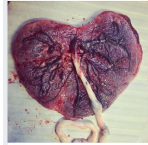


The Wonderful World of the Placenta...

...How it Works, What Can Go Wrong, and using Nanomedicines to Fix It

Lynda K Harris, PhD
Associate Professor
Olson Center for Women's Health
Division of Obstetrics and Gynecology



University of Nebraska
Medical Center

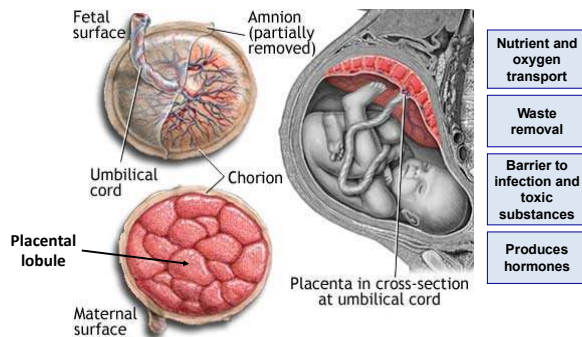
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Learning Objectives

- Discuss the placental structure and function in humans
- Articulate how a poorly functioning placenta can cause pregnancy complications such as pre-eclampsia, fetal growth restriction, and stillbirth
- Analyze the risks involved in using medicines during pregnancy while exploring approaches to help reduce these risks.

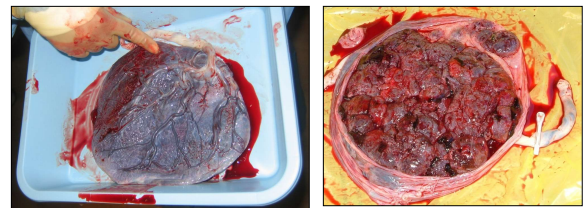
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The placenta: basic structure and function



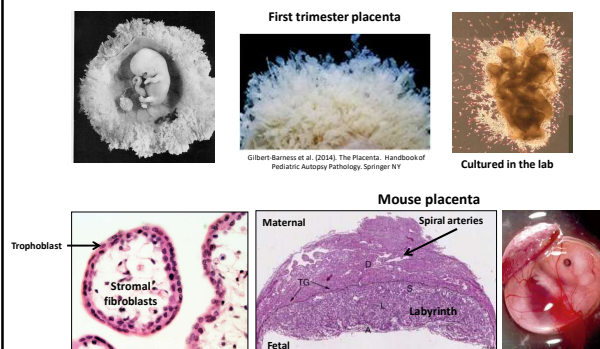
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The placenta: "gross" anatomy



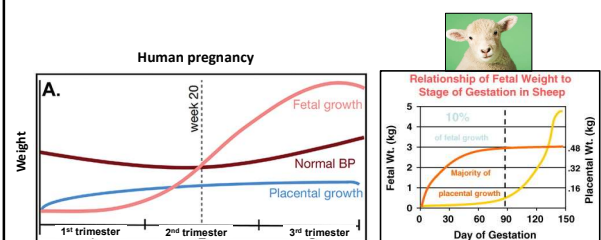
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The placenta: microscopic anatomy



5

Fetal growth depends on placental growth



Adapted from Hollegaard et al. (2013) PLOS ONE 8(2): e56821

Redmer et al. (2004) Domestic Animal Endocrinology 27(3): 199-217

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Why should we study the placenta?

Infertility (10-15% of couples)

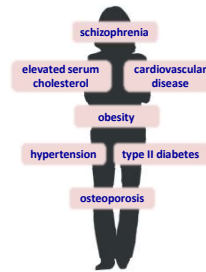
- Miscarriage 1:4 pregnancies

Pregnancy complications

- Preterm birth <37 weeks (10%)
- Fetal growth restriction (7%)
- Pre-eclampsia (7%)
- Macrosomia > 4kg (1-10%)
- Stillbirth (5.8%)



Short term consequences



Long term consequences: development programming

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The placenta: what can go wrong

■ Many pregnancy complications are linked to poor placental growth and/or function

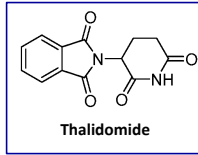
■ A placenta may be:

- Too small → give drugs to promote growth
- Bad at transporting nutrients → give drugs to aid nutrient exchange
- Not receiving enough blood → give drugs to increase blood flow
- Aging prematurely → give drugs to mend the damage

We know that improving placental function helps the baby to grow better...so let's make medicines to treat the placenta!

