

La strategia dell' exon  
skipping nella terapia  
genica della Distrofia  
Muscolare di  
Duchenne

# Why study RNA?

## Post-transcriptional regulation

nucleus

splicing/processing *sn-snoRNAs*  
polyadenylation/3' end formation *snRNAs*  
RNA modifications ( $\text{CH}_3, \psi\text{U}$ ) *snoRNAs*

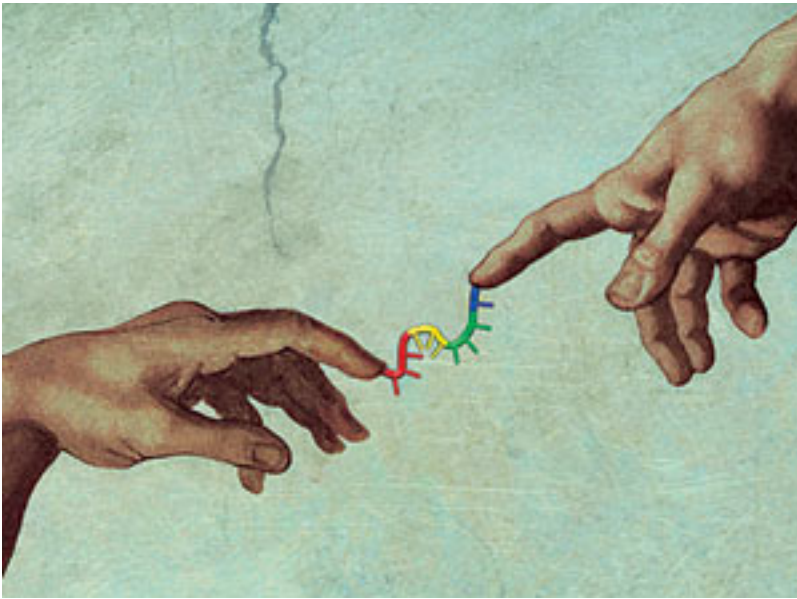
transport

cytoplasm

translation *miRNAs*  
editing *gRNAs*  
stability *siRNAs*

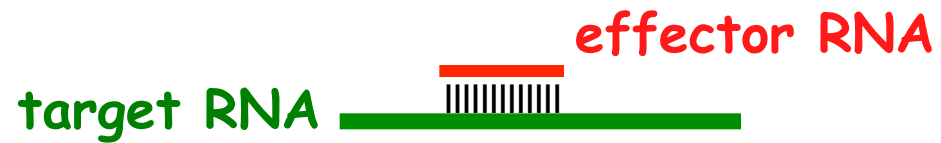
RNA/RNA interactions are at the base of all these processes  
Specificity is provided by short base-pairing





Economist.com

*The RNA revolution*  
Biology's Big Bang



One of the major goals of molecular biologists is to control, or modify, gene expression in a sequence-specific way (basic science and applied research)

## Why select RNA?

- RNA molecules can interfere with gene expression in a sequence-specific way
- The specificity is extremely high and can be obtained with molecules of low complexity
- Non-immunogenic

# Therapeutic RNAs

RNA functions that can be exploited for controlling gene expression in a sequence-specific way:

**Antisense**

**Aptamers**

**Ribozymes**

**Modifying RNAs**

**RNA interference**

**miRNA**

## **Advantages of RNA-base gene therapy**

- RNA molecules can interfere with gene expression in a sequence-specific way**
- The specificity is extremely high and can be obtained with molecules of low complexity**

Therapeutic RNAs should be stably expressed in order to obtain a long term activity

# ***Requirements for an effective therapeutic RNA***

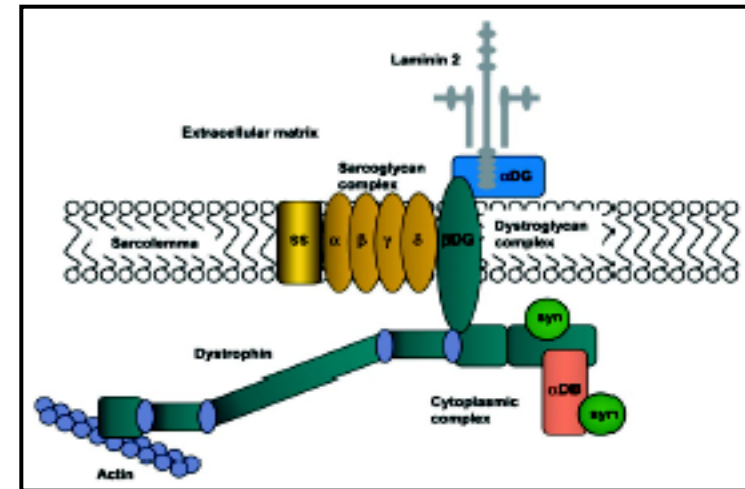
- Efficient expression  
**polIII, polII promoters, LTR**
- Stability  
**insert into stable RNAs**
- Structure  
**recognition regions exposed**
- Subcellular compartmentalization  
**co-localization with the target**

# *Genes for sncRNAs as vectors for the delivery of therapeutic RNAs*

<b><i>RNA</i></b>	<b><i>localization</i></b>	<b><i>function</i></b>
<b>U1</b>	nucleoplasm	splicing
<b>U2</b>	nucleoplasm	splicing
<b>U7</b>	nucleoplasm	3' processing of histone pre-mRNA
<b>U16</b>	nucleolus	site-specific methylation of pre-rRNA
<b>VA1</b>	cytoplasm	translation interference

# Duchenne Muscular Dystrophy (DMD)

- X-linked recessive disorder
- affects 1 in 3500 live males
- DMD muscles degenerate with activity
- leads to *death* by the third decade of life



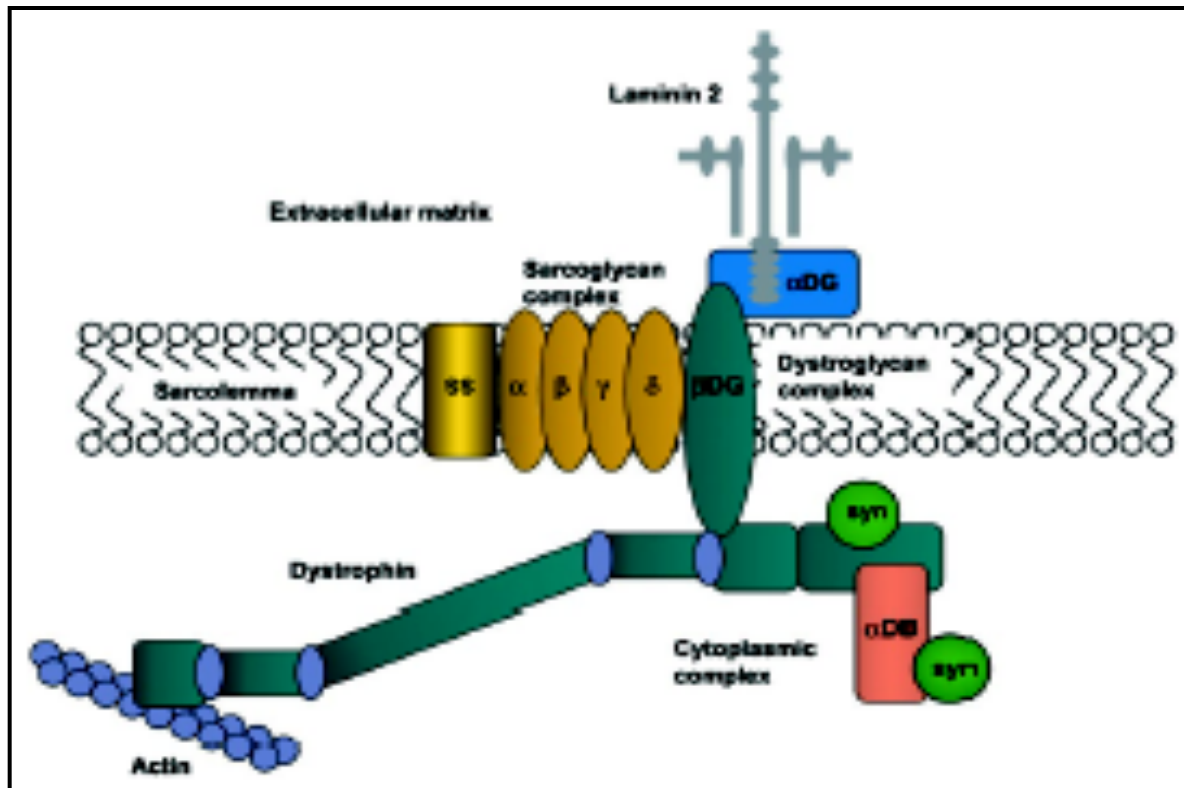
The gene is too big for a classical gene therapy intervention

## Dystrophin

- protein= 427 KDa
- DNA= 2,5 Mb
- cDNA= 14 Kb

# Duchenne Muscular Dystrophy (DMD)

- X-linked recessive disorder due to mutations in the dystrophin gene



## Dystrophin

- protein= 427 KDa
- DNA= 2,5 Mb
- cDNA= 14 Kb

dystrophin - connects intracellular actin microfilaments to the extracellular matrix determining a **structural** stabilization of the sarcolemma

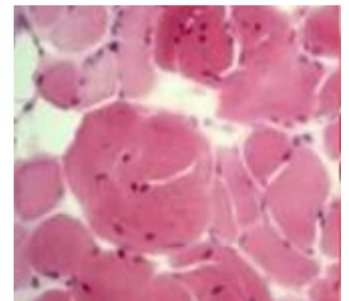
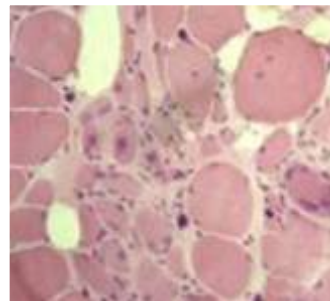
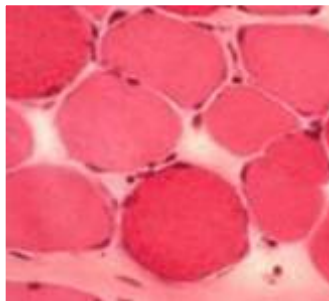
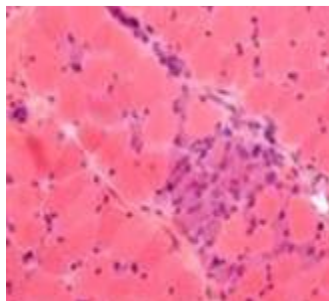
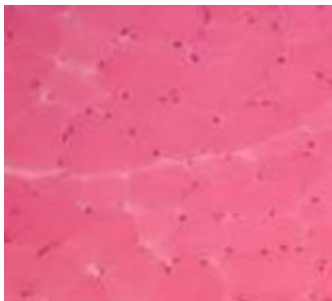


# Duchenne Muscular Dystrophy (DMD)

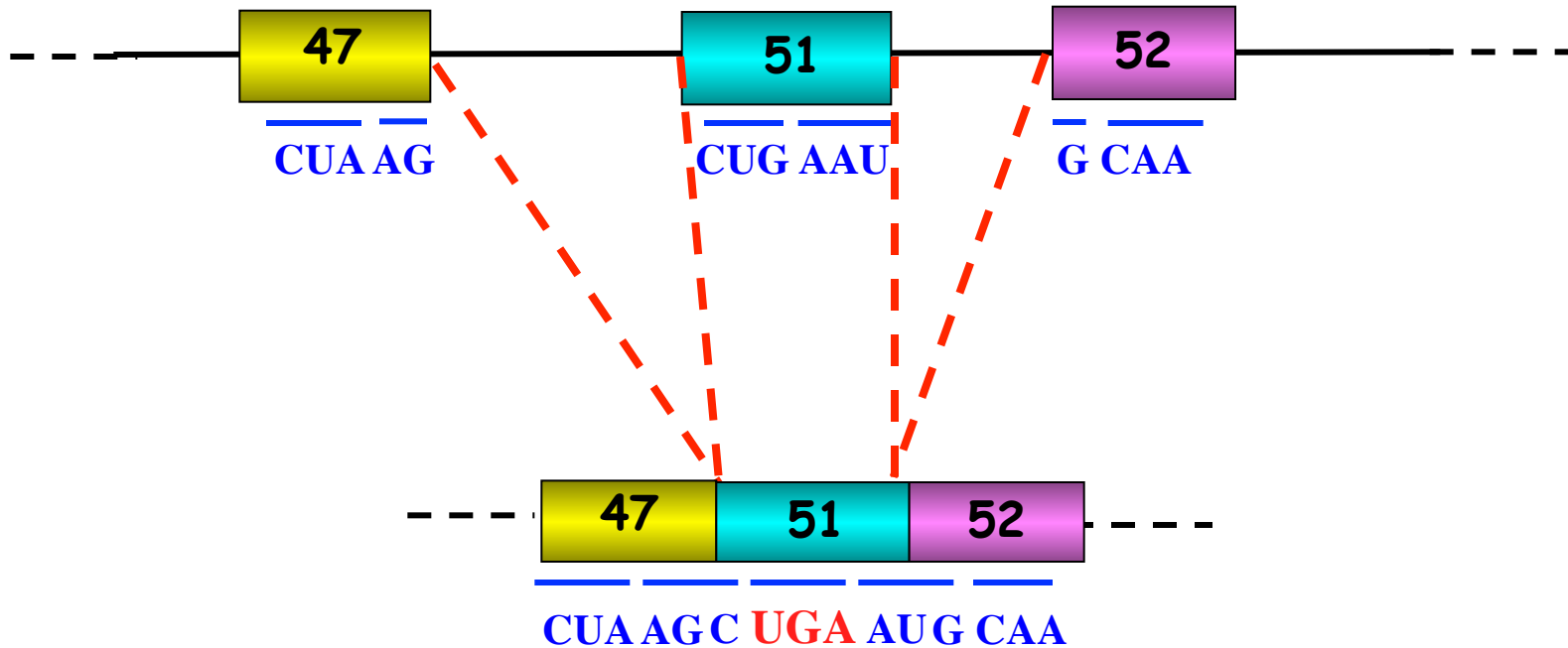


is a severe disorder characterized by rapid progression of muscle degeneration leading to loss of ambulation and death.

## Histopathology of a Duchenne muscle



# Duchenne Muscular Dystrophy - the 48-50 deletion -



out-of-frame fusion →

**UGA**  
stop codon

premature translation termination  
mRNA degradation

# Approcci alla terapia delle distrofie muscolari

**Terapia genica** - sviluppo di nuovi vettori capaci di trasferire il gene mancante ai nuclei delle fibre muscolari.

**Limiti:** gene troppo grande - difficoltà a raggiungere efficacemente tutti i distretti muscolari

**Farmaci** - recupero del registro di lettura (PTC), stimolare l' exon skipping o la produzione di proteine d' interesse come l' utrofina.

**Limiti:** somministrazione continua

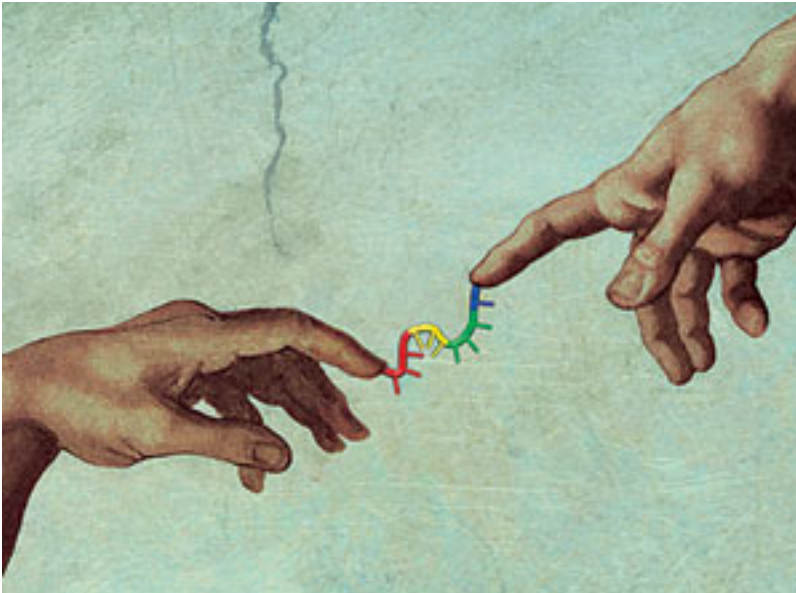
**Terapia cellulare** - ricostituire un tessuto funzionale fornendo cellule satellite o cellule staminali (mesoangioblasti).

