

CANCER CHEMOTHERAPY

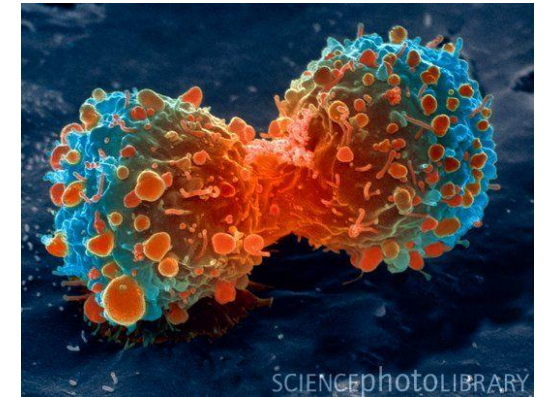
OVERVIEW OF ANTICANCER DRUGS

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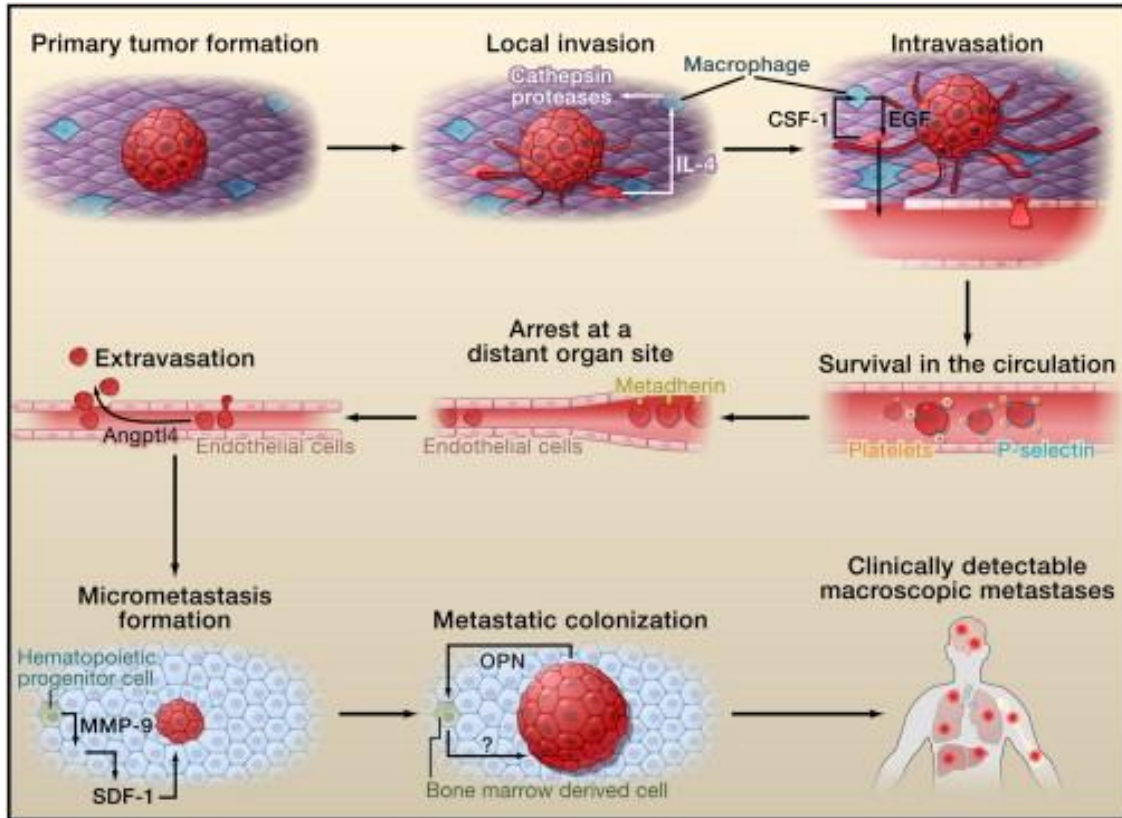
Tumor Cells

Characterized by:

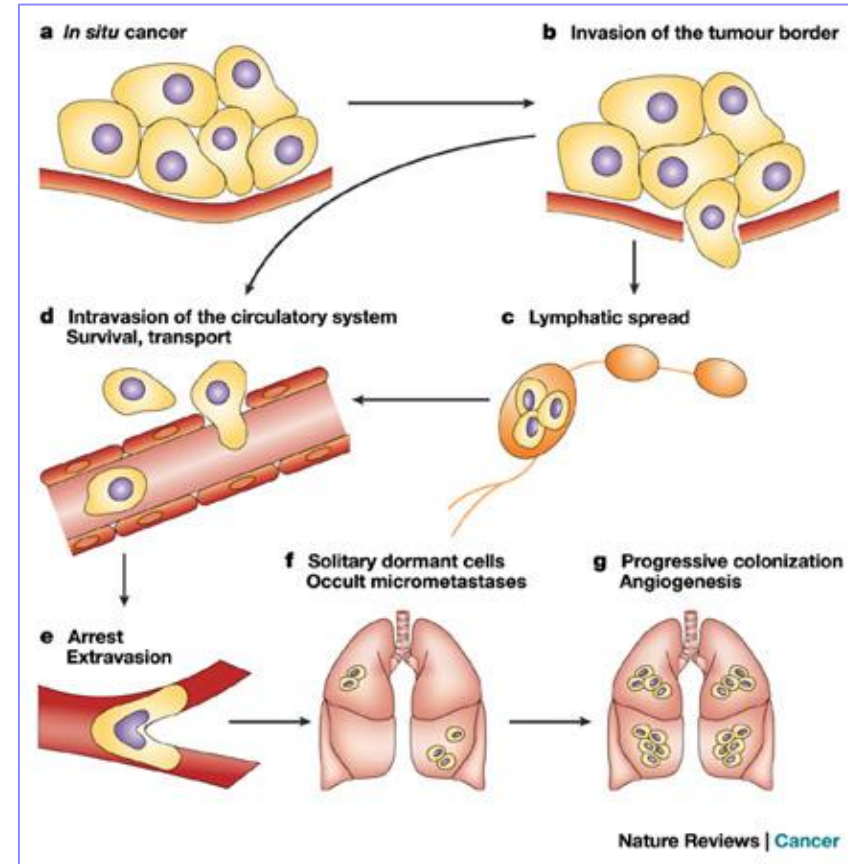
- Persistent, uncontrolled cell proliferation
- Loss of function
- Invasive growth
- Metastases
 - tumor may shed cells into the circulation
 - most circulating tumor cells die
 - part adhere to endothelium, penetrate into surrounding tissues, generating independent tumors (metastases)



Process of Metastasis



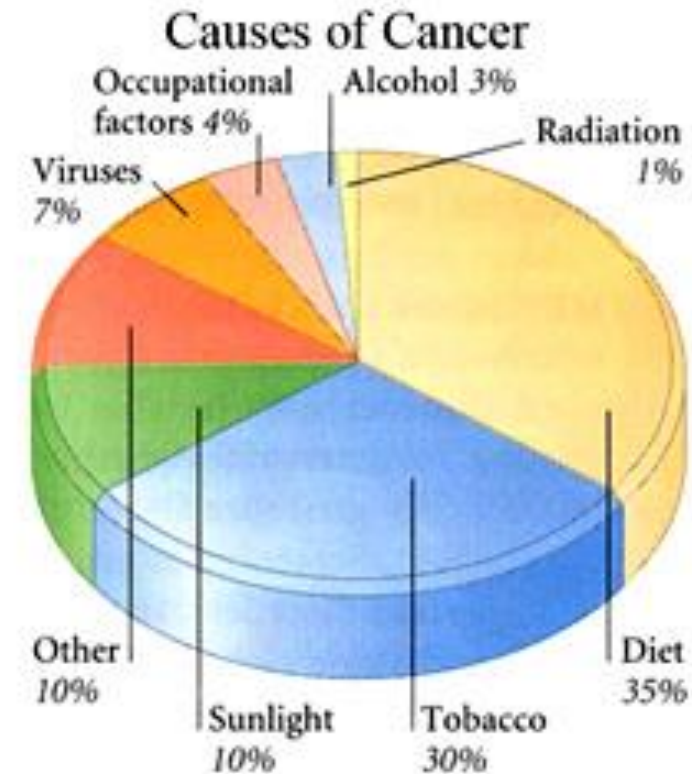
Valastyan S., Weinberg RA.: Tumor Metastasis: Molecular Insights and Evolving Paradigms. Cell 2011,147(2):275–292



Steeg PS.: Metastasis suppressors alter the signal transduction of cancer cells. Nature Reviews Cancer 2003,3:55-63

Etiology of Cancer

- Genetics
- Viruses
- Occupational and environmental carcinogens
- Radiation



<http://forum.facmedicine.com/oncology/6933-understanding-cancer-series-part-24-what-causes-cancer.html>

Treatment Approaches

– Surgery, radiotherapy, chemotherapy

– Good response to chemotherapy

- Retinoblastoma
- Osteosarcoma
- Testicular cancer
- Hodgkin's Disease
- Childhood leukemia
- Some lymphomas
- Some early breast cancers

– Bad response to chemotherapy

- Colon
- Lung
- Late stage breast cancer
- Pancreatic cancer

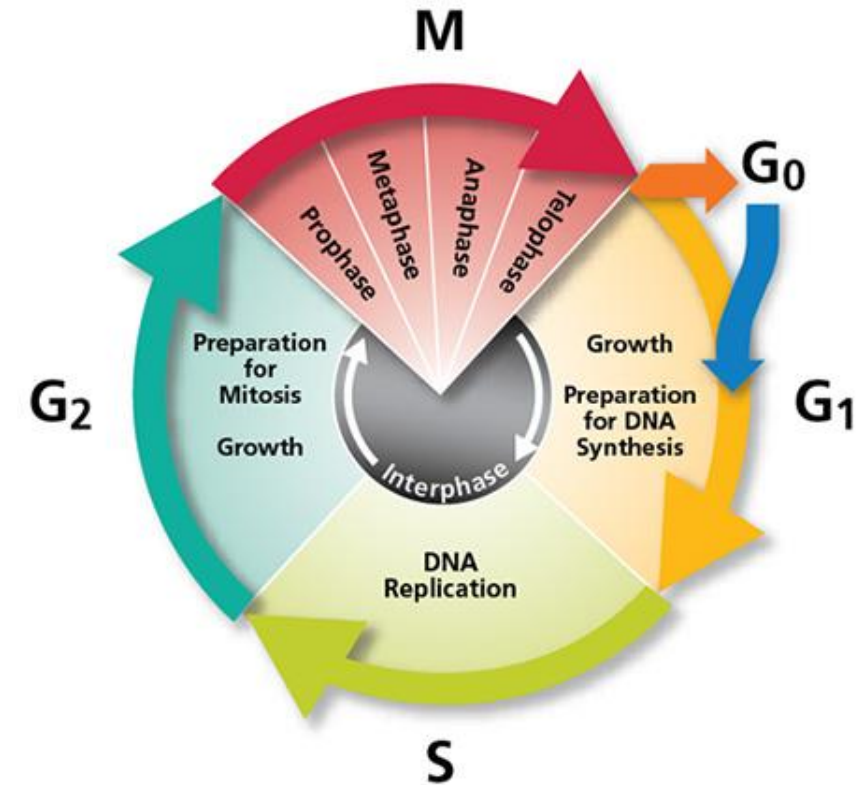
Cell Cycle

Cell Cycle Non-specific (CCNS) Agents

- for large slowly growing tumors (alkylating agents, ATBs, etc.)

