

Extracellular vesicles in acute respiratory distress syndrome: Understanding protective and harmful signaling for the development of new therapeutics

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Summary. Acute respiratory distress syndrome (ARDS) is a severe respiratory condition characterized by increased lung permeability, hyper-inflammatory state, and fluid leak into the alveolar spaces. ARDS is a heterogeneous disease, with multiple direct and indirect causes that result in a mortality of up to 40%. Due to the ongoing Covid-19 pandemic, its incidence has increased up to ten-fold. Extracellular vesicles (EVs) are small liposome-like particles that mediate intercellular communication and play a major role in ARDS pathophysiology. Indeed, they participate in endothelial barrier dysfunction and permeability, neutrophil, and macrophage activation, and also in the development of a hypercoagulable state. A more thorough understanding of the variegated and cell-specific functions of EVs may lead to the development of safe and effective therapeutics. In this review, we have collected evidence of EVs role in ARDS, revise the main mechanisms of production and internalization and summarize the current therapeutical approaches that have shown the ability to modulate EV signaling.

Key words: Acute respiratory distress syndrome (ARDS), Acute Lung Injury (ALI), Extracellular vesicles (EVs), Alveolo-capillary permeability, Therapeutics, EVs biogenesis, EVs internalization

Introduction

Acute respiratory distress syndrome (ARDS) is a severe respiratory condition characterized by cough,

difficulty breathing and shortness of breath (Diamond and Sanghavi, 2023). ARDS was first described in 1967. Formal criteria were established in 1994 and included a ratio of arterial partial pressure of oxygen to fraction of inspired oxygen ($\text{PaO}_2/\text{FiO}_2$) less than 200 mmHg. In 2011 the definition was revised into what is now referred to as the “Berlin definition.” (Ashbaugh et al., 1967;

Abbreviations. ARDS, acute respiratory distress syndrome; EVs: Extracellular Vesicles; PaO_2 , partial pressure of oxygen; FiO_2 , fraction of inspired oxygen; SARS-CoV-2, Severe Acute Respiratory Syndrome Coronavirus-2; COVID-19, SARS-CoV-2 related disease; CO_2 , carbon dioxide; DAMPS, damage-associated molecular patterns; miRNA, microRNA; S1PR3, Sphingosine 1-phosphate receptor; IL-1 β , interleukin 1 beta; TNF- α , tumor necrosis factor Alpha; ESCRT, endosomal sorting complexes required for transport machinery; ROS, reactive oxygen species; BAL, Bronchoalveolar lavage; EPC, endothelial progenitor cells; DNA, Deoxyribonucleic acid; SPRED1, Sprouty-related, EVH1 domain-containing protein 1; Raf, Rapidly Accelerated Fibrosarcoma; ERK, Extracellular signal-regulated kinases; ALI: Acute Lung Injury; VEGFR β , Vascular endothelial growth factor receptor beta; PAI-1, plasminogen activated inhibitor-1; MIP-2, macrophage inducible protein-2; ROCK1, Rho associated coiled-coil protein kinase 1; Cys, cysteine; Wnts, Wingless and Int-1; WBC, White blood cells; IL-6, interleukin 6; TGF- β , Transforming growth factor β ; VCAM-1, Vascular Cell Adhesion protein1; lncRNAs, Long non coding RNAs; CCL3, chemokine ligand 3; IFN γ , Interferon gamma; ERAP1, endoplasmic reticulum aminopeptidase 1; NK, natural killer cells; TF, Tissue factor; CD40, Cluster of Differentiation 40; HIF-1 α , Hypoxia inducible factor 1 α ; MEK, mitogen-activated protein kinase kinase; PTPs, protein tyrosine phosphatase; PRL-1,2,3, protein of regenerative liver 1,2,3, also known as PTP type IVA; PTP1B, protein-tyrosine phosphatase 1B; NSF, N-ethylmaleimide-sensitive factor; SNARE, SNAp Receptor; PI3Ks, phosphoinositide 3-kinases; RAS, rat Sarcoma virus; aSMase, Acid Sphingomyelinases; nSMase, Neutral sphingomyelinase; NHE, Plasma membrane Na⁺/H⁺ exchanger isoforms; ABCA3, ATP-binding cassette sub-family A member 3; PKC, Protein Kinase C; HMGCR, HMG-CoA reductase; HSPG, Heparan sulfate proteoglycans; AP2, Adaptor Protein 2.

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www.hh.um.es. DOI: 10.14670/HH-18-659



