

# Selective inhibition of CPU reduces microvascular thrombosis in experimental rat stroke model

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CONTEXT



Only 20% of AIS patients benefit from treatment<sup>1,2</sup>



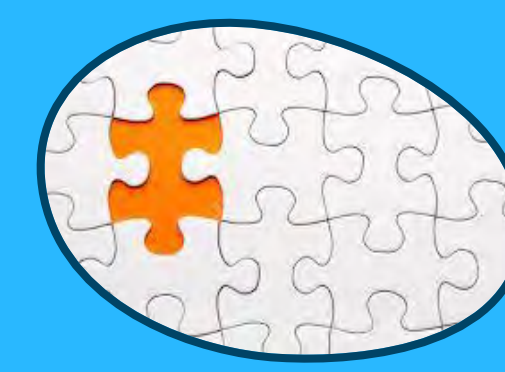
tPA (alteplase)

- 8-10% of patients eligible
- 50% recanalization
- Limited treatment window
- Hemorrhagic transformation



Mechanical thrombectomy

- 20% of patients eligible
- Highly specialized centres
- Embolization
- 20% unretrievable



Carboxypeptidase U (CPU, TAFIa, CPB2) potential target in ischemic stroke

- Potent attenuator of fibrinolysis.<sup>3</sup>
- Inactive precursor (proCPU, TAFI, proCPB2) in the blood:
  - Activated by thrombin, thrombin-thrombomodulin and plasmin.<sup>3</sup>
  - Very short half-life (8-15 min) due to thermal inactivation (CPU).<sup>3</sup>
- CPU inhibitors under development for application in AIS and PE.<sup>4</sup>

AIMS

eMCAO and tMCAO

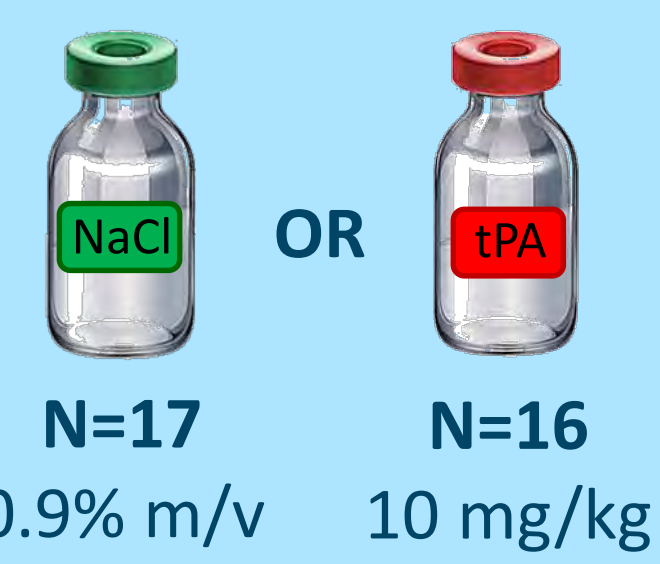
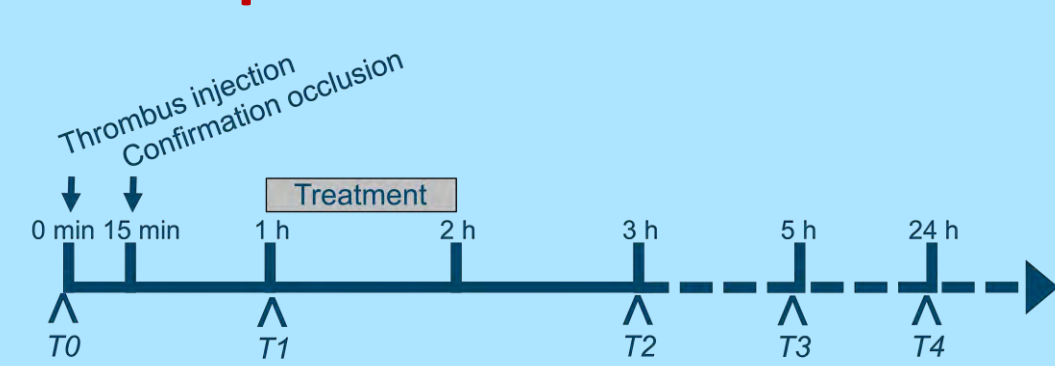
- Assessment of the kinetic profile of CPU generation in rat experimental stroke models

tMCAO only

- Assessment of CPU inhibitor AZD9684
  - Influence on CPU kinetics?
  - Influence on microvascular thrombosis and stroke parameters?

