



IMPLICATION OF GENE THERAPY IN PEDIATRICS: LEUKODYSTROPHIES

Cellicon Valley

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May 6, 2021



**Children's Hospital
of PhiladelphiaSM**

**Leukodystrophy Center
of Excellence**

DISCLOSURES

- Grant funding:
 - NIH
 - National Multiple Sclerosis Society
 - American Brain Foundation
 - United Leukodystrophy Foundation
- Investigator-initiated funding:
 - Ionis Pharmaceuticals
- Clinical study sites:
 - Retrophin
 - bluebird bio
- Philanthropy:
 - Elise's Corner
 - Grayson's Ladder
 - Brooks Coleman White Foundation
 - The Calliope Joy Foundation
 - Hunter's Hope
 - Families and private donors
- Consultant/Honoraria
 - UpToDate
 - Optum Inc

OBJECTIVES

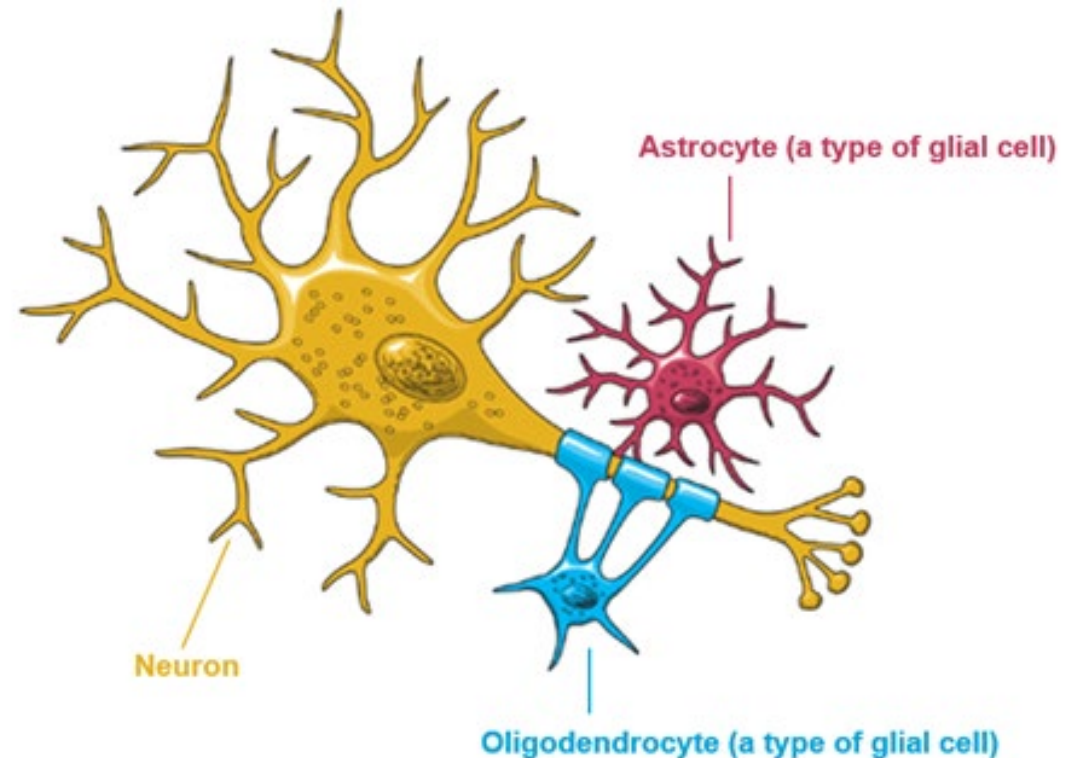
1. To review disease mechanisms
2. To present data from leukodystrophy gene therapy trials
3. To discuss additional challenges in neurologic gene therapy trials

DEFINING LEUKODYSTROPHIES

- Leukodystrophies are *heritable* disorders affecting the *white matter* of the central nervous system with or without peripheral nervous system involvement

>30 distinct disorders whose primary pathology includes glial cell or myelin sheath abnormalities (such as *oligodendrocytes*, *astrocytes*)

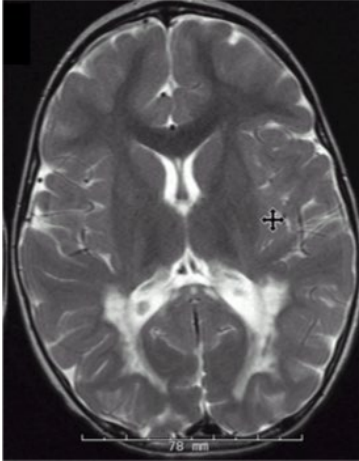
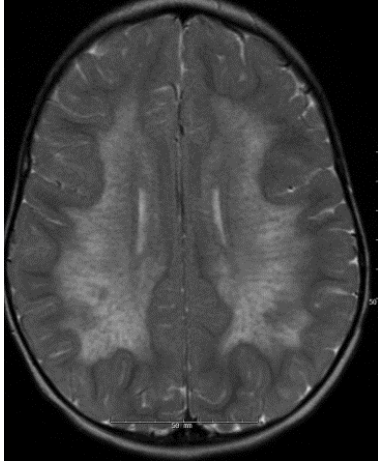
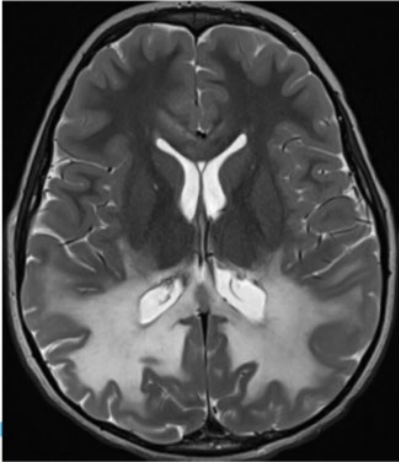
- Significant axonal pathology
- Excludes neuronal disorders and gray matter disease
- Excludes inborn errors of metabolism, which are categorized as genetic leukoencephalopathies (>90 disorders)