**Limiti:** limitata capacità proliferativa e migratoria delle cellule satelliti. Necessità di cellule autologhe.

## A new strategy:

Modify the mutated dystrophin mRNA through the use of **antisense RNA molecules**

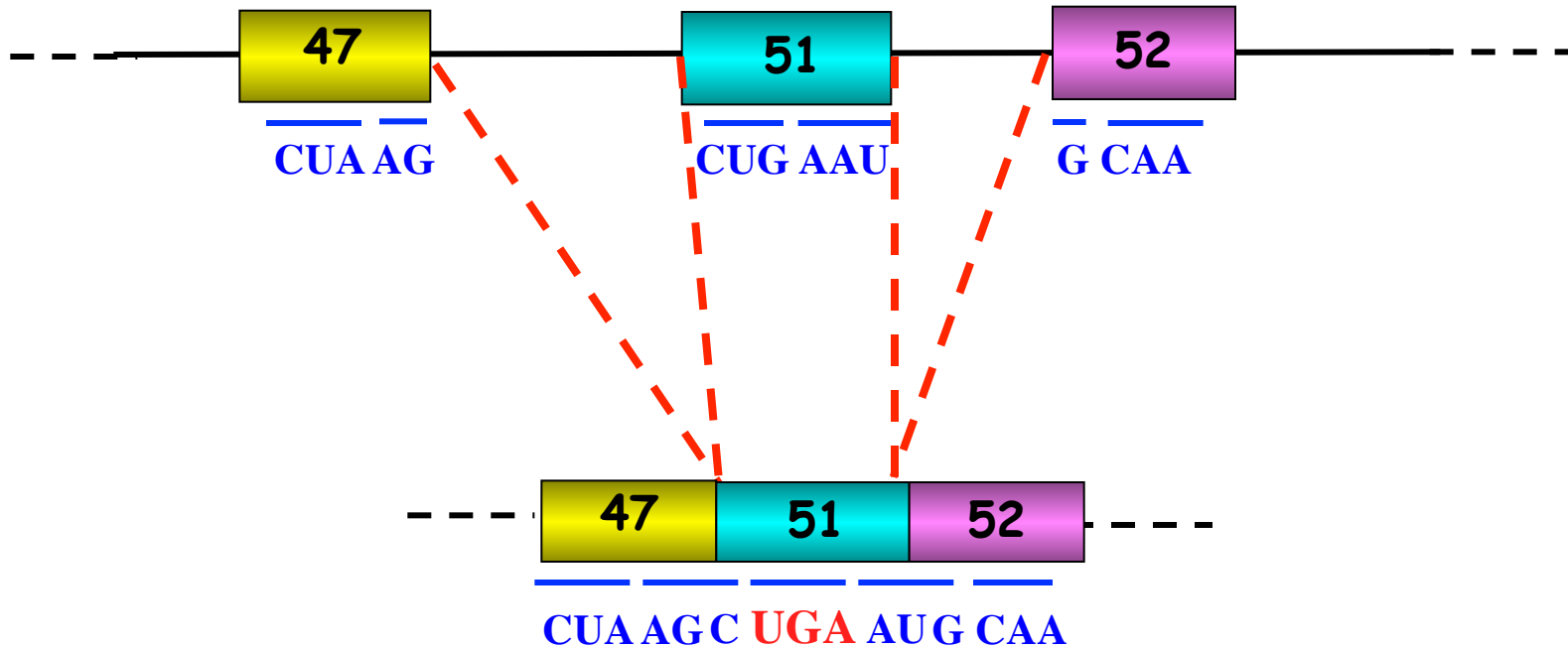
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# Duchenne Muscular Dystrophy - the 48-50 deletion -

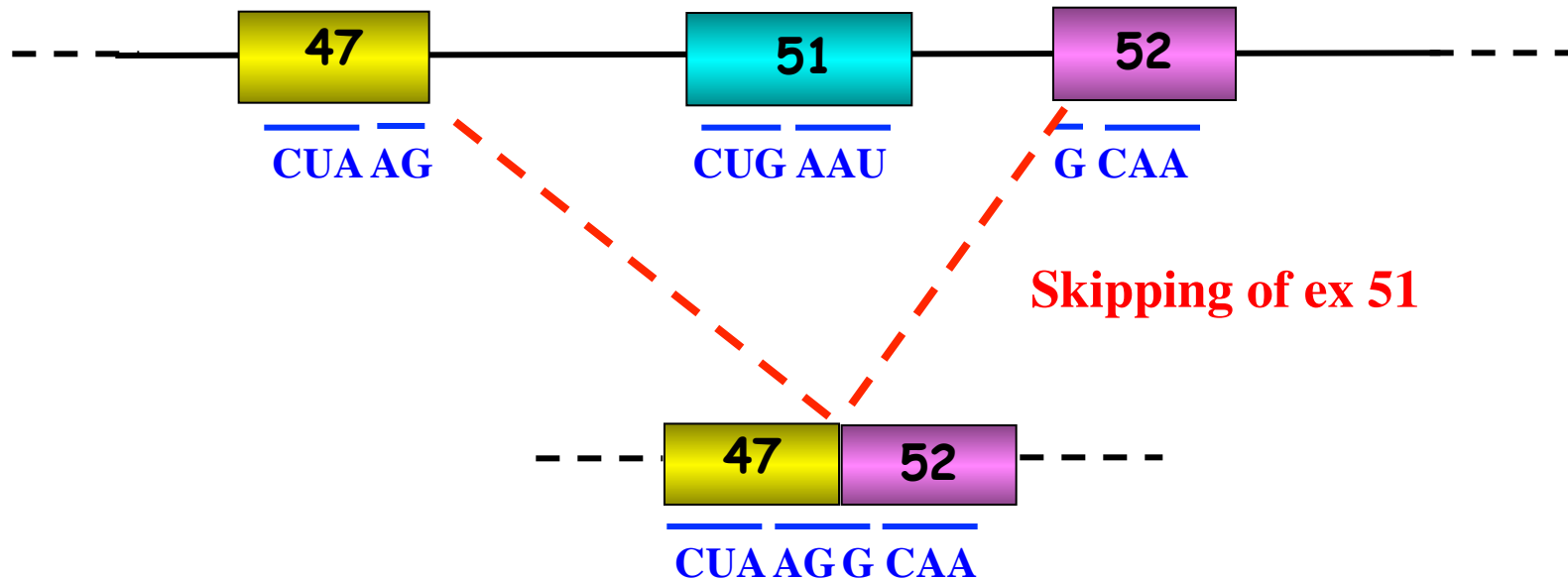


out-of-frame fusion →

**UGA**  
stop codon

→ premature translation termination  
mRNA degradation

# The exon skipping



**In-frame mRNA** → translation of a shorter but still functional protein  
- **Beker-type** -

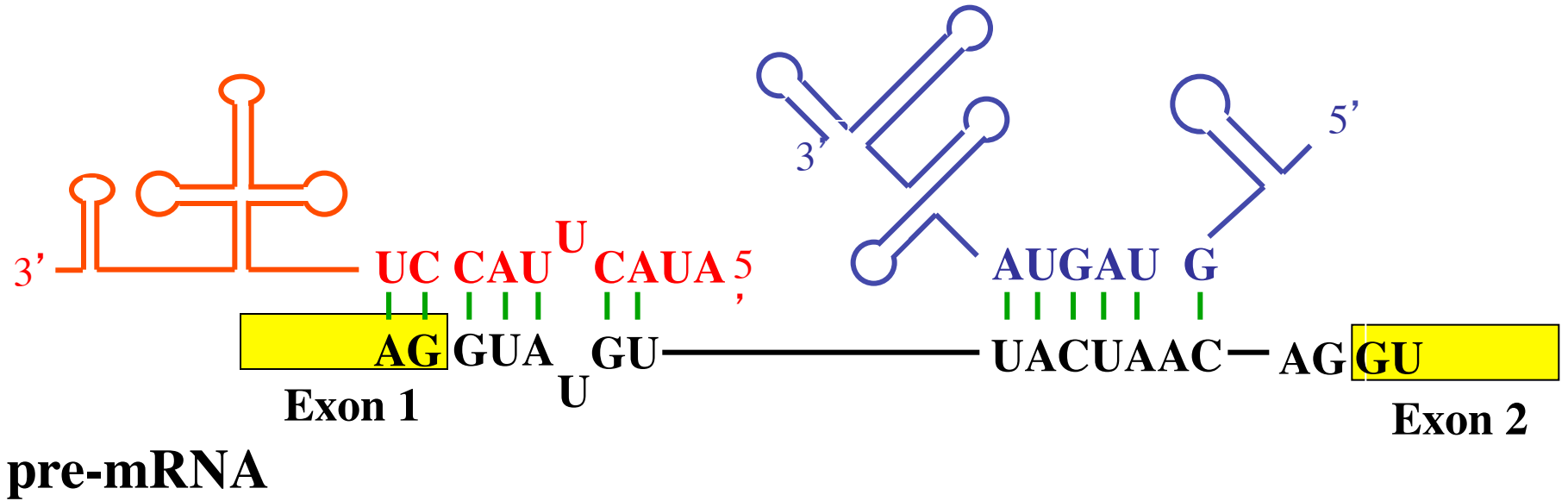
75% of all known dystrophin mutations can be cured by exon skipping  
skipping of ex 51 - 15%

How to get long-term persistence of exon skipping?

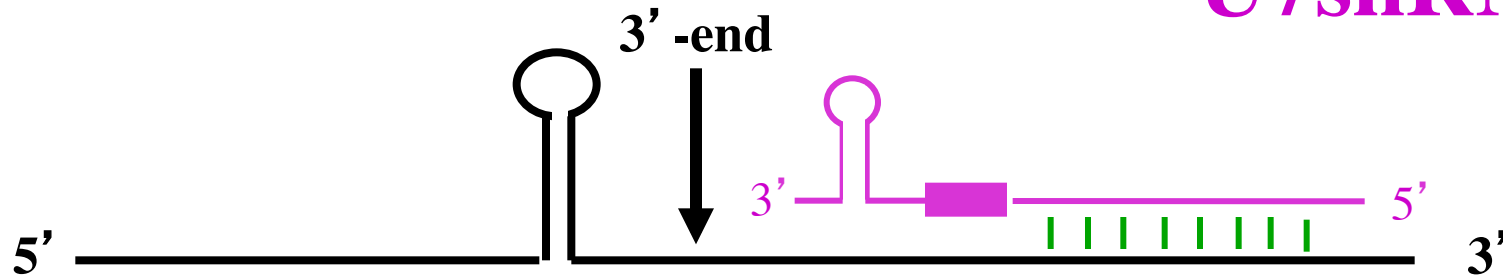
- 1) Antisense sequences as part of stable cellular RNAs
- 2) Transcription driven by strong promoters
- 3) In vivo delivery through viral vectors

# U1snRNA

# U2snRNA



# U7snRNA

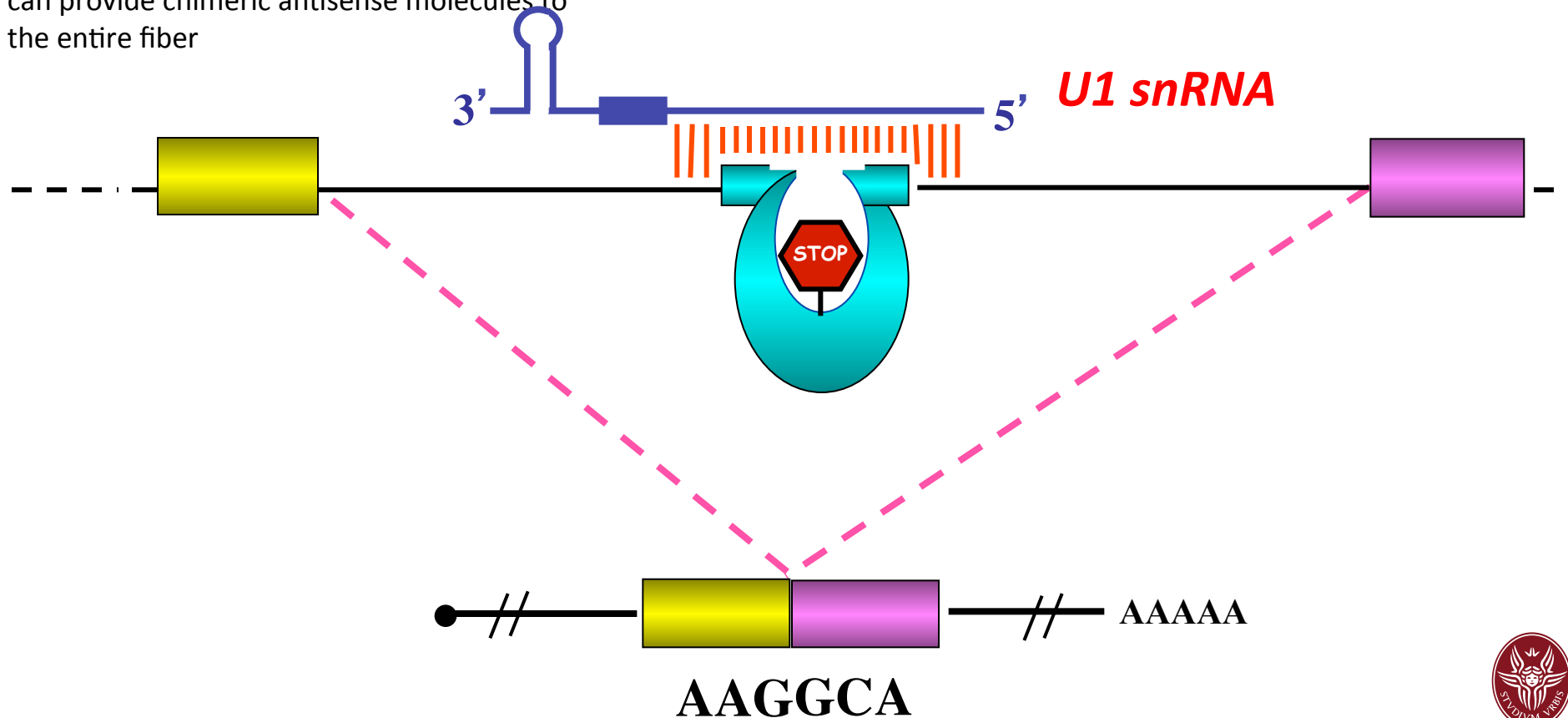




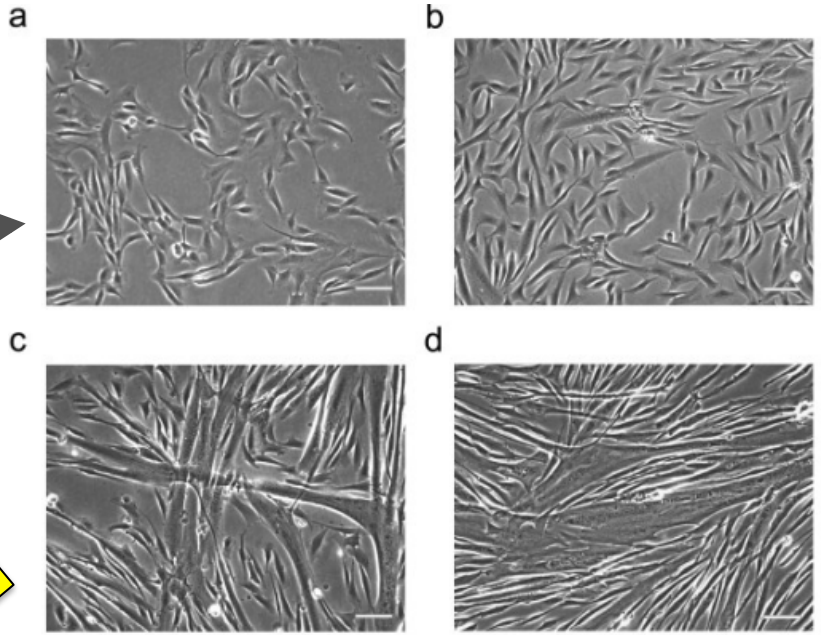
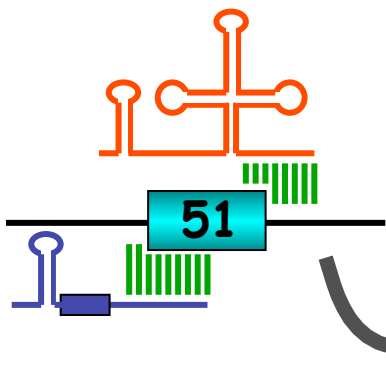
# Antisense RNA technology applied to the correction of DMD mutations

## *U1 snRNA*

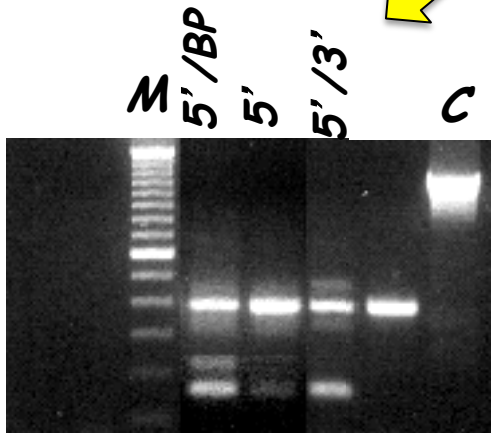
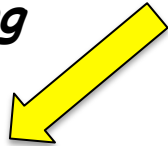
- nuclear RNA with specific recognition for splice junctions
- is matured in the cytoplasm and then reimported in the nucleus
- few transduced nuclei in the muscle fiber can provide chimeric antisense molecules to the entire fiber



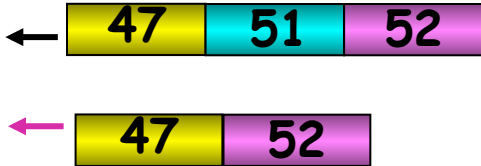
# Human DMD myoblasts



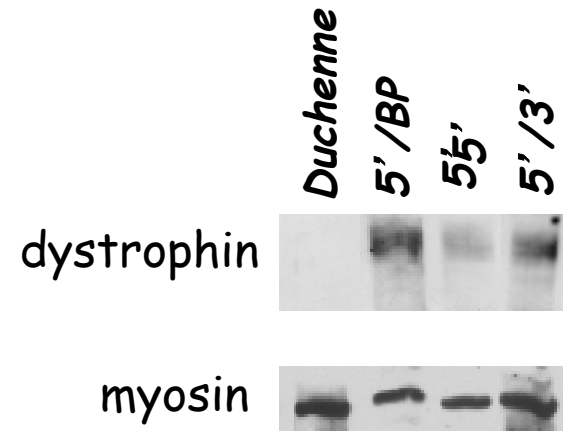
*exon skipping*



double antisense more efficient !!!!

