

Dose Optimization of SDF-1 mRNA for Treating Erectile Dysfunction.

No systemic SDF-1 expression, hematological issues, or metabolic/organ pathologies identified from use of SDF-1 mRNA doses.

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BACKGROUND/INTRODUCTION

Background

- Erectile dysfunction (ED) → Low quality of life (affects about 30 million men in the US today)
- Chronic diseases (Heart, Diabetes) → Nerve/Vasculature Damage → ED
- Prostate Cancer Treatment (prostatectomy) → Nerve cannot be isolated on prostate → Nerve damage → ED
- SDF-1 protein → Endogenous repair mechanism → Restores erectile function
- Problem:** Protein has a short half-life and requires expensive frequent injections to have an effect
- Solution:** Current advances in synthetic mRNA technology (Covid-19 vaccines) → SDF-1 mRNA → Translates multiple SDF-1 proteins
- Larger therapeutic window with no frequent injections → Increased patient compliance

Hypothesis

Protein expression Dose Dependent

10µg → Not toxic

25µg → Not toxic

50µg → Toxic

Increasing

Methods

Adult Male Sprague Dawley Rats

SDF-1 mRNA Penile Injection

24 hr post-injection

N = 4/group:

- Saline
- Control Carrier
- SDF-1 mRNA 10 µg
- SDF-1 mRNA 25 µg
- SDF-1 mRNA 50 µg

Body Weight

CBC, BMP

Organ Weights

Serum ELISA

Urine

Histology

Penile ELISA

To be analyzed

RESULTS

No change in body/organ weight as a result of SDF-1 mRNA treatment

No increased systemic expression of SDF-1

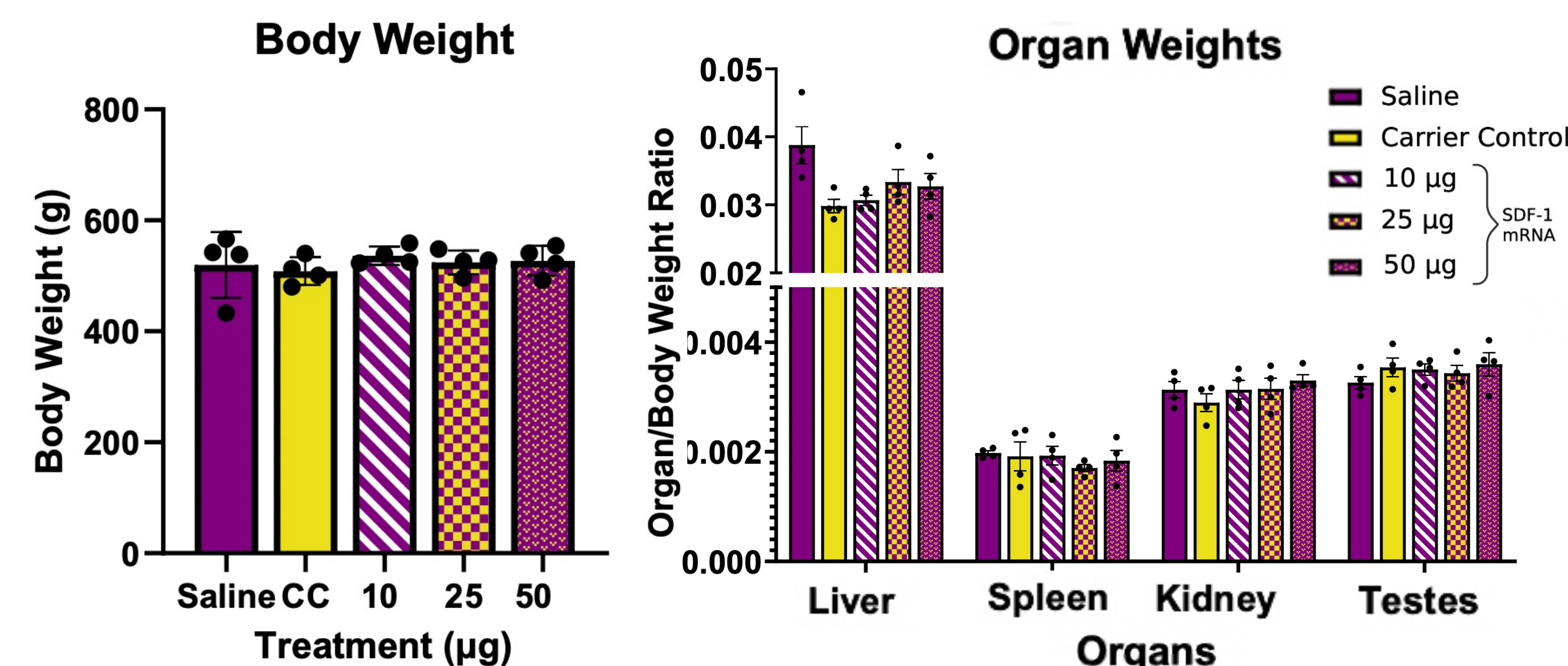


Figure 1. Rat organs were isolated 24-hrs post-injection with no significant changes in organ weights relative to body size. n=4/group (p≥0.05).

