A single amino acid variant in the variable region I of AAV capsid confers liver detargeting

Ruxiao Xing*[1], Mengyao Xu*[1], Darcy Reil[1], April Destefano[1], Mengtian Cui[1], Nan Liu[1], Jialing Liang[1], Guangchao Xu[1], Li Luo[1], Meiyu Xu[1], Fang Zhang[1], Phillip W.L. Tai[1], Yuquan Wei[2], Alisha M. Gruntman[1], Terence R. Flotte[1], Guangping Gao[#1,3], Dan Wang[#1,4]

[1]Department of Genetic and Cellular Medicine, Horae Gene Therapy Center, University of Massachusetts Chan Medical School, Worcester, MA 01605, USA

[2]State Key Laboratory of Biotherapy, West China Hospital, Sichuan University, Chengdu 610041, China

[3]Department of Microbiology, University of Massachusetts Chan Medical School, Worcester, MA 01605, USA

[4]RNA Therapeutics Institute, University of Massachusetts Chan Medical School, Worcester, MA 01605, USA

*Co-first authors

#Co-corresponding authors

Correspondence should be addressed to:

Dan Wang, Ph.D.

Department of Genetic and Cellular Medicine

UMass Chan Medical School

Worcester, MA 01605, USA

Telephone: +1-(774) 455-4574

Fax: +1-(508) 856-1552

E-mail: Dan.Wang@umassmed.edu

Guangping Gao, Ph.D.

Department of Genetic and Cellular Medicine

UMass Chan Medical School

Worcester, MA 01605, USA

Telephone: +1-(508) 856-3563

Fax: +1-(508) 856-1552

E-mail: Guangping.Gao@umassmed.edu

ABSTRACT

AAV capsid serotypes isolated from nature have been widely used in gene delivery and gene

therapy. Recently, more than 1,000 distinct AAV capsids were identified from human clinical samples

by high-throughput, long-read DNA sequencing. In this study, we tap into this broad natural biodiversity

of AAV capsids to develop liver-tropic AAV capsids. We initially screened a subset of variants derived

from AAV8 (n=159) for packaging efficiency. The high-yielding variants were subjected to a barcoded

vector library screen in mice and ferrets for their ability to mediate liver gene transfer. Although no

variant surpassed AAV8 for liver targeting, several exhibited a liver detargeting phenotype. Among

these, we focused on the N271D variant (AAV8 VP1 numbering), located in the variable region I (VR-

1), which has been previously implicated in influencing liver tropism. The liver detargeting phenotype of

AAV8.N271D was confirmed by single vector administration in mice. Additionally, we grafted the N271D

variant onto AAV9 and MyoAAV capsids (N270D by AAV9 VP1 numbering). The AAV9.N270D and

MyoAAV.N270D vectors showed a similar liver-detargeting phenotype, although muscle targeting was

moderately reduced. Although we did not identify any capsid variants that outperform AAV8 in liver

transduction, this study reinforces the important role of VR-1 in modulating liver tropism and highlights

the potential of engineering VR-1 residues to reduce liver gene transfer and associated toxicity

observed in several gene therapy studies.

INTRODUCTION

Adeno-associated virus (AAV) has a single-stranded DNA genome packaged in an icosahedral capsid that consists of 60 protein monomers, VP1, VP2, and VP3[1]. The capsid initiates interactions with the host, including binding to cell surface receptors and recognition by the host immune system. In recombinant AAV (rAAV), which is widely used as an *in vivo* gene therapy delivery platform[2], the capsid is either identical to or derived from wild-type AAV (wtAAV), and therefore is inherently critical to determine therapeutically relevant properties, including tissue tropism and immunogenicity. To develop AAV capsids with clinically favorable properties, one way is to isolate wtAAV capsid sequences that exist in nature followed by testing in the context of rAAV. Naturally occurring wtAAV capsids evolve within host tissues during infections[3] and may inherently possess desirable features for therapeutic gene delivery, such as tissue-specific fitness and the ability to evade host immune surveillance. This approach has led to the discovery of a series of AAV capsid serotypes[4], many of which have been used in clinical gene therapy and continue to serve as the workhorse for approved AAV-based gene therapies to date[5]. Additionally, these naturally occurring AAV capsid variants serve as a foundation for capsid engineering through various approaches, most notably peptide insertion combined with library selection and directed evolution, to further enhance desirable rAAV attributes[6].

From a biology perspective, these naturally occurring AAV capsid sequences offer ample opportunities to study the sequence- and structure-function relationship. For example, aligning the amino acid sequences of various AAV capsids results in the identification of nine variable regions (VRs), which diverge to a higher degree than the remaining regions among different serotypes. Structural studies revealed that VR-I to VR-IX are mostly exposed to the outer surface of the assembled capsid, and play critical roles in binding to a diverse array of cell surface receptors and host antibodies[7]. For example, AAV2.5 was created by incorporating five residues from AAV1 into AAV2, and showed enhanced muscle tropism[8]. A follow-up study demonstrated that, among the five residues, the 265T insertion in VR-I determined the high muscle tropism of AAV2.5[9]. AAV-DJ is an engineered capsid

created by shuffling eight capsid serotypes and exhibits resistance to neutralization by human

intravenous immunoglobulin (IVIG)[10]. Structural studies showed that the unique structure of VR-1 in

AAV-DJ as compared with AAV2 abrogated binding to the A20 neutralizing antibody[11]. Indeed, VR-1

contributes to the 3-fold protrusions on AAV capsid, which play critical roles in binding to cell surface

receptors and antibodies[12]. Understanding the capsid-host interactions at the molecular level also

enables rational engineering by manipulating specific residues to achieve desired capsid properties[13,14].

