

Liposomal Delivery of Diacylglycerol Lipase-Beta Inhibitors to Macrophages Dramatically Enhances Selectivity and Efficacy *in Vivo*

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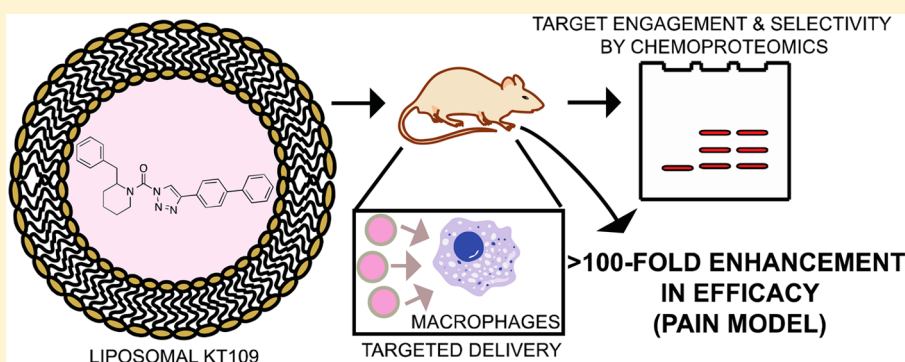
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Supporting Information



ABSTRACT: Diacylglycerol lipase-beta (DAGL β) hydrolyzes arachidonic acid (AA)-containing diacylglycerols to produce bioactive lipids including endocannabinoids and AA-derived eicosanoids involved in regulation of inflammatory signaling. Previously, we demonstrated that DAGL β inactivation using the triazole urea inhibitor KT109 blocked macrophage inflammatory signaling and reversed allodynic responses of mice in inflammatory and neuropathic pain models. Here, we tested whether we could exploit the phagocytic capacity of macrophages to localize delivery of DAGL β inhibitors to these cells *in vivo* using liposome encapsulated KT109. We used DAGL β -tailored activity-based probes and chemical proteomic methods to measure potency and selectivity of liposomal KT109 in macrophages and tissues from treated mice. Surprisingly, delivery of $\sim 5 \mu\text{g}$ of liposomal KT109 was sufficient to achieve $\sim 80\%$ inactivation of DAGL β in macrophages with no apparent activity in other tissues *in vivo*. Our macrophage-targeted delivery resulted in a >100 -fold enhancement in antinociceptive potency compared with free compound in a mouse inflammatory pain model. Our studies describe a novel anti-inflammatory strategy that is achieved by targeted *in vivo* delivery of DAGL β inhibitors to macrophages.

KEYWORDS: endocannabinoid, 2-arachidonoylglycerol, diacylglycerol lipase, macrophage, inflammation, activity based protein profiling, chemical proteomics, diacylglycerol, prostaglandin, eicosanoid, lipid signaling, chronic pain, neuropathic pain, inflammation, nonsteroidal anti-inflammatory drugs, analgesic, liposome, drug delivery, pain

INTRODUCTION

Diacylglycerol lipases^{1–4} (DAGLs) are principal biosynthetic enzymes for the endocannabinoid 2-arachidonoylglycerol (2-AG^{5,6}), a lipid agonist of the GPCRs CB1 and CB2.⁷ DAGLs are transmembrane serine hydrolases that hydrolyze arachidonate-esterified diacylglycerols (DAGs) to biosynthesize 2-AG, which can be further cleaved by downstream enzymes to release arachidonic acid (AA) for cyclooxygenase (COX)-mediated eicosanoid production (e.g., PGE2, Figure 1). The regulation of both 2-AG and AA by DAGLs not only establishes important cross-talk between endocannabinoid and eicosanoid signaling^{4,8} but also offers new opportunities for blocking

inflammation using DAGL-selective inhibitors.^{4,9–15} Two mammalian isoforms, DAGL α and DAGL β , have been identified, and development of chemical proteomic^{4,15} and genetic tools^{2,3} have enabled investigation of isoform-specific functions that are separated anatomically and even by cell type