Cell Cycle Specific (CCS) Agents

- for rapidly growing tumors (M-phase: taxanes, Vinca alkaloids, S-phase: antiMTBs)

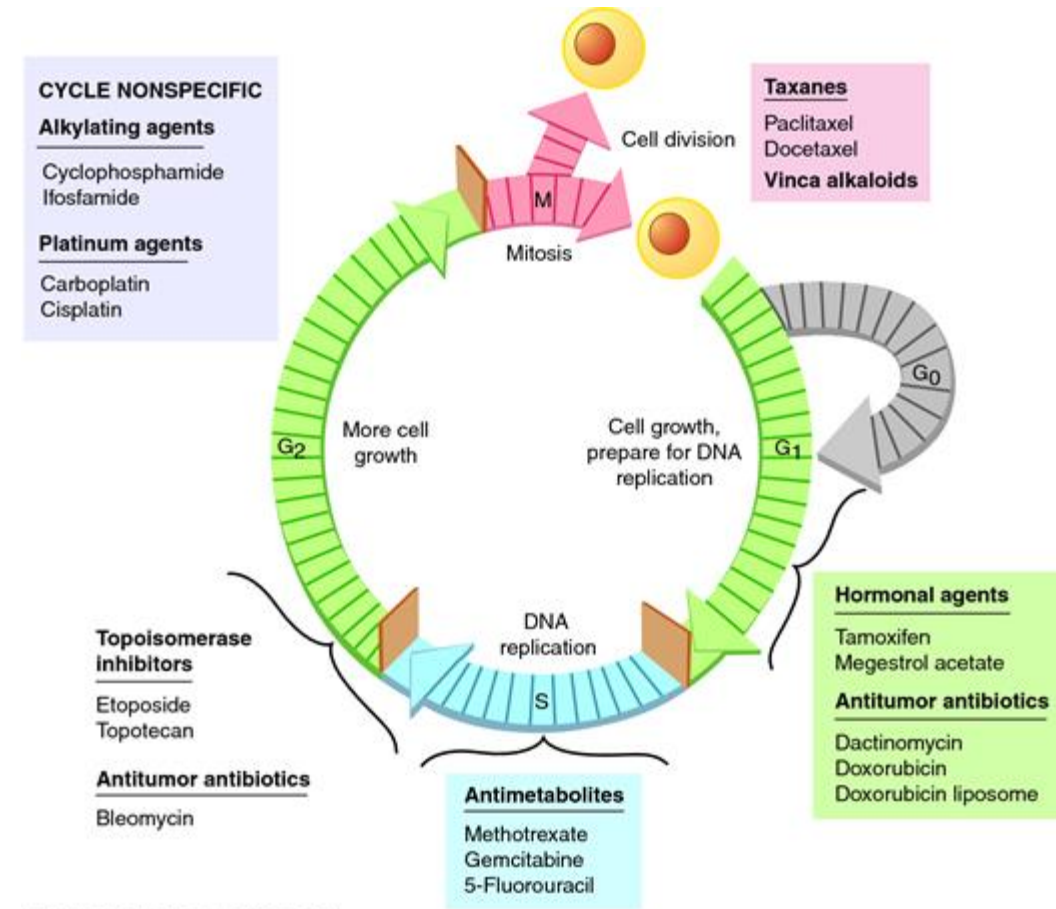
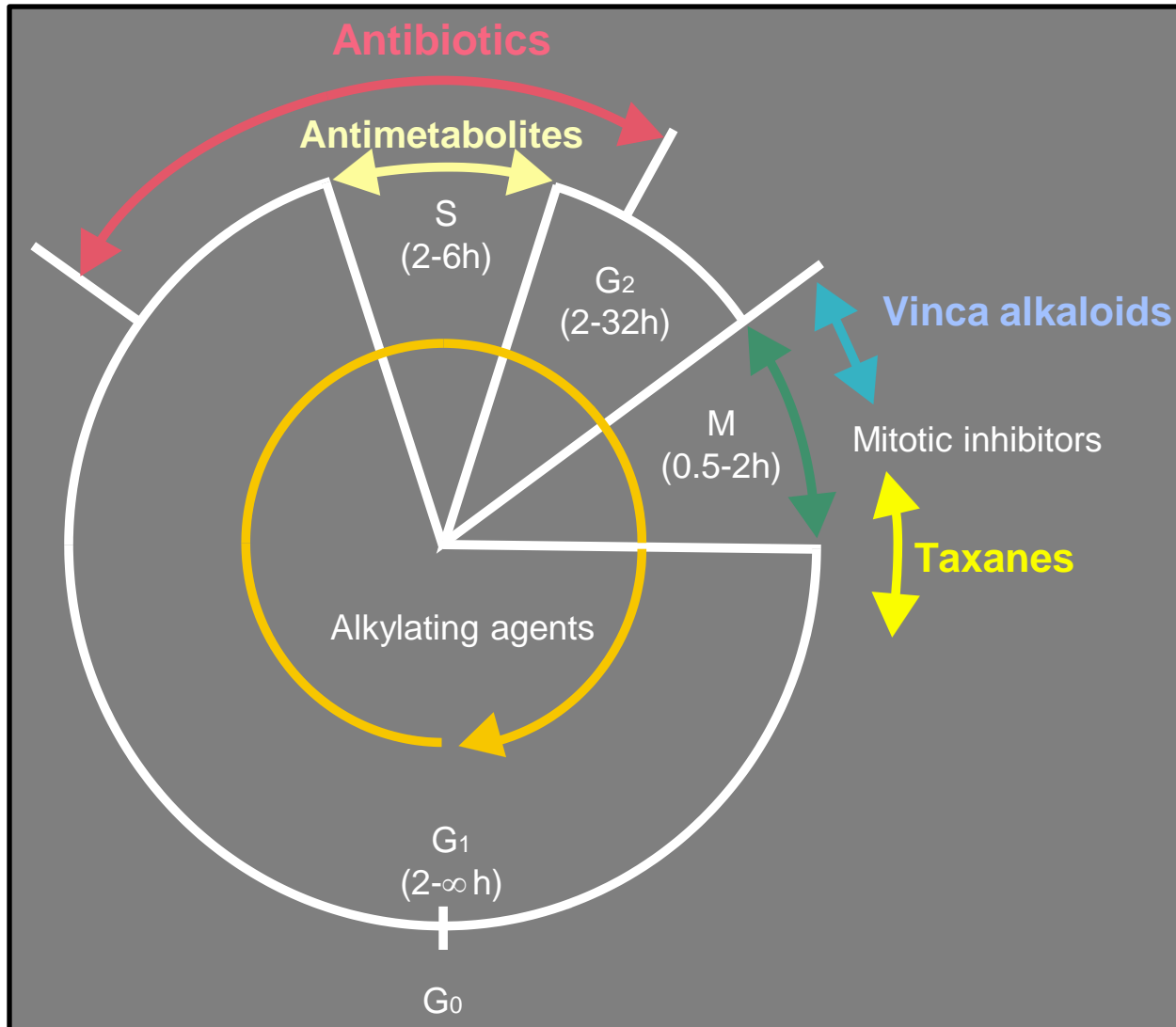


<http://www.bdbiosciences.com/research/apoptosis/analysis/index.jsp>

Cell Cycle Specific (CCS) Agents

Cell phase	Description of phase	Chemo drugs effective
G0	Cancer cell resting phase	Refractory to chemotherapy
G1	Interphase Protein and RNA synthesis	L-asparaginase
S	DNA synthesis	Procarbazine Antimetabolites Hydroxyurea Camptothecins
G2	DNA synthesis ceases Protein and RNA synthesis continues Mitotic spindle production	Bleomycin Vinca alkaloids Taxanes
M	Mitosis genetic material segregated into daughter cells	Vinca alkaloids Taxanes

Actions of Cytotoxic Agents within the Cell Cycle



Source: Barbara L. Hoffman, John G. Schorge, Karen G. Bradford, Lisa M. Hakanson, Joseph G. Schaffer, Marlene M. Corbin. *Williams' Oncology*, 3rd Edition. www.accessmedicine.com
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Anticancer Drugs

1) Cytotoxic Drugs

- Alkylating agents
- AntiMTBs
- Antitumor ATBs
- Plant alkaloids (Taxanes, Vinca alkaloids)
- Miscellaneous cytotoxic Dgs

