

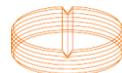
XIX Encuentro de Cooperación Farma-Biotech

12 de noviembre de 2020

Gene editing therapy for human cancers driven by
FUSION GENES (FUGE) and ONCOGENE AMPLIFICATIONS (AMP)

cnio *stop cancer*

Sandra Rodríguez-Perales, PhD



MEDICAMENTOS INNOVADORES
Plataforma Tecnológica Española

farmaindustria





- CNIO is a flagship for cancer research in Spain
- Over 400 highly specialized professionals
- One of the best centres specializing in cancer research:

nature
INDEX

5th place worldwide and 2nd in Europe

Our identity signs

RESEARCH

230

PUBLICATIONS IN 2019:
33 WITH IF>10, 24 WITH IF>15

136

ACTIVE PROJECTS IN 2019

€41.97M

CNIO BUDGET 2019

INNOVATION

34

ACTIVE PATENTS 2019

€24.5M

COLLABORATIONS WITH
INDUSTRY (2012-2019)

231

TECH TRANSFER
AGREEMENTS 2019

68%

INTERNATIONAL ACTIVITY
2019

5

DRUG DISCOVERY PROGRAMMES
IN PARTNERSHIP (2011-2019)

16

DRUG DISCOVERY PROGRAMMES
UNDER DEVELOPMENT 2019

HEALTH

648

PATIENTS IN CLINICAL TRIALS
COORDINATED BY THE CNIO
IN 2019

570

FAMILIES ADMITTED TO
THE CNIO FAMILIAL CANCER
CONSULTANCY IN 2019



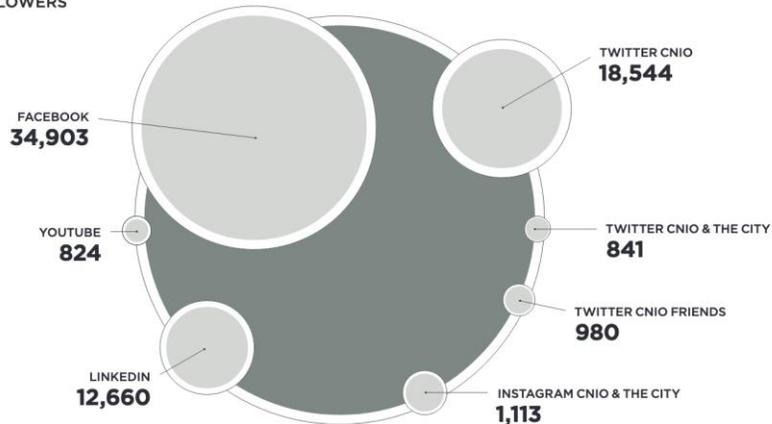
THE INSTITUTION



- CNIO is a flagship for cancer research in Spain
- Over 400 highly specialized professionals

Society impact

2019 SOCIAL NETWORK DATA
FOLLOWERS



9 La Sexta Noticias, La Sexta, April 11, 2019
 10 El Mundo, April 22, 2019
 11 Telediario, La 1, May 21, 2019
 12 La Razón (front page), July 9, 2019
 13 SINC, August 22, 2019
 14 Gaceta Médica, September 9, 2019
 15 El Correo Gallego, September 14, 2019
 16 Diario Médico, October 1, 2019
 17 Diario 24 Horas, Canal 24 Horas, October 10, 2019
 18 ABC, October 18, 2019
 19 El Mundo (front page), October 30, 2019
 20 El País Semanal, November 3, 2019
 21 Faro de Vigo, November 5, 2019
 22 El Intermedio, La Sexta, November 14, 2019
 23 Diario Médico (front page), November 25, 2019
 24 El Mundo (front page), November 26, 2019
 25 El País, December 20, 2019



BASIC
RESEARCH

INNOVATION

PATIENT-
ORIENTED
TRANSLATIONAL
RESEARCH

Biotechnology Programme

Proteomics Core Unit

Genomics Core Unit

Confocal Microscopy Core Unit

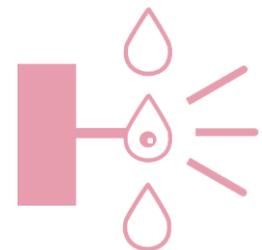
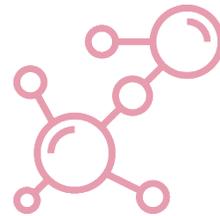
Molecular Imaging Core Unit

Mouse Genome Editing Core Unit

Monoclonal Antibodies Core Unit

Histopathology Core Unit

Flow Cytometry Core Unit



BASIC
RESEARCH

INNOVATION

PATIENT-
ORIENTED
TRANSLATIONAL
RESEARCH



HOME | RESEARCH & INNOVATION | SCIENTIFIC PROGRAMMES | HUMAN CANCER GENETICS PROGRAMME | MOLECULAR CYTOGENETICS UNIT

Human Cancer Genetics Programme

Human Genetics Group

Genetic & Molecular Epidemiology
Group

Hereditary Endocrine Cancer
Group

Molecular Cytogenetics Unit

Familial Cancer Clinical Unit

Human Genotyping-CEGEN Unit

Molecular Cytogenetics Unit



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Staff Scientist
• Raul Torres, PhD

