



# DECORIN INCREASES SURVIVAL AND AMELIORATES DISEASE PHENOTYPE OF COL7A1 HYPOMORPHIC MICE

F Cianfarani<sup>1</sup>, A Nyström<sup>3</sup>, VR Mittapalli<sup>3</sup>, S Mastroeni<sup>2</sup>, D Abeni<sup>2</sup>, L Bruckner-Tuderman<sup>3</sup>, G Zambruno<sup>4</sup>, D Castiglia<sup>1</sup>, T Odorisio<sup>1</sup>

1. Lab. Molecular and Cell Biology, and 2. Clinical Epidemiology Unit, IDI-IRCCS, Rome, Italy; 3. Dept. Dermatology, University of Freiburg, Germany; 4. Genetic and Rare Diseases Research Area, Bambino Gesù Children's Hospital-IRCCS, Rome, Italy

## BACKGROUND

- Recessive dystrophic epidermolysis bullosa (RDEB) is a rare skin blistering disease due to mutations in the gene *COL7A1* coding for type VII collagen.
- In RDEB, unremitting skin and mucosal blistering leads to chronic wounds, inflammation and fibrosis; these features are responsible for more severe disease complications, such as pseudosyndactyly, esophageal stenosis and squamous cell cancer.
- Recent studies highlighted the role of the TGF- $\beta$  pathway in modifying RDEB severity, and our previous findings showed that **the proteoglycan decorin (DCN)**, an extracellular matrix component and a biological TGF- $\beta$  inhibitor, **may influence disease outcome by counteracting TGF- $\beta$  profibrotic and proinflammatory activity** (Odorisio et al, Hum Mol Gen 2014).



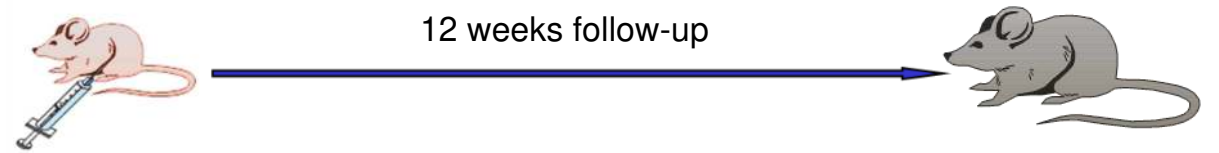
DCN appears as a potential therapeutic candidate to prevent or mitigate disease complications in patients affected with RDEB.

## AIM

TO EVALUATE DECORIN POTENTIAL IN IMPROVING RDEB DISEASE PHENOTYPE BY USING A SEVERE RDEB PRECLINICAL MODEL, THE *col7a1* HYPOMORPHIC MOUSE

Figure 1

### Lentiviral administration

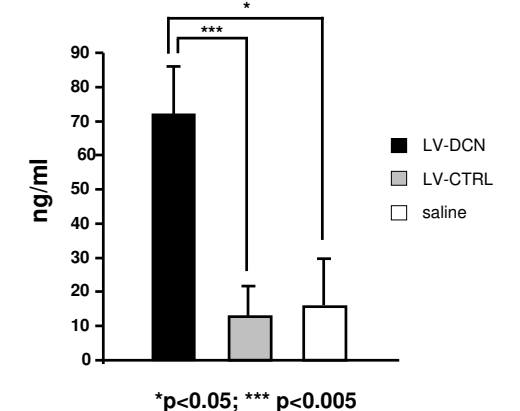


A single intraperitoneal treatment between 7 and 12 days of age:

- 1) LV-DCN ( $10^7$ TU)
- 2) LV-CTRL ( $10^7$ TU)
- 3) saline solution

Survived mice were sacrificed; back skin and forepaws were collected and analyzed