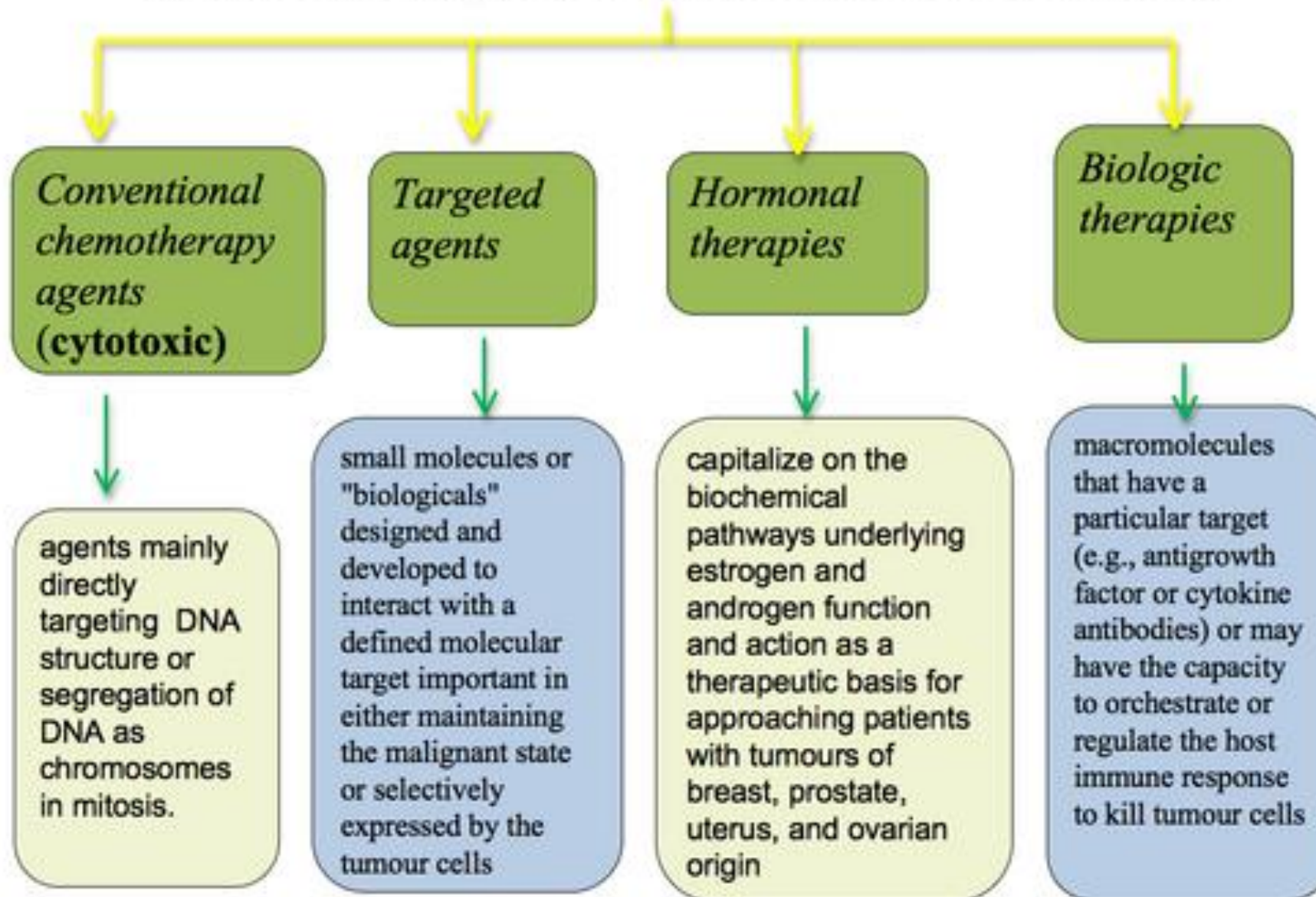
2) Hormones & Hormone Antagonists

Target specific Rps → only specific cell types → Best-tolerated chemotherapeutics (e.g. tamoxifen)

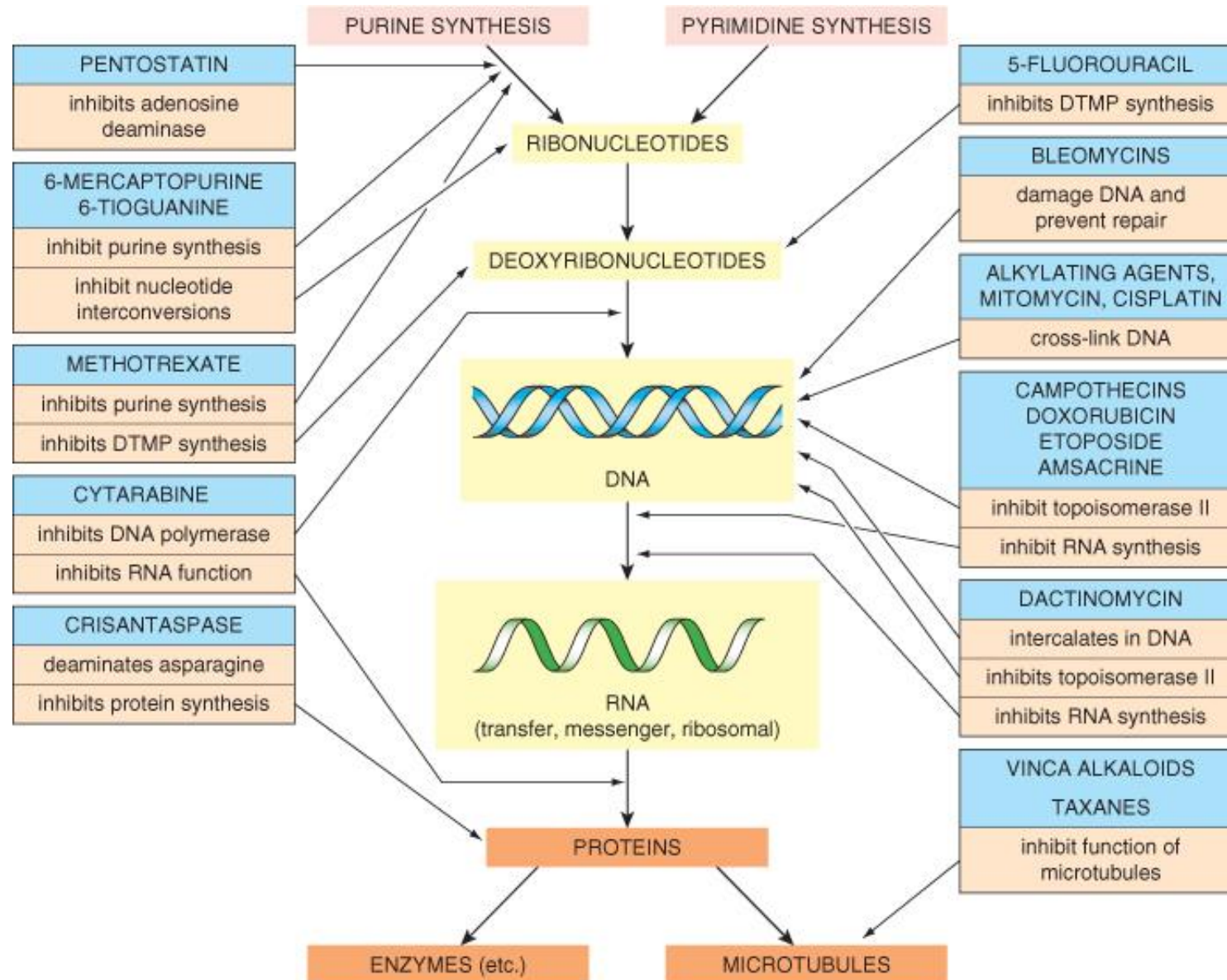
3) Immunomodulators

- Immunostimulants, incl. INFs & ILs
- Immunosuppressant

Types of drugs used in cancer treatment



Targets of Cytotoxic Drugs



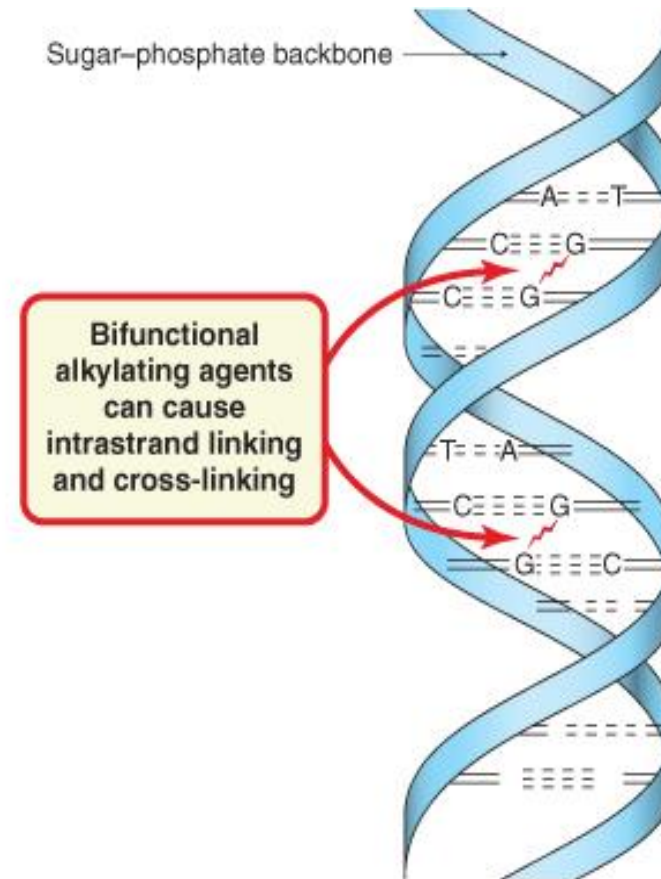
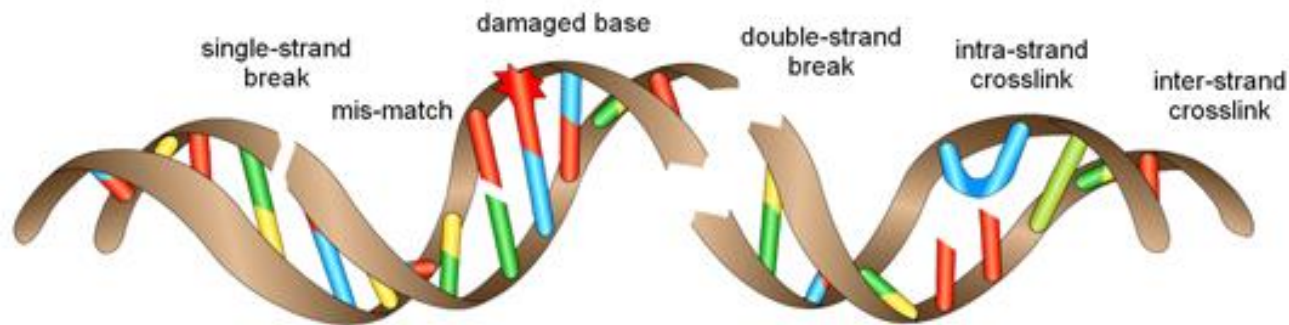
Classification of Cytotoxic Agents

ALKYLATING AGENTS	ANTI-METABOLITES	MITOTIC INHIBITORS	ANTIBIOTICS	OTHERS
BUSULFAN	METHOTREXATE	ETOPOSIDE	BLEOMYCIN	L-ASPARAGINASE
CARMUSTINE	CYTARABINE	TENIPOSIDE	DACTINOMYCIN	HYDROXYUREA
CHLORAMBUCIL	FLOXURIDINE	VINBLASTINE	DAUNORUBICIN	PROCARBAZINE
CISPLATIN	FLUOROURACIL	VINCRISTINE	DOXORUBICIN	
CYCLOPHOSPHAMIDE	MERCAPTOPYRINE	VINDESINE	MITOMYCIN-C	
IFOSFAMIDE	PEMETREXED	TAXOIDS	MITOXANTRONE	
MELPHALAN	GEMCITABINE	TAXANES	PLICAMYCIN	
		ANTHRACYCLINES		
		EPOTHILONES		

Alkylating Agents

– MoA:

Interact with DNA causing substitution reactions, cross-linking reactions or strand breaks



