

Interventions aiming to treat fetal growth restriction and the EVERREST EU-project

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Fetal Growth Restriction



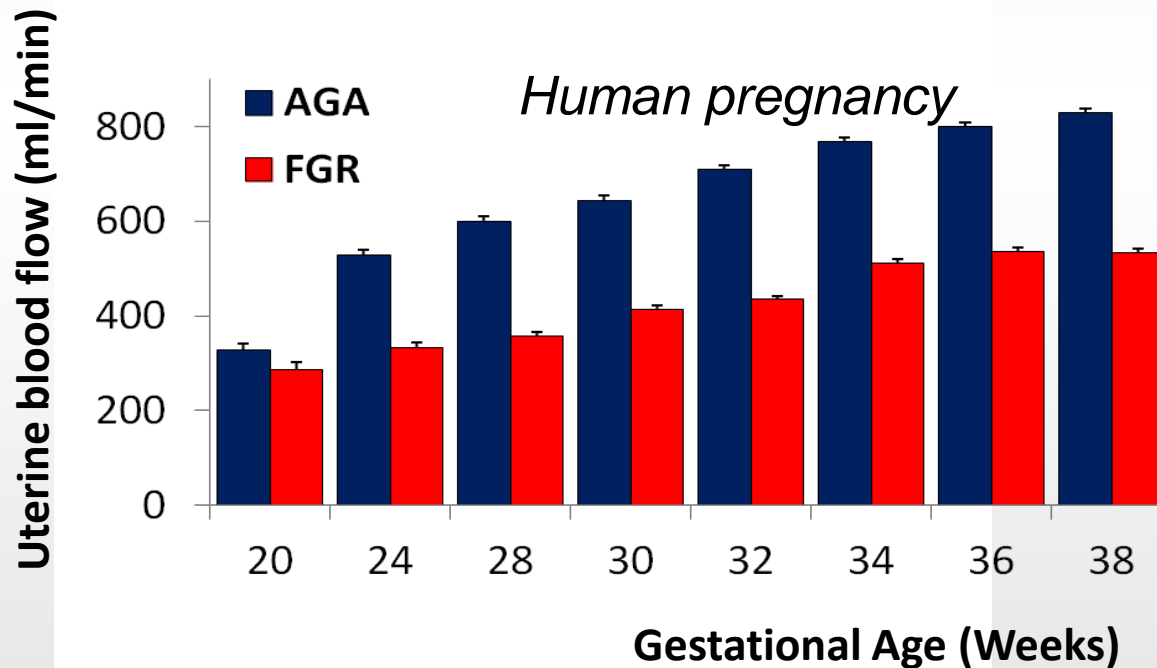
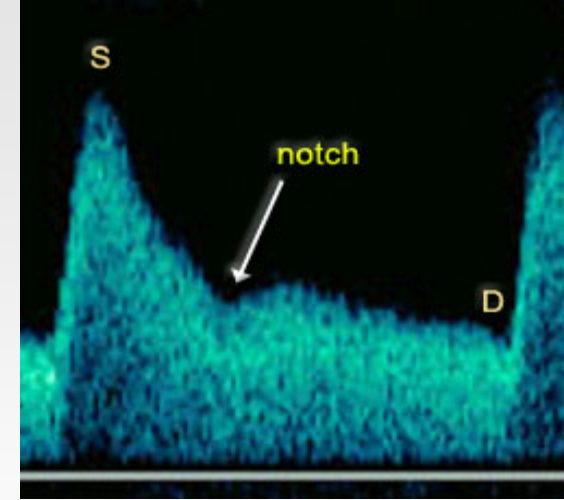
- Complicates ~8% of pregnancies (severe 1:500)
- Major cause of perinatal mortality & morbidity
- No effective treatment
- Outcome dependent on gestational age
- Early-onset severe IUGR associated with **reduced uterine blood flow**

