

BIO480

# **Therapeutic applications in neurologic and sensory disorders**

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# Novel Therapeutic Approaches for CNS Diseases

## ■ CNS and Therapy Development

General principles

## ■ A $\beta$ immunotherapy against Alzheimer's Disease

## ■ Gene therapy for CNS diseases

*Example of AAV as gene delivery system for the CNS*

*Lipid Storage Diseases* – ex vivo gene therapy for MLD

*Amyotrophic Lateral Sclerosis* – RNAi against SOD1

## ■ Sensory organs:

*Blindness*      functional rescue by optogenetic

*Deafness*      Rescue of cochlear function

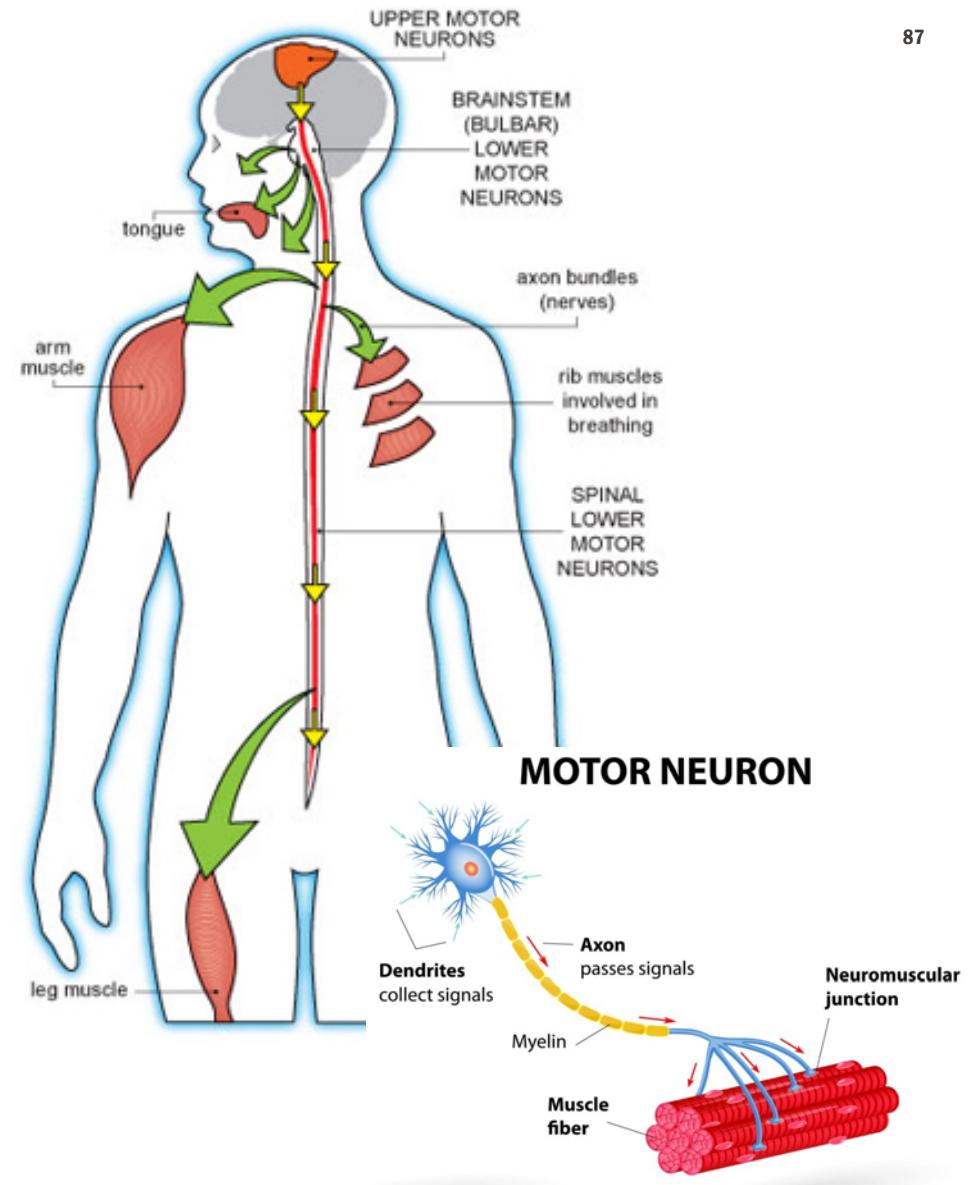
### Major motoneuron disorders:

#### Spinal Muscular Atrophy (SMA)

- Affects mostly children
- Loss of lower motoneurons
- Caused by loss of SMN function
- Lack of muscle tone, fatal

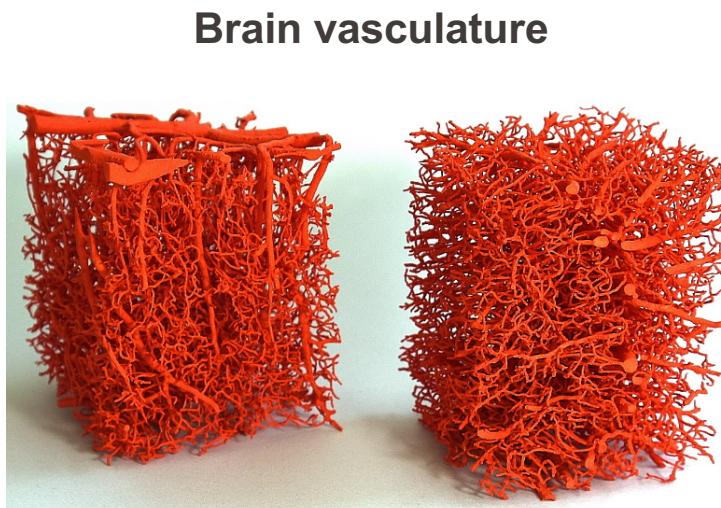
#### Amyotrophic Lateral Sclerosis (ALS)

- Adult onset
- Loss of upper and lower motoneurons
- Complex etiology
- Near complete paralysis of skeletal musculature
- Fatal within 2-5 years

