

Preclinical development of EDIT-401, a durable *in vivo* CRISPR gene-editing therapy that upregulates LDLR protein to lower LDL-C

Anshul Gupta, DVM, MS

Vice President, Nonclinical Development

Editas Medicine, Inc., Cambridge, MA, United States.

Disclaimer: Anshul Gupta is an employee and equity holder of Editas Medicine, Inc.



Introduction and Methods



ASCVD is a serious disease with significant opportunity for a transformative therapy to reduce LDL-C

ASCVD is driven by **cholesterol-rich** plaque accumulation in the arteries

- ASCVD is the primary cause of morbidity and mortality globally¹, including in patients with heterozygous familial hypercholesterolemia (HeFH), a genetic disease primarily related to loss of function mutations in *LDLR* gene²
- The link between lower LDL-C and reduced ASCVD risk is well established¹
- ~75% of patients with ASCVD do not meet LDL-C goals^{3,4}
- Standard of care requires multiple therapies and lifelong administration¹

Robust, lifelong reduction of LDL-C provides maximal benefit^{5,6}

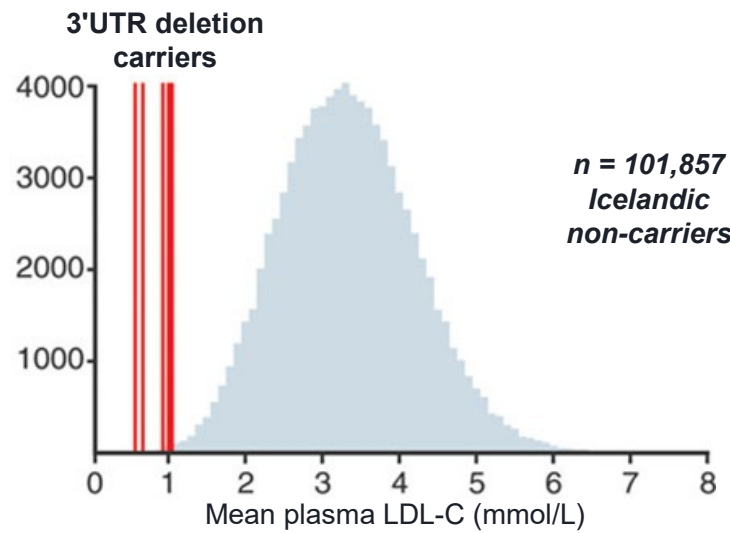
1. Arnett DK et al. *Circulation* 2019; 140 (11): e596–e646. 2. Gidding SS et al. *J Am Heart Assoc* 2025;14:e038458. 3. Gu J et al. *Am J Prev Cardiol* 2022; 10: 100336. 4. Klimchak AC et al. *Am J Prev Cardiol* 2020; 1: 100010. 5. Cohen JC et al. *N Engl J Med* 2006; 354 (12): 1264–1272. 6. Gaba P et al. *Circulation*. 2023; 147 (16): 1192–1203.
ASCVD, atherosclerotic cardiovascular disease; LDL-C, low-density lipoprotein cholesterol.

Editas' therapeutic strategy of LDLR upregulation for LDL-C reduction was informed by human genetics



Seven Icelandic family members identified as carriers of partial *LDLR* 3' UTR deletion¹

Plasma LDL-C levels¹



No adverse impacts on health¹

LDL-C:

- **13–72 mg/dL** plasma levels (74% lower than population mean)

LDLR:

- **1.5–2.5-fold** higher surface LDLR*

Safety:

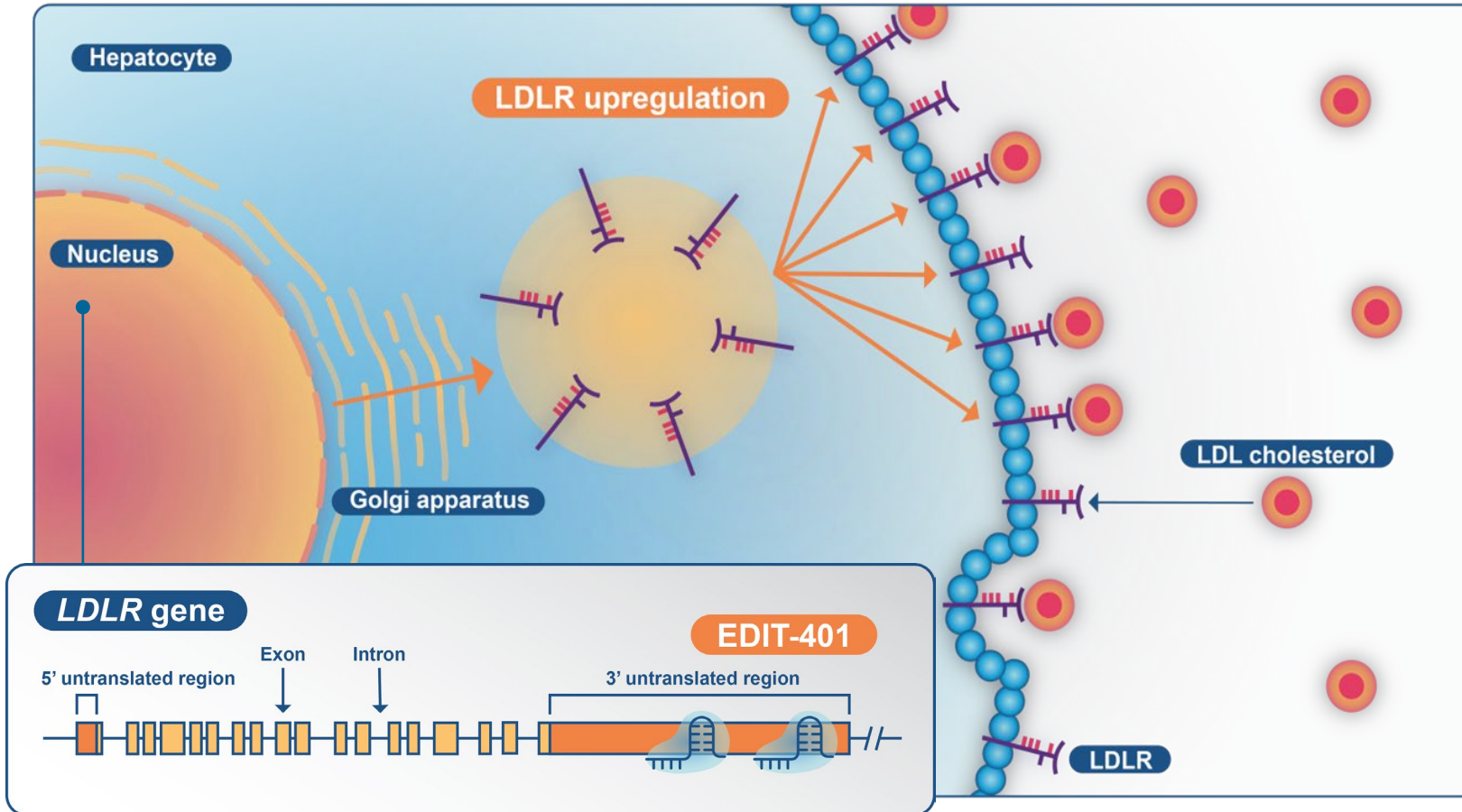
- No adverse events

1. Bjornsson E *et al.* *Circ Genom Precis Med* 2021; 14 (1): e003029.

*Noted value was for lymphocytes. Liver values are unknown. LDL-C, low-density lipoprotein cholesterol; LDLR, low-density lipoprotein receptor; UTR, untranslated region.

EDIT-401 uses a differentiated mechanism of action to reduce LDL-C

EDIT-401 therapeutic strategy for LDLR upregulation



- CRISPR/Cas9 nuclease and dual gRNAs disrupt negative regulatory elements of the *LDLR* gene, increasing mRNA stability, enabling **≥6-fold increase in LDLR protein in NHP¹**
- This amplification approach enables **≥90% mean reduction in serum LDL-C** in NHPs and mouse models with high baseline LDL-C and reduced LDLR function¹

We conducted a series of studies to support the preclinical development of EDIT-401

- NHP data (presented here)
 - Pharmacology
 - Biodistribution
 - Safety and tolerability

- Mouse data (Poster #3423):

"Pharmacokinetics and pharmacodynamics of EDIT-401(mu), *in vivo* gene-editing therapy for lowering LDL-C in mice"

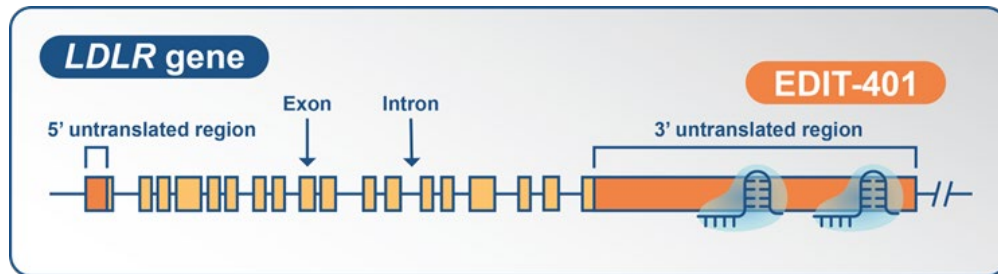
Pharmacology



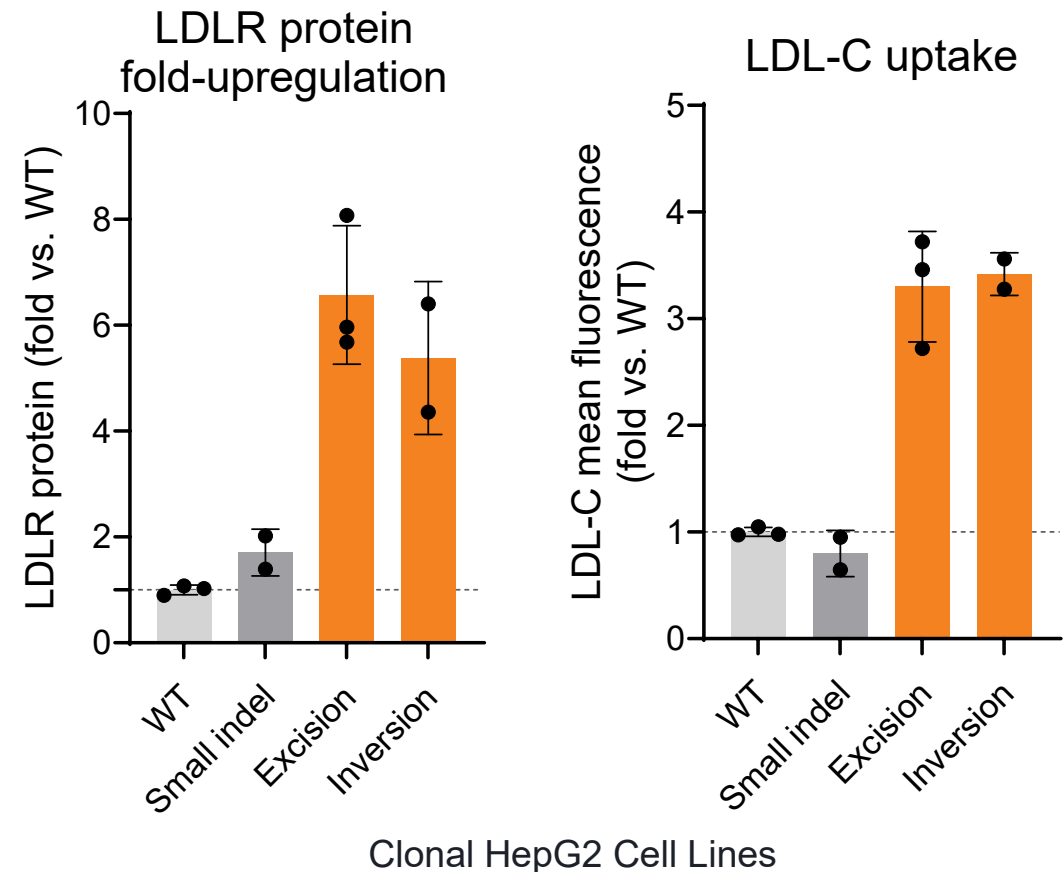
CRISPR/Cas9 and dual gRNA-based strategy with LNP delivery creates a potent approach to LDLR upregulation for LDL-C reduction



