

Development of Hyperpolarizable ^{13}C -Probes for the Quantification of Metals *In Vivo*

Holly Clancy, Megan Martin, Matt Derfus, and Osasere Evbuomwan Ph.D.

Department of Chemistry, University of San Francisco, San Francisco, CA 94117

Introduction

- Disruption of the homeostasis of metals in the body has been correlated to a variety of diseases (cancer,^{1,2} Parkinson's Disease,³ heavy metal poisoning⁴)
- Current blood-based methods of metal quantification⁵ don't give accurate concentrations of metals in tissue samples²
- ^{13}C -tagged EGTA and EDTA probes have experienced a shift in carbonyl peak (singlet in the range of 170 to 180 ppm) unique to the type of metal it bound to (**Figure 1**) via ^{13}C NMR⁶
- The area under the curve of these shifted peaks increased linearly with an increase in concentration of the metal⁶
- Sensitivity of signal was increased through hyperpolarization using dynamic nuclear polarization (DNP)⁶
- Macrocycles tend to have a higher binding affinity than linear molecules due to a higher entropy associated with the chelation process⁸
- Increased binding to metals could give a stronger signal, which could be better for lower concentrations
- Goal:** Evaluate metal ion-binding properties of ^{13}C -tagged EDTA, and other macrocycles

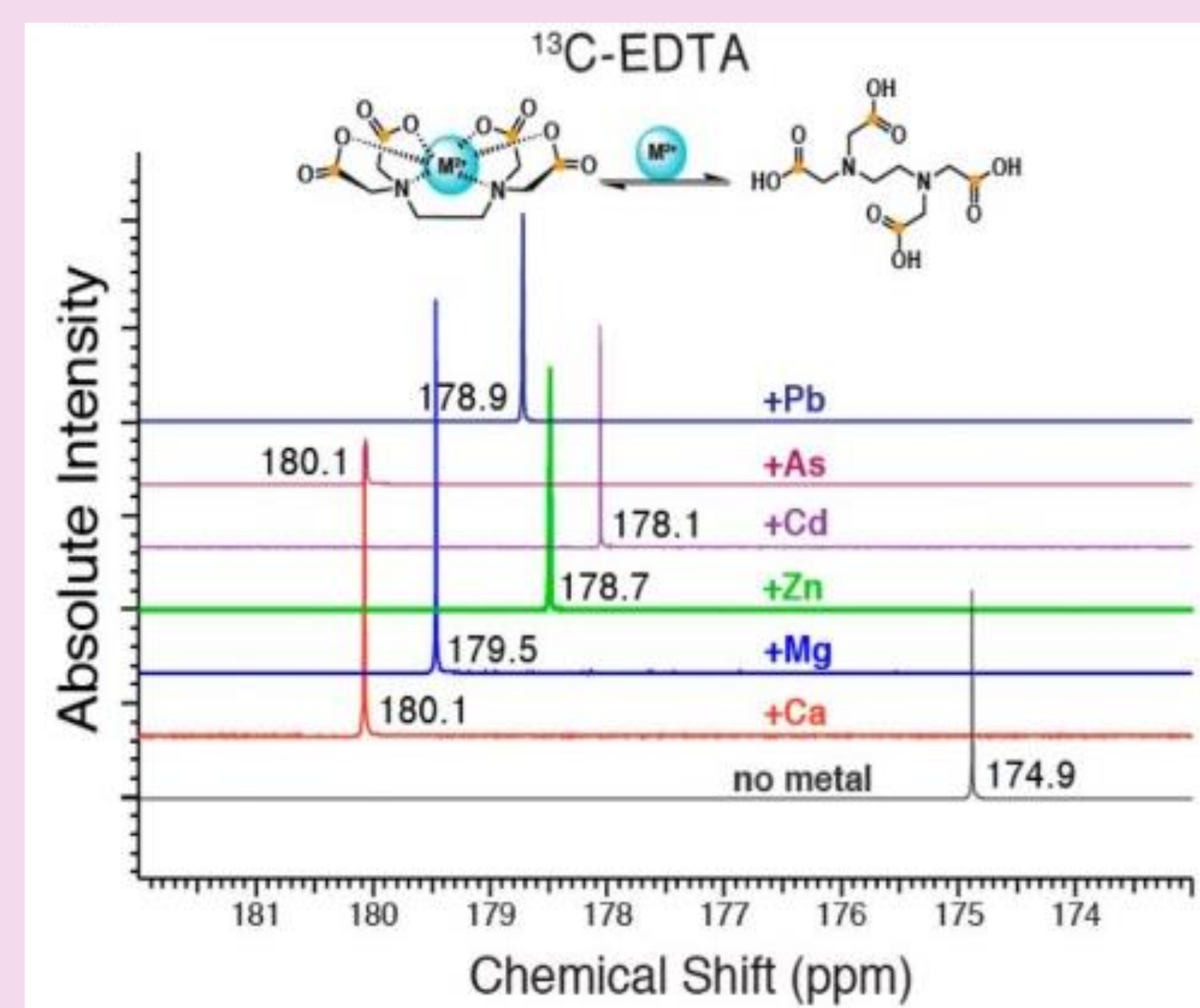
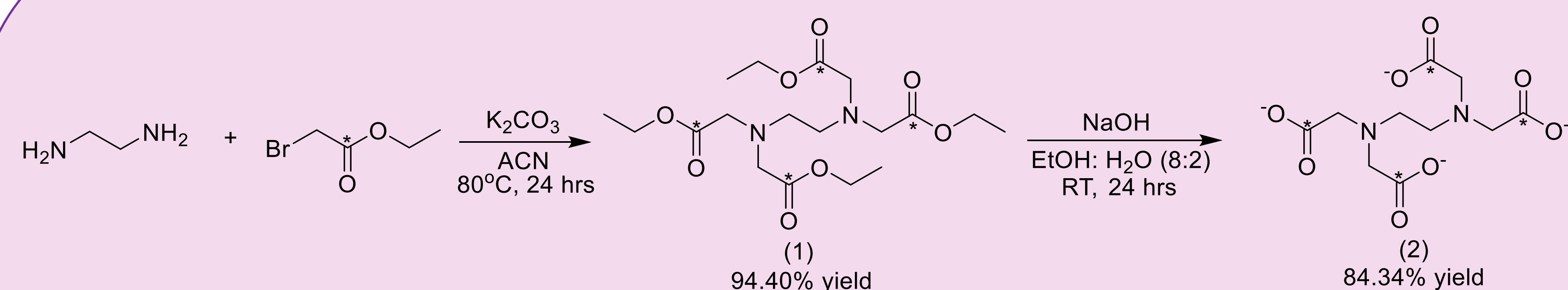


