

AAV Gene Therapy Trials To Watch



Here's what you need to know about the many gene therapies under investigation for inherited retinal diseases.

BY CHRISTINE KAY, MD

Many clinical gene replacement trials are under way for inherited retinal diseases (IRDs). Other than voretigene neparvovec (Luxturna, Spark), most IRD gene therapy trials are still in phase 1 or 2 with significant work remaining to be done (Table).

This article provides an overview of ongoing ocular gene therapy trials to help retina specialists provide patients with educated and up-to-date counseling regarding their possible candidacy for clinical trials (Figure).

TRIALS TO WATCH

Retinitis Pigmentosa

AAV-RPGR (MeiraGTx/Janssen) is being evaluated for treatment of RPGR-associated X-linked retinitis pigmentosa (XLRP). Researchers have reported interim results of the phase 1/2 MGT009 clinical trial.^{1,2} At 9 months, six of seven patients in the low and intermediate dose cohorts demonstrated improved or stable retinal sensitivity in the treated eye compared with baseline. Based on a vision-guided mobility maze, five of six patients demonstrated improvement in walk time for the treated eye at 9 months compared with baseline.

The low and intermediate doses are being evaluated in an ongoing expansion portion of the phase 1/2 study, which completed enrollment in the first half of 2020. The companies are planning a phase 3 pivotal study.

rAAV2tYF-GRK1-RPGR (AGTC-501, AGTC) for RPGR-associated XLRP is being investigated in a phase 1/2 trial. Enrollment is complete, with 28 patients assigned to one of six dose groups.^{3,4} Data from all 28 patients have

demonstrated a favorable safety profile. At 12 months, two of eight patients in groups 2 and 4 showed measurable improvements in visual sensitivity.

Interim 12-month data for groups 5 and 6 show a 50% response rate for patients who met the inclusion criteria for the phase 1/2 expansion trial and the phase 2/3 trials (at least a 7 dB improvement in at least five loci).³

4D Therapeutics is investigating the safety and tolerability of **4D-125** for the treatment of XLRP. The phase 1/2 trial is recruiting up to nine male patients with XLRP and assigning them to one of two dose levels. Patients will be followed for 24 months for safety, with secondary endpoints evaluating efficacy measures at 12 months.⁵

A phase 1/2 trial of **AAV2/5-hPDE6B (HORA-001, Horama)** for the treatment of retinitis pigmentosa (RP) associated with the *PDE6B* gene is under way in France.⁶

AT A GLANCE

- ▶ One ocular gene therapy has been FDA-approved, and the large number of ongoing trials brings hope to IRD patients who are waiting for a potential treatment.
- ▶ With standard augmentation gene therapy, novel optogenetic therapies, and other advances such as antisense oligonucleotide therapy, retina specialists must remain up to date to provide the best possible care for their patients.

TABLE. CLINICAL IRD GENE THERAPY TRIALS

Adeno-Associated Virus Vector Transduction						Lentivirus Vector Transduction					
▪ Achromatopsia	1/2	AAV2tYF	CNGB3	AGTC	Open	▪ Stargardt	1/2	EIAV	ABCA4	Sanofi	Closed
▪	1/2	AAV2/8	CNGB3	MeiraGTx	Completed	▪ Usher 1B	1/2	EIAV	MYO7A	Sanofi	Closed
▪	1/2	AAV2tYF	CNGB3	AGTC	Open	Antisense Oligonucleotide					
▪	1/2	AAV2/8	CNGB3	MeiraGTx	Open						
▪	1/2	AAV8	CNGB3	Tuebingen	Completed						
▪ XL RS	1/2	AAV2tYF	RS1	AGTC	Closed						
▪	1/2	AAV8	RS1	NIH	Open						
▪ XL RP	1/2 → 2	AAV2tYF	RPGR	AGTC	Open	▪ RP/Usher 2	1/2	USH2A (exon 13)	ProQR	Enrolling	
▪	2 → 3	AAV2/8	RPGR	Biogen	Open	▪ RP	1/2	RHO (P23H)	ProQR	Enrolling	
▪	1/2	AAV2/5	RPGR	MeiraGTx	Open	▪ LCA	1/2	CEP290 (p.Cys998X)	ProQR	Enrolling	
▪	1/2	?	RPGR	4D	Open	Gene Editing/CRISPR					
▪ RP	1/2	AAV2/5	PDE6B	Horama S.A.	Open						
▪ Choroideremia	3	AAV2	REP1	Biogen	Open	▪ LCA	1/2	CEP290 (p.Cys998X)	Editas	Enrolling	
▪	1/2	AAV2	REP1	Spark	Open	Optogenetics					
▪	2	AAV2	REP1	Tuebingen	Open						
▪	2	AAV2	REP1	U of Oxford	Open						
▪	2	AAV2	REP1	Bascom	Completed	▪ RP	2	AAV2-MCO	Nanoscope	Enrolling	
▪	1/2	AAV2	REP1	U of Alberta	Completed	▪ RP	1/2	AAV2-7m8	GenSight	Enrolling	
▪	1	AAV2	REP1	4D	Open						
▪ LCA2/RP	Approved	AAV2	RPE65	Spark	Treating						
▪ LCA1	1/2	AAV5	GUCY2D	Atsena	Open						

