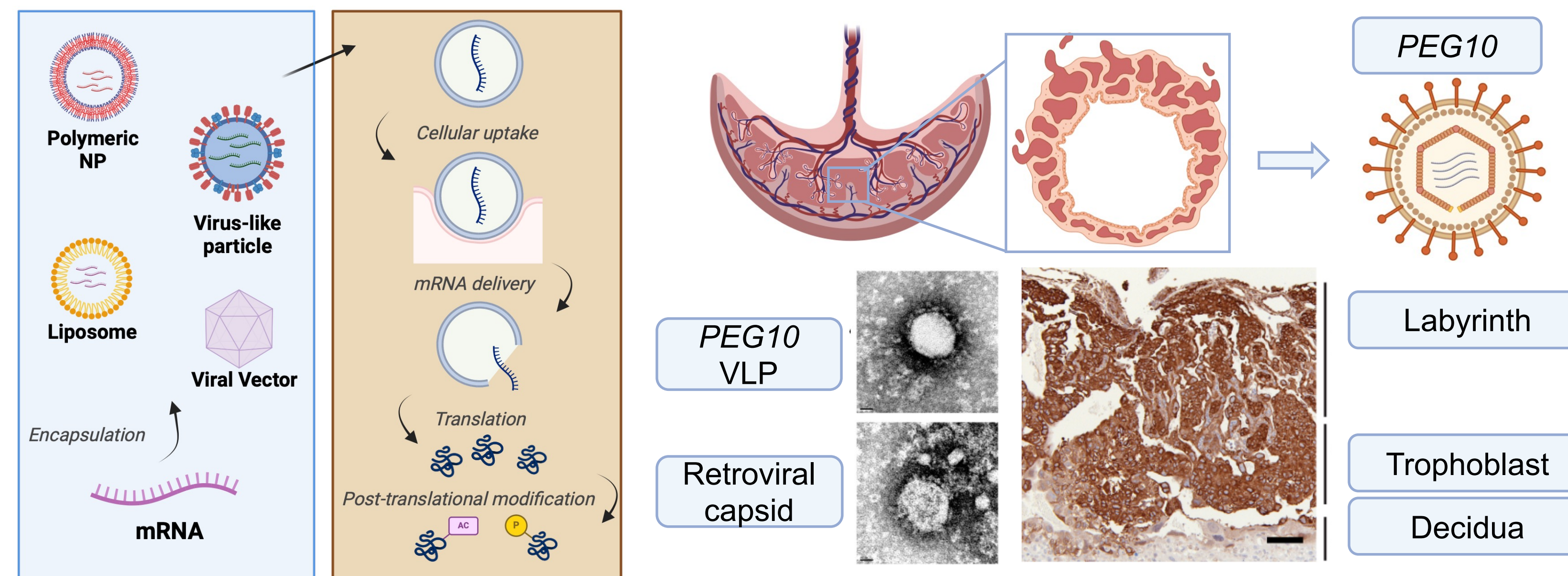


Repurposing an endogenous mRNA packaging protein from the maternal-fetal interface for in utero gene therapy

