

Gene therapy project – poster and deadlines

- total 12 slides
- poster 90cm x 84cm

poster deadline: December 15 email to

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email subject: genetherapy poster

file name: surnames_gt_date

Gene therapy project

Theme I: Aging

Group A: Bernardi, Ilie, Colonnelli, Bastianelli

Charcot marie tooth – pmp22

Group B: Hazrati, Bartolini, Glaudo, Montrone, Pourali

Werner syndrome

Theme II: Cancer

Group C: Belvedere, Jeong, Majaliwa, Virgilio

dCAS9 as a treatment for thyroid cancer

Group D: Santacroce, Pace, Serra, Fanelli, Duarte

Hepatic cancer – RACGAP1

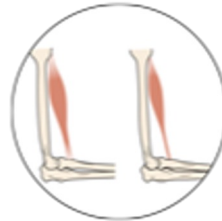
Charcot Marie Tooth type 1A (CMT1A)



Numbness



Curled
Fingers



Muscle Atrophy
in Legs & Arms



Curled Toes



High Arches
(or Flat Feet)

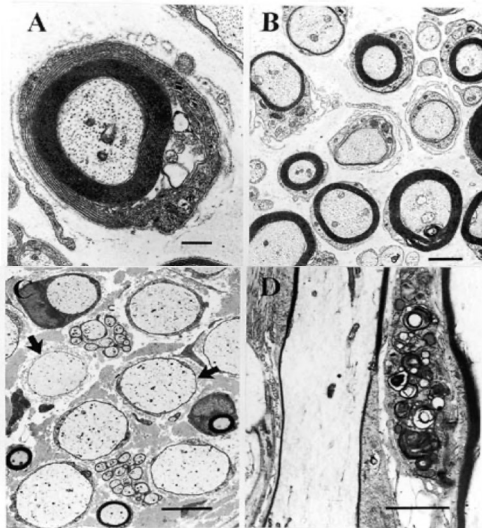
**Silencing of PMP22 promoter 2 using a CRISPR/dCas9
combined with methyltransferase (DNMT3A)**

Bastianelli, Bernardi, Colonnelli, Ilie

Background

Molecular basis of the disease:

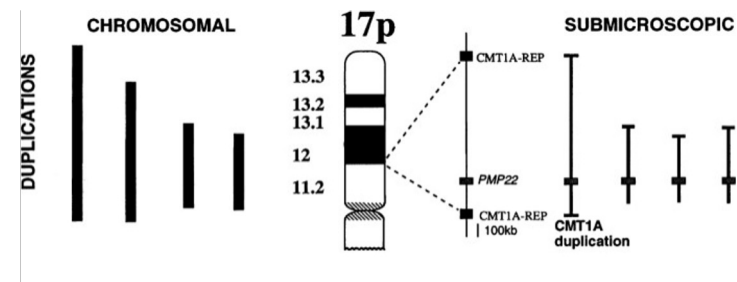
- PMP22 aggregates
- Dys Myelination
- Onion Bulb formation
- Secondary axonal degradation



Electron micrographs from the sciatic nerve of C3 mouse

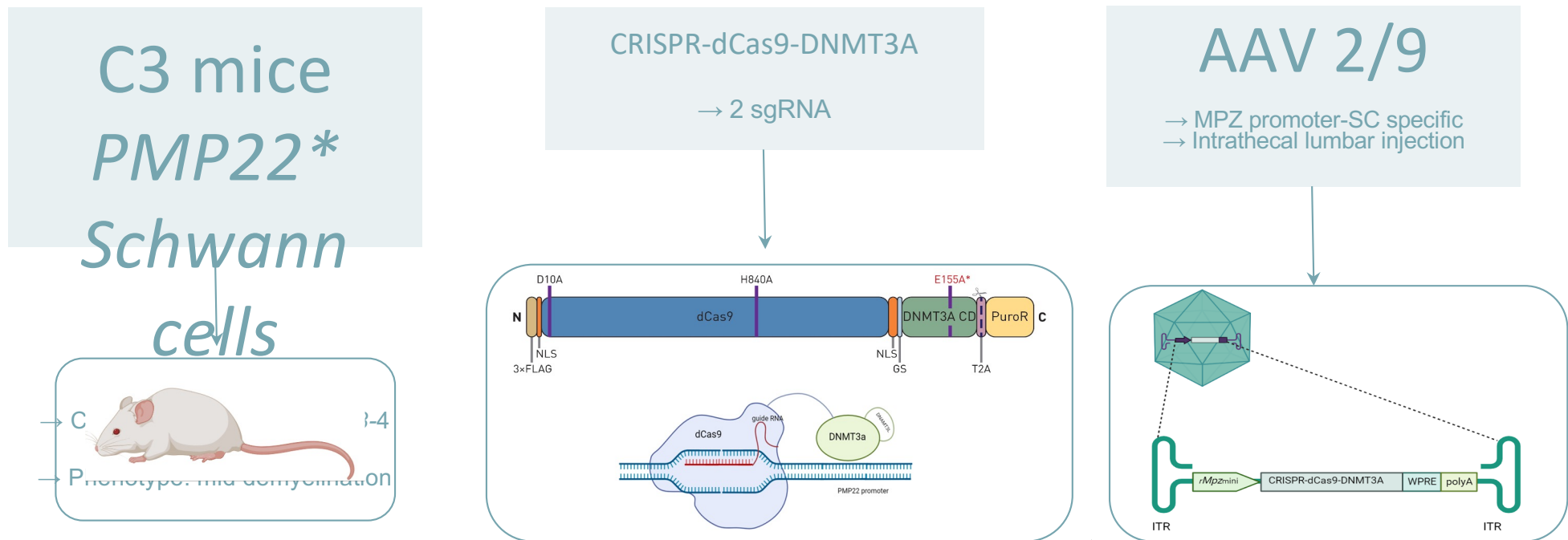
Duplication of *PMP22*

Peripheral Myelin Protein 22 (*PMP22*) gene on the 17p11.2-12.
Overload of the Endoplasmic Reticulum (ER)



Aim of the project

Use of CRISPR-dCas9 associated with DNMT3A to perform an epigenetic silencing of the Promoter 2 of PMP22



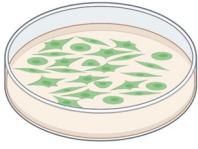
Adapted from Vojta et al. Nucleic acids research, 2016.

In vitro



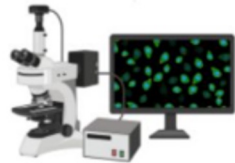
C3 mouse

biodistribution cytotoxicity

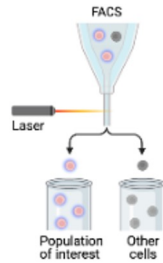


Cell seeding

Immunofluorescence assay
AAV2/9-eGFP
+
AAV2/9-eGFP-CRISPR
dCAS9-DNMT3A



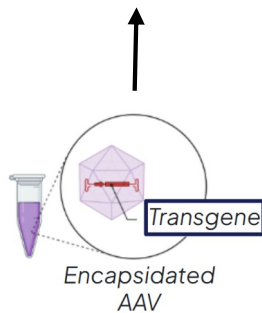
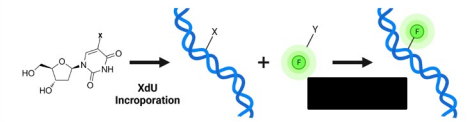
Facs analysis



MTT assay

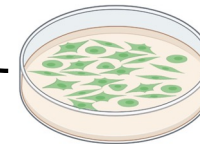


BrdU incorporation assay



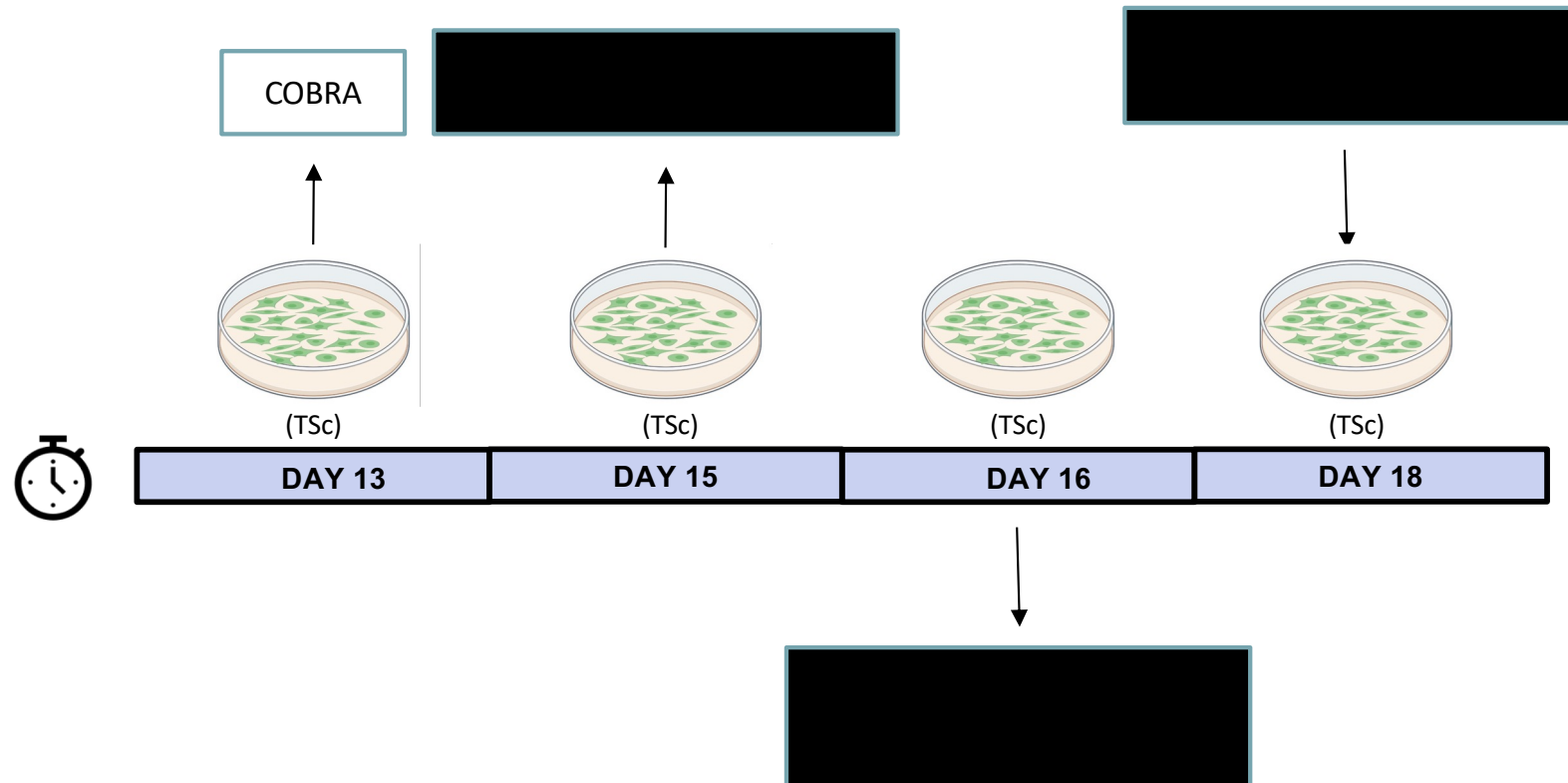
CRISPR-dCas9/DNMT3A through AAV 2/9 vector

Seeding Transfected SC (TSc)



- SC-WT
- SC-PMP22dup
- SC-PMP22dup-mok
- sgRNA 121
- sgRNA 34

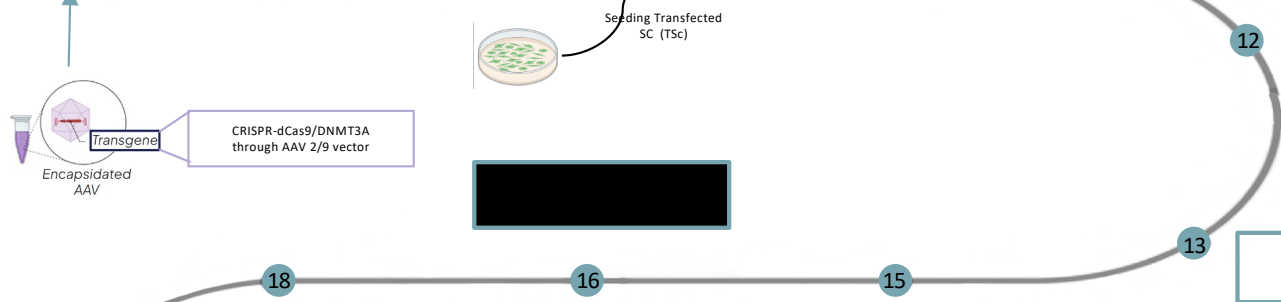
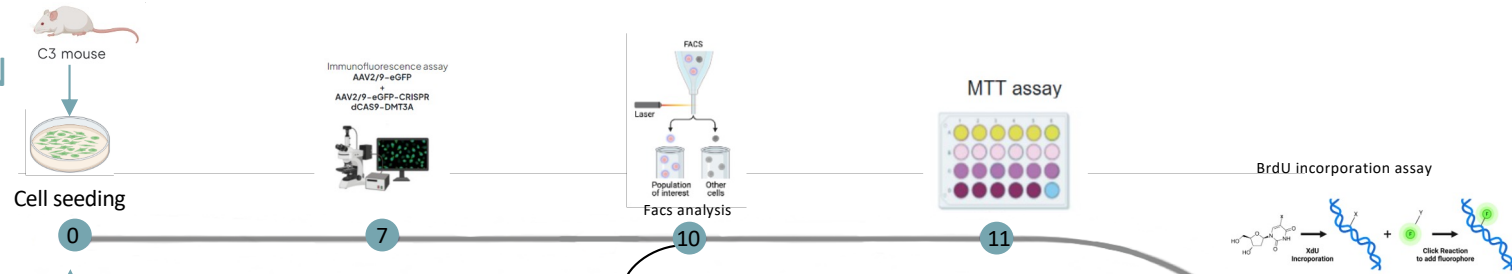
In vitro



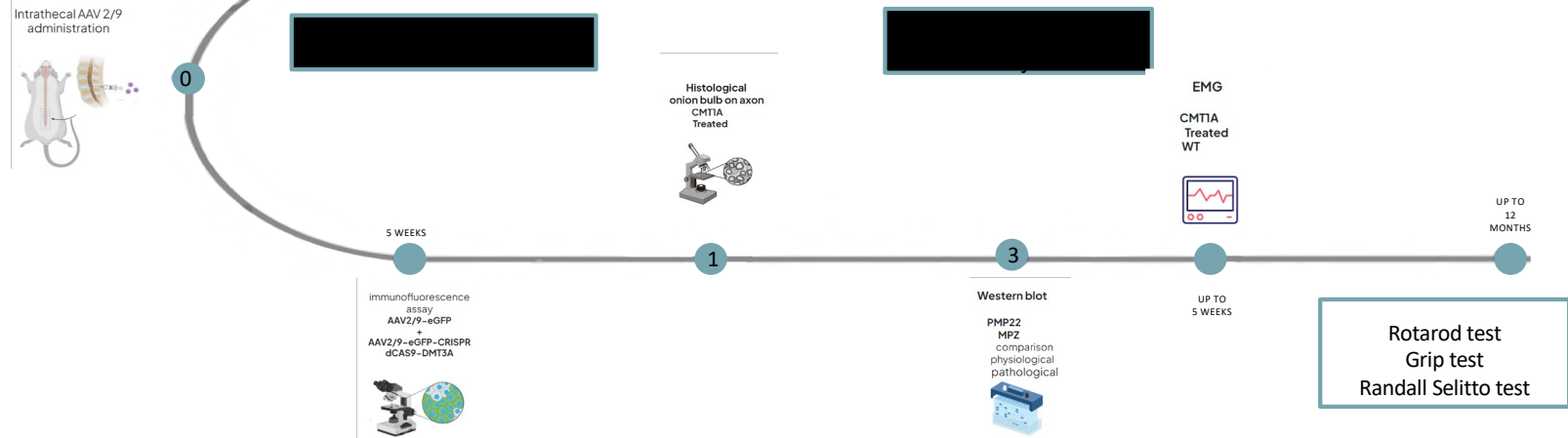
EXPERIMENTAL PLAN

- SC-WT
- SC-PMP22dup
- SC-PMP22dup-mok
- sgRNA 121
- sgRNA 34

In vitro



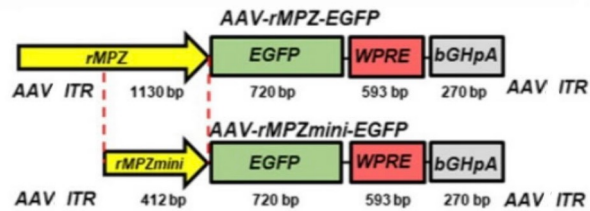
In vivo



What is the system of delivery?

