

Genetic therapy for *USH2A*-associated retinal dystrophy: future perspective or...?

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Retinitis pigmentosa worldwide

A light gray world map is visible in the background, showing the continents of North America, South America, Europe, Africa, Asia, and Australia.

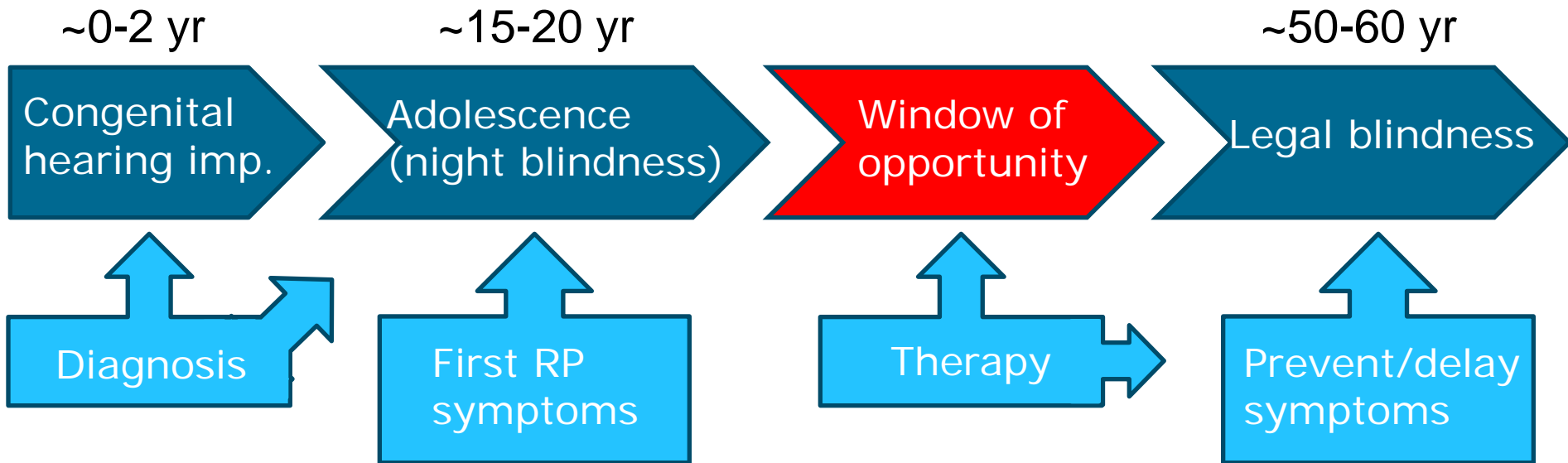
1.7 x 10⁶ persons with
Retinitis Pigmentosa
(RP)

> 400,000 *USH2A*-
related !


- 250,000 blind (= nsRP)
- 170,000 blind + deaf (= Usher syndrome)
- **No treatment**

Clinical timeline...

- USH2A most frequently mutated gene:
~50% of USH2 and ~4-20% of nsRP cases



What is needed for therapeutic development ?

1.Strategy  “Classical” USH2A-gene augmentation?

Challenges in potential USH2A therapies

Augment wildtype USH2A gene



But,

*Gene size +++ (15,606 bp cDNA)

*USH2A isoforms

Ideally, interfere on **functional** or **transcript** level

*not alter isoforms

*not alter expression levels



Gene editing



But,

*low efficiency

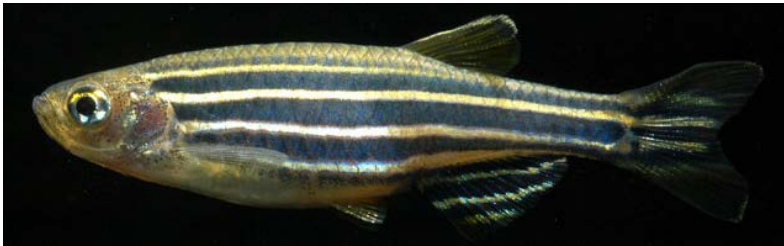
*off-target effects?

