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Gene Therapy for respiratory diseases

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Eric Alton

Professor of Gene Therapy and Respiratory Medicine, Imperial college London

Chaired by Ian Hollingsworth

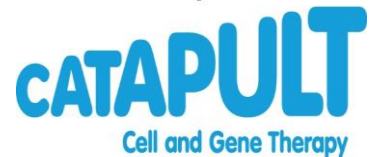
Programme Manager, Cell and Gene Therapy Catapult

Funded by

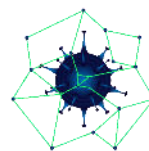


UK Research
and Innovation

Coordinated by



Who are LAT and the ATTCs?



LONDON
ADVANCED
THERAPIES

ATTC
Advanced Therapy
Treatment Centres

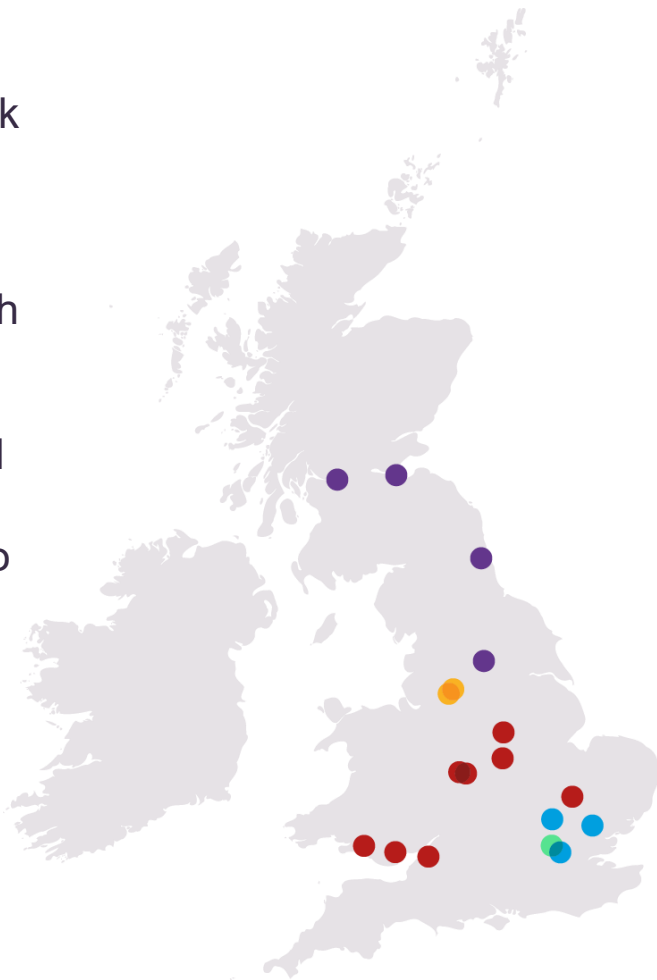
The ATTC (Advanced Therapy Treatment Centre) network is funded by Innovate UK and the Industrial Strategy Challenge Fund

London Advanced Therapies (LAT) is funded by Research England

The centres are working together, along with the Cell and Gene Therapy Catapult to specifically look at the training requirements for the current workforce and what needs to be put in place for them to be ready to deliver the treatments that are currently being developed.

This series of webinars is designed to help increase the awareness of advanced therapies and their impact in the clinic

Find out more at <https://www.theattcnetwork.co.uk/>

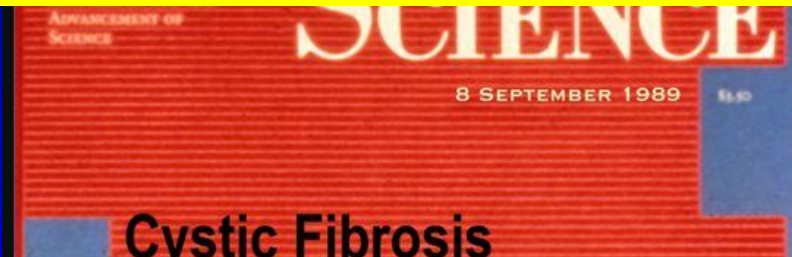


Coordinated by

CATAPULT
Cell and Gene Therapy

Gene therapy for respiratory diseases

What is the problem?



of the $\Delta F508$
CFTR Mutation

Where have we got to?

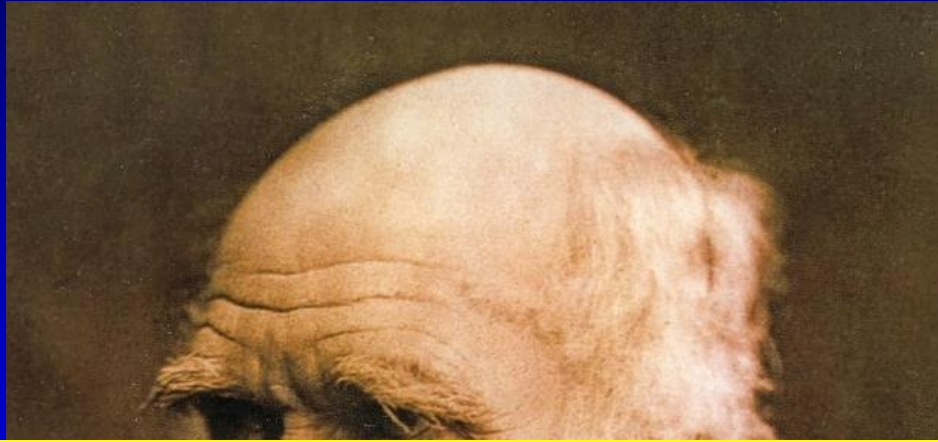


Lap-Once You, Back-Forward,
and Francis Collins

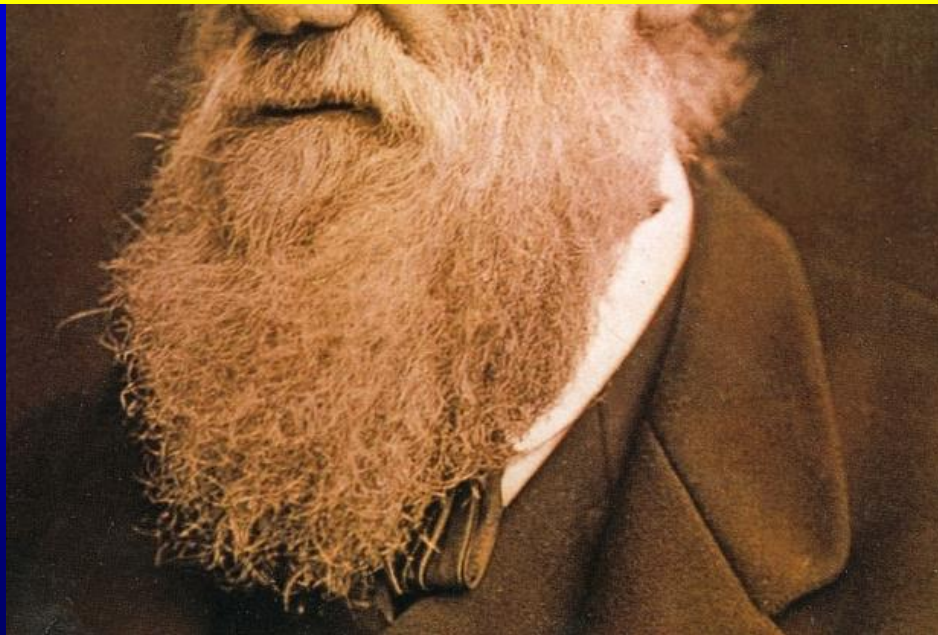
What other diseases might be treatable?



Charles Darwin (1809-1882)