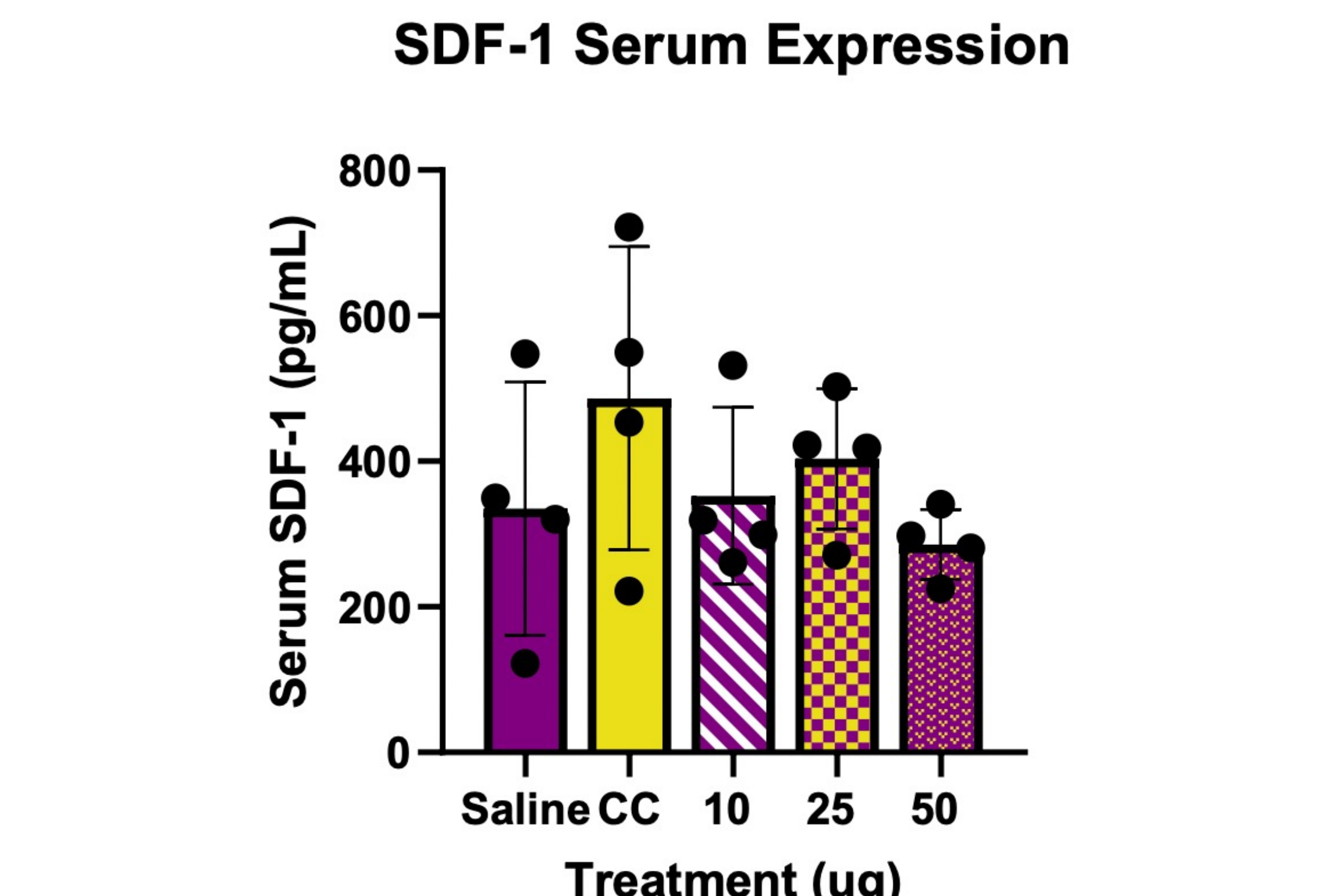


Figure 2. No systemic expression as a result of no significant differences in SDF-1 expression in serum. N=4/group ((p≥0.05).

