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Rho-kinase inhibitors and corneal transplantation




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Rho-associated coiled-coil protein kinase (ROCK 1 & ROCK 2)

What's the fuss about Rho-kinase in glaucoma and corneal disease?

The diagram illustrates the domain architecture of ROCK1 and ROCK2. ROCK1 (top) has a RhoE binding site (residues 1-76), a GEF binding site (residues 338-354), a Kinase domain (residues 504-1015), a coiled-coil domain (residues 1015-1118), an IPRD domain (residues 1317-1354), and a Lipids binding site (residues 1354-1364). ROCK2 (bottom) has a Rad binding site (residues 1-92), a Kinase domain (residues 354-964), a coiled-coil domain (residues 1048-1150), an IPRD domain (residues 1348-1388), and a Grayscale binding site (residues 1388-1400). The Grayscale binding site is also associated with Caspase 3.

ROCK1

1 76 338 504 1015 1118 1317 1354

RhoE GEF Kinase coiled-coil domain IPRD Lipids

ROCK2

1 92 354 964 1048 1150 1348 1388

Rad Kinase coiled-coil domain IPRD Grayscale Caspase 3

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Rho Kinases in Health and Disease: From Basic Science to Translational Research

Gervaise Loirand
Rhian M. Touyz, ASSOCIATE EDITOR

Pharmacological Reviews October 2015, 67 (4) 1074-1095; DOI: <https://doi.org/10.1124/pr.115.010595>

“Rho-associated kinases ROCK1 and ROCK2 are key regulators of actin cytoskeleton dynamics downstream of Rho GTPases that participate in the control of important physiologic functions, including cell contraction, migration, proliferation, adhesion, and inflammation.”

[illegible]




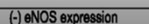
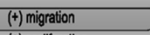
The difficult bit – the ROCK pathways

Figure 2. ROCK targets. Rho proteins can be activated by guanine nucleotide exchange factors (GEFs), which are themselves activated by receptor tyrosine kinases (RTKs), G protein coupled receptors (GPCRs), cytokines and integrins.

Rho-GTP subsequently activates ROCK1 and ROCK2 that have a broad range of substrates and are responsible for diverse cellular responses.

CIP-17, kinase C-potentiated phosphatase homolog of 17 kDa; ERM, ezrin-radixin-moesin; FHOH1, formin homology 2 domain-containing 1; GAP, GTPase activating protein; LIMK, LIM-kinase; MLC, myosin II regulatory light chain; MYPT1, myosin phosphatase target subunit 1; PTEN, phosphatase and tensin homolog deleted on chromosome 10

ROCK 1 and ROCK 2 Cellular Targets

	Inflammatory cells	Endothelial cells	Smooth muscle cells
ROCK1	 <ul style="list-style-type: none">(+) Chemotaxis(+) Release of inflammatory/proliferating factors(+) Cholesterol uptake	 <ul style="list-style-type: none">(+) I-CAM 1 expression(+) V-CAM 1 expression	
ROCK2		 <ul style="list-style-type: none">(-) eNOS expression	 <ul style="list-style-type: none">(+) migration(+) proliferation(+) blood pressure (PAP)

Therapeutic potential of ROCK inhibitors

- Potential therapeutic applicability in wide variety of conditions including:
 - asthma, cancer, erectile dysfunction, glaucoma, insulin resistance, kidney failure, neuronal degeneration, and osteoporosis.
- More than 170 ROCK inhibitors have been developed*
- Two ROCK inhibitors approved for clinical use in Japan (Fasudil and Ripasudil) and one in China (Fasudil)
 - 1995: Fasudil was approved for the treatment of cerebral vasospasm,
 - 2014: Ripasudil was approved for the treatment of glaucoma

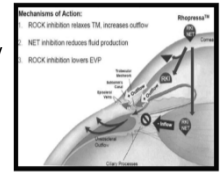


Rho Kinase (ROCK) Inhibitors and Their Therapeutic Potential.
Feng Y, LoGrasso PV, Defert O, Li R J Med Chem. 2016* Mar 24;59(6):2269-300.

