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Meganuclease-Mediated COL7A1 Gene Correction for RDEB

CONFLICT OF INTEREST

The authors state no conflict of interest.

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REFERENCES

- Anttinen A, Koulu L, Nikoskelainen E, Portin R, Kurki T, Erkinjuntti M, et al. Neurological symptoms and natural course of xeroderma pigmentosum. Brain 2008;131(Pt 8):1979–89.
- Bradford PT, Goldstein AM, Tamura D, Khan SG, Ueda T, Boyle J, et al. Cancer and neurologic degeneration in xeroderma pigmentosum: long term follow-up characterises the role of DNA repair. J Med Genet 2011;48:168–76.
- Cleaver JE, Lam ET, Revet I. Disorders of nucleotide excision repair: the genetic and molecular basis of heterogeneity. Nat Rev Genet 2009;10: 756–68.
- Hirai Y, Kodama Y, Moriwaki S, Noda A, Cullings HM, Macphee DG, et al. Heterozygous individuals bearing a founder mutation in the XPA DNA repair gene comprise nearly 1% of the Japanese population. Mutat Res 2006;10(601):171–8.
- Kraemer KH, Lee MM, Scotto J. Xeroderma pigmentosum. Cutaneous, ocular, and neurologic abnormalities in 830 published cases. Arch Dermatol 1987;123:241–50.
- Muotri AR, Marchetto MC, Suzuki MF, Okazaki K, Lotfi CF, Brumatti G, et al. Low amounts of the DNA repair XPA protein are sufficient

to recover UV-resistance. Carcinogenesis 2002; 23:1039–46.

- Satokata I, Tanaka K, Miura N, Miyamoto I, Satoh Y, Kondo S, et al. Characterization of a splicing mutation in group A xeroderma pigmentosum. Proc Natl Acad Sci U S A 1990;87: 9908–12.
- Sethi M, Lehmann AR, Fawcett H, Stefanini M, Jaspers N, Mullard K, et al. Patients with xeroderma pigmentosum complementation groups C, E and V do not have abnormal sunburn reactions. Br J Dermatol 2013;169:1279–87.
- Sidwell RU, Sandison A, Wing J, Fawcett H, Seet JE, Fisher C, et al. A novel mutation in the XPA gene associated with unusually mild clinical features in a patient who developed a spindle cell melanoma. Br J Dermatol 2006;155:81–8.
- States JC, McDuffie ER, Myrand SP, McDowell M, Cleaver JE. Distribution of mutations in the human xeroderma pigmentosum group A gene and their relationships to the functional regions of the DNA damage recognition protein. Hum Mutat 1998;12:103–13.
- Takahashi Y, Endo Y, Sugiyama Y, Inoue S, Iijima M, Tomita Y, et al. XPA gene mutations resulting in subtle truncation of protein in xeroderma pigmentosum group A patients with mild skin symptoms. J Invest Dermatol 2010; 130:2481–8.
- Thompson BA, Spurdle AB, Plazzer JP, Greenblatt MS, Akagi K, Al-Mulla F, et al. Application of a 5-tiered scheme for standardized classification of 2,360 unique mismatch repair gene variants in the InSiGHT locusspecific database. Nat Genet 2014;46:107–15.
- Totonchy MB, Tamura D, Pantell MS, Zalewski C, Bradford PT, Merchant SN, et al. Auditory analysis of xeroderma pigmentosum 1971-2012: hearing function, sun sensitivity and DNA repair predict neurological degeneration. Brain 2013;136(Pt 1):194–208.

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Meganuclease-Mediated *COL7A1* Gene Correction for Recessive Dystrophic Epidermolysis Bullosa



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TO THE EDITOR

Dystrophic epidermolysis bullosa (DEB) is a rare and severe genetic skin disease inherited in a dominant (DDEB) or recessive (RDEB) manner, responsible for blistering of the skin and mucosa after mild trauma (Bruckner-Tuderman, 2010; Uitto et al., 1992). DEB is caused by a wide variety of mutations in *COL7A1* encoding type VII collagen, the major component of anchoring fibrils which form key attachment

Abbreviations: DDEB, dominant dystrophic epidermolysis bullosa; DSB, double strand breaks; HDR, homology-directed repair; IDLVs, integration-deficient lentiviral vectors; MNs, meganucleases; RDEB, recessive dystrophic epidermolysis bullosa

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structures for dermal-epidermal adhesion (Hovnanian et al., 1997; Varki et al., 2007).

