

CARDIOPROTECTIVE PROPERTIES OF A PROMISING ISOTHIOCYANATE: FROM THE H₂S-RELEASING PROPERTIES TO THE *IN VIVO* CARDIOPROTECTIVE EFFECTS

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Introduction: The endogenous gasotransmitter hydrogen sulfide (H₂S) is an important regulator of the cardiovascular system, particularly of myocardial function. Moreover, H₂S exhibits cardioprotective activity against ischemia/reperfusion (I/R) or hypoxic injury and is considered an important mediator of "ischemic preconditioning". Accordingly, isothiocyanates molecules, that act as H₂S-donors, are viewed as promising therapeutic agents for a number of cardiovascular diseases. In this work, a small library of isothiocyanates has been synthesized and all the compounds were evaluated for their H₂S releasing properties; through a computational analysis of their physicochemical properties, the compound named ISOTHIA25 has been selected to further investigation about its protective activity both *in vitro* and *in vivo* experimental procedures of I/R injury.

Material and methods: The H₂S releasing properties of the isothiocyanates were evaluated by an amperometric approach. Furthermore, the analysis of the physico-chemical properties has been performed to predict their physico-chemical properties in order to prioritize the best predicted compounds for a comprehensive pharmacological characterization. After this first screening, the ISOTHIA25 was selected to investigate its pharmacological effects: the H₂S release was measured into the H9c2 cell line (rat cardiomyoblasts) by a specific dye (WSP-1). The protective effect of ISOTHIA25 was first evaluated *in vitro*: H9c2 were treated with the isothiocyanate for 1h, and then exposed to H₂O₂ 200 μM for 2h; cell viability was measured with the WST-1 method. The cardioprotective effect of ISOTHIA25 was evaluated in an *ex vivo* rat model of myocardial I/R: male Wistar rats were treated *i.p.* with increasing concentrations of ISOTHIA25. After 2h, the animals were anaesthetized, sacrificed and the heart was subjected to an I/R injury. The ischemic area was detected by 1% aqueous solution of tetrazolium chloride and the LDH enzyme activity was measured in the perfusate. Furthermore, the ISOTHIA25 cardioprotection has been also evaluated in an *in vivo* model of acute rat myocardial infarction.

Results: In the presence of L-Cysteine, all the isothiocyanates were able to release H₂S in a cell-free environment while in the absence of the organic thiols, the release of H₂S was negligible. The computational analysis led to the selection of the compound named ISOTHIA25, which was able to release about 60 μM of H₂S when incubated at the concentration of 1 mM in the presence of L-Cysteine and which showed good solubility and a promising ADME profile. Furthermore, ISOTHIA25 was able to enter into the H9c2 cells and release H₂S in a concentration dependent manner without the addition of exogenous organic thiols. The protective effect was first evaluated using H9c2: the incubation of ISOTHIA25 before the treatment with H₂O₂, led to a significant recovery in cell viability in a concentration dependent manner, with an almost complete recovery of the viability when incubated at the concentration of 1 μM. The H₂S-donor ISOTHIA25 has been then tested in different experimental models of myocardial I/R: in Langendorff-perfused rat hearts subjected to I/R, ISOTHIA25 significantly improved the post-ischemic damage, limiting the tissue injury in a concentration dependent manner. Accordingly, also the LDH biomarker was reduced. These effects were antagonized by 5-hydroxydecanoic acid (a blocker of mitoK_{ATP} channels). Finally, in an *in vivo* model of acute myocardial infarction in rats, ISOTHIA25 significantly decreased I/R-induced tissue injury.

Discussion and conclusion: ISOTHIA25 exhibits H₂S releasing properties both in a cell-free and in a cell-based assay, and due to this property, has cardioprotective effects *in vitro* and *in vivo*. Thus, isothiocyanate-based H₂S-releasing drugs, like ISOTHIA25, can actually be considered a suitable pharmacological option in anti-ischemic therapy.