Recent high-throughput, long-read DNA sequencing technologies have allowed more efficient and in-

depth profiling of naturally existing AAV capsid variants. For example, we previously identified more

than 1,000 unique AAV capsid variants from human clinical biopsies using the PacBio sequencing

platform[15]. An AAV2-derived variant, named AAVv66, exhibits enhanced production yields, virion

stability, and central nervous system (CNS) transduction[15].

Two liver-targeted gene therapies delivered by AAV vectors have been approved for treating

hemophilia A and hemophilia B, respectively. In both cases, therapeutic levels of the blood clotting

factor VIII[16] or factor IX[17] secreted from the liver into the bloodstream could be attained. However,

transducing the liver to function as a bio-factory for producing and secreting alpha-1 antitrypsin (A1AT),

the second most abundant secreted serum protein[18], proved challenging in reaching the therapeutic

threshold in the bloodstream for treating A1AT deficiency[19], suggesting that more efficient liver targeting

may be required. Among the AAV capsid variants that we previously identified from human clinical

samples[15], a large portion are AAV8-derived (i.e., exhibiting the highest degree of sequence homology

to AAV8)[20]. Given AAV8's strong liver tropism, in this study, we tapped into this diverse repertoire of

AAV8 variants to characterize their liver tropism in mice using a barcoded library screen approach,

aiming to identify more potent liver-tropic capsid variants as potential vectors to deliver A1AT deficiency

gene therapy. In addition, ferret models of A1AT deficiency were recently generated and characterized

to be a platform for preclinical testing of therapeutics including gene therapy[21]. Therefore, we also

screened the same capsid library in ferrets to investigate cross-species tropism of emerging variants.

Although we found that no variants surpassed AAV8 for liver gene transfer, we identified one variant

with a liver detargeting phenotype mediated by a single N271D residue change in VR-1 (AAV8 VP1

numbering). This study adds to the recent literature showing the important role of VR-1 in liver gene

transfer[22-24]. Furthermore, several studies on systemic AAV vector administration have demonstrated

liver toxicity[25-28], suggesting the potential safety benefit with a liver-detargeting capsid to deliver gene

therapy to other organs, such as the CNS and muscle. The key VR-1 residues that influence liver gene

transfer identified by us and others may provide a rational avenue to develop AAV vectors with reduced

liver toxicity.

RESULTS

Generation and characterization of an AAV8 vector library

We first constructed a total of 159 packaging plasmids, each expressing a unique AAV8 capsid

variant identified from human tissues **(Supplementary Table 1)** along with the AAV2 Rep. These

plasmids were used individually to package an *EGFP* transgene cassette in a small-scale AAV vector

production assay to determine their vector production yield and to benchmark against the parental

AAV8 capsid. Overall, the AAV8 capsid variants were less efficient than AAV8, exhibiting 63% or lower

vector production yield **(Figure 1a)**. We arbitrarily selected the top 37 variants for the subsequent

library screen, as low vector production yield will pose a translational hurdle for a gene therapy delivery

vehicle.

Next, we constructed a series of gene-of-interest (GOI) plasmids, each expressing a barcoded,

non-coding Tough Decoy (TuD) RNA under the control of the U6 promoter as previously reported[29]

(Supplementary Figure 1). We chose not to use a protein-coding reporter transgene, such as *EGFP,*

to avoid potential immunogenicity when conducting the screen in large animals such as ferrets. A pair of

unique packaging and GOI plasmids were used in large-scale AAV vector production, so that each

barcoded *TuD* transgene represented a unique capsid. These vectors were individually purified,

followed by vector genome (vg) titer determination. According to their vg titers, these vectors were then

pooled at various volumes with the goal of equal representation for each capsid vector in the library. We

extracted the pooled library vector DNA, amplified the barcode-containing region by PCR, and

performed high-throughput nanopore sequencing to quantify the relative abundance of each barcode.

This abundance served as a proxy for the relative representation of each capsid vector in the library,

with the potential caveat that different barcode sequences may introduce PCR bias. We found that the

abundance of the barcodes representing 39 capsid vectors (i.e., AAV8, AAV9, and the 37 AAV8

variants) deviated from the average by less than 2.5-fold **(Figure 1b)**, comparable to other barcoded

libraries generated in the same manner (approximately 7-fold)[30]. In contrast, purifying all capsid vectors

in bulk would likely result in skewed representation in favor of "good producers" (e.g., more than 200-

fold deviation from the average[30]), which may cause bias in subsequent functional screens.

Alternatively, individual capsid titers could be adjusted at the crude lysate stage prior to pooling for bulk

purification. However, we reasoned that purifying and storing individual vectors would provide greater

flexibility for downstream applications, such as enabling the use of single vectors or selected subsets

for specific tests.

Vector library screen in mice and ferrets

The pooled vector library was delivered to three adult wild-type (WT) mice at 2×10^{13} vg/kg via

tail vein. Four weeks post-treatment, the mice were euthanized for tissue collection. The total DNA

extracted from livers or the vector library was subjected to PCR to amplify the barcode-containing

region in vector DNA. The barcodes present in the amplicons were quantified by Illumina sequencing

and normalized to their relative abundance in the vector library. Importantly, the relative abundance of

each barcoded amplicon in the library was consistent with the results obtained by nanopore sequencing

(Figure 1b, Supplementary Figure 2). This analysis revealed that no candidate variants could surpass

AAV8 for liver gene delivery **(Figure 2a)**. In parallel, the same vector library was screened in three WT

ferrets sero-negative for AAV8 and AAV9 **(Supplementary Figure 3)** in the same fashion, which led to

the similar finding that AAV8 outperformed all candidate variants **(Figure 2b)**. Notably, the candidate

variants generally exhibited a similar trend of liver gene delivery efficiency in mice and ferrets **(Figure**

2c), suggesting the robustness of the screening pipeline. As several studies have shown that low AAV

vector DNA abundance in tissues does not necessarily result in low functional transduction (i.e.,

transgene expression level)[31-33], we also quantified the barcoded *TuD* RNA levels in mouse livers.

