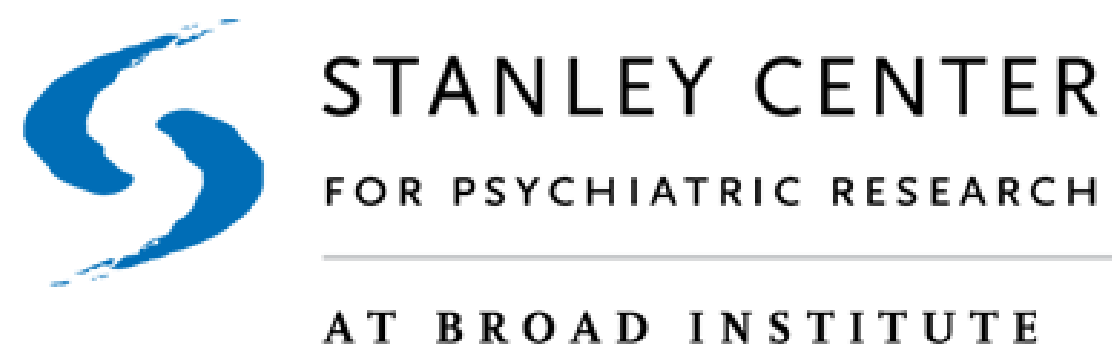
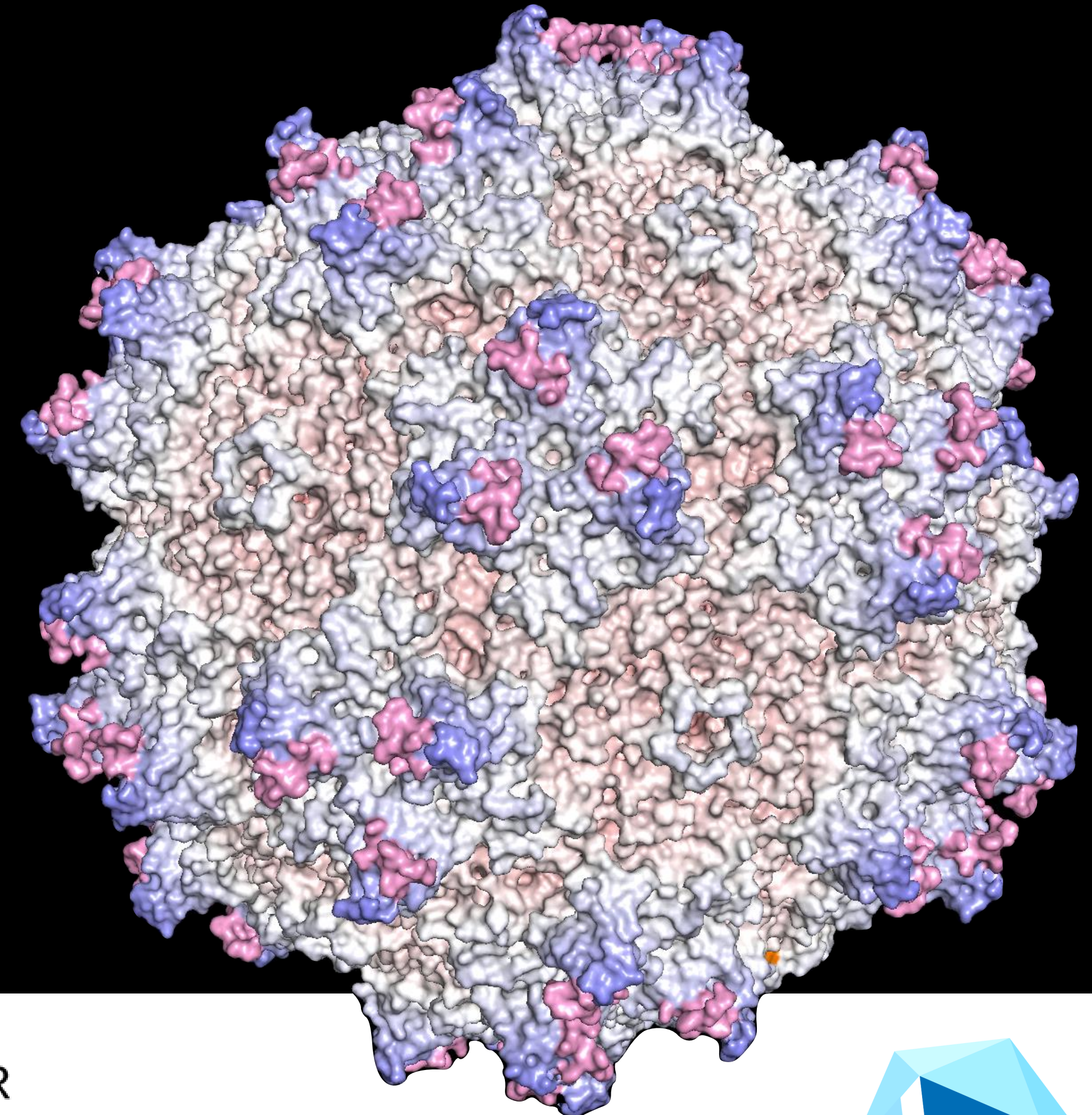


Delivering a prion protein lowering gene therapy across the human blood-brain barrier

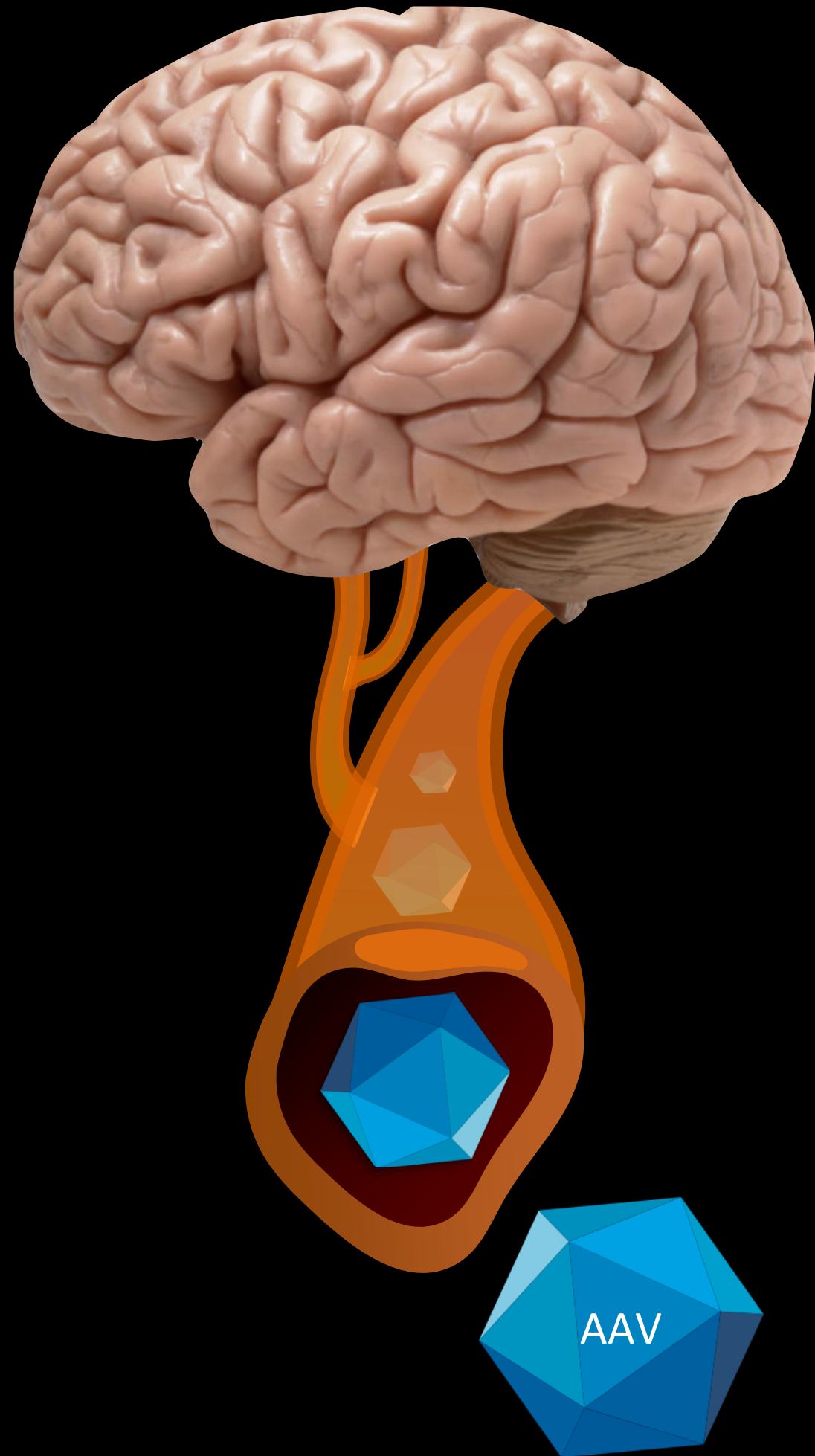
Ken Chan
Group Leader of Vector Engineering
Deverman Lab
Stanley Center for Psychiatric Disease
Broad Institute of MIT and Harvard

2024 Creutzfeldt-Jakob Disease Foundation Conference

Session: Rational drug design for prion diseases and how this informs other ADRDs



Engineering AAV vectors that enable efficient CNS-wide gene delivery in humans through the vasculature is challenging because of the blood brain-barrier



Advantages

- The vasculature provides access to all regions of the CNS
- Most uniform
- Non-invasive

Disadvantage

- Transduction efficiency is low across the CNS with naturally occurring AAVs
- Exposure to pre-existing neutralizing antibodies

Capsid engineering can dramatically enhance the targeting of AAVs to the CNS

AAV9 (10^{12} vg)

AAV-PHP.B (10^{11} vg) 10x lower dose

AAV-PHP.eB (10^{11} vg) 10x lower dose

NLS-GFP

in vivo
selection

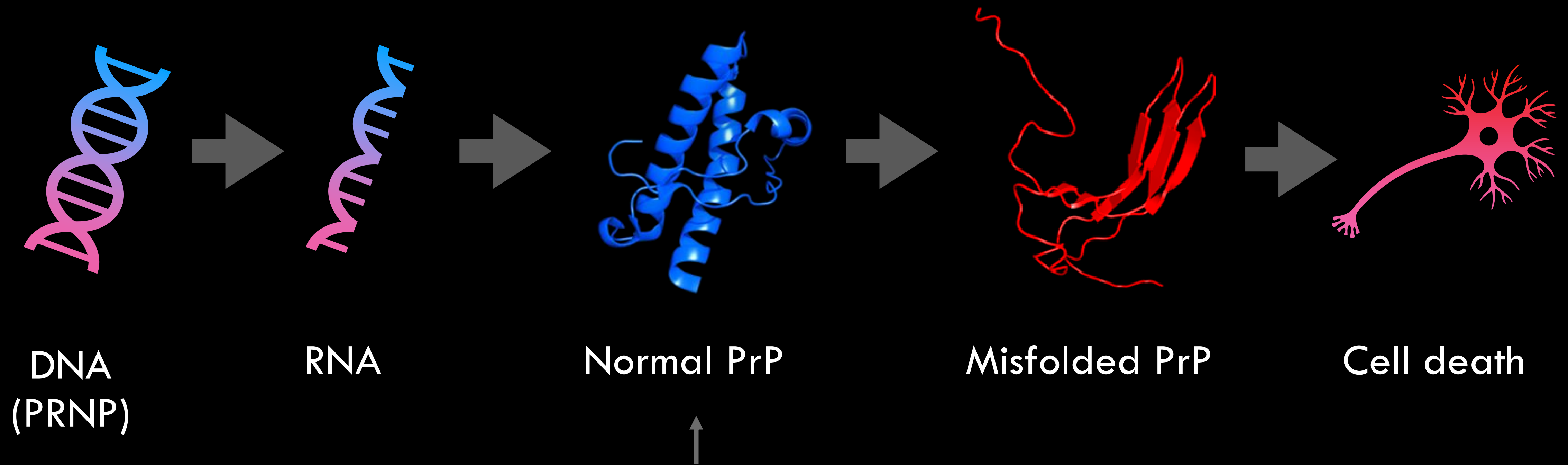
in vivo
selection

Deverman et al.
Nature Biotechnology 2016

Chan et al. Nature Neurosci 2017

Cre based cell type specific *in vivo* selection

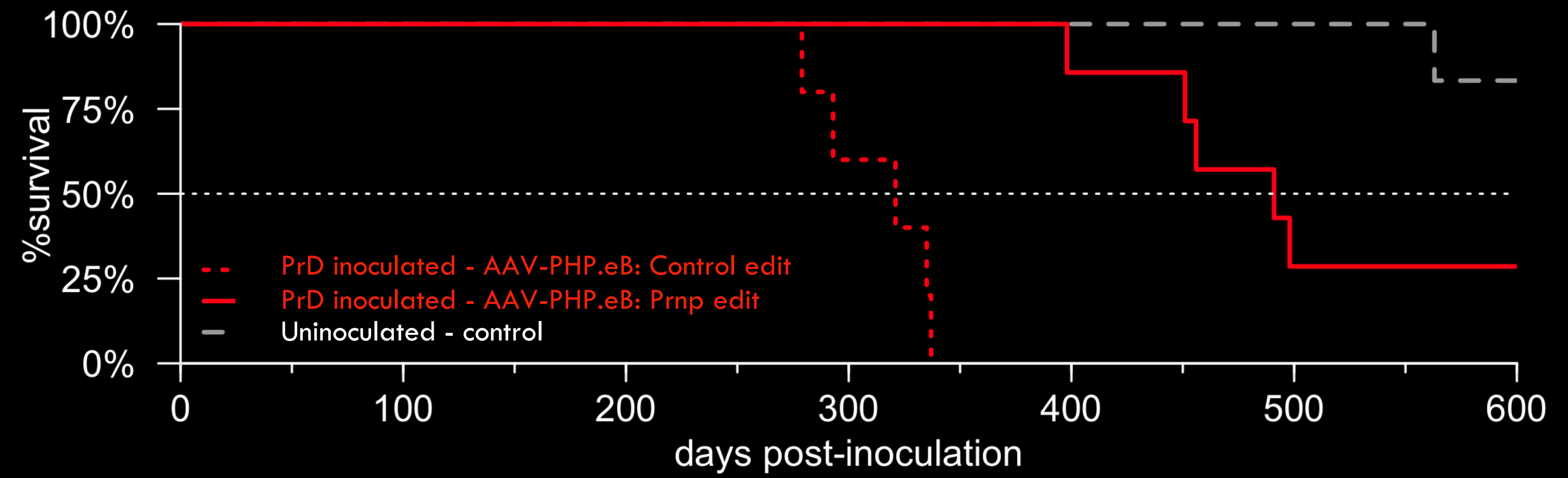
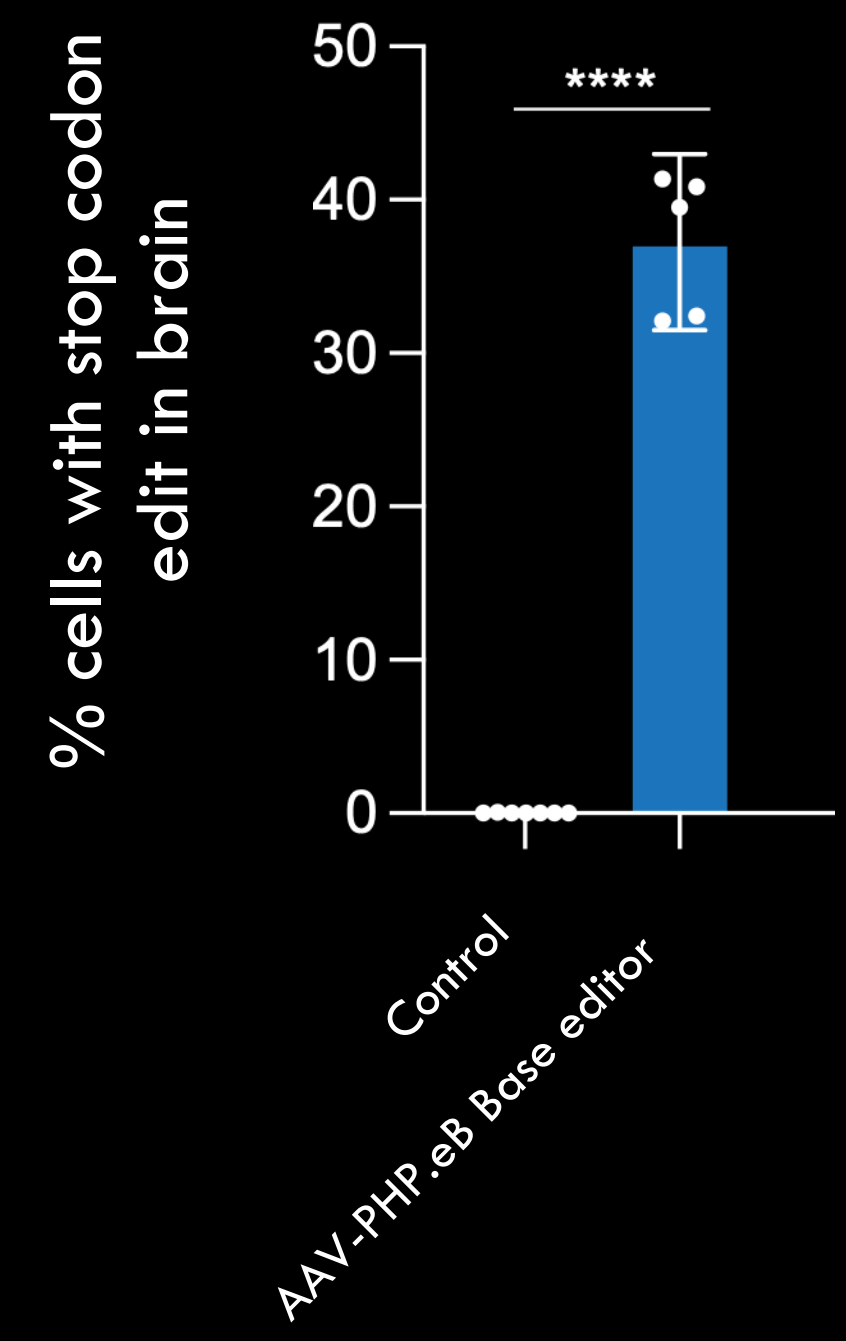
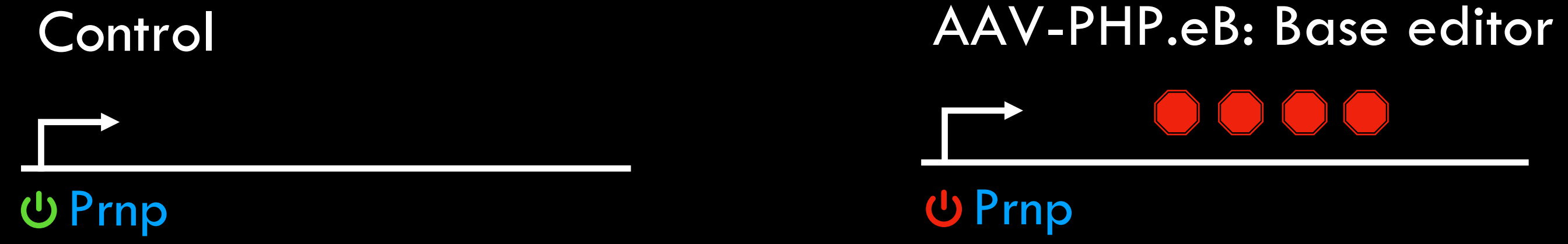
Pairing CNS-wide transducing capsids with genetic technologies as potential therapeutics for neurodegenerative disorders



