

A Novel *Pkp2* Mouse Model of Genetic Arrhythmogenic Right Ventricular Cardiomyopathy and Its Rescue by Gene Therapy

Emma Xu, Melissa Van Pell, Aliya Zeng, Amara Greer-Short, Ze Cheng, Cindy Li, Iris Wu, Xiaomei Song, Samantha Jones, Kathy Ivey, Jin Yang, Laura Lombardi, Tim Hoey, Jane Yang

Tenaya Therapeutics, Inc. South San Francisco, CA

Correspondence: exu@tenayathera.com



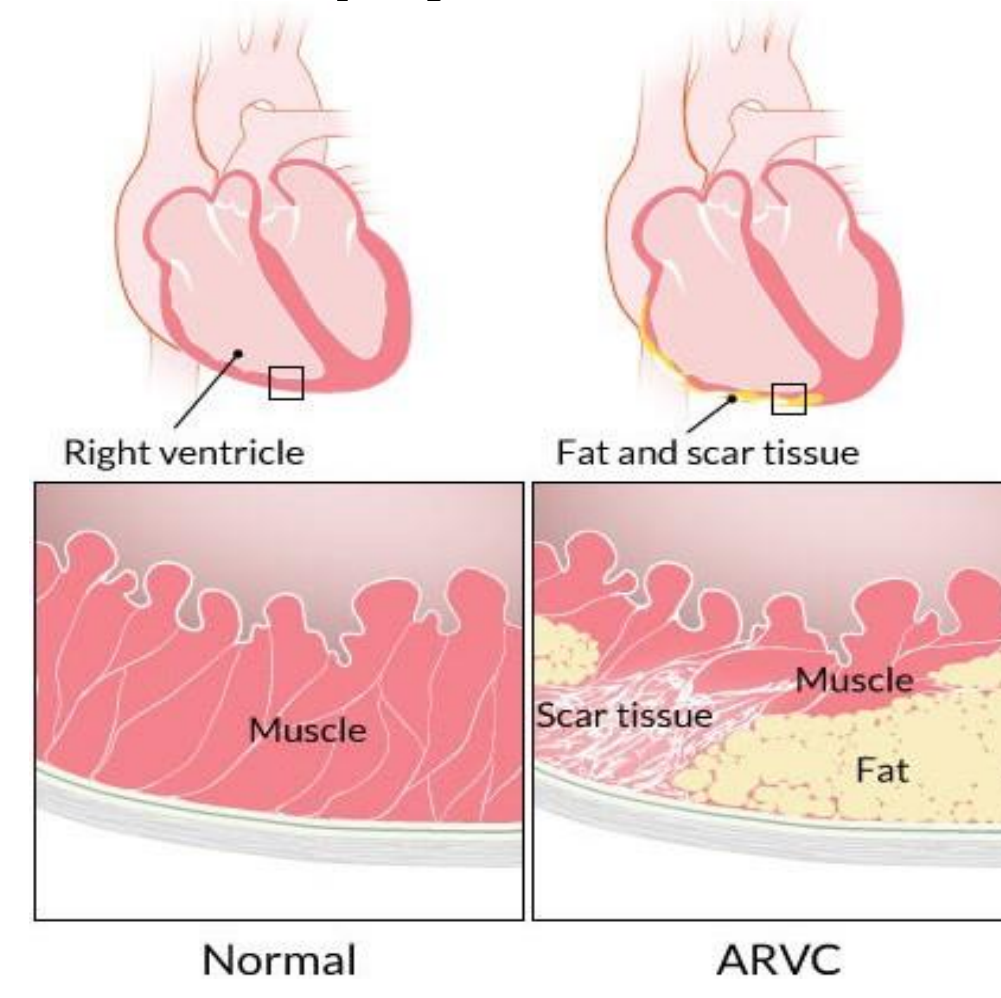
Introduction

Arrhythmogenic right ventricular cardiomyopathy (ARVC) is an inherited cardiac disorder affecting 1 in 5000 individuals worldwide⁽⁵⁾ and an estimated 70,000 patients in the U.S. Previous work has demonstrated that heterozygous mutations in the PKP2 gene, encoding plakophilin-2, are the most common cause of ARVC (Brenda Gerull, et al). Lack of plakophilin-2 degrades the structural integrity of the desmosomes, resulting in increased electrical instability, fibrofatty muscle replacement and myocardial atrophy.