Figure 1. Chemical shifts of ^{13}C -EDTA when bound to different divalent metals via ^{13}C NMR.⁶

Materials and Methods



Scheme 1. Synthesis of ^{13}C -EDTA (**2**), * indicates location of ^{13}C .

Synthesis of ^{13}C -EDTA

- Synthesized according to **Scheme 1**.
- Ethylenediamine was tetraalkylated with ^{13}C -ethyl bromoacetate
- The resulting intermediate (**1**) was purified via extractions with DCM and deprotected with sodium hydroxide to yield the final product (**2**)
- Final product was adjusted to pH 7.5 and lyophilized
- Identity verified via ^1H and ^{13}C NMR spectroscopy.

^{13}C NMR Titration of ^{13}C -EDTA with Ca^{2+}

- ^{13}C -EDTA sample (**2**) (0.0146 g) was dissolved in 1 mL HEPES buffer (0.3 M in D_2O at pH 7.40) to make a stock solution
- 50 μL of this stock was added to 450 μL of the HEPES buffer in an NMR sample tube and a ^{13}C NMR spectrum was acquired
- 4.16 μL (3.94×10^{-7} mol) of a 94.60 mM Ca^{2+} made in the HEPES buffer was added to the sample tube and a ^{13}C NMR spectrum was acquired
- Four more additions of 4.16 μL of the Ca^{2+} stock were made, and after each addition a ^{13}C NMR spectrum was acquired