However, consistent with the vector DNA analysis, AAV8 outperformed all variants in terms of

transgene expression **(Figure 3a**, blue bars**)**.

Liver detargeting by several capsid variants

In both mice and ferrets, we consistently observed that several capsid variants, including v2, v5,

v12, v13, v15, v23, v25, and v36, showed very low or barely detectable levels of liver gene delivery

(Figure 2a, b). As expected, these candidate variants also led to low or barely detectable *TuD* RNA

levels in the mouse livers **(Figure 3a)**. To investigate whether these capsid variants lost liver-specific or

pan-tissue tropism, we quantified the *TuD* RNA levels in the heart and tibialis anterior (TA) muscle from

the treated mice. Taken together, the RNA analysis revealed that several variants, including v2, v5, v23,

v25, and v36, showed a strong liver detargeting phenotype, albeit with moderate reductions in *TuD*

expression in the heart and TA muscle. In contrast, transduction by v12, v13, and v15 failed in all three

tissue types **(Figure 3a)**. We were not able to detect *TuD* transcripts in ferrets tissues, likely due to the

overall low gene delivery efficiency in ferrets as compared to that in mice **(Supplementary Figure 4)**.

The N271D (AAV8 VP1 numbering) residue change in v5 is located in VR-1 **(Supplementary**

Table 2), which had been implicated in modulating liver tropism in recent publications[22-24] **(Figure 3b)**

(also see Discussion). Therefore, we focused on this variant for further validation by single vector

treatment **(Supplementary Figure 5)**.

Validation of liver detargeting in mice by single vector administration

To further characterize the impact of N271D on tissue tropism in mice, we generated a pair of

AAV8 and AAV8.N271D vectors packaging the same *EGFP* transgene cassette, and treated two groups

of mice with the two vectors, respectively. Four weeks post-treatment, the mice were euthanized to

compare vector DNA abundance, *EGFP* mRNA levels, and EGFP protein levels in the liver, heart, and

TA muscle. Consistent with the library screen results, the AAV8.N271D.EGFP vector showed >100-fold

reductions in vector DNA abundance and transgene expression in the liver as compared to the

AAV8.EGFP vector, while heart and TA muscle targeting was moderately impacted **(Figure 4a,**

Supplementary Figure 6a).

As N271 (AAV8 VP1 numbering) is highly conserved among multiple serotypes **(Figure 3b)**, we

tested whether grafting the N271D residue change to other AAV capsids could confer liver detargeting.

To this end, we introduced the homologous N270D (AAV9 VP1 numbering) mutation into the AAV9

capsid and generated the AAV9.N270D.EGFP vector. Following administration to WT mice, we

observed a dramatic liver detargeting phenotype as compared to the parental AAV9.EGFP vector

(Figure 4b, Supplementary Figure 6b). Regarding transducing the heart and TA muscle, N270D in

AAV9 capsid had a larger negative impact than N271D in AAV8 (compare the middle panels in **Figures**

4a and 4b). MyoAAV is an engineered capsid with a 7-mer peptide insertion in AAV9 capsid proteins,

and exhibits enhanced muscle tropism as compared with AAV9 in mice and monkeys[34]. To test whether

the enhanced muscle tropism of MyoAAV can compensate for the reduced muscle targeting by

AAV9.N270D, we generated a pair of MyoAAV.EGFP and MyoAAV.N270D.EGFP vectors and

administered to mice. We consistently observed liver detargeting by MyoAAV.N270D in mice **(Figure**

4c, Supplementary Figure 6c). Although MyoAAV.N270D.EGFP led to lower transduction levels in the

heart and TA muscle as compared to MyoAAV.EGFP, it still outperformed AAV9.EGFP and AAV8.EGFP

(compare the middles panels of **Figures 4a-c**). Taken together, the N271D (AAV8 VP1 numbering)

variant consistently conferred liver detargeting in the context of all three parental capsids tested

(Supplementary Figure 7).

DISCUSSION

Residues in VR-1 have been shown to influence liver tropism of AAV vectors. Warischalk tested

several VR-1 amino acid deletion mutants across multiple serotype capsids, and found that some

detargeted from transducing mouse liver by orders of magnitude[24]. Using a domain swapping strategy,

Cabanes-Creus et al. found that a single threonine insertion downstream of residue 264 of AAV3B

(AAV3B-265*insT*, **Figure 3b**) greatly enhanced liver targeting in mouse[22]. In another study, Zinn et al.

identified residue 267 (AAV9 VP1 numbering), named "liver toggle", as a key determinant for liver

targeting[23] **(Figure 3b)**. For example, a single G267A mutation in the AAV9 capsid (AAV9-GA) resulted

in significant liver detargeting with respect to both vector genomes (1,522-fold) and expression (363-

fold), with no significant difference in terms of gene transfer to the heart and quadriceps, and a

moderate reduction in expression in these tissues (1.5-fold and 3.1-fold reductions in quadriceps and

heart RNA, respectively)[23]. The N271D (AAV8 VP1 numbering) variant identified in this study is in VR-1

and in proximity with the previously described residues **(Figure 3b)**, and also shows a profound impact

on liver targeting. Together, these converging evidence points to the important role of VR-1 in

determining liver targeting. Although the detailed mechanism remains to be elucidated, it may involve

the proposed VR-1 hydrogen bond network[24], and/or interactions with AAVR[35], a cellular factor that

binds to most AAV capsids and facilitates their cell entry and intracellular trafficking, as structural

studies have shown that VR-1 is part of the AAVR-AAV binding footprint[36,37]. Interestingly, AAV capsid

deamidation where an amide group in the side chain of amino acid is converted to a carboxylic acid

group, such as N-to-D changes, has been shown to impact transduction efficiency[38]. Further saturating

mutagenesis studies will help determine whether the N271D variant exerts its effect through the loss of

asparagine (N) or the gain of aspartic acid (D).

