

# **Applications of Gene Therapy Strategies for Podocyte Function and CKD**

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## **Abstract**

Podocyte injury is a significant factor in the pathogenesis of chronic kidney disease, which has become increasingly abundant on a global scale. Pathological insults - including genetic mutations and oxidative stress - can disrupt the integrity of podocytes, specialized epithelial cells that are components in the glomerular filtration barrier. Potential therapeutic strategies to target podocyte dysfunction involve the application of gene therapies as well as a greater understanding of the mechanisms of podocyte injury. Showing promise in recent clinical studies, gene therapies rely on AAV vectors to deliver the treatment to the correct target with high efficacy. In addition, with the rise of FDA approvals for gene therapy treatment in humans, therapies such as PS-001 offer promising results for treating genetic kidney disorders. Beyond the therapy itself, new advances in delivery platforms can aid in minimizing systemic toxicity. However, the limited regenerative capabilities of podocytes and inadvertent side effects must still be addressed in both the creation and delivery of new treatments.

## **Introduction**

Because podocyte injury is notable in its role in the pathogenesis of kidney disease, treatments to address the progressive loss of kidney function in chronic kidney disease (CKD) can target podocytes: these specialized epithelial cells maintain kidney function by forming a layer of the glomerular filtration barrier (Finch et al.). The dysfunction of podocytes is a notable driver of CKD progression due to the limited capacity of podocytes to regenerate, which means that damage to podocytes has significant ramifications. Mechanisms of podocyte injury have recently been shown to involve genetic mutations and oxidative stress as integral components. However, treatments for kidney diseases that correlate with podocyte dysfunction are being developed (X. Li et al.).

One promising approach seeks to influence podocyte injury on the molecular level: allowing for the modulation of pathways implicit in podocyte function, gene therapy promotes protective gene expression while simultaneously hindering harmful proteins from being synthesized (Ertl). Beyond the creation of pharmaceuticals to administer to patients, current advancements are being developed to increase the efficacy of delivering therapeutic genes to podocytes. Although promising, inadvertent effects such as off-target delivery and chronic usage must still be addressed.

## **History**

Podocytes—specialized epithelial cells—primarily function to maintain the health of the kidneys in the body by formulating an outside layer of the glomerular filtration barrier; this is crucial for both the regulation of blood filtration and the prevention of the degradation of essential proteins—including albumin—into the urine. Podocytes have a structure composed of interdigitating foot processes that interlock to create a layer similar to mesh, which allocates the selective permeability for this barrier. This structure is supported by a complex actin cytoskeleton that is responsible for the maintenance of podocyte integrity. This podocyte layer ensures the retention of larger molecules, such as proteins, in the bloodstream and prevents proteins's passage into the urine (Mou et al.).

Studies have highlighted podocytes' terminal differentiation and limited regenerative capacity, crucial functions that underscore the importance of the podocyte's ability to maintain the integrity of the filtration barrier. As a result, podocytes are particularly vulnerable to certain kidney diseases: minimal change disease (MCD), diabetic nephropathy, and focal segmental glomerulosclerosis (FSGS) are notable examples. With podocyte depletion leading to the filtration barrier's breakdown, the link between CKD progression and podocyte injury has become well-established with subsequent kidney damage and proteinuria. (Jiang et al.)

Early podocyte research and mechanistic studies have identified pathways that correlate with podocyte dysfunction. Hyperglycemia in diabetes is one such pathway that initiates cascades potentially culminating in cellular injury, which is a result of the upregulation of the prorenin receptor (PRR) in podocytes (Ye et al.). This upregulation is responsible for the activation of pathways that are pro-fibrotic and pro-inflammatory that exacerbate podocyte damage. Moreover, free fatty acids can induce mitochondrial dysfunction and apoptosis, a ramification of lipid accumulation, and oxidative stress (Wang et al.). The integrity of podocytes is a requisite for the maintenance of normal kidney function. Thus, when this function begins to wane from these pathways, the likelihood of the development and progression of CKD increases, which makes it important to develop necessary treatments.

These findings have led to an emphasis on translational research that applies knowledge of these mechanisms to therapeutic strategies. For instance, extracellular vesicles from podocytes have been identified as biomarkers for early injury in the kidneys. Li et al. Including microRNAs and pathways that serve to regulate function and cellular survival, gene expression studies have found potential therapeutic targets. (Yahya and Elsayed).

Initial efforts have identified critical genes—such as nephrin and podocin—that are critical for the maintenance of the filtration barrier (Solovev). Subsequent research has been made to develop gene therapy strategies that aim to restore function in designated protein expression pathways (Zhang).

