

Organoids, the road to personalized and optimal care for patients with Cystic Fibrosis

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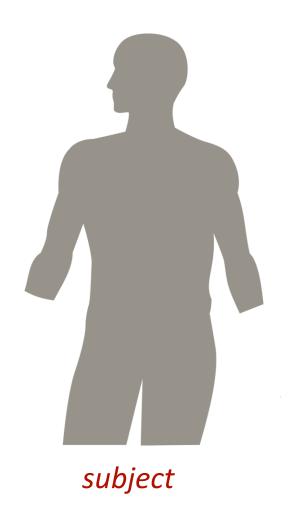
Speakers Bureau/Honoraria: PTC, Novartis, Vertex, Raptor, Gilead

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Personalized medicine is the future of cystic fibrosis treatment

CF disease modeling using organoids

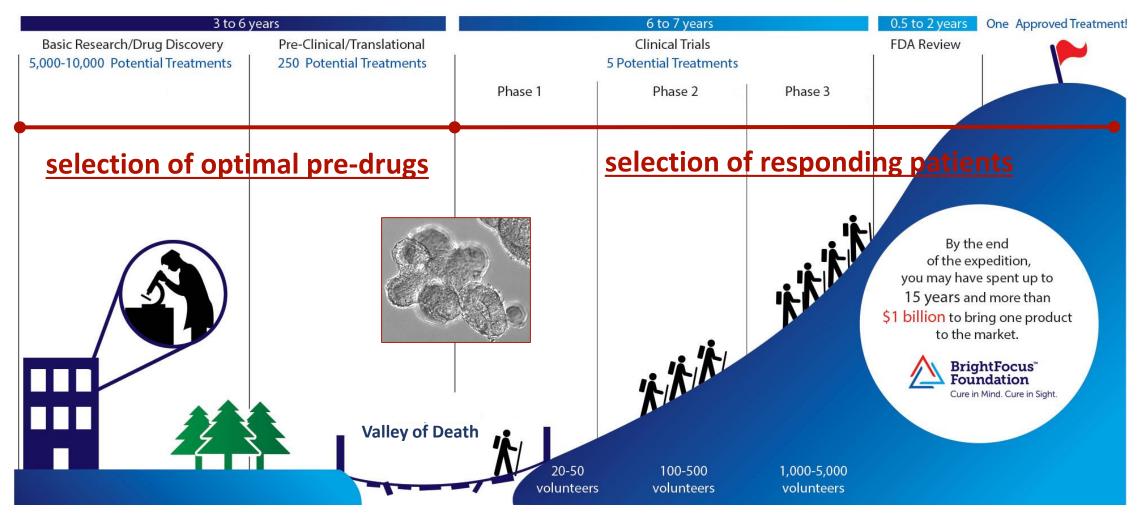




