



Genome



Rare Disease Day

Possibilities of therapeutic genome editing in monogenic and polygenic disease

Rafael Yáñez, rafael.yanez@royalholloway.ac.uk

14.06.2019, EULAR, Madrid



ROYAL
HOLLOWAY
UNIVERSITY
OF LONDON



DISCLOSURE

- Editor-in-Chief, *Gene Therapy* (Springer-Nature), stipend

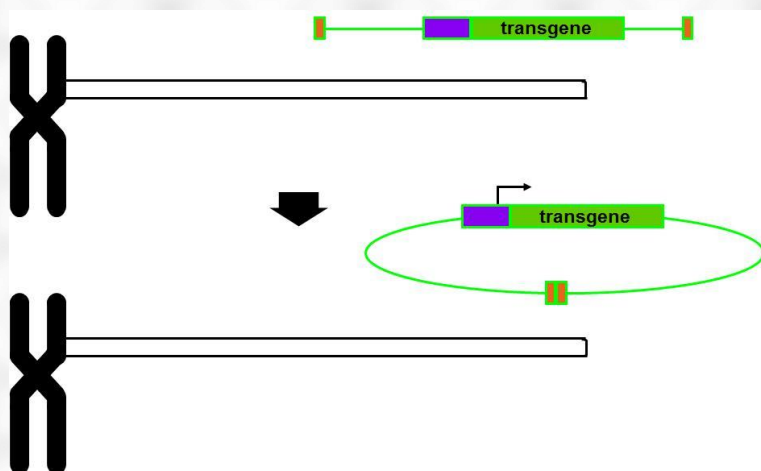




Professor of Advanced Therapy, Director of Centre of Gene and Cell Therapy,
Royal Holloway, University of London
Editor-in-Chief, *Gene Therapy*
Treasurer, *British Society for Gene and Cell Therapy*
Chair, *Genetic Alliance UK*

Yáñez lab: Developing safer gene and cell therapy methods

Episomal vectors



Genome editing





Advanced Gene and Cell Therapy Lab

Disease models:

- Spinal muscular atrophy
- Ataxia telangiectasia
- Severe combined immunodeficiency
- Duchenne MD (with G. Dickson and L. Popplewell)
- Spinal injury
- Parkinson
- Stroke

• Strategies: Genome editing and Gene addition

- Site-specific designer nucleases
- Episomal systems
- Replicating episomes
- Induced pluripotent stem cells
- *In utero* gene delivery

• Vector systems:

- Lentiviral (HIV-1, integration-deficient)
- Adeno-associated viral
- Retroviral
- Adenoviral
- Non-viral

What is he talking about?

- The importance of rare diseases
- The current status of gene therapy
- The limiting factor: DNA double-strand breaks (DSBs)
- Gene targeting becomes genome editing
- Chimeric nuclease families
- DSB repair pathways
- Genome editing methods
- Genome editing in clinical trials
- Latest development: CRISPR base editors
- Generic limitations
- Ethical issues

How is he going to do that?



rafael.yanez@royalholloway.ac.uk
twitter: @ryanezmunoz



Keeping it simple,
please get back to
me if interested

Why are Rare Diseases important?

In Europe, a disease is rare if fewer than 1 in 2,000 people are affected...

...6,000-8,000 rare diseases, 7% of people, 20% of Health budget...

...most rare diseases affect children and 30% of people affected will die before their 5th birthday...

...but 80% of rare diseases are inherited (genetic)...

...and many are potentially amenable to gene and stem cell therapies.

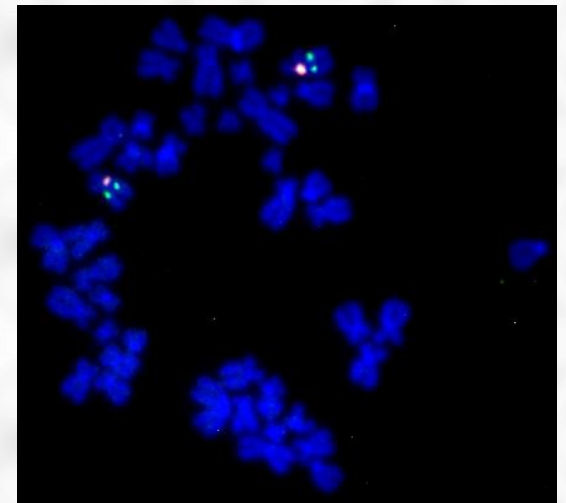
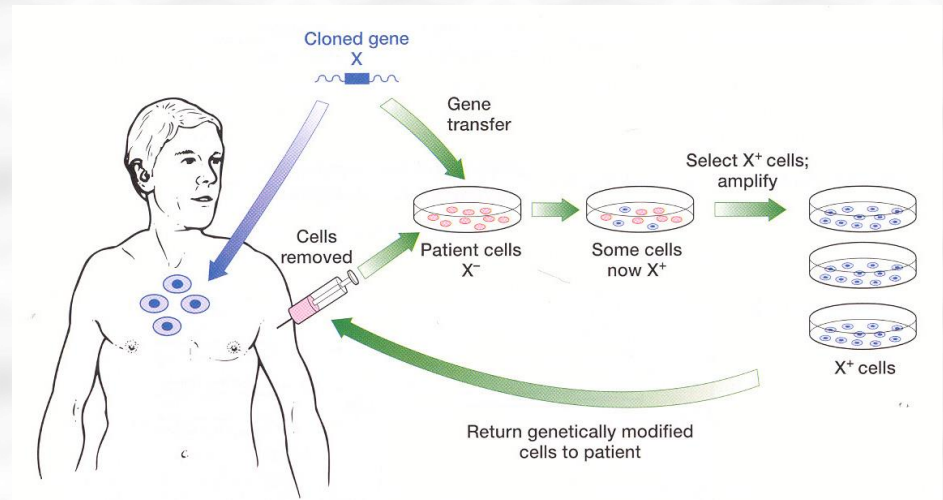
Why are Rare Diseases important?

In many monogenic genetic diseases the therapeutic target has been defined and validated.

Most gene therapy technology has been developed and tested on rare diseases, but will also be applied to common diseases.

What is gene therapy?

Deliberate alteration of the genome or its function to produce a therapeutic benefit. Sometimes cells are modified outside the body, resulting in gene cell therapy.



What can you do with gene therapy?

- **Introduce a minigene**
- **Make a gene produce more (or less) protein**
- **Kill cells**
- **Vaccinate**
- **Stop a gene from working**
- **Repair a gene**

Gene therapy vectors

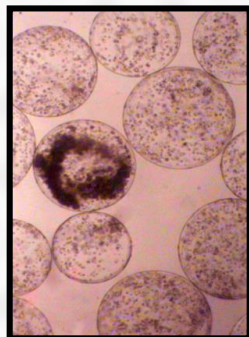
Non-Viral



Naked DNA

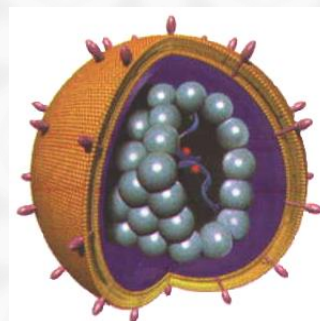


**Lipoplex/
Polyplex**

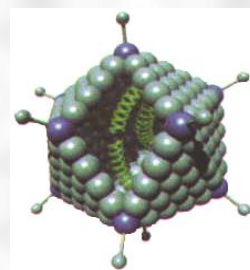


**Recombinant Cells
(Microencapsulation)**

Viral



**Retroviral
vectors**



**Adenoviral
vectors**



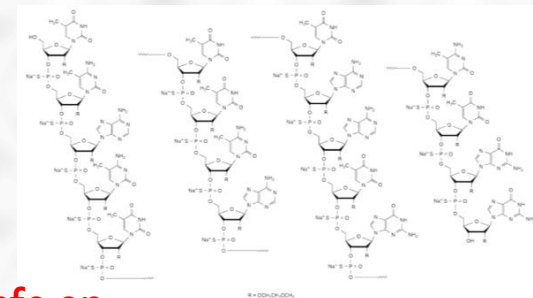
**Adeno-Associated
Virus vectors**

Approved gene therapy products

<https://bit.ly/2KfgOWo>

[Antisense oligonucleotides:]

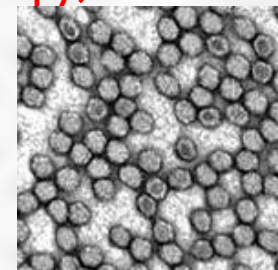
- Exondys 51 (antisense oligonucleotide, Duchenne muscular dystrophy, US)
- Spinraza (antisense oligonucleotide, Spinal muscular atrophy, US, EU...)
- Onpattro (siRNA in lipid nanoparticle, hereditary ATTR amyloidosis, US, EU)
- Tegsedi (antisense oligonucleotide, hereditary ATTR amyloidosis, EU)



See [hyperlink](https://bit.ly/2KfgOWo) for up-to-date info on approved gene therapy (and cell therapy) products, provided by ISSCR

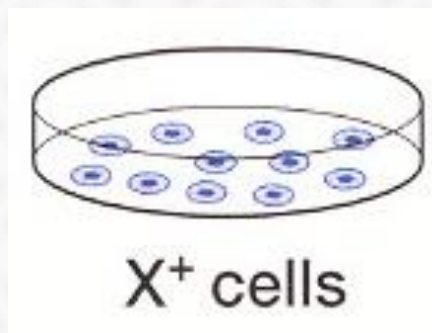
Viral vectors:

- Gendicine (adenovirus vector, Cancer, China)
- [Glybera (adeno-associated virus vector, LPL deficiency, EU)]
- Imlygic (herpesvirus vector, Cancer, EU and US)
- Luxturna (adeno-associated virus vector, RPE65 deficiency, US, EU)
- Zolgensma (adeno-associated virus vector, Spinal muscular atrophy, US)

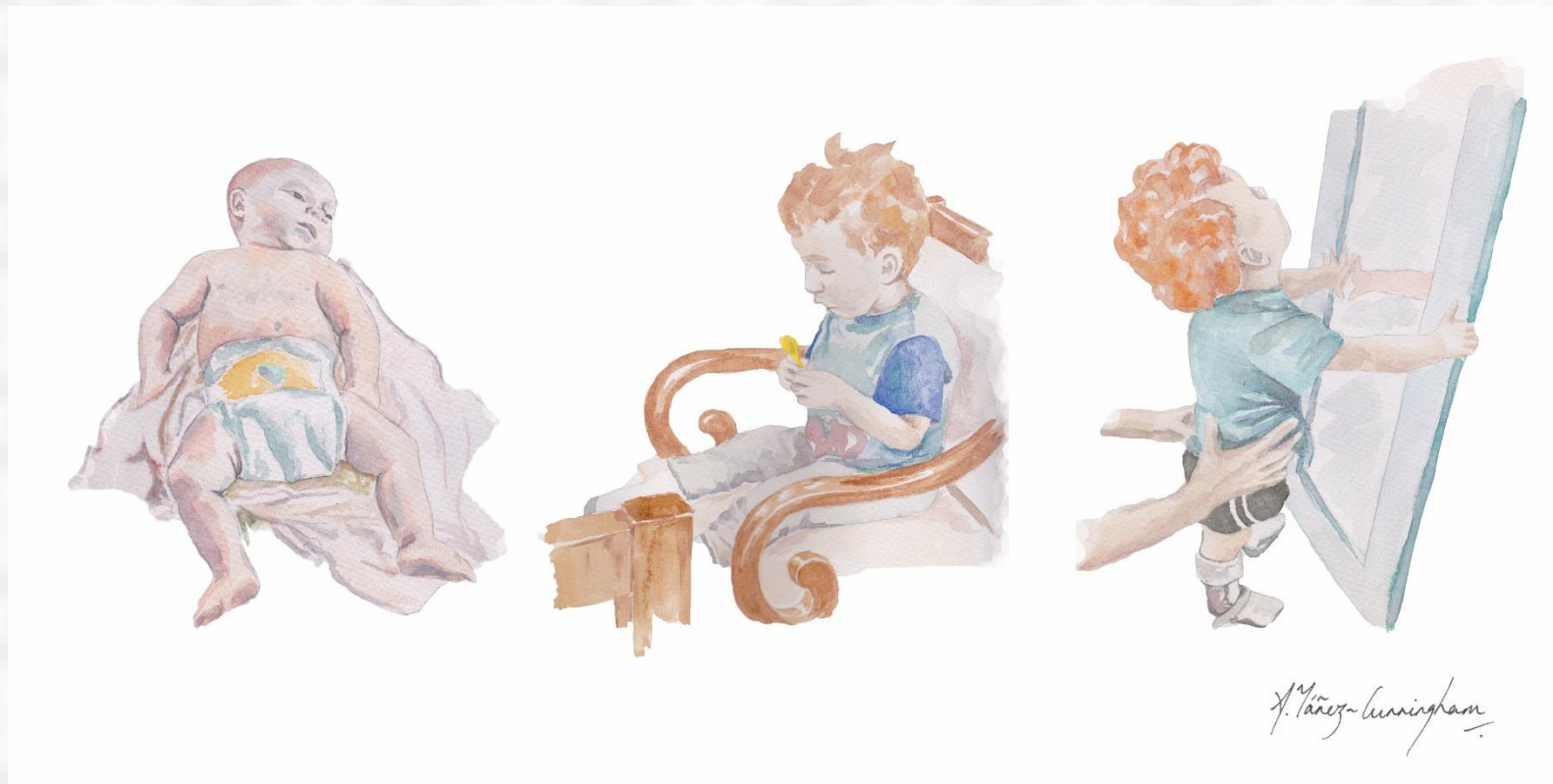


Genetically modified cells:

- Strimvelis (ADA retrovirus vector-treated autologous HSCs, ADA deficiency, EU)
- Zalmoxis (HSV-TK retrovirus vector-treated allogeneic T-cells, HSCT, EU)
- Kymriah (CAR lentivirus vector-treated autologous T-cells, leukemia, US)
- Yescarta (CAR retrovirus vector-treated autologous T-cells, leukemia, US)
- Zynteglo (lentivector $\beta^A\text{-T}87\text{Q}$ -globin-treated autologous $\text{CD}34^+$ cells, β -thalassemia, EU)



Nusinersen-treated Spinal muscular atrophy



**Natural history of type 1 Spinal muscular atrophy: death by age 2.
After nusinersen (Spinraza) treatment children are not cured, but they can thrive and achieve developmental milestones unheard of in this severe type.**

Value and growth of gene therapy market

The market will be **ACCELERATING**
growing at a **CAGR** of over

22%



**INCREMENTAL
GROWTH ▶**
\$2.03 bn

2017

2022



The year-over-year growth rate
for **2018** is estimated at

20.54%



The **ONCOLOGY THERAPY SEGMENT**
occupied the **HIGHEST** market share in **2017**



59%
of the growth will
come from the
AMERICAS

One of the **KEY DRIVERS** for
this market will be the entry of
novel molecules during the
forecast period



READ THE REPORT:

GLOBAL GENE THERAPY MARKET 2018-2022

10,000+ reports covering niche topics
HEALTHCARE AND LIFE SCIENCES



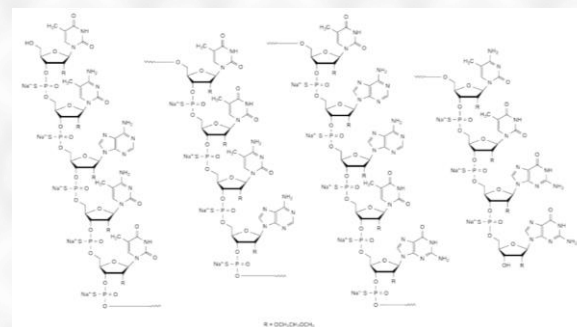
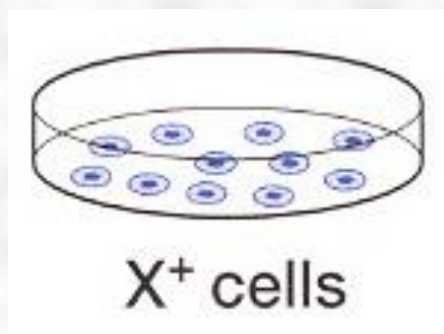
Read them at:
www.technavio.com

 **technavio**

The problem with access to the gene therapy market

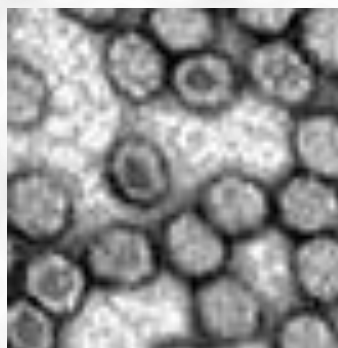
Spinraza: EUR90,000/dose (EUR540,000 first year, EUR270,000 thereafter)

Strimvelis: EUR594,000

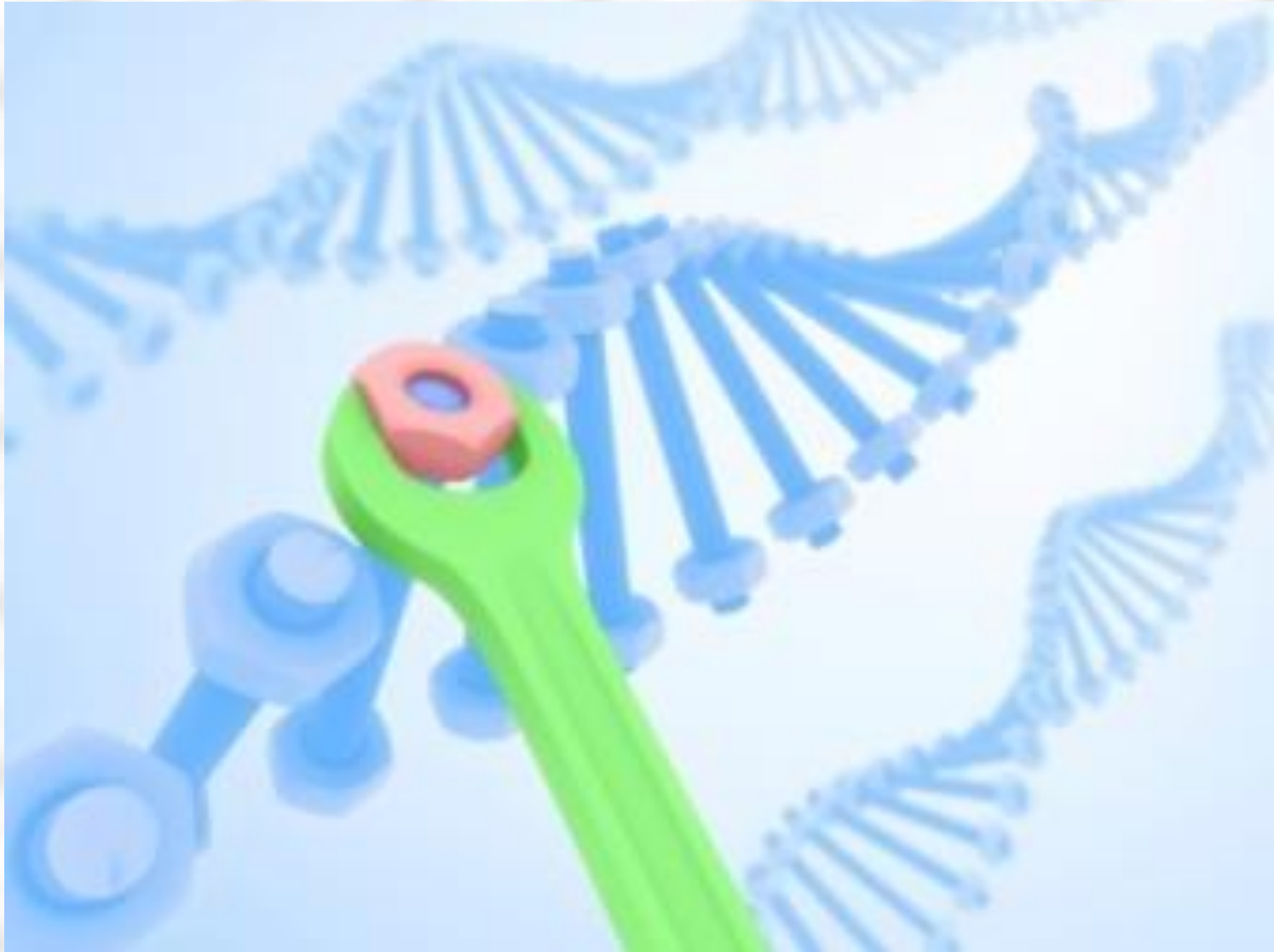


Luxturna: \$425,000 (per eye)

Zolgensma: \$2,100,000



Genome editing is a form of gene therapy that allows the introduction of defined modifications



The future is CRISPR...maybe



(Nature, 10 Mar 2016)

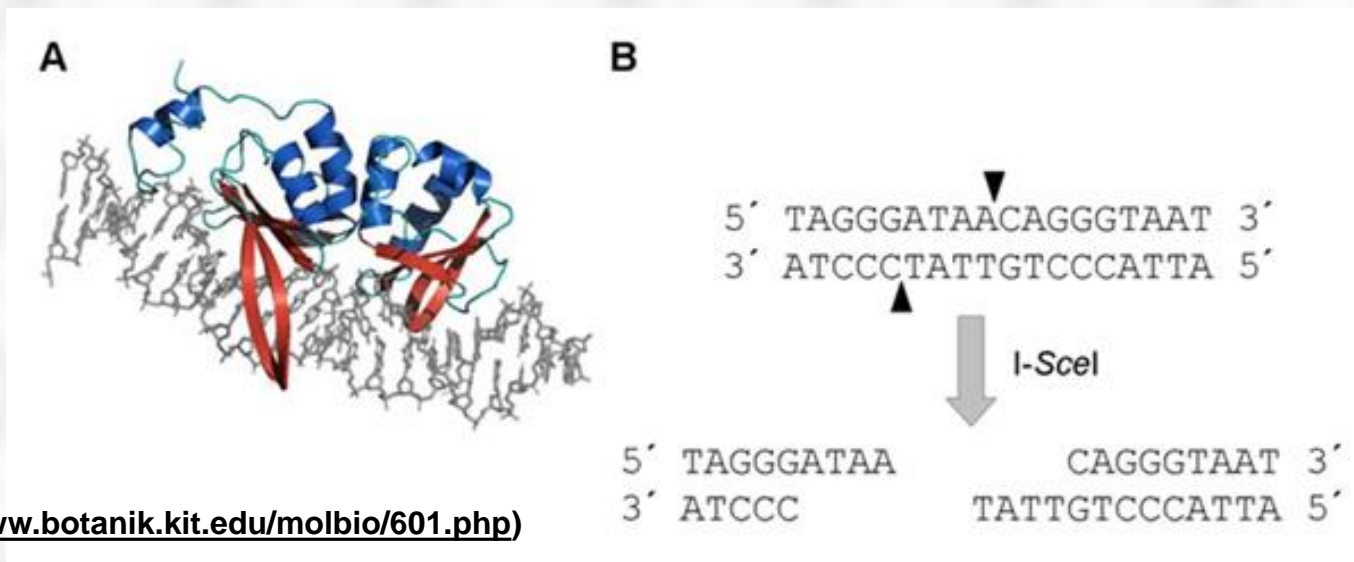
DSBs and the frequency of genome editing

5012–5019 *Nucleic Acids Research*, 1995, Vol. 23, No. 24

Double-strand breaks at the target locus stimulate gene targeting in embryonic stem cells

