



# Characterization of Guide RNA Site Consistency Across Ancestries and the Potential for Off-Target Editing with the Clinical-Stage Base Editing Medicine, VERVE-101

**Joseph Biedenkapp, PhD**

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Alexandra C Chadwick, Jamie DeNizio, Sara Garcia, Anthony Federico, Manashree Damle, Hui-Ting Hsu, Estela Shabani, Daniel Weiner, Amit V Khera, Joseph Biedenkapp, Sekar Kathiresan, Troy Lister, Andrew M Bellinger

Verve Therapeutics, Boston, MA, USA

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## Speaker Disclosure

Joseph Biedenkapp is an employee and equity holder of Verve Therapeutics.

## Investigational Product

VERVE-101 is an investigational agent that is not approved for commercial use in any jurisdiction.

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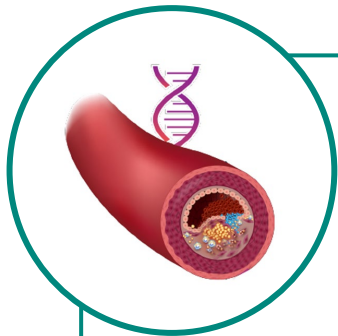


# Atherosclerotic cardiovascular disease (ASCVD) is the leading cause of death worldwide

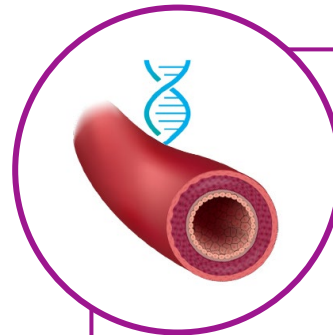
**100s of millions**  
of people affected

One person  
**dies every 34 seconds**  
from cardiovascular disease  
in the U.S.<sup>1</sup>

**~800K heart attacks**  
per year in the U.S.<sup>2</sup>



**Cause: Exposure to blood low-density lipoprotein cholesterol (LDL-C) clogs heart arteries**



**Solution: keep blood LDL-C as low as possible for as long as possible**

# Human genetics provides a potential solution: Inactivate *PCSK9* to permanently reduce LDL-C

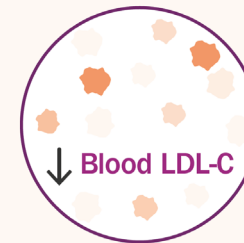
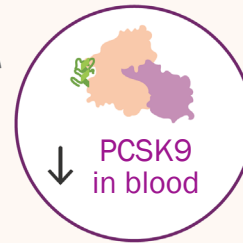
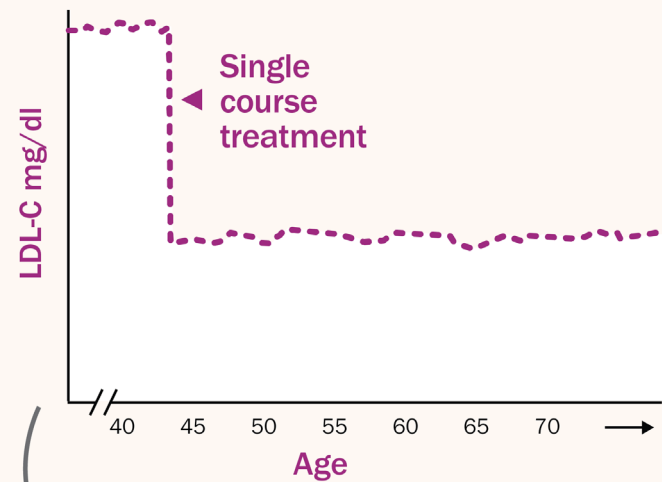
Naturally occurring loss-of-function variants in *PCSK9* result in:

- Lifelong LDL-C lowering
- Protection against CV events
- No apparent deleterious effects<sup>1,2,3</sup>



Pharmacologic validation of target

Goal: durable decrease in LDL-C




Can we develop a single-course treatment that mimics natural *PCSK9* variants which protect against ASCVD?

# VERVE-101 is an investigational base editing medicine with *in vivo* LNP delivery designed to inactivate *PCSK9*

## DRUG SUBSTANCES

RNA components encode base editor and a guide targeting *PCSK9* gene

 mRNA for adenine base editor (ABE)