Liver toxicity observed in some preclinical and clinical studies has highlighted the need for AAV

capsids with liver-detargeting properties, particularly for gene delivery to extrahepatic tissues via

systemic administration[39]. Several engineered capsids, such as AAV2i8[13], AAVMYO[30], MyoAAV[34],

PHPeB[40], and VCAP-102[41], exhibit both enhanced muscle or CNS targeting and modest liver-

detargeting (approximately 3- to 30-fold reduction in liver tropism relative to their parental capsids).

However, these liver-detargeting effects were typically incidental findings during biodistribution profiling,

rather than outcomes of intentional design. Moreover, enhanced targeting of extrahepatic tissues does

not necessarily lead to reduced liver-detargeting. For example, the engineered capsid BI-hTFR1

engages the human transferrin receptor to facilitate blood-brain barrier penetration, but retains liver

tropism comparable to its parental AAV9 capsid[42]. Therefore, a modular capsid modification that confers

liver-detargeting and can be applied across different capsid backbones represents a promising

complementary strategy in capsid engineering. The dramatic liver detargeting phenotype of the

AAV8.N271D, AAV9.N270D, and MyoAAV.N270D vectors is accompanied by moderate reductions in

targeting the heart and TA muscle **(Figure 4)**. A similar trend (i.e., profound liver detargeting with a

moderate impact on heart and quadriceps targeting) was also observed when reprogramming AAV9

and Anc80 with the liver toggle residue changes[23]. This creates a dilemma in developing liver-

detargeting vectors for gene therapy delivery to muscle tissues. However, the MyoAAV.N270D vector

partially retains the excellent muscle targeting property of the parental MyoAAV capsid, and exhibits

higher gene transfer and expression levels in the heart and TA muscle than the AAV8 and AAV9

vectors. Furthermore, it may be possible to engineer residues in VR-1, either alone or in combination

with changes in other capsid regions, to develop capsids with true liver-specific detargeting capabilities.

For example, incorporating the tyrosine mutant Y445F[43] into the T265del AAV6 capsid can further

enhance cardiac transduction while maintaining a liver-detargeted biodistribution profile[24].

In summary, this study identifies a naturally occurring AAV capsid variant with a liver detargeting

phenotype, reinforces the critical role of VR-1 in modulating liver tropism and transgene expression,

and opens new avenues for engineering AAV vectors that minimize liver targeting and associated

toxicity.

MATERIALS AND METHODS

AAV constructs

The reporter transgene construct used in the small-scale AAV vector production assay contains

an *EGFP* transgene under the control of the CMV enhancer and chicken beta-actin promoter. The

same construct was packaged in multiple capsids for single vector administration in mice. The

barcoded transgene construct used for generating AAV vector library contains a *TuD* transgene under

the control of the U6 promoter (also see **Supplementary Figure 1**). The detailed design of barcode has

been described previously[29]. Briefly, the barcode contains randomized 8 nucleotides that are embedded

in the microRNA binding site (MBS) between stem I and stem II of the *TuD* transgene DNA, and it is

also present in the *TuD* RNA following expression. All AAV constructs were designed to package single-

stranded vector genomes.

Small-scale AAV vector production assay

The details of the procedure have been described previously[44]. Briefly, a pair of packaging

plasmid and gene-of-interest (GOI) plasmid were co-transfected to HEK293 cells along with a helper

plasmid in a 12-well plate using the calcium phosphate method. 72 hours post-transfection, cells and

culture media were collected to generate crude lysates following three freeze-and-thaw cycles. The

crude lysates were clarified by centrifugation and sequentially treated with DNase I and proteinase K,

followed by vector genome determination using droplet digital PCR (ddPCR).

Nanopore sequencing of amplicons

AAV vector DNA was extracted with the QIAamp DNA Micro Kit (Qiagen, 56304), and subjected

to PCR amplification. The amplicons were purified with the DNA Clean & Concentrator-5 kit (Zymo,

D4013) and sequenced with the Oxford Nanopore platform (Plasmidsaurus). Reads were mapped to

the reference sequence, demultiplexed by barcodes, and counted using the Geneious Prime software.

Large-scale AAV vector production

Adherent HEK293 cells were cultured in roller bottles in Dulbecco's Modified Eagle Medium

(DMEM) with 10% fetal bovine serum. Helper plasmid, packaging plasmid, and GOI plasmid were co-

transfected using the calcium phosphate method. Next day, the cell culture medium was replaced with

fresh, serum-free DMEM. Three days post-transfection, cells and culture media were harvested and

subjected to purification using two rounds of cesium chloride gradient centrifugation. AAV vectors were

dialyzed against phosphate buffered saline and sterilized by passing through a 0.22 µm filter.

Animal work

Wildtype, male C57BL/6J mice were treated with AAV vectors via tail vein at six weeks of age,

and euthanized four weeks later. For library screen, the dose was 5×10^{11} vg/mouse (approximately 2 ×

10^{13} vg/kg); for single vector administration, the dose was 3×10^{11} vg/mouse. Wildtype ferrets were

subjected to anti-AAV8 and anti-AAV9 neutralizing antibody (NAb) screen. Three ferrets (one female

and two males) were sero-negative (<1:5 NAb titers), and therefore were used in experiment. They

were treated at 10 weeks of age with the AAV vector library via intravenous injection at the dose of 2 ×

10^{13} vg/kg, and euthanized five weeks later. All animal studies were reviewed and approved by the

Institutional Animal Care and Use Committee of the University of Massachusetts Chan Medical School.

