

EIC-ERC workshop on
Gene and Cell Therapy
29 June 2021

*Genetic Engineering of
Hematopoiesis
to Treat Inherited Diseases
and Cancer*

Luigi Naldini, MD, PhD



A New Medicine for the 3rd Millennium

- *New technologies for transferring and editing genes (**Gene Therapy**)*
- *Effective strategies to isolate and transplant stem cells (**Cell Therapy**)*
- *Improved manipulation of biological weapons of immunity (**Immunotherapy**)*

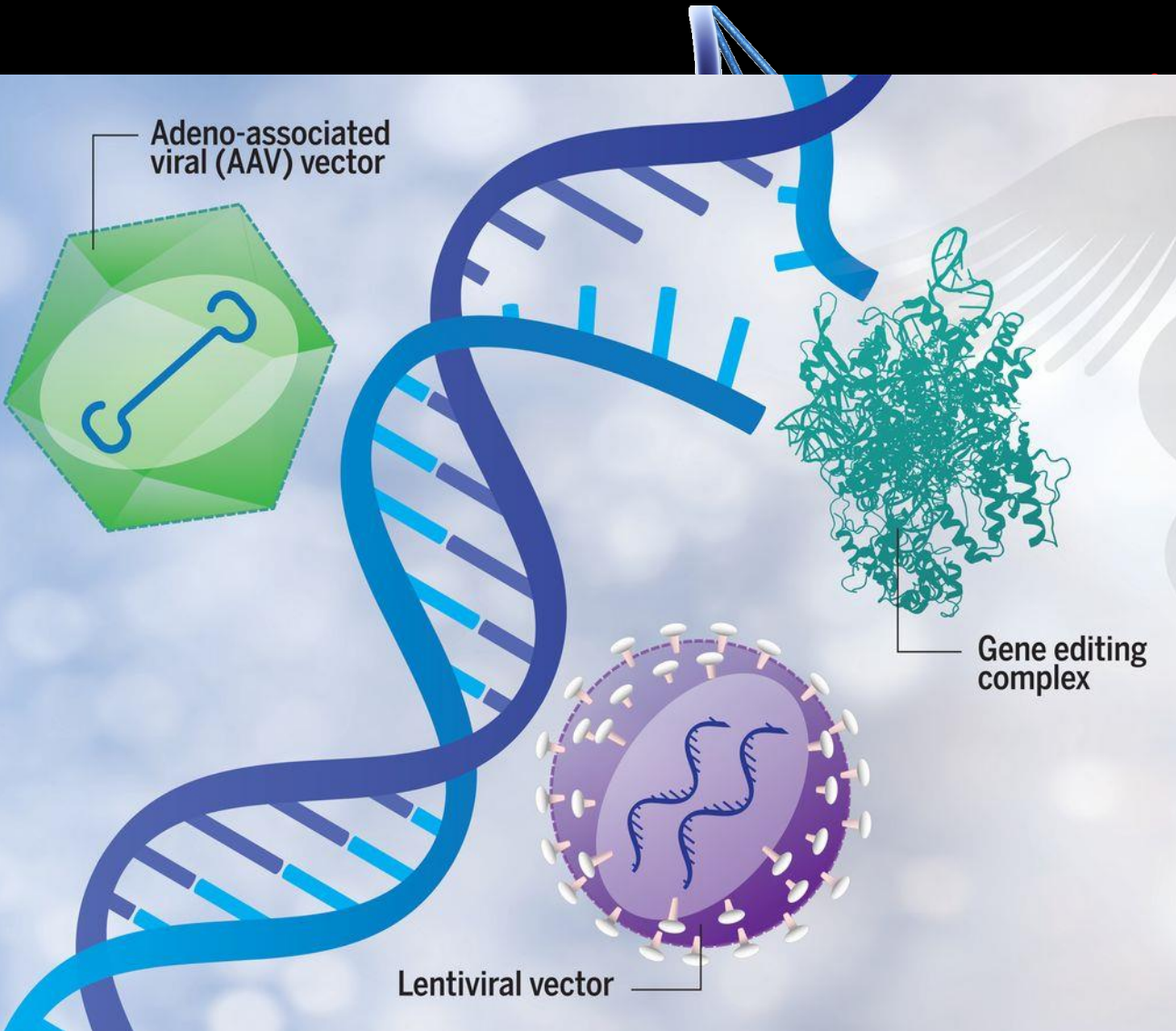
- *Make possible to design new therapies*
 - for diseases until now without treatment

A New Medicine for the 3rd Millenium

- *New technologies for transferring and editing genes (**Gene Therapy**)*

The Gene Engineer's Toolbox

1995 00 2005 2010 2015 2020



Gene Replacement

- Lentiviral Vectors

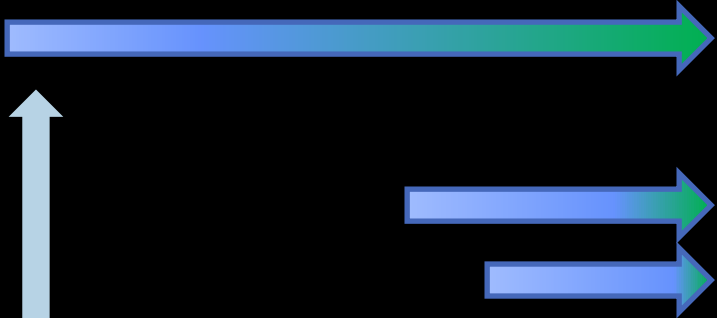
Gene Editing

- ZFN
- CRISPR/Cas

Emerging Break-free Editors

- Base Editors
- Prime Editor

Epigenetic Editing



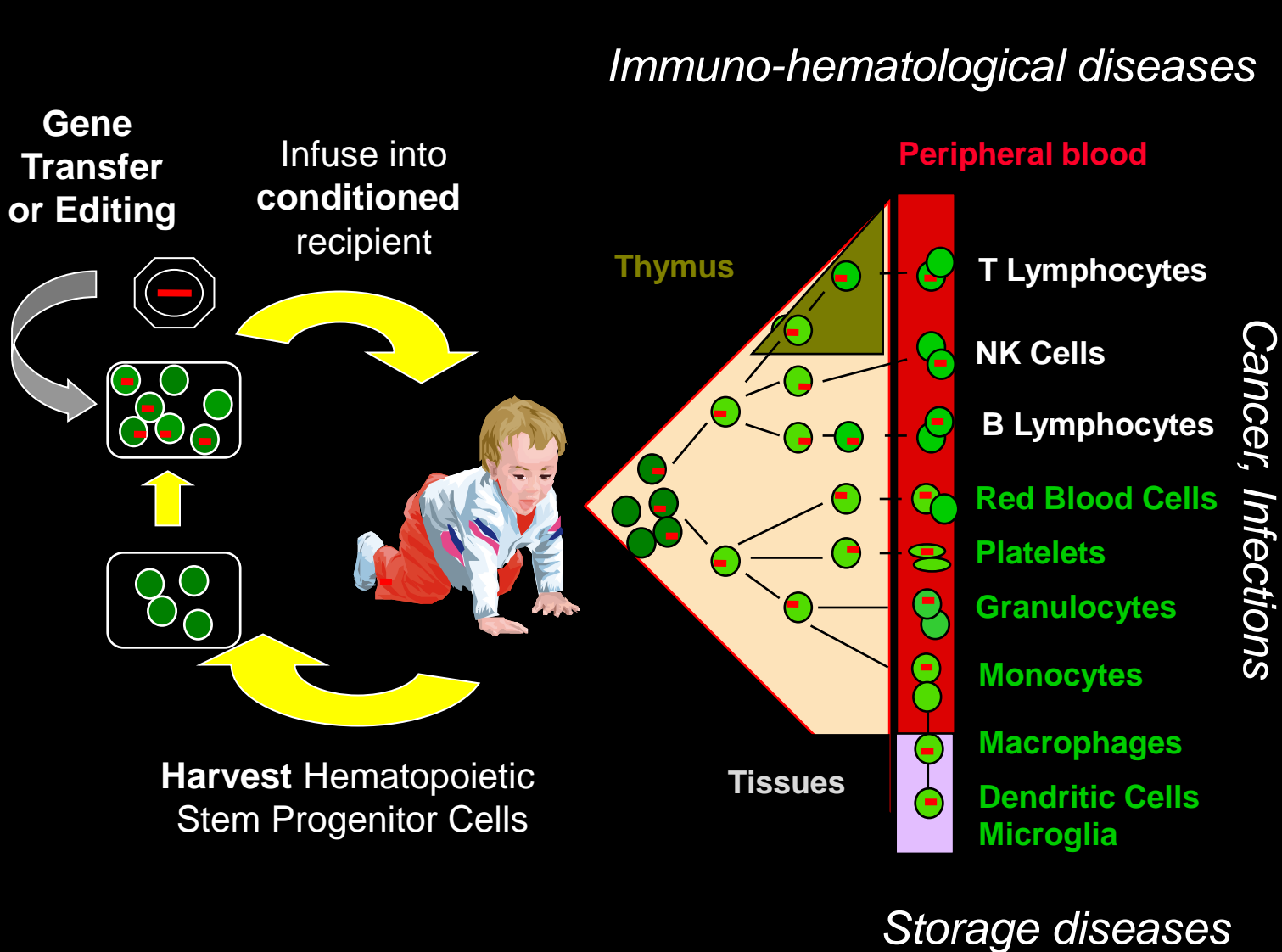
Challenges to Safe & Effective Gene Therapy

