



AGGIORNAMENTO SULLA TERAPIA GENICA DELLE SINDROMI TALASSEMICHE

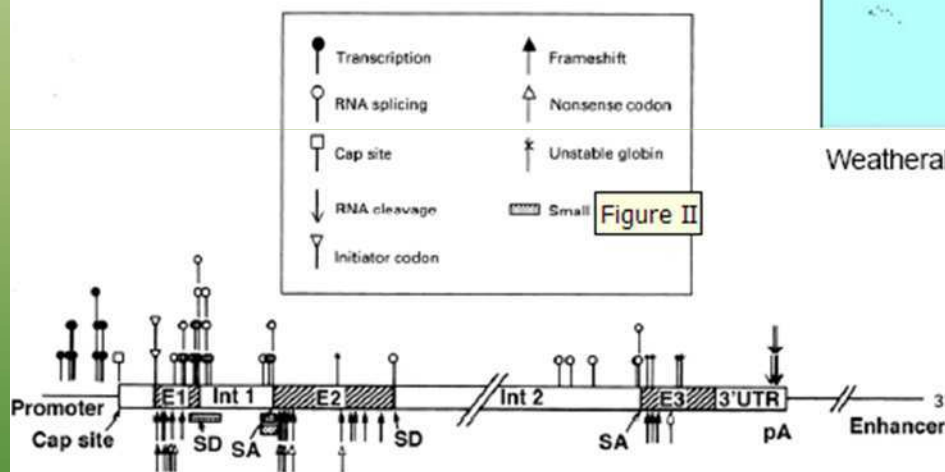
Santina Acuto

Ospedali Riuniti Villa Sofia-Cervello, Palermo-Italy

Palace Hotel Mondello, Palermo dal 18/10/2012 al 20/10/2012

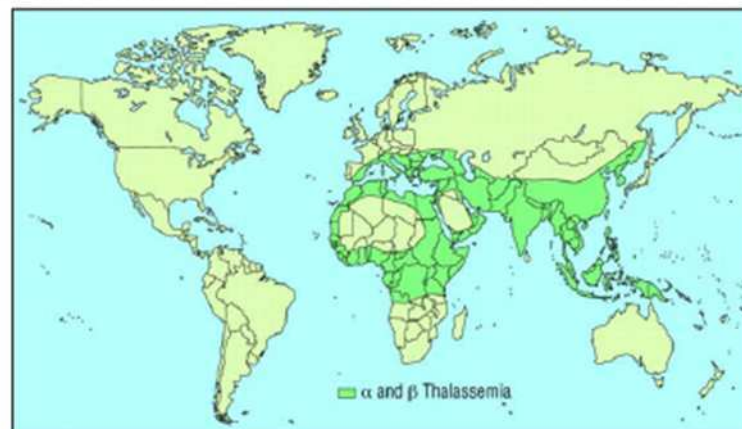
β -THALASSEMIA AND β -GLOBIN GENE MUTATIONS

Human β -globin and location of classes of point mutations causing β -thalassemia.



Adopted from Orkin S.H. and Nathan D.G. The Thalassemias, in: Hematology of Infancy and Childhood, 1998.

Geographical distribution of thalassemia syndromes



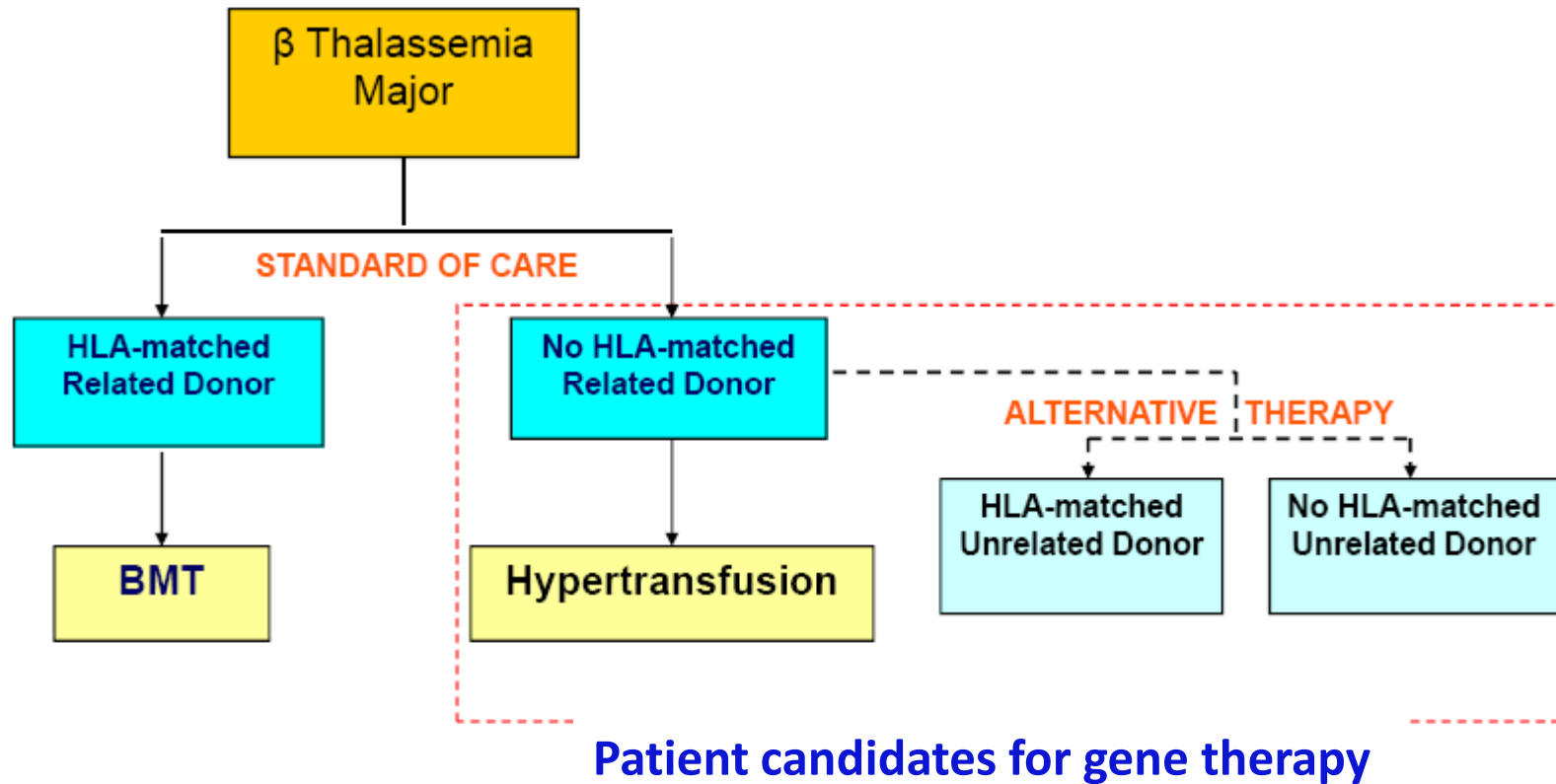
Weatherall, D.J., BMJ, 1997

Possible treatments:

- Red Blood Cell Transfusion
- Bone Marrow or Cord Blood Transplantation
- Engineered stem cells

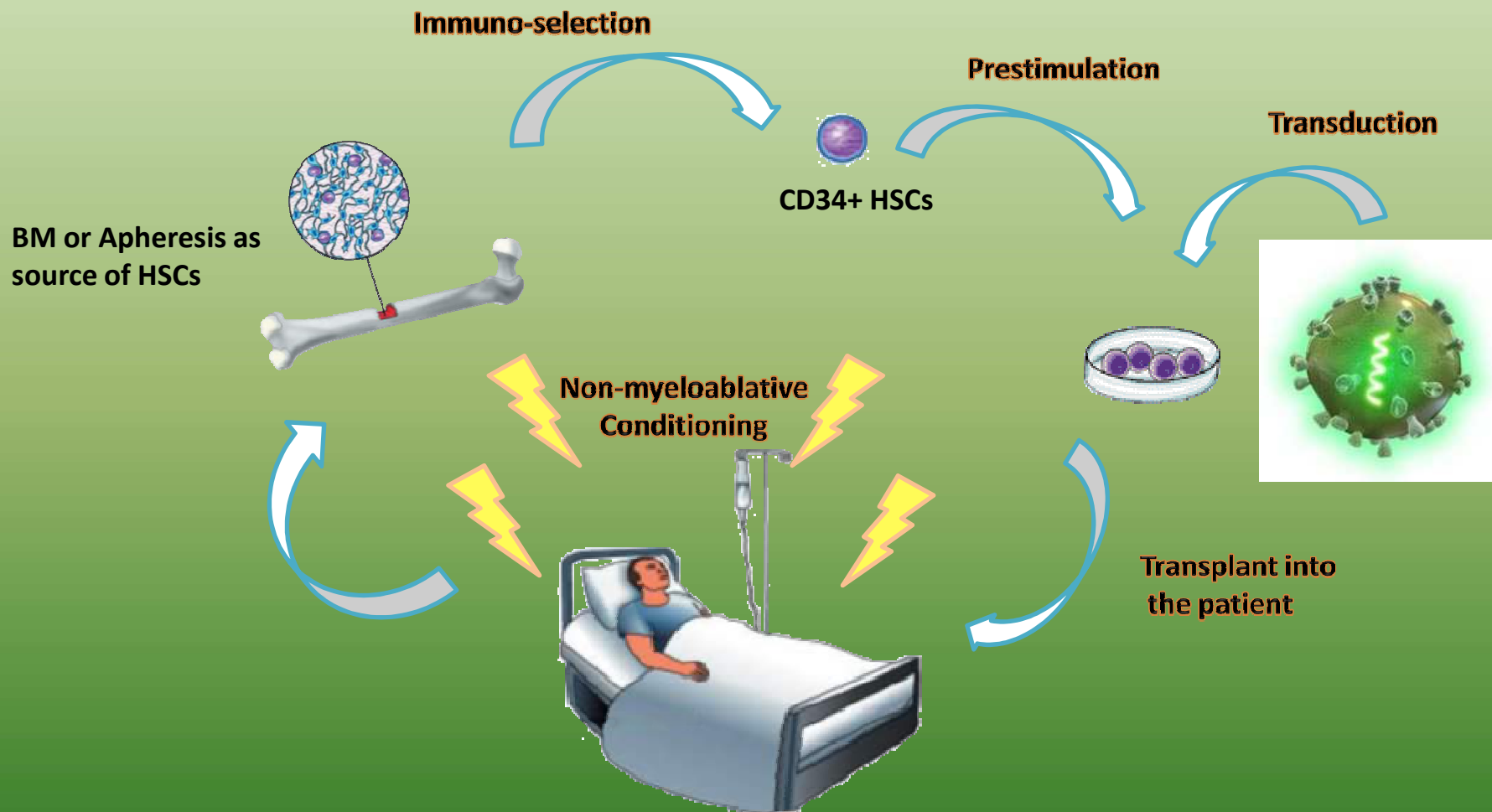
Si ringrazia per il sostegno alla Ricerca

TREATMENT OPTIONS FOR THALASSEMIC SUBJECTS



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GENE THERAPY FOR β -THALASSEMIA

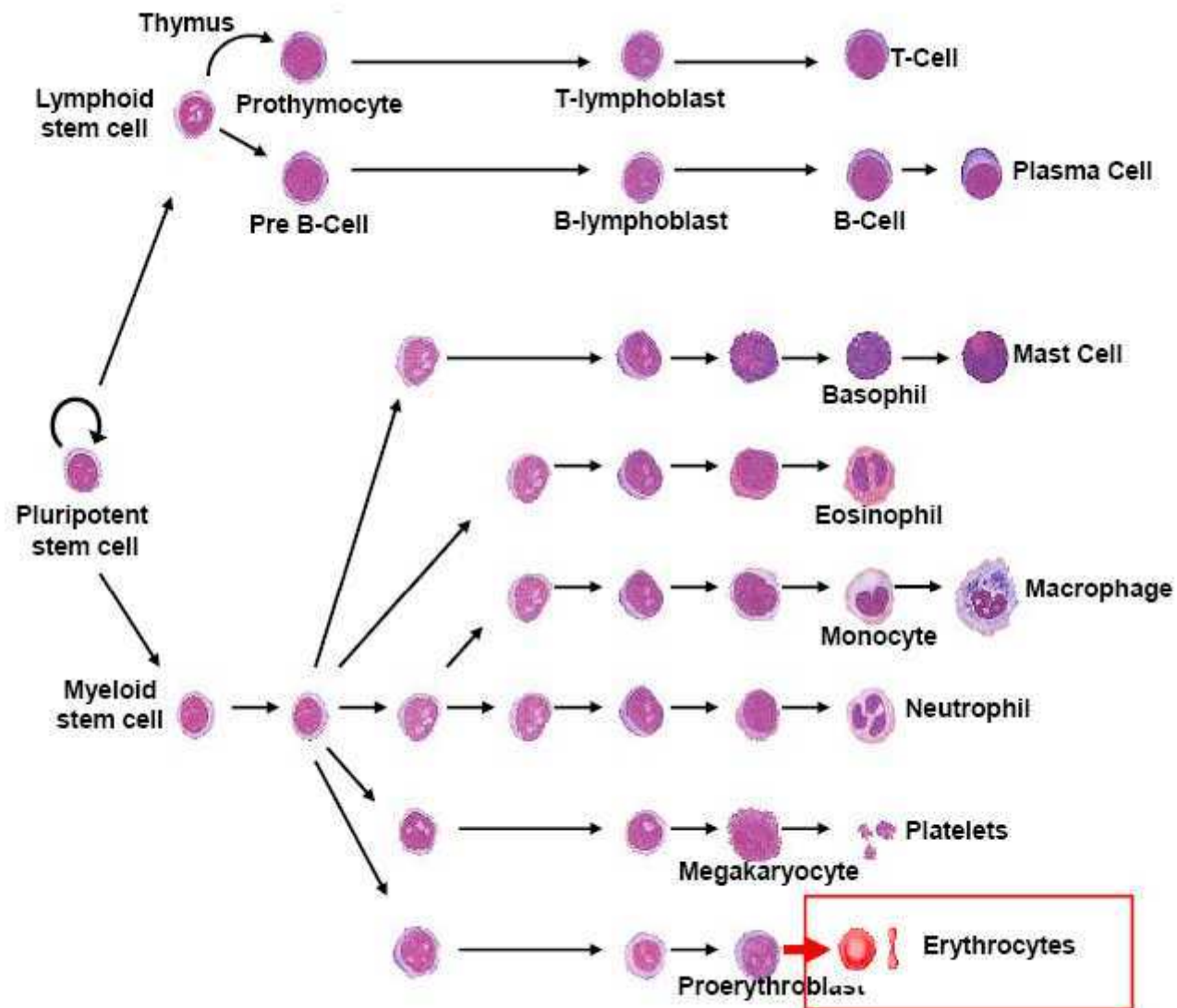


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Requirements for globin vector expression

