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1-30 November 2020

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Conjugation with Angiopep2 as a strategy for the brain delivery of a mitochondriotropic inhibitor of the potassium channel Kv1.3

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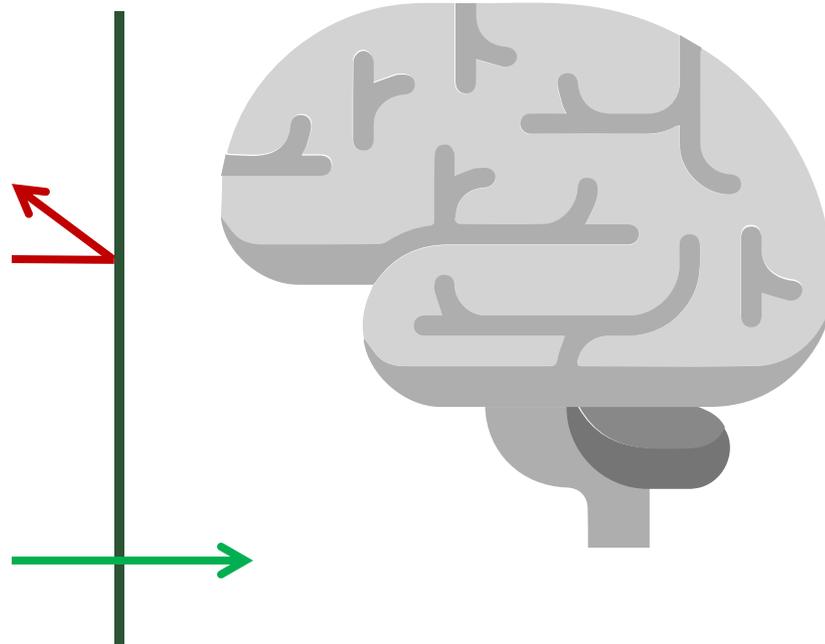


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Conjugation with Angiopep2 (An2) as a strategy for the brain delivery of a mitochondriotropic inhibitor of the potassium channel Kv1.3

PAPTP
NO BRAIN DELIVERY

An2-PAPTP

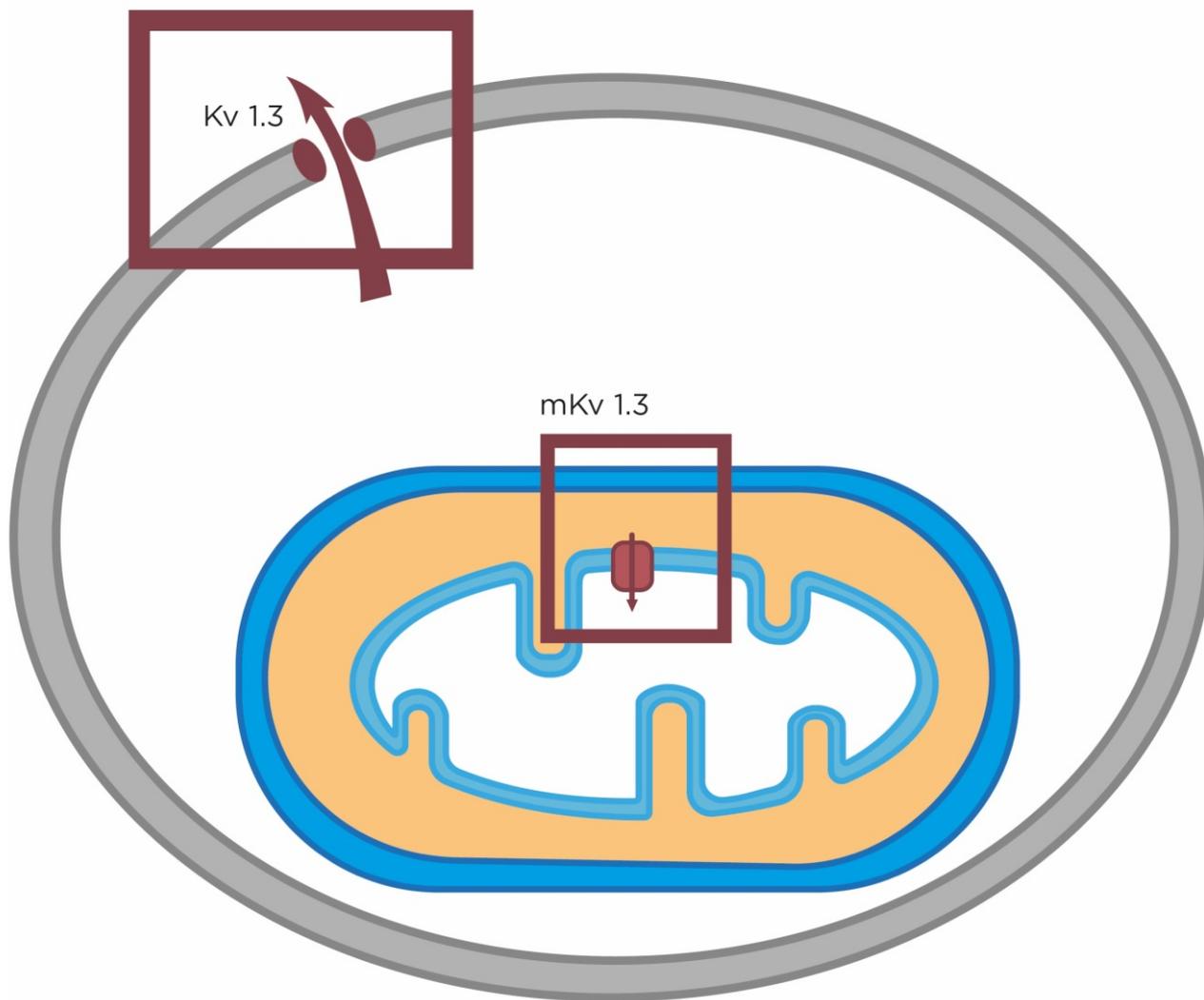


Abstract: The voltage-gated potassium channels Kv1.3, expressed by the cells at the plasma membrane and mitochondria level, is highly expressed in several cancers such as melanoma, pancreatic cancer (PDAC), glioblastoma and neuroblastoma, thus turning out an interesting pharmacological target against cancer. Inhibition of the mitochondrial population of the channel leads to pro-apoptotic processes. PAPTP, one of the novel inhibitors of the mitoKv1.3, turned out to be highly effective against melanoma and PDAC in vivo and against glioblastoma cell lines in vitro. It cannot be exploited in orthotopic models of glioma because it is completely unable to cross the blood brain barrier (BBB). A possible approach to enhance the BBB permeability of drugs relies on the use of brain penetrating peptides. The aim of this study is to synthesize angiopep2-PAPTP and to evaluate its absorption into the brain in vivo. To design the conjugate as a pro-drug, the triphenylphosphonium (TPP⁺) moiety of PAPTP was modified adding a linker to one of the phenyl groups (PAPTPL), conjugated to angiopep2 through a bio-reversible carbamate bond. Angiopep2-PAPTP was administered to C57CL/6 mice (5 μ mol/kg b.w.), which were sacrificed after 15 (n=5), 30 (n=4) and 60 (n=6) minutes. The results show that angiopep2-PAPTP is present in the brain at 15 and 30 minutes after the injection. The analysis of the liver showed that Angiopep2-PAPTP is mainly metabolized through the cleavage of the peptide chain. Summarizing, conjugation of PAPTP to angiopep2 represents a promising strategy to deliver PAPTP to the brain.

