

# Human artificial chromosomes for gene delivery

4POSTERnonprofit4 #1585

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## Successful examples using two types of HAC

### 1. Stable HAC

#### 1. 2IHAC (Fig1, 2)

- 1) DYS-HAC for Duchenne muscular dystrophy (DMD) therapy (Fig3)
- 2) FVIII-HAC for hemophilia-type A therapy (Fig4)
- 3) Yamanaka's factor-HAC for iPS generation (Next poster #1586)
- 4) CYP3A-HAC for humanized P450 model mouse for drug screening (Fig5)

### 2. MI-HAC (2IHAC derivative)

Multiple gene insertion into HAC (Fig6)

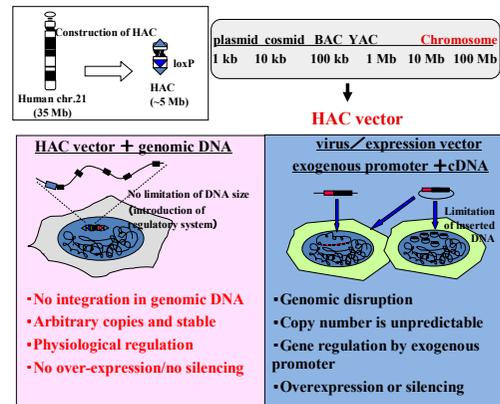
## Summary

Gene therapy has been envisioned to provide a direct and permanent correction of genetic defects. Although a number of different approaches have been attempted to achieve efficient gene transfer and long-term gene expression, this challenging task remains unfulfilled as all current methods have some limitations. For example, random integration of conventional gene delivery vectors.

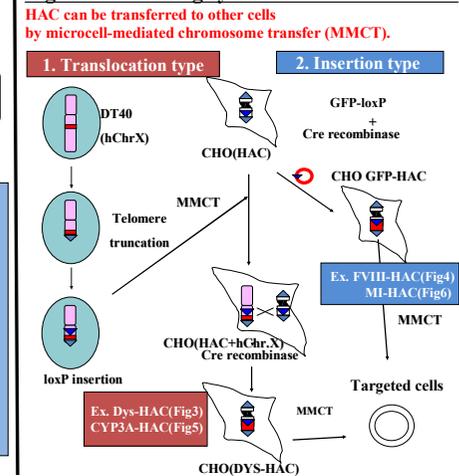
An alternative solution to these problems could be the use of human artificial chromosome (HAC) vectors. Our HACs are exogenous mini-chromosomes artificially created from a normal human chromosome 21. The HACs can be transferred into host cells, mainly by microcell-mediated chromosome transfer (MMCT). The HACs can faithfully mimic the normal pattern of gene expression because they can hold complete genomic loci, including the upstream and downstream regulatory elements. It might also be possible to maintain the long-term correction of defective genes, because these vectors are mitotically stable throughout many cell divisions, at least in human cells.

Several experimental data showed that the HACs would be advantageous over current gene delivery methods in several points. Thus, a combination of stem cell-based tissue engineering with HAC technology may open up new avenues for gene and cell therapies, and for the developments of transgenic animals.

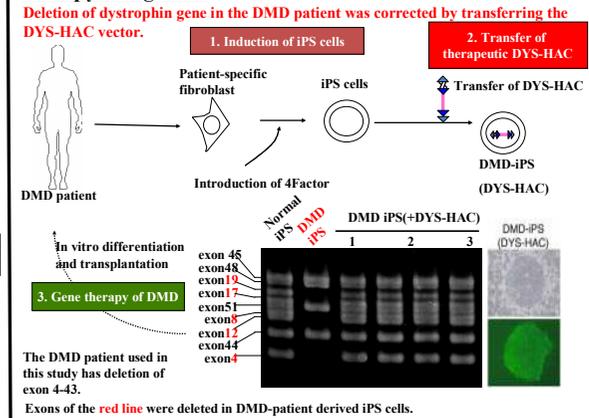
**Fig.1 Characteristics of our human artificial chromosome (HAC) vector**



**Fig.2 Gene cloning system on the HAC vector**

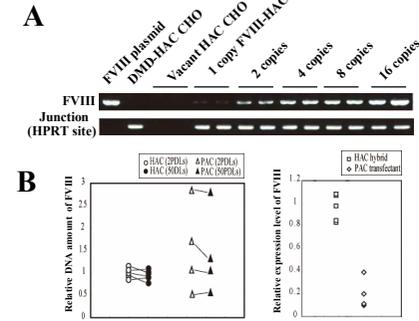


**Fig.3 Schematic diagram of gene and iPS-based cell therapy using HAC**



**Fig.4 Transgene stability and sustained transgene regulation associated with FVIII-HAC**

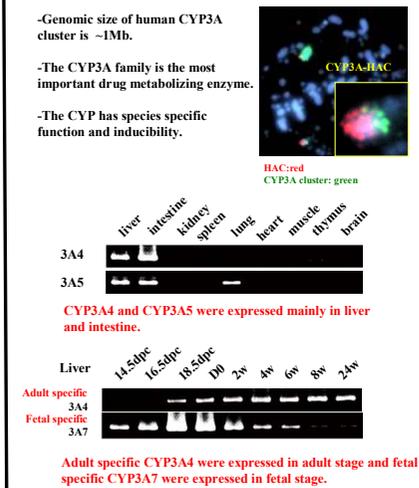
FVIII on the HAC was expressed in copy-number dependent manner. FVIII in hiMSCs (FVIII-HAC) was stably expressed even after long term culture.



(A) Representative data from PCR analysis of genomic DNA confirm the structure of the reconstituted HPRT junction and the FVIII transgenes. (B) Graphic representation of the FVIII transgene and its expression in hiMSC hybrids and transfectants after 2 (initial stage of cloning) and 50 PDLs (long-term culture after selection withdrawal). Genomic PCR analysis of FVIII and the  $\beta$ -Actin control is shown in the left graph. RT-PCR analysis of relative FVIII expression at 50 PDLs to 2 PDLs is shown in the right graph.

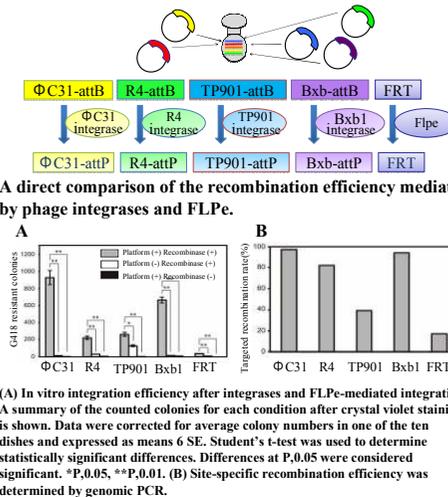
**Fig.5 HAC utility for animal transgenesis**

CYP3A genes cloned into the HAC were expressed in tissue specific and developmental stage-specific manner.



**Fig.6 Multiple gene insertion into HAC**

The system enables irreversible integration of multiple genes (plasmid, BAC or PAC) at the specific locations in HAC. The integration efficiency is very high (>95%) in the case of  $\Phi$ C31(B).



## References

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3. Integration-free and stable expression of FVIII using a human artificial chromosome. Kurosaki H et al, J Hum Genet 2011.
4. A method for producing transgenic cells using a multi-integrase system on a human artificial chromosome vector. Yamaguchi S et al, Plos One 2011.
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6. Human artificial chromosome with a conditional centromere for gene delivery and gene expression. Iida Y et al, DNA Res 2010.

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