### **Mechanisms of Podocyte Injury**

Podocyte injury in chronic kidney disease (CKD) can be exacerbated by oxidative stress, a primary contributor through the accumulation of reactive oxygen species (ROS). Elevated glucose levels in diabetic nephropathy (DN) lead to increased ROS production, which damages macromolecules and other cellular components. (Fang et al.). Another consequence of oxidative stress is mitochondrial dysfunction, which is linked to mitochondrial fission and the subsequent ROS production to apoptosis in podocytes (Zhong et al.). Furthermore, the depletion of podocytes is another result of apoptosis induced by oxidative stress; this has been linked to characteristic proteinuria observed in CKD. Makhammajanov et al.).

Another pathway that is a notable cause for the dysfunction of podocytes is inflammation; this is particularly through cytokines like TNF- $\alpha$  that disrupt the glomerular filtration barrier's integrity. The effect is increased permeability and proteinuria (Wang et al.). The NF- $\kappa$ B signaling pathway further damages podocytes by upregulating pro-inflammatory cytokines as it is activated in response to inflammatory stimuli (Ma et al.). However, this inflammatory response occurs in local contexts—like non-alcoholic steatohepatitis (NASH)—and not only in systemic conditions (Li et al.).

Hereditary conditions that involve podocyte dysfunction and detachment, such as Fabry disease, are the result of genetic mutations. Specifically, mutations in the GLA gene lead to the accumulation of glycosphingolipids. This leads to the promotion of podocyte apoptosis and disruption of cellular functions (Furia et al.). Recent findings have highlighted that these mutations in GLA correlate with autophagy and apoptosis (P. Li et al.).

The use of gene therapy to address podocyte dysfunction represents a strong candidate: for conditions where genetic mutations or deficiencies directly impact kidney function, this method is particularly relevant. For example, Glis2 and other long noncoding RNAs have been implicated as regulatory elements in modulating mitochondrial dysfunction and apoptosis in podocytes. In a recent study, the overexpression of Glis2 has been correlated with the minimization of podocyte apoptosis that is induced by hyperglycemia. It acts as a competing endogenous RNA (ceRNA) for miR-328-5 to negatively regulate notable protective genes like Sirt1 (C. Zhang).

Contrary to the overexpression of some genes, silencing or methylation of detrimental genes offers another therapeutic option. For instance, the E3 ubiquitin ligase Trim63 promotes podocyte injury by inhibiting the expression of PPAR $\alpha$  (Peroxisome Proliferator-Activated Receptor Alpha). Therefore, strategies could reduce apoptosis and proteinuria by methylating or silencing Trim63 to restore PPAR $\alpha$  activity (Sylwia Śluczanska-Głabowska et al.).

Mitochondrial dysfunction and autophagy are two additional mechanisms that could be effectively addressed with gene therapeutics. The enhancement of the expression of Mfn2—a mitochondrial fusion protein—or Drp1—a silencing fission protein—could improve mitochondrial function and thereby reduce apoptosis in podocytes (Y. Li et al.). Contrarily, promoting autophagy through gene therapy by targeting certain genes that express autophagy, including Beclin-1 or LC3, could offer protection for podocytes through the clearance of damaged or misfolded organelles and proteins (Tseng et al.).

However, there are complications that arise from the current understanding of the mechanisms of podocyte injury and consequently the formulation of effective therapies to address these mechanisms. One issue is that podocytes hold a limited regenerative capacity: irreversible kidney damage is more likely as podocytes are post-mitotic cells and have a reduced ability to heal once damaged (Montenegro et al.).

### **Gene Therapy Implementation**

With the rise of FDA approval for genetic therapies in clinical applications, gene therapies for podocyte dysfunction and chronic kidney disease have risen in popularity. One such example is

PS-001, which represents an application that utilizes AAV (Adeno-Associated Virus) gene therapy to provide the NPHS2 gene—encoding podocin—directly to the podocytes (S. Illingworth et al.). The therapy itself is designated for steroid-resistant nephrotic syndrome, which is induced by mutations in the NPHS2 gene. PS-001 demonstrated significant efficacy in preclinical studies involving murine models as it demonstrated a marked reduction in proteinuria: the mean albumin-to-creatinine ratio (ACR) decreased from  $6049 \pm 2803$  to  $192 \pm 51$ . Furthermore, there was a strong decrease in glomerulosclerosis as the percentage of affected glomeruli decreased from  $81\% \pm 19$  to  $18.75\% \pm 12$ . A supporting study that utilized pig models demonstrated transgene mRNA expression of  $89\% \pm 11\%$  for kidney glomeruli, and no off-target effects were detected (S. Illingworth et al.). This efficacy has led PS-001 to potentially become the first podocyte-targeted gene therapy to enter clinical development.