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Introduction

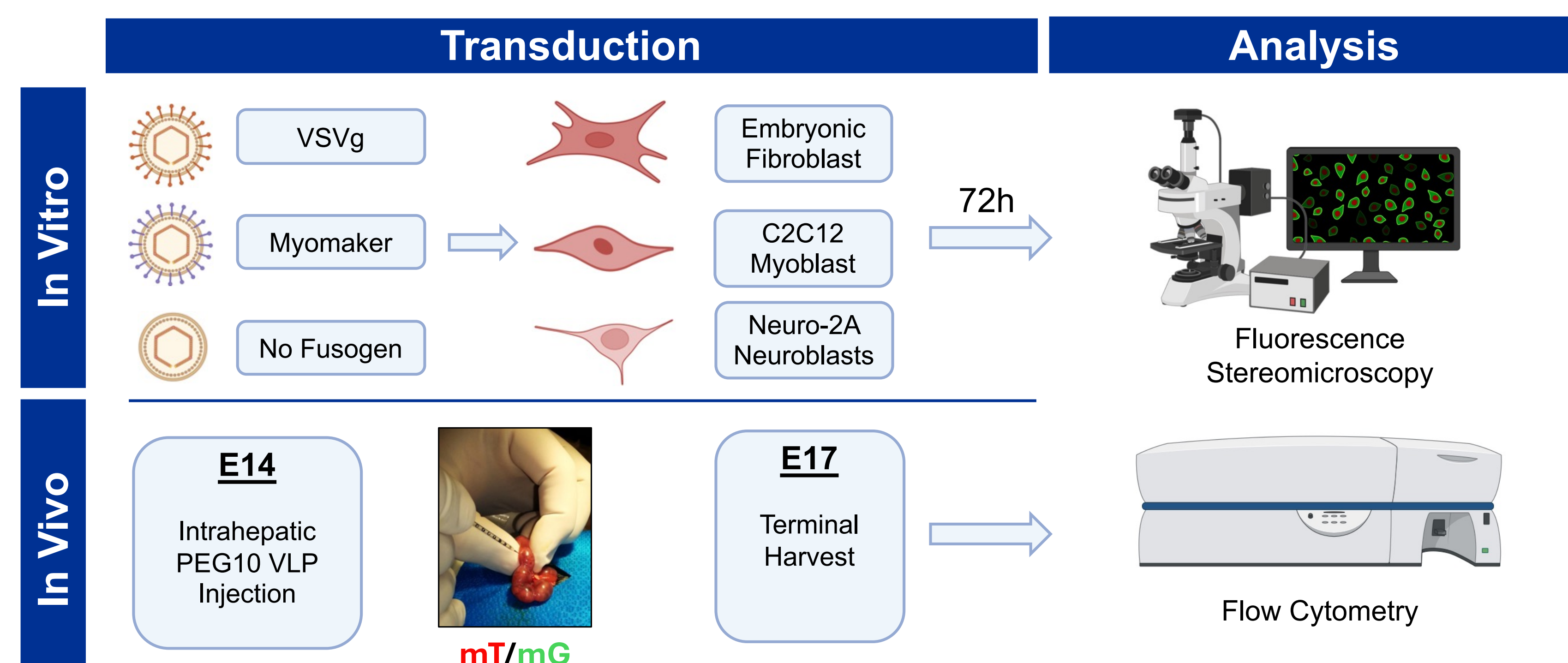
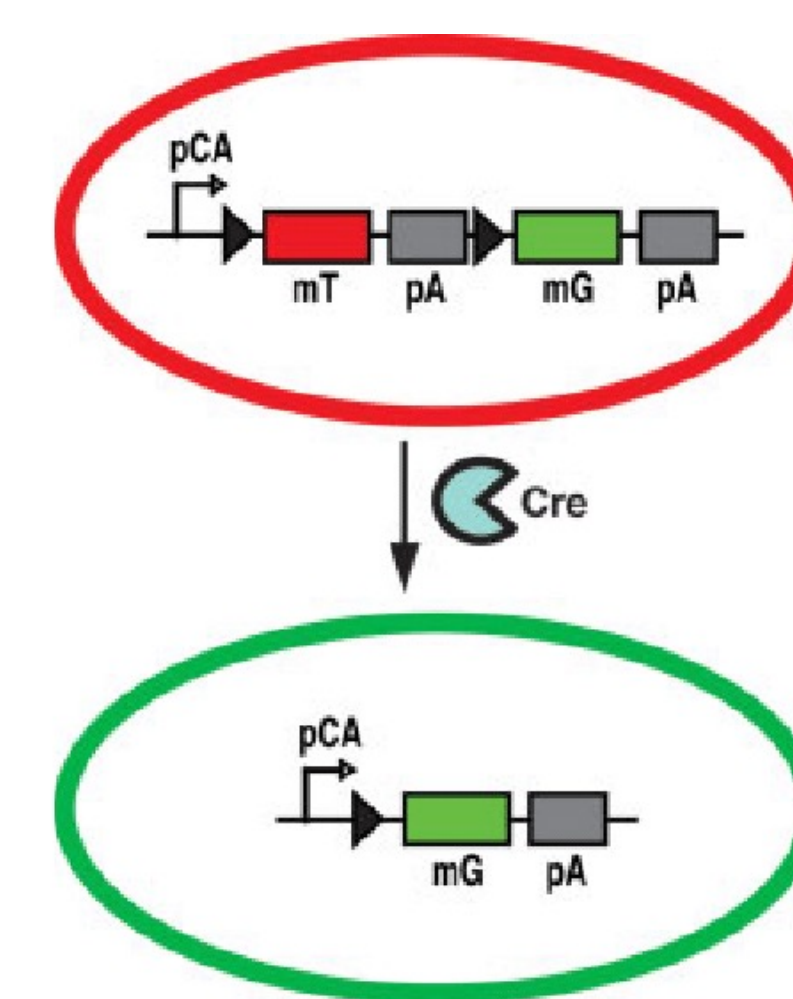
- In utero gene therapy aims to correct congenital disease via the delivery of deficient transgenes to developing fetuses
- Existing delivery vector for fetal gene therapy incur risk of immunogenicity, insertional mutagenesis, and have limited targetability
- The placental protein PEG10** encapsulates specific mRNA flanked with own untranslated regions within virus-like particles (VLPs)³
- PEG10 highly expressed within placenta during fetal development