- *Achieve efficient & stable gene transfer*
 - in stem cells (*ex vivo*) or long-lived tissues (*in vivo*)
- *Regulate transgene expression*
 - Ectopic or constitutive expression may be toxic
- *Avoid immune response*
 - May neutralize therapy and clear transduced cells
- *Alleviate vector-related toxicity*
 - Inflammatory response to *in vivo* administration
 - Risk of insertional mutagenesis: integration may activate oncogenes, disrupt tumor suppressor genes
 - Off-target DNA breaks, translocations in editing

A New Medicine for the 3rd Millenium

- *New technologies for transferring and editing genes (Gene Therapy)*
- *Effective strategies to isolate and transplant stem cells (Cell Therapy)*
 - exploiting their regenerative potential

Hematopoietic Stem Cell (HSC) Gene Therapy



Clinical Testing of HSC Gene Therapy

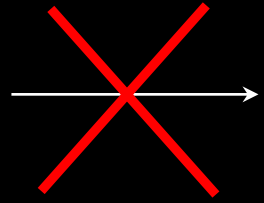
- *Pioneering work with γ -RV in PID*
ADA-SCID 1st GT on EU market (*Strimvelis*)
- *Expanded applications with Lentiviral Vectors*
Up to 90% stable marking
No genotoxicity to date
Tiget trials: 120 pts, up to 10 yr follow up, persistent clear clinical benefit
Metachromatic Leukodystrophy, Wiskott-Aldrich Syndrome, β -thalassemia, MPS-I
2 therapies already approved for EU market (*Zynteglo, Libmeldy*) with GSK/OTL
- *Similar findings in several other trials & sites*
~350 pts; up to 19 (11 for LV) yr follow-up
ALD, X-SCID, Sickle CD, CGD, MPS-IIIb, Fanconi, Fabry...

Rationale for HSC GT of Metachromatic Leukodystrophy

Arylsulfatase A, ARSA

SULFATIDE

GALACTO
CEREBROSIDE



Genetic deficiency of ARSA

- Storage of myelin byproduct
- Degeneration of oligodendrocytes, microglia and neurons
- Severe demyelination

Prognosis

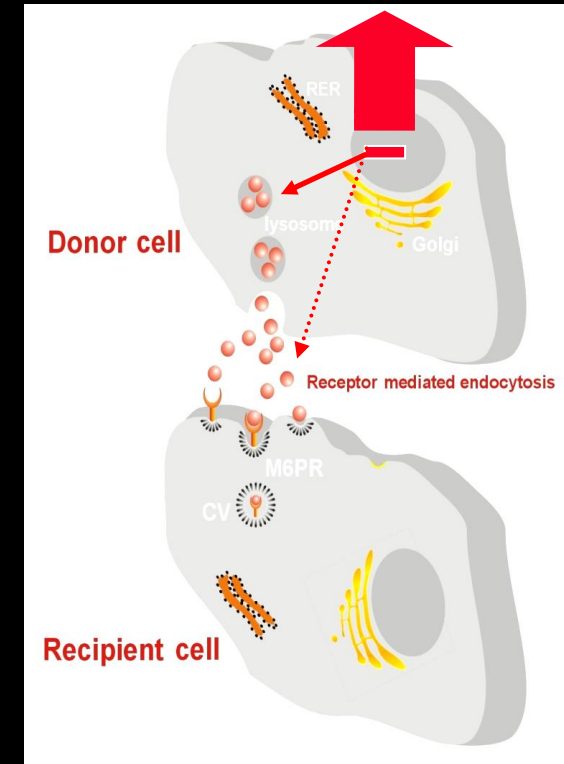
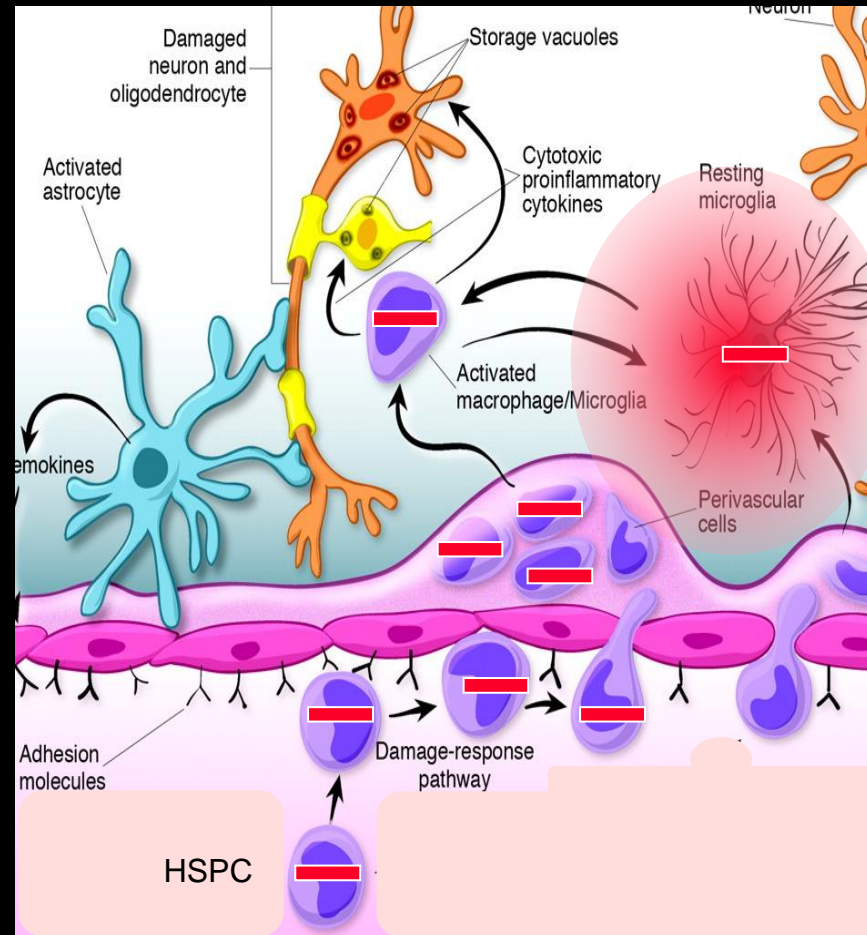
- fatal within 10 years from onset

Therapy

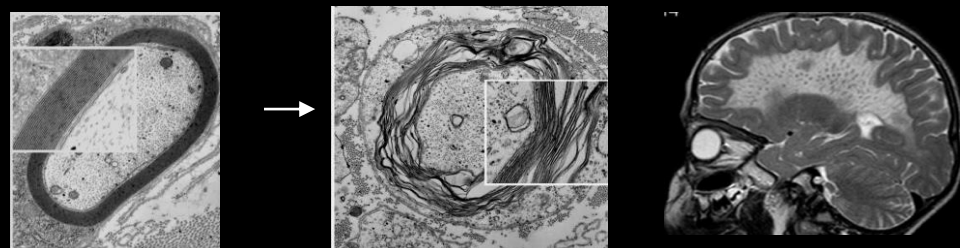
- HSC transplant poorly efficacious

CNS

Blood



After conditioning, some microglia reconstitution from infused progenitors



Clinical Benefit of HSC Gene Therapy in MLD

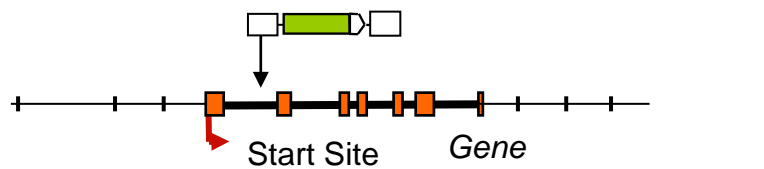
*Biffi, Montini et al, Science 2013; Sessa, Lorioli et al., Lancet 2016
Fumagalli, Calbi et al. in revision*

