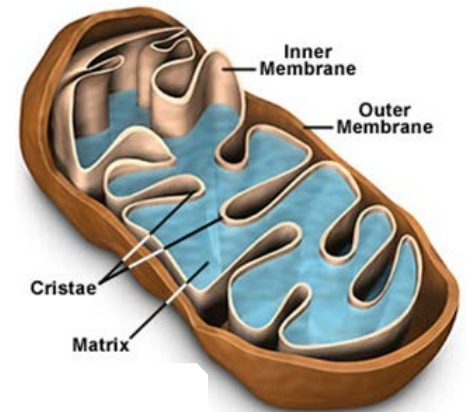




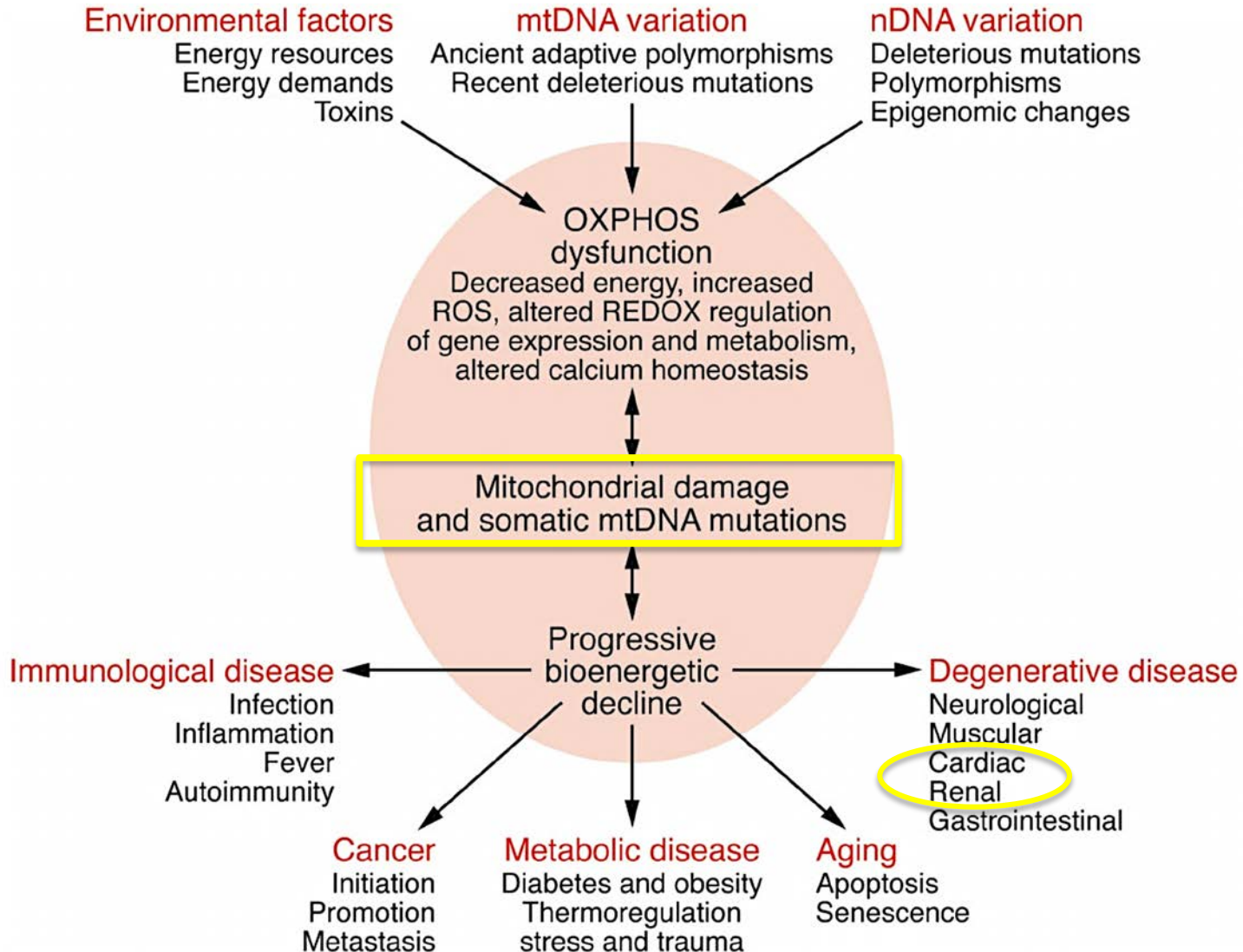
# The Mitochondria in Ischemic Disease

Lilach O. Lerman, MD, PhD  
Professor of Medicine and Physiology  
Division of Nephrology and Hypertension  
Mayo Clinic, Rochester, MN

Mitochondria Structural Features



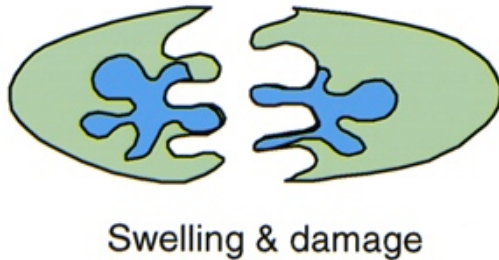
# Bio-energetic paradigm for metabolic and degenerative diseases, cancer, and aging



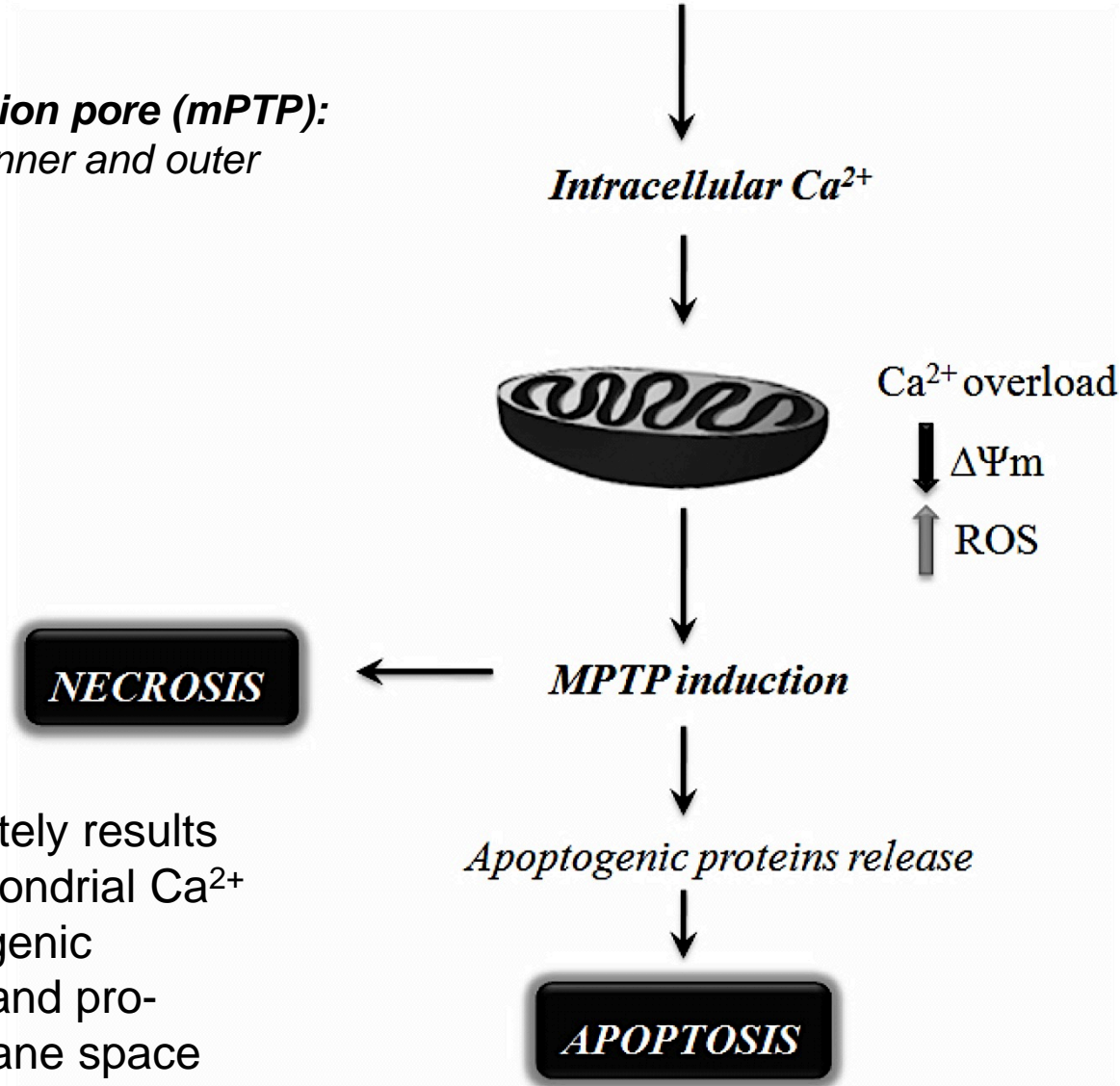
Wallace, JCI 2013

# Mitochondrial Injury in Ischemia

**Mitochondrial permeability transition pore (mPTP):**  
A conductance pore that spans the inner and outer mitochondrial membranes