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Uteroplacental perfusion

Uteroplacental blood flow is proportional to fetal size

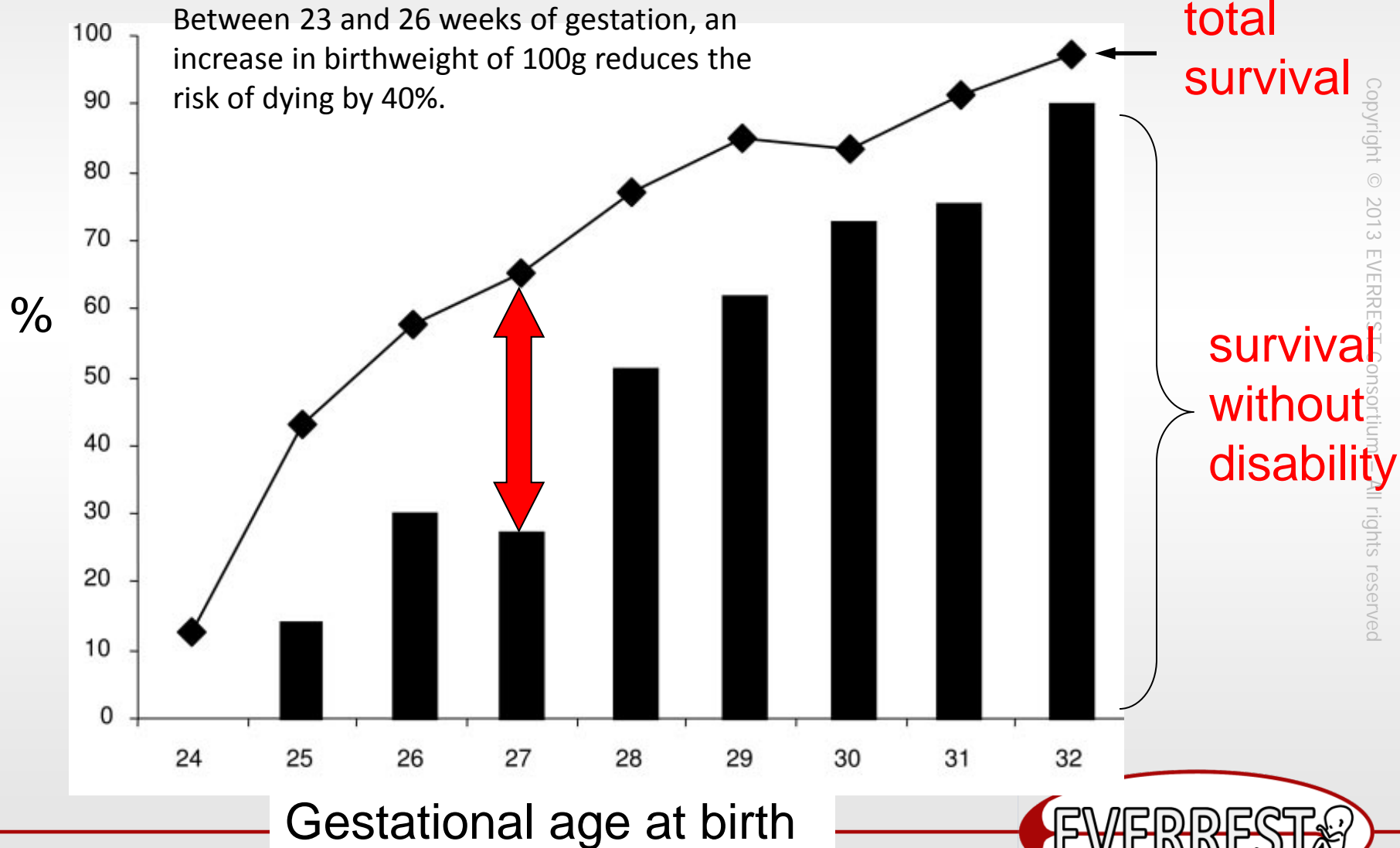
Uteroplacental insufficiency



(Konje et al. 2003)



Neonatal outcome in fetal growth restriction



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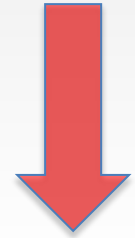
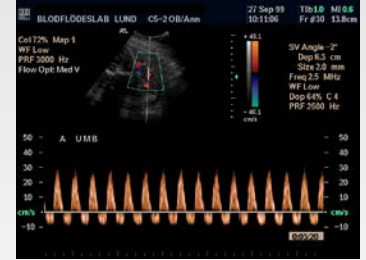
Very preterm IUGR – high survival:

- Lund / Malmö 90%
- TRUFFLE study 94 %

HOWEVER

- both the short-term and long-term morbidity is considerably high !

- cognitive impairment
- behavioural disturbances
- reduced lung function
- changes in cardiovascular function



Early-onset IUGR



Postnatal growth stimulation of IUGR infants difficult.

It is desirable to improve fetal growth and to prolong pregnancy.

Need for intrauterine therapy.



Therapies that do not work

- Bedrest
- Maternal oxygen supplementation
- Maternal nutritional supplements
- Low-dose aspirin
- β -mimetics (RCTs show no effect)
- Calcium channel blockers
- Plasma volume expansion
- Vitamin C



Interventions aimed at increasing uterine blood flow

L-arginine (aminoacid, nitric oxide donor)

- Maternal intravenous infusions
- L-arginine readily available and safe in pregnant women, however, conflicting data on increase in birth weight
- Currently not recommended for treatment of IUGR



Interventions aimed at increasing uterine blood flow

Sildenafil citrate (nitric oxide donor)

- Temporary smooth muscle relaxation in vessels
- Works in animal models and tested in humans
- In severe, early-onset IUGR thrice daily maternal treatment with 25 mg sildenafil until delivery = \uparrow AC growth velocity
- Randomized controlled trial data required



