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**Review Article** 

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# The Therapeutic Potential of DNA Aptamer for Dialysis-Related Amyloidosis

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### Abstract

 $\beta_2$ m is a precursor protein of the dialysis-related amyloidosis (DRA) and  $\beta_2$ m lacking the N-terminal six residues of the mature protein ( $\Delta N6\beta_2$ m) is a one of amyloidogenic variant of  $\beta_2$ m. In the previous study, we had showed an unfolding in the C-terminal of  $\Delta N6\beta_2$ m using the specific monoclonal antibody for  $\Delta N6\beta_2$ m. We had also reported firstly an aptamer specific for  $\Delta N6\beta_2$ m.  $\Delta N6\beta_2$ m-aptamers specifically and tightly bound to  $\Delta N6\beta_2$ m and inhibited fibril formation. These results suggest the potential of  $\Delta N6\beta_2$ m-aptamers as reagents for therapeutic tools to prevent amyloid deposits in dialysis patients.

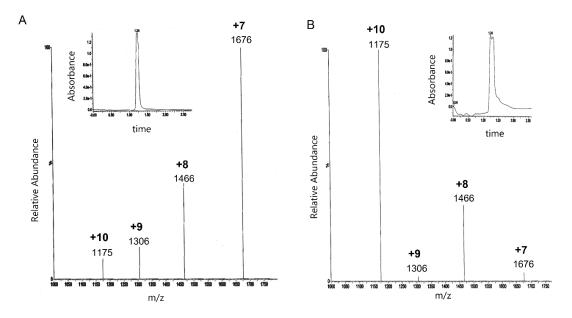
Keywords: dialysis-related amyloidosis; 82-microglobulin; aptamer

## Introduction

Amyloidosis is a misfolding disease of protein [1]. Every protein function adequately by taking eventually normal three-dimensional structure via folding process consisting of several intermediate molecules with partially unfolded structure [2]. Occasionally, a misfolded molecule which cannot refold into normal conformer in physiological condition happen to emerge among these intermediate molecules. A misfolded molecule is likely to aggregate each other and form amyloid fibril. B2m is a precursor protein in the DRA [3]. In 1997, Stoppinni and Bellotti had reported that the C-terminal region from 92IIe-99Met in amyloid  $\beta_2 m$  was completely unfolded [4]. Based upon their study, we have developed a monoclonal antibody specific for that region, i.e, mAb92-99 and proposed "β<sub>2</sub>m shuttle hypothesis" as an underlying mechanism of the DRA [5, 6]. Using this mAb92-99, we had proved the C-terminal unfolding in  $\Delta N6\beta_2 m$  which was amyloidogenic variant of  $\beta_2 m$  and lacking N-terminal 6 amino acids [7]. In addition, we also confirmed the C-terminal unfolding in another type of amyloid ß2m variant, Asp76Asn, reported by Valleix et al. [8]. Thus, we considered that the C-terminal complete unfolding must be common feature in amyloid  $\beta_2$ m. So, next, we have firstly explored an oligonucleotide-based aptamer specific for  $\Delta N6\beta_2$ m ( $\Delta N6\beta_2$ m-aptamer) [9]. We described here again characteristics and specificity of our  $\Delta N6\beta_2$ m-aptamer.

### 1. ΔN6β<sub>2</sub>m and mAb92-99.

 $β_{2m}$  variant lacking N-terminal 6 amino acids,  $\Delta N6β_{2m}$ , had firstly found in amyloid tissue reported by Gejyo et al. in 1984 [10] and its high amyloidogenicity have been eventually proved by Esposito et al. in 2000 [11]. We had also demonstrated its unique structure profile differing from normal counterpart [11, 12] (Figure. 1). Meanwhile, we have demonstrated that our monoclonal antibody specific for the C-terminal region from 92Ile to 99Met, mAb92-99, exclusively reacted with  $\Delta N6\beta_{2m}$ [7] (Figure. 2).



