



Angioplasty Summit
TCTAP2010
4/29/2010

#5 Atherosclerosis "From Basic to Translational Research"

Angiogenic and Cardioprotective Therapy
for PAD and MI

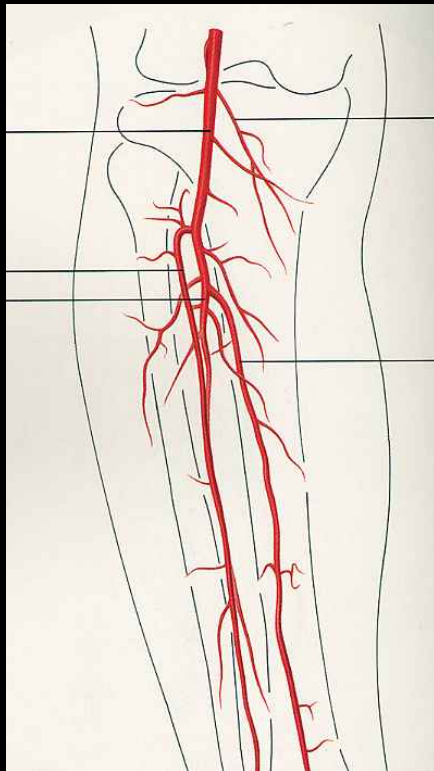
Issei Komuro, M.D.
Osaka University Graduate School of Medicine
Suita, Japan

Angiogenic Therapy for PAD

Arteriosclerosis Obliterance (ASO)



etiology - atherosclerosis
more than 2% in people
older than 65 yr
~1/2 million in Japan



schema of leg arteries

IV. HOSP
20



angiography

1 CRA 0
25mA 4.0ms

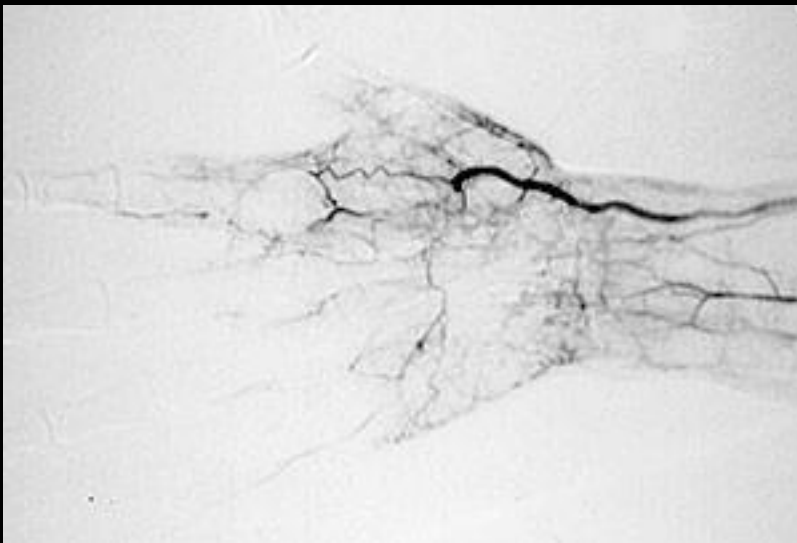
00 W250

49 /
21.40

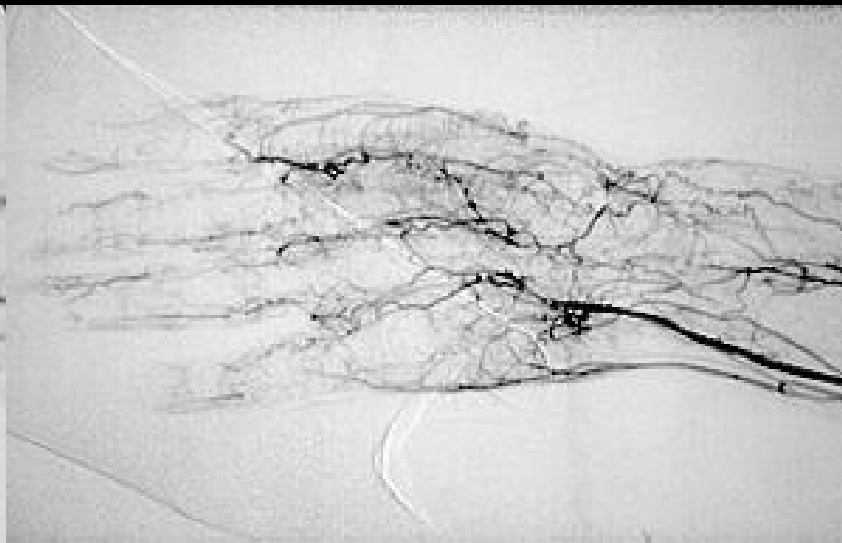
Buerger Disease (TAO)



etiology is unknown
male, smoking
several thousands patients
in Japan



TAO



normal

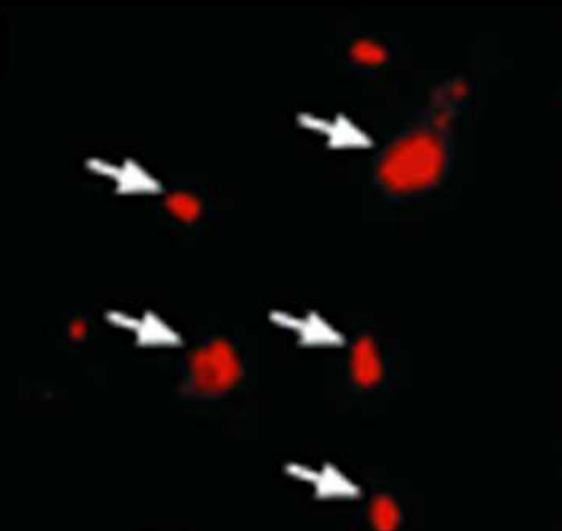
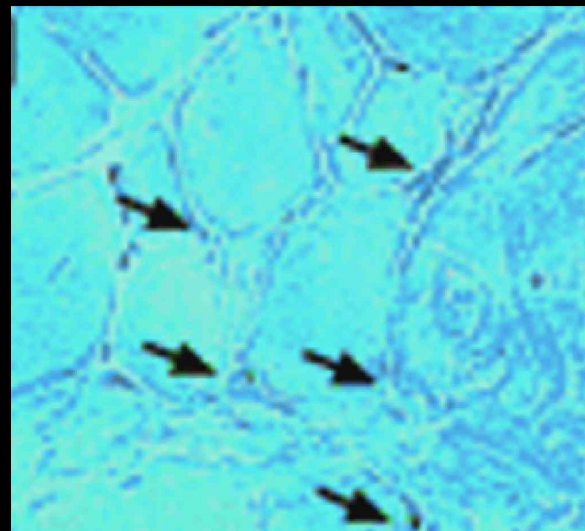
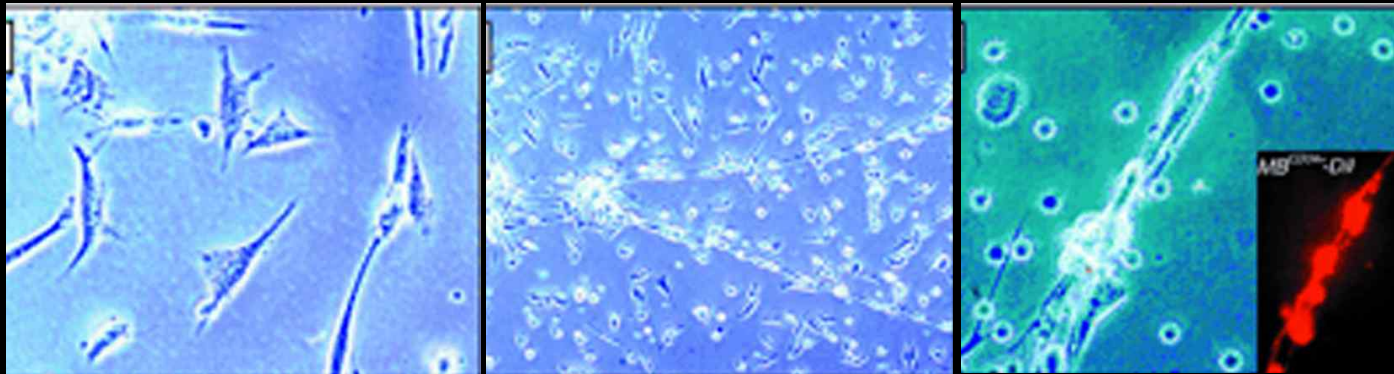
Therapeutic Angiogenesis

Table 2 Phase 2 and 3 angiogenesis trials

Trial	Therapeutic agent	Disease target	n	Endpoint	Results ^a	Reference
VIVA trial	Recombinant VEGF protein	CHD	178	ETT ^b at 60 d	Negative	97
FIRST trial	Recombinant FGF-2 protein	CHD	337	ETT at 90 d	Negative	98
TRAFFIC trial	Recombinant FGF-2 protein	PAOD	190	ETT at 90 d	Positive	99
GM-CSF trial	Recombinant GM-CSF protein	CHD	21	Invasive collateral flow index at 2 weeks	Positive	100
AGENT trial	Adenovirus-FGF-4	CHD	79	ETT at 4 weeks	Positive ^c	101
VEGF peripheral vascular disease trial	Adenovirus-VEGF ₁₆₅ Plasmid/liposome VEGF ₁₆₅	PAOD	54	Increased vascularity in angiography at 3 months	Positive	102
KAT trial	Adenovirus-VEGF ₁₆₅ Plasmid/liposome VEGF ₁₆₅	CHD	103	Improved myocardial perfusion at 6 months	Positive (adenovirus group only)	103
REVASC trial (Biobypass-CAD)	Adenovirus-VEGF ₁₂₁	CHD	67	Time to 1 mm ST segment depression on ETT at 26 weeks	Positive	104
RAVE trial (Biobypass-PAD)	Adenovirus VEGF ₁₂₁	PAOD	105	Peak walking time at 12 weeks	Negative	105
Euroinject One Trial	Plasmid VEGF ₁₆₅	CHD	74	Improved myocardial perfusion at 3 months	Negative ^d	106

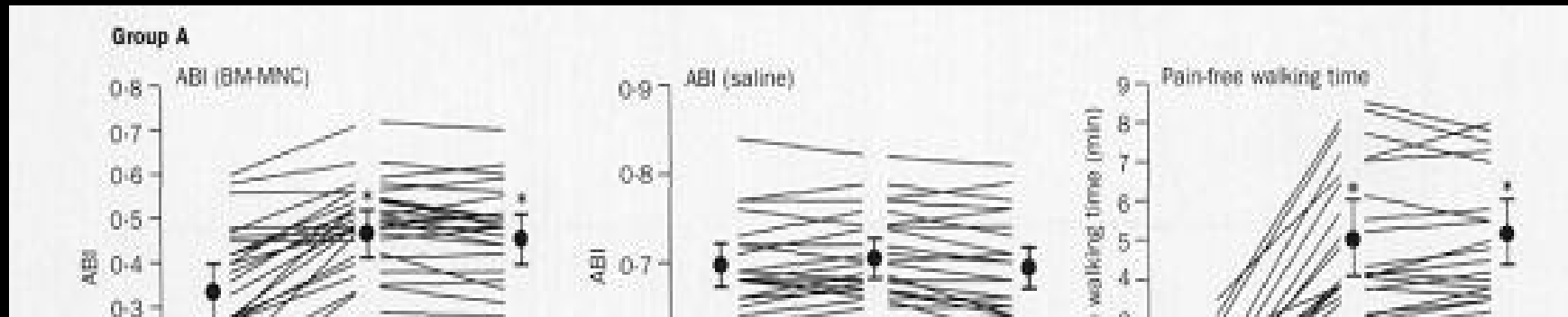
CHD, coronary heart disease; PAOD, peripheral vascular disease. ^aEfficacy measured as the study protocol-defined primary or secondary endpoint. ^bETT, exercise tolerance test. ^cOnly one dose-group showed positive results. ^dPositive results were obtained after excluding results from two of the six study centers where patient recruitment might have been a confounding issue.

