

# Lentiviral vector therapy for X-EDMD

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*Gene therapy*  
17 Dic 2015

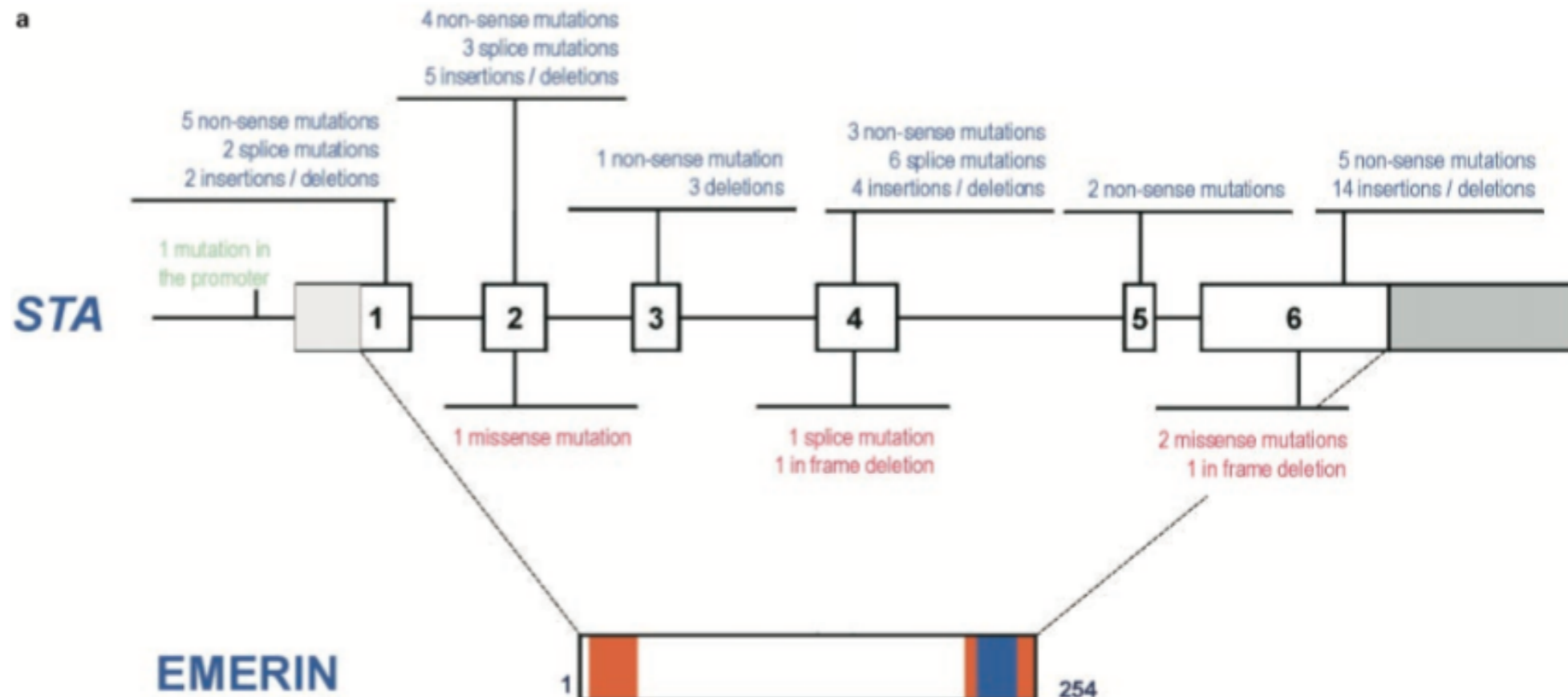
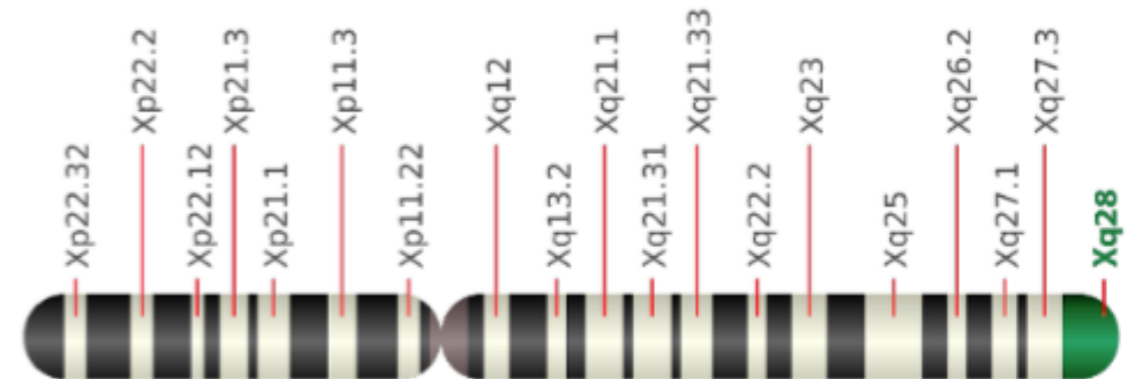
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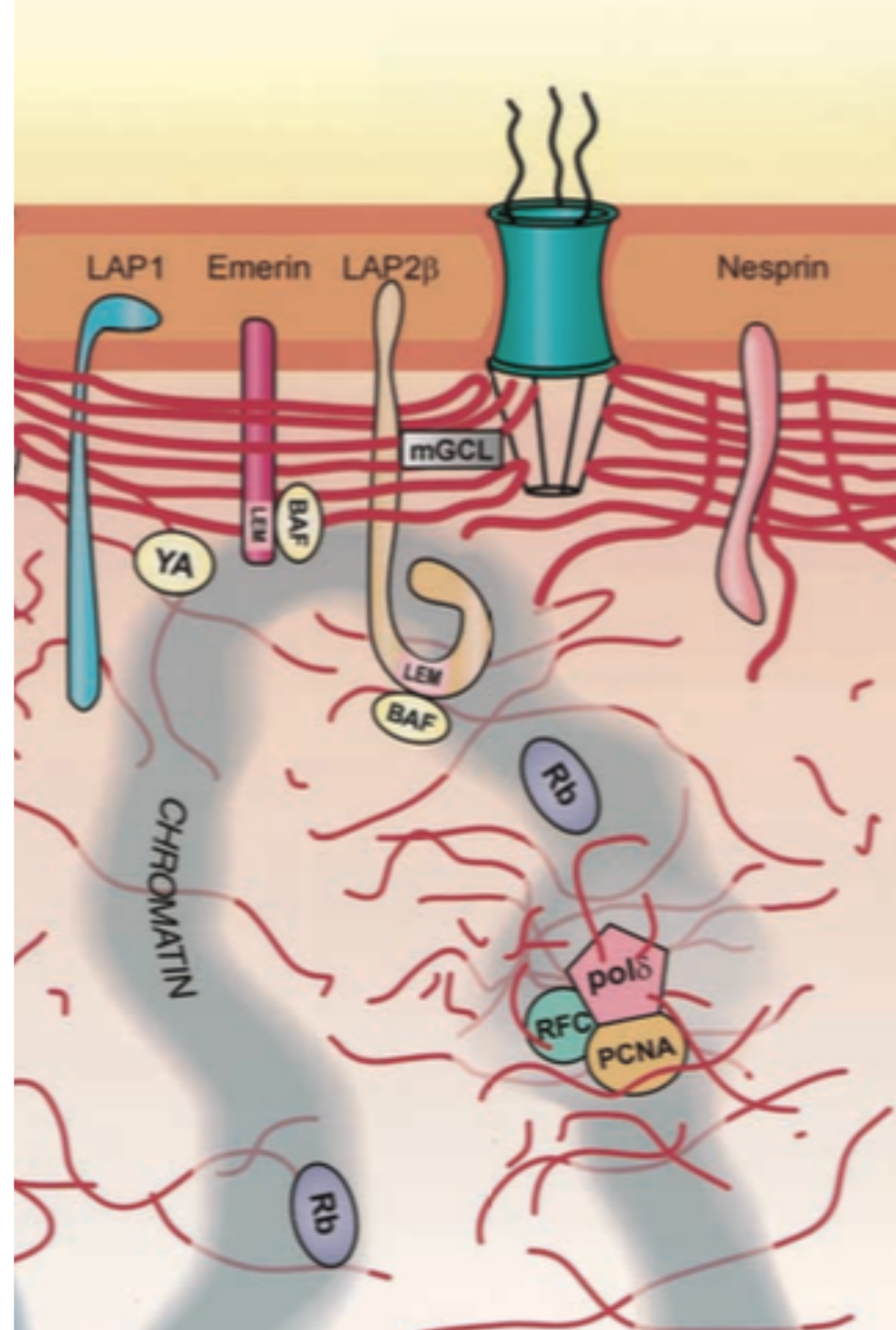
# X-linked Emery-Dreifuss Muscular Dystrophy

