

# Adenine Base Editing of the Sickle Allele in CD34<sup>+</sup> Hematopoietic Stem and Progenitor Cells Eliminates Hemoglobin S

S. Haihua Chu, Daisy Lam, Michael S Packer, Jenny Olins, Alexander Liquori, Kyle Rehberger, Conrad Rinaldi, Jeffrey Marshall, Calvin Lee, Bo Yan, Jeremy Decker, Bob Gantzer, Scott Haskett, Tanggis Bohnuud, David Born, Luis Barrera, Ian Slaymaker, Nicole Gaudelli, Sarah Smith, Adam Hartigan and Giuseppe Ciaramella

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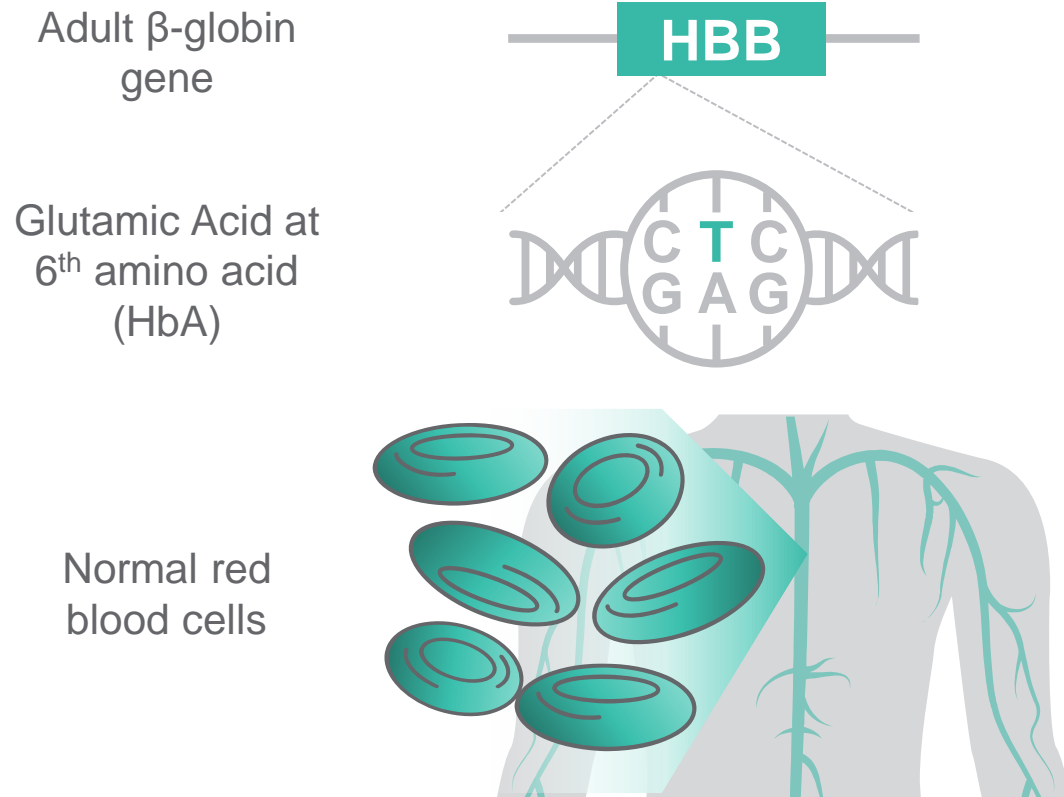
# DISCLOSURE

