells & all progeny)
- X-SCID (γ c) => (progenitor/precursor cells)

Disorders without selective advantage for corrected cells

- ADA-SCID
- WAS
- Thalassemia
- Leukodystrophies
- Chronic Granulomatosis (CGD)
- Sickle cell disease

Disorders with *in vivo* selection advantage for genetically modified stem cells & their progeny, if chemotherapy is used

- MGMT gene therapy for Glioblastoma

Approved Clinical Trial for FA Gene Therapy 13

FANCOSTEM

1. Mobilization of CD34⁺ cells (G-CSF + Plerixafor)
2. CD34⁺ cells purification
3. +/- Cryopreservation
4. Transduction with the therapeutic vector LV:PGK-FANCA **FANCOLEN**
5. Infusion (No conditioning)

courtesy of Juan Bueren & Paula Rio

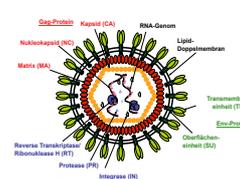
Viral Vectors to Introduce Therapeutic DNA 14

Pol II promoter → protein (cDNA) → polyA

Retroviral vectors derived from wildtype retroviruses are evolutionary optimized to stably & efficiently introduce foreign DNA into the genome of mammalian cells

lentiviruses (HIV)
10 genes, 1(2) promoter

murine retroviruses
3 genes, 1(2) promoter



Viral Vectors to Introduce Therapeutic DNA 15

Pol II promoter → protein (cDNA) → polyA

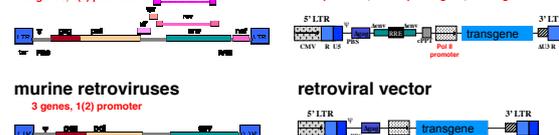
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lentiviruses (HIV)
10 genes, 1(2) promoter

lentiviral vector
1 promoter, 1 therapeutic gene, 0 viral genes

murine retroviruses
3 genes, 1(2) promoter

retroviral vector



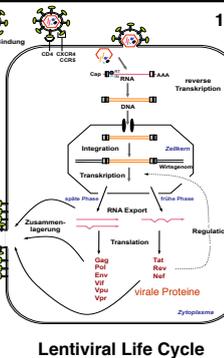
Lentiviral Vector 16

Pol II promoter → protein (cDNA) → polyA

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lentiviral vector
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Lentiviral Life Cycle



Lentiviral Vector 17

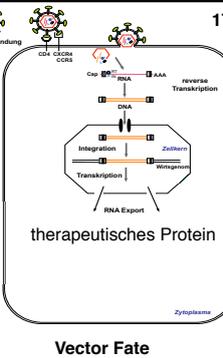
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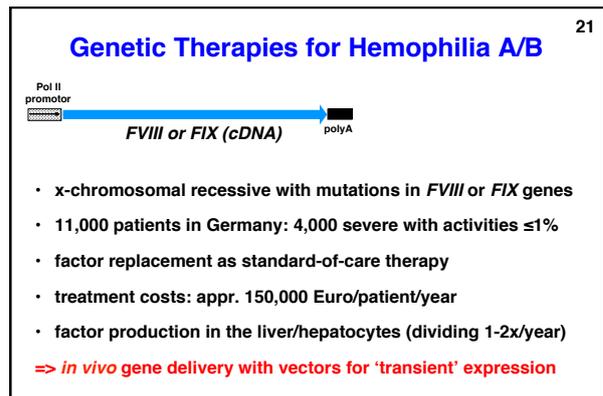
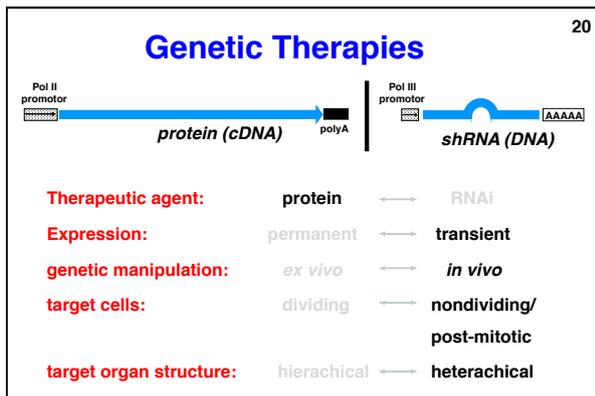
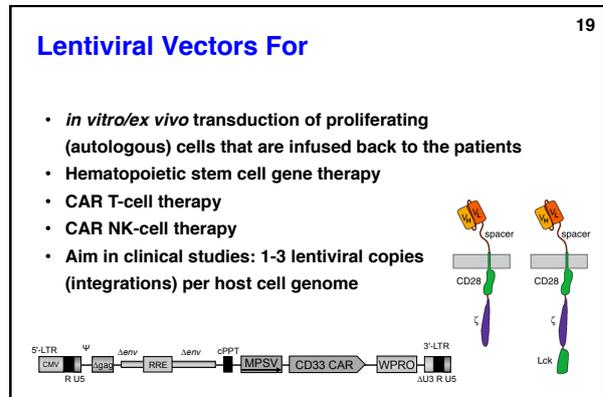
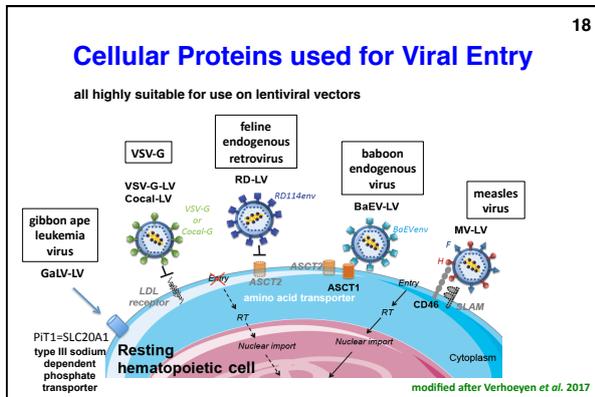
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Vector Fate

