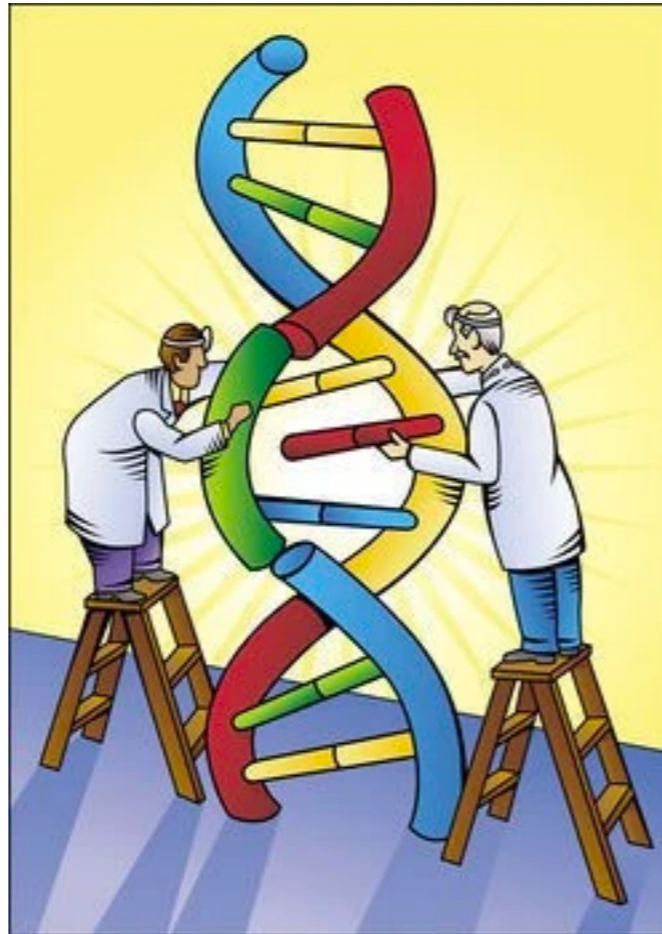


# *Introduction to Gene Therapy and AAV Therapeutics*



Noah B. Bissonnette  
MacMillan Group Meeting  
Literature Review  
March 1<sup>st</sup>, 2022

# *Outline*

***What is Gene Therapy?***

***History of Gene Therapy***

***AAV Biology***

***Challenges and Outlook***

# *Outline*

***What is Gene Therapy?***

*History of Gene Therapy*

*AAV Biology*

*Challenges and Outlook*

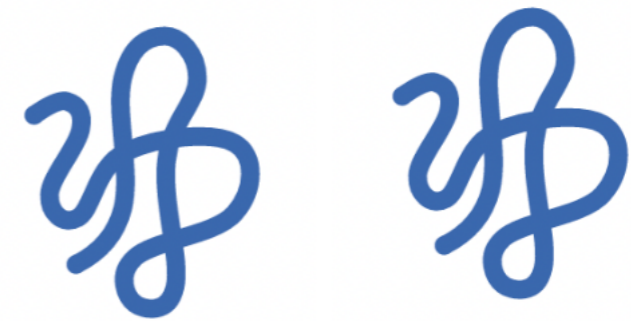
# What is Gene Therapy?

## Introduction

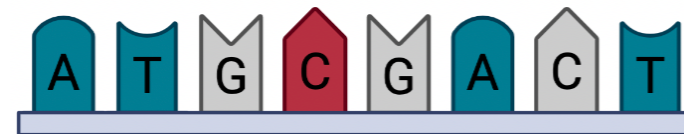
**“The alteration of cell(s) genome with the goal of providing a therapeutic benefit”**



Normal DNA



Folded proteins



Mutated DNA



Misfolded proteins

### Monogenic diseases

Cystic Fibrosis

Sickle Cell Anaemia

Hemophilia

Muscular Dystrophy

Friedreich's Ataxia

Amyotrophic Lateral Sclerosis  
(ALS)

Spinal Muscular Atrophy  
(SMA)

Huntington's Disease

**An estimated ~6,500 monogenic diseases affect humans**



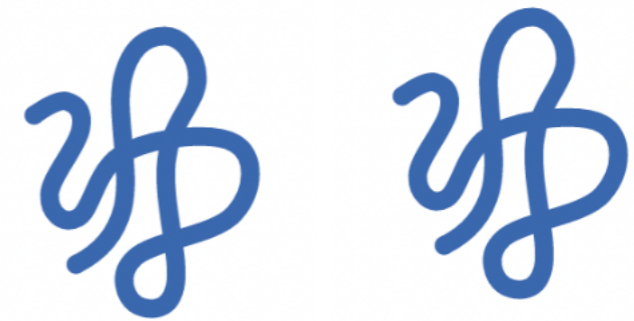
# What is Gene Therapy?

## Introduction

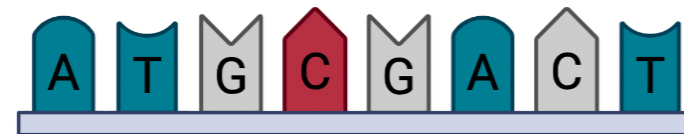
***“The alteration of cell(s) genome with the goal of providing a therapeutic benefit”***



Normal DNA



Folded proteins

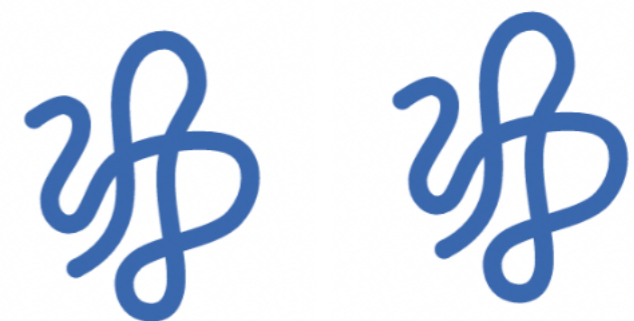


Mutated DNA



Misfolded proteins

*Insert or correct*



Folded proteins = Cured monogenic disease

# What is Gene Therapy?

## Introduction

**“The alteration of cell(s) genome with the goal of providing a therapeutic benefit”**

### Gene Addition

#### Technologies:

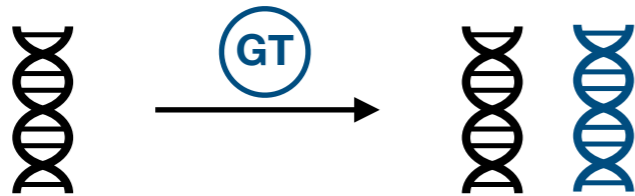
*Adeno-associated viruses (AAVs)*

*Retroviruses*

*Chimeric antigen receptors (CARs)*

#### Mechanism:

*Expression of exogenous DNA*



#### Target:

*Modification of somatic cells*

# What is Gene Therapy?

## Introduction

**“The alteration of cell(s) genome with the goal of providing a therapeutic benefit”**

### Gene Addition

#### Technologies:

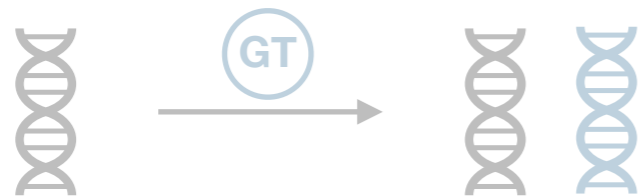
*Adeno-associated viruses (AAVs)*

*Retroviruses*

*Chimeric antigen receptors (CARs)*

#### Mechanism:

*Expression of exogenous DNA*



#### Target:

*Modification of somatic cells*

### Gene Insertion, Modification, and Deletion

#### Technologies:

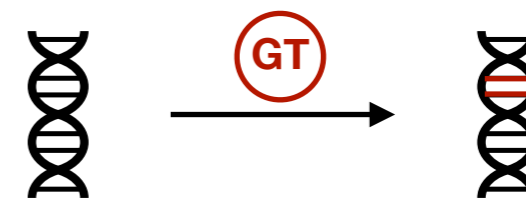
*Zinc finger nucleases (ZFNs)*

*Transcription activator-like effector nucleases (TALENs)*

*CRISPR-Cas9*

#### Mechanism:

*Homology directed repair (HDR)  
by inducing breaks in endogenous DNA*



#### Target:

*Modification of somatic and germline cells*

# What is Gene Therapy?

## Introduction

**“The alteration of cell(s) genome with the goal of providing a therapeutic benefit”**

### Gene Addition

#### Technologies:

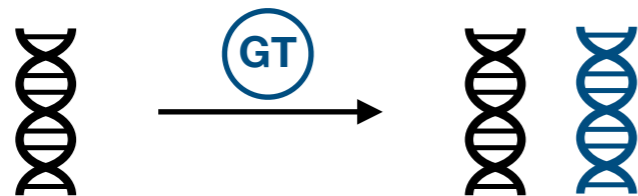
*Adeno-associated viruses (AAVs)*

*Retroviruses*

*Chimeric antigen receptors (CARs)*

#### Mechanism:

*Expression of exogenous DNA*



#### Target:

*Modification of somatic cells*

### Gene Insertion, Modification, and Deletion

#### Technologies:

*Zinc finger nucleases (ZFNs)*

*Transcription activator-like effector nucleases (TALENs)*

*CRISPR-Cas9*

#### Mechanism:

*Homology directed repair (HDR)  
by inducing breaks in endogenous DNA*



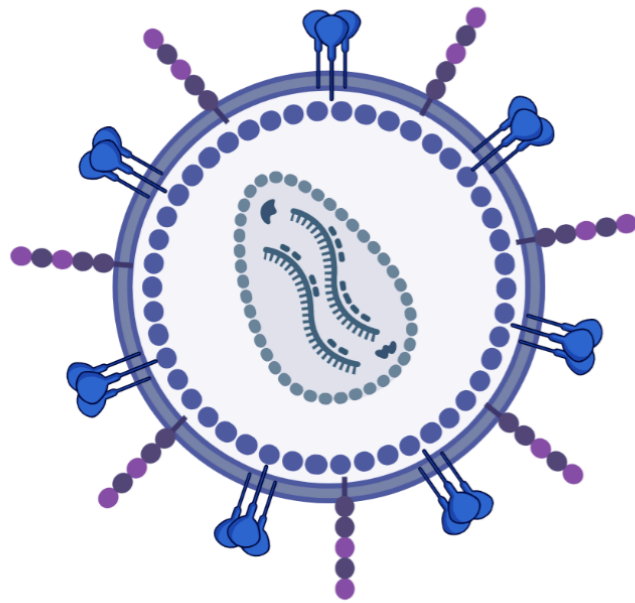
#### Target:

*Modification of somatic and germline cells*

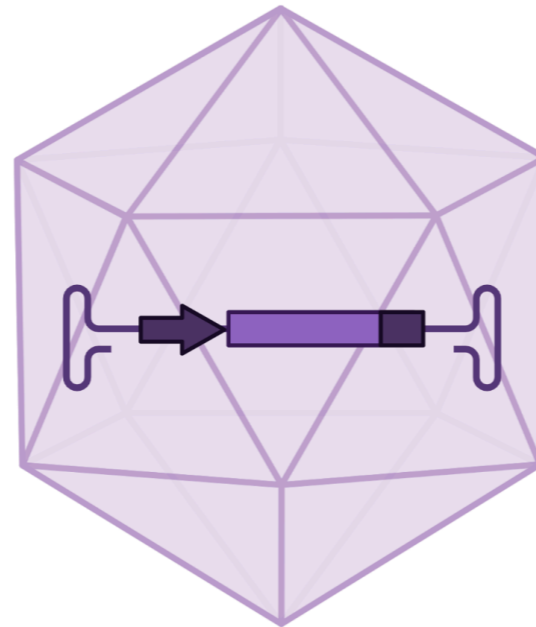
# What is Gene Therapy?

## Retroviral Vectors vs AAVs vs CARs

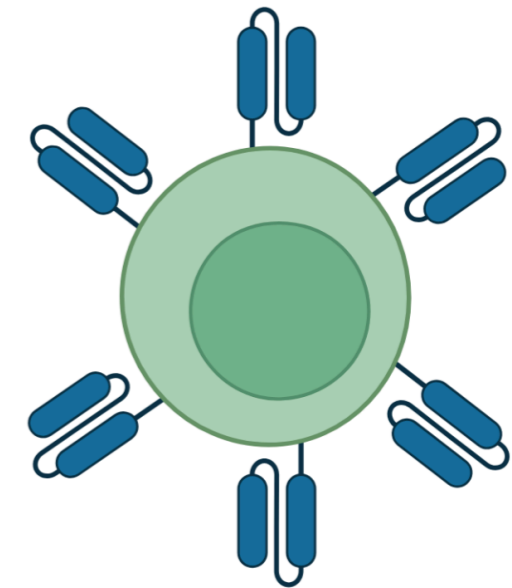
*Retrovirus*



*Adeno-Associated Virus*



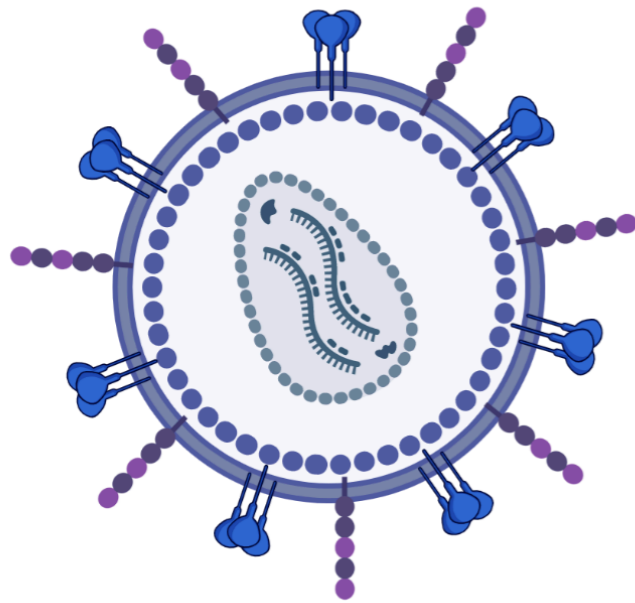
*CAR-T Cell*



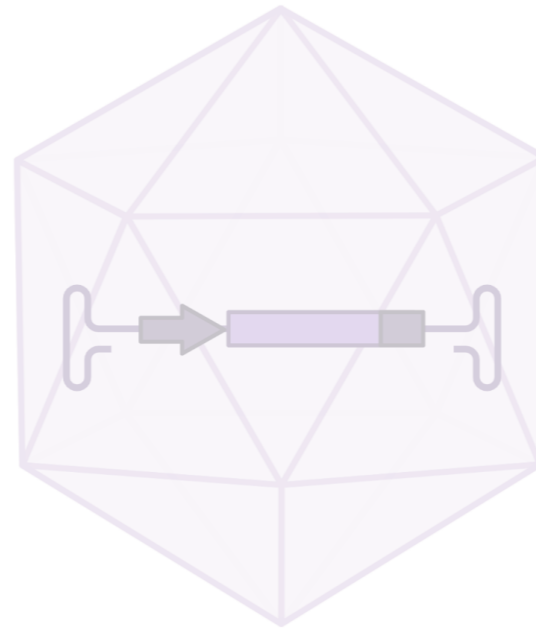
# What is Gene Therapy?

## Retroviral Vectors vs AAVs vs CARs

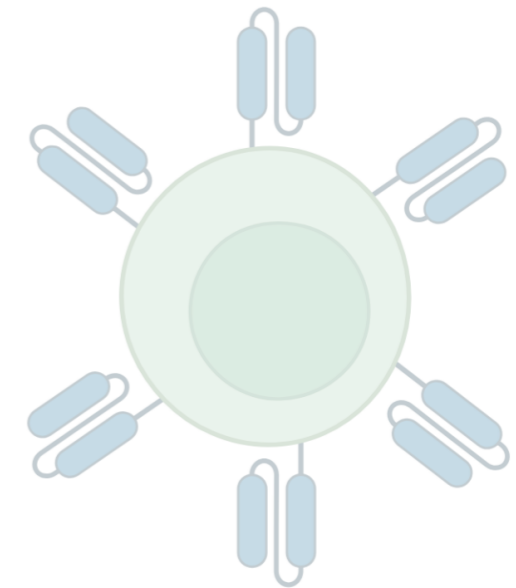
*Retrovirus*



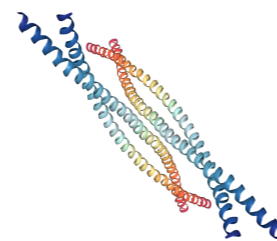
*Adeno-Associated Virus*



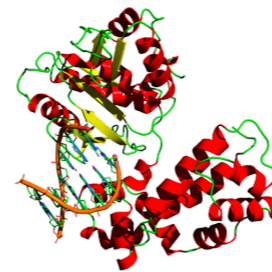
*CAR-T Cell*



*Oncorecto-, lenți- and spumaviruses*  
*Can replicate using cell machinery*  
*Certain subclasses are disease causing*  
*Packages ~8 kb of ssDNA*



Keratin  
(1.5 kb)



DNA polymerase  
(2.8 kb)



Median protein  
(26 kb)



Dystrophin  
(2,400 kb)

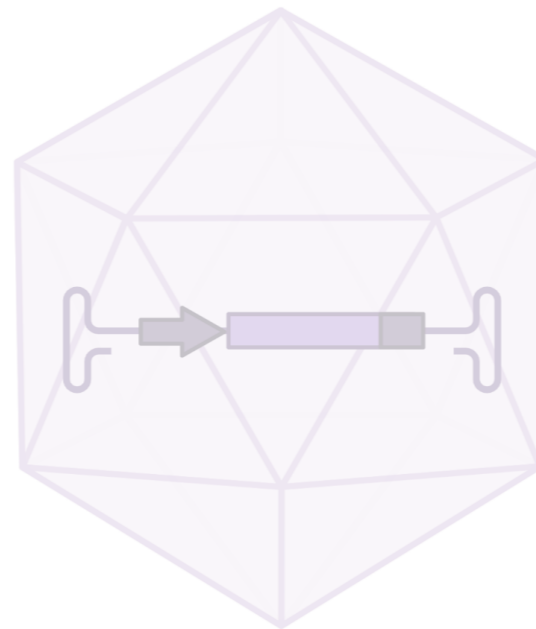
# What is Gene Therapy?

## Retroviral Vectors vs AAVs vs CARs

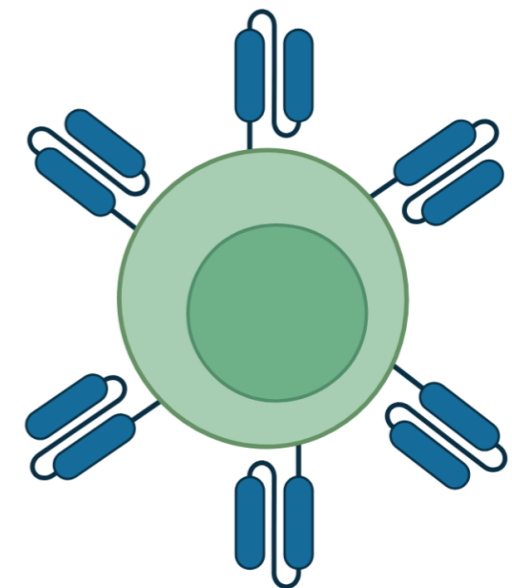
*Retrovirus*



*Adeno-Associated Virus*



*CAR-T Cell*



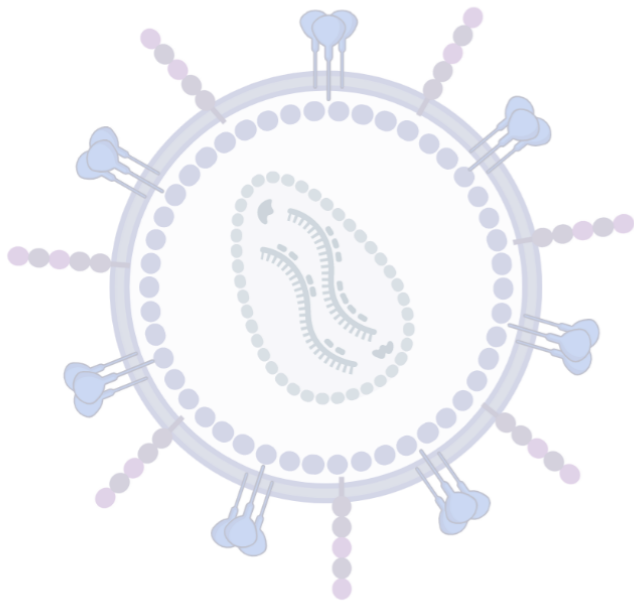
*Oncorecto-, lenți- and spumaviruses*  
*Can replicate using cell machinery*  
*Certain subclasses are disease causing*  
*Packages ~8 kb of ssDNA*

*Modified patient T-cells*  
*Installation of a novel antigen receptor*  
*Transfection occurs in vitro*  
*Requires extensive cell culture*

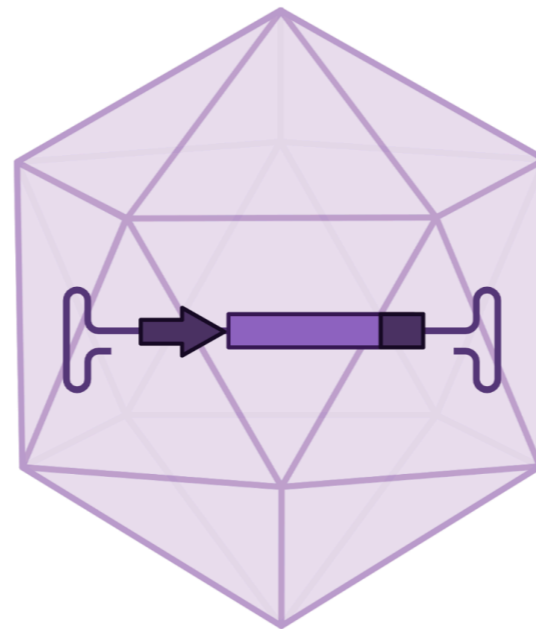
# What is Gene Therapy?