- ▶ I and all authors are Beam employees and shareholders

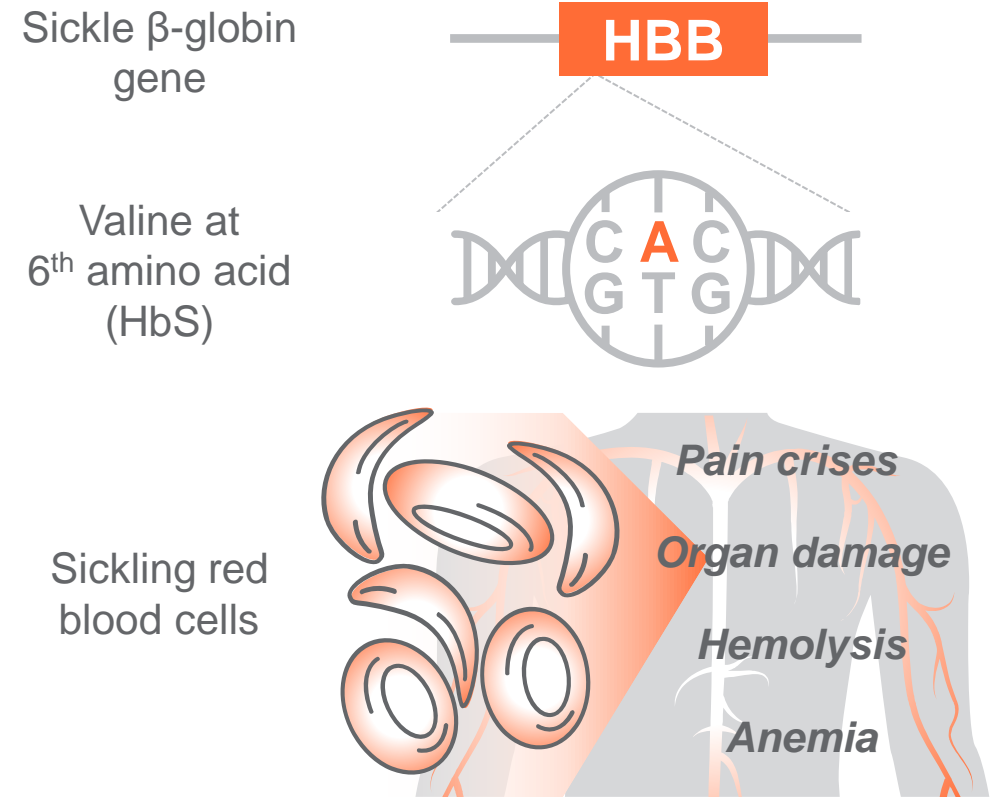


# Sickle cell disease (SCD)

## $\beta$ -globin gene



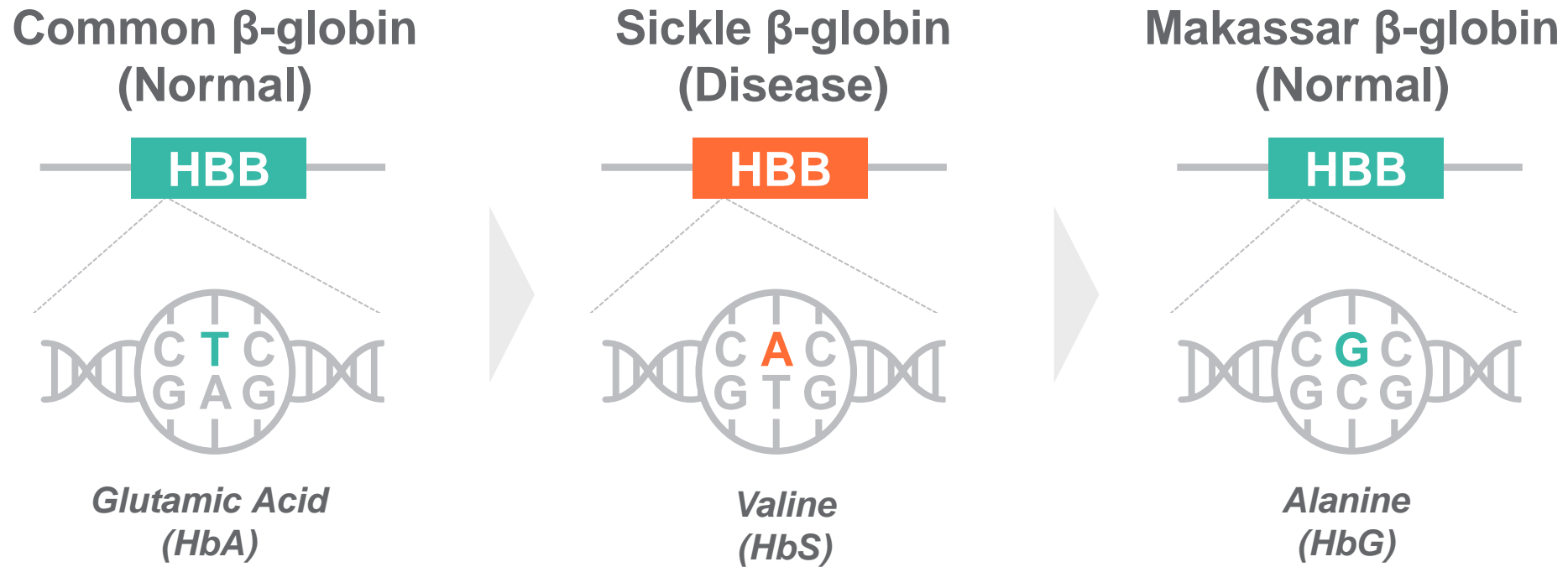
