

Targeted RNA-based therapies for Mucopolysaccharidosis

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Over the last years, most of our work has been focused on the development of alternative, RNA-based therapies for a number of LSD, being MPSIII one of the most relevant. Two major possible drug types, depending on the genotype that underlies pathology, are being used: **U1snRNAs** and **siRNAs**. The first are specifically designed to overcome particular splicing mutations and the second to promote an overall decrease of the accumulating substrate. Here we present an overview on our results with both approaches on MPS III.

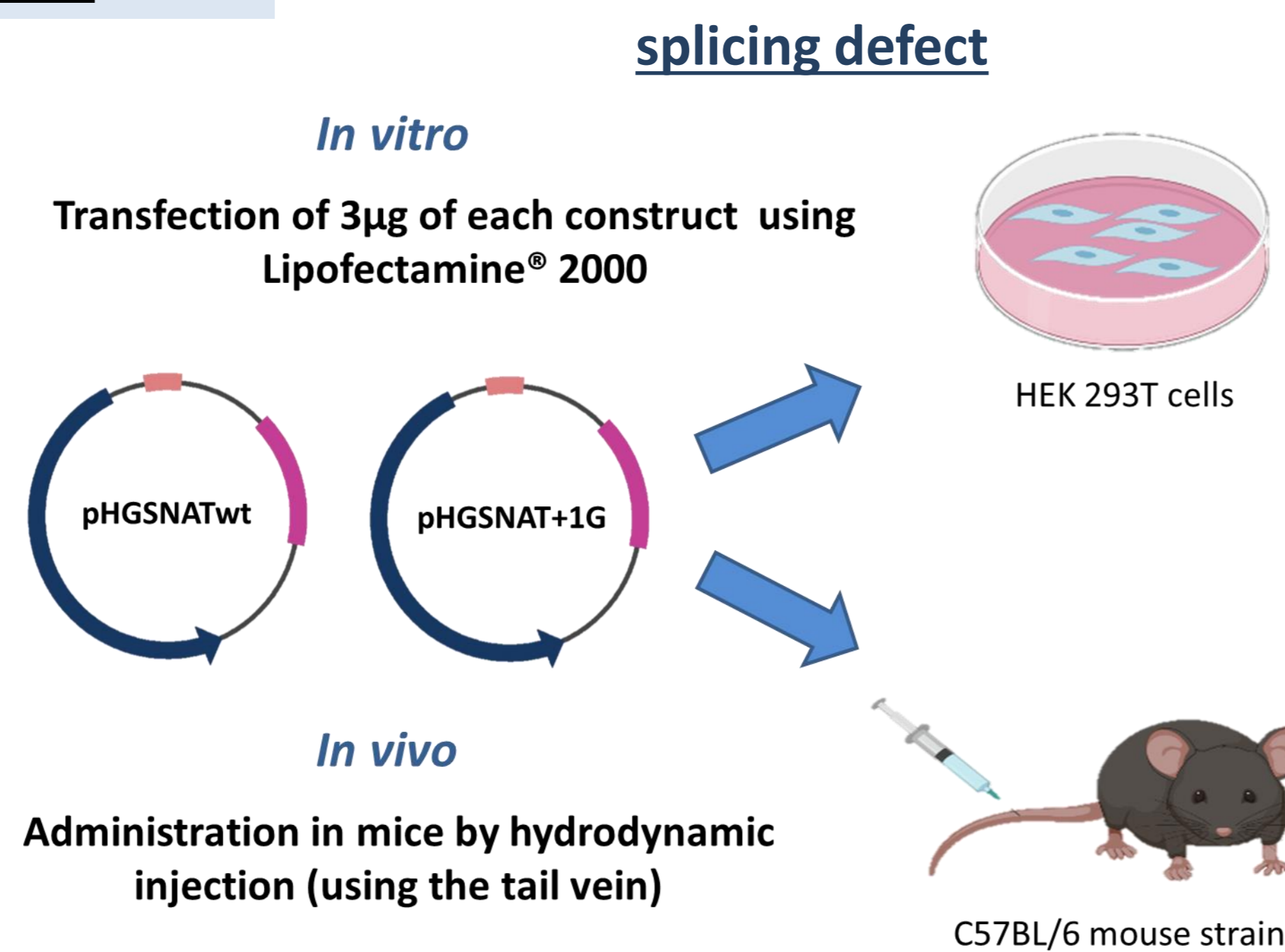
METHODS

U1snRNAs Mutation-specific approach to correct abnormal splicing process in MPS IIIC caused by the c.234+1G>A mutation