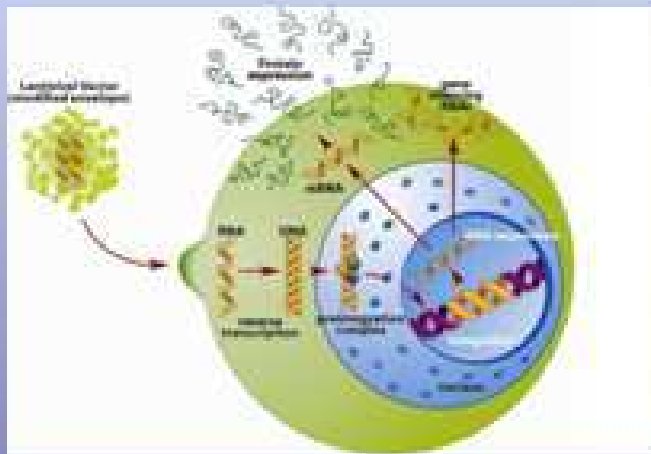
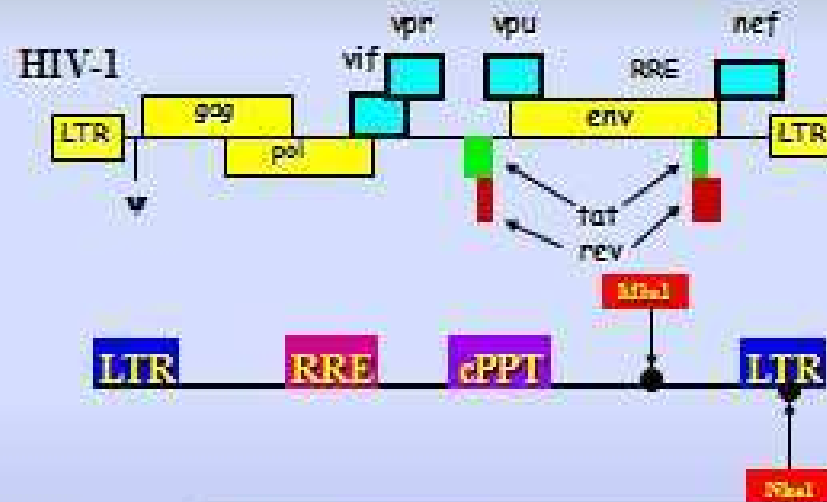
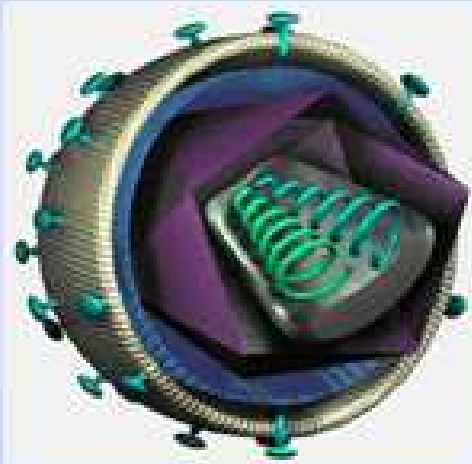
- Lineage-restricted, erythroid-specific
- Differentiation stage-specific
- Elevated
 - therapeutic (anemia)
 - safe (1-2 vector copies per cell)
- Position-independent (copy number-dependent)
- Sustained over time

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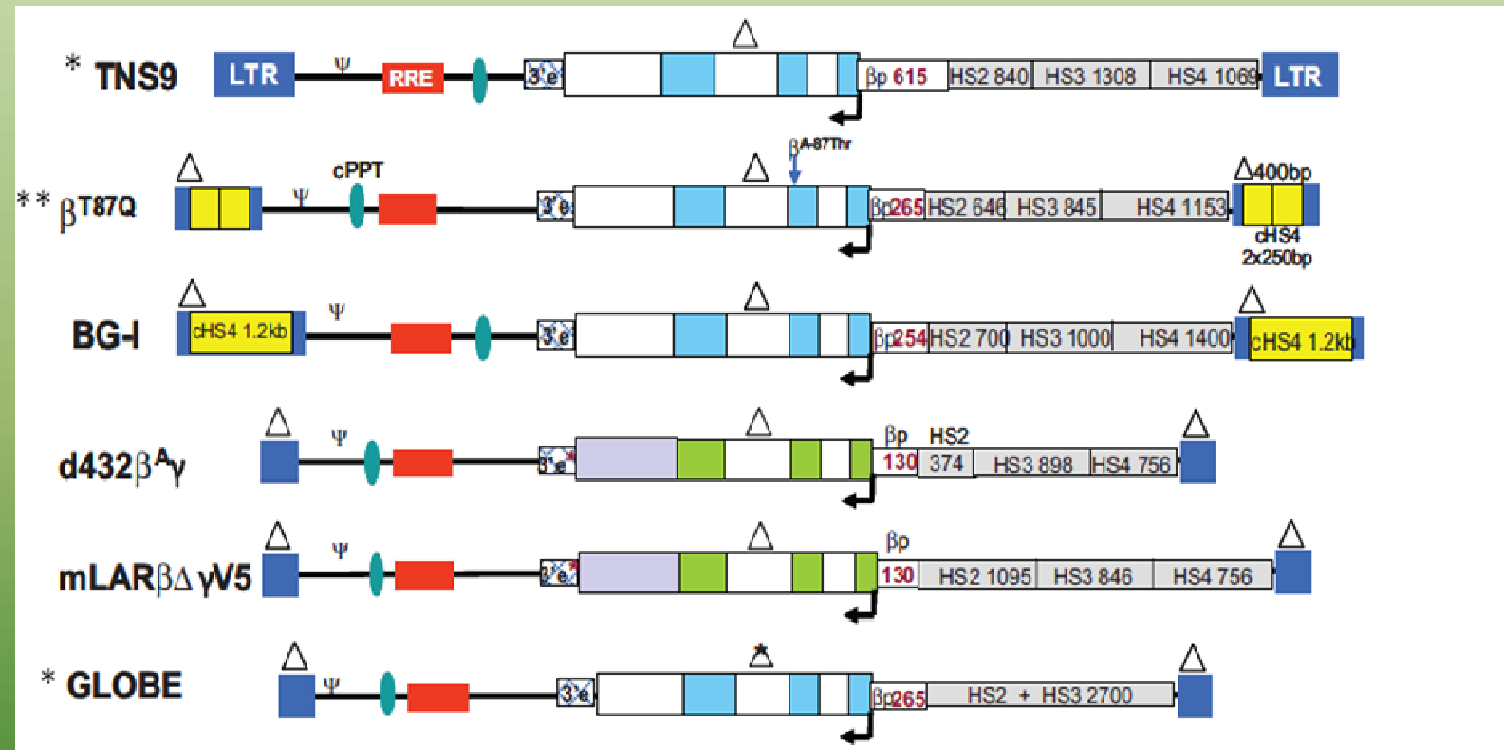
Lentiviruses and integration



	transduction by:	
	lentivirus (HIV)	γ -retrovirus (MLV)
d proliferating cell	yes	yes
b partially stimulated cell		
T cell in G_0	yes	no
c quiescent cell		
T cell in G_0	no	no

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GLOBIN LENTIVIRAL VECTORS DEVELOPED FOR GENE THERAPY OF β -THALASSEMIA

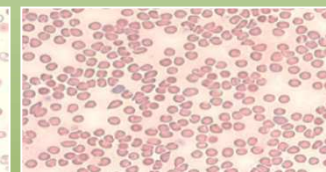
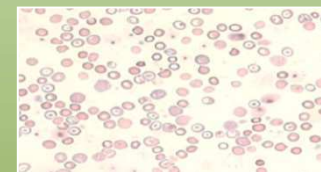
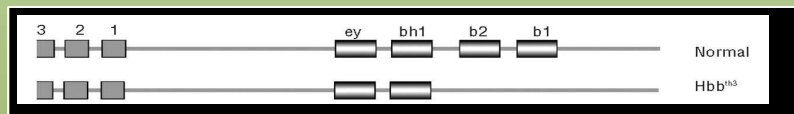
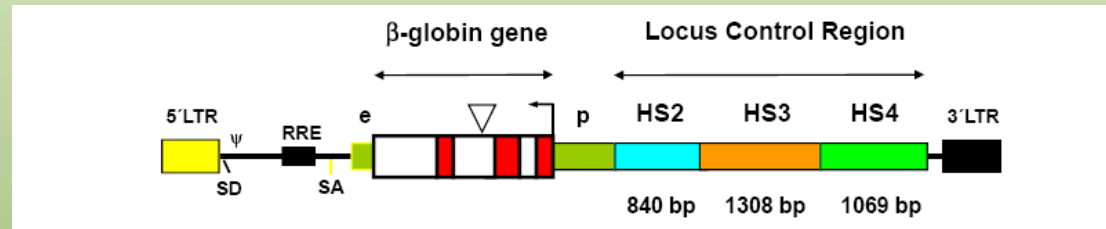


(**)-vector entered in the French clinical trial; (*)- vectors entering in upcoming clinical trials

from: Arumugam P, Malik P (2010). Hematology

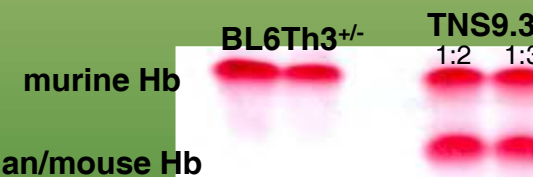
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Il vettore lentivirale TNS9ha curato l'anemia nel modello di topo talassemico



C57BL6Hbb^{Th3+/-}

C57BL6 w.t.



- correction of anemia
- prevention of secondary organ damage

- long-term expression
- peripheral selective advantage

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[illegible]

  **AZIENDA OSPEDALIERA**
OSPEDALI RIUNITI VILLA SOFIA - CERVELLO PALERMO



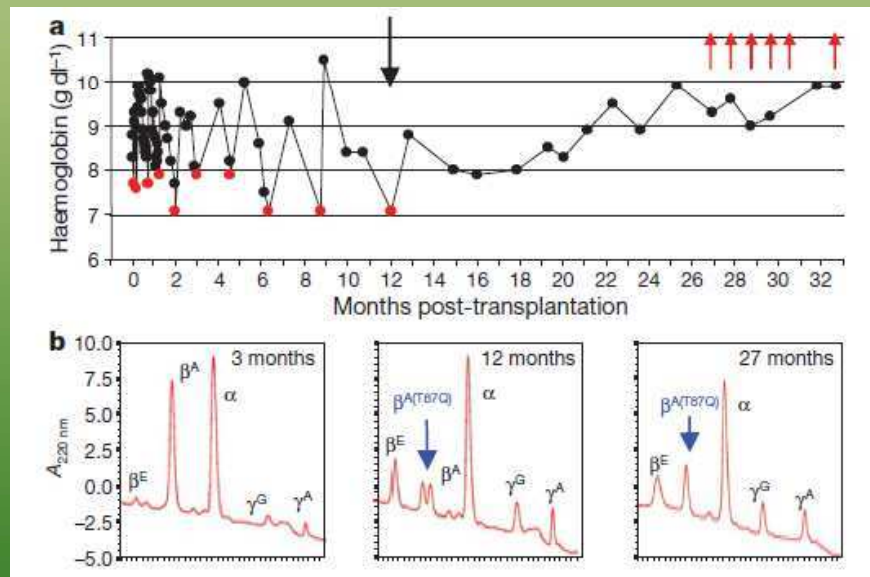
"AGGIORNAMENTO SULLA TERAPIA GENICA DELLE SINDROMI TALASSEMICHE"

Fondazione
Franco e Piera Cutino
Guarire dalla
TALASSEMI

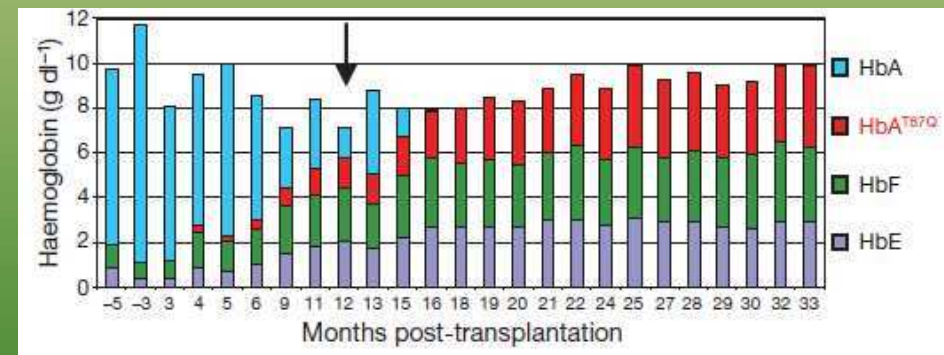
LETTERS

Transfusion independence and *HMGA2* activation after gene therapy of human β -thalassaemia

Marina Cavazzana-Calvo^{1,2*}, Emmanuel Payen^{3,4,5*}, Olivier Negre^{3,4,5,6}, Gary Wang⁷, Kathleen Hehir⁸, Floriane Fusil^{3,4,5}, Julian Down⁸, Maria Denaro⁸, Troy Brady⁷, Karen Westerman^{8,9}, Resy Cavallesco⁹, Beatrix Gillet-Legrand⁶, Laure Caccavelli^{1,2}, Riccardo Sgarra¹⁰, Leila Maouche-Chrétien^{3,4}, Françoise Bernaudin¹¹, Robert Girot¹², Ronald Dorazio⁸, Geert-Jan Mulder⁸, Axel Polack⁸, Arthur Bank¹³, Jean Soulier⁵, Jérôme Larghero⁵, Nabil Kabbara⁵, Bruno Dalle⁵, Bernard Gourmel⁵, Gérard Socie⁵, Stany Chrétien^{3,4,9}, Nathalie Cartier¹⁴, Patrick Aubourg¹⁴, Alain Fischer^{1,2}, Kenneth Cornetta¹⁵, Frédéric Galacteros¹⁶, Yves Beuzard^{3,4,5}, Eliane Gluckman⁵, Frederick Bushman⁷, Salima Hacein-Bey-Abina^{1,2*} & Philippe Leboulch^{3,4,9*}

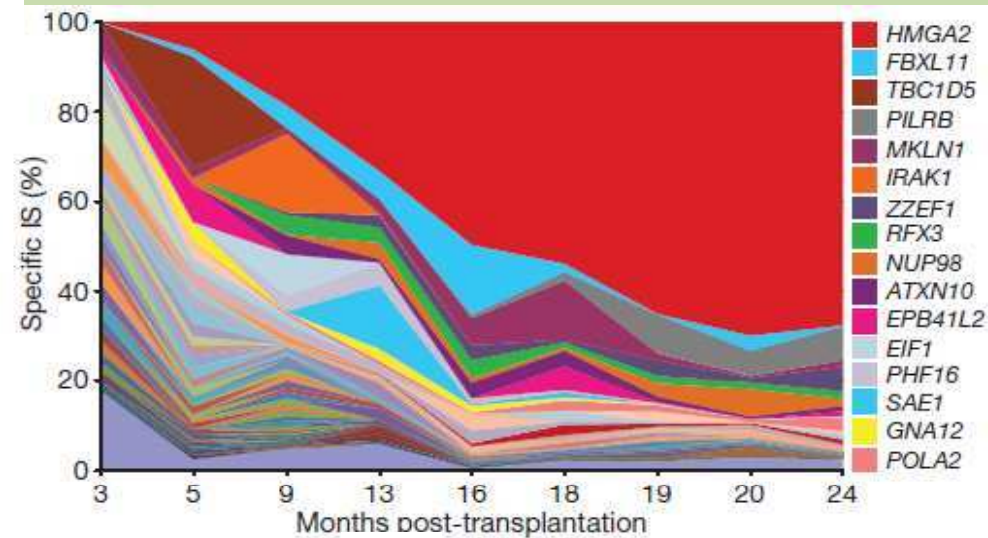


Conversion to transfusion independence



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GENOME-WIDE INTEGRATION SITE (IS) DISTRIBUTION STUDIES: CLONAL DOMINANCE OF HMGA2*



Relative abundance of vector-bearing cell clones in (one colour per IS, with the predominant HMGA2 IS in red).

