Prime editing for functional repair in patient-derived disease models

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Abstract

Prime editing is a novel genome editing technology using fusion proteins of Cas9-nickase and reverse transcriptase, that holds promise to correct a wide variety of genetic defects. We succeeded in efficient prime editing and functional recovery of disease-causing mutations in patient-derived liver and intestinal stem cell organoids.

Main

The development of gene-editing therapies to treat monogenic diseases has long been an essential goal of CRISPR/Cas9 research. Cas9-mediated homology-directed repair (HDR) can create all desired base substitutions, insertions and deletions (indels). However, HDR relies on introduction of double-stranded DNA breaks, is inefficient and error-prone[1,2]. Base editing, that uses Cas9-nickases fused to DNA-modifying enzymes, is more efficient and accurate than HDR, but can only correct four out of twelve point mutations and no small insertions and deletions. Furthermore, base editing requires a suitable protospacer adjacent motif (PAM) and the absence of co-editable nucleotides[3].

Prime editing combines a nicking-Cas9–reverse transcriptase fusion protein (PE2) with a prime editing guide RNA (pegRNA) containing the desired edit. The pegRNA-spacer guides the formation of a nick in the targeted DNA strand. The pegRNA-extension binds to this nicked strand and instructs the synthesis of an edited DNA flap. This edited flap is then integrated by DNA repair mechanisms, which can be enhanced by simultaneous nicking of the non-edited strand (Supplementary Fig. 1)[4]. Prime editing has been applied in human cancer cell lines and plant cells, but not in human disease models[4,5,6]. Adult stem cell-derived organoids exhibit important functional properties of organs, allowing modeling of monogenic diseases[7]. We set out to develop and test prime editing in primary patient-derived organoids.

We first optimized prime editing for organoid cells using deletions and single-nucleotide substitutions previously performed in HEK293T cells[4]. The non-edited strand was nicked by a second 'nicking sgRNA' to enhance editing (PE3). Our optimized protocol consisted of co-transfection of prime edit plasmids with a GFP-reporter plasmid allowing selection and subsequent clonal expansion of transfected cells. Prime editing of intestinal and ductal liver organoids resulted in efficient (>50%) deletion of 5 nucleotides in *HEK3* (Fig. 1b and Supplementary Fig. 2). Furthermore, we were able to induce a transversion mutation located 26 nucleotides downstream of the nick with substantial efficiency (20%) (Fig. 1c). These results show successful prime editing of primary stem cells with similar efficiency as observed in human cancer cell lines.

Figure 1: Prime editing efficiently creates deletions and point mutations in stem cells

a, Schematic overview of the workflow and timeline to generate precise mutations in organoid cells using prime editing (PE3). **b**, pegRNA design, Sanger validation, and editing efficiency of a 5-bp deletion in *HEK3* in liver and intestinal organoids. **c**, pegRNA design, Sanger validation, and editing efficiency of a C→G substitution in *HEK3* in liver organoids. Nicking sgRNA at +90 used in **(b)** and **(c)** not shown. **d**, pegRNA designs for the generation of in-frame deletions in the ß-TrCP region of CTNNB1. Nicking sgRNA at +86 (S1) or +93 (S2) not shown. **e**, Brightfield images of liver organoid cells transfected with plasmids from **(d)** and after -Rspo1 conditions for 2 weeks. **f**, Sanger validation of precise 6-bp deletions in all picked clones from *CTNNB1* pegRNA S1E1. **g**, Quantification of organoid outgrowth in **(e)**. Error bars represent S.E.M. of three independent experiments.