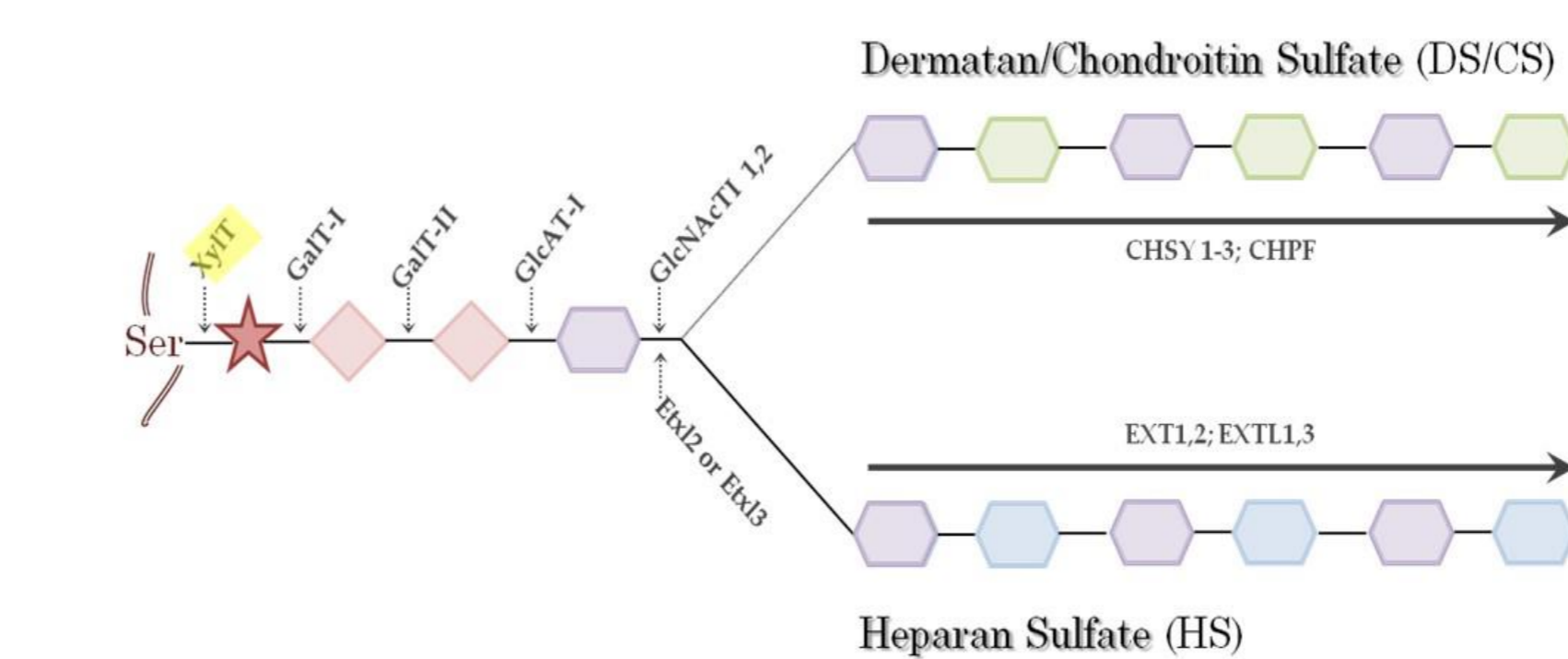
We demonstrated in patient fibroblast cells that a modified U1snRNA vector (comprising exon 1 to exon 3) designed to improve the definition of exon 2 5' ss of the *HGSNAT* can restore the splicing defect caused by the mutation c.234+1G>A (Matos et al., 2014).