PhD Students
• Marta martinez-Lage
• Pilar Puig-Serra

Graduate Student
• M Cruz Casado

Technicians
• M Carmen Martín
• Francisco J Moya

Technology Transfer Office

Innovation Director, CNIO
• Carolina Pola, PhD

Tech Transfer Director, CNIO
• Irene Herrera, PhD



Molecular Cytogenetics Unit



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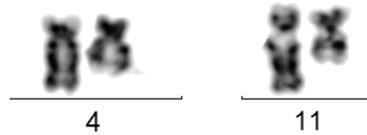
- M Cruz Casado

Technicians

- M Carmen Martín
- Francisco J Moya

RESEARCH HIGHLIGHTS

- Understanding cancer-related chromosome aberrations



CRISPR system



- Modelling cancer using CRISPR technology

- Cancer therapy by targeting chromosome reangements



- Technological and translational activities

PUBLICATIONS



Publications in last 5 years:
14 in 1st Decil, 7 in 1st Quartile

FUNDING



Last 5 years:
Public calls & private funding



Need for novel treatments targeting FUSION GENES & AMPLIFICATIONS

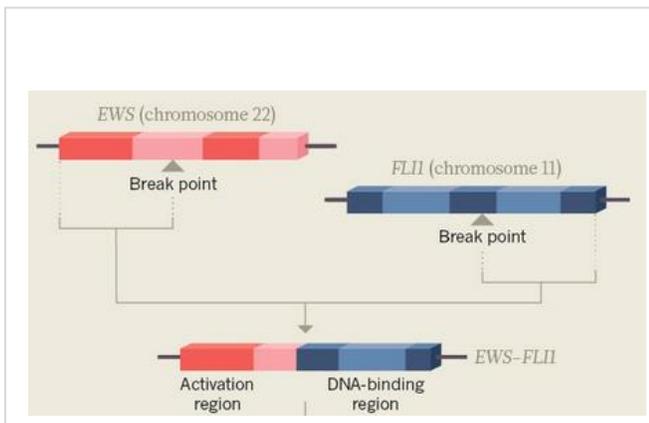
CANCER

- The second leading cause of death
- > 10 mill mortalities/year
- Cancer is a **GENETIC disease**

FUSION GENES (FUGE)

- Up to 20% of cancers

Hybrid genes form by two parts of different genes
Generated by chromosomal rearrangements

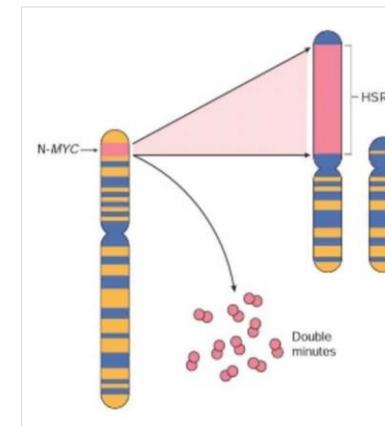


- Oncogenic properties
- Often act as driver mutations
- 390 recurrent fusion genes

ONCOGENE AMPLIFICATIONS (AMP)

- One of the most common molecular alterations in cancer

Overexpression of oncogenes
Generated by chromosomal rearrangements



- Often act as driver mutations
- 64 known driver oncogenes
- 587 tumours

➤ Excellent tumour-specific targets for therapy



TREATMENT TYPES

- Many FuGe or AMP-cancers are treated with standard approaches (Leukaemia, Sarcomas...)
- Many of others have limited or no treatment (Neuroblastoma, Glioblastoma, Prostate, Colon...)

TREATMENT LIMITATIONS

- Toxicity: severe side effects
- Efficacy: High level of mortality (40% colorectal cancer, 40% leukaemia, ...)
60-80% of death after recurrence/metastasis



- Clear medical need for novel treatments targeting FuGe and AMP with improved efficacy and safety
- Gene editing has the potential to address this need

GENE EDITING

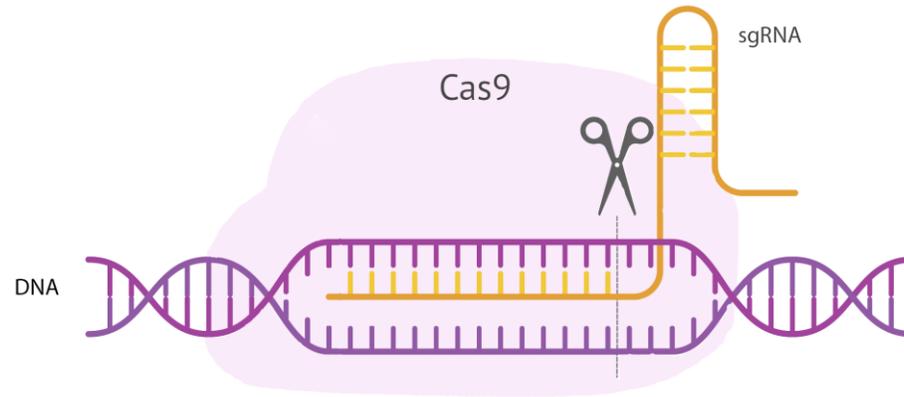
- Alter the genome to attack cancer cells based on their specific DNA defects



