

Genetic reversal of the globin switch concurrently modulates both fetal and sickle hemoglobin and reduces red cell sickling

Authors: Daniel C. De Souza^{*1,2,3}, Nicolas Hebert^{*4,5,6}, Erica B. Esrick⁷, M. Felicia Ciuculescu⁸, Natasha M. Archer^{7,8,9}, Myriam Armant⁸, Étienne Audureau^{10,11}, Christian Brendel^{7,9}, Giuseppe Di Caprio^{1,9,12}, Frédéric Galactéros^{5,6}, Donghui Liu⁸, Amanda McCabe⁸, Emily Morris⁸, Ethan Schonbrun¹, Dillon Williams¹³, David K. Wood¹³, David A. Williams^{+7,8,9*}, Pablo Bartolucci^{+5,6*}, John M. Higgins^{+1,2,3*}

Affiliations: ¹Center for Systems Biology, Massachusetts General Hospital, Boston, MA, ²Department of Systems Biology, Harvard Medical School, Boston, MA, ³Department of Pathology, Massachusetts General Hospital, Boston, MA, ⁴French Blood Establishment (EFS), Créteil, France, ⁵Paris-East Créteil University, IMRB, Laboratory of excellence LABEX, Créteil, France ⁶Paris-East Créteil University, Henri Mondor University Hospitals, APHP, Sickle cell referral center – UMGGR, Créteil, France, ⁷Dana-Farber/Boston Children’s Cancer and Blood Disorders Center, Boston, MA, ⁸Boston Children’s Hospital, Harvard Medical School, Boston, MA, ⁹Department of Pediatrics, Harvard Medical School, Boston, MA, ¹⁰INSERM U955 Team CEpiA, Paris-East Créteil University, Créteil, France, ¹¹Department of Public Health, Henri Mondor University Hospitals, APHP, Créteil, France, ¹²Program in Cellular and Molecular Medicine, Boston Children’s Hospital, Boston, MA, ¹³Department of Biomedical Engineering, University of Minnesota, Minneapolis, MN

Corresponding authors: David A. Williams (david.williams2@childrens.harvard.edu), Pablo Bartolucci (pablo.bartolucci@aphp.fr), and John M. Higgins (higgins.john@mgh.harvard.edu)

