

Altering the Splicing of the *F8* mRNA Transcript as a Future Treatment for Haemophilia

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Key Points:

- Antisense oligonucleotides were successfully used to alter the splicing of the *F8* mRNA transcript in HuH-7 cells
- Splice variant products were confirmed to code for an in-frame, but truncated FVIII protein

Introduction:

- Haemophilia A (HA) is an X-linked inherited disorder (1:5000 male births) that results in FVIII coagulation factor deficiency
- Patients have a bleeding phenotype that is treated with exogenous FVIII concentrates
- 10% develop inhibitors against exogenous concentrates → increased disease burden
- 10% of patients have mutations mapping to the B domain of FVIII which is encoded by exon 14 of the *F8* mRNA transcript; almost all express the severe phenotype

Aim:

To demonstrate that antisense oligonucleotides (AOs) can skip exon 14 and bypass mutations associated with the B domain of FVIII

Method:

- HuH-7 cells were transfected with AOs designed to sterically inhibit splice site recognition of exon 14 in the FVIII pre-mRNA (Figure 2.)
- RNA was extracted and converted to cDNA for gene analysing
- A PCR targeting exon 14 and the flanking exons 13 and 15 was used to identify and isolate truncated products
- Truncated products were sequenced using the MinION Nanopore platform to determine if the modified sequence retained an in-frame codon usage

Results:

- HuH-7 cells were successfully transfected with a range of AOs
- PCR and sequencing confirmed that one set of AOs induced a partial deletion of exon 14, whilst retaining in frame codon usage (Figure 3.)
- Three of the glycosylation sites encoded by exon 14 were determined to be preserved (Figure 4.)

Discussion:

- First demonstration of AO-induced skipping for a coagulation factor
- Skipping of exon 14 encoding the large B domain of the FVIII molecule is feasible using AO approaches
- The B domain is not required for FIXa cofactor function
- Deleting the FVIII B domain may be used in the future to bypass HA causing mutations
- This may increase endogenous FVIII levels, consequently replacing the need for exogenous concentrates for a subset of HA patients
- This may confer the benefits of: reduced frequency of treatment, reduced cost and reduced risk of inhibitor development