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Alkylating Agents

– Nitrogen mustards

Mechlorethamine, cyclophosphamid, melphalan, chlorambucil

←
Hodgkin's, Non-Hodgkin's lymphoma, Solid tumors of head, neck, ovaries, breast

– Nitrosoureas

Carmustine, lomustine, semustine

←
Primary and metastasis tumors of the brain. Hodgkin's, Non-Hodgkin's lymphoma, Adenocarcinoma of stomach, colon, and rectal cancer, Hepatocarcinoma

– Alkyl sulfonates

Busulfan

←
Chronic granulocytic leukemia

– Platinum Compounds

Cisplatin, Carboplatin, Oxaliplatin

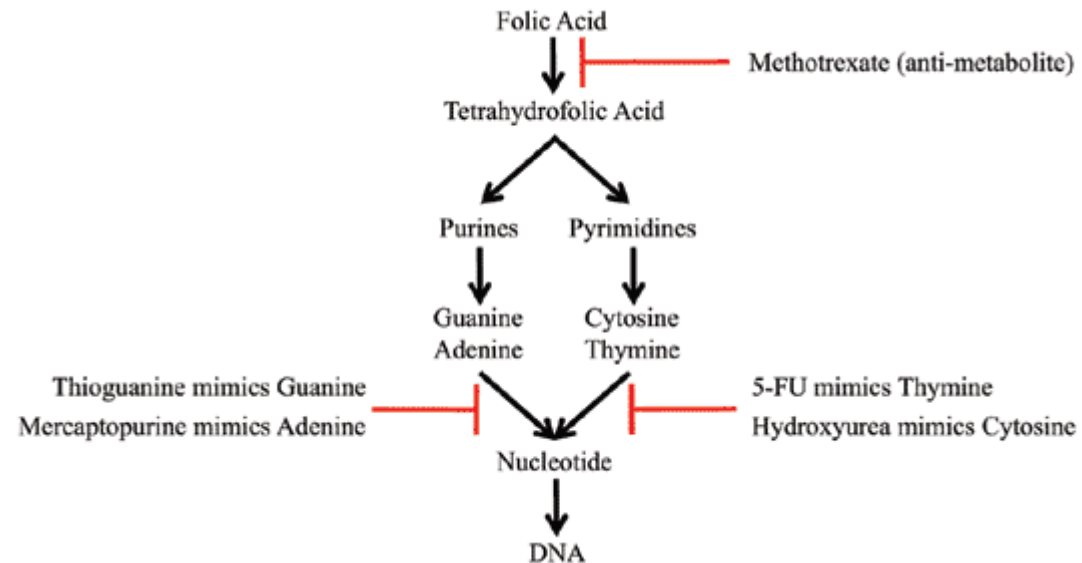
←
Testicular Ca + carcinoma of ovary, bladder, head, and neck

Antimetabolites

- Similar in structure or function to naturally occurring MTBs involved in NA synthesis
- Either inhibit enzymes involved in nucleic acid synthesis or produce incorrect codes

- Classes:

- 1) Folic acid analogues
- 2) Purine analogues
- 3) Pyrimidine analogues



Methotrexate

– High-dose:

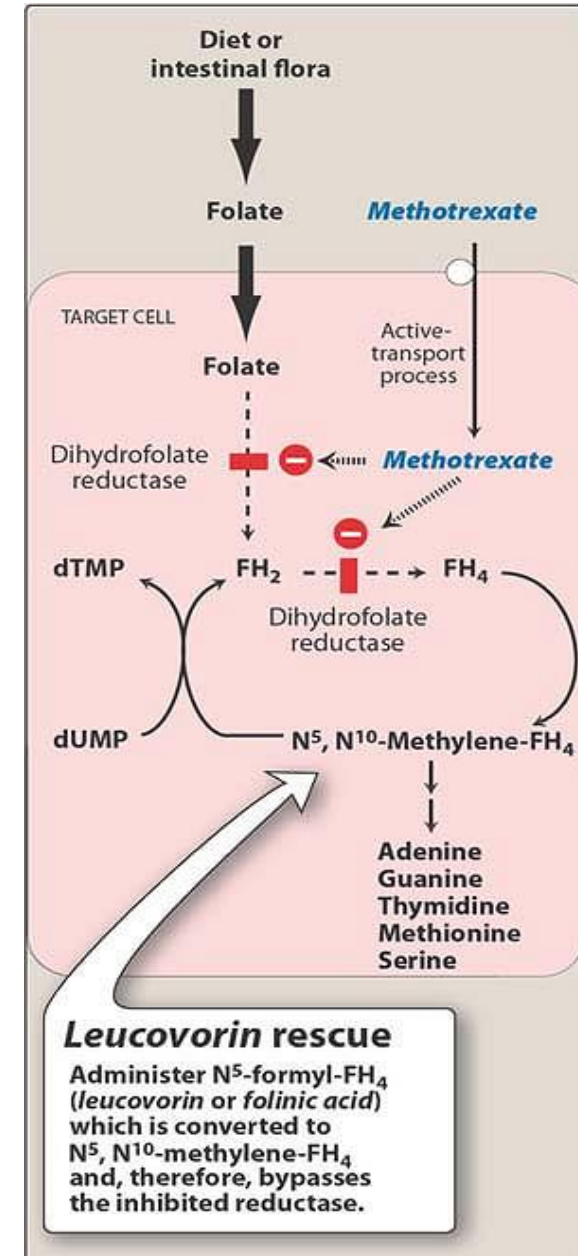
effective against acute lymphocytic leukemia, chorio-carcinoma, Burkitt's lymphoma in children, breast cancer, and head and neck carcinomas (usually in comb. with other Dgs)

– Low-dose:

effective as a single agent against inflammatory diseases (severe psoriasis, rheumatoid arthritis, Crohn's disease)

– Risk of nephrotoxicity

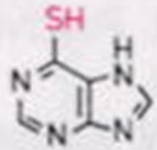
– TDM needed



Purine & Pyrimidine Analogues

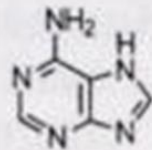
Incorporation of incorrect structural units for NA

Purine antimetabolite



6-merkaptopurin
z azathioprinu

instead of adeninu



Pyrimidine antimetabolite

5-fluorouracil

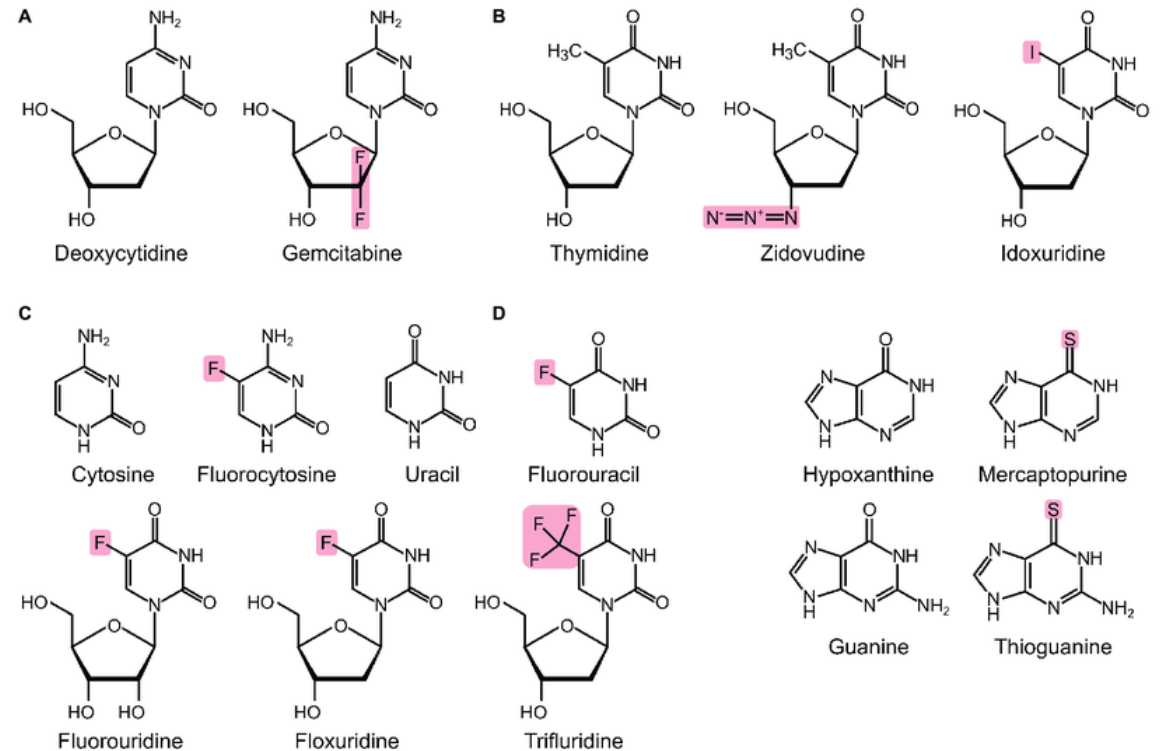
instead of uracilu

cytarabin cytosin

cytosin

arabinóza

instead of deoxyribózy



Purine Analogues

6-mercaptopurine (6-MP)

- MTBlized by TPMT to nontoxic 6-methyl-MP (polymorphism)
- Acute leukemia in childhood, chronic myelocytic leukemia
- Used also as immunosuppressive agent
- Myelosuppression

