BOOSTB4: A clinical study to determine safety and efficacy of pre- and/or postnatal stem cell transplantation for treatment of osteogenesis imperfecta

Lyn S Chitty^{*2}, Anna David¹, Dick Oepkes³, Ingo Gottschalk⁴, Magnus Westgren^{5,6} and Cecilia Götherström⁶ on the behalf of the BOOSTB4 consortium

*Primary presenter

¹Institute for Women's Health, University College London, London, United Kingdom; ²UCL Institute of Child Health and Great Ormond Street Hospital for Children NHS Foundation Trust, London, United Kingdom;

³Division of Fetal Medicine, Department of Obstetrics, Leiden University Medical Centre, Leiden, The Netherlands;

⁴Division of Prenatal Medicine and Gynaecologic Sonography, Department of Gynaecology and Obstetrics, University of Köln, Köln, Germany;

⁵Centre for Fetal medicine, Karolinska University Hospital, Stockholm Sweden; ⁶Department of Clinical Science, Intervention and Technology, Division of Obstetrics and Gynaecology, Karolinska Institutet, Stockholm, Sweden.

Objectives (all parts max 100 words)

Osteogenesis imperfecta (OI) is a heterogeneous condition with no effective cure or treatment. Severe, but viable, forms can present in-utero. Early experience indicates that transplantation of fetal mesenchymal stem cells (MSC) before and after birth may ameliorate symptoms and reduce fracturing. In the Boost Brittle Bones Before Birth (BOOSTB4) study we aim to evaluate the safety and efficacy of pre- and/or postnatal MSC transplantation in severe viable forms of OI (types III and IV), develop rapid prenatal diagnosis based on exome sequencing of fetal cells and cell free DNA in maternal blood.

Methods

Rapid exome sequencing using a panel targeted for skeletal disorders will allow definitive inutero molecular diagnosis of OI. In-utero transplantation in 15 cases will be compared with transplantation at 4 months in postnatal cases to determine safety for the fetus, child and mother. Outcomes include fracture frequency, growth, bone mineral density to the age of 20 months. Non-invasive prenatal diagnosis (NIPD) of OI based on analysis of cell free DNA will be developed.

Results

We have established a European network centred around hubs in Stockholm, London, Leiden/Utrecht and Berlin. Early studies have shown that rapid diagnosis of skeletal dysplasias using exome sequencing is possible. To inform further development of rapid inutero diagnosis and NIPD we seek referrals for rapid exome sequencing and development of the NIPD panel.

Conclusions

Demonstration that prenatal transplantation improves early outcome would represent a major step forward in the management of patients with severe OI, and beyond to a range of

other inherited birth defects. The BOOSTB4 consortium welcomes clinical cases for diagnosis of OI using rapid exome sequencing or NIPD (contact <u>l.chitty@ucl.ac.uk</u>). The clinical trial on treatment of OI with fetal MSC pre- or post-natally will commence early in 2017 (contact <u>Cecilia.Gotherstrom@ki.se</u>).

Learning Objective

• The participant shall be able to understand the prognosis for severe OI, the potential for in-utero therapy and how to participate in this first in man study.

Category: Fetal medical and surgical therapy