 gRNA localizes editor to *PCSK9* gene


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## DELIVERY VEHICLE

Lipid nanoparticle (LNP) for delivery to liver cell includes 4 components

 Ionizable amino lipid

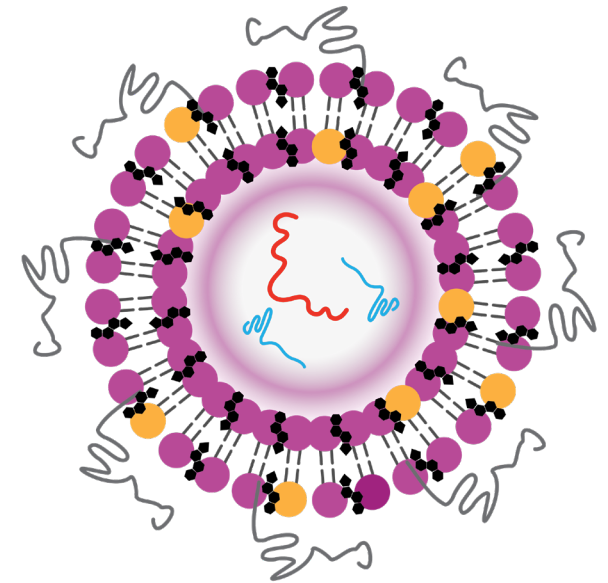
 DSPC

 Cholesterol

 PEG

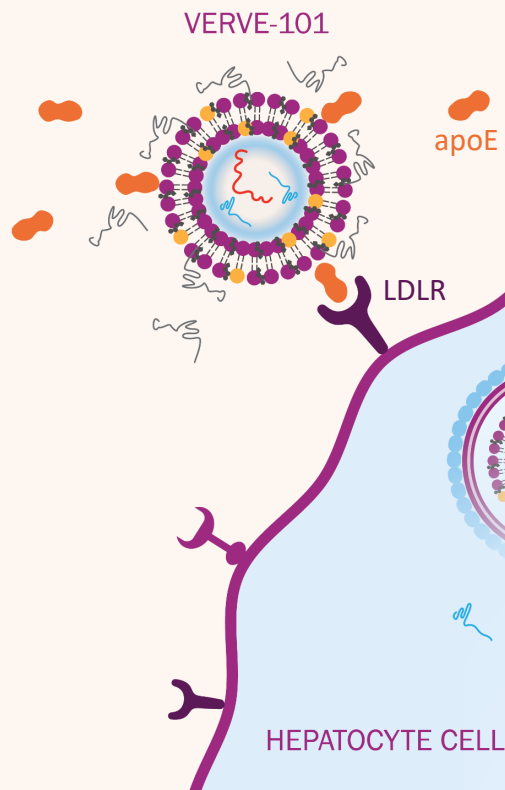
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## VERVE-101

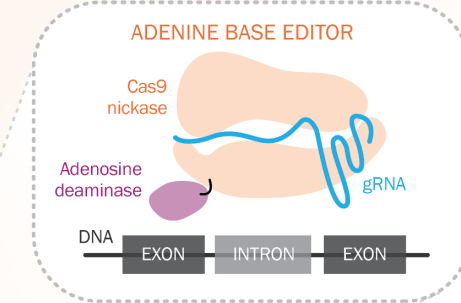


# VERVE-101 targets hepatocytes where it inactivates *PCSK9* by unmasking a premature stop codon

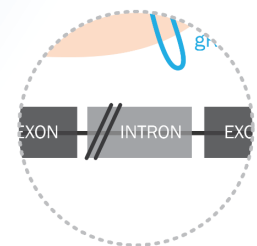
1 VERVE-101 delivery to the hepatocyte



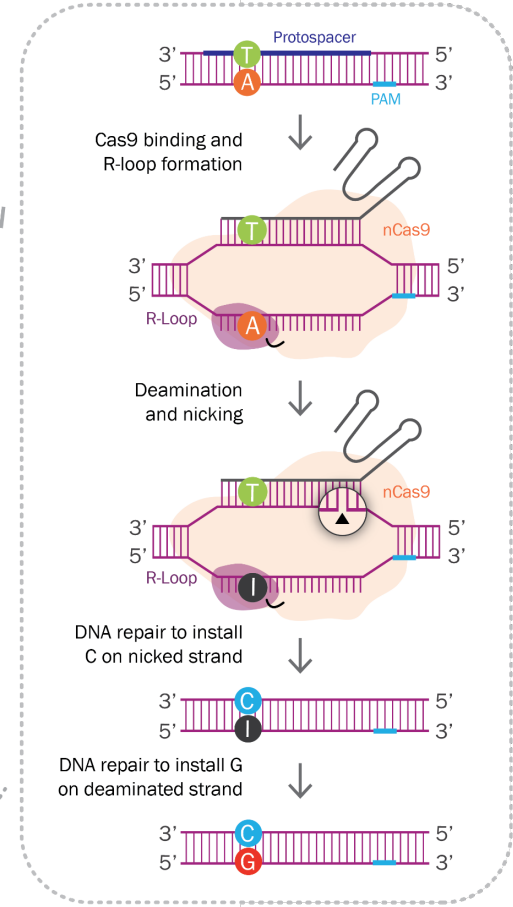
2 Localization to *PCSK9* gene



4 Read-through to the intron, which unmasks a premature stop codon to inactivate *PCSK9*



3 A•T to G•C DNA change to disrupt *PCSK9* splice donor site



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Lipid nanoparticle

II Ionizable amino lipid

II DSPC



LDL receptor (LDLR)