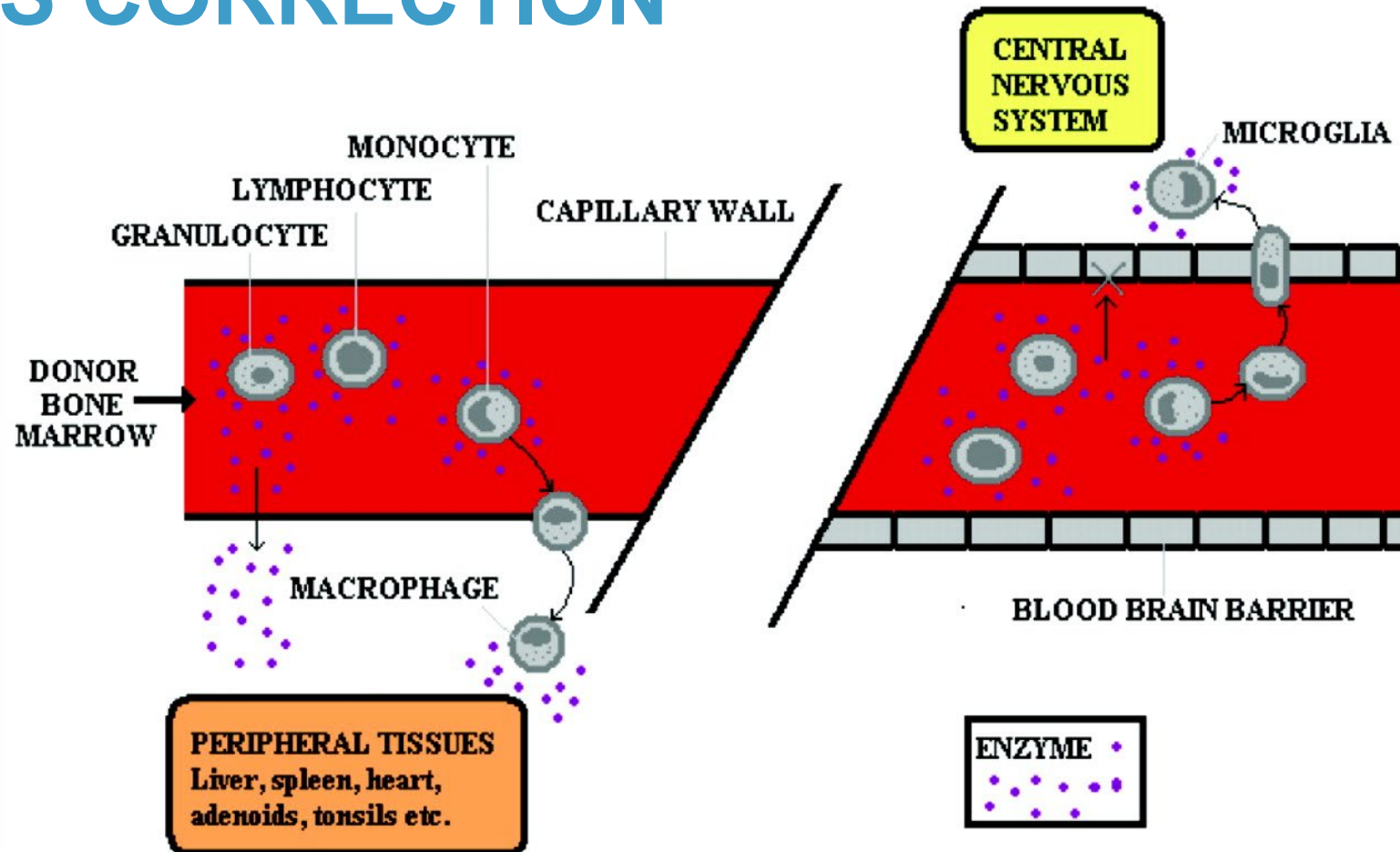
GENE THERAPY FOR LEUKODYSTROPHIES

Organelle	Leukodystrophy	Pathology	Vector
Lysosome	Globoid cell leukodystrophy (Krabbe)	Metachromatic Leukodystrophy Sulfatide $\xrightarrow{\text{Arylsulfatase-A}}$ Galactocerebroside Krabbe's Disease (Globoid Cell Leukodystrophy) galactocerebroside $\xrightarrow{\beta\text{-galactocerebrosidase}}$ galactose + ceramide galactose + ceramide $\longrightarrow$ fatty acid + sphingosine	AAVhu68
	Metachromatic leukodystrophy (MLD)		Lentiviral + HSCT
Peroxisome	Adrenoleukodystrophy (X-ALD)	Dietary Lipid Synthesis Peroxisome Alkane $\xrightarrow{1}$ Fatty Alcohol $\xrightarrow{2}$ Fatty Aldehyde $\xrightarrow{3}$ Fatty Acid $\xrightarrow{4}$ Fatty acyl CoA $\xrightarrow{5}$ Fatty Acyl-CoA ABCD1 (ALDP) β-Oxidation Fatty Alcohol Cycle Endoplasmic Reticulum	Lentiviral + HSCT

GENE THERAPY FOR LEUKODYSTROPHIES

Organelle	Leukodystrophy	Regional differences	Vector
Lysosome	Globoid cell leukodystrophy (Krabbe)	 	AAVhu68
	Metachromatic leukodystrophy (MLD)		Lentiviral + HSCT
Peroxisome	Adrenoleukodystrophy (X-ALD)		Lentiviral + HSCT

HEMATOPOIETIC STEM CELL TRANSPLANT: CROSS CORRECTION



HEMATOPOIETIC STEM CELL TRANSPLANT

ANNALS
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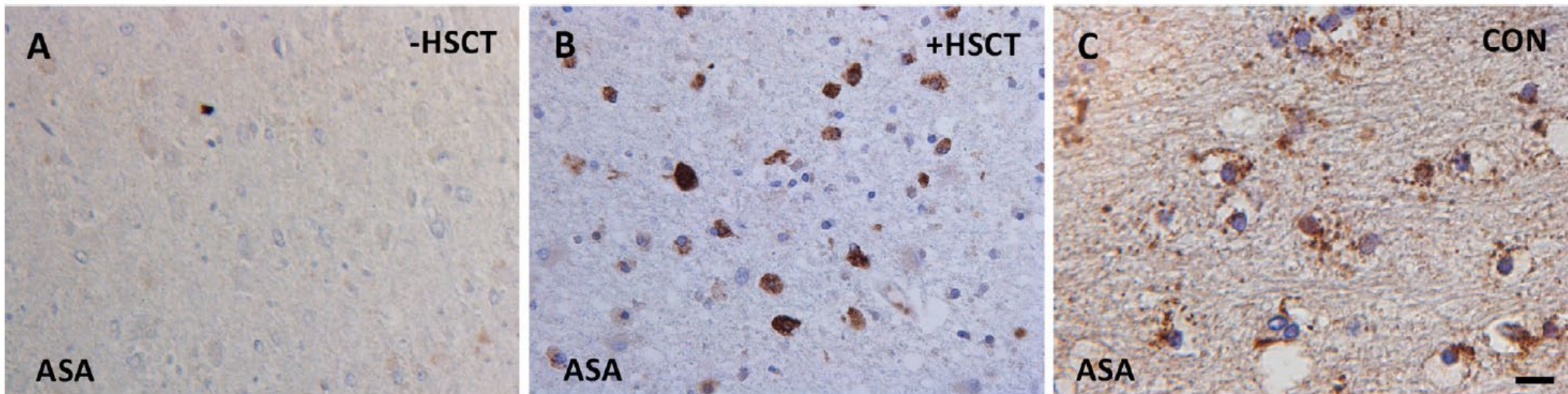
RESEARCH ARTICLE

Metachromatic leukodystrophy and transplantation: remyelination, no cross-correction

Nicole I. Wolf¹ , Marjolein Breur^{1,2}, Bonnie Plug^{1,2}, Shanice Beerepoot^{1,3} ,
Aimee S. R. Westerveld^{1,2}, Diane F. van Rappard¹, Sharon I. de Vries⁴, Maarten H. P. Kole^{4,5},
Adeline Vanderver^{6,7}, Marjo S. van der Knaap^{1,8}, Caroline A. Lindemans^{9,10}, Peter M. van Hasselt¹¹,
Jaap J. Boelens⁹, Ulrich Matzner¹², Volkmar Gieselmann¹² & Marianna Bugiani^{1,2}

