Safety and efficacy of factor IX gene transfer to skeletal muscle in murine and canine hemophilia B models by adeno-associated viral vector serotype 1


Adeno-associated viral (AAV) vectors (serotype 2) efficiently transduce skeletal muscle, and have been used as gene delivery vehicles for hemophilia B and for muscular dystrophies in experimental animals and humans. Recent reports suggest that AAV vectors based on serotypes 1, 5, and 7 transduce murine skeletal muscle much more efficiently than AAV-2, with reported increases in expression ranging from 2-fold to 1000-fold. We sought to determine whether this increased efficacy could be observed in species other than mice. In immunodeficient mice we saw 10- to 20-fold higher levels of human factor IX (hFIX) expression at a range of doses, and in hemophilic dogs we observed approximately 50-fold higher levels of expression. The increase in transgene expression was due partly to higher gene copy number and a larger number of cells transduced at each injection site. In all immunocompetent animals injected with AAV-1, inhibitory antibodies to F.IX developed, but in immunocompetent mice treated with high doses of vector, inhibitory antibodies eventually disappeared. These studies emphasize that the increased efficacy of AAV-1 vectors carries a risk of inhibitor formation, and that further studies will be required to define doses and treatment regimens that result in tolerance rather than immunity to F.IX. (Blood. 2004;103: 85-92)
Materials and methods

AAV vector construction and production

Recombinant AAV vectors were produced by triple transfection as previously described. The plasmids expressing canine or human F.IX under the control of the CMV promoter/enhancer and a second plasmid supplying adenovirus helper functions were identical to those described. A third plasmid containing the AAV-2 rep and cap genes was used to produce AAV-2 vectors, whereas a plasmid containing either AAV-1 or AAV-6 cap genes and AAV-2 rep gene and inverted terminal repeats was used to produce AAV-1 and AAV-6, respectively (Figure 1). AAV vectors were purified by repeated cesium chloride (CsCl) density gradient centrifugation and the titer of purified vectors was determined by quantitative dot-blot hybridization.

Cell culture experiments

Human myoblasts were isolated from muscle biopsy samples obtained from healthy volunteers and then differentiated to mature myotubes by incubation in culture media containing 10% horse serum. A murine myoblast cell line (American Tissue Culture Collection, Manassas, VA) was kept undifferentiated by incubating with 10% fetal bovine serum or alternatively, was incubated with 10% horse serum to differentiate to mature myotubes. Cells were transduced with AAV–CMV-hF.IX vector at multiplicities of infection (MOIs) ranging from 1000 to 40,000 in serum-free media (Opti-MEMI; Life Technologies, Gaithersburg, MD), as previously described.

Animal experiments

All procedures involving mice and dogs were approved by the Institutional Animal Care and Use Committee at The Children’s Hospital of Philadelphia or at the University of North Carolina at Chapel Hill.

Twenty-four immunodeficient CD4 knockout mice on a C57Bl/6 background (The Jackson Laboratories, Bar Harbor, ME) were injected with AAV-1 or AAV-2 vectors encoding hF.IX under the control of the CMV promoter/enhancer. Cohorts of 4 mice were injected at 3 vector doses of AAV-1 or AAV-2: 2 × 10¹¹, 1.2 × 10¹¹, or 4 × 10¹¹ vg/kg. Intramuscular injections were distributed into 4 skeletal muscle sites (tibialis anterior and quadriceps muscle). Circulating hF.IX antigen levels were measured in plasma samples collected every 2 weeks from the retro-orbital space using heparinized capillary tubes.

In addition, hemophilia B mice (C57Bl6, n = 10) were injected with AAV1–CMV-hF.IX vectors at doses ranging from 6.5 × 10¹¹ to 1.6 × 10¹³ vg/kg. In these experiments, FIX antigen levels, clotting activity, and antibody formation to F.IX were simultaneously determined.

To assess T-cell response to skeletal muscle fibers transduced by AAV-1 vectors, additional immunocompetent mice (n = 4) were injected with AAV–hF.IX at a dose of 4 × 10¹³ vg/kg. Mice were killed at day 14 or day 30 following vector administration, and muscle tissue was harvested and fixed and stained by hematoxylin and eosin.

