



The anti-inflammatory and bronchodilating properties of the novel pharmacological compound Sul-121.

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Introduction

Chronic obstructive pulmonary disease (COPD) is characterized by airway obstruction and chronic inflammation [1]. Although most patients can be treated with (combinations of) bronchodilating agents and anti-inflammatory glucocorticosteroids, a subset of patients responds poorly to these drugs leading to increased hospitalizations [2].

Aim

In the present study, we explored the anti-inflammatory and bronchodilating properties of a novel pharmacological compound Sul-121 *in vitro* and *in vivo*.

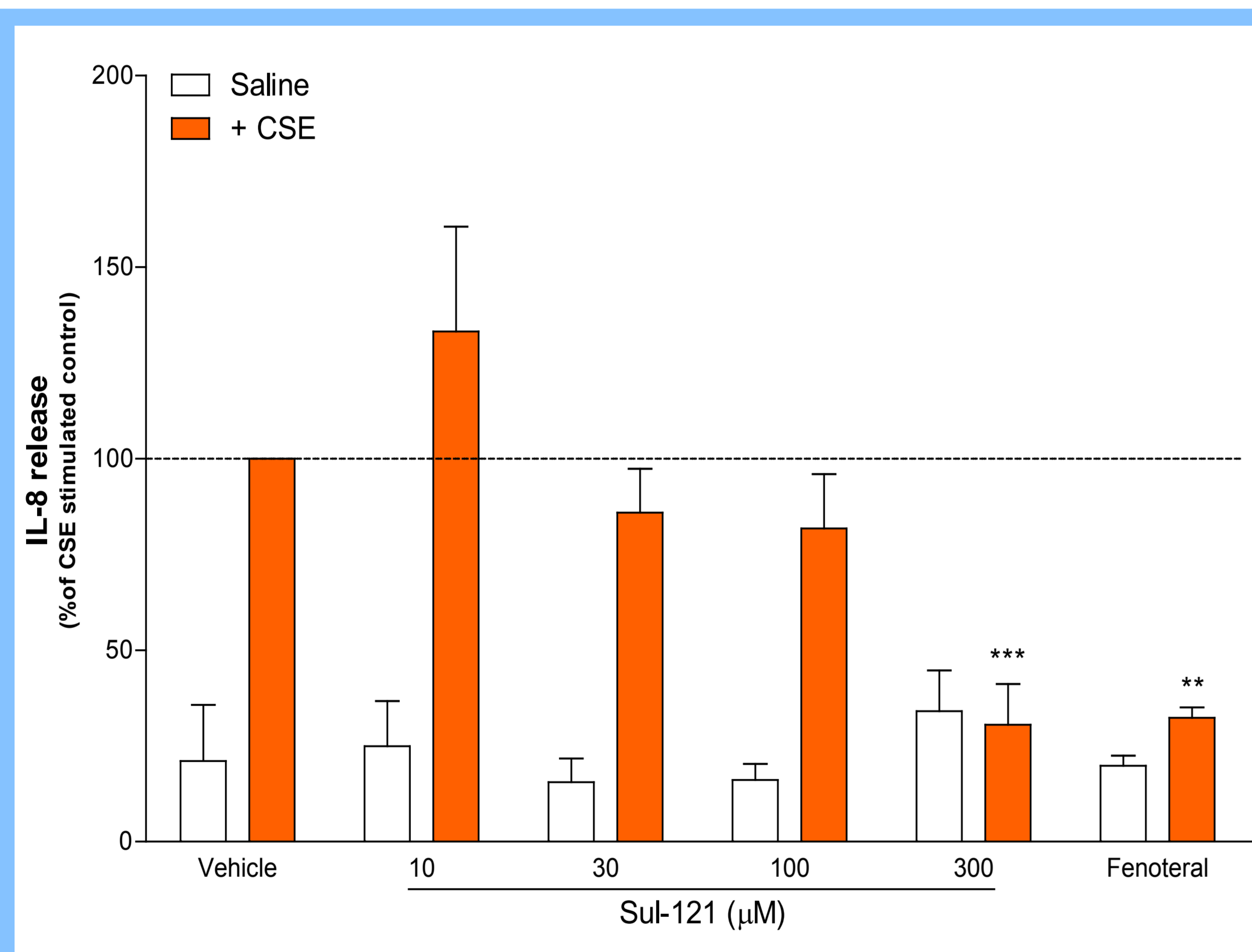


Figure 1. Sul-121 dose-dependently altered CSE-induced IL-8 release.

Cells were treated with the indicated concentrations of Sul-121 in the presence or absence of cigarette smoke extract (CSE) for 24 h. Cell supernatants were collected for IL-8 ELISA. **: $p < 0.01$, ***: $p < 0.001$, compared with CSE control. Fenoterol served as a positive control. Data represent as mean \pm SEM of $n = 6-8$.