Growth hormone treatment

- Animal models
- Maternal and fetal supplementation
- Risk of adverse effects (hydranencephaly in fetuses)



Insulin-Like Growth Factor-1 (IGF-1)

- Implicated in regulation of normal placental function and of appropriate fetal and postnatal growth
- Anabolic effect, stimulates substrate uptake and inhibits protein breakdown



IGF-1 treatment

Maternal

Guinea pigs

- Increased placental mass and functional capacity of placenta = \uparrow fetal growth
- Significant effects on maternal physiology

IGF-1 treatment

Fetal infusion

Sheep and non-human primates

- Increased aminoacid utilization and alteration in fetal protein accretion
- Adequate substrate supply necessary for effective tissue growth
- Organ specific increases in growth, however no significant effect on body size and growth

IGF-1 treatment

Intra-amniotic

Sheep

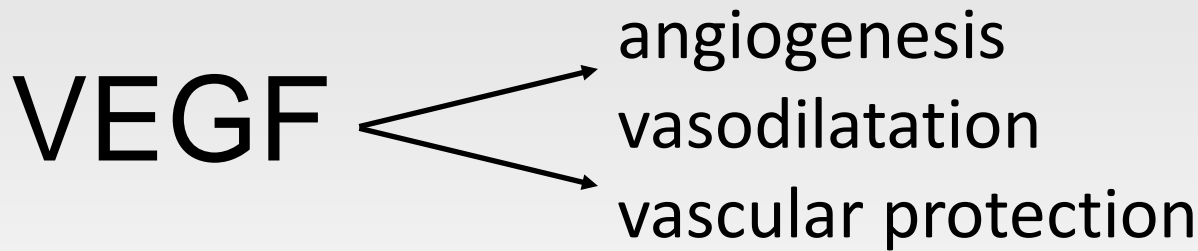
- Increased total fetal growth rate and organ growth in growth restricted fetal sheep
- Up-regulates placental amino acid transporters
- Promising approach (?)

Vascular Endothelial Growth Factor (VEGF)

Maternal uterine artery VEGF gene therapy

...and the EVERREST study



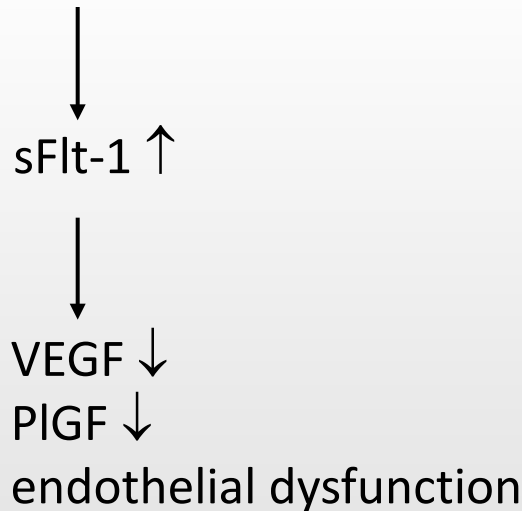


Vascular
Endothelial
Growth
Factor

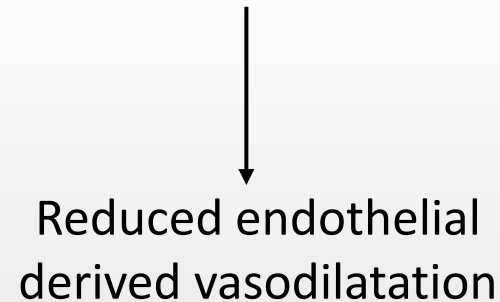
VEGF implicated in trophoblast invasion

Over-expression of sFlt1 in pregnant mice using adenovirus causes PE-like syndrome & IUGR

Pre-eclampsia

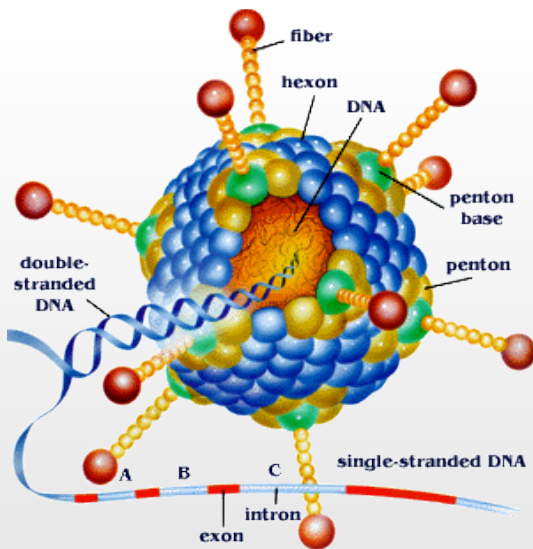


IUGR



Gene therapy.....

