

CRISPR: The Next Health Care Revolution

Natalia Rivera-Torres, Ph.D.

April 6th, 2023



About Me

Education

- B.S. in Molecular and Cellular Biology-UPRRP
- M.S. in Biology-DSU
- Ph.D. in Medical and Molecular Sciences- UD

Principal Investigator CC-GEI

- Identifying new clinically-relevant genomic targets for which CRISPR-directed gene editing can be utilized as a therapeutic modality.
- Pre-clinical development for CCGEI-101 FDA package





The Gene Editing Revolution





The Nobel Prize in Chemistry 2020 was awarded jointly to Emmanuelle Charpentier and Jennifer A. Doudna "for the development of a method for genome editing."

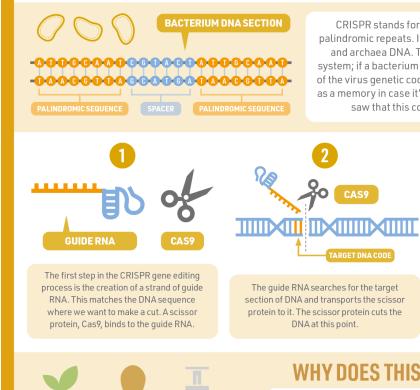


Jennifer A. Doudna Prize share: 1/2

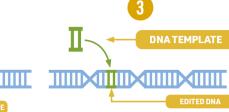
Emmanuelle Charpentier Prize share: 1/2

2020 NOBEL PRIZE IN CHEMISTRY

The Nobel Prize in Chemistry 2020 was awarded to Emmanuelle Charpentier and Jennifer A. Doudna for the development of CRISPR-Cas9 genetic scissors, a method for genome editing.



CRISPR stands for clustered regularly interspaced short palindromic repeats. It refers to repeated sequences in bacteria and archaea DNA. These sequences are part of an immune system; if a bacterium survives a viral infection, it adds a section of the virus genetic code to the CRISPR region of its own to serve as a memory in case it's infected again. **Charpentier** and **Doudna** saw that this could be used as a gene editing tool.



The cell will try and repair the cut DNA. This process is error-prone, disrupting the gene function. If we add a template, the cell will use this to carry out the repair, allowing us to edit the genetic code.



WHY DOES THIS RESEARCH MATTER?

The ability to edit genomes has already found uses in plant breeding. Therapies which use it to treat some types of cancer are already in clinical trials, and it's hoped it may lead to cures for inherited diseases.

Nobel Prize in Chemistry press release: https://www.nobelprize.org/uploads/2020/10/press-chemistryprize2020.pdf

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The Nobel Prize in Chemistry 2020. NobelPrize.org. Nobel Media AB 2020. Thu. 12 Nov 2020. https://www.nobelprize.org/prizes/chemistry/2020/summary/

Forefront of Medical Science



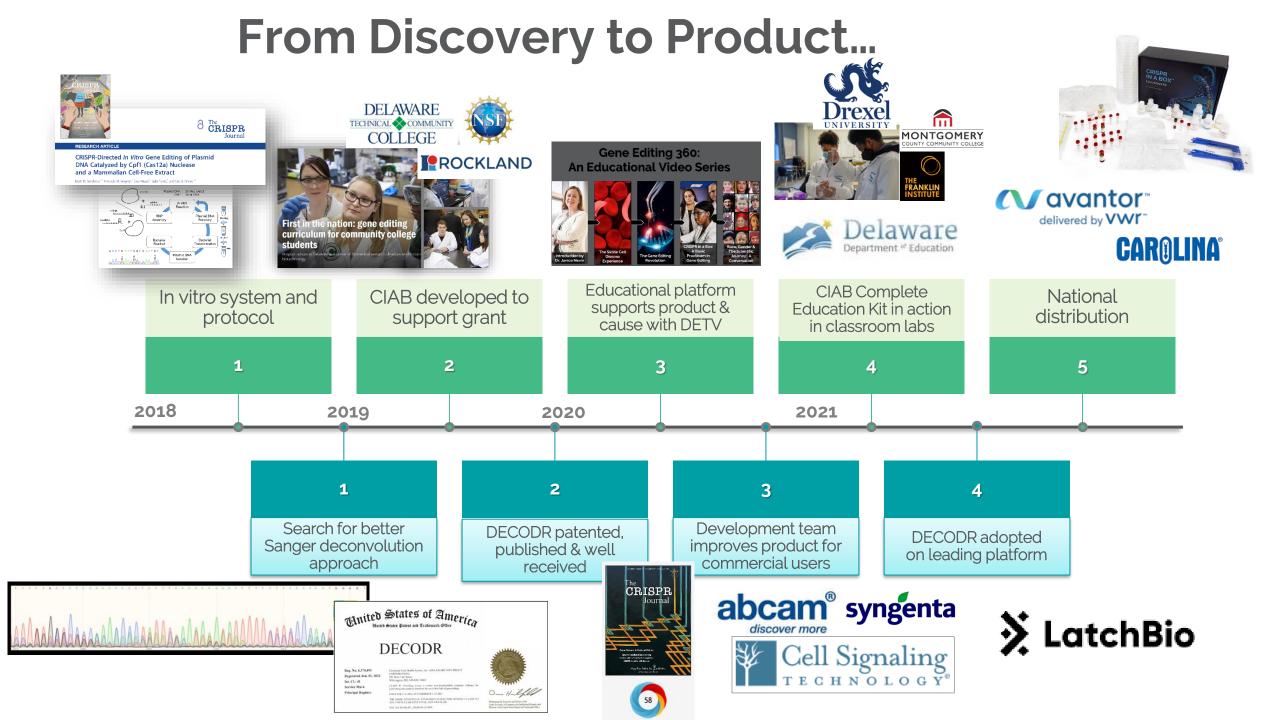
GEI delivers scientific excellence in a patient-care setting, which represents the true potential of theoretical processes to become meaningful diagnostic tools and precision medicine that improves health and, in the long term, offers healing to the hopeless.





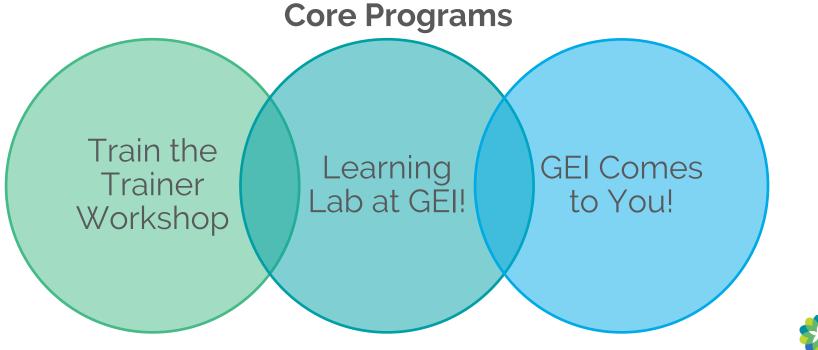


Gene Editing Institute



What is Gene Editing 360[™]?

Gene Editing 360 ™ is GEI's signature education platform designed to deliver educational programs and resources while also providing foundational information about CRISPR gene editing for high school and college students.



Gene Editing Institute

Gene Editing: Applications & Current Research



Drug Development

- Eliminate HIV
- Cancer immunotherapy
- Repair genetic blindness

Animal Models

- Model human disease
- Universal transplant
 organs
- Huntington's disease



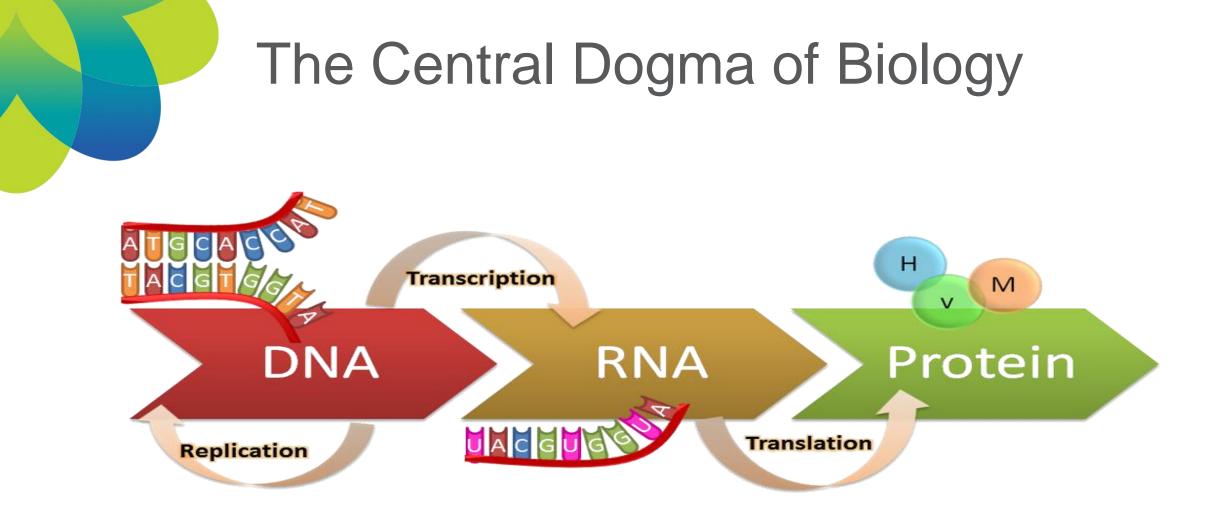
Agriculture

- Control pesticide
 resistance
- Sustainable, storable foods
- Accelerated growth crops