NO EVIDENCE OF CROSS CORRECTION IN MLD

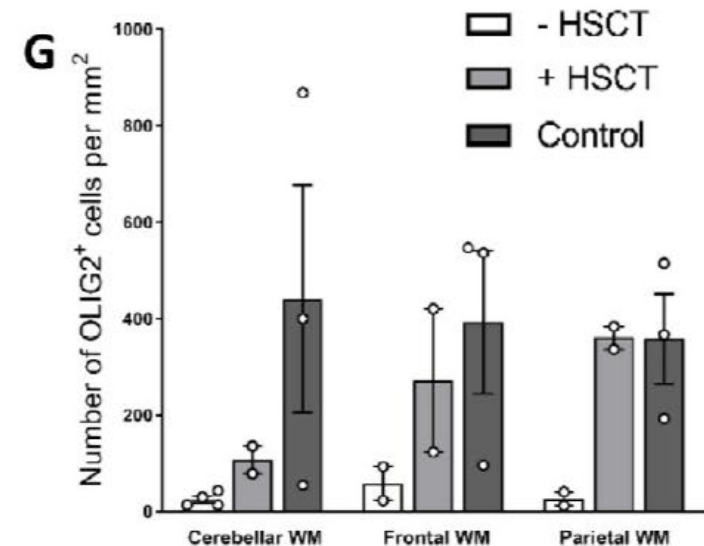
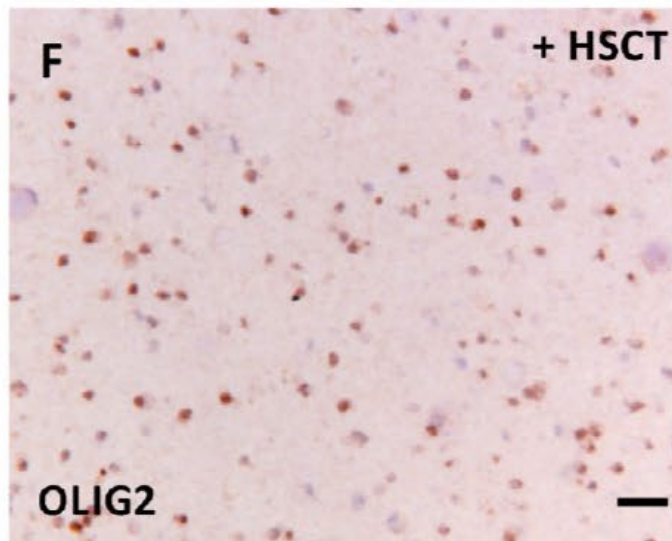
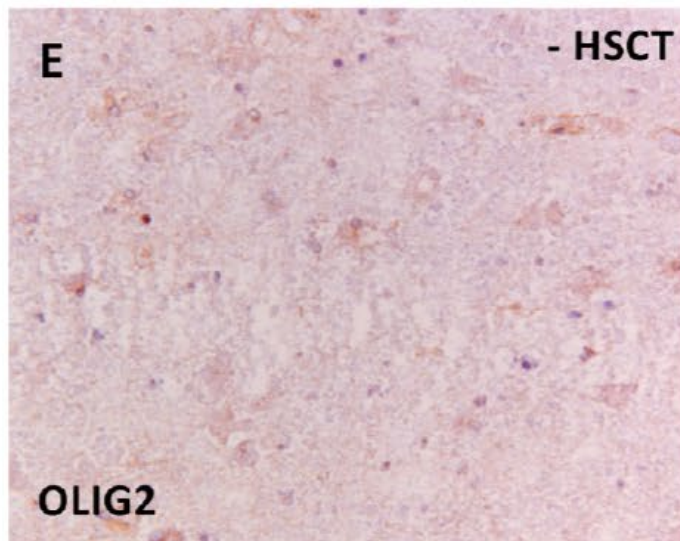
- Design: Autopsy brain tissue
 - MLD: N=8 (2 transplanted and 6 non-transplanted)
 - Age matched controls: N=2
- 2 transplanted patients
 - Donor macrophages were found throughout the white matter
 - Unable to detect arylsulfatase (ASA) in oligodendrocytes or astrocytes, suggesting that true cross-correction to these cell types did not occur



Wolf N et al.
*Annals of
Clinical and
Translational
Neurology*
2020; 7(2):
169–180.

REMYELINATION IN MLD

- 2 transplanted patients
 - Higher numbers of oligodendrocyte precursors and mature myelin-forming oligodendrocytes were present in brains of transplanted patients
 - Ultrastructural evidence of remyelination
 - HSCT supports survival, proliferation, and differentiation of oligodendrocytes, which in turn are capable of restoring myelin



Wolf N et al.
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METACHROMATIC LEUKODYSTROPHY



- Central and peripheral nervous system demyelination
- Various disease phenotypes
 - Late-infantile
 - Juvenile
 - Adult
- Late-infantile MLD
 - HSCT is rarely indicated due to rapid disease progression
- Supportive care

EX VIVO GENE THERAPY IN MLD

- Non-randomized, open-label, single-arm phase 1/2 trial of pre-symptomatic early infantile or early symptomatic juvenile MLD
 - Comparison group: historical controls and sibling pairs
- Autologous stem cell transplant with ex vivo lentiviral gene transfer
- Conditioning regimen: Busulfan
- Enrollment
 - 20 patients (Milan, Italy)

RESEARCH ARTICLE SUMMARY

Lentiviral Hematopoietic Stem Cell Gene Therapy Benefits Metachromatic Leukodystrophy

Alessandra Biffi*, Eugenio Montini, Laura Lorioli, Martina Cesani, Francesca Fumagalli, Tiziana Plati, Cristina Baldoli, Sabata Martino, Andrea Calabria, Sabrina Canale, Fabrizio Benedicenti, Giuliana Vallanti, Luca Biasco, Simone Leo, Nabil Kabbara, Gianluigi Zanetti, William B. Rizzo, Nalini A. L. Mehta, Maria Pia Cicalese, Miriam Casiraghi, Jaap J. Boelens, Ubaldo Del Carro, David J. Dow, Manfred Schmidt, Andrea Assanelli, Victor Neduva, Clelia Di Serio, Elia Stupka, Jason Gardner, Christof von Kalle, Claudio Bordignon, Fabio Ciceri, Attilio Rovelli, Maria Grazia Roncarolo, Alessandro Aiuti, Maria Sessa, Luigi Naldini*

READ THE FULL ARTICLE ONLINE
<http://dx.doi.org/10.1126/science.1233158>



Cite this article as A. Biffi *et al.*,
Science 341, 1233158 (2013).
DOI: 10.1126/science.1233158

FIGURES IN THE FULL ARTICLE

Fig. 1. Gene marking in patients after HSC-GT.

Fig. 2. ARSA expression in patients after HSC-GT.

Fig. 3. Clinical follow up of MLD patients after HSC-GT.