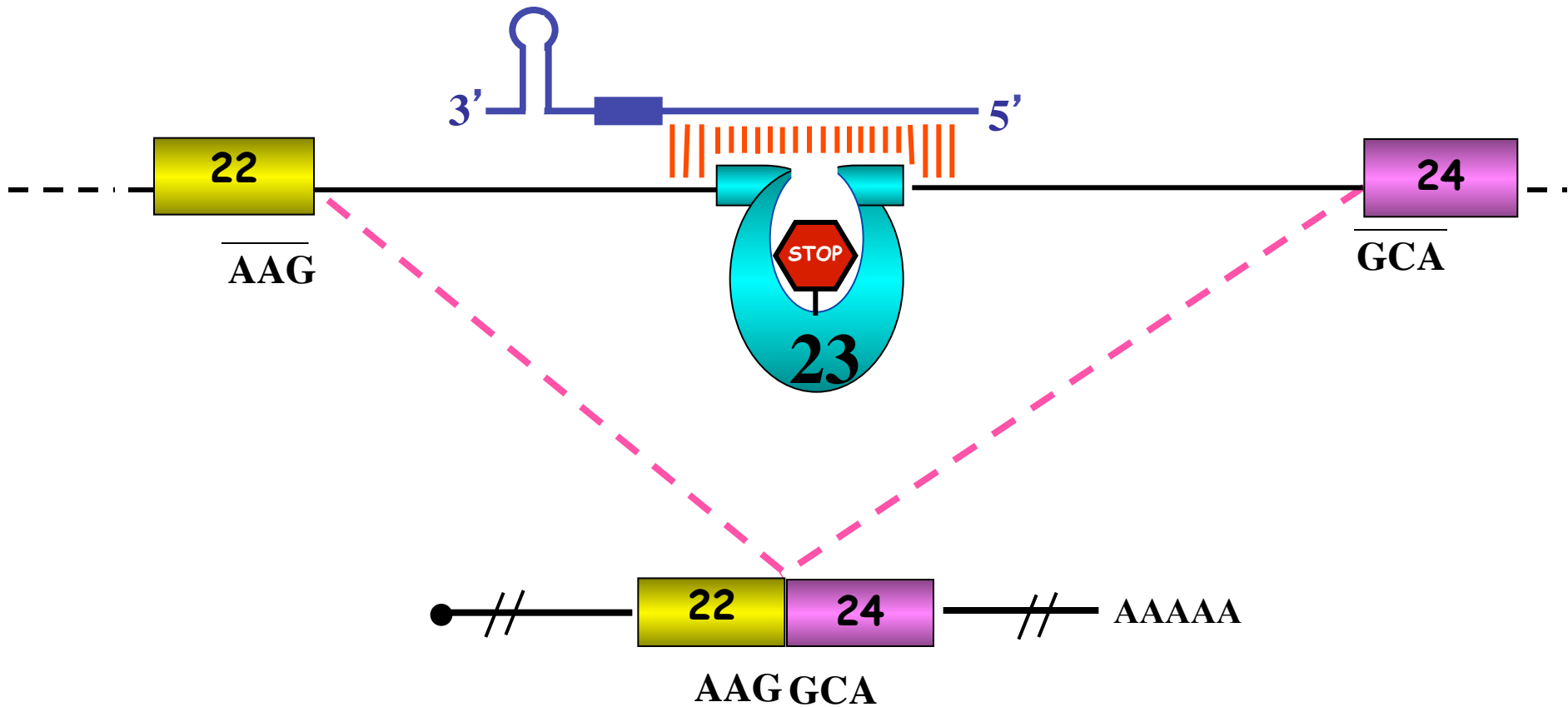
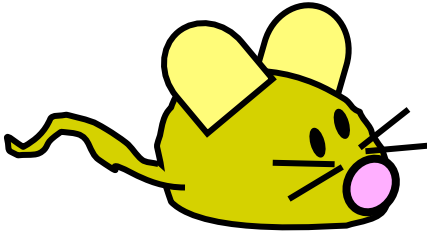


*Rescue of dystrophin expression*



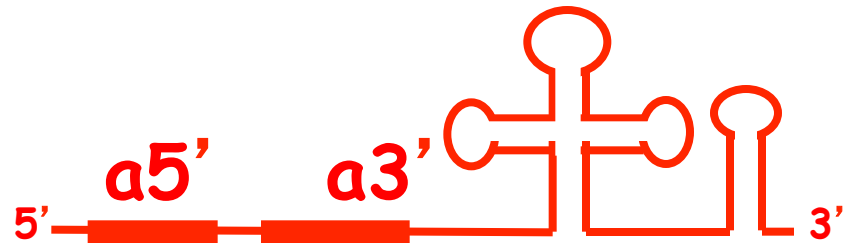
Towards an in vivo approach  
of gene therapy

# The mdx mouse

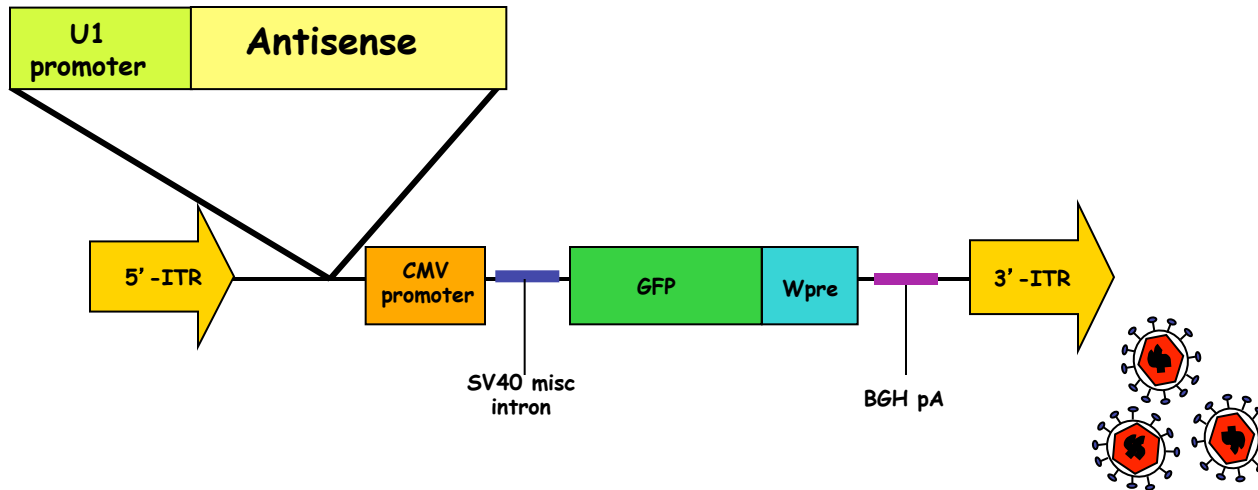


# *Antisense RNAs*

mU1#23a5' 3'



# How to deliver in vivo antisense molecules? use of AAV2/1 vectors



1) Intramuscular injection of antisense-AAV

2) Systemic delivery through vein injection

# In vivo transduction of antisense molecules: use of AAV vectors

## Advantages

*Non-pathogenic, small genome able to accommodate short genes*

*Absence of viral genes whose expression may be responsible for causing an undesirable immune response*

*Efficient transduction of muscle cells (in particular the 1, 6, 8 and 9 serotypes)*

*The modified AAV genomes do not integrate in the host genome (multi-copies)*

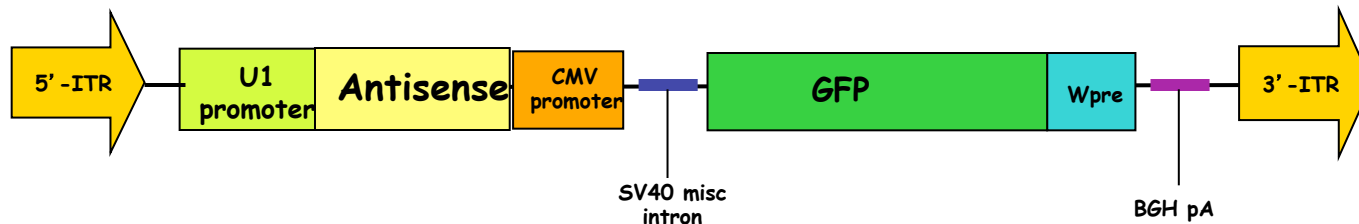
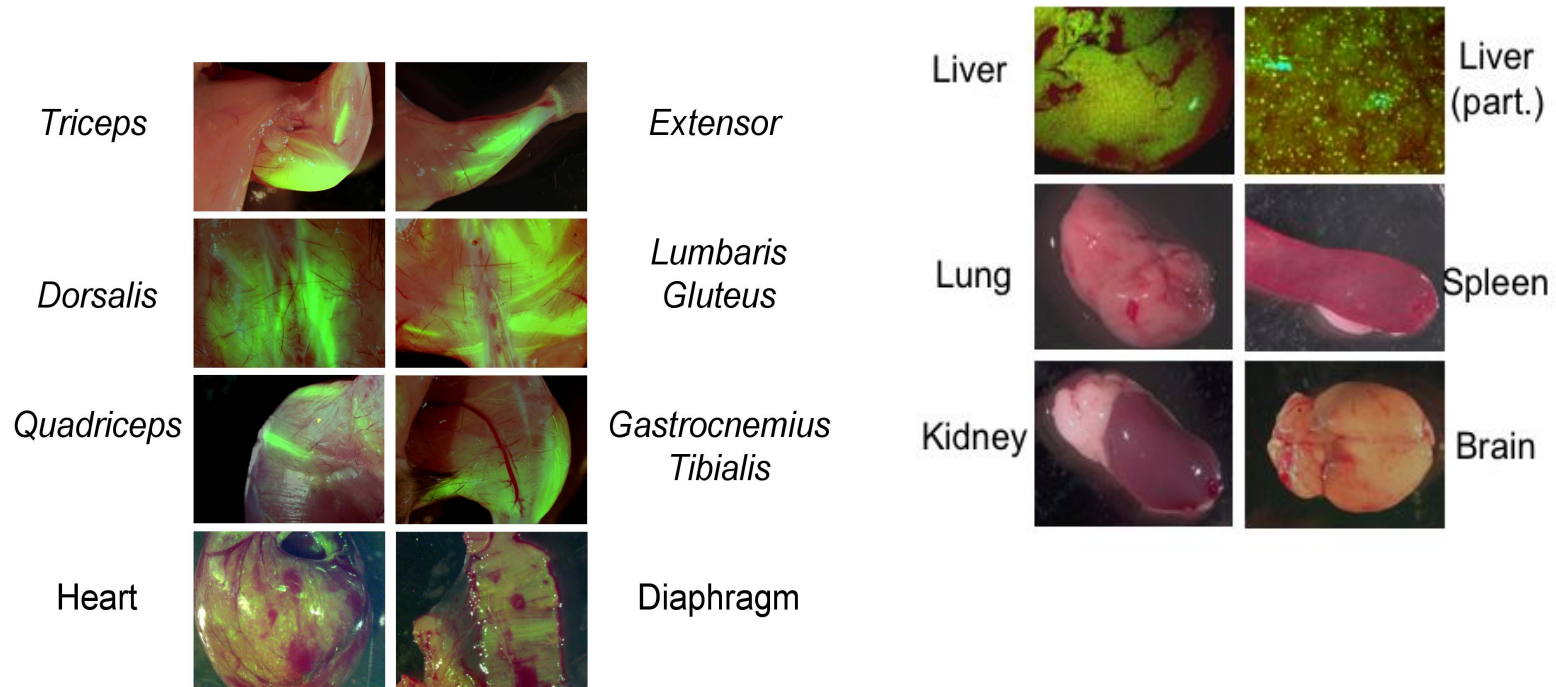
*After a single injection the DNA remains for several years (5 years in monkeys)*

## Disadvantages

*Immune response at the second injection.*

*It can be overcome either by immunosuppression during the first injection or utilizing a different serotype in the second injection.*

## 2. Systemic delivery through tail vein injection *(serotype 1)*

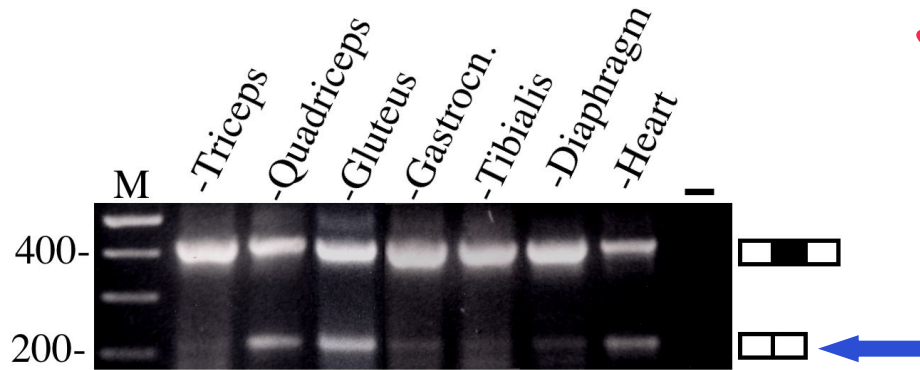


Detection of AAV-U1#23 distribution by GFP localization

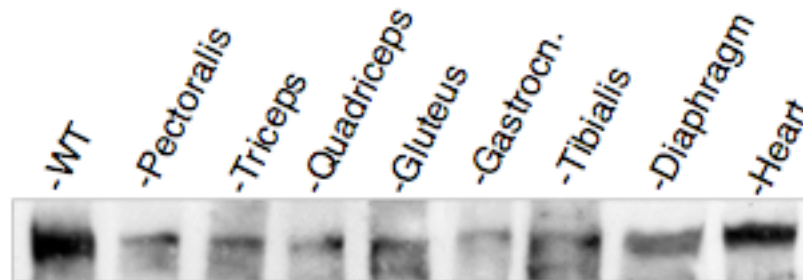


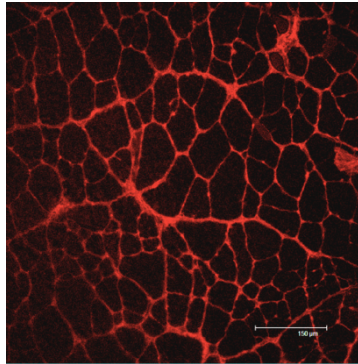
# Systemic delivery of antisense-AAV: Exon skipping and dystrophin rescue