- We will focus our efforts on cancer types driven by FuGe or AMP oncogenes



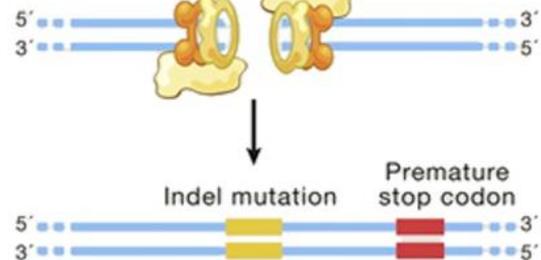
CRISPR-Cas9 system



DNA double-stranded break (DSB)

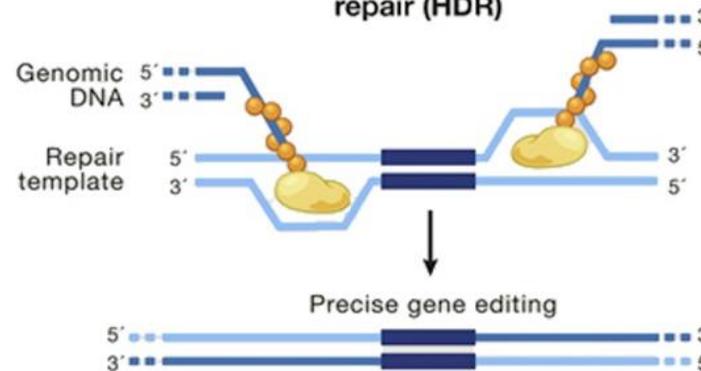


Nonhomologous end-joining (NHEJ)



NHEJ: 60-90% efficiency

Homology-directed repair (HDR)



HDR: 0,01-20% efficiency



THE ASSET: CRISPR-BASED GF & Am TARGETING THERAPY

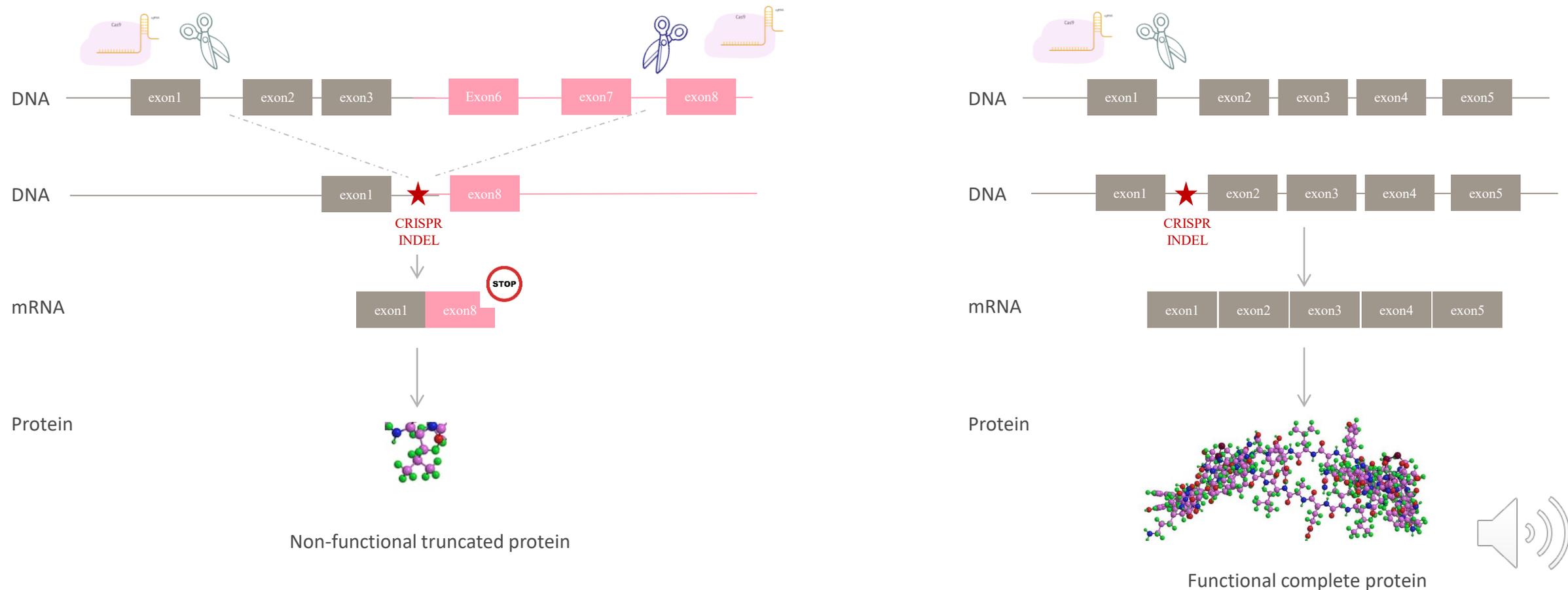
THE APPROACH

Development of an innovative therapy for the treatment of cancers addicted to the expression of FuGes and AMPs through a selective eliminating of them in cancer cells

GENE FUSIONS (FuGe)

ONCOGENE AMPLIFICATIONS (AMP)

