



The PAR-1 antagonist Vorapaxar protects against kidney injury and tubulointerstitial fibrosis in the progression of AKI to CKD

Sarah W. Y. Lok, Wai Han Yiu, Loretta Y. Y. Chan, Joseph C. K. Leung, Kar Neng Lai and Sydney C. W. Tang
 Department of Medicine, The University of Hong Kong, Queen Mary Hospital, Hong Kong

Background

Protease-activated receptor-1 (PAR-1) has been reported as a coagulation regulator in the pathophysiology of AKI. Beyond its function in normal haemostasis, aberrant PAR-1 signaling may lead to the development of tubulointerstitial fibrosis, and subsequently CKD.

Methods

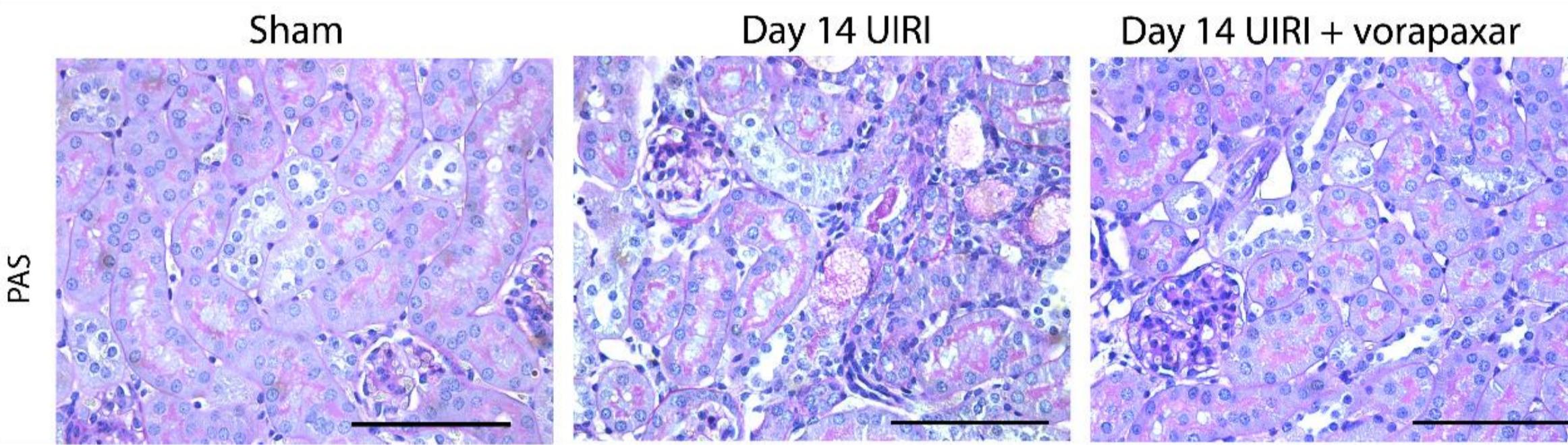
We investigated whether the administration of PAR-1 antagonist vorapaxar, an FDA-approved drug for reducing thrombotic cardiovascular events, has renoprotective effect on a robust kidney fibrotic murine model of chronic kidney disease at 14 days after unilateral ischemia reperfusion injury (UIRI), as well as in hypoxia-induced cultured rat proximal tubular epithelial cells (NRK-52E) under a condition of 1% O₂, 5% CO₂ and 95% humidity .