RT-PCR

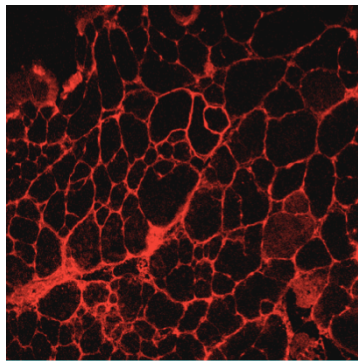


Western  
blot

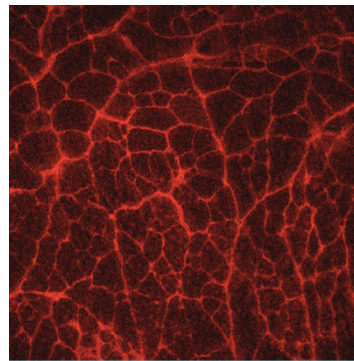




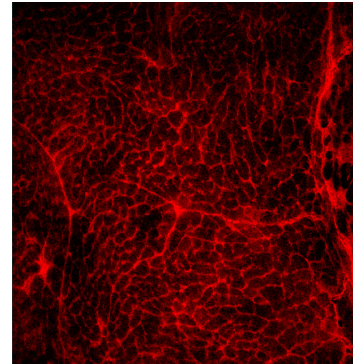
*tibialis*



*EDL*

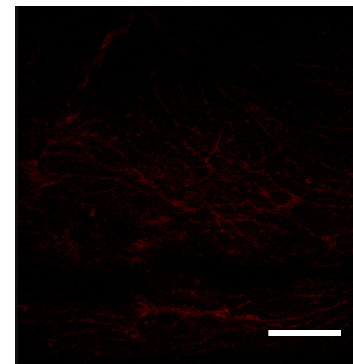
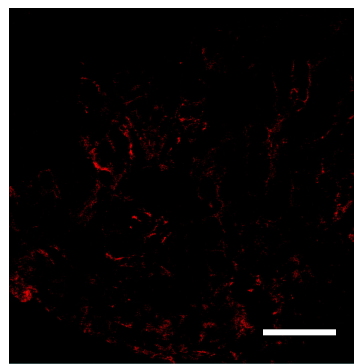
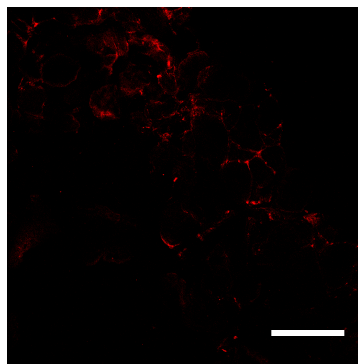
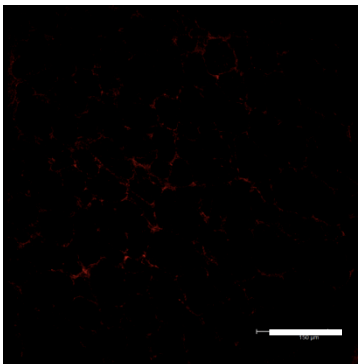


*gastroc.*



*heart*

**U1**



**mdx**

Dystrophin

# Dystrophin and DAPC localization

dys

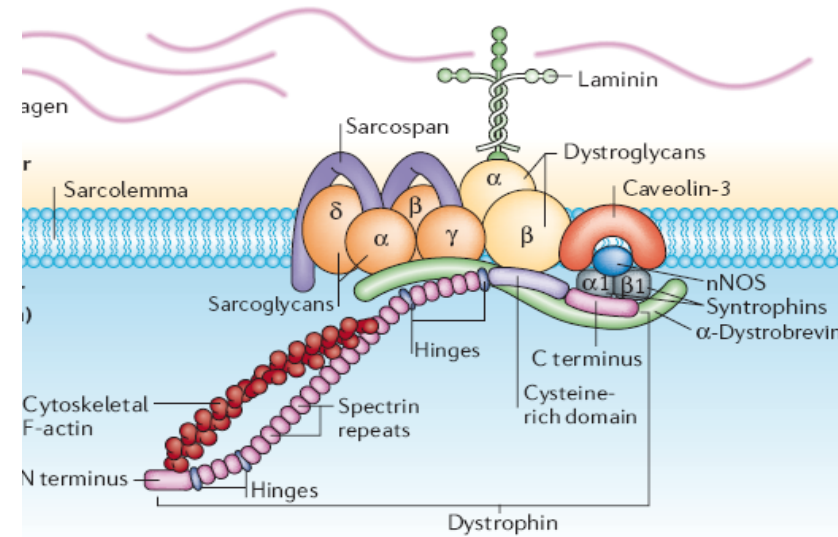
$\alpha$ -sarc

$\beta$ -sarc

U1  
(mouse F)

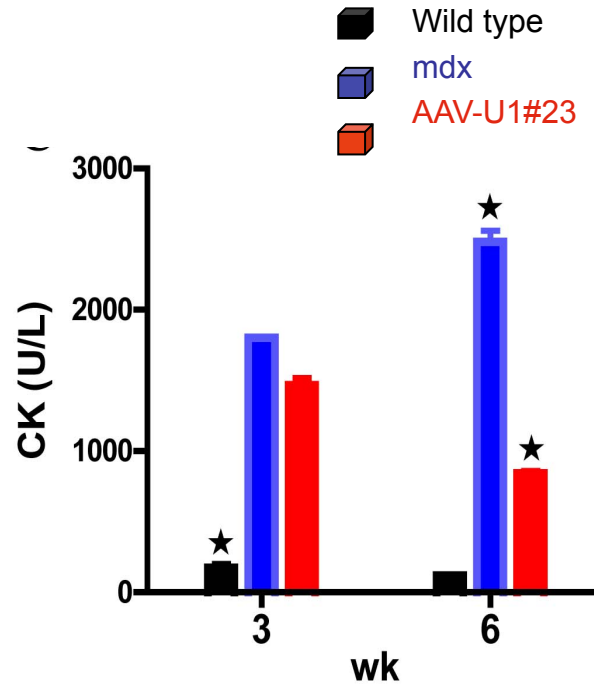
U1  
(mouse F7)

mdx



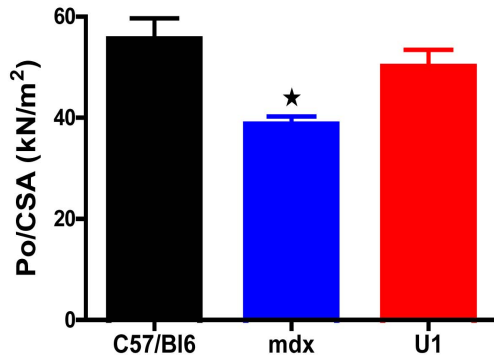
EDL 40X

## Injected mice have reduced levels of serum CK

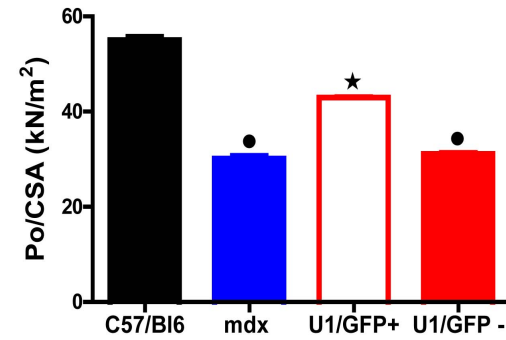


Creatine kinase (CK) concentration in the serum is an indicator of muscle damage extent.

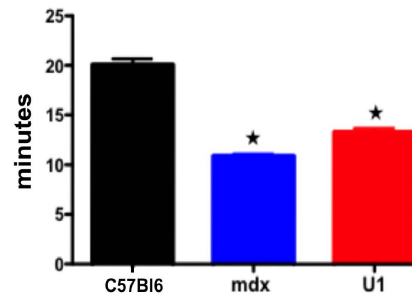
### Increase in the specific force of single fibers from the gastrocnemius of injected mice



### Increase in the specific force of GFP-positive fibers from the vastus of injected mice

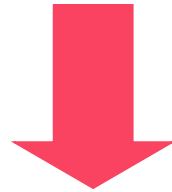


### Functional assays - Treadmill exhaustion test injected mice show increased tolerance to exercise



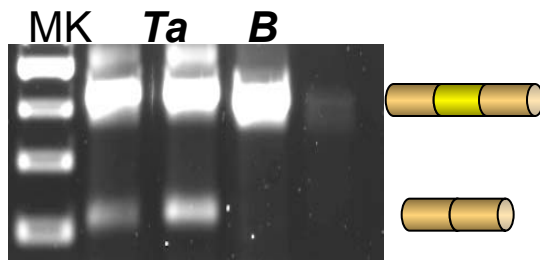
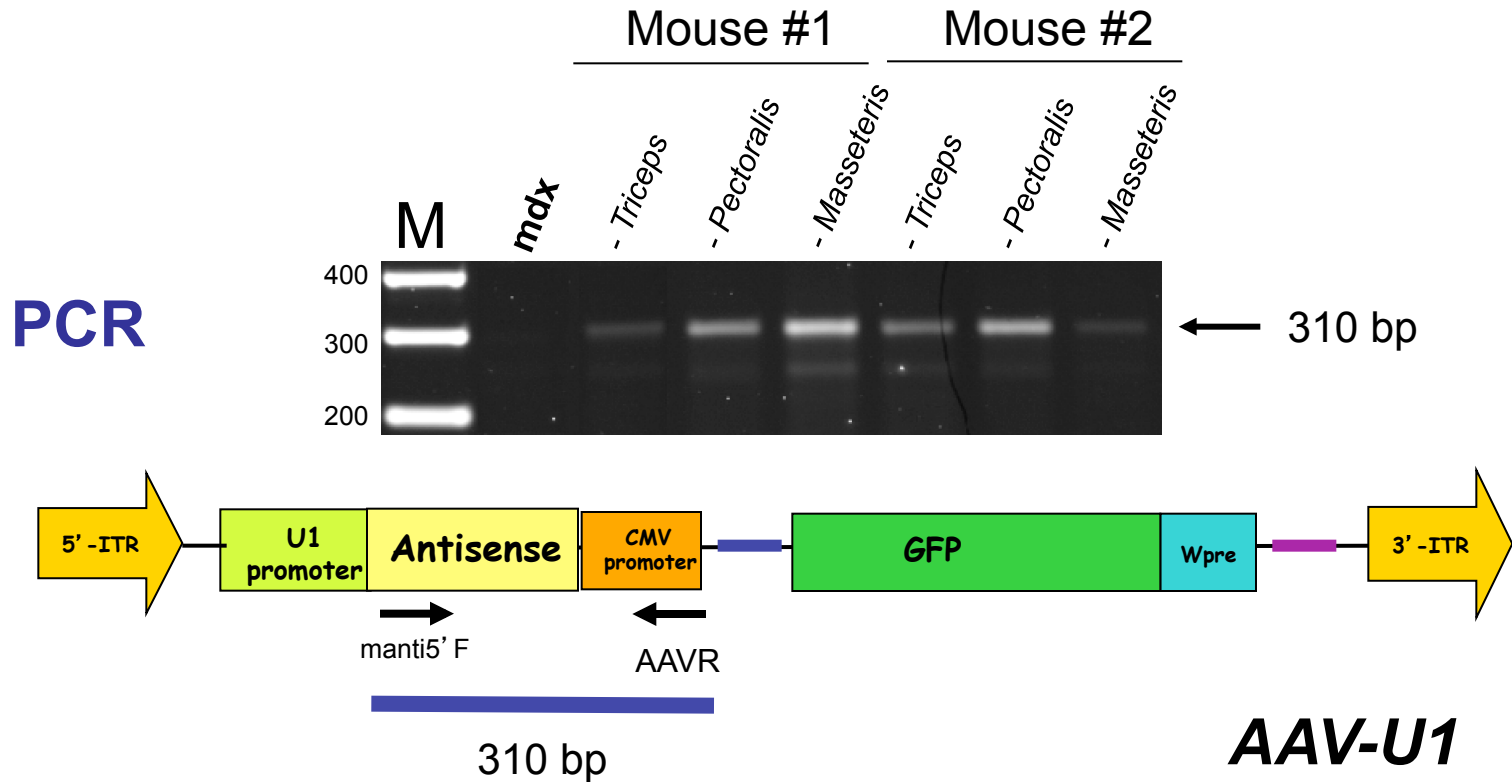
# Long-term persistence of the therapeutic benefit

*mdx* mice injected at **6 weeks** and



sacrificed at **20 months**

# 20 months - Persistence of the transgene and...

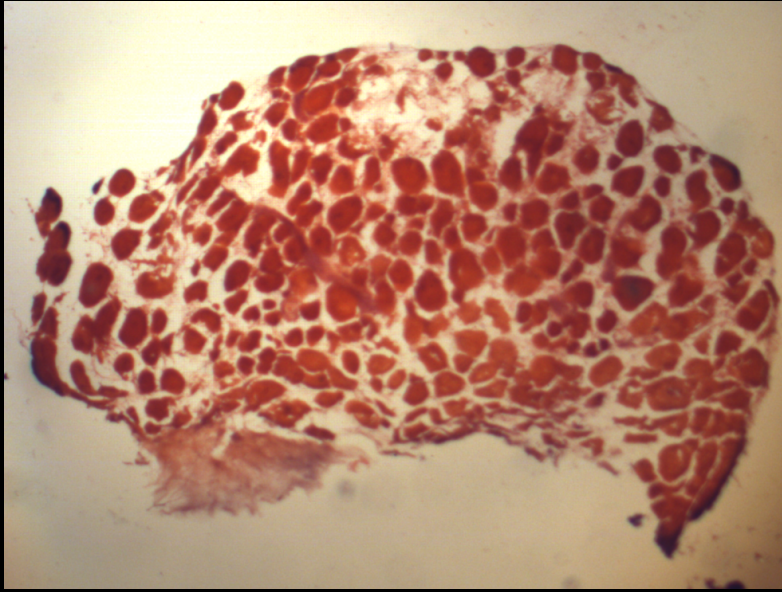


Persistence of exon skipping

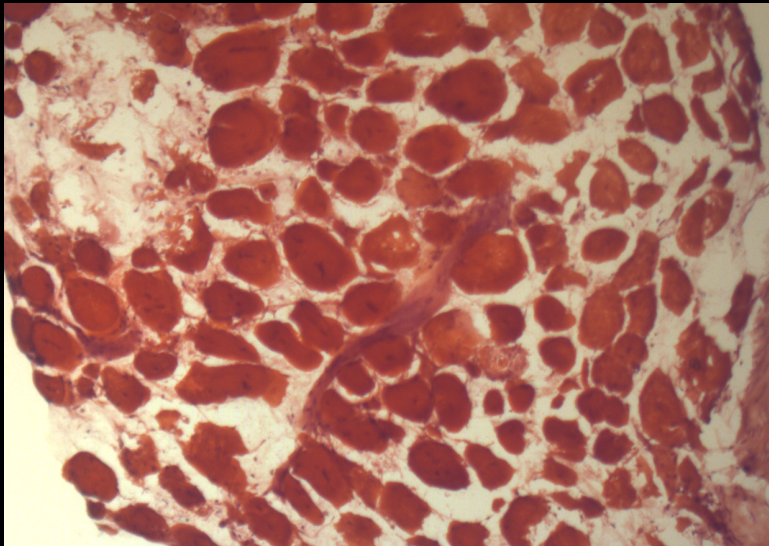


# Histology - edl - 20 months

*mdx*

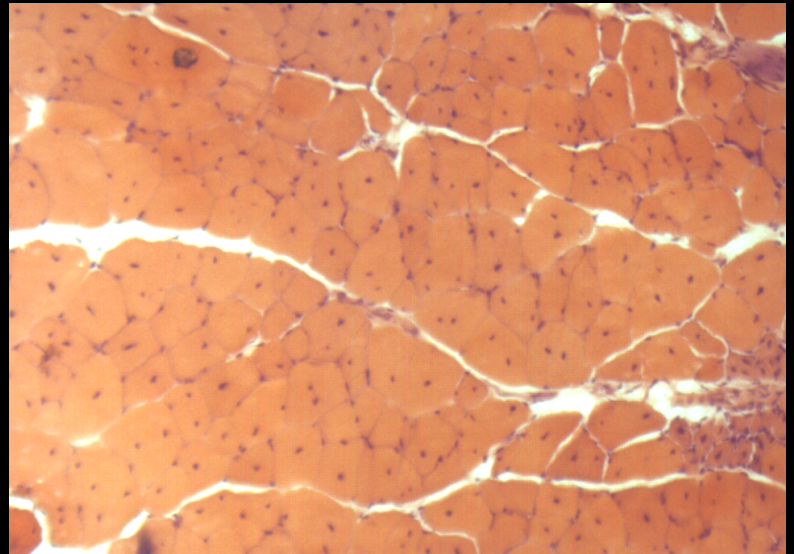
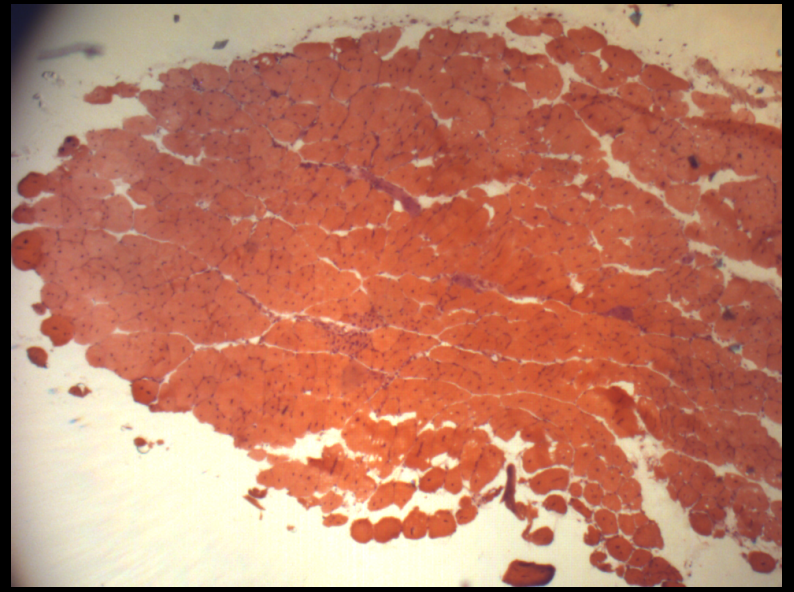