Special Issue: Pharmacology by Chemical Biology

Received: July 31, 2017

Revised: August 21, 2017

Accepted: August 30, 2017

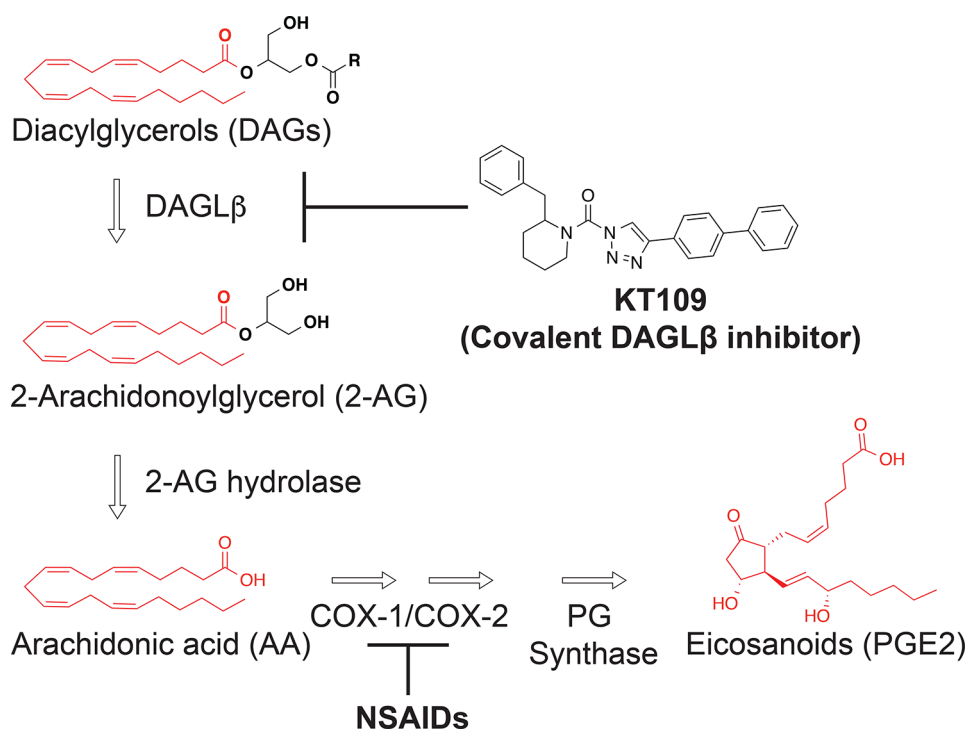


Figure 1. DAGL β hydrolyzes DAGs to regulate lipid precursors important for inflammation. DAGL β hydrolyzes diacylglycerol (DAG) to produce 2-arachidonoylglycerol (2-AG). DAG can signal by activating protein kinase pathways and 2-AG is the predominant lipid messenger for cannabinoid receptors. 2-AG can be further hydrolyzed by a downstream serine hydrolase (2-AG hydrolase) to produce arachidonic acid (AA), which is a substrate for cyclooxygenase 1 and 2 enzymes (COX1/2). COX1/2 along with PG synthases biosynthesize eicosanoids including PGE2, which signal through prostaglandin receptors. Nonsteroidal anti-inflammatory drugs (NSAIDs) block COX1/2 activity.

within the same tissue.⁹ From these studies, DAGL β has emerged as the isoform with a more specialized role in inflammation because of its enriched expression and activity in macrophages⁴ and microglia,⁹ and its role in regulating proinflammatory lipid (PGE2) and cytokine (TNF- α) pathways.⁴

Discovery of first generation DAGL β inhibitors was enabled by development of tailored activity-based protein profiling (ABPP) methods to overcome challenges with detection and quantitation of native DAGL activity.^{4,15} In addition to being highly sensitive, ABPP methods allowed rapid evaluation of DAGL β inhibitor potency and selectivity directly in complex lysates. Using chemical proteomics to guide inhibitor optimization, the 1,2,3-triazole urea inhibitor KT109 emerged as the first *in vivo*-active DAGL β inhibitor suitable for cell and animal physiology studies.^{4,11} Subsequent studies have since adopted this strategy to expand development of covalent as well as reversible DAGL inhibitors.^{10,13,14,16} Cell biology studies using DAGL β inhibitors showed potent reductions in PGE2 as well as TNF- α signaling in lipopolysaccharide (LPS)-stimulated macrophages treated with KT109.⁴ Treatment of mice with KT109 produced antinociceptive activity in the lipopolysaccharide (LPS) inflammatory pain model as well as in nerve injury and paclitaxel neuropathic pain models.¹¹ These results are consistent with established roles for PGE2 and TNF- α inflammatory signaling in sensitization of peripheral sensory neurons in chronic pain^{17,18} and the effectiveness of KT109 to block these pathways *in vivo*.¹¹ Results from the mouse pain models also showed that local injection of KT109 in the LPS-treated inflamed paw reversed allodynic pain responses, presumably through disruption of DAGL β function in macrophages that accumulate at inflammatory sites.^{17,18}

Here, we set out to test whether we could use liposomes to localize delivery of DAGL β inhibitors to macrophages *in vivo*. We hypothesized that our approach would not only support macrophages as the site of action but also establish a new strategy for development of targeted anti-inflammatory agents. We developed an encapsulation strategy compatible with the hydrophobic nature of KT109 to produce homogeneous liposomal formulations suitable for *in vivo* testing. We used DAGL β -tailored activity-based probes and chemical proteomic methods to evaluate potency and selectivity of liposomal KT109 across cells and tissues from treated mice. Finally, we tested whether enhanced delivery of liposomal KT109 to macrophages *in vivo* was sufficient to reverse nociceptive behavior in the mouse LPS inflammatory pain model.

EXPERIMENTAL SECTION

Laboratory Animals. Subjects consisted of male C57BL/6J mice obtained from either Jackson Laboratories (Bar Harbor, Maine) or breeding pairs in the Virginia Commonwealth University vivarium for use in LPS pain studies. For selectivity studies, C57BL/6J mice were obtained from breeding pairs in the University of Virginia vivarium. Animal experiments were conducted in accordance with the guidelines of the Institutional Animal Care and Use Committee of each respective institution.