- Hypothesis:** PEG10 VLPs are capable of packaging and delivering mRNA to the fetal environment with minimal fetal toxicity

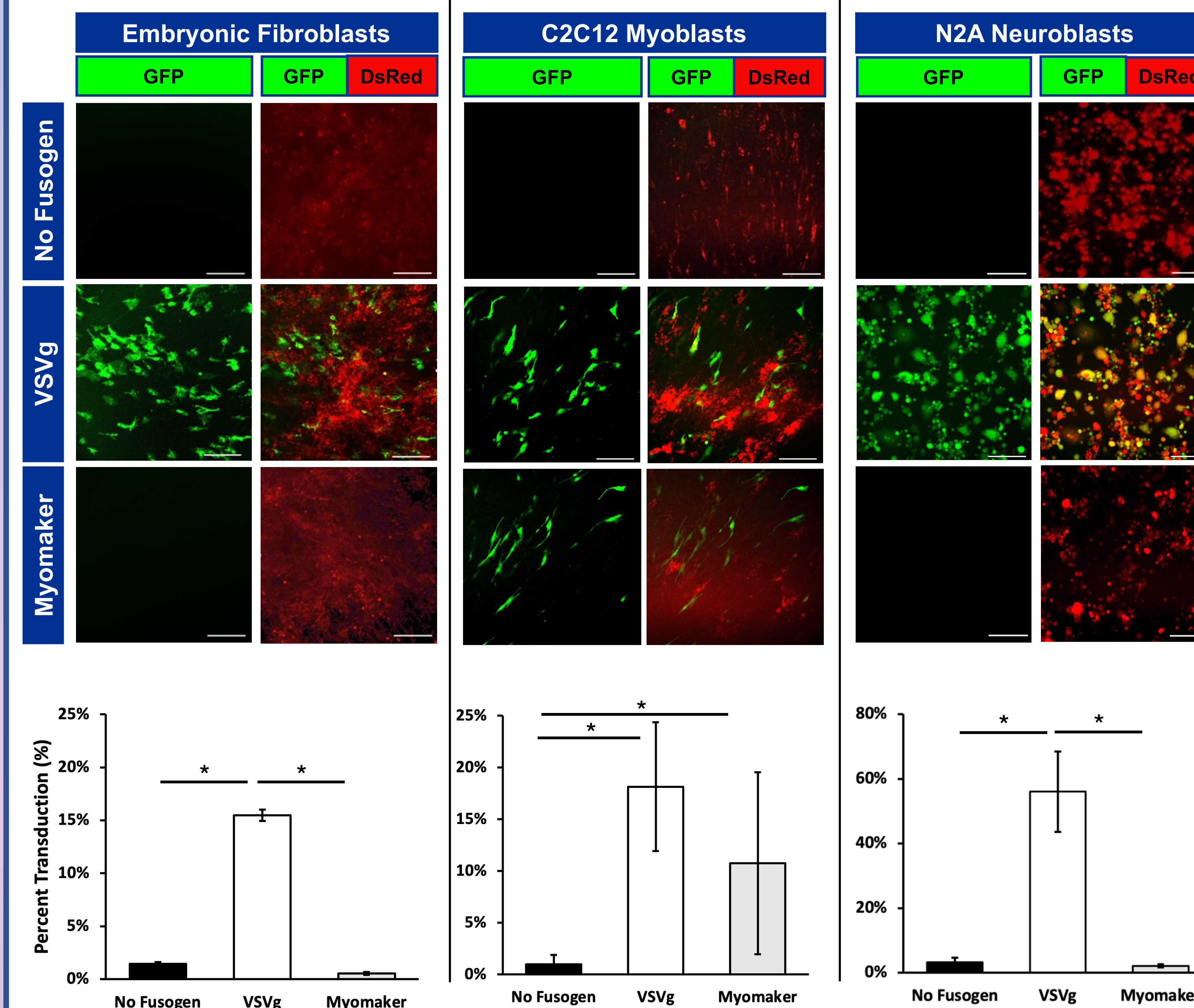
Methods

- Generated PEG10 VLPs of various pseudotypes: VSVg (broad tropism), myomaker (restricted tropism), nonpseudotyped
- In vitro co-culture of VLPs with embryonic precursor cell lines
- In vivo delivery of VLPs to mT/mG Cre-reporter mice (right) at E14 via fetal intrahepatic injection