SUPPLEMENTARY INFORMATION

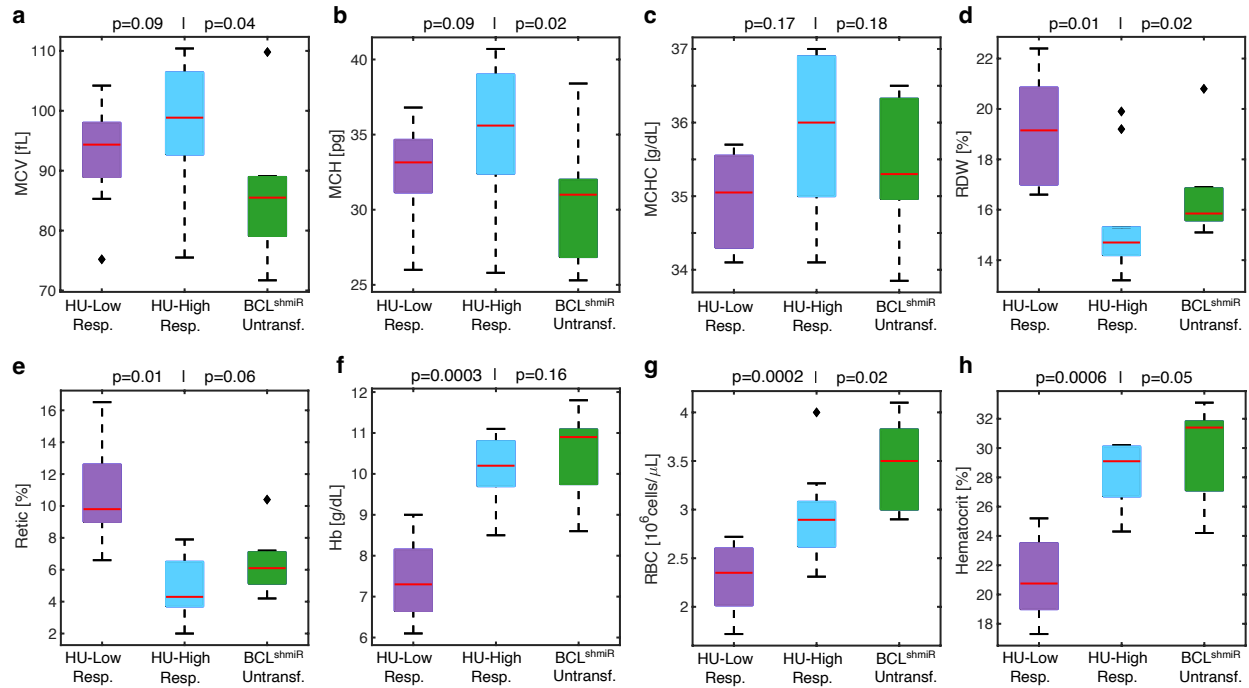


Figure S1 Hematologic parameters for all 7 untransfused BCL^{shmiR}-patients and all 18 patients from the HU High\Low Responder cohorts. On top of each panel the p-value in the left side compares median of Untransfused BCL^{shmiR}-timepoints after 4.5 months (n = 7; green boxes) with HU Low Responders cohort (n = 8; purple boxes) while the p-value in the right side compares Untransfused BCL^{shmiR} with HU High Responders values (n = 10; blue boxes). MCV (a), MCH (b), RDW (d), and RBC levels (g) showed a significant difference for Untransfused BCL^{shmiR} vs. HU High Responders cohort, while the differences in their MCHC (c), Reticulocyte fraction (e), Hemoglobin (f), and Hematocrit levels (h) did not reach statistical significance. Boxplot properties and the method used to compute the p-values in this study are described in **Methods, Data analysis, statistics, and reproducibility**. Source data are provided as a Source Data file.

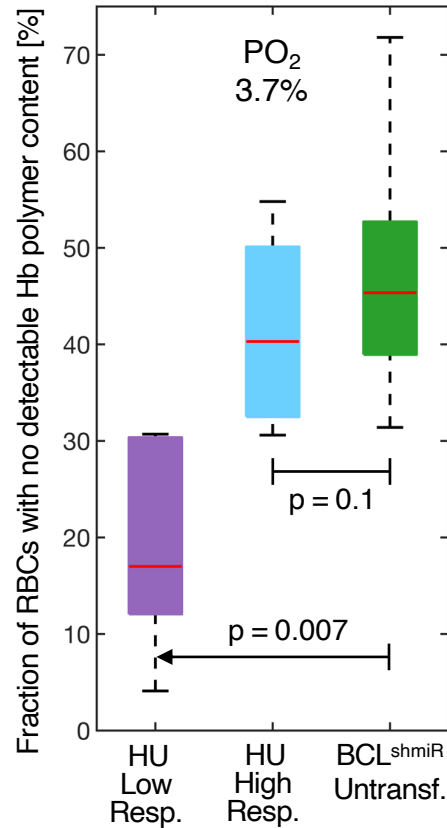


Figure S2 **Fractions of RBCs with no detectable Hb polymer content after BCL11A inhibition or HU treatment.** The percentage of RBCs that have no detectable Hb polymer content at 3.7% oxygen tension was measured in vitro in Untransfused BCL^{shmiR} (n = 7; green boxes), in HU High Responders (n = 10; blue boxes), and in HU Low Responders (n = 8; purple boxes). Boxplot properties and the method used to compute the p-values in this study are described in **Methods, Data analysis, statistics, and reproducibility**. Source data are provided as a Source Data file.

