

Structure and Efficacy of Drugs

Studying the effectivity of different compounds during the drug development in the field of oncology

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National Institute of Oncology

Tumors

- Originated from all cell types
- Every 3rd – 4th people
- Hungary is „leading” country
- Genetical inheritance
- Environmental factors (smoking)
- Benign and malignant
- mutations: peptides with malfunctions

Mutations in DNA → malfunct. pepdides → Tumor cells

Outside reasons

- Smoking
- Alcohol
- Irradiation
- Viruses
- Chemicals

Inside reasons

- Genetical susceptibility/onheretance
- Immun system
- hormones

Smoking

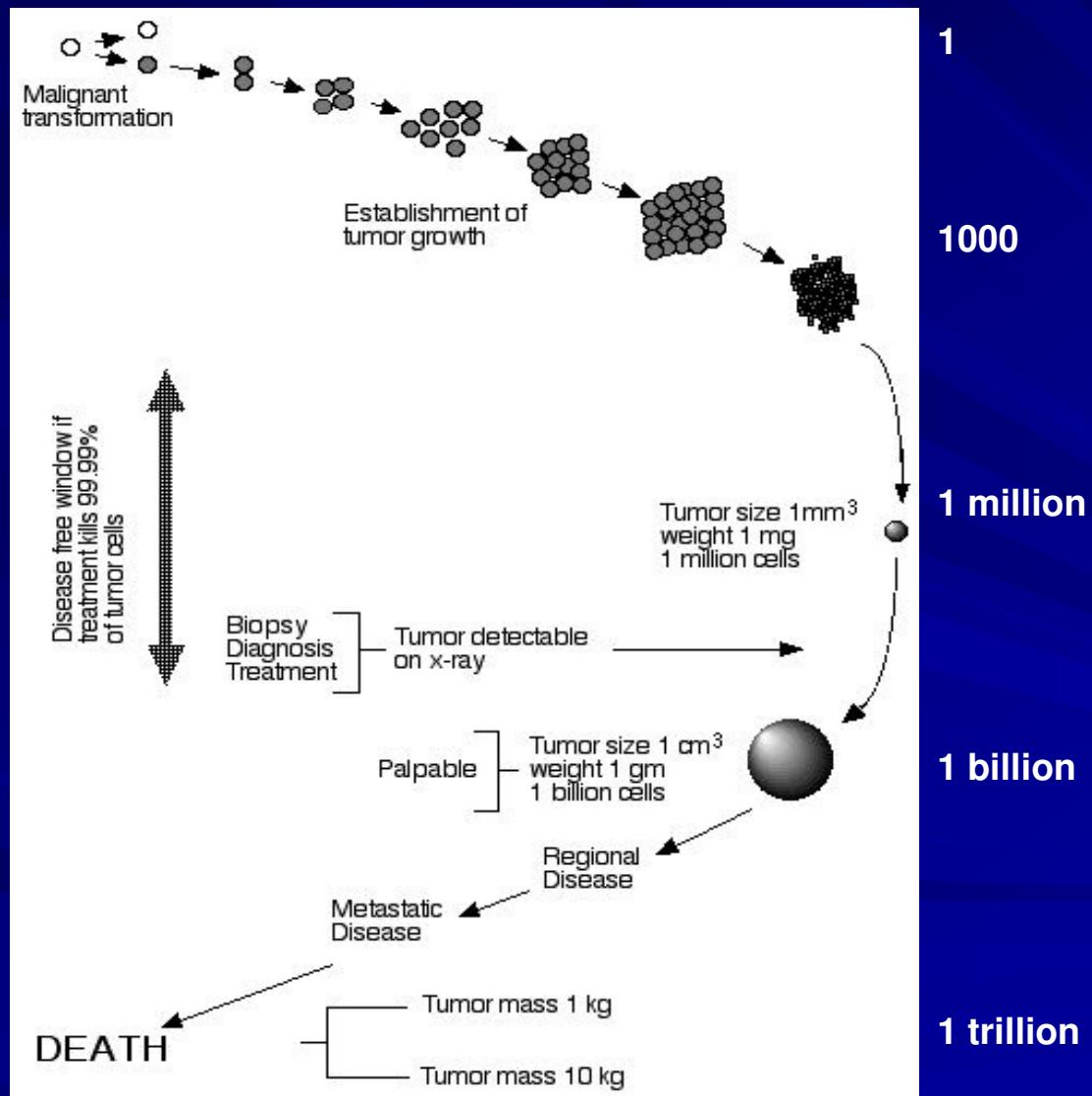
- App. 4000 chemicals in the fume
- More than 40 is carcinogen!!
- Lung, esophagus, trachea, head and neck, bladder, gastric tumors...

Lung cancer: rapid progression, resistance to therapy

Risc factors

- **Alcohol:**
Soral, head and neck, oesophagus, gastric, liver, breast
- **Irradiation:** cosmic background, UV, radioactivity
- **Viruses:** HPV (16,18); Hepatitis B, C; HIV, HTLV, Eppstein-Barr. Herpes 8 (?)
- **Worms:** (Schistosoma species), bacteria (Helicobacter pilori: stomach)
- **Chemicals:** tar (benzol derivatives), serpentine, stb...

Tumor cell number – tumor size



Classification of the tumors (samples)

- Benign
- Malignant
- Carcinoma (epithelial)
- Sarcoma (mesenchimal)
- Leukaemia, Lymphoma, Melanoma etc
- Grading: differentiation (1-4, well-moderate-week)
- Staging: **T** (0-4) **N** (0-3) **M** (0-1) categories

Metastasization

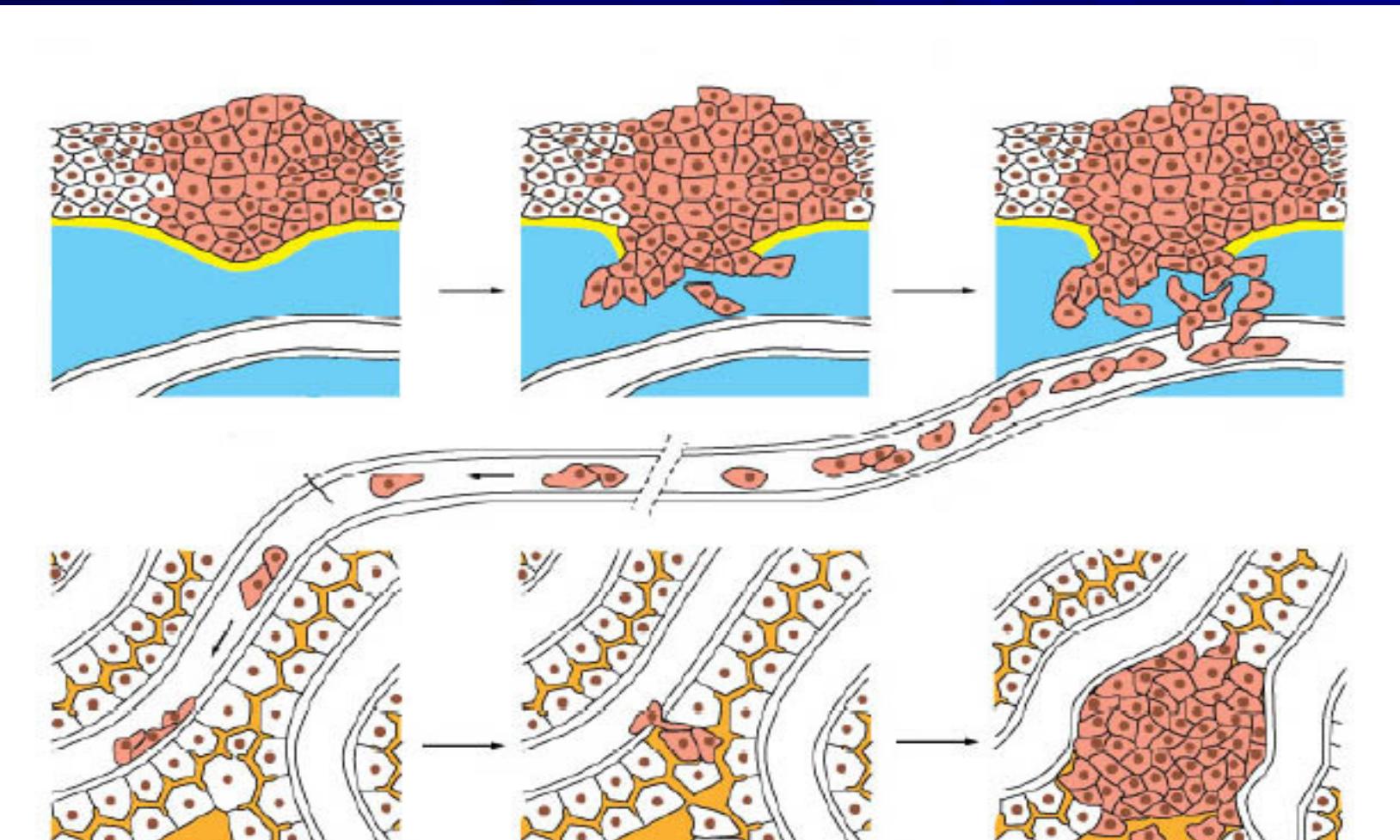
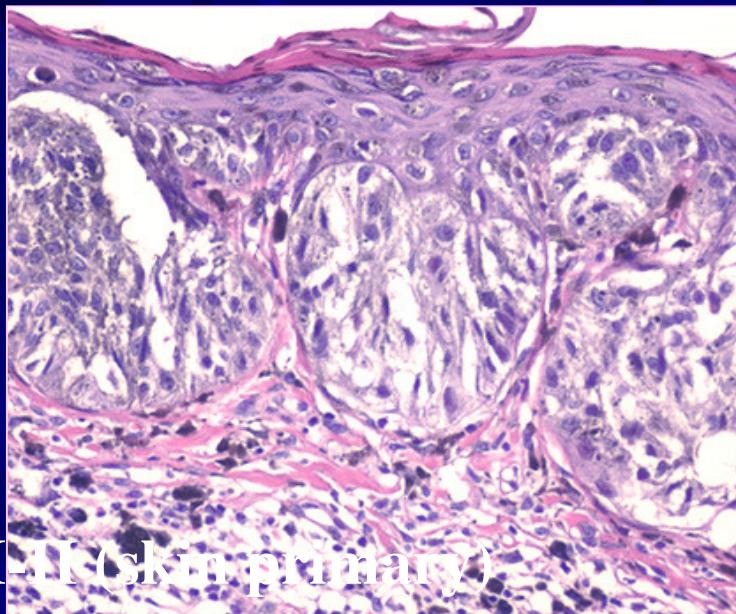
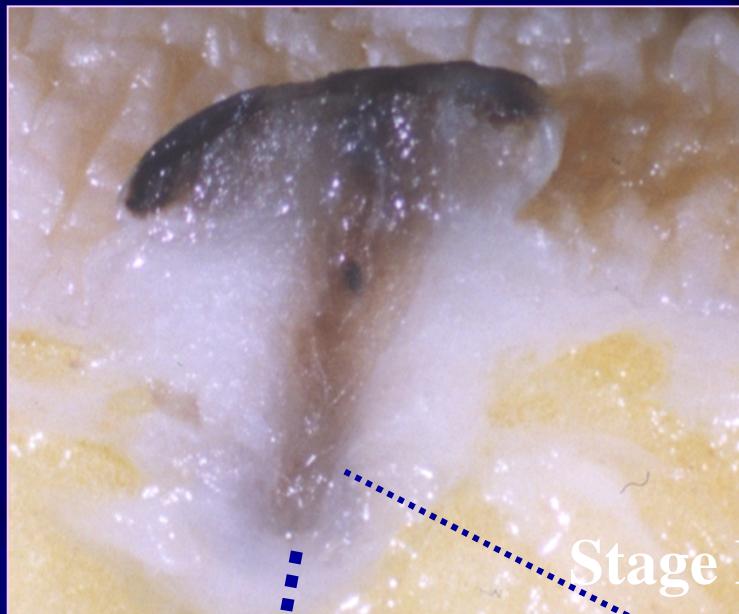
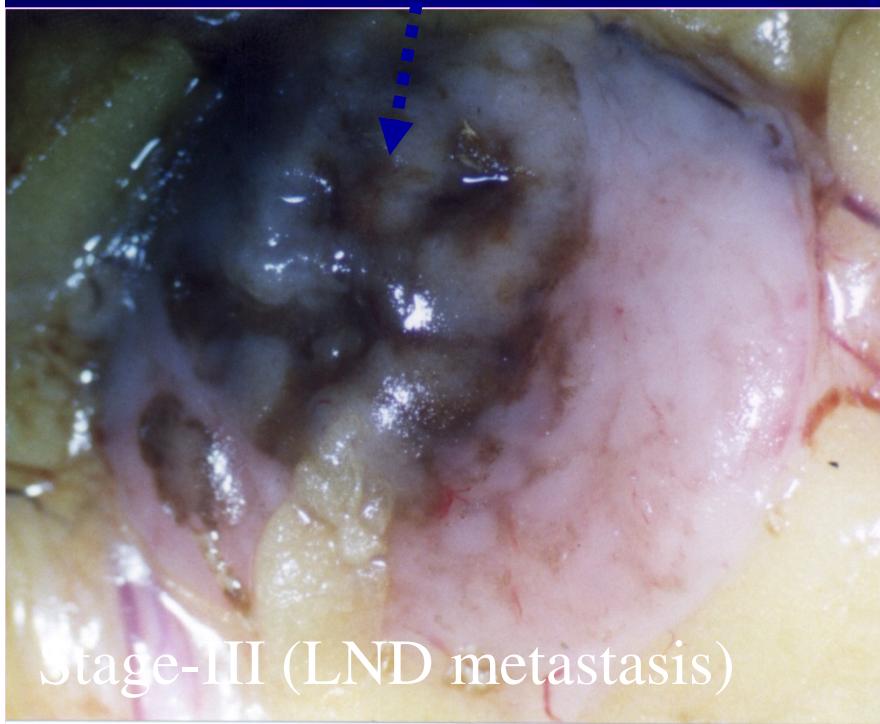


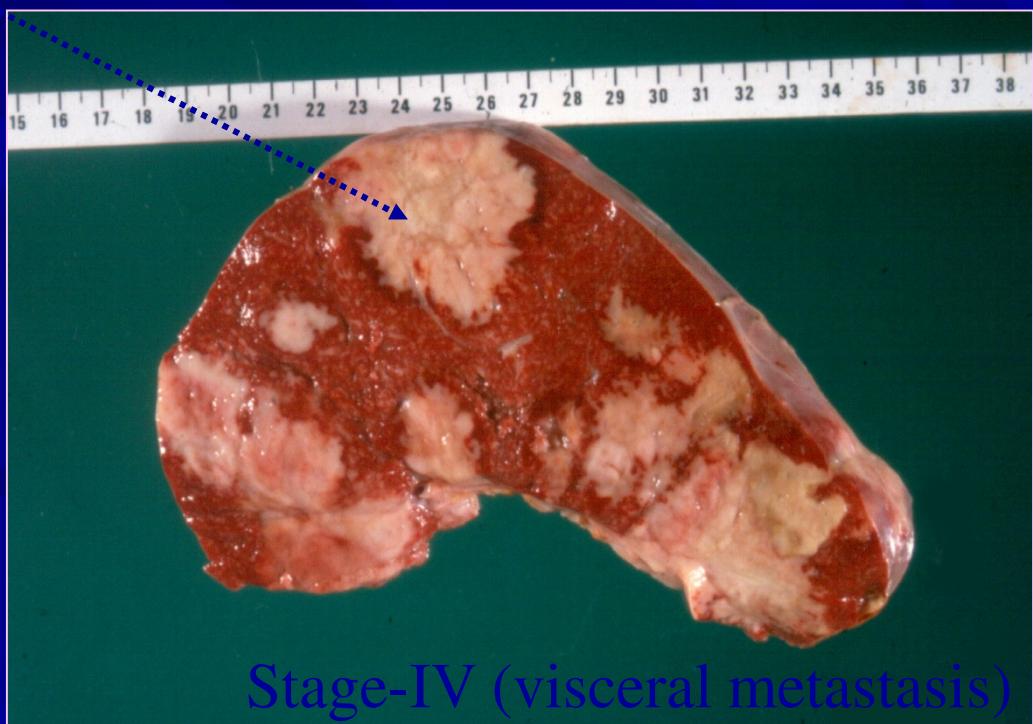
Figure 23–15. Molecular Biology of the Cell, 4th Edition.



Stage I (Skin primary)



Stage-III (LND metastasis)



Stage-IV (visceral metastasis)

Steps of the metastatic cascade

1./ Tumor growth, local invasion *, angiogenesis *

2./ Tumor cell escape from the primer mass*

3./ Intravaztion

*

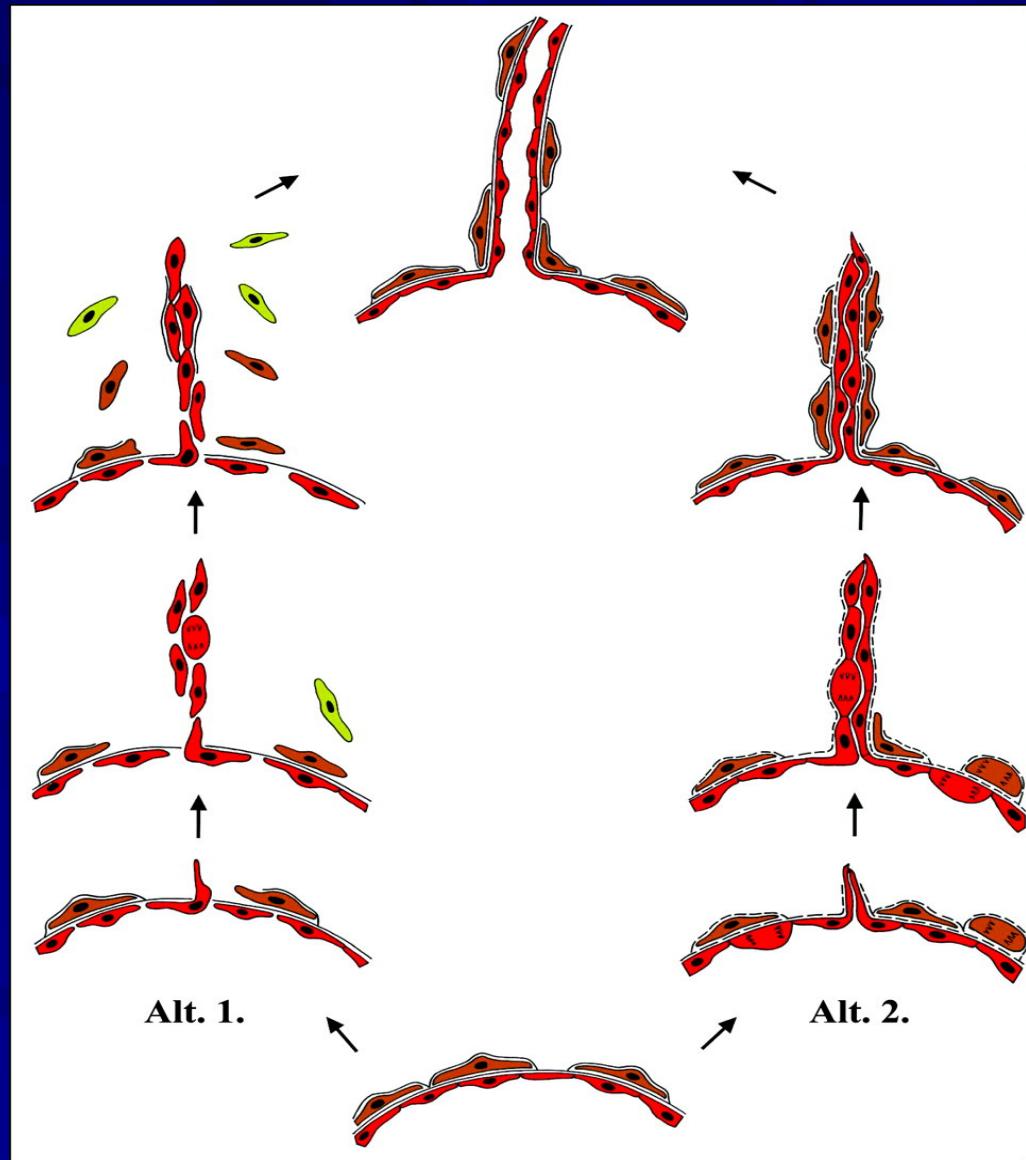
4./ Tumor cell interaction with cells in blood stream *