Licensed to Orchard Therapeutics

Genotoxicity

Lentiviral
Trial
(Milan)

Vector Integration Site Analysis

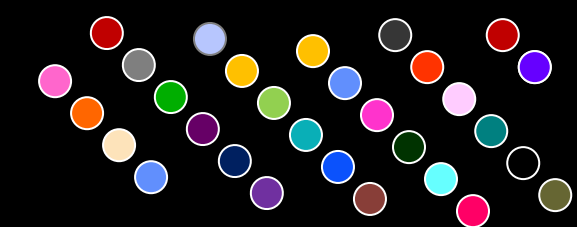
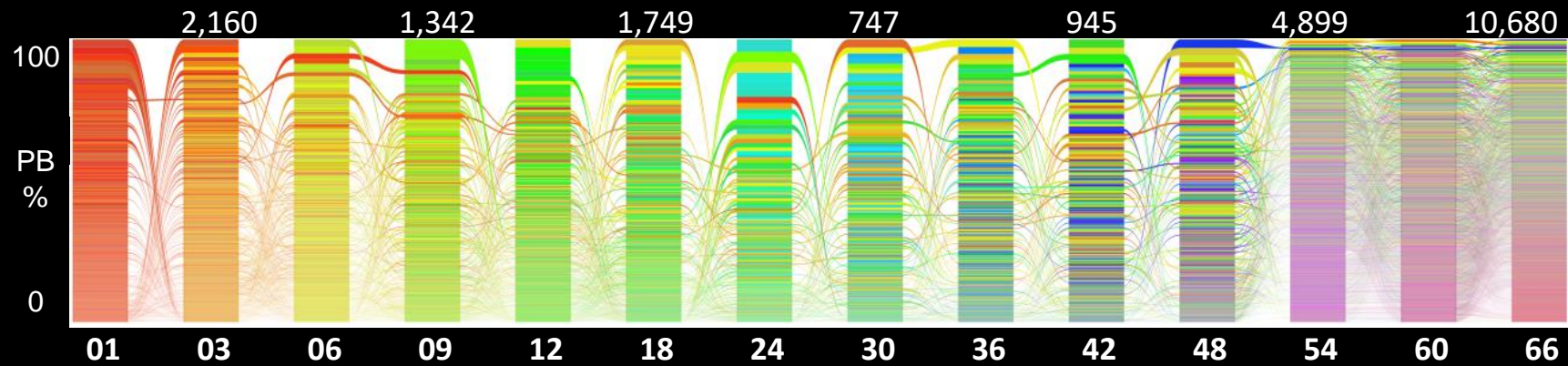
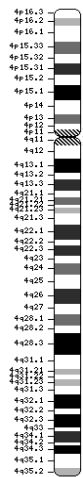


Where does it insert?

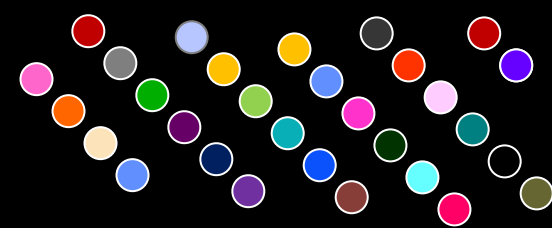
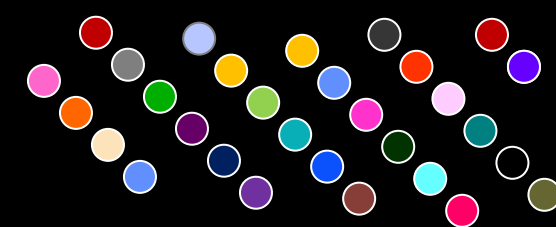
How many clones?

Are they expanding?

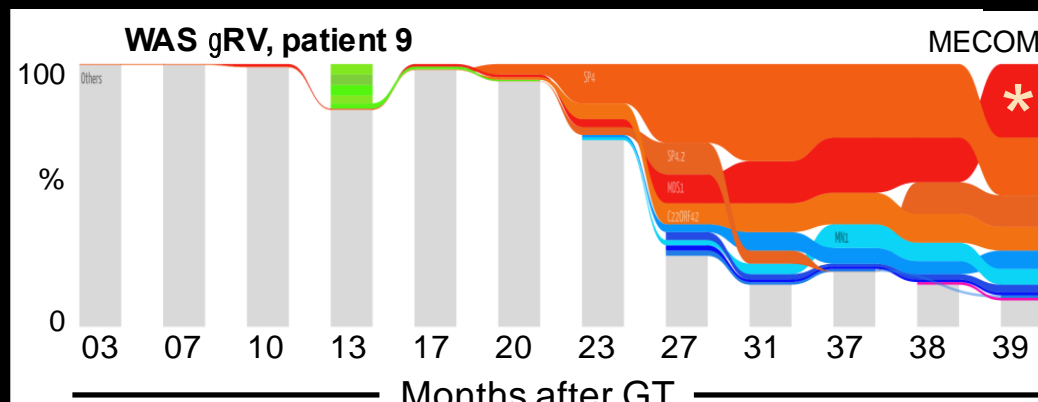
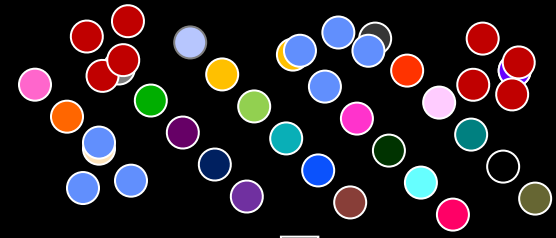
Which genes are targeted?