Articles

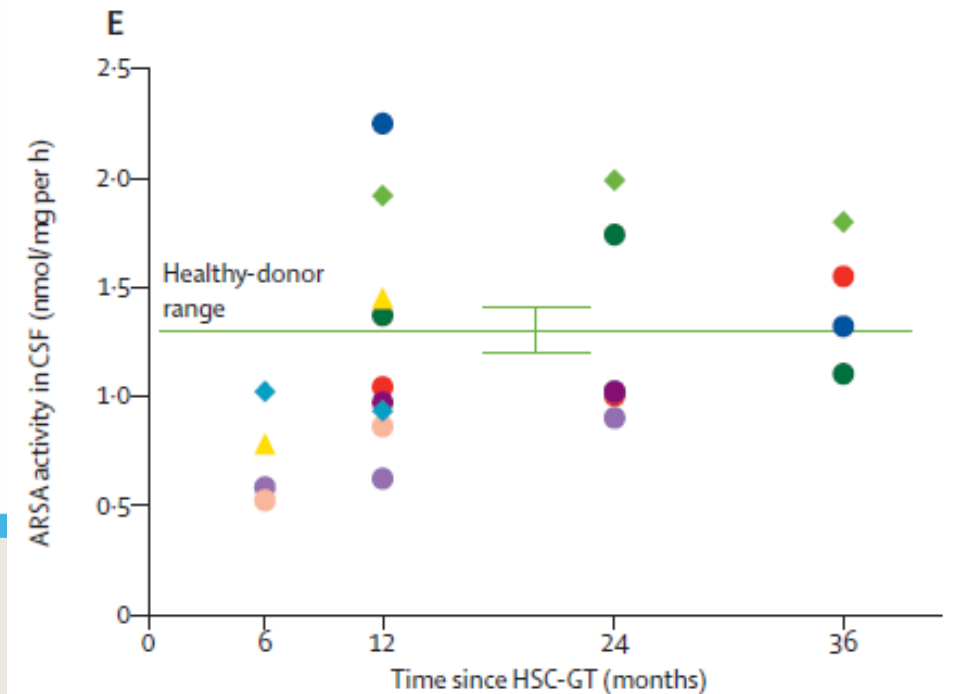
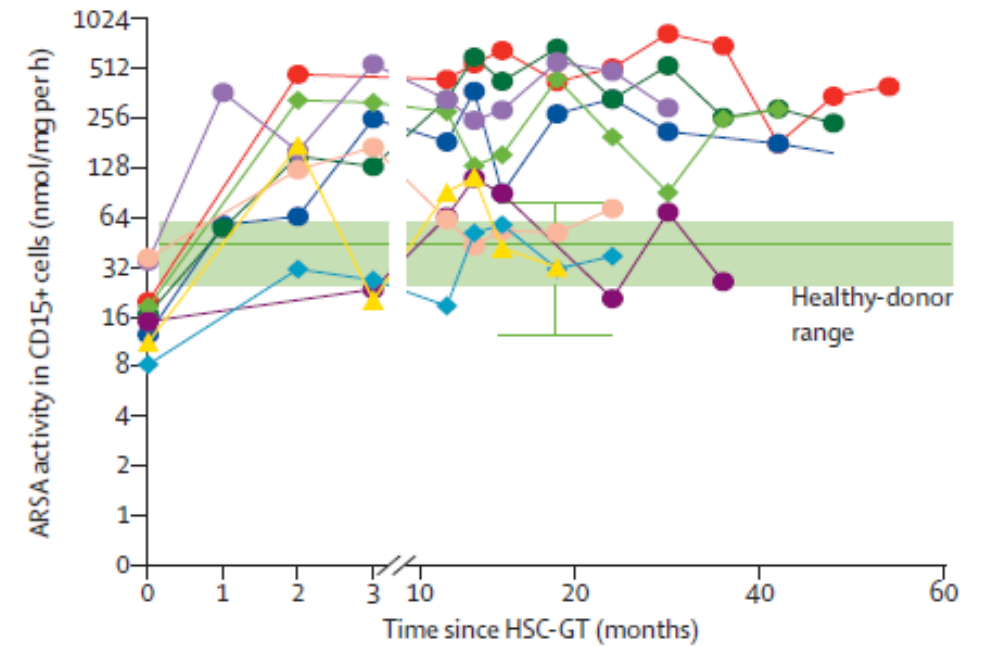
Lentiviral haemopoietic stem-cell gene therapy in early-onset metachromatic leukodystrophy: an ad-hoc analysis of a non-randomised, open-label, phase 1/2 trial



Maria Sessa*, Laura Lorioli*, Francesca Fumagalli, Serena Acquati, Daniela Redaelli, Cristina Baldoli, Sabrina Canale, Ignazio D Lopez, Francesco Morena, Andrea Calabria, Rossana Fiori, Paolo Silvani, Paola M V Rancoita, Michela Gabaldo, Fabrizio Benedicenti, Gigliola Antonioli, Andrea Assanelli, Maria Pia Cicalese, Ubaldo del Carro, Maria Grazia Natali Sora, Sabata Martino, Angelo Quattrini, Eugenio Montini, Clelia Di Serio, Fabio Ciceri, Maria Grazia Roncarolo, Alessandro Aiuti, Luigi Naldini, Alessandra Biffi

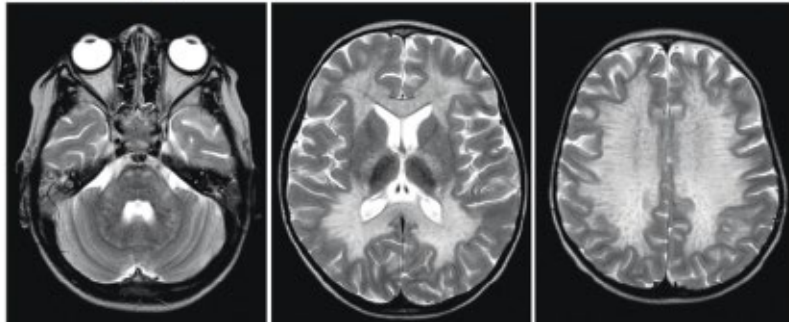
OUTCOMES

- Transduction
 - Targeted ≥ 2 vector copy number per genome
 - Vector copy number: median 2.5 (1.7 – 4.4, efficiency 92.8%)
- Engraftment
 - Begins at 1 month
 - 45-80% of the colonies harbored the lentivirus genome
- ARSA activity
 - Supra-normal levels of ARSA activity
 - ARSA protein isolated from hematopoietic cells as early as 1 month
 - Protein also detectable in cerebrospinal fluid at 1-2 years