## T-to-A mutation causes sickling



Approximately 100,000 sickle cell disease patients in the US



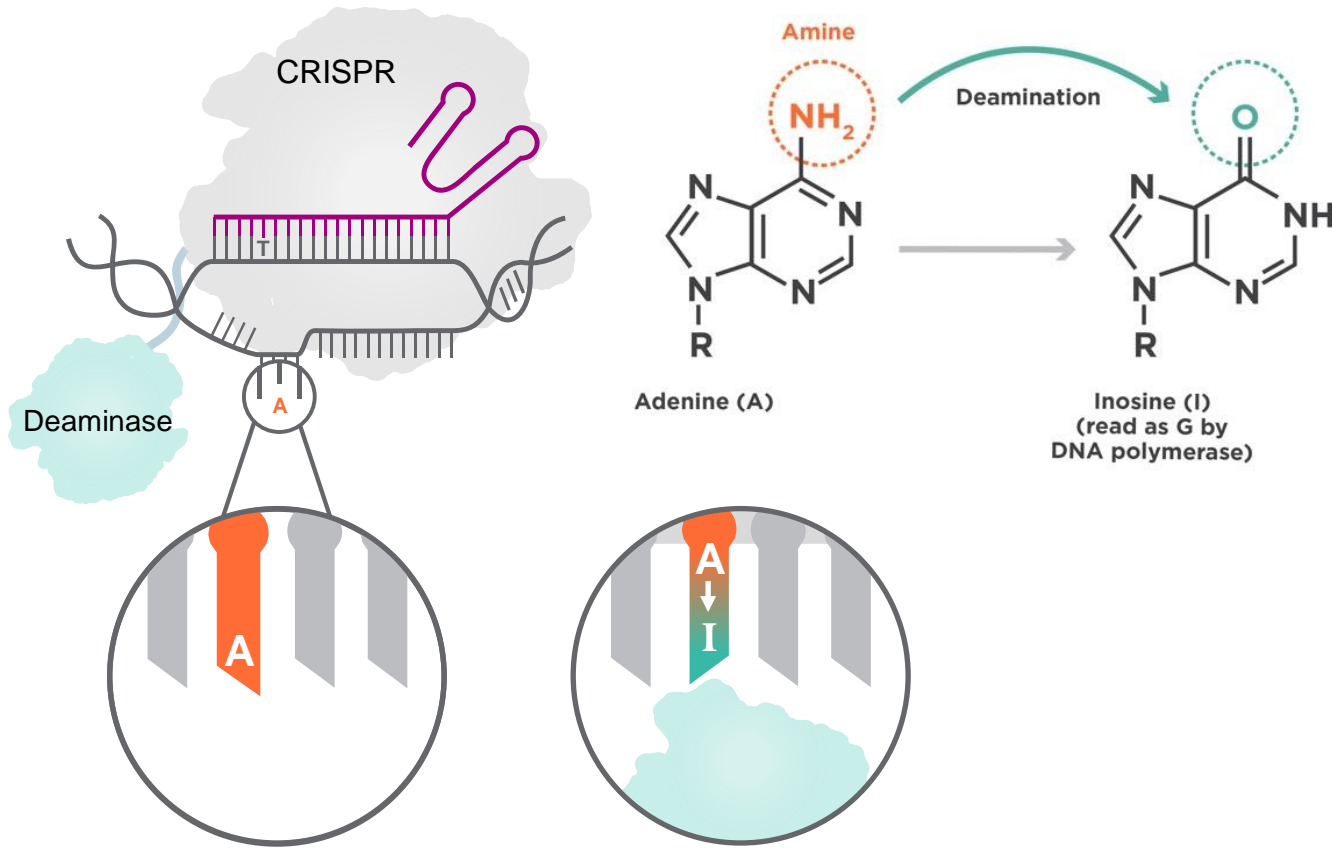
# Base editing of the sickle allele to a naturally occurring, non-pathologic hemoglobin, Hb G-Makassar



