

Neuroprotective Therapy Strategies after Stroke: Drug Delivery and VEGF

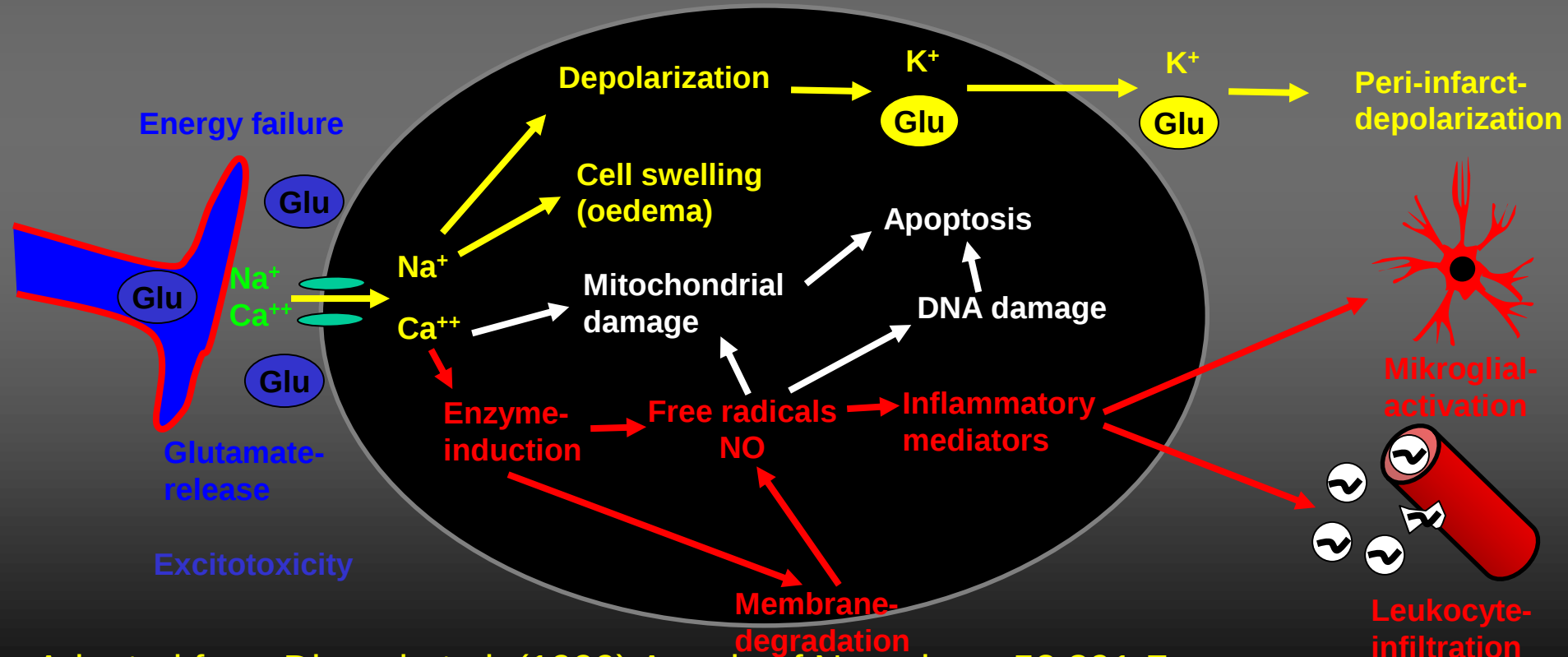
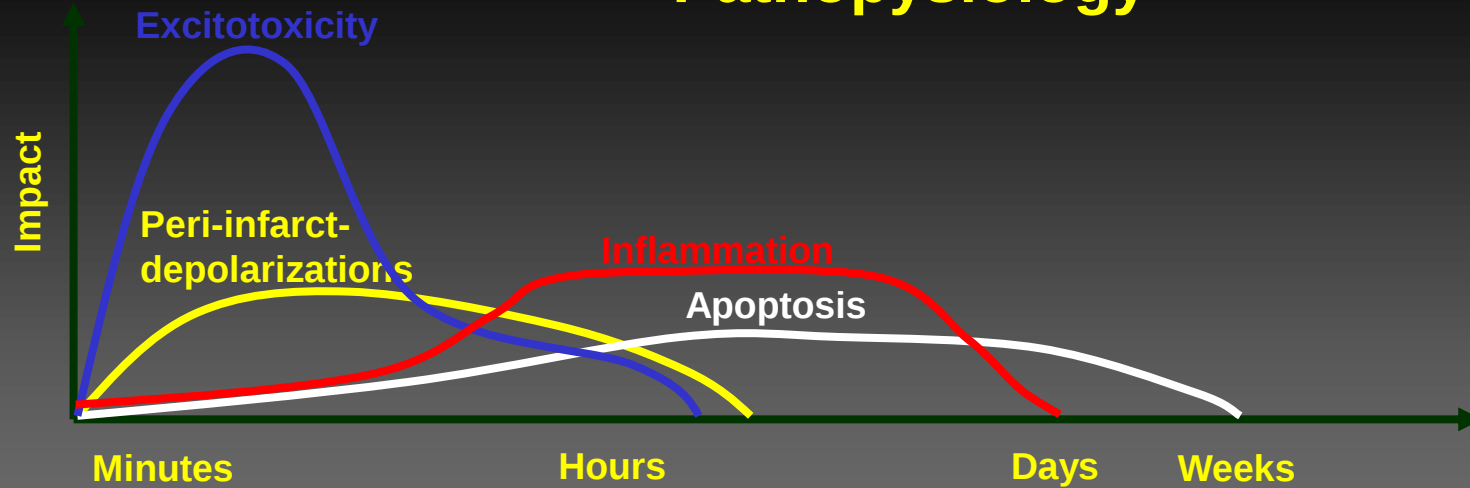
Assoc. Prof. Dr. Ertugrul Kilic

**University of Yeditepe, Department of Physiology
Istanbul**

Ischemic Stroke

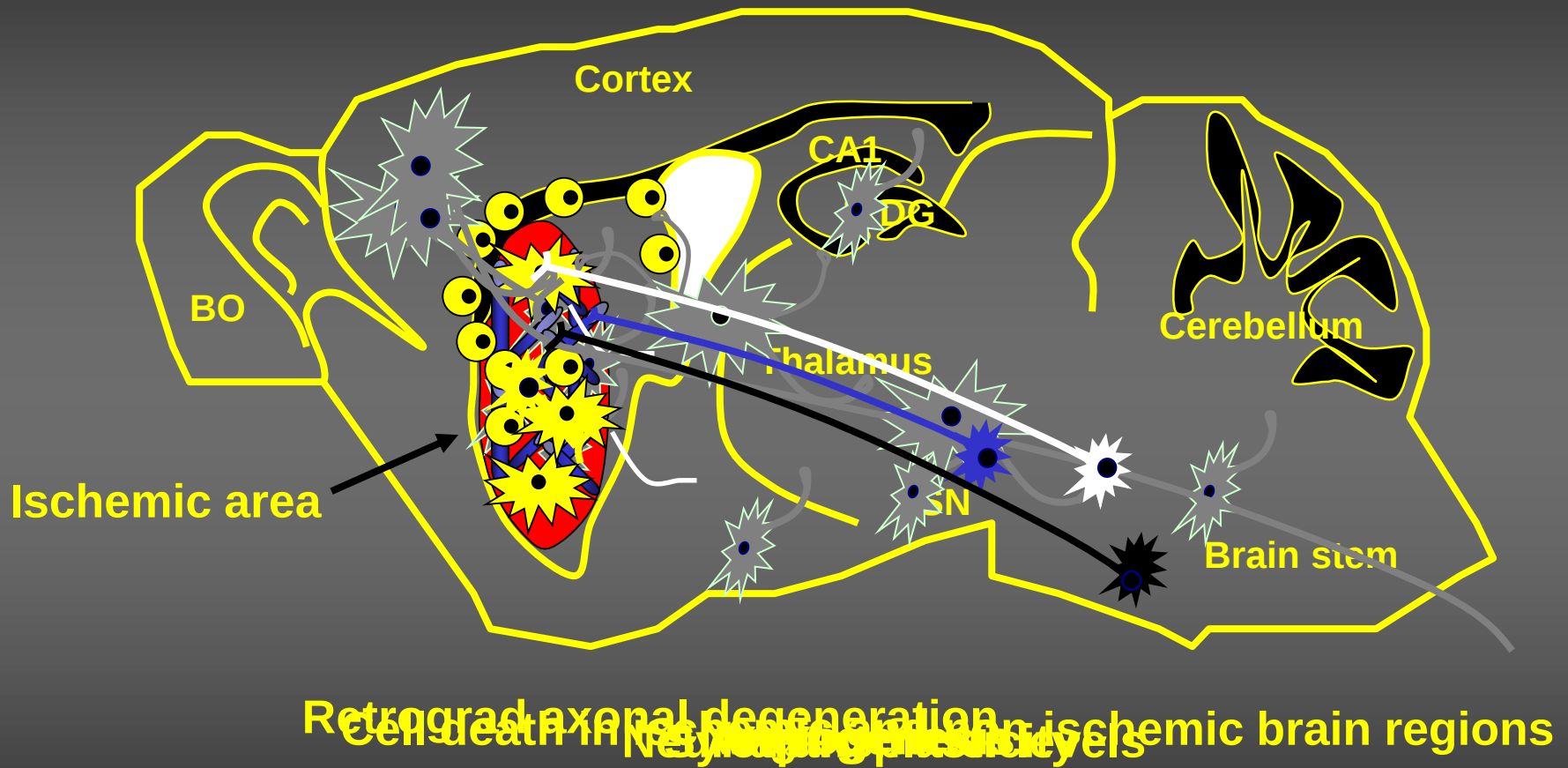
- caused by a deficiency in the blood supply to a part of the brain
- third most common cause of death worldwide
- cost of stroke and consecutive social services is nearly twice that of coronary heart disease

Pathophysiology



Adapted from Dirnagl et al. (1999) Annals of Neurology, 52:391-7

Pathophysiology





The sequelae of brain injury

Sensorymotor and neuropsychiatric (include a wide range of emotional and cognitive disturbances)



Clinical therapeutic approaches

Fibrinolytics:

- t-PA
 - Urokinase
 - Desmoteplase
-



REHABILITATION

Why have so many clinical stroke trials failed?

- Number of clinical studies
- Full characterization in models
- Timing
- Age and associated illnesses
- Evaluation of efficacy
- The expression of drug transporters (ABC) differs between animal species, strains and human.

Blood Brain Barrier/ ABC (ATP-binding cassette) Transporters

Genetic variations in humans

ABCB1 (Mdr-1): 29 single nucleotide (SN) polymorphisms; marked differences between Caucasian-Asian and African populations.

Enhanced responsiveness to substrates.

ABCC1 (Mrp-1): 81 single nucleotide mutations known: G2965A with significantly decreased Estradiol 17 β -glucuronide transport.