Walsh and Van Patten, 1994; The ARDS Definition Task Force et al., 2012). Criteria include: 1) acute onset; 2) presence of bilateral opacities; 3) respiratory failure not of cardiac origin; and 4) a notable impairment of oxygenation reflected by the PaO₂/FiO₂ ratio <300 mmHg. The current therapeutic approaches include assisted ventilation, corticosteroid therapy, proper fluid management and veno-venous extracorporeal life-support (Menk et al., 2020). However, the mortality of ARDS is still remarkably high and can reach 45% in severe cases (Bellani et al., 2016). ARDS incidence ranges from 64.2 to 78.9 cases/100,000 person-years in the US, but due to the ongoing SARS-CoV-2 pandemic, it has increased up to ten-fold, highlighting the need for new therapeutic interventions (Rawal et al., 2018; Diamond Sanghavi, 2023). Unfortunately, hundreds of drug candidates that have been tested clinically in the past decade have produced minimal or even negative results. This limited therapeutic success may be explained by the fact that the pathophysiology of ARDS is complex, heterogeneous, and incompletely understood. It is normally triggered by a pulmonary insult or systemic injury, which elicits a strong inflammatory response that impacts the alveolo-capillary structures. This results in increased lung vascular permeability, fluid leak into the alveolar spaces, inefficient exchange of oxygen and CO₂, with consequent acute respiratory failure (Rawal et al., 2018). Animal models of ARDS have demonstrated that multiple insults, such as lipopolysaccharides, bacteria, or microemboli, play a role in increasing pulmonary endothelial permeability and fluid extravasation in the lungs (Matthay et al., 2019). Injury of the alveolo-capillary barrier is indeed a crucial step in the pathophysiology of ARDS and has been attributed to increased levels of cytokines, chemokines, adhesion molecules, damage-associated molecular patterns (DAMPs), and thrombin (Meyer et al., 2021). These mediators cause the transition of the endothelium to a leaky state, that allows migration of inflammatory cells and fluid into the alveolar structures (Sun et al., 2013; Millar et al., 2016). This process involves cytoskeletal rearrangements in endothelial cells and disruption of the tight junctions between neighboring endothelial cells, which ultimately causes the breakdown of monolayer integrity (Dudek and Garcia, 2001; London et al., 2010). The endothelial dysfunction is further exacerbated by the apoptotic mechanisms induced by the immune cells recruited to the areas of pulmonary inflammation (Fujita et al., 1998; Abadie et al., 2005; Gill et al., 2015).

An additional mechanistic framework that can contribute to disruption of the endothelial and epithelial barriers is the one provided by the new paradigm of cell-cell communication via extracellular vesicles (EVs). It is broadly recognized that EVs are a key component of the intracellular signaling network that takes place in multicellular organisms (Sanwlani and Gangoda, 2021).

EVs are small liposome-like particles that contain proteins, nucleic acids, lipids, and various metabolites

that exert their signaling properties through the release of their cargo into recipient cells. As of 2023, the Vesiclepedia repository includes nearly 350,000 proteins, 27,500 mRNAs, 10,500 microRNAs (miRNAs), and 639 lipids found in EVs, based on over 1,250 studies in more than 40 species (Kalra et al., 2012). miRNA, which are a type of non-coding RNA that aid in the regulation of gene expression and thus determine EVs' capability to modulate cellular immune responses (Sanwlani and Gangoda, 2021), increase or decrease inflammation, and impact on tissue repair and proliferation (Buzas et al., 2014; Oggero et al., 2019; Li et al., 2021; Takeuchi, 2021; Spiers et al., 2022). The lung, is one of the organs that benefit from the immunoregulatory activity of EVs under homeostatic conditions (Haggadone and Peters-Golden, 2018; Letsiou and Bauer, 2018; Su et al., 2020). Also, EVs may take on a preventive anti-pathogenic role or modulate differentiation in lung epithelial cells (Ismail et al., 2013; Fujita et al., 2018). However, though normally protective and homeostatic in nature, the activity of these EVs can change drastically during inflammation, shifting the content of their cargo and promoting inflammatory cascades, endothelial hyperpermeability and hypoxia (Fig. 1).

Indeed, circulating EVs in patients with ARDS express on their surface Sphingosine 1-phosphate receptor (S1PR3) which has been suggested as a possible new clinically-relevant biomarker (Sun et al., 2012). These patients display an increased number of circulating EVs, of mainly neutrophil and endothelial origin, compared to healthy controls (Li et al., 2015a), and have been shown to play a critical role in inducing cellular permeability of the lung endothelium (Densmore et al., 2006), as well as propagation of the inflammatory cascade by eliciting production of IL-1 β and TNF- α (Buesing et al., 2011). Thus, by modulating cellular homeostasis during health and promoting inflammatory cascades in ARDS, EVs may act as a "double-edged sword"; the beneficial or harmful signals propagated through EVs may depend on the body's systemic responses. A thorough understanding of their effects in health and disease, as well as tracking their cellular origin and uptake by cells, is necessary for the development of a new class of therapeutics that target EV signaling. In this review, we have provided an overview of the profound shift in EV population numbers and cargo observed in leukocytes, platelets, epithelial and endothelial cells during ARDS. In addition, we described the current drug candidates that target biogenesis and uptake of EVs and could represent novel targeted approaches for mitigating lung pathology.

Extracellular vesicles; a short history

Some of the first reported observations referencing EVs can be traced back to 1945 and the work of Dr. Erwin Chargaff, when he described encountering a particulate fraction that partitioned at 31,000xg and

which expressed elevated clotting potential (Chargaff and West, 1946). In 1967, Dr. Peter Wolf described and published electron microscopy images of his experience interacting with minute particulates separable via high-speed centrifugation derived from, but distinct from, platelets. He referred to these particles as “platelet dust” (Wolf, 1967). The work of Dr. Neville Crawford would follow suit, publishing additional vesicular images and demonstrating the capability to carry lipids, contractile proteins, and adenosine triphosphate (Crawford, 1971). Nunez and Gershon next contributed in 1974 by becoming some of the first to describe multivesicular bodies in proximity to an apical membrane, and to propose a mechanism of exosome formation and release via fusion with the plasma membrane (Nunez et al., 1974). Finally in 1983, two papers, published the same week, reported that the transferrin receptors of reticulocytes are associated with small ~50 nM vesicles before being released into the extracellular space (Pan and Johnstone, 1983). Notwithstanding these important historic hallmarks, the field has witnessed tremendous growth for the past 2 decades, when the pathways of EV generation, function and potential therapeutic applications started to emerge. Currently, the field continues to rapidly expand and, as such, has encountered numerous successes, but is also hindered by challenges and areas of disagreement. One of the main challenges remains understanding the mechanism by which EV circulate between donor and recipient cells and how the release of their cargo impacts cellular