apoE

mRNA

gRNA

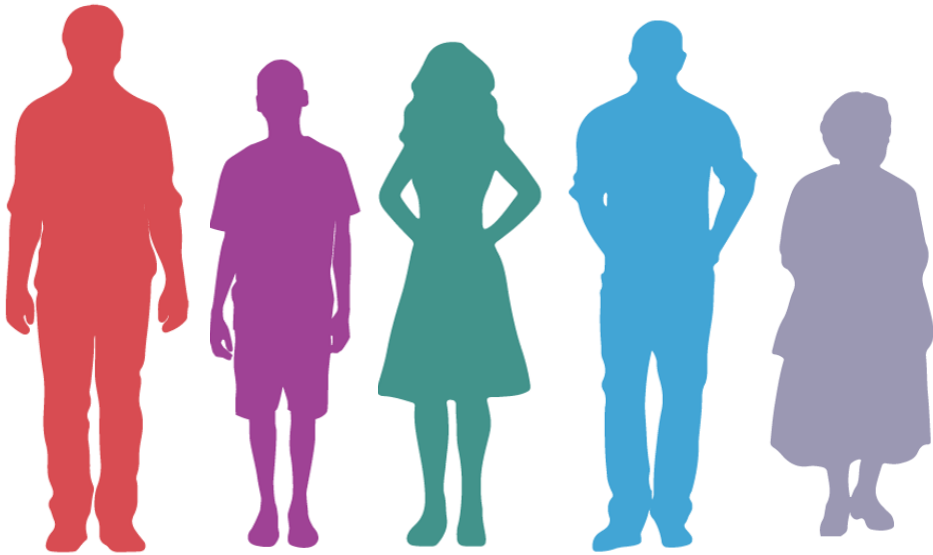
PEG Lipid

Cholesterol

# Key questions



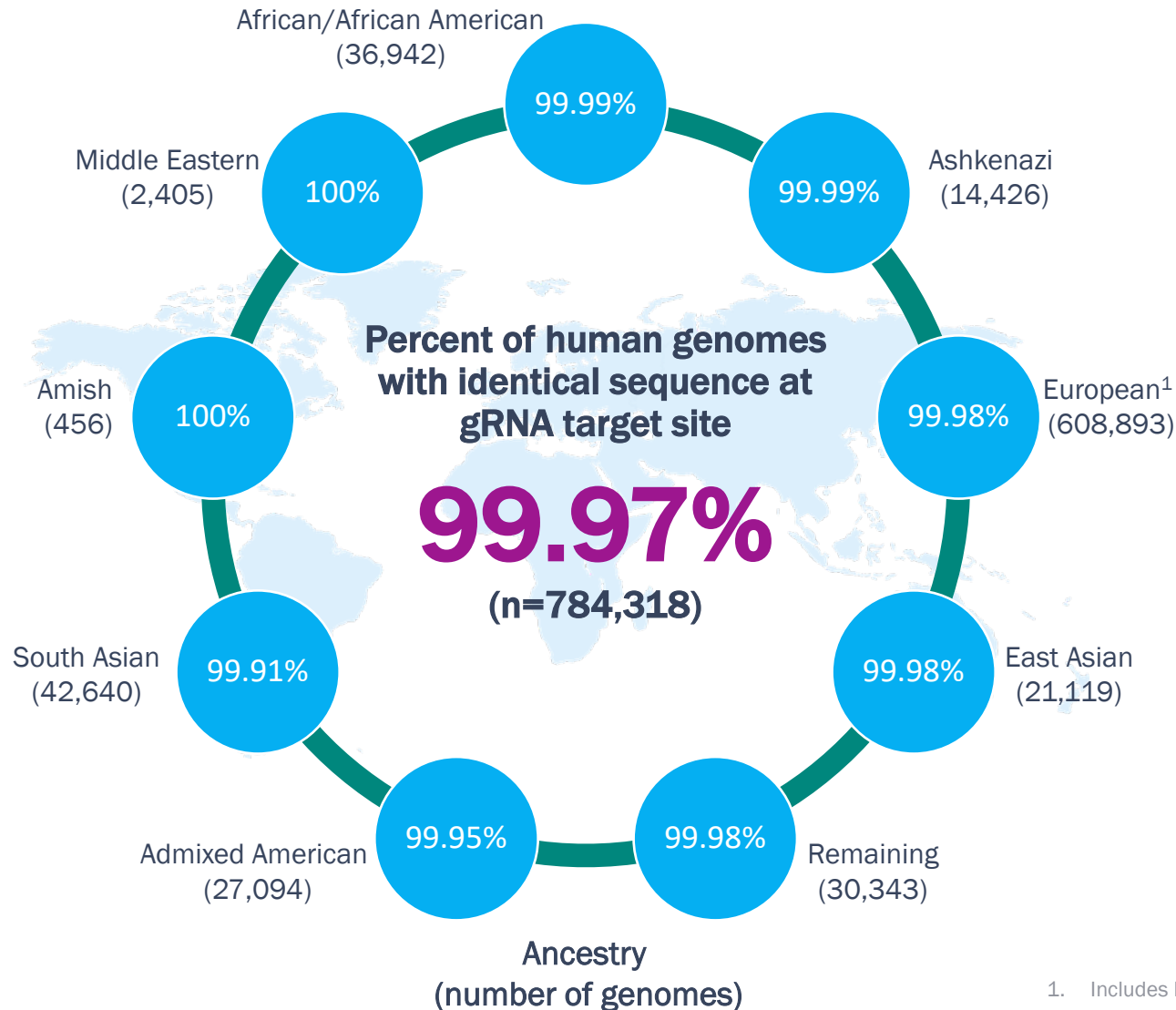
How consistently will a gene-targeting therapy work across diverse ancestries?



Are there unintended edits being made at other sites in the genome?



# Consistency in *PCSK9* target site indicates potential benefits should apply across diverse ancestries

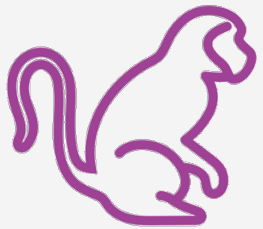


- PCSK9 gRNA site identical in 99.97% of genomes in gnomAD v4.0<sup>2</sup>
- Consistency >99.9% in each genetically assigned ancestry category