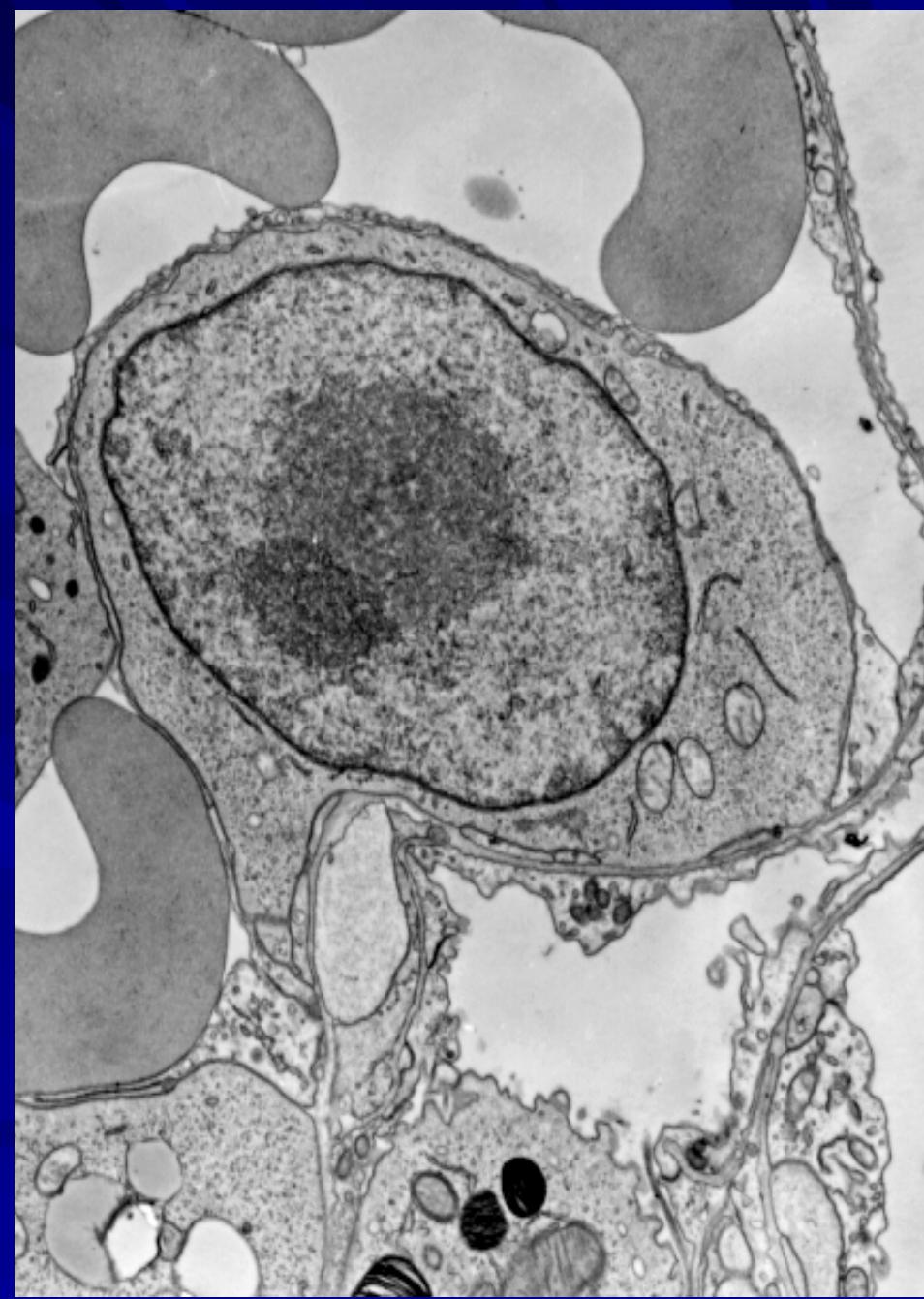
5./ Arrest in the target organ *

6./ Extravazation *

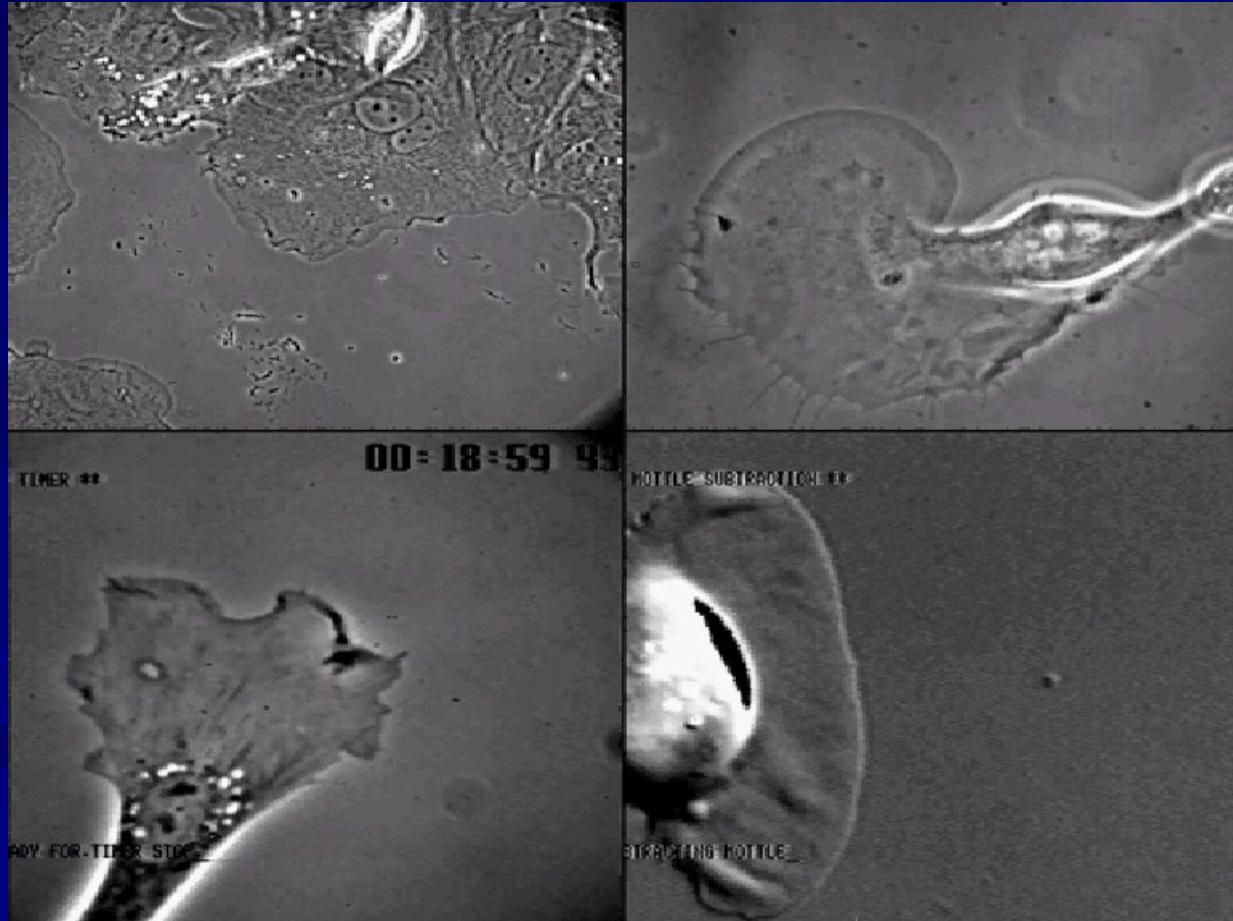
* adhesion - digestion - migration

Tumor-induced neoangiogenesis





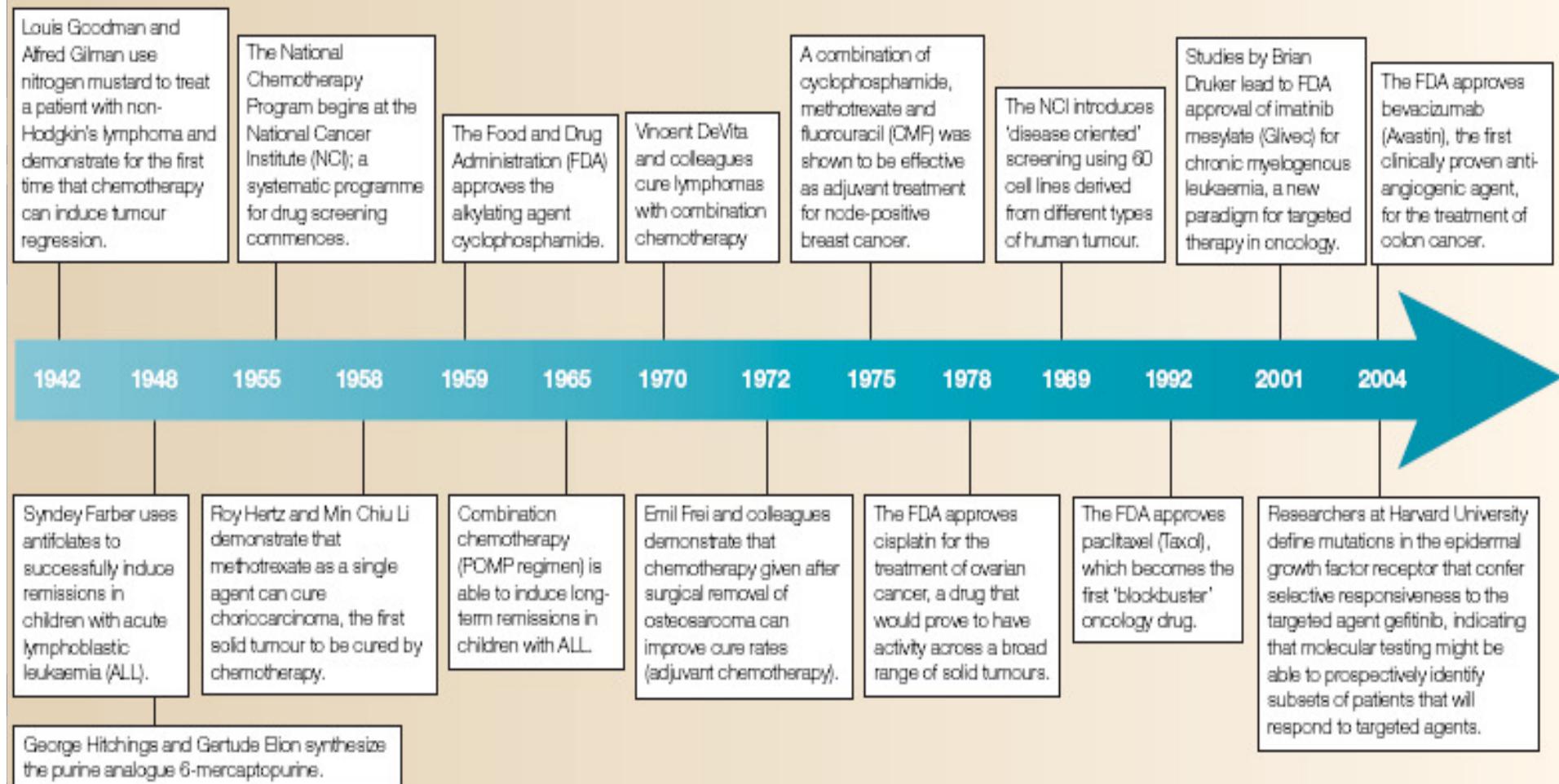
Tumor cell migration

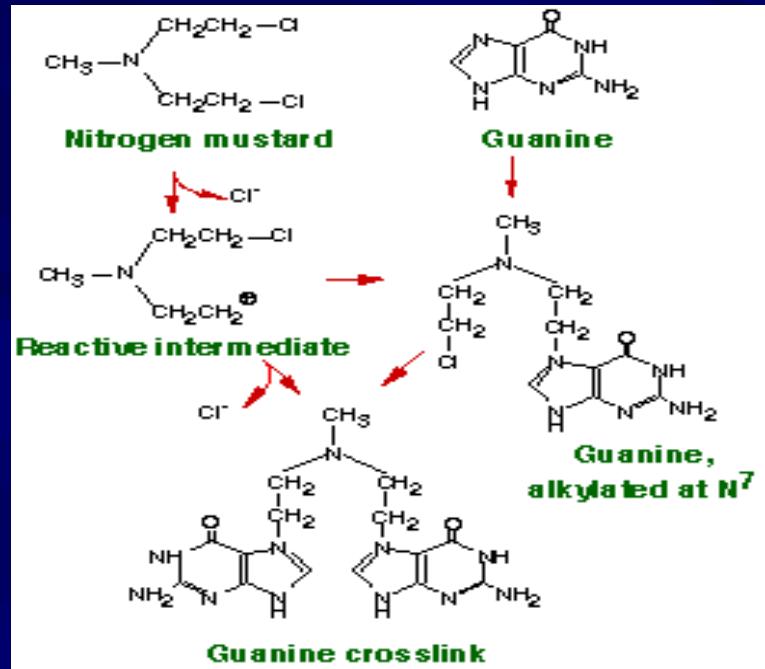


Therapy

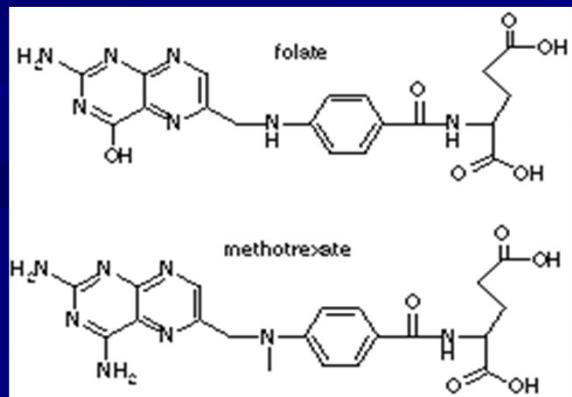
- Surgery (First line in the case of solid tumors, curative if no metastasis)
- Radiotherapy (Ionisation, free radicals, DNA damage)
- Chemotherapy
 - Traditional: cell proliferation blockade
 - Innovative: target-specific personal based

Timeline | The history of chemotherapy





http://www.ovc.uoguelph.ca/BioMed/Courses/Public/Pharmacology/pharmsite/98-409/Cancer/Cancer_images/Nitrog_must.gif



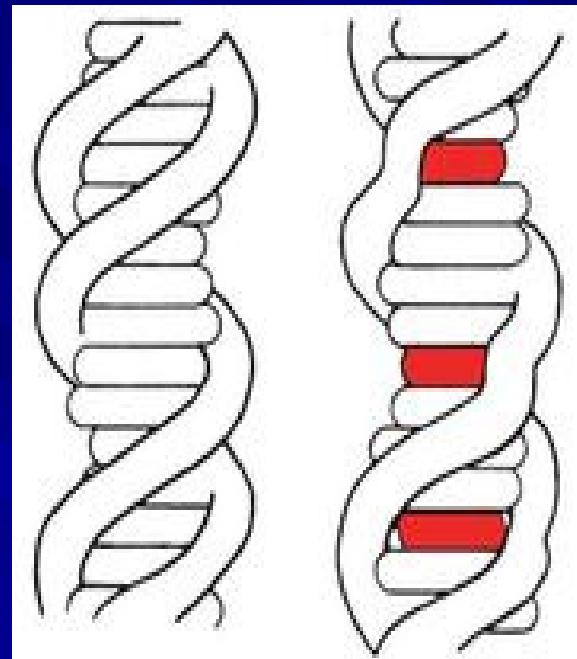
<http://www.wellesley.edu/Chemistry/chem227/nucleicfunction/cancer/methotrexate.gif>

1) Alkylating agent:
DNA crossbinding, transcription

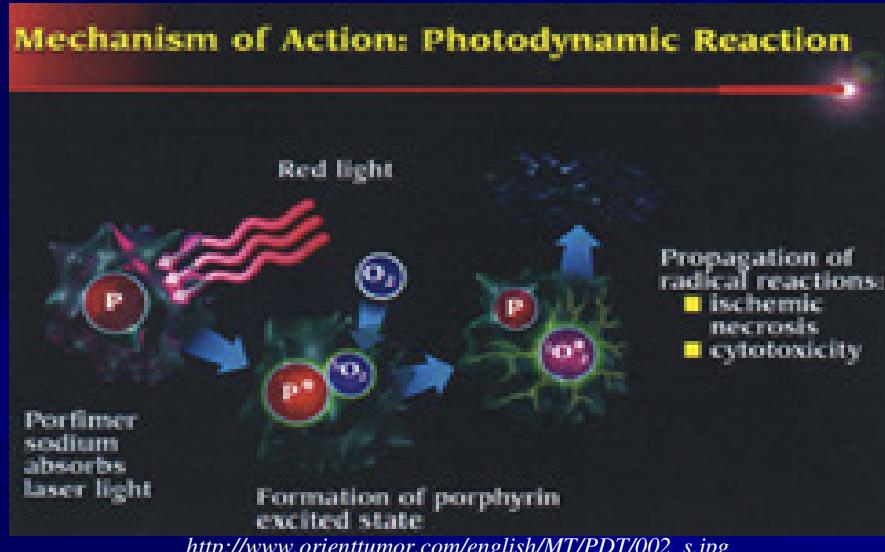
1) Antimetabolites:
S phase, DNA synthesis
Folate analogues (methotrexate)
pyrimidine analogues:
(fluorouracil)
purine analogues:
(mercaptopurine).

- 3) Natural compounds:
vinca alkaloides (vincristine),
taxanes (paclitaxel), and
epipodophyllotoxines
(etoposide).

DNA and RNA synthesis ↓
formation of microtubules ↓



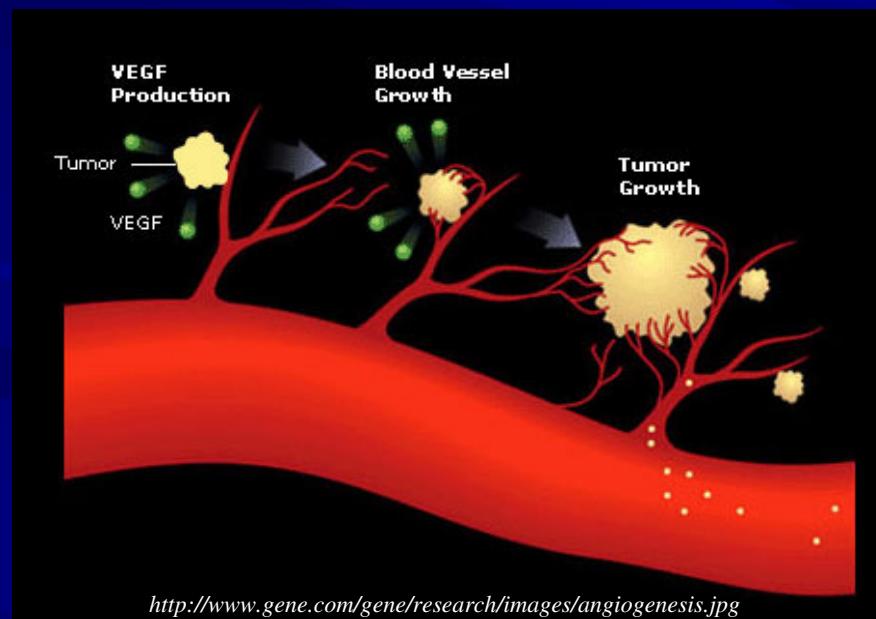
http://en.wikipedia.org/wiki/DNA_intercalation



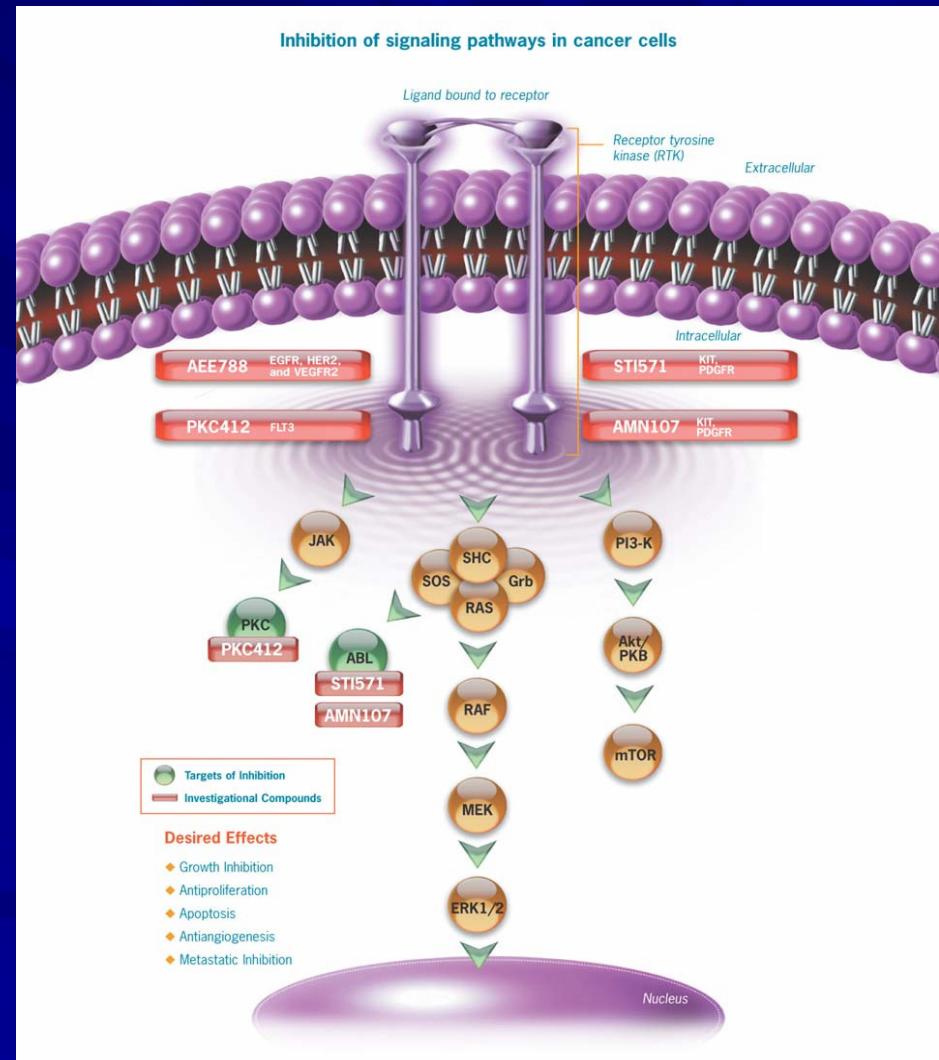
- Photodynamic Therapy: photosensitivity

- Hormon treatments: breast, prostate

- Angiogenesis inhibition: bevacizumab, anti-VEGF antibody.