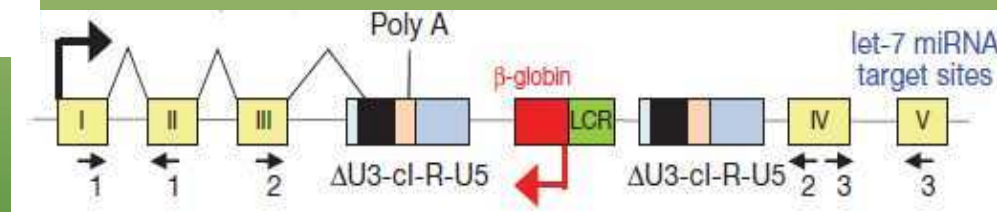
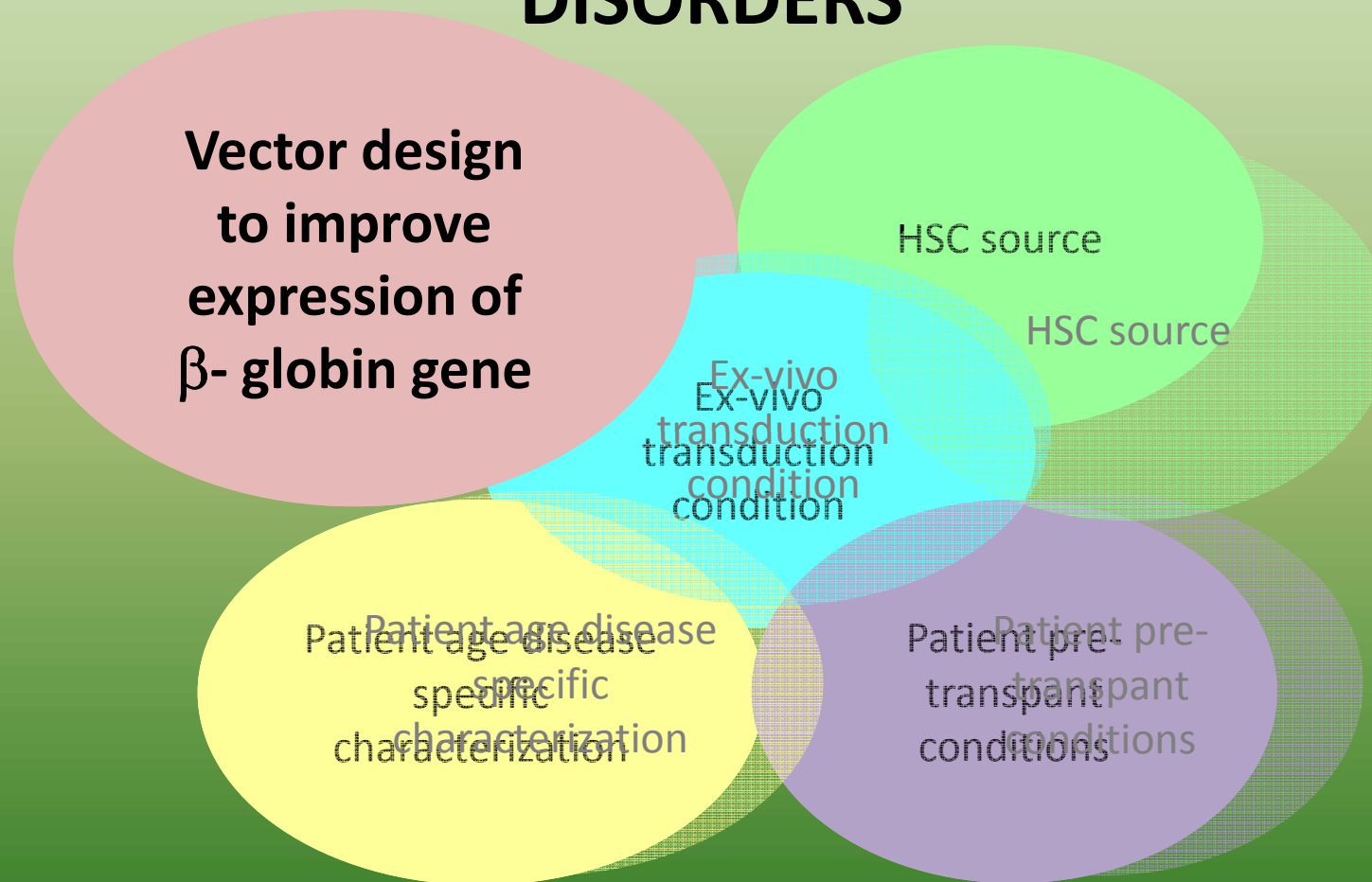


Diagram of the vector at the HMGA2 IS, showing abnormal splicing and polyadenylation/cleavage of the truncated transcript within the vector provirus

* HMGA2= HIGH-MOBILITY GROUP AT-HOOK 2

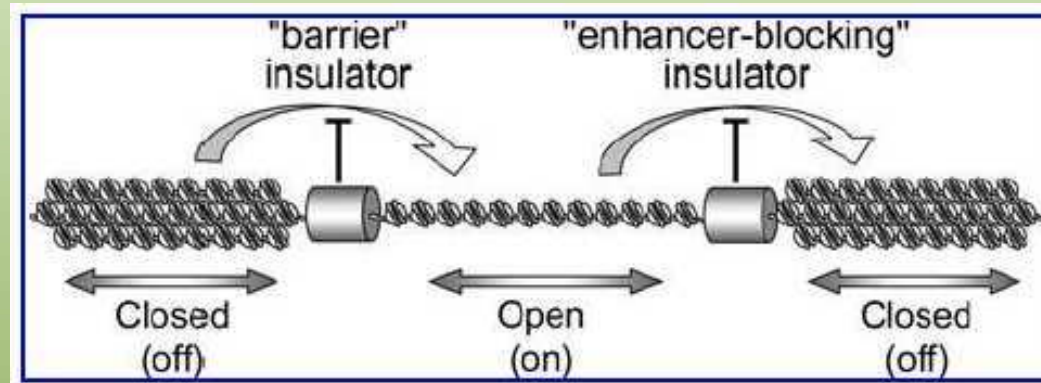
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FACTORS INFLUENCING THE OUTCOME OF A GENE TRANSFER TRIAL FOR THE HEMOGLOBIN DISORDERS



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CHROMATIN INSULATORS AND HOW THEY FUNCTION IN EUKARYOTIC CELLS



By acting as **barriers**, insulators prevent the spread of condensed chromatin able to silence expression.

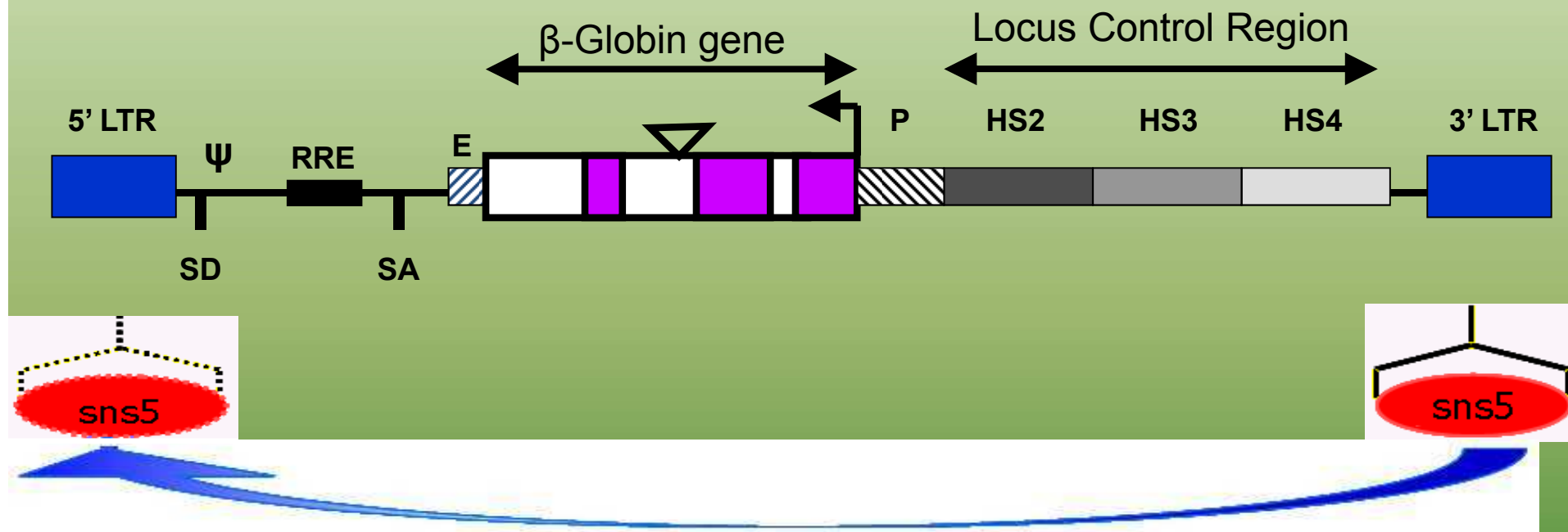
By acting as **enhancer-blockers**, insulators restrict the long-range activation of enhancers limiting their influence to to the target promoter.

THE INCLUSION OF CHROMATIN INSULATORS IN RECOMBINANT VECTORS SHOULD IMPROVE BOTH EFFICACY AND SAFETY OF GENE THERAPY

- The **blocking enhancer activity** prevents the activation of neighboring cellular genes from enhancers present in the vector.
- The **barrier activity** limits the number of transgenes necessary for the therapeutic effect and, in so doing, reduces the mutagenesis risk.

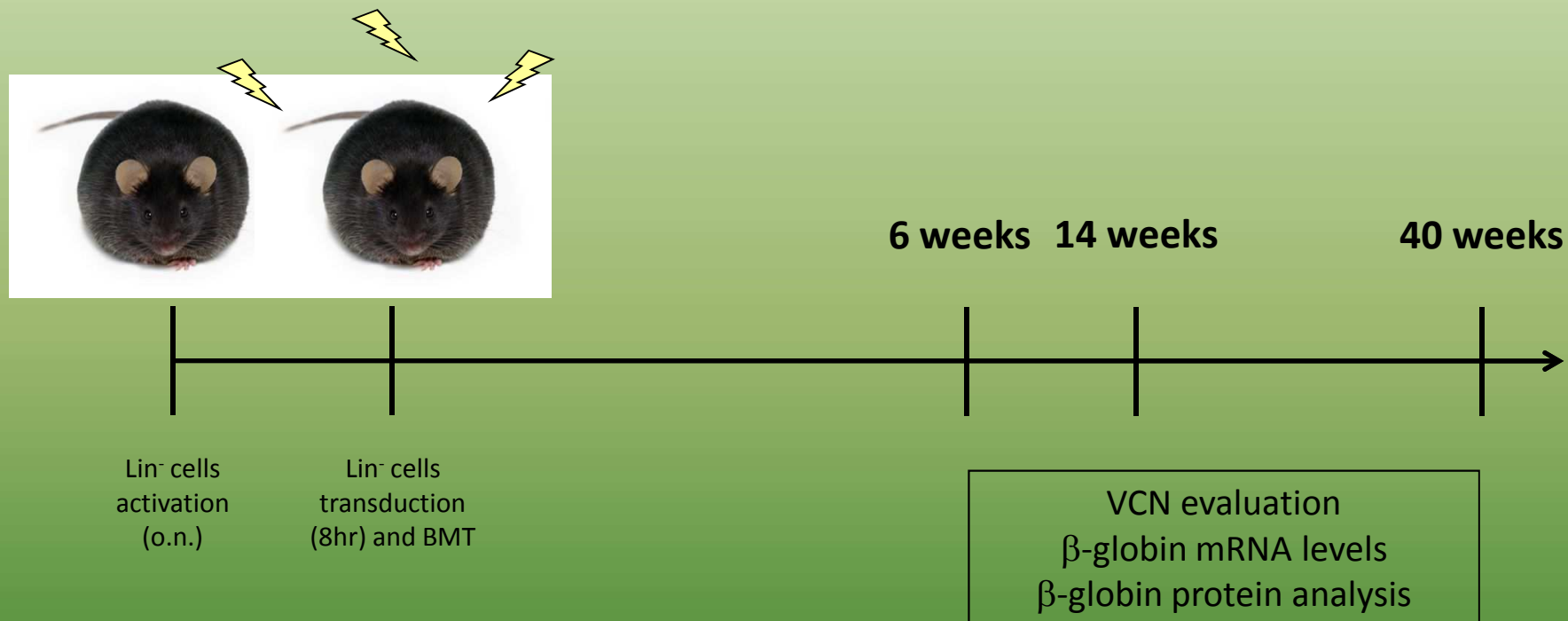
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SNS-5 INSULATING TNS9.3 VECTOR



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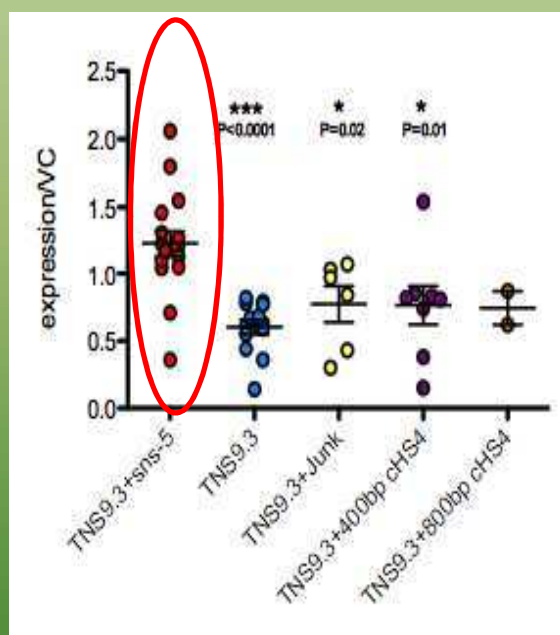
IN VIVO EXPERIMENTAL PLAN



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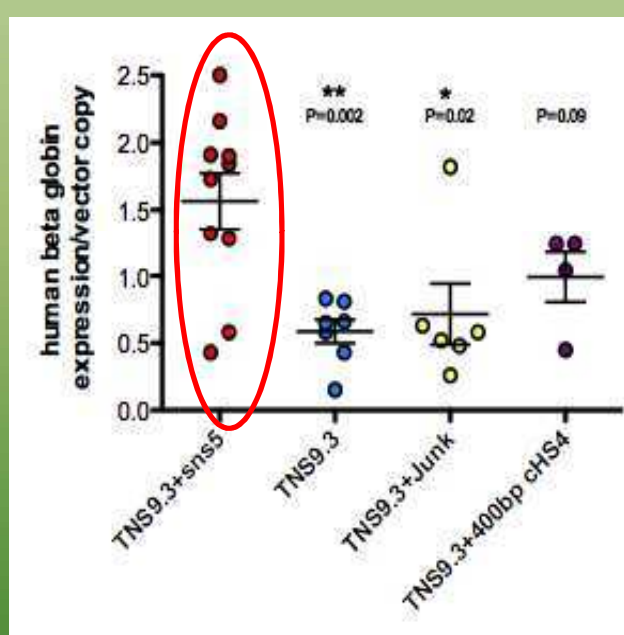
SNS5 INCREASES THE EXPRESSION OF THE TRANSGENE IN LONG TERM MOUSE CHIMERAS