Gene Drives

- Disease prevention
- Eliminate malaria
- Control invasive species







Editing? **Gene Editing?** Cut Copy Cutting Deleting Paste Font... Knockout Paragraph... **:**Ξ Bullets • 1 Numbering . Leptin Paste Options: Pasting Inserting Paste Special... Transgenic Set Default Paste ... GFP the glider motion Changing Replacing the the is in static o axis is directed in en with

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Gene Edited DNA Repair

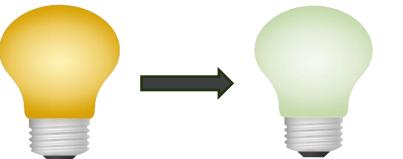
5'-TGACCACCCTGACCTACGGCGT 3'-ACTGGTGGGACTGGATGCCGCA

Non-Homologous End Joining

5'-CCCTGACCTACGGCG 3'-GGGACTGG<u>ATGCC</u> GTGCTTCAGCCGC-3' CGAAGTCGGCG-5'

- 5'-CCCTGACCTACGG-----GCTTCAGCCGC-3'
- 3'-GGGACTGGATGCC-----CGAAGTCGGCG-5'

Knock-Out

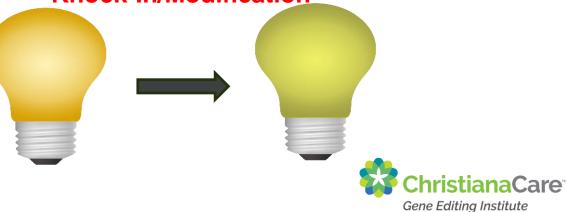


GCAGTGCTTCAGCCGCTATCGA-3' CGTCACGAAGTCGGCGATAGCT-5'

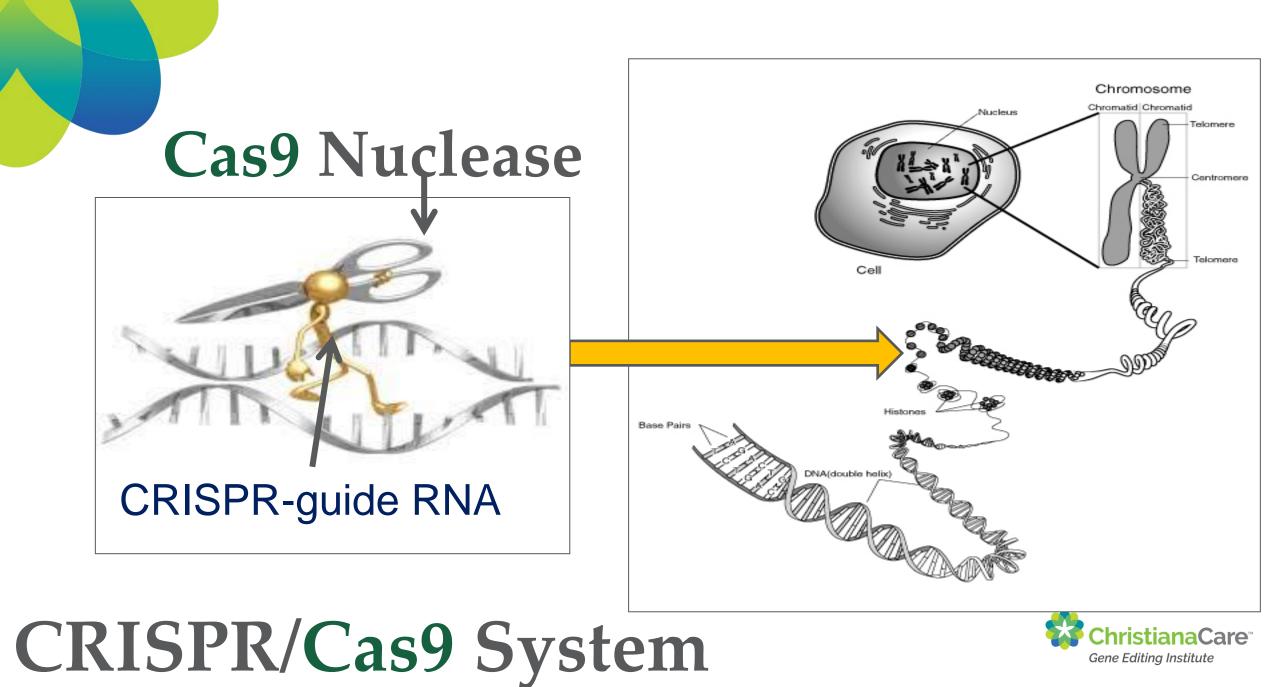
Homology-Directed Repair

5'-CCCTGACCTACGGCGT GCAGTGCTTCAGCCGC-3' 3'-GGGACTGGATGCCGCA CGTCACGAAGTCGGCG-5'

5'-CCCTGACCTACGGCGT TCAGTGCTTCAGCCGC-3' 3'-GGGACTGGATGCCGCA AGTCACGAAGTCGGCG-5' Knock-In/Modification

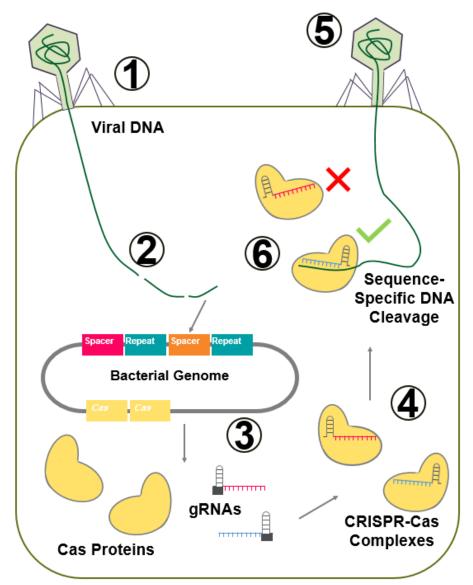


💻 ssDNA

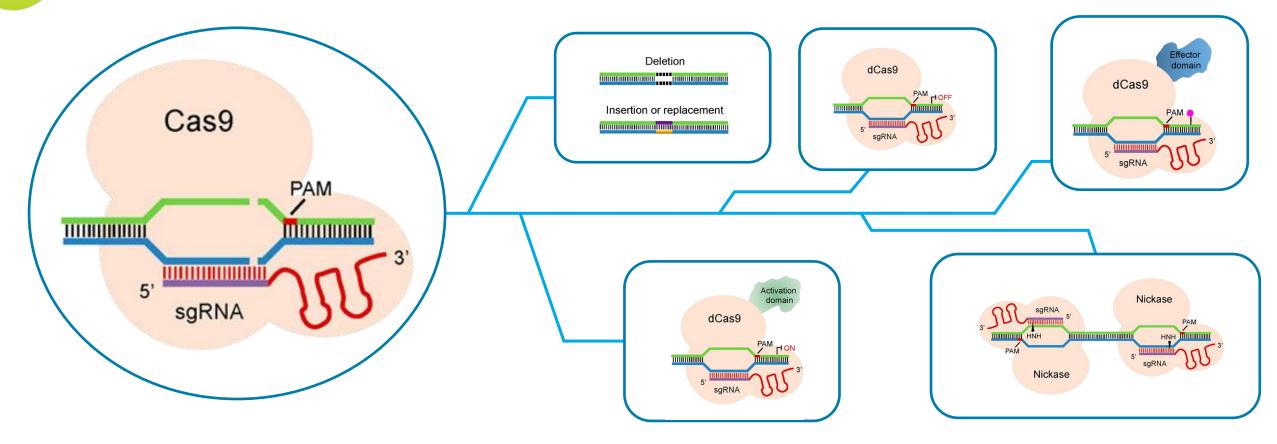


CRISPR in Nature: A Bacterial Defense

- 1. Viral infection
- 2. Viral DNA integrates into host genome
- 3. CRISPR components are produced
- 4. Formation of tracrRNA:crRNA complexes
- 5. Viral reinfection
- 6. CRISPR-directed DNA Cleavage