## Retroviral Vectors vs AAVs vs CARs

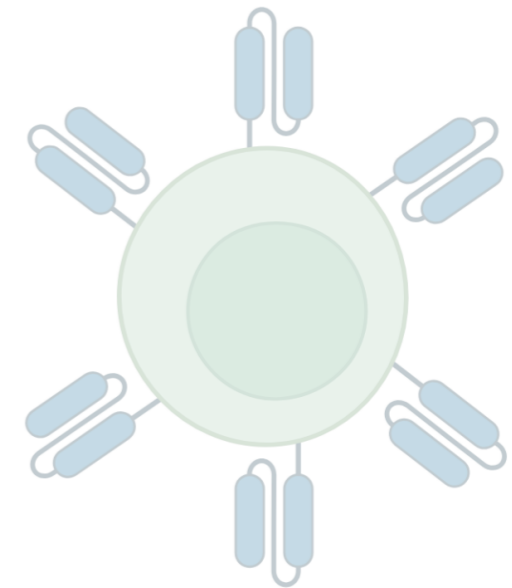
*Retrovirus*



*Adeno-Associated Virus*



*CAR-T Cell*



*Oncorecto-, lentī- and spumaviruses*  
*Can replicate using cell machinery*  
*Certain subclasses are disease causing*  
*Packages ~8 kb of ssDNA*

*Parvoviridae Dependoparvovirus*  
*Naturally occurring in humans and primates*  
*AAVs alone do not cause human disease*  
*Packages ~4.7 kb of ssDNA*

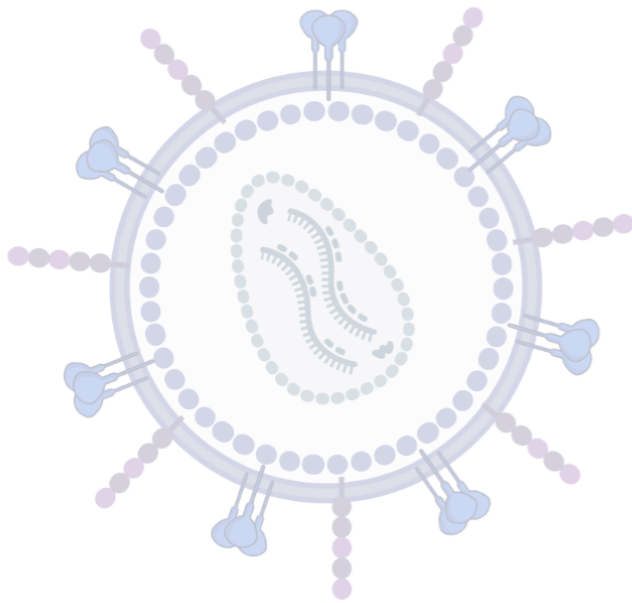
*Modified patient T-cells*  
*Installation of a novel antigen receptor*  
*Transfection occurs in vitro*  
*Requires extensive cell culture*



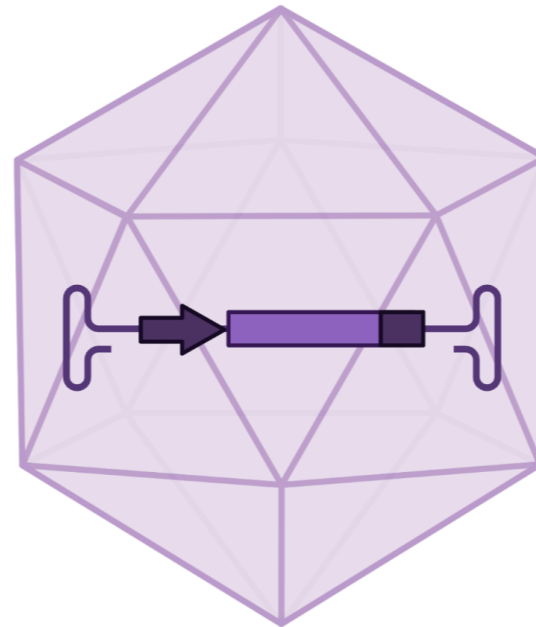
# What is Gene Therapy?

## Retroviral Vectors vs AAVs vs CARs

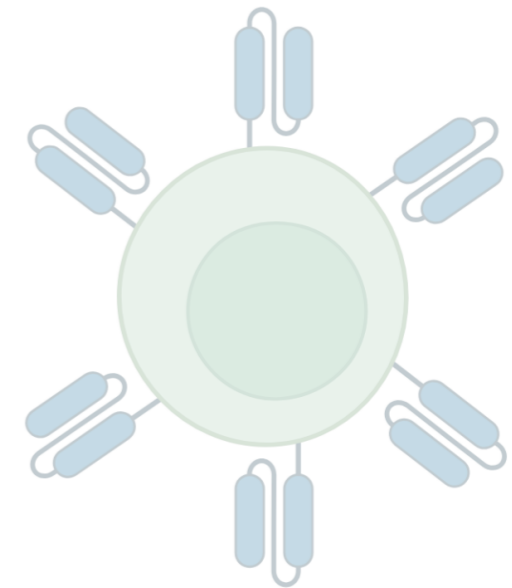
*Retrovirus*



*Adeno-Associated Virus*



*CAR-T Cell*



*Oncorecto-, lenți- and spumaviruses*  
*Can replicate using cell machinery*  
*Certain subclasses are disease causing*  
*Packages ~8 kb of ssDNA*

*Parvoviridae Dependoparvovirus*  
*Naturally occurring in humans and primates*  
*AAVs alone do not cause human disease*  
*Packages ~4.7 kb of ssDNA*

*Modified patient T-cells*  
*Installation of a novel antigen receptor*  
*Transfection occurs in vitro*  
*Requires extensive cell culture*

**AAVs have emerged as the “gold standard” for in-vivo gene addition therapies**

# *Outline*

***What is Gene Therapy?***

*History of Gene Therapy*

*AAV Biology*

*Challenges and Outlook*

# *Outline*

*What is Gene Therapy?*

*History of Gene Therapy*

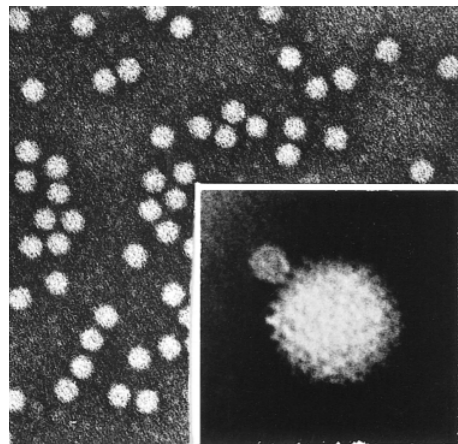
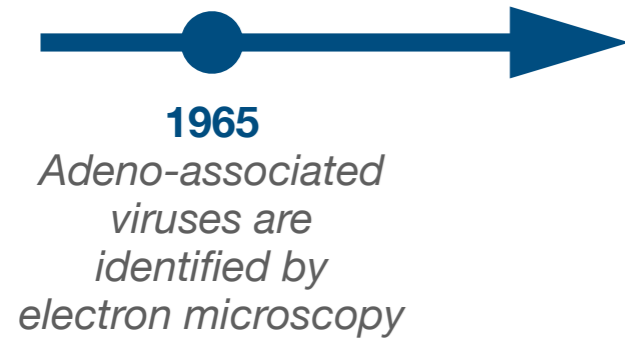
*AAV Biology*

*Challenges and Outlook*

# *Timeline of Development*



## *Timeline of Development*



## *Timeline of Development*



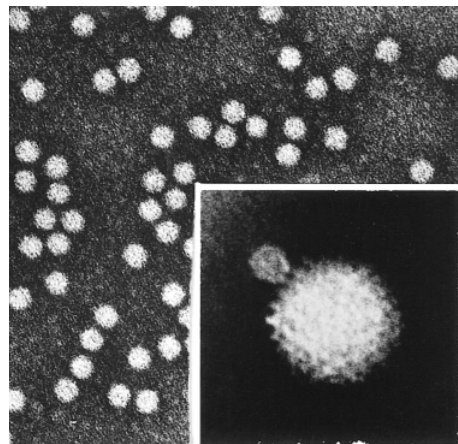
**1972**

*Friedmann conceptualizes  
gene therapy as a  
treatment for human disease*



**1965**

*Adeno-associated  
viruses are  
identified by  
electron microscopy*



## Timeline of Development

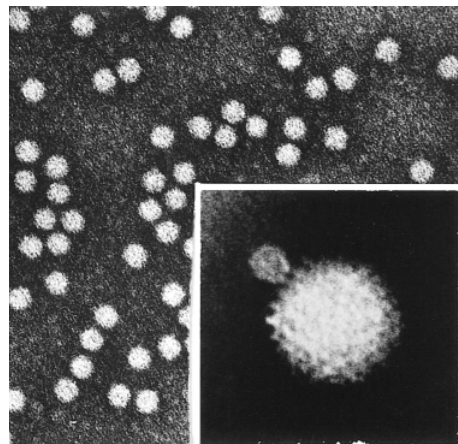


**1972**

*Friedmann conceptualizes gene therapy as a treatment for human disease*

**1965**

*Adeno-associated viruses are identified by electron microscopy*



**1980**

*Cline (UCLA) illegally attempts the first transfer of foreign genes to treat  $\beta$ -thalassemia*



***“I don’t know of anyone in the country who has precisely the same type of skills that I have, with knowledge both in the animal systems and in clinical investigations in man. I think that in that sense I must be unique.”***

***-Martin J. Cline***

***“It didn’t work in mice, so I’m going to try it in a man”***

***-Martin J. Cline***

***“There is very little reason to believe, both from a molecular biology and cell biology standpoint, that an experiment like that would work”***  
***-Philip Leder (NIH) about Cline’s Experiment***

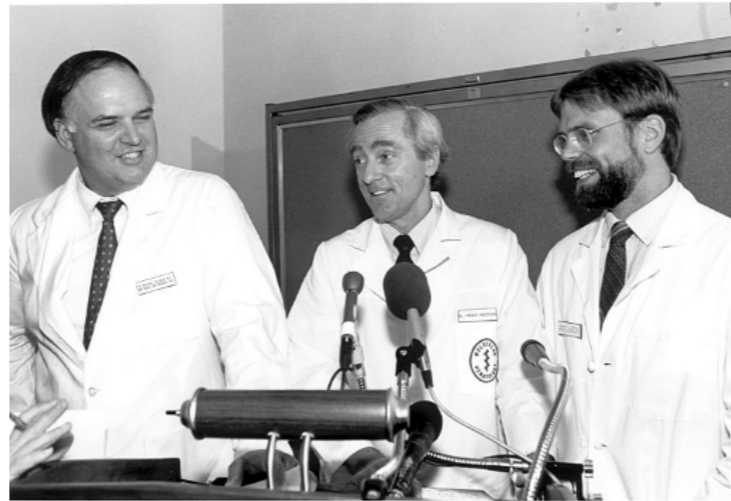


## Timeline of Development



**1972**

*Friedmann conceptualizes gene therapy as a treatment for human disease*

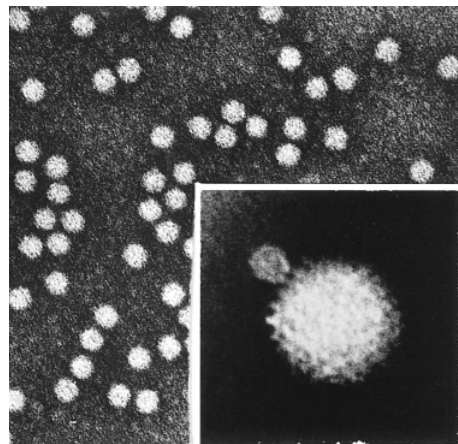


**1990**

Blaese attempts the first legal use of gene therapy to treat SCID in children

**1965**

*Adeno-associated viruses are identified by electron microscopy*



**1980**

*Cline (UCLA) illegally attempts the first transfer of foreign genes to treat  $\beta$ -thalassemia*



Blase, R. M., et. al.; *Science* **1985**, 5235, 475.

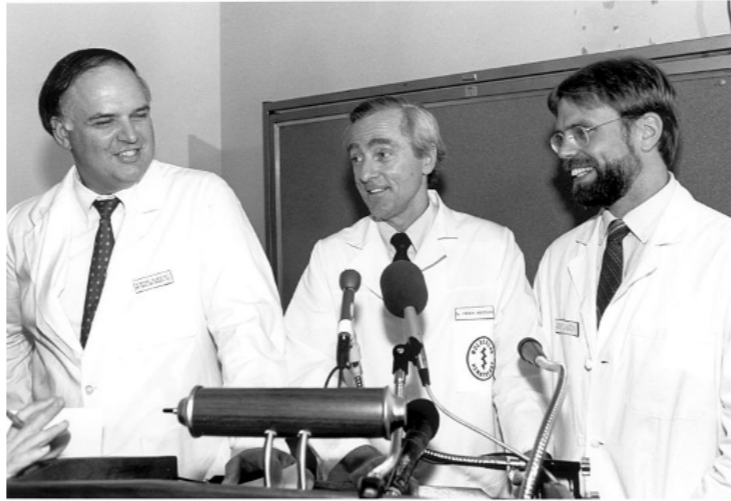


## Timeline of Development



**1972**

*Friedmann conceptualizes gene therapy as a treatment for human disease*

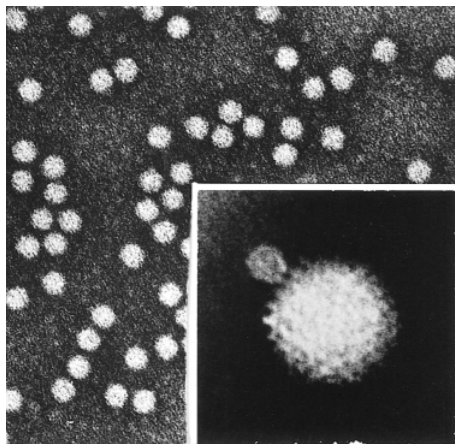


**1990**

Blaese attempts the first legal use of gene therapy to treat SCID in children

**1965**

*Adeno-associated viruses are identified by electron microscopy*



**1980**

*Cline (UCLA) illegally attempts the first transfer of foreign genes to treat  $\beta$ -thalassemia*



**1995**

First in human trial of new rAAVs (Safer than wild type AAVs) to treat cystic fibrosis.

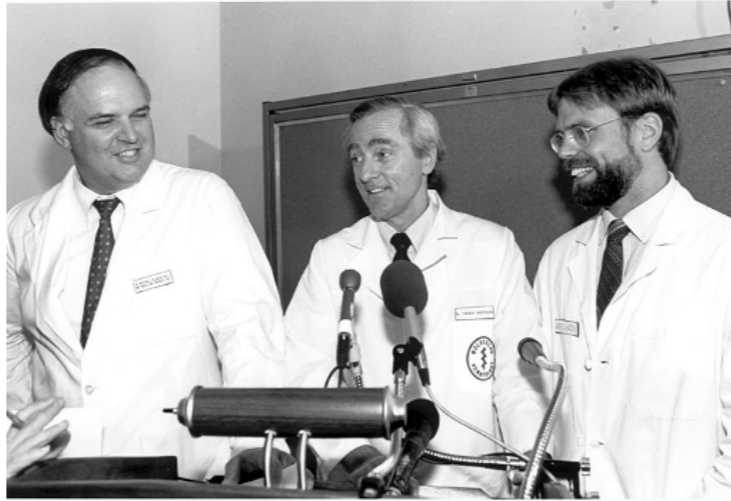


## Timeline of Development



**1972**

*Friedmann conceptualizes gene therapy as a treatment for human disease*



**1990**

Blaese attempts the first legal use of gene therapy to treat SCID in children



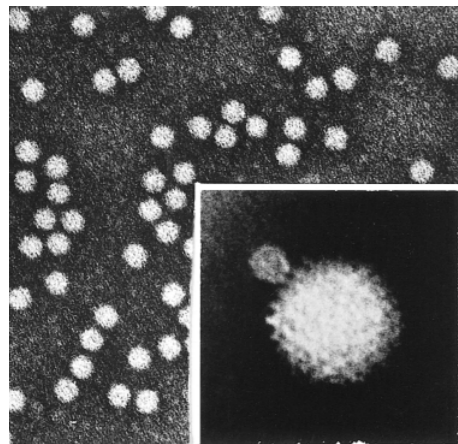
**1999**

Jesse Gelsinger dies 4 days after being dosed with an experimental gene therapy for ornithine transcarbamylase (OTC) deficiency.



**1965**

*Adeno-associated viruses are identified by electron microscopy*



**1980**

*Cline (UCLA) illegally attempts the first transfer of foreign genes to treat  $\beta$ -thalassemia*



**1995**

First in human trial of new rAAVs (Safer than wild type AAVs) to treat cystic fibrosis.





# *Timeline of Development*

*Jesse Gelsinger*



*Jesse Gelsinger*

Suffered from a very mild form of OTC deficiency

Unable to metabolize ammonia

18th patient in the study

Received the largest dose ( $6 \times 10^9$  vg/kg)

Triggered a massive immune response leading to organ failure

# Timeline of Development

*Jesse Gelsinger*



*Jesse Gelsinger*

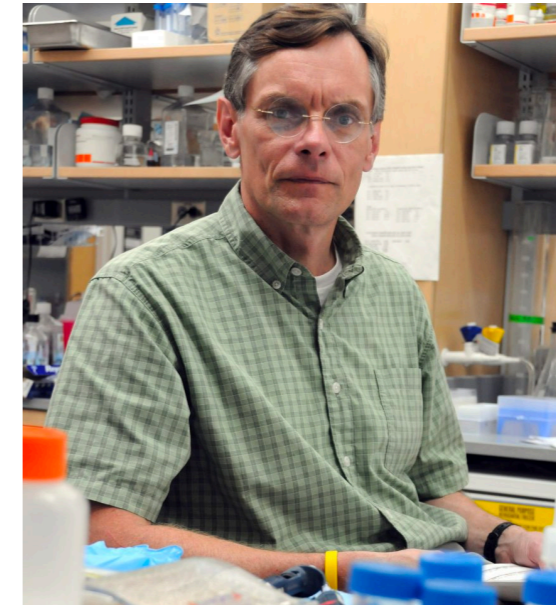
Suffered from a very mild form of OTC deficiency

Unable to metabolize ammonia

18th patient in the study

Received the largest dose ( $6 \times 10^9$  vg/kg)

Triggered a massive immune response leading to organ failure



*James Wilson, M.D. Ph.D.*

Found to have violated FDA guidelines

Included Jesse in the study despite high ammonia levels

Failed to disclose the deaths of monkeys in earlier phases

University didn't properly report 2 patient's side effects

Barred from clinical trials for 10 years

# Timeline of Development

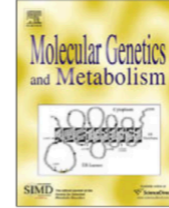
Jesse Gelsinger



Contents lists available at ScienceDirect

## Molecular Genetics and Metabolism

journal homepage: [www.elsevier.com/locate/ymgme](http://www.elsevier.com/locate/ymgme)

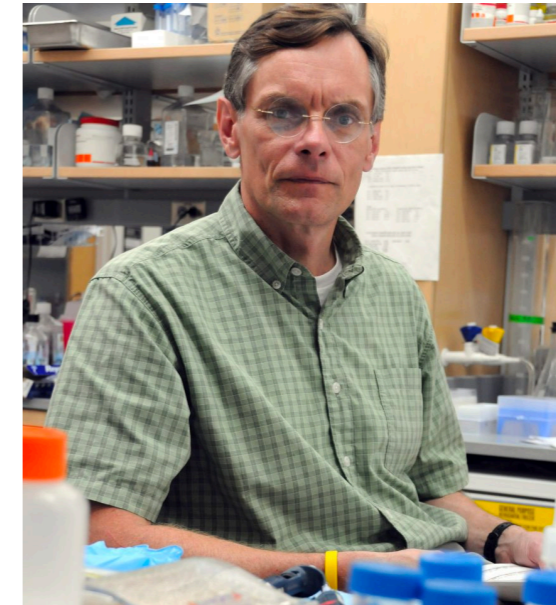


Commentary

Lessons learned from the gene therapy trial for ornithine transcarbamylase deficiency

James M. Wilson\*

Department of Pathology and Laboratory Medicine, University of Pennsylvania, Suite 2000 TRL, 125 S. 31st Street, Philadelphia, PA 19104-3403, USA



James Wilson, M.D. Ph.D.

## Novel adeno-associated viruses from rhesus monkeys as vectors for human gene therapy

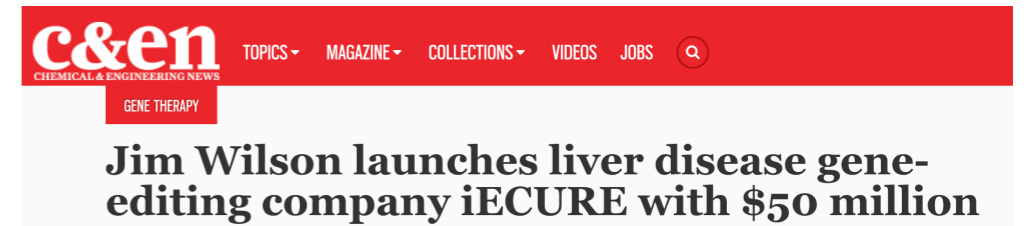
Guang-Ping Gao, Mauricio R. Alvira, Lili Wang, Roberto Calcedo, Julie Johnston, and James M. Wilson\*



BUSINESS

MOVERS AND SHAKERS

## The redemption of James Wilson, gene therapy pioneer



### Jim Wilson launches liver disease gene-editing company iECURE with \$50 million

MEDICINE

## A History Lesson for Stem Cells

James M. Wilson

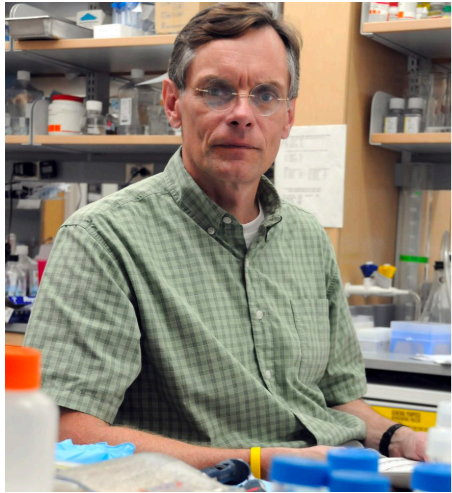
POLICYFORUM

Factors that led to the decline of gene therapy at the turn of the century should be considered by the stem cell community to avoid a similar outcome.