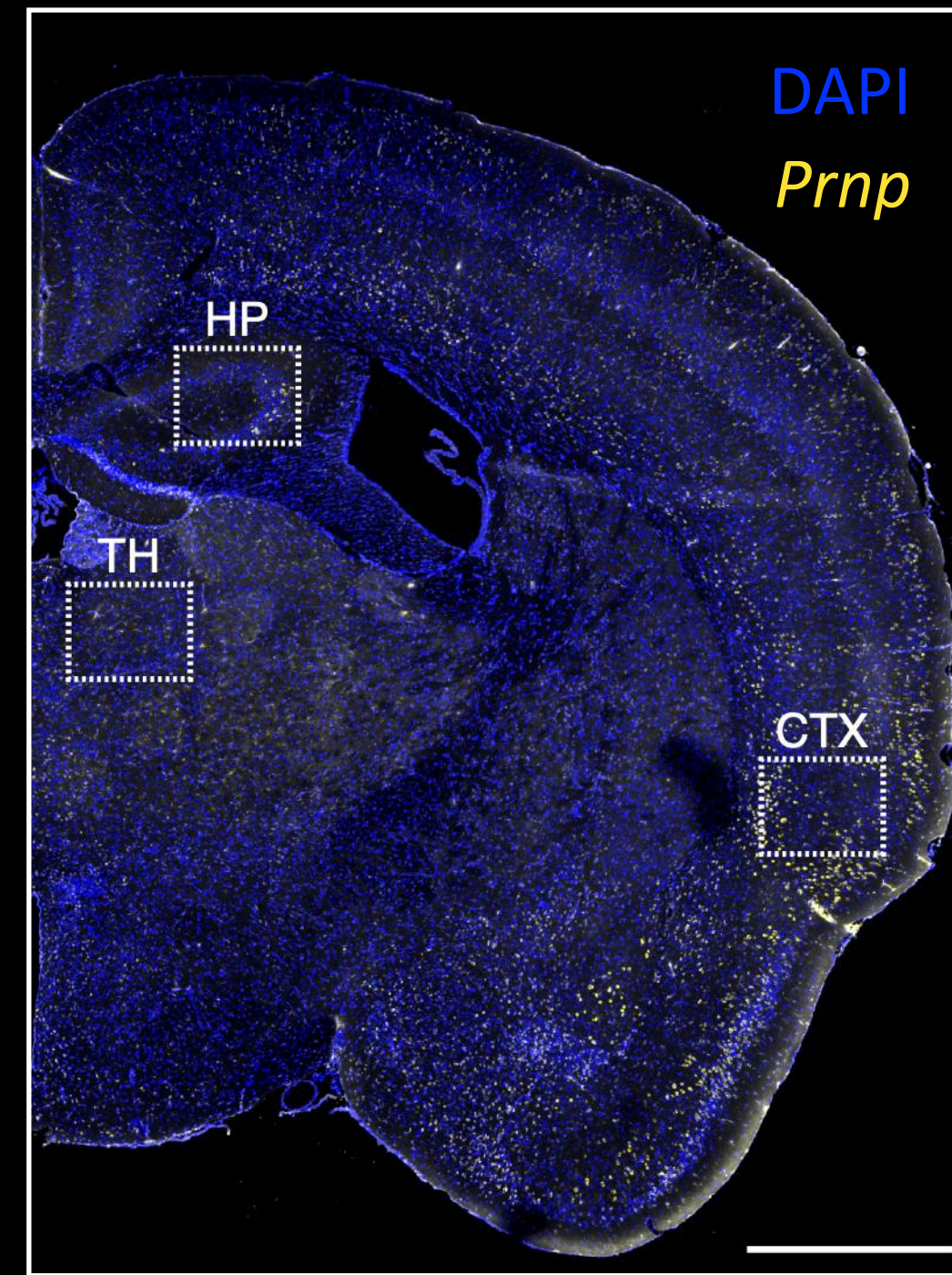
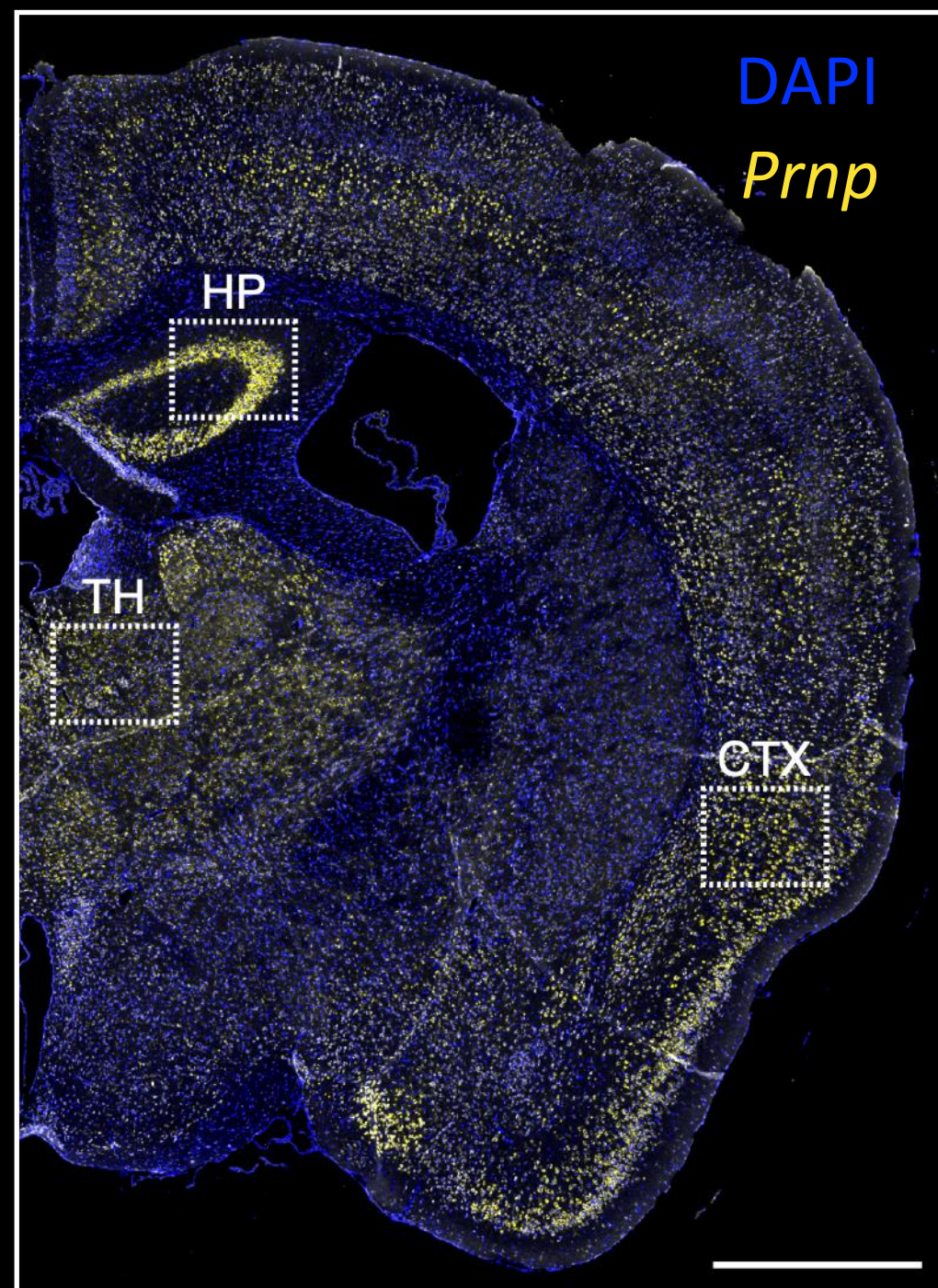
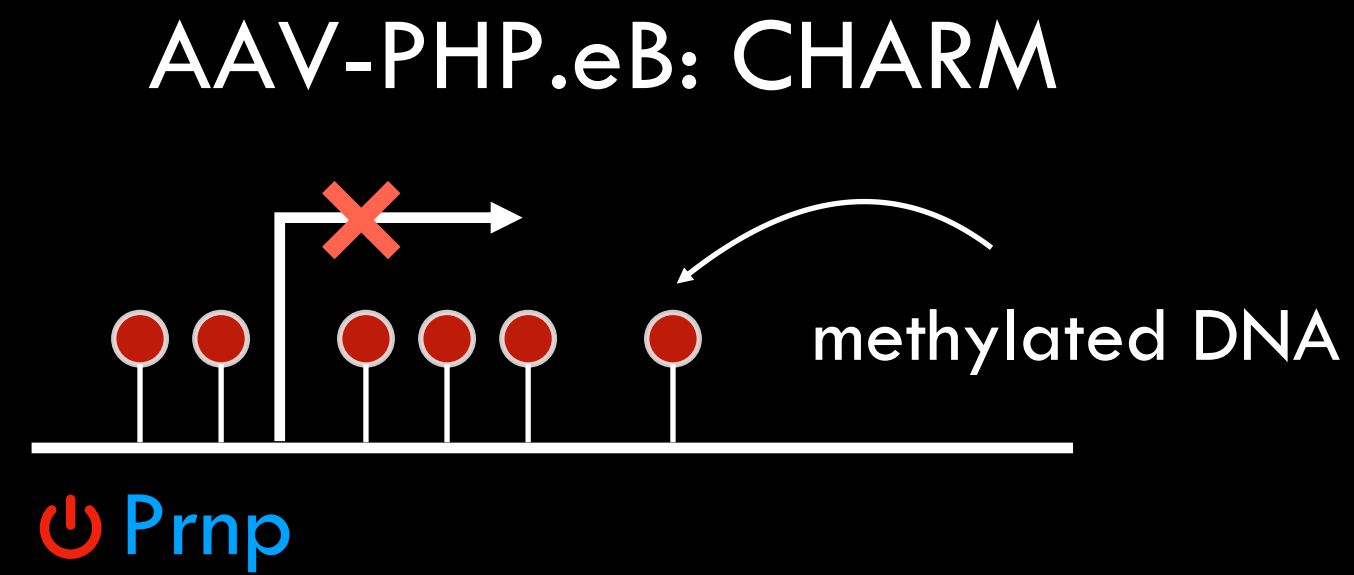
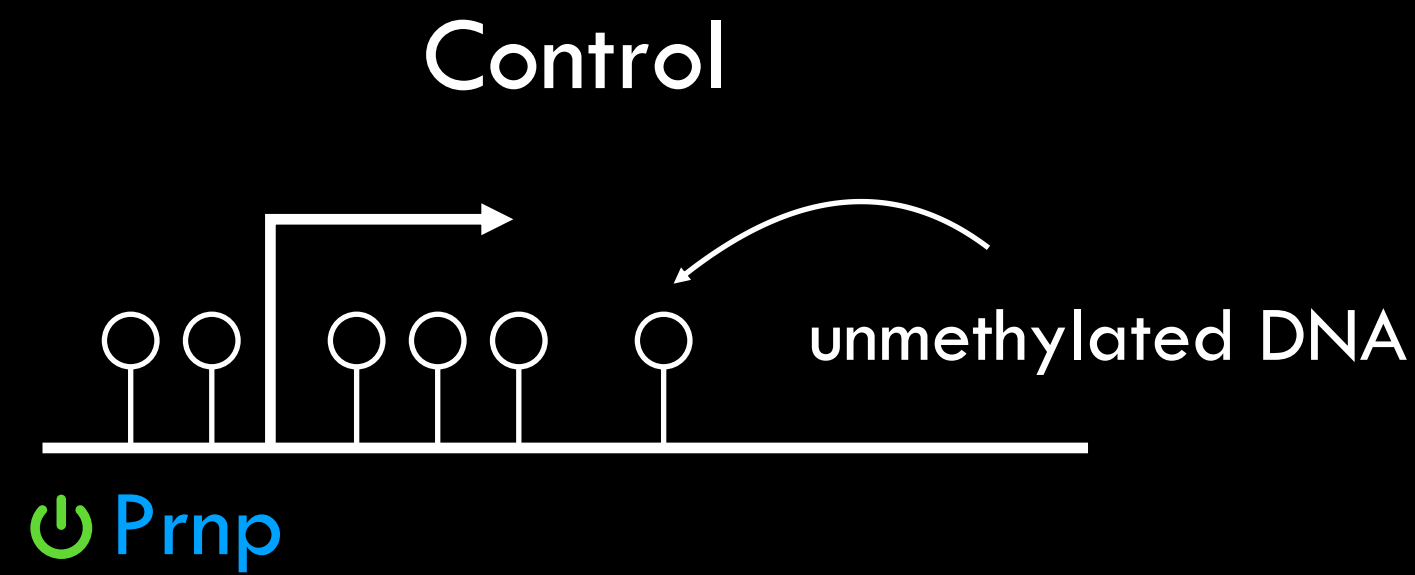
Lower PrP levels