- Tirozin-kinase Inhibitors:
EGFR (gefitinib, erlotinib.
Cetuximab) Bcr-Abl (Imatinib)



<http://www.amn107.com/images/aee788Large.jpg>

Strategy in the development

- Early detection
- Diagnosis
- Therapy

Goals:

- Identification of new targets
- New molecules for prediction
- Imaging in early phase of tumor
- Drug delivery
- Monitoring of the therapy
- New methods for improving of quality of life (QOL)

From development to therapy



Different phases of drug development

■ Preclinical phase

in vitro and *in vivo* (animal modells) techniques

■ Clinical Phases

Phase I.

Intolerance, insalubrity: healthy volunteer

Phase II.

Doses, side effects: few patients

Phase III.

Best dose and formulation: lasrge number of patients

Registration: EMEA (European Medical Evaluation Agency)

Phase IV.

Collecting the observations from the practice

Difficulties

- „Pills”: annual 700 Billion USD
(45% USA, 30% EU)
- 10.000 molecules - 1 drug
- 12 years from first results to the market
- 1 Billion USD total cost
- 1/10 blockbuster, 1-2 give profit

Steps of drug development

- Molecule design/synthesis - (drug „targeting” find the target molecules or biological step)
- *in silico, in vitro/ex vivo* screening (High throughput, HTS): lead molecule
- Lead optimization: millions of molecules
- Biological screenings
- Animal experiments
- Formulation, synthesis, volume increasian

Pharmacology

- Primer pharmacodynamics: effect on target
- Secunder: effect on off-targets
- Safety pharmacology: to find unwanted effects
- Dose – efficacy scale
- central nervous system, circulation, respiration, secretion

Toxicology

- Dose level enumeration
- LD50: median lethal dose
- Acute, subacute/chronic toxicity
- genotoxicity: mutagenesis (carcinogenecity)
- Immunoxicity
- local tolerability

3R rules in animal experiments

Replacement, Refinement and Reduction of animals

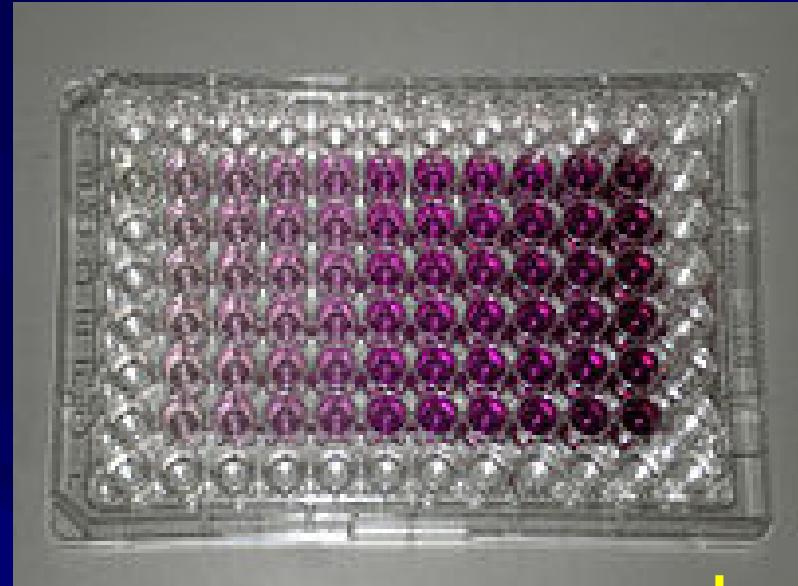
Alternative techniques (in vitro cell-based, ex vivo)

Optimization of the target/goals, decreased burden

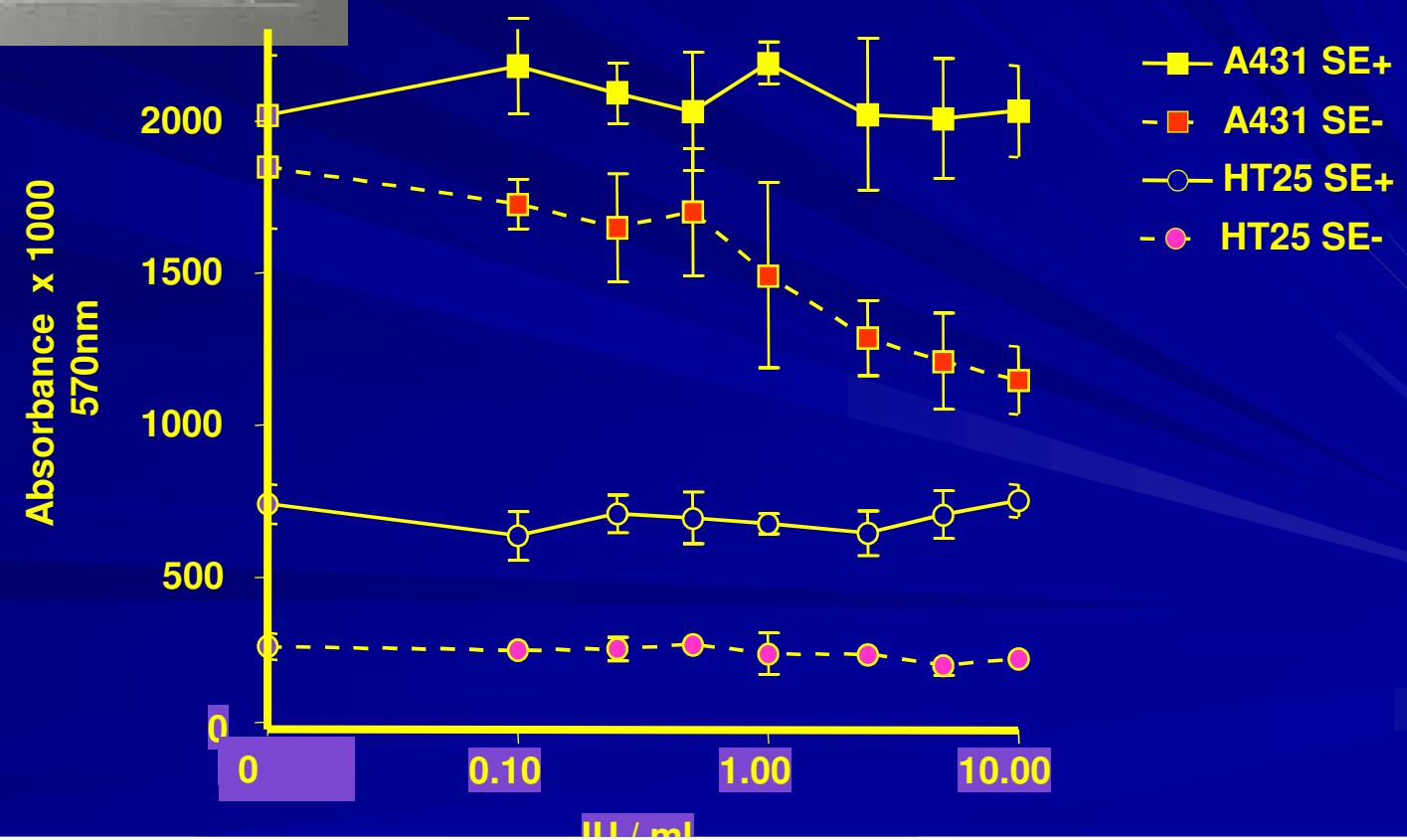
Minimal animal number / groups

Drugs against tumors

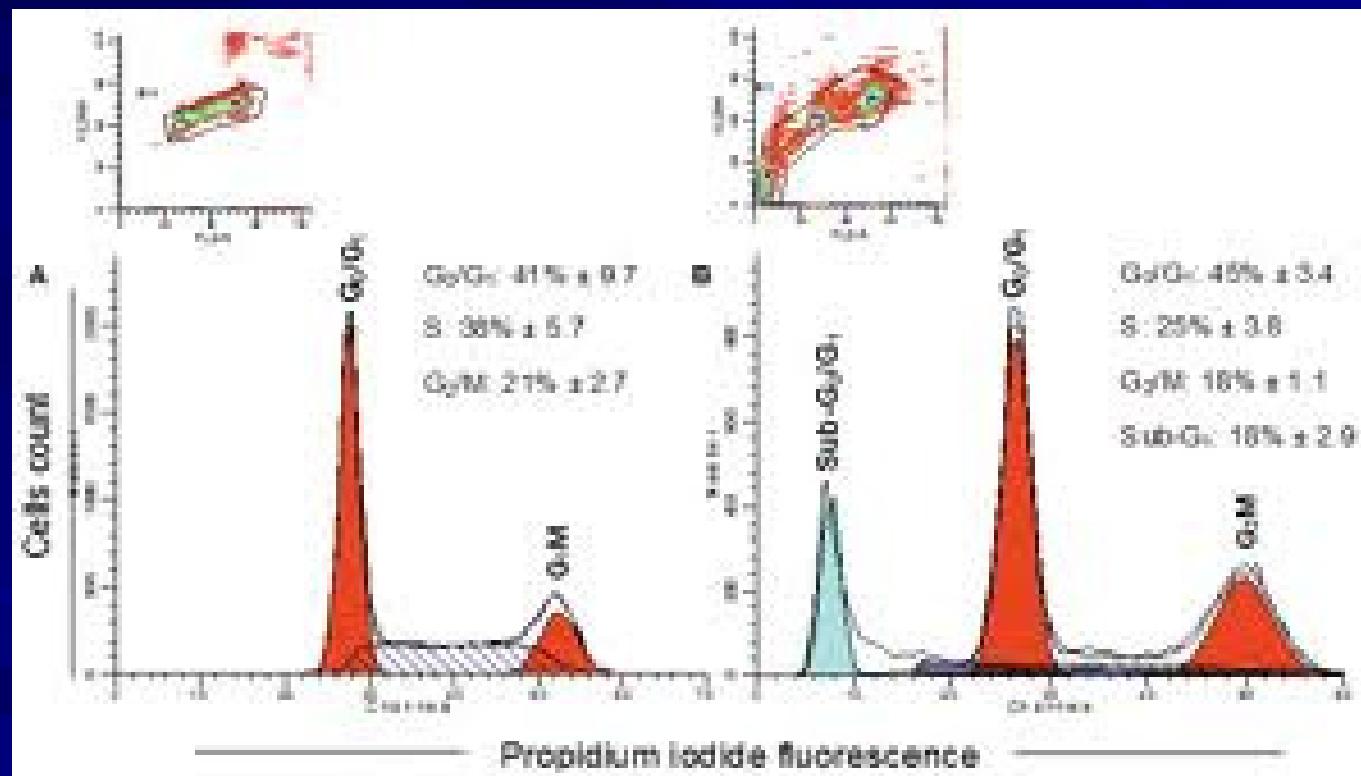
- Cell Proliferation
- Apoptózis (cell death)
- Cell movement / cell adhesion
- Angiogenesis

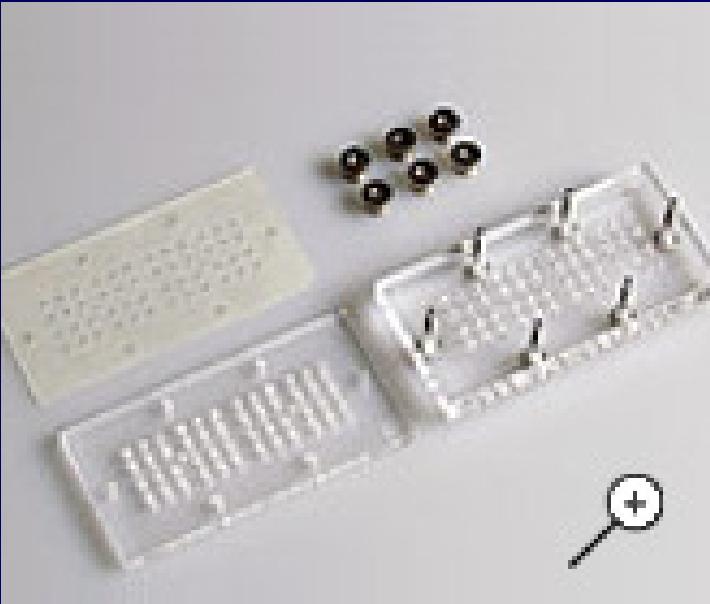


MTT proliferation assay

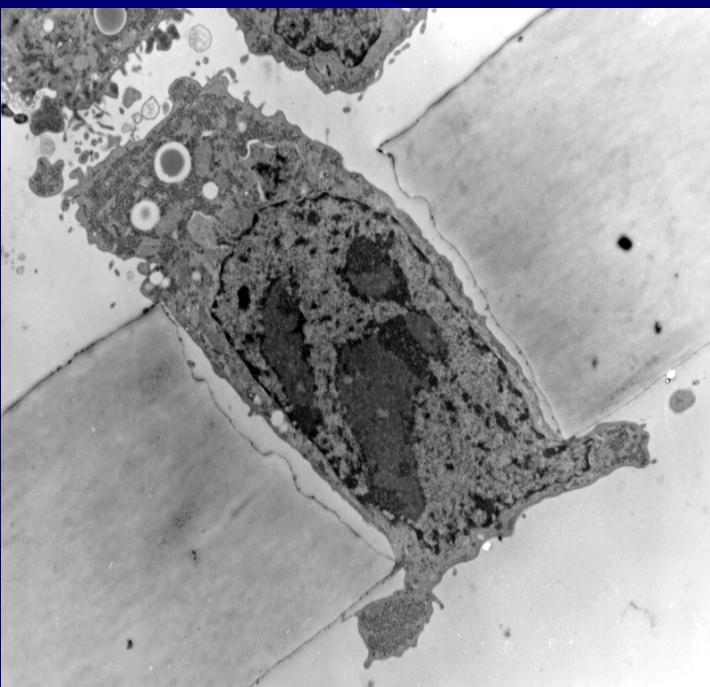


Apoptosis (flow cytometry)



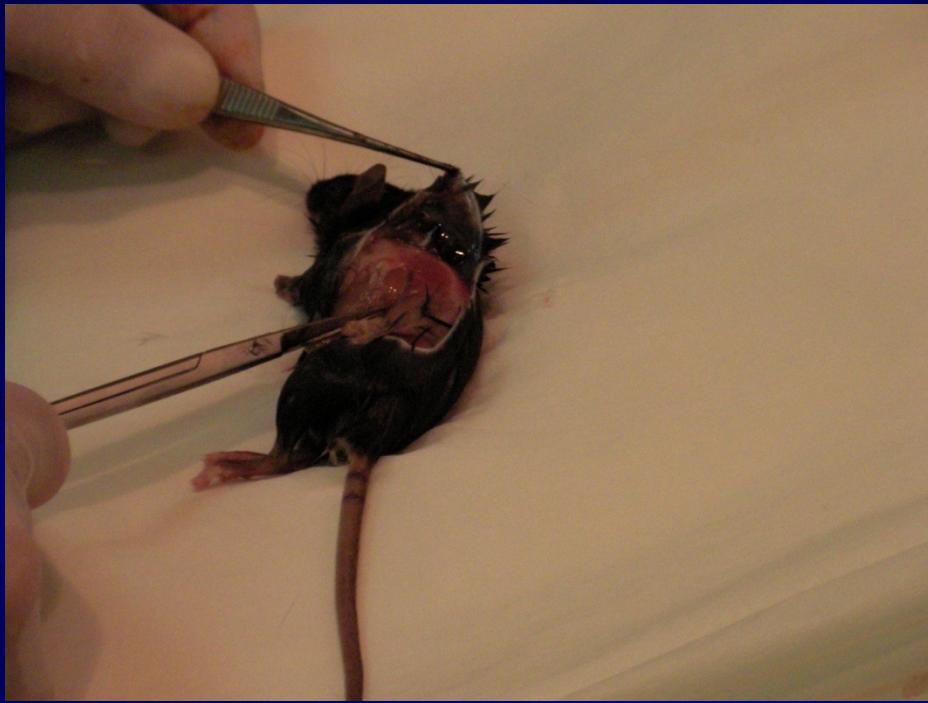


Cell migration (Boyden chamber)



Animal models

- Allograft (mouse in mice); xenograft (human tumor cells in mice)
- *Subcutan transplantation*: tumor cells / tumor fragments: growth measurement; inhibitors dose-time correlations
- *orthotopic transpl.*: original tissue environment (prostate, breast, colon, lung brain...)
- *metastasis modells*: intra cardiac-, intra venous transplantations...