Keywords: Angiopep2; blood brain barrier; brain delivery; cancer



Kv1.3 CHANNEL

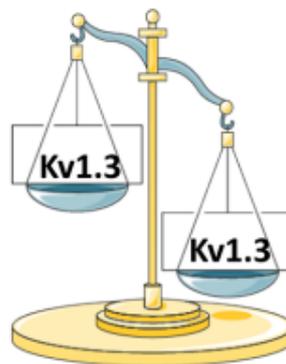


- **Plasma membrane**
Kv1.3: cell proliferation, migration and metastasis
- **Mitochondrial Kv1.3:** apoptosis

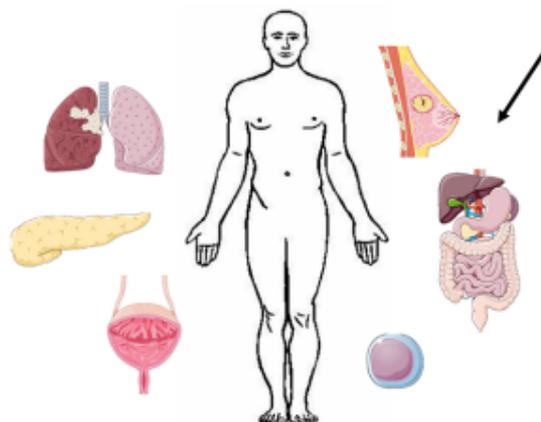


Kv1.3 CHANNEL

Channel Expression



CANCERS



Breast cancer
Smooth Muscle Tumors
Prostate Cancer
Kidney Carcinoma
Bladder Carcinoma
Lung Carcinoma
Glioma
PDAC
Melanoma
Leukemia B-CLL



TARGET FOR CANCER THERAPY?

Prosdocimi et al., 2019,
Cell Physiol Biochem



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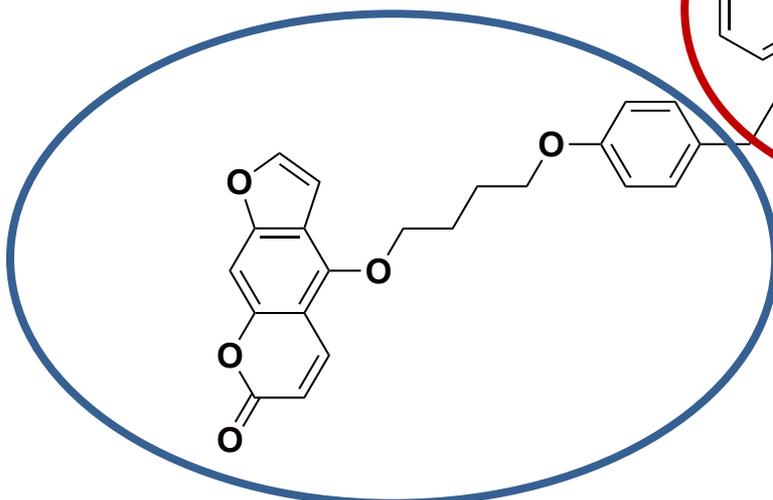
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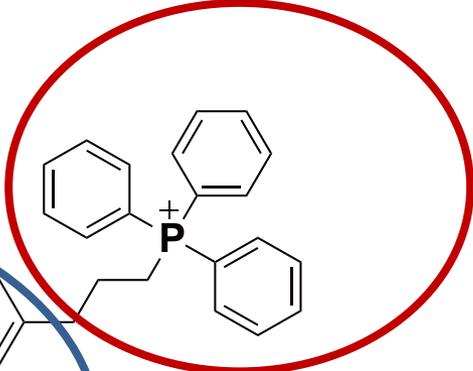