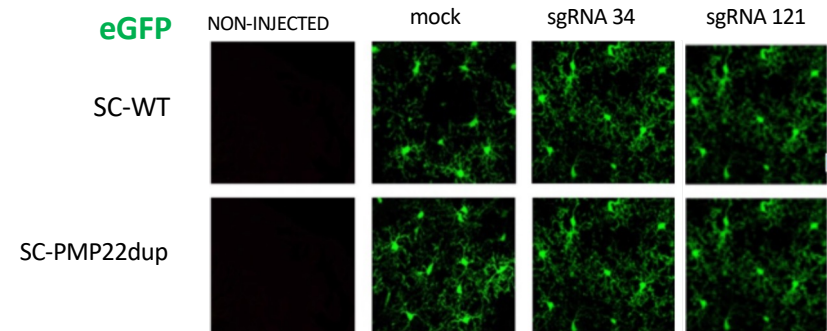
AAV2/9 → high tropism for Schwann cells

AAV2/9 mock vector → high tropism for Schwann cells

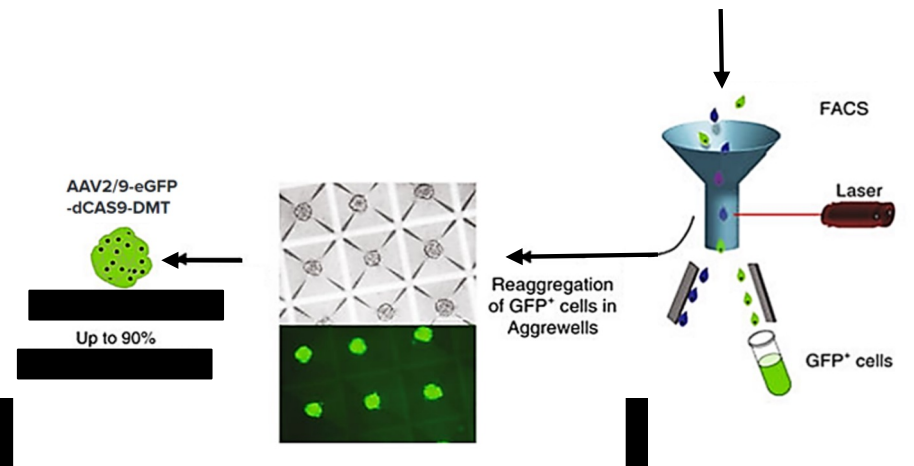
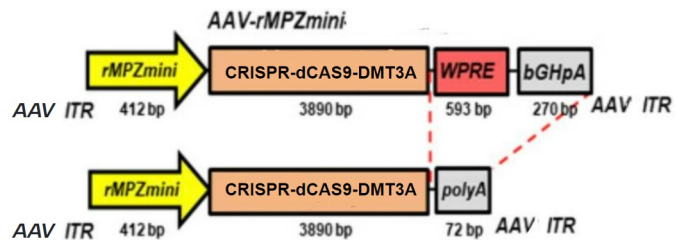


How to test AAV2/9 efficiency *in vitro* ?

Immunofluorescence assay



Therapeutic vector → CRISPR-dCAS9-DMT3A

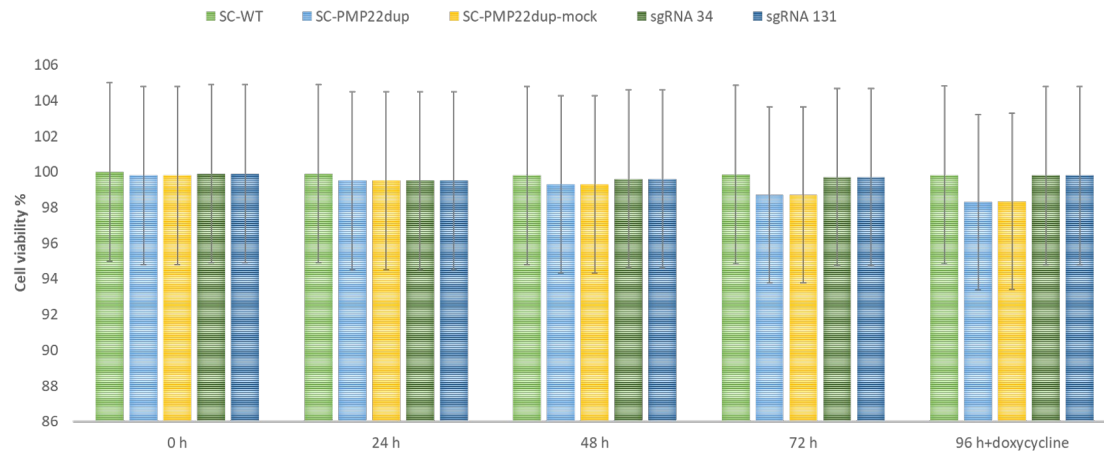


Adapted from Georgiou E. et al., 2023

Adapted from Gopika G. Nair et al. Nat Cell Biol. 2019

How to test the non-cytotoxicity of the treatment in vitro?

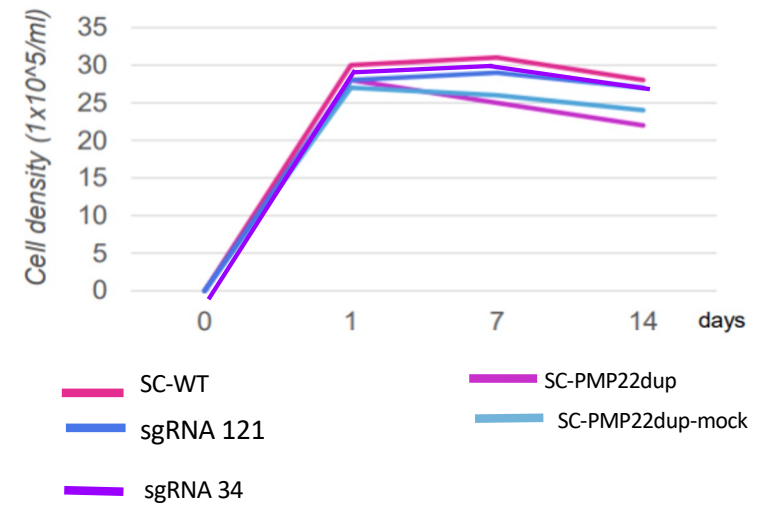
MTT assay



Adapted from Gao, F. et al. 2023

BrdU incorporation assay

Cell proliferation analysis (BrdU incorporation assay)

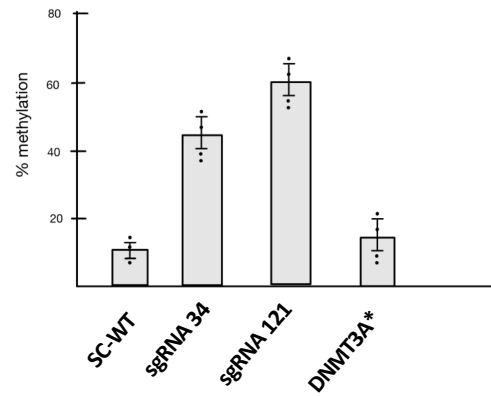
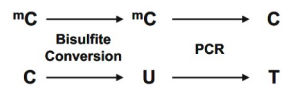


Adapted from Crane AM et al., Methods Mol Biol. 2013

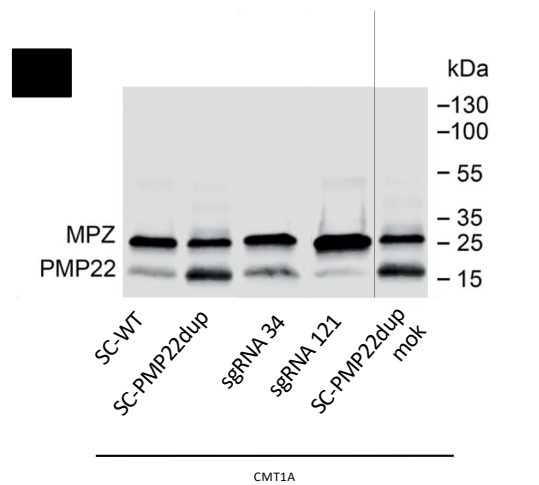
EXPECTED RESULTS: in vitro

Does Methylation downregulate expression?

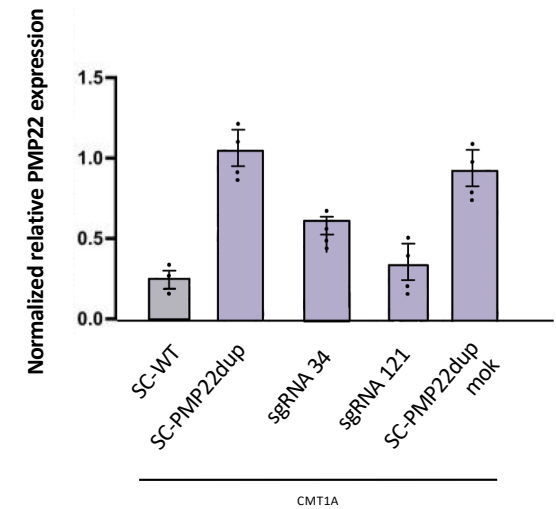
COBRA



WESTERN BLOT



qPCR

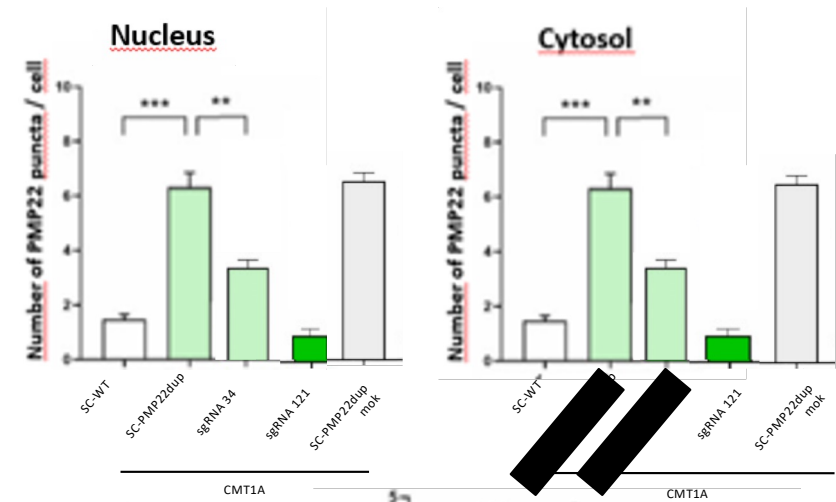
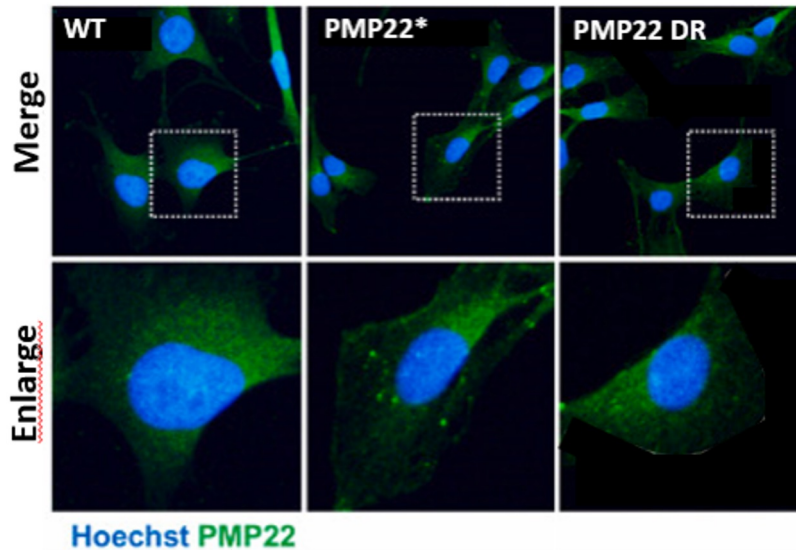


Adapted from Gautier et al. nature communications, 2021

Accumulation of

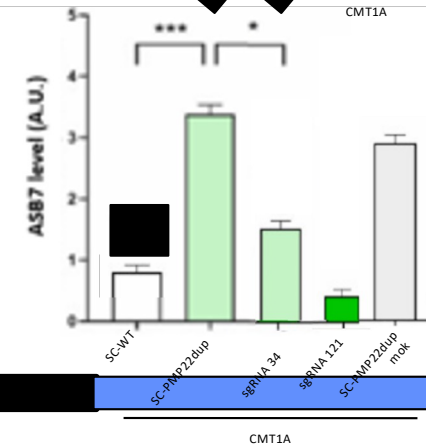
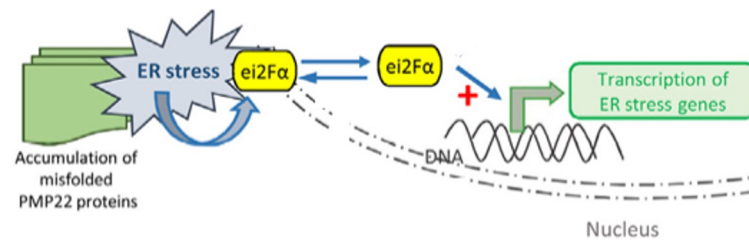
PMF