ABCC2: 41 SN mutations known

ABCC3: 51 SN mutations known

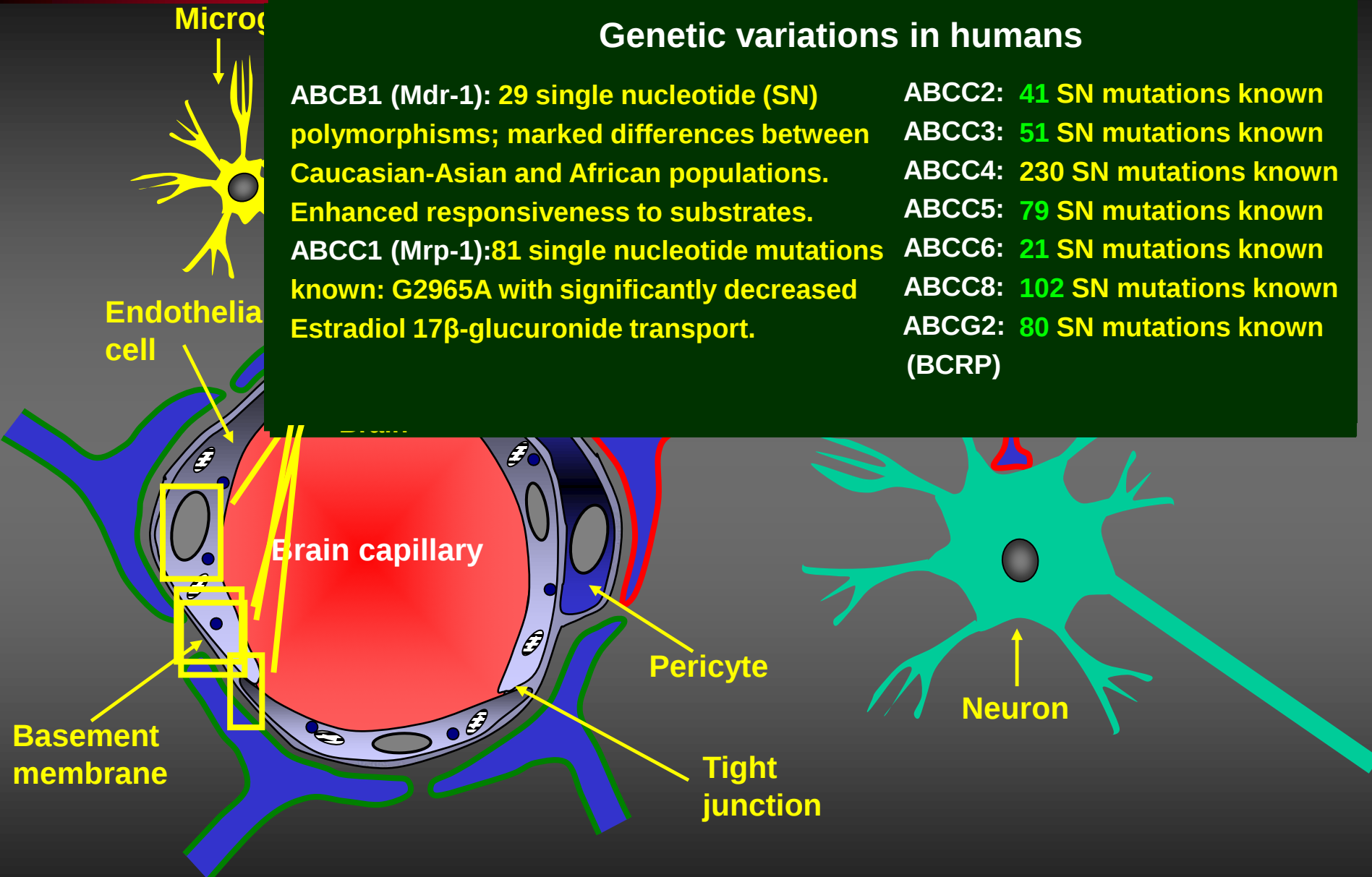
ABCC4: 230 SN mutations known

ABCC5: 79 SN mutations known

ABCC6: 21 SN mutations known

ABCC8: 102 SN mutations known

ABCG2: 80 SN mutations known (BCRP)



Adapted from Abbott et al. (2006) Nat. Rev. Neurosci. 7:41-53; Anthony et al. (2006) Drug Dis. Today, 11:17-8; Hermann et al. (2006) Ann. Neurology, 60:489-98

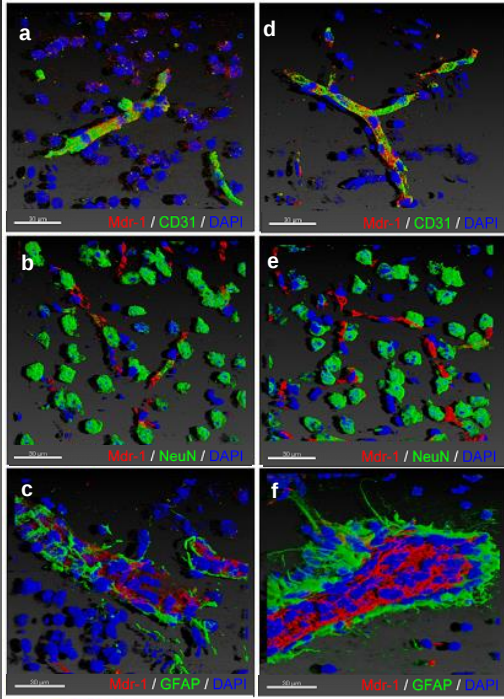
Drug Resistance in Brain Diseases and the Role of Drug Transporters

Drug resistance is an important hurdle in the therapy of brain disorders.

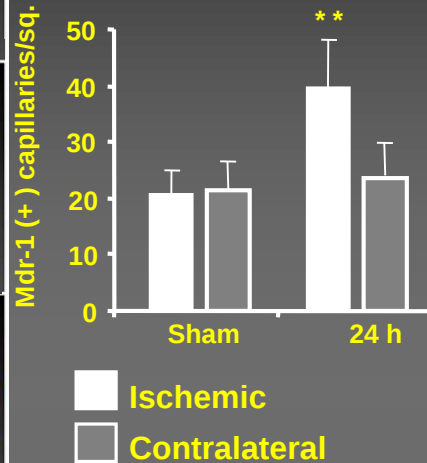
Substrates LUMINAL-EFFLUX	Substrates ABLUMINAL-INFLUX
MDR-1 (ABCB1) Lipophilic compounds and Amphipathic organic anions: i.e.	MRP-1 (ABCC1) Glutathionized, glucuronidated and sulfated organic anions, lipophilic compounds, amphipathic organic anions: i.e.
Antibiotics Anticancer Cardiacs Opioids Antipsychotic Anti-HIV Immunosuppressants Lipid lowering agents Antiepileptics Antidepressants Ca channel bloc. Antirheumatic Benzodiazepine Antihelmintic H2 receptor antag Antihistaminic	Anticancer Anti-HIV Immunosuppressants Ca channel bloc. Metalloids Aflatoxin B1 Bilirubine Colchicine Dehydroepiandrosteron (DHEAS) Fluorescein Folic acid Glutathione (GSH) S-nitrosoglutathione Leukotriene C4 / D4 / E4 Rhodamine
Neuroprotective FK506 Mdr-1 inhibitor: Tariquidar	Neuroprotective Estradiol-17β-D(+)-glucuronide (17βEG) MRP-1 inhibitor: MK571

Mdr-1/ MRP-1 expressions 30 min after ischemia

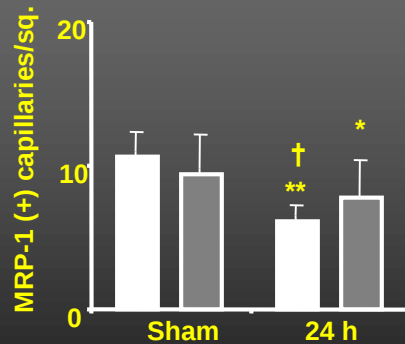
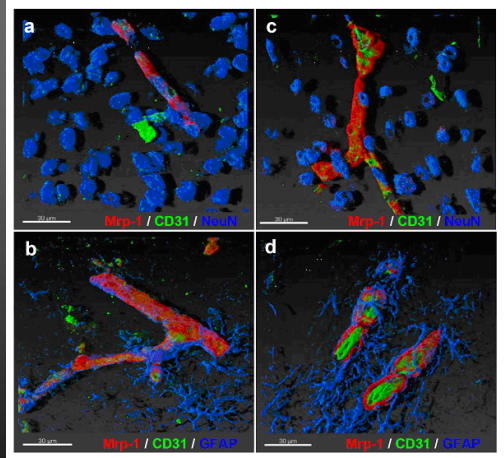
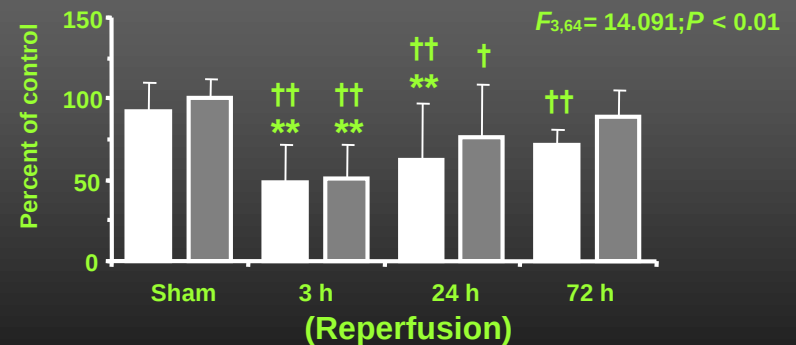
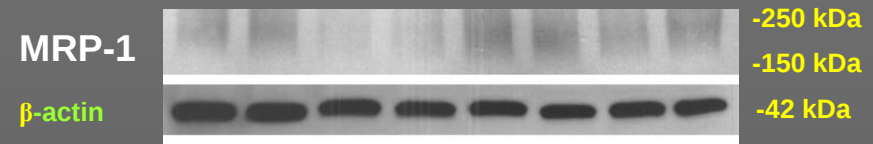
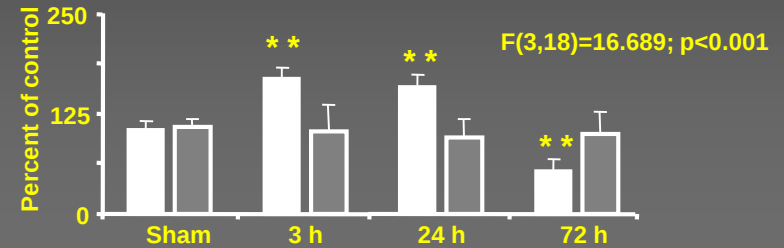
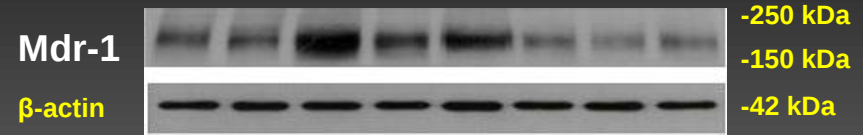
Non-ischemic Ischemic



