

## Synthetic Peptide LKEKK as Potential Antipsoriatic Drug

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## Abstract

It has been established that the synthetic peptide LKEKK affects the ability of IL-12 to regulate the secretory activity of keratinocytes obtained from human psoriatic skin: in the concentration range of 100-1000 nM the peptide increases in a dose-dependent manner the production of IL-10 and IFN- $\gamma$  as well as suppression of the production of IL-17 induced by IL-12 *in vitro*. The peptide with the inverted sequence KKEKL was inactive, which indicates the high specificity of the peptide LKEKK action. An *in vivo* study of the peptide LKEKK activity in a model of imiquimod (IMQ)-induced psoriasis in mice showed that its daily application to the ear (150 500  $\mu$ g) together with Aldara cream containing 5% IMQ for 6 days significantly suppresses the development of the inflammatory process.

**Keywords:** Protein; Peptide; Receptor; Cytokine; Keratinocyte; Inflammation; Psoriasis; Skin

## Introduction

The skin is the largest organ of the mammals with three main functions: protection, regulation and sensation. Mammalian skin is composed of the epidermis, dermis and adipose tissue. The outer layer – epidermis consists mainly of keratinocytes with an integral population of dendritic antigen-presenting cells. The dermis is formed by connective tissue containing various immune cells and several associated appendages (hair follicles, sweat and sebaceous glands, as well as muscle fibers that give the skin strength and elasticity). Adipose tissue forms the inner layer of the skin [1]. Keratinocytes are the main cells of the epidermis; they respond to various environmental factors and are directly involved in the regulation of the inflammatory response of the skin, producing pro- and anti-inflammatory cytokines [2, 3].

Several years ago we synthesized the peptide LKEKK and found that it was able to suppress the inflammation in the human intestinal epithelium *in vitro* and *in vivo*: the peptide bound to human Caco-2 intestinal epithelial cells with high affinity and reduced the TNF- $\alpha$ -induced expression of pro-inflammatory cytokines IL-6, IL-8, IL-1 $\beta$  and increased the expression of the anti-inflammatory cytokine IL-10 [4]. In addition, the ability of the peptide to suppress the development of the inflammatory process induced by sodium dextran sulfate was demonstrated in a mouse model of colitis [5].

Recently we obtained similar results in the study of the effect of the peptide LKEKK on human keratinocytes: the peptide bound to these cells with high affinity, in the concentration range of 50 1000 nM it reduced IL-17A-induced production of pro-inflam-

matory cytokines (TNF- $\alpha$ , IL-6, IL-1 $\alpha$ ) and increased the production of anti-inflammatory cytokine IL-10 *in vitro*. The action of the peptide was mediated by the activation of soluble guanylate cyclase [6, 7]. We evaluated the anti-inflammatory activity of the peptide in mouse models of acute and chronic contact dermatitis induced by 12-O-tetradecanoylphorbol-13-acetate (TPA). Experiments have shown that topical application of the peptide significantly reduced edema and associated pathological changes in the epidermis [8]. Based on the results obtained, it was concluded that the LKEKK peptide has significant therapeutic potential as an anti-inflammatory agent.

It is known that the protective functions of the skin provide a variety of epidermal and immune elements that are part of the associated lymphoid tissue (SALT). The response of these cells to damage allows homeostasis to be restored. Vulgar psoriasis is a widespread and most studied inflammatory skin disease, in the development of which most elements of SALT are involved to varying degrees [9]. In particular, keratinocytes are actively involved in the regulation of immune responses in SALT of psoriatic skin [10]. It has been shown that IL-17, IL-23, and TNF- $\alpha$  expressed by these cells play a key role in the development of psoriatic inflammation [11]. The purpose of this study is to study the effect of the peptide LKEKK in psoriasis in a mouse model of the disease.