Next, we targeted the Wnt-pathway intermediate ß-catenin (*CTNNB1*) in organoids. Activating

carcinogenic *CTNNB1* mutations are found in ±40% of hepatocellular carcinoma, resulting in Wnt-

signaling independent of exogenous stimuli[8]. We designed PE3 plasmids, containing pegRNA-

extensions with primer binding sites (PBSs) and RT-templates of various lengths, that all create in-

frame deletions in the ß-TrCP region required for CTNNB1 ubiquitination (Fig. 1d). As wildtype liver

organoid expansion depends on Wnt-pathway activation, edited cells could be selected by

withdrawing Wnt-agonist R-spondin 1 (Fig. 1e). Sequencing confirmed that all clones grown without

R-spondin for two weeks contained heterozygous in-frame deletions in *CTNNB1* (Fig. 1f and

Supplementary Fig. 2c). We observed striking differences (up to a factor 50) in editing efficiencies of

different pegRNA designs (Fig. 1g). Next, we generated the severe *ABCB11*[D482G] mutation, a frequent

cause of bile salt export pump (BSEP) deficiency[9]. This nucleotide substitution was generated with

20% efficiency in liver organoids when silent PAM mutations were introduced (Supplementary Fig. 3).

These results demonstrate the utility of prime editing in creating disease models and the importance

of testing different pegRNA designs to induce the desired edit.

To investigate prime editing for functional correction of disease-causing mutations, we studied

diacylglycerol-acyltransferase 1 (*DGAT1*) in patient-derived intestinal organoids. *DGAT1* encodes an

enzyme catalyzing the conversion of diacylglycerol and fatty acyl-CoA to triacylglycerol. When DGAT1

function is deficient, fatty acids (FAs) cannot be incorporated in lipid droplets and instead cause

lipotoxicity and cell death (Fig. 2a). *DGAT1* mutations result in congenital diarrhea and protein-losing

enteropathy upon lipid intake[10]. The common biallelic 3-bp deletion (c.629_631delCCT, p.S210del) in

exon 7 of *DGAT1* leads to complete absence of the mature protein (Fig. 2b,e)[10]. We designed PE3

plasmids to promote the insertion of the missing three nucleotides. These plasmids were transfected

into patient-derived organoid cells and organoids were grown from single transfected cells. Sanger

sequencing of clonal organoids revealed repair of the pathogenic deletion (Fig. 2b). To demonstrate

DGAT1 function of prime edited cells, we exposed organoids to FAs, which are harmless to healthy

control organoids and toxic to DGAT1-deficient organoids (Fig. 2c,d and Supplementary Fig. 4). All

clones surviving functional selection were genetically repaired (Fig. 2f), and showed normal DGAT1

protein expression (Fig. 2e and Supplementary Fig. 5). Next, we compared prime editing to HDR in

terms of efficiency and accuracy. The ratio of correct editing to unwanted indels was ±30-fold higher

for prime editing than for Cas9-initiated HDR (Fig. 2f and Supplementary Fig. 5). These findings show

that prime editing, as opposed to base editing, can repair small deletions with considerably more

precision and efficiency than HDR.

To compare prime editing to base editing, we selected two severe pathogenic G→A mutations

suitable for correction by adenine base editors (ABEs): the BSEP-deficiency mutation *ABCB11*[R1153H]

and the alpha-1 antitrypsin deficiency ZZ-genotype (*SERPINA1*[E342K])[9,11]. Base editing outperformed

prime editing in efficiency (Supplementary Fig. 6), indicating that the added value of prime editing

currently lies in correcting mutations that are uneditable by base editors.