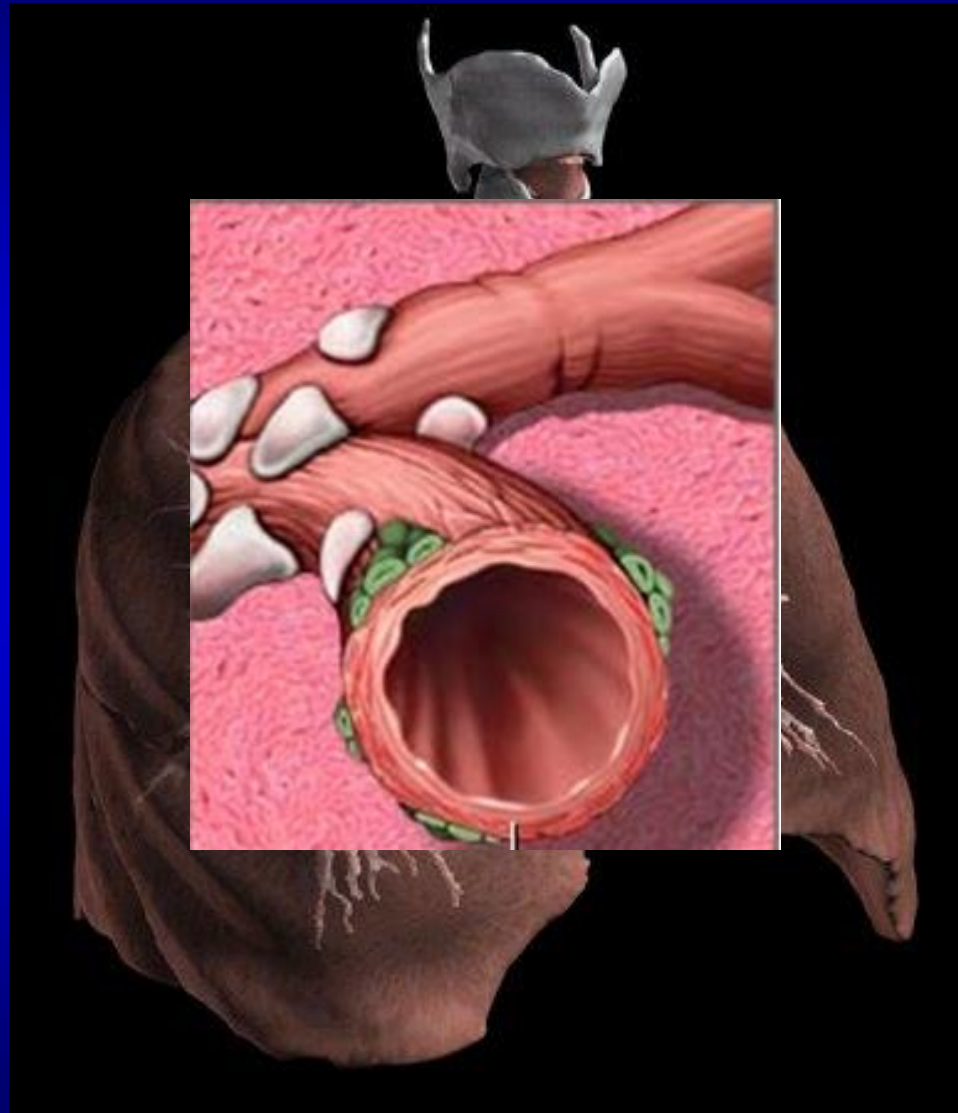


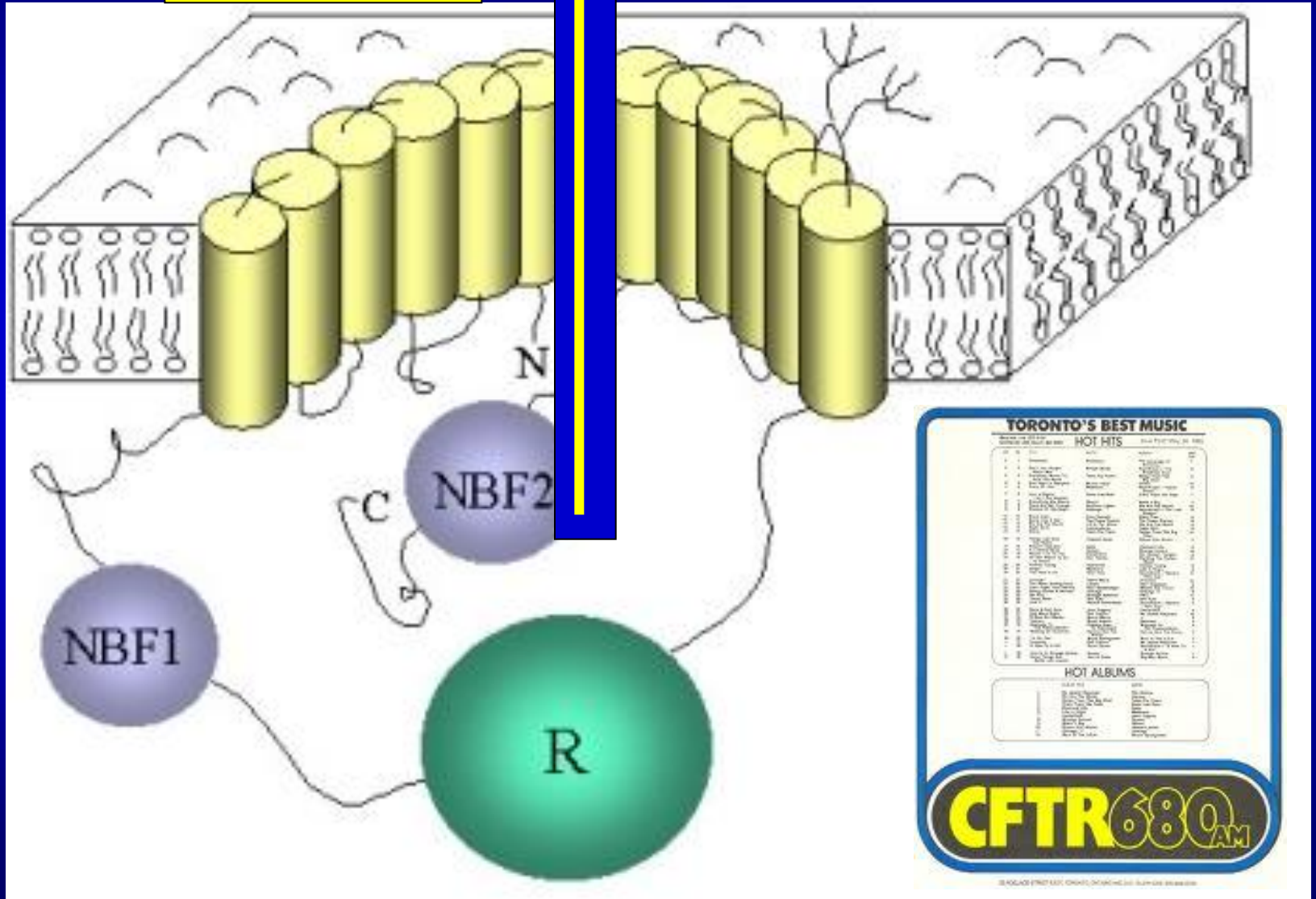
Beard envy



Cystic fibrosis

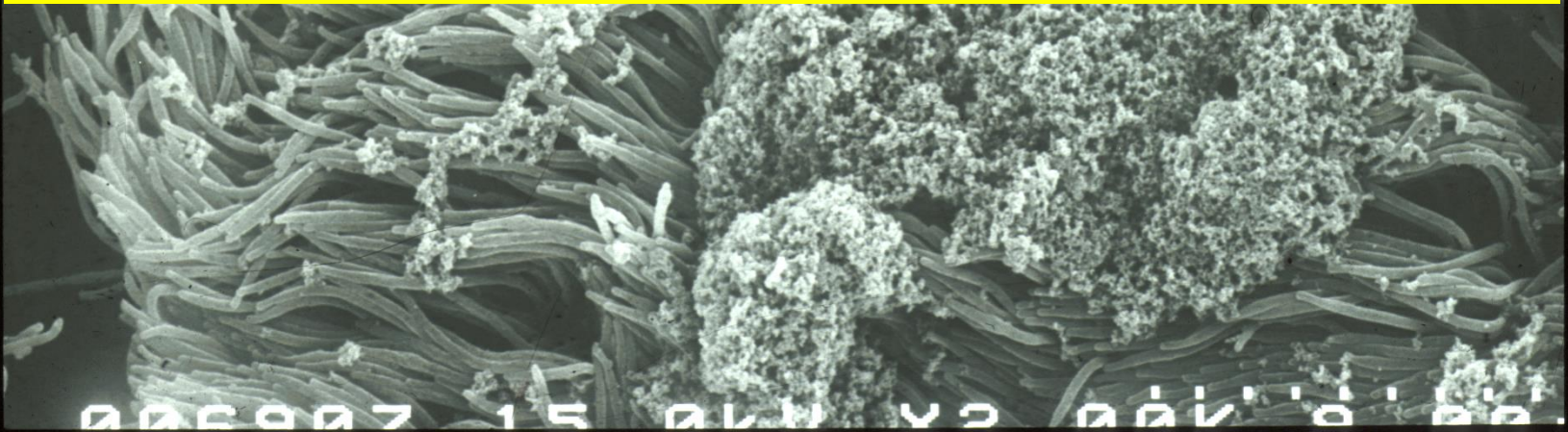
- : Commonest lethal inherited**
- : 1:20 carrier**
- : 1:2000 disease**
- : Lung focus**
- : Sticky secretions – cycles infection**
- : Survival ~ 38 years**



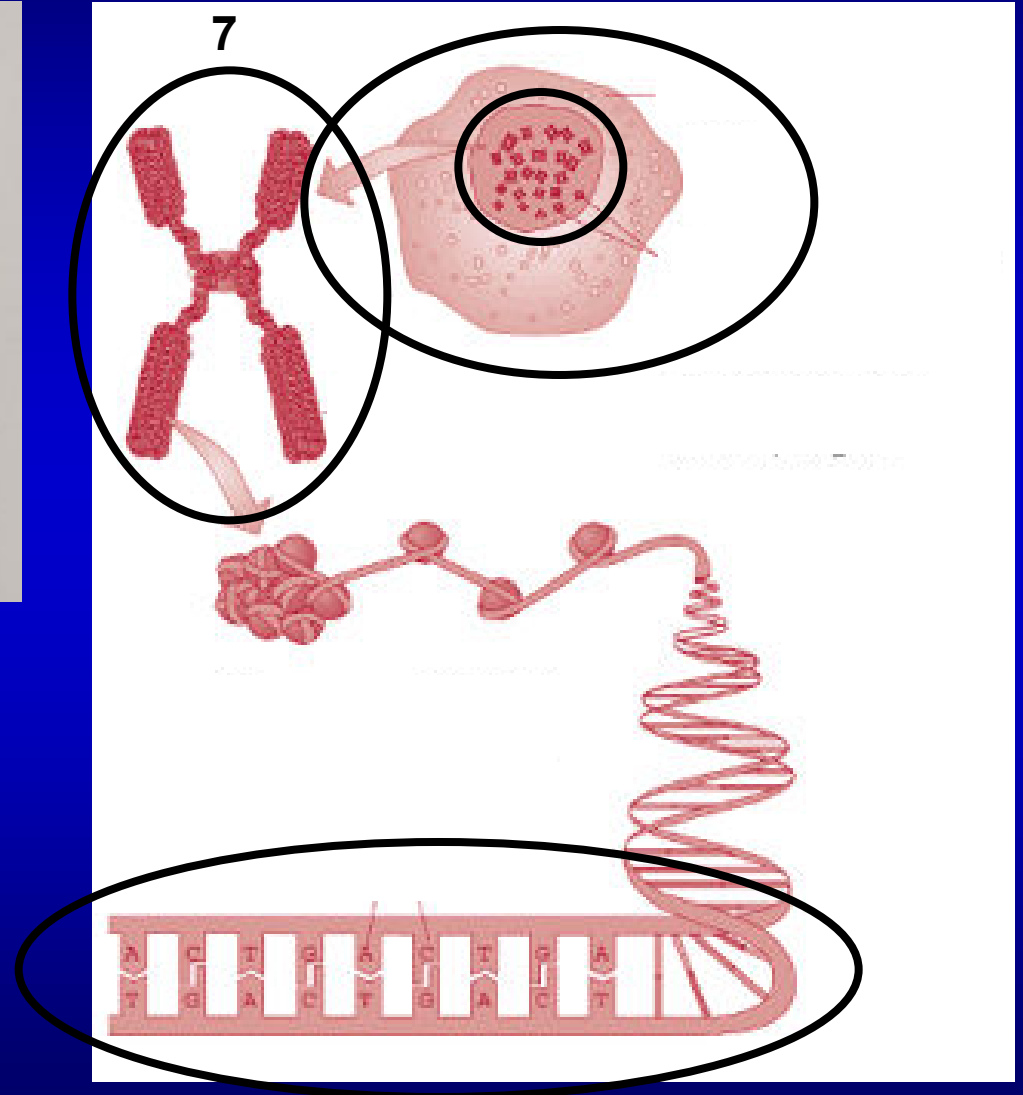
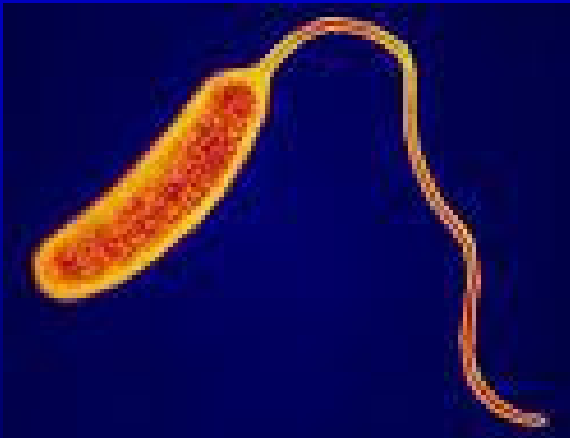