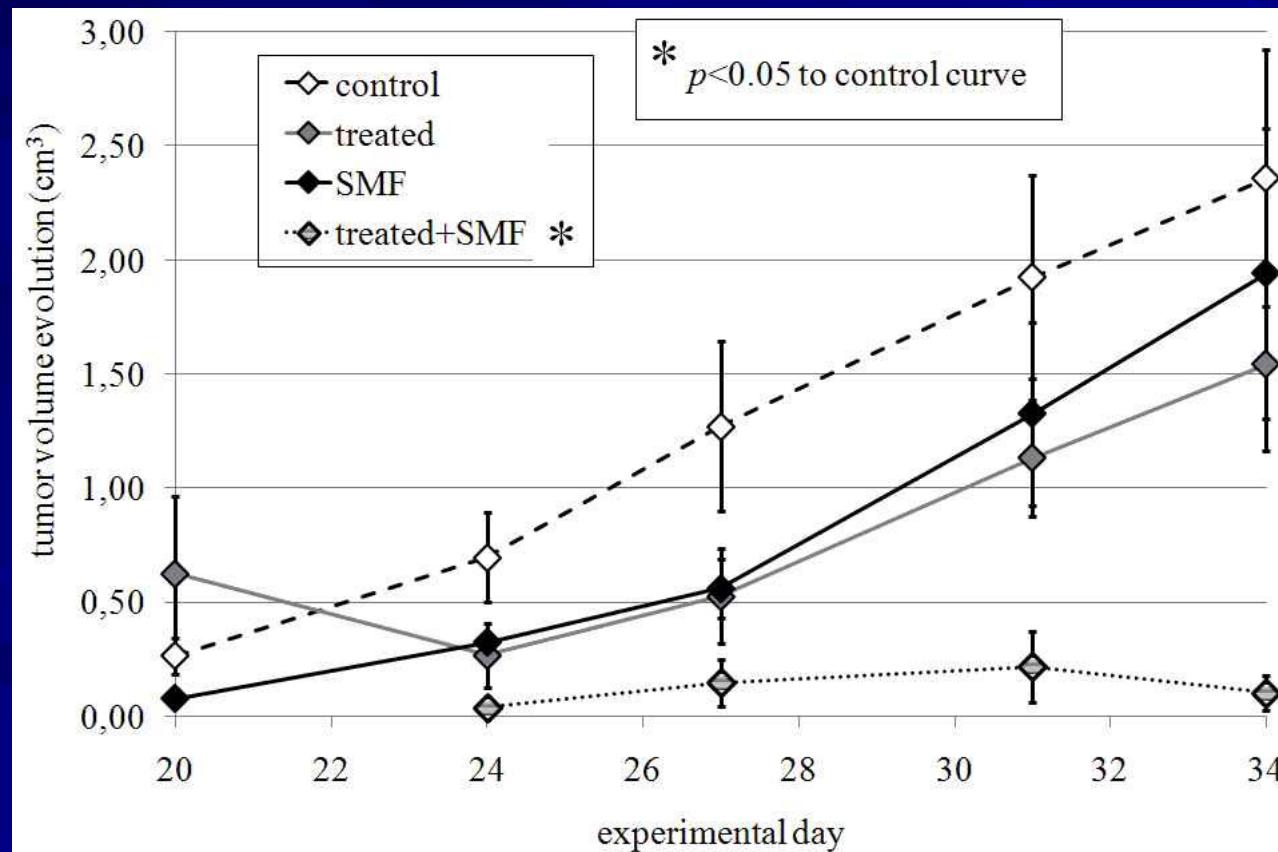


Subcutan inoculation



Tumor volumes

$$\text{Volume} = \text{length} * \text{width}^2 * \pi / 6$$



Orthotopic transplantation



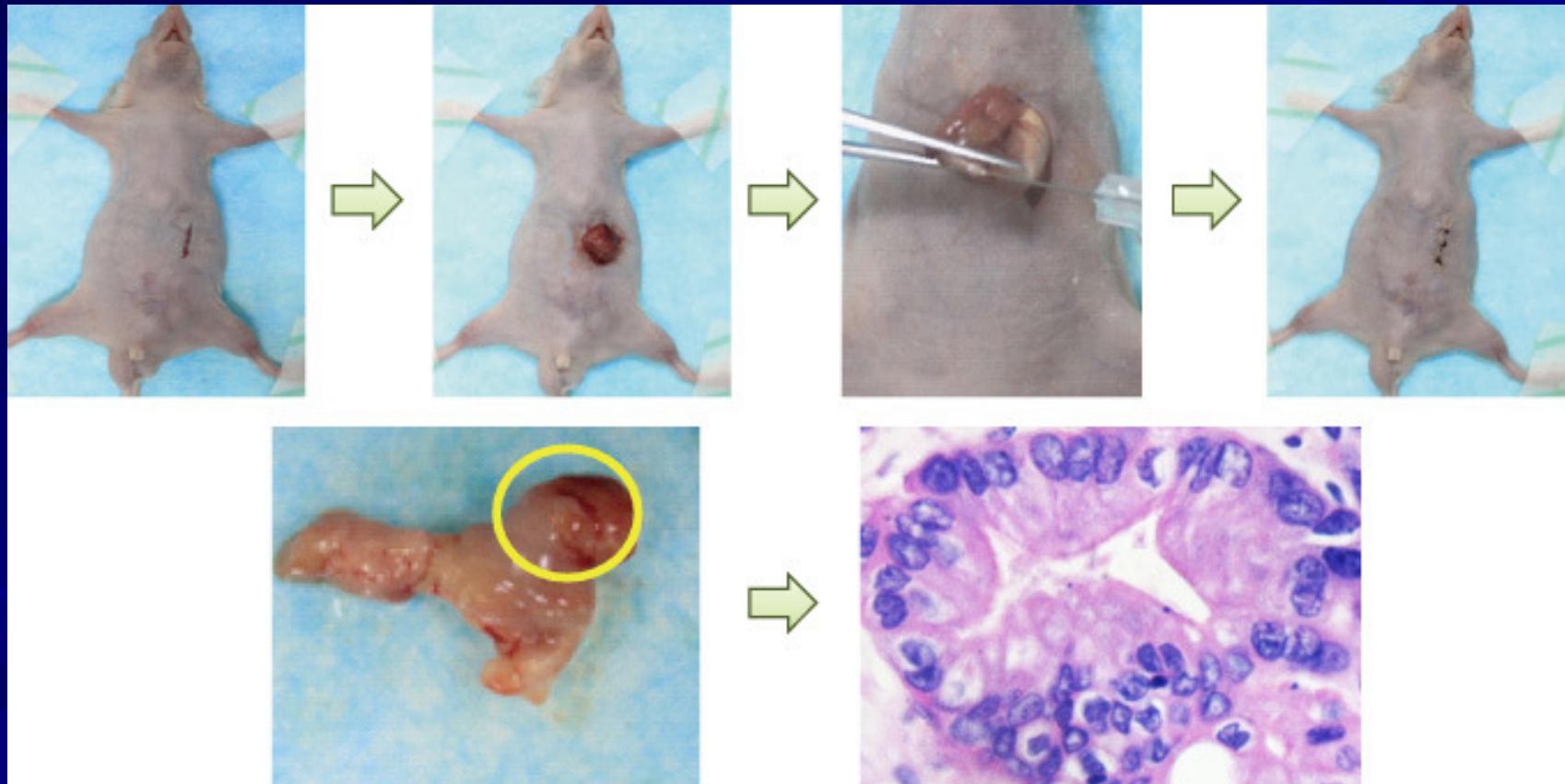
Zhao MD et al. Biomaterials 33(2) 2012. 634-43.



Intra cardiac

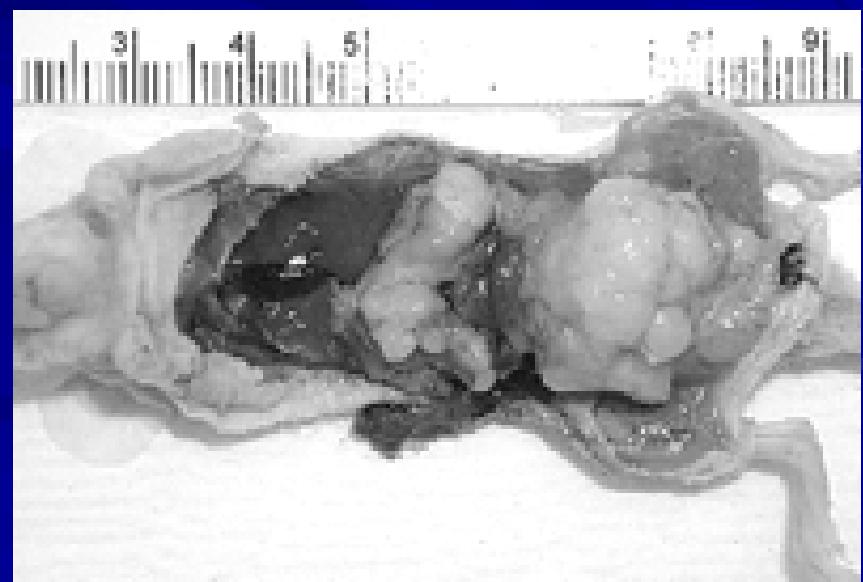
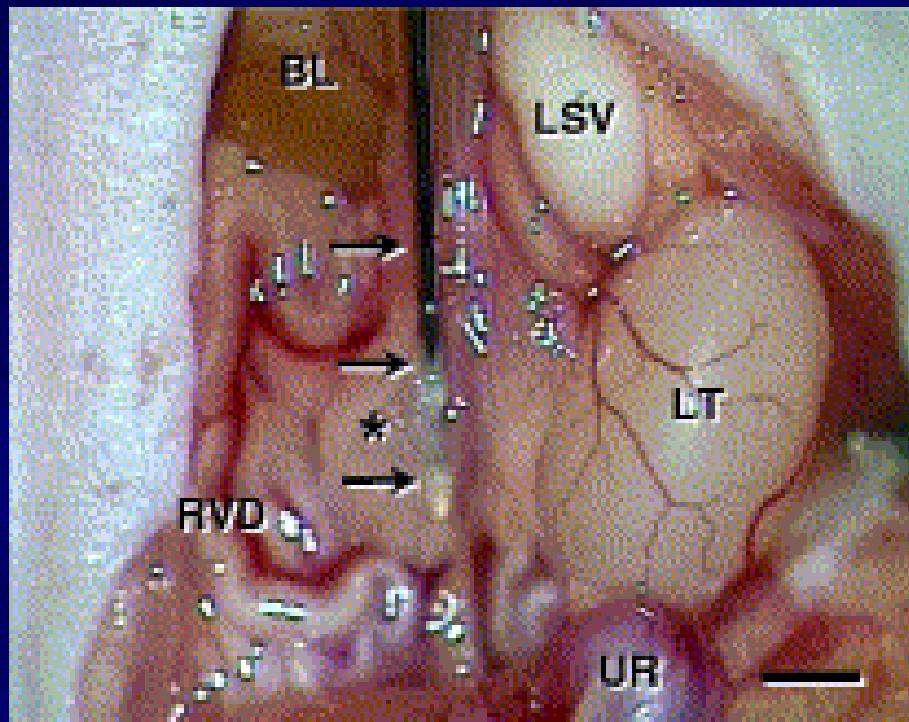


intra bowel

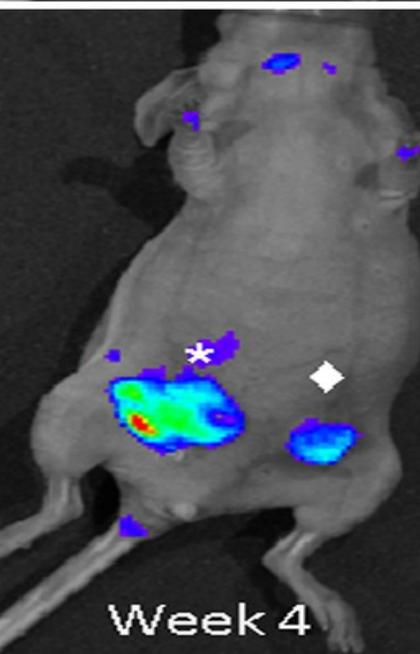
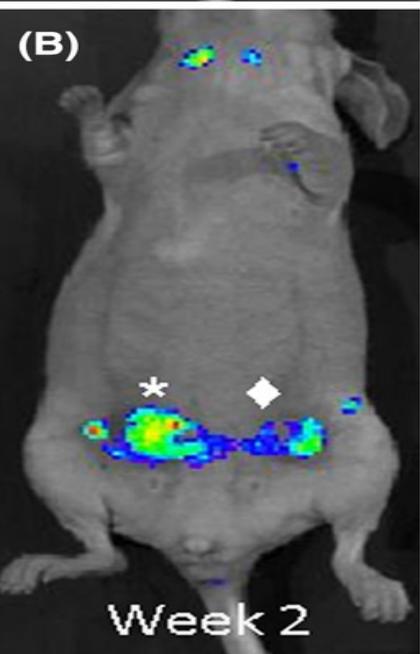
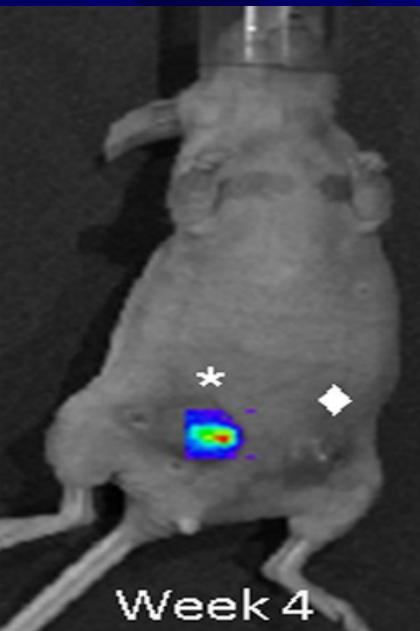
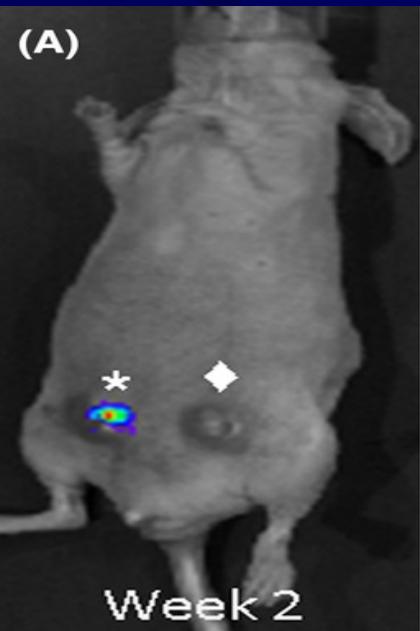




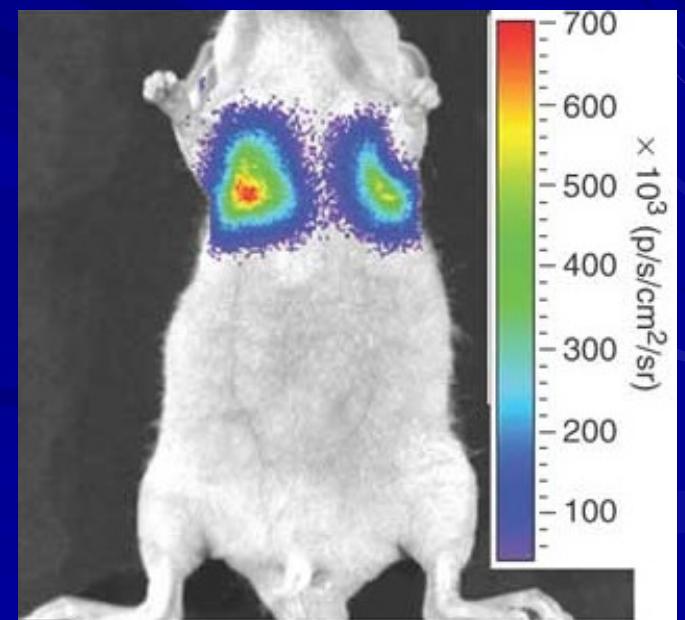
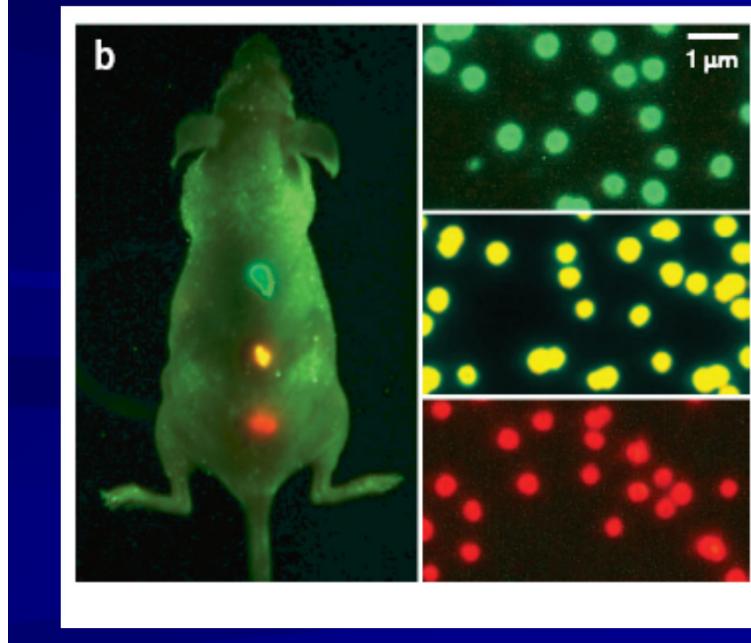
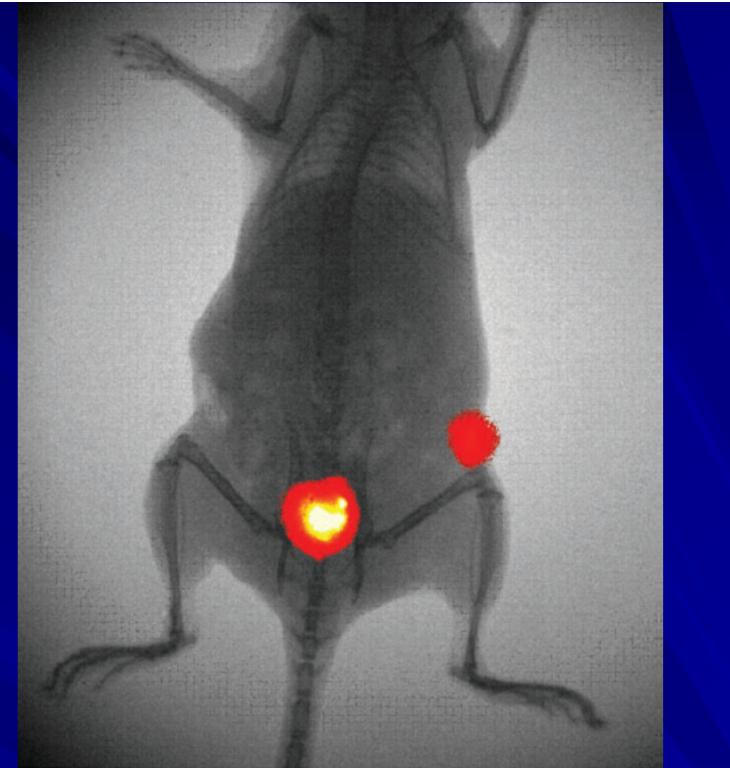
Prostate