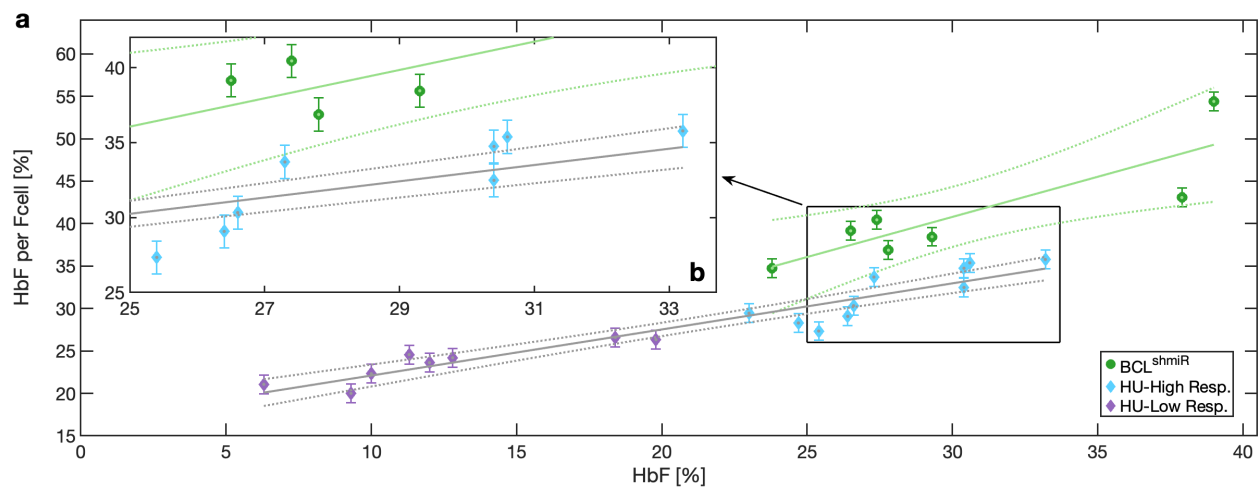


Figure S3 **BCL11A inhibition induces higher levels of HbF content per F-cell compared to HU according to total blood HbF%.** Panel a shows HbF expressed as the percentage of total HbF per F-cell according to whole blood HbF percentages for Untransfused BCL^{shmiR} (n = 7; green circles), HU High

Responders ($n = 10$; blue diamonds), and HU Low Responders ($n = 8$; purple diamonds). The percentages of total HbF per F-cell are estimated as the ratio of total HbF% to F-cell% and assume that the HbF content in the non F-cells is negligible. Green solid line shows linear regression for Untransfused BCL^{shmiR} points while the gray solid line indicates the linear regression for HU High Responders plus HU Low Responders data points. Dashed lines show the 95% CI for the correspondent cohorts. For each data point the bottom and upper bar indicates a 1.1% measurement uncertainty. Inset **b** shows a range of HbF levels where Untransfused BCL^{shmiR} and HU High Responders can be distinguished within the 95% CI. Source data are provided as a Source Data file.