- CRISPR/Cas9 nuclease and dual gRNAs disrupt negative regulatory elements in the 3' UTR, increasing mRNA stability
- Functional editing events are the result of targeted excisions or inversions
- Non-functional editing events are small indels resulting from the action of one of the gRNAs



Functional edits increase LDLR protein expression and LDL-C uptake

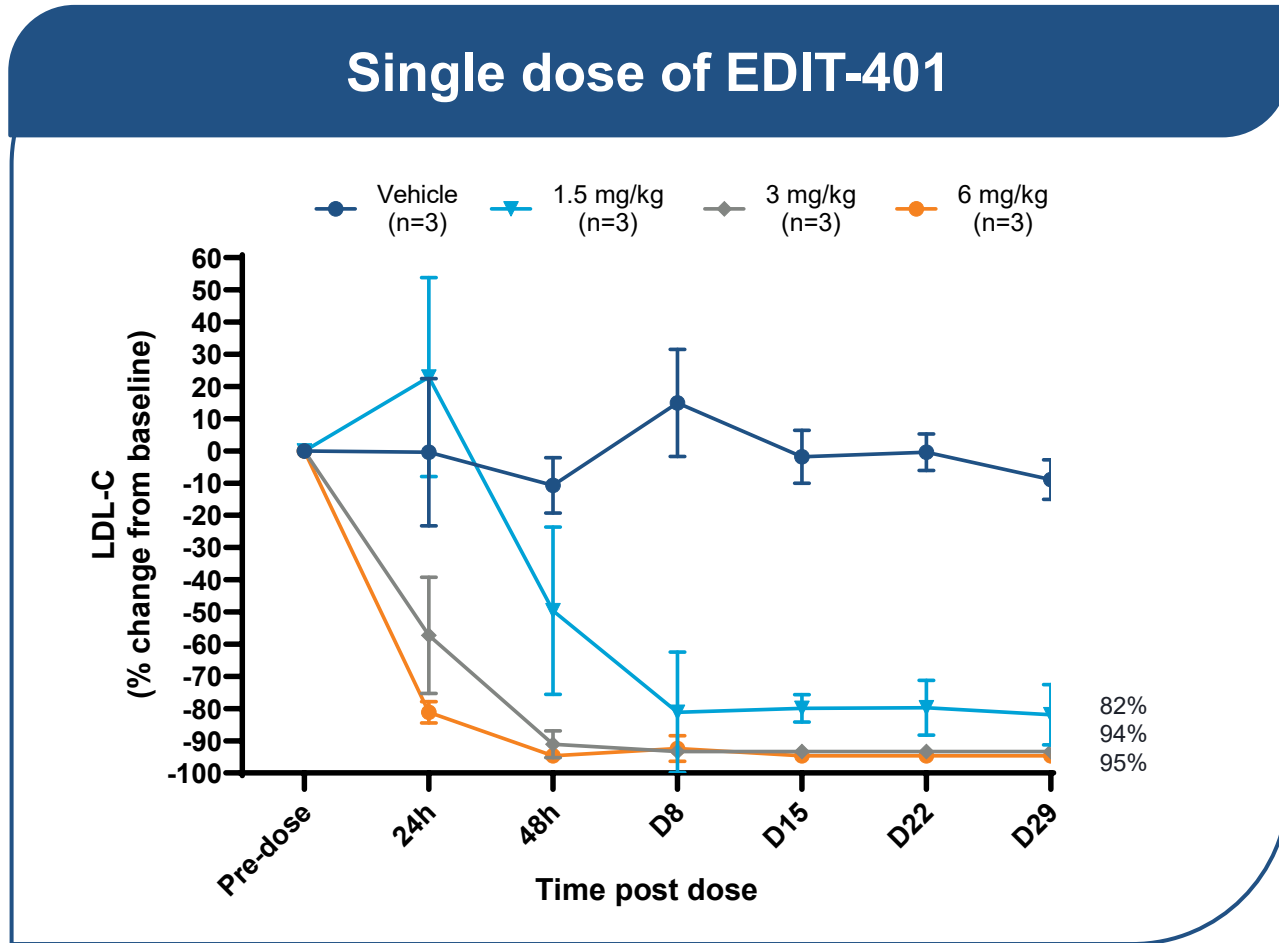


3' UTR, three prime untranslated region; Cas, CRISPR-associated protein; CRISPR, clustered regularly interspaced short palindromic repeats; HepG2, hepatoma G2 cells; LDL-C, low-density lipoprotein cholesterol; LDLR, low-density lipoprotein receptor; gRNA, guide RNA; mRNA, messenger RNA; WT, wild-type.