Fatima Smih, Philippe Rouet, Peter J. Romanienko¹ and Maria Jasin*

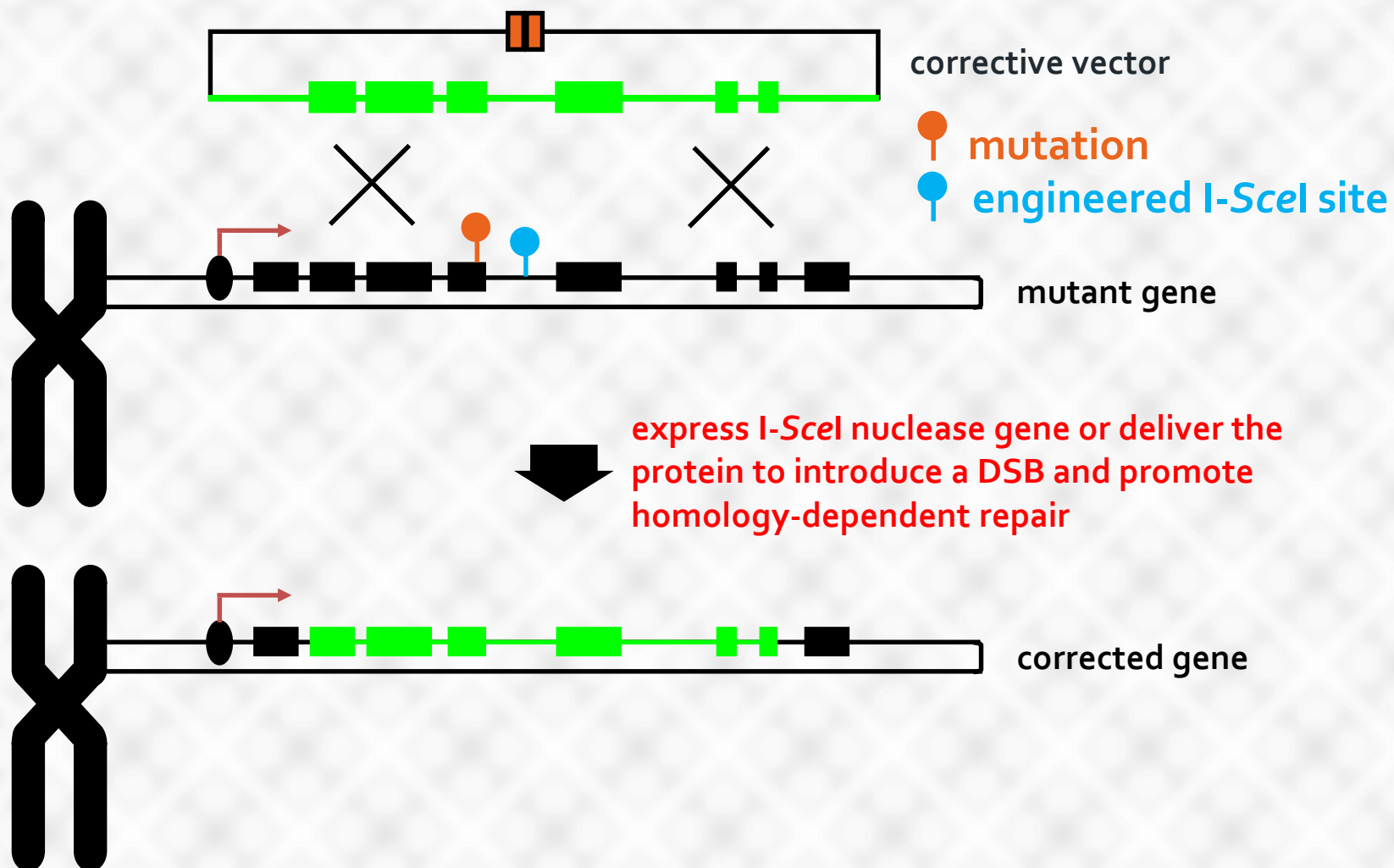
I-SceI's place in the history of genome editing



(<http://www.botanik.kit.edu/molbio/601.php>)

- Intron-encoded homing endonuclease from *S. cerevisiae* mitochondria
- Introduces a specific double-strand break in the DNA of the 21S rRNA gene and thus mediates the insertion of an intron, containing its own coding sequence (group I intron), into an intronless gene
- 18-bp recognition site, not present in mammalian genome
- Engineered by Bernard Dujon and col.

Introducing a DSB to promote genome editing



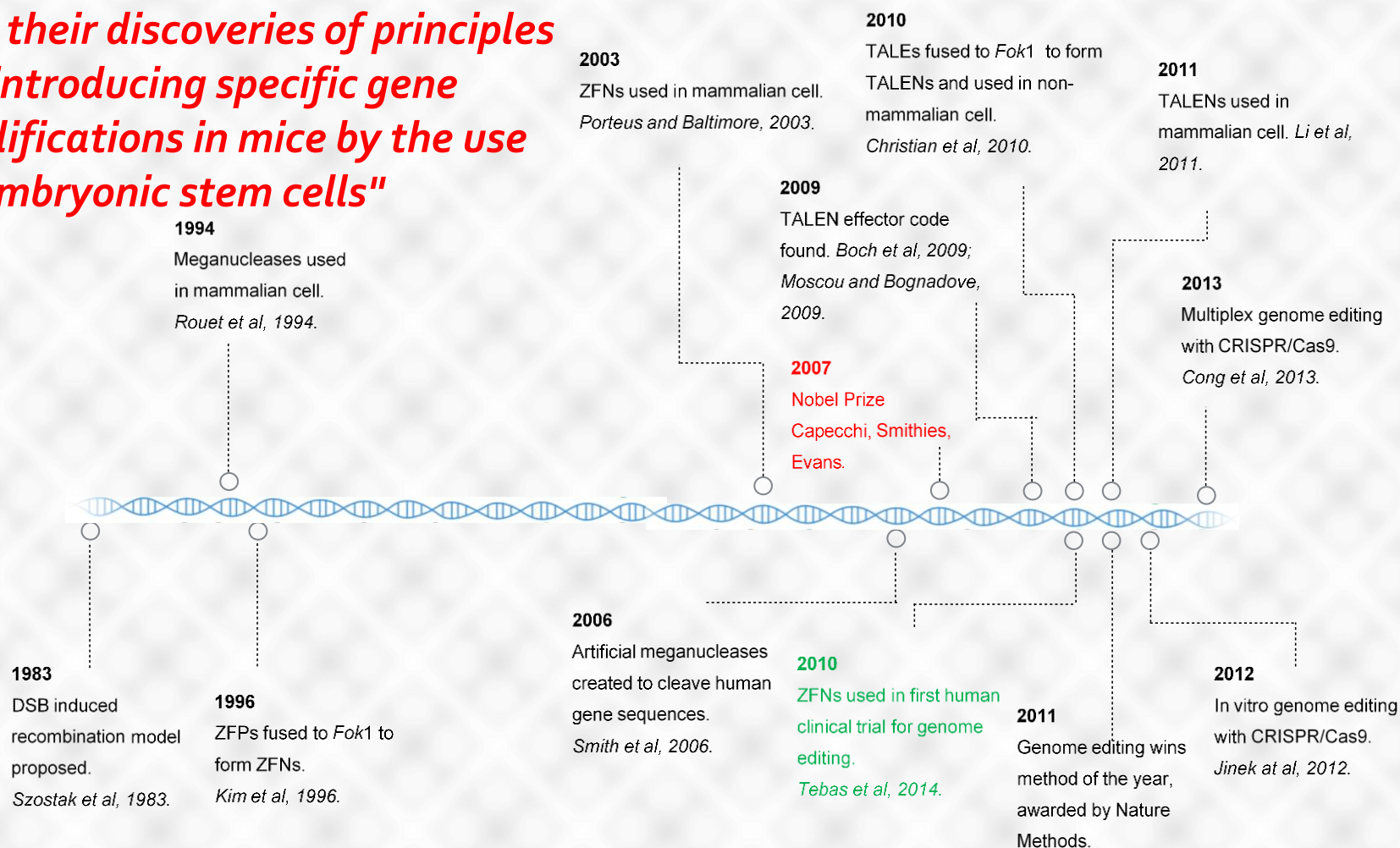
Improving the frequency of genome editing

- Standard plasmid-based frequency: $\leq 0,001\%$
- Overexpress *RAD51/recA* - ($\leq 0,001\%$; 2-fold increase)
- Microinject gene targeting construct - ($\leq 0.8\%$)
- Use AAV-based vectors - ($\leq 1\%$)
- Induce I-SceI DSB in the target gene - ($\leq 20\%$)

(% of genome-edited cells)

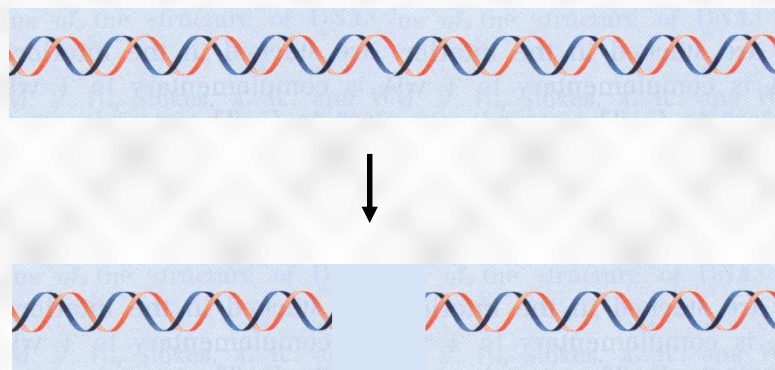
Was there life before CRISPR?

"for their discoveries of principles for introducing specific gene modifications in mice by the use of embryonic stem cells"



(Crompton and Yáñez-Muñoz)

Generation of DNA double-strand breaks (DSBs)



Endogenous agents

Replication fork collapse

Oxidative damage

Telomere failure

Folate deficiency

Programmed rearrangements

Meiosis

Exogenous agents

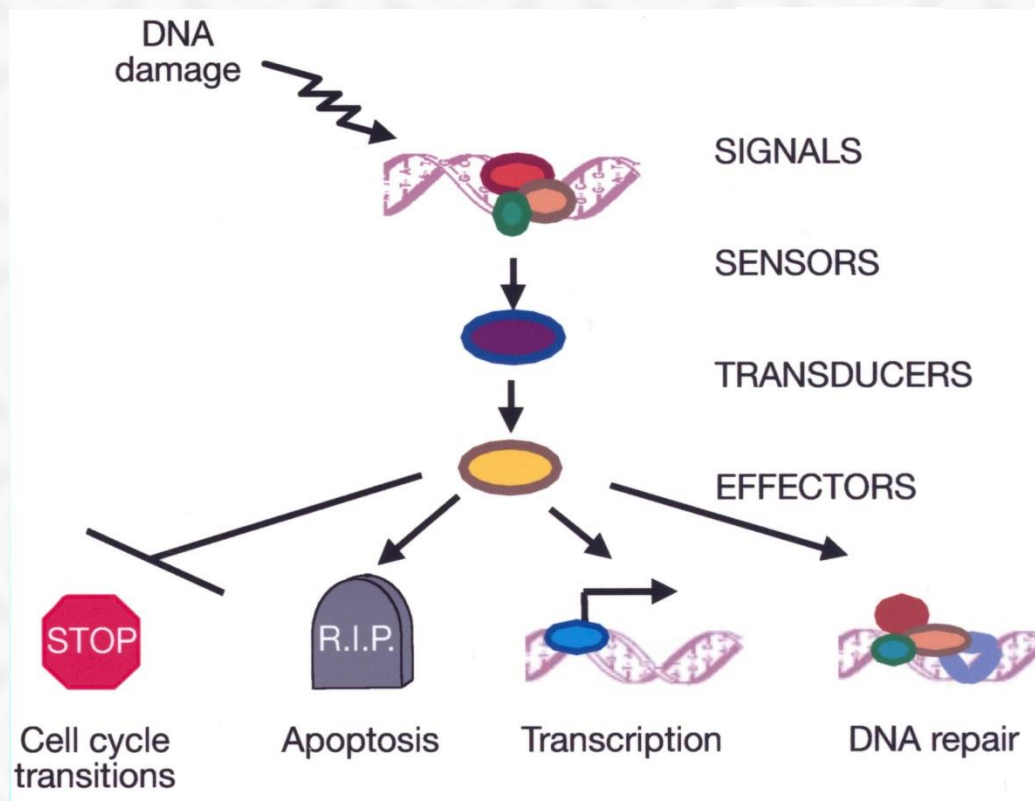
Ionising radiation

Chemotherapeutics

Chemicals

Chimeric nucleases

Complexity of the cellular response to DSBs



Zhou and Elledge (2000) *Nature* 408, 433-439

Four families of engineered nucleases allow genome editing

- Meganucleases
- Zing-finger nucleases (ZFN)
- Transcription activator-like effector nucleases (TALEN)
- Clustered regularly interspaced short palindromic repeats (CRISPR)/CRISPR-associated (Cas) nucleases

The first three require protein engineering for re-targeting; in CRISPR/Cas the protein component does not require engineering, and is re-targeted by a small, synthetic guide RNA. Therefore, CRISPR/Cas is very easy to engineer and use.