Courtesy of Paul Yang, AAO 2020

The open-label dose-ranging safety and efficacy trial is recruiting at least 12 adults to be assigned to one of four consecutive cohorts. The primary endpoint is the incidence of adverse events, with 4-year follow-up after the initial 12-month trial. Secondary endpoints include improvements in visual fields, visual function, and quality of life.

An optogenetics trial that uses the AAV2 vector to deliver multi-characteristic opsin (MCO)—light sensitive molecules—to retinal cells is showing promise as a mutation-independent gene therapy for advanced RP. In the phase 1/2a study, 11 patients received a single intravitreal injection of **MCO-010 (Nanoscope Therapeutics)**.^{7,8} At 12 months, six of seven (86%) high-dose patients gained > 0.3 logMAR (15 letters). Data also showed that shape discrimination accuracy improved to > 90% in all patients compared with baseline, and performance in mobility testing improved by a 50% reduction in the time it took for patients to touch a lighted panel. In June, Nanoscope announced that the FDA had approved the company's investigational new drug application for a phase 2b optogenetics trial.⁹

Researchers in the phase 1/2 study of **GenSight Biologics' GS030** gene therapy program reported a case detailing one patient with a 40-year history of RP who experienced partial recovery of visual function after treatment.^{10,11}

GS030 combines delivery of a gene therapy product encoding a photoactivatable channelrhodopsin protein with use of light-stimulating goggles. The patient received the lowest dose of the gene therapy, followed by training with the device 4.5 months later. After 7 months of training, the patient reported signs of visual improvement, with the ability to perceive, locate, count, and touch objects when using the goggles. In addition, electroencephalography suggested that performing the visual perception tests caused neurophysiologic activity in the visual cortex.¹¹