- No established health risk
- Prolong survival time

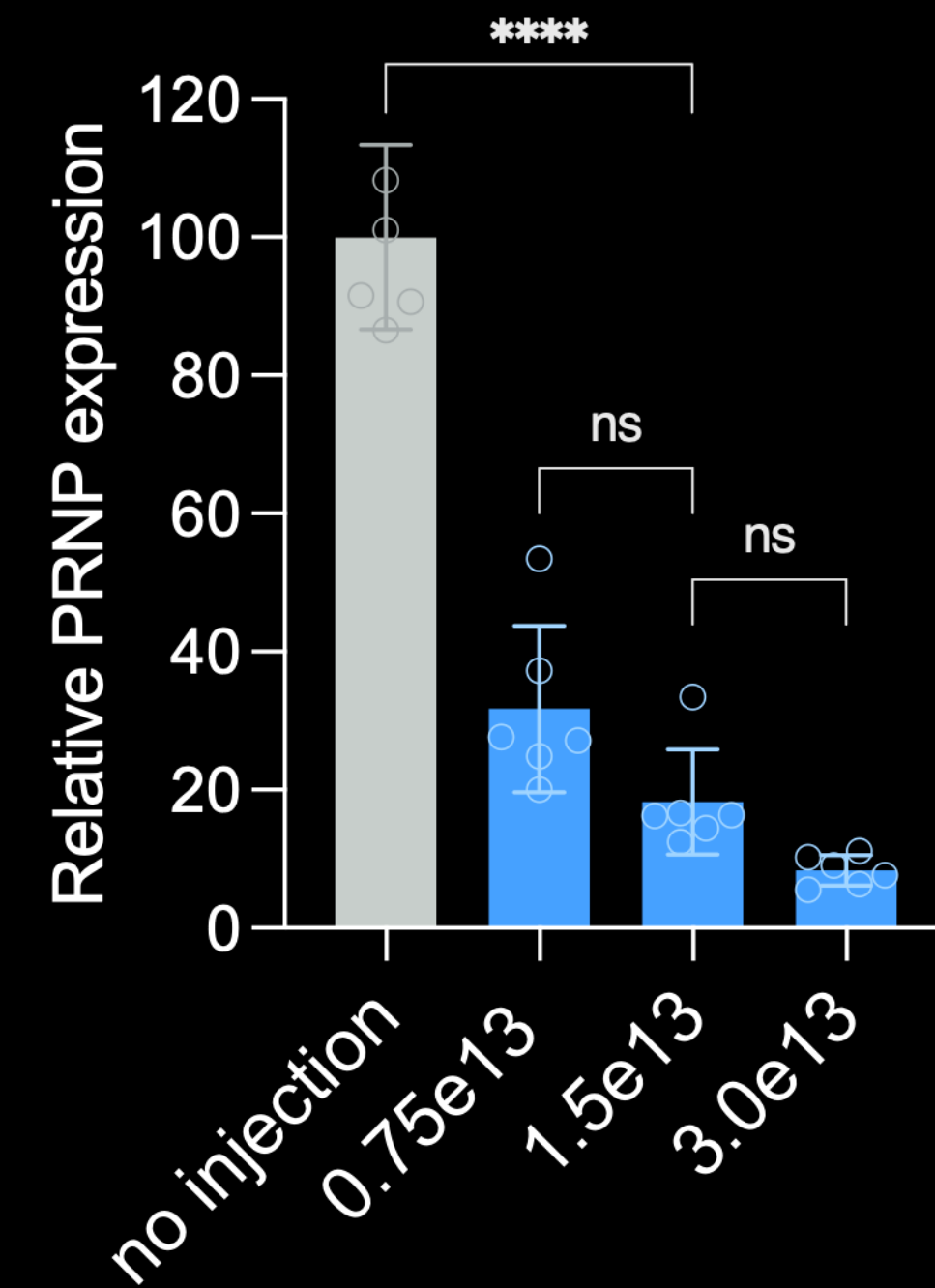
AAV-PHP.eB can be used to delivery a base editor to install early stop codons to Prnp to lower prion protein levels



AAV-PHP.eB can be used to a delivery CHARM, an epigenetic silencer, to lower prion protein levels



AAV-PHP.eB: CHARM
Dose reponse (vg/kg)



Neumann & Bertozzi et al., Science (2024).
data modified for simplicity

Reprogrammable gene-based technologies paired with CNS-wide targeting capsids has great potential but...

Versatile gene-based technologies

Base editing

Gene addition

Gene editing

Prime editing

CRISPR_{off}

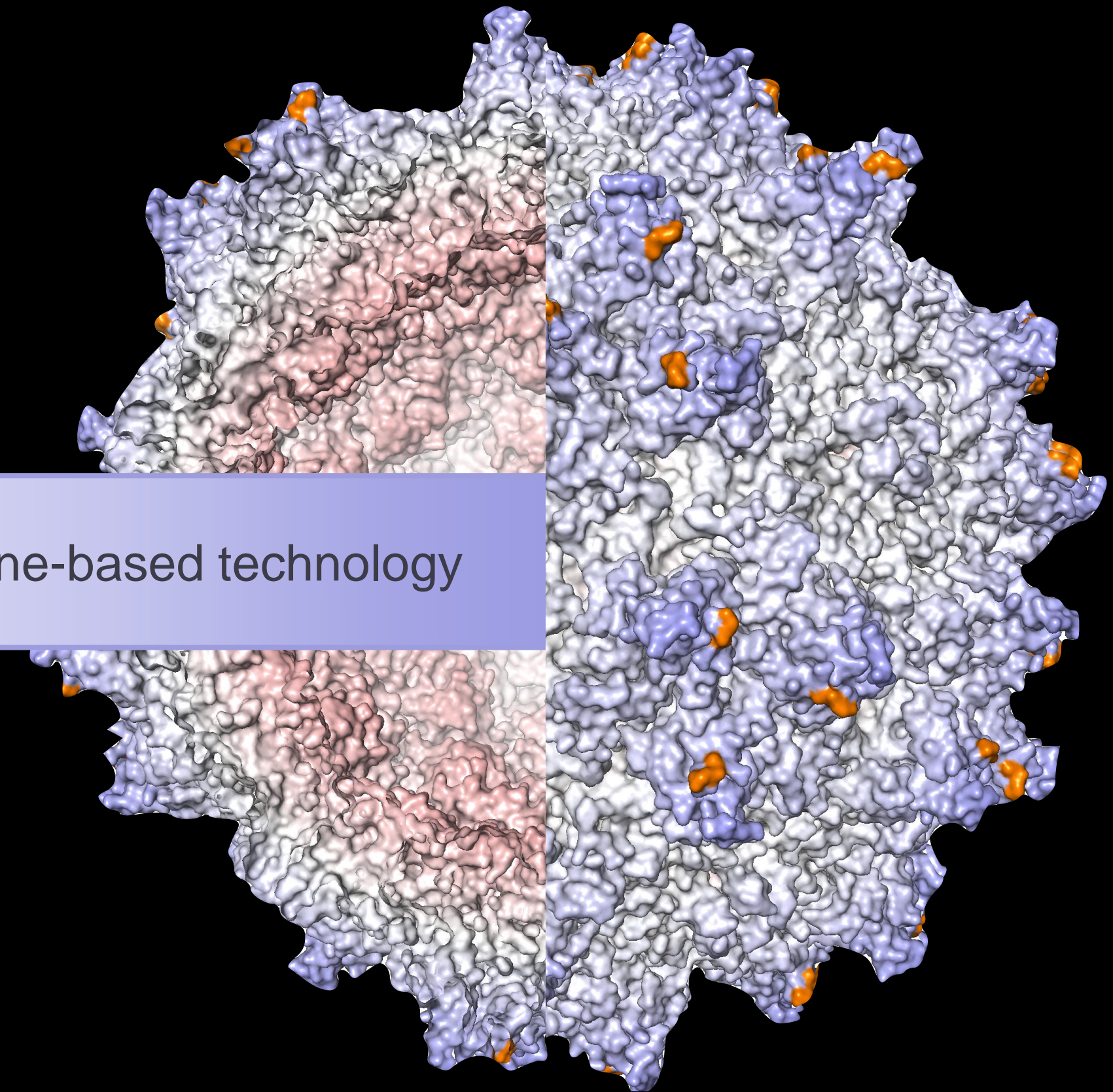
CHARM

Trans-splicing

miRNA KD



Gene-based technology



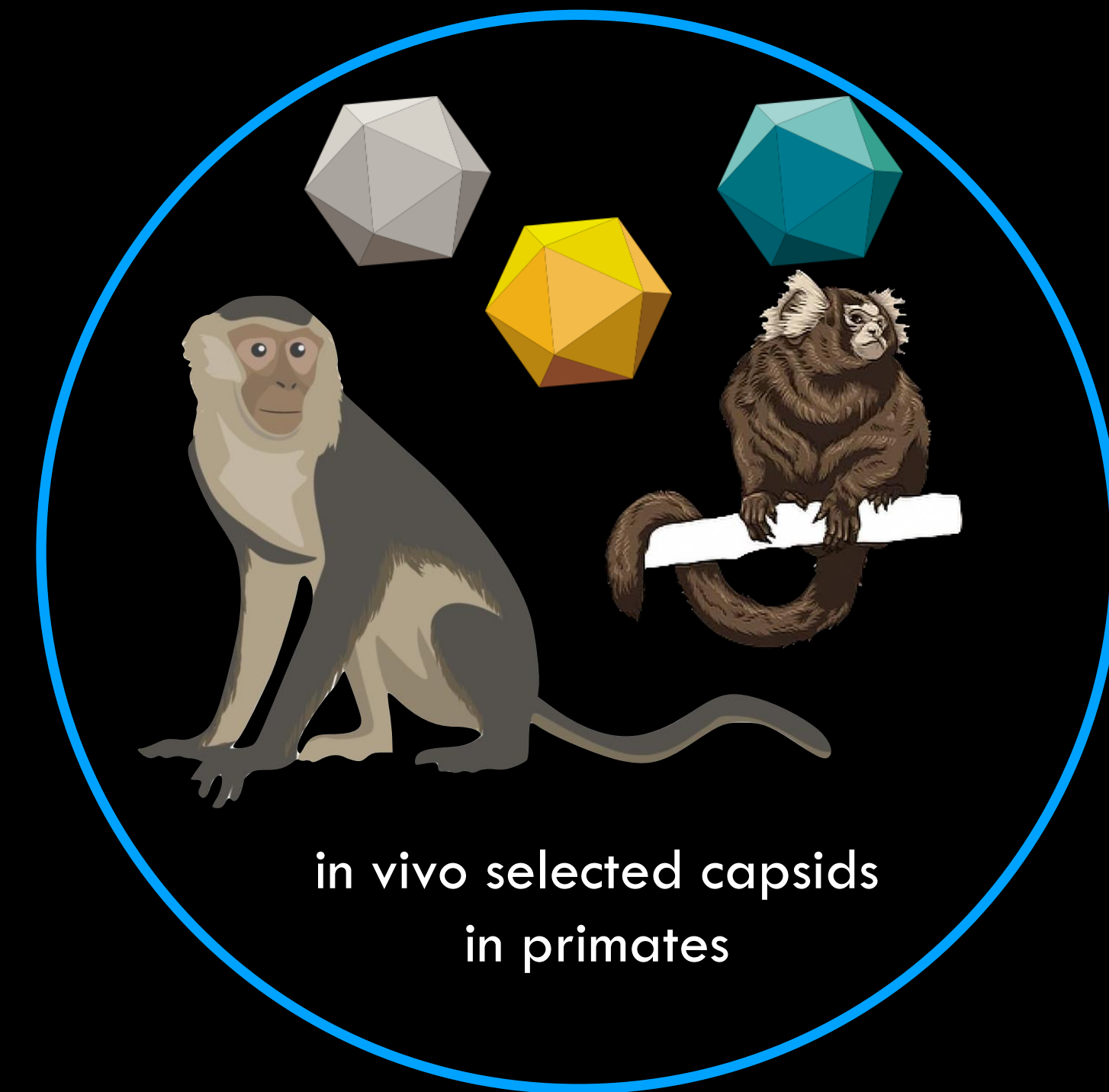
In vivo selections for CNS transducing AAVs have almost exclusively yielded capsids with species-specific enhancements



Papers describing improved mouse capsids

Deverman et al Nat Biotechnology 2016 ([AAV-PHP.B](#))
Chan et al Nat Neurosci 2017 ([AAV-PHP.eB](#))
Hanlon et al Mol Ther M&CD 2019
Kumar et al Nat Methods 2020
Nonnenmacher et al Mol Ther M&CD 2021
Huang et al bioRxiv 2022

Mouse variants do not work in
NHPs and vice versa



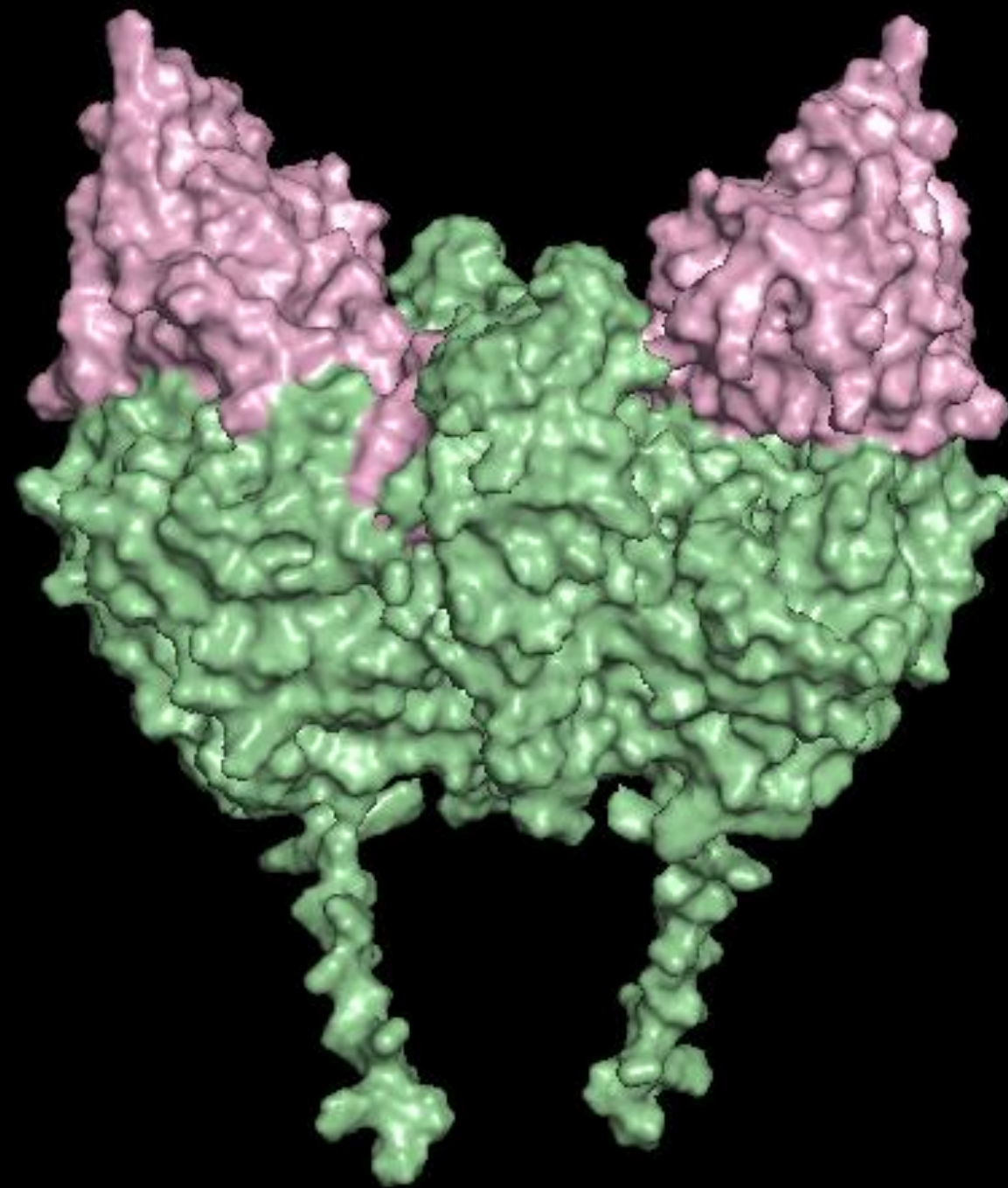
Papers describing improved NHP capsids

Goertsen et al Nat Neurosci 2022
Chen et al Neuron 2022
Chuapoco et al bioRxiv 2022

We have reprogrammed AAV capsids to enter the CNS through interactions with the human Transferrin receptor

We chose TfR1 because

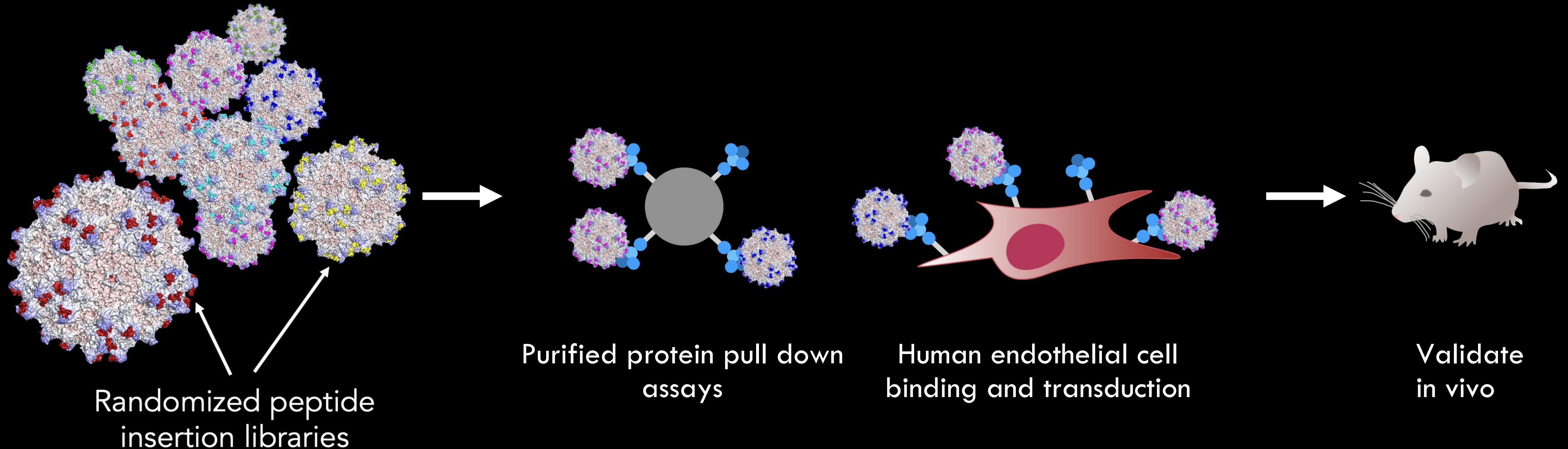
- ✓ It is highly expressed on human brain vasculature
- ✓ It is well characterized mediator of transcytosis across the blood brain-barrier
- ✓ Three TfR1 antibody-based therapeutics have demonstrated that TfR1 can be used to safely shuttle biologics into the CNS of humans