6 weeks after BMT



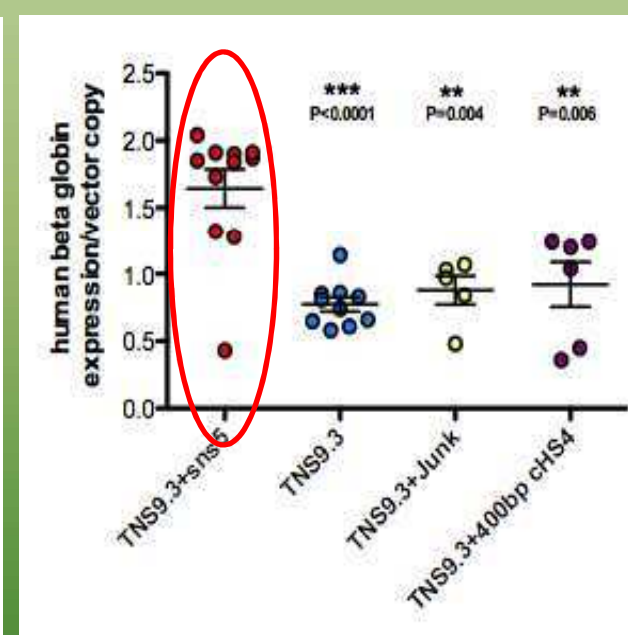
N=16 N=13 N=6 N=8 N=2

14 weeks after BMT



N=10 N=7 N=6 N=4

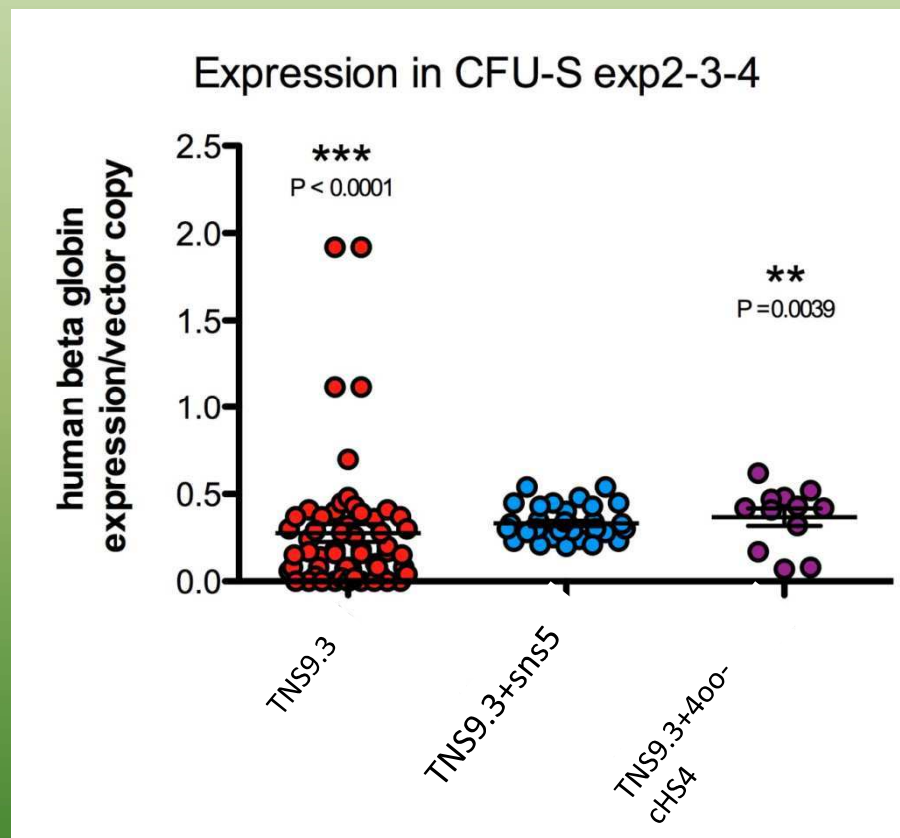
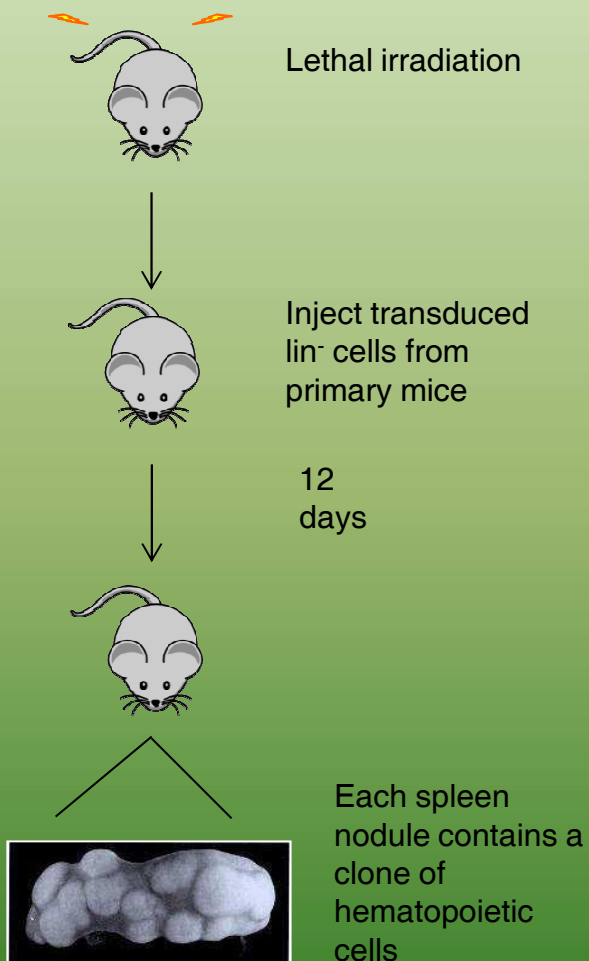
40 weeks after BMT



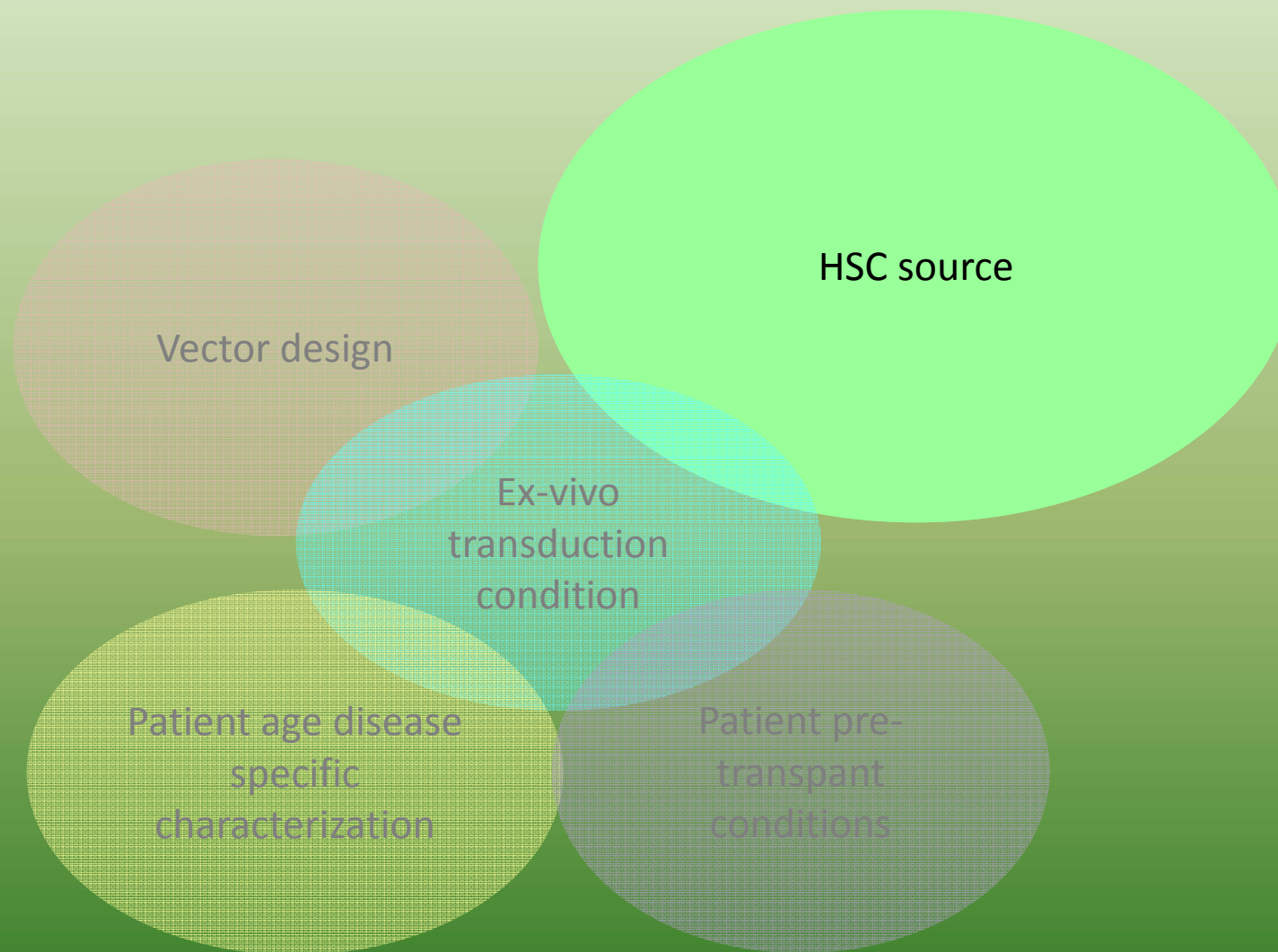
N=11 N=10 N=5 N=6

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SnS-5 reduces variability of β -globin gene expression in single copy vector spleen colonies



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A PILOT TRIAL TO ASSESS THE FEASIBILITY AND SAFETY OF G-CSF MOBILIZATION OF CD34+ HEMATOPOIETIC PROGENITOR CELLS IN PATIENTS WITH BETA-THALASSEMIA MAJOR

(NTC000658385 SU CLINICALTRIALS.GOV)

- Preliminary protocol involving **Mobilization of CD34+ hematopoietic progenitor cells** and ex-vivo processing with the TNS9.3 lentiviral vector without reinfusion of transduced cells.
- **Objectives:**
 - To investigate the **feasibility** and **safety** of peripheral blood hematopoietic progenitor cell (HPC) mobilization with G-CSF in patients with β -thalassemia major
 - To determine the **yield** of CD34+ HPCs mobilized
 - To determine the ability of the collected HPCs to be **transduced** with a lentiviral vector encoding the normal β -globin gene
- **Subject Population:**
 - Male and female patient-subjects - age ≥ 18
 - diagnosed with β -thalassemia major
 - maintained by hypertransfusion, ≥ 100 mL/kg/yr AND ≥ 8 transfusions/yr.
 - Patients splenectomized OR without palpable spleen at evaluation.
 - No prior history of thromboembolic disorders.

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SUCCESSFUL G-CSF MOBILIZATION IN FIVE PATIENTS WITH THALASSEMIA MAJOR

		+1	+2	+3	+4	+5	+6
Pt #1	%CD34+					0.2%	NA
	Total CD34+					3.03×10^6	4.95×10^6
Pt #2		+1	+2	+3	+4	+5	+6
	%CD34+					0.2%	0.1%
	Total CD34+					6.4×10^6	5.6×10^6
Pt #3		+1	+2	+3	+4	+5	+6
splenectomized	%CD34+					0.1%	0.1%
	Total CD34+					4.0×10^6	4.5×10^6
Pt #4		+1	+2	+3	+4	+5	+6
splenectomized	%CD34+					0.4%	0.3%
	Total CD34+					6.2×10^6	2.7×10^6
Pt #5		+1	+2	+3	+4	+5	+6
splenectomized	%CD34+						-
	Total CD34+					2.98×10^6	-

PBSC collected: $8-12 \times 10^6$ CD34 cells/Kg

Post transduction – Vector copy: 0.8 -1.0 cell

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A PHASE IIB MULTICENTER RANDOMIZED CLINICAL TRIAL TO EVALUATE PERIPHERAL MOBILIZATION OF CD34+ HEMATOPOIETIC PROGENITOR CELLS IN PATIENTS WITH BETA-THALASSEMIA MAJOR

(Ospedali Riuniti Villa Sofia-Cervello)

OBJECTIVES:

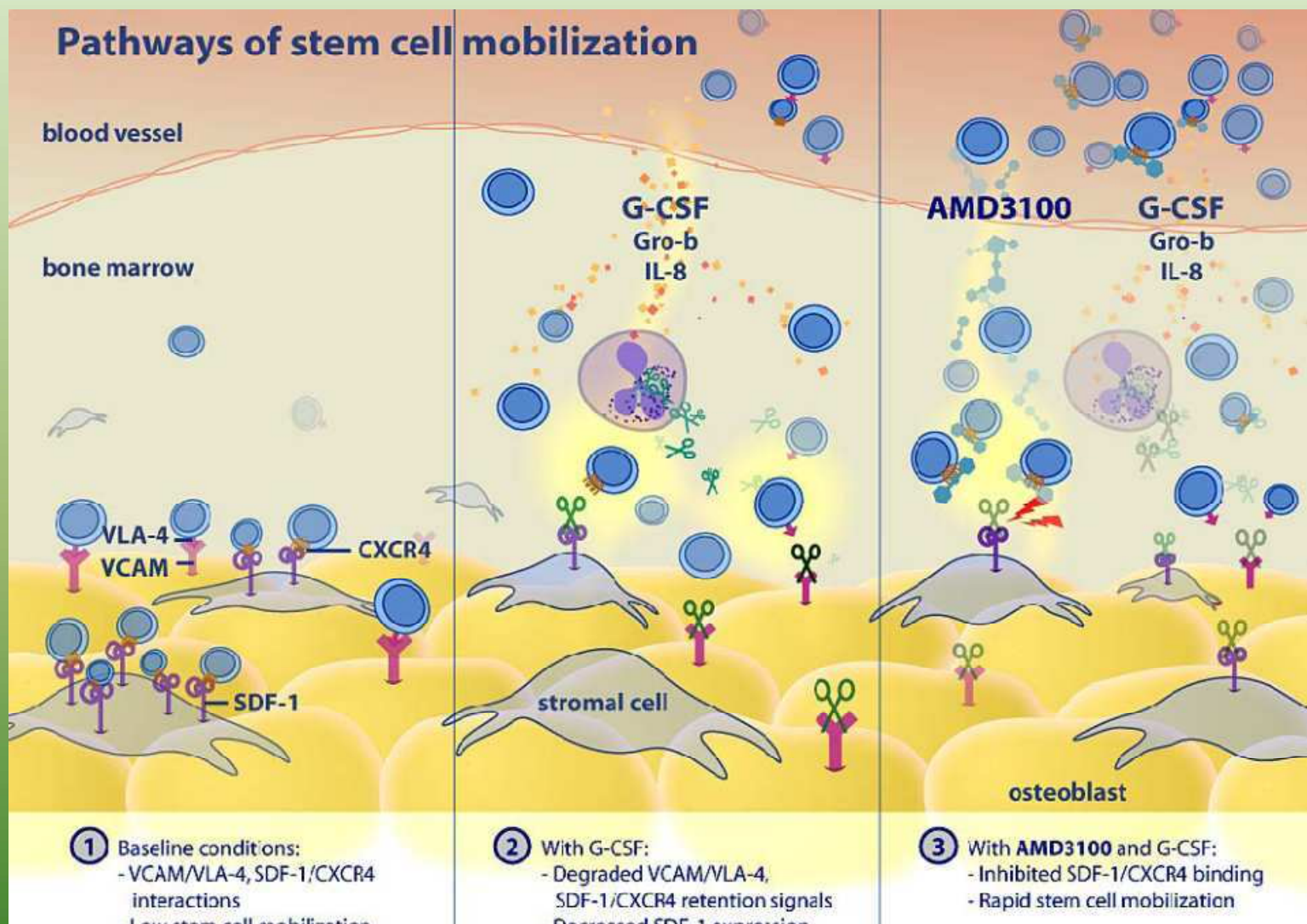
- TO EVALUATE MOBILIZATION **EFFICACY** AND **SAFETY** COMPARING THREE DIFFERENT PROTOCOLS:
 - G-CSF
 - Plerixafor
 - G-CSF+Plerixafor
- TO DETERMINE **STEMNESS** AND ABILITY OF THE COLLECTED HPC **TO BE TRANSDUCED** WITH A LENTIVIRAL VECTOR ENCODING THE NORMAL β -GLOBIN GENE