STUDY DESIGN

Treatment administration and sample collection in eMCAO

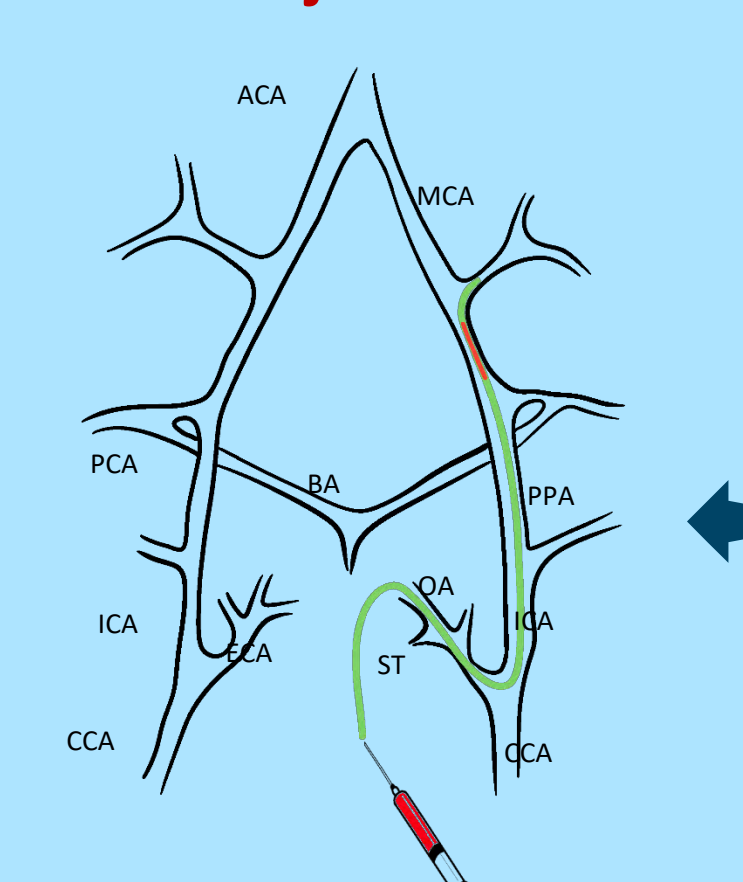


CPU and proCPU determination  
HPLC-based activity assay (Bz-o-cyano-Phe-Arg)<sup>7,8</sup>