Results and Discussion

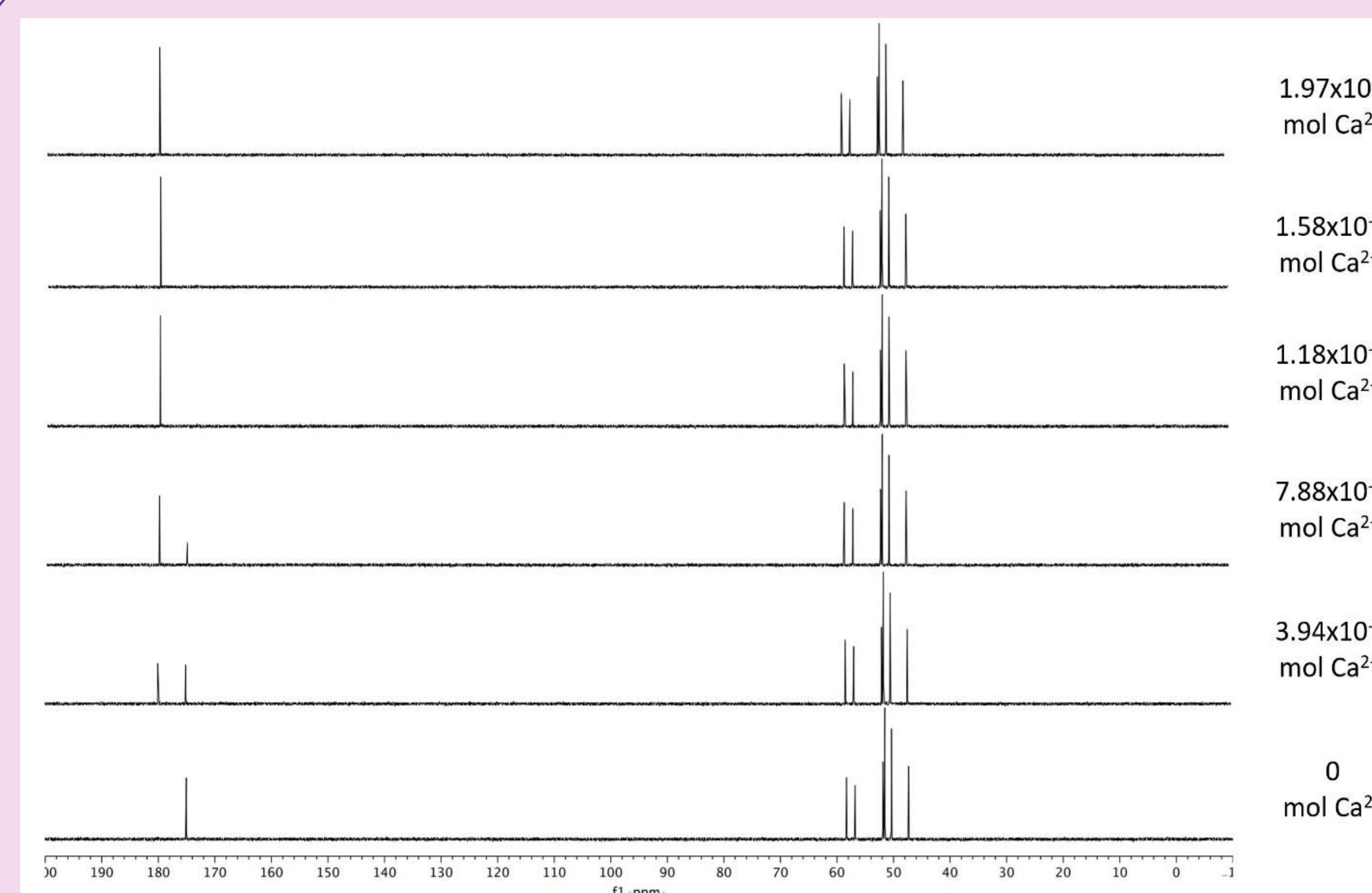


Figure 2. Overlaid ^{13}C NMR spectra from titration of (**2**) with Ca^{2+} in 0.3 M HEPES buffer at pH 7.40 in D_2O acquired at 125 MHz.