Mdr-1/ MRP-1 IHC on
Capillary endothelium

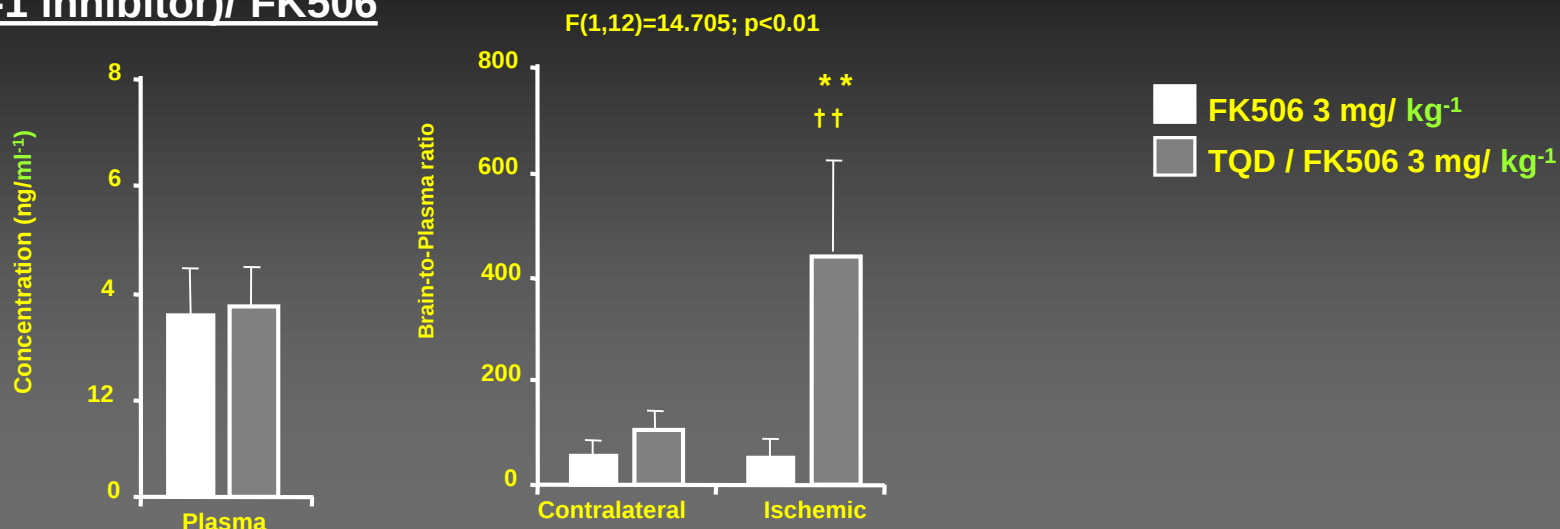


Mdr-1/ MRP-1 WB of enriched
brain microvessel fraction



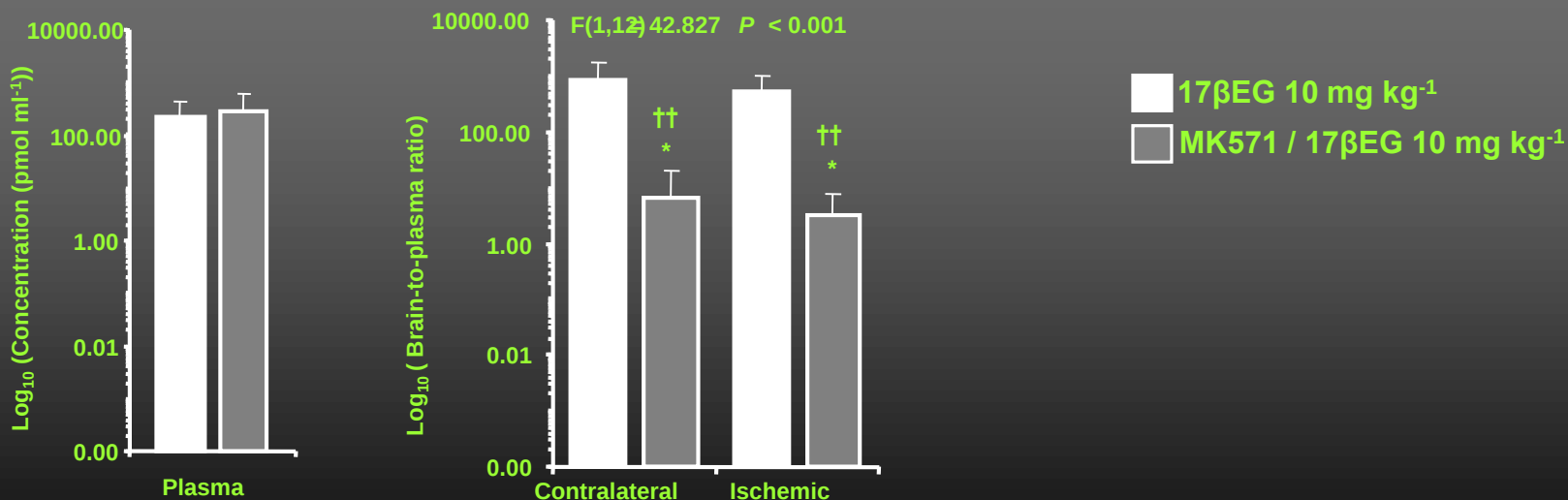
The Mdr-1 inhibitor tariquidar (TQD) increases concentration of FK506 in the ischemic brain.

TQD (Mdr-1 inhibitor)/ FK506



The MRP-1 inhibitor MK571 decreases concentration of 17βEG in the ischemic brain.

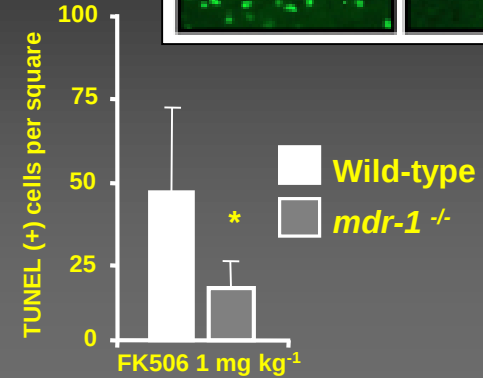
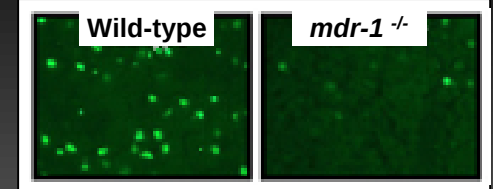
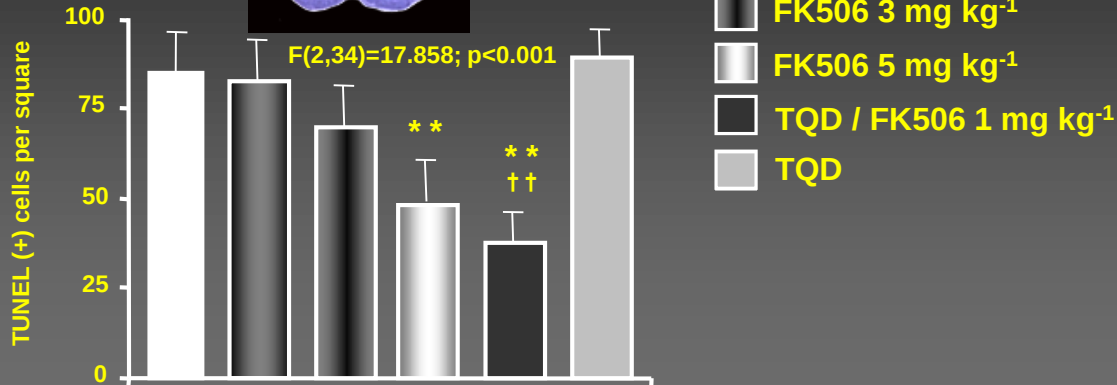
MK571 (MRP-1 inhibitor)/ estradiol-17β-D(+)-glucuronide (17βEG)



A

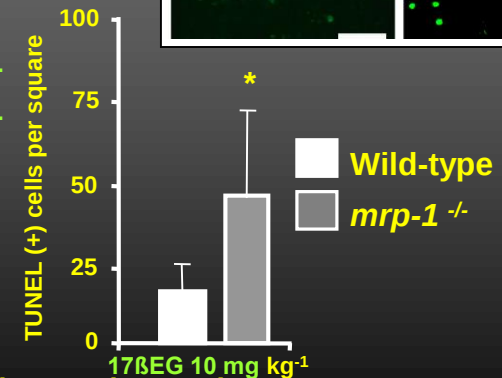
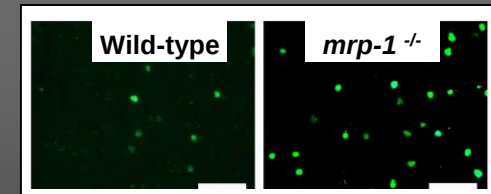
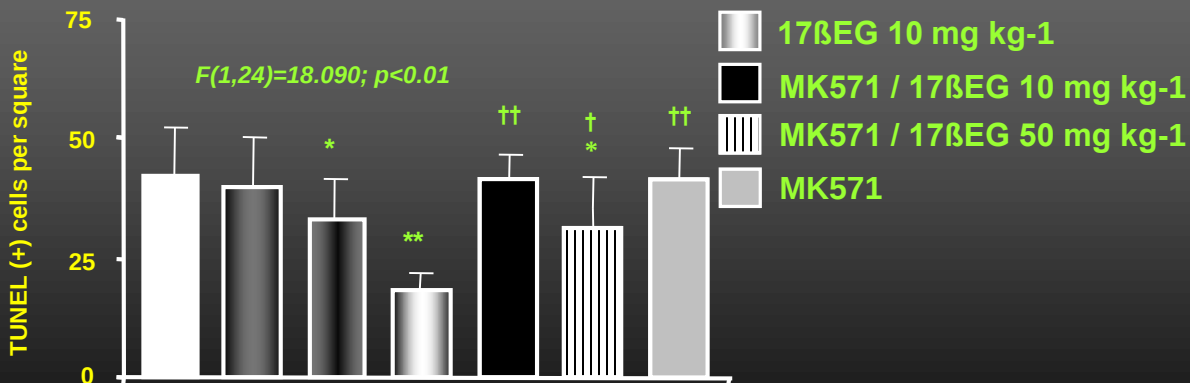
Effects of Mdr-1 inhibition by TQD on neuroprotective efficacy of FK506 after 30 min ischemia

TQD / FK506



Effects of MRP-1 inhibition by MK571 on neuroprotective efficacy of 17βEG after 30 min ischemia