## Materials and methods

## Chemicals

Human Keratinocyte Medium EpiGro was obtained from Cell Applications, Inc. (USA), IL-17A, TNF- $\alpha$ , IL-10, IL-12 and other chemicals were obtained from Sigma (St. Louis, MO).

## Peptides

Human thymosin- $\alpha$ 1 and human interferon- $\alpha$ 2 were obtained from Immundiagnostik AG (Germany). Peptides LKEKK (Np5) and KKEKL (iNp5) were synthesized on an Applied Biosystems Model 430A automatic synthesizer (USA) using the Boc/Bzl tactics of peptide chain elongation as described previously [12]. The peptides were purified to homogeneous state by preparative reverse-phase HPLC (Gilson chromatograph, France) on a Delta Pack C18 column, 100A (39 $\times$ 150 mm, mesh size 5  $\mu$ m; flow rate 10 mL/min, elution with 0.1% TFA, gradient of acetonitrile 10–40% in 30 min). The molecular masses of peptides were determined by fast atom bombardment mass spectrometric analysis (Finnigan mass spectrometer, San Jose, CA). The data of amino acid analysis (hydrolysis by 6 M HCl, 22h, 110°C; LKB 4151 Alpha Plus amino acid analyzer, Sweden) and mass spectrum analysis are presented in Table 1.

## Keratinocyte Cultures

Normal human epidermal keratinocytes (Cryopreserved HEK, Adult: Frozen HEK (5 $\times$ 10<sup>5</sup>), CAT.# 102-05a) were obtained from Cell Applications, Inc. (USA) and were cultured for 24 h in Keratinocyte serum-free medium EpiGro containing EpiLife undefined growth supplement (Thermo Fisher Scientific, USA) in a 5% CO<sub>2</sub> incubator at 37°C and were used at the second or third passage. Keratinocytes from the skin of psoriasis patients were kindly provided by Dr. Shcherbatova Yu.A. ("State Scientific Center for Dermatovenereology and Cosmetology" of the Ministry of Health of the Russian Federation, Moscow). Cells were cultured for 24 hours in a serum-free EpiGro medium containing 10% fetal calf as described above. Cells were preincubated with LKEKK or KKEKL peptide (10–1000 nM) for 1 hour before stimulation with IL-12 (250 nM).

## Cytokine ELISAs

To measure the concentrations of cytokines in keratinocytes, cells were homogenized in three volumes of ice-cold PBS con-

taining 1 mM PMSF, 10  $\mu$ g/mL aprotinin, 10  $\mu$ g/mL leupeptin, and 10  $\mu$ g/mL pepstatin A (Sigma-Aldrich) using a POLYTRON® PT 1200 E (Kinematica AG., Switzerland) and centrifuged at 12,000  $\times$ g for 10 min at 4°C. The protein concentration was determined by the Lowry method using bovine serum albumin as a standard was measured by ELISA [13]. Results are expressed as cytokine amount per total protein concentration. ELISAs were carried out using according to the manufacturer's instructions (BD Biosciences, San Jose, CA). Data are presented as mean  $\pm$  SEM.

## In vivo Studies

In vivo experiments we used C57BL/6 mice at the age of 7–11 weeks (18–20 g, Nursery of Branch of Institute of Bioorganic Chemistry, Russian Academy of Sciences, Pushchino, and Moscow Region). All procedures described below met the requirements for working with laboratory animals. To create a model of psoriasis used the method of van der Fits et al [14]. Inflammation was induced by daily topical application of 60 mg Aldara cream containing 5% imiquimod (3M Health Care Ltd/UK) to the upper and lower surface of the right ear of the animals for 6 days. Skin thickness was measured daily with a digital caliper. The degree of inflammation was assessed by determining the change in the thickness of the treated skin compared to the control (thickness of the untreated skin on day 0). Peptide treatment (phosphate buffered solution 50 500  $\mu$ g/ear) was administered concurrently with Addara's cream daily for 6 days.