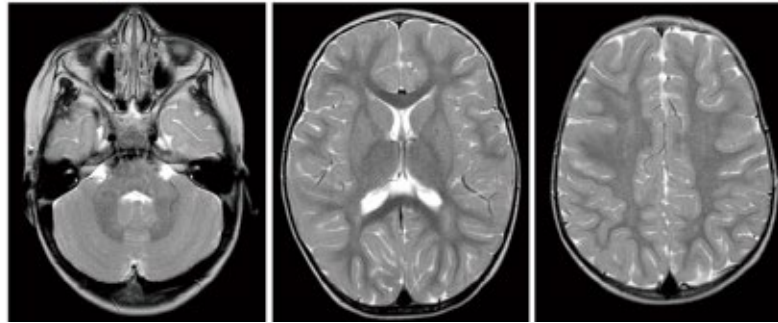


REMYELINATION ON MRI IN TREATED PATIENTS

MLD06 sib aged 40 months

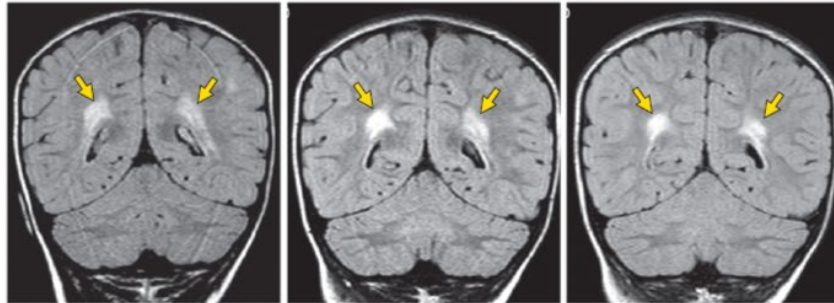


MLD06 aged 40 months

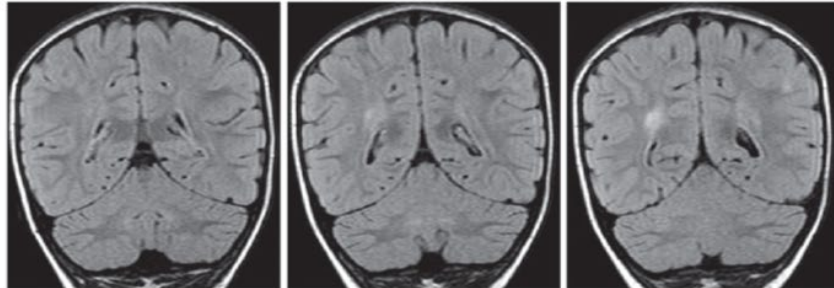


Coronal FLAIR

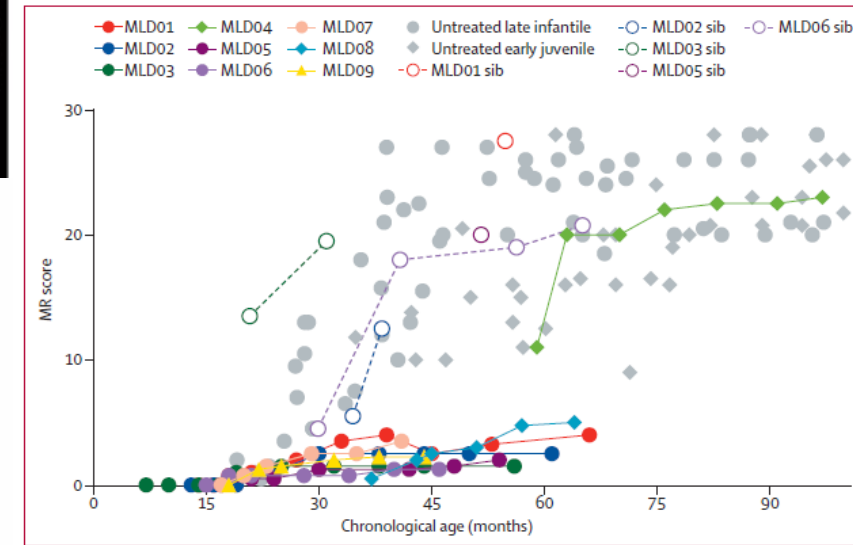
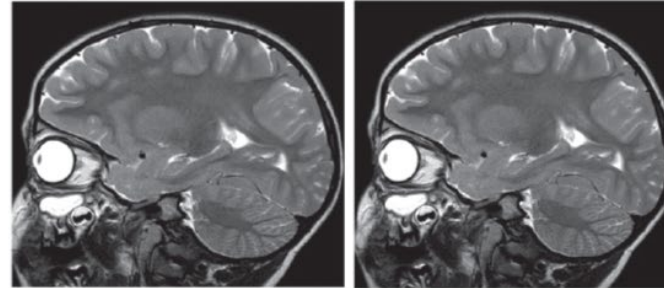
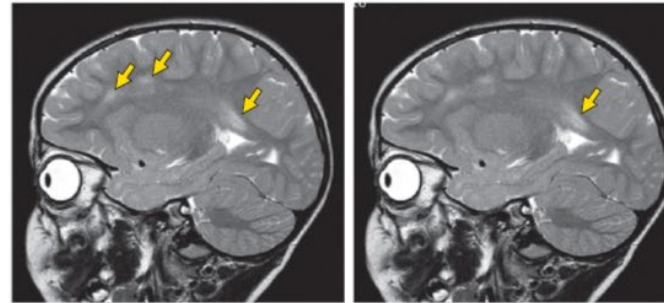
MLD02 aged 40 months



MLD02 aged 60 months



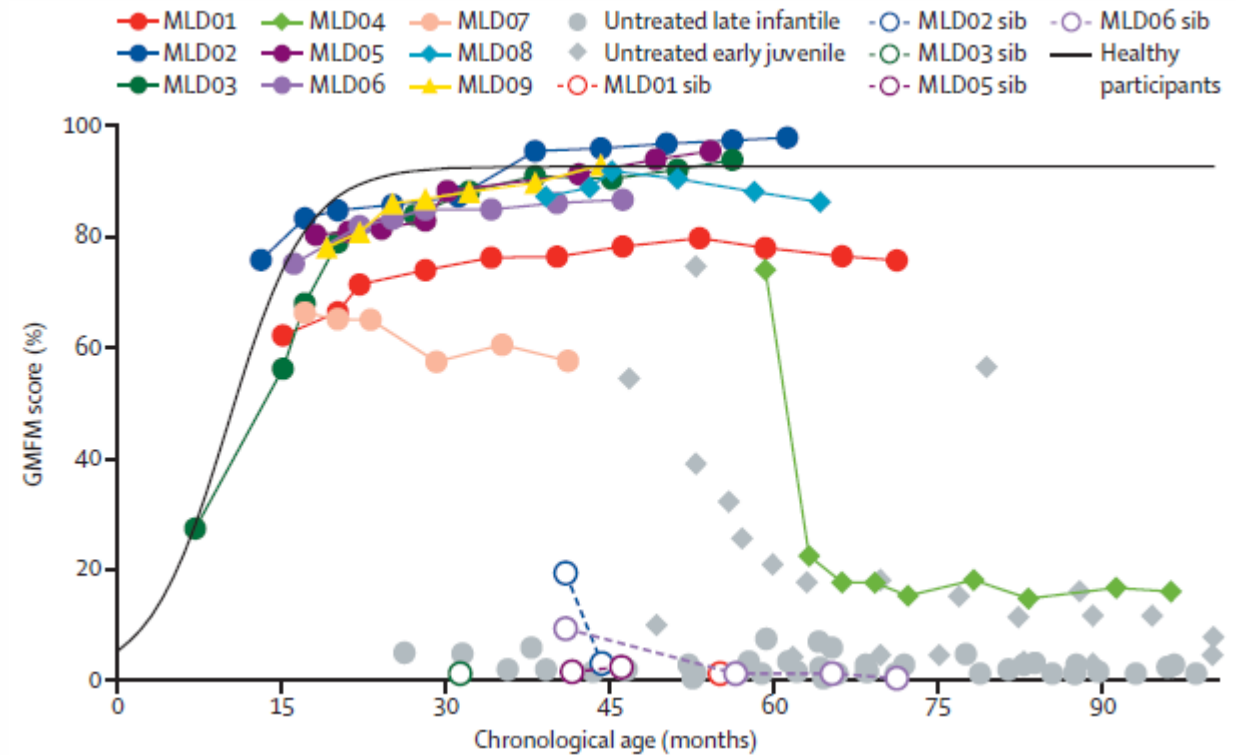
Sagittal T2



Biffi A, et al. *Science* 2013;341:1233-158
Sessa M, et al. *The Lancet* 2016;388(10043):476-487

