Reduced Reporter Activity upon Repeated Administration of Adeno-Associated Virus 5 in Murine Airways

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Introduction
Recombinant AAV (rAAV) vectors have demonstrated long-term expression of transgenes in mouse, dog and non-human primate models amongst others, with little or no apparent toxicity. rAAVs, in particular, is a relatively efficient vector for gene transfer to the lungs of rodents. We have shown that rAAV5 can also persist for at least 12 months in mouse lung and over 7 months in mouse nose (Sumner-Jones et al., submitted for publication).

These facts combine to make rAAVs an attractive candidate for sustained delivery of transgenes to the airways, for diseases such as Cystic Fibrosis.

Indeed a rAAV5 vector carrying the gene found to be defective in CF, CFTR, has recently been developed (Simminger et al., 2004).

However despite its persistence, rAAV5 would most likely need to be administered more than once for the life-long treatment of chronic diseases such as CF.

We have used the mouse nose and lungs to investigate the feasibility of repeat administration of rAAV5.

Methods

- rAAV5 vectors containing Lux, EGFP, CAT or CTLA4Ig under the control of the CMV immediate-Early promoter/enhancer were produced by triple plasmid transfection of Human Embryonic Kidney 293T cells and purified by CsCl gradient.
- Genomic DNA (DNAse-resistant GC) were established by Tabarrini PCR.
- For in vivo studies 1x10^6 GC of the appropriate virus were delivered to the lungs or nose of female C57BL/6 mice (1-10 weeks old at week 0).
- Lungs, trachea and blood were harvested 4 weeks after delivery of the Lux vector.
- Luciferase activity was determined as previously described (Gill et al., 2001). In the scattergraphs, open circles indicate each individual mouse, the bar indicates the group mean (± s.e.m.).
- Pooled sera from the mice were analysed by ELISA for detection of antibodies against rAAV5/5 capsid proteins and against the proteins encoded by the different transgenes. Data are shown as mean relative ELISA absorbance for pooled sera from treated mice (± s.e.m.) compared with pooled sera from naive mice (nv).
- Pooled sera were also analysed for the presence of neutralising antibody activity by in vitro transduction assays on African Green Monkey COS7 cells. Data are presented as mean inhibition of transduction compared with cells transduced with virus alone (± s.e.m.).

Results

Triple vector administration of rAAV5/5 in the lung did not lead to significant transduction in the lungs. Mice were exposed to one, two or three doses of virus expressing the transgene indicated at 8-week intervals.

Increasing the gap between vector exposure to 36 weeks or delivering immunosuppressive molecules CAT or CTLA4Ig by rAAV5/5 did not improve the efficiency of transduction. Mice were exposed to the viruses indicated, at intervals of 36 weeks or 8 weeks.

Neither the extended gap nor the expression of CTLA4Ig reduced the anti-AAV5/5 response after delivery of the vectors to the lungs. Serum from the mice in the 36-week gap repeat administration study and rAAV5/5/CTLA4Ig study was tested for the presence of antibodies against rAAV5/5 or any of the reporter proteins, by ELISA.

Lack of transduction correlated with levels of anti-rAAV5/5 antibodies, not anti-transgene antibodies:

- Serum from the mice in the 8-week gap repeat administration study was tested for the presence of antibodies against rAAV5/5 or any of the reporter proteins, by ELISA.

Conclusions

Administration of rAAV5/5 to the murine nose or lung induced a rapid and persistent antibody response against viral capsid proteins.

Anti-AAV5 capsid antibodies prevented effective repeated administration of rAAV5/5.

rAAV5/5-mediated expression of the immunosuppressors molecule CTLA4Ig was not sufficient to block the antibody response against the virus.

rAAV5/5-mediated expression of the immunosuppressor molecule CTLA4Ig induced an anti-CTLA4Ig immune response.

Administration of rAAV5 vectors expressing common reporter proteins (Lux, CAT, EGFP) did not induce an anti-reporter protein immune response.

References
Gill et al., 2001. Human Gene Therapy, 12, 1541-1550
Simminger et al., 2004. Human Gene Therapy, 15, 832-841