## Statistical Analysis

Data are expressed as means  $\pm$  SEM. Student's t-test was used when comparisons were made only between the two groups. Differences were considered significant when  $p < 0.05$ .

## Results and Discussion

The main characteristics of the synthesized peptides (purity, amino acid content, and molecular mass) are shown in Table 1.

Peptide	Purity, %	Amino acid analysis data	Molecular mass, D
Np5	>98	Glu 1.08, Leu 1.00, Lys 3.32	645.4 (calculated value 644.87)
iNp5	>97	Glu 1.14, Leu 1.05, Lys 3.30	648.5 (644.87)

**Table 1: Main characteristics of the peptides**

The discovery of IL-6 and its receptor subunits laid the foundation for understanding the biology of a family of related cytokines: IL-12, IL-23, and IL-27. These cytokines have a similar spatial organization, use common receptors, and affect the outcome of infectious and inflammatory diseases [15].

Interleukin-12 (IL-12) a protein consisting of two 35 and 40 kDa subunits was isolated and characterized by Kobayashi et al. in 1989 [16]. The IL-12 receptor is a heterodimeric complex that includes unique  $\alpha$ -chain providing specificity and gp130 chain common for the IL-6-related cytokine subfamily that mediates signaling through the JAK-STAT signaling cascade [17-19].

In the mid-1990s, mice deficient of the IL-12 subunits were obtained, and, as expected, they were more susceptible to pathogens than wild-type animals [20-25]. These results could not be explained by differences in IFN- $\gamma$  levels, although the effects of

IL-12 were initially believed to be due solely to its ability to stimulate IFN- $\gamma$  production in T and NK cells [26]. Compared to wild-type mice both, p40(-) and p35(-) mice showed IFN- $\gamma$  deficiency; at the same time, p35(-) mice showed increased expression of IL-4 and IL-10, while levels of lymphotoxin- $\alpha$  and TNF- $\alpha$  were reduced. These results suggested that there is a molecule other than the pro-inflammatory protein IL-12p70, using both subunits, capable of mediating signaling from IL-12 to SALT cells [27-31].

The trigger of chronic skin inflammation in psoriasis is epidermal damage, followed by activation of mononuclear phagocytes and an increase in their secretion levels of IL-12, TNF, and IL-23. Subsequent immune responses, including the production of IL-17, IL-22, and IL-21 by T-helpers, provoke neutrophil infiltration and hyperactivation of keratinocytes which further fuel the pro-inflammatory cascade of reactions [32]. The first

psoriasis drugs targeted TNF followed by a second generation that inhibited IL-12/IL-23 and IL-23 [33]. IL-12 and IL-23 have a common p40 subunit associated with p35 and p19 subunits, respectively [34]. Mice that lacked the p40 subunit showed resistance to various patterns of chronic inflammation [27, 29, 35]. Ustekinumab, the first monoclonal antibody (mAb) directed against p40, proved to be a more effective and safer treatment for psoriasis than TNF inhibitors [36].

Later, after preclinical trials of Ustekinumab, the p19 protein and, as a result, IL-23 were discovered [37]. Subsequent preclinical studies have shown that although mice lacking the IL-23-specific p19 subunit were resistant to the induction of many inflammatory diseases, including psoriasis, deficiency of IL-12p35 or the IL12rβ2 subunit of the IL-12 receptor resulted in an exacerbation of inflammation. On this basis, it was concluded that IL-23 mediates the development of psoriatic inflammation, while IL-12 plays a regulatory rather than pathological role in the pro-inflammatory cascade [38]. Recently, IL-23p19-specific mAbs, Guselkumab and Risankizumab have been obtained that are more effective than p40-targeted mAb Ustekinumab in the treatment of psoriasis [39]. Taken together, these data indicated the dominant role of IL-23 in stimulating inflammation, while IL-12 performs regulatory and protective functions. However, it should be noted that although the protective role of IL-12 has been proven in preclinical models of psoriasis, the cellular targets and mechanisms underlying it have not been established until recently [40].