Mammary fat pad

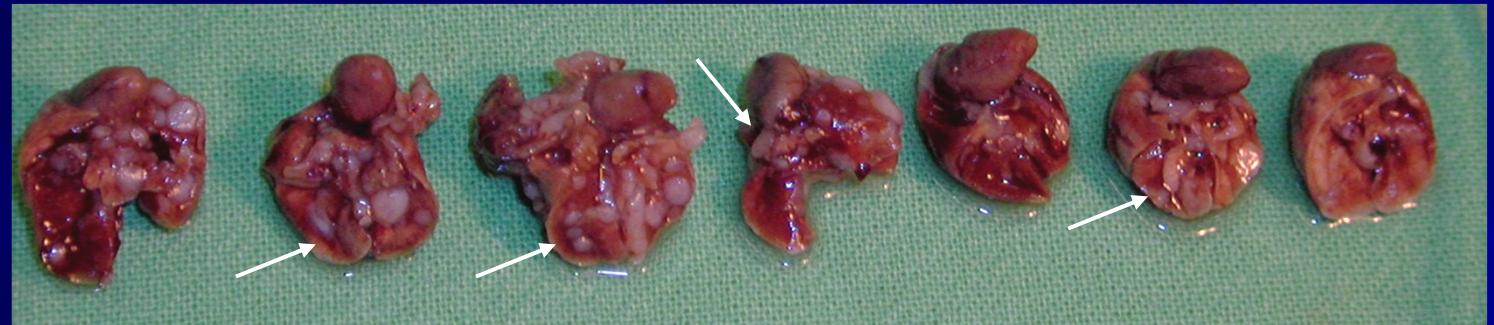


Imaging

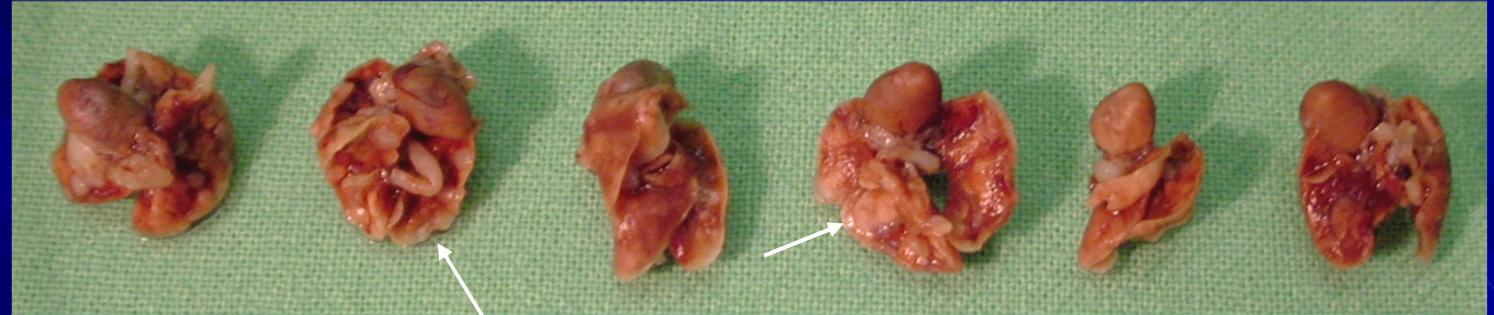


Intra venous – lung colonies

Control



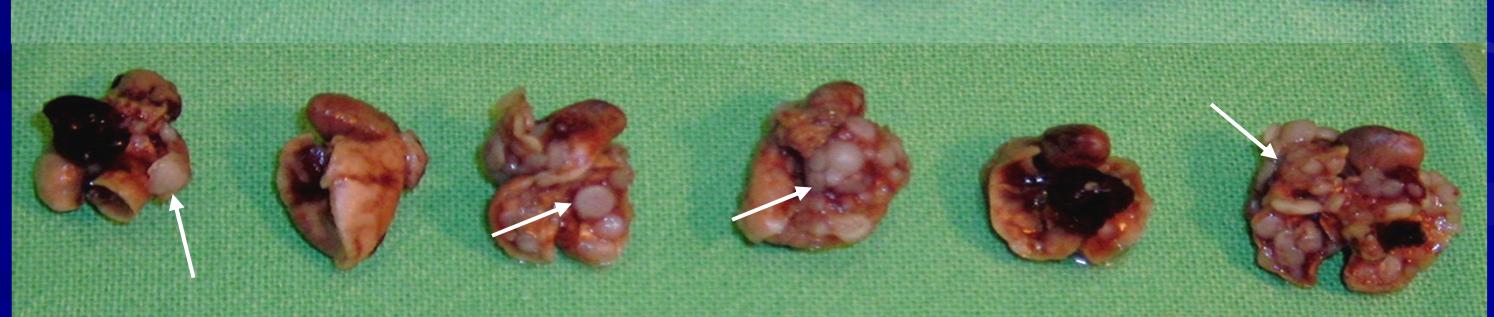
dp4



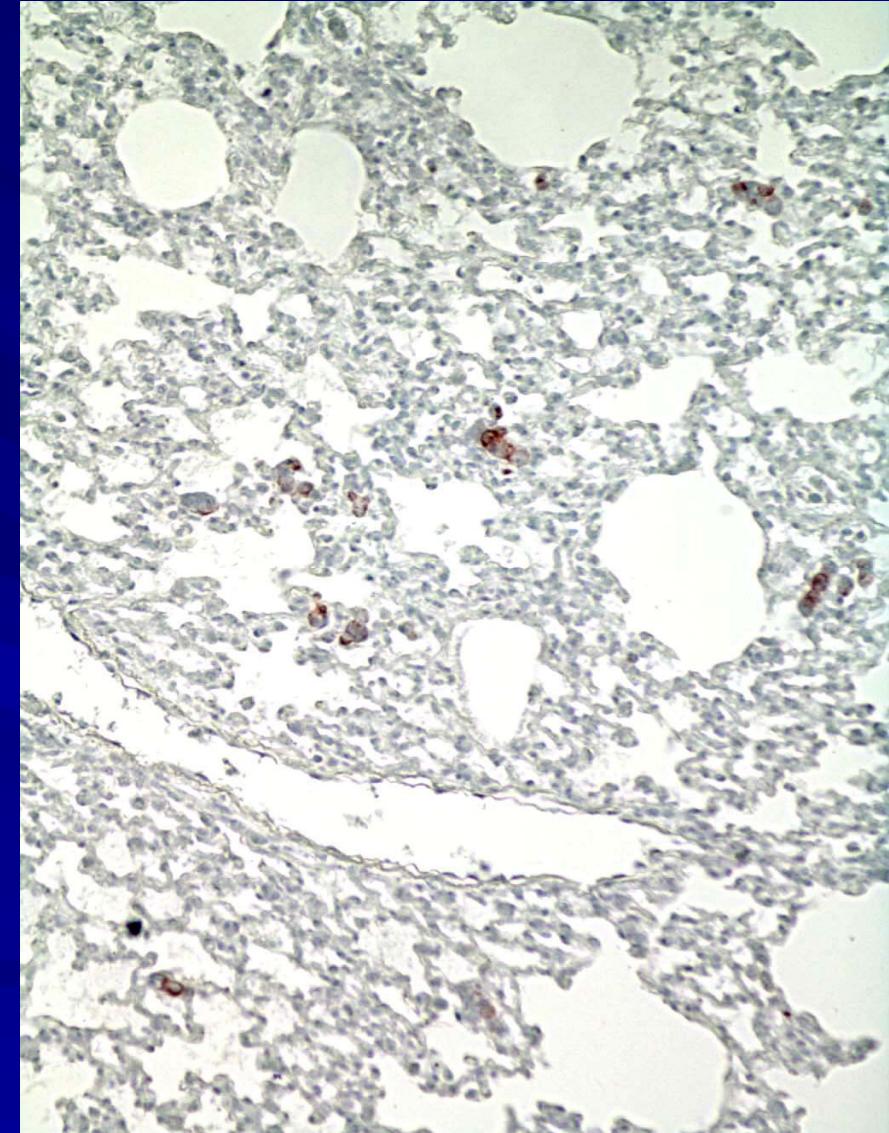
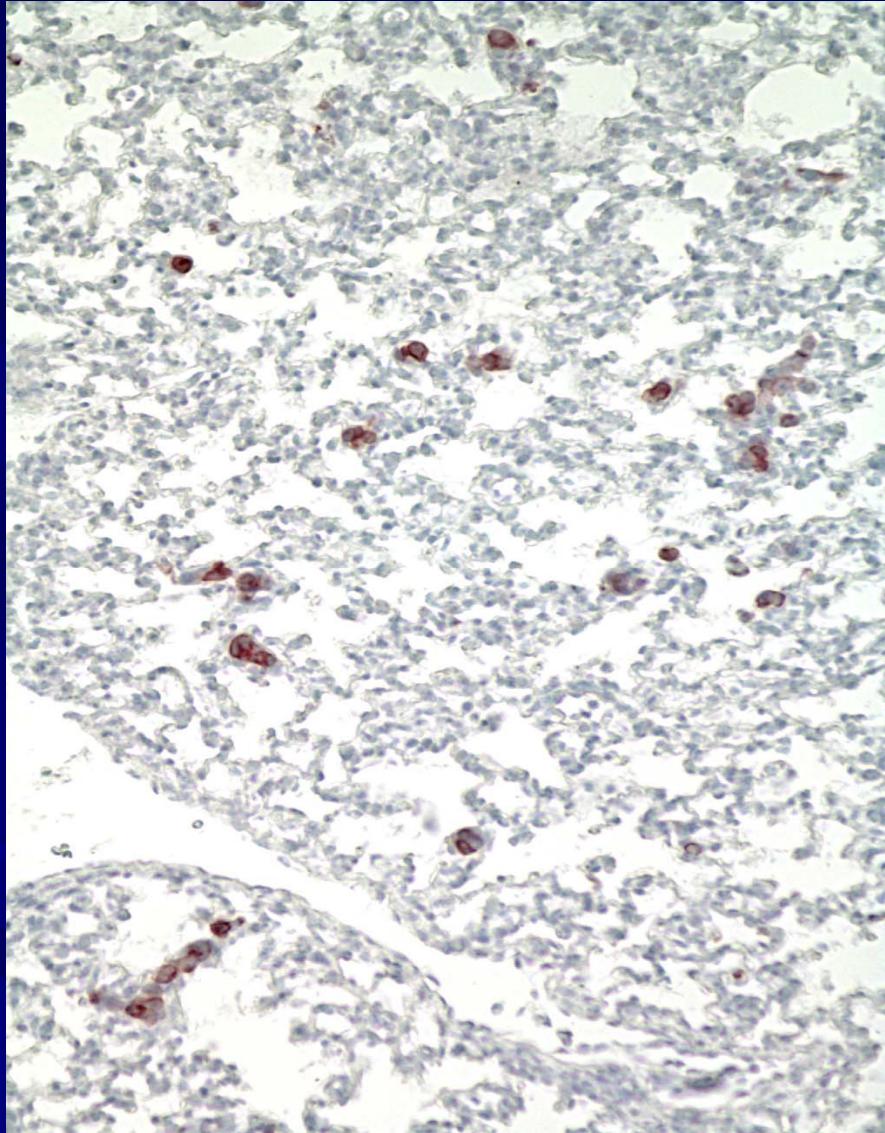
dp18



dp22



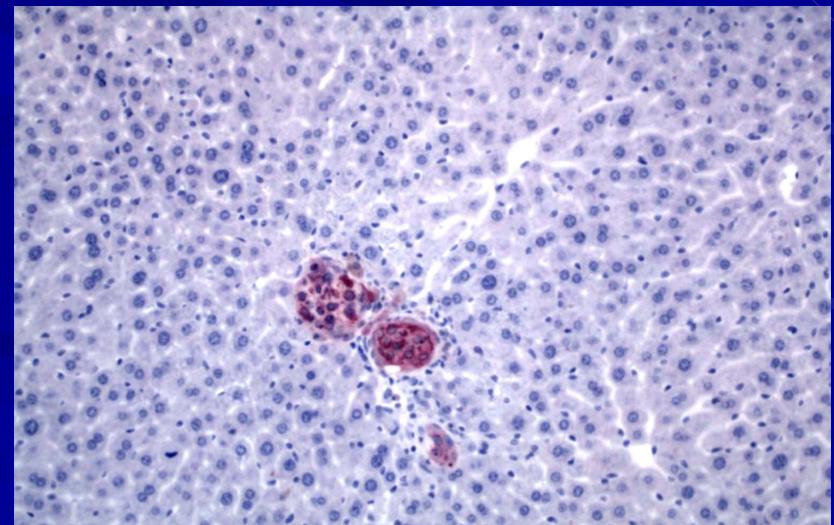
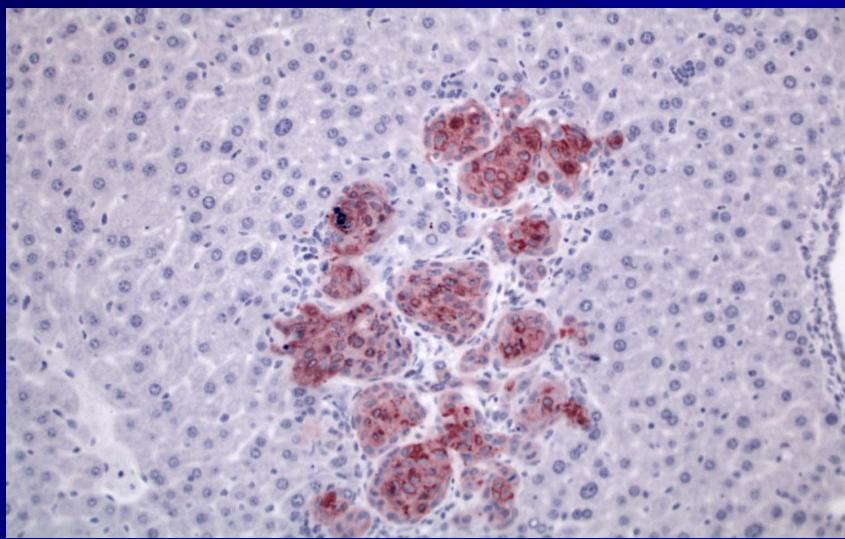
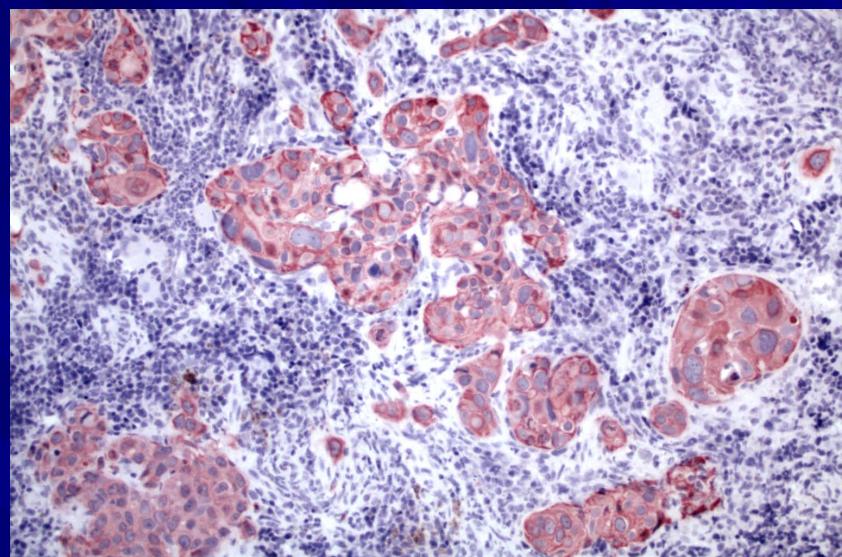
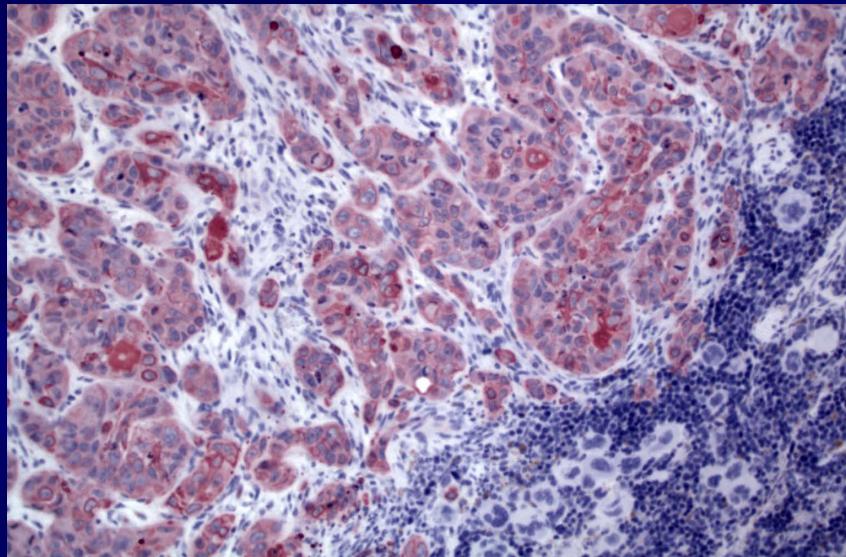
Tumor cells in the lung tissue