Neutralizing antibody assay

The neutralizing antibody (NAb) assay was performed as previously described[45]. Briefly, serum samples were heat-inactivated under 56°C for 35 minutes, and 1:5 diluted in Dulbecco's Modified Eagle's Medium (DMEM) followed by 2-fold serial dilutions. Each diluted serum sample was incubated with 1.2×10^9 genome copies (GC) of rAAV8.LacZ (for anti-AAV8 assay) or rAAV9.LacZ (for anti-AAV9 assay) under 37°C/5% CO_2 for 1 hour. Huh7 cells grown in a 96-well plate were first infected with wildtype adenovirus serotype 5 (100 viral particles per cell). Three to four hours later, 100 μl of pre-incubated rAAV/serum mixture containing 1×10^9 GC of rAAV.LacZ was added to each well of Huh7 cell culture and incubated under 37°C/5% CO_2 for 1 hour. Cells were then cultured with 5% fetal bovine serum under 37°C/5% CO_2 overnight. β-galactosidase activity in cell lysate was measured using the Galacto-Star™ One-Step β-galactosidase Reporter Gene Assay System (Thermo Fisher Scientific, Cat. No. T1014). The transduction inhibition effect of a test sample at each dilution was calculated by comparing with the negative control at the same dilution (i.e., maximal β-galactosidase activity without inhibition). The NAb titer was defined as a range between the lowest dilution factor that yielded more than 50% transduction inhibition and the next dilution factor that could not inhibit transduction by more than 50%.

Quantification of barcodes by Illumina sequencing

DNA and RNA were isolated from liver samples using the AllPrep DNA/RNA kit (Qiagen, 80204). For muscle tissues, DNA was extracted with the AllPrep DNA/RNA kit (Qiagen, 80204), while RNA was extracted using Trizol. RNA was subjected to treatment with DNase (Qiagen 79254) followed by a clean-up step using the RNA Clean & Concentrator-5 kit (Zymo, R1014). Purified RNA was reverse-transcribed into cDNA using the SuperScript III First-Strand Synthesis System (Thermo Fisher Scientific, 18080051). PCR was performed with barcoded primers and the KOD Hotstart Master Mix (Millipore, 71842) in a total volume of 25 μL that contained 12.5 μL of KOD Hotstart Master Mix, 0.75 μL of forward primer (10 μM), 0.75 μL of reverse primer (10 μM), 50 ng of DNA. Primer binding sites are

shown in **Supplementary Figure 1**. PCR cycling condition: 95°C for 2 min, followed by 25 cycles of

95°C/20s, 58°C/10s, and 70°C/10s. PCR amplicons were gel purified and concentrations were

determined using a Qubit 3 Fluorometer (Thermo Fisher Scientific). PCR amplicons were pooled at an

equal ratio and sequenced using MiSeq at UMass Chan Deep Sequencing Core. Sequencing data

were analyzed using the Galaxy platform[46]. The data were first demultiplexed by the barcodes in PCR

primers **(Supplementary Table 3)** using the "barcode splitter" module. This step resulted in datasets

representing individual tissue samples. Next, the resulting datasets were demultiplexed by the

barcodes in the *TuD* gene **(Supplementary Table 4)**, which led to sequencing reads representing their

corresponding capsid variants. Barcode and PCR designs are shown in **Supplementary Figure 1**.

Quantification of vector DNA and RNA

DNA and RNA were isolated from mouse tissues using the AllPrep DNA/RNA kit (Qiagen,

80204). RNA was reverse-transcribed into cDNA with the High-Capacity cDNA Reverse Transcription kit

(Thermo Fisher Scientific, 43-688-13). To quantify vector DNA in the tissues collected from the mice

and ferrets treated with the vector library, a duplexing Taqman droplet digital PCR (ddPCR) assay was

performed with one reagent targeting stuffer B in the GOI plasmid [forward primer:

AGCCCTAGGGATGAACCAGT, reverse primer: AACCCAGGAGTCATTGCATC, probe:

AATCTGAGCCACTGAGCCAT, all synthesized by Integrated DNA Technologies (IDT)] and a Taqman

reagent targeting mouse *Tfrc* (Thermo Fisher Scientific, 4458367) or ferret *Tfrc* (forward primer:

GCTTTAGACCCAGCAGAAGC, reverse primer: GTTCAGCTGCCCATTCTGAG, probe:

TCTCCAGCACTCCAGCTGGCA, all synthesized by IDT). To quantify *EGFP* vector DNA in mouse

tissues, a duplexing Taqman ddPCR assay was performed with one reagent targeting *EGFP* (Thermo

Fisher Scientific, Mr00660654_cn), and the other targeting mouse *Tfrc* (Thermo Fisher Scientific,

4458367). cDNA was quantified using a duplexing Taqman ddPCR assay with the same *EGFP*-

targeting Taqman reagent as mentioned above, and a Taqman reagent targeting mouse *Gapdh*

(Thermo Fisher Scientific, 4352339E). ddPCR was performed with a QX200 instrument (Bio-Rad)

under the cycling condition: 95°C for 10 min, 40 cycles of 94°C/30s and 61°C/60s, followed by

98°C/10min.