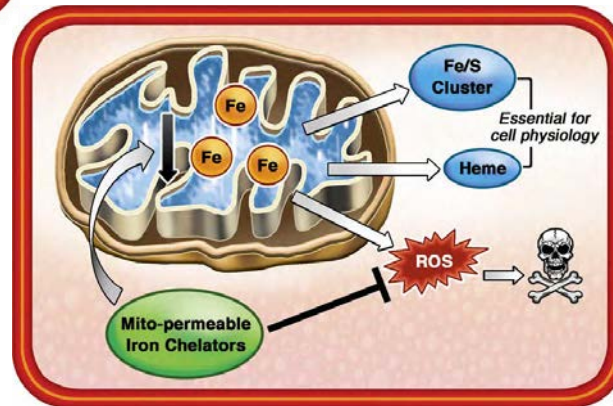
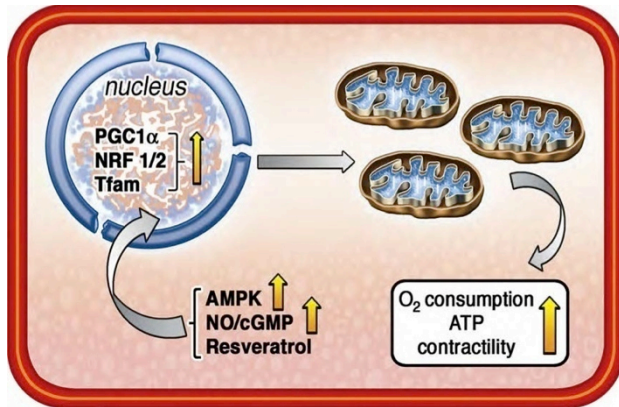
The opening of the mPTP ultimately results in mitochondrial swelling, mitochondrial  $\text{Ca}^{2+}$  efflux and the release of apoptogenic proteins, such as cytochrome *c* and pro-caspases, from the inter-membrane space



# Mitochondria as a Therapeutic Target

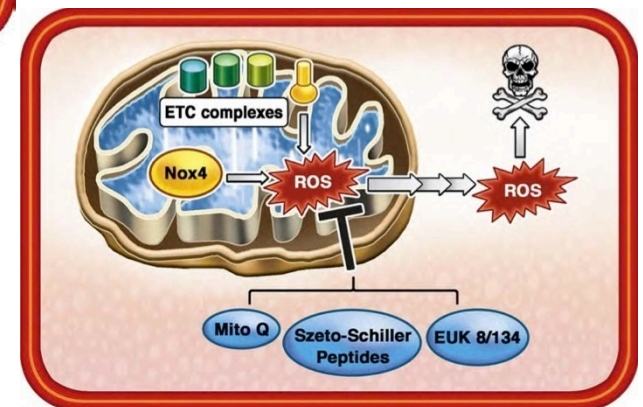
## Mitochondrial Biogenesis

Adenosine monophosphate kinase (AMPK) agonists, stimulants of NO/cGMP pathway, or resveratrol can stimulate nuclear-encoded proteins peroxisome proliferator-activated receptor gamma coactivator 1 (PGC1), nuclear respiratory factor (NRF)1/2, and transcription factor A (Tfam), which, in turn, **facilitate production of new mitochondria in the heart.**



## Mitochondrial Iron

Mitochondria regulate cellular iron balance. However, accumulation of iron can catalyze generation of ROS. **Reducing mitochondrial iron** through mitochondria-permeable iron chelators can potentially protect failing hearts.

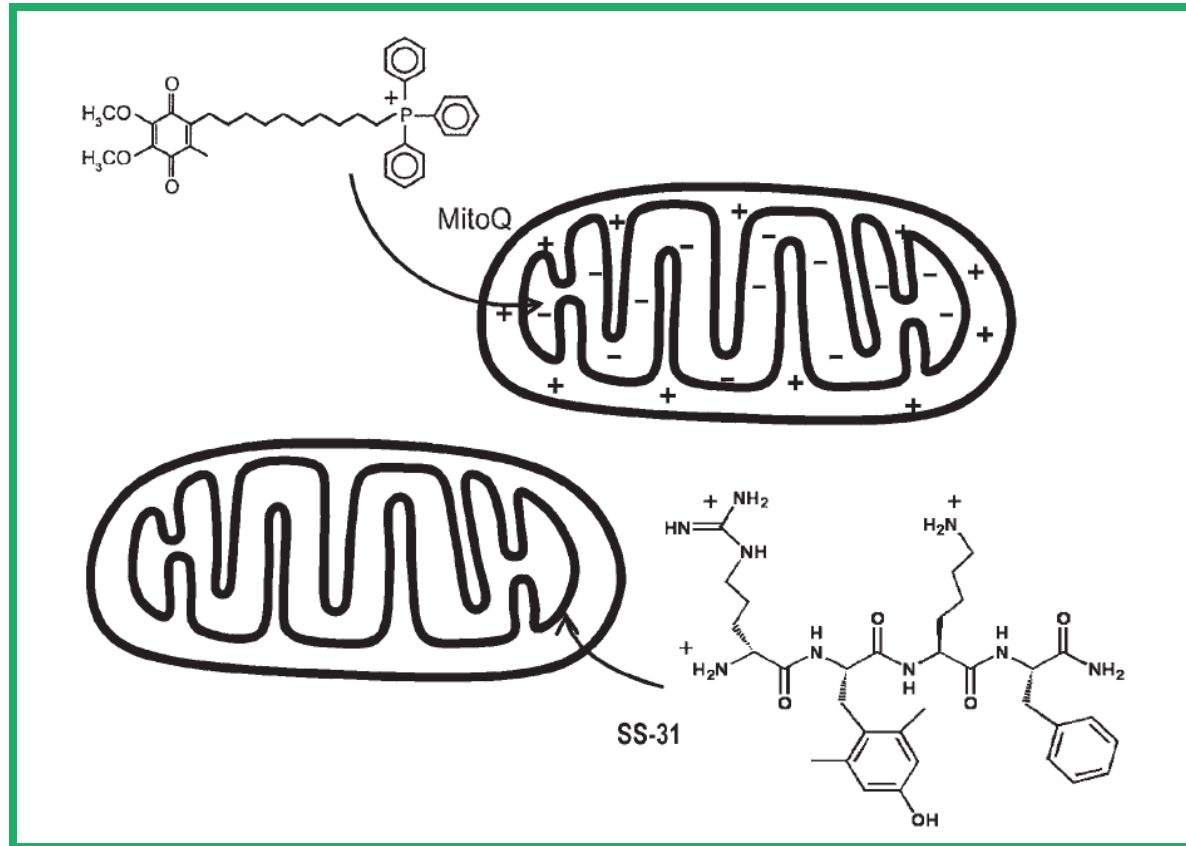


## Mitochondrial production of reactive oxygen species

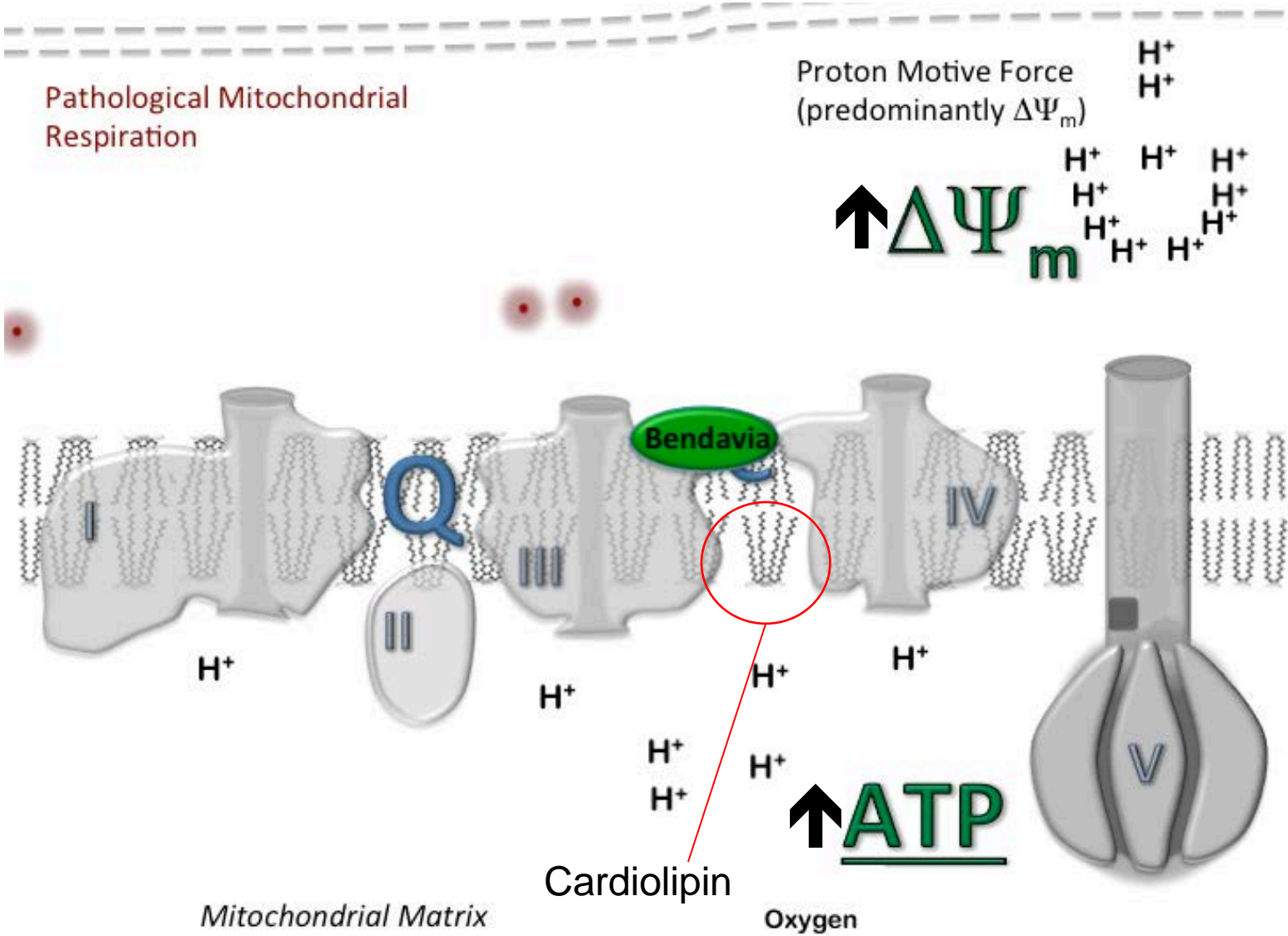
Mitochondrial electron transport chain (ETC) complexes and NAD(P)H oxidase 4 (Nox4) might generate excessive ROS, and mitochondria are sensitive to oxidative stress. Various approaches have been applied for **targeting antioxidants to mitochondria, including MitoQ, MnSOD/catalase mimetics, and Szeto-Schiller peptides (Bendavia).**