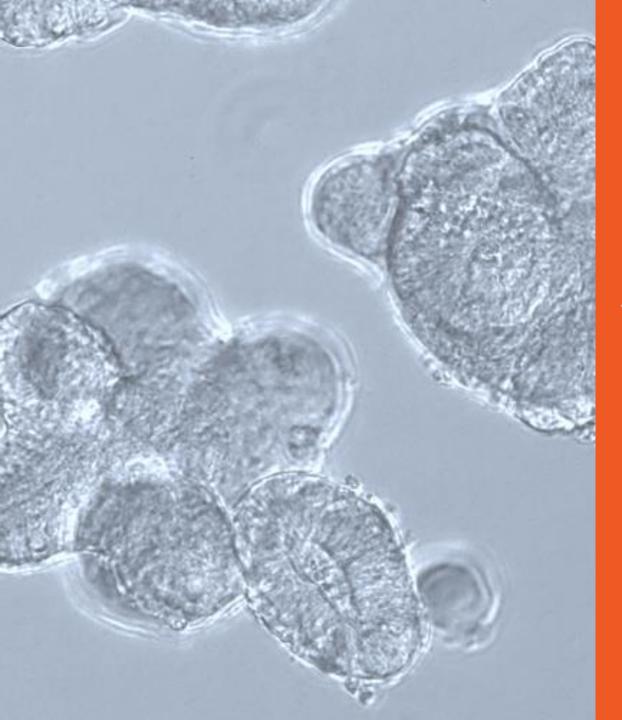


Drug development and clinical application

FROM GROUP-BASED MEDICINE TO PERSONALIZED MEDICINE

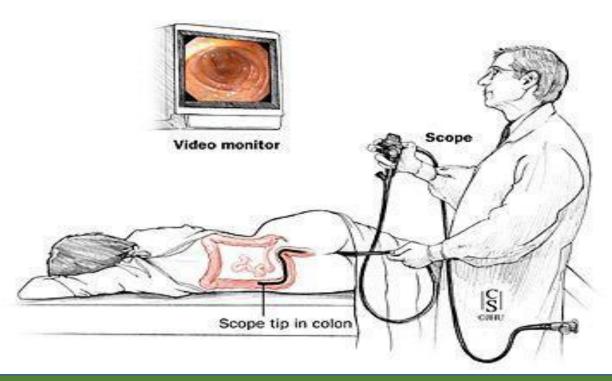






APPLICATIONS OF ORGANOIDS IN CF RESEARCH

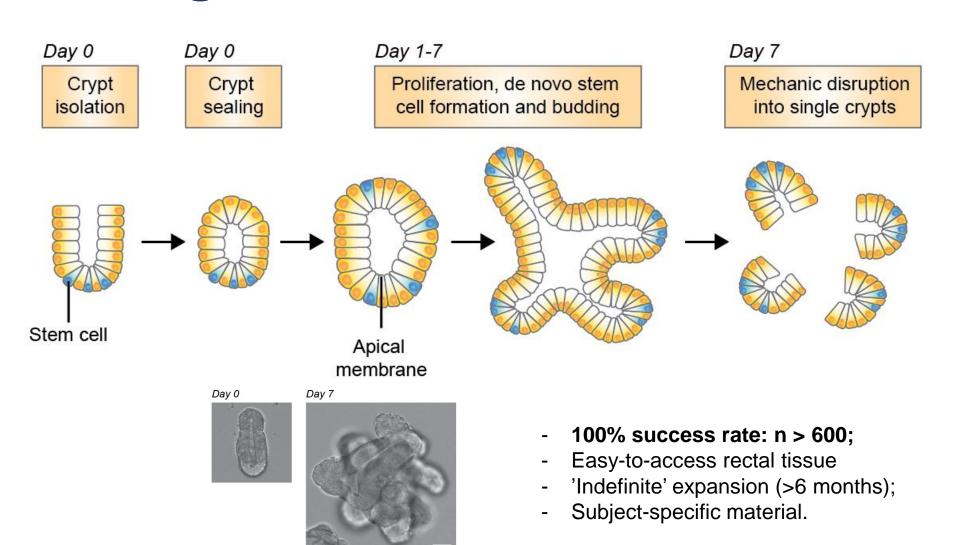
Organoids = minigut





This morning I had rectal biopsies taken for the HIT CF study. No need for preparation and no pain at all, the only problem was that I had to get out of bed early.....