PKP2-associated ARVC is a progressive condition whose symptoms include palpitations, lightheadedness, fainting and a decline in ventricular function. It typically presents in young adults (<40yr) and places patients at increased risk of sudden cardiac arrest⁽²⁻⁴⁾.

Our previous data has demonstrated that AAV:hPKP2 (mTN-401) has showed efficacy in our *Pkp2* cKO mouse model⁽¹⁾. But the *Pkp2* cKO model cannot truly represent the human condition in clinical practice, so we are trying to develop a new and better model to simulate clinical patients.

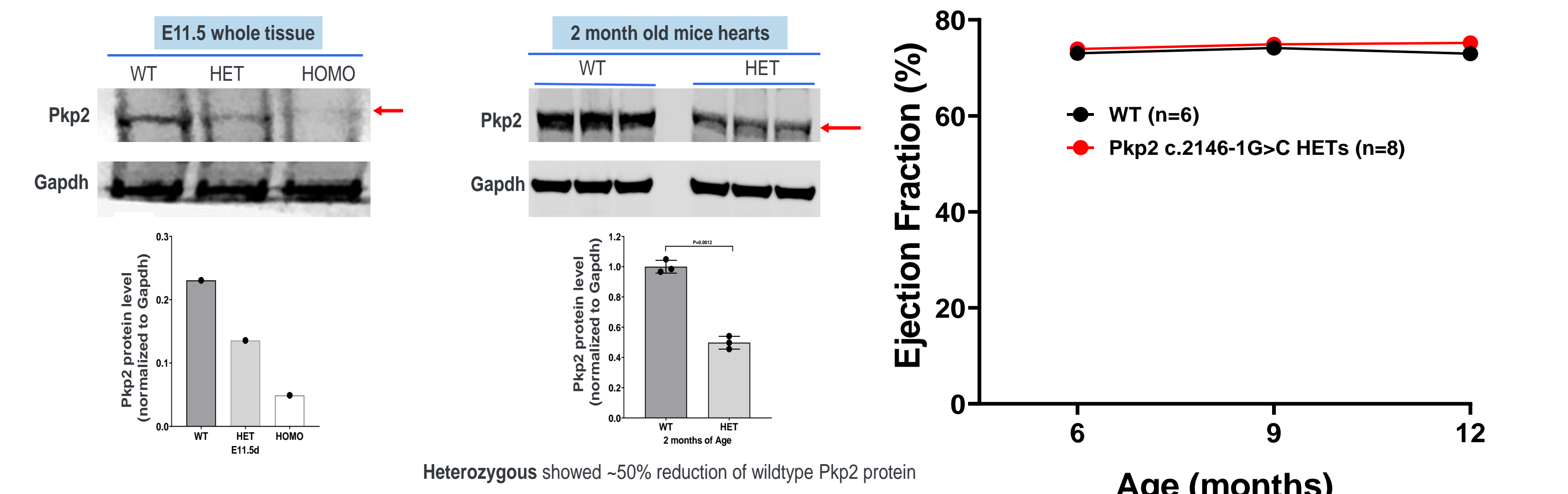
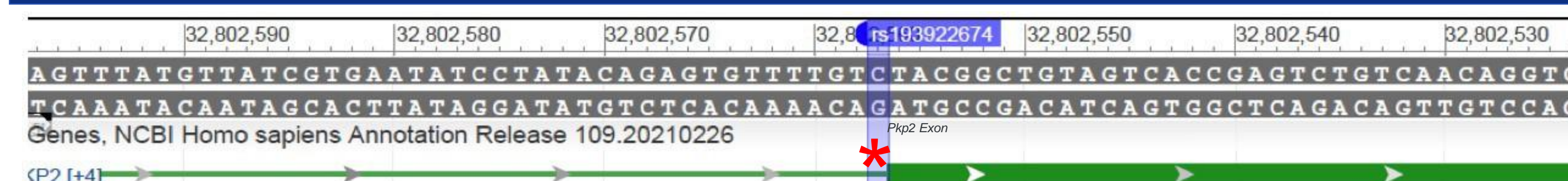
The current objective was to report the different approaches by work with three murine models: (1) A *PKP2* knock-in (KI) heterozygous (het) model of human gene with chow, (2) KI of human gene + high fat diet (HFD) induction model, (3) KI of human gene model crossed with *Pkp2* cKO mouse. The mechanisms of ARVC development and a potential ARVC treatment strategy using a novel mouse model have also been investigated.