# Mitochondrial Targeted Peptides

- Small synthetic peptides (<10 amino acids)
- Stable in aqueous solution, resist peptidase degradation
- Passive diffusion into a variety of cell types
- Mitochondrial uptake  
~x1,000-5,000



# Bendavia (SS-31) stabilizes cardiolipin



# Reduction of Ischemia/Reperfusion Injury with Bendavia, a Mitochondria-Targeting Cytoprotective Peptide

ORIGINAL RESEARCH

American Heart Association American Stroke Association

## Reduction of Ischemia/Reperfusion Injury With Bendavia, a Mitochondria-Targeting Cytoprotective Peptide

Robert A. Kloner, MD, PhD; Sharon L. Hale, BS; Wangde Dai, MD; Robert C. Gorman, MD; Takashi Shuto, MD; Kevin J. Koomalsingh, MD; Joseph H. Gorman III, MD; Ruben C. Sloan, PhD; Chad R. Frasier, PhD; Corinne A. Watson, BS; Phillip A. Bostian, BS; Alan P. Kypton, MD; David A. Brown, PhD

**Background**—Manifestations of reperfusion injury include myocyte death leading to infarction, contractile dysfunction, and vascular injury characterized by the “no-reflow” phenomenon. Mitochondria-produced reactive oxygen species are believed to be centrally involved in each of these aspects of reperfusion injury, although currently no therapies reduce reperfusion injury by targeting mitochondria specifically.

**Methods and Results**—We investigated the cardioprotective effects of a mitochondria-targeted peptide, Bendavia (Stealth Peptides), across a spectrum of experimental cardiac ischemia/reperfusion models. Postischemic administration of Bendavia reduced infarct size in an in vivo sheep model by 15% ( $P=0.02$ ) and in an ex vivo guinea pig model by 38% to 42% ( $P<0.05$ ). In an in vivo rabbit model, the extent of coronary no-reflow was assessed with Thioflavin S staining and was significantly smaller in the Bendavia group for any given ischemic risk area than in the control group ( $P=0.0085$ ). Myocardial uptake of Bendavia was  $\approx 25\%$  per minute, and uptake remained consistent throughout reperfusion. Posts ischemic recovery of cardiac hemodynamics was not influenced by Bendavia in any of the models studied. Isolated myocytes exposed to hypoxia/reoxygenation showed improved survival when treated with Bendavia. This protection appeared to be mediated by lowered reactive oxygen species-mediated cell death during reoxygenation, associated with sustainment of mitochondrial membrane potential in Bendavia-treated myocytes.

**Conclusions**—Posts ischemic administration of Bendavia protected against reperfusion injury in several distinct models of injury. These data suggest that Bendavia is a mitochondria-targeted therapy that reduces reperfusion injury by maintaining mitochondrial energetics and suppressing cellular reactive oxygen species levels. (*J Am Heart Assoc.* 2012;1:e001644. doi: 10.1161/JAHA.112.001644.)

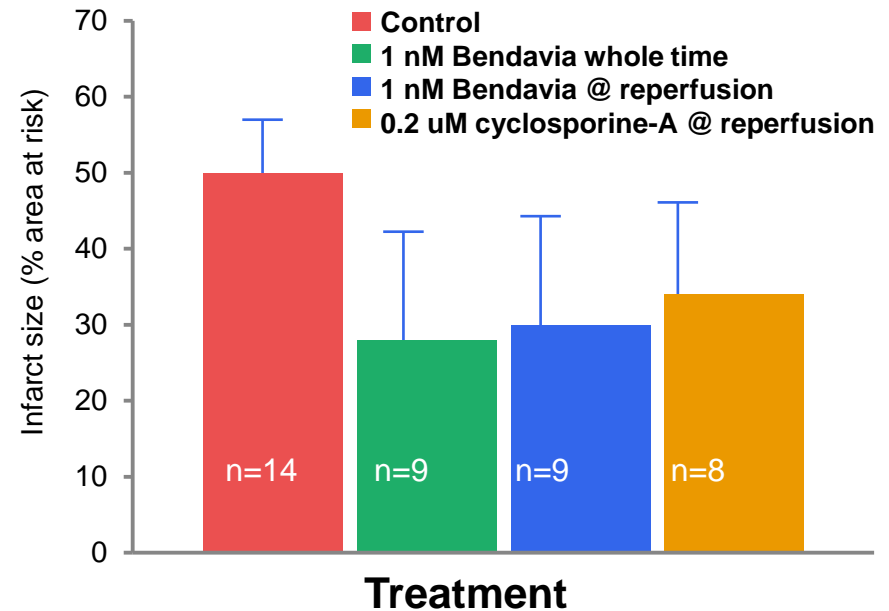
**Key Words:** infarction • mitochondria • peptide • cardioprotection

Early and successful myocardial reperfusion with primary percutaneous coronary intervention (PPCI) is associated with improved outcomes in patients with acute myocardial infarction. Two major manifestations of reperfusion injury are myocardial stunning and microvascular thrombolysis. Mitochondria-produced reactive oxygen species may be centrally involved in each aspect of reperfusion injury.

From the Heart Center, the Beck School of Kinesiology, East Carolina University (E.C.U.), and Departments of Physiology (C.R.F., D.A.B., C.A.W., P.A.B.) and Cardiovascular Sciences (A.P.K.), Brody School of Medicine, East Carolina University, Greenville, W.V.

Correspondence: Samaritan Health Services, Robert A. Kloner, MD, PhD, kloner@good Samaritan.com. Received March 1, 2012. Accepted for publication March 1, 2012. © 2012 The Authors. All rights reserved. No part of this article may be reproduced, stored in a retrieval system, or distributed, in any form, without the prior written permission of the copyright holder. This article is distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/3.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