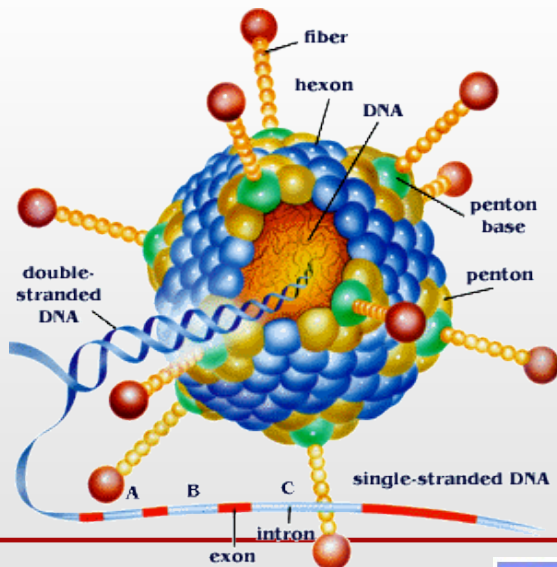
....uses genetic material as a drug delivery vehicle to facilitate the expression of therapeutic proteins



- ✓ Achieve targeted protein expression
 - Uteroplacental circulation
- ✓ Short term protein expression
 - Adenovirus vectors

VEGF levels are reduced in fetal growth restriction

Sustained local levels of VEGF will treat fetal growth restriction



“Maternal growth factor gene therapy”

Hypothesis

Delivery of adenovirus containing VEGF gene to uteroplacental circulation

Local over-expression of VEGF

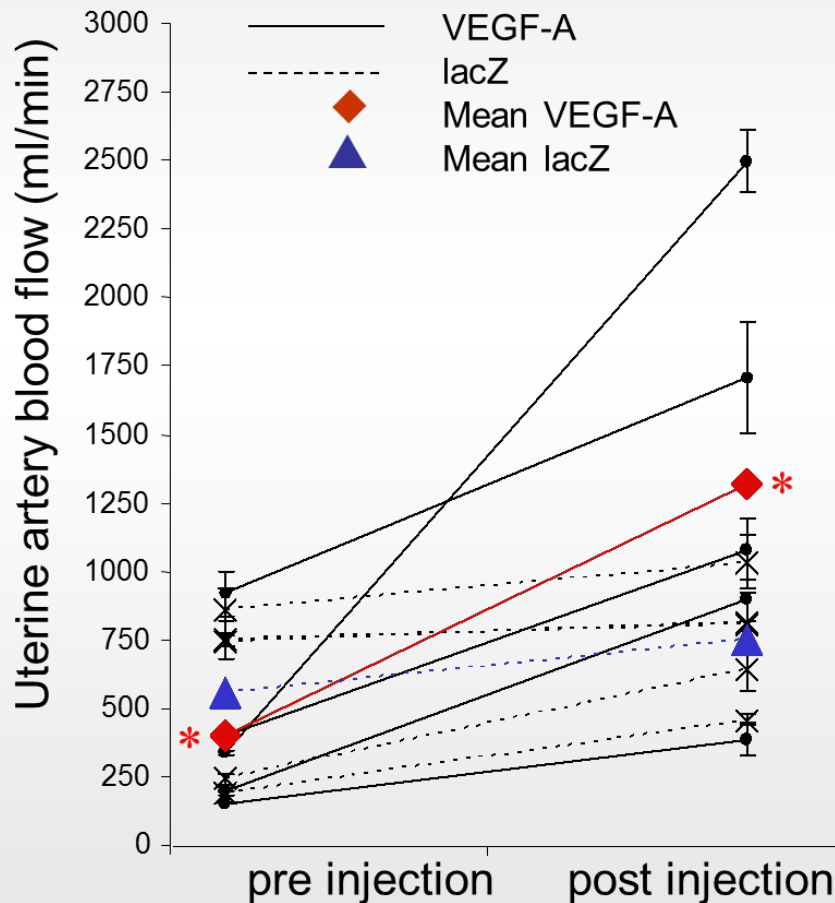
Increase uterine blood flow

Alter uterine artery vascular tone & angiogenesis

Increase fetal growth in severe FGR



Short-term changes in uterine artery volume flow 4 – 7 days after vector injection



