

# GALA-based SOM (Somah) Protects Coronary Endothelial and Vasomotor Function following Ex Vivo Heart Perfusion

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## BACKGROUND

- Ex Vivo Heart Perfusion (EVHP)** has been developed to address paucity of donor hearts for transplantation and **enables use of organs donated after circulatory death**.
- Endothelial dysfunction remains the hallmark of transplantation injury**, increasing the risk of Primary Graft Failure and Cardiac Allograft Vasculopathy.
- EVHP provides a platform to **mitigate coronary ischemia-reperfusion injury (IRI)**; however, optimal perfusate composition has yet to be determined.
- We investigated the effects of **Somah**, a solution designed to meet energy requirements of coronary endothelium, and **STEEN**, a primary perfusate component for ex-vivo perfusion, on **coronary artery reperfusion injury**.

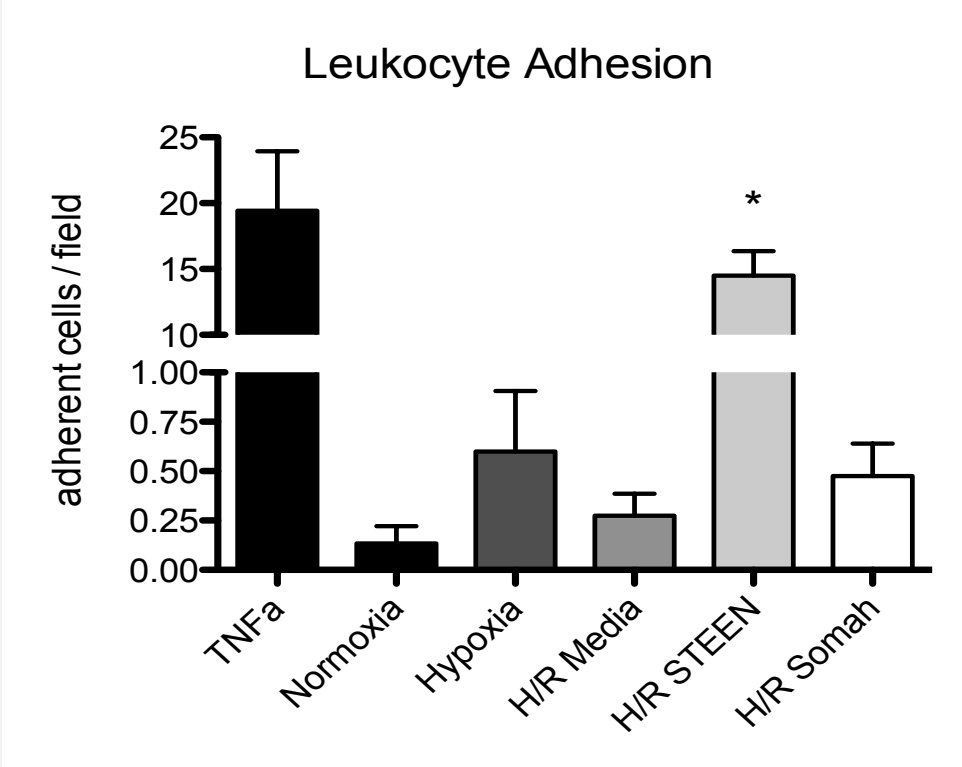
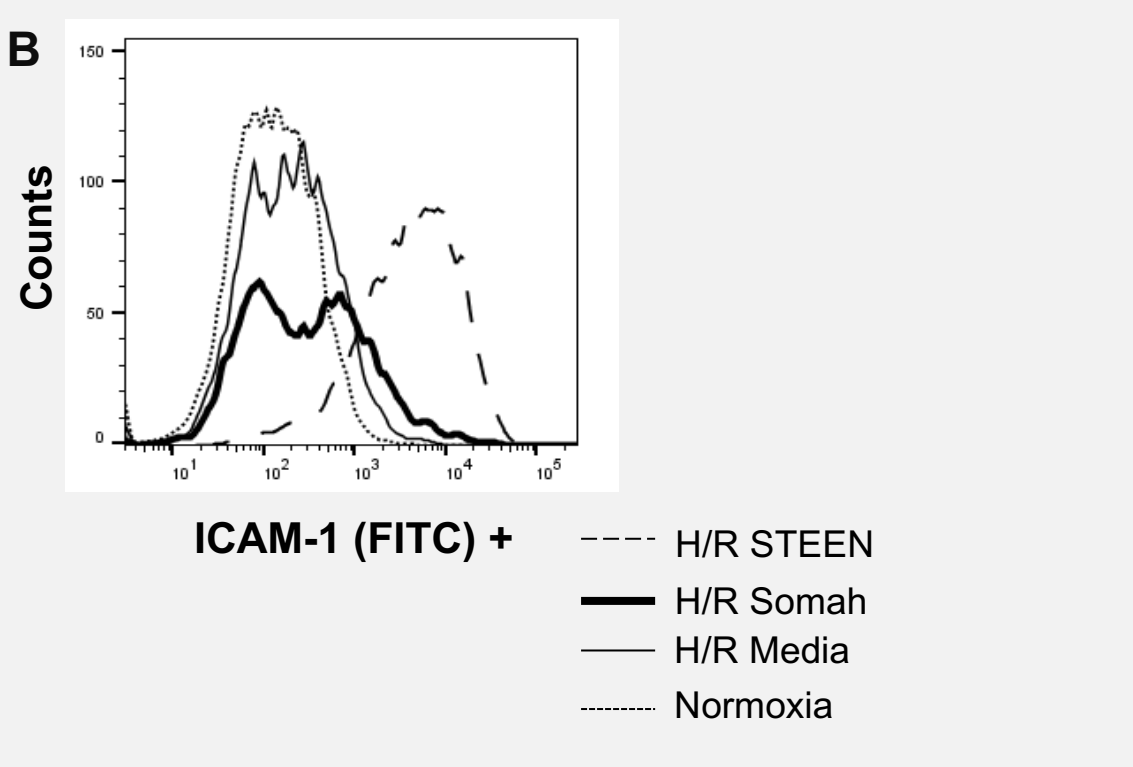
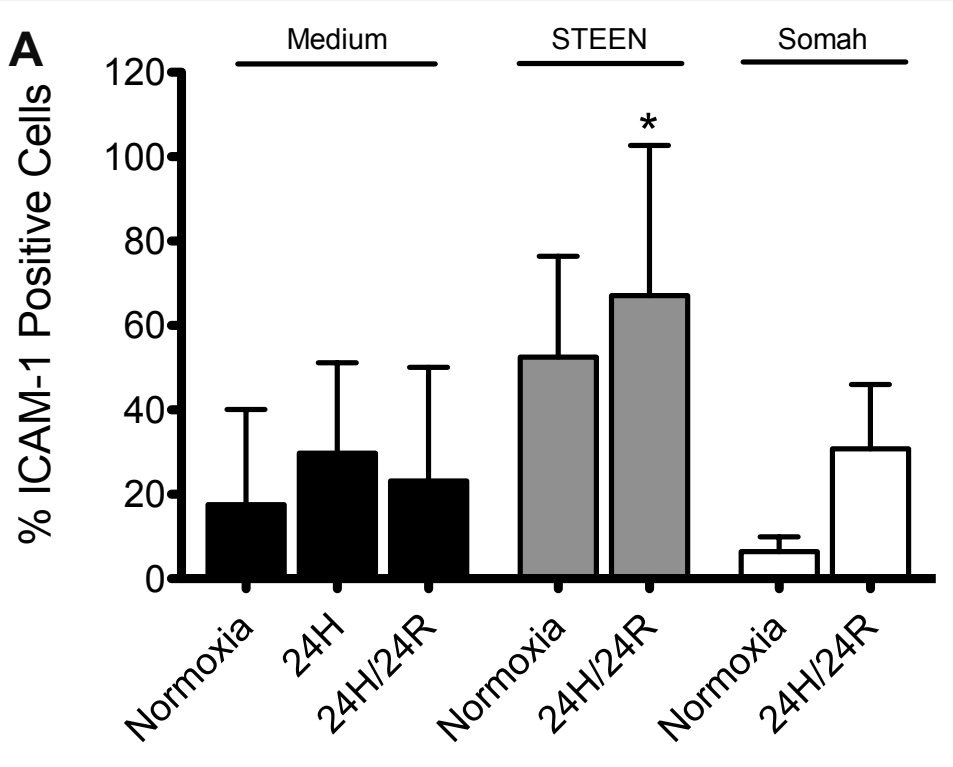
## METHODS

*In vitro:*

- HCAEC were exposed to 24 hours of hypoxia (0.1% O<sub>2</sub>) in culture medium followed by 24 hours of reoxygenation (21% O<sub>2</sub>) in either culture medium, STEEN or Somah solutions to simulate the *ex vivo* reperfusion setting;
  - ICAM-1 cellular surface expression was analyzed by flow cytometry and leukocyte adhesion by a dynamic leukocyte adhesion assay;
- Ex vivo:*