Confirmation of occlusion



Thrombus injection in MCA



Tail vein blood collection



Male Sprague-Dawley rats (320-400 g); N=33

Thrombus preparation

+ thrombin (1 NIH Unit) & CaCl<sub>2</sub> 24 h @ 37°C

Sham

N=9 in both models

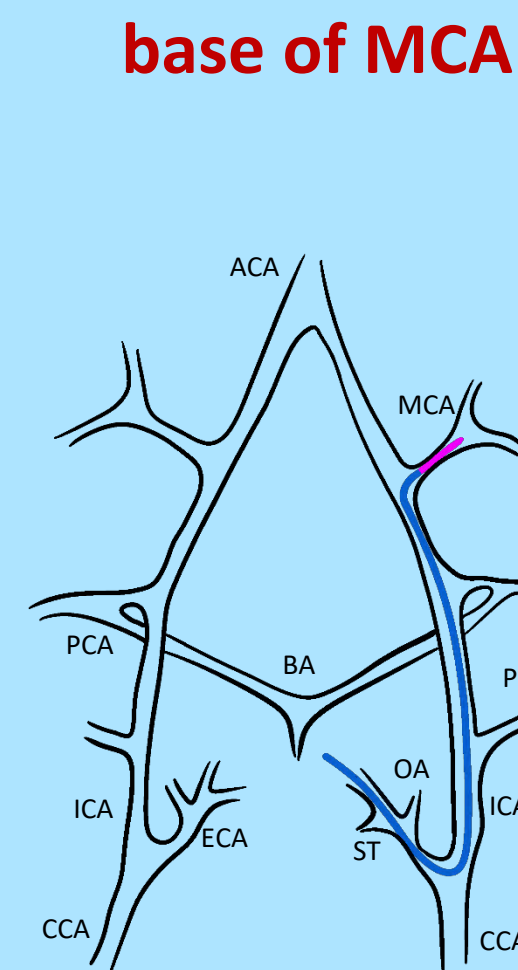
Insertion of monofilament



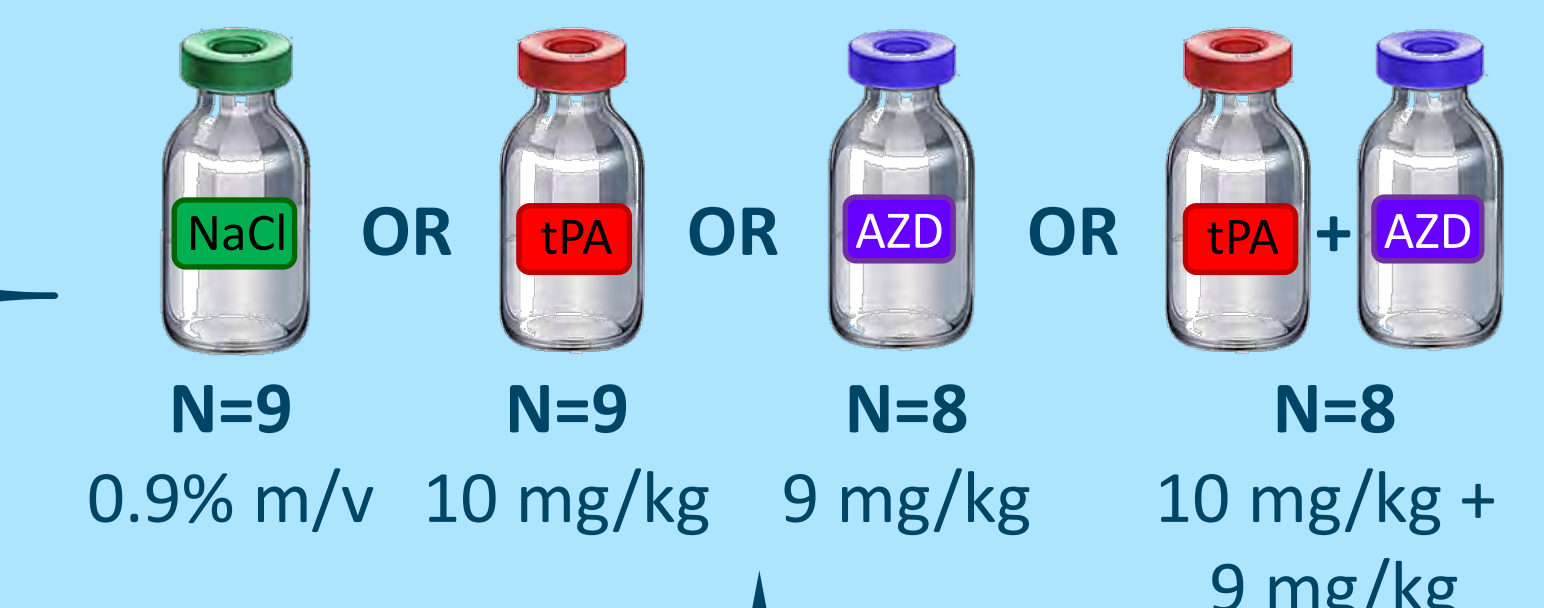
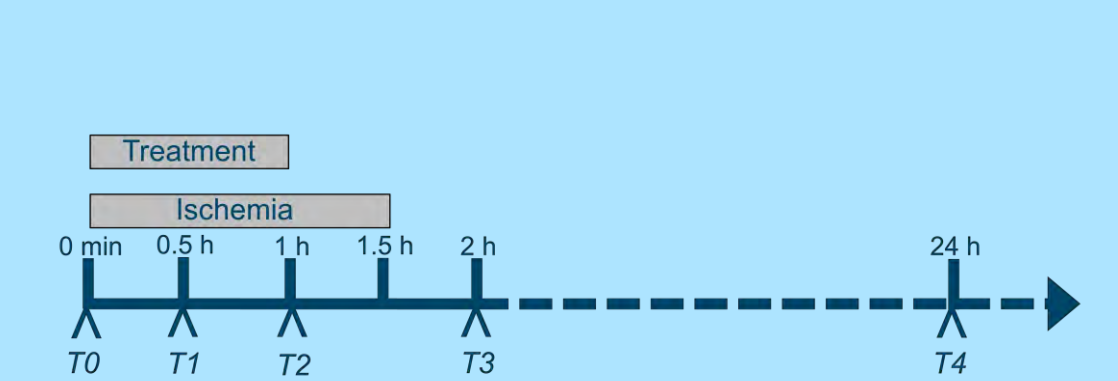
Male Sprague-Dawley rats (320-400 g); N=34

