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(54) **Titre : DELETION D'EXON DU GENE CODANT LA DYSTROPHINE AU MOYEN DE NUCLEASES GENETIQUEMENT MODIFIEES**

(54) **Title: DYSTROPHIN GENE EXON DELETION USING ENGINEERED NUCLEASES**

(57) **Abrégé/Abstract:**

The invention relates to the field of molecular biology and recombinant nucleic acid technology. In particular, the invention relates to methods of treating patients with Duchenne Muscular Dystrophy comprising the removal of at least one exon from the dystrophin gene using engineered nucleases to restore the normal reading frame. Further disclosed are engineered nucleases suitable for using the methods.



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the dystrophin gene using engineered nucleases to restore the normal reading frame. Further disclosed are engineered nucleases suit-
able for using the methods.



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Dystrophin Gene Exon Deletion Using Engineered Nucleases

RELATED APPLICATIONS

[0001] This application claims benefit of priority to U.S. Provisional Patent Application No. 61/951,648, filed March 12, 2014, the entire disclosure of which is hereby incorporated by reference.

FIELD OF THE INVENTION

[0002] The invention relates to the field of molecular biology and recombinant nucleic acid technology. In particular, the invention relates to a method of treating a patient with Duchenne Muscular Dystrophy comprising the removal of at least one exon from the dystrophin gene using engineered nucleases.

BACKGROUND OF THE INVENTION

[0003] Duchenne Muscular Dystrophy is a rare, X-linked muscle degenerative disorder that affects about 1 in every 3500 boys worldwide. The disease is caused by mutations in the dystrophin (*DMD*) gene, which is the largest known gene. *DMD* spans 2.2 Mb of the X chromosome and encodes predominantly a 14-kb transcript derived from 79 exons. The full-length dystrophin protein, as expressed in skeletal muscle, smooth muscle, and cardiomyocytes, is 3685 amino acids and has a molecular weight of 427 kD. The severe Duchenne phenotype is generally associated with the loss of full length dystrophin protein from skeletal and cardiac muscle, which leads to debilitating muscle degeneration and, ultimately, heart failure. A large number of different *DMD* mutations have been described, many of them resulting in either the severe Duchenne Muscular Dystrophy or the milder Becker Muscular Dystrophy. The Leiden University Medical Center maintains a database of mutations in the *DMD* gene (<http://www.dmd.nl>).

[0004] There are several therapeutic strategies being pursued for the treatment of Duchenne Muscular Dystrophy. First, “gene replacement” strategies are an active area of research (Oshima, *et al.* (2009) *J of the Am. Soc. of Gene Ther.* 17:73-80; Liu, *et al.* (2005) *Mol. Ther.* 11:245-256; Lai, *et al.* (2006) *Hum Gene Ther.* 17:1036-1042; Odom *et al.* (2008) *Mol. Ther.* 16:1539-1545). This approach involves delivering a functional copy of the *DMD* gene to patients using a viral delivery vector, typically adeno-associated virus (AAV). The large size of the *DMD* gene makes it incompatible with the limited carrying capacity of common viral vectors, however. This necessitates the use of a “micro-dystrophin” gene in

which most of the repetitive central portion of the gene is removed to leave only the minimal functional protein. It is not clear, however, that expression of “micro-dystrophin” is sufficient for clinical benefit. In addition, this approach suffers from the possibility of random gene integration into the patient genome, which could lead to insertional mutagenesis, and the potential for immune reactions against the delivery vector.

[0005] A second approach to treating Duchenne Muscular Dystrophy involves the transplantation of healthy muscle precursor cells into patient muscle fibres (Peault *et al.* (2007) *Mol. Ther.* 15:867-877; Skuk, *et al.* (2007) *Neuromuscul. Disord.* 17:38-46). This approach suffers from inefficient migration of the transplanted myoblasts and the potential for immune rejection by the patient.

[0006] A third approach involves suppression of nonsense mutations using PTC124 (Welch, *et al.* (2007) *Nature* 447:87-91). This would require lifelong dosing of the drug, however, and the approach is yet to show any significant clinical benefit.