→ PMP22 aggregates

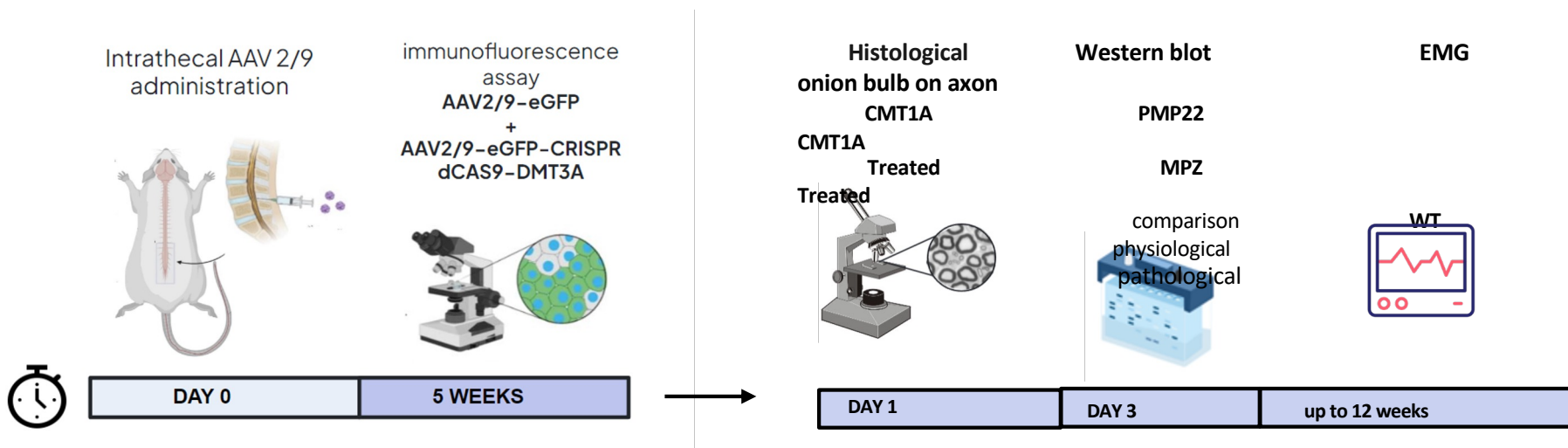


→ ER stress

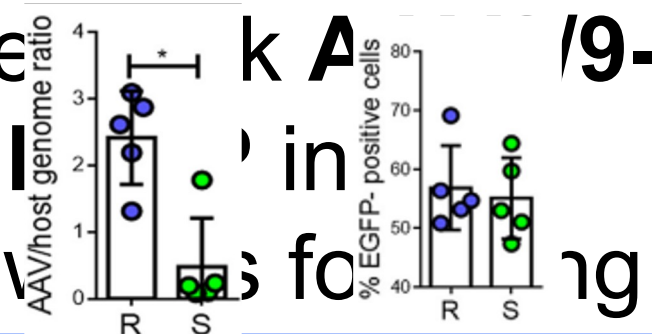
→ increase ASB7 expression



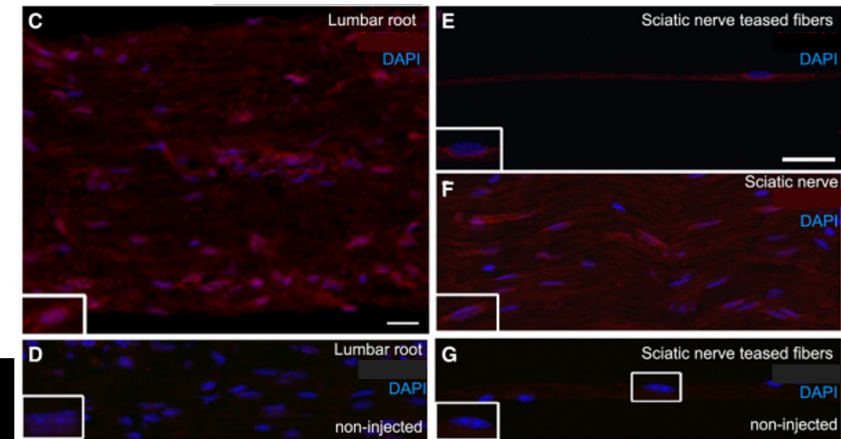
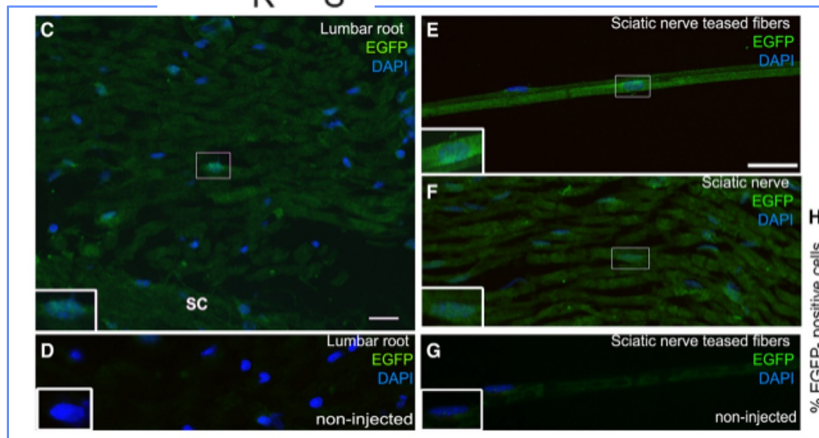
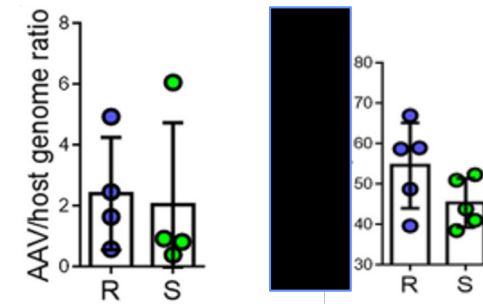
In vivo



In vivo Biodistribution of the AAV2/9-DMT3A in sciatic nerve 5 weeks following lumbar intrathecal injection



Biodistribution of the therapeutic vector **AAV2/9-CRISPR-dCas9-DMT3A** in PNS 5 weeks following lumbar intrathecal injection



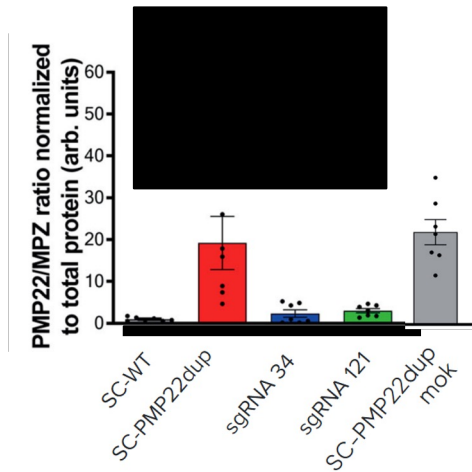
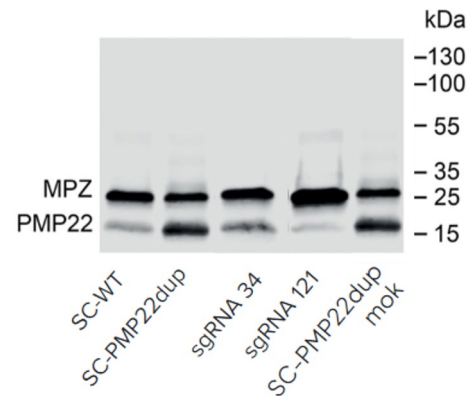
Adapted from Georgiou E. et al., 2023 Molecular Therapy

WESTERN BLOT

Myelin protein zero (MPZ):

- expressed by Schwann cells
- main structural component of the myelin.

Pmp22 was upregulated relative to the myelin marker Mpz in CMT1A, resulting in higher expression of Pmp22



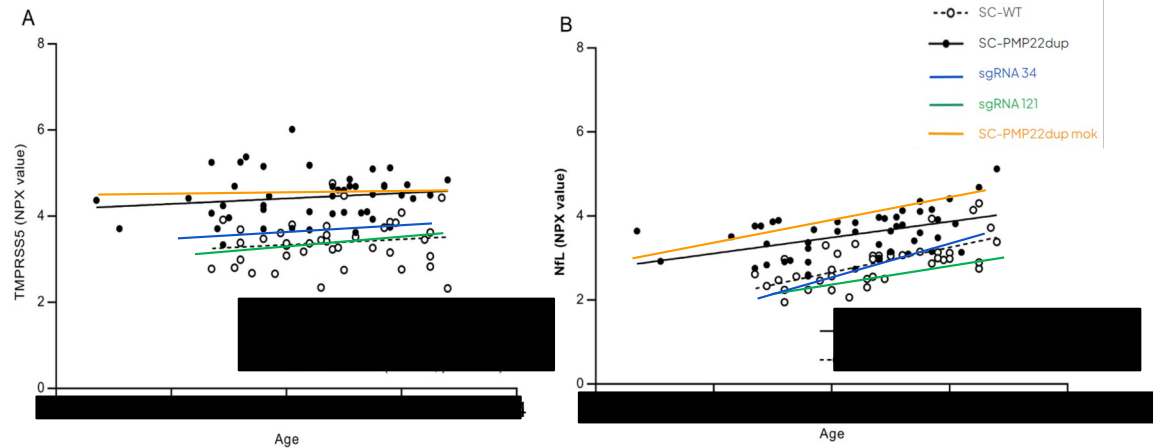
Adapted from Gautier et al. Nature communications, 2021

Blood concentration values NPX (Normalized Protein eXpression)

High NPX value equals a high protein concentration. Circulating Biomarker:

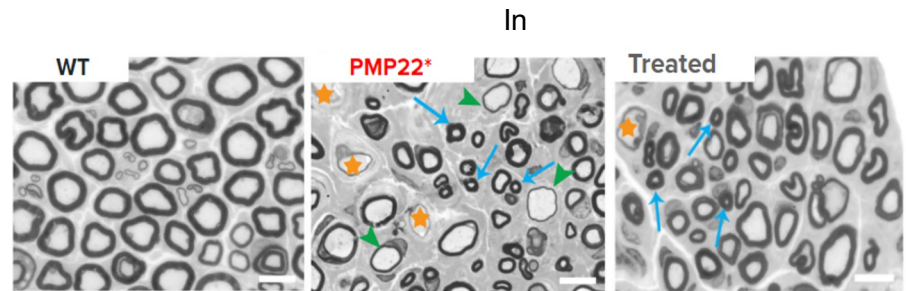
- Nf-L (marker for axonal degeneration):
- TMRSS5 (biomarker for axonal degeneration):

Adapted from Hongge Wang, et al. 2020

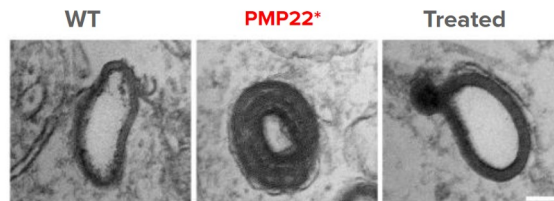
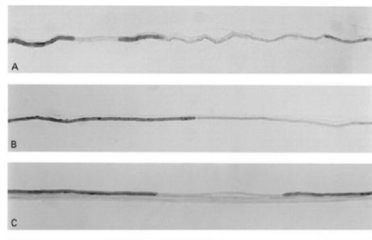


Histological

In CMT1A the PMP22 overexpression causes decreased myelination, recovery of axon myelination after treatment



- ★ large demyelinated axons
- large hypomyelinated axons
- ➡ small hypermyelinated axons

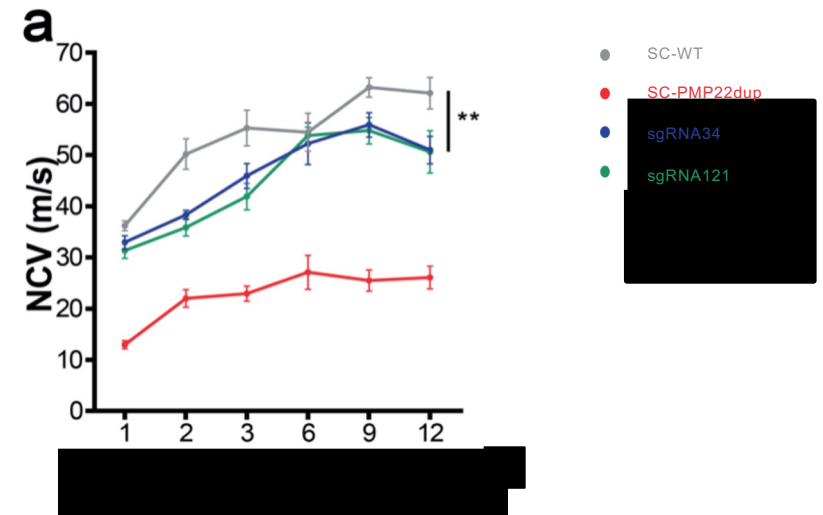


Adapted from Gautier et al. nature communications, 2021

Electromyography

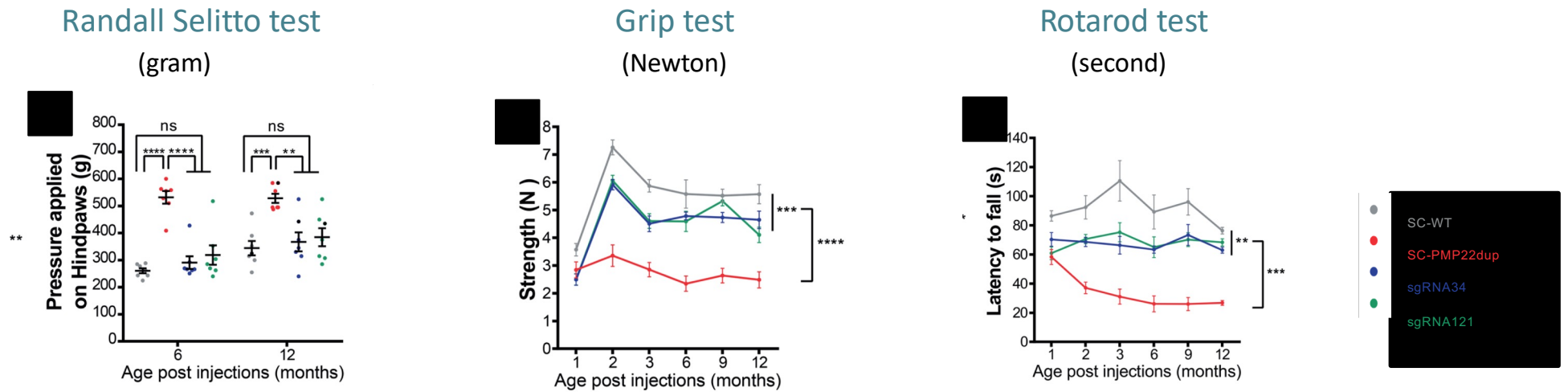
The loss of myelin in CMT1A causes a delay in impulse transmission

After the treatment we can see an axonal recovery of the impulse, due to the correct reformation of the myelin



Adapted from Gautier et al. nature communications, 2021

Does the treatment restore motor and sensitive defects?



