

Organoids as scalable models for splice modulation therapy development in Alport Syndrome

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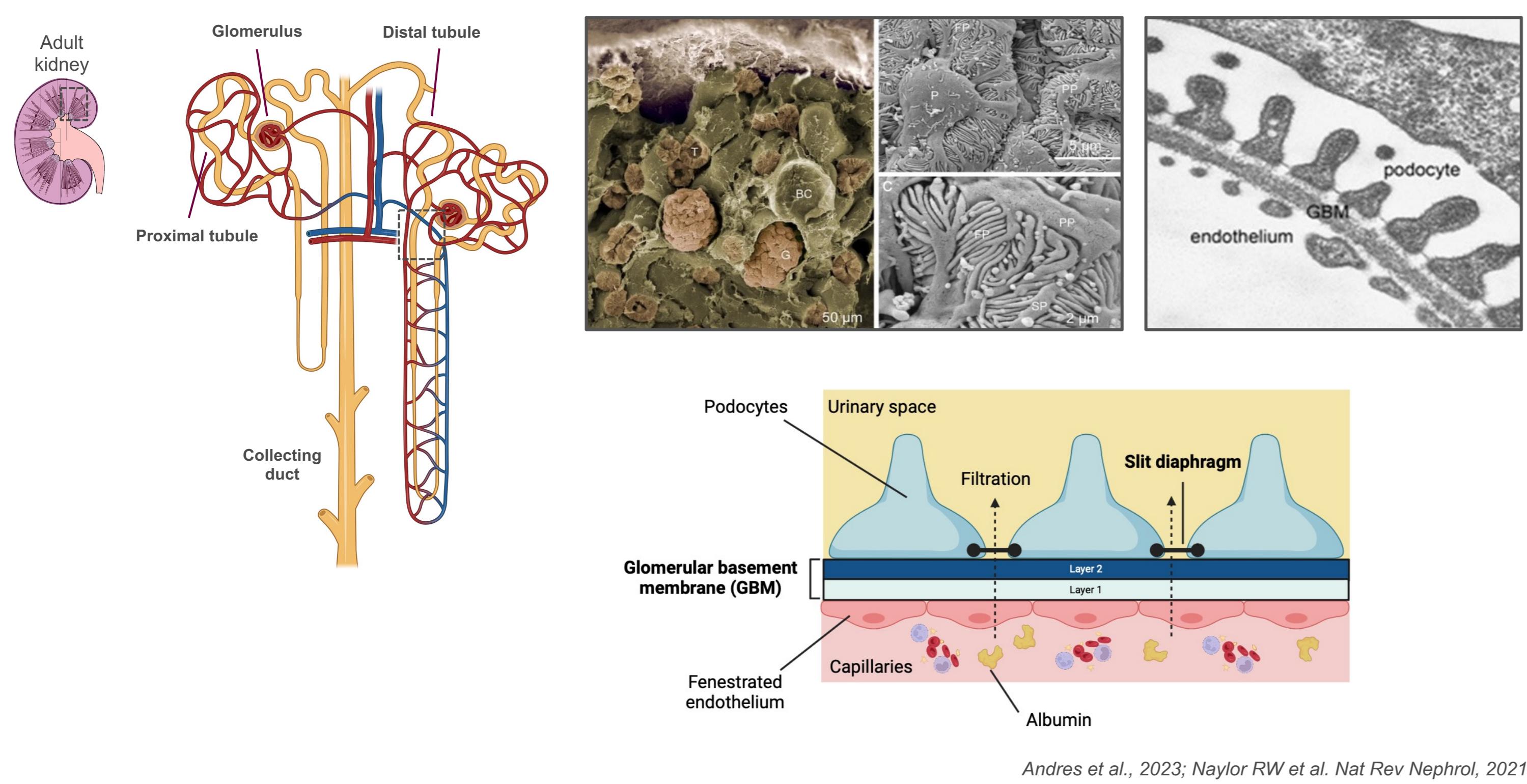
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Introduction and Objective

X-linked Alport syndrome (XLAS) is a hereditary glomerulopathy arising from genetic mutations in the *COL4A5* gene, encoding the $\alpha 5$ chain of the collagen IV [$\alpha 5(\text{IV})$] in the glomerular basement membrane (GBM).