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PAPTP



PAP-1



TPP+

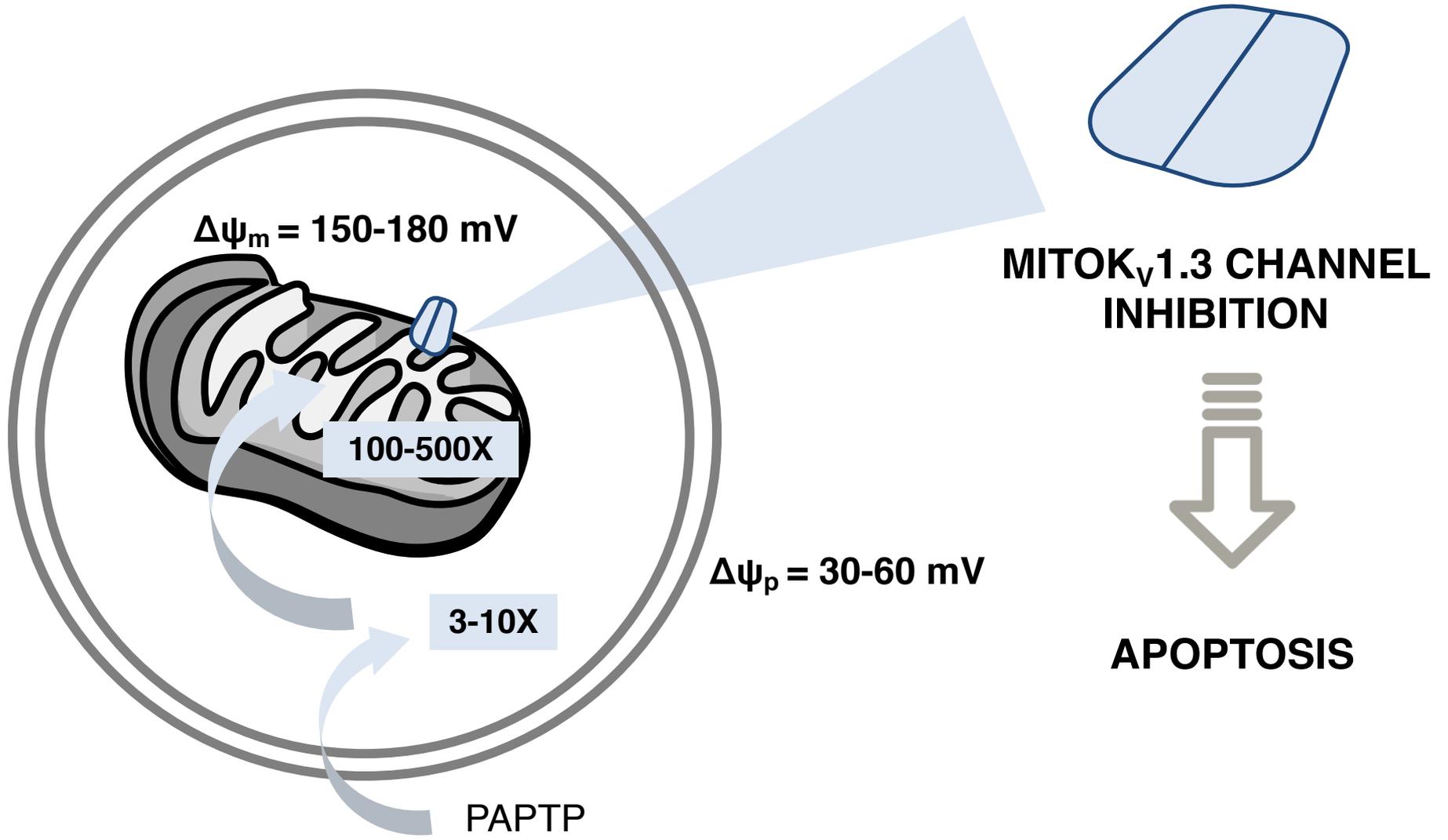
Vennekamp et al., 2004 *Mol Pharmacol*

PMK_v1.3 channel inhibition
REDUCTION OF PROLIFERATION

mitoK_v1.3 channel inhibition
APOPTOSIS

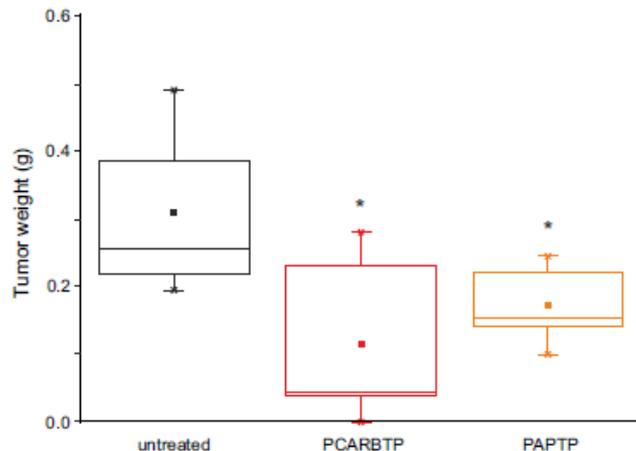


PAPTP

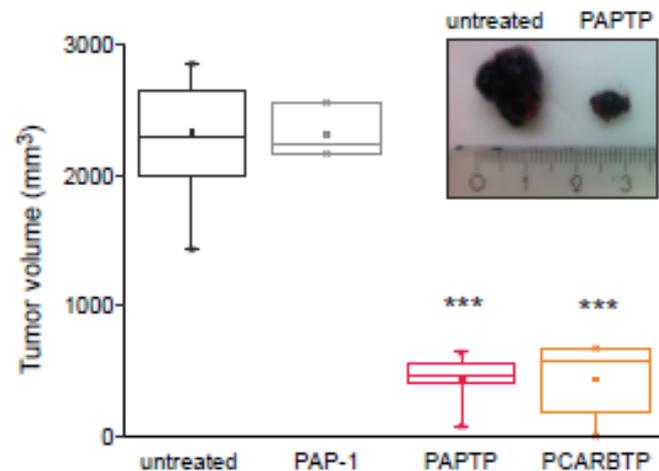


Direct Pharmacological Targeting of a Mitochondrial Ion Channel Selectively Kills Tumor Cells In Vivo

Luigi Leanza,^{1,9} Matteo Romio,^{2,9} Katrin Anne Becker,³ Michele Azzolini,^{4,5} Livio Trentin,⁶ Antonella Managò,¹ Elisa Venturini,³ Angela Zaccagnino,⁷ Andrea Mattarei,² Luca Carraretto,¹ Andrea Urbani,¹ Stephanie Kadow,³ Lucia Biasutto,^{4,5} Veronica Martini,⁶ Filippo Severin,⁶ Roberta Peruzzo,¹ Valentina Trimarco,⁶ Jan-Hendrik Egberts,⁷ Charlotte Hauser,⁷ Andrea Visentin,⁶ Gianpietro Semenzato,⁶ Holger Kalthoff,⁷ Mario Zoratti,^{4,5} Erich Gulbins,^{3,8,*} Cristina Paradisi,^{2,*} and Ildiko Szabo^{1,5,10,*}



PDAC in vivo model
PAPT 5 $\mu\text{mol/kg}$, i.p.



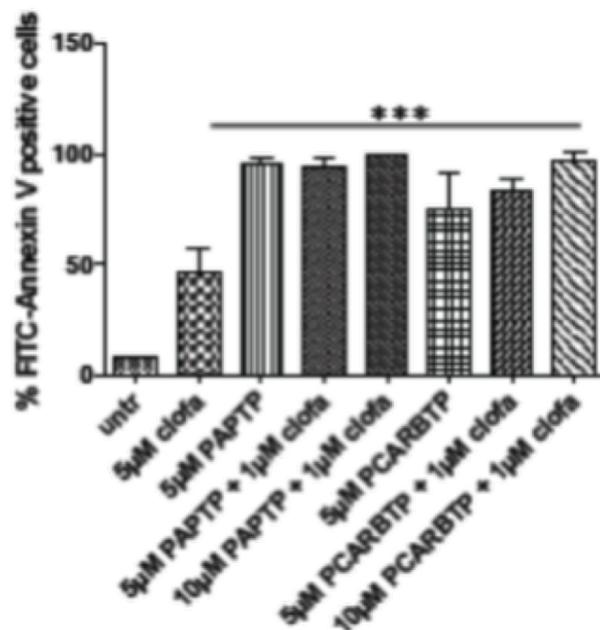
Melanoma in vivo model
PAPT 5 $\mu\text{mol/kg}$, i.p.



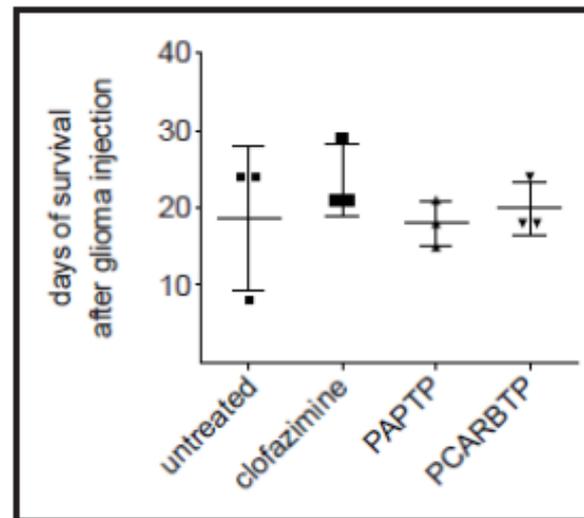
Targeting the Potassium Channel Kv1.3 Kills Glioblastoma Cells

2017

Elisa Venturini^a Luigi Leanza^b Michele Azzolini^c Stephanie Kadow^a
Andrea Mattarei^d Michael Weller^e Ghazaleh Tabatabaif^f Michael J. Edwards^g
Mario Zoratti^c Cristina Paradisi^d Ildikò Szabò^{b,c} Erich Gulbins^{a,g}
Katrin Anne Becker^a



