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Investigating Lung Permeability of AhR-Targeting Bacteria-derived Metabolites in Cystic Fibrosis Using an Integrated Mucosal Platform

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Investigating Lung Permeability of AhR-Targeting Bacteria-derived Metabolites in Cystic Fibrosis Using an Integrated Mucosal Platform

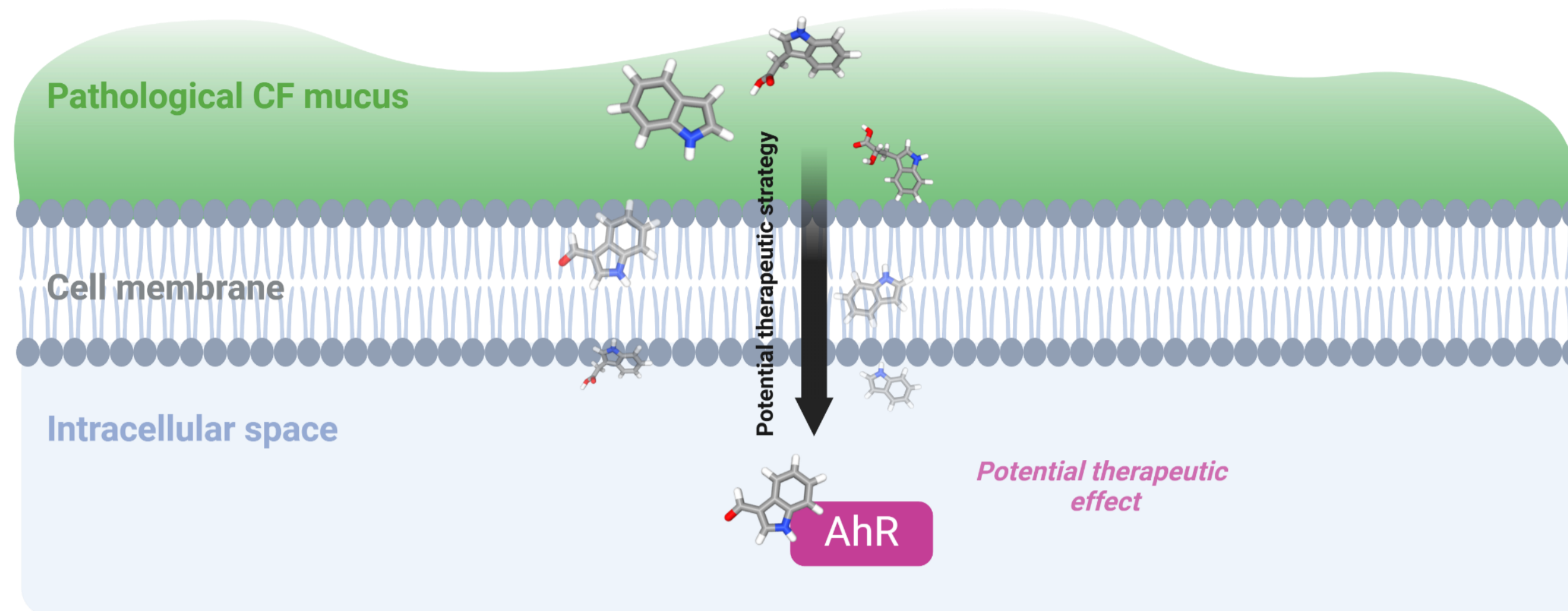
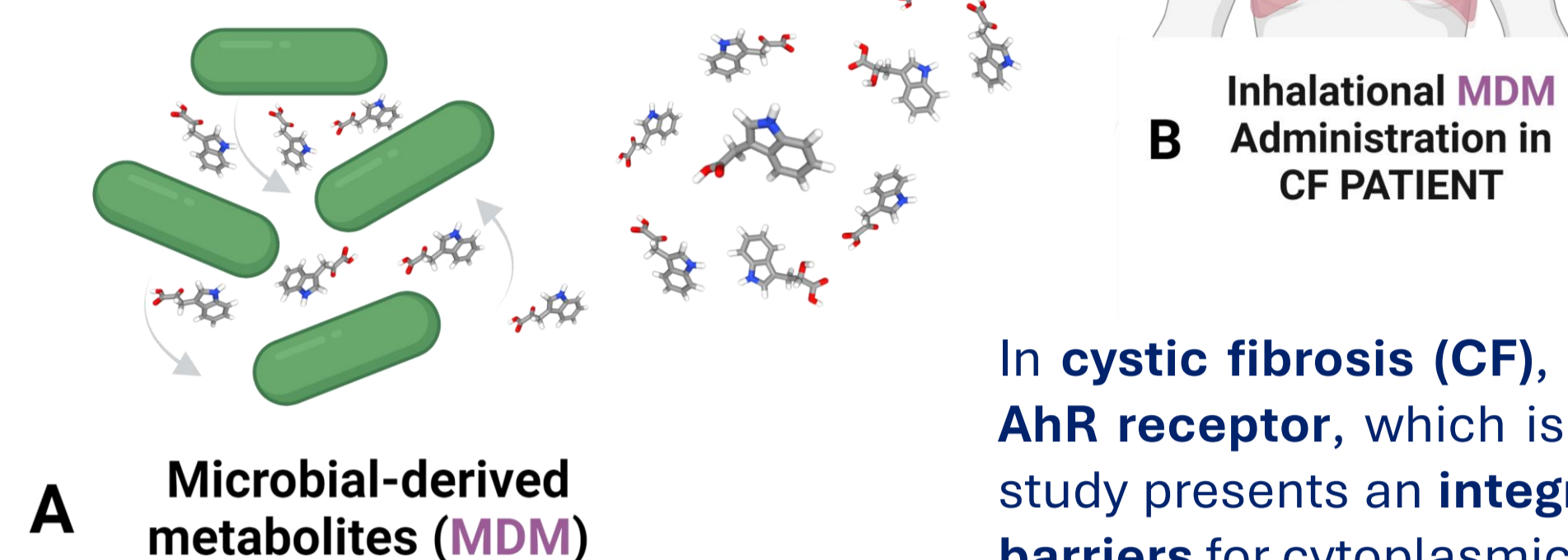
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Microbial-derived molecules (MDM) are at the basis of bacteria-bacteria and bacteria-host communication. An exponentially growing number of bacteria-derived molecules are identified as AhR activators, highlighting the need for systems to screen possible lead candidates.