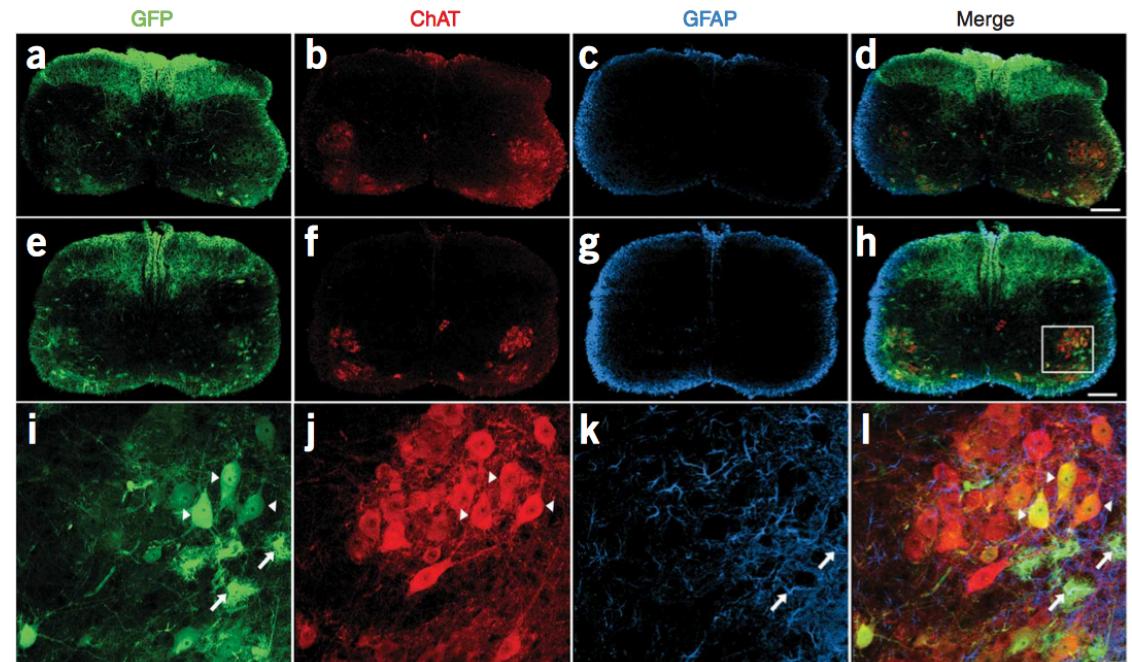


# Intravenous injection of AAV for CNS gene delivery

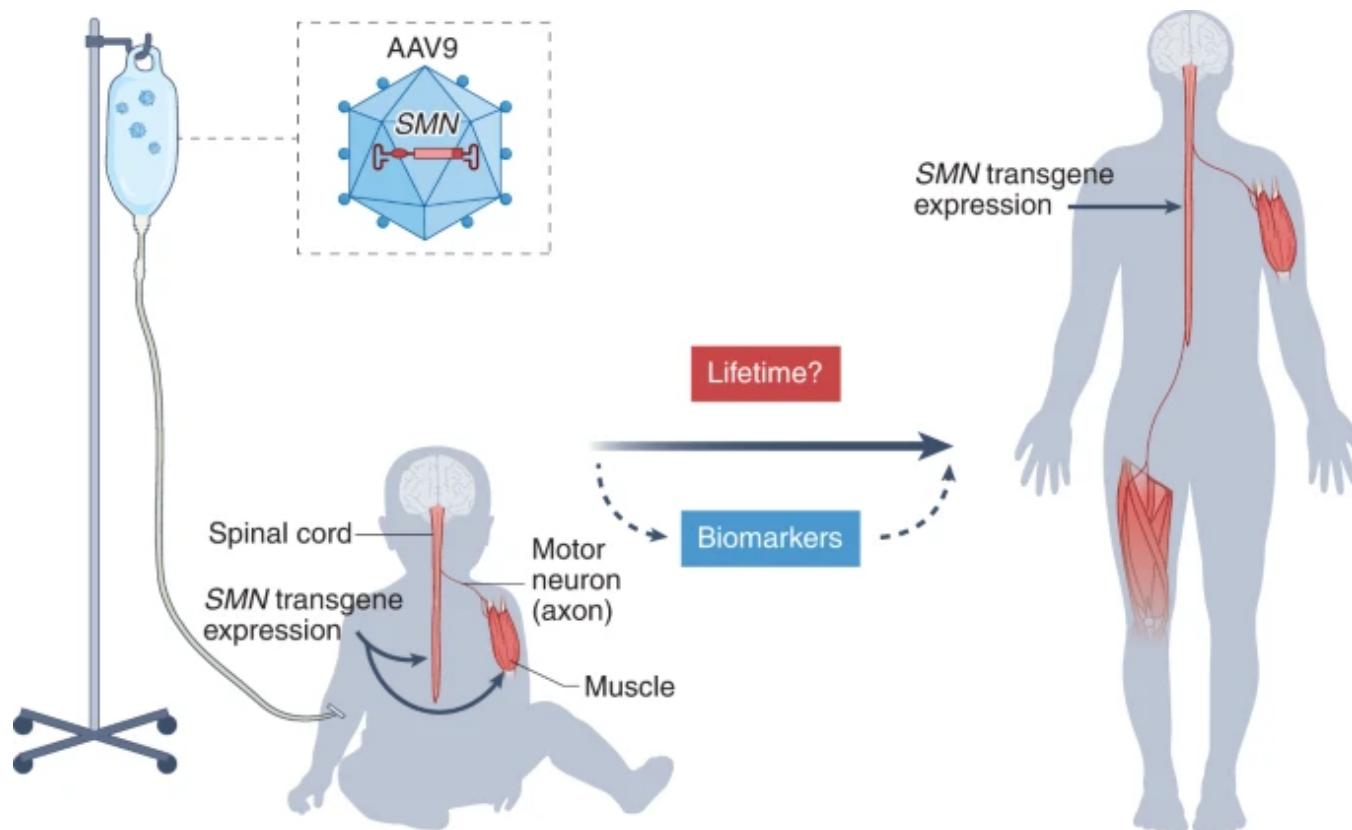
AAV9 injected IV can pass the blood-brain barrier (spinal cord)



Intravenous AAV9 injection in mouse neonates

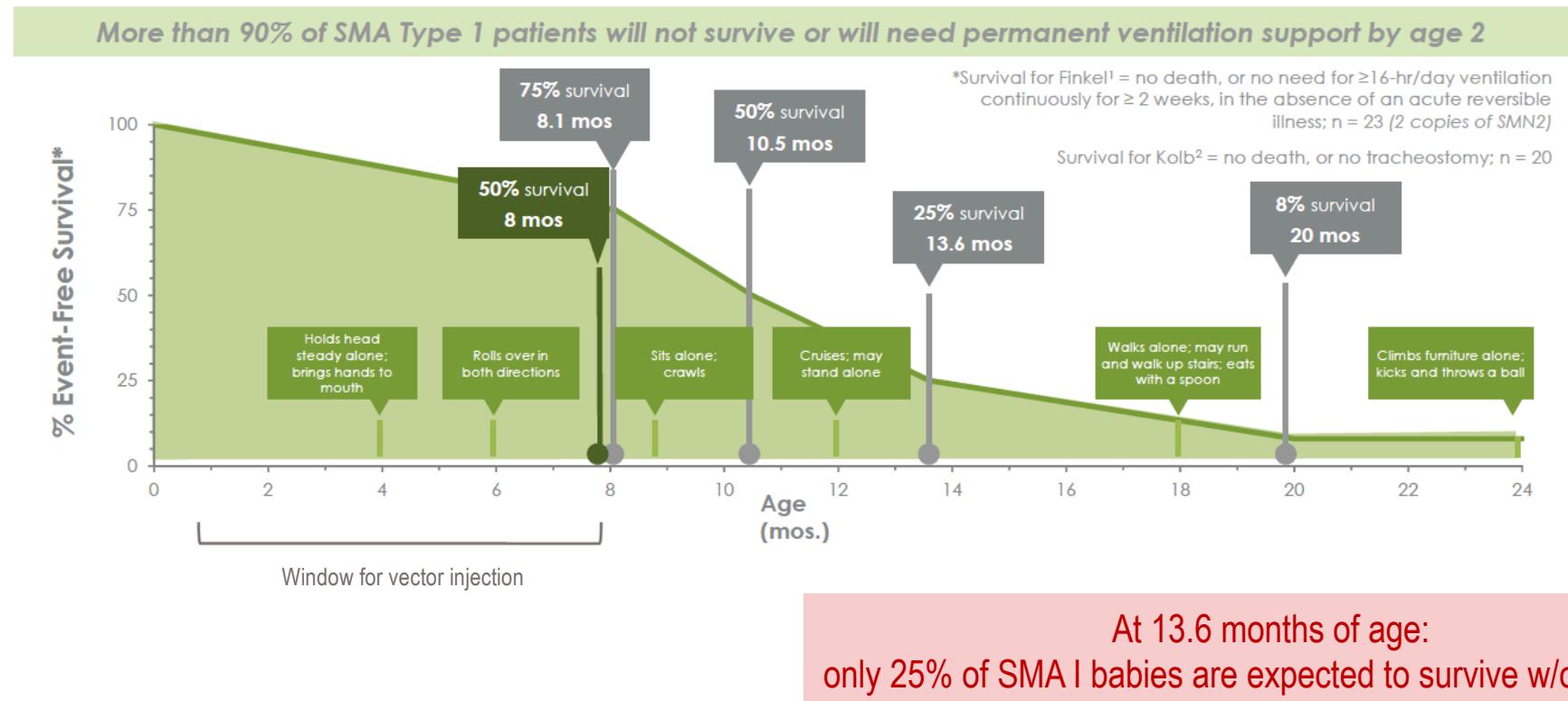


# Gene therapy for Spinal Muscular Atrophy



# Spinal Muscular Atrophy: disease natural history

## SMA type I: natural course of the disease

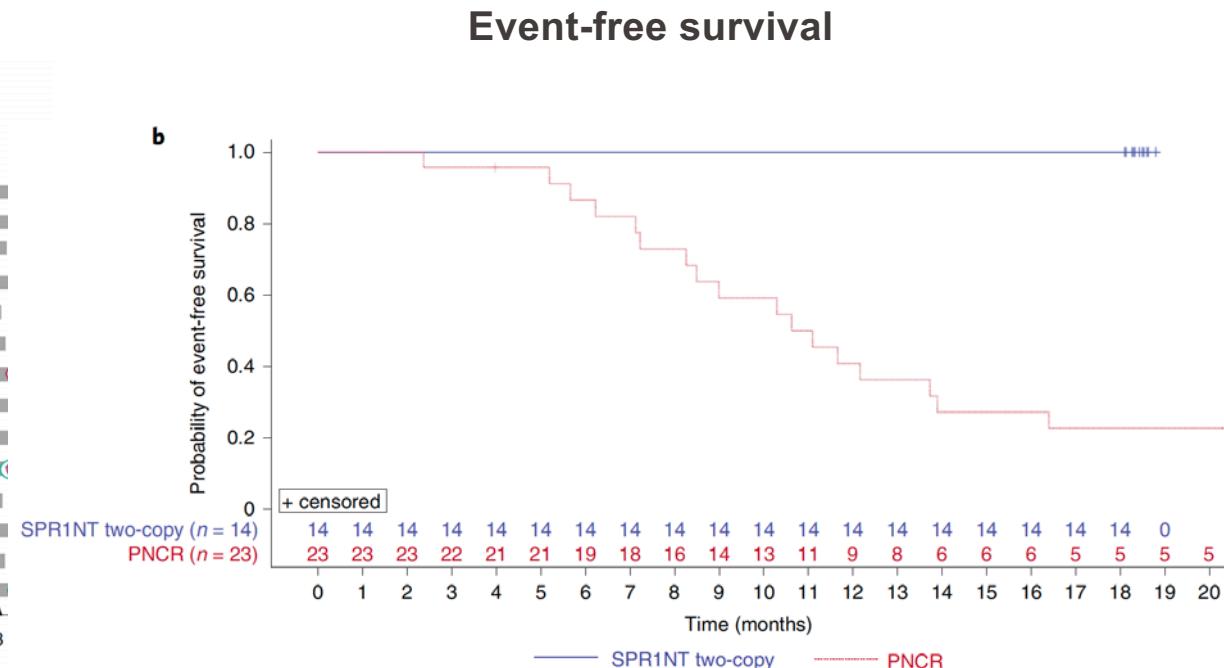
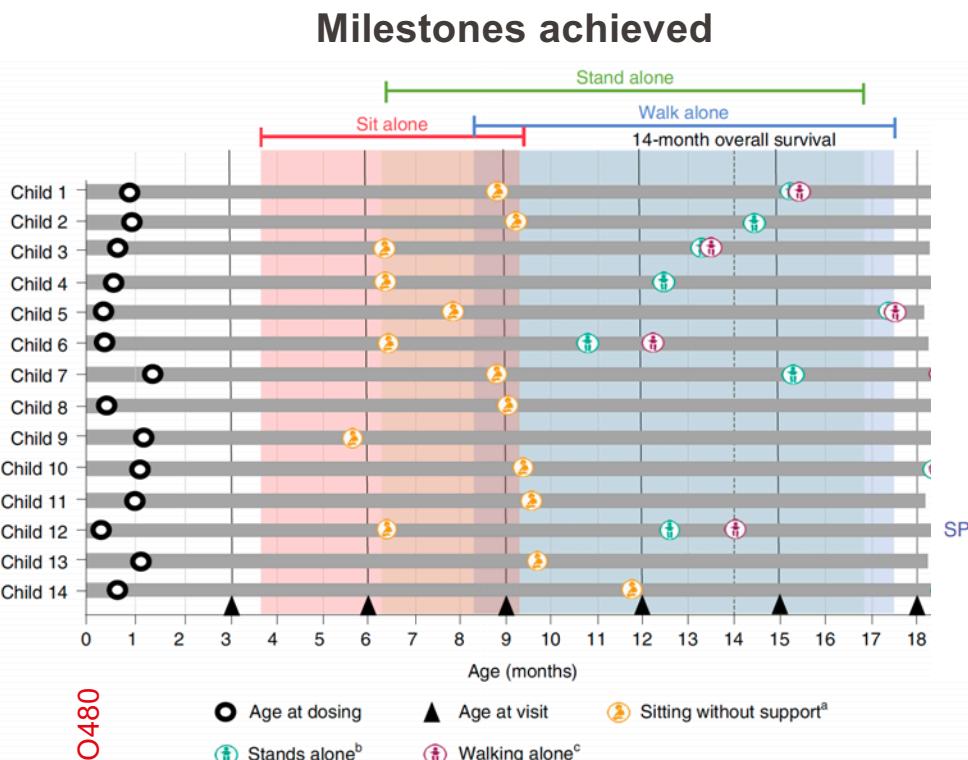