GOAL: Evaluate *in vivo* the therapeutic potential of the modified U1snRNA by testing it in mice expressing the human

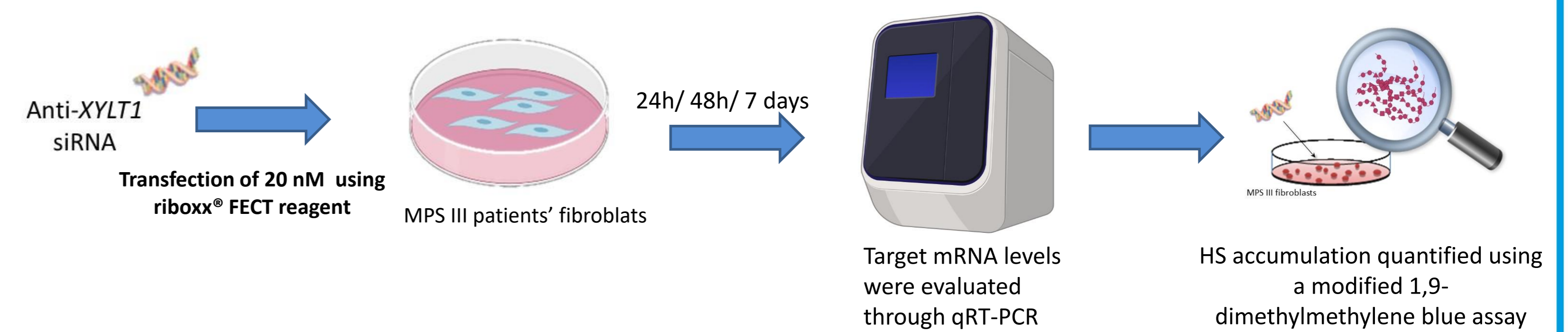
Generation of full-length (*HGSNAT* cDNA sequence plus part of introns 1 and 2) *HGSNAT* constructs of wild-type (wt) (pHGSNATwt) and c.234+1G>A (pHGSNAT+1G) by cloning the wt or the mutated *HGSNAT* splicing-competent cassettes into the pcDNA 3.1 backbone



