

NCX 1728, a nitric oxide (NO)-donating PDE-5 inhibitor, but not its des-nitro derivative (NCX 1880), enhances ocular perfusion and improves photoreceptor function in rabbits with endothelin-1 (ET-1)-induced ischemia/reperfusion injury of optic nerve head and retina

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# Background

## Nitric oxide (NO)/soluble guanylyl cyclase (sGC) signaling in the eye: relevance to retinopathies

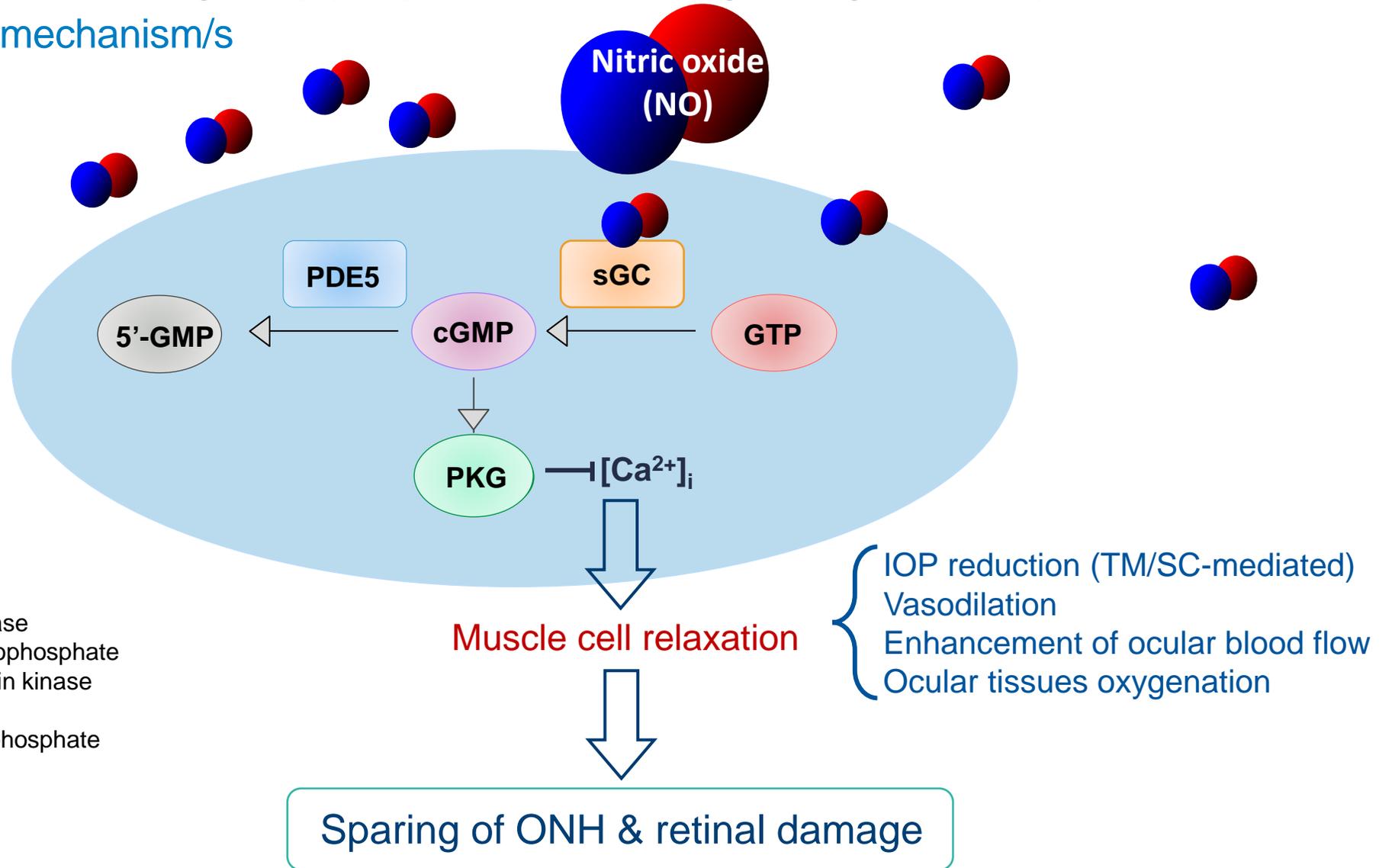
- ✓ Ischemia/reperfusion contributes to optic nerve head and the retina degeneration in many ocular conditions<sup>1</sup>
- ✓ Nitric oxide (NO)/soluble guanylyl cyclase (sGC) plays a pivotal role in ocular blood flow and IOP homeostasis<sup>2</sup>
- ✓ Phosphodiesterase type-5 (PDE5) modulates the onset and duration of NO-mediated effects. PDE5 inhibitors have been proposed as ocular neuroprotective agents<sup>3</sup>
- ✓ NO-PDE5 inhibitors are a new class of compounds under development at Nicox for the treatment of retinopathies where dysfunctional ocular perfusion and neovascularization are key features in disease progression<sup>4</sup>
- ✓ NCX 1728 is an NO-donating PDE5 inhibitor currently in non-clinical development for back-of-eye diseases (for more info: <https://www.nicox.com>)