Genetic disease of lung water movement



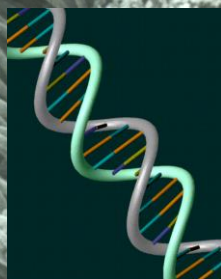
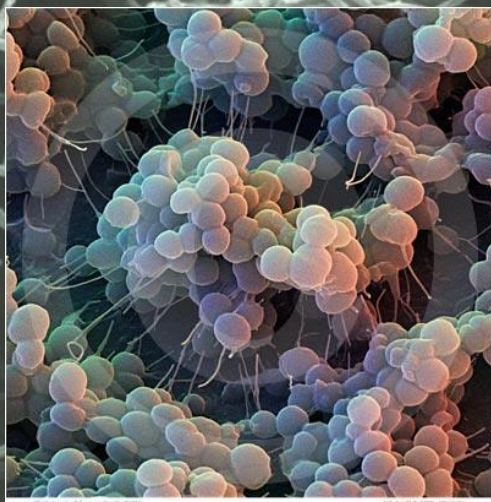
DIY CF gene therapy



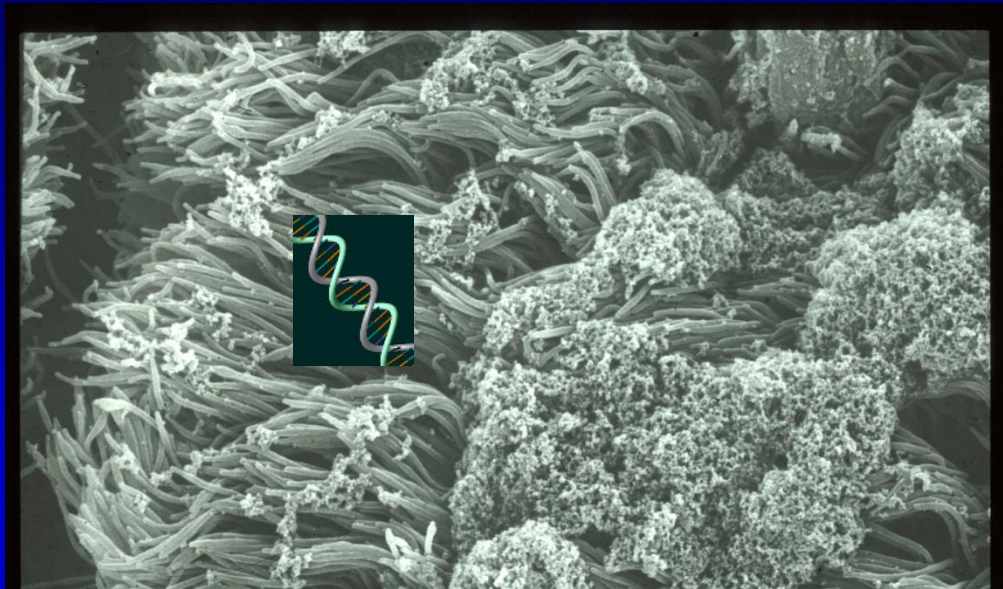


Nebuliser



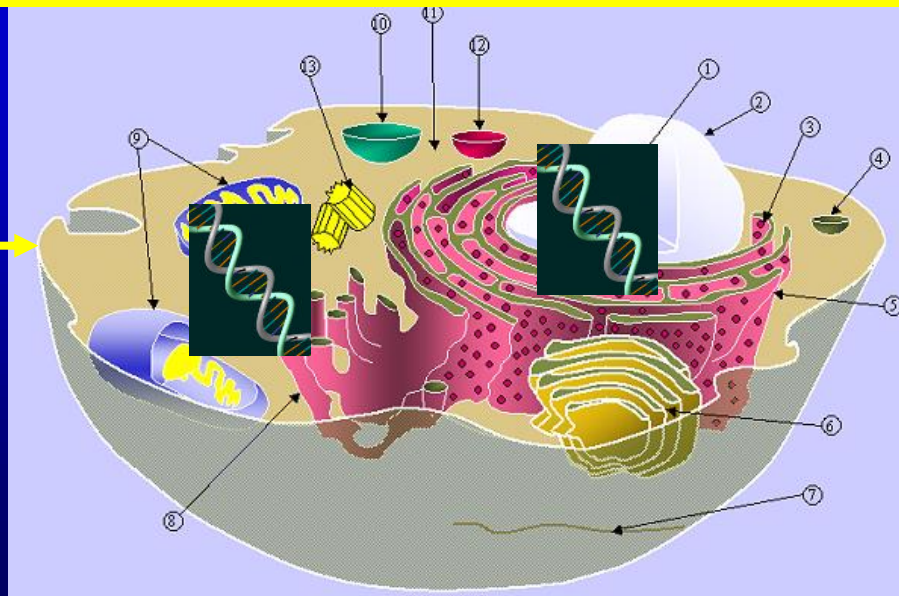


005007 15 01/11/20 00:00:00



Working against evolution

**CFTR
protein**



GENE THERAPY

Gene transfer into cells



virus



liposome

Non-viral for clinical trials

UK Respiratory Gene Therapy Consortium



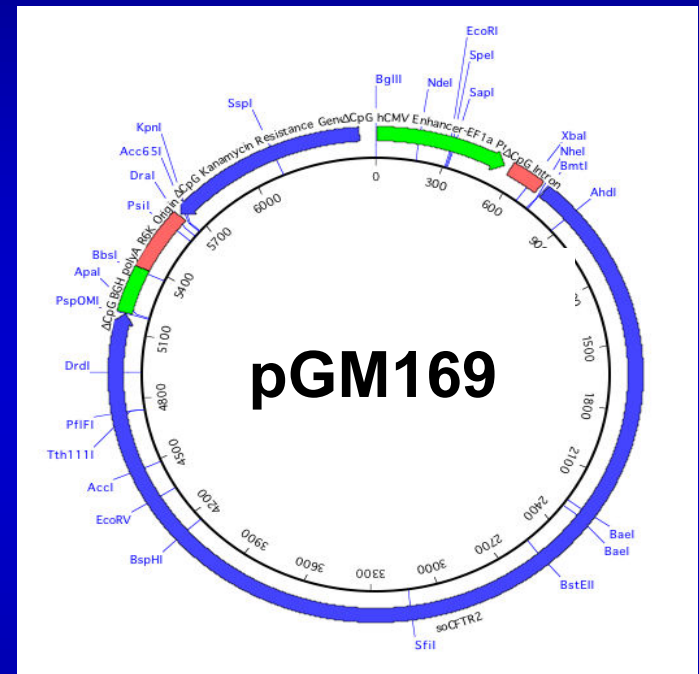
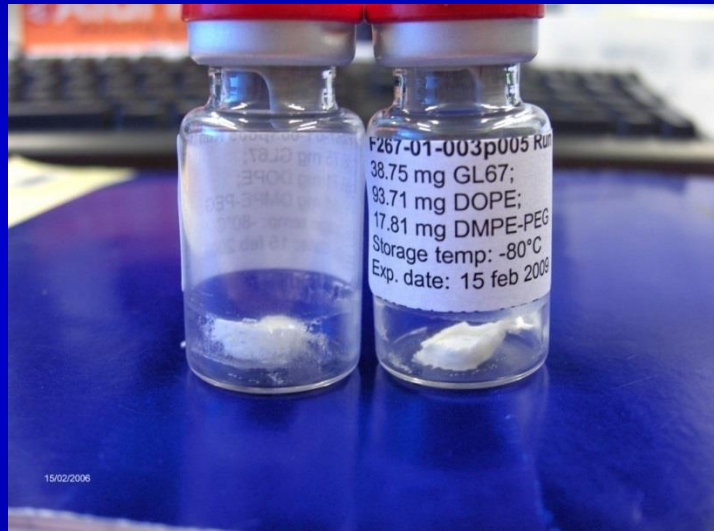
: Focus 50 people

: Common strategy

: Small pharma

Where have we got to?

- Liposome (Wave 1)



- Preclinical, Manufacture, Toxicology, Regulatory
- Multiple early phase trials

Multidose Trial

: Double-blind placebo-controlled (0.9% saline)