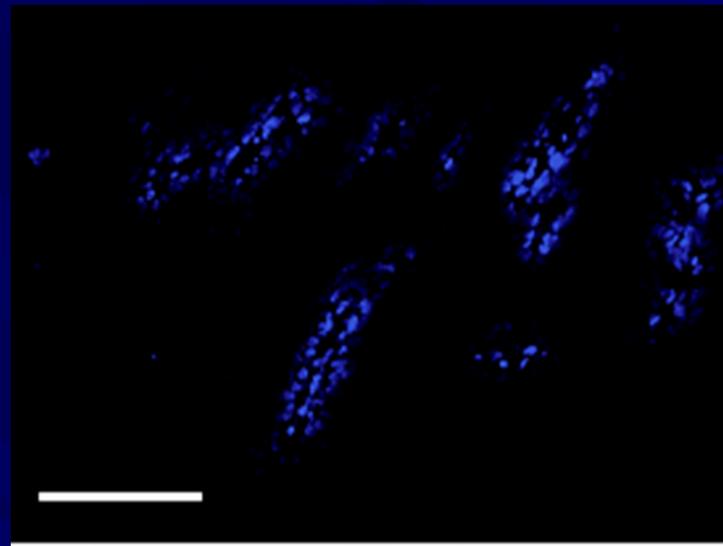


Spleen – liver model

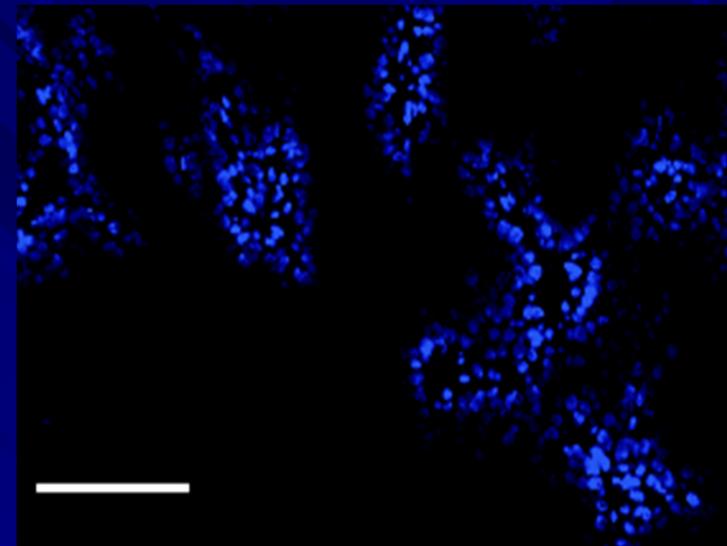


Spleen primer – liver colonies

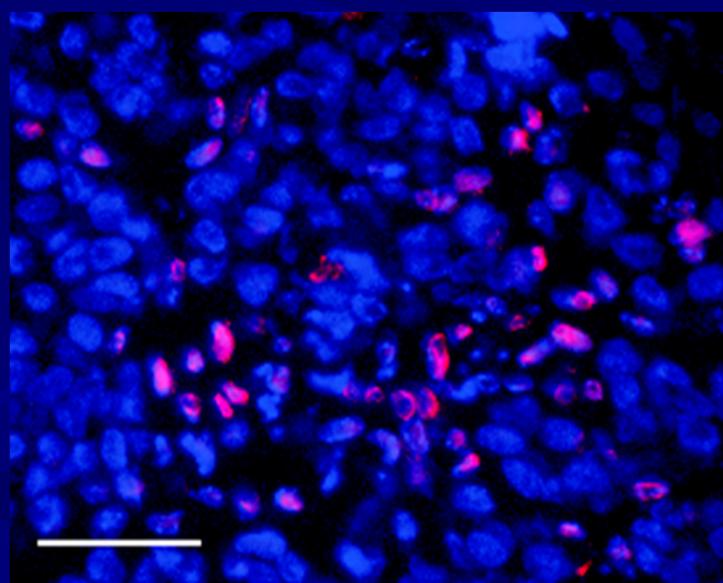




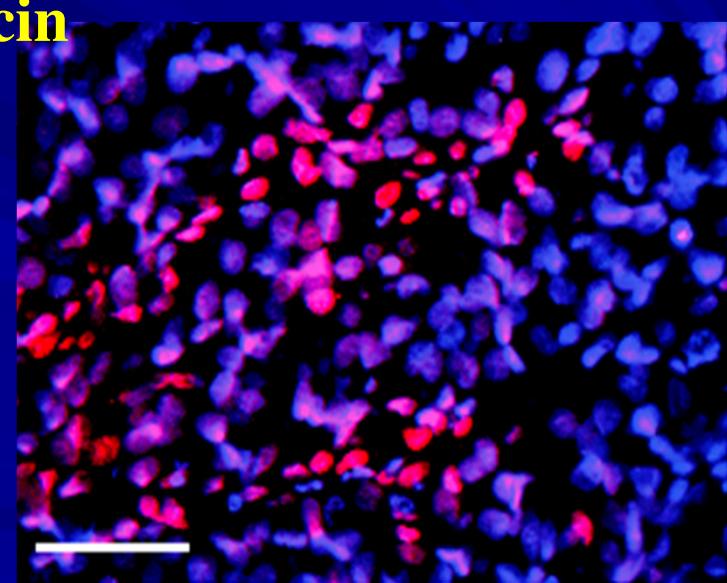
Hoechst



Control



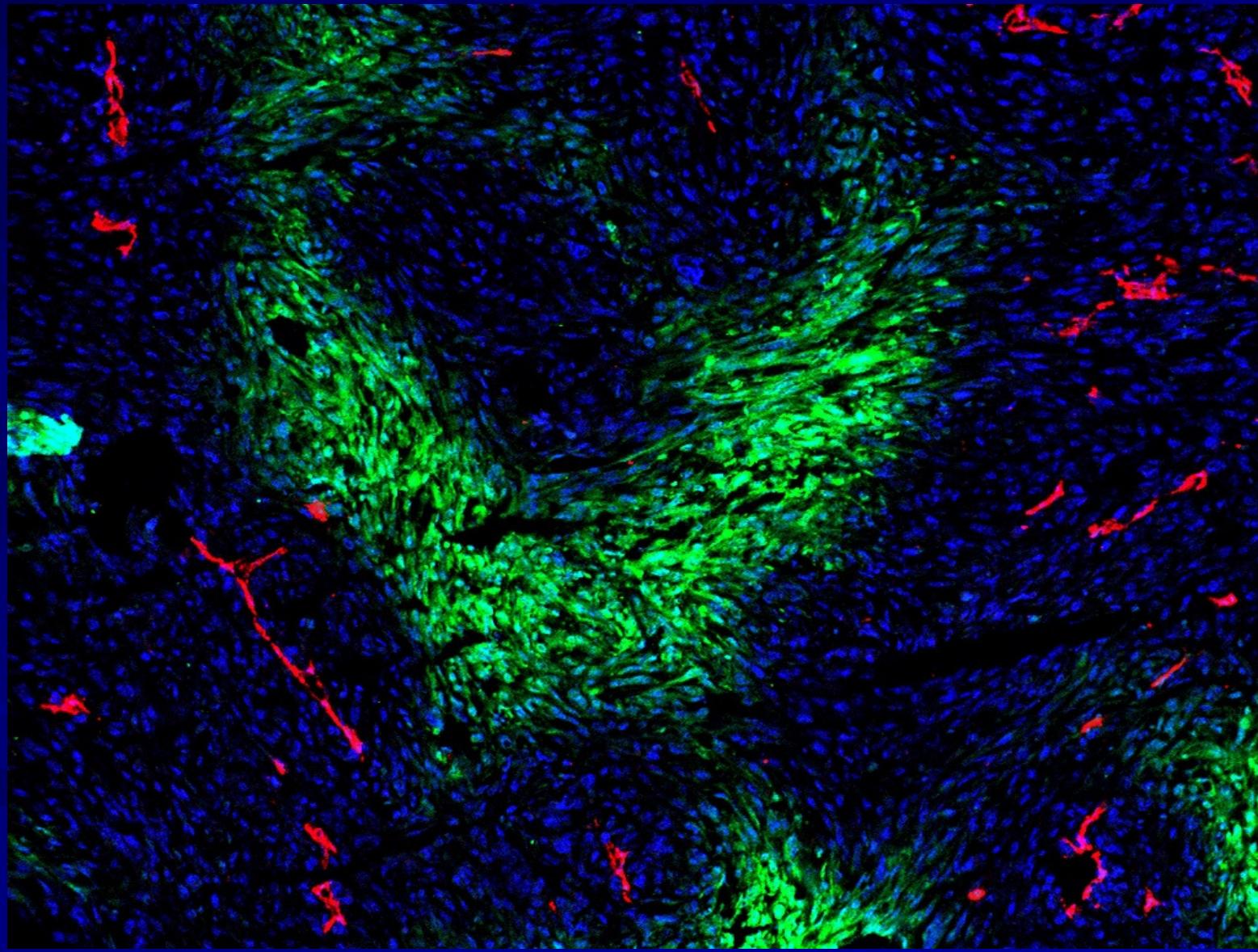
Doxorubicin



rHuEPO

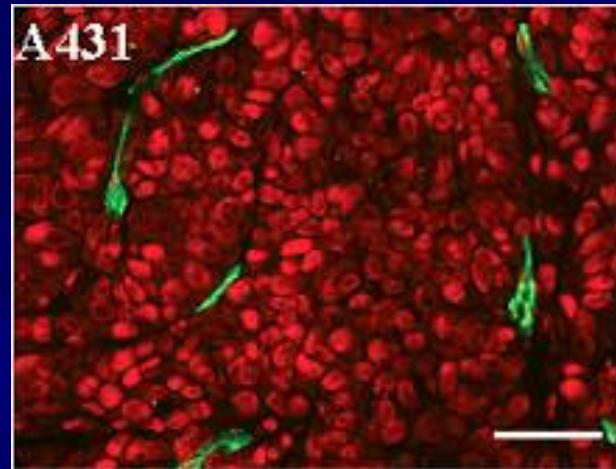
Tovari et al: Cancer Res 2005.

Immunohistochemistry: hypoxic areas

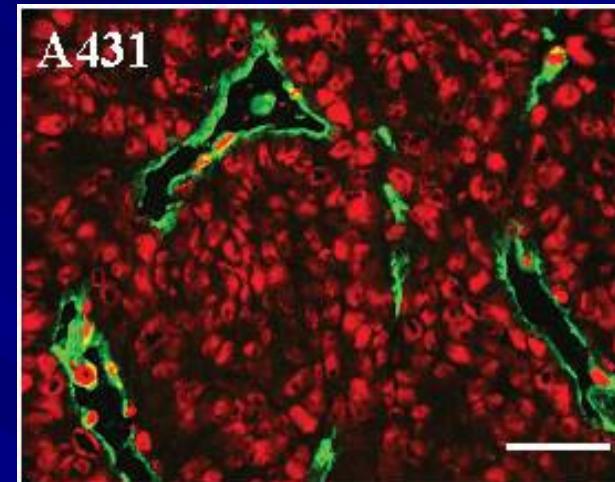


CD31+ vessels in A431 and HT25 tumor xenograft

Control

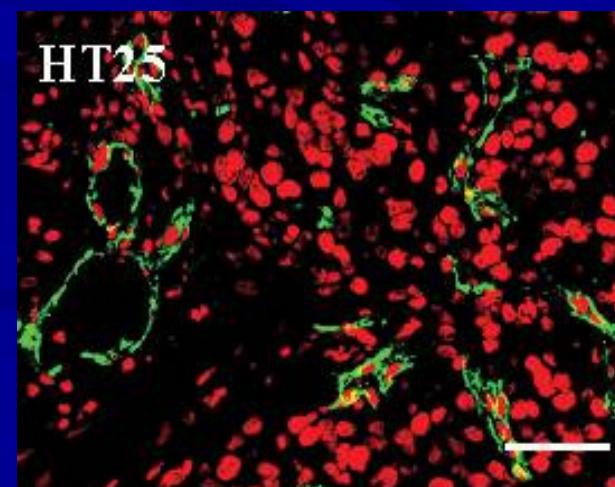
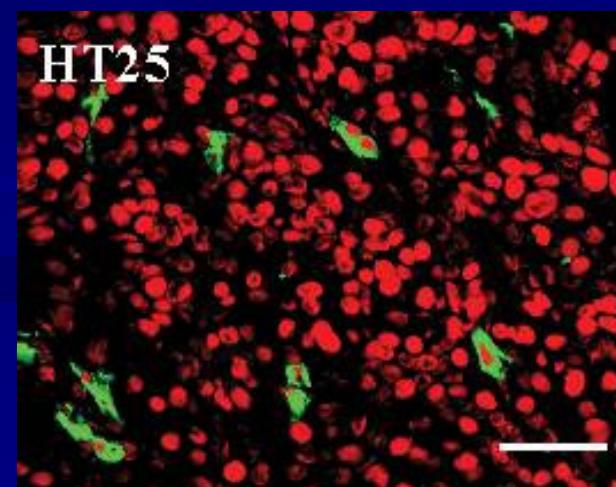


rHuEPO

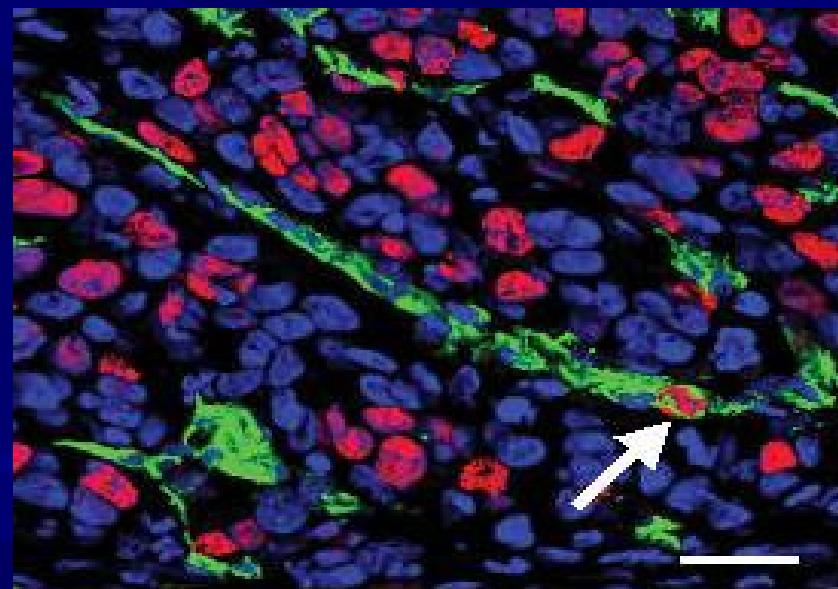


CD31

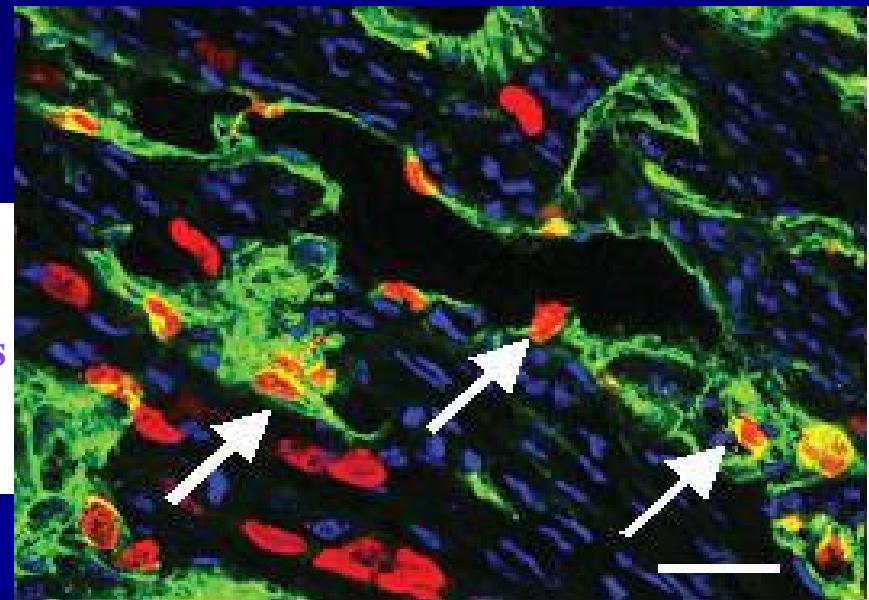
PI



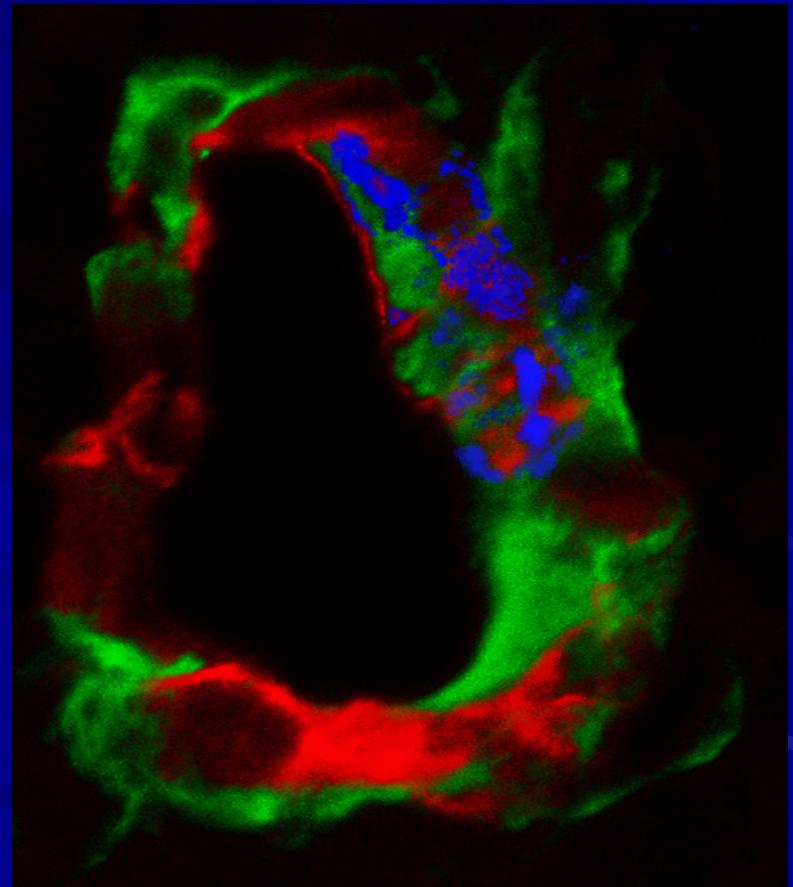
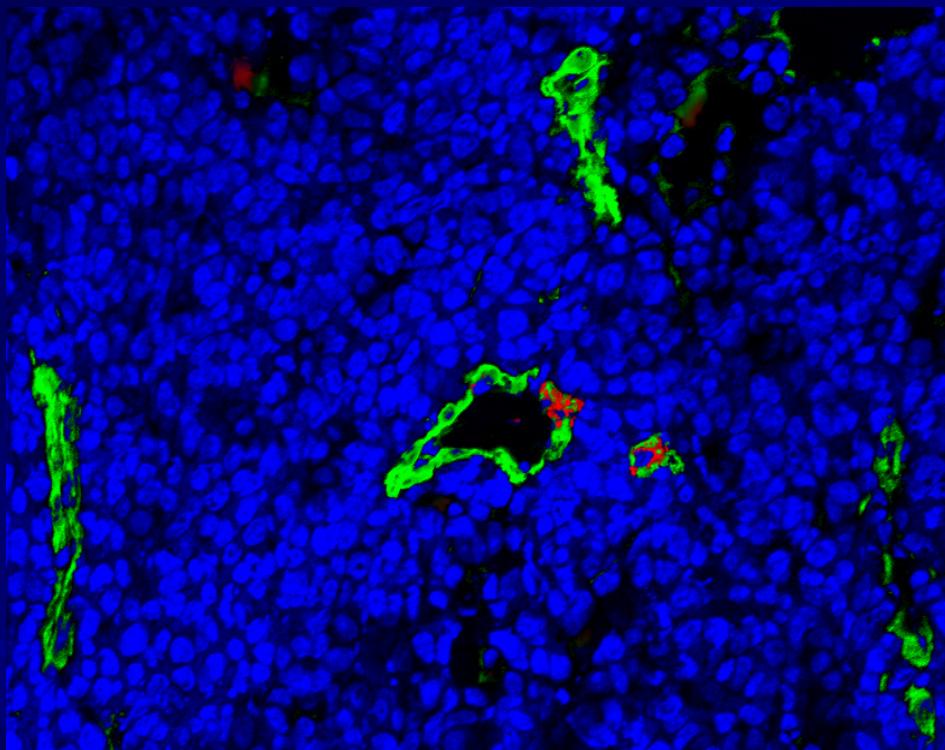
Effects of rHuEPO on tumor and endothelial cell proliferation *in vivo*



CD31
Nucleus
BrdU

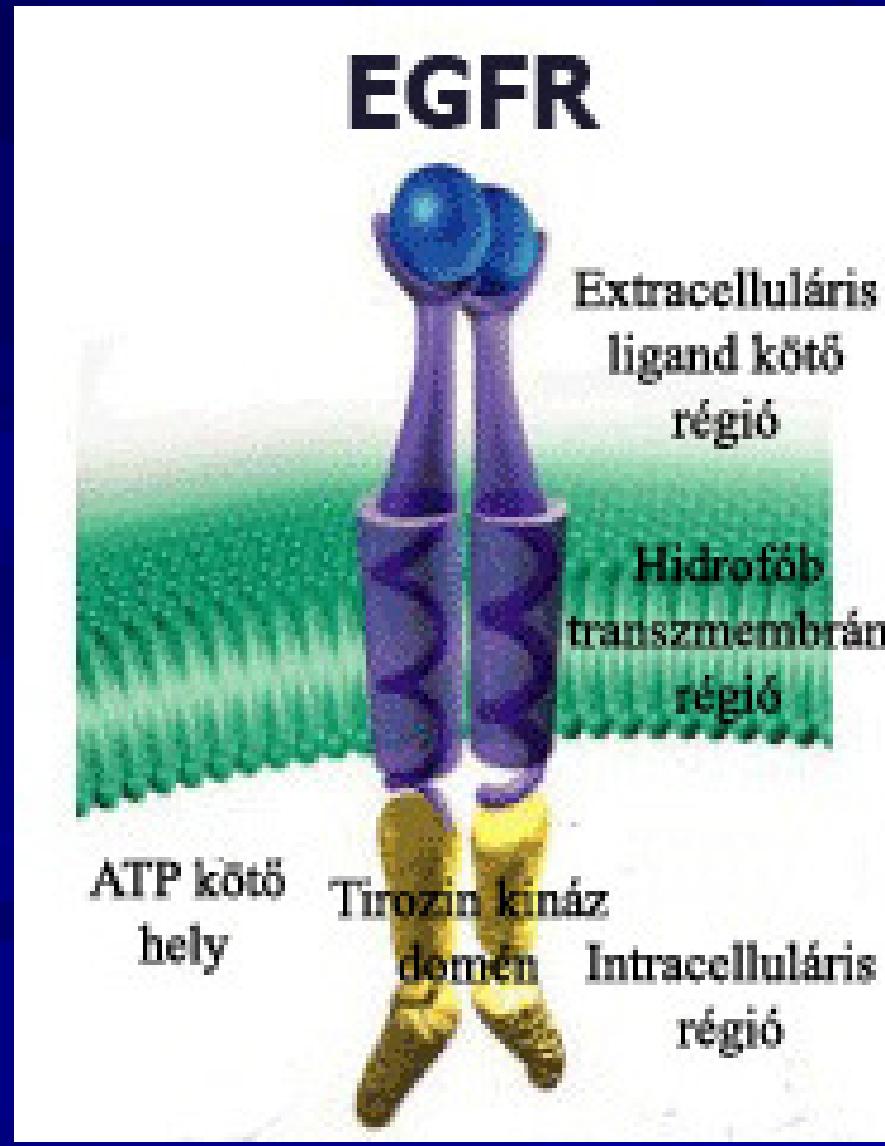


Endotheliális precursor cells in NSCLC (confocal microscopy)

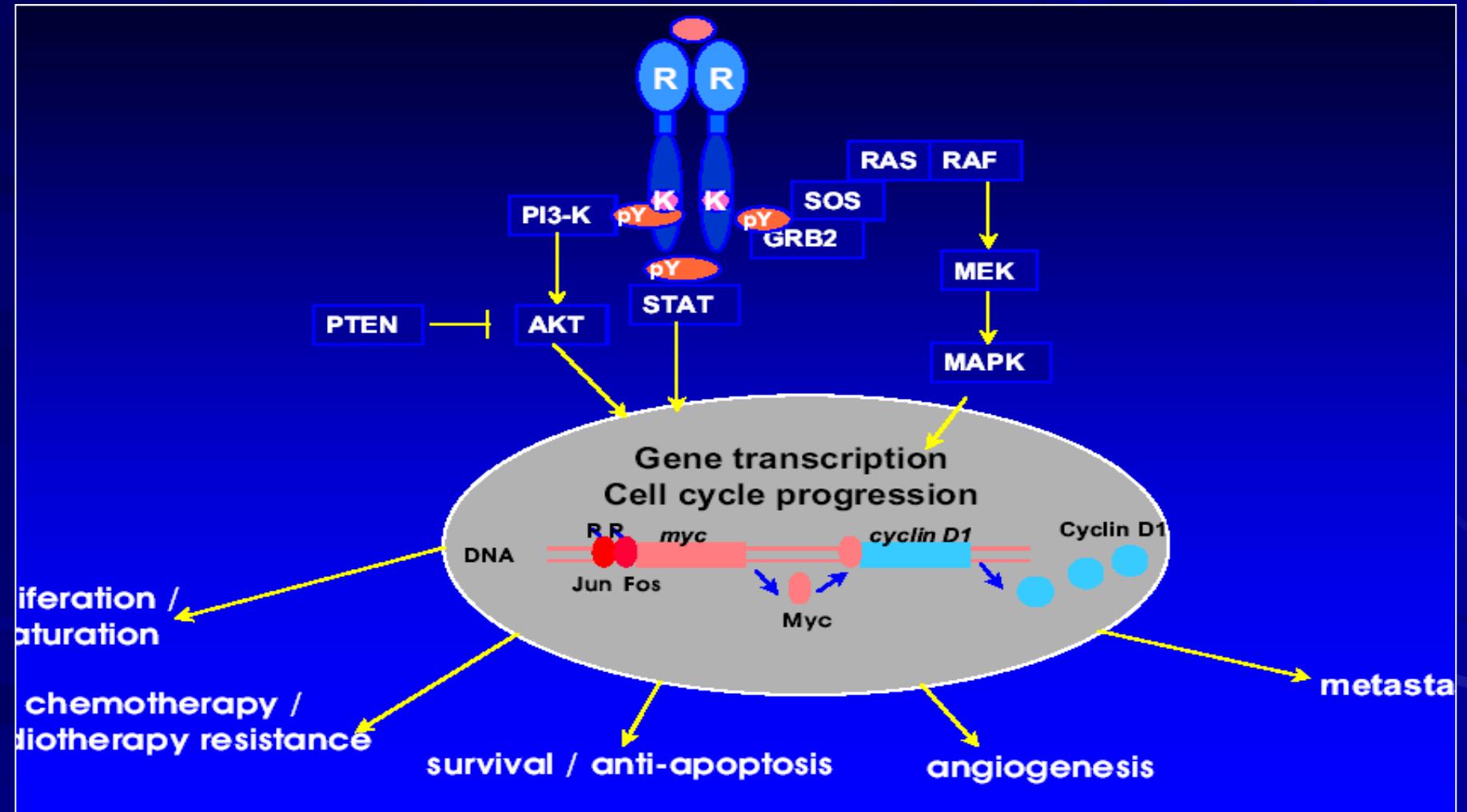


CD133, sejtmag, CD31

Target-specific therapy (EGFR)