The Gene Editing Revolution

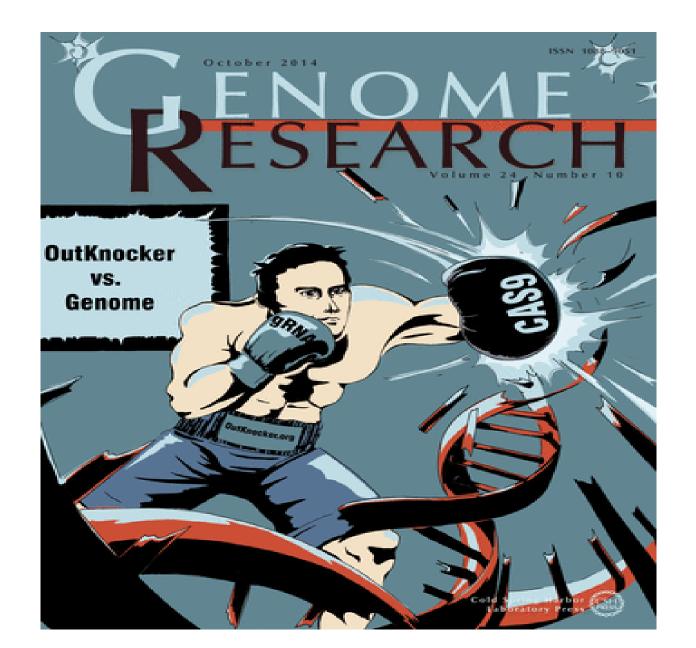




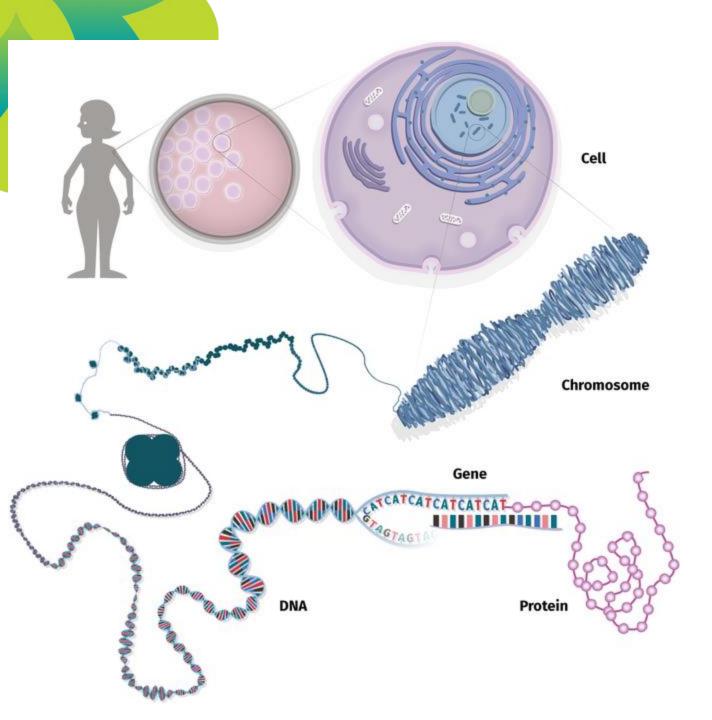
Human Genome Editing, Ethics & Policy



A Powerful Tool for Medical Research





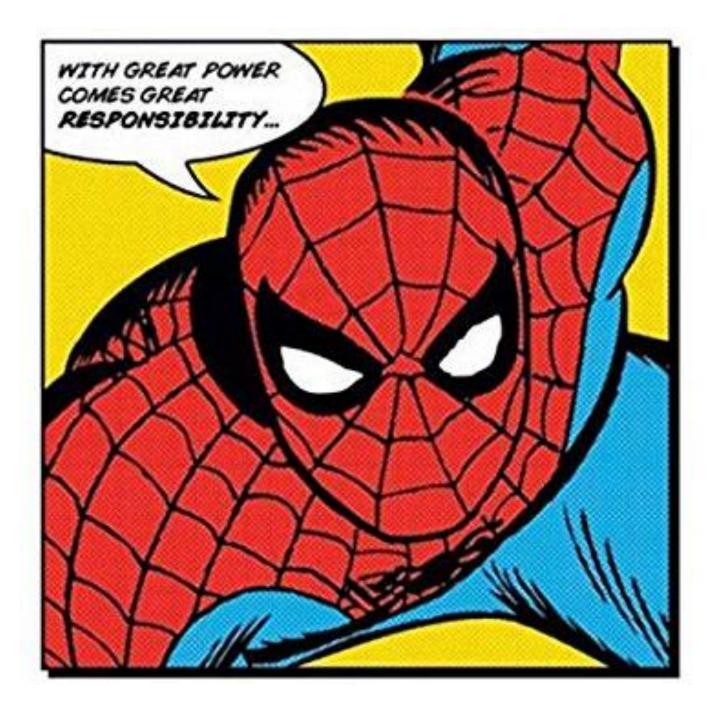


We use CRISPR to tell the body where to heal itself.

Sometimes this involves correcting a genetic mutation such as in Sickle Cell Disease.

Other times, we can mark a gene for destruction because that gene is blocking a therapy that treats a disease, as in the case of lung cancer.

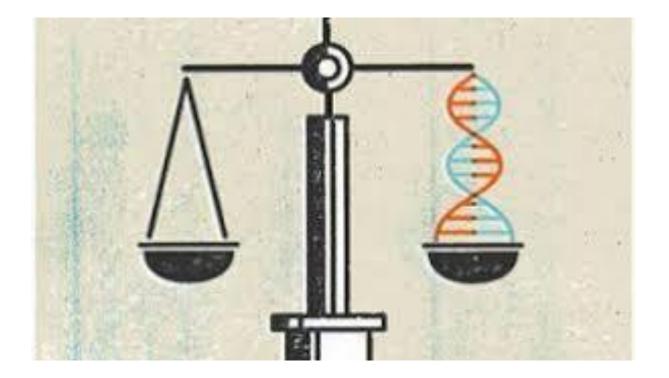








How should we regulate genome editing?





Splicing Life

The Social and Ethical Issues of Genetic Engineering with Human Beings



A Report on the Social and Ethical Issues of Genetic Engineering with Human Beings

President's Commission for the Study of Ethical Problems in Medicine and Biomedical and

