



Principles of tumor treatment

Traditional

Surgery – surgical removal of tumors documented already in 3000 b.c.

Radiotherapy - cell destruction by ionizing radiation

Chemotherapy - cytotoxic drugs

Principles of tumor treatment

New developments

Monoclonal antibodies

Antigene or antisense therapy

Gene therapy

Stem cells

Boron neutron capture therapy

Photodynamic therapy





History of PDT 1924 – A. Policard: Porphyrin enriched tissue exhibits red fluorescence upon illumination with UV radiation 1925 - H. Fischer: porphyrins in the structure of human pigments (Nobel-price 1930) Fischer's scientific work was mostly concerned with the investigation of the constitutive properties of the pigments in blood, bile, and also leaves, as well as with the chemistry of pyrrole. The main reason for the latter investigation was the synthesis of these natural pyrole pigments. Of special importance was his synthesis of bilirubin"

Nobel-price 1930















Rh	<0,03	
Rb	0,8	
Metilénkék	0,5	Targets of ¹ O ₂
PpIX	0,6	
HpD	0,3	DNA, unsaturated fatty acids, carotenoids, amino acids: methionine.
Chlorin e6	0,8	tryptophan, cysteine, histidine.
mTHPC	0,4	
AlPcS	0,2-0,4	
BpD	0,7	





























Compound	Name	Marketing	λ max	Phase of development
Porfimer sodium	Photofrin®	<u>QLT pharmaceuticals,</u> Sanofi	630 nm	<i>FDA approval,</i> France (april 1996) USA (december 1995)
5-aminolevulinic acid	Levulan®	DUSA pharmaceuticals,	630 nm	FDA approval: (USA dec 99)
(ALA)		Schering AG		multiple actinic keratoses
				Clinical trials: I/II: psoriasis, basal cell carcinoma,
Benzoporphyrin	<u>Visudyne ®</u>	Sanofi,	690 nm	FDA approval: (USA nov 99, France octobre 00) mascular degeneration (ARMD)
	Verteporfin®	Cibavision,		Clinical trials: I/II: anti HIV agent, non melanoma skin cancer, II:
				II: cutaneous oncology III: immunosuppressant
Hydroxyphenyl chlorine Foscan®		Scotia	652 nm	Clinical trials:
				II: chest, GI, pancreas cancers III: head, neck, laryngeal cancers, adjunct to surgery and radiotherapy in late stage cancers
(m-THPC)				

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Photosensitizer	Wavelength (nm)	Extinction coefficient (M ⁻¹ cm ⁻¹)	Mode of delivery	Delivery vehicle	Typical dose (mg kg ⁻¹)	Light dose (J cm ⁻²)	Time post- injection	Duration of skin photosensitivity
Haematoporphyrin- derivative	630	3.0×10 ³	IV or topical	5% Dextrose	2.0-5.0	100–200	24–48 h	2–3 months
Methylene blue	668	9.5×10 ⁴	Ex vivo	Water- soluble	1 μΜ	50,000 lux	n/a	n/a
5-Aminolaevulinic acid (protoporphyrin IX)	635	<5.0×10 ³	Topical, oral or IV	Water- soluble	<60 (orally) <30 (IV)	100–200	-	1–2 days
Verteporfin	690	3.5×10 ⁴	IV	Liposomal	0.1-2.0	100-200	30–150 min	3–5 days
Tin etiopurpurin	660	2.8×10 ⁴	IV	Lipid emulsion	1.0-2.0	100-200	24 h	Up to 1 month
Temoporfin	652	3.0×10 ⁴	IV	PEG/ ethanol/ water	0.1–0.3	8–12	24–48 h	Up to 6 weeks
Texaphyrins	732	4.2×10 ⁴	IV	Water- soluble	0.6-7.2	150	3–5 h	Minimal
Phthalocyanines	670-680	2.5×10 ⁵	IV	Liposomal or water- soluble	0.5–2.0	100	24–72 h	8–10 days
Naphthalocyanines	750-780	>105	IV	Liposomal	-	-	-	-
N-aspartyl chlorin e6	664	4.0×10 ⁴	IV	Water- soluble	0.5-3.5	25-100	4 h	3–7 days
Rhodamines	511	2.0×10 ⁴	Ex vivo	Water- soluble	25 μΜ	1–10	n/a	n/a
Porphycenes	630	5.2×10 ⁴	Topical	Liposomal	1.0-3.0	-	n/a	=
Hypericin	590	4.4×10^{4}	Topical	Liposomal	-	-	-	-



Antimicrobial PDT

Treatment of arterial diseases

Treatment of maculadegeneration

Treatment of psoriasis

Photorejuvenation



































