

Hematopoietic Stem Cell Gene Therapy: Two Decades of Development

Gerard Wagemaker

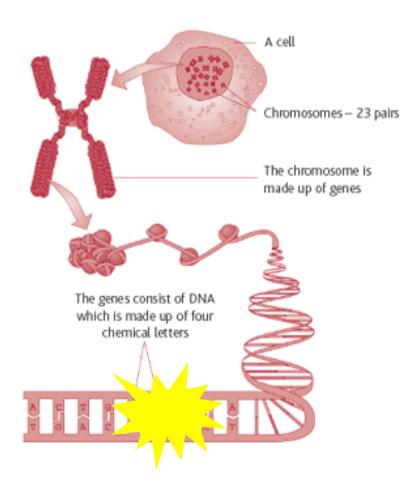
Netherlands Society of Gene and Cell Therapy







Rare, inherited diseases



A single mutation in the code may have profound effects at the level of the organism

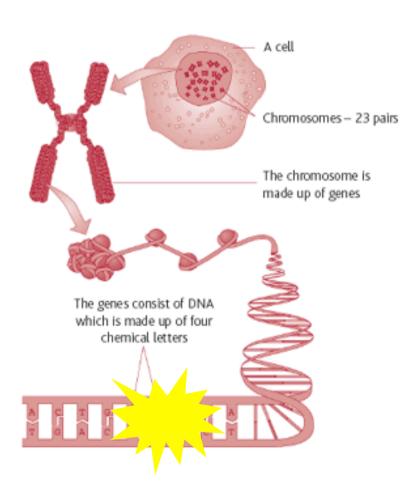


In humans, more than 7,500 inherited w samonogenic diseases have been identified; in around 40% the genetic defect has been identified.

Approaches:

- prenatal diagnosis & genetic counseling
- •symptomatic therapy
- replacement therapy
- •correction of the genetic defect: **gene therapy**

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A single mutation in the code may have profound effects at the level of the organism



In humans, more than 7,500 inherited diseases have been identified; in around 40% the genetic defect has been identified

Current hematopoietic stem cell gene therapy development:

- Lysosomal storage disorders (Hurler, Pompe, Krabbe)
- Inherited immune deficiencies
- Hemophilia
 (F VIII deficiency with inhibitor)
- Fanconi anemia
- Sickle cell anemia
- Thalassemia

Severe combined immune deficiency: SCID





"Bubble boy" (David Vetter)

- Children born without cellular and humoral immunity
- Frequency (best estimate) 40-100 per year (USA)
- Treated since 1969 (Leiden, Minneapolis) by allogeneic bone marrow transplantation, currently medical standard treatment
- Problem: at present birth rate, 80-90% of the patients have no HLA matched sibling/family donor available
- Non-identical donors or mismatched family donors poor results, both in survival as well as in immune reconstitution:

unmet medical need, gene therapy justified

ADA-SCID additional problem: difficult to treat with BMT



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ORIGINAL ARTICLES

TRANSPLANTATION OF BONE-MARROW CELLS AND FETAL THYMUS IN AN INFANT WITH LYMPHOPENIC IMMUNOLOGICAL DEFICIENCY

J. De Koning, D.W. Van Bekkum, K.A. Dicke, L.J. Dooren, J.J. Van Rood, J. Rádl

Treatment of Lymphopenic Hypogammaglobulinemia and Bone-Marrow Aplasia by Transplantation of Allogeneic Marrow — Crucial Role of Histocompatibility Matching

H.J. Meuwissen, M.D., R. A. Gatti, M.D., P. I. Terasaki, Ph.D., R. Hong, M.D., and R. A. Good, M.D. N Engl J Med 1969; 281:691-697 | September 25, 1969 | DOI: 10.1056/NEJM196909252811302



THE LANCET, NOVEMBER 8, 1986

BONE-MARROW TRANSPLANTATION FOR IMMUNODEFICIENCIES AND OSTEOPETROSIS: EUROPEAN SURVEY, 1968–1985

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Analysis of the first 162 patients treated