Western blot

Mouse tissues were homogenized using TissueLyser II (Qiagen) in ice-cold T-PER (Thermo

Fisher Scientific, 78510) with protease inhibitor (Roche, 4693159001). Total protein concentration in

tissue lysate was determined with Pierce BCA Protein Assay Kit (Pierce, 23225). Protein lysates

normalized for total protein amount were boiled with 4× Laemmli sample buffer (Bio-Rad, 1610747) at

99 °C for 5 min. Primary antibodies: mouse anti-EGFP Antibody (Abcam, ab184601, 1:5000), rabbit

anti-GAPDH (Abcam, ab9485, 1:10000). Secondary antibodies: LICOR IRDye 680RD goat anti-mouse

IgG (H + L) (LI-COR Biosciences, 926-68070, 1:7000), LICOR IRDye 800CW goat anti-rabbit IgG (H +

L) (LI-COR Biosciences, 926-32211, 1:7000). Blot membranes were imaged using a LI-COR scanner

(Odyssey) and quantified by Li-Cor software.

Data availability

325   Nanopore sequencing and Illumina sequencing data are deposited in NCBI Sequence Read

326   Archive (SRA) and available with accession ID PRJNA1268899.

ACKNOWLEDGEMENTS

329   This study was supported by a grant from the National Institutes of Health (NIH) (P01HL158506

330   to D.W.). The Gao Lab is supported by grants from the NIH (R01NS076991-01, P01AI100263-01,

331   P01HL131471-02, 35 R01AI121135, UG3HL147367-01, R01HL097088, and U19AI149646-01) and

332   Cystic Fibrosis Foundation.

AUTHOR CONTRIBUTIONS

R.X., D.W. designed the research. R.X., Mengyao X. conducted the majority of the experiments.

D.R., A.D., A.M.G. performed injections in ferrets and other ferret work. R.X., M.C., P.W.L.T. contributed

to Illumina sequencing data analysis. G.X., L.L., Meiyu X., F.Z., P.W.L.T., Y.W., G.G. provided the AAV8

variants. N.L. produced AAV vectors. J.L. performed mouse injections and other mouse work. T.R.F.,

G.G., D.W. supervised the study. R.X., Mengyao X., D.W. analyzed data and wrote the manuscript.

DECLARATION OF INTERESTS

KEYWORDS

AAV, liver detargeting, liver tropism, variable region

FIGURE LEGENDS

Figure 1. Generation and characterization of the AAV8 vector library. (a) Dot plot showing the

production yield of each AAV8 capsid variant in a small-scale vector production assay packaging the

same *EGFP* transgene cassette. Each dot represents a unique capsid variant. The production yield is

normalized to the AAV8 vector level (defined as 100%) and ranked from the highest to the lowest. Data

were based on one biological repeat. **(b)** Bar graph showing the count of Nanopore sequencing reads

mapped to the unique vector transgene barcodes packaged in AAV8, AAV9, or AAV8 variants. The

dashed line shows the mean value. Data were based on one biological repeat.

Figure 2. Vector library screen in mice and ferrets. (a, b) Scatter dot plots showing the relative vector genome abundance of each barcoded capsid vector in mouse (a) or ferret (b) livers. Data are normalized to the AAV8 vector level (defined as 1.0), and presented as mean ± SD. Each dot represents an individual animal. v1 to v37 denote the identifiers of AAV8 variants. The variants in bold indicate that they resulted in low or barely detectable levels of vector DNA. **(c)** Scatter plot showing the relationship between the relative vector DNA abundance of each capsid variant in mouse liver (x-axis) and ferret liver (y-axis). Data are presented as mean and standard deviation of three animals. The linear regression statistics are shown.

Figure 3. AAV8.v5 shows liver detargeting phenotype in mice. (a) Bar graph showing the relative vector RNA (cDNA) abundance of each barcoded capsid vector in mouse liver (blue), heart (orange), and tibialis anterior (TA) muscle (green). Data are normalized to the AAV8 vector level in respective tissues (defined as 1), and presented as mean ± SD. Each dot represents an individual animal. v1 to v37 denote the identifiers of AAV8 variants. The variants in bold indicate that they resulted in low or barely detectable levels of vector RNA expression in the liver, with the ones underlined indicating well-detectable levels of vector RNA expression in the heart and/or TA muscle. **(b)** Alignment of the amino acid sequences of multiple AAV capsids. Only variable region I (VR-1) and surrounding residues are shown as single-letter abbreviations. Dashes indicate gaps. The 265*insT* (AAV3B VP1 numbering) residue described in Cabanes-Creus M. et al. 2021[22], the liver toggle residue described in Zinn E. et al. 2022[23], and the N271D (AAV8 VP1 numbering) residue described in this study are highlighted with gray background. The residues that differ from parental capsids described in these studies are highlighted in bold. The Warischalk study[24] investigated a wide range of VR-1 mutants across multiple serotype capsids.

Figure 4. Characterization of vector performance in mice following individual vector

administration. (a-c) Box plots showing the vector DNA abundance (left), *EGFP* mRNA levels (middle),

and EGFP protein levels (right) in the liver, heart, and tibialis anterior (TA) muscle collected from the

mice treated with AAV8 or AAV8.N271D vectors (a), AAV9 or AAV9.N270D vectors (b), and MyoAAV or

MyoAAV.N270D vectors (c). Each dot represents an individual mouse. The box extends from the first to

the third quartiles with the line inside denoting median. The whiskers end at minimum and maximum

values. The fold changes of medians and p values are labeled. Statistical analysis is performed using

non-parametric Mann-Whitney test.

REFERNCES

Muzyczka, N. & Berns, K. in *Fields Virology* Vol. 2 (eds D Knipe *et al.*) 2327-2359 (Lippincott, Williams and Wilkins, 2001).

Wang, D., Tai, P. W. L. & Gao, G. Adeno-associated virus vector as a platform for gene therapy delivery. *Nature reviews. Drug discovery* **18**, 358-378, doi:10.1038/s41573-019-0012-9 (2019).