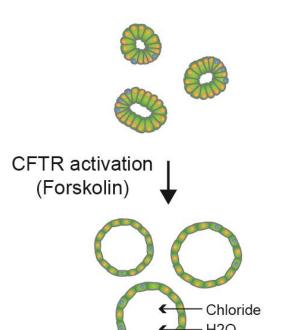
Organoids to model CF disease

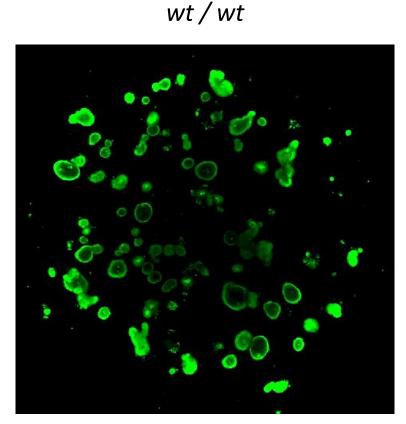




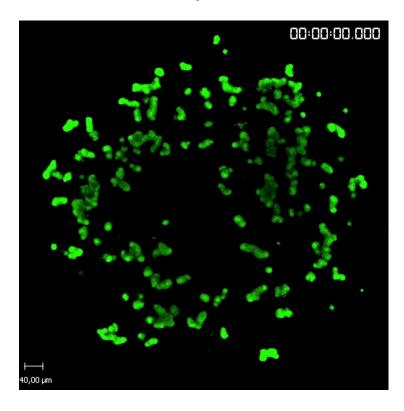
Forskolin-induced swelling (FIS) assay

FLUID SECRETION IS FULLY CFTR-DEPENDENT



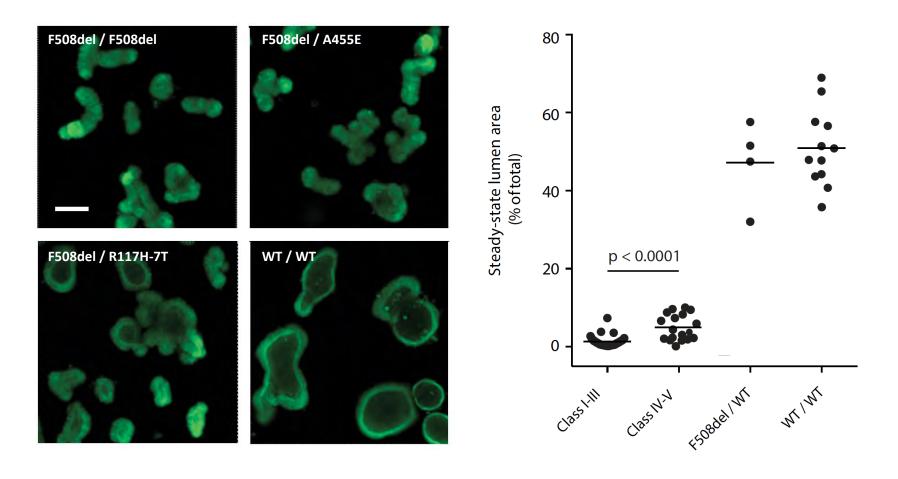


F508del / F508del





Different phenotypes of Healthy Controls and CF organoids



Steady-state lumen area discriminates between healthy and CF subjects



More than 2,000 CFTR mutations cause CF

Class I: Non-functional

protein synthesis;

Class II: Impaired folding and

trafficking;

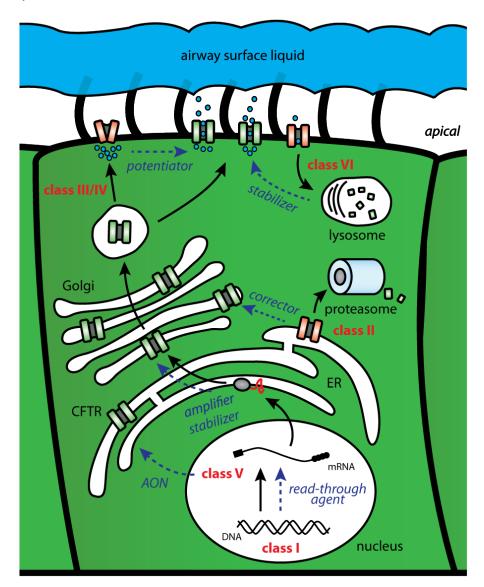
Class III: Defective regulation/

gating;

Class IV: Impaired conductivity;

Class V: Reduced levels;

Class VI: Reduced stability.