Adapted from Gautier et al. Nature communications, 2021

Budget and Materials

Materials

Costs

C3 mice PMP22dup Schwann cells + control animals + mice stabulation	595€ (x10) + 110 (x3) + 10.000€
Culture medium supplements (DMEM, FBS, GlutaMAX, Penicillin + Streptomycine, ViraDuctin AAV Transduction Kit)	600€
Packaging plasmid AAV 2/9	600€
MTT Assay Kit (Cell proliferation)	499€
eBioscience™ BrdU Staining Kit for Flow Cytometry FITC	724€
COBRA (validated Methylated Analysis Primer Set, 300 reactions)	745,6€
WB Analysis kit + Antibody (Anti-PMP22, MPZ)	200€
RT-qPCR kit and equipments (Thermo Fisher Scientific)	1200€
Monoclonal Antibody (NF-L; Tmprss5)	500€
AssayLite Multi-color Conjugated Antibodies Flow Cytometry (FACS Analysis kit)	595€
Immunofluorescence assay (anti-PMP22; GFP)	330€
CRISPR-dCas9-DNMT3A + 2sgRN + Cas9 protein	3500€
Research team	150.000€/year

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TOTAL COST OF 325.773,6€

FOR A TOTAL OF 2 YEARS OF RESEARCH

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-



SAPIENZA
UNIVERSITÀ DI ROMA

A Leap Back in Time: Lentiviral Vector-Mediated Expression of WRN Gene in Werner Syndrome

Sara Bartolini, Nicolò Glauco, Mahsa Hazrati, Chiara Montrone, Raha Pourali

Winter School 2023-24

Background of Werner Syndrome

Rare autosomal recessive genetic disorder.

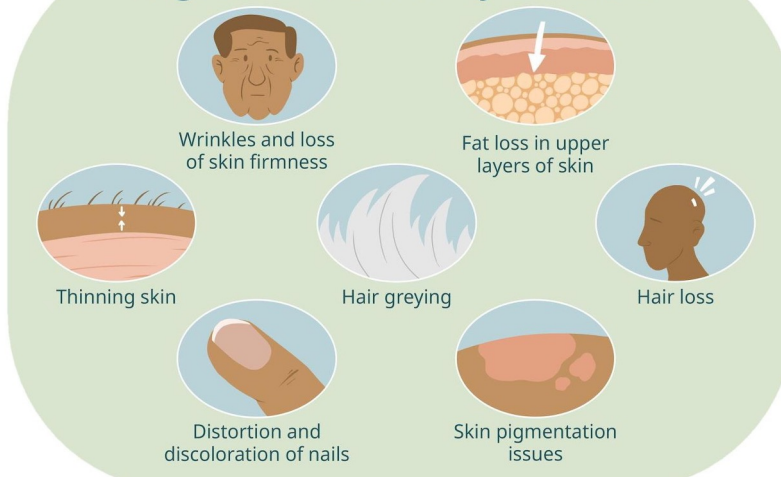
Loss of function in the WRN gene.



WS patient age 15 yrs

WS patient age 48 yrs

Signs of Werner Syndrome



RecQ3: DNA helicase with a 3'→5' exonuclease activity.

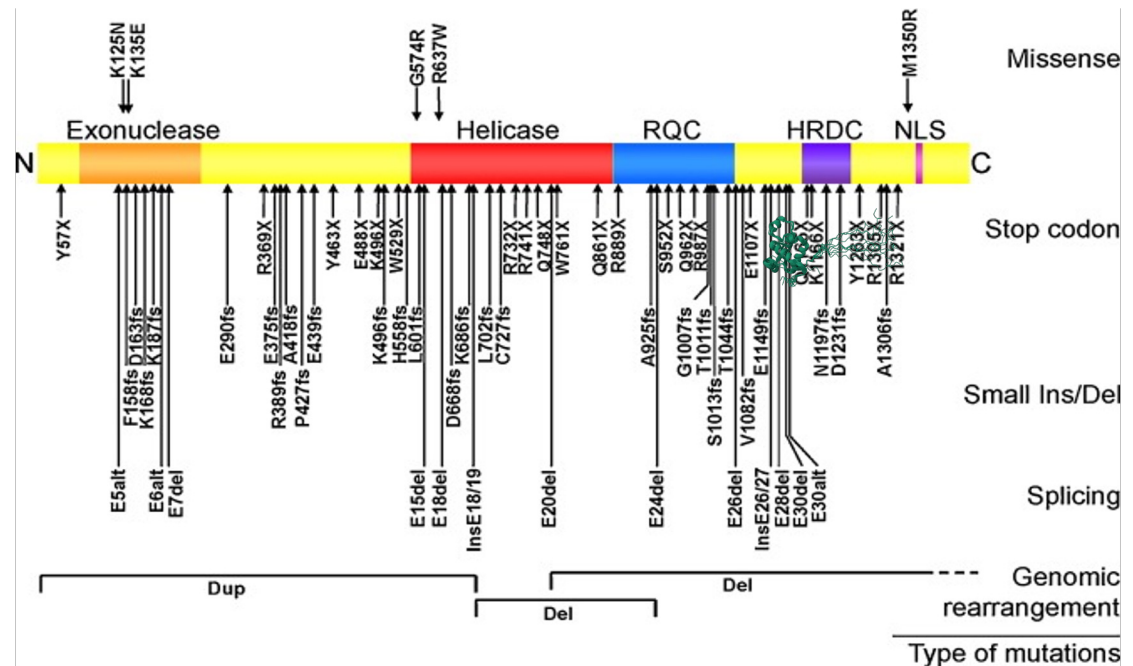
- I. genome instability
- II. DNA repair, replication, transcription and telomere maintenance
- III. age-related diseases

Aim

Providing a functional WRN gene with a lentiviral vector as a potential treatment for Werner Syndrome

Why can't we correct the mutation?

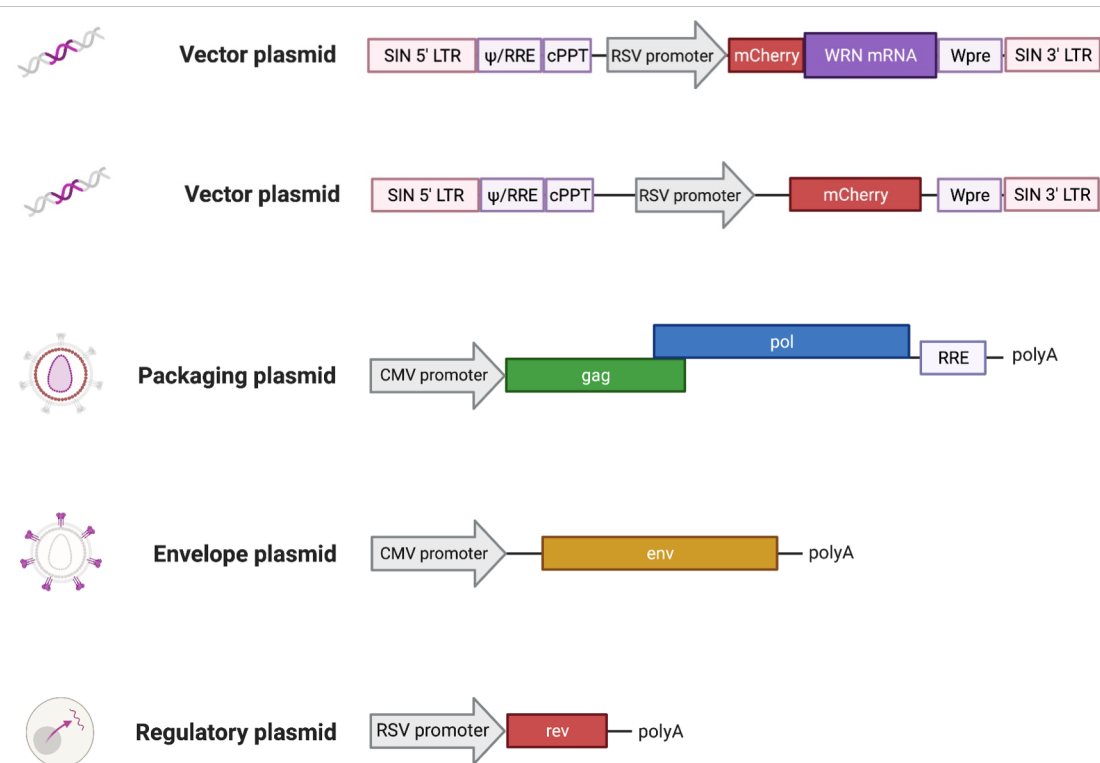
More than 80 different homozygous or compound heterozygous mutations in WRN gene



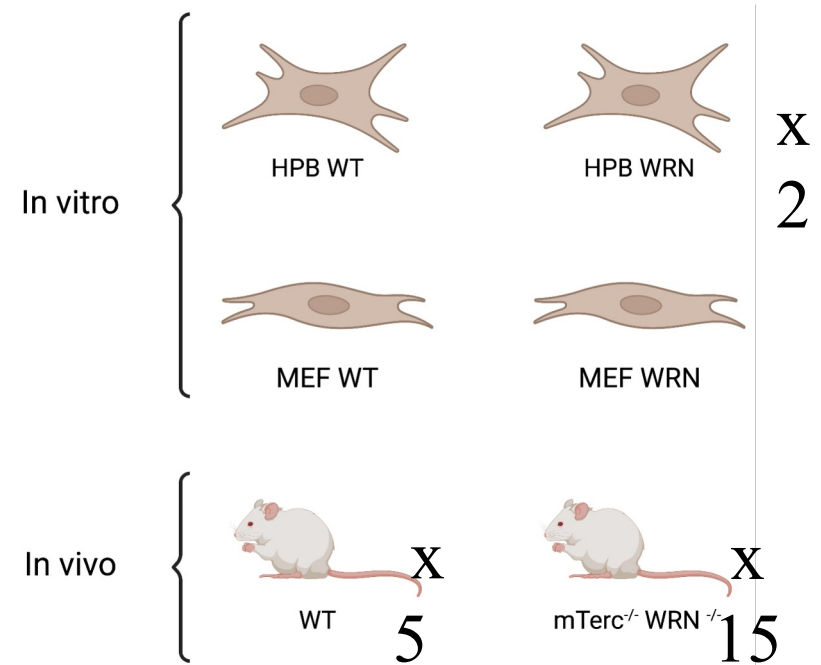
Junko Oshima, Julia M. Sidorova, Raymond J. Monnat, Werner syndrome: Clinical features, pathogenesis and potential therapeutic interventions, Ageing Research Reviews, 2017,

Materials

Third-Generation Lentiviral Vector System



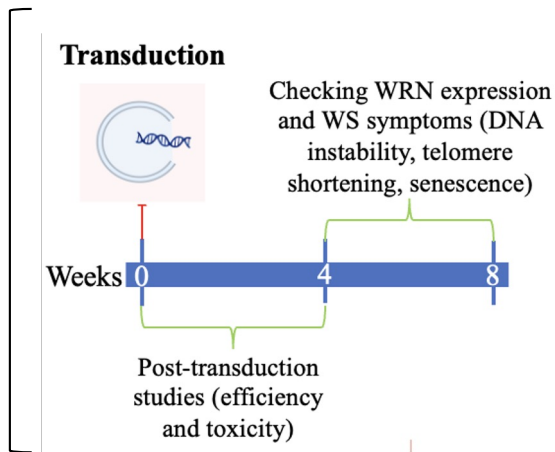
Model Systems



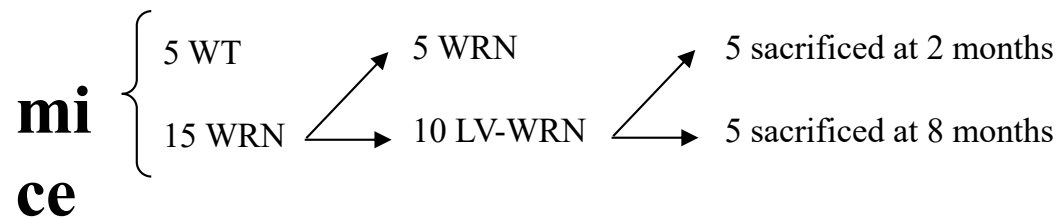
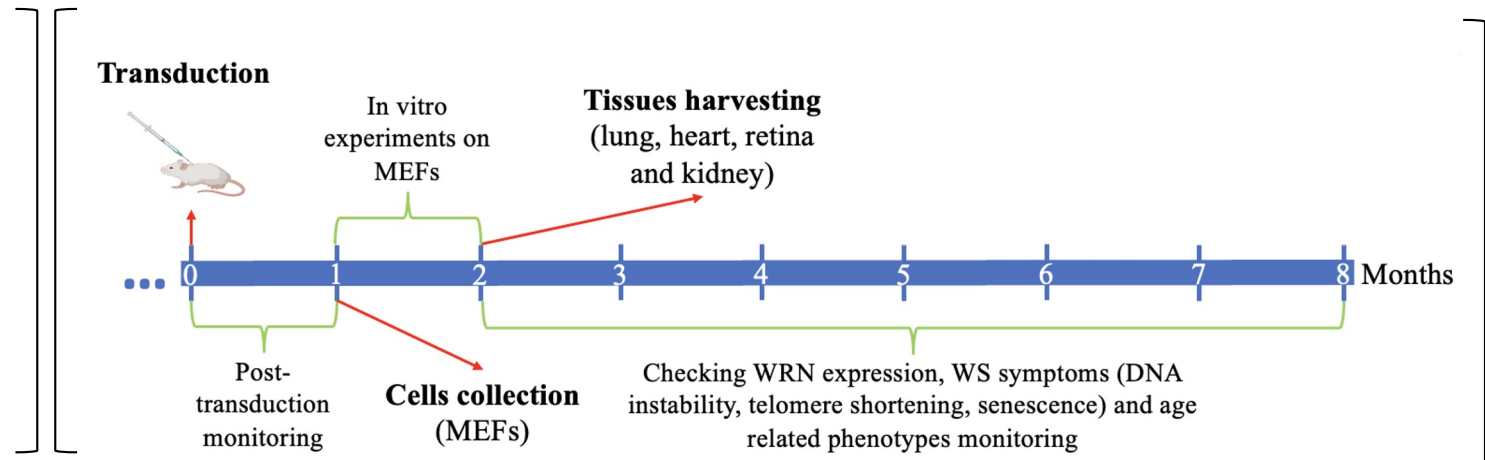
WRN^{-/-} mice do not show WS phenotypes, due to their longer telomeres compared to humans. Instead, mTerc^{-/-} WRN^{-/-} mice shows premature aging phenotypes and heart failure.

Timeline

in vitro



in vivo



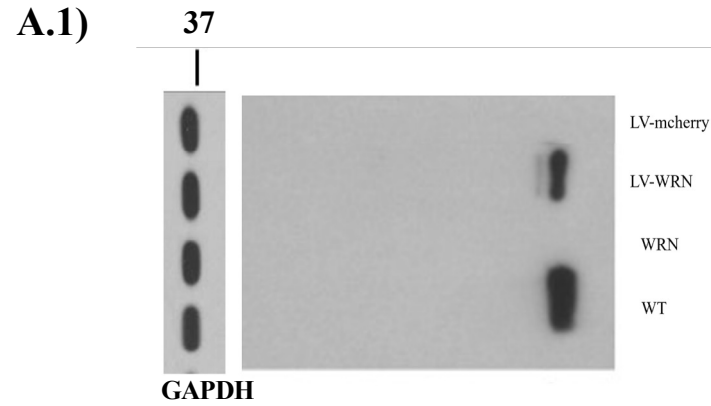
In vitro

A. Is the transduction successful?

- 1) WB
- 2) IF
- 3) rt PCR

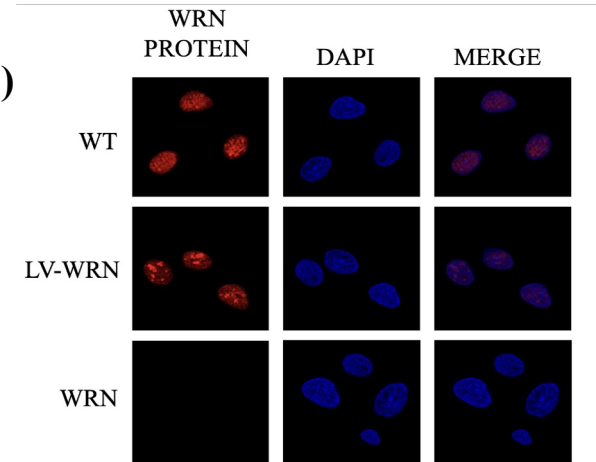
A. Is the treatment cytotoxic?