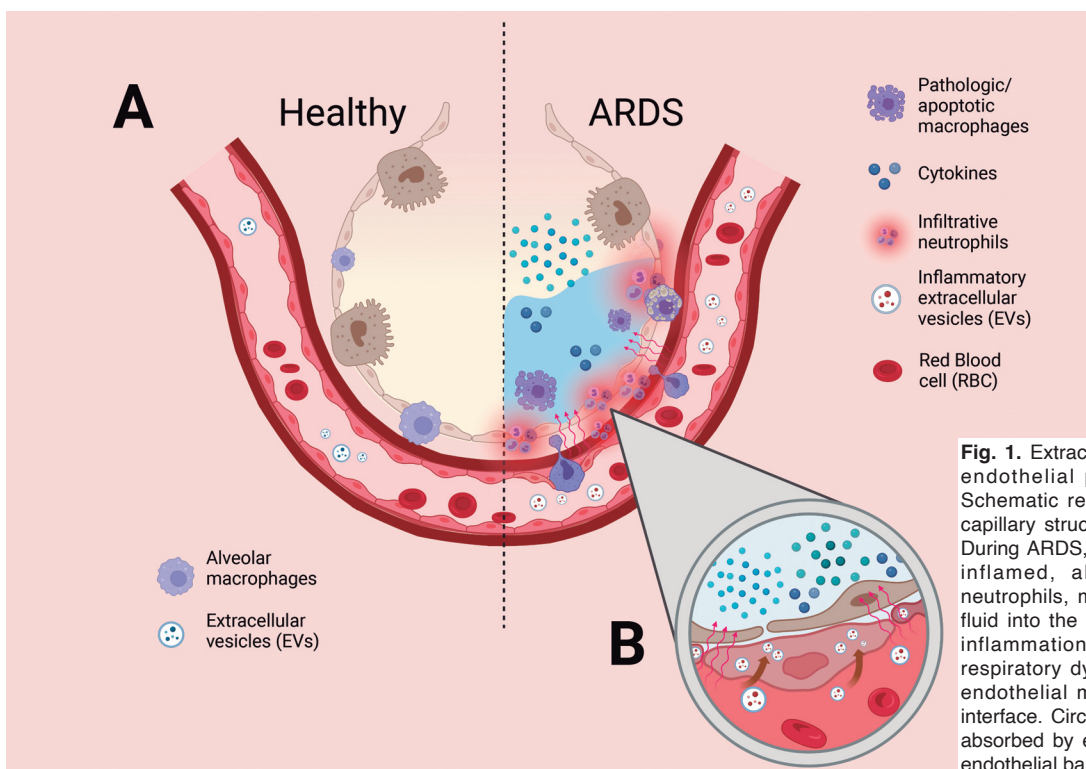
signaling in recipient cells.

Extracellular vesicles classification

EVs can circulate through blood and lymphatic vessels or via the extracellular medium of tissues, and upon reaching the intended destination they are internalized and deliver their cargo to the recipient cells (Gurung et al., 2021; Dilsiz, 2022). There are several cellular mechanisms for uptake, including membrane fusion, phagocytosis, receptor-mediated endocytosis, and micropinocytosis (McKelvey et al., 2015). EVs are subdivided into exosomes and microvesicles (Akers et al., 2013).

Most exosomes are formed when endocytosis or the trans-Golgi network generates a region of intracellular space encapsulated by a lipid-bilayer called an endosome (Teng and Fussenegger, 2020). Enzyme-mediated invagination of this space in proximity to genetic material or proteins leads to additional, smaller encapsulated regions called intraluminal vesicles, each containing various blends of the aforementioned materials. The endosome is then ferried to the cell membrane for release by a series of complexed proteins, known as endosomal sorting complexes required for transport machinery (ESCRT), where the intraluminal vesicles are secreted to the extracellular space (van Niel et al., 2022).

Microvesicles may form from plasma membrane lipid rafts or by enzyme mediated evagination of the



cell's plasma membrane. This outward budding and fission of the plasma membrane occurs as a result of regulated interactions between the process of phospholipid redistribution and cytoskeletal protein contraction (D'Souza-Schorey and Clancy, 2012). Initiation of the process is generally regulated by the activity of flippases and floppases, whereby they mediate remodeling of the inner or outer leaflets of the plasma membrane via mobility of phospholipids (Zwaal and Schroit, 1997; Bevers et al., 1999; Leventis and Grinstein, 2010). After phosphatidylserine is translocated to the outer leaflet of the membrane, the membrane will begin to bud outward and form vesicles that are pinched off and released via cytoskeletal actin-myosin contraction (Hugel et al., 2005; McConnell et al., 2009; Muralidharan-Chari et al., 2009).

Some authors also consider apoptotic bodies as part of the EV classification. They form during apoptosis (Elmore, 2007), enclosing the remains of nuclear chromatin into membrane vesicles (Kerr et al., 1972), and have larger sizes ranging from 500 to 4000 nm (Ihara et al., 1998; Hristov et al., 2004; Taylor et al., 2008).