MK571 / 17βEG

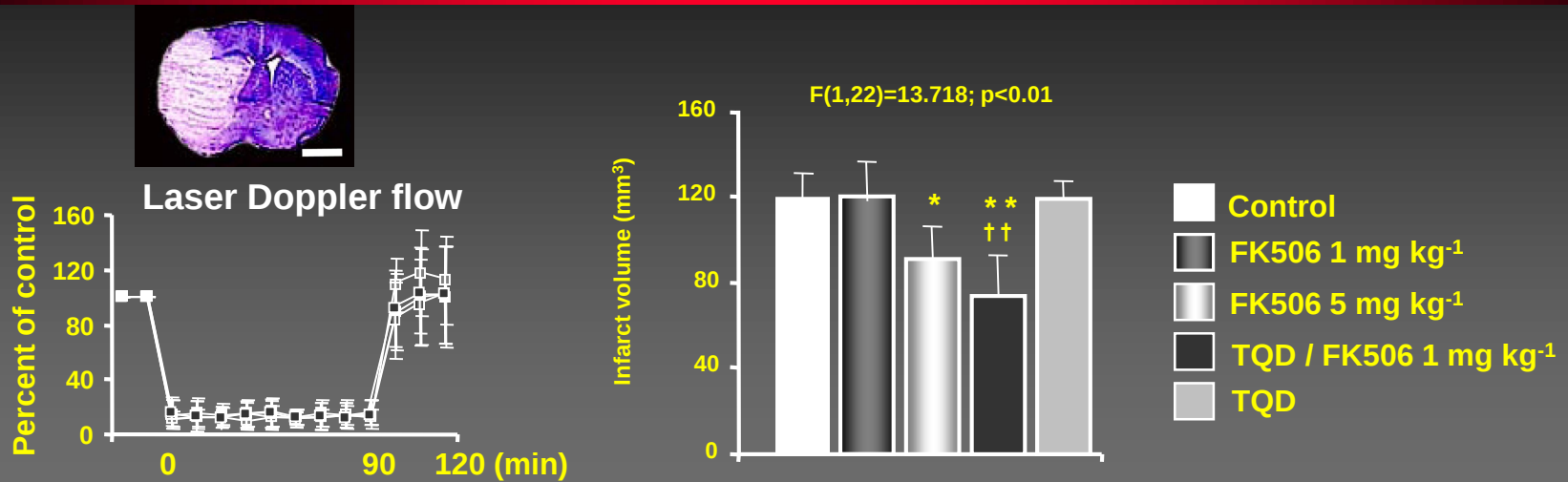


Spudich et al.,(2006) Nat. Neurosci.9:487-8; Kilic et al., (2008) Brain 131:2679-89

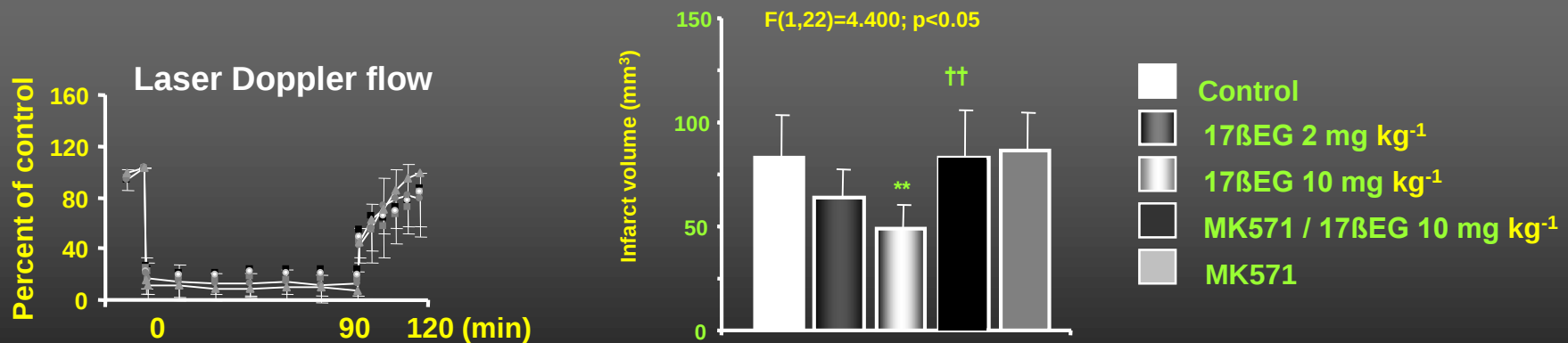
Mdr-1: LUMINAL-EFFLUX

MRP-1: ABLUMINAL-INFLUX

A Effects of Mdr-1 inhibition by TQD on neuroprotective efficacy of FK506 after 90 min ischemia



B Effects of MRP-1 inhibition by MK571 on neuroprotective efficacy of 17βEG after 90 min ischemia



SUMMARY

Hypoxia

HIF-1 α

Mdr-1 $\uparrow$

Mrp-1 $\downarrow$

BRAIN

Luminal membrane

BLOOD

Mdr-1

FK506

Tariquidar

ATP

ADP+P

FK506

Mdr-1: LUMINAL-EFFLUX

Abluminal membrane

MRP-1

17 β EG

MK571

ATP

ADP+P

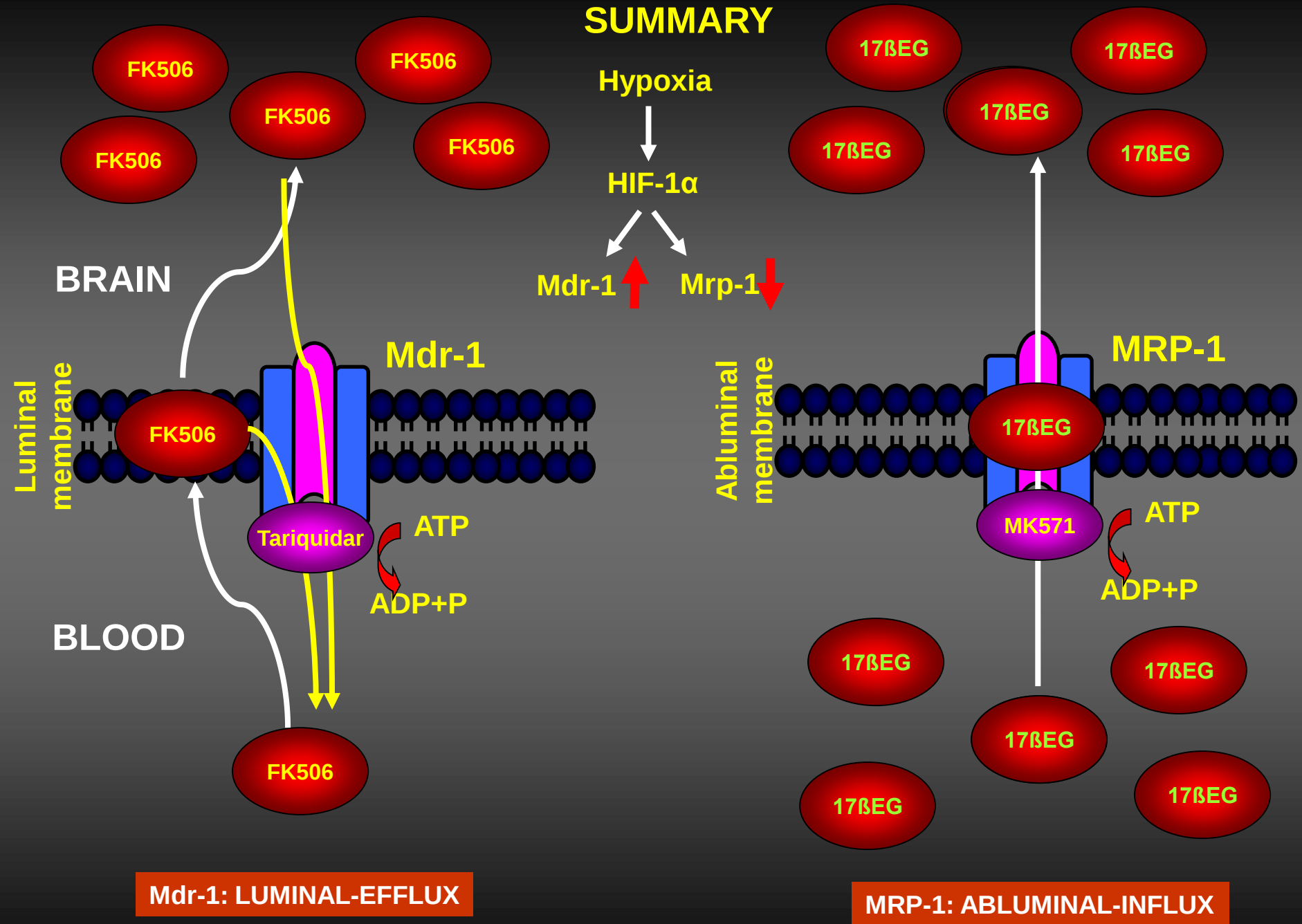
17 β EG

17 β EG

17 β EG

17 β EG

MRP-1: ABLUMINAL-INFLUX



Conclusion and Outlook

- Multi drug transporter modulators might be used to promote the accumulation of drugs in various neurological disorders in future.
- Positron emission tomography (PET) enables measurements of pharmacological compounds in brain.
- The temporal analysis of the positron signal enables quantitative drug concentrations and precise information on the pharmacokinetics and pharmacodynamics of the compound.
- PET can be also used to evaluate the function of efflux proteins by using their inhibitors.

Conclusion and Outlook

The existence of ABC transporters has important implications for drug development that should be considered in the preparation of studies.

- 1- The expression of ABC transporters differ between animal species, strains and human. Thus biodistribution studies should be performed for clinical trials.
- 2-The expression and functionality of ABC transporters change in response to brain disease and drug exposure. As a consequence, tissue concentration should be assessed also in diseased brain.
- 3-The genetics and functionality of ABC transporters might vary between ethnic groups.

Vascular Endothelial Growth Factor (VEGF)

- stimulates angiogenesis (Angiogenesis is correlated with stroke recovery according to clinical studies), axonal outgrowth and neurogenesis
- protects neurons
- However, the cell death mechanism and signal transduction components underlying *in vivo* VEGF-mediated survival were largely unknown.

The VIVA (VEGF in Ischemia for Vascular Angiogenesis)-Trial

Patient Characteristics

	Placebo (n=63)	Low-Dose rhVEGF (n=56)	High-Dose rhVEGF (n=59)
--	-------------------	------------------------------	-------------------------------

Age, mean $\pm$ SD

61 $\pm$ 7

61 $\pm$ 9

58 $\pm$ 8

Male sex, %

87

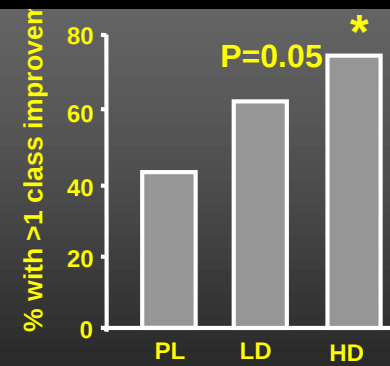
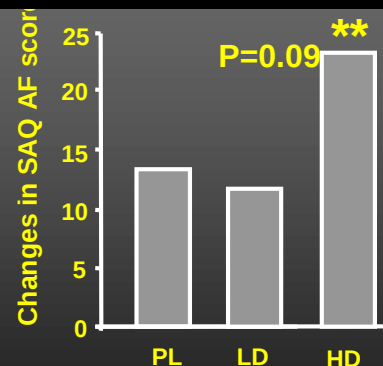
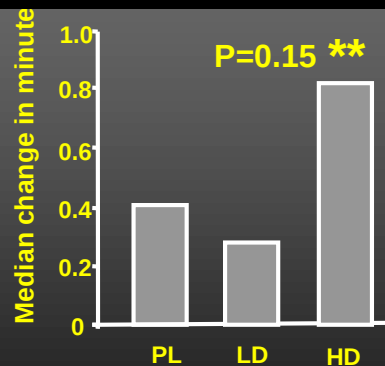
89