Methodology

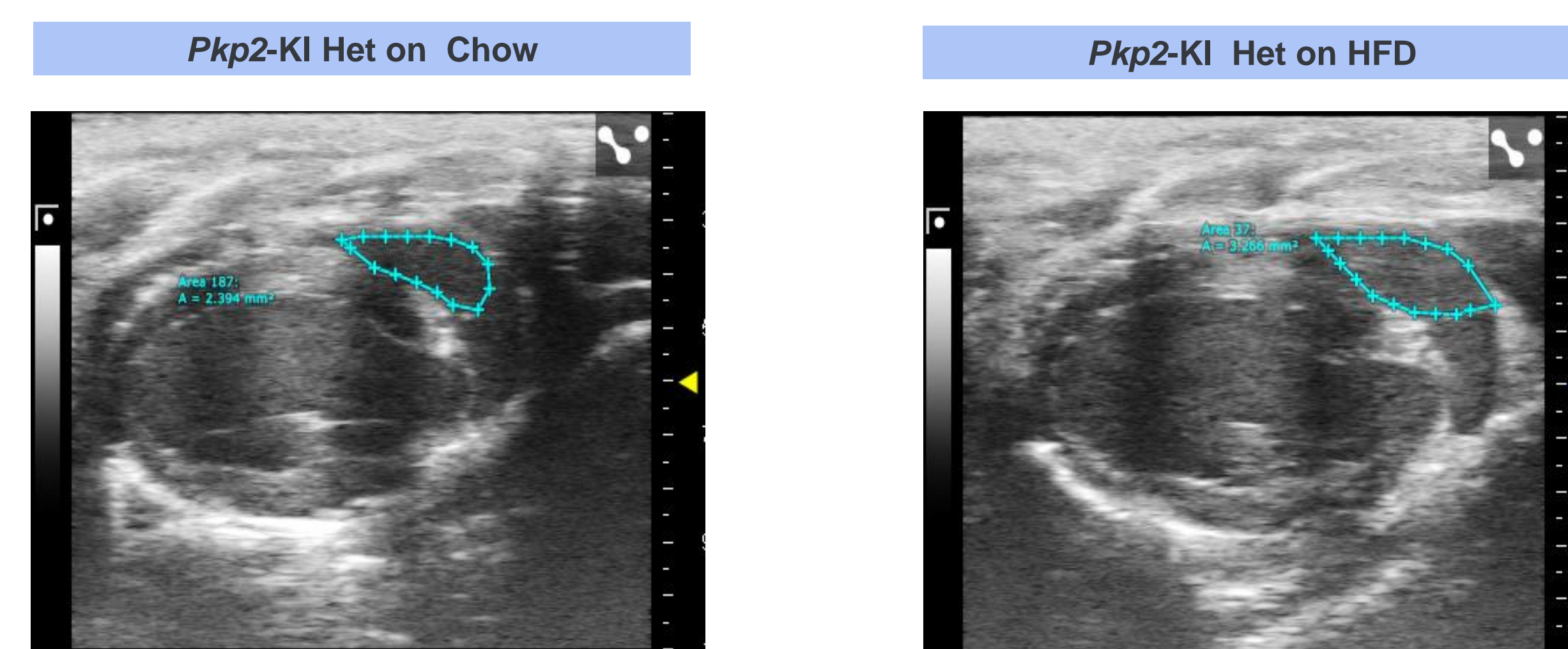
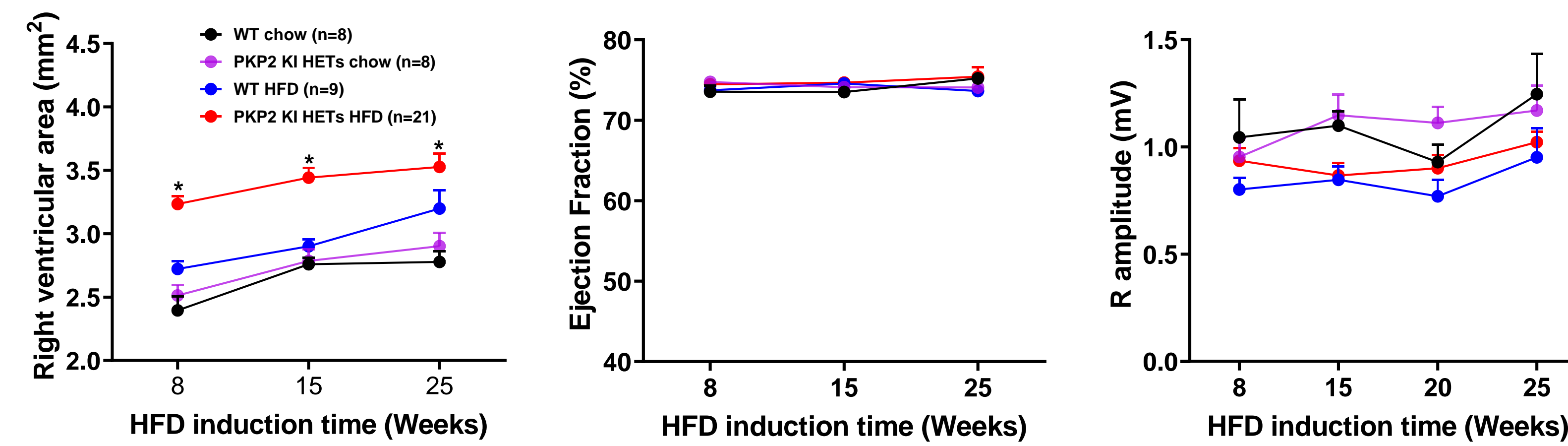
A knock-in (KI) mouse model with a point mutation corresponding to a human *PKP2* mutation, a disease-causing allele of c.2146-1G>C, was generated via CRISPR/Cas9 technology. Several approaches were investigated to trigger ARVC phenotypes in the *Pkp2* KI heterozygous (het) mice. First, we evaluated the heart function at different ages in response to regular chow. As a second approach, high fat diet (HFD) was used to induce the ARVC phenotype in the *Pkp2* KI het mice. The *Pkp2* KI het mice were crossed with a cardiac-specific *Pkp2* cKO mouse to generate a tamoxifen inducible model (KlxKO). Cardiac function was assessed by echocardiography and arrhythmia burden by electrocardiogram (ECG). Protein expression level was examined by Western Blot. The KlxKO animals received AAV:hPKP2 (mTN-401) via retro-orbital (RO) injection.