Endothelial progenitor cells (EPC)

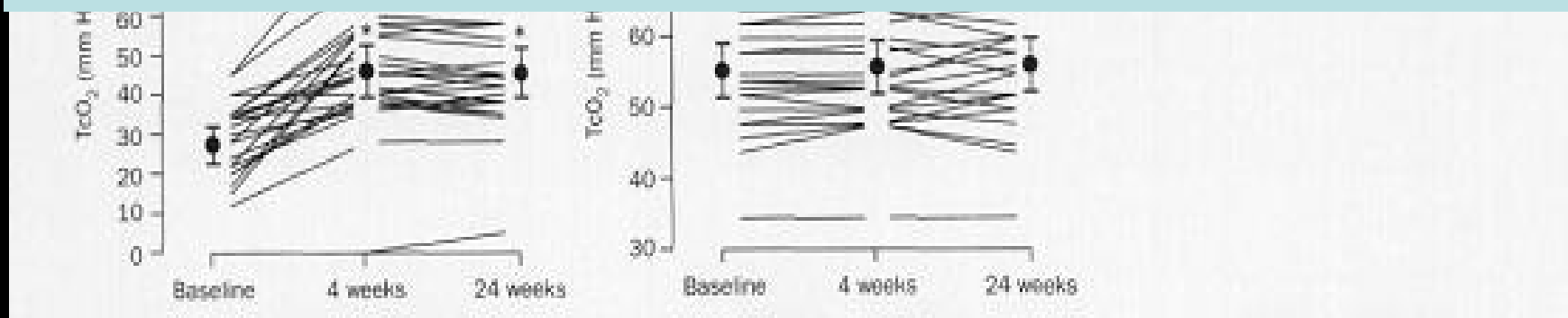


EPC is produced in bone marrow

Results of clinical trial using BM-MNC

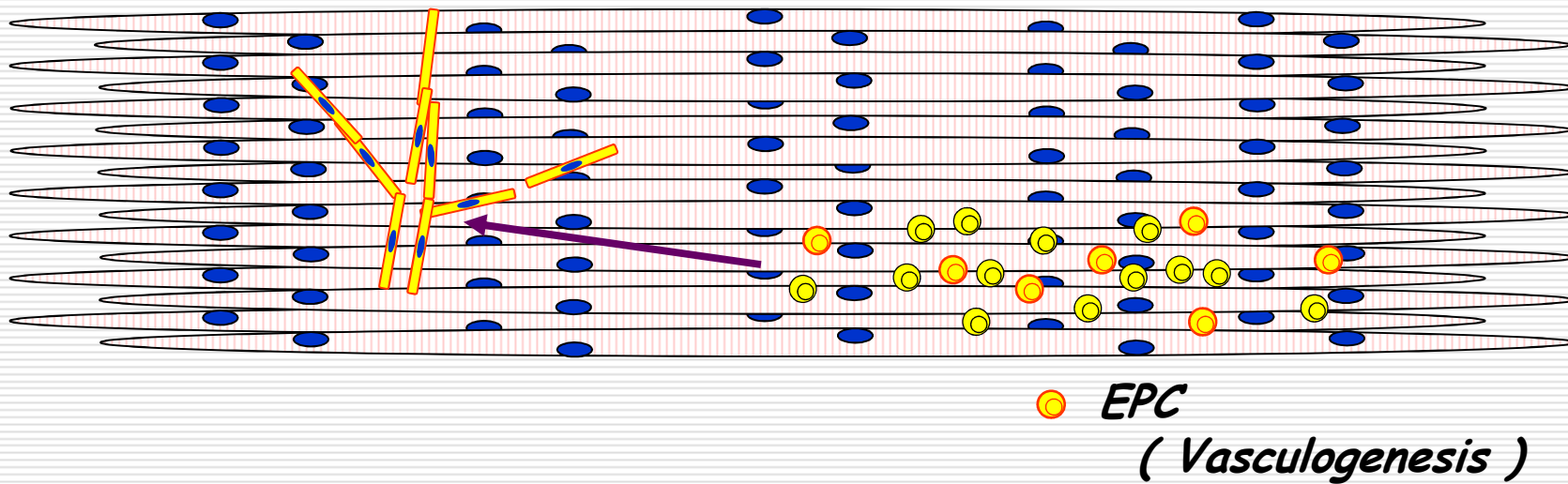


BM-MNC implantation improves ABI, pain free walking distance, tissue O₂ and ulcers.

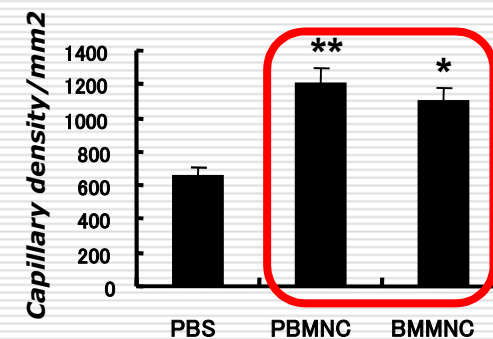
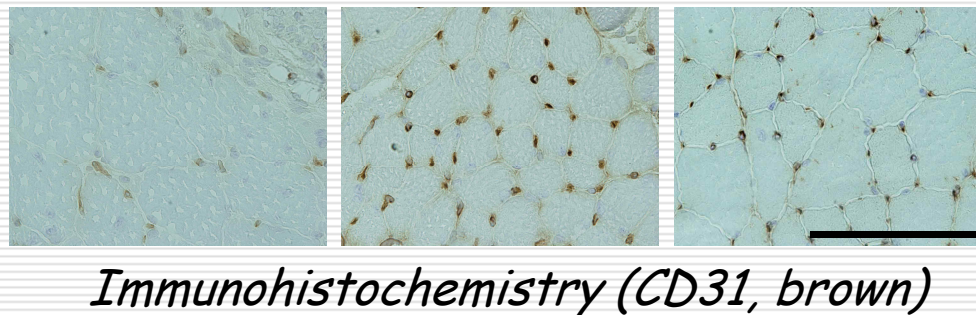
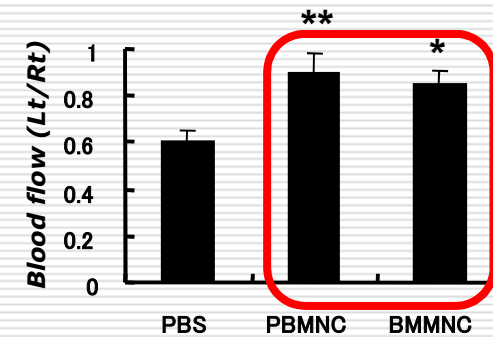
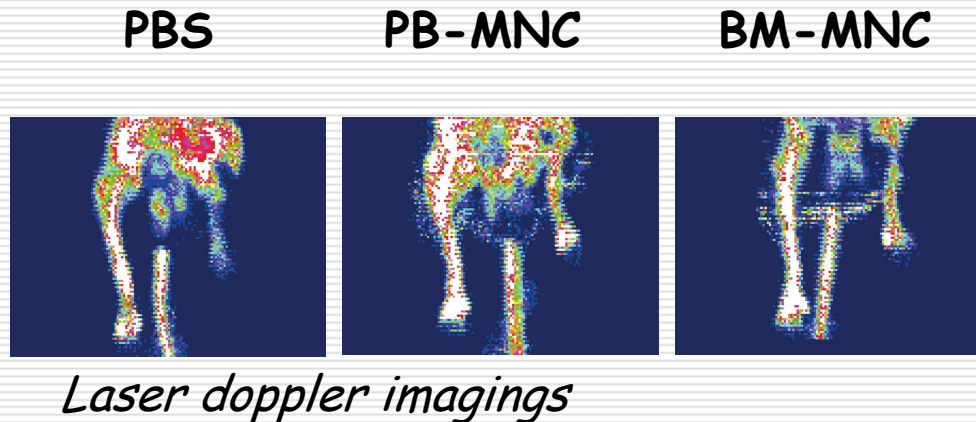


Hypothesis 1

Vasculogenesis by EPC



Neovascular formation is induced by PB-MNC as well as BM-MNC



Although # of EPC is 1/100 in PB compared with in BM, the effects are same!