*Wilson continued his research and is now considered the “premier” authority in AAV gene therapy*

*42 companies, >100 clinical trials*

## *Timeline of Development*



### **2002-2004**

New, safer AAVs (7-9) are developed by Wilson (UPenn) enabling lower dosing requirements

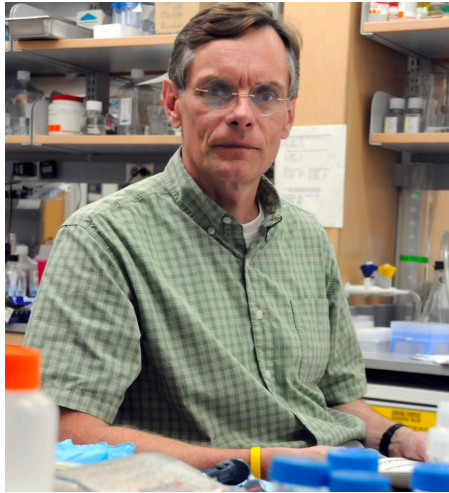


Gao, G.; et. al.; *PNAS* **2002**, 99, 11854.

Gao, G.; et. al.; *PNAS* **2003**, 100, 6081.

Gao, G.; et. al.; *J. Virol.* **2004**, 78, 6381.

## Timeline of Development



### 2002-2004

New, safer AAVs (7-9) are developed by Wilson (UPenn) enabling lower dosing requirements



### 2008

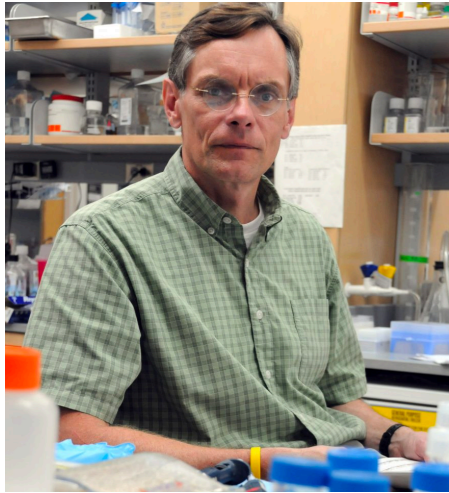
Clinical efficacy is achieved for the first time for the AAV treatment of inherited blindness



Hauswirth, W. W.; et. al.; *Hum. Gene Ther.* **2008**, 19, 979.  
Bainbridge, J. W.; et. al.; *N. Engl. J. Med.* **2008**, 358, 2231.



# Timeline of Development



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

## 2002-2004

New, safer AAVs (7-9) are developed by Wilson (UPenn) enabling lower dosing requirements

## 2012

Glybera (uniQure) becomes the first AAV therapy approved by the EMA (AAV1)

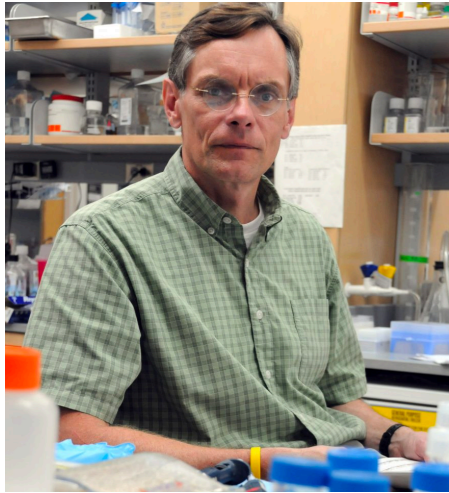
## 2008

Clinical efficacy is achieved for the first time for the AAV treatment of inherited blindness





# Timeline of Development



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

## 2002-2004

New, safer AAVs (7-9) are developed by Wilson (UPenn) enabling lower dosing requirements

## 2012

Glybera (uniQure) becomes the first AAV therapy approved by the EMA (AAV1)

## 2008

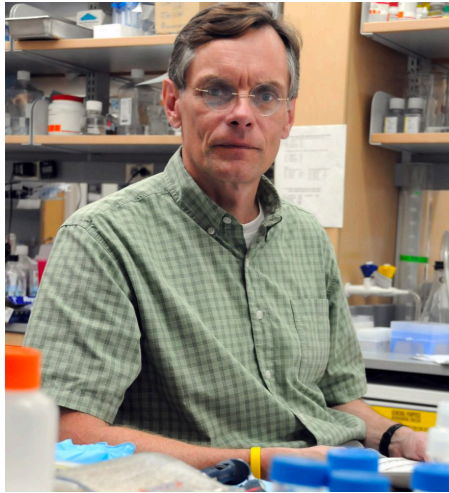
Clinical efficacy is achieved for the first time for the AAV treatment of inherited blindness

## 2014

Children's Hospital begins a clinical trial using the "new" AAV9 to treat spinal muscular atrophy



# Timeline of Development



## 2002-2004

New, safer AAVs (7-9) are developed by Wilson (UPenn) enabling lower dosing requirements



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH



## 2017

Luxturna (Spark Therapeutics) becomes the first FDA approved gene therapy (AAV2)

## 2012

Glybera (uniQure) becomes the first AAV therapy approved by the EMA (AAV1)

## 2014

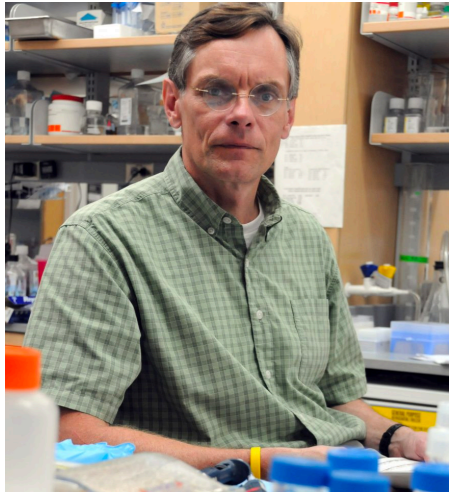
Children's Hospital begins a clinical trial using the "new" AAV9 to treat spinal muscular atrophy

## 2008

Clinical efficacy is achieved for the first time for the AAV treatment of inherited blindness



# Timeline of Development



**2002-2004**

New, safer AAVs (7-9) are developed by Wilson (UPenn) enabling lower dosing requirements

**2012**

Glybera (uniQure) becomes the first AAV therapy approved by the EMA (AAV1)

**2017**

Luxturna (Spark Therapeutics) becomes the first FDA approved gene therapy (AAV2)

**2008**

Clinical efficacy is achieved for the first time for the AAV treatment of inherited blindness

**2014**

Children's Hospital begins a clinical trial using the "new" AAV9 to treat spinal muscular atrophy

**2017-2022**

21 more gene/cell therapy treatments are approved by the FDA. As of 2021, >3,000 patients have received AAVs therapies through clinical trials



# *Outline*

*What is Gene Therapy?*

*History of Gene Therapy*

*AAV Biology*

*Challenges and Outlook*

# *Outline*

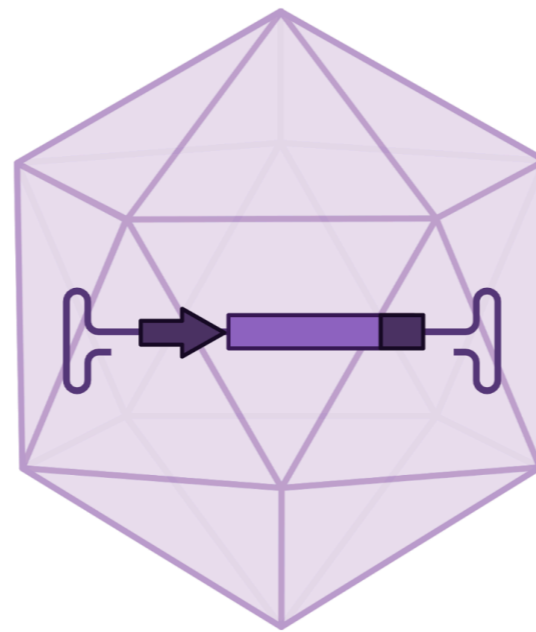
*What is Gene Therapy?*

*History of Gene Therapy*

*AAV Biology*

*Challenges and Outlook*

*AAV Biology*  
*AAV composition*



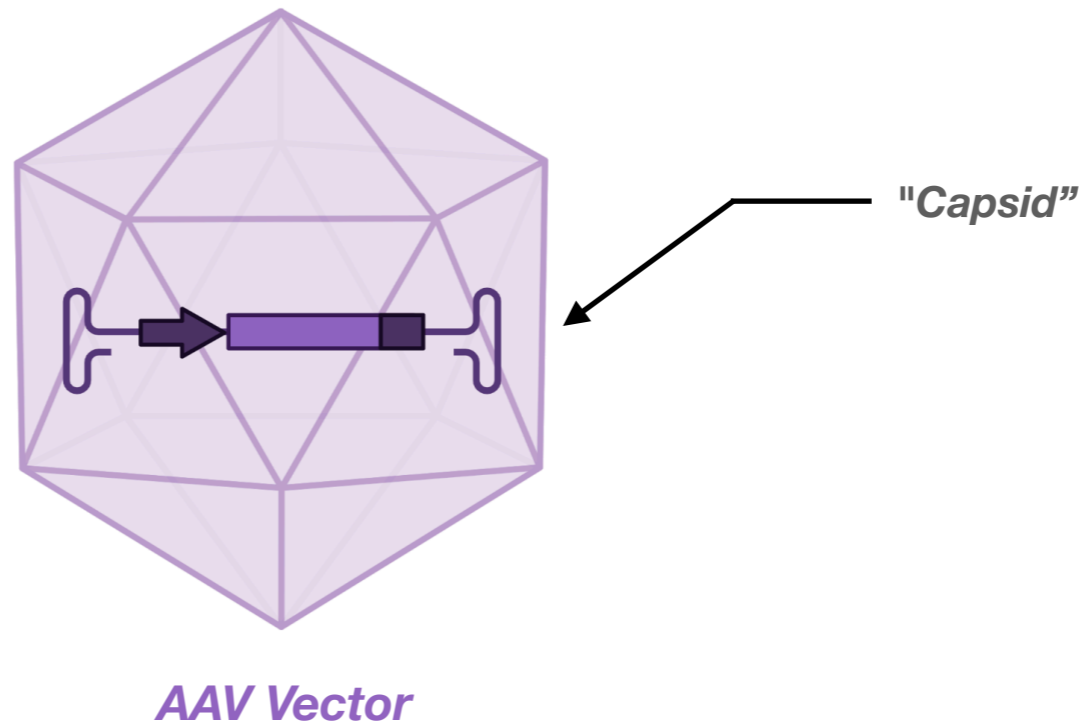
*AAV Vector*



# AAV Biology

## AAV composition

- Capsid**
- Oligomer of 3 proteins
  - Protective "shell"
  - Different serotypes enable targeting

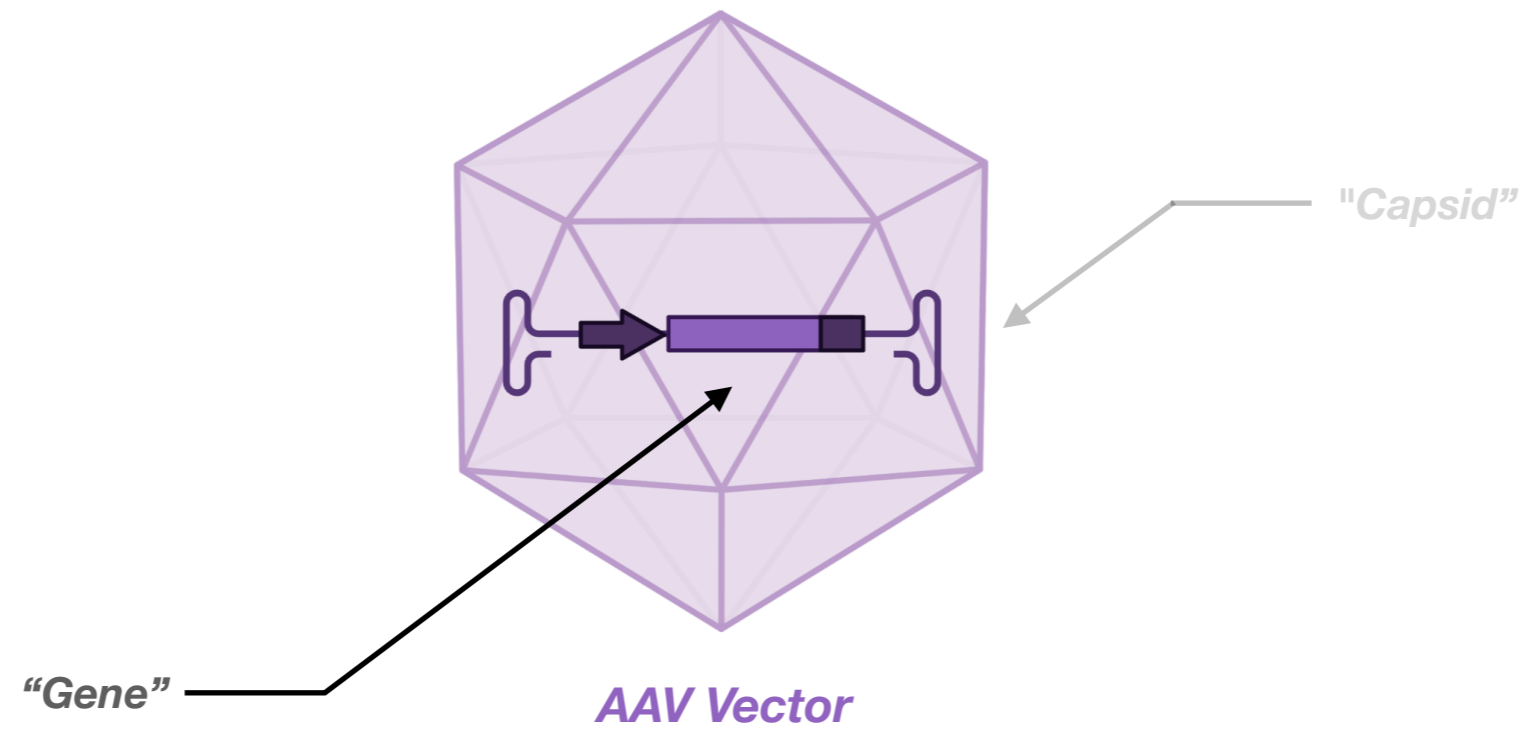


# AAV Biology

## AAV composition

**Capsid**

- Oligomer of 3 proteins
- Protective "shell"
- Different serotypes enable targeting



**Gene**

- Rep* and *cap* in natural AAVs
- Therapeutic DNA in rAAVs
- 4.7kb maximum size

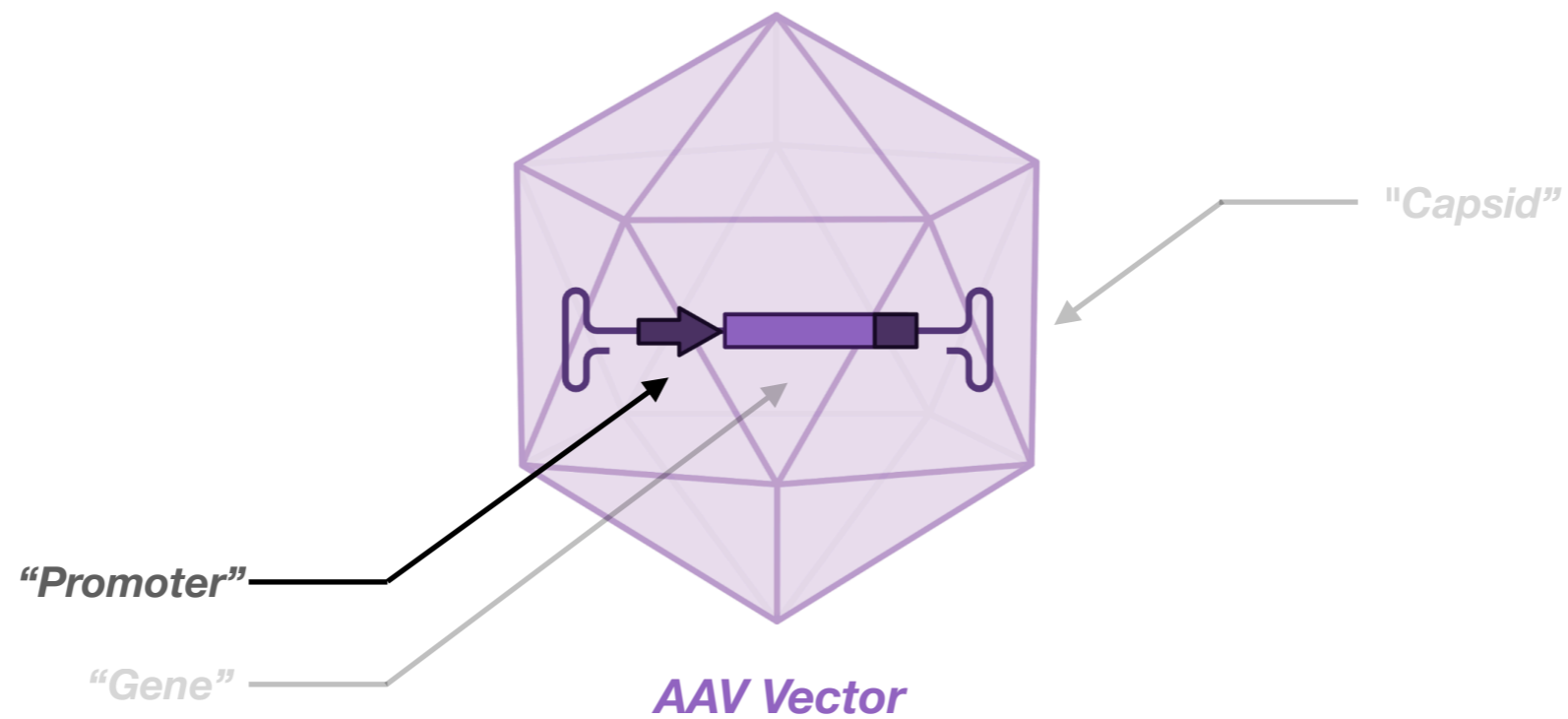


# AAV Biology

## AAV composition

**Capsid**

- Oligomer of 3 proteins
- Protective "shell"
- Different serotypes enable targeting



**Gene**

- Rep* and *cap* in natural AAVs
- Therapeutic DNA in rAAVs
- 4.7kb maximum size

**Promoter**

- Not found in natural AAVs
- CMV or chicken  $\beta$ -actin promoter
- Improves gene expression

# AAV Biology

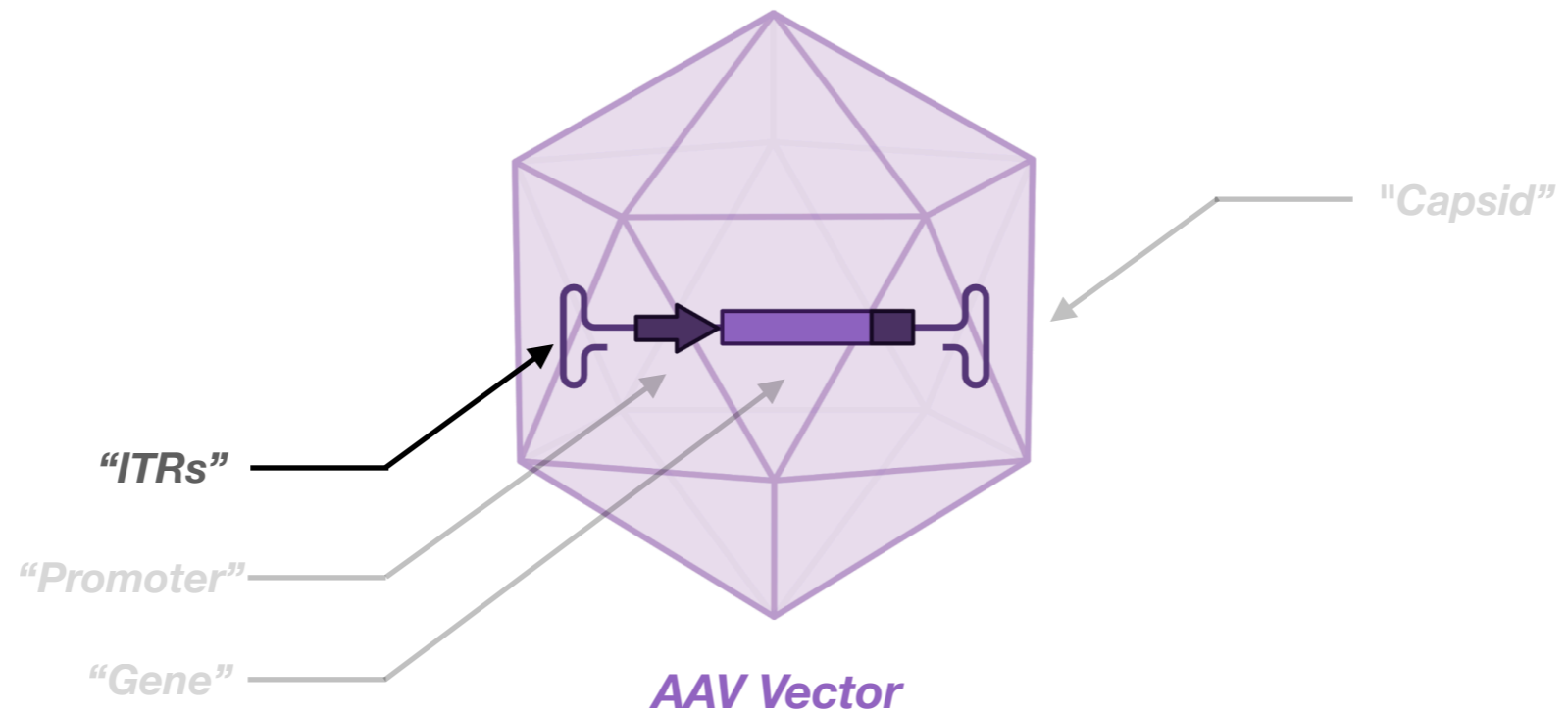
## AAV composition

**Inverted Terminal Repeats (ITRs)**

- Essential for downstream expression
- Enables circularization (episomal DNA)
- Only conserved ssDNA in rAAVs

