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# **Lysosome Exocytosis as a Therapeutic Target in Cancer Progression**

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Associate Professor

NOVA Medical School

NOVA University of Lisbon

17<sup>th</sup> November 2025

# Disclosures

## Duarte Barral's group receives grant support from Sea4Us

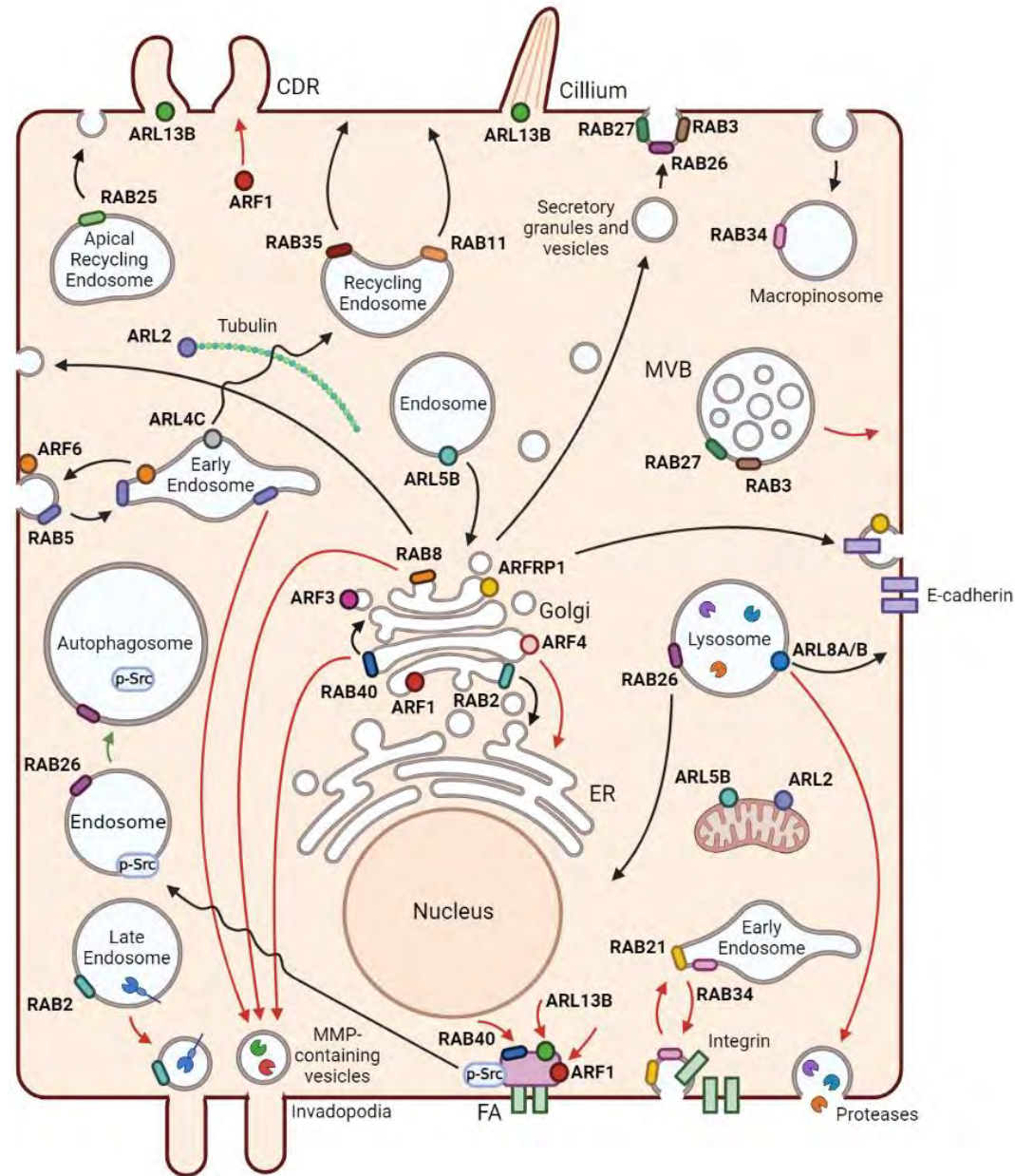
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# Learning Objectives

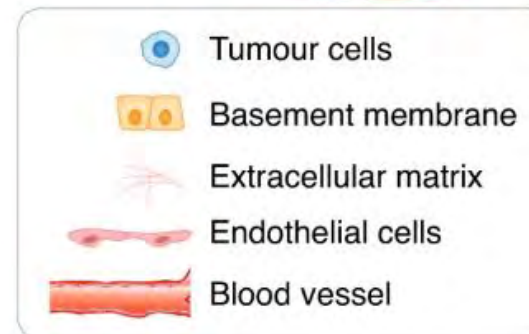
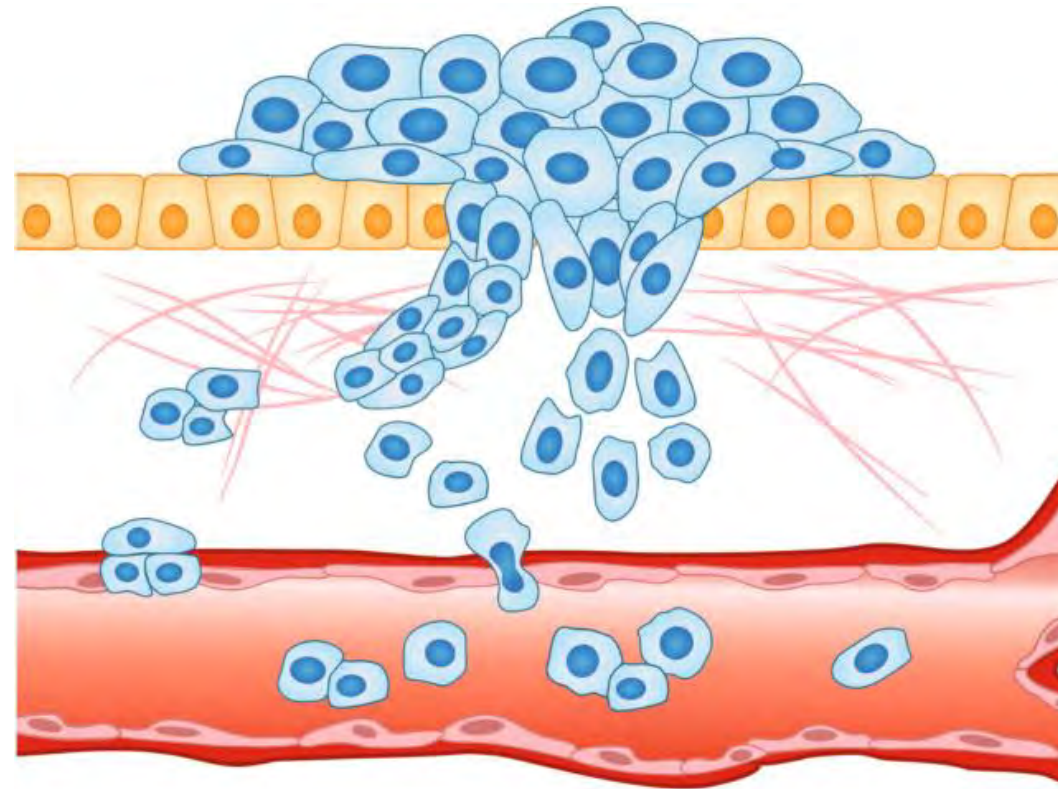
At the conclusion of this activity, participants will be able to:

1. Understand the process of lysosome exocytosis;
2. Recognize the importance of lysosome exocytosis in cancer progression;
3. Identify lysosome exocytosis as a therapeutic target.

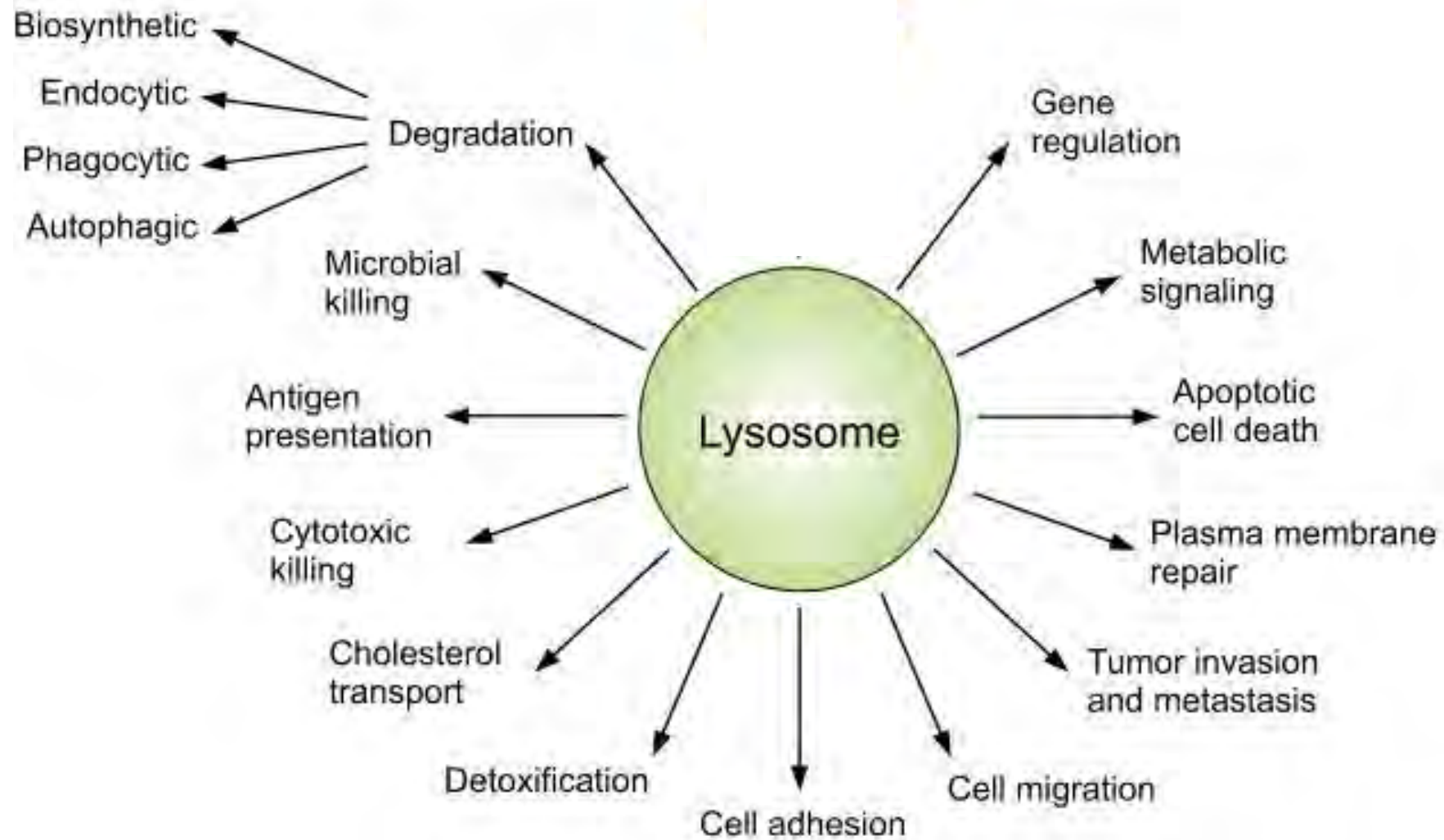
# Rabs and Arfs in Breast Cancer



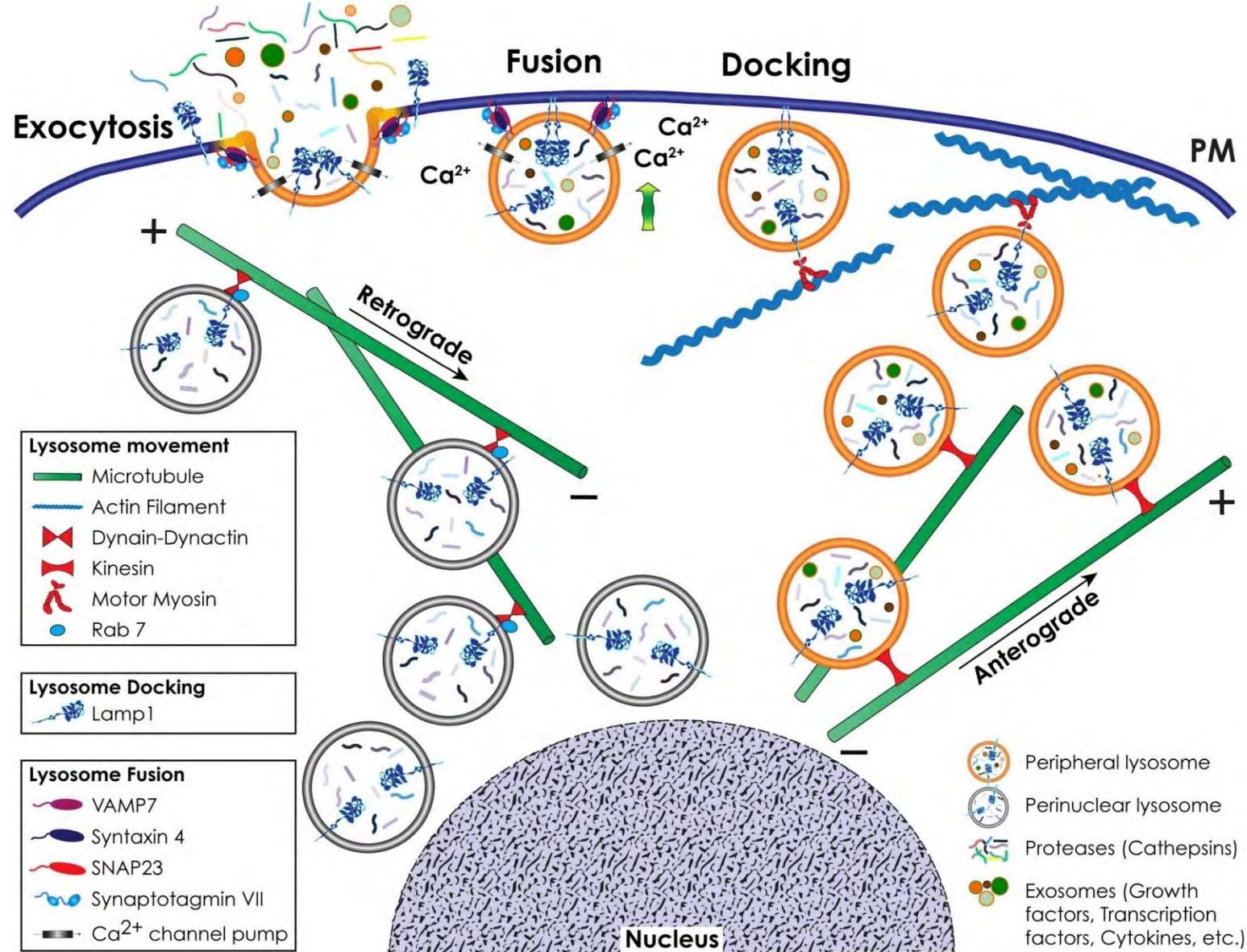
# Cancer Progression



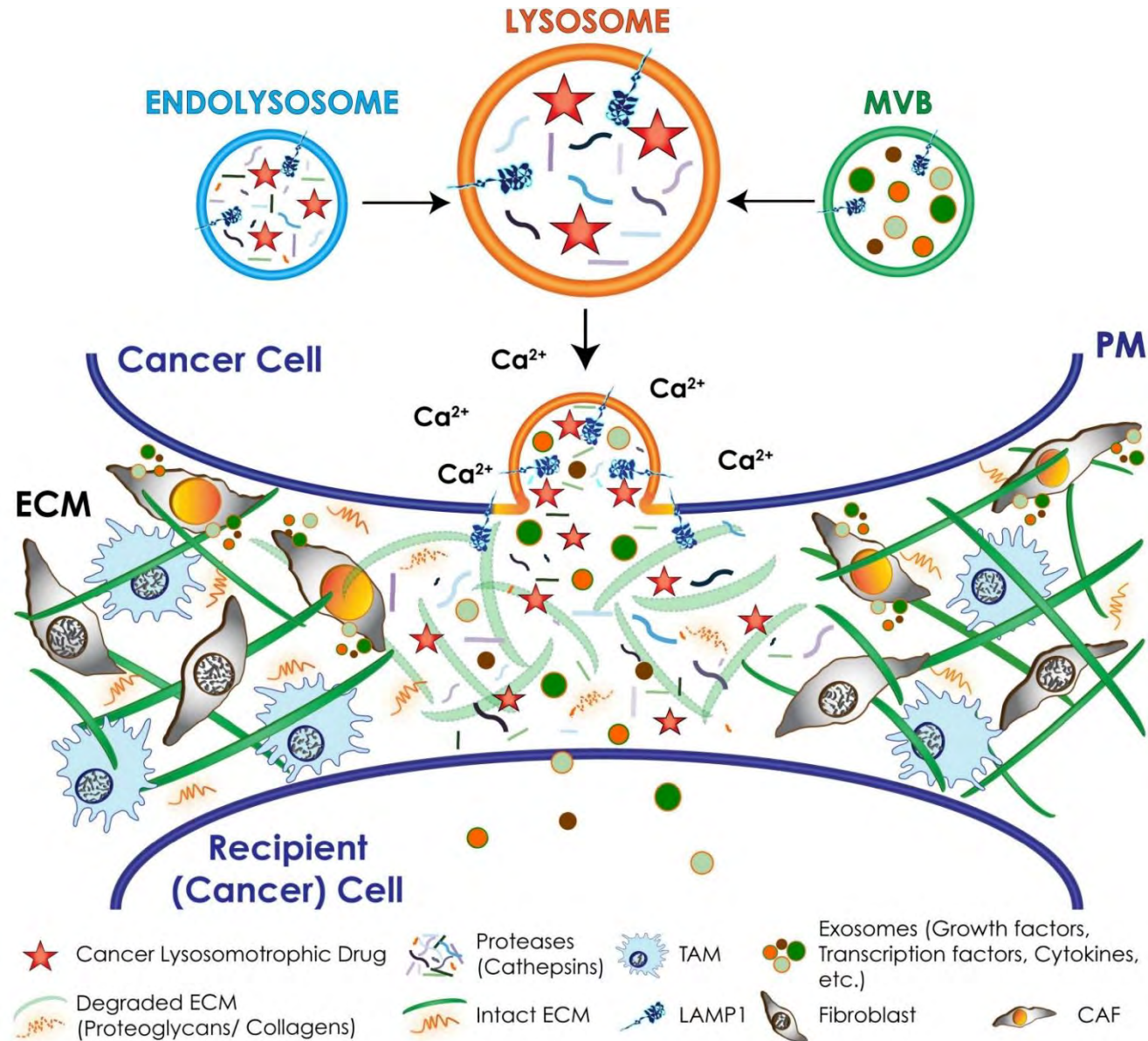
# Lysosome Functions



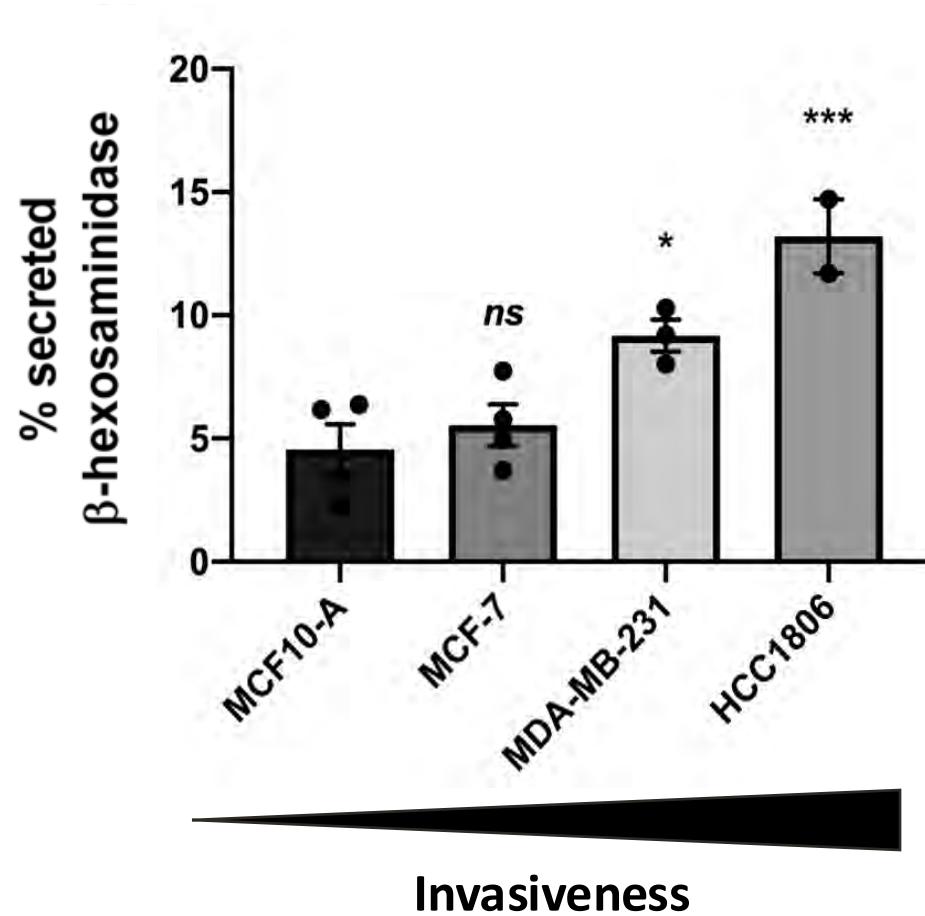
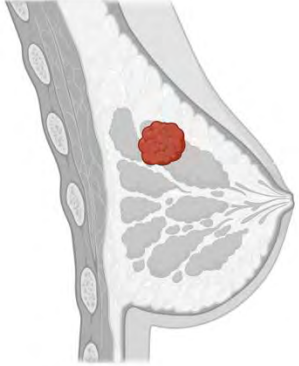
# Lysosome Exocytosis in Cancer



# Lysosome Exocytosis in Cancer



# Lysosome Exocytosis is Increased in Highly Invasive Breast Cancer Cells



MCF10-A – non tumorigenic breast cells

MCF-7 – poorly invasive luminal A breast cancer cells

MDA-MB-231 and HCC1806 – highly invasive TNBC cells

**Can Lysosome Exocytosis  
Serve as a Therapeutic Target  
to Inhibit Cancer Cell Invasion?**

# Lysosome Exocytosis as a Therapeutic Target in Lysosome Storage Disorders

Drug induced exocytosis of glycogen in Pompe disease

Christopher T. Turner <sup>a</sup>, Maria Fuller <sup>b</sup>, John J. Hopwood <sup>c</sup>, Peter J. Meikle <sup>d</sup>,  
Doug A. Brooks <sup>e, \*</sup>

Biochemical and Biophysical Research Communications 2016

**Glycogen Exocytosis from  
Cultured Pompe Skin Fibroblasts**

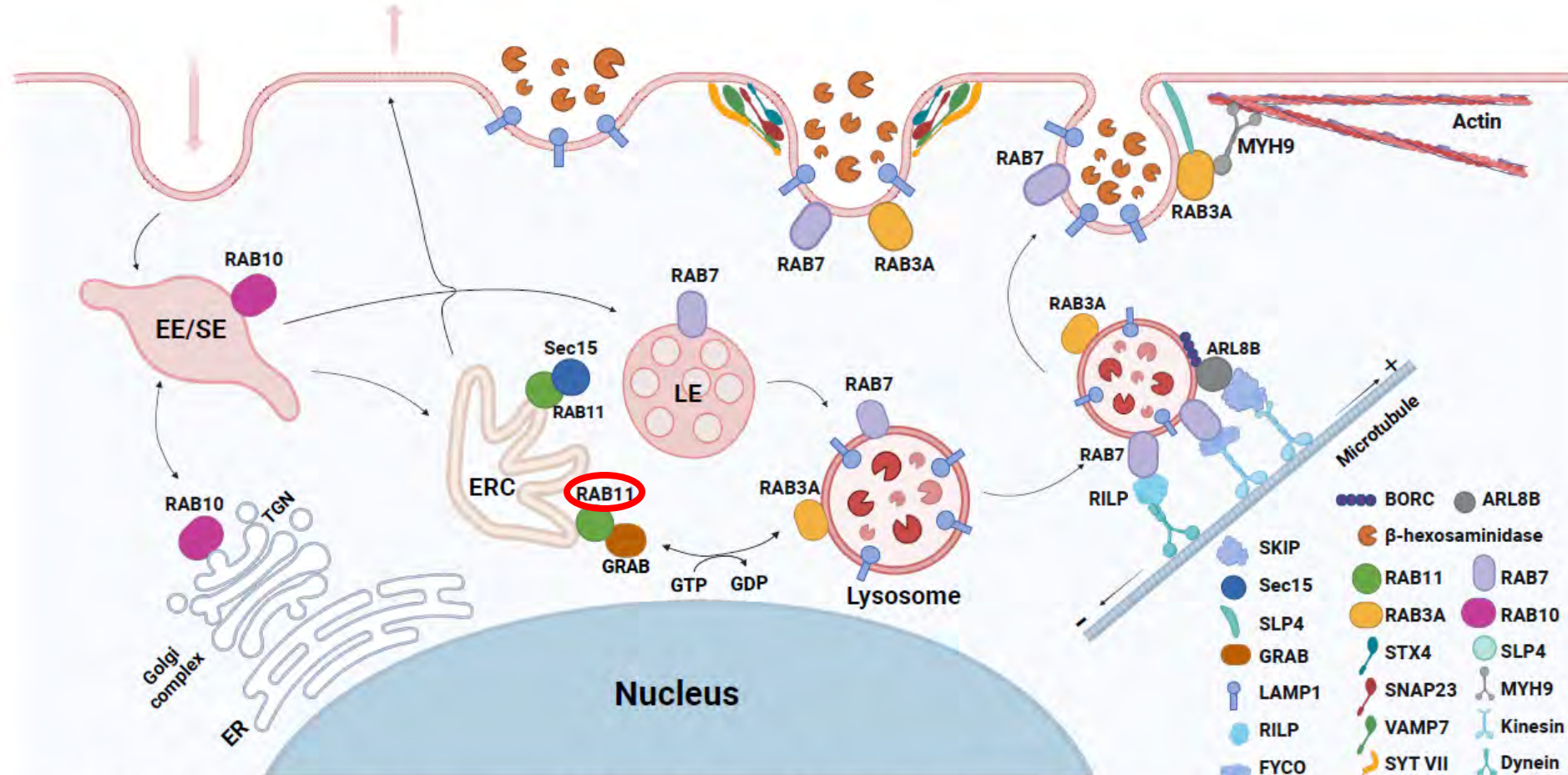
**Christopher T Turner<sup>1</sup>,  
Maria Fuller<sup>2</sup>,  
John J Hopwood<sup>3</sup>,  
Peter J Meikle<sup>4</sup> and  
Doug A Brooks<sup>5</sup>**

**Translational Biomedicine**

**2015**

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# Lysosome Exocytosis Regulation



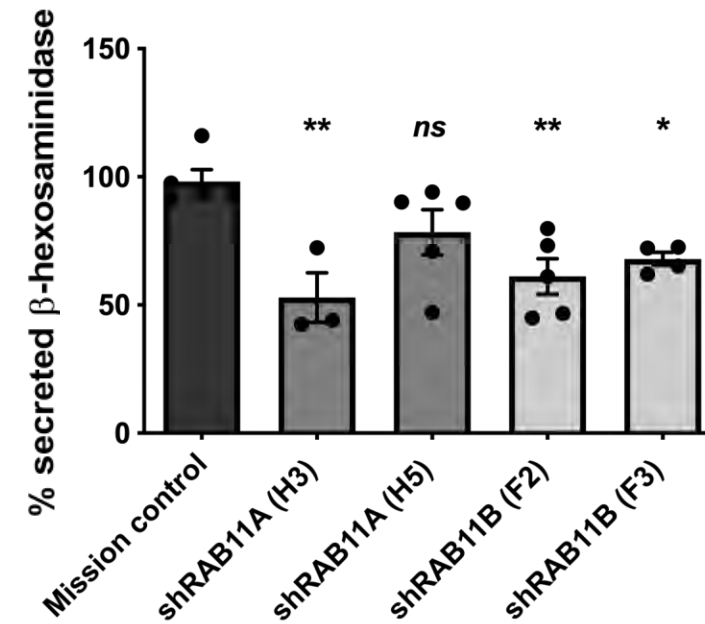
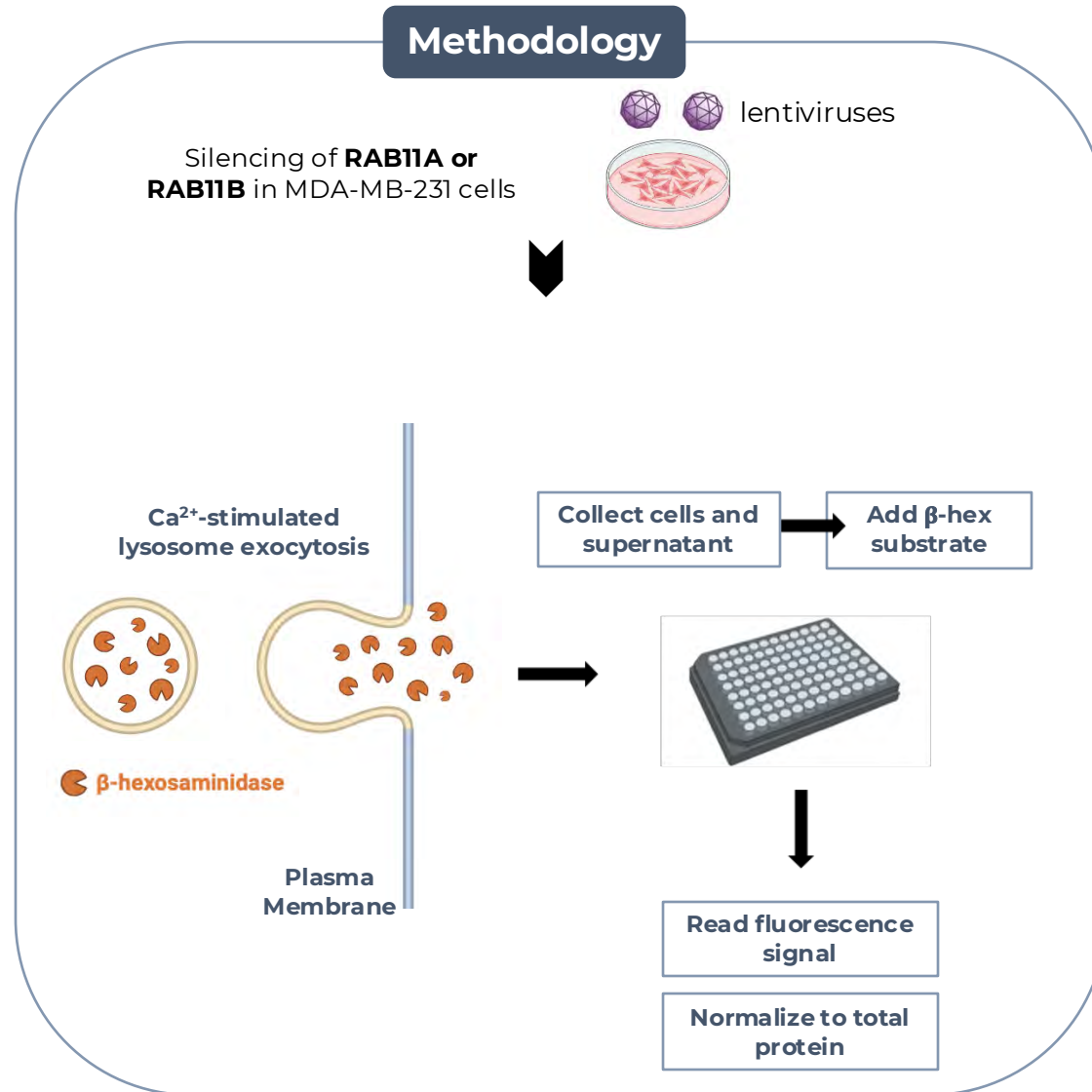
EE/SE - Early endosome/Sorting endosome; LE- Late endosome; ERC - Endocytic recycling compartment; TGN - *trans*-Golgi network; ER - Endoplasmic reticulum

## RESEARCH ARTICLE

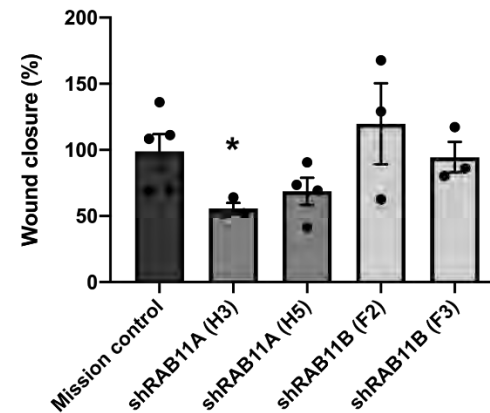
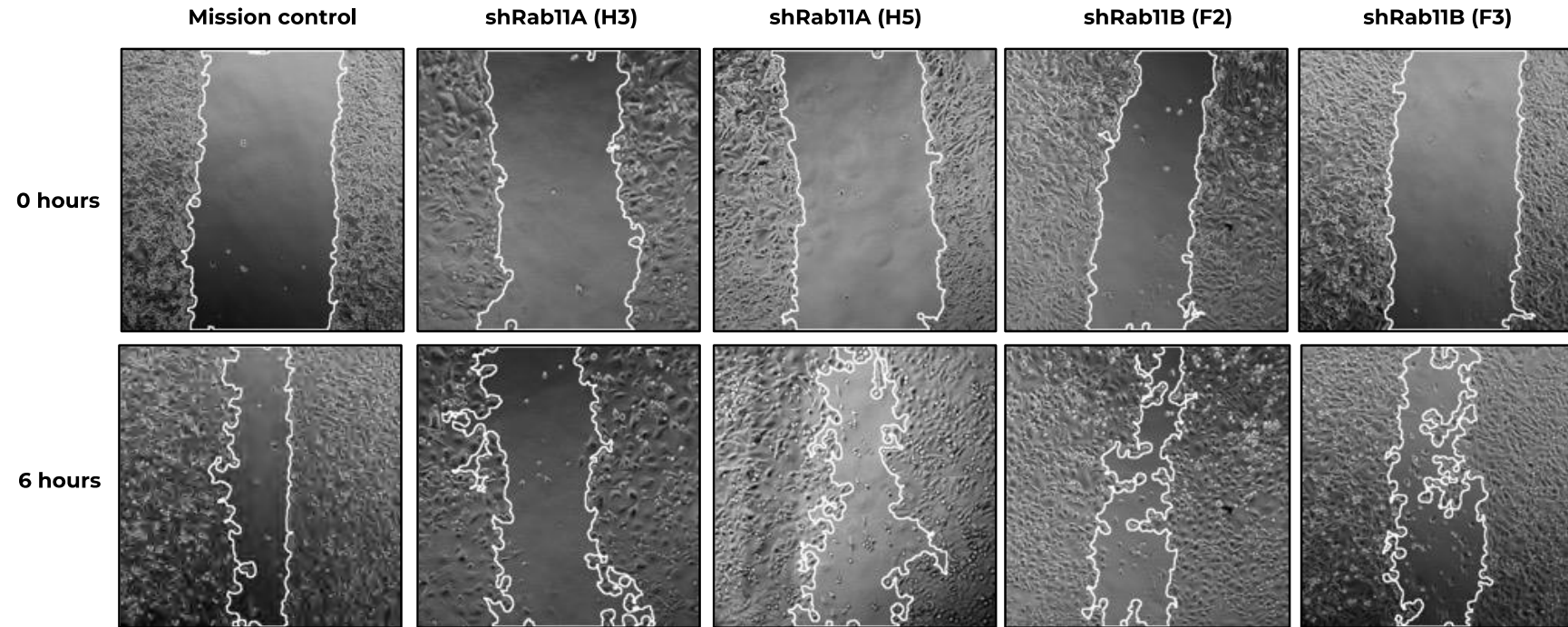
# Rab11 is required for lysosome exocytosis through the interaction with Rab3a, Sec15 and GRAB

**Cristina Escrevente\***, **Liliana Bento-Lopes\***, **José S. Ramalho** and **Duarte C. Barral<sup>‡</sup>**

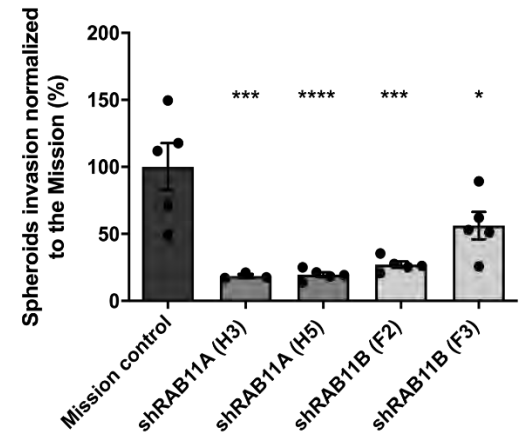
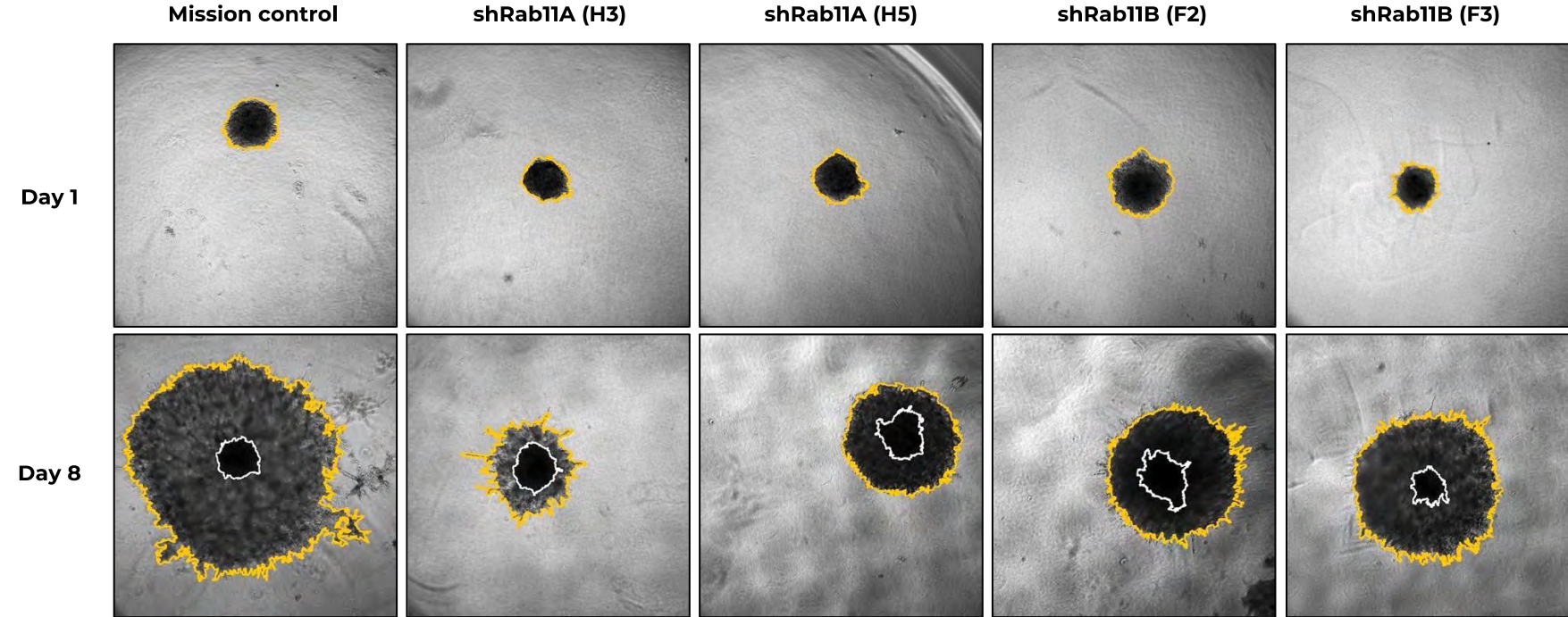
# RAB11A or RAB11B Silencing Impairs Lysosome Exocytosis in Breast Cancer Cells



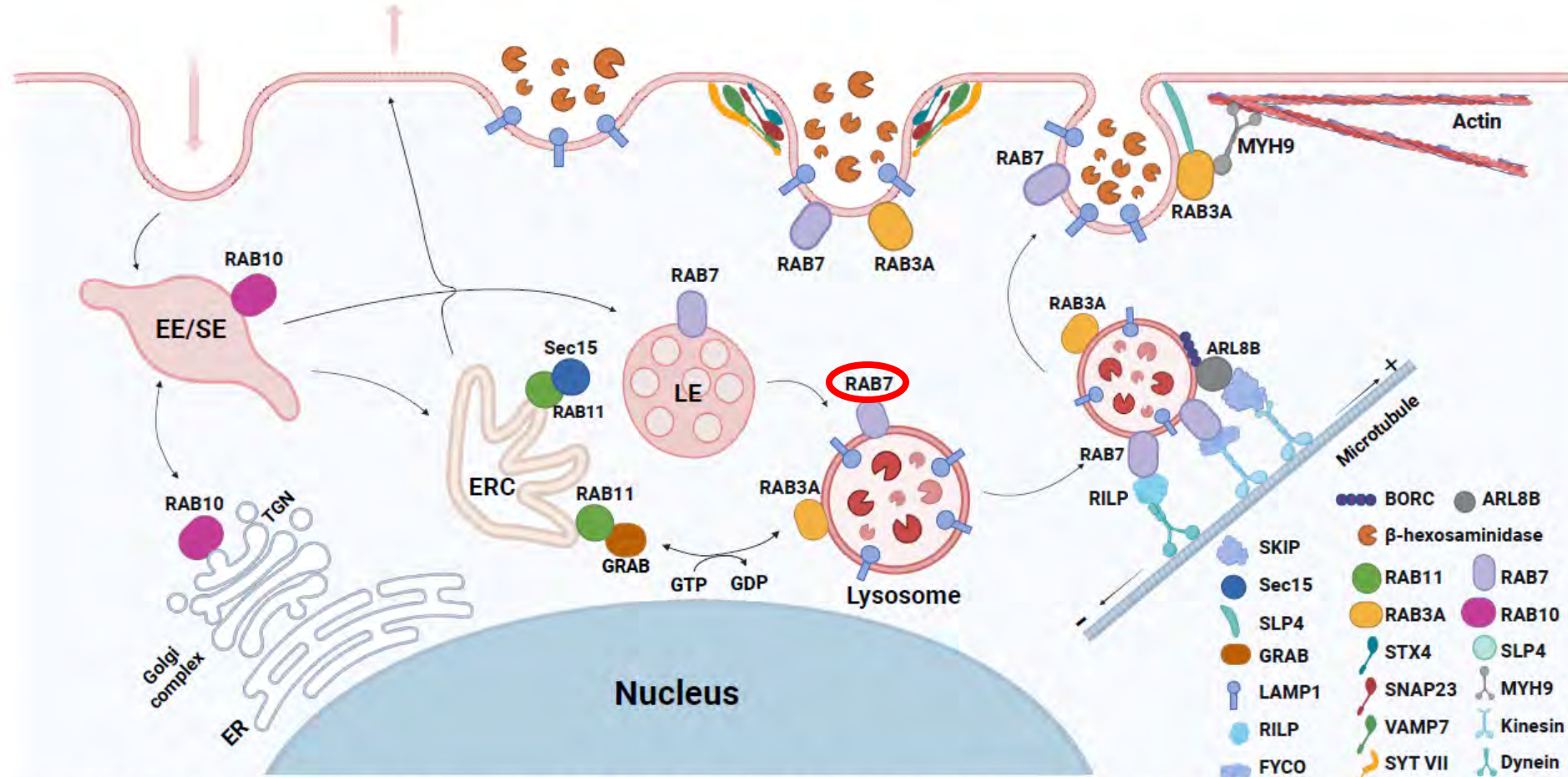
# RAB11A (but not RAB11B) Silencing Impairs Breast Cancer Cell Migration