Collect PB-MNC by cell sorter



PB-MNC therapy is better than BM-MNC therapy

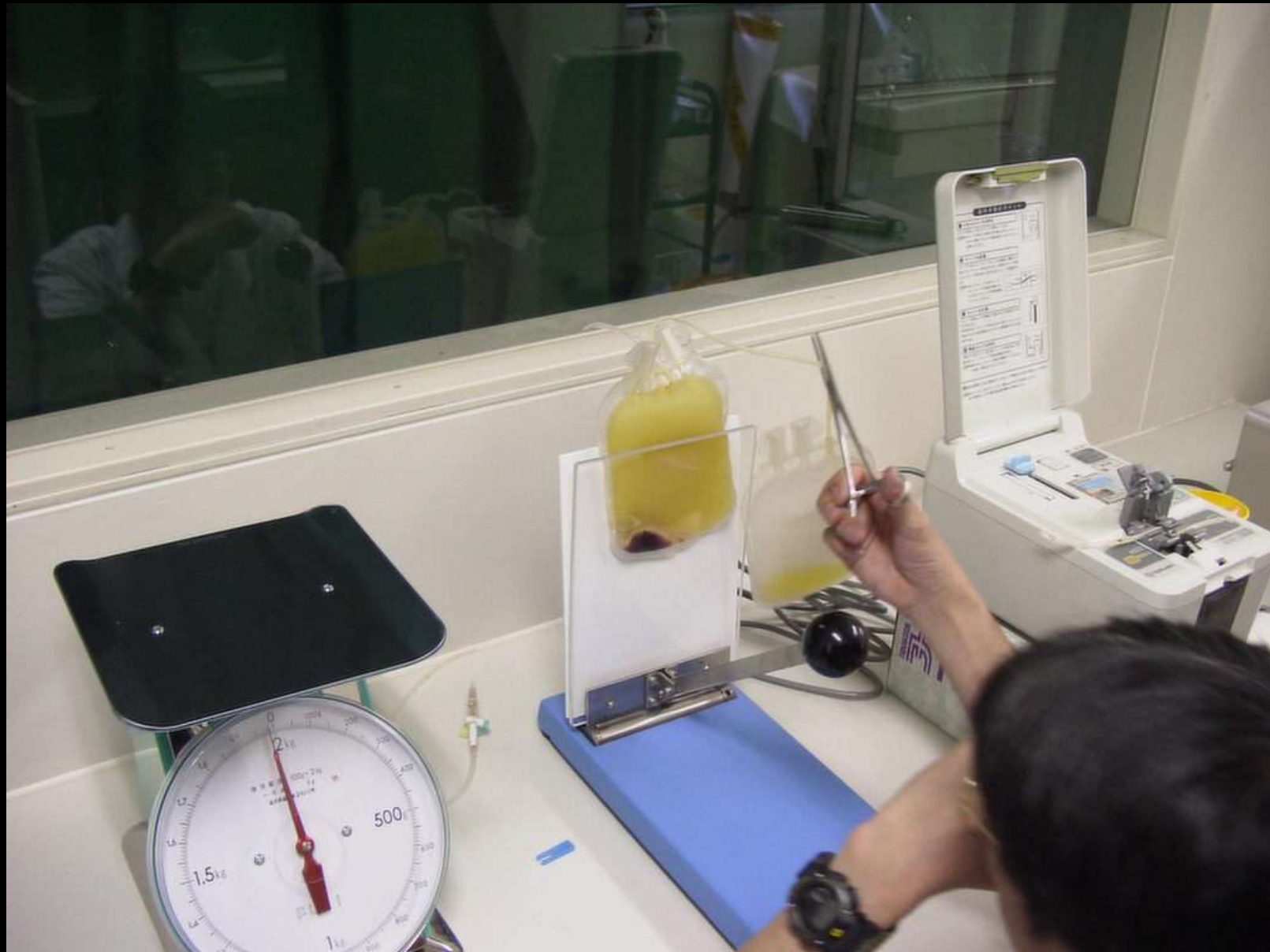
**1 less risk
1/2 ASO Pts have CAD**

**no general anesthesia
no bone marrow aspiration**

**2 no anemia
800ml BM vs 10ml blood**

**3 less expensive
\$5000 vs \$0**

Collect PB-MNC by centrifugation



Injection of PB-MNC into ischemic skeletal muscle



Case1 70F, ASO

Before



After
PB-MNC
implant



Minamino et al. Lancet 2002

Case2 67M, TAO

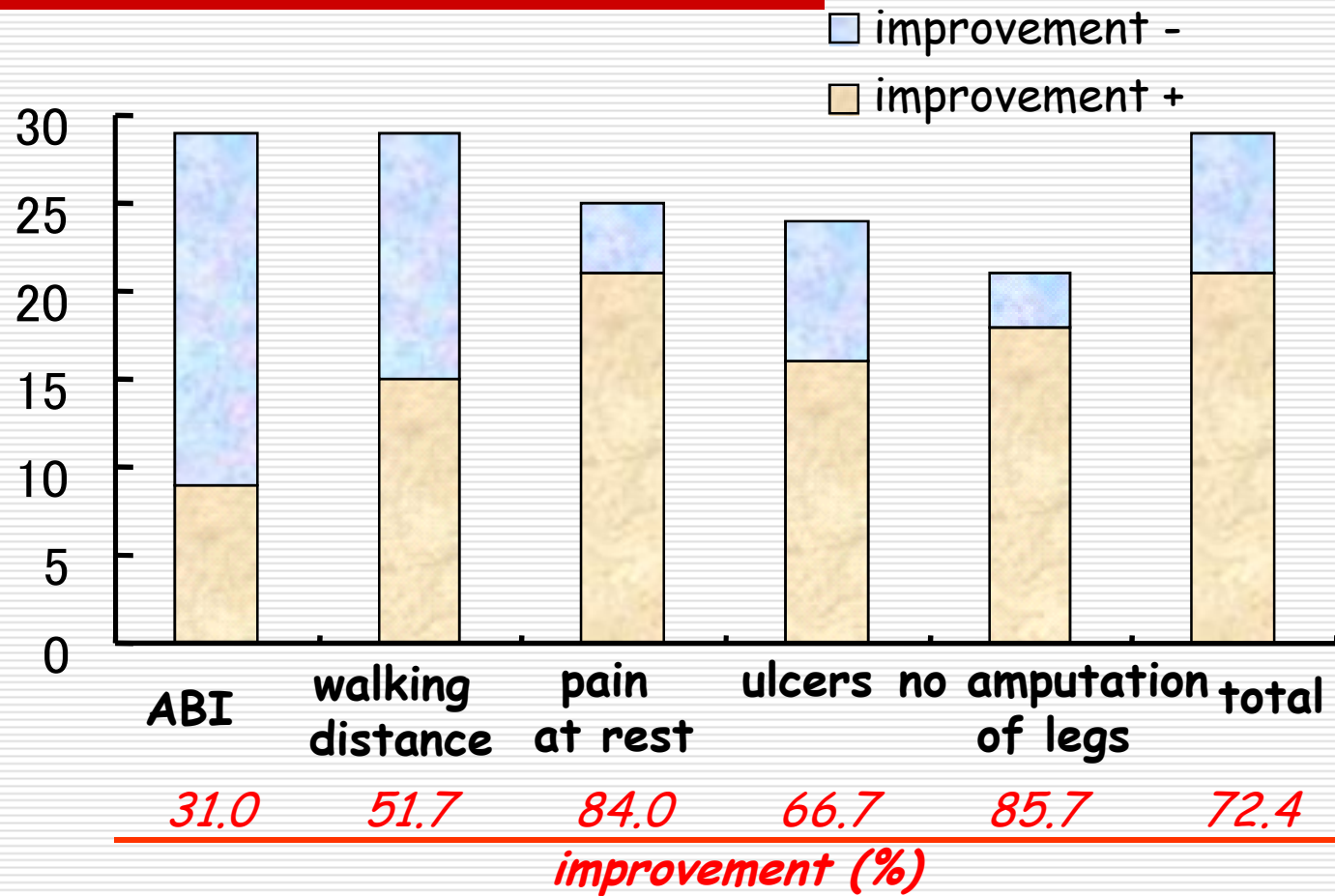
Before



After
Implant
of
PB-MNC

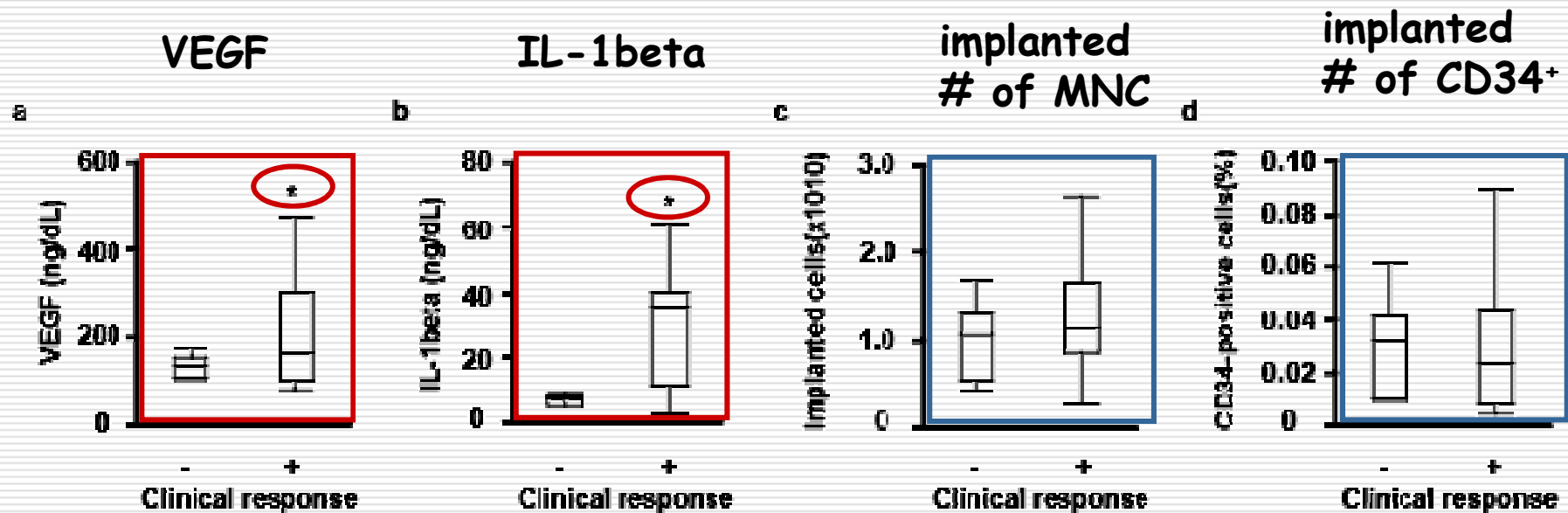


Results of PB-MNC implantation

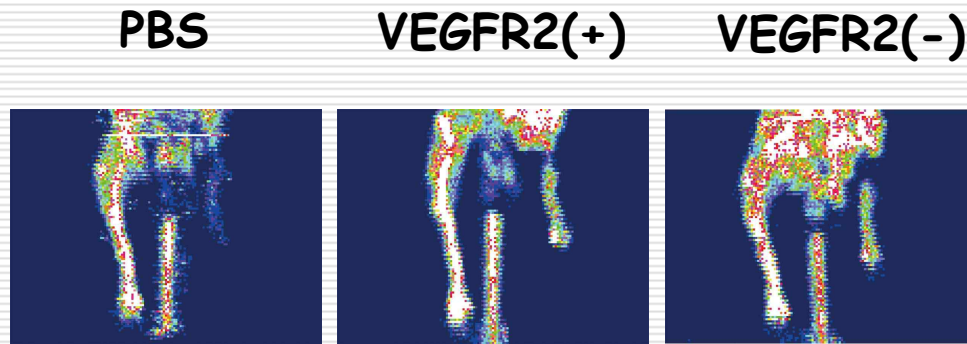


Clinical parameters

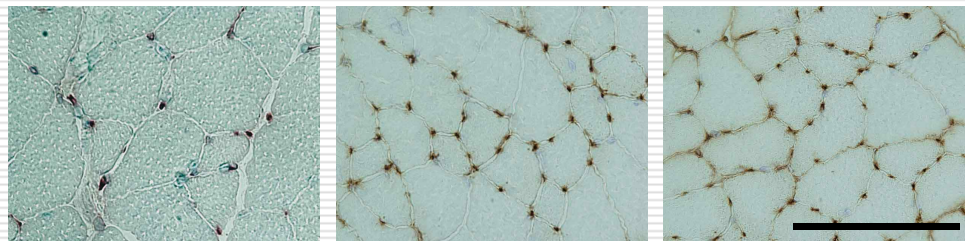
* $p < 0.05$



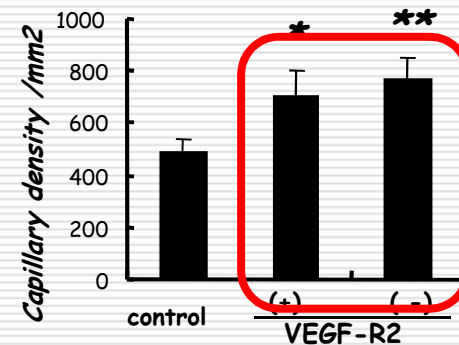
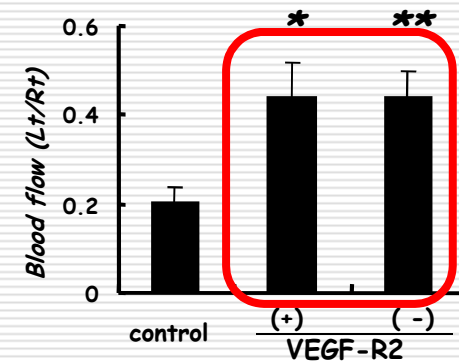
EPC may not be necessary for BM-MNC-induced neovascular formation



Laser doppler imagings



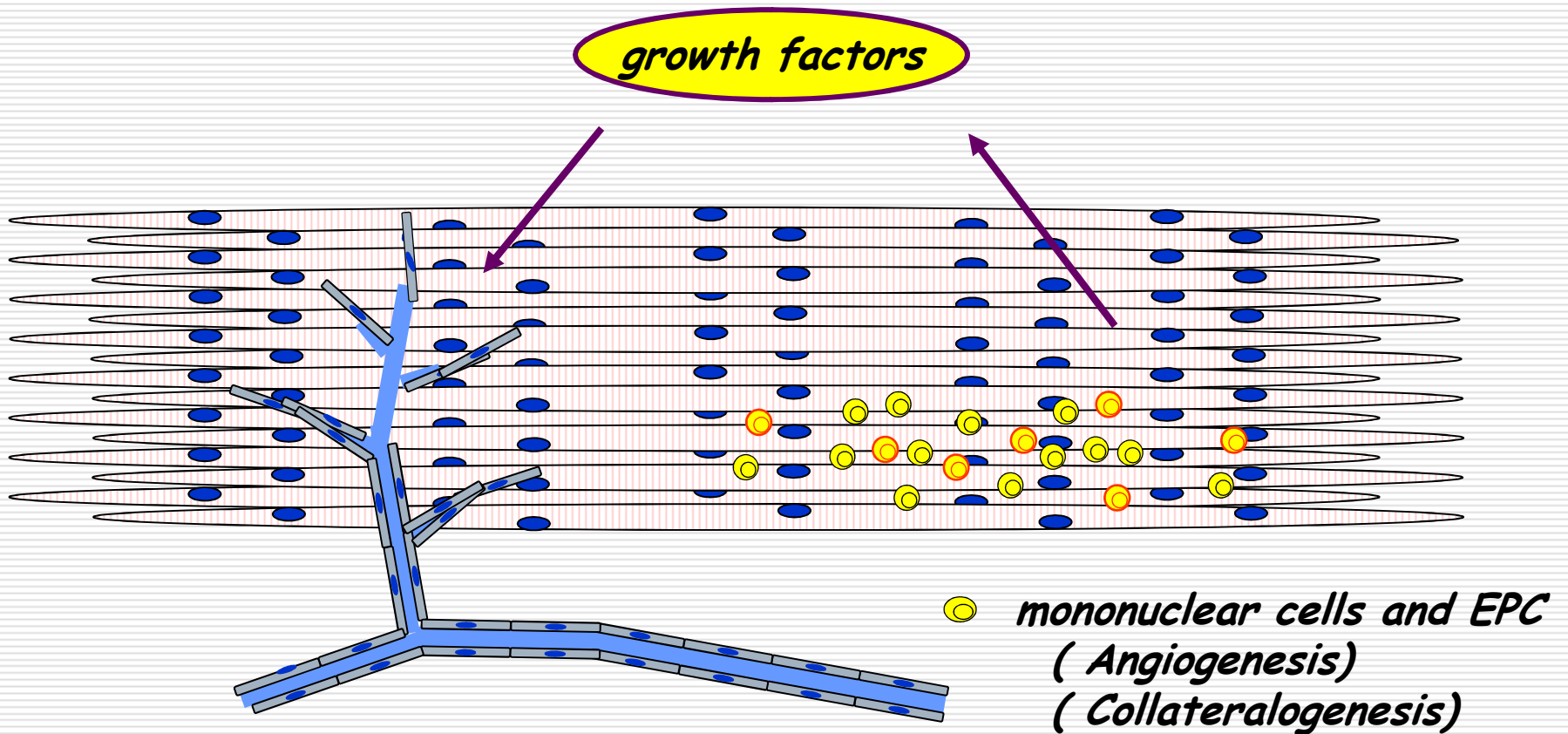
Immunohistochemistry (CD31, brown)