A172 cell line



**NO ACTIVITY IN AN
ORTHOTOPIC ANIMAL
MODEL OF
GLIOBLASTOMA**

Venturini et al., 2017,
Neurosignals

PHARMACOKINETICS: NO BRAIN UPTAKE



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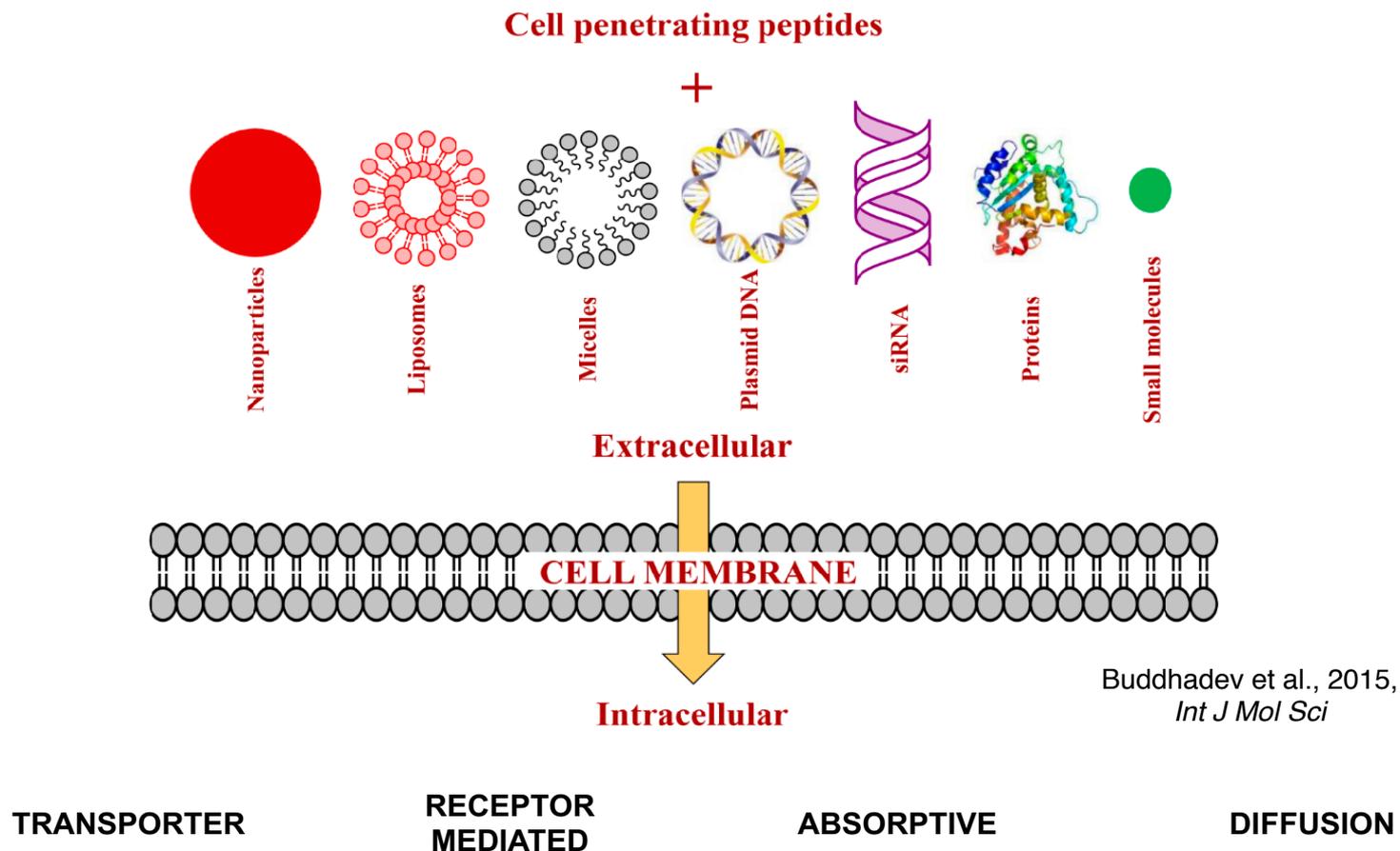
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PEPTIDES AS A STRATEGY FOR BRAIN DELIVERY



Angiopep2 (An2) AS A BBB PENETRATING PEPTIDE

Therapeutic Discovery

**Molecular
Cancer
Therapeutics**

Safety, Pharmacokinetics, and Activity of GRN1005, a Novel Conjugate of Angiopep-2, a Peptide Facilitating Brain Penetration, and Paclitaxel, in Patients with Advanced Solid Tumors

Razelle Kurzrock¹, Nash Gabrail⁴, Chandtip Chandhasin¹, Stacy Moulder², Carrie Smith⁴, Andrew Brenner³, Kamalesh Sankhala³, Alain Mita³, Kelly Elian⁵, Danielle Bouchard⁵, and John Sarantopoulos³

Cancer Therapy: Clinical

**Clinical
Cancer
Research**

Phase I Study of GRN1005 in Recurrent Malignant Glioma

Jan Drappatz^{1,2,5,6}, Andrew Brenner⁷, Eric T. Wong^{3,5}, April Eichler^{4,5}, David Schiff⁹, Morris D. Groves⁸, Tom Mikkelsen¹⁰, Steve Rosenfeld¹¹, John Sarantopoulos⁷, Christina A. Meyers⁸, Robert M. Fielding¹², Kelly Elian¹³, Xiaolin Wang¹⁴, Betty Lawrence¹³, Mona Shing¹⁴, Stephen Kelsey¹⁴, Jean Paul Castaigne¹³, and Patrick Y. Wen^{1,2,5}