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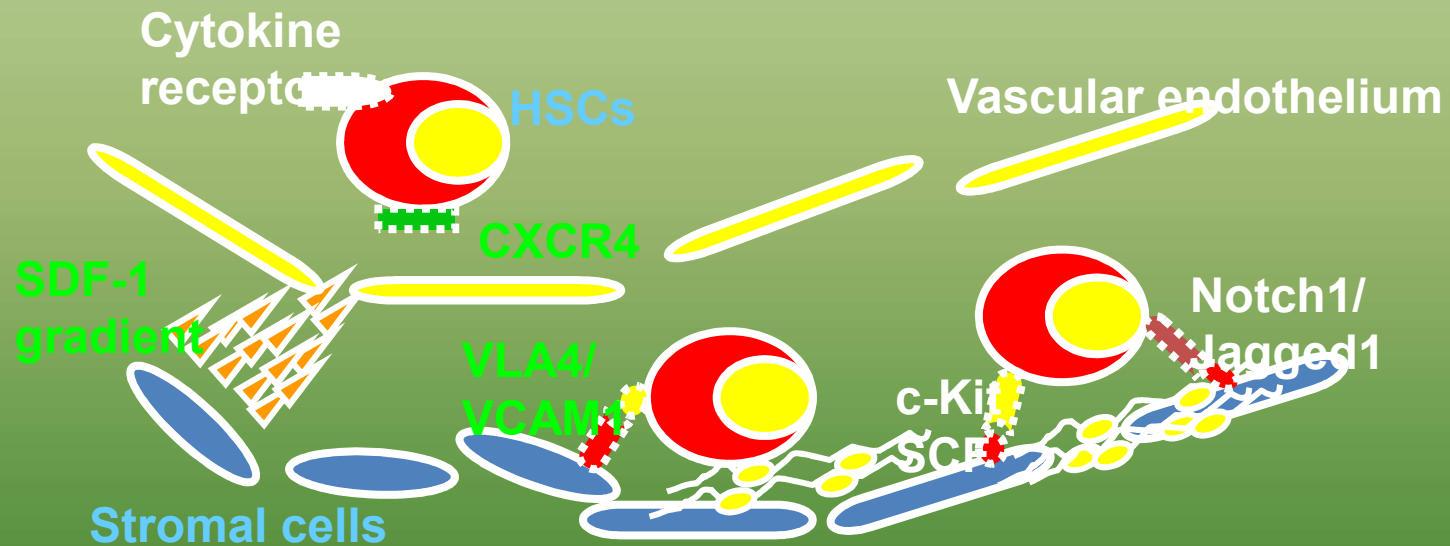


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Mobilization of HSCs

Mechanisms

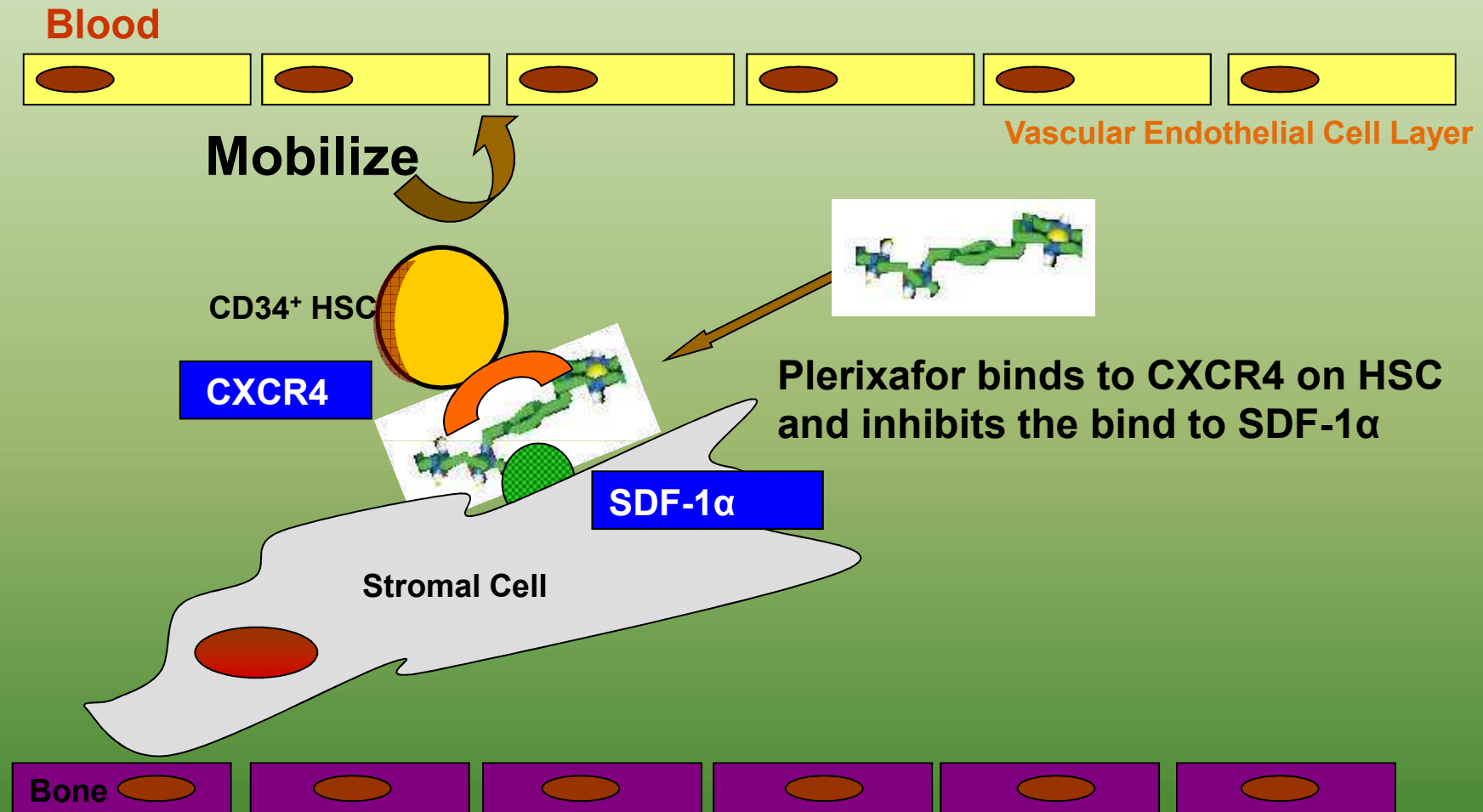
GCSF induces the breaking of the link between CXCR4 of HSC and VLA4 ckit in the niche cells



Extracellular matrix proteins and soluble cytokines

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PLERIXAFOR Mobilization



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Programma

- **G-CSF:** 1,6 ml s.c. dal giorno +1 al giorno +4
- **PLERIXAFOR:** 0,5 ml s.c. la sera del giorno +4 ed, eventualmente, la sera del giorno +5

Aferesi prevista per il 5° ed, eventualmente, per il 6° giorno.

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D.V.

Giorno +1 (17/09/11)

WBC	6.600/mmc	PLT	294.000/mmc
Hb	11.5 g/dL	CD34+	0.05% (4 x 10E6/L)

Giorno +2 (18/09/11)

WBC	25.000/mmc	PLT	260.000/mmc
Hb	10.9 g/dL	CD34+	0.03% (7.7 x 10E6/L)

Giorno +3 (19/09/11)

WBC	32.100/mmc	PLT	262.000/mmc
Hb	10.7 g/dL	CD34+	0.03% (10 x 10E6/L)

Giorno +4 (20/09/11)

WBC	30.000/mmc	PLT	279.000/mmc
Hb	10.6 g/dL	CD34+	0.16% (48 x 10E6/L)

Giorno +5 (21/9/11)

WBC	60.300/mmc	PLT	318.000/mmc
Hb	10.6 g/dL	CD34+	0.6% (361 x 10E6/L)
Conta cell. CD34+ collezionate	29 x 10 ⁶ /Kg	Volume di sangue scambiato	8780 ml

Giorno +6 (22/9/11)

WBC	19.400/mmc	PLT	211.000/mmc
Hb	10 g/dL	CD34+	
Conta cell. CD34+ collezionate	----	Volume di sangue scambiato	----

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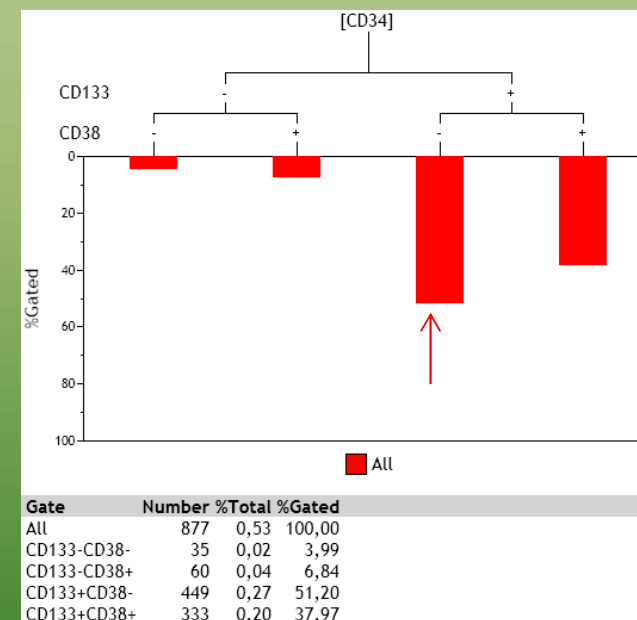
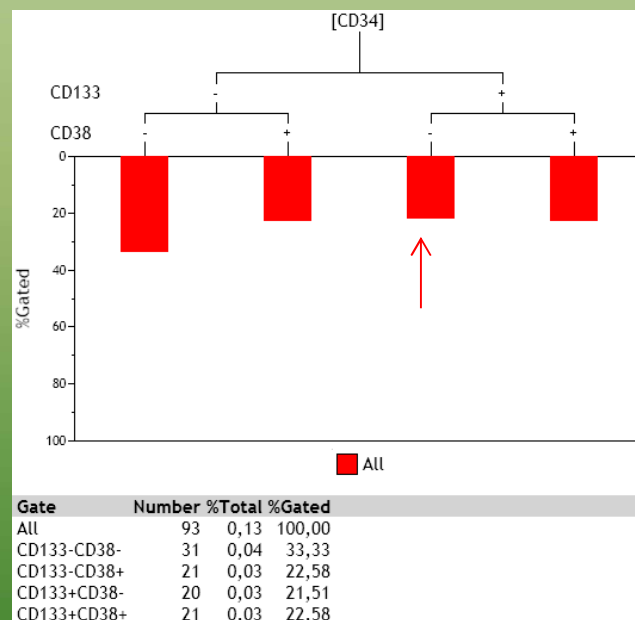
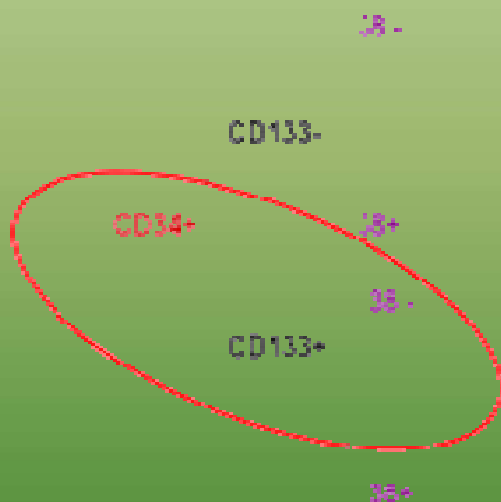


D.V.

	+1	+2	+3	+4	+5	+6
CD34+/L	4 x 10 ⁶	7.7 x 10 ⁶	10 x 10 ⁶	48 x 10 ⁶	361 x 10 ⁶	80 x 10 ⁶
CD34%	0.05	0.03	0.03	0.16	0.6	0.5
WBC/mmc	6600	25000	32100	30000	60300	19000
GCSF/PLERIXAFOR	GCSF	GCSF	GCSF	GCSF	GCSF + PLERIXAFOR	

4° day

5° day



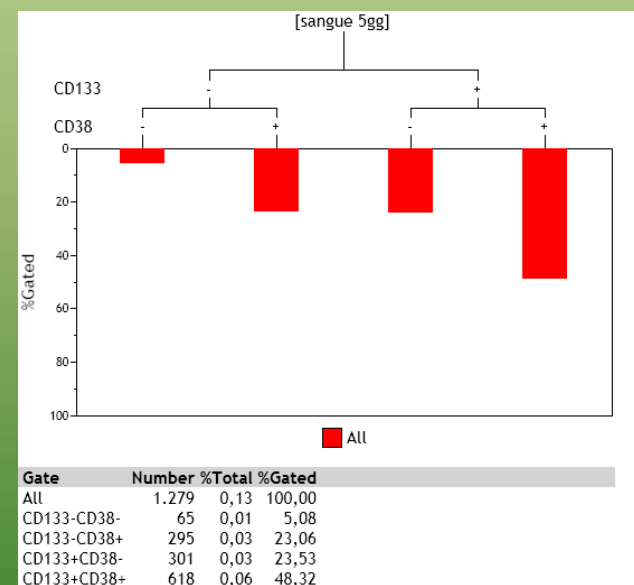
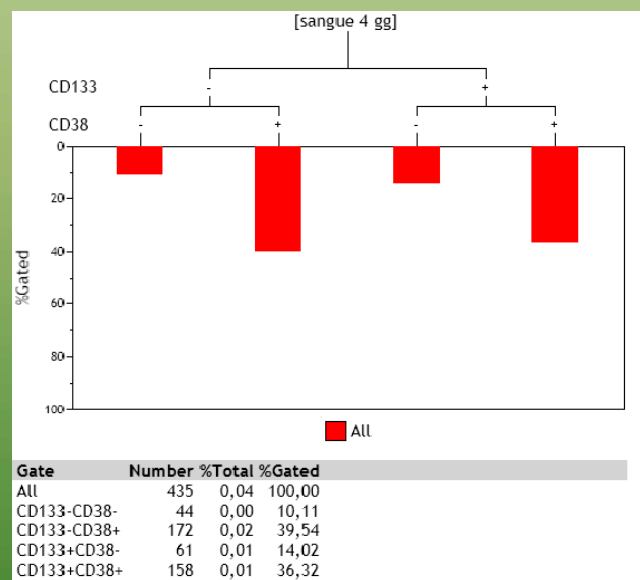
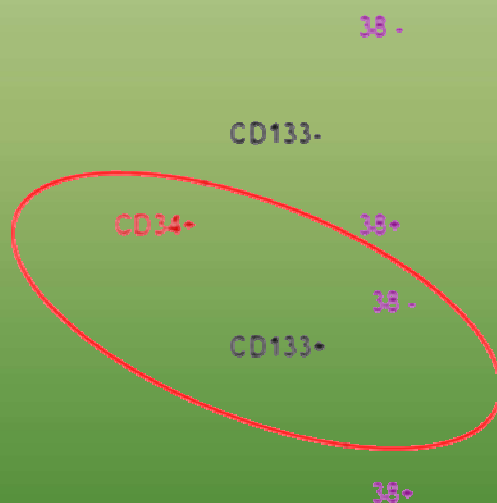
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F. S.