Meganucleases (I-CreI-based)

HOMING ENDONUCLEASE I-CREI / DNA SUBSTRATE COMPLEX
WITH CALCIUM

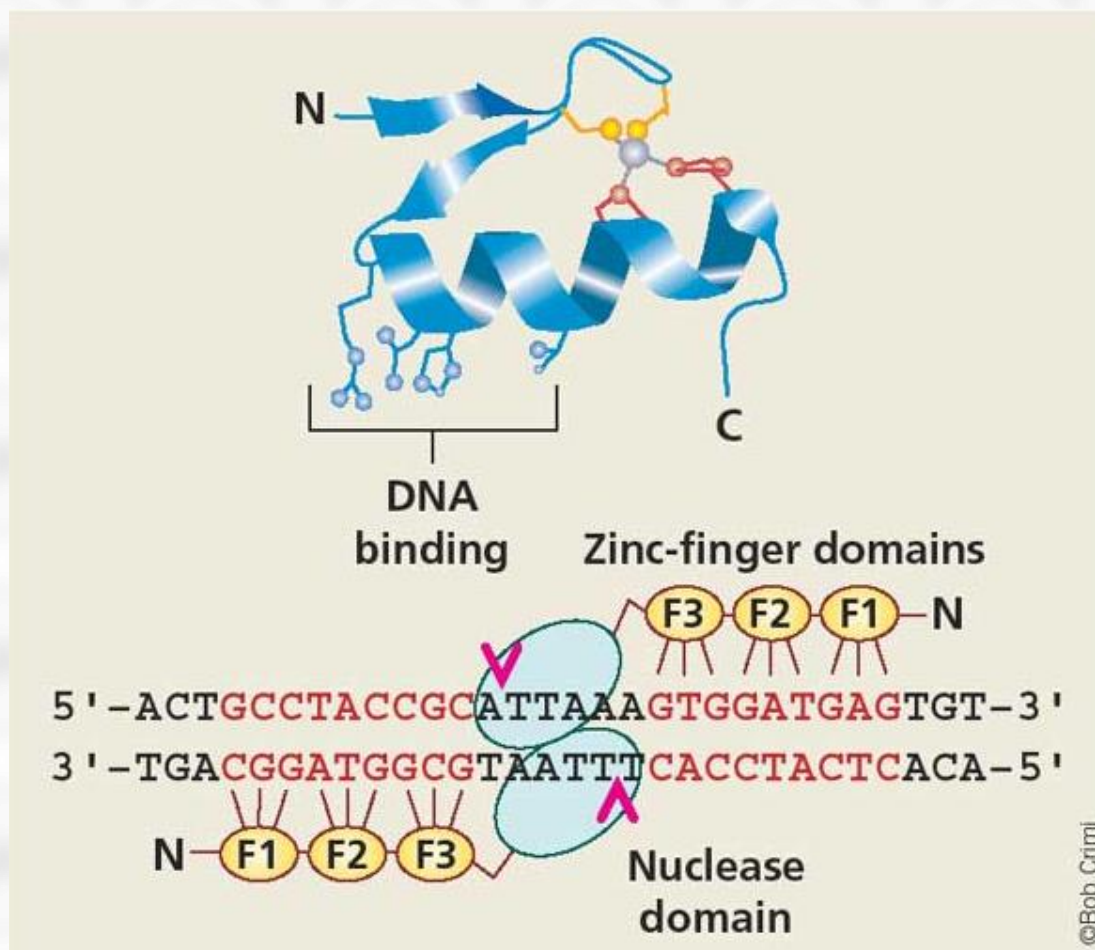
1G9Y

Display Files ▾
Download Files ▾
Share this Page ▸



(<http://www.rcsb.org/pdb/explore/jmol.do?structureId=1G9Y&bionumber=1>)

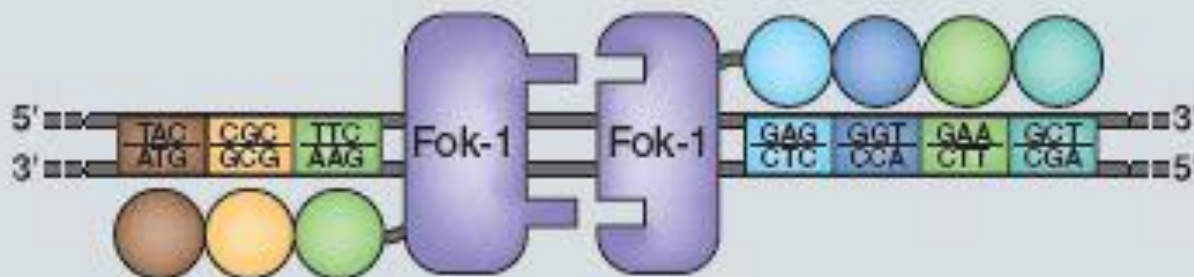
Zinc-finger nucleases



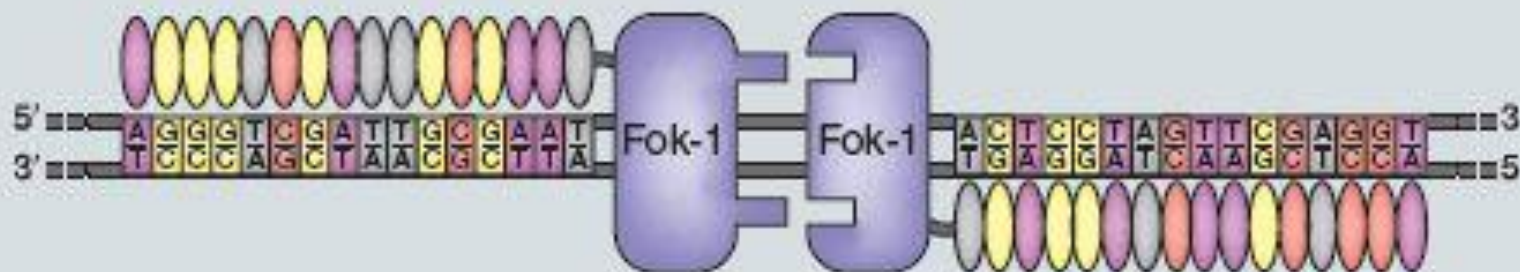
(Nat Biotech 21, 759-760, 2003)

ZFNs and TALENs

ZFN



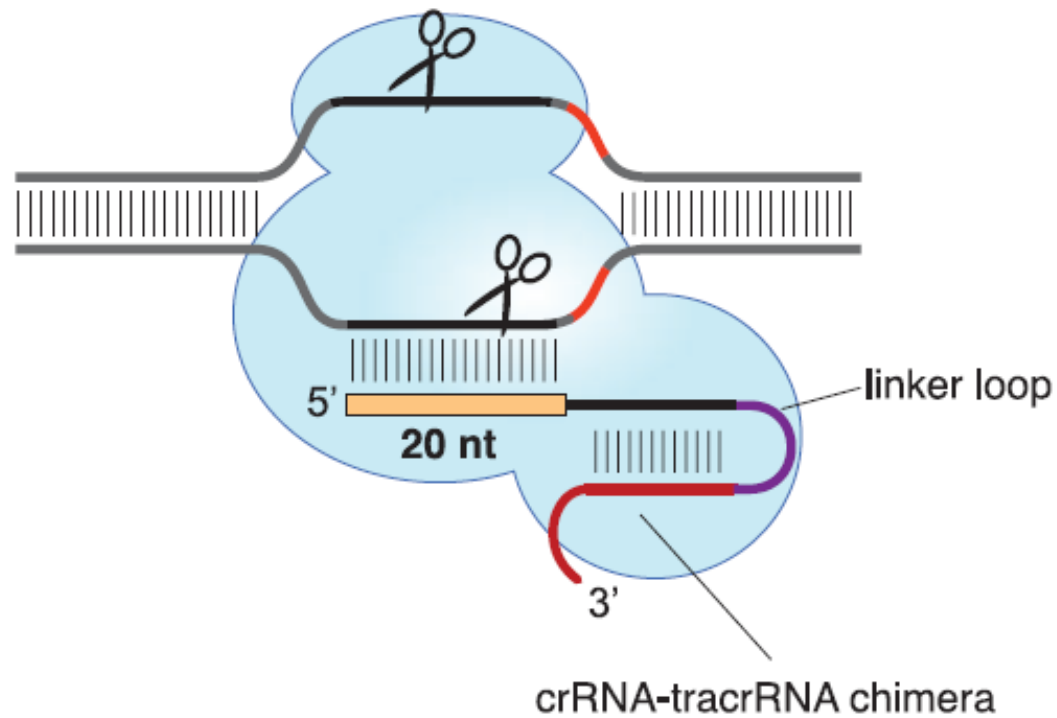
TALEN



ZFN: zinc-finger nuclease

TALEN: Transcription activator-like effector nuclease

(Nat Meth 9, 27, 2012)



Clustered regularly interspaced short palindromic repeats (CRISPR)/CRISPR-associated (Cas) systems

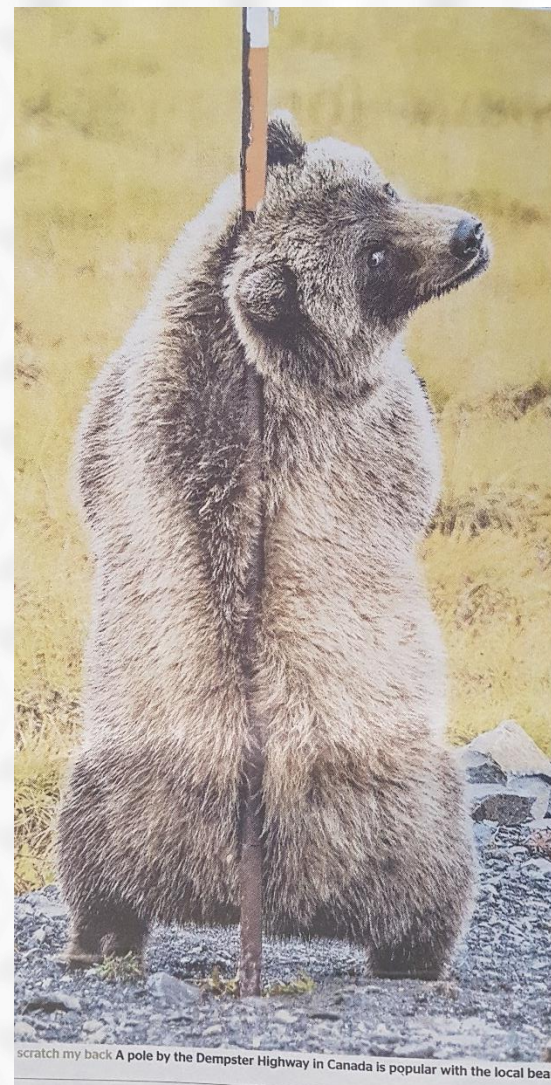
(Jinek et al., Science 337, 816-821, 2012)

Comparison of chimeric nucleases

	Meganucleases	ZFN	TALEN	CRISPR/Cas9
Flexible localisation	Complex	Limited	Average	Almost total
Nuclease construction	Laborious	Significant	Significant	Simple
<i>In vitro</i> testing	Laborious	Significant	Significant	Simple
Targeting efficiency	Not reported	Limiting factor	Average	Good
Off-target effects	Low	High	High	High
Multiplexing	No	No	No	Yes
Time investment	High	Moderate	Moderate	Low
Cost	High	Average	Average	Low