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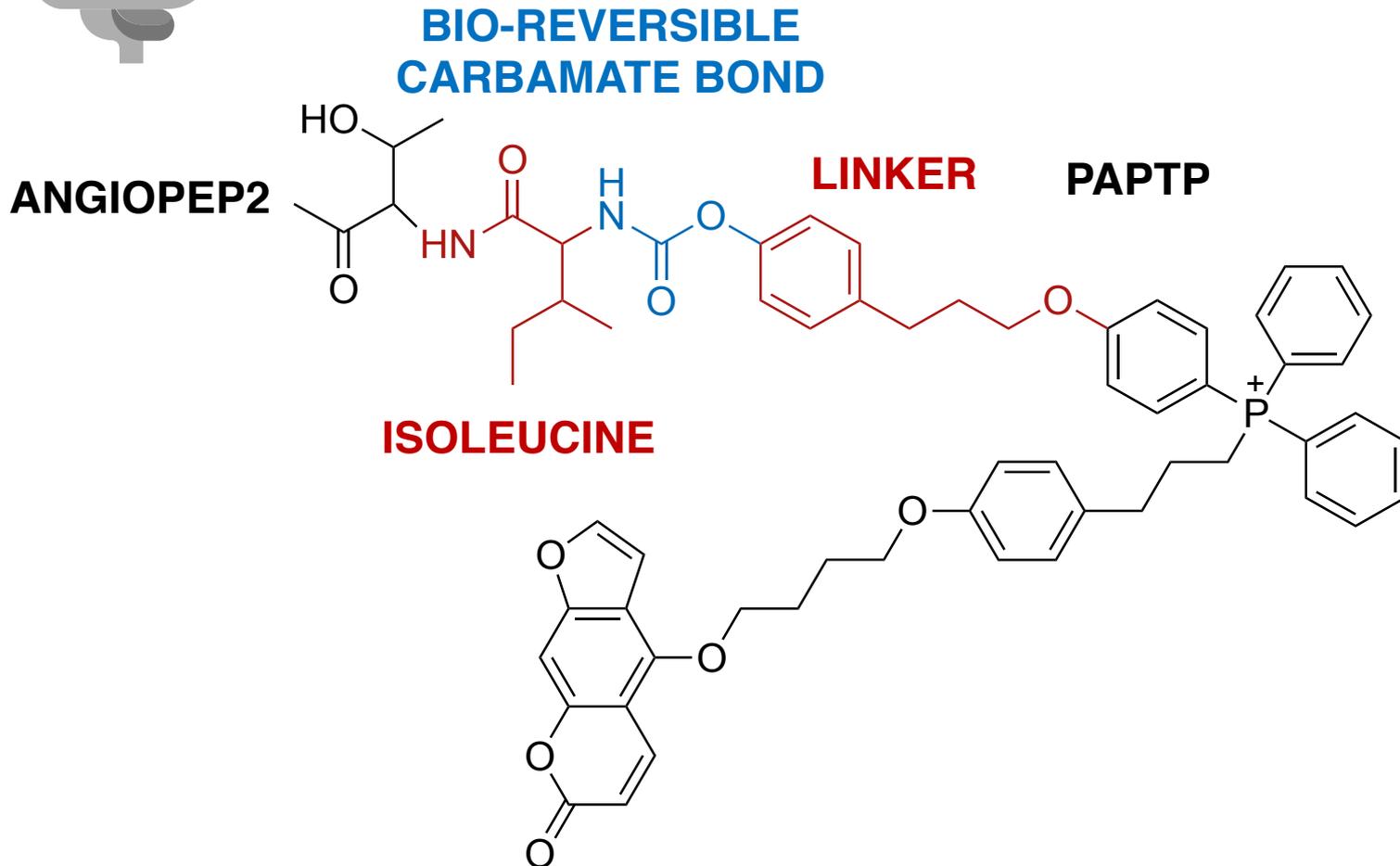
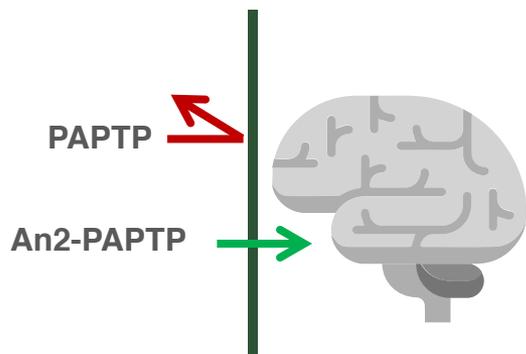
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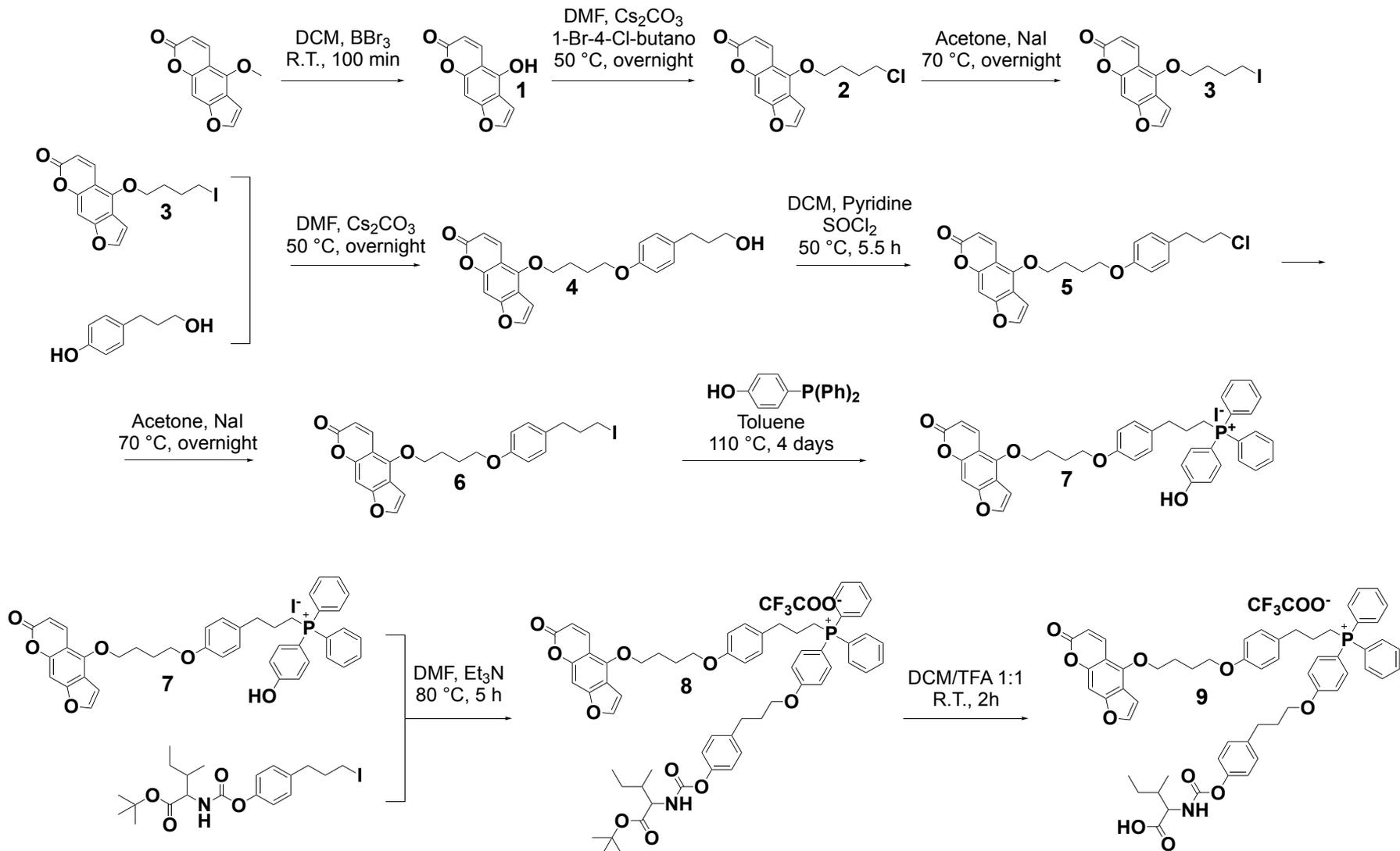


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An2-PAPTP MODEL



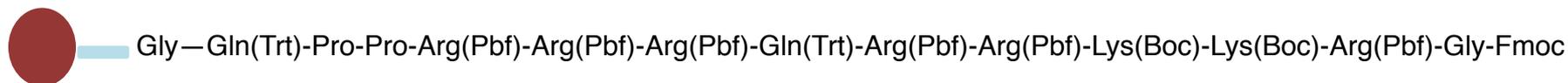
PAPTPL-I SYNTHESIS



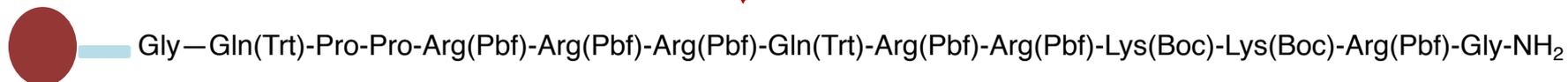
Angiopep2 SYNTHESIS



- 1) Piperidine 20% in DMF, R.T. 20 min
- 2) Piperidine 20% in DMF, R.T. 10 min
- 3) DMF, HBTU, HOBt, DIPEA, Protected-AA, R.t., 1 h