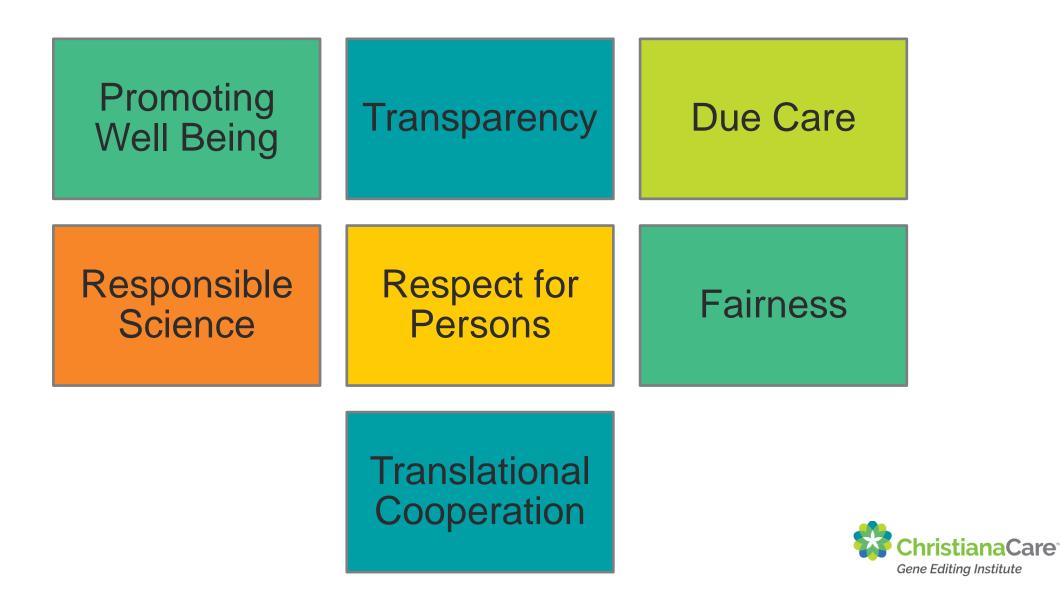
Behavioral Research



Gene Editing Institute

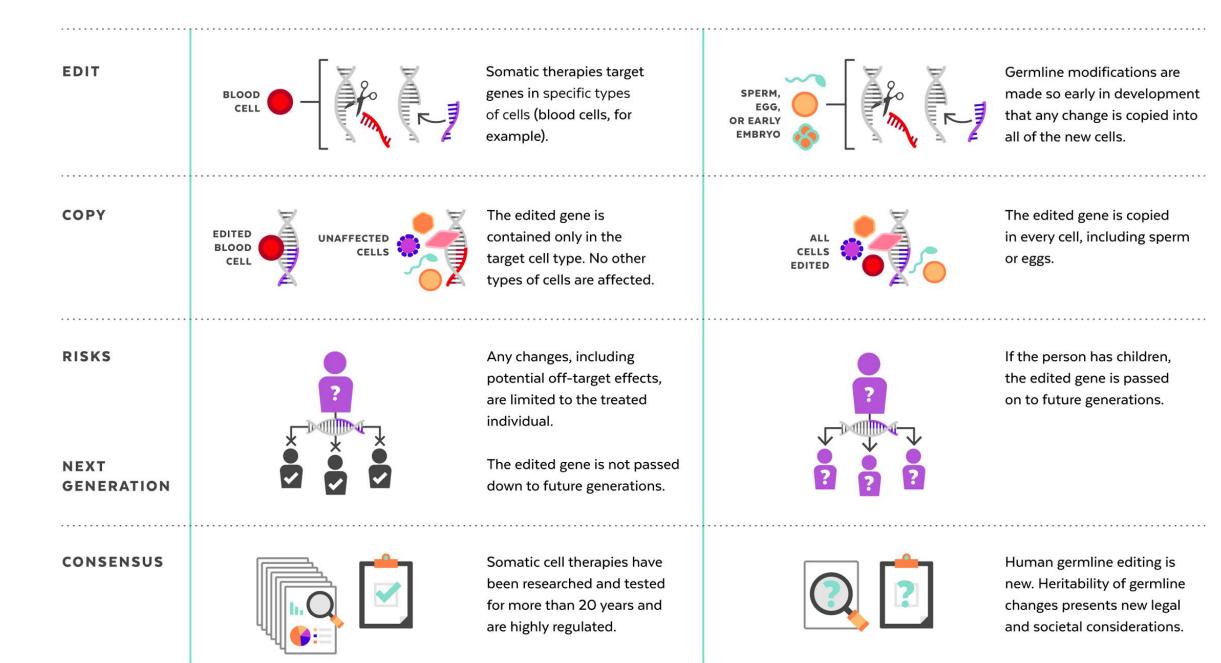
ristianaCare

Governance Principles for Human Genome Editing



SOMATIC GENE EDITING

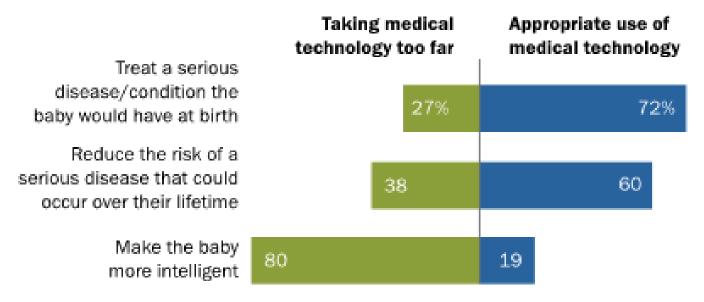
VS. GERMLINE GENE EDITING





A majority of U.S. adults say changing a baby's genes to treat a serious congenital disease is appropriate

% of U.S. adults who say changing a baby's genetic characteristics for each of the following reasons is ...



Note: Respondents who did not give an answer are not shown.

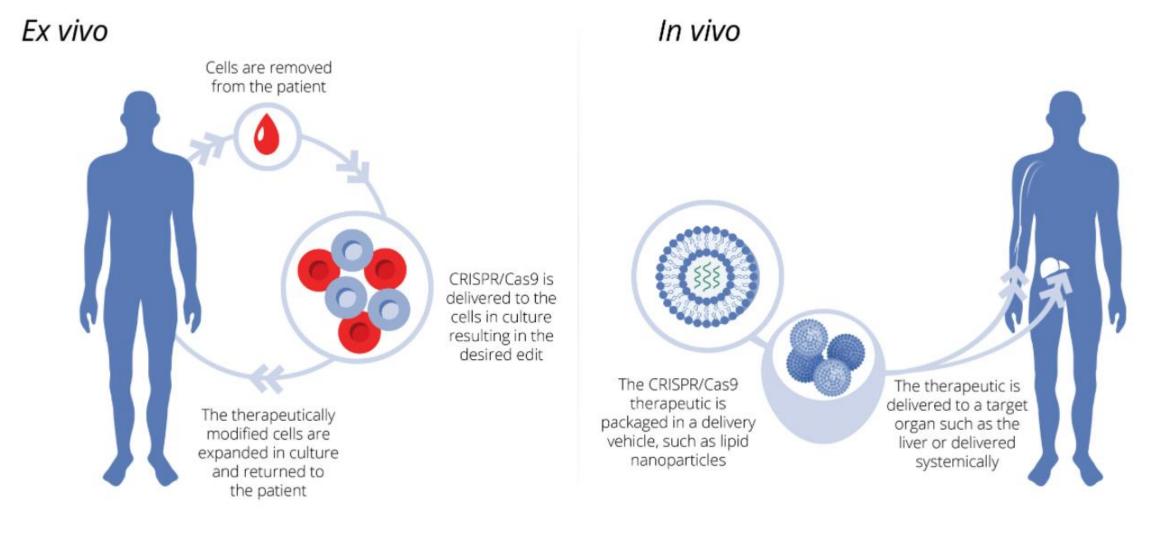
Source: Survey conducted April 23-May 6, 2018.

"Public Views of Gene Editing for Babies Depend on How It Would Be Used"

PEW RESEARCH CENTER



CRISPR in the clinic?



Gene Editing Institute

* Lack of knowledge of genetic diversity makes things more complex...

Ongoing clinical trials for *in vivo* genome editing therapy.