Currently > 1.000.000 patients treated with BMT



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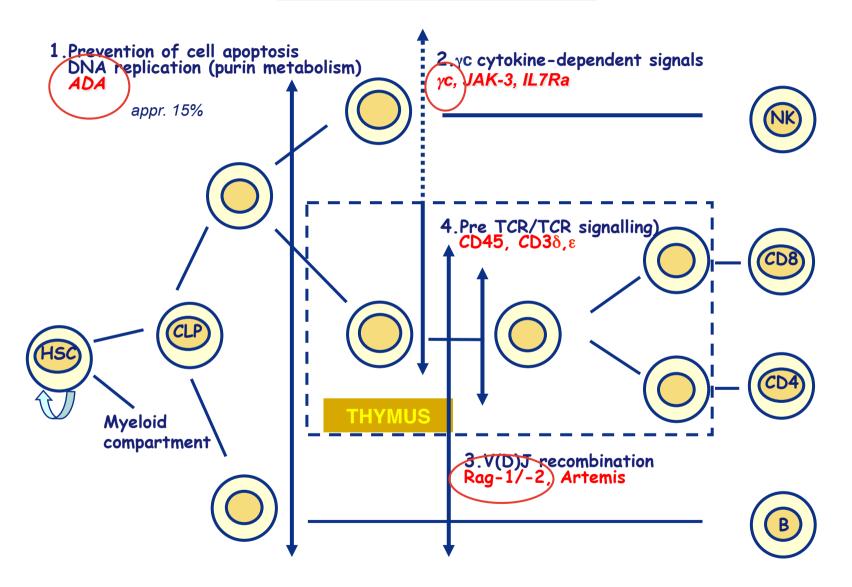
Unité d'Immunologie et d'Hématologie, Département de Pédiatrie, Hôpital des Enfants Malades, Paris, France; Department of Paediatrics, University of Ulm, Ulm, West Germany; Institute of Child Health, London; University Iospital, Leiden, The Netherlands; Ra obiological Institute TNO, Rijswijk, The Netherlands; and Département d'Informatique et Statistique, Hôpital Necker, I

Seminal gene therapy trials X-linked SCID

SCID diseases

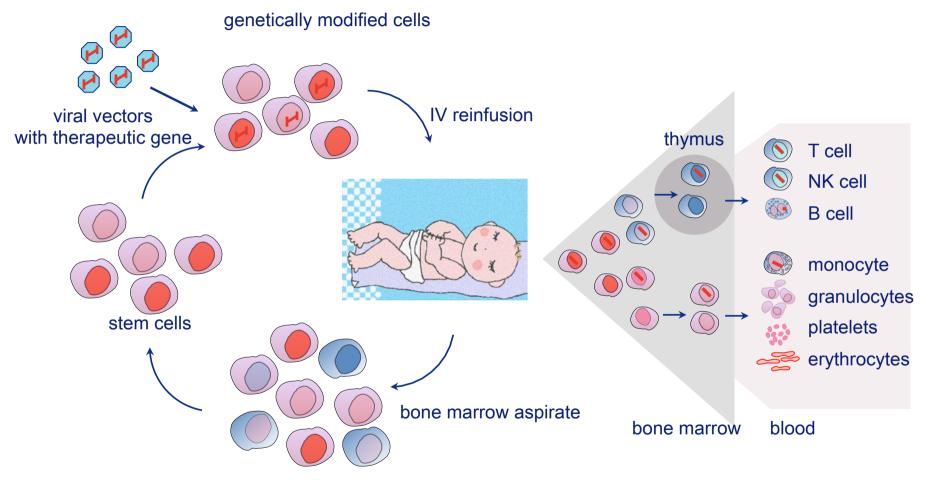














Results first effective European clinical trials for immune deficiencies

X-Linked SCID	Disease free survival	Survival
Paris, London	18/20 (90%)	18/20 (90%)
ADA SCID	Disease free survival	Survival
Milan, London	19/26 (67%)	26/26(100%)

Overall survival: 44/46 = 96%

(Expected with available donor allogeneic stem cell transplantation: 25-50%)



X-SCID as a paradigm for HSC gene therapy development



- Results superior to allogeneic stem cell transplantation both in efficacy as well as in over-all survival
- But: autonomous T cell clones leading to leukemia in 5 patients

Pathogenesis of leukemia after HSC gene therapy

 Preferential integration of the retroviral vectors near proto-oncogenes, resulting in aberrant expression, driven by the retroviral promoter/enhancer of the therapeutic transgene, resulting in a preleukemic state

Remedy

The original vectors, derived from mouse leukemia retroviruses, have been replaced by HIV-1 derived lentiviral vectors, that do not have a preference for integration near proto-oncogenes.