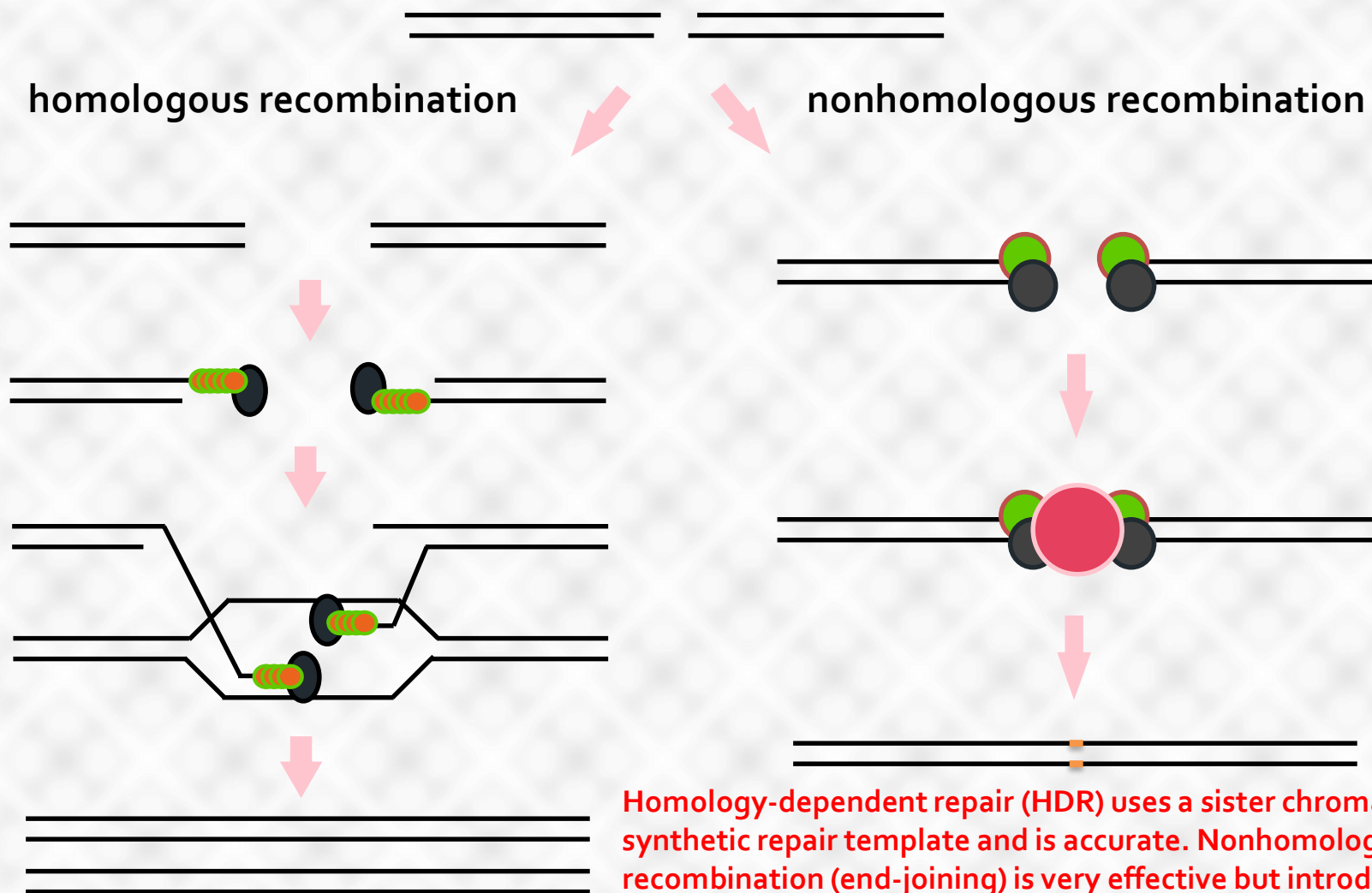
(<https://www.genoway.com/services/crispr-cas9-models/nucleases.htm>)

CRISPR has made genome editing democratic



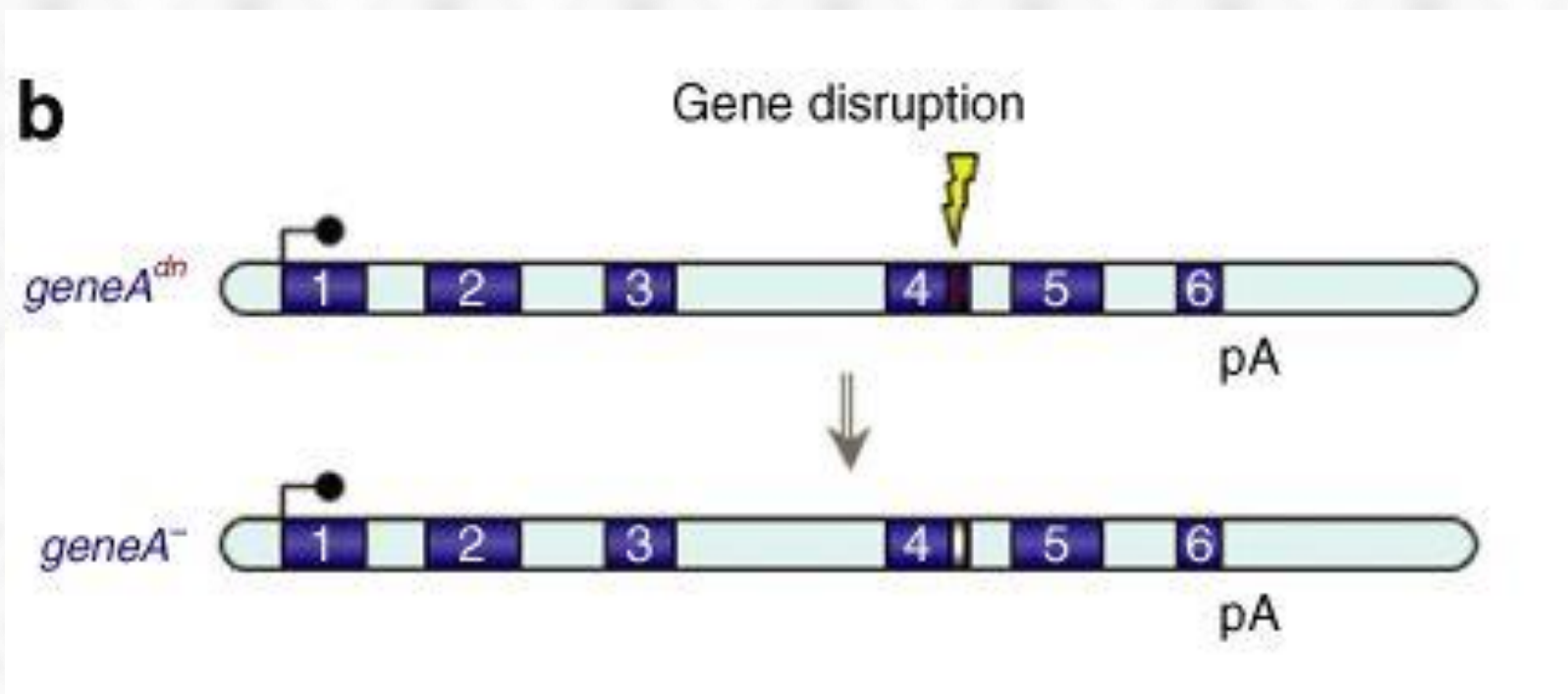
Before CRISPR it was possible but technically very demanding; now anyone can use it

Basic model for the repair of DSBs



Homology-dependent repair (HDR) uses a sister chromatid or synthetic repair template and is accurate. Nonhomologous recombination (end-joining) is very effective but introduces InDels (small INsertions/DEletions)

Genome editing methods: gene disruption



(Cathomen and Joung, Mol Ther. 16, 1200-7, 2008)

Genome editing methods: gene disruption for HIV control

Human hematopoietic stem/progenitor cells modified by zinc-finger nucleases targeted to *CCR5* control HIV-1 *in vivo*

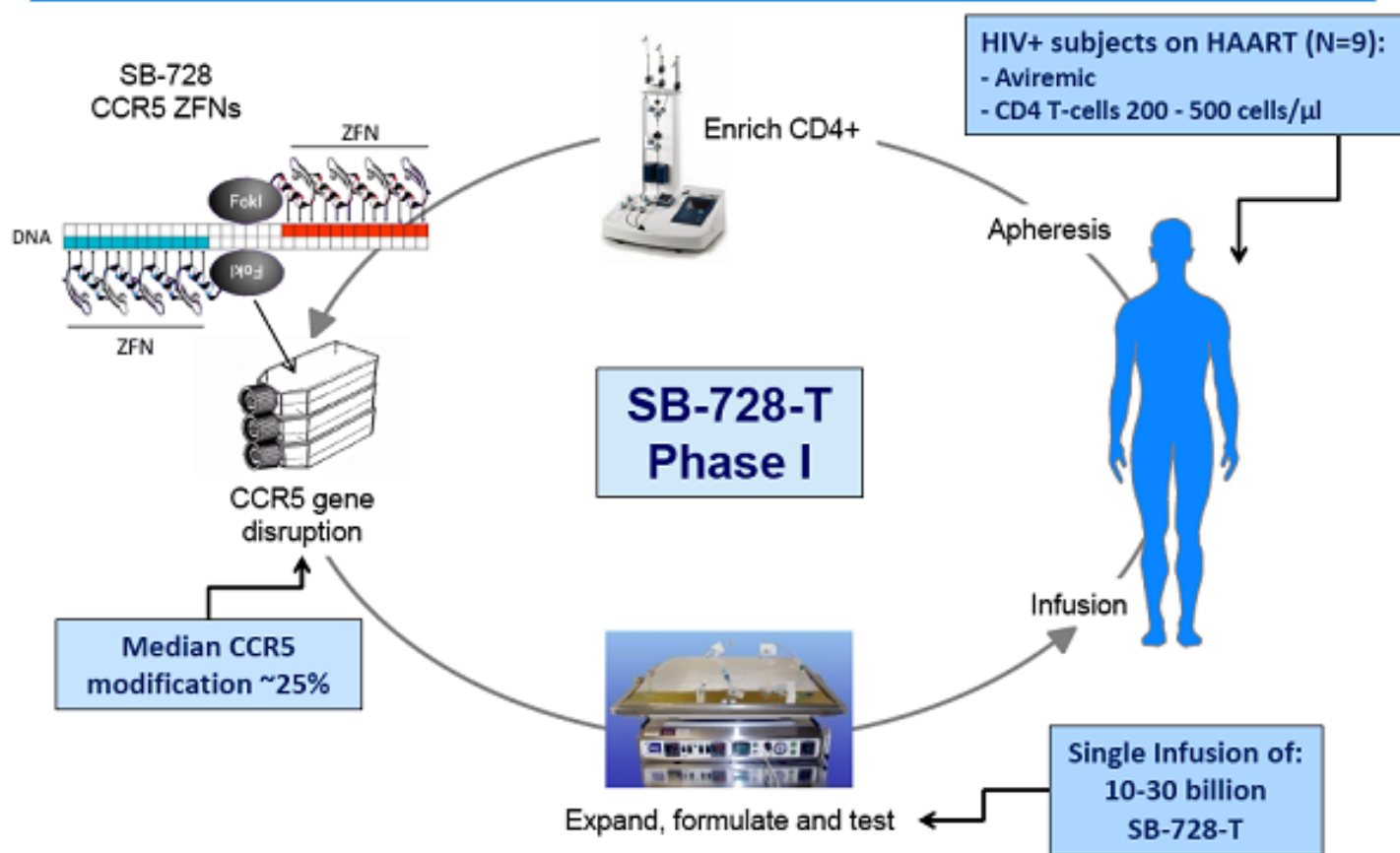
Nathalia Holt¹, Jianbin Wang², Kenneth Kim², Geoffrey Friedman², Xingchao Wang³, Vanessa Taupin³, Gay M Crooks⁴, Donald B Kohn⁴, Philip D Gregory², Michael C Holmes² & Paula M Cannon¹

CCR5 is the major HIV-1 co-receptor, and individuals homozygous for a 32-bp deletion in *CCR5* are resistant to infection by *CCR5*-tropic HIV-1. Using engineered zinc-finger nucleases (ZFNs), we disrupted *CCR5* in human CD34⁺ hematopoietic stem/progenitor cells (HSPCs) at a mean frequency of 17% of the total alleles in a population. This procedure produces both mono- and bi-allelically disrupted cells. ZFN-treated HSPCs retained the ability to engraft NOD/SCID/IL2 γ ^{null} mice and gave rise to polyclonal multi-lineage progeny in which *CCR5* was permanently disrupted. Control mice receiving untreated HSPCs and challenged with *CCR5*-tropic HIV-1 showed profound CD4⁺ T-cell loss. In contrast, mice transplanted with ZFN-modified HSPCs underwent rapid selection for *CCR5*^{-/-} cells, had significantly lower HIV-1 levels and preserved human cells throughout their tissues. The demonstration that a minority of *CCR5*^{-/-} HSPCs can populate an infected animal with HIV-1-resistant, *CCR5*^{-/-} progeny supports the use of ZFN-modified autologous hematopoietic stem cells as a clinical approach to treating HIV-1.