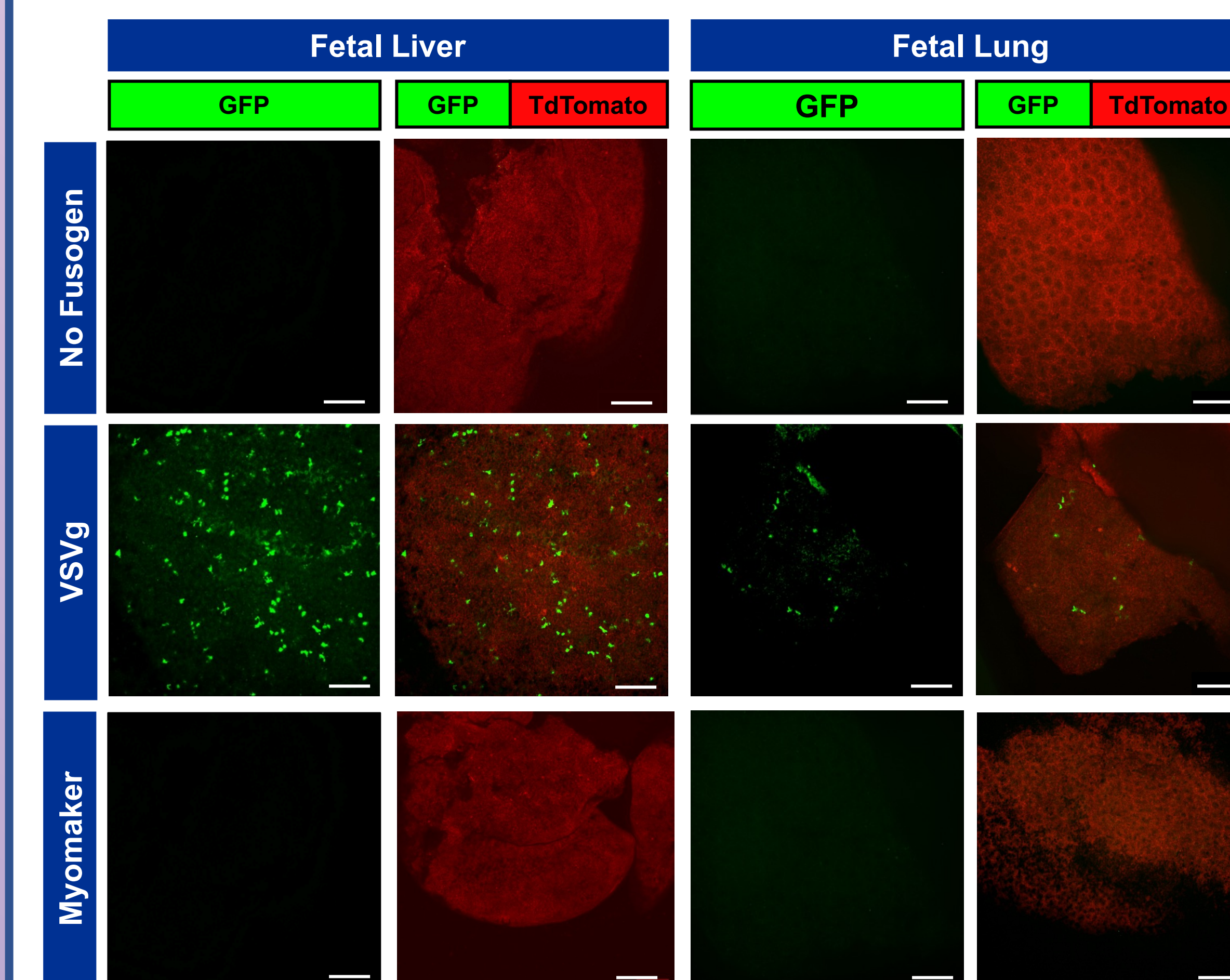


Results

PEG10 VLPs can be functionalized to enable cell specific delivery to various embryonic precursor cell lines



PEG10 VLPs deliver functional mRNA to the fetal liver and fetal lung when pseudotyped with VSVg fusogen