More recently, other EV subpopulations have been characterized, including secretory amphisomes, exophers, and autophagosomes. While exophers are big (~4 μ m) vesicles released by cells and able to contain organelles such as mitochondria and lysosomes, amphisomes and autophagosomes are both involved in cellular autophagy. Indeed, amphisomes are intermediate organelles produced through the fusion of endosomes with autophagosomes. They belong to the retrograde cellular signaling and further fuse with lysosomes for cargo degradation (Ganesan and Cai, 2021). Finally, the newly discovered migrasomes are EV that are formed and released from retracting fibers of cells and play a role in either disposing of damaged organelles or delivering molecules that promote cellular proliferation and tumor growth (Yu and Yu, 2022). As the number of EV biogenesis pathways is growing, the diversity of EV populations follows and offers opportunities to link them with specific mechanisms that will ultimately improve the nomenclature and the reporting related to EV biology. In the following sections, we will focus on homeostatic and pathologic roles of EVs from different cellular sources on lung function and in acute lung injury.

Role of EVs in lung physiology and acute lung injury

Endothelial cell-derived EVs

Endothelial cells produce EVs that have been associated both with protective and harmful effects. We have previously shown that endothelial-derived EVs isolated in physiological and inflammatory conditions carry different cargos and exert opposing effects on the coronary vascular endothelium. In some cases, endothelial cell derived EVs promote healing after

injury, while in others, they elicit increased permeability and loss of monolayer integrity (Carter et al., 2022). Some of the beneficial, homeostatic effects of exosomes released from endothelial progenitor cells (EPC) include reduction of inflammatory cell recruitment, cytokine/chemokine expression, reactive oxygen species (ROS) production, and protein concentrations in bronchoalveolar lavage (BAL) fluid in animal models of lung injury (Wu et al., 2018; Zhou et al., 2019). Additionally, EPC-derived exosomes downregulate expression of multiple regulatory genes involved in apoptosis, DNA repair, and senescence, facilitating proliferation and migration of endothelial cells (Liu et al., 2022). This mechanism occurs by transferring EVs rich in miR-126, which modulates Sprouty-related, EVH1 domain-containing protein 1 (SPRED1), with consequent activation of Raf/ERK signaling and antiapoptotic effects (Kerr et al., 1972). However, endothelial-derived EVs can have detrimental effects in acute lung injury (ALI) and ARDS. Intravenous injection of endothelial EVs isolated from animals exposed to dust particulates was found to elevate BAL fluid and plasma TNF α and IL-1 β levels (Li et al., 2015a). EVs of endothelial origin released during inflammation contain miRNA that can promote the expression of VEGFR β in the recipient pericyte cells, suggesting they play a role in inflammation-induced endothelial permeability. Therefore, limiting production or internalization of endothelial exosomes may constitute an attractive new therapeutic approach (Yamamoto et al., 2015). In most cases of sepsis and ARDS, injury to the endothelium is the earliest pathological incident (Matthay et al., 2019). The endothelium can sustain injury via stimuli such as plasminogen activated inhibitor-1 (PAI-1) and mechanical stress, resulting in a release of EVs (Densmore et al., 2006; Letsiou et al., 2015). These EVs can inhibit the release of nitric oxide and arteriole vasodilation (Letsiou et al., 2015). They have also been demonstrated to cause inflammatory lung injury *in vivo* by promoting alveolar neutrophilic infiltration, pulmonary edema, increased production of TNF- α , and increasing lung endothelial permeability (Buesing et al., 2011; Li et al., 2015b). Endothelial microparticles are released as a result of ALI and have been demonstrated to carry enriched levels of moesin, a protein similarly involved with increased endothelial permeability (Letsiou et al., 2015). Thus, during inflammation EVs display profound shifts in their cargo content; instead of maintaining cellular and tissue homeostasis they promote the inflammatory cascade, increased permeability, and cytokine release (Fig. 2).

Epithelial cell-derived EVs

EVs produced by epithelial, bronchial, and alveolar cells have mostly demonstrated protective effects on the epithelium and immune cell infiltration and activation. During hyperoxia, lung epithelium-derived EVs are

Extracellular vesicles in ARDS

released and can be found in BAL fluid, a mechanism mediated by endoplasmic reticulum stress (Moon et al., 2015). Macrophages exposed to these EVs have displayed an increased expression of macrophage inducible protein-2 (MIP-2). When mice were treated intranasally with these same EVs, an augmented migration of macrophages and neutrophils was observed. The alveolar macrophage activation is largely induced by EVs containing caspase-3, which stimulates macrophages through the Rho associated coiled-coil protein kinase 1 (ROCK1) pathway (Moon et al., 2015).

Wnts are a family of hydrophobic, Cys-rich, secreted glyco-lipoproteins that control developmental processes, stem cell proliferation, and pulmonary repair (MacDonald et al., 2009; Kikuchi et al., 2011; Patel et al., 2019). Wnt-5A and its target genes in ARDS were found to be increased in marked collagen deposition, supporting the theory that Wnt-5A and the β -catenin pathway aid in lung repair (Königshoff et al., 2008; Crosby and Waters, 2010). Modulation of Wnt signaling has been related to the production of EVs by human bronchial epithelial cells. These EVs contain a particular cargo of miRNAs (O'Brien et al., 2018). One example of miRNA target gene is TGF- β which effects on myofibroblast differentiation and epithelium senescence (Kadota et al., 2021). Exposure to acid causes the lung epithelium to release microvesicles that contain significantly elevated amounts of miRNA encapsulated as their cargo, including miR-17 and miR-221 (Lee et al., 2017). *Streptococcus pneumoniae* is a common cause of ALI and ARDS. Pneumolysin, released from epithelial cells, represents an innate mechanism of protection against this pathogen. One of the mechanisms of pneumolysin is related to its effects on inducing alveolar epithelial cells to release microvesicles containing mitochondria, that when absorbed by

neutrophils, play a role in modulating ROS production, cellular activation, and the consequent injury to cells and tissues (Letsiou et al., 2021).