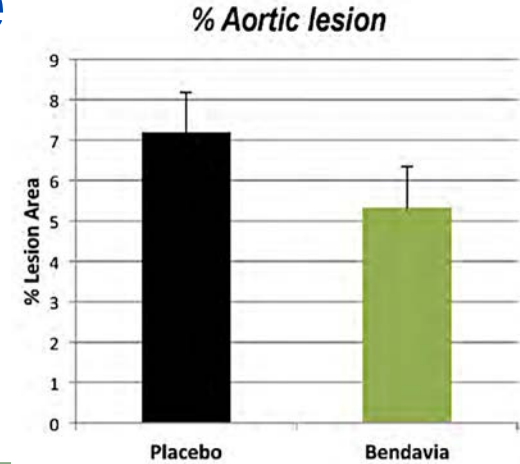
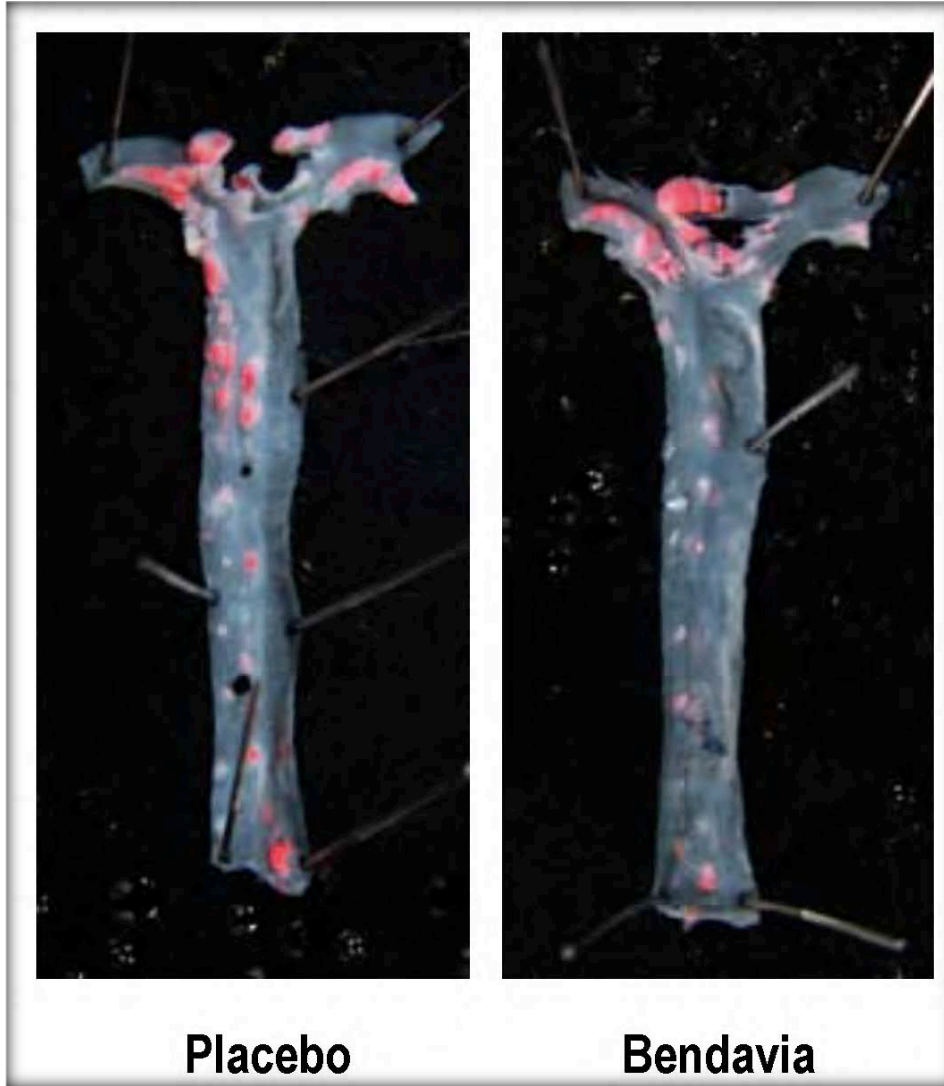
## Infarct Size in Isolated Guinea Pig Hearts Exposed to Ischemia/Reperfusion (20 min/2h)



Mitochondria-produced reactive oxygen species may be centrally involved in each aspect of reperfusion injury

Posts ischemic administration of Bendavia protected against reperfusion injury in several distinct models of injury

# Bendavia reduces atherosclerotic plaques in ApoE K/O Mice



**Atherosclerosis**  
Bendavia Does Not Change Plasma Lipids

Plasma lipid levels at 12 weeks

	Placebo	Bendavia
Total cholesterol	1103 ± 84	1003 ± 90
VLDL cholesterol	53 ± 6	44 ± 5
LDL cholesterol	1020 ± 79	939 ± 88
HDL cholesterol	30 ± 4	21 ± 4
Triglycerides	40 ± 7	55 ± 11
Phospholipid	473 ± 28	434 ± 31

Rader et al 2012



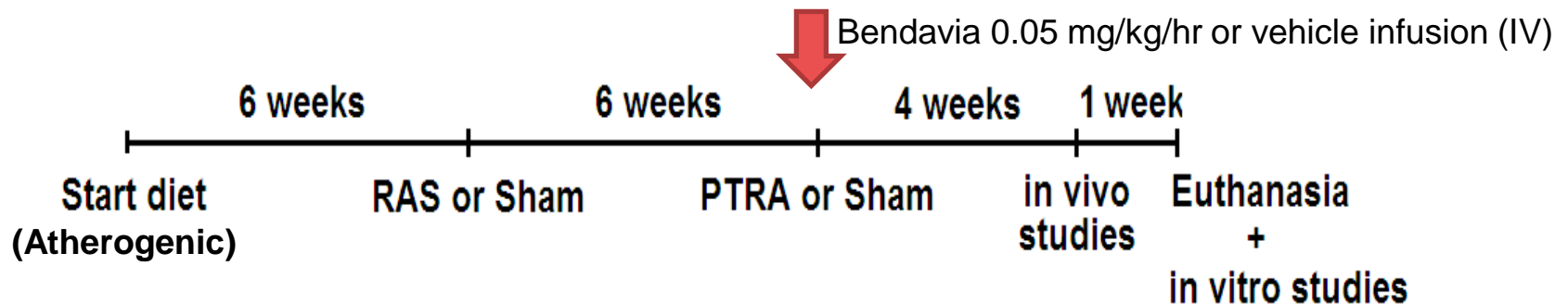
# ***Mitochondrial injury in Experimental Ischemic Renal Disease in Pigs***

- 1. Revascularization (acute reversal of ischemia and hypertension)***
- 2. Chronic atherosclerotic renal artery stenosis (chronic ischemia & renovascular hypertension)***

## A Mitochondrial Permeability Transition Pore Inhibitor Improves Renal Outcomes After Revascularization in Experimental Atherosclerotic Renal Artery Stenosis

Alfonso Eirin, Zilun Li, Xin Zhang, James D. Krier, John R. Woollard, Xiang-Yang Zhu, Hui Tang, Sandra M. Herrmann, Amir Lerman, Stephen C. Textor and Lilach O. Lerman

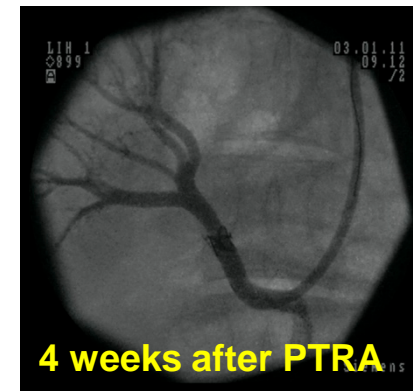
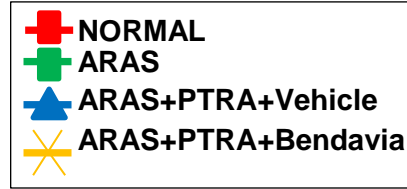
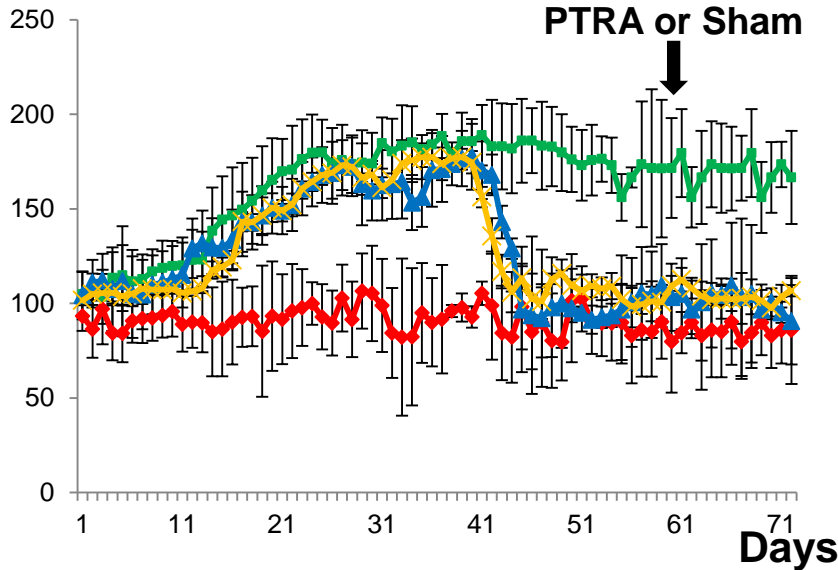
- Bendavia given after established Atherosclerotic Renal Artery Stenosis (ARAS)
- One IV dose during Percutaneous Transluminal Renal Angioplasty (PTRA) & Stenting with assessments 4 weeks later