- prevalence about 1/1000000 in the world
- inherited in an X-linked recessive pattern
- mutations occurring in STA gene on Xq28 coding for Emerin protein (LAP family).
- X-EDMD is a rare laminopathy



# Molecular basis under the pathology

- Emerin is an inner nuclear membrane protein
- Its main role seems to be the interaction with different component of nuclear lamina, such as Lamin A and BAF, and DNA
- Nuclear lamins are involved in a number of critical processes including nuclear assembly, apoptosis, DNA synthesis, and possibly transcription



## Genotype

mutation in STA gene  
on X chromosome  
-lack of emerin

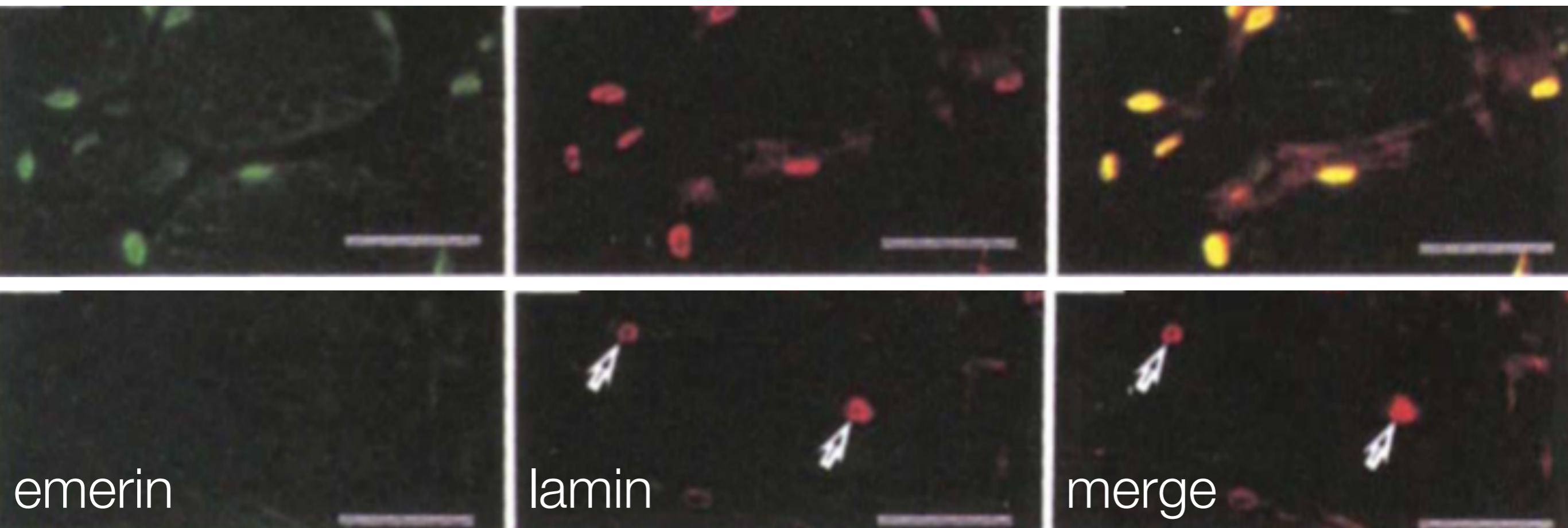
## Cellular phenotype

nuclear envelope and  
lamina abnormalities  
-skeletal and cardiac  
muscular cells degeneration

## Clinical phenotype

-skeletal muscle  
weakness  
-contractures of elbows,  
Achilles tendons and  
posterior neck  
-cardiomyopathy

Emerin is not present in nuclei of patients affected by X-EDMD



# The Project

Curing the disease at every level using a lentivector

large transgene -  
infect non dividing  
cells - stable  
integration

Lentivector containing Emerin coding sequence

Injection targeting cardiac and skeletal muscles

Integration of genomic cassette in host genome

Emerin expression

Rescue of muscular phenotype of patients

Cure  
the disease

# The Project

experimental plane

**In vitro** studies on human cells

- RG246, EMD-null myocytes and cardiomyocytes differentiated

**In vitro** studies on mouse cells

- cells derived from skeletal and cardiac muscles

**In vivo** studies on mouse

- Emd null-mice

WB ab  $\alpha$ -emerin

qRT-PCR

IHC  $\alpha$ -emerin

IHC laminin  $\beta$ 1  
functional assay

lentivector transduction efficiency

mRNA presence and relative quantities

protein localization

Fluorescence microscopy  
transduction relative efficiency

Rotarod test  
functional assay

Electrocardiogram  
functional assay

Vacuoles positioning  
functional assay

# The Vector

Lentiviral vector carrying emerin coding sequence and targeted towards skeletal muscle and heart



- dystrophin enh/promoter, promoter active just in skeletal muscle and heart - 3,8 Kb
- emerin - 762 bp
- IRES, internal ribosome entry site for bicistronic expression - 500 bp
- eGFP, reporter gene - 714 bp
- hTERT, in adult promoter active just in neoplastic cells, 1,7 Kb
- TK, Thymidine Kinase, suicide gene - 179 bp

