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A CREATINE UPTAKE ASSAY FOR REPURPOSABLE DRUGS IN SLC6A8-DEFICIENT FIBROBLASTS

ACKNOWLEDGEMENTS

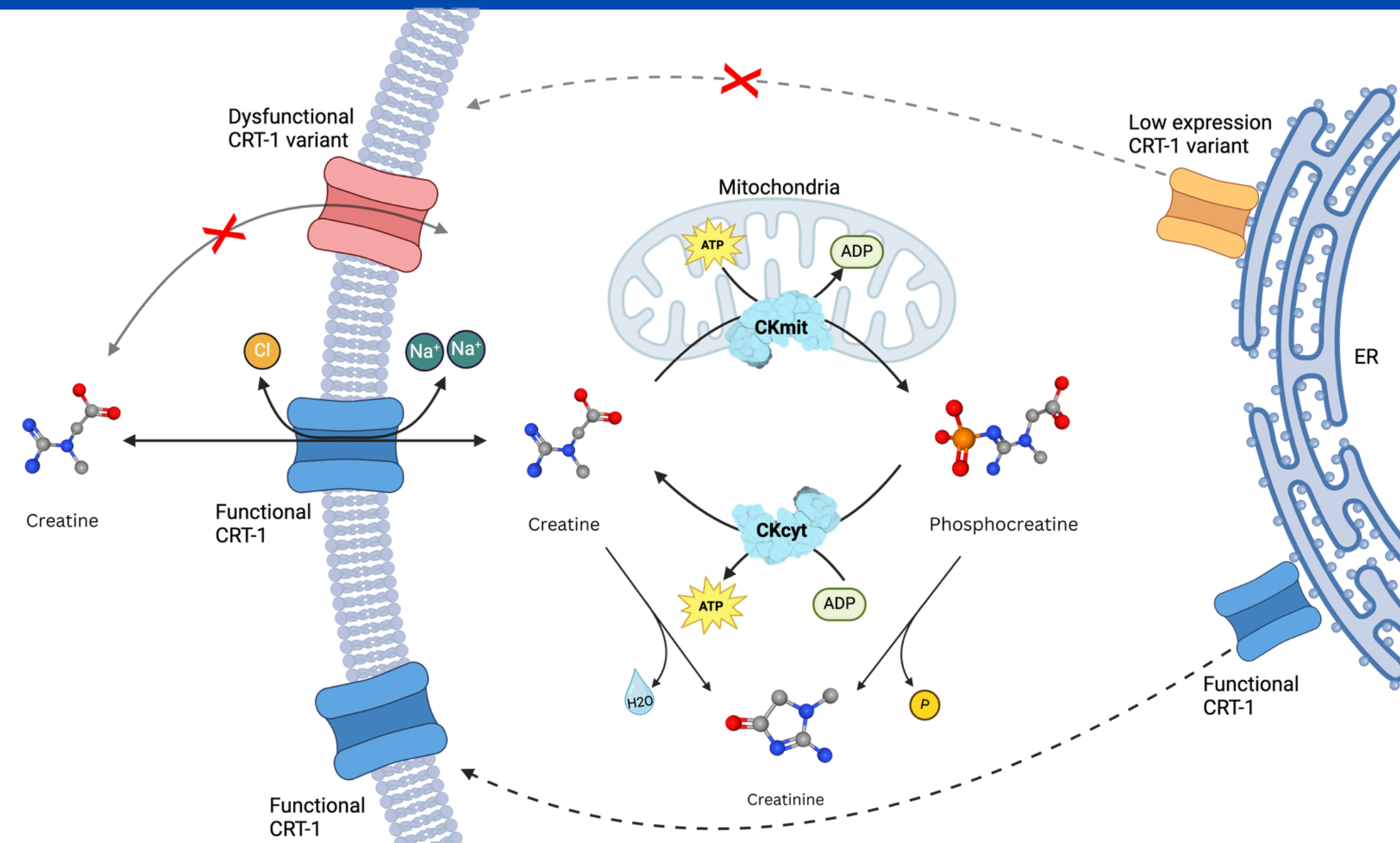
Our research is proudly funded
by the Association for Creatine
Deficiencies

BACKGROUND

Therapeutic strategies for cerebral creatine transporter deficiency (CTD) include gene therapy, creatine analogues, and small molecules to restore transporter function. We focused on small-molecule approaches aiming at rescue of mutant SLC6A8 transporter protein function.

