



SAPIENZA  
UNIVERSITÀ DI ROMA

# FATAL FAMILIAL INSOMNIA

Gene therapy to manipulate the mutated PRNP gene on chromosome 20 encoding the PrP protein with structural alterations.

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S. Procopio, F. Loia, A. Santi, G. Paolozzi



GENE THERAPY PROJECT 2022/2023 – Professors: I. Saggio, R. Burla, M. la Torre.

# BACKGROUND

## What is Fatal Familial Insomnia (FFI)?

**Fatal Familial Insomnia (FFI)** is an uncommon but fatal genetic disease with AD inheritance, belonging to the group of Spongiform Encephalopathies.

The median age at onset is between **50 and 60 years**.

The median survival is **16 months**.

Its prevalence is **<1 / 1 000 000 people**.

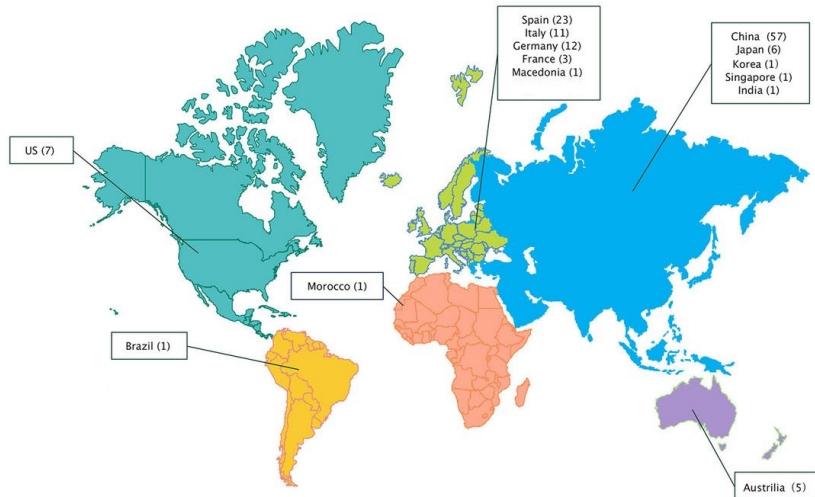


Fig .1 Adapted from Zhang J, Chu M, Tian ZC, et al. J Neurol Neurosurg Psychiatry 2022.

It's caused by a mutation in the **PRNP gene** encoding the prion protein **PrP**, that accumulating in the brain tissue, causes degeneration and death of the **Thalamic neurons**.

**PrPC**  
is a normal protein

**PrP<sup>Sc</sup>**  
the disease-causing form of the prion protein

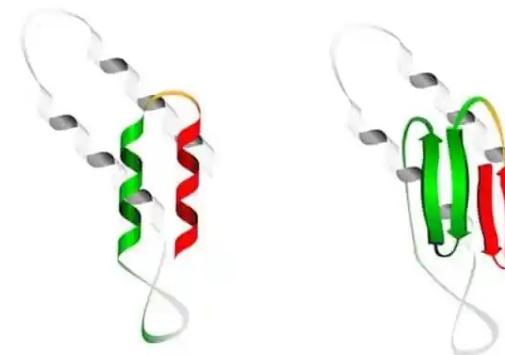


Fig. 3

Symptoms are **insomnia**, panic attacks, ataxia, hallucinations, delirium and cognitive impairment leading to death.

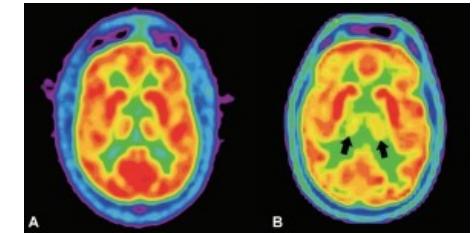
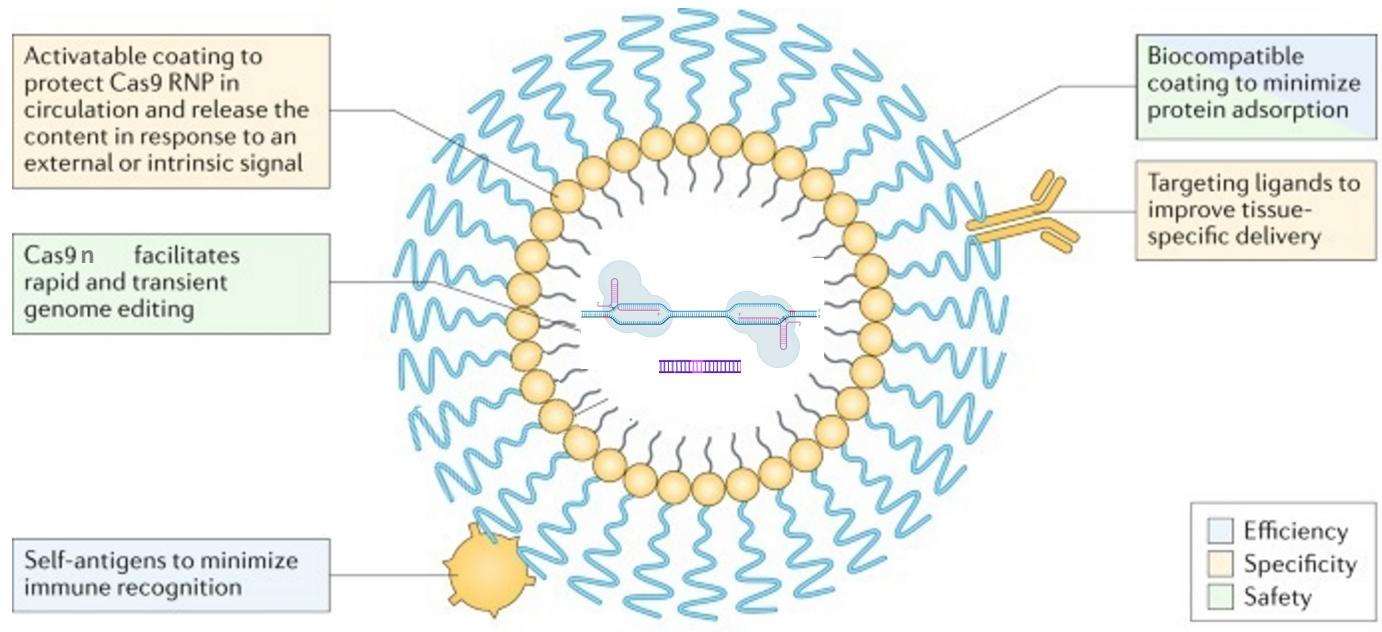


