

# GENETIC SCREENING AND GENE THERAPY



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# HISTORY

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- ✘ Technology to detect and treat inborn diseases came up in 1961
- ✘ In 1990 first approved gene therapy case was reported in USA .
- ✘ In 1992 Dr. Claudio Bordignon, Milan, Italy performed the first procedure of gene therapy using hematopoietic stem cells
- ✘ In 2002 first successful gene therapy treatment for adenosine deaminase deficiency was reported

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- ✘ In 2006- VRX-496 was the first gene based therapy for treatment of HIV was used.
  - ✘ In 2007- Moorfields eye hospital and University College of London, Institute of Ophthalmology announced the world's first gene therapy trial for Inherited Retinal Disease
  - ✘ Till 2008 more than 1200 clinically applicable genetic tests were available.

# WHAT IS GENETIC SCREENING?

- ✘ A technique used to determine genotype / phenotype of an organism
- ✘ Determines risk of having or passing the genetic disorder to next generation.
- ✘ Used to detect faulty or abnormal genes
- ✘ Can also detect genes related to an increased risk for cancer

# GENETIC TESTING

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- ✘ Based on analysis of chromosomes (DNA), proteins, and certain metabolites in order to detect heritable disease-related genotypes, mutation, phenotypes, or karyotypes for clinical purpose.
- ✘ Involves:
  - ✘ Direct examination of DNA
  - ✘ DNA based tests
  - ✘ Biochemical tests for enzymes
  - ✘ Microscopic examination of stained or fluorescent chromosomes

# TYPES OF TESTS

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- × **Cell free fetal DNA-** A non invasive technique, performed by venous blood of mother and can provide information about fetus early in pregnancy e.g. Down's Syndrome
- × **New-born Screening-** used just after the birth to identify genetic disorders which can be treated early in life e.g Phenylketonuria
- × **Diagnostic Screening-** used to rule out a specific genetic or chromosomal condition e.g Polycystic Kidney Disease

# CONT...

- ✘ **Carrier testing-** used to identify people who carry one copy of gene mutation (carrier). The testing is performed in individuals with family history of genetic disorders e.g. Cystic fibrosis
- ✘ **Preimplantation genetic diagnosis-** performed on human embryos prior to the implantation as part of IVF.
- ✘ **Prenatal Diagnosis-** used to detect changes in fetal genes or chromosomes before birth. It is performed in early days of pregnancy and uses sample from mother's amniotic sac (amniocentesis).

# CONTD....

- ✘ **Predictive and presymtomatic testing-** used to detect gene mutations associated with disorders that appear after birth, often later in life. Predictive testing can identify developing disorders e.g. Breast Cancer caused due to mutation in BRCA1 gene. Presymptomatic screening can determine whether a person will develop a genetic disorder e.g. Hemochromatosis.
- ✘ **Pharmacogenomics-** determines the influence of genetic variation for drug purpose



# NON-DIAGNOSTIC TESTING

- ✘ Forensic testing- uses DNA sequences to identify an individual for legal purposes e.g. Used to identify crime or catastrophe victim.
- ✘ Paternal testing- uses special DNA markers to identify the same or similar inheritance patterns between related individuals.
- ✘ Genealogical DNA test- used to determine ancestry or ethnic heritage for genetic genealogy.
- ✘ Research testing- includes finding unknown genes

# DISEASES FOR GENETIC SCREENING

- ✗ Adult Polycystic Kidney Disease
- ✗ Alpha-1-antitrypsin deficiency
- ✗ Alzheimer's Disease
- ✗ Ataxia telangiectasia
- ✗ Central Core Disease
- ✗ Cystic Fibrosis
- ✗ Fragile X- syndrome
- ✗ Emanuel syndrome
- ✗ Gaucher Disease
- ✗ Hereditary hemochromatosis
- Huntington's Disease
- Hemophilia A and B
- Marfan Syndrome
- Inherited breast and ovarian cancer
- Myotonic syndrome
- Phenylketonuria
- Polycystic Kidney Disease

# INDICATIONS FOR PRENATAL DIAGNOSIS

- ✘ Abnormal results in prenatal screening
- ✘ Any child with chromosome abnormality
- ✘ Probability of translocation carrier in parents
- ✘ Family history of chromosome abnormality
- ✘ Family history of a single gene disorder
- ✘ Family history of neural tube defect or other congenital abnormalities

# PROS AND CONES OF GENE TESTING

- ✘ Timely diagnosis and physician consultation
- ✘ Timely termination of diseased pregnancy
- ✘ Delegation of information to people at high risk
- ✘ Transforming of fatal condition to a treatable one
- ✘ Possibility of laboratory errors
- ✘ Potential for provoking anxiety, risks for discrimination and social stigmatization