A strain of IL12rb2 (KO)/reporter knockout mice was recently obtained [41]. The creation of a conditional knockout (KO) and an IL12rb2 reporter allele in mice made it possible to identify IL-12 sensitive cells and their systematic deletion in the skin stroma and hematopoietic compartment. It was found that the deletion of IL12rb2 in the hematopoietic compartment does not affect the development of Aldara-induced psoriasis-like inflammation. At the same time, depletion of IL12rb2 in keratinocytes exacerbated the development of the disease. Thus, protective IL-12 signaling blocks keratinocyte hyperproliferation, maintains skin barrier integrity, and counteracts inflammation. The fact that IL-12 has a strong effect on the stroma of affected tissue supports the suggestion that psoriasis is not primarily the result of immune dysfunction, but may be a consequence of altered tissue homeostasis. Thus, it was found that the protective effect of IL-12 in psoriasis is directed to keratinocytes and consists in blocking the hyperproliferation of these cells, maintaining the integrity of the skin barrier and, as a result, counteracting the development of inflammation.

The results presented in this work show that the peptide LKEKK in the concentration range of 10–1000 nM does not affect the secretion of IL-10, IL-17, IFN-γ and TNF-α by keratinocytes obtained from the skin of patients with psoriasis; at the same time, IL-12 at concentrations of 50–1000 nM significantly increases the production of IL-10 and IFN-γ by these cells, suppresses their secretion of IL-17, and does not affect the level of TNF-α secretion (Table 2).

Np5/IL-12 (nM)	IL-10	IL-17	IFN-γ	TNF-α
	(pg/mg protein ± SEM)			
- (Control)	10 ± 2	336 ± 42	95 ± 14	272 ± 23
10	11 ± 2/ 12 ± 2	330 ± 45/ 324 ± 45	90 ± 12/ 99 ± 12	274 ± 27/ 278 ± 29
20	12 ± 2/ 15 ± 3	339 ± 40/ 308 ± 44	90 ± 15/ 120 ± 13*	270 ± 22/ 275 ± 25
50	10 ± 2/ 26 ± 4*	335 ± 39/ 265 ± 32*	98 ± 14/ 163 ± 19*	272 ± 20/ 277 ± 28
100	12 ± 2/ 44 ± 4*	333 ± 46/ 237 ± 28*	96 ± 15/ 276 ± 29*	269 ± 24/ 273 ± 23
500	10 ± 2/ 43 ± 6*	330 ± 38/ 228 ± 32*	95 ± 13/ 282 ± 34*	279 ± 28/ 271 ± 27
1000	11 ± 2/ 46 ± 5*	338 ± 45/ 230 ± 36*	97 ± 16/ 289 ± 37*	273 ± 24/ 275 ± 26

\* Significant difference from the control (P < 0.05).

**Table 2: Effect of peptide LKEKK (Np5) on IL-12-induced production of IL-10, IL-17, TNF-α by keratinocytes from human psoriatic skin**

We studied the effect of the LKEKK peptide on the ability of IL-12 to regulate the secretory activity of psoriatic keratinocytes in vitro. For this, the cells were treated with peptide (10–1000 nM) and IL-12 (250 nmol/mL) was added to induce cytokine secretion. In parallel, the peptide with an inverted KKEKL sequence was tested as a negative control. Experiments showed that treat-

ment of keratinocytes with the peptide LKEKK in the concentration range of 50–1000 nM increased the production of IL-10 and IFN-γ in a dose-dependent manner, decreased the secretion of IL-17, and did not affect the production of TNF-α (Table 3). The peptide with the inverted sequence was inactive, indicating a high specificity of the LKEKK peptide action.