# Clinical trial for Zolgensma (scAAV9-cba-f1SMN)

## **Patients: SMA type I, 2 copies of SMN2**

**Dosing: 1.1E14 VG/kg body weight**

Treatment: <1.5 months old, intravenous administration



# EPFL Gene therapy for Spinal Muscular Atrophy

## Clinical trial for Zolgensma (scAAV9-cba-f1SMN)

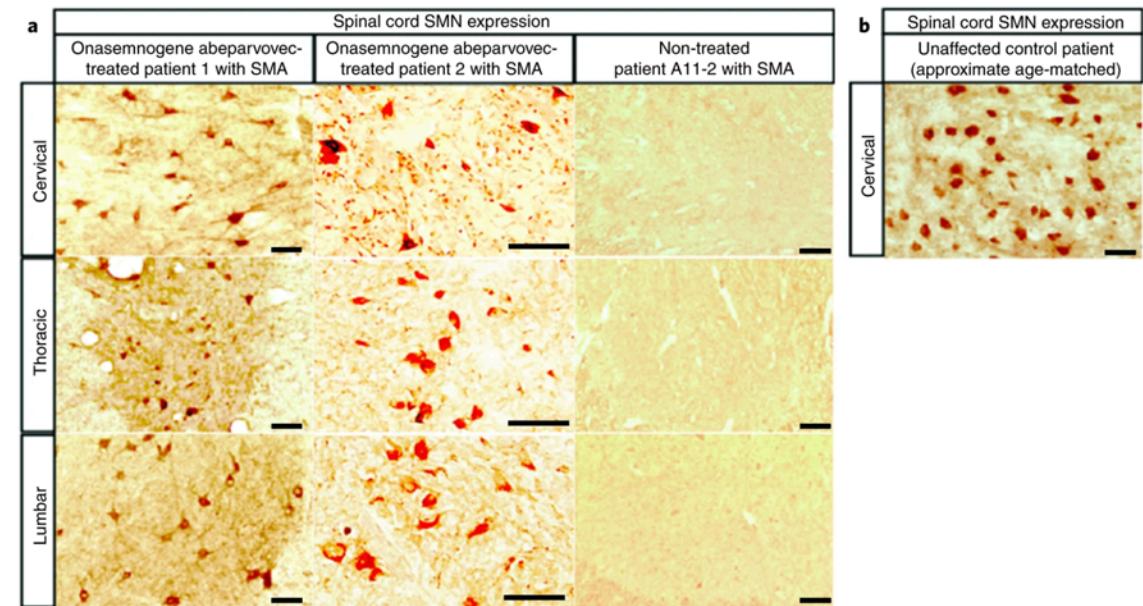
**Patients: SMA type I, 2 copies of SMN2**

Treatment: <1.5 months old, intravenous administration



**Dosing: 1.1E14 VG/kg body weight**

**SMN expression is restored in various tissues**

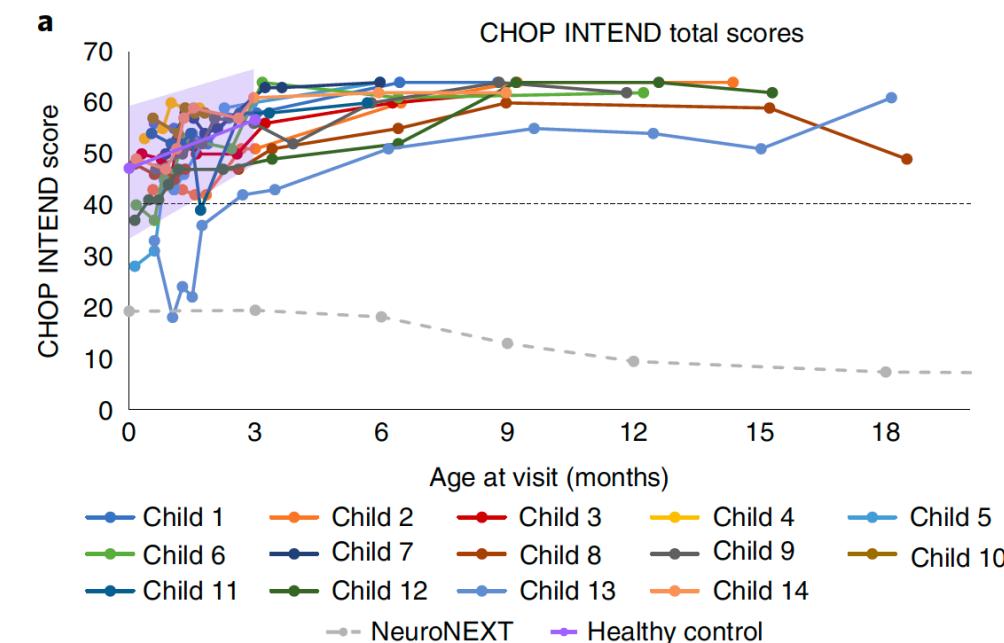


# Gene therapy for Spinal Muscular Atrophy

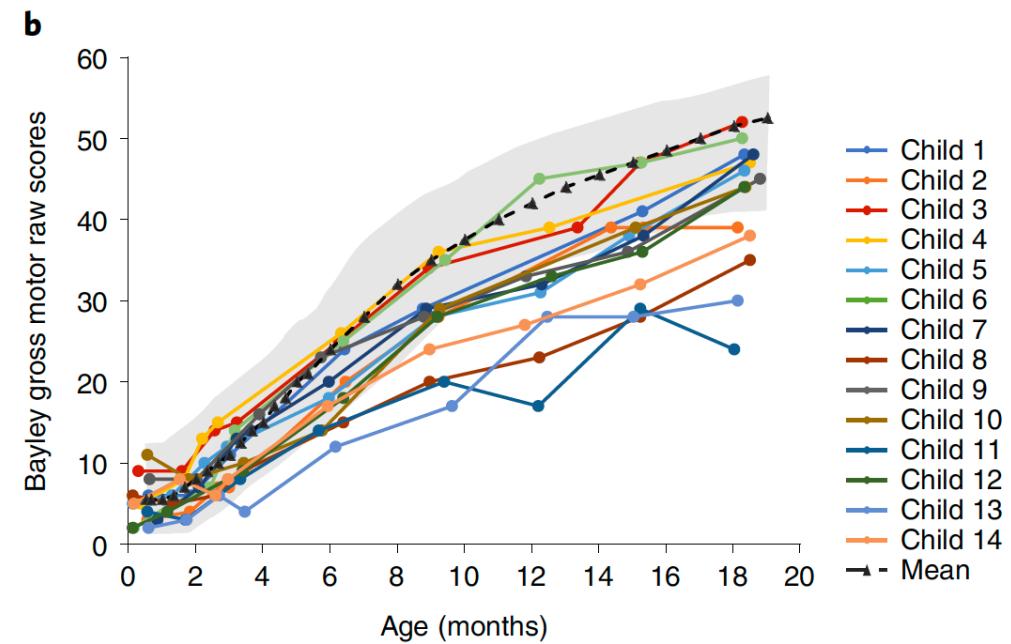
## Clinical trial for Zolgensma (scAAV9-cba-fISMN)