*not ready for clinical application

What is needed for therapeutic development (2)?

- 1.Strategy → “Classical” Ush2A-gene augmentation? **X**
- 2.Animal model → Ush2a mouse model ? **X**

Model



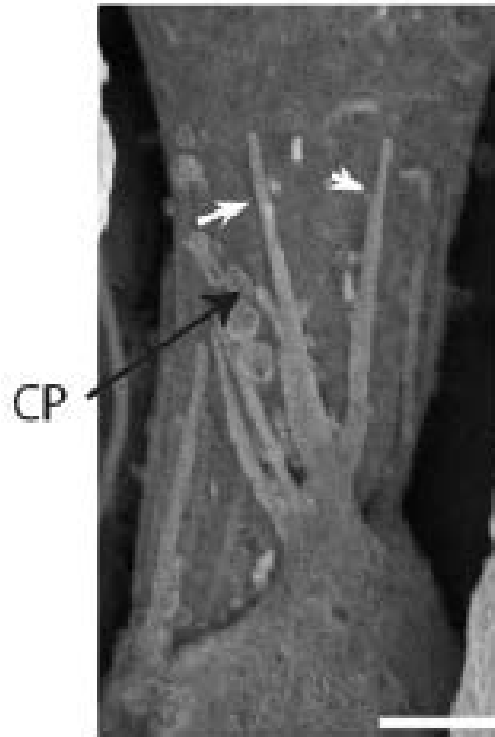
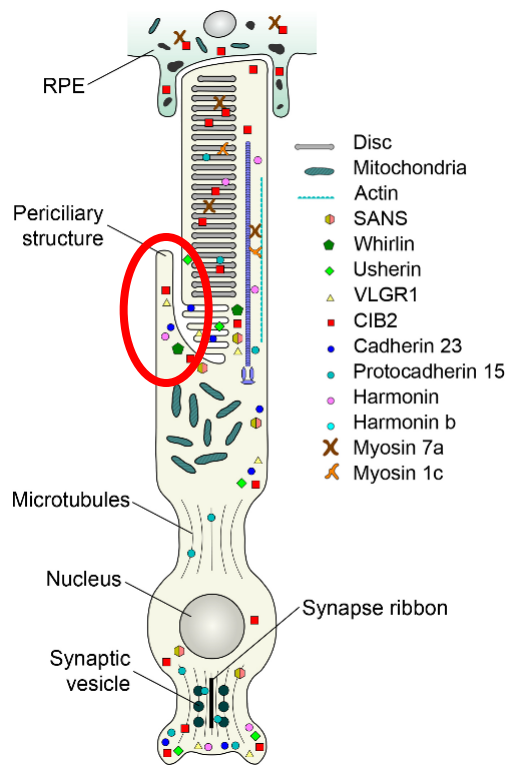
Zebrafish ush2a knockout model:

**Early-onset retinal degeneration
and impaired visual function !**

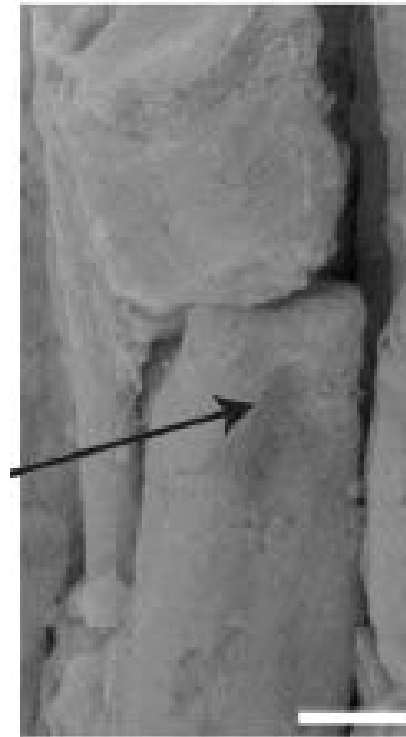
-All known human USH-genes are present in zebrafish