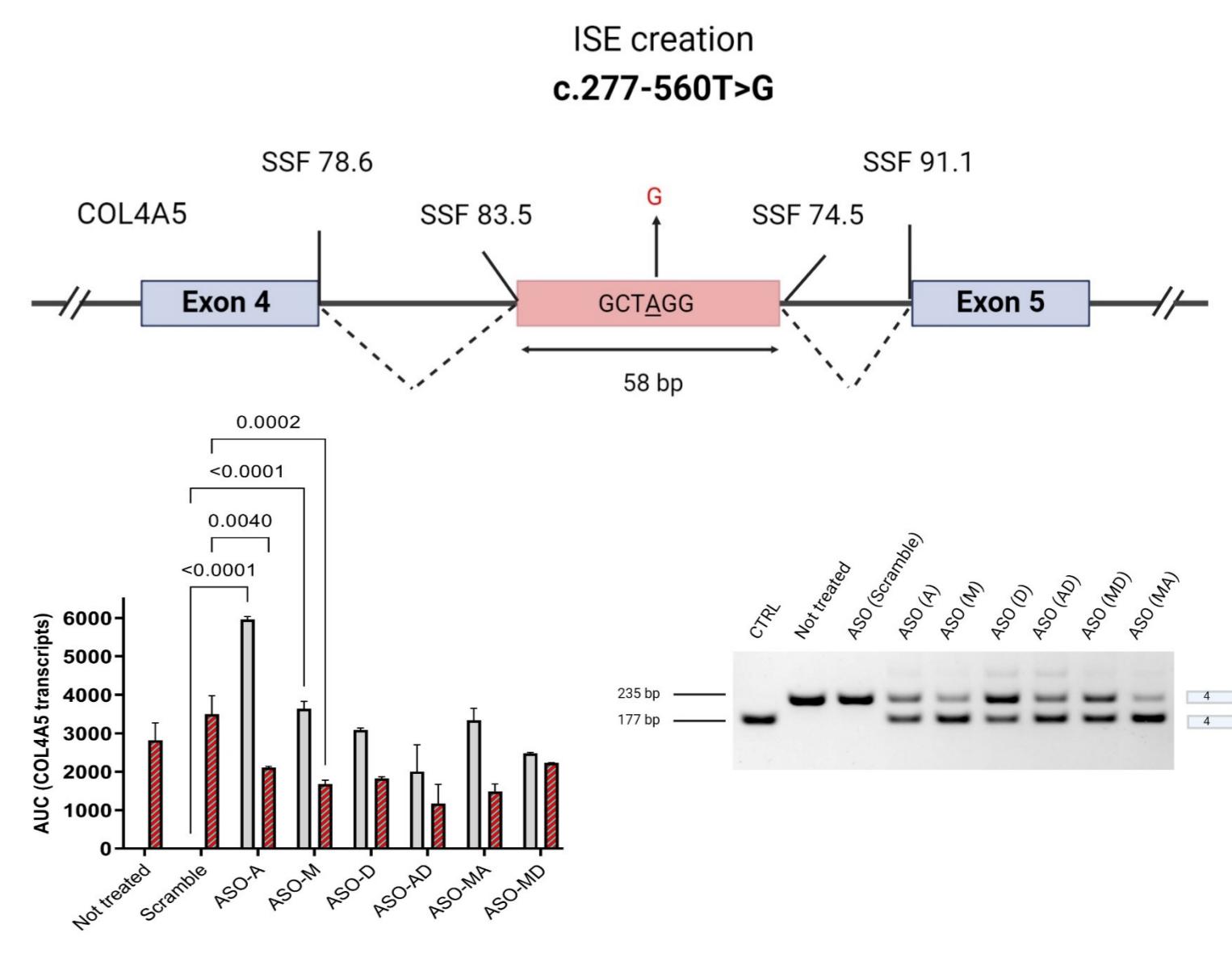
In a study on a cohort of **19 patients** with clinically proven XLAS, we identified deep-intronic variants responsible for the aberrant splicing events (17/19) using a **targeted RNA sequencing approach**.

The objective of this study is to develop a robust *in vitro* model for XLAS to characterize the disease and to test different therapeutic approaches including ASO therapy.