**Figure 1: LC–MS analysis of \beta\_2m. (A) standard \beta\_2m (purified from human urine, Sigma) (B) \Delta N6\beta\_2m (in-house).** Peak heights are reported as relative abundance, setting as 100 % the height of peak (A) and (B), respectively. (adapted from ref.12)

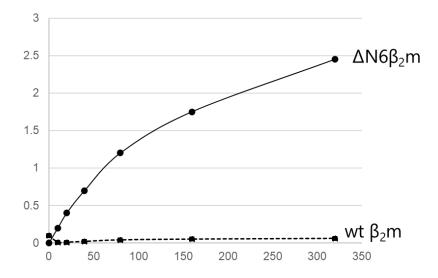


Figure 2: A sandwich ELISA of monoclonal antibody specific for the C-terminal region from 92Ile to 99Met, mAb92-99 (adapted from ref.7)

# 2. Aptamer vs $\Delta N6\beta_2 m$

Binding affinity of the  $\Delta N6\beta_2m$ -aptamer with  $\Delta N6\beta_2m$  was confirmed by biolayer interferometry analysis. As previously reported, the aptamer

showed high affinity with  $\Delta N6\beta_2m$  (Kd 23~55nM) and no reaction with normal  $\beta_2m$  on the other hand (Figure. 3)

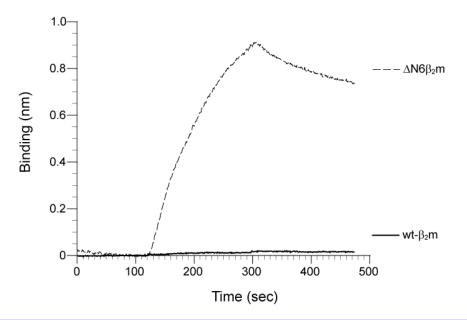


Figure 3: Binding affinity of  $\Delta N6\beta_2m$ -aptamer. Binding sensorgrams of  $\Delta N6\beta_2m$ -aptamer to immobilized  $\Delta N6\beta_2m$  and wt- $\beta_2m$ . The  $\Delta N6\beta_2m$ -aptamer were injected onto the sensor chip-immobilized  $\Delta N6\beta_2m$  (dashed lines) or wt- $\beta_2m$  (solid lines) at a concentration of 10 nM (adapted from ref.9).

#### 3. Inhibition on amyloidogenesis

In addition, the  $\Delta N6\beta_2$ m-aptamer inhibited fibril formation in a dosedependent manner, as assessed by Thioflavin T fluorescence assay (Figure. 4A). Fibrils formed from  $\Delta N6\beta_{2m}$  bind to Congo red, displaying changes in the absorbance spectrum of the dye characteristic of binding to amyloid fibrils, which was completely blocked by treatment with  $\Delta N6\beta_{2m}$ -aptamer (Figure. 4B).

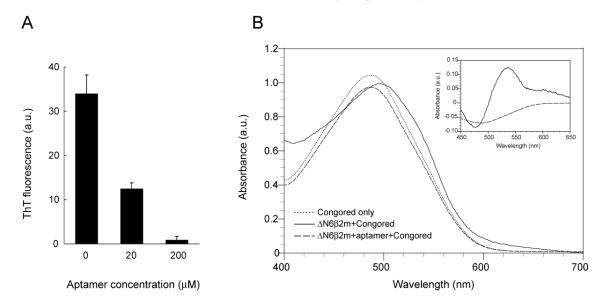
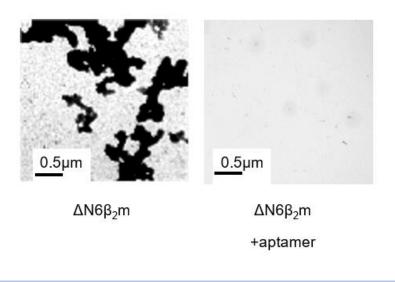


Figure 4: Effect of  $\Delta N6\beta_{2m}$ -aptamer on  $\Delta N6\beta_{2m}$  fibrillogenesis. (A) Fibril formation monitored by ThT fluorescence.  $\Delta N6\beta_{2m}$  (40 µM) was incubated in the absence or presence of 20 or 200 µM clone #8 aptamer for 2 weeks. (B) Absorbance spectrum of Congo red bound to  $\Delta N6\beta_{2m}$  fibrils formed in the presence or absence of  $\Delta N6\beta_{2m}$ -aptamer. Congo red alone (dotted line),  $\Delta N6\beta_{2m}$  without aptamer (solid line), and  $\Delta N6\beta_{2m}$  with aptamer (dashed line). The inset shows the difference spectrum ((Congo red + protein) - (Congo red alone)) for  $\Delta N6\beta_{2m}$  without aptamer (solid line) and  $\Delta N6\beta_{2m}$  with aptamer (dashed line). (adapted from ref.9)