-Human vs. zebrafish USH2A: gene and protein are highly similar

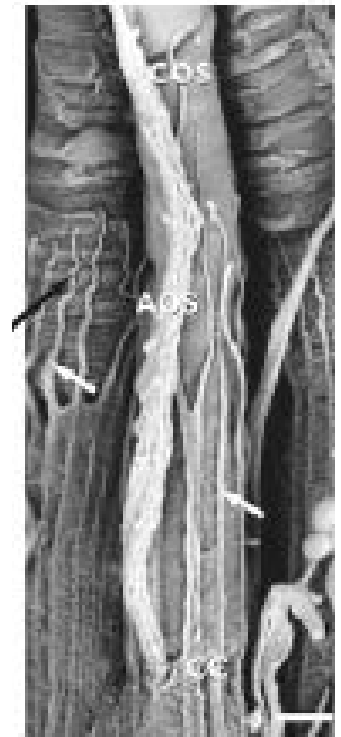
Anatomy of photoreceptor cells



human

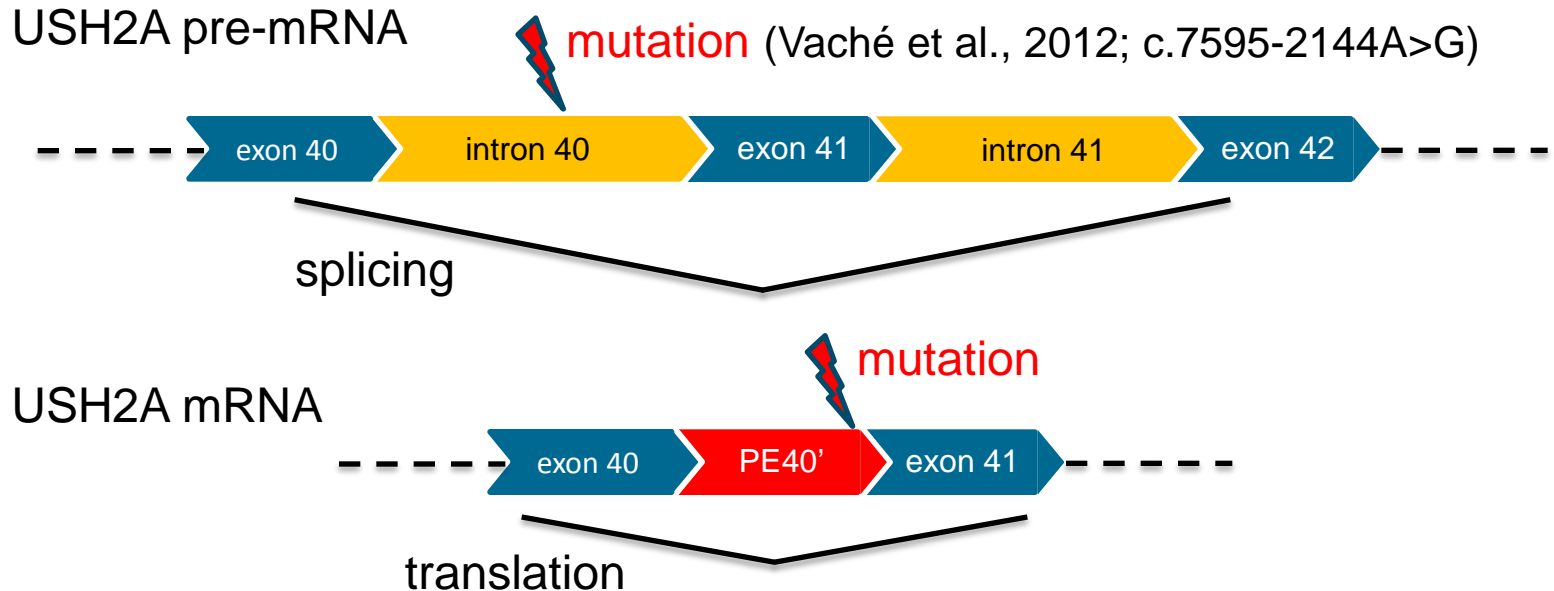


mouse

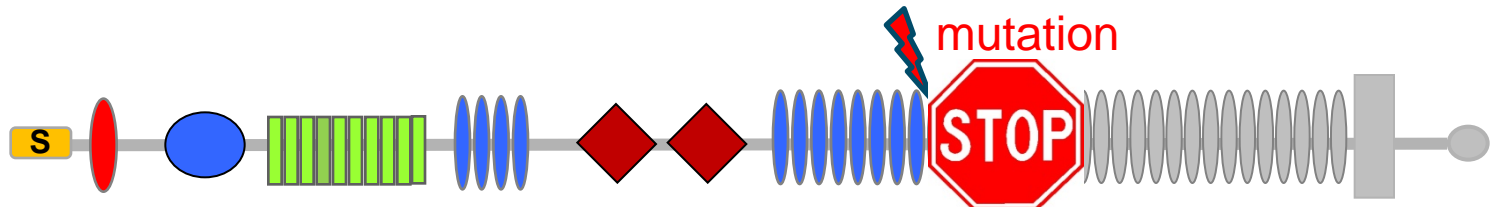