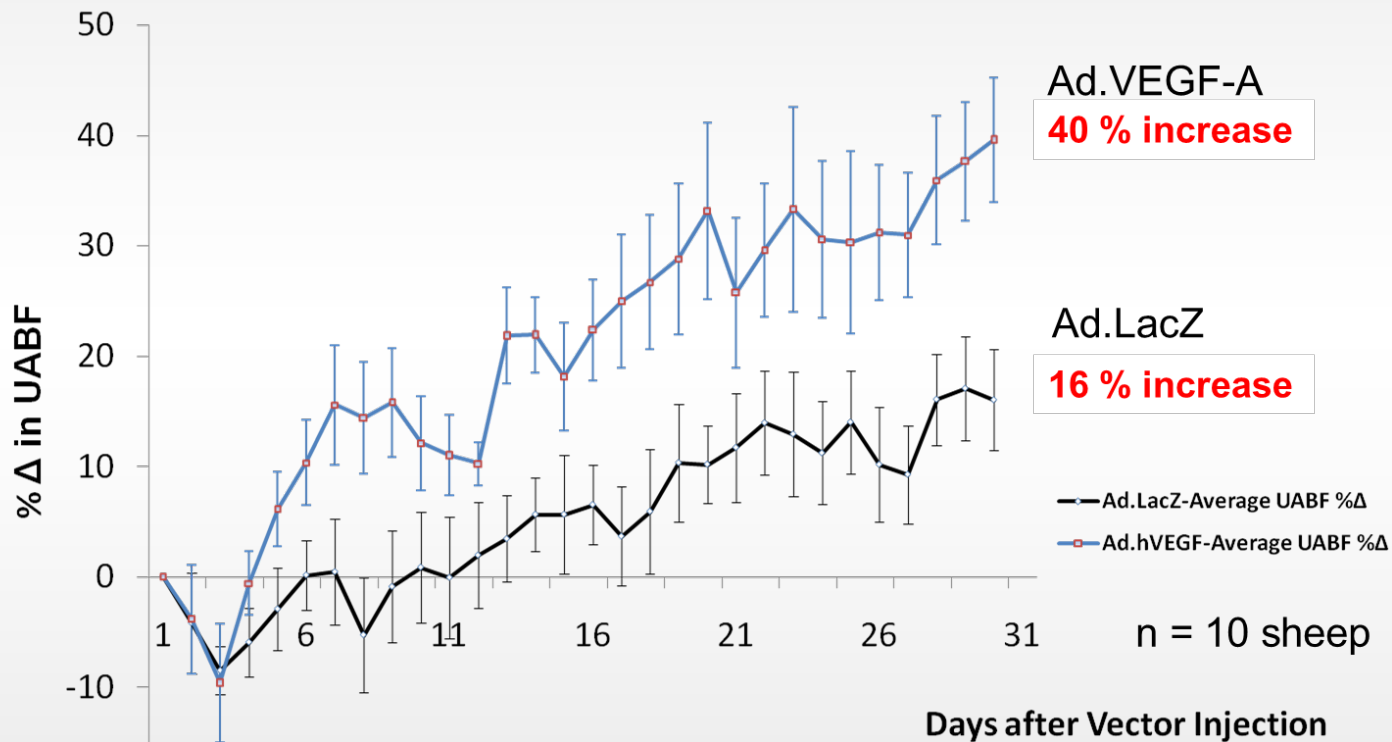
Mean \pm SD	Before injection	After injection
VEGF-A	408 \pm 273	1321 \pm 727
lacZ	561 \pm 281	755 \pm 193