- 1) Piperidine 20% in DMF, R.T. 20 min
- 2) Piperidine 20% in DMF, R.T. 10 min



COUPLING WITH PAPTPL-I



DEPROTECTION AND SOLID PHASE UNBLOCK



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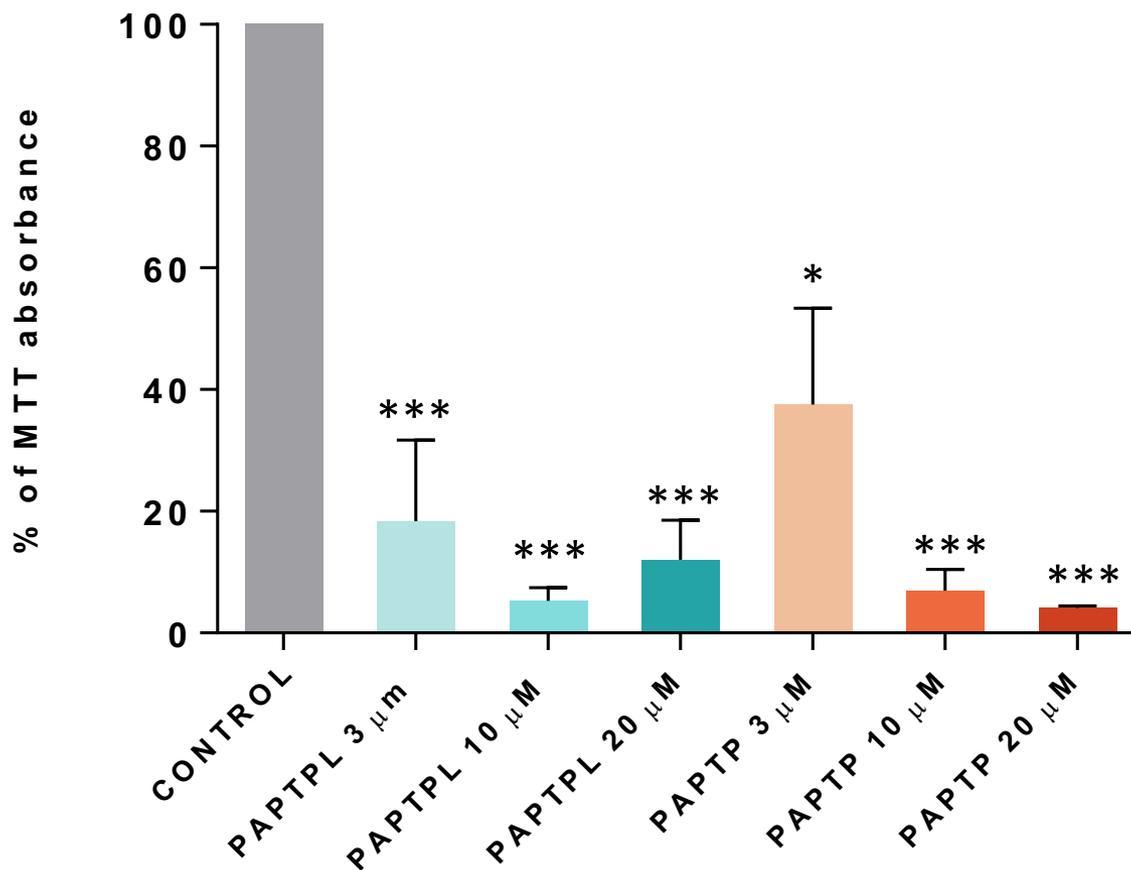
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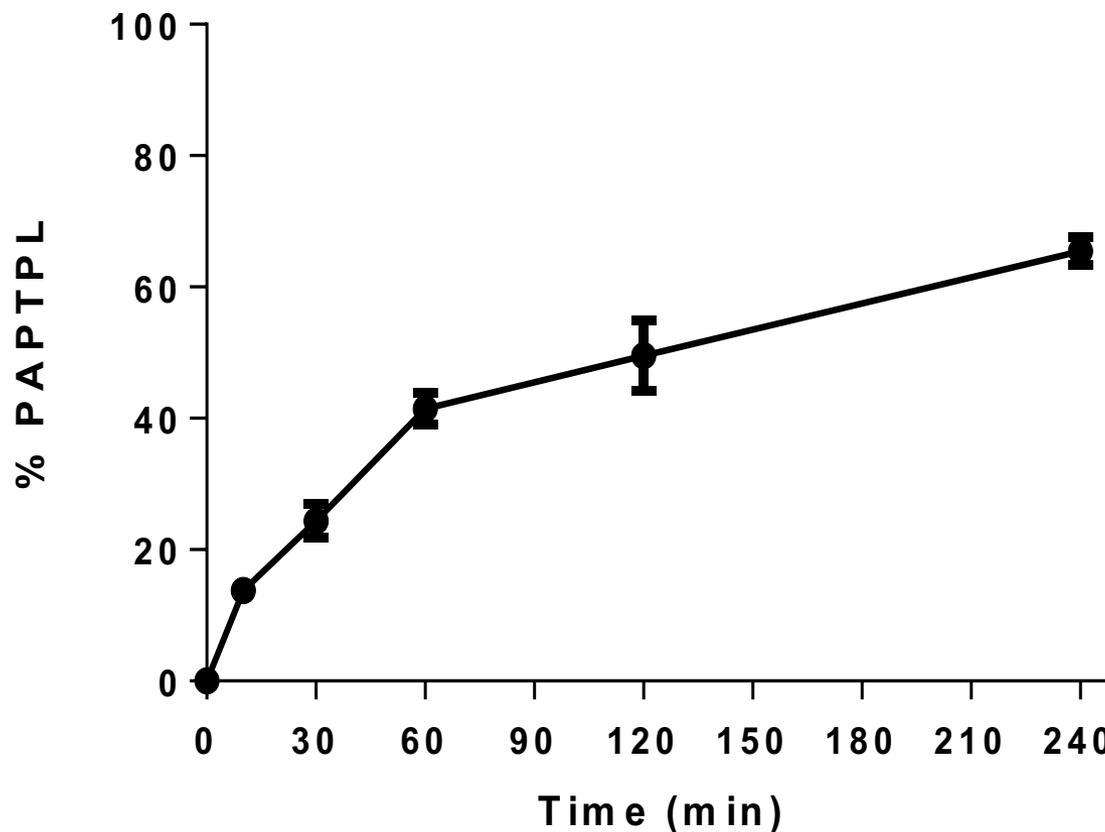
VIABILITY ASSAY



Cell viability of SHSY-5Y cells following treatment for 24 hr with the indicated compounds (MTS assay, 540 nm). Values are reported as mean percentage of viable cells normalized with respect to untreated cells ($n = 3$); each condition was significantly different from control: * $p < 0.05$, *** $p < 0.001$, One-way ANOVA.



An2-PAPTPL BLOOD STABILITY



Kinetics of An2-PAPTPL hydrolysis in fresh mouse blood. Data refer to the percentage of PAPTPL released and are expressed as mean \pm SEM. N = 5.



