

Overexpression of GATA4, TGF- β 3, MEF2C and HIF1- α contributes to improvement of infarct size in porcine model of chronic myocardial infarction, treated with percutaneous intramyocardial delivery of secretome of apoptotic white blood cells (APOSEC)

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A) Background

Although tremendous efforts have been made to replace infarcted myocardium with regenerative cells, the currently available methods has proven marginal efficacy in clinical application. Secretome of apoptotic peripheral white blood cells (APOSEC), derived from easily obtainable large amount of peripheral blood mononuclear cells (PBMC) regenerates the myocardium after acute ischemic injury. We hypothesized that catheter-based delivery of APOSEC would be effective in a clinically relevant porcine model of chronic left ventricular (LV) dysfunction after AMI.

B) Preparation of APOSEC



The diagram illustrates the preparation of APOSEC. It starts with the collection of peripheral blood mononuclear cells (PBMC) from white blood cells. These cells are then processed to obtain the secretome, which is labeled as APOSEC. The process involves several steps: starting with a large amount of PBMC, followed by a centrifugation step, and finally the isolation of the secretome. The final product is APOSEC, which is then administered intravenously (iv).

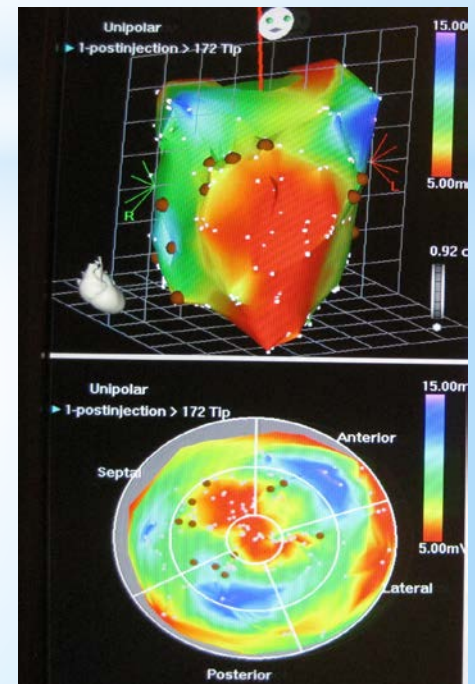
Logos: Christian Doppler Laboratory, Medizinische Universität Wien.

Text: Weiße Blutkörperchen Abwehrzellen – PBMC, Aposec® -intra venös (iv).

Footnote: - nicht publiziert – Lab Applied Immunology Juni 2010

C) Study design

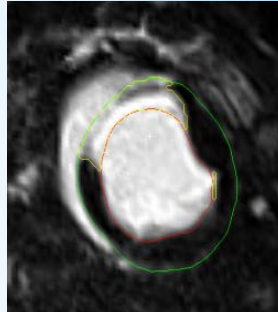
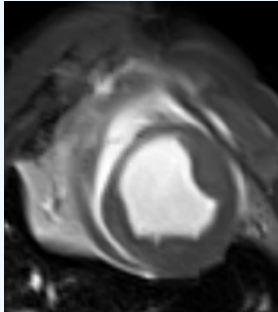
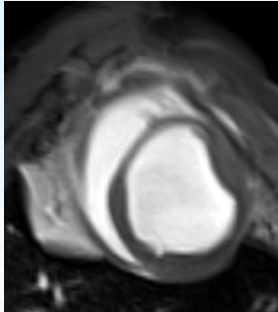
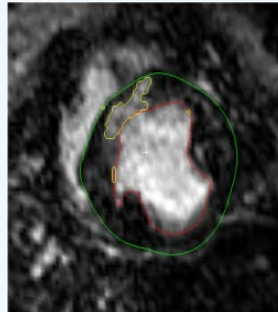
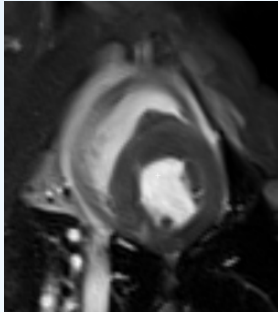
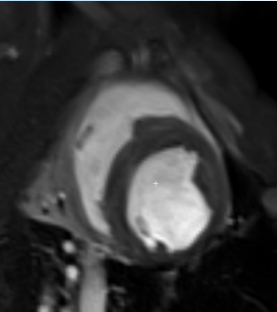
Day 0 Closed chest reperfused AMI Haemodynamic measurements
Day 3 Cardiac MRI LV function Late enhancement
Day 30 Percutaneous intramyocardial injection of APOSEC or Medium
Day 60 Cardiac MRI LV function Late enhancement Control angiography Haemodynamic measurements