Thioguanine

- Acute leukemias and remissions in acute granulocytic leukemias

Fludarabine, pentostatin, cladribine

- Used primarily to treat hairy cell leukemia

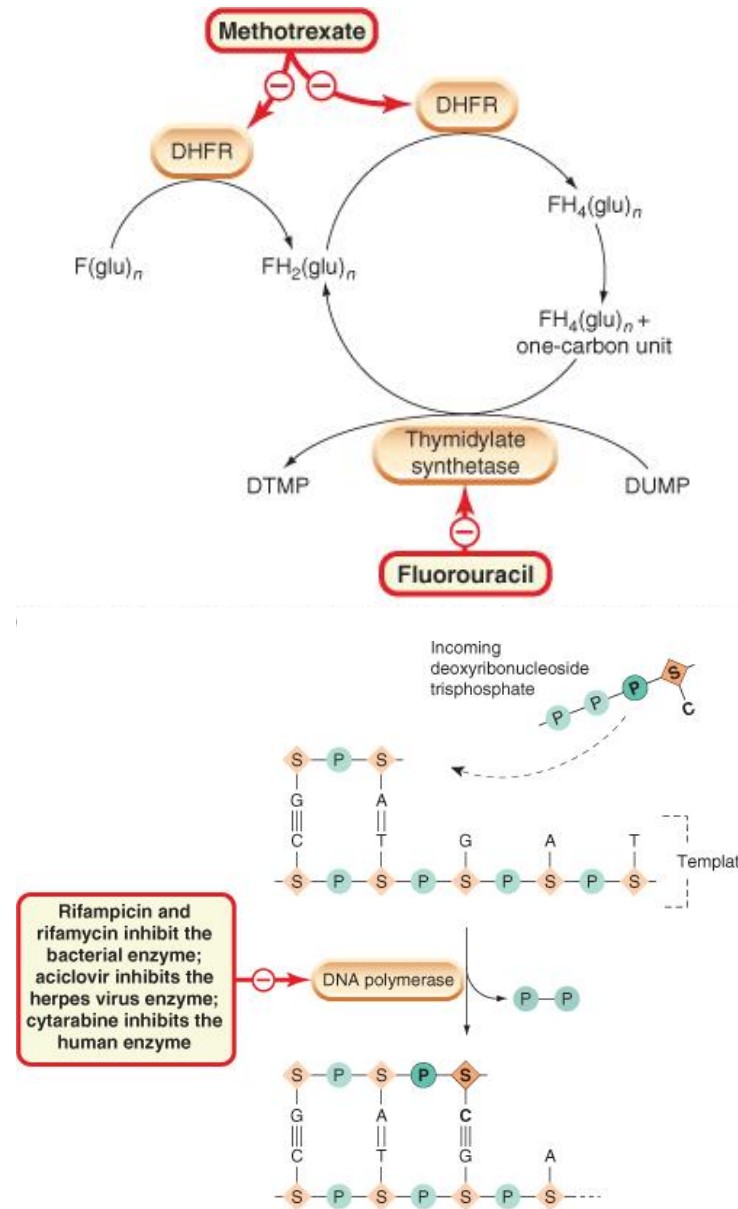
Pyrimidine Analogues

5-fluorouracil (5-FU)

- In combination with other cytostatics to treat cancers of the breast, stomach, colon, rectum, and pancreas
- GIT adverse eff., myelosuppression

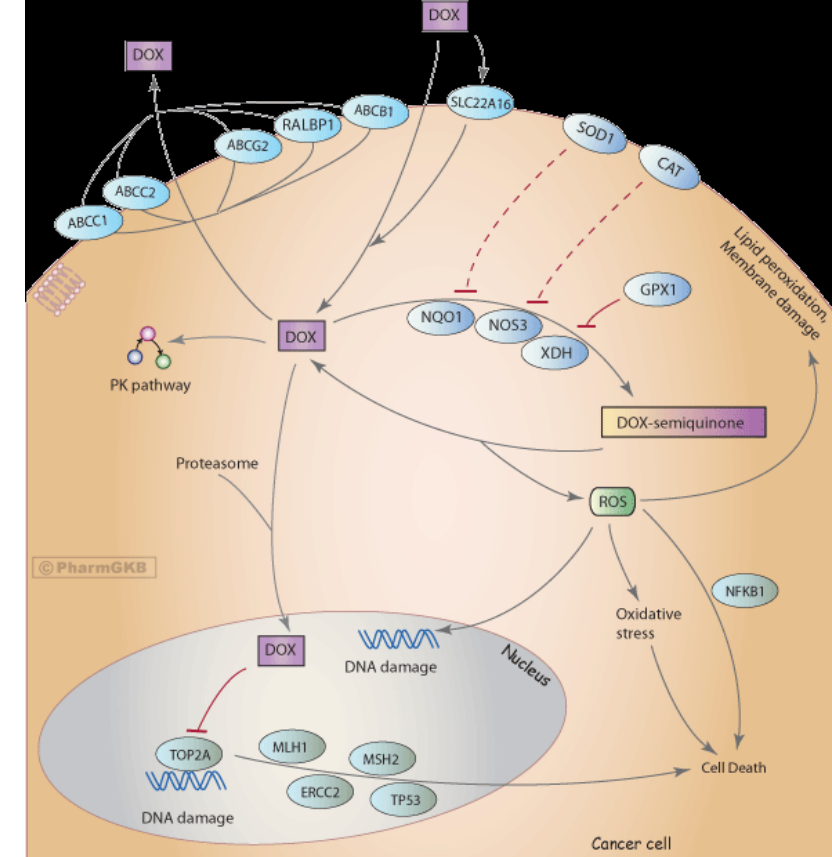
Cytarabine

- Acute leukemias
- Adverse eff.: myelosuppression & GIT irritation, neurotoxicity and peripheral neuritis

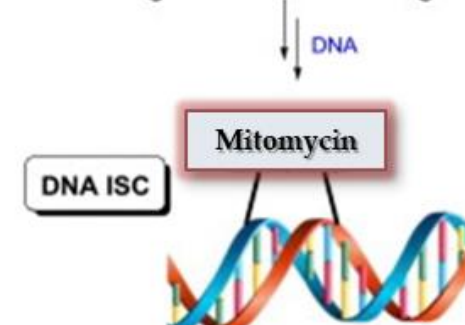
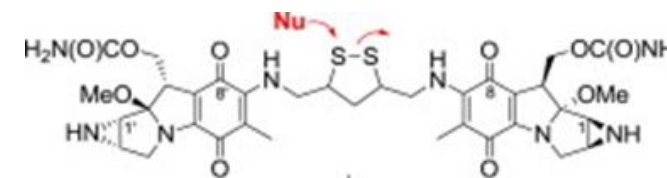


Antitumor Antibiotics

- Group of related antimicrobial compounds produced by *Streptomyces* species
- Affect structure and function of NAs by:
 - Intercalation between base pairs + inhibition of Topo II (**doxorubicin**, **daunorubicin**, **idarubicin**, **epirubicin**)
 - DNA strand fragmentation (**bleomycin**)
 - Cross-linking DNA (**mitomycin**)



Thorn Caroline F, Oshiro Connie, Marsh Sharon, Hernandez-Boussard Tina, McLeod Howard, Klein Teri E, Altman Russ B. "Doxorubicin pathways: pharmacodynamics and adverse effects" *Pharmacogenetics and genomics* (2010).



Antitumor Antibiotics

doxorubicin, daunorubicin, idarubicin, epirubicin

- Ca of breast, bone, ovaria, endometrial, lungs, acute lymphocytic leukemia, non-Hodgkin's lymphoma

aktinomycin D

- Wilm's tumor, melanoma, choriocarcinoma

bleomycin

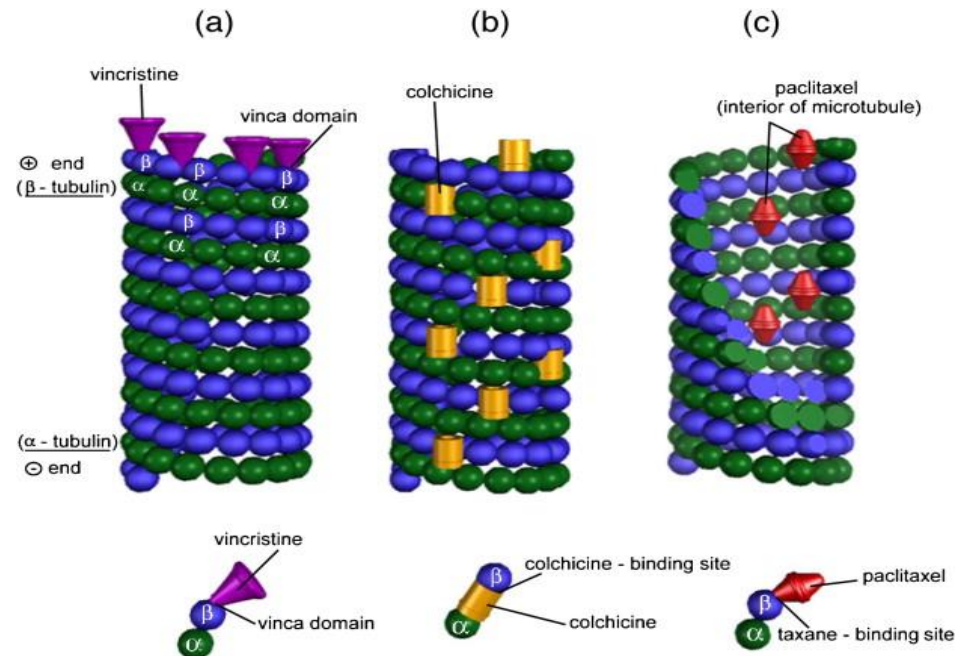
- Ca of testis, head, neck, skin, esophagus, lungs

mitomycin

- Activated to form an alkylating agent
- Adenocarcinoma of stomach, pancreas, lungs, colon
- May cause strong myelosuppression