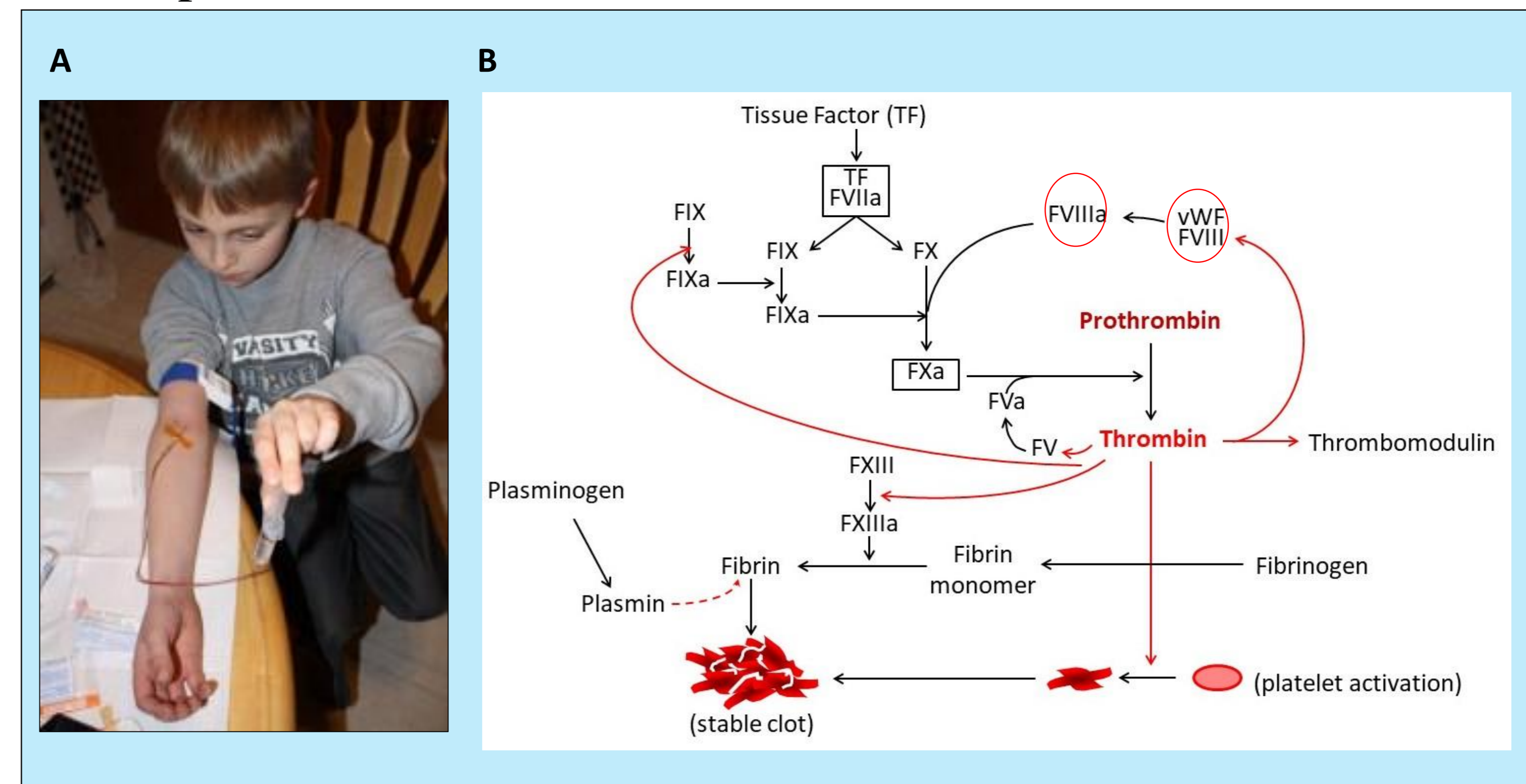


Figure 1. A) A haemophilic child administering a prophylactic dosage of FVIII concentrates. B) A schematic diagram of the coagulation cascade. The FVIII in its active and inactive forms is highlighted.