Model #1: *Pkp2* KI het mice on normal chow had slow and mild ARVC development



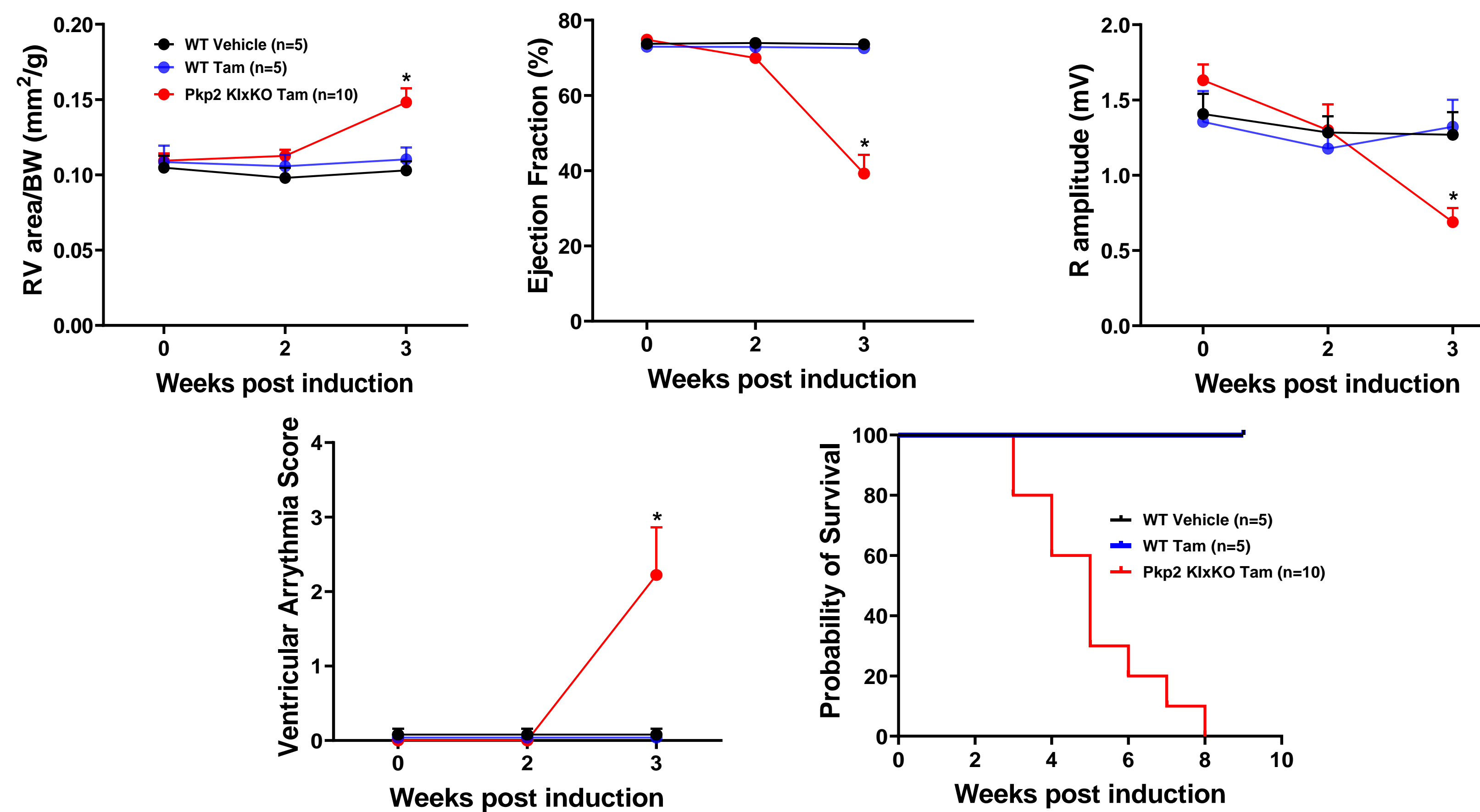
Animals were fed with chow, no additional induction were performed; Then echo/ECG were performed monthly;
No arrhythmias or premature ventricular complex (PVCs) were observed at 12 months of age in regular chow feeding *Pkp2* KI het mice; mild increased right ventricular (RV) size was observed; no animals were found dead; 50% PKP2 protein decrease in *Pkp2* KI mice.