LV

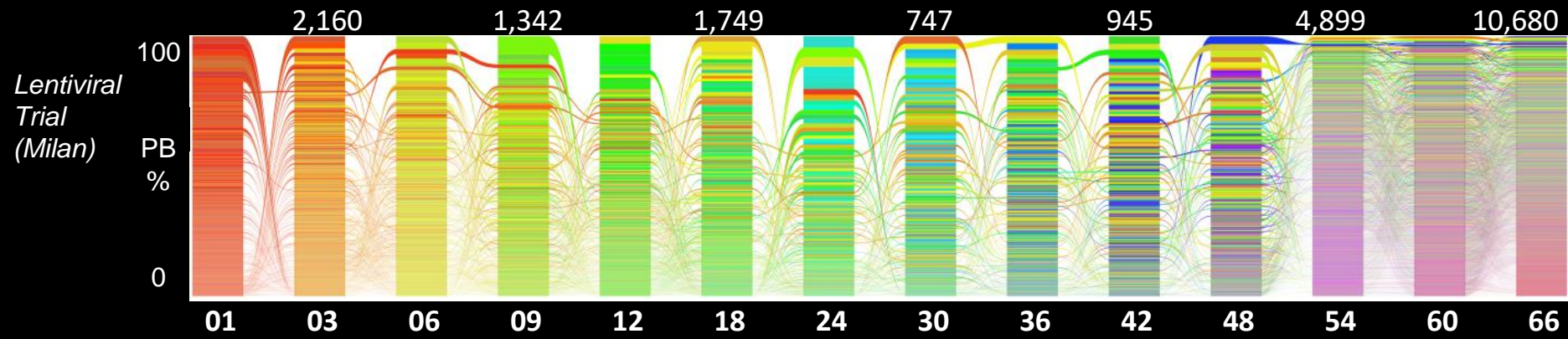


γ -RV

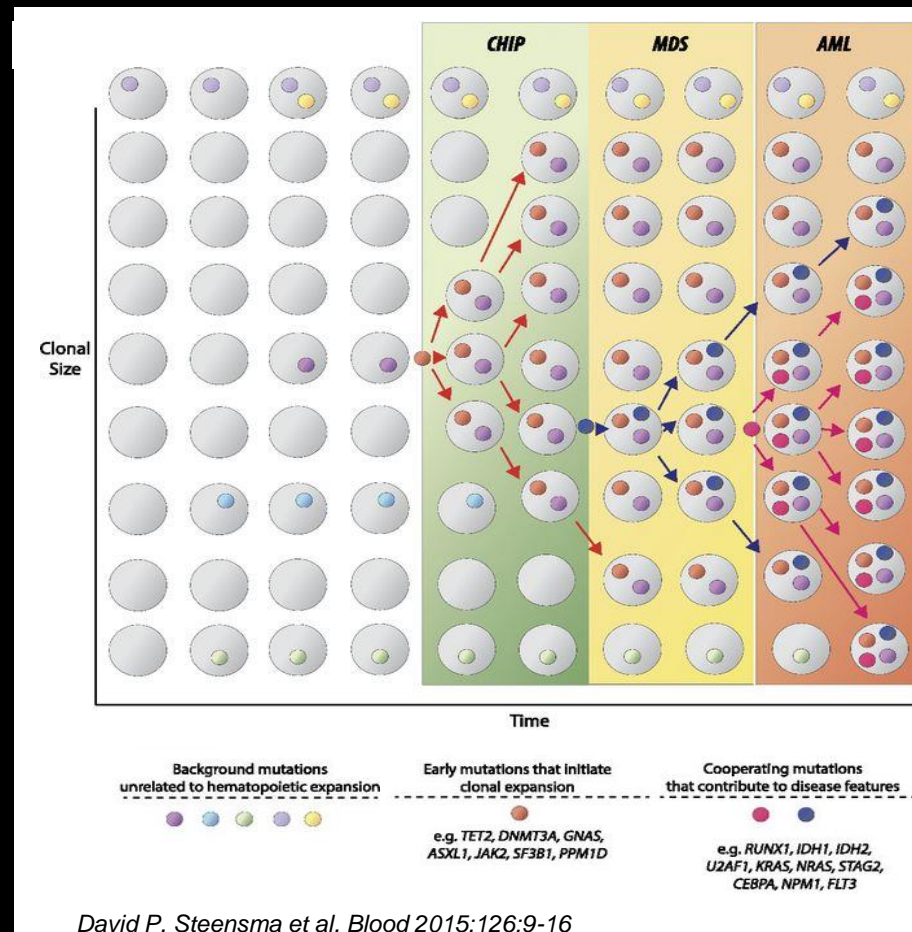


γ -Retroviral Trial (WAS, from Braun et al., *Sci. Transl. Med.* 2014)

Genotoxicity



Age-related Clonal Hematopoiesis



A Future Outlook for HSC Gene Therapy

- *Autologous HSC GT may become preferred to allogeneic HSC transplant in genetic diseases*
 - Available to every patients
 - Abrogates risk of graft vs. host disease & rejection
 - Mixed chimerism sufficient for full benefit
 - Enhanced benefit by increased gene dosage
- *Beyond gene replacement*
 - Target delivery of biotherapeutics at disease sites
 - **CNS via microglia progenitors**
- *Outstanding challenges*
 - gene transfer rate sometimes limiting
 - and variable among patients
 - genotoxic conditioning
 - delayed rate of engraftment
- *Concerns (long-term)*
 - residual genotoxic risk
 - long-term stability of transduced cells graft
- *Expected improvements*
 - increased HSC input
(**improved harvest, ex vivo HSC expansion**)
 - milder conditioning regimens
(**non mutagenic**)

A New Medicine for the 3rd Millenium

- *New technologies for transferring and editing genes (Gene Therapy)*
- *Effective strategies to isolate and transplant stem cells (Cell Therapy)*
- *Harness biological weapons of immunity (Immunotherapy)*
 - direct them against tumor cells or pathogen infected cells

Cell & Gene Mediated Tumor ImmunoTherapy

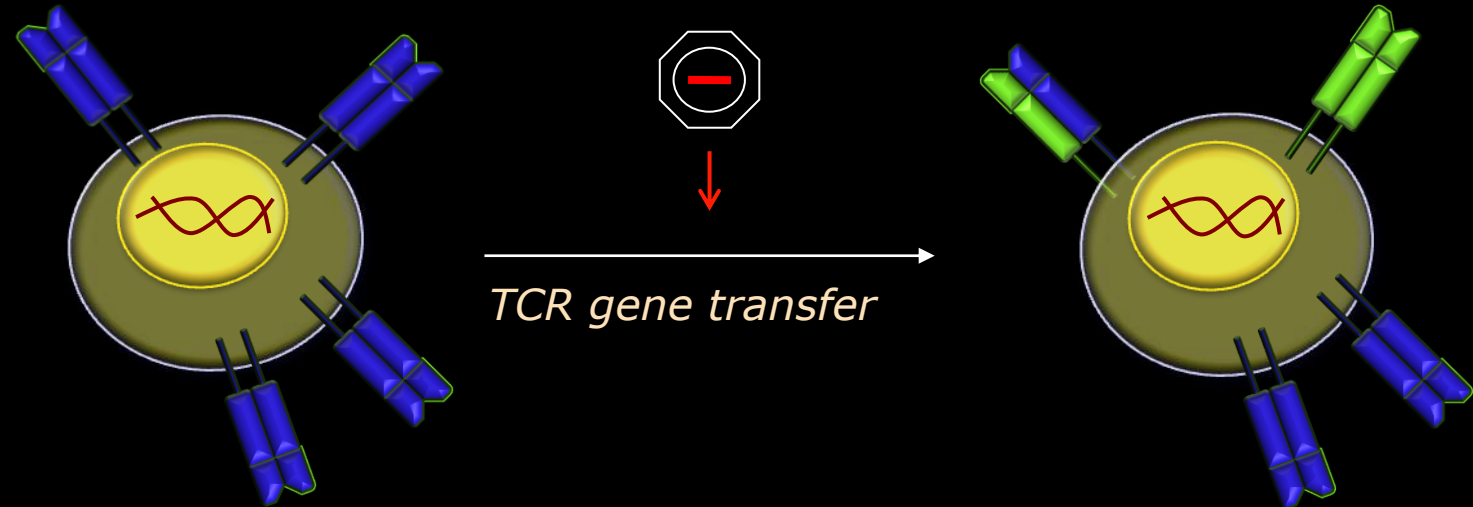
Engineer T-cell specificity
against tumor
TCR/CAR gene transfer

Generate new T Cell Receptor against Tumor Antigen

- Isolated from rare tumor-infiltrating lymphocytes (TCR)
- Built as artificial Chimeric Antigen Receptor (CAR)



T cells from patient

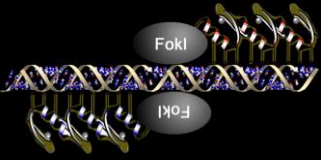


Hurdles: TCR dilution & mispairing, competition with CAR

Poorly effective & potentially autoreactive T cells

DNA "Nano-Surgery"

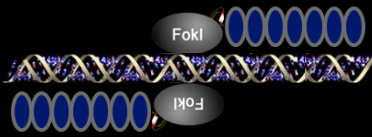
ZFNs



CRISPR/Cas9



TALENs



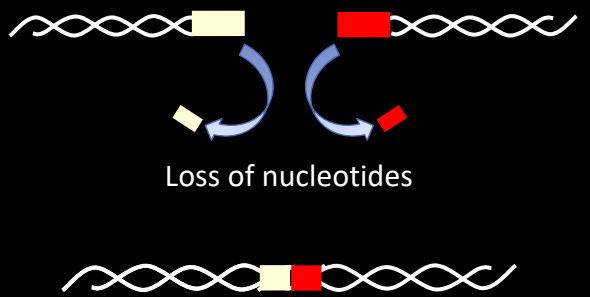
DNA DSB
at target site



*Gene
Knock Out*

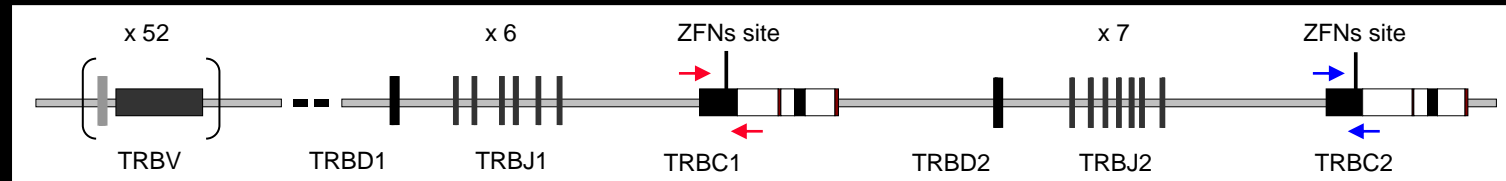
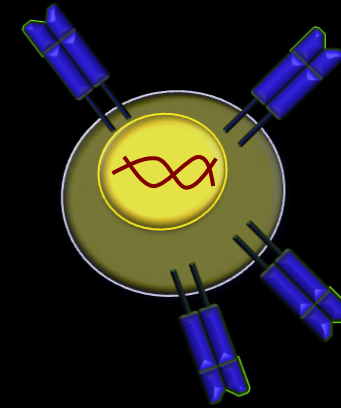
Repair by
Non Homologous
End Joining