**Patients: SMA type I, 2 copies of SMN2**

Treatment: <1.5 months old, intravenous administration



**Dosing:  $1.1 \times 10^{14}$  VG/kg body weight**



>1200 children treated with Zolgensma

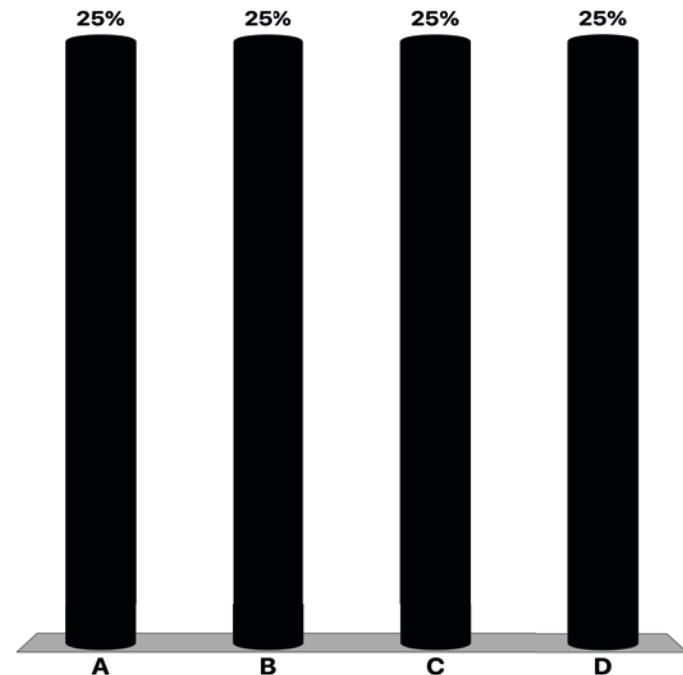
- 79% were able to stand independently
- 7 were able to stand in the normal development window
- Cost: 2.1 M\$

**EPFL Gene therapy: question 2**

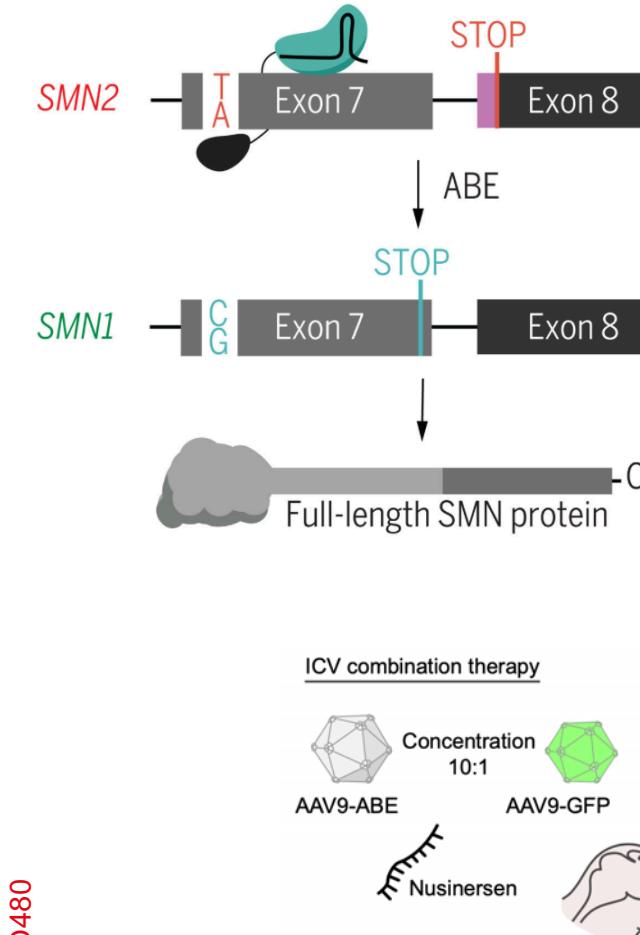
**The intravenous injections of Zolgensma is the first effective disease-modifying gene therapy for a neurological disease.**

**What do you think has been the parameter(s) critical for efficacy?**

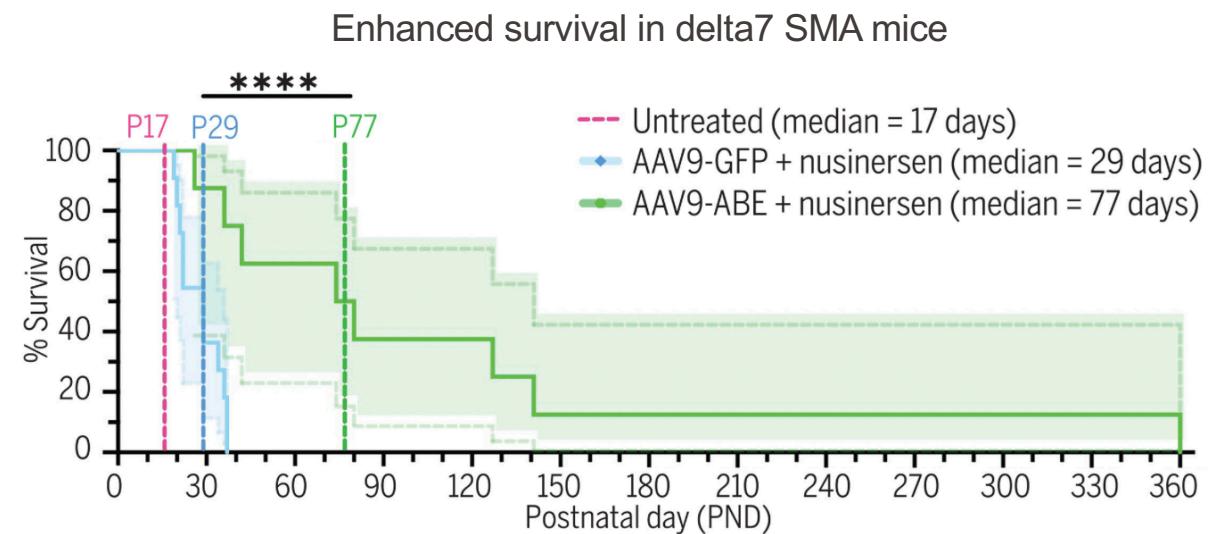
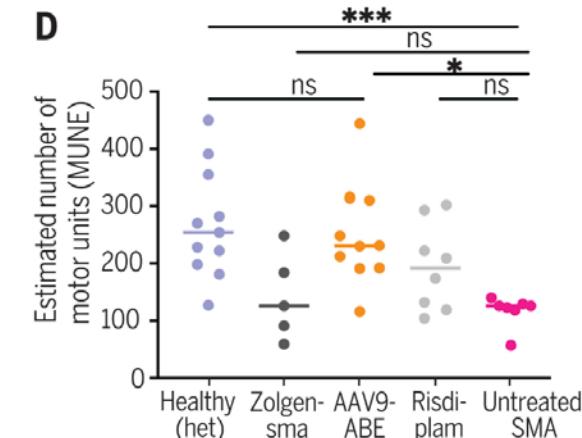
- A. The use of a promoter allowing for SMN expression in key cell types
- B. The use of a highly active SMN variant
- C. The dose of vector injected
- D. The use of an AAV capsid able to enter the central nervous system following peripheral injection



# Base editing of SMN2 gene has therapeutic efficacy in SMA mice



Neuroprotection  
in response to genome base editing  
leading to exon 7 inclusion



# Gene therapy for the CNS and sensory organs

## ■ Gene therapy for the CNS

General principles

## ■ Viral vectors

Adeno-Associated Viral vector

## ■ Applications of gene therapy in the CNS:

*Lipid Storage Diseases* – *ex vivo* gene therapy for MLD

*Spinal Muscular Atrophy* – SMN overexpression

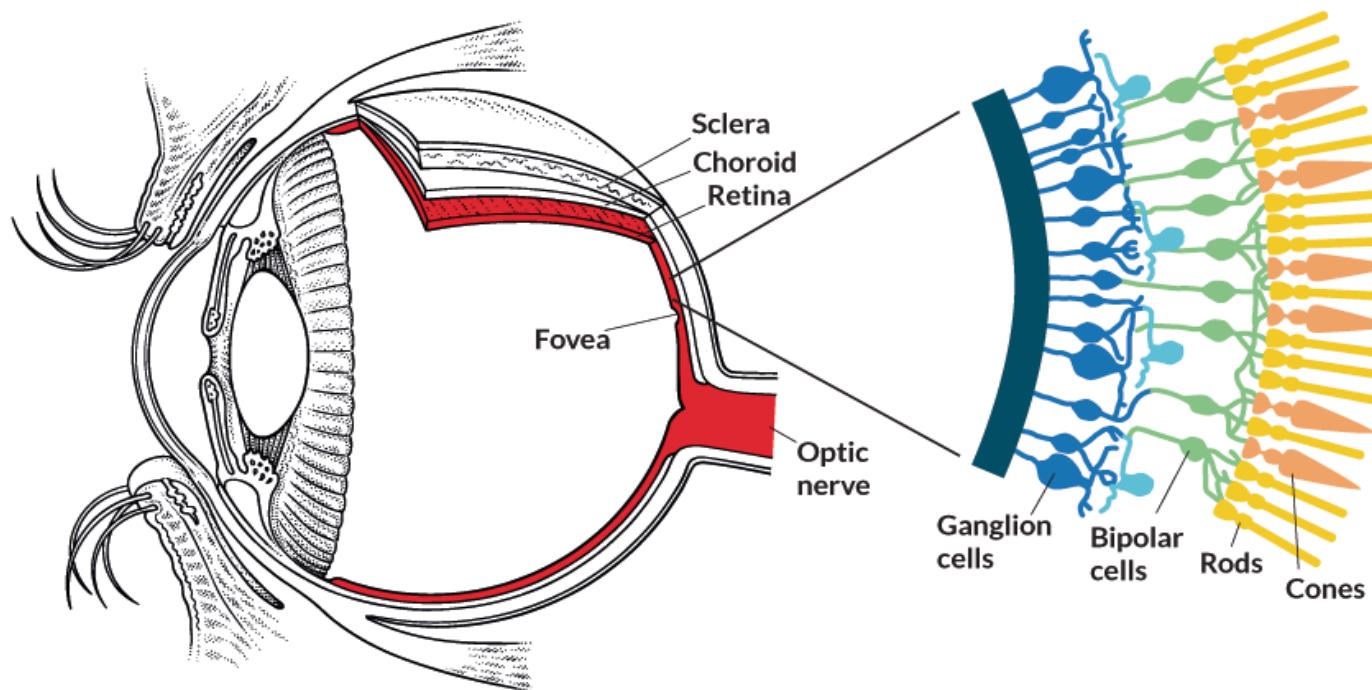
*Amyotrophic Lateral Sclerosis* – RNAi against SOD1