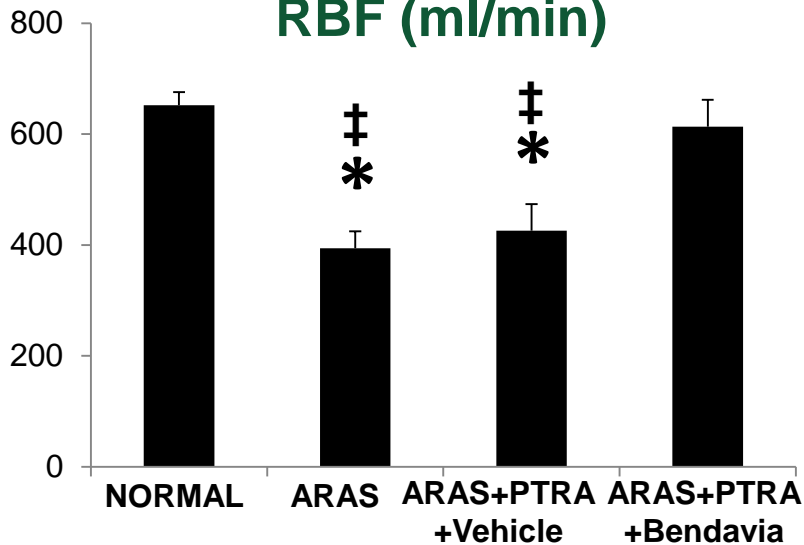
# Renal outcomes 4 weeks after PTRA



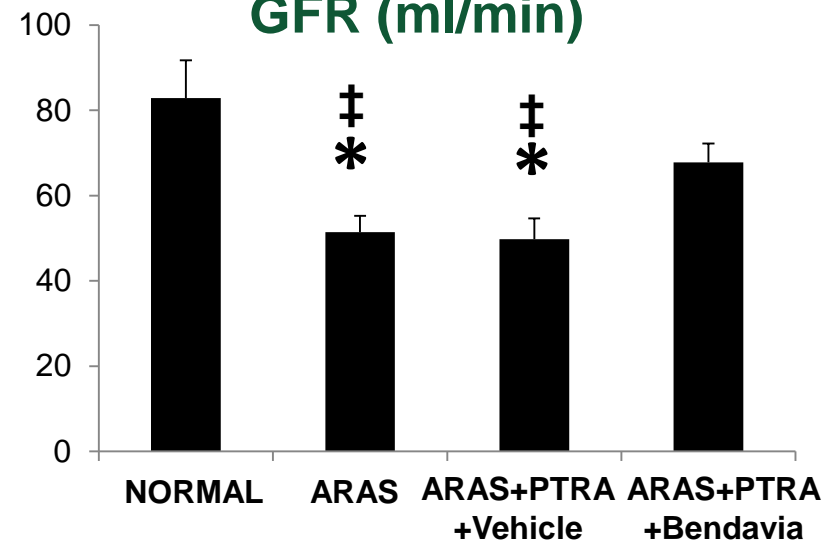
Mean arterial pressure (mmHg)



RBF (ml/min)

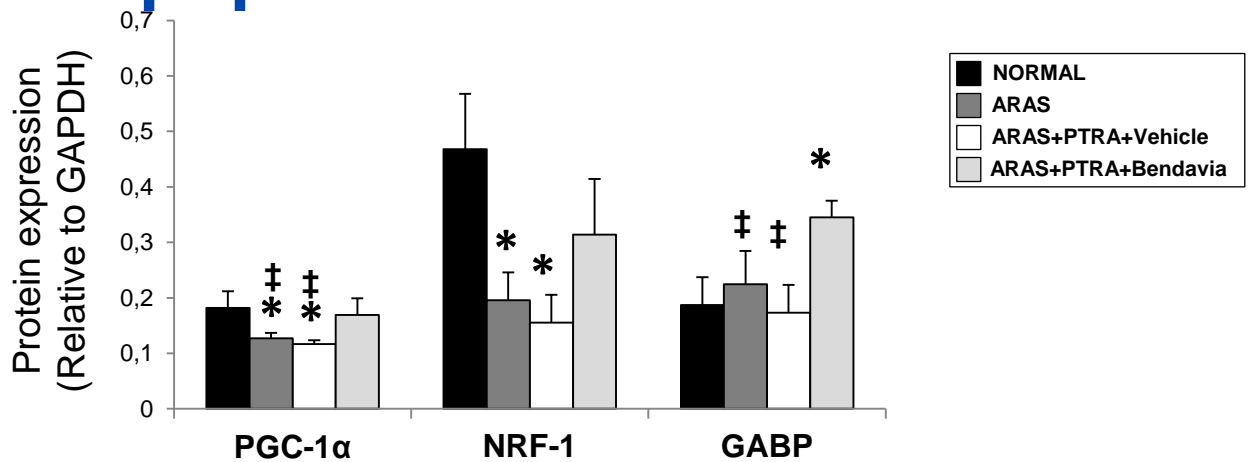


GFR (ml/min)

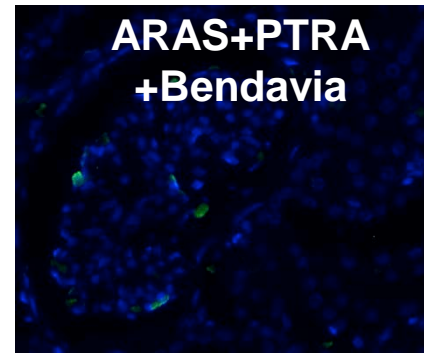
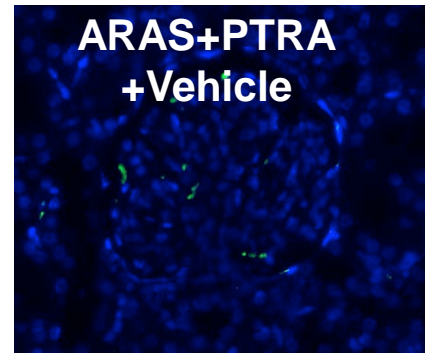
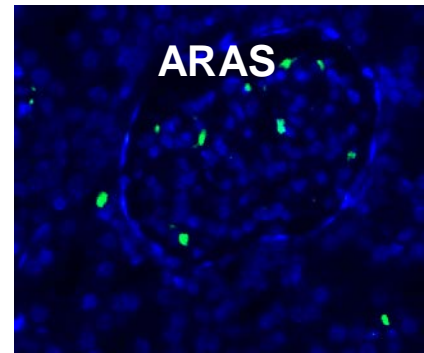
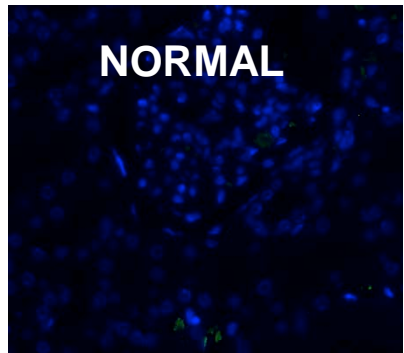


\*  $p < 0.05$  vs. Normal, †  $p < 0.05$  vs. ARAS+PTRA+Bendavia

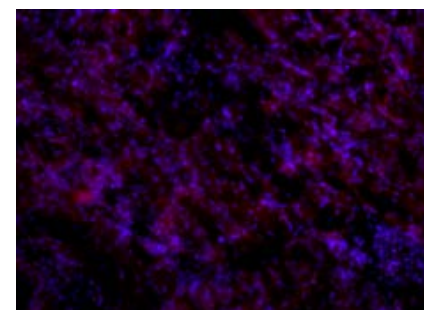
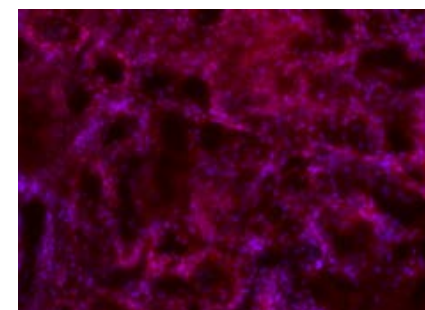
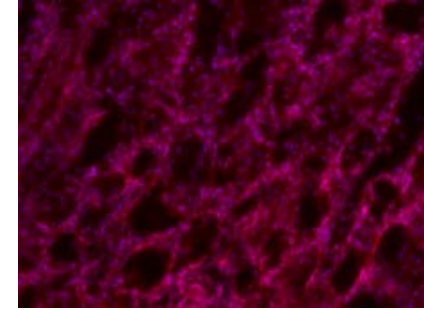
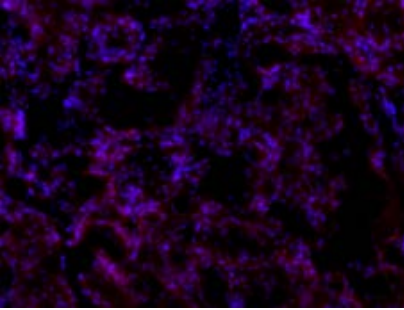
# Bendavia Improves Renal Mitochondrial Biogenesis, and Decreases Apoptosis & Oxidative Stress