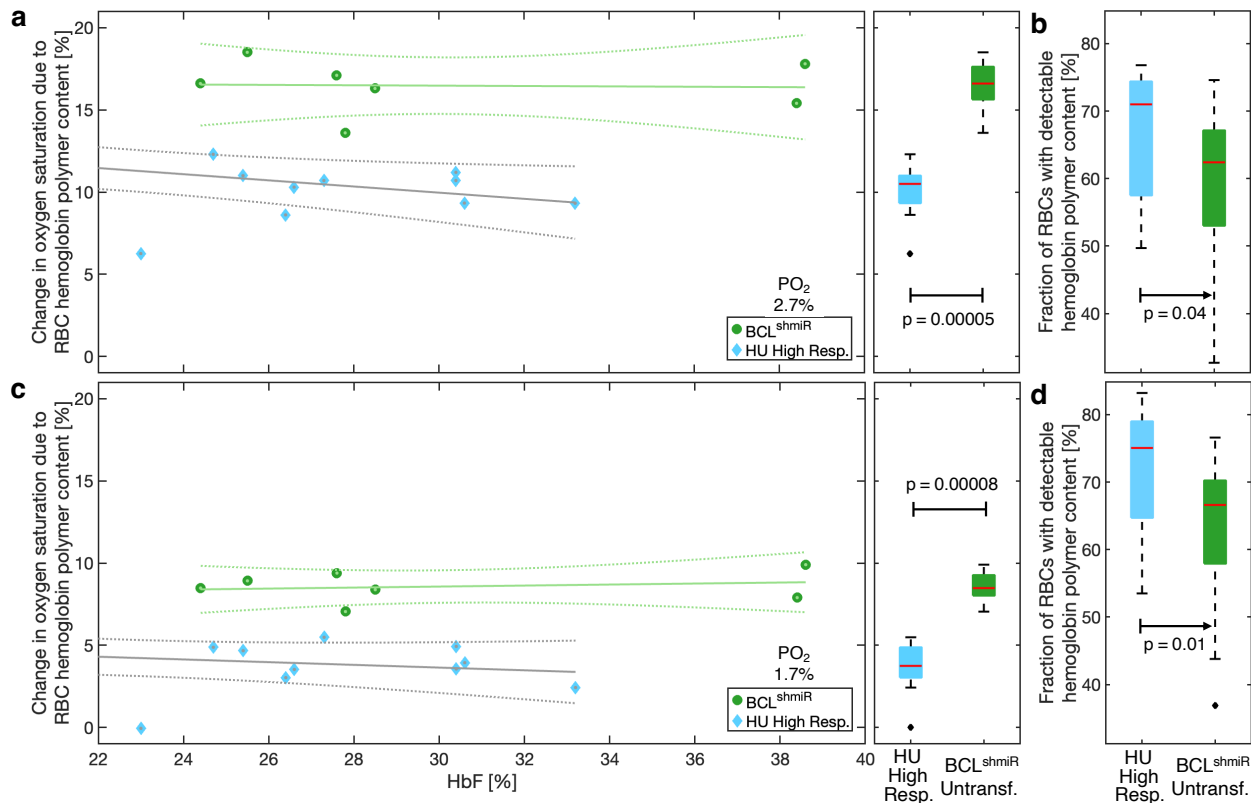


Figure S4 **BCL11A inhibition is associated with (i) more RBCs protected from polymerization and (ii) greater relative protection from polymerization per treatment-responsive RBC at lower physiologic oxygen tensions compared to HU across the range of total blood HbF% in these cohorts.** Panels **a** and **c** show the difference in oxygen saturation levels between the average treatment-responsive RBC (with no detectable Hb polymer content) and the average unprotected RBC whose oxygen saturation is reduced by Hb polymerization, at 2.7% and 1.7% oxygen tensions. Vertical axis shows the difference in oxygen saturation in RBCs for Untransfused BCL^{shmiR} ($n = 7$) and HU High Responders ($n = 10$). The green solid line and dashed lines show linear regression and 95% CI for BCL^{shmiR} data points while the gray solid line and dashed lines indicate the linear regression and 95% CI for HU High Responders and HU Low Responders data points (not shown here, data points are available in Table S1). Boxplots comparing both cohorts at 2.7% and 1.7% oxygen tensions are shown on the right. Panels **b** and **d** compare the fraction of RBCs with detectable hemoglobin polymer content for both cohorts at 2.7% and 1.7% oxygen tensions and show that BCL^{shmiR} is associated with fewer RBCs unprotected from polymerization at lower physiologic oxygen tension. Boxplot properties and the method used to compute the p-values in this study are described in **Methods, Data analysis, statistics, and reproducibility**. Source data are provided as a Source Data file.