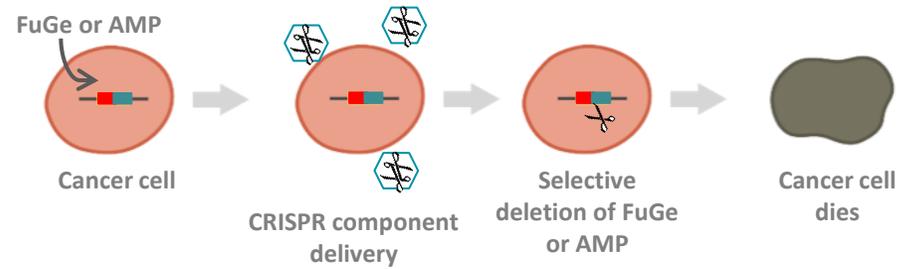
Wild-type ALLELEs



THE ASSET: CRISPR-BASED GF & Am TARGETING THERAPY

THE APPROACH

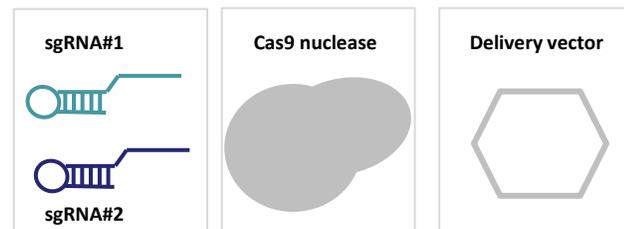
Development of an innovative therapy PLATFORM against FuGe or AMP essential for tumour viability



GENE EDITING THERAPY COMPONENTS

Our asset is a product for in vivo therapy ready to selectively attack cancer cells

ASSET COMPONENTS



GENE FUSIONS (FuGe)

Adenoid cystic carcinoma

MYB-NFIB
NFIB-HMGA2

Mucoepidermoid carcinoma

MECT1-MAML2
Follicular thyroid carcinoma

PAX8-PPARG
Breast carcinoma

ETV6-NTRK3
FGFR3-AFF3
FGFR2-CASP7
FGFR2-CCDC5
ERLIN2-FGFR1
ESR1-CCDC170

Ewing sarcoma

EWSR1-FLI1/ERG/ETV1
FGFR3-TACC1

Alveolar Rhabdomyosarcoma

FOXO1A-PAX3/PAX7
Synovial sarcoma

SS18-SSX1

LYMPHOMAS

Follicular
BCL2-IGH

Mantle
BCL1-IGH

Burkitt
CMYC-IGH

...

Glioblastoma

FGFR3-TACC3
FGFR3-TACC1

Pilocytic astrocytoma

KIAA1967-BRAF

Lung cancer

AML4-ALK
FGFR3-TACC3
FGFR3-KIAA1967
BAG4-FGFR1

Clear cell renal cell carcinoma

SFPQ-TFE3
TFG-GPR128

Bladder cancer

FGFR3-TACC3
FGFR3-BAIAP2L1

Prostate cancer

TMPRSS2-ERG/ETV1/ETV4
SLC45A3-FGFR2

Ovarian cancer
ESRRA-C11orf20

Colorectal cancer
PTPRK-RSP03
EIF3E-RSPO2

...

LEUKEMIAS

Acute Myeloid leukaemia

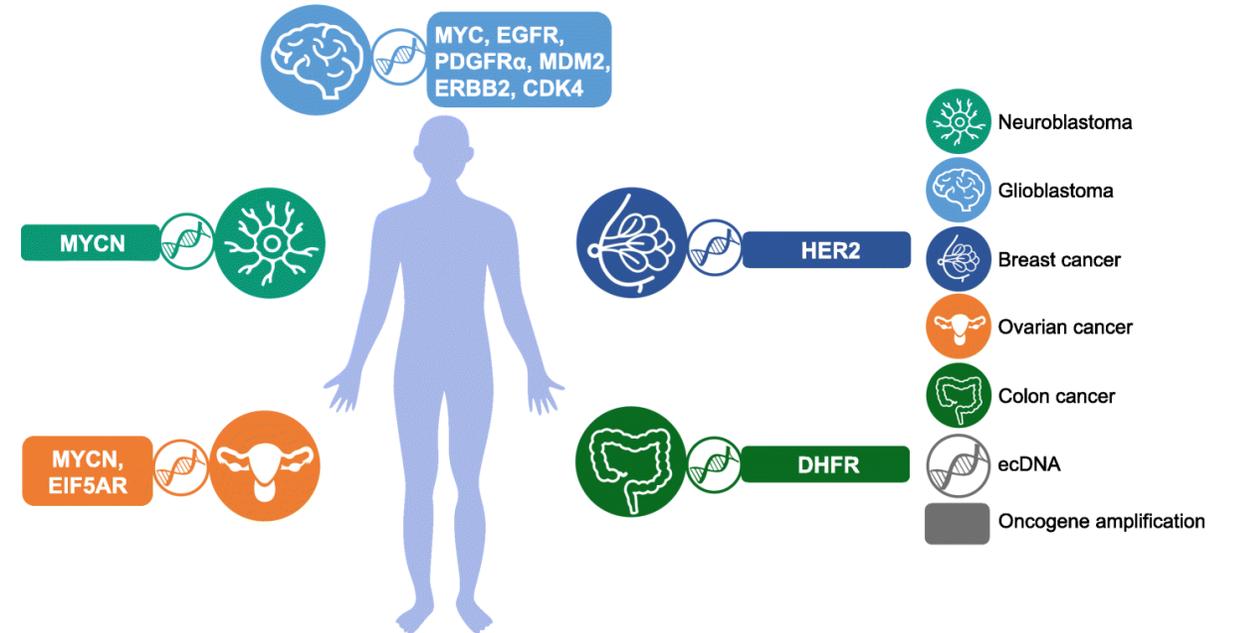
RUNX1-RUNX1T1
RUNX1-MECOM
PML-RAR α
CBFB-MYH11
NUP98-HOXA9

Chronic myeloid leukaemia

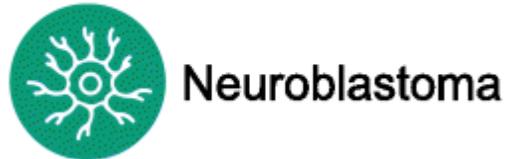
BCR-ABL
Acute lymphoblastic leukaemia
ETV6-RUNX1
MLL-AF4/AF9/ENL

...

