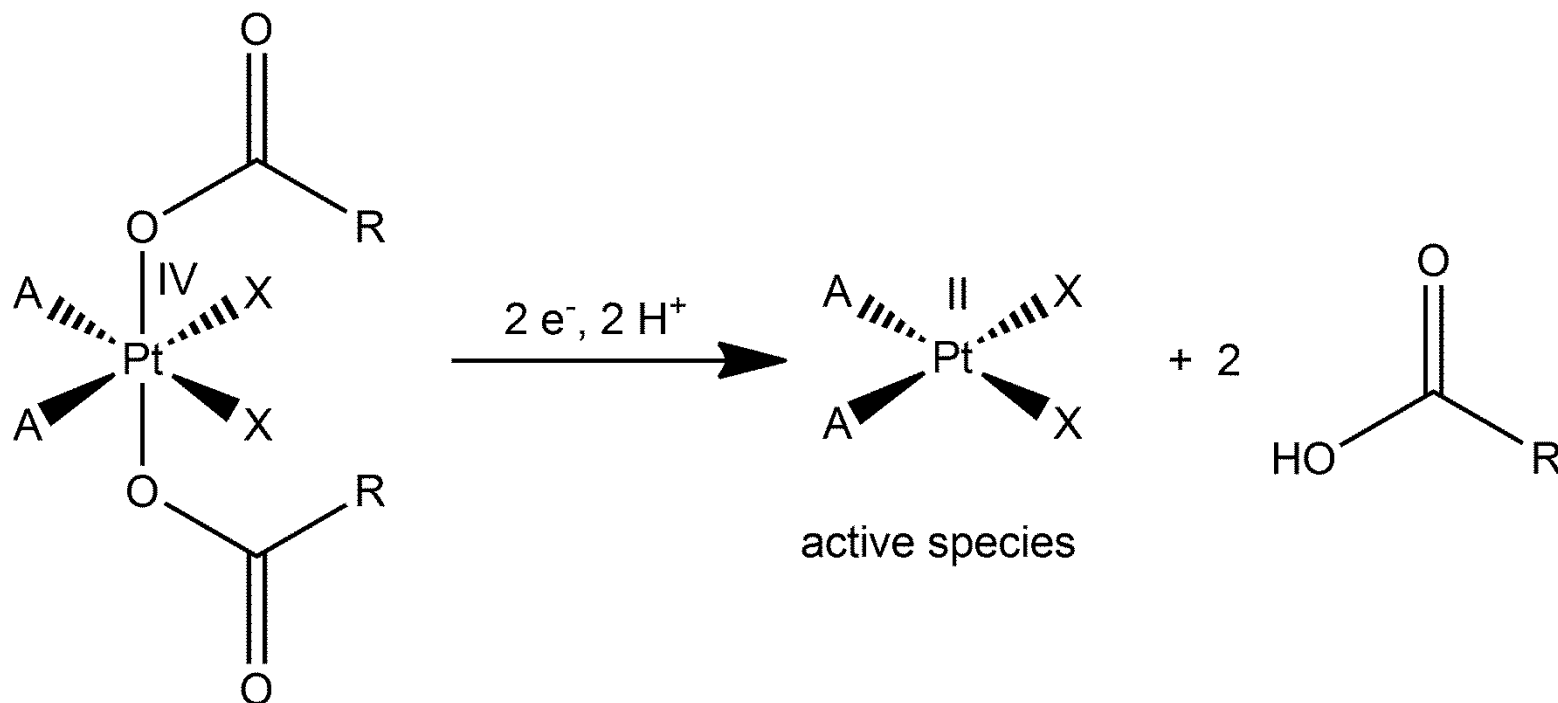


Pt(IV) complexes in the treatment of Pt(II)-refractory tumors: an update.