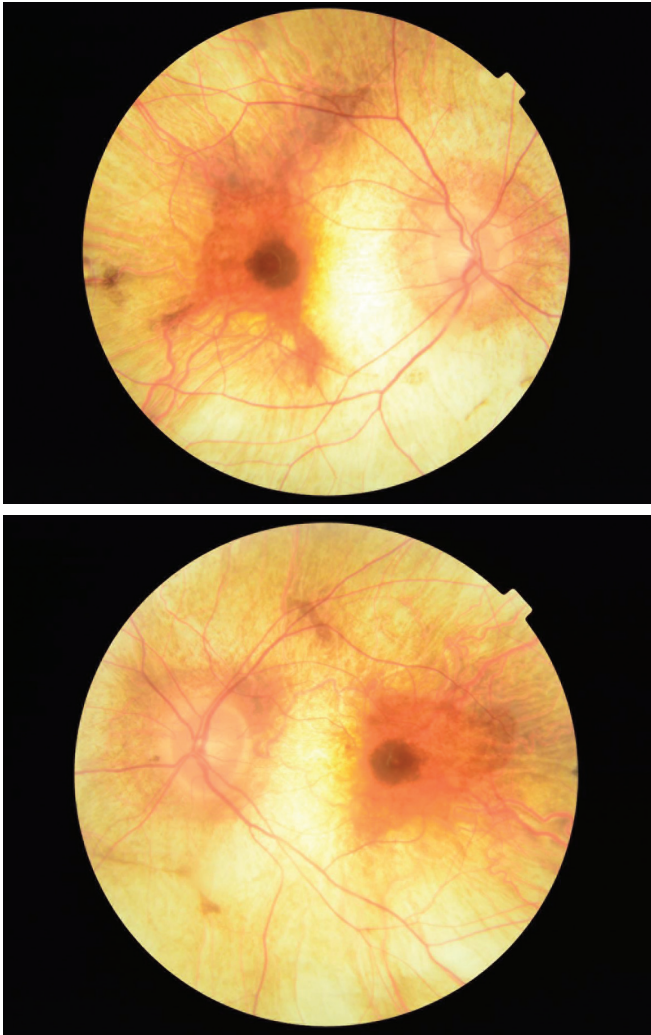


Figure. Retina specialists should follow the gene therapy trials carefully, as they may one day provide a therapy option for patients with IRDs, such as this one with choroideremia.

OTHER TRIALS IN THE PIPELINE

Several therapeutics in development are using means other than AAV vectors to achieve delivery.

Sepofarsen (QR-110, ProQR) is an antisense oligonucleotide designed to address the underlying cause of LCA 10 due to the p.Cys998X mutation in the *CEP290* gene. The phase 1b/2 study found that the treatment was well tolerated, and patients demonstrated improvement in BCVA, full field stimulus threshold test, and mobility. However, treatment was associated with cataract development.¹ The phase 2/3 study completed enrollment of 36 patients with random assignment to one of two dosing groups or a control arm.²

A phase 1/2 clinical trial of the antisense oligonucleotide **QR-421a (ProQR)** in adults with Usher syndrome and nonsyndromic RP due to *USH2A* exon 13 mutations demonstrated benefits in visual acuity, visual fields, and OCT imaging. The company is planning pivotal phase 2/3 trials.³

The antisense oligonucleotide **QR-1123 (ProQR)** is in a phase 1/2 clinical trial for adult patients with RP due to the P23H mutation in the *RHO* gene. The trial is enrolling approximately 35 patients and will include up to eight single-dose

and repeat-dose cohorts. Patients will be followed for 12 months to assess safety, tolerability, and efficacy.⁴

AGN-151587 (EDIT-101, Allergan/Editas) is the first in vivo CRISPR therapy, according to the developers; it is being evaluated in a phase 1/2 trial including approximately 18 pediatric and adult patients with LCA 10. The actively recruiting trial will assign patients into one of five dosing cohorts. Primary outcomes at 1 year include frequency of treatment-related adverse events, procedure-related adverse events, and incidence of dose-limiting toxicities.⁵

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5. Single ascending dose study in participants with LCA10. Accessed June 2, 2021. clinicaltrials.gov/ct2/show/NCT03872479

X-Linked Retinoschisis

A phase 1/2 study at the US National Eye Institute is evaluating three increasing dose levels of an **AAV-RS1 vector** for the treatment of X-linked retinoschisis. Up to 24 adult patients with VA of 20/63 or worse in one eye will be included. Ocular events reported to date include dose-related inflammation that resolved with corticosteroids. Systemic antibodies against AAV8 increased in a dose-related fashion, but no antibodies against retinoschisin 1 were observed.¹²

Choroideremia

An ongoing phase 1/2 trial in patients with choroideremia is using an AAV2 vector, **AAV2-hCHM (Spark Therapeutics)**.¹³ In preliminary 6-month safety data, visual acuity returned to baseline in all but one patient, who gradually returned to within 20 ETDRS letters of baseline by month 6.¹⁴ Foveal thinning was observed in this patient. Mean sensitivity, as assessed by light-adapted perimetry, remained unchanged in both treated and control eyes.

A phase 1 dose-escalation study of **4D-110 (4D Molecular Therapeutics)** gene therapy is evaluating the safety, tolerability, and preliminary efficacy of a single intravitreal injection at two dose levels in patients with choroideremia.¹⁵ 4D-110 is an AAV capsid variant carrying a transgene encoding a codon-optimized human *CHM* gene.

