Nanoerythropoietin Is 10-Times More Effective Than Regular Erythropoietin in Neuroprotection in a Neonatal Rat Model of Hypoxia and Ischemia

Han Chen, MD; Frédéric Spagnoli, MS; Michael Burris, BS; William B. Rolland, BS; Adriel Fajilan, BS; Huanyu Dou, PhD; Jiping Tang, MD; John H. Zhang, MD, PhD

Background and Purpose—Erythropoietin (EPO) has been demonstrated to possess significant neuroprotective effects in stroke. We determined if the nano-drug form of human recombinant EPO (PLGA-EPO nanoparticles [PLGA-EPO-NP]) can enhance neuroprotection at lower dosages versus human recombinant EPO (r-EPO).

Methods—Established neonatal rat model of unilateral ischemic stroke was used to compare r-EPO, PLGA-EPO-NP and phosphate-buffered saline, given by daily intraperitoneal injections, followed by infarction volume and Rotarod Performance Test assessment.

Results—PLGA-EPO-NP significantly reduced infarction volumes 72 hours after injury compared with the same concentrations of r-EPO. Functional deficits were significantly reduced by 300 U/kg PLGA-EPO-NP versus controls, with deficit attenuation apparent at significantly lower dosages of PLGA-EPO-NP versus r-EPO.

Conclusions—PLGA-EPO-NP is neuroprotective and beneficial against deficits after brain ischemia, at significantly reduced dosages versus r-EPO. (Stroke. 2012;43:00-00.)

Key Words: erythropoietin ■ focal ischemia ■ functional recovery ■ hypoxia ■ neonatal

Erythropoietin (EPO), a key endogenous cytokine in hypoxic physiological response, enhances oxygen delivery and attenuates brain injury in vitro and in vivo,

1–5 promoting cell survival via the bcl antiapoptotic gene sub-family6 via limited-carrier blood–brain barrier passage, delaying critical timing in clinical stroke.

3,7 Nano-medicine enhances brain drug delivery8 up to 50 times,9 bypassing usual blood–brain barrier routes and increasing clinical viability. With successful demonstration of significant neuroprotective function after systemic administration, it was noted that elevated doses of EPO were needed for optimal protection against brain injury for EPO to pass in substantial doses across the blood–brain barrier. EPO, a large glycosylated molecule, is unable to pass directly across the blood–brain barrier, requiring specific carrier transport and/or endocytosis.10 This type of transport is limited and critical time points in clinical management may be lost during the delay of EPO brain entry after systemic administration. Because recombinant EPO (r-EPO) has been previously demonstrated to have long-term beneficial effects on the brain,11 the purpose of this study was to compare the exact same r-EPO in nano forms and non-nano forms for the relative effects on infarction and behavior at different concentrations.
Experimental Groups
r-EPO and PLGA-EPO-NP, in 10 mmol/L phosphate-buffered saline and 0.1% bovine serum albumin were injected intraperitoneally 1 hour after hypoxia and during 2 24-hour intervals, and were randomly assigned across 9 groups (n=8): vehicle; 30 U/kg r-Epo or PLGA-EPO-NP, 100 U/kg r-EPO or PLGA-EPO-NP; 300 U/kg r-EPO or PLGA-EPO-NP; 5000 U/kg r-EPO, and sham.

Seventy-two hours after injury, 2-mm brain slices in triphenyltetrazolium chloride at 37°C were analyzed by Image J (National Institutes of Health, Bethesda, MD).

For longer-term evaluation of comparative effect of nano forms and original forms of the same r-EPO, Rotarod14 (9 groups of 8 animals) 21 days after injury involved analysis of 3 falling latency trials accelerated from 5- or 10-rpm velocities. Data expressed as mean±standard error of the mean were analyzed using SigmaStat (SyStat), with P<0.05 as statistically significant.

Results
Infarction Volumes
Thirty U/kg PLGA-EPO-NP (Figure 1A) averaged 20.2% versus vehicle (29.4%) and 30 U/kg r-EPO (29.5%; P=0.092); 100 U/kg PLGA-EPO-NP (12.6%) outperformed 100 U/kg r-EPO and vehicle (P<0.001; Figure 1B); and 300 U/kg PLGA-EPO-NP (7.5%) outperformed control and 300 U/kg r-EPO (P<0.001; Figure 1C), approximating 5000 U/kg recombinant EPO (r-EPO; 6.8%).

Discussion
Intravenous 100 000 IU r-EPO proved therapeutic in clinical stroke.15 Capillary sludging risk prompted studies of EPO,
novel EPO forms,1 and EPO receptors to develop neuroprotective forms lacking hematopoietic functions.1–6 Nanoformulation stabilizes EPO and facilitates blood–brain barrier crossing with controlled release, improving efficacy. PLGA-EPO-NP was effective at 16-times lower dosage (300 U/kg) than 5000 U/kg EPO.3,7 PLGA-NP delivery includes siRNA, proteins, antibodies, antibiotics, and cancer treatments.8,9 The present study demonstrates that the beneficial effects of EPO are enhanced at lower dosages when loaded to a polymeric NP carrier. EPO has been previously demonstrated to offer neuroprotective value against several types of brain injury, including ischemic stroke, neuronal degeneration, and apoptosis.16–18 Presently, dosages of up to 400 IU/kg EPO are administered as clinical treatment for neonatal anemia.19 Elevated-dose r-EPO has been successfully used in a clinical acute stroke trial with significant long-term recovery benefit seen at 1 month involving intravenous administration of 100 000 U of r-EPO over 3 days.15

In summary, the benefits we have observed here are the same as those of r-EPO previously published in the literature, except that in this case the same r-EPO has an attached nano-carrier, PLGA-EPO-NP, which allowed for observation of the beneficial effects at much lower dosages of the same r-EPO, with 300 U/kg PLGA-EPO-NP having significant effect comparable to 5000 U/kg without the nano-carrier.

Disclosures
None.

References


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