## ■ Sensory organs:

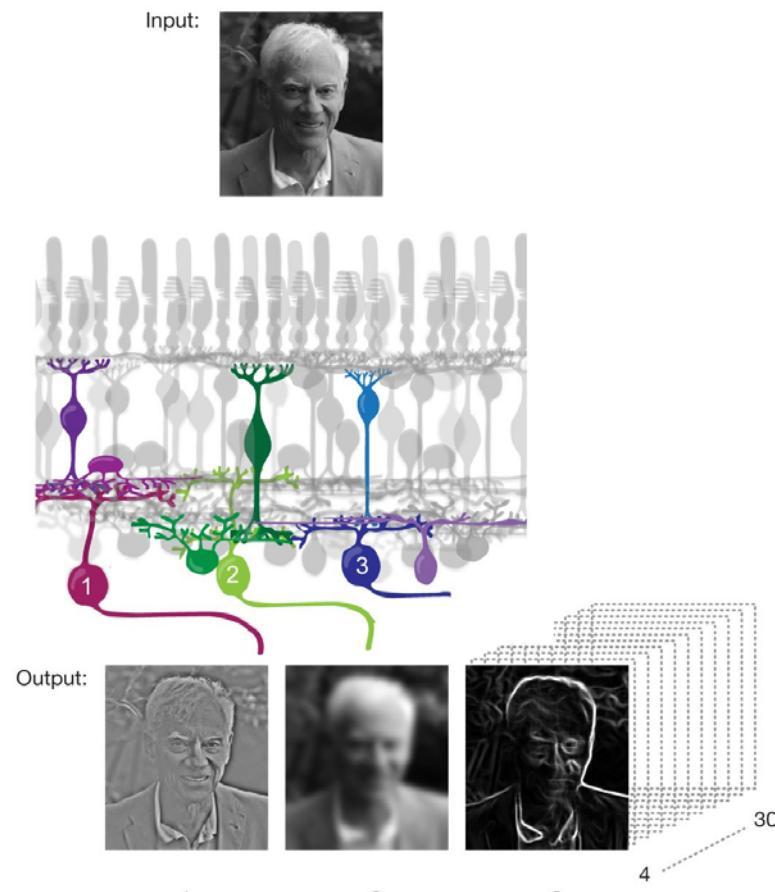
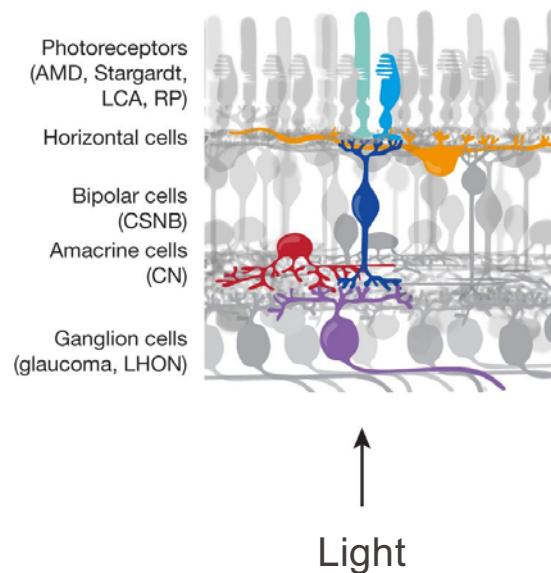
*Blindness*      enzyme replacement  
                    functional rescue by optogenetic

*Deafness*      inactivation of defective allele for protection of cochlear function

# Eye function: physiology



## Cellular organisation of the retina



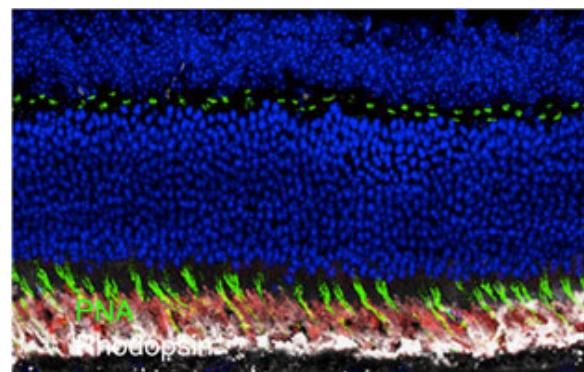
Retinal cell types are organized into about 30 circuits  
↓  
parallel image processor

## Retinal degeneration: retinitis pigmentosa

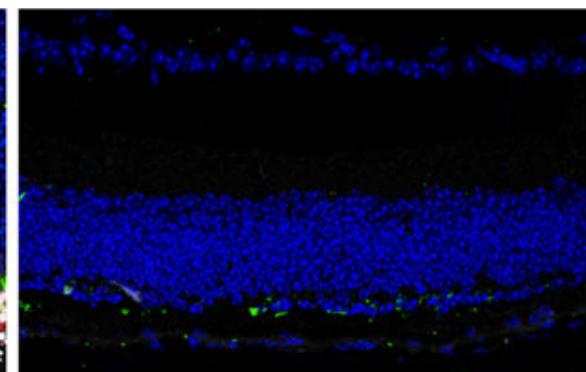
- 1.5 mio of people affected
- > 60 genes identified
- Blindness typically develops before 60 yrs of age.
- Rod-cone dystrophy

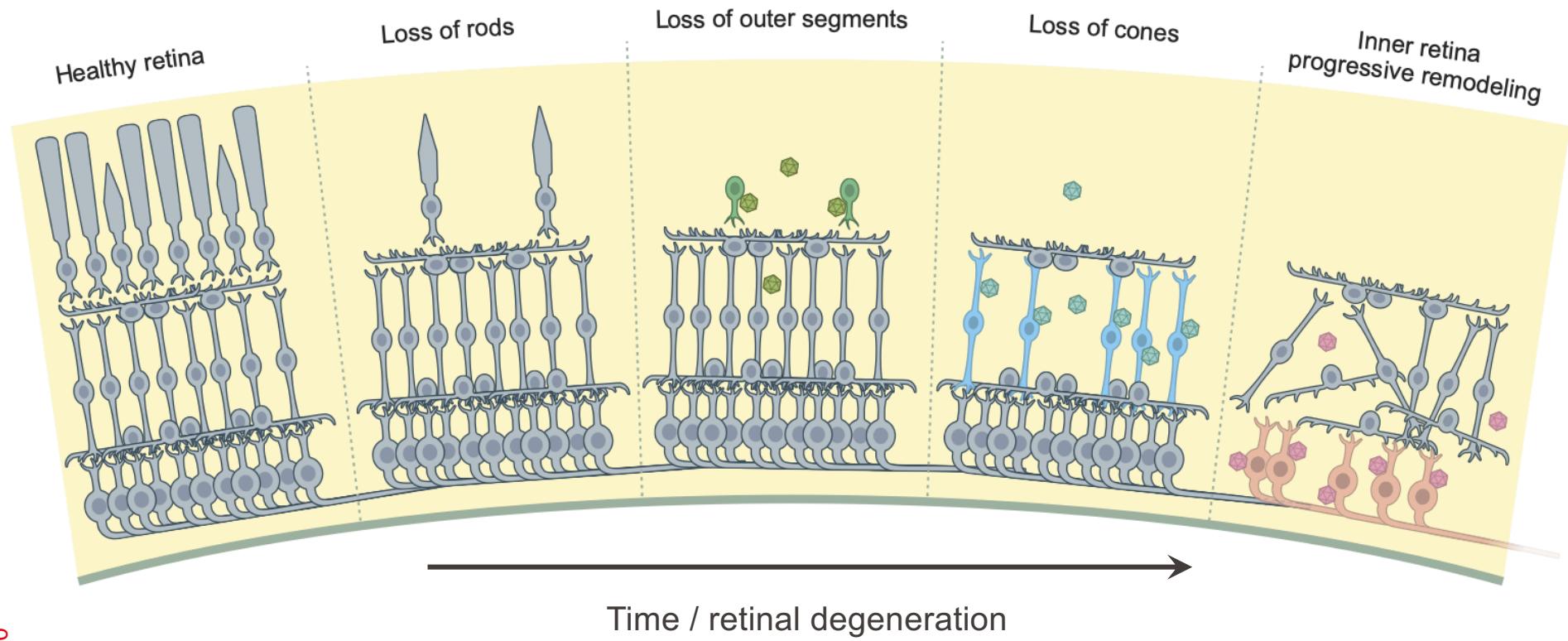


Normal retina



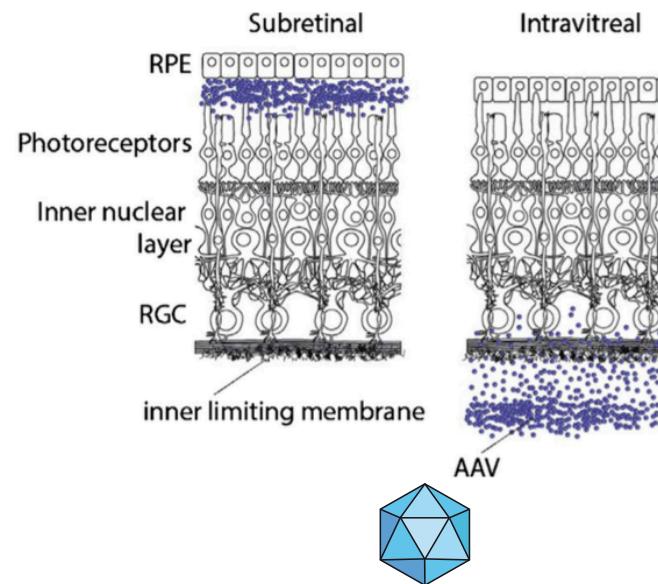
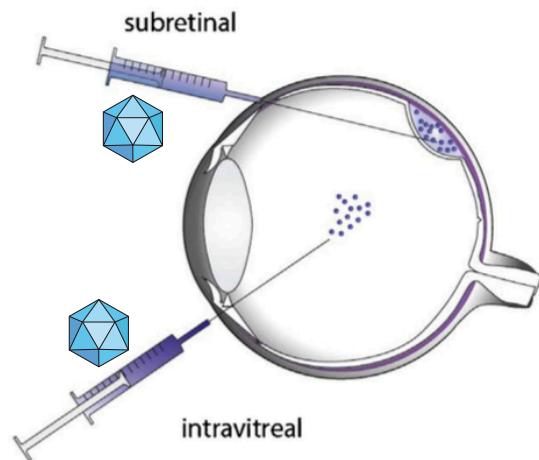
rd1/rd1 retina (Pde6b gene):  
Photoreceptor degeneration