Mauro RAVERA

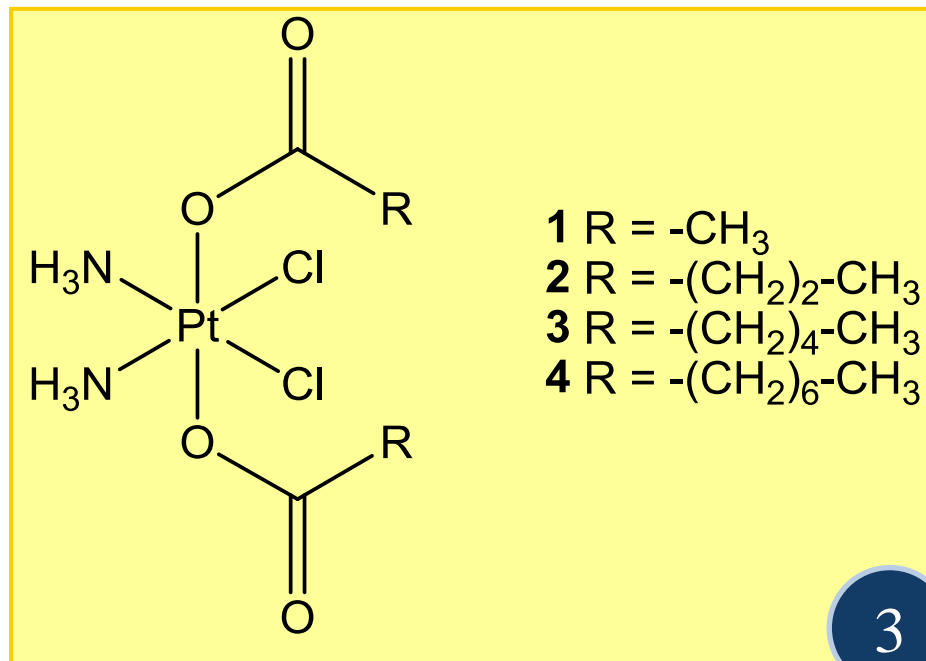
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Pt(IV) antitumor drug candidates are generally considered *prodrugs* since they can be reduced in the hypoxic (and then reducing) intracellular *milieu* of tumour cells to the corresponding cytotoxic Pt(II) metabolite with the (*usual*) loss of their two axial ligands (*activation by reduction*).



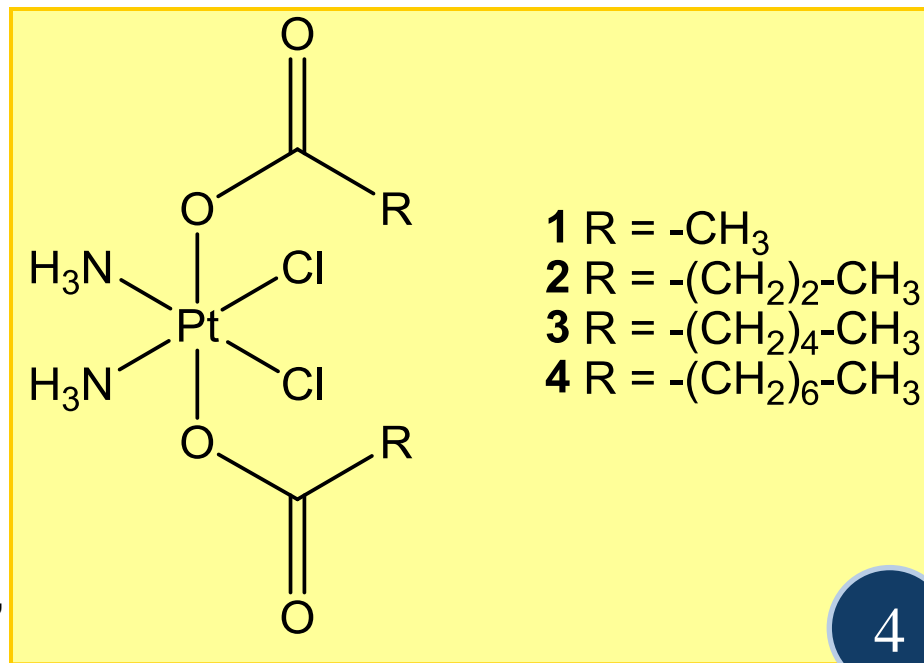
Madrid's final considerations

- High lipophilicity (high $\log P_{o/w}$) = high cell accumulation and DNA platination = high cytotoxicity;
- Compounds with low $\log P_{o/w}$ are not able to “charge” the cells of adequate amounts of Pt to have an important biological effect;
- Compounds with high $\log P_{o/w}$ fill the cells by a double effect: high uptake and reduced efflux.



Madrid's final considerations

- Multicellular tumor spheroids (MCTS) were used to study the effect on cell proliferation after prolonged treatment (up to 14 d).
- Complexes **1-4** gave a concentration-dependent response on MCTS with a potency similar to that observed in 2D experiments
- Differently from cisplatin, **1-4** exerted a prolonged antiproliferative action even when they were removed from the cell culture.