Figure 2: Prime editing functionally corrects disease-causing indel mutations in intestinal and liver organoids.
a, Schematic overview of the DGAT1 disease mechanism. **b**, Sanger validation of biallelic *DGAT1*[S210del] mutations in patient-derived intestinal organoids, pegRNA design (nicking sgRNA at +46 not shown), and validation of biallelic correction by PE3. **c**, Brightfield images of healthy control- and *DGAT1*[S210del] patient-derived intestinal organoids (±PE3) after exposure to 4 mM oleic acid (OA) for 24h and splitting. **d**, Quantification of organoid survival in **(c)**. **e**, Western blot of DGAT1 in *DGAT1*[S210del] patient-, PE3-corrected patient-, and healthy control-organoids. **f**, Quantification of intended edit and unwanted indels by PE3 and HDR in *DGAT1*[S210del] organoids. For PE3, with (+FA) and without (-FA) OA selection was considered. **g**, Schematic overview of the Wilson disease (*ATP7B* deficiency) mechanism. **h**, Sanger validation of biallelic *ATP7B*[S430fs] mutations in patient-derived liver organoids, pegRNA#2 design, and validation of monoallelic correction by PE3. **i**, Cell death in *ATP7B*[WT] and ATP7B[KO] liver organoids after incubation with Cu^{2+} for 3 days. **j**, Representative brightfield images and quantification of Cu^{2+}-survival in *ATP7B*[S430fs]-patient organoids after PE3 with various pegRNAs. White arrowheads indicate surviving organoids.

Next, we set out to repair a 1-bp duplication (c.1288dup, p.S430fs) in *ATP7B*, causing Wilson disease.

ATP7B encodes a copper-transporter (ATP7B), facilitating excretion of excess copper into the bile

canaliculus (Fig. 2g). Pathological accumulation of copper in the liver of Wilson disease patients leads

to liver cirrhosis requiring lifelong treatment and ultimately liver transplantation[12]. We designed

several PE3 conditions to remove the 1-bp duplication in patient-derived liver organoids

(Supplementary Fig. 8). Clonal picking of transfected organoid cells confirmed monoallelic repair of

the disease-causing mutation by pegRNA#2 (Fig. 2h). We then generated *ATP7B*^KO organoids that

were more susceptible to copper-induced cell death than *ATP7B*^WT organoids (Fig. 2i and

Supplementary Fig. 7).

To demonstrate functional repair of *ATP7B*^S430fs organoids after prime editing, transfected cells were

exposed to copper for 4 days (Supplementary Fig. 2). Out of three different pegRNA plasmids, only

successful monoallelic repair with pegRNA#2 resulted in rescue of copper excretion (Fig. 2j). These

results confirm the ability of prime editing to genetically and functionally correct truncating

mutations and underline the importance of testing various pegRNA designs.

Versatile and efficient gene editing in primary cells would represent a gamechanger for both in vitro

modeling of monogenetic disease and treatment with autologous gene-corrected cells. We here

provide a protocol for prime editing in human adult stem cells. Using this protocol, we demonstrate

that prime editing can generate insertions, deletions, and various point mutations and functionally

correct disease phenotypes in patient-derived stem cells. Importantly, prime editing results in higher

efficiency and drastically lower indel-formation compared to Cas9-mediated HDR. In the subset of

mutations applicable to base editing, prime editors are currently less robust than the latest

generation of base editors.

Our data in primary adult stem cells corroborate findings in cancer cell lines, in which prime editing

typically offers greater precision than Cas9-mediated HDR and lower on-target efficiency than base

editing, when the target nucleotide is suitably located[4]. Base editing, however, has been subject to

various stages of optimization, whereas prime editing is still in its infancy[11,13,14]. The efficiency of

prime editing in mammalian and plant cells has been strongly associated with pegRNA design, but

optimal PBS and RT-template parameters remain elusive and differ between target sites[4,6]. In our

hands, pegRNA design also had profound effects on editing efficiency, with PBS lengths of 10-12

nucleotides outperforming longer designs (Figures 1G and 2J). We expect that pegRNA design as well

as the prime editor fusion protein can be further optimized to improve prime editing efficiency in the

future.

To conclude, this study confirms the potential of prime editing to model and repair human

monogenic diseases and represents an important first step towards future clinical application.

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Methods

Study approval and human subjects

The study was approved by the responsible local ethics committee (Institutional Review Board of the

University Medical Center Utrecht).

Organoid culture

Liver and intestinal organoids were cultured and passaged according to previously described

protocols[13,14]. After thawing, organoids were passaged at least once before electroporation.