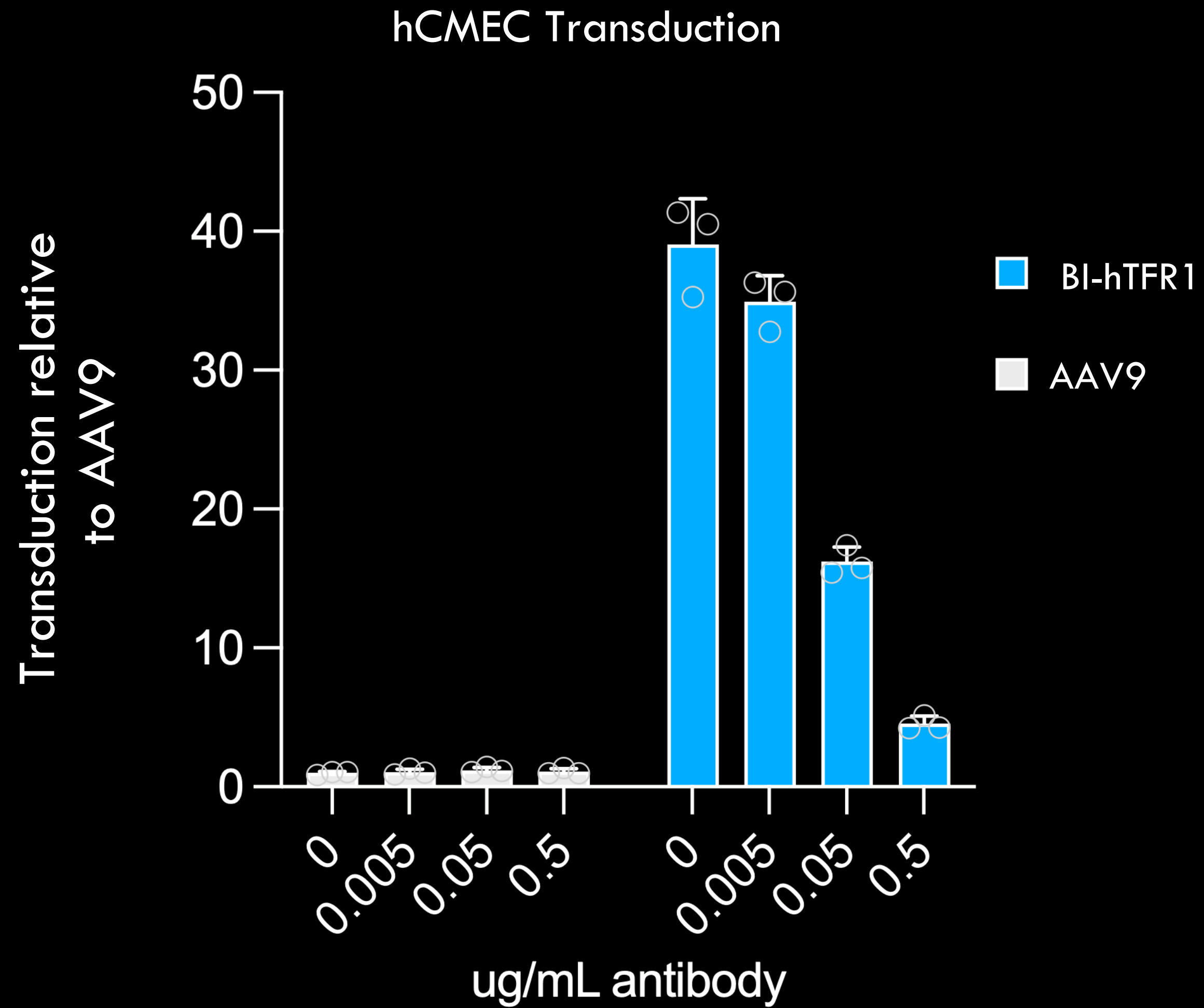
Human TfR1

We screened highly diverse AAV libraries for variants that bind TfR1 using in vitro assays

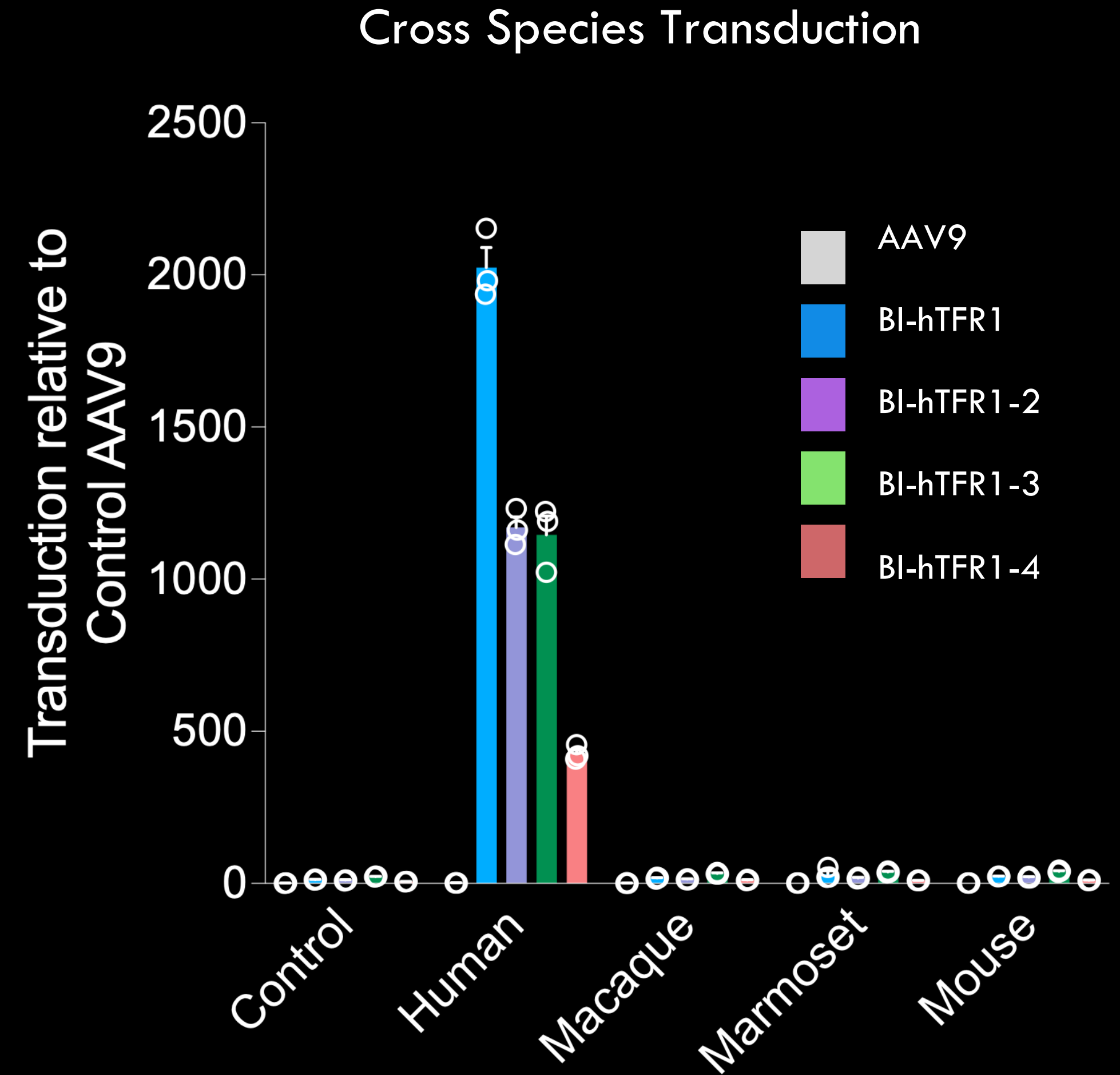
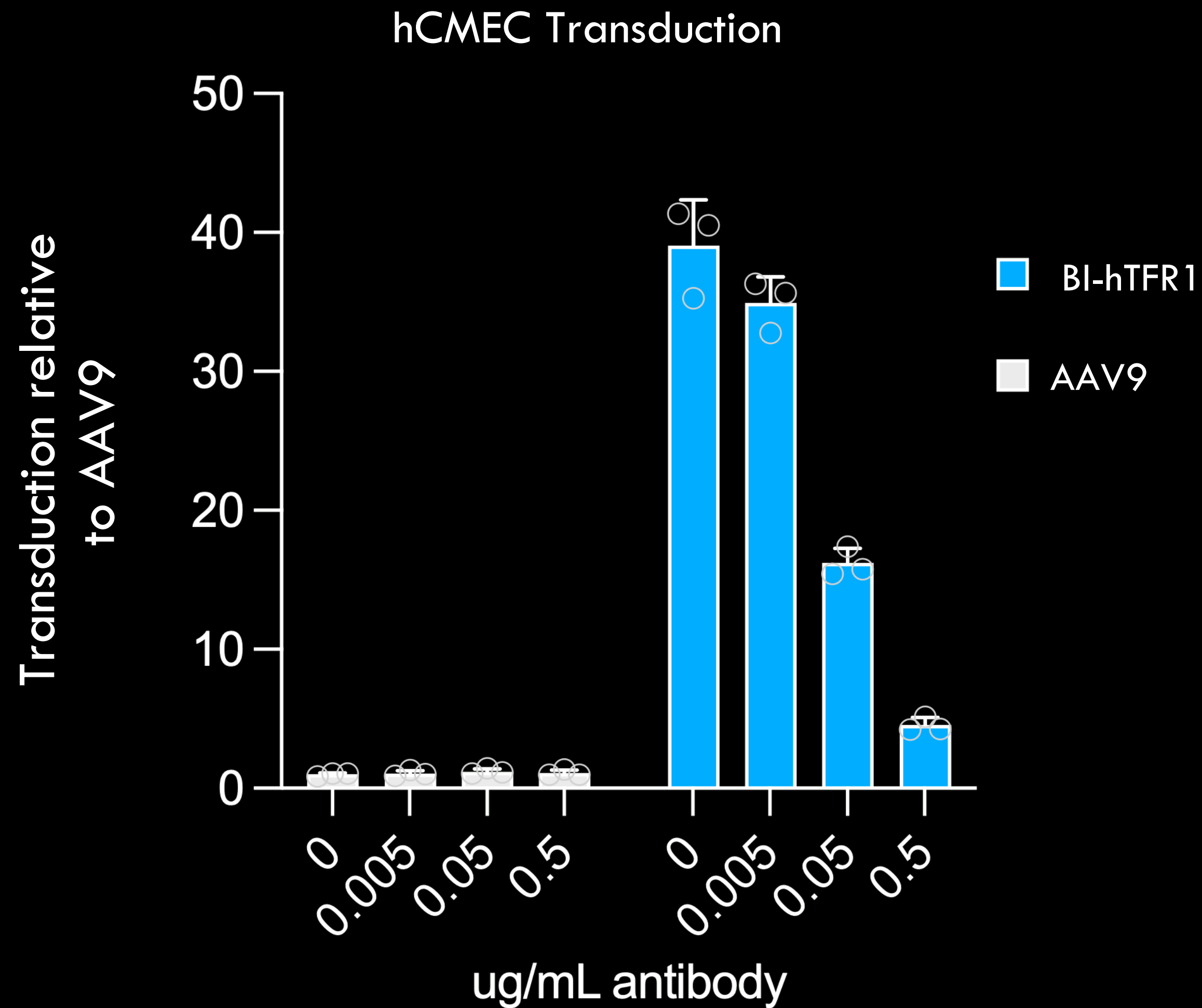
Generate AAV capsid libraries with millions of variants



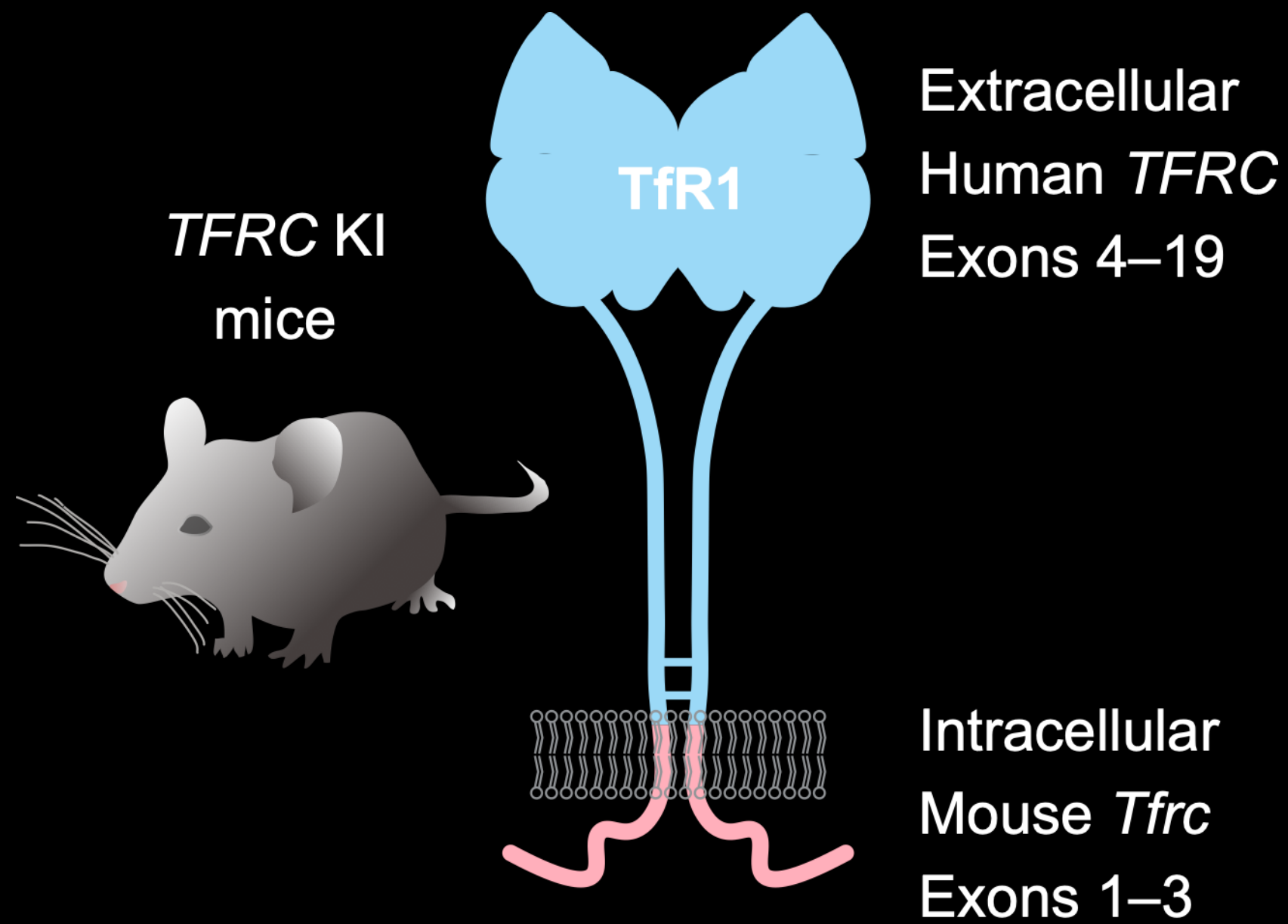
BI-hTFR1, a reprogrammed AAV that directly binds with Human Transferrin Receptor