8Kb

# The Vector

3rd generation viral particles production via in trans complementation



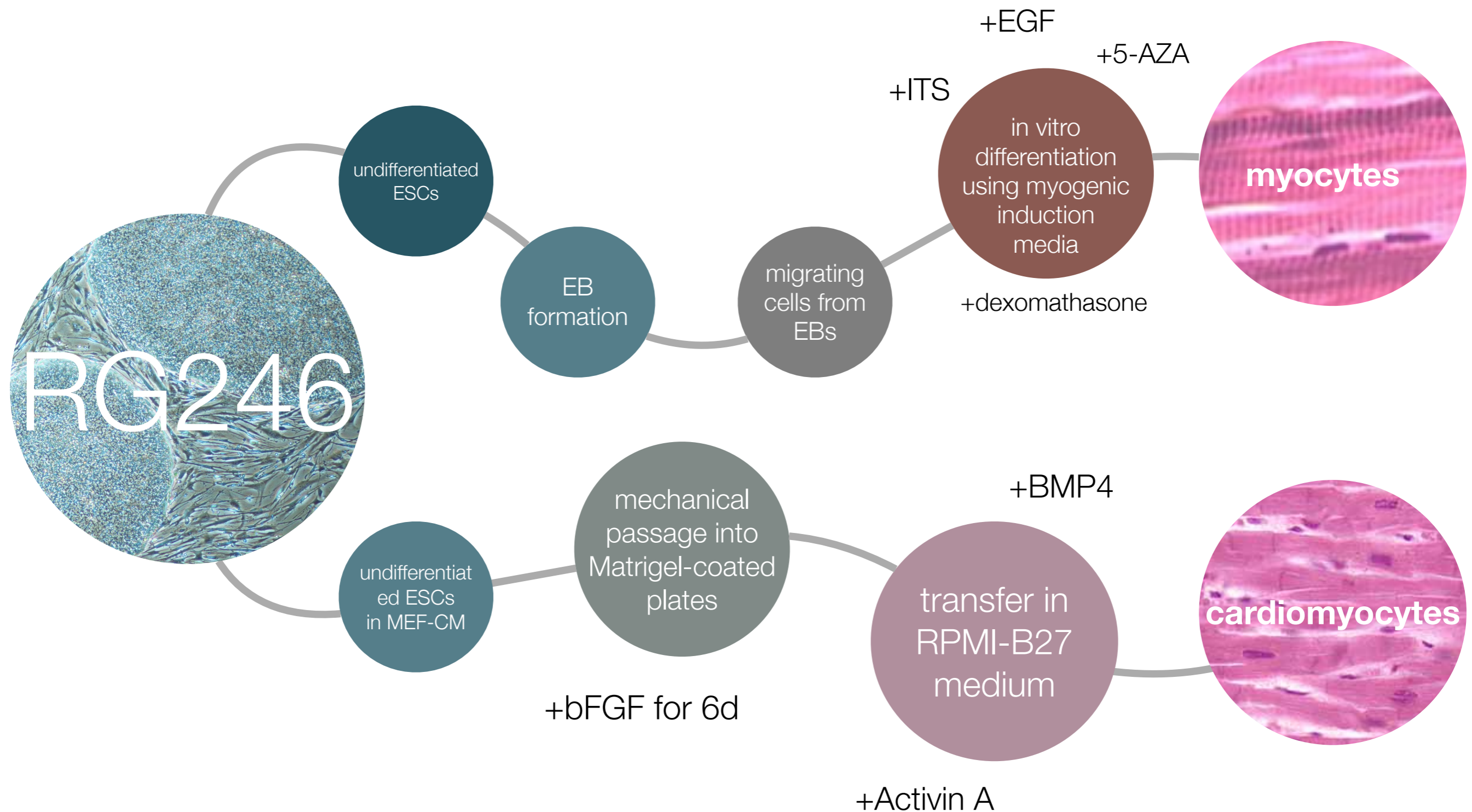
- ELISA assay -> Titer determination

# HEK 293T Cells



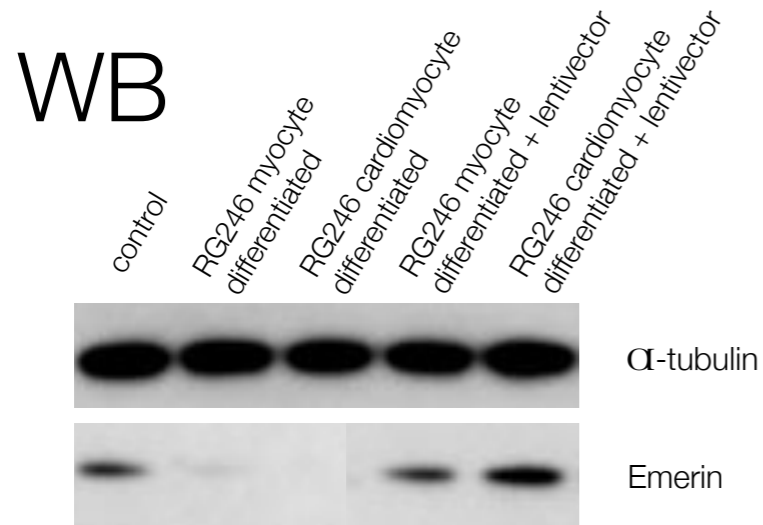
# In vitro - human

# cell lines differentiation

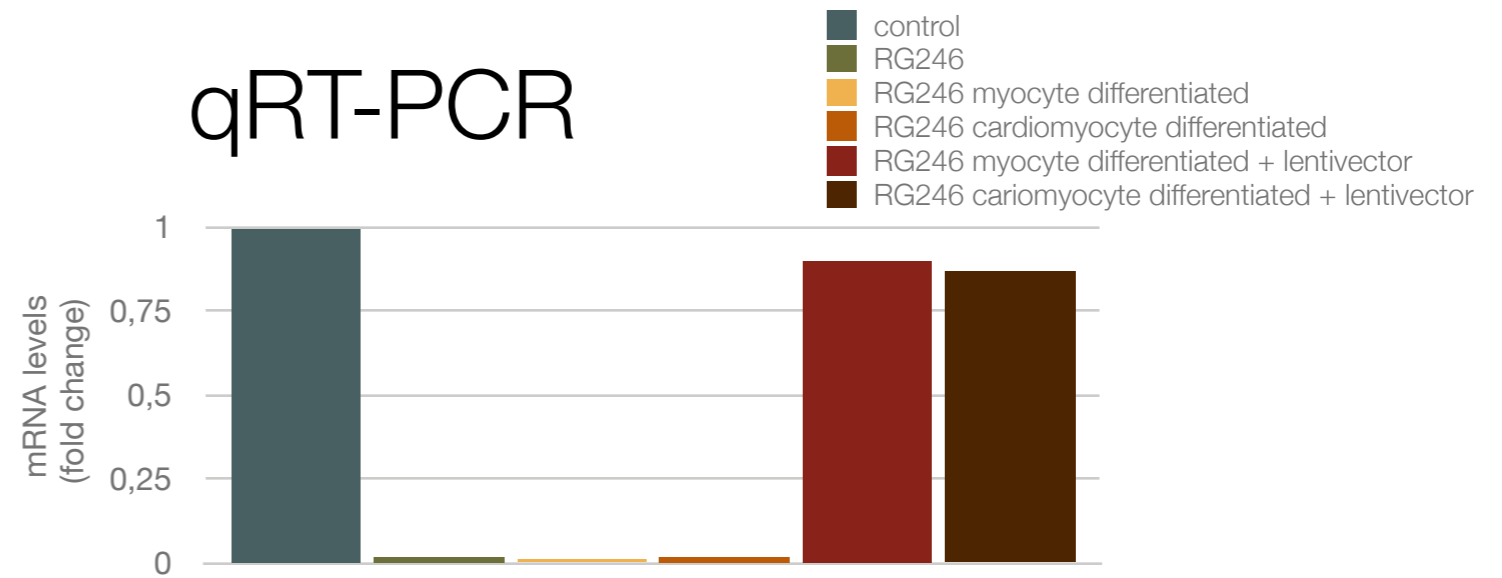


# In vitro - human

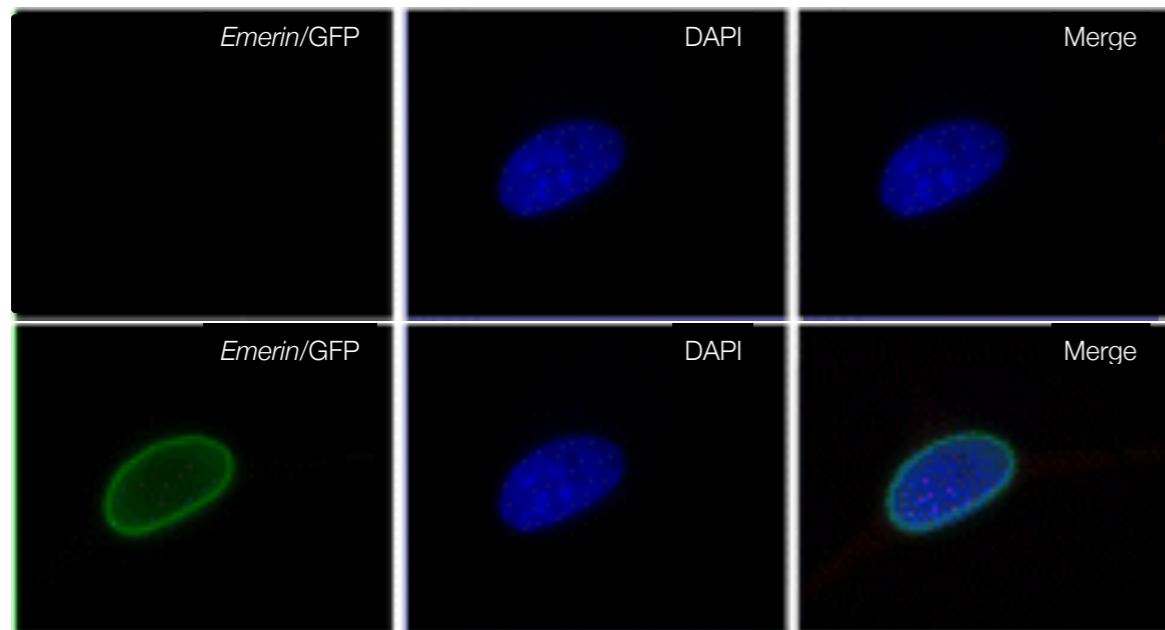
- lentivector transduction efficiency