Actions of ROCK inhibitors in Glaucoma

Advantage of ROCK inhibitors is that IOP reduction is achieved by four or five different mechanisms:

- Increased outflow via trabecular meshwork
- Increased outflow via the uveo-scleral pathway
- Decreased aqueous production
- Reduced episcleral venous pressure
- Possible neuroprotective role



Major limitation is high incidence of ocular hyperemia which can affect the patients' persistence and adherence.



ROCK inhibitors in glaucoma practice: effectivity

ROCK inhibitors typically produce IOP reduction comparable to Prostaglandins

ROCK inhibitors also work successfully in combination with PGA & Beta-blockers:
IOP reduction 9-12mm Hg in a combination of
Rho-kinase Inhibitor and prostaglandin analogue

Most common side effect of Rx is ocular hyperemia:
Incidence of up to 65% in clinical trials
Once-daily dosing at night minimizes this to 11%



Glaucoma drugs and the corneal endothelium

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Cornea | November 2015

Rho-Associated Kinase Inhibitor Eye Drop (Ripasudil) Transiently Alters the Morphology of Corneal Endothelial Cells

Naoki Okumura; Yugo Okazaki; Ryota Inoue; Shinichiro Nakano; Nigel J. Fullwood; Shigeru Kinoshita; Noriko Kozumi

+ Author Affiliations & Notes

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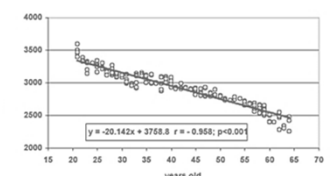
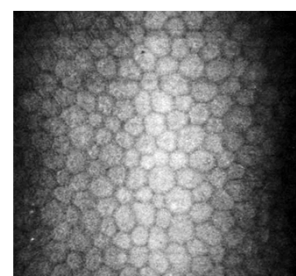
Investigative Ophthalmology & Visual Science November 2015, Vol.56, 7560-7567. doi:10.1167/iov.15-17887

The human corneal endothelium

- Innermost layer of the cornea, separating stroma from aqueous humor
- A non-replication hexagonal monolayer of flat cells of ~5 μ m thickness on Descemet's membrane
- Highly metabolic essential for corneal clarity
- Core roles in corneal homeostasis
 - passage of nutrients and metabolites
 - control of stromal hydration



Corneal endothelial cells and ageing



Graph 1. Individual values of the emmetropic corneal endothelial cell density according to age.

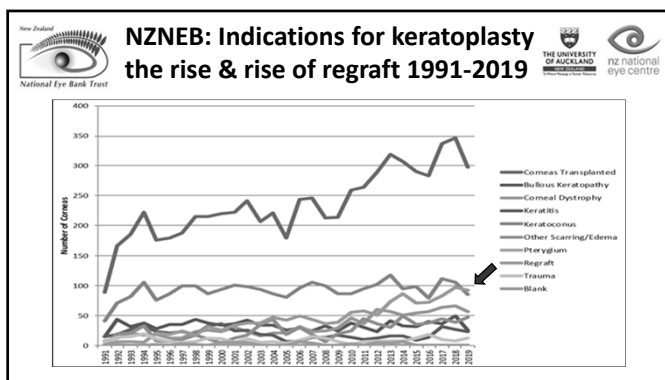
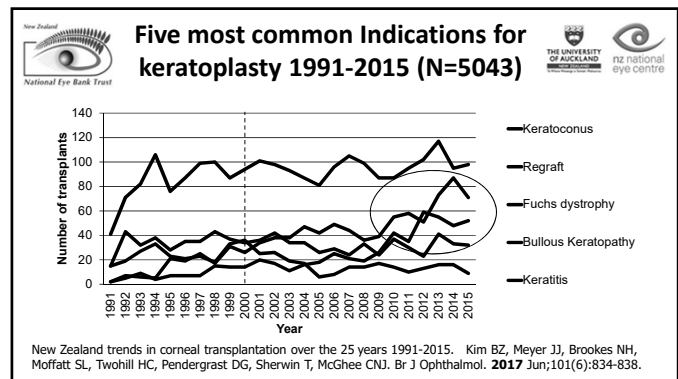
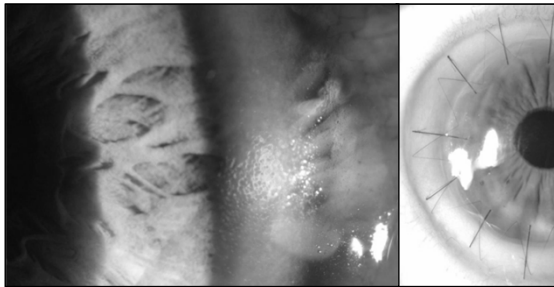
Corneal endothelial cell density decreases with age in emmetropic eyes