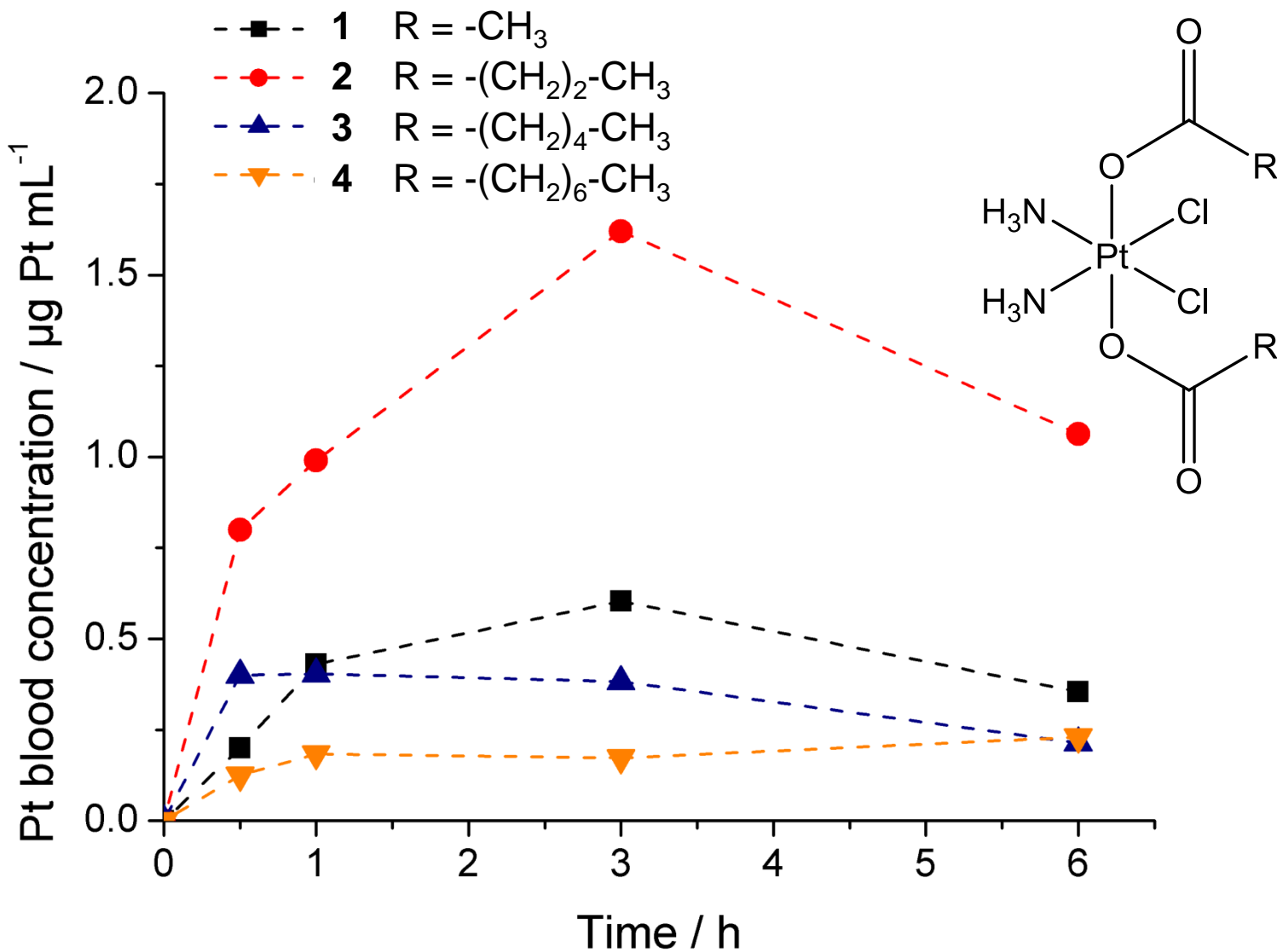


One step beyond...

- Complexes **1-4** were challenged *ex vivo* in different pH conditions (from 1.0 to 9.0, in some cases up to 24 h) to simulate the hypothetical conditions for an oral route of administration, showing always a high stability (>90%).
- Pt(IV) compounds were administered in saline by oral gavage to a cohort of syngeneic FVB female mice. Whole blood was mineralized and analyzed for Pt content by ICP-MS.