**Genetic  
Screening**

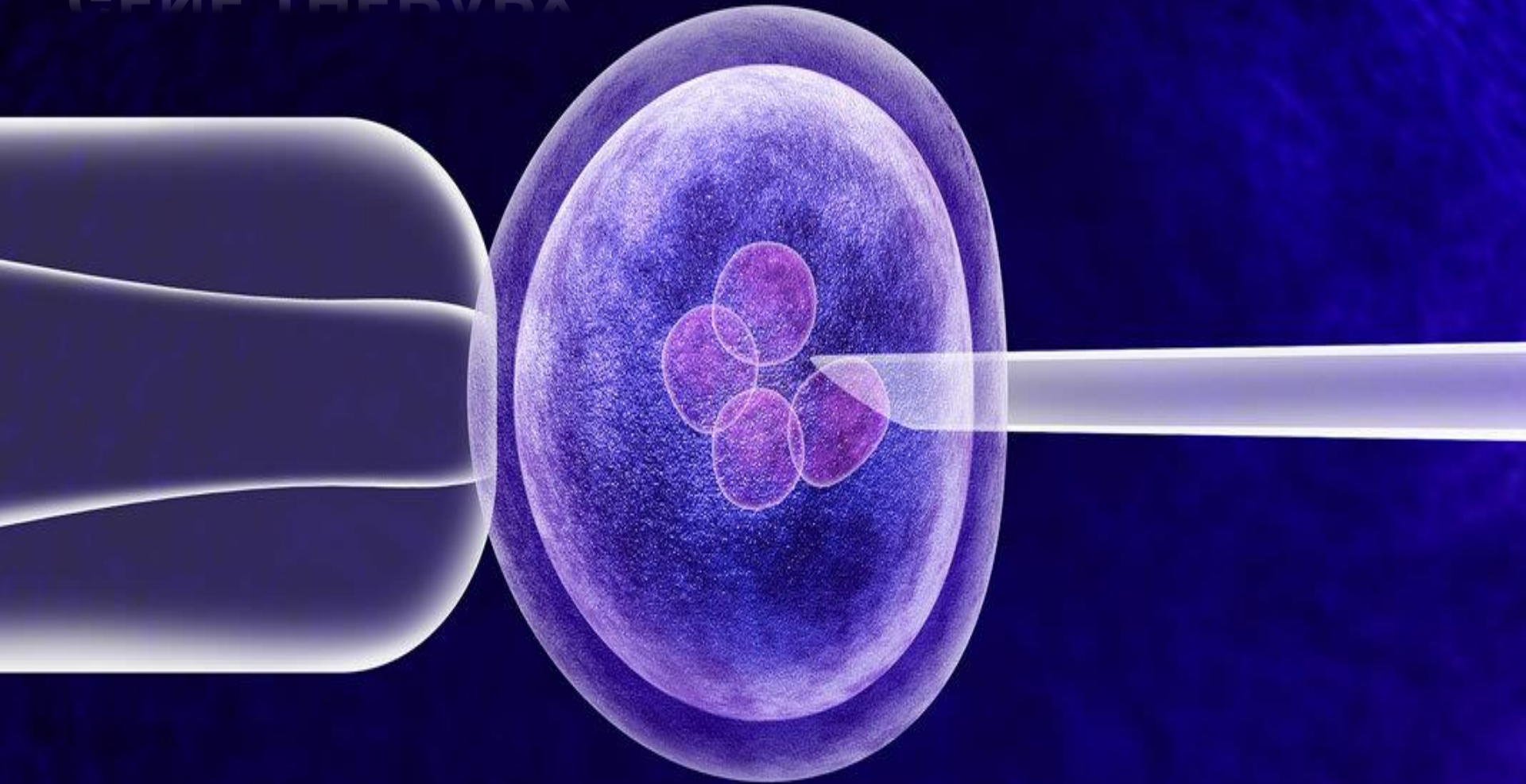
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graph TD; A[Genetic Screening] --> B[Counselling]; B --> C[Gene Therapy];
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A vertical flowchart with three rounded rectangular boxes. The top box is grey and contains the text 'Genetic Screening'. An orange arrow points down from this box to a purple box containing 'Counselling'. Another orange arrow points down from the purple box to a brown box containing 'Gene Therapy'. A thin orange horizontal line is positioned behind the top box.

**Counselling**

**Gene  
Therapy**

# GENE THERAPY



Introduction of functional genetic material into target cells to replace or supplement defective gene, or to modify the target cells tso as to achieve therapeutic goals

- 
- ✘ **Theoretically somatic cells as well as germ cells can be targeted**
  - ✘ **However, practically only somatic cells are targeted**
  - ✘ **Using germ cells arises controversies**