OUTCOMES

- Safety
 - “At the time of analysis, all had survived”
 - Median follow-up 36 months, range 18-54 months
 - “No serious adverse events related to the medicinal product were reported”
- Efficacy
 - 8 patients: prevention of disease onset or halted disease progression
 - 7 received treatment while pre-symptomatic
 - 6 patients: gross motor scores similar to normally developing children



9 patients:
 6 late-infantile (circle)
 2 early-symptomatic, early-juvenile (diamond)
 1 early-onset disease (unclassified) (triangle)

NEUROLOGIC OUTCOMES POST-TREATMENT

- Gross and fine motor difficulties

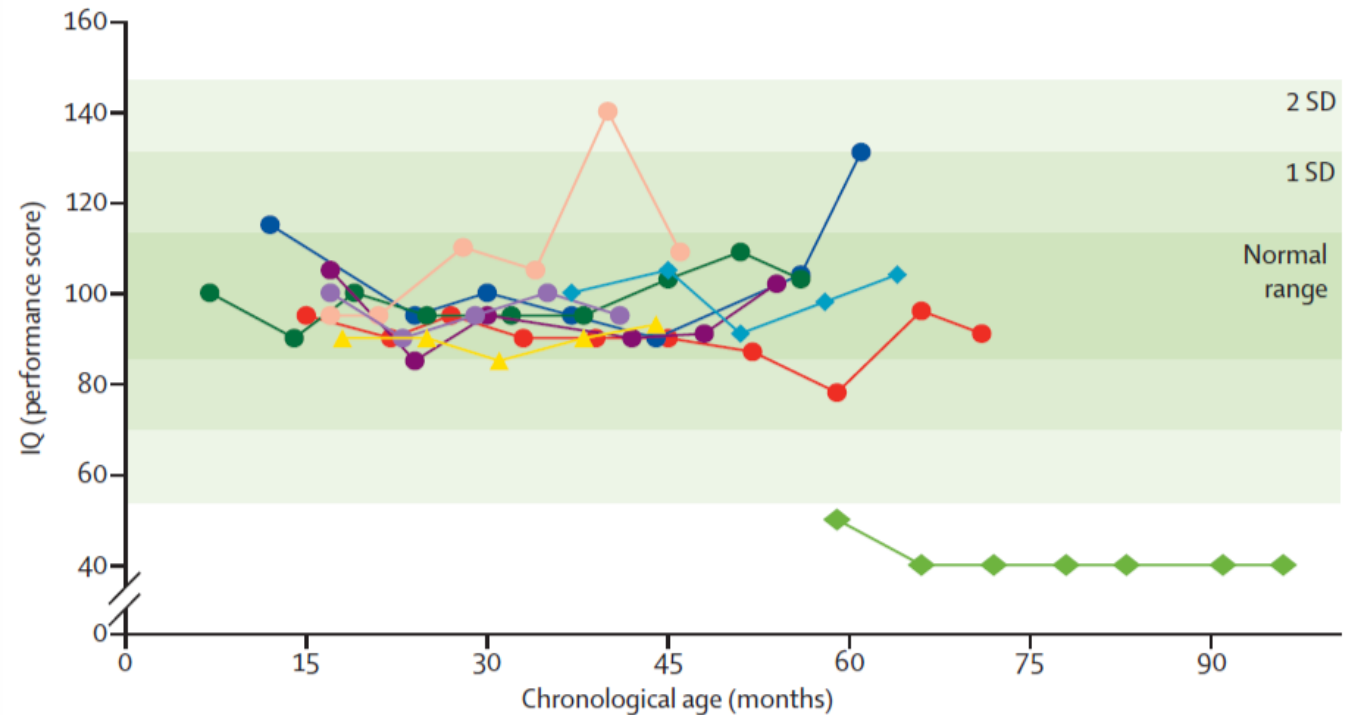
- Contractures
- Handwriting

- Cognitive decline

- Reading
- Spelling
- Math

- Pain

- Spasticity
- Peripheral neuropathy



LIBMELDY: AUTOLOGOUS CD34+ CELLS ENCODING ARSA GENE

- Orchard Therapeutics
- EMA authorization 12/17/20
- Not yet FDA approved
- Future directions: MLD newborn screening initiatives

Genetics
inMedicine

www.nature.com/gim



ARTICLE

Toward newborn screening of metachromatic leukodystrophy:
results from analysis of over 27,000 newborn dried blood spots

Xinying Hong, PhD^{1,7,8}, Jessica Daiker, BS^{1,7,8}, Martin Sadilek, PhD¹, Nicole Ruiz-Schultz, PhD², Arun Babu Kumar, PhD¹, Stevie Norcross, PhD², Warunee Dansithong, PhD², Teryn Suhr, RN³, Maria L. Escolar, MD⁴, C. Ronald Scott, MD⁵, Andreas Rohrwasser, PhD² and Michael H. Gelb, PhD^{1,6} 

X-LINKED ADRENOLEUKODYSTROPHY

- Peroxisomal disorder
- Various disease phenotypes
 - Childhood cerebral ALD
 - Addison's disease
 - Adrenomyeloneuropathy
- Newborn screening
- HSCT is indicated in EARLY cerebral disease
- Supportive care in those with elevated MRI score, neurologic and cognitive impairments

BLUEBIRD BIO: STARBEAM STUDY

- Multicenter, single group, open-label, phase 2–3 study
- Autologous stem cell transplant with ex vivo lentiviral gene transfer
 - Conditioning regimen: Busulfan and cyclophosphamide
- Eligibility:
 - Eligible for allogeneic hematopoietic stem cell transplant (HCT) but with *no* matched sibling donor
 - Confirmed early-stage, active CCALD
 - Gadolinium enhancement on MRI
 - Loes score between 0.5 – 9.0
 - Neurologic Function Scale ≤ 1
- Enrollment: 17 patients as of March, 2016

THE NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Hematopoietic Stem-Cell Gene Therapy for Cerebral Adrenoleukodystrophy

Florian Eichler, M.D., Christine Duncan, M.D., Patricia L. Musolino, M.D., Ph.D., Paul J. Orchard, M.D., Satiro De Oliveira, M.D., Adrian J. Thrasher, M.D., Myriam Armant, Ph.D., Colleen Dansereau, M.S.N., R.N., Troy C. Lund, M.D., Weston P. Miller, M.D., Gerald V. Raymond, M.D., Raman Sankar, M.D., Ami J. Shah, M.D., Caroline Sevin, M.D., Ph.D., H. Bobby Gaspar, M.D., Paul Gissen, M.D., Hernan Amartino, M.D., Drago Bratkovic, M.D., Nicholas J.C. Smith, M.D., Asif M. Paker, M.D., Esther Shamir, M.P.H., Tara O'Meara, B.S., David Davidson, M.D., Patrick Aubourg, M.D., and David A. Williams, M.D.