Fig. 2 Taken from L. Cracco, B. Appleby, P. Gambetti

# AIM OF THE PROJECT

To use the **CRISPR/Cas9 nickase system** to directly change the sequence of the PRNP gene in brain cells.

## HOW?



Through **SNALP technology** to obtain **lipid nanoparticles** to carry CRISPR/Cas9 nickase system in the thalamic neurons.

Fig. 4 Modified from Tong, S., Moyo, B., Lee, C.M. et al. Nat Rev Mater 4, 726–737 (2019).

# CRISPR/Cas9 nickase SYSTEM

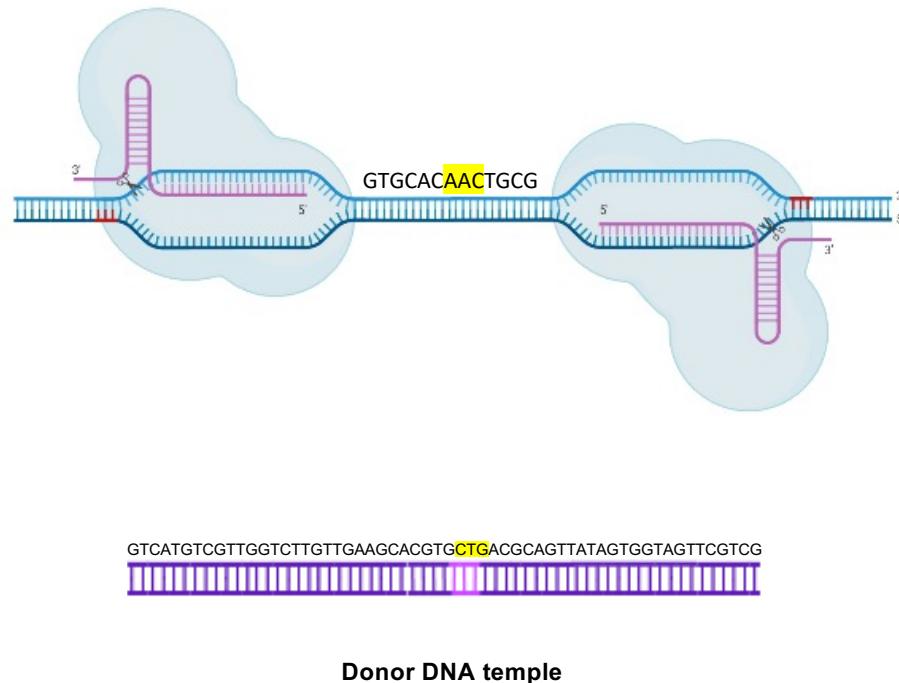
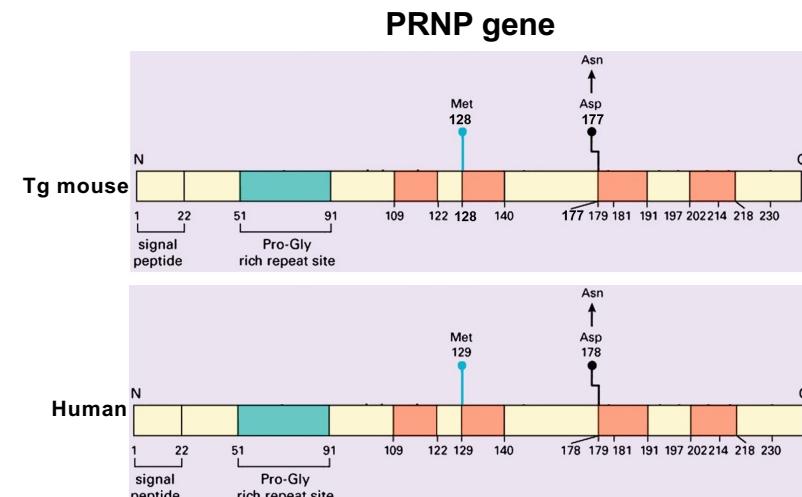