Plasmid cloning

Cloning of pegRNA plasmids was performed according to previously described protocols[4]. For cloning

of sgRNAs used for PE3 and ABE-NG, we replaced the BsmBI restriction sites of the sgRNA expression

vector BPK1520 by BbsI restriction sites using PCR, which allowed direct ligation of sgRNA-spacer

duplexes according to a previously described method[15]. All pegRNA, sgRNA, HDR template, and

primers sequences used in this work are listed in Supplementary Tables 1–3 and were synthesized by

Integrated DNA Technologies (IDT). pCMV-PE2 (Addgene #132775), pU6-pegRNA-GG-acceptor

(Addgene #132777), and NG-ABEmax (Addgene #124163) were gifts from David Liu; BPK1520

(Addgene #65777) was a gift from Keith Joung; pSpCas9(BB)-2A-Puro (PX459, Addgene #62988) was a

gift from Feng Zhang.

Electroporation

Before electroporation, organoids were grown under normal conditions in 30 µl Matrigel per well.

Two days prior to electroporation, organoids were cultured in medium containing surrogate WNT

protein (4 nM). Four wells containing organoids were then dissociated for each condition using

TrypLE for 4-5 minutes at 37°C and applying mechanical disruption through pipetting. Cells were

washed once using Advanced DMEM/F12, resuspended in 80 µl OptiMEM containing Y-27632 (10

µM), and 20 µl DNA mixture was added. For prime editing, the DNA mixture contained 12 µg PE2

plasmid, 5 µg pegRNA plasmid, 2 µg nicking sgRNA plasmid, and 1 µg GFP plasmid. For HDR, the DNA

mixture contained 15 µg sgRNA containing-Cas9 plasmid (PX459), 1 µl of 100 µM HDR template, and

1 µg GFP plasmid. For base editing, the DNA mixture contained 15 µg NG-ABEmax plasmid, 4 µg

sgRNA plasmid, and 1 µg GFP plasmid. For generation of *ATP7B* knockout organoids, the DNA mixture

contained 15 µg sgRNA containing-Cas9 plasmid (PX459) and 1 µg GFP plasmid. The cell-DNA mixture

was transferred to an electroporation cuvette and electroporated using settings described before[16].

Cells were removed from the cuvette and transferred into 500 µl OptiMEM containing Y-27632 (10

µM). After 20 minutes, cells were plated in 180 µl matrigel. Upon polymerization of the Matrigel,

medium was added containing surrogate WNT protein (4 nM) and Y-27632 (10 µM).

FACS

2-3 days after electroporation using the GFP plasmid, cells were dissociated with TrypLE for 2-3

minutes at 37°C. The cells were washed once using Advanced DMEM/F12 and resuspended in 400 µl

FACS buffer (PBS with 2 mM EDTA and 0.5% BSA). FACS was used to filter the GFP+ cell population,

selecting specifically for transfected cells (FACS Aria, BD). GFP+ cells were retrieved in medium

containing surrogate WNT protein (4 nM) and Y-27632 (10 µM), after which the cells were plated as

soon as possible at a cell-concentration of 300 cells per 30 µl Matrigel. Upon polymerization of the

Matrigel, medium was added containing surrogate WNT protein (4 nM) and Y-27632 (10 µM).

Genotyping

Single organoids were picked using a p200 pipette and dissociated using TrypLE for 2-3 minutes at

37°C. Cells were resuspended in 30 µl Matrigel total of which 20 µl was plated. DNA was extracted

from the remaining 10 µl Matrigel using the Zymogen Quick-DNA microprep kit according to

manufacturer instructions. Q5 high fidelity polymerase was used to amplify the genomic region of

interest. The PCR product was purified using the Qiagen PCR clean-up kit according to manufacturer

instructions. Resulting product was sent for sequencing to the Macrogen Europe service EZSeq.