zebrafish

Important genetic cause: pseudoexon 40

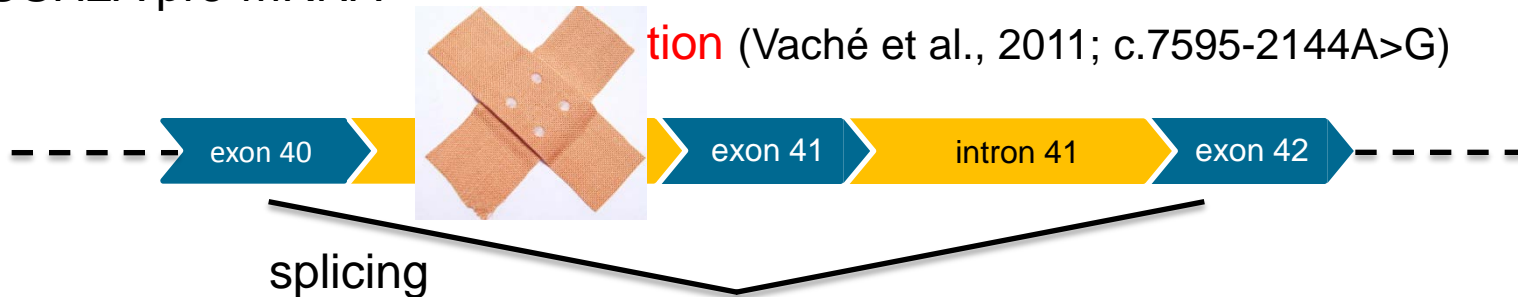


Incorrect, non-functional USH2A protein !

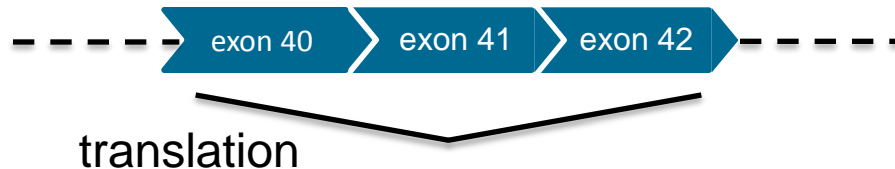


Strategy: splice correction!