- ▶ Base editing recreates naturally-occurring human variant Hb-G Makassar which has alanine (E6A) instead of sickle-causing valine (E6V)<sup>1</sup>
- ▶ Hb G-Makassar is a normal  $\beta$ -globin variant and does not cause sickle disease, e.g., blood smear shows negative for sickle cells<sup>2</sup>
- ▶ E6A substitutions in  $\beta$ -globin do not contribute to polymer formation in vitro<sup>3-5</sup>.



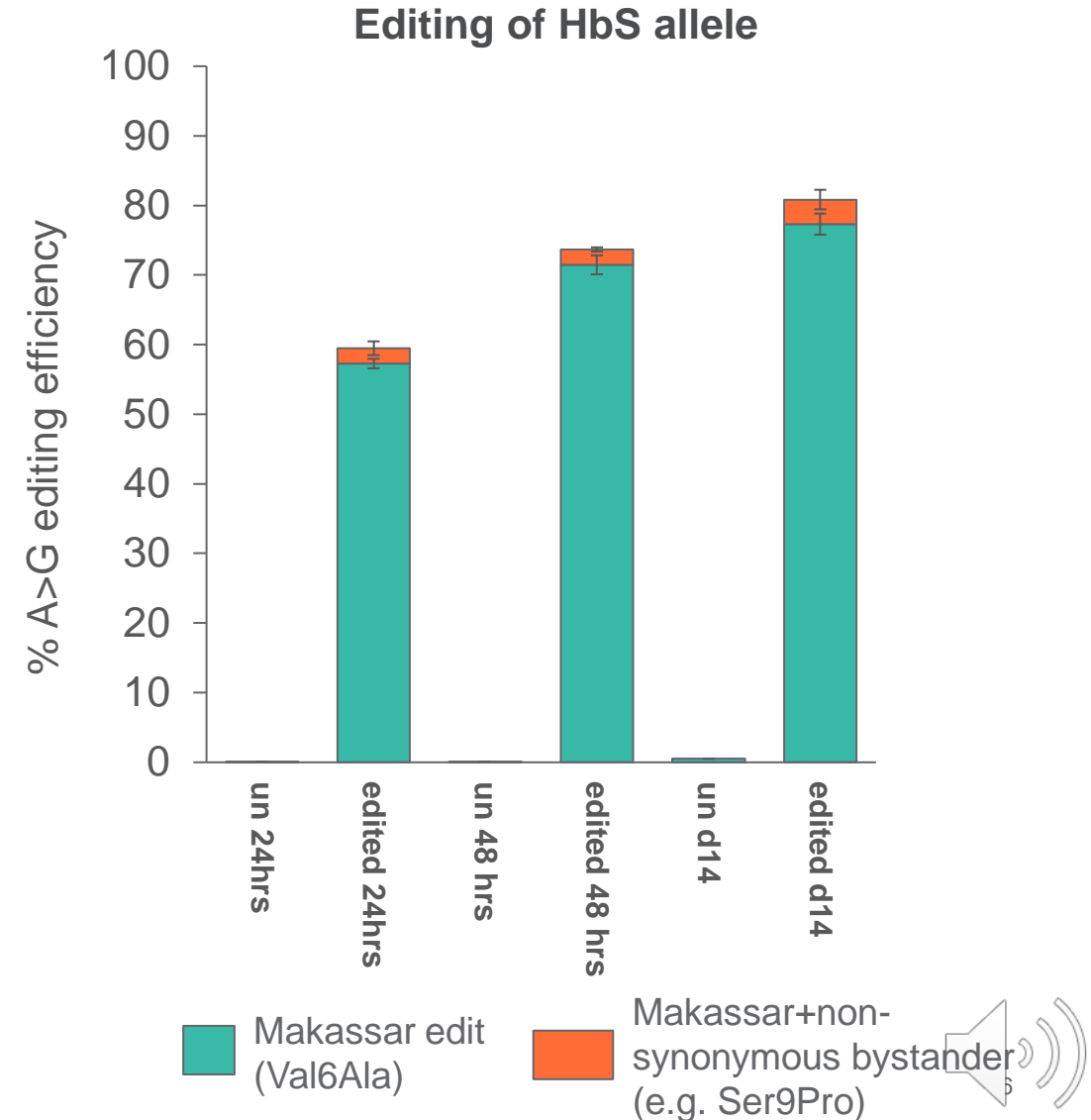
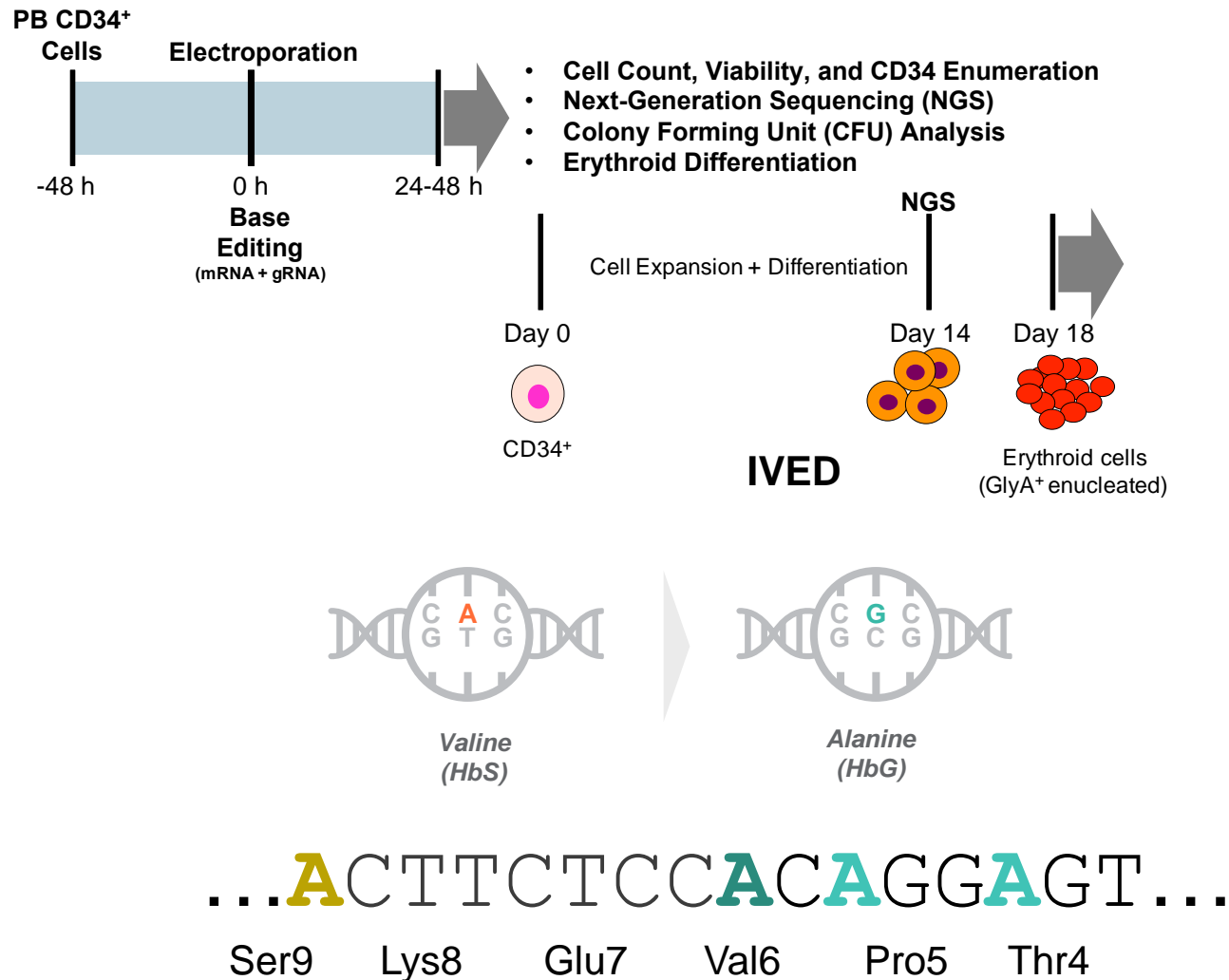
# Adenine Base Editing Technology