1. Wykoff et al., *Eye (Lond)* **2022**; 36: 249-256.
2. Cavet et al., *Invest Ophthalmol Vis Sci*. **2014**; 55: 5005-5015.
3. Holden & Wareham. *Neural Regen Res*. **2023**; 18: 1267-1268.
4. Pemp & Schmetterer. *Can J Ophthalmol*. **2008**; 43: 295-301.



# Nitric oxide (NO)/soluble guanylyl cyclase (sGC) signaling pathway

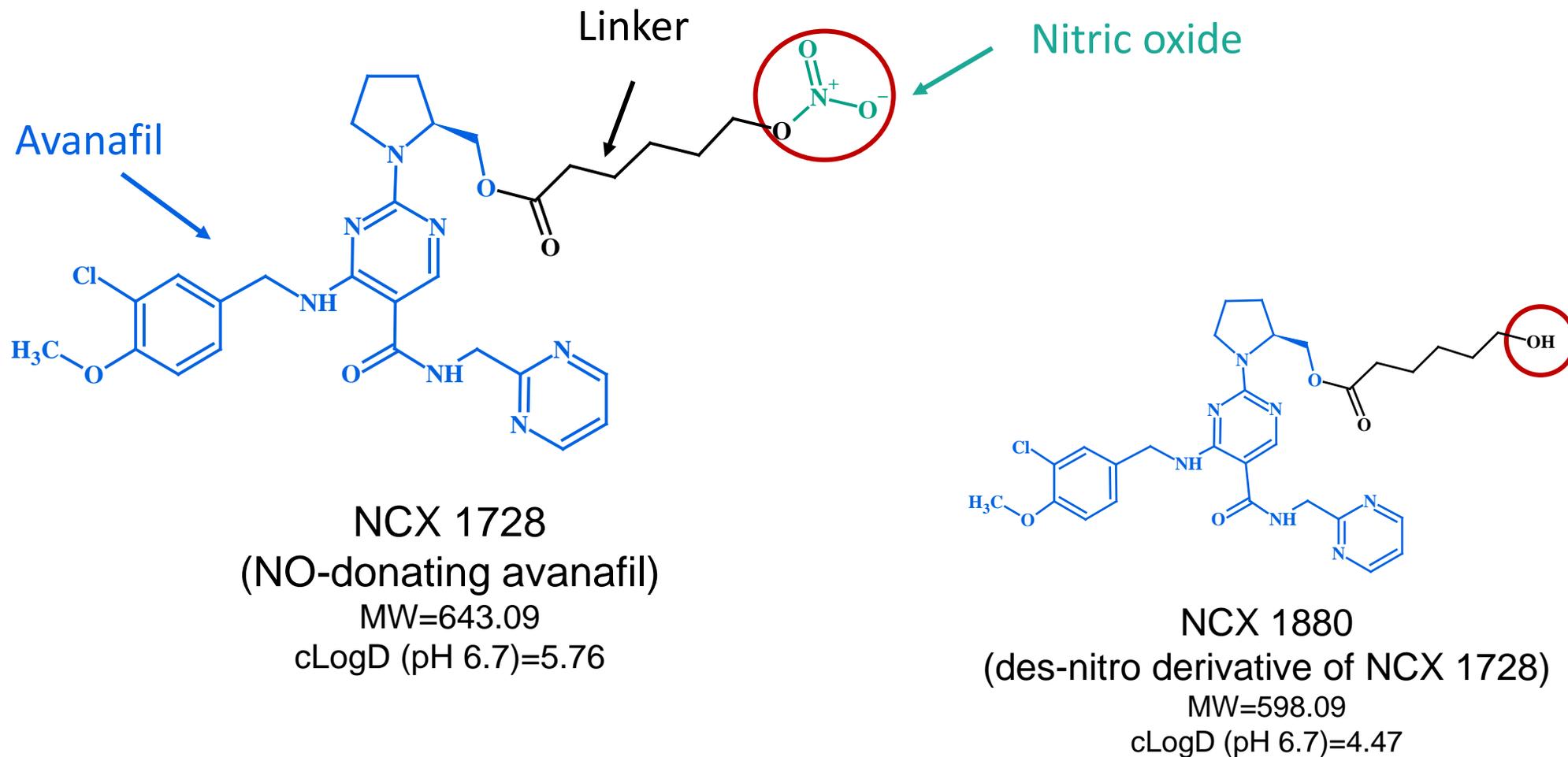
Cellular/molecular mechanism/s



GTP: guanosine triphosphate  
 sGC: soluble Guanylate Cyclase  
 cGMP: cyclic guanosine monophosphate  