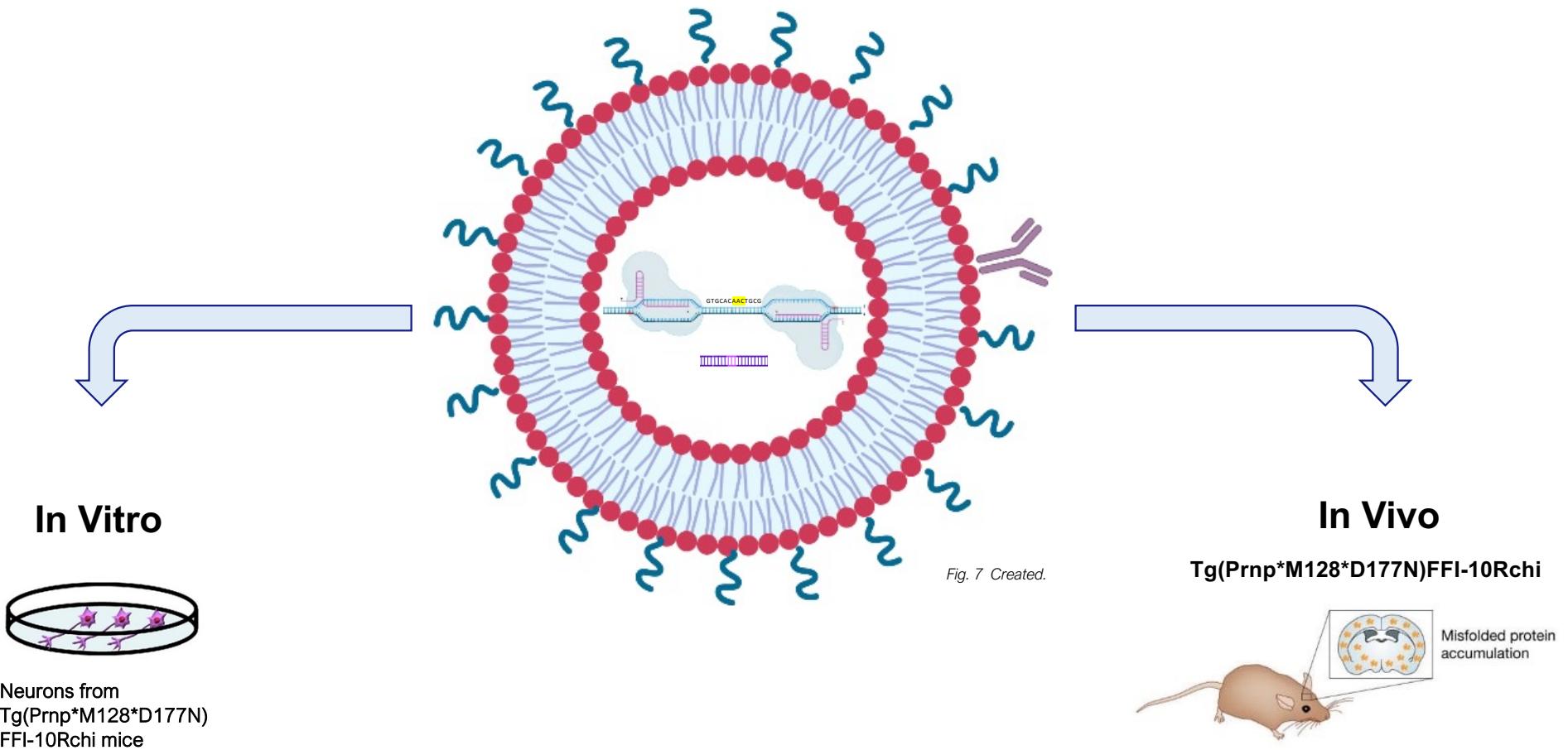
Fig. 5 Created on BioRender.



## Codon 177

gRNA 1	5' TATCACCATCAAGCAGCACA 3'
gRNA 2	5' CTTGTTGAAGCACGTGCTGA 3'
gRNA 3	5' CACGGTCACCACCACCA 3'
gRNA 4	5' CCAGTGGATCAGTACAGCAA 3'

# APPROACH



# EXPERIMENT *IN VITRO*

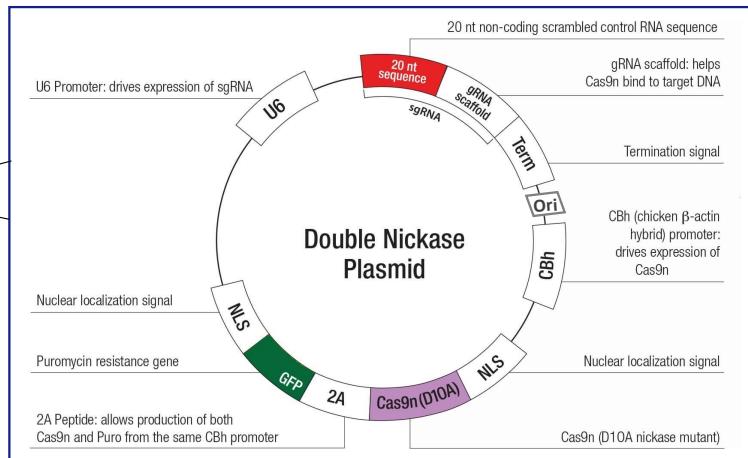
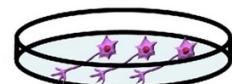
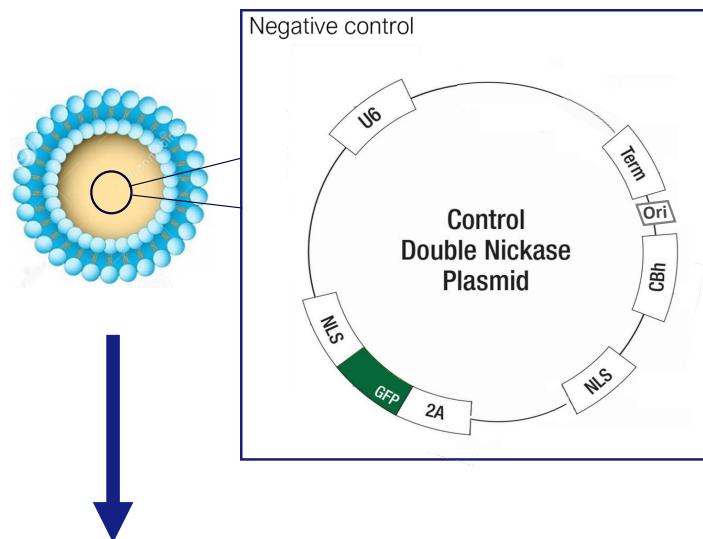
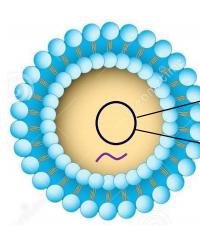
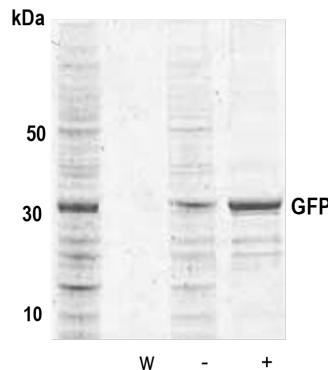
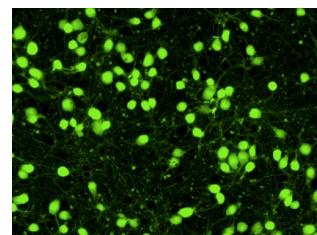