Fig 1. Creatine uptake and metabolism in the cell

Creatine is transported into cells via the Creatine Transporter (CRT-1) and used for ATP homeostasis via Creatine Kinase (CK) enzymes. CRT-1 deficiency can occur when the transporter is not shuttled to the cell surface (low expression), or when the transporter is dysfunctional at the cell surface.



METHODS

CELL CULTURE

- Human fibroblasts were cultured in 6 well plates (surface area: 9.6cm² per well) until reaching full confluence.
- Cells were cultured in Minimum Essential Medium (MEM) supplemented with fetal bovine serum (FBS) and antibiotics/antimycotics (penicillin–streptomycin-amphotericin B) to confluence.

PREINCUBATION

- Prior to the experiment, cells were incubated in creatine-free medium (Ham's F-10) for 24 hours without FBS to deplete intracellular creatine levels.
- At the end of the experiment, wells typically yielded approximately 40–60 µg total protein.

DRUG TREATMENT

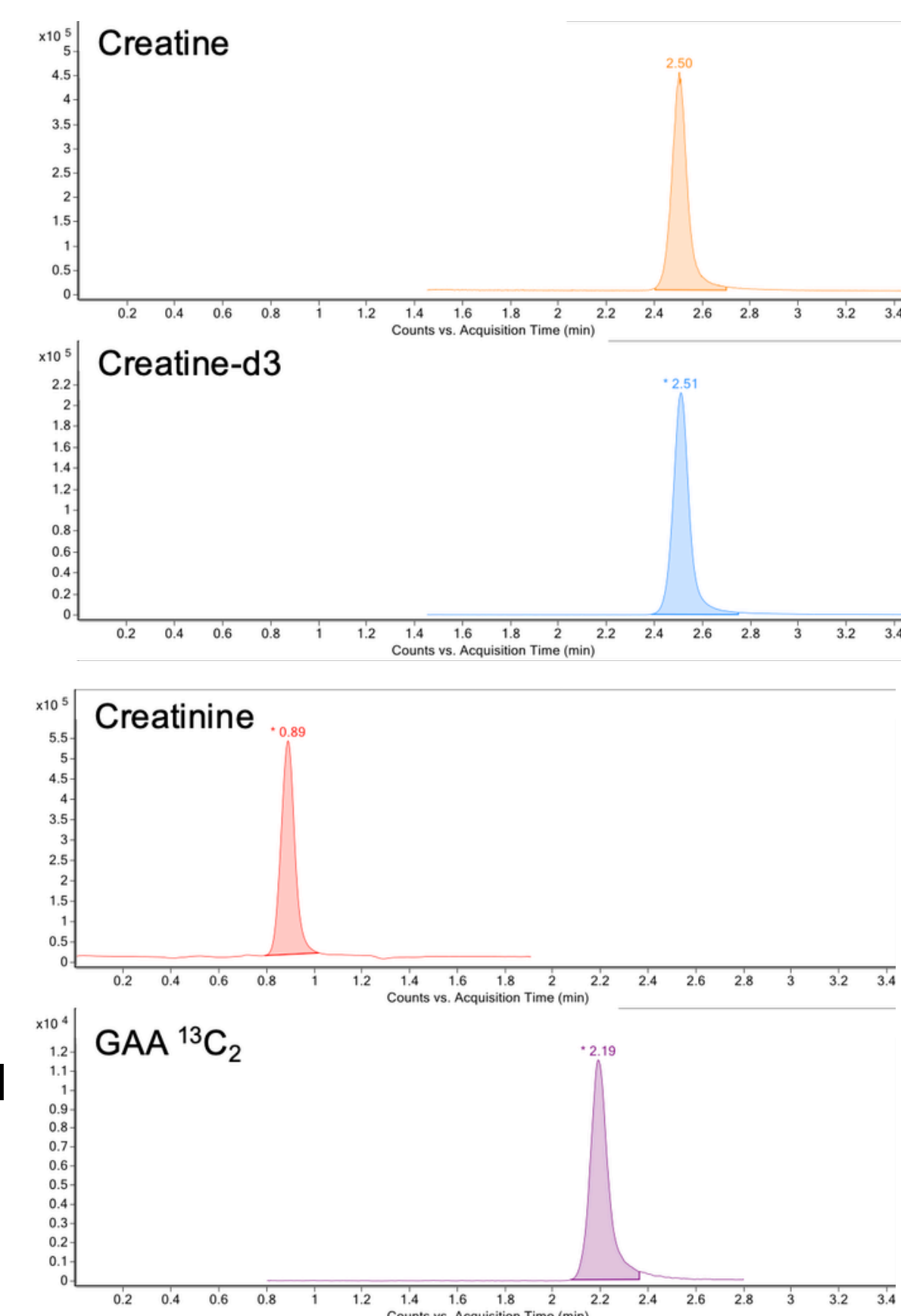
- Test compounds were dissolved in DMSO or water according to manufacturer's guidelines and added at respective concentrations at 6, 3, or 30 hours prior to the end of the experiment.
- For drugs dissolved in DMSO (Drug 1-5, 7), the highest DMSO concentrations in incubation medium containing 100mM of drug were 0.1%-0.9%
- Drugs dissolved in water: 6, 8
- Drug concentrations:
 - Drugs 1, 3, 4, 7: 10 µM and 100 µM
 - Drug 2 (toxic at 100 µM and 0.9% DMSO): 1 µM and 10 µM
 - Drug 8 (toxic and has inconsistent solubility) at 1, 10 and 100 µM