Loss of Function



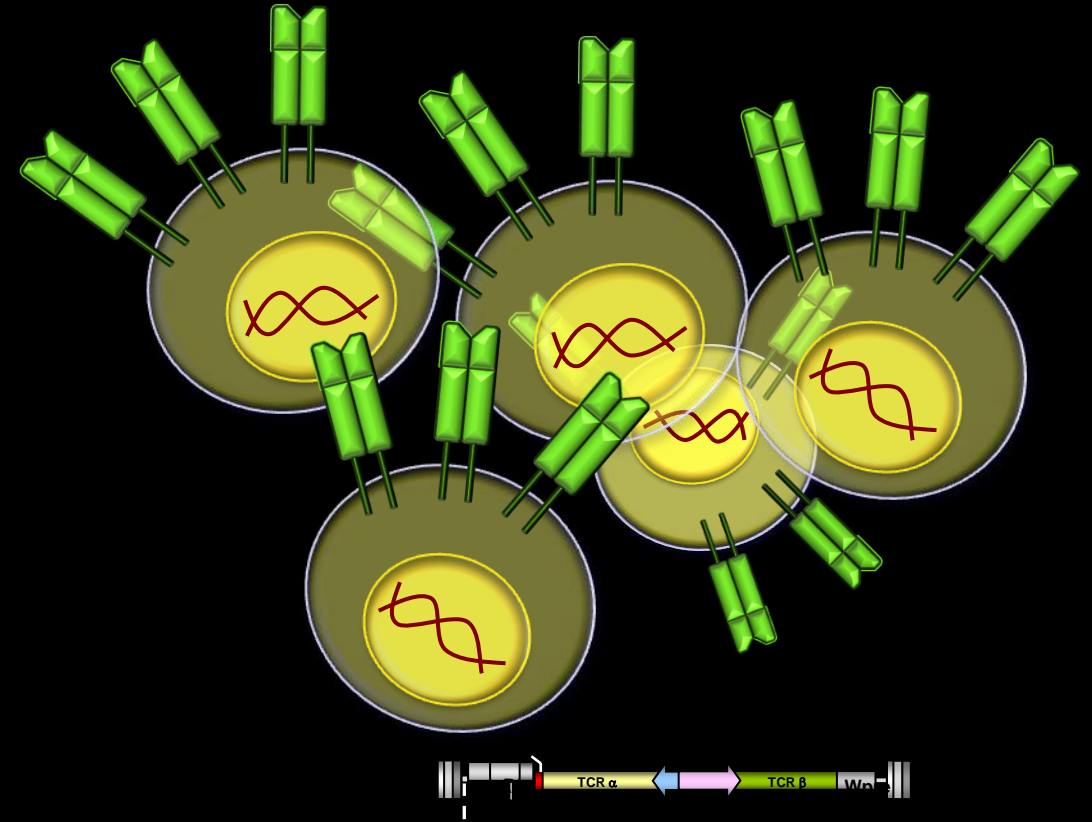
Disrupting TCR Genes in Lymphocytes

TRBC ZFNs →



TCR β locus
(Chr. 7q34)

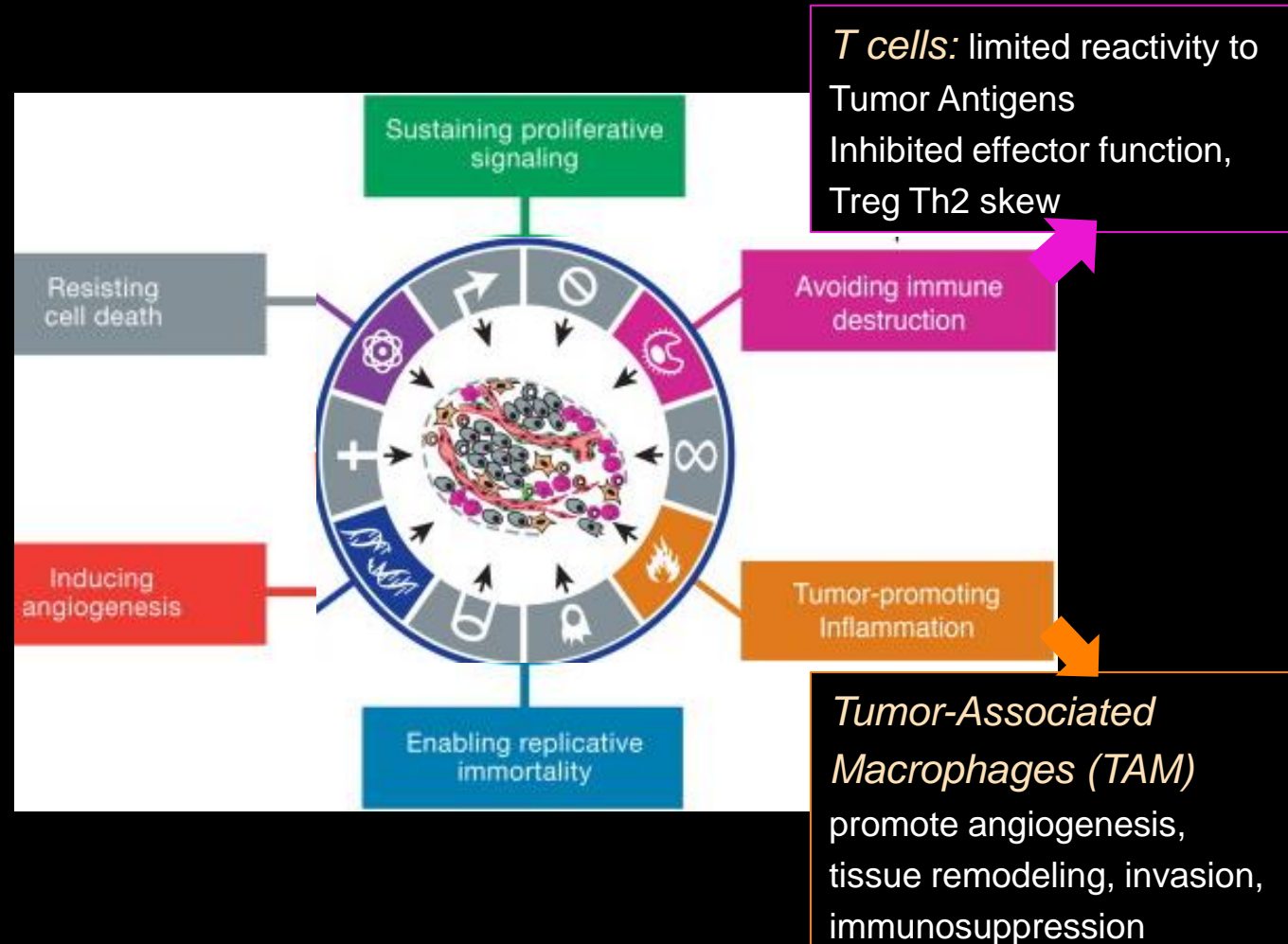
Genetic Editing of TCR Specificity



Adoptive Cancer Immunotherapy

- **CART & TCR transfer**
 - Remarkable efficacy in some tumors (ALL, Lymphoma)
- **Ongoing improvements**
 - Enhanced activity
 - Editing out checkpoint controls
 - Physiological Expression
 - Improved specificity & better control of toxicity
 - Switches, conditional suicide, synthetic circuitry
 - Allogeneic source
 - *off-the-shelf product*

- **Poorly effective on solid tumors**
 - Immunosuppressive tumor micro environment limits recruitment & activity