Scale bar: 100 μ m * p<0.05 vs control ** p<0.01 vs control

Hypothesis 2

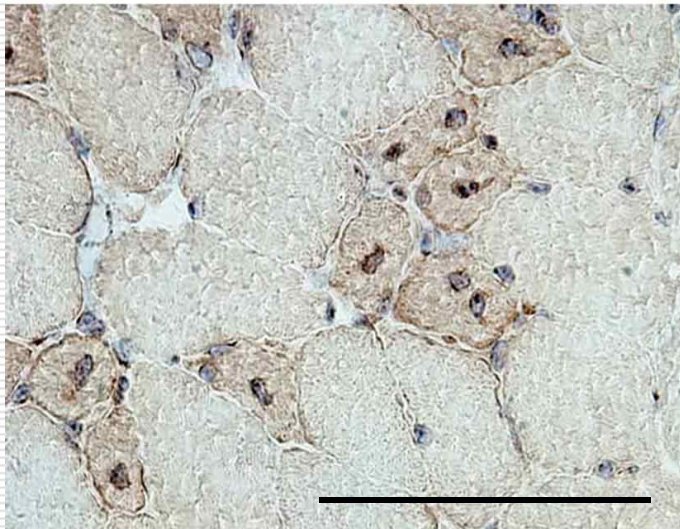
Angiogenesis by growth factors from MNC



Regenerated skeletal muscle produces IL-1 β and VEGF

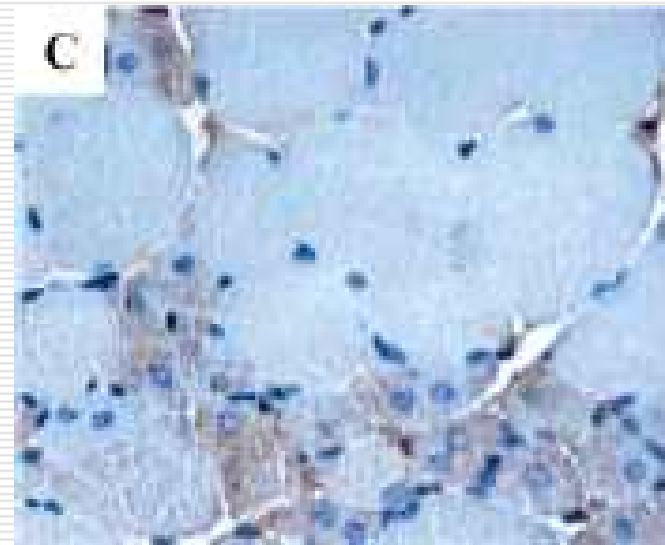
Immunohistochemistry

IL-1beta



Scale bar: 100 μ m

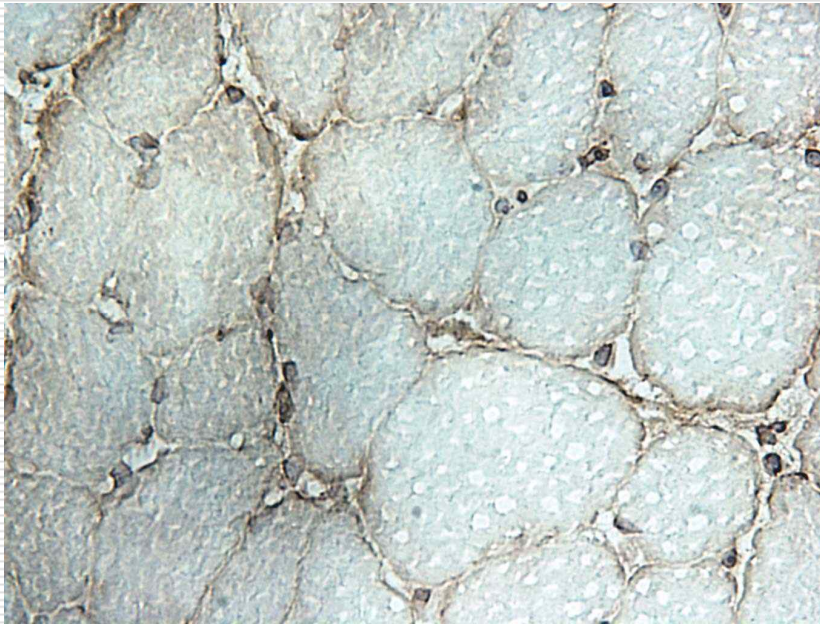
VEGF



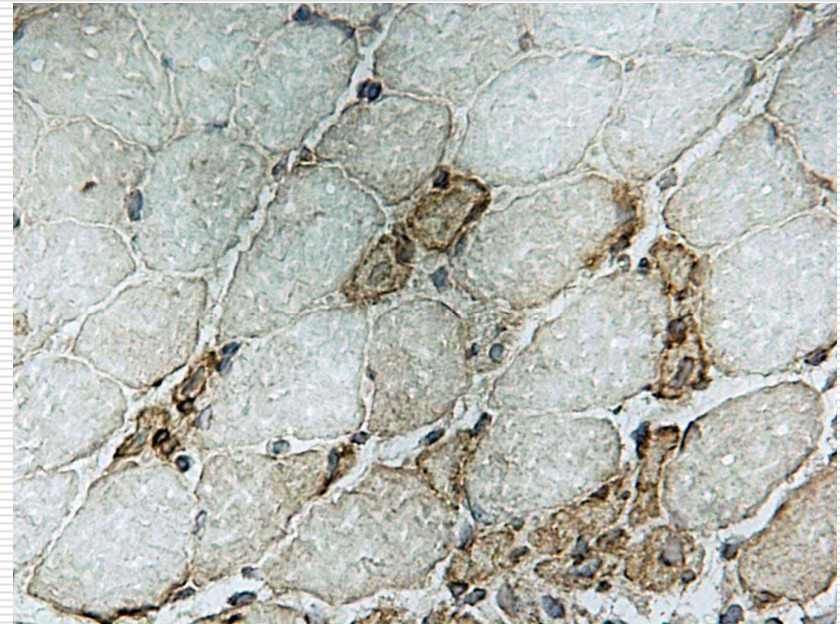
AJP 2003,163:1417

PB-MNC activate satellite cells

Immunohistochemistry, N-CAM



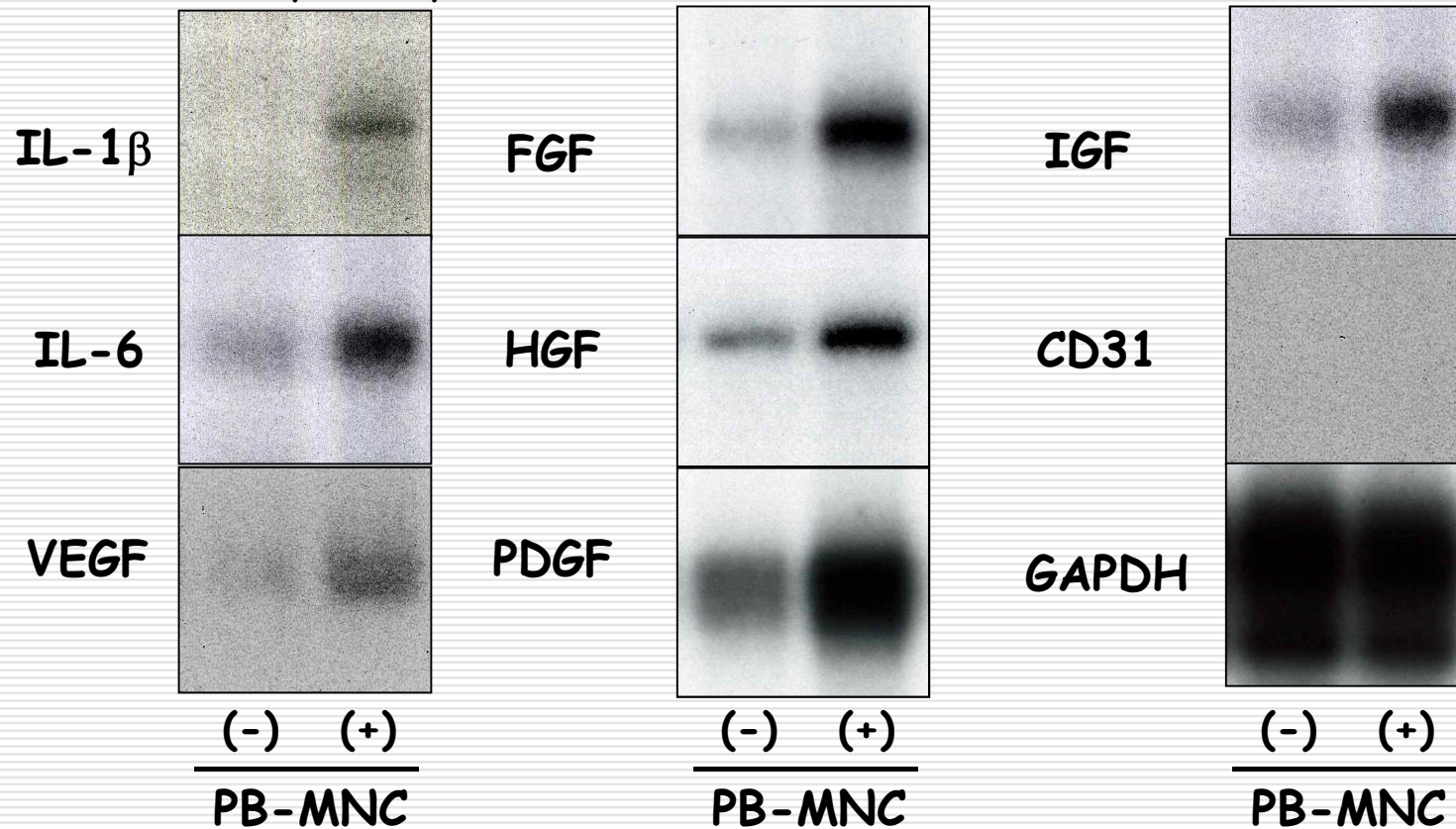
PBS treated



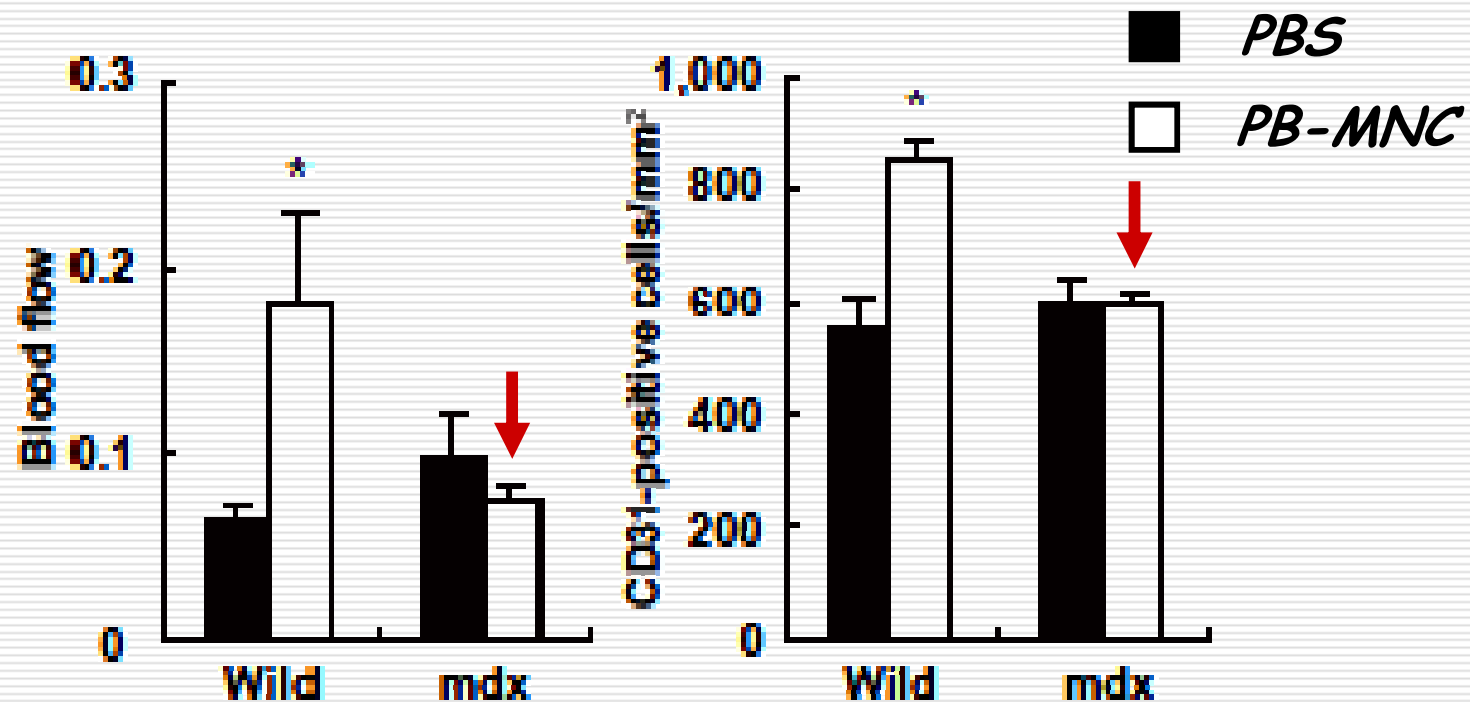
MNC treated

Mononuclear cells stimulate expression of growth factors in skeletal muscle

Protection assay of myotube RNA

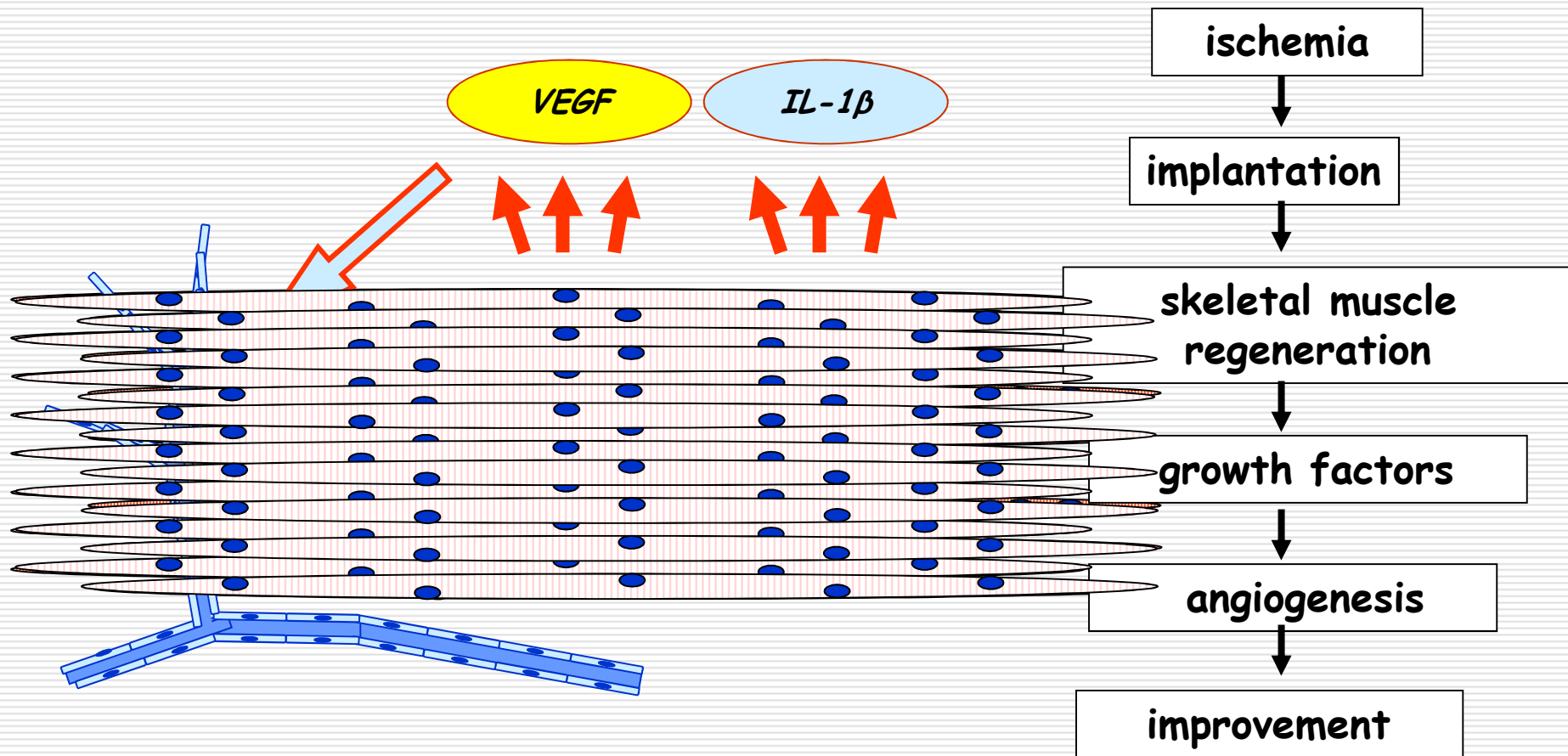


Skeletal muscle regeneration is necessary for PB-MNC-induced angiogenesis