CREATINE UPTAKE ASSAY AND CELL HARVESTING

- Fibroblasts were incubated with D₃ labelled creatine (50 µM) for 6 hours.
- At the end of incubation:
 - Culture medium was removed
 - Cells were washed twice with buffer (DPBS)
 - Cells were trypsinized and collected

MASS SPECTROMETRY (LC-MS)

Cell pellets were extracted with acetonitrile containing a stable isotope-labeled guanidinoacetic acid (GAA) internal standard. Chromatographic separation was achieved via Hydrophilic Interaction Liquid Chromatography (HILIC). Detection and quantification were performed on a triple-quadrupole mass spectrometer operating in positive electrospray ionization mode (ESI+) with targeted Multiple Reaction Monitoring (MRM). Results were normalized for protein content using a BCA protein assay.



SUMMARY & OUTLOOK

Assay Validation: We established a sensitive, robust LC-MS/MS assay for quantifying D3 creatine uptake in cultured human fibroblasts.

Technical Insight: We identified that creatine uptake rates decrease as fibroblast passage numbers increase. Adopting a higher-throughput 24-well format would allow for more concurrent experiments at consistent passage levels.

Experimental Progress: Under current conditions, most compounds did not increase uptake above baseline. Replicate experiments are actively underway to confirm the positive results seen with Drug 4.

Ongoing Experiments: Evaluation of Phenylbutyrate (Drug 8), currently in clinical evalution for SLC6A1 and SLC6A8 deficiency, is in progress.

AIMS

- Give a detailed description of the experimental protocol used
- Show results from D3-creatine uptake in a ΔF408 human fibroblast cell line upon exposure to **8 FDA approved drugs** which showed enhanced SLC6A8 activity in experimental HEK293 cells.