TUNEL



DHE



\*  $p < 0.05$  vs. Normal, ‡  $p < 0.05$  vs. ARAS+PTRA+Bendavia

# Bendavia Increases Microvascular Density and Decreases Fibrosis in the Post-Stenotic Kidney

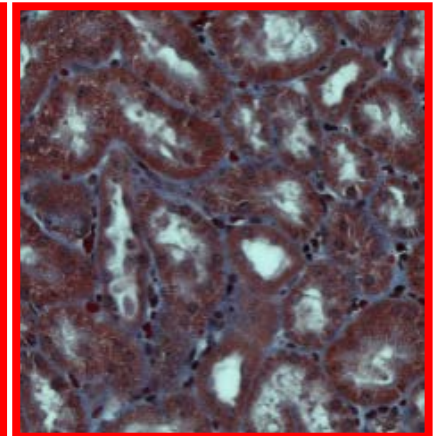
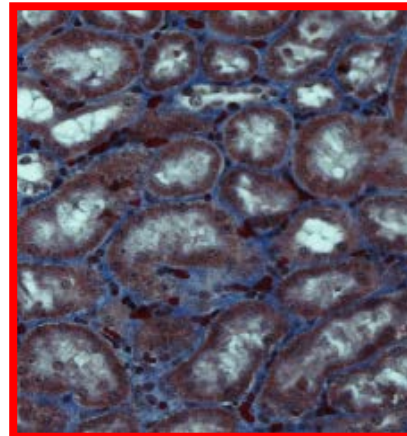
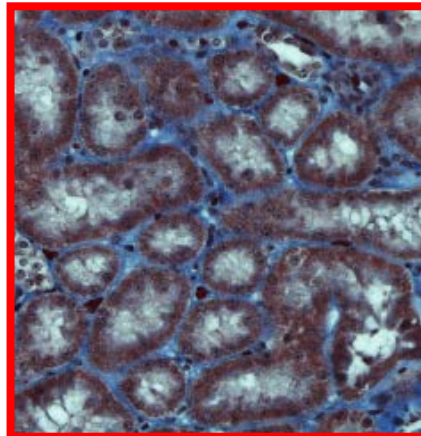
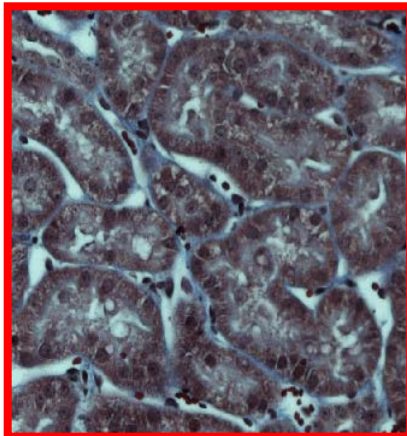


NORMAL

ARAS

ARAS+PTRA+vehicle

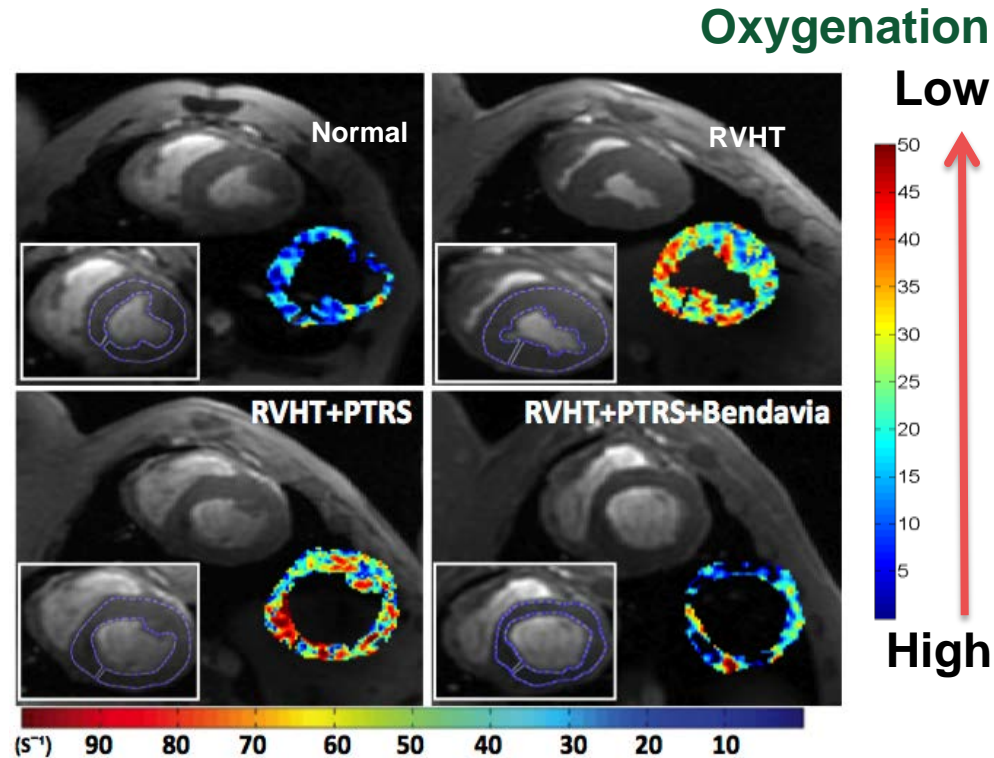
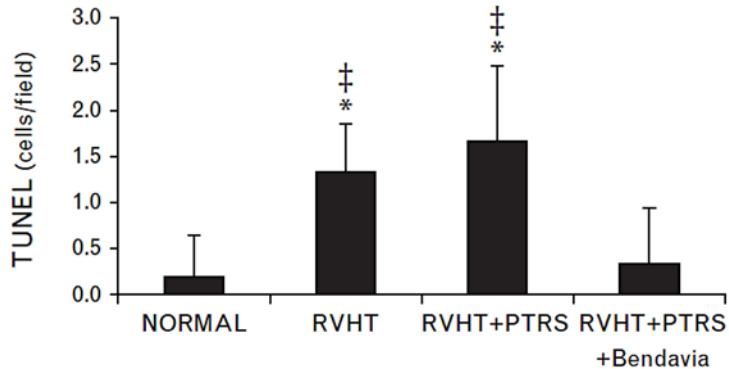
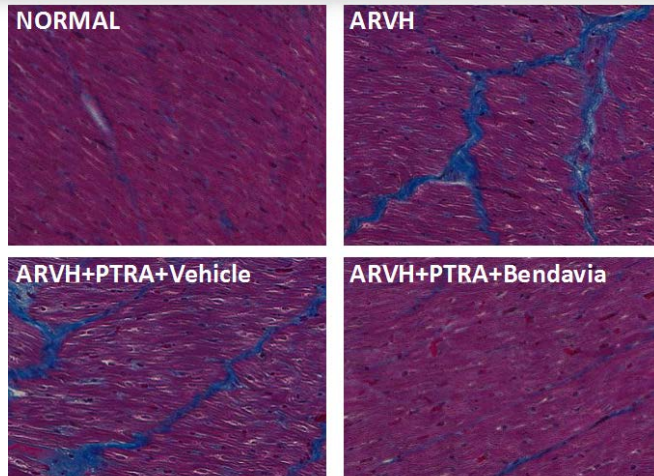
ARAS+PTRA+bendavia



**Tubulointerstitial fibrosis**

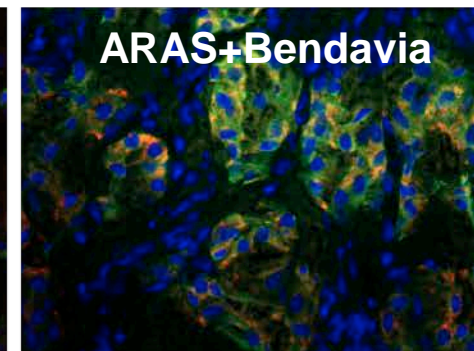
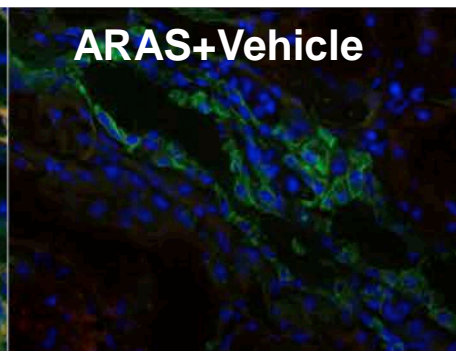
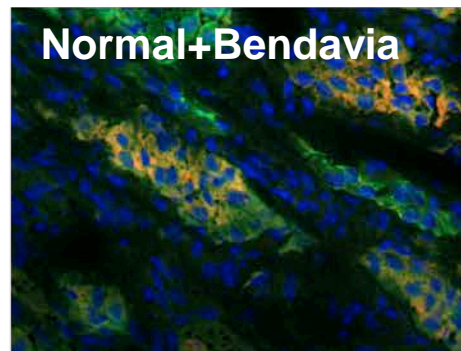
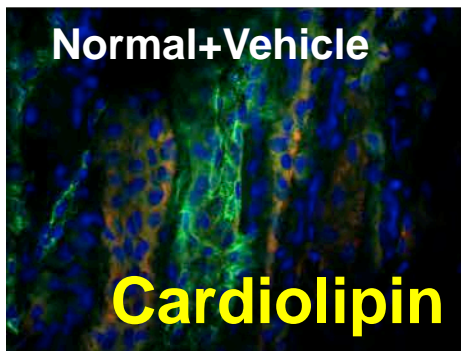
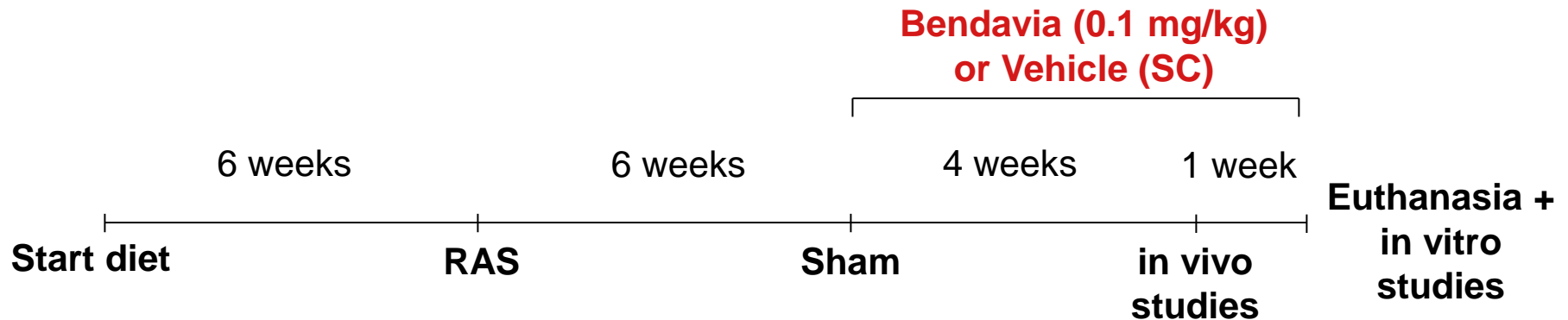
# Mitochondrial targeted peptides attenuate residual myocardial damage after reversal of experimental renovascular hypertension

