

3 Basic Types of Gene Therapy

► "Gene Augmentation"

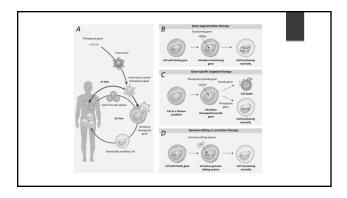
► Introduce a normal, functioning gene to substitute for a non-functioning or under functioning gene

► "Gene-Specific Targeting Therapy"

► Genetic material (DNA, RNA) introduced to indirectly alter inappropriate gene activity

► "Genome Editing"

► Directly repair mulated genes to become normal functioning genes (CRISPR)



Inserting Genes

Gene therapy uses "vectors" to package and deliver functional DNA into cells without the functional gene.

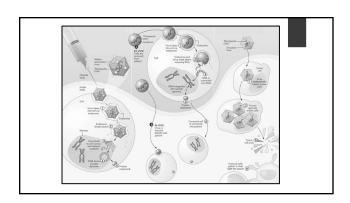
Researchers are discovering many different kinds of vectors, but viruses have been the most effective—particularly the Adeno-associated viruses (AAV).

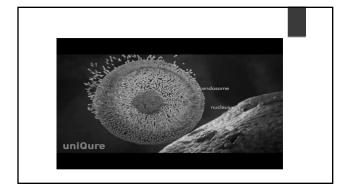
AAV works well for gene therapy because:

It does not cause disease

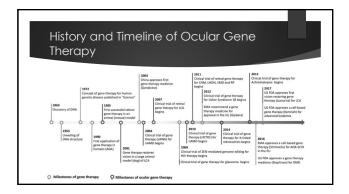
The immune system tends to not react to it strongly

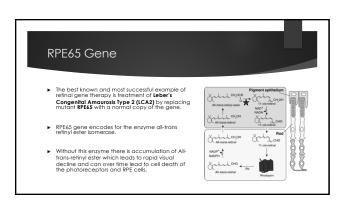
It does not insert the gene into the patient's DNA (next slide)





Over half of clinical gene therapy trials target retinal diseases. The eye offers some advantages to for the development of successful gene therapies: Relatively directly accessible for examination and follow-up (compared to assessing bone marrow, etc)—doesn't biopsy, blood draws, etc to assess retinal health. Enclosed structure and small—compared bone marrow, etc Blood-retinal barrier prevents transmission of gene therapy products to the rest of the body





Leber's Congenital Amaurosis

Epidemiology

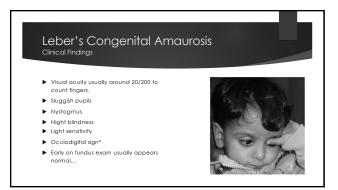
Birth prevalence of LCA is 2-3 per 100,000 births.

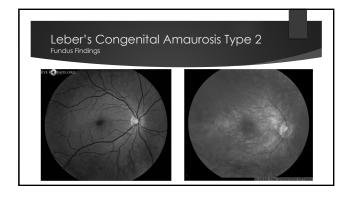
Onset of severe vision loss at birth or within first year of life (in most cases).

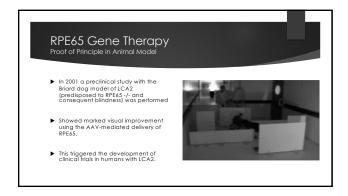
Most common cause of inherited bilindness in childhood.

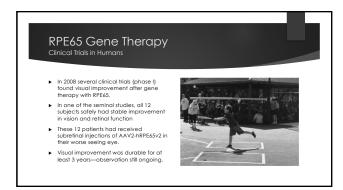
Is the cause of bilindness in more than 20% of children attending schools for the bird.

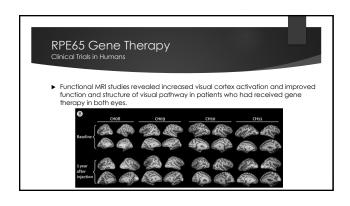
RPE65 mutations account for 3-16% of LCA cases.

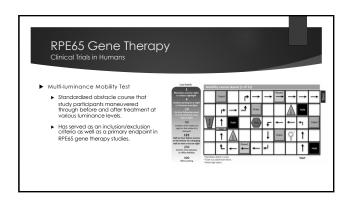


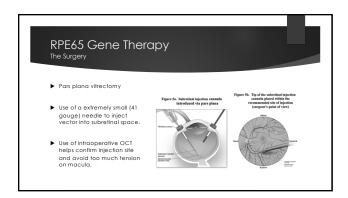


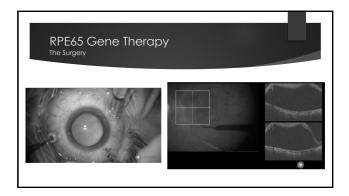


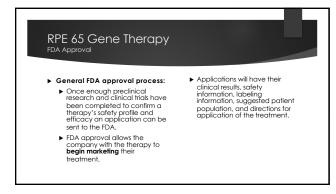




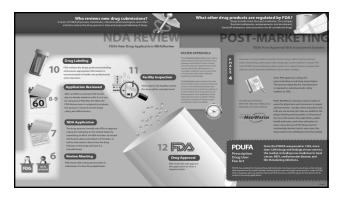




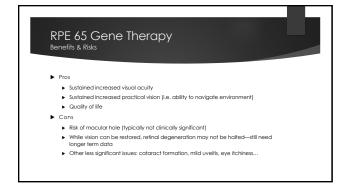












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