	+1	+2	+3	+4	+5	+6
CD34+/L	6 x 10 ⁶	6 x 10 ⁶	6 x 10 ⁶	22x 10 ⁶	92 x 10 ⁶	-
CD34%	0.1	0.01	0.001	0.004	0.1	-
WBC/mm ³	12800	60200	56000	55800	92200	-
GCSF/PLERIXAFOR	GCSF	½ GCSF	½ GCSF	½ GCSF	½ GCSF + PLERIXAFOR	

4° day

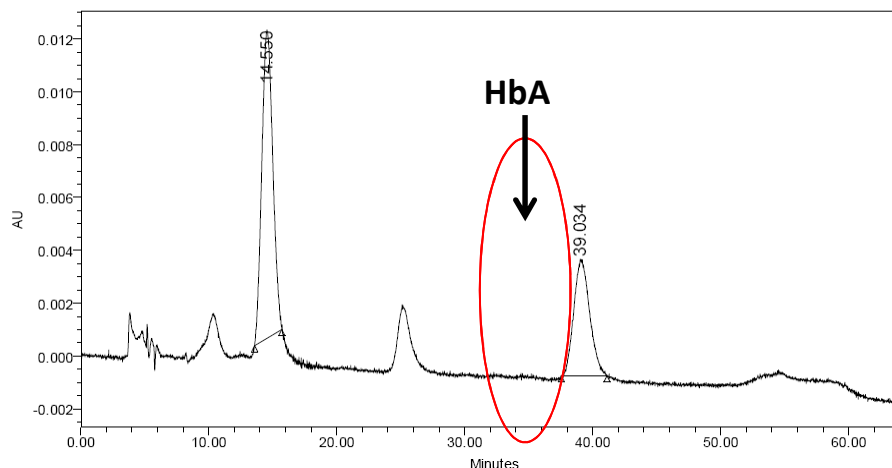
5° day



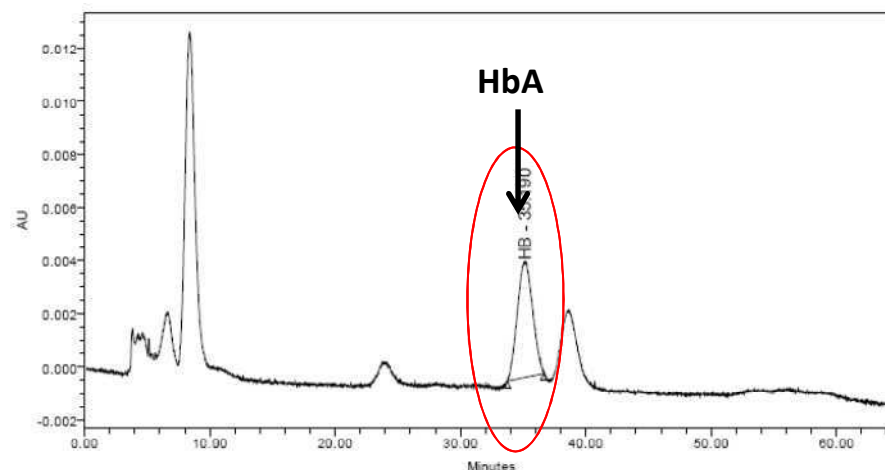
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HPLC ANALYSIS: ADULT HEMOGLOBIN PRODUCTION IN TNS9.3 LV-VECTOR TRANSDUCED ERYTHROID CELLS FROM β^0/β^0 THALASSEMIA PATIENT

Untransduced cells



Cells transduced with TNS9.3 LV-vector



U.O.C. Ematologia II A.O. "Villa Sofia Cervello"

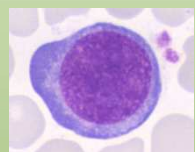


Prof. Aurelio Maggio – Direttore U.O.C. Ematologia II
"GENE THERAPY FOR BETA-THALASSEMIA: STATE OF THE ART AND CHALLENGES IN HUMAN TRIALS"

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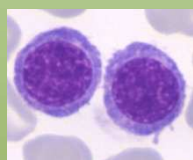
CORRECTION OF INEFFECTIVE ERYTHROPOIESIS



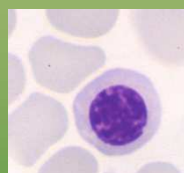
proeritroblasto



basofilo



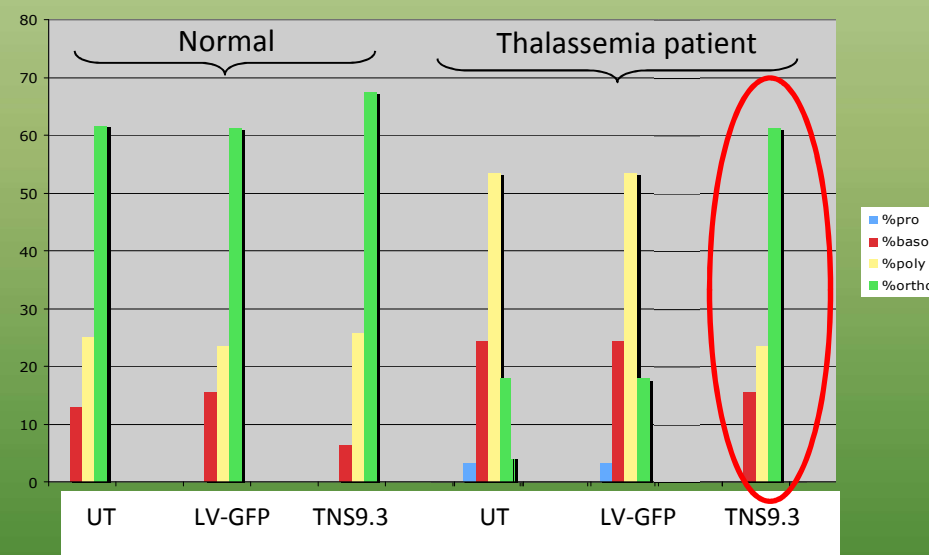
policormatofilo



ortocromatico



Cell population at day 15 of erythroid culture in transduced and non transduced cells from thalassemia patient and from normal control

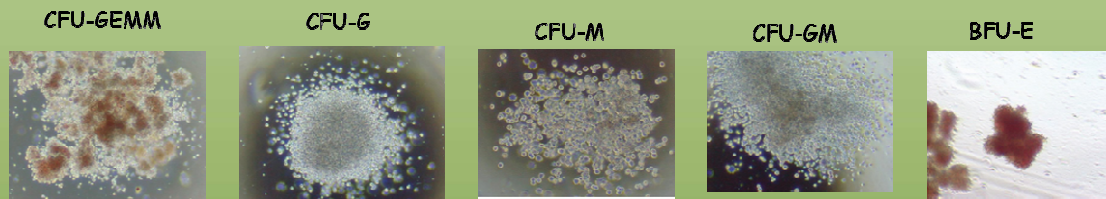


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IN LABORATORIO

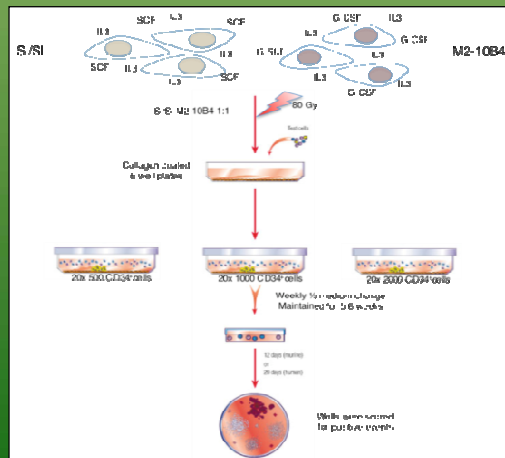
Le cellule raccolte saranno valutate per:

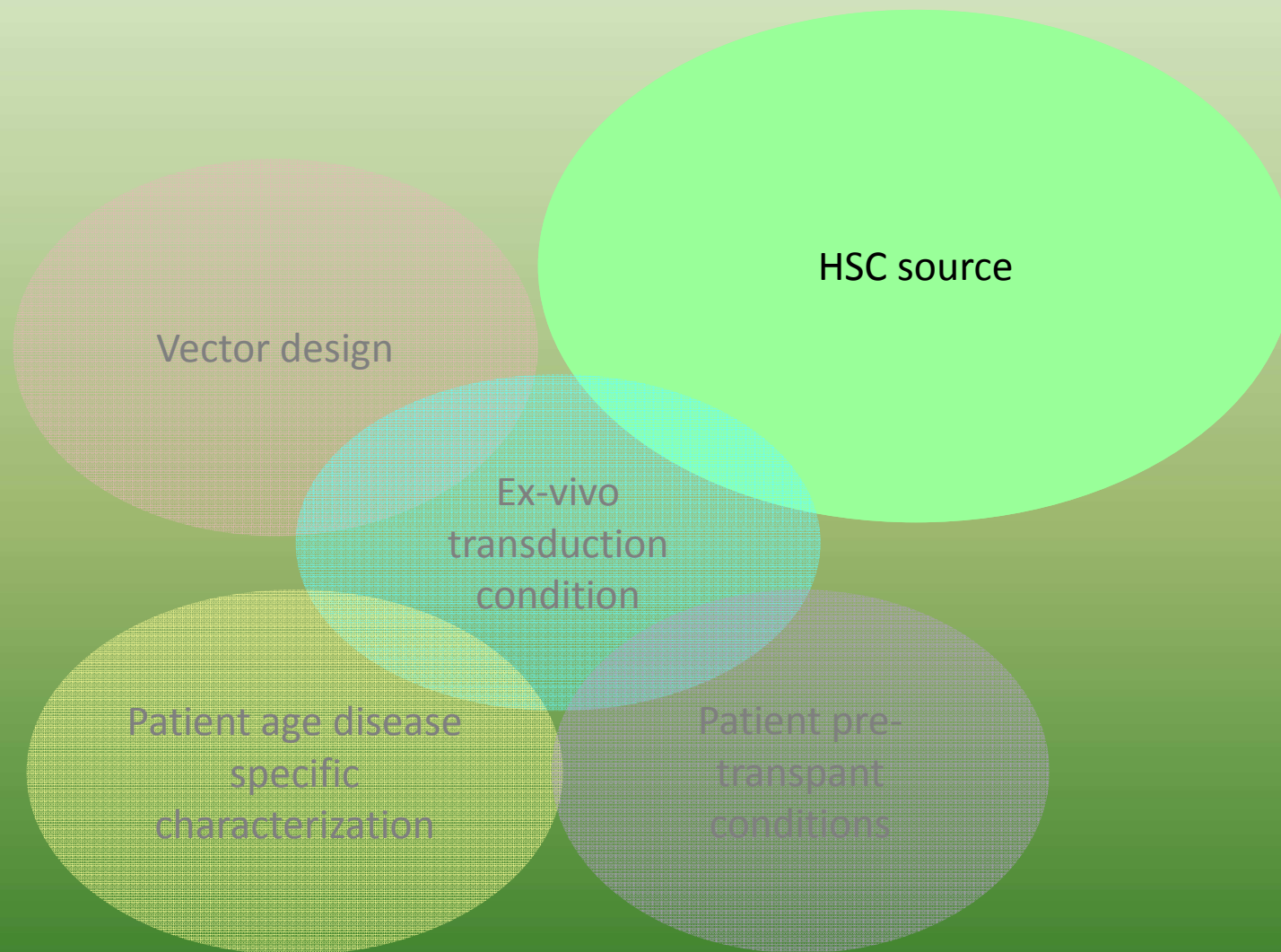
- 1) il numero assoluto e percentuale di cellule CD34+ e di linfociti T CD34+;
- 2) il grado di staminalità/differenziamento cellulare mediante pannelli di anticorpi monoclonali caratteristici di HSC o progenitori; (33 DR 45 34 38)
- 3) il grado di staminalità/differenziamento cellulare mediante saggi clonogenici in vitro a breve (colonie in methylcellulose)



4) e lungo termine (LTC-IC)

5) ed in vivo (ricostituzione sistema ematopoietico in zebrafish)





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CELLULE STAMINALI EMATOPOIETICHE DA SANGUE DI CORDONE OMBELICALE

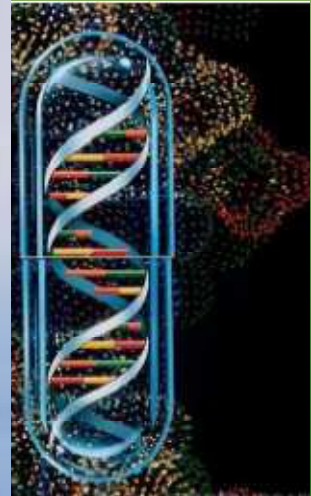
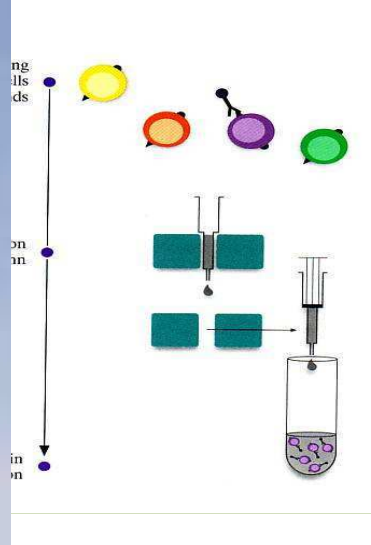
- ✓ perché facilmente reperibili
- ✓ perché hanno un più alto potenziale clonogenico
- ✓ perché più permissive alla trans-infezione con i vettori lentivirali
- ✓ ma..... una unità cordonale contiene un numero limitato di CSE

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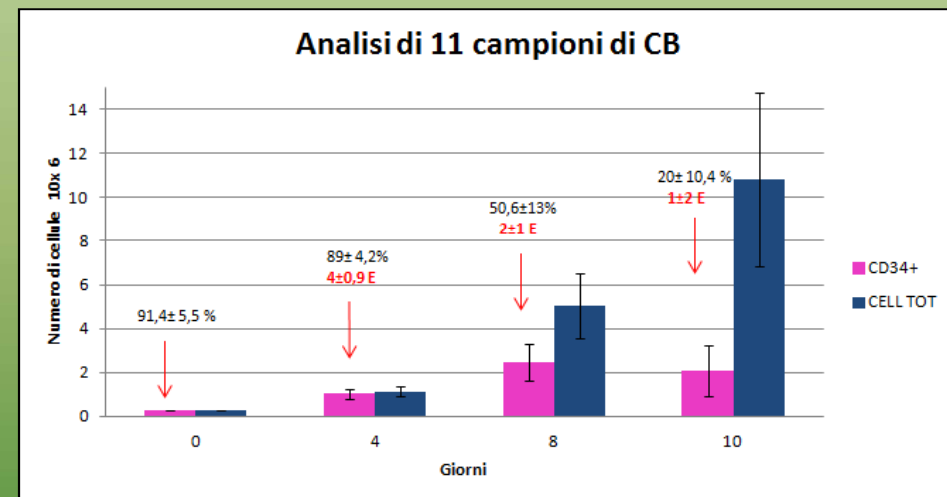
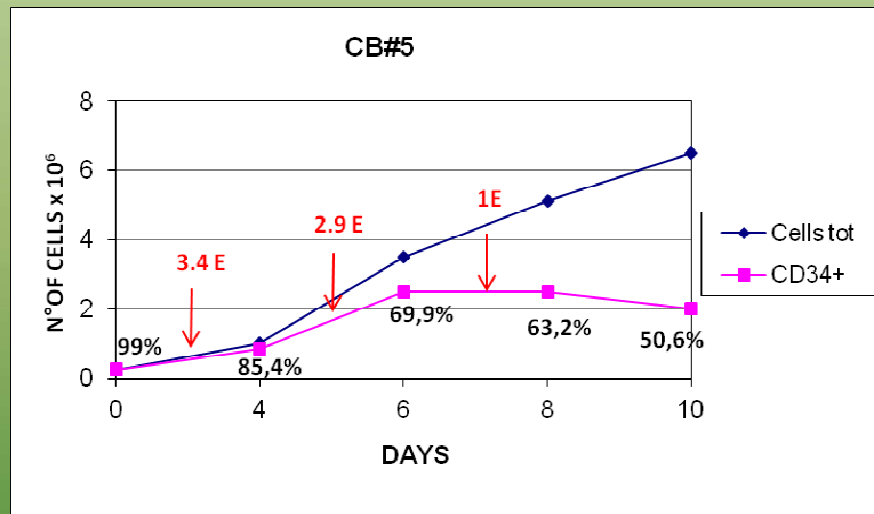


SANTINA ACUTO
"AGGIORNAMENTO SULLA TERAPIA GENICA DELLE SINDROMI TALASSEMICHE"