Materials. KT109, HT-01, and fluorophosphonate-rhodamine (FP-Rh) were synthesized and purity confirmed by ¹H-NMR and HPLC analysis as previously described.^{4,15,19} Isoflurane (Isothesia, Henry Schein) was purchased from the Center for Comparative Medicine at University of Virginia. Brewer thioglycollate medium was purchased from Fluka Analytical. The following lipids were purchased from Avanti polar lipids as 25 mg/mL stock solutions in chloroform: 1,2-

dioleoyl-*sn*-glycero-3-phosphoethanolamine (DOPE); 1,2-distearoyl-*sn*-glycero-3-phosphocholine (DSPC); and 1,2-dioleoyl-*sn*-glycero-3-phosphoethanolamine-*N*-[methoxy(polyethylene glycol)-2000] (ammonium salt) (PEG2000 PE). The liposome extrusion kit and polycarbonate membranes were also purchased through Avanti polar lipids. Sepharose beads (Sepharose CL-4B, 20% ethanol) were purchased from GE Health Care, Inc.

Preparation and Characterization of Liposomal KT109. Liposomal KT109 and matching “ghost” liposomes (containing the same lipid components but no compound) were prepared as described in detail in the methods section of the [Supporting Information](#). Ghost liposomes were used as controls for *in vitro* and *in vivo* experiments. All liposomal KT109 stocks were made up as 1 mL sample sizes, limited by the 1 mL total volume of the extrusion syringes. However, multiple sets of liposomes were often made simultaneously to deliver larger quantities of liposomes for experimental use. Liposomal KT109 size and homogeneity were characterized via dynamic light scattering (DLS, Malvern Zetasizer, Nano Series) and nanoparticle tracking analysis (NTA, Malvern NanoSight LM10). KT109 concentrations in liposomes were determined by LC–MS as described below. Liposomes were kept refrigerated and used within a month.

Quantification of KT109 in Liposomal KT109 Stocks by LC–MS. LC–MS was performed on an I-class Acquity coupled to a TQ-S mass spectrometer (Waters Corporation, Milford, MA). Samples were analyzed on a 2.1 mm ID × 5 cm C8 Kinetex column (Phenomenex) with the column oven set to 50 °C. Mobile phases consisted of water with 0.1% formic acid (A) and methanol with 0.1% formic acid (B). A gradient of 50% B to 99% B over 1 min was held for 0.5 min before re-equilibration at 0.5 mL/min. KT109 was detected by multiple reaction monitoring (MRM) analysis using the 423.3 > 202.1 transition with a collision energy of 10 using argon as the collision gas. Concentrations of KT109 in liposomal KT109 stocks were estimated to be ~20 μg/mL by LC–MS ([Figure S1](#)).

In Vivo Studies Using Liposomal KT109. C57BL/6J mice were injected with thioglycollate solution (4% w/v) in the peritoneal cavity 4 days prior to compound treatment in order to recruit sufficient macrophages for analyses. Mice were treated with ghost or liposomal KT109 (2.5 or 5 μg; intraperitoneal, i.p.; 4 h), anesthetized with isoflurane, sacrificed, and thioglycollate-elicited macrophages harvested as previously described.⁴ For selectivity profiling, other tissues were harvested at the same time as macrophages. Macrophages and tissues were either used immediately or flash frozen in liquid nitrogen and stored at –80 °C until use.

Preparation of Tissue Proteomes. Tissues were washed twice with ice cold lysis buffer (0.25 M sucrose, 20 mM HEPES, and 2 mM DTT in ddH₂O). Tissues were processed using dounce homogenization and placed in ice for 15 min. Tissue homogenates were centrifuged at 800 × *g* for 5 min at 4 °C. The resulting supernatant was isolated to remove debris. Supernatants were centrifuged at 100,000 × *g* for 45 min at 4 °C. The supernatant was removed and remaining pellet resolubilized in assay buffer (20 mM HEPES in ddH₂O) by passing through a 26-gauge syringe multiple times, and referred to as soluble and membrane fractions, respectively. Protein concentrations were determined using a Bio-Rad DC protein assay.

Gel-Based Competitive Activity Based Protein Profiling (ABPP). Proteomes (1 mg/mL) were treated with either HT-01 or FP-Rh at 1 μM final concentration for 30 min at 37 °C. The reaction was quenched using SDS-PAGE loading buffer. After separation by SDS-PAGE (10% acrylamide), samples were visualized by in-gel fluorescence scanning using a Chemidoc MP imaging system.

Evaluation of Liposomal KT109 in LPS Model of Inflammatory Pain. Mice were given an injection of 2.5 μg of LPS from *Escherichia coli* (026:B6, Sigma), in 20 μL of physiological sterile saline (Hospira Inc., Lake Forest, IL, USA) into the plantar surface of the right hind paw. As previously reported, this dose of LPS elicits mechanical allodynia without producing measurable increases in paw thickness.²⁰ Mice were returned to their home cages after the LPS injection. Twenty-two hours following LPS administration, each mouse was given an intraperitoneal (i.p.) injection of ghost liposome or liposomal KT109 (8, 4, or 1 μg) and tested for mechanical allodynia at 24 h.

Behavioral Assessment of Mechanical Allodynia. Baseline responses to light mechanical touch were assessed using von Frey filaments following habituation to the testing environment, as described elsewhere.²¹ In brief, mice were acclimated to the testing conditions in which they were given a daily 30 min habituation session for 4 days. They were placed under an inverted wire mesh basket, which allowed unrestricted air flow, that was on top of a wire mesh screen, with spaces 0.5 mm apart. During acclimation and testing, each mouse was unrestrained and singly housed. The von Frey test utilizes a series of calibrated monofilaments, (2.83–4.31 log stimulus intensity; North Coast Medical, Morgan Hills, CA, USA) applied randomly to the left and right plantar surfaces of the hind paw for 3 s. Lifting, licking, or shaking the paw was considered a response.