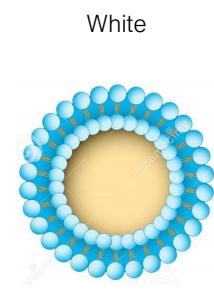
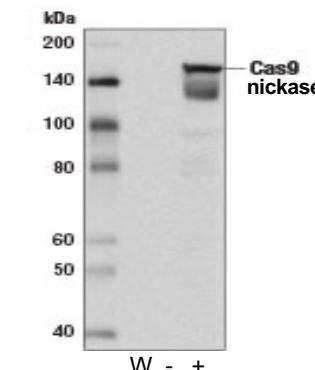
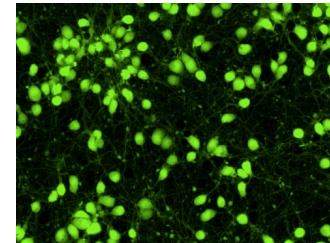
Fig. 8 Adapted from Santa Cruz Biotechnology.



FFI neurons



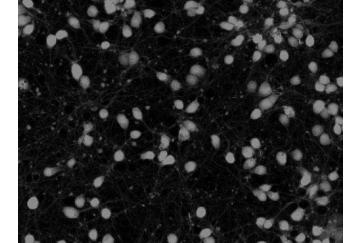
FFI neurons



White



FFI neurons



# EXPECTED RESULTS *IN VITRO*

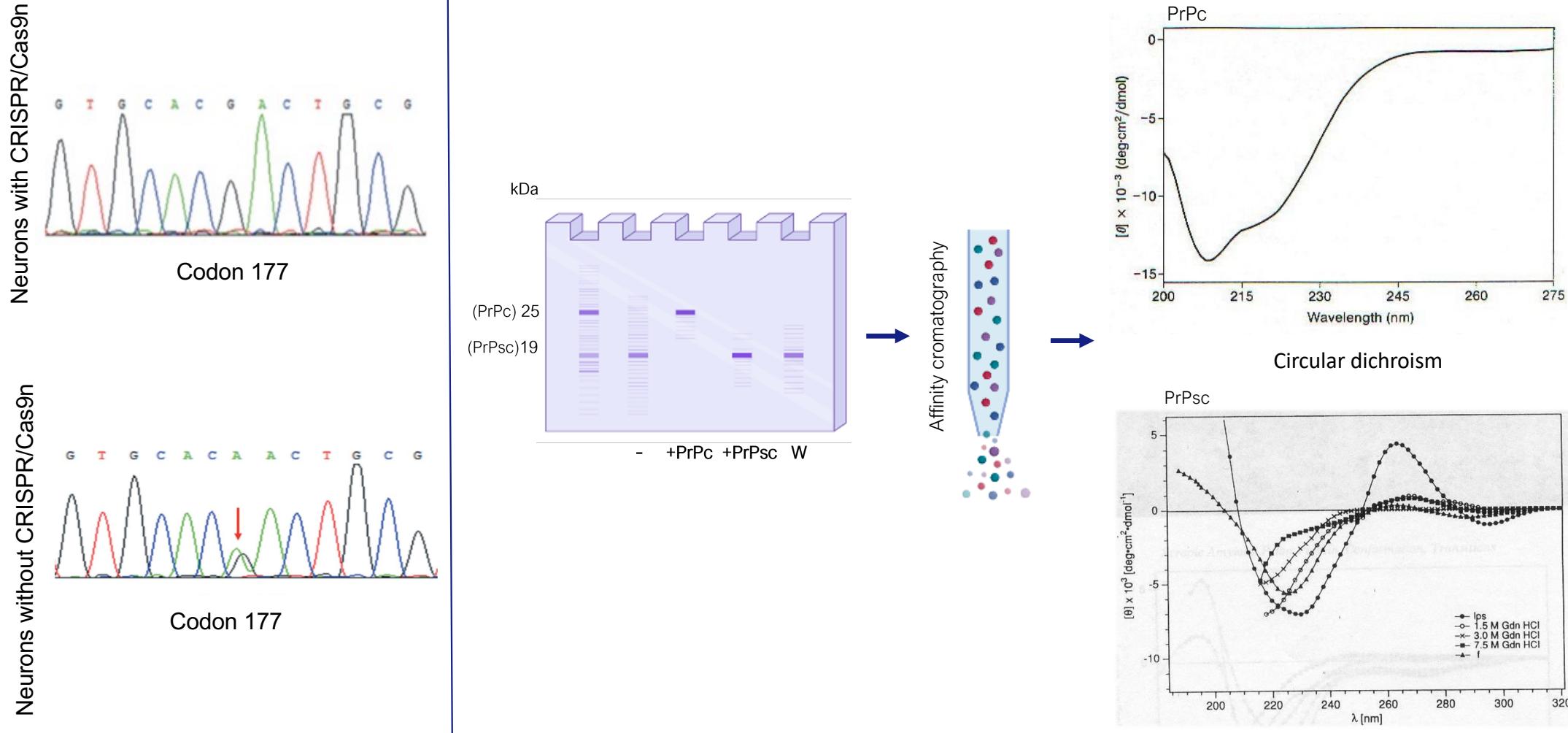
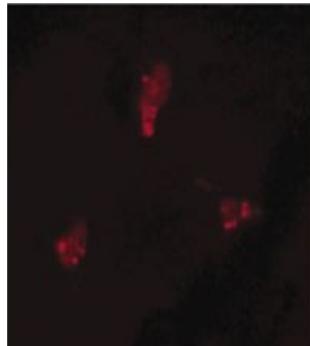