Progressive retinal degeneration in *Retinitis pigmentosa*

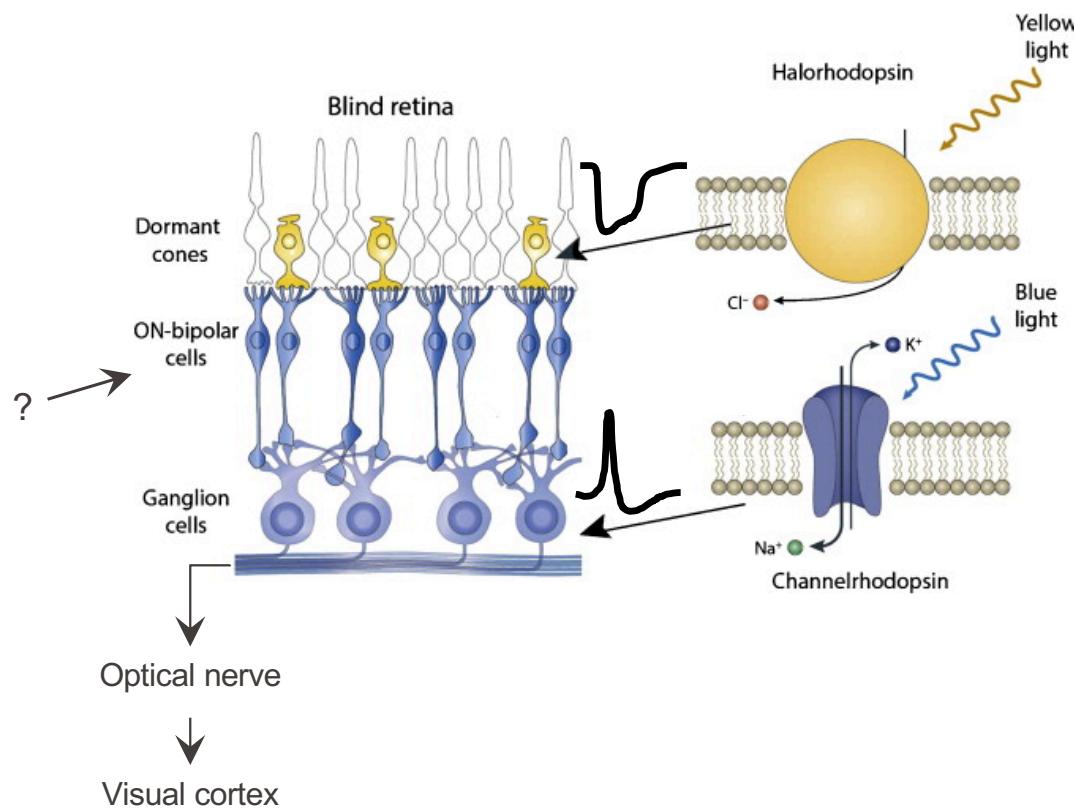
# Eye diseases: gene therapy

## Gene therapy for the treatment of blindness: gene transfer to the retina with AAV vector



# Eye diseases: gene therapy

## Gene therapy for blindness: optogenetics for vision restoration



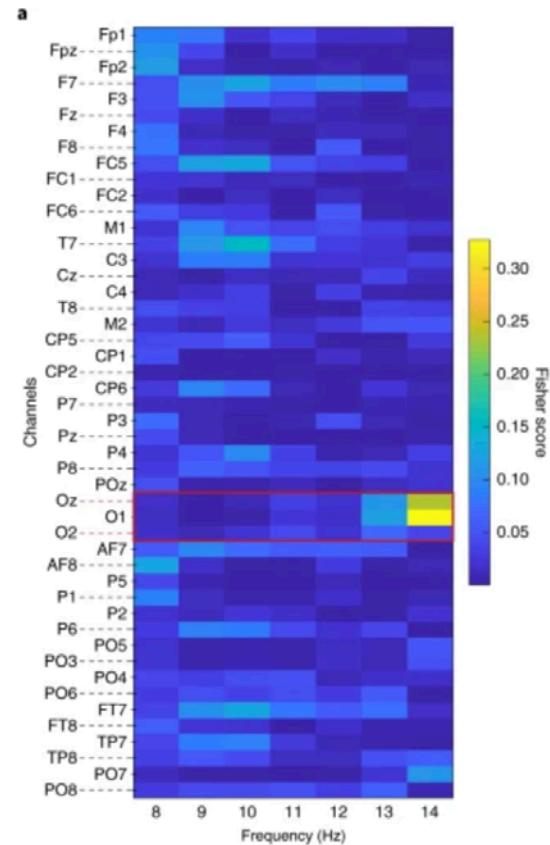
# EPFL Partial recovery of visual function in a blind patient after optogenetic therapy

**Retinitis pigmentosa:**  
 optogenetic vector (AAV2.7m8)  
 encoding the light-sensing  
 channelrhodopsin ChrimsonR  
 via single intravitreal injection  
 into the worse-seeing eye  
 to target mainly foveal  
 retinal ganglion cells.



Stimulus	Natural binocular: both eyes open without the light-stimulating goggles			Natural monocular: untreated eye covered, treated eye open without the light-stimulating goggles			Stimulated monocular: untreated eye covered, treated eye open and stimulated with the light-stimulating goggles		
	Perceive	Locate	Touch	Perceive	Locate	Touch	Perceive	Locate	Touch
Notebook, contrast = 40%	0/1	0/1	0/1	0/1	0/1	0/1	4/4	4/4	4/4
Notebook, contrast = 55%	0/1	0/1	0/1	0/1	0/1	0/1	4/5	4/5	4/5
Notebook, Contrast = 100%	0/1	0/1	0/1	0/1	0/1	0/1	4/4	4/4	4/4
Staple box, contrast = 40%	0/1	0/1	0/1	0/1	0/1	0/1	3/6	3/6	2/6
Staple box, contrast = 55%	0/1	0/1	0/1	0/1	0/1	0/1	2/5	2/5	1/5
Staple box, contrast = 100%	0/1	0/1	0/1	0/1	0/1	0/1	1/4	1/4	1/4

BIO480



Nature Medicine volume 27, pages 1223–1229 (2021)

# Gene therapy for the CNS and sensory organs

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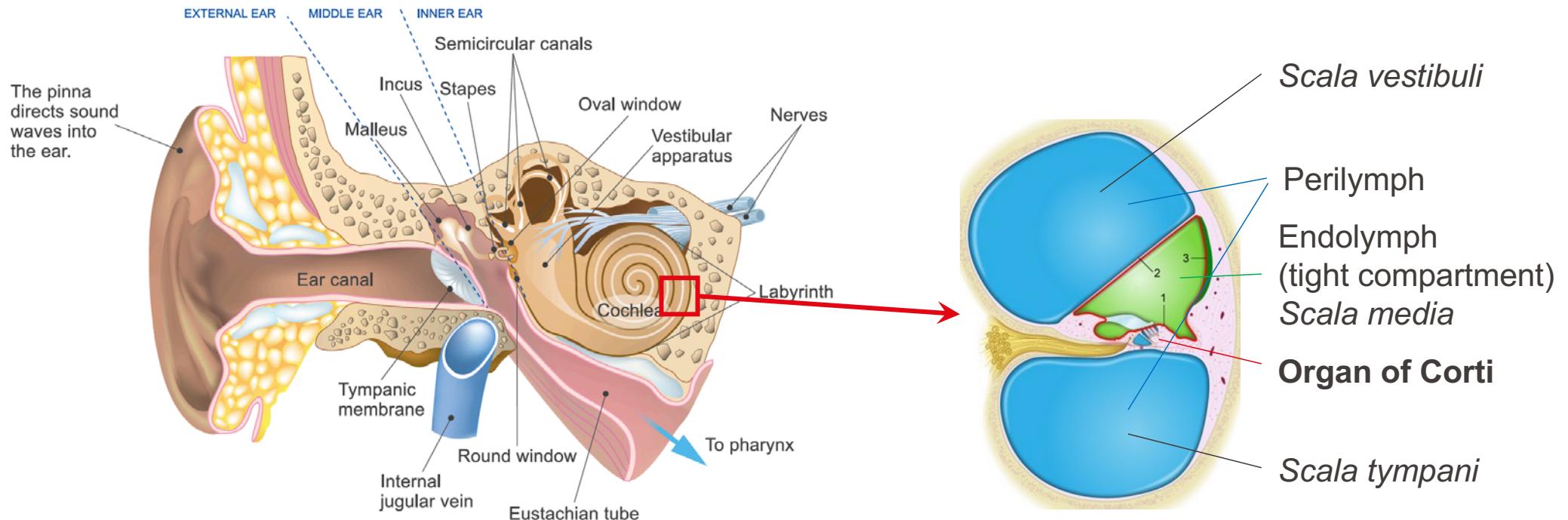
## Deafness: genetic causes and treatments