BLUEBIRD BIO: STARBEAM STUDY

- Endpoints:
 - Alive
 - No major functional disabilities at 2 years

Table 10-1 Neurologic Function Score (NFS) for CALD

Symptom / Neuroexam	Score
Hearing / auditory processing problems	1
Aphasia / apraxia	1
Loss of communication *	3
Vision impairment /field cut	1
Cortical blindness *	2
Swallowing / other CNS dysfunctions	2
Tube feeding *	2
Running difficulties / hyperreflexia	1
Walking difficulties / spasticity / spastic gait (no assistance)	1
Spastic gait (needs assistance)	2
Wheelchair dependence *	2
Complete loss of voluntary movement *	3
Episodes of incontinence	1
Total incontinence *	2
Nonfebrile seizures	1

* These disabilities will be considered “MFDs” for data analysis of the primary efficacy endpoint in this study.

BLUEBIRD BIO: STARBEAM STUDY

- Initial enrollment N=18
 - 1 deemed not eligible
- 15 /17 patients (88%) were alive and free of major functional disabilities
 - 2 died
 - Allogeneic transplant
 - Rhabdomyolysis, acute kidney and liver failure
- Safety: “consistent with myeloablative conditioning”
 - “One possibly drug-related serious adverse event”
 - Grade 3 BK-mediated viral cystitis
 - “One possibly drug-related adverse event”
 - Grade 1 tachycardia

OUTCOMES

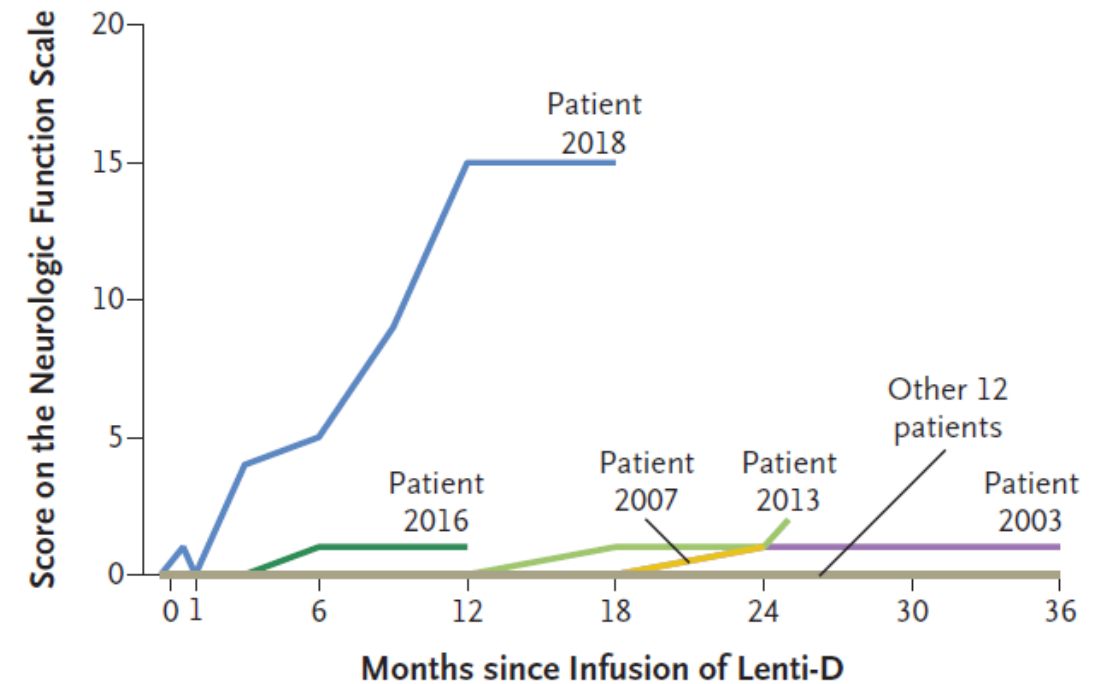
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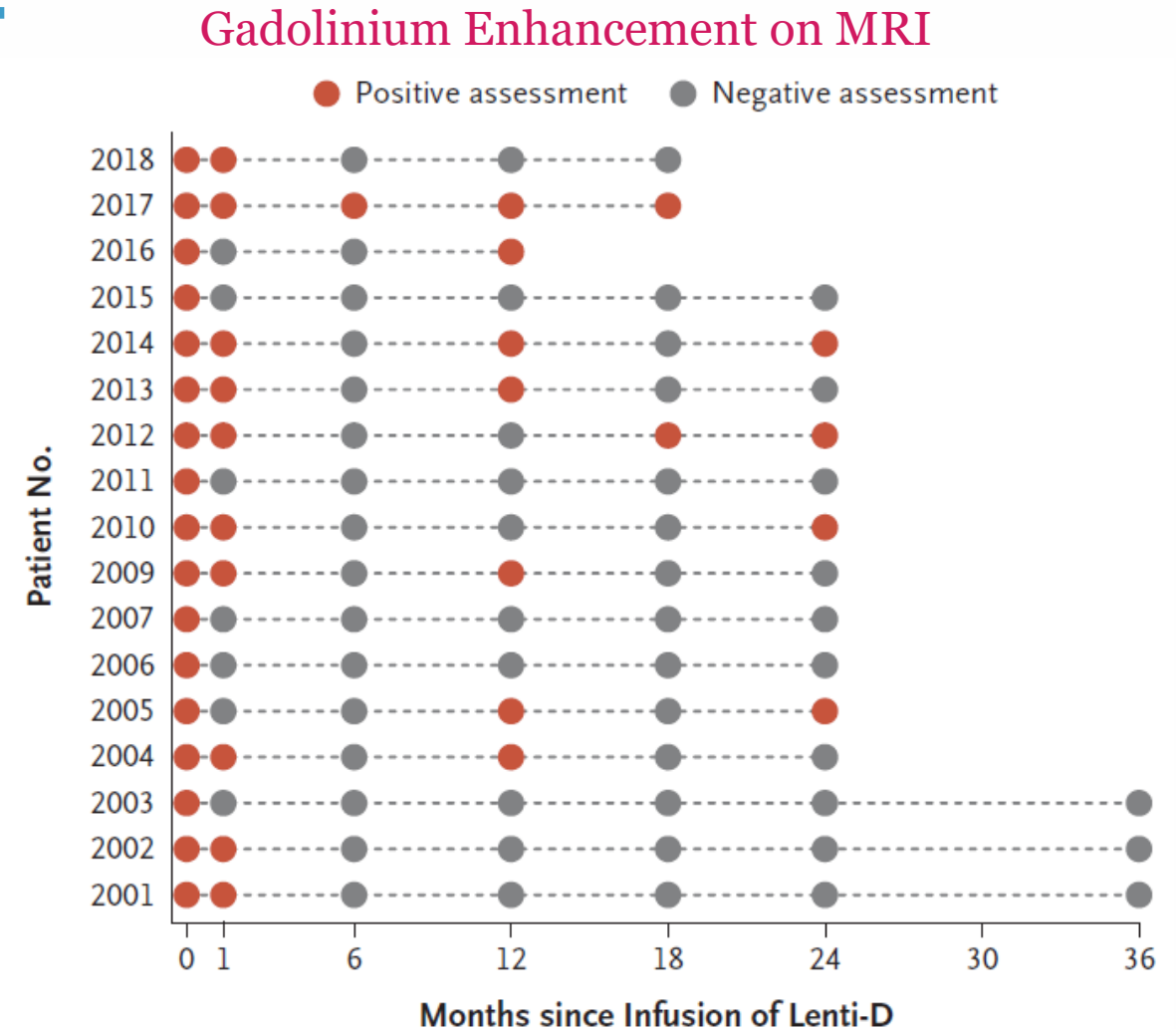
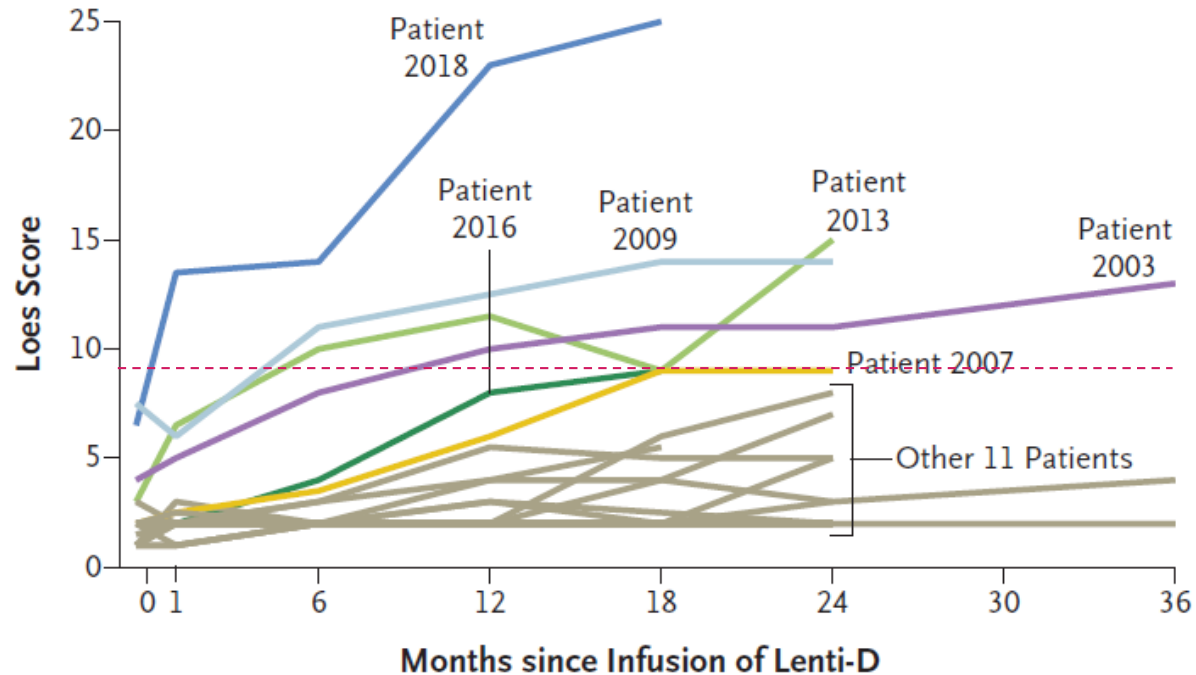
* These disabilities will be considered “MFDs” for data analysis of the primary efficacy endpoint in this study.