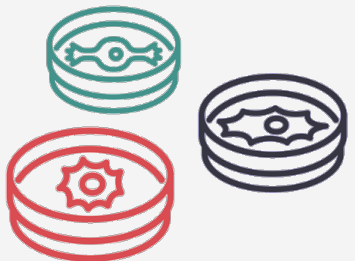


# Comprehensive and systematic approach to screen for off-target editing with VERVE-101

## Select human cell types for off-target assessment



Guided by  
biodistribution of editing  
in animal models



Incorporate diverse  
cellular contexts and  
genomic backgrounds

## Screen for three types of off-target edits in human cells

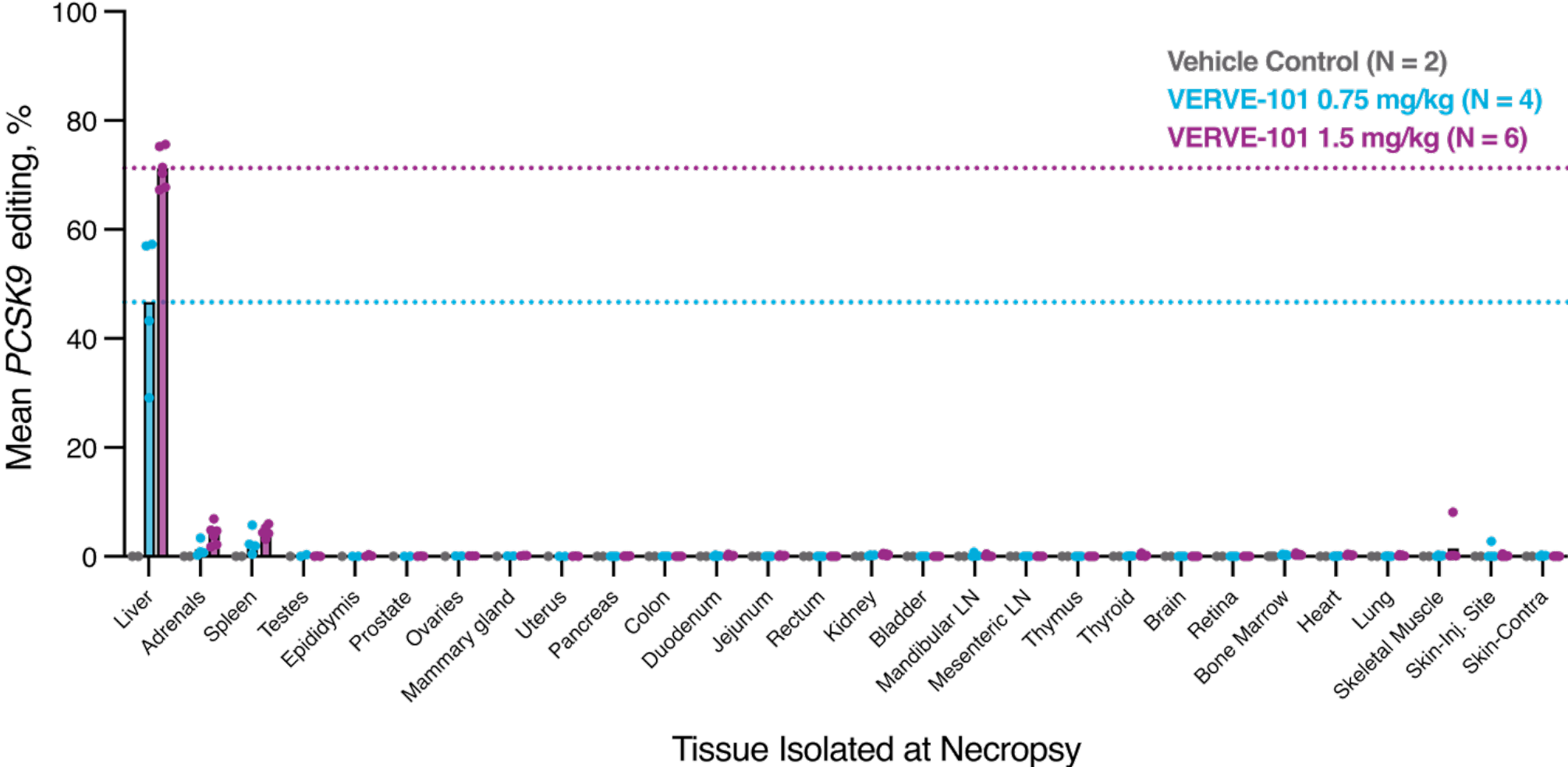
**gRNA-dependent:**  
Unintended edits driven by gRNA pairing with DNA

**gRNA-independent:**  
Nonspecific excess adenine editing of DNA




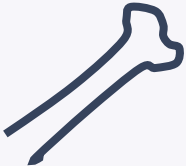
**Structural Variant:**  
Induced large chromosomal rearrangements

# Liver, adrenal, and spleen cells selected for off-target analysis based on biodistribution in non-human primates

On-target editing predominantly occurs in the liver in NHPs treated with VERVE-101



# VERVE-101 off-target analysis incorporated multiple cell types from four tissues and twenty donors

Tissue type	Cell types, n	Donors, n	Reason for inclusion in OT program
 <p>Liver</p>	<p>2 (PHH, HuH-7)</p>	<p>11</p>	<p>Liver is intended tissue for on-target editing</p>
 <p>Adrenal Glands</p>	<p>1</p>	<p>3</p>	<p>NHP biodistribution analysis</p>
 <p>Spleen</p>	<p>2</p>	<p>3</p>	<p>NHP biodistribution analysis</p>
 <p>Bone Marrow</p>	<p>1</p>	<p>3</p>	<p>Provides open chromatin cellular context</p>

**Donor ancestries represented: European, African-American, Hispanic/Latino, Japanese**

# gRNA-dependent off-target editing screen: Multiple orthogonal methods to nominate candidate sites

## candidate site nomination methods



**Experimental: ABE-digenome-seq<sup>1,2</sup>**  
Genome-wide analysis of DNA from human liver cells exposed to base editor



**Experimental: ONE-Seq<sup>3</sup>**  
Editing of synthetic library of tens of thousands of DNA sequences with high homology to target site