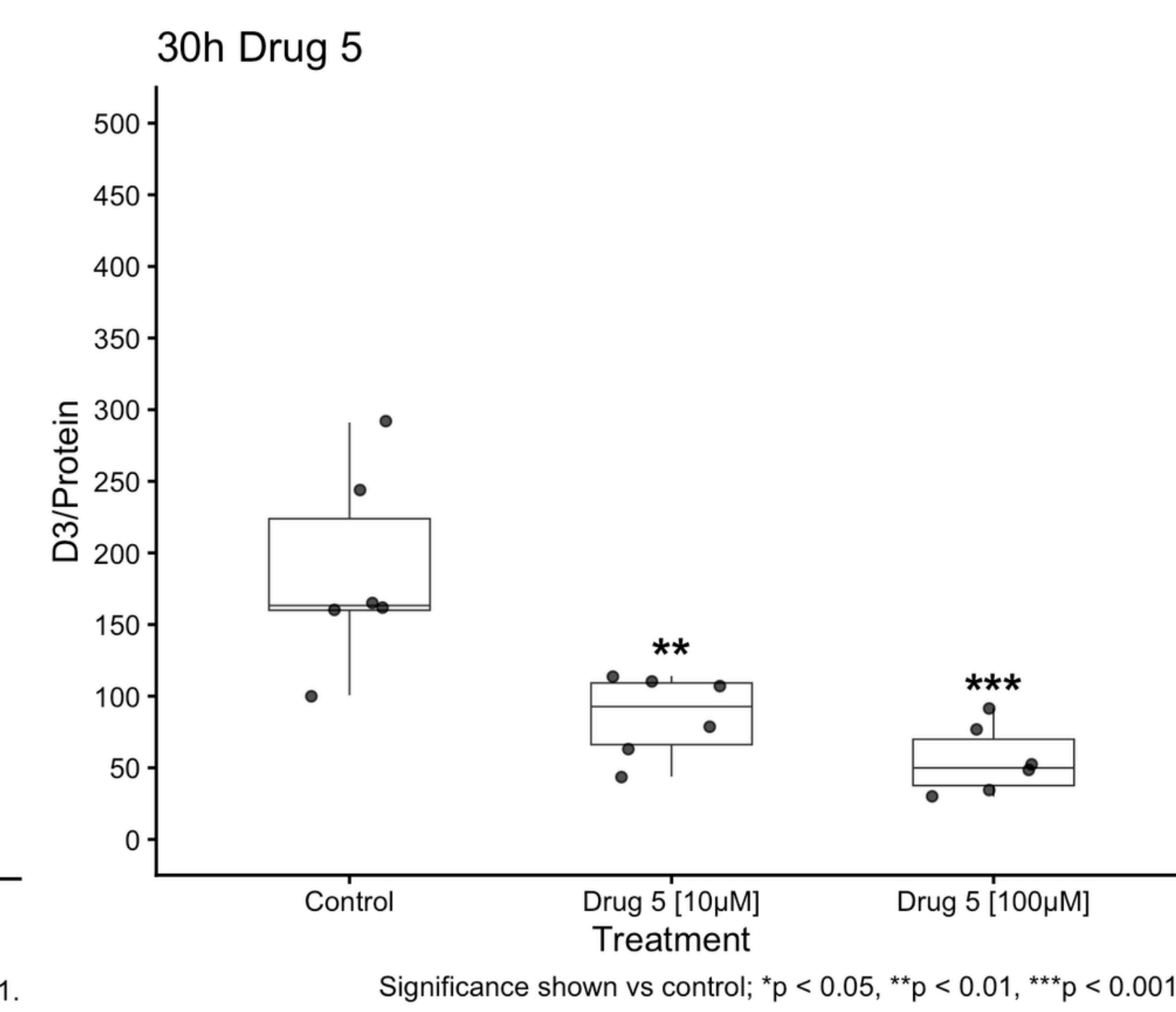
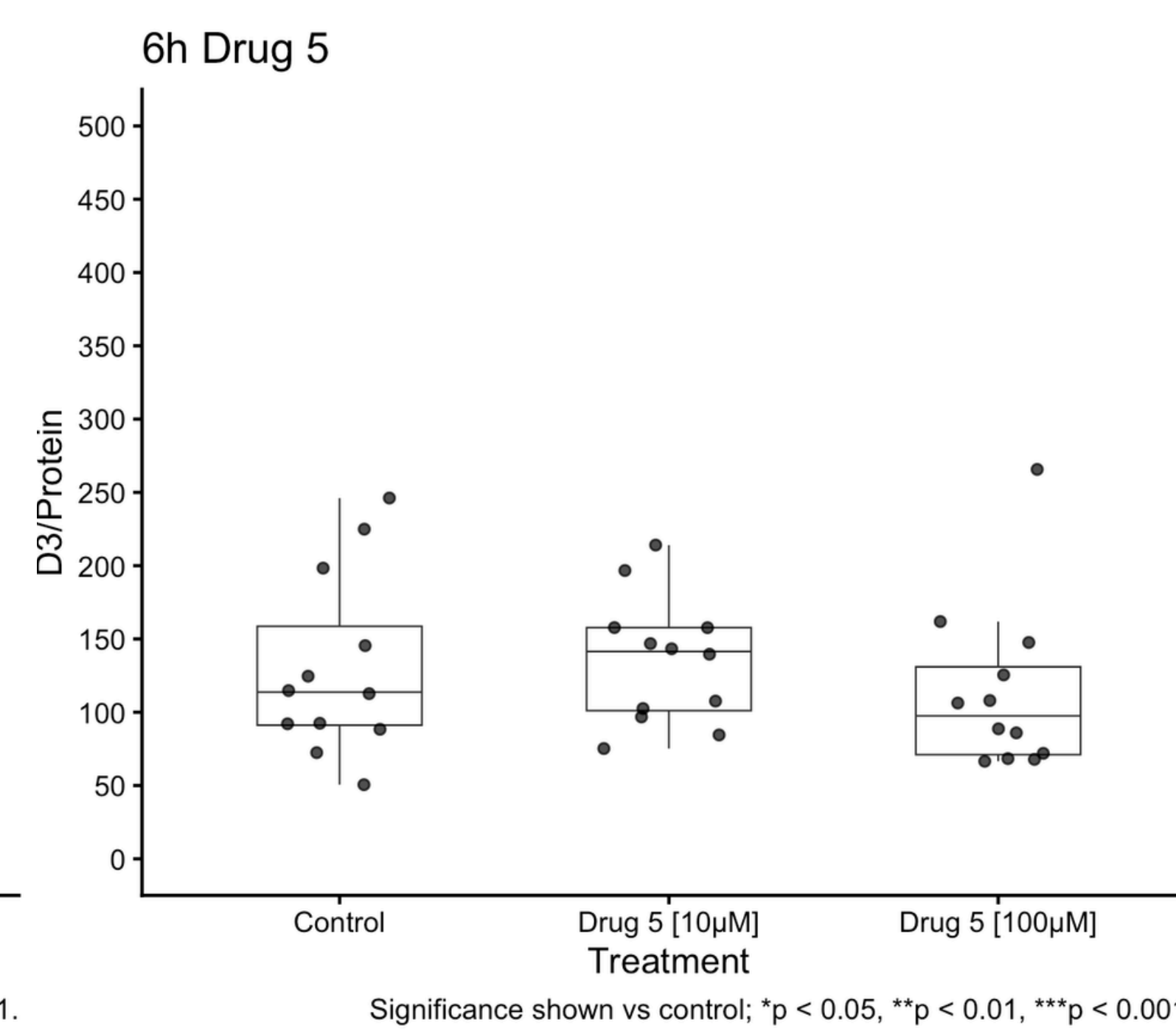