(Nat Biotech 2010, doi:10.1038/nbt.1663)

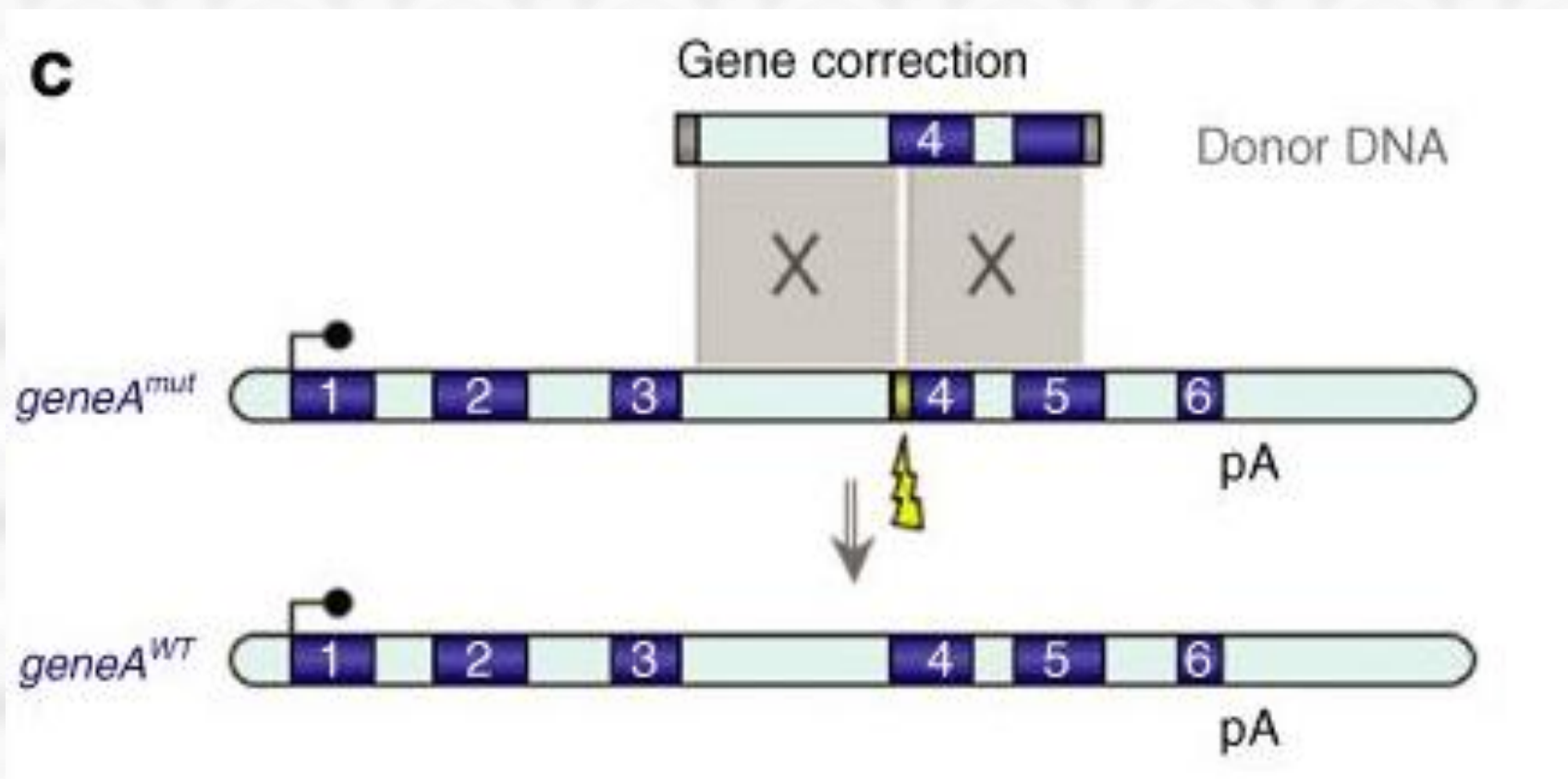
Sangamo's AIDS clinical trial

SB-728-T: Zinc Finger Nuclease Driven CCR5 Modified Autologous CD4⁺ T-cells



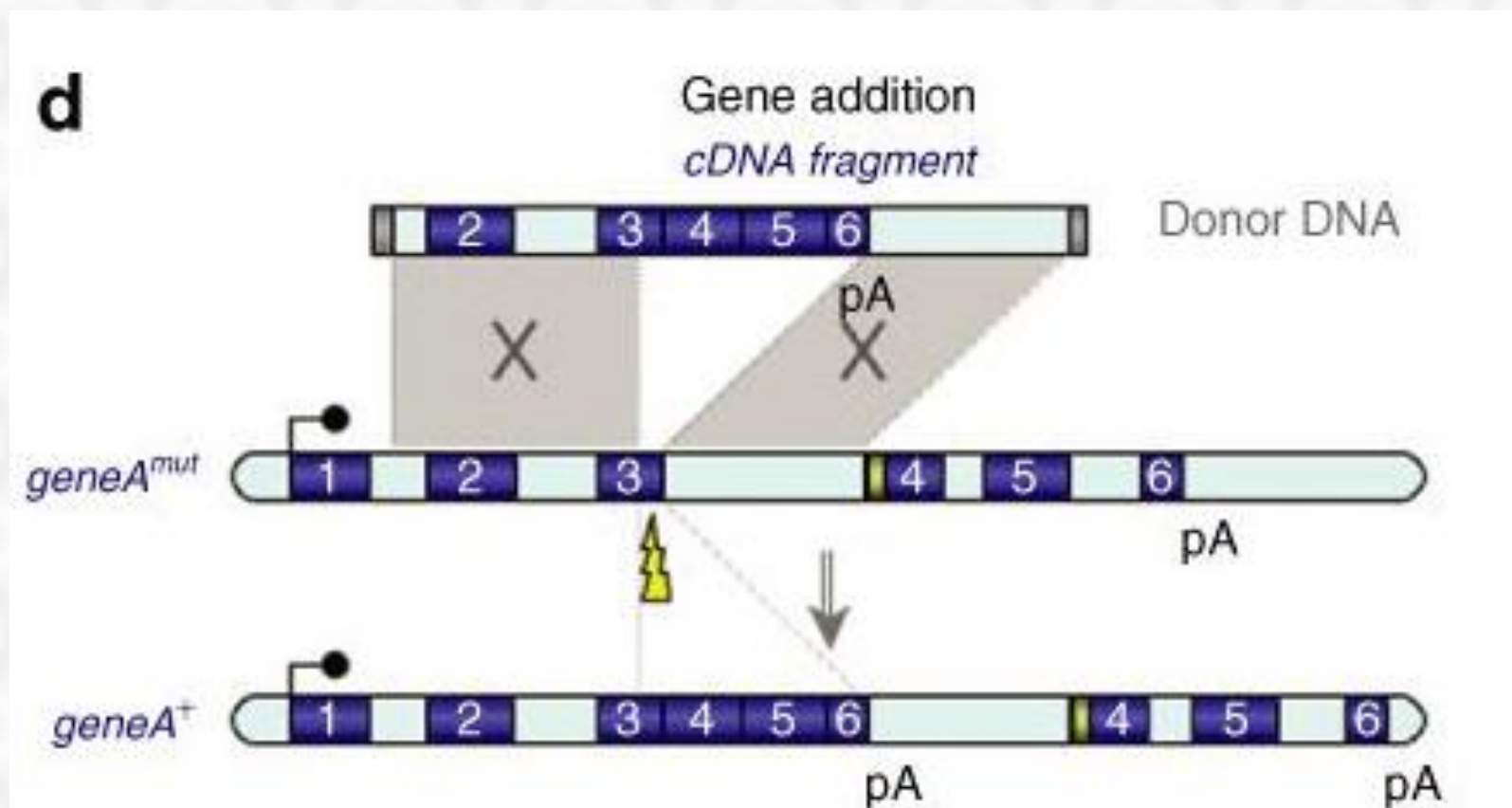
Overall, successful engineering of *CCR5* knockout in either T-cells or haematopoietic stem cells in clinical trials

Genome editing methods: gene correction



(Cathomen and Joung, Mol Ther. 16, 1200-7, 2008)

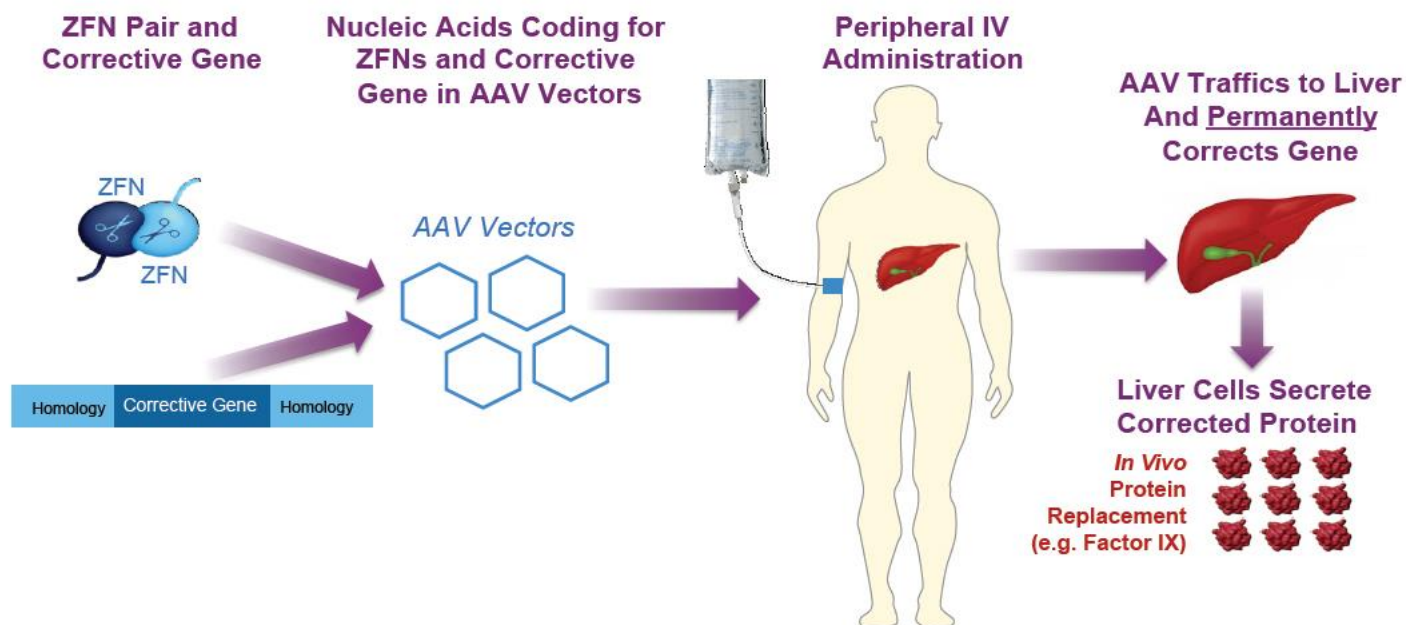
Genome editing methods: gene correction with superexon block



(Cathomen and Joung, Mol Ther. 16, 1200-7, 2008)

In vivo genome editing for gene correction (yet to be attempted)