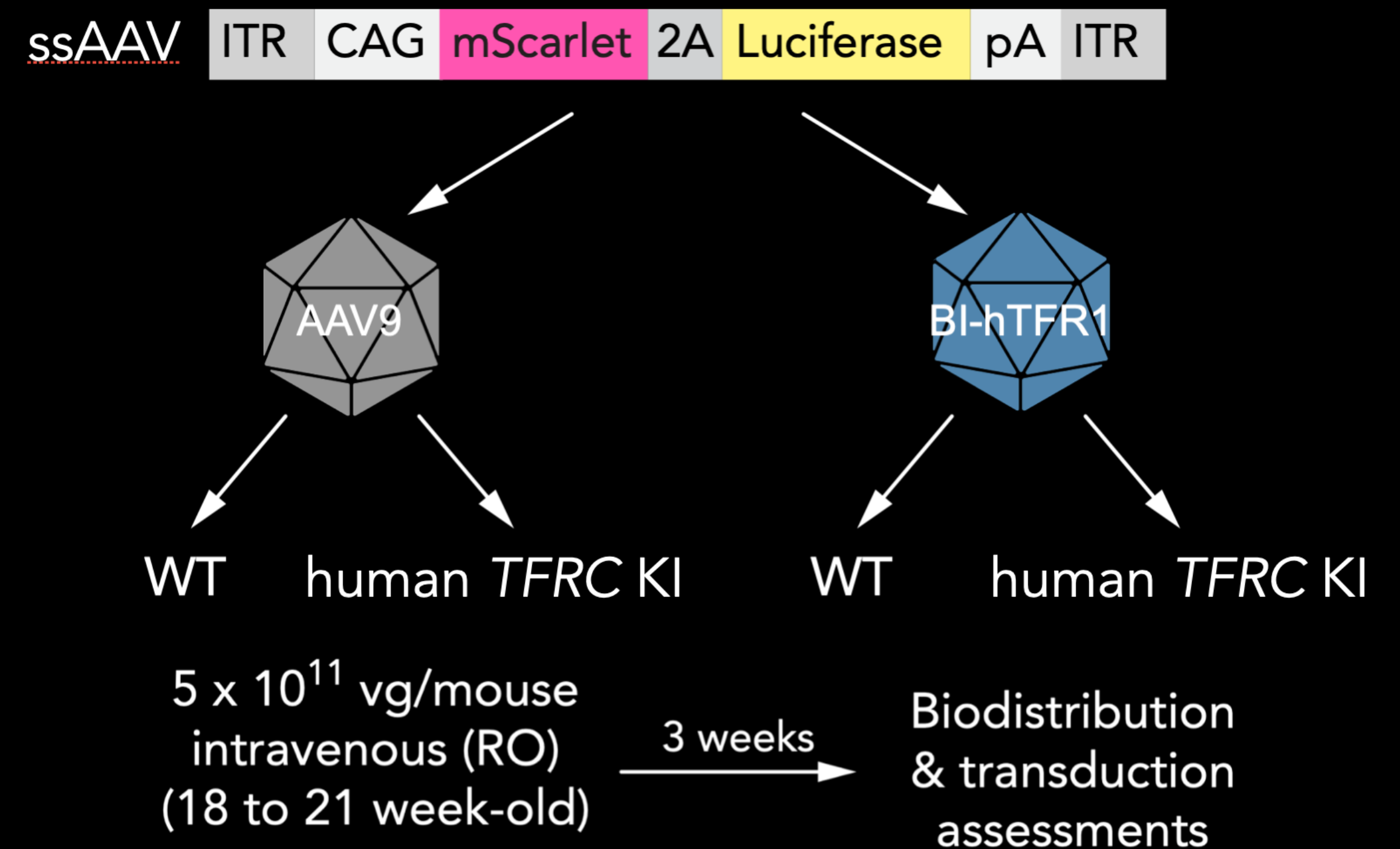
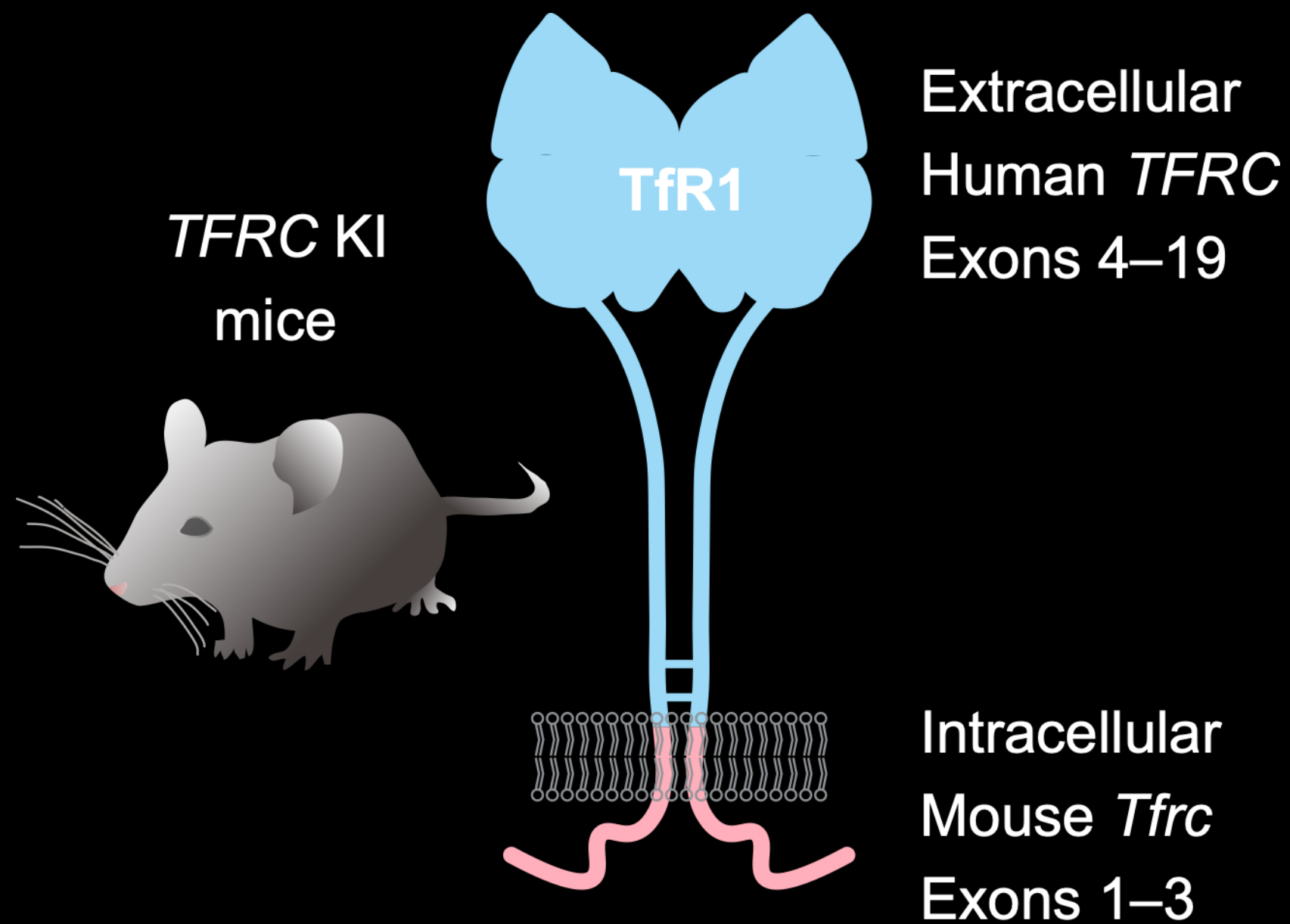
BI-hTFR1, a reprogrammed AAV that directly binds with Human Transferrin Receptor



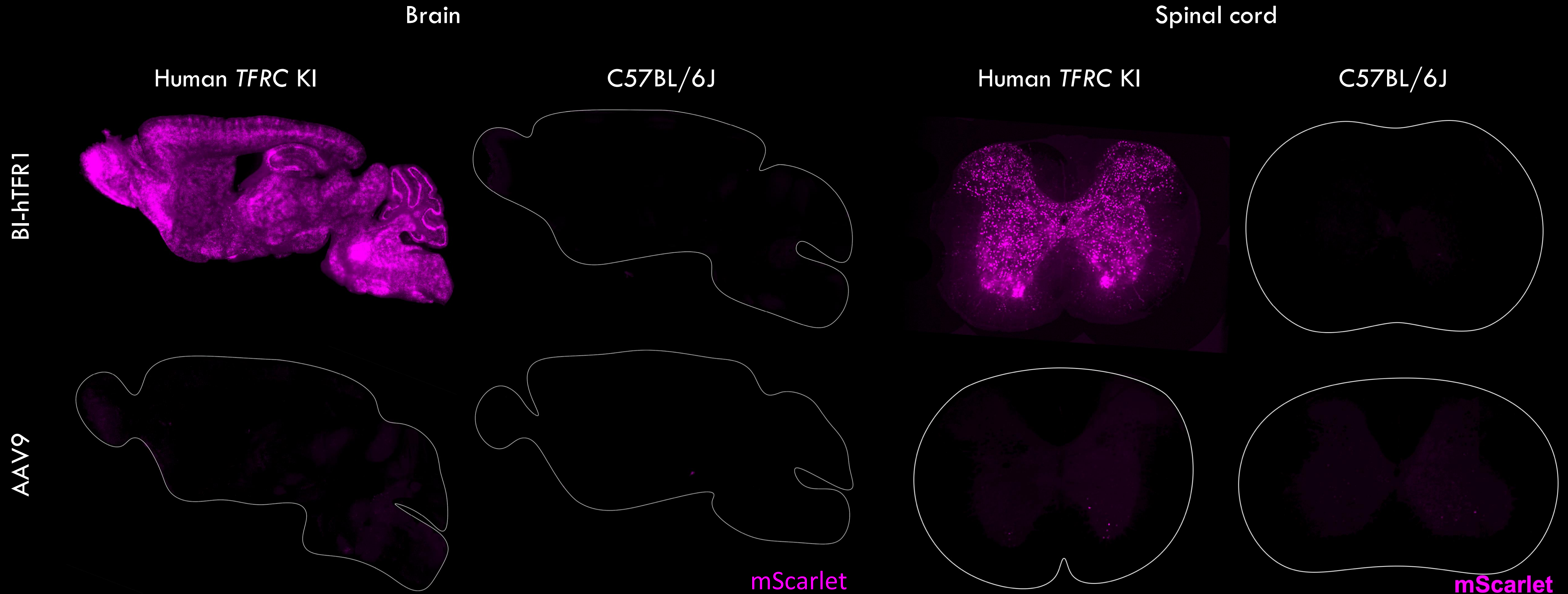
To evaluate BI-hTFR1 in vivo, we used human transferrin receptor knock in mice



To evaluate BI-hTFR1 in vivo, we used human transferrin receptor knock in mice

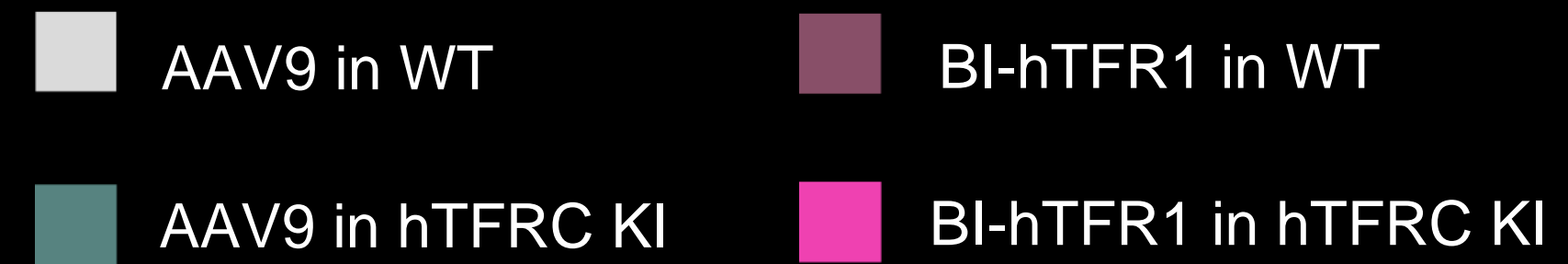
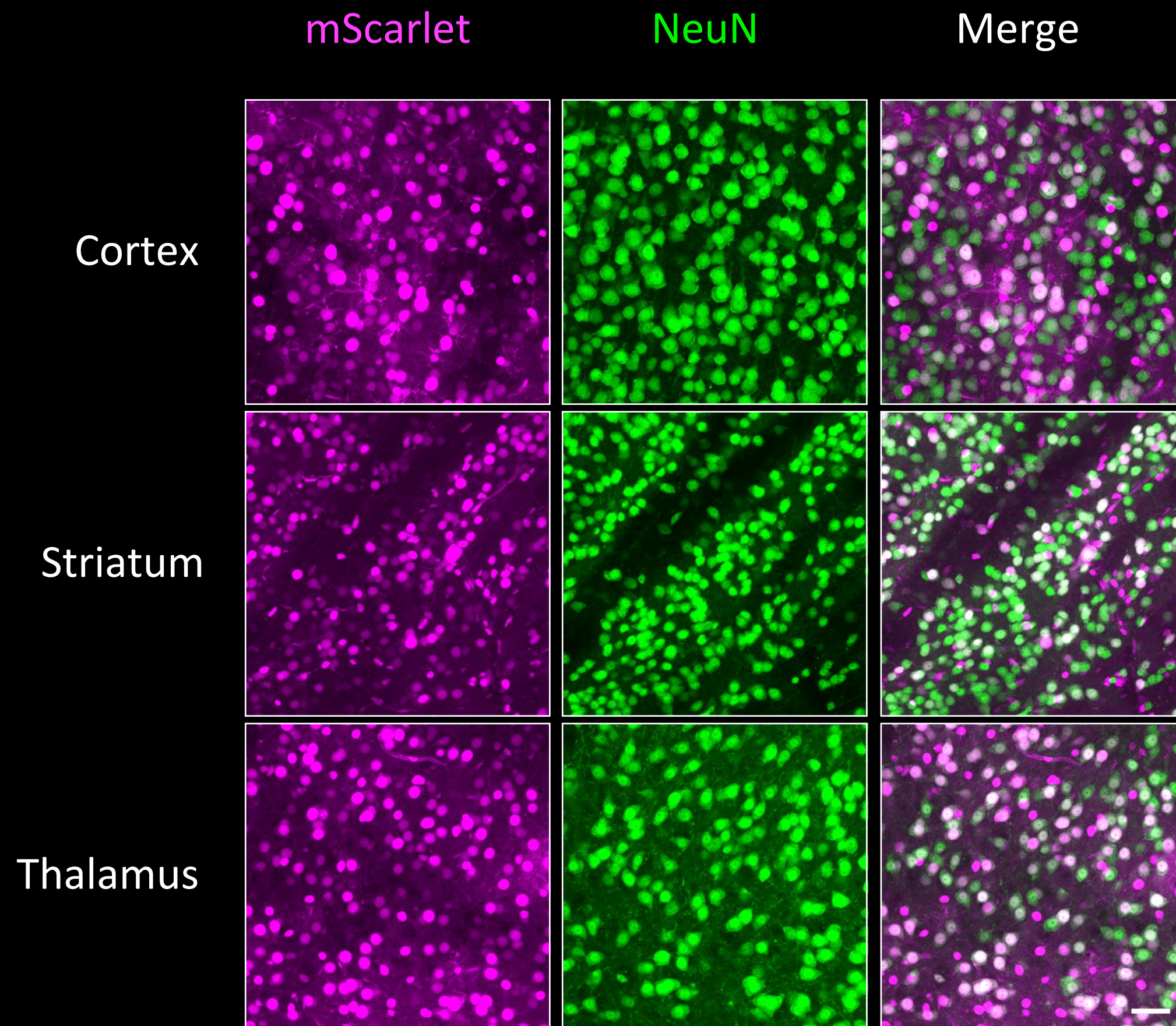


BI-hTFR1 has a strongly enhanced CNS tropism that requires human transferrin receptor expression