Fig. 9 Taken from <https://digilander.libero.it/marcofranceschin/Prioni/prioni2b.htm>

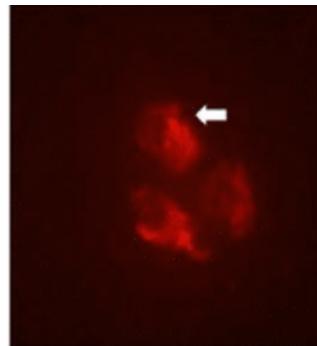
## FUNCTIONAL ANALYSIS

### 1. FRET

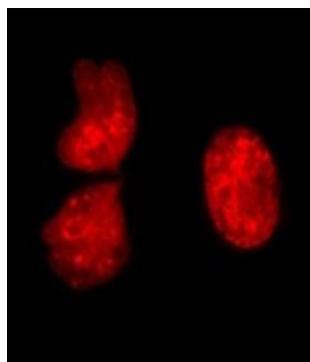
Neurons treated  
with CRISPR



Neurons treated  
without CRISPR



Neurons no treated

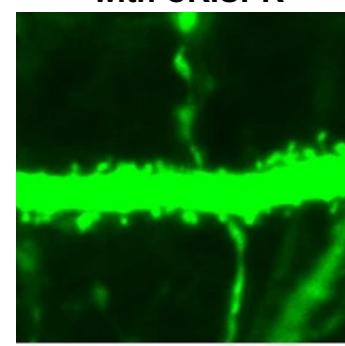


Wild type

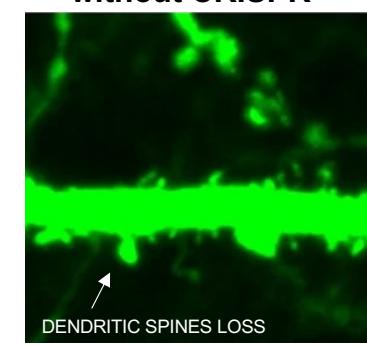


### 2. MORPHOLOGICAL ANALYSIS

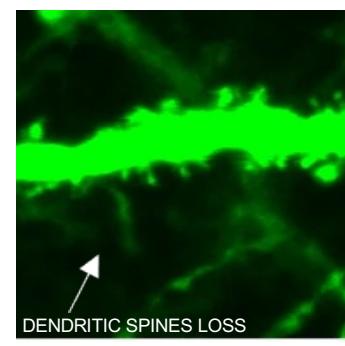
Neurons treated  
with CRISPR



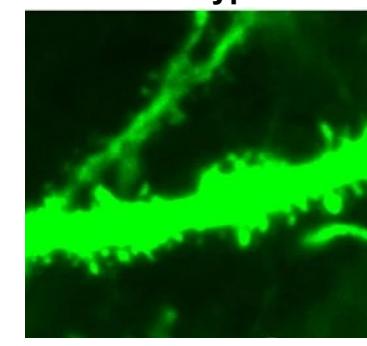
Neurons treated  
without CRISPR



Neurons no treated



Wild type



# EXPERIMENT IN MOUSE *Tg (Prnp<sup>\*M128<sup>\*</sup>D177N)FFI-10Rchi</sup>*

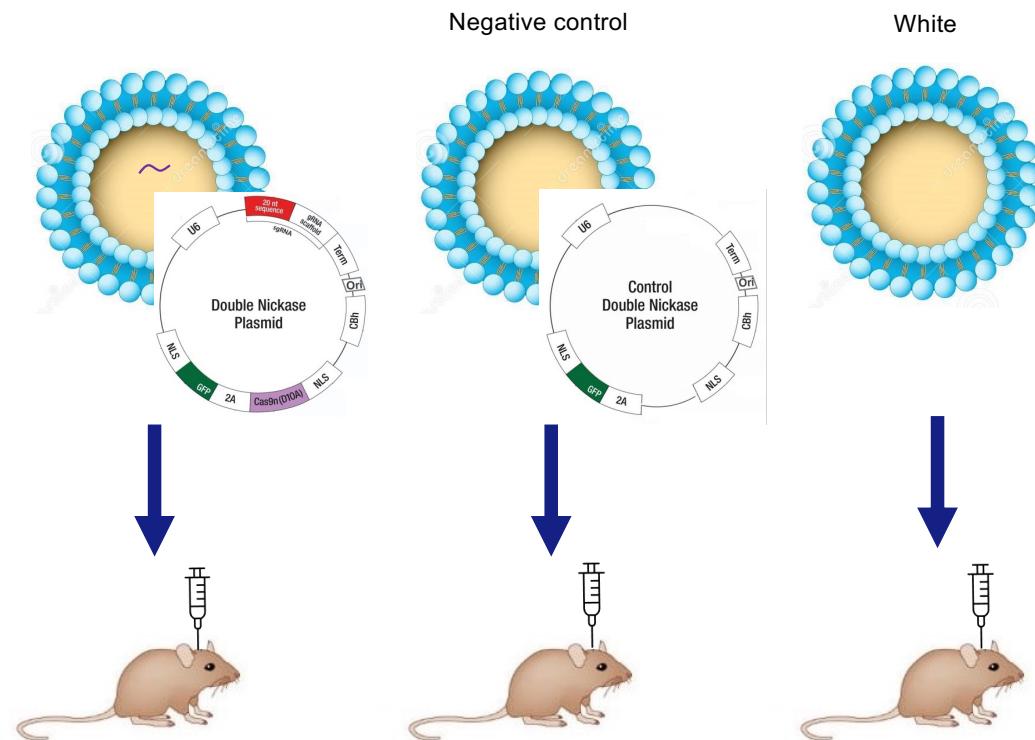
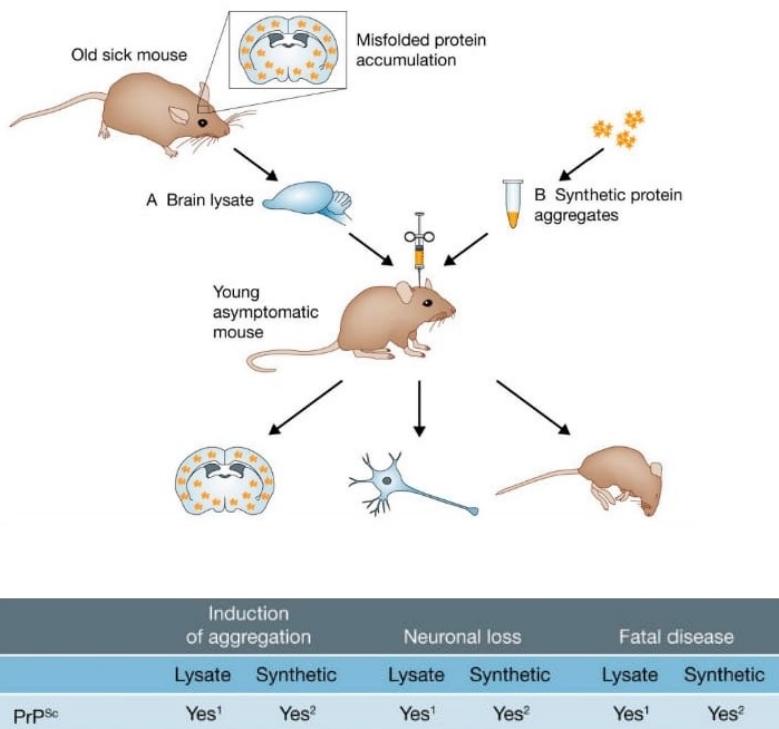


Fig. 10 Polymenidou M, Cleveland DW. Prion-like spread of protein aggregates in neurodegeneration. J Exp Med. 2012 May.