# RAB11A or RAB11B Silencing Impairs Breast Cancer Cell Invasion

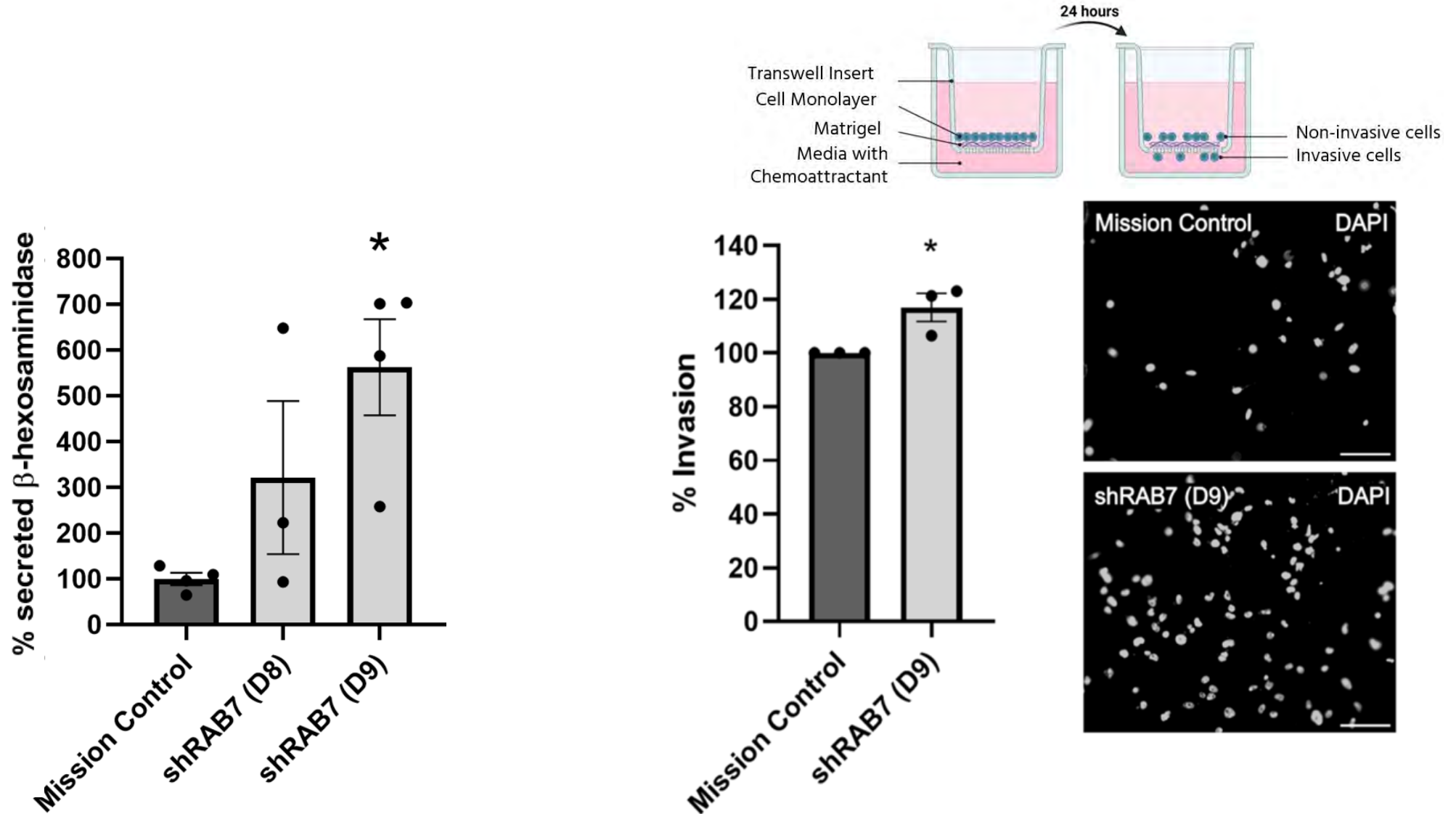


# Lysosome Exocytosis Regulation

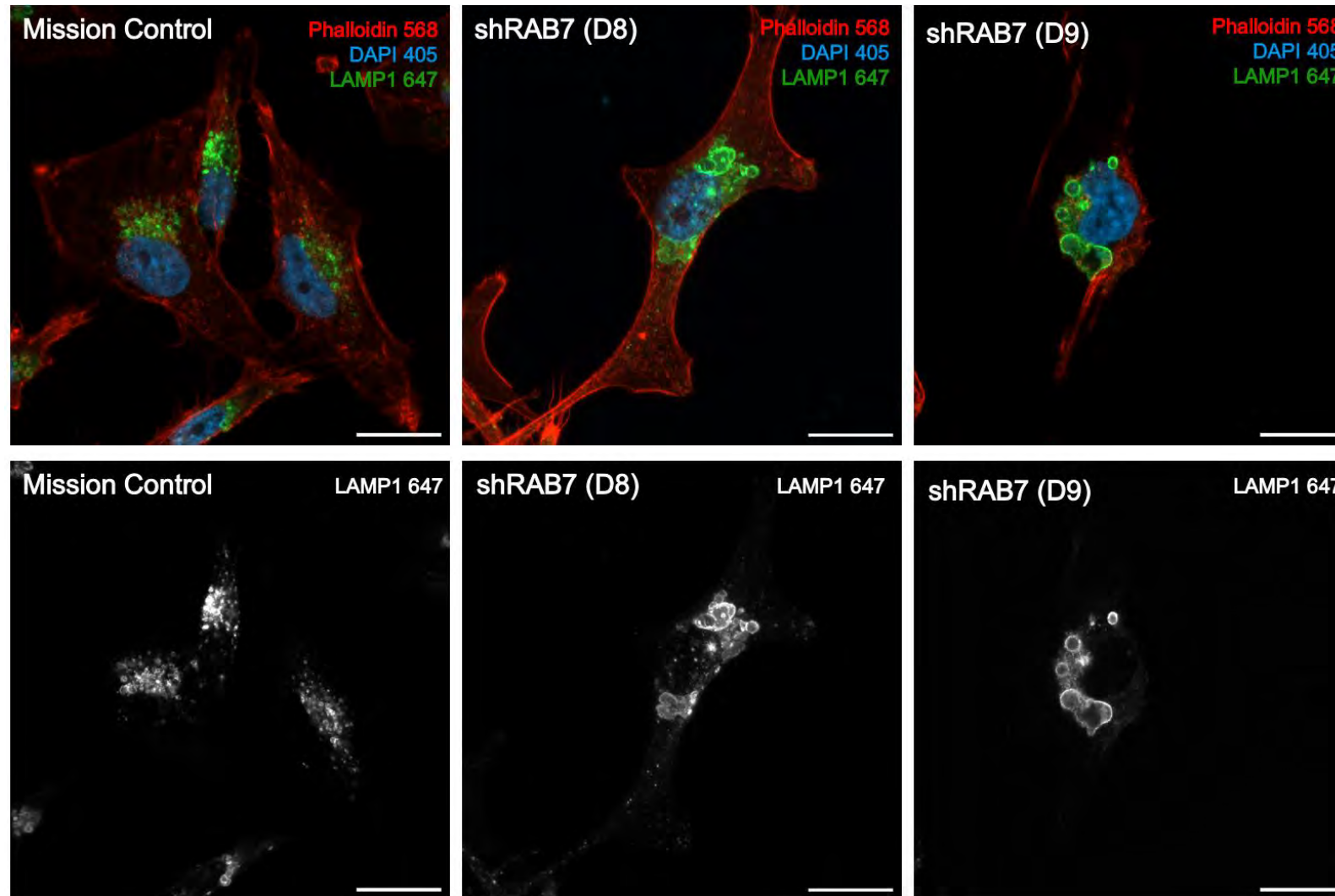


EE/SE - Early endosome/Sorting endosome; LE- Late endosome; ERC - Endocytic recycling compartment; TGN - *trans*-Golgi network; ER - Endoplasmic reticulum

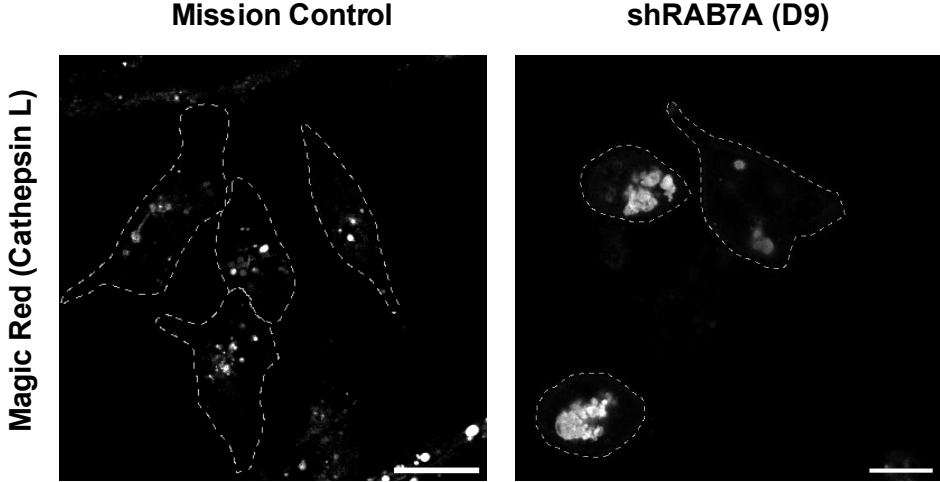
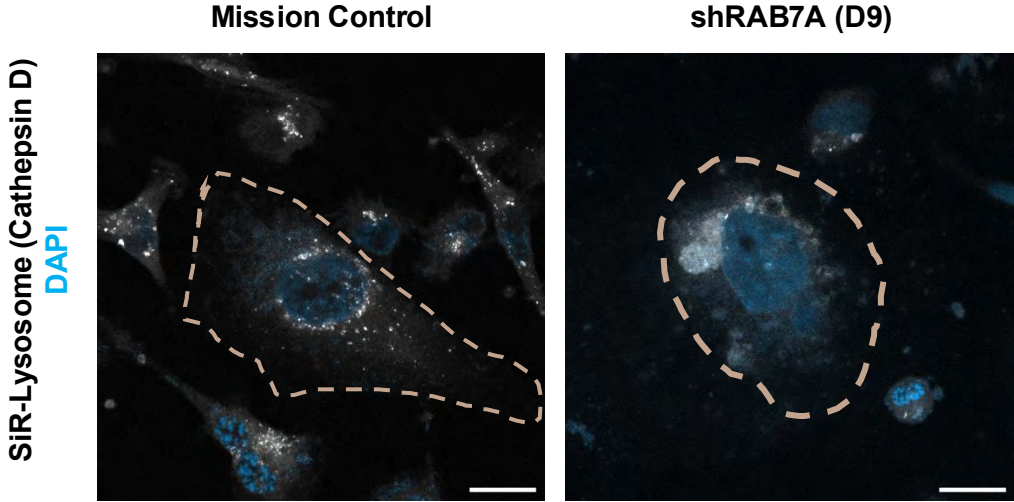
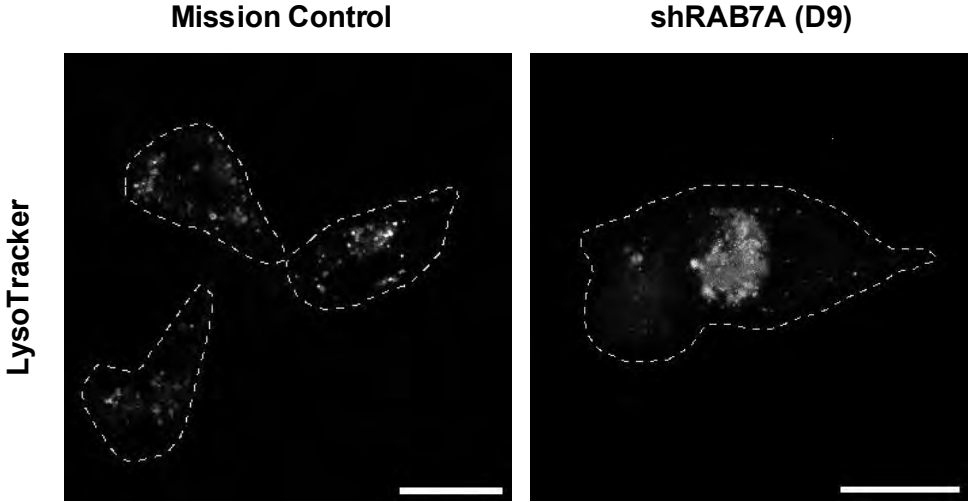
# RAB7 Silencing Enhances Lysosome Exocytosis and Invasion of Breast Cancer Cells



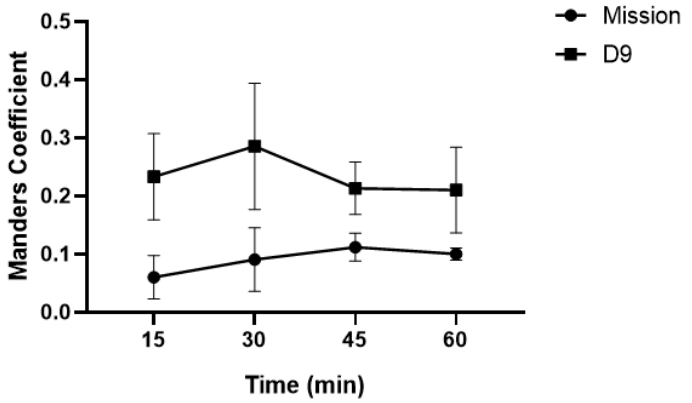
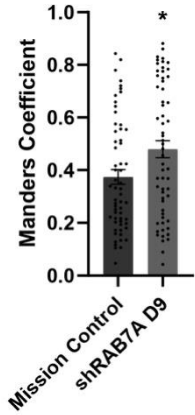
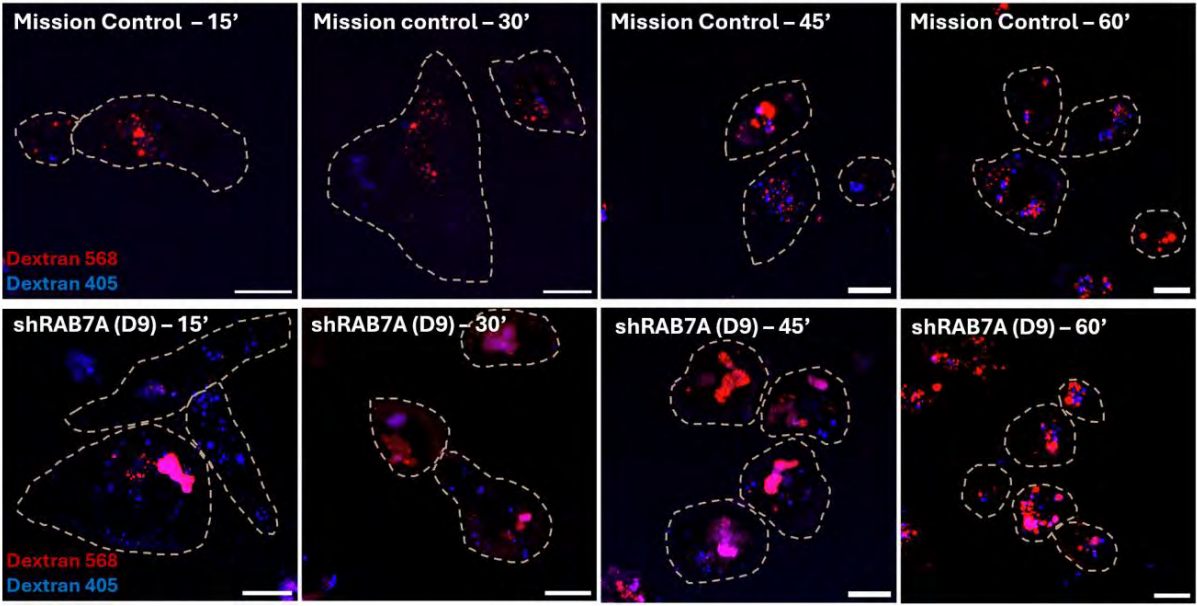
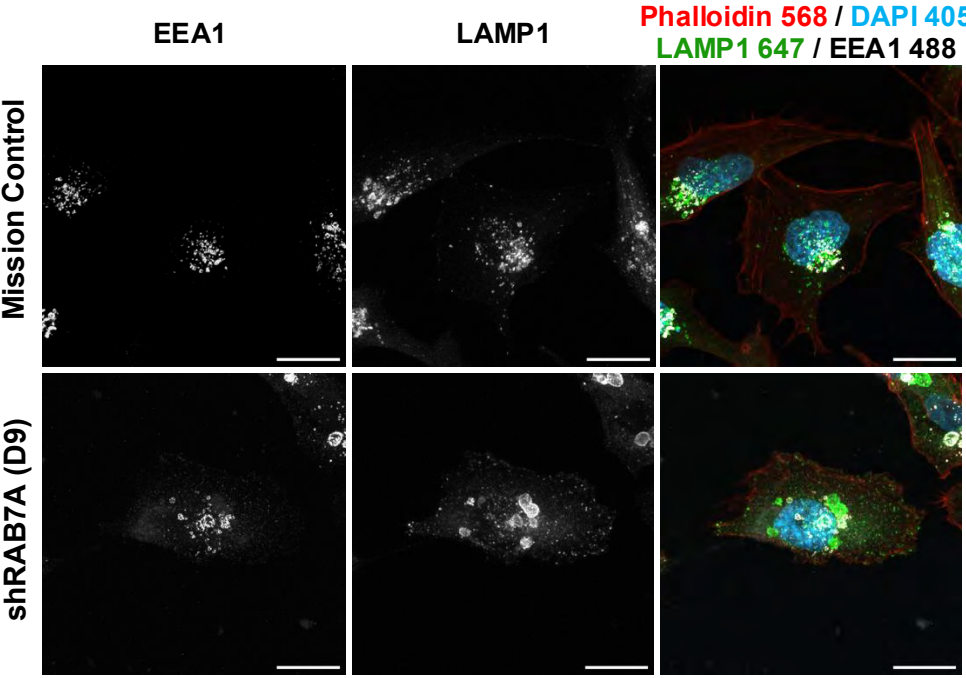
# RAB7 Silencing Leads to Enlarged Perinuclear Late Endosomes/Lysosomes



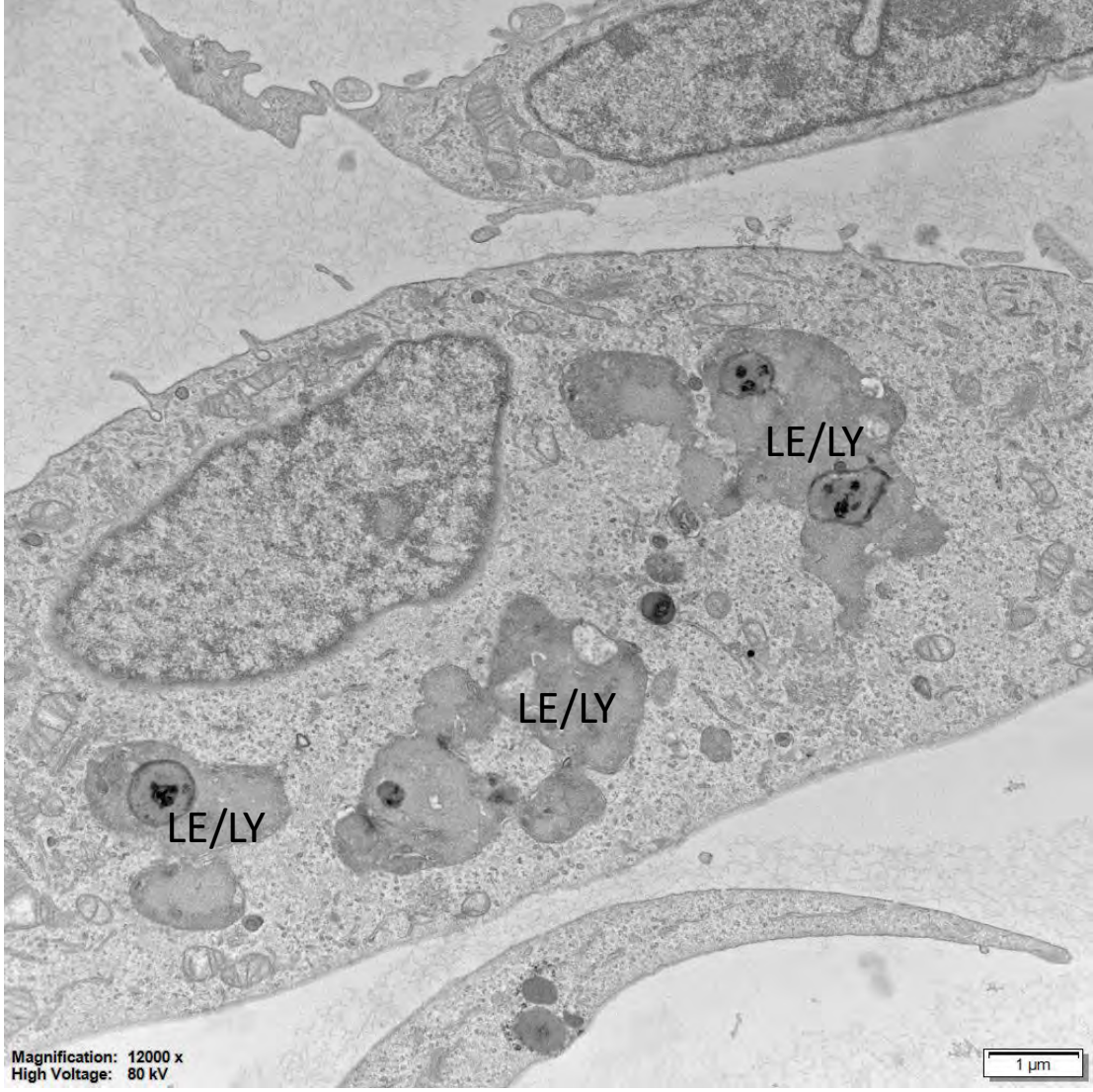
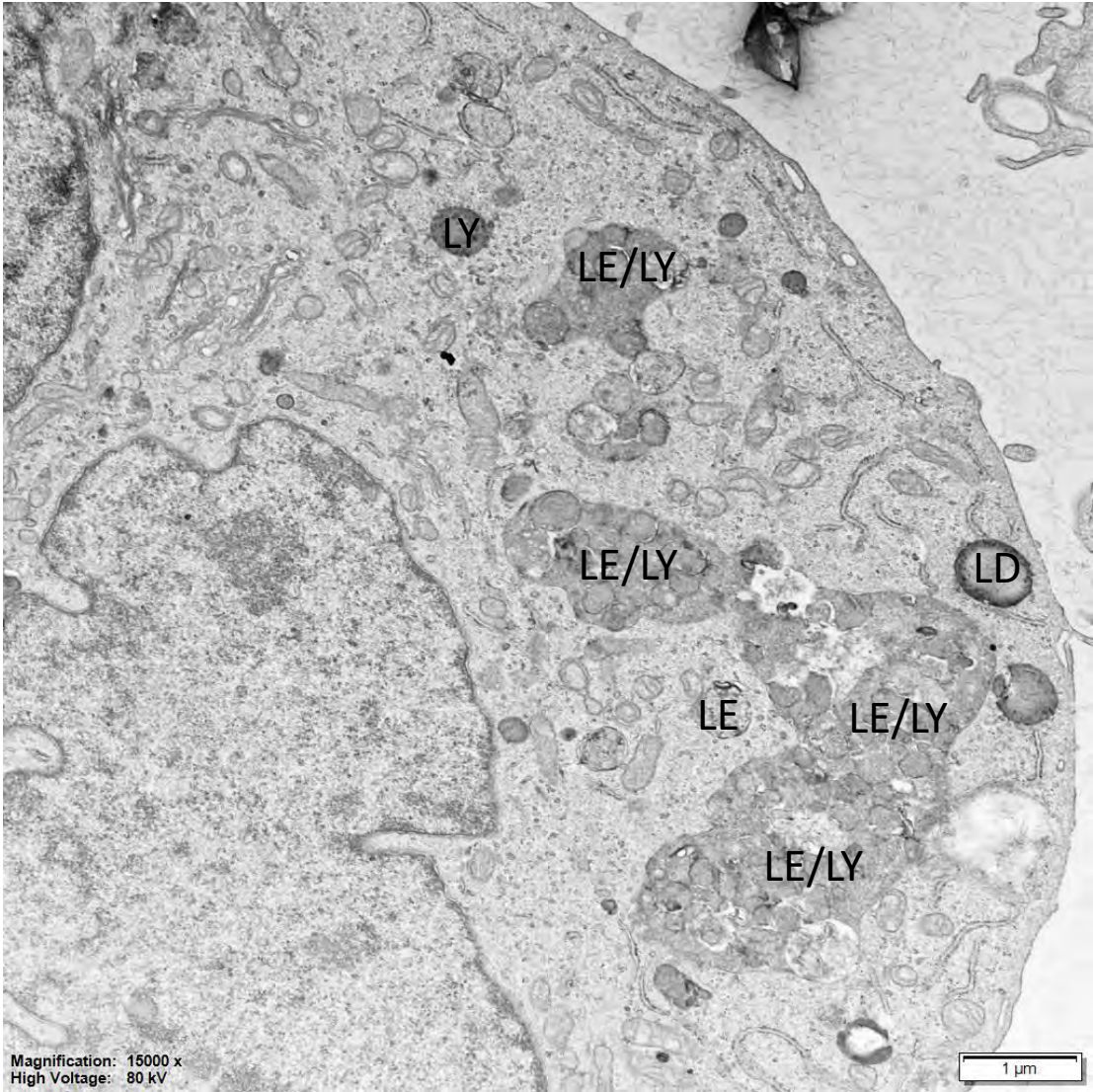
# RAB7 Silencing Leads to Enlarged Perinuclear Late Endosomes/Lysosomes



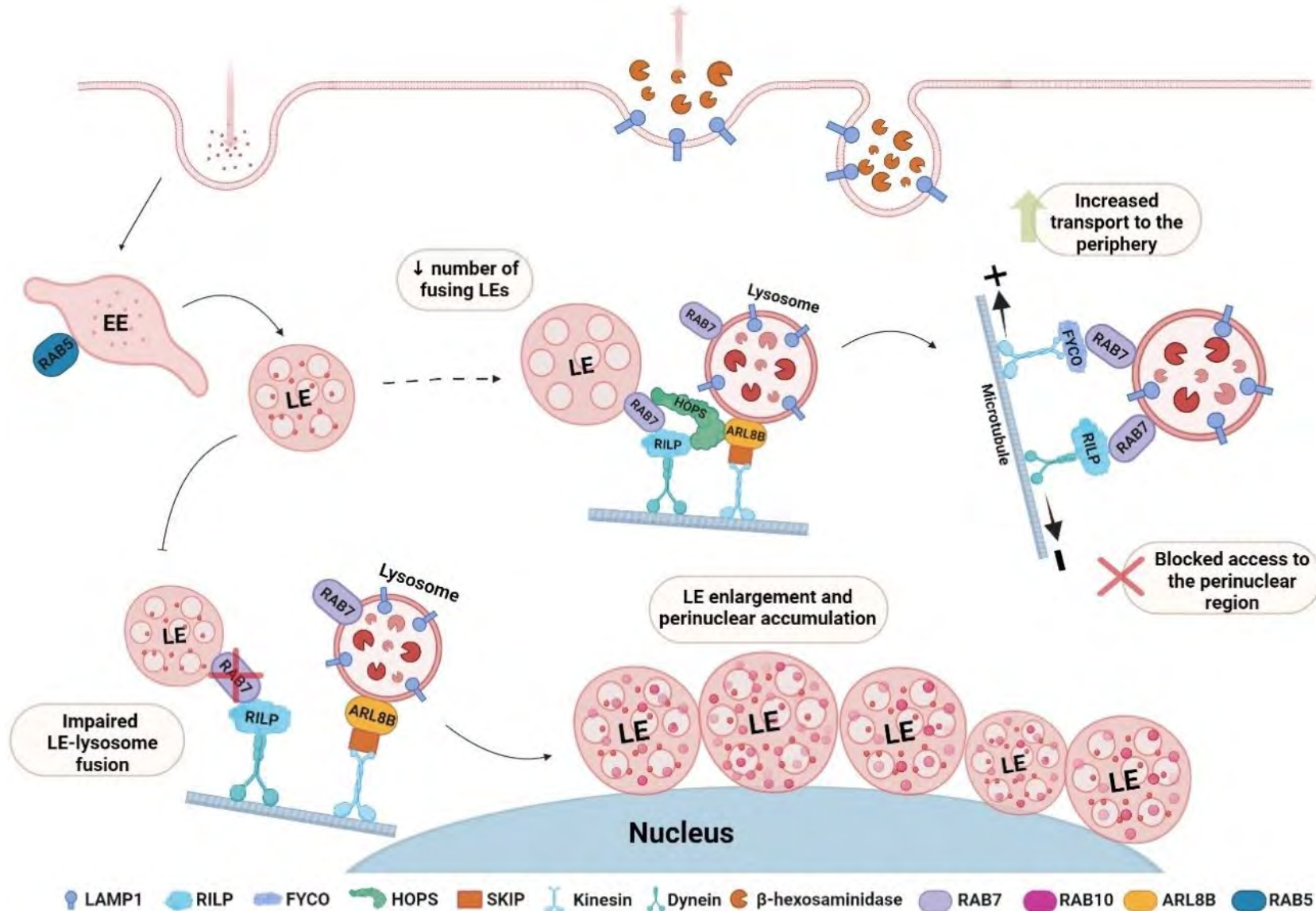
# RAB7 Silencing Leads to Enlarged Perinuclear Late Endosomes/Lysosomes



# RAB7 Silencing Leads to Enlarged Perinuclear Late Endosomes/Lysosomes

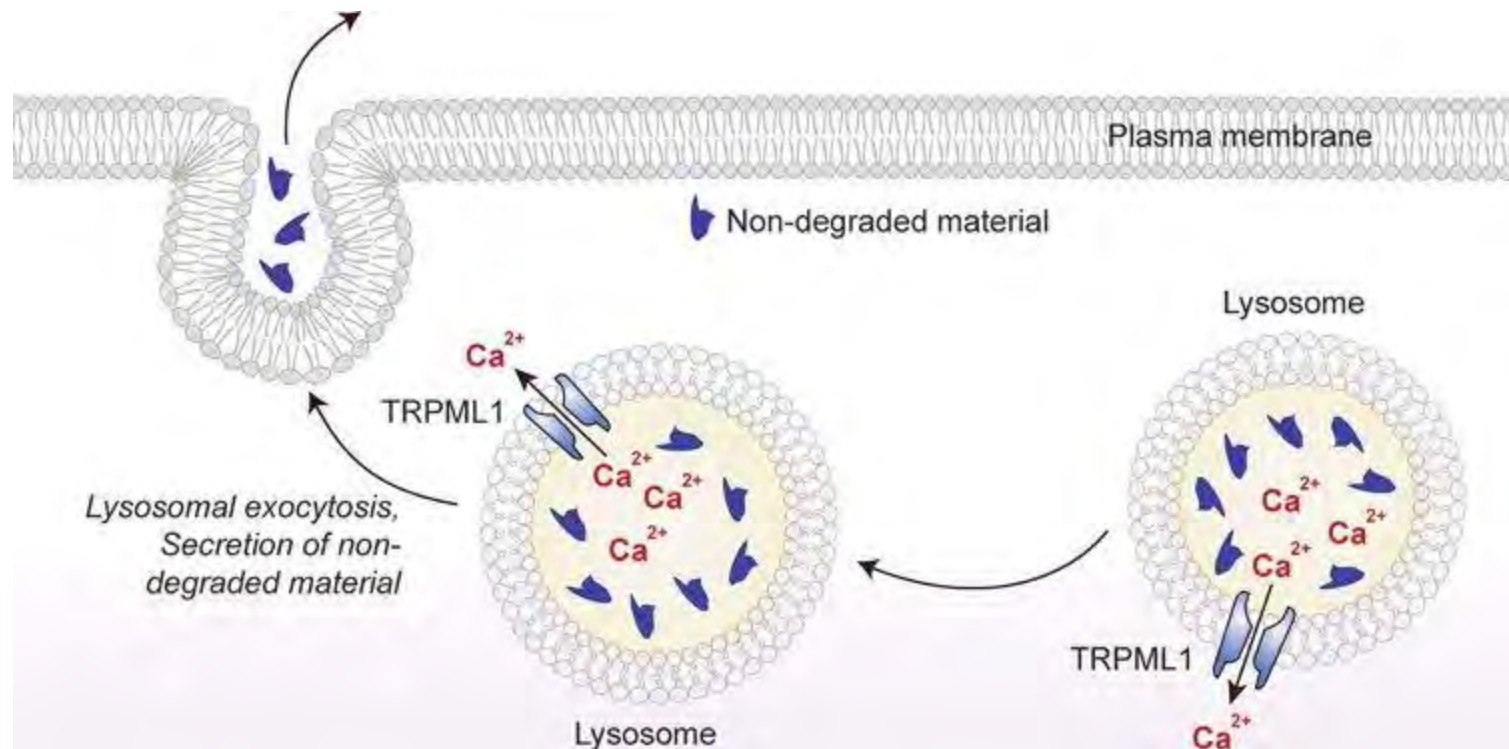


# Working Model

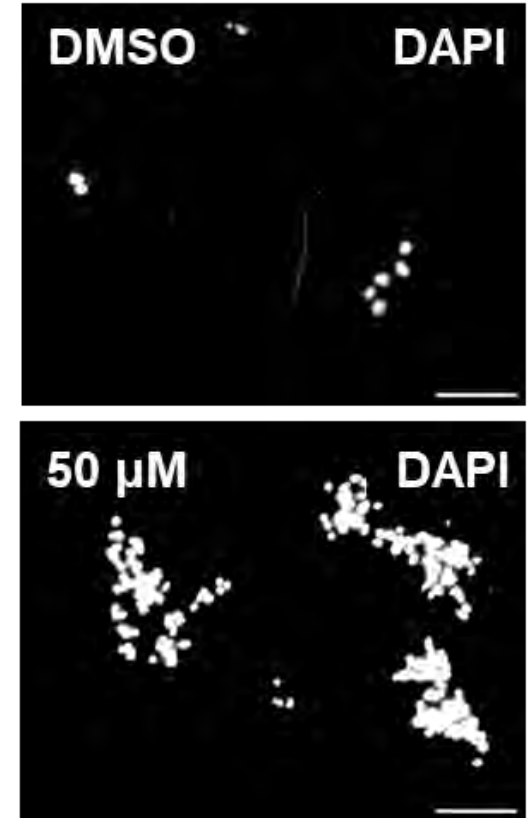
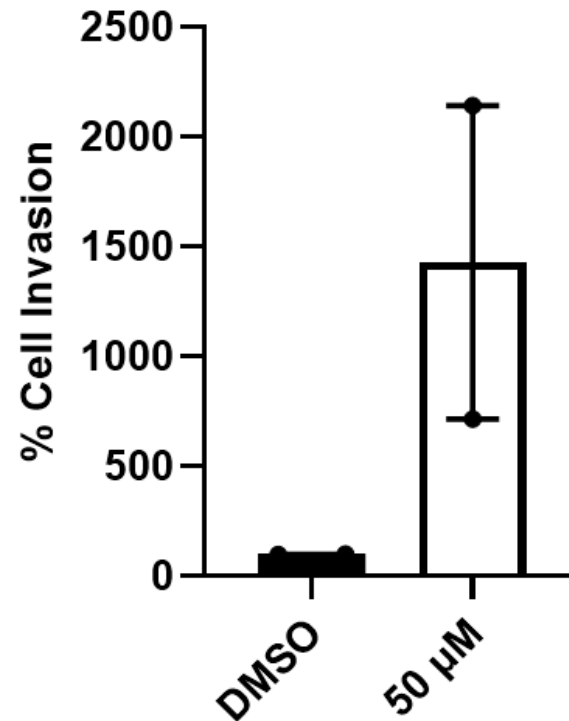
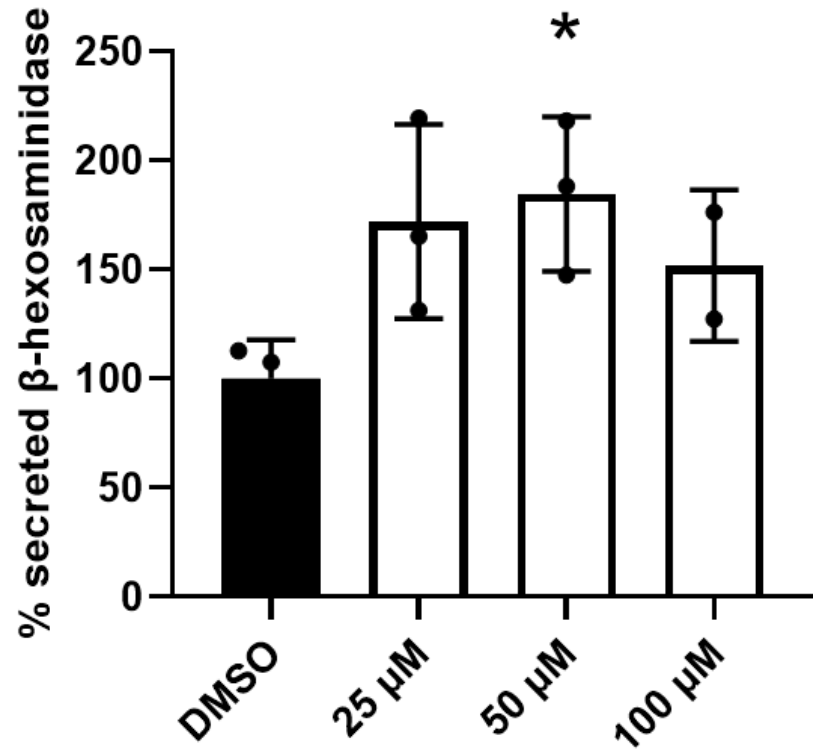


# Lysosome Exocytosis Modulation Affects Cancer Cell Invasion $\Rightarrow$ Lysosome Exocytosis as a Therapeutic Target to Impair Cancer Progression

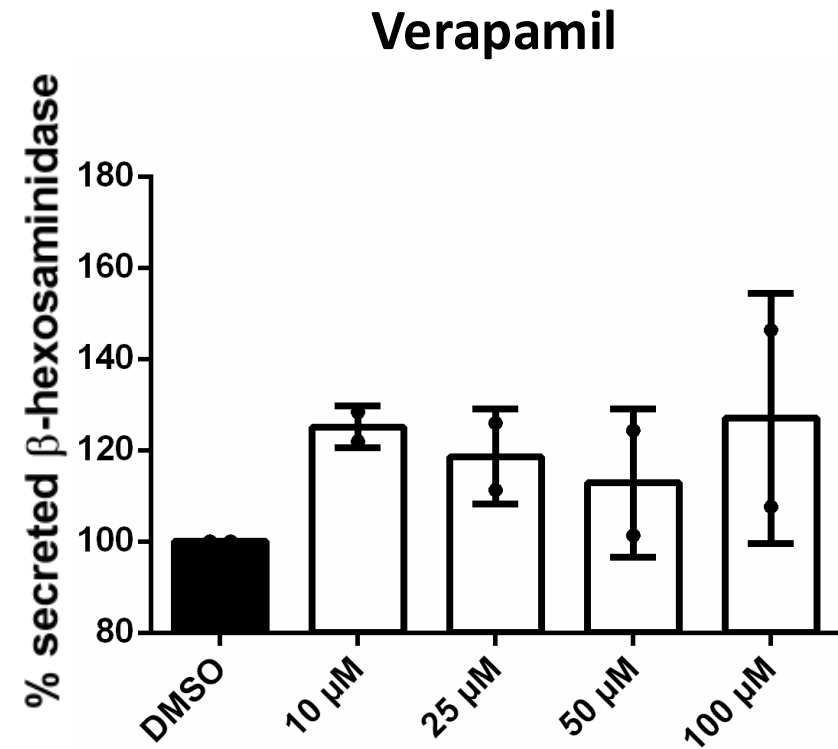
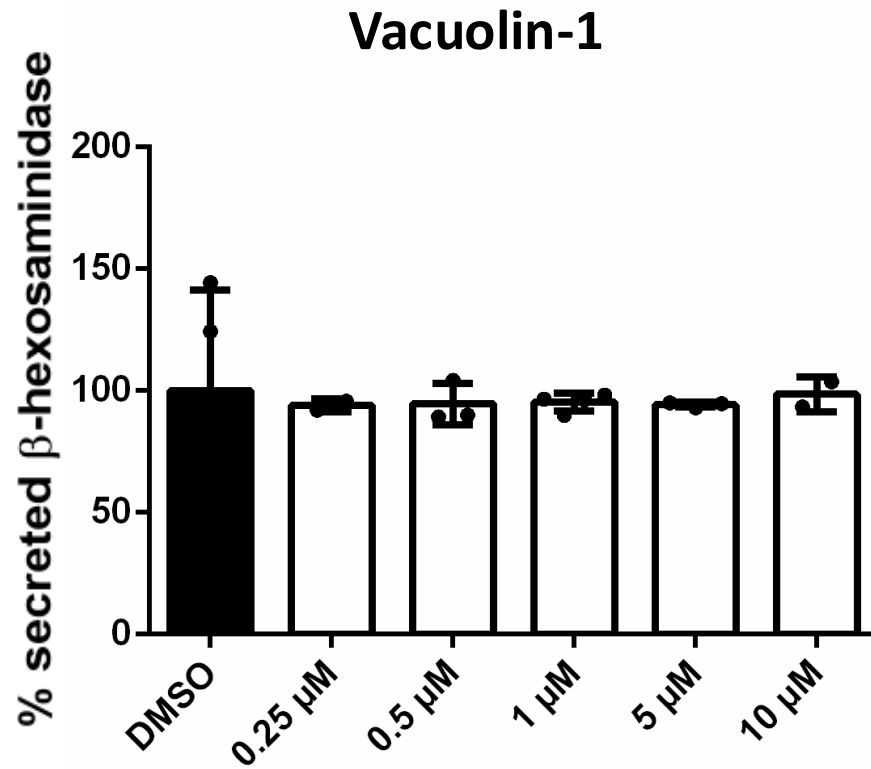
## Can We Modulate Lysosome Exocytosis With Drugs and Inhibit Cancer Cell Invasion?