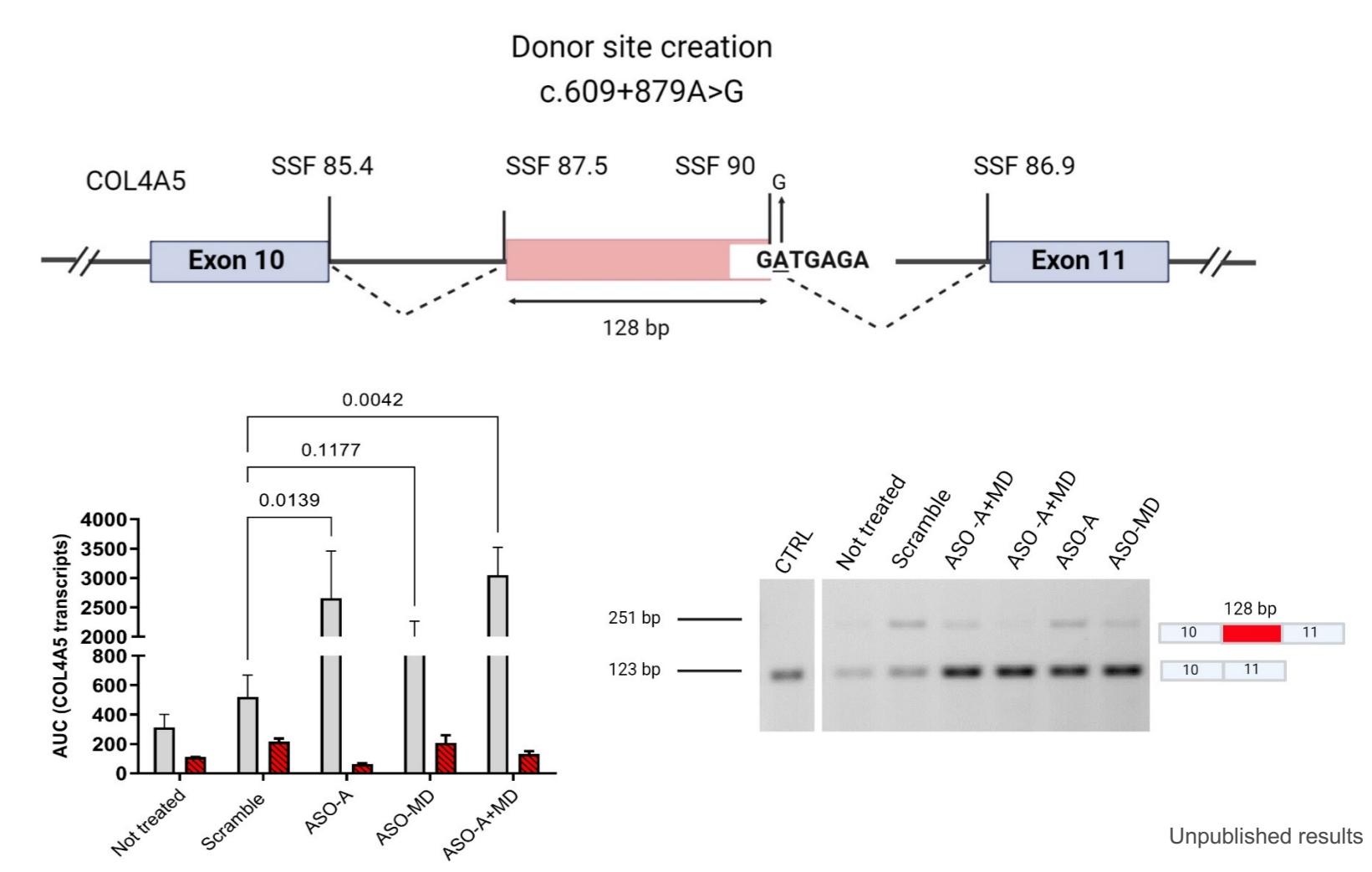


Genetic Diagnosis – Splicing Variants

Patient 1: Severe XLAS (No WT transcript)