Currently

 Developed from 2002-2010 in the context of "large scale collaborative projects" subsidized by the European Commission, the lentiviral vectors are currently evaluated in multicenter clinical trials.

Severe adverse effects following gammaretroviral stem cell gene therapy (strongly) co-dependent on disease phenotype



Disease phenotype Percentage severe adverse effects (leukemia)

ADA-SCID	0%
X-linked SCID	25%
Wiskott-Aldrich	75%

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Biasco L, Ambrosi A, Pellin D, Bartholomae C, Brigida I, Roncarolo MG, Di Serio C, von Kalle C, Schmidt M, Aiuti A. Integration profile of retroviralvector in gene therapy treated patients is cell-specific according to gene expression and chromatin conformation of target cell. EMBO Mol Med. 2011 Feb;3(2):89-101.

Shou Y, Ma Z, Lu T, Sorrentino BP. Unique risk factors for insertional mutagenesis in a mouse model of XSCID gene therapy. Proc Natl Acad Sci U S A. 2006 Aug1;103(31):11730-5.

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Stem cell gene therapy inherited disorders: "CONSERT" Project



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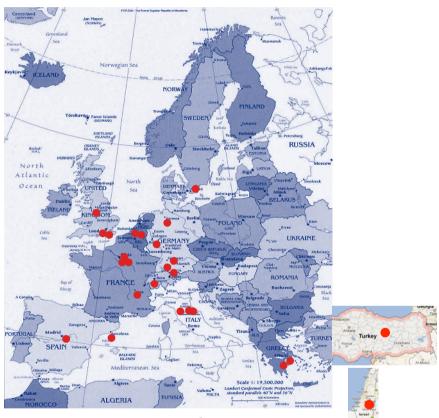
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Stem cell gene therapy for inherited disorders: EU collaboration





CONSERT project succeeded in the 7th FP by two large scale integrated projects:

•PERSIST (2009-2013): Innovative technology including gene editing, selective expression for hemophilia and lysosomal enzyme deficiencies

•Cell-PID (2010-2016): Clinical implementation for primary immune deficiencies







Stem Cell Gene Therapy Development: EU consortium funding



Total E	C contribution:		57.5 M €
HORIZO	ON 2012 "SCIDNET" project	2016-2019	7.0 M €
7 th FP	"PERSIST" project "CELL-PID" project "SUPERSIST" project "NET4GCD" project	2009-2013 2010-2015 2013-2016 2012-2016	11.2 M€ 11.9 M€ 3.0 M€ 6.0 M€
6 th FP	"CONSERT" project	2004-2009	11.4 M€
EC: 5 th FP:	"Inherinet" and "Lentivirus"	2001-2004	7 <i>M</i> €

Key collaboration: vector design and production, animal models, integration analyses, safety analyses, advanced stem cell biology, multicenter trials







Stem Cell Gene Therapy Development: EU consortium funding



EC: 5 th FP:	"Inherinet" and "Lentivirus"	2001-2004	7 <i>M</i> €	
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National:

United Kingdom: MRC

Germany: DFG

France: AFM, INSERM, CNRS Netherlands: ZonMw, NWO







Lentiviral stem cell gene therapy for inherited disorders: entering clinical trial



Lentiviral Hematopoietic Stem Cell **Gene Therapy Benefits Metachromatic** Leukodystrophy

Alessandra Biffi,* Eugenio Montini, Laura Lorioli, Martina Cesani, Francesca Fumagalli, Tiziana Plati, Cristina Baldoli, Sabata Martino, Andrea Calabria, Sabrina Canale, Fabrizio Benedicenti, Giuliana Vallanti, Luca Biasco, Simone Leo, Nabil Kabbara, Gianluigi Zanetti, William B. Rizzo, Nalini A. L. Mehta, Maria Pia Cicalese, Miriam Casiraghi, Jaap J. Boelens, Ubaldo Del Carro, David J. Dow, Manfred Schmidt, Andrea Assanelli, Victor Neduva, Clelia Di Serio, Elia Stupka, Jason Gardner, Christof von Kalle, Claudio Bordignon, Fabio Ciceri, Attilio Rovelli, Maria Grazia Roncarolo, Alessandro Aiuti, Maria Sessa, Luigi Naldini*