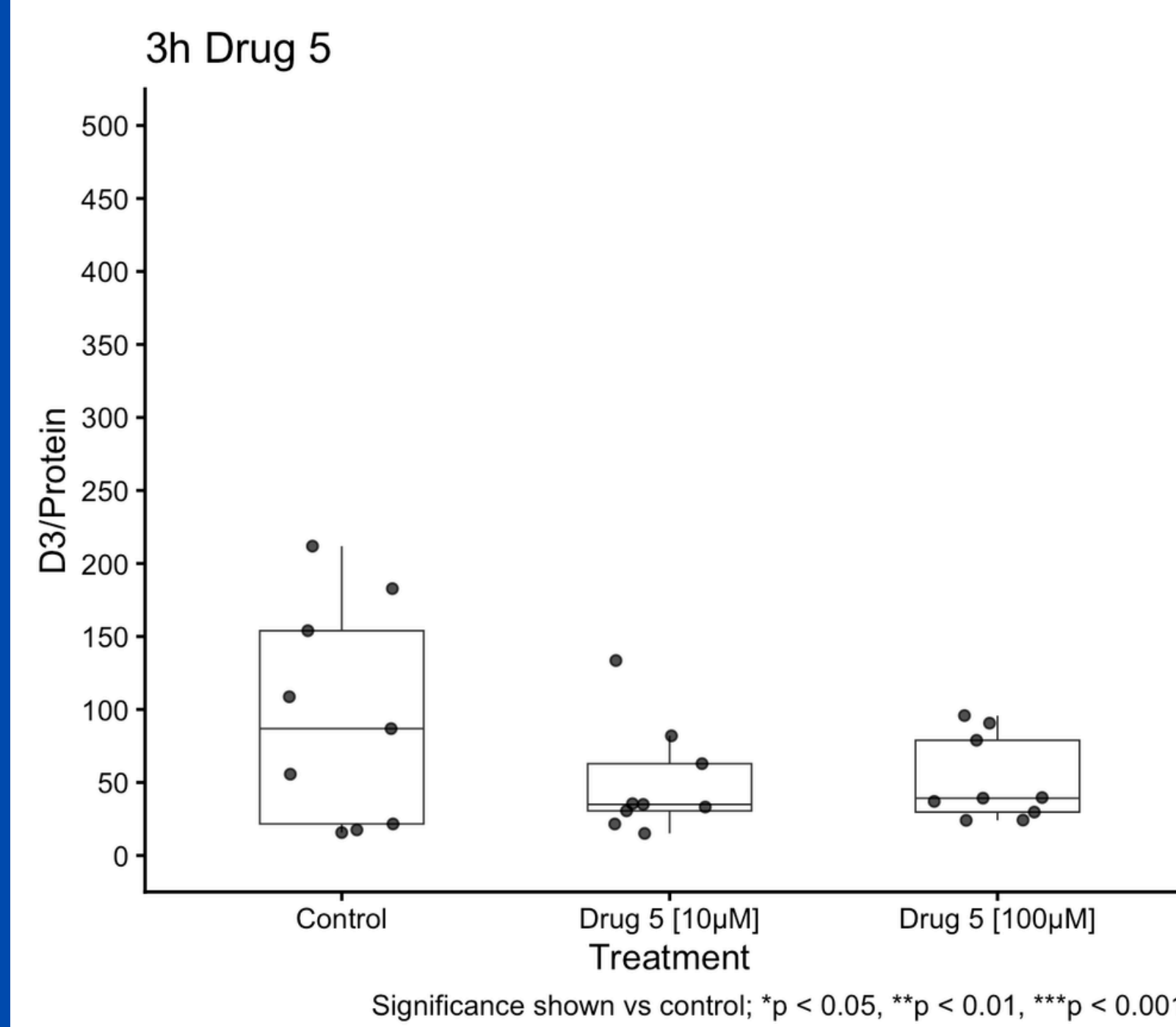
PREVIOUS WORK