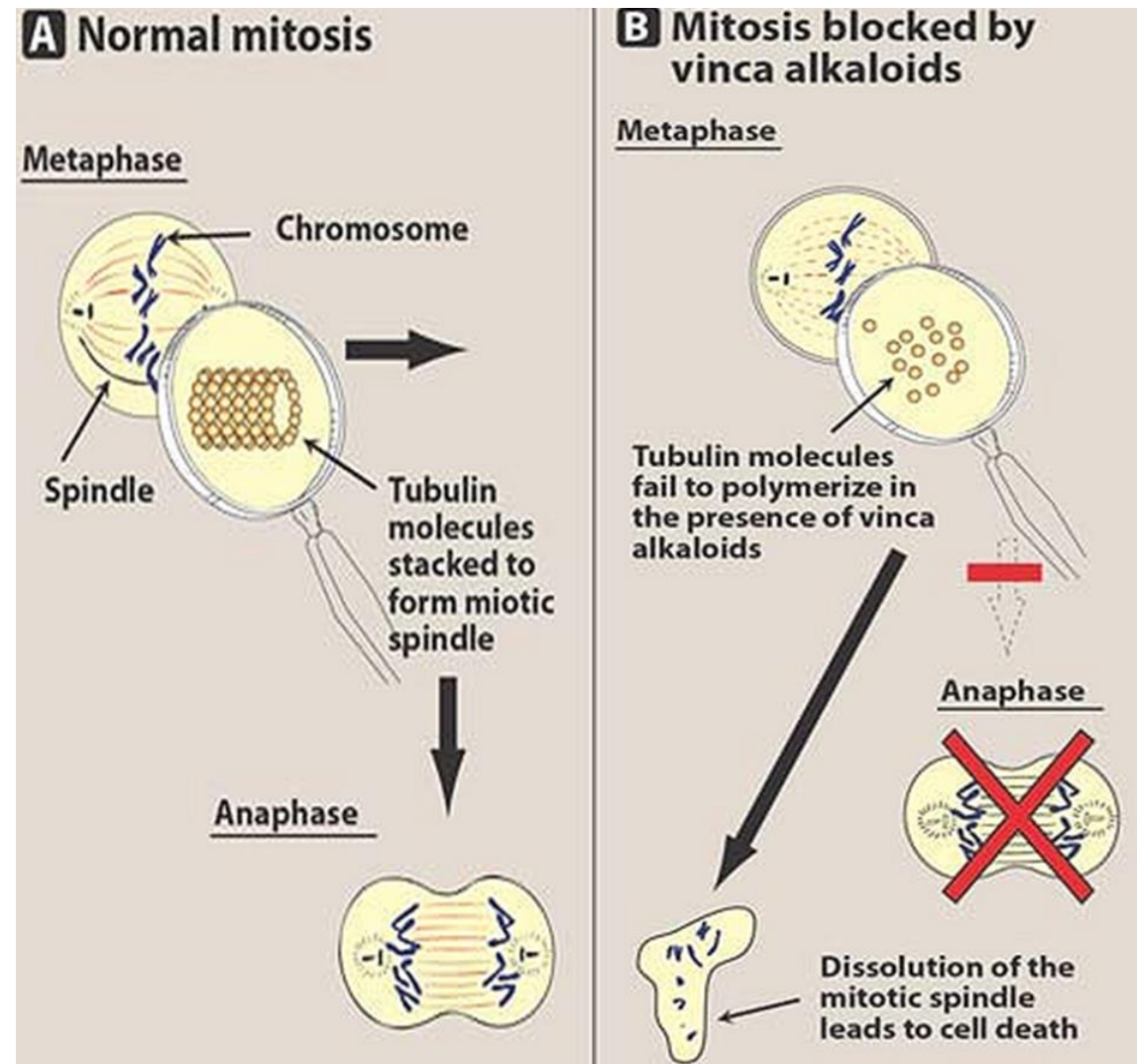
Plant Alkaloids

- Vinca alkaloids (vincristine, vinblastine, vindesine)
- Taxanes (paclitaxel, docetaxel)
- Podophyllotoxins (etoposide, teniposide)
- Topo I inhibitors from *Camptotheca acuminata* (topotecan, irinotecan)



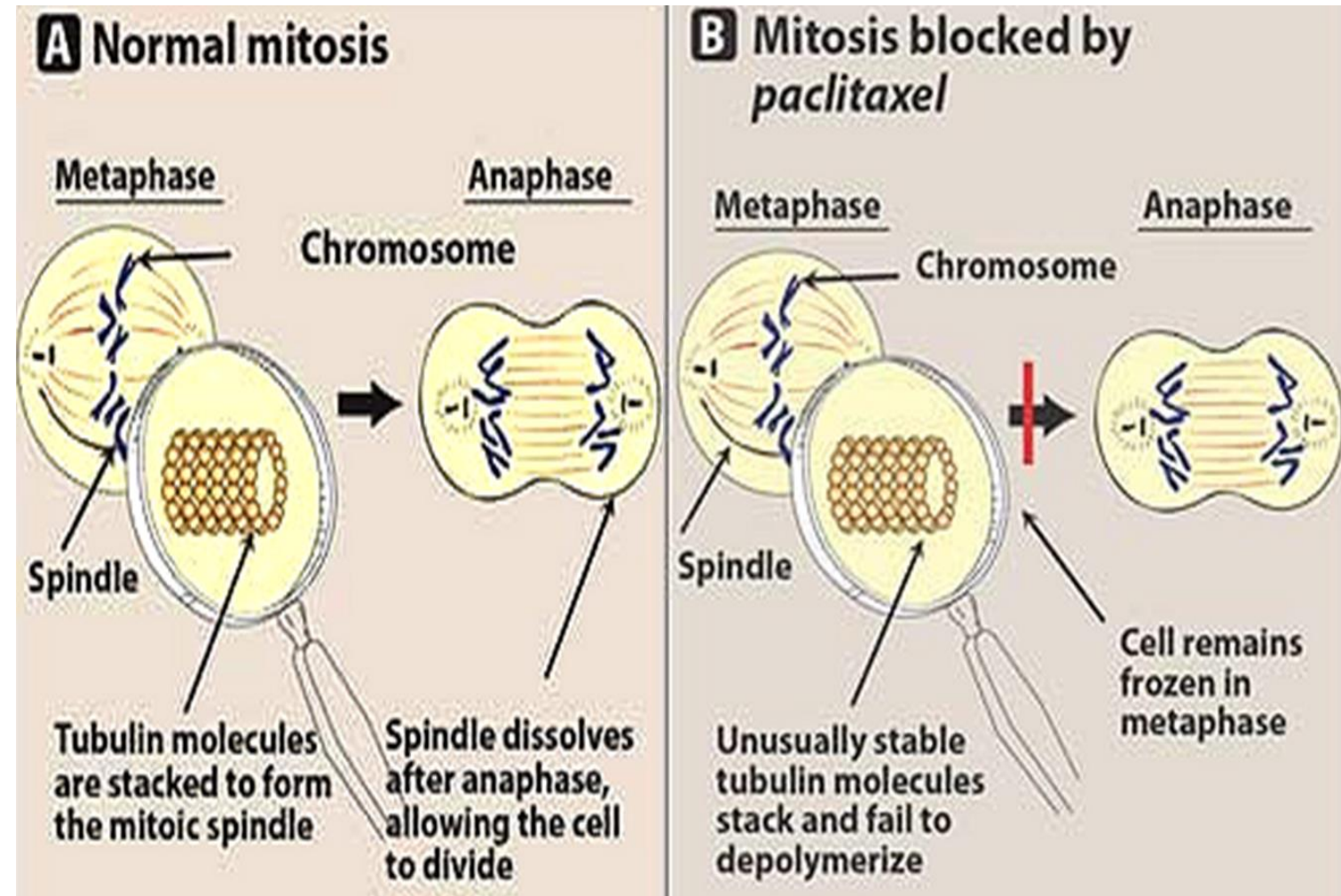
Vinca Alkaloids

- Prevent assembly of tubulin dimers into microtubules
- Microtubule-destabilizing agents (same as podophyllotoxins and colchicines)
- **I:** Non Hodgkin's & Hodgkin's disease, malignant lymphomas and leukemia, testes
- **SE:** Neurotoxicity (VC), bone marrow suppression (VB)



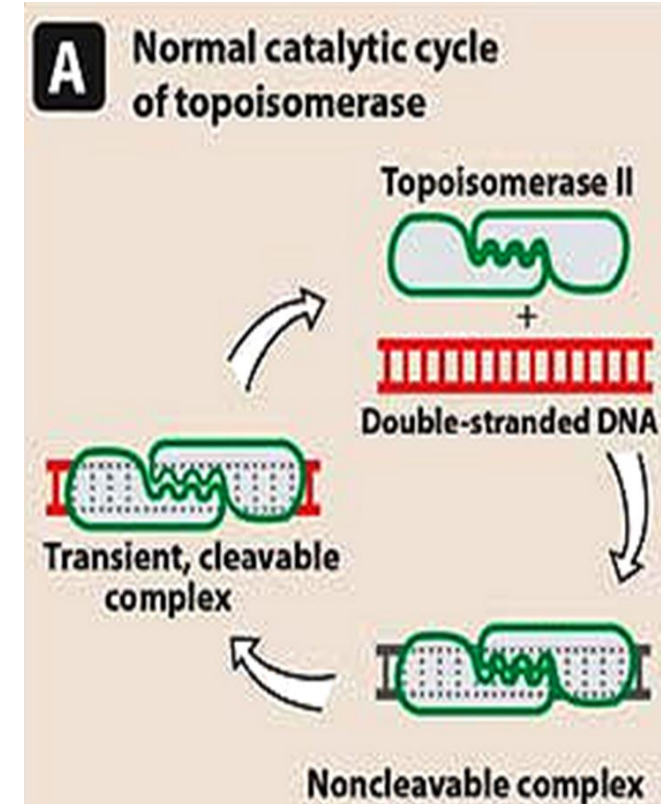
Taxanes

- Act on late G1 and early M-phase
- Microtubule-stabilizing agents
(preventing disassembly into tubulin monomers)
- **I:** Advanced breast and ovarian cancer
- **SE:** Bone marrow suppression and neurotoxicity



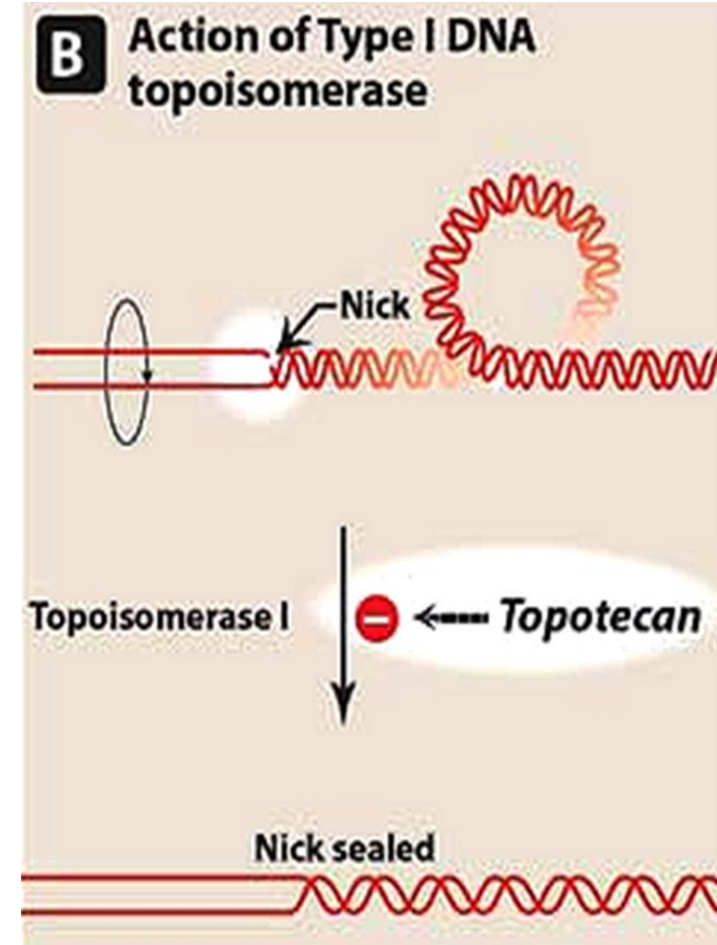
Podophyllotoxins

- Topoisomerase II inhibitors (degradation of DNA)
 - E responsible for uncoiling and repairing damaged DNA
- Act on late S and early G2 phase
- **I**: Small cell lung Ca, prostate, testicular Ca (etoposide)
- **SE**: Bone marrow suppression, vomiting, alopecia