- mRNA presence and relative quantities
- protein localization
- functional assay



## qRT-PCR

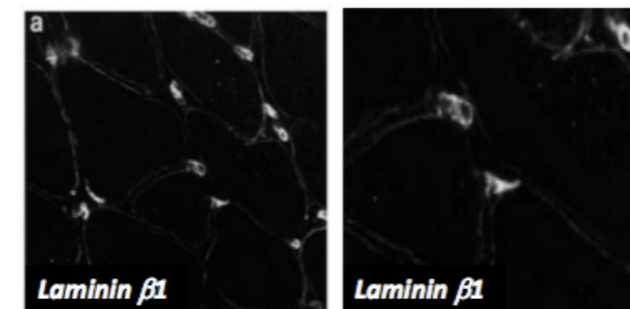


## IHC

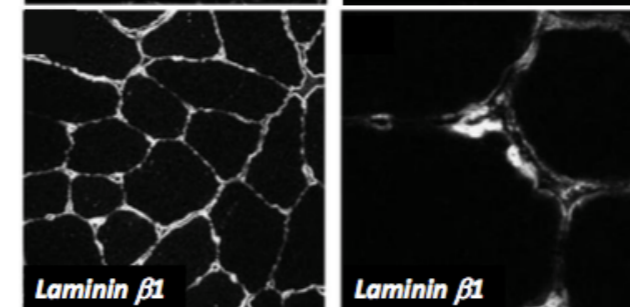


## IHC

RG246



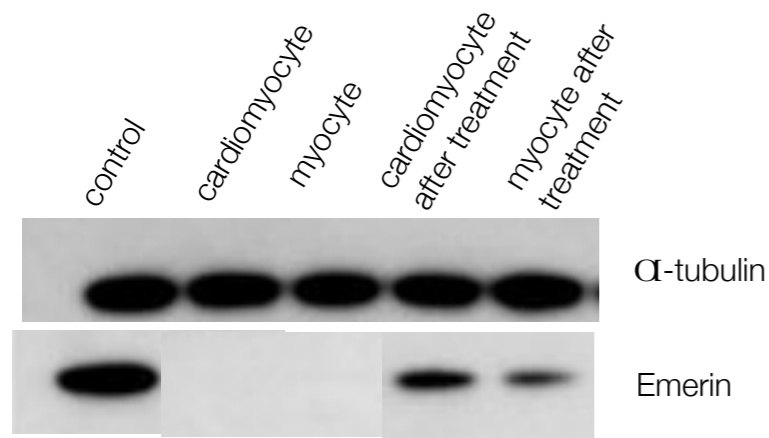
RG246 treated



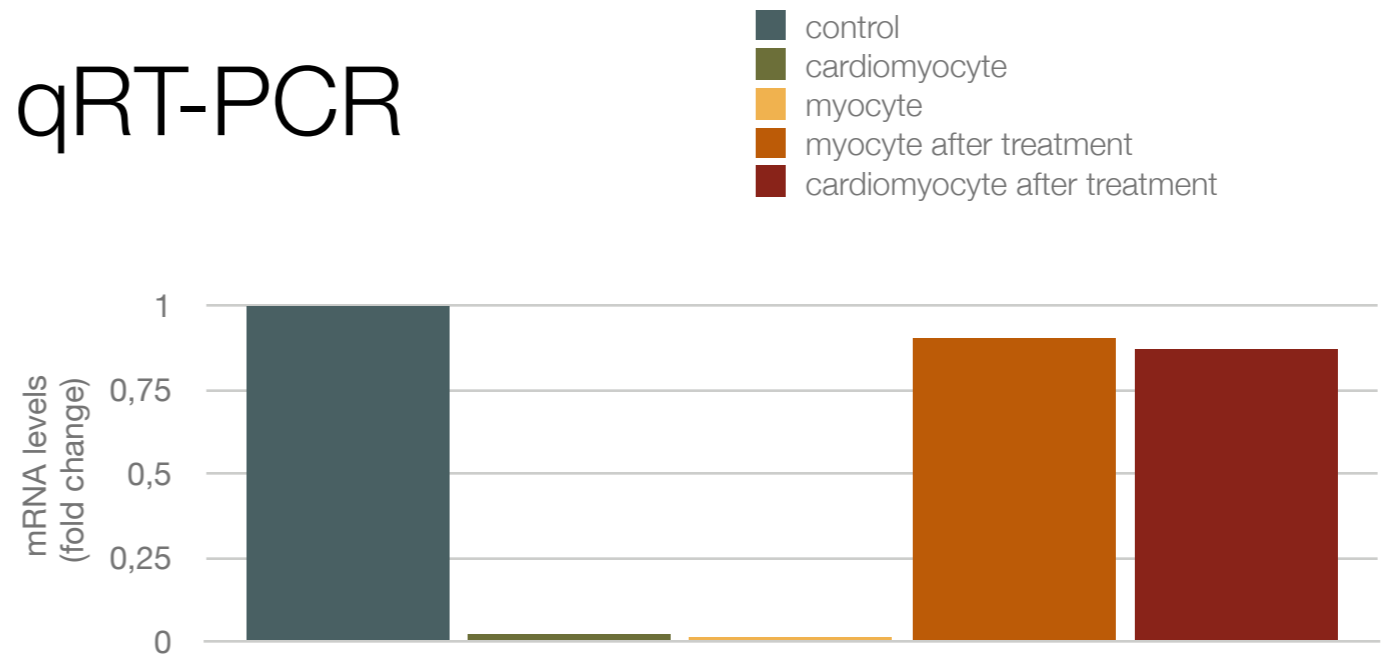
# In vitro - mouse

- lentivector transduction efficiency
- mRNA presence and relative quantities
- functional assay
- targeted expression control

