

Done By Mariam

Anticancer Drugs

Part 2

Heba Khader, Ph.D

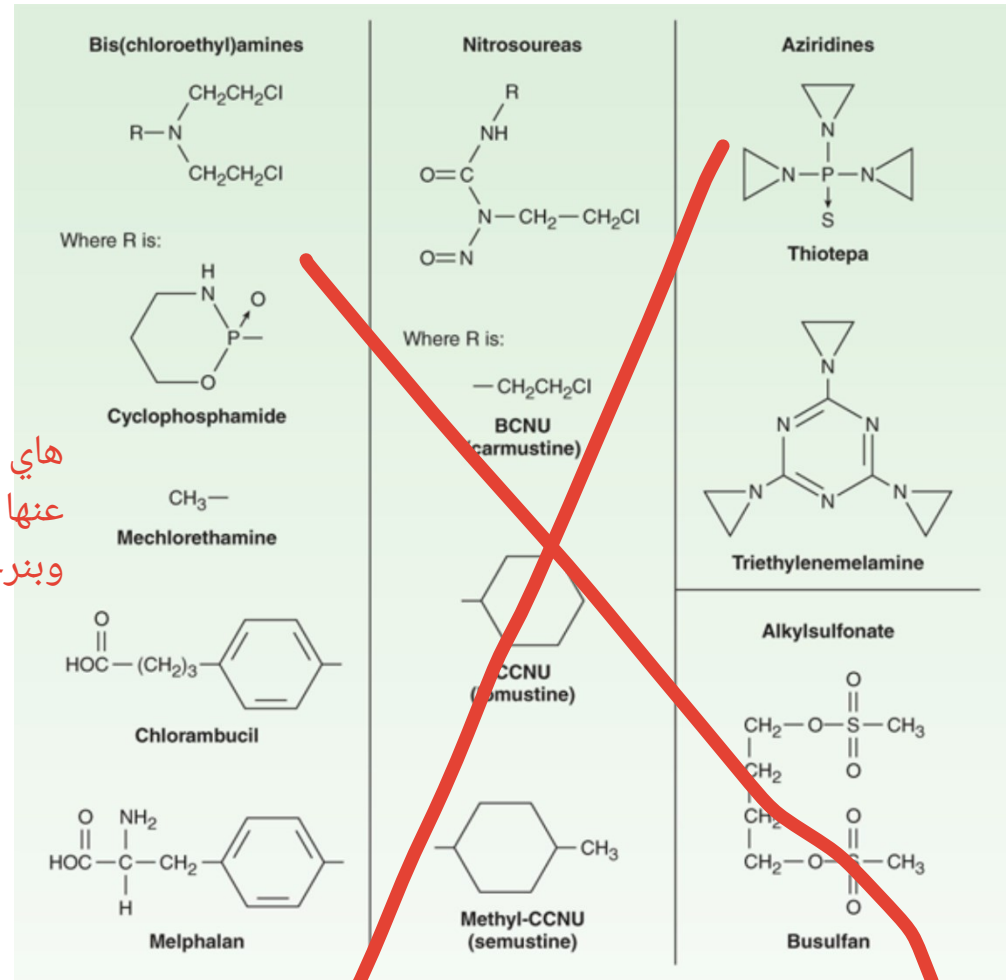
Pharmacology 3

بسم الله نبلش الجزء الثاني من الكانسر وإلي
حيكون بداية مادة السكند ✓
يمكن الشرح مش حيكون كتير بس لأنه كله
أشياء مكررة من الميديسنال

أخذناهم بالميديسنال إنهم بيعملوا alkylation on DNA ف هون ال cytotoxic action هو ال DNA تحديداً
N7-guanin

Alkylating agents

- The major clinically useful alkylating agents:
- Bis(chloroethyl)amine
 - Cyclophosphamide
 - Mechlorethamine
 - Melphalan
 - Chlorambucil
 - Ifosfamide
- Ethyleneimine
- Nitrosourea
 - Carmustine (BCNU)
 - Lomustine (CCNU)