Human genome is like a huge libaran





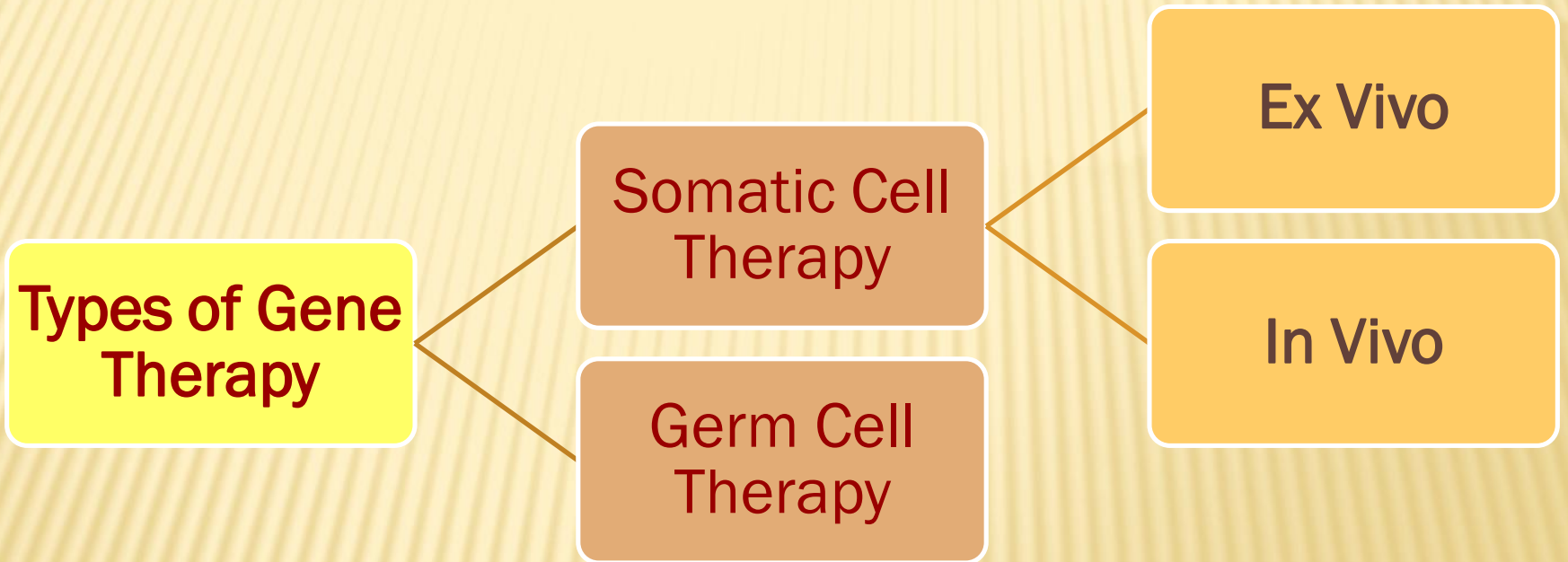
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**Completion of human genome project  
in 2003 has provided novel  
opportunities for gene therapy**

# APPROACHES

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1. **Gene Replacement/Correction** - **Replacing** a mutated gene with a healthy copy e.g Severe Combined Immunodeficiency
2. **Gene Silencing/Gene Interference-** **Inactivating** or “knocking out” a mutated gene e.g Sickle cell Disease
3. **Gene Augmentation/ Gene Addition-** **Introducing a new gene** to help fight disease e.g. Parkinson’s Disease
4. **Suicide gene-** kills the cells by **either apoptosis** or makes cells **vulnerable** to drugs e.g. Solid tumors



# GERM LINE THERAPY

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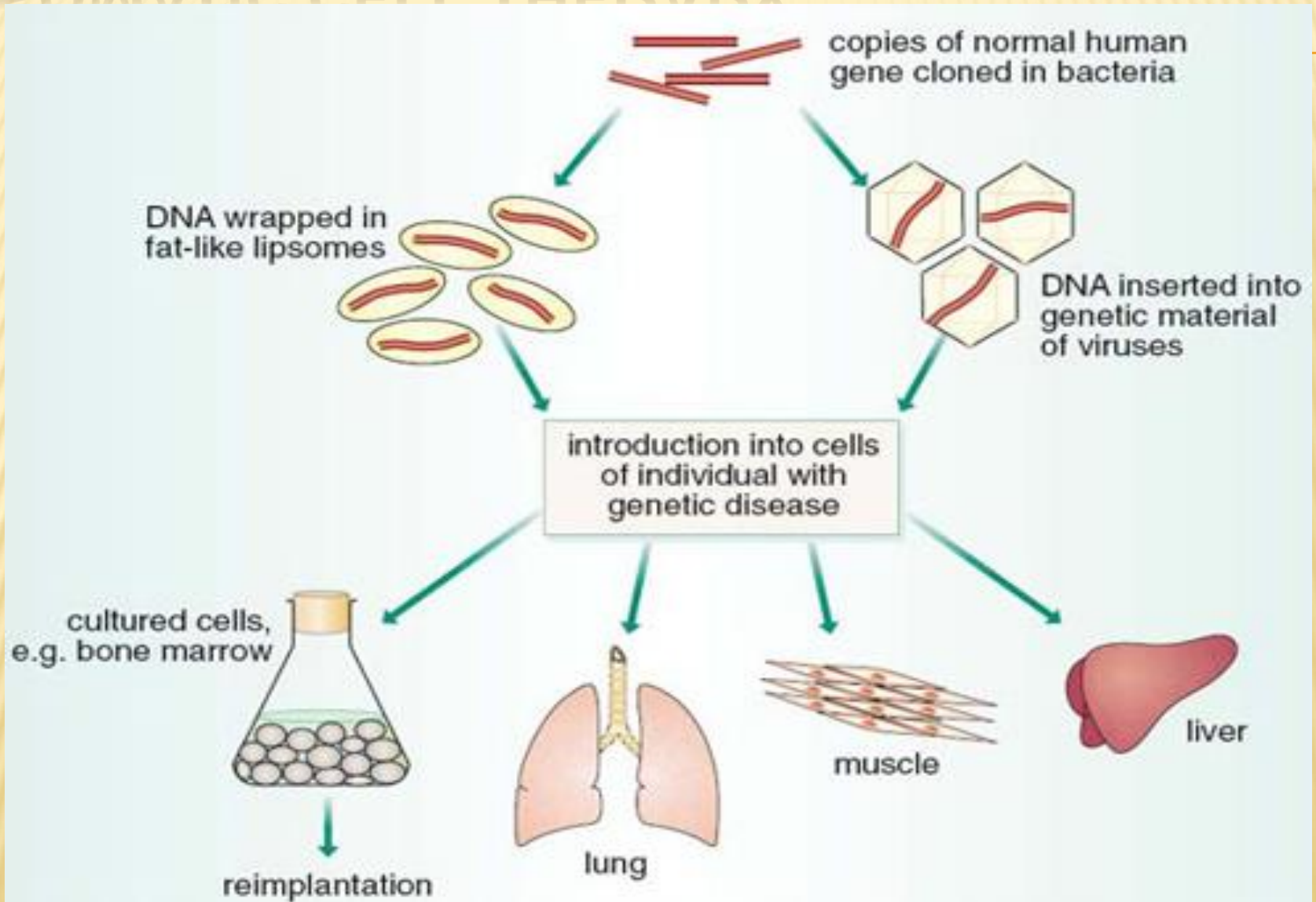
Altering the gene of **an egg** or **sperm**