- Deafness affects 450 mio people worldwide, including 34 mio children.
- 26 mio people suffer from congenital hearing loss, 60% attributed to genetic factors.
- **Current state-of-the-art treatment for deafness: cochlear implants**



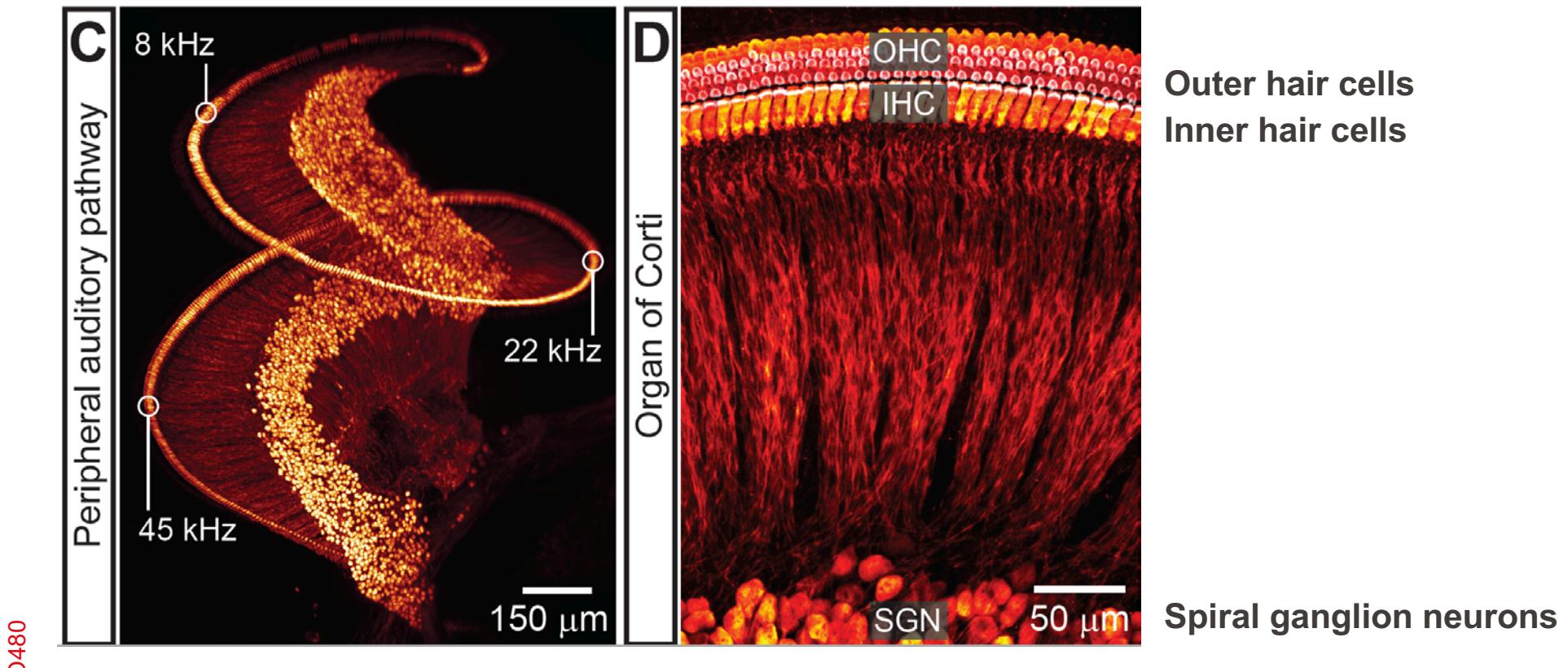
# EPFL Inner ear physiology

## Inner ear anatomy and cochlear function



**EPFL** Inner ear physiology

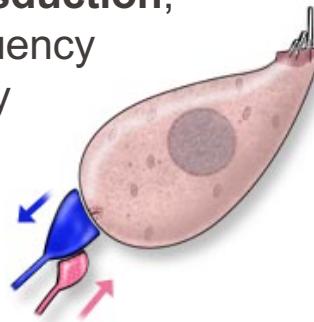
Linear tonotopical organization of the auditory pathway and organ of Corti



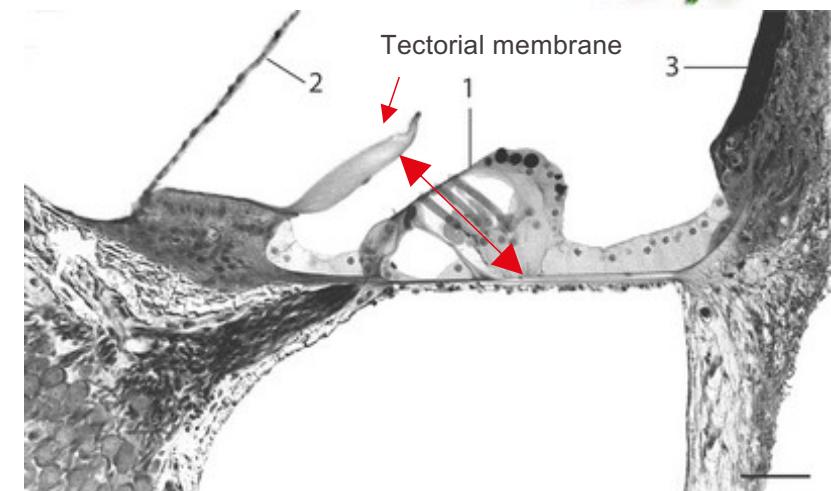
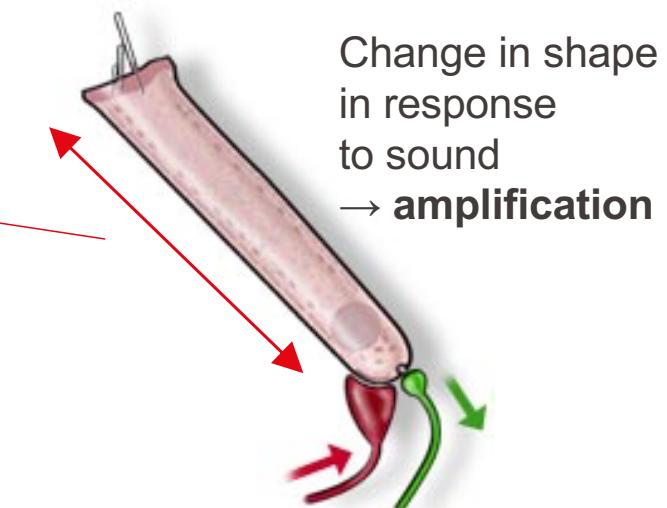
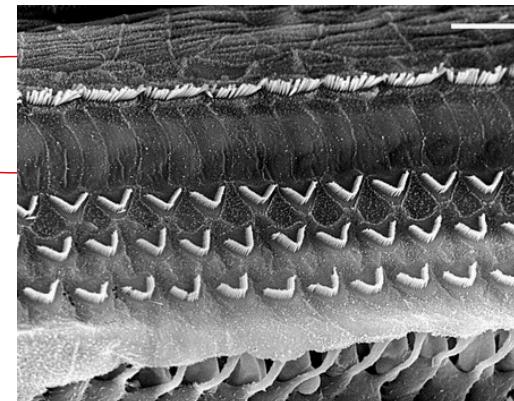
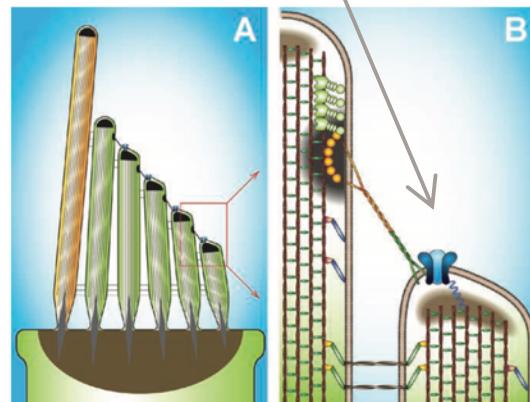
■ Michalski S, et al. PNAS 116: 6415–6424, 2019