Source: Bertram G. Katzung, Anthony J. Trevor: Basic & Clinical Pharmacology, 13th Ed.
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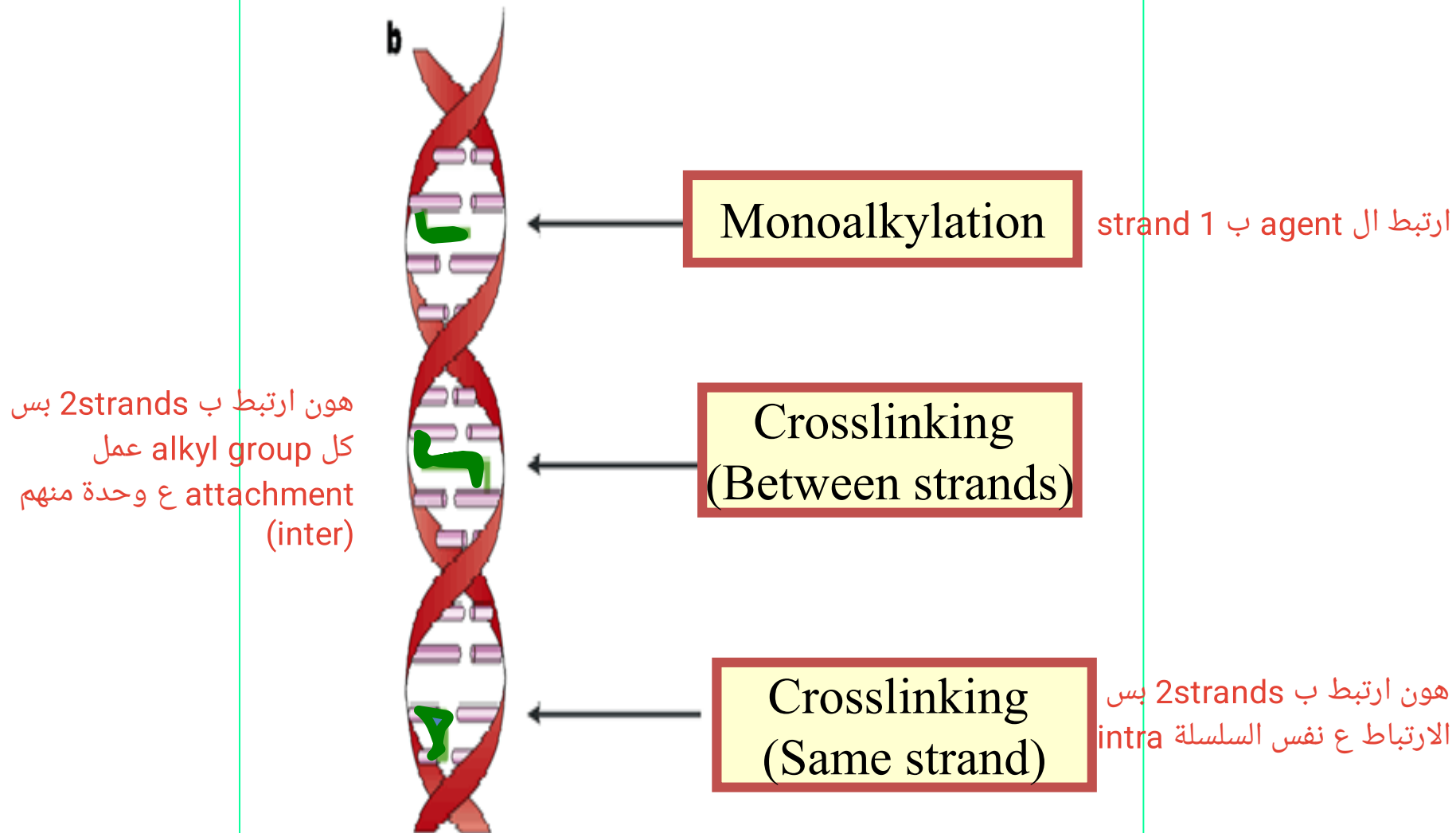
Alkylating agents

- **Mechanism of action:**
- As a class, the alkylating agents exert their cytotoxic effects via transfer of their alkyl groups to various cellular constituents. **Alkylations of DNA** within the nucleus represent the major interactions that lead to cell death.
- These interactions can occur on a single strand or on both strands of DNA through cross-linking, as most major alkylating agents are bifunctional, with two reactive groups, thereby leading to **inhibition of DNA synthesis and function**.
- Alkylating agents do not discriminate between cycling and resting cells, but they are most toxic for rapidly dividing cells (cell-cycle nonspecific).
- They are used in combination with other agents to treat a wide variety of lymphatic and solid cancers.