Cardiac MRI and NOGA-mapping

APOSEC

Medium



FUP EDV

FUP ESV

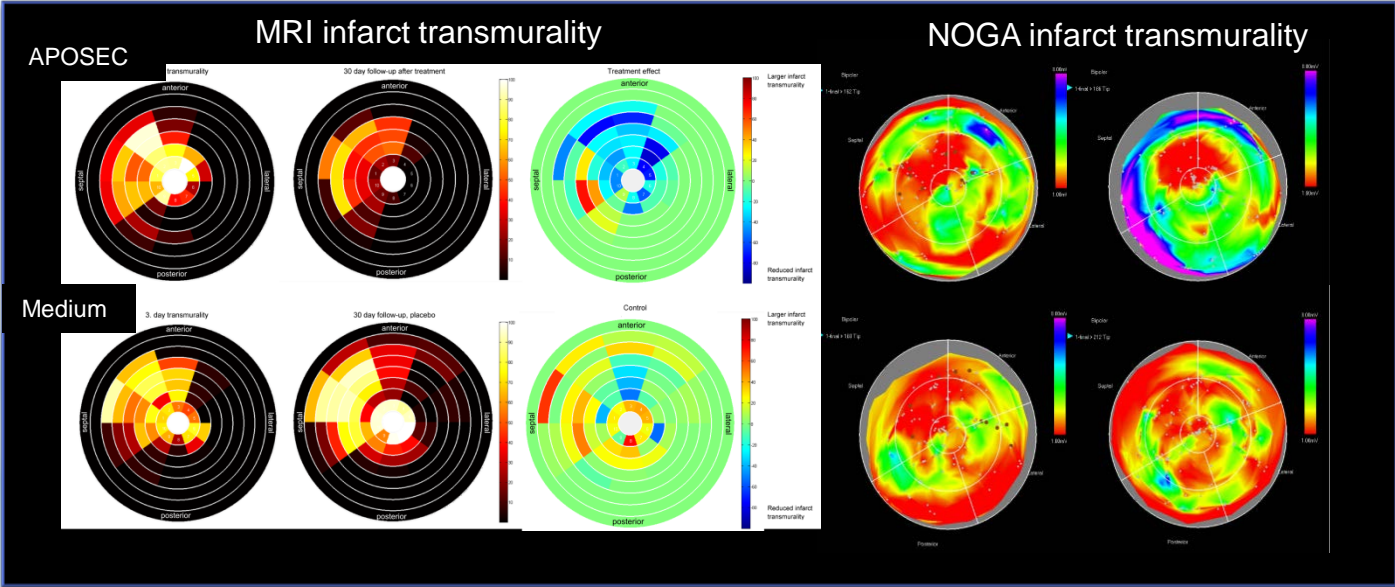
FUP LE

FUP EDV

FUP ESV

FUP LE

c)