Clotting assays, F.IX antigen, and antibody to F.IX

hF.IX concentration was determined using an enzyme-linked immuno-sorbent assay (ELISA) in which a monoclonal antibody (FXC008 from Boehringer Mannheim, Indianapolis, IN) was used as a capture antibody at a dilution of 1:500; peroxidase conjugated polyclonal goat antihuman F.IX (Affinity Biologicals, Hamilton, ON, Canada) was used as a detecting antibody. Canine FIX concentration was determined using FXC008 as a capture antibody as well. A rabbit anti–cF.IX antibody (Affinity Biosciences, Ontario, ON, Canada) was used at a dilution of 1:1000 as a secondary antibody, a swine antirabbit immunoglobulin G (IgG) peroxidase labeled at a dilution of 1:2000 (Dako, Carpinteria, CA) was used for detection. Whole-blood clotting time (WBCT) and the activated partial thromboplastin time (aPTT) were determined as previously described. The WBCT in hemostatically normal dogs ranges from 8 to 12 minutes and the aPTT ranges from 18 to 20 seconds. For hemophilic dogs the WBCT ranges from 30 to 60 minutes and the aPTT from 50 to 80 seconds. Shortening of the WBCT begins with increases in the F.IX levels above 2 ng/mL. Inhibitory antibodies to human or canine F.IX were assayed by Bethesda assay. In addition, inhibitory or noninhibitory antibodies to F.IX were measured by both a specific ELISA to IgG subclasses or by Western blot analysis as described.

Histochemical analysis

Tissue obtained by muscle biopsy was frozen initially in cooled isopentane followed by liquid nitrogen. Muscle sections were stained with hematoxylin and eosin for histology. Muscle serial cryosections (5 µm) were frozen initially in cooled isopentane, then transferred to nitrocellulose membrane. Southern blot hybridization was performed using as probe a 0.7-kilobase (kb) fragment of the CMV enhancer/promoter. Intensity of bands on autoradiographs was quantitated by densitometric scanning of the exposed x-ray film (http://rsb.info.nih.gov/nih-image/).

DNA analysis

Genomic DNA was extracted from injected murine muscle, digested with BglII (New England Biolabs, Beverly, MA), separated in a 1% agarose gel, and transferred to nitrocellulose membrane. Southern blot hybridization was performed using as probe a 0.7-kilobase (kb) fragment of the CMV enhancer/promoter. Intensity of bands on autoradiographs was quantitated by densitometric scanning of the exposed x-ray film (http://rsb.info.nih.gov/nih-image/).
### Results

In vitro transduction of murine and human skeletal muscle cells by AAV-2–F.IX vectors yields higher levels of F.IX than transduction by AAV-1 vectors

Results from triplicate experiments demonstrated that F.IX levels are consistently 2- to 8.9-fold higher after differentiation to myotubes compared with undifferentiated myoblasts (Table 1). In both differentiated and undifferentiated murine C2C12 cells, AAV-2–F.IX yielded higher levels of F.IX (2- to 4-fold) compared with AAV-1–F.IX. Similar results were observed with normal human myoblasts. In a typical experiment, following differentiation to myotubes, cells were transduced at an MOI of 20,000. After 5 days, F.IX levels in conditioned medium averaged 212 ± 28 ng/mL per 48 hours for AAV-2-transduced cells and 111 ± 45 ng/mL per 48 hours for AAV-1-transduced cells.

C57Bl/6CD4 knockout mice were injected at doses ranging from $2 \times 10^{11}$ to $4 \times 10^{12}$ vg/kg (n = 4 per group) with AAV vectors. AAV-1 and AAV-6 vectors resulted in 10- to 20-fold higher levels of circulating F.IX at each dose tested (Figure 2). F.IX levels in AAV-2–injected mice were generally reproducible (Table 2) with variation among mice being less than or equal to 20% at a dose of $1 \times 10^{12}$ vg/kg, whereas variation was higher among mice at low doses of AAV-1 (as much as 50%) and less at higher doses (±10%). A dose-dependent increase in levels of F.IX was seen for all doses of AAV-1 and AAV-6 tested (Table 2 [AAV-1]; AAV-6, data not shown).

Superior expression from AAV-1 vectors is partly due to higher gene copy number at injected sites

Samples of murine muscle tissue injected with a range of doses of AAV-1 or AAV-2 vectors were excised 12 weeks after injection and DNA was extracted. Southern blots were performed to determine DNA copy number (Figure 3). In these experiments, the dose per site is proportional to the dose per kilogram. A copy number standard was prepared by spiking AAV vector plasmid into murine DNA. Unct DNA showed a diffuse high-molecular-weight signal (data not shown). Restriction digest with BglII produced a fragment of approximately 0.7 kb, as expected. Comparison of signal strength showed a higher gene copy number in AAV-1–transduced tissue compared with AAV-2–transduced tissue at every dose tested. The fold increase in gene copy number is greater at low doses than at higher doses (Table 3).

At an equivalent dose per injection site, larger numbers of muscle cells are transduced by AAV-1 vectors compared with AAV-2

Mice injected at a dose of approximately $4 \times 10^{12}$ vg/kg were killed 8 weeks after injection, and muscle tissue was excised and stained by immunofluorescence for hF.IX. Two technologists blinded to vector type scored positive cells by counting 26 fields in 6 sections. Scoring sections from the quadriceps and tibialis anterior, in AAV-1–injected tissue, 54% of cells were positive on average (range 38%-67%) and in AAV-2–injected cells, 22% (range 17%-32%) were positive on average. Representative sections are shown in Figure 4; typically, the number of F.IX-expressing cells was approximately 2- to 3-fold higher in the AAV-1–injected tissue.

