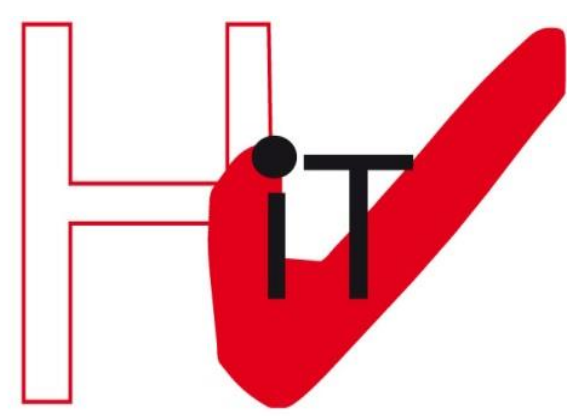


FINDING THE MINIMUM VECTOR COPIES PER CELL NEEDED TO REACH PHENOTYPIC CORRECTION IN A MOUSE MODEL OF ERYTHROCYTE PYRUVATE KINASE DEFICIENCY USING A CLINICALLY APPLICABLE LENTIVIRAL VECTOR



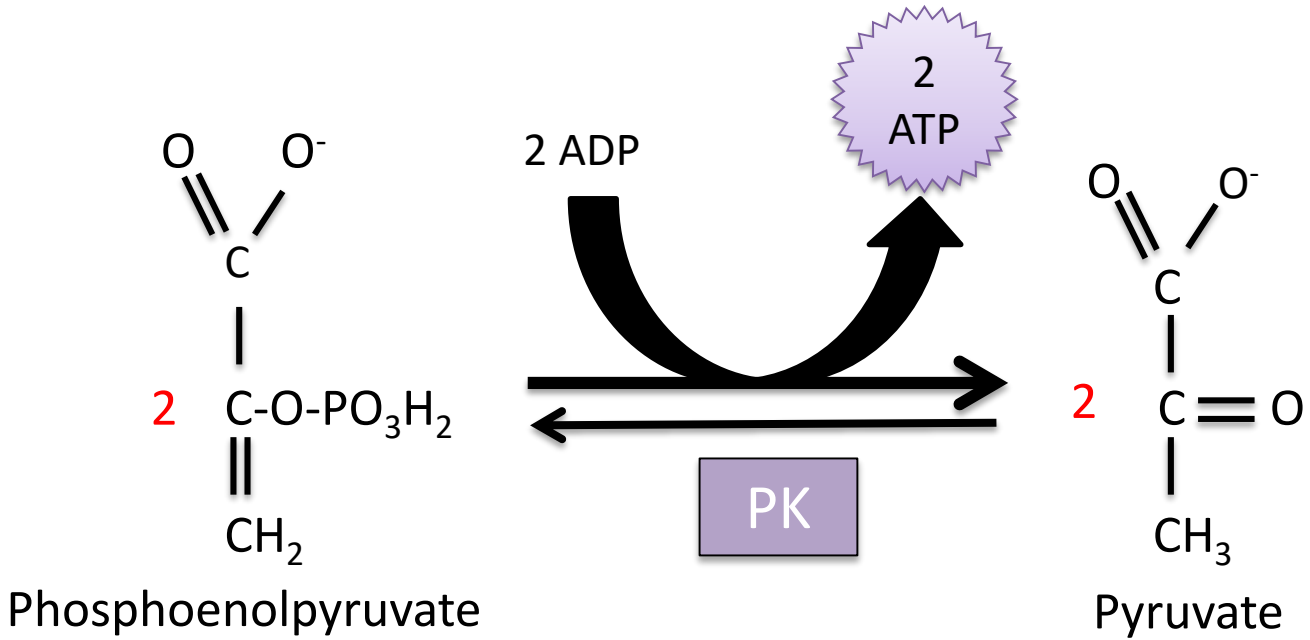
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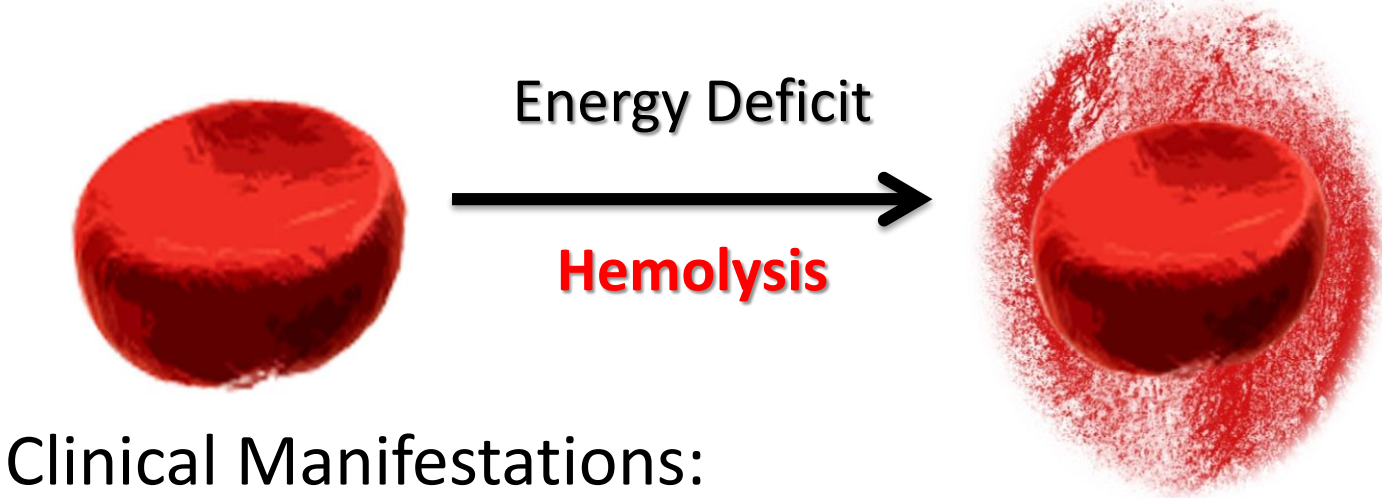
INTRODUCTION