Model #2: HFD accelerated and worsened RV dilation in *Pkp2* KI het mice



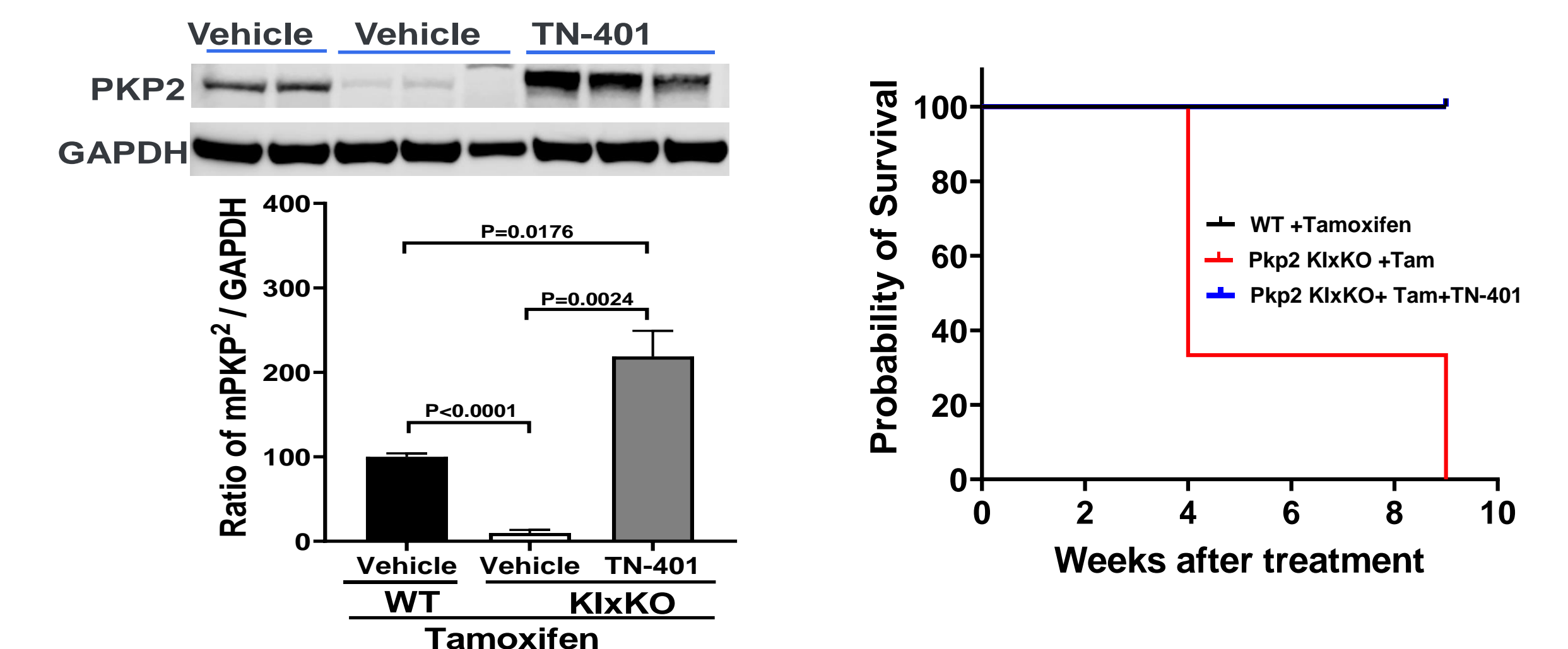
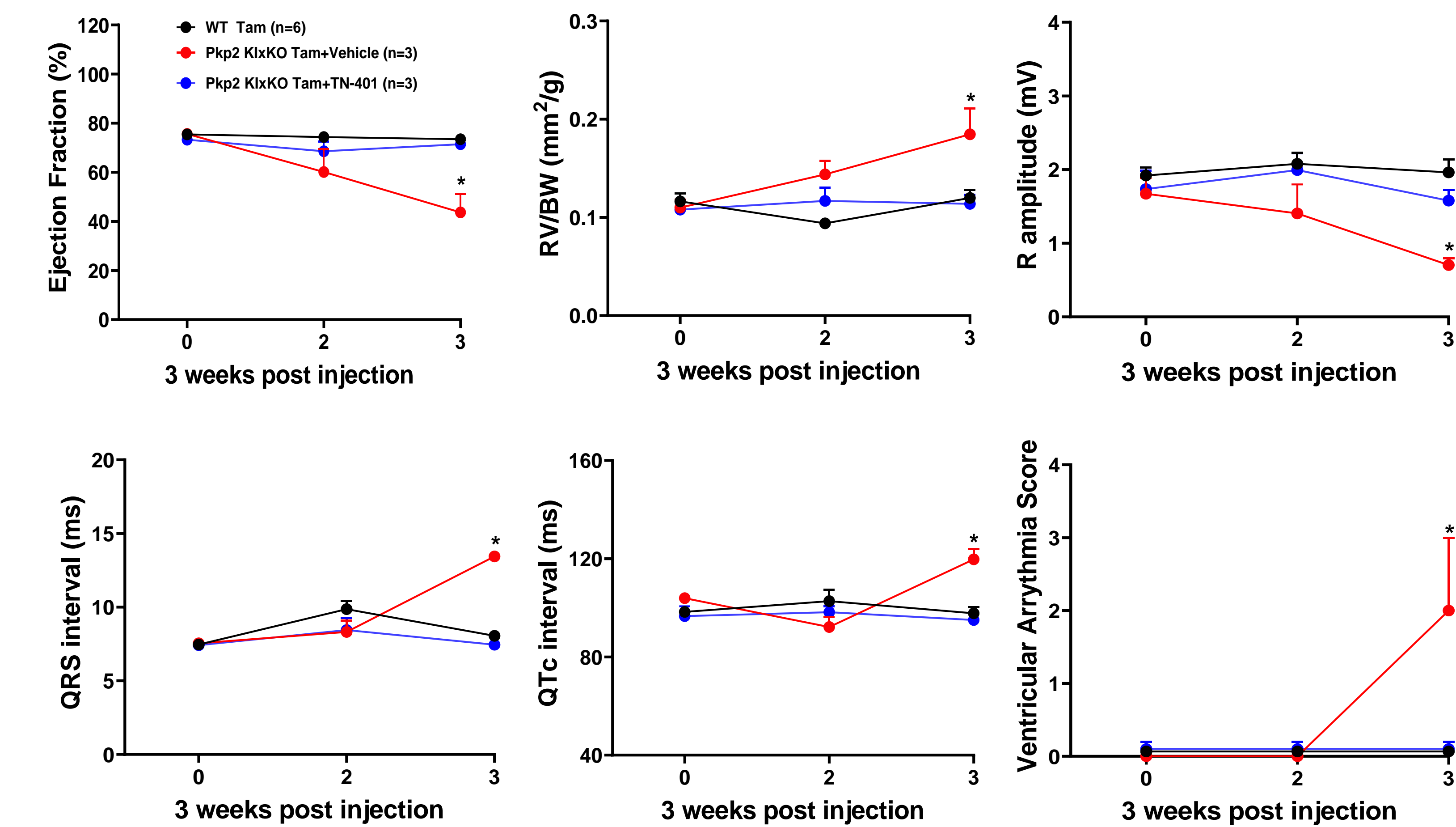
Pkp2 KI het mice were induced with HFD from 8 weeks of age, echo/ECG performed monthly;
8wks HFD induction hastened and worsened the RV dilation without affecting LV function, RV size was significantly increased compared with control;
Some PVCs and arrhythmias were observed in both of HFD induced Wild Type (WT) and *Pkp2* KI het groups, but not enough to significantly differ between groups.