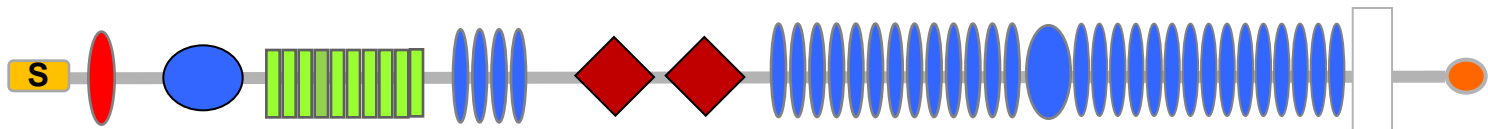
USH2A pre-mRNA



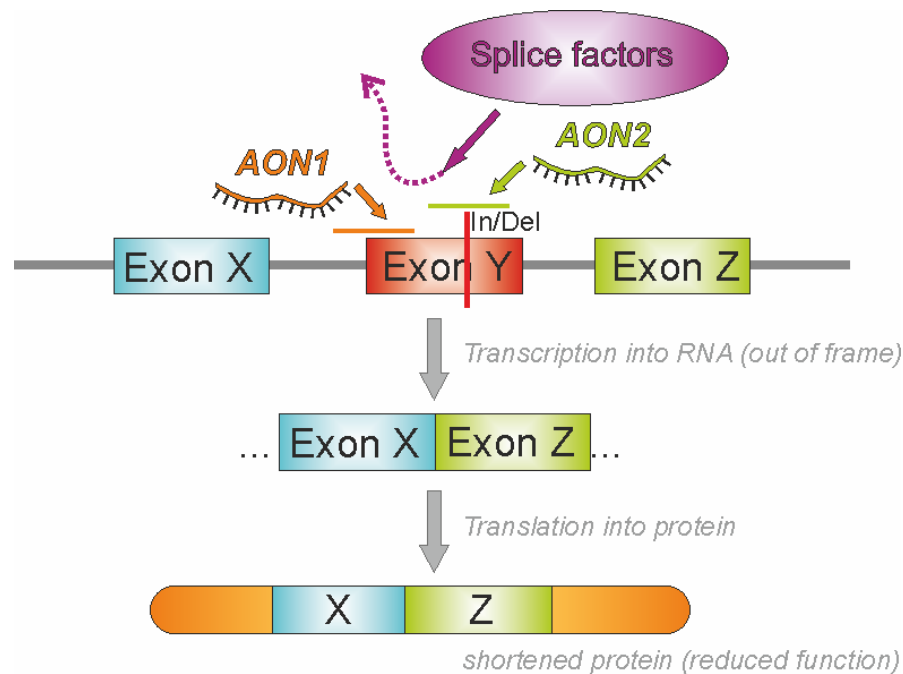
USH2A mRNA



Skipping of pseudo-exon, result: normal, fully functional USH2A protein !



“Genetic tape”: antisense oligonucleotides (AON)



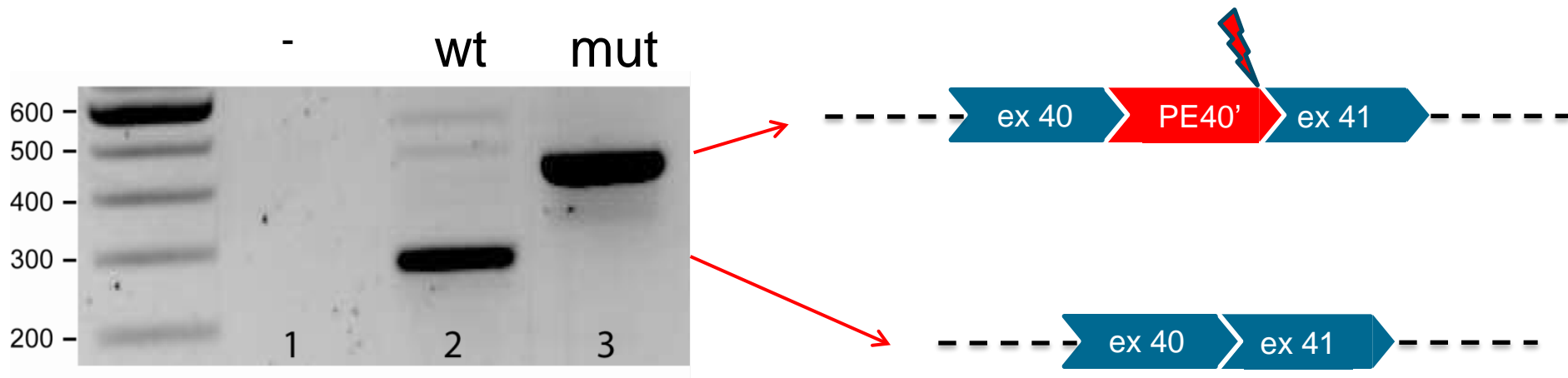
Prevents binding of splice factors → induces exon-skipping during splicing!