Intramuscular injection of AAV-1 in immunocompetent mice triggers formation of antibody to the transgene product but not destruction of the transduced cells

Previously we have shown that intramuscular injection of AAV-2 vectors in immunocompetent mice results in formation of antibodies to hF.IX,13 but long-term persistence of and expression from the transduced cells and no evidence of cellular infiltrate at the injected site.19 This is consistent with a primarily T helper cell 2 (Th2)–driven response. Although the capsid sequences of AAV-1, AAV-2, and AAV-6 are highly conserved, one cannot assume that the

---

#### Table 1. F.IX levels in the conditioned medium from murine C2C12 cells transduced with AAV-CMV-F.IX vectors at a range of multiplicity of infection

<table>
<thead>
<tr>
<th>Multiplicity of Infection (MOI)</th>
<th>AAV-1, F.IX ng/mL per 48 h</th>
<th>AAV-2, F.IX ng/mL per 48 h</th>
<th>Fold difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undifferentiated C2C12 cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 000</td>
<td>3 ± 1</td>
<td>12 ± 2.6</td>
<td>4</td>
</tr>
<tr>
<td>5 000</td>
<td>19 ± 4</td>
<td>60 ± 13</td>
<td>3</td>
</tr>
<tr>
<td>20 000</td>
<td>29 ± 10</td>
<td>108 ± 37</td>
<td>3.7</td>
</tr>
<tr>
<td>40 000</td>
<td>36 ± 4.5</td>
<td>129 ± 40</td>
<td>3.5</td>
</tr>
<tr>
<td>Differentiated C2C12 cells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 000</td>
<td>33 ± 10</td>
<td>107 ± 47</td>
<td>3.2</td>
</tr>
<tr>
<td>5 000</td>
<td>63 ± 29</td>
<td>126 ± 29.4</td>
<td>2</td>
</tr>
<tr>
<td>20 000</td>
<td>103 ± 12</td>
<td>206 ± 30</td>
<td>2</td>
</tr>
<tr>
<td>40 000</td>
<td>115 ± 8</td>
<td>247 ± 58</td>
<td>2</td>
</tr>
<tr>
<td>Fold range difference</td>
<td>3 to 10</td>
<td>2 to 15</td>
<td></td>
</tr>
</tbody>
</table>

---

#### Table 2. Circulating F.IX levels 8 weeks after intramuscular injection of AAV vectors in mice

<table>
<thead>
<tr>
<th>Vector dose, vg/kg</th>
<th>AAV-1</th>
<th>AAV-2</th>
<th>Fold difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2 \times 10^{11}$</td>
<td>198 ± 96</td>
<td>19 ± 3</td>
<td>10.4</td>
</tr>
<tr>
<td>$1 \times 10^{12}$</td>
<td>436 ± 79</td>
<td>20 ± 5</td>
<td>21.8</td>
</tr>
<tr>
<td>$4 \times 10^{12}$</td>
<td>1115 ± 120</td>
<td>53 ± 10</td>
<td>21.0</td>
</tr>
</tbody>
</table>
characteristics of the immune response will be identical. We therefore examined immune responses to vector injection/ 
transgene expression in immunocompetent mice. In the first experiment, C57Bl/6 mice received an intramuscular injection of 
AAV-1–FIX at a dose of 2 × 10^{10} vg per site (~4 × 10^{12} vg/kg). Animals were killed at 2 weeks and 4 weeks after injection, and 
injected muscle was excised and stained with hematoxylin and eosin (Figure 5). Sections showed no evidence of inflammatory 
infiltrate or destruction of muscle architecture. Examination of injected tissue at time points out to 12 weeks showed no evidence 
for loss of transduced cells.

In the immunofluorescent stains, the number of positive cells increases from week 2 to week 4. Hematoxylin and eosin staining is 
remarkable for the absence of cellular infiltrates and the preservation of normal muscle architecture. In another experiment, C57Bl/6 
mice with hemophilia B due to a large deletion in the FIX gene were 
20 injected with AAV-1 at doses ranging from 4 × 10^{12} vg/kg to 
1.6 × 10^{13} vg/kg. These doses resulted in circulating levels of FIX 
ranging from 20 ng/mL to 110 ng/mL at 2 weeks following by 
undetectable levels at week 4 due to antibody formation to FIX 
documented in all mice by Western blot and by ELISA for 
FIX-specific IgG (Figure 6B,D). These were inhibitory antibodies 
as documented by Bethesda titers ranging from 0.5 to 13.7 
Bethesda units (BU) (Figure 6C). Antibodies generally appeared 
approximately 2 weeks after injection and persisted for periods up 
to 8 weeks after injection. Following this, antibodies disappeared 
and FIX was again detectable in the circulation at levels ranging from 
200 ng/mL to 3000 ng/mL (Figure 6A).