Clinical Trials ID, Phase, Start Year	Delivery Method	Affiliation	Ref.
NCT02702115 Phase 1 / 2 2016	AAV2/6 via intravenous (IV) infusion	Sangamo Therapeutics, USA	[<u>36]</u>
<u>NCT02695160</u> Phase 1 2016	AAV2/6 via intravenous (IV) infusion	Sangamo Therapeutics, USA	[<u>37]</u>
<u>NCT02800369</u> Phase 1 2016	Suppository containing ZFN-603 or ZFN-758 <i>via</i> intratumoral injection	Huazhong University of Science and Technology, China	[<u>38]</u>
NCT03226470 Phase 1 2017	Suppository containing T27 and Suppocire <i>via</i> intravaginal injection	Huazhong University of Science and Technology, China	[<u>39]</u>
NCT03057912 Phase 1 2017	A gel containing TALEN or CRISPR- Cas9 plasmid, C32–447, Poloxmer 407 <i>via</i> intravaginal injection	Sun Yat-Sen University, China	[<u>40]</u> [<u>39]</u>
NCT03041324 Phase 1 / 2 2017	AAV2/6 via intravenous (IV) infusion	Sangamo Therapeutics, USA	[<u>41]</u>
NCT03872479 Phase 1 / 2 2019	AAV5 via subretinal injection	Editas Medicine, Inc., USA	[27]
<u>NCT04560790</u> Phase 1 / 2 2020	VLPs via corneal injection	Shanghai BDgene, China	[<u>42]</u>
<u>NCT04601051</u> Phase 1 2020	LNPs via intravenous administration	Intellia Therapeutics, UK	[<u>43]</u>
	Phase, Start Year NCT02702115 Phase 1 / 2 2016 NCT02695160 Phase 1 2016 NCT02800369 Phase 1 2016 NCT03226470 Phase 1 2017 NCT03057912 Phase 1 2017 NCT03041324 Phase 1 / 2 2017 NCT03872479 Phase 1 / 2 2019 NCT04560790 Phase 1 / 2 2020 NCT04601051 Phase 1	Phase, Start YearNCT02702115 Phase 1 / 2 2016AAV2/6 via intravenous (IV) infusion 2016NCT02695160 Phase 1 2016AAV2/6 via intravenous (IV) infusion 2016NCT02800369 Phase 1 2016Suppository containing ZFN-603 or ZFN-758 via intratumoral injectionNCT03226470 Phase 1 2017Suppository containing T27 and Suppocire via intravaginal injectionNCT03057912 Phase 1 2017A gel containing TALEN or CRISPR- Cas9 plasmid, C32–447, Poloxmer 407 via intravaginal injectionNCT03041324 Phase 1 / 2 2017AAV2/6 via intravenous (IV) infusion 2017NCT03872479 Phase 1 / 2 2019AAV5 via subretinal injectionNCT04560790 Phase 1 / 2 2020VLPs via corneal injection 2020NCT04601051 Phase 1LNPs via intravenous administration	Phase, Start YearNCT02702115 Phase 1 / 2 2016AAV2/6 via intravenous (IV) infusion 2016Sangamo Therapeutics, USANCT02695160 Phase 1 2016AAV2/6 via intravenous (IV) infusion 2016Sangamo Therapeutics, USANCT02800369 Phase 1 2016Suppository containing ZFN-603 or ZFN-758 via intratumoral injectionHuazhong University of Science and Technology, ChinaNCT03226470 Phase 1 2017Suppository containing T27 and Suppocire via intravaginal injectionHuazhong University of Science and Technology, ChinaNCT03057912 Phase 1 2017A gel containing TALEN or CRISPR- Cas9 plasmid, C32–447, Poloxmer 407 via intravaginal injectionSun Yat-Sen University, ChinaNCT03041324 Phase 1 / 2 2017AAV2/6 via subretinal injectionSangamo Therapeutics, USANCT03872479 Phase 1 / 2 2019AAV5 via subretinal injectionSangamo Therapeutics, USANCT04560790 Phase 1 / 2 2020VLPs via corneal injectionShanghai BDgene, ChinaNCT045601051 Phase 1 / 2 2020LNPs via intravenous administrationIntellia Therapeutics, UK

CRISPR In The Clinic: Lung Cancer Case Study



Lung Cancer Case Study



- Cells in the lung mutate growing uncontrollably and clustering together to form a tumor.
- Causes:
 - Smoking
 - Radon
 - Hazardous Chemicals
 - Particle pollution
 - Genes



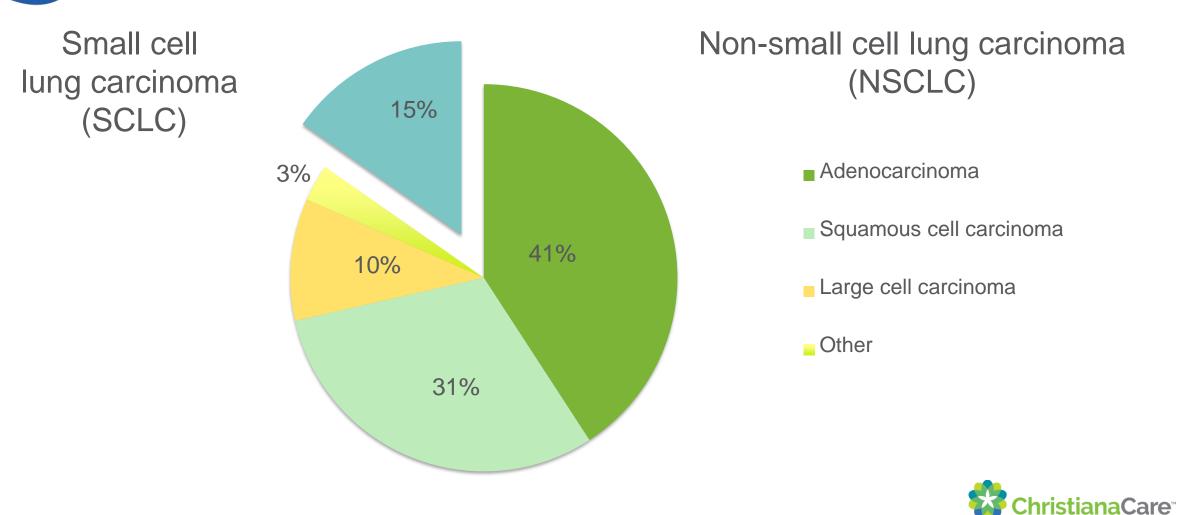
Lung cancer symptoms usually do not appear until the cancer has spread to other parts of the body. At this point, it is harder to treat lung cancer.



We now offer CT scan lung screenings proven to detect cancer early.



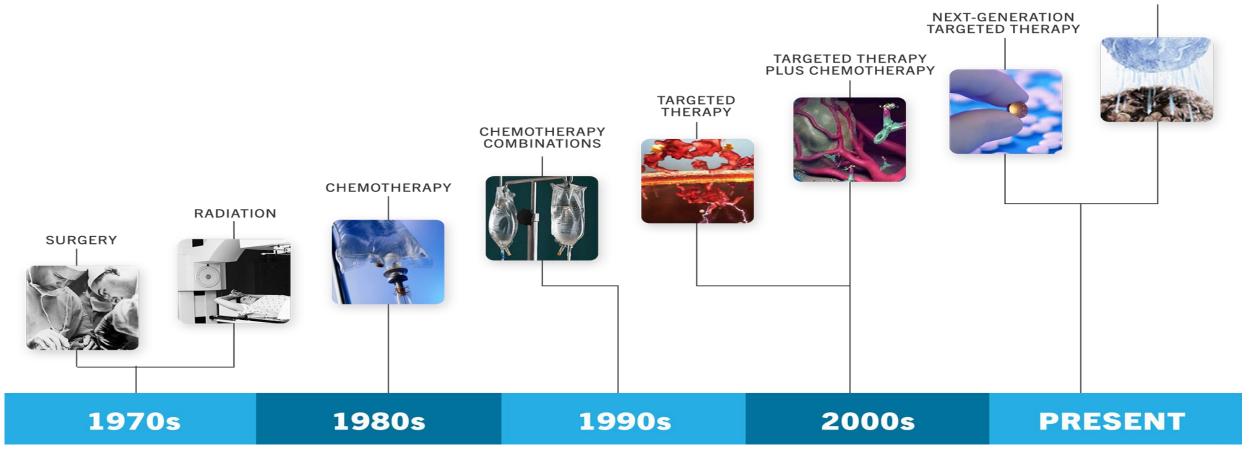
Lung Cancer Classification



Gene Editing Institute
Modified from the LUNGevity Foundation

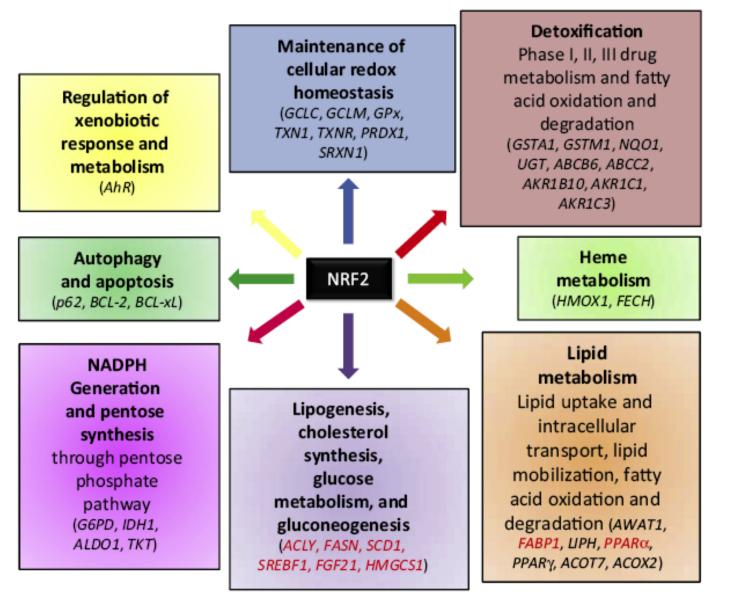
PROGRESS IN LUNG CANCER TREATMENT

IMMUNOTHERAPY





Chemoresistance of Non-small Cell Lung Carcinoma (NSCLC)