الميكانيزم حكينا إنه بيعملوا alkylation on DNA ف بالتالي رح يتوقف ال DNA synthesis وبتموت الخلية وهاد الحكي ممكن يصير إنه هاد ال anti cancer agent يكون عنده 2 alkyl group ف بالتالي يآثر عالسلستين لل DNA وممكن ع سلسلة وحدة منه بما يسمى cross linking ومعظمهم من إلّي بيرتبطوا ب 2strands وبنسميهم bifunctional

تأثير هاي ال agents بكون عالخلايا ال rapidly dividing وبتصير بأي جزء خلال ال cell cycle يعني ما في جزء محدد ممكن تصير بأي وقت وممكن نستخدمهم as combination مع أدوية كanser تانية

Alkylating agents



Alkylating agents

- **Adverse Effects** حكيما أنهم بصيوا الخلايا إلي نموها سريع حتى لو كانت normal ف أهم
- The adverse effects usually associated with alkylating agents are generally **dose-related and** occur primarily **in rapidly growing tissues** such as bone marrow (**myelosuppression**), gastrointestinal tract (**diarrhea**), and reproductive system. غرض الهم هو myelosuppressant
- In addition, some of them are **vesicants** and can damage tissues at the site of administration if extravasation occurs.
- As a class, alkylating agents are **carcinogenic in nature**, and there is an increased risk of secondary malignancies.

بيعملوا vesicants يعني حروق زي الموجود بالصورة نتيجة
إنه هي بتنعطى IV ف ممكن يصير extravasation حكيما
عنها بالميديسنال
وأهم شي إنه ممكن تؤدي إلى secondary malignancy



Alkylating agents

الخلية بتقاوم هاد ال agents عن طريق :

- **Resistance:**
- The mechanism of acquired resistance to alkylating agents may involve:
 1. **Increased capability to repair DNA** lesions through increased expression and activity of DNA repair enzymes.
 2. **Decreased transport of the alkylating drug into the cell**
 3. **Increased expression or activity of glutathione** and glutathione-associated proteins, which are needed to conjugate the alkylating agent, or **increased glutathione *S*-transferase** activity, which catalyzes the conjugation.

بتزيد ال DNA repair يعني بتصلح حالها وكونه ما ارتبط فيها إشي

٢- بتقلل دخول هاي ال agents لداخل الخلية

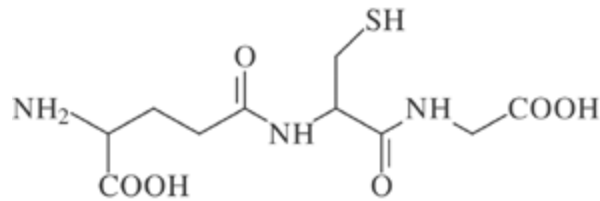
٣- بتزيد وجود ال glutathione وهون رح نحكي شوي

هلا أول شي ال glutathione هو عادي إشي بتنتجه الخلايا الطبيعية وكونه الخلية

السرطانية هي بالأصل خلية طبيعية ف وظيفتها إنه ترتبط مع أي xenobiotics عن طريق ال

glutathione S transferase وبتعمله neutralization يعني بمعنى آخر ارتبط بالدوا

عشان تمنع ارتباطه بال DNA ، او ك ؟

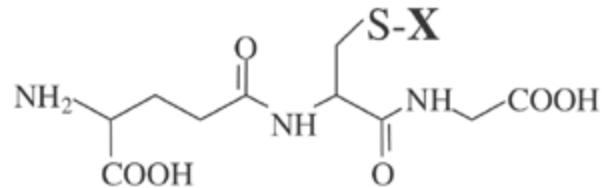


Glutathione

+

Xenobiotic (X)

