A comparison of compounds with claimed anti-fibrotic activity in two novel human primary cell based assays using IPF derived patient material

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Background and study aim

Transition of fibroblasts into myofibroblasts (FMT) and of epithelial cells into mesenchymal cells (EMT) plays an essential role in fibrotic diseases, such as idiopathic pulmonary fibrosis (IPF), leading to excessive synthesis and deposition of extracellular matrix. In this study we aimed to establish and characterize two robust primary human cell based assays to assess the translational potential of small molecules with potential as novel therapies for IPF. Primary human bronchial fibroblasts or epithelial cells, derived from IPF donors, were isolated and used to establish FMT and EMT assay respectively using TGF-β1 as stimulus and alpha-smooth muscle actin (αSMA) or fibronectin (FN) as markers for transdifferentiation. The disease-relevant marker procollagen I N-terminal propeptide (PINP), a measure of collagen I, was measured in the FMT assay. The assays were validated by comparing small molecules which displayed a range of efficacies in clinical trials for fibrosis, including some which failed to demonstrate clinical benefit. Several compounds showed a clear dose-dependent inhibition of TGF-β1-induced αSMA, FN and PINP in IPF donors.

FMT and EMT transition assay

The FMT and EMT transition assays were established by isolation of primary human bronchial fibroblasts and lung epithelial cells derived from IPF patients (n=7). The isolated cells were plated in 96-well format and stimulated with TGF-β1 in combination with 1 µM SB525334 treated cells. Exposure to the ALK5 inhibitor SB525334 completely inhibited TGF-β1 stimulated marker expression. An average assay window [signal TGFβ1/signal TGFβ1 + SB525334] of 15 for FMT and 12 for EMT was observed. (B, D) An 8-point SB525334 concentration response curve demonstrates submicromolar potency in FMT (B) and EMT (D) transition assays.

Assay performance

Figure 3. Performance of the FMT (A and B) and EMT (C and D) assays as measured by the reference compound SB525334. A, C non-stimulated, TGF-β1 and TGF-β1 in combination with 1 µM SB525334 treated cells. Exposure to the ALK5 inhibitor SB525334 completely inhibited TGF-β1 stimulated marker expression. An average assay window (signal TGFβ1/signal TGFβ1+SB525334) of 15 for FMT and 12 for EMT was observed. (B, D) An 8-point SB525334 concentration response curve demonstrates submicromolar potency in FMT (B) and EMT (D) transition assays.

CRC of compounds in FMT and EMT

Figure 4. Example 8-point concentration response curves in FMT (A-C) and EMT (D-F) assays. Both Nintedanib and GSK2126458 demonstrated a dose-dependent reduction in TGF-β1-induced αSMA and FN expression. Cell loss was observed in GSK2126458 and to a lesser extent in Nintedanib-treated cells. No effect on αSMA and FN expression or cell loss was observed with Pirfenidone.

PINP compound CRC in FMT

Figure 5. Example PINP concentration response curves for tested molecules. PINP was assessed by ELISA. The ALK5 inhibitor SB525334 (A) was included as positive control. Nintedanib (B) and GSK2126458 (C) provided the clearest effect resulting in significantly decreased PINP levels (P<0.05) in response to 320 nM or higher dosages. By contrast, no effect of Pirfenidone (D) was detected. Changes in PINP levels were evaluated by Kruskal-Wallis test.

Compound potency in FMT and EMT

Figure 6. Correlation plot showing small molecule potencies in FMT and EMT assays as measured by αSMA and FN expression. IC50 values represent the average of 7 IPF donors. Error bars indicate the standard deviation. No IC50 values could be determined for Azathioprine and Pirfenidone in either assay.

Conclusions

Several compounds show clear dose-dependent inhibition of TGFβ1-induced αSMA, FN and PINP in IPF donors. Of the compounds examined Nintedanib and GSK2126458 show the clearest efficacy, whereas Imatinib and Azathioprine showed minimal effect, matching the clinical experience. No inhibitory effect of Pirfenidone is seen. These results suggest that use of human IPF fibroblasts may be a useful translatable tool to investigate potential new drugs to treat IPF.