Preclinical Development of Gene Therapy for X-Linked Severe Combined Immunodeficiency (SCID-X1)

Valentina Poletti¹, Sabine Charrier², Guillaume Corre¹, Samia Martin², Bernard Gjata², Alban Vignaud², Fang Zhang³, Karen Buckland³, Isabelle André-Schmutz⁴, Michael Rothe⁵, Axel Schambach⁵, Sung-Yun Pai⁶, David A. Williams⁶, H. Bobby Gaspar³, Marina Cavazzana⁴, Adrian J. Thrasher³, Fulvio Mavilio¹

¹Genethon, INSERM UMR951, Evry, France, ²Genethon, Evry, France, ³UCL Institute of Child Health, London, United Kingdom, ⁴INSERM UMR1163 Imagine Institute, Paris, France, ⁵Hannover Medical School, Hannover, Germany, ⁶Division of Hematology-Oncology, Boston Children's Hospital, Boston, MA

Abstract

X-linked severe combined immunodeficiency (SCID-X1) is caused by mutations in the gene encoding the interleukin-2 receptor γ chain (*IL2RG*), and is characterized by profound defects in T-, B- and NK-cell functions. Previous gene therapy clinical trials based on hematopoietic stem/progenitor cells (HSPCs) genetically corrected with MLV-derived retroviral vectors showed restoration of T-cell immunity but resulted in vector-induced leukemia through insertional mutagenesis. The use of an enhancer-less MLV vector to deliver the IL2RG gene caused no adverse events while retaining a significant clinical benefit. To increase the efficacy of gene therapy and further reduce potential genotoxicity, we developed a SIN lentiviral vector carrying a codon-optimized human *IL2RG* cDNA under the control of the human EF1α-S promoter. Codon optimization resulted in a 3-fold increase in mRNA and a 1.5-fold increase in protein expression per integrated vector copy. The performance of the vector was demonstrated in vitro by the restoration of a normal level of IL2RG mRNA or protein in a IL2RG-deficient T-cell line, patient-derived EBV-immortalized B-cells and mobilized CD34⁺ HSPCs, with no impact on viability or clonogenic capacity. An in vitro immortalization assay (IVIM) showed a safe genotoxic profile, while the *in vivo* safety and efficacy of the vector was tested it in a preclinical model of SCID-X1 gene therapy based on transplantation of genetically corrected Lin cells from IL2rg-/- donor mice into lethallyirradiated *IL2rg*^{-/-}-*Rag2*^{-/-} recipients. The study showed restoration of T, B and NK cell counts in bone marrow and peripheral blood, normalization of lymphoid organs (thymus and spleen) and a frequency of hematopoietic abnormalities comparable to that of control animals six months after transplantation. An extensive insertion site analysis carried out in bone marrow, thymus and peripheral blood of individual or groups of animals showed the expected genomic integration profile and no signs of clonal dominance in transduced cells. Interestingly, analysis of >100,000 integration sites in pre- and post-transplant murine cells showed that lentiviral vectors target at high frequency a substantially different set of genes compared to human CD34⁺ cells, uncovering the limits in the predictive power of mousebased genotoxicity studies. These studies will enable a multicenter phase-I/II clinical trial aimed at establishing the safety and clinical efficacy of lentiviral vector-mediated gene therapy for SCID-X1 in infants after non-myeloablative conditioning, and sustained restoration of both T- and B-cell immunity.