Two way analysis of variance

*p < 0.005

David et al, 2008,
Human Gene Therapy

Long-term changes in uterine artery blood flow after vector injection



VEGF-A vessels vs LacZ at 30 days after injection
p=0.012 Two-way ANOVA

Correcting growth restriction in animal models of IUGR

IUGR sheep: adolescent overfed ewe,
Rowett Institute, Aberdeen

- efficacy, fetal growth, neonatal outcome
and safety

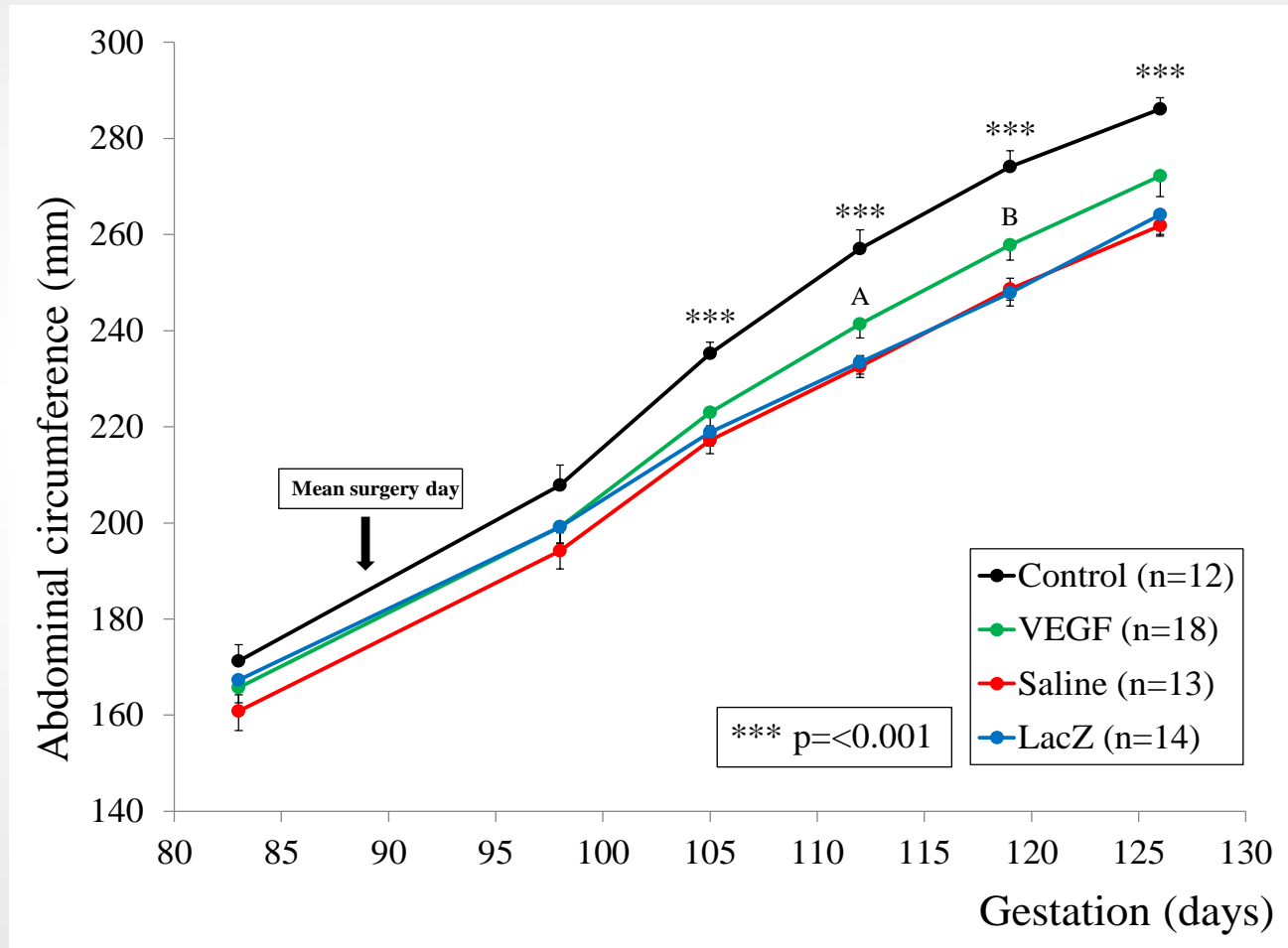


IUGR guinea pig: maternal nutrient
restriction model

- fetal growth, vector dose and safety

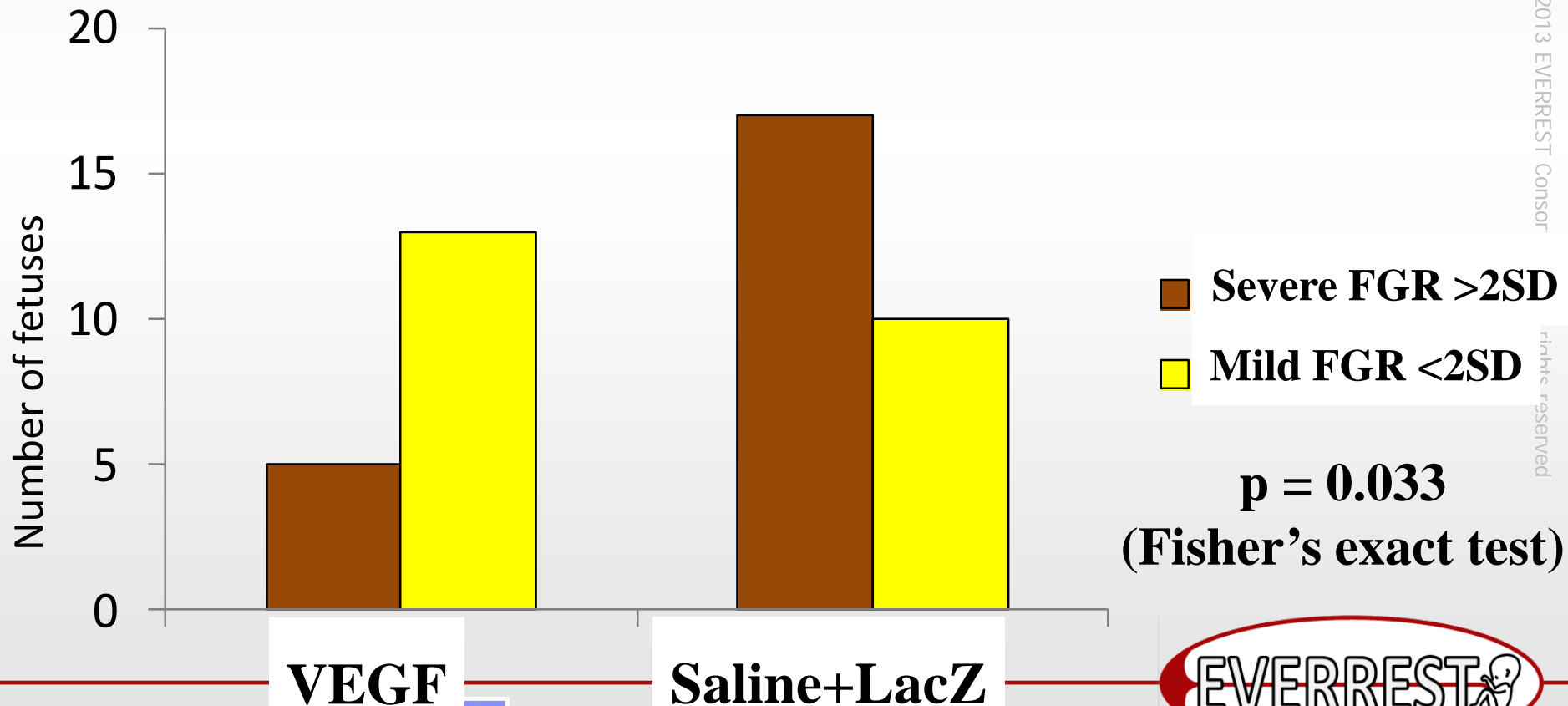