**Capsid**

- Oligomer of 3 proteins
- Protective "shell"
- Different serotypes enable targeting



**Gene**

- Rep and cap in natural AAVs
- Insertion DNA in rAAVs
- 4.7kb maximum size

**Promoter**

- Not found in natural AAVs
- CMV or chicken  $\beta$ -actin promoter
- Improves gene expression

# AAV Biology

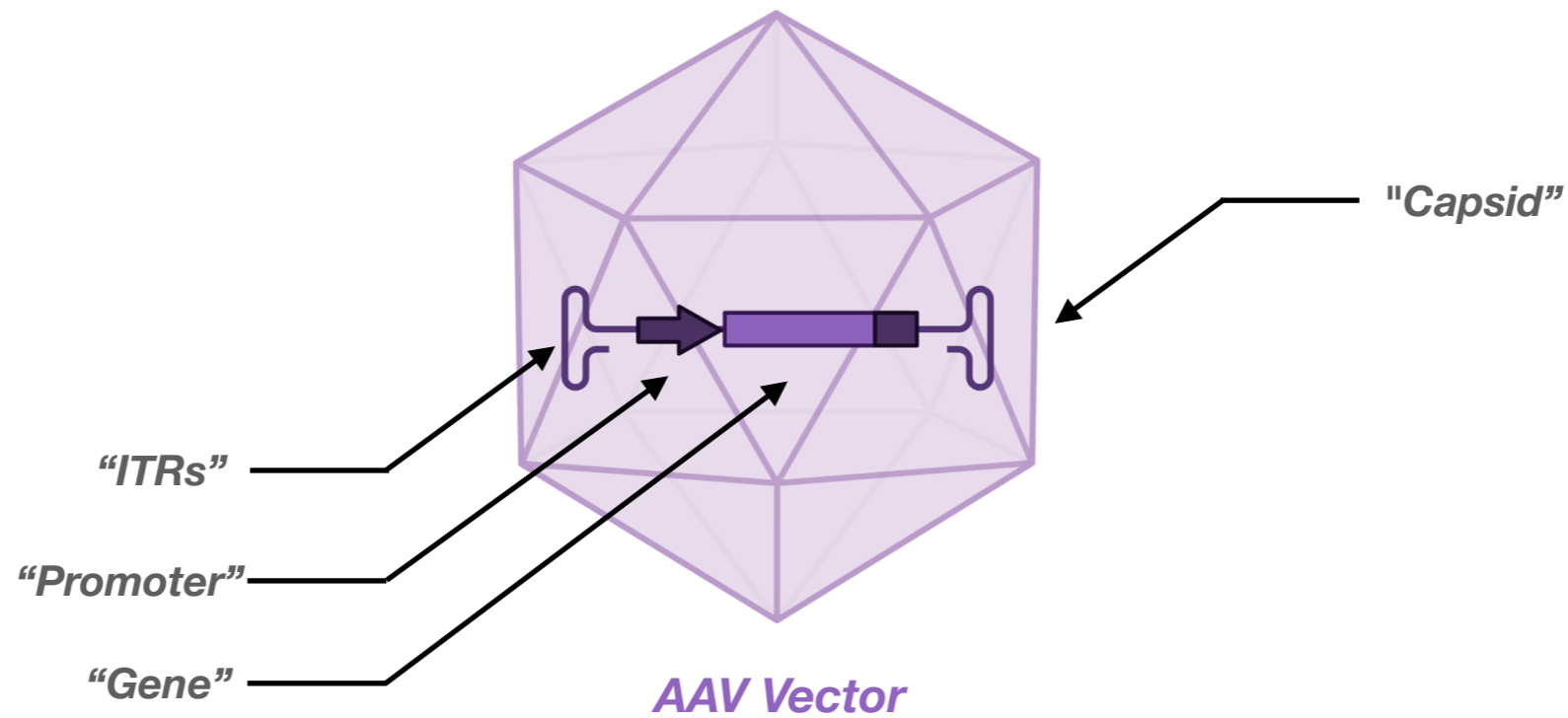
## AAV composition

### Inverted Terminal Repeats (ITRs)

- Essential for downstream expression
- Enables circularization (episomal DNA)
- Only conserved ssDNA in rAAVs

### Capsid

- Oligomer of 3 proteins
- Protective "shell"
- Different serotypes enable targeting



### Gene

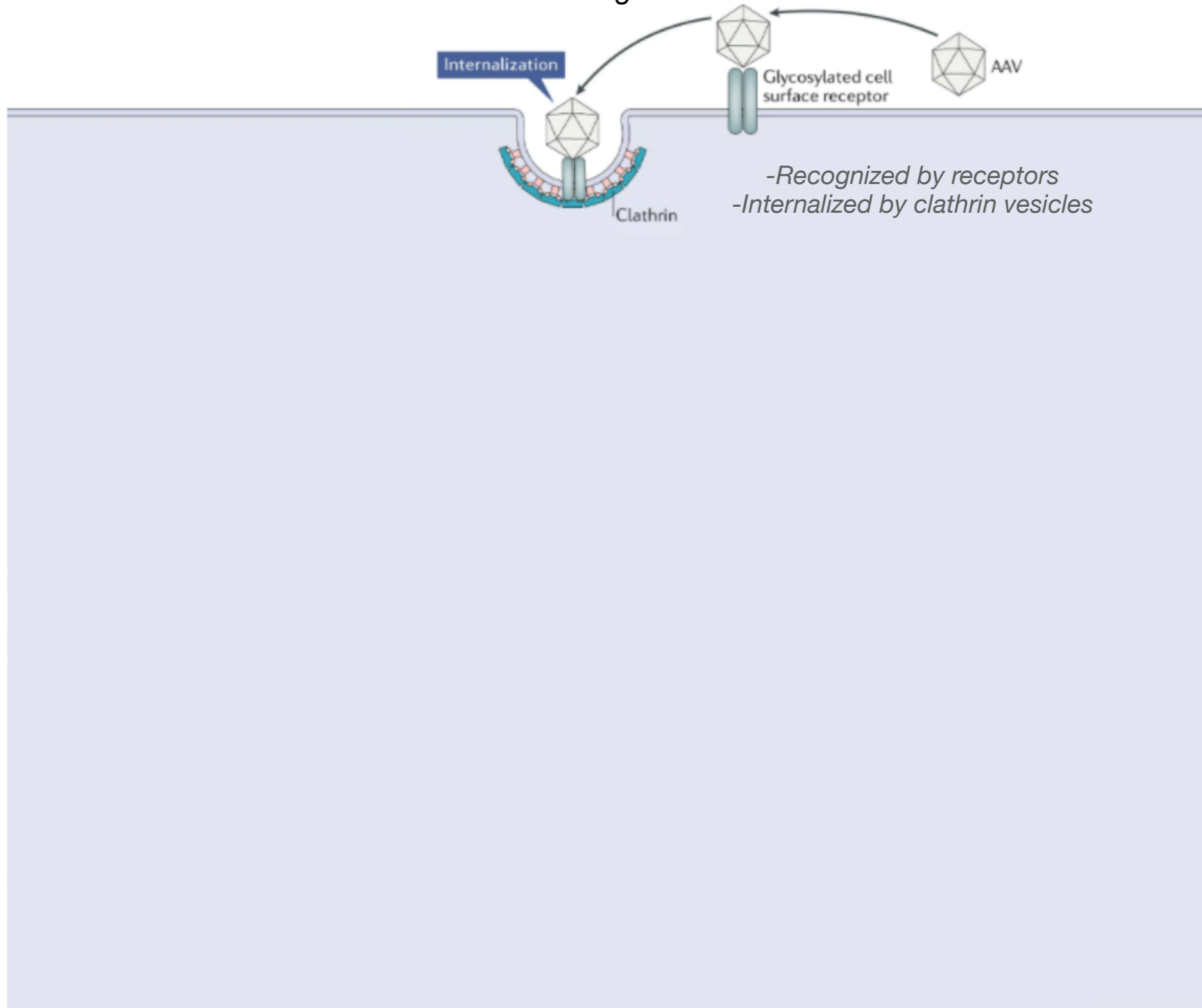
- Rep* and *cap* in natural AAVs
- Insertion DNA in rAAVs
- 4.7kb maximum size

### Promoter

- Not found in natural AAVs
- CVM or chicken  $\beta$ -actin promoter
- Improves gene expression