EGFR signaling



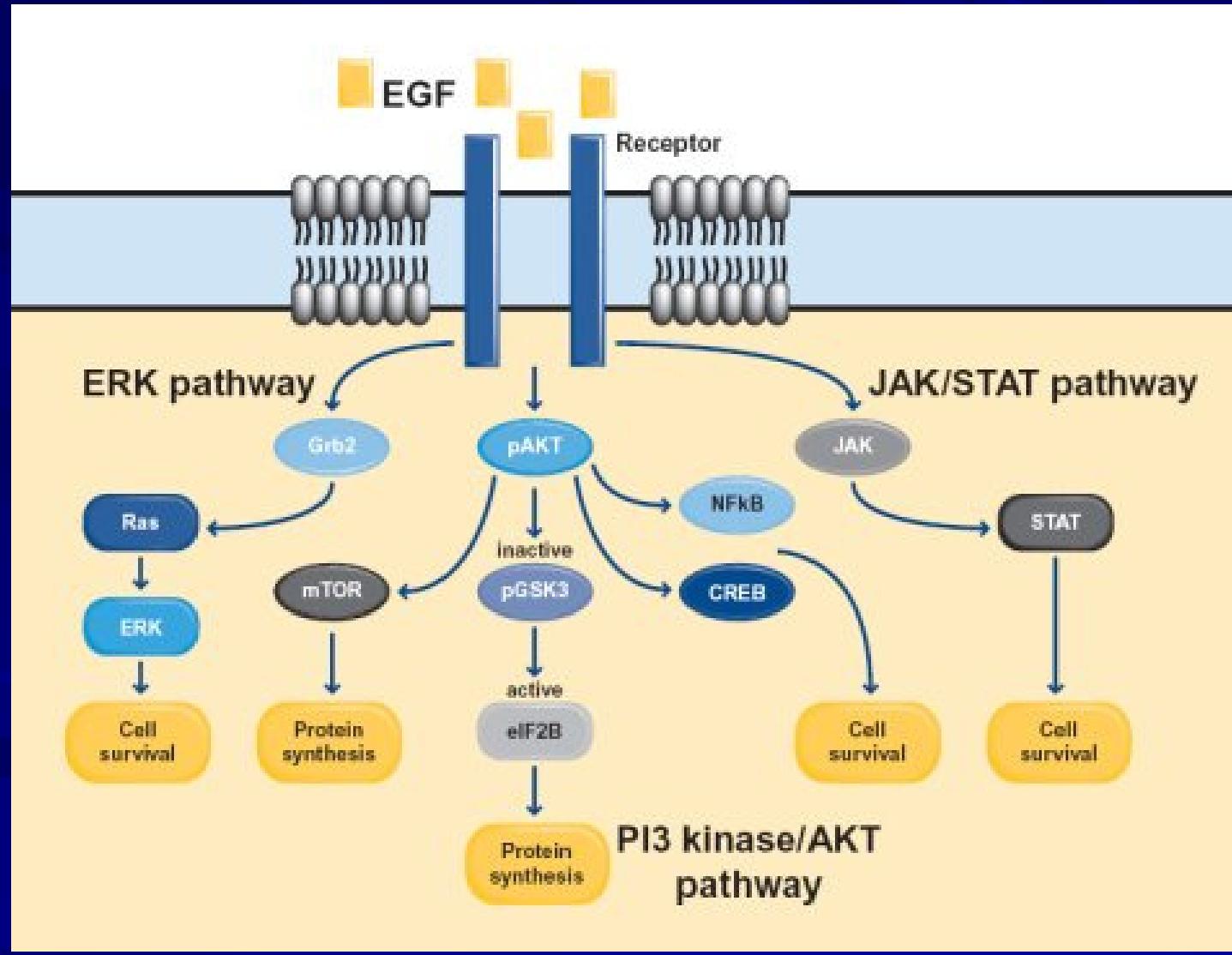
Anti-EGFR therapies

- Monoclonal antibodies:
 - CETUXIMAB (Erbitux - *Merck*)
HNSCC combined with radiotherapy
- Tirozin- kinase inhibitors:
 - ERLOTINIB (Tarceva – *Roche*)
NSCLC, pancreatic tumors
 - GEFITINIB (Iressa – *Astra Zeneca*):

Alterations of EGFR in tumors

- Overexpression
- Gene amplification
(~ 13% *Freier és mtsai, Cancer Res. 2006*)
- TK domain mutations: exon 19, 21
- Extracellular deletion– vIII variant
(~ 42% - *Sok JC és mtsai, Clin. Cancer Res. 2006*)
- + RAS mutations → anti-EGFR therapy ineffective

Role of RAS in EGFR signaling



Development of Anti-EGFR small TK-inhibitors

Isolated enzyme (TK activity IC50): 33nM

Cell culture (proliferation inhibit. IC50): 1-2uM

In vivo usage: 2 mg/kg

Challenges in the drug development

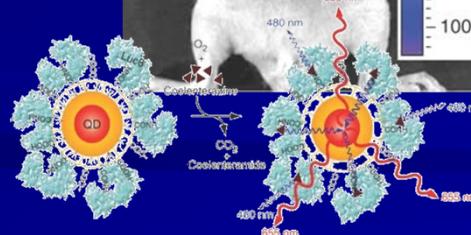
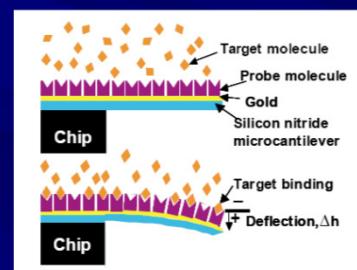
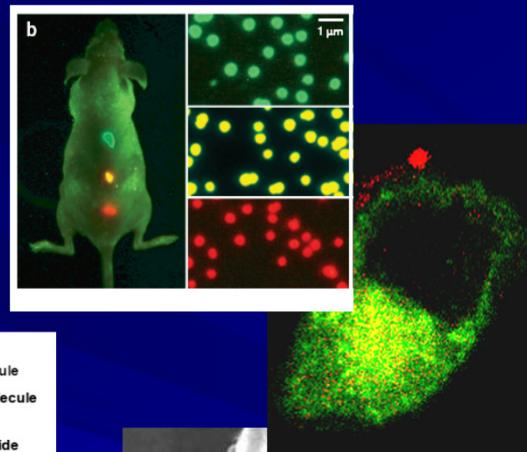
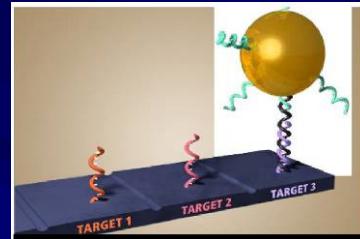
- Protection against biological degradation
- Delivery
- Side effects
- Cost benefit analysis

Drug administrations

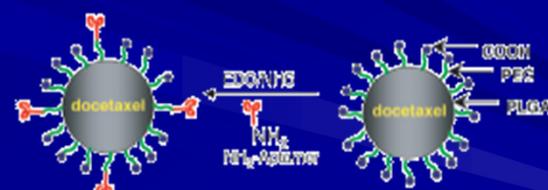
- Oral Delivery
- Inhalation
- Transdermal
- Implantation
- Injection



Nanotechnology in Oncology



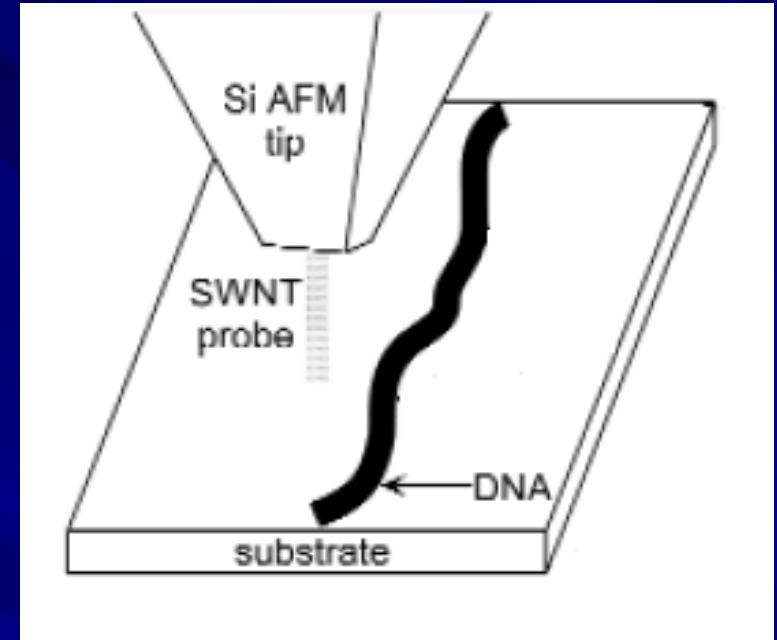
Early detection



Therapy

Early Cancer Detection

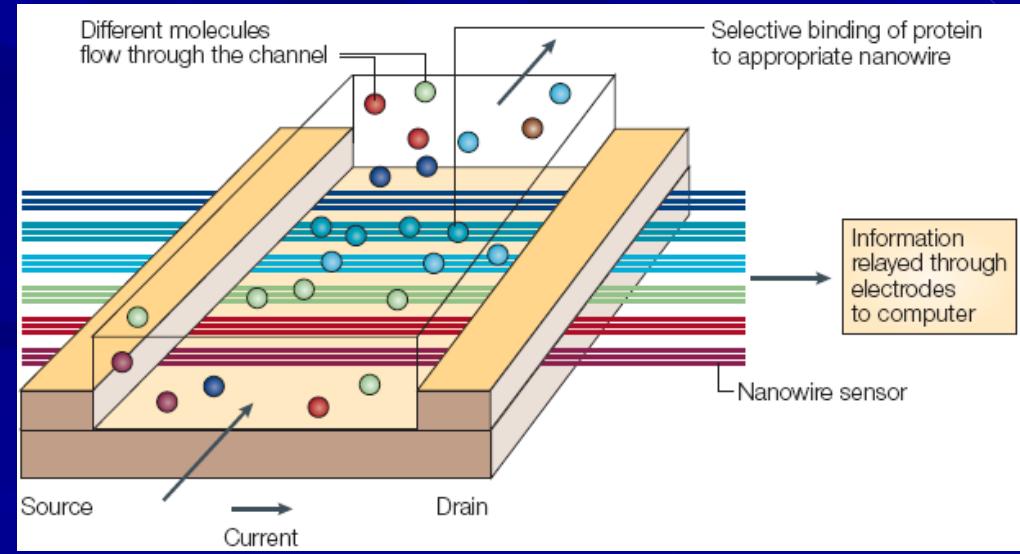
- AFM microscopy



- Nanowires

Conduction

cc: 10×10^{-15}

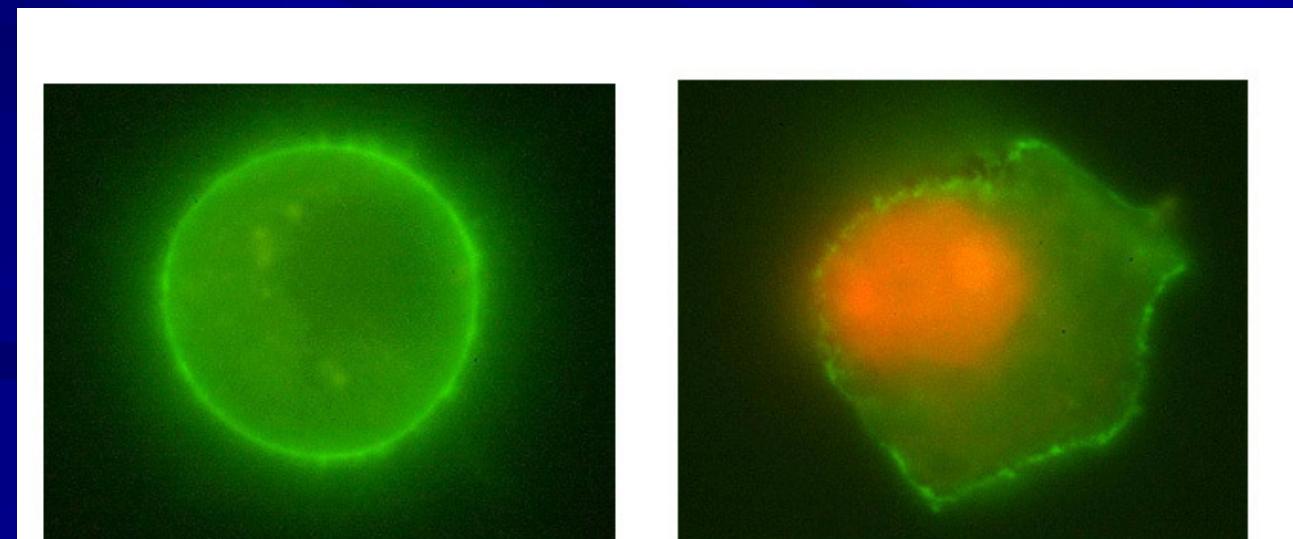


Molecular Cancer Imaging (QDs)

➤ Tumor Targeting and Imaging

Size: (2 nm-7 nm)