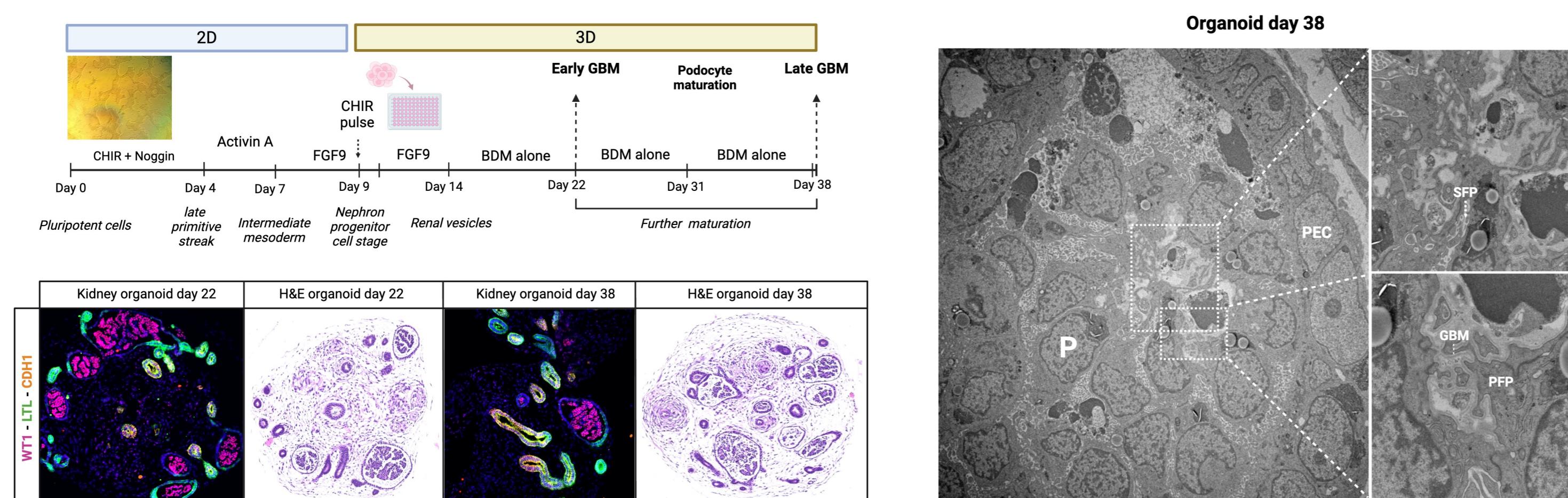


Patient 2: Moderate XLAS (Residual WT transcript)

