

Module 2: Proteins and mRNAs as Medicines

Summary

Medicines: Small molecules and proteins

- Small molecule medicines
 - Most target proteins to change their function
 - Advantages
 - Can be formulated into solid, stable forms
 - Can be taken by mouth
 - Can go everywhere in the body
 - Disadvantages
 - Lengthy screening process
 - High rate of failure
 - Expensive development process
- Protein medicines
 - Also known as therapeutic proteins or biologics
 - Advantages
 - Very effective, especially monoclonal antibodies
 - Disadvantages
 - Cell culture and purification processes are expensive
 - Each protein requires a unique formulation
 - Difficulty entering cells

What makes mRNA suitable as a medicine

- Classic and ideal medicines have 3 attributes
 - Their effect is dose-dependent
 - Their effect is time-limited
 - They can be dosed repeatedly
- Both proteins and mRNAs also have these attributes
 - Proteins and mRNAs are both inherently transient
 - Proteins have a median half-life of 30 hrs
 - mRNAs have a short ~5 hour median half-life
- Other mRNA medicine advantages include:
 - mRNA can direct the body to make any type of protein, including intracellular and transmembrane proteins
 - mRNAs have smaller manufacturing infrastructure requirements than proteins
 - mRNA medicines are a platform technology
 - Allows for different mRNA sequences to be swapped in to create new medicines of the same type
 - mRNA medicines are easily multiplexed
 - More than 1 mRNA can be delivered in a single medicine

Making and delivering mRNA medicines

- mRNA is made outside of the body from a DNA template
 - Bacteria are used to make copies of DNA
 - Then, the DNA template is cut, linearized, and transcribed via T7 RNA polymerase
- Difficulties with mRNA delivery include:

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- Naked mRNA is rapidly destroyed
- mRNA alone has no tissue or cell selectivity
- mRNA cannot easily cross cell membranes
- For these reasons, mRNA medicines require a delivery vehicle

Anatomy of a lipid nanoparticle

- LNPs are the most commonly used delivery vehicle for mRNA medicines
- LNP anatomy
 - LNPs are made up of lipids, a form of fat, which don't mix well with water
 - As a result, they form a sphere and protect the mRNA inside
 - “Ionizable lipids” are used to get mRNA inside the LNPs
 - These lipids coat mRNA under acidic conditions, but not under physiological conditions
 - A phospholipid bilayer is then added around the ionizable lipids and mRNA
 - This is another layer of protection for the mRNA
- PEG is used to coat LNPs and prevent them from fusing together
- Once an LNP has reached its target cell, it is taken up via endocytosis
 - The LNP fuses with the cell membrane and releases the mRNA into the cell

mRNA medicines and the innate immune system

- Our adaptive immune system protects us against specific infectious agents
 - Antibodies and T cells recognize and eliminate specific pathogens and infected cells
 - However, it can take days to months to mount an adaptive immune response to an infection
- Our innate immune system is our first line of defense
 - It recognizes common pathogen features, including LPS
- Viruses that infect humans can look similar to LNPs used in mRNA medicines
- Innate immune sensors trigger an immune response when they find:
 - The U nucleotide inside endosomes
 - Long stretches of double-stranded RNA
- mRNA medicines are engineered to evade these sensors
 - They use modified versions of U (1mU)
 - Specific transcription reaction conditions and strict purification protocols reduce double-stranded RNA byproducts