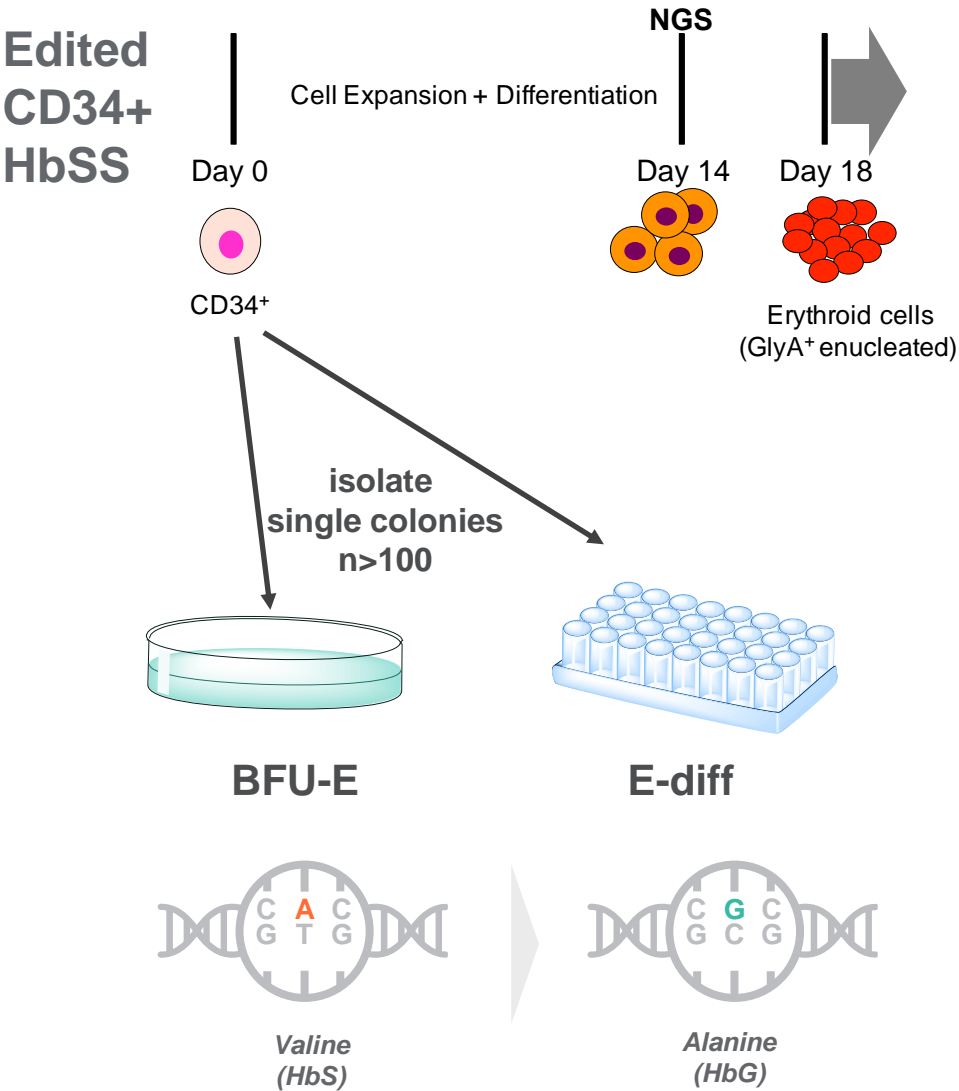
- Adenine Base Editor (ABE) comprises a deaminase enzyme fused to catalytically impaired CRISPR protein.
- Guide RNA (gRNA) directs the ABE to a target genomic DNA sequence and exposes the editing window.
- Deaminase chemically converts target adenine (A) to inosine (I) via deamination.



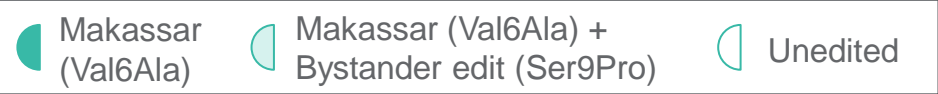
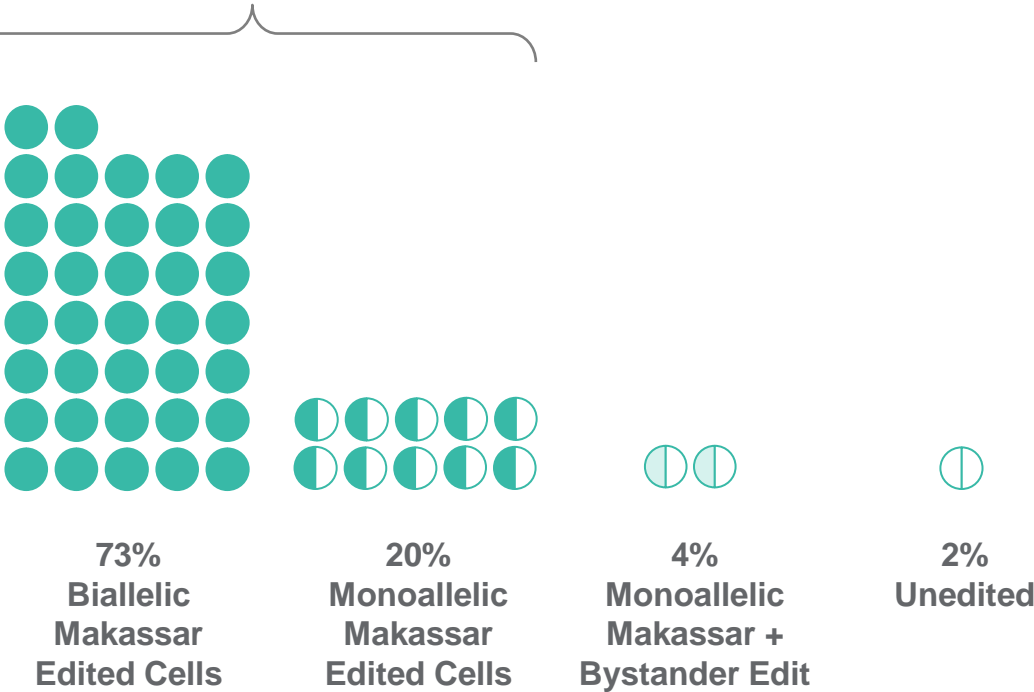
# High efficiency Makassar editing of HbSS CD34<sup>+</sup> HSPCs