Statistical Analysis. Enzyme activity remaining was determined by comparing integrated band intensities of inhibitor with vehicle-treated samples for gel-based ABPP assays. Linear regression analysis was used to generate KT109 standard curves from LC–MS studies. In the LPS inflammatory pain study, Holm–Sidak’s multiple comparisons test was used for post hoc analysis following a significant one-way ANOVA. The antinociceptive ED₅₀ value 95% confidence limit of liposomal KT109 was calculated using least-squares linear regression analysis. The potency ratio with 95% confidence limit of KT109 between its formulation in liposomes (present study) and free compound in a standard vehicle (previous study¹¹) was calculated using linear regression.²² Data are shown as mean ± SEM. For analysis of DAGLβ inhibition in paw, significance was determined by unpaired Student’s *t* test. All statistical analyses were performed using GraphPad Prism or Excel.

RESULTS

Encapsulation of KT109 in Liposomes. As KT109 is insoluble in aqueous media, typical passive loading mechanisms for liposomal encapsulation were ineffective. We therefore explored whether KT109 could be trapped within the lipid bilayer during the dry-down step of the liposome formulation process. In brief, KT109 was dissolved in chloroform along with a cocktail of natural and unnatural phospholipids. Next, the KT109/lipid mixture was dried down under a nitrogen stream. Addition of aqueous buffer (PBS) followed by shaking and vortexing produced liposomal KT109 (see Methods section in

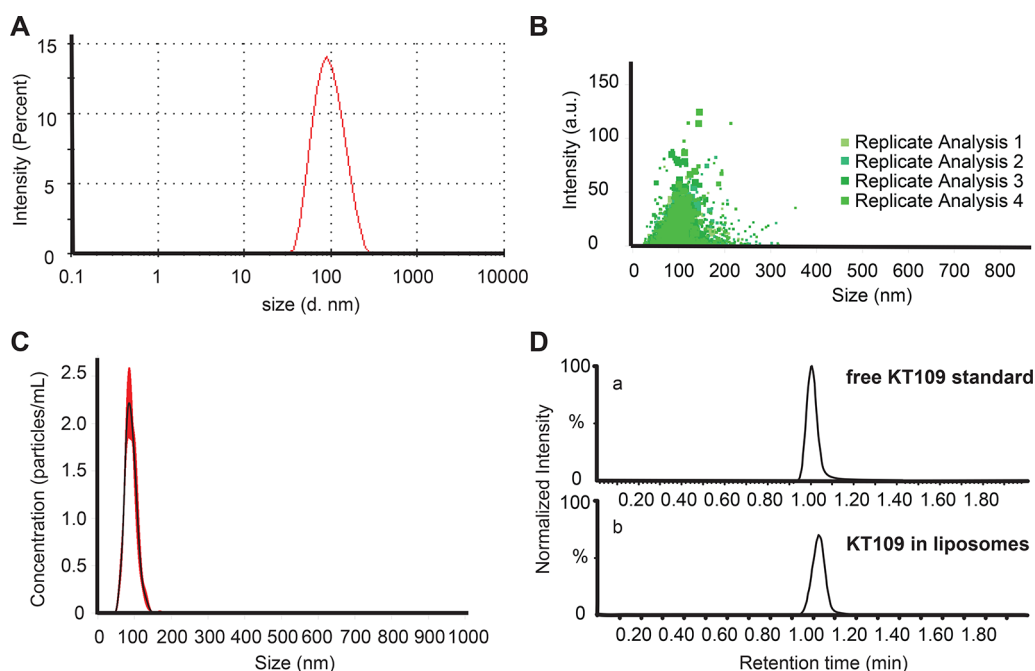


Figure 2. Characterization of liposomal KT109 by DLS, NTA, and LC-MS. (A) Graph showing the average size distribution by intensity of liposomal KT109 as determined by dynamic light scattering (DLS). Liposomal KT109 was diluted 1:100 for this analysis. The peak average is 101 ± 2 nm, which corresponds to a Z-average of 89 ± 0.3 nm. (B) Liposomal KT109 size and homogeneity as characterized by nanoparticle tracking analysis (NTA). Representative scatter graph of four replicate analyses of liposomal KT109 intensity (absorbance unit, a.u.) as a function of size (nm). (C) Finite track length adjustment (FTLA) analysis of scatter graphs is used to calculate average particle concentration ($9 \pm 0.5 \times 10^8$ particles/mL) and mean particle size (91 ± 2 nm). (D) Representative extracted ion chromatogram from MRM analysis by LC-MS of free KT109 standard compared with KT109 in liposomes. The equivalent retention times confirm the identity of KT109 encapsulated in liposomes. MRM analysis was performed using a 423 to 202 transition for KT109.