Or

Altering of **Blastomere** during an early stage of its division

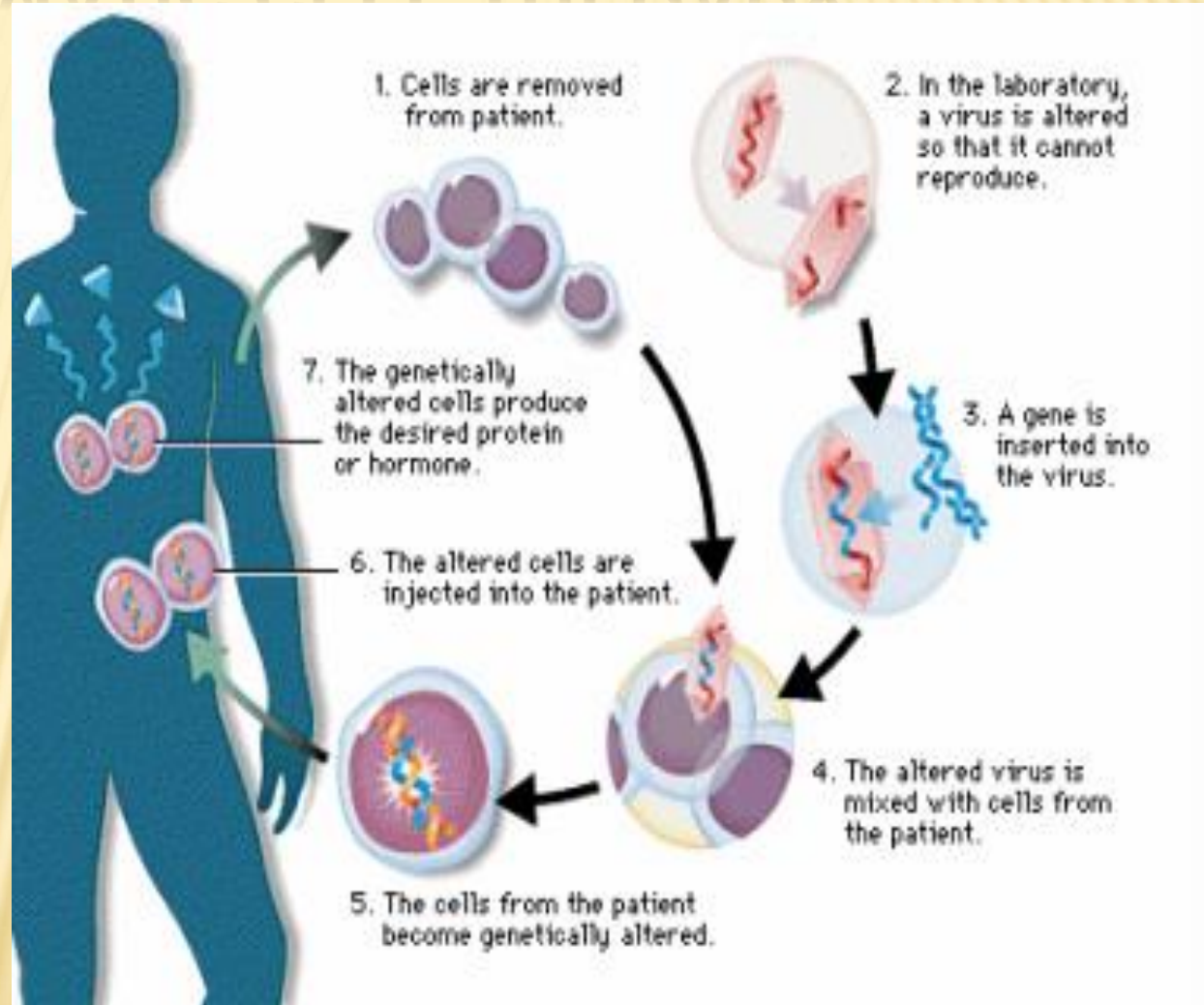
**Considered to be unethical**

# SOMATIC CELL THERAPY



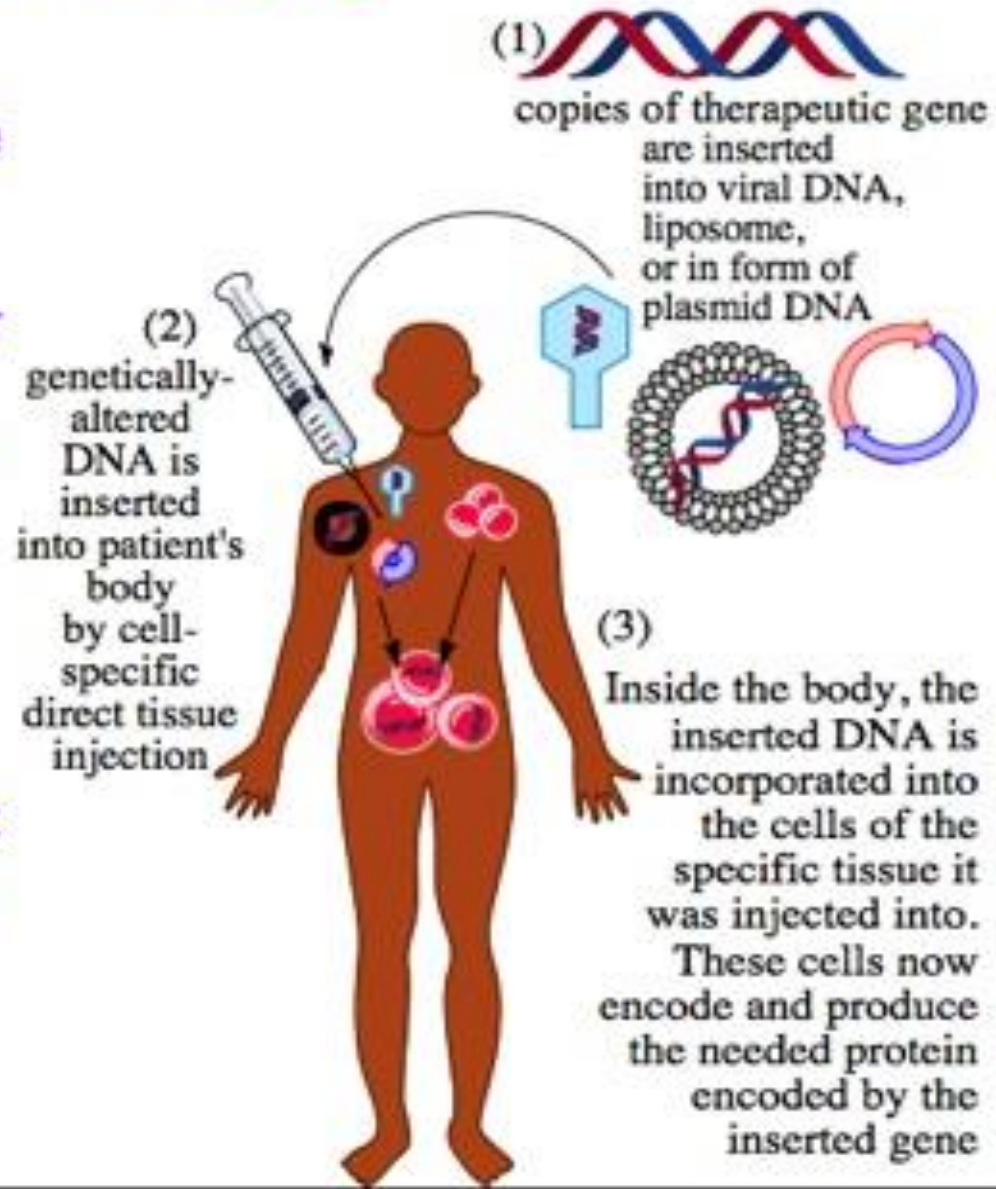
# EX VIVO SOMATIC CELL THERAPY

The cells are treated outside the human body in culture conditions



# In Vivo Gene Therapy

In vivo gene therapy involves introduction of therapeutic DNA directly into the patient's body. The DNA is introduced by cell-specific direct injection into tissue in need. DNA in the form of a plasmid vector is introduced by a dermal vaccination. Modified liposomes are not currently used for gene therapy, but they will likely be the next advancement in therapeutic gene delivery as cell-specific receptor-mediated DNA carriers. Once inside the body and in contact with the specifically targeted cells, the inserted DNA is incorporated into the tissue's cells where it encodes the production of the needed protein.