A third group of animals (n = 3) was injected with a lower 
vector dose (6.5 × 10^{11} vg/kg). In this group, transient circulating 
FIX levels of 20 ng/mL to 25 ng/mL were detected up to week 3. 
By week 4, antibody to FIX was detected in all animals. In contrast 
to animals injected with higher vector doses, where antibodies to 
FIX were decreasing by week 8 and had disappeared altogether by 
week 12 (Figure 6B), in the low-dose group, levels of antibodies to 
FIX remained stable for the duration of the experiment (12 weeks) 
without any evidence of diminution (Figure 6E).

### Intramuscular injection of AAV-1–cFIX in hemophilic dogs results in inhibitor formation at lower doses than those that trigger 
inhibitor formation following AAV-2 intramuscular injection

Previous studies in a hemophilia B model showed that risk of 
inhibitor formation following intramuscular injection of AAV-2 vector rises as the dose of vector rises. Animals that received 
doses up to 3.4 × 10^{12} vg/kg did not form inhibitory antibodies, 
whereas 2 out of 3 animals injected at doses equal to or higher than 
8.5 × 10^{12} vg/kg developed inhibitors (Table 4). Moreover, the 
vector dose per site also seemed to play a role, since, of 3 animals 
that received comparable doses (8 × 10^{12} vg/kg), the dog (B14) 
that received a high dose per site (1.2 × 10^{13} vg/site) formed a 
long-lasting high titer inhibitory antibody, whereas the 2 dogs that 
received a lower dose per site (2 × 10^{12} vg/site) either failed to 
form an inhibitor or developed only a transient low titer inhibitor. 
Analysis of immunoglobulin subclasses in the earlier study showed 
that noninhibitory antibodies consisted of IgG2 only, whereas 
animals with inhibitory antibodies showed both IgG1 and IgG2. 
Whether the dose dependence of risk of inhibitor formation 
resulted from increasing levels of FIX antigen, higher numbers of 
 viral particles, higher levels of a contaminant that acted as an 
adjuvant, or some combination of these factors, was not clear.

The higher expression levels of the AAV-1 vectors provided a 
means of examining which of these factors contributed to inhibitor 
formation. We injected a hemophilia B dog (E35) at intramuscular 
sites with AAV-1–cFIX at a dose of 1 × 10^{12} vg/kg, 5 × 10^{11} vg 
per site. In terms of the dose per kilogram, this was 8-fold lower 
than the dose per kilogram associated with inhibitor formation with 

---

**Table 3. Densitometric analysis of Southern blot yields gene copy no. in injected muscle**

<table>
<thead>
<tr>
<th>Vector dose, vg/kg</th>
<th>Fold increase in dose</th>
<th>Actual gene copy no.</th>
<th>Relative gene copy no.</th>
<th>Relative circulating FIX, ng/mL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AAV-2</td>
<td>AAV-1</td>
<td>AAV-2</td>
</tr>
<tr>
<td>2 × 10^{11}</td>
<td>1</td>
<td>0.4</td>
<td>14.5</td>
<td>1</td>
</tr>
<tr>
<td>1 × 10^{12}</td>
<td>5</td>
<td>3.0</td>
<td>20.0</td>
<td>8</td>
</tr>
<tr>
<td>4 × 10^{12}</td>
<td>20</td>
<td>15.0</td>
<td>33.0</td>
<td>38</td>
</tr>
</tbody>
</table>

Relative gene copy number values obtained by normalizing to AAV-2–injected value at lowest dose. Note that the difference in gene copy number between AAV-1– and 
AAV-2–injected tissue is most marked at low doses. Relative circulating FIX levels were determined by normalizing to levels obtained with the lowest dose (2 × 10^{11} vg/kg) of AAV-2.

---

**Figure 4.** Immunofluorescent staining for hFIX in AAV-injected mouse muscle.
Animals were injected in the hindlimbs with 4 × 10^{12} vg/kg AAV-1 or AAV-2, divided equally among 4 injection sites. Twelve weeks later mice were killed and injected muscle was resected for immunofluorescent staining. Positive cells were scored by observers blinded to vector type. Representative sections from the quadriceps are shown for AAV-1– and AAV-2–injected muscle; average percent of positive cells was 54% for AAV-1, 22% for AAV-2.