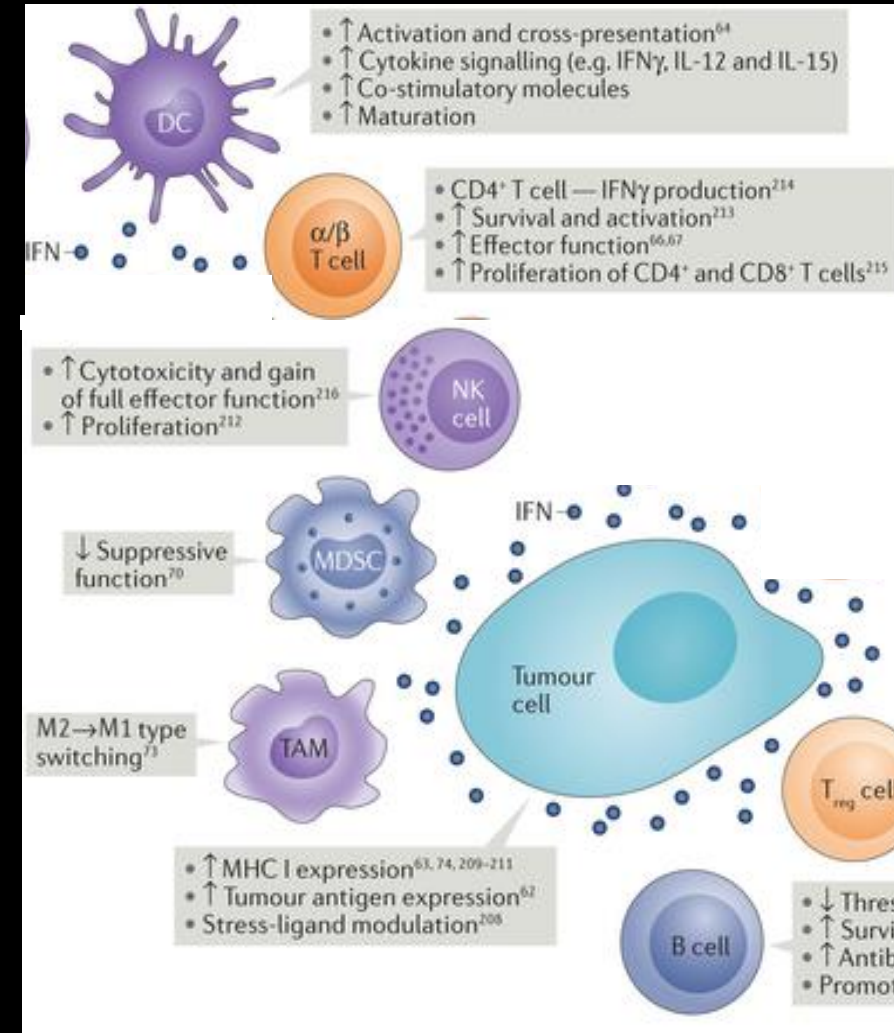


Tumor-targeted Gene Delivery of Immuno-activating Cytokines

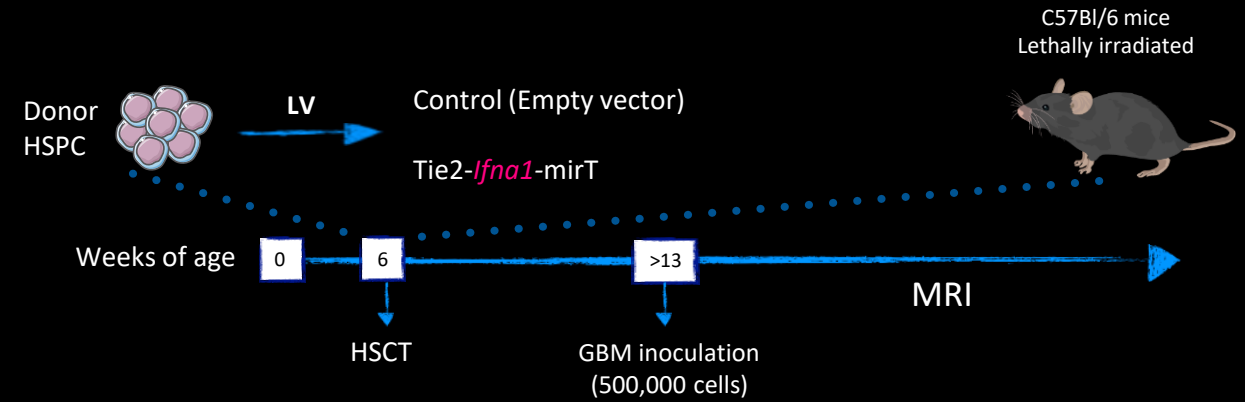
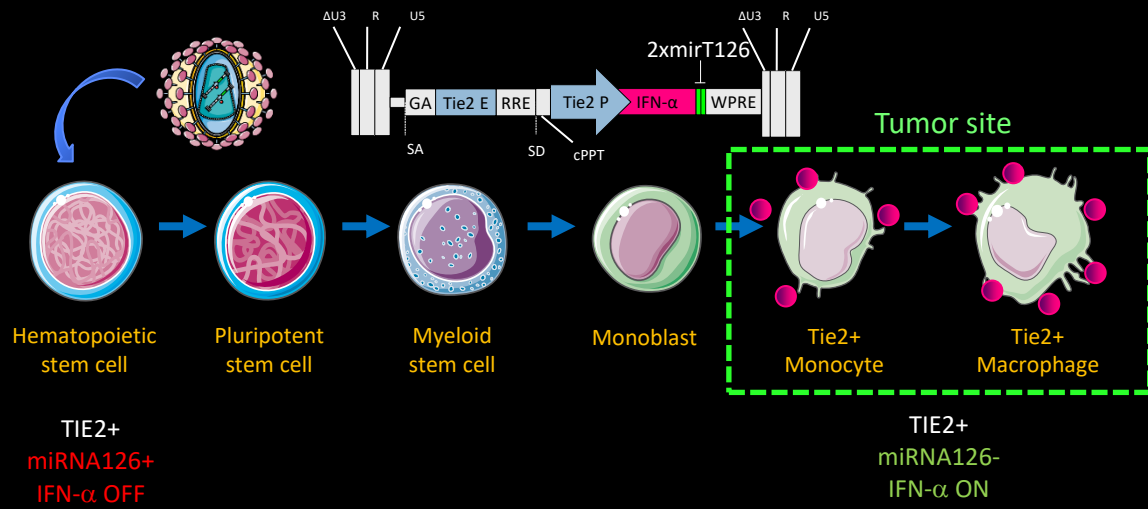
Stable expression targeted to disease sites

- Sustained local concentration within therapeutic window (no peak & troughs)
- Preventing off-target effects & reducing toxicity
- May prevent de-sensitization & counterregulatory effects

Pleiotropic Immunoactivation by IFN- α

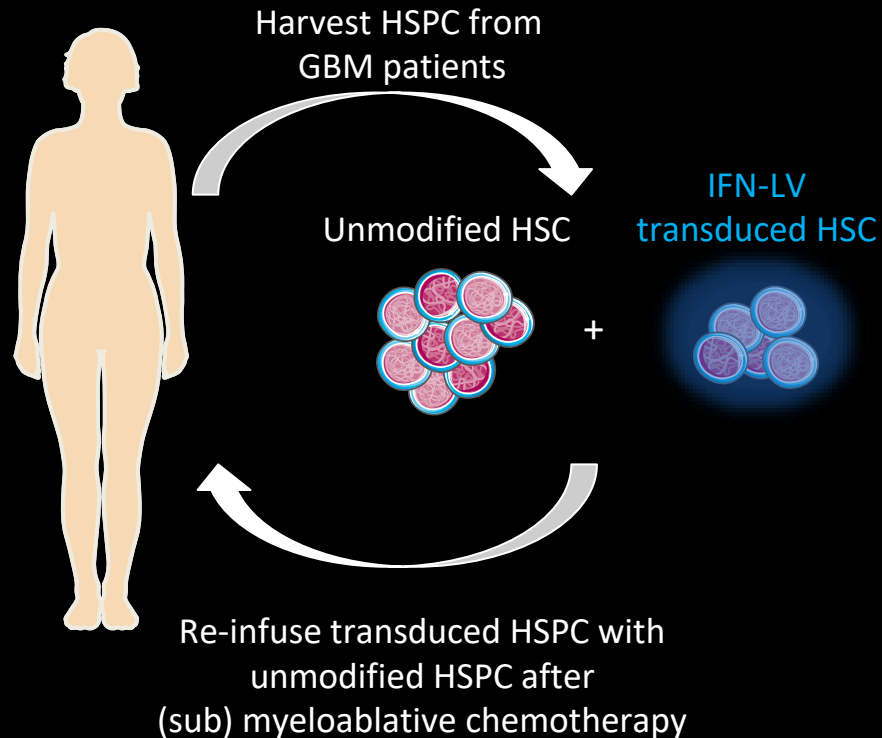
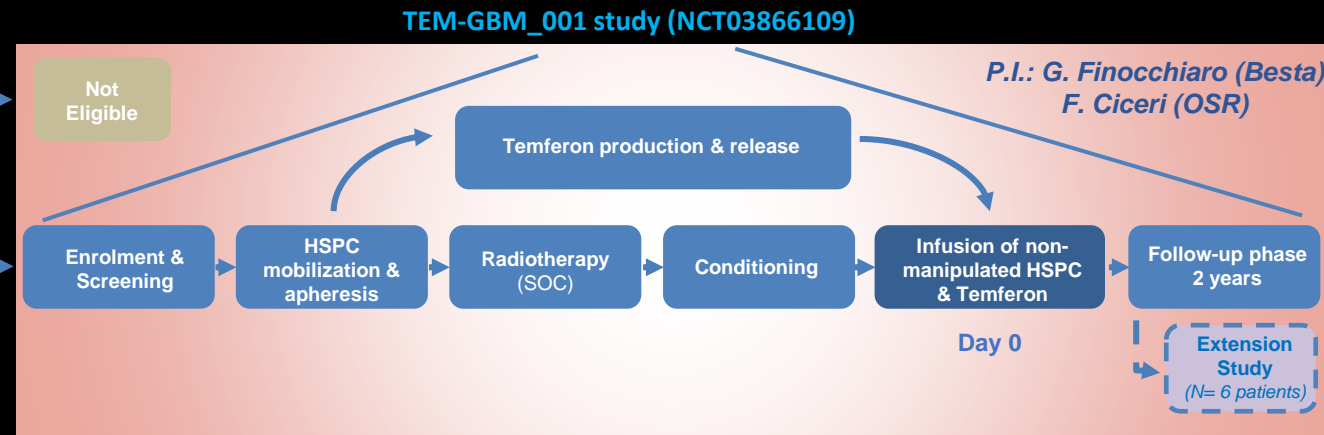
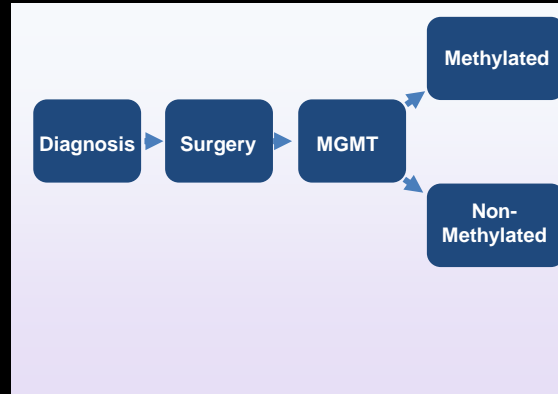