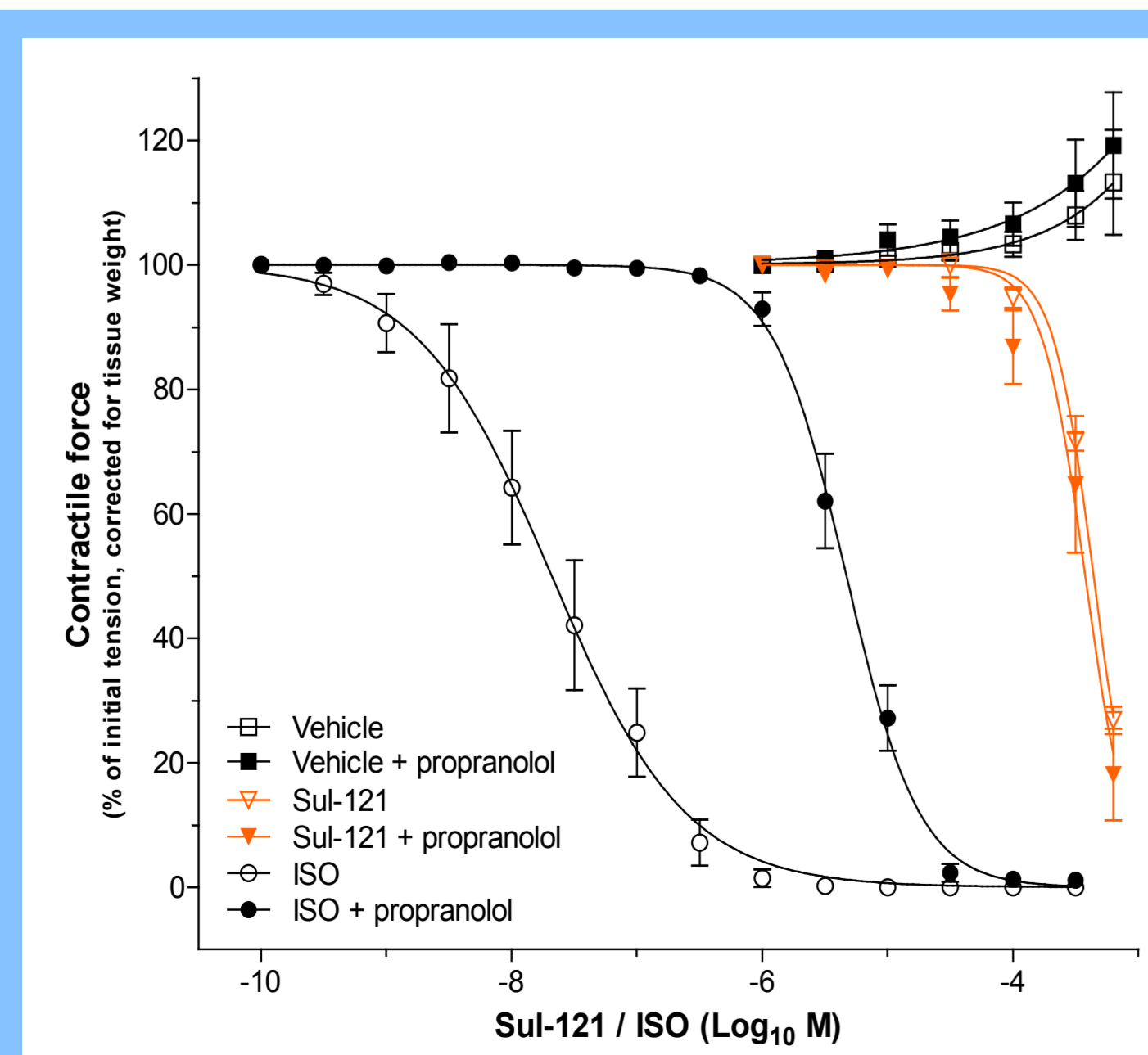


Figure 3. Sul-121 induced BTSM relaxation independent of the β_2 -adrenoreceptor.

Bovine airway smooth muscle (BTSM) strips were precontracted with methacholine (MCh, $1 \times 10^{-3.5}$ μ M). After a 30 min incubation with/without the β -adrenoreceptor antagonist propranolol (1 μ M), the indicated concentrations of Sul-121 were added to build up a accumulated dose response curve. Isoprenaline (ISO) served as the positive control. Data represent as mean \pm SEM of $n = 3$.