ONCOGENE AMPLIFICATIONS (AMP)



ONCOGENE AMPLIFICATIONS (AMP)



Neuroblastoma



- Neuroblastoma (NB) is a heterogenic childhood tumour of the sympathetic nervous system
- Accounts for about 8–10% of all cases of childhood cancer and is the cause of 12–15% of cancer-related childhood mortality
- Clinical behaviour ranging from spontaneous regression to poorly differentiated tumours and metastasis.
- Risk in NB is classified as low, intermediate, or high.
 - Low- and intermediate-risk patients: favourable outcome (~90% event-free survival rate)
 - High-risk patients have <50% event-free survival rate
 - Ultra-high risk patients who do not respond to therapy
- Established characteristics for high-risk NB patients include: age, unfavorable histopathology, and **amplification of MYCN**.



CURRENT STATUS OF DEVELOPMENT

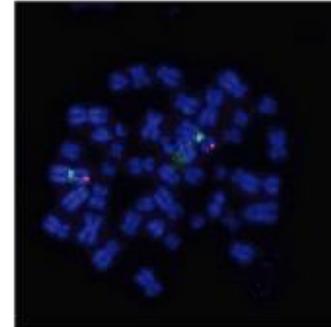
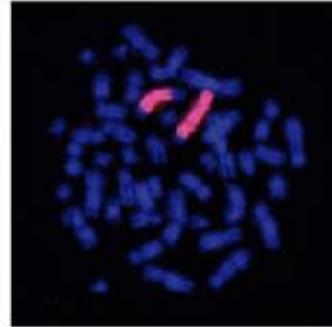
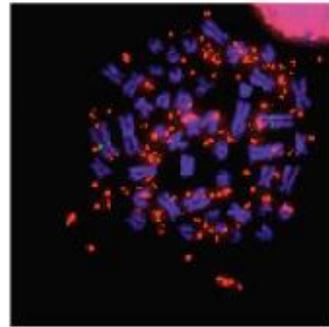
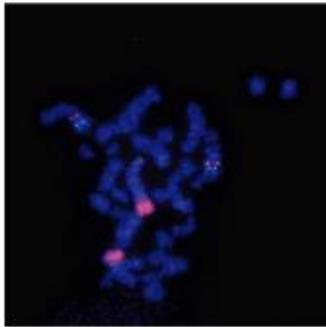
In vitro VALIDATION (Lentivirus delivery)

IMR32

LAN5

KELLY

SKNAS



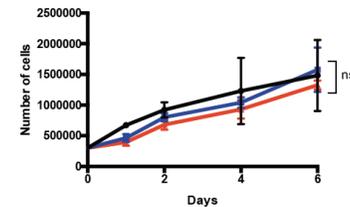
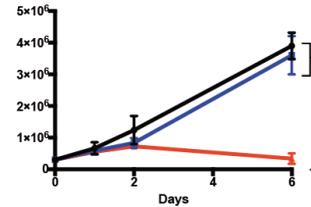
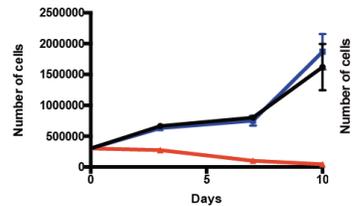
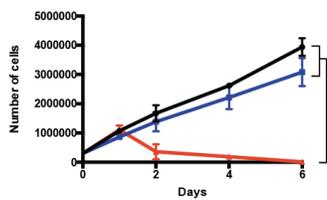
MYCN AMP+

MYCN AMP+

MYCN AMP+

CONTROL MYCN wt

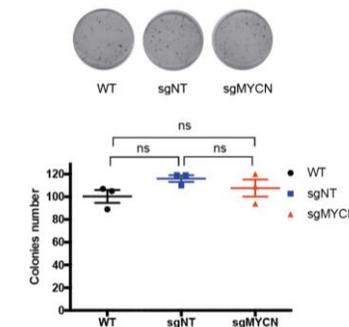
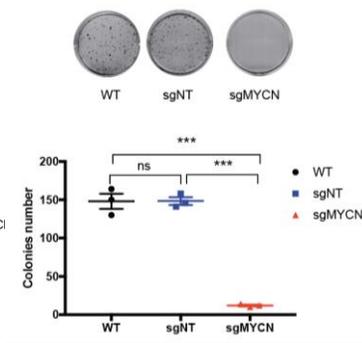
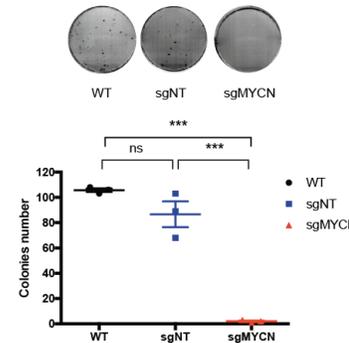
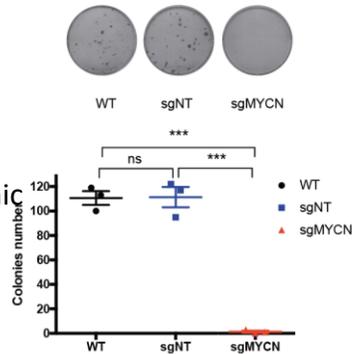
Decreased cell growth