**Bioinformatics:**  
*In silico* assessment of human genome

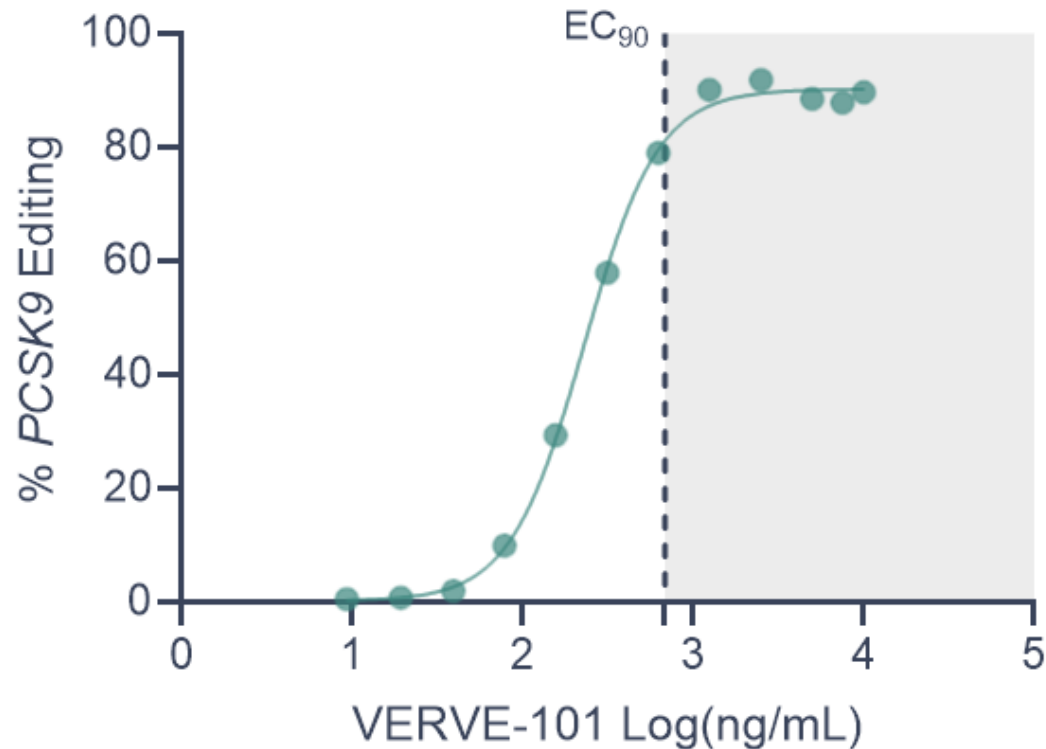
## panel of candidates

**~6000 sites**

across the genome  
with experimental or  
bioinformatic  
similarity to the  
on-target site

# Cells treated with VERVE-101 to screen for gRNA-dependent off-target editing at ~6000 candidate sites

Representative dose responsiveness of on-target editing in PHH

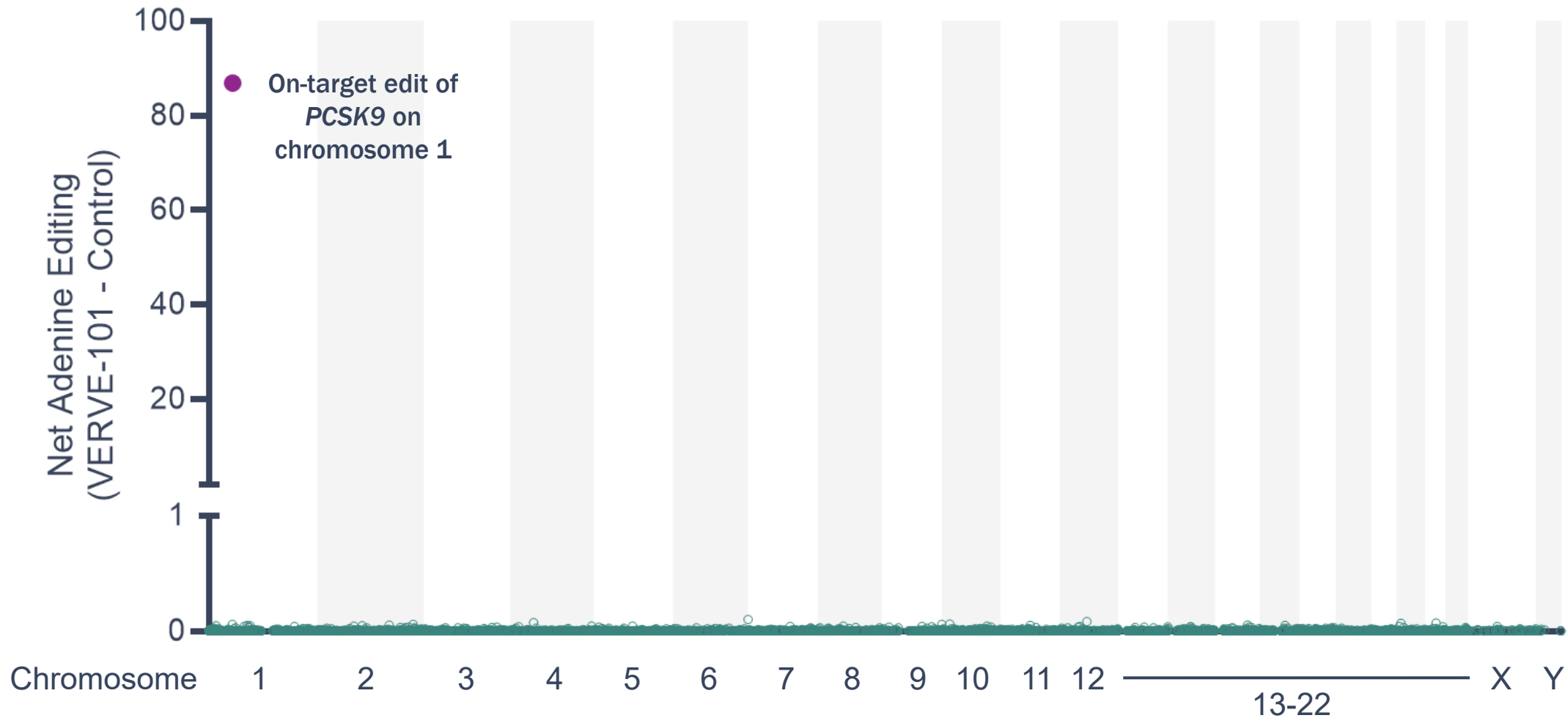


## Steps to increase detection sensitivity and quantify off-target editing:

- Use of doses  $\geq EC_{90}$  for on-target editing, exceeding what is pharmacologically achievable *in vivo*
- DNA from treated cells enriched for candidate sites using hybrid capture
- Suspected off-target sites are verified with targeted amplicon sequencing and assessed for dose responsiveness