EDIT-401 achieved >90% mean LDL-C reduction by upregulating LDLR; Dose Range Finding (DRF) Study data shown



EDIT-401, CRISPR/Cas9 nuclease, and dual gRNAs for LDLR upregulation encapsulated in a GalNAc conjugated LNP administered to non-human primates



- >90% mean LDL-C reduction averaged across all dose groups
- Rapid LDL-C reduction observed
- Consistent data across 4 independent NHP studies

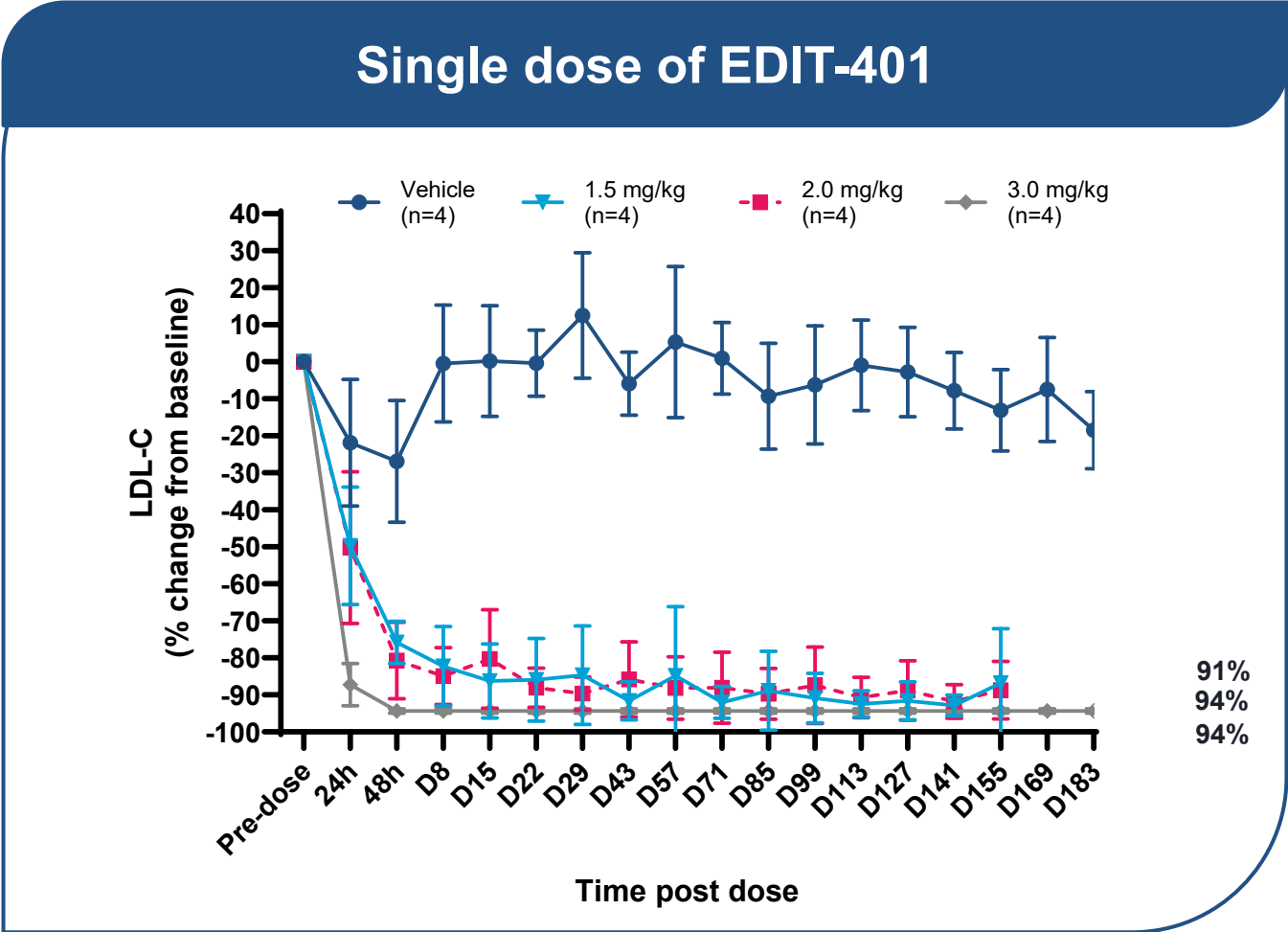
Pre-dose LDL-C was averaged across two timepoints to account for variability in measurements. Day 1 defined as day of dosing. Mean values are shown +/- SD, with mean values of 89% at 1.5 mg/kg, and 94% for all other dose groups at D29. Values below lower limit of quantitation assigned as LLoQ/2.

Cas9, CRISPR-associated protein 9; CRISPR, clustered regularly interspaced short palindromic repeats; D, day; GalNAc, N-acetylgalactosamine; gRNA, guide RNA; LDL-C, low-density lipoprotein cholesterol; LDLR, low-density lipoprotein receptor; LLoQ, lower limit of quantification; LNP, lipid nanoparticle; NHP, non-human primate, LNPs licensed from Genevant Sciences Corporation.



EDIT-401 displayed rapid, robust and durable LDL-C reduction

EDIT-401, CRISPR/Cas9 nuclease, and dual gRNAs for LDLR upregulation encapsulated in a GalNAc conjugated LNP administered to non-human primates