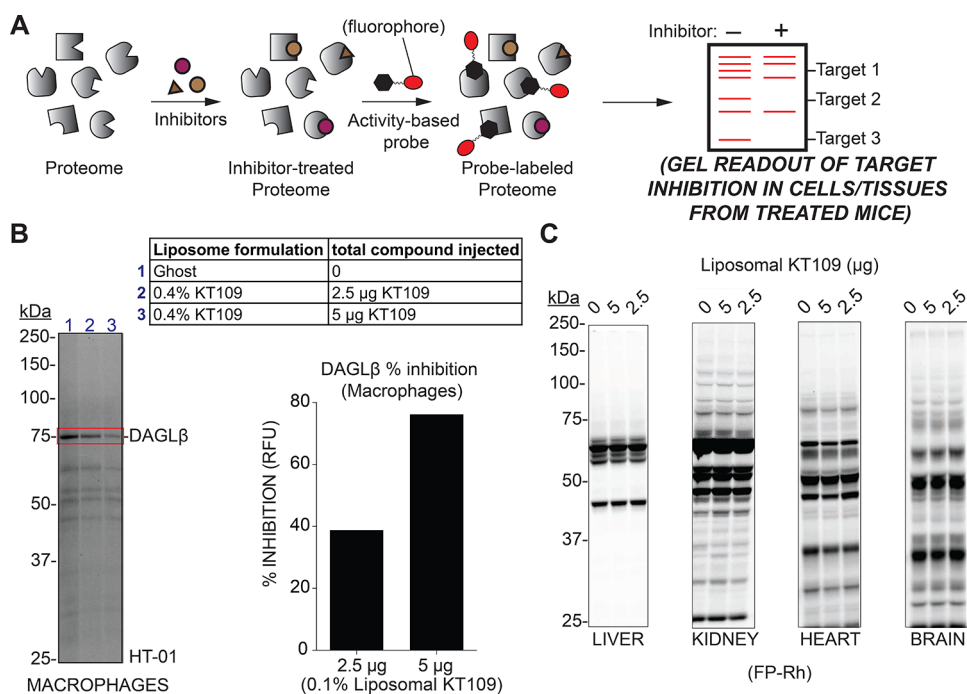


Figure 3. Chemical proteomic evaluation of liposomal KT109 potency and selectivity *in vivo*. (A) General scheme of competitive gel-based activity based protein profiling (ABPP). Proteomes were pretreated with inhibitors (30 min at 37°C) followed by labeling with activity based probe (HT-01 or FP-Rh, $1 \mu\text{M}$, 30 min at 37°C). Probe-labeled proteomes were separated by SDS-PAGE and analyzed by in-gel fluorescence scanning. (B) Thioglycollate-elicited macrophages were isolated after 4 h treatment with ghost liposomes or liposomal KT109 at the indicated doses. Cells were lysed and membrane proteomes subjected to gel-based ABPP analysis using HT-01. The degree of inactivation (% inhibition) was quantified using integrated band intensities from fluorescence gel analyses. (C) Activity and selectivity of liposomal KT109 against serine hydrolases detected in tissues from treated mice using gel-based ABPP with FP-Rh. Treatment with liposomal KT109 resulted in negligible activity across measured tissues.