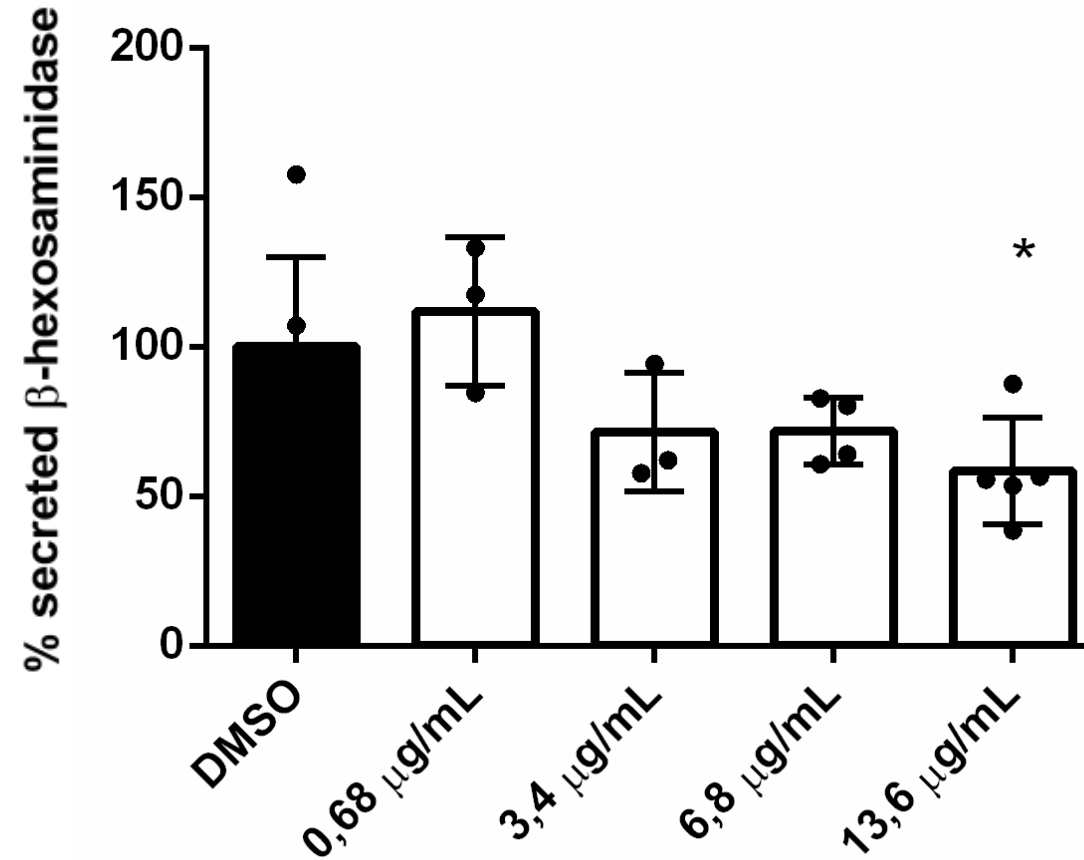
# TRPML1 Agonist ML-SA1 Increases Lysosome Exocytosis and Invasion in Breast Cancer Cells



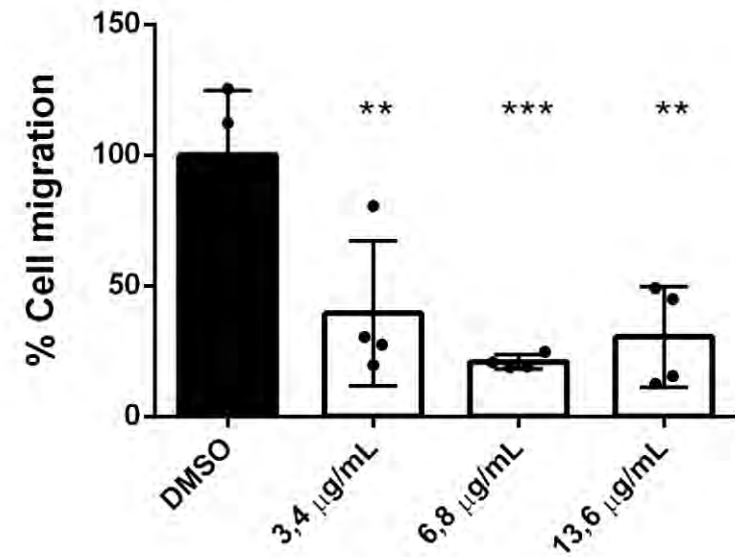
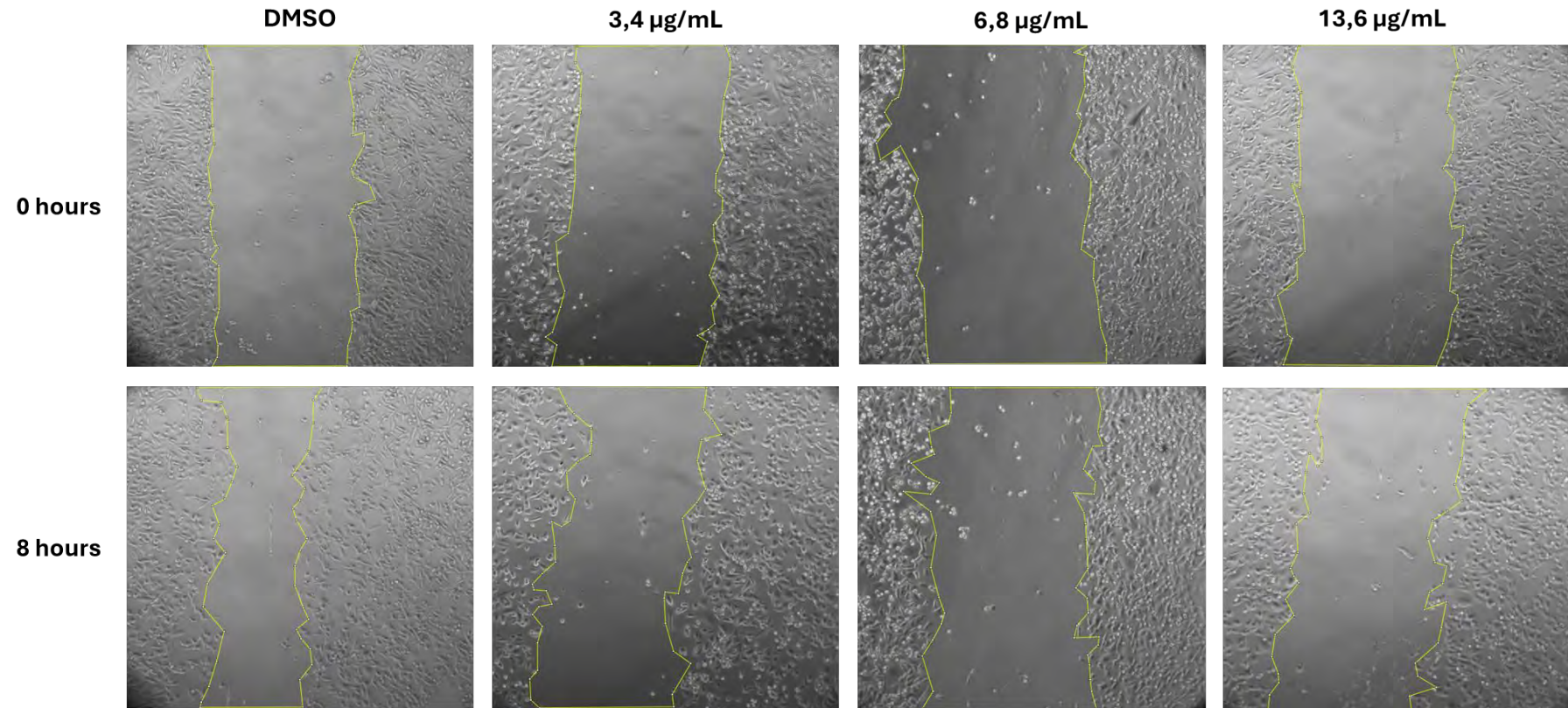
# Vacuolin-1 and Verapamil Do Not Affect Lysosome Exocytosis in Breast Cancer Cells



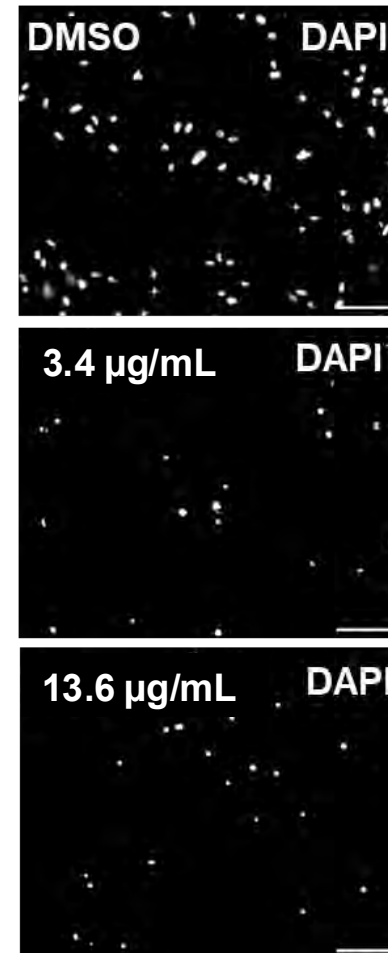
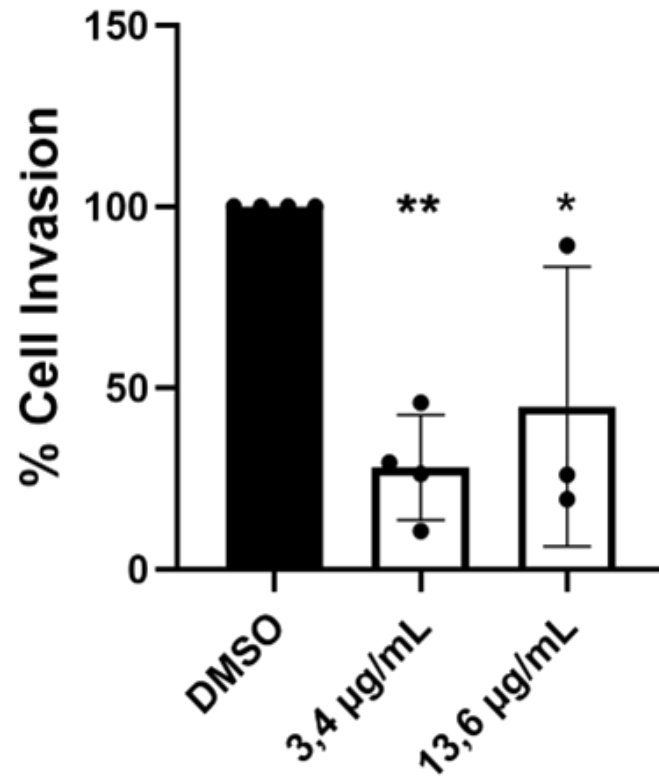
# Compound #29 Inhibits Lysosome Exocytosis in Breast Cancer Cells



# Compound #29 Inhibits Cell Migration in Breast Cancer Cells

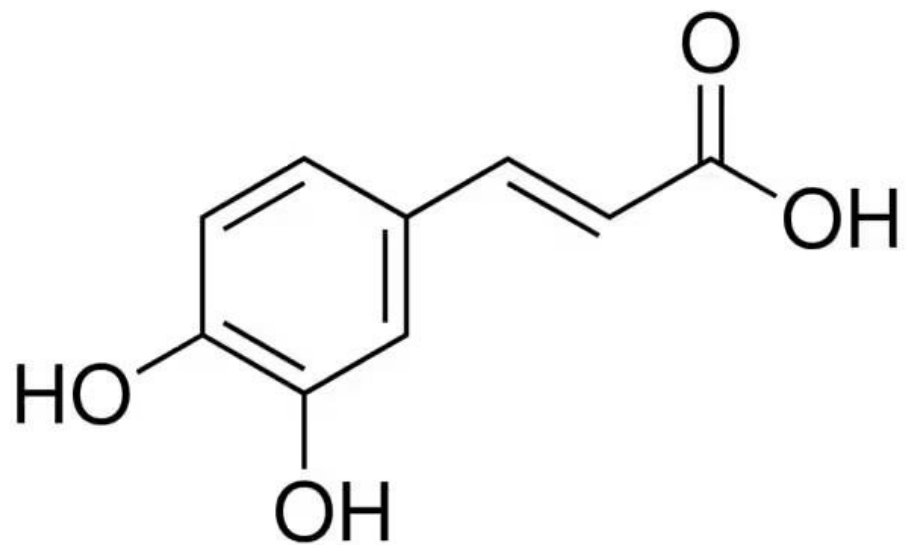


# Compound #29 Inhibits Invasion in Breast Cancer Cells

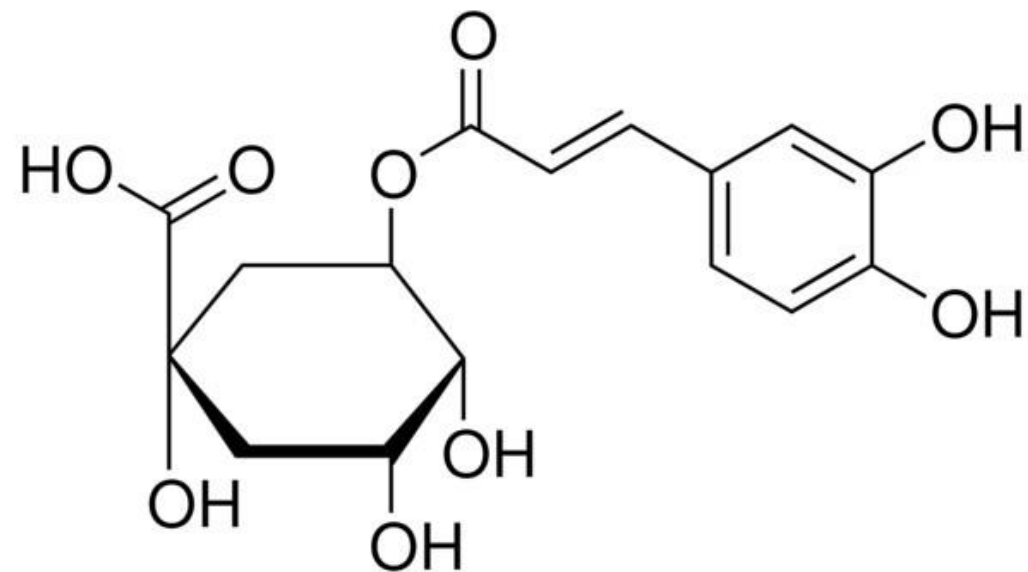


# Phenolic Compounds

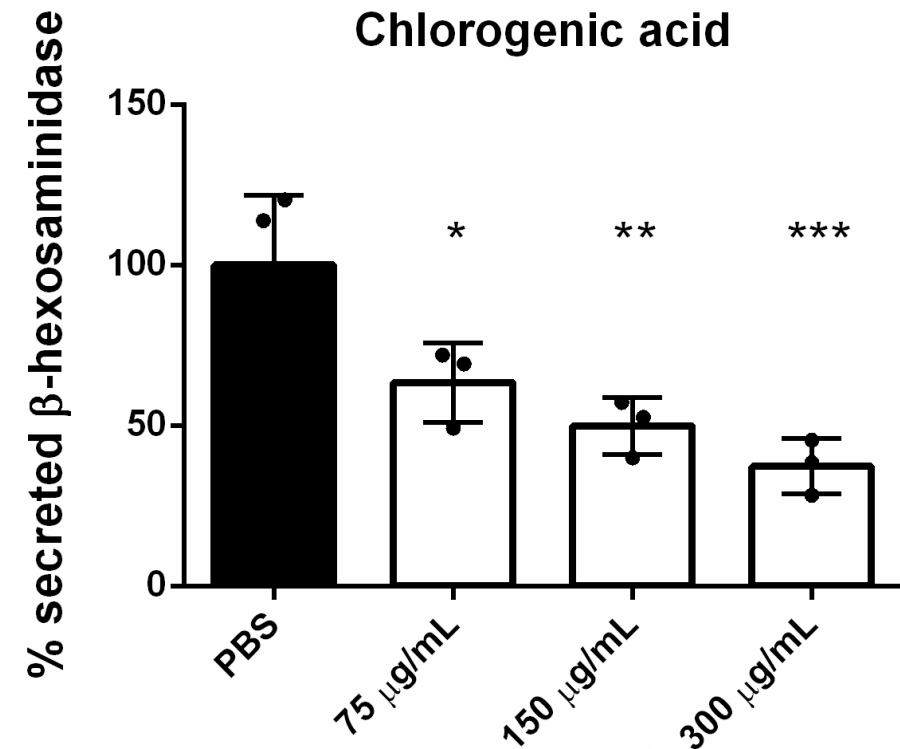
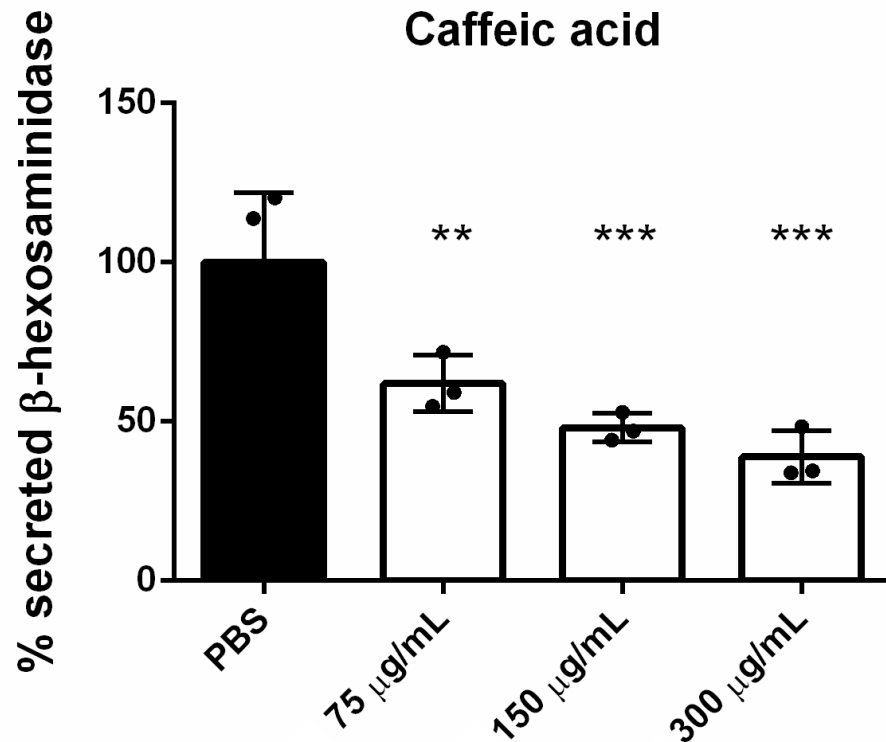
Caffeic acid



Chlorogenic acid

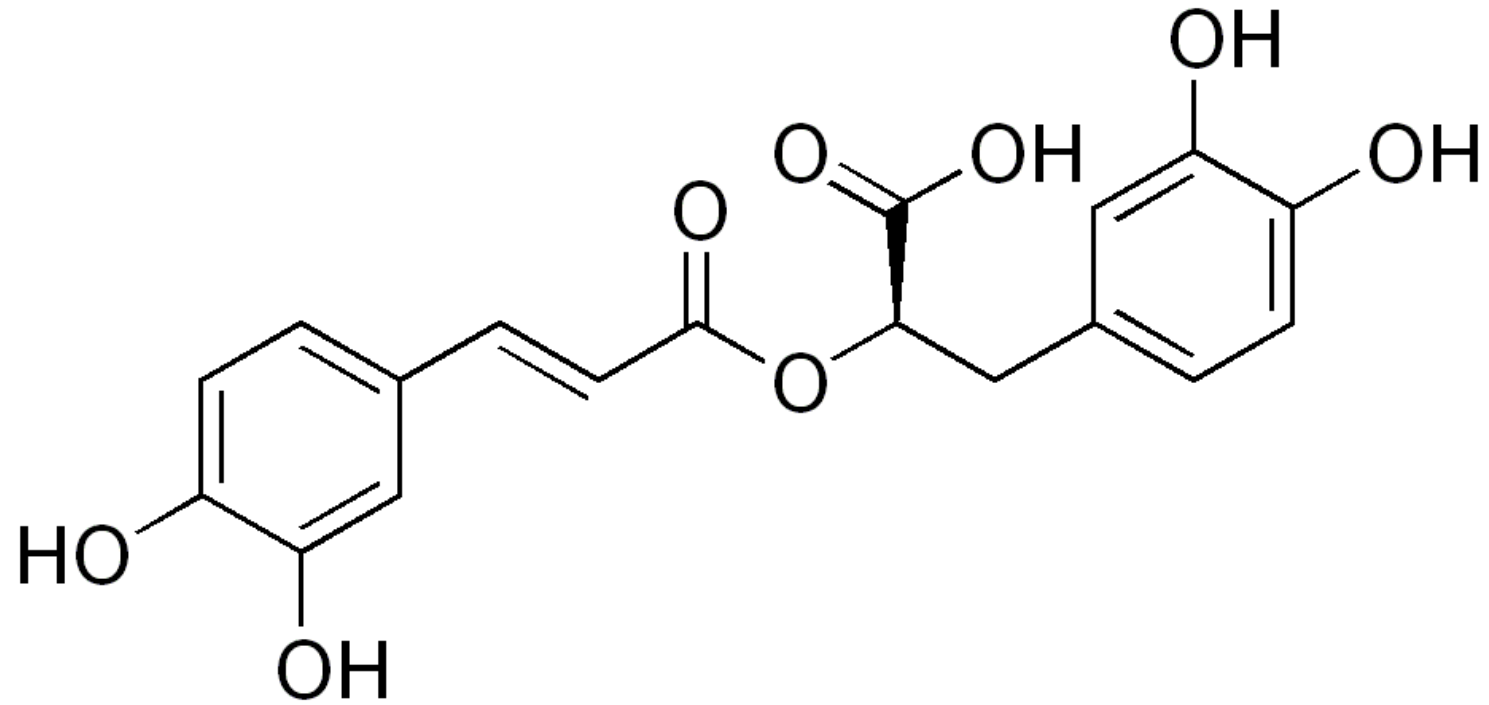


# Caffeic Acid and Chlorogenic Acid Inhibit Lysosome Exocytosis in Breast Cancer Cells

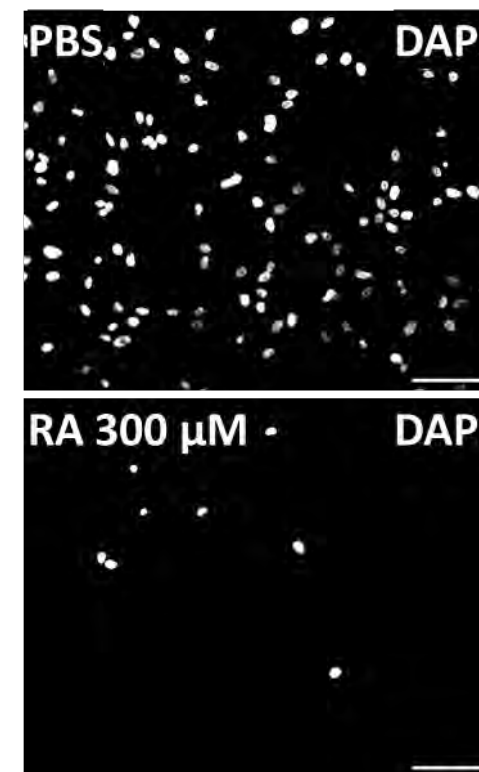
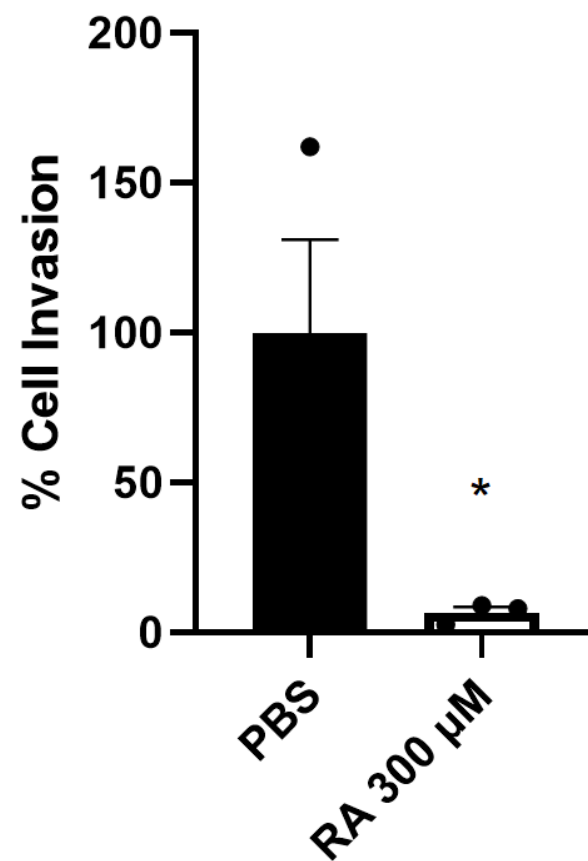
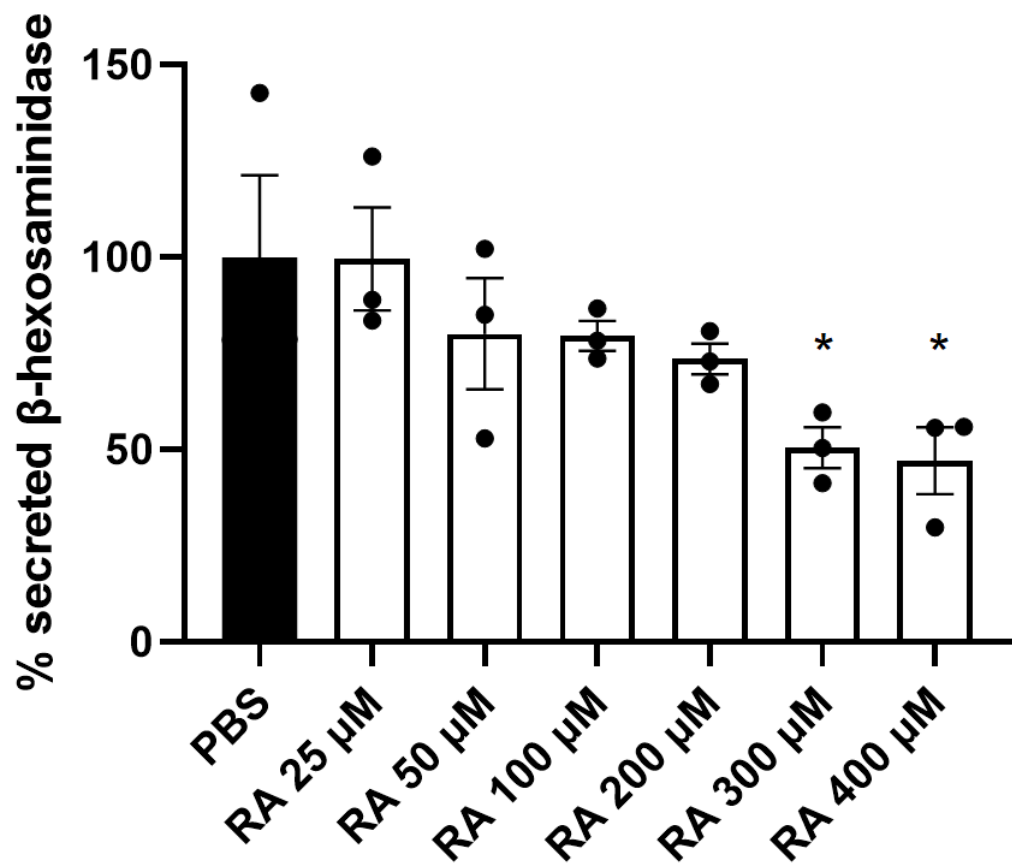


# Phenolic Compounds

Rosmarinic acid



# Rosmarinic Acid Inhibit Lysosome Exocytosis and Invasion in Breast Cancer Cells



# Conclusions

- Lysosome exocytosis directly correlates with cancer cell invasive capacity
- Lysosome exocytosis stimulation enhances cancer cell invasion
- Lysosome exocytosis inhibition impairs cancer cell invasion
- Lysosome exocytosis can serve as a therapeutic target to inhibit cancer cell invasion
- Lysosome exocytosis inhibitory drugs can be used to impair cancer progression and metastasis

# Acknowledgements

## Former lab members:

Andreia Ferreira

Pedro Castanheira

Isabel Sesifredo



## Collaborators:

Miguel Seabra (NMS-UNL)

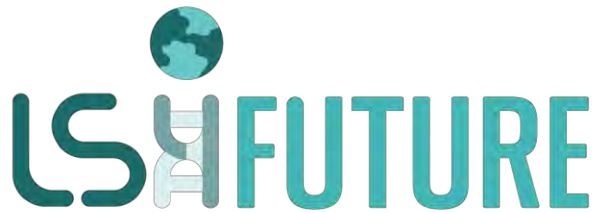
José Ramalho (NMS-UNL)

Jacinta Serpa (NMS-UNL)

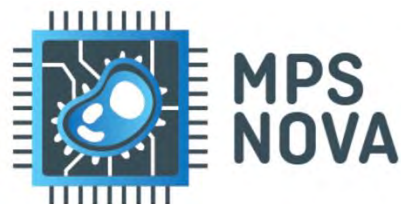
Saudade André (NMS-UNL)

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# *inter-organelle communication driving pathological mechanisms in Batten disease*

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Associate Professor

Dept. Cellular and Molecular Physiology



**PennState**  
College of Medicine



@nunoraimundo



Mitochondrial Communication

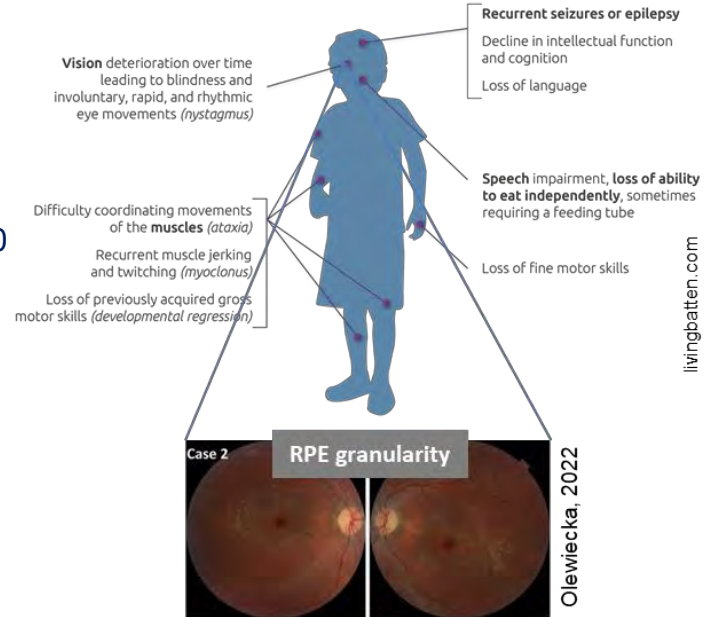


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No conflict of interest to disclose.

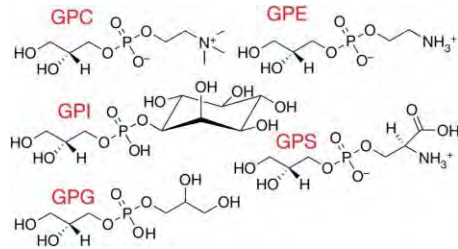
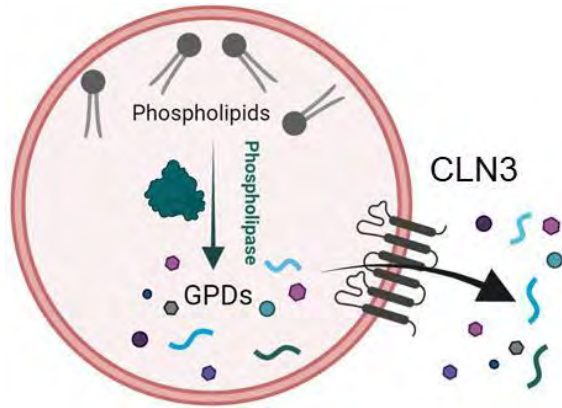
# Batten disease

- Neuronal Ceroid Lipofuscinoses (NCL)
- Autosomal recessive, neurodegenerative, lysosomal storage disease
- Affect up to 1 in 25,000 births: fatal by 20–30 years of life
- Mutations in 14 different genes that encode distinct CLN proteins
- No disease-modifying treatments

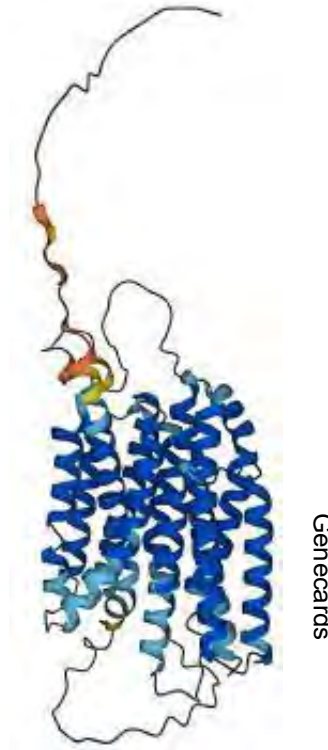


Poorly understood disease  
in terms of underlying **molecular mechanism**

# *ceroid lipofuscinosis neuronal 3 (CLN3) Protein*

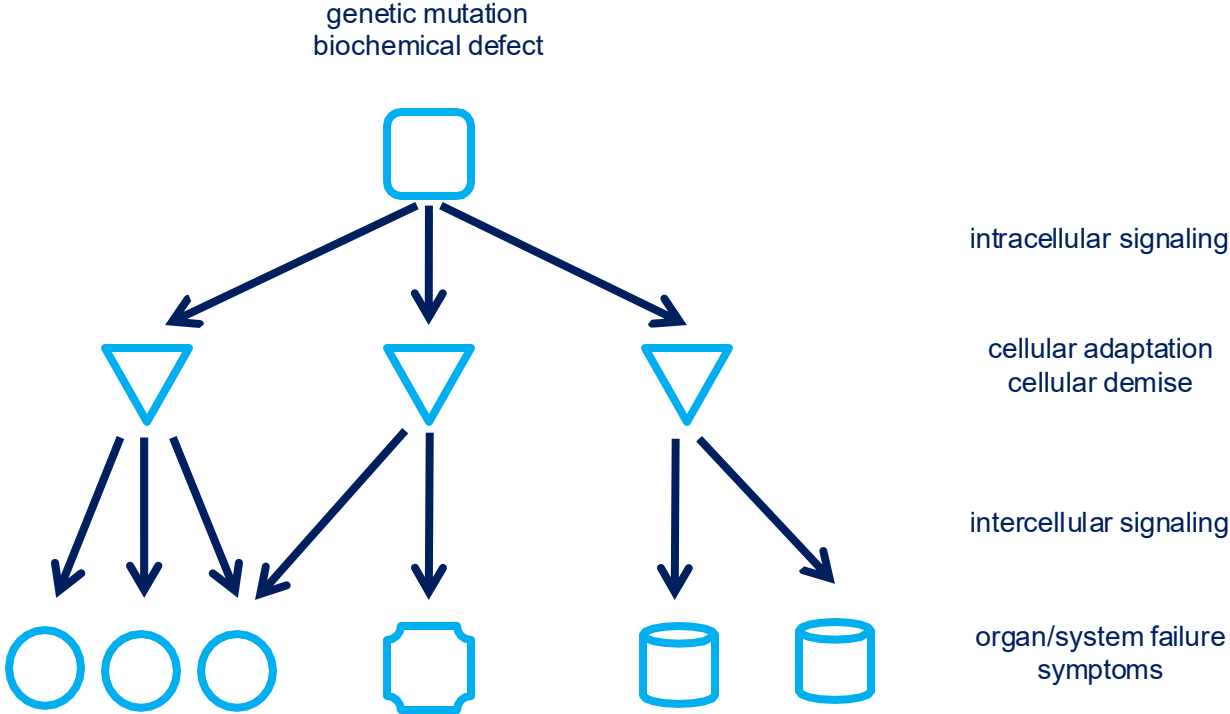


End products of  
glycerophospholipid catabolism

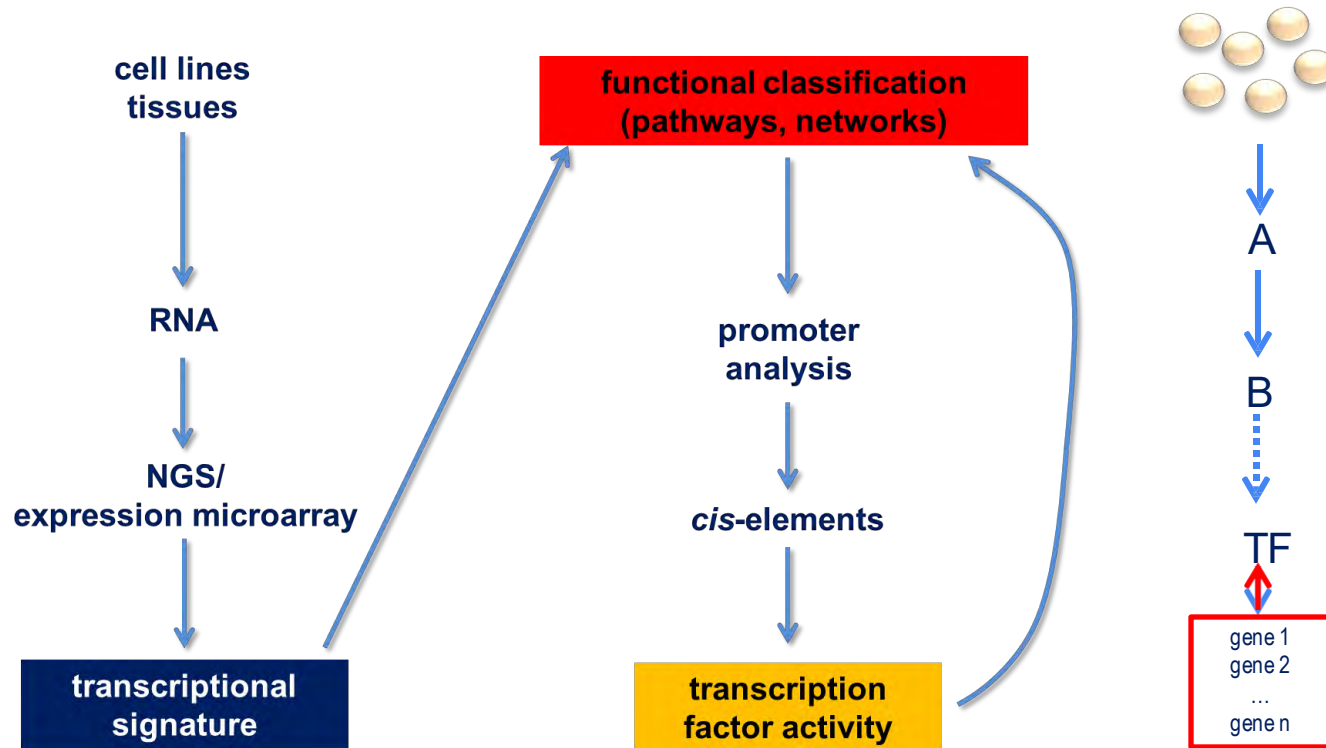


CLN3 is required for the clearance of glycerophosphodiester from lysosomes (Lagtom, Nature, 2022)

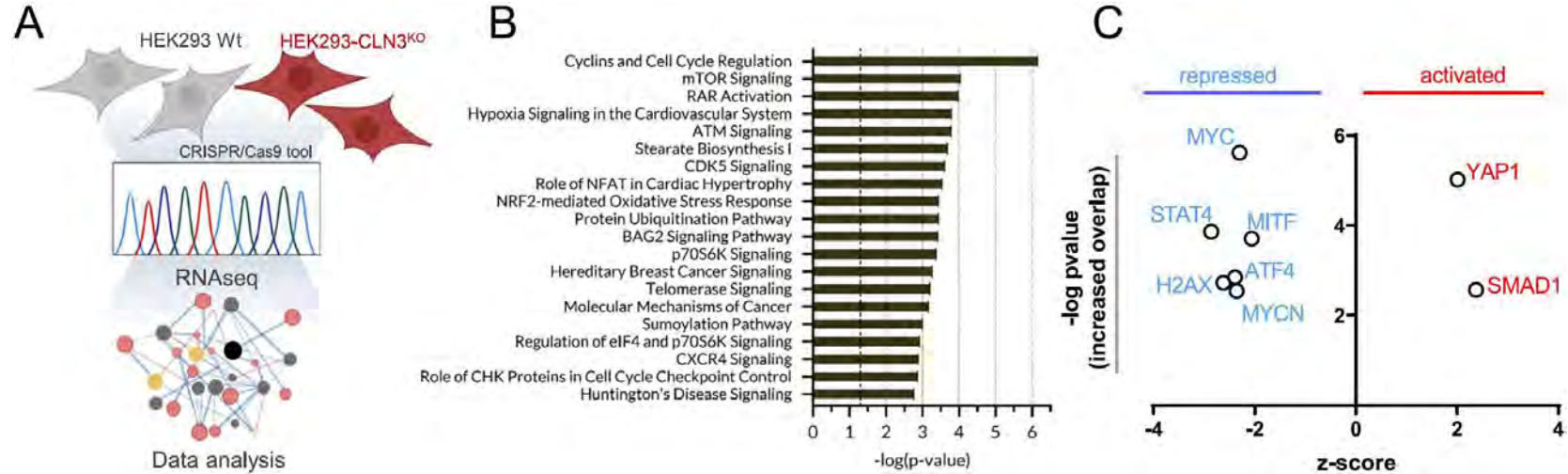
# *hierarchical signaling in disease mechanisms*