PYRUVATE KINASE DEFICIENCY AND THERAPEUTIC LENTIVIRAL VECTOR

Pyruvate Kinase (PK), catalyzes the last step of Glycolysis

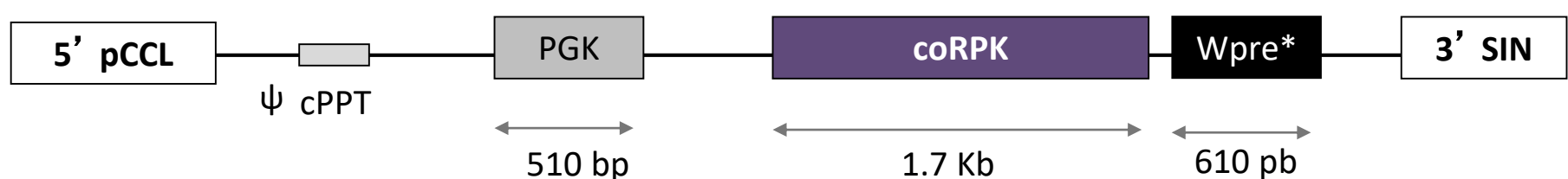


Loss in PK activity impairs the cell metabolism causing **Pyruvate Kinase Deficiency (PKD)**, an autosomal recessive disease caused by mutations in the *PKLR* gene (Liver and Red Blood Cell isoforms.)



- Clinical Manifestations:
- Chronic non-spherocytic haemolytic anemia (CNSHA.)
 - Splenomegaly.
 - Reticulocytosis.
 - Fatal in some severely affected patients during early childhood.

We have designed a successful preclinical protocol in a PKD mouse model based on autologous transplantation of hematopoietic stem cell (HSC) genetically corrected by a **Therapeutic Lentiviral Vector** (PGK-coPKLR.Wpre*-LV).