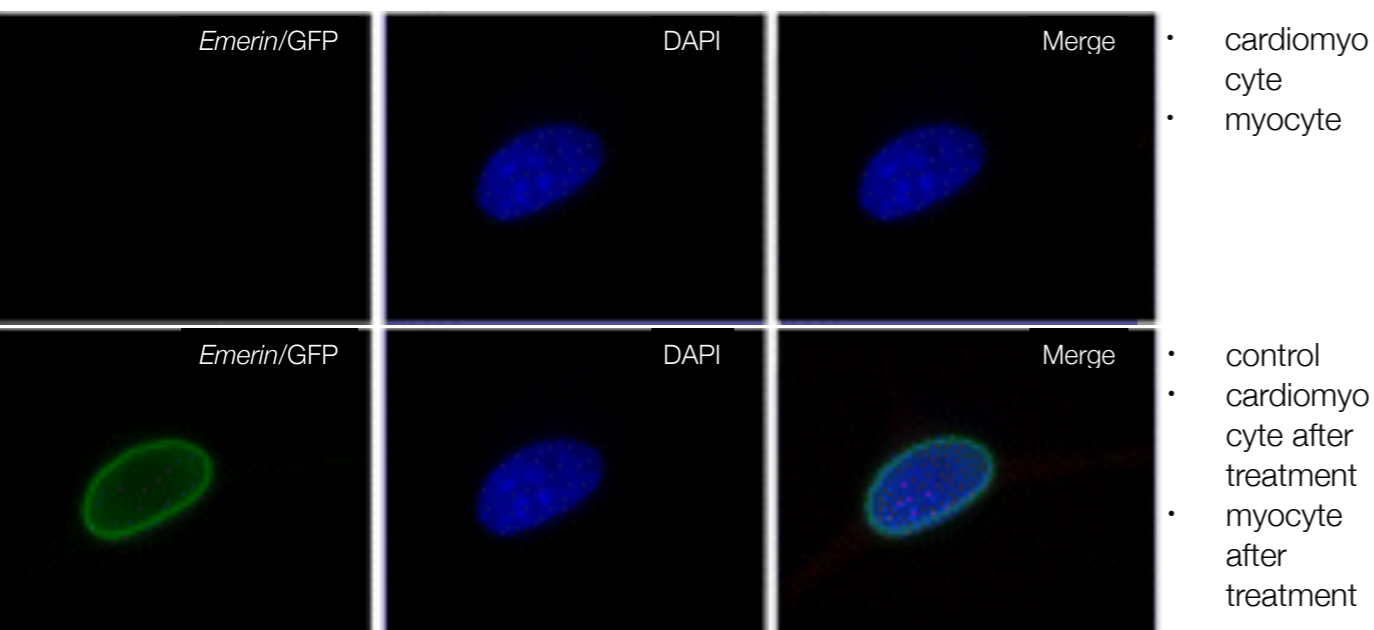
## WB



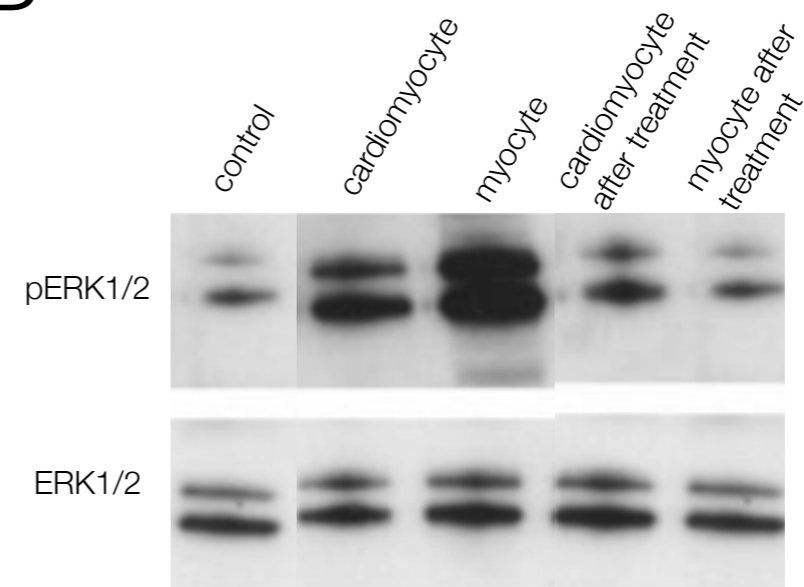
## qRT-PCR



## IHC



## WB

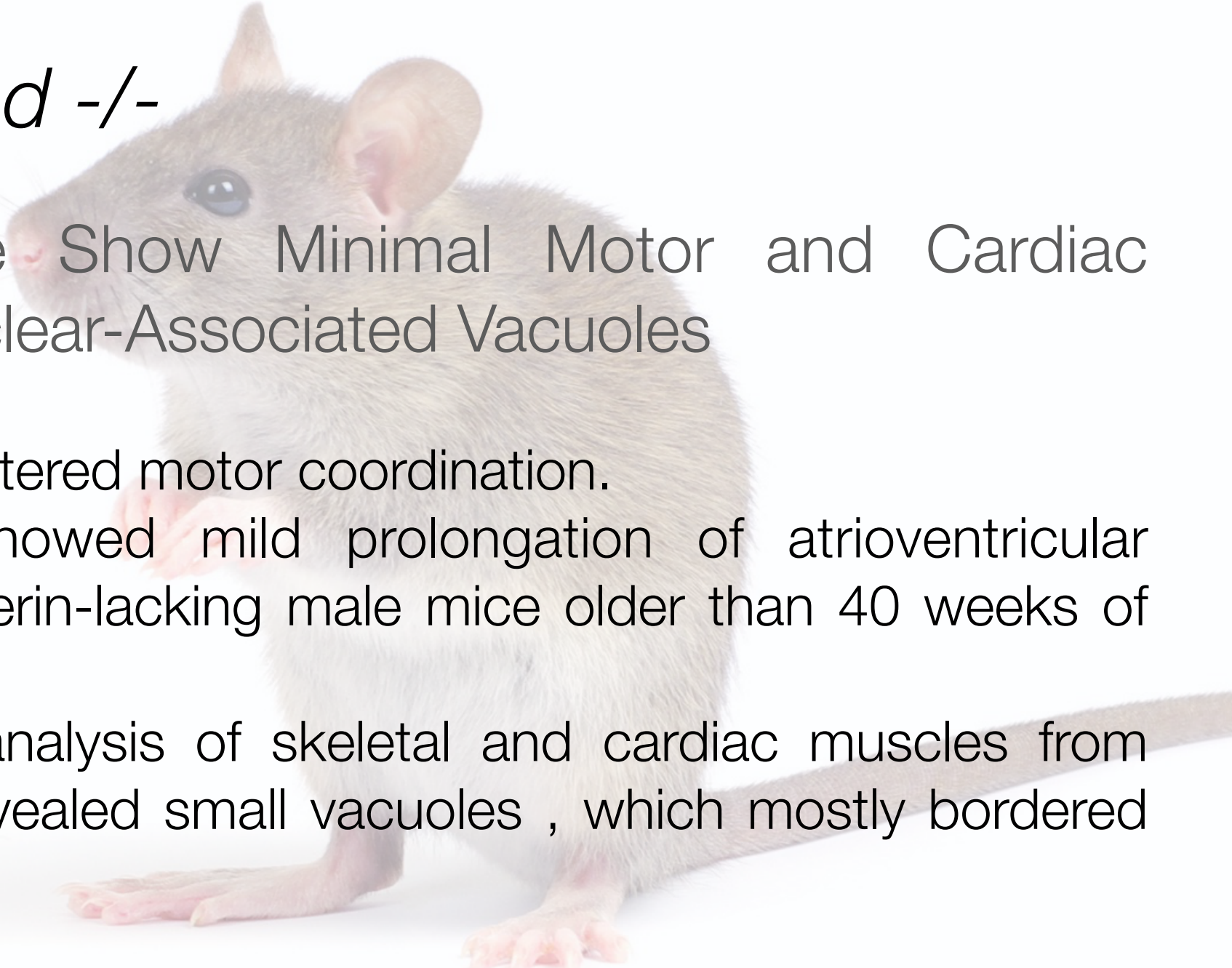


# In vivo - mouse the model

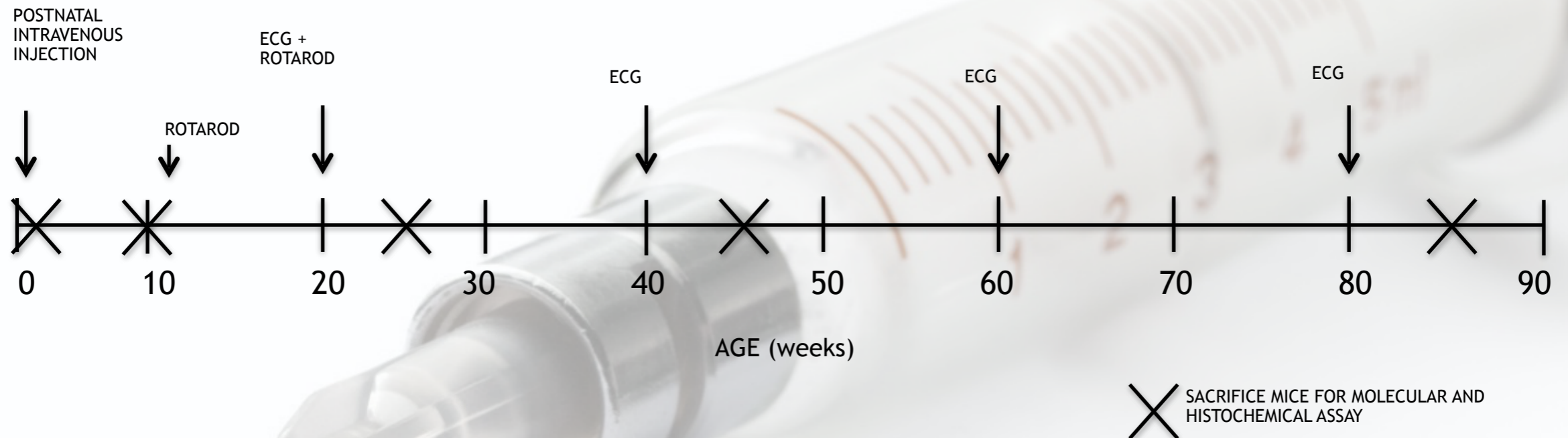
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♂ *Emd*  $y/-$       ♀ *Emd*  $-/-$

Emerin-Lacking Mice Show Minimal Motor and Cardiac Dysfunctions with Nuclear-Associated Vacuoles

- Rotarod test revealed altered motor coordination.