White Blood Cell-derived EVs

Leukocytes or White Blood Cells (WBCs) are the main effectors of the immune response and participate in the defense against bacteria, viruses, parasites, and toxins. Besides their protective role, during ARDS, WBCs can exert a series of deleterious effects by uncontrollably producing inflammatory cytokines such as TNF- α , IL-6 and IL-1 β that damage alveoli or endothelial cells, and participate in the accumulation of BAL fluid (Huppert et al., 2019). WBCs have been shown to produce EVs in both resting conditions and during immune responses to inflammatory stimuli. Resting granulocytes release EVs with an anti-inflammatory profile, able to decrease IL-1 β , TNF α , IL-6, IL-8, IL-10, IL-12, but increasing the levels of TGF- β and resolving mediators (Kolonics et al., 2021). EVs derived from granulocytes have also been shown to modulate the production of ROS in a stimulus-dependent manner. Conversely, when WBCs encounter foreign pathogens marked with opsins such as antibodies, they ramp up EV production, and the makeup of the EV cargo changes. In this situation, the EVs cause augmentation of ROS production and increasing expression of E-selectin and Vascular Cell Adhesion protein1 (VCAM-1) (Kolonics et al., 2021). Other para-physiological and pathological insults can also stimulate granulocyte-related production of EVs. Indeed, during exercise, WBCs, platelets, endothelial cells, and antigen presenting cells release significantly more EVs than in resting conditions (Brahmer et al., 2019). Immortalized cells, isolated from patients with acute monocytic

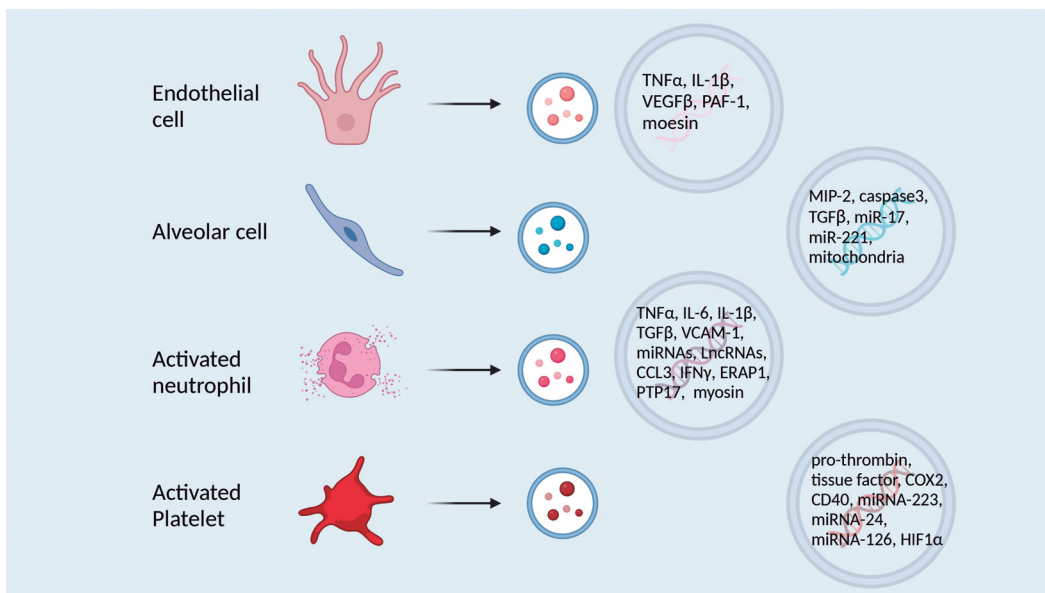


Fig. 2. In ARDS, each cell type produces specific extracellular vesicles (EV). Endothelial cell-derived EVs contain inflammatory cytokines, vascular growth factor β , protease activator factor 1 and moesin that promote endothelial barrier function and apoptosis; Alveolar cell-derived EVs mediate macrophage recruitment and defense against pathogens; Activated neutrophil-derived EVs mediate cell adhesion, inflammatory reaction, and immune system activation; Platelet-derived EVs mediate coagulation and neutrophil recruitment.

leukemia, generate a larger number of EVs during cell death compared to normal cells, a mechanism that could be responsible for the strong inflammation observed in these patients and the spread of malignant cells through the body (Baxter et al., 2019).

Leukocytes represent a diverse population of cells, which in turn have varied EV cargo. Alveolar macrophage-derived EVs, for example, carry various miRNAs, Long non-coding RNAs (LncRNA), and effector molecules such as CCL3, IFN- γ , TNF- α , and ERAP1 (Soni et al., 2016; Danesh et al., 2018). Granulocyte-derived EVs carry factors that have been shown to activate monocytes and also to upregulate TNF- α (Jong et al., 2017). EVs produced by natural killer cells contain cytotoxic proteins that act directly on pathogens and targeted cells (Tucher et al., 2018). Finally, EVs produced by T-lymphocytes carry a cargo composed of multiple cytoskeletal remodeling proteins such as gamma- and beta-actins, 14-3-3 protein theta, myosin heavy chain 9, protein phosphatase 1 regulatory subunit 7, and major vault protein (Tucher et al., 2018). Taken together, this data suggests that different cells of the immune system produce EVs with specific cargos and function, and while macrophage-, granulocyte- and NK cell-derived EVs target pathogens and promote the immune response, EVs produced by regulatory T-lymphocytes, after resolving inflammation, may deliver cytoskeletal components in an attempt to restore endothelial or tissue homeostasis (Bayless and Johnson, 2011; Kása et al., 2015; Yadunandanan Nair et al., 2022). It is clear then, that EVs represent a crucial and cell-specific communication mechanism responsible for the maintenance of homeostatic balance during resting conditions, but that could be easily activated when necessary and participate in the inflammatory and immune responses.