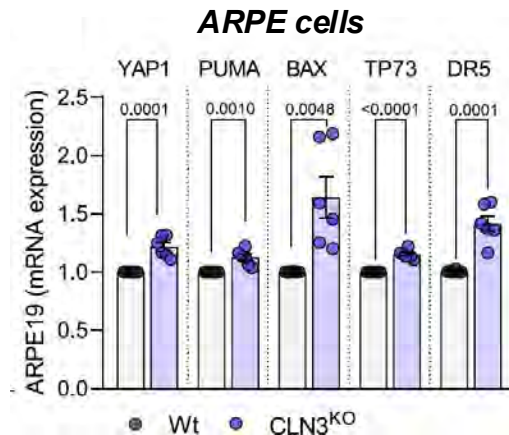
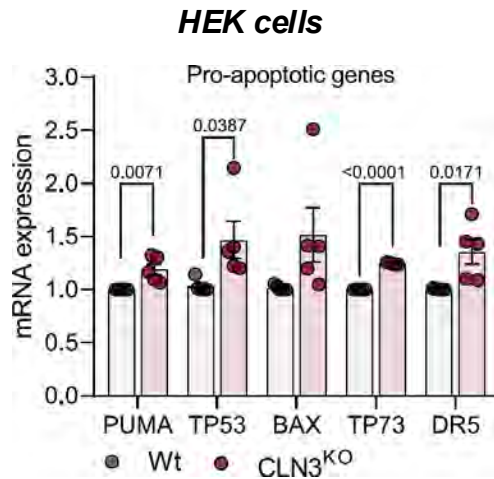
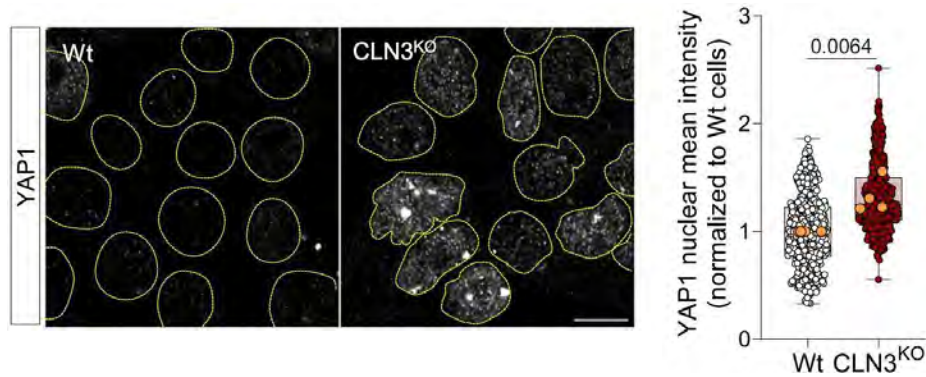
# signaling pathways inferred from transcriptome datasets



# CLN3-KO transcriptome reveals hyperactive YAP1 signaling

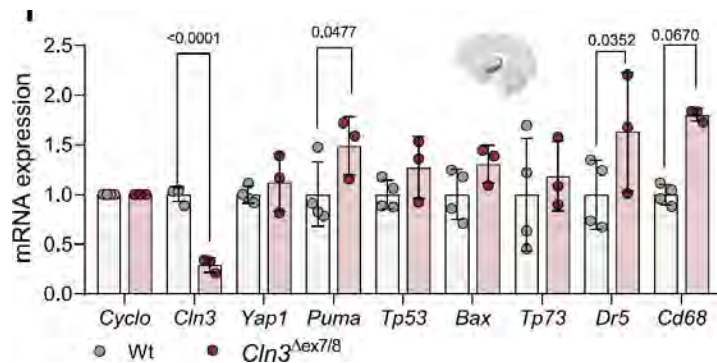


# YAP1 transcriptional activity increased in CLN3-KO cells

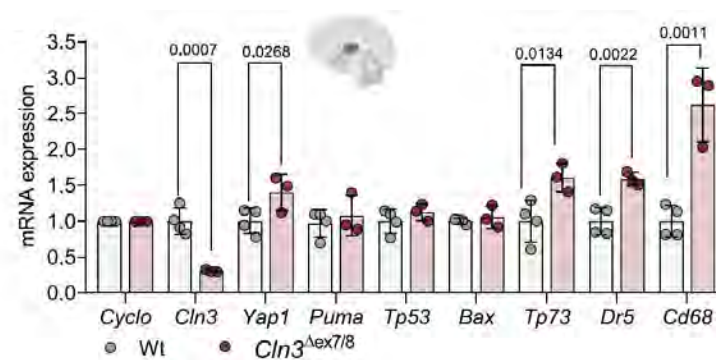


# YAP1 transcriptional activity increased in *CLN3*-KO mouse tissues

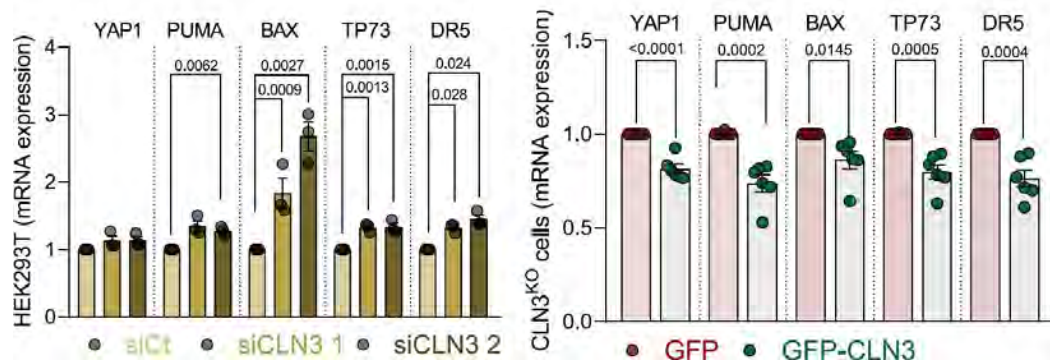
hippocampus



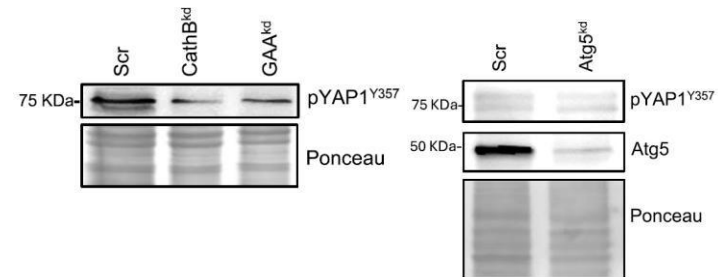
thalamus



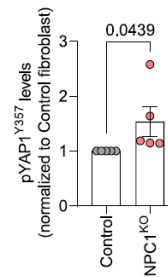
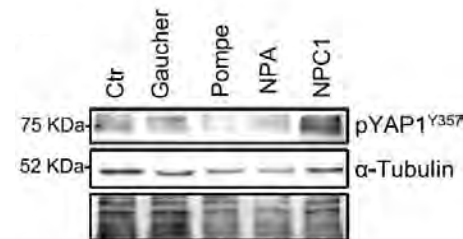
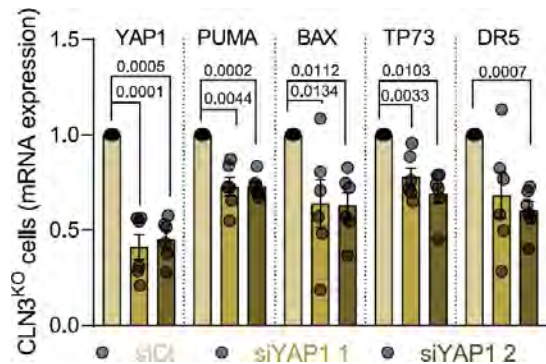
# YAP1-specific response to loss of CLN3



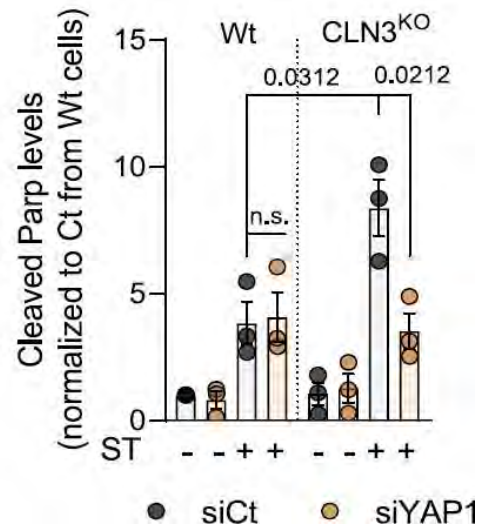
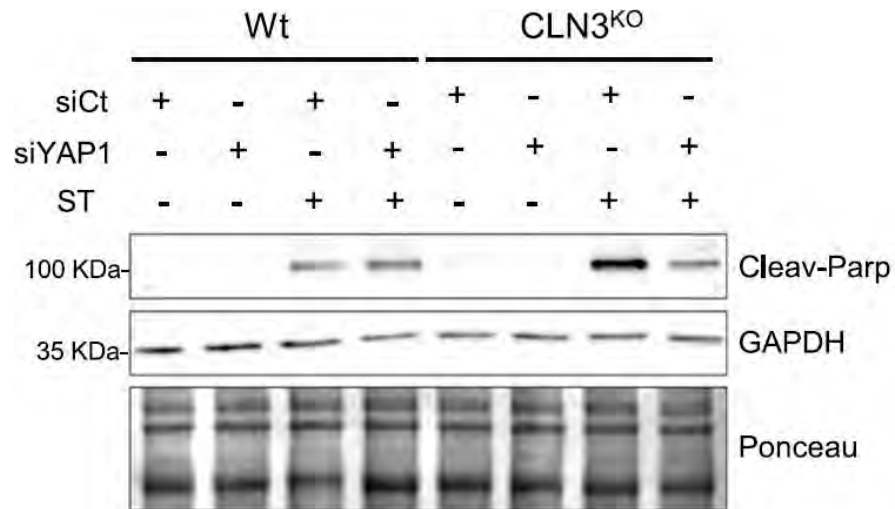
## HeLa cells



## patient fibroblasts

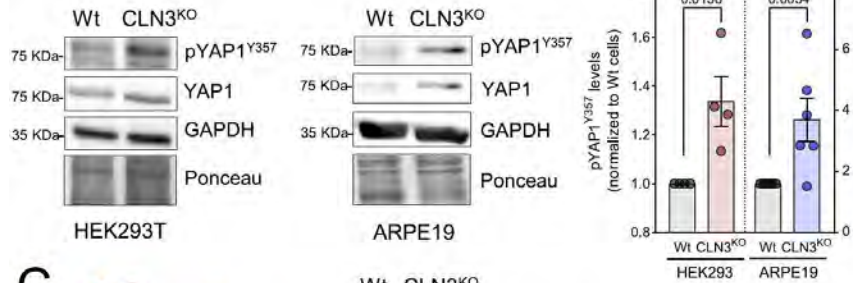


# YAP1 signaling increases apoptosis susceptibility in CLN3-KO cells

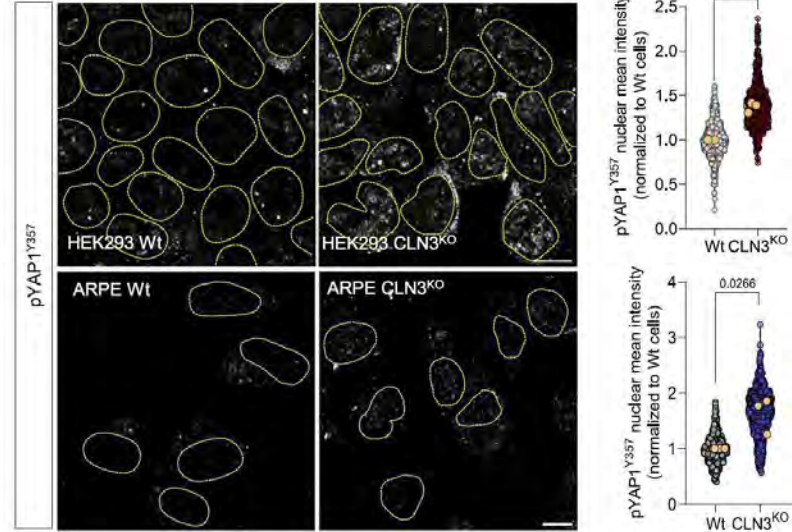


# YAP1 transcriptional activity associated with Y357 phosphorylation in cells...

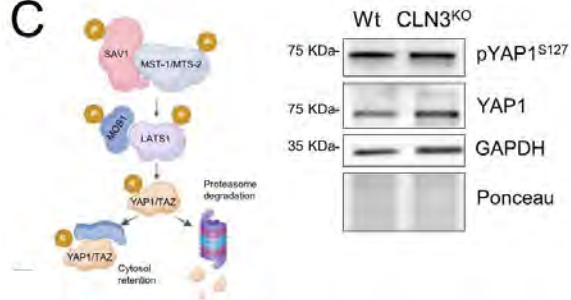
**A**



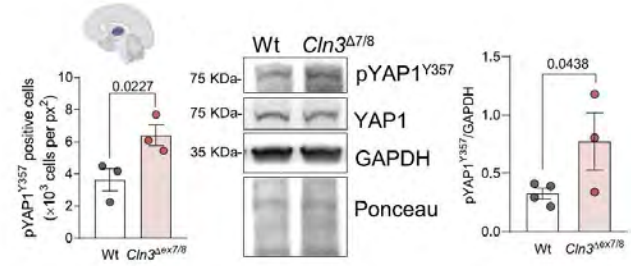
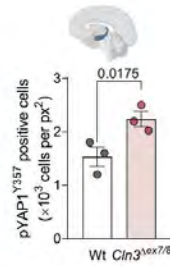
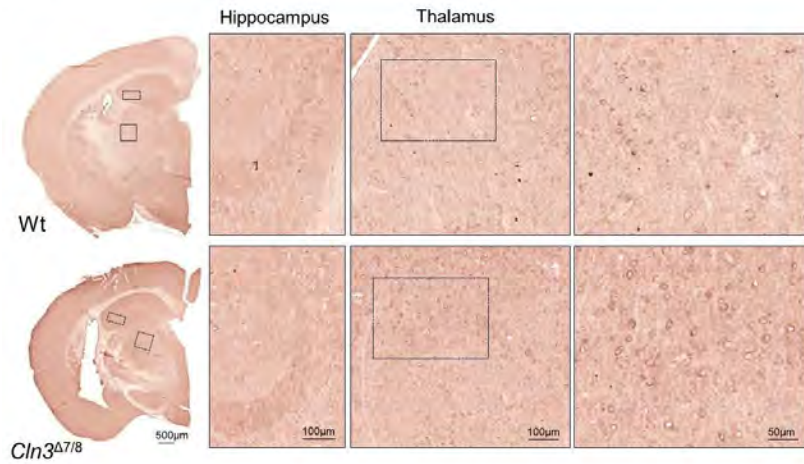
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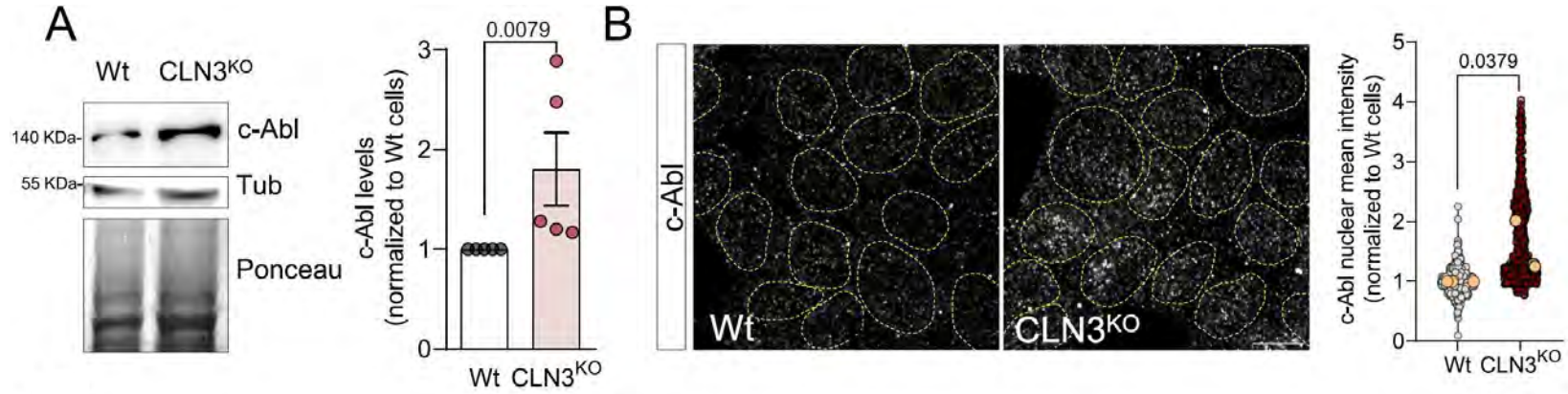
**C**



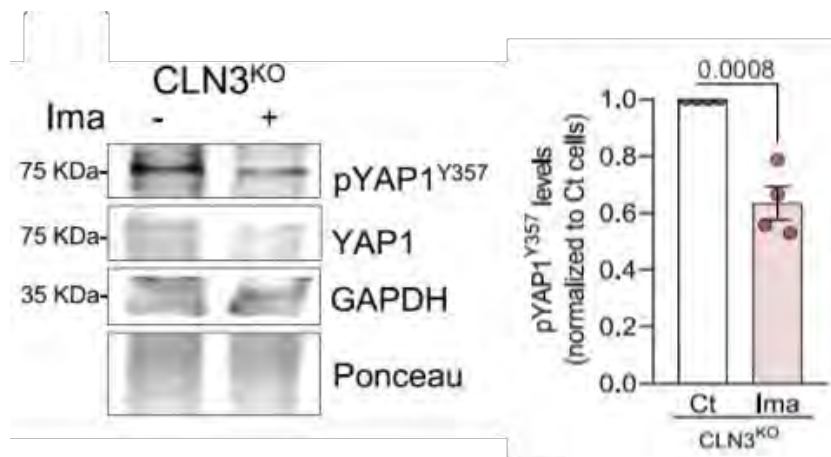
# ... and in vivo



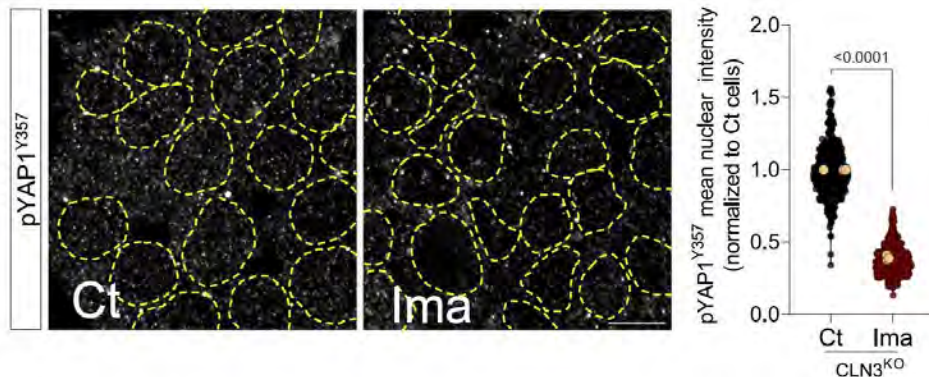
# YAP1-Y357 is phosphorylated by *c-Abl* kinase



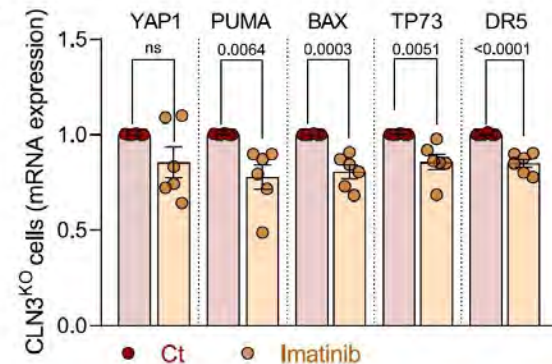
# *inhibition of c-Abl kinase ablates YAP1 signaling in CLN3-KO cells*



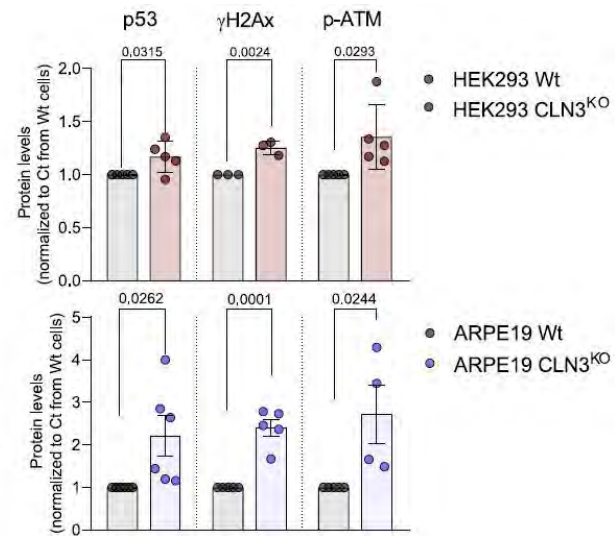
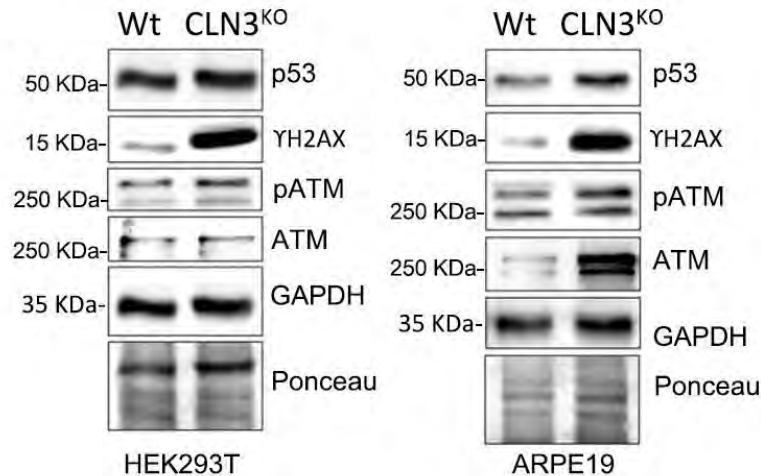
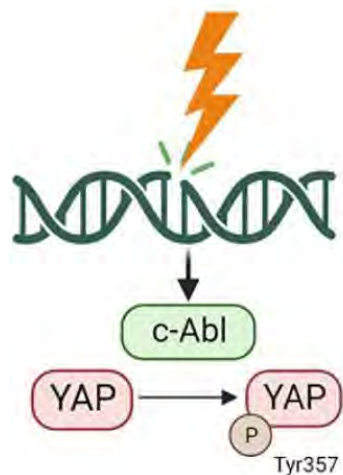
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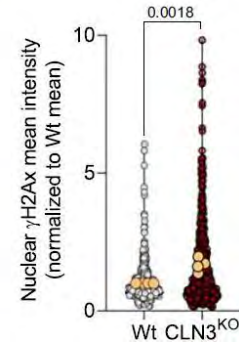
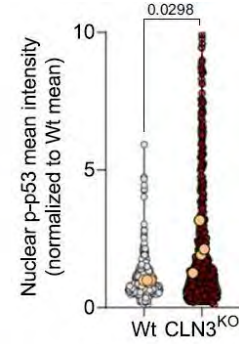
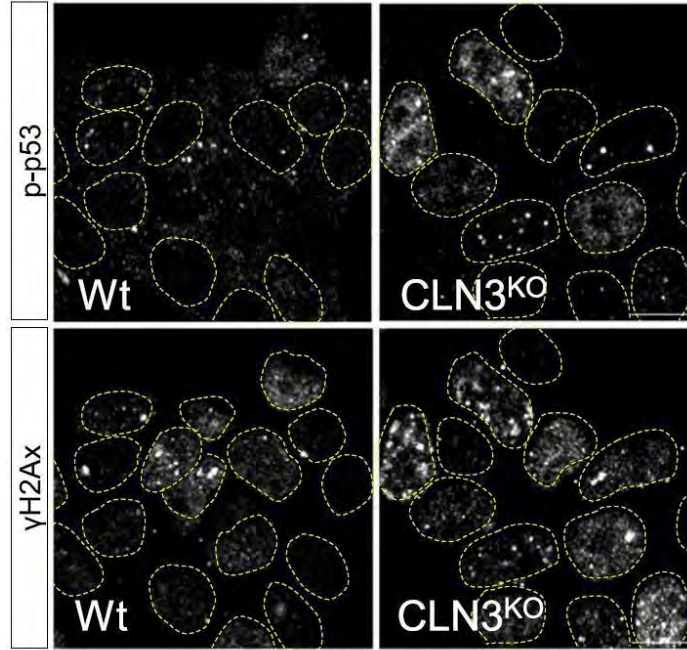
**F**



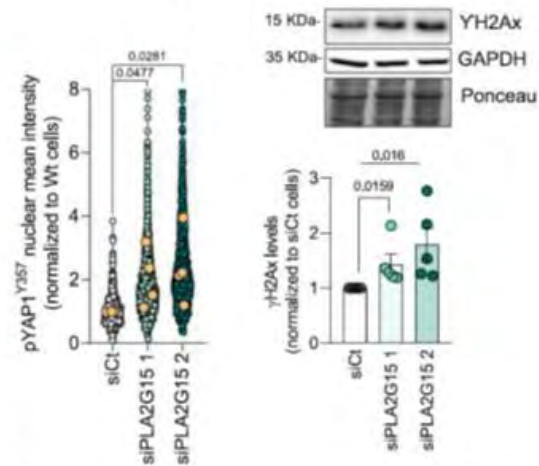
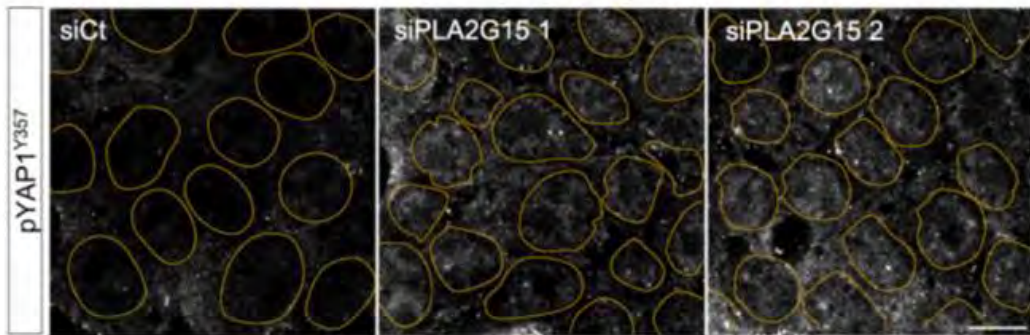
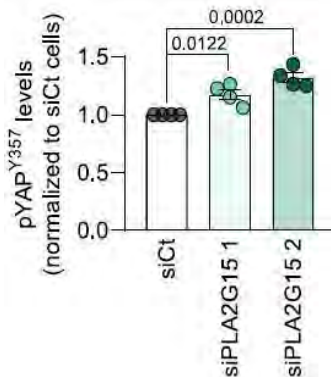
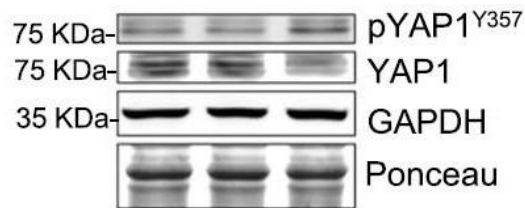
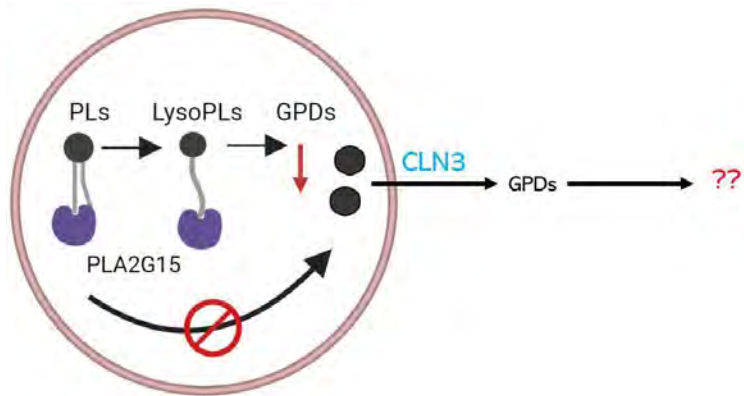
# DNA damage is the canonical activator of c-Abl kinase



# loss of CLN3 leads to accumulation of DNA damage

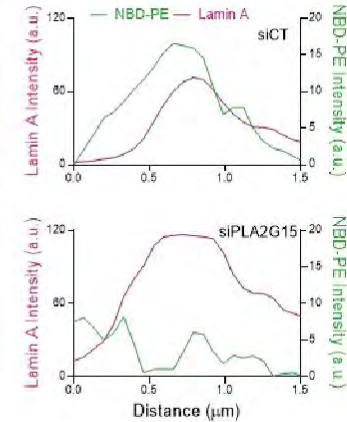
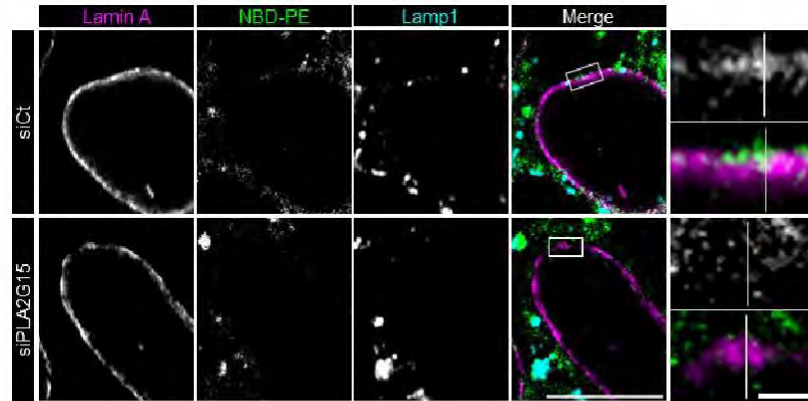
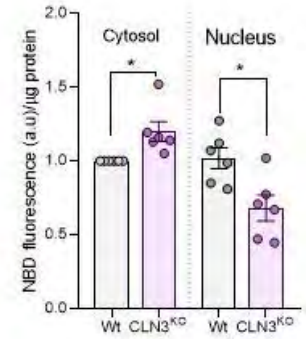
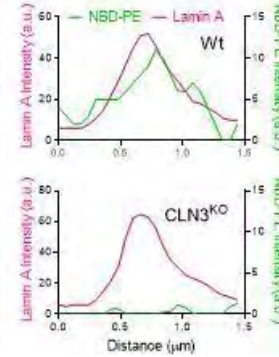
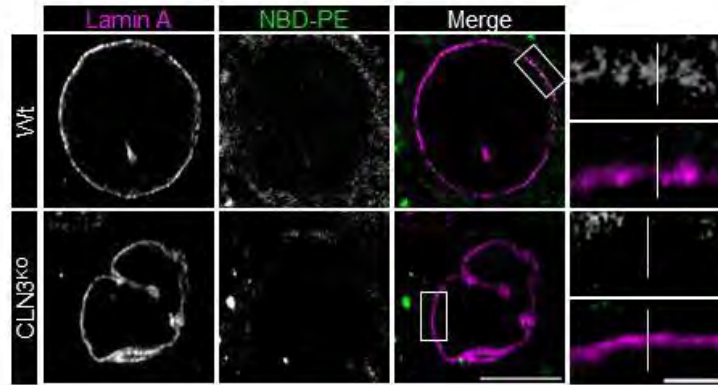
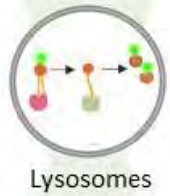
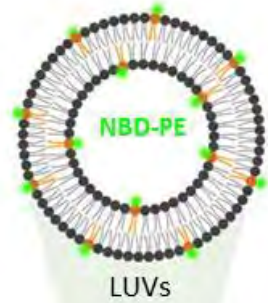


# blocking lysosomal lipid catabolism upstream of CLN3 leads to DNA damage and YAP1 activation

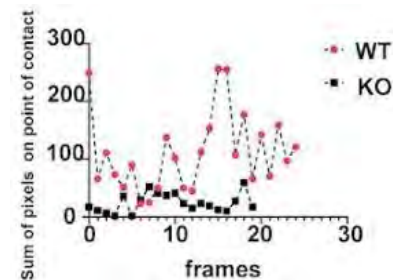
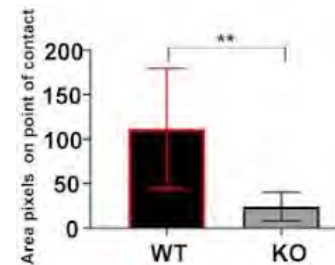
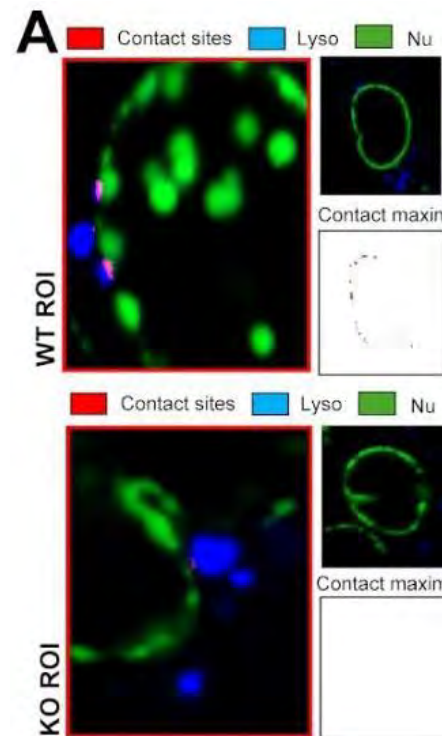
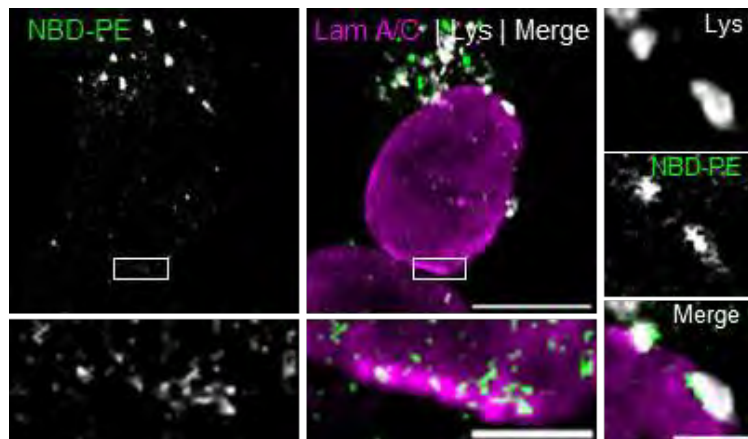




# transfer of GPDs from lysosomes to the nuclear envelope requires both PLA2G15 and CLN3



# transfer of GPDs from lysosomes to NE via "kiss-and-run" events





Farhana  
Afroz, PhD

Sydney  
White

Justin  
Dale

Francesco Agostini,  
PhD

Ira Milosevic, [Univ. Oxford, UK](#)  
Massimiliano Stagi, [Univ. Liverpool, UK](#)  
Andrea Ballabio, [TIGEM, Napoli, Italy](#)  
Alessia Calcagni', [TIGEM, Napoli, Italy](#)  
Henrique Girão, [U. Coimbra, Portugal](#)  
Maria João Moreno, [U. Coimbra, Portugal](#)



NIA-NIH R56AG082790



**MIA Portugal**  
Multidisciplinary  
Institute of Ageing



Neuza Domingues, PhD



@nunoraimundo



Mitochondrial Communication

[nuno.raimundo@psu.edu](mailto:nuno.raimundo@psu.edu)

A microscopic view of bone tissue, showing a porous, honeycomb-like structure with various sized pores and trabeculae. The color is a light beige or off-white.

# **TARGETING MECHANISMS FOR BONE-DIRECTED THERAPIES**

**BETUL CELIK, PHD**  
**POSTDOCTORAL FELLOW,**  
**NEMOURS CHILDREN'S HEALTH USA**

# **DISCLOSURES**

**Betul Celik has no relevant financial relationships with ineligible companies to disclose.**

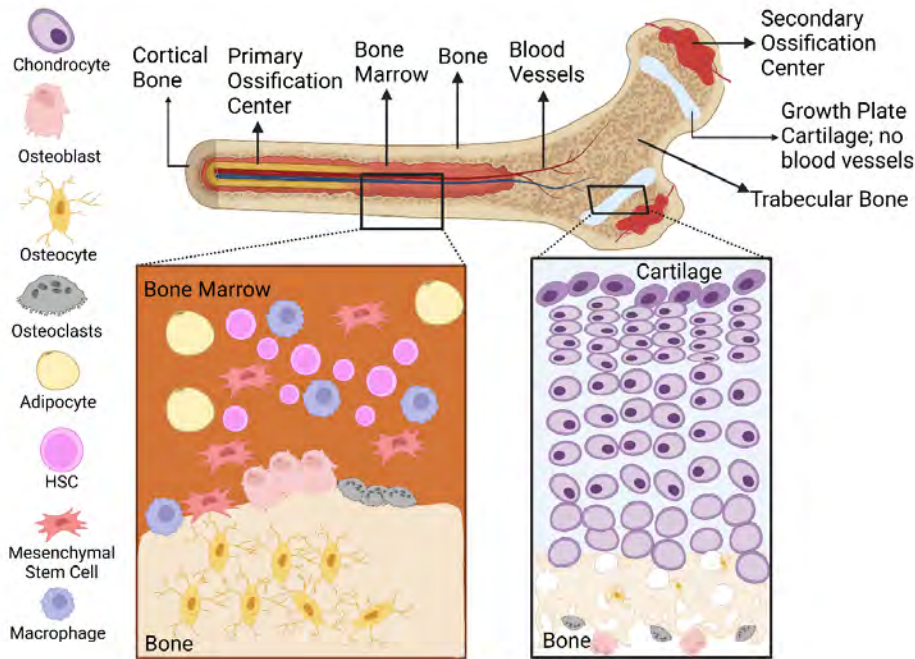
# LEARNING OBJECTIVES

**At the conclusion of this activity, participants will be able to:**

- Explain the biological challenges of targeting bone tissue
- Describe key targeting strategies used in bone-directed therapies
- Understand the role of glycosaminoglycans (GAGs) in bone-targeted delivery
- Evaluate the limitations of conventional therapies in lysosomal storage diseases (LSDs)
- Assess emerging strategies for improving skeletal outcomes in LSDs
- Interpret schematic models and comparative data on targeting efficacy
- Identify future directions for bone-targeted therapeutics

# WHY ARE BONE-TARGETED THERAPIES NEEDED?

## Bone Biology and ECM composition



### Challenges

Avascularity  
Dense ECM  
Poor drug penetration

### Clinical Relevance

Skeletal Diseases  
LSDs (MPS IV, VII, MLD,  
Gaucher, etc)  
Metastasis

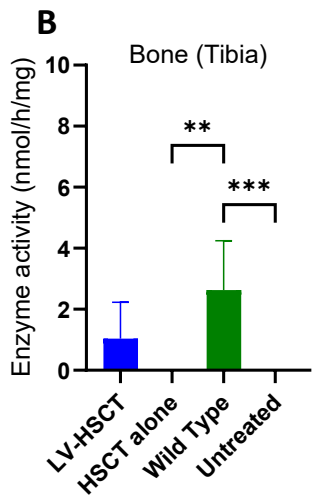
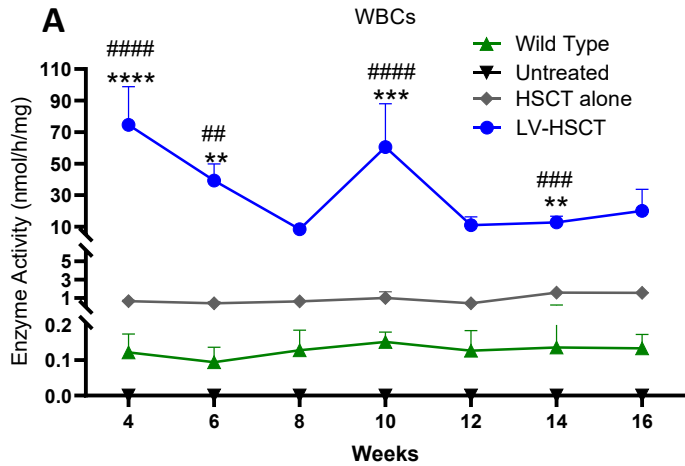
### Organic and Inorganic Compositions of ECM

Collagens, proteoglycans, glycoproteins, growth factors, and hydroxyapatite and other ions (magnesium, sodium, potassium, bicarbonate)

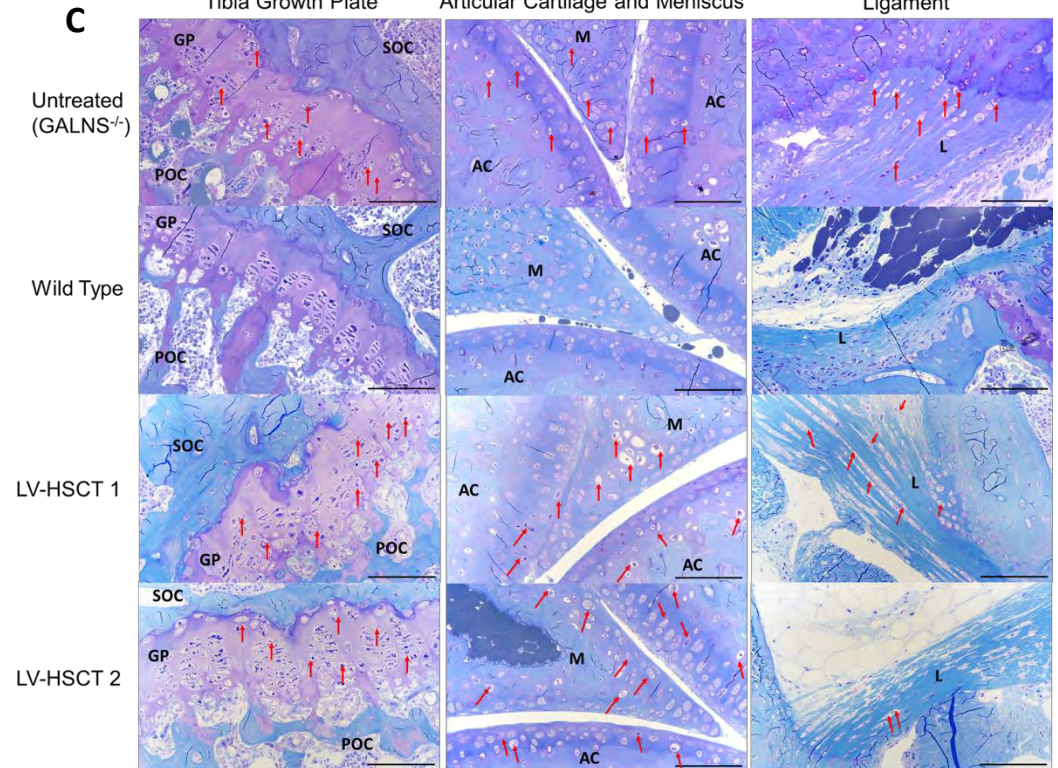
**Fig.** Characterization of long bone components. *Manuscript in preparation.*

# WHAT IF MORE ENZYMES WERE PRODUCED IN THE BM?

Case: Morquio A syndrome and LV-mediated ex vivo HSCT



**No improvement in pathology!**



**Fig.** Ex vivo LV-HSCT in Morquio mouse model. **A-B.** GALNS enzyme activity in WBCs and bone after ex vivo LV-HSCT. **C.** Bone pathology

(Celik et al, 2024, Human Gene Therapy)

# HOW ABOUT OTHER LSDS AND THEIR IMPACT ON SKELETON?

Are these the same “Bone growth, Bone formation, Bone resorption, bone homeostasis”?