APOSEC

MRI infarct transmuralities

NOGA infarct transmuralities

Medium

Baseline vor injection

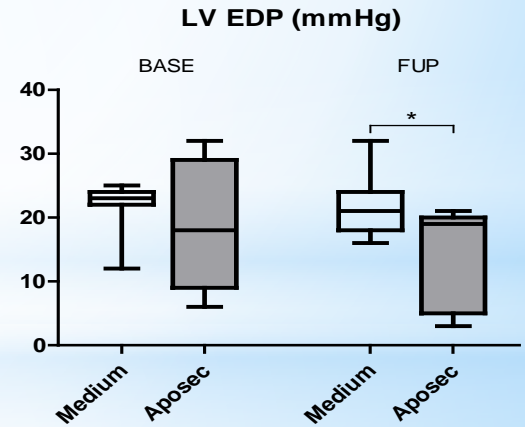
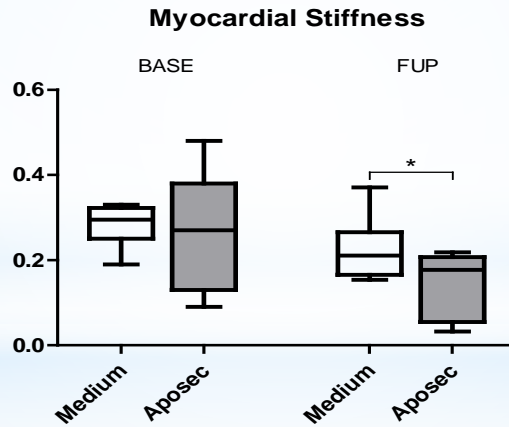
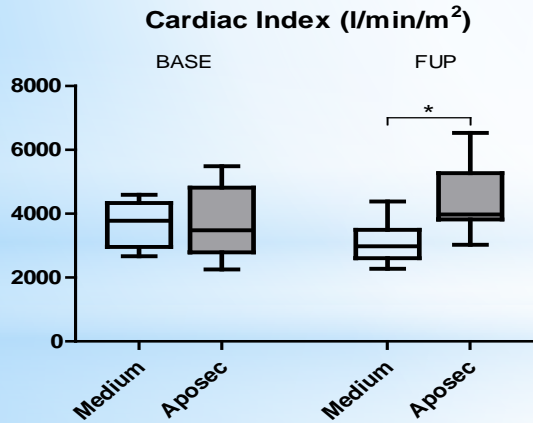
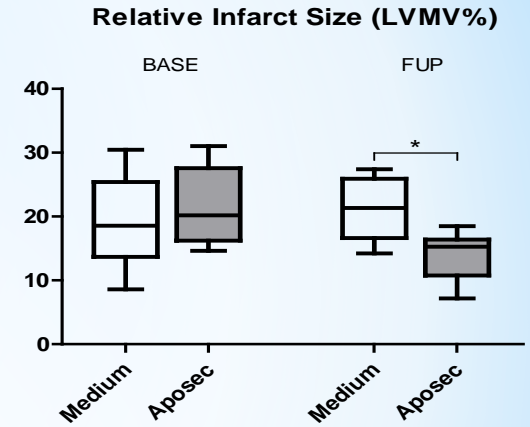
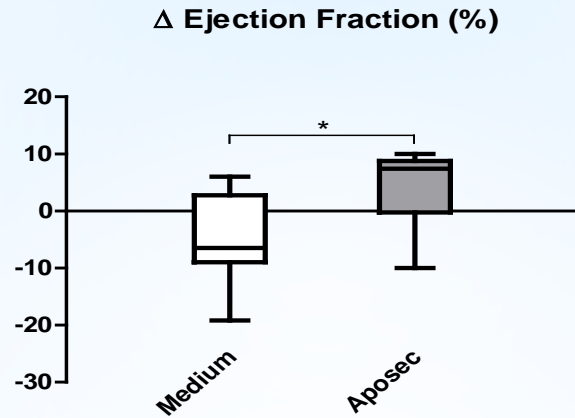
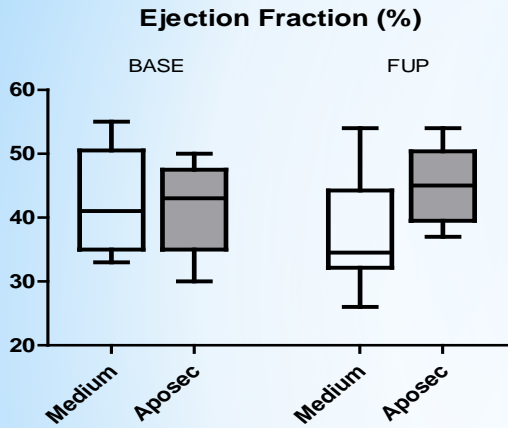
FUP

