

Sunrise Free Radical School 2011

Targeting Oxidative Stress in Neurodegenerative Diseases

Manisha Patel, Ph.D.

Professor

Department of Pharmaceutical Sciences

University of Colorado Denver

Email: Manisha.Patel@ucdenver.edu

Outline

- Neurodegeneration: unique vulnerability and considerations for intervention
- Targeting oxidative stress in neuronal disorders
 - Classification
 - Issues related to drug development
 - Three examples of antioxidants
 - Questions arising from failures
 - Non-pharmacological approaches
 - Challenges

Definitions

Oxidative stress (Kemp et al. 2008)

“An imbalance in prooxidants and antioxidants with associated disruption of redox circuitry and macromolecular damage”

Antioxidant (Halliwell and Gutteridge, 2007)

“ A substance that, when present at a low concentration compared with that of an oxidizable substrate, inhibits oxidation of the substrate”

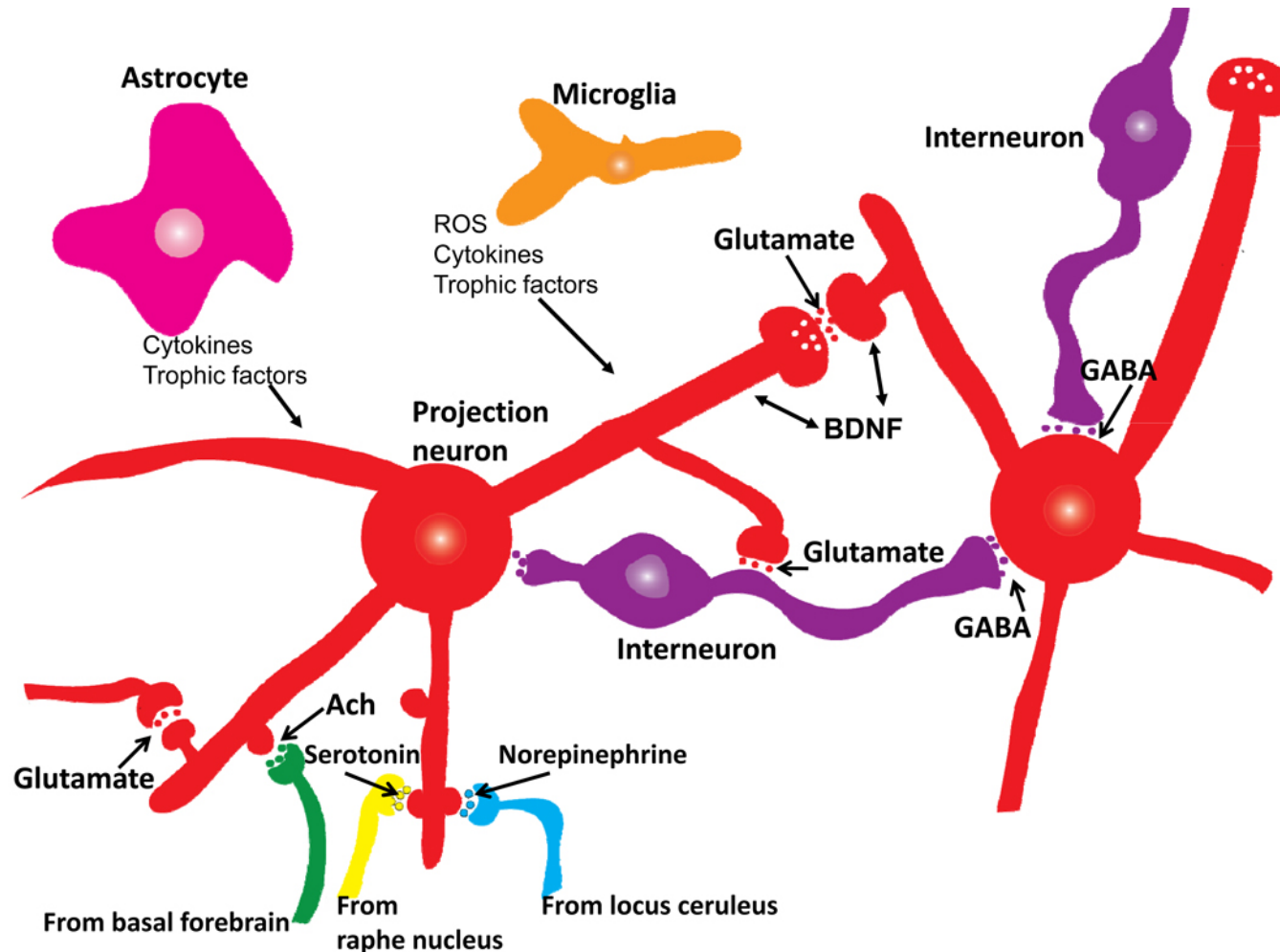
The Brain is Uniquely Vulnerable to Oxidative Damage

- Intolerance for blood flow interruptions
- Limited regeneration-although neurogenesis and gliogenesis can be stimulated
- Circuit-based functions-small deficits have huge impact
- Aging sensitive
- Ca-dependent processes
- PUFAs

The Brain is Uniquely Vulnerable to Oxidative Damage

- Multiple sources of ROS generation (e.g. MAO, Aconitase, α -KGDH, Nox(s), Complex I, P450s, neurotrophic factor withdrawal)
- Redox active metal-rich (catalytic iron)
- Autooxidation of monoamines
- Glutamate excitotoxicity
- Limited antioxidant and repair capacity (low catalase, mitochondria lack catalase)
- Resident immune cells (microglia) produce ROS and cytokines

