

(semi)personalized antisense oligonucleotide treatments for otogenetic disorders



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Otogenetic disorders

- 430 million people suffer from disabling hearing loss (> 35 dB)
- ~50% has an underlying genetic cause
- Highly heterogeneous
- Syndromic vs non-syndromic
- Different modes of inheritance

Hearing aids and cochlear implants often fall short



(semi)personalized treatments

For genetic disorders, gene or genetic therapies are (becoming) reality

- Mutation-specific and individual therapies for inherited disorders will be extremely expensive
- No market potential for ultra-rare mutations and individual therapies
- Finding the right balance with semi-personalized treatments

Antisense oligonucleotides (ASO), and RNA technology in general offer interesting treatment options -> no genetic manipulation

Two examples with different ASO mechanisms:

- Usher syndrome
- DFNA9 hearing loss





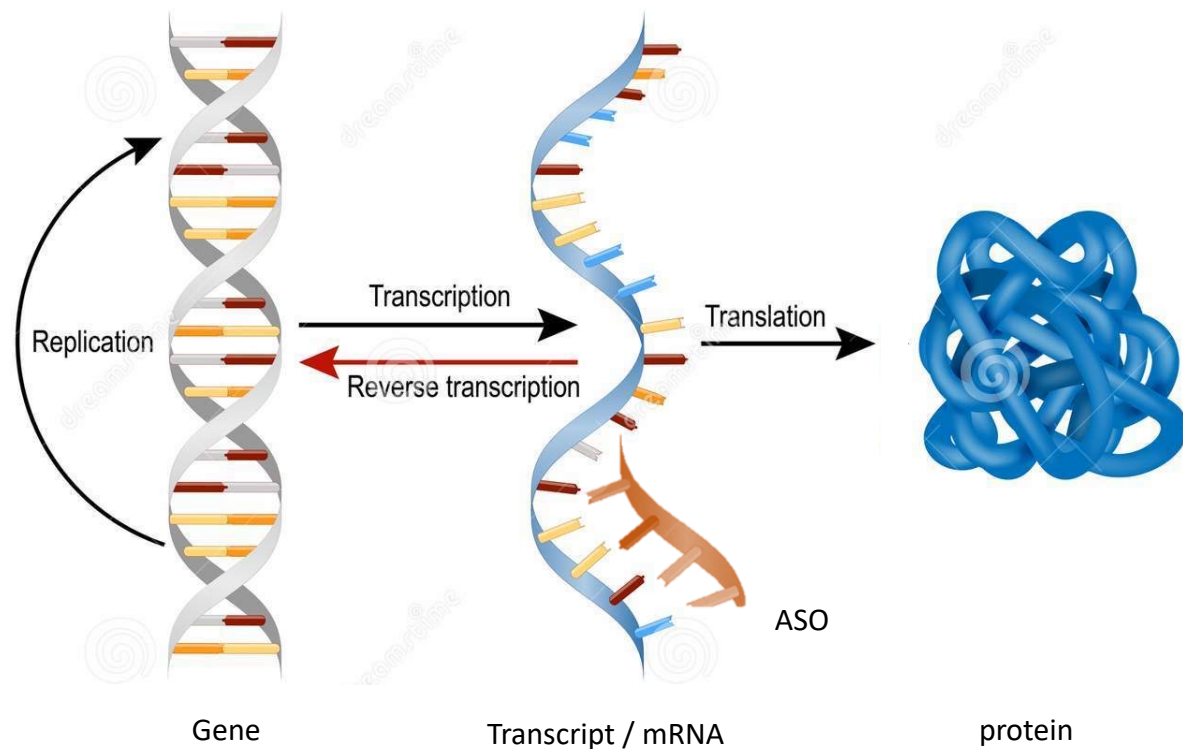
Antisense oligonucleotides

- Chemically modified, single stranded RNA or RNA/DNA molecules (16-25nt in length)
- Complementary to (pre-)mRNA
- Proven safety in animal models and man (several ASOs have FDA/EMA approval)

Upon ASO binding:

Alter pre-mRNA splicing

Sequence specific mRNA degradation





Two examples

Two examples, using distinct ASO mechanisms of action

1. Usher syndrome
2. DFNA9 hearing loss



Part 1: Usher syndrome

- Most common cause of combined hereditary deaf-blindness in man
- Rare condition: 1/20,000
- Autosomal recessively inherited disorder
- Genetically and clinically heterogeneous
- Loss-of-Function disease mechanism



Charles Howard Usher



Window for interventions

Syndromic (Usher syndrome type IIa)



Non-syndromic RP



~0-2 yo

Congenital hearing imp.

