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Learning objectives:

- Understand basic principles of genetic eye disease
- Understand principles of gene editing technology
- Understand how gene therapy can be delivered to the retina
- Understand current approaches for treating eye diseases using gene therapy

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Genetic eye disease

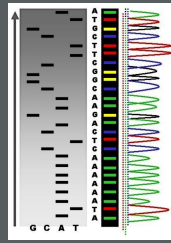
- Central dogma of genetics:
 - DNA is transcribed to mRNA
 - mRNA is translated to protein

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Genetic eye disease

- Mutations in the DNA sequence cause production of proteins that:
 - Do not get produced
 - Function abnormally (poorly, too well)
 - Do not function at all
- DNA *mutations* cause disease
- DNA *polymorphisms* are not disease-causing and are more common



By Museum of English Language, CC BY-SA 4.0
https://commons.wikimedia.org/wiki/File:DNA_mutation.png



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Genetic eye disease

- Genetic eye diseases may or may not be hereditary
 - Inherited: passed down from generation to generation (e.g., inherited retinal dystrophies)
 - Non-inherited: new mutations that have arisen *de novo* (e.g., ocular melanoma)
- Developmental abnormalities do not imply a genetic cause

The most valuable tool in clinical genetics is the question: "Does anyone else in the family have . . . ?"

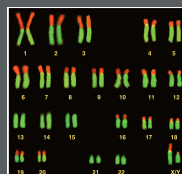


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Genetic eye disease

- Inherited diseases can follow many patterns of inheritance
 - Dominant (1 gene mutation causes disease)
 - Recessive (2 gene mutations required to cause disease)
 - Autosomal (22 pairs of chromosomes)
 - X-linked (X chromosome, males always affected)
 - Mitochondrial (maternal inheritance)
- New mutations can arise sporadically and be passed on to subsequent generations



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The challenge of ophthalmic genetics

- All eye structures are subject to genetic diseases
- Manifestations may be present at birth (*congenital*) or arise later in life
- Eye disorders may be syndromic or isolated
- A particular genetic mutation can have variable manifestations in different individuals (*expressivity*)
 - Phenotypes are multifactorial

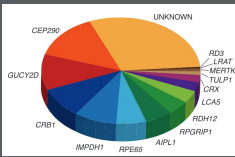
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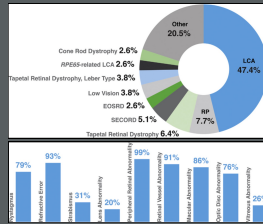
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The challenge of ophthalmic genetics

- Leber's congenital amaurosis (LCA): one disease, many causative genes:



- RPE65 mutations: one gene, diverse manifestations:



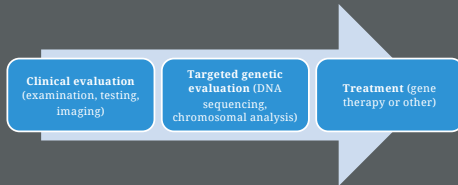
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Gene therapy in ophthalmology

- Many genes, variable phenotypes...how can we diagnose and treat?



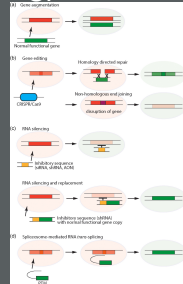
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Gene therapy in ophthalmology

- **Gene augmentation:** add a non-mutant gene to produce normal protein
- **Gene editing (CRISPR):** fix a mutation
- **RNA modulation:** block abnormal protein from being made
- **"Biofactory" approach:** add a gene to make cells produce a biologic therapy
- Vectors for delivering therapeutics
 - Viral (AAV): most common
 - Lipid nanoparticles (e.g., COVID mRNA vaccines)

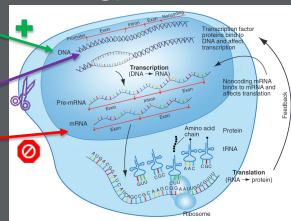


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Gene therapy in ophthalmology

- **Gene augmentation:** add a non-mutant gene to produce normal protein
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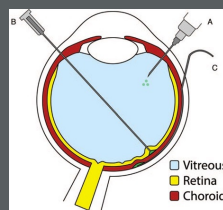


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Gene therapy in ophthalmology

- Sites of delivery:
 - Retina:
 - A: intravitreal
 - B: subretinal
 - C: suprachoroidal
 - Anterior segment:
 - Anterior chamber



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Gene therapy in ophthalmology

- **Leber's Congenital Amaurosis (LCA)**
 - Severe vision loss at birth or in early childhood
 - subset of patients have 2 mutated copies of *RPE65* (autosomal recessive)
- **Luxterna** (voretigene neparvovec-rzyl)
 - First FDA-approved gene therapy
 - Delivers a functional copy of *RPE65*: gene augmentation
 - Effective and safe over 5+ years



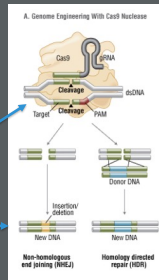
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Gene therapy in ophthalmology: CRISPR

- Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR) technology: gene editing
 - Guide RNA (gRNA) recognizes a cell's specific DNA sequence and an enzyme cuts open DNA
 - DNA is disrupted or a new sequence is introduced



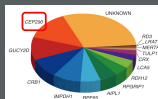
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Gene therapy in ophthalmology

- **Leber's Congenital Amaurosis (LCA)**
 - Severe vision loss at birth or in early childhood
 - subset of patients have *CEP290* mutations
- CRISPR clinical trials: editing mutant copy of *CEP290*



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A Gene-Editing Experiment Let These Patients With Vision Loss See Color Again



"I've always loved colors. Since I was a kid it's one of those things I could enjoy with just a small amount of vision. But now I realize how much brighter they were as a kid because I can see them a lot more brilliantly now," she says. "It's just amazing."



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Gene therapy in ophthalmology

- Gene augmentation in Leber's Congenital Amaurosis
 - Luxturna: delivery of non-mutant *RPE65* gene to retina
- Gene editing in Leber's Congenital Amaurosis
 - CRISPR: editing of disease-causing mutated *CEP290* gene
- RNA interference
 - Ongoing clinical trials: LCA, RP, Usher syndrome
- "Biofactory" approach
 - Macular degeneration, diabetic retinopathy, others

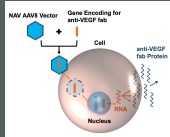
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Gene therapy in ophthalmology

- "Biofactory" approach: a type of gene augmentation
 - Add a gene to make cells produce a biologic therapy
 - Macular degeneration, diabetic retinopathy, others
 - anti-VEGF, complement inhibition



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- Gene encoding anti-VEGF protein is delivered to retinal cells
- Therapeutic protein is produced by the retina instead of being injected into the vitreous



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Gene therapy at Casey Eye Institute



Casey Eye Institute operating room team prepares to deliver first in vivo gene editing treatment using CRISPR/Cas9 at Casey Eye Institute.

Pioneering the first-ever CRISPR gene editing in vivo

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- Dedicated space in a new 60,000-square-foot building for the Paul H. Casey Ophthalmic Genetics Division, with imaging technology integrated into exam spaces and a mobility maze
- Intraoperative OCT
- Experienced surgical and OR team, which has performed more than 150 ocular gene therapy procedures
- Four ophthalmic geneticists
- One genetic counselor
- Eight clinical trial coordinators
- 14 clinical trials investigating new genetic treatments for ophthalmic conditions
- 50 vision-related clinical trials overall



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