**Figure 5.** Paired immunofluorescent and hematoxylin and eosin staining of AAV-1–injected murine muscle at early time points after injection.
Table 4. Summary of hemophilia B dogs injected intramuscularly with AAV-1 or AAV-2 vector

<table>
<thead>
<tr>
<th>Dog</th>
<th>Age, mos.</th>
<th>Sex</th>
<th>AAV serotype</th>
<th>Total vector genome</th>
<th>Vector genome per kg</th>
<th>Vector dose per site</th>
<th>Maximum cF.IX level, ng/mL</th>
<th>Anti-cF.IX, Bethesda units</th>
</tr>
</thead>
<tbody>
<tr>
<td>E35</td>
<td>10</td>
<td>female</td>
<td>AAV-1</td>
<td>$1.6 \times 10^{13}$</td>
<td>$1.0 \times 10^{12}$</td>
<td>$5.0 \times 10^{10}$</td>
<td>87*</td>
<td>8-15 BU</td>
</tr>
<tr>
<td>E57†</td>
<td>3</td>
<td>male</td>
<td>AAV-1</td>
<td>$2.0 \times 10^{12}$</td>
<td>$2.4 \times 10^{11}$</td>
<td>$6.8 \times 10^{10}$</td>
<td>104</td>
<td>2-8.5 BU</td>
</tr>
<tr>
<td>B45</td>
<td>2</td>
<td>male</td>
<td>AAV-2</td>
<td>$7.4 \times 10^{11}$</td>
<td>$1.3 \times 10^{11}$</td>
<td>$4.1 \times 10^{10}$</td>
<td>2.6</td>
<td>none</td>
</tr>
<tr>
<td>B48</td>
<td>8</td>
<td>female</td>
<td>AAV-2</td>
<td>$6.8 \times 10^{13}$</td>
<td>$3.4 \times 10^{12}$</td>
<td>$1.1 \times 10^{10}$</td>
<td>20</td>
<td>none</td>
</tr>
<tr>
<td>D32t</td>
<td>2.5</td>
<td>male</td>
<td>AAV-2</td>
<td>$2.5 \times 10^{13}$</td>
<td>$5.6 \times 10^{12}$</td>
<td>$2.0 \times 10^{10}$</td>
<td>40</td>
<td>none</td>
</tr>
<tr>
<td>D31</td>
<td>1.5</td>
<td>male</td>
<td>AAV-2</td>
<td>$3.2 \times 10^{13}$</td>
<td>$8.5 \times 10^{12}$</td>
<td>$2.0 \times 10^{10}$</td>
<td>39</td>
<td>none</td>
</tr>
<tr>
<td>B65</td>
<td>3</td>
<td>male</td>
<td>AAV-2</td>
<td>$5.0 \times 10^{13}$</td>
<td>$8.5 \times 10^{12}$</td>
<td>$2.1 \times 10^{10}$</td>
<td>70</td>
<td>6.8 BU, transient</td>
</tr>
<tr>
<td>B14</td>
<td>24</td>
<td>male</td>
<td>AAV-2</td>
<td>$2.3 \times 10^{14}$</td>
<td>$1.1 \times 10^{13}$</td>
<td>$1.2 \times 10^{12}$</td>
<td>30*</td>
<td>≤ 24.5 BU</td>
</tr>
</tbody>
</table>

AAV-2-treated dogs previously reported (see Herzog et al10 [1999] and Herzog et al11 [2002]).

*Maximum cF.IX levels detected before antibody formation to F.IX.

†Dogs treated with cyclophosphamide, 1 dose per week for 6 weeks.

Figure 6. Human F.IX expression and anti–F.IX antibody measurements as a function of dose and time in AAV-1– and AAV-2–infected immunocompetent hemophilic mice. C57Bl/6 hemophili a B mice were injected at a high (1.6 × 10^{-13} \text{ vg/kg}, n = 5), medium (4 × 10^{-12} \text{ vg/kg}, n = 2), or low (6.5 × 10^{-11} \text{ vg/kg}, n = 3) dose at intramuscular sites. Panels A-D refer to medium- and high-dose cohorts, panel E to low-dose cohort. Each line represents one mouse. (A) Human F.IX levels were determined by ELISA. Levels in high-dose animals range from 300 ng/mL to 2200 ng/mL at 8 weeks, with levels of approximately 100 ng/mL at the same time point in medium-dose animals. After the initial lag, F.IX levels remain stable for the duration of the experiment. (B) Anti–F.IX-specific IgG1 antibodies. These were detected in all animals, peaked at 2 to 4 weeks after injection, markedly decreased by 8 weeks, and disappeared by 12 weeks after injection. (C) Bethesda titers. Inhibitory antibody is first detected at 2 weeks after injection, reaches a maximum at 4 weeks, then gradually diminishes. (D) Western blot to detect anti–F.IX antibody. Lanes 1 to 5 contain serum from the mice treated at a high dose, lanes 6 to 7 contain serum from mice treated at a lower dose. At the 4-week time point, antibody was detected in 5 of 7 mice. At the 8-week time point it was detected in only 2 of 7 mice. (E) Left panel represents hF.IX levels determined by ELISA. Center and right panels represent antibodies to F.IX detected in all 3 mice by specific IgG to F.IX or by Bethesda assay, respectively. “Denotes the death of one animal after week 8. 

