# Correcting mutations in vitro using CRISPR-Cas9; towards autologous stem cell transplantation in sickle cell disease and X-linked severe combined immunodeficiency

Published: 04-04-2016 Last updated: 17-04-2024

Preparation for in vivo correction of SCD and X-SCID causing mutations by CRISPR-Cas9 by in vitro studies in cell lines

Ethical reviewApproved WMOStatusRecruitment stoppedHealth condition typeRed blood cell disordersStudy typeObservational invasive

## **Summary**

#### ID

NL-OMON43429

#### Source

ToetsingOnline

#### **Brief title**

Correcting SCD and X-SCID causing mutations in vitro using CRISPR-Cas9

#### **Condition**

- Red blood cell disorders
- Immune system disorders congenital

#### **Synonym**

n.v.t.

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Academisch Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W

#### Intervention

**Keyword:** CRISPR-CAS9, in vitro, sickle cell disease, X-linked severe combined

immunodeficiency

#### **Outcome measures**

#### **Primary outcome**

Percentage of cells in which the SCD or X-SCID causing mutations are corrected

without detectable mutations in other genes

#### **Secondary outcome**

n.a.

## **Study description**

#### **Background summary**

Sickle cell disease (SCD) and X-linked severe combined immunodeficiency (X-SCID) are both Mendelian, life threatening diseases that can only be cured by an allogeneic hematopoietic stem cell transplantation (HSCT). Gene editing would enable patients to receive an autologous instead of an allogeneic transplantation, with a concomitant reduction in morbidity and mortality.

#### Study objective

Preparation for in vivo correction of SCD and X-SCID causing mutations by CRISPR-Cas9 by in vitro studies in cell lines

#### Study design

Observational study with invasive measurements

#### Study burden and risks

The risk and burden associated with a single skin biopsy are negligible,

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especially when taken during surgery using the surgical incision that already needs to be made for clinical care reasons. Gene editing would enable patients to receive an autologous instead of an allogeneic HSCT in the future, which may yield a group benefit.

## **Contacts**

#### **Public**

Academisch Medisch Centrum

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## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adolescents (12-15 years) Adolescents (16-17 years) Adults (18-64 years) Children (2-11 years) Elderly (65 years and older)

## **Inclusion criteria**

- 1. Presence of either SCD or X-SCID
- 2. For children: availability of an existing cell line or a planned surgical intervention for patient care reasons
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#### 3. Able to provide written permission

## **Exclusion criteria**

none

# Study design

## **Design**

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 04-05-2016

Enrollment: 6

Type: Actual

# **Ethics review**

Approved WMO

Date: 04-04-2016

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 09-12-2016

Application type: Amendment

Review commission: METC Amsterdam UMC

# **Study registrations**

# Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

CCMO NL56205.018.16