- Using an AI-based screening tool, we identified 7 repurposable drug candidates that enhanced SLC6A8 activity in ΔF408-transfected HEK 293 cells, measured by single-cell patch-clamp analysis (reported previously). One additional drug candidate, Drug 8, enhanced SLC6A8 activity in other SLC6A8 variants.
- Developed a sensitive LC–MS/MS assay to quantify creatine uptake in human control and SLC6A8-deficient fibroblasts, including ΔF408. We assessed control fibroblasts and found a Km of 10-15 micromolar and a saturation of uptake at 50 - 100 micromolar of D3-creatine during a 6-hour incubation time. We used these parameters for testing drug response in a ΔF408 human fibroblast cell line (purchased from Coriell Biobank GM 27874).

RESULTS

Drug	Concentration (µM) n= # experiments			Exposure time (hours)				Comment
	1 µM	10 µM	100 µM	3 h	6 h	30 h	78 h	
1	—	n = 11	n = 11	n = 3	n = 6	n = 3	ip	No significant treatment effect
2	n = 11	n = 11	—	n = 3	n = 6	n = 3	ip	No significant treatment effect
3	—	n = 11	n = 11	n = 3	n = 6	n = 3	ip	Decrease at 100 µM, 3 h
4	—	n = 7	n = 7	n = 3	n = 4	—	ip	Increase at 10 µM, 3 h; Repeat experiments in progress
5	—	n = 10	n = 10	n = 3	n = 5	n = 2	ip	Decrease at 10 and 100 µM, 30 h
6	—	n = 10	n = 10	n = 3	n = 5	n = 2	ip	Decrease at 10 and 100 µM, 30 h
7	—	n = 5	n = 5	—	n = 3	n = 2	ip	Inconsistent solubility and toxicity; Experiments on hold
8	ip	ip	ip	ip	ip	ip	ip	In Progress

ip = In Progress



DISCUSSION

Statistical Analysis: 25 data sets across 7 drugs were analyzed via linear regression using RStudio.

Drug 4 (Early Response): Showed a small, statistically significant increase in D₃-Creatine uptake at 3 hours with 10 µM, but not at 100 µM. Replicate experiments are needed to confirm this concentration-specific effect.

Drug 5 (Delayed Decrease): showed no significant effect at 3 hours or 6 hours, but significantly reduced D₃-Creatine uptake after 30 hours at both 10 µM and 100 µM.

Trends in Other Drugs:

Drugs 3 and 7: Showed significant *reduction* in uptake at early time points (3 hours and 6 hours respectively).

Drugs 6 and 7: Produced significant *reductions* in D₃-Creatine levels by the 30 hour mark.

Non-Responders:

Drugs 1 and 2: Showed no significant effect across any tested timepoints or concentrations.