## 4. Blocking effect on fibrillogenesis

In previous [9], we had showed macroscopic evidence of blocking on amyloid fibril formation by  $\Delta N6\beta_2m$ . We showed herein electroscopic proof of blocking effect of the  $\Delta N6\beta_2m$ -aptamer on fibrillogenesis as well. (Figure 5)



# **Figure 5:** Fibrillogenesis $\Delta N6\beta_2 m$ followed by electron microscopy. $\Delta N6\beta_2 m$ (50 µM) was incubated for one week at 37°C in the absence (right) or presence of $\Delta N6\beta_2 m$ -aptamer (50 µM) (left).

Current studies with highly sophisticated technology revealed undoubtedly that  $\Delta N6\beta_2 m$  was a model molecule of amyloid  $\beta_2 m$  [10,11]. Our monoclonal antibody, mAb92-99, also reacted with another type of amyloid  $\beta_2 m$ , Asp76Asn variant  $\beta_2$ -microglobin [8], as well as  $\Delta N6\beta_2 m$ . Accordingly, we reasoned that a C-terminal complete unfolding was common feature with amyloid  $\beta_2 m$ . In addition, we considered that the C-terminal unfolding brings about irreversible conformational change on  $\beta_2 m$  molecule.

Nucleic acid aptamers are short single-stranded oligonucleotides that can bind to various kinds of target proteins like antibodies, which are selected by systemic evolution of ligands by exponential enrichment [13, 14]. Compared with neutralizing antibodies, aptamers are more easily prepared and could more efficiently penetrate various tissues with less immunogenicity and more thermal stability [13, 14]. Its advantages over antibodies for blocking target proteins make nucleic acid aptamers a very attractive tool for in vivo-therapeutic application. Indeed, pegaptanib (Macugen), an RNA-aptamer raised against vascular endothelial growth factor165, has already been approved by the U.S. Food and Drug Administration for the treatment of the wet type of age-related macular degeneration, while several types of aptamers directed against coagulation systems have undergone clinical trials [14].

Recently, we reported that DNA-aptamer directed against advanced glycation end products (AGEs) inhibited the binding of AGEs to its receptor (RAGE) and attenuated renal injury in obese type 2 diabetic mice [15, 16]. In addition, we have also found that the DNA aptamer raised against RAGE significantly blocks the binding AGEs, senescent macroprotein derivatives formed at an accelerated rate under diabetes, to RAGE and resultantly attenuates development and progression of experimental diabetic nephropathy, melanoma growth and metastasis, and renal and muscle injuries in animal models of chronic kidney disease [17–20]. These findings suggest that aptamers may be a therapeutic tool in the prevention of AGE–RAGE-related disorders.

As previously reported, our aptamer functioned analogous to mAb92-99, suggesting a possible inhibiting action on fibril formation by amyloid  $\beta_{2m}$  [9]. Actually, as shown in Fig 5,  $\Delta N6\beta_{2m}$ -aptamer also showed definite inhibition on fibrillogenesis with electromicroscopic study as well as previous macroscopic study. Although a variety of aptamer have been developed since systematic evolution of ligands by exponential enrichment (SELEX) methodology had been established, their clinical

application remains to be challenging. However, we believe an aptamer for amyloid  $\beta_2 m$  might be most possible therapeutic option for the DRA.

## Conclusion

The role of  $\Delta N6\beta_{2m}$  in DRA is not currently understood. Although  $\Delta N6\beta_{2m}$  is present in the amyloid deposits found in patients with DRA, it remains unknown whether the N-terminal truncation of  $\beta_{2m}$  occurs preor post-fibril formation.  $\Delta N6\beta_{2m}$ -aptamer may be useful as an analytical probe to derive greater clarity in understanding the early stages of  $\beta_{2m}$  and  $\Delta N6\beta_{2m}$  co-assembly into amyloid.

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