- Appearance of a second carbonyl peak at 180.0 ppm was observed (**Figure 2**) upon addition of Ca^{2+} , which matched literature values¹
- Throughout titration, peaks in the range of 45 to 60 ppm experienced no observable change, these peaks correspond to non- ^{13}C -tagged carbons on probe and carbons in HEPES buffer
- As the concentration of Ca^{2+} in the sample increased, the "unbound" peak at 175.0 ppm was observed to decrease in intensity and the "bound" peak increased in intensity

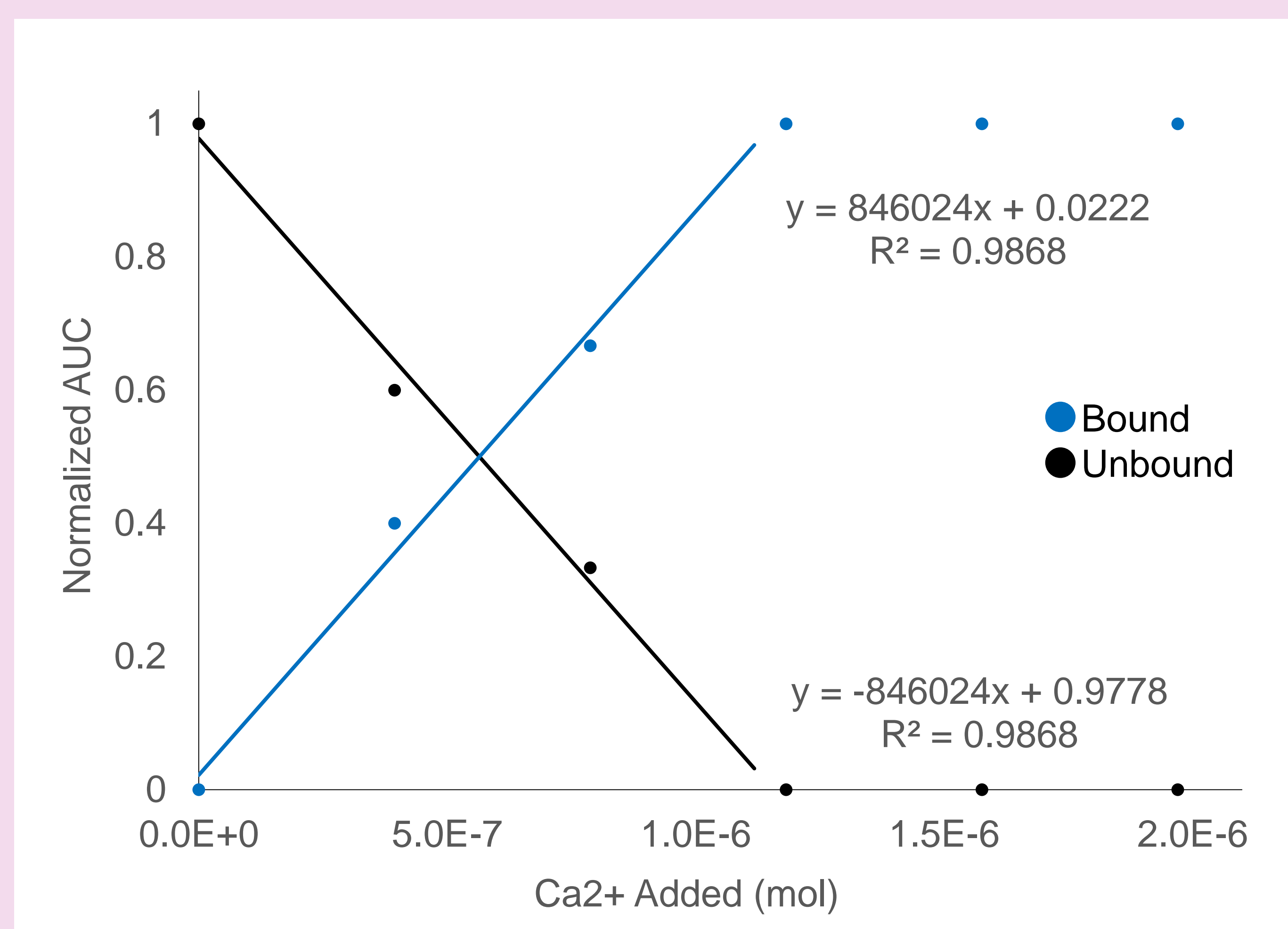


Figure 3. Binding curve of (**2**) with Ca^{2+} . AUC was normalized to total AUC, and ratios of bound and unbound AUC were plotted.

- Carbonyl peaks for bound and unbound ^{13}C -EDTA were integrated and normalized to the total area under the curve (AUC)
- A function of the AUC and moles of Ca^{2+} added was plotted (**Figure 3**)
- Moles Ca^{2+} to fully complex ligand = moles ^{13}C -EDTA, calculated using lines of best fit, used in order to find the percentage of ^{13}C -EDTA in (**2**)
- The synthesized sample (**2**) was calculated to be 46.42% wt ^{13}C -EDTA

Conclusions

- Behavior of ^{13}C -EDTA observed in previous studies¹ was confirmed upon binding Ca^{2+}
- Area under the curve was utilized to determine the concentration of ^{13}C -EDTA in the synthesized sample

Future Work

- Titrate ^{13}C -EDTA with other metal ions to verify chemical shifting when bound to different metals
- Synthesize ^{13}C -tagged macrocyclic ligands
- Investigate specific chemical shifts of ^{13}C -tagged macrocycles upon binding to different metal ions
- Verify ability of ^{13}C -tagged macrocycles to quantify metal concentrations
- Collaborate externally for hyperpolarization studies

References