# EXPECTED RESULTS

*Tg (Prnp<sup>\*M128\*D177N)FFI-10Rchi</sup>*

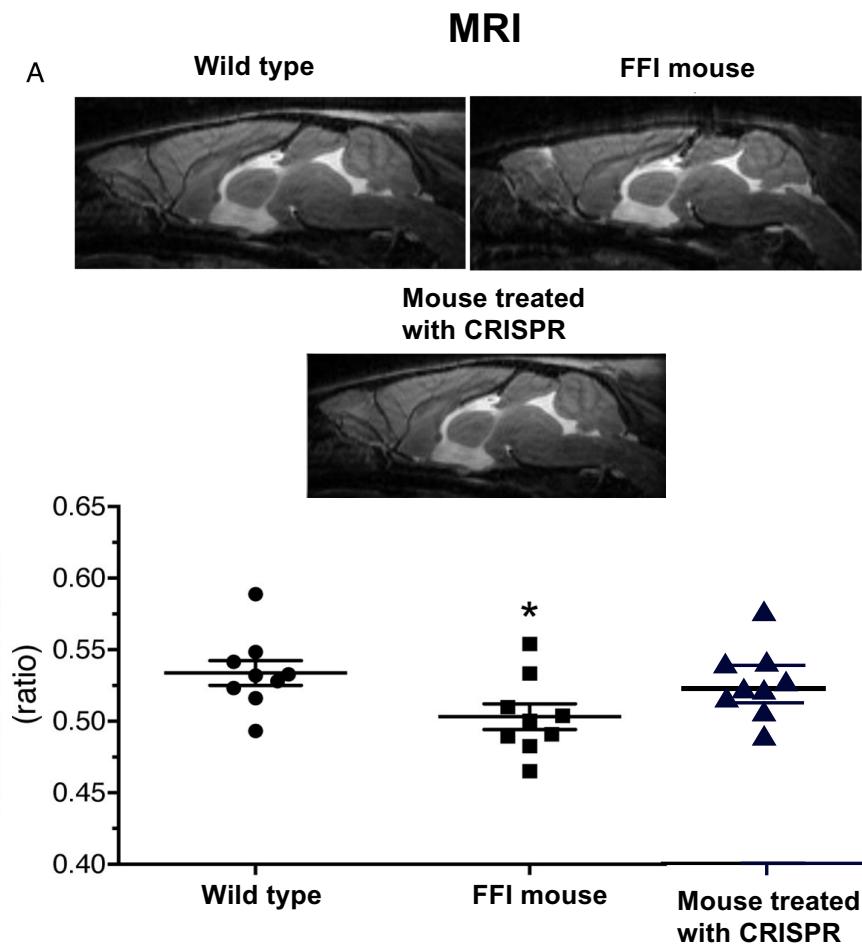