AAV-2 vectors, and 4-fold lower than the dose per site. However, as shown in Figure 7, even at these doses, which never trigger inhibitory antibody formation with AAV-2–F.IX, the injected animal formed inhibitory antibodies starting about 5 weeks after vector injection. As shown in Figure 7A, the cF.IX level peaked at 87 ng/mL (1.7% normal circulating level in humans) at 2 weeks after injection. This rise in F.IX levels was accompanied by a rise in the WBCT (from 12 minutes at day 10 to 27.5 minutes at day 15). We attempted to address this by instituting immunosuppressive therapy with intravenous cyclophosphamide (200 mg/m²-250 mg/m²) administered weekly from day 15 to day 50 after vector injection. However, this maneuver did not result in any significant diminution of inhibitor titer, and the animal experienced a life-threatening retropharyngeal bleed 10 months after injection, which required euthanasia.

Dose reduction and transient immunosuppression at the time of vector administration delay but do not block the formation of inhibitory antibodies

Because our previous studies in dogs with hemophilia B have shown that the risk of inhibitor formation increased with dose per kilogram and dose per site, we wished to determine whether a reduction in dose would prevent the formation of inhibitory antibodies. Our earlier studies had also shown that transient immunosuppression with cyclophosphamide could prevent inhibitor formation, both in the missense mutation dogs treated at higher doses11 and in nonsense mutation dogs.24 We therefore transiently immunosuppressed a second animal, E57, (cyclophosphamide 200 mg/m²-250 mg/m²) one day before injection and weekly thereafter.
plasma-derived cF.IX prior to AA V vector injection. Of note, both dogs were never exposed to both IgG1 and IgG2 had appeared before the course analysis of the appearance of antibodies to F.IX shows that again after a second plasma transfusion (Figure 8B-D). Time-an inhibitor was detected, initially at a titer of 2 BU and rising to middledose was stopped, the animal developed a bleed in the hindlimb of inhibitory antibody formation. Three weeks after cyclophosphamide was administered; asterisks denote infusions of canine plasma. IgG1 rose gradually beginning about 35 days after vector injection and continued to rise throughout the course of the experiment.

Discussion

AAV-2–mediated gene transfer to murine skeletal muscle resulted in circulating F.IX levels of 250 ng/mL to 350 ng/mL at doses of approximately $1 \times 10^{13}$ vg/kg; a similar study in hemophilic dogs yielded circulating levels of 70 ng/mL at a comparable dose. A phase 1 safety study of intramuscular injection of an AAV-2 vector in humans with hemophilia B showed an excellent safety profile and strong evidence for gene transfer and expression on muscle biopsy but circulating levels of F.IX that were generally subtherapeutic (< 1%) at the doses tested (up to $\sim 2 \times 10^{12}$ vg/kg). Studies in hemophilic dogs had shown that the risk of inhibitory antibody formation rose with increasing doses of vector per site, so that dose escalation in the human study required ever-increasing numbers of injection sites. To scale up 3- to 5-fold in dose from $2 \times 10^{12}$ vg/kg (to reach doses that were therapeutic in mice and dogs) would have required about 300 injection sites, which did not seem clinically feasible. Since published studies documented higher levels of transgene expression using an AAV-1 vector in murine skeletal muscle, we sought to determine whether these results could be extended to dogs with hemophilia B. We recognized at the outset that immune responses to the transgene product were likely to be a major consideration and we therefore assessed these responses as a part of our analysis.

Our study shows that, in both small and large animal models, AAV-1 results in higher levels of transgene expression compared with AAV-2 vectors. Although experiments in tissue culture documented that F.IX expression was generally higher with AAV-2 vectors compared with AAV-1, the opposite result was seen in

Figure 7. Coagulation testing and antibody studies in dog E35. (A) Canine F.IX antigen levels as a function of time after injection. F.IX level peaked 2 weeks after injection and rapidly declined to undetectable. Arrows denote time points at which cyclophosphamide was administered. (B) WBCT as a function of time after injection. The WBCT fell into the normal range by day 6 and began to prolong again by day 15. By day 23 it had returned to the baseline of more than 60 minutes. (C) Bethesda titer as a function of time. An inhibitory antibody of 8.2 BU was first detected at day 27, and persisted for the remainder of the animal’s lifespan. (D) Anti-F.IX antibody measured by subclass as a function of time. IgG2 was first detected at high levels (2225 ng/mL) on day 15 after vector injection, prior to appearance of inhibitory antibody or to infusion of canine plasma. IgG1 rose gradually beginning about 35 days after vector injection and continued to rise throughout the course of the experiment.

