

Next-Generation Enzyme Replacement Strategies for Gaucher Disease

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Introduction

Enzyme replacement therapy (ERT) has revolutionized the management of patients with lysosomal storage disorders (LSDs) over the last few decades. Periodic intravenous administration of active GBA has proven effective in reversing most visceral manifestations of Gaucher Disease (GD). However, there are important drawbacks associated with ERT, such as GBA poor stability and inactivation in the bloodstream leading to high and frequent doses. To overcome these challenges, we have optimized the production and purification of different GBA glycoforms in a mammalian expression system obtaining two cost-effective GBA variants with catalytic properties comparable to an FDA approved one. To further improve ERT strategy our team has developed the NanoGBA, integrating a biodegradable peptidic based polymer that enhances protein stability, bioavailability, and targeted biodistribution.

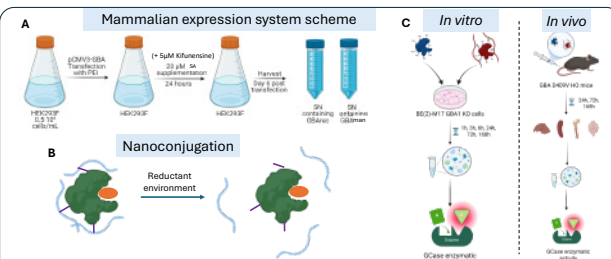


Fig 1. Methods. A) GBA expression scheme in mammalian HEK293F cell line. Expression in absence and presence of Kifunensin leads to GBArec and GBAman respectively. B) Graphic representation of NanoGBA technology. C) Graphic representation of GBA and NanoGBA treatments *in vitro* using BE2(M17) GBA1 KO cells (left) and *in vivo* in GBA D409V homozygote mice (right).

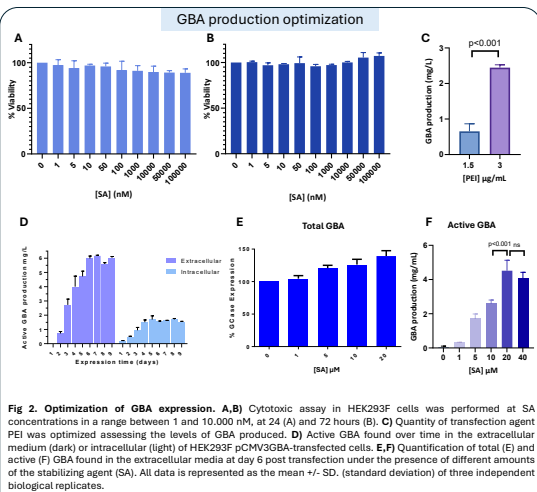


Fig 2. Optimization of GBA expression. A,B) Cytotoxic assay in HEK293F cells was performed at SA concentrations in a range between 1 and 10,000 nM, at 24 (A) and 72 hours (B). C) Quantity of transfection agent PEI was optimized assessing the levels of GBA produced. D) Active GBA found over time in the extracellular medium (dark) or intracellular (light) of HEK293F pCMV3GBA-transfected cells. E,F) Quantification of total (E) and active (F) GBA found in the extracellular media at day 6 post transfection under the presence of different amounts of the stabilizing agent (SA). All data is represented as the mean +/- SD. (standard deviation) of three independent biological replicates.

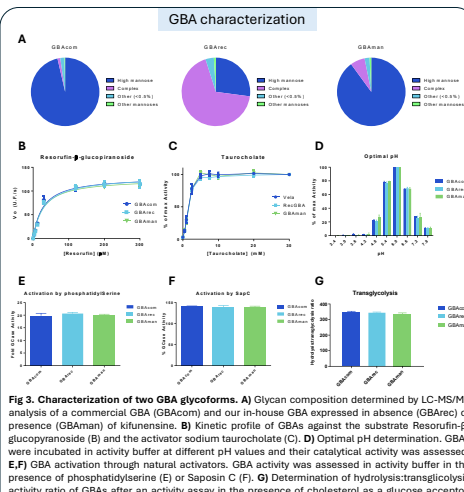


Fig 3. Characterization of two GBA glycoforms. A) Glycan composition determined by LC-MS/MS analysis of a commercial GBA (GBAcom) and our in-house GBA expressed in absence (GBArec) or presence (GBAman) of kifunensin. B) Kinetic profile of GBArec and GBAman against the substrate Resorufin-β-glucopyranoside (B) and the activator sodium tauracholate (C). D) Optimal pH determination. GBArec and GBAman were incubated in activity buffer at different pH values and their catalytic activity was assessed. E,F) GBA activation through natural activators. GBA activity was assessed in activity buffer in the presence of phosphatidylserine (E) or Saposin C (F). G) Determination of hydrolysis:transglycolysis activity ratio of GBArec and GBAman after an activity assay in the presence of cholesterol as a glucose acceptor. Data is represented as the mean +/- SD. (standard deviation) of three independent replicates.