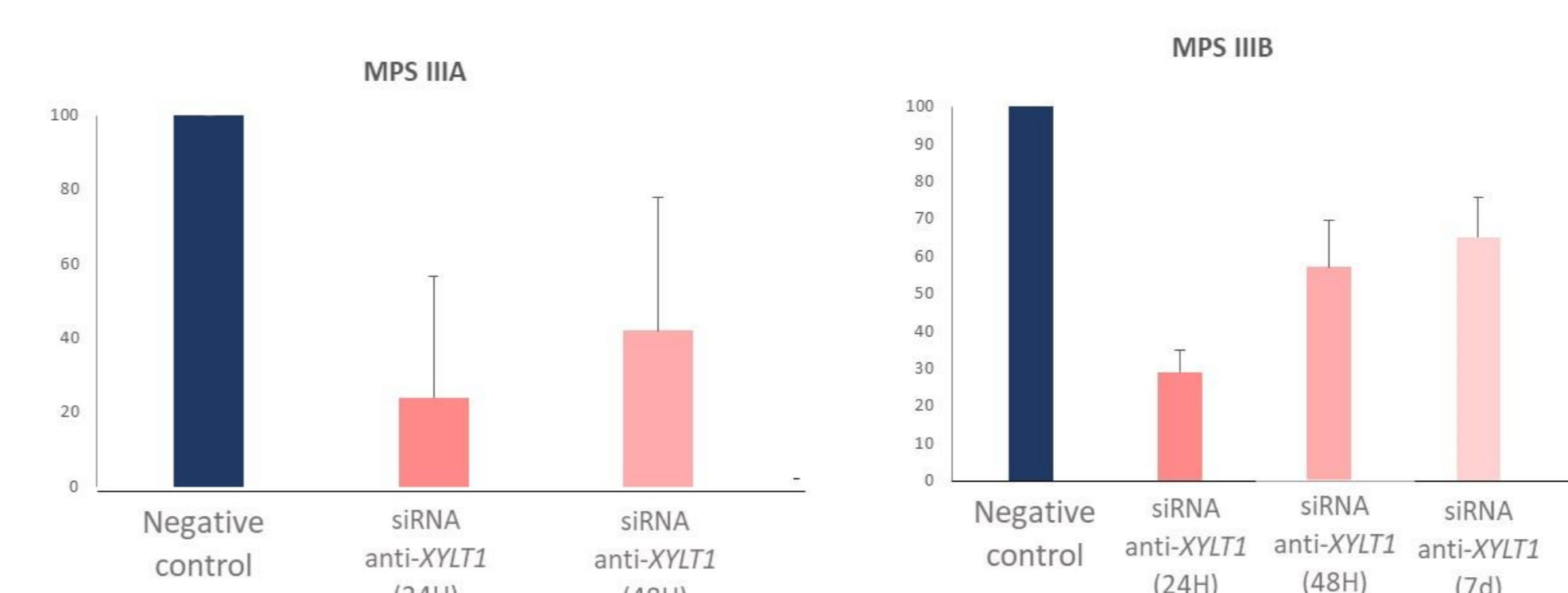
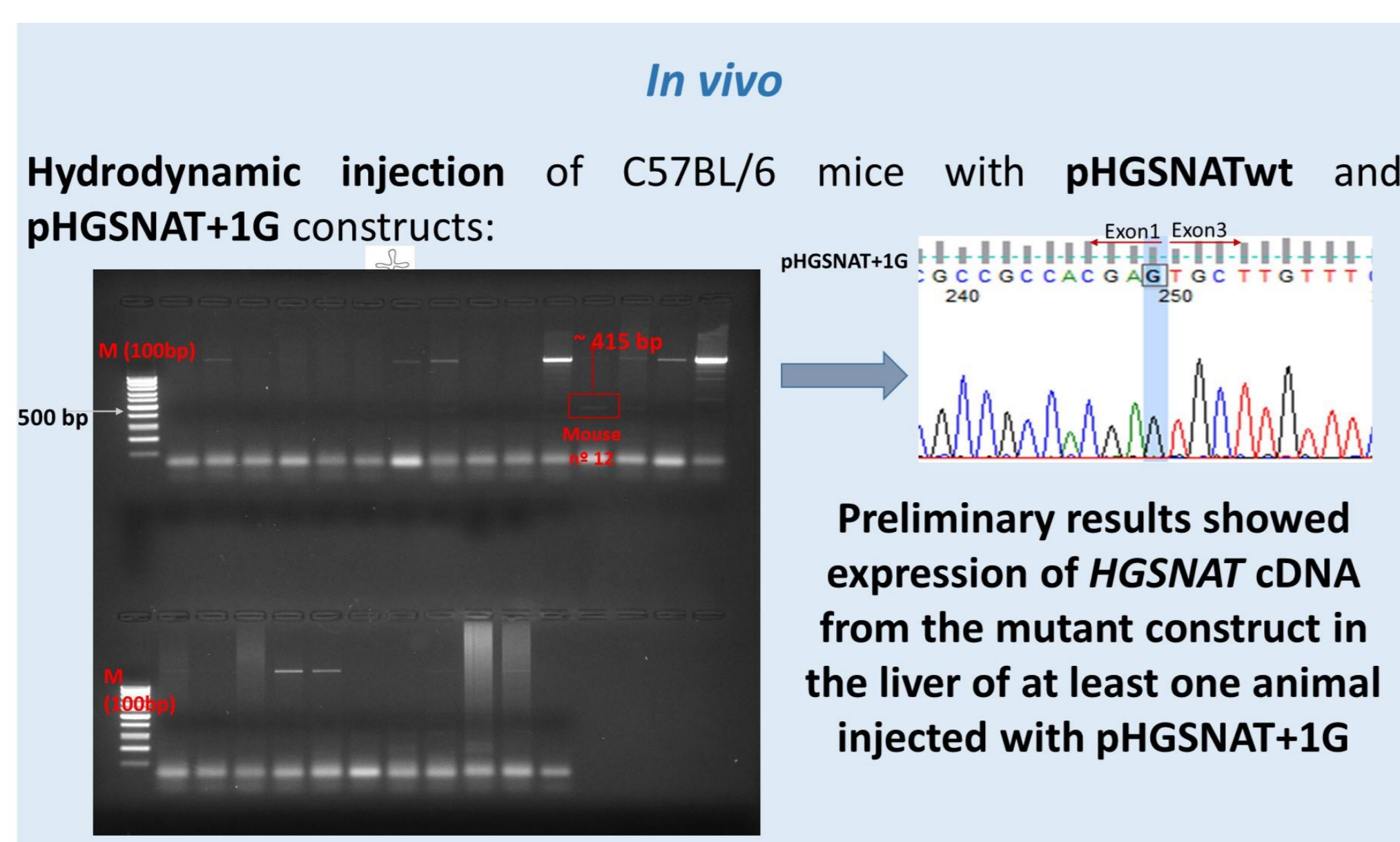
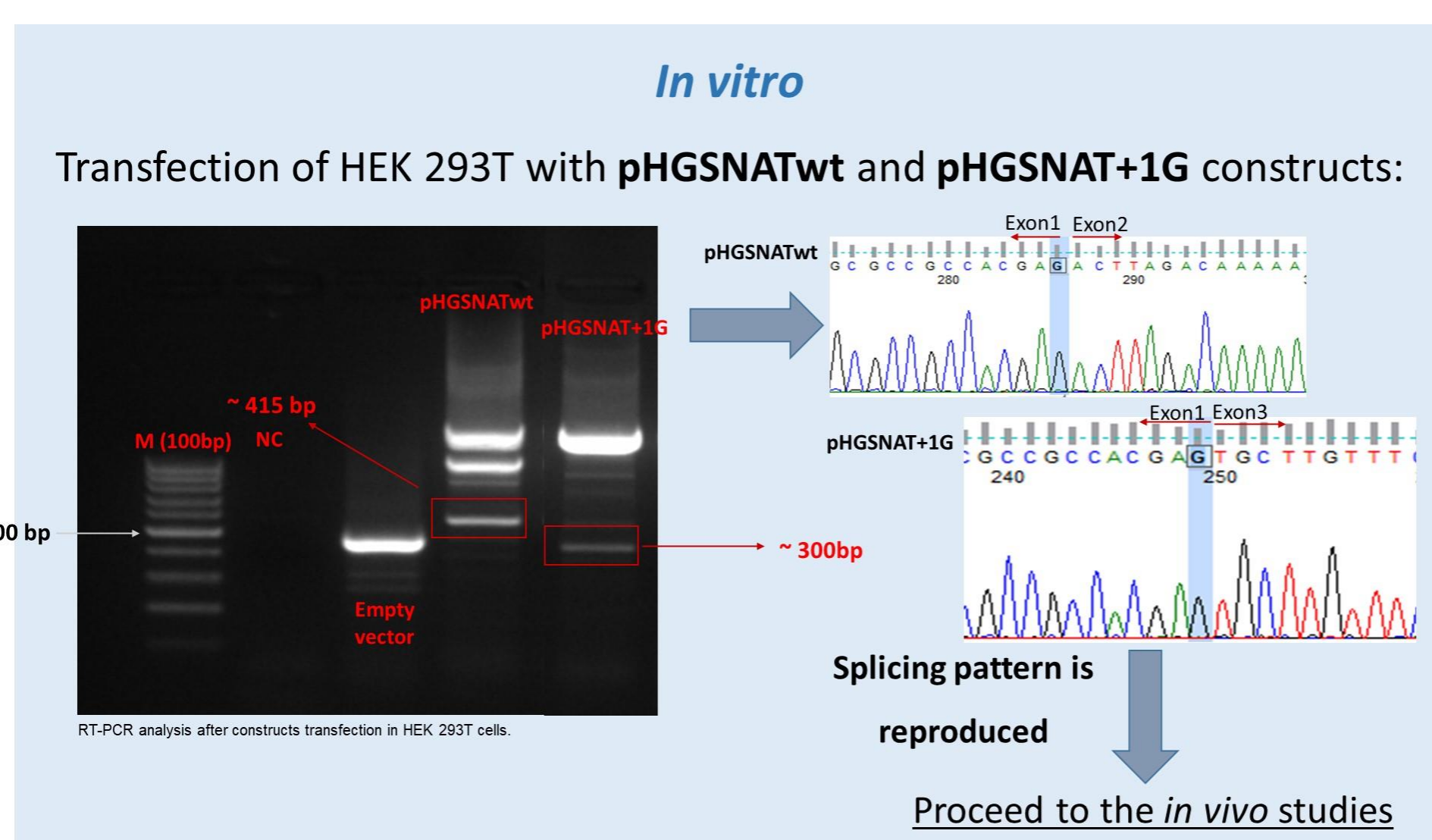
siRNAs Selective downregulation of one gene involved in the very early stages of the glycosaminoglycans' (GAG) biosynthetic cascade to promote substrate reduction in Sanfilippo disease