Available CFTR-restoring drugs:

KALYDECO®: potentiator

ORKAMBI®: potentiator/corrector

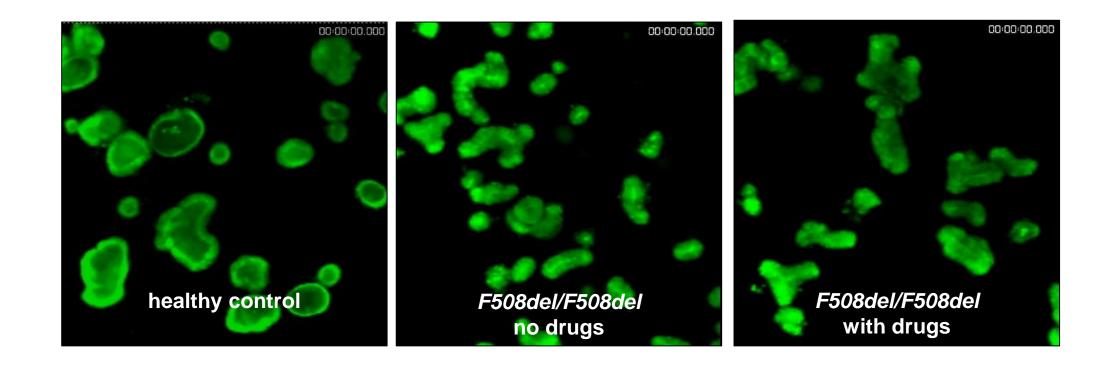


Effective for ~50% of CF subjects



Epithelial fluid secretion assay

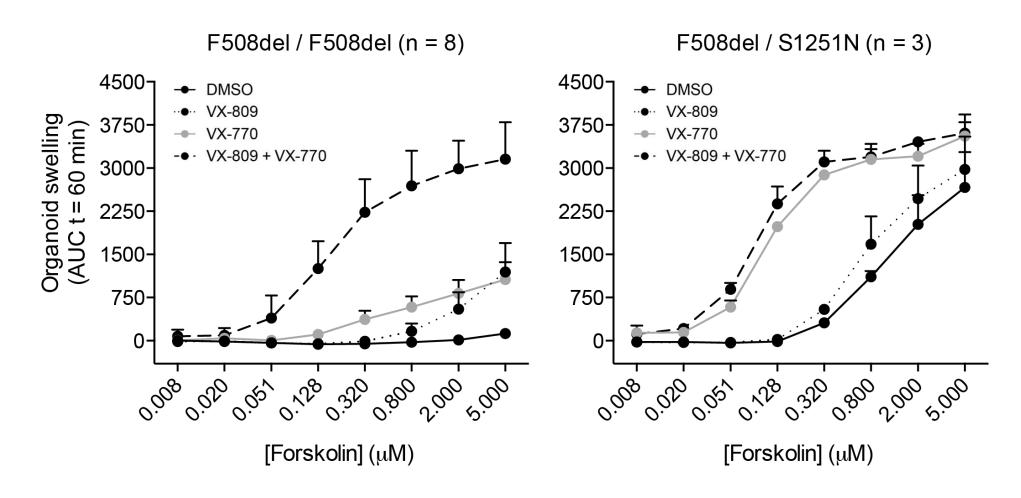
INDIVIDUAL ASSESMENT OF CFTR MODULATORS





Forskolin-induced swelling (FIS) assay

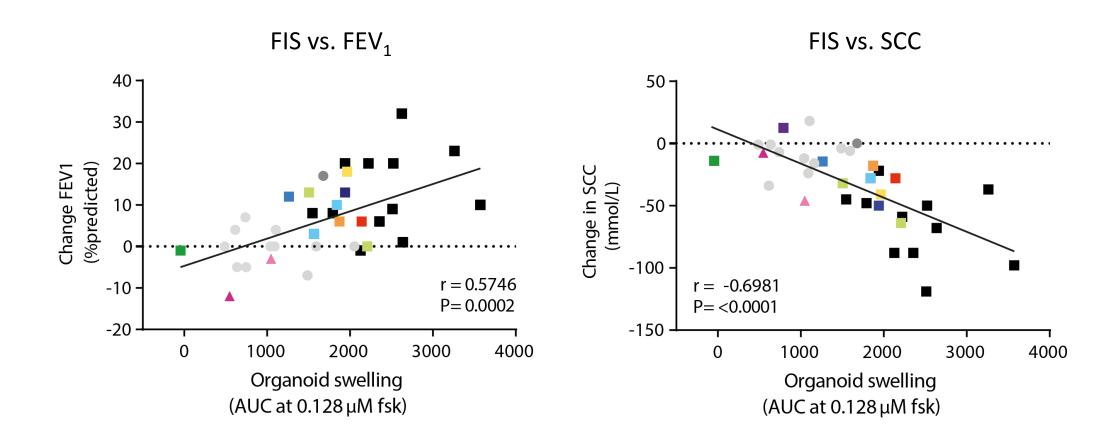
RESIDUAL FUNCTION AND RESPONSE TO THERAPY