# VECTORS FOR GENE THERAPY

## PHYSICAL

- Microinjection
- Gene Gun
- Sonoporation
- Electroporation

## CHEMICAL

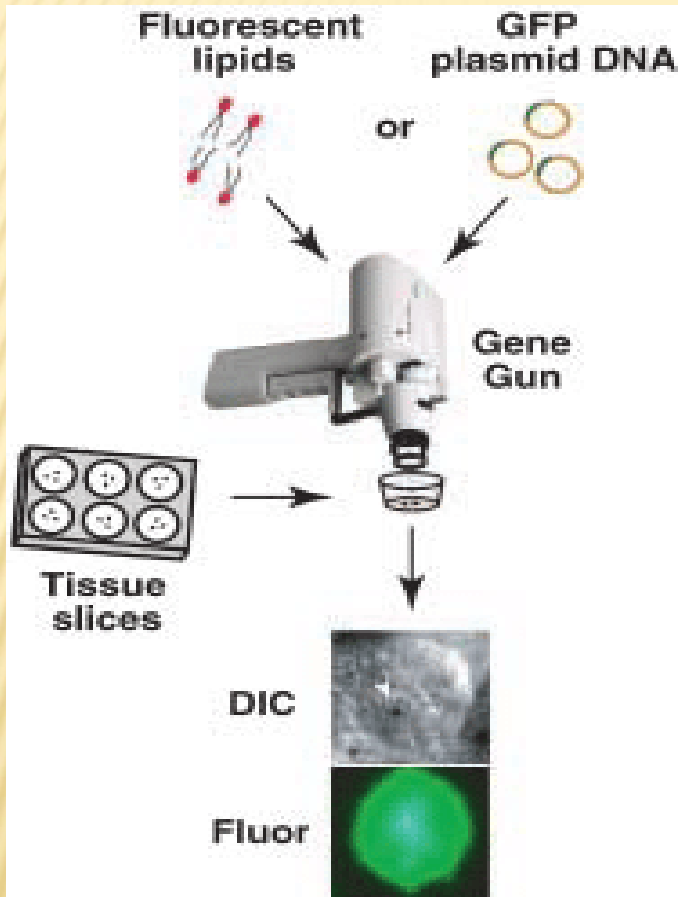
- Oligonucleotides
- Liposomes
- Calcium Phosphate
- Dendrimers