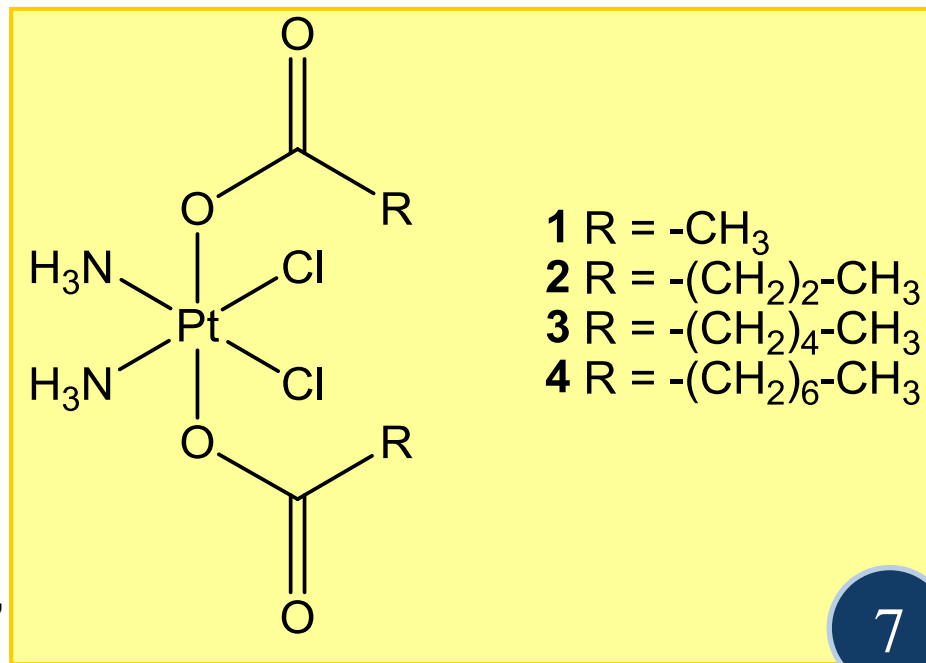
One step beyond...

Total [Pt] in blood after the oral administration of a single dose (20 mg kg^{-1}) of compounds **1-4**. Data are means of experiments on 3 animals (syngeneic FVB female mice) for each time point. SD are omitted for sake of clarity (ca. $\pm 22\%$).



Zurich's final considerations

- The very high lipophilicity that makes compound **4** so active *in vitro* is detrimental of its oral absorption.
- Compound **2** gave the best results in terms of Pt concentration in blood. It seems to represent the best compromise between lipophilicity and water solubility for oral administration.

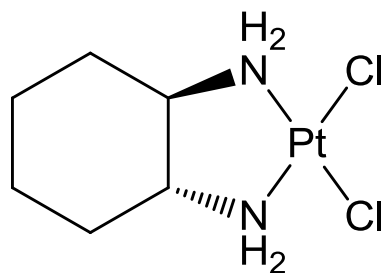


Resistance to oxaliplatin

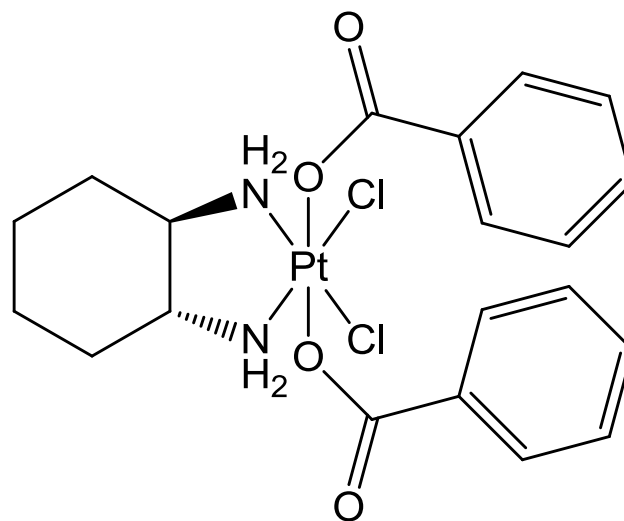
Colorectal cancer is the third most common type of cancer. The gold standard for its treatment consists of folonic acid, 5-fluorouracil and oxaliplatin.

However, treated patients may experience a relapse of the disease because of the eventual emergence of drug-resistant tumor clones.

May Pt(IV) complexes help?