Neurologic Function Scale

Neurologic Function



DISEASE PROGRESSION AND INFLAMMATION ON MRI POST TREATMENT



CNS DELIVERY, CHALLENGES, AND TOXICITY

- Access to regional brain structures
- Need for improved outcome measures
- Ex vivo gene therapy and HSCT
 - Neurotoxicity of the conditioning regimen
- In vivo gene therapy
 - Dose limiting toxicities (1×10^{14} GC/kg) of systemic AAV
 - ICM: Dorsal root ganglion toxicity

SPECIAL SECTION ON NEUROMUSCULAR DISEASE GENE THERAPY

Guest Editor, Dongsheng Duan, PhD

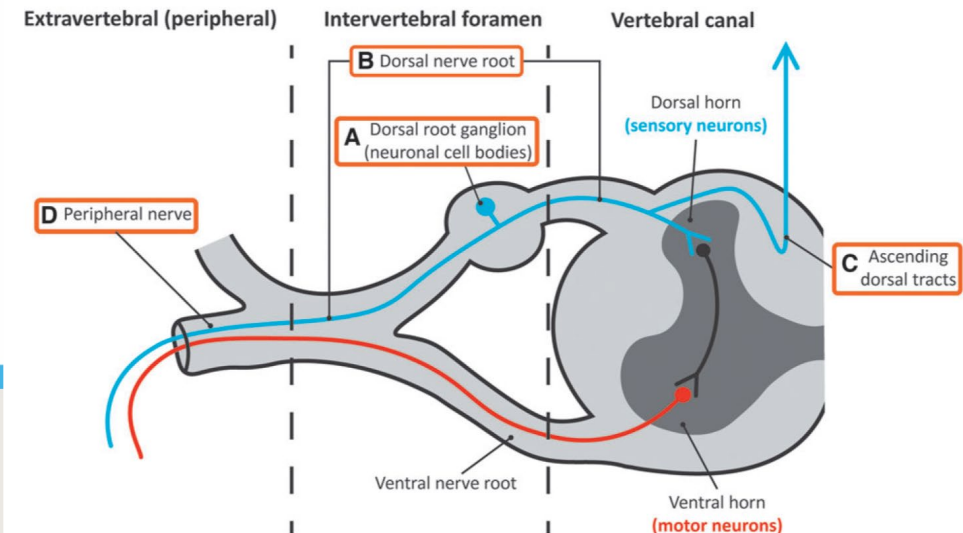
HGT

Adeno-Associated Virus-Induced Dorsal Root Ganglion Pathology

Juliette Hordeaux,[†] Elizabeth L. Buza,[†] Cecilia Dyer, Tamara Goode, Thomas W. Mitchell, Laura Richman, Nathan Denton, Christian Hinderer, Nathan Katz, Ralf Schmid, Rod Miller, Gourav R. Choudhury, Makoto Horiuchi, Kalyani Nambiar, Hanying Yan, Mingyao Li, and James M. Wilson*

Gene Therapy Program, Department of Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, USA.

[†]These authors contributed equally to this work.



LEUKODYSTROPHY GENE THERAPY TRIALS

- MLD data challenge the theory of cross-correction
- Pre-symptomatic or early symptomatic intervention is critical
 - Identified through families with other affected siblings
 - Newborn screening initiatives
- Disease progression
 - Clinical symptoms in MLD
 - MRI disease progression in X-ALD
- Efficacy trials require rigorous designs that account for brain development
- Improve treatment-related toxicities

ACKNOWLEDGEMENTS

Patients and their families!



The
Brooks Coleman White
Foundation



National Institute of Neurological Disorders and Stroke
Reducing the burden of neurological disease...