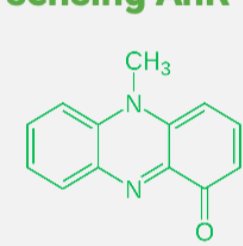


In cystic fibrosis (CF), certain molecules are considered promising therapeutics for their ability to activate the AhR receptor, which is crucial for an effective immune response [1] and reducing mucus accumulation. This study presents an integrated mucosal platform to quickly identify molecules able to overcome mucus and cell barriers for cytoplasmic AhR targeting.

Fig. 1

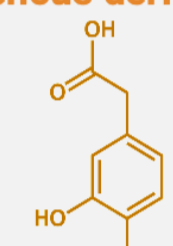
Selected molecules

Quorum sensing AhR-activator



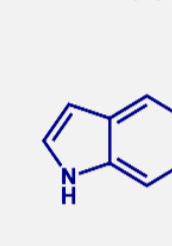
Pyocyanin (PYO)

Exogenous derivatives

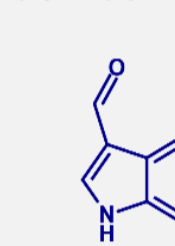


3,4-Dihydroxyphenylacetic acid (DOPAC)

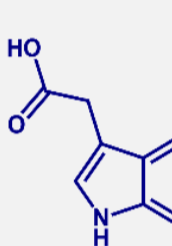
Endogenous derivatives



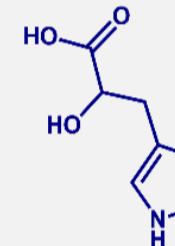
Indole (IND)



Indole-3-carboxaldehyde (ICA)



Indole-3-acetic acid (IAA)

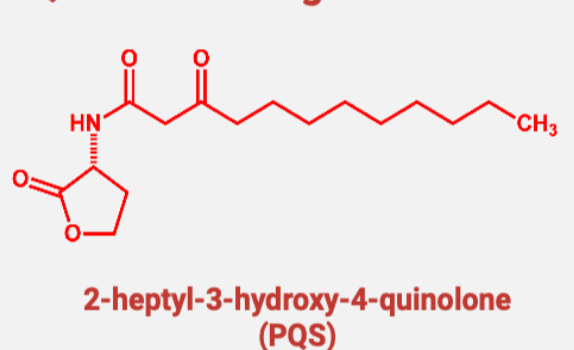


DL-Indole-3-Lactic acid (ILA)

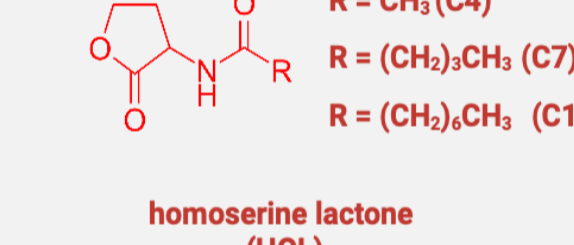
Three classes of molecules were selected as representatives of *P. aeruginosa* quorum sensing compounds affecting AhR activity. Pyocyanin (PYO), secreted during biofilm formation

and chronic infection, acts as an AhR activator. Homoserine-lactones (C4, C7, C12) and quinolones (PQS), produced in the early stages of infection, function as AhR inhibitors. Additionally, two classes of bacteria-derived metabolites, indole derivatives (IND, ICA, IAA, ILA) and polyphenol-derived postbiotics (DOPAC and GA), were chosen as potential AhR-targeting therapeutics. Caffeine (CA) and propranolol (PROP) were included as standard molecules with high permeability.

Quorum sensing AhR-inhibitors



2-heptyl-3-hydroxy-4-quinolone (PQS)



homoserine lactone (HOL)