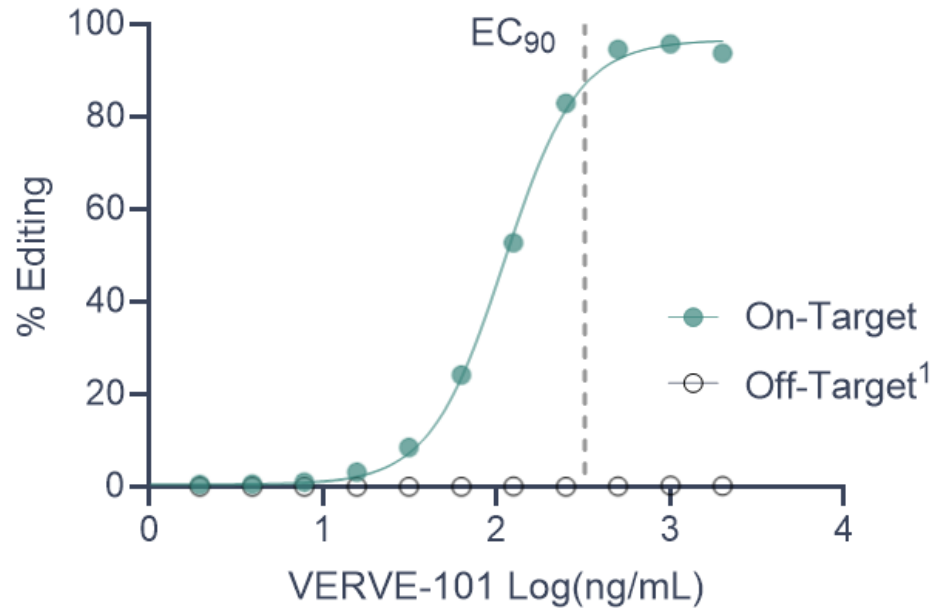
# No off-target gRNA-dependent editing with VERVE-101 in primary human hepatocytes, adrenal, or bone marrow cells

Manhattan style plot of net adenine editing in analysis of ~6000 candidate sites in PHH

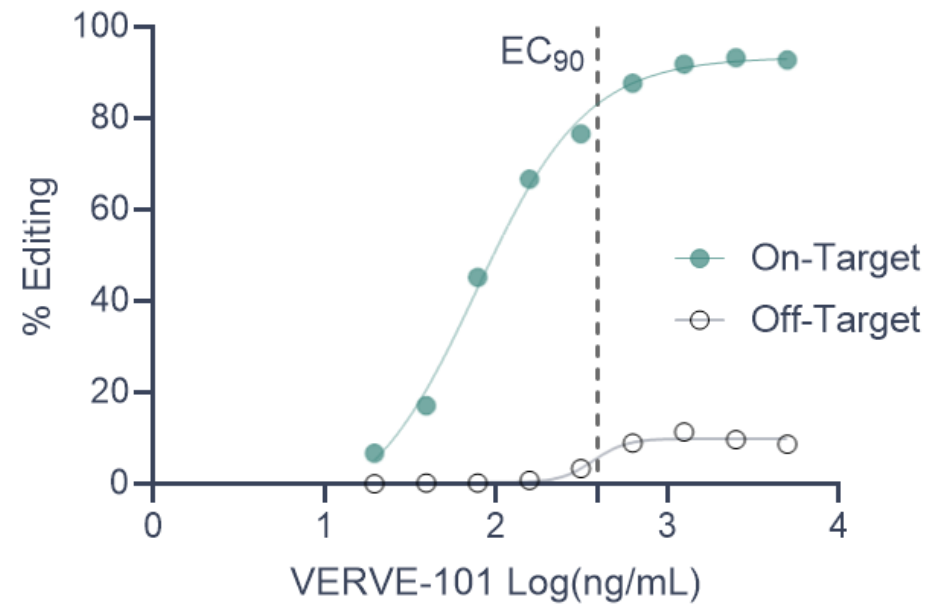


# Two gRNA-dependent off-target sites detected with low frequency editing: One in HuH-7 cells and one in splenic cells

## HuH-7 Liver Cell Line



## Primary Splenic Cells

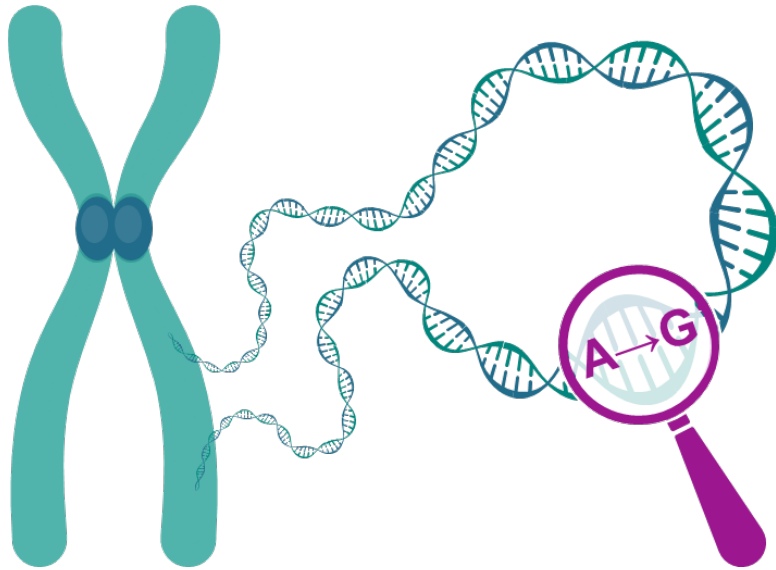


## Characterization

- Off-target editing unlikely to occur at pharmacological doses *in vivo*
- Sites not in protein coding regions
- Sites not in or near genes associated with cancer
- Sites not likely to impact nearby gene expression