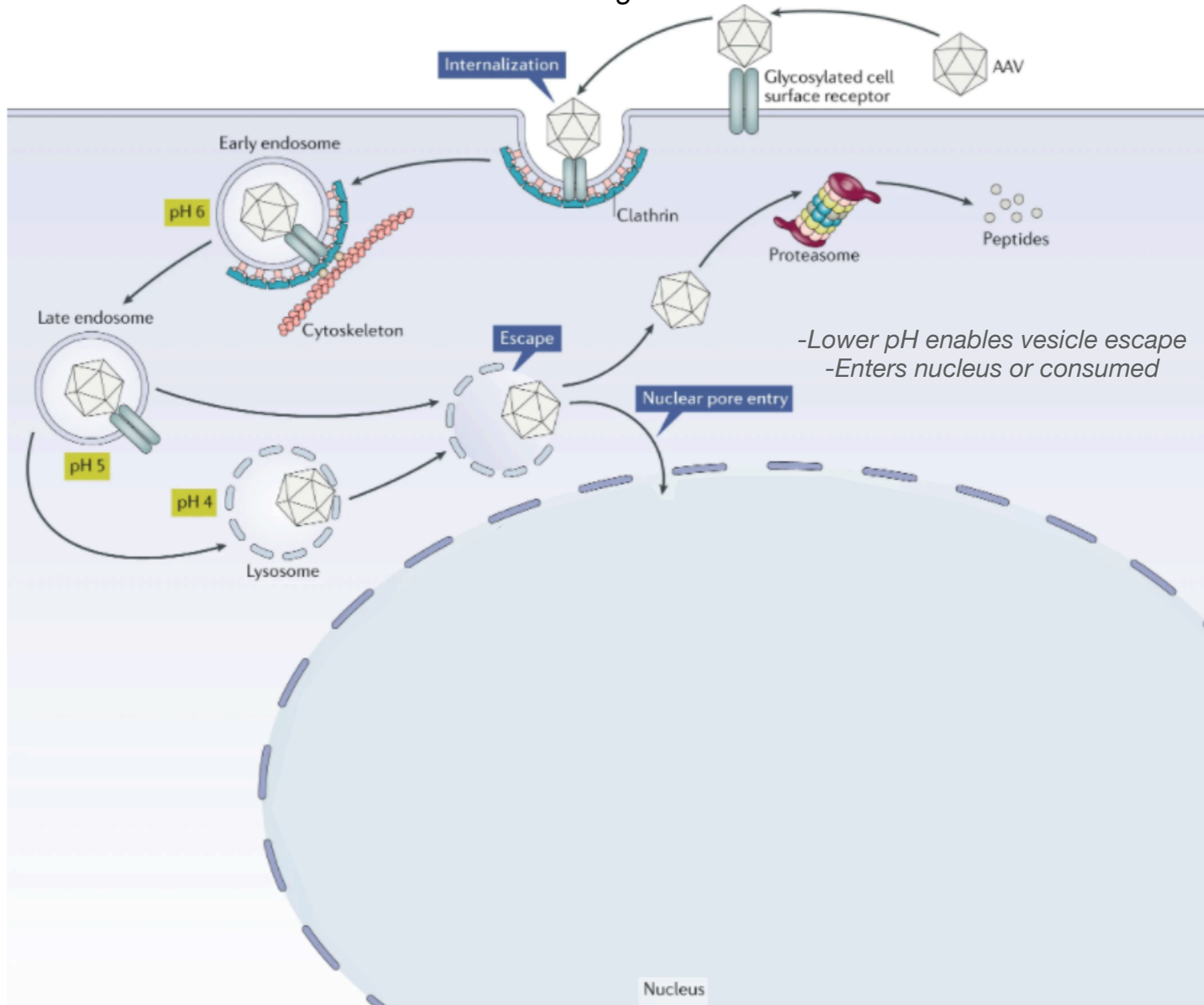
# AAV Biology

## Mechanism of gene addition



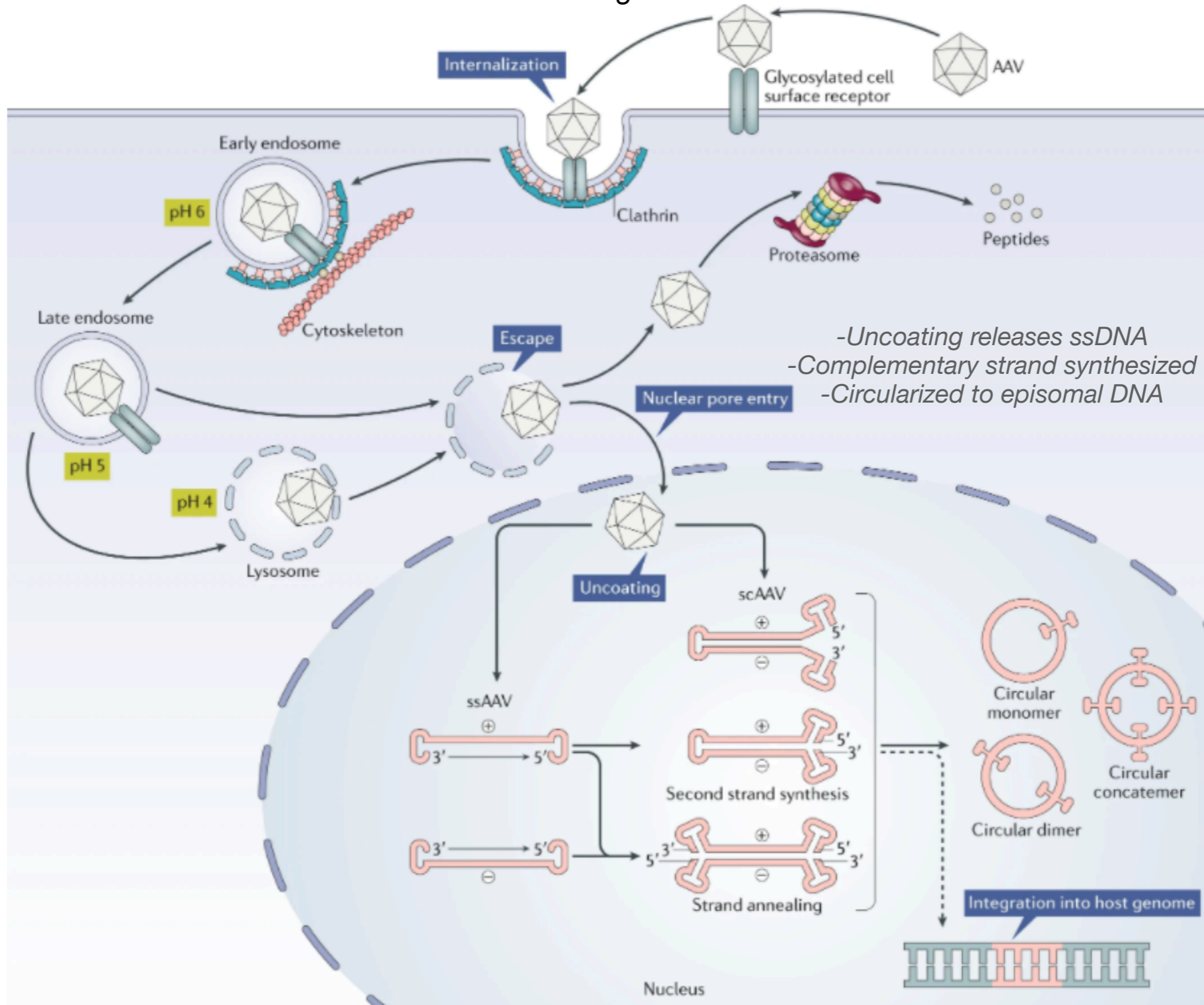
# AAV Biology

## Mechanism of gene addition



# AAV Biology

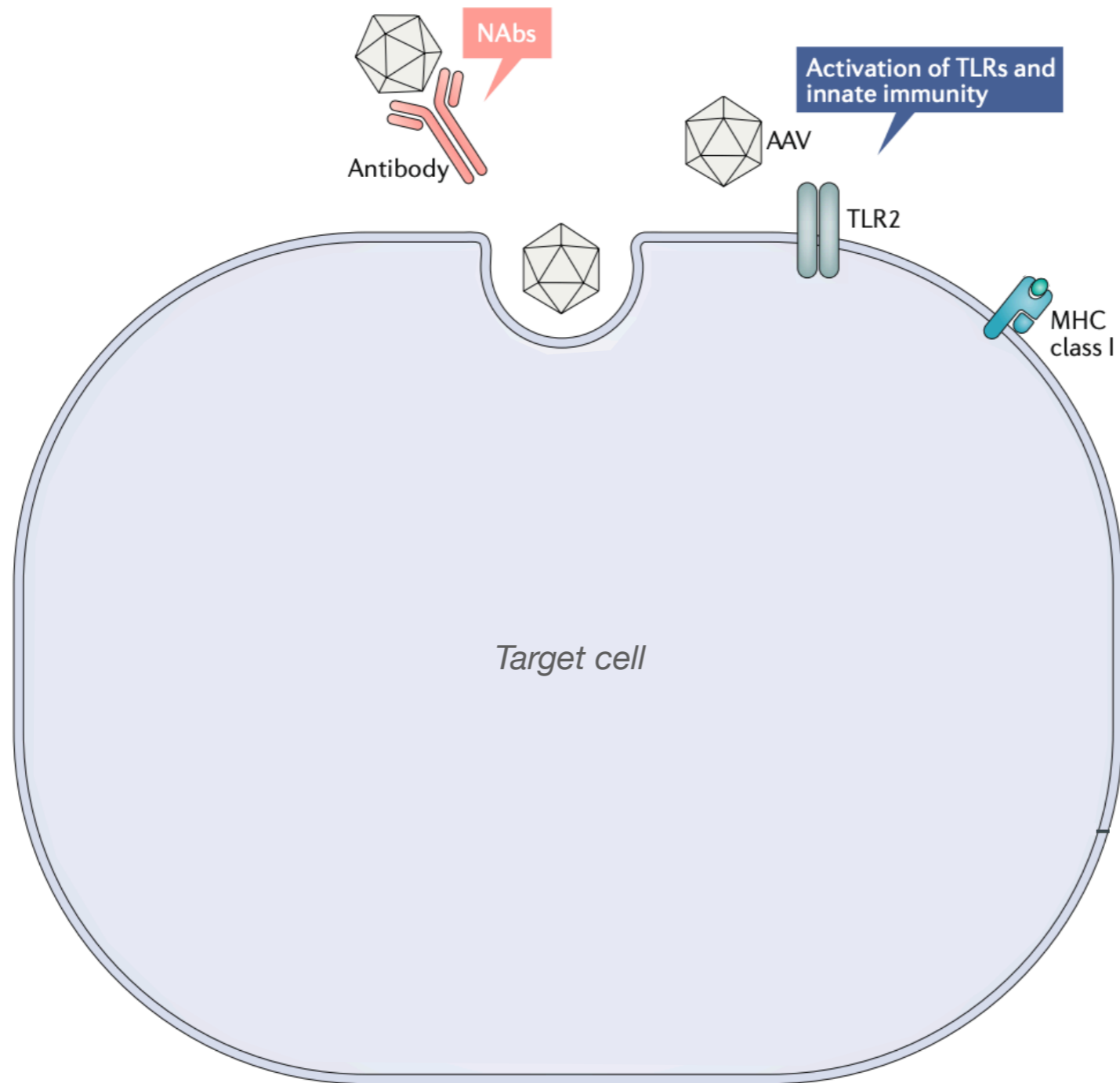
## Mechanism of gene addition





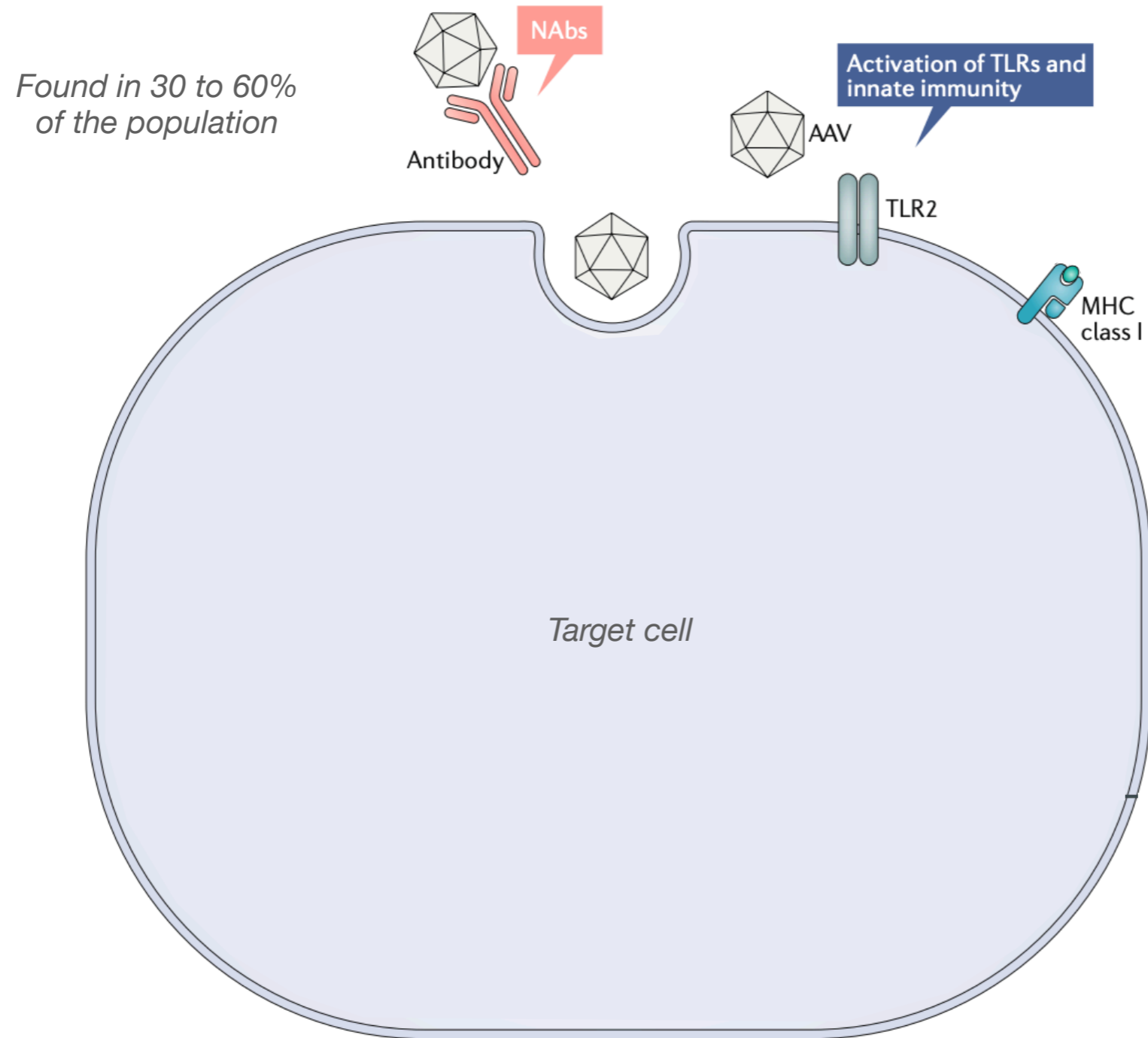
# AAV Biology

## Immune response to rAAVs



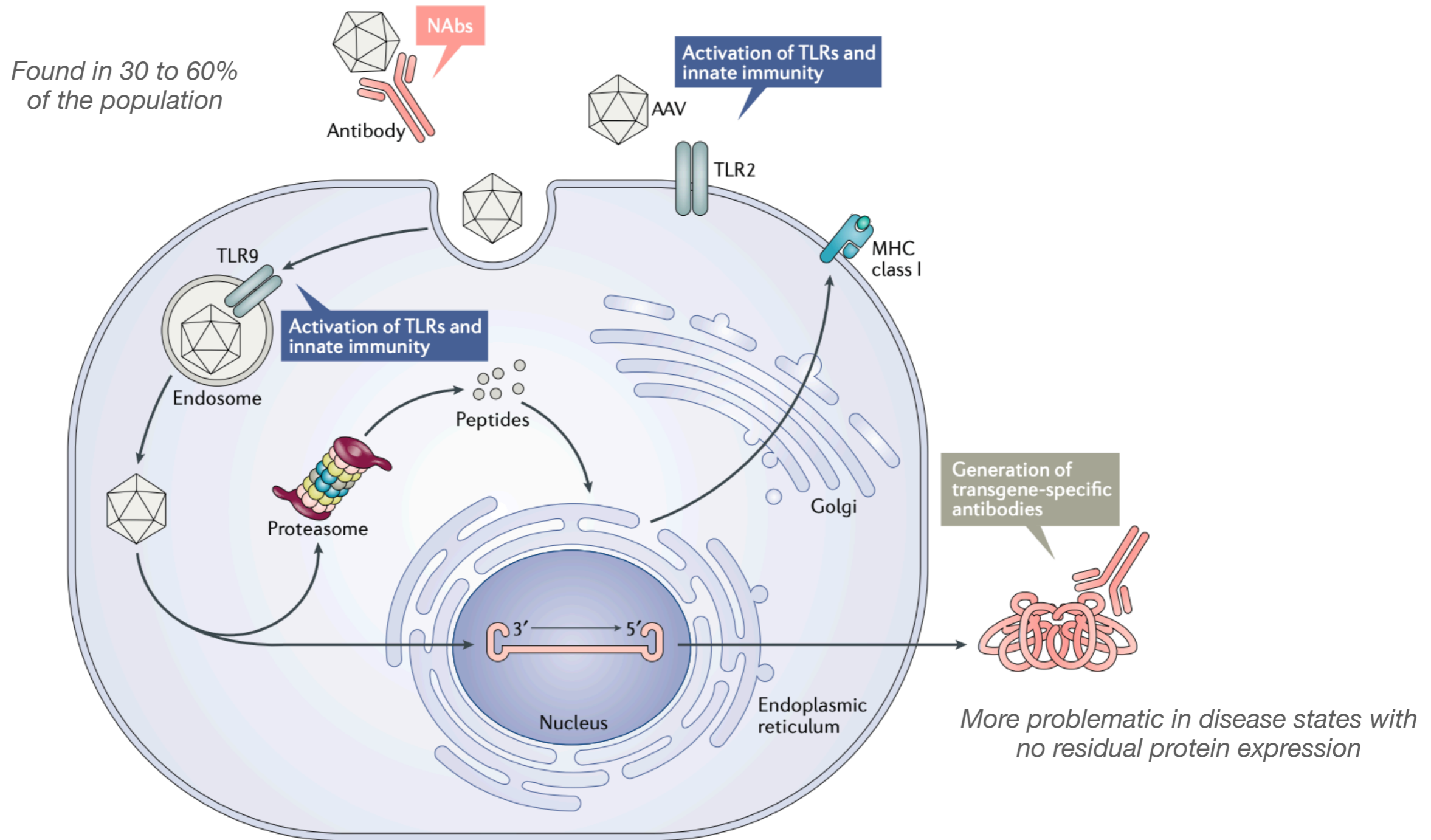
# AAV Biology

## Immune response to rAAVs



# AAV Biology

## Immune response to rAAVs

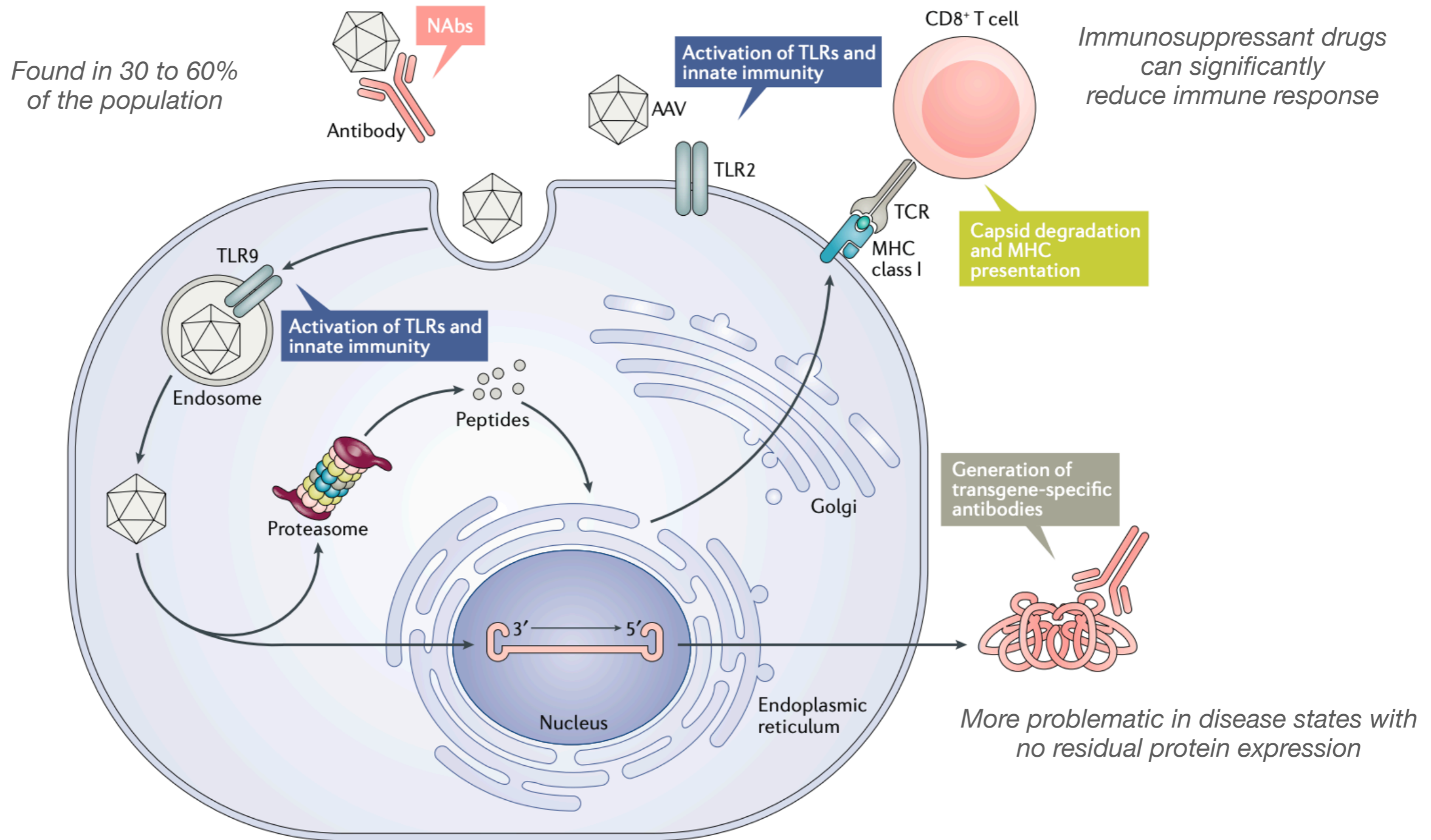