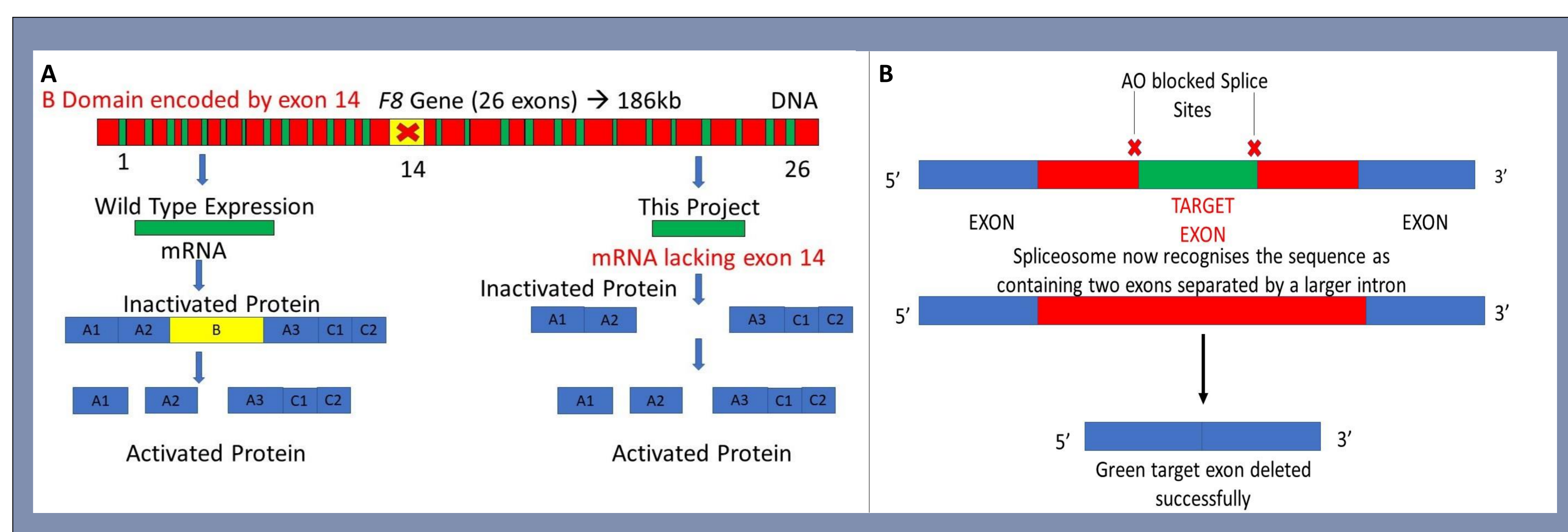


Figure 2. A) Schematic of wildtype expression of *F8* and the alternative *F8* expression desired in this project using AO induced exon skipping. B) Using AOs to sterically inhibit splice site recognition by the spliceosome, consequently resulting in the deletion of the desired exon.

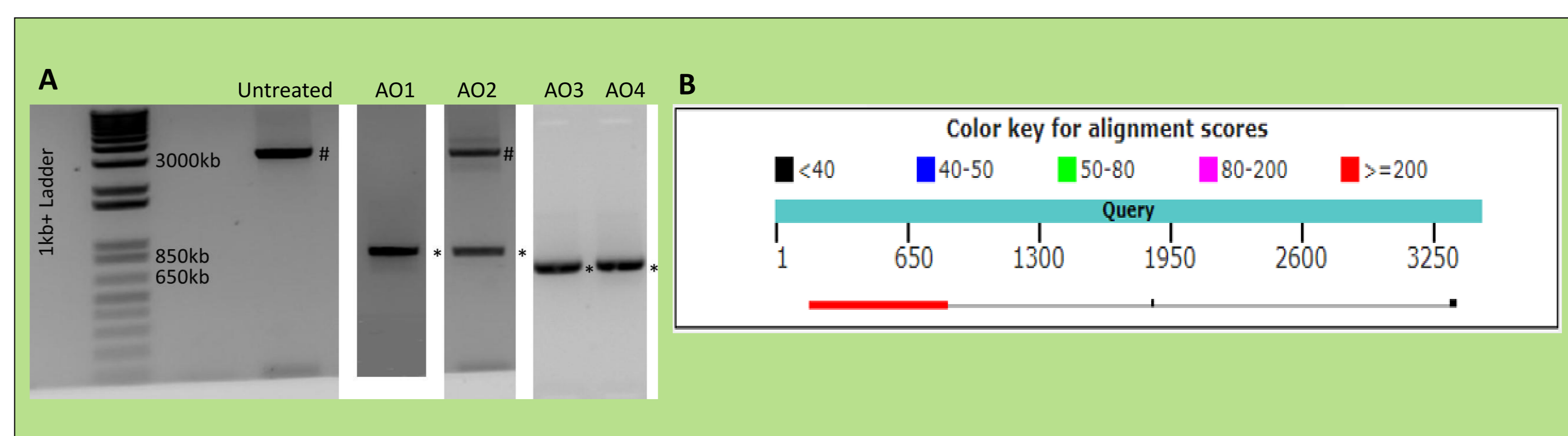


Figure 3. A) Gel images showing isolation of unaltered exon 14 (#) and truncated products (*). B) An alignment of the truncated exon 14 products against the full length unaltered product. A large deletion of the 3' end of the exon is shown.