No toxicity risk involving hematological issues or metabolic/organ pathologies

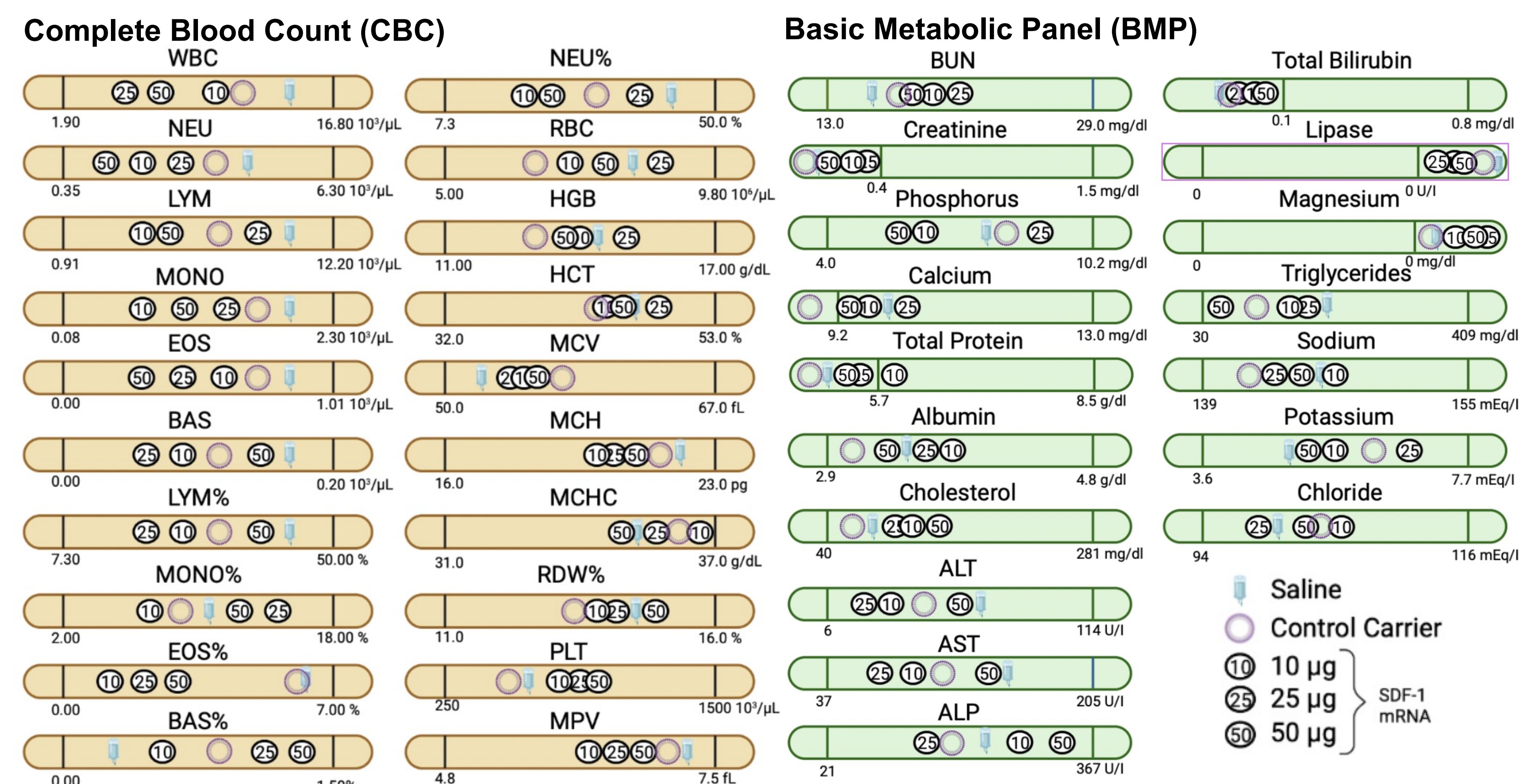






Figure 3. No significant difference observed between groups 24 hours post injections. n=4/group (p≥0.05).

FUTURE DIRECTIONS

1. Penile SDF-1 ELISA data will determine whether this therapy will provide targeted protein expression to the penis.
2. Moving forward, optimal dose will be tested at 5 various timepoints with body/organ weights, CBC, BMP, and ELISA to analyze chronic effects.
3. Pre-clinical efficacy study will be performed with optimal SDF-1 mRNA dose to analyze erectile function recovery in BCNI rats.

CONCLUSION

- The three administered doses have:
-  No change in body/organ weights
 -  No systemic SDF-1 expression
 -  No hematological issues
 -  No identified metabolic/organ pathologies