

CNS HIV Theranostics Based on Intrinsic CEST Contrasts of Antiretroviral Drugs

Gabriel Guthier¹, Howard E. Gendelman², Aditya N. Bade², Yutong Liu^{1,2}

¹Department of Radiology, ²Department of Pharmacology and Experimental Neuroscience
University of Nebraska Medical Center, Omaha, NE 68198

Background/Introduction

- Antiretroviral therapy (ART) prolongs the life of human immunodeficiency virus type-1 (HIV-1) infected patients.
- Viral replication in the central nervous system (CNS) persists and elicits neuroimmune activation and is associated with cognitive decline.
- Evidence shows ART can cause adverse clinical outcomes including neuropsychiatric, motor and behavioral events
- Therefore, the ability to follow drug pharmacokinetics (PK) and biodistribution (BD) could serve as a powerful tool to suppress the establishment of viral CNS reservoirs and minimize off-target ART effects within the CNS.

Objective

To develop intrinsic drug chemical exchange saturation transfer (CEST) contrasts to detect ARVs within the central nervous system (CNS) using MRI

Methods

- **CEST contrast of 3TC.** The CEST contrast of 3TC was measured in PBS at 37 °C on a 7 Tesla scanner. Asymmetric magnetism transfer ratio (MTR_{asym}) was calculated from the Z-spectrum.
- **CEST MRI of 3TC-treated mice.** male C57BL/6 mice (14 - 16 weeks old) were treated by oral gavage for five days with 3TC (250 mg/kg) or vehicle. CEST MRI was performed on a 7 Tesla MRI scanner to acquire pixel-by-pixel Z-spectra of brains (Figure 1D and E)
- **Dual-peak Lorentzian fitting.** Dual-peak Lorentzian fitting method was deployed to simultaneously analyze CEST effects of -NH₂ and -OH protons of 3TC (Figure 1A-C). Background CEST signal is represented by a polynomial function for direct saturation (DS) and magnetization transfer contrast (MTC), and a Lorentzian function for the CEST effect at 3 ppm from the amine and amide protons in biomolecules such as glutamate and mobile proteins (Figure 1D). In the second step, the data points in 0.5 – 2.5 ppm are fitted using a dual-peak Lorentzian function to fit -OH and NH₂ simultaneously (Figure 1E).

Results

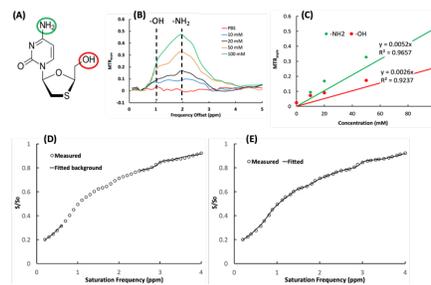


Figure 1. Dual-peak Lorentzian fitting. (A) 3TC chemical structure. (B) MTR_{asym} of 3TC. The CEST effects of -NH₂ and -OH protons are at 2 ppm and 1 ppm, respectively. (C) CEST effects of -NH₂ and -OH protons are proportional to 3TC concentration and have a ratio = 2.0. (D) Background fitting using a polynomial function (o: raw data; -: fitted). (E) A dual-peak Lorentzian function fits -NH₂ and -OH.

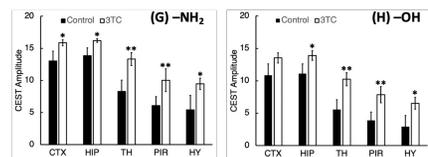
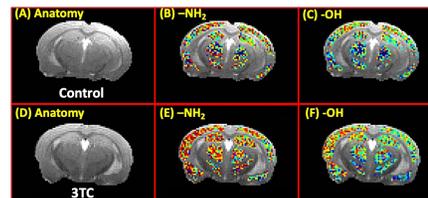


Figure 2. In vivo CEST analysis of 3TC-administered mice. (A)-(C) Anatomical reference image, -NH₂ CEST amplitude map, and -OH CEST amplitude map of a control mouse. (D)-(F) maps of a 3TC mouse. (G) and (H) Comparisons of CEST effects of -NH₂ and -OH protons. **: $p < 0.05$, *: $p < 0.1$.

Results

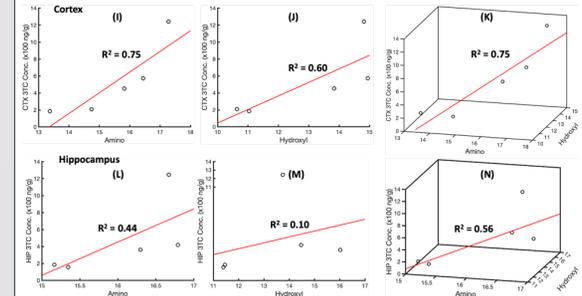


Figure 2. Correlations of -NH₂ (I), -OH (J) and combined CEST effect (K) with drug levels in cortex measured using HPLC-MS. (L)-(N) Correlations of -NH₂ (I), -OH (J) and combined CEST effect (K) with drug levels in hippocampus.

Discussion

- Limitations of traditional drug imaging modalities in which drug molecules are tagged with imaging contrast agents or loaded with imaging contrast agents into nanoparticles: 1) the loading rates of nanoparticles are usually limited, 2) toxicity can be associated with imaging agents and nanoparticles, 3) blood-brain barrier (BBB) penetration of drugs can be compromised.
- The innovation of our algorithm is the simultaneous fitting -NH₂ and -OH protons. This extracts the -NH₂ effect of 3TC from other tissue biomolecules such as creatine and glutamine serving to improve the specificity of 3TC detection.
- In summary, we successfully developed a new algorithm that uses the CEST effects of both amino (-NH₂) and hydroxyl (-OH) protons for *in vivo* 3TC detection. The new algorithm shows high specificity for 3TC biodistribution measurements which can be extended to other ARVs.

Acknowledgments

The study was partially supported by NIH R21MH128123, U54GM115458, R01MH121402, R21HD106842, P30GM127200, P20GM130447, and Nebraska Research Initiative Rfcs: 1) Bade AN, et al. Aids. 2021. 2) Dadfar SM, et al. Adv Drug Deliv Rev. 2019. 3) Lux F, et al. Nanomedicine (Lond). 2015. 4) Zhu L, et al. Nanomedicine (Lond). 2017. 5) Pankowska A, et al. Polish journal of radiology. 2019 6) Chen L, et al. Magn Reson Med. 2019