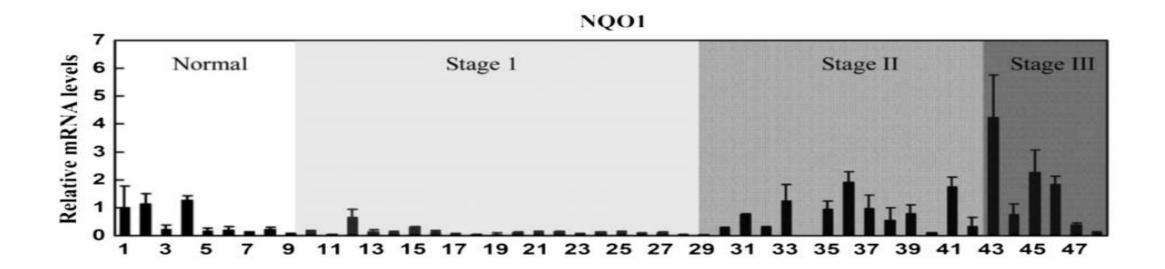
- NRF2 is a multifunctional transcription factor
- Chemotherapy has been shown to activate the transcriptional activity of the NRF2 target genes
- Other mechanisms that lead to the upregulation of NRF2
 - mutations in KEAP1 or NRF2, epigenetic modifications

Upregulation of NRF2

• enhanced resistance of cancer cells to chemotherapy (Yang et al, 2011; Hayden et al, 2014)

Menegon S, Columbano A, Giordano S. The Dual Roles of NRF2 in Cancer. Trends Mol Med. 2016. doi:10.1016/j.molmed.2016.05.002.

Nrf2 expression is associated w/ worse overall survival and recurrence-free survival in NSCLC patients





A Novel Gene Editing Approach to Lung Cancer



CRISPR targeting the Nrf2 gene, which is responsible for chemoresistance, is administered to patient

Edited cancer cells, lacking Nrf2, are now more susceptible to standard chemotherapy strategies

> CRISPR eliminates Nrf2 gene, creating edited cancer cells

CRISPR is delivered directly to the cancer cells

> ChristianaCare™ Gene Editing Institute





Functional Gene Knockout of NRF2 Increases Chemosensitivity of Human Lung Cancer A549 Cells In Vitro and in a Xenograft Mouse Model

Pawel Bialk,1,3 Yichen Wang,1,3 Kelly Banas,1,2,3 and Eric B. Kmiec1,2

¹Gene Editing Institute, Helen F. Graham Cancer Center & Research Institute, Christiana Care Health System, 4701 Ogletown-Stanton Road, Suite 4300, Newark, DE 19713, USA; ²Department of Medical and Molecular Sciences, University of Delaware, Willard E. Hall Education Building, Newark, DE 19716, USA.

Recent studies point to the evolution of drug resistance in lung cancer as being centered, at least in part, on the upregulation of various genes involved in controlling efflux or drug inactivation. Among the most important of these genes is Nuclear Factor Erythroid 2-Related Factor (NRF2), considered the master regulator of 100-200 target genes involved in cellular responses to oxidative and/or electrophilic stress. With increased focus on the development of combinatorial approaches for cancer treatment, we utilized CRISPR/Cas9 to disable the NRF2 gene in lung cancer cells by disrupting the NRF2 nuclear export signal (NES) domain; phenotypically, the protein is largely blocked from transiting into the nucleus after translation. In tissue culture, cells with this gene knockout were found to have a reduced proliferation phenotype and are more sensitive to chemotherapeutic agents, such as cisplatin and carboplatin. These observations were confirmed in xenograft mouse models wherein the homozygous knockout cells proliferate at a slower rate than the wild-type cells, even in the absence of drug treatment. Tumor growth was arrested for a period of 16 days, with a dramatic decrease in tumor volume being observed in samples receiving the combined action of CRISPR-directed gene editing and chemotherapy.

INTRODUCTION

Lung cancer is the leading cause of cancer mortality in the United States, accounting for more than 1 in 4 cancer deaths. It kills more people than breast, prostate, and colon cancer combined;1 yet, despite these grim statistics, there are reasons to be optimistic about the potential to reduce mortality. Advances in treatment have shown promise, and emerging targeted treatments (see Hirsch et al.2) for various forms of lung cancer will soon be made more widely available. Some of these therapies include the use of endothelial growth factor receptor (EGFR) monoclonal antibodies and vascular EGFR inhibitors.2-4 EGFR tyrosine kinase inhibitors continue to be a superior choice as first-line treatment in patients with EGFR mutation-positive non-small-cell lung cancer (NSCLC).5-8 Despite these positive results, however, EGFR mutations account for approximately 17% of the driver mutations in lung adenocarcinoma. The other 85% of the mutations reside in genes such as K-RAS, ALK, HER2, or in unknown genes, demonstrating the need to design combinatorial strategies even when some specific mutations in target genes are known.

To this end, immunotherapy is also becoming part of cancer treatment plans, but transformative clinical benefit is often limited to the patients containing infiltrated T cells or biomarkers of a specific type.^{9,10} As such, combinatorial strategies for immunotherapy are now being clinically evaluated in a similar fashion to other strategies for tyrosine kinase inhibitors. Chemotherapy remains an important option in the treatment of lung cancer, but issues involving efficacy and toxicity can become problematic with extended care. In most cases, resistance to a variety of chemotherapy drugs can develop with extended treatment.¹¹ Pharmacogenomic studies point to the evolution of drug resistance being centered on the upregulation of the variety of genes involved in controlling the efflux of anticancer drugs or directing transcriptional activation among others.

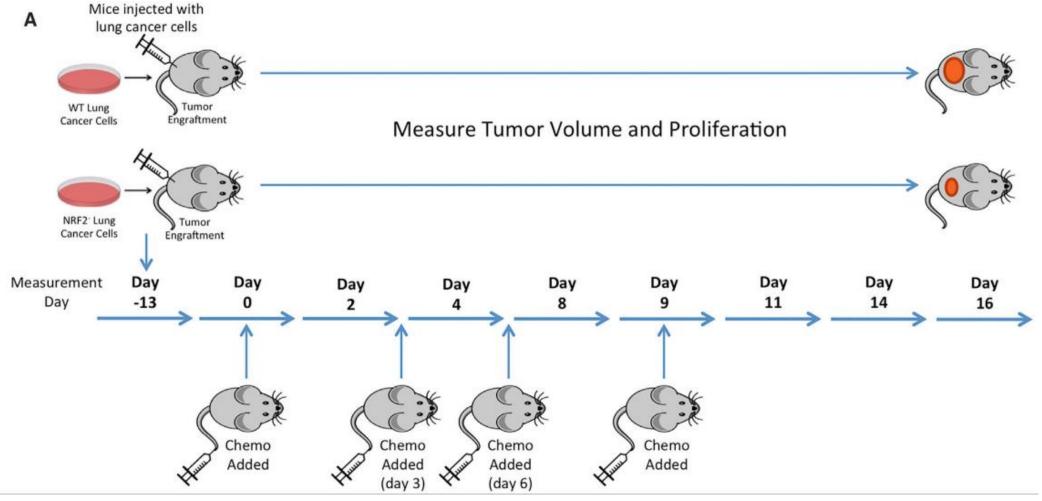
Nuclear Factor Erythroid 2-Related Factor (NRF2) is considered the master regulator of 100–200 target genes involved in cellular responses to oxidative and/or electrophilic stress. Targets include GSH mediators, antioxidants, and genes controlling efflux pumps.¹² NRF2 is also known to regulate the expression of genes involved in protein degradation and detoxification, and it is negatively regulated by Kelch-Itise ECH-associated protein 1 (KEAP1), a substrate adaptor for the Cul3-dependent E3 ubiquitin ligase complex. Under normal conditions, Keap1 constantly targets NRF2 for ubiquitin-dependent degradation, maintaining a low expression of NRF2 on downstream target genes. However, chemotherapy has been shown to activate transcriptional activity of the NRF2 target genes, often triggering a cytoprotective response; enhanced expression of NRF2 occurs in response to environmental stress or detrimental growth conditions. Other mechanisms that lead to NRF2 upregulation include mutations

Correspondence: Eric B. Kmiec, Gene Editing Institute, Helen F. Gosham Cancer Center & Research Institute, Christiana Care Health System, 4701 Ogletown-Stanton Road, Suite 4300, Newark, DE 19713, USA. E-mail: ericb.homice@christianacae.org



Received 1 August 2018; accepted 13 October 2018; https://doi.org/10.1016/j.omto.2018.10.002. ⁵These authors contributed equally to this work.