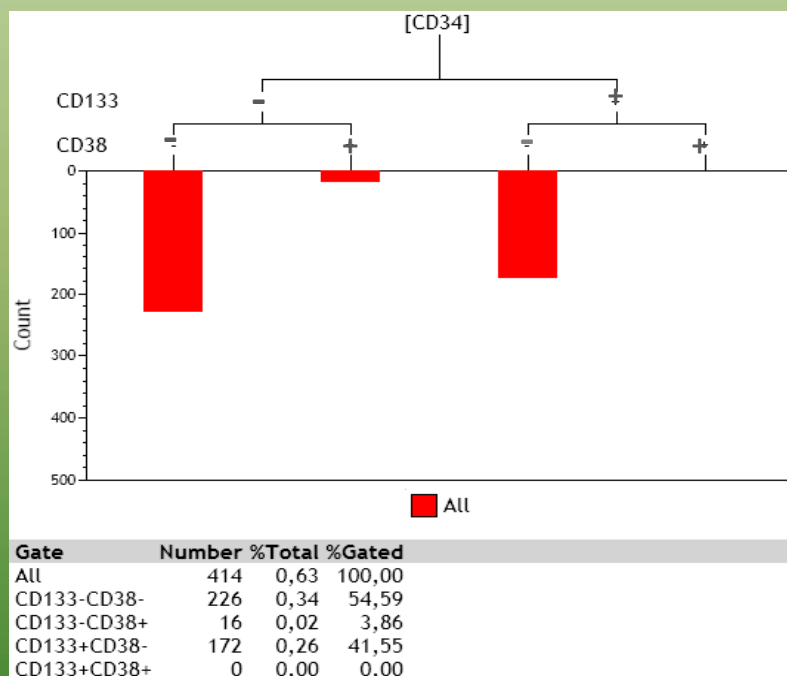
EXPANSION PROFILES OF HEMATOPOIETIC STEM CELLS FROM UMBILICAL CORD BLOOD



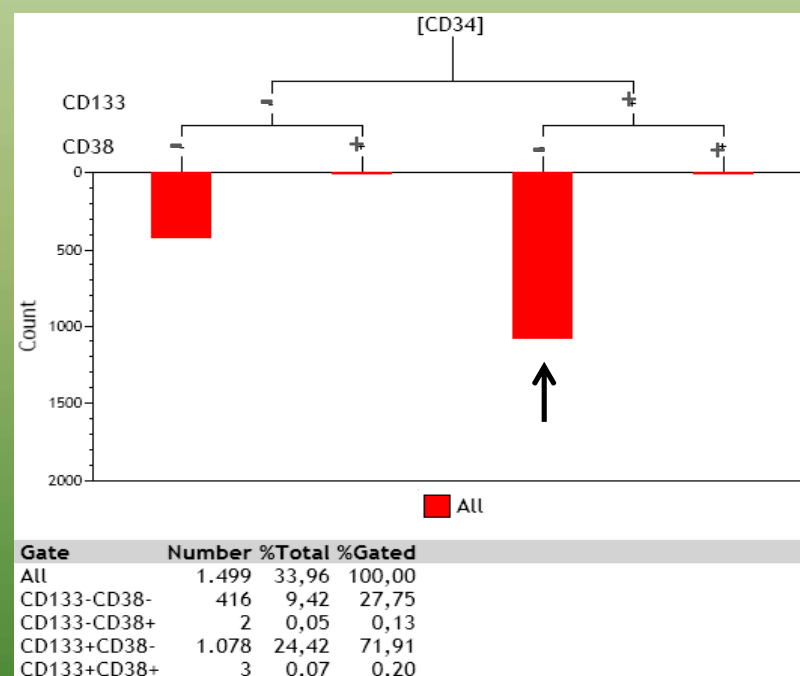
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CORD BLOOD HSC EX VIVO EXPANTION SHOWS MAIN STAMINAL FINDINGS OF CD34+ CELLS

Cord Blood CD34+ sub-populations

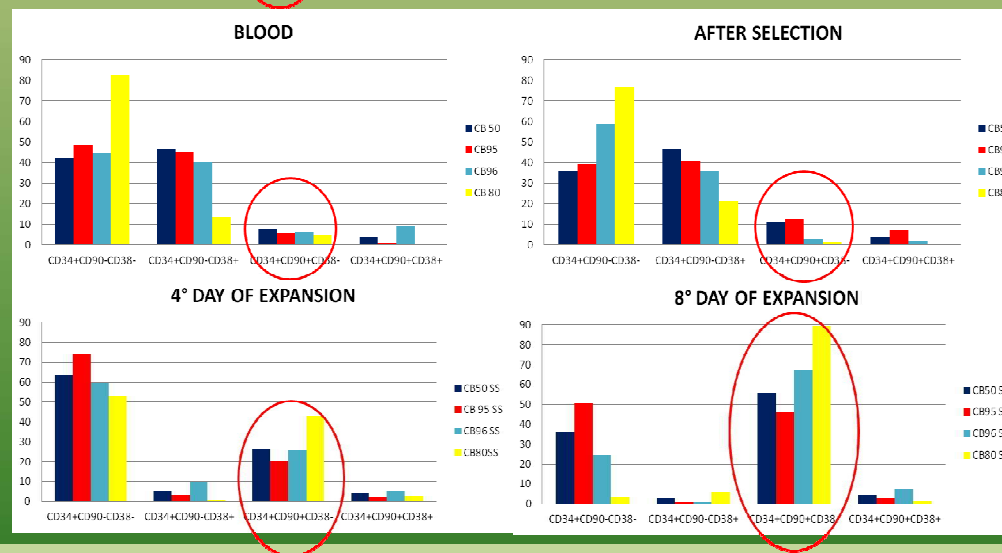
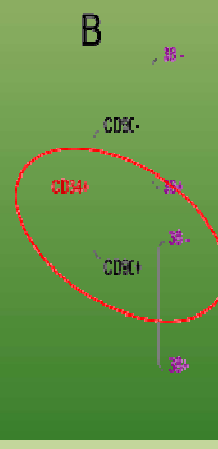
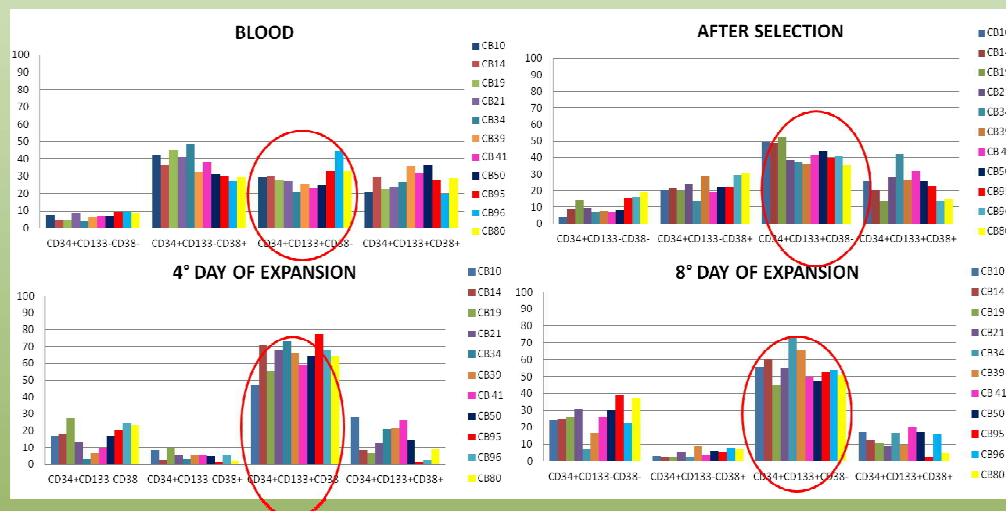
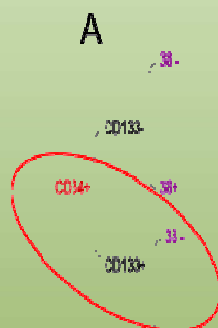


CD34+ sub-populations after 4 days
EX-vivo expansion



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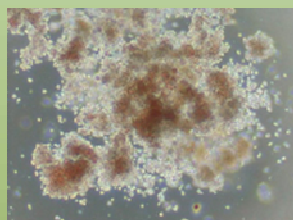
HSCS IN CULTURE SHOW A CELL SURFACE ANTIGEN EXPRESSION PATTERN CHARACTERISTIC OF PRIMITIVE HEMATOPOIETIC CELLS



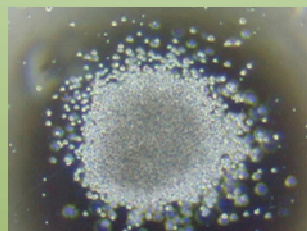
Si ringrazia per il sostegno alla Ricerca

THE FREQUENCY OF DIFFERENT PROGENITOR CELLS WAS MAINTAINED DURING ONE WEEK OF CULTURE

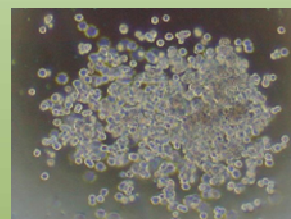
CFU-GEMM



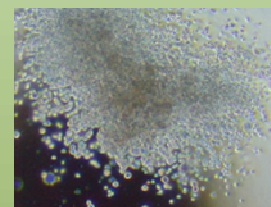
CFU-G



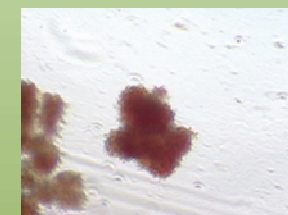
CFU-M



CFU-GM



BFU-E



Colonie	Giorno 0	Giorno 4	Giorno 8
BFU-E	24 ± 5,3%	26 ± 4,7%	24 ± 3,8%
CFU-GM	24 ± 3,4%	19 ± 1,4%	20 ± 2,8%
CFU-GEMM	4 ± 1,7%	3 ± 1,4%	3 ± 1,5%
CFU-M	27 ± 6,3%	31 ± 5,2%	37 ± 3,5%
CFU-G	21 ± 5%	20 ± 7%	17 ± 6,3%

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***Ex-vivo* transduction
conditions**

**Influence the efficacy and
safety of gene therapy**

Vector design to
improve efficacy
and safety

HSC source

Patient age disease
specific
characterization

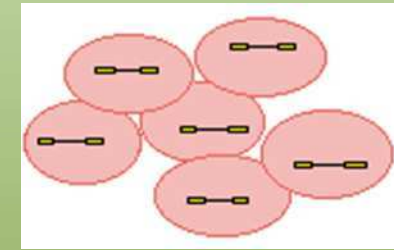
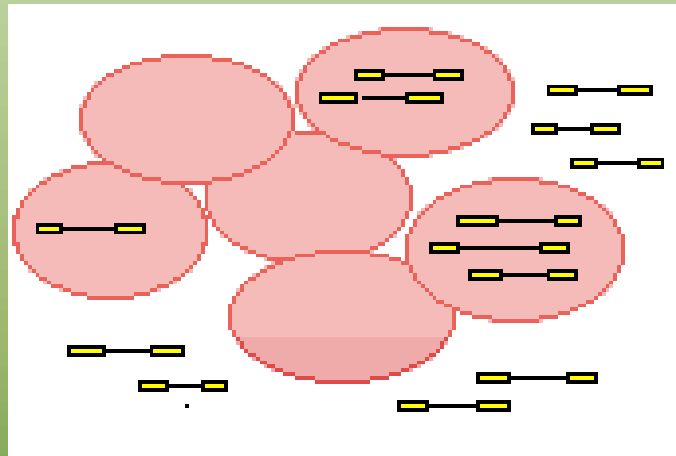
Patient pre-
transplant
conditions

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SUCCESSFUL GENE THERAPY REQUIRES EQUILIBRIUM BETWEEN NUMBER OF GENETICALLY CORRECTED CELLS AND NUMBER OF VECTORS PER CELL



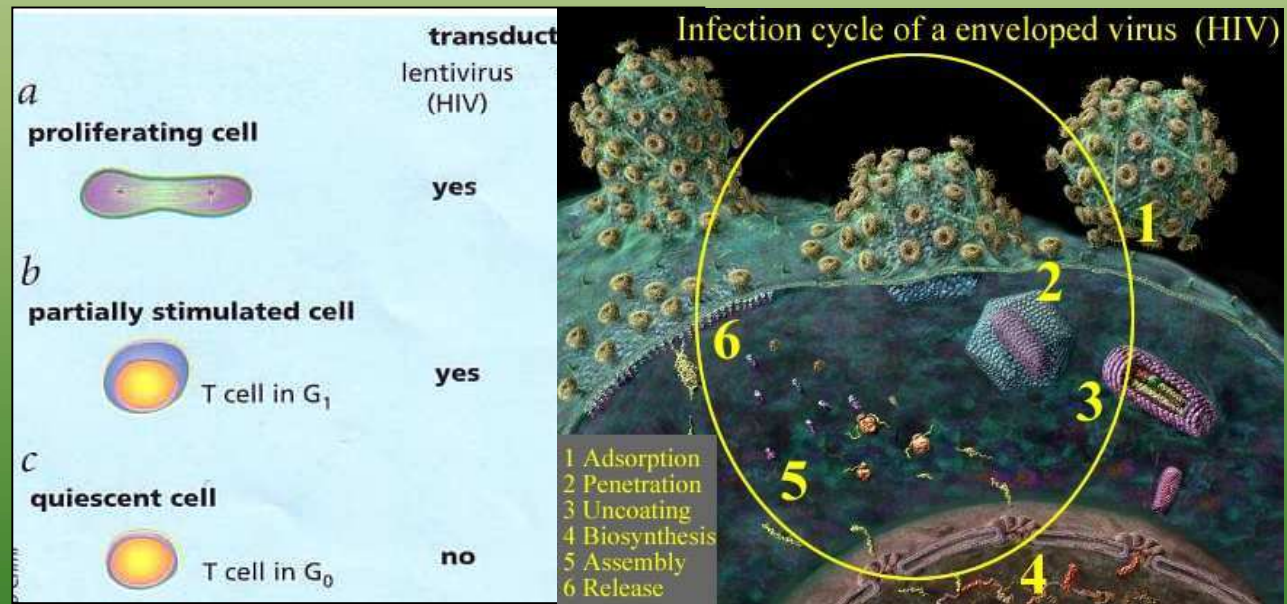
EFFICIENCY



GENOTOXICITY

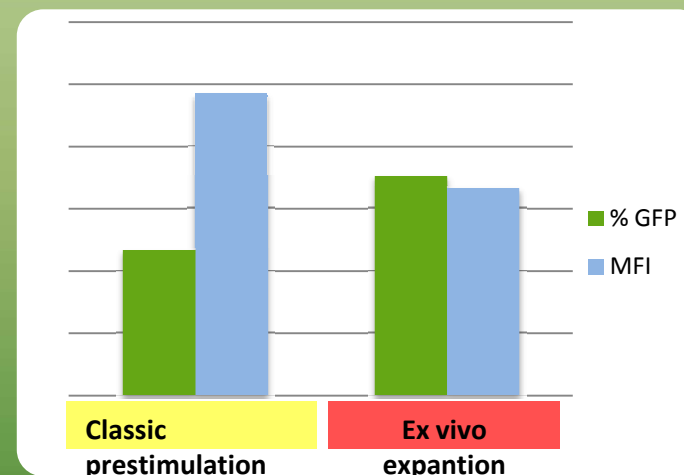
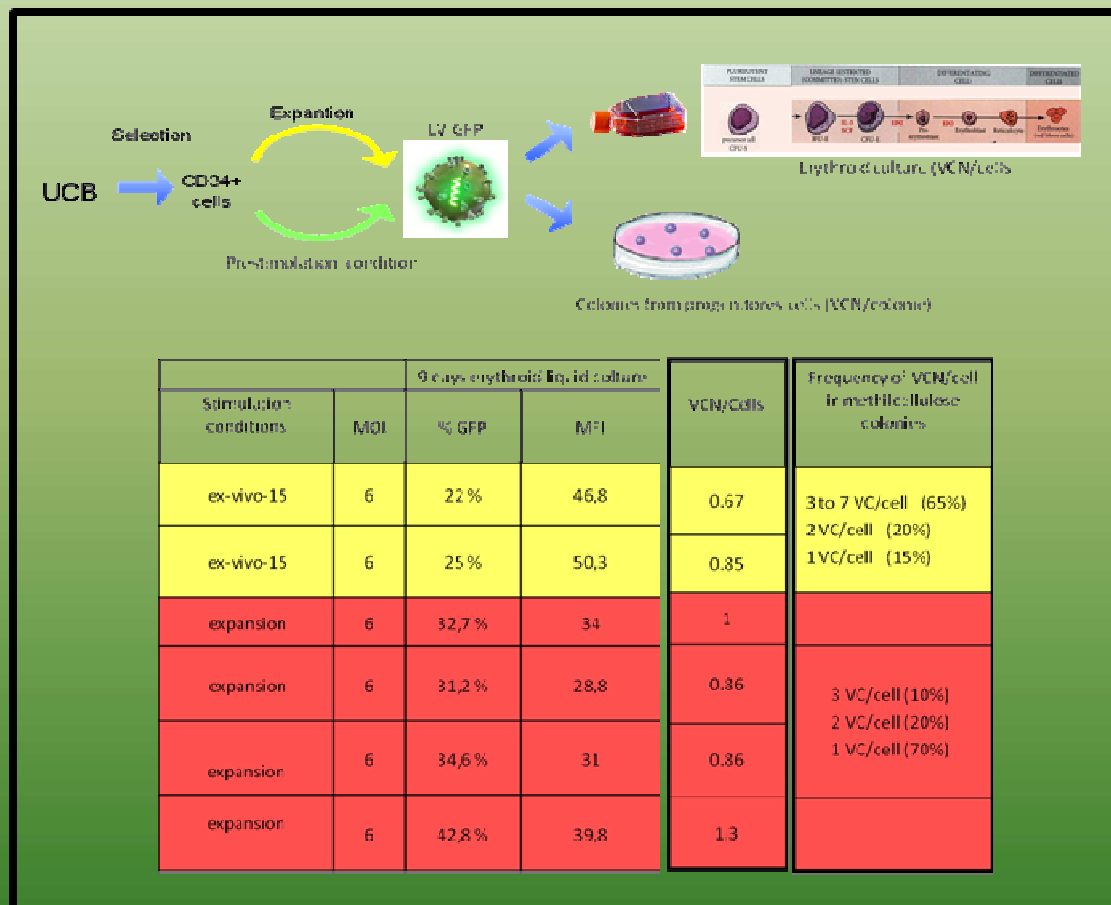
FACTORS INFLUENCING THE TRANS-INFECTION EFFICIENCY

