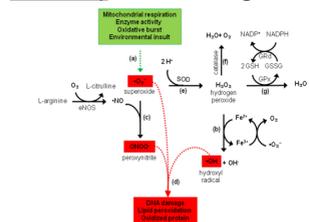


Abstract

Our primary defense against excess oxidative radicals consists of enzymes and proteins that generate toxic intermediates and themselves are consumed after injury. Antioxidant therapy has not been effective in clinical trials. We hypothesized these failures were due to limitations of current antioxidants including low capacity, requirement for regeneration, limited range and generation of toxic intermediates. We developed a new class of antioxidant based on highly modified, 40 nm long carbon nanoparticles termed PEGylated hydrophilic carbon clusters (PEG-HCCs). We previously reported rapid cellular uptake and complete restoration of neurovascular unit dysfunction in a model of traumatic brain injury and hypotension/resuscitation. Here we explored their mechanism and in-vitro effectiveness. Electron paramagnetic resonance (EPR) studies demonstrated high capacity for catalytic transformation of superoxide to oxygen while quenching hydroxyl radical. In-vitro, they protected to within 80-90% of baseline cell count when administered AFTER the mitochondrial toxin, Antimycin A, or direct application of hydrogen peroxide in brain endothelial or primary neuronal cell culture. The uniquely favorable mechanisms of these materials suggest their potential ability to overcome limitations of current antioxidants in ischemia/reperfusion.

Background

Based on many lines of evidence, oxidative stress is a major pathophysiological factor in stroke. This evidence is exemplified by robust protection in multiple transgenic antioxidant overexpression models of ischemia/reperfusion. However, treatment *following* injury at relevant time points is not consistently beneficial and no clinical trial of antioxidant therapy in any form of brain injury has shown benefit. We believe these failures are due to limitations in currently available antioxidants that hinder their effectiveness *following* injury. Several defense mechanisms exist to cope with oxidative radicals generated during normal physiology (see Figure below). These mechanisms consist of enzymes and other proteins that modify the radical species in a series of steps ultimately leading to water. In the case of superoxide radical (SO), intermediate unstable molecules (e.g. hydrogen peroxide; H₂O₂) or new radicals (hydroxyl; OH) are generated by this process. Under normal conditions there are sufficient levels of protective proteins for detoxification. However, under pathological circumstances, these protective factors are depleted. After acute injury, these cannot upregulate fast enough. As a result, unstable intermediates are formed that become part of a radical cascade leading to damage and disruption of a wide variety of vital functions. We can summarize the limitations of current antioxidants that include one or more of the following: a mechanism of action in which the radical is transferred to another unstable species, exemplified by superoxide dismutase (SOD); the need for regeneration, such as in vitamins E and C that require glutathione, itself consumed in the oxidative stress milieu; limited capacity that is inadequate to cope with the cascade of radicals following injury; and selectivity in which an agent is effective against only one radical type.



Endogenous antioxidant defense mechanisms that result in production of unstable intermediates and depend crucially on the presence of detoxifying enzymes and proteins. During injury, these are also consumed and require regeneration. Loss of downstream protection perpetuate a cascade of injury.

Soon after the discovery of carbon based buckminsterfullerenes (C₆₀), these materials were shown to have antioxidant characteristics. Subsequent modifications and applications to models of injury identified neuroprotective properties but also a low threshold for further modification lest their antioxidant capacity be reduced. Hydrophilic carbon clusters (HCCs; Fig.2) are highly effective antioxidants. These particles are small (40 nm in length, 1-2 nm in diameter, comparable to a hydrated protein), highly functionalized to generate hydrophilic moieties with the addition of poly(ethylene glycol) (PEG) to provide solubility in biological fluids, stable at room temperature and without apparent toxicity seen thus far. These hydrophilic sites also provide the opportunity to attach hydrophobic small molecules, short peptides and proteins including antibodies to facilitate targeting or alter their distribution in-vivo.

Figure 3 shows their ability to quench reactive oxygen species (ROS) released due to the mitochondrial toxin, Antimycin A as reflected in dihydroethidine fluorescence (DHE) in cultured b.End3 brain endothelial cell line compared to superoxide dismutase and the small molecule phenyl butyl nitrone (PBN), a precursor to the failed antioxidant NXY 925 (SAINT trial). These conventional antioxidants required pre-treatment to reach the same level of protection as PEG-HCCs administered 10 minutes **after** the Antimycin A. PEG-HCCs were effective in preventing cell death even after direct application of Hydrogen Peroxide (Fig. 4). We recently reported their ability to rapidly and completely restore cerebrovascular dysregulation in a rat model of mild traumatic brain injury followed by hemorrhagic hypotension and resuscitation (ACS Nano 2011; Figure 5.)