92

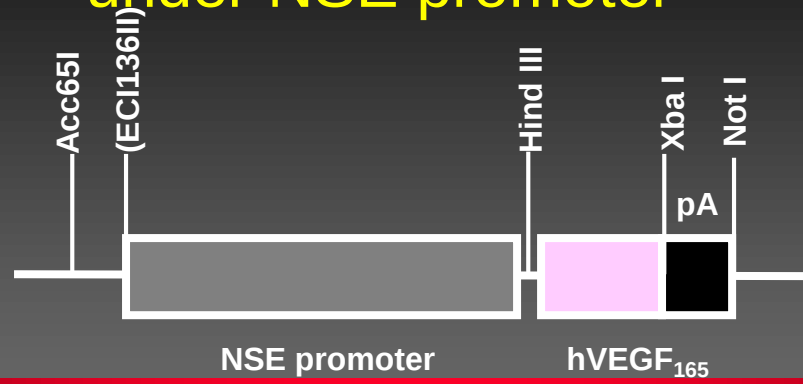
PL= Placebo,

LD= Low-Dose rhVEGF (17 ng/kg/1 min-1)

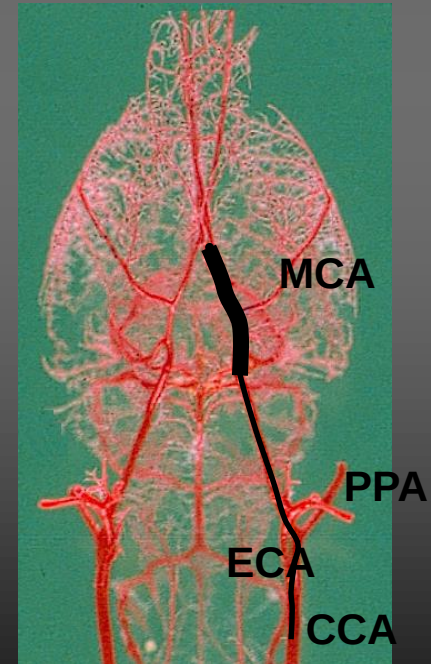
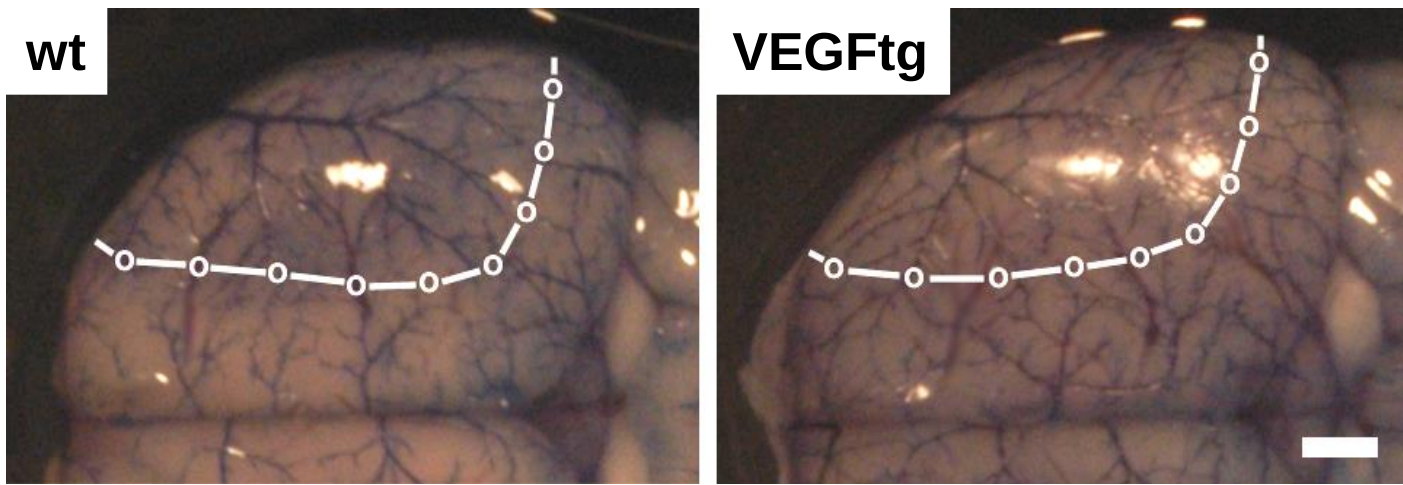
According to this clinical study, rhVEGF is well tolerated, safe and beneficial in human.



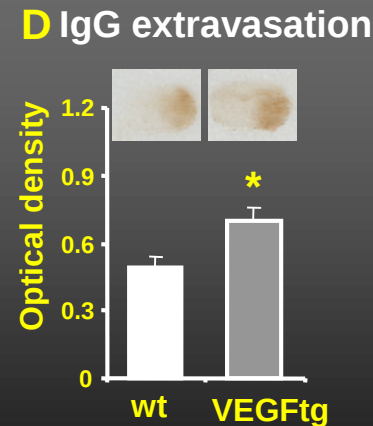
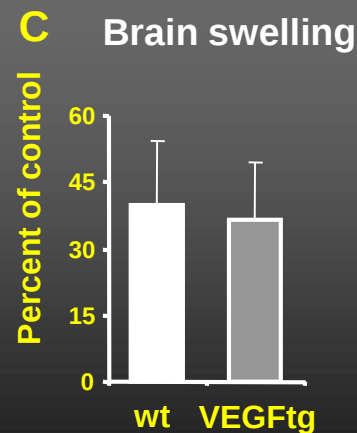
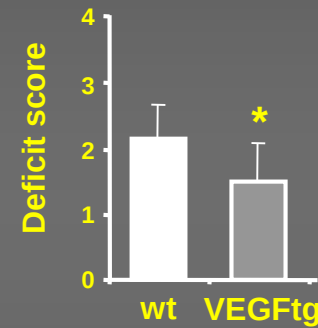
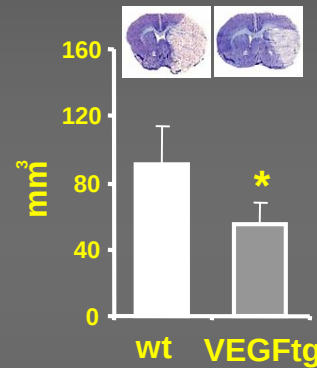
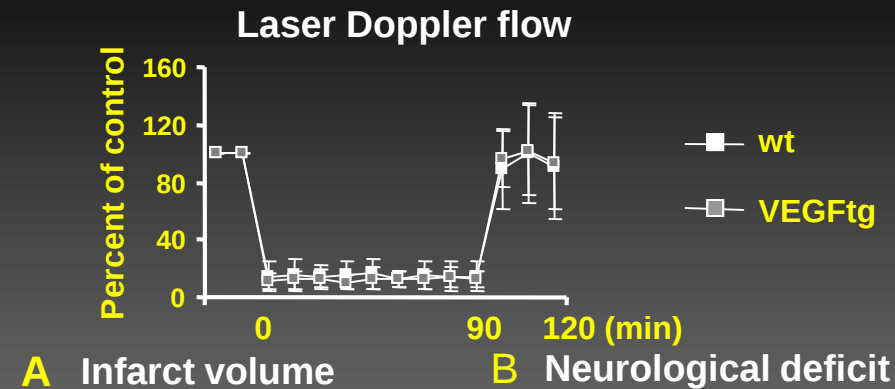
V1tg mouse: Brain-selective VEGF expression under NSE promoter



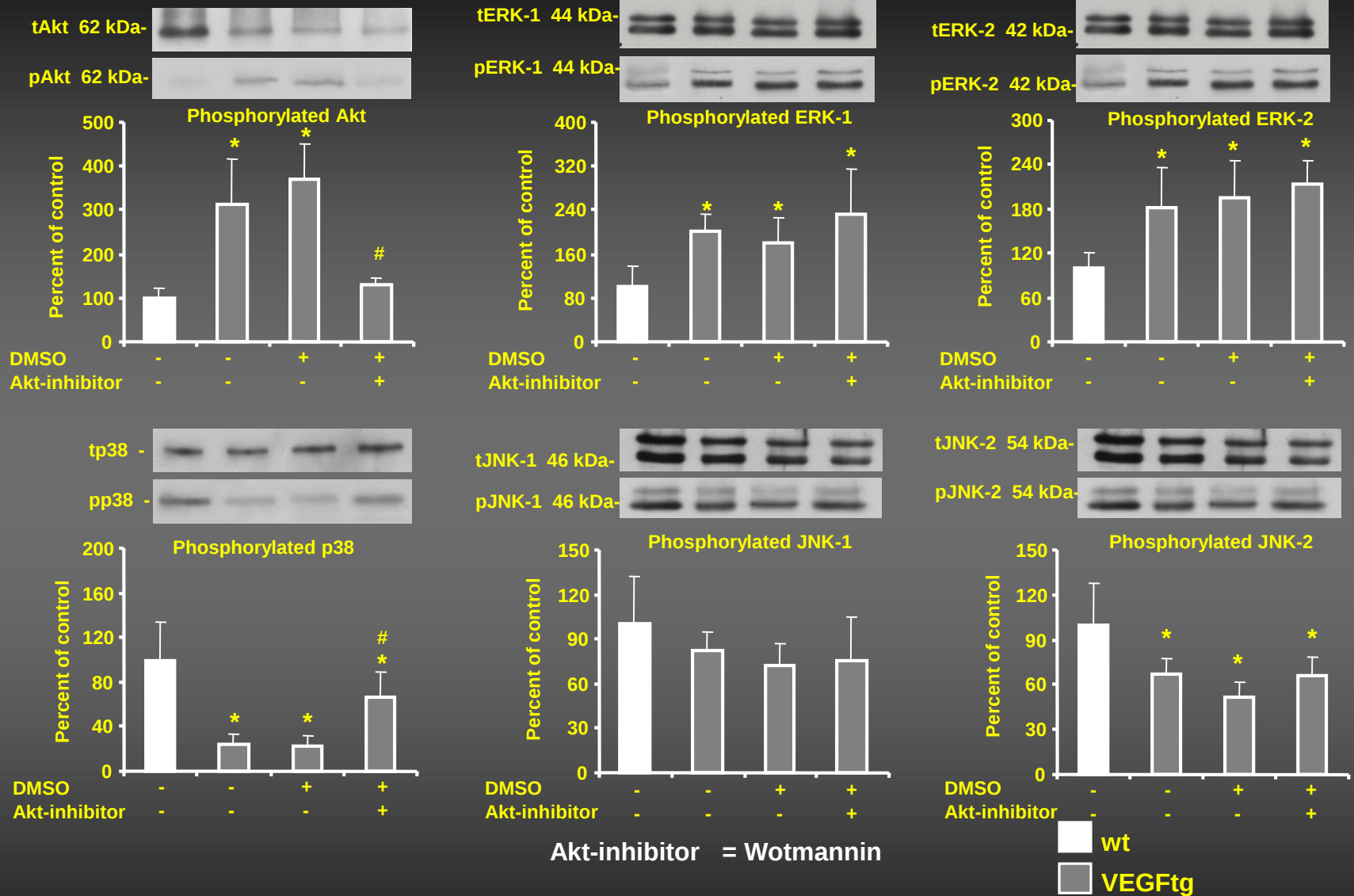
Macroscopic anatomy of the MCA territory