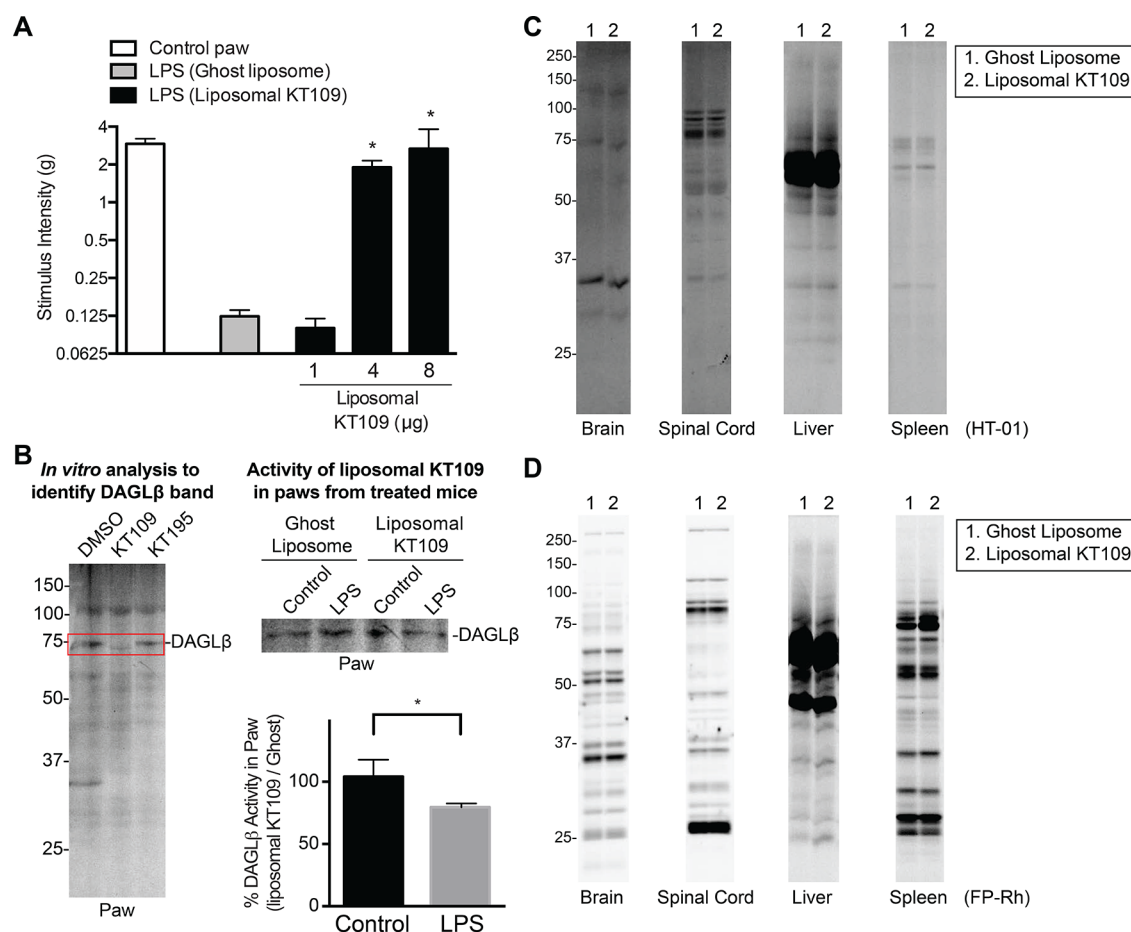


Figure 4. Efficacy and selectivity of liposomal KT109 in the LPS inflammatory pain model. (A) Intraperitoneal (i.p.) administration of liposomal KT109 reverses LPS-induced allodynia in C57BL/6J mice. $*P < 0.05$ vs LPS + ghost liposome-treated paw. Data reflect mean \pm SEM, $n = 13$ (control paw), 10 (LPS + ghost liposome), 6 (LPS + liposomal KT109 (1 μ g)), 6 (LPS + liposomal KT109 (4 μ g)), and 3 (LPS + liposomal KT109 (8 μ g)). (B) Native DAGL β activity in LPS-treated and contralateral hind paws (control) from representative mice was measured by gel-based ABPP using HT-01. The identity of the DAGL β band detected in paws was confirmed by *in vitro* treatment of paw proteomes using free KT109 (DAGL β specific inhibitor) compared with the DAGL β -inactive control inhibitor KT195⁴ (left panel). Native DAGL β activity was quantified in paws of mice treated with ghost liposome or liposomal KT109 under basal and inflammatory states (LPS-injected paw). Intraperitoneal administration of liposomal KT109 (4 μ g) resulted in \sim 20% inhibition of total DAGL β activity in the LPS-treated paw (estimated by ratio of fluorescent signals of DAGL β band from paws of liposomal KT109- compared with ghost liposome-treated mice). Liposomal KT109 (4 μ g) did not inhibit DAGL β activity in contralateral paw (no LPS treatment). $*P < 0.05$ for DAGL β activity remaining in LPS-injected versus contralateral paws. Liposomal KT109 (4 μ g, i.p.) showed negligible activity against serine hydrolases in brain, spinal cord, liver, and spleen of treated mice (under inflammatory states) as measured by gel-based ABPP using HT-01 (C) and FP-Rh (D).

the Supporting Information for more details). Although this method provided us a route for liposomal KT109 formulation, the method proved to be very inefficient with a large portion of compound remaining suspended within the PBS solution rather than entrapped within the lipid bilayer during spontaneous liposome formation upon rehydration. To counter this issue, we used a higher starting concentration of KT109 (5 mg/mL) to overcome limitations resulting from encapsulation inefficiency. More than 99% of the nonencapsulated KT109 is separated from liposomal KT109 during the liposome extrusion step, remaining trapped on one side of the polycarbonate membrane. The remaining free drug is separated from the liposome portion during size-exclusion chromatography to yield pure liposomal KT109.

Characterization of Liposomal KT109. To determine the size and homogeneity of liposomal KT109, we measured these parameters by both dynamic light scattering (DLS) and nanoparticle tracking analysis (NTA). As shown in Figure 2A, the DLS profile revealed a single peak that centers around 101

± 2 nm in diameter, which corresponds to a Z-average value of 89 ± 0.3 nm in diameter. Like DLS, NTA measures the Brownian motion of particles in a suspension and their speed related to the Stokes–Einstein equation. However, unlike DLS, which can only measure time-dependent fluctuations in scattering intensity, NTA can measure individual particle motion by video. NTA, therefore, is able to provide a more quantitative analysis as well as enhanced size resolution. For NTA, a laser beam is passed through the liposomal suspension. As the liposomes scatter light, they may be visualized by microscope. A representative distribution plot of liposome intensity as a function of size as measured by NTA is shown in Figure 2B. As shown in Figure 2C, we used NTA finite track length adjustment (FTLA) analysis to calculate the average particle concentration ($9 \pm 0.5 \times 10^8$ particles/mL) and a mean particle size (91 ± 2 nm) for a typical liposomal KT109 sample. In summary, characterization of liposomal KT109 using complementary DLS and NTA techniques confirm that stable,

homogeneous liposomes of desired diameter are routinely and reproducibly fabricated.

To determine the concentration of KT109 encapsulated in liposome, we developed a targeted multiple-reaction monitoring (MRM) LC–MS method to quantify KT109 concentrations in liposome samples (423 to 202 MRM transition, Figure 2D). We first generated a standard curve of free KT109 and showed high correlation between KT109 concentrations and MRM signal intensities from 0.0025 to 0.25 $\mu\text{g}/\text{mL}$ ($R^2 = 0.99$, Figure S1). Using our standard curve, we were able to estimate the concentration of encapsulated KT109 as $\sim 20 \mu\text{g}/\text{mL}$ (Figure S1). We calculated encapsulation efficiency based on the ratio of total encapsulated (20 μg) versus starting (5 mg) KT109 amounts, which results in an estimated efficiency of $\sim 0.4\%$. Future studies will be required to improve the formulation process and increase the amount of KT109 that is effectively incorporated into liposomes.