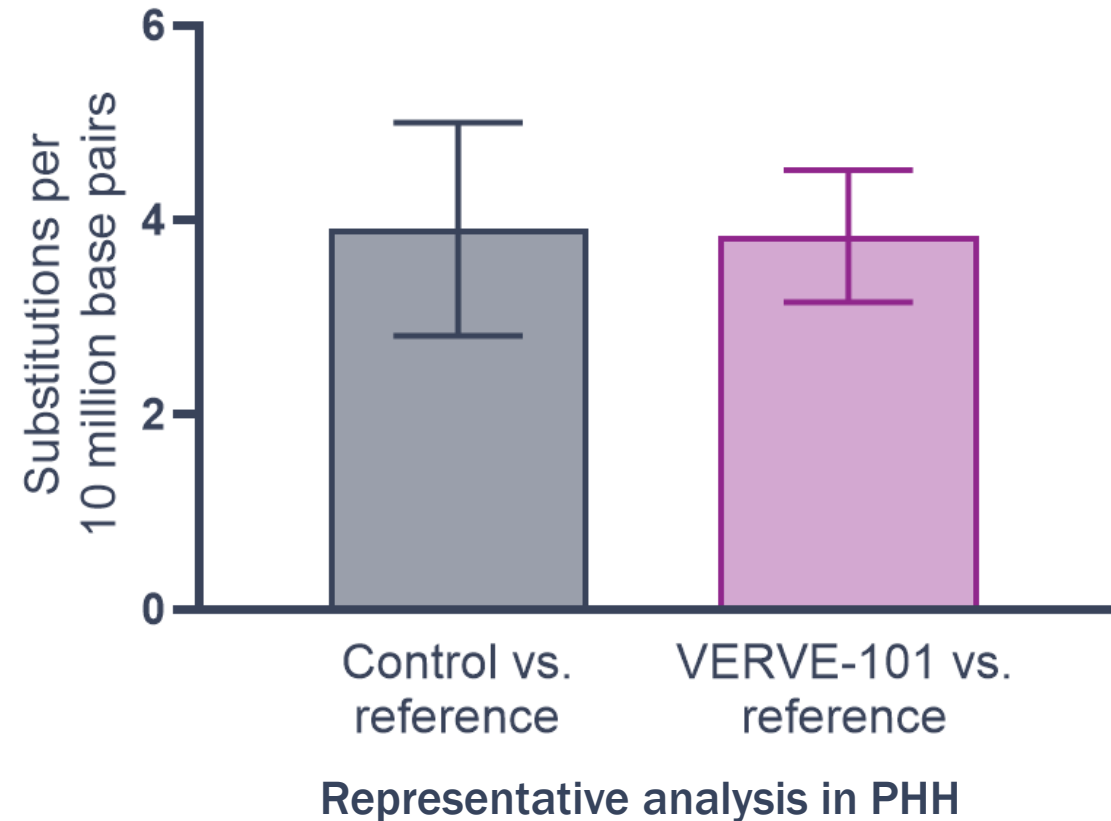
# gRNA-independent off-target editing: No evidence for excess adenine editing

## Whole Genome Sequencing



global search for excess adenine editing  
using treated and untreated cells sequenced  
at 500x coverage

## A•T to G•C Substitutions

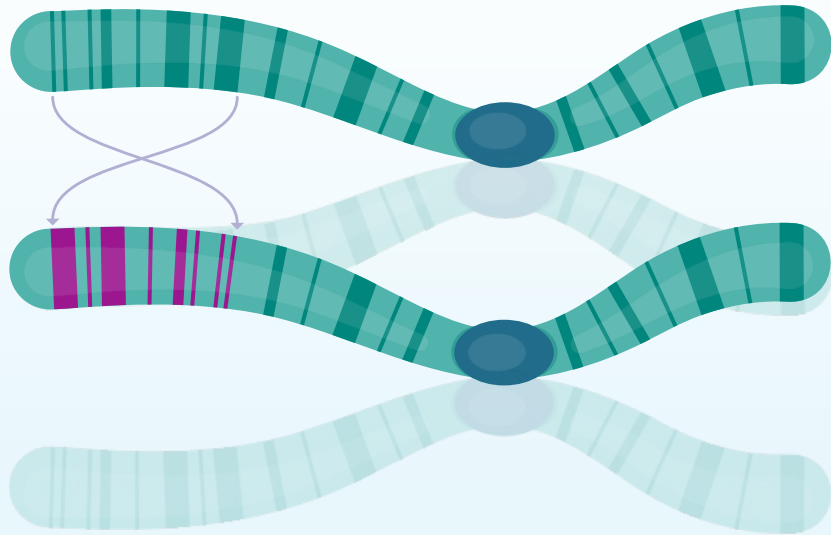




# Structural variant screening: Two orthogonal methods for detecting chromosomal changes

## Optical Genome Mapping (OGM)

Long DNA fragments are labeled at a specific sequence motif<sup>1,2,3</sup>



Genome-wide method to detect all SVs at resolution >500 base pairs

## Anchored Tn5 Unidirectional PCR-based sequencing (ATUP)

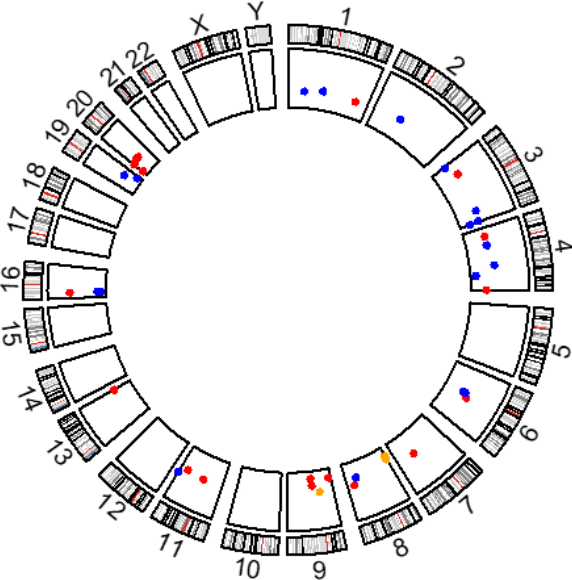
Look outward from the target site<sup>4</sup>