Strategy against USH2A pseudoexon 40

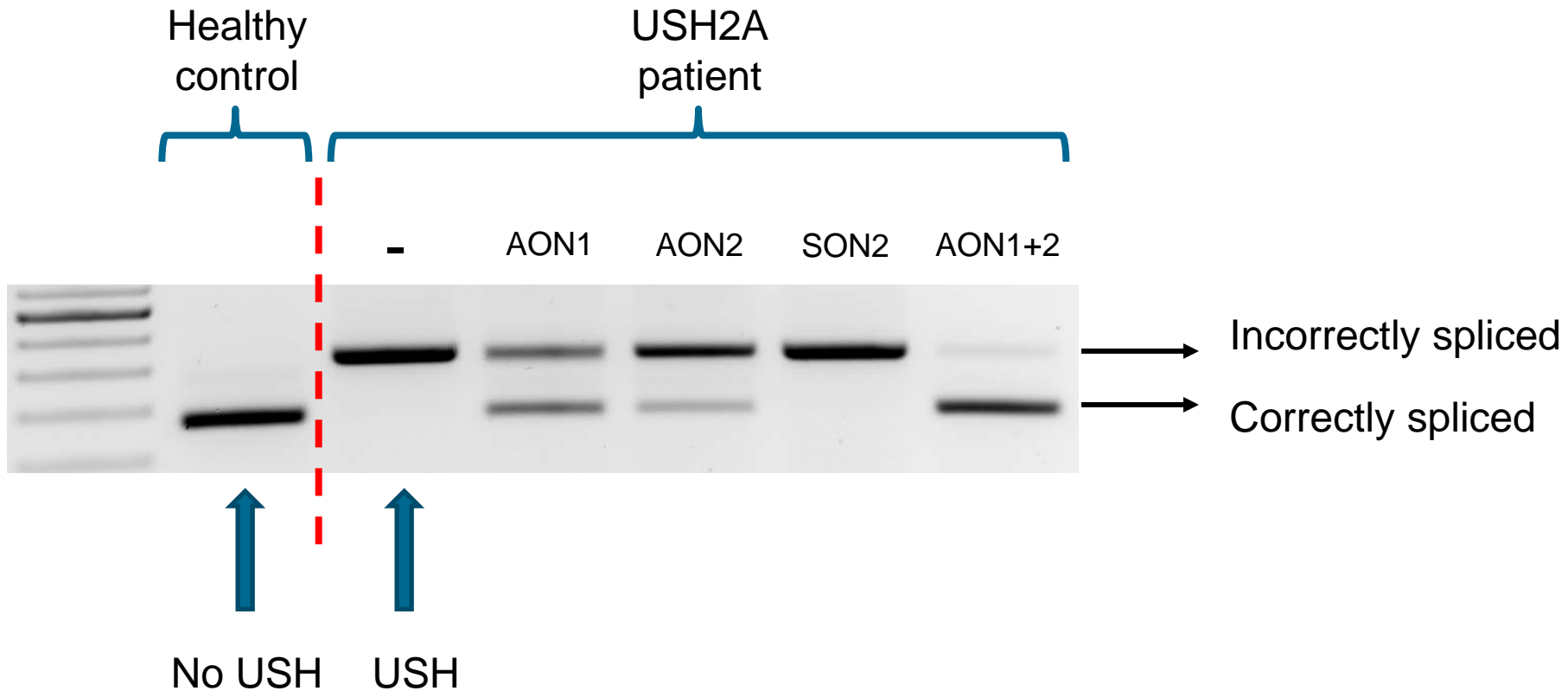
Strategy: Use AONs to mask PE40 during splicing