Chemical Proteomic Analysis of Liposomal KT109.

Using our first generation liposomal KT109 formulation, we asked how liposome delivery would impact KT109 potency and selectivity *in vivo*. For these analyses, we evaluated native DAGL β and other serine hydrolase (SH) activities by gel-based competitive ABPP using DAGL-tailored (HT-01⁴) and broad spectrum (FP-Rh²³) SH probes (Figure 3A). ABPP analysis provides a molecular snapshot of liposomal KT109 bioavailability and selectivity *in vivo* because covalent enzyme inactivation by KT109 during treatment is not affected by tissue lysis and processing. Mice were treated with ghost liposome or liposomal KT109 (2.5 or 5 μg) for 4 h, animals sacrificed, and tissues processed and analyzed by gel-based ABPP assay (Figure 3A). Remarkably, we observed dose-dependent inhibition of DAGL β in peritoneal macrophages despite these low amounts of administered KT109 with $\sim 80\%$ inhibition observed at the 5 μg dose (Figure 3B). Compared with administration of free KT109 (5 mg kg^{-1} dose⁴), liposomal delivery reduced the amount of total KT109 required for comparable DAGL β inactivation in peritoneal macrophages by >20 -fold (~ 120 vs 5 μg of KT109 in free- compared with liposomal-delivery, respectively).

We observed excellent selectivity for liposomal KT109 across other tissues profiled (Figures 3C and S2–S5). We measured tissues where DAGL β is known to be active (liver,^{2,4} brain⁹) as well as tissues that are potential liabilities for compound toxicity (kidney, heart). In all tissues profiled, we observed negligible cross-reactivity with the exception of a minor off-target activity against a ~ 35 kDa serine hydrolase in kidney (Figure S2) and heart (Figure S3) proteomes that is likely ABHD6 based on molecular weight and reactivity with HT-01 probe.²⁴ ABHD6 is a known off-target for several mechanism-based inhibitors including triazole ureas like KT109.⁴ Gel-based ABPP analysis of brain and liver proteomes from liposomal KT109-treated mice did not reveal any overt off-target activity (Figures 3C and S4–S5). In summary, we discovered that liposomal delivery of KT109 dramatically enhances potency against DAGL β in macrophages while minimizing cross-reactivity in other tissues where DAGL β is active.

Liposomal KT109 Exhibits High Potency in Reversing LPS-Induced Mechanical Allodynia. Next, we examined whether liposomal KT109 would reverse LPS-induced mechanical allodynia with increased potency compared with free compound from our recent study.¹¹ As shown in Figure 4A, KT109 significantly reversed LPS-induced allodynia [$F(4,33) = 32$, $p < 0.0001$]. Post hoc testing revealed that

treatment with 4 and 8 μg of liposomal KT109 significantly attenuated LPS-induced allodynia compared with mice receiving LPS and ghost liposomes. At 8 μg of KT109, we observed full reversal of LPS-induced allodynia (Figure 4A). Using these data, the calculated ED₅₀ value for liposomal KT109 was 11 $\mu\text{g}/\text{kg}$ (9–13 $\mu\text{g}/\text{kg}$; 95% confidence limits), which represents a >100 -fold enhancement in potency compared with treatments using free KT109.¹¹

We also confirmed that liposomal KT109 was active in the LPS-injected paw by directly measuring native DAGL β activity at this site by gel-based ABPP using HT-01 (Figure 4B). First, we confirmed that the ~ 70 kDa band detected in paw proteomes represented endogenous DAGL β by demonstrating that pretreatment with KT109 (DAGL β inhibitor) but not KT195 (DAGL β -inactive control inhibitor) *in vitro* blocked HT-01 probe labeling (left panel, Figure 4B). Next, we measured DAGL β activity in contralateral (control) and LPS-injected paws of mice treated with ghost liposome or liposomal KT109. We observed a modest but significant decrease in endogenous DAGL β activity ($\sim 20\%$ inhibition, $P = 0.037$) in the LPS-injected but not contralateral control paw (right panels, Figure 4B). Future studies are needed to determine whether increased accumulation of macrophages at inflammatory sites is a likely mechanism explaining why liposomal KT109 blocks DAGL β activity only in the LPS-injected paw. In contrast to activity in the LPS-injected paw, we observed no apparent inhibition of other SHs in central (brain and spinal cord) and peripheral (liver and spleen) tissues from liposomal KT109-treated mice as measured by gel-based ABPP (Figure 4C,D). Collectively, our results help support that liposomal delivery of KT109 dramatically enhances *in vivo* efficacy and selectivity and that the LPS-injected paw is the likely site of action for reversal of LPS-induced allodynia.