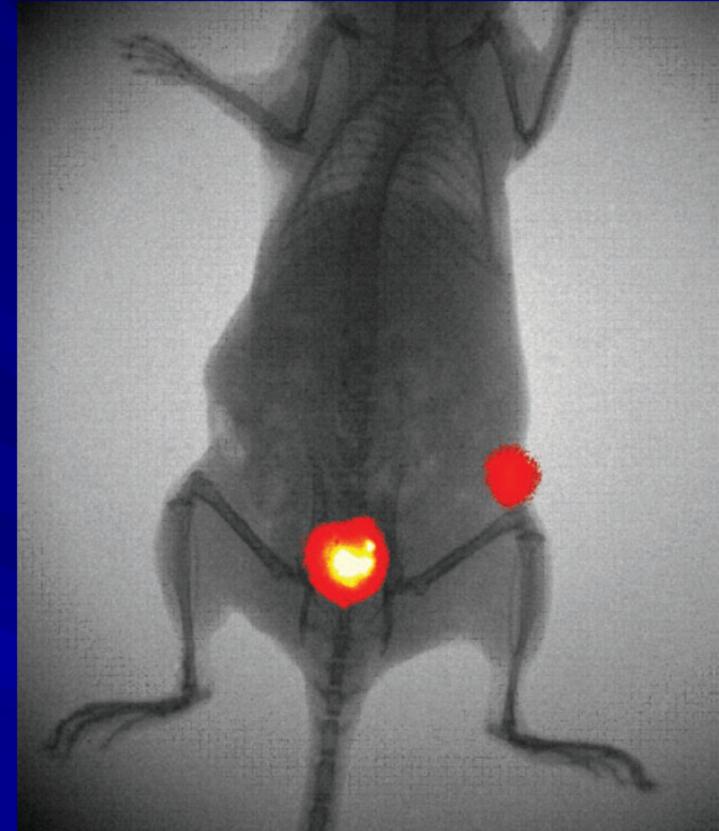
Color is size dependent

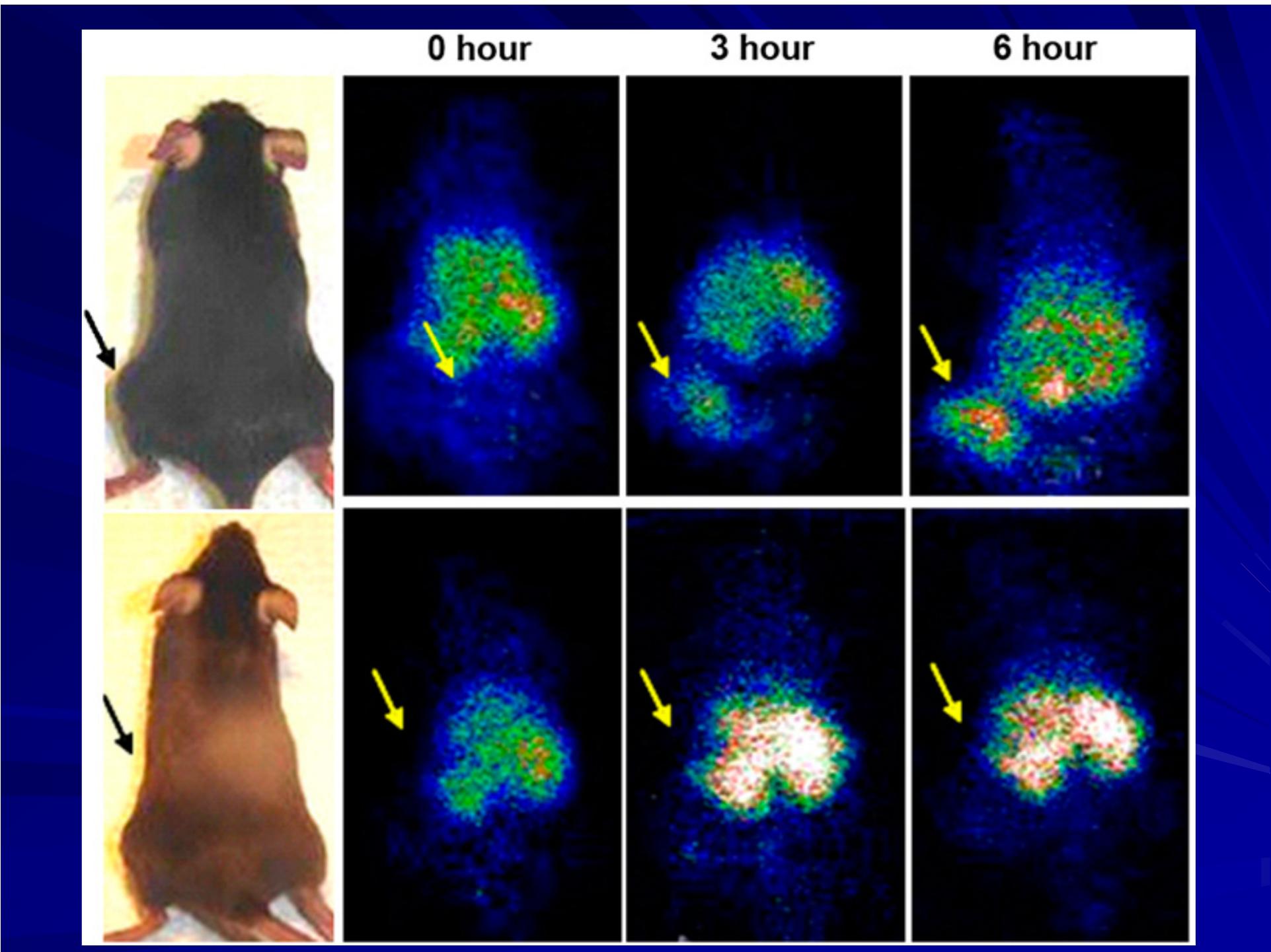


➤X-ray + Optical Imaging

Small tumors

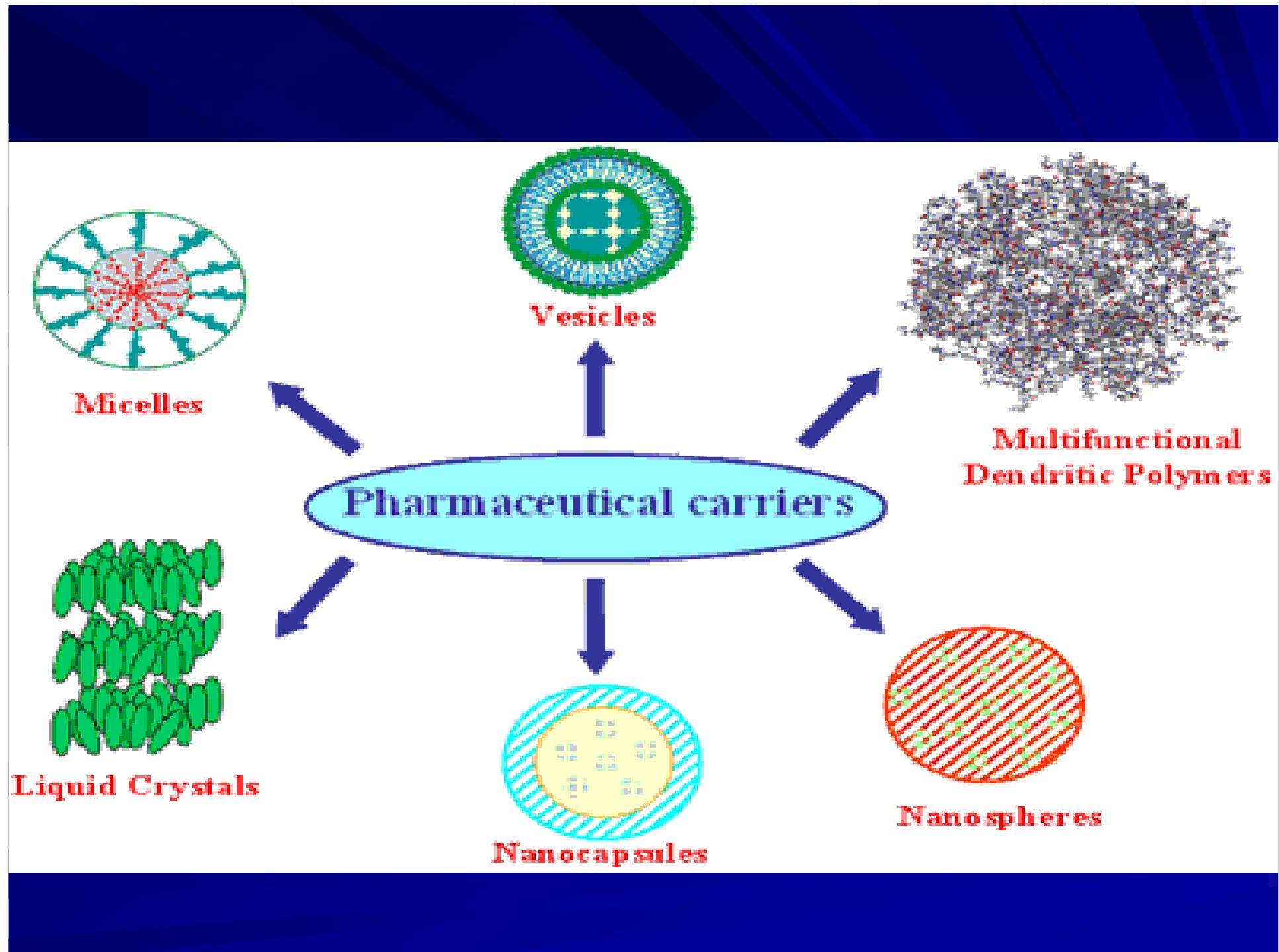
Lokalization



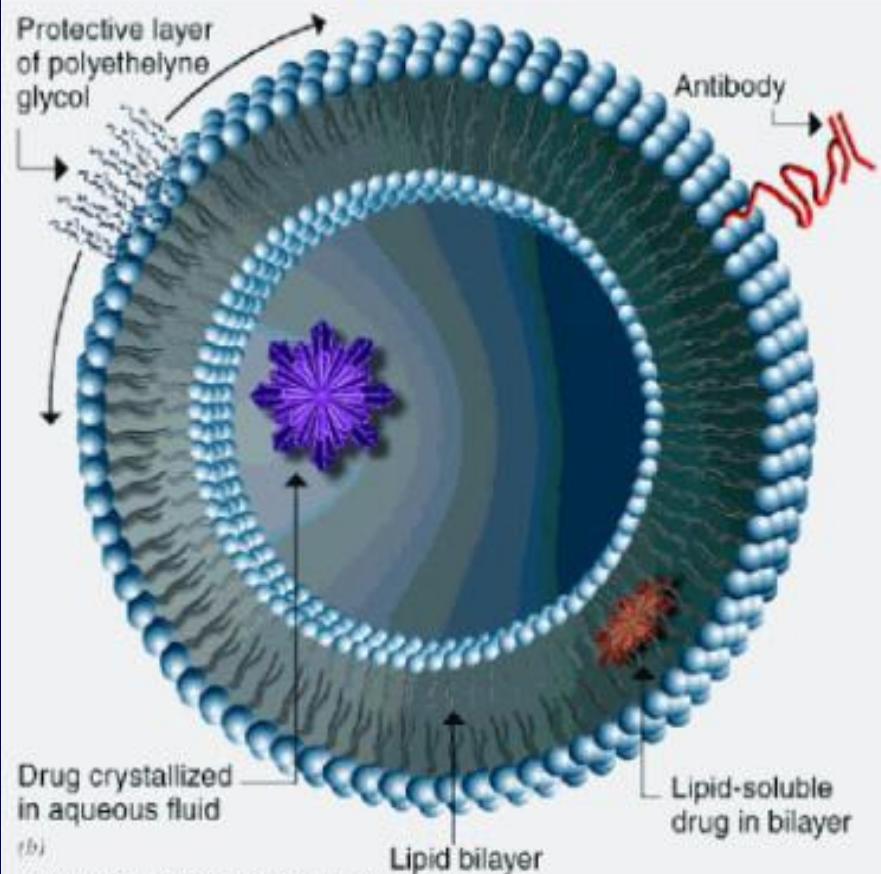


Nanoparticles for drug delivery

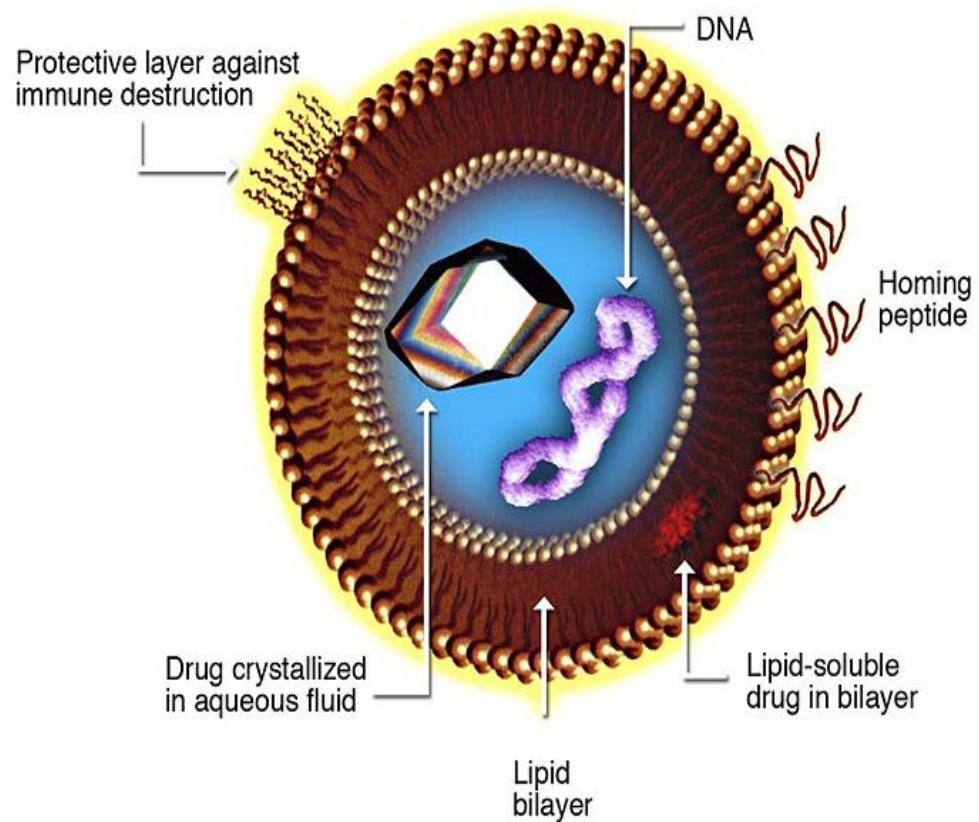
- Metal-based nanoparticles
- Lipid-based nanoparticles
- Polymer-based nanoparticles
- Biological nanoparticles



Liposomes

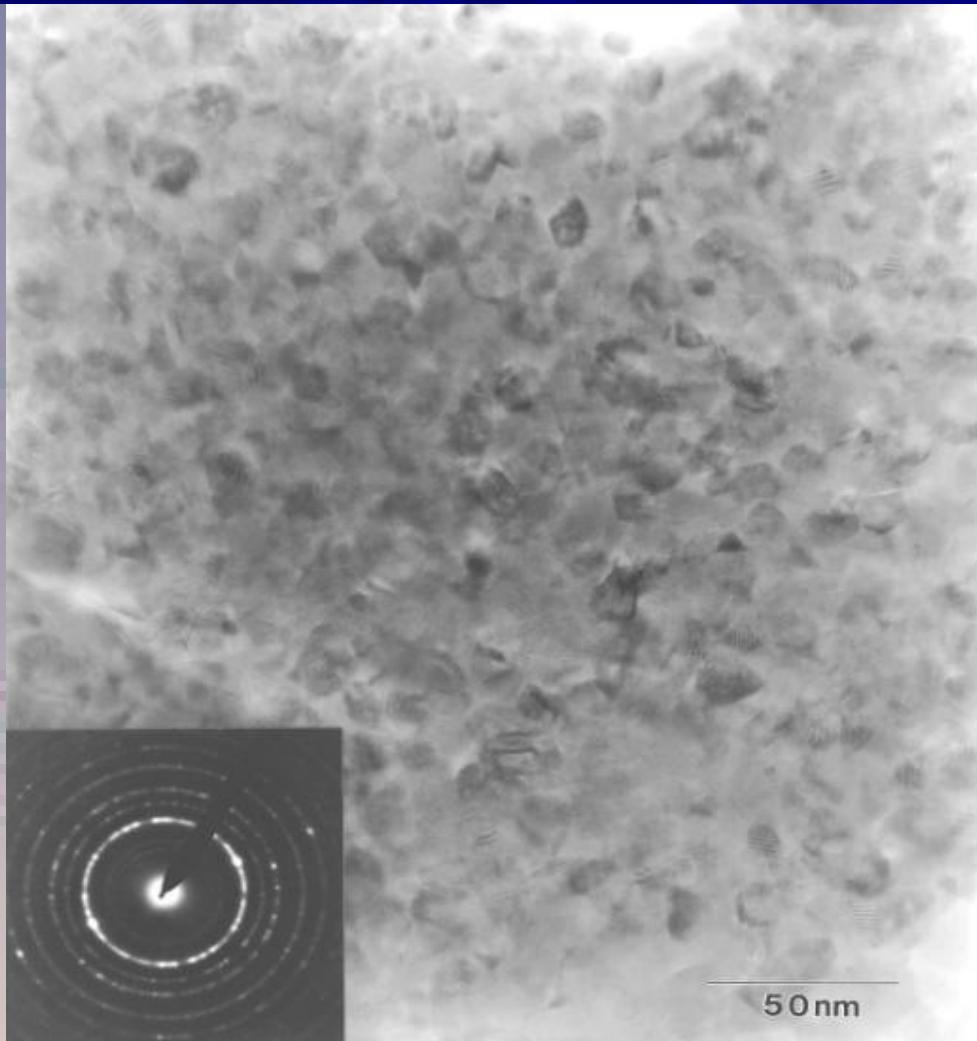


Liposome for Drug Delivery

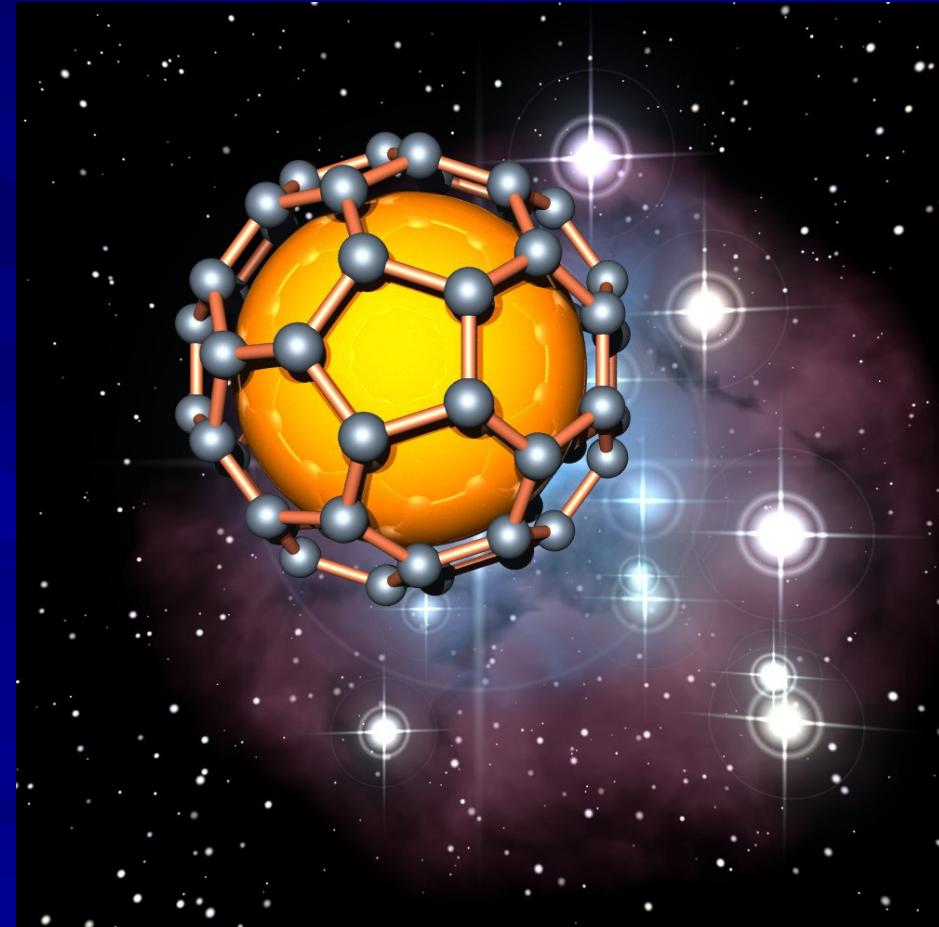
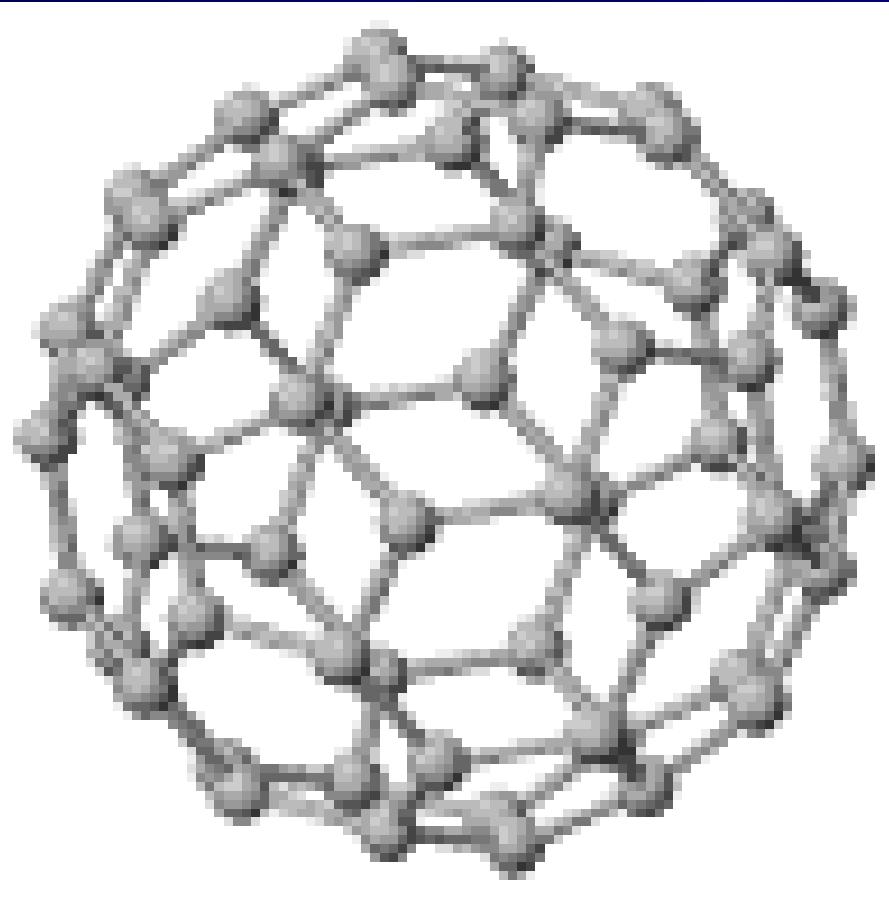


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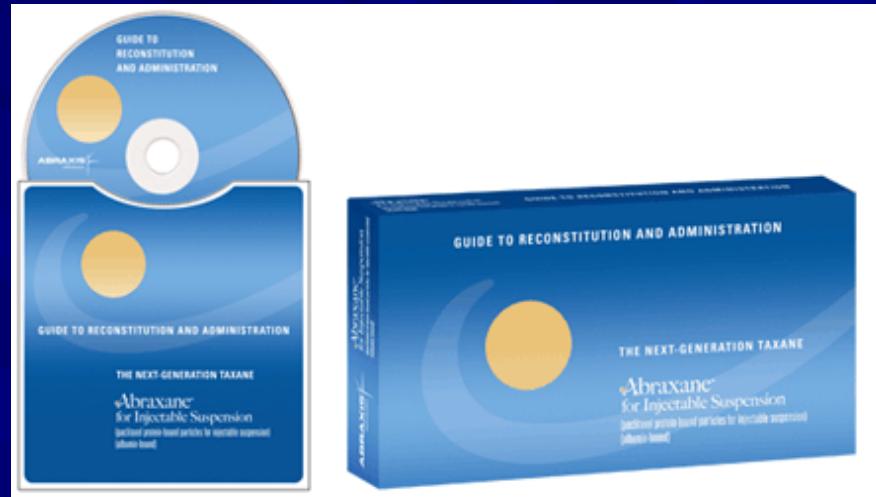
„Nanopowders”



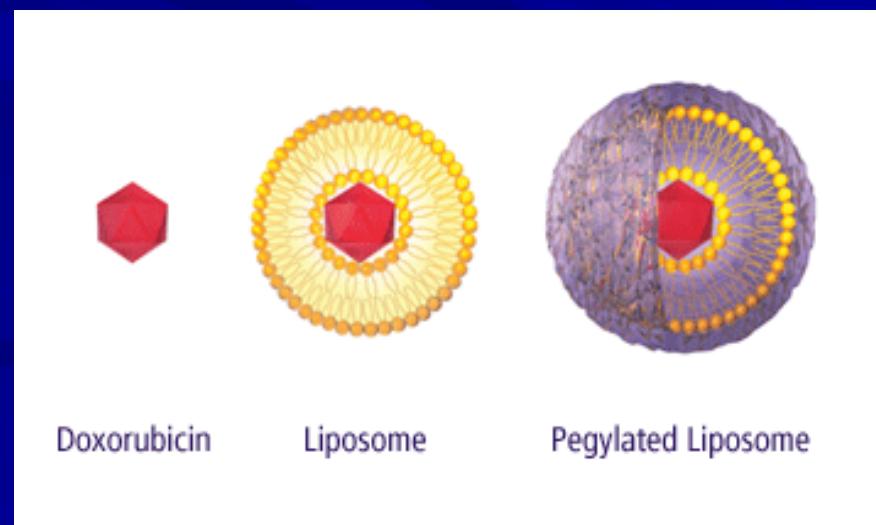
Carbon 60



- Two FDA approved nano drugs:
 1. Abraxane®: albumin-bound paclitaxel (130 nm). FDA: 2005 January.
 2. Doxil®: Liposome covered doxorubicin (100 nm). FDA: 2005 February.



http://www.abraxane.com/images_charts/vhs_tape_box.gif



<http://www.doxil.com/images/clientChart.gif>



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