

EFFECT OF JNK INHIBITOR IN A RAT MODEL OF RENAL ISCHEMIA-REPERFUSION INJURY

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Introduction

- + The pathophysiology of ischemic acute kidney injury is very complex and still not completely understood.
- + Experimental models of renal ischemia reperfusion (IR) injury in rodents are widely used to study the effect of therapeutic and preventing strategies.
- + Previous studies demonstrated that the blockade of c-Jun N-terminal kinase (JNK) signaling pathway can prevent acute tubular necrosis and renal dysfunction induced by IR injury¹.

Objective

The aim of our study was to evaluate the effect of JNK inhibitor (XG-102) on kidney function and histological lesions induced by bilateral kidney IR injury in rats.

Methods

- + **Animals:** rat, Sprague-Dawley, males (9-12/group).
- + **Surgery:** bilateral kidney IR injury by clamping of renal pedicles.
- + **Study design:**

Protocol #	Ischemia	Reperfusion	XG-102 administration	
			Dose (mg/kg)	Timing
Protocol 1	40 min	24 h	2	20 min after IR
Protocol 2	40 min	48 h	8	1 h before IR
Protocol 3	40 min	72 h	8	24 h after IR

+ Experimental groups:

Group	IR	Treatment (i.v)
Sham	no	vehicle
IR	yes	vehicle
IR+XG-102	yes	XG-102

For each protocol:
 + Sham animals underwent the same surgery w/o clamping of kidney pedicles.
 + XG-102 or its vehicle (NaCl 0.9%) were administered into the tail vein.
 + 9-12 animals per group

- + **Kidney function biomarkers:** creatinine and urea using ABX Pentra 400 clinical chemical analyser.
- + **Histology:** tubular damages evaluation by score system on hematoxyline/eosin (HE) staining of kidney sections.

Conclusions

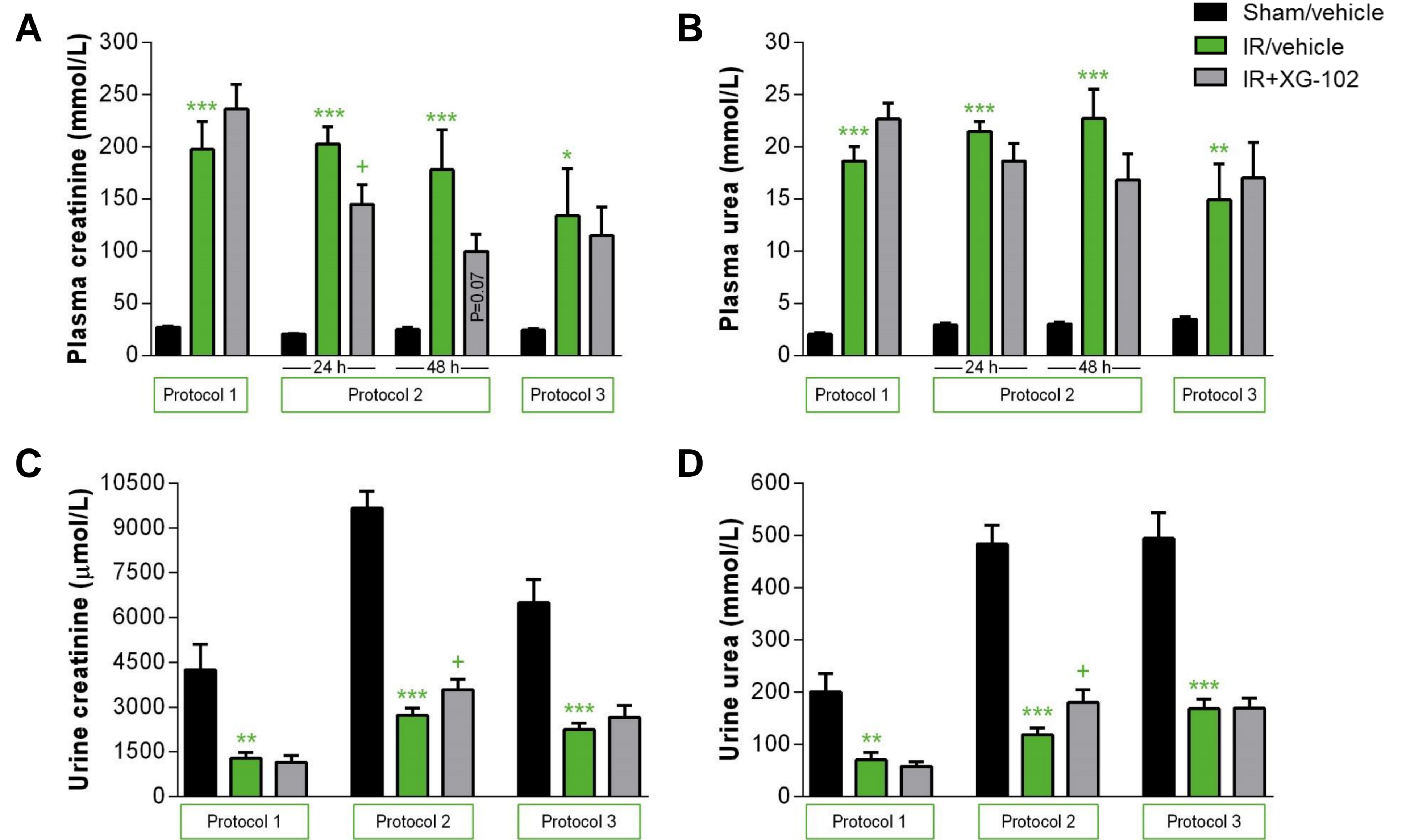
Bilateral renal IR in rats induced impaired kidney function and severe tubular damages. XG-102 administered i.v. before or after IR reversed kidney tubular lesions induced by IR injury. However, XG-102 seems to be more efficient when administered preventively (1 hour before IR; Protocol 2) showing a beneficial effect on both kidney function and tubular damages. These results suggest that JNK inhibition before IR injury can represent a pharmacological strategy to prevent acute kidney injury occurring in humans.