GST



Glutathione-S-Conjugate

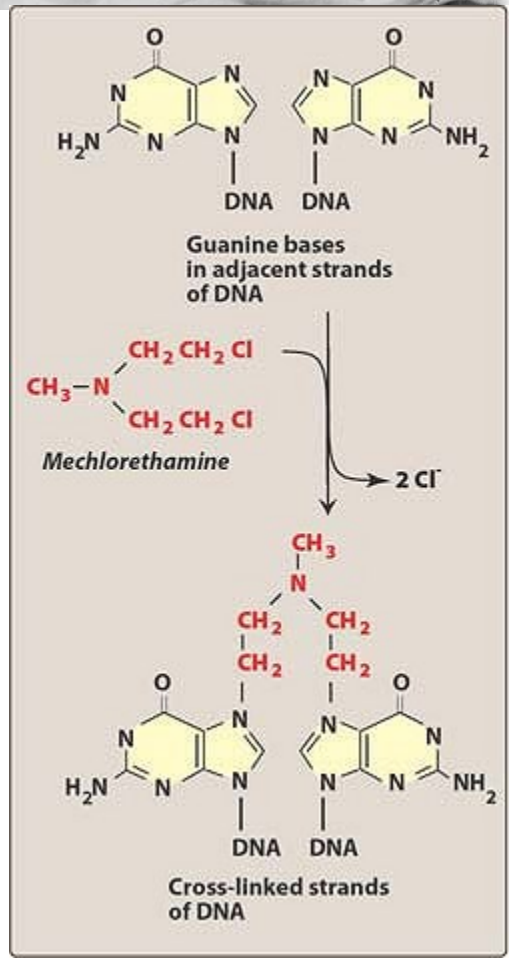
نفس إلي حكيانه بالسلاليد الماضي ، ف
إنتاج ال glutathione أو ال
glutathione S transferase همة من
الطرق إلي بتعمل فيها الخلية
alkylating resistance
agent

Mechlorethamine

- Mechlorethamine was developed as a vesicant (nitrogen mustard) during World War I. Its ability to cause lymphocytopenia led to its use in lymphatic cancers.
- Mechlorethamine was used primarily in the treatment of Hodgkin's disease

Mechanism of action:

- Mechlorethamine is transported into the cell, where the drug forms a reactive intermediate that alkylates the N⁷ nitrogen of a guanine residue in one or both strands of a DNA molecule “bifunctional agent.”
- This alkylation leads to cross-linkages between guanine residues in the DNA chains and/or depurination, thus facilitating DNA strand breakage.
- Alkylation can also cause miscoding mutations.



ال mechlorethamine هو أول شيء اكتشفوه بهاد الجروب وهو حكيما عنه بالميديسنال كيف قصة اختراعه بالحرب الأولى وبالبداية وجدوا إنه هو بيعمل بالحرب الأولى كان vesicants يعني حروق ، ووجدوا كمان إنه بيعمل lymphocytopenia يعني نقص بال lymphocytes لهيك صاروا يستخدموه بعلاج ال lymphatic cancer

الميكانيزم إنه بدخل لداخل الخلية وبيعمل alkylation عال DNA وكونه يُعتبر bifunctional ف رح يآثر عال 2 strand وبيعمل cross linking ، هسا ال alkylation تحديداً بكون على نيتروجينة ٧ من ال guanine ف بعد ال alkylation حيصير depurination وبعدها break DNA وكذلك ممكن يعمل ال alkylation هاد شو ؟ miscoding mutation

Mechlorethamine

نفسهم ما في تغيير ، إما الخلية السرطانية

بتمنع دخوله ، أو إذا دخل بتربطه مع ال

glutathione أو إذا عمل alkylation بتروح

بتصلح ال DNA repair

Resistance:

- Decreased permeability of the drug
- **Increased conjugation with thiols such as glutathione**
- Increased DNA repair

Pharmacokinetics:

- Mechlorethamine **is very unstable**, and solutions must be made up just prior to administration.
- **Only administered IV.** أي rout ثانية ممكن تعمل damage of tissue

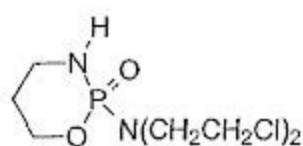
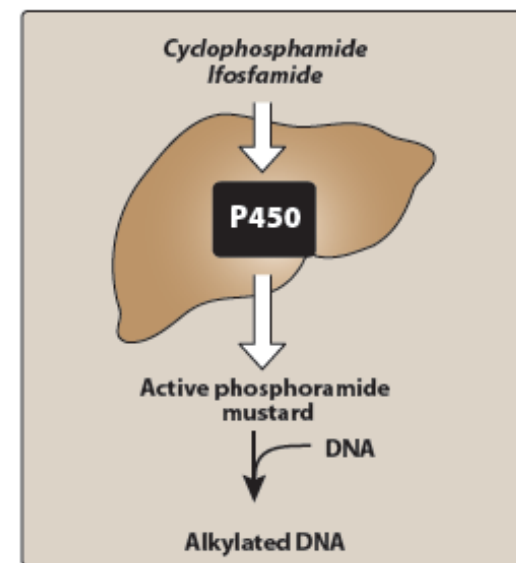
Adverse effects:

- **Severe nausea** and **vomiting**. These effects can be diminished by pretreatment with ondansetron. بنعالجها عن طريق anti emetic زي ال onda
- **Severe bone marrow depression** limits extensive use.
- **Latent viral infections** (for example, herpes zoster) may appear because of **immunosuppression**.
- **Extravasation is** a serious problem. If it occurs, the area should be infiltrated with isotonic sodium thiosulfite to inactivate the drug.