  - Electrocardiography showed mild prolongation of atrioventricular conduction time in emerin-lacking male mice older than 40 weeks of age.
  - Electron microscopic analysis of skeletal and cardiac muscles from emerin-lacking mice revealed small vacuoles, which mostly bordered the myonuclei.
- 

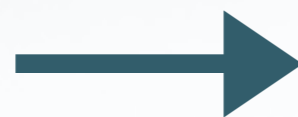
# In vivo - mouse injection and timeline



Intravenous injection is used to deliver vector to heart and skeletal muscles

12 mice

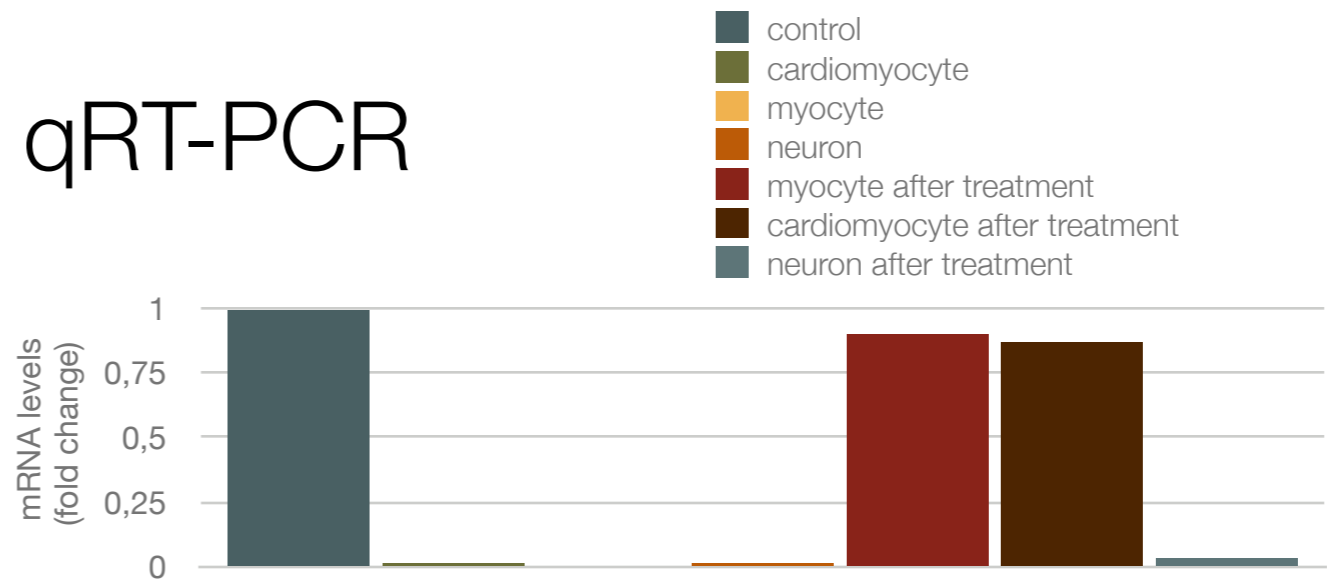
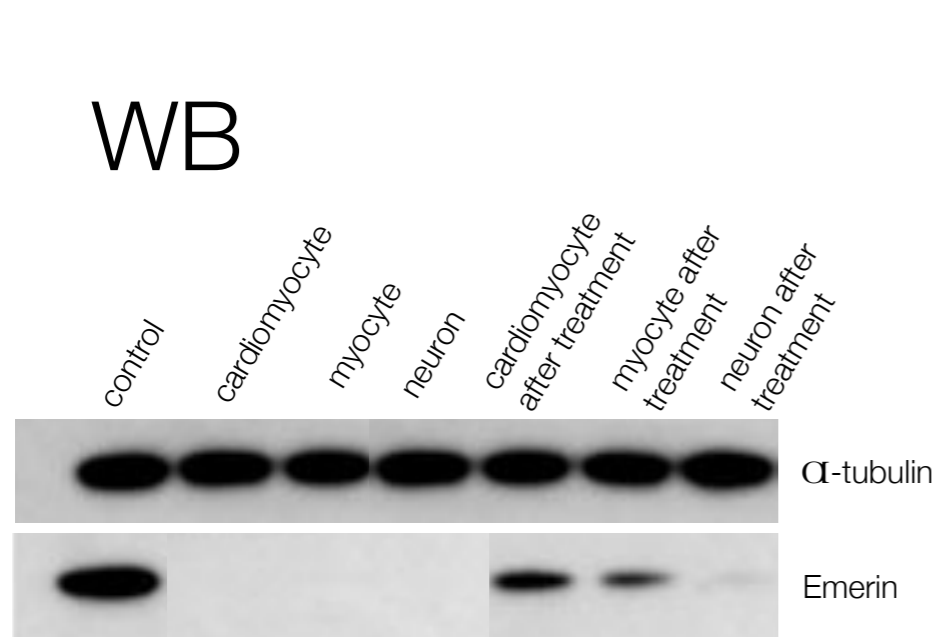
- 3 wt male
- 3 wt female
- 3 emd  $-/y$
- 3 emd  $-/-$