Topoisomerase I Inhibitors

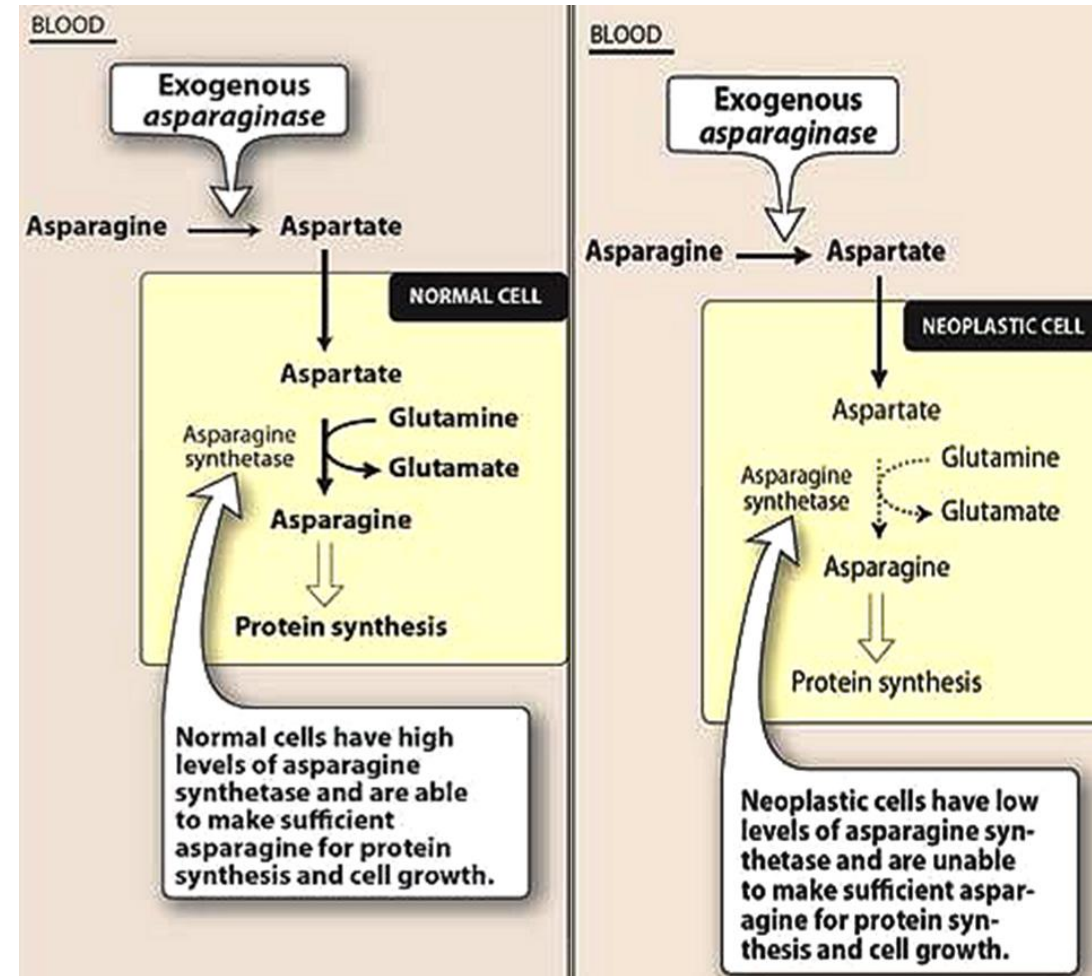
- 1966 - camptothecin - very toxic --
modification of molecule: **topotecan**, **irinotecan**
- Intercalates between DNA bases, thus prevent DNA replication
- **I**: Advanced ovarian cancer, colorectal Ca, small cell lung cancer
- **SE**: Myelosuppression, diarrhea



Camptotheca acuminata tree

Miscellaneous Cytotoxic Drugs

- asparaginase
- Depletes serum asparagine (necessary for survival and growth of certain tumors)
- Combination with vincristine & steroids (prednisone or dexamethasone)
- **I:** Leukemias, lymphomas
- **SE:** May cause severe hypersensitivity reactions



Miscellaneous Cytotoxic Drugs

- mitoxantrone
- Intercalates in DNA and inhibits Topo II, thus disrupts DNA synthesis and DNA repair
- **I:** Breast Ca, AML, and non-Hodgkin's lymphoma
- **SE:** Cardiotoxicity, vomiting, alopecia

Hormones & Hormone Antagonists

Corticosteroids (dexamethasone, hydrocortisone, methylprednisolone)

- **I:** Leukemias, Hodgskin's disease, other lymphomas
- **SE:** Fluid retention, HT, DM, susceptibility to infection

Sex Hormones (estrogen, progestins, androgens)

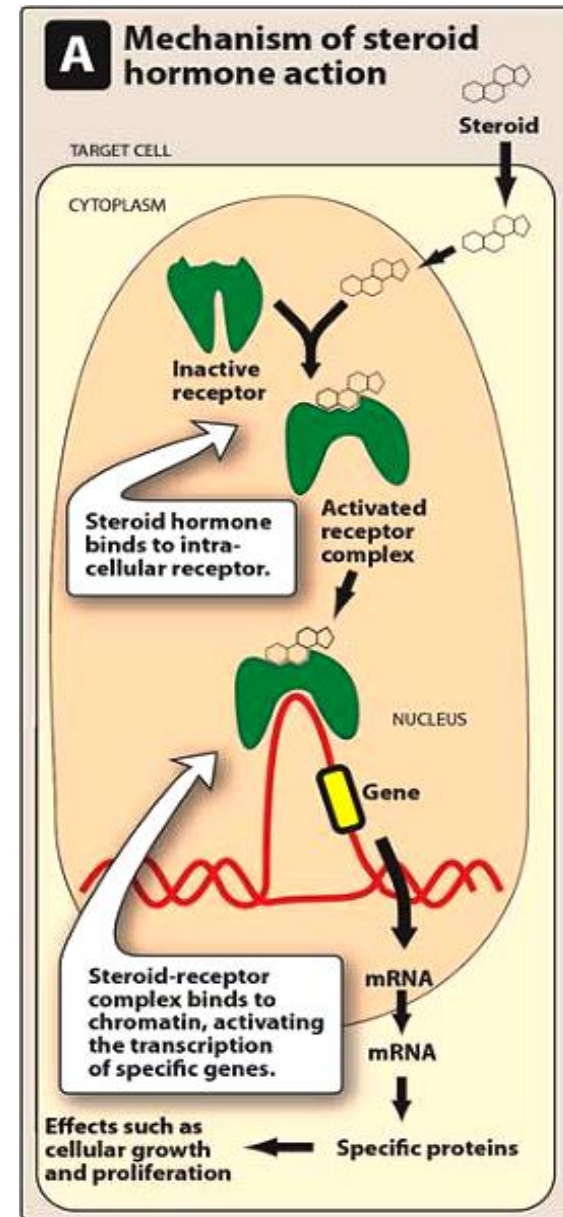
- Hormone-dep. Ca, mainly prostatic tumors

GnRh Analogues (goserelin, leuprolide)

- I: Prostatic Ca

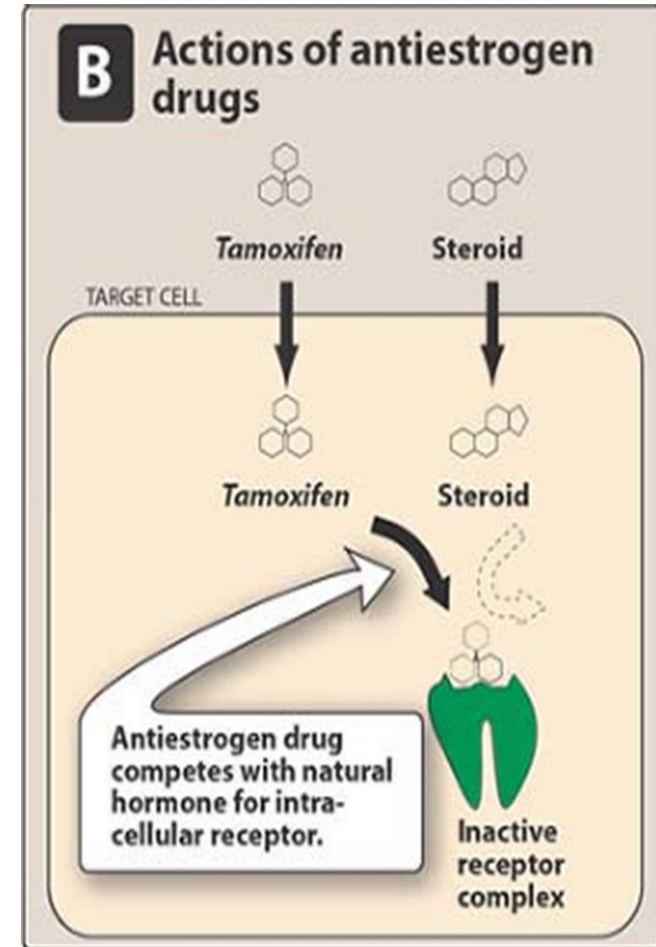
Hormone Antagonists (tamoxifen, flutamide, nilutamide, bicalutamide)

- flutamide: antiandrogen used in prostatic cancer
- tamoxifen: antiestrogen used in breast cancer



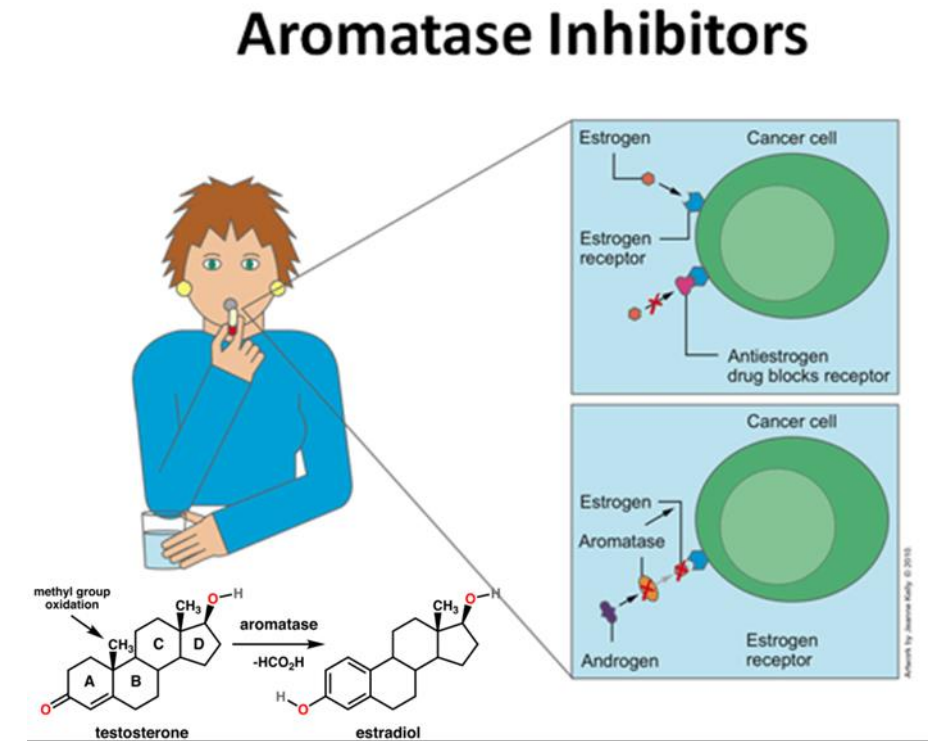
Tamoxifen

- Antagonist of estrogen receptor (ER) selectively in breast tissue (not in bones: no osteoporosis!)
- Prodrug metabolized by CYP450
- Cytostatic (not toxic) – causes G0 and G1 arrest
- **I:** Early and advanced ER+ breast Ca in both women and men
- **SE:** linked to endometrial Ca (as partial agonist on EM), nausea, vomiting, hot flushes, hypercalcemia