## BIOLOGICAL

- Retrovirus
- Adenovirus
- HSV
- Adeno associated viruses

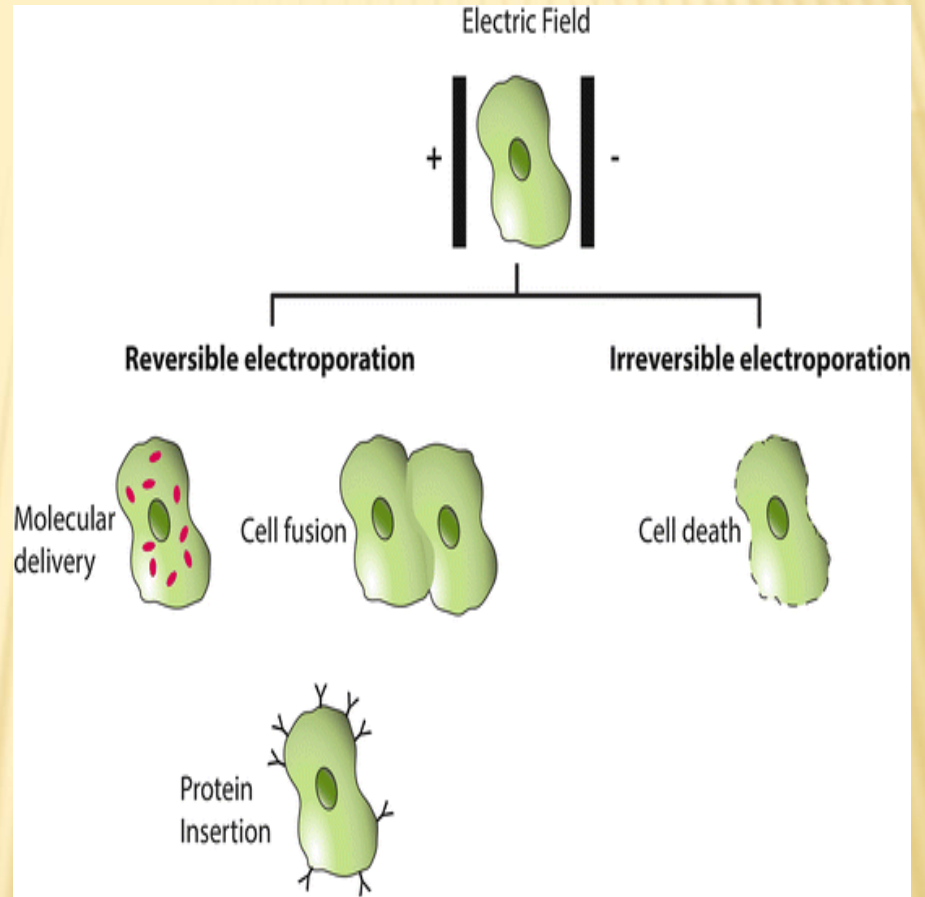


# PHYSICAL GENE THERAPY