MTT assay



Adapted from Opresko et al, 2002.

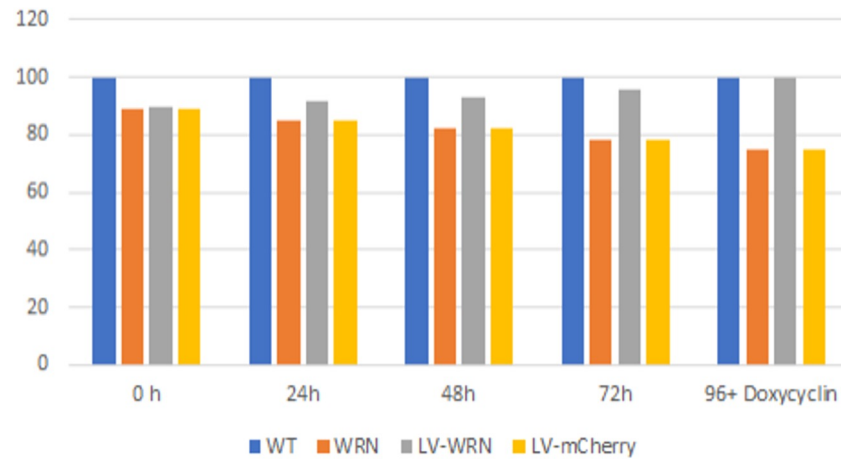
A.2)



Adapted from Sadahira et al, 2014.

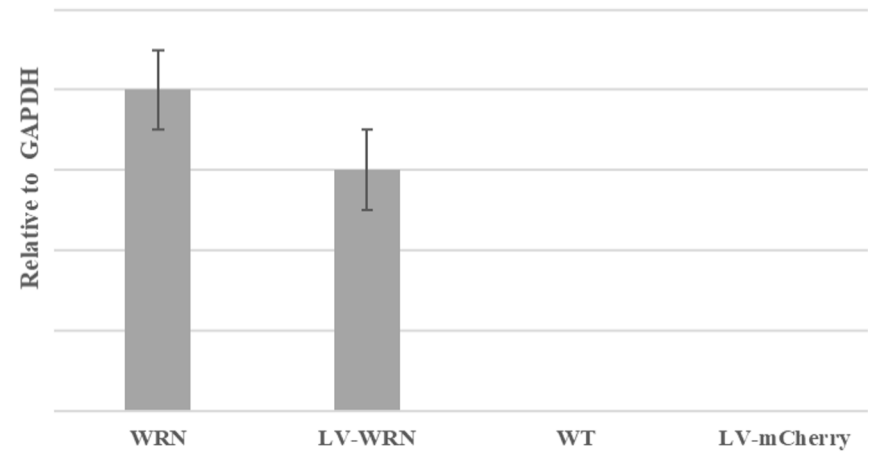
B)

MTT Assay



A.3)

rtPCR

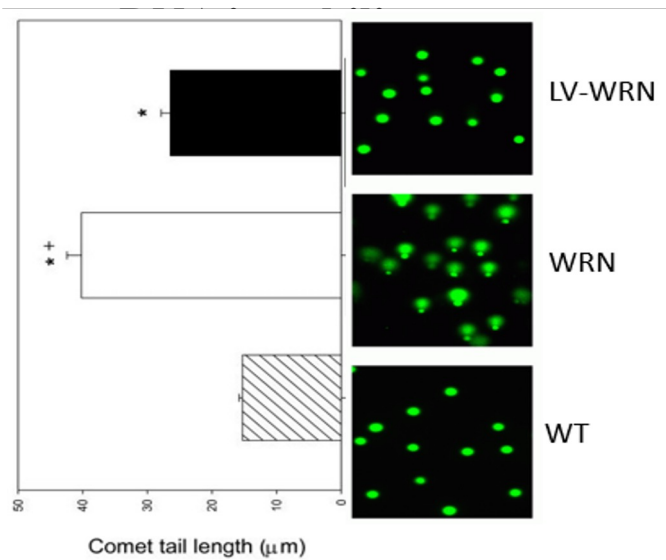


In vitro

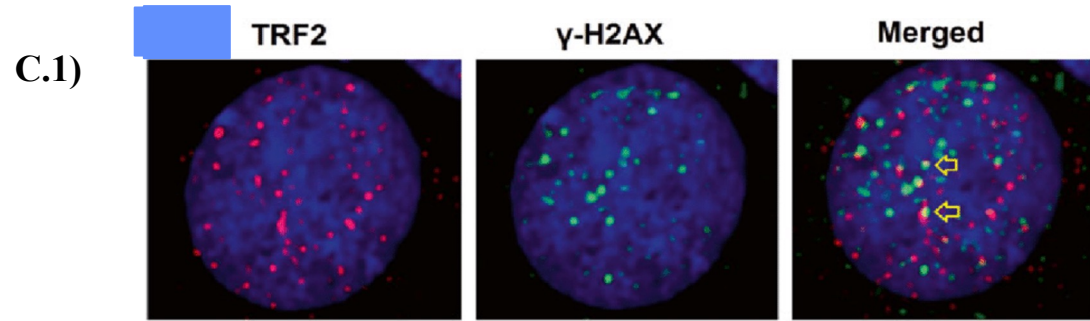
C. Telomere length:

- 1) FISH
- 2) TRF
- 3) Pulse Field Electrophoresis

D.

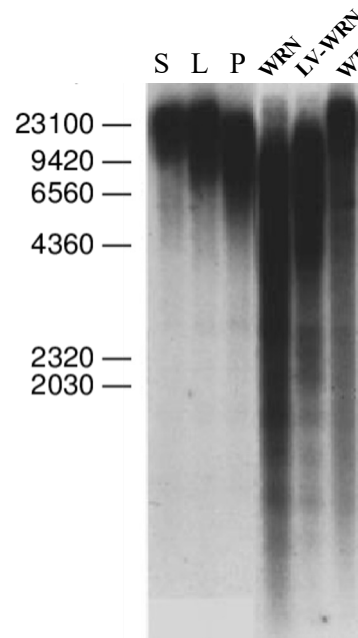


Adapted from Guo et al, 2017.



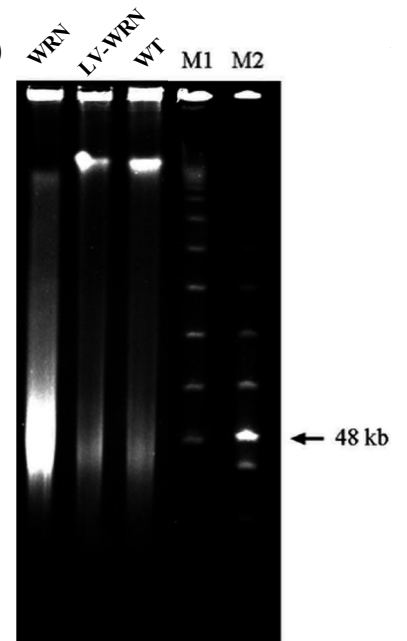
Adapted from Kroustallaki, 2015

C.2)



Adapted from Tahara et al, 2017.

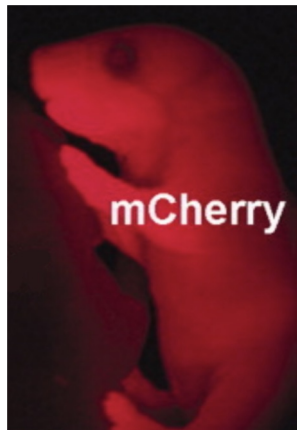
C.3)



Adapted from Ribas-Maynou et al, 2012.

In vivo

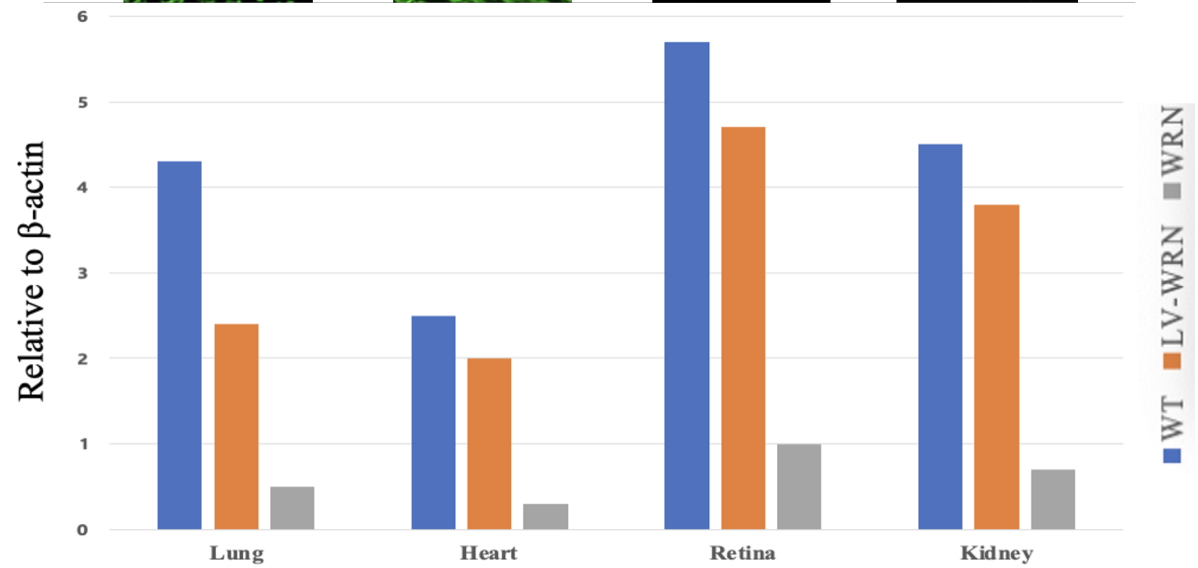
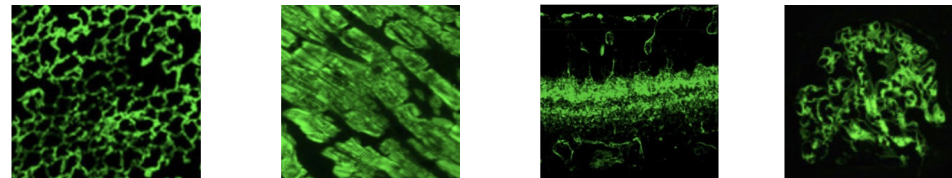
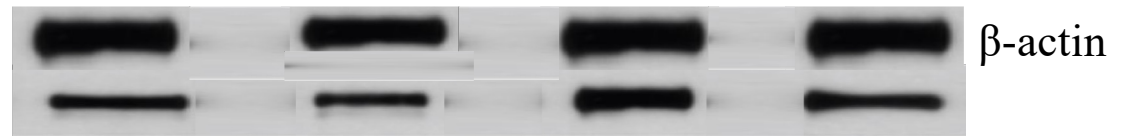
Does the vector effect all the organs?



Adapted from Fink et al, 2010.

Why do we choose the heart as a representative tissue?

Comparing WRN expression in Lung, Heart, Retina and Kidney by WB, IF and rt PCR

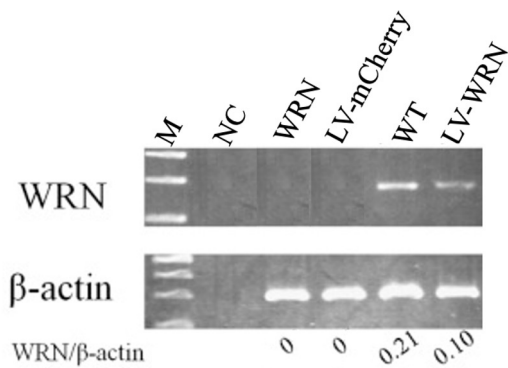


Adapted from Liu et al, 2014.

In vivo on Heart

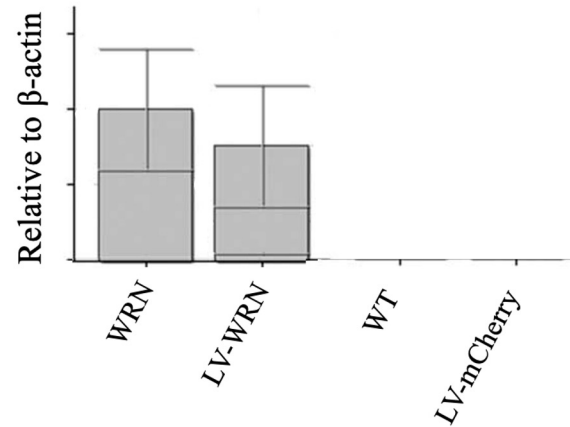
A. Is the transduction successful?

- 1) WB
- 2) rt PCR
- 3) IF



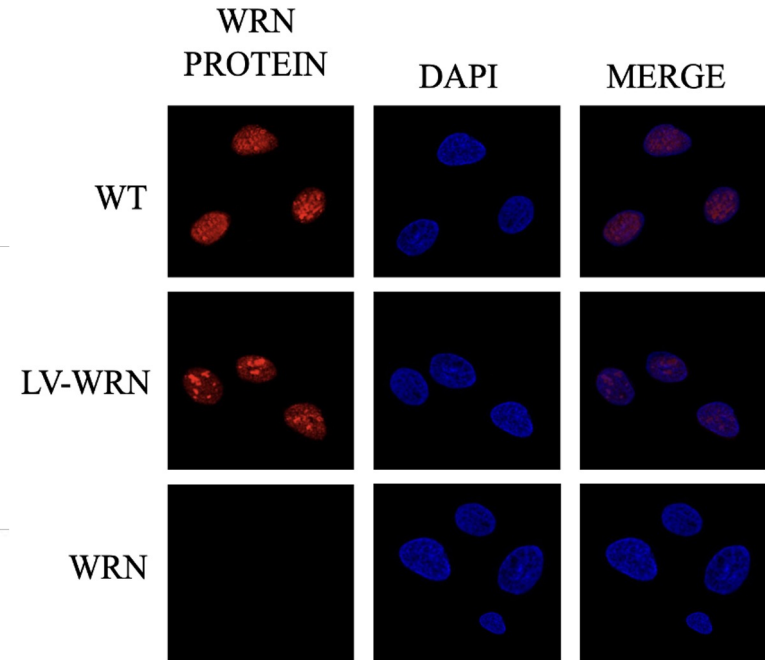
Adapted from Masuda, 2012.

A.
1)



Adapted from Liu, 2014.

A.
2)



Adapted from Sadahira et al, 2014.

