CRISPR EDITING FOR TREATING Duchenne muscular dystrophy

HEALTHY MUSCLE

Muscular dystrophy is a group of genetic diseases that cause the progressive degeneration of muscle, resulting in symptoms such as difficulty walking, slow growth, learning disabilities, and heart problems. Mutations in the muscle-stabilizing gene dystrophin cause two types of muscular dystrophy: Duchenne muscular dystrophy (DMD) and Becker muscular dystrophy (BMD). Although DMD and BMD are caused by mutations in the same gene, BMD is less severe. BMD patients often reach their mid-40s, but DMD patients often succumb in their late teens or early 20s. Researchers use gene editing technology to make DMD mutations more like those found in BMD patients to lessen the disease severity.

MUSCLE

es are composed of b ers containing myocytes that work to help muscles contract.

DYSTROPHIN PROTEIN

ACTÍN

Dystrophin is part of the dystrophin associated protein complex, also known as the costamere. The complex assembles at the membrane of muscle cells, known as myocytes, where it connects the extracellular matrix to the cell's actin network.

Damaged myocytes die and are often replaced by scar tissue or fat. These cells cannot contract, resulting in muscle damage and degeneration during aging.

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550

DYSTROPHIN PROTEIN **ACTIN-BINDING END** ACTIN

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DYSTROPHIN AT WORK

DYSTROPHIED M

Dystrophin localizes within myocytes and spans from the actin to the membrane components of the dystrophin associated complex. Shortening, elongating, or removing dystrophin disconnects actin from the complex, causing tears in myocyte mbranes when the muscle contracts.

All DMD patients do not have the same mutation, but they all carry frameshift mutations that produce truncated dystrophin that does not function, or is quickly degraded (1).

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13% of patients have a specific mutation in exon 50.

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∽ 46

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BMD patients have deletion or insertion mutations that result in a shortened or elongated dystrophin protein that retains some function producing a milder phenotype than that of DMD patients.

51 52

Most DMD and BMD patients posses a mutation between exons 45 and 55, so many gene therapies target mutations in this portion of the dystrophin gene.

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REFERENCES

ACTIN-BINDING END

Aartsma-Rus, A. et al. Entries in the Leiden Duch database: an overview of mutation types and paradoxical cases that confirm the -frame rule. *Muscle & Nerve* 34, 135-144 (2006

A connection between the extracellular matrix and actin ensures that the cell moves when the muscle contracts.

DUCHENNE MUTATION

- Wood, M.J.A. et al. RNA-targeted splice-corr disease. Brain 133, 957-972 (2010).
- Young, C.S. and Pyle, A.D. Exon skipping therapy. Cell. 167, 1144 (2016)
- Young, C.S. et al. Creation of a Novel Humanized Dystrophic Mouse Model of Duchenne Muscular Dystrophy and Application of a CRISPR/Cas9 Gene Editing Therapy. J Neuromusco Dis 4, 139-145 (2017)
- ing, C.S. et al. Of Mice and Measures: A Project to Impr Duchenne Muscular Dystrophy Therapies to the Clinic. J Neuromusco Dis (2018)
- Young, CS et al. CRISPR for Neuromuscular Disorders: Gene Editing and Beyond Physiology (2019)

MyoGene Bio is developing a CRISPR-based therapy dubbed MyoDys⁴⁵⁻⁵⁵ to permanently remove exons 45-55 in DMD patients. This results in a BMD-like dystrophin, reducing the disease burden by producing a milder phenotype and longer lifespan (4-6).