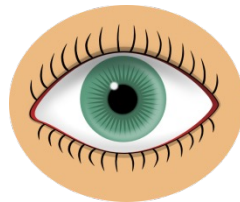
Partially rescued by hearing aid



~15-20 yo

Adolescence (night blindness)

First RP symptoms



Window of opportunity

Therapy

~50-60 yo

Legal blindness

Prevent/delay symptoms



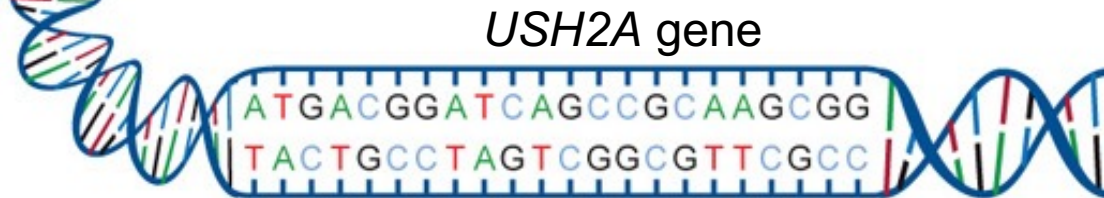
Most important genetic cause



~170.000 people



Protein coding sequence of 15.6 kb!
Far exceeds delivery options for gene augmentation



