Potency Development for Cell & Gene Therapy Products

5th Annual Summit of Biologics Conference and Workshop on Biopharmaceutical Product Development

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Accelerating the genetic medicine industry through a new approach to design, manufacture and develop genomic medicines



- End-to-end process development and cGMP manufacturing
- Expert analytical team with experience across HSCs, T cells, B cells, NKs and gene therapy modalities
- Experienced in early-stage assay development through late-stage assay validation and commercialization
- Experienced in supporting global drug development programs with in-house regulatory expertise
- Deep subject matter expertise in a variety of analytical platforms including but not limited to, flow cytometry, molecular biology, cell-based assays including potency, immunoassays, biophysical methods and microbiology

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Potency Assays for CGT products

Potency is the specific ability or capacity of a product to achieve a defined biological effect¹

- Potency is the quantitative measure of biological activity
- Typically assessed in vitro
- Required for product release and stability: Ensures product consistency, efficacy, and safety

Regulatory Expectations for Potency Assays

- > Reflect biological effects that represent the proposed clinical mechanism of action (MOA).
- > Characterize a product well enough to identify and evaluate the impact of process changes.
- > Enable operators to establish criteria for:
 - Lot release
 - Stability
 - Comparability during process changes and improvements

¹ICH Q6B Specifications: Test Procedures and Acceptance Criteria for Biotechnological/Biological Products



Phase-Appropriate Approach to Potency Development

- Establish Proof of Concept
- Initiate development of multiple
 readouts: Genetic and protein
- Semi-quantitative with phaseappropriate specificity and sensitivity
- Evaluate suitability for in vitro and/ or animal model testing

Pre-Clinical Development to FIH Later Phases of Clinical Development To Pivotal

- Refine assays for quantitative readouts based on early clinical data: Identify Reference standards and Critical reagents
- Develop MoA functional potency
- ➤ Qualify assays
- Assess suitability for later phases:
 Establish acceptance criteria

Further optimize the assay/s based on expanded clinical data

- Validate with larger sample size and routine handling conditions
- Finalize documentation for regulatory submission
- Confirm method acceptance criteria

Towards Commercial Filing

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Phased approach for a Cell Therapy Product Development



Potency development for an *in vivo* AAV gene editing therapy for HD – *A case study*



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Huntington's Disease (HD) pathogenesis

- HD is an inherited, fatal neurological condition caused by **mutation of the HTT gene**.
 - CAG trinucleotide repeat expansions lead to **polyglutamine (polyQ)** tracts of variable length in the protein.
- mutHTT protein forms **intracellular aggregates** in neurons, and aggregation correlates with polyQ expansion and neurotoxicity.
- Histopathological hallmarks: neuronal loss in the striatum (motor and reward systems); enlarged lateral ventricles (cerebrospinal fluid). Degeneration occurs in the cerebral cortex (cognition) during progressed stages of HD.



Huntington's Disease Brain Pathology (Bio-Techne)



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Individuals with Huntington disease (HD) are mostly heterozygous for the CAG repeat:

- having one wild-type (wtHTT), and
- one abnormally expanded mutant huntingtin gene (mutHTT) allele

Length of the polyQ correlates with phenotypic dysfunction



Description of gene	CAG repeat range	Risk of HD	Risk of HD in next generation
Normal	≤26	No HD	No
Higher normal	2735	No HD	Possible
Reduced penetrance	3639	Possible HD	Yes
Full penetrance	≥40	Definite HD	Yes

Gatto et al. Clinical Parkinsonism & Related Disorders. 2020

Specific SNPs are co-located with the mutHTT allele and can be targeted while preserving wild-type HTT (wtHTT) allele (Claassen et al. Neurology Genetics. 2020).