Fetal Growth Velocity - abdominal circumference



Proportion of very small sheep fetuses >2SD below control mean

(Control mean = 5084g , SD = 431g, -2SD cut-off = 4222g)



Safety

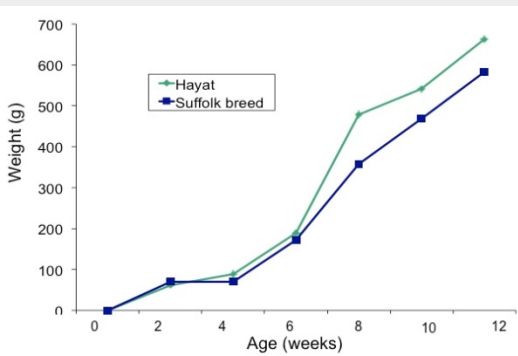
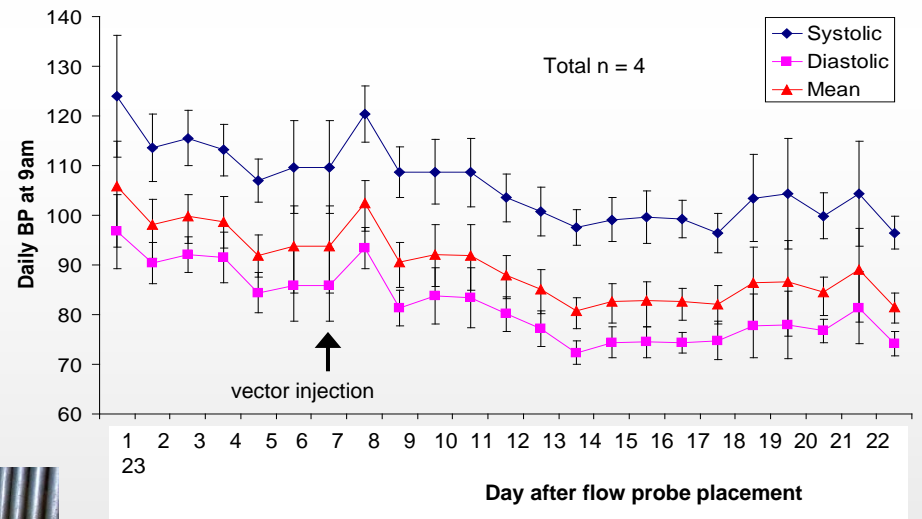
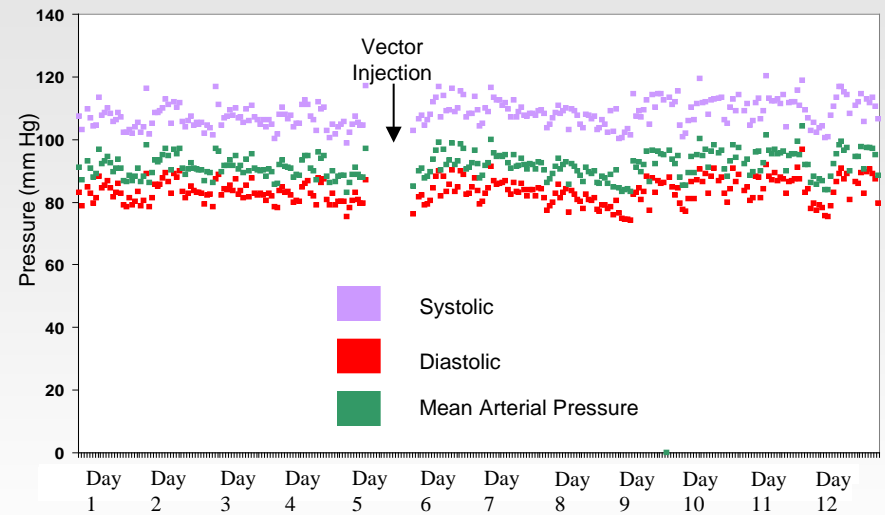
No significant changes in:

Maternal heart rate,
blood pressure

Fetal heart rate,
blood pressure

No vector spread

No fetal abnormalities



Abi-Nader et al, Lab Animals, 2011



EVERREST

- Does vascular endothelial growth factor gene therapy safely improve outcome in severe early-onset fetal growth restriction?