Systemic Delivery of ZFP Therapeutics® via AAV Vectors



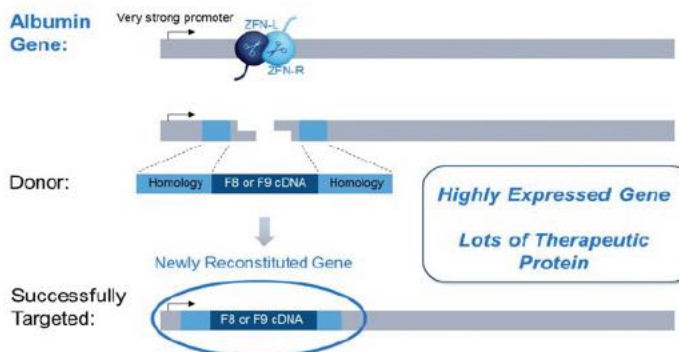
http://www.sec.gov/Archives/edgar/data/936402/000095010314008732/dp51789_ex9901.htm

In vivo genome editing into albumin locus (attempted for MPS I and II)

Gene Therapy in Albumin Safe Harbor Locus: Factor VIII & Factor IX



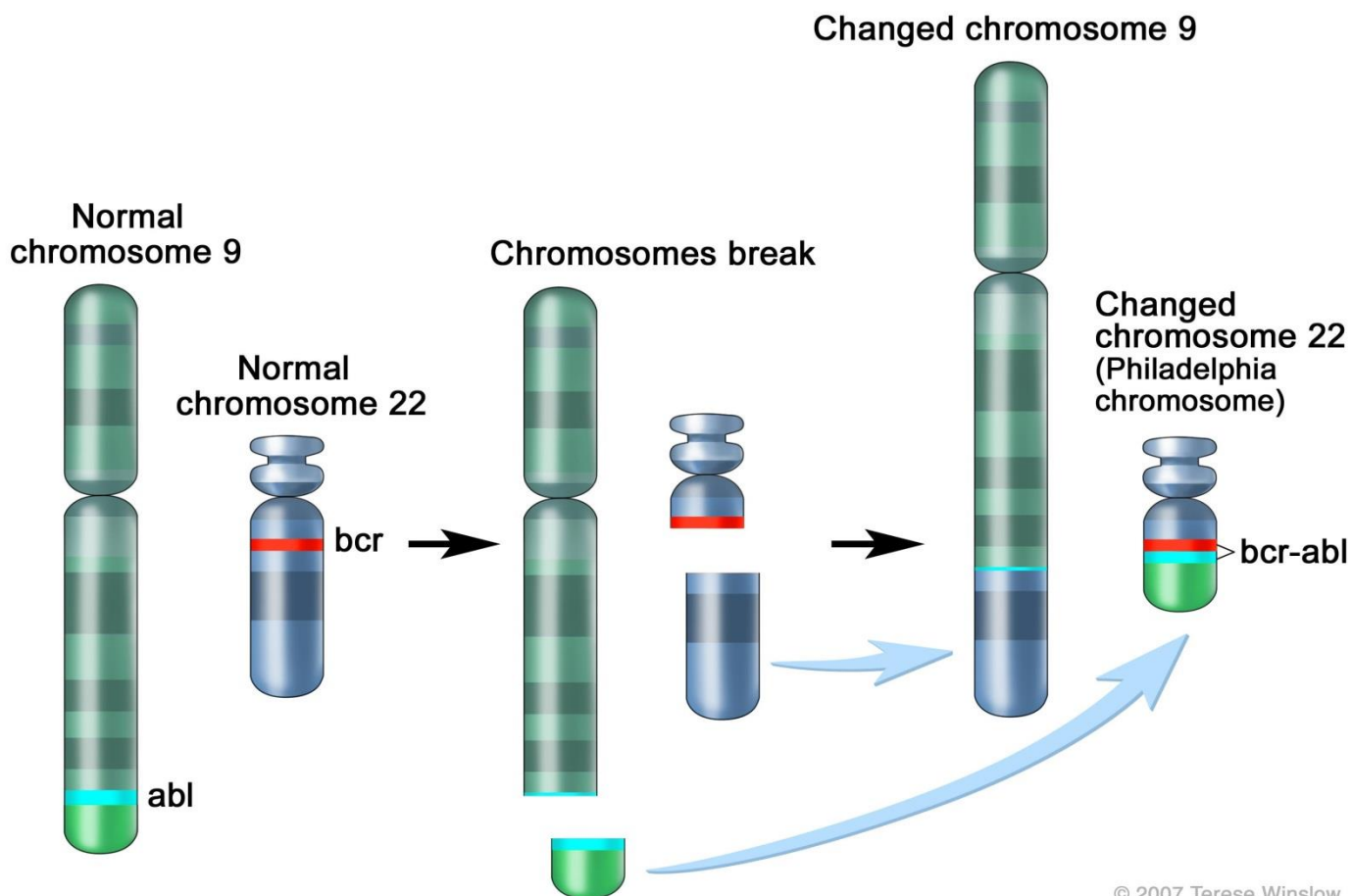
- Rare hereditary disorder in which the ability of patients' blood to clot is impaired due to impaired FIX or FVIII production – leads to excessive and uncontrolled internal bleeding, pain and eventual permanent damage to joints and muscles
- **Epidemiology:** 1 / 5000 male births (~8 out of 10 people who have hemophilia have type A)
- **Disease severity:** severe, moderate, mild – dependent on percentage of FVIII / FIX level in blood, (<1%, 1-5%, >5%)



46

- Delivery (effectiveness is cell- and/or tissue-dependent)
- Efficiency (cell-type dependent)
- Fidelity (on-target; to be improved, not all changes are intended one)
- Specificity (off-target; to be improved, non-target sites can be cut)
- Translocation risk (multiplexing requires sequential editing)

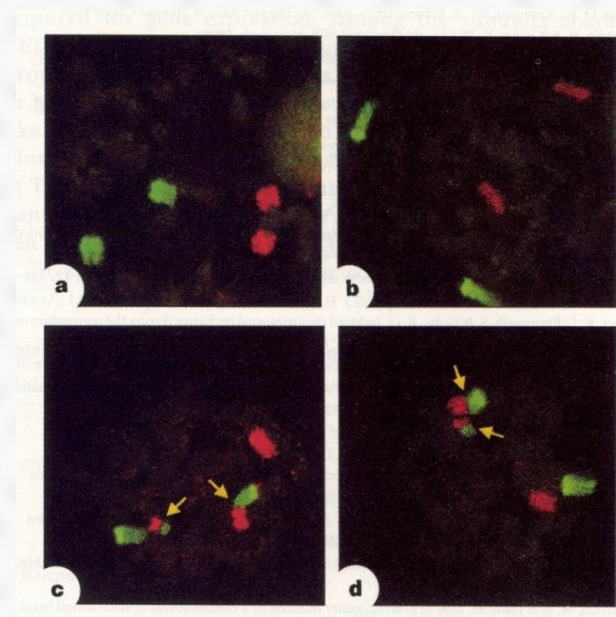
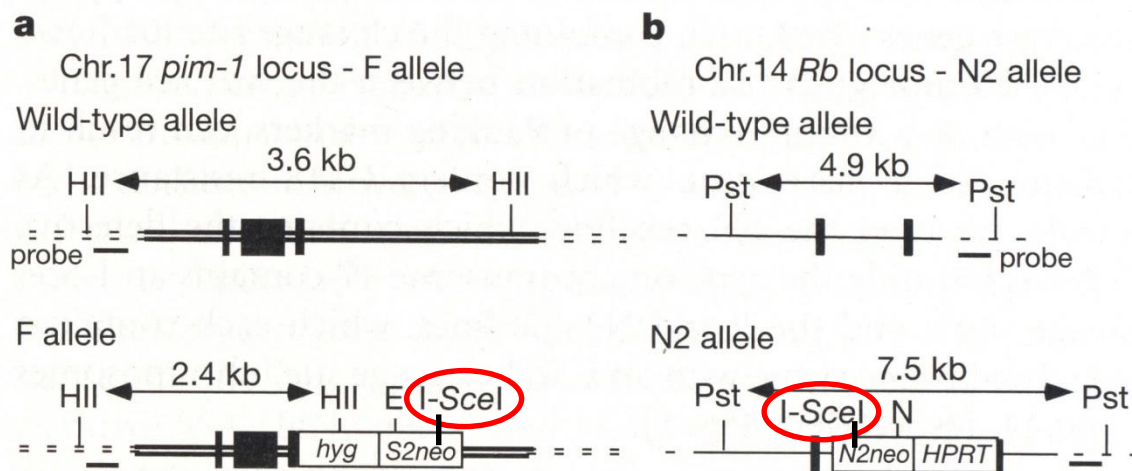
Chronic myeloid leukaemia



(<http://www.cancer.gov/types/leukemia/patient/cml-treatment-pdq>)

© 2007 Terese Winslow
U.S. Govt. has certain rights

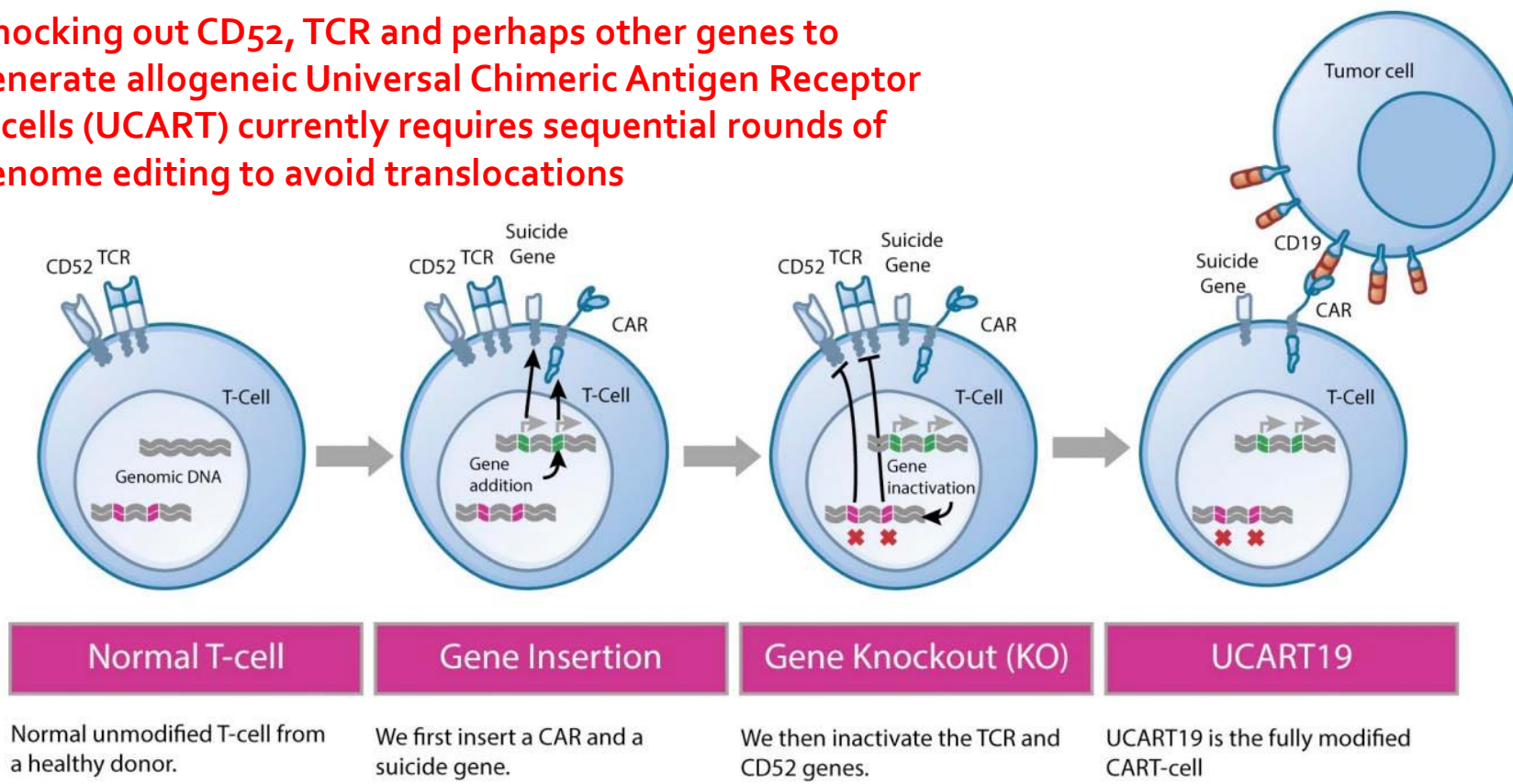
Simultaneous double-strand breaks cause translocations