J.A. Sanchez-Gonzalez¹, A. Llo-Pera², L. Alonso², M.S. Rathel² and F. Martinez Soriano¹
¹Department of Anatomy and Human Embryology, Faculty of Medicine, University of Valencia and
²Medical Ophthalmology Clinic, Valencia, Spain
Histol Histopathol (2005) 20: 423-427



Treating advanced corneal endothelial disease

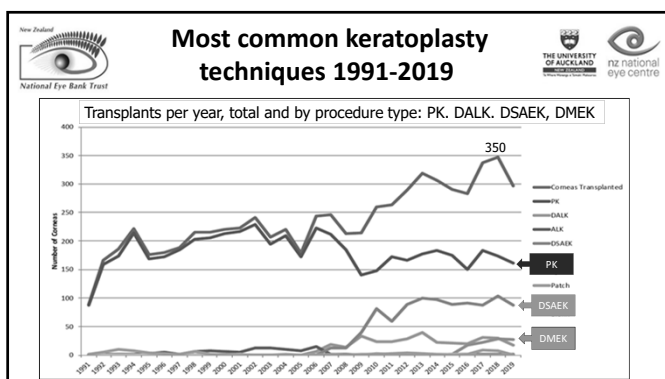
Currently only definitive treatment is transplantation



Indications for repeat keratoplasty

Repeat keratoplasty Indication	N=279	Percent
Endothelial decompensation without history of rejection	105	37.6%
Endothelial decompensation with history of rejection	88	31.5%
Recurrent ectasia or high astigmatism in keratoplasty	44	15.8%
Acute infection	11	3.9%
Acute trauma	10	3.6%
Corneal scar	10	3.6%
Primary graft failure	6	2.2%
Other	5	1.8%