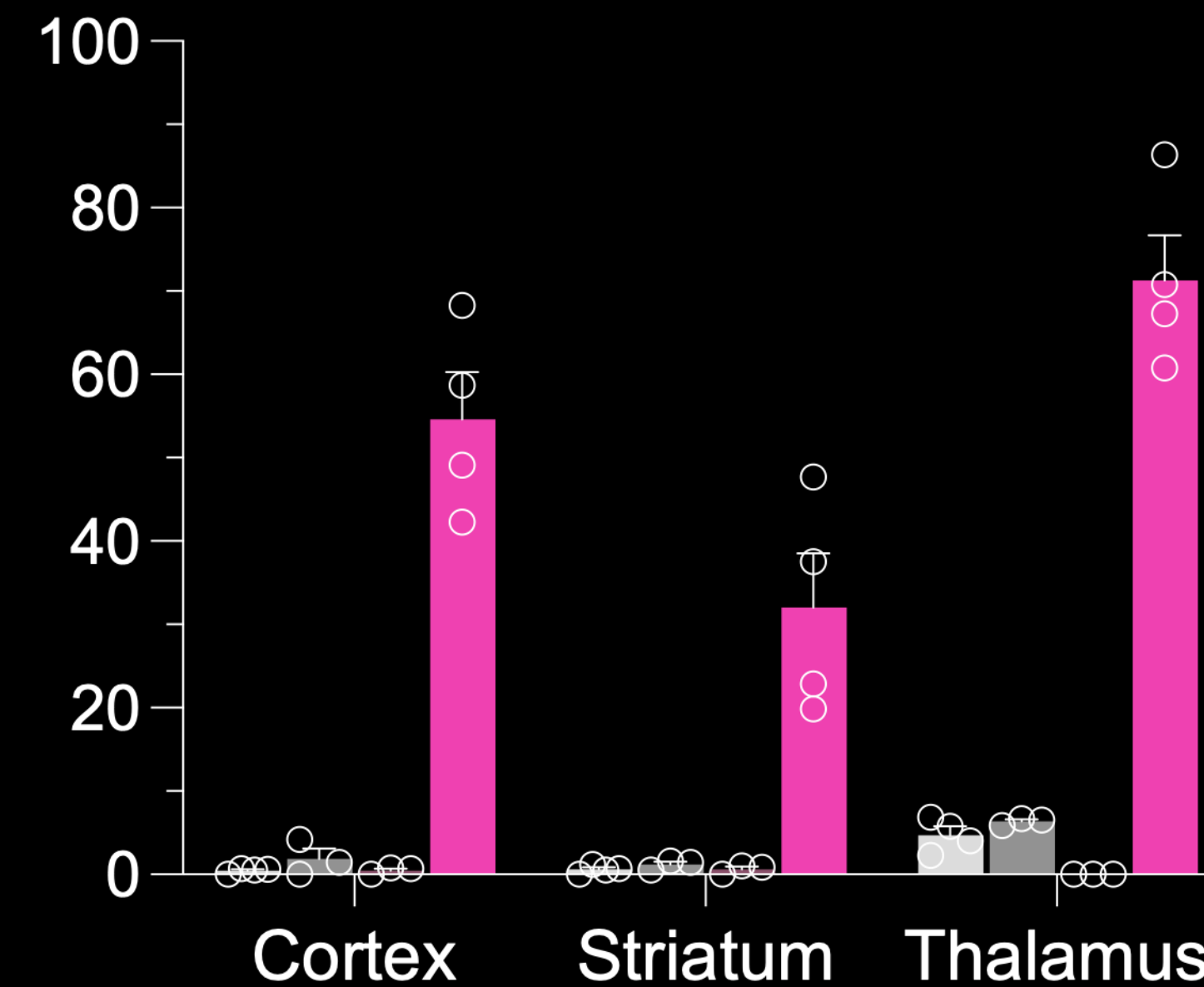


5×10^{11} vg ssAAV:CAG-NLS-mScarlet-2A-luc-pA, 21 days post injection

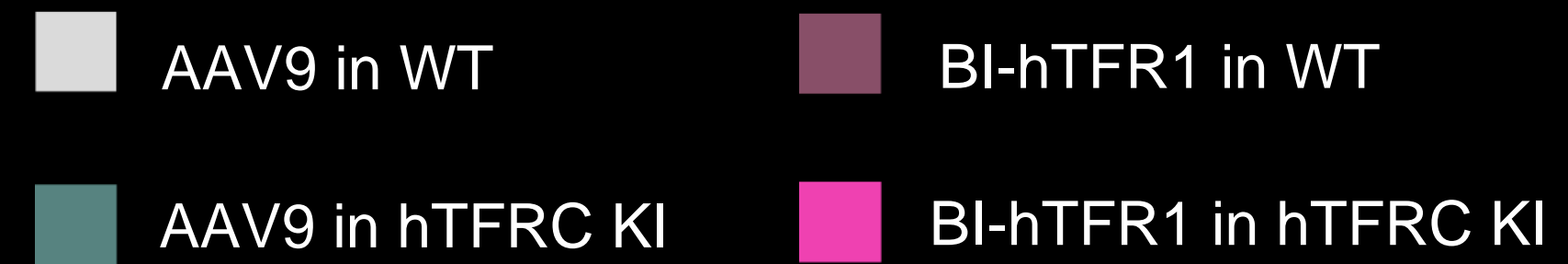
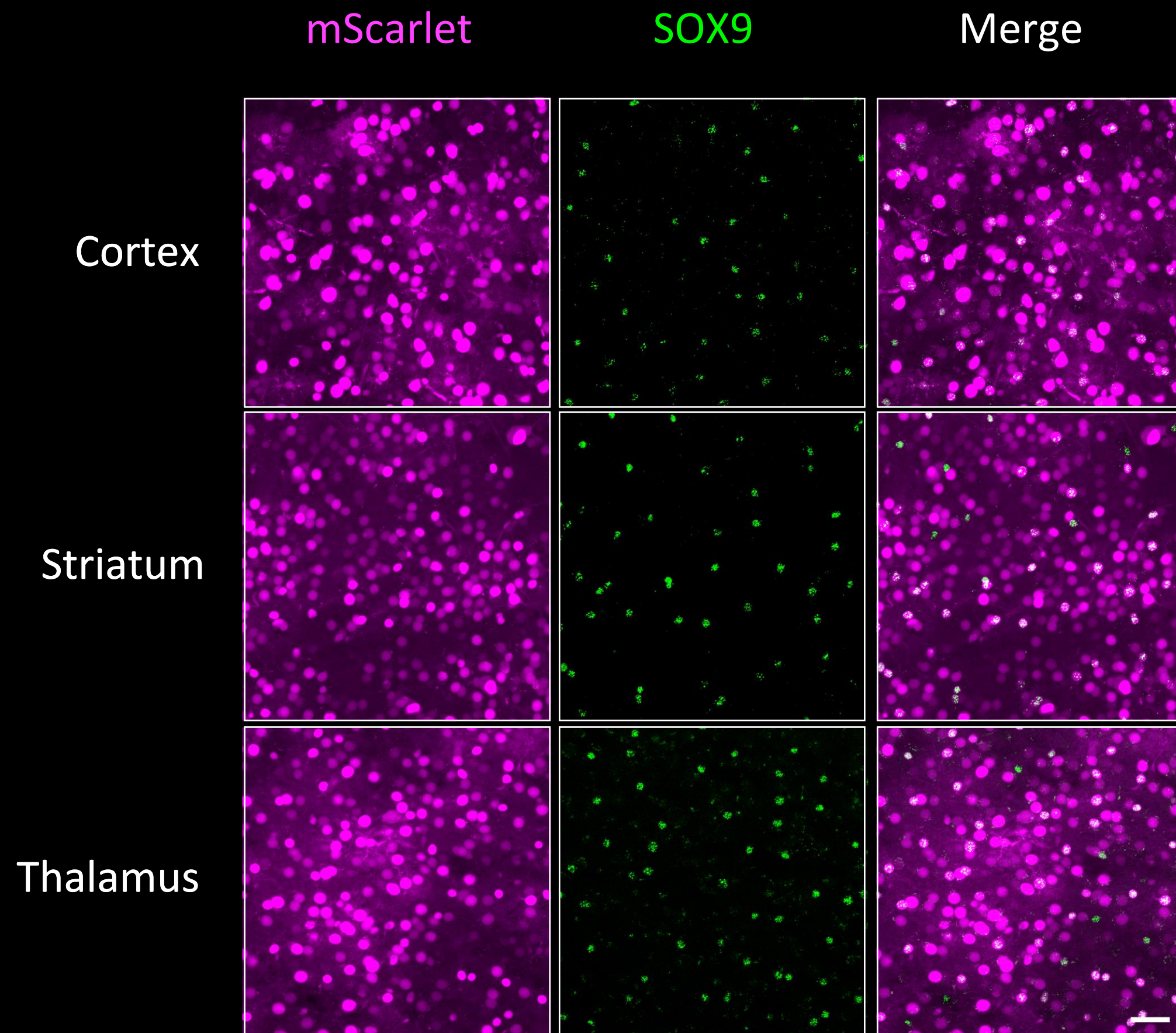
BI-hTFR1 efficiently transduces neurons and glia throughout the brain when delivered to Human TFRC KI Mice



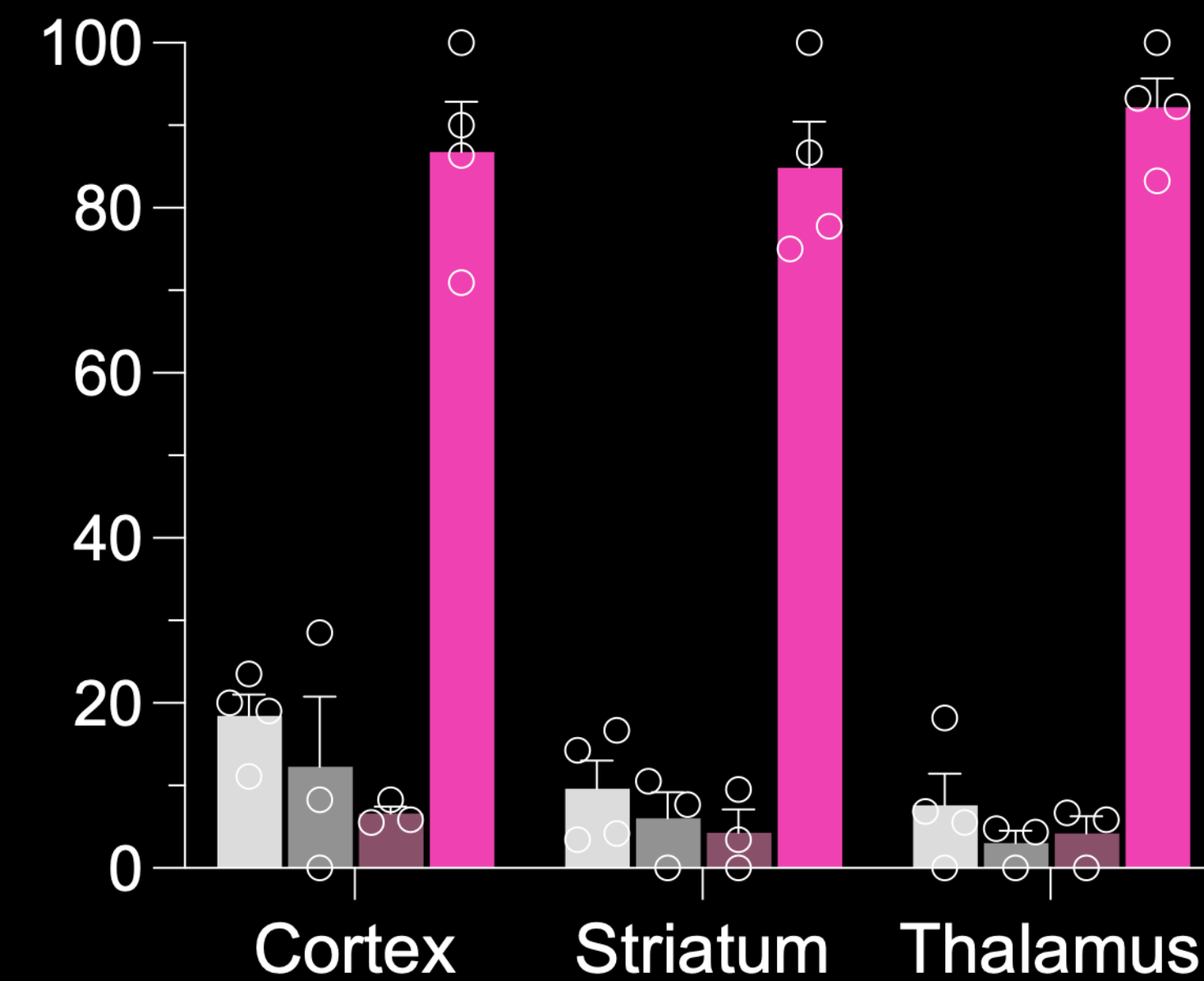
% Neuron transduction



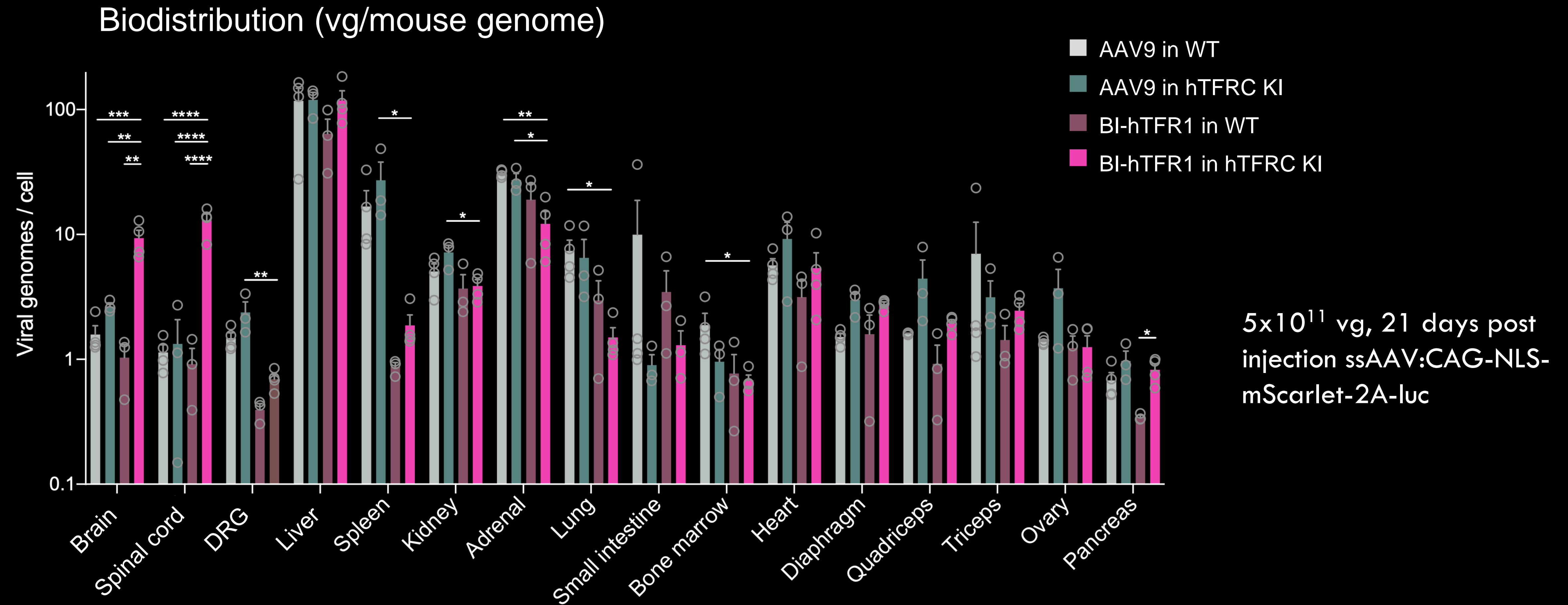
BI-hTFR1 efficiently transduces neurons and glia throughout the brain when delivered to Human TFRC KI Mice



% Astrocyte transduction



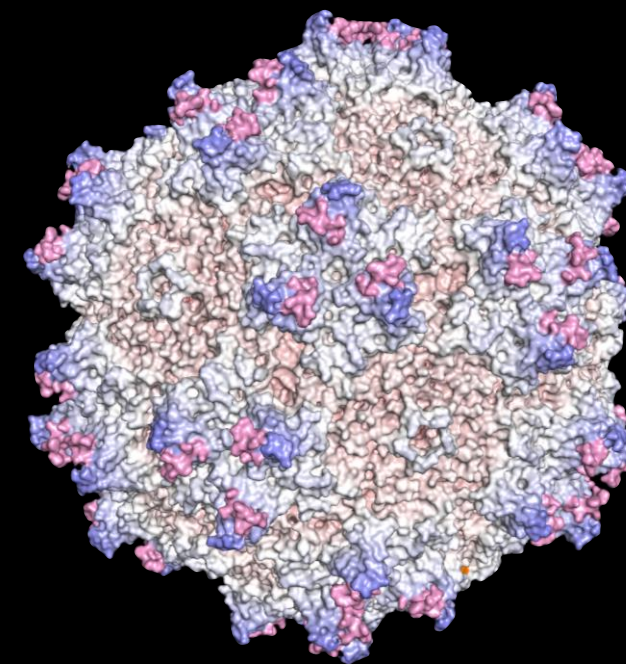
BI-hTFR1 has a CNS selective increase in biodistribution in transferrin receptor knock in mice