Achromatopsia

Two phase 1/2 open-label multicenter dose-escalation trials are investigating gene therapies for achromatopsia: One trial is evaluating **AAV2/8-hG1.7p.coCNGA3 (AAV-CNGA3, MeiraGTx/Janssen)** in patients with

CNGA3-associated achromatopsia, and another is evaluating **AAV2/8-hG1.7p.coCNGB3 (AAV-CNGB3, MeiraGTx/Janssen)** in patients with **CNGB3-associated achromatopsia**.^{16,17} The primary outcome measure for each of the trials is incidence of treatment-related adverse events at 6 months. Secondary outcome measures include assessments of improvement of visual function, retinal function, and quality of life.

AGTC is also enrolling patients in two nonrandomized open-label phase 1/2 studies evaluating the safety and efficacy of its two gene therapy candidates, **rAAV2tYF-PR1.7-hCNGA3 (AGTC-402)** for patients with **CNGA3-associated achromatopsia** and **rAAV2tYF-PR1.7-hCNGB3 (AGTC-401)** for patients with **CNGB3-associated achromatopsia**.^{18,19} Participants were sequentially assigned to one of four dose groups in both studies.

The company recently reported interim 12-month safety and efficacy findings, and both therapies were well tolerated across all dose ranges. Most adverse events were mild to moderate, and no serious adverse events were treatment-related. Four of the 24 treated participants had a five-letter improvement in BCVA at month 12. Five participants had a 1-log¹⁰ lux or more improvement in light sensitivity threshold.²⁰ AGTC intends to complete enrollment and has amended the study protocol to allow enrollment of patients as young as age 4 years.^{20,21}

Leber Congenital Amaurosis

A phase 1/2 study sponsored by Atsena Therapeutics is investigating the safety and tolerability of ascending doses of **AAV5-hGRK1-GUCY2D**, administered via

subretinal injection, in patients with *GUCY2D*-associated Leber congenital amaurosis. The trial is recruiting approximately 15 patients who are at least 6 years old and will assign them to one of five dosing groups. The primary endpoint is the number of patients with adverse events; secondary endpoints include change in BCVA and change in retinal sensitivity as measured by full-field stimulus testing.²²

TRIALS IN THE WINGS

The phase 2/3 XIRIUS study of **cotoretigene toliparvovec (BIIB112, Biogen)** for *RPGR*-associated XLRP failed to hit its primary endpoint of a statistically significant improvement in the percentage of treated eyes with a ≥ 7 dB improvement from baseline at ≥ 5 of 16 central loci.²³ Nonetheless, the company observed positive trends across some secondary endpoints, including low luminance visual acuity.

A phase 1/2 study sponsored by the University of Oxford evaluated a single subretinal injection of **AAV2-REP1** in patients with choroideremia and found that two patients with advanced choroideremia and low baseline BCVA gained 21 letters and 11 letters.²⁴ The early improvement in two of the six patients was sustained at 3.5 years, despite progressive degeneration in the control eyes.²⁵ A phase 2 open-label study remains open but not recruiting.²⁶

These data prompted Biogen's phase 3 study of **timrepigene emparvovec (BIIB111/AAV2-REP1)**, which randomly assigned 170 adult patients with choroideremia to one of three dosing groups. The study's primary endpoint is the percentage of patients with a ≥ 15 -letter improvement in BCVA from baseline at 12 months.²⁷ In June, the company announced that this primary efficacy endpoint was not met.²⁸

A phase 1/2 study evaluated the delivery of **AAV2tYF-CB-hRS1 (AGTC)** in patients with X-linked retinoschisis. Results supported the general safety and tolerability of the gene delivery platform but did not demonstrate signs of clinical activity at 6 months.²⁹

Sanofi-sponsored lentivirus-based clinical trials for Stargardt and Usher syndrome type 1B were both prematurely terminated.^{30,31} According to clinicaltrials.gov, the decision was not due to safety concerns, but rather because Sanofi decided to stop development of the product.

FINAL THOUGHTS

Much work remains to be done, but IRD research has advanced monumentally in the past 10 years. With the FDA approval of voretigene, the field of ocular gene therapy has exploded, and the number of trials provides hope for IRD patients who are waiting for a potential treatment.

With standard augmentation gene therapy, novel optogenetic therapies, and other advances such as antisense oligonucleotide therapy, we must remain up to date on recent research to provide the best possible care for our patients. ■

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- Financial disclosure: Consultant (AGTC, Spark, Atsena, 4D); Clinical Trial Funding (AGTC, Biogen, MeiraGTx, ProQR)