Ronzitti, G.; et. al.; *Front. Immunol.* **2020**, *11*, 670.

Wang, D.; et. al.; *Nat. Rev. Drug Discov.* **2019**, *18*, 358.

# AAV Biology

## Immune response to rAAVs

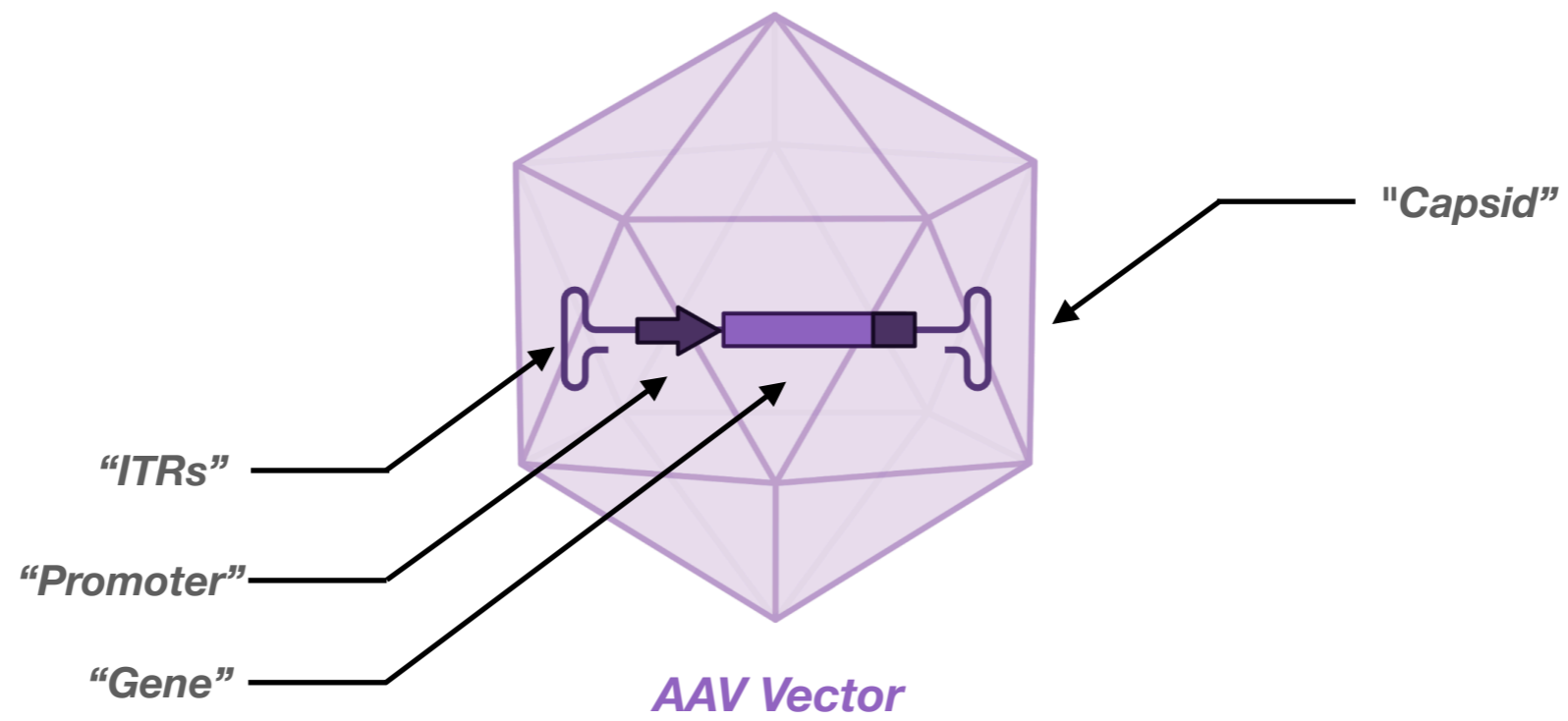


Ronzitti, G.; et. al.; *Front. Immunol.* **2020**, *11*, 670.

Wang, D.; et. al.; *Nat. Rev. Drug Discov.* **2019**, *18*, 358.

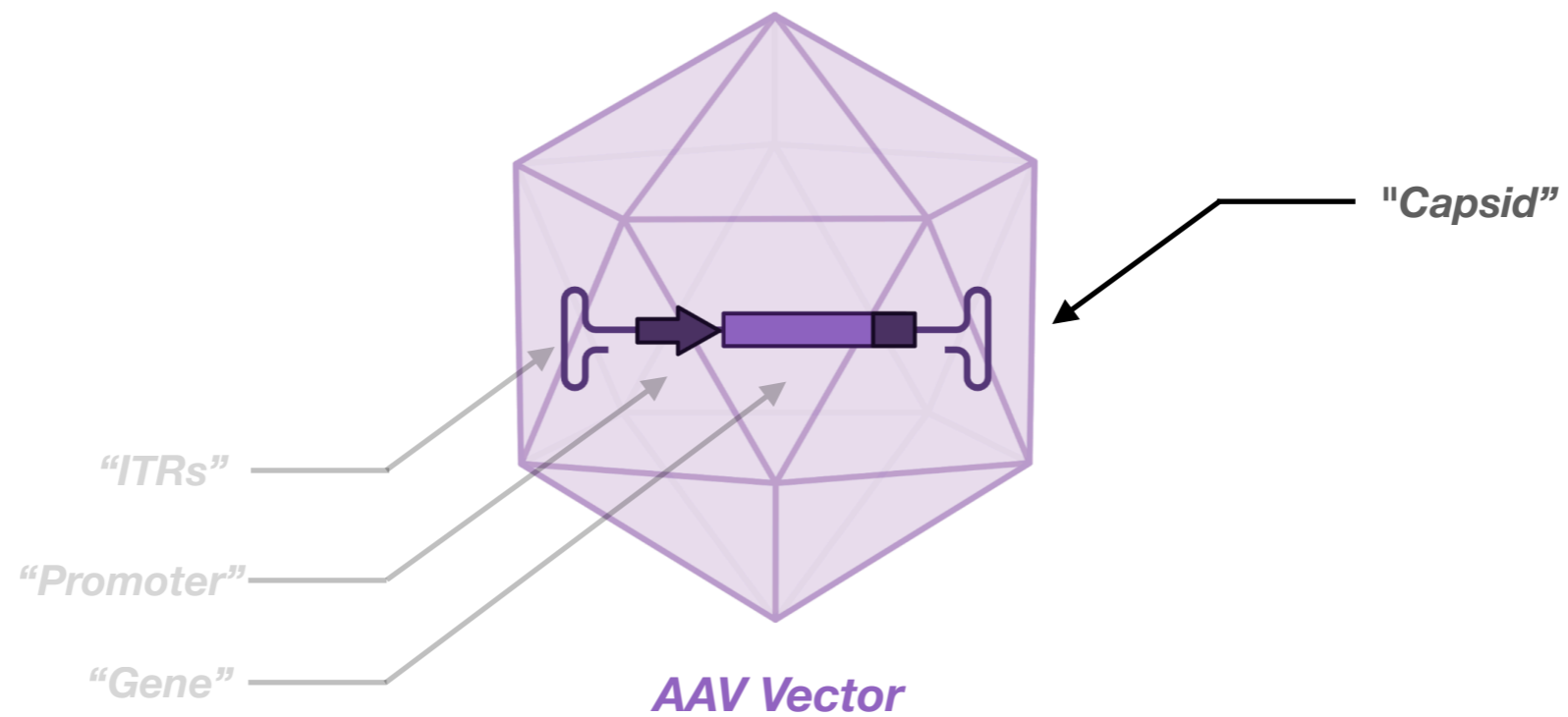
# AAV Biology

## AAV serotypes



# AAV Biology

## AAV serotypes



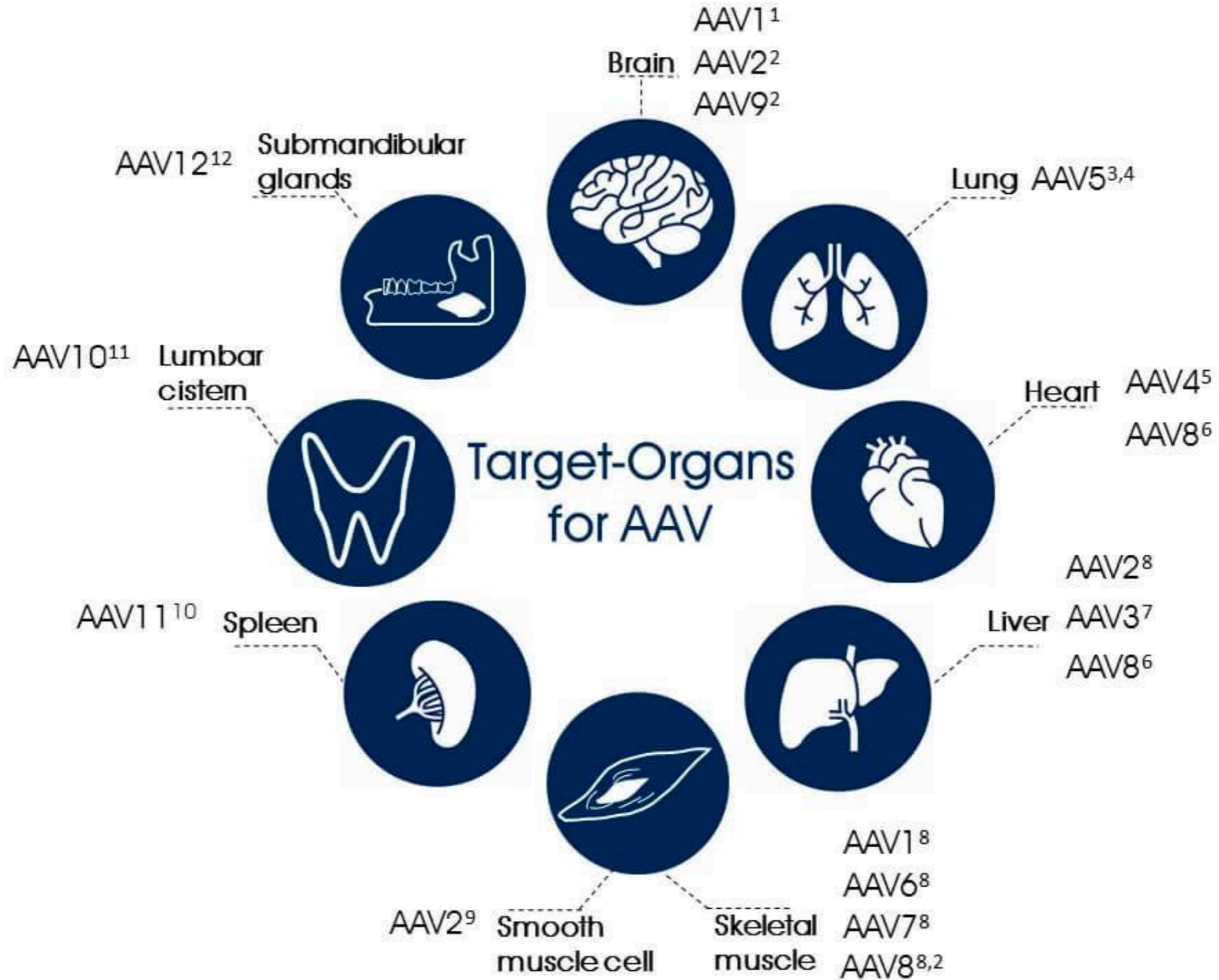
*Novel capsid design enables  
discovery process*