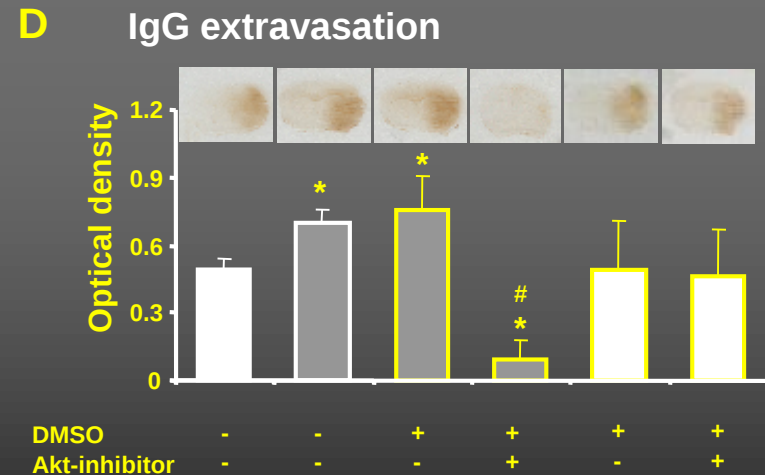
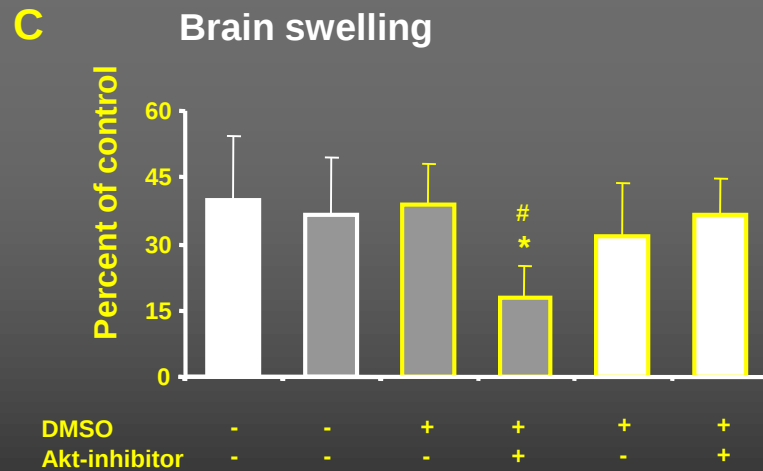
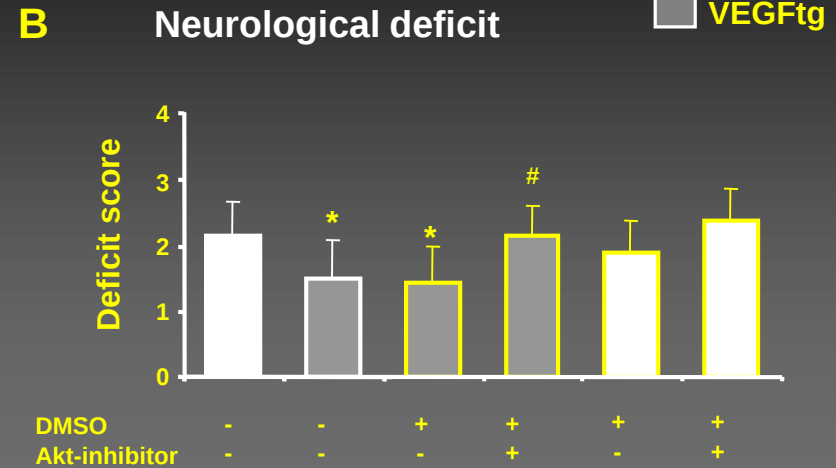
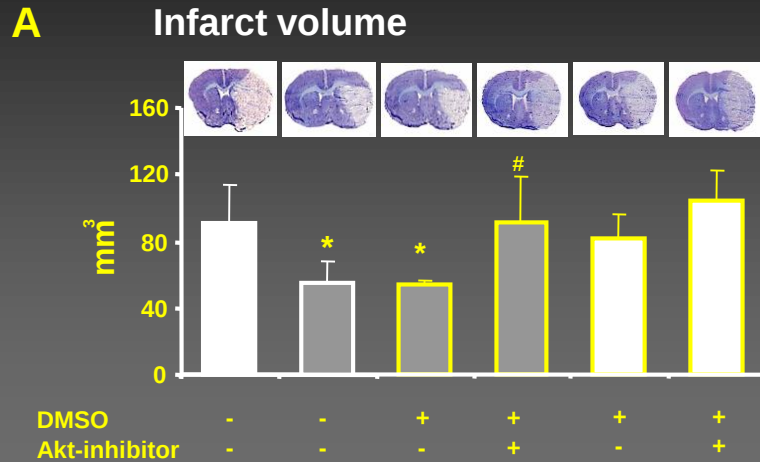
Effects of human VEGF on ischemic injury



Effect of VEGF on intracellular signal cascade: Western blots



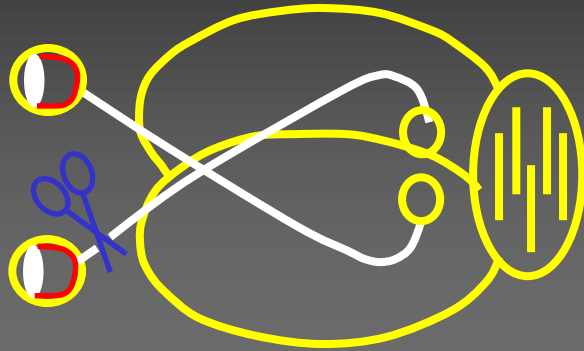
Role of PI3K/Akt pathway in ischemic neuroprotection and blood brain barrier permeability



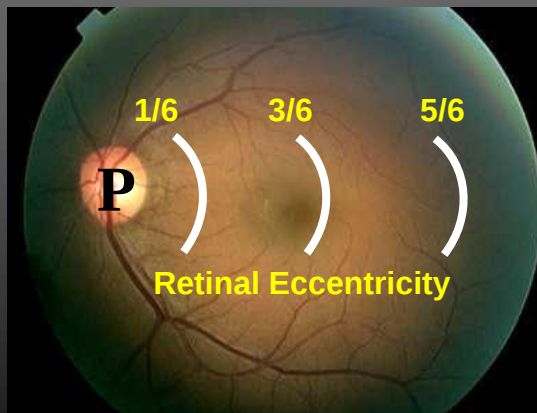
Akt-inhibitor = Wotmannin

VEGF protects axotomized retinal ganglion cells

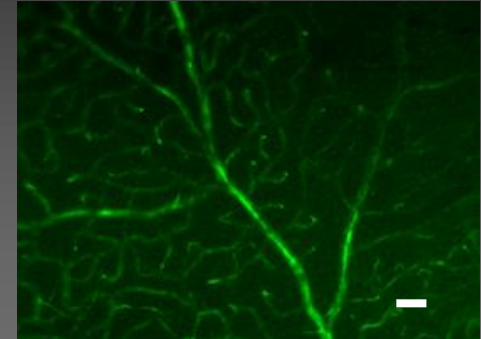
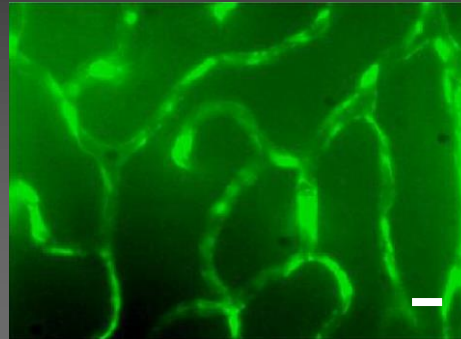
Optic nerve transection



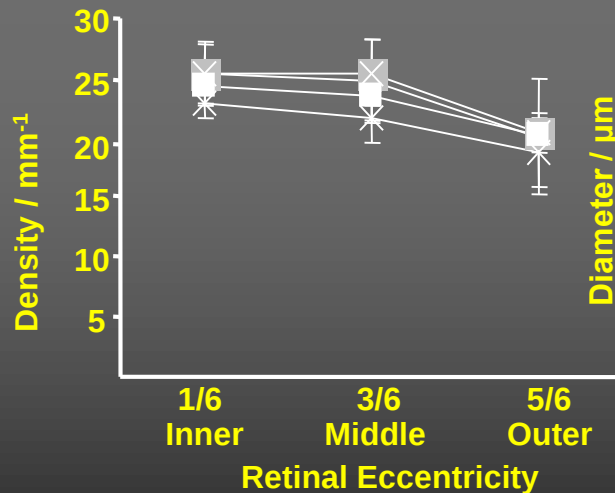
- VEGFtg/ non-axotomized
- VEGFtg/ axotomized
- wt/ non-axotomized
- wt/ axotomized



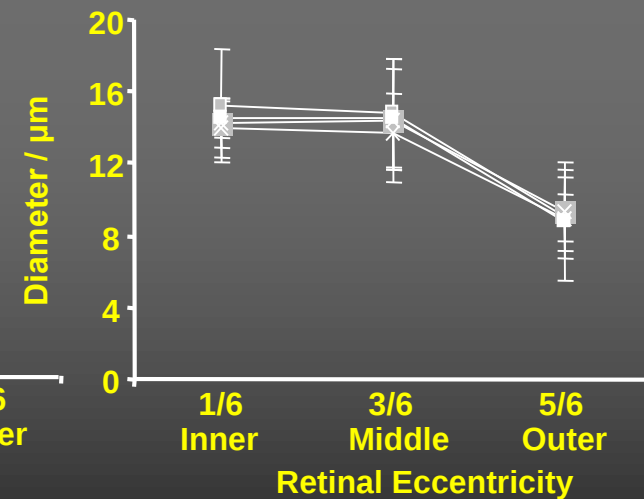
Retinal vascular networks are not influenced by human VEGF and ON transection