Pulmonary function (FEV) is a poor individual drug response indicator

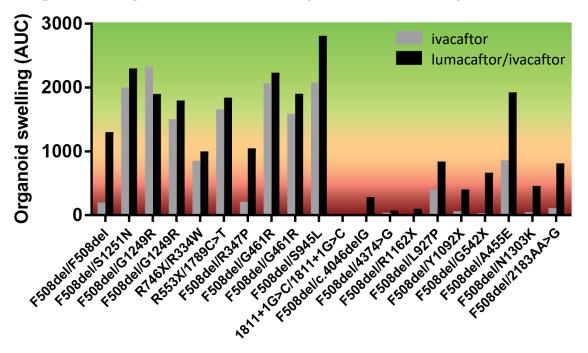
Correlation of organoid swelling with biomarkers



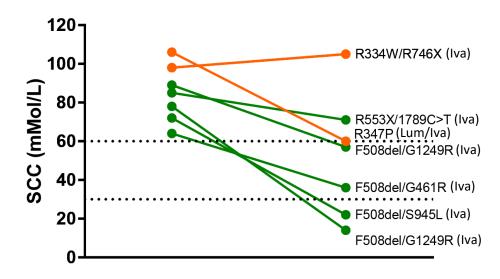
FIS responses correlate with clinical trial data

Selection of clinical responders using organoids





Individual SCC change after 4 weeks treatment



Proof-of-principle of organoid-based assays in selection of clinical responders to ivacaftor and orkambi with rare mutations