- Costello, L. C.; Franklin, R. B. Zinc Is Decreased in Prostate Cancer: An Established Relationship of Prostate Cancer! *Journal of Biological Inorganic Chemistry*. **2011**.
- Margalioth, E. J.; Schenker, J. G.; Chevion, M. Copper and Zinc Levels in Normal and Malignant Tissues. *Cancer* **1983**.
- Bjorklund, G.; Stejskal, V.; Urbina, M. A.; Dadar, M.; Chirumbolo, S.; Mutter, J. Metals and Parkinson's Disease: Mechanisms and Biochemical Processes. *Curr. Med. Chem.* **2018**.
- Jarrett, J. M.; Pirkle, J. Laboratory Procedure Manual Whole Blood Method: Blood Metals Panel 2 (BMP2) ICP-DRC-MS. **2012**, No. Cdc.
- McCall, K. A.; Fierke, C. A. Colorimetric and Fluorimetric Assays to Quantitate Micromolar Concentrations of Transition Metals. *Anal. Biochem.* **2000**.
- Mishra, A.; Pariani, G.; Oerther, T.; Schwaiger, M.; Westmeyer, G. G. Hyperpolarized Multi-Metal ^{13}C -Sensors for Magnetic Resonance Imaging. *Anal. Chem.* **2016**, *88* (22), 10790–10794.
- Kurhanewicz, J.; Vigneron, D. B.; Brindle, K.; Chekmenev, E. Y.; Comment, A.; Cunningham, C. H.; DeBerardinis, R. J.; Green, G. G.; Leach, M. O.; Rajan, S. S.; et al. Analysis of Cancer Metabolism by Imaging Hyperpolarized Nuclei: Prospects for Translation to Clinical Research. *Neoplasia* **2011**.
- Overton, T.; Weller, M.; Armstrong, F.; Rourke, J. *Inorganic Chemistry*, 7th Edition; Oxford University Press: Oxford, United Kingdom, **2018**.

Acknowledgements

- Thank you to the funding received from the USF Faculty Development Fund (FDF) and USF Startup Funds, without which this project would not have been possible
- Thank you to the faculty and staff in the Chemistry Department at USF for their support and guidance, especially my research advisor Dr. Evbuomwan