Reprogramming AAVs to target Human Transferrin Receptor with multiple optimized functions

in vitro TfR1 screen

- Cell based receptor expression
- Pull down with purified proteins



BI-hTFR1

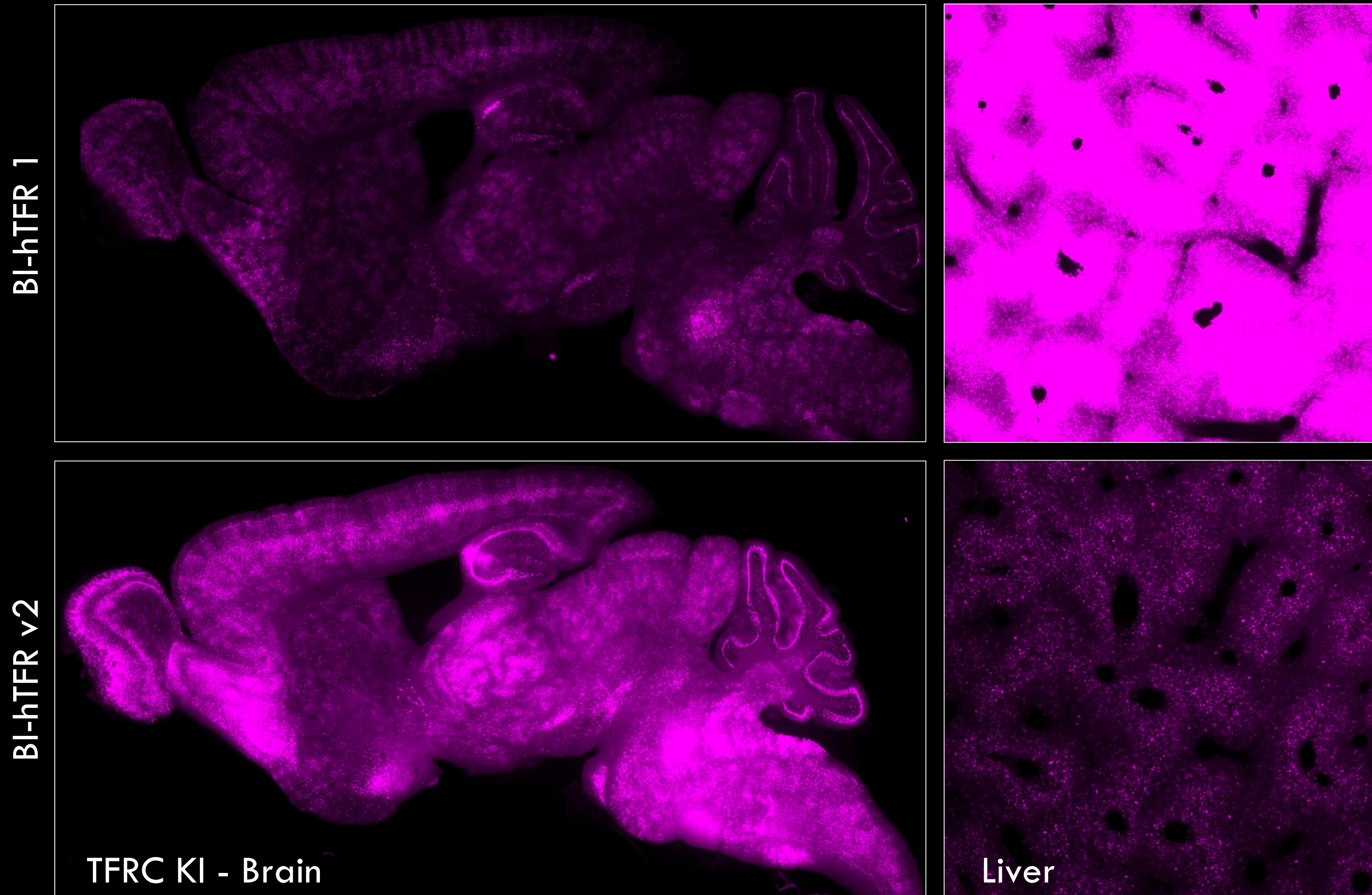


in vivo and in vitro functional screen

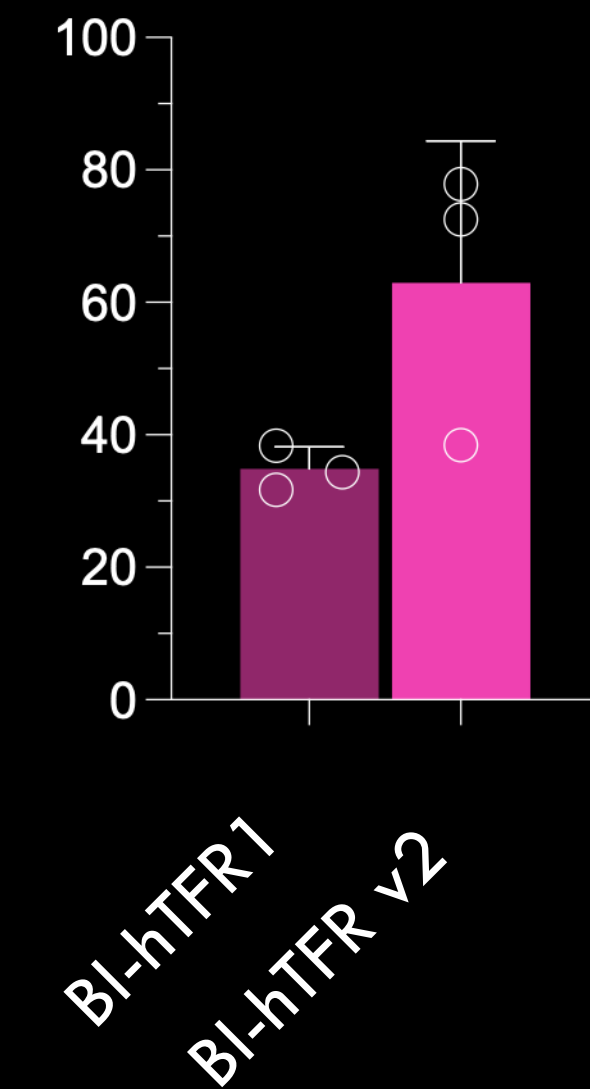
- Enhanced CNS transduction
- Liver detargetting
- Production fitness

2nd generation variants

Preliminary data suggests that we have identified a 2nd generation BI-hTFR1 capsid with improved CNS tropisms and liver detargeting



% Cortical neuron transduction

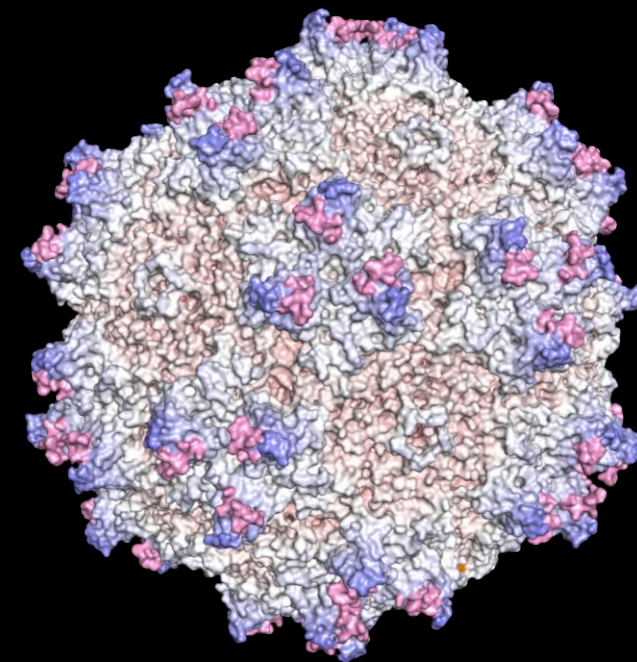


ssAAV:CAG-NLS-mScarlet-2A-luc
 5×10^{10} vg, 21 days post injection

~50x lower dose (vg/kg) than that used
for Zolgensma

Reprogramming AAVs to target Human Transferrin Receptor with improved pre-existing nAB evasion

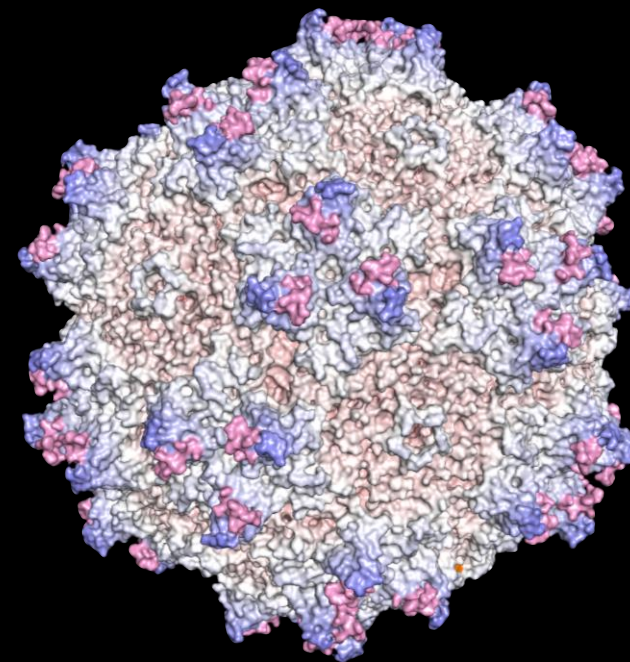
in vitro TfR1 screen



BI-hTFR1



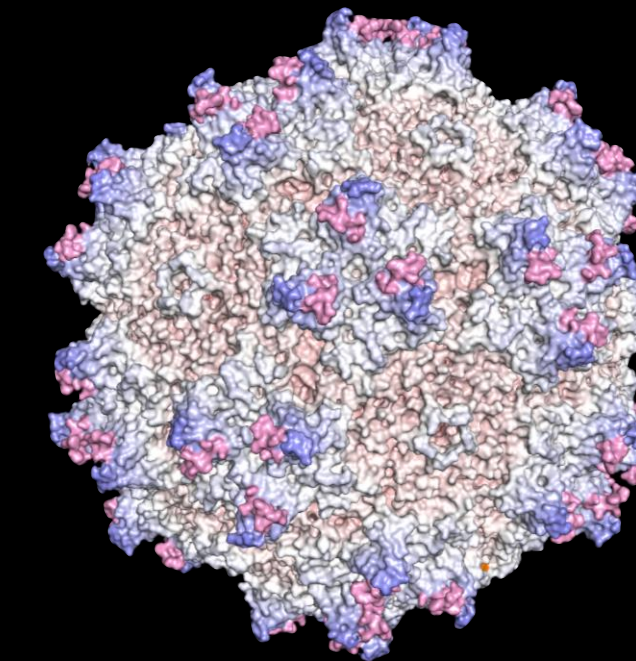
in vivo and in vitro
functional screen



BI-hTFR v2



in vivo and in vitro
functional screen for nAB evasion



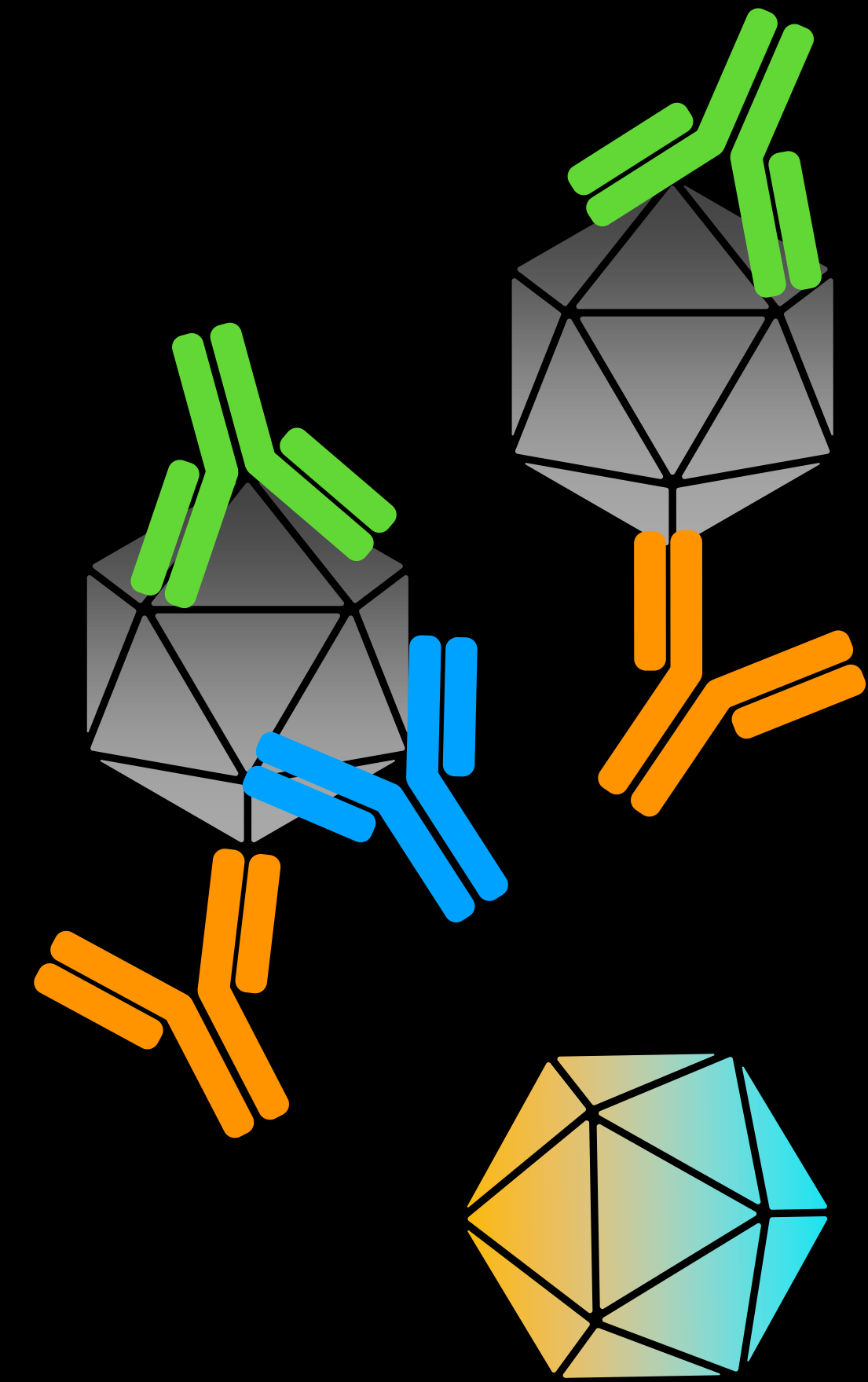
BI-hTFR v2 AE

- Better evasion of pre-existing nABs
- Similar CNS transduction to v2
- Similar production fitness

Pre-existing neutralizing antibodies present in a substantial fraction of patients restrict access to gene therapies

Pre-existing antibodies

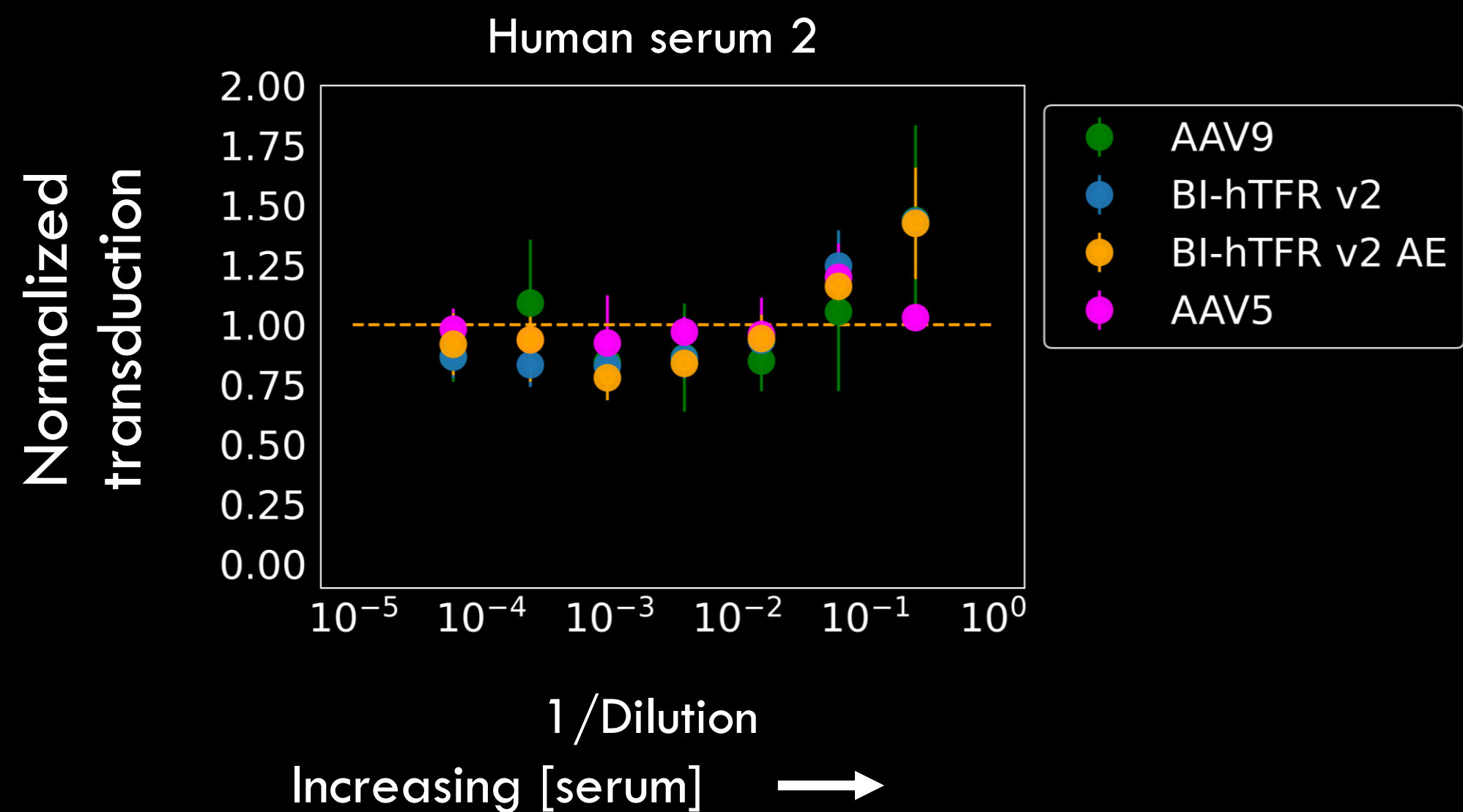
- AAV capsid antibodies are present in a large fraction of patients due to natural AAV infections
- Neutralizing antibodies block AAV function
- Anti-capsid antibodies increases the risk for complement activation which has been associated with adverse events in clinical trials.