4X



10X

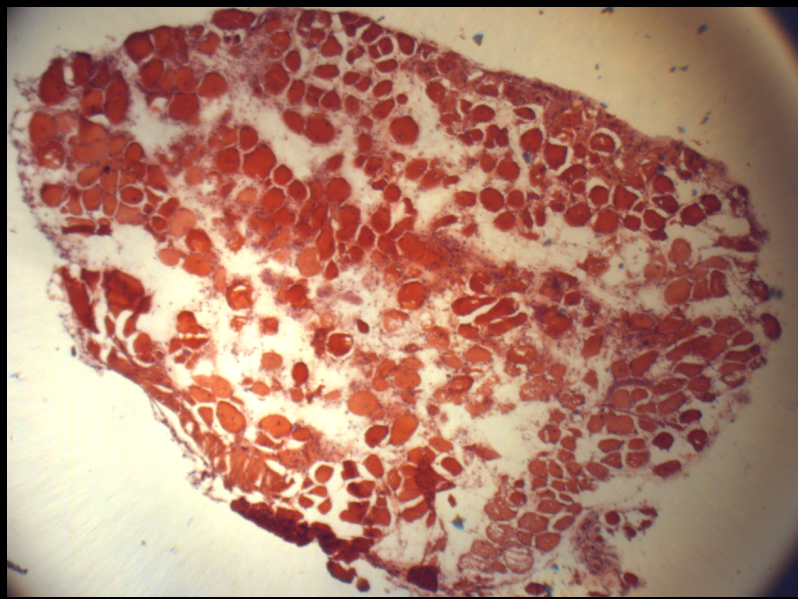
*AAV-U1*





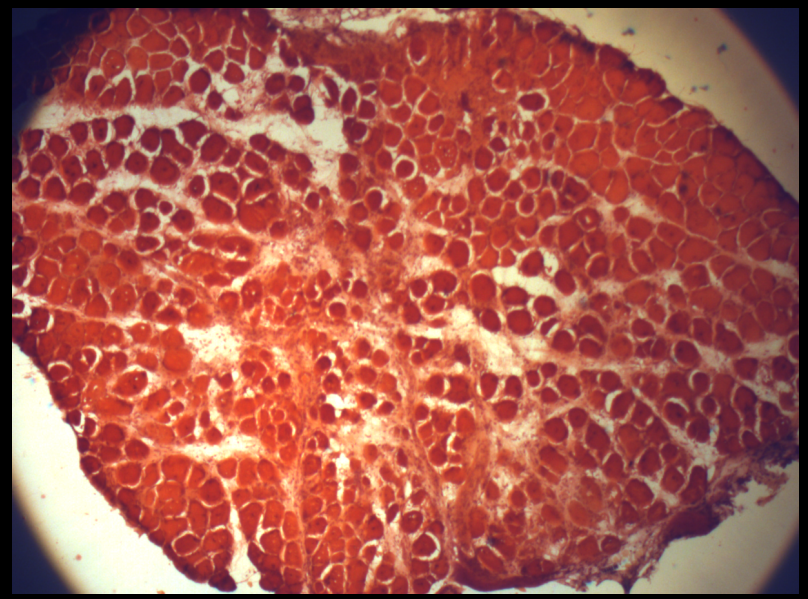
Soleo - 20 months

*mdx*

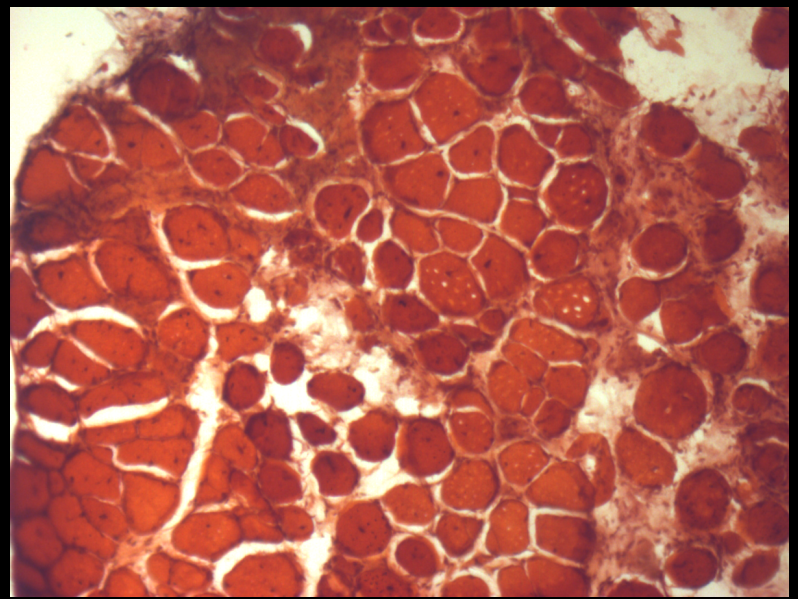
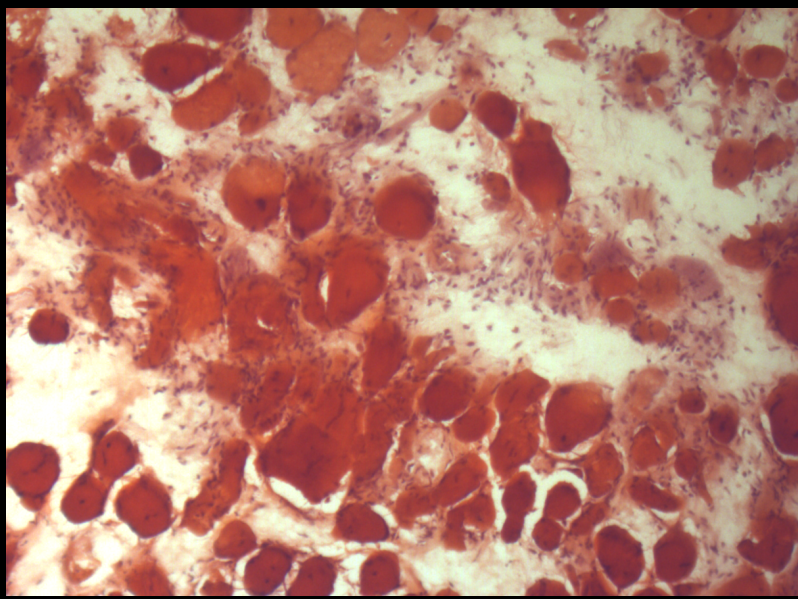