: 12 doses at 28 day \pm 5 day intervals

: 5 ml nebulised

: Age 12+

: 50% < FEV₁ < 90%

: 1:1 randomisation

: Two sites

Dosing

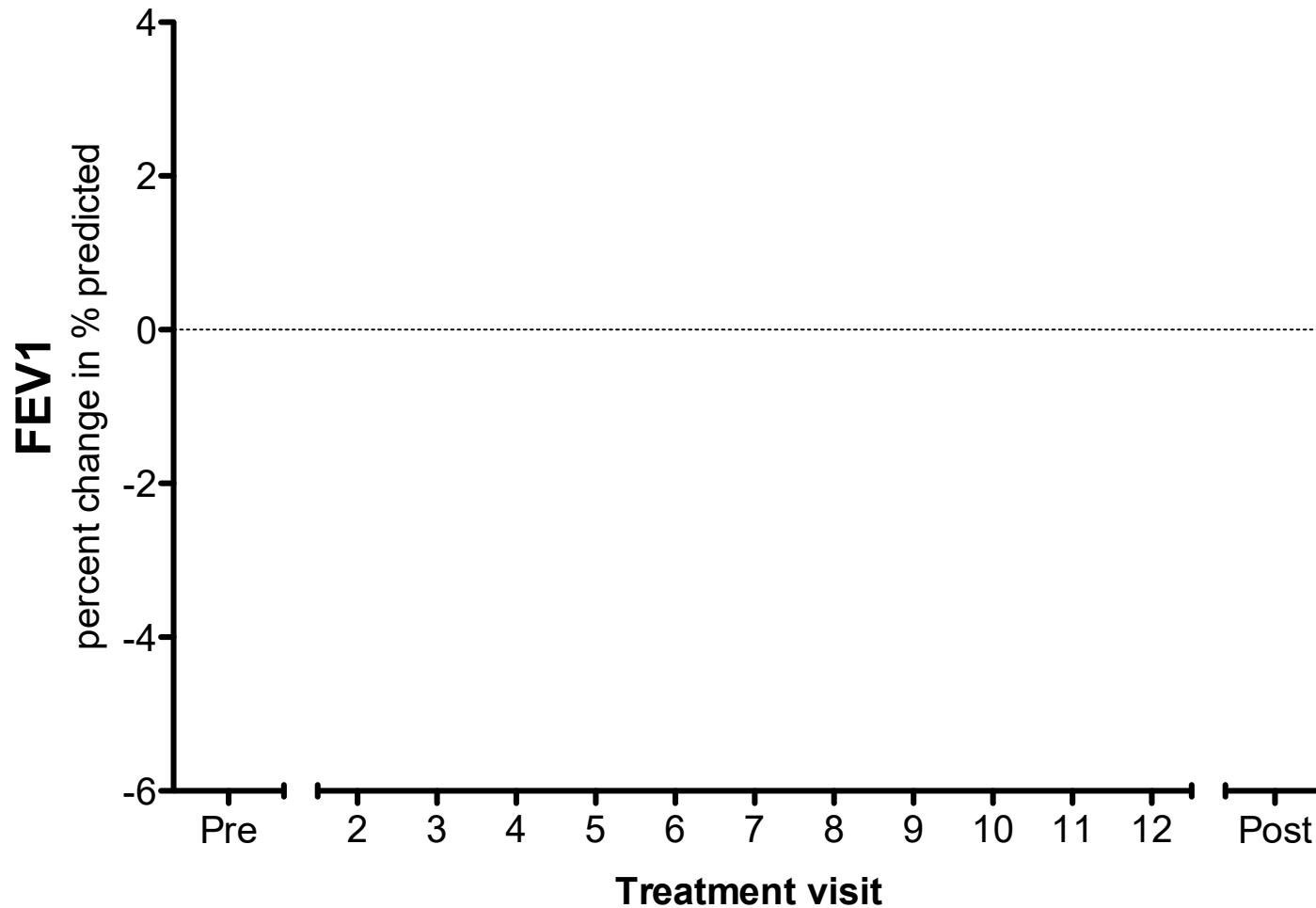


3 min on

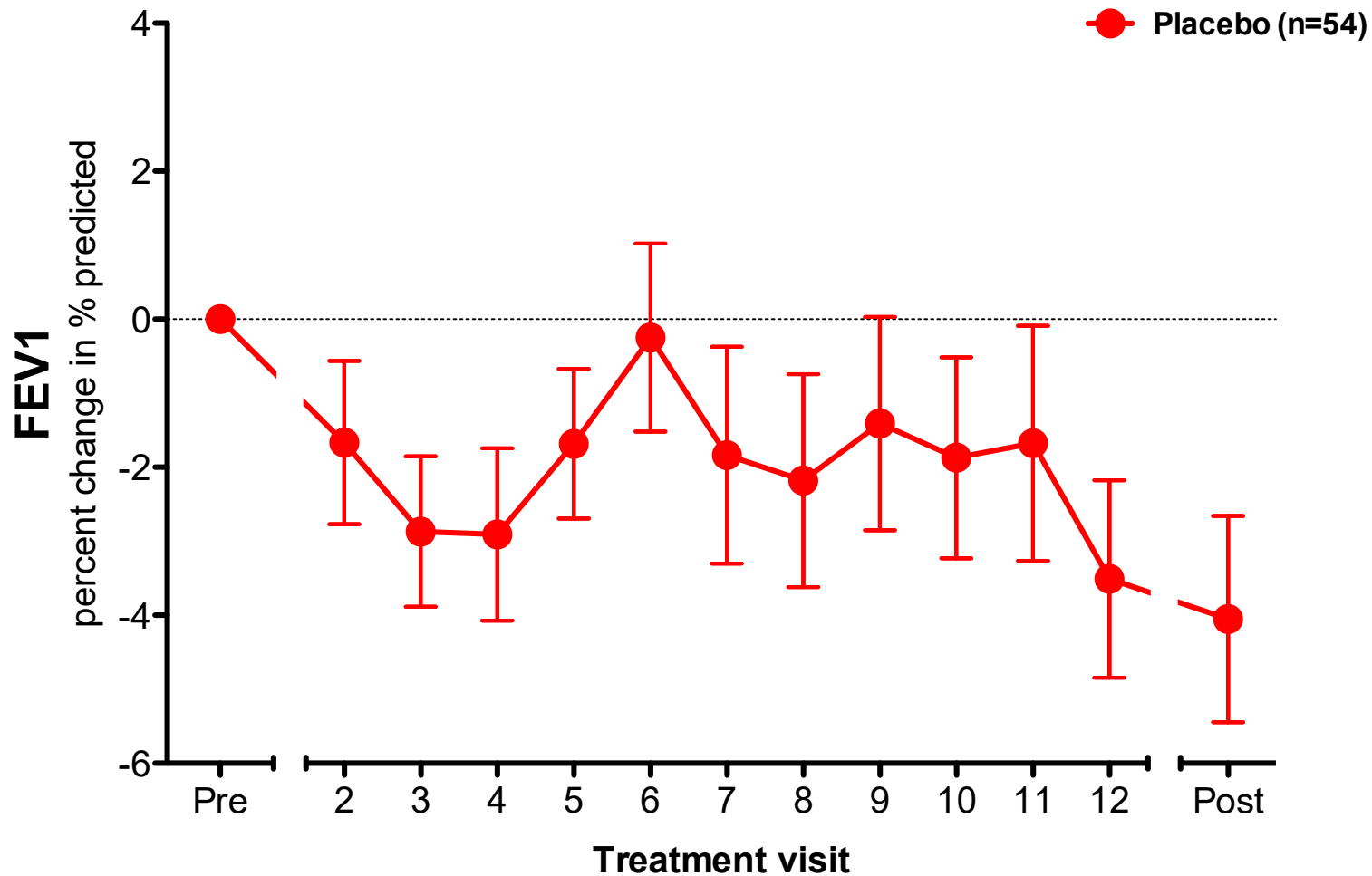
2 min off

3 min on

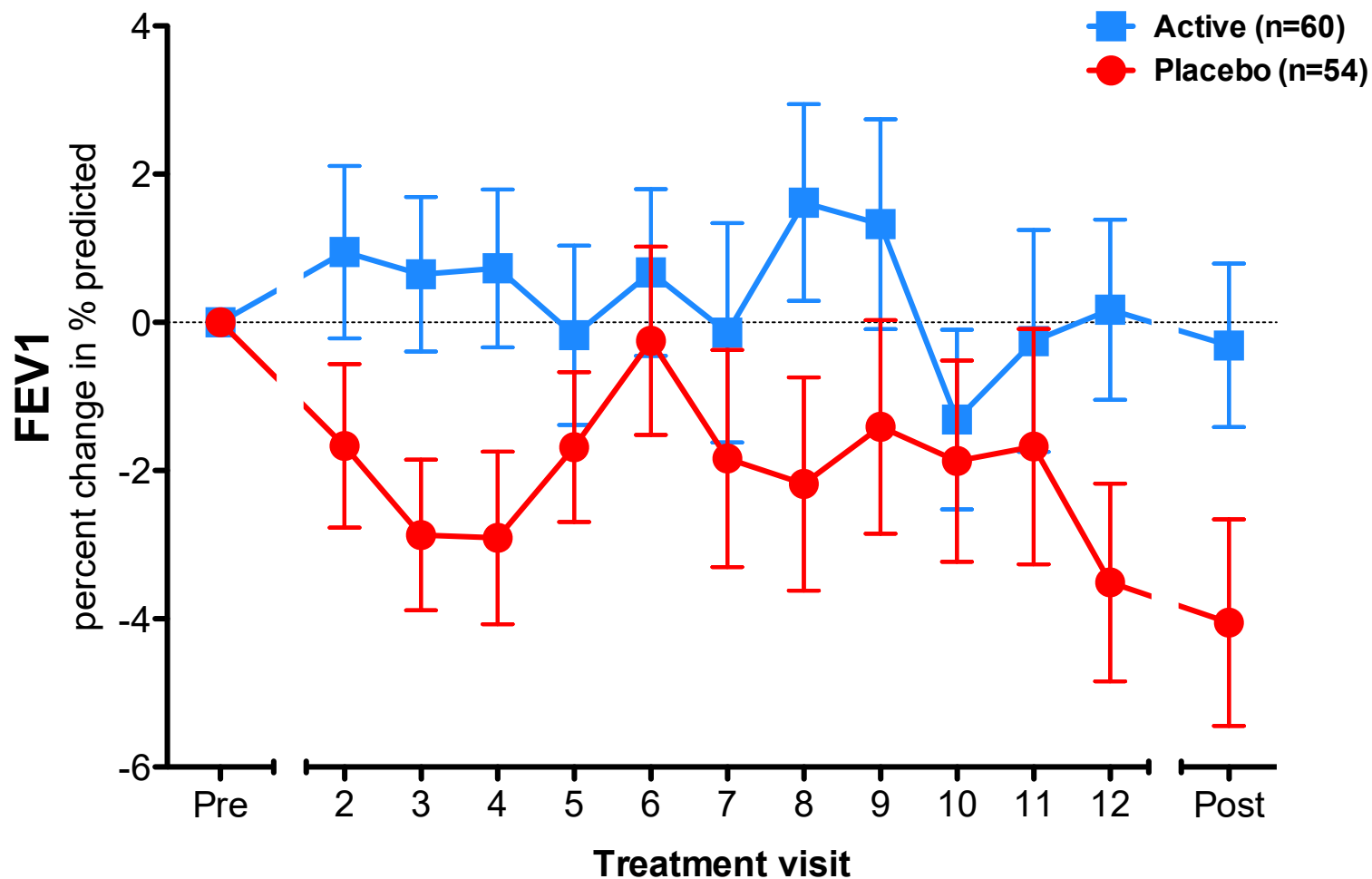
Primary outcome: FEV1



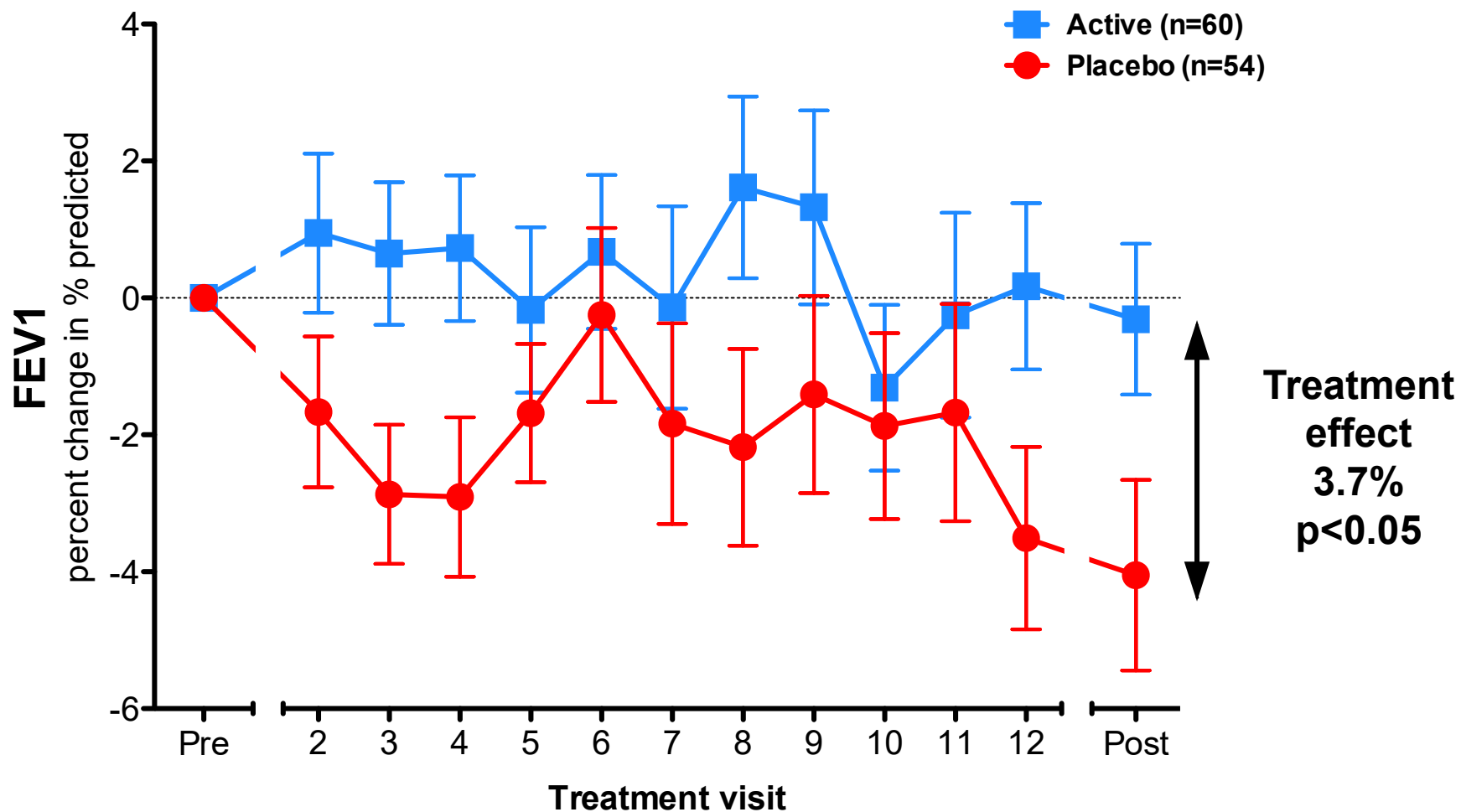
Primary outcome: FEV1



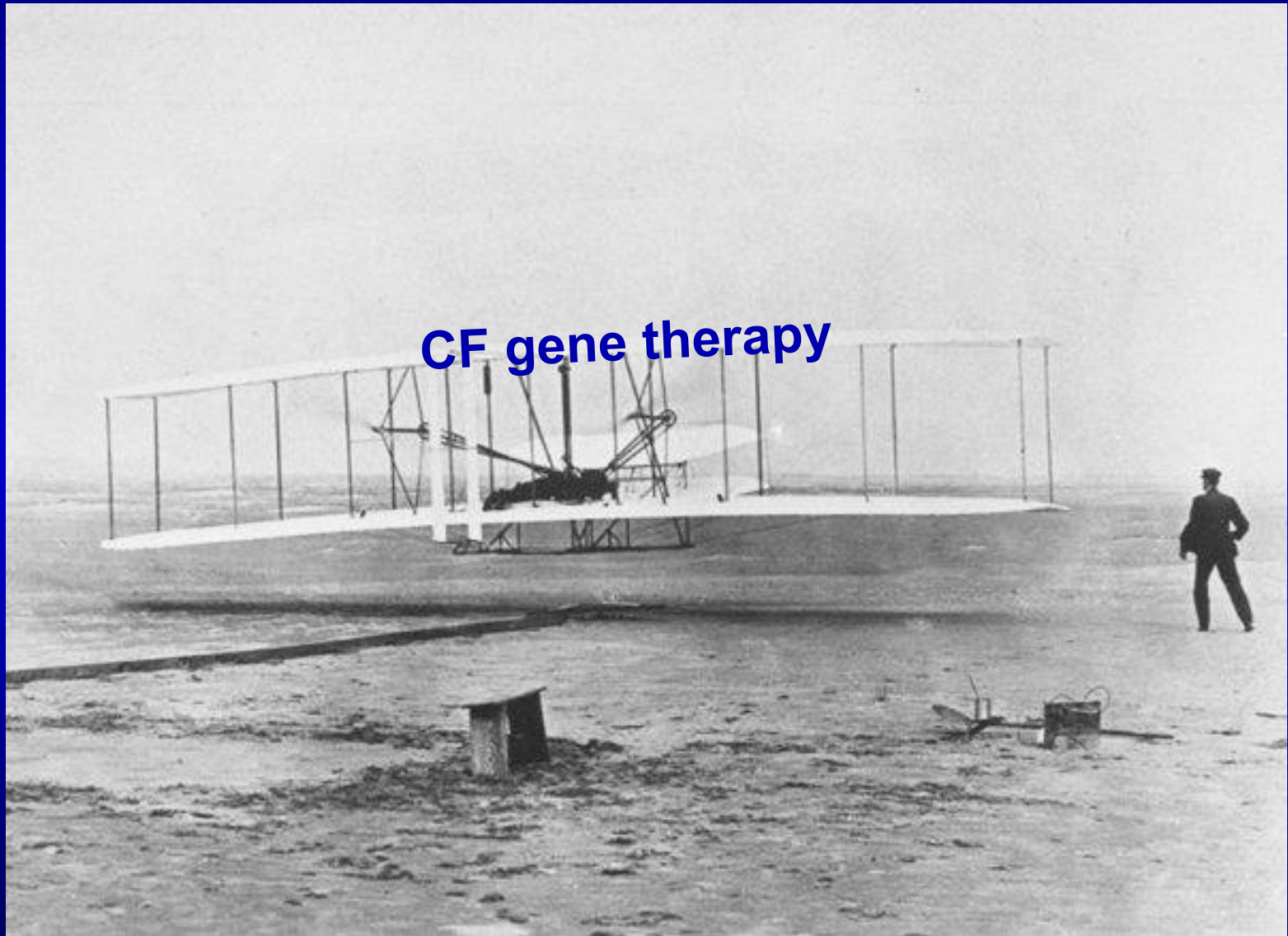
Primary outcome: FEV1



Primary outcome: FEV1

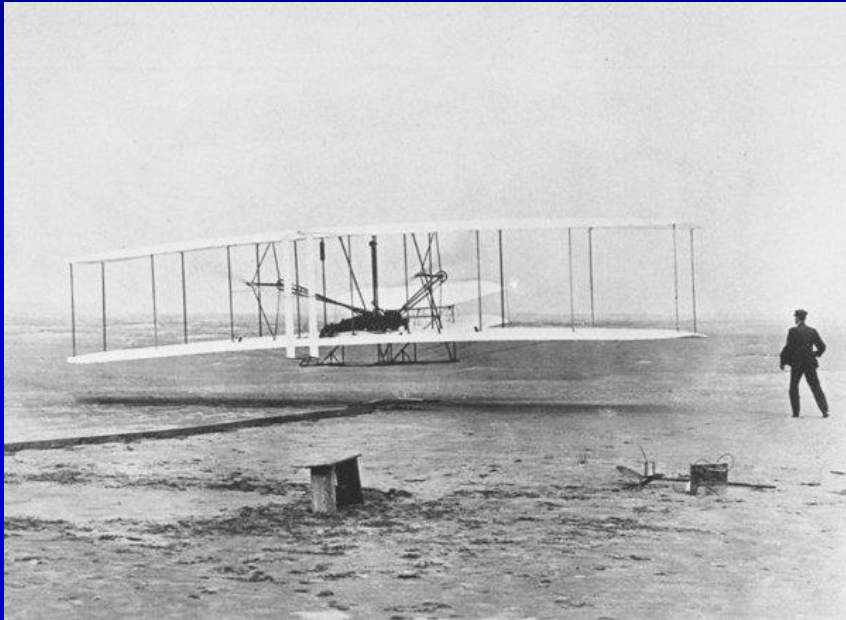


What this is



What this isn't