Tumor-targeted Gene Delivery of IFN- α by TAM Inhibits GBM



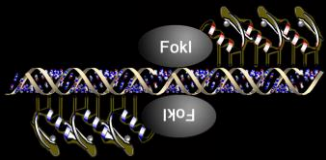
Translating IFNa Gene Therapy to the Clinic

Phase I/IIa
single-center, open-label dose
escalation study



Gene Therapy 2.0: Gene Editing

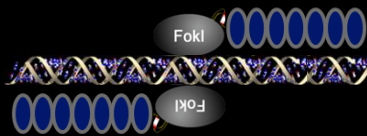
ZFNs



CRISPR/Cas9



TALENs



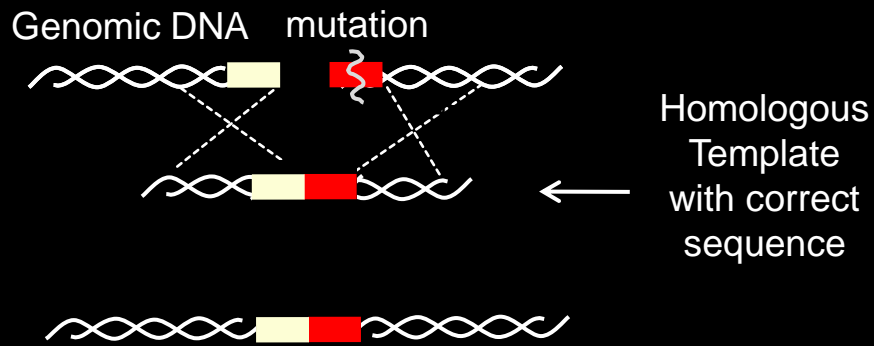
Gene correction
“Writing DNA”

DNA DSB
at target site



Repair by
Homologous
Recombination

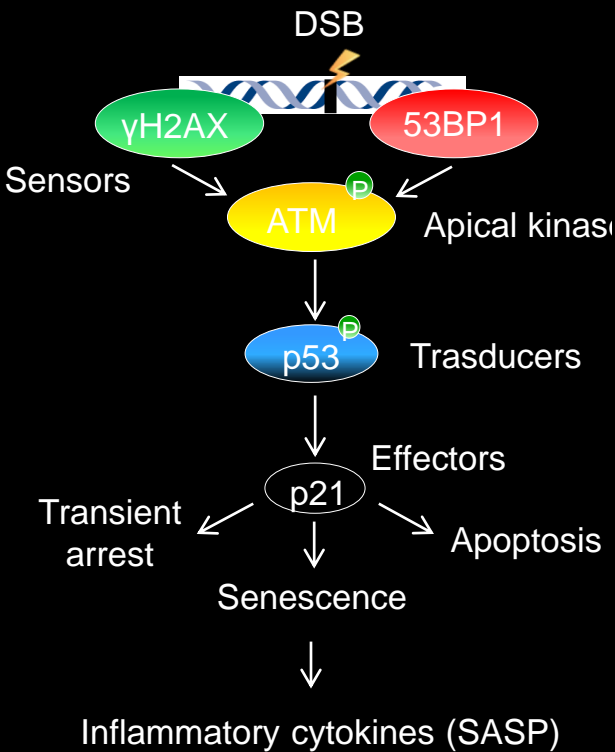
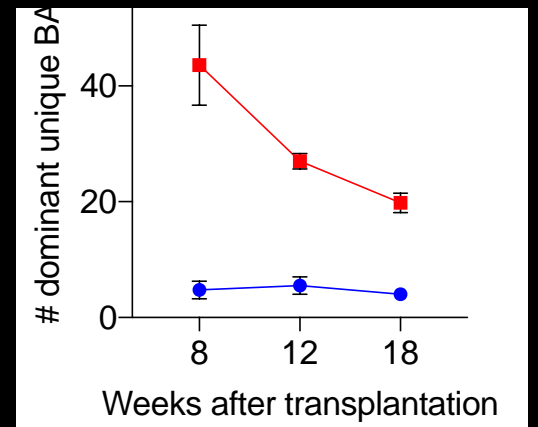
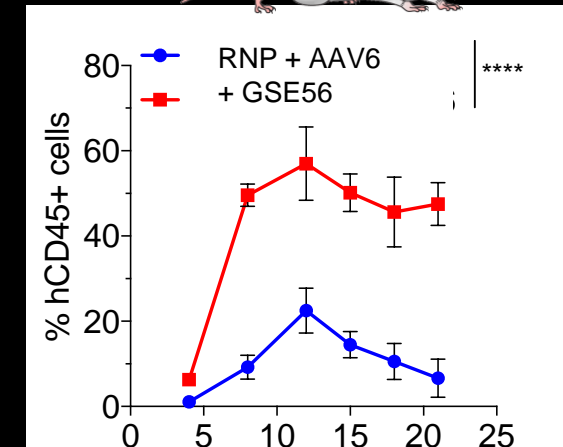
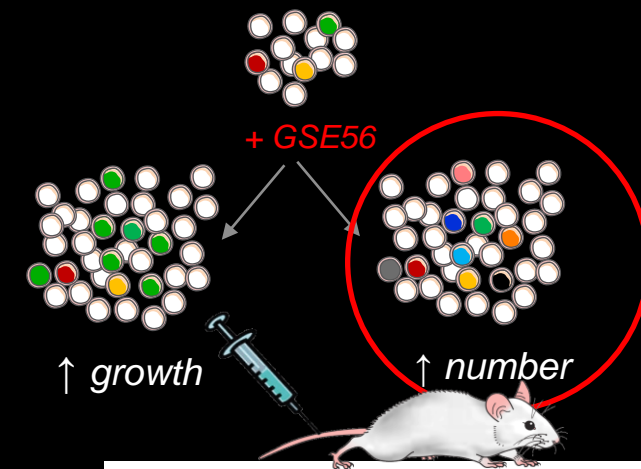
Gene Correction



restores gene

- function and
- expression control
- *genotoxic risk*
 - circumscribed to off target activity
 - challenging to comprehensively define
 - potential for translocations, large deletions and bi-allelic hits
- *constrained in HSC by*
 - low efficiency of HDR
 - need for DNA template codelivery