# Base editing achieves >90% mono- and bi-allelic Makassar editing

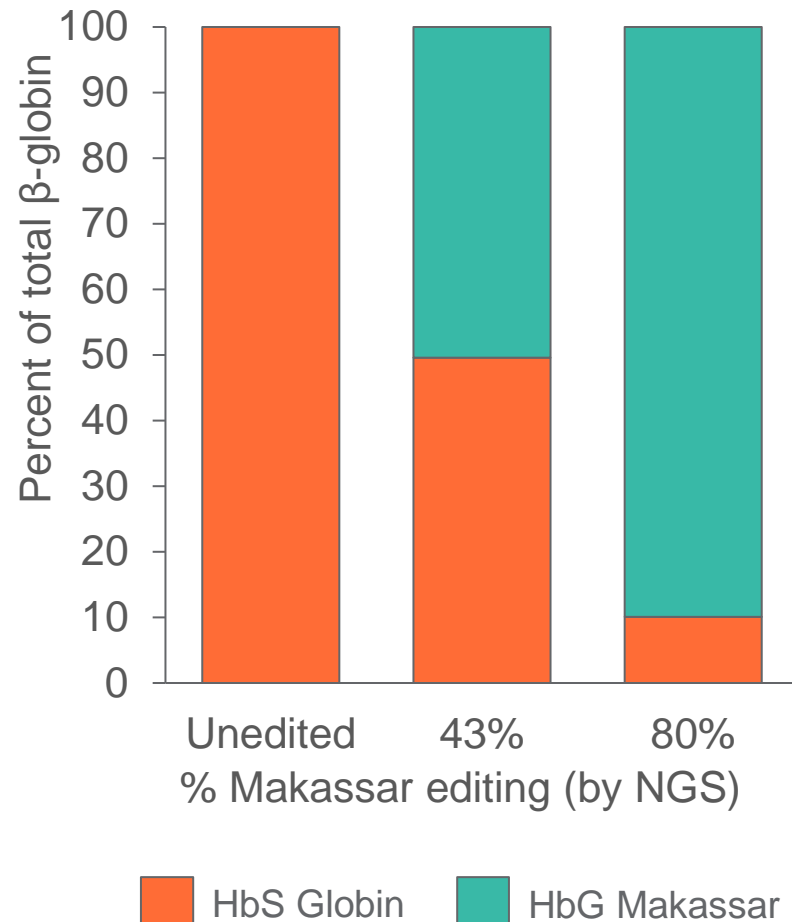


~93% of cells have at least one sickle allele converted to Makassar

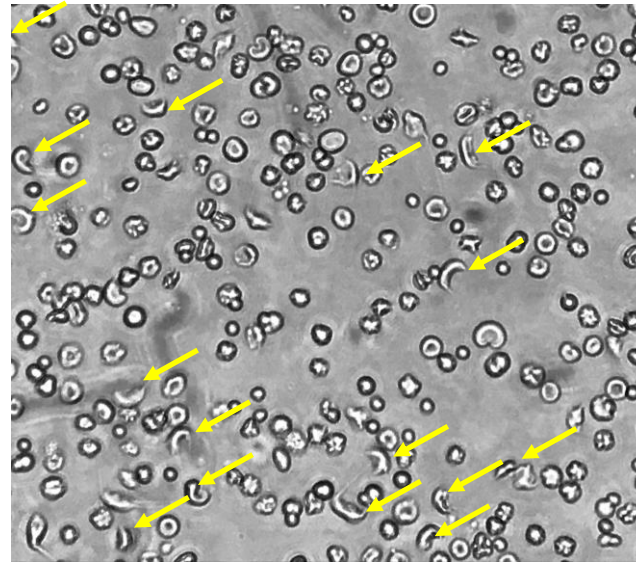


# Makassar editing leads to decrease in pathogenic HbS and reduced sickling in response to hypoxia

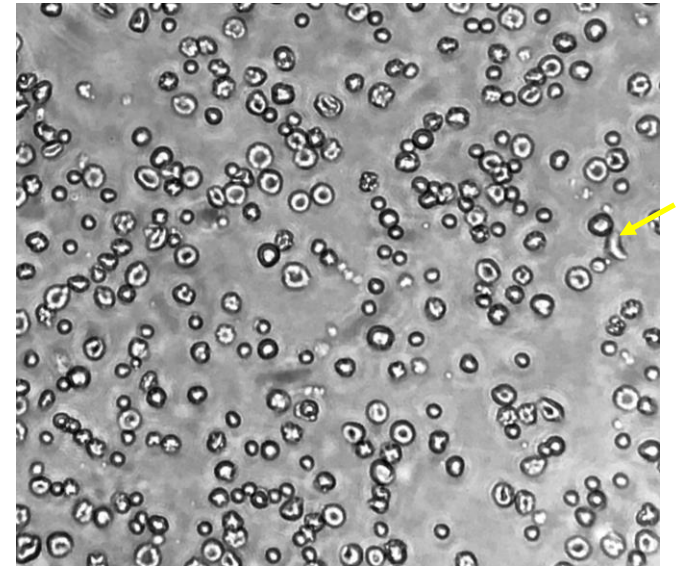
Elimination of HbS globin



Sickling in unedited HbSS cells