Silicone-coated suture (monofilament)

Occlusion of base of MCA

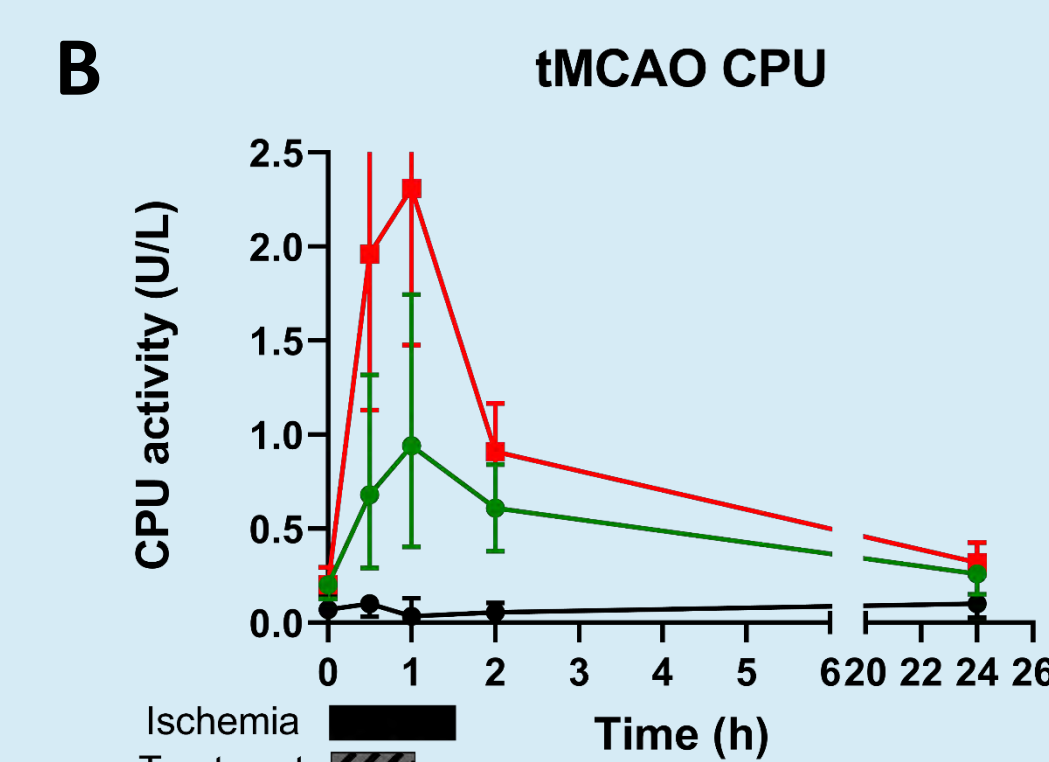
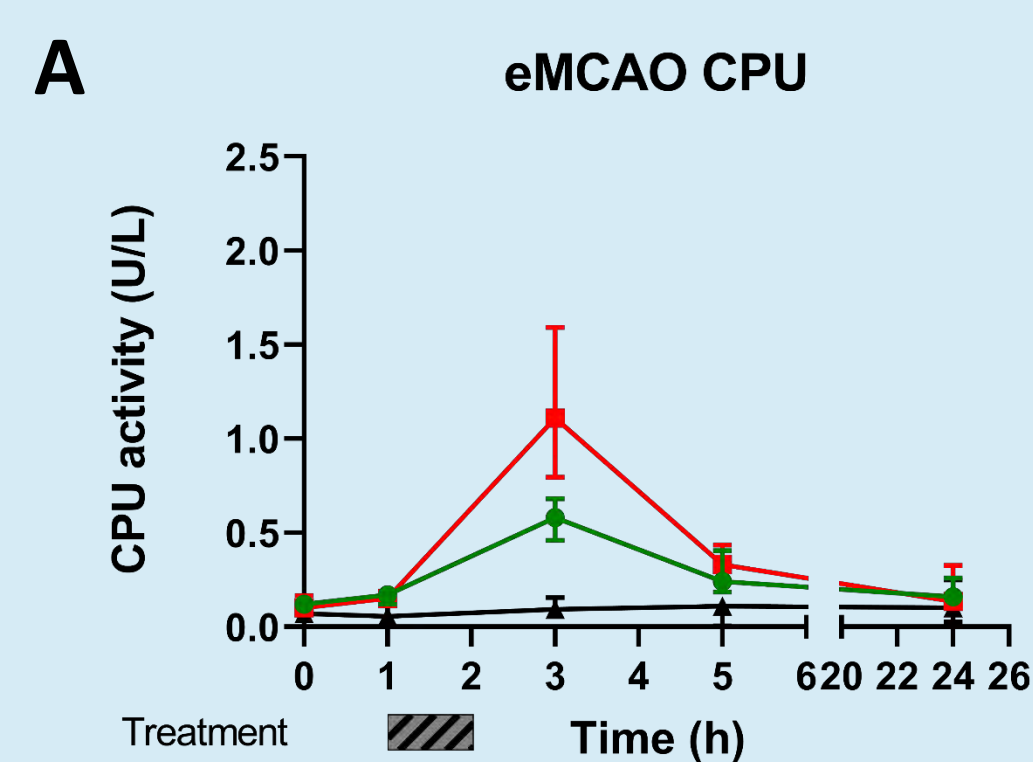