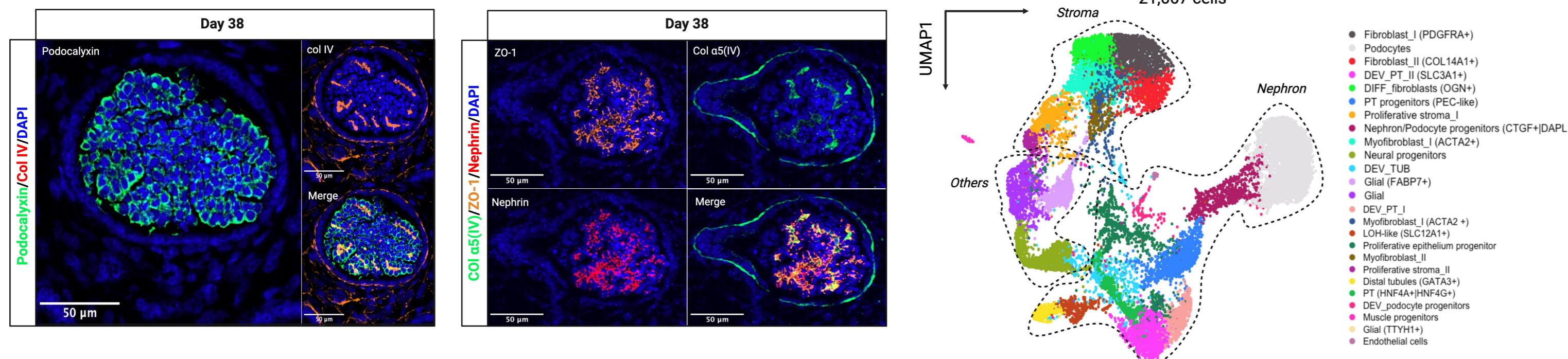


XLAS Organoid Model

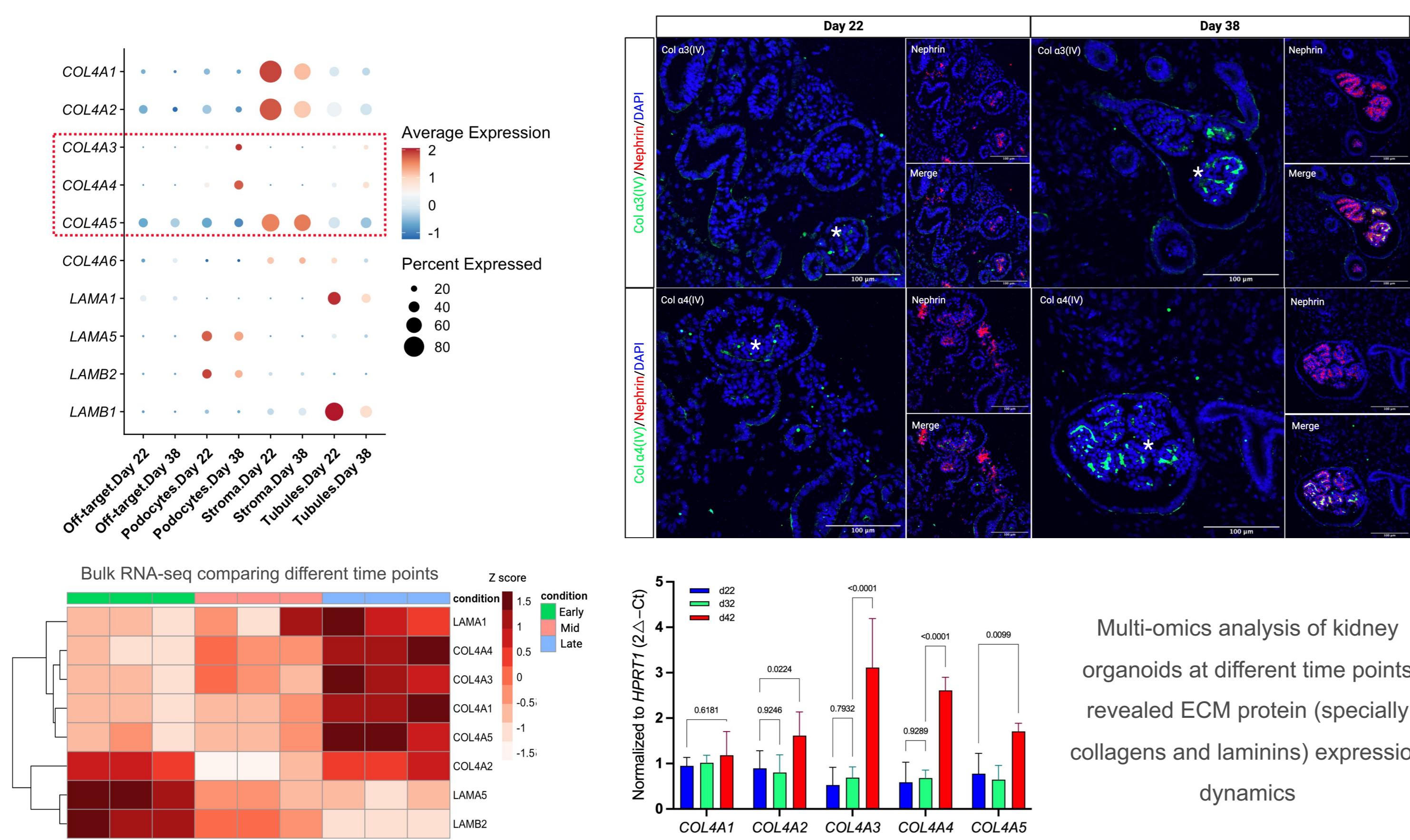
Kidney organoids recapitulate basement membrane assembly