Gao, G. *et al.* Adeno-associated viruses undergo substantial evolution in primates during natural infections. *Proceedings of the National Academy of Sciences of the United States of America* **100**, 6081-6086, doi:10.1073/pnas.0937739100 (2003).

Gao, G. *et al.* Clades of Adeno-associated viruses are widely disseminated in human tissues. *Journal of virology* **78**, 6381-6388, doi:10.1128/JVI.78.12.6381-6388.2004 (2004).

ASGCT. *Gene, Cell, & RNA Therapy Landscape Report (Q4 2024 Quarterly Data Report)*, <https://www.asgct.org/global/documents/asgct-citeline-q4-2024-report.aspx> (2025).

Li, C. & Samulski, R. J. Engineering adeno-associated virus vectors for gene therapy. *Nature reviews. Genetics* **21**, 255-272, doi:10.1038/s41576-019-0205-4 (2020).

Agbandje-McKenna, M. & Kleinschmidt, J. AAV capsid structure and cell interactions. *Methods Mol Biol* **807**, 47-92, doi:10.1007/978-1-61779-370-7_3 (2011).

Bowles, D. E. *et al.* Phase 1 gene therapy for Duchenne muscular dystrophy using a translational optimized AAV vector. *Molecular therapy : the journal of the American Society of Gene Therapy* **20**, 443-455, doi:10.1038/mt.2011.237 (2012).

Li, C. *et al.* Single amino acid modification of adeno-associated virus capsid changes transduction and humoral immune profiles. *Journal of virology* **86**, 7752-7759, doi:10.1128/JVI.00675-12 (2012).

10   Grimm, D. *et al.* In vitro and in vivo gene therapy vector evolution via multispecies interbreeding
and retargeting of adeno-associated viruses. *Journal of virology* **82**, 5887-5911,
doi:10.1128/JVI.00254-08 (2008).

11   Lerch, T. F. *et al.* Structure of AAV-DJ, a retargeted gene therapy vector: cryo-electron
microscopy at 4.5 A resolution. *Structure* **20**, 1310-1320, doi:10.1016/j.str.2012.05.004 (2012).

12   Large, E. E., Silveria, M. A., Zane, G. M., Weerakoon, O. & Chapman, M. S. Adeno-Associated
Virus (AAV) Gene Delivery: Dissecting Molecular Interactions upon Cell Entry. *Viruses* **13**,
doi:10.3390/v13071336 (2021).

13   Asokan, A. *et al.* Reengineering a receptor footprint of adeno-associated virus enables selective
and systemic gene transfer to muscle. *Nature biotechnology* **28**, 79-82, doi:10.1038/nbt.1599
(2010).

14   Tseng, Y. S. & Agbandje-McKenna, M. Mapping the AAV Capsid Host Antibody Response
toward the Development of Second Generation Gene Delivery Vectors. *Frontiers in immunology*
5, 9, doi:10.3389/fimmu.2014.00009 (2014).

15   Hsu, H. L. *et al.* Structural characterization of a novel human adeno-associated virus capsid with
neurotropic properties. *Nat Commun* **11**, 3279, doi:10.1038/s41467-020-17047-1 (2020).

16   Mahlangu, J. *et al.* Two-Year Outcomes of Valoctocogene Roxaparvovec Therapy for
Hemophilia A. *The New England journal of medicine* **388**, 694-705,
doi:10.1056/NEJMoa2211075 (2023).

17   Pipe, S. W. *et al.* Gene Therapy with Etranacogene Dezaparvovec for Hemophilia B. *The New*
England journal of medicine **388**, 706-718, doi:10.1056/NEJMoa2211644 (2023).

18   Strnad, P., McElvaney, N. G. & Lomas, D. A. Alpha(1)-Antitrypsin Deficiency. *The New England*
journal of medicine **382**, 1443-1455, doi:10.1056/NEJMra1910234 (2020).

19   Blackwood, M. *et al.* Biodistribution and safety of a single rAAV3B-AAT vector for silencing and
replacement of alpha-1 antitrypsin in Cynomolgus macaques. *Mol Ther Methods Clin Dev* **32**,
101200, doi:10.1016/j.omtm.2024.101200 (2024).

20   Gao, G., Xu, G., Tai, P. W., Wei, Y. & Luo, L. AAV capsid designs. US20230374545A1 (2023).

21   He, N. *et al.* Ferret models of alpha-1 antitrypsin deficiency develop lung and liver disease. *JCI*
Insight **7**, doi:10.1172/jci.insight.143004 (2022).

22   Cabanes-Creus, M. *et al.* Single amino acid insertion allows functional transduction of murine
hepatocytes with human liver tropic AAV capsids. *Mol Ther Methods Clin Dev* **21**, 607-620,
doi:10.1016/j.omtm.2021.04.010 (2021).

23   Zinn, E. *et al.* Ancestral library identifies conserved reprogrammable liver motif on AAV capsid.
Cell Rep Med **3**, 100803, doi:10.1016/j.xcrm.2022.100803 (2022).

24   Warischalk, J. K. *Uncovering structural components of the adeno-associated viral capsid that*
can be modified to improve clinical gene therapy outcomes Doctor of Philosophy thesis,
University of North Carolina at Chapel Hill, (2015).

25   Chand, D. *et al.* Hepatotoxicity following administration of onasemnogene abeparvovec (AVXS-
101) for the treatment of spinal muscular atrophy. *J Hepatol* **74**, 560-566,
doi:10.1016/j.jhep.2020.11.001 (2021).

26   Hudry, E. *et al.* Liver injury in cynomolgus monkeys following intravenous and intrathecal
scAAV9 gene therapy delivery. *Molecular therapy : the journal of the American Society of Gene*
Therapy **31**, 2999-3014, doi:10.1016/j.ymthe.2023.07.020 (2023).