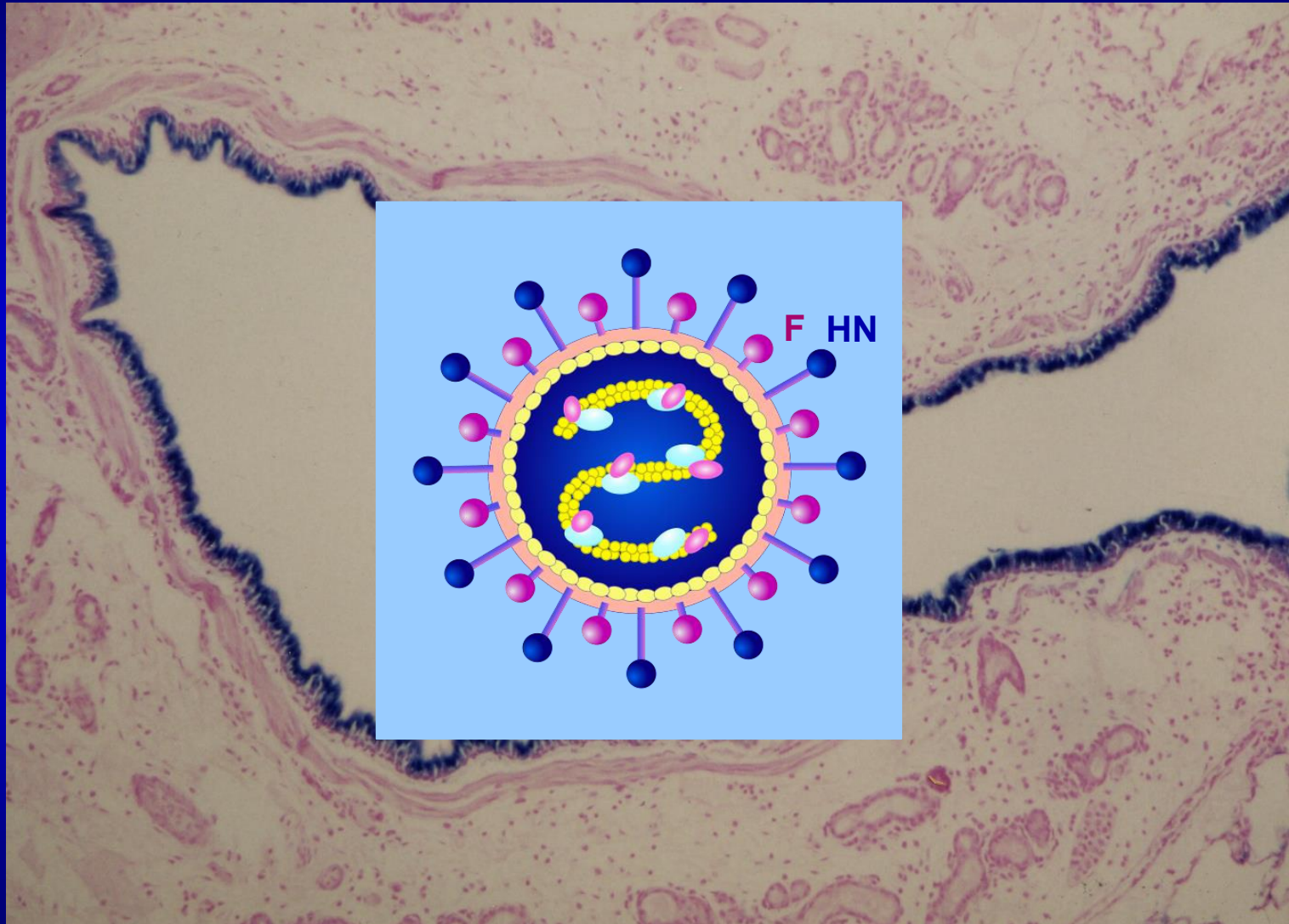


Wave 1



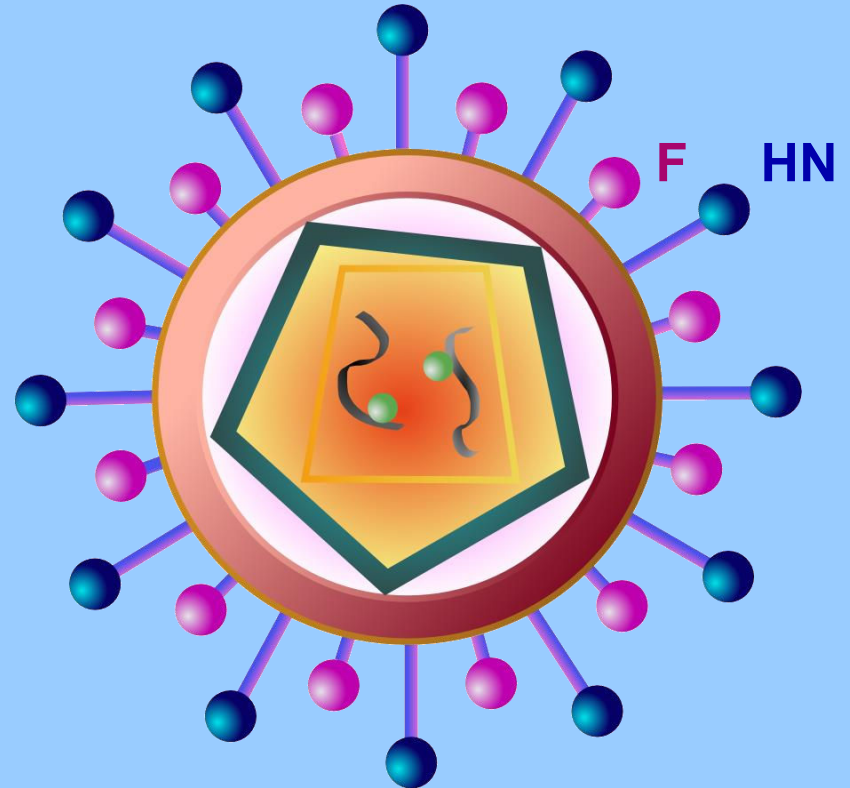
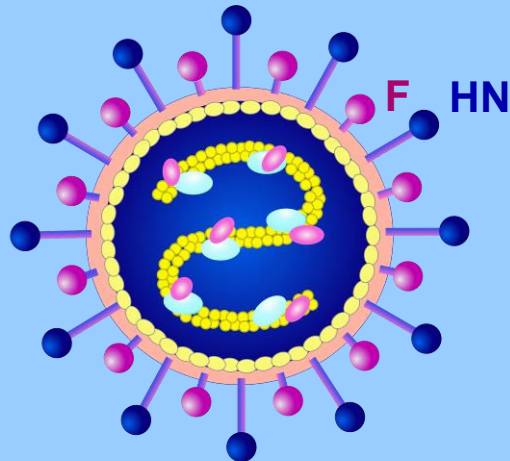
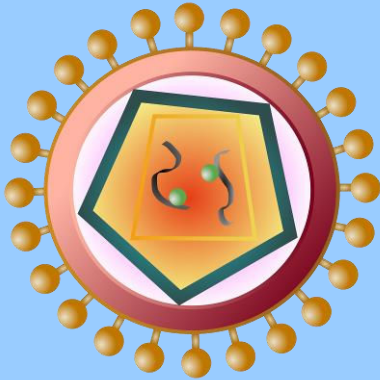
Wave 2

Sendai virus transfects airways



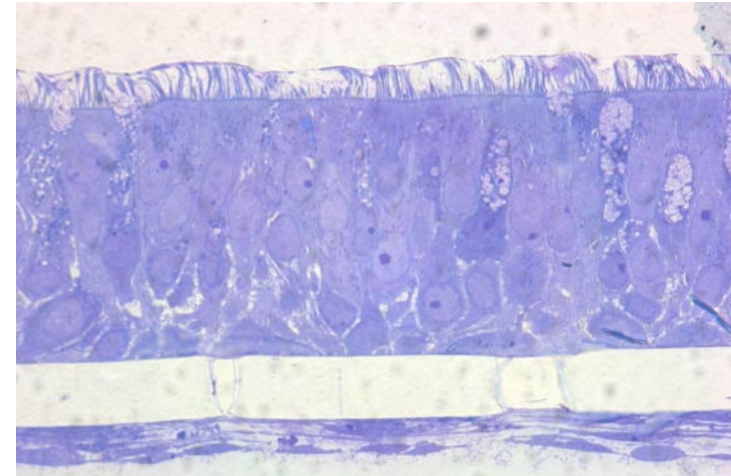
1-2 weeks: can't repeat

F/HN pseudotyped lentivirus



Is it better than Wave 1?

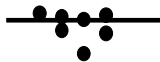
Human ALI



Mouse in vivo

U/mg Protein)

100000
10000
1000
100



Yes ~2 logs

Luciferase

1
0.1
0.01
0.001

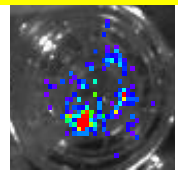