Table S2. Vector Copy Number of Peripheral Blood and Bone Marrow (Copies per Diploid Genome)*									
Source and Time Point	Patient 2	Patient 3	Patient 4	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11
Peripheral Blood									
6 months									
Whole Blood	0.42	1.49	0.61	1.19	1.04	0.69	0.50	0.23	0.86
CD19+	0.50	1.21	0.50	1.13	0.66	0.64	0.51	0.22	0.78
GlyA+, CD71+	0.20	2.85	0.96	1.35	0.76	0.68	0.76	0.21	1.20
Bone Marrow									
6 months									
CD34+	0.53	1.52	0.60	1.20	0.86	0.59	0.58	0.25	0.97
CD15+	0.65	1.59	0.79	1.65	1.25	0.77	0.52	0.20	0.79
GlyA+, CD71+	0.63	1.62	0.80	1.42	1.34	0.73	0.73	0.27	1.04

* Data from patients 2, 3, 4, 6, 7, and 8 are reproduced from Esrick et al. 2021²². Source data are provided as a Source Data file.

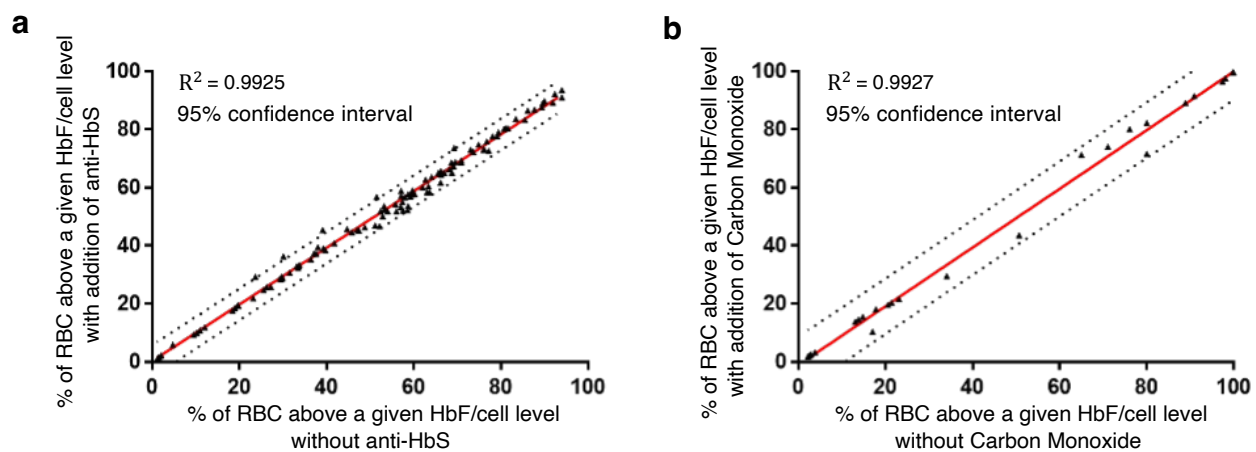


Figure S5 Control experiments show that anti-HbS and the presence of polymer do not significantly interfere with the HbF measurement. Experiments were conducted separately on the same samples with or without anti-HbS fluorescent antibody (a) and with or without carbon monoxide which impedes HbS polymerization (b). Data represents the fractions of RBCs with more than a threshold level of HbF/RBC (namely the percent of cells containing at least 2, 4, 6, 8 and 10 pg of HbF) using $n=7$ BCL^{shmiR} (total of 22 time points during their follow-up) and $n=5$ SS patients with HbF ranging from 0.7 to 14.5%, for addition of anti-HbS and carbon monoxide, respectively. Dashed lines represent 95% confidence intervals. $R^2 > 0.99$ in both cases. Source data are provided as a Source Data file.