Podocytes in kidney organoids are polarized

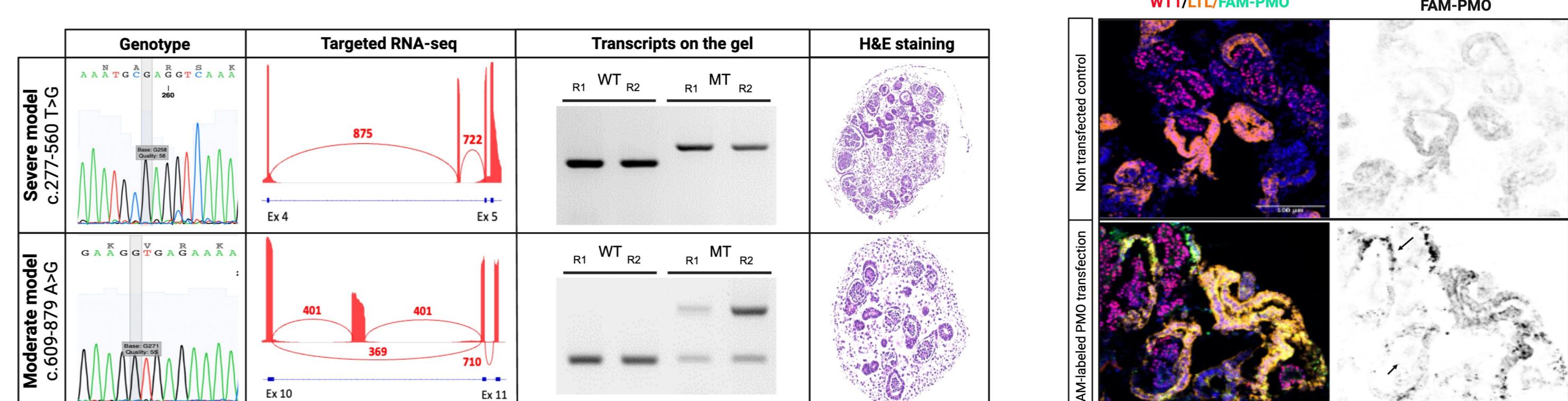


Prolonged organoid culture is essential for maturation of the GBM collagen network