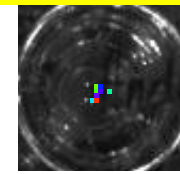
PBS

Lenti

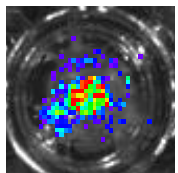
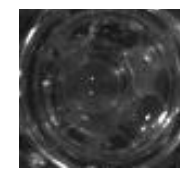
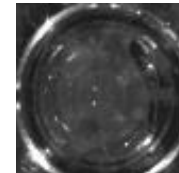
Liposome



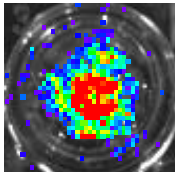
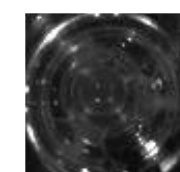
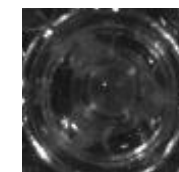
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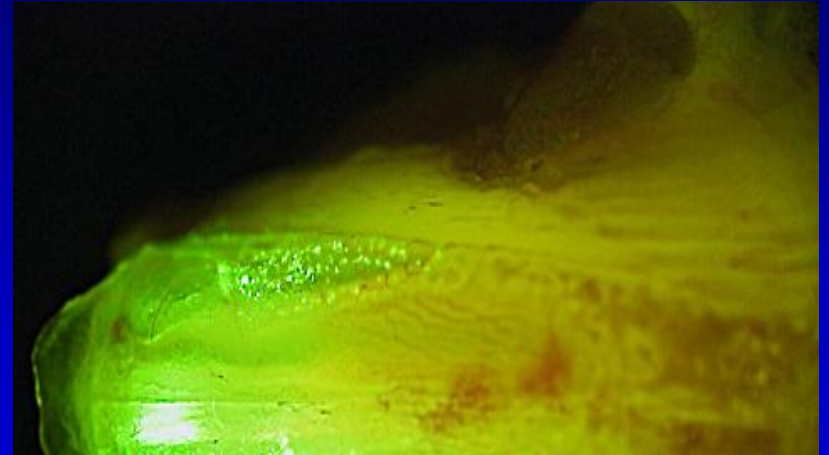
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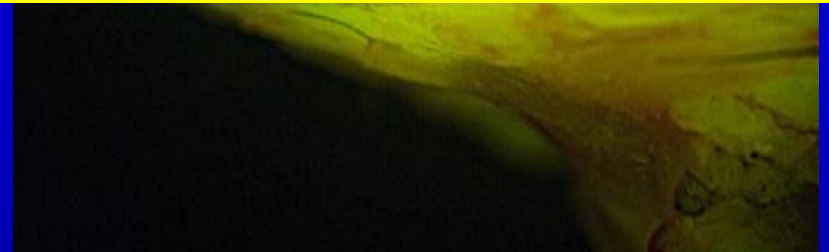
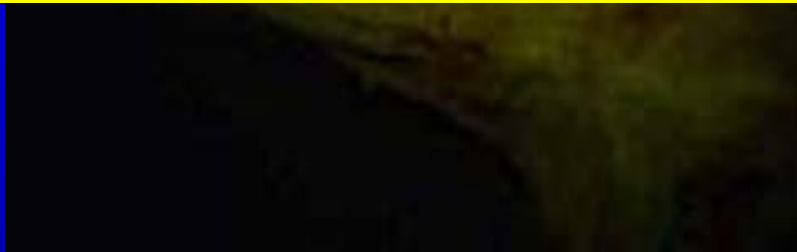
28