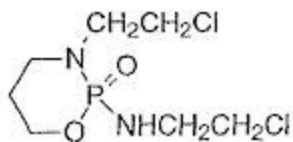
بنعطي anti dote وهو ال sodium thiosulfite

Cyclophosphamide and ifosfamide

- Related to the mustard agents and share most of the same primary mechanisms and toxicities.
- Used either singly or as part of a regimen in the treatment of Burkitt's lymphoma and breast cancer.
- MOA: Both cyclophosphamide and ifosfamide are first biotransformed to hydroxylated intermediates primarily in the liver by the CYP450 system.
- The hydroxylated intermediates then undergo breakdown to form the active compounds, **phosphoramidate mustard** and **acrolein**.
- Reaction of the phosphoramidate mustard with DNA is considered to be the cytotoxic step.
- The parent drug and its metabolites are primarily excreted in urine.



Cyclophosphamide (CPA)



Ifosfamide (Ifos)

بنقدر نعتبرهم as prodrug ح يدخلوا للجسم ويصيرلهم أول شي hydroxylation
in the liver by CYP450 وبعدھا رح يصيرلهم breakdown ويعطونا ال active
form منهم.

هسا بس يتكسروا ح يعطونا مركبين وهمة phosphoramidate mustard وکمان
acrolin إلی حترتبط بپروتينات ال bladder وتعمل hemorrhagic cystitis
هلاً بیجي ال phosphoramidate mustard ویرتبط بال DNA ویرعمل کمان
cytotoxic effects
بالنهاية الدوا الأساسي وكلشي نتج منه حیصیرلهم excretion in the urine

Cyclophosphamide and ifosfamide

مش حفتح صفحة جديدة لأنه كله مكرر، بس
ركزولي عال mesna

Adverse effects:

1. Bone marrow depression and hemorrhagic cystitis, which can lead to fibrosis of the bladder
 - hemorrhagic cystitis has been attributed to acrolein in the urine in the case of *cyclophosphamide* and to toxic metabolites of *ifosfamide*. [Note: Adequate hydration as well as IV injection of **MESNA** (sodium 2-mercaptoethane sulfonate), which neutralizes the toxic metabolites, minimizes this problem.] mesna is anti dote

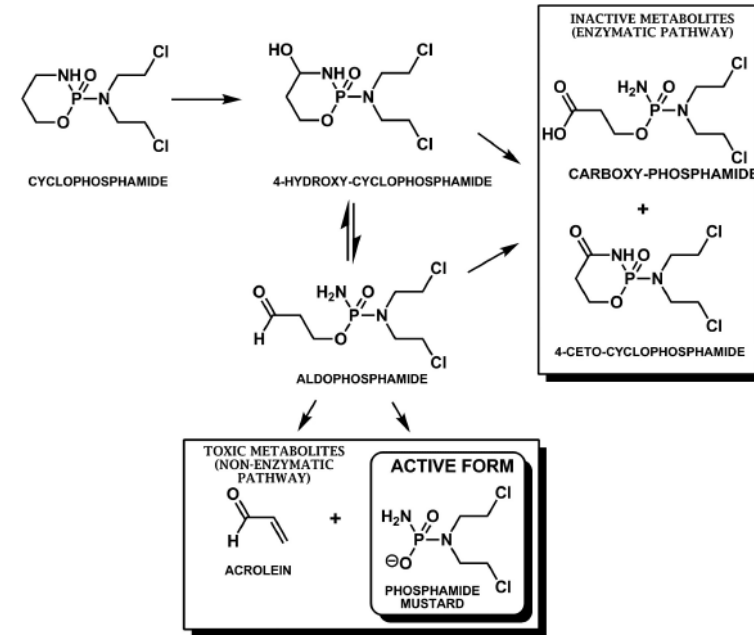


FIGURE 13 - Diagram of cyclophosphamide bioactivation.

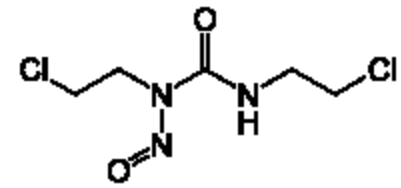
2. Effects on the germ cells, resulting in amenorrhea, testicular atrophy, aspermia, and sterility.

تأثيره عال reproductive system
3. Secondary malignancies may appear years after therapy.

مثل ال mechlorethamine



Nitrosoureas



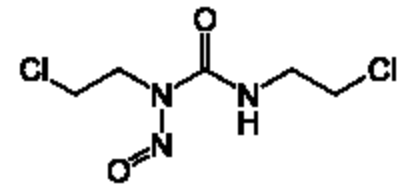
- **Carmustine** and **lomustine** are closely related nitrosoureas.
- Penetrate into the CNS and used for treatment of brain tumors.
- **Streptozocin** is another nitrosourea that is specifically toxic to the β cells of the islets of Langerhans, hence its use in the treatment of insulinomas.

Mechanism of action: تأثيره تحديداً عال B cell بالبنكرياس

- **Alkylation of the DNA that inhibits** replication and, eventually, RNA and protein synthesis.
- Although they alkylate DNA in resting cells, cytotoxicity is expressed primarily on cells that are **actively dividing (Cell-cycle non-specific agents)**.
- Nitrosoureas also **inhibit several key enzymatic processes by carbamoylation of amino acids in proteins in the targeted cells.**

Resistance: results from DNA repair and reaction of the drugs with thiols.

Nitrosoureas



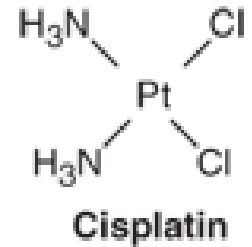
Pharmacokinetics:

- In spite of the similarities in their structures, carmustine is administered IV, whereas lomustine is given orally. واحد اورال وواحد iv
- Because of their lipophilicity, they distribute widely in the body to many tissues including CNS.
- The drugs undergo extensive metabolism.
- The kidney is the major excretory route for the nitrosoureas.

Adverse effects:

- These include delayed hematopoietic depression
- An aplastic marrow may develop on prolonged use نقص بال RBCs
- Streptozotocin is also diabetogenic. بصير معتمد على الإنسولين

Platinum analogs



- Three platinum analogs are currently used in clinical practice: **cisplatin**, **carboplatin**, and **oxaliplatin**.
- Although the precise mechanism of action of the platinum analogs is unclear, they are thought to exert their cytotoxic effects in the same manner as alkylating agents.
- They have broad-spectrum activity against a wide range of solid tumors.
- Cisplatin and the other platinum analogs are extensively cleared by the kidneys and excreted in the urine. As a result, dose modification is required in patients with renal dysfunction.
- **Cisplatin** causes **nephrotoxicity** (can be decreased by I.V hydration) and **neurotoxicity** (manifested by a peripheral sensory neuropathy).
- **Carboplatin** exhibits significantly less renal toxicity and gastrointestinal toxicity. Its main dose-limiting toxicity is **myelosuppression**.
- Since vigorous intravenous hydration is not required for carboplatin therapy, carboplatin is viewed as an easier agent to administer to patients, and as such, it has replaced cisplatin in various combination chemotherapy regimens.
- **Neurotoxicity** is the main dose-limiting toxicity for **oxaliplatin** but it is more readily reversible than that observed with cisplatin-induced neurotoxicity.

الچروب الأخير مش معروف كثير ال mechanism الهم بس still لساتنا بال
alkylation والهم broad spectrum وبرضو بيطلعوا عن طريق ال kidney ف
بالتالي أكيد لازم اعمل dose adjustment بحالة ال renal dysfunction وللعلم
كذا دوا بال alkylating agent بتطلع عن طريق ال kidney
وكلهم بختلفوا بالسايذ ايفيكت بس

Questions??

ف ال cisplatin بيعمل nephrotoxicity وبخففها عن طريق ال IV hydration وبيعمل
neuropathy كمان
أما ال carboplatin ف هو بيعتمد عالدوز بس أقل toxicity عال gi+renal ف بس بيعمل
myelosuppressant
آخر شي ال oxaliplatin برضو معتمد عالدوز وبيعمل neuropathy بس بنسبة أقل من ال
cisplatin وحتى بكون بشكل reversible