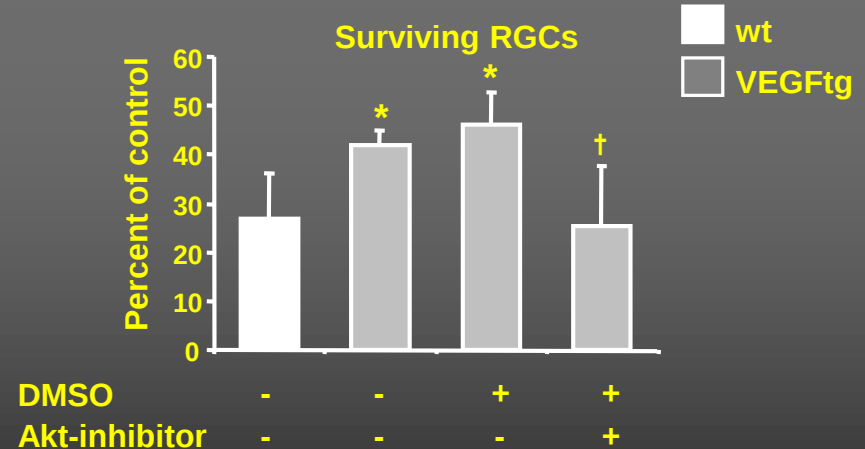
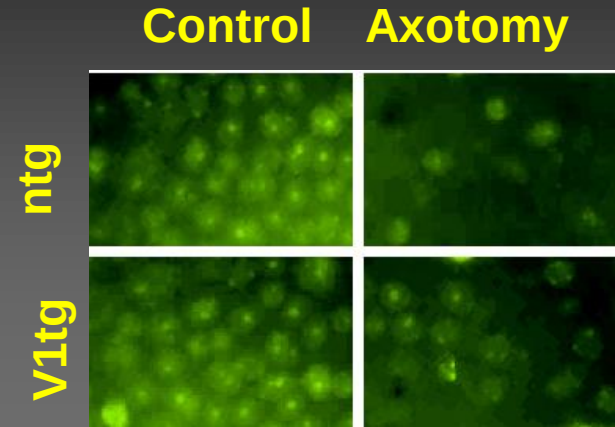
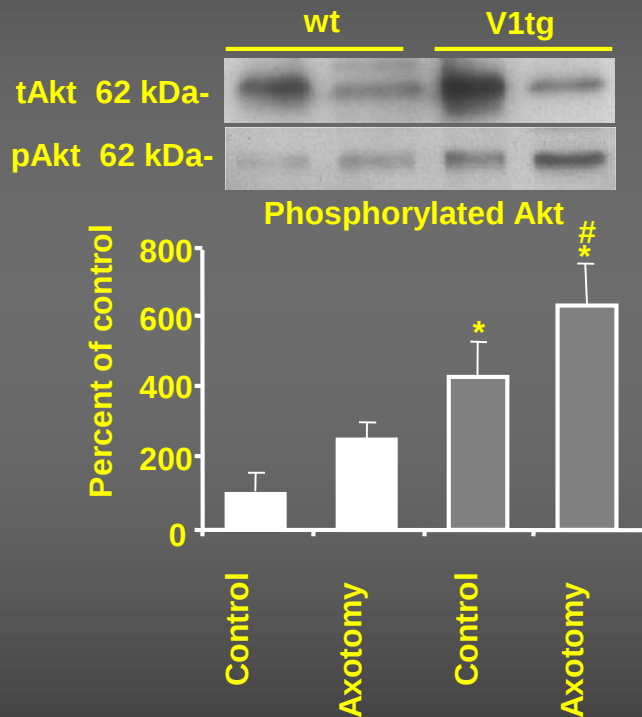
Density of retinal capillaries



Diameter of main arterioles



VEGF protects degenerating RGCs by activating ERK-1/-2 and Akt pathways



Akt-inhibitor = LY294002

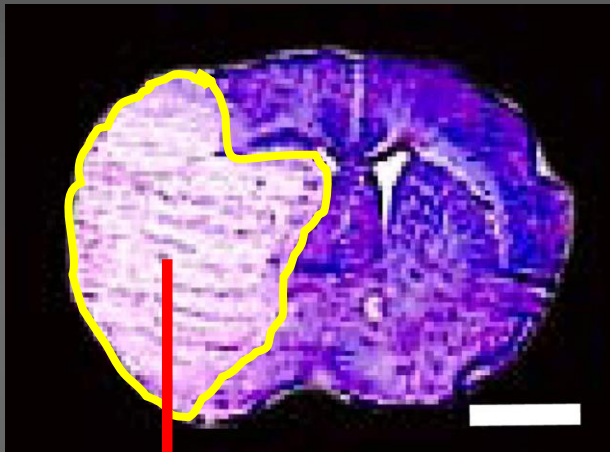
Conclusion

Based on our finding that the phosphorylated Akt pathway is responsible for VEGF's neuroprotection and its BBB permeability, we predict that it may not easily be possible to make use of VEGF's tissue survival without accepting its unfavourable consequence, the increased BBB leakage.

Functional Recovery

- Logically, infarct volume or the number of surviving neurons should be correlated with behavioral outcome.
- Behavioral outcome may not be correlated with infarct volume or surviving neurons due to long-term synaptic plasticity or diffuse morphological changes.

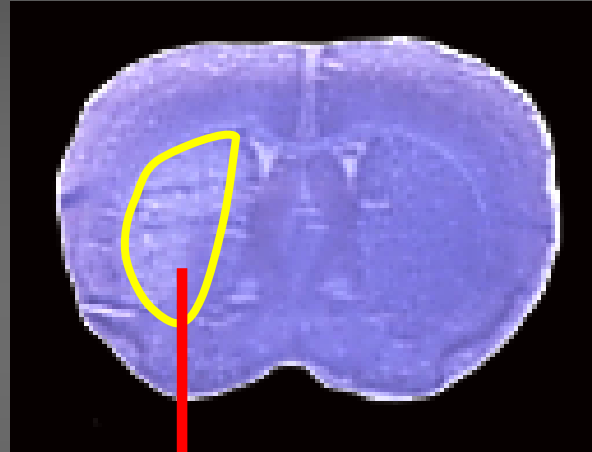
Infarct



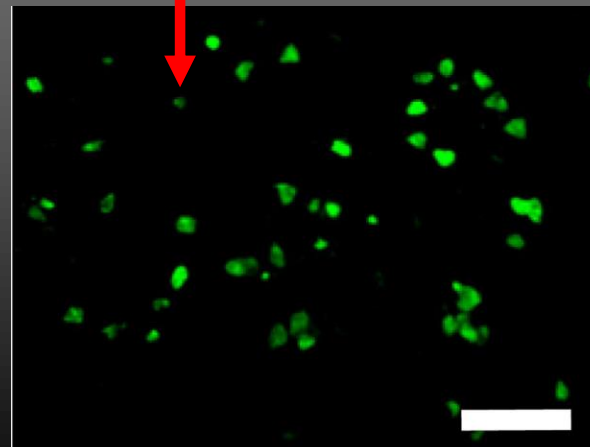
Necrosis



Disseminated cell death



Apoptotic cells

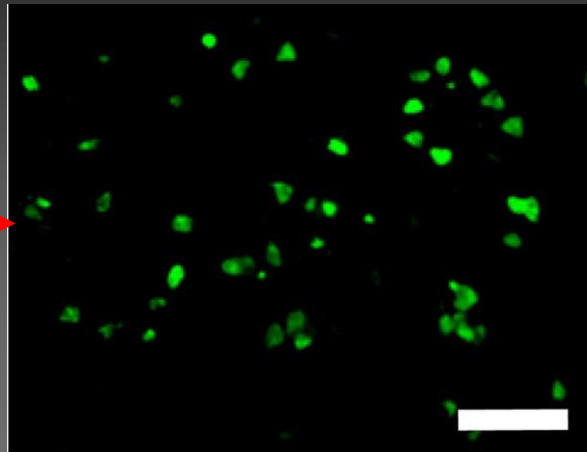


Restorative effects of exogenous VEGF

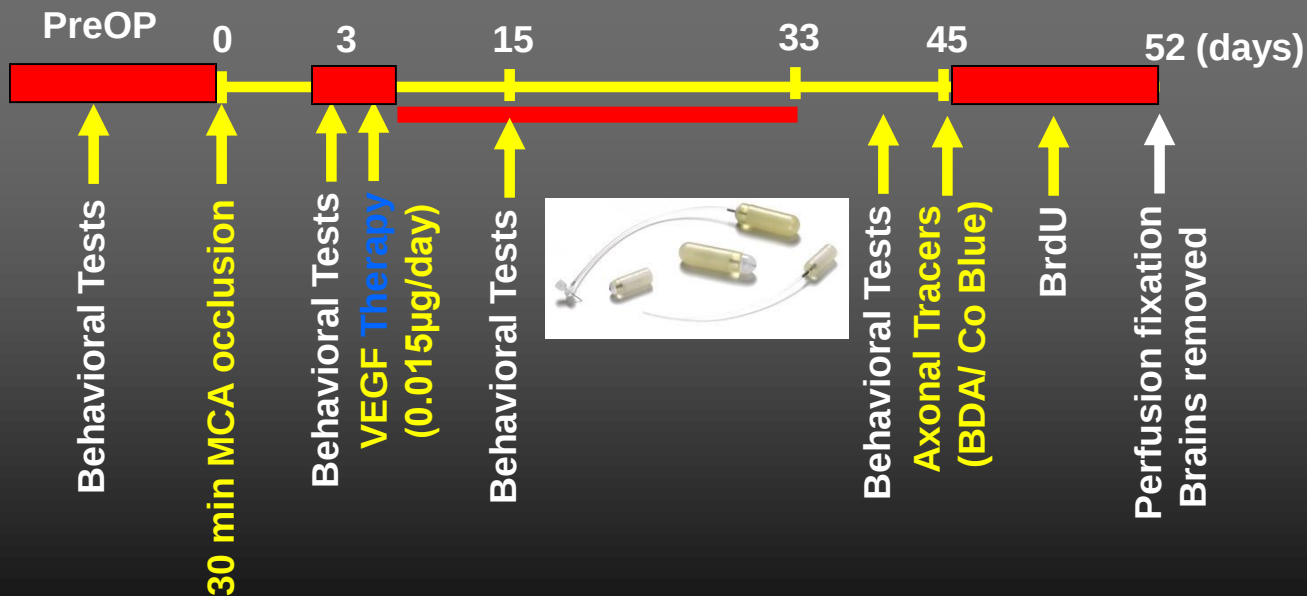
Disseminated cell death



Apoptotic cells

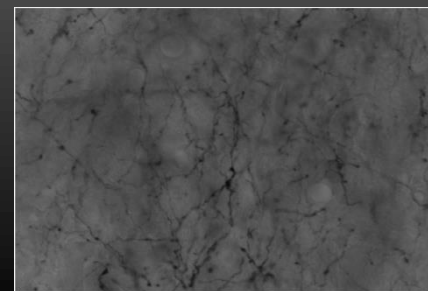
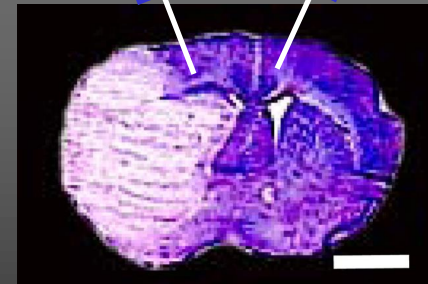