Difference between baseline and FUP

Baseline vor injection

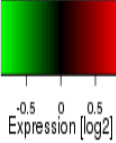
FUP

Results of myocardial function, infarct size and hemodynamics

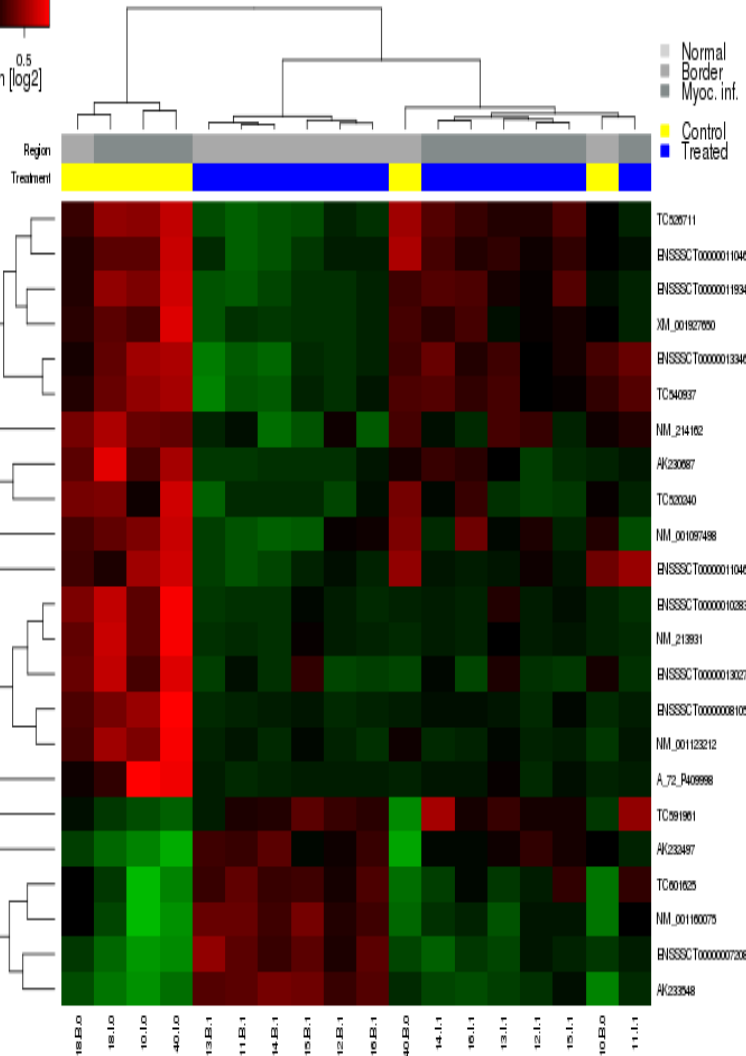


Differences in gene expression profile in the treated area

Color Key

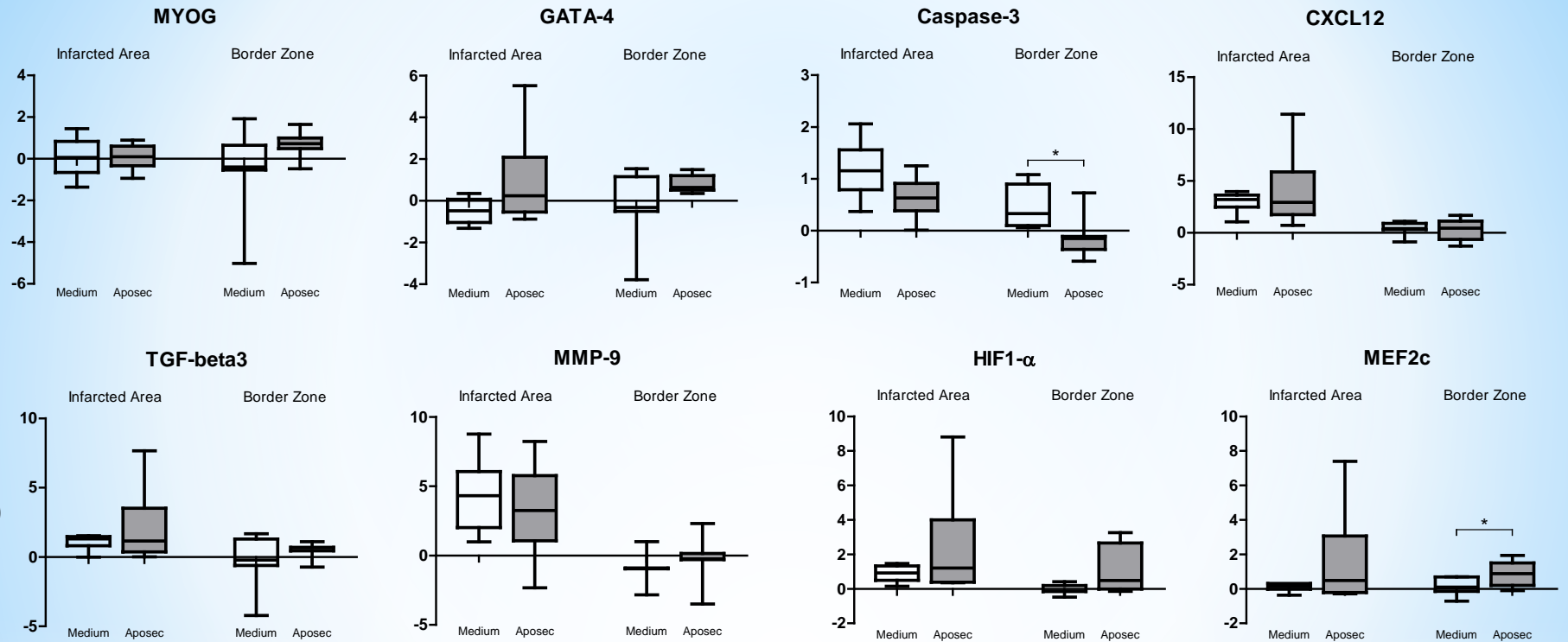


Treated (infarct+border) area
Aposec vs Medium (FDR 5%)
n=23



Systematic Name	logFC	adj. P value	Name of gene	Regulation in Aposec group
NM_214162	-1.887	0.029	caspace 1, apoptosis-related cysteine peptidase (interleukin 1. beta. convertase)	down
NM_001097498	-0.753	0.015	tumor necrosis factor (ligand) superfamily, member 13b	down
ENSSSCT00000010283	-0.815	0.003	similar to LOC513955 protein	down
NM_001160075	-0.949	0.005	claudin 3	down
ENSSSCT00000013346	-1.18	0.007	similar to Uncharacterized protein CXorf21 homolog	down
NM_001123212	-1.287	0.01	uroplakin 1B	down
ENSSSCT00000011046	-1.623	0.014	similar to Stromal cell-derived factor 2-like protein 1 precursor (SDF2-like protein 1) (PWP1-interacting protein 8)	down
ENSSSCT0000007208	-2.936	0.015	similar to Protein S100-A2 (S100 calcium-binding protein A2) (Protein S-100L)	down
ENSSSCT0000008105	-1.249	0.016	epididymal secretory protein	down
XM_001927650	-0.908	0.022	similar to trichohyalin	down
NM_213931	-3.367	0.038	arachidonate 15-lipoxygenase	down
TC520240	-1.61	0.047	n.i.	down
ENSSSCT00000013027	-2.617	0.013	n.i.	down
AK233548	-1.097	0.015	n.i.	down
ENSSSCT00000011046	-1.297	0.015	n.i.	down
AK230687	-2.509	0.015	n.i.	down
ENSSSCT00000011934	-1.895	0.016	n.i.	down
A_72_P409998	0.929	0.007	n.i.	up
TC601625	1.154	0.013	n.i.	up
TC591961	0.592	0.015	n.i.	up
TC540937	2.522	0.015	n.i.	up
TC526711	3.032	0.029	n.i.	up