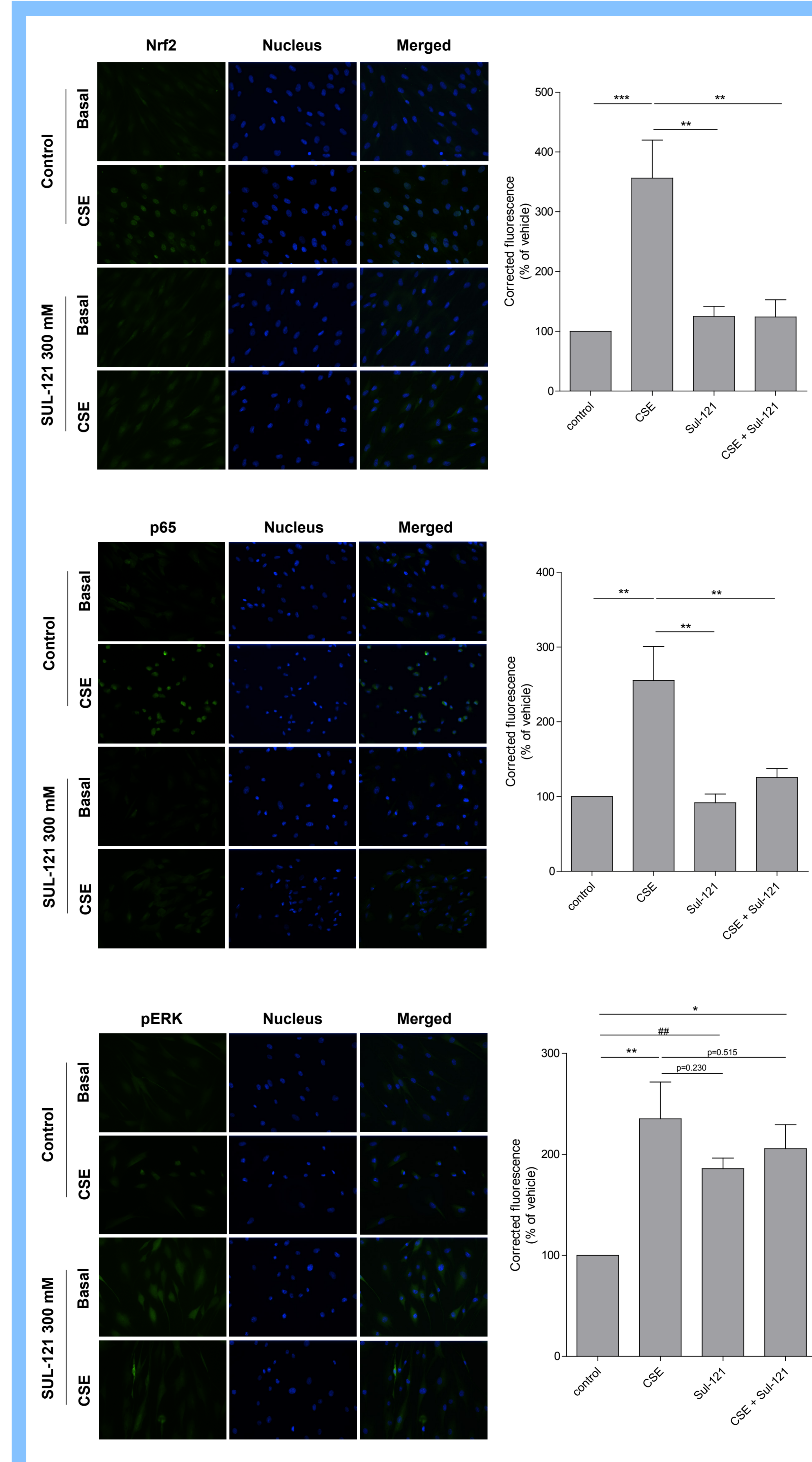


Figure 2. Sul-121 prevented CSE-induced nuclear translocation of Nrf2 and p65, without significantly affecting phospho-ERK1/2 nuclear translocation.

Cells were treated with the indicated concentrations of Sul-121 in the presence or absence of cigarette smoke extract (CSE) for 2 h. Cells were fixed for immunofluorescence of Nrf2, p65 or pERK. The corrected fluorescence was acquired by using ImageJ 1.48v. *: $p < 0.05$, **: $p < 0.01$, ***: $p < 0.001$, One way ANOVA with Bonferroni post hoc test. #: $p < 0.01$, $p = 0.515$, $p = 0.230$, T test. Data represent as mean \pm SEM of $n = 4-5$.