LSD Type	Affected Skeletal Cells	Cellular Impact
<b>MPS I</b> (Hurler, Scheie)	Chondrocytes, Osteoblasts	Impaired ECM production, inflammation via TLR4, reduced osteogenesis
<b>MPS II</b> (Hunter)	Chondrocytes, Osteoblasts	Similar to MPS I; lysosomal overload, joint stiffness, skeletal dysplasia
<b>MPS III</b> (Sanfilippo A-D)	Chondrocytes (minor), Neural cells	Primarily neurodegenerative; minimal direct skeletal impact
<b>MPS IV A/B</b> (Morquio A/B)	Chondrocytes, Growth plate cells	Severe cartilage dysplasia, disorganized growth plate, apoptosis
<b>MPS VI</b> (Maroteaux-Lamy)	Chondrocytes, Osteoblasts	Swollen chondrocytes, disrupted BMP/TGF- $\beta$ signaling, poor cartilage response to ERT
<b>MPS VII</b> (Sly)	Chondrocytes, Osteoblasts	Enlarged/disorganized growth plate, delayed differentiation, PTHrP/Wnt5a dysregulation
<b>MPS IX</b> (Hyaluronidase deficiency)	Synoviocytes, Chondrocytes	Joint effusions, mild skeletal symptoms; rare and less characterized
<b>Gaucher Disease</b> (Types I-III)	Osteoblasts, Osteoclasts	Impaired osteoblast function, increased osteoclast activity, bone pain, osteonecrosis
<b>Fabry Disease</b>	Osteocytes, Endothelial cells	Vascular dysfunction in bone, osteopenia, pain due to small fiber neuropathy
<b>Pompe Disease</b>	Skeletal muscle cells	Muscle weakness, impaired bone remodeling due to reduced mechanical loading
<b>Mucopolidosis II/III</b>	Chondrocytes, Osteoblasts	Severe skeletal dysplasia, abnormal cartilage and bone matrix, poor growth
<b>Niemann-Pick Disease</b> (Types A/B)	Osteoclasts, Macrophages	Foam cell infiltration, osteopenia, hepatosplenomegaly affecting bone marrow
<b>Cystinosis</b>	Osteoblasts, Renal tubular cells	Rickets-like bone changes due to Fanconi syndrome, impaired mineralization
<b>Danon Disease</b>	Skeletal muscle cells	Muscle weakness, secondary bone effects from reduced mobility
<b>Sialidosis</b> (Mucopolidosis I)	Chondrocytes, Osteoblasts	Mild skeletal abnormalities, joint stiffness, short stature
<b>GM1 Gangliosidosis</b>	Chondrocytes, Osteoblasts	Dysostosis multiplex, growth plate disruption, vertebral anomalies
<b>GM2 Gangliosidosis</b> (Tay-Sachs, Sandhoff)	Neural cells (primary), minor skeletal involvement	Neurological focus; skeletal effects secondary to motor decline

Bone growth - Chondrocytes – Originated from MSCs

Bone formation - Osteoblasts – Originated from MSCs

Bone resorption - Osteoclasts – Originated from HSCs

Maintaining bone tissue - Osteocytes – Originated from Osteoblasts



**Affected cell types and accumulated materials determine the skeletal condition.**

*Manuscript in preparation*

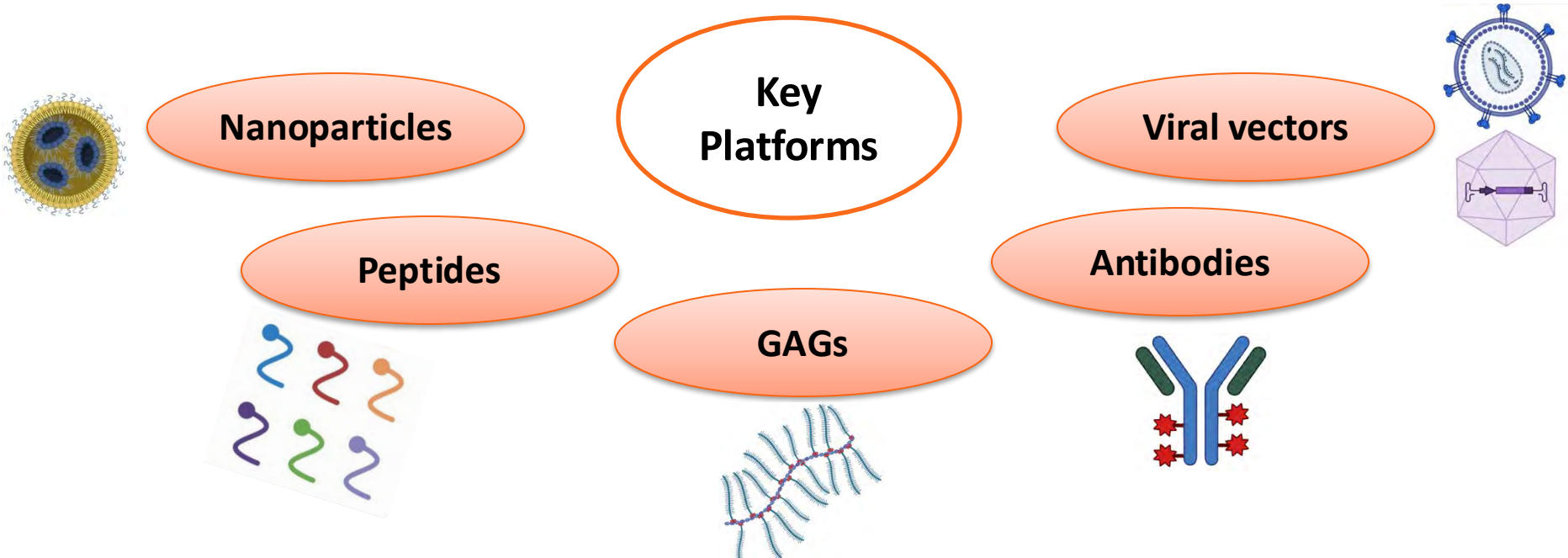
# TARGETING STRATEGIES

## Passive Targeting

Utilizing physiological features like leaky vasculature  
!! Low specificity, high off-target accumulation (liver, spleen), and ineffective in non-leaky tissues like bone or CNS

## Active Targeting

Involves functionalizing drug carriers with ligands (e.g., antibodies, peptides, aptamers) that bind to specific receptors on target cells  
!! High specificity and cellular uptake, and reduced systemic toxicity



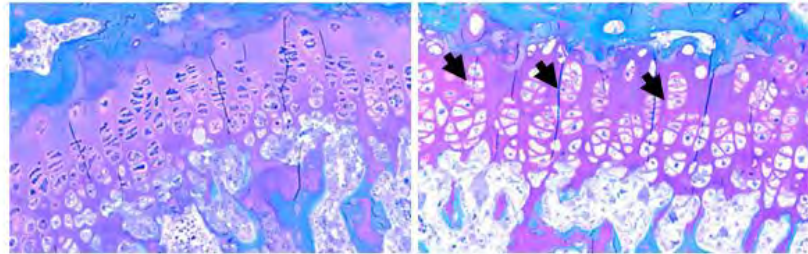
# ARE THESE STRATEGIES CORRECTING BONE PATHOLOGY?

Case:  
Morquio A

Growth  
plate

Wild type

Untreated



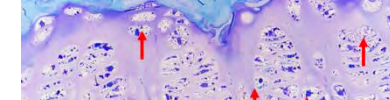
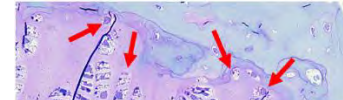
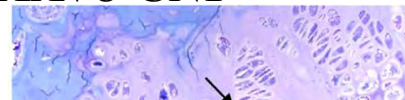
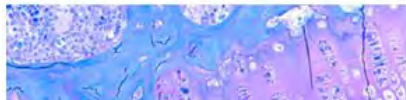
All alone or  
together???

IONPs/D/C

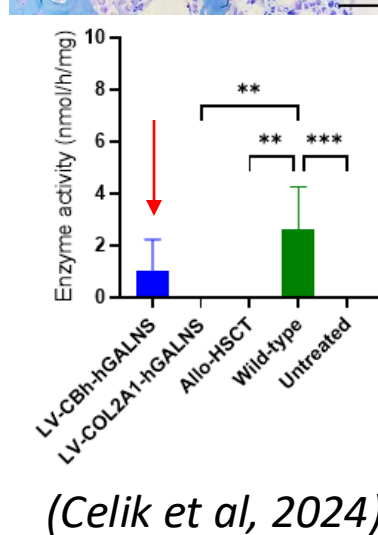
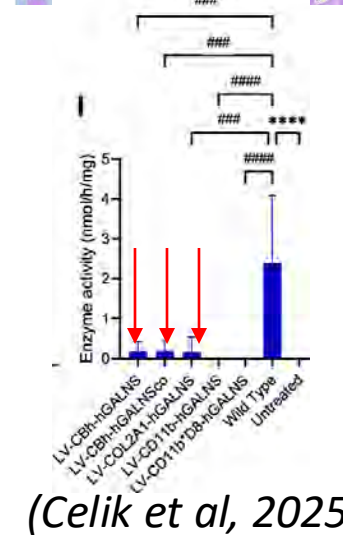
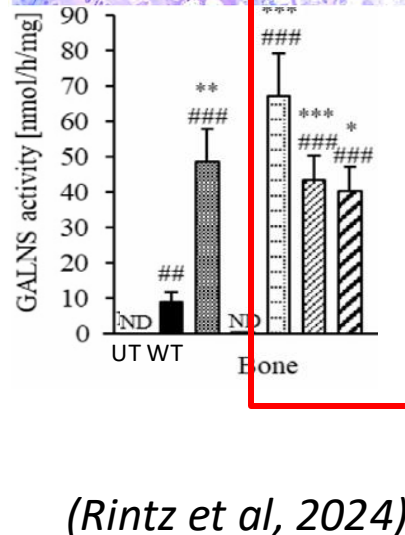
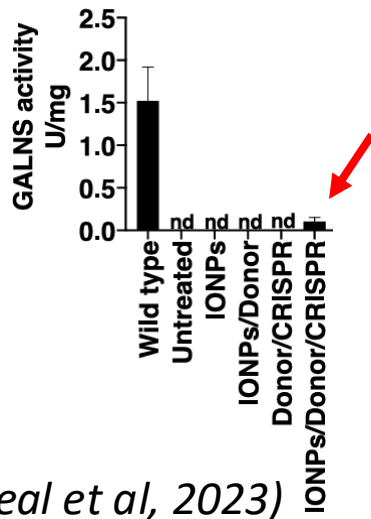
AAV9-hGALNSco/  
AAV8-CNP

LV-hGALNS

Ex vivo-LV-HSC



**NO! There is still no full correction of bone pathology!**



# POTENTIAL TARGETS FOR BONE AND CARTILAGE

## Collagens

Main Type I, II, IX, XI; Minor type III, IV, V, VI, X; Bind to the DDR-1 and DDR-2 receptors; Utilizing the ECM-collagen matrix, abundant in hyaline cartilage  
Mechanism: chondrocyte targeting, differentiation, skeletal development

## Proteoglycans

Decorin, biglycan, aggrecan, syndecan, KS, CS, HA, vitronectin  
GAG-mediated ECM interactions; regulating mineralization and collagen fibril formation; Pan-RTK inhibitions

## GPCRs

Transmembrane receptors responding to extracellular signals; bone/cartilage formation, resorption, and maintenance

## Inorganic Compounds

Direct binding to bone mineral phase; enhances retention in bone

## Glycoproteins

Calcium/hydroxyapatite binding; Integrin signaling, mineralization, osteoblast differentiation, and regeneration; osteonectin/calxin, bone-sialoproteins

## Membrane adhesion

Maintaining tissue integrity, cell behavior; integrins, cadherins, connexins

## Ion Channels

Bone metabolism and crystal formation

## Gla proteins

Ca binding, membrane interactions, and ECM anchoring

## Small leucine-rich proteoglycans (SLRPs)

ECM remodelling, osteogenesis, inflammation regulation, RTK/TLR signaling

# GAG-BASED TARGETING MECHANISMS

## Types of GAGs and their bone affinity

**Chondroitin sulfate (CS)** – *high affinity* - Major component of cartilage ECM; binds collagen and hydroxyapatite; supports mineralization (Periosteal bone)

**Heparan sulfate (HS)** – *high affinity* - Regulates growth factor signaling (e.g., BMPs, FGFs); involved in osteoblast differentiation

**Dermatan sulfate (DS)** – *high affinity* - Found in periosteum and connective tissue; modulates collagen fibrillogenesis

**Keratan sulfate (KS)** – *moderate affinity* - Present in cartilage; contributes to hydration and load-bearing

**Hyaluronic acid (HA)** – *low direct affinity* - Lubricates joints; scaffolding for cell migration

**Hyaluronan** – *moderate affinity* - Limited role in bone; may influence osteoclast activity and angiogenesis

*\*\*\*Sulfation pattern specifically affects the stemness of different stem cells*

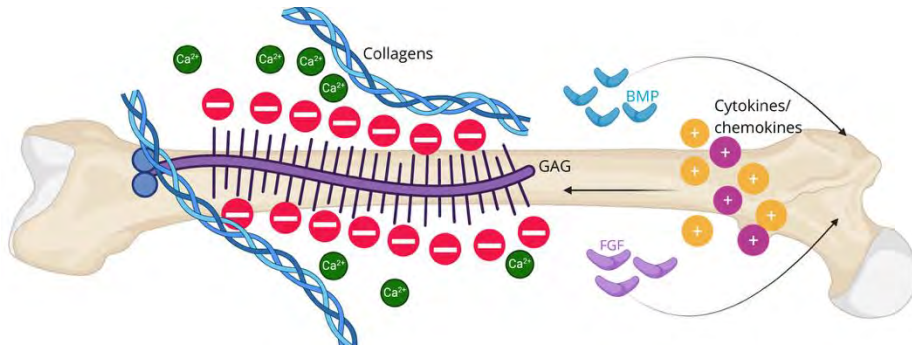
*\*\*\*GAG-regulated signal transduction affects the self-renewal of stem cells*

*(Celik, 2024; Orlińska et al, 2023; Chen et al, 2021)*

# GAG-BASED TARGETING MECHANISMS

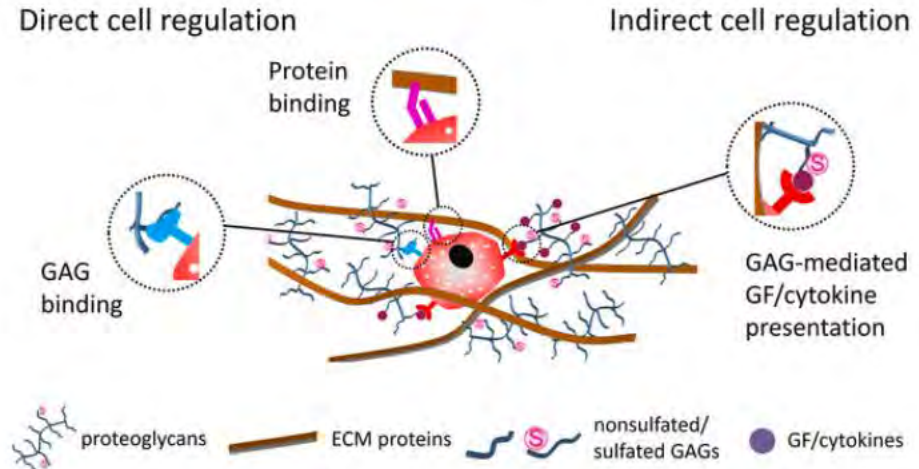
## 1. Electrostatic interactions

- Negatively charged functional groups:
  - Sulfate groups ( $-\text{SO}_3^-$ )
  - Carboxyl groups ( $-\text{COO}^-$ )
- Strong polyanionic character to interact with calcium ions, collagen fibrils, hydroxyapatite crystals, and positively charged proteins and growth factors (BMP, FGF, etc.)
- Sulfation pattern, chain length determine binding strength



**Fig.** Charge interactions.  
*Manuscript in preparation.*

## 2. Ligand-receptor binding



*(Torregrossa et al, 2021)*

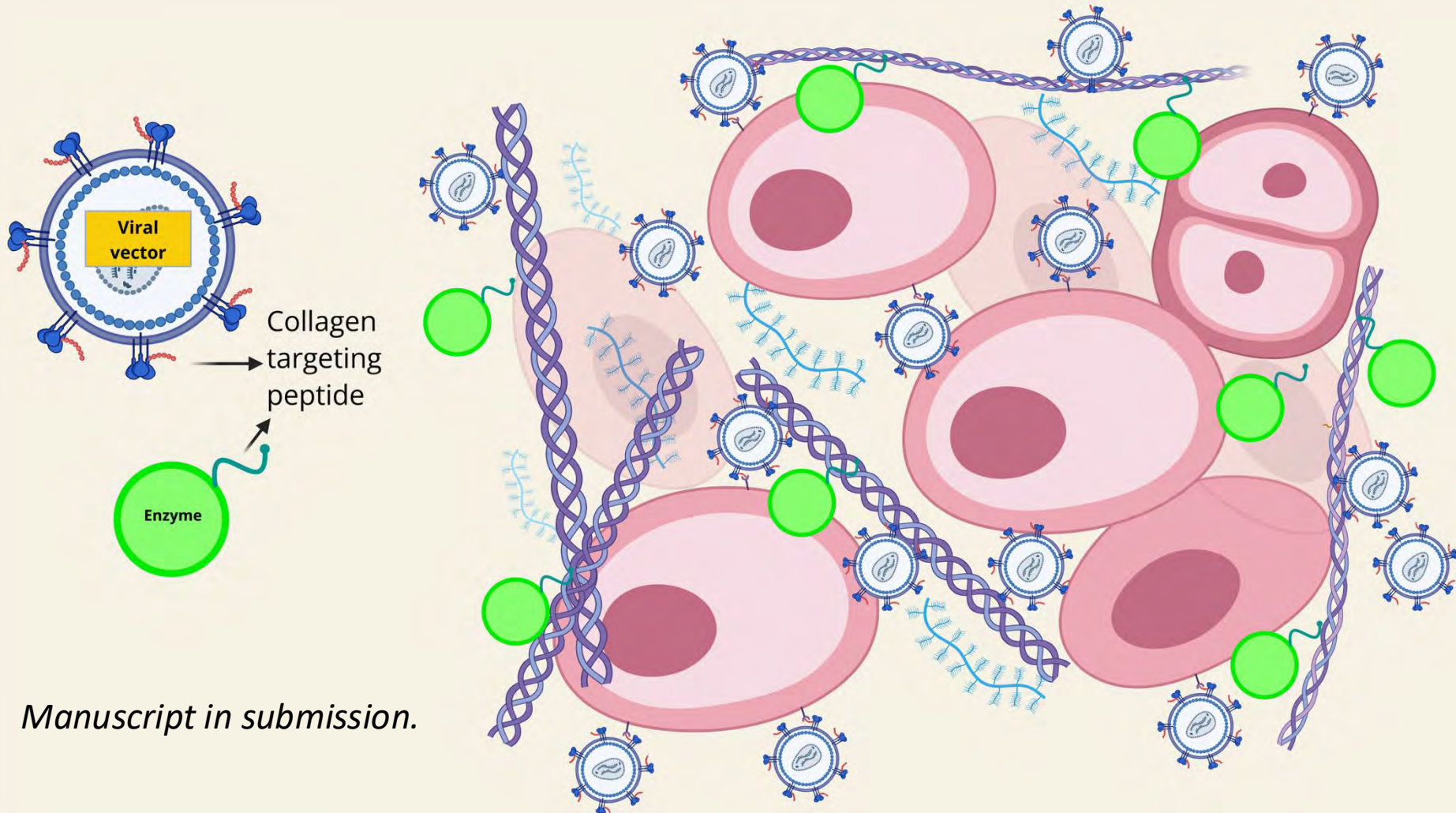
## 3. ECM retention

Sulfated HA extends the retention time of delivered growth factors through electrostatic interactions, thus contributing to the residence and bioavailability of protein-based drug formulations and promoting hMSC chondrogenesis in the osteoarthritis model. *(Feng et al, 2017)*

# COLLAGEN-BASED TARGETING MECHANISMS

Targeting collagen receptors or specific collagens in the ECM?

## 2. ECM Collagen Targeting



*Manuscript in submission.*

# APPLICATIONS IN LYSOSOMAL STORAGE DISORDERS

- LSDs like MPS I, MPS IVA, and MPS VII involve skeletal abnormalities due to the enzyme deficiency
- Conventional ERT is ineffective in bone and cartilage, while HSCT just ameliorates (but has side effects)
- Enhanced delivery of enzymes (e.g., BBB-targeting via transferrin) is required
- Acidic oligopeptides (e.g., AspSerSer), Hydroxyapatite-binding domains, and Gene therapy vectors with bone tropism are some other alternatives

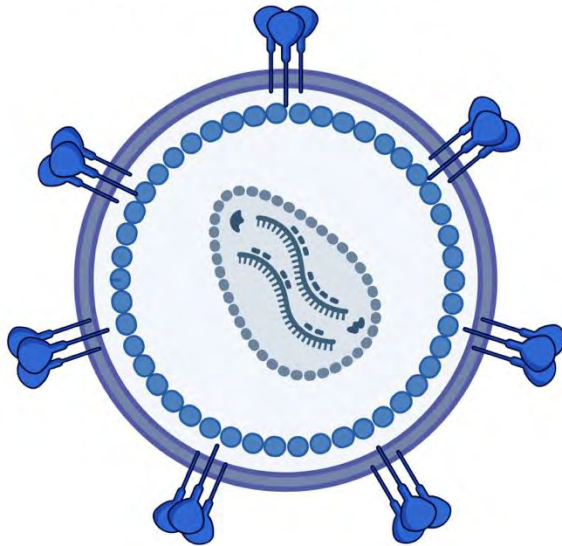
**Several therapies have been implemented: AAV, LV, CRISPR/Cas9, cell therapies, substrate reduction, chaperone, etc.**

**Which one is better for skeletal dysplasia?**

**WE STILL DON'T KNOW!**

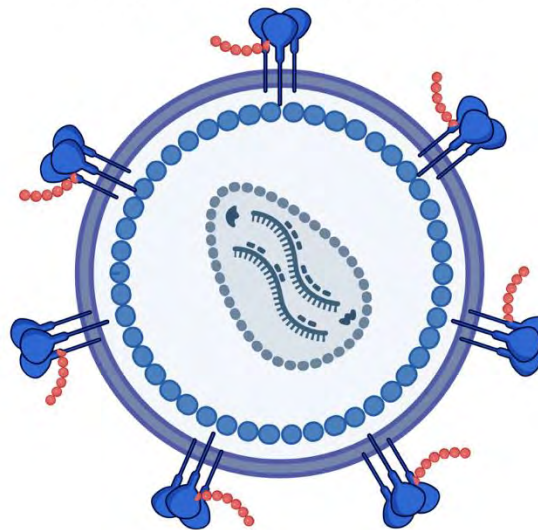
# LENTIVIRAL VECTOR-MEDIATED GENE AND CELL THERAPY APPROACHES

Conventional VSVG-LV



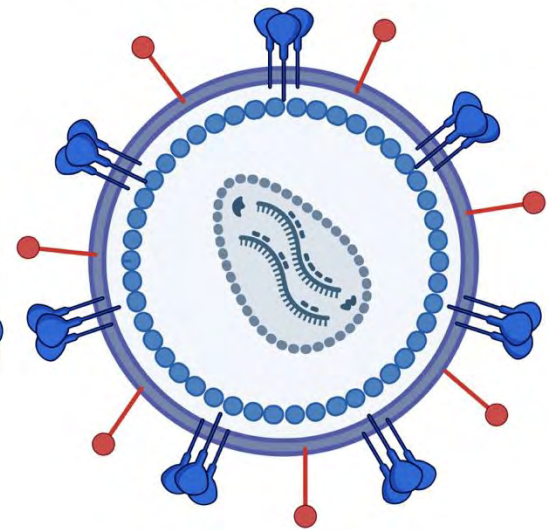
*(Celik et al, 2025)*

Collagen type II targeting-LV



*Manuscript in submission*

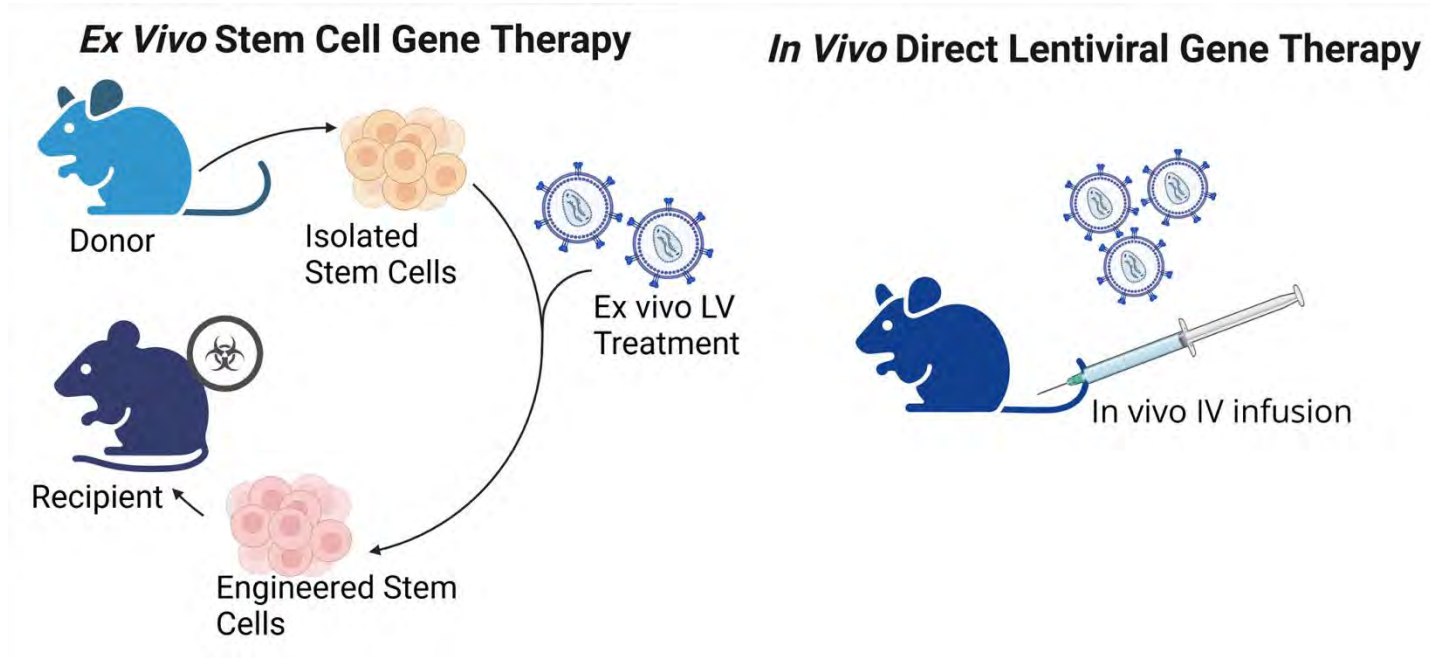
Immunity-shielded-LV



*Manuscript in preparation*

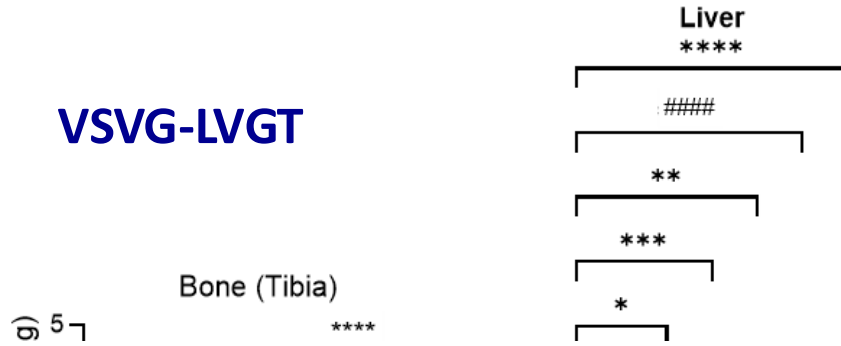
Designed a variety of LVs and gene expression cassettes.

# LENTIVIRAL VECTOR-MEDIATED GENE AND CELL THERAPY APPROACHES

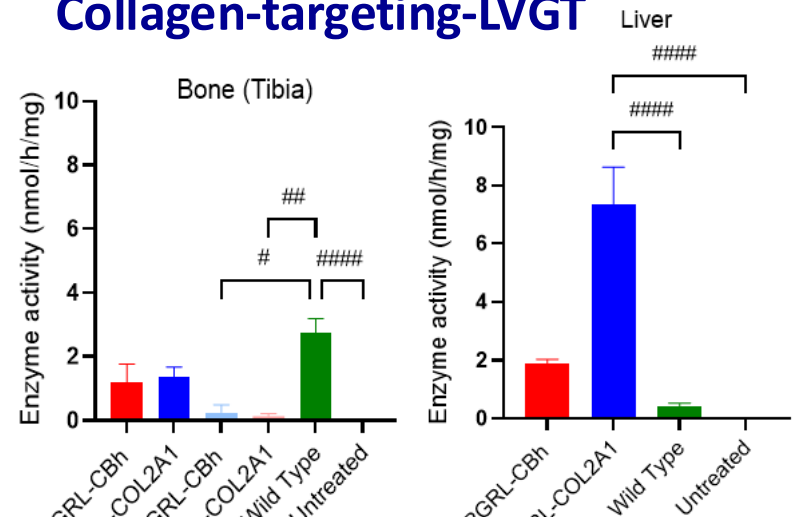


# WHAT WE FOUND WAS...

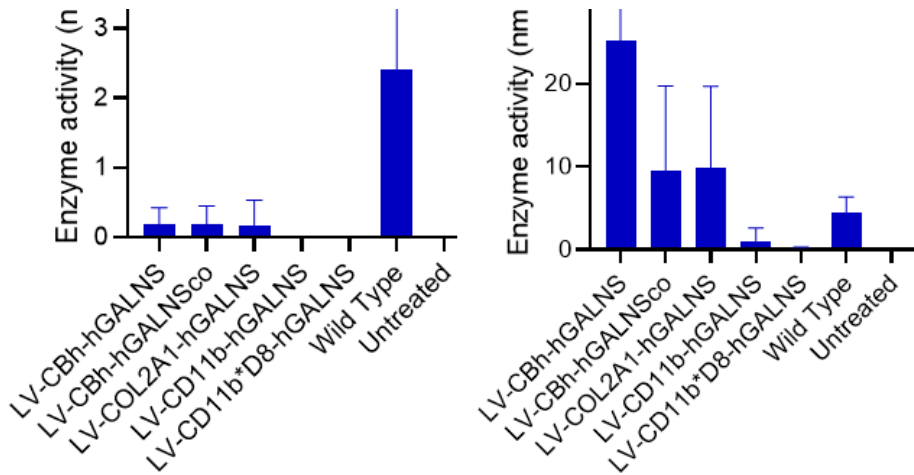
## VSVG-LVGT



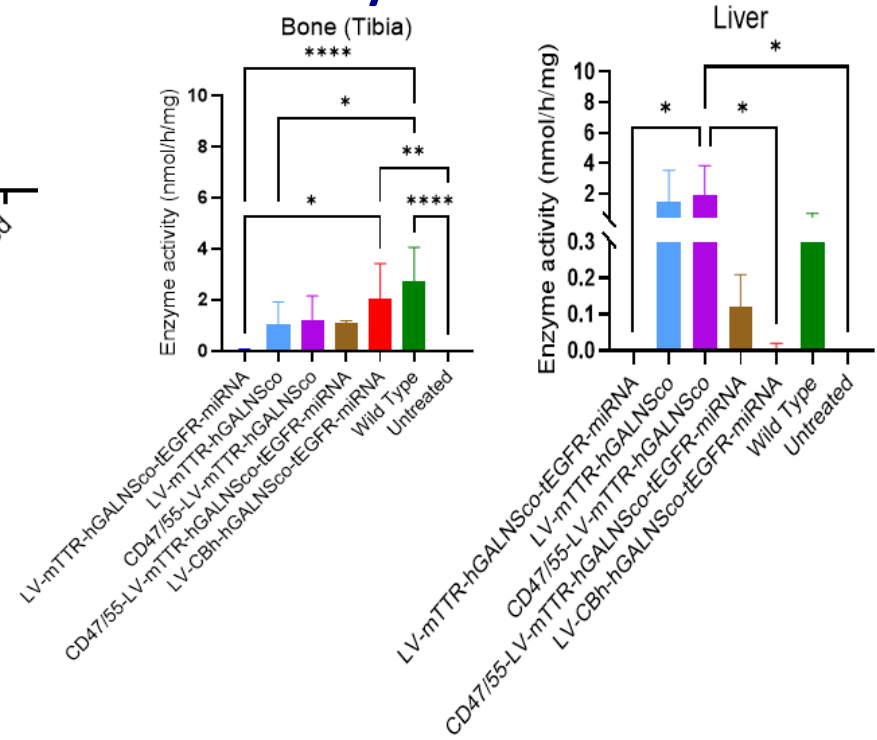
## Collagen-targeting-LVGT



**Fewer enzymes in bone, → incomplete pathological correction!**



## Immunity-shielded-LVGT

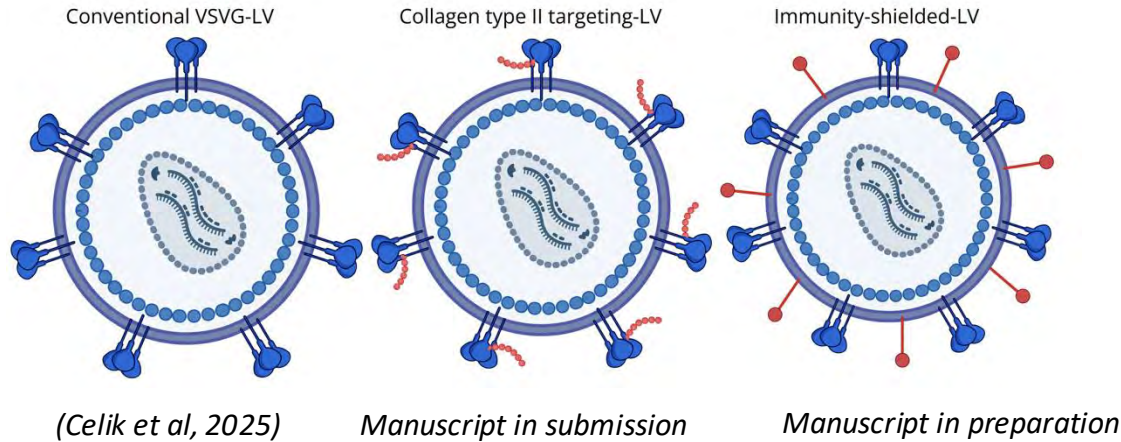


**Fig.** GALNS enzyme activity in bone and liver after IV infusion of VSVG-LV, collagen-targeting LV, immunity-shielded-LV

(Celik et al, 2025)

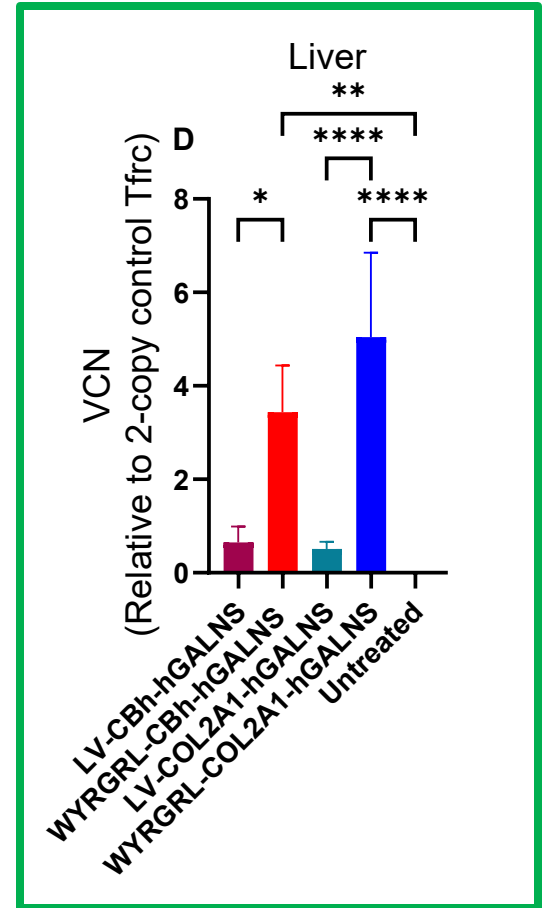
# WHY?

Established LVs – Hypothetically work, but not experimentally??



We proved that such peptides can increase the uptake of virus (VCN), but result in

- Lowering of enzyme activities in the liver and other tissues
- Not all the viruses are going to bone; stuck in the liver or spleen
- Changes in viral tropism
- Such a high level of gene uptake by the cell (liver in this case) might have a detrimental effect on the gene expression
  - A high number of viral integrations harms the gene expression



WYRGRL peptide increased VCN of LV-CBh by 5.3-fold and LV-COL2A1 by 9.8-fold

Manuscript in submission

# CHALLENGES AND FUTURE DIRECTIONS

Biological barriers

Immunogenicity and off-target effects

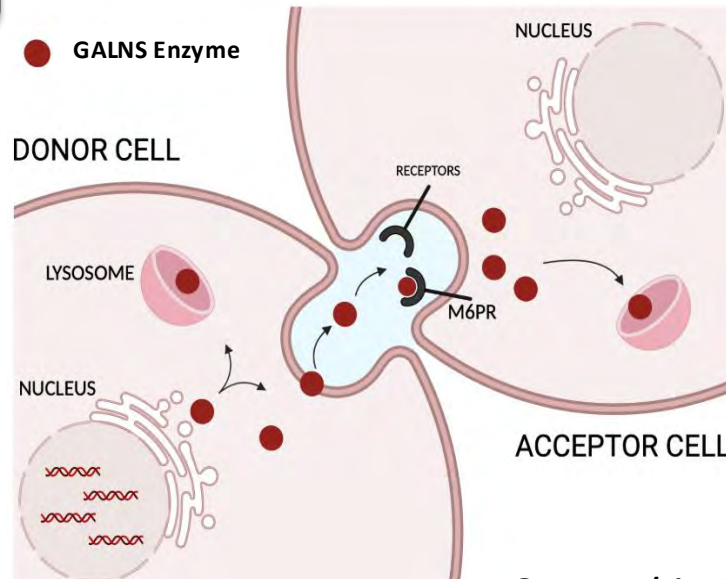
Clearance mechanisms of the lymphoid system, liver, spleen, and kidney; anti-transgene/viral antibody

Not many enzyme/LVs/HSCs reach the bone

The complexity of the gene expression cassette results in poor production of proteins

Distribution issues and the cross-correction, tissue-related, cartilage avascularity

Delivery route



*Created in Biorender*

# CONCLUSIONS

None of these preclinical studies fully corrected bone pathology, but other tissues; molecular mechanisms behind the cartilage and bone development should be deeply analyzed

Ligands should be selected based on cross-reactivity, distinguished-unique sequences, and tested in systemic delivery

Gene or cell therapies may not be sufficient to improve the disease alone. They should be combined with ligands, hormones, antibodies, and other similar compounds.

# ACKNOWLEDGEMENT

**Prof. Shunji Tomatsu**

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Nidhi FNU (PhD candidate)  
Angelica Herreno Pacheco (PhD candidate)  
Amali Karanuthilaka (PhD candidate)  
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Dione Holder (Master's student)



Turkish Ministry  
of Education



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4R44HD102242-02



**THANKS!**

# Base editing and prime editing to address genetic disease

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ASSISTANT PROFESSOR, DEPARTMENT OF GENETIC  
MEDICINE, JOHNS HOPKINS SCHOOL OF MEDICINE

# Disclosures

Gregory Newby has no relevant financial relationships with ineligible companies to disclose.

This continuing education activity is provided by AffinityCE, The Lysosomal and Rare Disorders Research and Treatment Center (LDRTC), and CheckRare CE. AffinityCE, CheckRare CE and LDRTC staff, planners, and reviewers, have no relevant financial relationships with ineligible companies to disclose. AffinityCE adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible companies. All relevant financial relationships when present, have been mitigated by the peer review of content by non-conflicted reviewers prior to the commencement of the activity.

