

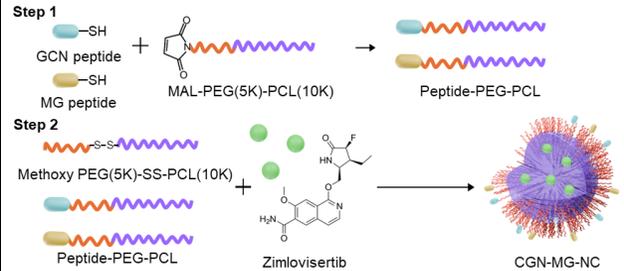


Introduction

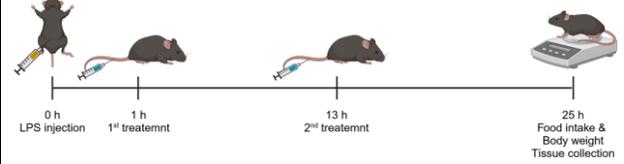
Hypothalamic inflammation plays a critical role in appetite dysregulation and metabolic dysfunction in cancer cachexia, a syndrome affecting up to 80% of advanced cancer patients. Pro-inflammatory cytokines, including TNF- α and IL-1 β , activate microglia, exacerbating hypothalamic dysfunction. IRAK4 drives microglial activation, making it a promising therapeutic target. However, systemic delivery of IRAK4 inhibitors faces challenges due to the restrictive blood-brain barrier (BBB). This study presents polymeric nanocarriers engineered with dual-functional peptides: enhancing BBB penetration (CGN) and microglia targeting (MG). *In vivo* results demonstrate effective brain accumulation, targeted IRAK4 inhibitor delivery, and attenuation of hypothalamic inflammation, leading to improved appetite and weight maintenance in both LPS-induced acute neuroinflammation and cancer-related cachexia models.

Methods

Preparation of microglia-targeting nanocarrier (CGN-MG-NC)



LPS-induced acute neuroinflammation model

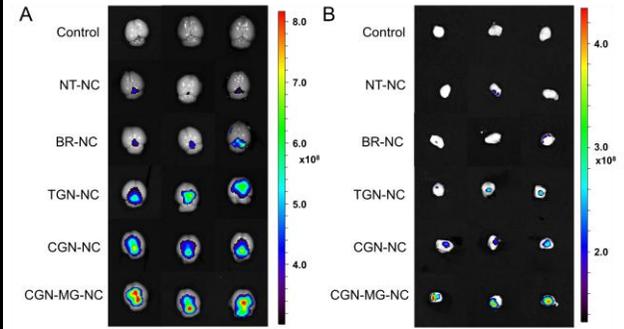


Cancer-related cachexia model (orthotopic pancreatic cancer)

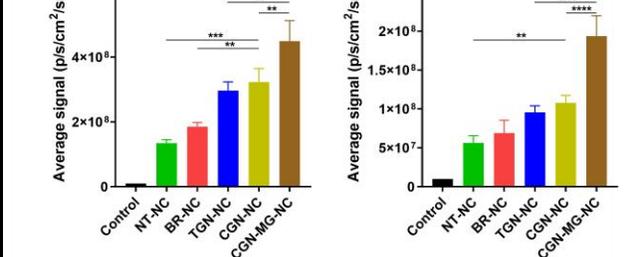


Results

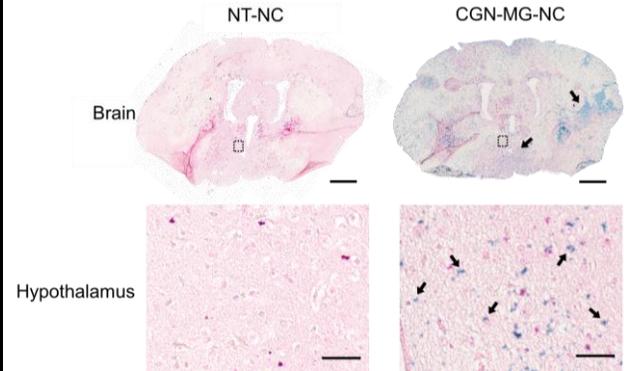
Brain and hypothalamus accumulation in LPS-induced acute neuroinflammation model



Brain (A,C) and hypothalamus (B,D) accumulation efficiency of DiR-loaded nanocarriers functionalized with different brain-targeting peptides in an LPS-induced neuroinflammation model.