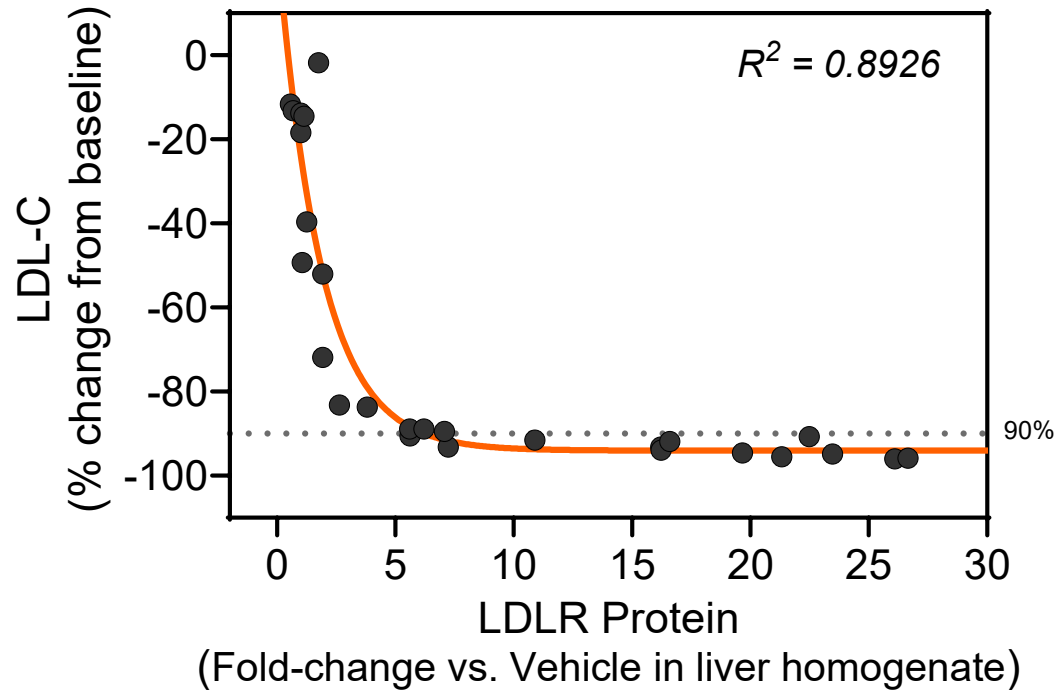
- Rapid LDL-C reduction
- Robust LDL-C reduction across a dose range
- Durability of LDL-C reduction at all doses through ~6 months

Pre-dose LDL-C was averaged across two timepoints to account for variability in measurements. Day 1 defined as day of dosing. Mean values are shown +/- SD, n=4/group. Values below lower limit of quantitation assigned as LLoQ/2. ALT, alanine transaminase; AST, aspartate transaminase; Cas9, CRISPR-associated protein 9; CRISPR, clustered regularly interspaced short palindromic repeats; D, day; GalNAc, N-acetylgalactosamine; gRNA, guide RNA; LDL-C, low-density lipoprotein cholesterol; LDLR, low-density lipoprotein receptor; LLoQ, lower limit of quantitation; LNP, lipid nanoparticle; NHP, non-human primate, LNPs licensed from Genevant Sciences Corporation.

EDIT-401 enables increase in LDLR protein levels needed to achieve $\geq 90\%$ LDL-C reduction in NHPs



LDL-C vs LDLR protein



- ✓ A >6-fold mean increase in LDLR protein in liver resulted in $\geq 90\%$ LDL-C reduction in NHPs
- ✓ Approximately 10%–40% functional editing can lead to the LDLR protein increase resulting in $\geq 90\%$ LDL-C reduction in NHPs

Biodistribution



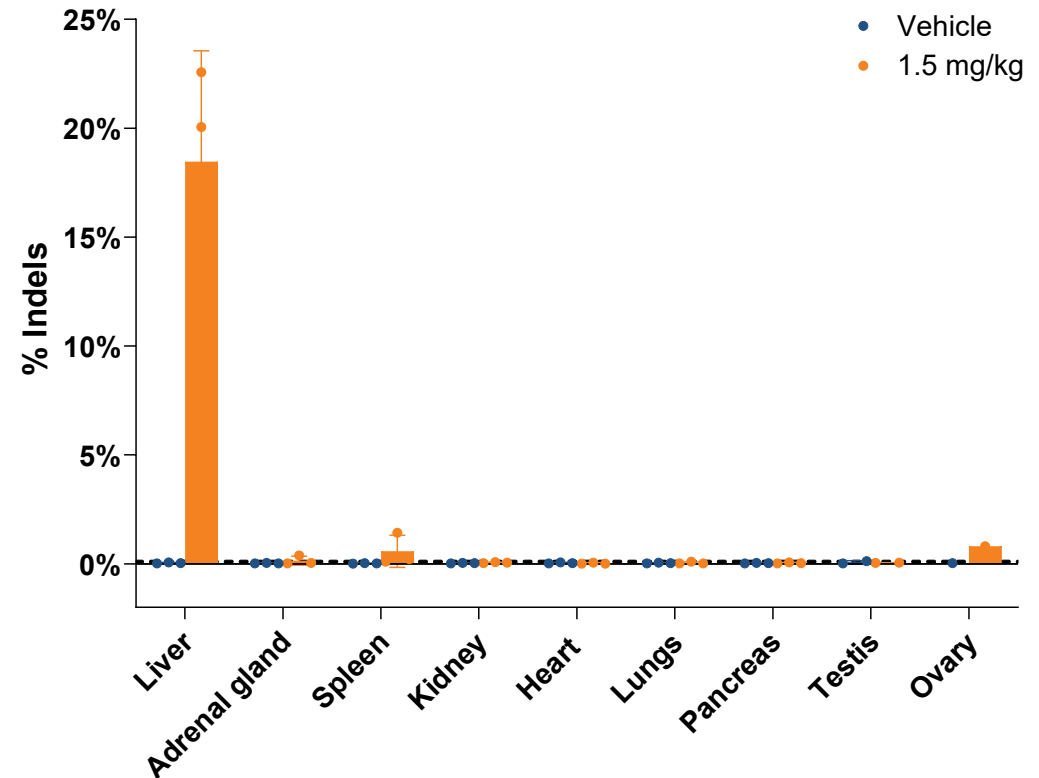
Highest delivery of EDIT-401 observed in liver as compared to non-target tissues (assessed by editing levels)



Non-target tissue editing

- Low editing detected in adrenal gland, spleen and ovary of NHP
- No significant editing observed in any other of 31 total extrahepatic tissues tested (data from major organs shown)

Single dose of EDIT-401 at 1.5 mg/kg, D29



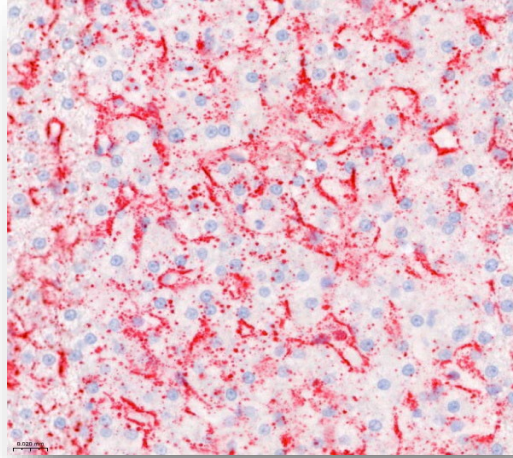
Graph show % indels in LDLR 3'UTR across liver and all non-target tissues. Representative data shown with one of the EDIT-401 gRNAs by targeted amplicon sequencing.