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LETI-101: An Investigational In Vivo Gene Therapy for HD



Molecular events leading to intended therapeutics activity

- 1. **Transduce** cells with AAV encoding nuclease and guide RNA.
- 2. Cells **express** the RNP complex in nucleus.
- 3. Nuclease cleaves DNA, leading to **double-stranded breaks**.
- 4. DNA repair mechanisms are activated, producing nucleotide insertions/deletions (INDELs) of random size at the target site.
- 5. INDELs can generate frameshift mutations, resulting in **premature termination codons** in the transcribed HTT mRNA.
- 6. mRNA is degraded by the **nonsense-mediated decay pathway** within the cell, ultimately leading to a loss of mutant HTT protein.



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Strategy for potency development

A potency assay must ensure intended therapeutic effect measuring the biological activity (FDA 2023)

A potency assay should assess MoA, therapeutic activity, or intended biological effect (FDA 2011)

The biological cascade for the rAAV5 product is as follows:



Critical Attributes	Challenge
Permissive to AAV5 transduction	AAV5 serotype has poor in vitro cell line transduction
Contains target SNP for RNP target engagement	SNP must be experimentally determined for each cell line; cells may not contain target SNP

Other Preferred Attributes:

- □ Easy to grow and maintain in culture
- Commercially available
- □ Less lot-to-lot variability; established cell line preferred
- □ Representative of the target tissue or a representative surrogate

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Permissibility of AAV serotypes in human cells

- In general, AAV5 demonstrates poor transduction efficiency in primary or immortalized human cells in culture
- Different AAV serotypes have evolved distinctive interactions with the same receptor
- AAV5 is known to use o-linked sialic acid as the primary receptor and PDGFR as a co-receptor (Kaludov et al. 2001; Seiler et al. 2006; Wu et al. 2006; Di Pasquale et al. 2003)
- AAV5 also interacts with PKD domain (PKD1) of AAVR to promote transduction (Di Pasauale et al. 2017)



AAV Transduction of human primary cells

AAV Transduction of human immortalized cells



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AAV serotypes expressing GFP reporter were used for transducing at a MOI of 10⁵ vg/ cell followed by flow cytometry analysis.

The number in the box is the actual percentage of GFP positive cells with that serotype.

* = Transduction less than 0.01% but greater than 0.0%

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Screening strategy for a suitable cell line for potency

	Attributes	Screening Strategy
1.	Contains target SNP for RNP target engagement	Screen for the specific SNP by sanger sequencing
2.	AAV5 transduction efficiency	Screen candidate cells using AAV5-GFP as surrogate by flow cytometry
3.	Easy to grow and maintain in culture	Check cell viability and population doubling



1. SNP screening in different cell lines by sanger sequencing

SNP analysis:

At least one 'T' allele is required for target engagement.



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2. AAV5 transduction efficiency screening

Candidate cells were transduced with AAV5-GFP (ElevateBio) and assessed by flow

Transduction efficiency in Cell line #5: Repeatability with AAV5-GFP from 3 different sources





Cell line #5 showed the best transduction efficiency

3. Growth in culture



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Clonal purity of cell line #5

Could #5 be a mixed population instead of a true heterozygous cell line?

- i. Single cell clones were generated
- ii. Clonal populations of cells were isolated and cultured over the course of 35 days
- iii. 6 clones were sequenced to confirm that the clones were heterozygous C/T and not a mixed population of homozygous cells



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Indel potency design: Measuring %Editing by ddPCR



- ddPCR primers and probes were designed for a NHEJ drop-off assay
- Editing will prevent the NHEJ/dropoff probe from binding
- Reference probe binds to all alleles
- gBlocks were designed to mimic INDELs expected from nuclease cutting

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ddPCR method overview



Assay performance using synthetic DNA



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Determining %Editing of different AAV constructs



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Summary

- A suitable cell line was identified for the Indel detection potency assay:
 - Showed >80% transduction efficiency by flow cytometry
 - Contained the unique SNP for target engagement
- A potency method measuring INDEL by ddPCR was developed for an *in vivo* gene editing therapy delivered by AAV:
 - Initial method development using synthetic g-block DNA
 - The assay showed good accuracy and precision
 - The assay performance was confirmed using the identified cell line

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