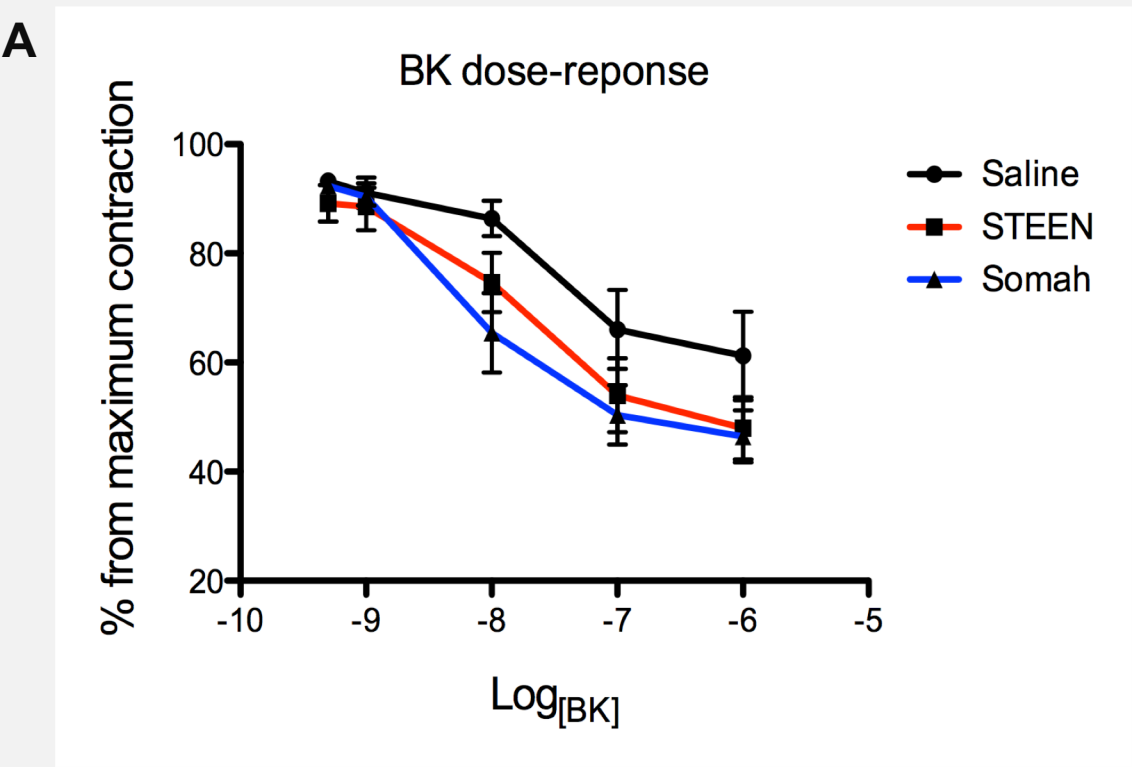
- Nine porcine hearts were submitted to 4 hours of EVHP on a custom-made system;
- Hearts were divided into 3 groups according to perfusate composition: Saline, STEEN, or Somah added to whole blood;
- Following EVHP, endothelial-dependent (E<sub>dep</sub>) and independent (E<sub>ind</sub>) vasorelaxation were assessed on segments of Left Anterior Descending artery using a vessel myograph.