Platelet-derived EVs

Platelets may also contribute to the pathogenesis of ARDS. While primarily known for their involvement in coagulation, platelet signaling is involved in the modulation of different immune response mechanisms, some of which are mediated by the release of EVs. Platelet-derived EVs represent the majority of EVs found in the blood under normal physiological conditions (Kerris et al., 2020). Their EV release is mediated by thrombin, or other physiologic agonists, able to activate platelets (Heijnen et al., 1999; French et al., 2020). Some of these vesicles will have procoagulant effects, carrying prothrombin, annexin-V, and factor X (Kerris et al., 2020; Puhm et al., 2021). Interestingly, patients with ARDS display lung EVs containing Tissue Factor (TF), the main initiator of the pro-coagulant cascade. This may be responsible for the hypercoagulable state observed in patients with ARDS (Bastarache et al., 2009).

Other platelet-derived EVs will carry different cargo and take on more immunomodulatory roles, beginning

with the promotion of vasodilation to increasing the population of inflammatory cells able to reach the site of infection by upregulating cyclooxygenase-2 expression (Barry et al., 1999). Platelet EVs have been shown to activate leukocytes or to communicate with mast cells by carrying mitochondria that are converted to inflammatory mediators, transporting cytokines, or upregulating molecules that stimulate lymphocyte function like CD40 (endothelial ligand) (Sprague et al., 2008; Boudreau et al., 2014; Yadav and Kor, 2015; Puhm et al., 2021). Platelet EVs will further assist the arriving leukocytes by releasing EVs carrying P-selectin, a molecule that mediates cell adhesion (Kuravi et al., 2019). As inflammation progresses, activated platelets will activate other platelets, in turn creating a positive feedback loop (Yadav and Kor, 2015). As the alveoli are infiltrated and the endothelium becomes more permeable, fluid leaks in, preventing gas exchange. The platelets continue to release EVs with miRNA-223 which may moderate the severity of the ongoing immune response and endothelial permeability (Laffont et al., 2013; Miyazawa et al., 2019; Roffel et al., 2020), miRNA-24 to possibly induce apoptosis in damaged endothelium (Fiedler et al., 2011; Michael et al., 2017), and miRNA-126 to promote Hypoxia inducible factor 1 α (HIF-1 α) (Alique et al., 2019; Gasperi et al., 2019).

Therapeutic approaches for EVs

Our assertion thus far has been that EVs contribute to the pathology of ARDS. In the next section we will discuss several drug candidates or approved therapies that are reported to inhibit EV biogenesis, release, or uptake (Fig. 3).

Drugs that affect biogenesis

As previously discussed, EV biogenesis can occur independently of, or through, the ESCRT pathway. Thus, modulation of the ESCRT pathway has been considered as a therapeutic approach. Manumycin A inhibits Ras activation, whose effectors include ESCRT complex components (Zheng et al., 2012; Datta et al., 2017). Imatinib also has an inhibitory effect on Ras activation, but more indirectly by targeting receptor kinases that might initiate the signaling pathway (Margolis and Skolnik, 1994; Neshat et al., 2000; Lee and Wang, 2009; Mineo et al., 2012; Steegmann et al., 2012; Iqbal and Iqbal, 2014; Abbaspour Babaei et al., 2016). Clopidogrel inhibits p38 MAP kinase, which would otherwise activate EEAP1, a protein that assists in the recruitment of ESCRT complexes to the endosome surface (Ryu and Kim, 2011). The role of sulfisoxazole is somewhat controversial. Some reports indicate a significant decrease in EVs released by breast cancer cells due to decreased expression of ESCRT genes, while other studies have demonstrated the opposite effect (Im et al., 2019; Fonseka et al., 2021).

Other non-ESCRT-targeted drugs include Imaprine

and GW4869, which inhibit enzymes that participate in invagination of the endosome to form the smaller bodies known as intraluminal vesicles, and also facilitate budding when translocated to the cell membrane (Bianco et al., 2009; Essandoh et al., 2015; Vilette et al., 2015; Deng et al., 2017; Kosgodage et al., 2017; Menck et al., 2017).

Drugs focusing more heavily on EV export include Calpeptin, which targets calpains, a group of proteins whose many roles also include cytoskeletal remodeling, one of the processes involved in budding, and EV release (Yano et al., 1993). Calpains are activated by ERK, so preventing activation of ERK should lead to an indirect prevention of calpain activity, which is accomplished by U0126 inhibition of MEK1/2, the signaling molecules upstream of ERK (Li et al., 2010; Jin et al., 2022). Calpains require a certain concentration threshold of calcium in order to function, thus dimethyl amiloride, an inhibitor of sodium/calcium channel proteins, can also prevent their activation and participation in EV release (Savina et al., 2003; Chalmin et al., 2010). Regardless of the production pathway, biogenesis requires accessible lipids to modulate the EV structure. Indomethacin capitalizes on this, by inhibiting lipid transporter proteins, removing access to lipids, and subsequently decreasing EV biogenesis (Aung et al., 2011; Koch et al., 2016).