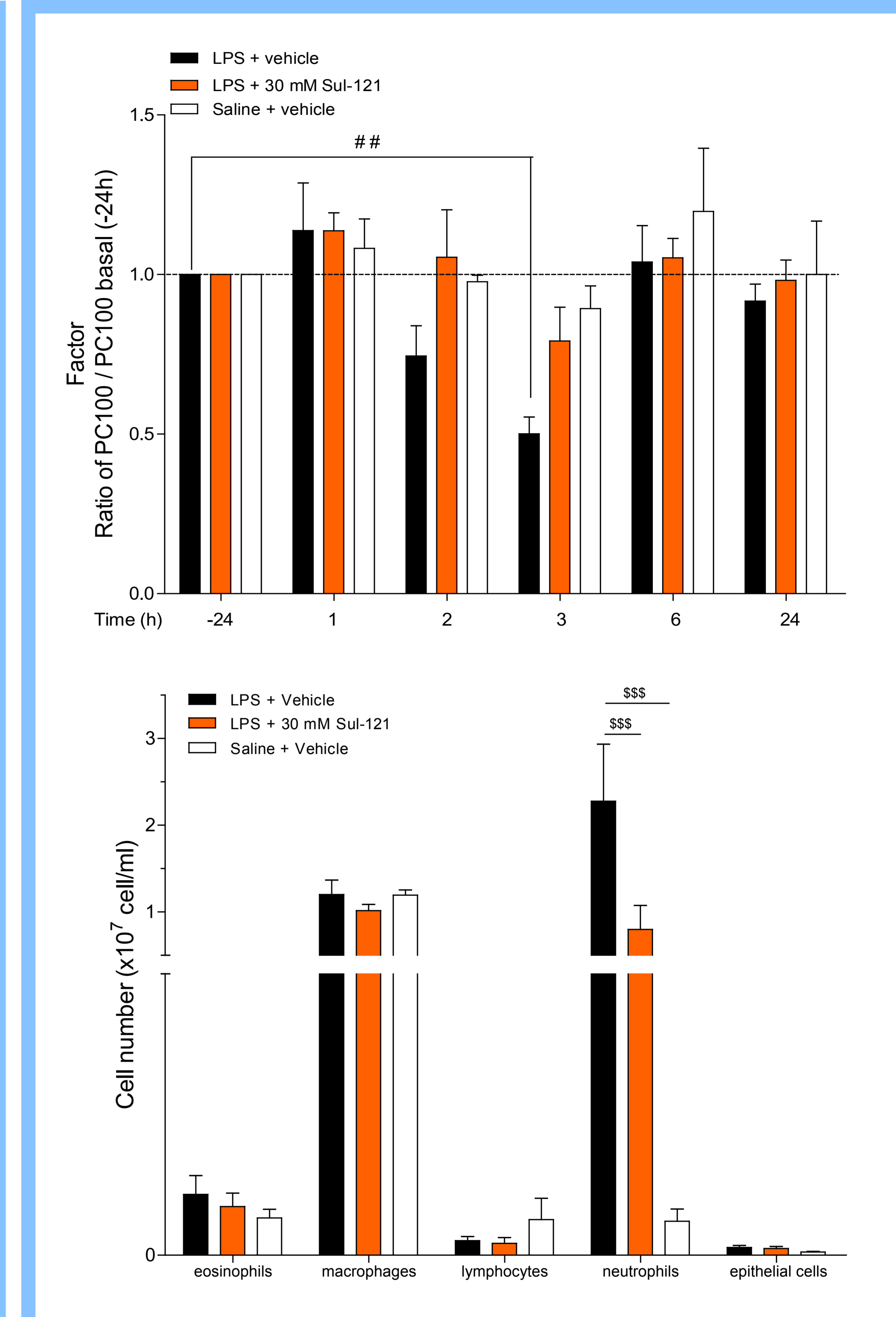


Figure 4. Sul-121 prevented LPS-induced airway hyperresponsiveness as well as BAL neutrophilia in a guinea pig model of acute LPS-induced COPD.

(A) Airway responsiveness to inhaled histamine was assessed as PC100 (provocative concentration causing a 100% increase in pleural pressure). Data were expressed as PC100 factor (ratio of PC100 / PC100 basal). (B) BAL leukocytes counting. With 2 way ANOVA, LPS + Vehicle treatment is significantly different from the other groups in PC100 factor. #: $p < 0.01$, 1 way ANOVA with repeated measurement. \$\$\$: $p < 0.001$, 2 way ANOVA with Bonferroni post-tests. Data represent as mean \pm SEM, $n = 3-7$.

Conclusion

Our data show that Sul-121 has both anti-inflammatory and (non-receptor mediated) bronchodilating properties *in vitro* and *in vivo*. Therefore, Sul-121 may represent a novel approach in the pharmacological treatment of COPD.

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