Figure 8. Coagulation testing and antibody studies in dog E57. (A) Canine F.IX antigen levels as a function of time after injection. Arrows denote time points at which cyclophosphamide was administered; asterisks denote infusions of canine plasma. F.IX level peaked 55 days after injection and fell rapidly after cyclophosphamide was discontinued. (B) WBCT as a function of time after injection. The WBCT fell to the normal range about 1 week after vector injection. Levels remained reduced into or near the normal range until approximately day 70 when they were again prolonged. (C) Bethesda titer as a function of time after injection. Bethesda titer was undetectable until day 77. The titer was initially low but subsequently rose to approximately 8 BU. (D) Anti-F.IX antibody subclasses as a function of time. Both subclasses remain at baseline through the duration of cyclophosphamide therapy, but IgG1 rises rapidly, and IgG2 more slowly, after cyclophosphamide discontinuation.
immunodeficient mice, where F.IX levels were 10- to 20-fold higher with AAV-1 and AAV-6 vectors injected intramuscularly. This failure of experiments in tissue culture to predict relative levels of expression in vivo has been documented for a number of viral vectors, and the observation underscores the fact that tissue-culture data must be interpreted with caution in this setting. Our data on the relative efficacy of AAV-1 compared with AAV-2–derived vectors in mice addresses a point of controversy in the field. An initial report by Xiao et al6 documented 2- to 10-fold higher circulating levels of transgene products (erythropoietin and α1-antitrypsin) in mice injected with 2×10^{12} vg/kg of AAV-1 versus AAV-2 vectors, whereas a subsequent report by Chao et al4 reported 500- to 1000-fold higher levels of cF.IX in mice injected with AAV-1 versus AAV-2 at doses of approximately 1×10^{13} vg/kg. Our results were much closer to those of Xiao et al with a 10- to 20-fold increase in circulating levels of hF.IX in mice over a range of doses from 2×10^{11} vg/kg to 4×10^{12} vg/kg. Our results are also similar across species, since we observed a comparable dose advantage for AAV-1 in the hemophilic dog model. This is best appreciated by comparing doses and circulating levels in E57 to results in animals injected with AAV-2 cF.IX vectors that used the same gene expression cassette and differed only in the capsid gene sequences in the AAV helper plasmid. Thus, compared with previously published results in animal D32,11 injected with 5.6×10^{12} vg/kg AAV-2 resulting in circulating levels of 40 ng/mL, AAV-1 was 58-fold better, whereas compared with dog B85,10 which received 8.5×10^{12} vg/kg and achieved circulating levels of 70 ng/mL, AAV-1 was 53-fold better (Table 4). One can argue that the comparison to D32 is more valid, since both D32 and E57 were treated with identical regimens of cyclophosphamide, but the similarity of results with either D32 or B85 suggests that the effect of the cyclophosphamide at the doses administered had a minimal effect on transduction levels. (Note that comparisons to the dog that received a higher dose of AAV-1 [E35] are not possible, since this animal developed an inhibitory antibody before reaching a plateau level of F.IX).

The superior performance of AAV-1 compared with AAV-2 in skeletal muscle is at least partly due to improved transduction as reflected by a higher gene copy number and higher numbers of cells transduced. Thus, analysis of mice injected with equivalent doses of AAV-1 and AAV-2 (dose of ~4×10^{12} vg/kg, 2×10^{10} vg per site) showed that both gene copy number and total number of cells transduced were approximately 2- to 3-fold higher for AAV-1. If the vector gains entry to twice as many cells, then the increase in gene copy number is predictable assuming similar efficiency of conversion to a double-stranded form and stabilization of vector sequences. Yet a higher number of transduced cells cannot alone account for the improved performance of AAV-1, since at these doses circulating levels of F.IX are 20-fold higher in the AAV-1–injected mice. This suggests that there is a higher level of expression per transduced cell, or that there is production of F.IX in many more cells at levels sufficiently low that they are not readily identified as positive on immunofluorescence staining. More data are required to resolve this point, since it is not clear what fraction of vector DNA detected on Southern blot is transcriptionally active.

The major complication of the current therapy for hemophilia (intravenous infusion of clotting factors) is development of inhibitory antibodies. A wealth of data in hemophilic mouse and dog models demonstrates that inhibitors also arise in the context of gene transfer for hemophilia.10,11,22 Some of the factors that influence the risk of inhibitor formation in the setting of gene transfer include, in addition to the underlying mutation, the vector itself,19 the route of administration, the presence or absence of a tissue-specific promoter,22 and the dose. A complex interplay among these factors may control the eventual outcome, so that, for example, an innate immune response to a virally derived vector may promote an adaptive immune response to the transgene product.