- [1] Study the effect of the mutation in patient-derived cells
- [2] Design AONs to redirect USH2A splicing
- [3] Use patient-derived cells to confirm AON potential
- [4] Generate zebrafish knockin model to study effect on visual function

Effect of the mutation...



Splice correction ?



Future delivery of “genetic tape”?

1) “Naked”;

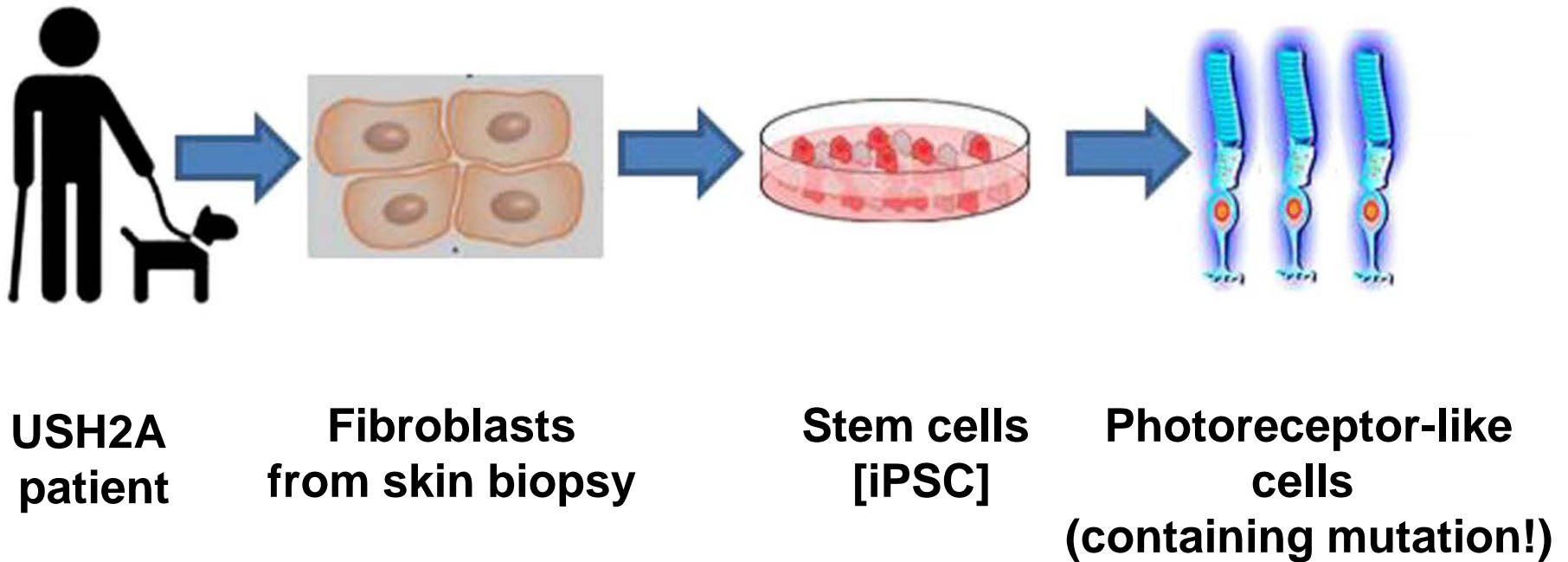
* **Repetitive** intraocular injections (~ 3-4 times a year)