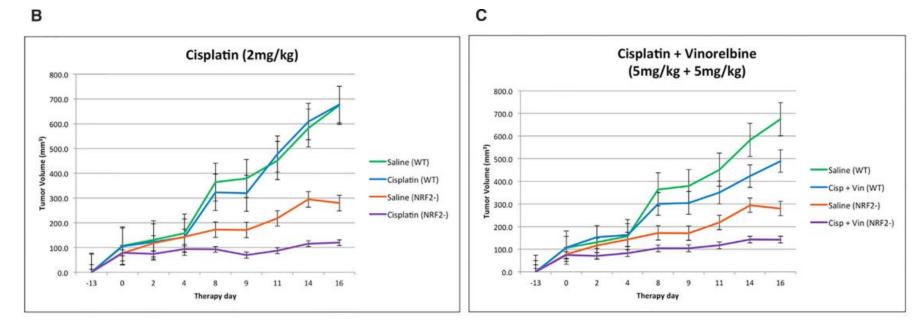
Restored Chemosensitivity in Mice with NRF2 Knockout in Tumors

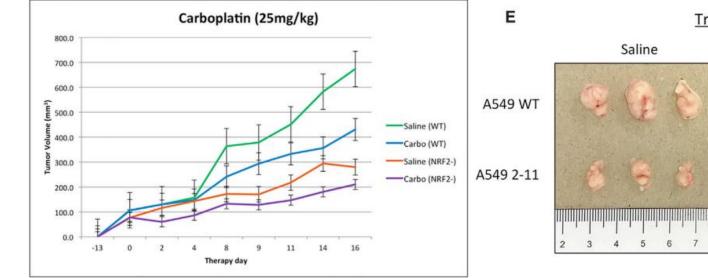


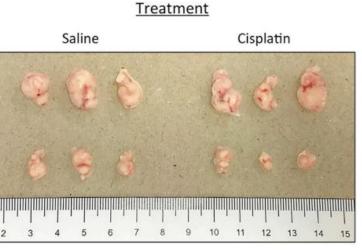


Restored Chemosensitivity in Mice with NRF2 Knockout in Tumors

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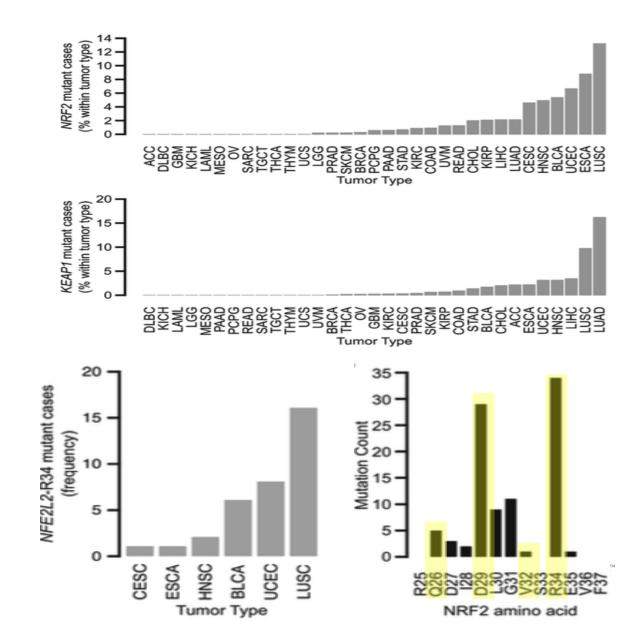






A catalog of somatic NRF2 gain-of-function mutations in cancer

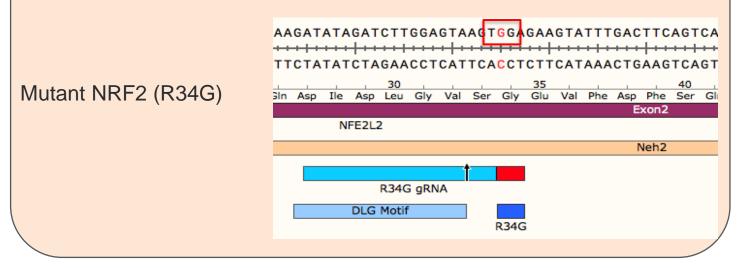
- Mutant forms of NRF2 are unique to cancer cells
 - Treatment strategy
- 14% of NRF2 mutations occur in LUSC
 - Followed by esophageal, uterineendometrial, bladder-urothelial, head and neck, cervical cancers
- R34 mutation found in 5 tumor types
 - Creates new recognition site for Cas9



(Kerins, M.J. & Ooi, A., 2018)

Cancer-Specific Gene Editing

NEW CRISPR recognition site



NO CRISPR recognition site

Wildtype NRF2

A	GAI	стт	GGA	GTA	АСТ	CG	GAA	GTA	ттт	GAC	ттс	AGT	CAG	CGA	CGC
+				+++	+ 🕀	₩	+++	+++	+++	+++	+++	+++	+++	+++	+++
T	сти	GAA	CCI	CAT	тса	GCT	стт	CAT	AAA	СТС	AAG	тса	GTC	GCT	GCC
	1	30					35					40			
8	Asp	Leu	Gly	Val	Ser	Arg	Glu	Val	Phe	Asp	Phe	Ser	Gln	Arg	Arg
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NF	E2L	2													
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Lung Adenocarcinoma (LUAD)	Lung Squamous Cell Carcinoma (LUSC)
Well studied	Less studied
Known oncogenic drivers (KRAS, EGFR)	Lack of treatment options
Targeted therapy	Failed targeted therapy
Good treatment response & prognosis	Poor response & prognosis
Median OS = >30 months	Median OS = <15 months



CRISPR CRISPR Makes Resistant Lung Cancer Cells Vulnerable to Chemotherapy

News **ZED**

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Ζ

Resistance to chemotherapy is a major challenge in the treatment of non-small cell lung cancer. By profiling the spectrum of outcomes arising from CRISPR-based knockout of the NRF2 protein, which contributes to chemoresistance, Eric Kmiec Ph.D. and Kelly Banas Ph.D. of the ChristianaCare Gene Editing Institute have developed a new therapeutic strategy that increases the sensitivity of cancer cells to traditional chemotherapy.

By: Rebecca Roberts - Apr. 5, 2022

- Many types of cancer can be treated with relative ease, but this is not the case for late-stage non-small cell lung cancer
- (NSCLC). There is a pervasive sense of hopelessness among these patients owing to the current lack of treatment options, therapeutic failure due to drug resistance, and low survival rates. It was this sense of despair that drove researchers from ChristianaCare's Gene Editing Institute to develop an innovative CRISPR therapy that could make chemotherapy-resistant NSCLC cells vulnerable to standard chemotherapy once again.

MOLECULAR CANCER RESEARCH | NEW HORIZONS IN CANCER BIOLOGY

Kinetics of Nuclear Uptake and Site-Specific DNA Cleavage during CRISPR-Directed Gene Editing in Solid Tumor Cells 🔤 Check for updates

Kelly Banas^{1,2}, Natalia Rivera-Torres¹, Pawel Bialk¹, Byung-Chun Yoo¹, and Eric B. Kmiec^{1,2}

Gene Therapy

www.nature.com/gt

() Check for updates

ARTICLE OPEN

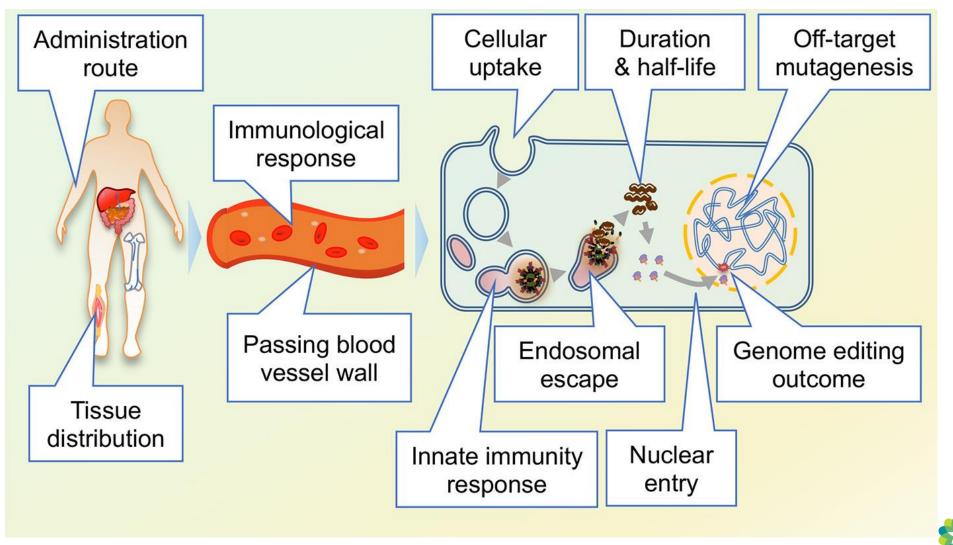
Exon skipping induced by CRISPR-directed gene editing regulates the response to chemotherapy in non-small cell lung carcinoma cells