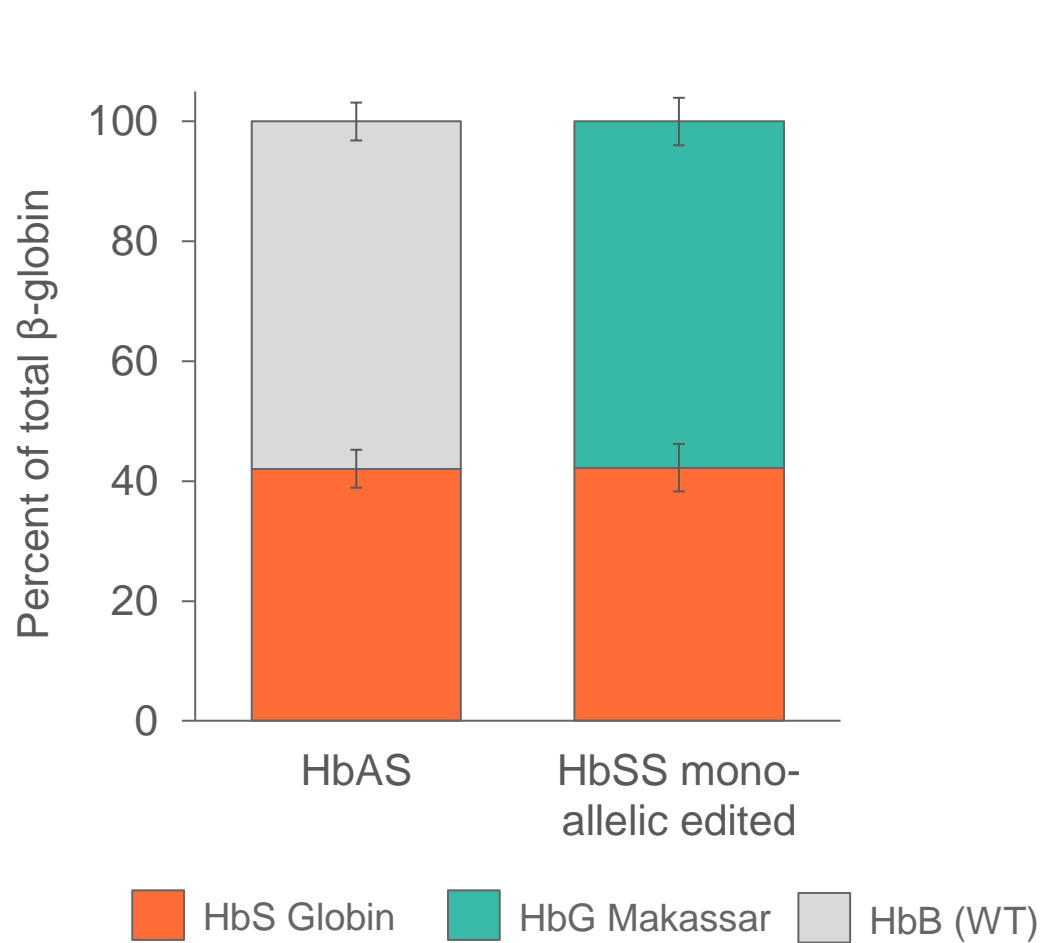


~89% Hb G-Makassar by UPLC

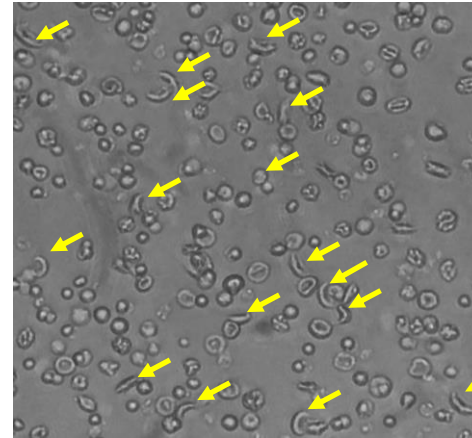




# Mono-allelically Makassar edited HbSS IVED cells have similar sickle globin protein levels to HbAS IVED cells

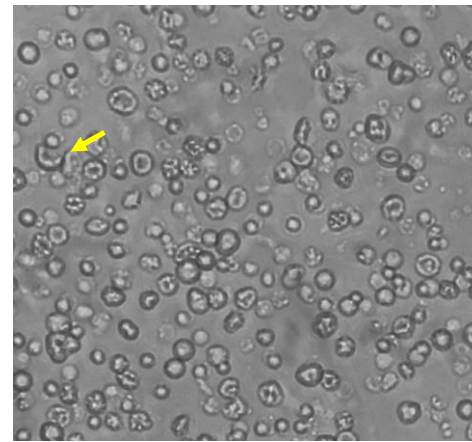


Unedited HbSS

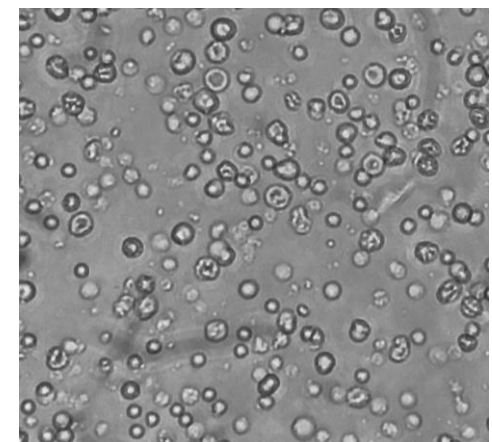


IVED cells derived from HbSS  
CD34+ exposed to 2% hypoxia  
(single clones)