A.
3)

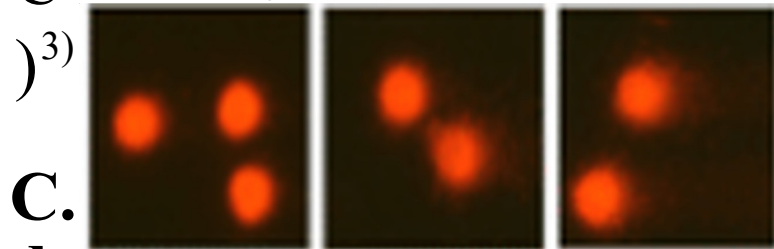
In vivo

on Heart

B. Do we see changes in the telomere length?

- 1) pulsed field electrophoresis
- 2) fluorescence in situ hybridization - FISH

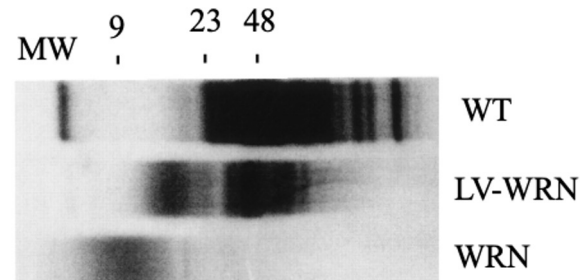
C. decrease the DNA damage level?



Adapted from Murabitti et al, 2020.

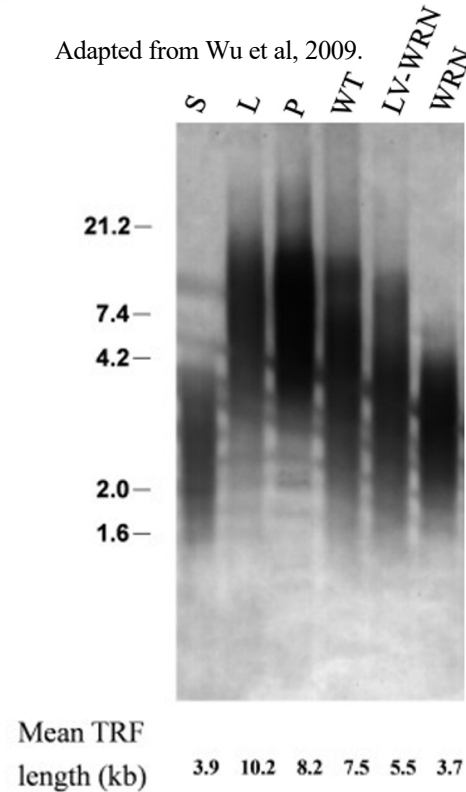
Comet assay

B. 1)



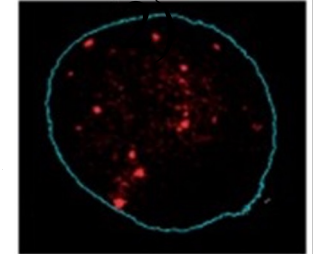
Adapted from Wu et al, 2009.

B. 3)

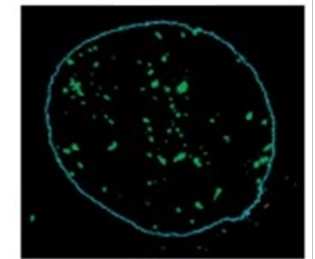


Adapted from Zhu et al, 2018.

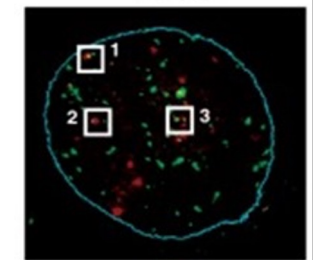
B. γ -H2AX



TRF2



Merge



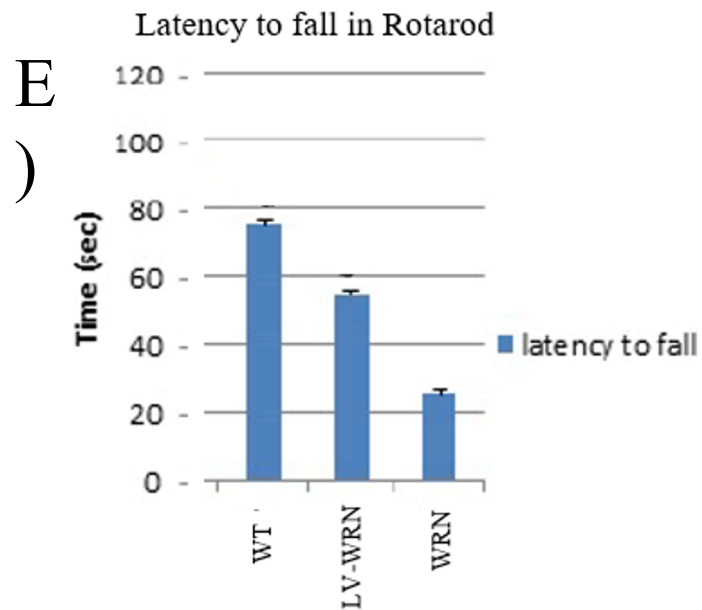
Adapted from Jullien et al, 2012.

In vivo on Heart

D. Do we see phenotypic changes?

E. Do we see any changes in behaviour?

Rotarod assay



Adapted from Halder et al, 2017.

D)

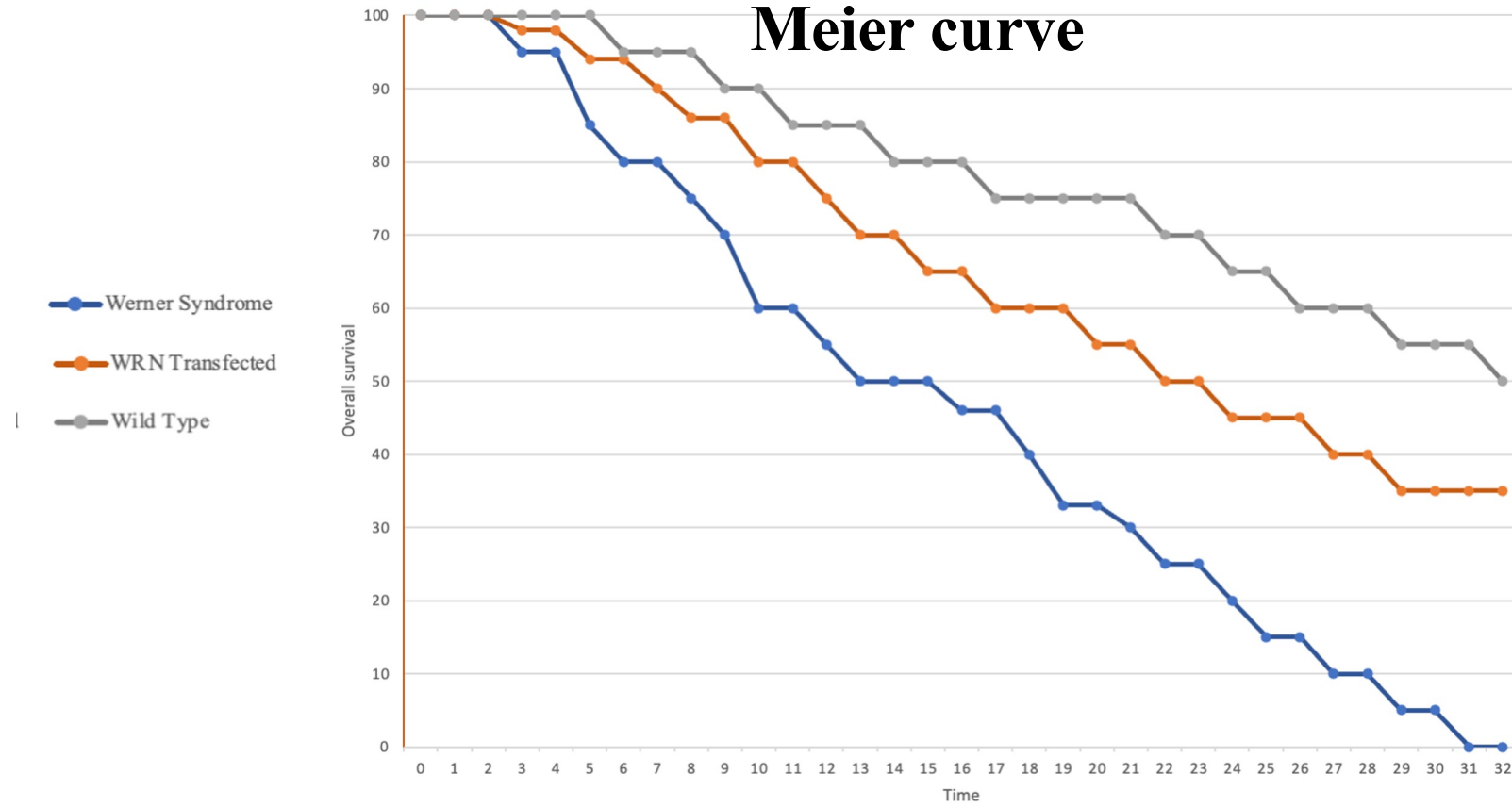
	WT	LV-WRN	WRN
Glucose tolerance	-	-	++ at 4 months
Insulin resistance	-	-	+ at 4 months
Hair regrowth	-	-	+ at 4 months
Subcutaneous adipose	-	-	++ at 4 months
Gonad mass	-	-	+ at 4 months
Ophthalmic examinations	-	-	+ at 4 months
Voiding spot assay	-	-	+ at 4 months
Urinary Albumin Creatinine Ratio	-	+	+++ from 4 to 8 months
Bodyweight	-	-	++ at 8 months
Lordokyphosis	-	-	+ at 8 months
Osteoporosis	-	-	+ at 8 months
Cataract	-	-	++ at 8 months
Hair graying	-	-	++ at 8 months
Alopecia	-	-	+ at 8 months
Muscle mass	-	-	+ at 8 months
Spleen mass	-	+	+++ at 8 months

Adapted from Chang et al, 2005.

In vivo

Reduced lifespan and premature aging phenotypes in $mTerc^{-/-}$ $Wrn^{-/-}$ BALB mice.

Kaplan Meier curve



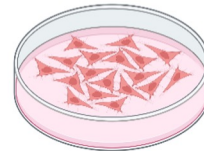
Budget



Workers: 75K
PostDoc (x1): 30K each
PhD (x3): 15K each



**Materials and
Methods: 35K**



Cell lines: 5K



Mice: 100K

Total: **215K** / year
for 2 years

Pitfalls and Solutions

Budget



Werner patients develop multiple, rare cancers which is the most common cause of death, and has no treatment at the moment.



Translatability between human patients and animal models.



Additional diagnosis tests for cancer such as Cytogenetic analysis.



Performing the therapy on humans for clinical trial.

References

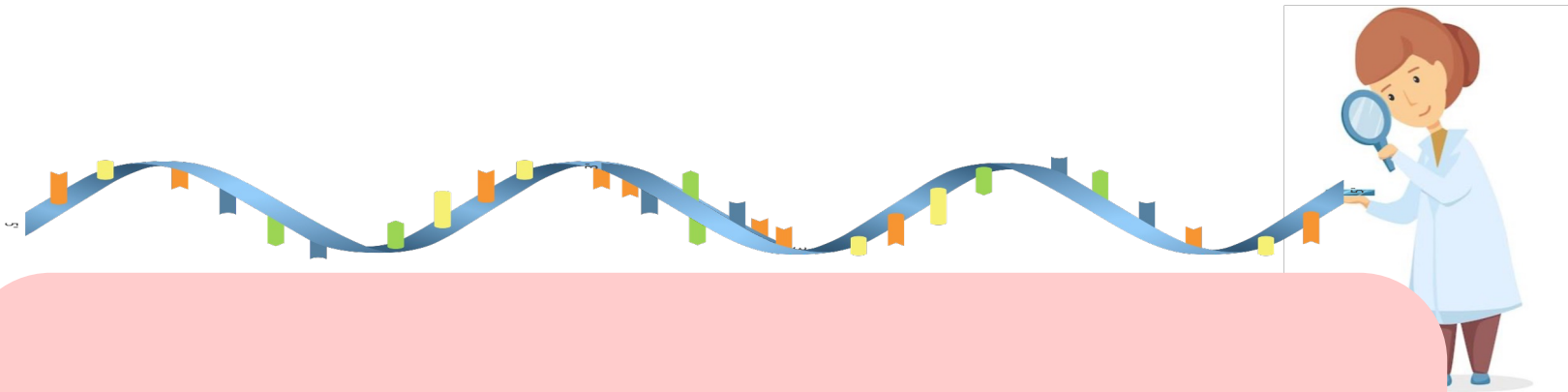
- Adaptation by BioRender.com (2020). Retrieved from <https://app.biorender.com>
- Cogger, V. C., Svistounov, D., Warren, A., Zykova, S., Melvin, R. G., Solon-Biet, S. M., O'reilly, J. N., McMahon, A. C., Ballard, J. W. O., de Cabo, R., le Couteur, D. G., & Lebel, M. (2014). Liver aging and pseudocapillarization in a werner syndrome mouse model. *Journals of Gerontology - Series A Biological Sciences and Medical Sciences*, 69(9), 1076–1086. <https://doi.org/10.1093/gerona/glt169>
- Tu, J., Wan, C., Zhang, F., Cao, L., Law, P. W. N., Tian, Y., Lu, G., Rennert, O. M., Chan, W. Y., & Cheung, H. H. (2020). Genetic correction of Werner syndrome gene reveals impaired pro-angiogenic function and HGF insufficiency in mesenchymal stem cells. *Aging Cell*, 19(5). <https://doi.org/10.1111/acel.13116>
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- Tsuge, K., & Shimamoto, A. (2022). Research on Werner Syndrome: Trends from Past to Present and Future Prospects. In *Genes* (Vol. 13, Issue 10). MDPI. <https://doi.org/10.3390/genes13101802>

References

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- Huang, S., Beresten, S., Li, B., Oshima, J., Ellis, N. A., & Campisi, J. (2000). Characterization of the human and mouse WRN 3'→5' exonuclease. In *Nucleic Acids Research* (Vol. 28, Issue 12).
- Yamashita, M., & Emerman, M. (2006). Retroviral infection of non-dividing cells: Old and new perspectives. In *Virology* (Vol. 344, Issue 1, pp. 88–93). <https://doi.org/10.1016/j.virol.2005.09.012>

The background features several glowing, curved trails of white and light blue particles, resembling a DNA double helix or a complex network of data points. The overall color palette is dominated by deep blues and teals, with bright highlights from the particle trails.

Thank you for your attention.