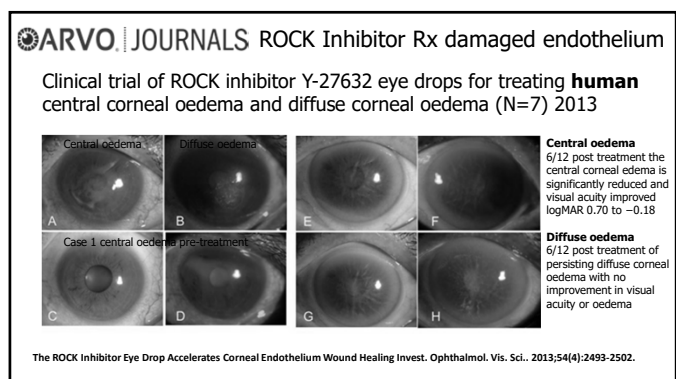
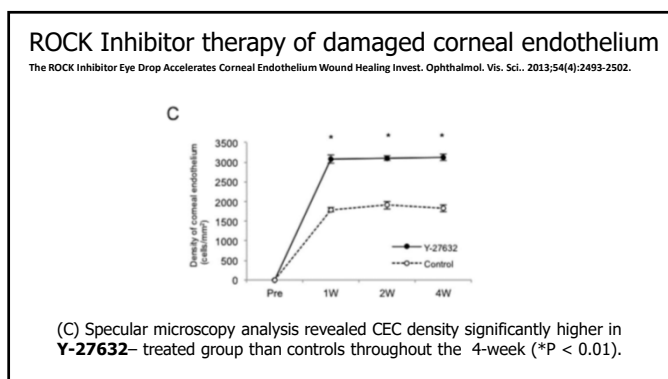
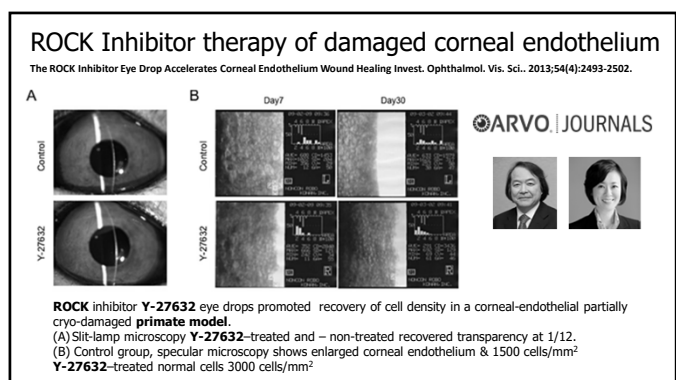
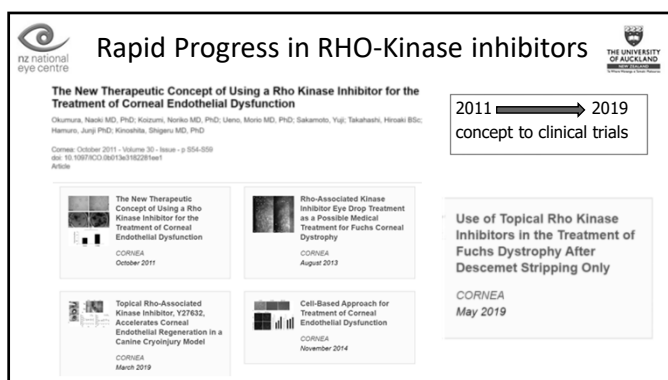
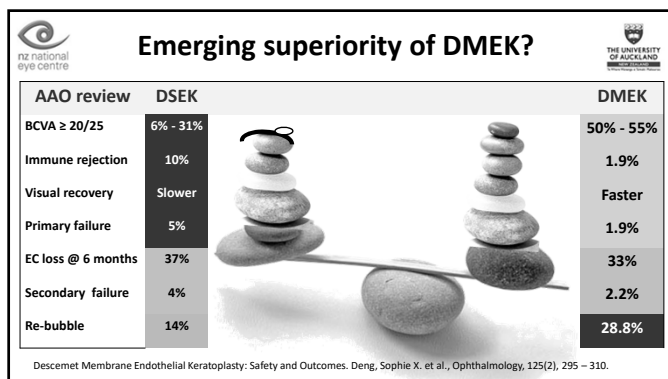
Repeat corneal transplantation in Auckland, New Zealand: indications, visual outcomes and risk factors for repeat keratoplasty failure. Lu LM, Boyle AB, Niederer RL, Brookes NH, McGhee CNJ, Patel DV. Clin Exp Ophthalmol 2019 Nov; 47(8): 987-994

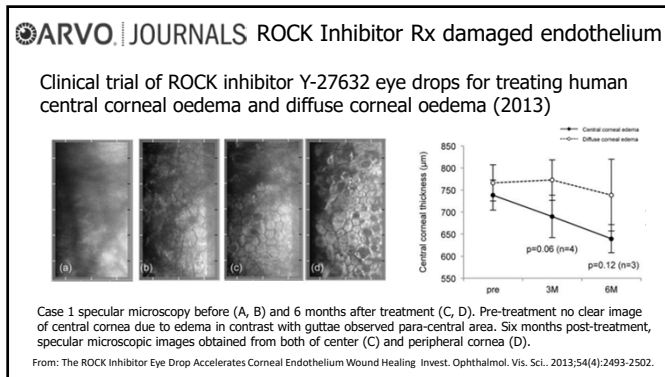


DMEK vs DSAEK for corneal endothelial failure (Cochrane Systematic Review 2018)

- DMEK may be associated with more early surgical complications
- Graft dislocation in 1-2% in DSAEK and x5 more with DMEK
- DMEK *may* result in better vision compared with DSAEK – (low-certainty evidence). This difference is equivalent to 1-2 lines.
- Endothelial density after surgery found inconsistent result
- Almost everyone in reported studies had good graft survival

Stuart AJ, Romano V, Virgili G, Shortt AJ. Descemet's membrane endothelial keratoplasty (DMEK) versus Descemet's stripping automated endothelial keratoplasty (DSAEK) for corneal endothelial failure. Cochrane Database Syst Rev 2018 Jun 25;6:CD012097.