 PKG: cGMP-dependent protein kinase  
 PDE5: phosphodiesterase-5  
 5'-GMP: Guanosine 5'-monophosphate

# NCX 1728 (NO-donating avanafil) and NCX 1880 (des-nitro derivative of NCX 1728)

## Chemical structure & physicochemical properties



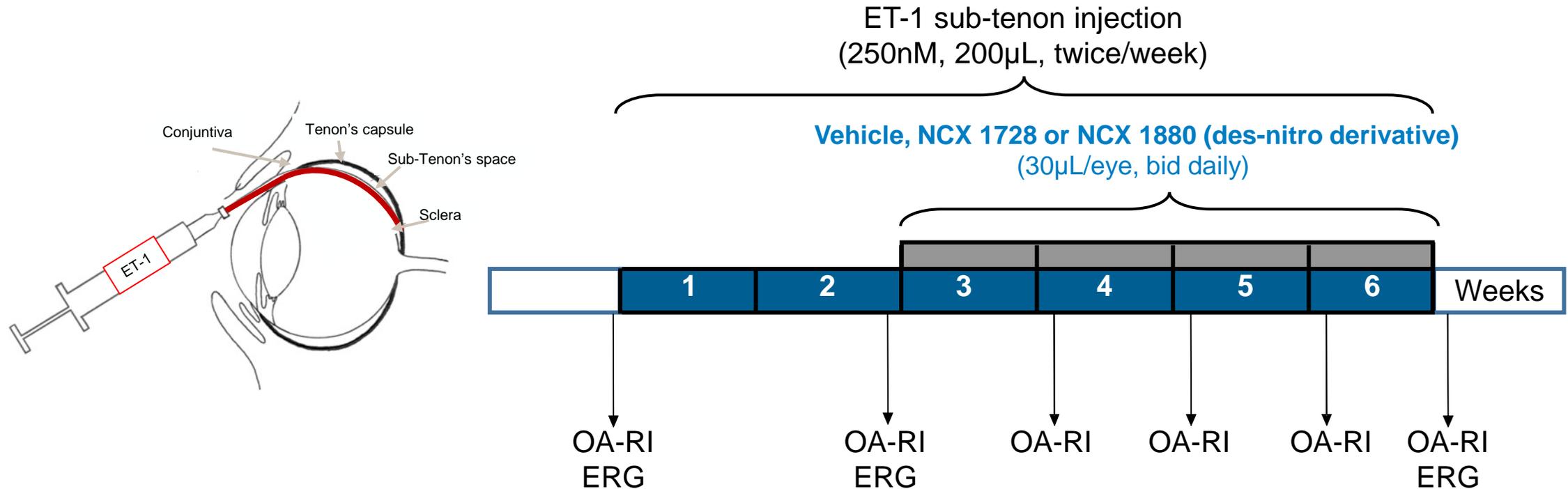


## Aim of the study

Explore NCX 1728-mediated effects on ocular hemodynamics and retinal cell physiology in a rabbit model of ischemia/reperfusion injury of the optic nerve head and retina