[0007] A fourth, and more promising, potential treatment for Duchenne Muscular Dystrophy is called “Exon Skipping” (Williams, *et al.* (2008) *BMC Biotechnol.* 8:35; Jearawiriyapaisarn *et al.* (2008) *Mol Ther.* 16:1624-1629; Yokota, *et al.* (2007) *Acta Myol.* 26:179-184; van Deutekom *et al.* (2001) *Hum. Mol. Gen.* 10:1547-1554; Benedetti *et al.* (2013) *FEBS J.* 280:4263-80; Rodino-Klapac (2013) *Curr Neurol Neurosci Rep.* 13:332; Verhaart and Aartsma-Rus (2012) *Curr Opin Neurol.* 25:588-96). In general, the N- and C-terminal portions of the dystrophin gene are essential for its role as a “scaffold” protein that maintains membrane integrity in muscle fibres whereas the central “rod domain”, which comprises 24 spectrin-like repeats, is at least partially dispensable. Indeed, the severe Duchenne phenotype is typically associated with mutations in the dystrophin gene that introduce frameshifts and/or premature termination codons, resulting in a truncated form of the dystrophin protein lacking the essential C-terminal domain. Mutations in the central rod domain, including large deletions of whole exons, typically result in the much milder Becker phenotype if they maintain the reading frame such that the C-terminal domain of the protein is intact.

[0008] Duchenne Muscular Dystrophy is most frequently caused by the deletion of one or more whole exon(s), resulting in reading frame shift. For example, Exon 45 is frequently deleted in Duchenne patients. Because Exon 45 is 176 bp long, which is not divisible by three, deleting the exon shifts Exons 46-79 into the wrong reading frame. The same can be said of Exon 44, which is 148 bp in length. However, if Exons 44 *and* 45 are deleted, the

total size of the deletion is 324 bp, which *is* divisible by three. Thus, the deletion of *both* exons does not result in a reading frame shift. Because these exons encode a portion of the non-essential rod domain of the dystrophin protein, deleting them from the protein is expected to result in a mild Becker-like phenotype. Thus, a patient with the Duchenne phenotype due to the deletion of one or more exon(s) can, potentially, be treated by eliminating one or more adjacent exons to restore the reading frame. This is the principle behind “Exon Skipping,” in which modified oligonucleotides are used to block splice acceptor sites in dystrophin pre-mRNA so that one or more specific exons are absent from the processed transcript. The approach has been used to restore dystrophin gene expression in the *mdx* mouse model by skipping Exon 23, which harbored a disease-inducing nonsense mutation (Mann, *et al.* (2001) *Proc. Nat. Acad. Sci. USA* 98:42-47). Oligonucleotide analogs which induce skipping of Exon 51 have also shown promise in early human clinical trials (Benedetti *et al.* (2013) *FEBS J.* 280:4263-80). The major limitations with this approach are: (1) the exon-skipping process is inefficient, resulting in relatively low levels of functional dystrophin expression; and (2) the exon-skipping oligonucleotide has a relatively short half-life so the affect is transient, necessitating repeated and life-long dosing. Thus, while Exon-Skipping approaches have shown some promise in clinical trials, the improvements in disease progression have been minimal and variable.

[0009] The present invention improves upon current Exon-Skipping approaches by correcting gene expression at the level of the genomic DNA rather than pre-mRNA. The invention is a permanent treatment for Duchenne Muscular Dystrophy that involves the excision of specific exons from the *DMD* coding sequence using a pair of engineered, site-specific endonucleases. By targeting a pair of such endonucleases to sites in the intronic regions flanking an exon, it is possible to permanently remove the intervening fragment containing the exon from the genome. The resulting cell, and its progeny, will express mutant dystrophin in which a portion of the non-essential spectrin repeat domain is removed but the essential N- and C-terminal domains are intact.

[0010] Methods for producing engineered, site-specific endonucleases are known in the art. For example, zinc-finger nucleases (ZFNs) can be engineered to recognize and cut pre-determined sites in a genome. ZFNs are chimeric proteins comprising a zinc finger DNA-binding domain fused to the nuclease domain of the FokI restriction enzyme. The zinc finger domain can be redesigned through rational or experimental means to produce a protein which binds to a pre-determined DNA sequence ~18 basepairs in length. By fusing this engineered