## RESULTS

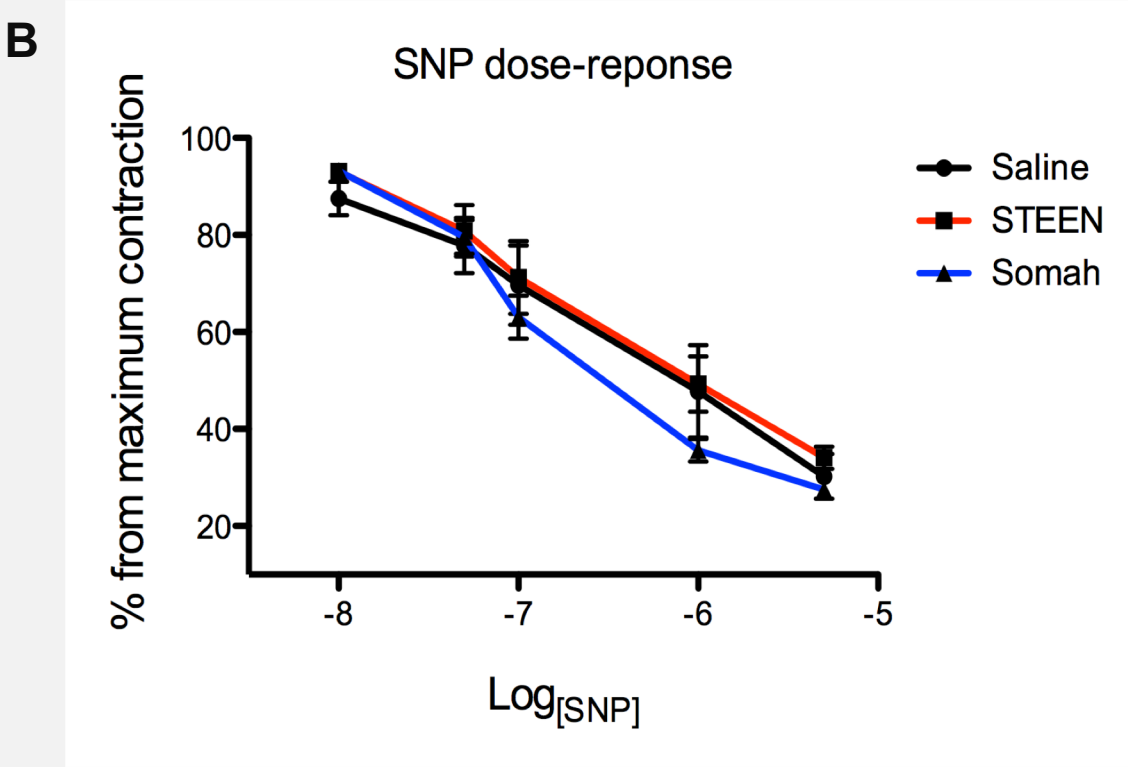


**Figure 1.** ICAM-1 cell surface expression. A: Surface expression of ICAM-1 was significantly increased in the STEEN group, while reoxygenation in Somah demonstrated similar levels to normoxic cells (Control: 16.6, EC Medium: 20, STEEN: 69.1, Somah: 29.6% of ICAM-1 positive cells; p<0.05; n=4/group). B: Histogram of ICAM-1 positive HCAEC.

**Figure 2.** Leukocyte adhesion. STEEN demonstrated significant increase in leukocyte adhesion compared to Somah and culture media (Normoxia: 0.13, H/R EC Medium: 0.27, H/R STEEN: 14.5, H/R Somah: 0.47 cells/field; p<0.001; n=4/group).



|                     | Saline         | STEEN         | Somah        | p     |
|---------------------|----------------|---------------|--------------|-------|
| LogIC <sub>50</sub> | -5.48 ± 0.38*# | -6.38 ± 0.23# | -6.6 ± 0.19* | 0.011 |
| E <sub>max</sub> %  | 40.1 ± 8       | 52.3 ± 6      | 55.1 ± 5     | 0.242 |



|                     | Saline       | STEEN         | Somah         | p     |
|---------------------|--------------|---------------|---------------|-------|
| LogIC <sub>50</sub> | -6.11 ± 0.15 | -5.99 ± 0.11* | -6.35 ± 0.06* | 0.034 |
| E <sub>max</sub> %  | 70 ± 4       | 65.9 ± 2*     | 72.6 ± 2*     | 0.192 |

**Figure 3.** Coronary vasomotor function. A: Endothelial-dependent (E<sub>dep</sub>) vasorelaxation. B: Endothelial-independent (E<sub>ind</sub>) vasorelaxation. Coronary segments from both Somah and STEEN hearts demonstrated significantly improved E<sub>dep</sub> vasorelaxation compared to Saline (LogIC<sub>50</sub> Saline -5.5, STEEN -6.4, Somah -6.6; p=0.01). Somah group showed a significantly greater E<sub>ind</sub> vasorelaxation compared to STEEN group (LogIC<sub>50</sub> STEEN -6, Somah -6.4; p=0.03) and a non-significant trend towards improved vasorelaxation compared to Saline group (LogIC<sub>50</sub> -6.1). \*p<0.05; #p<0.05; n=3/group. BK: Bradykinin. SNP: Sodium Nitroprusside. E<sub>max</sub>: maximum vasorelaxation from baseline (%). LogIC<sub>50</sub>: dose to achieve 50% of E<sub>max</sub>.

## CONCLUSIONS

- STEEN increased cellular adhesion molecule expression, leading to increased leukocyte adhesion to endothelial cell surface, while Somah demonstrated similar levels to normoxic controls;
- Coronary segments from both Somah and STEEN hearts demonstrated improved E<sub>dep</sub> vasorelaxation compared to Saline; Somah also showed improved E<sub>ind</sub> vasorelaxation compared to STEEN group;
- Overall, Somah better preserved coronary vasomotor function following EVHP, while STEEN solution increased endothelial injury;
- While the role of STEEN solution during EVHP remains to be further investigated, the addition of Somah to the perfusate can improve cardiac preservation and limit reperfusion injury.

## REFERENCES

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## DISCLOSURE

I will discuss the off label and/or investigational use of STEEN Solution™ and GALA-based SOM (Somah).

STEEN was provided by XVIVO.

Somah was provided by Somahlution.