Treatment administration and sample collection in tMCAO

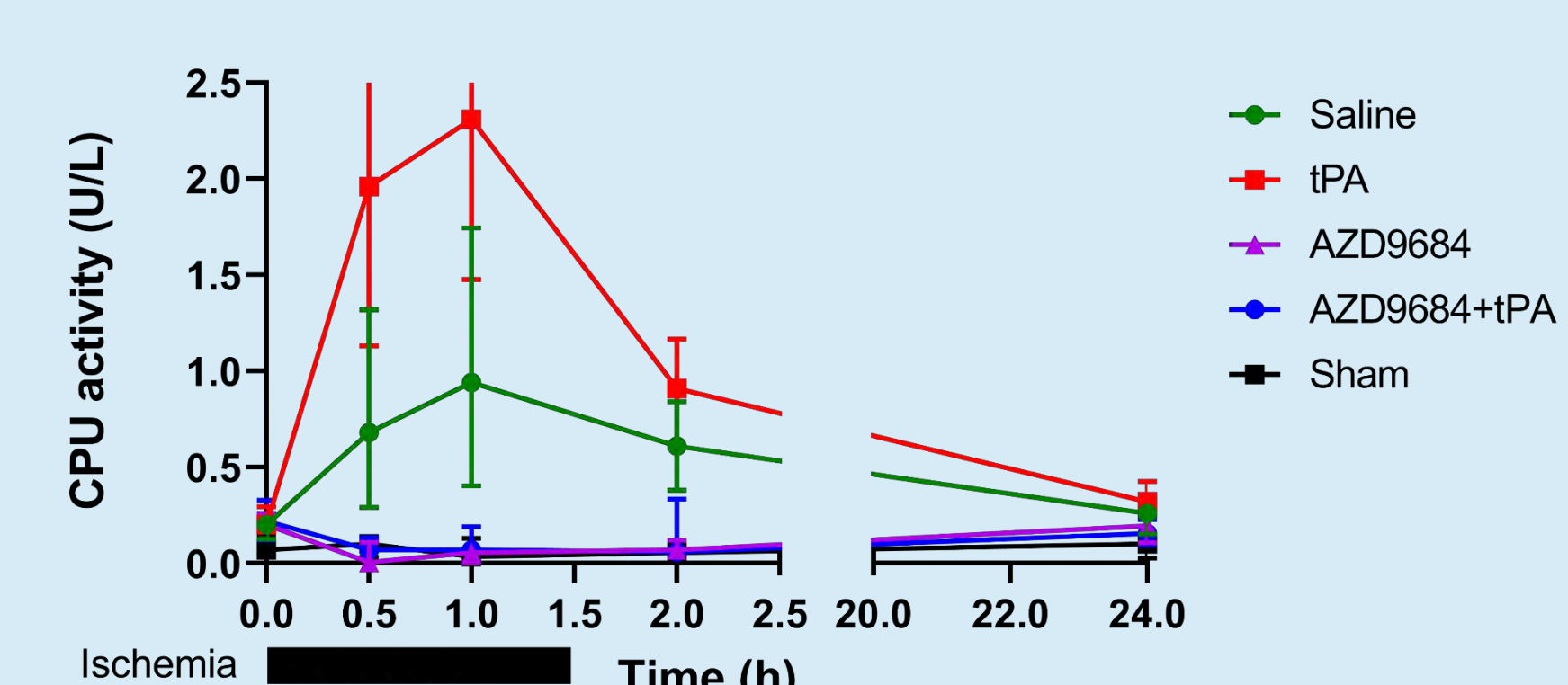


CPU and proCPU determination  
HPLC-based activity assay (Bz-o-cyano-Phe-Arg)<sup>7,8</sup>