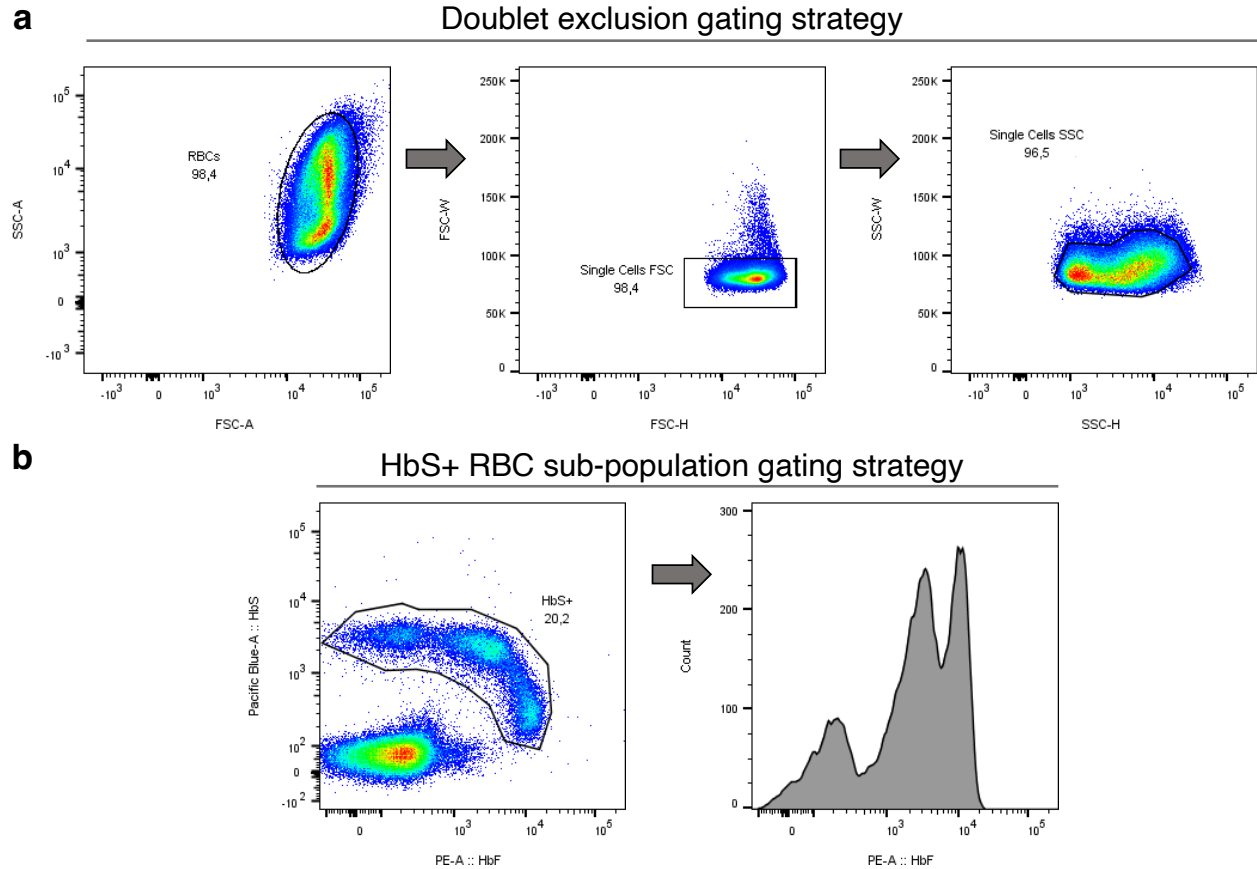


Figure S6 **Representative FACS dot plots and histogram from patient BCL-009 at M2 illustrating the gating strategy applied.** (a) Red blood cells were first gated on a forward scatter area (FCS-A) versus side scatter area (SSC-A) plot. Doublet exclusion was performed by selecting single cells based on FSC-H (FSC-Height) plotted versus FSC-W (FSC-Width), and then based on SSC-H versus SSC-W. (b) In the case of HbF quantification in only HbS-positive cells, the latter population was gated on HbS-PB-A plotted versus HbF-PE-A. Source data are provided as a Source Data file.