Multiple Cell Types in the Brain with Unique Structures and Functions



From: Kapogiannis and Mattson, 2011

Additional Considerations for Targeting the Brain

- Blood brain barrier
- Energetics
- Protein aggregation
- Cognitive (dys)function

Common Mediators of Neurodegeneration

- Reactive species and oxidative/nitrative damage-which offending species?
- Mitochondrial dysfunction
- Proteosomal dysfunction
- Abnormal protein aggregates
- Inflammation

Criteria for consideration of antioxidant therapy

- What specific reactive species (RS) is responsible? Does disease have a strong rationale for reactive species involvement?
- What is the target?
- Specific species or broad spectrum?
- Specific cellular compartment or diffuse action?
- Is the ROS or oxidative damage demonstrated at injury site?
- Is the formation of ROS precede or accompany the injury process?
- Does modulation of the ROS impact disease processes or pathology?
- What are your biomarkers of efficacy?

Classification of Antioxidants

- Direct Antioxidants
 - Free radical scavengers (SOD/ $O_2^{\cdot-}$)
 - Non radical scavengers (Catalase/ H_2O_2)
- Indirect Antioxidants
 - Inhibitors of cellular sources of oxidants (chelators/metals, apocynin/Nox)
 - Inducers of cellular antioxidants (sulforaphane/Nrf2 targets-GSH)

Natural Antioxidant and Mimics

- Many of these compounds share aromatic rings substituted with hydroxyl groups.
- They can directly scavenge peroxy and hydroxyl radicals, peroxynitrite, and hypochlorous acid.
- Major antioxidant mechanisms include the ability to delocalize charge, semi-quinone formation.
- Can also produce pro-oxidant effects and may induced endogenous antioxidants through nrf2 activation.
- Vitamin E and/or C, thiols, CoQ, polyphenols

Antioxidant Enzyme Mimics

- Two major classes based on endogenous enzymes that scavenge superoxide and hydrogen peroxide.
 - SOD mimics that are selective and non-selective and some that contain a redox active metal.
 - Require either fast rate of reaction with superoxide or can accumulate in cells and tissues to high levels.
 - Peroxidase mimics that are selenium based or contain a redox active metal.
 - Selenium-based compounds need to be stable and usually require endogenous antioxidants like GSH to recycle compounds to active state.
 - Metal-based compounds need to have good affinity for metal and can form high oxygen states that can be pro-oxidant under low endogenous antioxidant conditions.

Non-Metal Catalytic Antioxidants

- Two major classes are the spin traps and the fullerenes and both can scavenge superoxide.
 - Spin traps best characterized are the nitroxides and include TEMPOL and PBN.
 - Fullerenes are large C₆₀ nanoparticles.
- Both groups likely require endogenous regeneration to act catalytic.
- Nitroxides are chain breaking antioxidants.

Desirable Properties of Compounds

Antioxidants

- Efficacy (high rate constant with ROS)
- Stability
- Safety
- Favorable pharmacokinetic properties
- Specificity for RS
- Cell and mitochondria permeable
- Non-antigenic
- Non-toxic metabolites

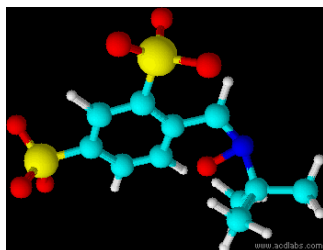
Neurodegenerative Diseases

- Efficacy, potency
- Stability
- Safety
- Favorable pharmacokinetic properties
- Blood-brain-barrier permeability
- Oral bioavailability

Issues Related to Synthetic Antioxidant Development (Direct Scavengers)

- Which ROS/RNS target(s) to screen against?
- Which biochemical assays predict biological activity?
- Are the factors that make an ideal antioxidant compatible with factors required for drug development?
- Symptomatic relief vs disease modification (i.e. motor function vs underlying pathology)
- Co-morbidities (e.g. cognitive dysfunction)