Fig. 2

Experimental workflow

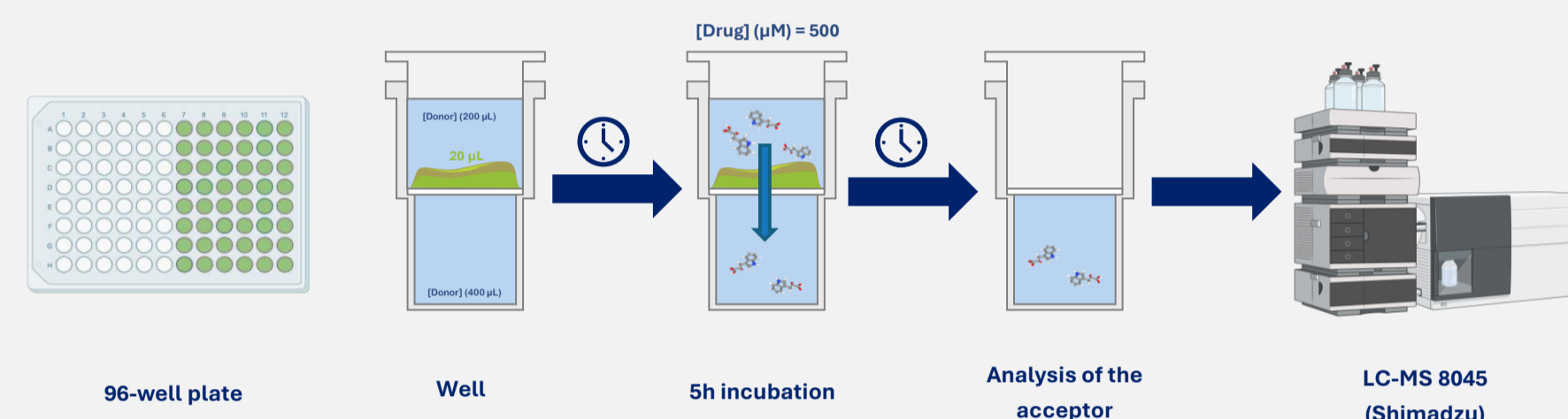


Fig. 3

In this study, artificial phospholipid membranes (PermeaPad® or PAMPA) were used to mimic the cellular barrier, while an *in vitro* cystic fibrosis (CF) mucus model was developed by incorporating pathological concentrations of mucin into alginate-based gels, replicating the rheological properties of CF mucus [2]. The system was designed to evaluate how the mucus layer impacts the permeability of quorum sensing (QS) molecules and AhR-targeting bacteria-derived metabolites (BDMs), with mass transport measured after 5 hours and analyzed through LC-MS and HPLC techniques to determine molecule concentrations in the acceptor compartment.