● WT
■ sgNT
▲ sgMYCN

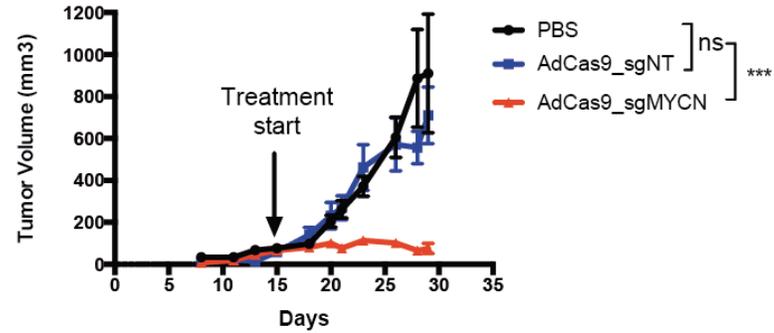
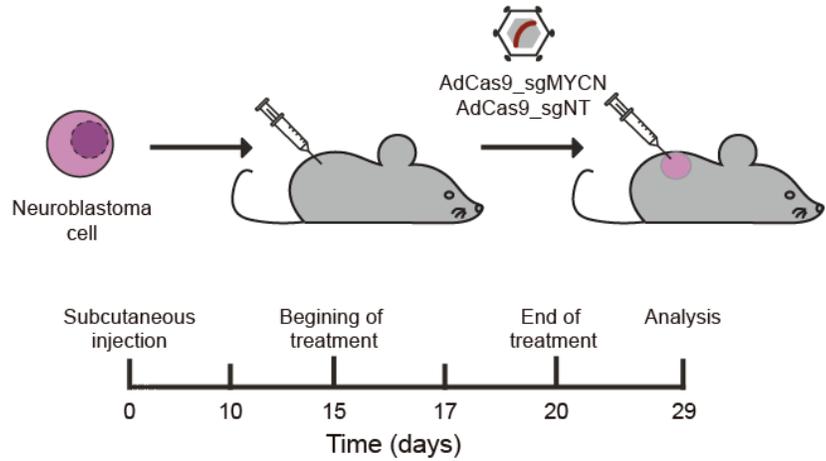
Targeting of MYCN inhibits tumor cell growth in vitro

Decreased clonogenic growth

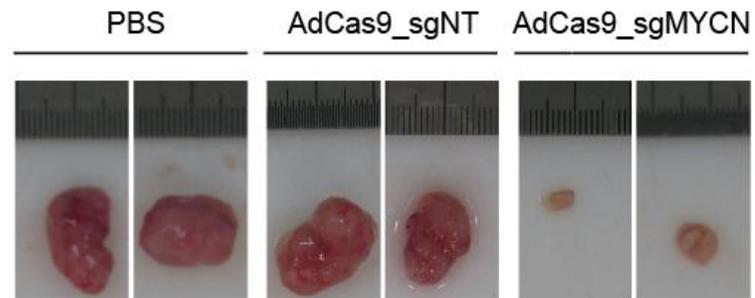


CURRENT STATUS OF DEVELOPMENT

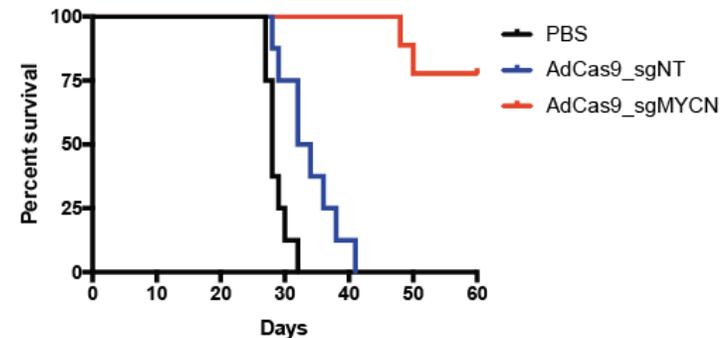
In vivo VALIDATION (Adenovirus delivery)