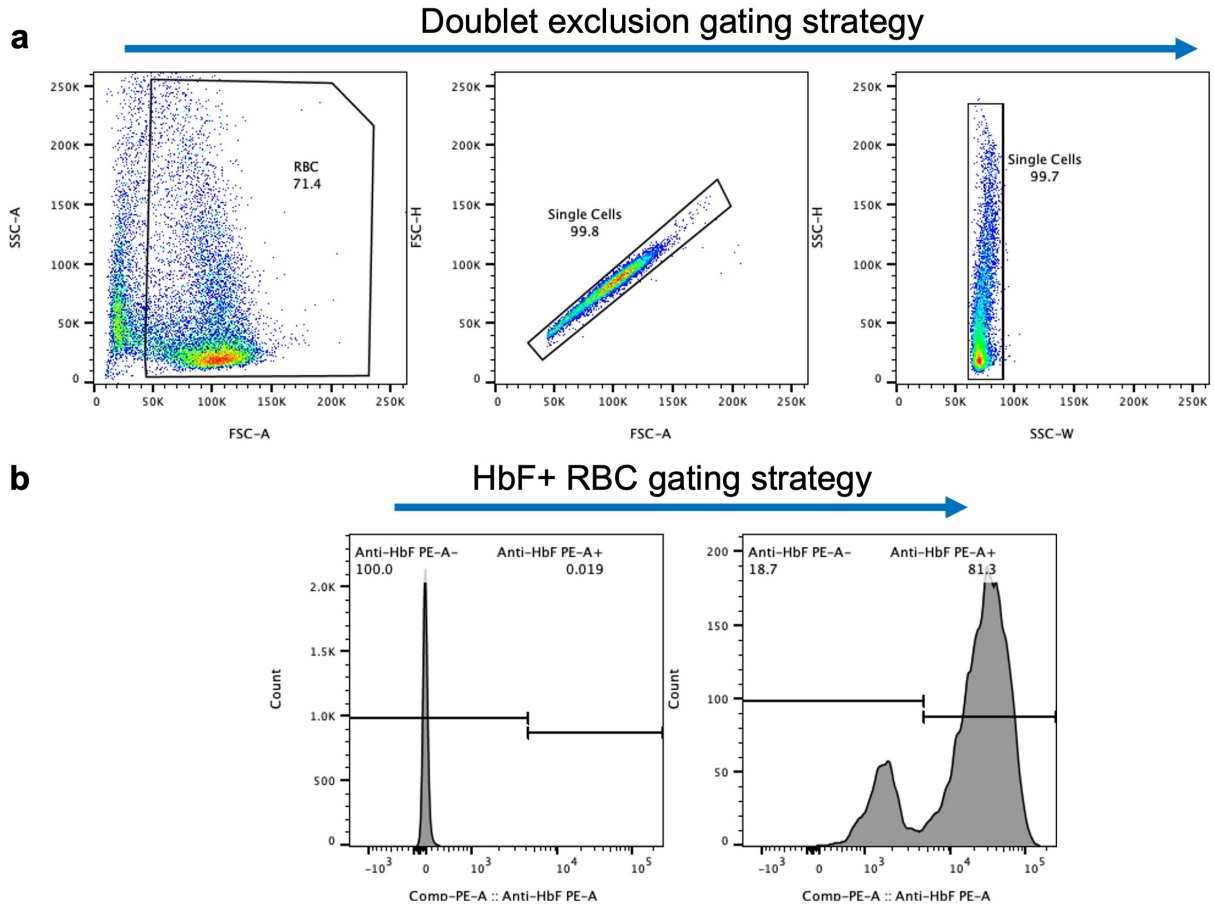


Figure S7 **Representative FACS dot plots and histograms from BCL-008 patient at M24 post GT illustrating the F-cell gating strategy.** (a) RBCs were gated on an FCS-A versus SSC-A plot, followed by doublets exclusion as described in Figure S6a. (b) Representative histograms are shown for a BCL-008 unstained sample (left panel) and a BCL-008 HbF-PE-stained sample (right panel). Source data are provided as a Source Data file.