Funding

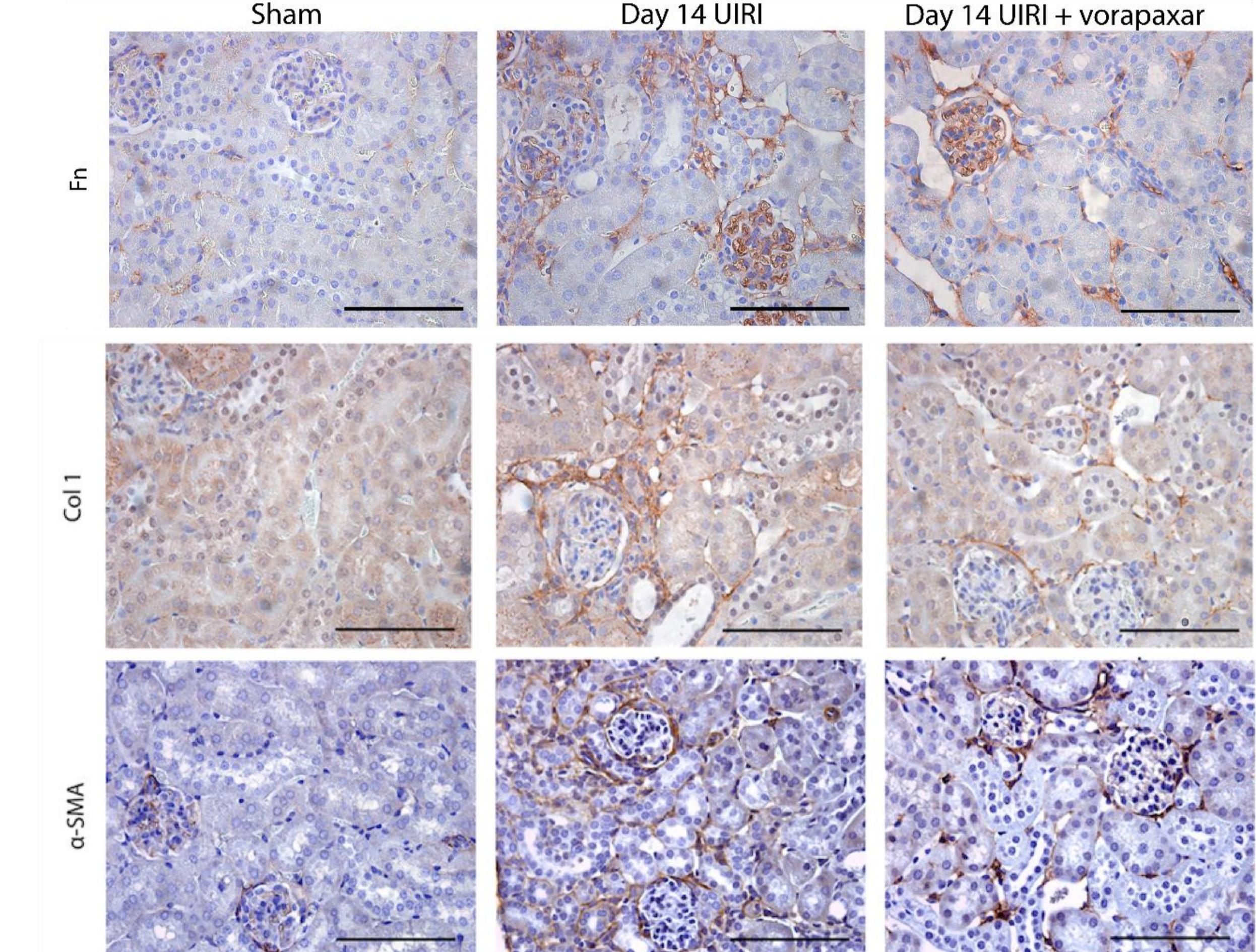
Health and Medical Research Fund (HMRF) of Hong Kong (grant no. 05163596), Research Grants Council of Hong Kong (Collaborative Research Fund, grant no. C7018-16G), and Hong Kong Society of Nephrology/HK Kidney Foundation Research Grant 2018.