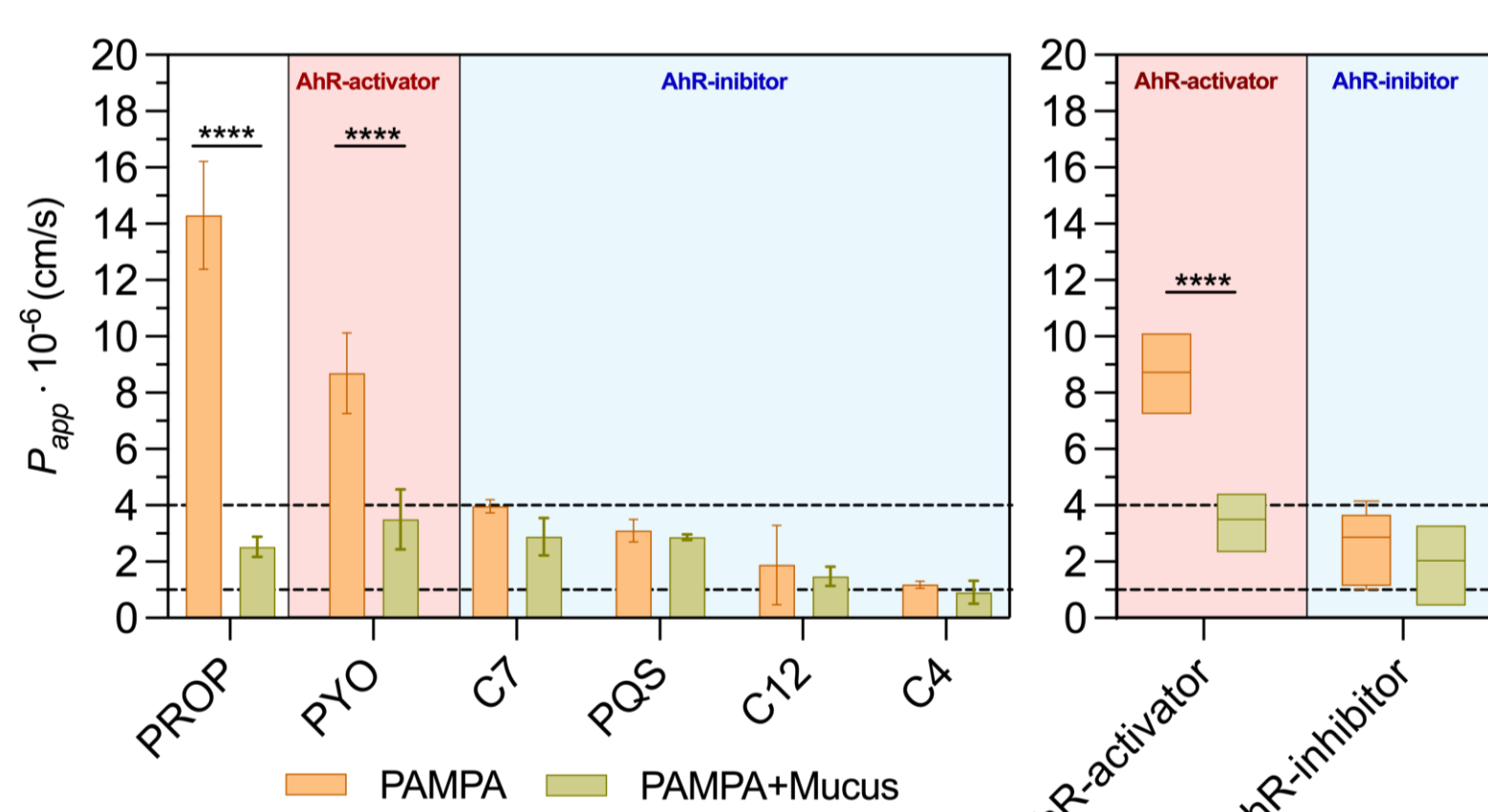


Fig. 4

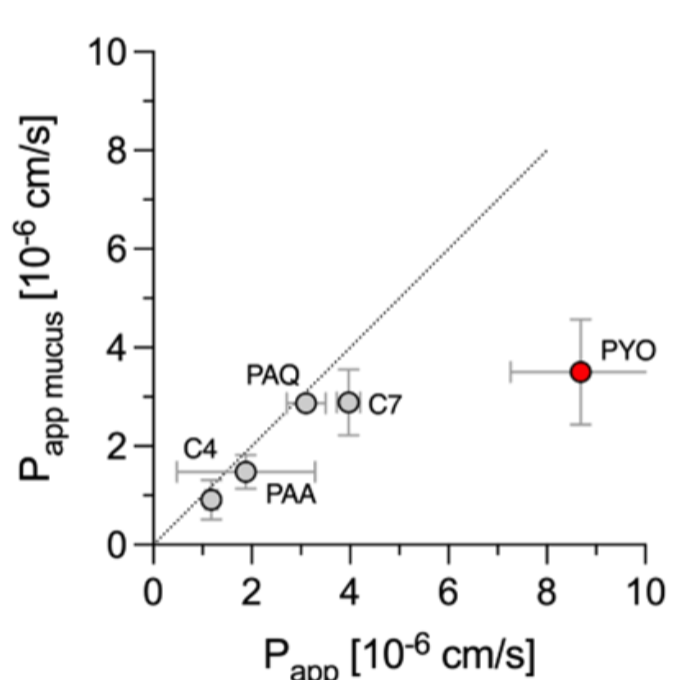


Fig. 5

The role of mucus in *P. aeruginosa* infections was assessed using the integrated PAMPA + CF-mucus system. Pyocyanin (PYO) showed a 60% reduction in P_{app} , while quinolones (PQS) and lactones (C4, C7, and C12) were not significantly affected (Fig. 4). These *in vitro* results (Fig. 5) highlight the critical role of mucus in impairing the immune system's ability to counter *P. aeruginosa* infections in cystic fibrosis. In particular, the reduced permeability of PYO suggests that *P. aeruginosa* may exploit quorum sensing and biofilm production to evade AhR-dependent immune responses, promoting chronic bacterial persistence.

Indolic BDMs showed good permeability across the *in vitro* cellular membrane. Notably, the best-performing molecule, ICA, is an indole derivative already tested *in vivo* as a potential AhR-targeting therapeutic agent for CF. In contrast, phenolic derivatives (DOPAC and GA) displayed permeability values below the threshold (Fig. 6). The impact of the CF-mucus barrier was assessed using the integrated PermeaPad® + CF-mucus system (Fig. 7). The presence of mucus significantly reduced the apparent permeability of three out of five molecules. From a therapeutic perspective, this reduction highlights that *in vitro* permeability through a simple cellular membrane alone may not be a sufficient criterion for selecting the most effective AhR-targeting drug candidates.