A different approach has been that of targeting proteins involved in cytoskeletal reorganization, thus impeding the actin re-organization required for EV release. Among these, ROCK proteins are inhibited by Y27632 and Bisindolylmaleimide I (Tramontano et al., 2004; Sapet et al., 2006; Abid Hussein et al., 2007; Latham et al., 2013; Kim et al., 2014; Stratton et al., 2015). NSC23766 also targets cytoskeletal remodeling, but by inhibiting the activity of Rho small GTPase

family protein Rac1 (Wang et al., 2017). Cytochalasin D targets the cytoskeleton more directly, binding to the edges of actin filaments, blocking polymerization and any subsequent participation in budding of the plasma membrane (May et al., 1998; Khan et al., 2011). Pantetheine blocks a separate process involved in budding, specifically the translocation of phosphatidylserine from the intracellular facing portion of the phospholipid membrane to the outer membrane leaflet (Kavian et al., 2015).

Drugs that interfere with EV uptake

Several of the uptake pathways utilize interactions with EV surface characteristics such as surface charge (Fröhlich, 2012; Mulcahy et al., 2014), thus any environmental stimulus that disrupts these interactions may influence the specific method of uptake. With the understanding that zeta potential represents a measurement of EV surface charge (Yu et al., 2014), compounds such as timolol maleate and brinzolamide have demonstrated the ability to decrease EV uptake, supposedly by decreasing the negativity of the EV surface charge (Tabak et al., 2021).

Being one of the major uptake pathways, endocytosis presents a viable target for inhibiting the uptake of extracellular vesicles. There are several mechanisms by which endocytosis occurs. One such mechanism is facilitated by heparan sulfate proteoglycans, whereby the molecule acts as a plasma membrane signaling receptor for initiating caveolin-dependent endocytosis (Christianson et al., 2013; Christianson and Belting, 2014). Heparin is a mimetic of heparan sulfate, which prevents endocytosis and subsequently inhibits EV uptake by competitively binding to the ligands on the EV surface (Sarrazin et al.,

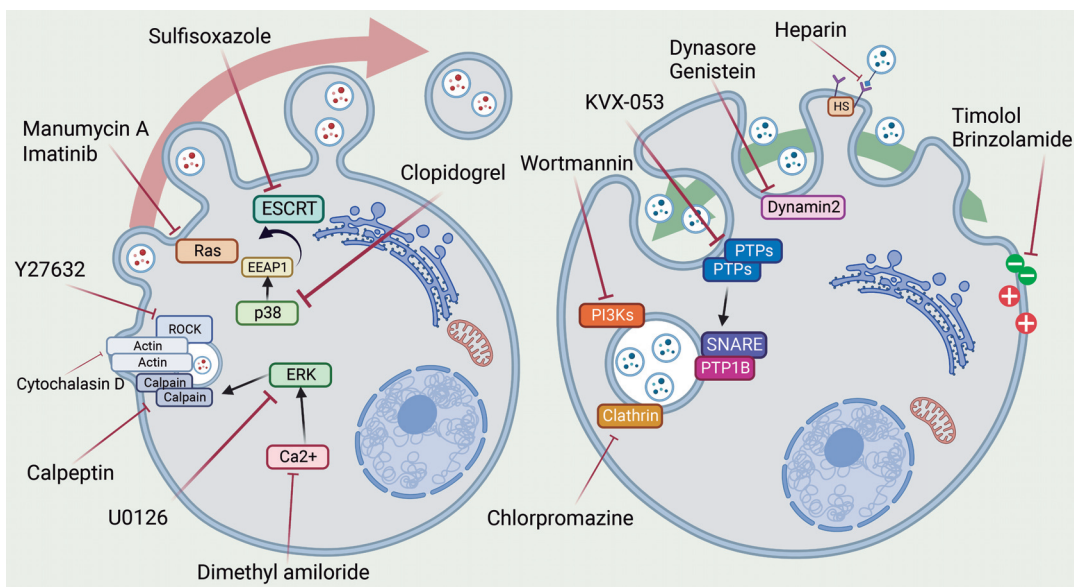


Fig. 3. Schematic representation of the main drug-targeted approach to modulate extracellular vesicle (EV) signaling. (left) Drugs that modulate EV biogenesis and release; (right) therapeutic interventions that modulate EV uptake and absorption (right).

2011; Meneghetti et al., 2015; Huang et al., 2020; Tu et al., 2021). Another necessary component of caveolin- and clathrin-dependent endocytosis is dynamin2, a protein that assists the invaginated region with scission from the cell membrane (Ehrlich et al., 2004; Ferguson and De Camilli, 2012; González-Jamett et al., 2013). Dynasore exploits this interaction to prevent endocytosis by non-competitively inhibiting the enzymatic activity of dynamin 2 and blocking up to 70% of EV uptake (Newton et al., 2006; Kirchhausen et al., 2008). Genistein also targets this interaction, as it can not only facilitate actin network disruption, but also inhibit membrane recruitment of dynamin (Pelkmans et al., 2002; Costa Verdera et al., 2017). Another archetype of endocytosis is mediated by clathrin proteins (Kirchhausen, 2000). Recent reports indicate that protein tyrosine phosphatases (PTPs), specifically protein of regenerative liver-1, -2, and -3 (PRL-1, -2, -3) participate in the early endosome formation, via interaction of their prenylated moiety with the plasma membrane (Zeng et al., 2000). It was further demonstrated that a loss of function in endoplasmic reticulum-localized non-receptor protein-tyrosine phosphatase 1B (PTP1B) led to hyperphosphorylation of N-ethylmaleimide-sensitive factor (NSF), which attenuates further vesicle fusion and EV uptake via disassembly of the SNARE complex during initial vesicle fusion (Sangwan et al., 2011). Novel PTP inhibitors, with potent and effective profile of activity have been proposed as novel drug candidates for the

treatment of inflammation and lung injury (Lazo et al., 2023). The clathrin-mediated endocytosis is further targeted by chlorpromazine, which blocks the generation of clathrin-coated pits at the plasma membrane, thus decreasing EV uptake (Wang et al., 1993; Escrevente et al., 2011). Another mechanism of EV internalization is through phagocytosis (Feng et al., 2010). Wortmannin has proved successful in targeting phosphoinositide 3-kinases (PI3Ks), a critical mediator of the phagocytic processes, whose inhibition blocks phagosome formation and consequent EV uptake (Stephens et al., 2002; Liu et al., 2005; Bastos-Amador et al., 2012; Abliz et al., 2015). Drugs that modulate EV biogenesis and uptake are summarized in Table 1.

