

## NEUROPROTECTIVE EFFECTS OF CELECOXIB AGAINST $\beta$ -AMYLOID-INDUCED DAMAGE THROUGH THE REGULATION OF HEME OXYGENASE-1 IN SH-SY5Y CELLS

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**Introduction:** Neuroinflammation and free radical production, as consequences of both amyloid- $\beta$ -peptide (A $\beta$ ) and tau protein deposition, are responsible for the neuronal death occurring in Alzheimer's disease (AD) patients. A well-known approach to counteract neural damage in AD is the enhancement of cell stress response. In this regard, several studies have demonstrated an up-regulation of heme oxygenase-1 (HO-1) in both brain tissue and lymphocytes from AD patients. The rationale underlining HO-1 overexpression is the attempt of brain tissue to react against reactive oxygen species (ROS)-induced damage due to the pleiotropic neuroprotective effects of HO-1 by-products, mainly carbon monoxide (CO). The present study was aimed to evaluate the differential modulation by oligomeric versus fibrillar A $\beta$  (oA $\beta$  and fA $\beta$ , respectively) on HO-1 expression. Furthermore, the antioxidant and neuroprotective outcomes of the antiinflammatory drug celecoxib (CXB), whose involvement in the prophylaxis of AD is still questioned, secondary to HO-1 regulation, has been investigated.

**Materials and methods:** To study the effects of celecoxib on oA $\beta$ - and fA $\beta$ - mediated regulation of HO-1, the human neuroblastoma cell line SH-SY5Y has been used. Both oA $\beta$  and fA $\beta$  structural conformation has been evaluated by light scattering and atomic force microscopy. HO-1 protein has been assayed by Western-Blot, whereas intracellular ROS have been measured by the fluorescent probe dichlorofluorescein. The nuclear factor (erythroid-derived 2)-like 2 (Nrf2) has been detected by immunofluorescence and confocal imaging.

**Results:** Treatment with oA $\beta$  (6.25-50 nM; for 24h) or fA $\beta$  (1.56-12.5nM; for 24h) dose-dependently increased HO-1 expression in SH-SY5Y neurons. CXB (0.5-10  $\mu$ M) for 1h, further up-regulated oA $\beta$  (25nM)- and fA $\beta$  (6.25nM)- induced HO-1 levels. Furthermore, CXB (10  $\mu$ M) counteracted the oA $\beta$  (25nM)- and fA $\beta$  (6.25nM)- related increase of ROS levels. In order to link CXB-mediated ROS reduction with HO-1 over-expression, the HO inhibitor Zn-protoporphyrin-IX (Zn-PP-IX) was used. Indeed, Zn-PP-IX (2.5  $\mu$ M) for 24h reverted the antioxidant effects of CXB (10  $\mu$ M), suggesting that one of HO-1 by-products is responsible for the CXB-mediated ROS decrease. The CO donor CORM-2 (50 nM) reverted both oA $\beta$ - and fA $\beta$ - mediated ROS production, whereas the antioxidant effect of bilirubin (50 nM) was limited to fA $\beta$ . With regard to the mechanism(s) through which CXB over-expresses HO-1 induction, the drug has been shown to favor the nuclear translocation of the transcriptional inducer Nrf2, and this effect was greater in SH-SY5Y cells exposed to oA $\beta$  than fA $\beta$ . Finally, both CO and BR have been demonstrated to impair A $\beta$  oligomerization and fibril formation, thus widening the mechanism(s) involved in their neuroprotective outcomes.

**Discussion and conclusions:** These results unraveled a novel mechanism of action for CXB, independent of cyclooxygenase-2 (COX-2) blockade and mediated by HO-1 induction. In addition, the greater effects of CXB against oA $\beta$ -mediated Nrf2 translocation and ROS generation, lend support to the hypothesis of a more efficient neuroprotective role of this drug during the early stage of A $\beta$  oligomerization. However, since A $\beta$  transition from soluble oligomers to insoluble fibrils is a continuum and considering the effects of CXB on both oA $\beta$ - and fA $\beta$ - mediated HO-1 over-expression, it is possible to argue a potential therapeutic synergy between COX-2 inhibition and HO-1 enhancement over the whole stages of AD development. In conclusion, this study may help in refining our knowledge into the pathophysiological underpinnings of a multifactorial disease such as AD. A multi-target drug design accompanied by an early fast-acting treatment stratagem will offer novel clues for the development of innovative and efficient therapeutic strategies.