Gene correction approaches based on sequence-specific DNA double strand breaks (DSB)-mediated homologydirected repair (HDR) allow precise and accurate correction of mutations (Yanez-Munoz et al., 2006). They have the potential to restore stable expression and function of the defective gene and to reverse the disease phenotype

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Figure 1. Evaluation of MN expression efficiency in HIV-derived lentiviral vectors and MN-mediated genetic correction of *COL7A1* **Exon 3 in immortalized RDEB keratinocytes (RDEB-K-SV40 cells). (a)** MN target site in intron 2 and corresponding sequence. (b) The predicted structure of the MN-i1 isoschizomer. (c) Top: design of the lentiviral vectors (LV-EF1-MN and the promoterless LV-Donor). Bottom: *COL7A1* encompassing mutated exon 3 and structure of corrected *COL7A1* after MN-mediated HDR. Arrows indicate allele-specific PCR primers. (d) Genomic PCR on the cells cotransduced with MN-i.1- and Donor-encoding IDLVs resulted in a specific 1.5 kb band, corresponding to the corrected allele when using P3/P2 primers. The GAPDH gene was used as the reference transcript. (e) Gene-corrected RDEB-K-SV40 cells were positively stained with the LH7:2 anti-C7 antibody. Untreated cells (mock) show negative staining. Scale bar = 100 μm. (f) Percentage of C7 rescue in bulk-transduced RDEB-K-SV40 cells. HDR, homology-directed repair; IDLVs, integration-deficient lentiviral vectors; MN, meganucleases; RDEB, recessive dystrophic epidermolysis bullosa.

(Genovese et al., 2014; Lombardo et al., 2007). Genome engineering tools such as meganucleases (MNs) have demonstrated their ability to target precise genomic locations in human primary cells without significant genotoxicity (Arnould et al., 2006; Redondo et al., 2008). Here, we demonstrate the feasibility of correcting *COL7A1* mutations through MN-mediated HDR. We used integration-deficient lentiviral vectors (IDLVs) (Coluccio et al., 2013) to achieve gene edition in unselected primary RDEB keratinocytes and fibroblasts.

In our study, four I-CreI-derived singlechain MN isoschizomers targeting the same sequence in intron 2 of *COL7A1* were generated (Supplementary Figure S1 online) to correct two mutations identified in patients with RDEB. The first RDEB null mutation in exon 2 (c.189delG; p.Lys6Trp*40) is located 302 bp upstream of the selected target site. The second mutation (c.425A > G; p.Lys142Arg) is a recurrent mutation located in exon 3 and is 630 bp downstream from the target site (Figure1a).

Among the four MN isoschizomers tested (namely MN-i.1, MN-i.2, MN-i.3, and MN-i.4), MN-i.1 (Figure 1b), displaying the highest expression efficiency (Supplementary Figure S2 online), was introduced in a lentiviral vector under the control of the cytomegalovirus or the EF1a promoter. Western blot analysis showed that only the EF1a promoter was able to drive significant levels of MN expression in an RDEB keratinocyte cell line (RDEB-K-SV40) (Supplementary Figure S3a and b online). No significant MN-related cytotoxicity was detected in a cell survival assay at the vector dose of 1 pg p24/cell (Figure S3c online). The capacity of MN-i.1 to induce sitespecific DNA cleavage was assessed by documenting non-homologous end joining at the targeted region. The results revealed 9%, 7.5%, and 2.2% of modification at the target locus in RDEB-K-SV40 cells, primary keratinocytes (RDEB-K) and fibroblasts (RDEB-F), respectively, confirming that the MN is active in human primary cells (Supplementary Figure S4 online).

To achieve genetic correction by HDR, we designed and cloned a donor template (Donor), containing homology arms spanning genomic sequences between exon 1 and 5 (Figure 1c), in which we modified the MN recognition sequence, to prevent prolonged DNA exposure to DSB during transient MN expression after HDR (Supplementary Figure S5 online). We first assessed MN-mediated HDR in RDEB-K-SV40 cells in which the homozygous c.425A>G mutation leads to abnormal splicing, resulting in a complete absence of type VII collagen (C7) protein. RDEB-K-SV40 cells were cotransduced with increasing doses of IDLVs encoding MN-i.1 and Donor (IDLV-EF1-MNi1: 1 or 1.5 pg-p24/cell, IDLV-Donor: 0.4 pg-p24/cell). Gene correction and C7 protein re-expression were investigated at 5 and 21 days after transduction. The presence of the corrected allele was detected by genomic PCR in bulk-transduced cells cotreated with the MN-i1- and Donor-encoding IDLVs. Gene correction efficiency

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