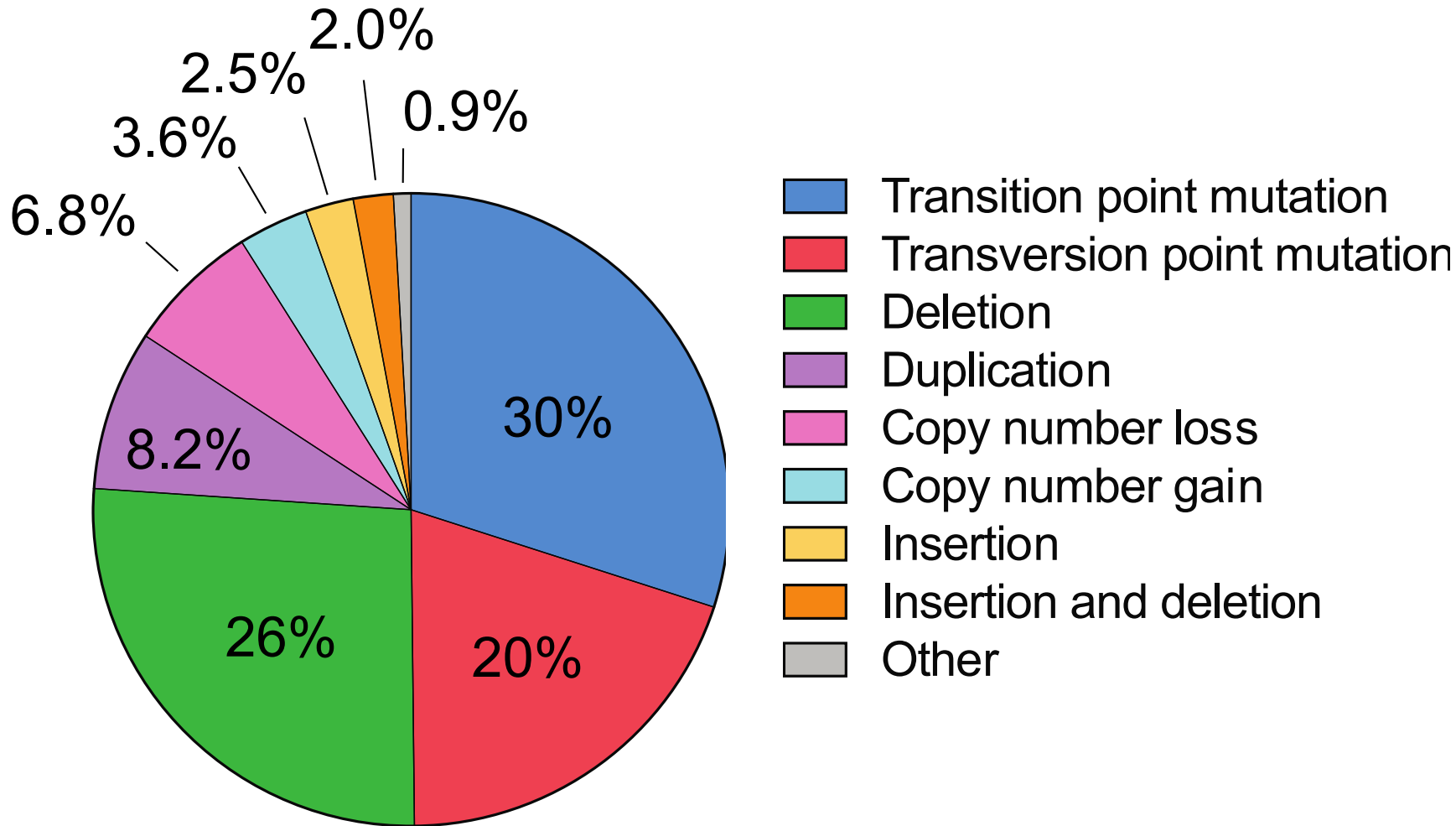
This activity has been supported by educational grants from commercial supporters. Please see the final program for a list of all supporters.

# Learning OBJECTIVES

At the conclusion of this activity, participants will be able to:

1. Differentiate genome editing through nucleases, base editors, and prime editors
2. Identify delivery tools that have been successful in enabling in vivo genome editing in mice
3. Evaluate the prospects of editing to treat genetic diseases

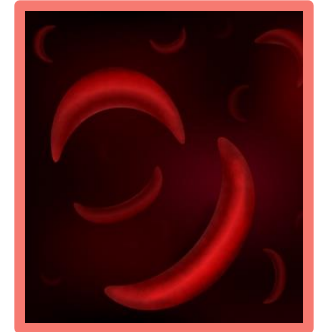
# Pathogenic Human Genetic Variants



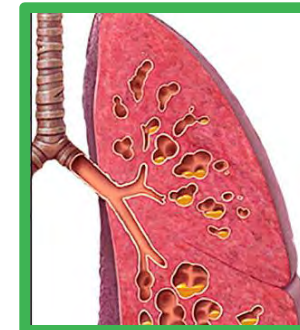
LMNA c.1824C→T



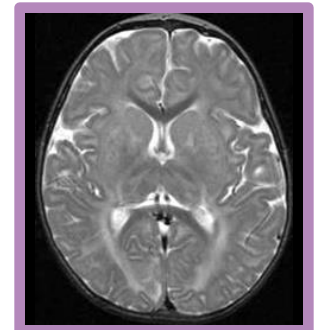
HBB E6V(A→T)



CFTR ΔF508

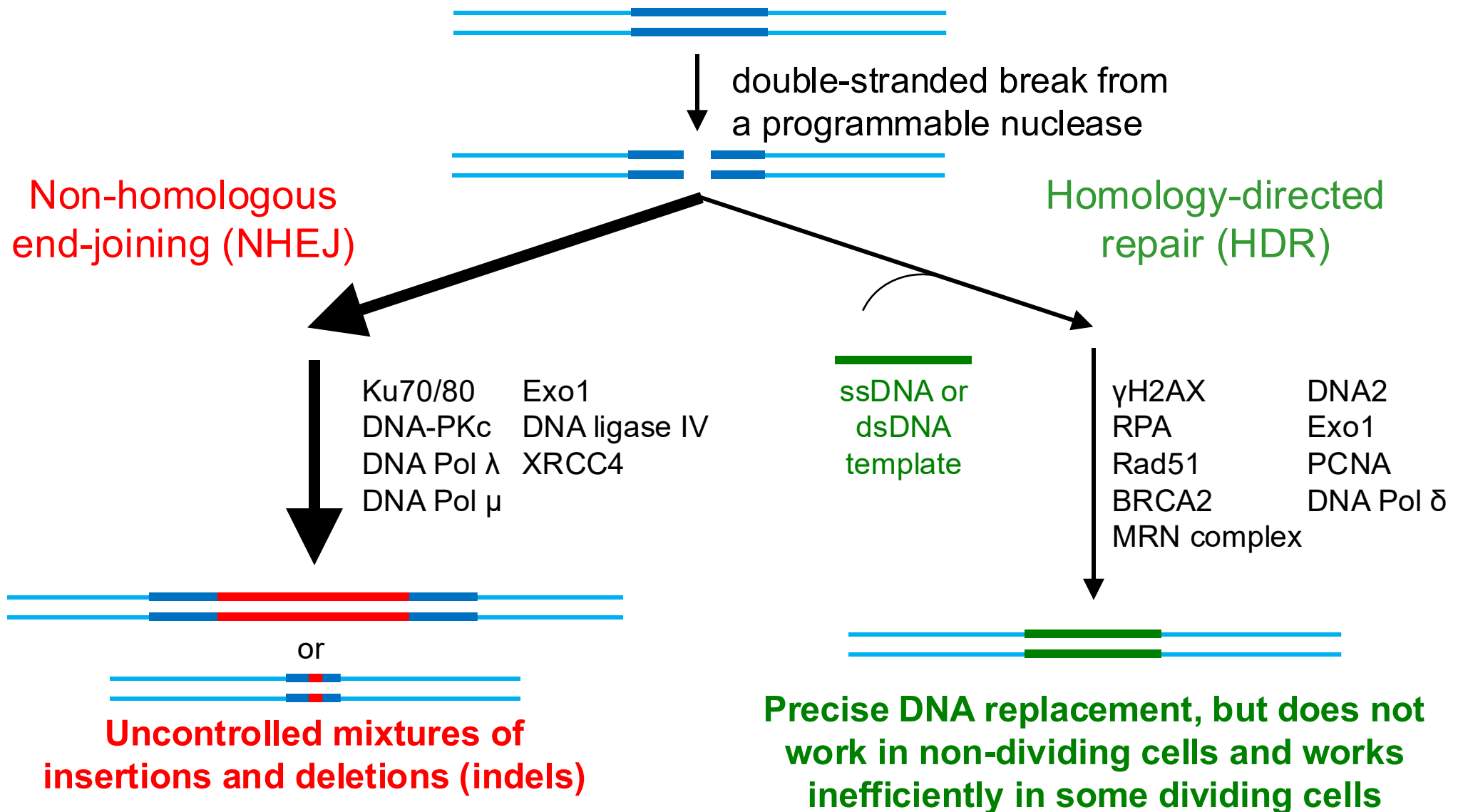


HEXA c.1278+TATC



>250,000 pathogenic or likely pathogenic variants

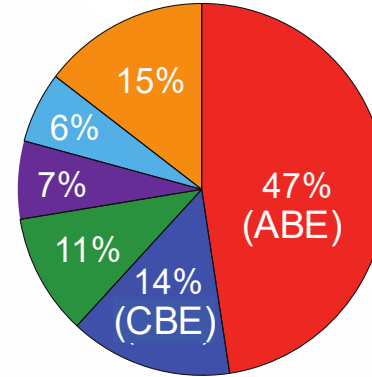
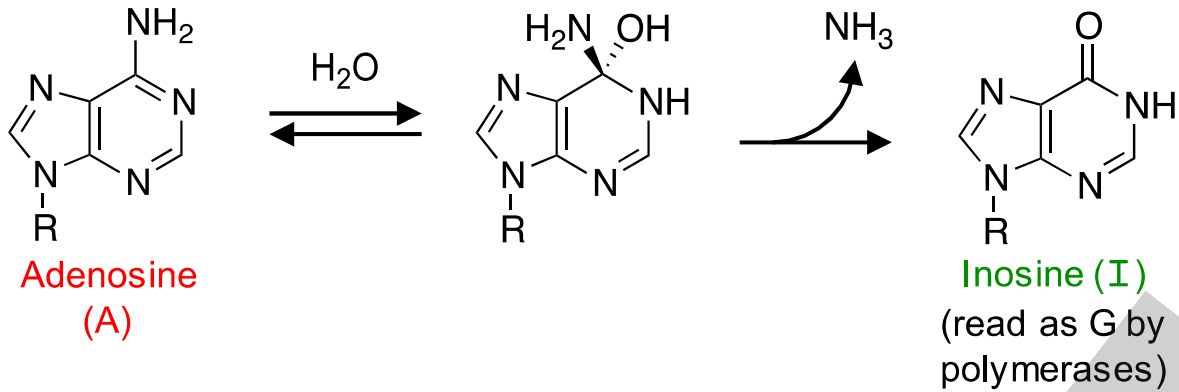
# Genome Editing Using Double-Stranded DNA Breaks



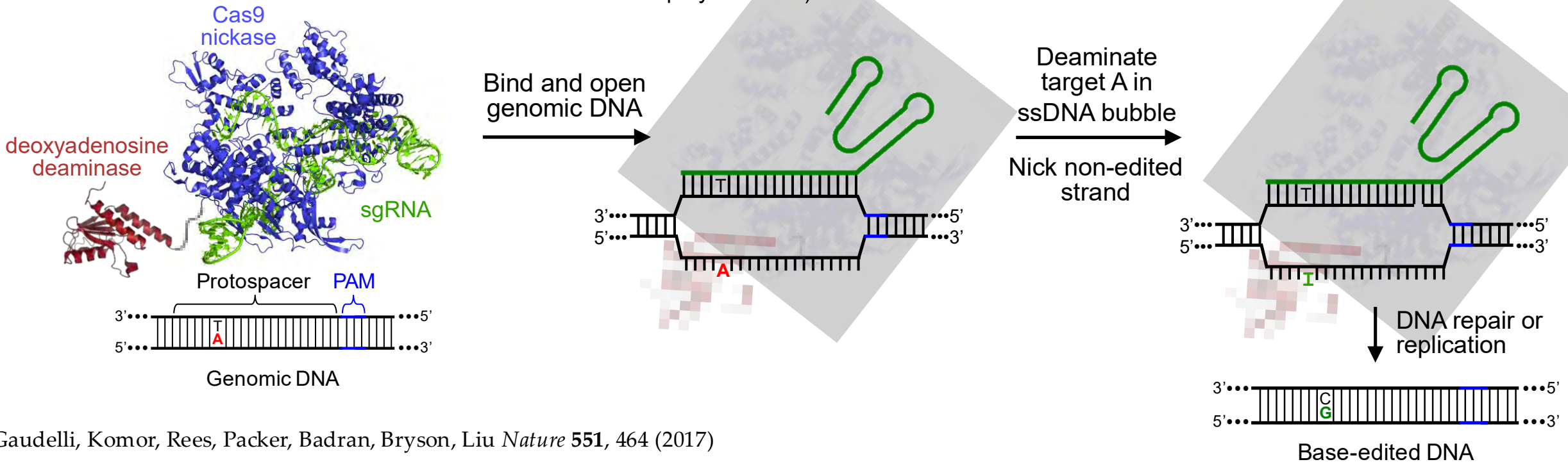
Choulika, Perrin, et al., *Mol. Cell. Biol.* **15**, 1968 (1995)

Rouet, Smih, & Jasin, *Mol. Cell. Biol.* **14**, 8096 (1994); Lukacsovich, Yang, et al., *Nucl. Acids Res.* **22**, 5649 (1994)

# Development of the Adenine Base Editor (ABE)



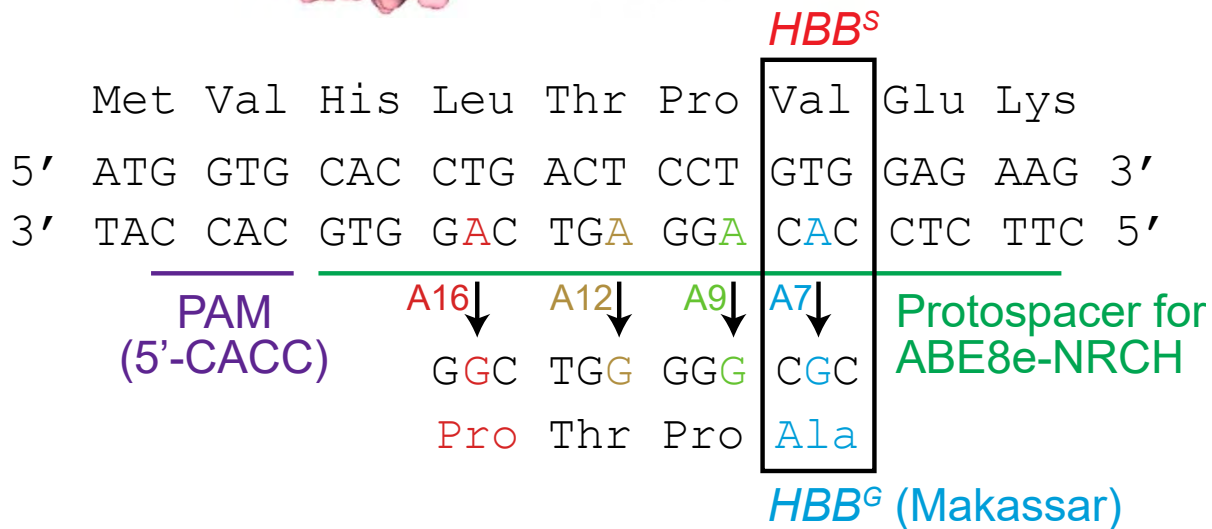
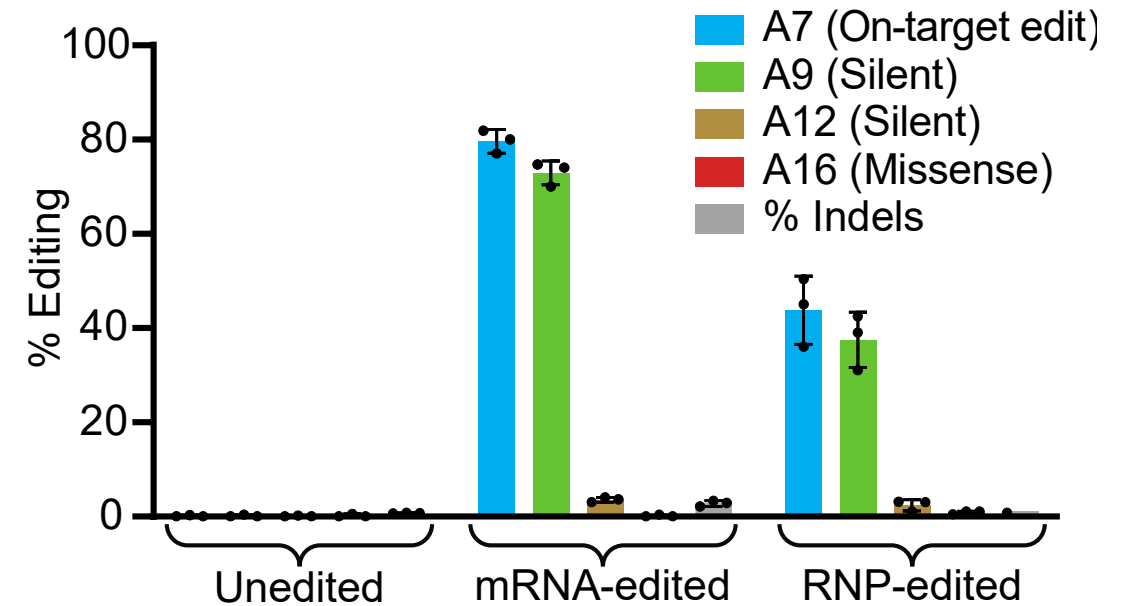
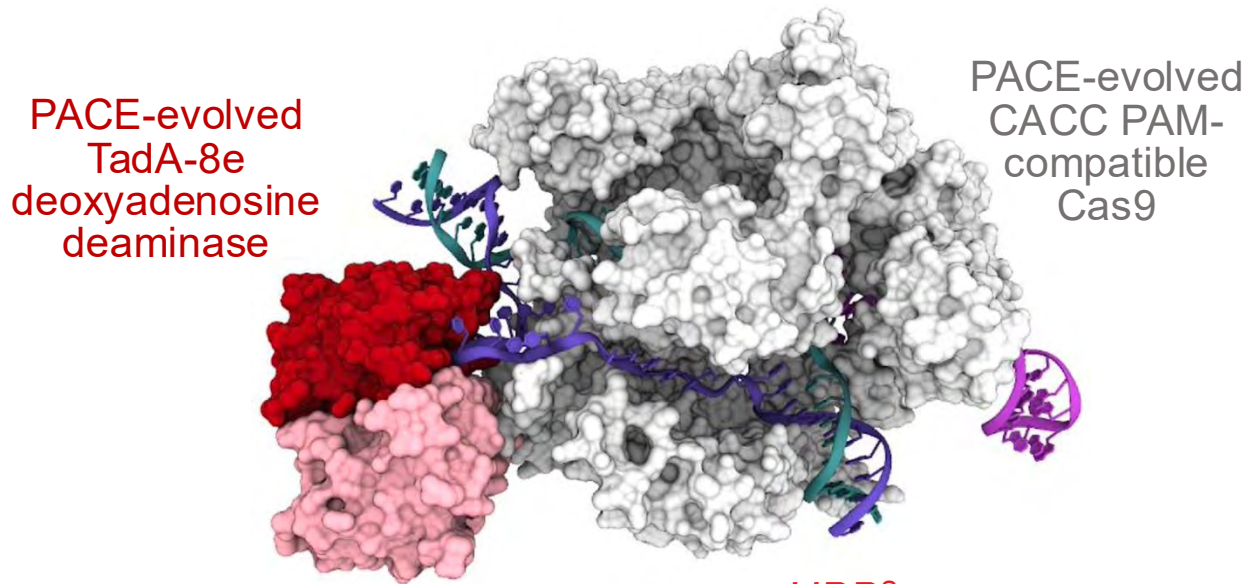
- Pathogenic human SNPs
- Corrected by A•T → G•C
  - Corrected by C•G → T•A
  - Corrected by C•G → G•C
  - Corrected by A•T → T•A
  - Corrected by C•G → A•T
  - Corrected by A•T → C•G



Gaudelli, Komor, Rees, Packer, Badran, Bryson, Liu *Nature* **551**, 464 (2017)

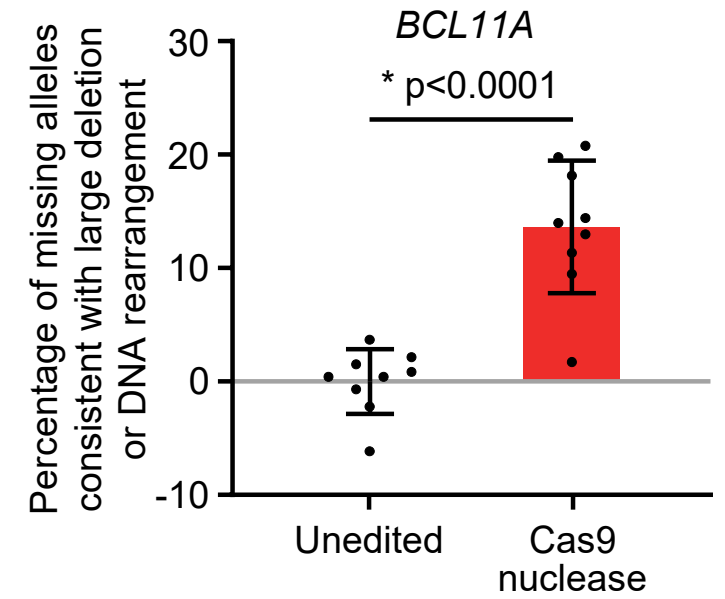
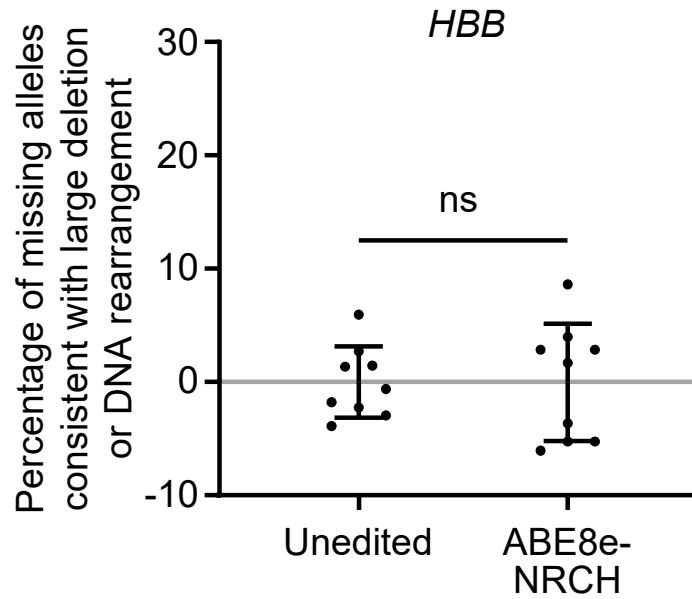
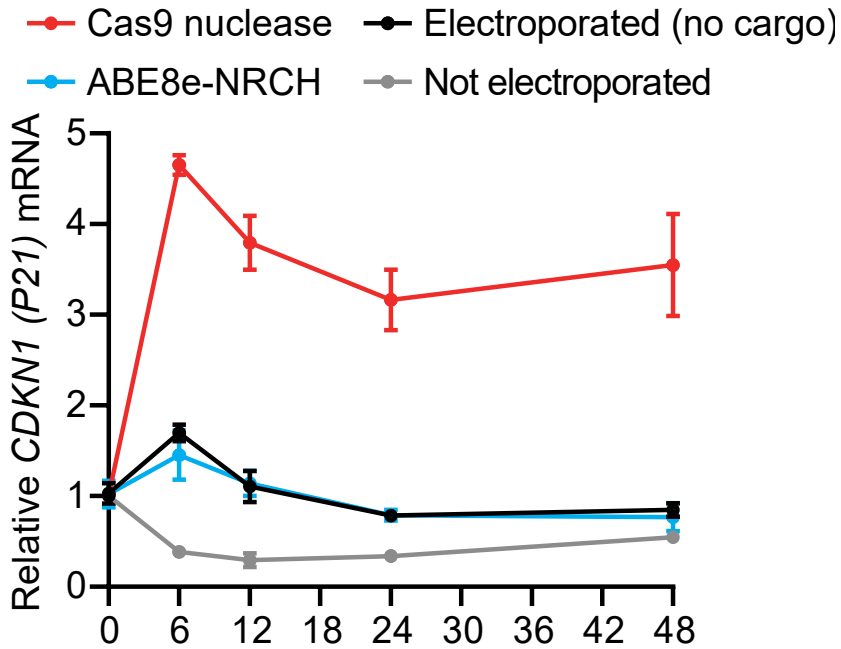
Richter, Zhao, Eton, Lapinaite, Newby, Thuronyi, Liu, *et al.*, *Nature Biotechnology* **38**(7), 883-891 (2020)

# ABE Converts $HBB^S$ to Benign $HBB^G$ in SCD Patient HSPCs



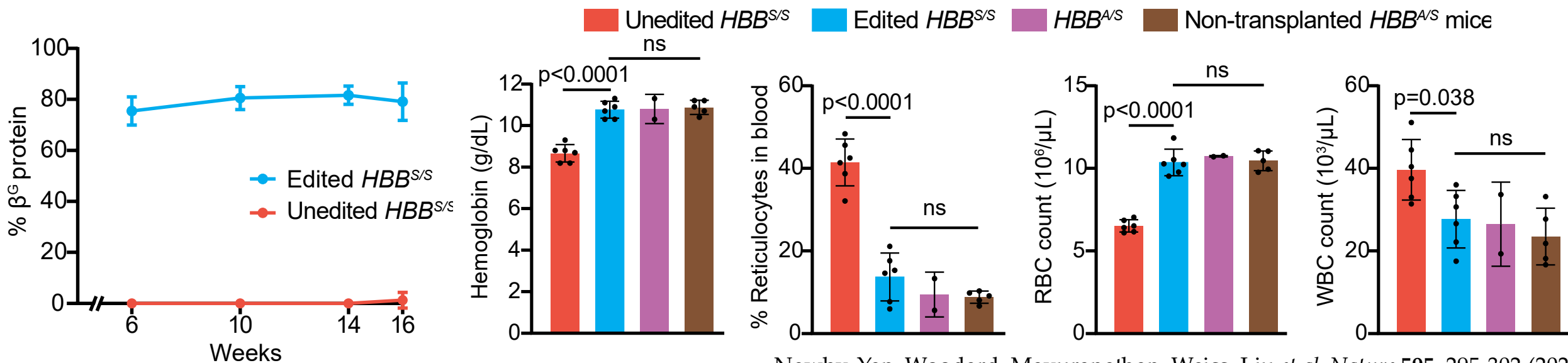
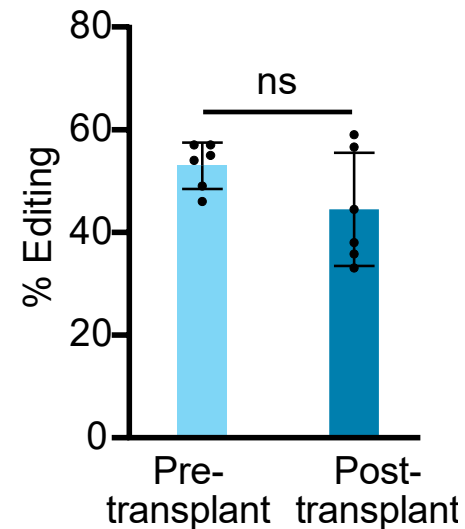
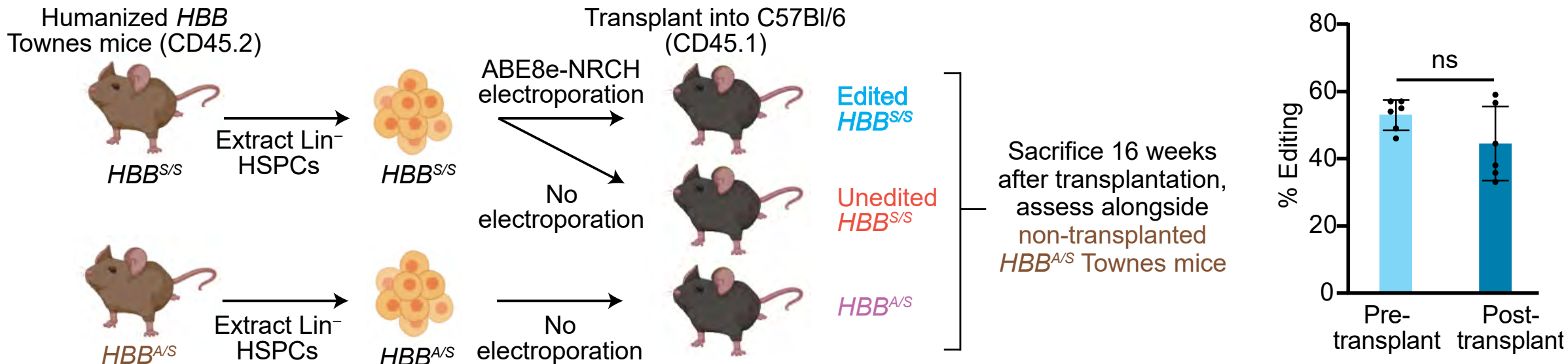
- ABE8e-NRCH mRNA or RNP electroporated *ex vivo* into human SCD patient hematopoietic stem and progenitor cells converts  $HBB^S$  to naturally occurring non-pathogenic  $HBB^G$
- 80% editing efficiency, <3% indels or missense

# DNA Damage Response and Target Site Disruption Following Cas9 Nuclease vs. ABE Treatment



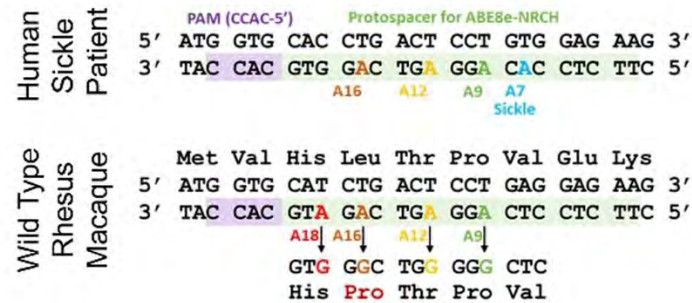
- *CDKN1 (P21)* RT-ddPCR shows 2.7- to 4.2-fold higher p53 DNA damage response in human HSPCs from treatment with *BCL11A* enhancer-targeted Cas9, but no change for *HBB*-targeted ABE8e-NRCH
- Droplet digital PCR quantification of the target locus relative to a non-targeted control locus shows 14% allele loss from *BCL11A* enhancer-targeted Cas9, but no loss for *HBB*-targeted ABE8e-NRCH

# Transplantation of Edited SCD Mouse HSPCs into Mice Rescues Hematological Defects

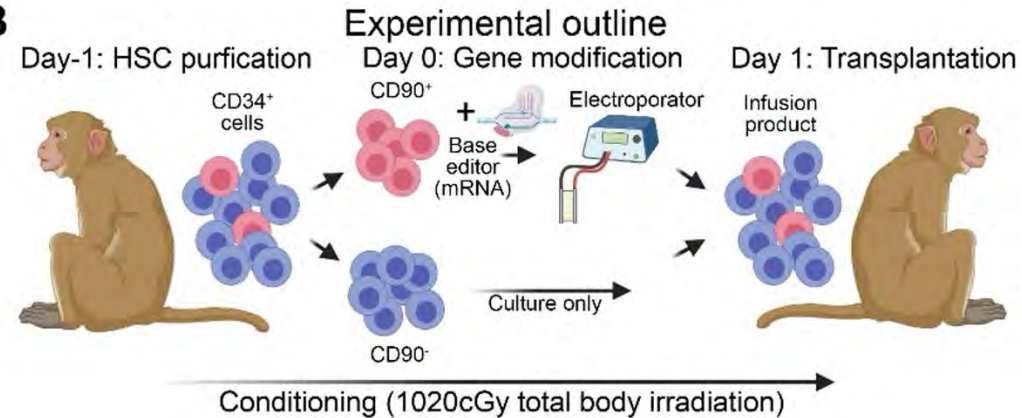


# Autologous transplantation into Rhesus macaques

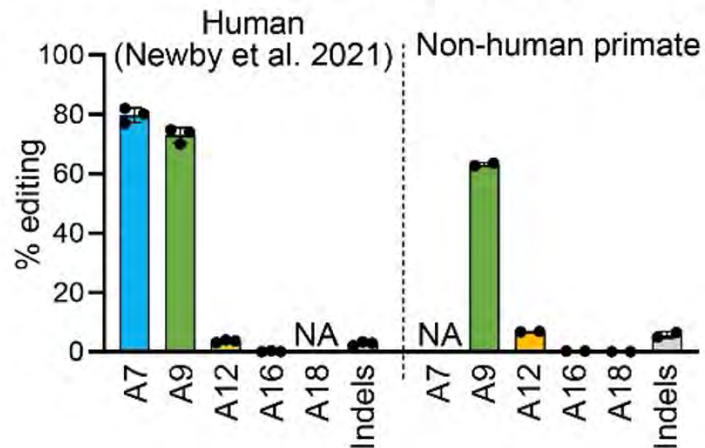
## A Editing strategy in human and NHP



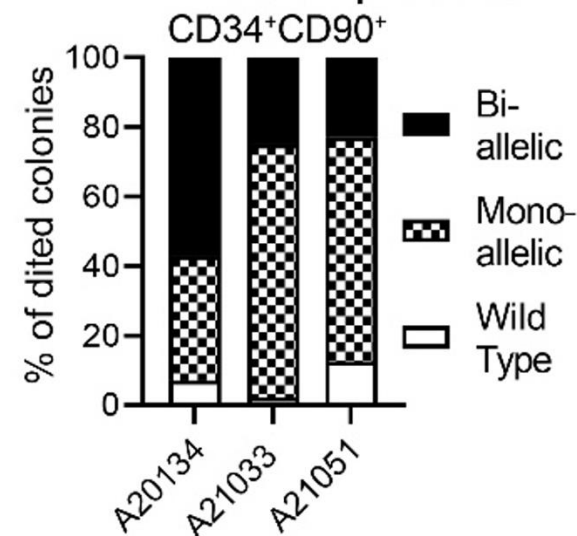
## B



## C Comparison of editing in human vs NHP HSPCs

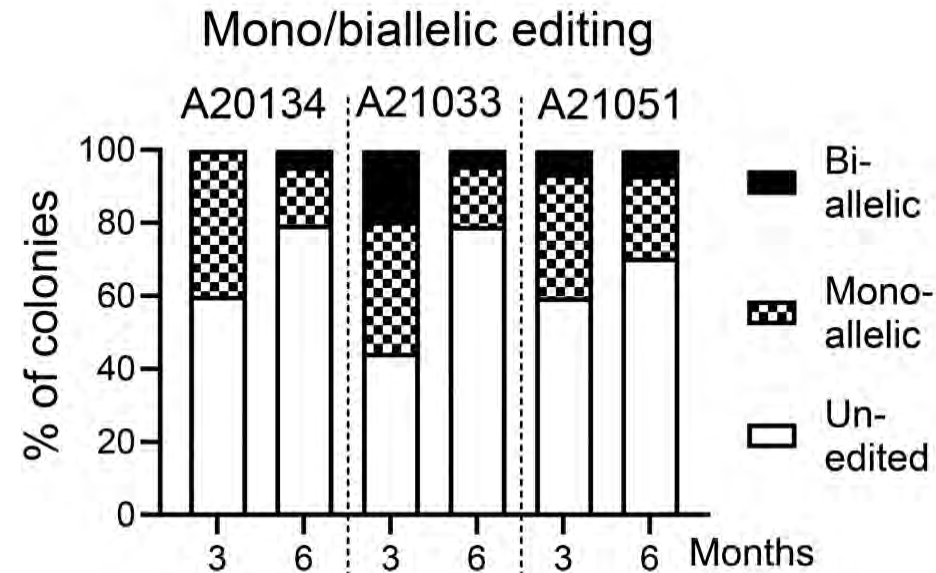
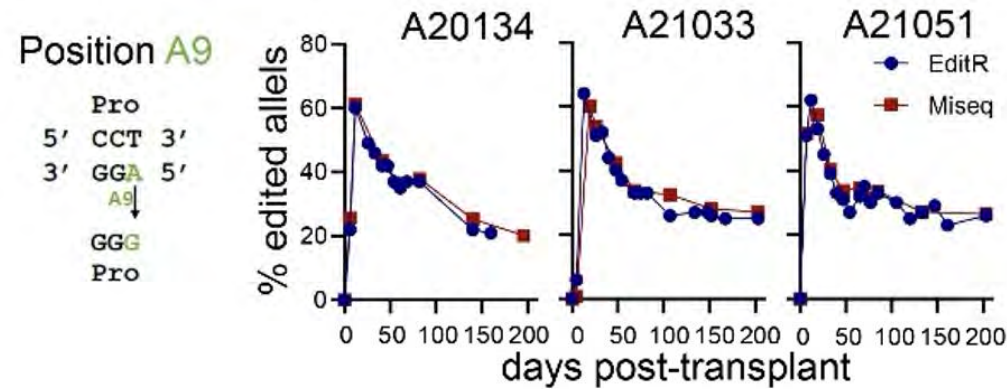


## B Mono-/bi-allelic editing in infusion product

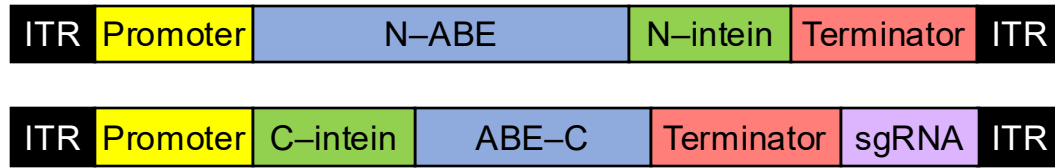


# Autologous transplantation into Rhesus macaques

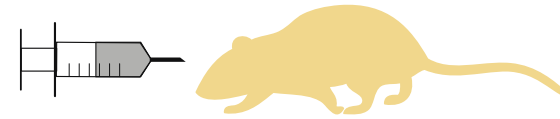
Editing over 6 months following infusion of edited cells



# *In Vivo* Dual-AAV Delivery of Base Editors to Correct Progeria



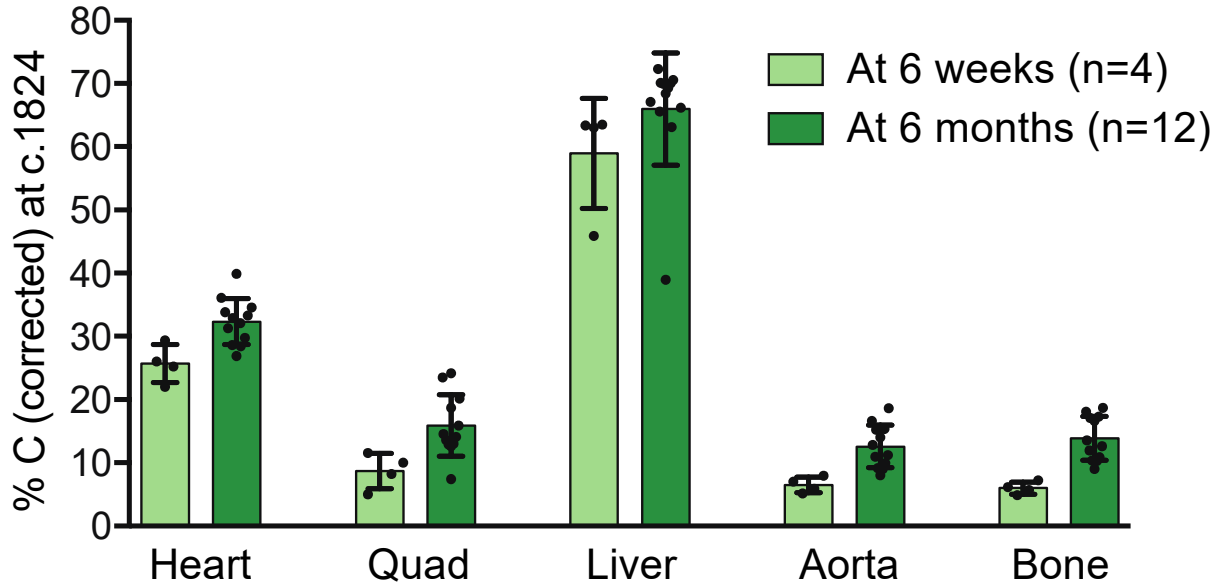
Optimized v5 split-intein ABE dual AAV9



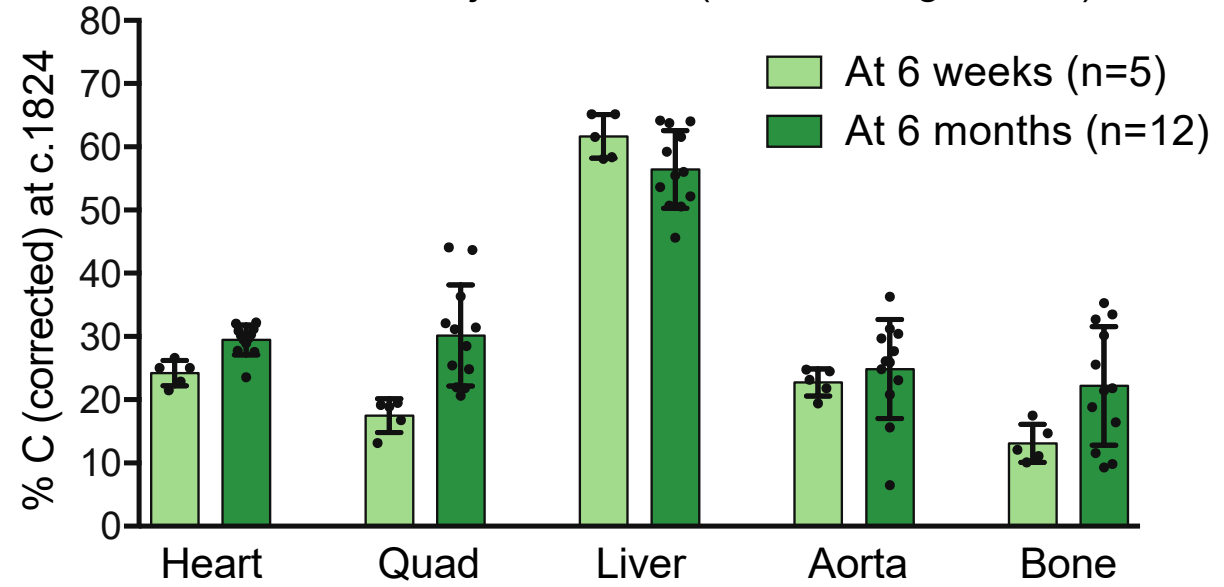
Dual-copy human *LMNA*  
c.1824 C>T (progerin) mice