RACGAP1 competitive inhibition in hepatocellular carcinoma via vector-based mRNA transfection

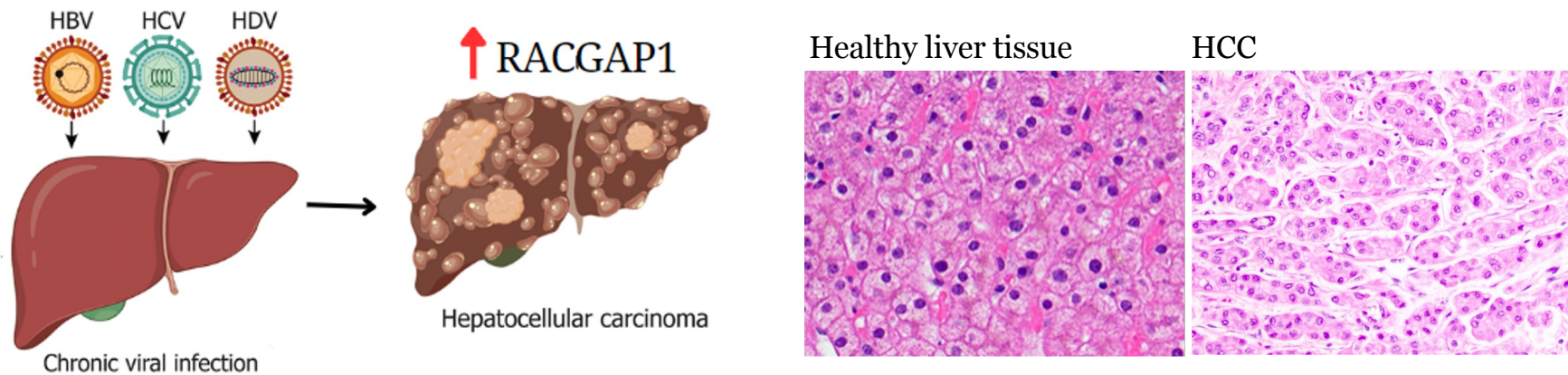


Lavinia Pace
Miriana Santacroce
Ernest Serra

Antonio Duarte
Luigi Fanelli

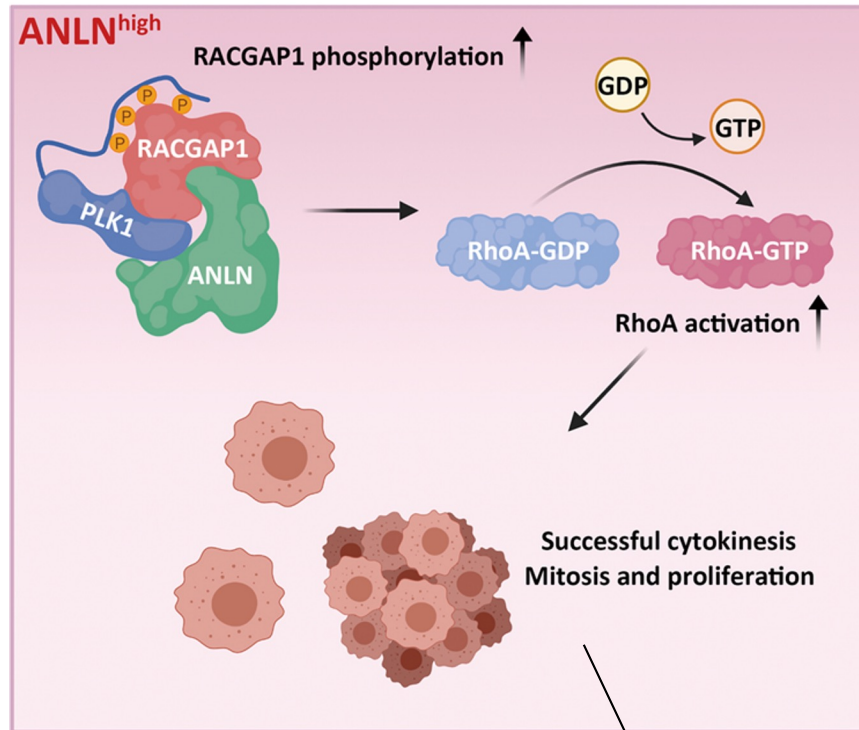


Background: Hepatocellular Carcinoma (HCC)

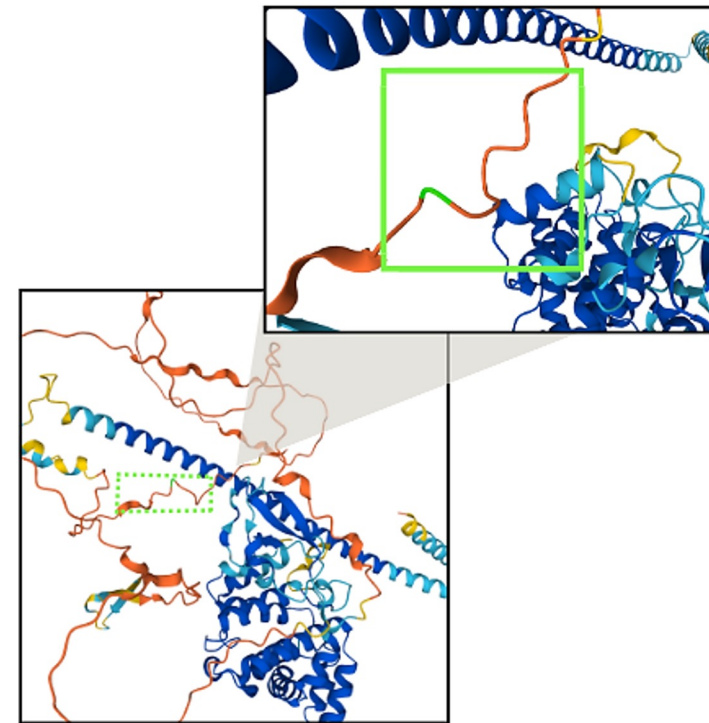


- Liver cancer is the **third most lethal cancer** globally. **Infection by hepatitis B\C** viruses is the main risk factor for HCC development
- The median age: > **60** years
- HCC **recurrence** is significantly associated with **RACGAP1 upregulation**: activation of RACGAP1/Rho/ERK signaling axis

Background: RACGAP1 pathway



<https://www.nature.com/articles/s41388-022-02274-1#Sec13>



RACGAP1 3D structure via Uniprot

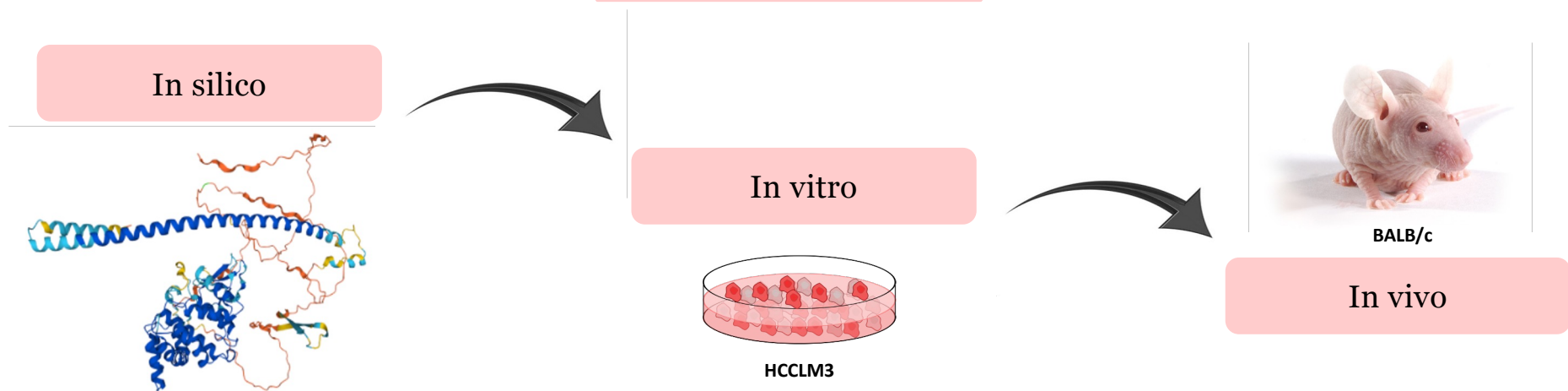


serine 149, 157, 164, 170
phosphorylated by PLK1

Aim of the project

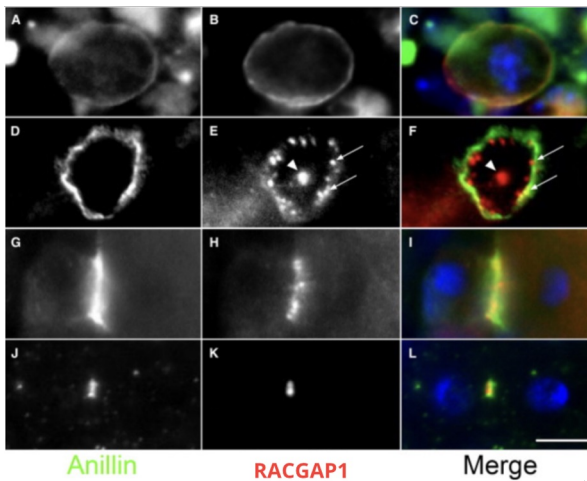
- Induce a **competitive inhibition of RACGAP1** by mutating its phosphorylation sites
 - Reduced activation of Rho-A
 - Inhibition of self proliferation

How do we do it?

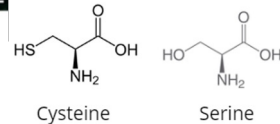


In silico

Amino acid modifications: does the aminoacidic change cause any effects on the protein?



RACGAP1 and ANLN location during cell division
<https://www.sciencedirect.com/science/article/pii/S0960982207023354>



WT	AETERSALDVKCLKHARNQVDVEIKRRQRAEADCEKLERQIQLIREMLMCDTSGSIQLSEE	120
modified	AETERSALDVKCLKHARNQVDVEIKRRQRAEADCEKLERQIQLIREMLMCDTSGSIQLSEE	119

WT	QKSALAFNLNRGQPSSSNAGNKRLSTIDESGSILSDISFDKTDESLDWDSLVLKTFKLRKR	180
modified	QKSALAFNLNRGQPSSSNAGNKRLSTIDECGSILSDICFDKTDECLDWDSLVLKTFKLRKR	179

WT	EKRRSTSRQFVDGPPGPKTRSIGSAVDQGNESIVAKTTVTPNDGGPIEAVSTIETVP	240
modified	EKRRSTSRQFVDGPPGPKTRSIGSAVDQGNESIVAKTTVTPNDGGPIEAVSTIETVP	239

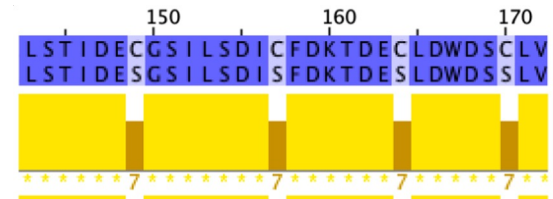
MSA, ClustalW from ebi
<https://www.ebi.ac.uk>

Intracellular proteins: Aminoacid effect changes on serine

Neutral → Cys (o) Asp (o) Glu (o) Lys (o) Gly (o) His (o) Asn (o) Pro (o) Gln (o) Arg (o) Ala (o) Thr (o)

<http://www.russellab.org/aas/Ser.html>

RACGAP1_HUMAN_MODIFIED_SEQUENCE
 sp|Q9H0H5|RGAP1_HUMAN



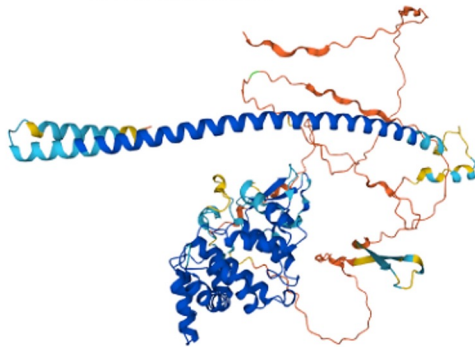
Conservation

Number of conserved physico-chemical properties /10
<https://www.jalview.org/help/html/calculations/conservation.html>

In silico

Structural predictions

A WT RACGAP1



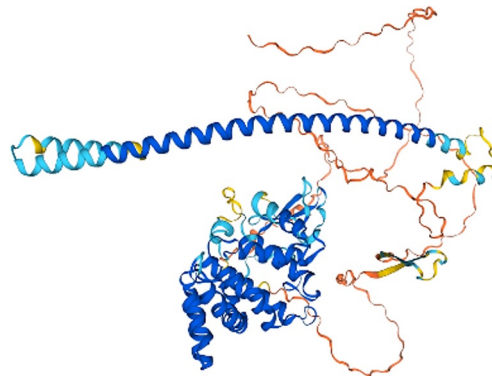
Structure prediction via alphafold

<https://www.uniprot.org/uniprotkb/Q9H0H5/feature-viewer>

Model Confidence:
■ Very high (pLDDT > 90)
■ Confident (90 > pLDDT > 70)
■ Low (70 > pLDDT > 50)
■ Very low (pLDDT < 50)

<https://www.uniprot.org/uniprotkb/Q9H0H5/feature-viewer>

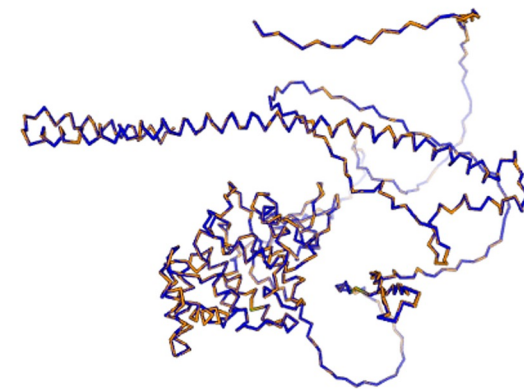
B RACGAP1(UGU)



Structure prediction via Swissprot

<https://swissmodel.expasy.org/interactive/Xk9YBQ/models/>

C WT RACGAP1/RACGAP1(UGU)



3D structure superposition via DALI

Legend: **Structure conservation**

Dark blue regions are structurally aligned

<http://ekhidna2.biocenter.helsinki.fi/dali/DaliTutorial.pdf>

Z-score=46.8

Significant similarities' have a Z-score above 2

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2639270/>

In vitro

How is the vector designed?