Alfonso Eirin<sup>a</sup>, Barbara J. Williams<sup>a</sup>, Behzad Ebrahimi<sup>a</sup>, Xin Zhang<sup>a</sup>, John A. Crane<sup>a</sup>, Amir Lerman<sup>b</sup>, Stephen C. Textor<sup>a</sup>, and Lilach O. Lerman<sup>a,b</sup>



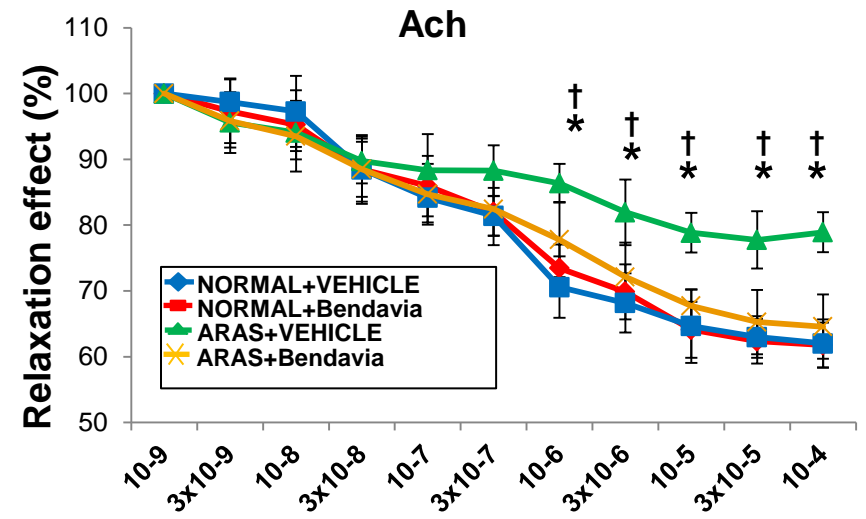
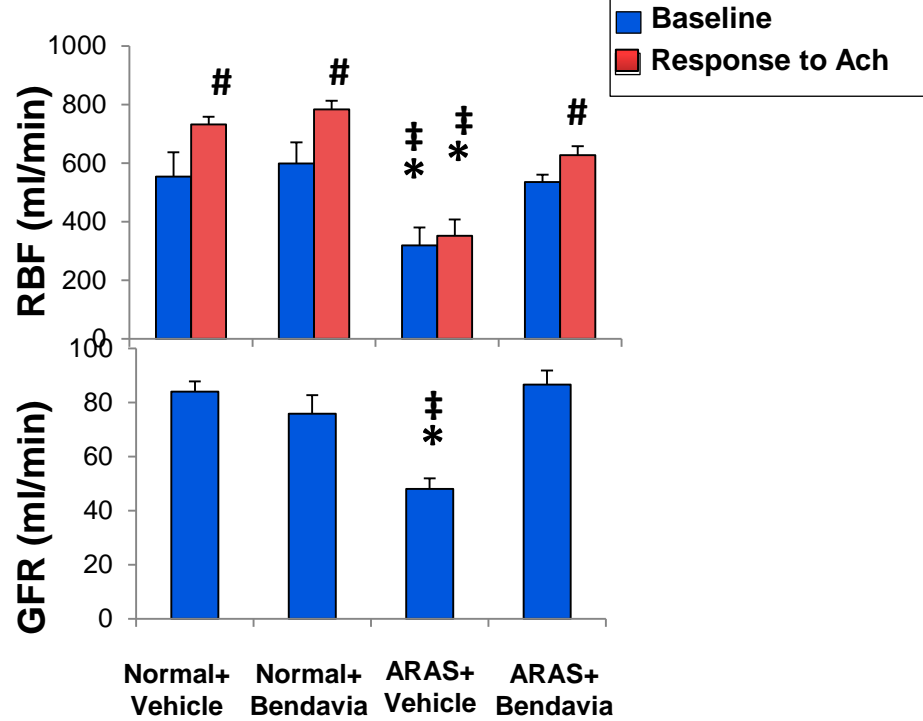
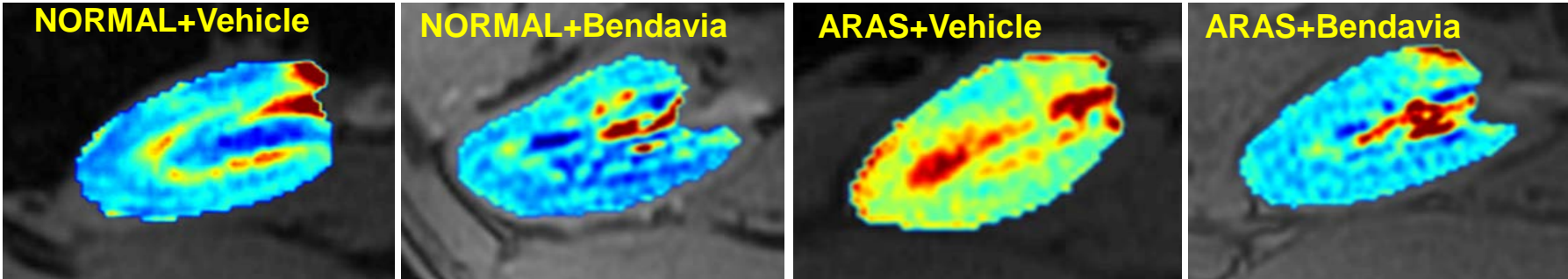
## Mitochondrial protection restores renal function in swine atherosclerotic renovascular disease

Alfonso Eirin<sup>1</sup>, Behzad Ebrahimi<sup>1</sup>, Xin Zhang<sup>1</sup>, Xiang-Yang Zhu<sup>1</sup>, John R. Woollard<sup>1</sup>, Quan He<sup>2</sup>, Stephen C. Textor<sup>1</sup>, Amir Lerman<sup>3</sup>, and Lilach O. Lerman<sup>1,3\*</sup>