*Optimizing the "cap"  
changes localization*



# AAV Biology

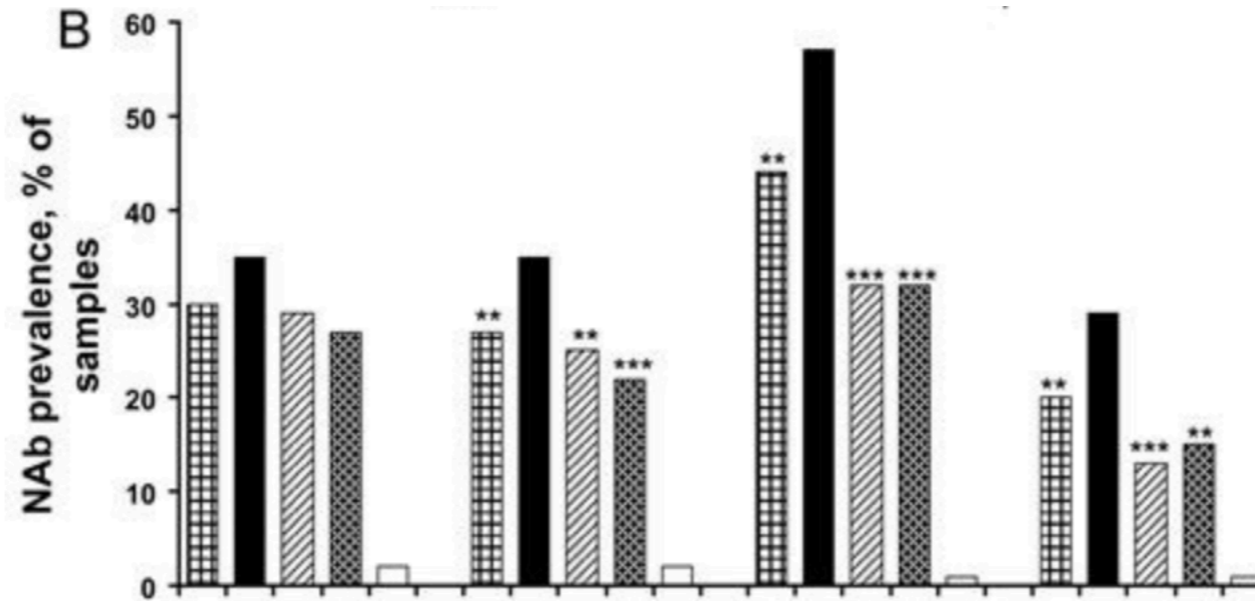
## AAV serotypes



# AAV Biology

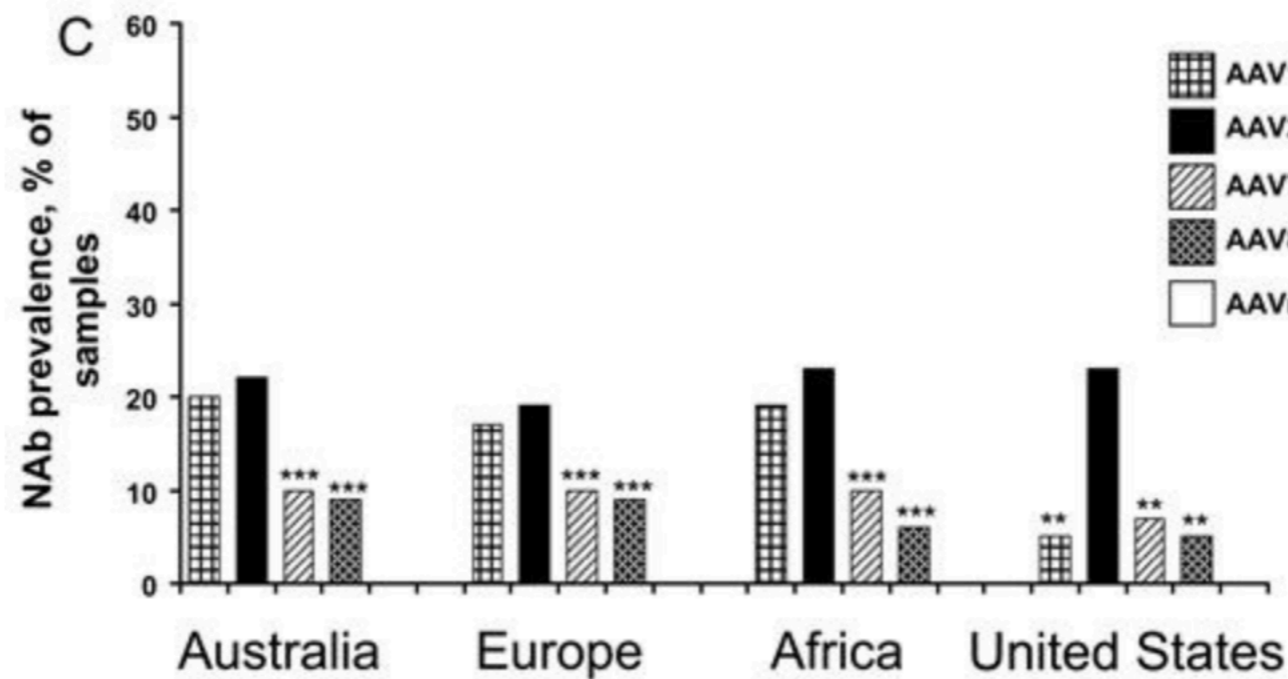
## AAV serotypes and immune response

1:20 serum dilution



An estimated 30 to 60% of the population contains AAV NAb

1:80 serum dilution

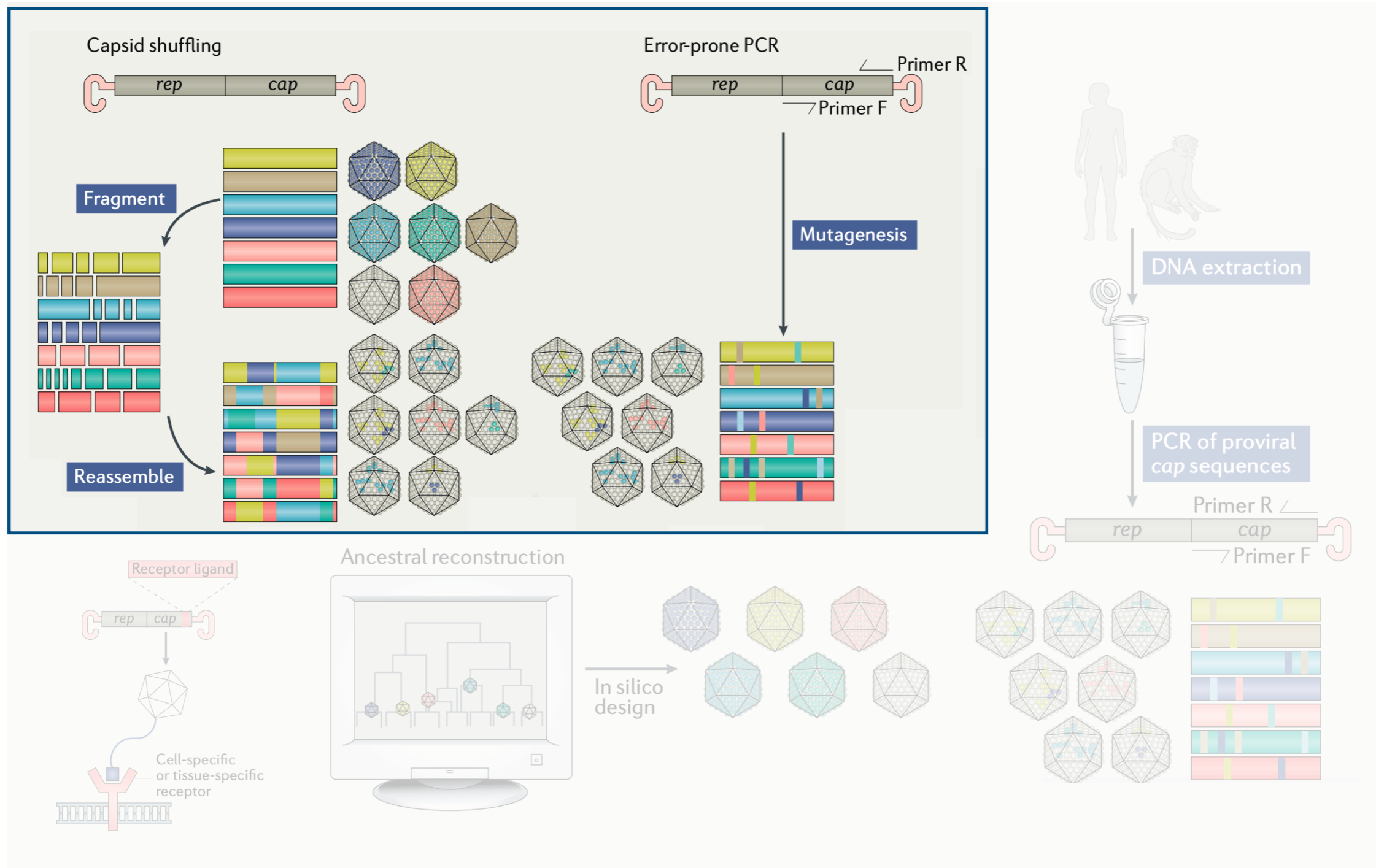


Novel AAV capsids may escape NAb

% of samples with >50% inhibition of vector transduction  
n = 889

# AAV Biology

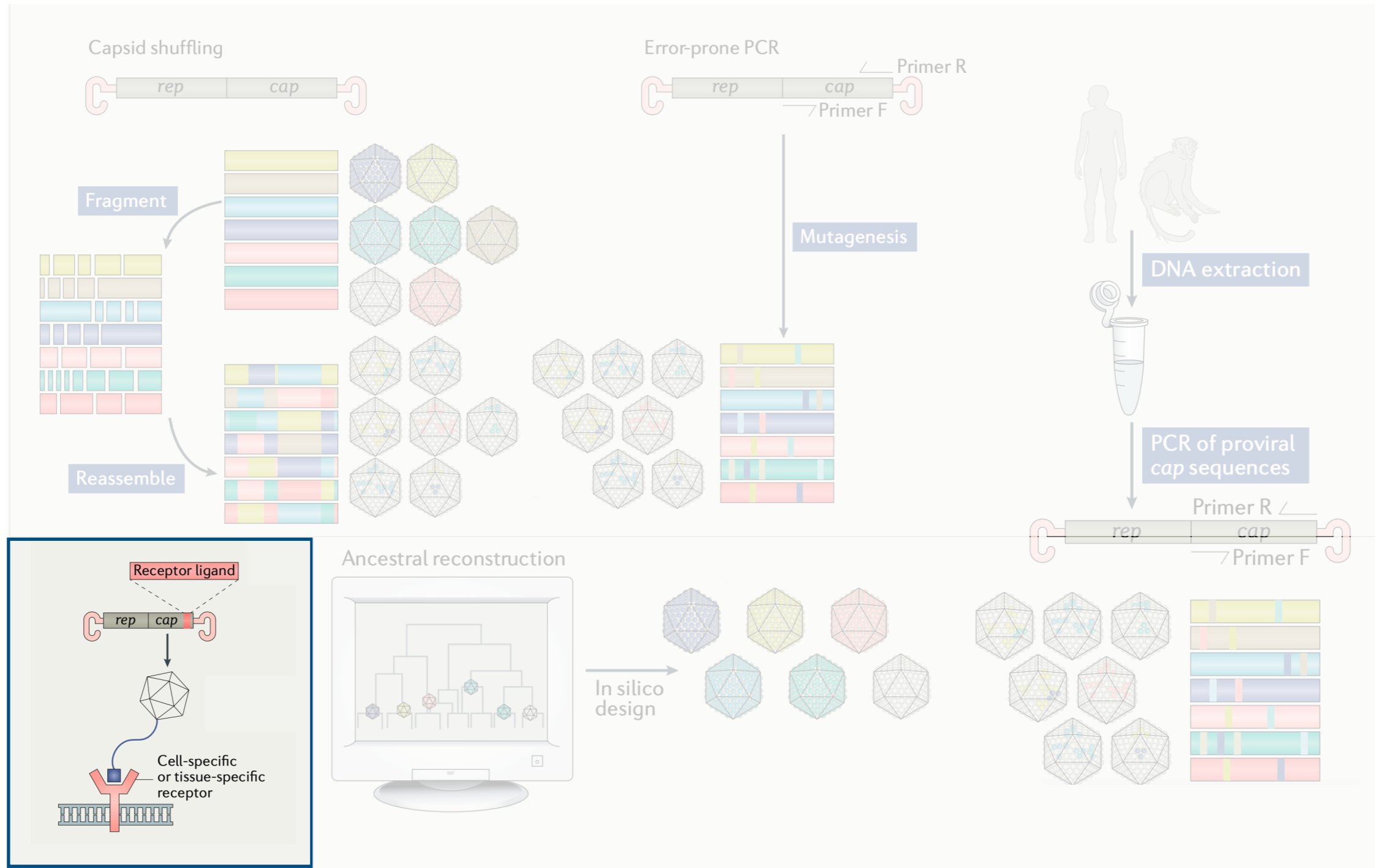
## Discovery of AAV serotypes



## Directed Evolution

# AAV Biology

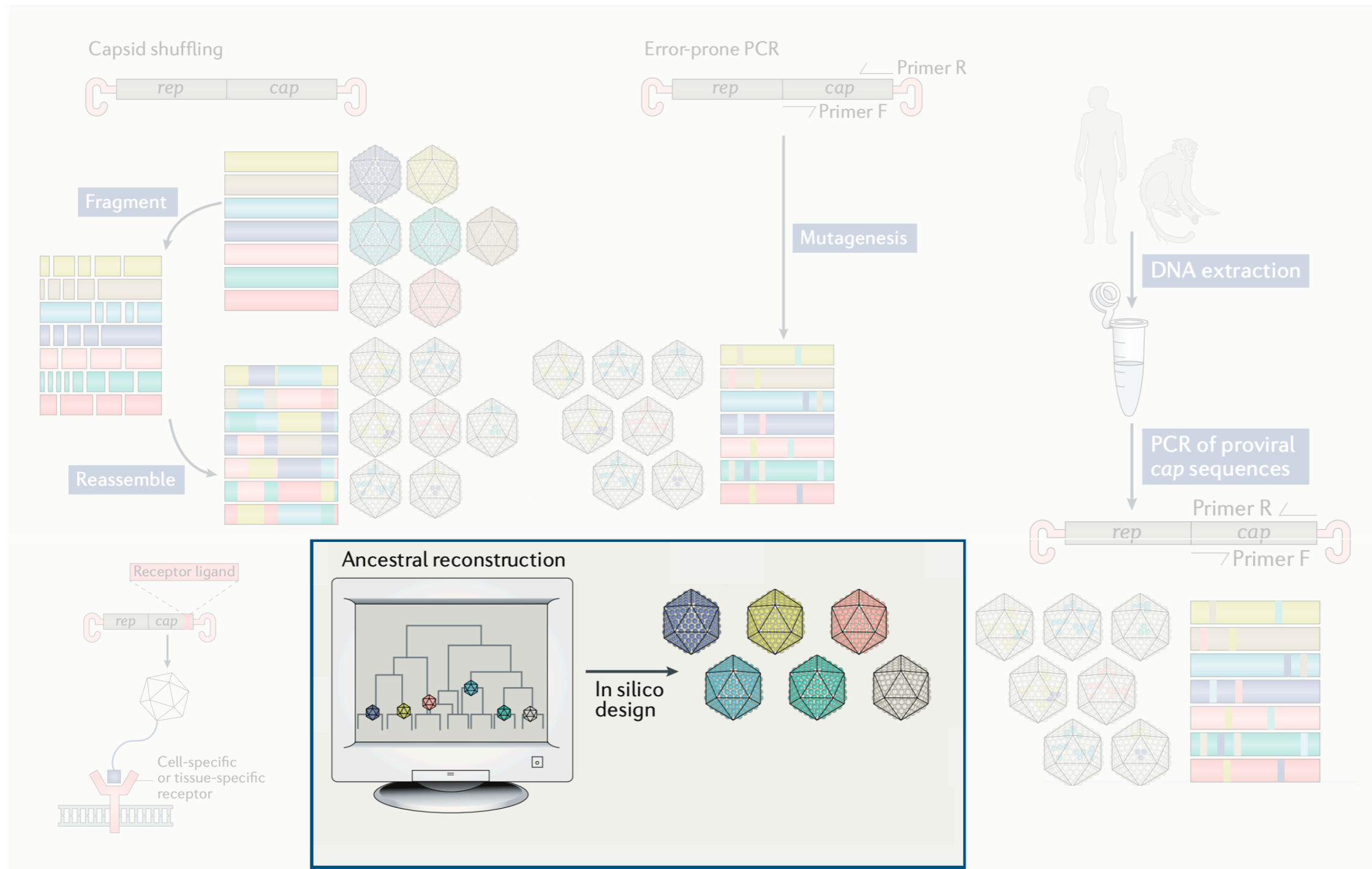
## Discovery of AAV serotypes



## Rational Design

# AAV Biology

## Discovery of AAV serotypes

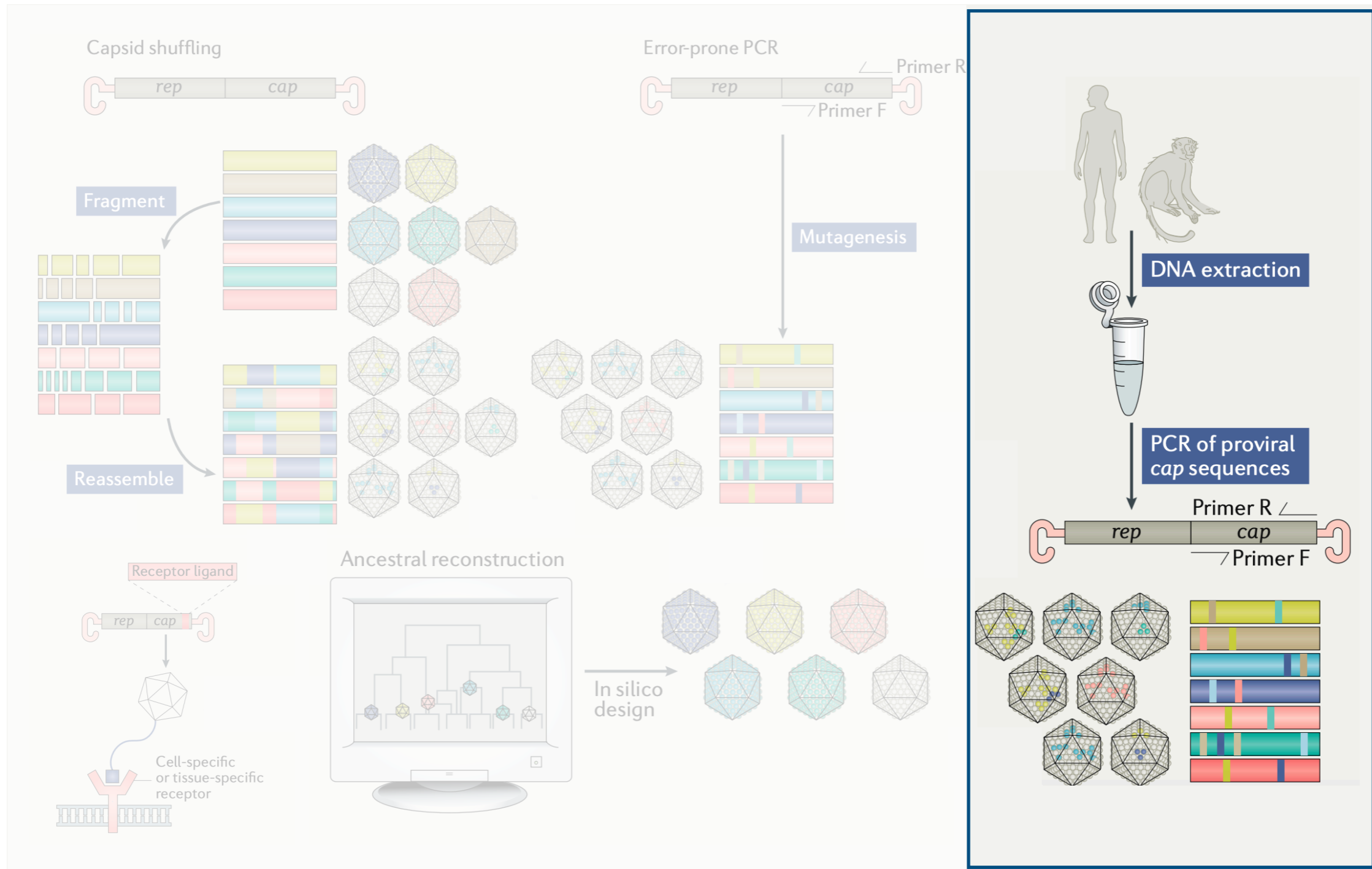


### *In Silico Design*



# AAV Biology

## Discovery of AAV serotypes

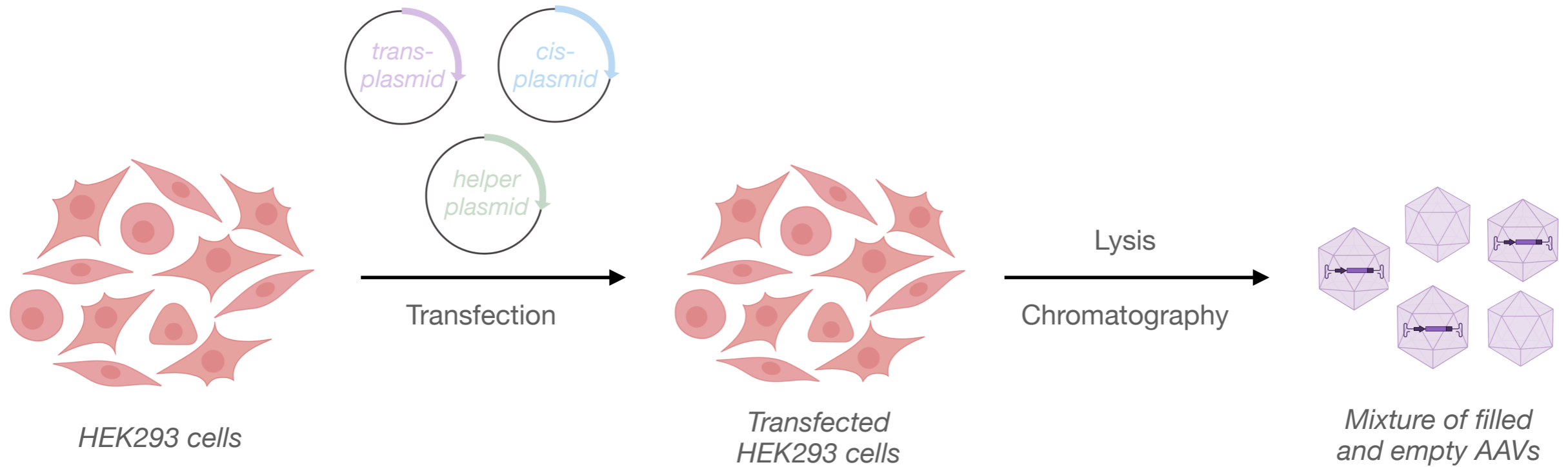


### Naturally Occurring AAVs

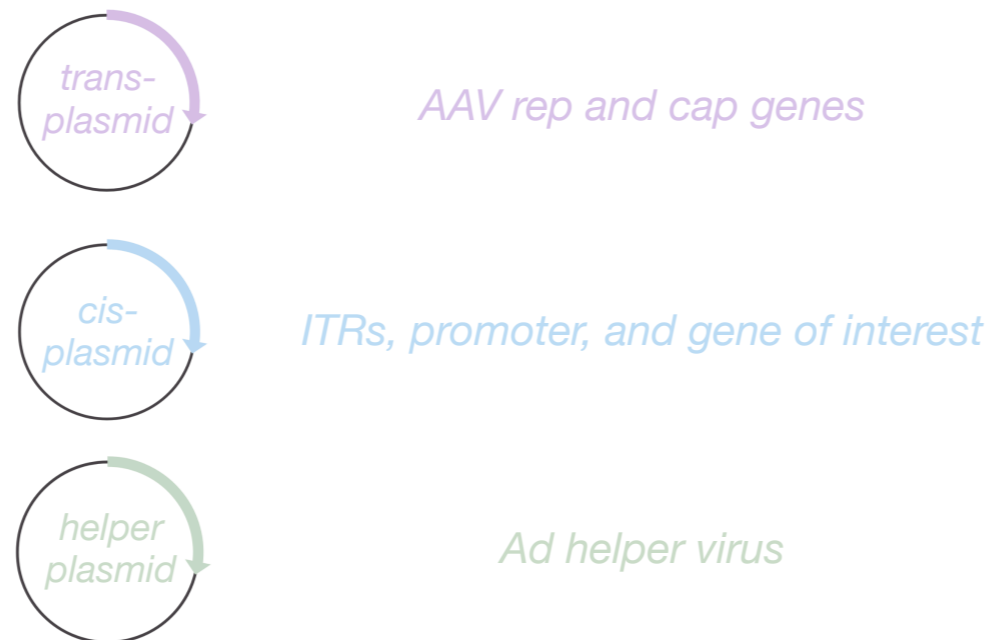


# AAV Biology

## AAV production

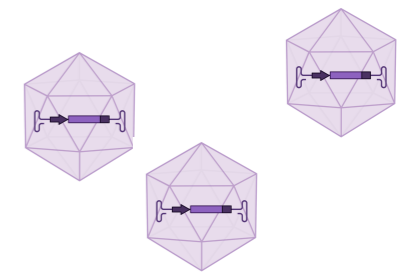


500 L Bioreactor



**On-scale AAV production is a major challenge to the field**

CsCl column or  
Ion exchange



# *Outline*

*What is Gene Therapy?*

*History of Gene Therapy*

*AAV Biology*

*Challenges and Outlook*

# *Outline*

*What is Gene Therapy?*

*History of Gene Therapy*

*AAV Biology*

***Challenges and Outlook***

# Current Challenges and Outlook

## Approved therapeutics



Inherited blindness  
2017 FDA approval  
AAV 2



Lipoprotein lipase deficiency  
2012 EMA approval  
AAV 1  
(Removed from market)



Spinal muscular atrophy  
2019 FDA approval  
AAV9



101 active clinical trials  
Eye, liver, muscle and CNS are major targets  
AAV2 is the most common serotype

# Current Challenges and Outlook

## Approved therapeutics



Inherited blindness  
2017 FDA approval  
AAV 2



Lipoprotein lipase deficiency  
2012 EMA approval  
AAV 1  
(Removed from market)



Spinal muscular atrophy  
2019 FDA approval  
AAV9



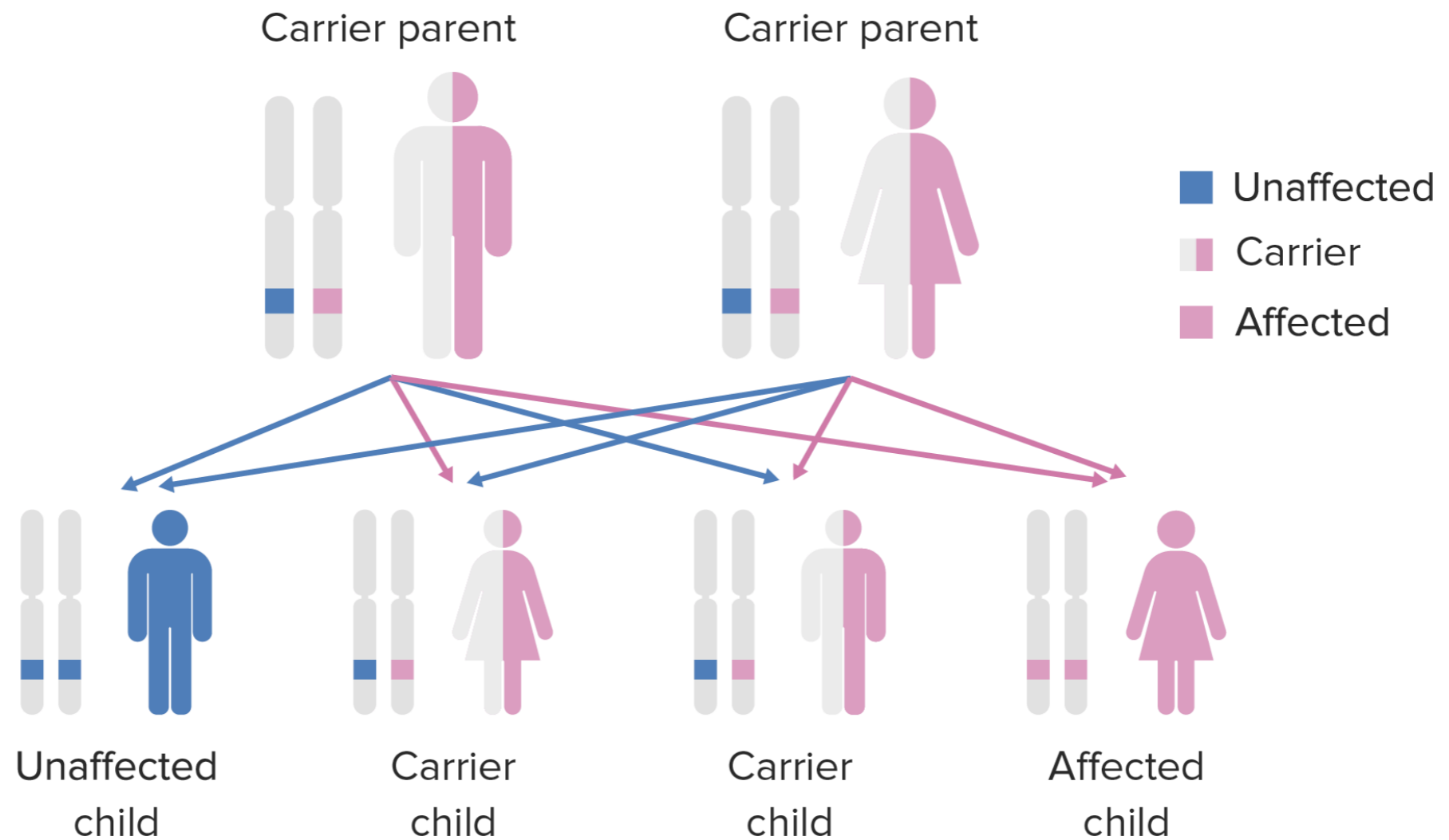
101 active clinical trials  
Eye, liver, muscle and CNS are major targets  
AAV2 is the most common serotype

# Current Challenges and Outlook

## Case study: Leber's Congenital Amaurosis

### Leber's Congenital Amaurosis

Autosomal recessive inherited blindness





# Current Challenges and Outlook

## Case study: Leber's Congenital Amaurosis

### Leber's Congenital Amaurosis

Autosomal recessive inherited blindness

Affects 3 out of 100,000 births

Accounts for ~20% of cases of inherited blindness

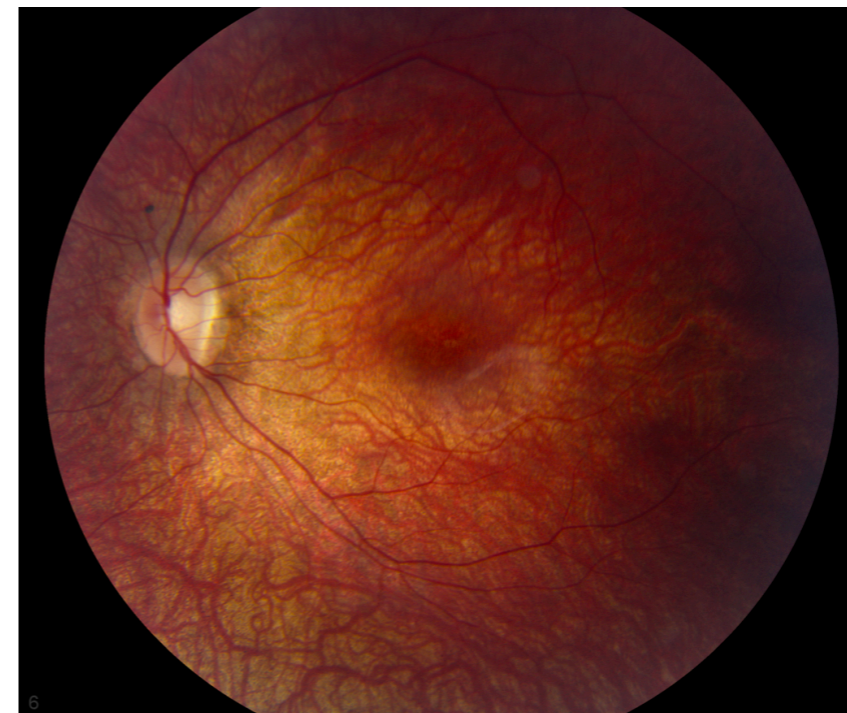
25 distinct mutation patterns identified

8% of patients suffer from RPE65 mutation

Left Eye



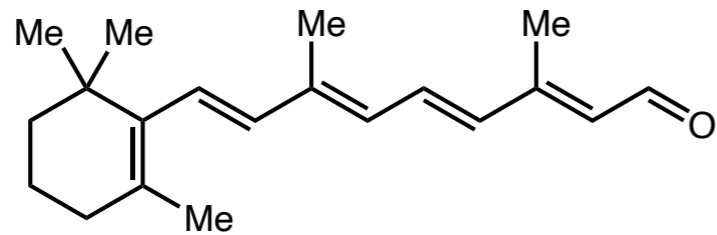
Right Eye



*Fundus photos revealing punctate yellow dots and pigment mottling associated with LCA*