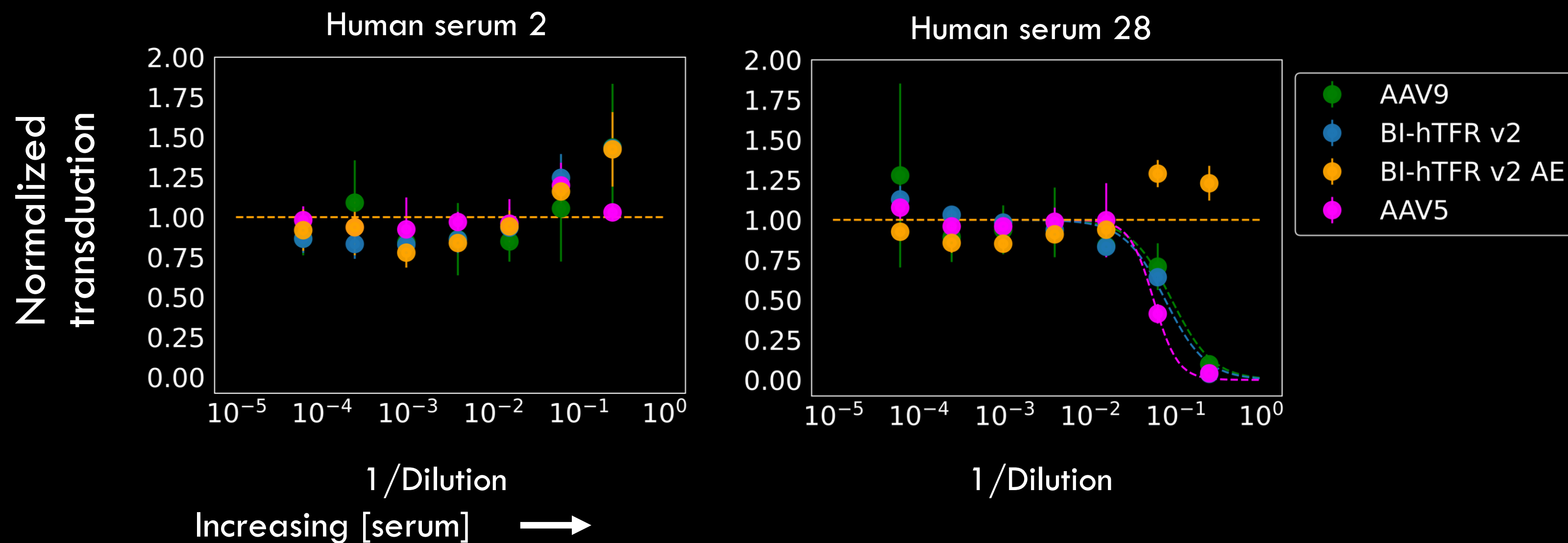
BI-hTFR v2 AE evades pre-existing neutralizing Ab in a subset of human serum samples with antibodies to AAV9 and AAV5



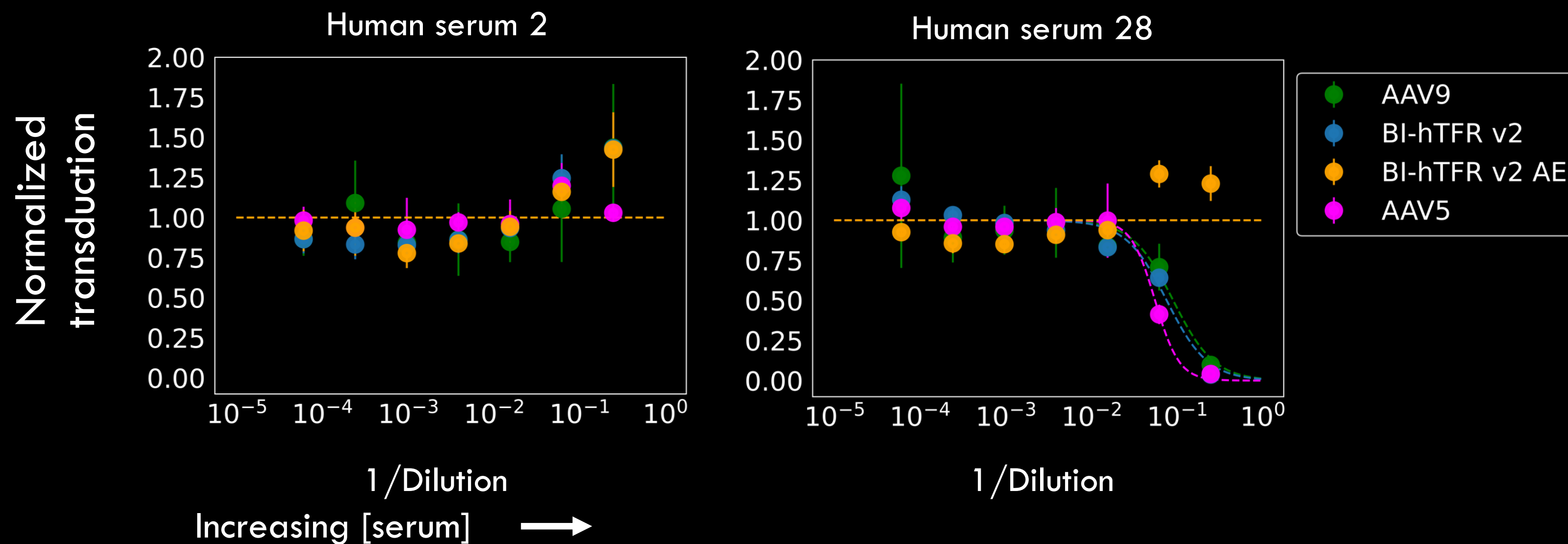
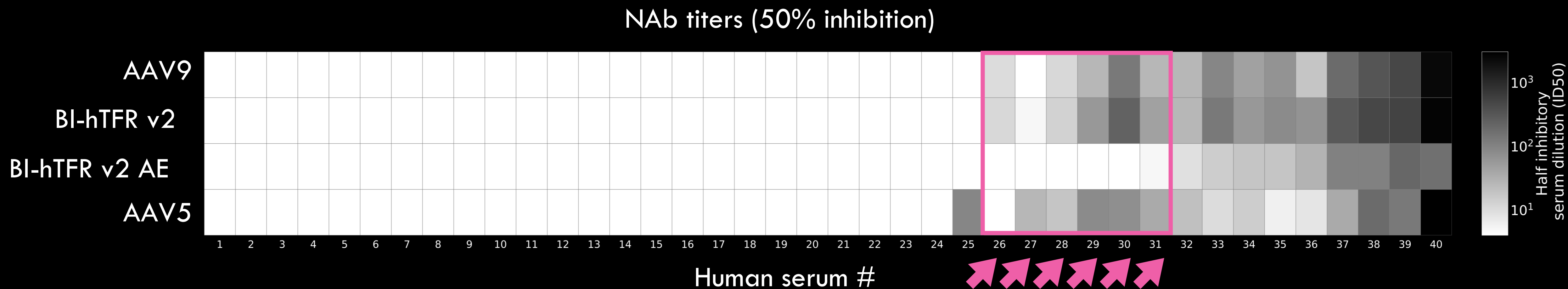
BI-hTFR v2 AE evades pre-existing neutralizing Ab in a subset of human serum samples with antibodies to AAV9 and AAV5



BI-hTFR v2 AE evades pre-existing neutralizing Ab in a subset of human serum samples with antibodies to AAV9 and AAV5

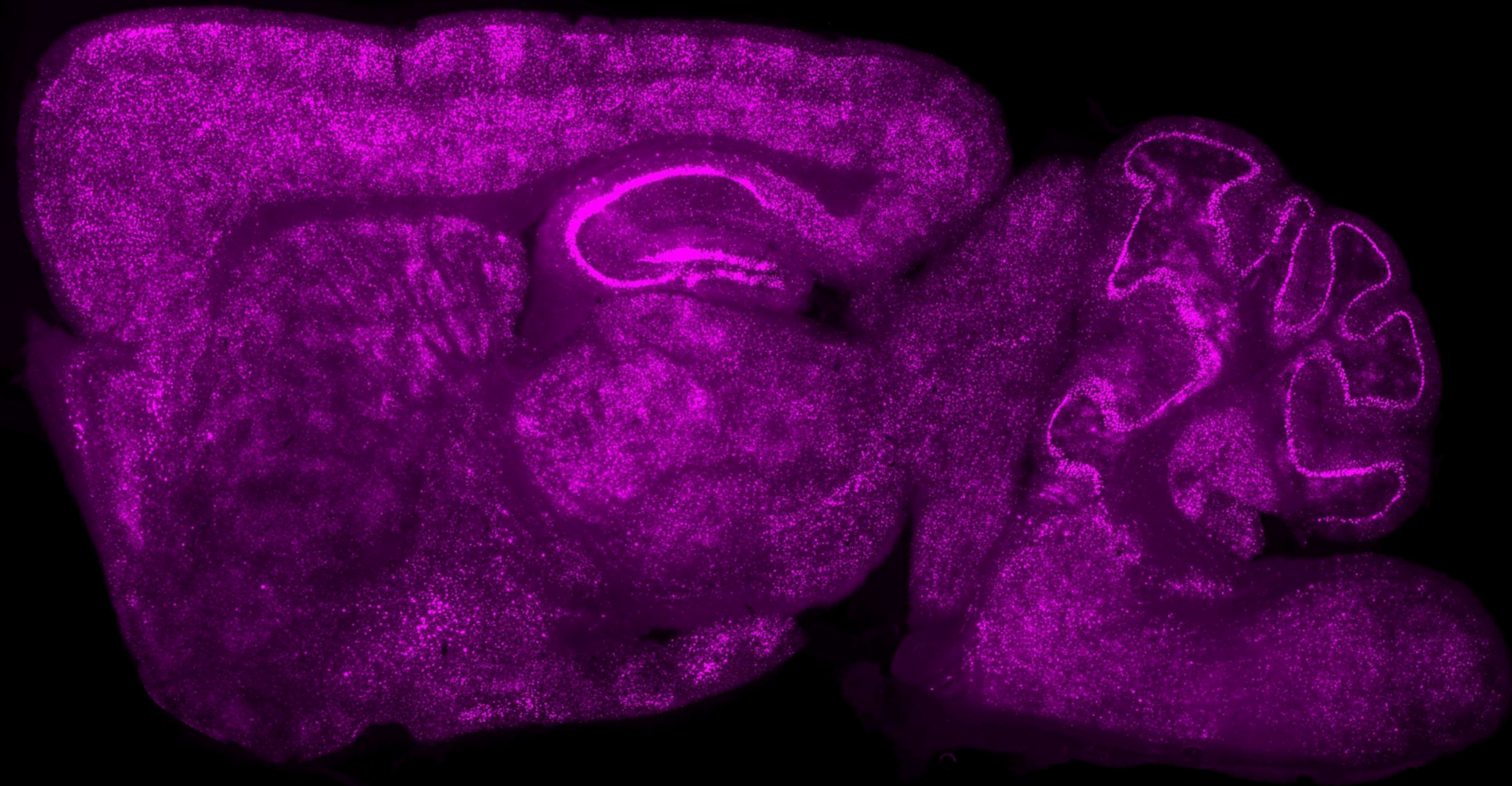


BI-hTFR v2 AE evades pre-existing neutralizing Ab in a subset of human serum samples with antibodies to AAV9 and AAV5

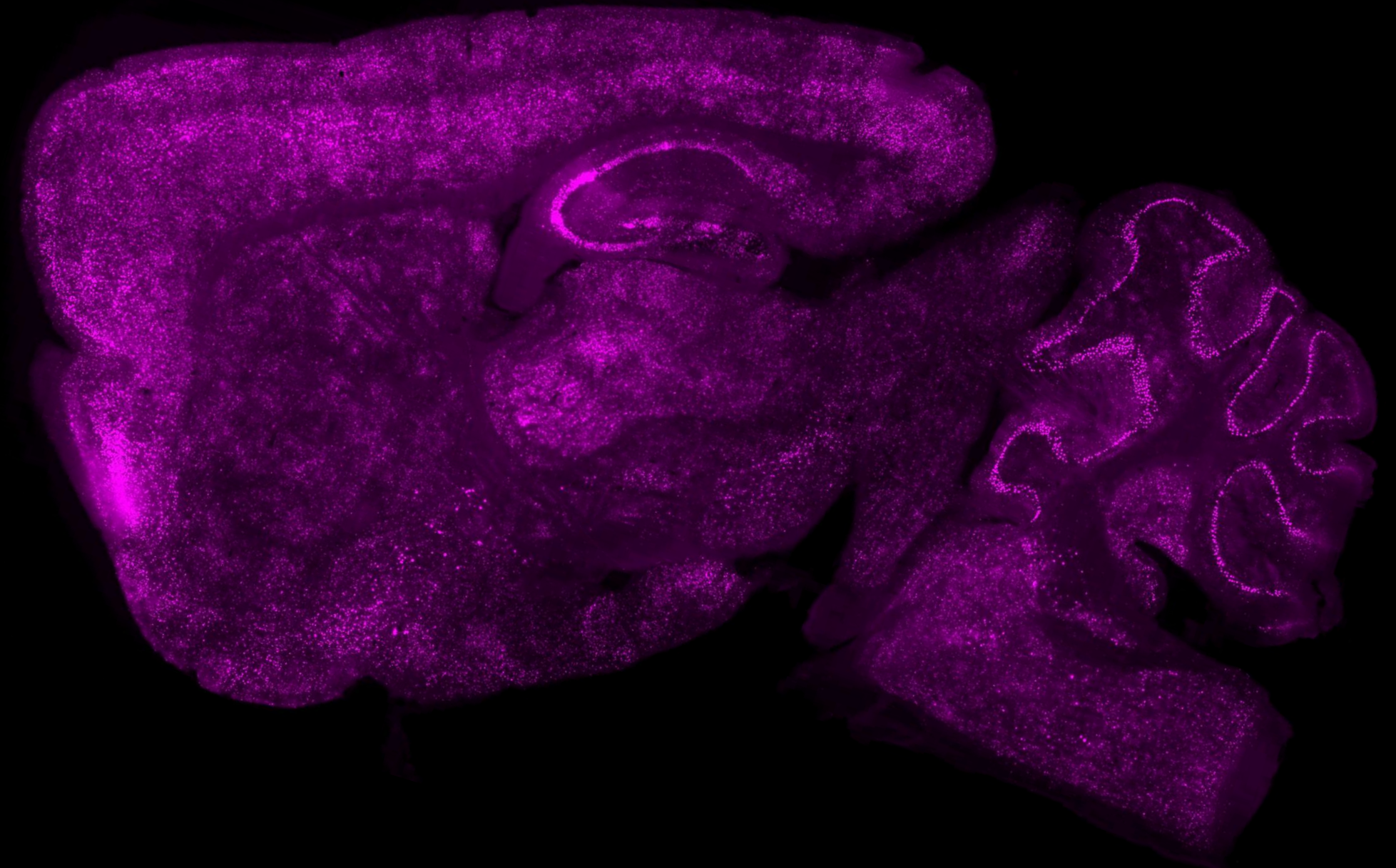


BI-hTFR v2 AE maintains enhanced CNS transduction

BI-hTFR v2 (2nd gen capsid)



BI-hTFR v2 AE (better at nAB evasion)



ssAAV:CAG-NLS-mScarlet-2A-luc-WPRE
1x10¹¹ vg, 21 days post injection at 3 weeks

We believe we are on track to achieve our ideal engineered AAV capsid that could be used in humans

Summary of capsid

Property	Status
Route of administration	IV with known mechanism-of-action
Neuron transduction efficiency	>40-80+% across all brain regions in our 2nd generation capsids
Target dose	~2E12 vg/kg
Organ detargeting	Potentially: 2nd gen capsids are detargeted from the liver by at least 10x
NAb evasion	Our top NAb evading capsid was free of neutralization in 31 of 40 (78%) of human sera
Manufacturability	Within 2-fold of AAV9

Conclusion / overall vision

- Reprogrammed an AAV to bind human transferrin receptor that provides efficient CNS-wide transduction and evaluated BBB transcytosis in humanized mice
- Working closely with Sonia Vallabh and Eric Minikel's lab who are leading efforts to pair these AAVs with promising genetic technologies to lower PrP levels forward for a clinical trial
- Committed to sharing learnings and evaluation broadly to the community to apply towards other severe neurodegenerative diseases

Acknowledgements

Vector Engineering lab

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Andy Barry
Fatma-Elzahraa Eid

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Pam Brauer
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Jarrett Rios
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Lia D'Alessandro
Binhui Zhao
Hikari Sorensen
Gabrielle Clouse
Thomas Beddow
Isabelle Tobey

Vallabh-Minikel lab

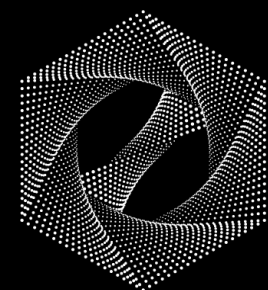
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Nikita Kamath

Weissman lab

Jonathan Weissman
Edwin Neumann
Tessa Bertozzi
Elaine Wu

Liu lab

David Liu
Meirui An
Jessie Davis
Jonathan Levy



Apertura
GENE THERAPY