References

- 1) Kanellis J et al, Nephrol Dial Transplant, 25:2898-908, 2010.

Results

Effect of XG-102 on kidney function biomarkers

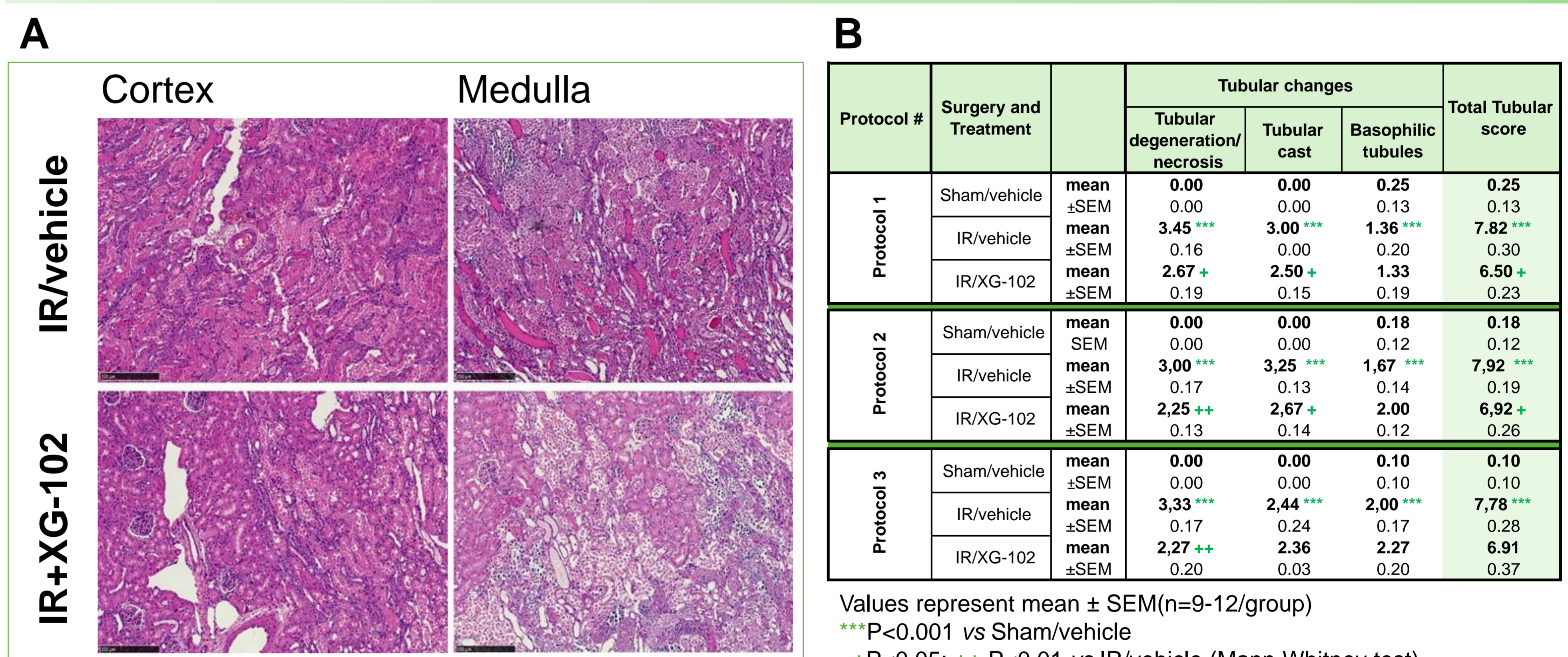


Values represent mean ± SEM (n=9-12/group)

*P<0.05; **P<0.01; ***P<0.001 vs Sham/vehicle. +P<0.05 vs IR/vehicle (unpaired t-test w or w/o Welch's correction)

- + In male SD rats, bilateral kidney IR induced:
 - + a significant increase of plasmatic creatinine (A) and urea (B);
 - + a significant decrease of urinary creatinine (C) and urea (D).
- + XG-102 administered 1 hour before ischemia (Protocol 2) significantly reduced plasma creatinine and increased creatinine and urea excretion.
- + No significant effect was observed in protocol 1 and 3.

Effect of XG-102 on tubular damages



A Representative images of HE stained kidney sections

B Quantification of tubular damages by score system

- + In male SD rats, bilateral kidney IR induced a significant increase of tubular degeneration and necrosis, tubular cast and basophilic tubules
- + XG-102 reduced the severity of tubular damages. In XG-102 treated rats, the number of tubules affected was lower and the lesions were mostly limited to the cortico-medullary junction and not extended to the superficial cortex compared to vehicle treated animals.