# Endothelin-1 (ET-1)-induced ischemia/reperfusion injury of optic nerve head (ONH) & retina in New Zealand White rabbits<sup>1</sup>

## Design & treatment schedule



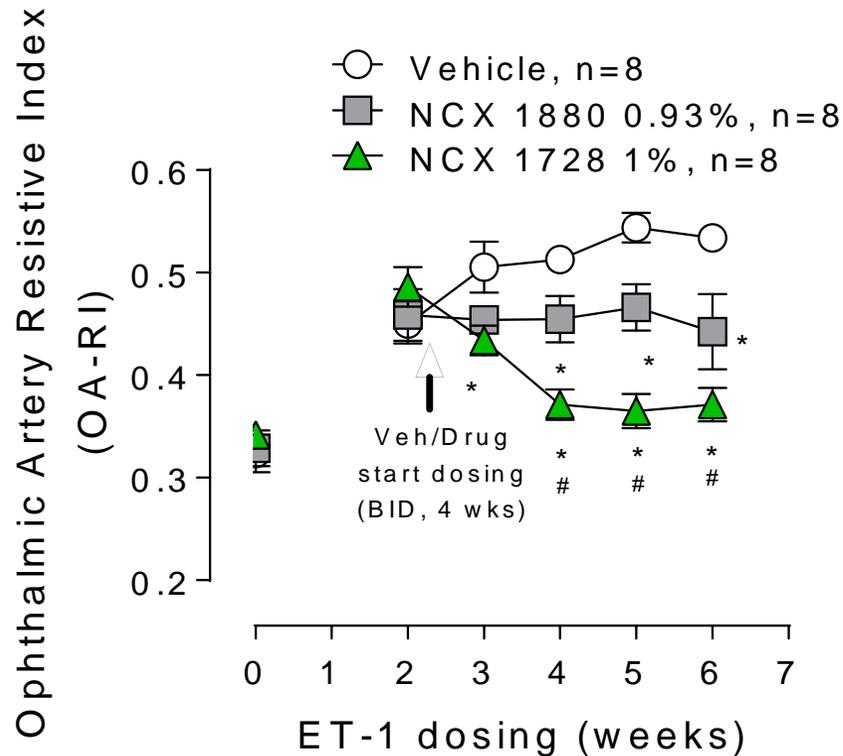
OA-RI, Ophthalmic artery resistive index; ERG, Electroretinogram

Vehicle: boric/phosphate buffer pH 6.7, Kolliphor EL, Myrj S40, Kollisolv PEG E 400, Ethylenediaminetetraacetic acid (EDTA) disodium salt and BAC

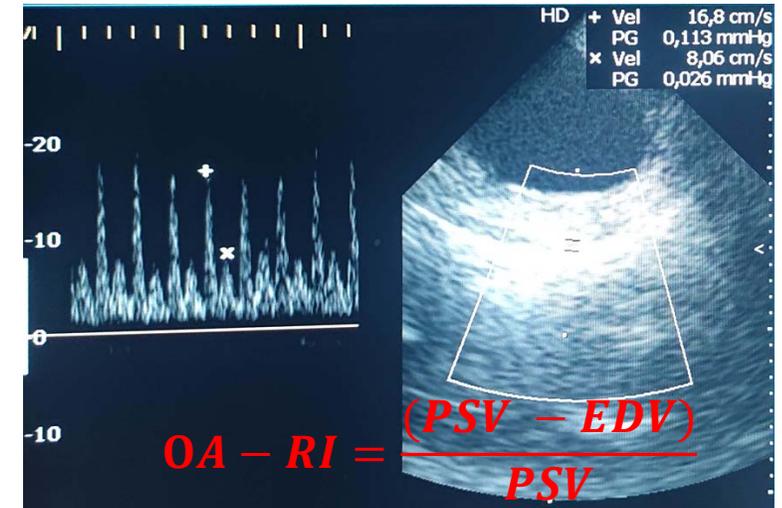
<sup>1</sup>Bastia et al., *J Ocul Pharmacol Ther.* 2022; 38:496-504.

