INTRODUCTION

- CpG-free pGM169 plasmid complexed with cationic liposome GL67A directs CFTR expression lasting several months in the mouse lung after a single nebulised dose
- A single-dose clinical trial to the nose and lung demonstrated safety and molecular efficacy in Cystic Fibrosis (CF) patients
- To progress into multidose clinical trials, a GLP toxicology and biodistribution/pharmacokinetics study in rodents was performed with two CROs
- Biodistribution and duration of CFTR expression in the target organ (lungs) are presented here
- The results support progress into a multidose clinical trial of this formulation

METHODS

- Aerosol delivery: mice were exposed to aerosolised pGM169/GL67A at two-weekly intervals by nose-only exposure, for 0.5, 2 or 6 hours (Low, Medium and High dose groups, respectively). Mice exposed to air for 6 hours served as controls. Aerosols were generated with an Aeroneb II airjet nebuliser which is the intended device for clinical administration.

- Organ harvesting and processing: groups of mice (males & females; n=4-10) were sacrificed after 1, 6 or 12 doses and organs were analysed for plasmid DNA and/or vector-specific CFTR mRNA using quantitative (RT-)PCR. Extraction of DNA and RNA was performed using AllPrep96 (QIAGEN, Crawley, UK) with on-column (QIAGEN) and in-solution (Ambion, Applied Biosystems, Warrington, UK) DNase. DNA from whole blood was extracted using DNeasy Blood and Tissue Kit.

- Quantitative TaqMan qPCR: methods for (RT-)PCR were essentially as described previously (Rose et al., 2002, Gene Ther. 9:1312, Hyde et al., 2008, Nat. Biotechn. 26:549) using primer sets specific for transgene-derived CFTR mRNA and endogenous mouse CFTR mRNA, and a separate primer set specific for soCFTR2 cDNA in pGM169 for DNA qPCR. Important changes to the procedures in order to comply with GLP standards included the use of an Internal Positive Control (Applied Biosystems) in each qPCR reaction on pGM169 mRNA and DNA, although this raised the detection limit from 5 copies/qPCR reaction for DNA and 12.5 copies/qPCR reaction for RNA, to 25 and 62.5, respectively. For non-target organs, up to 750ng total DNA (diluted where necessary) and 0.2-3.6µg total RNA were analysed per qPCR reaction.

- Detection of pGM169 in DNA from organs of mice treated with one dose or twelve doses (hr each) of pGM169/GL67A, harvested at day 1, 56 or 147. Each symbol represents the group median (n=5 for RNA samples from non-target organs). PBNQ = positive but not quantifiable pGM169 signal; ABAC = signal at or below air controls.

- Similar levels of CFTR mRNA were detected after a single dose in the low and medium dose groups. CFTR mRNA levels were higher with two CROs

RESULTS

- Average doses of lipid delivered to the mice after 0.5, 2, or 6 hours exposure were at least 4-fold, 17-fold and 49-fold over the human dose (mg lipid/kg), assuming a dose of 5ml per patient.

Biodistribution to non-target organs

- Levels of plasmid DNA in non-target organs were five to eight orders of magnitude lower than in the lungs at day 1 and in most cases fell to background levels by day 56 after the first and the twelfth dose. pGM169 DNA remained detectable at very low levels in the spleen of 8 out of 10 mice, at day 147 after the twelfth dose, although it was at background levels at day 147 after a single dose.

- Importantly, when selected RNA samples from organs containing the highest levels of pGM169 DNA (from the Dose 12 day 1 cohort) were analysed for pGM169 mRNA, none had any quantifiable signal.

CONCLUSIONS

- Multiple nebulised doses of pGM169/GL67A result in long-lasting, cumulative CFTR mRNA expression that can increase with successive doses
- This confirms our clinical strategy to deliver multiple doses in order to maximise CFTR expression and generate clinical benefit in CF patients

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