Significant CPU generation upon ischemia induction



AZD9684 administration results in complete inhibition of CPU activity

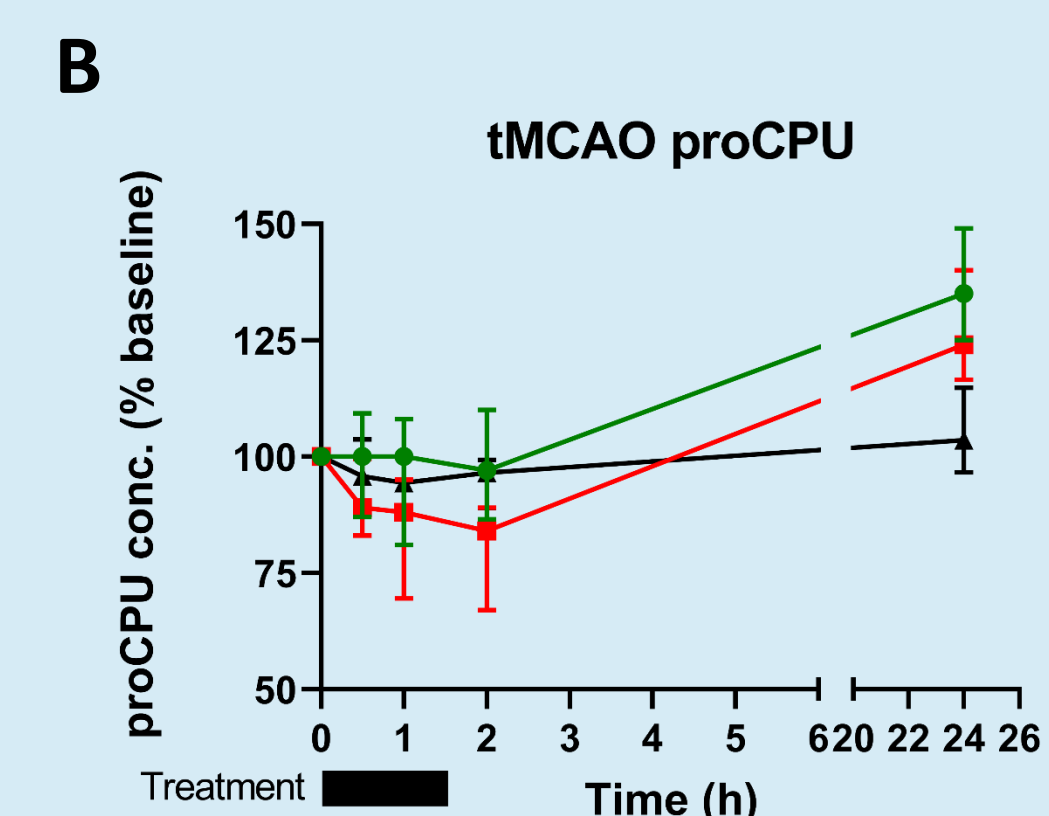
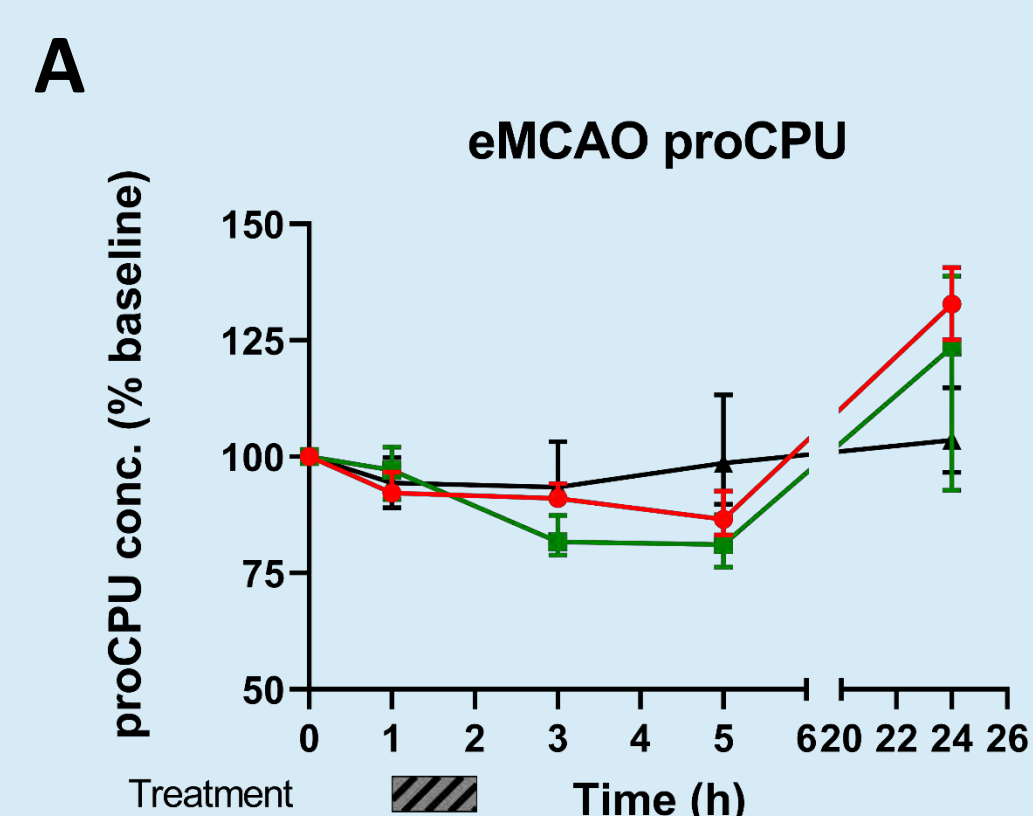