4X

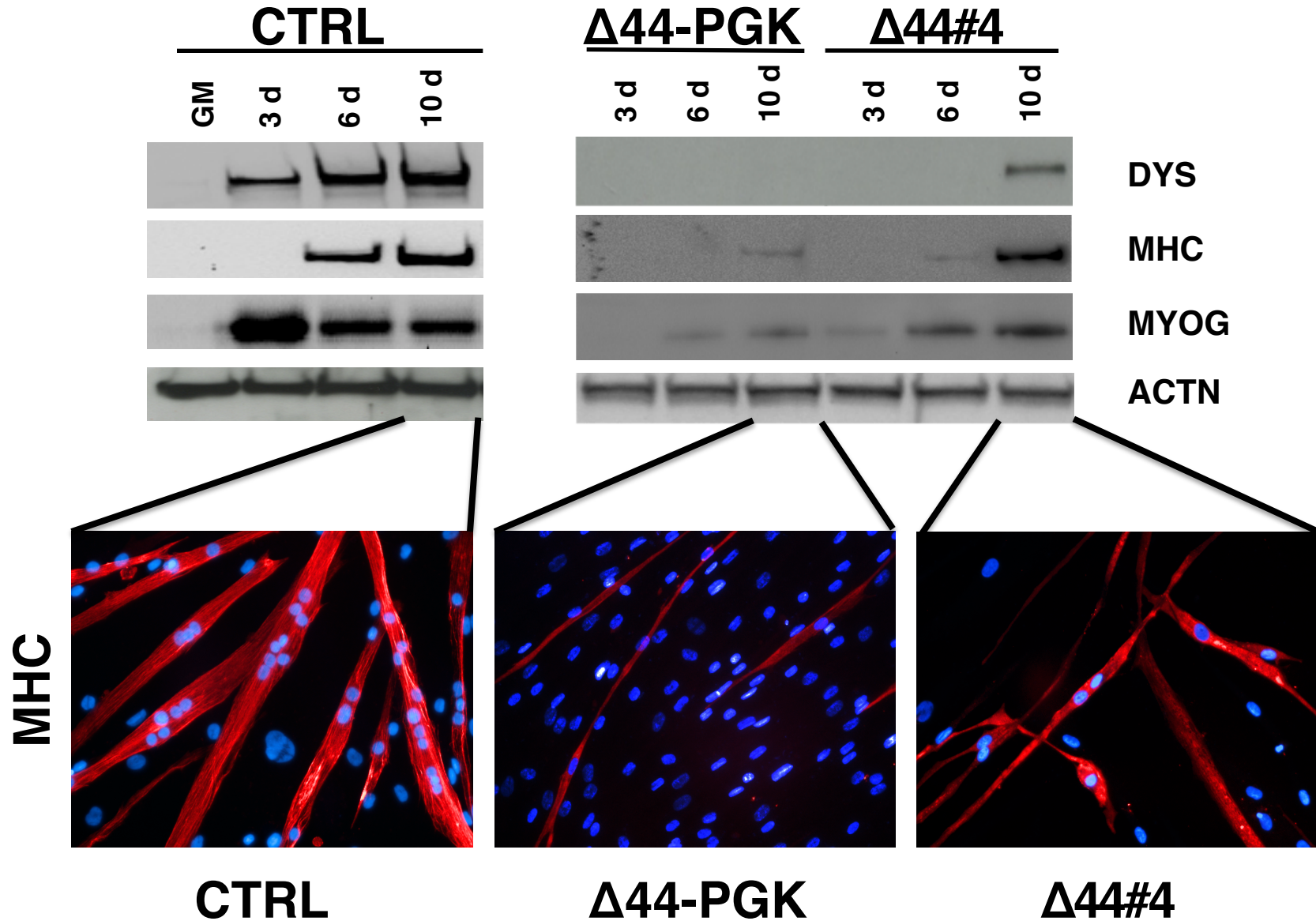
*AAV-U1*



10X

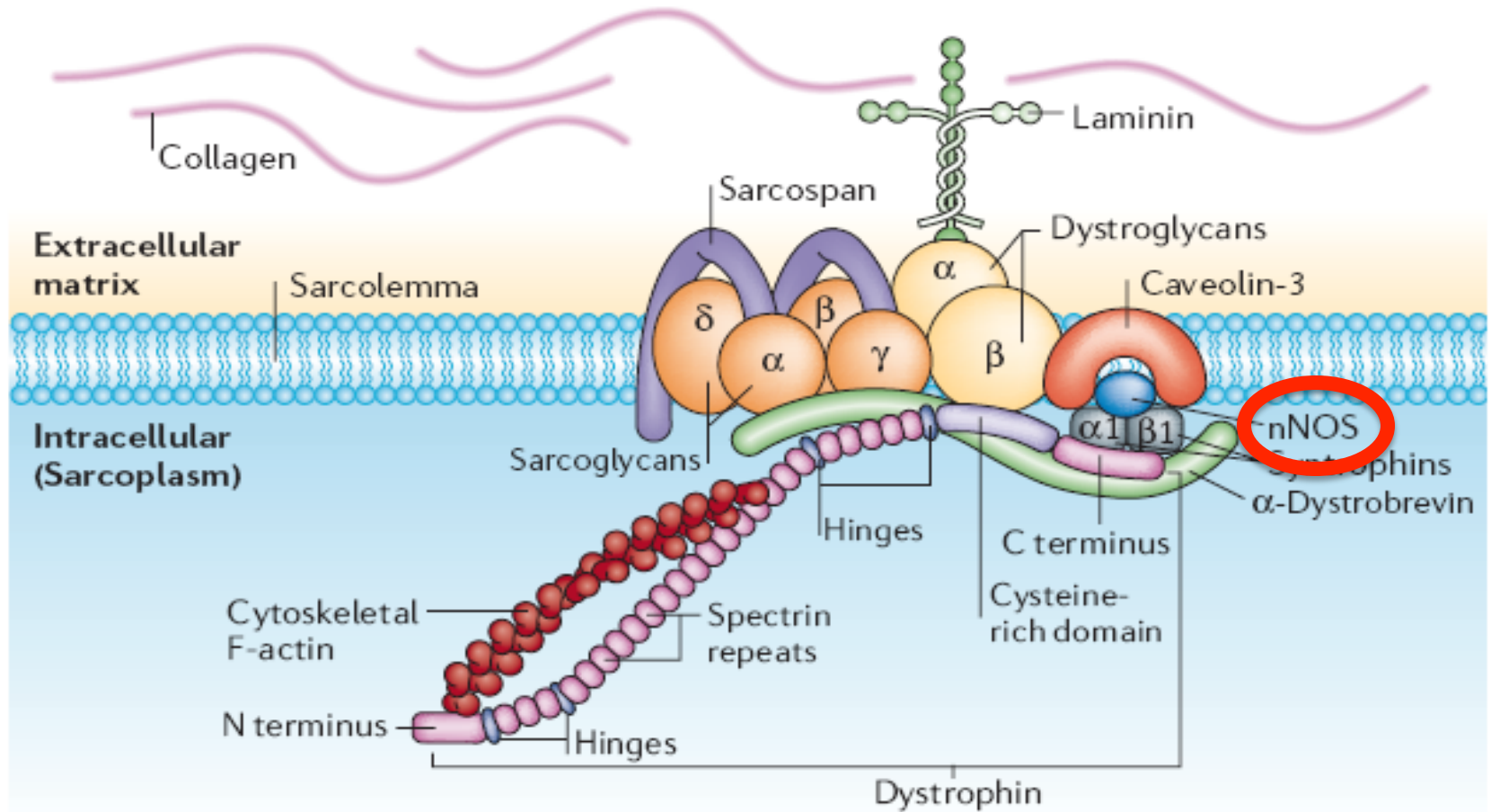


# Exon skipping rescues dystrophin expression and correct timing of myogenic marker expression

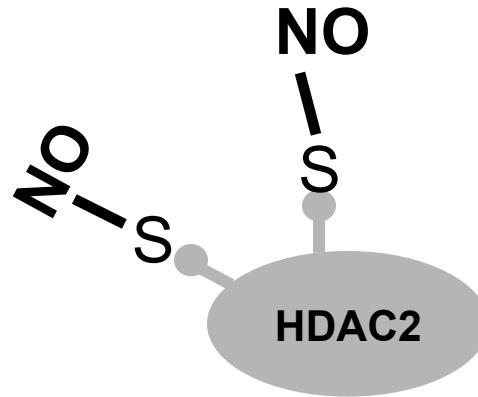
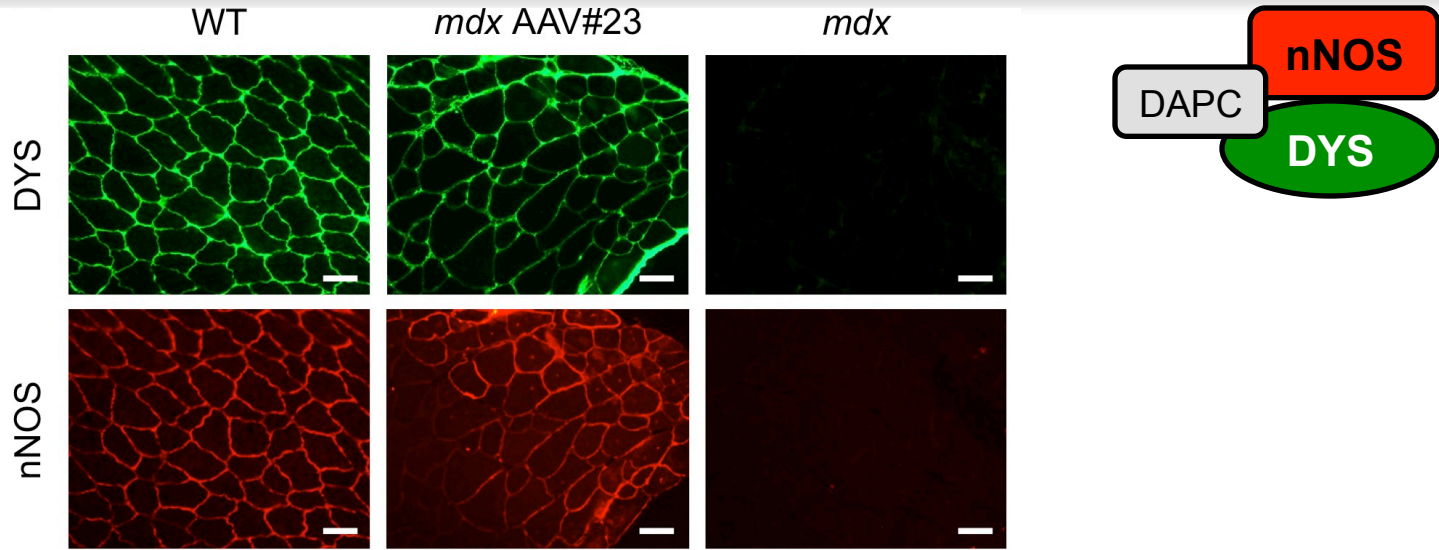




# Dystrophin localizes and stabilizes nNOS

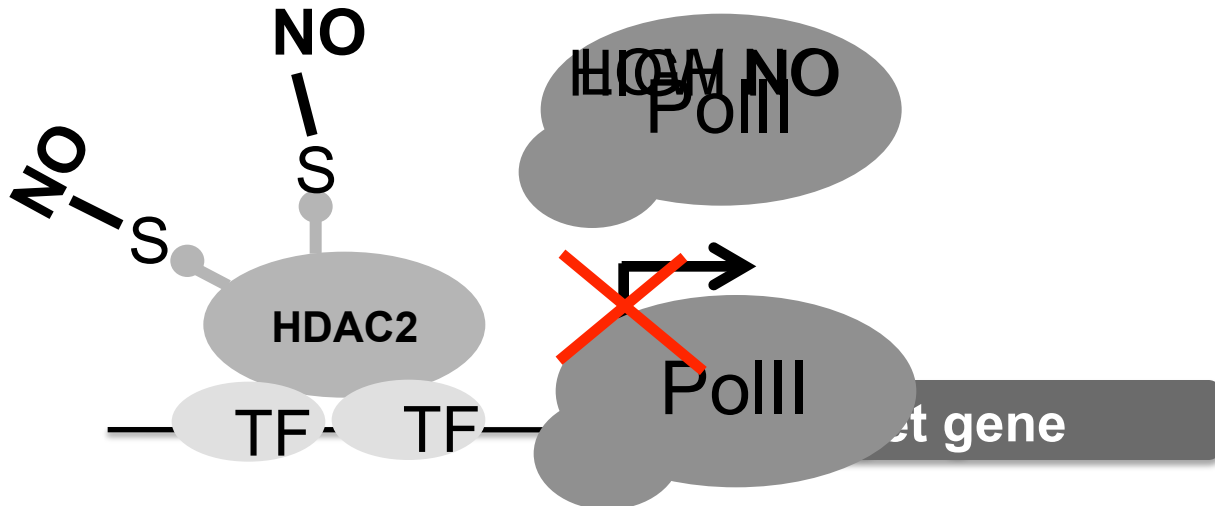
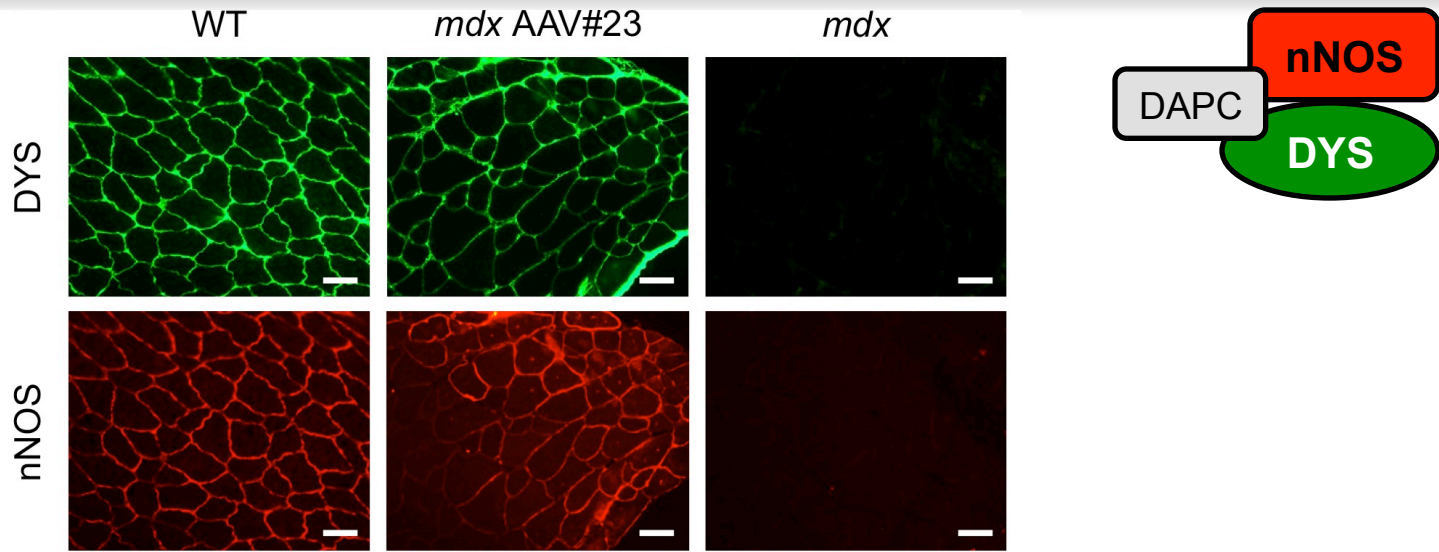


# Dys stabilizes and activates nNOS

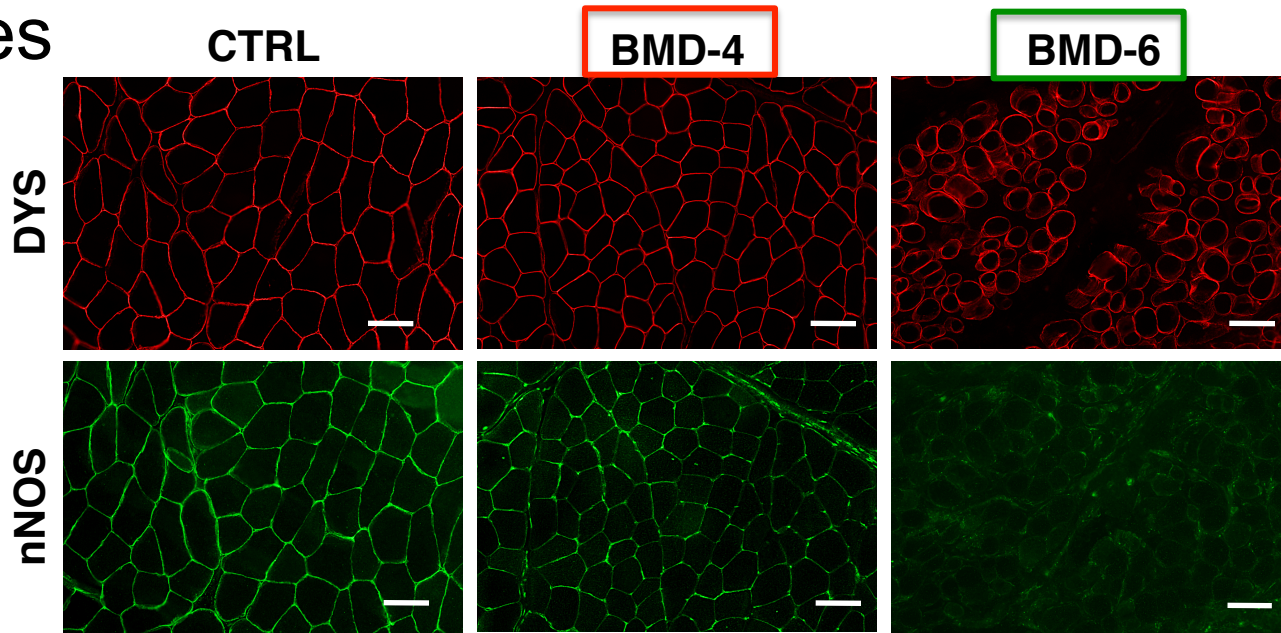


Minetti et al. 2006 Nat Med  
Nott et al. 2008 Nature

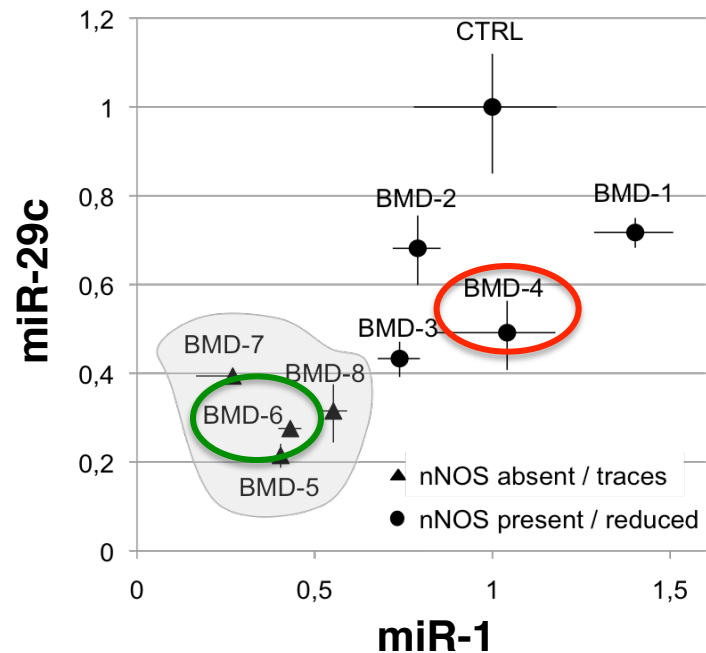
# Dys controls NO-HDAC2 through the activation of nNOS



# nNOS localization and miRNAs expression in Becker biopsies



ID	Deletion	nNOS
CTRL	/	present
BMD-1	39	present
BMD-2	74	reduced
BMD-3	48-49	present
BMD-4	45-51	present
BMD-5	45 - 47	absent
BMD-6	45 - 49	absent
BMD-7	45-49	absent
BMD-8	42 - 53	traces



# Conclusions

- AAV-U1 allows the body wide rescue of dystrophin synthesis even in heart and diaphragm and improves muscle functionality
- AAV-U1 DNA is still present after 18 months from the first injection and maintains efficacy in terms of dystrophin expression, muscle strength and tissue integrity
- One single injection is sufficient for producing a long-term benefit (Denti et al., 2008, *Hum. Gene Ther.*, in press)

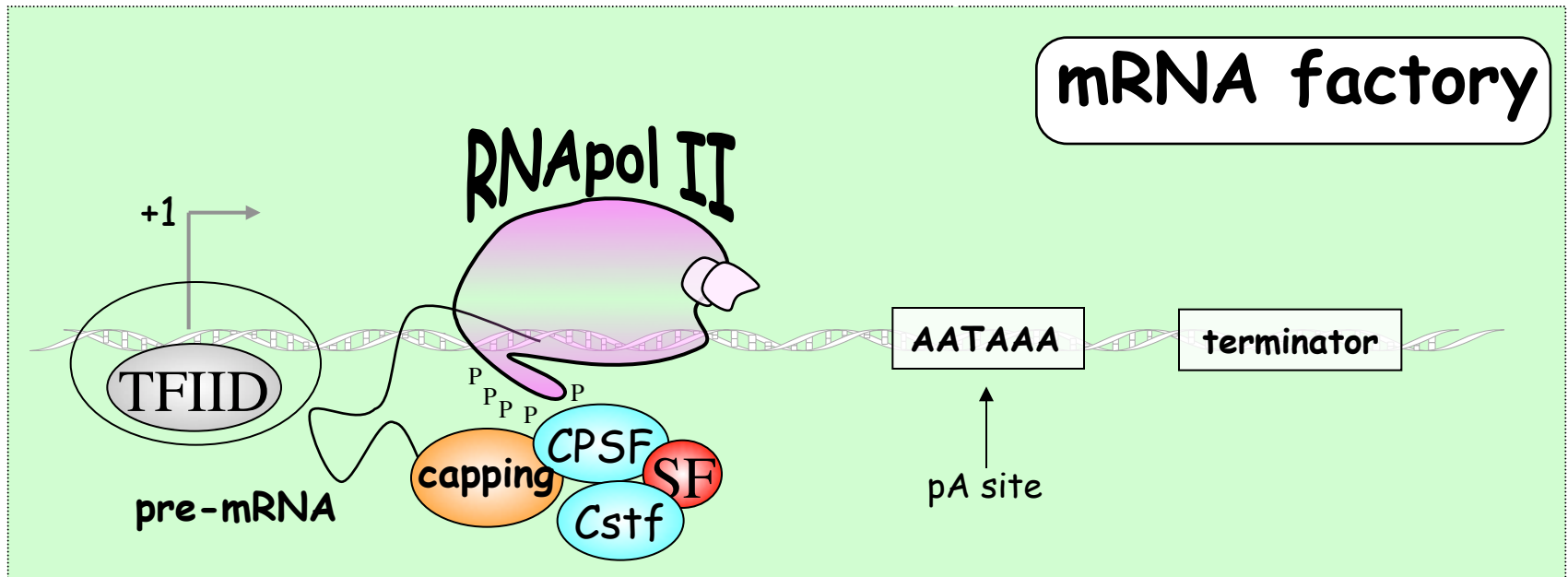
# La “fabbrica” dell’ mRNA

I processi di maturazione dell’ RNA sono accoppiati fisicamente e temporalmente

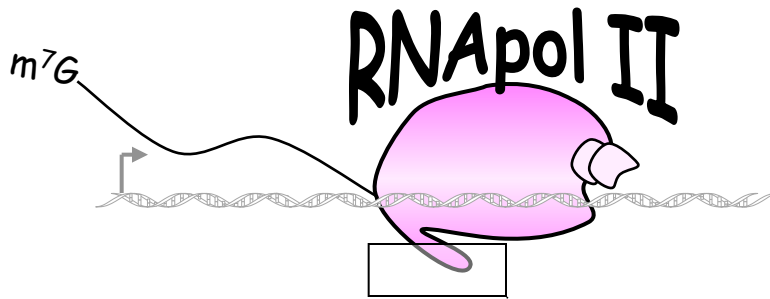


# Gene expression regulation

**Coupling** plays a critical role in gene expression by **tethering** machines to each other and to their substrates, a mechanism that dramatically increases the specificity of enzymatic reactions. It has been shown that starting from the first steps of gene expression, transcription initiation, the binding of specific factors tags the nascent ribonucleoprotein complexes such as to direct them along specific pathways of maturation