therapeutisches Protein





Choice of Vector System

Contents lists available at ScienceDirect
Blood Reviews
journal homepage: www.elsevier.com/locate/bsr

Haemophilia gene therapy: Progress and challenges

Elsa Lheriteau^{a,b}, Andrew M. Davidoff^d, Amit C. Nathwani^{a,b,c,*}

^a Katharine Dormandy Haemophilia Centre and Thrombosis Unit, Royal Free NHS Foundation Trust, UK
^b Department of Haematology, UCL Cancer Institute, UK
^c National Health Services Blood and Transplant, UK
^d Department of Surgery, St. Jude Children's Research Hospital, Memphis, TN, USA

Table 1
Vector properties.

	Non-viral vectors	Retroviral vectors	Adenoviral vectors	AAV vectors
Packaging capacity	Unlimited	8.0 kb	30.0 kb	4.6 kb
Ease of production	+++	+++	+	Cost/biome
Integration into host genome	Rarely	Yes	No	Rarely
Duration of expression	Usually transient	Long term	Transient	Long term in post mitotic cells
Transduction of post-mitotic cells	++	+++	+++	+++
Pre-existing host immunity	None	None	None	None
Safety concerns	None	Insertional mutagenesis	Inflammatory response	None
Gene-line transmission	None	++/-	None	None

Direct intravenous injection of plasmid DNA

- 'hydrodynamic' injection of plasmid DNA in mice (30g):** 5-25µg DNA in volume (8-12% of body weight) i.v. in ≤ 30 sec => 40% gene transfer in hepatocytes but also high mortality
- human (75kg):** 12-62 mg DNA in 7.5L infusion i.v. in ≤ 30 sec
- injection of plasmid DNA complexed with **liver-targeting polycations (anti-ASGPR)** e.g. **JetPEI-hepatocyte™** => no gene transfer into hepatocyte reported/observed

Liu et al. Gene Ther 1999; Elvhardt et al. Hum Gene Ther 2003

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Gene-line transmission	None	++/-	None	None

strong T- & B-cell responses

AAV Nanoparticles as Vectors

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a) binding to the internalization receptors (vps or cd31)
b) uptake through endocytosis
c) transport within endosomes along the cytoskeleton
d) endosomal release
e) direct nuclear DNA delivery by capsid

AAV Nanoparticles as Vectors
 a Serotype: AAV1, COBAAV, AAV/h17, AAV/h10, AAV9, AAV8, AAV5, AAV2
 b Primary target: Eye, Ocular, Heart, Joint or bone, Brain, Muscle, Liver
 c Phase: Phase I, Phase II, Phase III, Phase IV

Adeno-associated virus vector as a platform for gene therapy delivery
 February 2019

AAV DNA Delivery Platform
 suited for postmitotic cells
 • gene replacement
 • gene silencing
 • gene addition

Key Challenges
 • Large-scale vector manufacturing and costs
 Glybera® (liver) => US\$ 1.2 million for one shot
 Luxturna® (eye) => US\$ 425,000 for one eye
 • hemophilia A: "likely to be cost-saving/effective compared with FVIII prophylaxis" at US\$ 1 million

Machin, Ragni et al. Blood Advances Nov 2018

AAV Nanoparticles as Vectors

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Machin, Ragni et al. Blood Advances Nov 2018

Seminal AAV Studies for FIX and FVIII Deficiency

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Adenovirus-Associated Virus Vector-Mediated Gene Transfer in Hemophilia B
 AAVs-Factor VIII Gene Transfer in Severe Hemophilia A

Long-Term Safety and Efficacy of Factor IX Gene Therapy in Hemophilia B

FVIII activity in the high-dose cohort (6x10¹³ vector genomes/kg)