EDIT-401 demonstrates high delivery in hepatocytes and undetectable cargo in oocytes at therapeutically relevant dose of 1.5 mg/kg



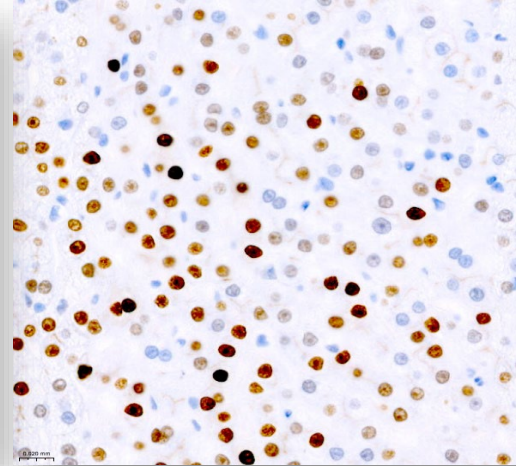
Liver (20x)

24hr ISH



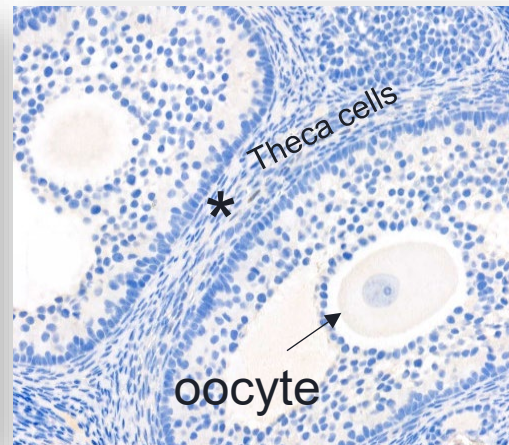
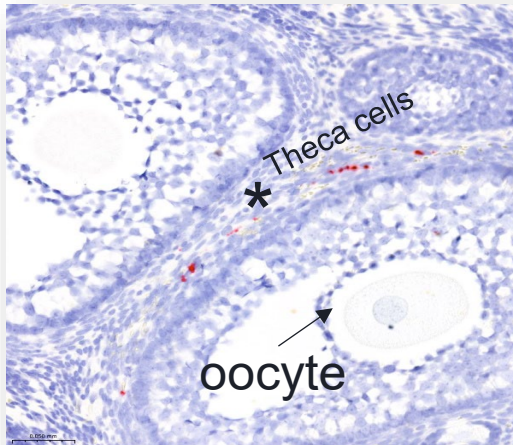
Cas9 mRNA Nuclei

24hr IHC



Cas9 Protein Nuclei

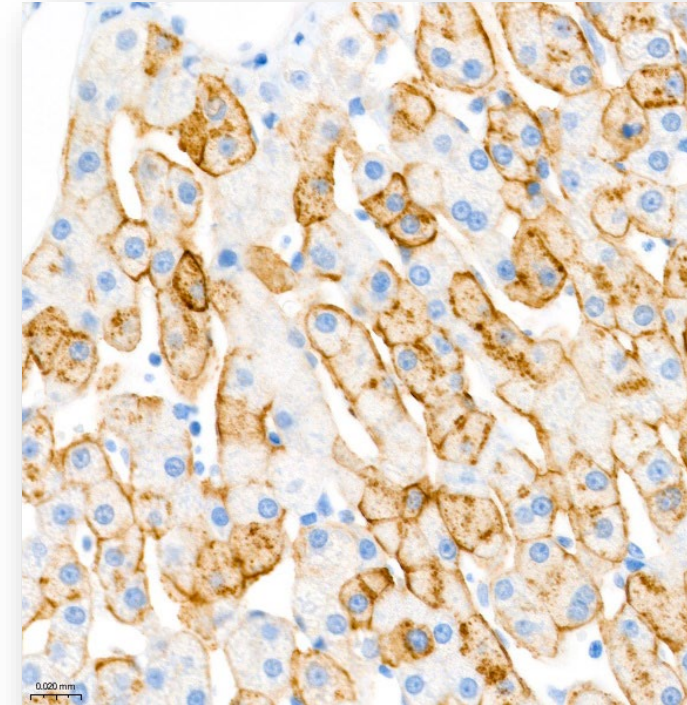
Ovary (30x)



Positivity restricted to Theca cells

Day 29 IHC

Liver (20x)



LDLR Protein Nuclei

Consistent results observed with 1.5 mg/kg dose and at 3 mg/kg of EDIT-401. Cas9 mRNA detected by *in-situ* hybridization. Cas9, CRISPR-associated protein 9; IHC, immunohistochemistry; ISH, *in-situ* hybridization; LDLR, low-density lipoprotein receptor, LNPs licensed from Genevant Sciences Corporation.