Long duration expression



Likely still need repeat dosing

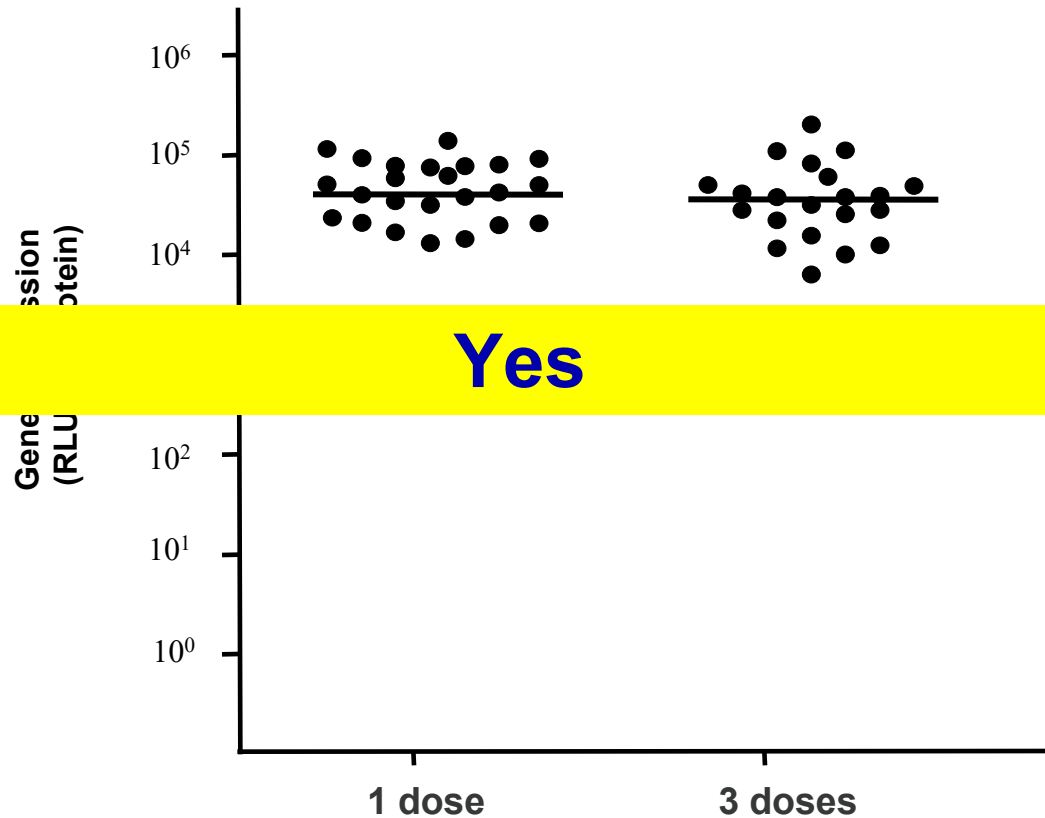


PBS

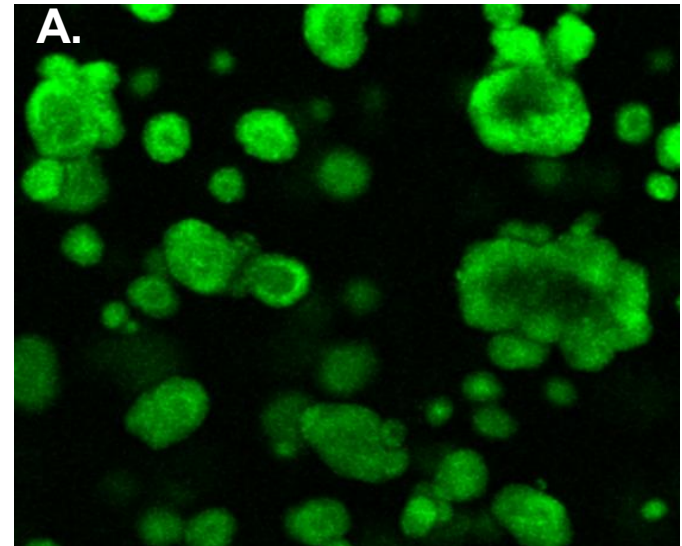
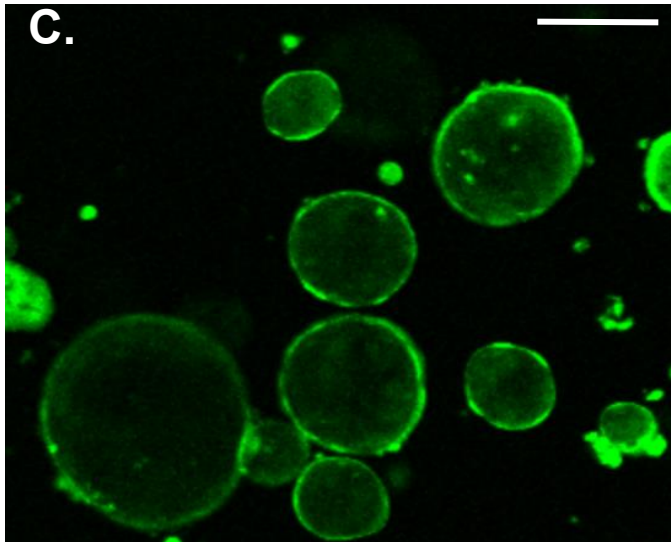
Lenti

2 years

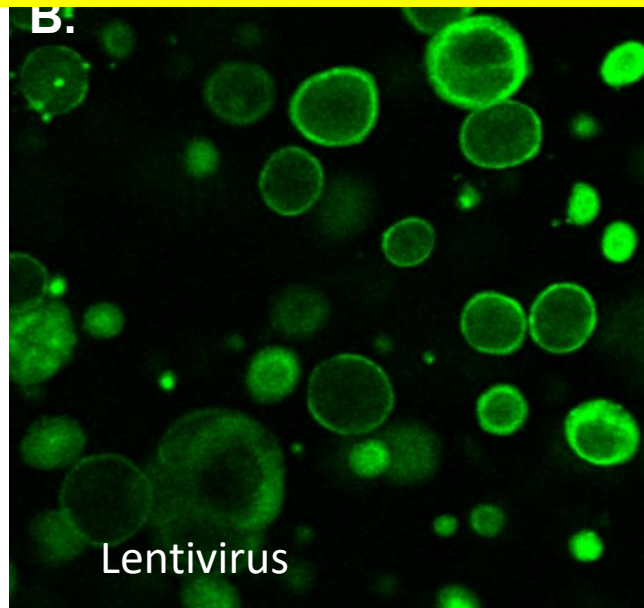
Expression feasible on repeated administration?



Produces functional CFTR



Yes

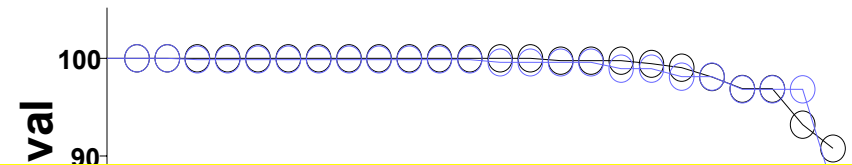
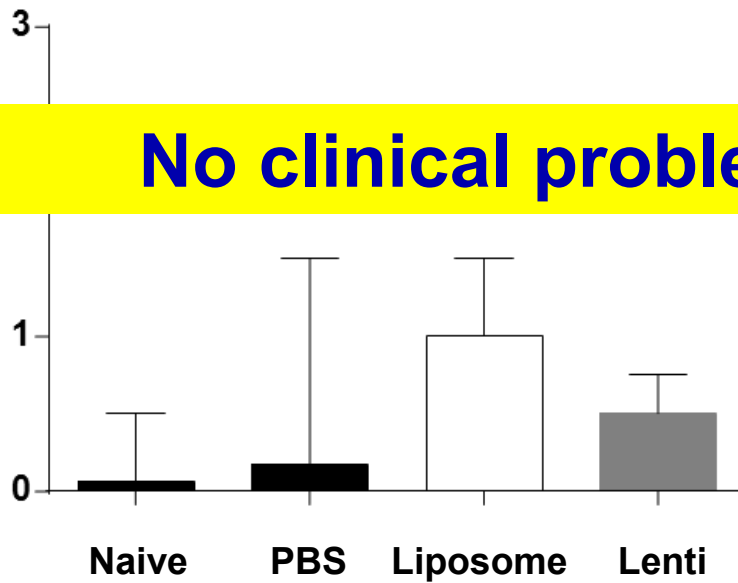


Toxicology

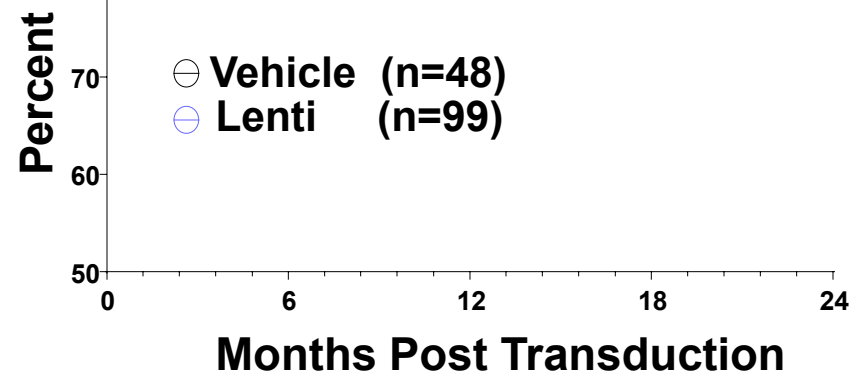
Acute

Chronic

Lung inflam
(semi-quantitat



No clinical problems with lentivirus



Next steps: Wave 2

- : Defined pharmacopoeia-compliant product**
- : Academic first-in-man funded (Wellcome: £2.7M)**
- : Regulatory approved**
- : Tripartite agreement (Boehringer Ingelheim + Oxford BioMedica)**
- : Moving rapidly towards trial**

Other applications

- : Transduce lung**
- : Secreted proteins into lung/circulation**
- : Non-CF lung diseases or systemic conditions**
- : Genomics England**
- : Rare diseases**

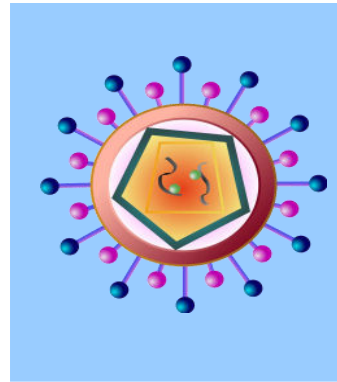
High efficiency vector opens up multiple new clinical targets for gene therapy

Rare genetic lung conditions

**Surfactant
protein
deficiencies**

**α 1-
antitrypsin
deficiency**

**Alveolar
proteinosis**



Systemic conditions

Haemophilias

**Thrombotic
thrombocytopenic
purpura**

Commoner lung conditions

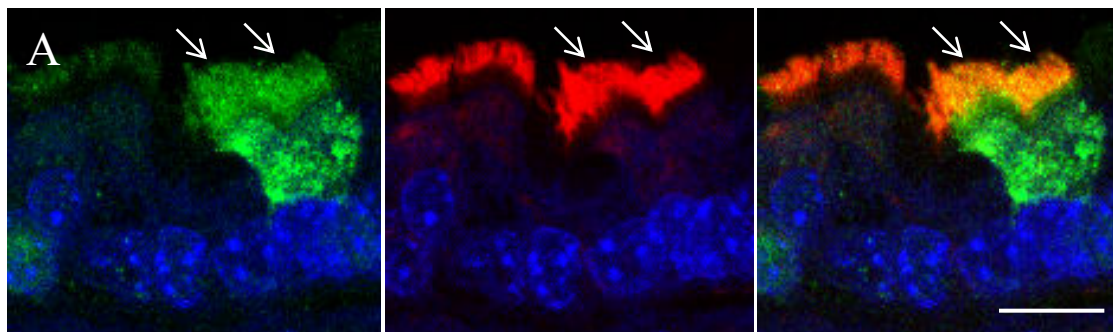
**Idiopathic
pulmonary
fibrosis**

COPD

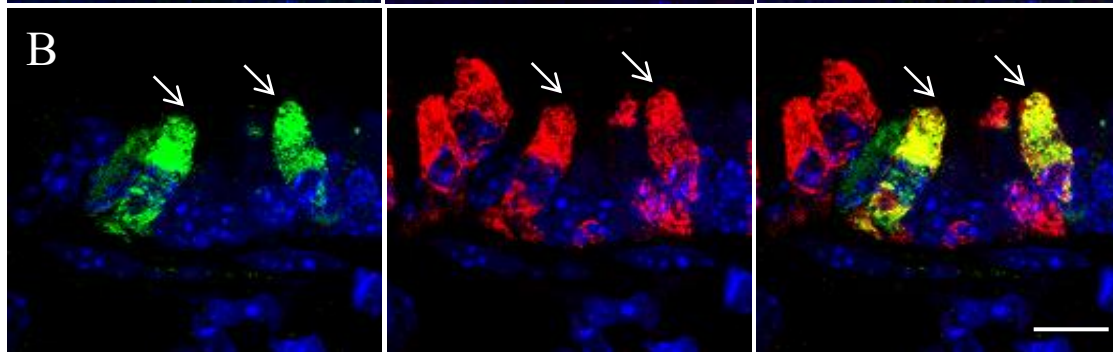
**Respiratory
anti-viral targets
(flu, RSV,
COVID-19)**

Wellcome Trust awarded £6.4M (2017-2022)