Hypothesis 3

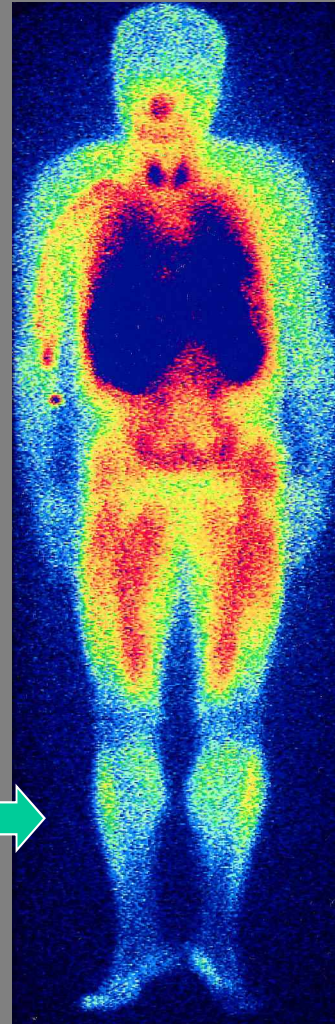
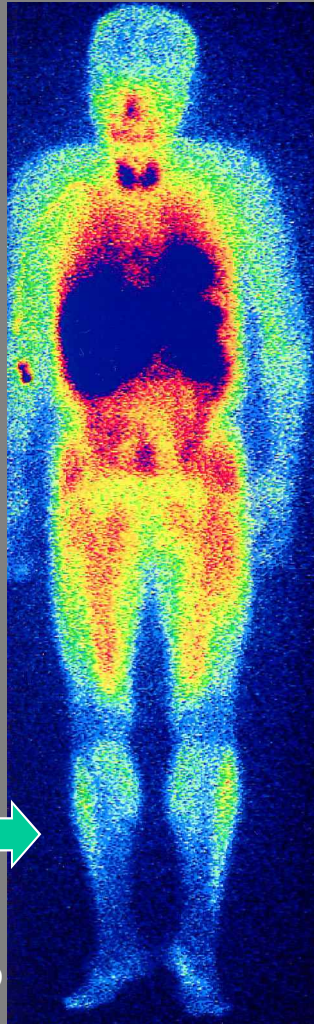
Angiogenesis by growth factors from skeletal muscle



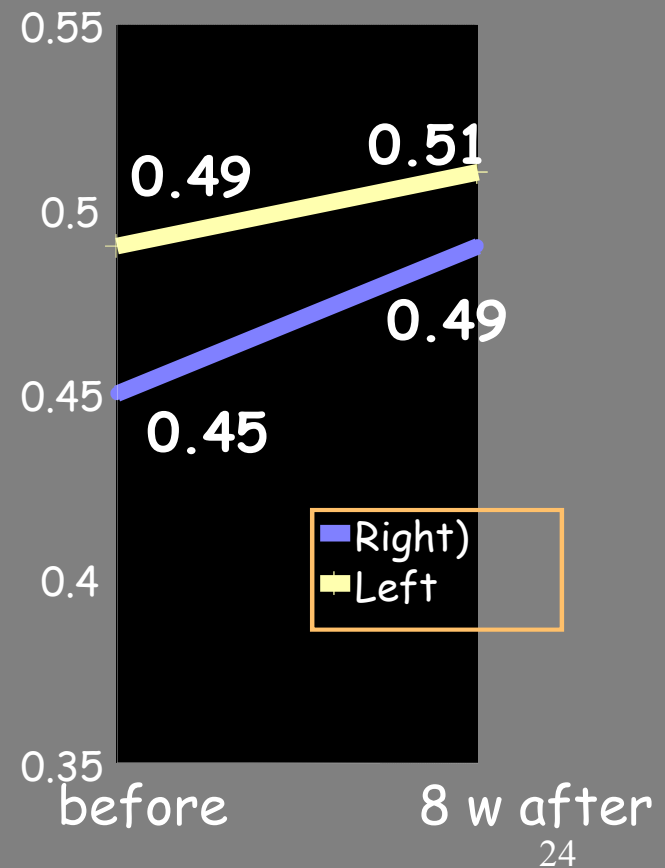
Evaluation of limb ischemia by $^{201}\text{TlCl}$

before

after



2010/4/29



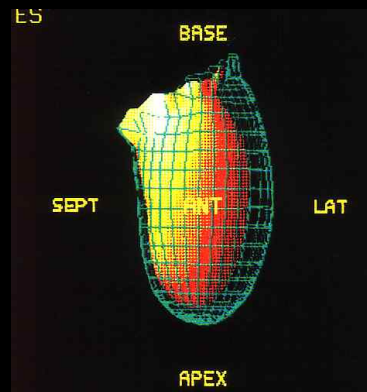
Moriya et al. Circulation 2010

Cardiac ischemia is improved by implantation of PB-MNCs into ischemic limbs

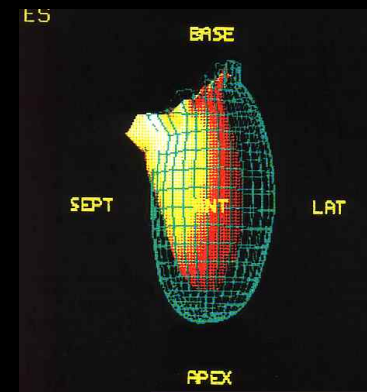
before

8 w after

81 yo F
ASO and IHD

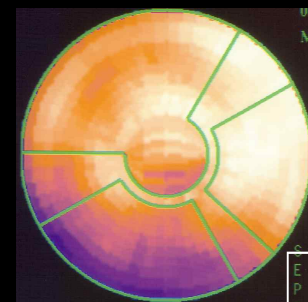


EDV 92
ESV 49
EF 47

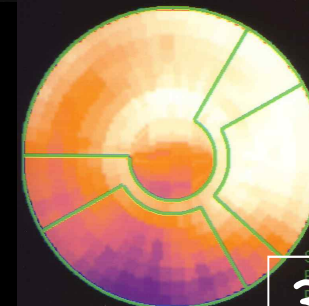
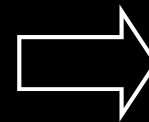


EDV 73
ESV 34
EF 53

STRESS

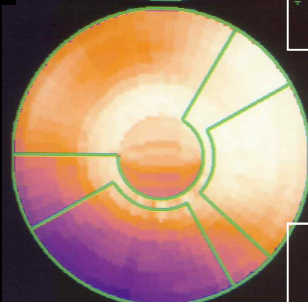


8.1%

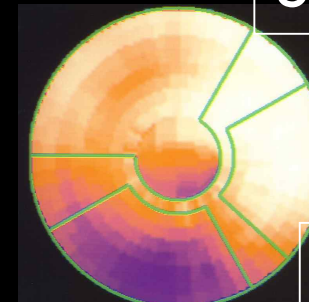
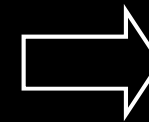