Results

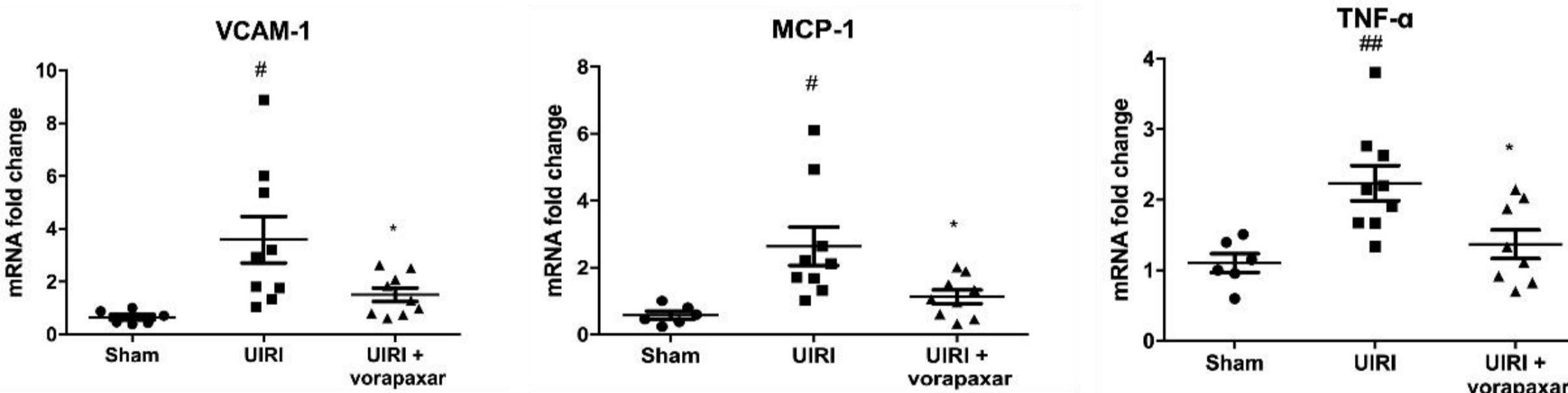
1. Vorapaxar ameliorated kidney injury in UIRI kidneys.



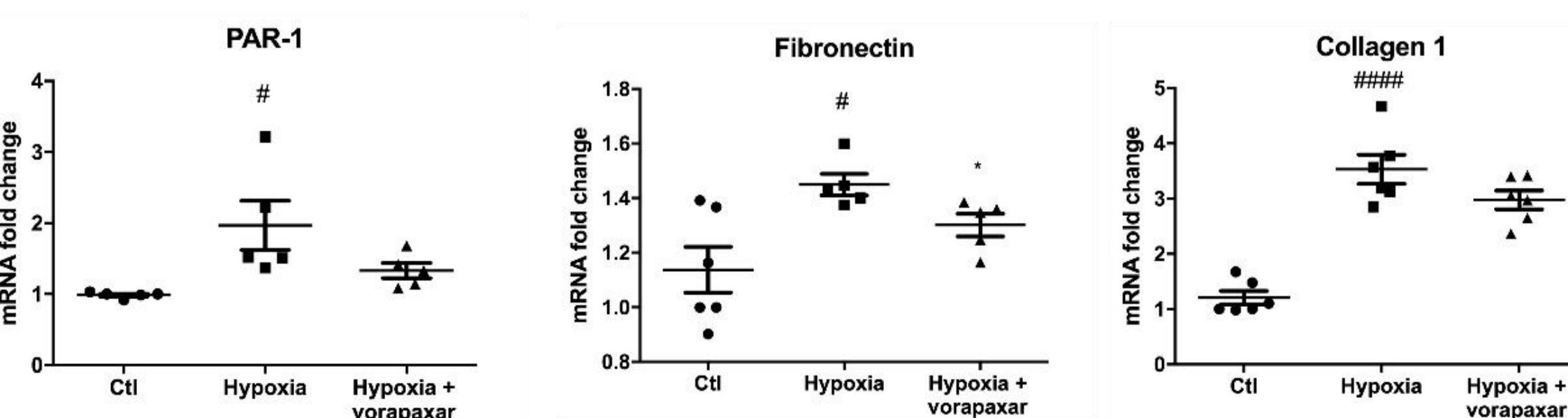
2. Vorapaxar alleviated kidney fibrotic changes in UIRI mice.



3. IR-induced endothelial cell activation and inflammation were reduced by vorapaxar treatment.



4. PAR-1 expression was upregulated during hypoxic condition and associated with ECM protein production in NRK-52E cells.



Conclusion

Vorapaxar diminishes UIRI-induced renal fibrosis, and protects against tubular injury during the process of AKI to CKD. Targeting PAR-1 for the treatment of CKD in human warrants further investigation.