5



6

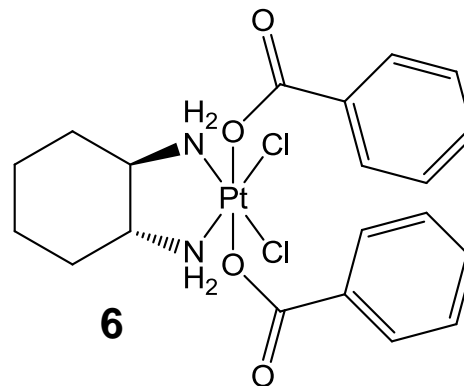
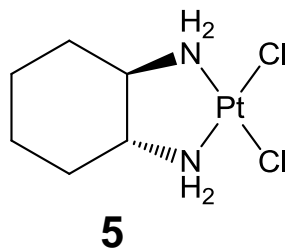
Cytotoxicity

Cmpds	IC ₅₀ [μM] (mean ± SD , 72 h CT)				
	HCT-15 colon	CCD18-Co colon fibroblasts	2008 ovarian	C13* CDDP resistant	A549 lung
Cisplatin CDDP	11.32 ± 1.51	28.30 ± 1.53 [2.5]	2.22 ± 1.14	29.27 ± 3.17 (13.2)	9.24 ± 1.08
Oxaliplatin OXP	1.15 ± 0.96	27.14 ± 2.17 [23.6]	1.53 ± 1.15	2.93 ± 1.31 (1.9)	1.46 ± 0.54
5	13.26 ± 2.73	33.89 ± 3.38 [2.6]	14.35 ± 3.00	27.52 ± 3.63 (1.9)	17.36 ± 3.19
6	0.051 ± 0.01	0.57 ± 0.02 [11.2]	0.10 ± 0.05	0.058 ± 0.010 (0.6)	0.11 ± 0.02

parentheses: **resistance factor RF** = IC₅₀ (resistant subline) / IC₅₀ (wild-type cells)

brackets: **selectivity index SI** = IC₅₀ (CCD18-Co) / IC₅₀ (HCT-15).

Cytotoxicity



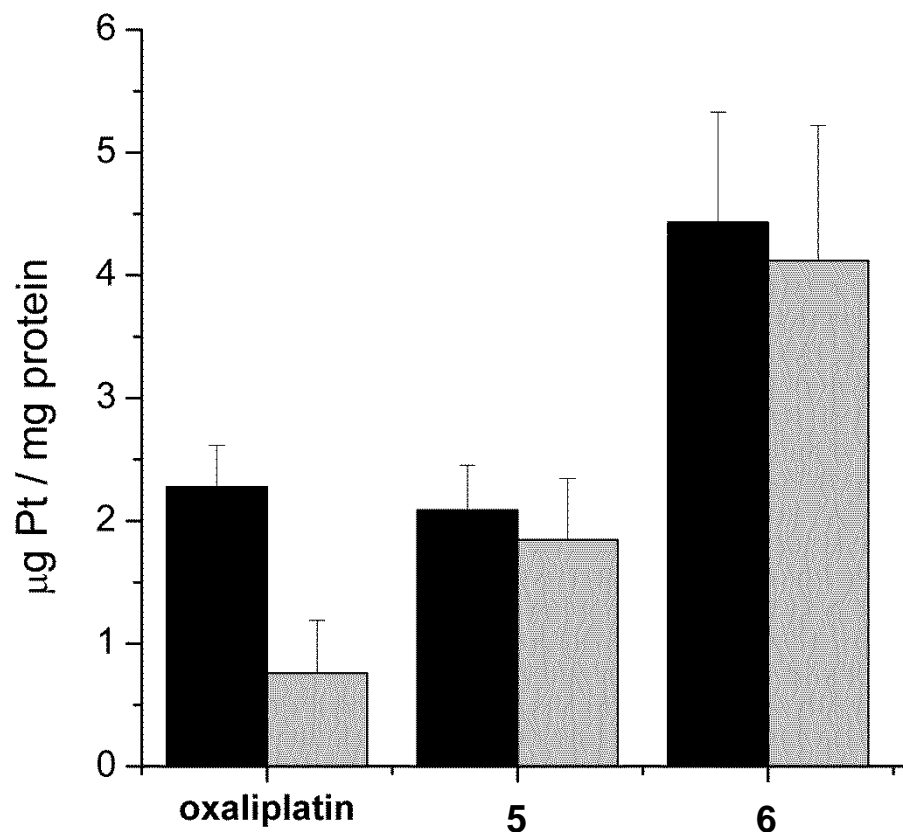
Cmpds	IC ₅₀ [μM] (mean ± SD , 72 h CT)				
	LoVo colon	LoVo-OXP OXP resistant	RF	LoVo-MDR multidrug resistant	RF
CDDP	9.12 ± 1.35	16.16 ± 3.36	1.8	9.06 ± 2.03	1.0
OXP	0.89 ± 0.46	15.25 ± 2.24	17.1	1.36 ± 0.73	1.5
5	6.23 ± 2.34	12.86 ± 1.32	2.1	8.01 ± 0.74	1.3
6	0.093 ± 0.030	0.068 ± 0.02	0.7	0.089 ± 0.02	0.9