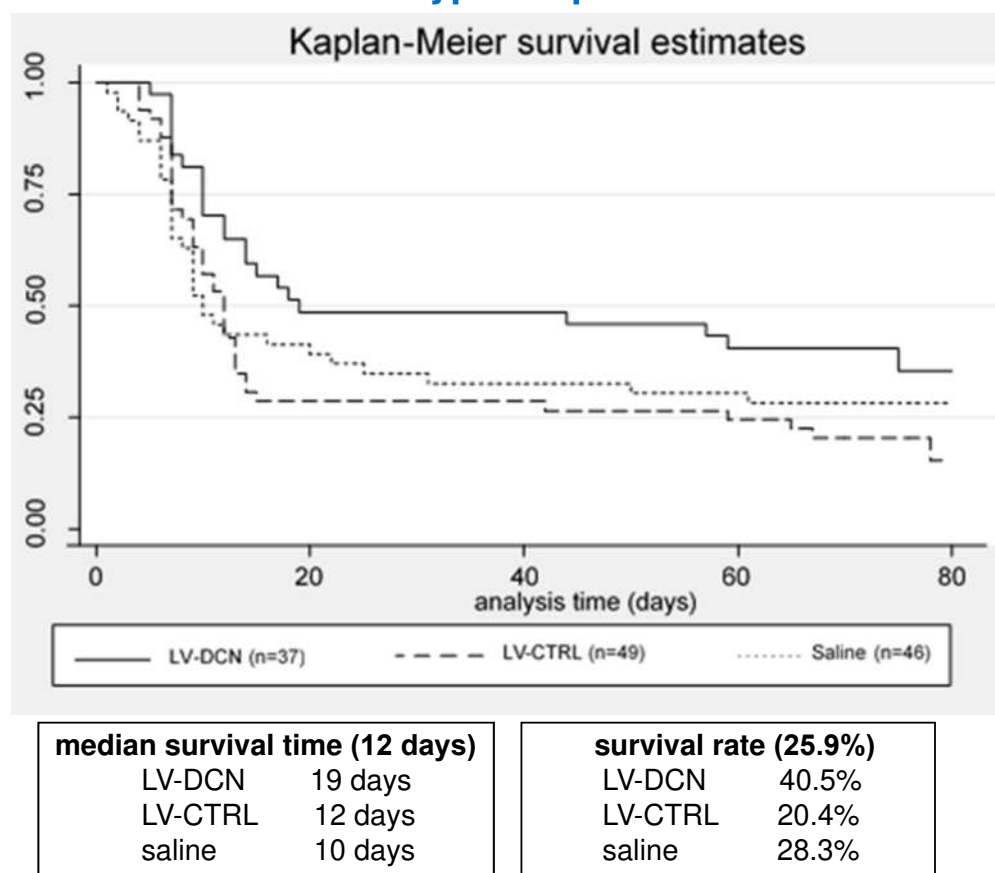
ELISA for human decorin in the skin



- Newborn *Col7a1* hypomorphic mice show a great variability in disease manifestations. They were classified into four groups according to disease severity, and animals from each group were distributed homogeneously among the three treatments.

Figure 2

### Increased survival of *col7a1* hypomorphic mice treated with LV-DCN



Pairwise comparison (Wilcoxon's test) p-values for survival rate: LV-DCN vs LV-CTRL, 0.02; LV-DCN vs Saline, 0.04; LV-CTRL vs Saline, 0.78

Figure 3

### Increased digit length and reduced digit loss in LV-DCN-treated mice

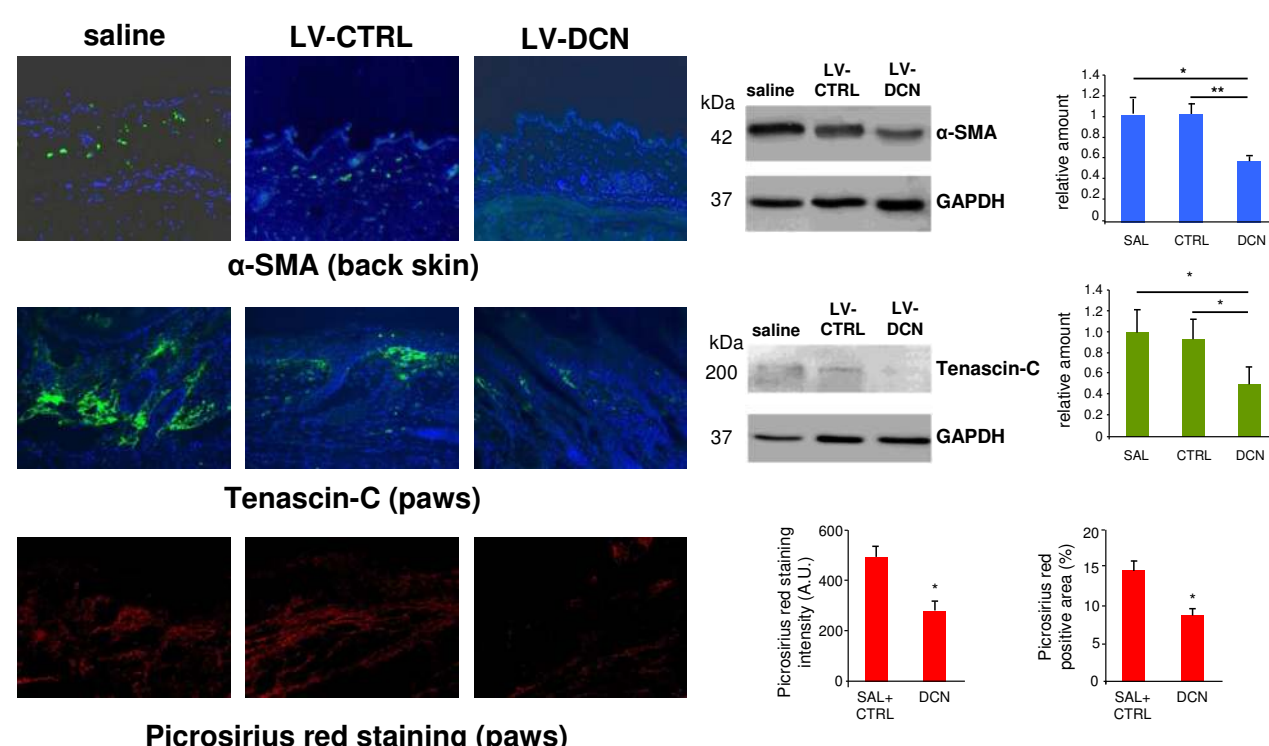
	Digit length (cm)			p-value	LV-DCN	LV-CTRL	saline	Digit loss		
	baseline	12 weeks						DCN (%)	CTRL (%)	saline (%)
LV-DCN	0.26 ( $\pm 0.03$ )	0.32 ( $\pm 0.04$ )	0.03				no	9 (64.3)	2 (22.2)	1 (8.3)
LV-CTRL	0.26 ( $\pm 0.02$ )	0.26 ( $\pm 0.03$ )	0.78				yes	5 (35.7)	7 (77.8)	11 (92.7)
saline	0.24 ( $\pm 0.06$ )	0.23 ( $\pm 0.03$ )	0.12				Total	14	9	12