No apparent deficit



Co Blue

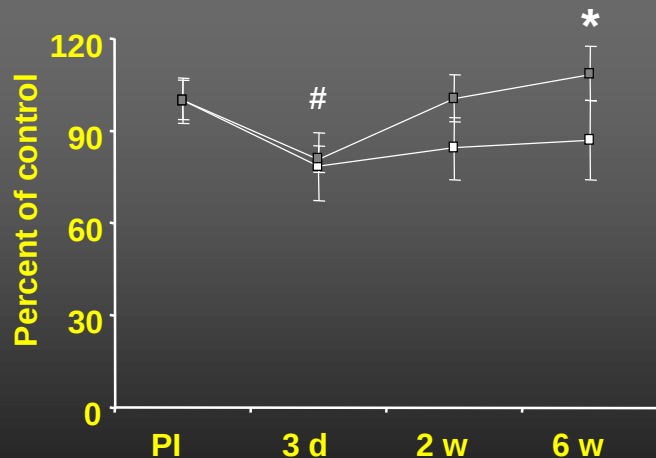
BDA



Behavioral Tests

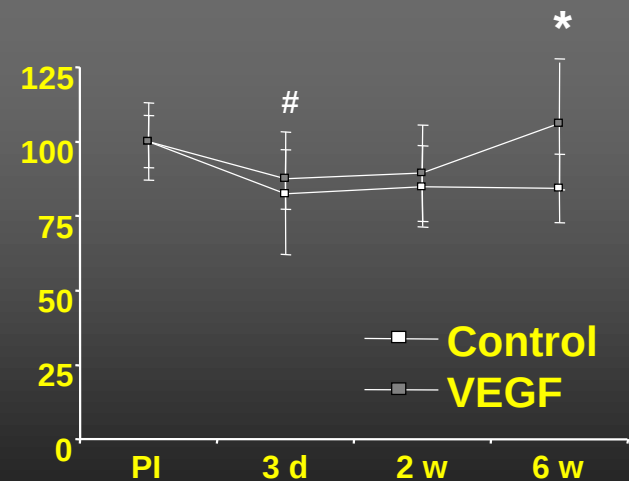
Grip Strength Tests

Paretic right forepaw



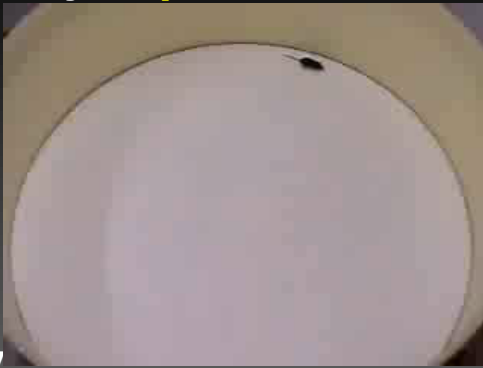
RotaRod Test

Motor coordination



Kilic et al. (2009) in preparation.

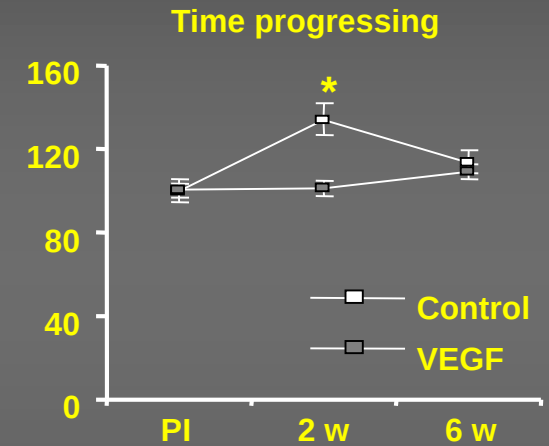
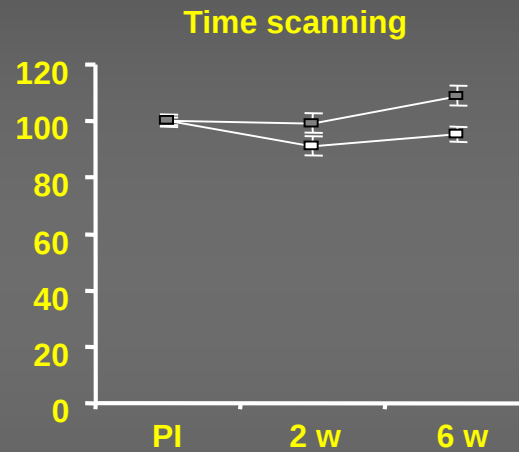
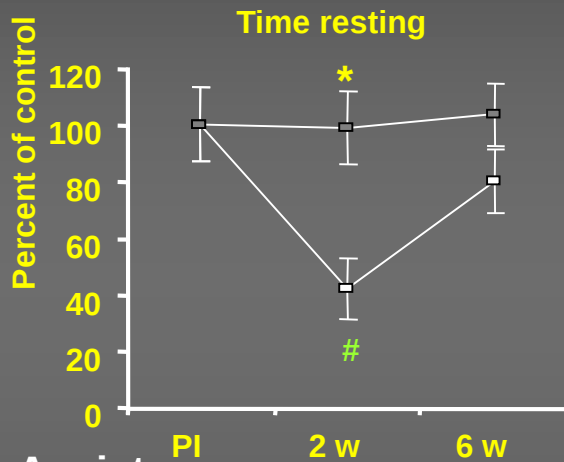
Activity: Open Field Test



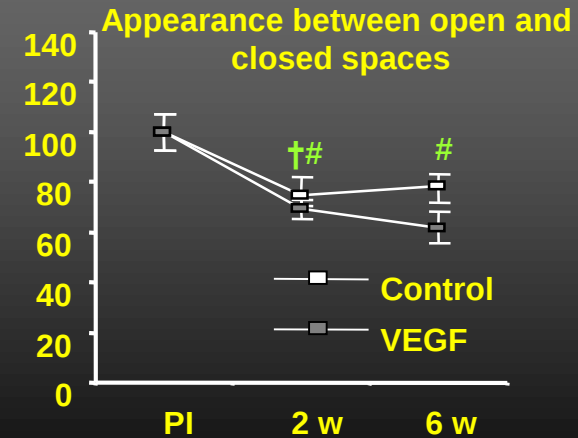
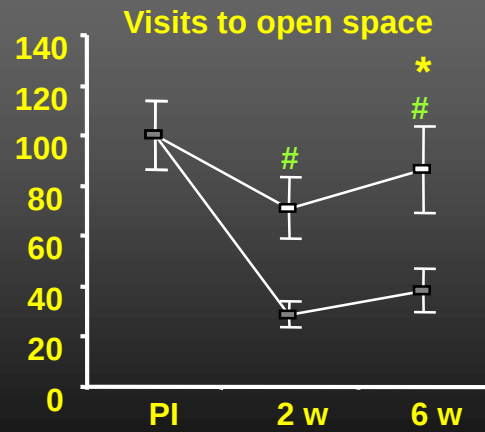
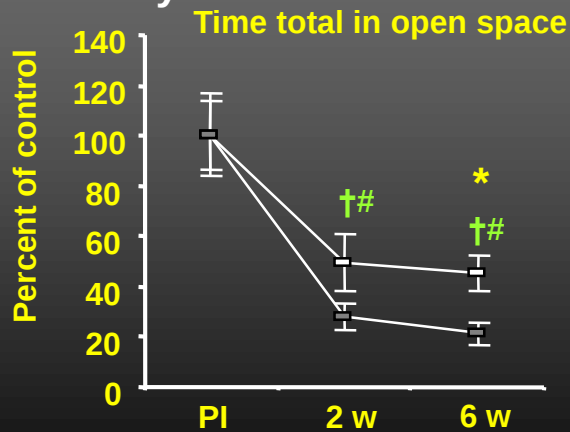
Anxiety: Elevated 0 Maze Test



A- Hyperactivity

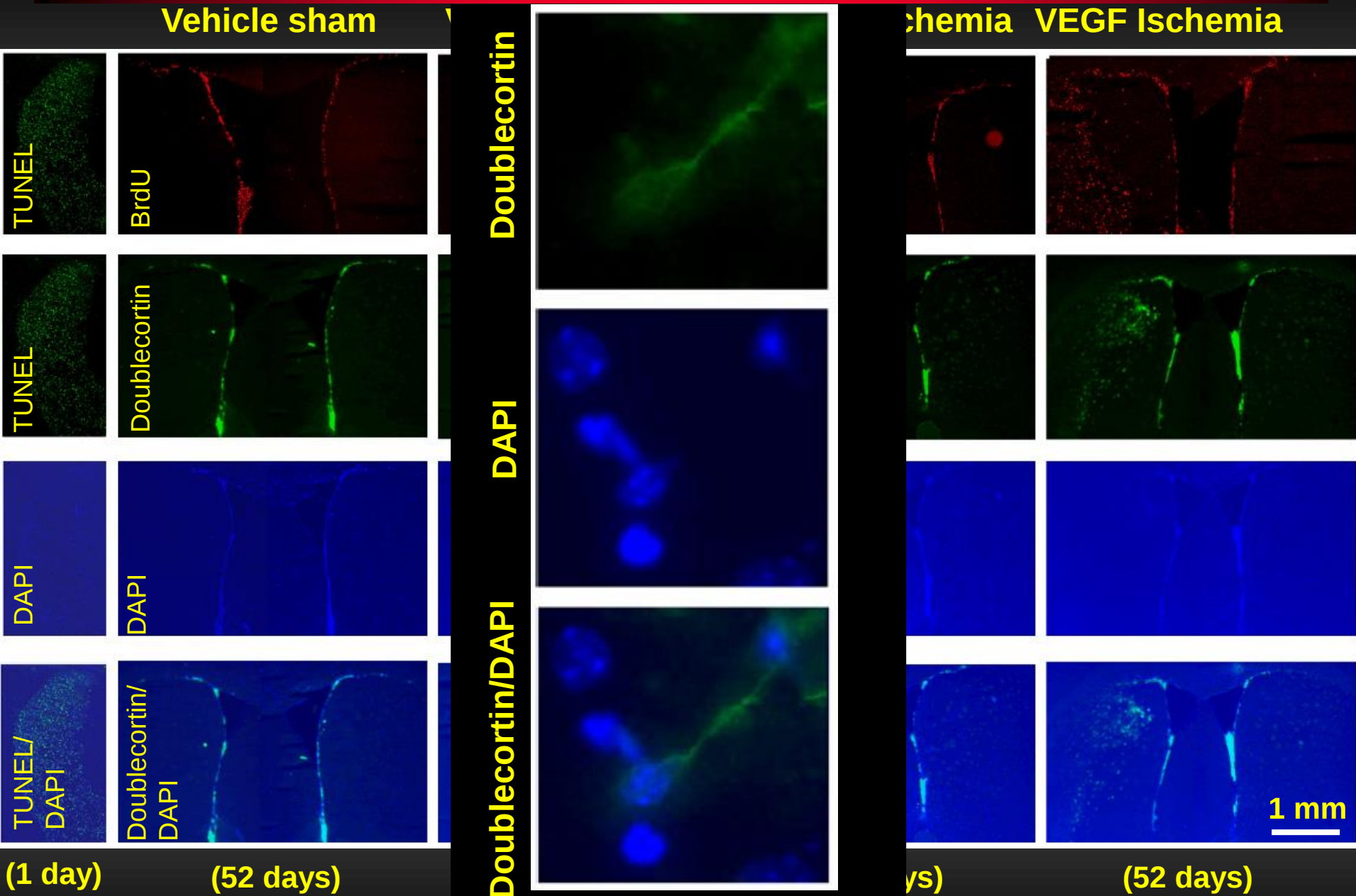


B- Anxiety



Kilic et al. (2009) in preparation.

Cell Proliferation



Kilic et al. (2009) in preparation.

BRAIN PUZZLE

Plasticity

Angiogenesis

Drug
transporters

Gene
expression

Growth factors

?

The more we know about the time dependently developed pathophysiology and endogenous repair mechanisms of brain disorders, the more chance and access we will have to develop new therapeutic substances for brain disorders.

Other
molecules

Neurogenesis

Neurotransmitters

Signalling pathways