Model #3: *Pkp2* KlxKO mice rapidly exhibited a severe ARVC phenotype



Pkp2 KI hets were bred with α MyHC-Cre ER(T2); *Pkp2* fl/fl mice to obtain α MyHC-Cre ER(T2); *Pkp2* fl/c.2146-1G>C pups (*Pkp2* KlxKO mice);
80 mg/kg tamoxifen induced the KlxKO mice starting from 8 wks of age; Echo/ECG were performed weekly;
KlxKO mice exhibited >90% decrease in PKP2 protein expression and a correspondingly severe ARVC phenotype starting from 3 weeks Tamoxifen induction (*P<0.05);
A high arrhythmia burden, RV area dilation, decreased LV ejection fraction and 100% mortality were observed (*P<0.05);

mTN-401 gene replacement therapy prevented ARVC phenotypes in *Pkp2* KlxKO mice



Summary

Treatment with mTN-401 was shown to restore heart function in *Pkp2* KlxKO mice, including improved ejection fraction level and increased R amplitude; recovery of PKP2 protein expression to wild-type levels within 3 weeks following administration of gene therapy (*P<0.05);
9 weeks following gene therapy treatment decreased RV size, QRS and QTc interval, arrhythmia score and mortality with a stable durability (*P<0.05);
The current results demonstrated that AAV:PKP2 gene therapy may be a promising therapeutic approach to treat ARVC patients with *PKP2* mutations resulting in haploinsufficiency;
mTN-401, Tenaya's AAV9-based gene therapy for PKP2-associated ARVC is being advanced into clinical trials.

References

- <https://www.tenayatherapeutics.com/our-science/#publications>
- <https://ghr.nlm.nih.gov/condition/arrhythmogenic-right-ventricular-cardiomyopathy#diagnosis>
- <https://www.sciencedirect.com/science/article/pii/S1880427616000284>
- <https://www.swissdnalysis.ch/inherited-cardiac-diseases/arrhythmogenic-right-ventricular-cardiomyopathy-arvc/?lang=en>
- <https://pubmed.ncbi.nlm.nih.gov/15489853/>