Alport syndrome is a genetic disorder characterized by mutations in collagen IV genes (COL4A3/A4/A5)—genes that are responsible for the maintenance of the glomerular basement membrane—and is thus a target for gene therapy. Similar to PS-001, the AAV-based gene therapy strategy delivers the genes encoding collagen IV components directly to podocytes. In preclinical studies in animal models, AAV-mediated gene delivery can restore collagen IV expression and improve kidney function (Y. Zhao et al.). A dual AAV system has been proposed to overcome gene load limitations that are inherent in AAV vectors, which allows for the effective delivery of larger genes (van Lieshout et al.).

Adriamycin-induced nephropathy—a model for focal segmental glomerulosclerosis (FSGS)—is an injury that can be protected by the overexpression of Asparagine Endopeptidase (AEP) in podocytes. Studies that utilized mouse models saw a reduction in podocyte loss and an overall improvement in kidney function stemming from the conditional overexpression of AEP (Y. Qiu et al.). A therapeutic target for protecting podocytes from injury, AEP could serve as a novel treatment. However, the broader implications of applicability to different variations of CKD and the clinical efficacy of this approach must be explored.

## **Gene Therapy Delivery Systems**

More precise and effective strategies for gene therapies that target podocytes in chronic kidney disease (CKD) are enhanced by recent innovations in drug delivery systems. The Dex/PFP@LIPs-BMS- $\alpha$  nano delivery system is one such advancement, specifically designated for immune-associated nephropathy. This approach combines liposomes, modified with BMS-470539 (BMS- $\alpha$ ), that act as targeting ligands with dexamethasone (Dex) and perfluoropentane (PFP). A potent glucocorticoid, Dex minimizes systemic side effects by being encapsulated within liposomes to reduce immune responses and inflammation (Z. Wen et al.). With the target site being addressed with ultrasound-targeted microbubble destruction (UTMD), the inclusion of perfluoropentane allows for controlled release of Dex. By targeting the

melanocortin-1 receptor (MC-1R) expressed on podocytes, the use of BMS-470539 increases the specificity of the system; this ensures that Dex's therapeutic effects are localized to these epithelial cells. Significant improvements were seen with the usage of this system that demonstrated lower serum creatinine levels and a reduction in proteinuria in preclinical studies, importantly without significant side effects (Z. Wen et al.). Therefore, the Dex/PFP@LIPs-BMS- $\alpha$  nano delivery system has shown potential to be a treatment of high efficacy for immune-associated nephropathy.

Engineered to encapsulate therapeutics such as plasmids or small molecules, nanocapsules target podocytes by penetrating the glomerular filtration barrier. The vessels are composed of biocompatible materials like chitosan with dimensions of approximately 60 nm; the ability to control the release of encapsulated drugs and protect the drugs from degradation before reaching the target site is facilitated by the multilayer structure of the nanocapsules (Chesneau et al.). A potential avenue that utilizes this particular delivery system is through gene therapy applications to minimize the expression of harmful proteins that are associated with podocyte diseases, such as c-mip.

Utilizing phospholipid nanoparticles encapsulating celastrol—a natural compound known for its anti-inflammatory and protective effects on kidney cells—the PC-PLN (Peptide Coupled Celastrol-Phospholipid Nanoparticles) delivery system is a drug delivery system used in CKD treatment that targets glomerular endothelial cells. Particularly during inflammatory conditions, the nanoparticles target the glomerular region of the kidney through modification with specific peptides (Y. Liu). The effective delivery of celastrol directly to the damaged cells is ensured by PC-PLN, along with improved accumulation of nanoparticles at the site of injury. The combination of decreased levels of inflammatory markers, such as VCAM-1 and TNF- $\alpha$ , and increased levels of protective factors, like endothelial nitric oxide synthase (eNOS) and nitric oxide (NO), was seen in models that applied PC-PLN. These studies also exhibited reduced glomerular damage in models of immunoglobulin A nephropathy (IgAN) and chronic progressive nephropathy (CPN) (Q. Wu et al.). The additional reduced systemic toxicity profile for celastrol compared to traditional administration methods allows this drug delivery system to have high versatility among a large variety of conditions.

Similarly, for diabetic kidney disease (DKD), dual-target nanoparticles are designed to attach to multiple sites to address multiple mechanisms of the disease simultaneously. This delivery system allows for inhibitors, such as angiotensin-converting enzyme (ACE) or receptor for advanced glycation end products (RAGE), to be delivered concurrently to different sites like the glomerular endothelium and podocytes (X. Chen et al.).