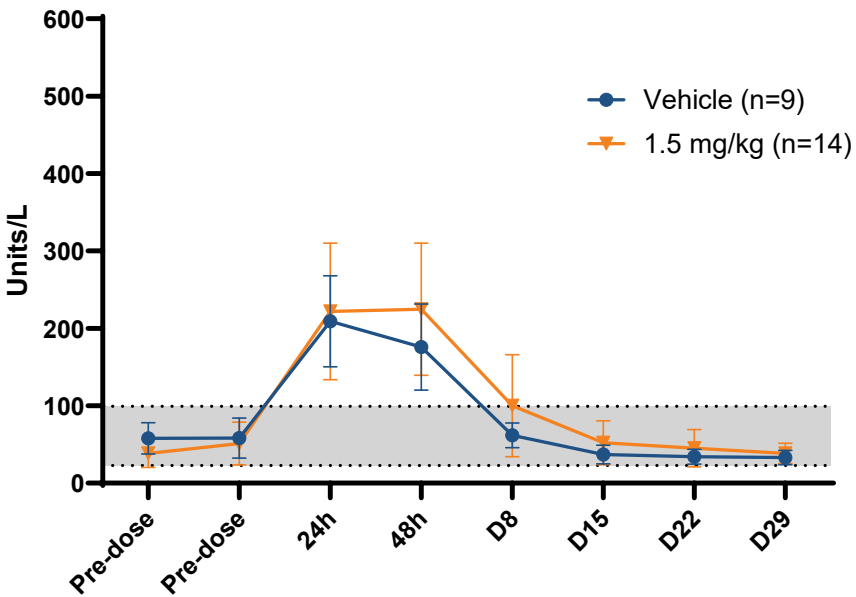
Safety and tolerability



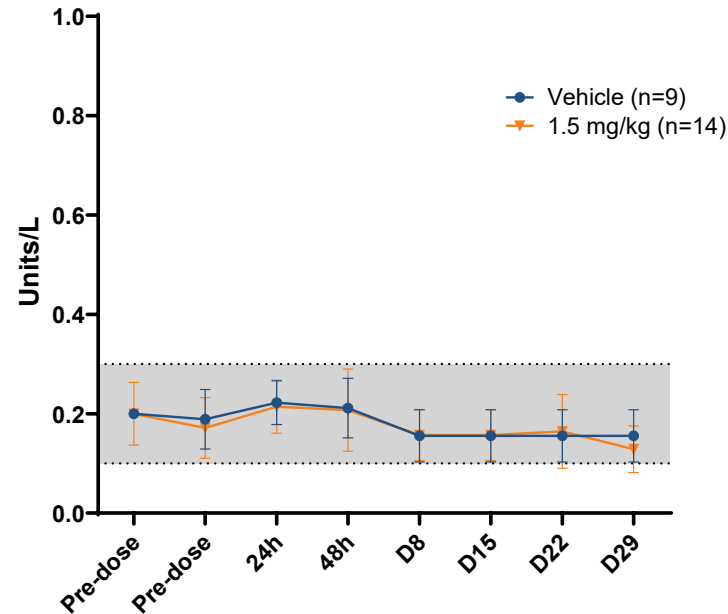
No notable treatment-related liver enzyme elevations or liver histopathology findings at therapeutically relevant dose of 1.5 mg/kg



Group Mean ALT



Group Mean Bilirubin



Data presented from 3 NHP studies
Shaded area represent normal range observed in NHPs
Vehicle dosed with saline following same pre-treatment regimen as EDIT-401

EDIT-401 safety observations at therapeutically relevant dose of 1.5 mg/kg:

- Well-tolerated with no adverse clinical observations
- Transient ALT elevations observed (similar to vehicle control) with resolution in ~1 week
- No liver histopathology findings

Histopathology shows no changes in EDIT-401 treated NHP livers compared to vehicle on D29

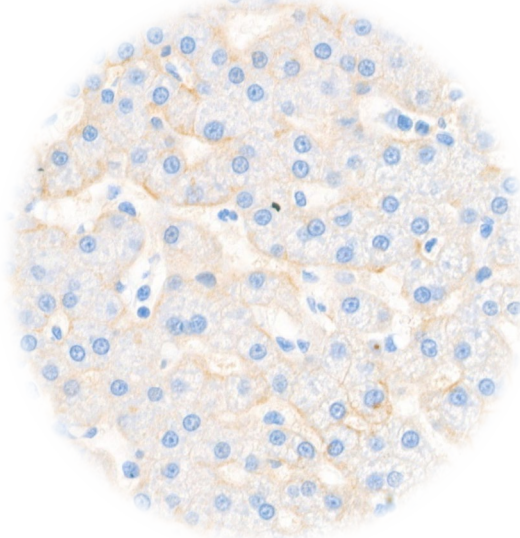
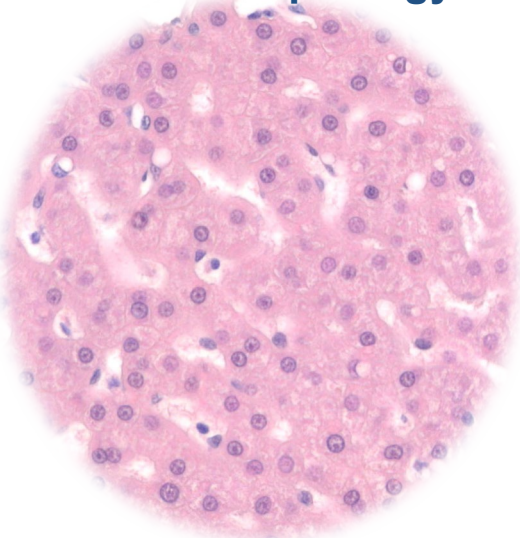