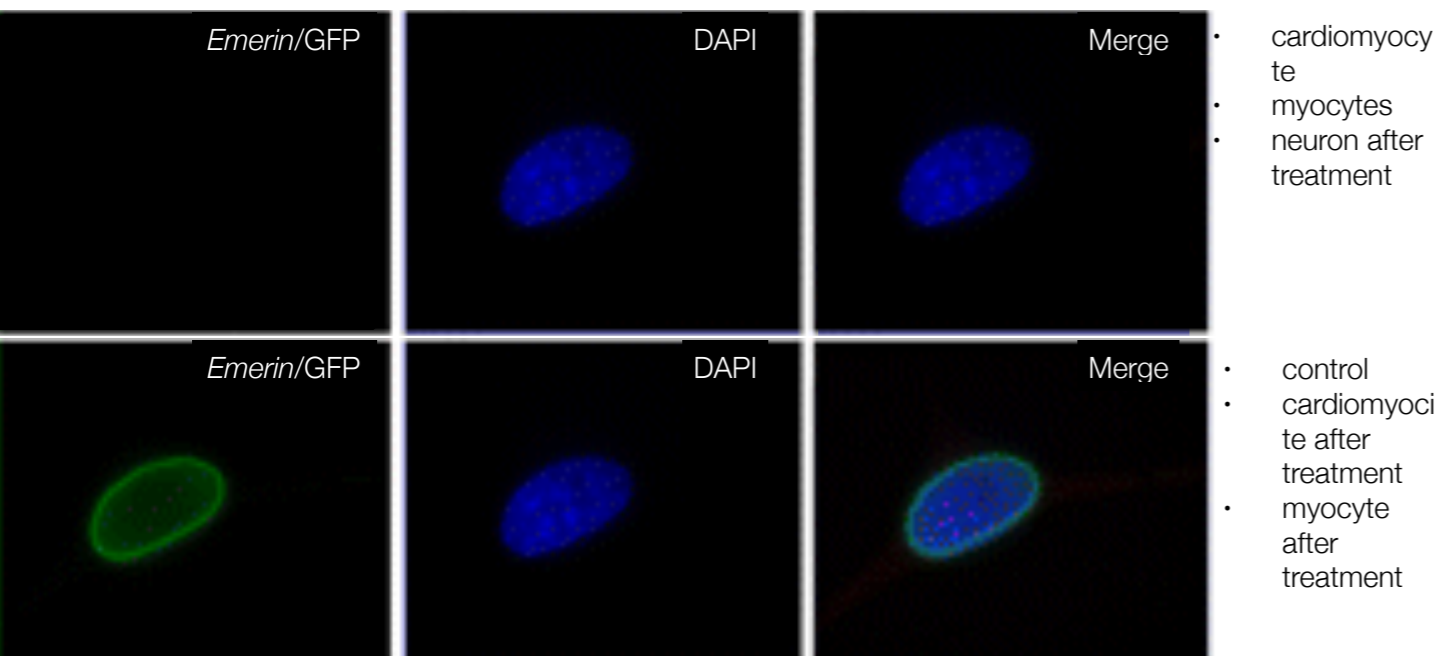
During in vitro experiments two colonies are generated in order to obtain the whole number of mice needed for experiments

# In vivo - mouse

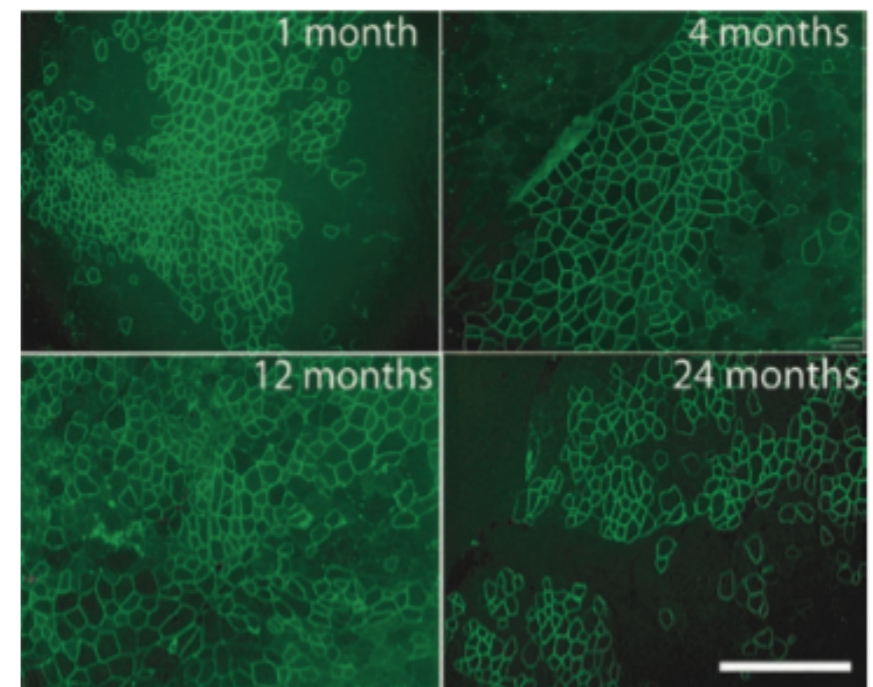
- lentivector transduction efficiency
- mRNA presence and relative quantities
- protein localization