Aromatase Inhibitors

- anastrozole, leterozole
- Ovaries and other tissues produce estrogen under aromatase effect
- **AIs** do NOT block E production by the ovaries, but can block other tissues
- I: breast Ca in post-menopausal women
- SE: GIT, headache, hot flushes



Treatment-associated Problems

Toxicity and Adverse effects

- bone marrow, GIT, hair follicles, reproductive organs

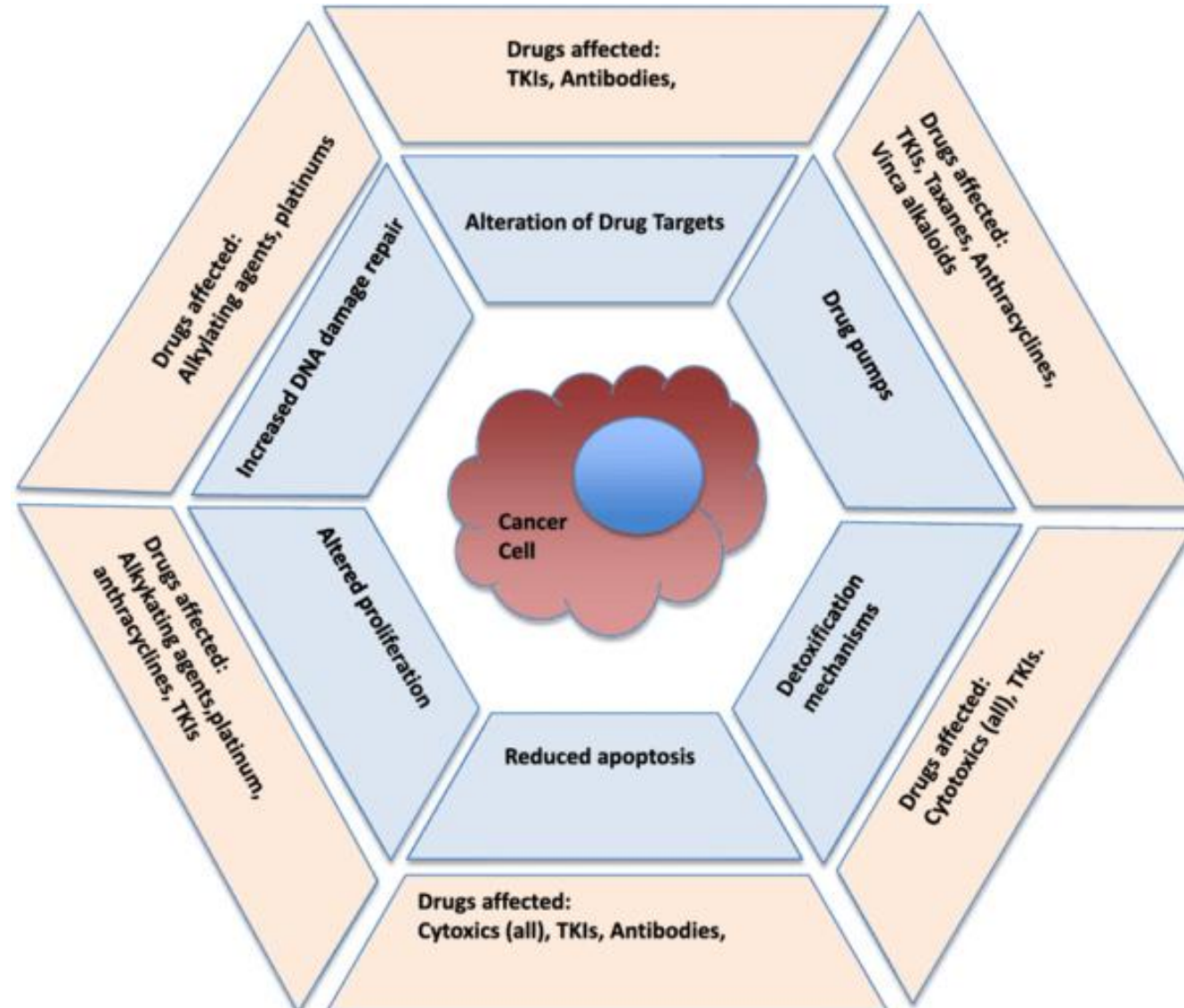
Treatment-induced tumor

- as potential mutagens they can cause rise of neoplasm several years after the original cancer was treated

Resistance to chemotherapy

- decreased drug uptake by cancer cells
- increased drug remove by cancer cells (P-glycoprotein)
- increased ability to DNA repair by cancer cells
- mutation in the molecule targeted by drug

Hallmarks of Anticancer Drug Resistance



Myelotoxicity

- Neutropenia, lymphocytopenia, anemia, thrombocytopenia
- Increased risk of infection

- Caused by:
 - Alkylating agents, 6-mercaptopurine, vinblastine, etoposide

- Treatment:
 - G-CSF, GM-CSF, erythropoietin

Toxicity of GIT

– Nausea and vomiting

– Caused by:

- carmustine, cisPt, cyclophosphamide

– Treatment:

- Antiemetics (5-HT₃ blockers – serotonine antagonists: ondansetron, granisetron, tropisetron) + dexamethasone, metoclopramide

– Mucositis

Nephrotoxicity

– Proximal tubules

– Caused by:

- cisPt, ifosfamide, carboPt, methotrexate, nitrosoureas

– Treatment:

- Dose adjustment, TDM

Neurotoxicity

- Axonal degeneration and impaired neuronal transport
- Caused by:
 - Vinca alkaloids
- Treatment:
 - Decrease dose to maximum tolerated dose, pyridoxine, leucovorin

Cardiotoxicity

- Acute and chronic
- Caused by:
 - Anthracyclines (doxorubicin, daunorubicin)
- Treatment:
 - dexrazoxane (derivative of EDTA) – chelates iron, and thus decrease the formation of ROS

– Infertility

- Cyclophosphamide, alkylating agents

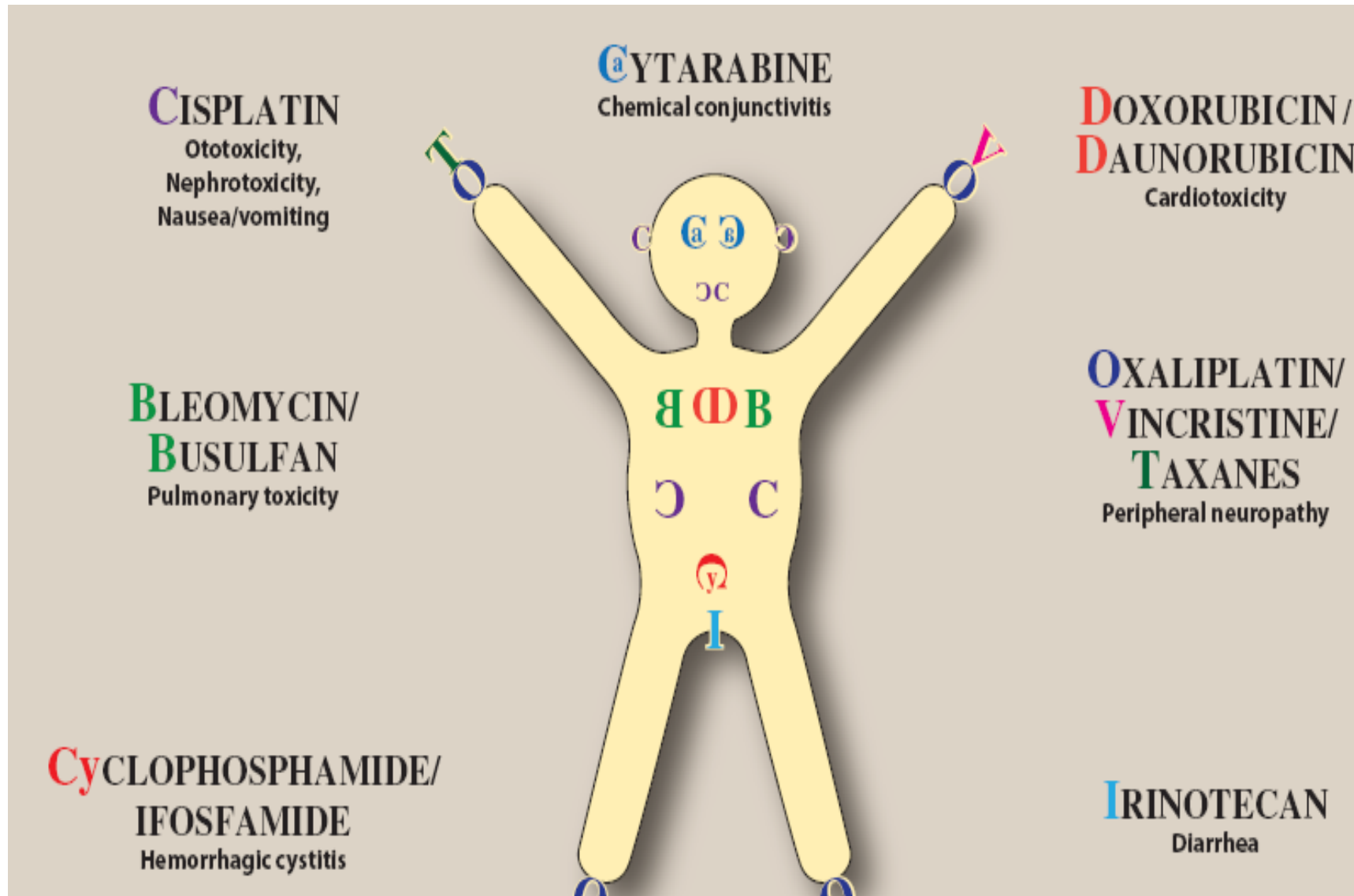
– Teratogenic Effects

- Antimetabolites, alkylating agents

– Treatment-induced Tumor

- Alkylating agents (leukemia)

Summary of Toxicity of Anticancer Drug



Is this the end?

Not yet...

Targeted therapy

also called

Biological therapy

for cancer!!!

Thank you for your attention

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