Optimizing HSC Gene Editing



Towards Clinical Testing of HSC Gene Editing

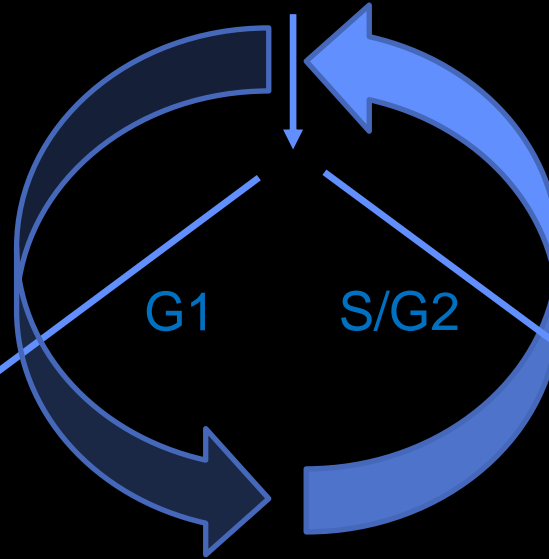
Sickle Cell disease, β -thalassemia

- rescue of fetal hemoglobin by
- disruption of γ -globin repressor expression (erythroid enhancer)

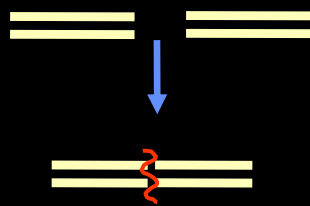
Frangoul...Corbacioglu; N Engl J Med. 2021



DNA DSB at target site



NHEJ
Non Homologous
End Joining



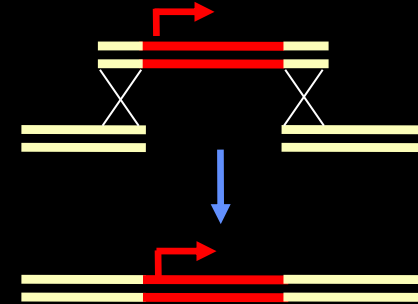
Gene Disruption

Primary immunodeficiencies IL2RG, CD40L, RAG1/2

- unregulated gene expression pose risk of transformation or malfunction
- selective advantage of corrected progeny compensates for low editing efficiency
- Suitable risk-benefit ratio

Schioli et al, Sci Transl Med 2017
Vavassori, Mercuri et al, EMBO Mol Med 2020

HDR
Homology Driven Repair



Exogenous
donor template

Gene Correction / Transgene Insertion

Summary: Choosing the Right Tool

Lentiviral Vectors

for *Gene Replacement*

Genome-wide insertion

Variable expression level

Highly Efficient

Clinically tested

Compatible with long-term HSC

Residual insertional genotoxicity?

Nuclease-based Editing

for *Gene Correction*

Targeted insertion

In situ reconstitution

Constrained in HSC

Early clinical stage

Impact on long-term HSC TBD

*Off-target activity,
large genomic rearrangement?*

Base (and Prime) Editors

for *Correcting Mutations*

Single/few base edit

DNA Break-less/free

Efficient

R&D stage

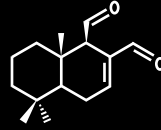
Unknown

*Sequence-independent
off-target activity?*



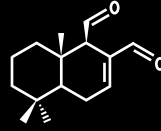
An Evolving Pharmacology

- *Small drugs*

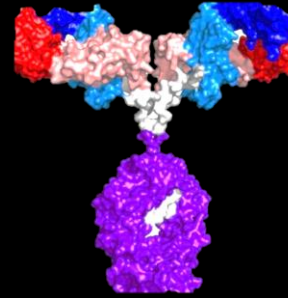


An Evolving Pharmacology

- *Small drugs*



- *Biologicals*



- *Genes*

- Stable sustained expression
- Targeted and regulated

- *Cells*

- Regenerative potential of stem cells
- Killer action of Lymphocytes



Cell & Gene Therapy: the Challenges Ahead

- *Biology*

- Still limited understanding of stem cell and immune regulation

Need to overcome:

- *innate responses* to exogenous nucleic acids and DNA breaks
- *biological constraints* to survival, engraftment or regeneration imposed by disease
- *immune barriers* to gene transfer & cell transplant
- *evasive resistance* to immune therapies in cancer progression

- *Safety*

- “Live” drugs unprecedented complexity
- long-term effects

- *Bedside delivery*

- Need for multidisciplinary expertise

- *Society*

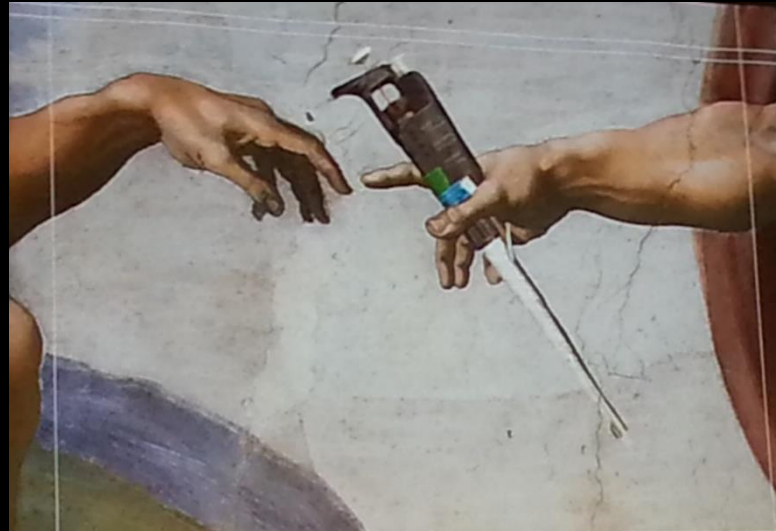
- Personalized medicine manufacturing
- marketing pipeline
- costs and sustainability
- Fair equitable access



Cell & Gene Therapy: the Ethical Concerns

Somatic gene therapy

- managed under existing ethical norms and regulatory regimes for advanced therapies
- Limited to treatment of severe disease or disability
- evaluated in the context of risks and benefits as other medical treatments
- enhancement of human capacities discouraged or unacceptable at this time



Emerging potential for Germline gene editing

- Although strongly discouraged for technical, scientific and ethical reasons, it has already been attempted



Sponsors & Contributors

Naldini Lab

Nadia Coltella
Filippo Birocchi
Melania Cusimano
Federico Rossari
Stefano Colombo
Giorgio Orofino
Giulia Escobar
Luigi Barbarossa
Giulia Schioli
Samuele Ferrari
Aurelien Jacob
Valentina Vavassori
Elisabetta Mercuri
Martina Fiumara
Attya Omer
Andrea Annoni
Tiziano Di Tomaso
Luisa Albano, Tiziana Plati
Lucia Sergi

Alumni

Angelo Lombardo
Bernhard Gentner
Pietro Genovese

SR-Tiget Bioinform. Core

Ivan Merelli, S. Beretta
San Raffaele Institute
Renato Ostuni, G. Barbiera
M. Genua
Raffaella Di Micco, A. Conti
Eugenio Montini, A. Calabria
Anna Villa, V. Capo, M. C. Castiello
D. Cittaro, D. Lanzarevic
F. Sanvito, C. Doglioni
CUSB, San Raffaele Univ.
C. di Serio, P. Rancoita
SR-Tiget clinical trial office
Stefano Zancan
Ambra Corti, Elena Albertazzi
SR-Tiget Regulatory Affairs
Michela Gabaldo
Giada Farinelli, Federica Basilico
SR-Tiget GLP Facility
P. Albertini, G. Ferrari,
P. Cristofori, I. Visigalli, R. Jofra
SR-Tiget GCLP laboratory
Daniela Redaelli, Serena Acquati,
Simona Miglietta

Pediatric Immunohematology

Alessandro Aiuti
Maria Ester Bernardo
Francesca Tucci, Francesca
Fumagalli, Francesca Ferrua
Maria Pia Cicalese, Valeria Calbi
Federica Barzaghi, Maddalena
Migliavacca, Vera Gallo, Chiara
Filisetti, Francesca Ciotti,
Maddalena Frascini, Marina
Sarzana, Silvia Darin
San Raffaele Stem Cell Program
Fabio Ciceri & UTMO Team
**San Raffaele Hospital
Neurology Unit**
M.G. Natali Sora, U. del Carro,
I. Lopez, A. Quattrini
Department of Neuroradiology
Cristina Baldoli, Silvia Pontesilli
Paolo Silvani (Anesthesia)
Maurizio De Pellegrin (Orthopedics)

Alessandra Biffi, Maria Sessa
Mol Med