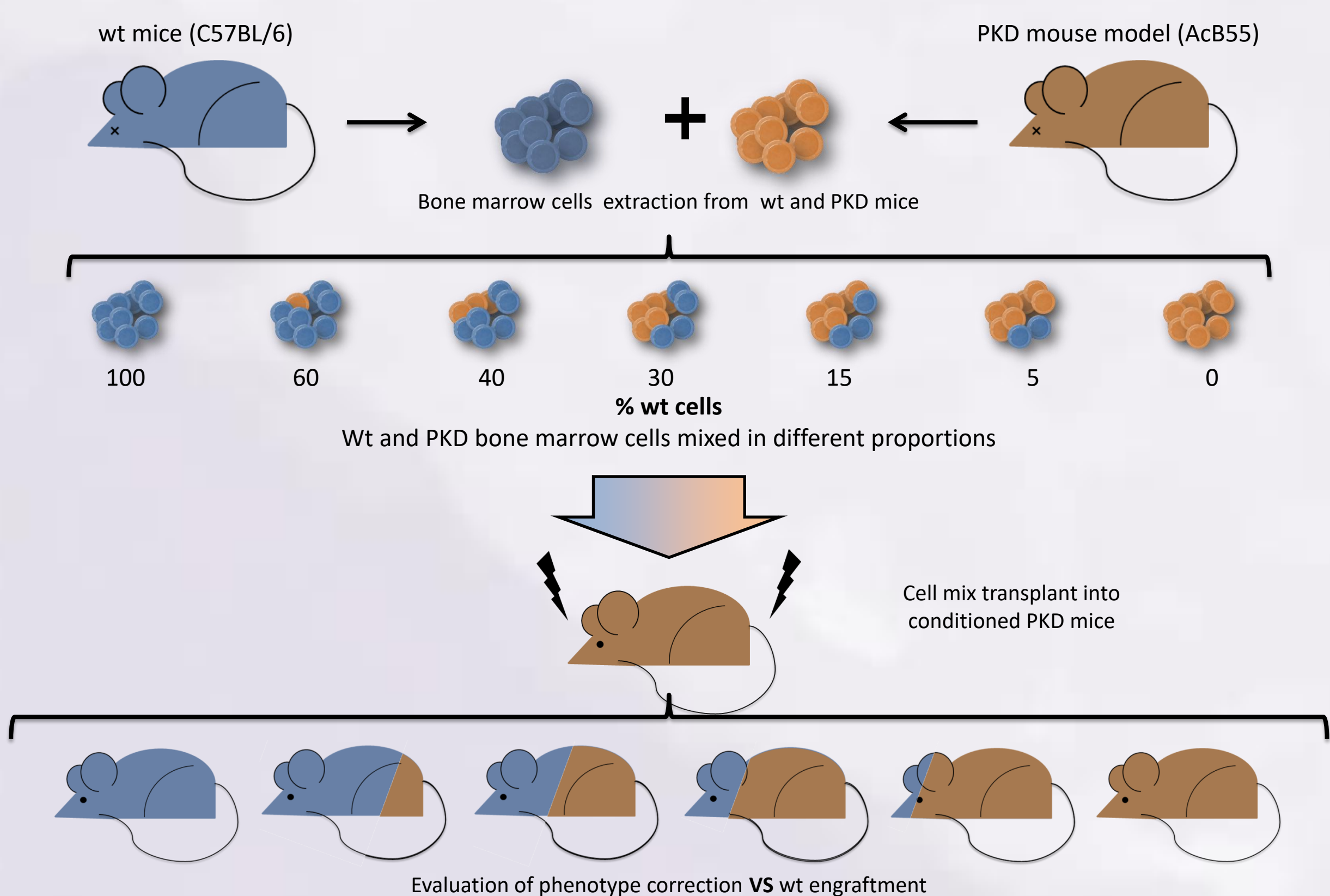
This vector have already being designated as **Orphan Drug** by the European Medicines Agency (EMA) and Food and Drug Administration (FDA).