Richardson and Jasin (2000) *Nature* 405, 697-700

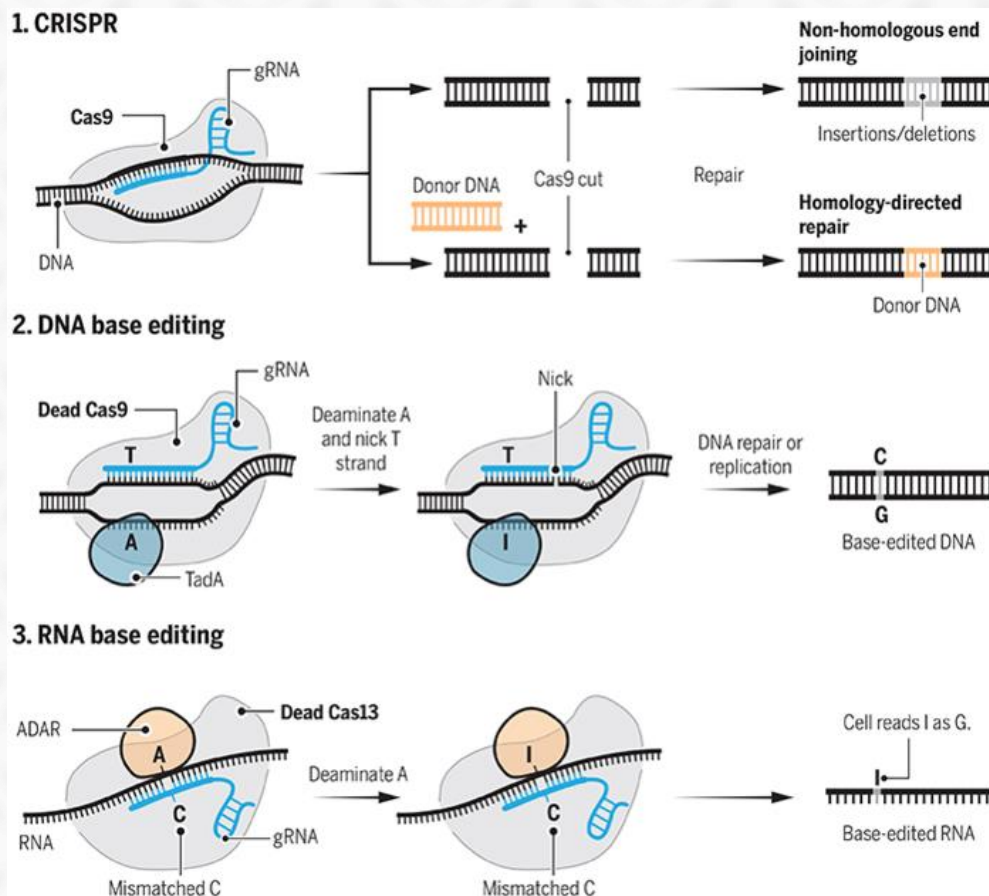
Collectis off-the-shelf double-knockout UCARTs

Knocking out CD52, TCR and perhaps other genes to generate allogeneic Universal Chimeric Antigen Receptor T-cells (UCART) currently requires sequential rounds of genome editing to avoid translocations



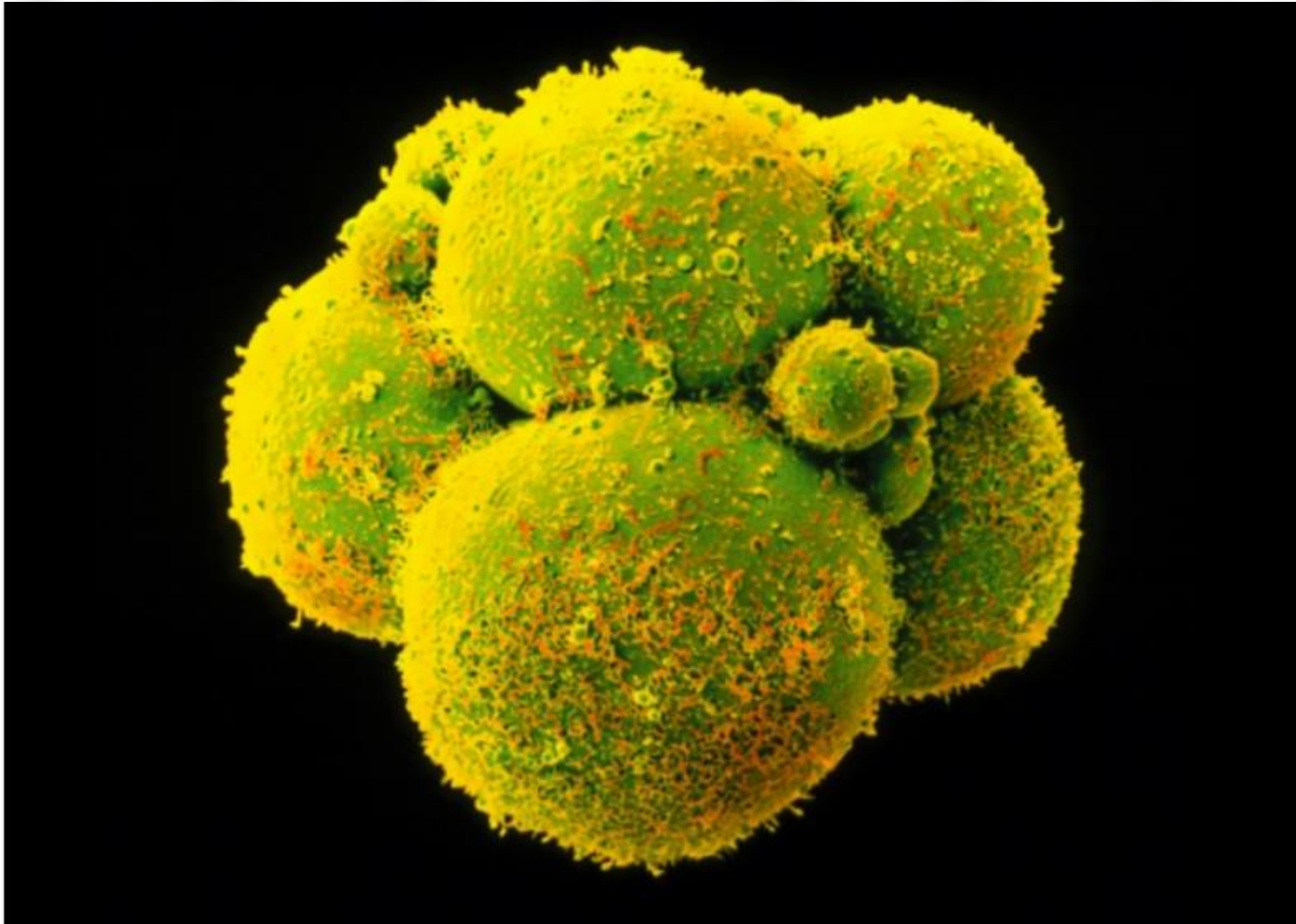
<https://labiotech.eu/medical/ucart19-universal-car-t-given-to-another-baby-gosh-collectis-leukemia/>

Base Editing: no DSB required



<http://www.sciencemag.org/news/2017/10/novel-crispr-derived-base-editors-surgically-alter-dna-or-rna-offering-new-ways-fix>

Human embryos...the ultimate frontier

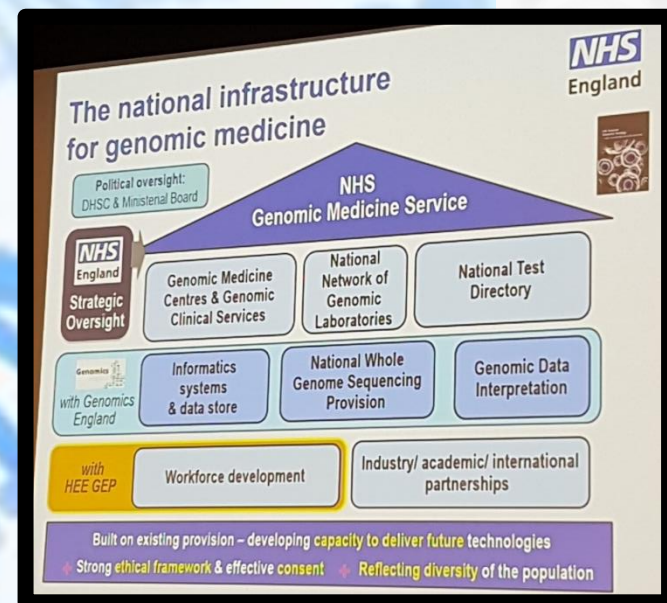


Dr. Yorgos Nikas/SPL

Human embryos are at the centre of a debate over the ethics of gene editing.

(Nature, 22 Apr 2015)

Join the genomic medicine revolution!





Daphne
Jackson
Trust



Advanced Gene and Cell Therapy Lab-2019

Dr Versha Prakash
Dr Katie Lloyd-Jones
Miss Ellie Crompton
Ms Sahar Akbari Vala
Mr Ben Sadler

Dr Martin Broadstock
Dr Céline Rocca
Dr Klaus Wanisch
Dr Jamuna Selvakumaran
Dr Sherif Ahmed
Dr Hanna Kymäläinen
Dr Ngoc Lu-Nguyen
Dr Gaby Boza
Dr Tiziana Rossetti
Dr Hayder Hafdh Abdul-Razak
Dr Neda Ali Mohammadi Nafchi
Dr Mohammed Abdelrasul
Dr Simona Ursu
Dr Hugo Peluffo
Dr Mario Marotta
Dr Rebeca Hernández
Dr Victor Caraballo-Miralles
Dr F Javier Molina
Dr Raquel Cano
Dr Sara Oliván
Miss Alison Roberts
Miss Marta Muñoz-Alegre
Mr Victor Gan
Mr Daniel Hayler-Pountney

Acknowledgments

Institute of Child Health, UCL

Steve Howe
María Eugenia Alonso-Ferrero
Mike Blundell
Christine Kinnon
Adrian Thrasher

GENOME Consortium, Spain

Sara Oliván, Charo Osta (Univ of Saragossa)
Rocío Ruiz, Juan José Casañas, Lucía Tabares (Univ of Seville)
Victor Caraballo, Jerònia Lladó (Univ of Balearic Islands)
Sara Bernal, Rebeca Hernández, Eduardo Tizzano (Hospital SCSP, Barcelona)

King's College London

Edmund Foster
Thomas Hutson
Ping Yip
Bia Castro Goncalves
Katalin Bartus
Gayathri Sekhar
Lawrence Moon
Patrick Doherty
Stephen McMahon
Liz Bradbury
Sarah Thomas

Institute for Women's Health, UCL

Simon Waddington

National Center for Tumour Diseases, Germany

Cynthia Bartholomae
Maximilian Schliesser
Richard Gabriel
Manfred Schmidt
Christof von Kalle

CIEMAT, Spain

Guillermo Güenechea
F. Javier Molina-Hernández
Marina I Garín
Juan Bueren

Sangamo BioSciences, USA

Michael Holmes
Philip Gregory

University of Copenhagen

Camilla Andersen
Eric Paul Bennett

Reagents:

Luigi Naldini
Michael Sendtner
Christopher Baum
Cecilia Lundberg
Sebastian Kügler



iSTEM, France

Mathilde Girard

Netherlands Institute for Neuroscience

Joost Verhaagen

Royal Holloway, University of London

Taeyoung Koo
Linda Popplewell
George Dickson

Institute of Ophthalmology, UCL

Kamaljit Balaggan
Angus MacNeil
Alexander Smith
Prateek Buch
Yanai Duran
Robert MacLaren
Susie Barker
Robin Ali

Department of Human Genetics,

Aarhus Univ, Denmark
Brian Moldt
Jacob Mikkelsen

UK SMA Research Consortium

Kevin Talbot, Matthew Wood, Melissa Bowerman (Univ of Oxford)
Thomas Gillingwater, Caterina Becker (Univ of Edinburgh)
Ke Ning (Univ of Sheffield)