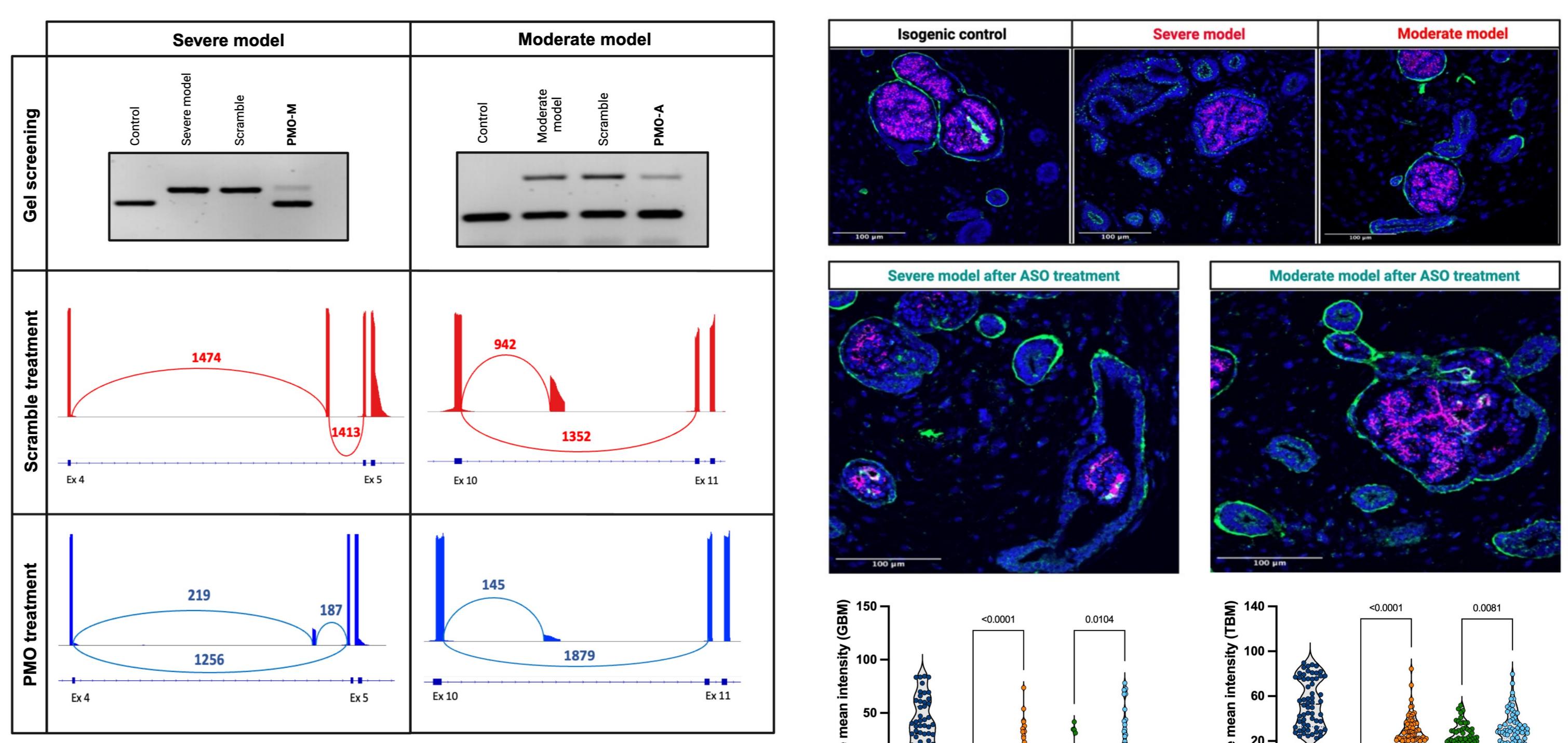


Splice Modulation Therapy Development

Kidney organoids carrying patient variant showed aberrant COL4A5 splicing



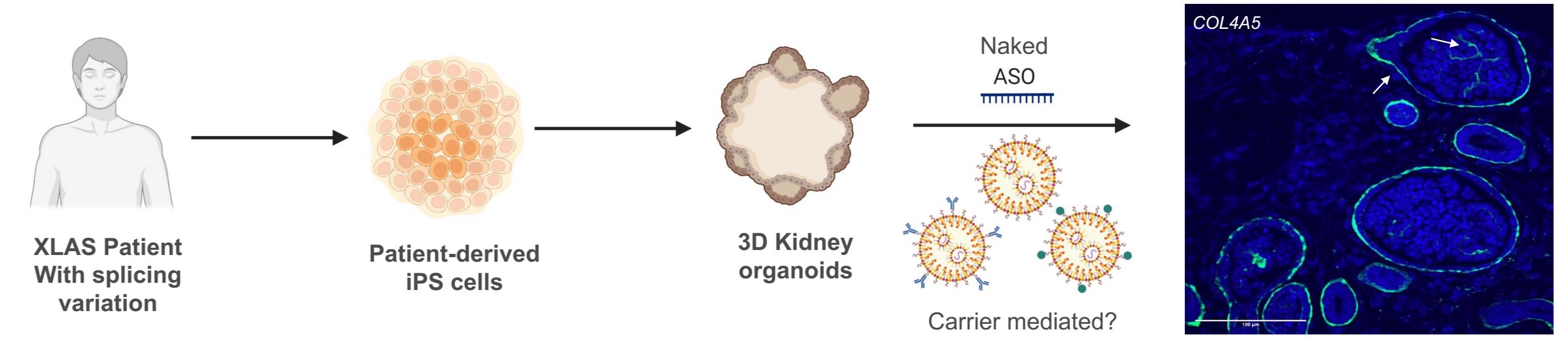
ASO treatment reinstates collagen IV assembly in organoid models of XLAS



The severe model showed a complete absence of wild-type *COL4A5* transcript, which was significantly restored at both mRNA and protein levels following ASO transfection in organoids

Hassan Saei et al., Under review, 2025

Organoids Enable Scalable Development of Tailored Therapies



- We optimized antisense oligonucleotide (ASO) treatment in a kidney organoid model to develop splice modulation therapy
- Kidney organoids serve as a scalable platform to develop and test personalized therapies