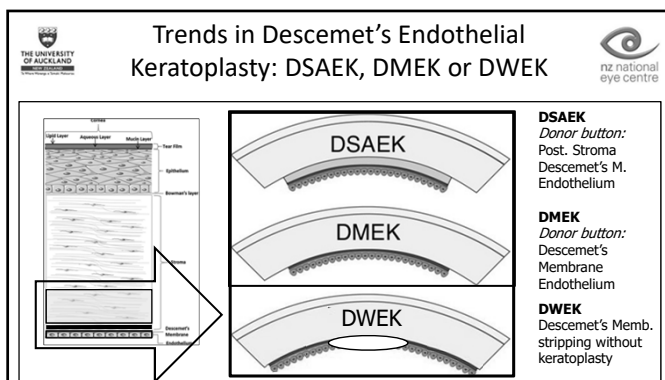




The future of Rho-kinase in treating corneal endothelial disease

Roles to be confirmed by further study

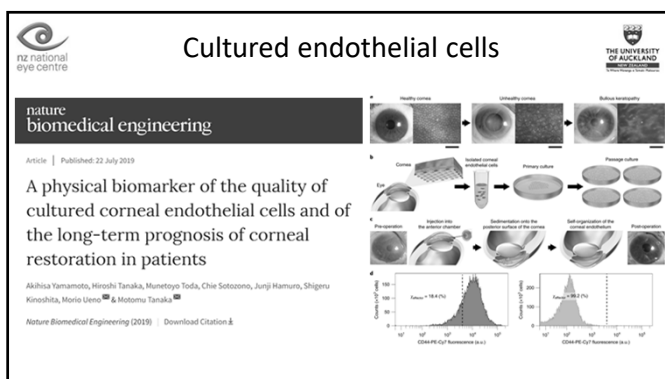
- Slowing progression of Fuchs endothelial dystrophy
- Preventing endothelial damage intra/post-operatively
- Augmenting DSAEK or DMEK endothelial grafts
- Augmenting Descemet's stripping surgery (DWEK)
- As an additive to cellular endothelial transplant



Future modifications and alternatives to established endothelial keratoplasty

1. Use of Rho-Kinase (ROCK) inhibitors
2. Small diameter Descemet's stripping (DWEK)
3. 1 donor → split cornea, hemi/quarter DMEK
4. Descemet's membrane endothelial transfer
5. Tissue engineered grafts
6. Endothelial Cell therapy
7. Stem cell therapy

Dirisamer M, Yeh RY, van Dijk K, et al. Recipient endothelium may relate to corneal clearance in Descemet membrane endothelial transfer. Am J Ophthalmol 2012; 154:290-296.



The Future? Endothelial Cell therapy

- Cultured human ECs, 1 donor can treat many patients
 - Minimally invasive
 - Poor cell attachment when injected
 - Removed by aqueous humour drainage
- Clinical trial (n=11) of bullous keratopathy + ECs cultured in Y-27632 medium
 - ECs mechanically scraped off
 - ↑ Attachment after cell injection
 - ↑ Corneal transparency ↓ Corneal thickness and ↑ Visual acuity @24 weeks

Kinoshita S. et al., (2018). Injection of Cultured Cells with a ROCK Inhibitor for Bullous Keratopathy. New Engl J Med 2018; 378:995-1003

THE TAKE HOME POINTS

- Rho-kinase is ubiquitous throughout the body
- Rho-kinase activation may have role in Cardiovascular & Central Nervous System disease and glaucoma
- Over 20 years >200 Rho-kinase inhibitor molecules developed but only two drugs currently licenced
- Developing role in glaucoma and corneal disease
- Further clinical studies awaited



Rho Rho Rho Rho the corneal revolution?



Translational
Vision Research



Department of Ophthalmology




Thank you