3.9%

REST



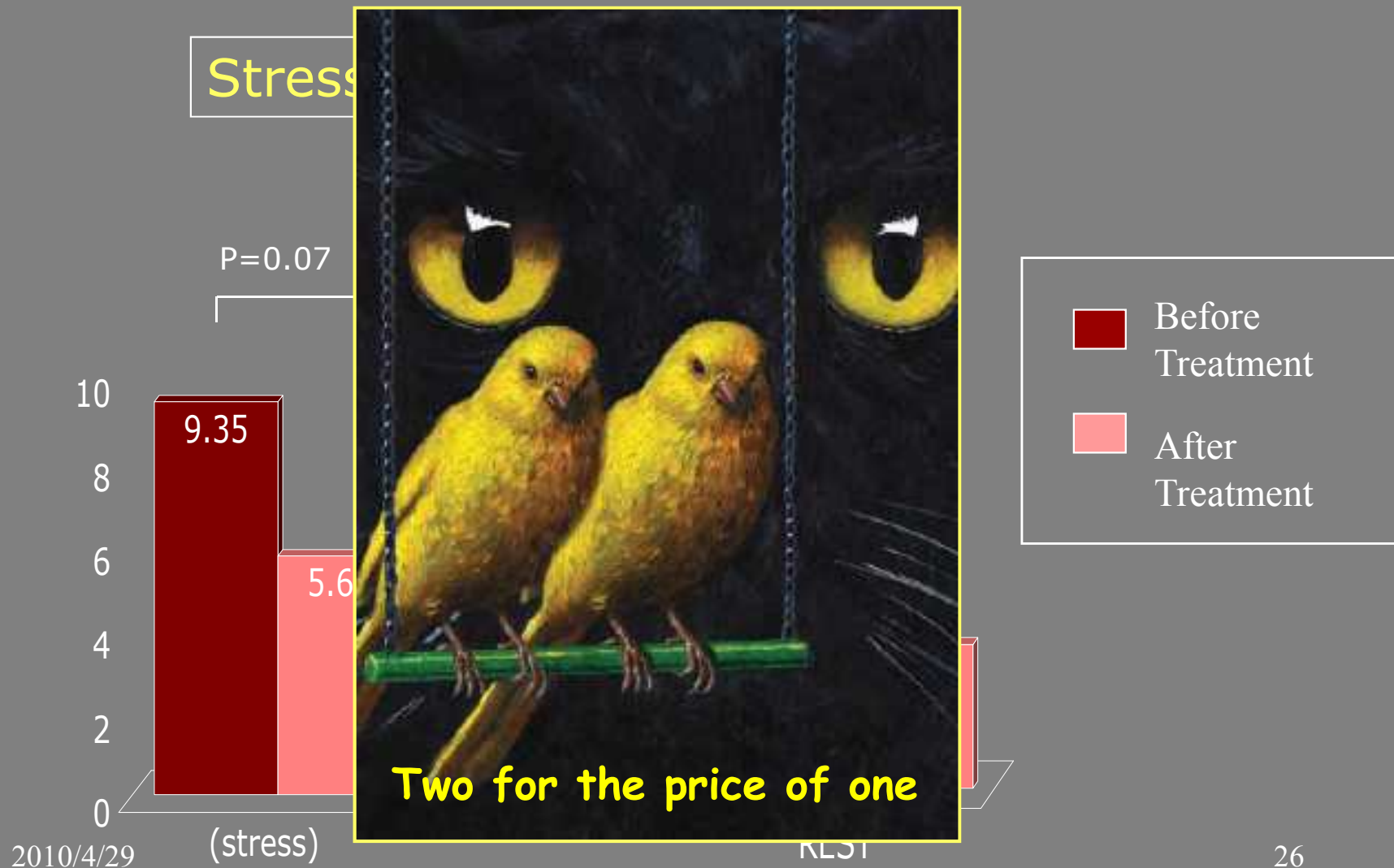
16.5%



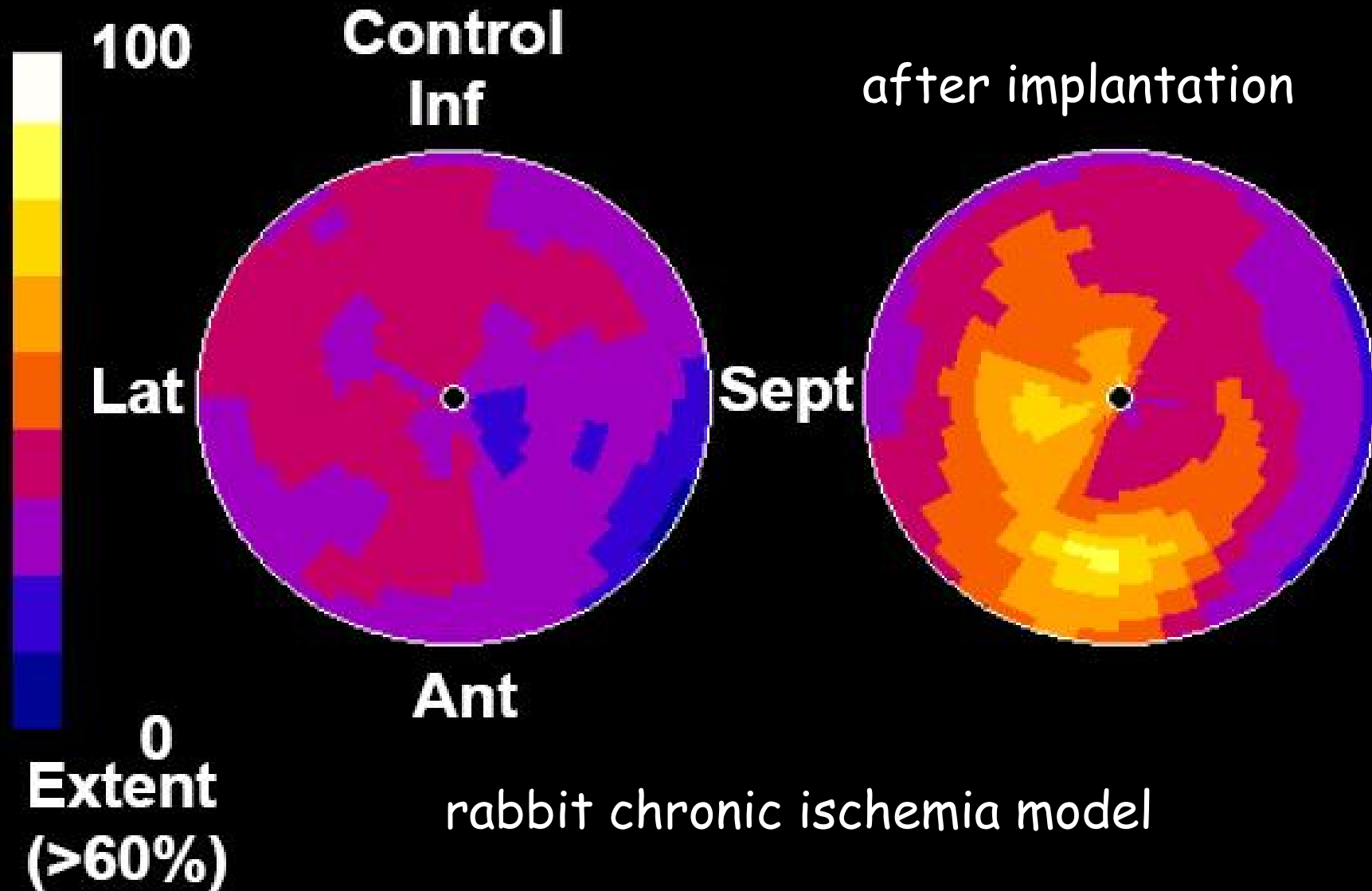
8.5%

2010/4/29

Cardiac ischemia is improved by implantation of PB-MNCs into ischemic limbs

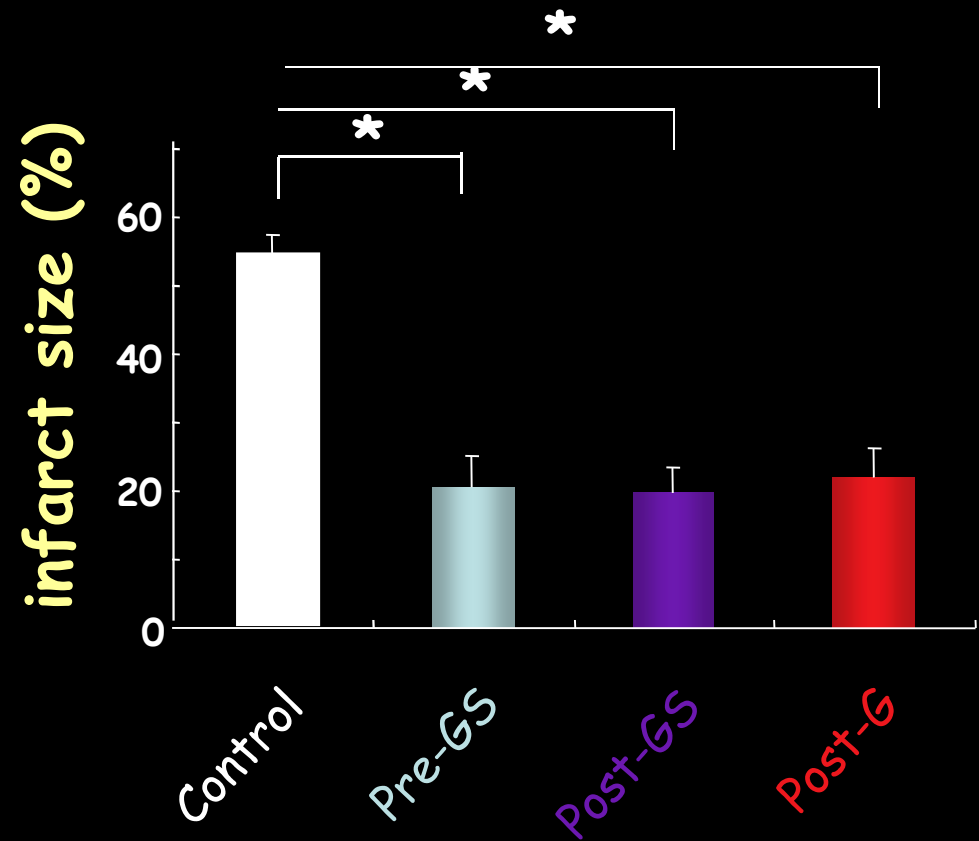
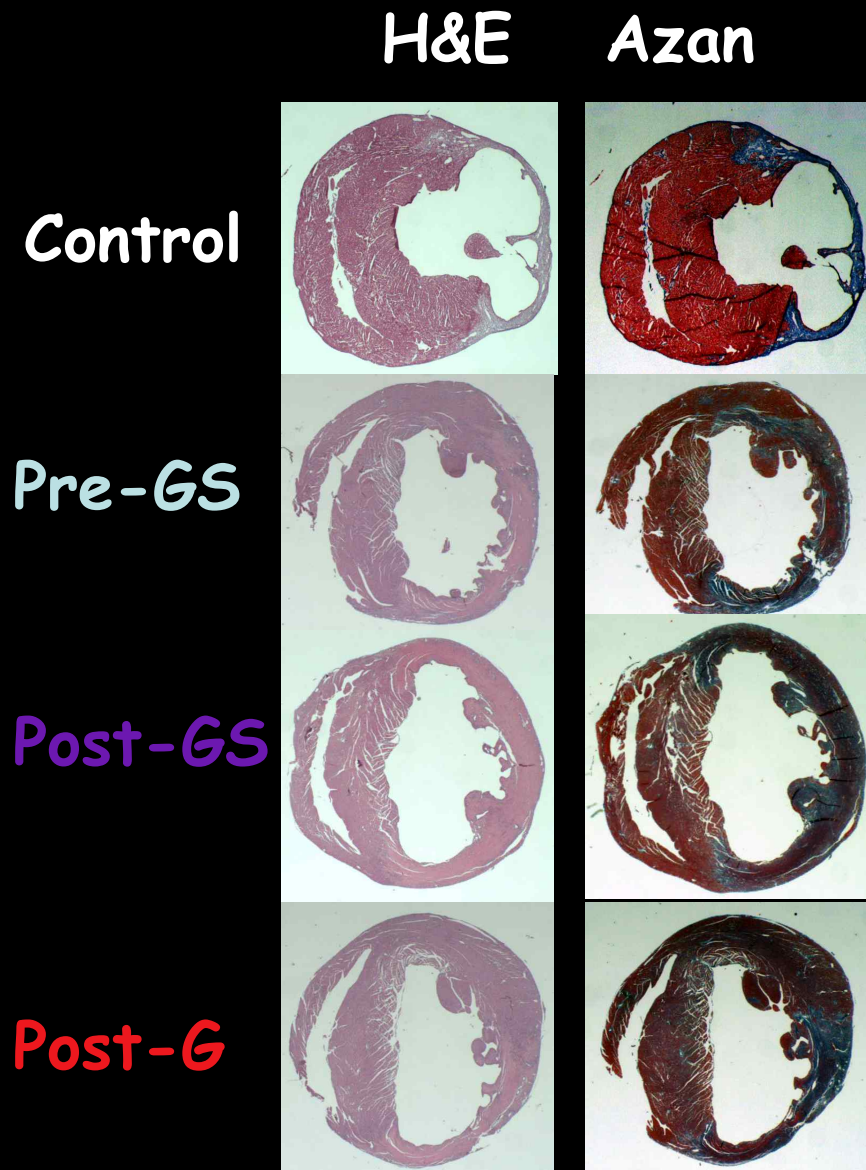


Cardiac ischemia is improved by implantation of PB-MNCs?