Peptide (nM)	Cytokine (pg/mg protein ± SEM)		
	IL-10	IFN-γ	IL-17
Control (250 nM IL-12)	43.3 ± 3.6	273 ± 24	332 ± 36
10	46.7 ± 4.3	282 ± 27	305 ± 39
50	60.9 ± 4.6*	303 ± 29	270 ± 21*
100	68.8 ± 6.0*	347 ± 35*	242 ± 25*
250	78.5 ± 6.2*	359 ± 30*	232 ± 23*

500	79.3 ± 6.7*	363 ± 32	224 ± 32*
1000	78.8 ± 7.3*	366 ± 38*	220 ± 36*

\* Significant difference from the control (P < 0.05).

**Table 3: Effect of the peptide LKEKK on IL-12-induced production of cytokines by keratinocytes from the skin of patients with psoriasis**

As noted above, we recently showed that the LKEKK peptide binds with high affinity and specificity to normal human keratinocytes and, in the concentration range of 50–1000 nM, reduces IL-17A-induced production of TNF- $\alpha$ , IL-6, IL-1 $\alpha$  and increases production of IL-10 *in vitro* [5, 6]. The results presented in this work show that the peptide is not able to directly influence the secretory activity of keratinocytes in psoriasis-affected skin: its effect on the production of IL-10, IFN- $\gamma$ , and IL-17 by these cells mediates IL-12.

An *in vivo* study of the activity of the LKEKK peptide in a model of IMQ-induced psoriasis in mice showed that its daily ap-

plication to the ear (150 500  $\mu$ g) together with Addara's cream containing 5% IMQ for 6 days significantly suppresses the development of the inflammatory process (Table 4): it can be seen that the effect of the peptide depended on its dose. It is known that IMQ-induced dermatitis in mice closely resembles human psoriasis lesions in terms of phenotypic and histological characteristics, and that the development of the lesion is critically dependent on IL-23 and IL-17 [42]. Since the ability of IL-12 to suppress the secretion of IL-17 *in vitro* increases significantly in the presence of the peptide LKEKK, it can be assumed that a similar effect also occurs *in vivo*.

Action	Increase in ear thickness (mm)/experiment day					
	1	2	3	4	5	6
Aldara <sup>1</sup>	0.7 ± 0.1	1.5 ± 0.2	1.8 ± 0.2	2.7 ± 0.2	3.2 ± 0.3	3.8 ± 0.2
Aldara + Np5 <sup>2</sup>	0.8 ± 0.1	1.4 ± 0.3	1.7 ± 0.3	2.5 ± 0.2	2.9 ± 0.4	3.2 ± 0.3
Aldara + Np5 <sup>3</sup>	0.6 ± 0.2	1.2 ± 0.2	1.4 ± 0.2	1.8 ± 0.3*	2.3 ± 0.3*	2.5 ± 0.2*
Aldara + Np5 <sup>4</sup>	0.5 ± 0.2	0.8 ± 0.3	1.0 ± 0.2*	1.5 ± 0.2*	1.7 ± 0.3*	1.9 ± 0.3*
Aldara + Np5 <sup>5</sup>	0.5 ± 0.1	0.7 ± 0.2	0.9 ± 0.2	1.3 ± 0.2*	1.6 ± 0.2*	1.7 ± 0.3*

Note: 1 Aldara cream 60 mg daily for 6 days; 2 Addara 60 mg + Np5 50 mcg/ear daily for 6 days; 3 Addara 60 mg + Np5 150 mcg/ear daily for 6 days; 4 Addara 60 mg + Np5 300 mcg/ear daily for 6 days; 5 Addara 60 mg + Np5 500 mcg/ear daily for 6 days. \* P<0.05 compared with Addara's cream treatment, mean values ± SEM are shown.

**Table 4: Effect of the peptide LKEKK (Np5) on changes in ear thickness in mice treated with Aldara cream**

**Conclusion:** Peptide with simple structure LKEKK has significant anti-inflammatory activity and is suitable as a basis for the development of treatments for psoriasis and other inflammatory skin diseases.

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