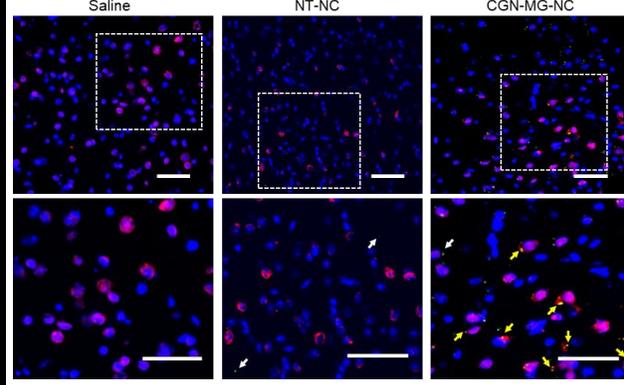


Prussian blue-stained histological sections of the whole brain and hypothalamus from mice injected with non-targeted nanocarriers (NT-NC) or nanocarriers functionalized with MG and CGN peptides (CGN-MG-NC), both loaded with iron oxide nanoparticles, were prepared to validate the fluorescence imaging results and address potential artifacts such as autofluorescence, which can lead to false positive signals.



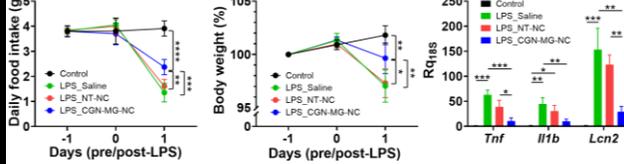
Prussian blue-stained histological sections of the whole brain and hypothalamus from mice injected with non-targeted nanocarriers (NT-NC) or nanocarriers functionalized with MG and CGN peptides (CGN-MG-NC), both loaded with iron oxide nanoparticles, were prepared to validate the fluorescence imaging results and address potential artifacts such as autofluorescence, which can lead to false positive signals.

Interaction between CGN-MG-NC and microglia



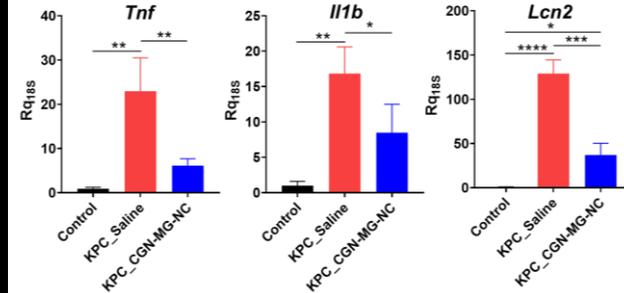
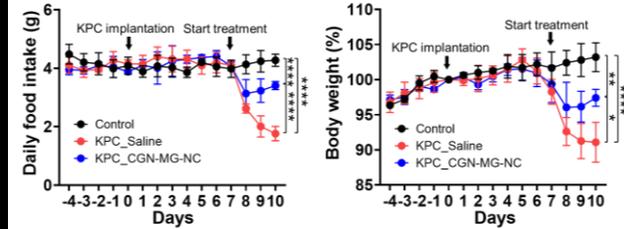
Representative fluorescence micrographs of hypothalamus cryosections from LPS-treated mice 6 h post-intravenous administration of saline, Coumarin 6-loaded NT-NC, or Coumarin 6-loaded CGN-MG-NC. Microglia were visualized using an anti-IBA1 antibody (red), nanocarriers were detected by Coumarin 6 fluorescence (green), and nuclei were stained with DAPI (blue).

Therapeutic effect of ZLV-loaded CGN-MG-NC in LPS-induced acute neuroinflammation model



Daily food intake and body weight of control mice and LPS-injected mice treated with saline (LPS_Saline), NT-NC (LPS_NT-NC), or CGN-MG-NC (LPS_CGN-MG-NC). Relative qRT-PCR quantification in hypothalamus of pro-inflammatory cytokines (*Tnf*, *Il1b*, *Lcn2*) from each experimental group.

Therapeutic efficacy of ZLV-loaded CGN-MG-NC in a Murine Model of Cancer-associated Cachexia



Daily food intake and C) body weight of cancer-free mice injected with saline (control) and KPC mice treated with saline (KPC_Saline), or CGN-MG-NC (KPC_CGN-MG-NC). Relative qRT-PCR quantification of *Tnf*, *Il1b*, and *Lcn2* expression in the hypothalamus of each group.

Conclusions

This study presents a dual-targeting nanocarrier system (CGN-MG-NC) that effectively crosses the BBB and targets microglia, addressing key challenges in treating hypothalamic inflammation. This system achieves efficient delivery of ZLV to the hypothalamus through the combination of a BBB-penetrating peptide (CGN) and a microglia-targeting peptide (MG). The CGN-MG-NC system demonstrated superior targeting efficiency both *in vitro* and *in vivo* offering new possibilities for treating hypothalamic inflammation and provides a foundation for developing targeted therapies for neurological disorders.

Acknowledgements

This research was supported by the National Cancer Institute of the National Institutes of Health (R01CA237569 and R37CA234006) and the Eunice Kennedy Shriver National Institute of Child Health and Human Development (R01HD101450 and R01HD112007).