2) Packaged into an **Adeno-Associated Virus (AAV)** or **Lentivirus**

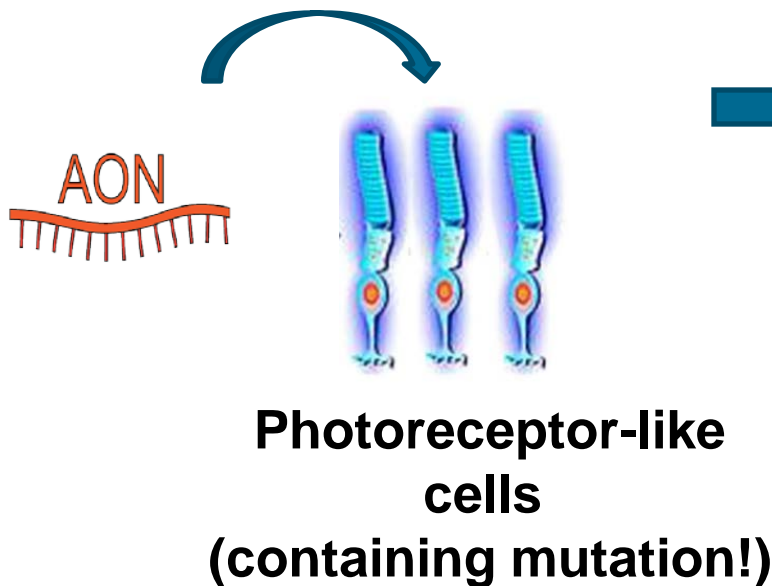
* Presumably a **single** subretinal injection

**Future research will determine
the best and safest route of delivery**

Translation to the proper context...



Follow-up



- 1) **Functional ?**
(splice correction/zebrafish)
- 2) **Mode of delivery ?**
("naked"/AAV-based)
- 3) **Specific ?**
(off target effects)
- 4) **Safe ?**
(toxicity)

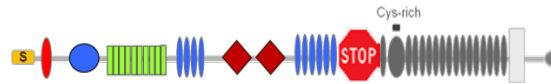
Phase I/II clinical trials !

In summary...



USH2A patients

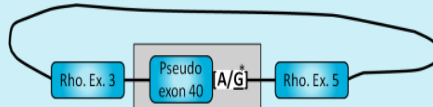
Mutation in USH2A >
non-functional protein



Interfere with splicing
using AONs

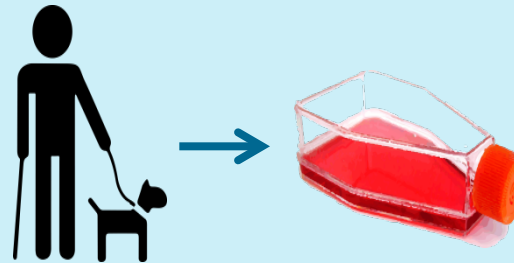


Model PE40 splicing:



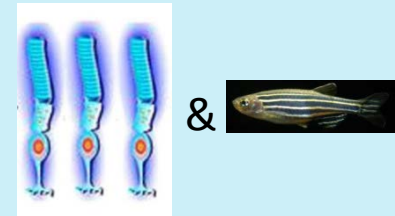
Minigene splice assay
+/- AONs

Confirmed in patient material:



Patient derived fibroblasts
+/- AONs

Preclinical efficacy & safety:



iPSC-P and zebrafish
+/- AONs



Clinical validation

Acknowledgements

- Ralph Slijkerman
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- Erik de Vrieze
- Theo Peters
- Ronald Pennings
- Hannie Kremer



USHERSYNDROOM

reaching out for sight and sound



Montpellier:

- Anne-Francoise Roux
- Christel Vaché



Collaborators:

- Rob Collin (Nijmegen)
- Monte Westerfield (Eugene)
- Stephan Neuhauss (Zurich)
- Uwe & Kerstin Wolfrum (Mainz)