resistance factor RF = IC₅₀ (resistant subline) / IC₅₀ (wild-type cells)

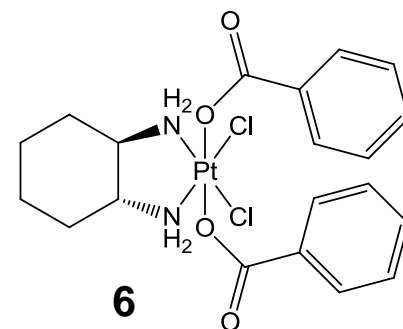
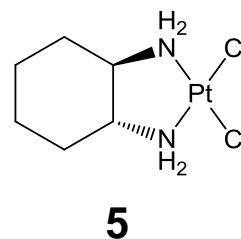
Taking a look at the tables...

- As expected the lipophilic compound **6** was found to be the more effective on all tested cell lines.
- Compound **6** exhibits no cross-resistance with either CDDP or OXP. But **6** and OXP should produce the same active metabolite!
- Compound **6** maintains the same activity on the MDR subline suggesting it is not a P-glycoprotein (P-gp) substrate (MDR is associated with overexpression of multi-specific drug transporters, such as P-gp).
- SI is not bad, but compound **6** is really cytotoxic toward every cell line!

Pt uptake



Intracellular accumulation of platinum complexes detected by GF-AAS analysis. LoVo (black bars) and LoVo-OXP (grey bars) cells were incubated for 24 h with 5 μ M of complexes **5**, **6**, and OXP.



- The increased activity of **6**, showing the largest accumulation in both LoVo and LoVo-OXP cell lines, is related to its high lipophilicity that favors its cellular accumulation by passive diffusion.

A too simple analysis?

- The lipophilicity seems to be the main factor to determine the *in vitro* activity of a Pt(IV) complex (uptake by passive diffusion).
- Lipophilic Pt(IV) compounds exerted a prolonged antiproliferative action in 3D models even when they were removed from the culture medium.
- Their increased activity may be related to a double effect: high uptake and reduced efflux.
- The combination of these effects fills the cell of a (high) Pt quantity that the cell is not able to eliminate and it interfere with the cell machinery.
- However, lipophilicity and oral absorption did not seem to get along.
- *In vivo* work is in progress.

Thanks to:



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FONDAZIONE

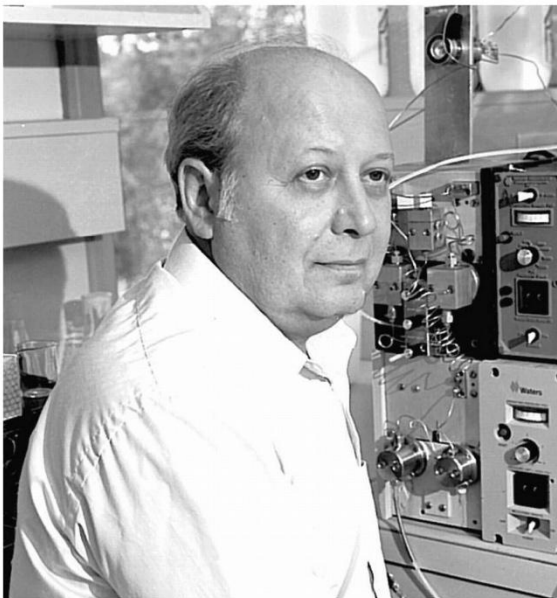
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FONDAZIONE  **CRT**

Cassa di Risparmio di Torino

“If a hundred years of cancer research has taught us anything, it is that if you must get cancer, you want to be a mouse, because we can cure cancer in mice. Curing it in people is immensely harder, and most promising therapies fail at exactly the transition from mouse to man.”

G.A. Petsko, *Genome Biology*, **2001**, 3: comment1001



Barnett Rosenberg

(* 16 November 1926 – † 8 August 2009)