G-CSF Therapy for Myocardial Infarction

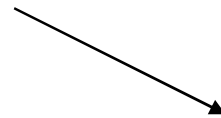
G-CSF prevents remodeling after MI



Ohtsuka et al. FASEB J, 2004

Mechanisms of G-CSF-induced prevention of LV remodeling after MI

G-CSF



BMC

G-CSF prevents LV remodeling after MI by protecting CMs not by inducing regeneration.

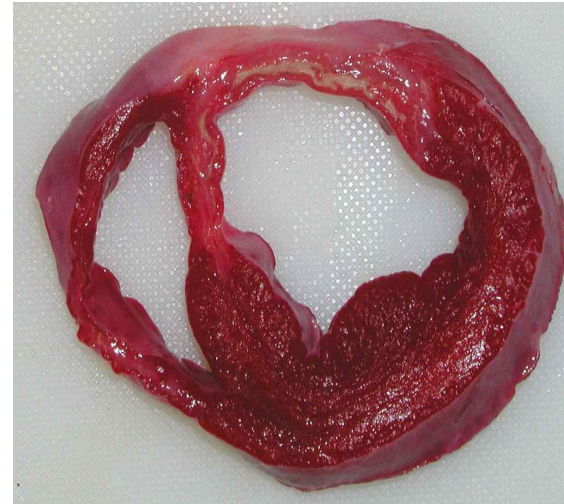
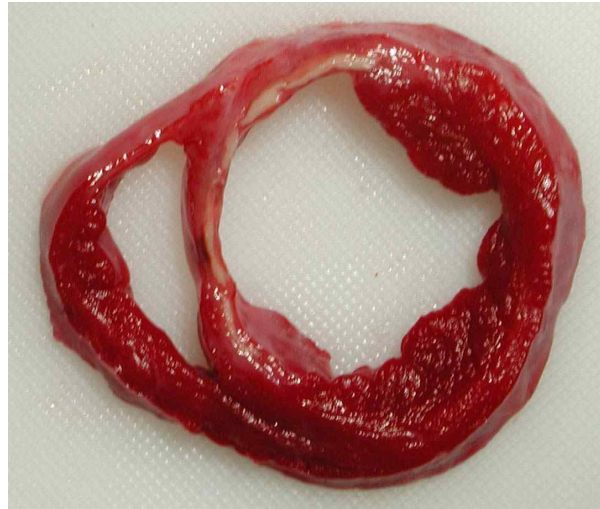
Anti-apoptosis Angiogenic proteins

Survival
of CM

Angiogenesis
Survival of EC

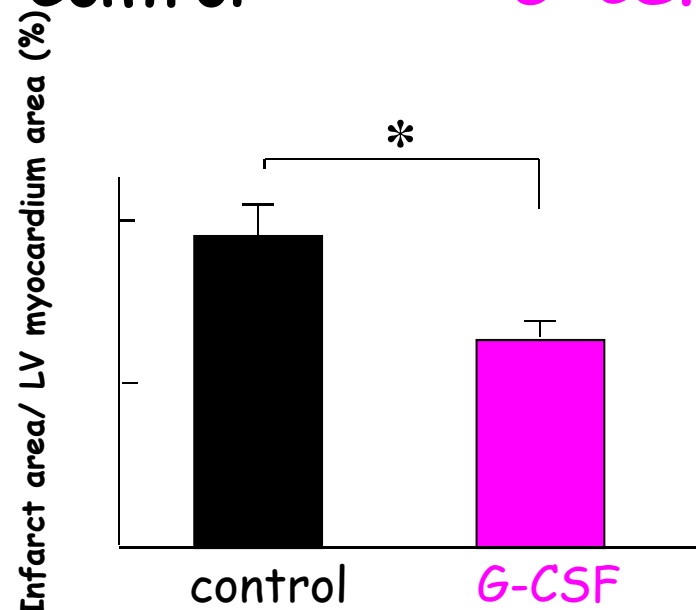
Harada et al. Nature Med 2005, Takano et al. J Mol Med 2009