AIMS

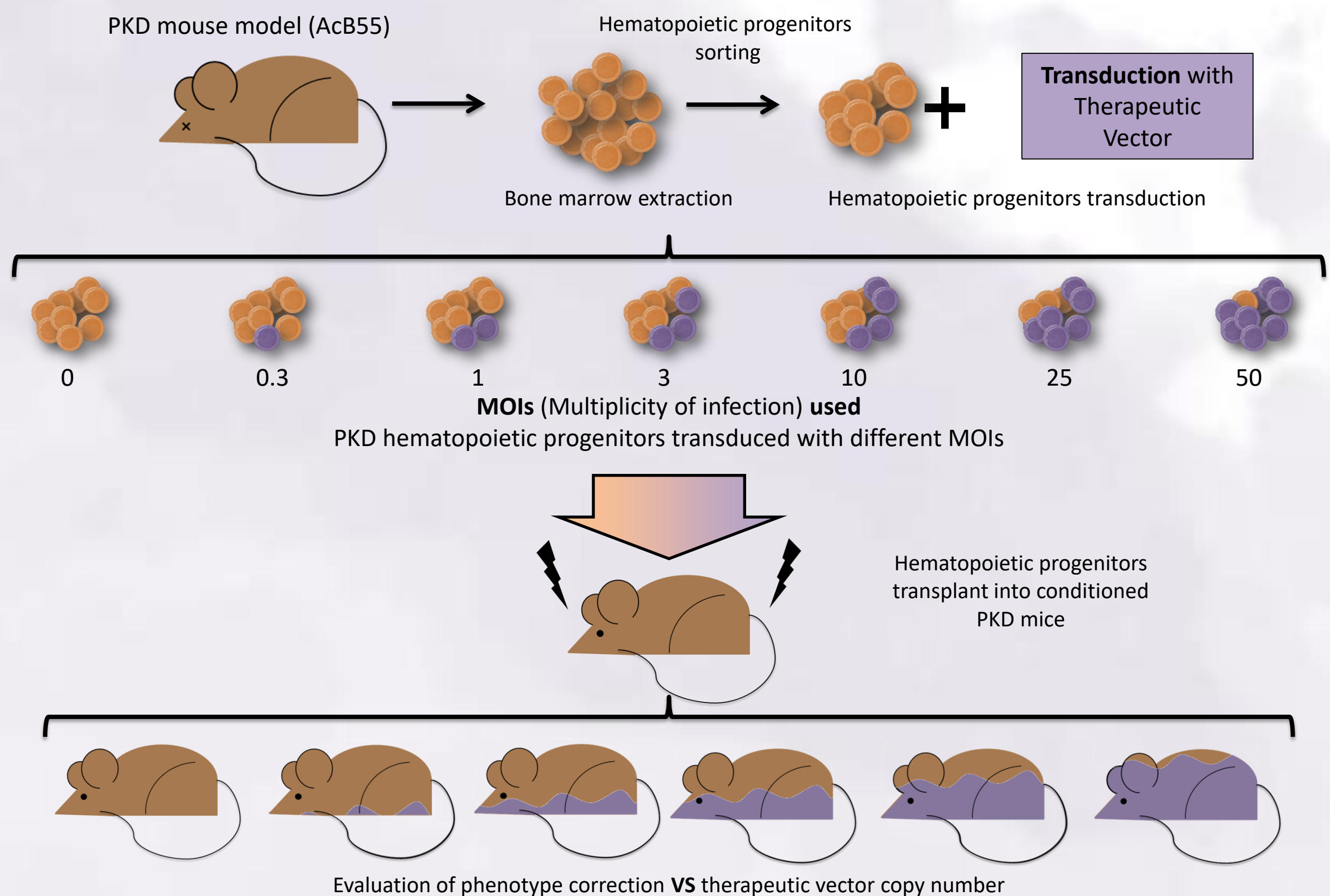
Define the minimal proportion of corrected cells required to achieve a therapeutic effect in PKD patients