CPU generation was observed in all saline treated animals (green) immediately after ischemia induction with peak activity shortly after treatment cessation. CPU generation was even observed in saline treated animals without direct thrombotic stimulus (tMCAO). tPA administration resulted in higher CPU activities (red) that were comparable with levels observed in humans. In sham operated rats (black), there was no significant CPU generation.

The clear CPU generation observed in the tMCAO model after saline (green) or tPA (red) administration was completely inhibited by addition of AZD9684 (purple and blue).

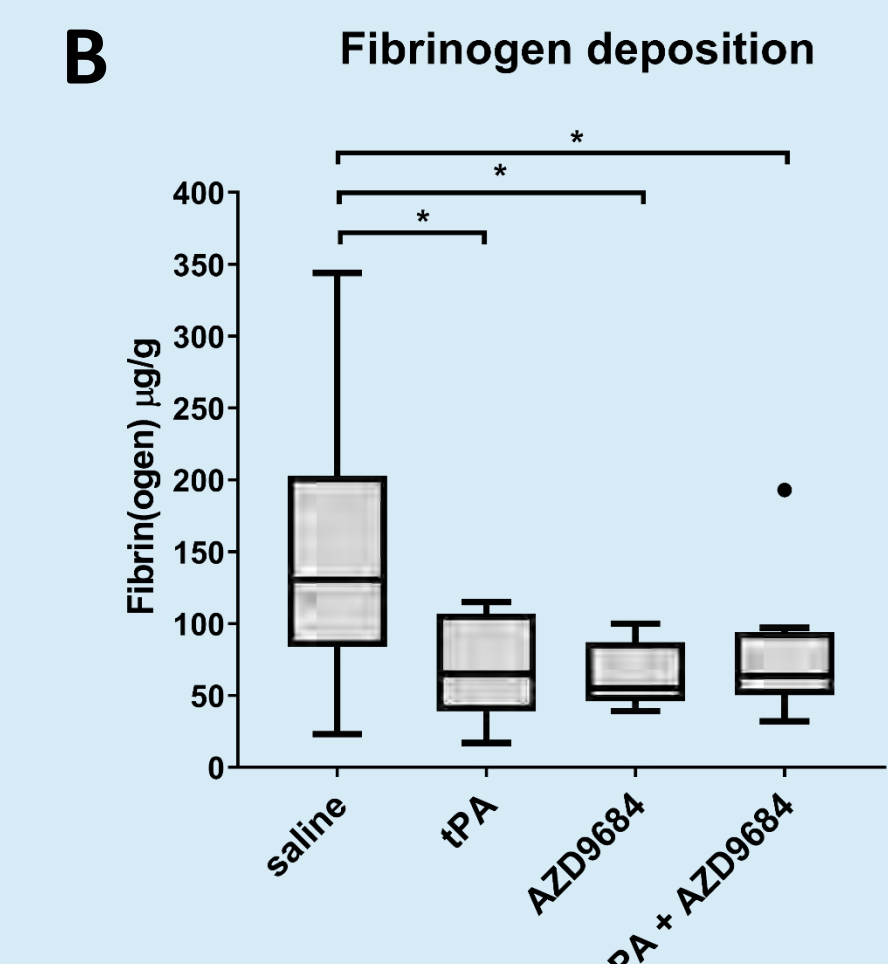
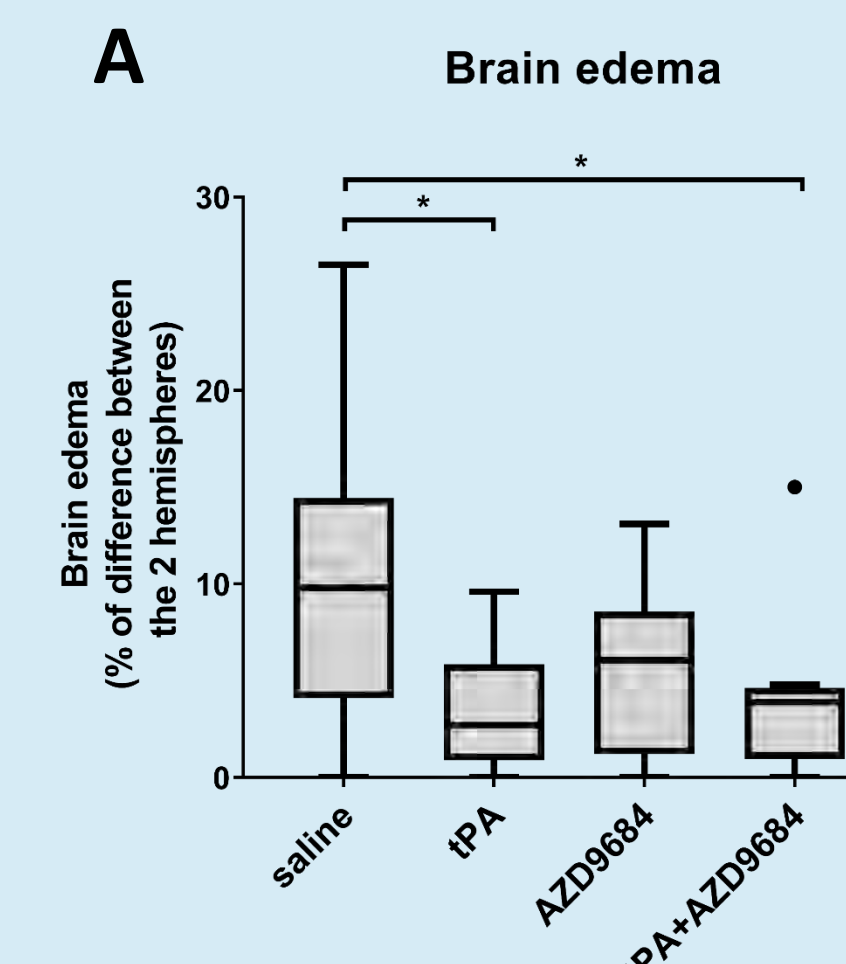
RESULTS

Concomitant proCPU consumption during ischemia induction



Concomitant proCPU consumption was observed with minimal proCPU levels shortly after treatment cessation in both saline (green) and tPA-treated (red) animals. There was a clear upregulation of proCPU at 24 h in animals that were subjected to ischemia that was absent in sham operated rats (black). This might be due to thrombo-inflammation and proCPU being an acute phase protein in rodents.

Selective inhibition of CPU reduces downstream microvascular thrombosis



There was a tendency towards reduced brain edema upon inhibition of the CPU system, but this was only significant in combination with tPA administration (A). CPU inhibition reduced fibrinogen depositions in brain homogenates (B). One-Way ANOVA with Holm Sidak's multiple comparisons test. \*: P<0.05

CONCLUSION

- CPU generation and concomitant proCPU consumption were observed in rat models of acute ischemic stroke
  - Also in saline treated animals: so far not observed in humans
  - Also in a tMCAO model without thrombotic trigger: **Might imply ongoing microvascular thrombosis**
- There was a reduction of fibrinogen deposition after AZD9684 administration but a significant reduction of brain edema was not observed except after co-administration of tPA: **Suggests reduction of microvascular thrombosis by selective CPU inhibition**

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