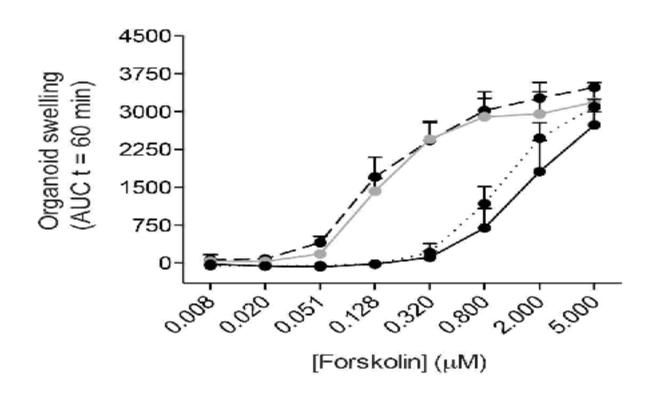
— DMSO

···· VX-809

— VX-770

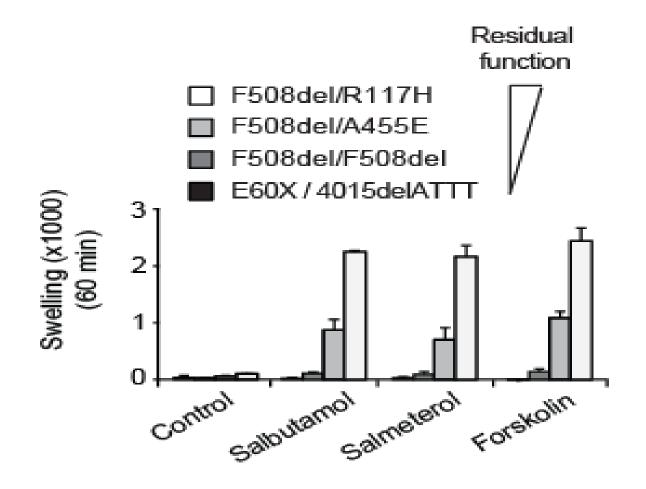
-- VX-809 + VX-770

	Female		
	39		
	Baseline	4 weeks Ivacaftor	4 week washout
Weight	66.5	67.2	67.5
FEV1	52	65	59
Raw	144	95	125
SweatCL	89	57	91





Never forget what you already have......



ABBA study



39 yr dF508/A455E

LF: 62% 74%

LG: 50kg 53kg

4 weeks oral salbutamol 3 x 4mg



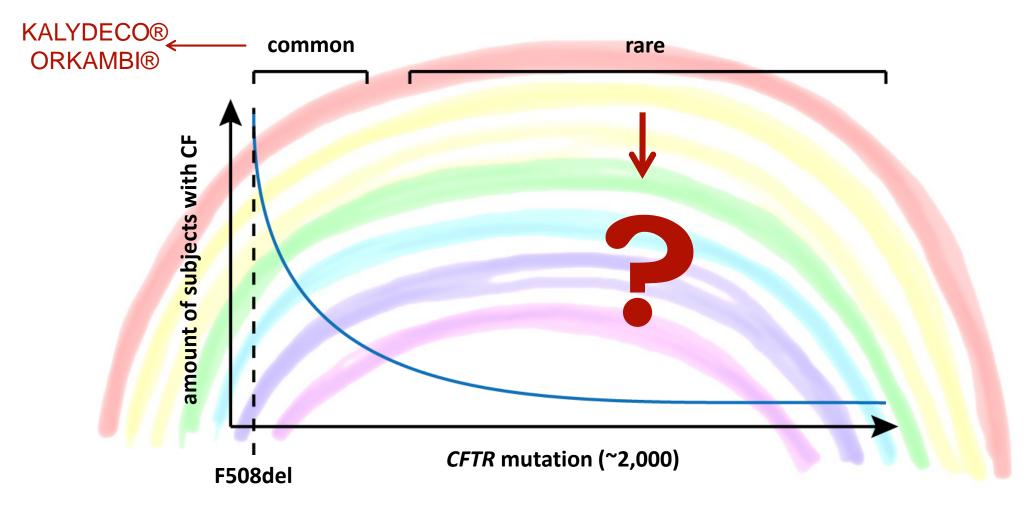
Conclusions part 1

Organoid swelling is a fully CFTR dependent readout

Organoid swelling is restored by CFTR modulators

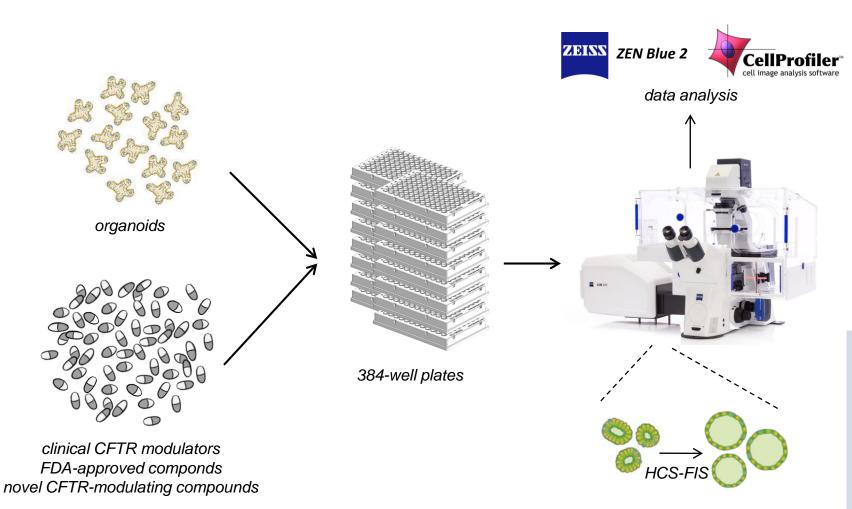
Organoid swelling correlates with individual clinical response indicators