## GENE GUN

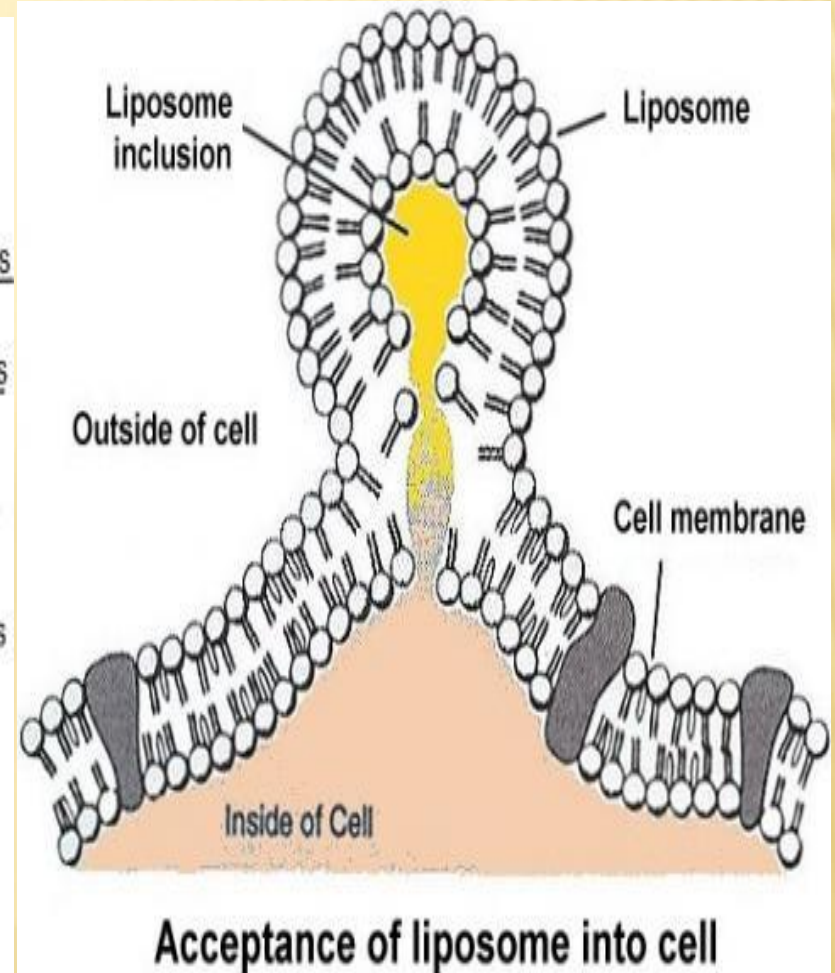
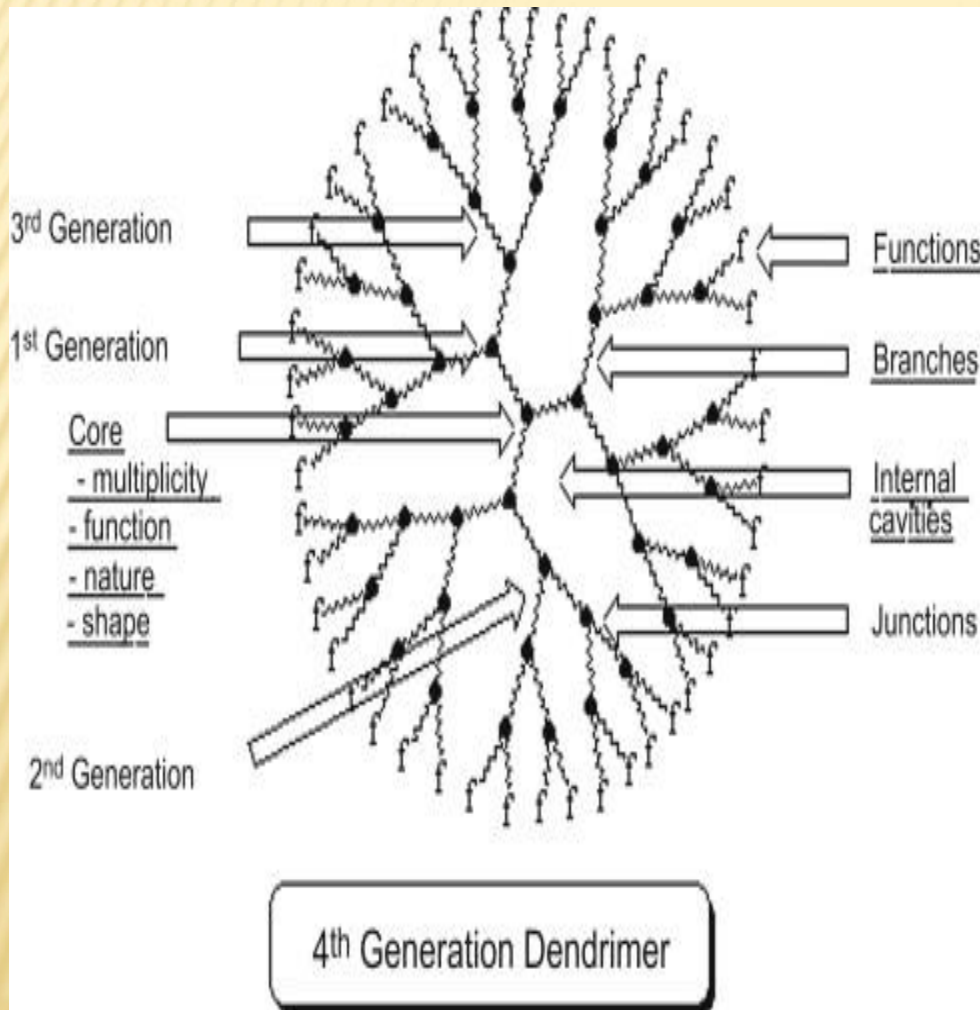
SOURCE: BRAIN MAPPING THE METHODS, JAN 2002



