KUMAR Molecular Design of Peptides to Address Growth Deficiency in Children $\mathbb{U}\mathbb{U}\mathbb{U}$ Research Group **Albert Mousad and Prof. Krishna Kumar**

Introduction

The prevalence of Growth Hormone Deficiency (GHD) has been estimated to be approximately 1:4000 in children, with adult-onset GHD accounting for an additional approx. 6000 cases per a year.¹ Clinical presentation often manifests as shorter stature, but also slowed growth rate, decreased muscle mass and bone density, and other signs of delayed puberty. This shorter stature phenotype is observed due to inadequate secretion of growth hormone (GH) from the anterior pituitary, and the prevailing current standard for treatment of GHD is the use of expensive daily injections of recombinant growth hormone.

A superior treatment would feature less frequent administration with restoration of endogenous GH production and pulsatile secretion. A potential route to attain such a treatment is by the stabilization of the human growth hormone-releasing hormone (hGHRH) peptide. hGHRH is a 44-a.a. hormone produced in the arcuate nucleus of the hypothalamus. The main role of hGHRH is to stimulate the pituitary gland to produce and release growth hormone into the bloodstream by first binding to its receptor, growth hormonereleasing hormone receptor (GHRHR). GHRHR is a G-protein coupled receptor (GCPR) meaning the binding of GHRH at the surface activates internal signal transduction pathways and ultimately, the desired cellular response of GH release (Figure 1).

Previous Work

While, hGHRH seems like a very viable candidate for study to make stable drug therapeutics for patients with GHD, the most significant issue with GHRH is its short half-life of approx. 6-8 minutes,³ meaning in its current state it has limited therapeutic potential and would require multiple daily injections or infusion by a pump.



duration of action and in vivo potency of the peptide.⁶



 $R = hGHRH(1-29)-NH_2$

Figure 5. Summary of arrow pushing in the reductive amination - formation of an alkylated amine from the reaction of an aldehyde with another amine and a reducing agent.

Figure 3. Degradation is due to the predominant rapid cleavage of Tyr1 and Ala2 by Dipeptidyl Peptidase-4 (DPP-4) that leaves the peptide completely inactive of the receptor.⁴ Another source of degradation occurs at the dibasic cleavage sites due to trypsin cleavage, which while still significant is both much slower and independent of DPP-4 cleavage.⁴

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Although there are some modifications, including ones already shown to protect against DPP-IV degradation (see Figure 6), there has yet to be a clear study detailing how promiscuous the receptor is to Nterminal alkylations. Creating two peptides one to test for size and the other to test for charge, would allow for more investigation into the peptide-receptor interaction and perhaps even provide a more potent analog. Two aldehydes were chosen to be attached to the N-terminus of hGHRH(1-29) amide via reductive amination (RA): > Adamantane-1-carbaldehyde (to test for influence of steric

bulkiness)

 \geq (2S) 2-aminopropanal ('alanine aldehyde' – to test for influence of positive charge)

2-Aminopropanal (Alanine Aldehyde) RA Product

ADAIFTNSYRKVLGQLSARKLLQDIMSR—NH₂

Adamantane-1-carbaldehyde RA Product

~ADAIFTNSYRKVLGQLSARKLLQDIMSR—NH2



A mini-cleavage after the completed synthesis, yielded not only the successful RA product, but also a successful RA product with an undesired methionine oxidation (Met27). In order to eliminate this oxidation, likely acid catalyzed during cleavage, and consequently increase yield of the desired peptide during cleavage and purification, a new cleavage procedure was followed featuring the reducing agent dithiothreitol (DTT) to keep the methionine thioether reduced.¹⁰ After an additional mini-cleavage using this new cleavage cocktail confirmed the reduction of the methionine, the full cleavage of the peptide was conducted using this cleavage cocktail

Purification was conducted using Reverse-Phase High Performance Liquid Chromatography (RP-HPLC). Confirmation of the successful synthesis was conducted using Electronspray Ionization Mass

Due to use of DTT in the cleavage cocktail, a large undesired absorbance peak was observed in the crude peptide (Figure 6A), likely due to large amount of the reducing agent interfering with the absorbance of the peptide bond at 230 nm. To remove the excess DTT, solid phase extraction (SPE) was conducted

Two subsequent rounds of purification via RP-HPLC were conducted on the remaining peptide. The current state of peptide purity (Figure 6C) indicates additional purification is needed prior to cell testing with several peaks proving difficult to sperate. Further rounds of RP-HPLC will use a shallower gradient as well as a heated column to allow for a faster and



 $(-CH_2CF_3)$ modification to hGHRH(1-29) amide and observed the return to native potency in the case of C2-GHRH with DPP-4 exposure, while the native GHRH shifts rightward by ~22X following overnight incubation with DPP4 in these assay conditions

Next Steps

The full synthesis of the first of two proposed hGHRH analogs has been completed and its purification is nearly complete. The synthesis and purification of the second analog, the (2S) 2-aminopropanal RA product will be completed as well as the purification of the previously synthesized hGHRH and C2-GHRH, prior to cell testing. Pending the results of the cellular assay, the synthesis of another hGHRH analog will be evaluated, possibly an analog testing for the influence of a negative charge by conducting a similar reductive amination scheme for an aldehyde such as tert-butyl 3-oxopropanoate. Altogether, the results from these series of analogs will provide greater insight into the influence of N-terminal alkylations in the interactions between hGHRH and GHRHR and may suggest further modifications or a change of direction in terms of modification technique for the hGHRH peptide.

References

- Mutations.: 2009

- **1988**, *1* (1), 36–41

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Figure 8. Schematic of the RP-HPLC System

HPLC Colum

Stanley, T. Diagnosis of Growth Hormone Deficiency in Childhood. Current Opinion in Endocrinology, Diabetes and 2. Martari, M.; Salvatori, R. Diseases Associated with Growth Hormone-Releasing Hormone Receptor (GHRHR) 3. Thorner, M. O. The Discovery of Growth Hormone-Releasing Hormone: An Update. Journal of Neuroendocrinology. 4. Frohman, L. A.; Downs, T. R.; Heimer, E. P.; Felix, A. M. Dipeptidylpeptidase IV and Trypsin-like Enzymatic Degradation of Human Growth Hormone-Releasing Hormone in Plasma. J. Clin. Invest. 1989. 5. Thorner, M. O. The Discovery of Growth Hormone-Releasing Hormone: An Update. Journal of Neuroendocrinology. 6. (Murphy, W. A.; Coy, D. H. Potent Long-Acting Alkylated Analogs of Growth Hormone-Releasing Factor. Pept. Res. Bonner, A. G.; Udell, L. M.; Creasey, W. A.; Duly, S. R.; Laursen, R. A. Solid-Phase Precipitation and Extraction, a New Separation Process Applied to the Isolation of Synthetic Peptides. J. Pept. Res. 2001. Image from Thermo Fisher Scientific: https://www.thermofisher.com/order/catalog/product/60108-309 9. Image from Thermo Fisher Scientific: https://www.thermofisher.com/order/catalog/product/60104-232

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