Albumin-based nanoparticles are a biocompatible drug delivery system that utilizes human serum albumin (HSA) as a carrier. The nanoparticles are advantageous due to their ability to bind

multiple pharmaceuticals and their inherent targeting properties. Facilitating the endocytosis of albumin and allowing for targeted delivery of encapsulated drugs directly to the kidney is allocated by albumin-based nanoparticles that exploit the neonatal Fc receptor (FcRn) present on podocytes and other kidney cells (B. Wu). Glucocorticoids, such as methylprednisolone, benefit by being able to help mitigate systemic side effects commonly associated with high doses of these medications by being delivered to glomerular podocytes. Reduction of proteinuria and improvement in models of kidney disease were seen with the use of albumin-based nanoparticles. This highlights the efficacy of this delivery system as a safe therapeutic strategy.

### **Issues with Gene Therapy for Podocytes and CKD**

While this treatment option holds promise, there is an inherent risk of the inadvertent interaction of non-target genes or tissues with therapeutic genes or vectors (C. Guo et al.). Although commonly utilized for their relatively minimal immunogenicity and safety profile, adeno-associated virus (AAV) vectors are a traditional delivery system that is not exempt from this risk. Thus, there remains a possibility for integration with sites within the host genome that are unintended to be treated, possibly triggering adverse health effects (Q. Fu et al.). This underscores the importance of designing methods to prevent inadvertent reactions.

Potential toxicity through the administration of large doses of viral vectors is another issue that must be addressed: high doses can provoke immune responses that may damage podocytes or other renal structures and minimize the possibility of repeated dosing regimens (R. Khan et al.). In chronic conditions such as CKD, this immune activation can be problematic where sustained treatment may be a priority. Beyond potency from excessive administration, systemic toxicity will be an issue to be approached for drug delivery systems, especially those that utilize glucocorticoids. Including metabolic disturbances and an increased risk of infections, traditional glucocorticoid therapies have had inadvertent ramifications (Frodlund et al.).

The ability of the glomerular basement membrane (GBM) to have selective permeability also makes it difficult to have efficient delivery to podocytes (Peek and Wilson). Without affecting other renal tissues, gene therapy delivery must be improved to overcome the GBM.

Since these advancements in gene therapy are relatively recent, longitudinal studies must be emphasized to assess the possible chronic effects of the administration of gene therapy. For instance, in animal models, PS-001 did not demonstrate any adverse effects (Illingworth et al.). Toxicological assessments in preclinical studies must be utilized; they are essential for evaluating the safety profile of gene therapies; continuous monitoring will be necessary to move from preclinical models to human trials (Kohn et al.).

Currently, there is also a limitation to the efficacy of gene therapy approaches for podocytes and their related diseases, as there is difficulty in achieving long-term expression of the therapeutic gene (Khorkova et al.). However, particularly in the presence of an active immune response, viral vectors will not be able to promote targeted gene expression over extended behavior. In order to maintain therapeutic levels of gene expression, more stable vectors must be developed to deter frequent re-administration.

Beyond potency from excessive admonition, systemic toxicity will be an issue to be approached for drug delivery systems, especially those that utilize glucocorticoids. Including metabolic disturbances and an increased risk of infections, traditional glucocorticoid therapies have had inadvertent ramifications (N. Patel et al.).

The ability to monitor treatment efficacy is currently limited by the lack of visual guidance, as most drug delivery systems do not incorporate imaging capabilities. This deters the ability to monitor the efficacy of therapeutic strategies. To integrate ultrasound or photoacoustic imaging, further development before wider adoption in clinical settings is needed. As a result, emerging systems have arisen, yet these approaches are still in their infancy. This need for imaging is underscored by the concern for the durability of gene delivery systems, as quick clearance of the drug before it reaches the target site results from rapid burst release during circulation (Ezike et al.).

Regulatory and ethical considerations may hamper gene therapy's translation from laboratory research to clinical application. Many promising gene therapies are still in their research phase and have yet to move to clinical practice. To establish the safety of these therapies to approval agencies, extensive preclinical and clinical testing will be required, and while necessary, these regulatory requirements will slow down the process of bringing new treatments to patients (Adair et al.).

## **Conclusion**

As a driver of conditions that are influenced by podocyte dysfunction, podocyte injury has emerged as a promising target for gene therapy. This has been due to new understandings of the molecular mechanisms that govern the function of pathways for podocytes. New advancements in this form of therapeutic strategy aim to both preserve and restore podocyte function. With the recent surge of FDA approval for the administration of gene therapy into patients, therapeutics like PS-001 and nanoparticle-based delivery systems can have the potential to reduce proteinuria and mitigate the progression of diseases such as CKD. However, as with all treatments that seek to transition from preclinical studies to clinical practice, regulatory and safety hurdles will have to be addressed, including potential chronic side effects and immune reactions.



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