## ELECTROPHORATION

SOURCE: HANDBOOK OF ELECTROPHORATION

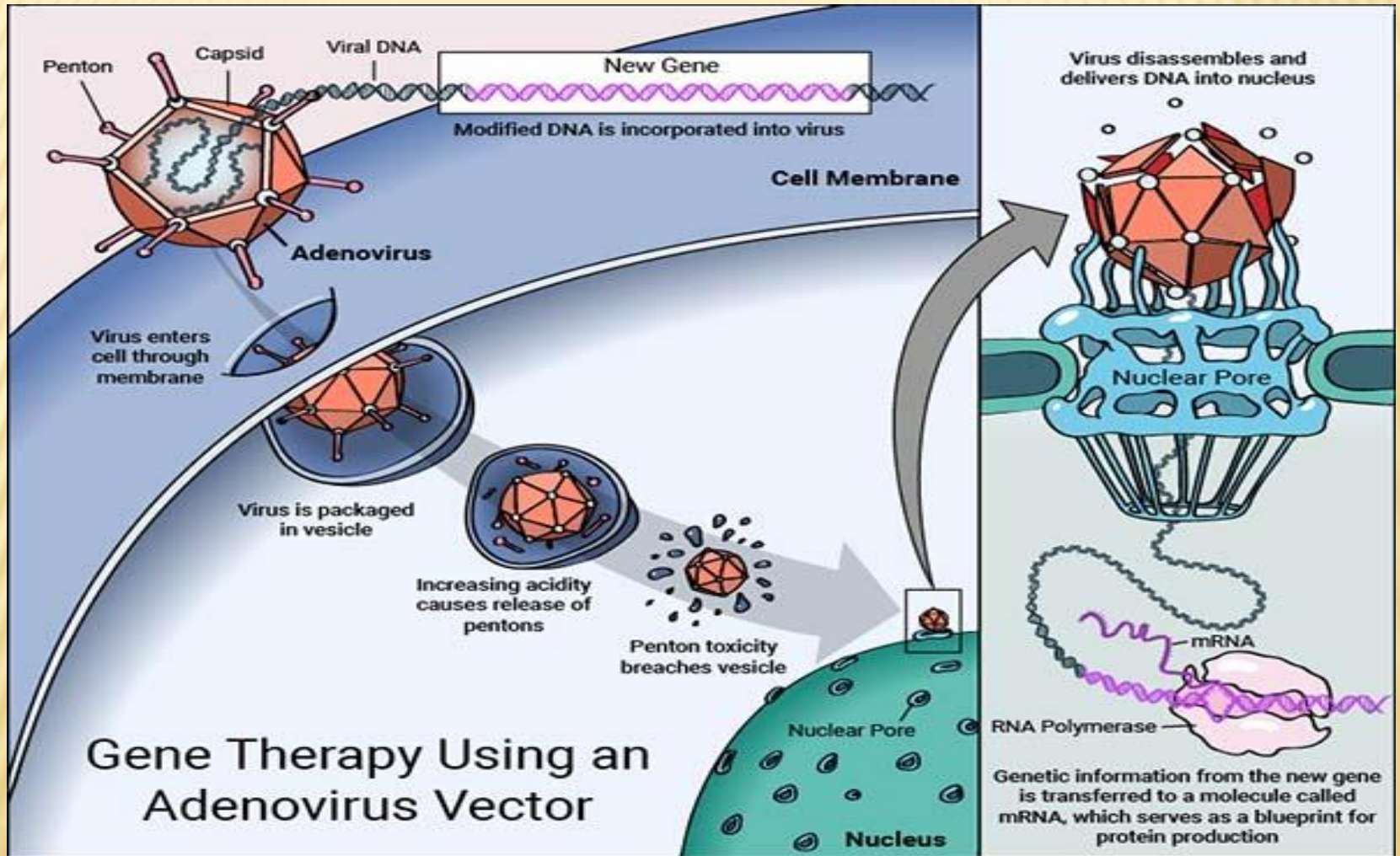
# CHEMICAL GENE THERAPY



## LIPOSOMES

SOURCE: GENE THERAPY REVIEW

# BIOLOGICAL GENE THERAPY



# DRUGS IN MARKET FOR GENE THERAPY

- ✘ Gendicine- an adenovirus –p53 based gene
- ✘ Glybera- an adeno associated virus for familial lipoprotein lipase deficiency treatment
- ✘ Luxturna- an adeno virus associated treatment for retinal dystrophy
- ✘ Imlygic- genetically modified oncolytic virus
- ✘ Kymriah- Lentivirus for treatment of B-cell precursor acute lymphoblastic leukemia

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✕ THANK YOU