ABE AAV9 injection routes  
 $10^{11}$  total vg P3 retro-orbital  
 $10^{12}$  total vg P14 retro-orbital  
 $10^{12}$  total vg P14 intraperitoneal

P3 RO-injected mice ( $10^{11}$  total vg/mouse)



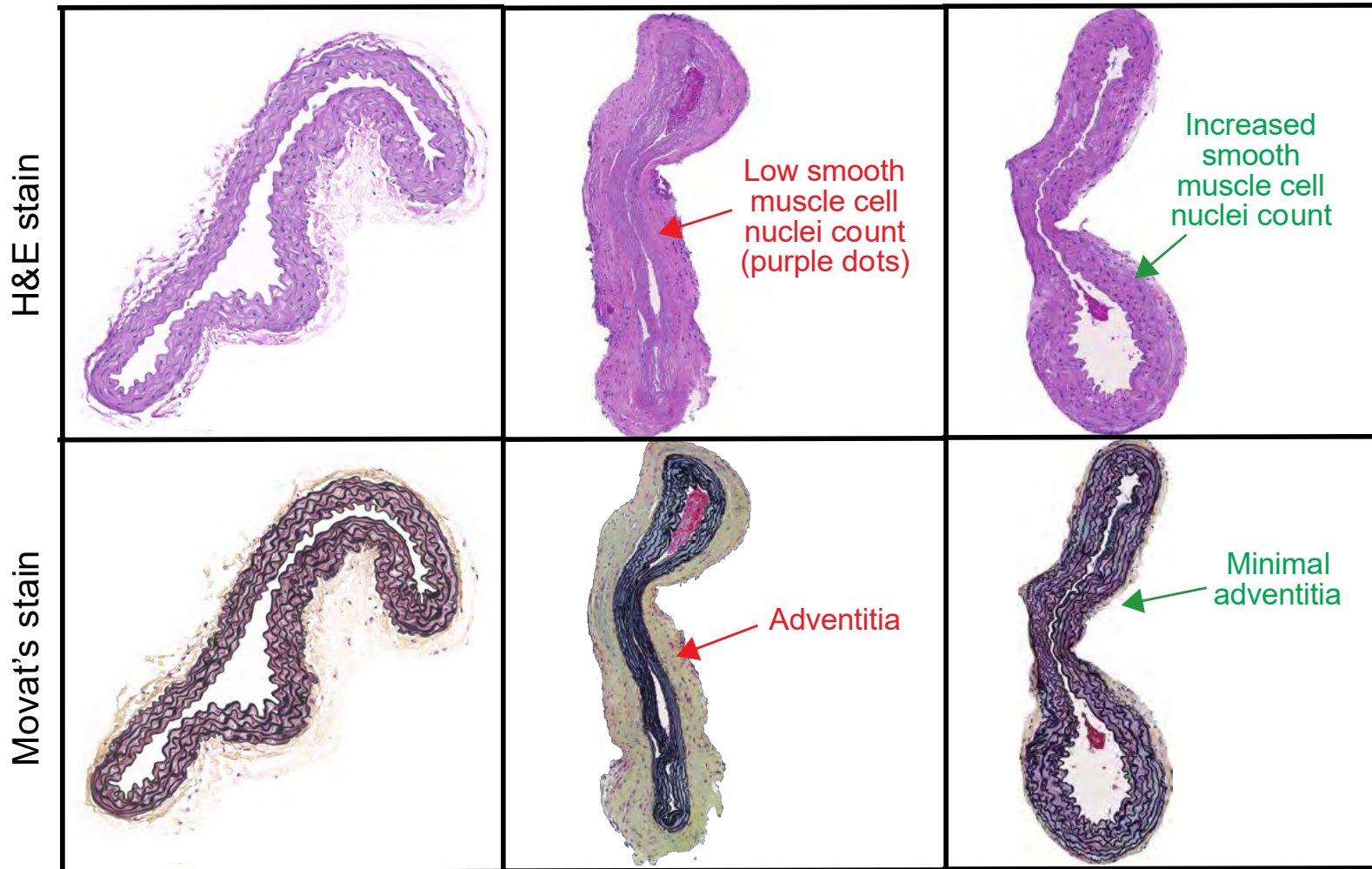
P14 RO-injected mice ( $10^{12}$  total vg/mouse)



Koblan, Erdos, Wilson, Cabral, Levy, Xiong, Tavaraz, Davison, Gete, Mao, Newby, Lin, Gordon, Cao, Collins, Brown, Liu *et al. Nature* **589**, 608 (2021)

Dual AAV BE delivery system: Levy, Yeh, Pendse, Davis, Liu *et al. Nat. Biomed. Eng.* **4**, 97 (2020); single-copy HGPS mouse: Varga, Collins *et al. PNAS* **103**, 3250 (2006)

# Single-Dose *In Vivo* ABE Treatment Improves Aorta Pathology

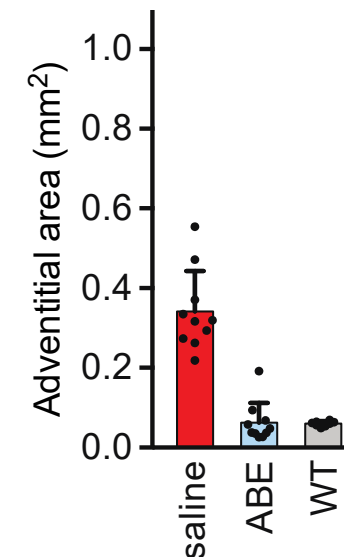
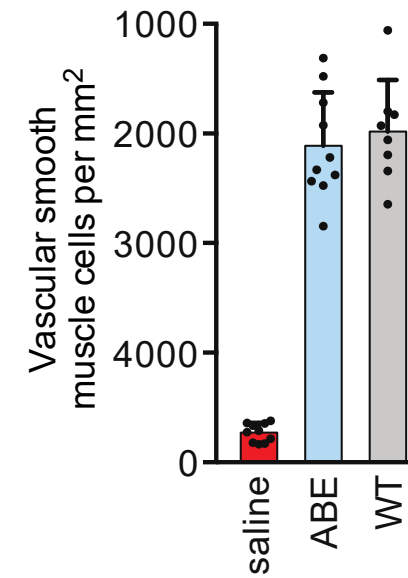


Wild-type mouse  
6 months old

P14 saline-injected  
progeria mouse at 6 mo.

P14 ABE AAV-injected  
progeria mouse at 6 mo.

P14-injected (n=10-12) vs. WT



# ABE Treatment Rescues Progeria Animal Function and Vitality

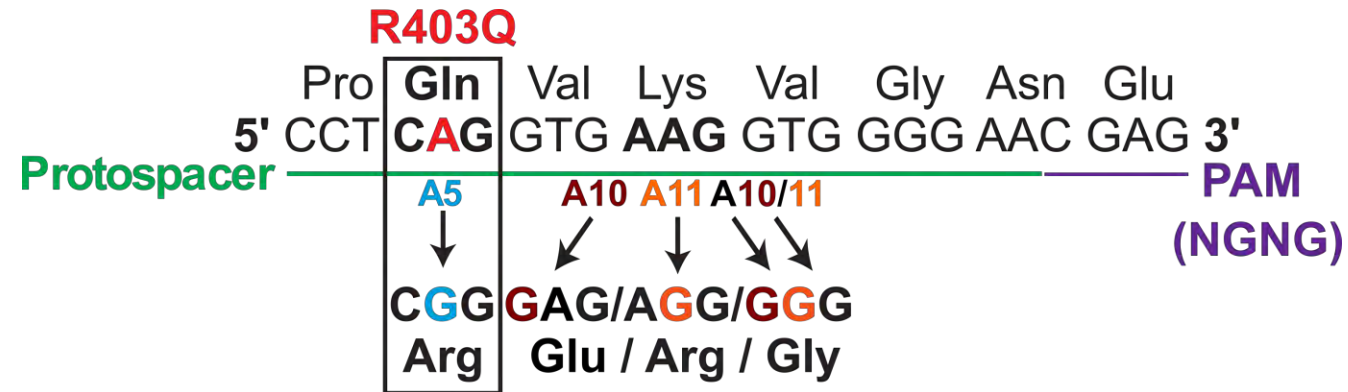
Untreated progeria mouse  
at 7.5 months old (end of life)



P14-injected ABE-treated progeria  
mice at ~11 months old



# Base editing to correct a hypertrophic cardiomyopathy mutation in *MYH7*



## N-terminal AAV Vector Architecture

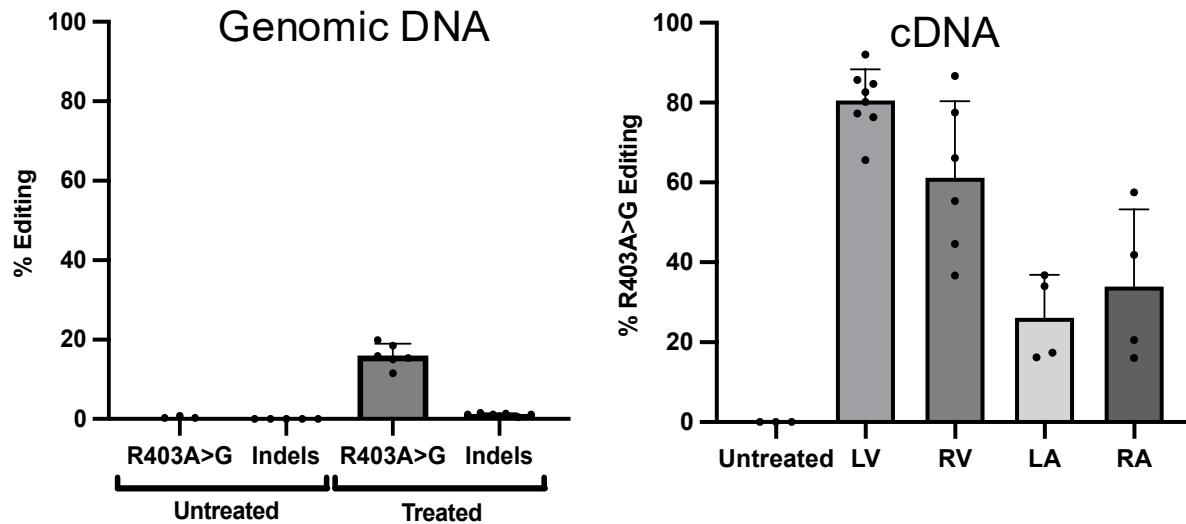


## C-terminal AAV Vector Architecture

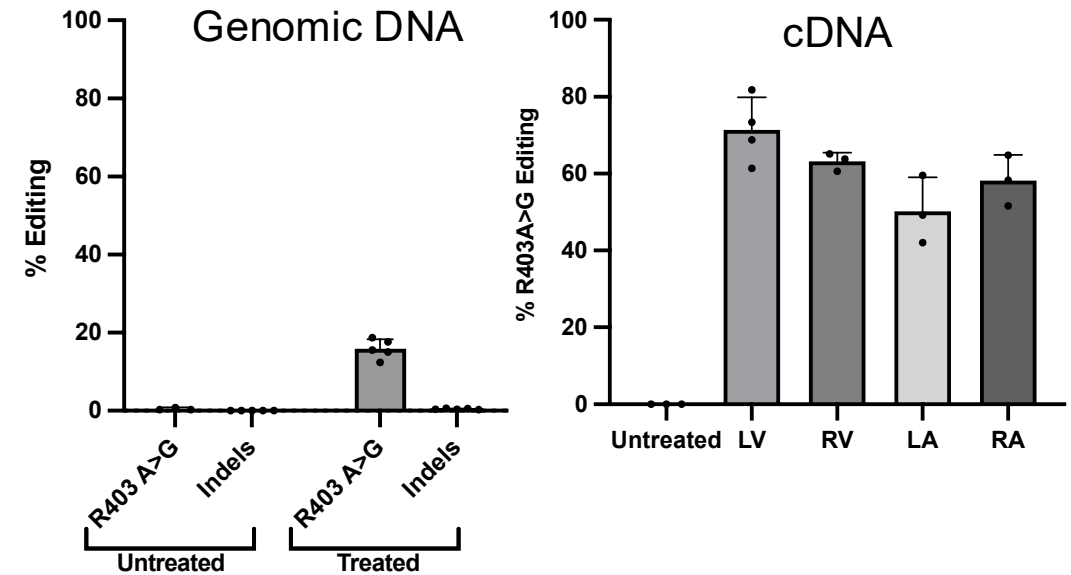


# Two doses lead to substantially more editing in the atria

One dose

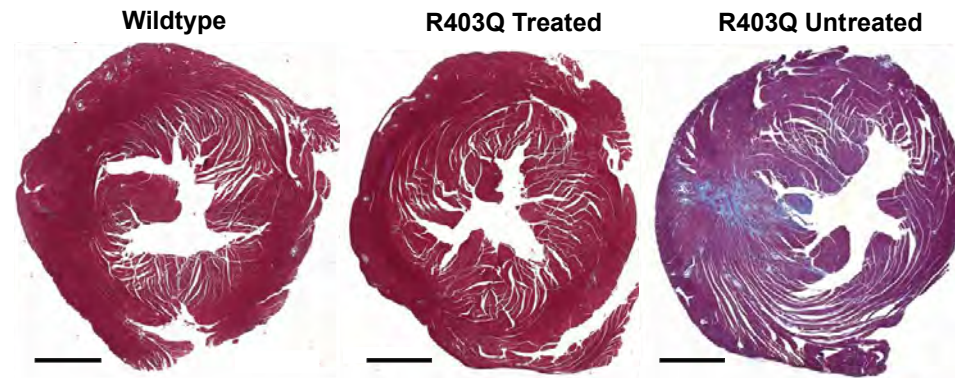
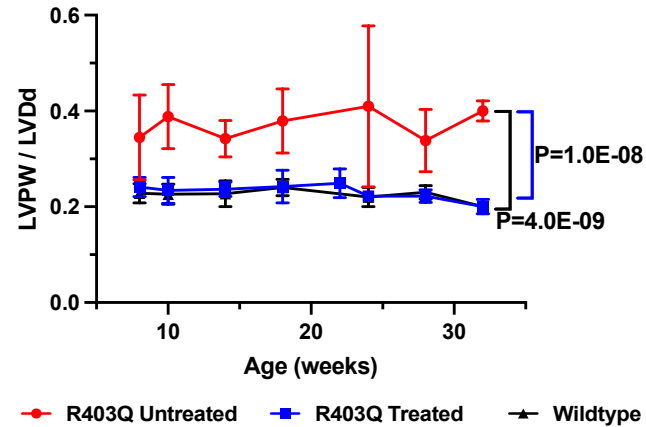


Two doses

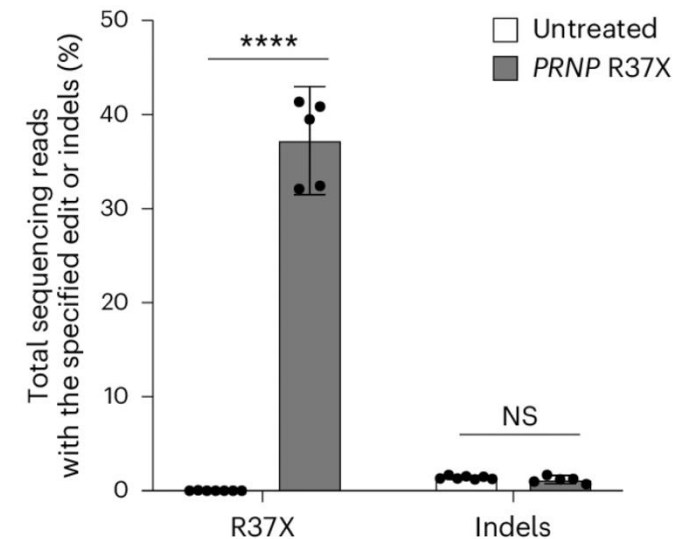
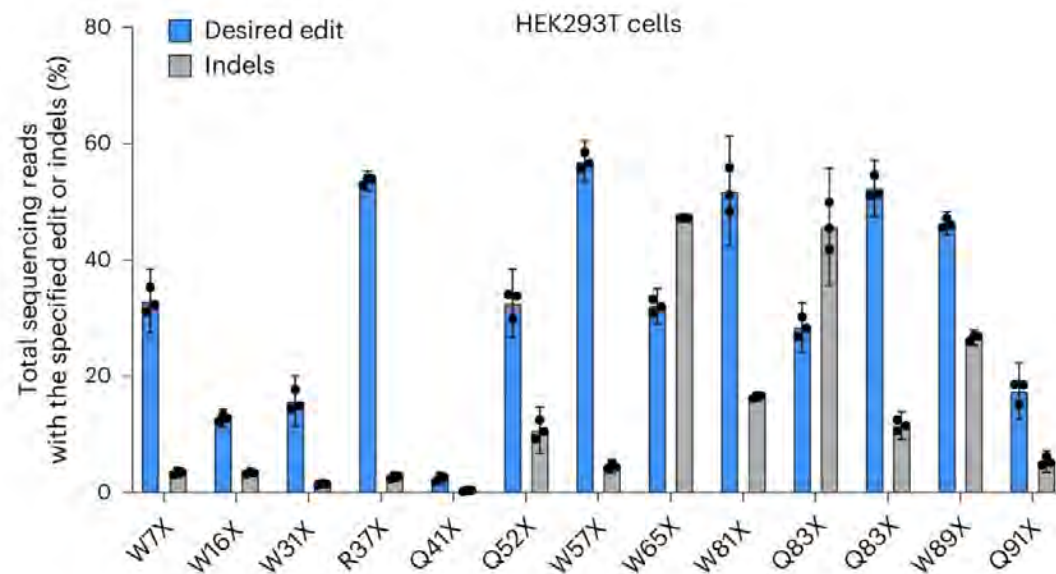
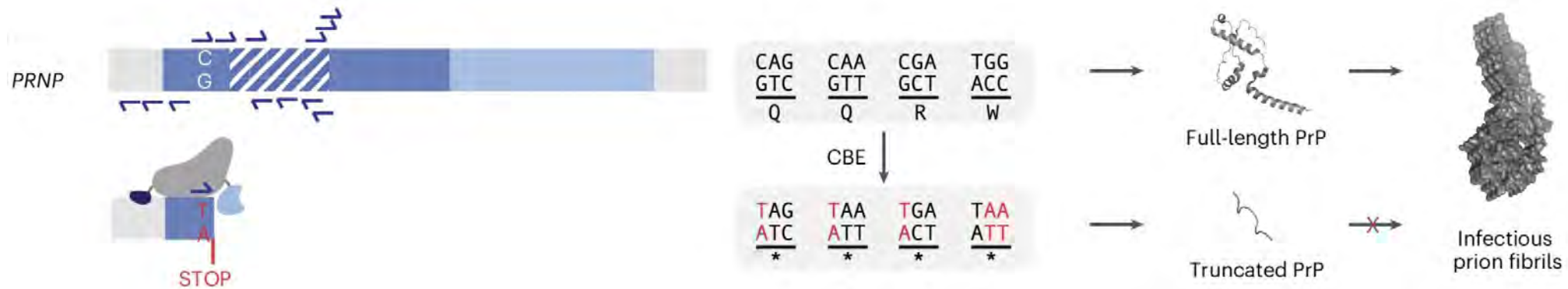


- Mice dosed at 2 weeks of age, editing quantified at 30 weeks.  $2.5 \times 10^{13}$  vg/kg dosed intrathoracically

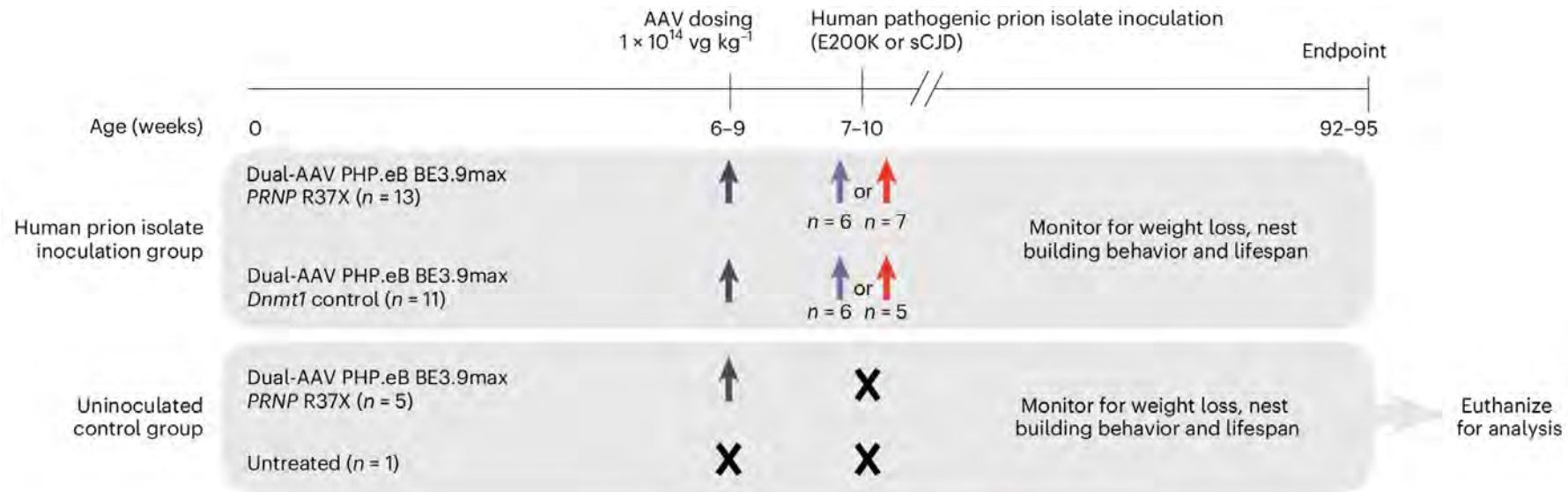
# One or two doses fully prevent hypertrophy and fibrosis



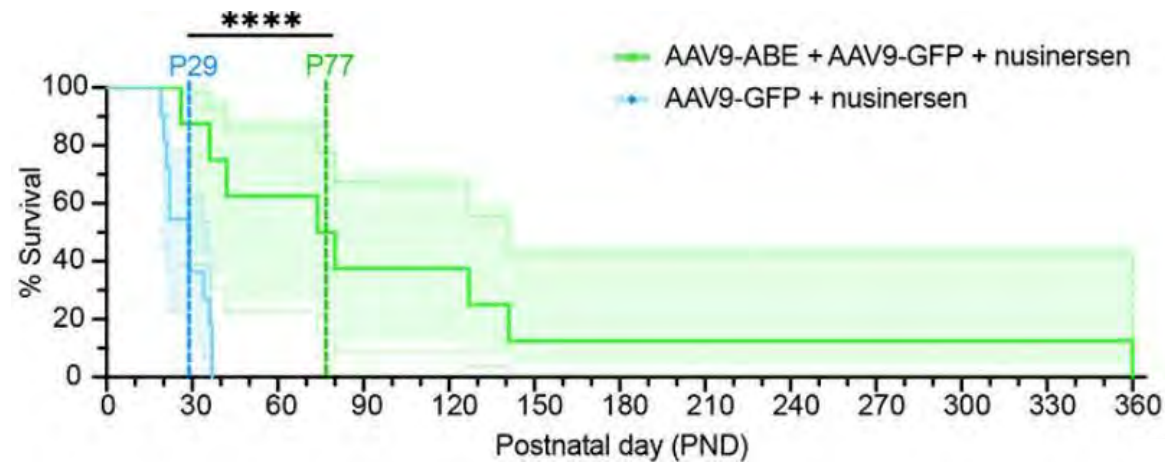
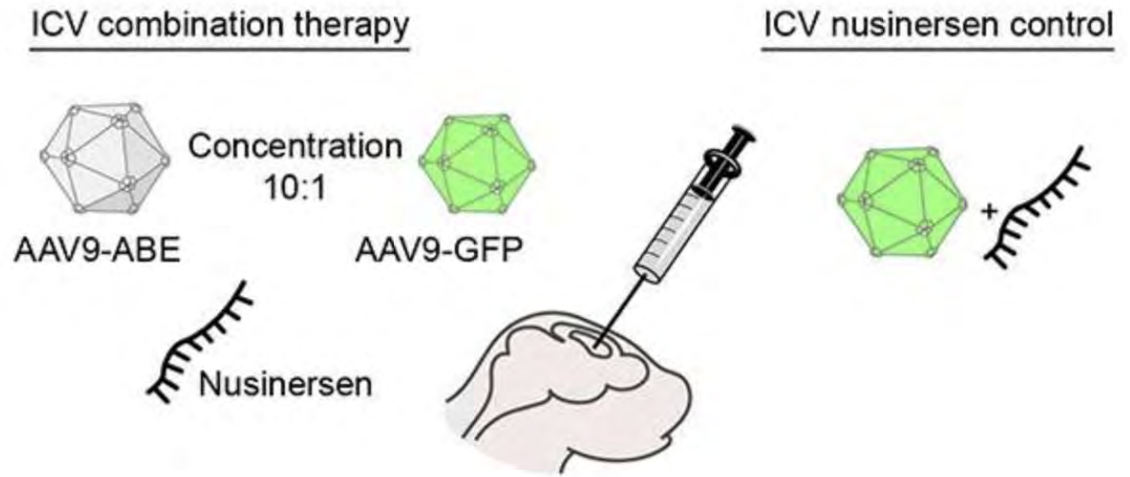
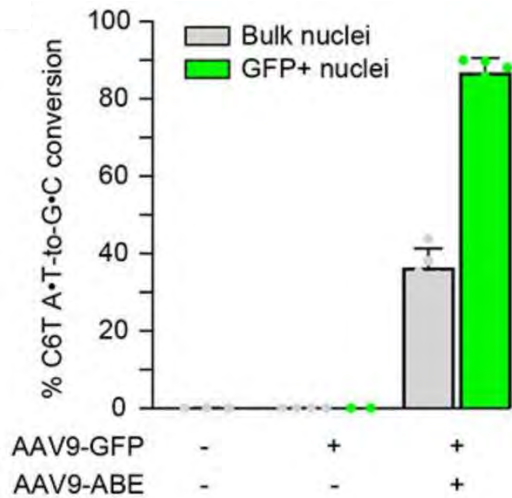
# Base editor AAVs disrupt the prion protein and prolong life



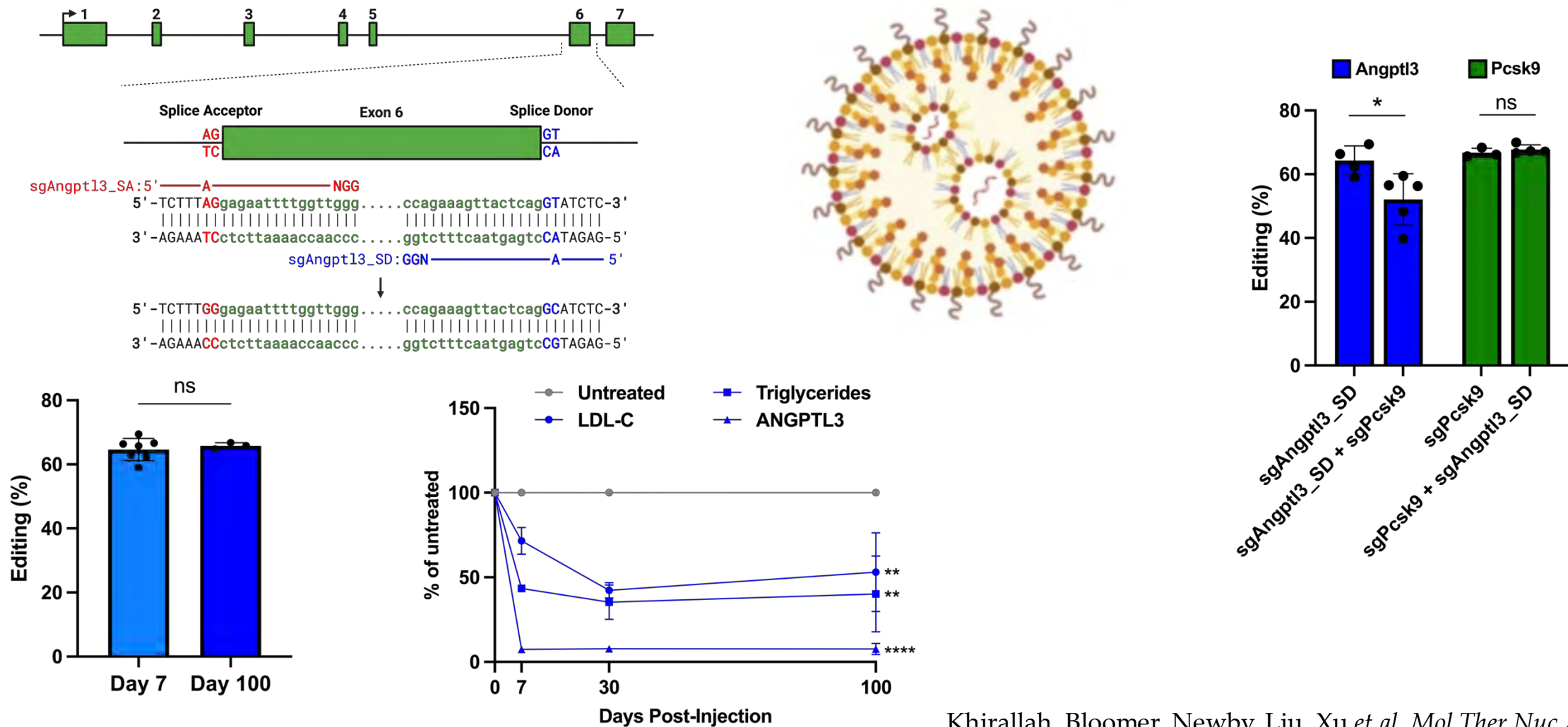
# Base editor AAVs disrupt the prion protein and prolong life



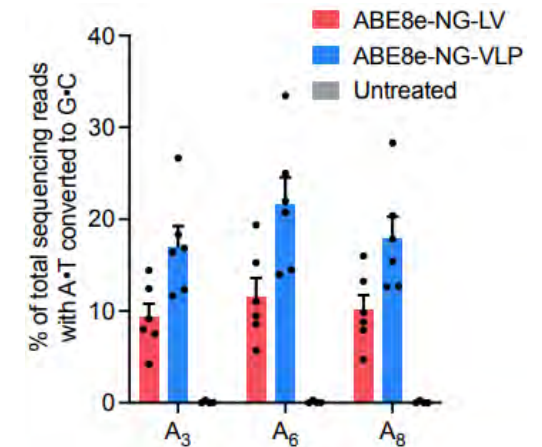
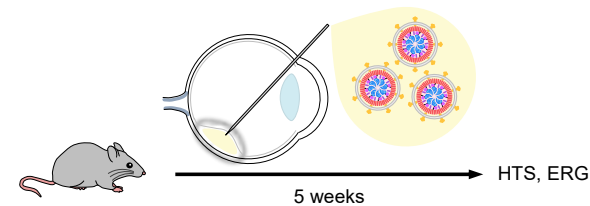
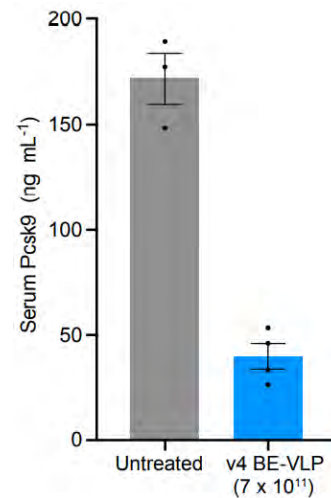
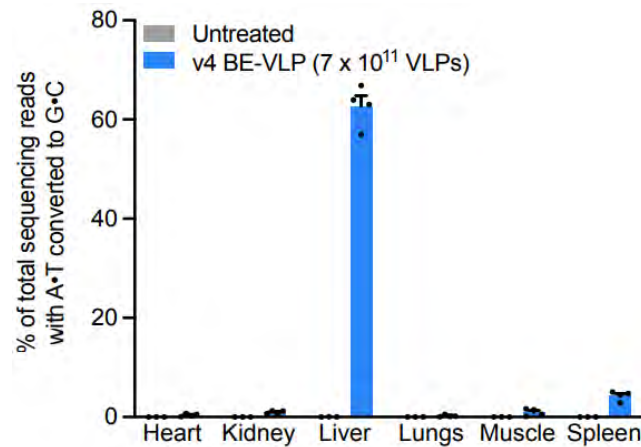
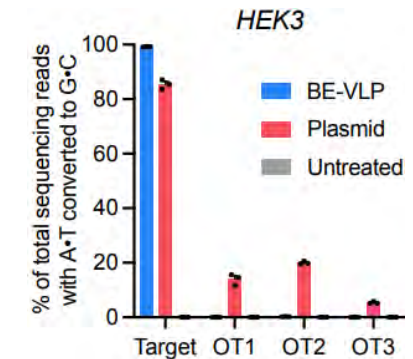
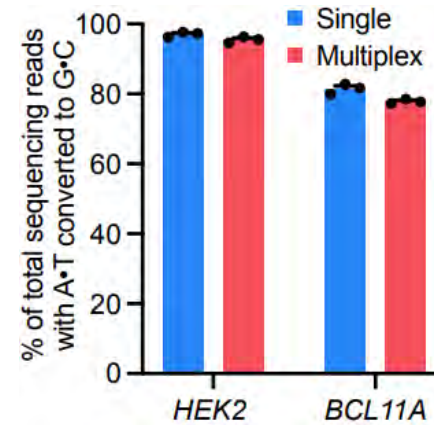
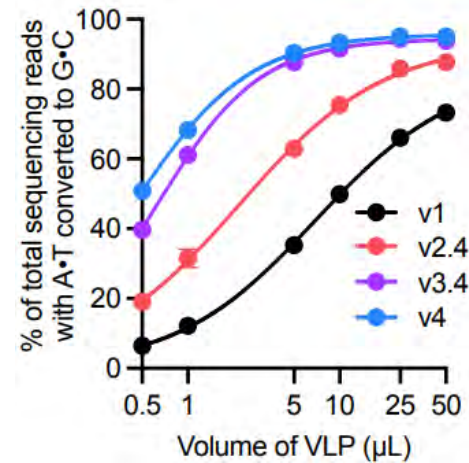
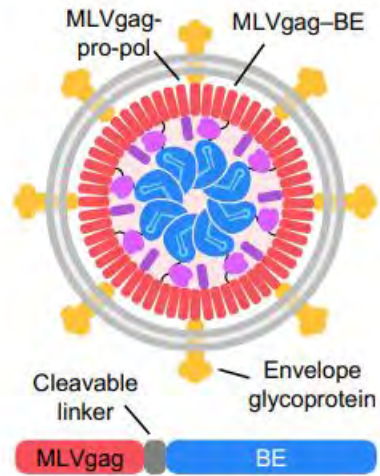
# Base editing to restore *SMN2* splicing to treat SMA



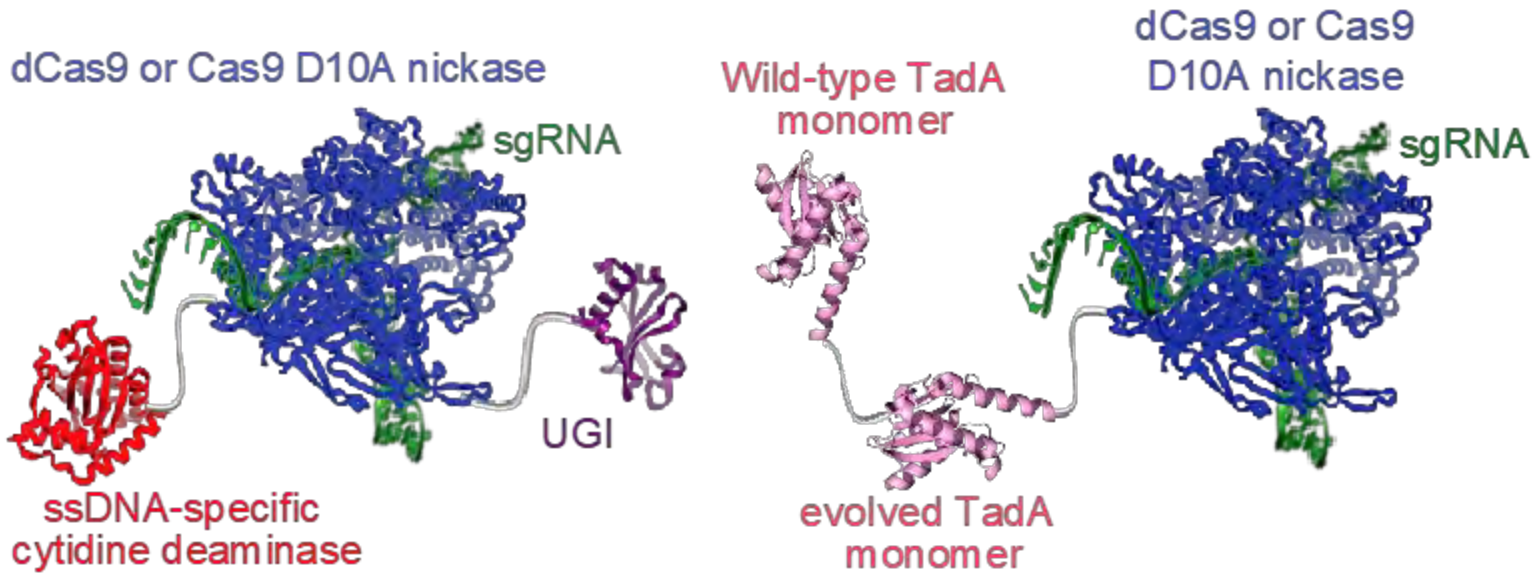
# Lipid nanoparticles efficiently edit the mouse liver