AK232497	2.857	0.04	n.i.	up

RT-qPCR of selected genes of interest



Comments

1. RT-qPCR analyses confirmed the significant overexpression of cardiac myogenesis and vascular development gene, MEF2c and the repression of apoptosis regulator caspase-3 in the border zone of infarction in the APOSEC--treated animals.
2. Trend towards higher expression ($p < 0.1$) of angiogenic regulatory factor, hypoxia inducible factor 1alpha (HIF-1 α) and transcription factor, GATA-4 was seen in the border zone of the APOSEC group as compared with the medium group.
3. No statistical difference between the groups was observed regarding the expressions of genes involved in stem cell homing (CXCR12), transcription factor myogenin, extracellular matrix proteins MMP-9, and-TGFB-3.



Summary

1. The present study demonstrated that the 3D-guided NOGA injection approach of APOSEC is safe and effective in chronic myocardial ischemia.
1. Percutaneous intramyocardial injection of APOSEC was associated with reduction in infarct size and significant increase in LV EF, which are accompanied by improvement in contractile function and haemodynamics.
2. Gene profiling analysis of the APOSEC-treated myocardial areas revealed downregulation of inflammatory and apoptotic genes.
3. Post-hoc validation of gene expression by RT-qPCR showed higher levels of expression of myogenic factor, MEF2C and a robust downregulation of apoptosis regulator, caspase-3.

In summary, we could show that catheter-based 3D-NOGA guided intramyocardial application of APOSEC attenuates myocardial remodeling after AMI, mitigating apoptosis and inflammation and alters gene expression related to enhanced myocyte function.