mono-allelic edited



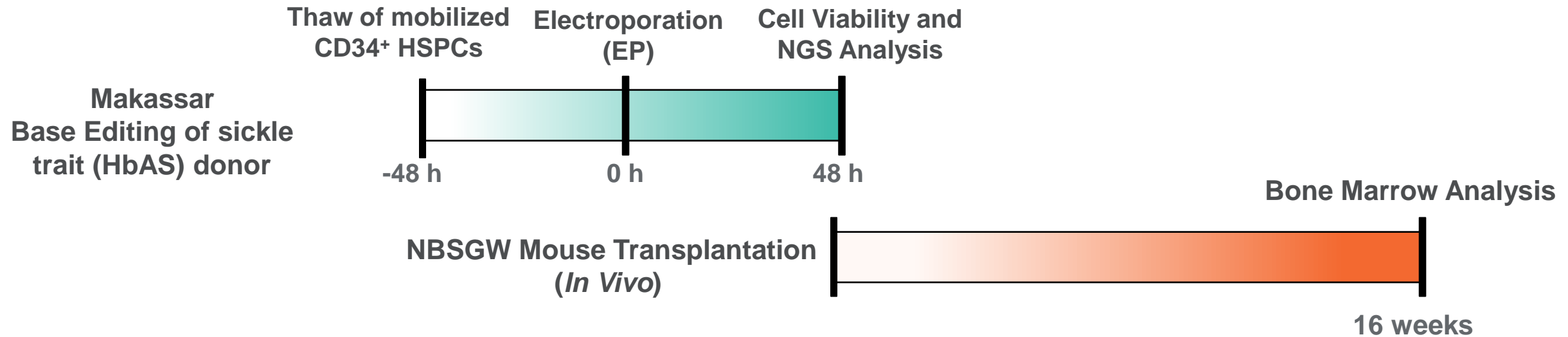
bi-allelic edited



$\leq 40\%$  HbS on a per cell basis in  $>90\%$  of erythroid cells  $\rightarrow$  average per cell HbS level of  $\sim 10\%$



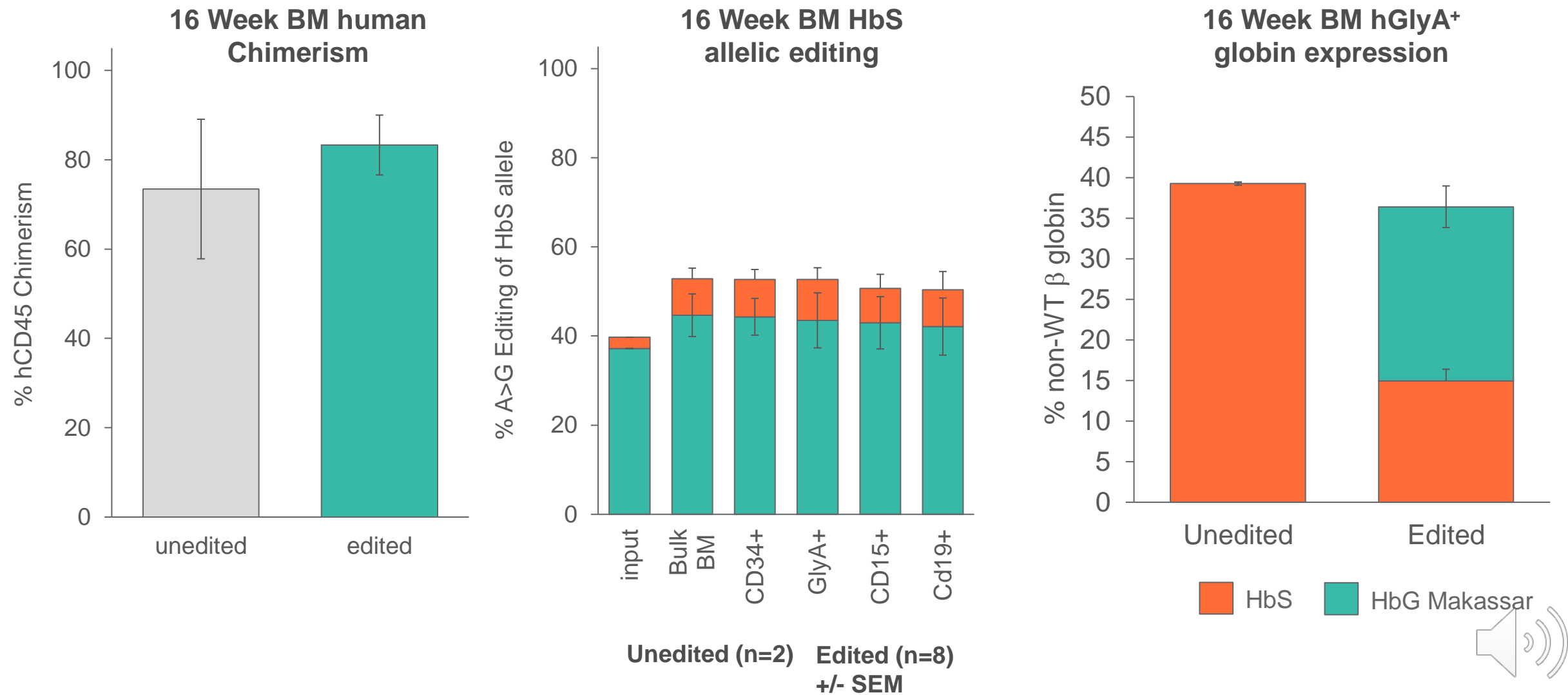
# *In vivo* retention of editing and detection of Hb G-Makassar globin by UPLC



\* Editing conditions (mRNA and sgRNA concentrations) that yielded ~50% Makassar editing *in vitro* were used



# 16 week long-term engraftment and *in vivo* retention of editing and detection of Hb G-Makassar globin by UPLC



# Key Takeaways

- Highly efficient base editing of the sickle causing allele in SCD cells was achieved in CD34<sup>+</sup> HSPCs, converting HbS to a non-pathogenic globin variant, Hb G-Makassar.
- >90% bi- and mono-allelic Makassar editing can be achieved in HbSS *in vitro* erythroid differentiated (IVED) cells, resulting in a reduction of HbS globin levels to <10% on an average per cell basis with reduced hypoxia-induced sickling *in vitro*.
- Edited mobilized sickle trait individual (HbAS) CD34<sup>+</sup> HSPCs not only retained long-term engraftment and multilineage human hematopoietic reconstitution, but also Makassar editing of the sickle allele to generate Makassar beta globin protein *in vivo*.



**Thank you!**