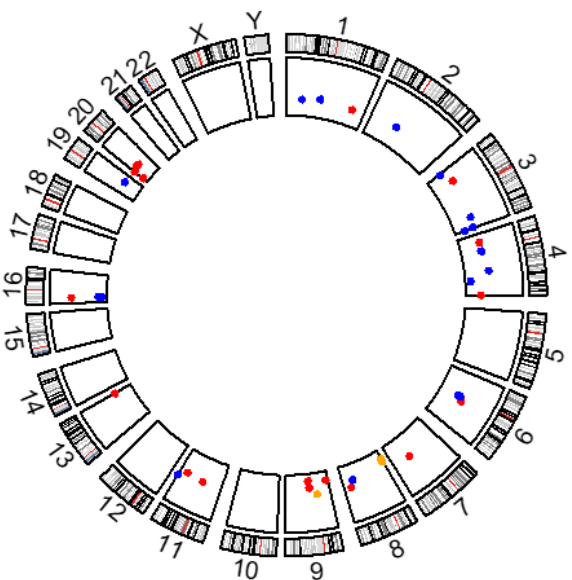
Identifies gRNA-dependent SVs at resolution >20 base pairs

# No structural variant formation following VERVE-101 treatment

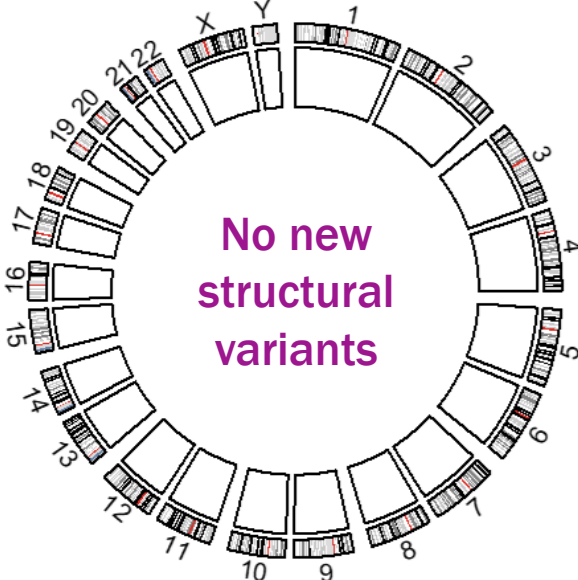
SVs present in untreated control cells vs. reference



SVs present after VERVE-101 treatment



VERVE-101 minus untreated



● insertion    ● duplication    ● deletion

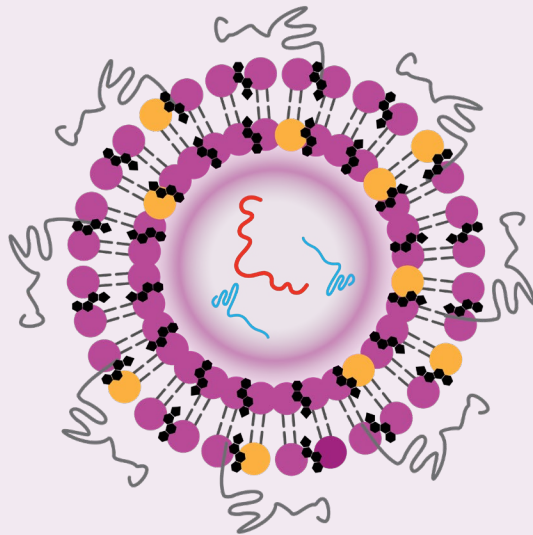
Anchored Tn5-mediated unidirectional PCR method also showed no evidence for induced structural variant formation (data not shown)

# Conclusions

- **VERVE-101 is the first *in vivo* base editing medicine to demonstrate pharmacodynamic proof-of-concept in humans**
- **The consistency of the gRNA target site across populations suggests potential therapeutic benefits of editing should apply broadly across individuals with diverse ancestries**
- **Comprehensive off-target assessment incorporating twenty donors, four tissue types, and different cellular contexts showed VERVE-101 to be highly specific with a low risk for clinically relevant off-target edits**
  - **Two gRNA-dependent off target edits were detected at low frequency in select cell types and characterized as low risk**
  - **No evidence for global excess adenine editing or structural variant formation with VERVE-101**

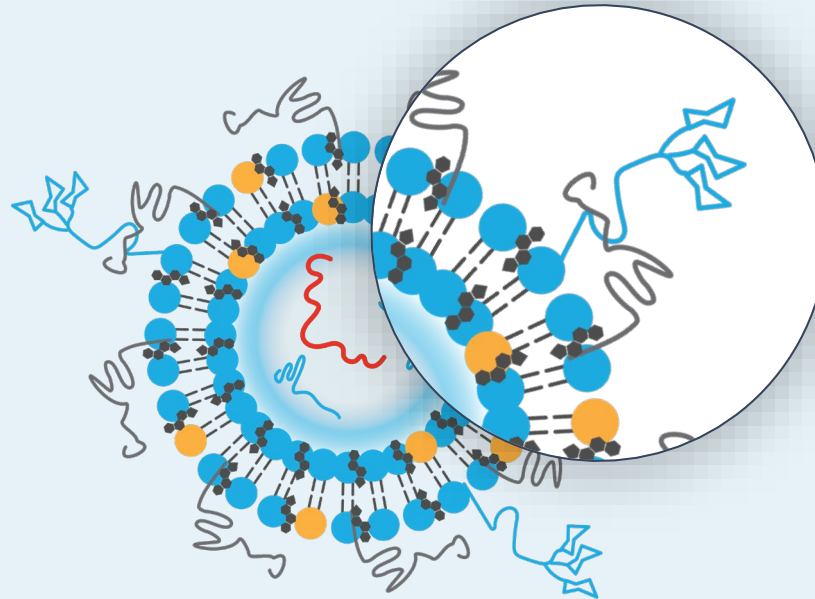
# Verve has two *in vivo* CRISPR base editing product candidates that target PCSK9 with an identical ABE and gRNA but different LNP delivery systems

## VERVE-101



First-in-human program

## VERVE-102



Dosing ongoing

- Different ionizable lipids
- VERVE-101 enters hepatocytes through the LDL receptor (LDLR)
- VERVE-102 has an added GalNAc targeting ligand – enabling entry by LDLR or asialoglycoprotein receptor



Ionizable lipid



DSPC



Cholesterol



Peg lipid



GalNAc



mRNA



gRNA