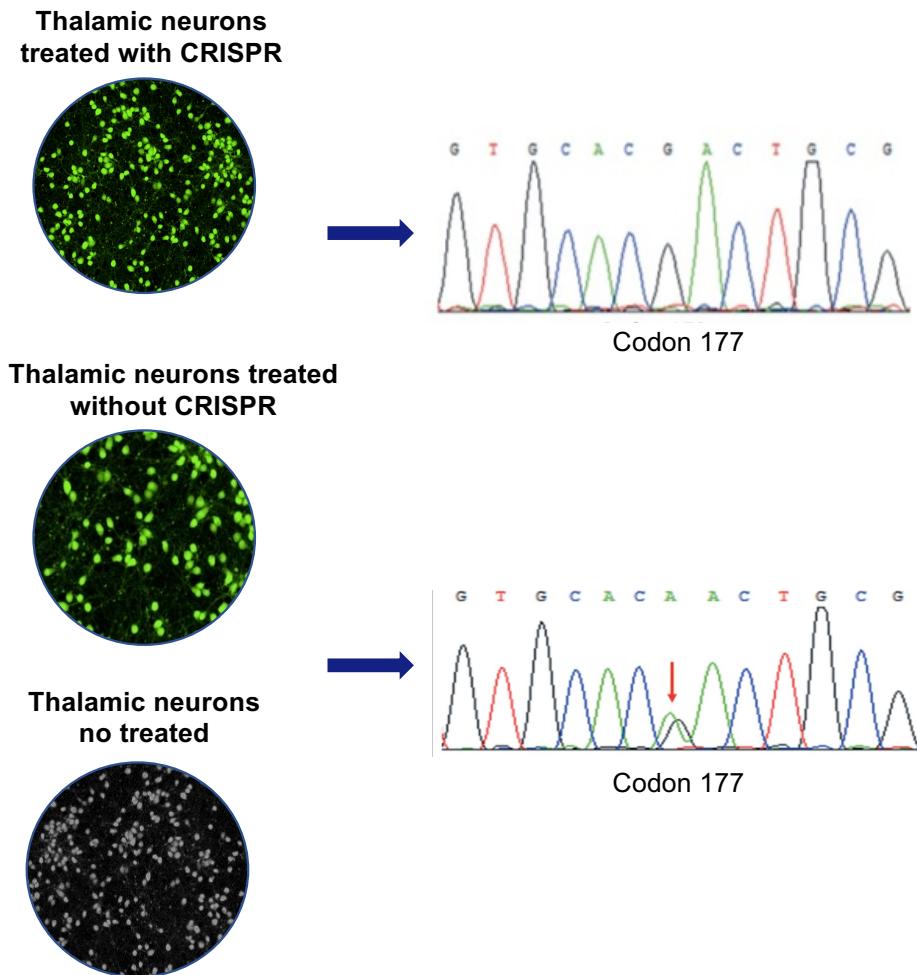
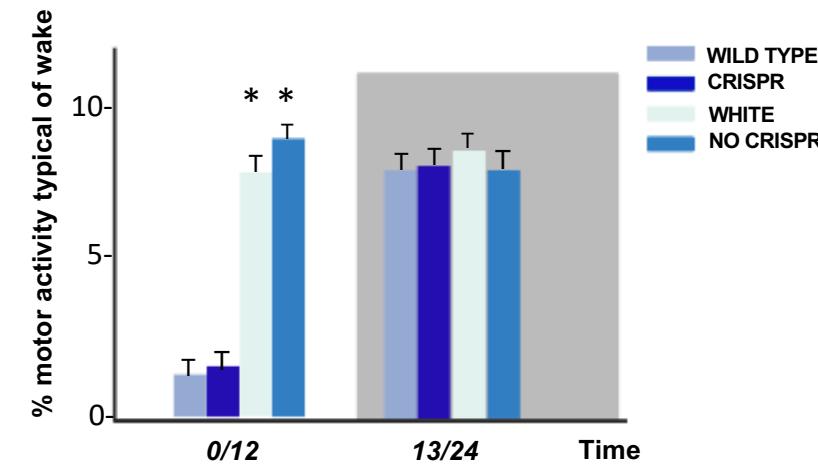
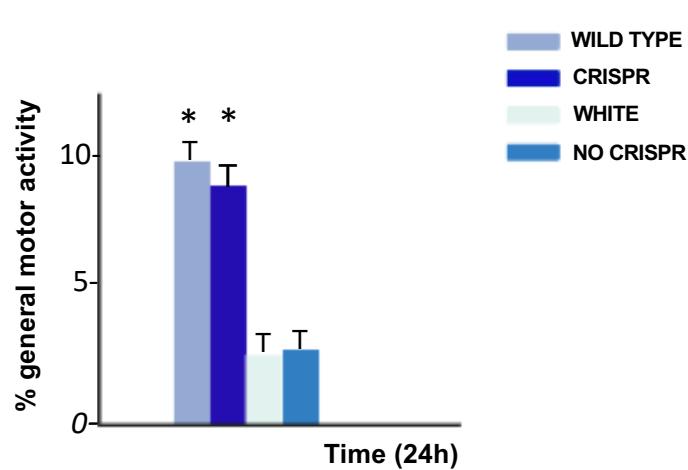