Our previous studies have shown that, in the setting of an FIX-expressing AAV-2 vector delivered to skeletal muscle in hemophilic dogs, as the dose of vector increases the likelihood of inhibitor formation also increases, with the dose per site being one of the strongest predictors of inhibitor formation.11 One of the complicating factors in analysis of the immune response in gene transfer is the multicomponent nature of viral vectors. Thus, as the dose per site is raised, the host is responding to at least 3 factors: (1) an increase in the total number of viral particles; (2) an increase in the total amount of transgene product synthesized locally; and (3) an increase in the total amount of any contaminant in the preparation. The higher efficacy of AAV-1 allowed us to distinguish among these possibilities experimentally, since one can produce similar amounts of circulating F.IX using a much lower dose of vector. If one compares dog D32 (injected with AAV-2) with E57 (injected with AAV-1), E57 received a 30-fold lower dose per site and a 20-fold lower dose per kilogram. Thus the total number of vector particles and the total amount of any contaminant were considerably reduced in E57, yet E57 developed a long-lasting inhibitory antibody, whereas D32 did not. (Note that both dogs were treated with identical transient immunosuppressive regimens at the time of vector injection.) Similarly, if E57 is compared with D31, a dog that also received AAV-2, the dose per site was again 30-fold lower in E57 and the dose per kilogram was 30- to 40-fold lower, yet E57 developed a long-lasting inhibitor whereas D31 did not. These data suggest that it is the amount of transgene product (antigen) synthesized locally that is the major factor promoting development of a harmful immune response. This conclusion is consistent with a body of data in the vaccine literature that correlates amount of antigen delivered to an intramuscular site with strength of immune response.23

The experiments in immunocompetent hemophilic mice are of particular interest. These mice were injected with AAV-1 at doses ranging from 6.5×10^{11} vg/kg to 1.6×10^{13} vg/kg. At a dose of 6.5×10^{11} vg/kg, mice developed antibodies to FIX that persisted for the duration of the experiment. At higher doses, mice initially developed inhibitory antibodies, but these disappeared over time, yielding very high plateau circulating levels of FIX, in the range of 200 ng/mL to 3000 ng/mL. These findings are consistent with a model proposed by Zinkernagel,21 in which antigens that enter the secondary lymphoid organs in large amounts for a prolonged period induce and then delete reactive T cells. In this model, the localization, dose, and duration of antigen persistence are the crucial determinants of whether immune reactivity develops, with low doses of antigen being ignored immunologically, very high doses resulting in induction and then deletion of reactive T cells, and doses between these inducing an effective immune response. Zinkernagel’s model provides a framework for interpreting the experiments presented here as well as our earlier experiments in which AAV-2 was used to effect gene transfer into skeletal muscle in hemophilic dogs and humans. Thus, AAV-2–mediated gene transfer to skeletal muscle failed to trigger an immune response to the transgene product at low doses (as seen in the first group of dogs injected,10 and in the human subjects injected2), whereas injection of hemophilic mice or dogs with AAV-1, resulting in higher circulating levels of FIX (antigen), allows development of an immune response (mice injected at 6.5×10^{11} vg/kg; dogs
injected at 2.4 \( \times 10^{11} \) vg/kg-10 \( \times 10^{11} \) vg/kg). At still higher doses (as seen in the hemophilic mouse reported here), resulting in very high antigen levels, an immune response is induced and then lost, presumably because the reactive T cells have been deleted. Although the model is consistent with the data in hand, additional experimental data will be required to confirm or refute this hypothesis.

In summary, AAV-1 results in superior transduction of skeletal muscle compared with AAV-2, in dogs as well as in mice. In this initial report of results with AAV-1 in large animals, we noted a similar fold increase in circulating levels of the transgene product, FIX, in mice and in hemophilic dogs. This increase, on the order of 10- to 50-fold, is consistent with the first report in mice, but is considerably less than a later report in mice. For AAV-2, experiments in a wide range of animals, including mice, rats, rabbits, dogs, nonhuman primates, and humans showed that the vector had similar transduction characteristics in skeletal muscle regardless of species. More work will be required to determine whether the same is true for AAV-1, but these initial results suggest that this vector too may have similar characteristics in a variety of species. The higher efficacy of AAV-1 is associated with an increase in gene copy number and a higher number of transduced cells, although these factors alone are not adequate to account for the higher levels of expression. Finally, the data presented here in immunocompetent hemophilic mice and in hemophilic dogs demonstrate that gene delivery by AAV-1 to skeletal muscle can evoke an immune response to the transgene product. The data in mice, where the inhibitory antibodies to FIX ultimately disappeared, suggest that higher doses of vector, resulting in higher circulating levels of FIX, may eventually tolerate the animal to the transgene product, but more extensive experimental analysis will be required to determine if this observation in mice can be extended to larger, outbred models of hemophilia.

Acknowledgments

We thank Dazhou Ni and Jianhua Liu for excellent technical assistance. The authors acknowledge Dr Terri Heiman-Patterson and Dr Jeffrey Deitch (Hahnemann University Hospital) for providing human myoblast cells in culture.

References

Safety and efficacy of factor IX gene transfer to skeletal muscle in murine and canine hemophilia B models by adeno-associated viral vector serotype 1