Protein blotting

Organoids were lysed in Laemmli buffer (0.12 M Tris HCl pH 6.8, 4% SDS, 20% glycerol, 0.05 g/l

bromophenol blue, 35 mM β-mercaptoethanol). Protein concentration was measured using a BCA

assay. For western blotting, equal amounts of protein were separated by SDS-PAGE on a 10%

acrylamide gel and transferred to PVDF membranes using a Trans-Blot® Turbo machine (Bio-rad)

according to manufacturer's protocol. For dot blotting, protein was directly loaded on PVDF

membranes without SDS-PAGE separation. The membrane was blocked with 5% milk protein in TBST

(0.3% Tween, 10 mM Tris-HCl pH 8 and 150 mM NaCl in distilled water) and probed with primary

antibodies against DGAT1 (ab181180; 1:1000; Abcam) or ACTB (sc-47778; 1:5000, Santa Cruz

Biotechnology) overnight at 4°C. After incubation with HRP-conjugated secondary antibodies

(1:5000, Sigma, 1h at RT), bands or dots were imaged on a chemiluminescence detection system

(Bio-rad).

Functional assays

To select liver organoids with in-frame mutations in *CTNNB1*, organoids were cultured in normal culture medium without R-spondin 1 for two weeks. To test DGAT1 function in intestinal organoids, oleic acid was added to the culture medium for 24h as previously described[10], and organoid survival was assessed by visual inspection and survival after passaging. To test ATP7B function in liver organoids, copper(II)chloride ($CuCl_2$) was added to the culture medium for 3-4 days. Cell death was quantified by addition of propidium iodide (PI) (0.1 mg/mL, ThermoFisher) to the culture medium for 15 minutes. Organoids were imaged by an inverted Olympus IX53 epifluorescence microscope. PI signal was quantified using ImageJ and normalized to a positive control condition for cell death (1 mM $CuCl_2$). Based on *ATP7B*[KO] lines, prolonged organoid survival in 0.25 mM $CuCl_2$ was considered as a characteristic of functional ATP7B.

Statistics and reproducibility

No pre-specified effect size was calculated, and no statistical method was used to predetermine sample size. For comparisons of multiple groups, an ordinary one-way ANOVA with Holm–Sidak correction for multiple comparisons was used. In Fig. 1g and Fig. 2d the negative control and the healthy control, respectively, were excluded from statistical comparisons. Statistical tests were appropriate for comparisons being made; assessment of variation was carried out but not included. Experiments were not randomized. Investigators were not blinded to allocation during experiments but outcome assessment (sequencing and functional assay quantification) were performed blinded. Reproducibility: Fig. 1b representative of 12 and 10 clonal liver and intestinal organoids, respectively, each from two independent transfection experiments. Fig. 1c and Fig. 1f representative of 10 clonal liver organoids, from two and three independent transfection experiments, respectively. Fig. 1g representative of three transfection experiments using the same liver organoid donor. Fig. 2d representative of two transfection experiments. Fig. 2f representative of 20-32 clonal organoids from two independent experiments. Fig. 2i representative of two experiments. Fig. 2j represents a single experiment. Supplementary Fig. 3 representative of 30 clonal liver organoids form two independent experiments. Supplementary Fig. 6a and 6b representative of 10 clonal liver organoids per condition, collected through two independent experiments.

Data and code availability

No software, code, or large genomic/expressional datasets are included in the current version of this manuscript. Source data for the figures have been provided as Supplementary Table 4. All other data supporting the findings of this study are available from the corresponding author on reasonable request.

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Acknowledgements

We thank L. van der Laan (LETIS, Erasmus MC, the Netherlands) for sharing liver organoids derived from a Wilson disease patient. We also thank M. Geurts (Hubrecht Institute, the Netherlands) for providing WNT surrogate and for sharing his experiences with Prime Editing. This work was supported by Metakids funding (to S.A.F.) and a Clinical Fellows grant from The Netherlands Organisation for Health Research and Development Health Institute (40-00703-97-13537 to S.A.F.).

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Ethics declarations

<u>Conflict of interest</u>

Authors declare that they have no conflicts of interest.

Supplementary information