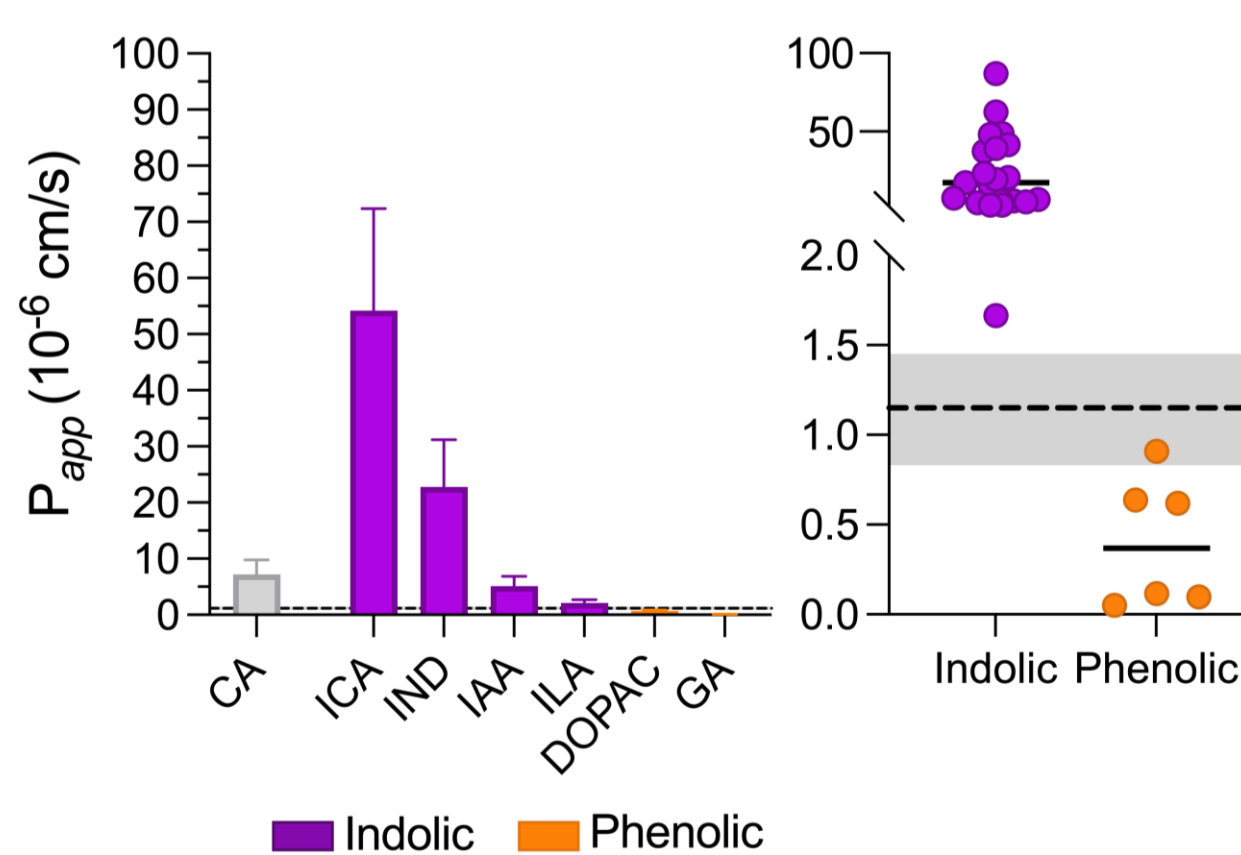


Fig. 6

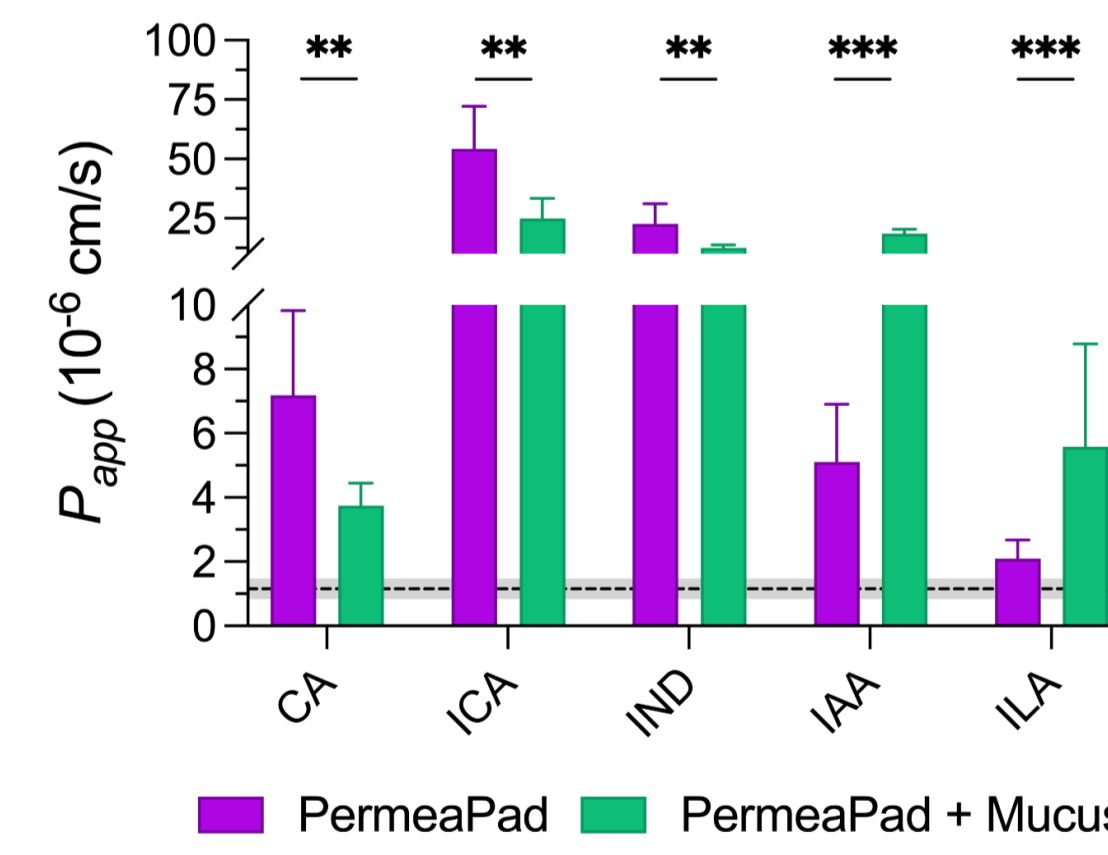


Fig. 7

To gain deeper insight into these interactions, we calculated the molecular charge at physiological pH, as well as the solubility and Van der Waals (VDW) volume of the selected molecules. These parameters were analyzed to explore potential correlations with their permeability behavior across the integrated CF-mucus and membrane system. As shown in Fig. 8, interestingly, our analysis suggests that the diffusion percentage appears to correlate with solubility, which is consistent with expectations.