# Current Challenges and Outlook

Case study: Leber's Congenital Amaurosis



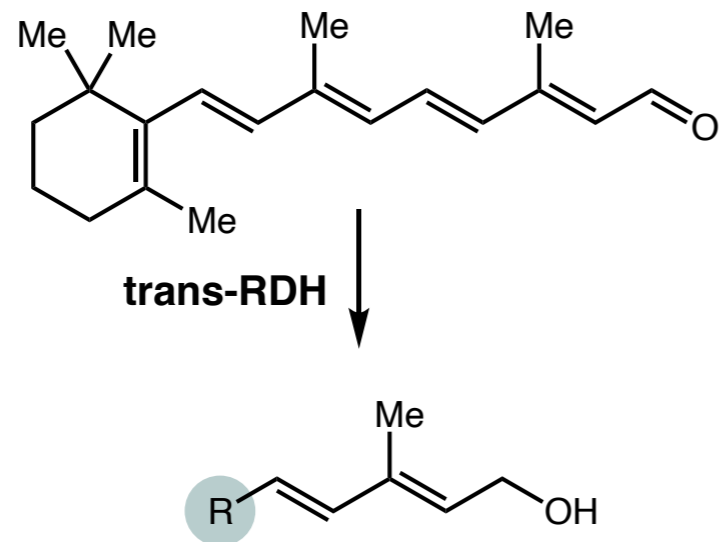
Rod outer segment



Retinal pigment epithelium

# Current Challenges and Outlook

Case study: Leber's Congenital Amaurosis



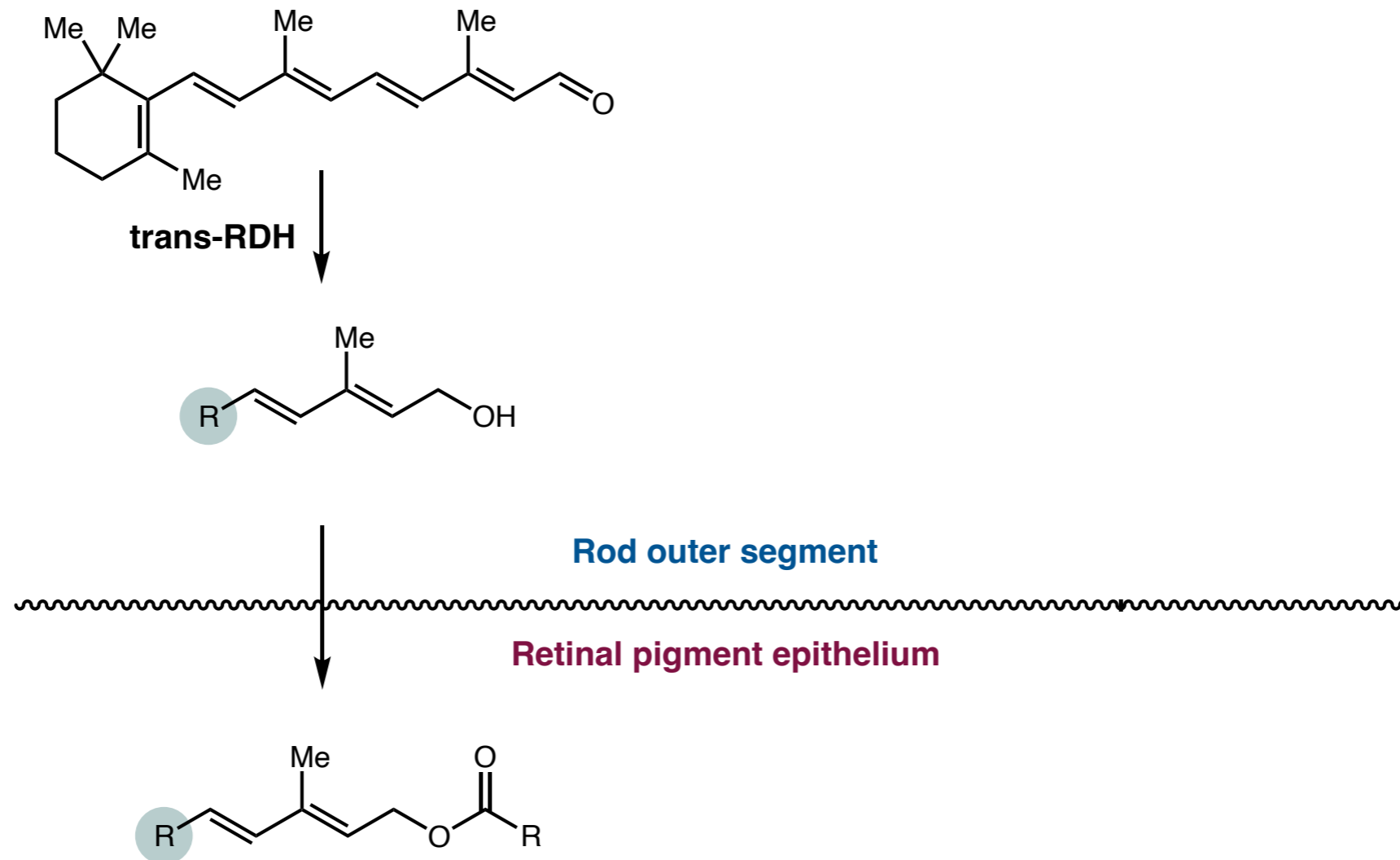
Rod outer segment



Retinal pigment epithelium

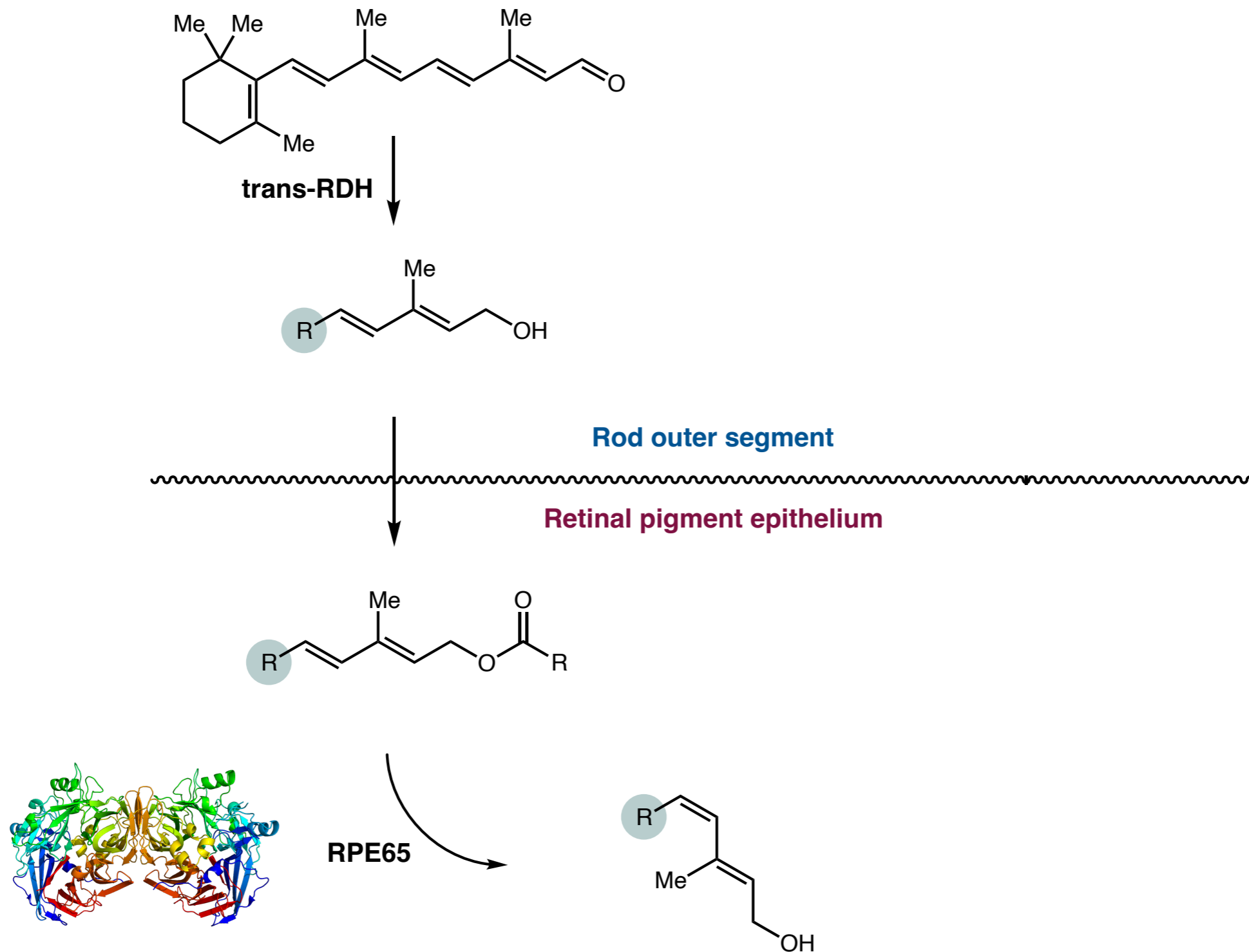
# Current Challenges and Outlook

Case study: Leber's Congenital Amaurosis



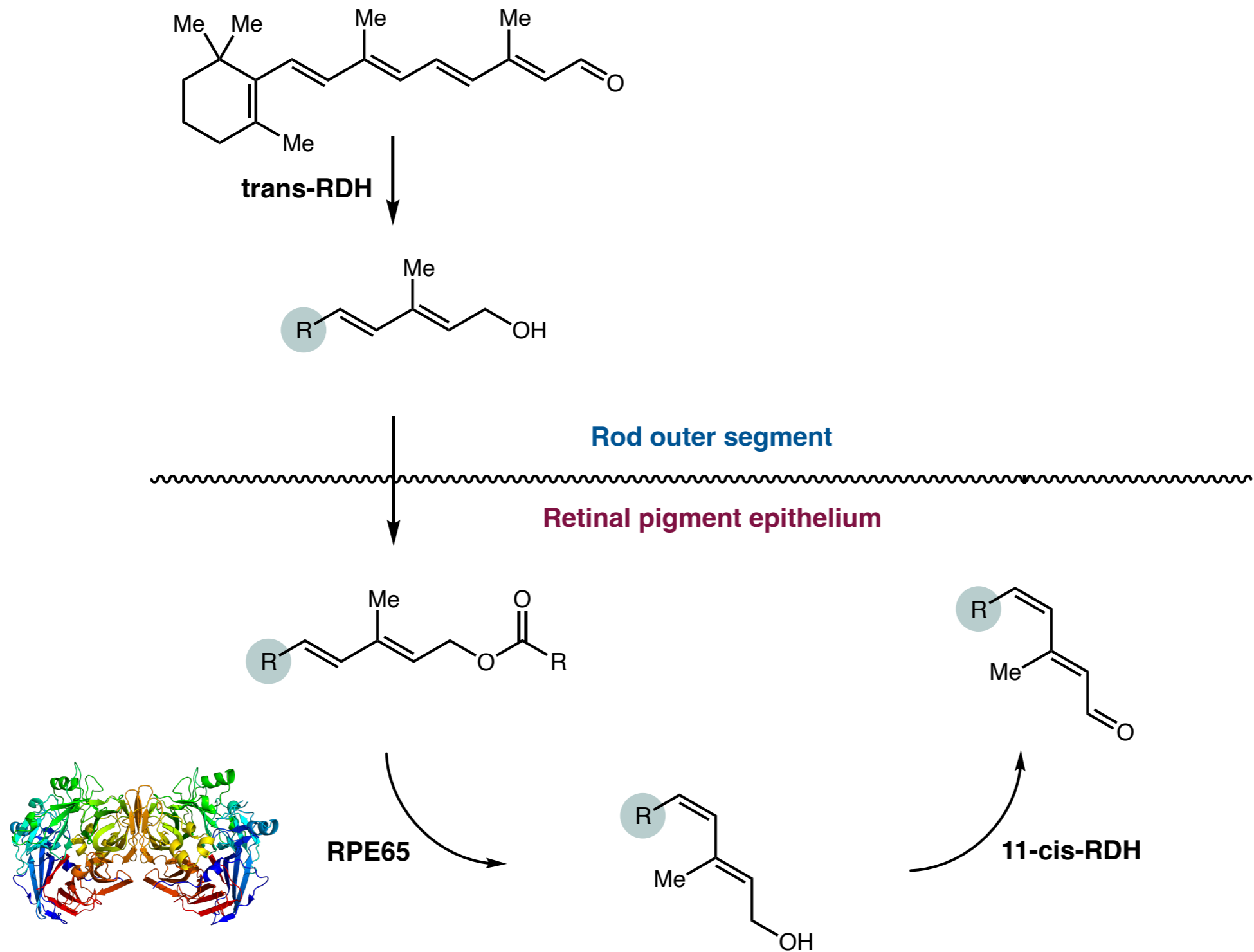
# Current Challenges and Outlook

Case study: Leber's Congenital Amaurosis



# Current Challenges and Outlook

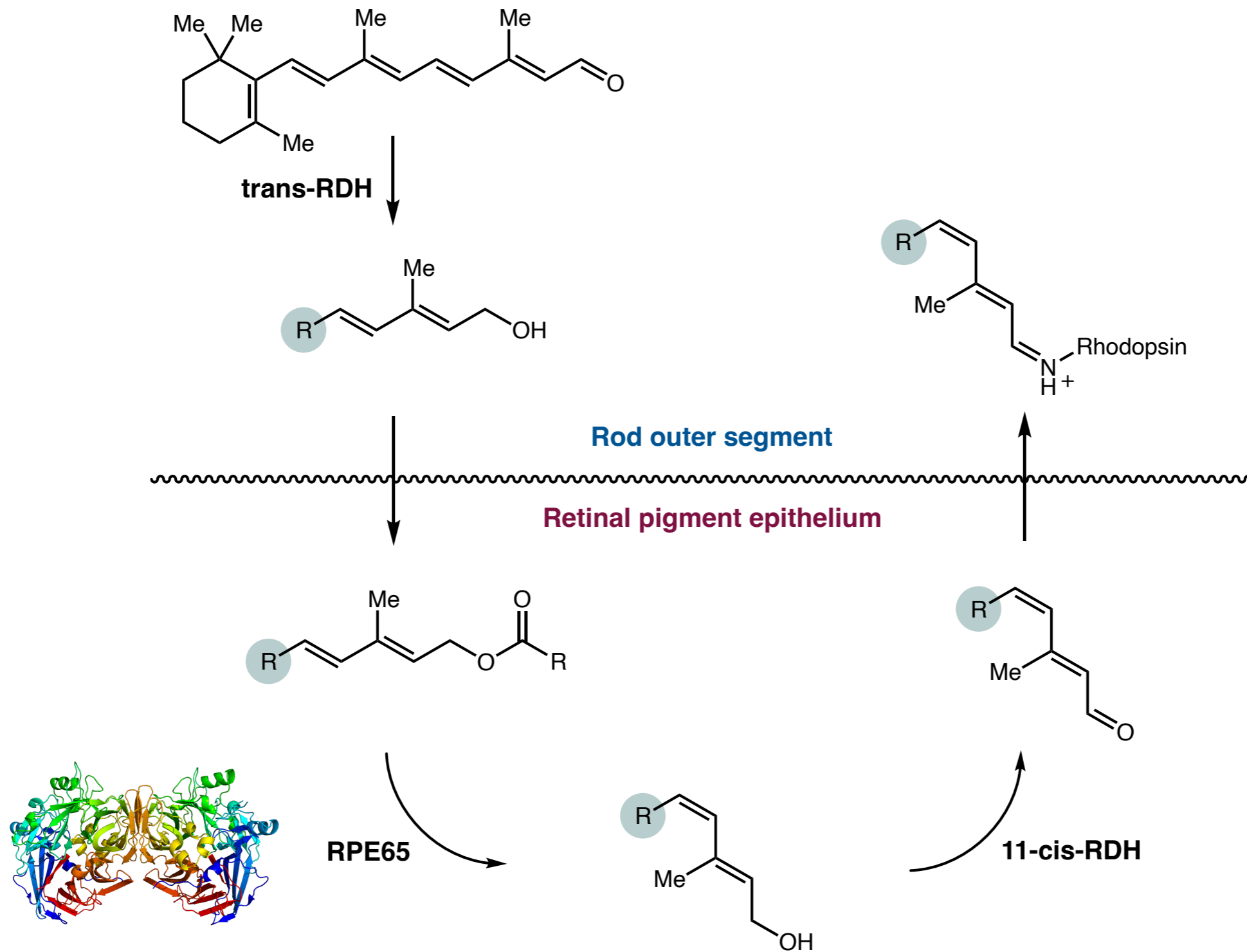
Case study: Leber's Congenital Amaurosis





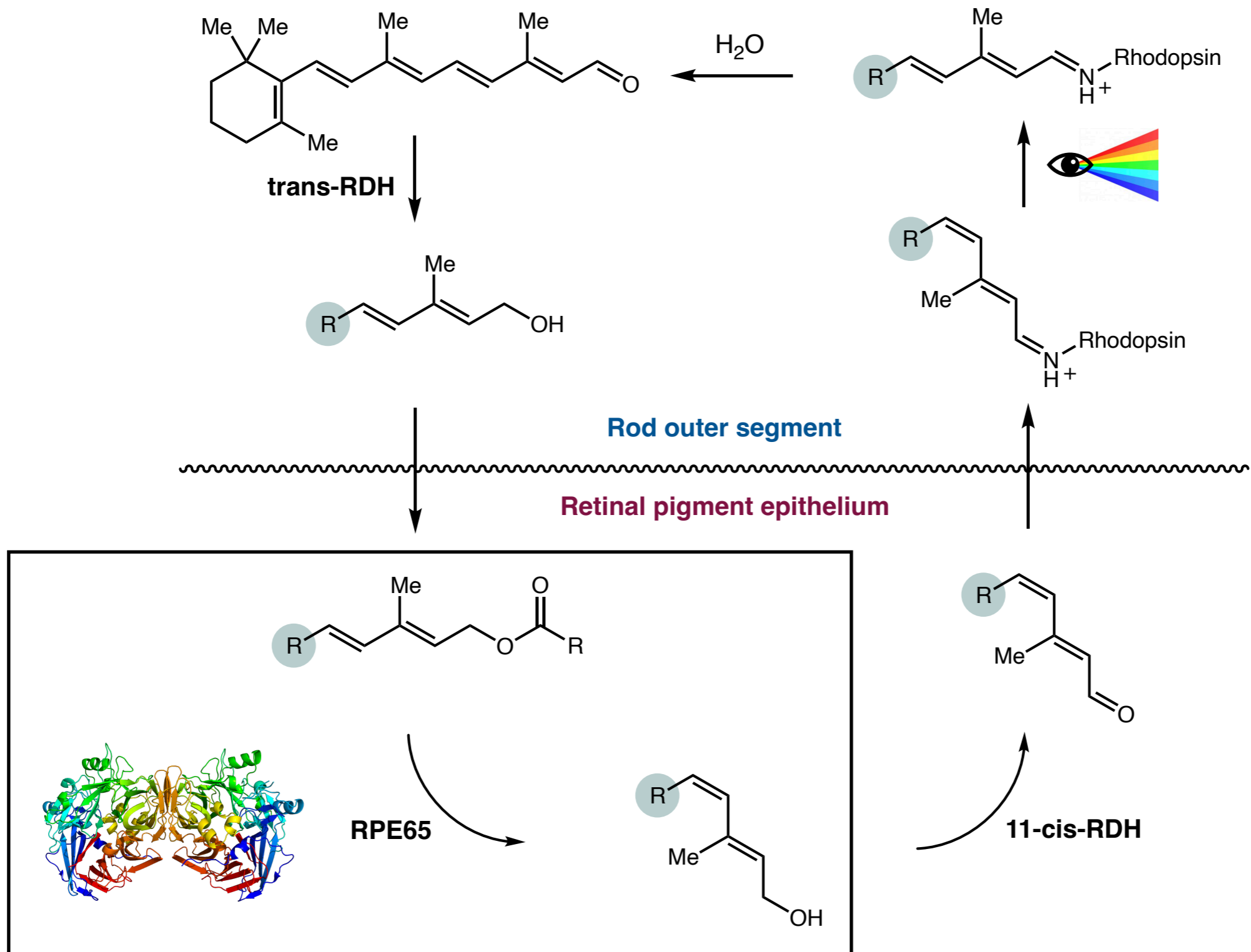
# Current Challenges and Outlook

## Case study: Leber's Congenital Amaurosis



# Current Challenges and Outlook

## Case study: Leber's Congenital Amaurosis



# Current Challenges and Outlook

Case study: Leber's Congenital Amaurosis

Sponsor



Gene

RPE 65

RPE 65

RPE 65

AAV Capsid

AAV 2

AAV 2

AAV 2

Outcome

Regression in visual function  
after 3 years

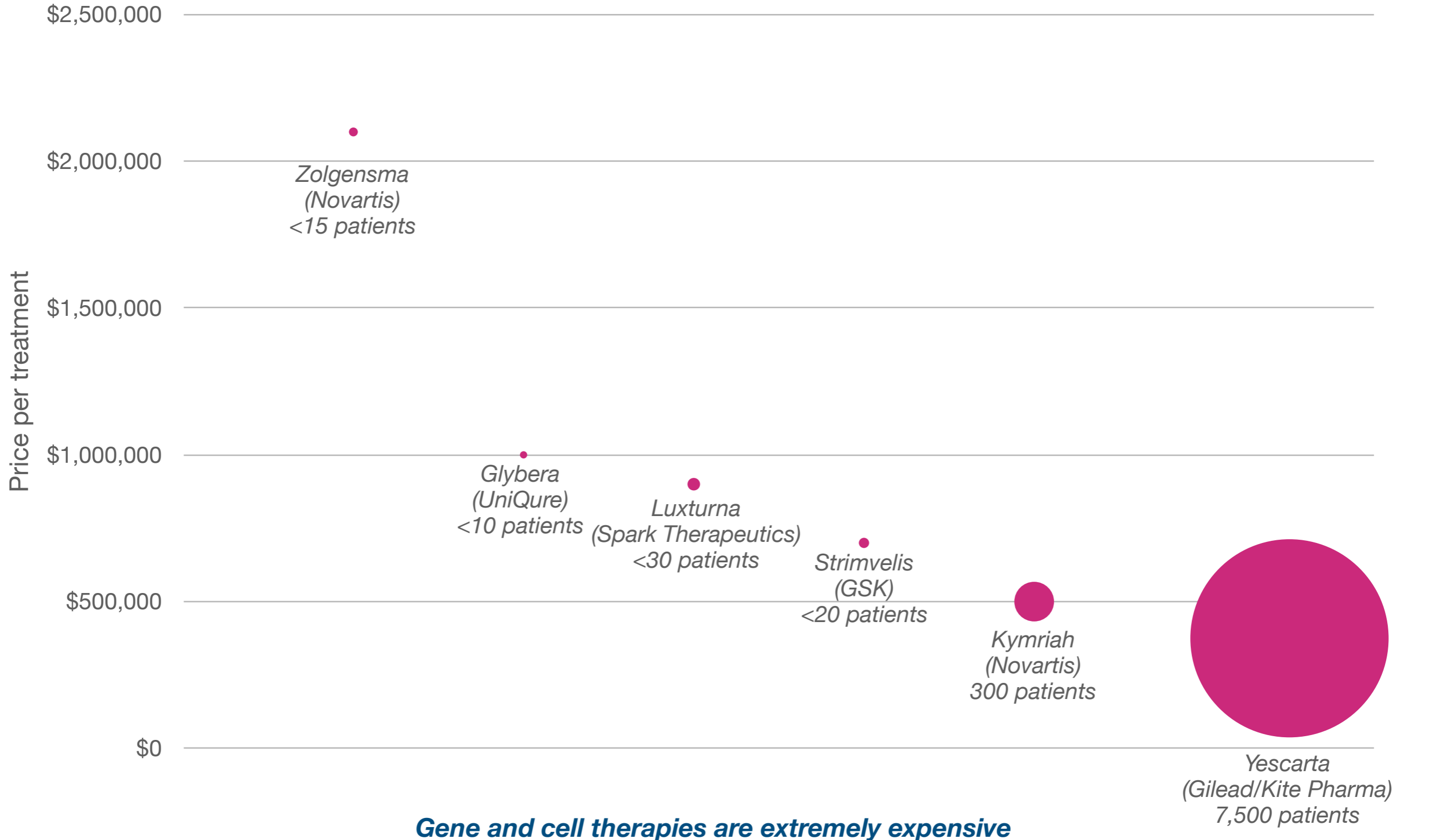
No regression in vision  
after 3 years

Regression in visual function  
after 3 years

***“Subtle differences in manufacture processes, final formulation, design of expression cassette, or adjuvant immunomodulatory regimes could potentially affect long-term efficacy”***

# Current Challenges and Outlook

## Case Study: Economics of “regenerative therapies”

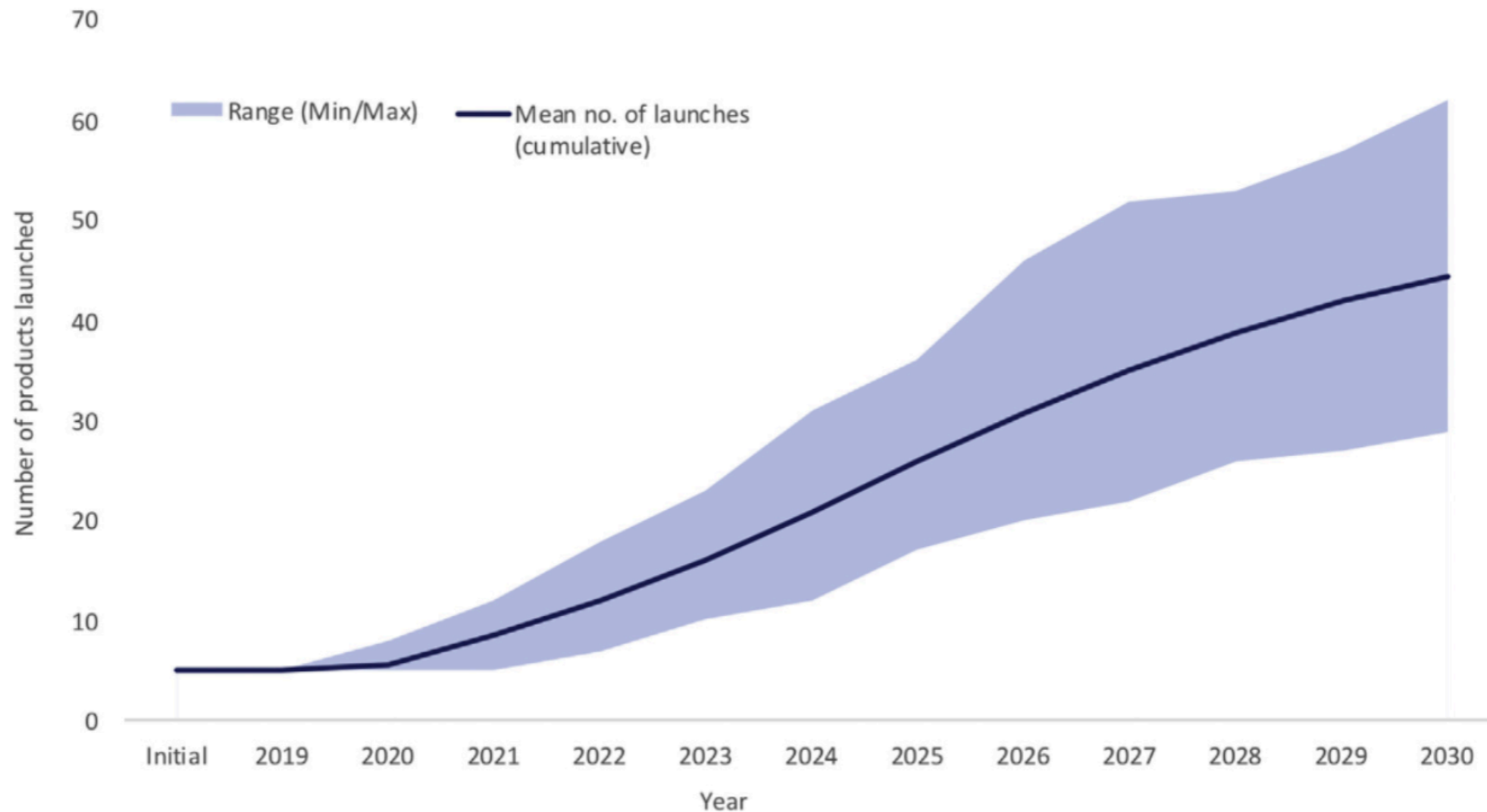


**Gene and cell therapies are extremely expensive**

Number of patients eligible for treatment annually

# Current Challenges and Outlook

## Case Study: Economics of “regenerative therapies”



- An estimated ~50 new cell and gene therapies could be launched by ~2030
- 650,000 individuals will most likely receive a treatment within the next 10 years
- Likely to become a \$24.4 billion (annual) market by 2030

Quinn, C.; et. al.; *Value Health*. **2019**, 22, 621.

Bainbridge, J. W.; et. al.; *Drug Discov*. **2022**, 27, 17.

# Current Challenges and Outlook

## Case Study: Economics of “regenerative therapies”

### Novel Payment Models and Regulation

Outcome based payments

Amortized pricing

**Affordable Regenerative  
Therapies**

### Reducing Costs

Improvements in on-scale production

### Inherent Drivers

Rare diseases have limited patient populations

Quinn, C.; et. al.; *Value Health*. **2019**, 22, 621.

Bainbridge, J. W.; et. al.; *Drug Discov*. **2022**, 27, 17.

# *Outline*

*What is Gene Therapy?*

*History of Gene Therapy*

*AAV Biology*

***Challenges and Outlook***



# *Outline*

***What is Gene Therapy?***

***History of Gene Therapy***

***AAV Biology***

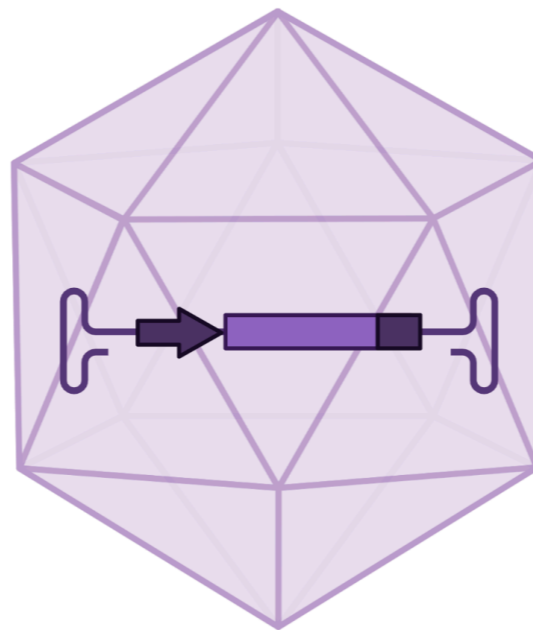
***Challenges and Outlook***

# *Introduction to Gene Therapy and AAV Therapeutics*

## *Summary*

*Promising therapy for curing monogenetic diseases*

*Improvements in evading the immune system (NAbs in particular) enable dosing larger populations*



***AAV Vector***

*Further understanding of basic AAV biology (Novel capsids)*

*High cost of manufacturing must be reduced to increase adoption*



# Acknowledgments



**Prof. David MacMillan**

*The MacMillan group*

— **Advisory Committee** —

Prof. Erik Sorensen

Prof. Mohammad Seyedsayamdost