Conclusion

Extracellular vesicles are critical and novel mediators of intercellular communication that contribute to the maintenance of tissue homeostasis and, at the same time, participate in multiple disease pathophysiology. In ARDS, circulating EVs can evoke endothelial hyperpermeability, activation of the inflammatory cascade, and priming of the immune system, thus playing a major role in the signaling responsible for disease development and progression. In contrast, EVs of alveolar-epithelial origin seem to exert a protective effect on lung structures during disease. Multiple analeptic approaches have been proposed to combat EV pathologic signaling by targeting their

Table 1. Drugs that modulate EV signaling.

Drugs modulating EVs biogenesis	Targeted Pathway	Target	Studies
Manumycin A	ESCRT pathway	RAS	Zheng et al., 2012; Datta et al., 2017
Imatinib	ESCRT pathway	BCR-ABL1	Margolis and Skolnik, 1994; Neshat et al., 2000; Lee and Wang, 2009; Mineo et al., 2012; Steegmann et al., 2012; Iqbal and Iqbal, 2014; Abbaspour Babaei et al., 2016
Clopidogrel	ESCRT pathway	p38 MAPK	Ryu and Kim, 2011
Sulfisoxazole*	ESCRT pathway	ETA	Im et al., 2019; Fonseka et al., 2021
Imipramine	Non-ESCRT pathway	aSMase	Bianco et al., 2009; Deng et al., 2017; Kosgodage et al., 2017
GW4869	Non-ESCRT pathway	nSMase	Essandoh et al., 2015; Vilette et al., 2015; Menck et al., 2017
Calpeptin	Non-ESCRT pathway	Calpain	Yano et al., 1993
U0126	Non-ESCRT pathway	MEK 1/2	Li et al., 2010; Jin et al., 2022
Dimethyl Amiloride	Non-ESCRT pathway	NHE 1/2/3, NCX	Savina et al., 2003; Chalmin et al., 2010
Indomethacin	Non-ESCRT pathway	ABCA3	Aung et al., 2011; Koch et al., 2016
Y27632	Non-ESCRT pathway	ROCK 1/2	Tramontano et al., 2004; Sapet et al., 2006; Abid Hussein et al., 2007; Latham et al., 2013; Kim et al., 2014
Bisindolylmaleimide I	Non-ESCRT pathway	PKC	Stratton et al., 2015
NSC23766	Non-ESCRT pathway	Rac1	Wang et al., 2017
Cytochalasin D	Non-ESCRT pathway	Actin	May et al., 1998; Khan et al., 2011
Pantetheine	Non-ESCRT pathway	ACC, HMGCR	Kavian et al., 2015
Drugs modulating EVs uptake			
Timolol Maleate	General Uptake	βR 1/2	Fröhlich, 2012; Mulcahy et al., 2014; Yu et al., 2014; Tabak et al., 2021
Brinzolamide	General Uptake	CA-II	Fröhlich, 2012; Mulcahy et al., 2014; Yu et al., 2014; Tabak et al., 2021
Heparin	Caveolin-dependent Endocytosis	HSPG	Sarrazin et al., 2011; Meneghetti et al., 2015; Huang et al., 2020; Tu et al., 2021
Dynasore	Caveolin-dependent Endocytosis	Dynamin-2	Newton et al., 2006; Kirchhausen et al., 2008
Genistein	Caveolin-dependent Endocytosis	Tyrosine Kinase	Pelkmans et al., 2002; Costa Verdera et al., 2017
Chlorpromazine	Clathrin-mediated Endocytosis	AP2	Wang et al., 1993; Escrevente et al., 2011
Wortmannin	Phagocytosis	PI3K	Stephens et al., 2002; Liu et al., 2005; Bastos-Amador et al., 2012; Abliz et al., 2015

production or their absorbance by recipient cells. Inhibition of EV uptake and/or release may represent an innovative strategy to target ARDS. Further investigation of EV production may also lead to the development of detailed interventions able to modulate the EV cargo, and thus modulating their dangerous effects without modifying their concentration and release. Ancillary research is necessary to produce cell-specific, selective, efficacious and safe therapeutic drug candidates.

Acknowledgements and Funding. This paper was not funded. Conflict of Interest: The authors do not have any personal financial interests related to the subject matters discussed in this manuscript.

Competing Interests. The authors declare that they have no competing interests.

Author Contributions. Author abbreviations: Matthew Bavuso (MB); Noel Miller (NM); Joshua M. Sill (JMS); Anca Dobrian (AD); Ruben M.L. Colunga Biancatelli (RMLCB). MB and NM participated in the writing of the first draft. AD conceived the study and participated in draft revision. JMS participated in draft revision. RMLCB conceived the study and participated in the writing of the first draft, draft revision and supervision of the study.

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Extracellular vesicles in ARDS

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Extracellular vesicles in ARDS

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