## Cochlear hair cells

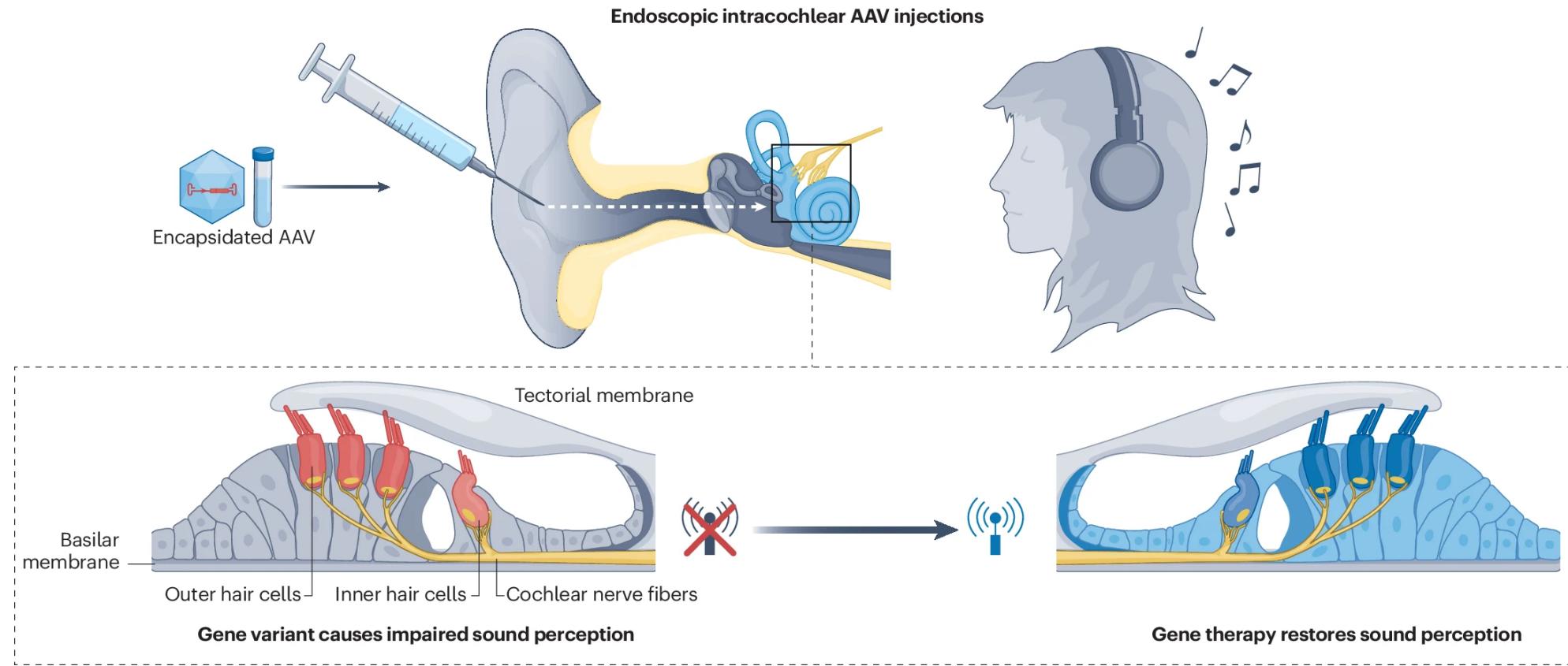
Responsible for **signal transduction**, coding frequency and intensity



Mechanotransduction  
(TMC1 is part of the channel)



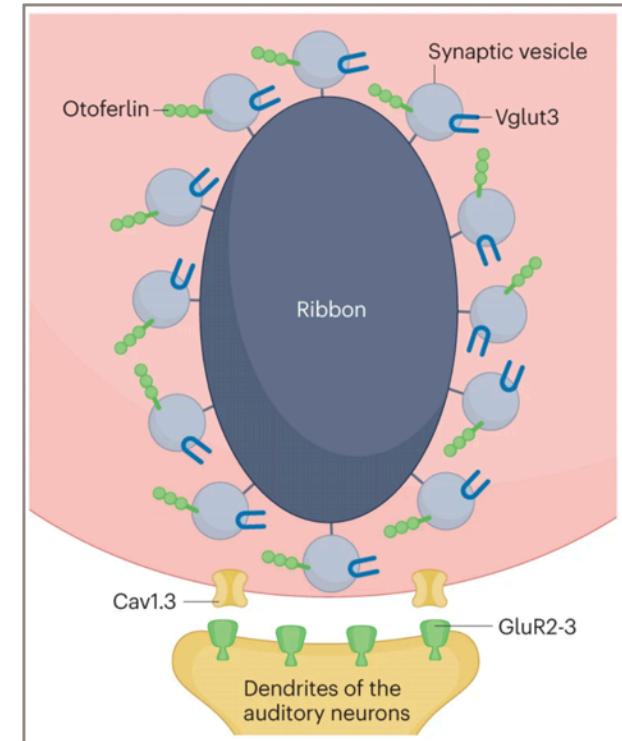
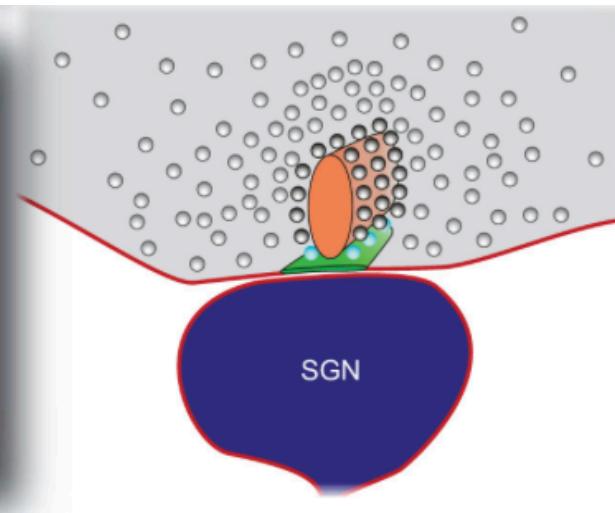
# EPFL Gene Therapy for Deafness



# EPFL Otoferlin: a key factor in synaptic vesicle release in inner hair cells

- Mutations in the OTOF gene can lead to sensorineural hearing loss (DFNB9  $\Rightarrow$  2-8% of hereditary deafness).
- Impaired processing of sound signals, even with intact inner ear structures.

Inner hair cell

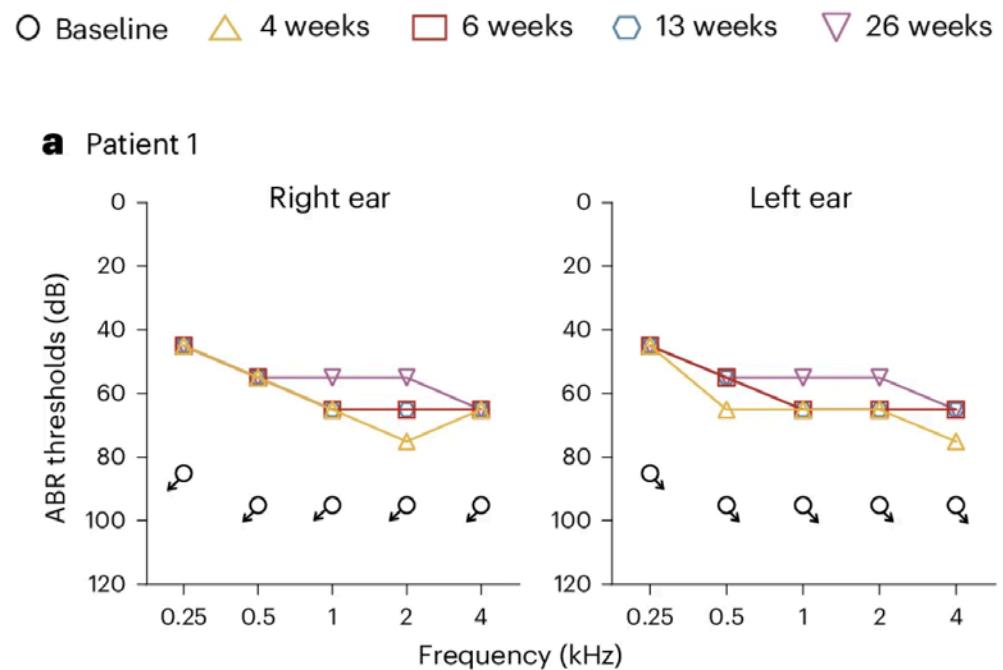
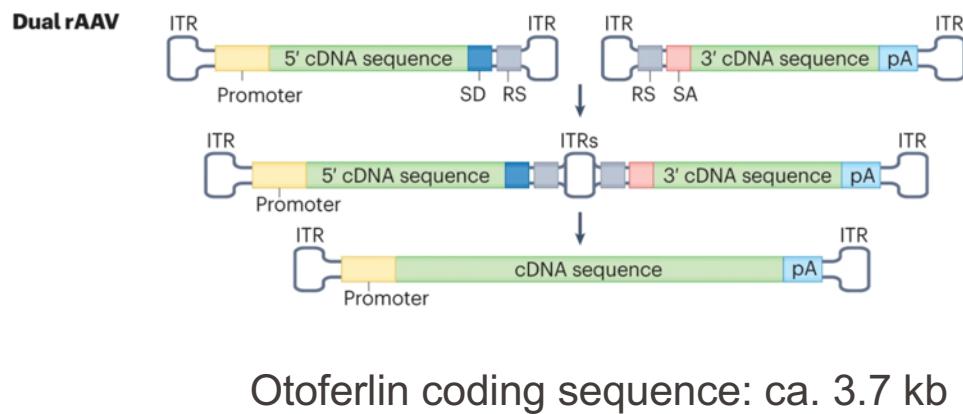


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- *Nature Medicine* volume 30, pages 1828–1829 (2024)
- *Nature Reviews Genetics* volume 24, pages 665–686 (2023)

# EPFL Gene Therapy for DFNB9

- Deafness caused by Otoferlin loss of function (DFNB9)
- Dual adeno-associated virus (AAV) serotype 1 carrying human OTOF transgene.
- Trans-splicing



*Nature Medicine* volume 30, pages 1898–1904 (2024)  
*Nature Reviews Genetics* volume 24, pages 665–686 (2023)

# Gene therapy: ethical considerations

## Ethical considerations for gene therapy applications

- « *Primum non nocere* »
- “Somatic” gene therapy (no modification of the germ line)
- Local administrations are preferred to systemic treatments
- Not applicable during embryonic development
- One-time treatment
- Long-term follow-up of the patients

## Risk / benefits evaluation

- Secondary effects
- Biosafety



- Therapeutic benefits
- One-time treatment

- Disease severity?
- Existing alternative treatments?
- Is the treatment affordable?