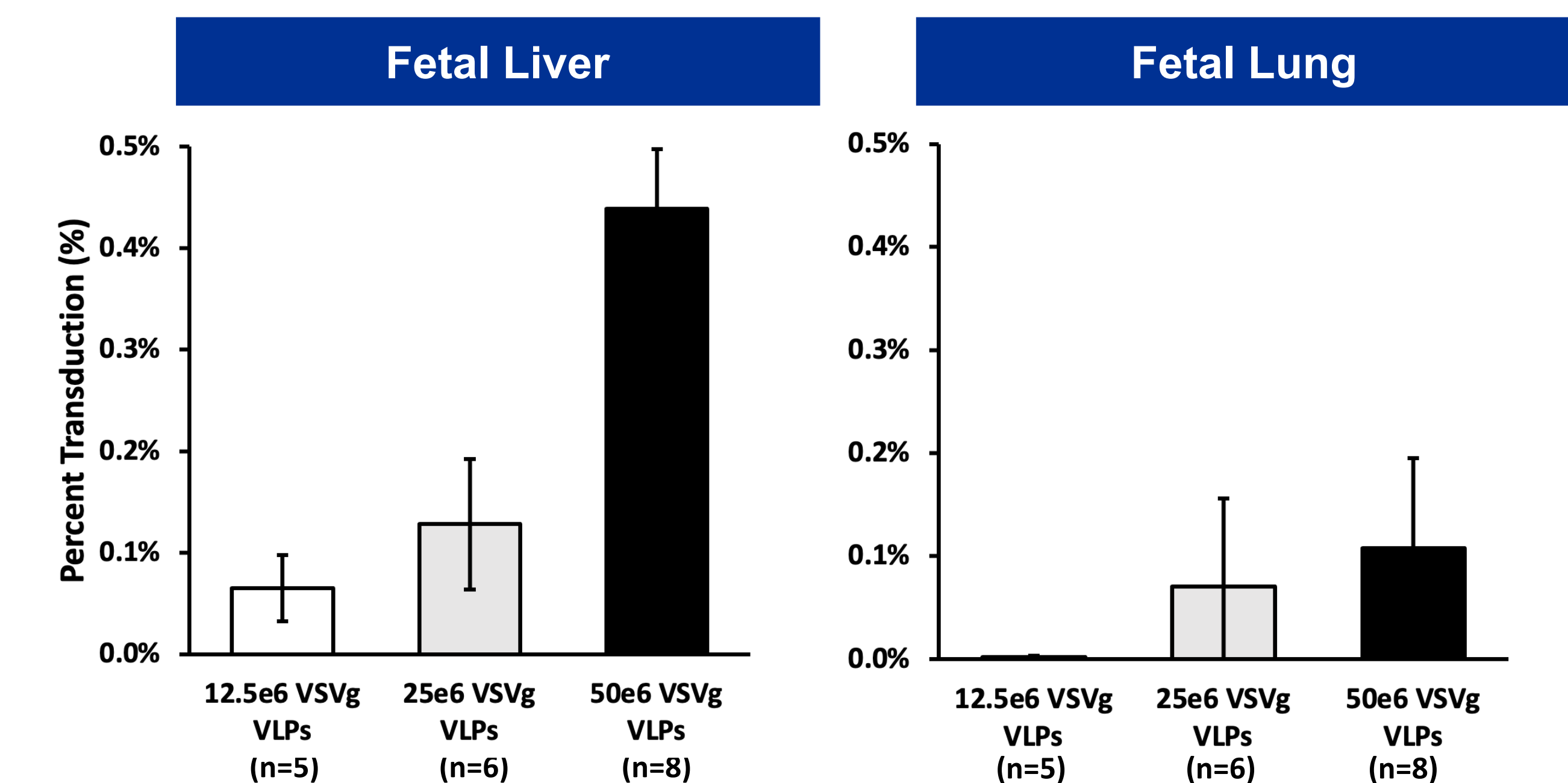


Other harvested tissues with no detectable transduction

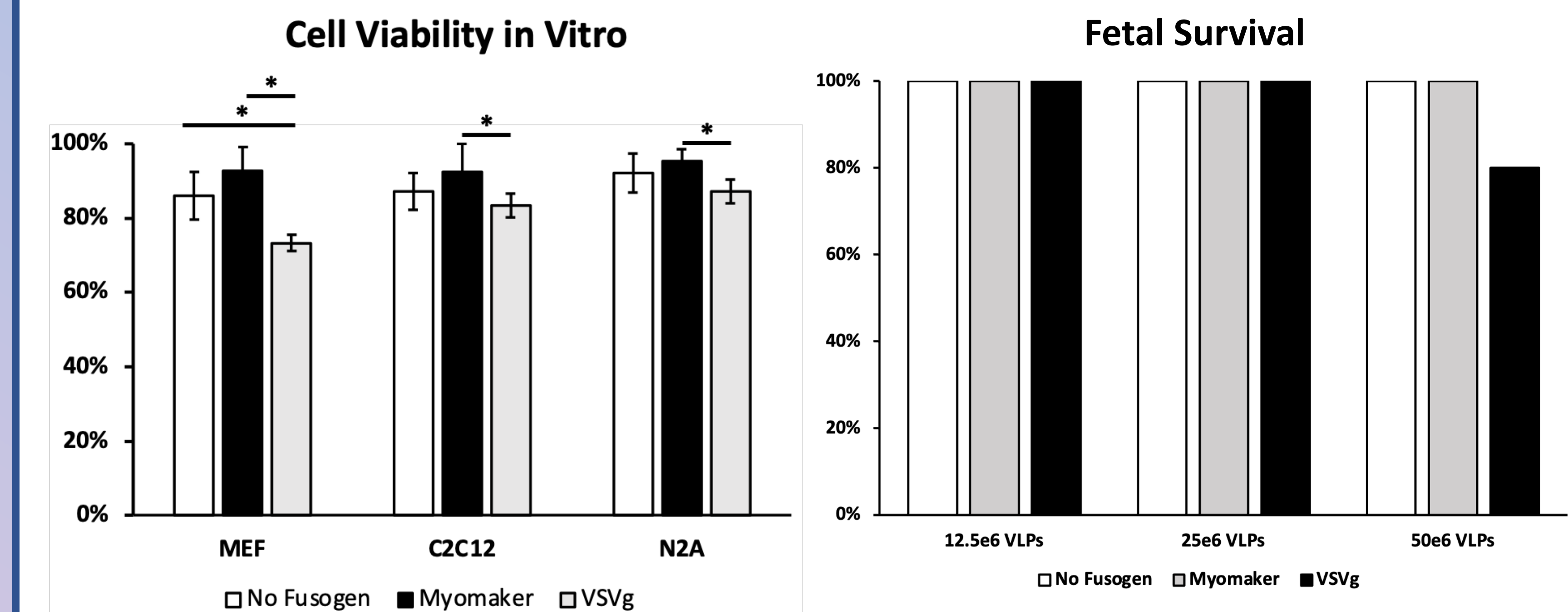
- Peripheral muscle
- Brain
- Heart
- Intestine

Results

Transduction efficiency approaches established levels of potential therapeutic efficacy in vivo



Minimal increase in cell toxicity with VSVg-pseudotyped VLPs, but no difference in toxicity with entirely endogenous VLPs



Conclusions

- PEG10 VLPs can be functionalized to enable cell-specific delivery
- Myomaker-PEG10 is the **first entirely endogenous delivery system for muscle cells**
- VSVg PEG10 VLPs can deliver mRNA to **fetal liver and lung**, but targeted delivery in utero awaits further study



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