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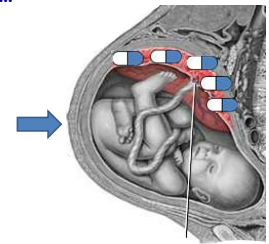
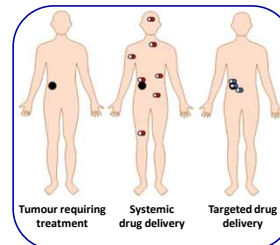
Why is it so difficult to make new medicines for pregnant women?



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How can we address these problems?

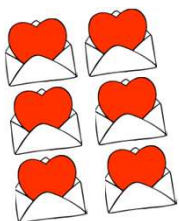
Lessons from tumour drug delivery...



Adapted from Vrettos et al. (2018) J. Org. Chem. 2018, 14, 930.

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How do we achieve targeted drug delivery?



Mr Warren Buffett
5055 Farnham Street
Omaha
NE 68132
TOP SECRET

Targeted drug delivery

...when a drug is selectively delivered only to its site of action and not to any other cells or tissues

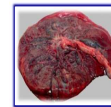
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How does it work?

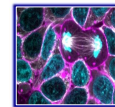
■ We can target specific sites within the body, if we know their postcode



Blood vessels



Organs



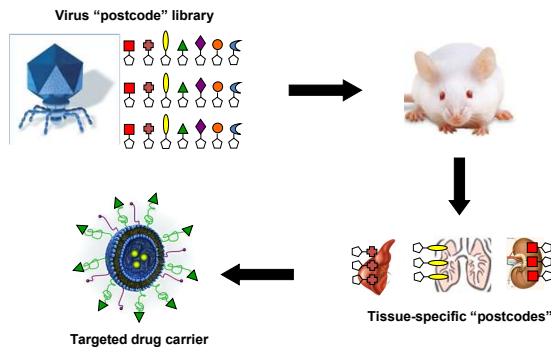
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■ The drug is "hidden" in an envelope, so it only acts at its final destination → **Fewer side effects!**

■ Less drug is needed overall, but the local concentration is higher → **More effective treatment!**

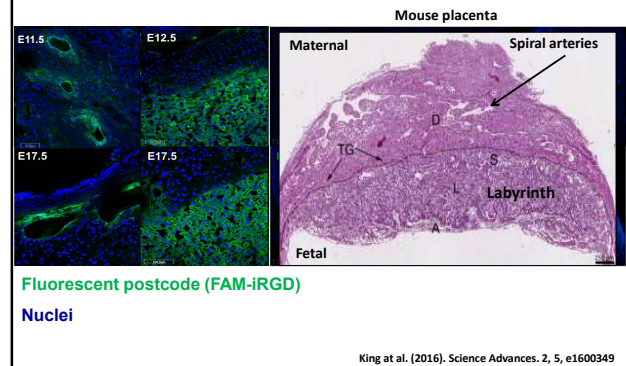
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Discovering the placental postcode



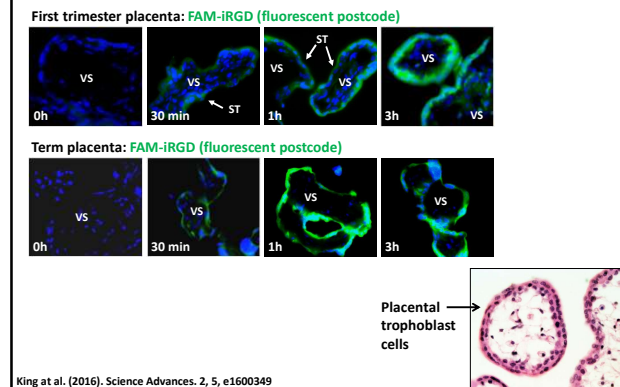
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Postcode binding to mouse placenta