Decreased
tumor size



MYCN targeting
controls tumor growth
in a xenograft model

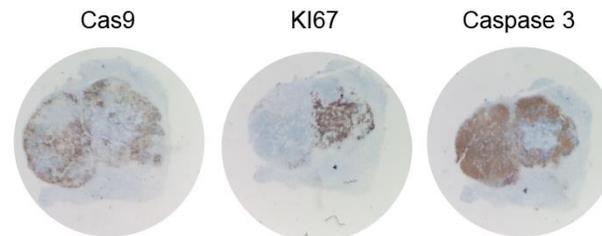
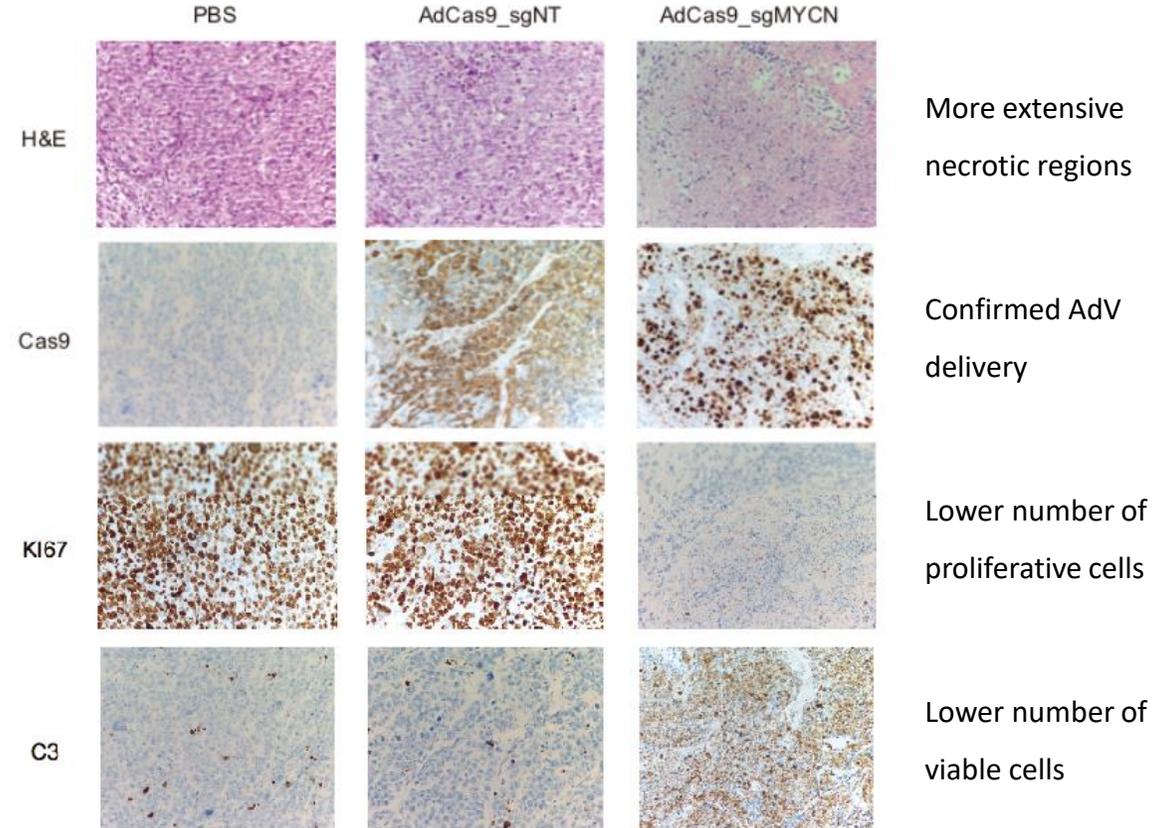
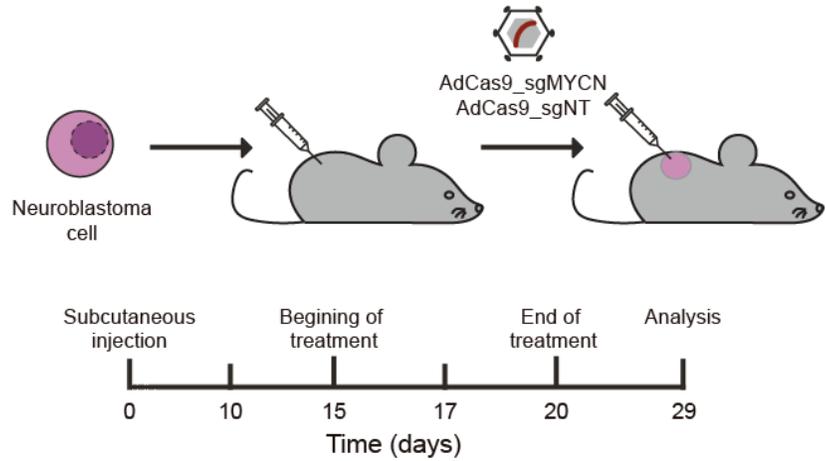


Increased
survival



CURRENT STATUS OF DEVELOPMENT

In vivo VALIDATION (Adenovirus delivery)



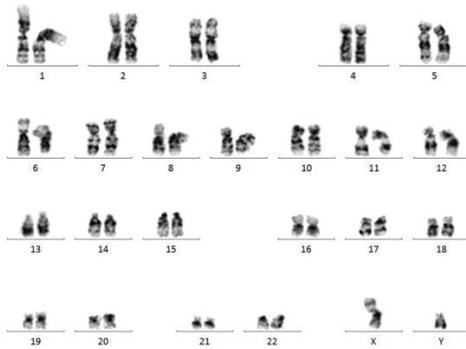
Colocalization of AdV expression (Cas9) with high and low expression of Ki67 and Caspase 3