EXPERIMENTAL DESIGN

1st Approach: wt and PKD total bone marrow mixes

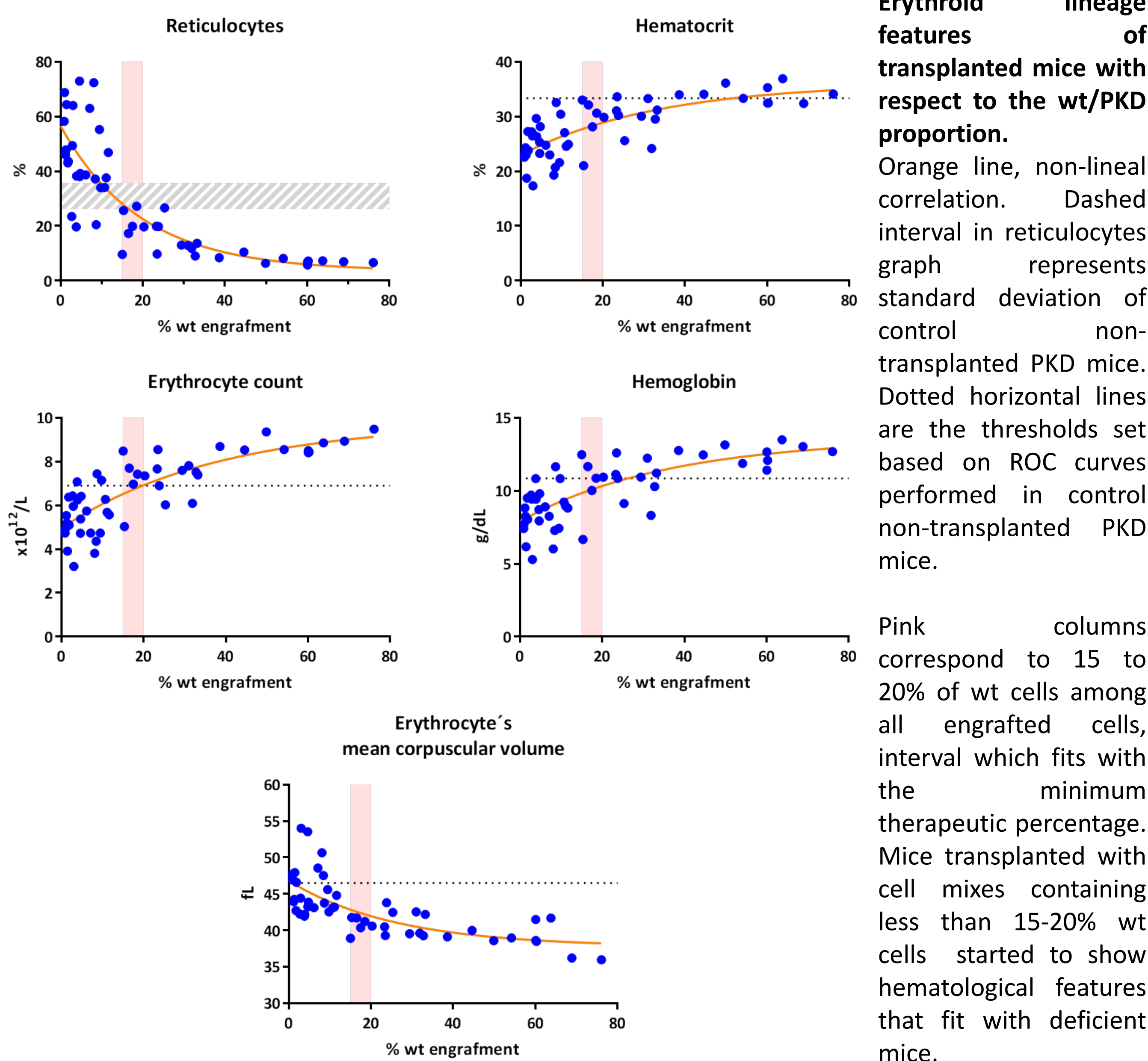


2nd Approach: Transduction of PKD hematopoietic progenitors

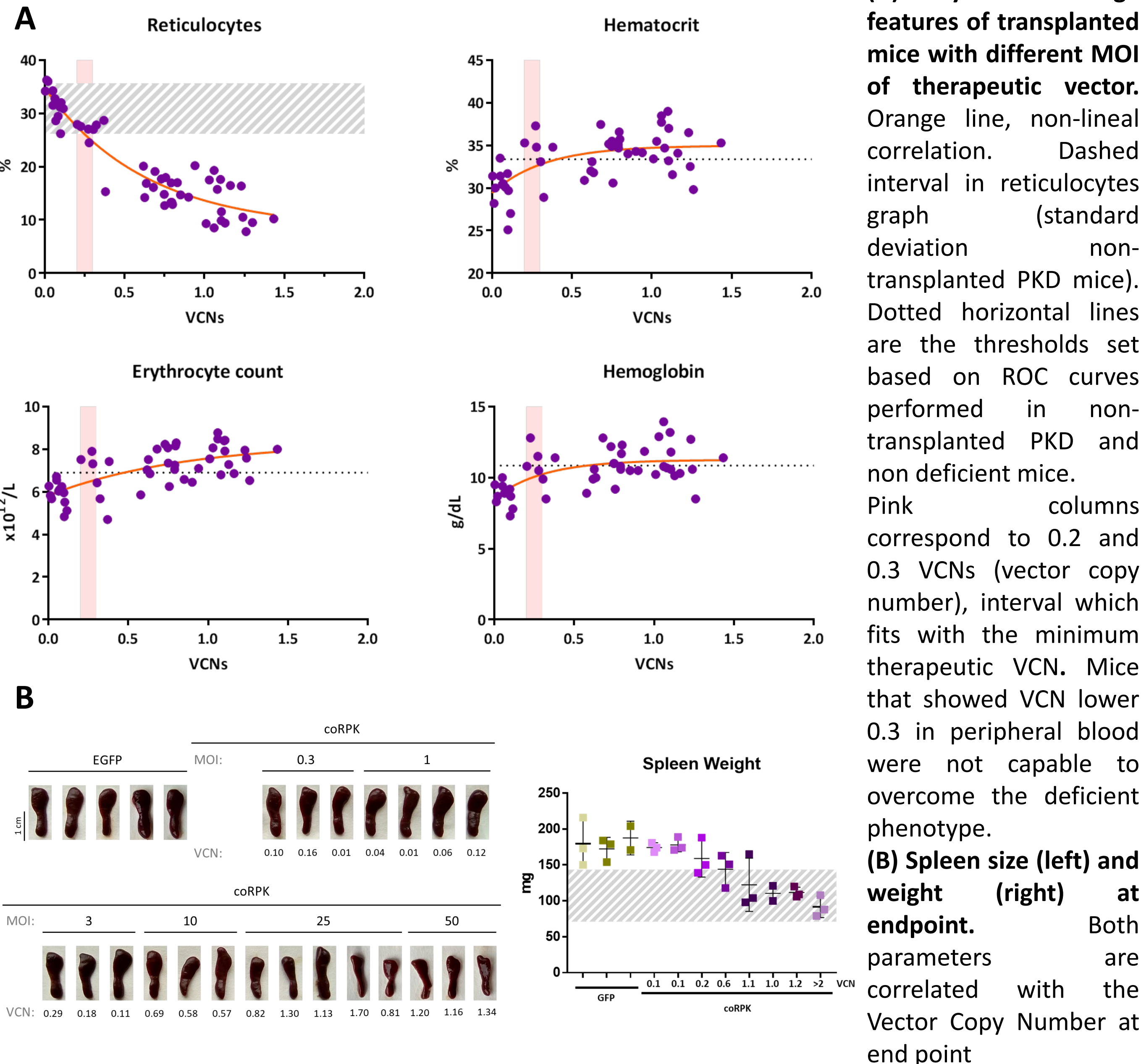


RESULTS

Phenotype rescue depending on the wt/PKD cell proportion transplanted



Phenotype rescue depending on therapeutic vector MOI used



CONCLUSIONS

- PKD correction was found when total bone marrow contained at least 20% of non-deficient cells
- PKD correction by the therapeutic vector was achieved when at least 0.3 copies of the vector were detected among the total peripheral blood cell populations
- Spleen Size and weight confirmed results obtained in peripheral blood and corroborated the therapeutic properties of the developed clinical vector