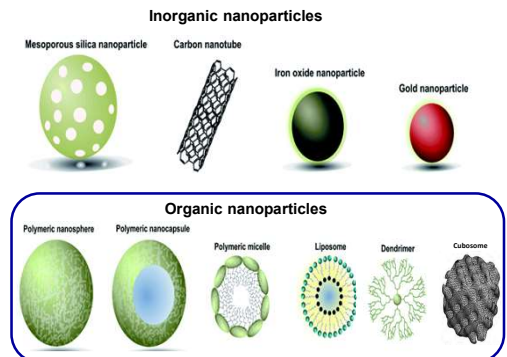
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Postcode binding to human placenta



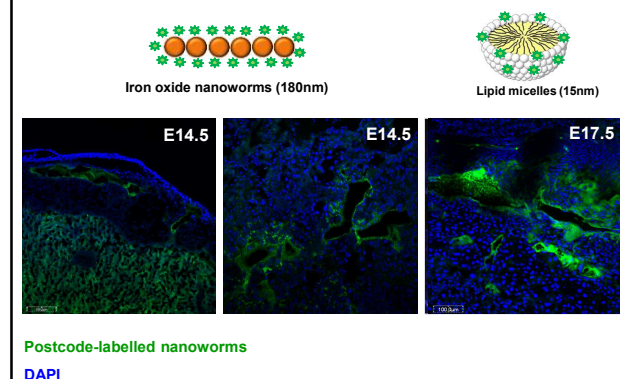
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How do we make the envelope?



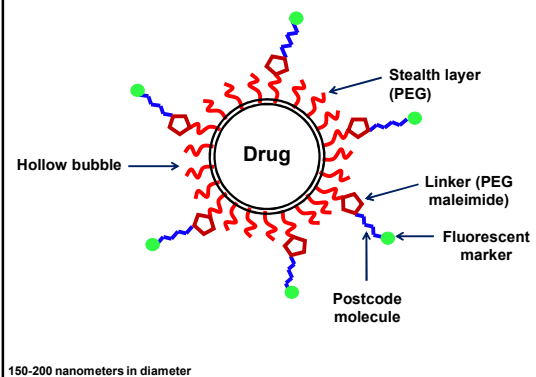
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Attaching the postcode to the envelope



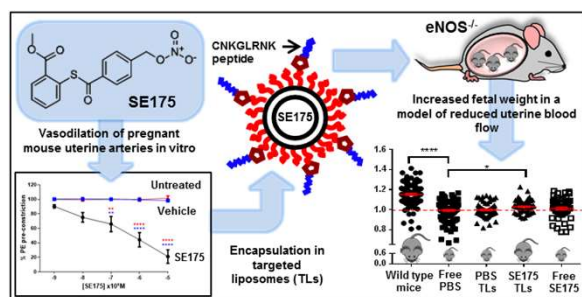
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Final design of the nanomedicine



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Targeted delivery of a drug to improve placental blood supply



Cureton et al. (2017) Selective Targeting of a Novel Vasodilator to the Uterine Vasculature to Treat Impaired Uteroplacental Perfusion in Pregnancy. *Theranostics*. 7, 3715-3731.

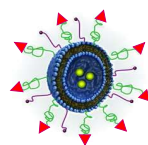
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Targeted nanomedicines to improve pregnancy outcome

Targeted drug delivery

Mouse and human models

Treating placental disease



- [i] Improving placental growth and function
- [ii] Improving blood flow to the womb
- [iii] Controlling drug delivery in pregnancy

Increased fetal / placental weights
Enhanced placental nutrient transport
Protection from oxidative stress
Reduced side effects in mom and baby

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Consider donating your placenta for research!

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Tommy's



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