



Novel multimeric IL-1 receptor antagonist for the treatment of rheumatoid arthritis



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ARTICLE INFO

Article history:

Received 14 August 2014

Accepted 24 November 2014

Available online 16 December 2014

Keywords:

IL-1 receptor antagonist
Multimeric
Rheumatoid arthritis
Anakinra

ABSTRACT

Protein therapeutics targeting inflammatory mediators have shown great promise for the treatment of autoimmunities such as rheumatoid arthritis (RA). However, a significant challenge in this area has been their low *in vivo* stability and consequently their severely compromised therapeutic efficacy. One such therapeutic molecule IL-1 receptor antagonist (IL-1ra), used in the treatment of rheumatoid arthritis, has displayed only modest efficacy in human clinical trials owing to its short biological half-life. Herein, we report a novel approach to conglomerate individual protein entities into a drug depot by incorporation of an amyloidogenic motif Lys-Phe-Phe-Glu (KFFE) thereby dramatically improving their systemic persistence and in turn their therapeutic efficacy in a mice model of autoimmune arthritis.

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1. Introduction

Immunomodulatory proteins or peptides are preferred for the treatment of various autoimmune diseases such as rheumatoid arthritis (RA), multiple sclerosis (MS), systemic lupus erythematosus (SLE), etc. However, despite being specific and non-toxic, it is their moderate efficacy owing to their labile nature in proteolytic environments which remains to be addressed.

IL-1 receptor antagonist (IL-1ra) is a naturally occurring endogenous protein molecule that neutralizes the effects of Interleukin-1 (IL-1), a pro-inflammatory cytokine widely implicated in the pathogenesis of several inflammatory disorders [1–3]. Recombinant IL-1ra or anakinra (generic name) is currently used for the treatment of RA [4,5] which is a crippling autoimmune disease wherein the immune system principally attacks the joints [6]. The beneficial effects of IL-1ra in human subjects and animal models include downregulation of matrix metalloproteinases, promotion of cartilage repair by induction of collagen and glycosaminoglycan synthesis and consequent retardation of radiographic disease progression [5,7]. Regardless of its overwhelming benefits in experimental animal models, an excellent safety profile and effectiveness in disorders such as systemic juvenile idiopathic

arthritis [8,9], auto-inflammatory Muckle-Wells syndrome [10] and adult-onset Still's disease [11,12] the performance of IL-1ra in clinical trials conducted in RA patients has been rather modest and disappointing when compared to anti-TNF biologicals [13–15].

The unsatisfactory clinical response to IL-1ra is attributable to its short biological half life (~4–6 h) limiting the sustenance of efficacious drug levels to short durations i.e. only 3–7 h in circulation [16]. Further, a daily dosing regimen predisposes the treated individuals to the development of injection-site reactions thus making patient compliance difficult [4]. So, better delivery systems for IL-1ra are certainly warranted.

The relatively short biological half life of IL-1ra appears to be a direct consequence of proteolytic degradation of individual protein molecules which disperse rapidly into circulation following administration; an efficacy limiting event common to most of the peptide and protein therapeutics. To address the issue of limited biological half life a possible strategy could be to hold or bundle individual protein molecules into a higher order assembly also acting as a reservoir which releases protein monomers gradually instead of a burst(s).

The potential of protein aggregates or amyloids to serve as drug depots has been evaluated in case of gonadotropin-releasing hormone [17] and insulin [18] wherein their inherent property to aggregate and generate complex molecular assemblies at physiological conditions was exploited. However, not all proteins aggregate at physiological conditions as was seen in the case of IL-1ra.

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