We designed and assayed in MPS III patients' fibroblasts a specific siRNA pool targeting *XYLT1*, a gene that encodes an enzyme involved in an early stage of the HS biosynthetic cascade: xylosyltransferase 1.

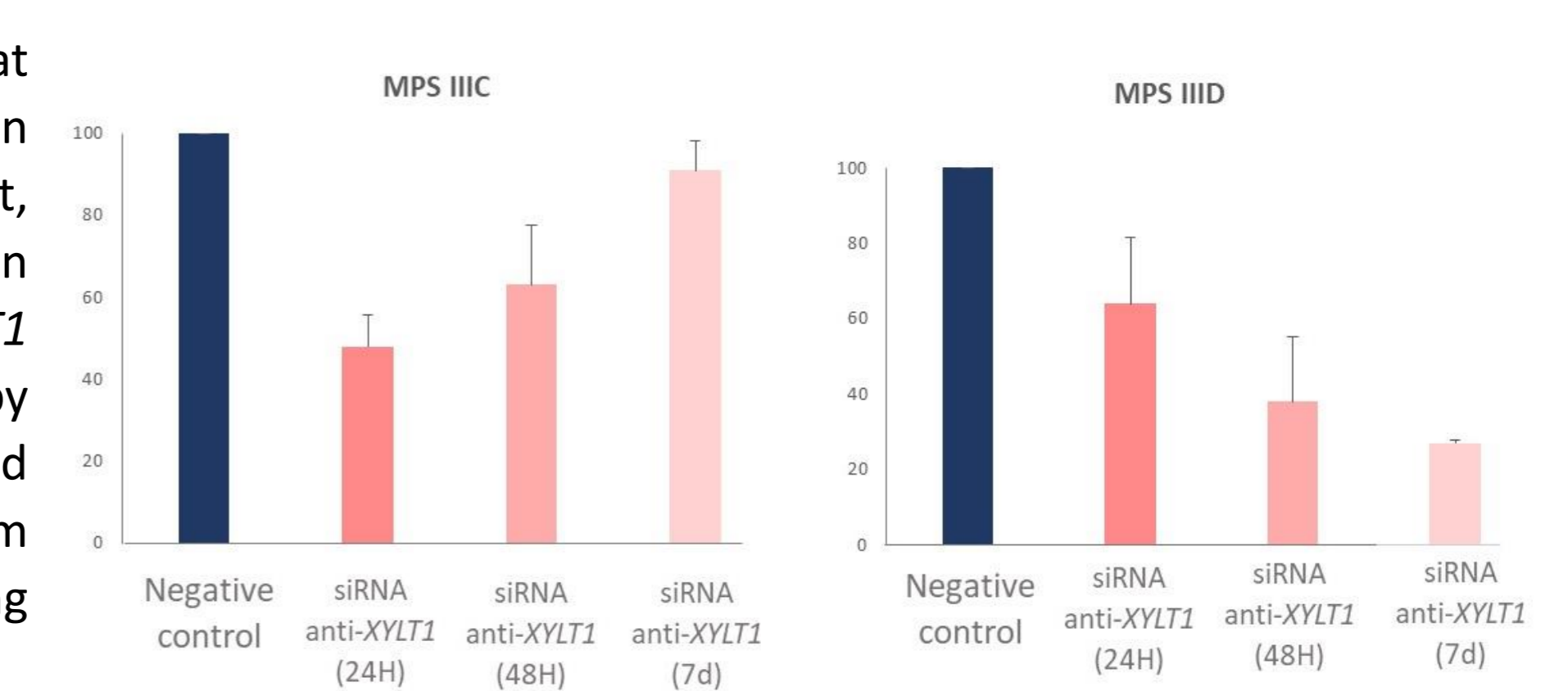


RESULTS

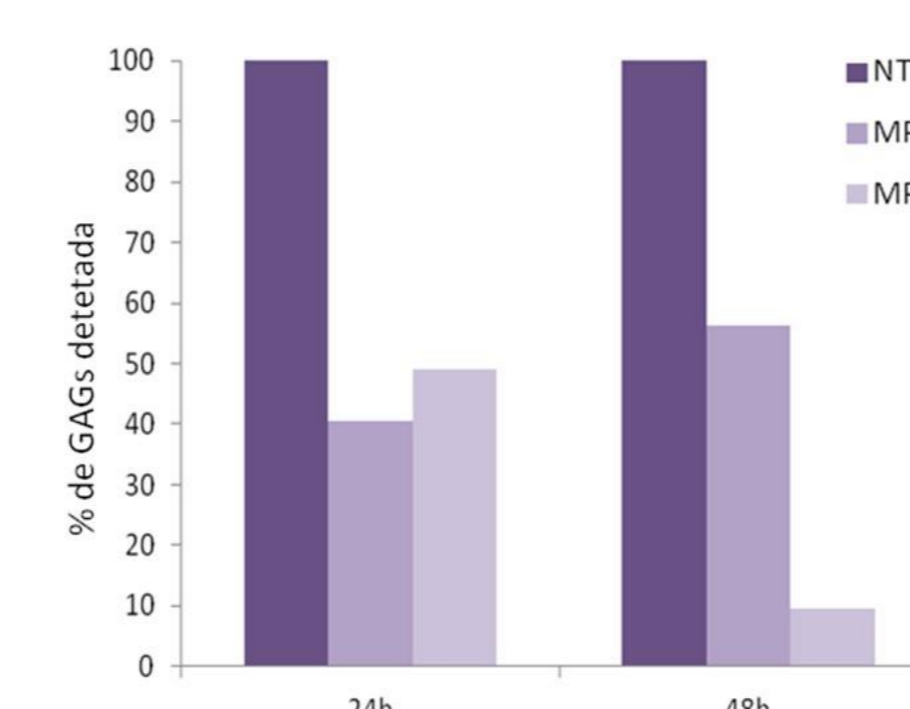


Proof of principle on the *in vitro* effect of anti-*XYLT1* siRNAs was obtained for Sanfilippo syndrome, with significant decreases of the target gene expression at different time points (24h-7 days).

In general, our results also reinforce the idea that there is variability amongst different cell lines in terms of response to treatment with siRNAs. In fact, we observe substantial differences between different cell lines treated with the same anti-*XYLT1* siRNA pool, at the same concentration. In studies by other authors, this sort of variability was observed even among cell lines from patients suffering from the same disease and with the same underlying genotype.



MPS IIIA, IIB, IIIC and IIID fibroblasts were transfected with 20nM of the anti-*XYLT1* siRNA pool and after 24, 48 hours (h) (for IIIA subtype) and 7 days (d) (for other subtypes), gene expression was analysed by real-time PCR. Results are expressed as the percentage of gene expression compared to non transfected cells (NT), using GAPDH as a reference.



After this first assessment on the effect of anti-*XYLT1* siRNA incubation at 24 and 48h over sulphated GAG levels, we are now evaluating its effect 7 days post-transfection and for other MPS subtypes, also with promising results.

Further validation

- qGAG by MS/MS;
- immunocytochemistry (anti-HS antibody)

The lack of pHGSNAT cDNA expression in the majority of animals was probably due to sub-optimal hydrodynamic injection conditions. In fact, when we tried to administrate a volume of 10% of the mice body weight, animals died. So, we lowered the volume to 7%. Also noteworthy, the mouse strain we worked with (C57BL/6) is aggressive, has a hyperactive behaviour and has black color, which difficult the visualization of the tail vein.

In order to overcome these issues we will now repeat the protocol:

- Using ICR mice (albino strain, more easier to handle and known for its docile behaviour)
- Increase the volume of our injection for 8-9% of the mice body weight

Knowing that the translation of siRNAs from the bench to the clinic may be hindered by their limited cellular uptake, low biological stability and unfavorable pharmacokinetics, the development of an appropriate delivery method and a relevant disease model to test it is mandatory if we want to proceed with these preclinical studies. Therefore, in the near future we will:

- develop an appropriate delivery method for 'anti-GAG siRNAs' targeted to neuronal receptors (t-SNALPs)
- establish patient-derived MPS III neuronal cell lines through a non-invasive, cost effective approach using dental pulp stem cells (DPSC).