- Number of vector particles/cell (MOI, multiplicity of infection)
- Number of virus-specific receptors on cell membrane
- Cell cycle status



Si ringrazia per il sostegno alla Ricerca

EXPANDED HSCS ARE MORE LIKELY TO BE TRANSDUCED BY LV-VECTORS AND RESULTS IN A BETTER DISTRIBUTION OF VECTOR COPY NUMBER PER CELL



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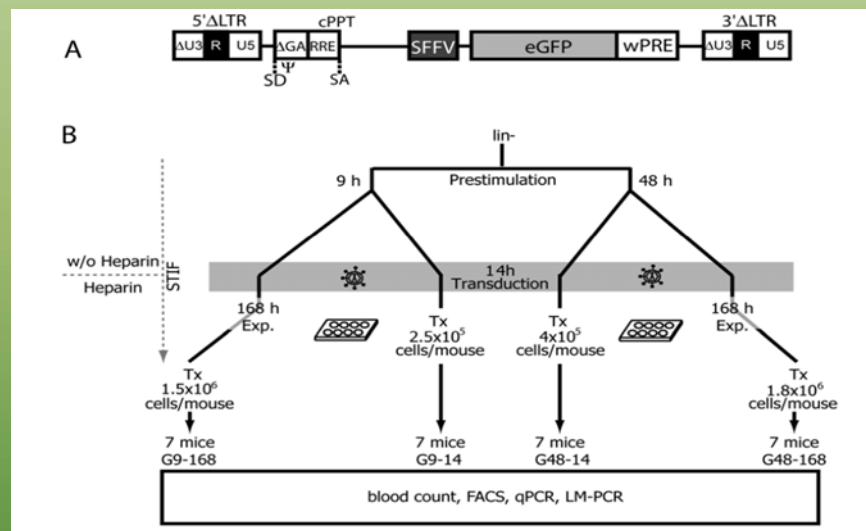
ADVANTAGES OF HEMATOPOIETIC STEM CELLS (HSC) *EX VIVO* EXPANSION AND TRANSDUCTION

blood

Prepublished online Jan 19, 2011;
doi:10.1182/blood-2010-08-303222

Polyclonal fluctuation of lentiviral vector-transduced and expanded murine hematopoietic stem cells

Tobias Maetzig, Martijn H Brugman, Stefan Bartels, Niels Heinz, Olga S Kustikova, Ute Modlich, Zhixiong Li, Melanie Galla, Bernhard Schiedmeier, Axel Schambach and Christopher Baum



- **CONCLUSIONS** : a brief period of prestimulation and a long period of *ex-vivo* expansion determine a more rapid, polyclonal and long term hematopoietic system reconstitution with a lesser degree of deregulation of genomic expression .

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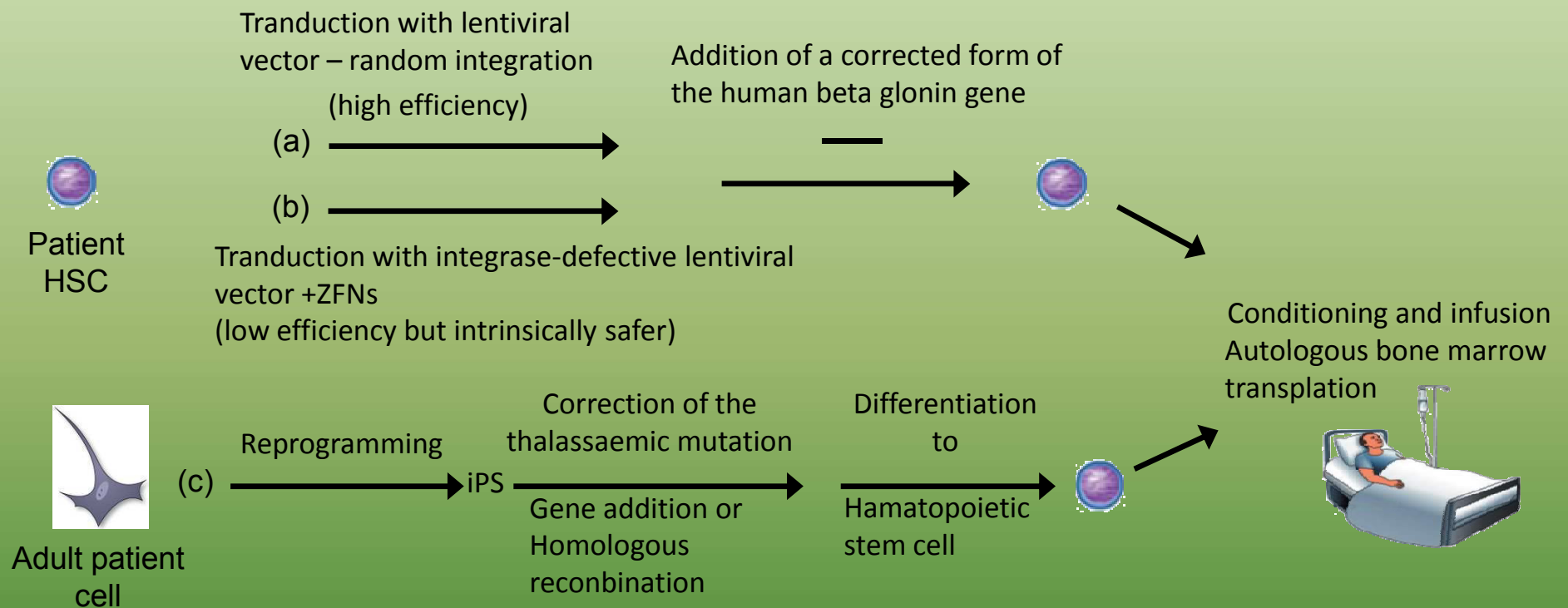
What is new on the gene therapy front

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SANTINA ACUTO
"AGGIORNAMENTO SULLA TERAPIA GENICA DELLE SINDROMI TALASSEMICHE"





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INDUCED PLURIPOTENT STEM CELLS (iPS)

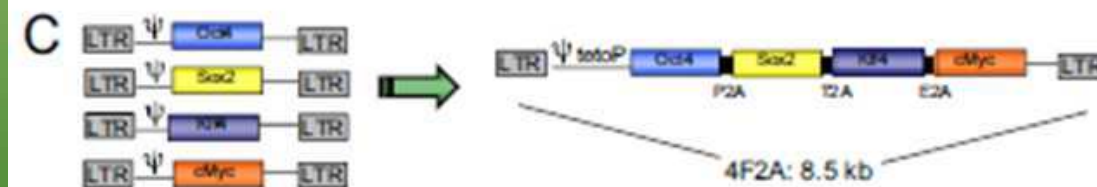
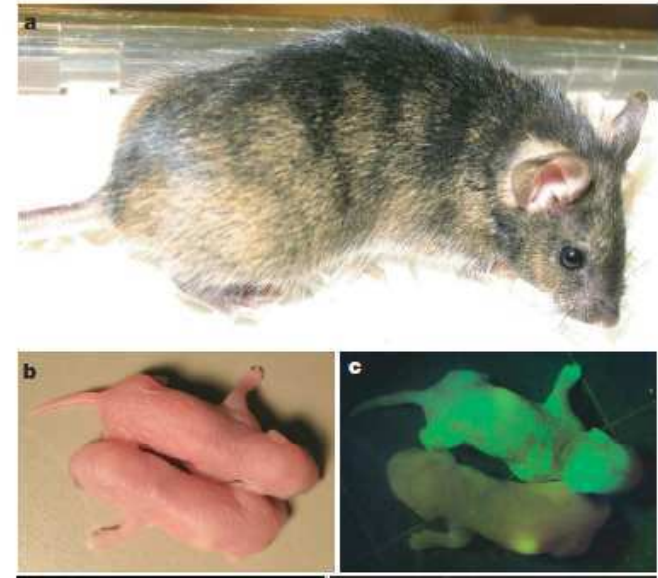
nature

Vol 448 | 19 July 2007 | doi:10.1038/nature05944

ARTICLES

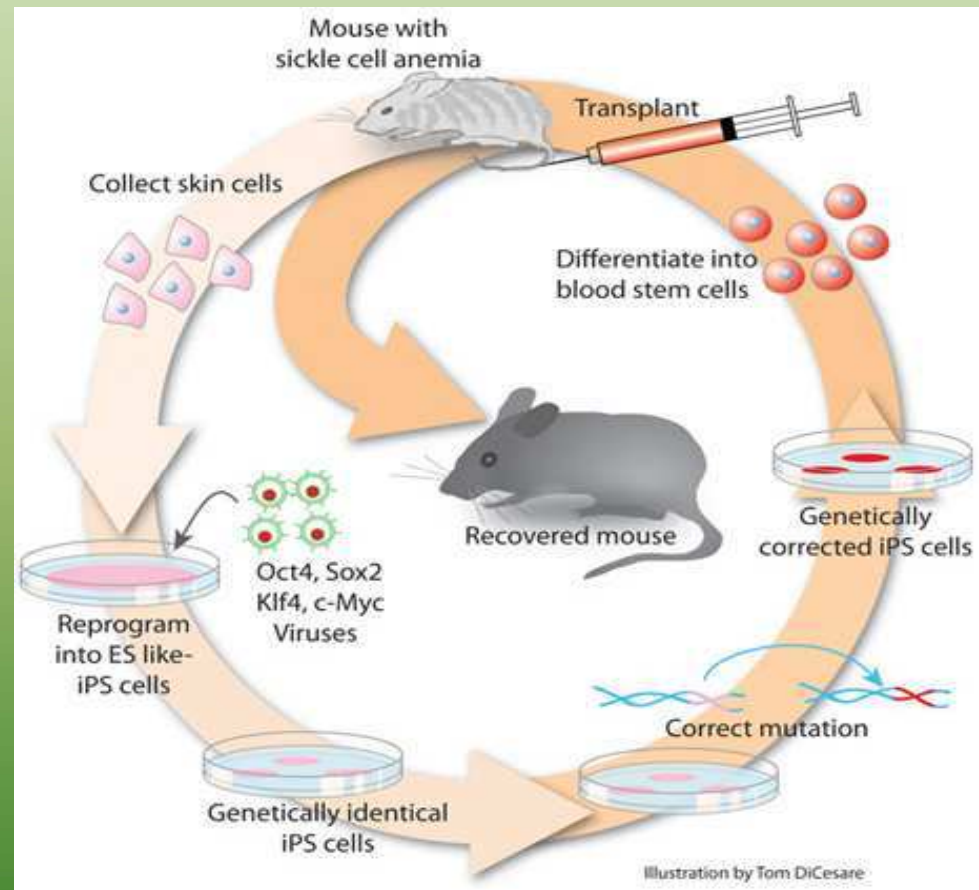
***In vitro* reprogramming of fibroblasts into a pluripotent ES-cell-like state**

Marius Wernig^{1*}, Alexander Meissner^{1*}, Ruth Foreman^{1,2*}, Tobias Brambrink^{1*}, Manching Ku^{3*}, Konrad Hochedlinger^{1†}, Bradley E. Bernstein^{3,4,5} & Rudolf Jaenisch^{1,2}



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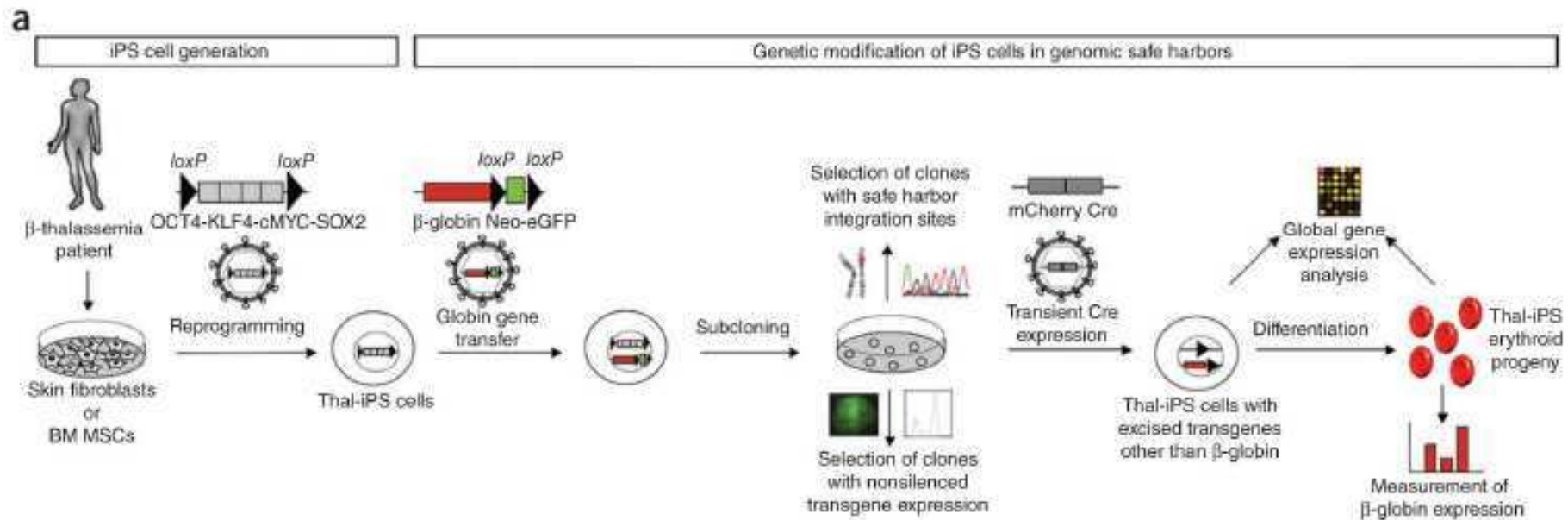
TREATMENT OF SICKLE CELL ANEMIA MOUSE MODEL WITH iPS CELLS GENERATED FROM AUTOLOGOUS SKIN



Hanna J et al. Science 2007

Si ringrazia per il sostegno alla Ricerca

GENOMIC SAFE HARBORS PERMIT HIGH B-GLOBIN TRANSGENE EXPRESSION IN THALASSEMIA INDUCED PLURIPOTENT STEM CELLS



PAPAPETROU EP, *Nat Biotechnol.* 2011 ; 29(1): 73–78.

Si ringrazia per il sostegno alla Ricerca

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