# Renal Function After 4 Weeks of SC Bendavia

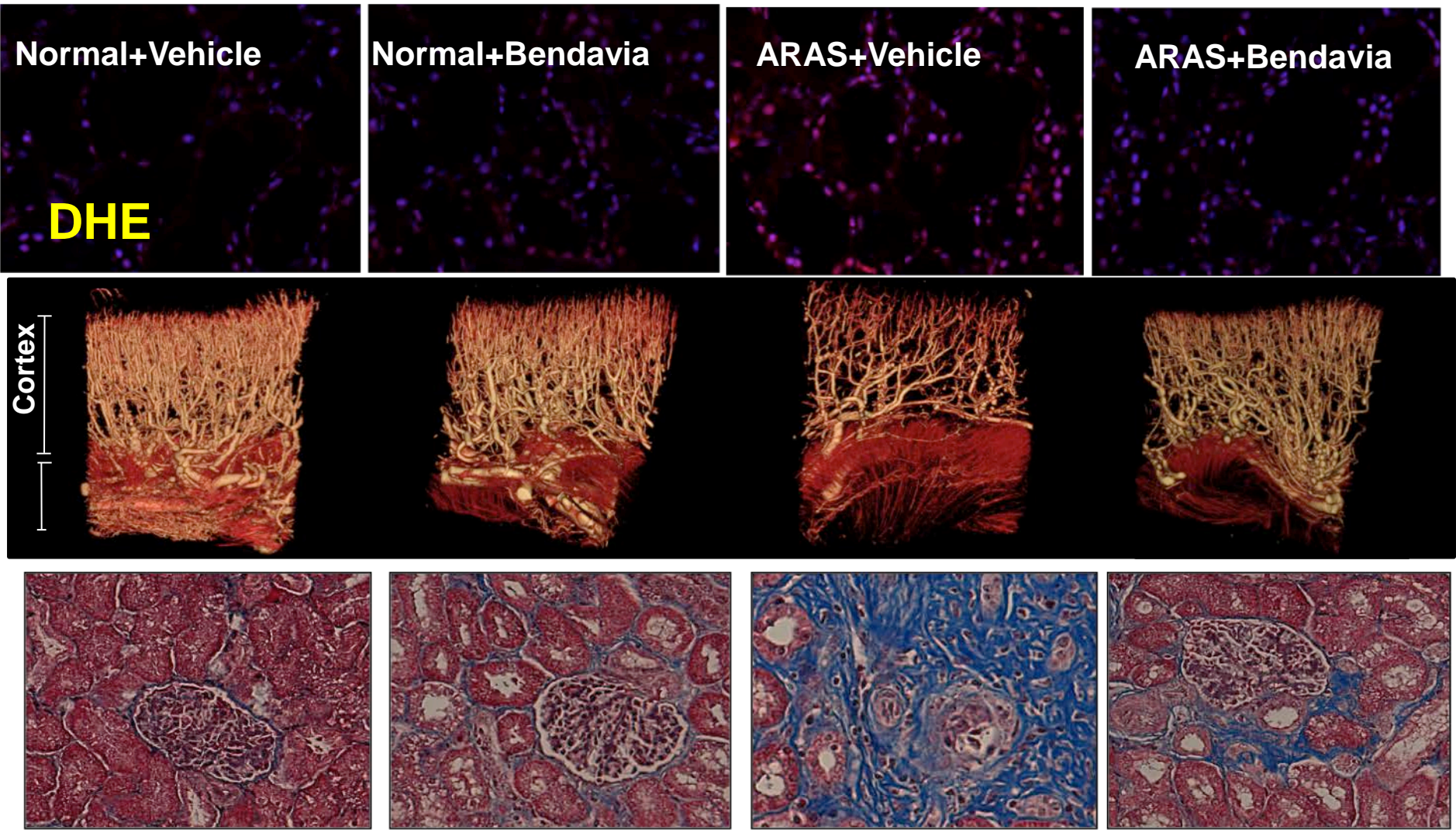
## BOLD-MRI



\*  $p < 0.05$  vs. Normal+Vehicle, ‡  $p < 0.05$  vs. ARAS+Bendavia, #  $p < 0.05$  vs. Baseline

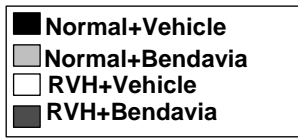
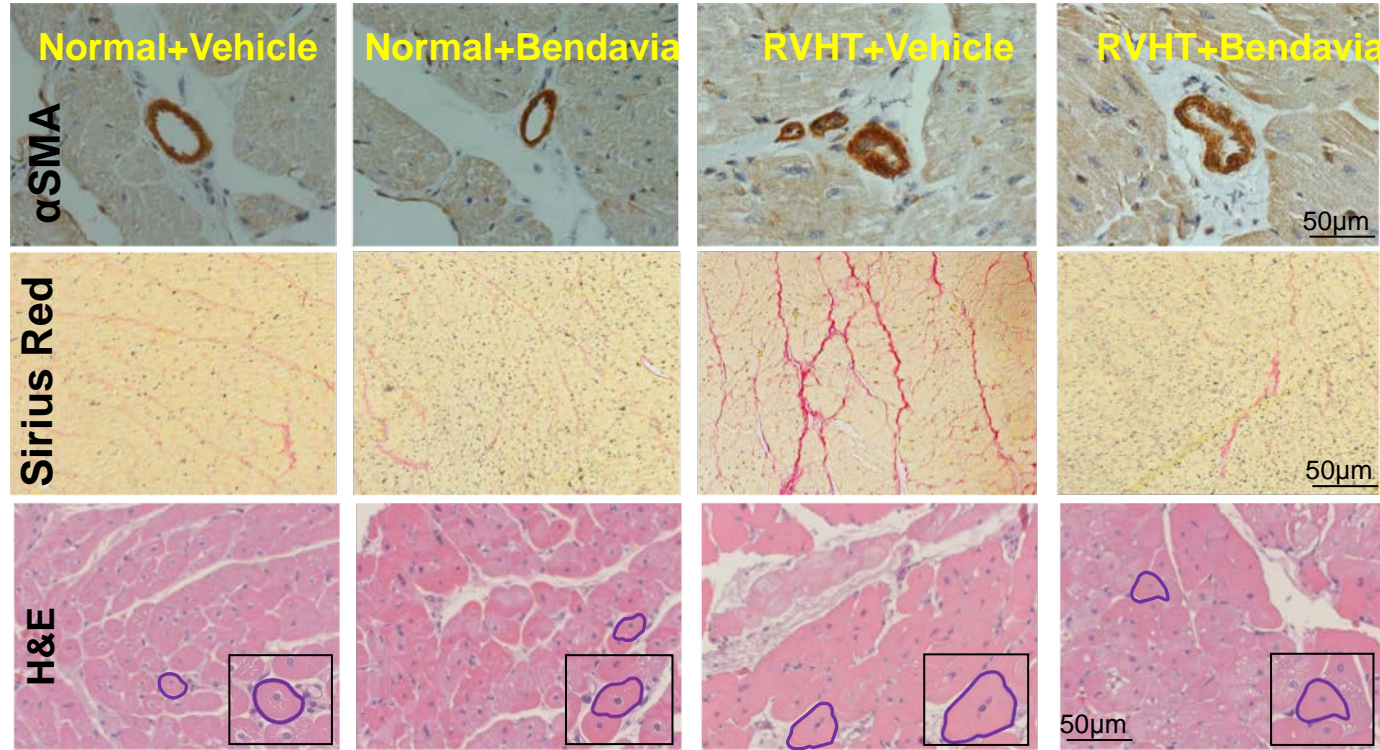
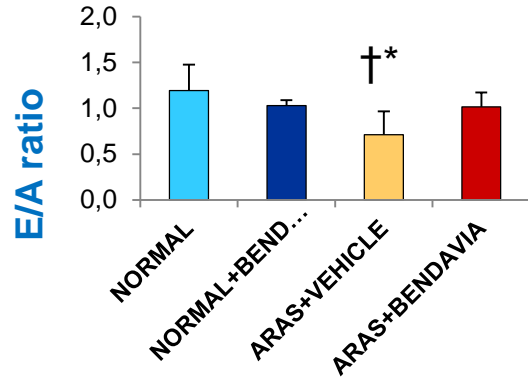


# Bendavia Decreases Stenotic Kidney Injury

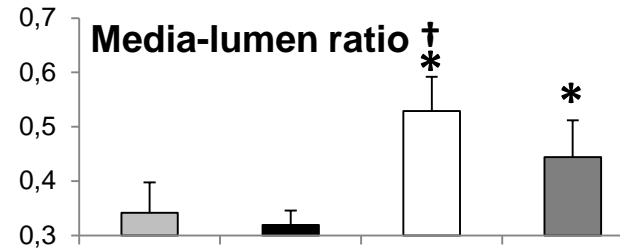


# Attenuated myocardial remodeling in renovascular hypertension (RVHT)

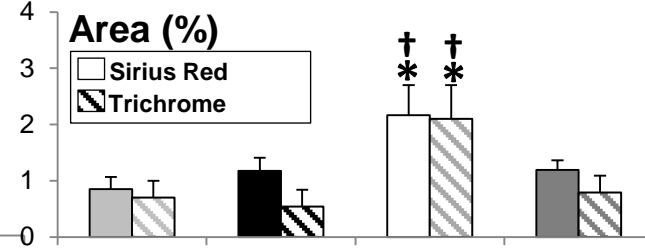
## Diastolic Function



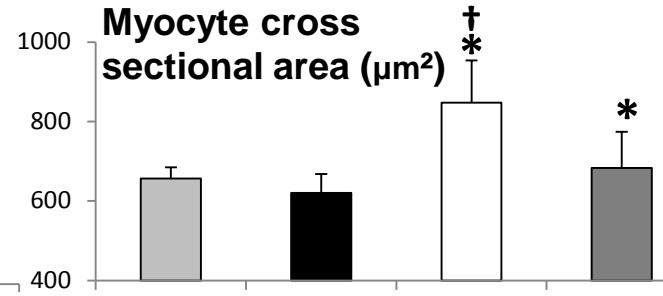
## Media-lumen ratio



## Area (%)



## Myocyte cross sectional area (µm<sup>2</sup>)



# Clinical Trials

*A Phase 2a, Randomized, Placebo-controlled, Single Center Trial to Evaluate the Impact of Intravenous Bendavia-131 on Ischemia Reperfusion Injury in Atherosclerotic Renal Artery Stenosis in Patients Undergoing Percutaneous Transluminal Angioplasty of the Renal Artery (PTRA)*

ClinicalTrials.gov Identifier: NCT01755858, IRB: 12-002947

## **EMBRACE-STEMI Study:**

*Evaluation of the Myocardial effects of Bendavia for reducing Reperfusion injury in patients with Acute Coronary Events — ST-wave Elevation Myocardial Infarction.*

*A phase 2a, randomized, double-blind, placebo-controlled trial to evaluate the safety, tolerability and efficacy of intravenous Bendavia on reperfusion injury in patients treated with standard therapy including primary percutaneous coronary intervention and stenting for ST-segment elevation myocardial infarction*

# Conclusions

- **The mitochondria are fundamental therapeutic targets in ischemia**
- **Mitochondrial-targeted peptides possess a unique potential to decrease ischemic damage in the kidney and heart**
  - ***Acute***
  - ***Chronic***

# Questions?