NXY-059 (Cerovive^R) in stroke



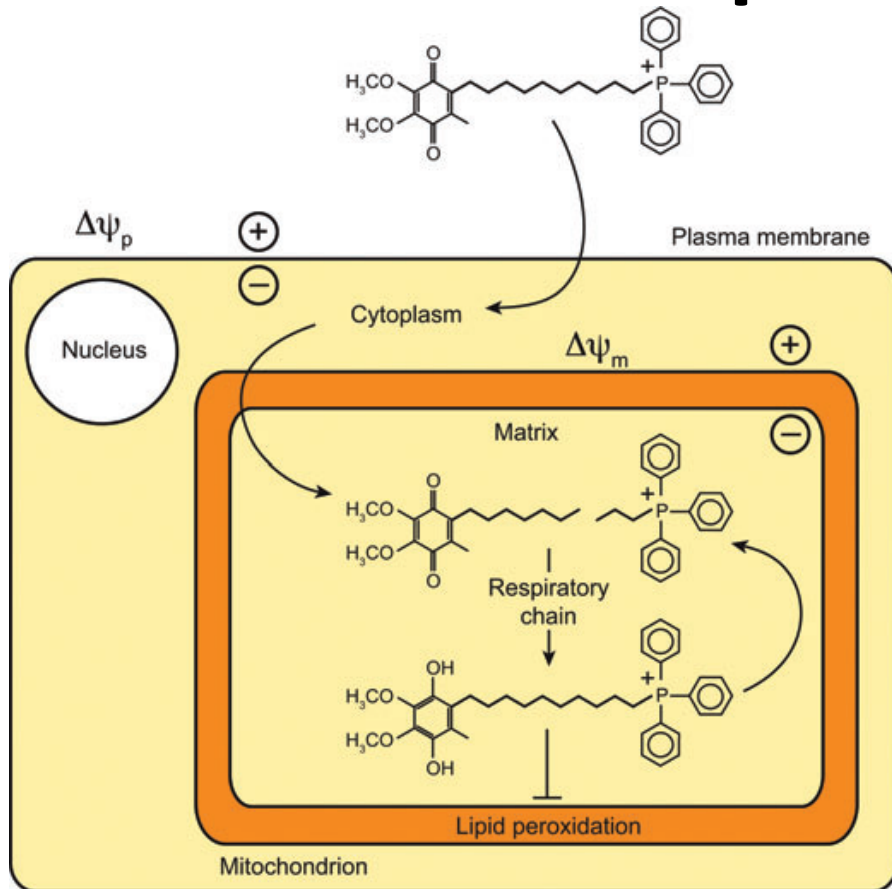
- Nitroxide spin trap
- Stable free radicals that react with $O_2^{\cdot-}$
- Closely adhered to preclinical STAIR guidelines:
 - Animal models of both permanent and temporary focal ischemia
 - Testing in more than one laboratory
 - Demonstrating efficacy in more than one animal species, including nonhuman primates
 - Testing in both male and female animals
 - Measurement of both behavioral and histological outcomes
 - Showing efficacy with drug administration at 1 hour after ischemia or beyond
- Marginally positive clinical trial (SAINT I)

The SAINT II Trial, a large randomized multicenter clinical trial of the NXY-059, failed to demonstrate a treatment benefit in acute ischemic stroke halting further clinical development

Why did NXY-059 fail? Lessons and future of neuroprotective drugs

- Physiochemical shortcomings of NXY-059
 - polar, nonlipophilic nature, poor blood–brain barrier penetrability, nonphysiological oxidation potential, and low potency (Ginsburg, Stroke 2007)
- Lack of biomarker assessing oxidative stress
 - Accessibility of target tissue is problematic in brain disorders
- Heterogeneity in individual human responses and responses to drug treatment
 - Problem with most clinical studies
- Need more optimization of preclinical studies (despite close adherence to STAIR guidelines)
- Stroke is a formidable disorder –only one approved therapy to date

Mitochondria-specific targeting with MitoQ



Smith and Murphy, AAS 2010

- Efficacious in preclinical studies
- Stable
- Well tolerated
- Favorable pharmacokinetic properties
- Specificity for ROS –not highly specific
- Blood-brain-barrier permeable
- Cell and mitochondria permeable
- Oral bioavailable

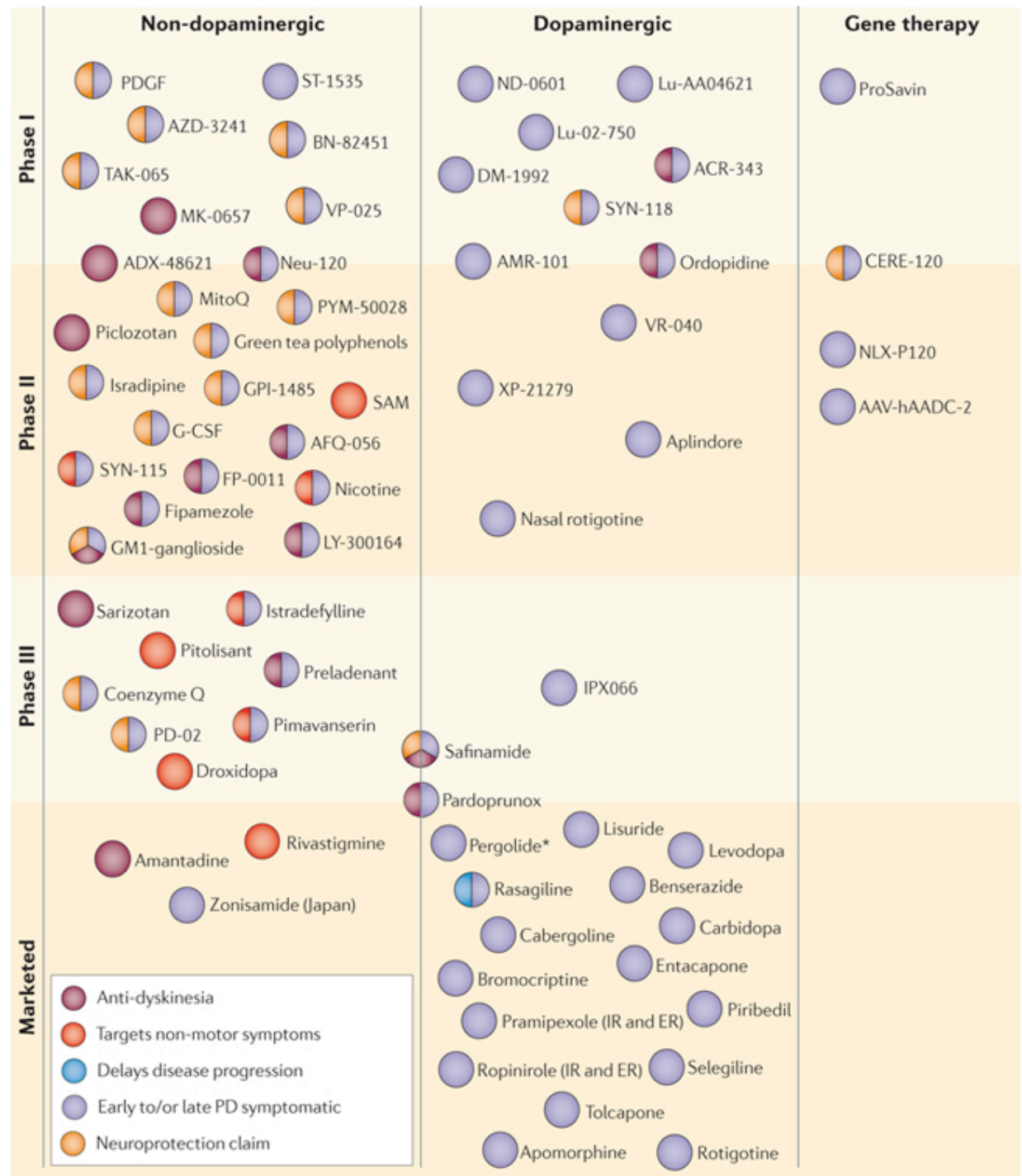
Lack of efficacy in clinical trial of Parkinson's disease (PROTECT study)
MCT of 13 centers, placebo vs 2 doses of MitoQ (Snow et al., 2010)

Potential reasons for negative result:

- Lack of efficacy may be related to timing of drug administration (too late)
- Lack of correlation with appropriate biomarker(s) of oxidative damage

Drugs in clinical development for Parkinson's disease

Include several indirect and direct modulators of oxidative stress



Ongoing Trials for Parkinson's disease:

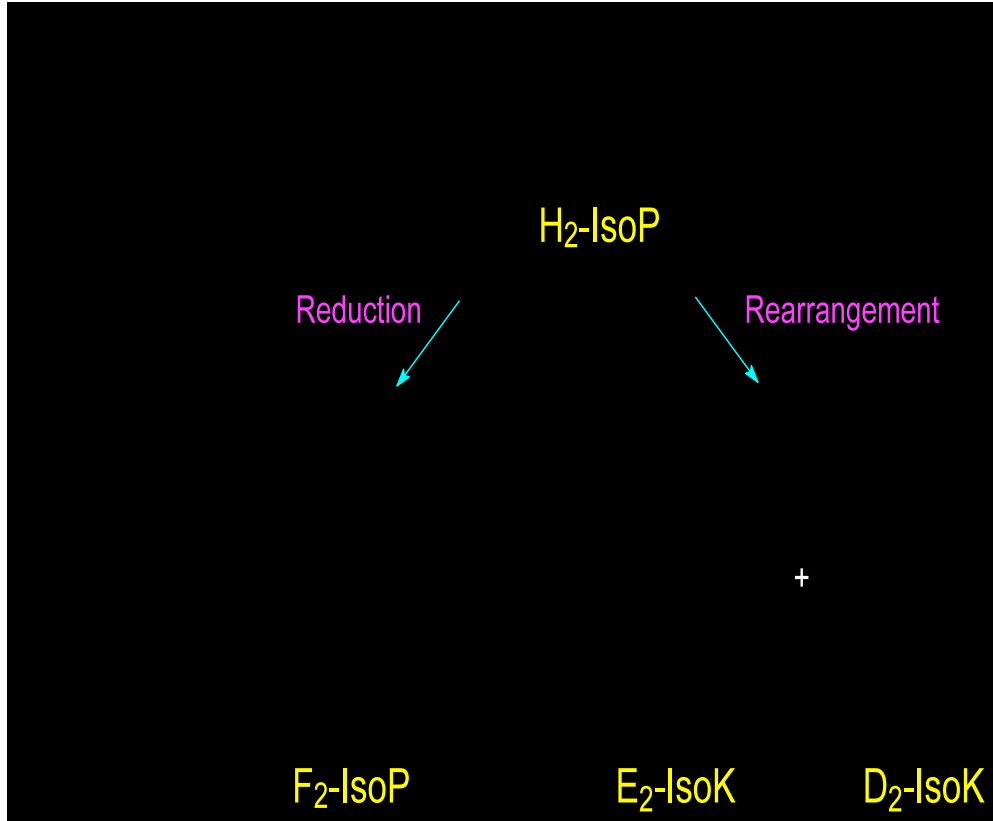
Disease modification or neuroprotection

Coenzyme Q10	Modulator of mitochondrial function	III	Change in UPDRS total score
Creatine	Modulator of mitochondrial function	III	Disease progression over 5 years
Deferiprone	Iron chelator	II/III	Decrease in substantia nigra iron overload (UPDRS I-IV)
Inosine	Urate precursor	II	Tolerability and safety
Isradipine CR	Calcium antagonist	II	Tolerability (UPDRS II and III)
		II	Tolerability (UPDRS)
G-CSF	Haematopoietic growth factor	II	UPDRS III
Green tea polyphenols	Antioxidant	II	Delay of progression of motor dysfunction
AAV2-Neurturin (CERE-120)	Neurotrophic growth factor; intraputamin and intranigral injection	I/II	Change from baseline in UPDRS III in OFF condition
PDGF (sNN0031)	Intracerebroventricular injection of PDGF	I/II	Safety and tolerability (UPDRS)
Cogane (PYM-50028)	Oral neurotrophic factor modulator	II	Change from baseline in UPDRS II and III

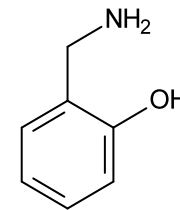
Modified from: Meissner et al., Nature Reviews 2011

Targeting cognitive dysfunction

Formation of E₂- and D₂-Isoketals D₂-Isoketals Via the IsoP Pathway



- IsoKs are formed in the lipid bilayer
- Salicylamine, an effective lipophilic scavenger and a natural product from *buckwheat seeds*, is ~980 times more reactive than lysine with IsoKs

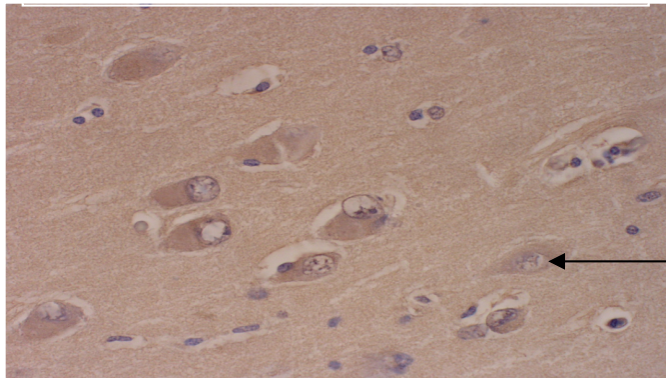


2-Hydroxy-benzylamine
(salicylamine)

Scavenging E₂- and D₂-Isoketals with salicylamine in human and experimental Alzheimer's disease

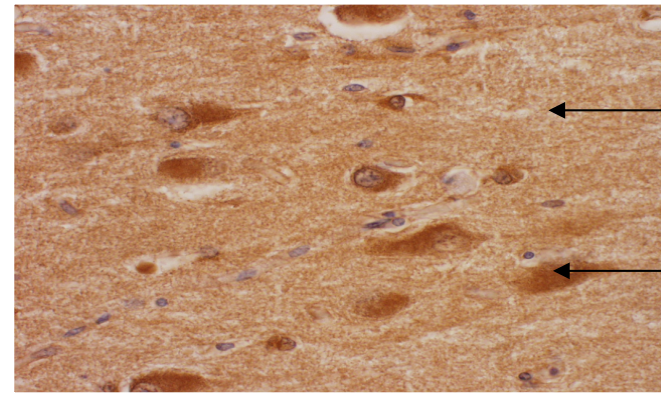
IHC of Human AD Brain for IsoK Protein Adducts Brown Indicates Positive Staining

Aged-Matched Control
Hippocampus



Neuron

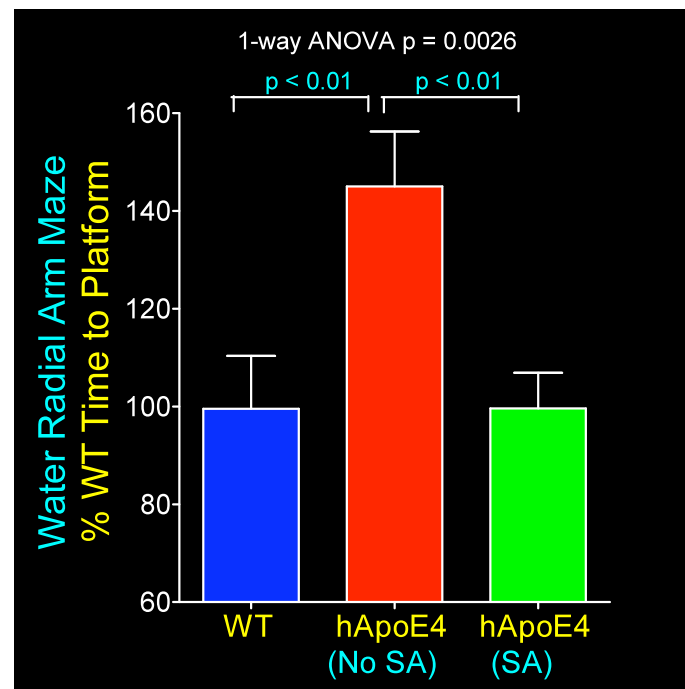
AD Hippocampus



Neuropil

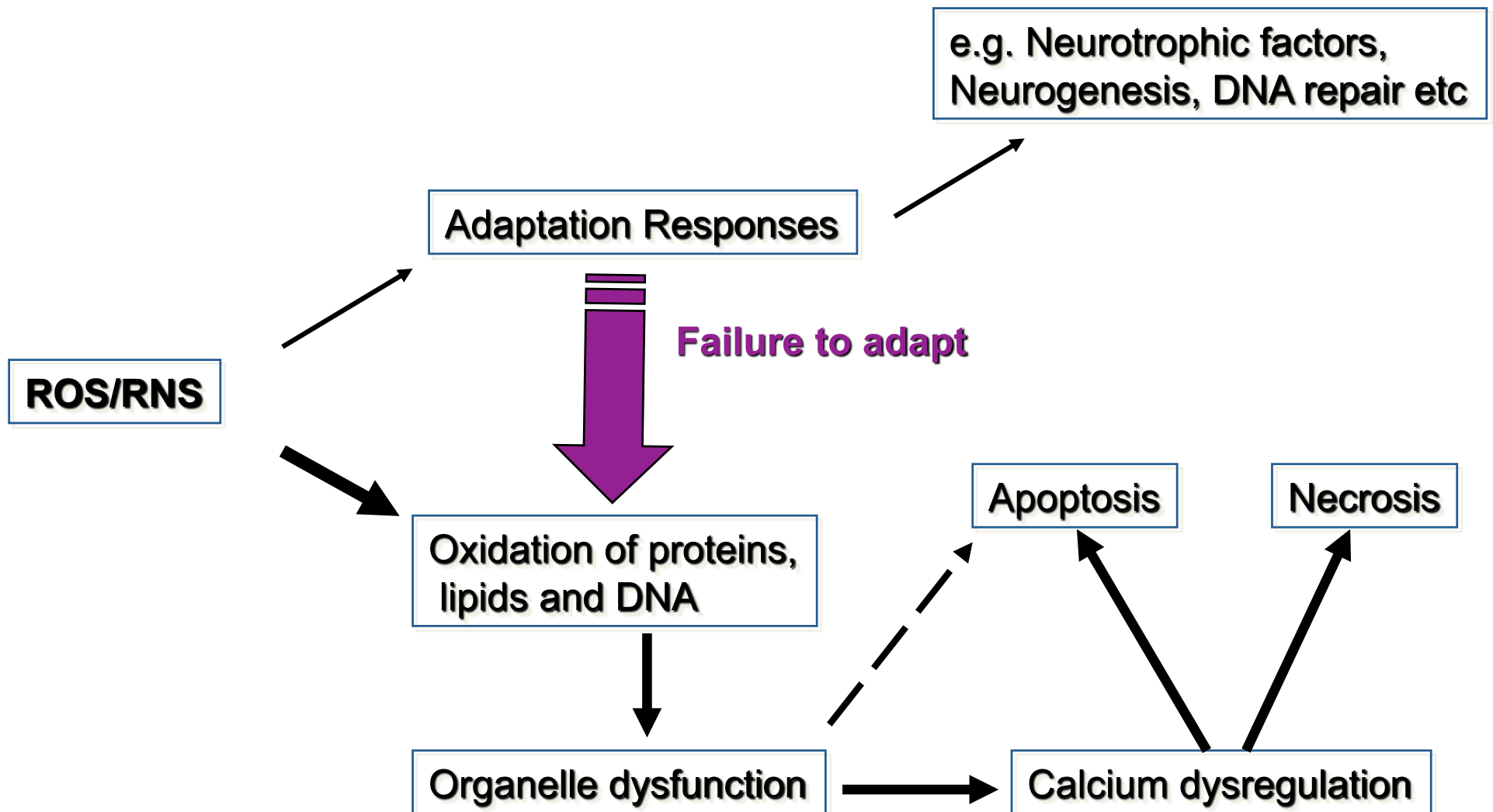
Neuron

Effect of Salicylamine Treatment on
Prevention of Working Memory Deficits
in hApoE4 Transgenic Mice



Courtesy: J. Roberts, Vanderbilt U.

Oxidative Stress Response



The Ketogenic Diet (KD)

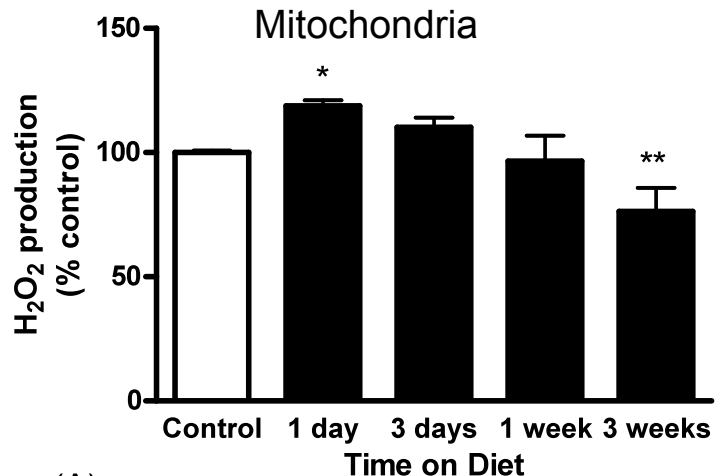
- Mimics fasting state – switches from metabolism of glucose to metabolism of ketones
- Clinically-used treatment for intractable seizures in children and adolescents
- High fat – low carbohydrate (4:1, fat:non-fat)
- Efficacy appears to be independent of seizure type
- Mechanism of action unknown but attributed to ketone bodies , glycolysis and mitochondrial metabolism
- Research direction: clinic to bench

Mitochondrial effects of the ketogenic diet

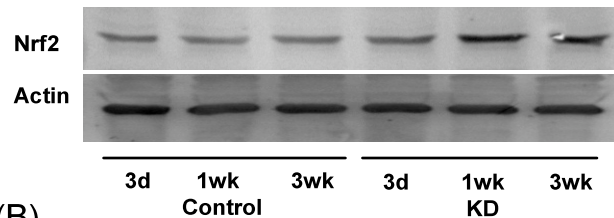
- Increased mitochondrial biogenesis in KD (Bough et al, Ann Neurol, 60:223-235, 2006)
- Upregulation of uncoupling proteins (UCPs) (Sullivan et al, Ann Neurol, 55:576-580, 2004)
- Increased mitochondrial glutathione and increased γ -GCL activity (Jarrett et al., J. Neurochem 2009)

Activation of the Nrf-2 Adaptive response in the ketogenic diet

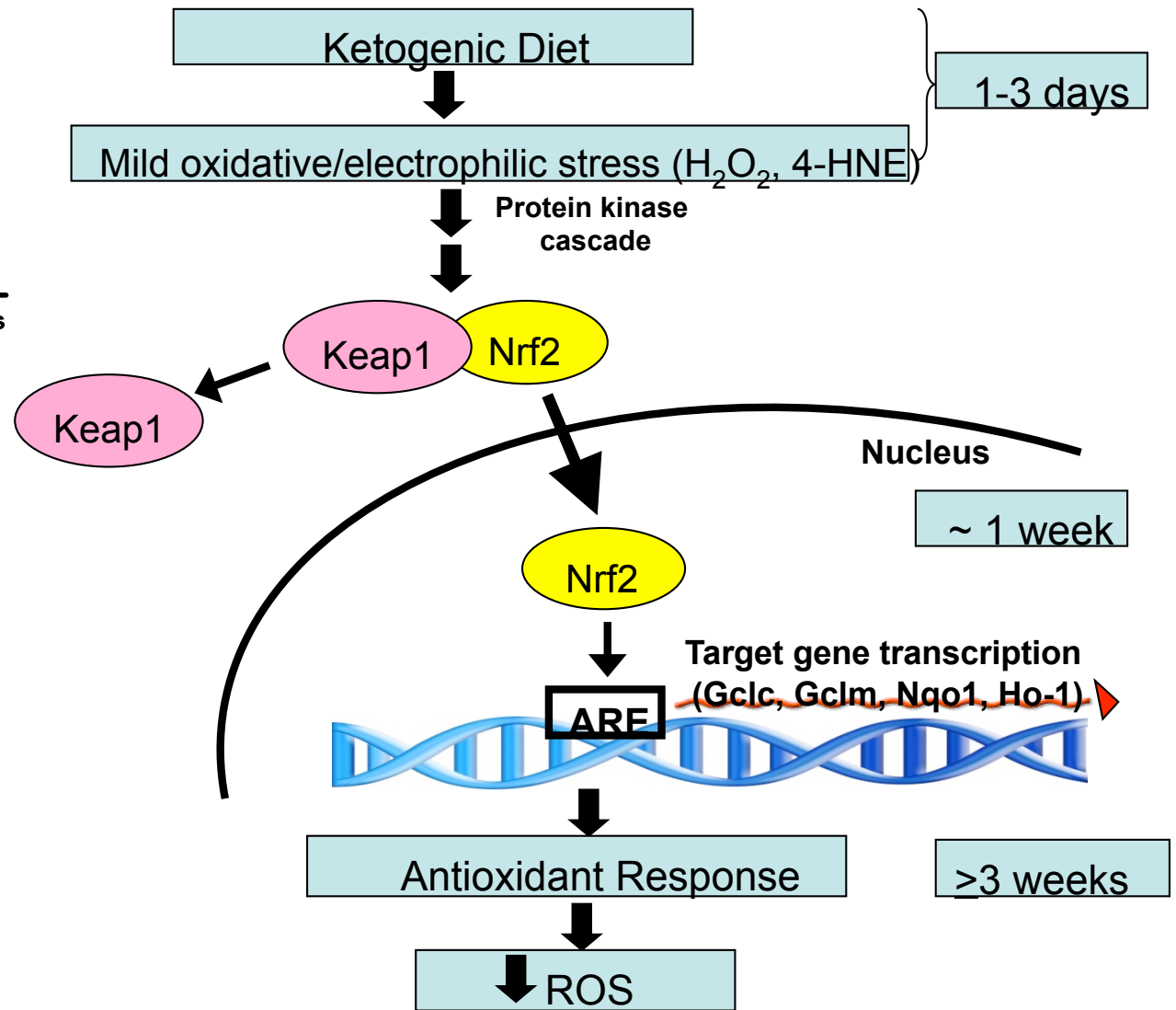
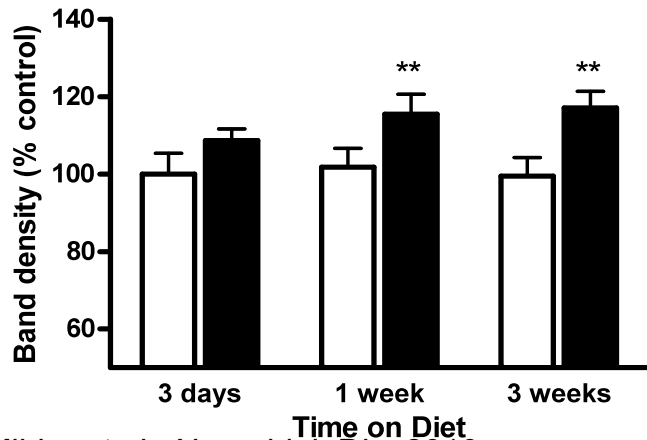
Biphasic Hippocampal H₂O₂ production



(A) Nuclear Nrf-2 accumulation



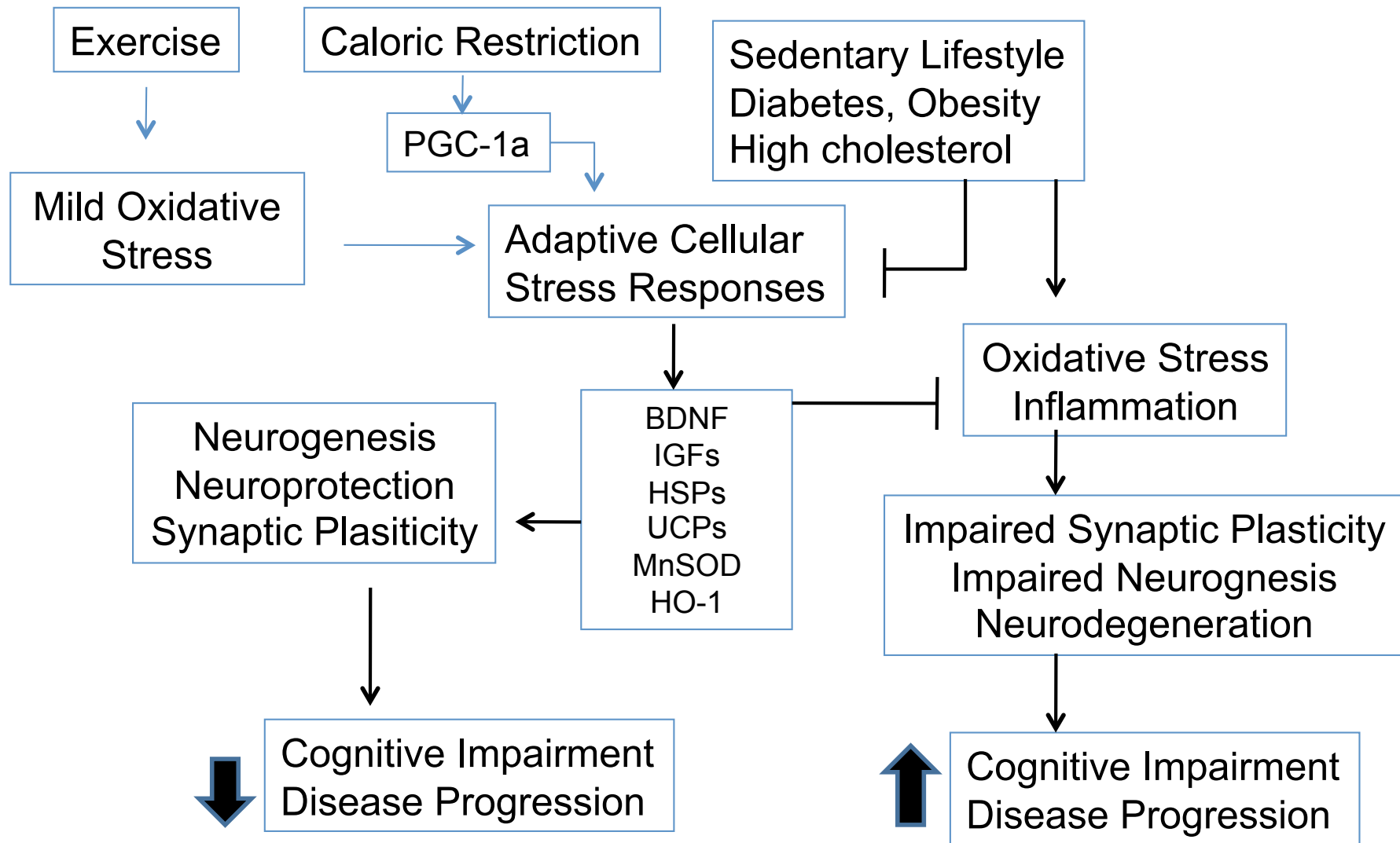
(B)



Metabolic Regulation of Cognitive Dysfunction: Non-Pharmacological Approaches Indirectly Targeting Reactive Species

- Diabetes aggravates and energetic challenges attenuate CNS inflammation
- Exercise and caloric restriction ameliorate and diabetes exacerbates Alzheimer's disease models
- Cognitive impairment associated with trauma or ischemia can be modified by caloric intake and exercise

Regulation of Cognitive Function by metabolic factors, oxidative stress and inflammation



Is oxidative stress a “druggable” target for brain disorders?

- Should ROS be a target for brain disorders? (Floyd et al., FRBM 2011)
 - Low levels of drug vs diffuse and high levels of ROS
 - Drugs targeting sources of ROS may work better
- Dual roles of ROS: Signaling vs damage
 - Do antioxidant compounds interfere with physiological processes?
Does redox signaling role interfere with antioxidant efficacy?
 - Maybe, but goal of antioxidant therapy in disease states is to **normalize elevated ROS** levels and oxidative damage
- Are ROS merely associated with the disease process or play a causative role?
 - Criteria for assigning a causative role of ROS must be considered (Halliwell and Gutteridge, 2007)

Need biomarker-guided clinical studies to verify antioxidant efficacy

- Lack of verification of oxidative damage using appropriate biomarkers may explain failure of antioxidant clinical trials
- Biomarkers for monitoring antioxidant efficacy
 - Need to consider both free radical and non-radical species (e.g. F_2 -ISOP, 8-OH-dG, GSH/GSSG, CyS/CySS)
 - Need organ specific biomarkers
 - CSF is difficult to sample

Challenges

- Develop therapies that take into account both the beneficial and the harmful effects of ROS
- Biomarkers –CNS is a target organ difficult to access
- Predictable preclinical studies
- Timing of treatment
- Heterogeneity of diseases
- Individual variability and variability of drug responses
- Better drugs and interventional design
- Better targets e.g. sources of ROS, specific species of ROS

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