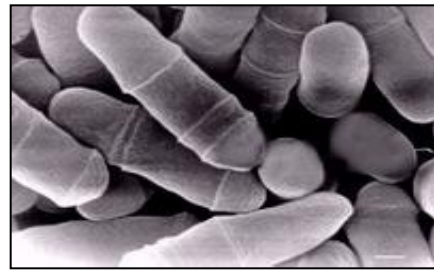
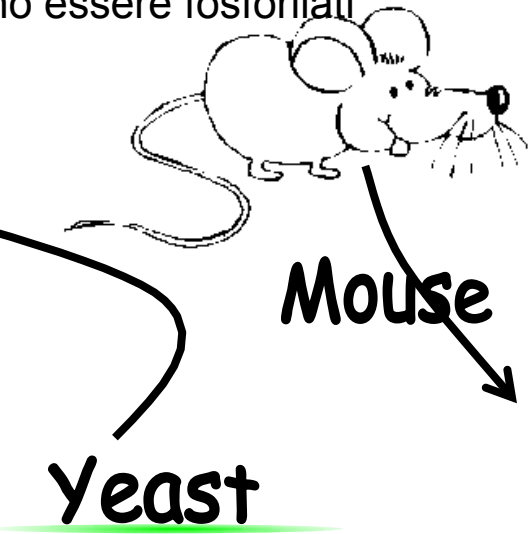
The fate of a specific RNA is determined at the beginning of transcription



# Carbossi Terminal Domain

Il CTD è costituito dalla ripetizione di un eptapeptide  
 Contenente residui di Serina che possono essere fosforilati

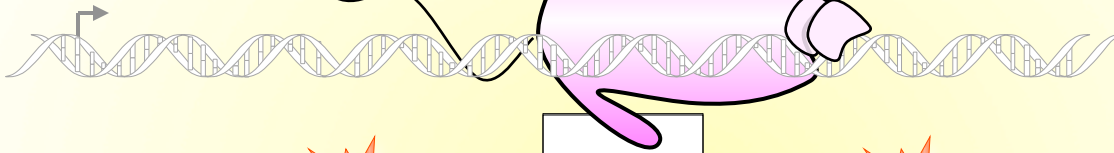
	1	2	3	4	5	6	7
1.	Glu	Ala	Pro	Thr	Ser	Pro	Gly
2.	Phe	Gly	Val	Ser	Ser	Pro	Gly
3.	Phe	Ser	Pro	Thr	Ser	Pro	Thr
4.	Tyr	Ser	Pro	Thr	Ser	Pro	Ala
5.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
6.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
7.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
8.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
9.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
10.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
11.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
12.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
13.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
14.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
15.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
16.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
17.	Tyr	Ser	Pro	Thr	Ser	Pro	Ala
18.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
19.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
20.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
21.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
22.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
23.	Tyr	Ser	Pro	Thr	Ser	Pro	Asn
24.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
25.	Tyr	Ser	Pro	Thr	Ser	Pro	Gly
26.	Tyr	Ser	Pro	Thr	Ser	Pro	Ala
	Tyr	Ser	Pro	Lys	Gln	Asp	Glu
	Gln	Lys	His	Asn	Glu	Asn	Glu
	Asn	Glu	Asn	Ser	Arg		



	1	2	3	4	5	6	7
	Glu	Gly	Ala	Met	Ser	Pro	Ser
1.	Tyr	Ser	Pro	Thr	Ser	Pro	Ala
2.	Tyr	Glu	Pro	Arg	Ser	Pro	Gly
3.	Tyr	Thr	Pro	Gln	Ser	Pro	Ser
4.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
5.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
6.	Tyr	Ser	Pro	Thr	Ser	Pro	Asn
7.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
8.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
9.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
10.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
11.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
12.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
13.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
14.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
15.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
16.	Tyr	Ser	Pro	Thr	Ser	Pro	Ala
17.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
18.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
19.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
20.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
21.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
22.	Tyr	Ser	Pro	Thr	Ser	Pro	Asn
23.	Tyr	Ser	Pro	Thr	Ser	Pro	Asn
24.	Tyr	Thr	Pro	Thr	Ser	Pro	Ser
25.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
26.	Tyr	Ser	Pro	Thr	Ser	Pro	Asn
27.	Tyr	Ser	Pro	Thr	Ser	Pro	Asn
28.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
29.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
30.	Tyr	Ser	Pro	Thr	Ser	Pro	Ser
31.	Tyr	Ser	Pro	Ser	Ser	Pro	Arg
32.	Tyr	Thr	Pro	Gln	Ser	Pro	Thr
33.	Tyr	Thr	Pro	Ser	Ser	Pro	Ser
34.	Tyr	Ser	Pro	Ser	Ser	Pro	Ser
35.	Tyr	Ser	Pro	Thr	Ser	Pro	Lys
36.	Tyr	Thr	Pro	Thr	Ser	Pro	Ser
37.	Tyr	Ser	Pro	Ser	Ser	Pro	Glu
38.	Tyr	Thr	Pro	Ala	Ser	Pro	Lys
39.	Tyr	Ser	Pro	Thr	Ser	Pro	Lys
40.	Tyr	Ser	Pro	Thr	Ser	Pro	Lys
41.	Tyr	Ser	Pro	Thr	Ser	Pro	Thr
42.	Tyr	Ser	Pro	Thr	Thr	Pro	Lys
43.	Tyr	Ser	Pro	Thr	Ser	Pro	Thr
44.	Tyr	Ser	Pro	Thr	Ser	Pro	Val
45.	Tyr	Thr	Pro	Thr	Ser	Pro	Lys
46.	Tyr	Ser	Pro	Thr	Ser	Pro	Thr
47.	Tyr	Ser	Pro	Thr	Ser	Pro	Lys
48.	Tyr	Ser	Pro	Thr	Ser	Pro	Thr
49.	Tyr	Ser	Pro	Thr	Ser	Pro	Lys
50.	Tyr	Ser	Pro	Thr	Ser	Pro	Gly
51.	Tyr	Ser	Pro	Thr	Ser	Pro	Thr
52.	Tyr	Ser	Leu	Thr	Ser	Pro	Ala
53.	Ile	Ser	Pro	Asp	Asp	Ser	Asp
	Glu	Glu	Asn				

5' G<sub>5</sub>ppp<sub>5</sub>'X

RNApol II



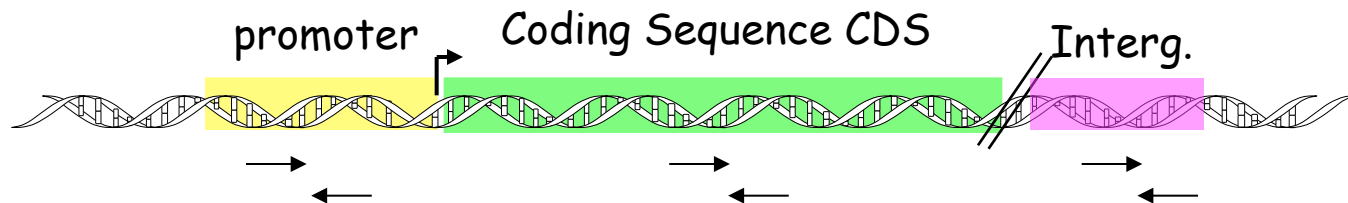
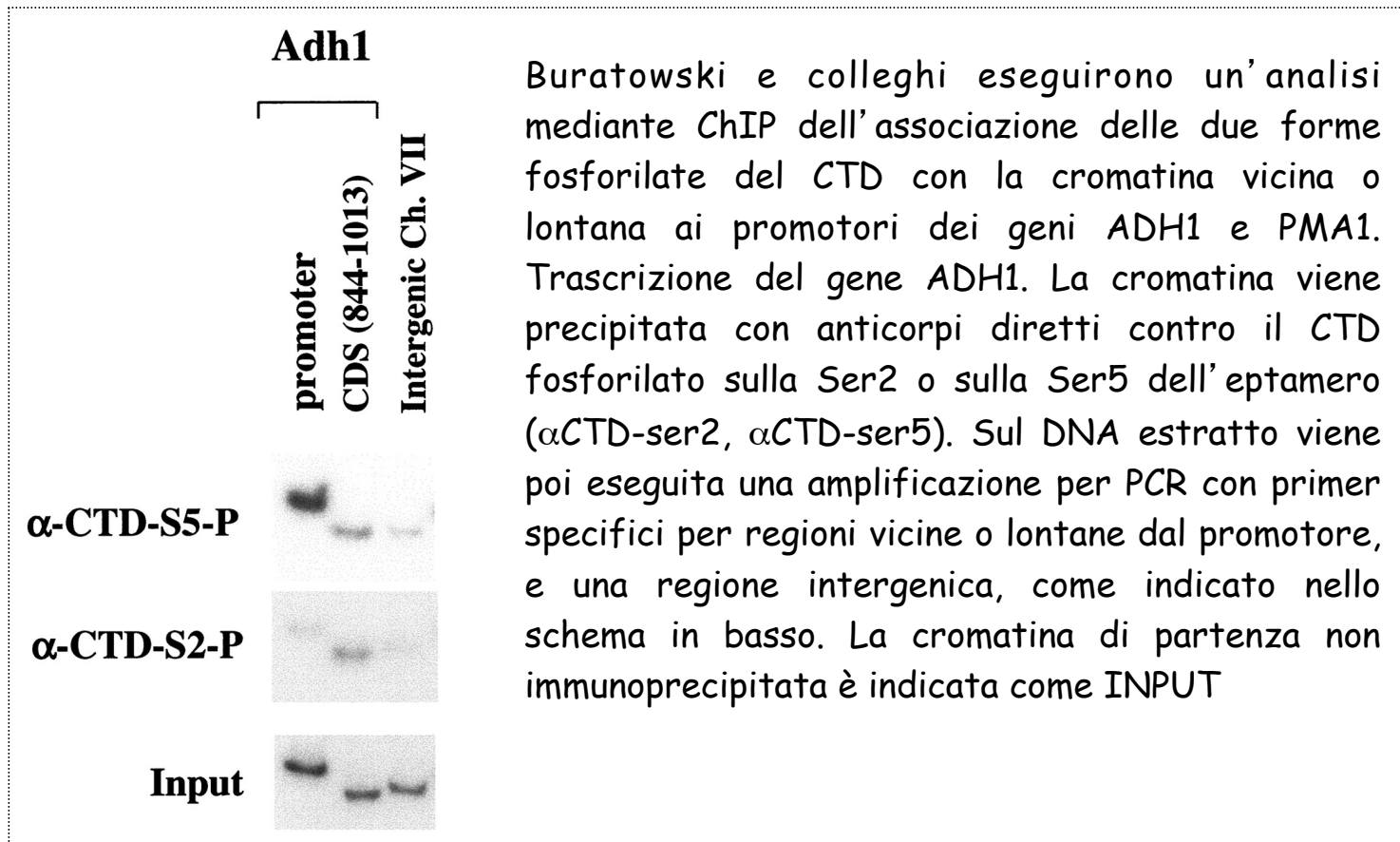
2

5

Tyr<sub>1</sub>-Ser<sub>2</sub>-Pro<sub>3</sub>-Thr<sub>4</sub>-Ser<sub>5</sub>-Pro<sub>6</sub>-Ser<sub>7</sub>

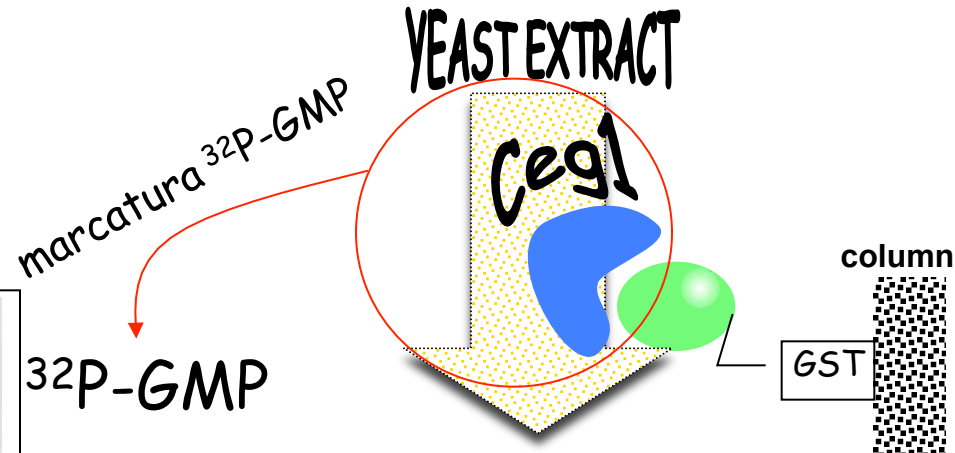
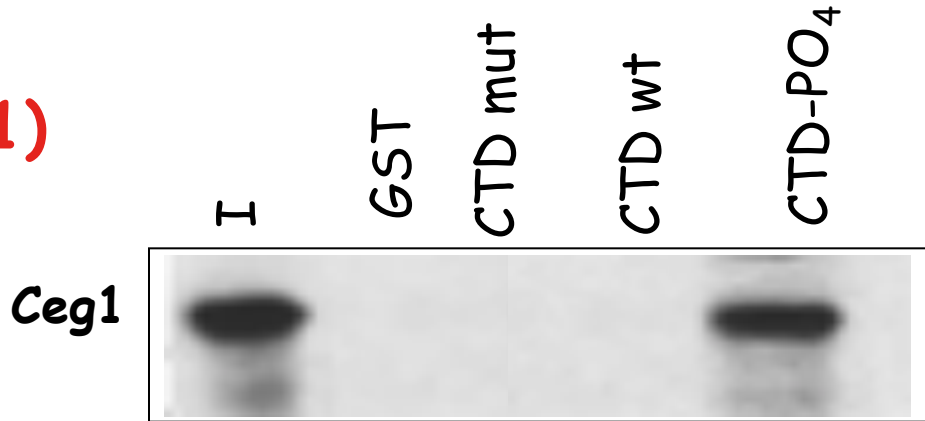
CTD

# Stato di fosforilazione del CTD della RNA polII durante la trascrizione

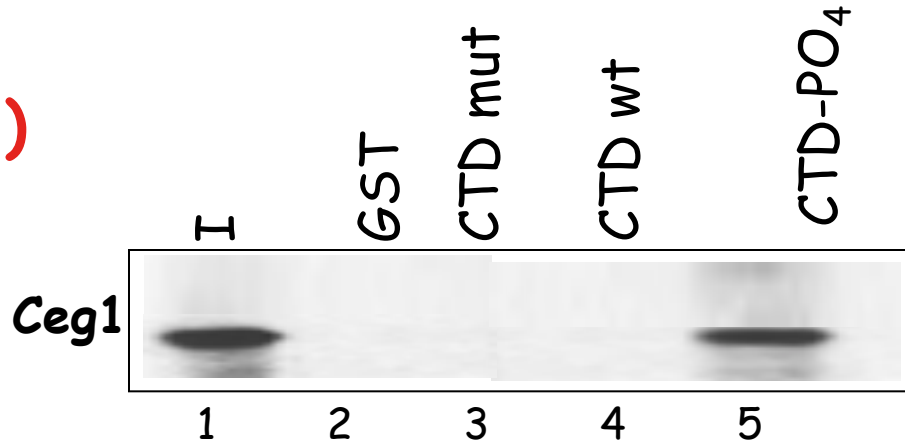


# Gli enzimi di capping legano il CTD fosforilato

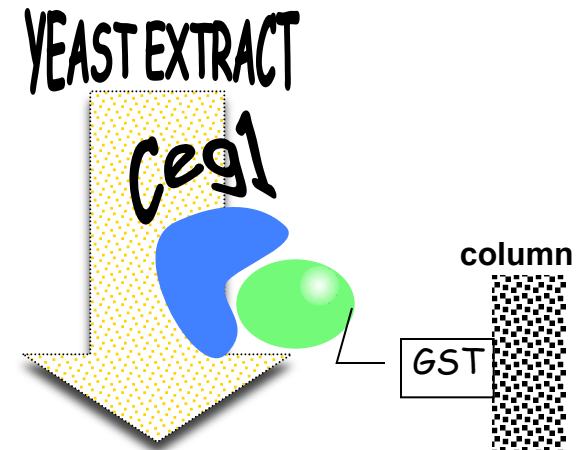
1)



2)