Individual drug screening in subjects with rare mutations



Identification of novel CFTR-restoring compounds for CF patients with an extremely rare CFTR mutation

High-content FIS screening assay (HCS-FIS)



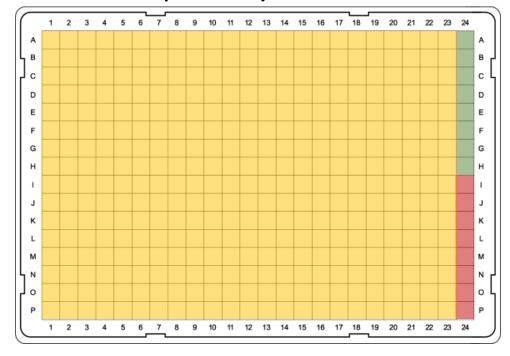
Screening 1 plate ~1hr FIS (HCS) 6 min acquisition time / 384 wells

APPLICATIONS

- Responders to CFTR modulators:
 - Existing and novel ones;
- Repurpose FDA treatments:
 - CFTR protein modulators;
 - CFTR activation modulators;
 - CFTR expression modulators.

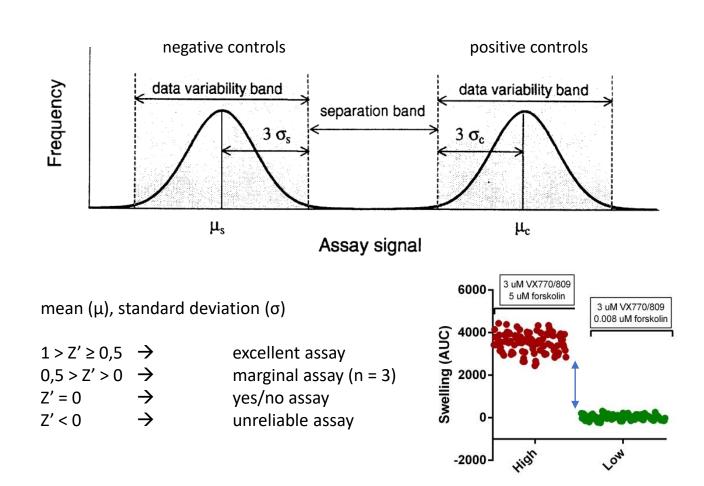
Quality of HCS-FIS screening platforms

384-well plate layout HCS-FIS





- 8 negative control samples;
- 368 test samples.