~250.000 people



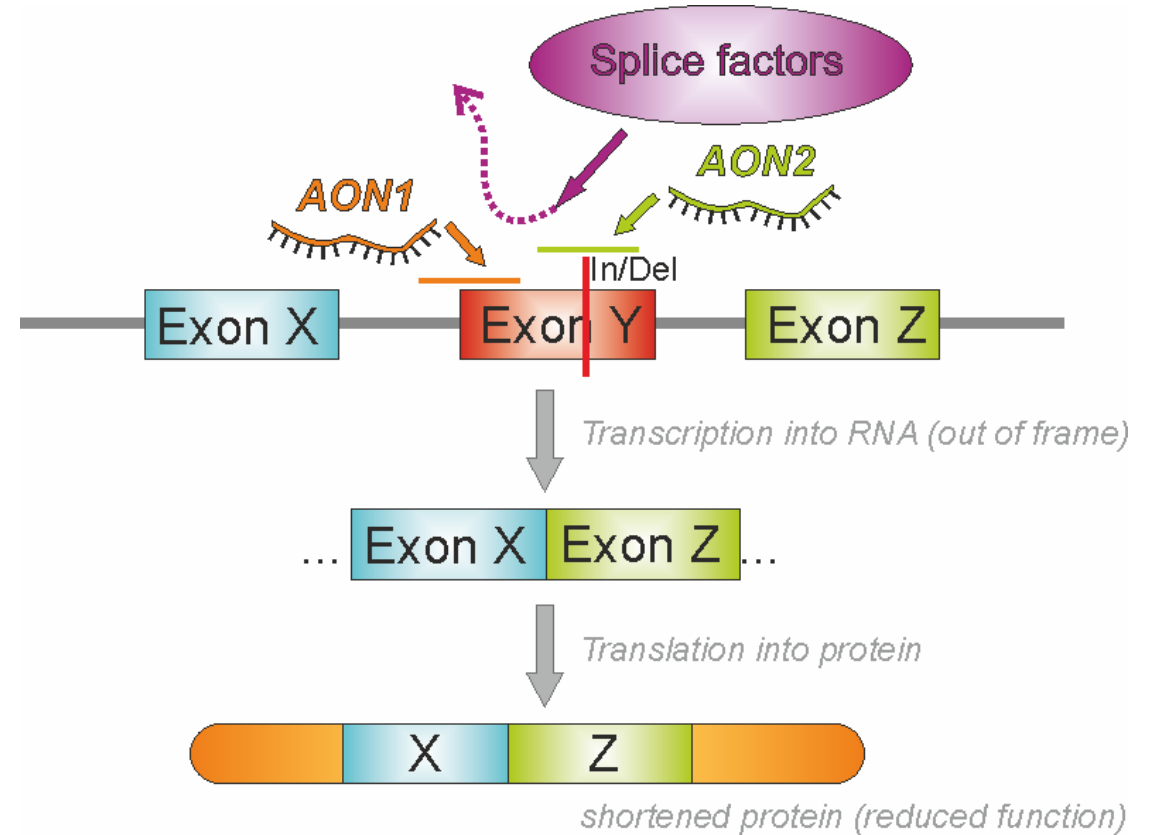


ASO action: splice-modulation

Sequence-specific ASOs interfere with binding of splice factors

Results in skipping of target exon

- Exclude mutant exons
- Correct pre-mRNA splicing defects
- Exclude pseudoexons



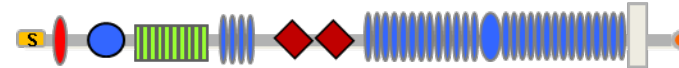
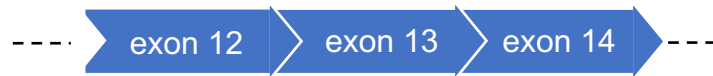


Exon skipping

mRNA

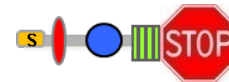
Protein

Function ?



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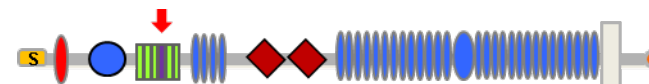
2 founder LoF mutations (24 unique pathogenic variants)



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In frame skipping

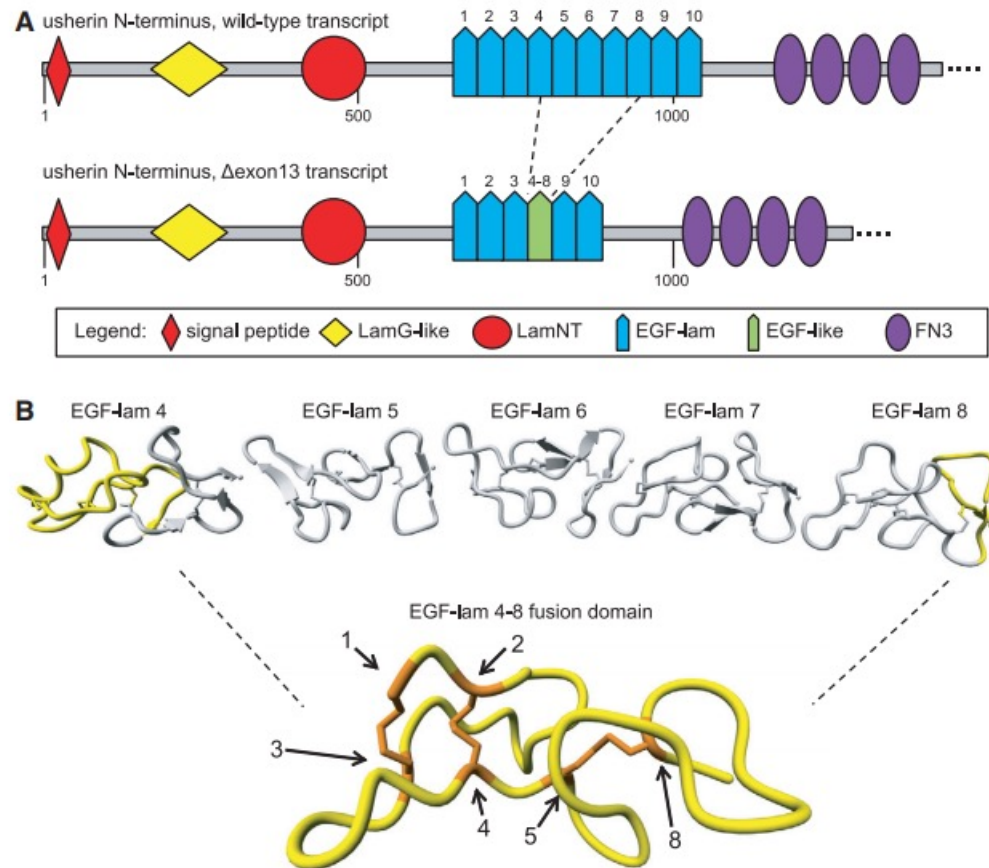


+ ?



Is USH2A Δ exon 13 functional?

In silico prediction of resulting protein domains



EGF Lam domains 5, 6 and 7
are lost

Fusion of EGF Lam domains 4
and 8 into a functionally related
EGF-like domain