27   Hordeaux, J. *et al.* High-dose systemic adeno-associated virus vector administration causes
457   liver and sinusoidal endothelial cell injury. *Molecular therapy : the journal of the American*
458   *Society of Gene Therapy* **32**, 952-968, doi:10.1016/j.ymthe.2024.02.002 (2024).

459   28   Whiteley, L. O. An Overview of Nonclinical and Clinical Liver Toxicity Associated With AAV Gene
460   Therapy. *Toxicol Pathol* **51**, 400-404, doi:10.1177/01926233231201408 (2023).

461   29   Xu, M. *et al.* High-Throughput Quantification of In Vivo Adeno-Associated Virus Transduction
462   with Barcoded Non-Coding RNAs. *Human gene therapy* **30**, 946-956,
463   doi:10.1089/hum.2018.253 (2019).

464   30   Weinmann, J. *et al.* Identification of a myotropic AAV by massively parallel in vivo evaluation of
465   barcoded capsid variants. *Nat Commun* **11**, 5432, doi:10.1038/s41467-020-19230-w (2020).

466   31   Salganik, M. *et al.* Adeno-associated virus capsid proteins may play a role in transcription and
467   second-strand synthesis of recombinant genomes. *Journal of virology* **88**, 1071-1079,
468   doi:10.1128/JVI.02093-13 (2014).

469   32   Gonzalez-Sandoval, A. *et al.* The AAV capsid can influence the epigenetic marking of rAAV
470   delivered episomal genomes in a species dependent manner. *Nat Commun* **14**, 2448,
471   doi:10.1038/s41467-023-38106-3 (2023).

472   33   Loeb, E. J. *et al.* Capsid-mediated control of adeno-associated viral transcription determines
473   host range. *Cell Rep* **43**, 113902, doi:10.1016/j.celrep.2024.113902 (2024).

474   34   Tabebordbar, M. *et al.* Directed evolution of a family of AAV capsid variants enabling potent
475   muscle-directed gene delivery across species. *Cell* **184**, 4919-4938 e4922,
476   doi:10.1016/j.cell.2021.08.028 (2021).

477   35   Pillay, S. *et al.* An essential receptor for adeno-associated virus infection. *Nature* **530**, 108-112,
478   doi:10.1038/nature16465 (2016).

479   36   Zhang, R. *et al.* Adeno-associated virus 2 bound to its cellular receptor AAVR. *Nat Microbiol* **4**,
480   675-682, doi:10.1038/s41564-018-0356-7 (2019).

481   37   Meyer, N. L. *et al.* Structure of the gene therapy vector, adeno-associated virus with its cell
482   receptor, AAVR. *eLife* **8**, doi:10.7554/eLife.44707 (2019).

483   38   Giles, A. R. *et al.* Deamidation of Amino Acids on the Surface of Adeno-Associated Virus
484   Capsids Leads to Charge Heterogeneity and Altered Vector Function. *Molecular therapy : the*
485   *journal of the American Society of Gene Therapy* **26**, 2848-2862,
486   doi:10.1016/j.ymthe.2018.09.013 (2018).

487   39   Asokan, A. & Shen, S. Redirecting AAV vectors to extrahepatic tissues. *Molecular therapy : the*
488   *journal of the American Society of Gene Therapy* **31**, 3371-3375,
489   doi:10.1016/j.ymthe.2023.10.005 (2023).

490   40   Deverman, B. E. *et al.* Cre-dependent selection yields AAV variants for widespread gene
491   transfer to the adult brain. *Nature biotechnology* **34**, 204-209, doi:10.1038/nbt.3440 (2016).

492   41   Moyer, T. C. *et al.* Highly conserved brain vascular receptor ALPL mediates transport of
493   engineered AAV vectors across the blood-brain barrier. *Molecular therapy : the journal of the*
494   *American Society of Gene Therapy*, doi:10.1016/j.ymthe.2025.04.046 (2025).

495   42   Huang, Q. *et al.* An AAV capsid reprogrammed to bind human transferrin receptor mediates
496   brain-wide gene delivery. *Science* **384**, 1220-1227, doi:10.1126/science.adm8386 (2024).

43   Qiao, C. *et al.* Adeno-associated virus serotype 6 capsid tyrosine-to-phenylalanine mutations
improve gene transfer to skeletal muscle. *Human gene therapy* **21**, 1343-1348,
doi:10.1089/hum.2010.003 (2010).

44   Ai, J., Ibraheim, R., Tai, P. W. L. & Gao, G. A Scalable and Accurate Method for Quantifying
Vector Genomes of Recombinant Adeno-Associated Viruses in Crude Lysate. *Hum Gene Ther*
Methods **28**, 139-147, doi:10.1089/hgtb.2016.173 (2017).

45   Wang, D. *et al.* Adeno-Associated Virus Neutralizing Antibodies in Large Animals and Their
Impact on Brain Intraparenchymal Gene Transfer. *Mol Ther Methods Clin Dev* **11**, 65-72,
doi:10.1016/j.omtm.2018.09.003 (2018).

46   Galaxy, C. The Galaxy platform for accessible, reproducible, and collaborative data analyses:
2024 update. *Nucleic acids research* **52**, W83-W94, doi:10.1093/nar/gkae410 (2024).

a

Small-scale production assay to screen AAV8 variants

b

Quantification of barcoded PCR amplicons by Nanopore seq

Figure 1. Generation and characterization of the AAV8 vector library.

Figure 2. Vector library screen in mice and ferrets.

Figure 3. AAV8.v5 shows liver detargeting phenotype in mice.

Figure 4. Characterization of vector performance in mice following individual vector administration.