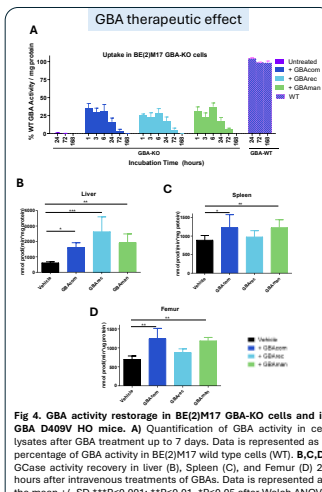


Fig 4. GBA activity restoration in BE2(M17) GBA-KO cells and in GBA D409V HO mice. A) Quantification of GBA activity in cell lysates after GBA treatment up to 7 days. Data is represented as a percentage of GBA activity in BE2(M17) wild type cells (WT). B,C,D) GBA activity recovery in liver (B), spleen (C), and femur (D) 24 hours after intravenous treatments of GBA. Data is represented as the mean +/- SD. ***P<0,001; **P<0,01, *P<0,05 after Welch ANOVA followed by Games-Howell's multiple comparison test.

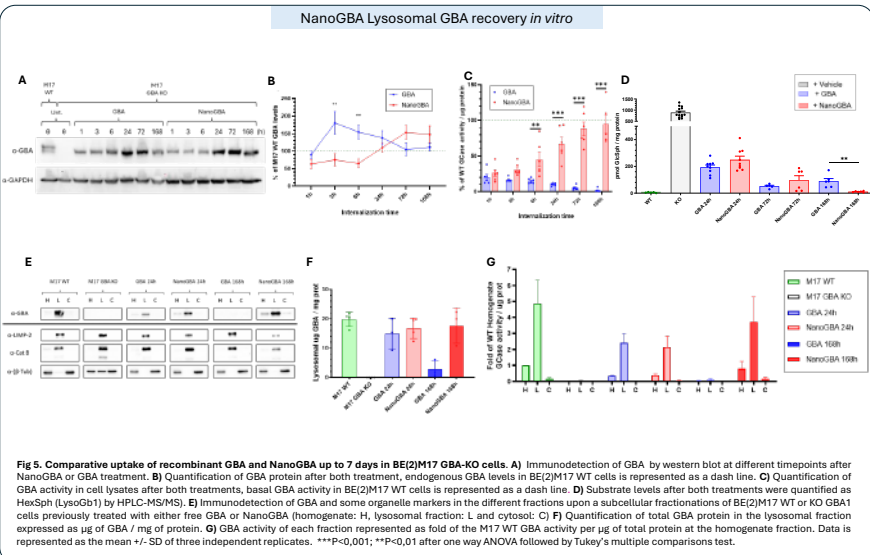


Fig 5. Comparative uptake of recombinant GBA and NanoGBA up to 7 days in BE2(M17) GBA-KO cells. A) Immunodetection of GBA by western blot at different timepoints after NanoGBA or GBA treatment. B) Quantification of GBA protein after both treatment, endogenous GBA levels in BE2(M17) WT cells is represented as a dash line. C) Quantification of GBA activity in cell lysates after both treatments, basal GBA activity in BE2(M17) WT cells is represented as a dash line. D) Substrate levels after both treatments were quantified as HexSph (LysoGb1) by HPLC-MS/MS. E) Immunodetection of GBA and some organelle markers in the different fractions after a subcellular fractionation of BE2(M17) WT or KO GBA1 cells previously treated with either free GBA or NanoGBA (homogenate: H, lysosomal fraction: L and cytosol: C). F) Quantification of total GBA protein in the lysosomal fraction expressed as µg of GBA / mg of protein. G) GBA activity of each fraction represented as fold of the M17 WT GBA activity per µg of total protein at the homogenate fraction. Data is represented as the mean +/- SD of three independent replicates. ***P<0,001; **P<0,01 after one way ANOVA followed by Tukey's multiple comparisons test.

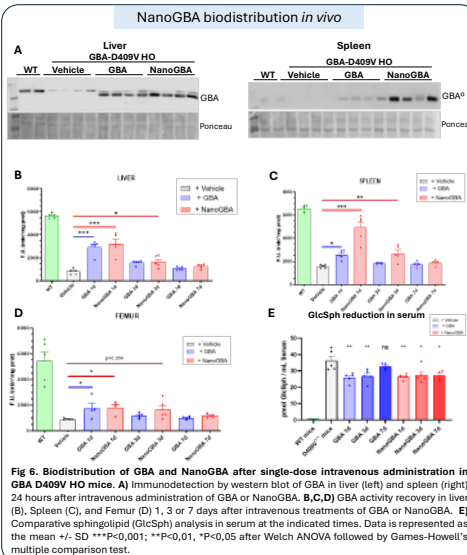


Fig 6. Biodistribution of GBA and NanoGBA after single-dose intravenous administration in GBA D409V HO mice. A) Immunodetection by western blot of GBA in liver (left) and spleen (right) 24 hours after intravenous administration of GBA or NanoGBA. B,C,D) GBA activity recovery in liver (B), spleen (C), and femur (D) 3 or 7 days after intravenous treatments of GBA or NanoGBA. E) Comparative sphingolipid (GlcSph) analysis in serum at the indicated times. Data is represented as the mean +/- SD. ***P<0,001; **P<0,01, *P<0,05 after Welch ANOVA followed by Games-Howell's multiple comparison test.

Conclusions

- GBA production can be optimized by enzyme stabilization during expression.
- GBA glycosylation modulates biodistribution *in vivo* without affecting its catalytic properties.
- Nanoconjugation enhances GBA stability and cellular uptake.
- *In vitro* NanoGBA treatment efficiently delivers exogenous GBA to lysosomes,
- *In vivo* intravenous NanoGBA administrations improves biodistribution in target tissues.

Contact us!

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