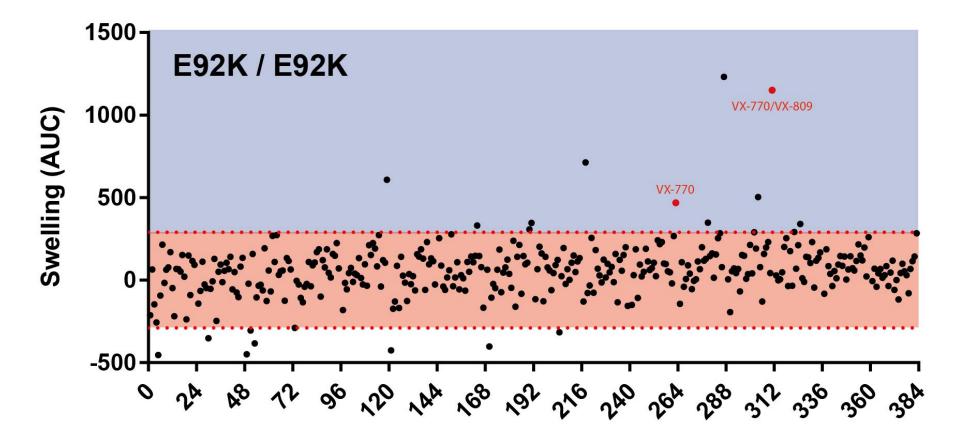


HCS-FIS has average Z'-factor of 0,54



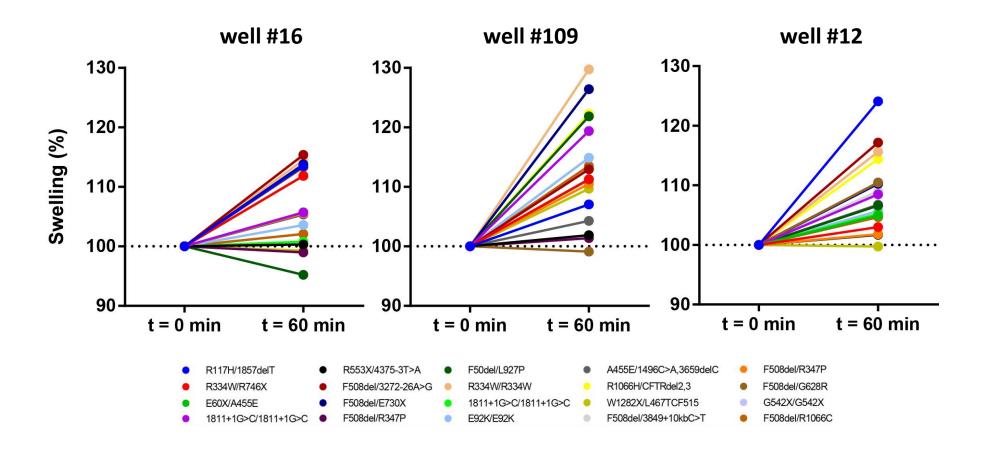


Identifying HITs using HCS-FIS screening platform



Repurposing of existing clinically available drugs is a very promising strategy to identify novel CFTR-restoring compounds

Drug responses are CFTR genotype specific





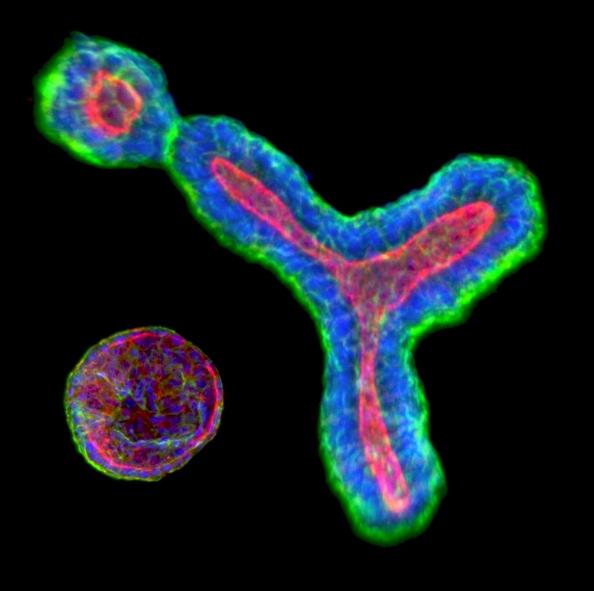
Overall conclusions

 A first example that prospective drug testing using a patient-derived adult stem cell biobank can guide clinical decision making;

 Fully CFTR-dependent in vitro readout translates to (individual) clinical phenotypes;

We made fast progress – robustness of system.

Acknowledgements



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