## IHC



## fluorescence microscopy



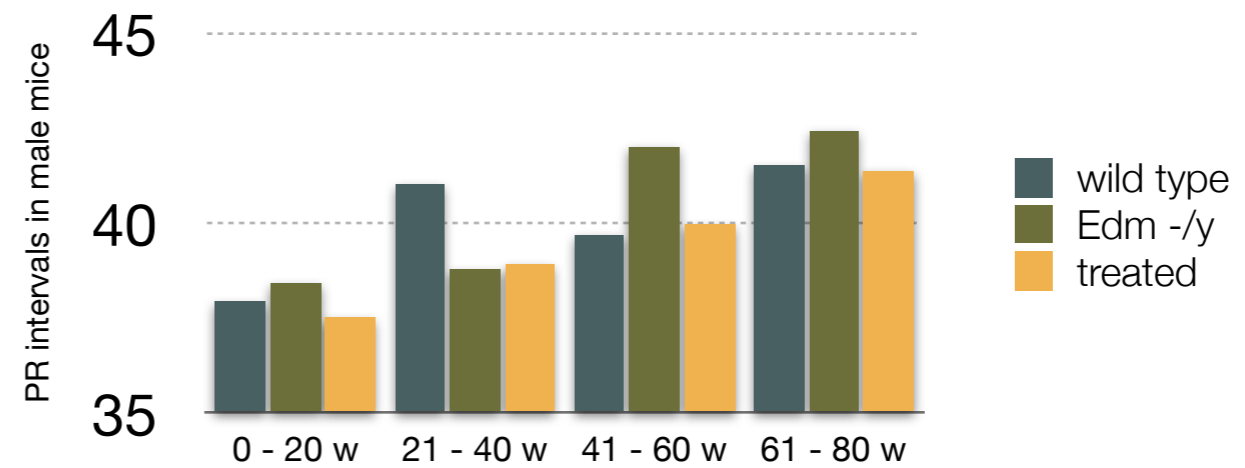
# In vivo - mouse

## Functional assays

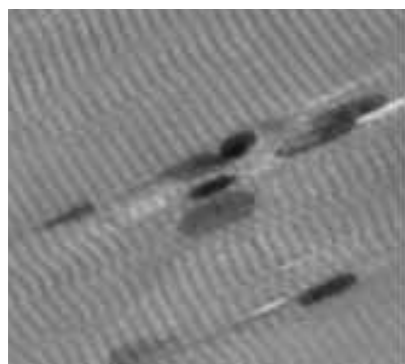
### Rotarod test

	wt mice	Emd-null mice	Treated mice
4 - 10 W	100%	42%	98%
11 - 20 W	100%	30%	94%
Total	100%	36%	96%

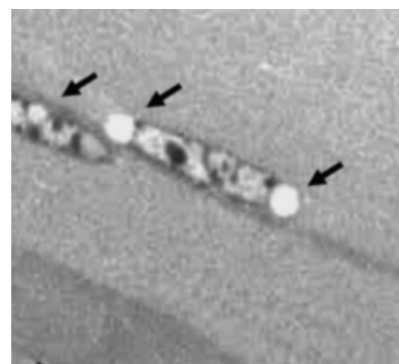
### Electrocardiogram



### Electron microscopy



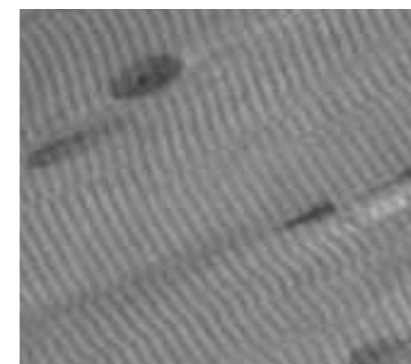
wt



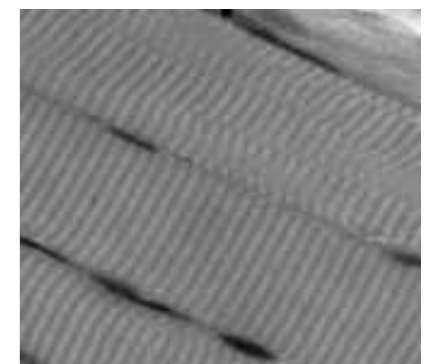
Emd -/y



Emd -/-



Emd -/y  
+ lentivector



Emd -/-  
+ lentivector

# Pitfalls and future perspectives

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- Exogenous Emerin protein could be non-functional because of a lack of post-transcriptional/translational modifications. This could be resolved using cDNA containing some important introns that are missing in our version.
- Transgene insertion can induce tumors formation because random integration of lentivirus could target an oncosuppressor. In vivo, we could perform a LAM-PCR to check the integration site of the virus.
- The TK suicide gene could not be efficient. In this case, we could change for another suicide gene or for another promoter.
- Lentivector delivery could be affected by difficulties. In this case, we could consider different injection protocols, or to combine two different.
- Observation of clear results can be complicated. Indeed the mouse model we chose shows minimal dysfunctions. We could use another mouse model that presents muscular phenotype closer to the one in humans or another mammalian model like dogs that are often used in muscular diseases projects.

Our studies born having as goal a therapy for a human disease, so hopeful results coming from these set of experiments could encourage us to project a clinical trial.

Trials made during neonatal phase are suggested, in order to avoid muscle degeneration.

During clinical trail great attention should give to control safety of treatment.

As far as tissue specific transgene expression is concerned, EboZ GP + DisEnh and promoter could be used in other muscular pathologies as a way to induce an efficient and cell-targeted gene expression.



# Costs

40.000,00€ - 3 years

- Cell lines:
  - **RG246** contact Reproductive Genetic Institute
  - **293T** 575,00€
  - **Cell culture facilities and reagents for differentiation** 2500,00€

- Mice lines:
  - **C57/BL6 Mice (WT)** M: 20,15€ per mouse (3x 20,15=60,5€) F: 21,75€ per mouse (3x21,75€=65,2€)
  - **Emd -/- female Mice** 300,00€ per mouse (3x300,00=900,00€)
  - **Emd -/y male Mice** 300,00€ per mouse (3x300,00=900,00€)
  - **Stabulation** 1000,00€ per month 24 months of experiment **TOT 24000,00€**

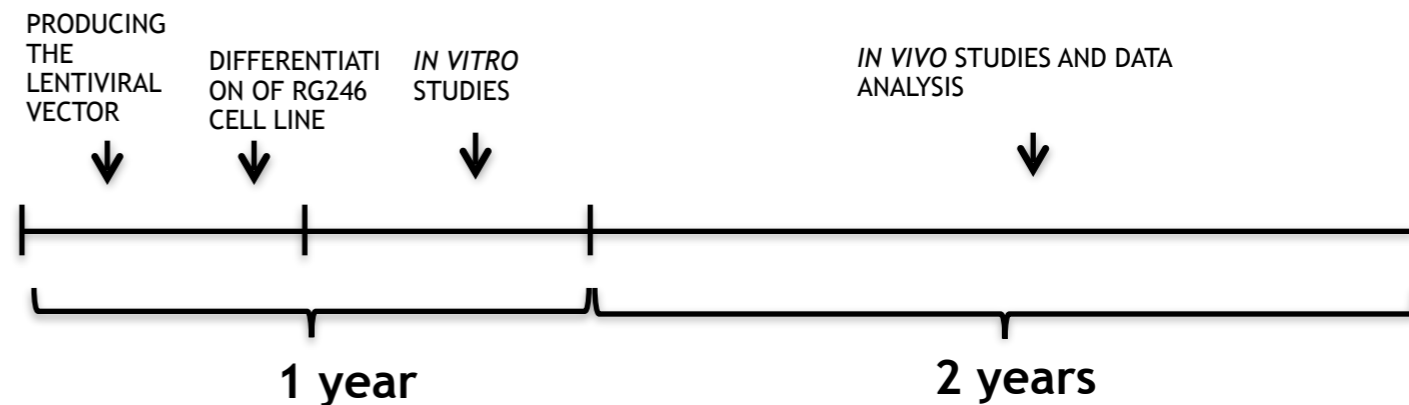
- Lentiviral vector: 400,00-1200,00€
- ELISA kit for titer (ThermoFisher): 400,00€
- In vitro* and *in vivo* experiment:

Antibodies (good for both WB and Immunostaining)

- **Emerin antibody Sigma** 310,00€
- **Erk 1/2 antibody SantaCruz** 279,00€
- **pErk 1/2 antibody SantaCruz** 279,00€
- **Lamin β-1 antibody SantaCruz** 279,00€
- **Secondary antibody (α-mouse)** 190,00€

- **qRT-PCR kit** 100,00€

- Lab materials needed:
  - Immunofluorescence and Electron Microscopy (already present in the lab)
  - Real Time qPCR
  - Softron ECG Processor SP2000
  - Cages and other animals facilities (rotarod and other functional assay)
  - Chemical reagents, plastic tools, glassware and other basic instrument of molecular biology



# References

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