Effects of G-CSF on swine hearts after MI

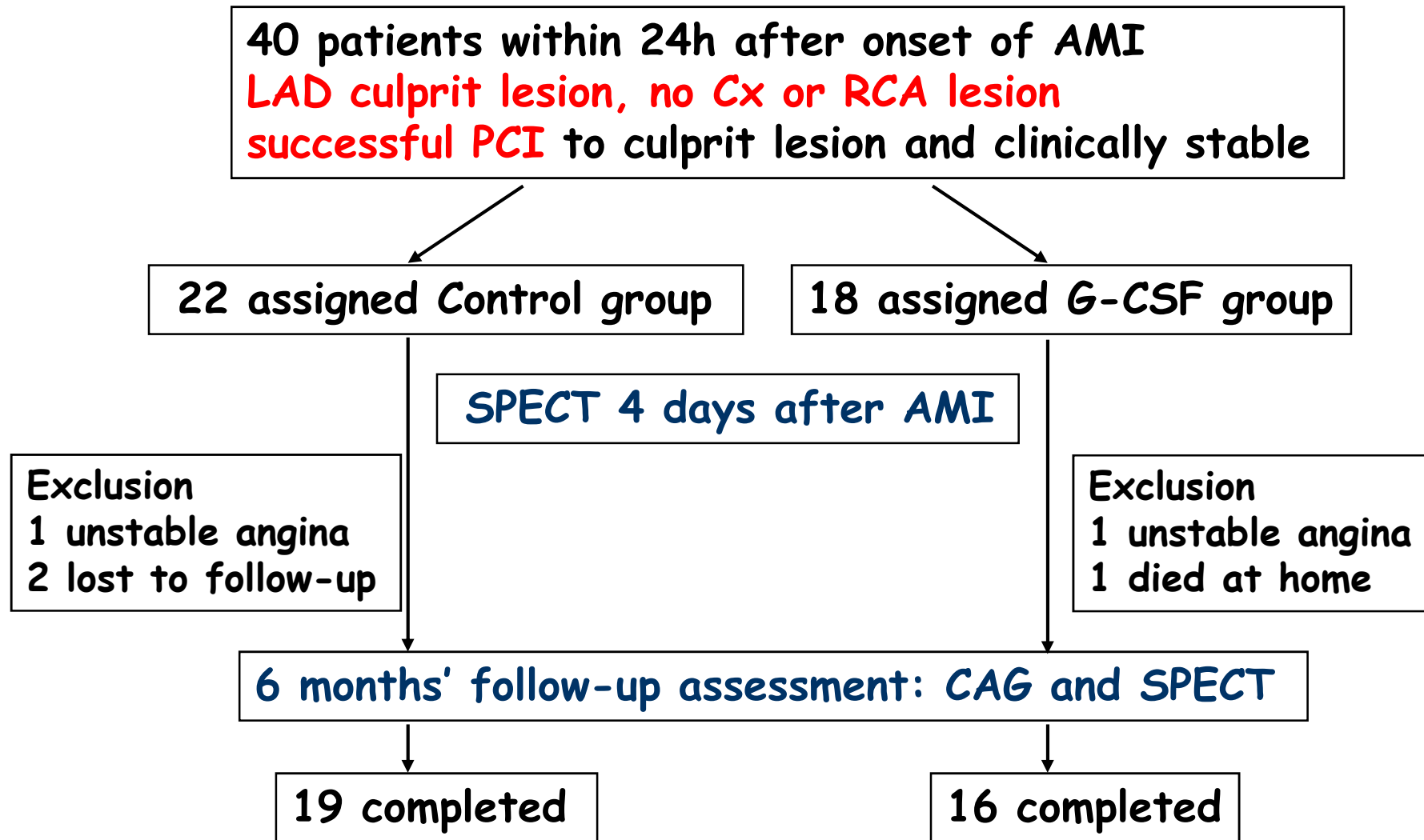


Control

G-CSF

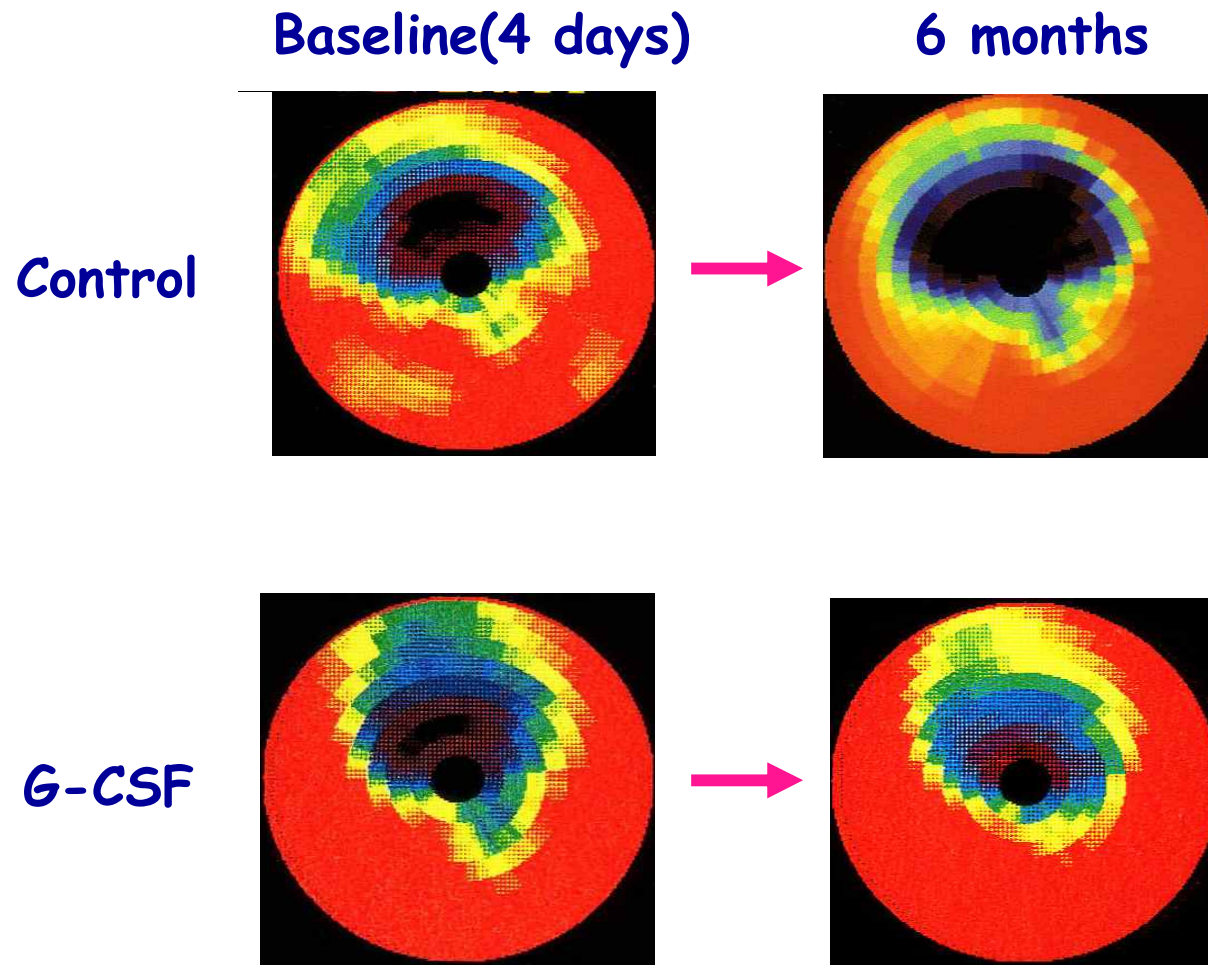


Trial profile



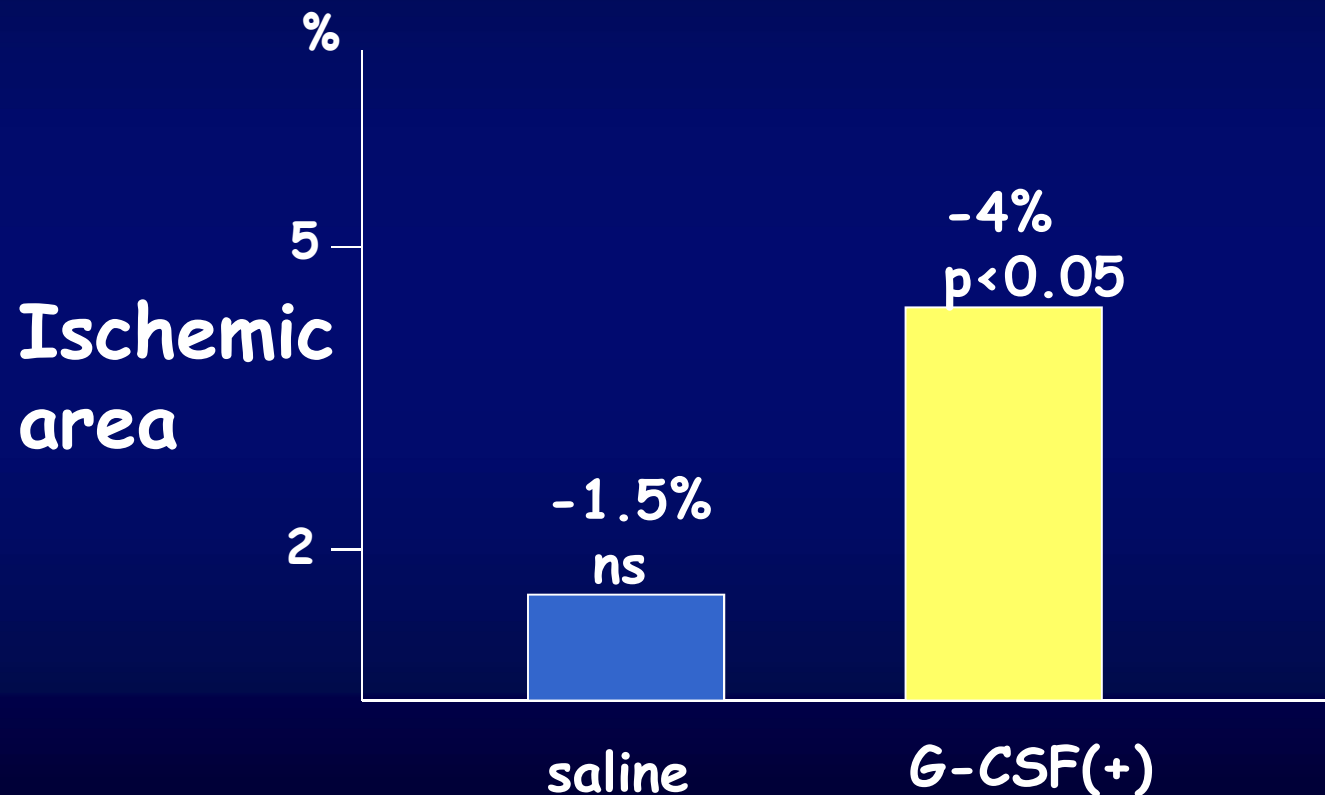
LAD=left anterior descending coronary artery; PCI=percutaneous coronary intervention;
SPECT= single-photon emission computed tomography; UAP=unstable angina pectoris;
CAG=coronary angiography

Effects of G-CSF on myocardial perfusion after AMI (^{99m}Tc-tetrofosmin SPECT)



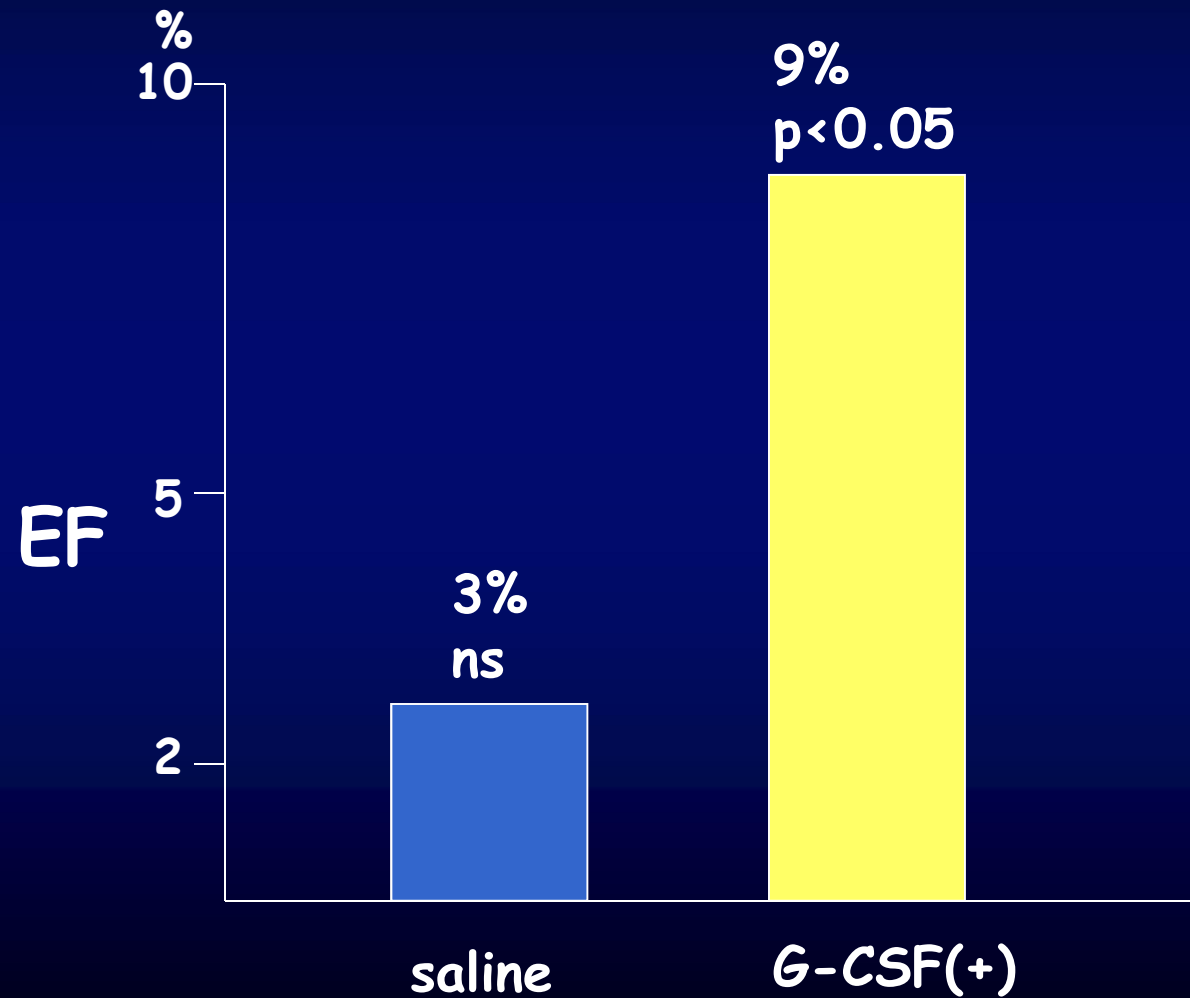
Ischemic area

comparison between 4 days and 6 months after MI

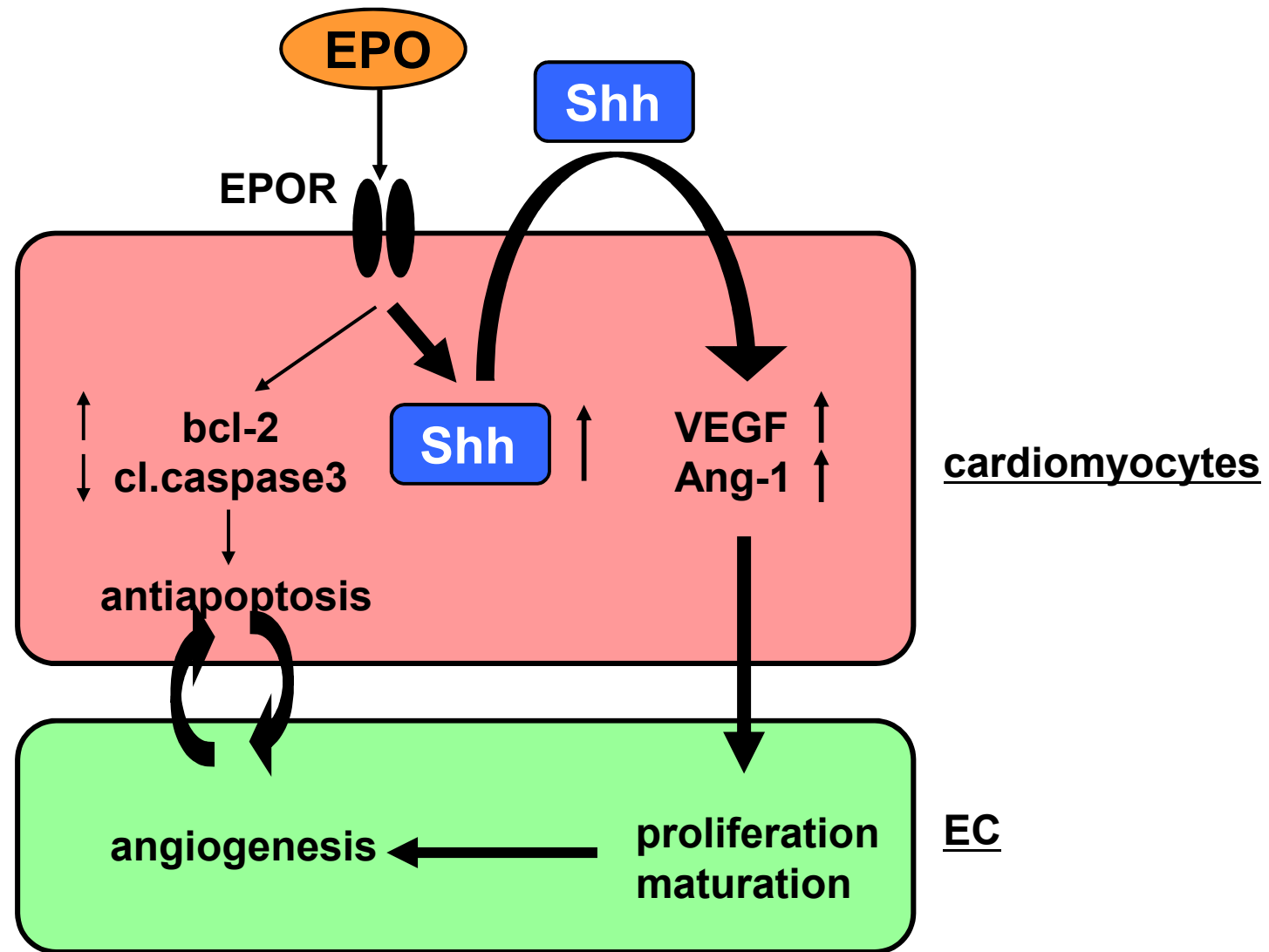


Changes of EF

comparison between 4 days and 6 months after MI



Mechanisms of Epo-induced cardioprotection



Acknowledgment

Chiba University Komuro's Lab

Angiogenesis

T Minamino N Sano
K Tateno H Myauchi
H Toko Y Kuwabara
J-i Nishi M Orimo
T Kunieda S Okada

G-CSF

M Harada Y Qin
H Takano H Hasegawa
M Otsuka K Iwanaga
K Ueda Y Niitsuma

CSC

T Nagai K Matsuura
H Wada T Oyama
Y Mikami H Takahashi

CM differentiation

I Shiojima
W Zhu H Ikeda
A Naito

AT1/Cardiac develop

H Akazawa
N Yasuda K Itoh
R Yamamoto

DN STAT3 TG

Osaka Univ
K Yamauchi-Takahara
K Kunisada

IL-1 β KO

Univ of Tokyo
Y Iwakura