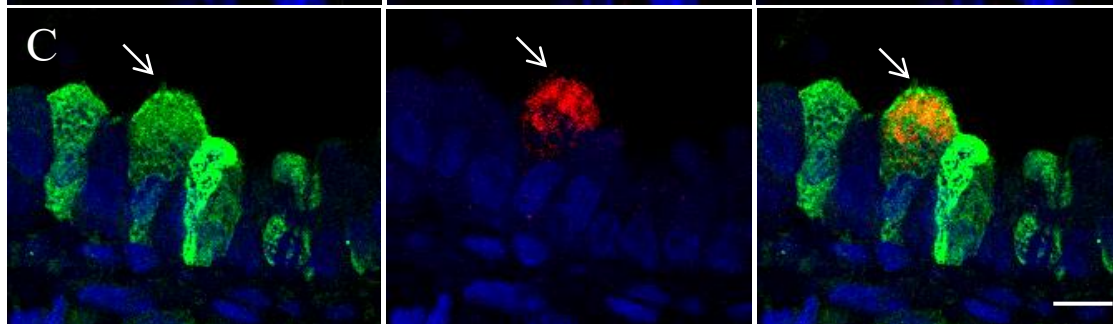
Ciliated



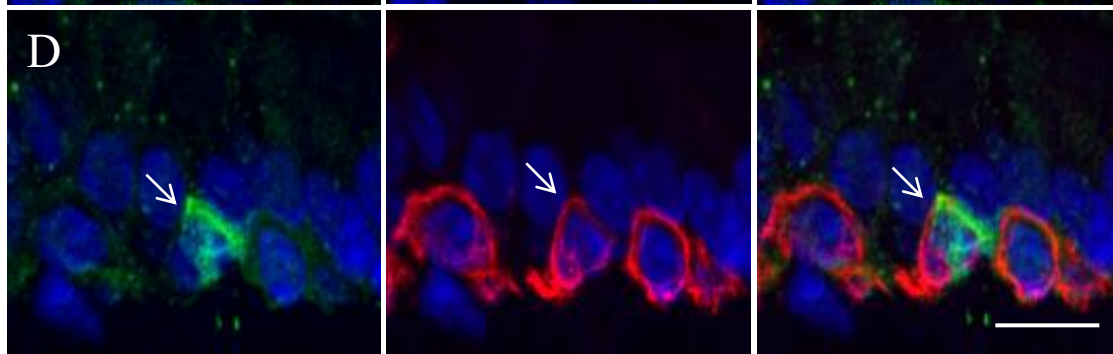
Club

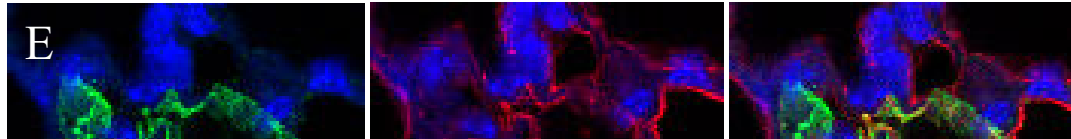


Goblet

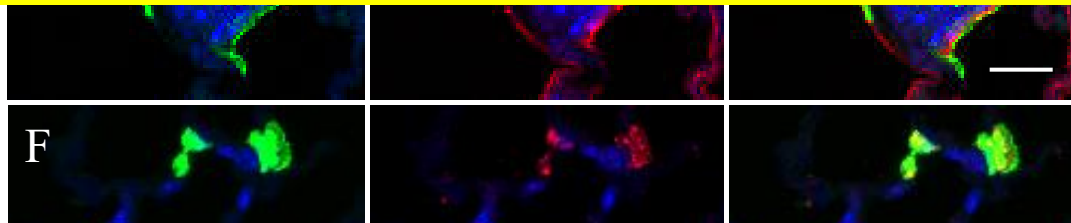


Basal





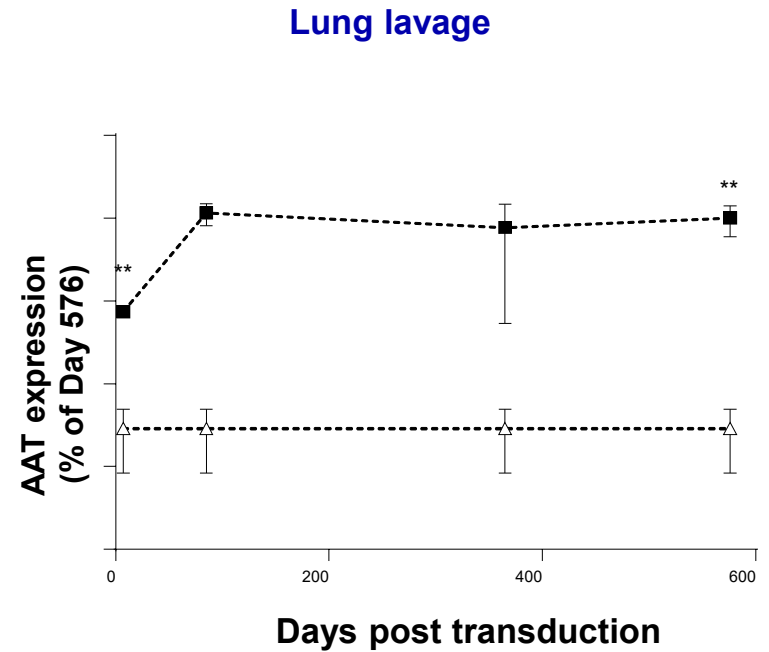
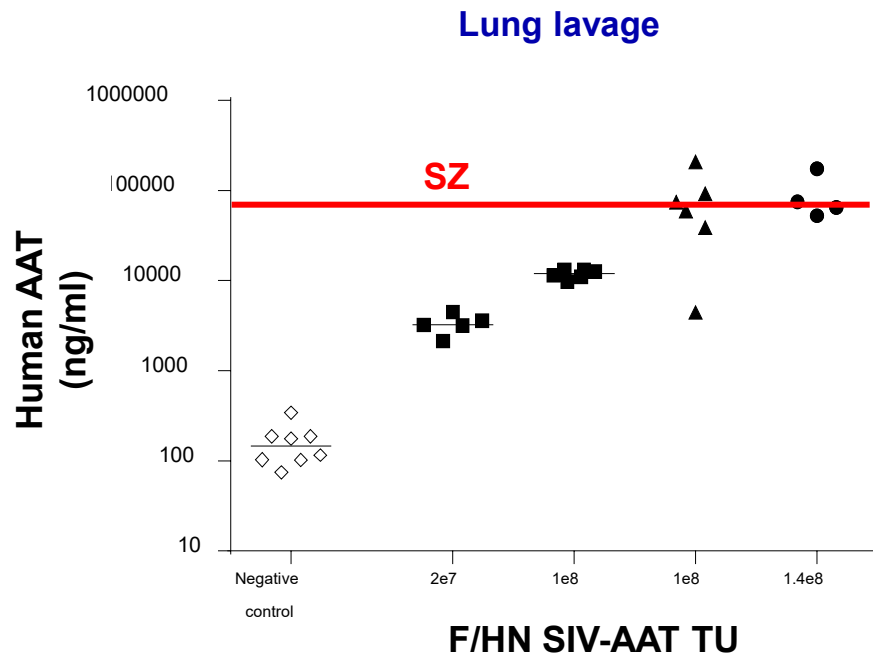
Transduces most lung cell types



Signal amplification

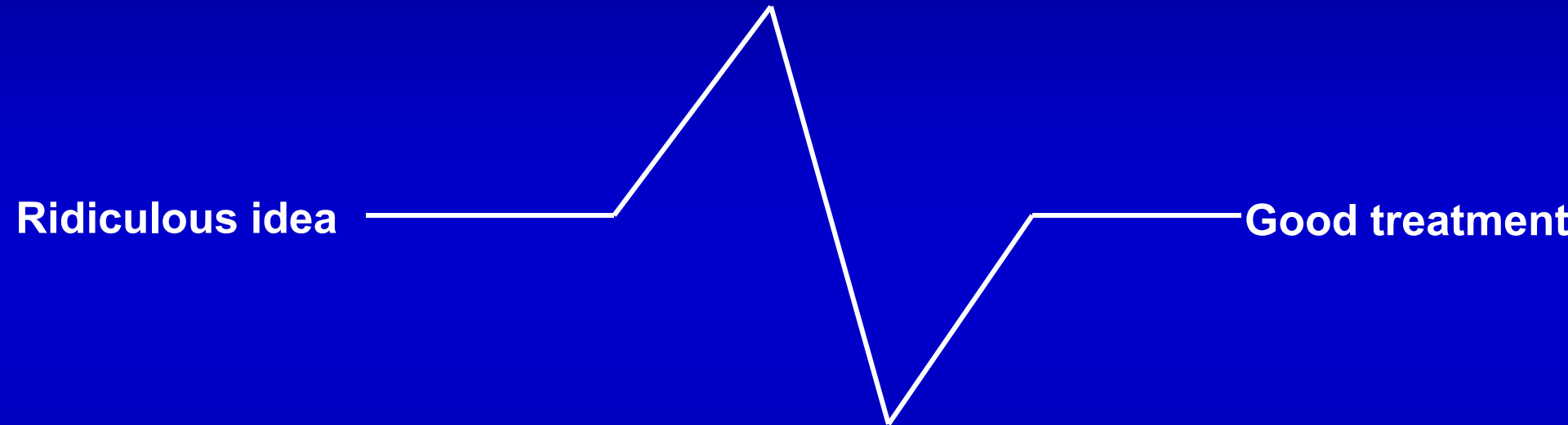


Treatment of α 1-antitrypsin deficiency



GENE EDITING

Cures all known diseases



Wouldn't give it to my dog

GENE THERAPY

GENE EDITING

Cures all known diseases

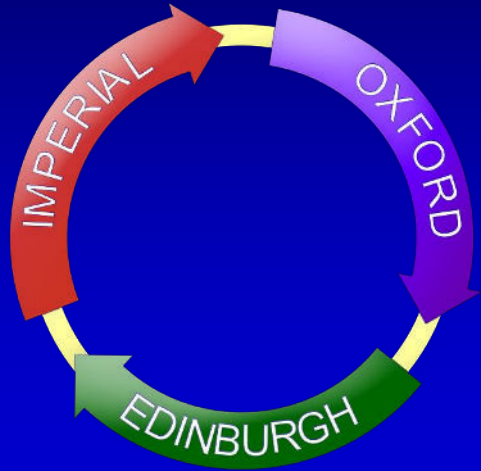


Need time to fulfill potential

GENE THERAPY

Wouldn't give it to my dog

Thank you



wellcometrust

cf CYSTIC
FIBROSIS
TRUST

cfgenethrapy.org.uk

NHS
**National Institute for
Health Research**

MRC

Medical
Research
Council

Just
Gene
Therapy

Q&A

Please add any question you have into the Q&A box

Please fill in feedback survey, your input is really valuable to us

Next webinar,

Gene editing: scientific basis and clinical potential,

4pm 9th February, Kyriel Pinealt (Research Associate, Imperial College

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Cell and Gene Therapy