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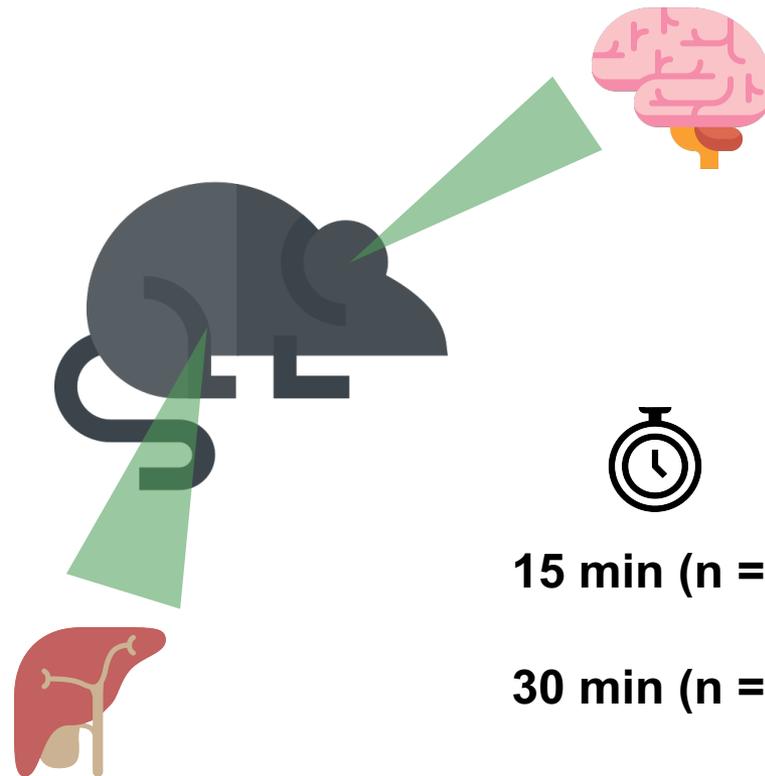


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An2-PAPTP DISTRIBUTION

Angiopep2-PAPTP

5 $\mu\text{mol/kg}$ bw; i.v.



15 min (n = 5)

30 min (n = 4)

60 min (n = 6)



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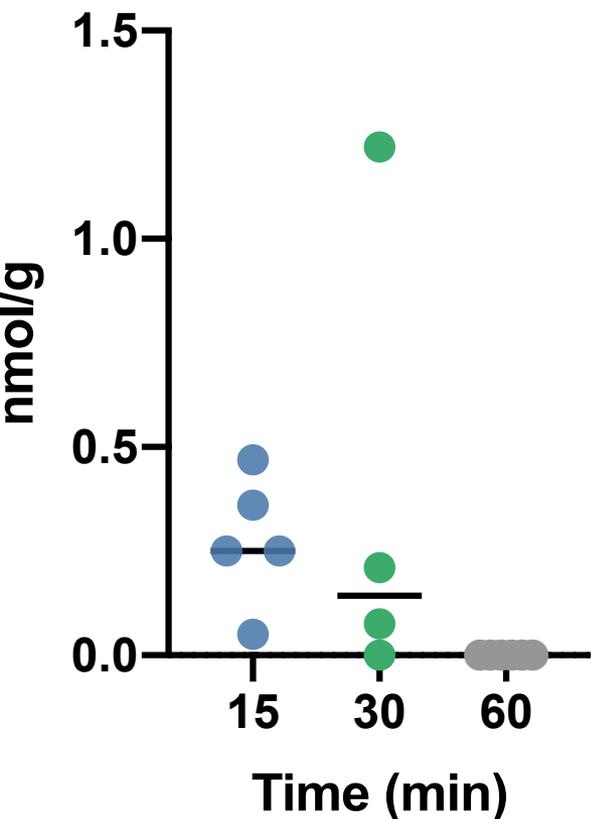
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An2-PAPTP DISTRIBUTION

BRAIN



TIME OF TREATMENT (min)	Psoralenic species (nmol/g tissue)	Psoralenic species (% of injected dose)
15	0.3 ± 0.1	0.1 ± 0.04
30	0.4 ± 0.6	0.2 ± 0.2
60	traces	traces

Quantification by HPLC-UV (312 nm). Data in the table are expressed as mean \pm SEM (N = 5, 4 and 6 respectively).



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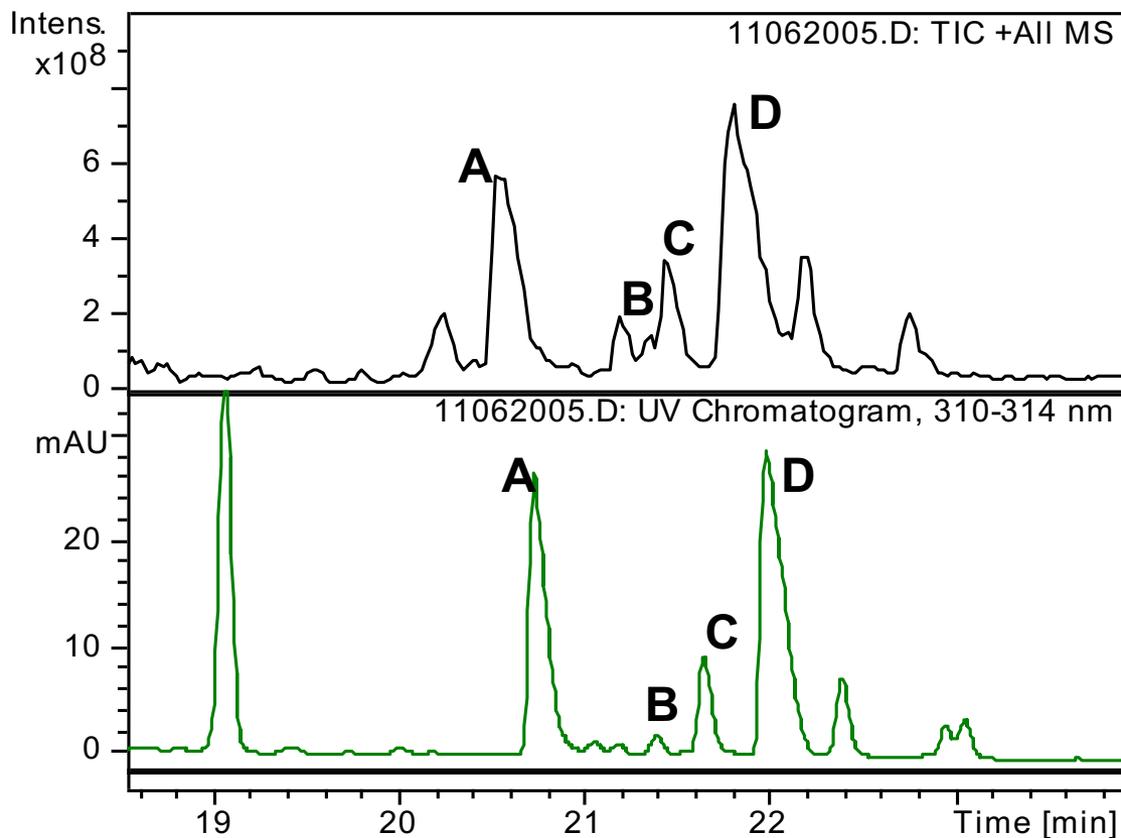
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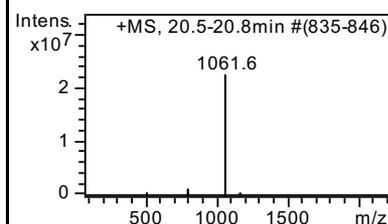