DCN vs saline, p = 0.005

- At the endpoint, only *col7a1* hypomorphic mice treated with LV-DCN exhibit a significant increase in digit length.
- A reduction in digit loss was observed in *col7a1* hypomorphic mice treated with LV-DCN as compared to control treatments.

Figure 4

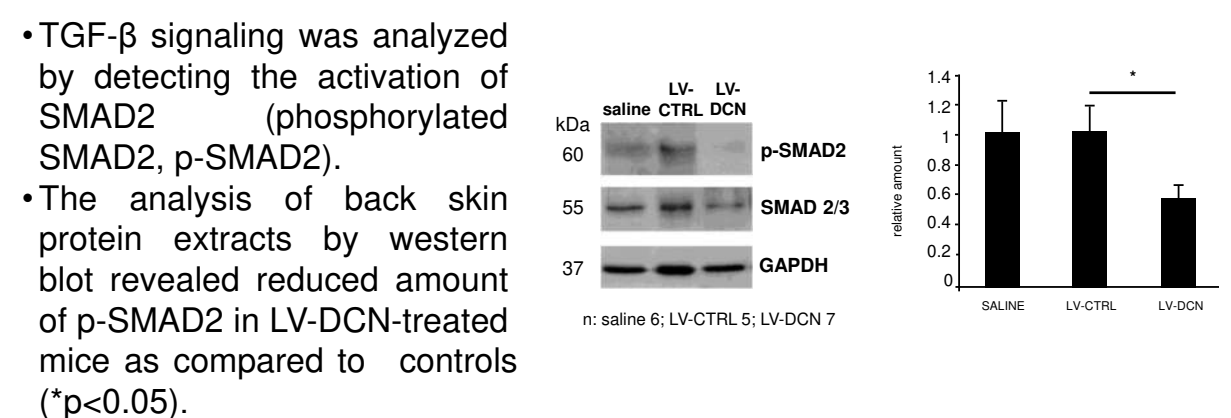
### Reduced fibrosis in the skin of LV-DCN-treated mice



- As markers for tissue fibrosis,  $\alpha$ -smooth muscle actin ( $\alpha$ -SMA, expressed by myofibroblasts) and Tenascin-C (an extracellular matrix glycoprotein promoting fibrosis via Toll-like receptor 4 binding) were analyzed by immunofluorescence in forepaws, and by immunofluorescence and western blot in back skin (n= saline 8; LV-CTRL 6; LV-DCN 9).
- The expression of  $\alpha$ -SMA and Tenascin-C was significantly reduced in both back skin and paws in LV-DCN treated mice as compared to controls.
- Staining by picrosirius red to visualize collagen networks/bundles under polarized light was reduced in skin samples from the forepaws of LV-DCN treated mice; the reduction was significant when control values were pooled and analyzed against LV-DCN values. However, this reduction was not evident in skin samples from back skin. (\*p<0.05; \*\*p<0.01).

Figure 5

### Reduced TGF- $\beta$ signaling in the skin of LV-DCN-treated mice



- TGF- $\beta$  signaling was analyzed by detecting the activation of SMAD2 (phosphorylated SMAD2, p-SMAD2).
- The analysis of back skin protein extracts by western blot revealed reduced amount of p-SMAD2 in LV-DCN-treated mice as compared to controls (\*p<0.05).

## CONCLUSIONS

- By contrasting TGF- $\beta$ -driven fibrosis, DCN is able to alleviate disease symptoms and increase survival rate of *Col7a1* hypomorphic mice.
- Our data corroborate the results obtained by systemically treating *col7a1* mice with losartan, a drug interfering with TGF- $\beta$  signaling (Nyström et al, EMBO Mol Med 2015). These findings advocate clinical testing of anti TGF- $\beta$  pathway agents for symptom-relief therapies in RDEB.

Study supported by an E-Rare grant (EBThera) and by the Italian Ministry of Health