40X

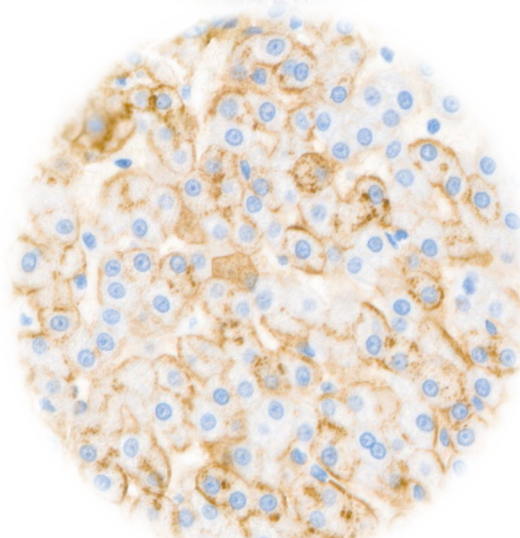
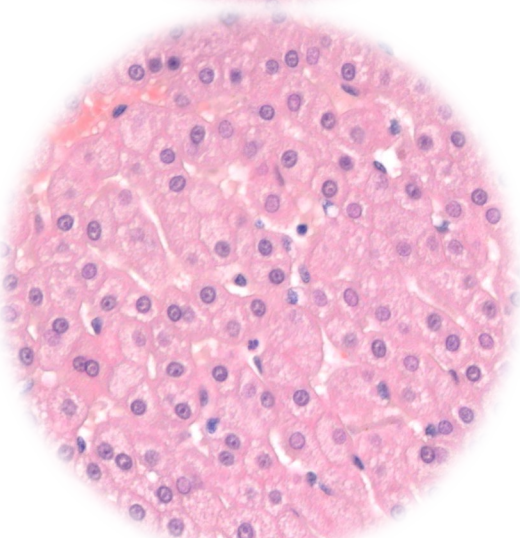
H&E - Morphology

LDLR IHC

Vehicle

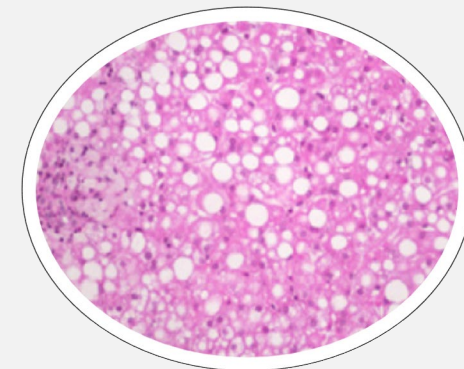


1.5 mg/kg EDIT-401



EDIT-401 data at therapeutically relevant dose of 1.5 mg/kg:

- No evidence of steatosis or fatty liver was observed, even in areas of high LDLR IHC positivity
- Compare to reference image (below)



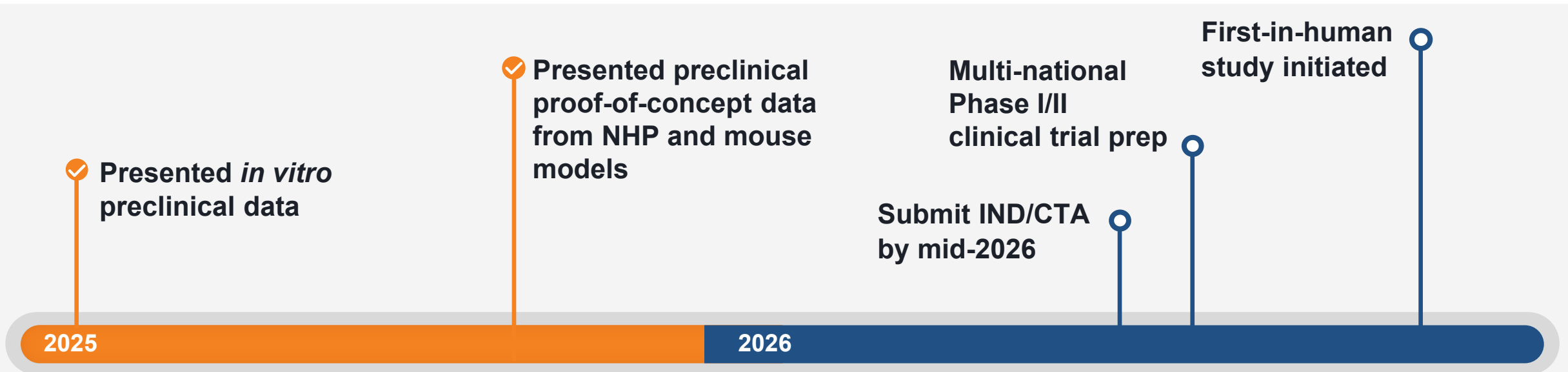
Qu P *et al. Cell Metabolism*, 2023; 35, 742-757.e10

Histopathologic examination was conducted by a board-certified veterinary pathologist or a pathologist with experience and training in toxicologic pathology. No abnormal findings reported in the liver sections examined from the study in all the animals dosed at 1.5 mg/kg. D, day; H&E, hematoxylin and eosin; IHC, immunohistochemistry; LDLR, low-density lipoprotein receptor; NHP, non-human primate, LNPs licensed from Genevieve Sciences Corporation.

Conclusions

- EDIT-401 combines Editas' drug development expertise and Genevant's LNP to deliver a differentiated therapeutic strategy of functional LDLR upregulation
- A single dose of EDIT-401 achieved $\geq 90\%$ mean LDL-C reduction with ≥ 6 -fold mean increase in LDLR protein in the NHP liver, requiring only a moderate level of functional editing of *LDLR* alleles
- EDIT-401 showed durability of LDL-C reduction across a range of doses through Day 183
- EDIT-401 demonstrated a promising preclinical safety profile in NHPs that was well tolerated at therapeutically relevant dose.
- Biodistribution data shows highest delivery in hepatocytes with undetectable cargo signal in oocytes at therapeutically relevant dose
- Encouraging preclinical data supports advancing EDIT-401 towards a first-in-human clinical trial

Next Steps & Timing



Acknowledgments

Many thanks to my coauthors:

- Judith Newmark
- Parth Amin
- Meetu Seth
- Hank Lin
- Morgan Thompson
- Eugenio Marco
- James Bochicchio
- Salu Rizal
- Wei Zhen
- Paul Wrighton
- Jenny Xie
- Vikram Soman
- Ameya Apte
- Ruhong Dong
- Jared Saffie
- Nassim Ajami
- Linda Burkly

We would like to thank our past colleagues at Editas Medicine. We also thank our Genevant Sciences Corporation collaborators for licensure of LNPs. Editorial assistance was provided by Porterhouse Medical US and funded by Editas Medicine, Inc. according to Good Publication Practice (GPP) guidelines.