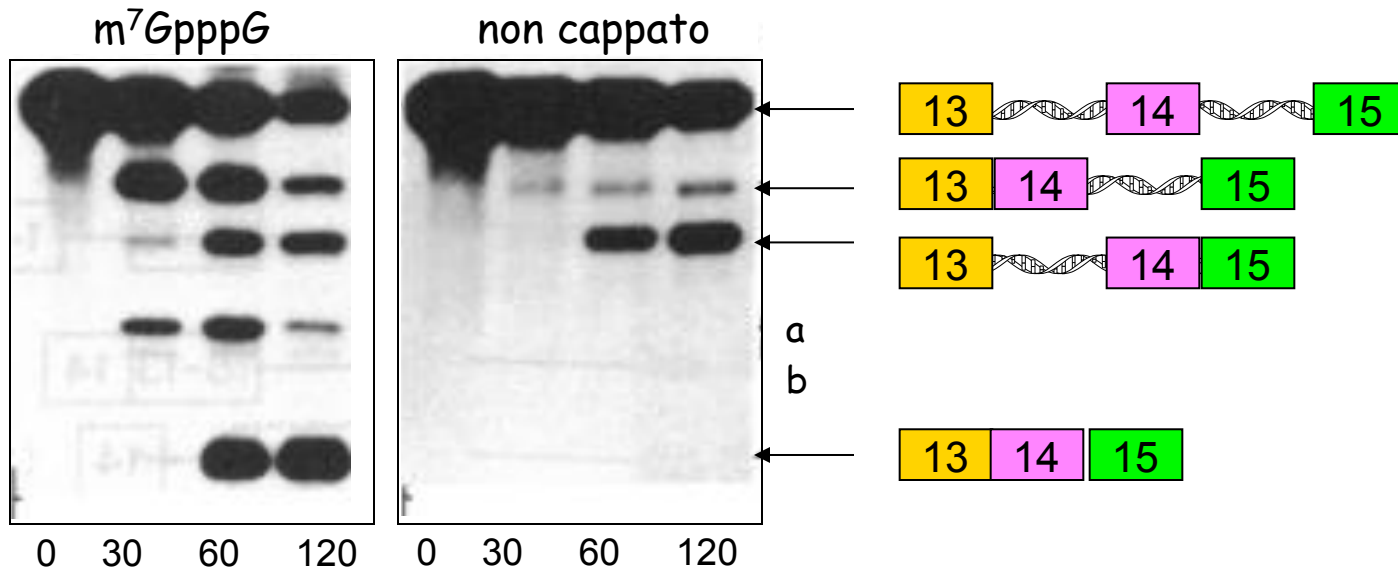
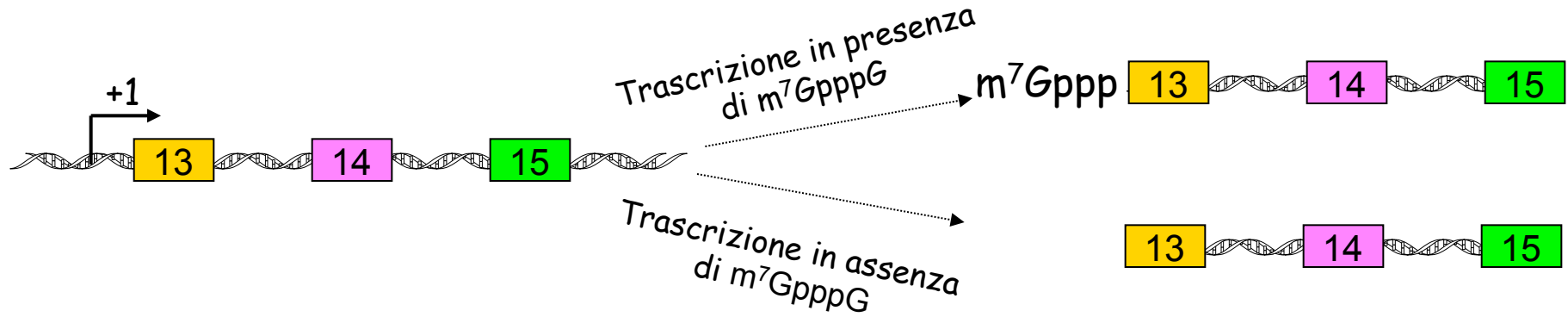


Western



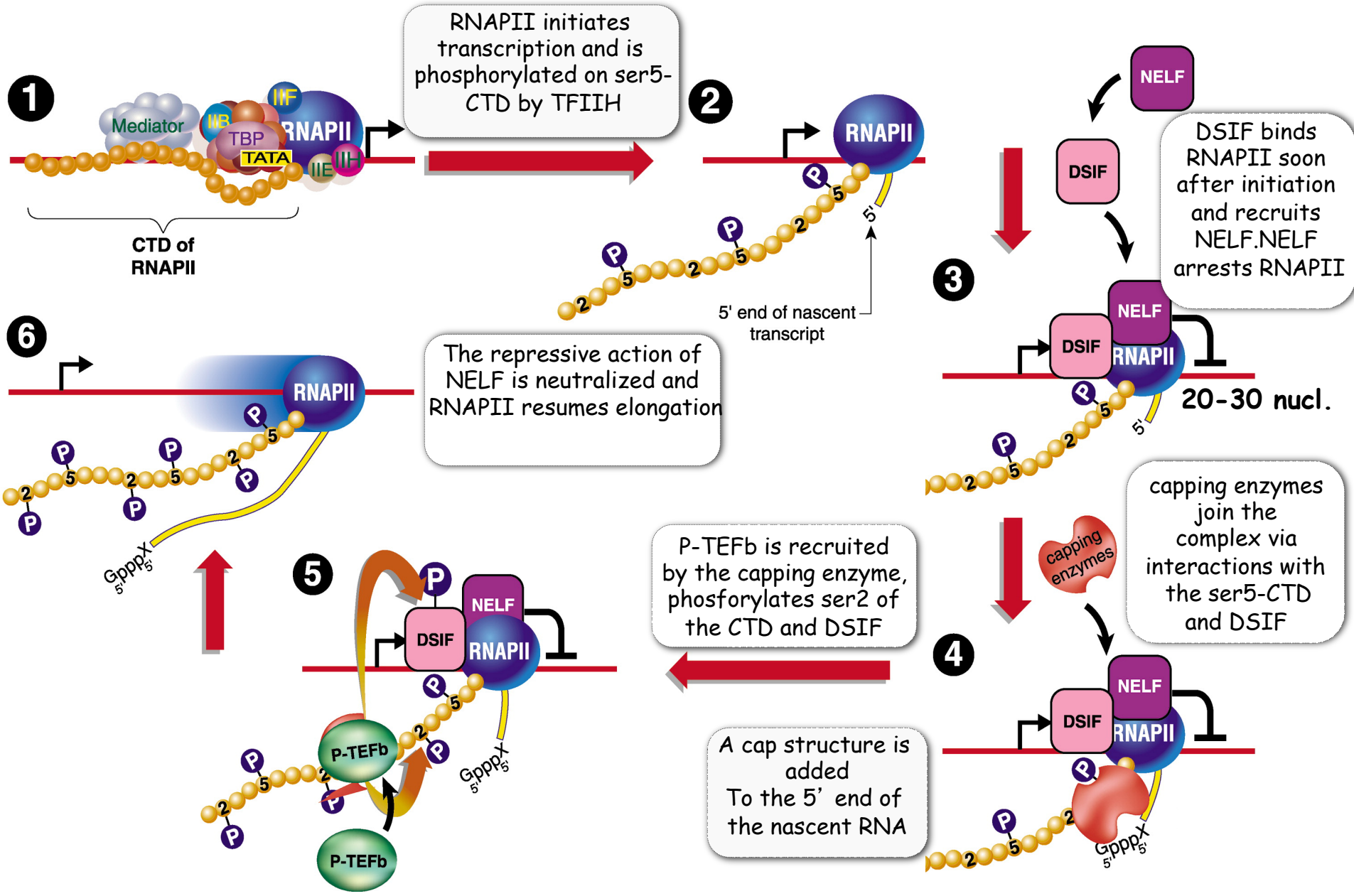
Bentley e colleghi sottoposero un estratto nucleare di cellule HeLa a cromatografia di affinità su resine contenenti le sostanze indicate in alto, quindi saggiarono gli eluati per la guanililtrasferasi misurando: **1)** la formazione di un complesso con il <sup>32</sup>P(GMP) che può essere misurato mediante SDS-PAGE e autoradiografato; **2)** con western blot. "I" indica l'estratto totale caricato su colonna.

# Il Cap aumenta l'efficienza di splicing



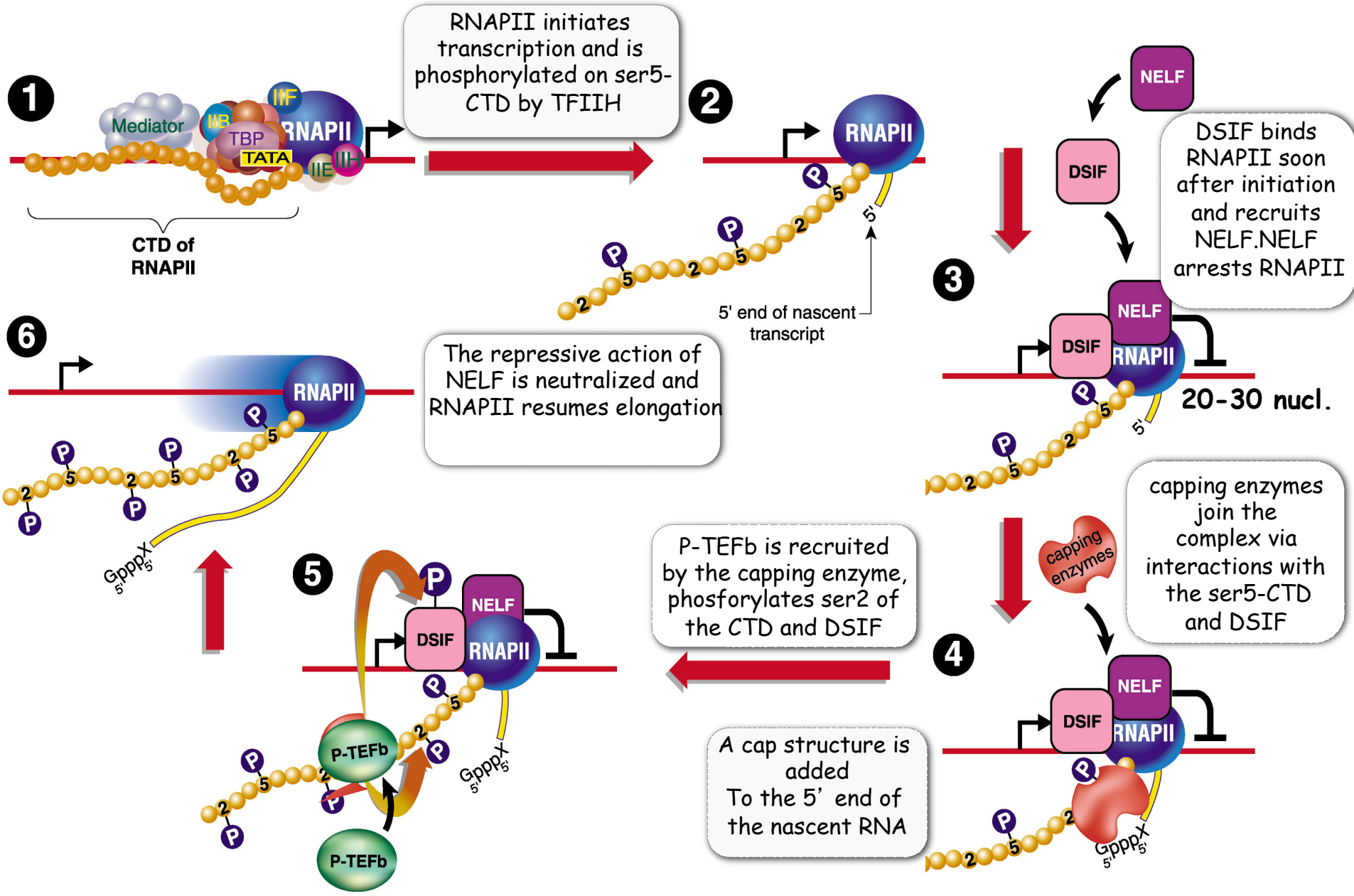
Shimura e colleghi costruirono substrati di splicing modello marcati con  $P^{32}$  e con e senza cap. Quindi li incubarono in estratti nucleari di cellule HeLa. Infine, sottoposero a elettroforesi e ad autoradiografia i gel per identificare i precursori di splicing, gli intermedi ed i prodotti finali. La posizione degli RNA più abbondanti è indicata schematicamente a destra. La banda "a" è il lariat del primo introne; la banda "b" è l'RNA lineare contenete gli esoni 13 e 14 con il primo introne in mezzo.

# Checkpoint model for coupling the 5' pre-mRNA capping and transcription elongation



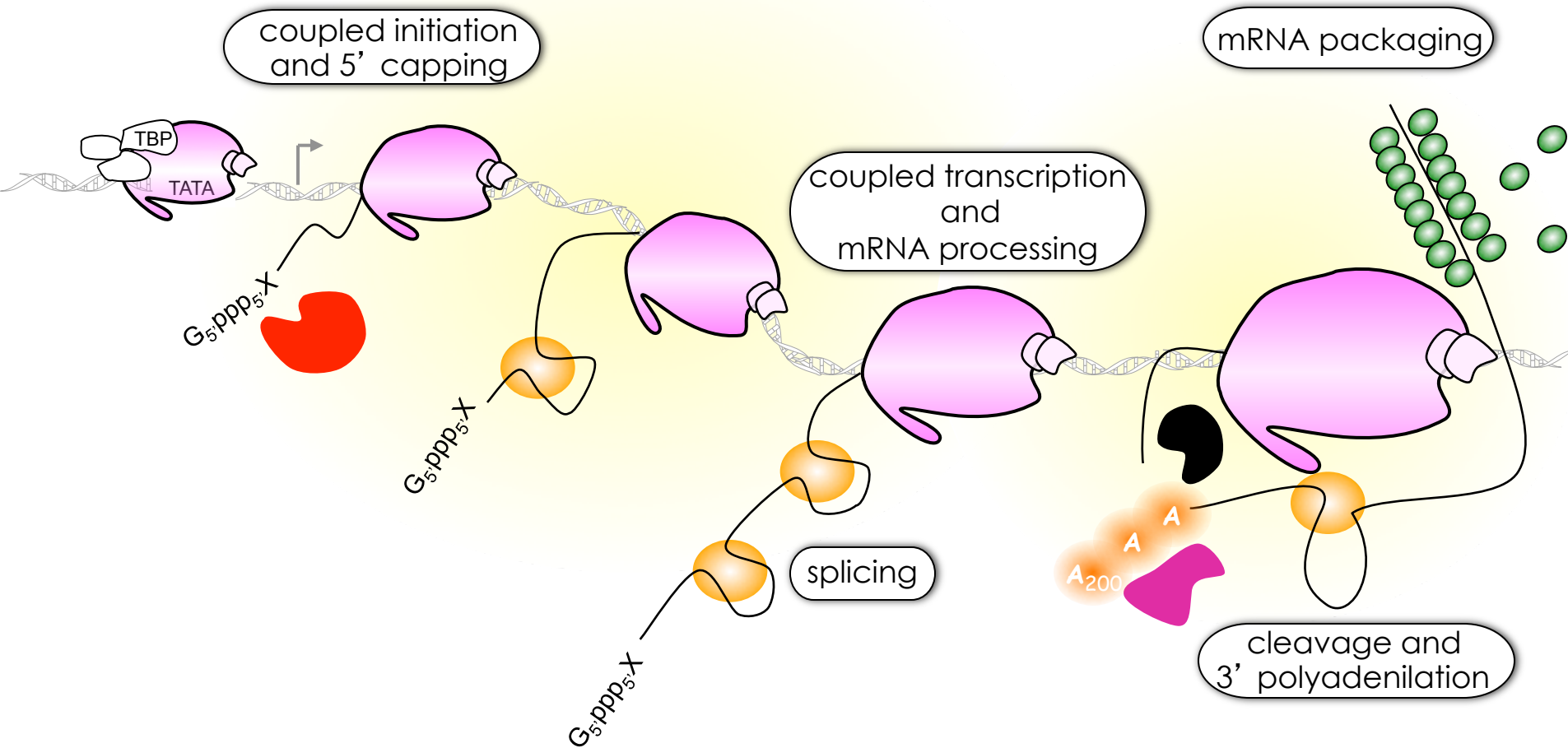


# Checkpoint model for coupling the 5' pre-mRNA capping and transcription elongation





# La fabbrica dell'RNA



**Il destino di uno specifico trascritto è determinato all'inizio della trascrizione**

*Ser<sub>5</sub>*

*Ser<sub>2</sub>*