Our aim

- To translate a novel gene medicine delivered to mothers, into the clinic, so as to improve fetal growth in severe early-onset fetal growth restriction



EVERREST

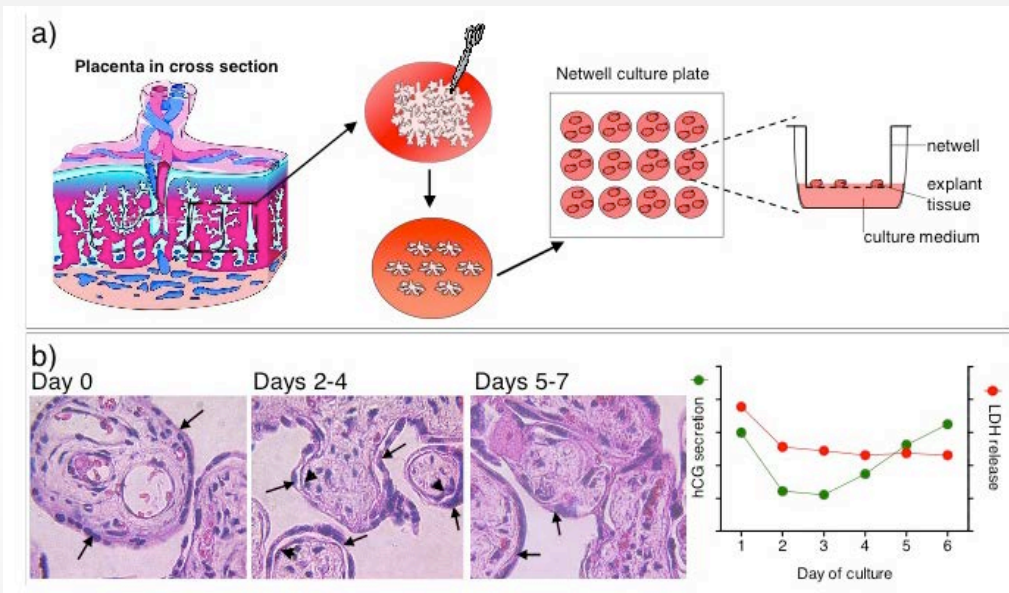


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- Reproductive toxicology
- Bioethics study
- First-in-woman phase I/IIa safety/efficacy study



Human placenta toxicology studies



After regeneration of syncytiotrophoblast, placental villous explants are exposed to high dose adenovirus vector

Perfusion experiments in normal and IUGR human placentae with high dose adenovirus vector



First-in-woman trial



First-in-woman trial

- 4 EU recruiting centres
(London, Hamburg, Lund, Barcelona)
- Inclusion criteria:
 - Severe early-onset IUGR
 - ≥ 22 weeks of gestation
 - Uteroplacental insufficiency (abnormal blood flow)
 - Other causes of IUGR excluded
- Vector delivered via interventional radiology

Treatment

- Vector instilled into uterine artery for 2 minutes using interventional radiology approach



EVERREST outcome measures

Primary outcome

- Assessment of patient safety and tolerability

Secondary outcomes

- Uterine artery volume blood flow
- Abdominal and head circumference (ultrasound)
- Gestational age at delivery
- Birth centile
- Maternal blood pressure and proteinuria
- Composite clinical outcomes
- Myometrial artery contractility and placental phenotype



Summary

- Local expression of VEGF in the uterine arteries
 - increases uterine blood flow
 - alters vascular reactivity
 - increases angiogenesis
 - improves fetal growth in IUGR pregnancies
 - without apparent maternal or fetal harm
- VEGF gene therapy promising as a therapy for severe early-onset IUGR

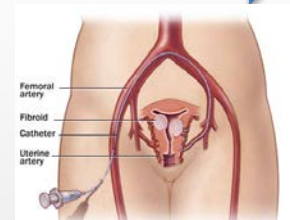




original idea

ethical & regulatory approval

Phase I/IIa safety/efficacy study



bioethics



Supported under the FP7 Programme

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Thank you !





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original
idea

Increase uterine artery blood flow short and long term
Relax uterine arteries
Increase endothelial nitric oxide synthase
Increase endothelial cell proliferation in uterine artery adventitia
No vector spread to fetus
No acute haemodynamic changes

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019



original
idea

Increase fetal growth velocity
Mitigate “brain sparing”
No adverse events at delivery or up to 3 months postnatally
Planned clinical vector has similar effects

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

