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MEETING ABSTRACT

## A2.26

## Synthetic HDL nanodiscs as a drug candidate in pulmonary inflammation

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**Background:** High-density lipoproteins (HDLs) are anti-inflammatory lipoprotein particles whose function and composition are critically altered in disease. Therefore, it is reasonable to replace or even increase the loss of HDL function in inflammation. Apolipoprotein A-I (ApoA-I) is the most abundant protein of HDL and is primarily responsible for its well-documented immunomodulatory effects. Artificially synthesized 18–37-amino-acid-long peptides that mimic the activity of full-length ApoA-I are being evaluated in clinical trials for atherosclerosis (e.g. NCT04216342). Due to the ease of production and highly specific nature, peptidomimetics are naturally preferred as drug candidates. We aim to re-purpose novel HDL-mimetic nanoparticles, targeting inflammation in the lung.

Methods: We prepared differentially lipidated ApoA-I-mimetic nanoparticles using the NanoAssemblr™ platform and confirmed the size and morphology of the nanodiscs using transmission electron microscopy and native gel electrophoresis. Cholesterol efflux capacity of nanoparticles was measured using macrophages labelled with [<sup>3</sup>H]cholesterol. Anti-inflammatory effects on human granulocytes were evaluated with chemotaxis assay and flow cytometry. In vivo experiments were performed with IL-5 transgenic and C57BL/6 mice. Results: Upon testing the functionality, we found that the nanodiscs potently mobilised cholesterol in vitro and in vivo. Moreover, the nanodiscs significantly suppressed monocyte activation and neutrophil integrin activation, and down-modulated the human eosinophil migration response to eotaxin and prostaglandin D<sub>2</sub>. Synthetic HDL nanodiscs also reduced eosinophil transmigration in response to eotaxin in IL-5 transgenic mice. All these effects were dependent on the lipidation status of the nanoparticles.

**Discussion:** ApoA-I-mimetic peptide-based nanodiscs have therapeutic potential in hyper-inflammatory and hyper-eosinophilic diseases such as sepsis and asthma, where immune cell migration and activation is a critical factor for disease exacerbation.

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