# ET-1-induced hemodynamic changes following ischemia/reperfusion injury of optic nerve head (ONH) & retina in rabbits

NCX 1728 (NO-avanafil) vs. NCX 1880 (respective des-nitro derivative) – head-to-head study



## REPRESENTATIVE ECOCOLOR DOPPLER IMAGE



PSV, Peak Systolic Velocity;  
EDV, End Diastolic Velocity

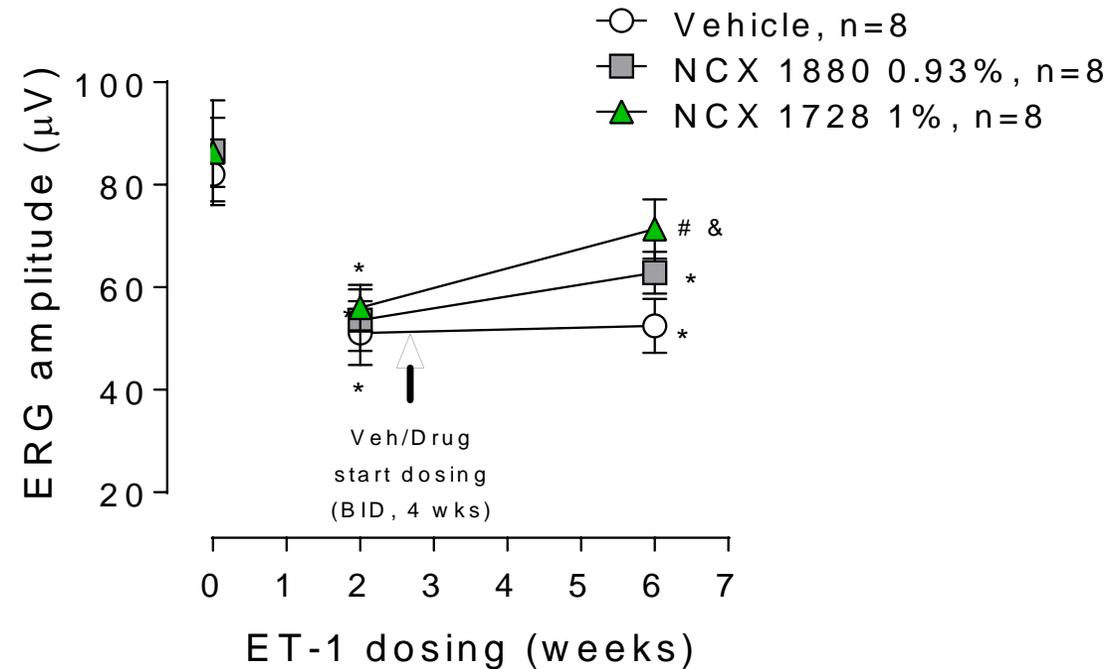
\*p < 0.05 vs. vehicle; #p < 0.05 vs. NCX 1880, Student's t-test.

- NCX 1728 completely abolishes ET-1-induced hemodynamic changes
- NCX 1880 (des-nitro derivative) is only partially effective

# ET-1-induced ERG changes following ischemia/reperfusion injury of optic nerve head (ONH) & retina in rabbits

NCX 1728 (NO-avanafil) vs. NCX 1880 (respective des-nitro derivative) – head-to-head study

Light adapted photopic response 3.0 (cone response)



\* $p < 0.05$  vs. baseline; # $p < 0.05$  vs. week 2; & $p < 0.05$  vs vehicle, Student's *t*-test.

- NCX 1728 abolishes ET-1-induced electroretinogram (ERG) changes
- NCX 1880 (des-nitro derivative) is partially effective



## Concluding remarks

- ✓ NCX 1728 is a new molecular entity bearing two pharmacologically active moieties: NO and the PDE5-inhibitor Avanafil
- ✓ NCX 1728 reduces Ophthalmic Artery Resistive Index (OA-RI) following ET-1-induced ischemia/reperfusion injury
- ✓ NCX 1728 improves retinal cells activity and lowers IOP following ET-1-induced ischemia/reperfusion injury

NCX 1728 holds promise for the treatment of retinopathies where dysfunctional ocular perfusion and neovascularization are key features in disease progression



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