AF-20 Mab specific targeting for HCC

[https://www.gastrojournal.org/article/S0016-5085\(04\)01616-6/fulltext?referrer=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F](https://www.gastrojournal.org/article/S0016-5085(04)01616-6/fulltext?referrer=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F)

Also specific for HHCLM3 cell line

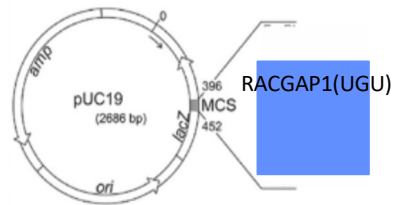
<https://onlinelibrary.wiley.com/doi/10.1002/sml.201702037>

Sequence introduction

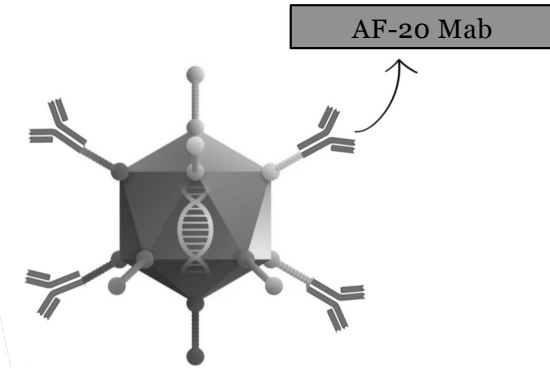


Second generation adenovector
<https://www.nature.com/articles/3302612/figures/1>

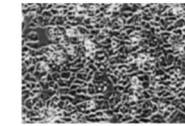
Introduction of RACGAP1(UGU)



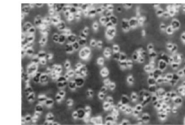
WT	AETERSALDVKLKHARNQVDVEIKRRQRAEADCEKLERQIQLIRELMCDTSGSIQLSEE	120
modified	AETERSALDVKLKHARNQVDVEIKRRQRAEADCEKLERQIQLIRELMCDTSGSIQLSEE	119
WT	QKSALAFLNRGQPSSSNAGNKRSLSTIDESGSILSDISFDKTDSELDWDSLVKTFKLRKR	180
modified	QKSALAFLNRGQPSSSNAGNKRSLSTIDESGSILSDISFDKTDSELDWDSLVKTFKLRKR	179
WT	EKRRSTSRQFVDGPPGPKVKKTRSIGSAVDQGNESIVAKTTVTVPNDDGGPIEAVSTIETVP	240
modified	EKRRSTSRQFVDGPPGPKVKKTRSIGSAVDQGNESIVAKTTVTVPNDDGGPIEAVSTIETVP	239



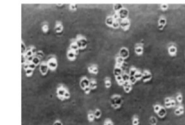
ONYX-015 +



Healthy liver cells



HCC cells p53 wt

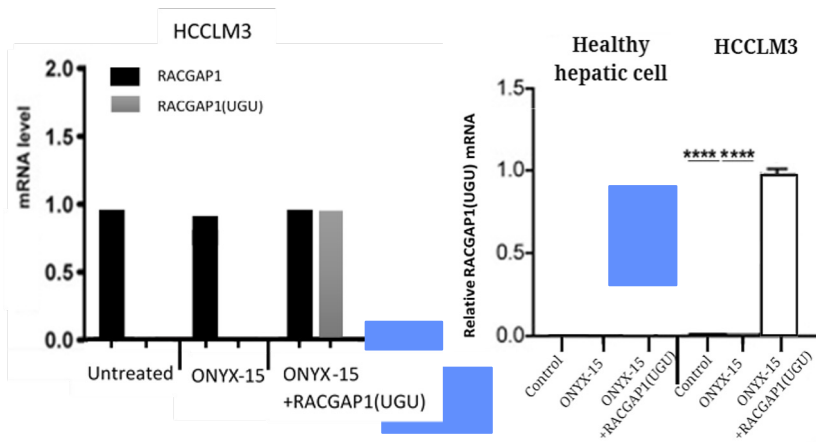


HCC cells Δp53

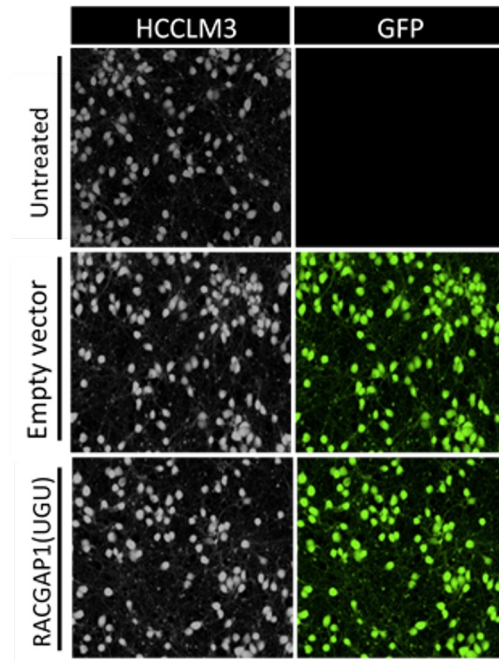
ONYX-015 + RACGAP1(UGU) effect on different cells
<https://images.app.goo.gl/86RRRzDvhZAAyWtd6>

In vitro

Is RACGAP1(UGU) expressed?

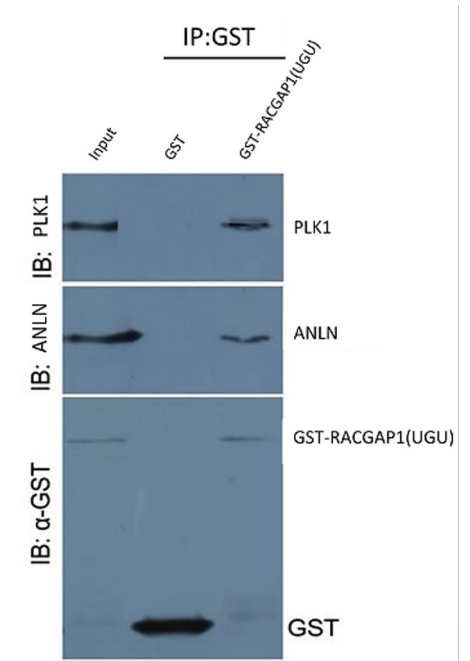


RT-PCR - Expression of RACGAP1 and RACGAP1(UGU) in HCCLM3 cells. Expression of RACGAP1(UGU) in healthy and tumoral cell



Immunofluorescence assay-GFP expression in HCCLM3 treated with ONYX-15-GFP and ONYX-15-RACGAP1(UGU)-GFP

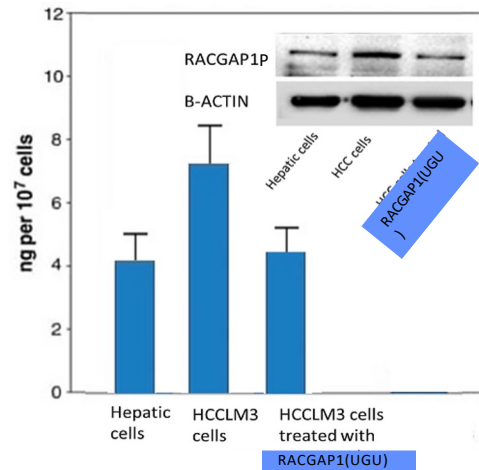
Does the RACGAP1(UGU)-ANLN-PLK1 complex form?



Pull down - RACGAP1(UGU)-ANLN-PLK1 complex formation

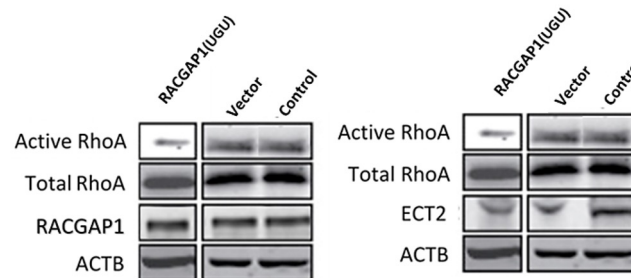
In vitro

Is RACGAP1(UGU) phosphorylated?



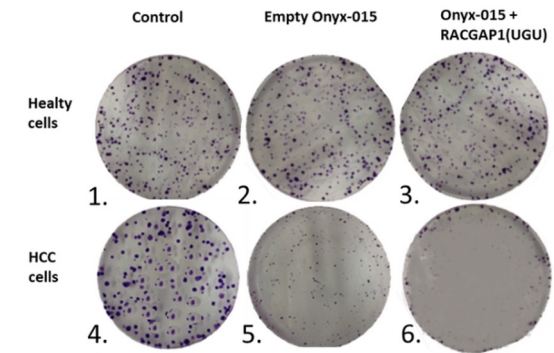
Phosphorylation assay - ELISA and Western Blot - Normal levels of RACGAP1P in healthy cells, elevated levels of RACGAP1P in HCCLM3, reduced levels of RACGAP1P(UGU) in HCCLM3

Is RhoA activity decreased?



Western blot - Detection of RhoA activity and also ECT2 and RACGAP1 expression in HCCLM3 after transfection of RACGAP1(UGU)
Adapted from (Yang et al., 2018)

What happens to the cells?

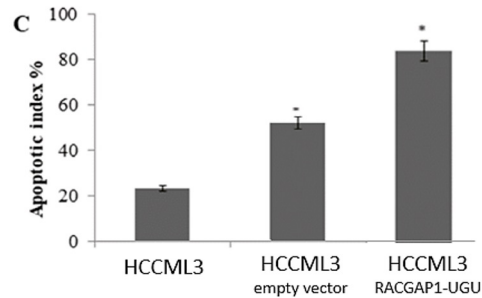
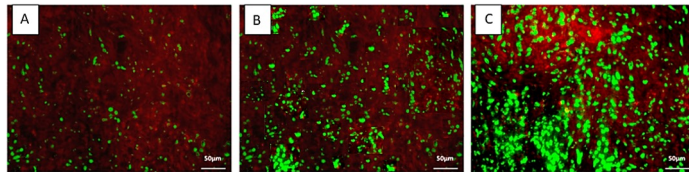


Clonogenic assay:

1. Healthy Hepatic cells,
2. Healthy Hepatic cells with transfection of empty Onyx-015,
3. Healthy Hepatic cells with transfection of RACGAP1(UGU) mutated protein,
4. Hepatocarcinoma HCCLM3 cells,
5. Hepatocarcinoma HCCLM3 with transfection of empty Onyx-015,
6. Hepatocarcinoma HCCLM3 with transfection of RACGAP1(UGU) mutated protein,

In vitro

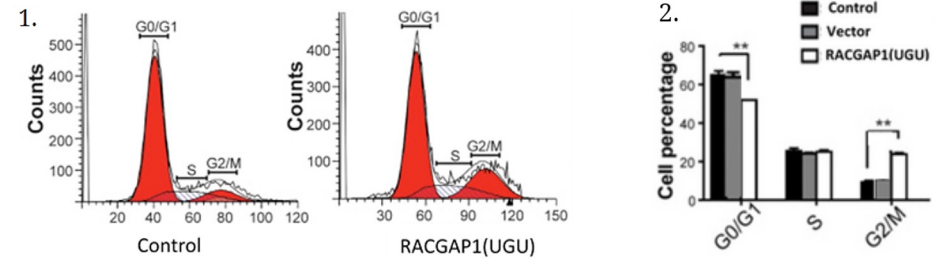
Does RACGAP1(UGU) cause apoptosis?



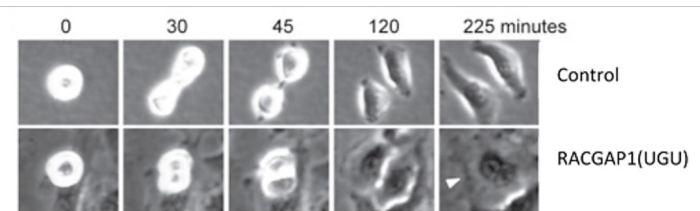
TUNEL assay - **A.** HCCML3 non treated and no apoptotic cells are detected. **B.** HCCML3 treated with emptyvector, no apoptotic cells are detected **C.** HCCML3 treated with the mutated RACGAP1(UGU), increasead levels of apoptotic cells

Adapted from https://www.researchgate.net/publication/335679404_In_Vivo_Anti-Tumor_Effects_of_Citral_on_4T1_Breast_Cancer_Cells_via_Induction_of_Apoptosis_and_Downregulation_of_Aldehyde_Dehydrogenase_Activity

Does RACGAP1(UGU) cause cytokinesis failure?



Cell cycle analysis - 1. Cell count in different cell cycle phases, RACGAP1(UGU) vs control HCCML3 cells.
2. Cell percentage in different cell cycle pahses, RACGAP1(UGU) vs control HCCML3 cells.

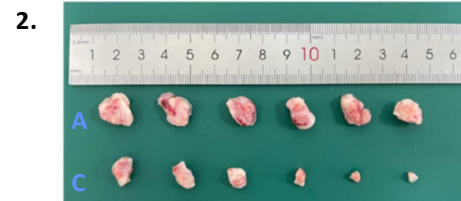
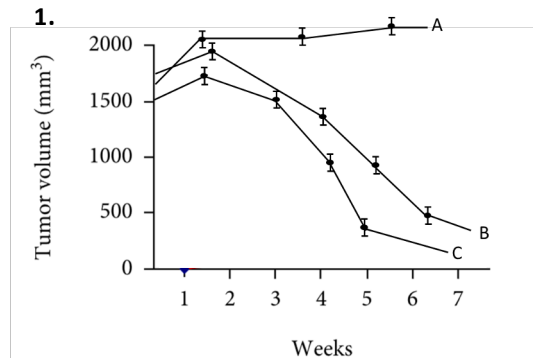


Cytokinesis analysis - Selected frames from time-lapse imaging of RACGAP1(UGU) and control HCCML3 cells

Adapted from (Yang et al., 2018)

In vivo

Is there a change in the tumor mass?

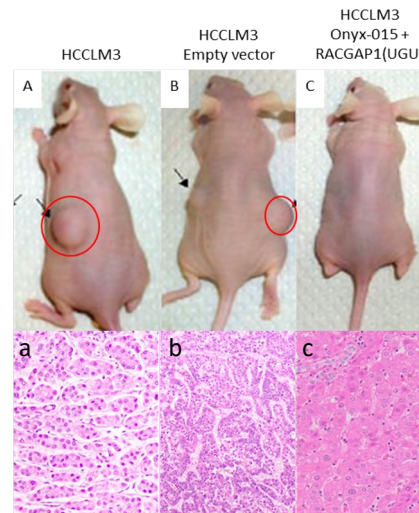


1. Analysis of tumor size on BALB/c mice injected with

- A.** HCCLM₃
- B.** HCCLM₃ treated with empty vector
- C.** HCCLM₃ treated with onyx-015 + RACGAP(UGU)

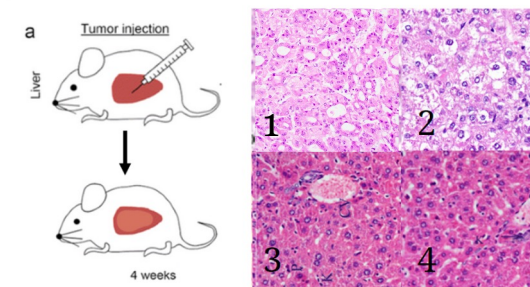
2. Representative images of tumors removed from BALB/c mice from samples A and C

<https://www.hindawi.com/journals/omcl/2022/3034150/>



Tumor detection in BALB/c mouse injected with A. HCCLM₃ cells; **B.** HCCLM₃ cells + empty vector; and **C.** HCCLM₃ cells + onyx-015 + RACGAP(UGU) and **relative histological samples.**

Adapted from <https://bmccancer.biomedcentral.com/articles/10.1186/1471-2407-11-425/figures/7>



HCC histological samples from C57BL/6 mouse

- 1.** HCC tissue
- 2.** Tissue sample injected with empty vector
- 3.** Tissue sample injected with RACGAP1(UGU) vector
- 4.** Healthy liver tissue

Adapted from <https://pubmed.ncbi.nlm.nih.gov/15649325/>

Project budget

Cloning and transfection

mRNA → \$5 640 (\$10/RNA base)
plasmid → \$94
vector for in vitro and vivo → \$2670
sequencing → \$75
Total → \$8479

In vitro

- reverse transcription → \$490
- cell line → \$700
- plasmids → \$800
- qPCR → \$800
- co-ChIP → \$700
- Elisa → \$700
- Western blot → \$700
- clonogenic assay → \$200
- TUNEL → \$600
- cell cycle analysis → \$350
- **Total → \$6040**

In vivo

4 BALB/c nude mouse per group x3
(36 tot) → \$2160
4 C57BL/6 mouse x3 (36 tot) → \$720
Mice maintenance → \$10 000
Total → \$2880

Salaries

3 PhD → \$60 000/year
2 post DOC → \$ 50 000/year
Total → \$110 000/year

**Total for three years
of work
\$357 399**

Pitfalls and solutions

What is the problem?

Low specificity of infection

Overcoming already existing siRNA therapies

Possibility of introducing the RACGAP1(UGU) like a drug



How do we solve it?

Enhancement of cancer cell targeting

siRNAs can have off-targets and higher immunogenicity, whilst our protein endogenously exist in human

More specificity towards the target with our therapy, more efficiency with the ONYX-015 coupled therapy