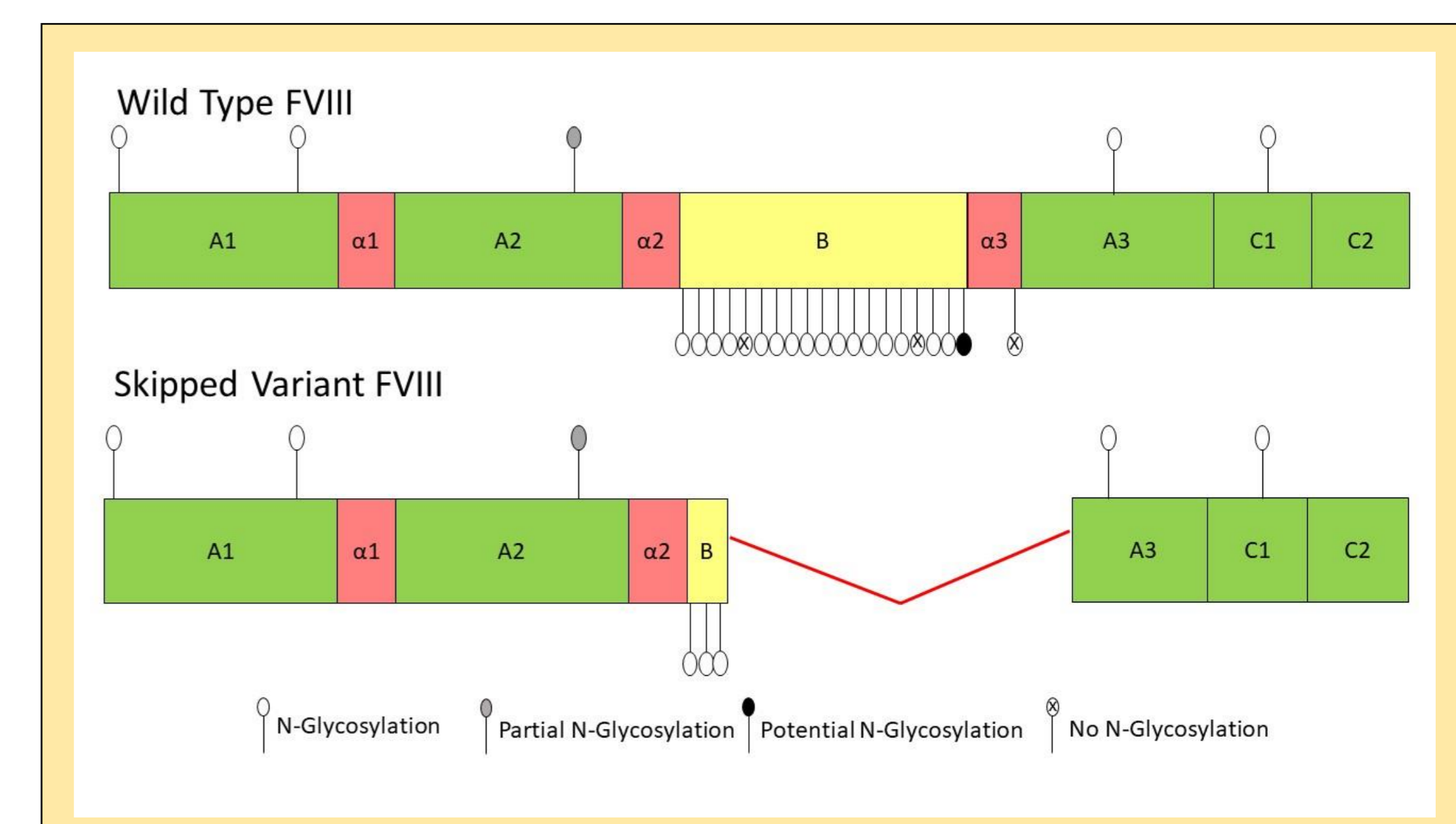


Figure 4. A diagram comparing the full length wild-type FVIII and the predicted product from the altered splicing of the *F8* mRNA transcript demonstrated in this study.