# Virus-like particles efficiently delivery ABE RNPs



# What about the other types of pathogenic mutations?



Cytosine base editors

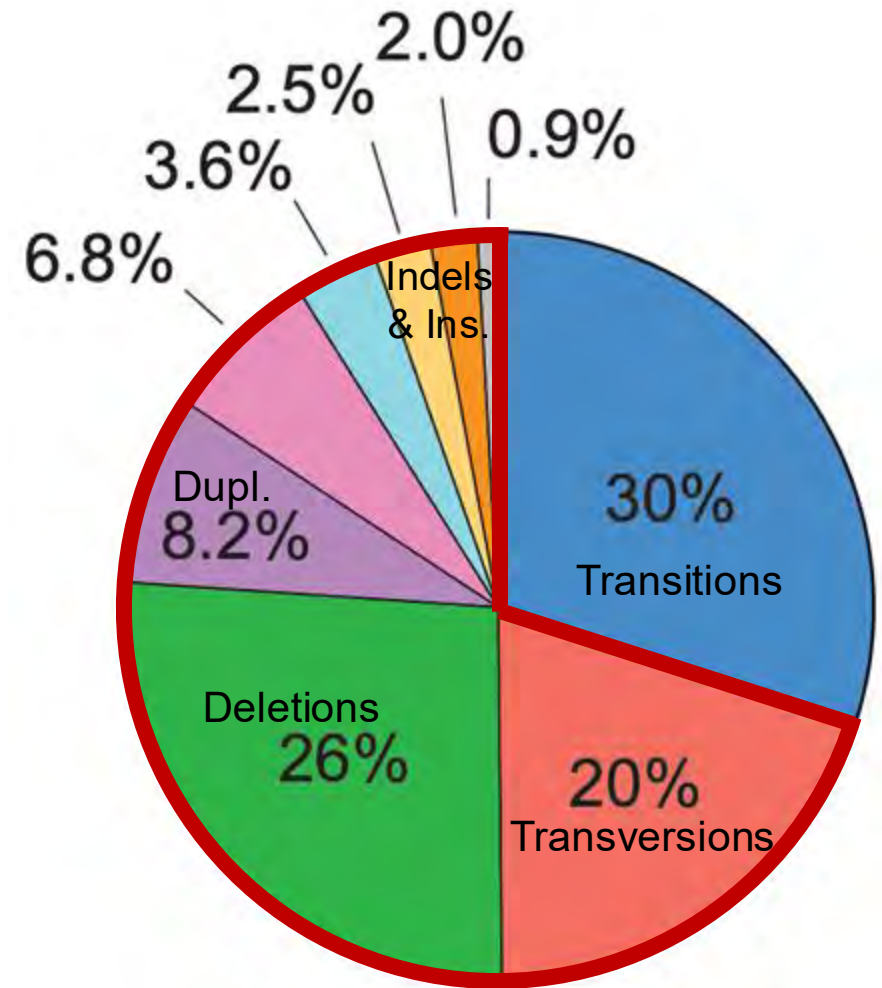
C → T

G → A

Adenine base editors

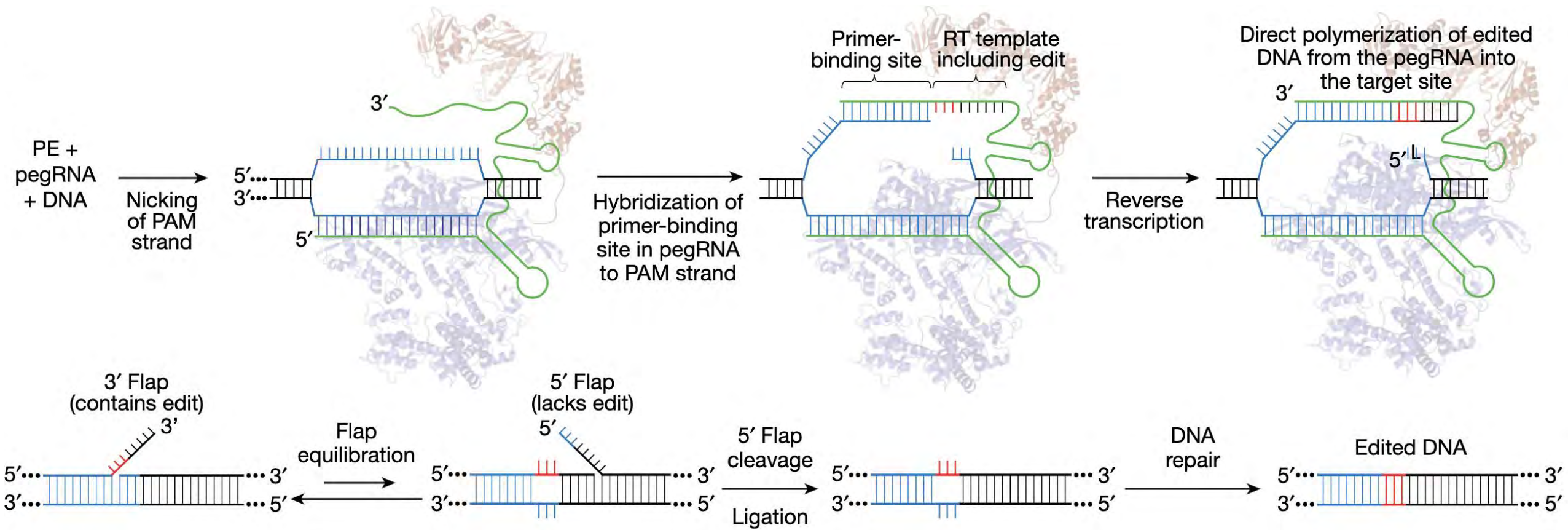
A → G

T → C



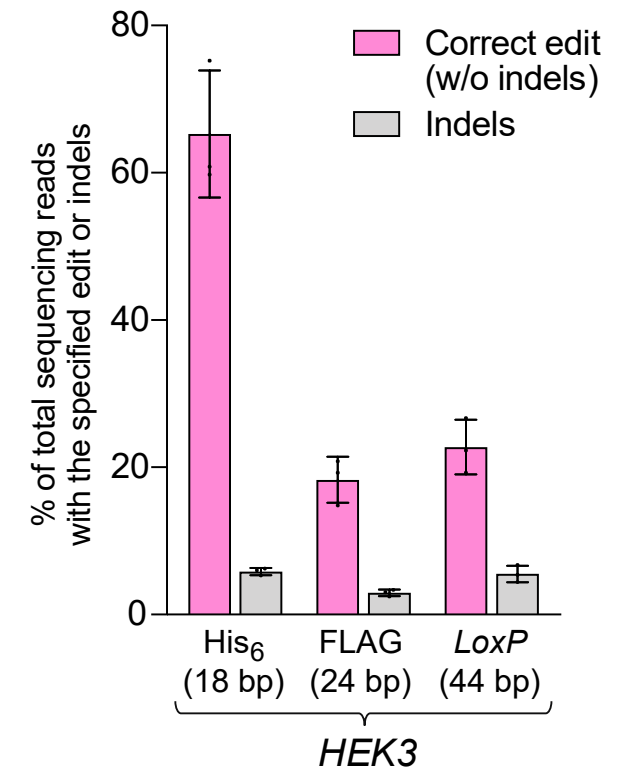
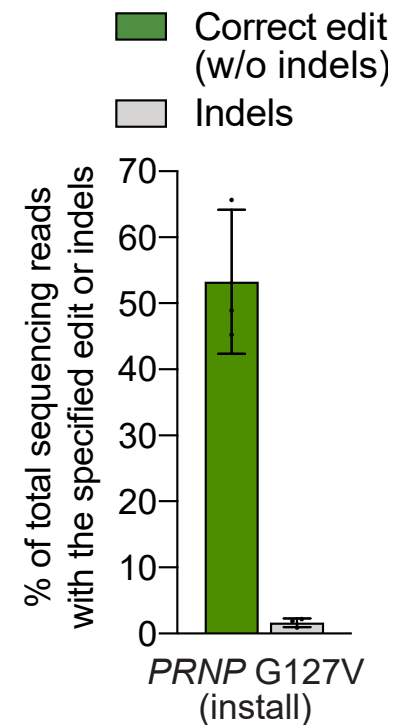
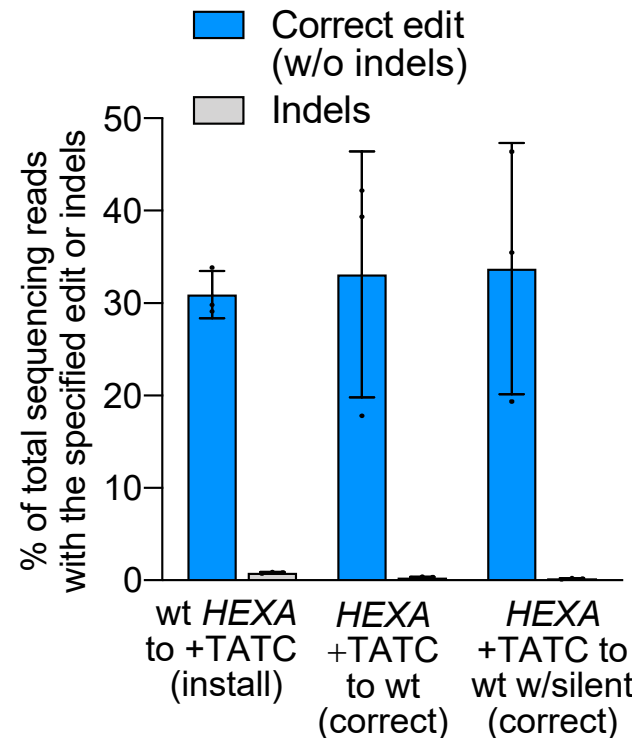
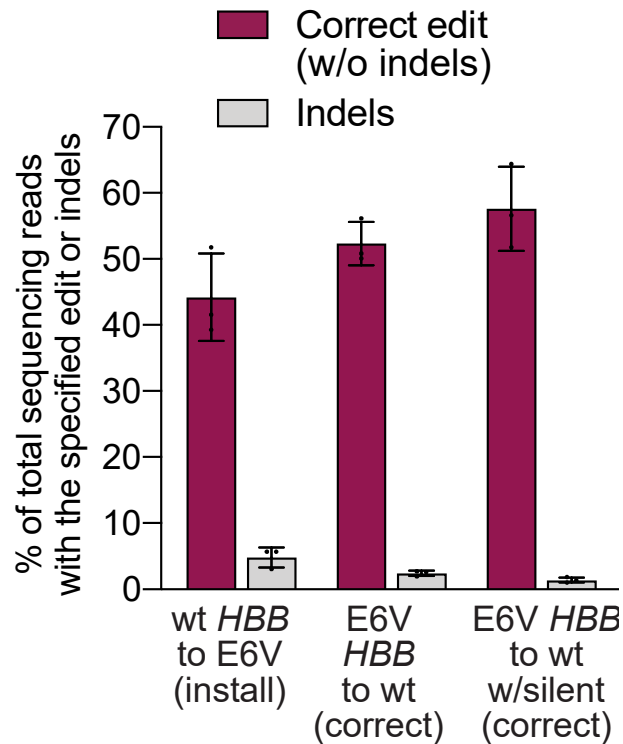
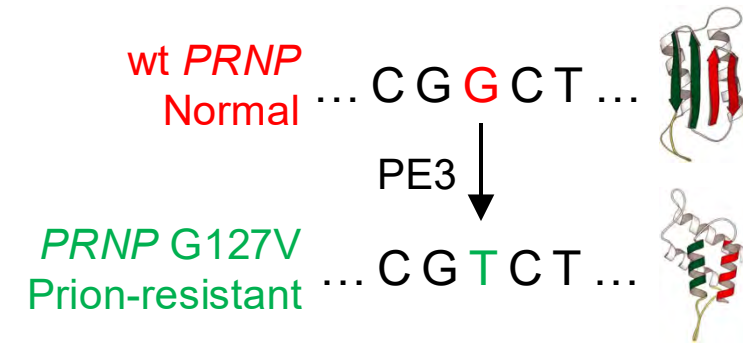
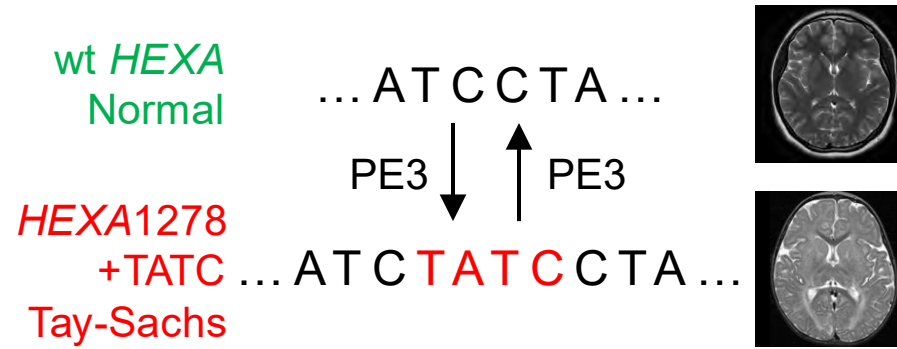
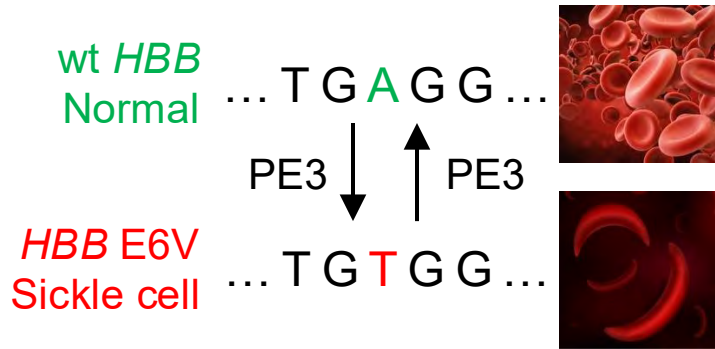
Total variants > 75,000

# Prime Editing, a multi-step reaction, expands the targetable pathogenic genetic variants

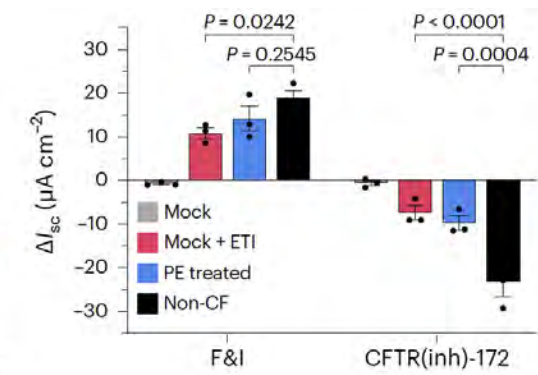
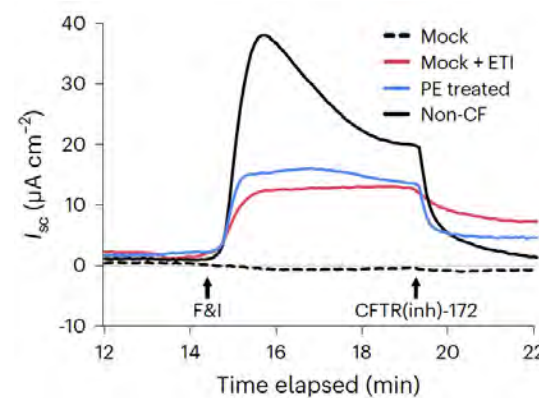
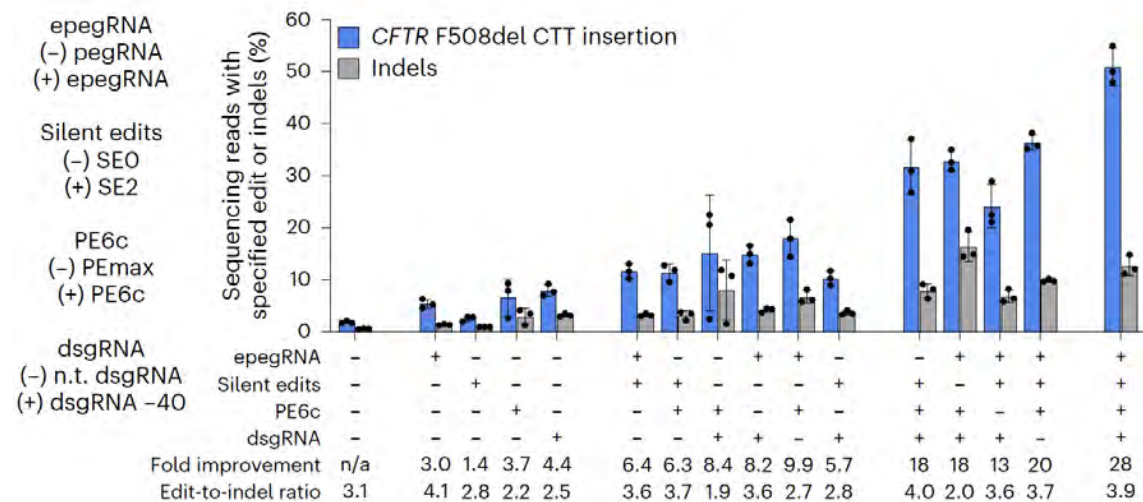
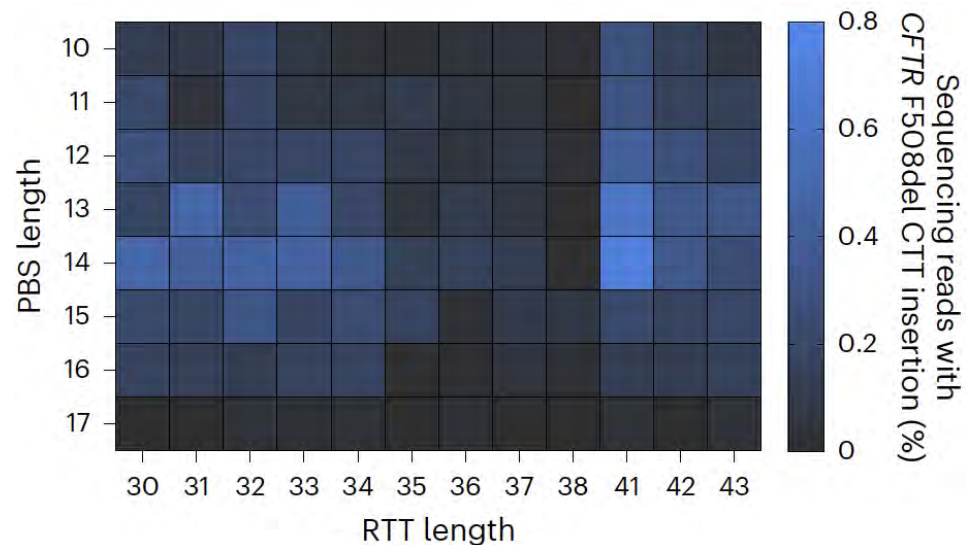
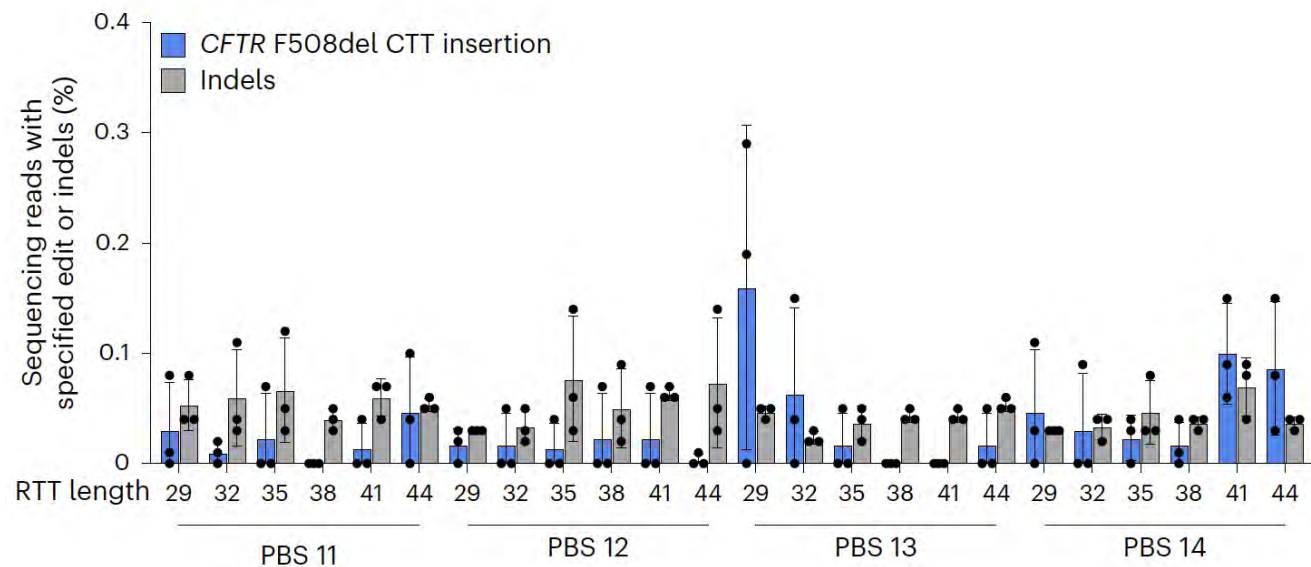


All 4 transition point mutations  
 All 8 transversion point mutations  
 Insertions (1 bp to  $\geq 44$  bp)  
 Deletions (1 bp to  $\geq 80$  bp)  
 Combinations of the above

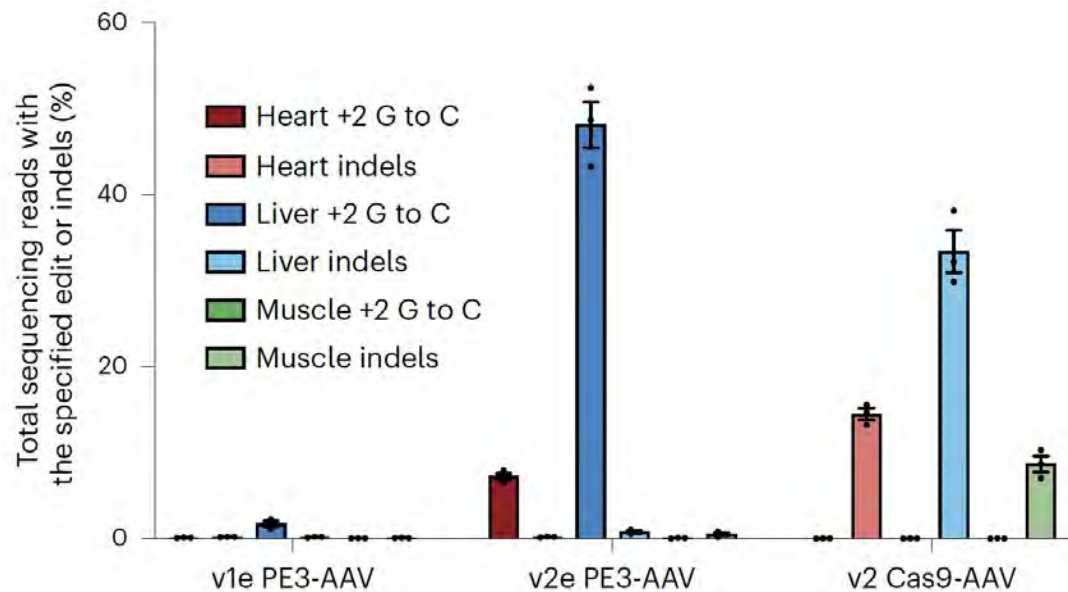
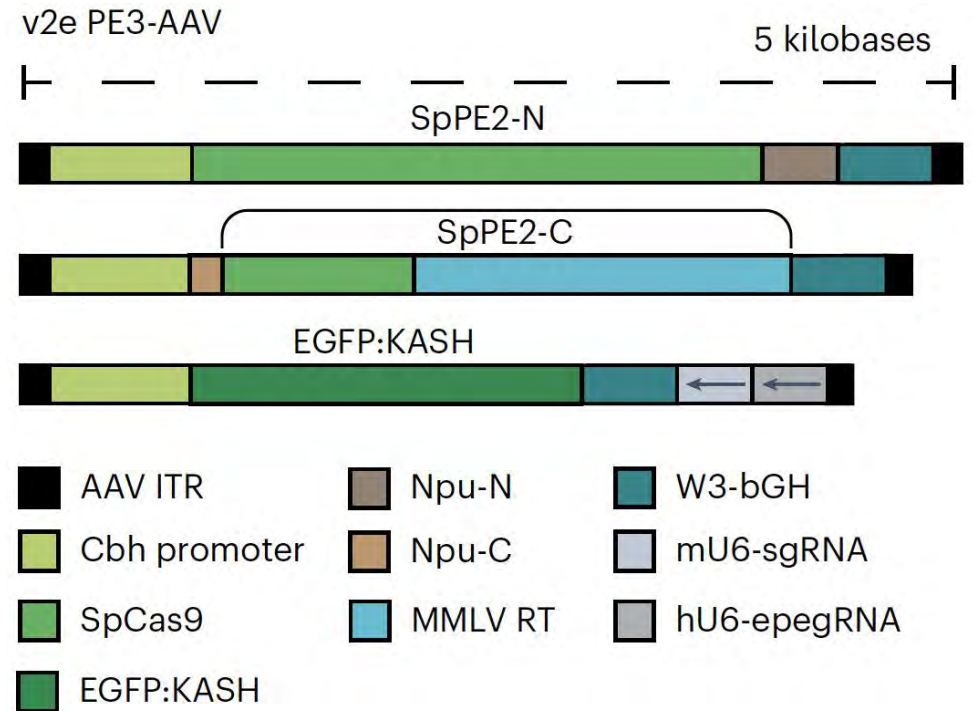
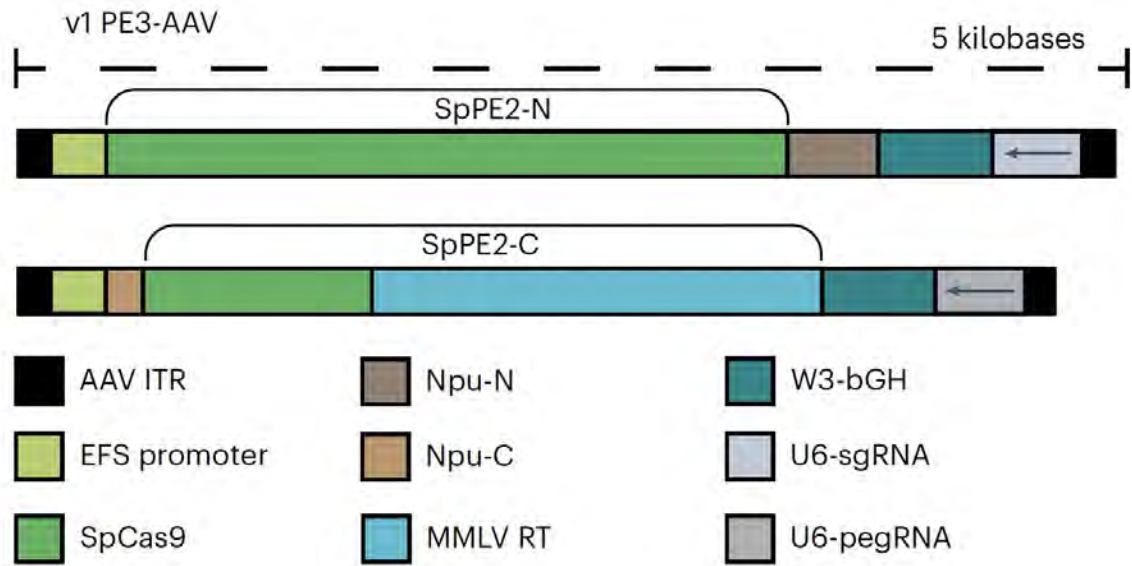
# Installing or Correcting Pathogenic Alleles and Sequence Tags



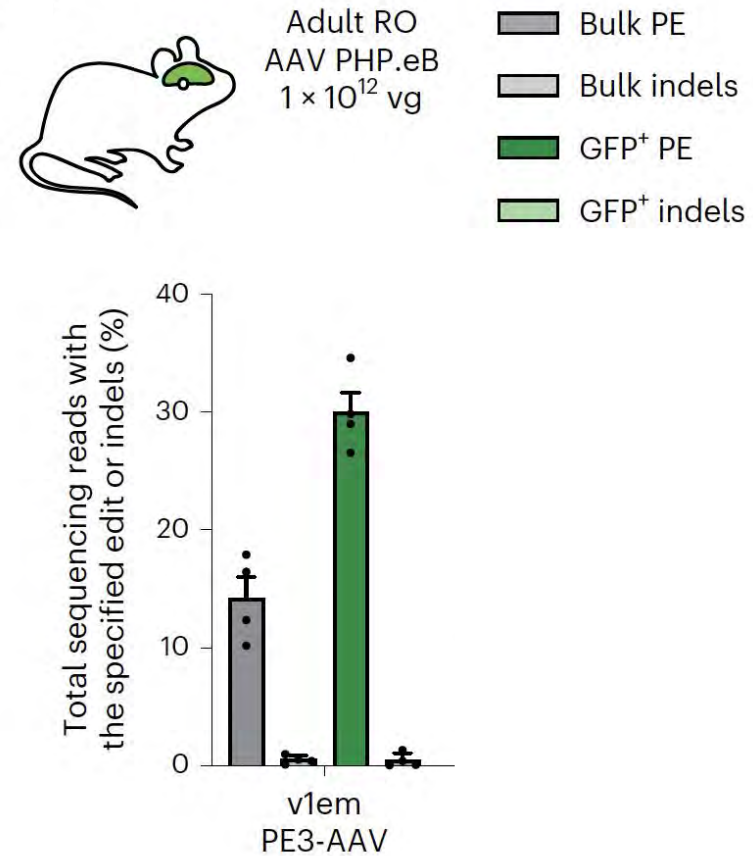
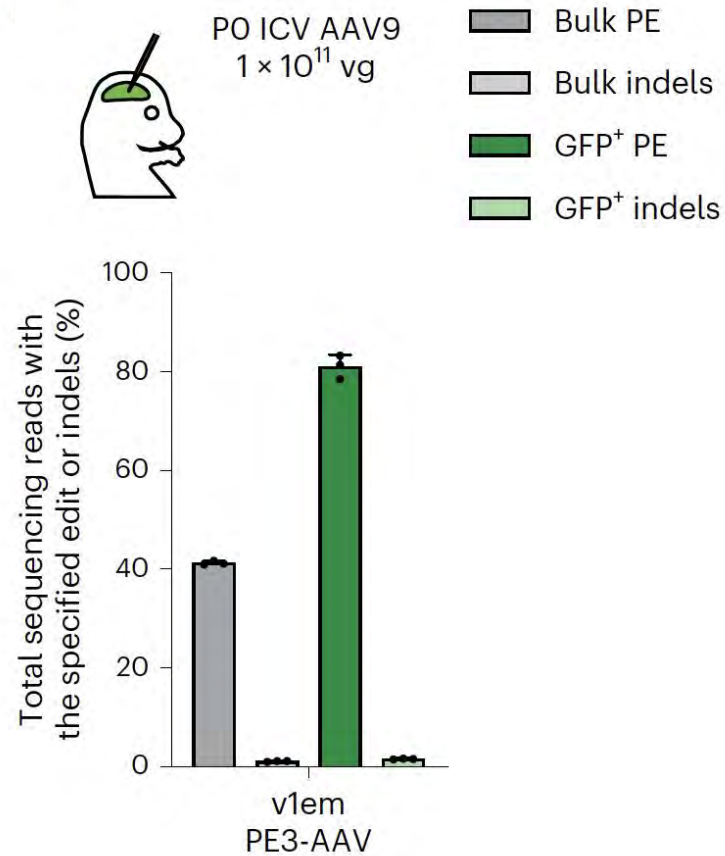
# Correcting the common Delta508 disease allele of CFTR



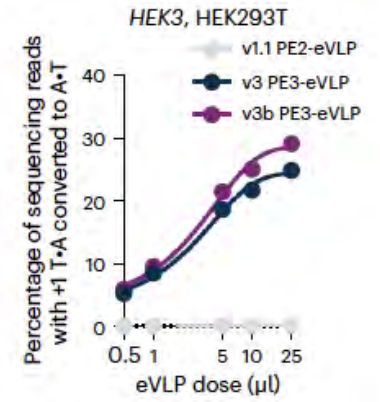
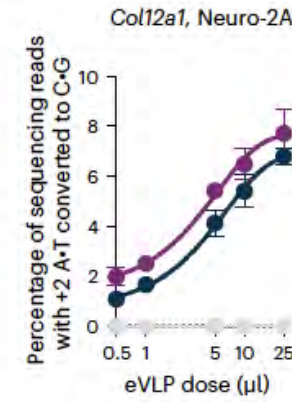
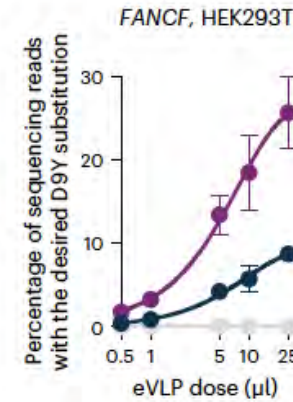
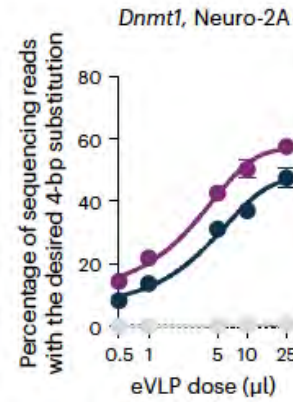
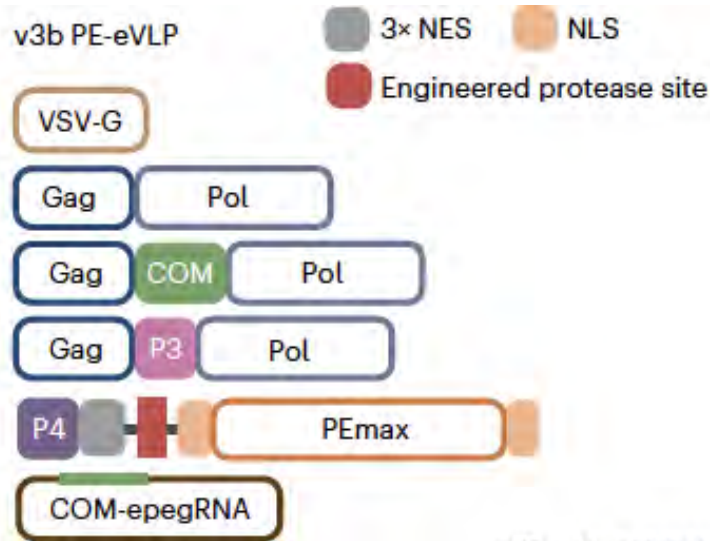
# Prime editor AAVs



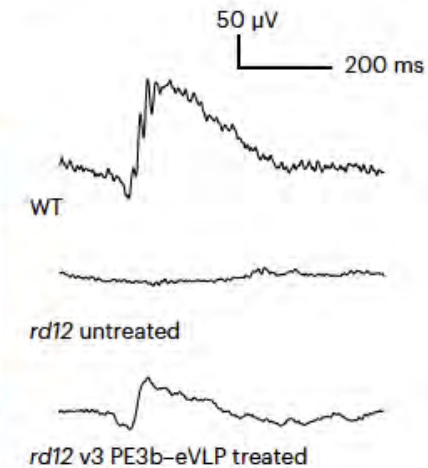
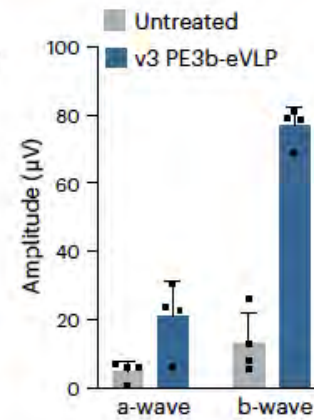
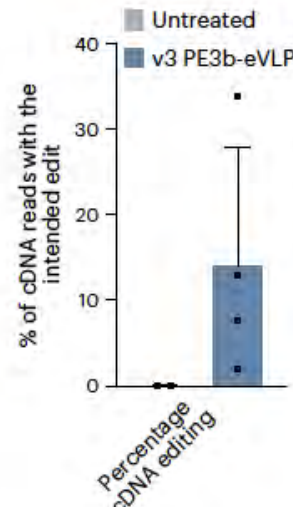
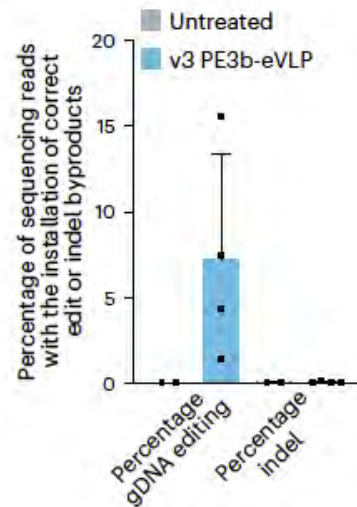
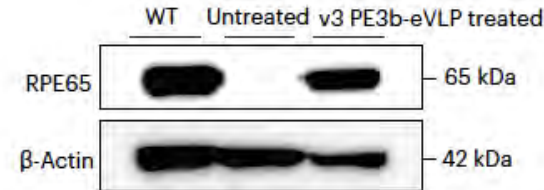
# Prime editing in the mouse CNS



# Prime editor eVLPs enable correction of mouse blindness

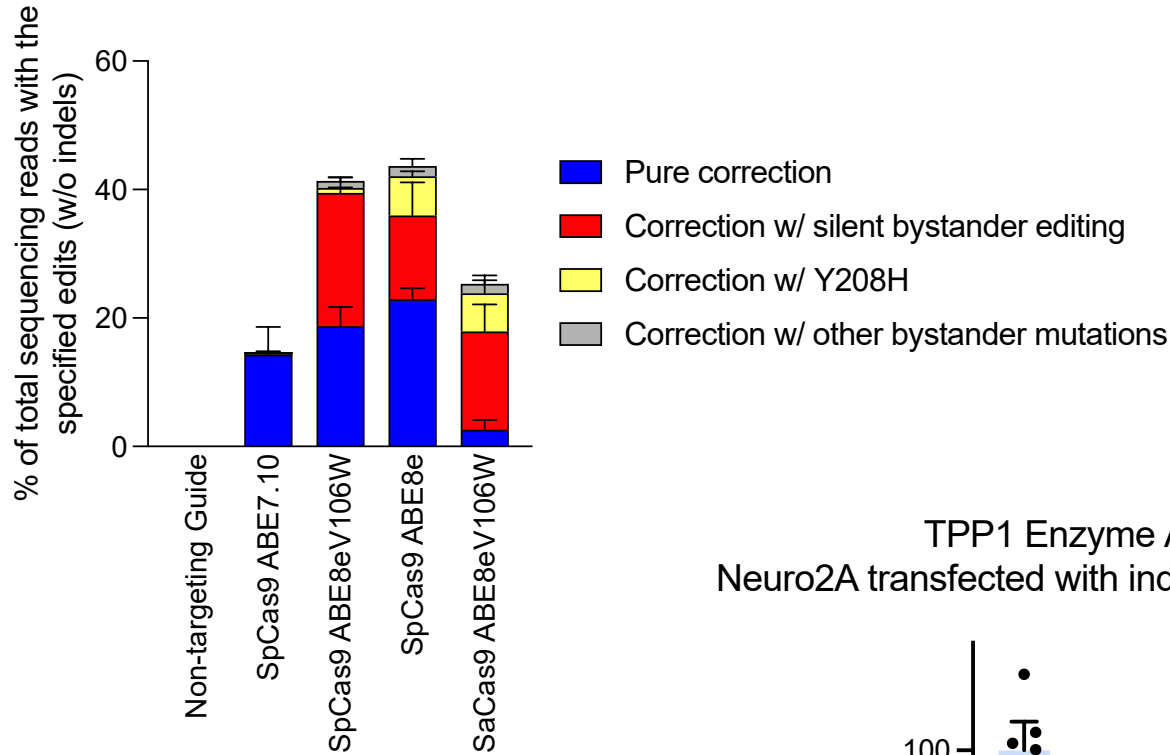


*rd12* L38 T39 G40 S41 L42 L43 R44X C45 G46 P47 G48 L49 F50 E51  
 CTCACTGGCAGTCTCCTCTGATGTGGGCCAGGGCTCTTTGAA  
 GAGTGACCGTCAGAGGAGACTACACCCGGTCCCGAGAACTT

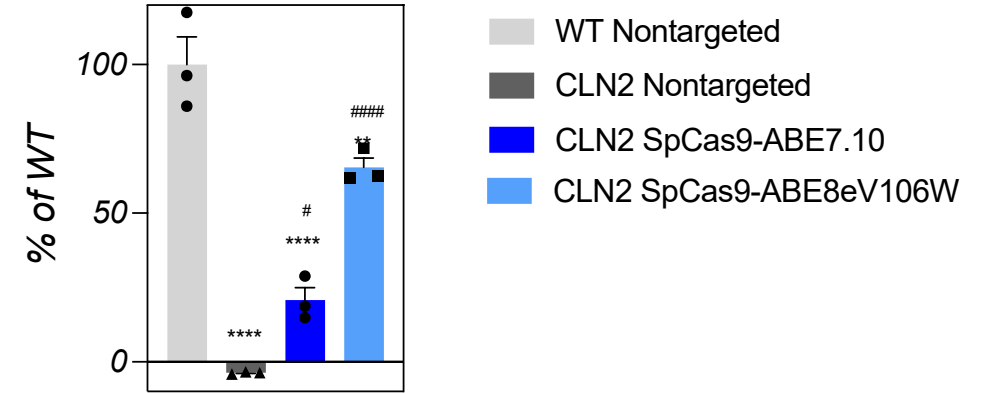


An, Raguram, Du, Newby, Liu,  
 and co-workers.  
*Nature Biotechnology* (2024)

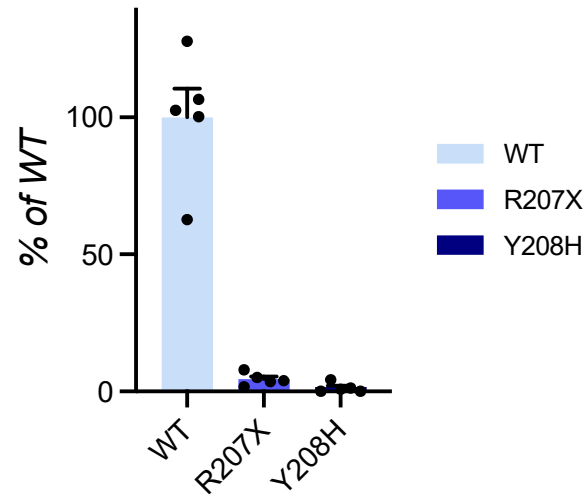
# Correcting *CLN2* R207X MEF cells



TPP1 Enzyme Activity



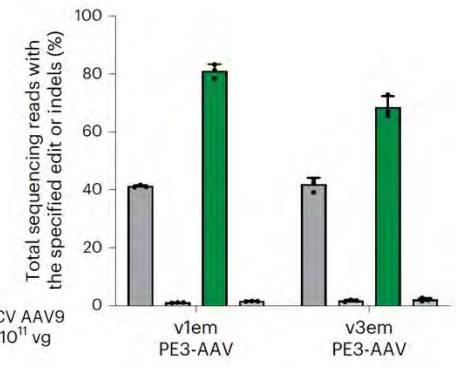
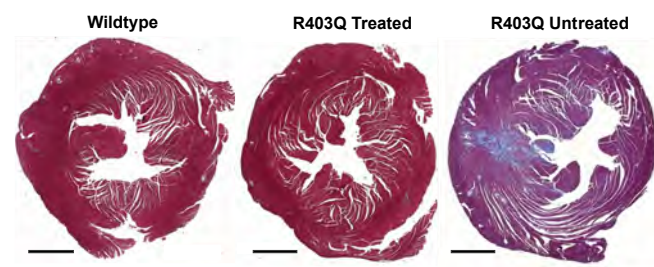
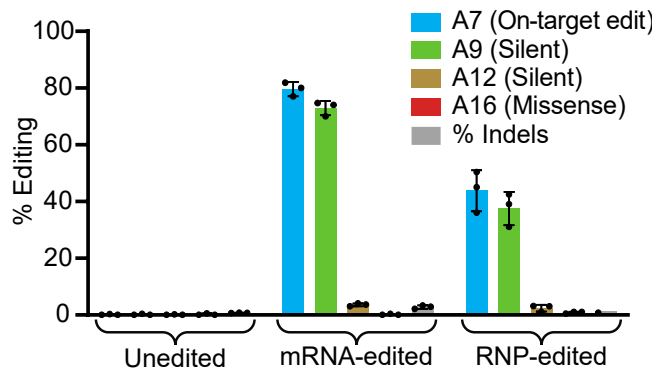
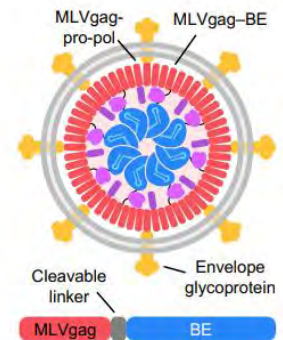
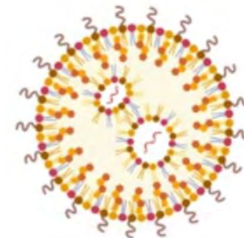
TPP1 Enzyme Activity  
Neuro2A transfected with indicated *Tpp1* variant



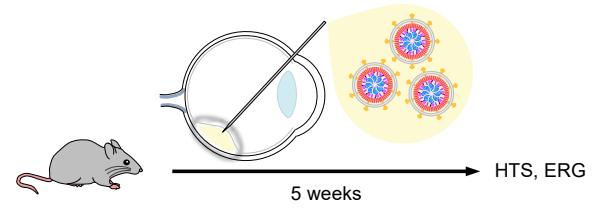
**Unpublished.**  
 Peyton Randolph  
 Jill Weimer  
 David Liu  
 Melissa Pratt  
 Joelle Anderson  
 Mitchell Rechtzigel  
 Erin Hickey  
 Steven Ortmeier  
 Clarissa Booth  
 Hannah Leppert

# Summary

- Base editing and prime editing are compatible with several delivery methods including AAVs, LNPs, and eVLPs to reach mammalian tissues
- Single-dose treatments could treat or prevent genetic disease in the blood, brain, liver, heart, and retina
- These candidate therapies face economic and regulatory challenges. Safely deploying editors to treat neurological conditions in humans has not yet been achieved, but advances in nanoparticle and viral vector technology could permit this in the future.



PO ICV AAV9  
1 × 10<sup>11</sup> vg



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Steven Ortmeier  
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