Exploring endothelial protein c receptor as a therapeutic target: mapping distribution and correlation with nanoparticle targeting Grace D.M. Eriksen, Martin Bak, David Schultz, Heidi Arps, Doha Ghannam, Anja Brus, Tsinat Berhane, Andrew J.Urquhart

## Background

Finding effective therapeutic targets for addressing endothelial dysfunction related to atherosclerosis, diabetes, chronic liver and kidney disease remains challenging.

The endothelial protein C receptor (EPCR) is widely expressed and a keyplayer in endothelial dysfunction. For optimized drug design and to avoid competetive inhibition when targeting EPCR, knowing the distribution is useful.

This study investigates EPCR as a potential target by mapping its distribution in a murine model.









Inductively coupled plasma mass spectrometry (ICP-MS): quantify sodium hexachloroplatinate (Pt) accumulation in organs upon IVinjected Pt-loaded liposomes with anti-EPCR monoclonal antibodies (mAb).



Bioluminescence: image IV-injected mRNA encoding luciferase (Luc) encapsulated in lipid nanoparticles (LNPs) surface coated with anti EPCR mAb.



Flow-induced dispersion analysis (FIDA): study antibody binding



Liposome with Pt load as tracer was functionalized with anti-EPCR antibody to target EPCR, a transmembrane bound protein in blood vessel endothelium. Accumulation of Pt was measured in various organs to map the distribution of EPCR.

## **Biodistribution - Targeting**

## Anti-EPCR Abs and IgG Ab compared for binding specificity. Data suggests EPCR1 (TF) has superior binding than EPCR2 (CS) in liver and spleen.

(ICP-MS)

**Pt concentration in mouse organs** Eye mean ± SEM EPCR1 (TF): # 16-2012-83. EPCR2 (CS): # PAA022Mu01. IgG: # 16-4031-85. *n* = 24

## **Biodistribution - Targeting (Bioluminescence)**

Optimizing nanoparticle design with increased antibody densities in LNP surface might affect targeting of EPCR.





Mapping EPCR: Unlocking New **Avenues in Vascular Therapy** 

#### Results

ELISA showed > 10-fold (~ 20.000 pg/mL) and > 24-fold (~ 50.000 pg/mL) higher EPCR expression in kidney and liver, respectively, compared to other organs.

**ICP-MS depicted varying Pt accumulation**. Pt-concentration in liver and spleen ranged from  $\sim$  10-12 ng/mg tissue being 5-20 fold higher, compared to other organs.

**Bioluminescence** primarily displayed luciferase expression in the liver. Increasing Ab density on LNP surface indicated higher luciferase expression

Flow-induced dispersion analysis (FIDA) validated antibody-antigen binding with  $\mathbf{K}_{\mathbf{D}}$  values of ~ 750 nM.





## **Binding affinity**

# (FIDA)

750 nM

Characterization of binding affinity validates that antibody used for in vivo studies binds to recombinant EPCR.



## Conclusion

This study suggests **higher EPCR expression** in the mouse **liver and kidney** than **previously reported**, and potential for targeted therapies.

Pt accumulation in liver and spleen is likely ascribed metabolic clearance. However, given the observed concentration of EPCR in these organs it could support **nanoparticle-based EPCR targeting**.

These findings propose that due to widespread EPCR expression in mice, the design of effective drug delivery requires new strategies for optimal nanoparticle surface arcitechture.



EPCR-ALC480 concentration	400 nM
EPCR-ALC480 size	3,66 nm
EPCR-ALC480:EPCR mAb size	5,14 nm
2	0,96

rEPCR: #9068-ER-050. EPCR mAB: #16-2012-83.

### Notes

All *in vivo* studies were performed in healthy animals.

Figures were created in Biorender.com or contain artwork components of Servier Medical Art. The endothelial protein C receptor protein structure was generated with PyMOL.





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