Fig. 11 Adapted from Bouybouyne I et al. (2015) Transgenic Fatal Familial Insomnia Mice Indicate Prion Infectivity-Independent Mechanisms of Pathogenesis and Phenotypic Expression of Disease.

## AUTOMATED MOUSE BEHAVIORAL ANALYSIS



## REM SLEEP

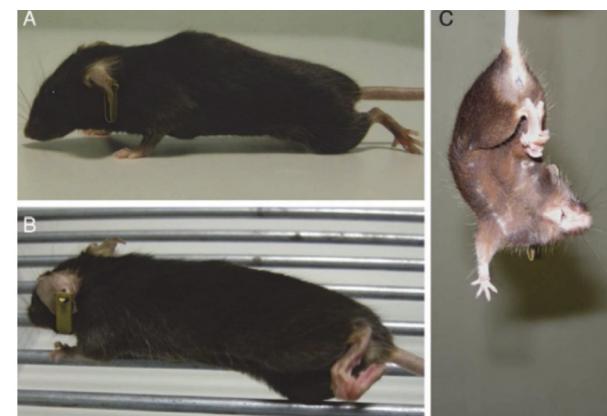
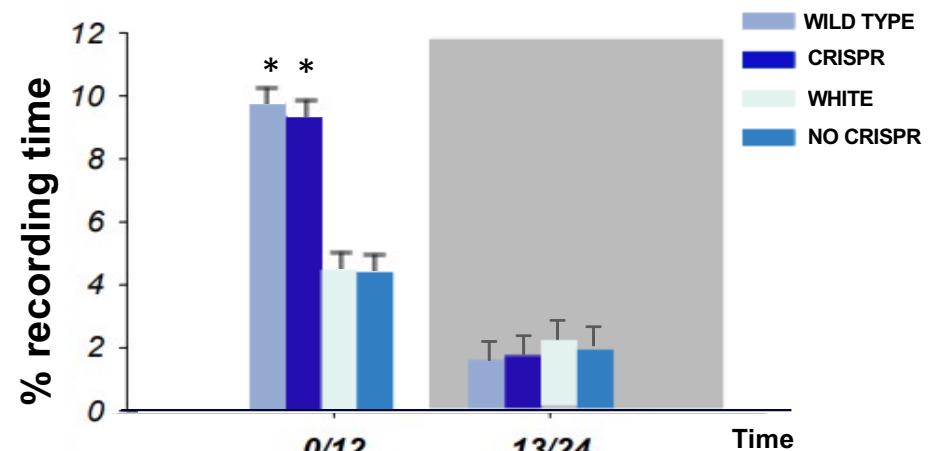


Fig. 12 Taken from *Neurological Illness in Transgenic Mice Expressing a Prion Protein with an Insertional Mutation* Chiesa, Roberto et al. *Neuron*.

## CONCLUSIONS

We demonstrated that the **liposome-delivered CRISPR/Cas9n system** is able to prevent the PrPSc phenotype from PrPc by repairing the genotype on the mutated codon 177.

It has been seen through behavioral analysis that the late phenotype can't be reversed, but through **preventive treatment** it is possible to block the progression of the disease.

## PITFALLS

The number of **sgRNAs** sufficient to direct the CRISPR/Cas9n system to the target;

Potential **off-target effects** of CRISPR on the genome;

To increase the **efficiency** of HDR in post-mitotic cells it is necessary to inhibit the NHEJ system\*.

## PERSPECTIVES

More studies on human in vitro cells are needed before moving on to **human in vivo experiment**.

We hope to arrive at in vivo therapy, given the following advantages:

- Local non-viral delivery of CRISPR/Cas9n provides transient expression;
- Potential curative therapy from single dose;
- Permanent gain of function with targeted gene insertion.

Furthermore, reaching the thalamus wouldn't represent a limit for humans thanks to the use of **stereotaxic surgery**, a non-invasive procedure already used in humans to reach the deep parts of the brain with ultra-precision.

# COSTS AND MATERIALS

**TOT. € 389.600**

WHAT?	HOW MUCH?	WHERE?
PEG	50 €	
Lipofectamine	400 €	
Antibody scFv46.1	8900 €	
Plasmid	650€/10 µg	
Ultracruz® Transfection Reagent	177€/2 ml	
Transfection medium for Plasmid	8 €/20 ml	
Western Blot kit	2000 € ca	
Pirosequencing 454 Roche	1000 €	
BLESS- seq	500 € ca	
Affinity Cromatography kit	150 €	External Laboratory
Spectropolarimeter	80 €	External Laboratory
BLACK-Comet Spectrophotometer	50 €	External Laboratory
Tg mouse	800 € ca	External Laboratory
Mouse stabulation	10.000 €	
MRI	50 € ca	The Jackson Laboratory
Polygraphic analysis	300 € ca	
Research team	150.000€/year	External Laboratory

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