- FVIII and FIX activities >5% for hepatocyte
- 10-1000 vector genomes per hepatocyte
- strong immunity against AAV capsid

Nonviral Genetic Therapy For Hemophilia

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Nonviral Genetic Therapy For Hemophilia

- DNA for delivery of the genetic information
- nonviral system for transport of DNA to liver cells
- uptake of the delivery system by endocytosis
- controlled release/escape of the DNA from endosomes into the cytoplasm
- transport of the DNA into nucleus
- persistence of the DNA without integration
- RNA transcription from nonsilenced promoters

modified after Li et al. J Hepatol 2016

Construction of a disease-specific vector

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Minicircle Vector Construction for FIX

- inclusion of the SV40 origin DNA for binding to transcription factors for nuclear import
- removal of all bacterial DNA sequences in the plasmid backbone

Minicircle Vector for FIX with nuclear import signal

Nanoparticle-based delivery of cargo

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Gold Nanoparticles (AuNPs)

- cell-free particles (2-250 nm)
- generated by laser or chemical reaction
- animal toxicity data is favourable
- no immunity after repeated applications
- in vivo tissue distribution depends on particle size, ligand & application route
- industrial production is well established

toxicity of AuNP occurred at a size of $\leq 1.4\text{nm}$, as the nanoparticles can bind to the major groove of the DNA

*Sun et al. Angew Chem Intern Ed 2014
 Kim et al. Acta Pharmacol Sinica 2011
 Shiva et al. Chapter 4 Intech 2014*

30 Production of 'Naked' of Gold Nanoparticles

Production of 5 nm gold particles in PBS

1) PLAL: 10 ps laser, 1500 nsc ablation
2) ligand-free charged NPs

'bare' AuNP: for conjugation of positively charged biomolecules

Pulsed laser ablation in liquid

Conjugation to cargo: ⇒ cDNA for *GFP*, *FVIII* or *FIX* expression
⇒ binding of DNA with polyethylenimine (PEI)
⇒ other targeting moieties for tissues

Gamrad et al. J Phys Chem C 2014

31 PEI-mediated binding of DNA to Gold NPs for endosomal escape

PEI-mediated binding of DNA to Gold NPs for endosomal escape

DNA and Gold nanoparticles are both negatively charged ⇒ complex formation achieved by polyethylenimine (PEI)
⇒ highly hydroscopic ⇒ influx of H₂O into endosomes
⇒ bursting of the endosome before fusion with lysosome

branched PEI linear PEI

2nd PEI layer for specific targeting, e.g. JetPEI Hepatocyte or PEI-PEG sandwich formation

32 Laser-Derived vs. Chemically Synthesized AuNPs

Gamrad et al. J Phys Chem C 2014 Guo et al. RSC Advances 2014

Pulsed laser ablation in liquid

- HLF liver cell line
- 5nm AuNPs with PEI + DNA
- GFP as readout by FACS

1) PLAL: 10 ps laser, 1500 ns ablation
2) ligand-free charged NPs

'bare' AuNP: for conjugation of positively charged biomolecules

chemical AuNPs **Laser-AuNPs** **Citrate-stabilized AuNPs**

10kDa linear PEI 25kDa linear PEI

PEI transfection PEI+AuNP transfection

Laser-derived AuNPs are more efficient for gene delivery to cells

33 Gene Transfer achieved with 5 vs. 50nm Gold NPs

Minicircle Vector Construction for FIX

- inclusion of the SV40 origin DNA for binding to transcription factors for nuclear import
- removal of all bacterial DNA sequences in the plasmid backbone

Transfection of FIX_{padua} cDNA with 5nm or 50nm AuNP in primary rat hepatocytes
GFP cDNA as transfection control

mc35F9Pco F9Pco

SV40 ori, CMV IE promoter, SV40 pA, SV40 pU, SV40 pL

Pho1 12305, Pflm 12314, AatII 12324, SmaI 12333, BamHI 12350, NotI 12355, XbaI 12365, SpeI 12375, EcoRV 1346, ClaI 1402, BamHI 1382, NotI 1395, SmaI 1341

FIXPco minicircle

5nm 50nm

34 Atomic Force Microscopy (AFM)

- images by topography of the sample
- samples are dried on a carbon mica plate
- raster scanning mode (x-y grid)
- force measurement between probe and sample (stiffness, adhesion strength)

https://www.cam.ac.uk Garcia et al., 2010

Plasmid DNA 5nm Gold NP + DNA 50nm Gold NP + DNA

35 Content

- Introduction
- Principle of integrating viral vectors
- Principles of non-integrating viral vectors
- Nonviral alternatives for genetic therapies
 - transport of the DNA into hepatocytes
 - expression of factor in liver cells
 - repeated applications possible ⇒ application via peripheral veins
 - excellent safety & toxicity
 - platform suitable for other liver disorders
 - industrial production of the formulation