DISCUSSION

DAGL β expression and activity is enriched in macrophages,⁴ providing an opportunity to exploit the phagocytic capacity of these immune cells²⁵ for targeted delivery of inhibitors. We explored liposomal delivery of KT109 with the goal of lowering the total amount of compound required for DAGL β inactivation in macrophages *in vivo*. The effective increase in potency using liposomal KT109 would allow for more localized blockade of PGE2 and TNF- α signaling at inflammatory sites where macrophages are known to accumulate.^{17,18}

We discovered that systemic delivery of $\sim 5 \mu\text{g}$ of KT109 in liposomes was sufficient to achieve $\sim 80\%$ inactivation of DAGL β in macrophages. Enhanced delivery of liposomal KT109 to macrophages *in vivo* was sufficient to reverse nociceptive behavior in the mouse LPS inflammatory pain model. The calculated ED₅₀ value for liposomal KT109 was 11 $\mu\text{g}/\text{kg}$ (9–13 $\mu\text{g}/\text{kg}$; 95% confidence limits), which represents a >100 -fold enhancement in potency compared with treatments using free KT109.¹¹ While active in macrophages, the use of liposomal delivery resulted in negligible activity of KT109 in central as well as peripheral tissues under basal (Figures 3C and S2–S5) and inflammatory states (Figure 4C,D). The dramatic increase in potency supports our hypothesis that systemic administration of liposomal KT109 results in accumulation and targeted disruption of DAGL β activity in macrophage *in vivo*. As a result, we can reduce the total amount of KT109 required for efficacy to minimize cross-reactivity in other tissues and improve overall selectivity *in vivo*.

We also demonstrated that chemical proteomic methods were critical for evaluating the cells and tissues where liposomal KT109 is active. Importantly, the use of HT-01-based ABPP analysis allowed us to confirm potent inactivation of DAGL β in macrophages as well as to measure general off-target activity against other detected SHs in central and peripheral tissues. An interesting finding from our chemical proteomics analyses was detection of DAGL β inhibition by liposomal KT109 only in the LPS-injected paw (Figure 4B). While we cannot fully explain why DAGL β activity was unaffected in control paws, our current findings support macrophages as the likely site of action for the antinociceptive activity of liposomal KT109. Future studies will focus on isolation of macrophages from paws of treated mice to further clarify the specificity of liposomal KT109 for targeting macrophages versus other cell types at inflammatory sites. We are also cognizant that DAGL β inactivation at other sites in addition to the paw may contribute to the observed efficacy *in vivo*. Future studies are needed to investigate whether changes in macrophage trafficking and/or phagocytic capacity affects liposomal KT109 access and clearance during inflammation, and whether this could represent a general strategy to target compounds to inflammatory sites. Incorporation of targeting agents, e.g., antibodies against the macrophage-specific marker F4/80,²⁶ in future studies should further enhance the utility of this approach to target specific macrophage subsets.

While our preliminary studies using liposomal KT109 were successful, we recognize the low encapsulation efficiency of our current formulation process. Currently the encapsulation efficiency of KT109 within the formulated liposomes is ~0.4%. Concentrating liposomes can increase the effective dose administered *in vivo* but does not address the substantial loss of KT109 during formulation. Future studies therefore, in addition to the incorporation of targeting agents, should also address the suboptimal encapsulation efficiencies. Different methods of liposomal loading and/or lipid formulation are presently being considered. Other nanoparticle materials, specifically block copolymers such as PLGA and PLA/PEO formulations,^{27,28} are also being considered for potential improvement of KT109 encapsulation.

■ ASSOCIATED CONTENT

● Supporting Information

The Supporting Information is available free of charge on the ACS Publications website at DOI: 10.1021/acs.molpharmaceut.7b00657.

Details on liposome preparation and supplementary figures (PDF)

■ AUTHOR INFORMATION

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Notes

The authors declare no competing financial interest.

■ ACKNOWLEDGMENTS

We thank all members of the Hsu Lab and colleagues at the University of Virginia for helpful discussions and review of the manuscript. This work was supported by the University of Virginia (start-up funds to K.-L.H.), VCU School of Pharmacy (start-up funds to A.H.L.), NanoSTAR (to H.S.), and National Institutes of Health (DA035864 to K.-L.H.; 1F31NS095628 to L.D.S.; T32DA007027, P30DA033934, and R01NS093990 to A.H.L.).

■ ABBREVIATIONS

ABPP, activity based protein profiling; DAGL β , diacylglycerol lipase-beta; DAGL α , diacylglycerol lipase-alpha; AA, arachidonic acid; COX, cyclooxygenase; DAG, diacylglycerol; GPCR, G-protein-coupled receptor; LPS, lipopolysaccharide; FP-Rh, fluorophosphonate-rhodamine; DOPE, 1,2-dioleoyl-*sn*-glycero-3-phosphoethanolamine; DSPC, 1,2-distearoyl-*sn*-glycero-3-phosphocholine; PEG2000 PE, 1,2-dioleoyl-*sn*-glycero-3-phosphoethanolamine-*N*-[methoxy(polyethylene glycol)-2000]; i.p., intraperitoneal; DLS, dynamic light scattering; NTA, nanoparticle tracking analysis; FTLA, finite track length adjustment; MRM, multiple-reaction monitoring; LC-MS, liquid chromatography-mass spectrometry; NSAIDs, non-steroidal anti-inflammatory drugs; TNF- α , tumor necrosis factor-alpha; PGE2, prostaglandin E2; PLGA, poly(lactide-co-glycolide); PLA/PEO, poly(lactic acid)-poly(ethylene oxide)

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