Lentiviral Hematopoietic Stem Cell Gene Therapy in Patients with Wiskott-Aldrich Syndrome

Alessandro Aiuti, * Luca Biasco, Samantha Scaramuzza, Francesca Ferrua, Maria Pia Cicalese, Cristina Baricordi, Francesca Dionisio, Andrea Calabria, Stefania Giannelli, Maria Carmina Castiello, Marita Bosticardo, Costanza Evangelio, Andrea Assanelli, Miriam Casiraghi, Sara Di Nunzio, Luciano Callegaro, Claudia Benati, Paolo Rizzardi, Danilo Pellin, Clelia Di Serio, Manfred Schmidt, Christof Von Kalle, Jason Gardner, Nalini Mehta, Victor Neduva, David J. Dow, Anne Galy, Roberto Miniero, Andrea Finocchi, Ayse Metin, Pinaki P. Banerjee, Jordan S. Orange, Stefania Galimberti, Maria Grazia Valsecchi, Alessandra Biffi, Eugenio Montini, Anna Villa, Fabio Ciceri, Maria Grazia Roncarolo, Luigi Naldini

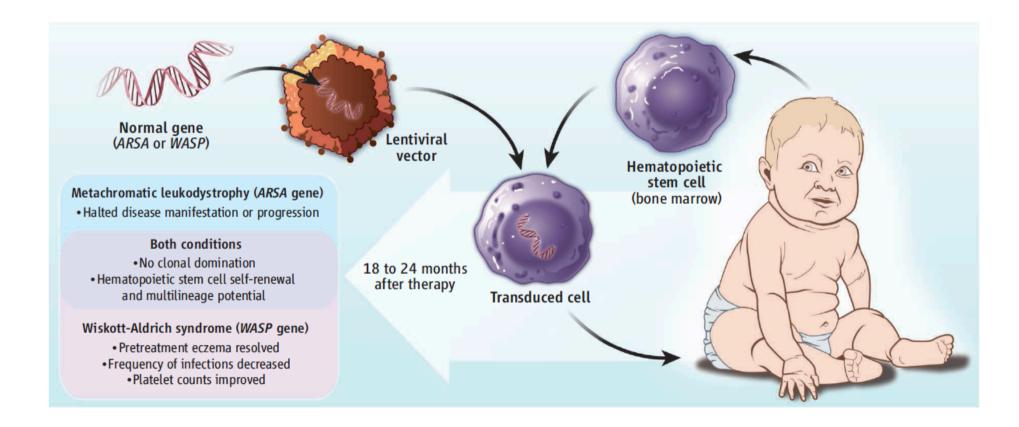




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PERSPECTIVES



Current developments in stem cell gene therapy







Clinical implementation for:

- •X-linked SCID (Milan, London)
- •ADA-SCID (Milan, London)
- •Wiskott-Aldrich syndrome (Milan, Paris, London)
- Adrenoleukodystrophy (Paris, Boston)
- Metachromatic leukodystrophy (Milan, Paris, London)

In preparation for clinical trial:

- •Hurler syndrome (Milan)
- •Pompe disease (Rotterdam)
- RAG2 deficiency (Ankara)
- •Krabbe disease (Milan)
- •Fabry disease (Toronto)
- Chronic granulomatous disorder (Frankfurt, Milan)

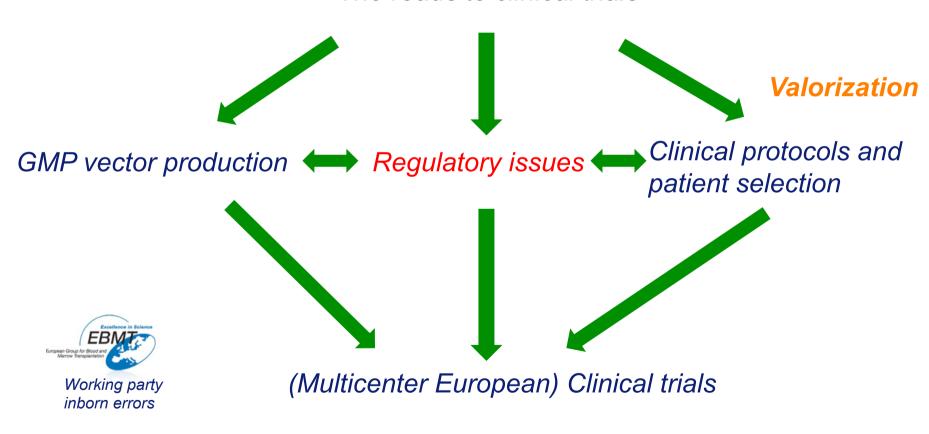
Proof of principle:

- •Hemophilia A (F VIII deficiency)
- •Several other lysosomal enzyme deficiencies
- Mitochondrial disorder MNGIE



Gene therapy development

The roads to clinical trials











We need more tailor made regulations

WORLD VIEW A personal take on ev



Gene therapies need new development models

As with other medicines, the approval of gene therapies should hinge on a risk-benefit analysis for the patient, argues Fulvio Mavilio.

Clinical Development of Advanced Therapy Medicinal Products in Europe: Evidence That Regulators

Must Be Proactive

Romaldas Maciulaitis^{1,2}, Lucia D'Apote³, Andrew E Laura Pioppo^{3,4} and Christian K Schneider^{1,5,6}

Therapy in October 2011 (ref. 18). Clearly, the CAT must remain proactive to help further close the "translational gap" of ATMP development in the European Union.

Costs of hematopoietic stem cell gene therapy as a single curative "medical standard treatment"



Costs of autologous stem cell transplantation



- GMP vector
- GMP transduction facility
 - Life-long monitoring

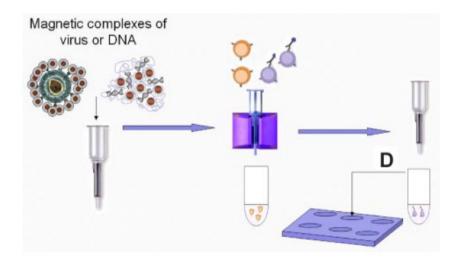




Gene transfer closed system development

Develop a system in which lentiviral vector transduction can be

controlled resulting in one vector copy per cell.



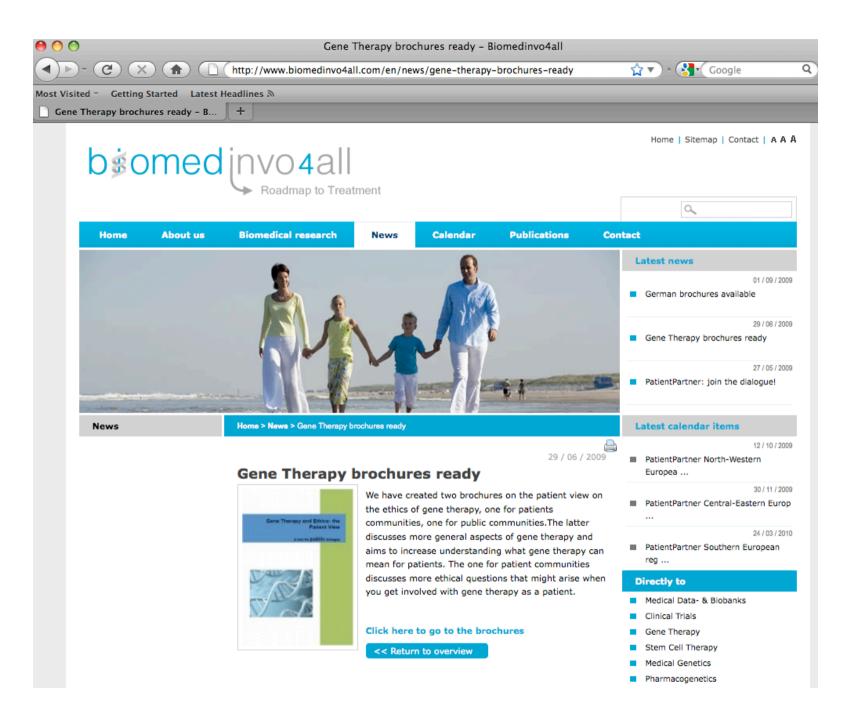
Ultimate aim:

Stem cell selection, transduction and expansion in a single closed system



CliniMACS Prodygi Miltenyi Biotec

*Sanchez-Antequera et al, Blood 2011







TGO programma













Thank you for your attention

Acknowledgments:









