### **Module Overview**

Day	Lecture	Lab
1	Introduction	DNA library synthesis (PCR)
2	SELEX I: Building a Library	DNA library purification (agarose gel electrophoresis)
3	SELEX II: Selecting RNA with target functionality	RNA library synthesis
		( <i>In vitro</i> transcription = IVT)
4	SELEX III: Technical advances	RNA purification and heme
	& problem-solving	affinity selection
5	Characterizing aptamers	RNA to DNA by RT-PCR
6	Introduction to porphyrins: chemistry & biology	Post-selection IVT
		Journal Club 1
7	Aptamer applications in biology & technology	Aptamer binding assay
		, tptairior biriding accay
8	Aptamers as therapeutics	Journal Club 2

# **Therapeutic Aptamers**

20.109 Lecture 84 March, 2010

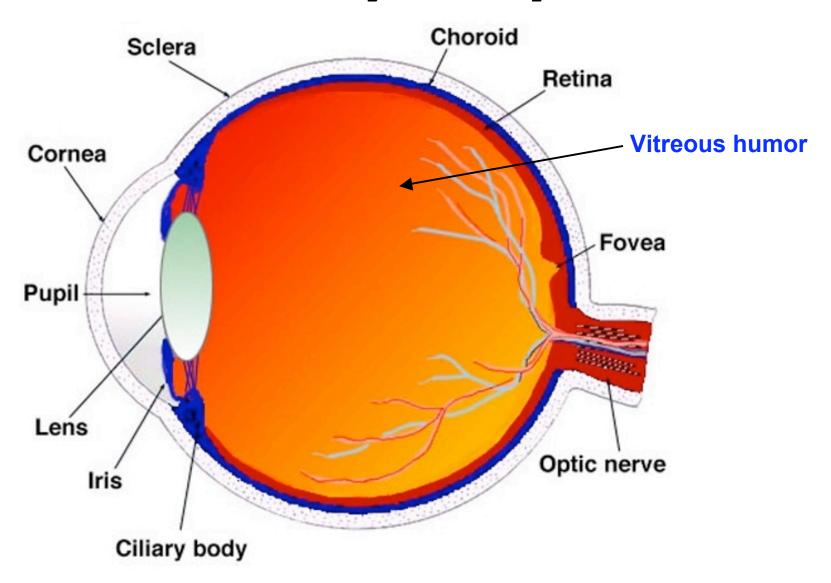
# **Today's Objectives**

- Aptamers developed for therapeutic purposes:
  - Focus on one disease process
  - Gain an appreciation for:
    - Defining the problem you are addressing on several different levels
      - Organismic
      - Anatomical
      - Molecular
    - Developing solutions based upon mechanistic hypotheses
    - Some challenges in translating your molecular level solution (aptamer) into an efficacious drug

# Age-related macular degeneration (AMD)

- Disease affecting the eye
  - Most common cause of *irreversible* vision loss in the developed world
  - 8 million in the U.S. affected
  - Typically, incomplete vision loss
    - Non-life threatening
    - Enough to impair independence in daily living activities

### **Anatomy of the eye**



### Anatomy of the eye

#### Retina

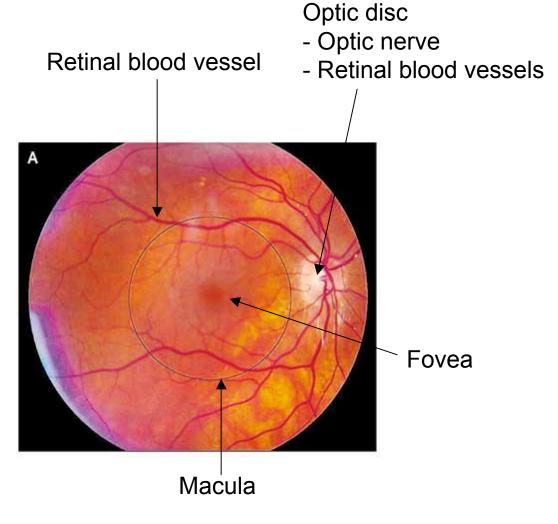
Light sensitive part of the eye

#### Macula

- Highest density of light sensitive receptors in this region
  - Highest visual acuity

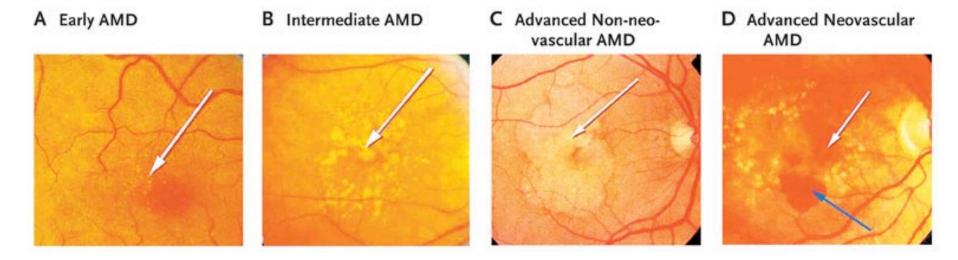
#### Fovea

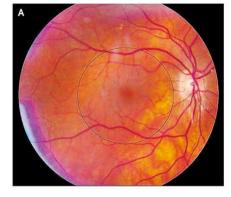
- Cones concentrated here
- Most light entering the eye is focused here
  - Color vision
  - High acuity vision



**Normal Retinal image** 

### Observed retinal changes during AMD





Normal fundus

- Yellow-white deposits (drusen) appear in the macula
- Enlarged as the disease progresses
- New-blood vessels may develop (neovascularization)
  - Retinal hemorrhages may occur

# Consequences of these retinal changes

- Macula function disrupted
  - Region of highest visual acuity is damaged
  - Central vision can be severely affected



Normal vision

– Intact macula



Severe macular degeneration

- Central vision impaired
- Blurry vision
- Peripheral vision typically spared

# Age-related macular degeneration (AMD)

### Risk factors

- Age (primary risk factor)
  - "Middle aged" -- 2% risk
  - ≥ 75 years -- 30% risk
- Smoking
- Obesity
- Race (highest in caucasians)
- Family history

### Two sub-types of AMD

### – Dry AMD

- No neovascularization
- Large drusen deposits

#### Wet AMD

- Neovascularization present
- Sub-retinal hemorrhages possible
- ~10-15% of all AMD cases
- Responsible for ≥ 80 % severe vision loss due to AMD!

### **Disease etiology**

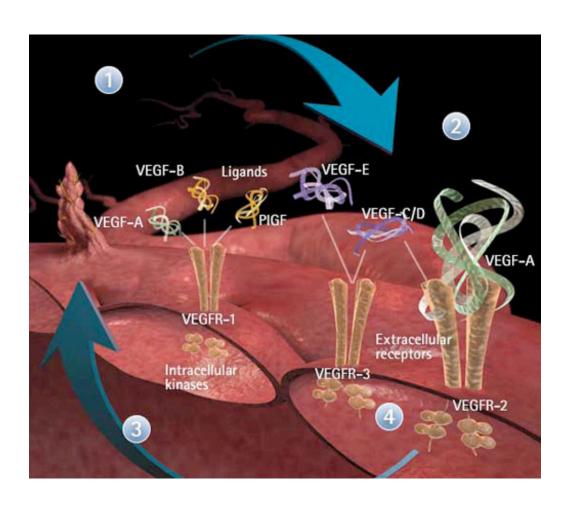
Not fully understood

### Wet AMD:

 High Vascular Endothelial cell Growth Factor (VEGF) levels present in the eye

### **VEGF**

- Impacts endothelial cell function
  - Endothelial cell = special cell type lining the interior of all blood vessels
  - Endothelial cells in all blood vessels respond to VEGF
- VEGF affects endothelial cell:
  - Proliferation
  - Differentiation
  - Permeability



### Disease pathophysiology

Not fully understood

#### Wet AMD:

- High Vascular Endothelial cell Growth Factor (VEGF) levels present in the eye
- VEGF is pro-angiogenic (promotes new blood vessel growth)
  - New blood vessels are more fragile
  - Leakiness/rupture leads to hemorrhage & vision loss
- What are some possible approaches to treating wet AMD based on this information?

- Photodynamic therapy
  - Aimed at directly treating new blood vessel formation
  - Photosensitizer drug injected systemically (entire body exposed)
  - Local irradiation of macula with red light
    - Verteporphin photo-activated in the presence of light and O<sub>2</sub> will produce reactive oxygen species (ROS)
    - ROS are toxic to nearby endothelial cells

Verteporfin

- Photo-coagulation therapy
  - Laser used to target new blood vessels growing in the macula
  - Does not prevent/slow disease progression
  - Risks:
    - Irreversible damage to surrounding retina
    - Further deterioration of visual acuity



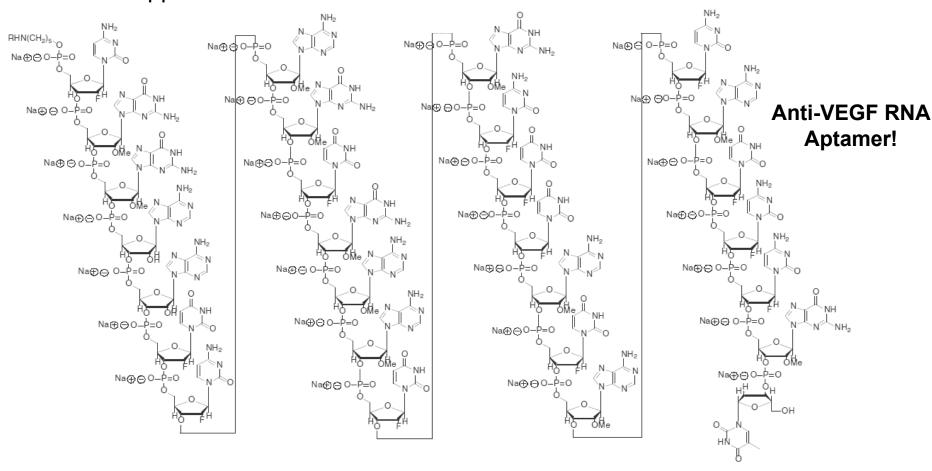
Anti-VEGF therapy

#### **Hypothesis**:

- Elevated ocular VEGF levels are directly responsible (at least in part) to increased new blood vessel formation
- Inhibiting VEGF activity can significantly reduce new blood vessel growth
  - Slows rate of vision loss by reducing retinal hemorrhages
  - Note: Treatment impacts Wet AMD only!

### Anti-VEGF therapy

- First FDA approved anti-VEGF drug to treat wet AMD:
   Pegaptanib, sodium (Macugen)
  - Approved: 2004



### Developing aptamers as therapeutics

- What are some significant challenges to overcome in developing RNA aptamers as therapeutic agents?
  - Stability
    - Nucleases
    - Chemical (e.g. metal catalyzed)
  - Clearance
    - Drug must accumulate to a therapeutic level
    - But not achieve a toxic level
    - Minimize dosing frequency
  - Delivery method/bioavailability
    - · Oral, intravenous, etc.

### **Nuclease activity spectrum**

Nucleases can be categorized broadly as:

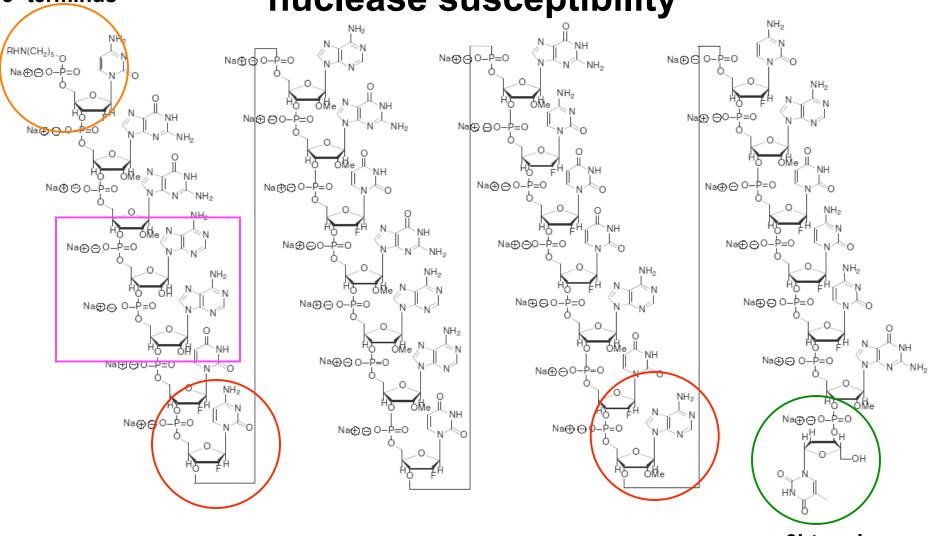
#### Endonucleases

Cleave internal phosphodiester bonds anywhere within a nucleic acid polymer

#### Exonucleases

- Cleave phosphodiester bond
- But only at or near a free terminus
- Two types:
  - 5'-exonuclease
  - 3'-exonuclease

Anti-VEGF aptamer modifications reducing nuclease susceptibility



3'-terminus

### **Nucleotide sugar modifications**

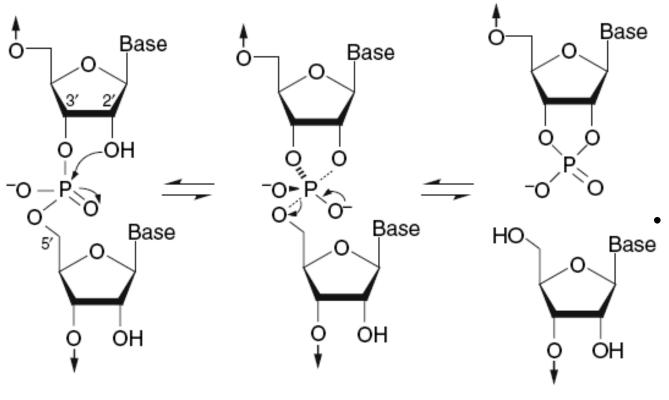
#### 2'-fluoropyrimidines

2'-methoxypurines

- RNA is significantly stabilized by introducing 2'sugar modified nucleotides:
  - Fluoro group
  - Methoxy group
- Impart stabilization against:
  - Endonucleases
  - Spontaneous cleavage
  - Metal-catalyzed (chemical) cleavage
- What mechanism(s) can you propose to explain this?

# Sugar modified nucleotides and stability

### **Spontaneous cleavage**



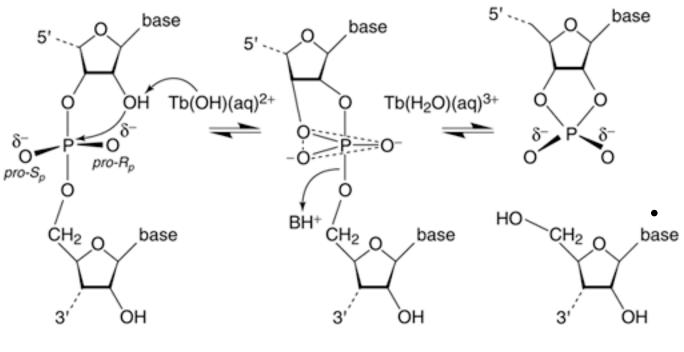
2'-OH group has sufficient nucleophilicity to initiate intramolecular reaction that leads to phosphodiester bond cleavage

Fluorine is highly electronegative

- Poor nucleophile
- F does not attack the phosphate group
- Cleavage reduced

# Sugar modified nucleotides and stability

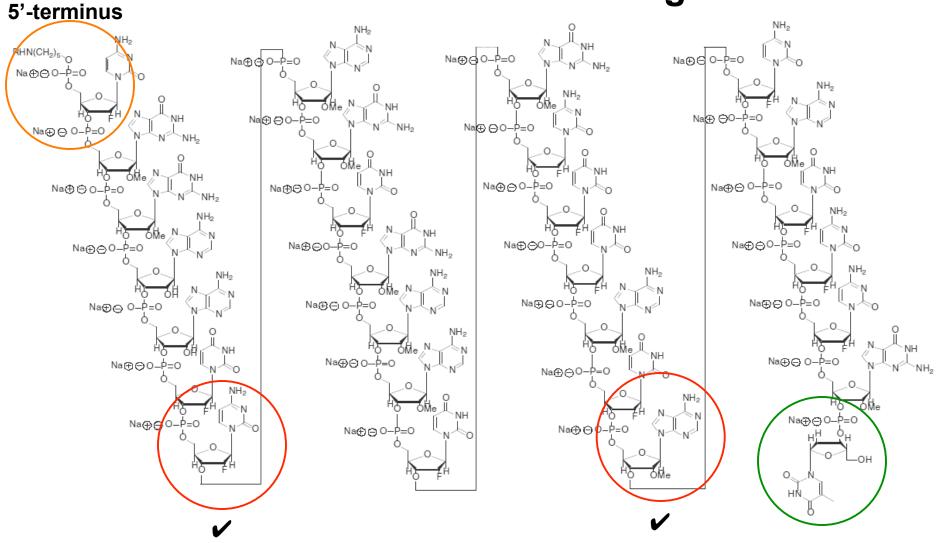
#### **Metal ion-dependent cleavage chemistry**



- Some metals can help deprotonate the 2'-OH group in normal RNA
  - Accelerate cleavage reaction
- Both the 2'-F and 2'OMe derivatives
  prevent this
  chemistry
  - Impart stability to RNA

### Same factors contribute to imparting resistance to RNases

# Modified backbone linkages

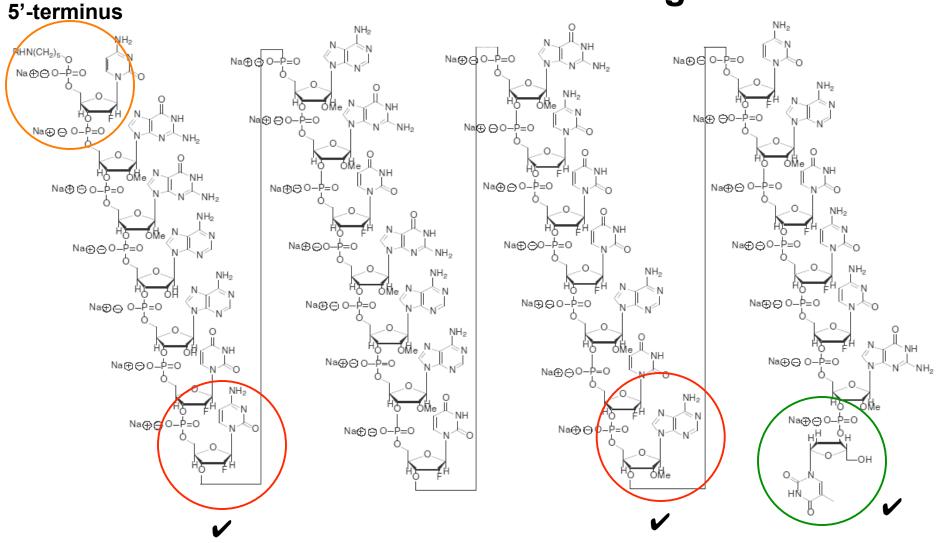


Anti-VEGF RNA Aptamer!

### Modified backbone linkages

- Typical linkage in DNA or RNA
  - 3'-5' phosphodiester linkage
- Notice the presence of new linkage at the 3'-end of the aptamer
  - 3'-3' phosphodiester linkage
- Provides significant resistance against 3'-exonucleases
  - Major nuclease activity present in serum

# Modified backbone linkages



Anti-VEGF RNA Aptamer!

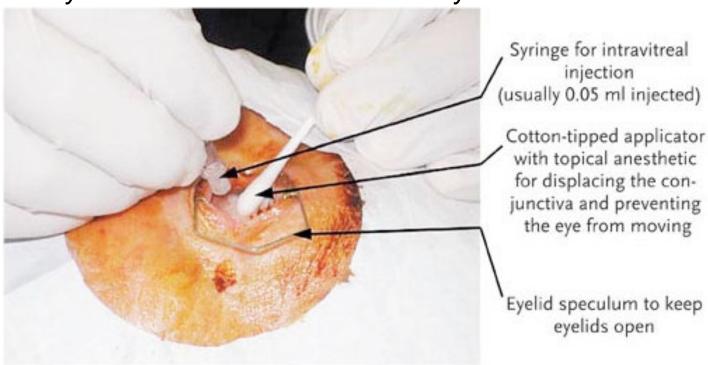
### **Modified 5'-terminus**

- What does this accomplish?
- Reduced susceptibility to 5'exonucleases
- Reduced clearance
  - Increased size of PEG-conjugated aptamer
  - Pegaptanib, sodium molecular weight ~ 50 KDa
  - Aptamer alone: ~ 10 KDa

and n is approximately 450.

### How do you deliver aptamer drugs to the retina

- Anti-VEGF therapy
  - Cannot be delivered systemically (e.g. intravenously)
    - Pro-thrombotic
  - Poor oral bioavailability
  - Injected directly into the vitreous humor of the eye!



### **Summary**

- Aptamers have been successfully developed as therapeutics
  - Other aptamers in different stages of drug testing trials include:
    - Anti-clotting agents
    - Anti-cancer agents
- Several factors must be specifically addressed to achieve this:
  - Stability to nuclease-mediated degradation
  - Bioavailability
  - Pharmacokinetics
  - Delivery to target interaction site
  - Cost