Kelly Banas¹, Shirin Modarai¹, Natalia Rivera-Torres¹, Byung-Chun Yoo¹, Pawel A. Bialk¹, Connor Barrett², Mona Batish ¹/₆² and Eric B. Kmiec ¹/₆¹





Challenges need to be overcome for genome editing delivery



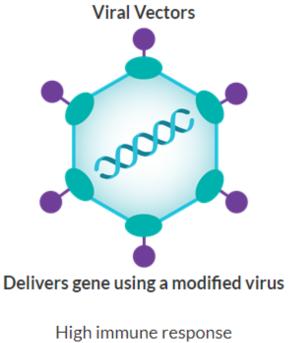
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Gene Editing Institute

E.A.Taha et al. 2022

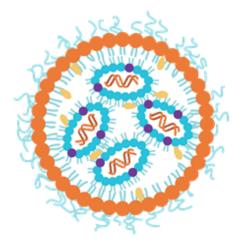
Genetic Medicine Challenge

Genetic medicine requires efficient delivery of the nucleic acid-based drug to the target cell to affect gene expression. Two clinicallyvalidated genetic medicine technologies are:



Potential genomic insertion Limited gene size Potential anti-vector immunity Cell culture Required

Lipid Nanoparticles



Delivers gene using an LNP

Low immune response No genomic insertion Increased gene size Lower potential anti-vector immunity Cell-free manufacturing

ting Institute

The NEW ENGLAND JOURNAL of MEDICINE

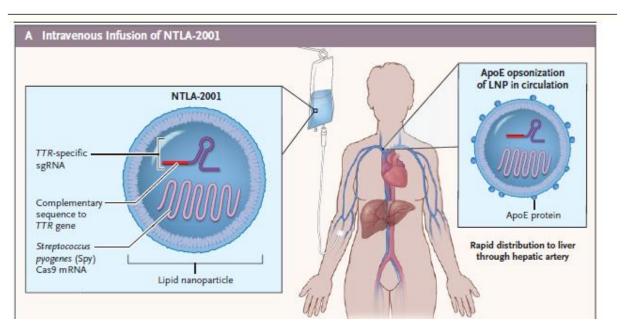
ESTABLISHED IN 1812

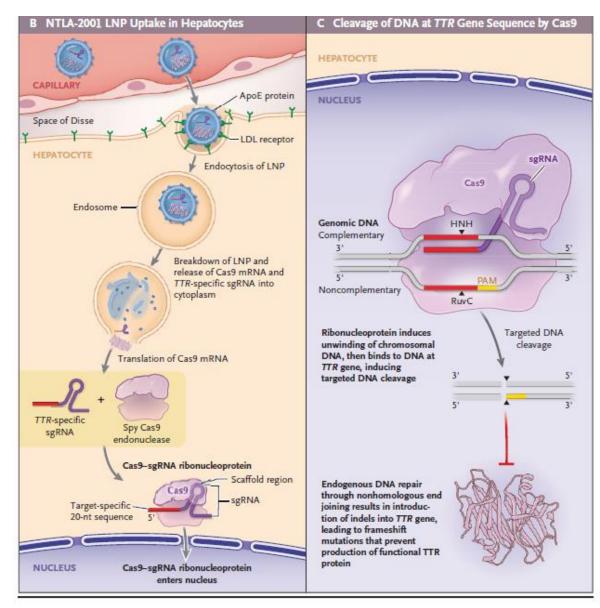
AUGUST 5, 2021

VOL. 385 NO. 6

CRISPR-Cas9 In Vivo Gene Editing for Transthyretin Amyloidosis

Julian D. Gillmore, M.D., Ph.D., Ed Gane, M.B., Ch.B., Jorg Taubel, M.D., Justin Kao, M.B., Ch.B., Marianna Fontana, M.D., Ph.D., Michael L. Maitland, M.D., Ph.D., Jessica Seitzer, B.S., Daniel O'Connell, Ph.D., Kathryn R. Walsh, Ph.D., Kristy Wood, Ph.D., Jonathan Phillips, Ph.D., Yuanxin Xu, M.D., Ph.D., Adam Amaral, B.A., Adam P. Boyd, Ph.D., Jeffrey E. Cehelsky, M.B.A., Mark D. McKee, M.D., Andrew Schiermeier, Ph.D., Olivier Harari, M.B., B.Chir., Ph.D., Andrew Murphy, Ph.D., Christos A. Kyratsous, Ph.D., Brian Zambrowicz, Ph.D., Randy Soltys, Ph.D., David E. Gutstein, M.D., John Leonard, M.D., Laura Sepp-Lorenzino, Ph.D., and David Lebwohl, M.D.

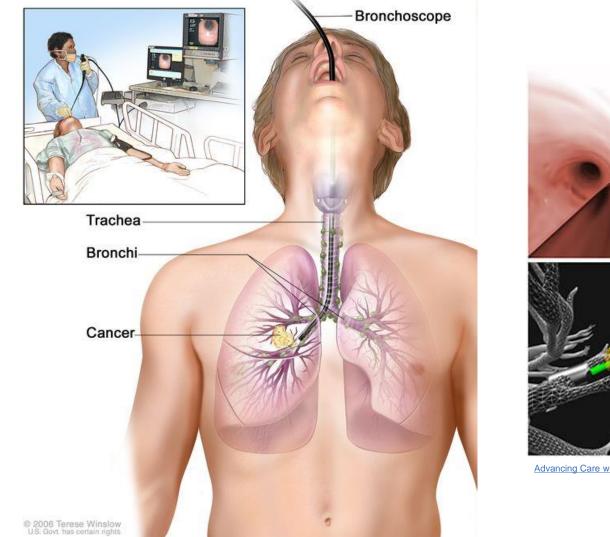


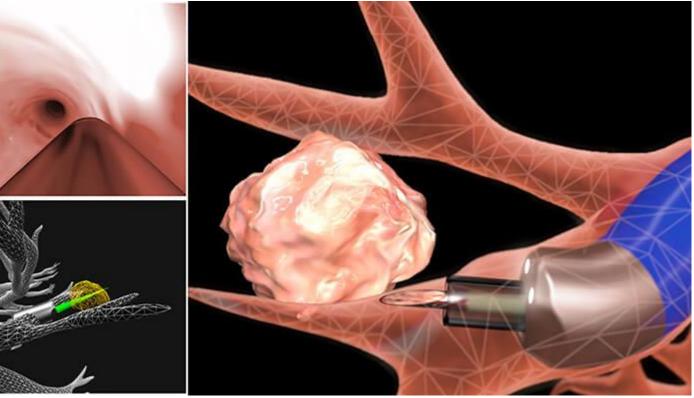




Intra-tumoral Injection

Bronchoscopy

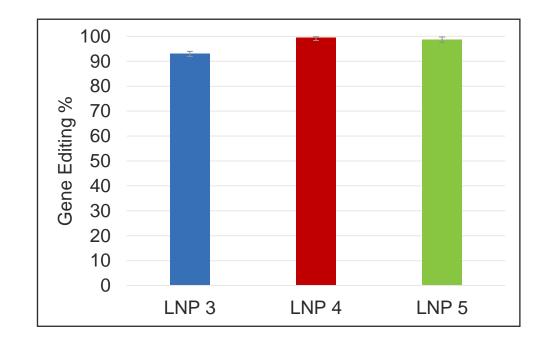


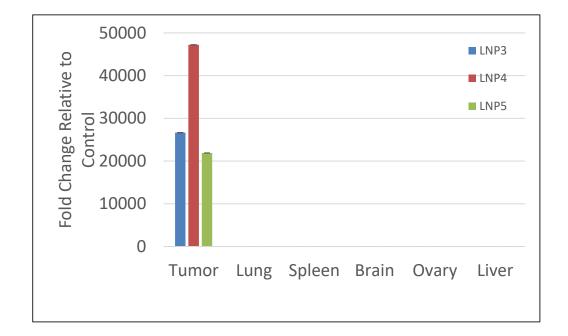


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Biodistribution of LNP in NCG Mice







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