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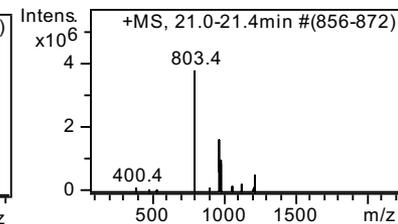
An2-PAPTP METABOLISM LIVER



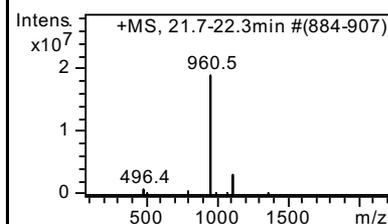
A = PAPTPL-I-T



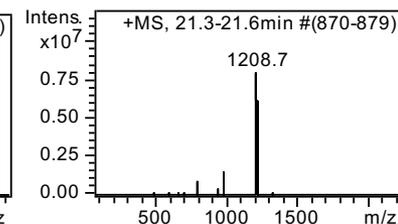
B = PAPTPL



C = PAPTPL-I



D = PAPTPL-I-TF



Representative HPLC/MS analysis of a liver extract, 60 minutes after treatment.



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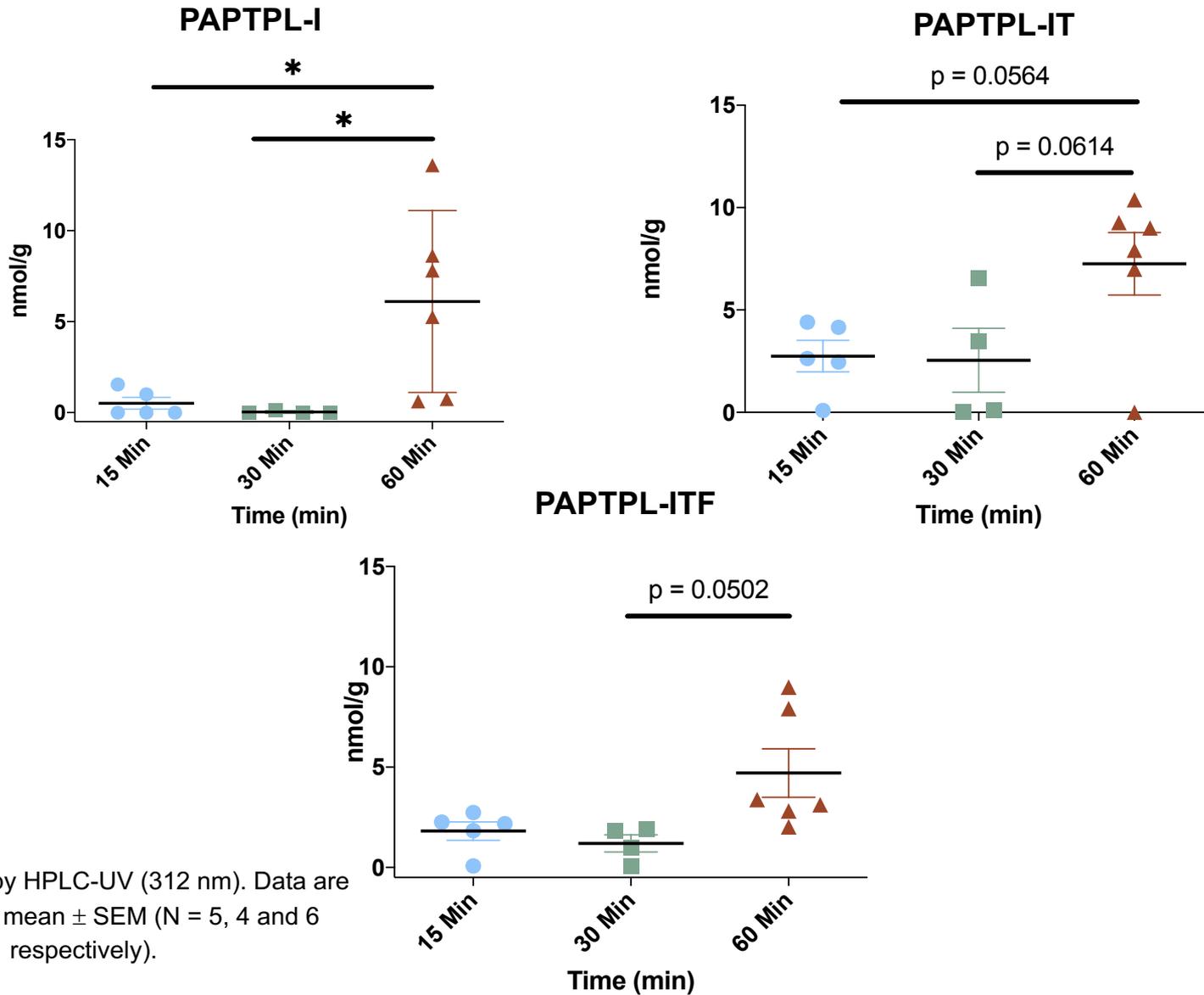
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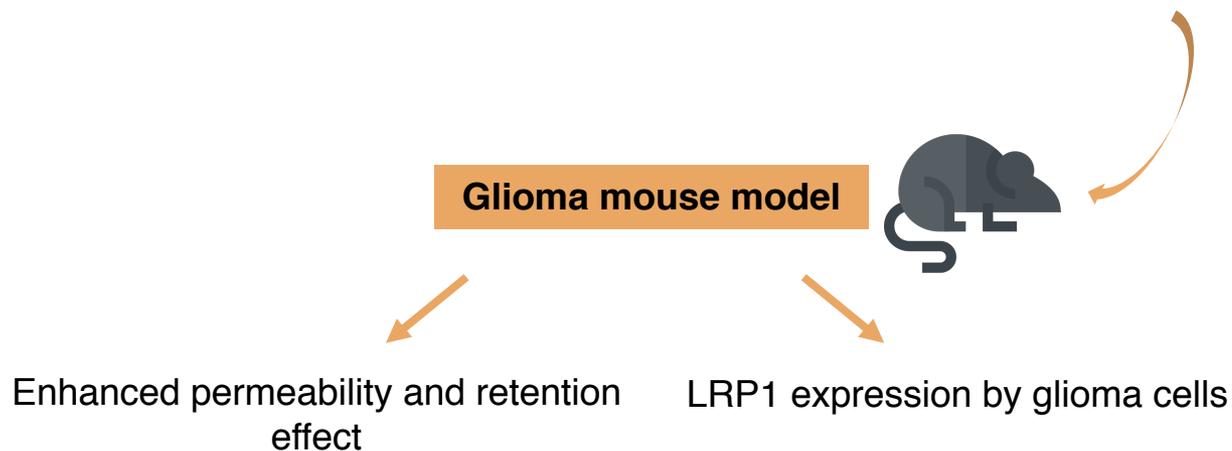
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An2-PAPTP METABOLISM LIVER



CONCLUSIONS

- First evidence of PAPTTP brain delivery
- Angiopep2 is successful for PAPTTP brain delivery
- Brain concentrations are still low but may be improved



ACKNOWLEDGMENTS

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Tatiana Varanita

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