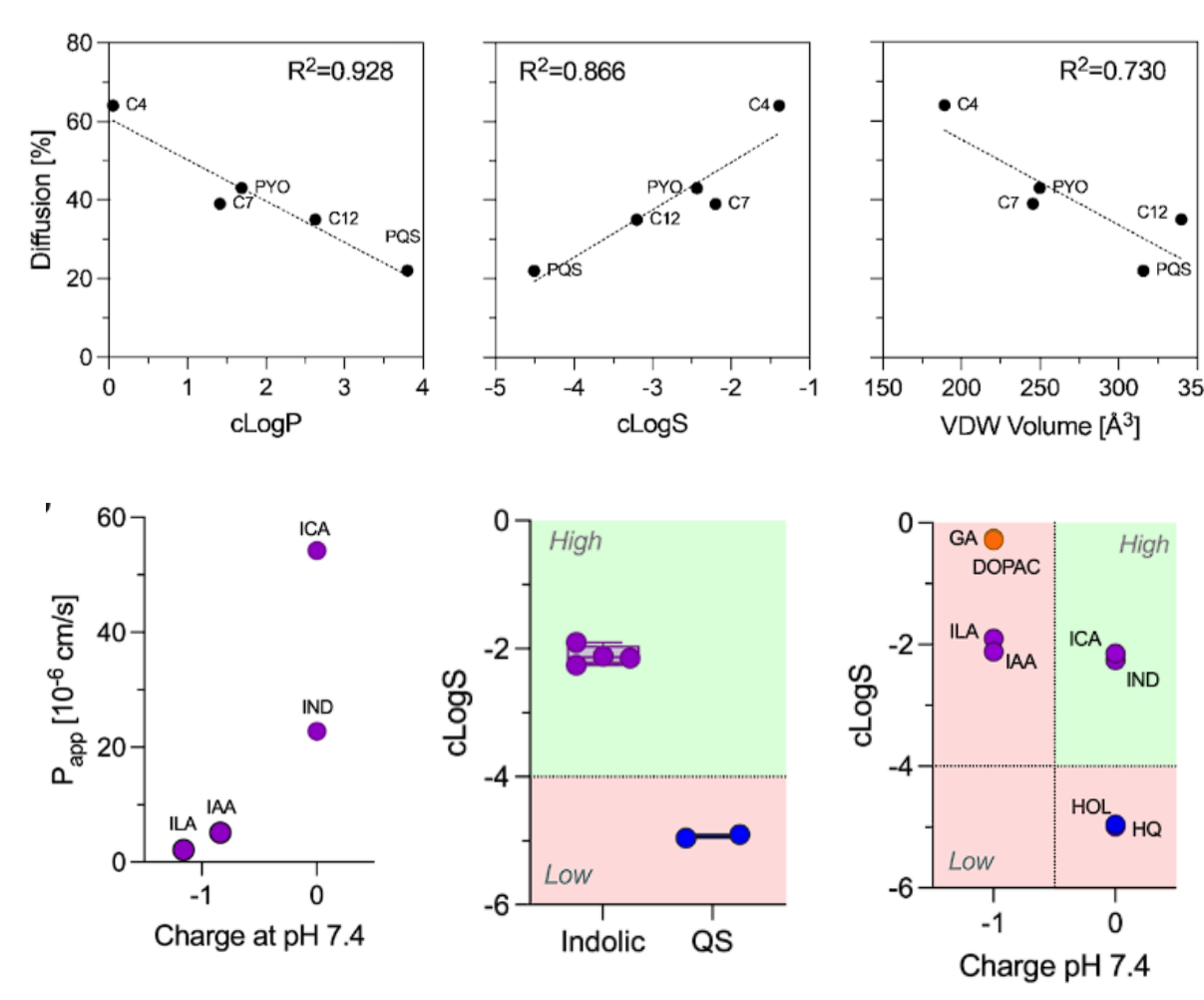


Fig. 8

Take home messages

This innovative engineered approach allows for the investigation of the pathological role of QS in *P. aeruginosa* chronic infections and provides a precise evaluation of the ability of potential BDM therapeutics to reach AhR under disease-relevant conditions. Given its significant impact on permeability, incorporating the CF mucus barrier into *in vitro* models is crucial in the early stages of the drug discovery pipeline, including pharmacokinetic assessments, rational drug design, and drug candidate screening.