CURRENT STATUS OF DEVELOPMENT

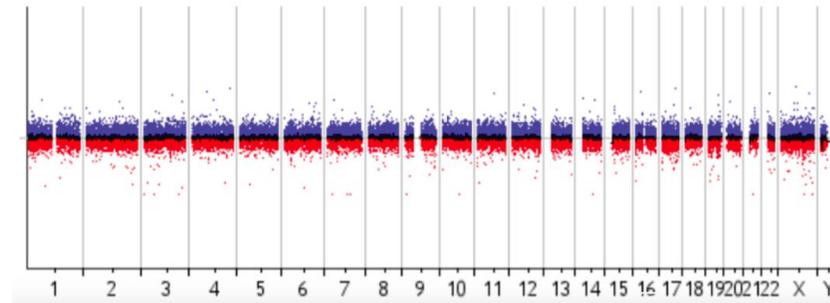
GENOMIC SAFETY VALIDATION (hMSCs)

Karyotype



No numerical or structural abnormalities

High-resolution array CGH



No large copy number gains or deletions

NGS off-target analysis



Genomic safety validation

Targeted NGS ruled out mutations in *MYCN*-targeted hMSCs

CRISPR *MYCN* targeting does not impair genomic stability



ONGOING TASKS

- 1.- Evaluate clinically relevant CRISPR delivery systems: pseudotyped adeno-associated viral vectors (therapeutic efficacy and toxicity).
- 2.- Deepen the safety analysis of the CRISPR-mediated *MYCN* targeting strategy at genomic and mRNA expression level in in vitro and in vivo human PDX NB murine models (therapeutic safety).
- 3.- Development of an NB cell specific targeting expression system for Cas9 nuclease.

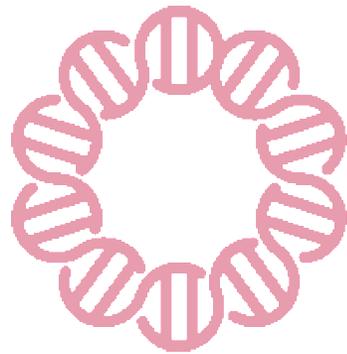


- In the case of low efficient tumour distribution alternative delivery systems will be tested.

Non-Viral

Lipid Nanoparticles

- Increased potency
- Improved tolerability



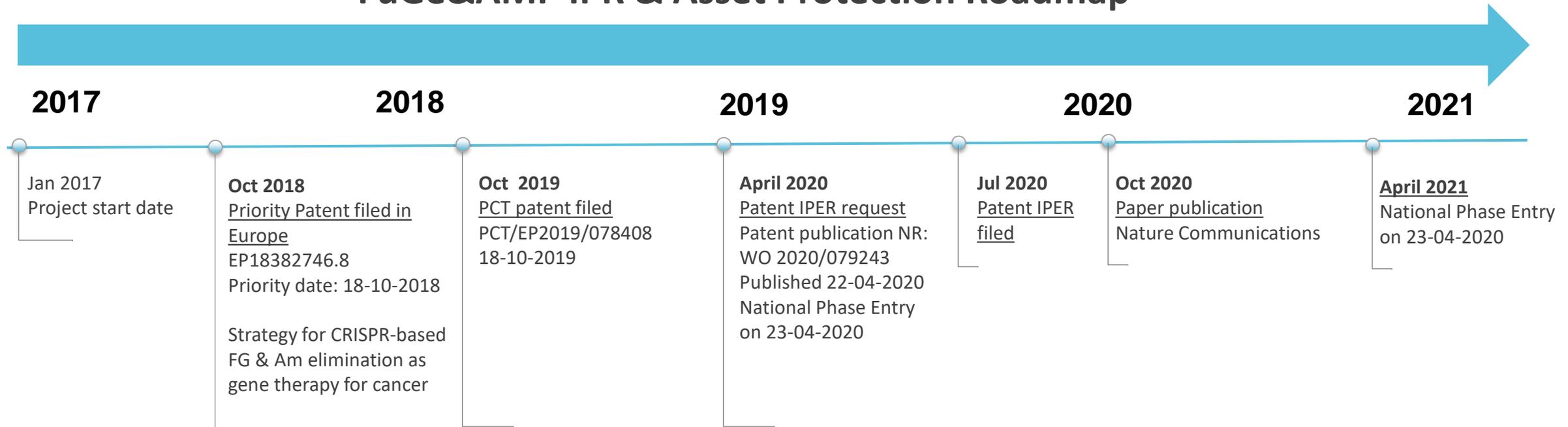
Viral

Pseudotyped Virus-like particles

- Improved tissue specificity
- Non-integrative
- Non-viral genome



FuGe& IPR & Asset Protection Roadmap

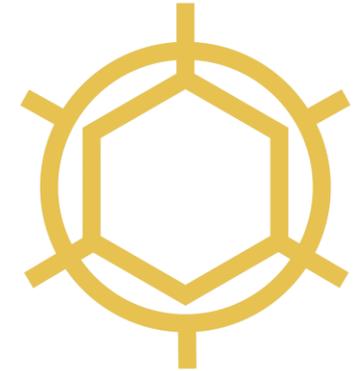
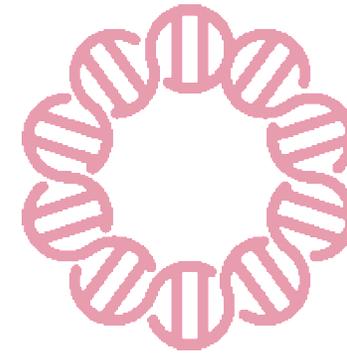


PARTNERING OPPORTUNITIES

Biopharma companies



Delivery technologies companies



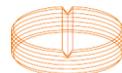
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