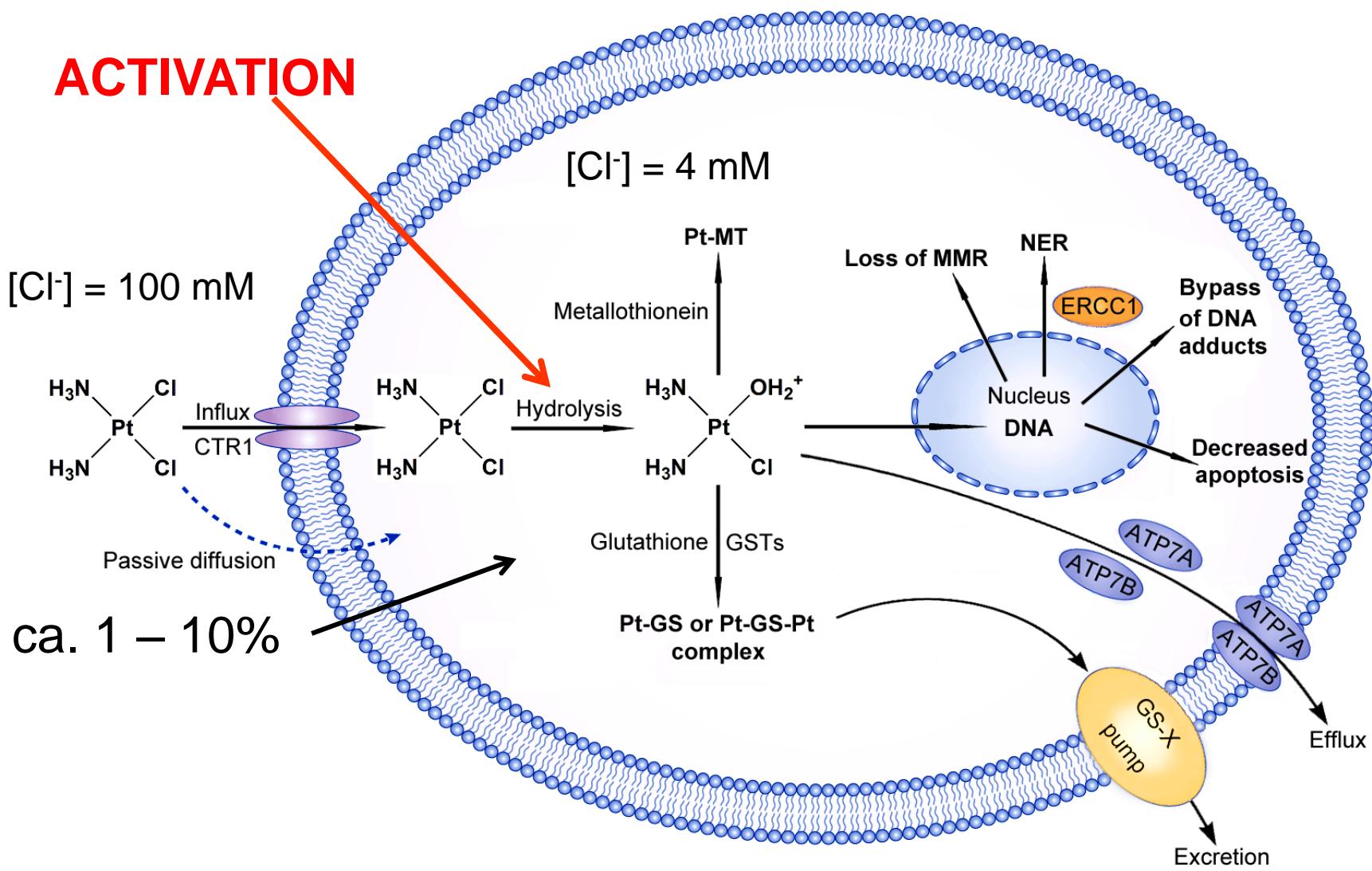
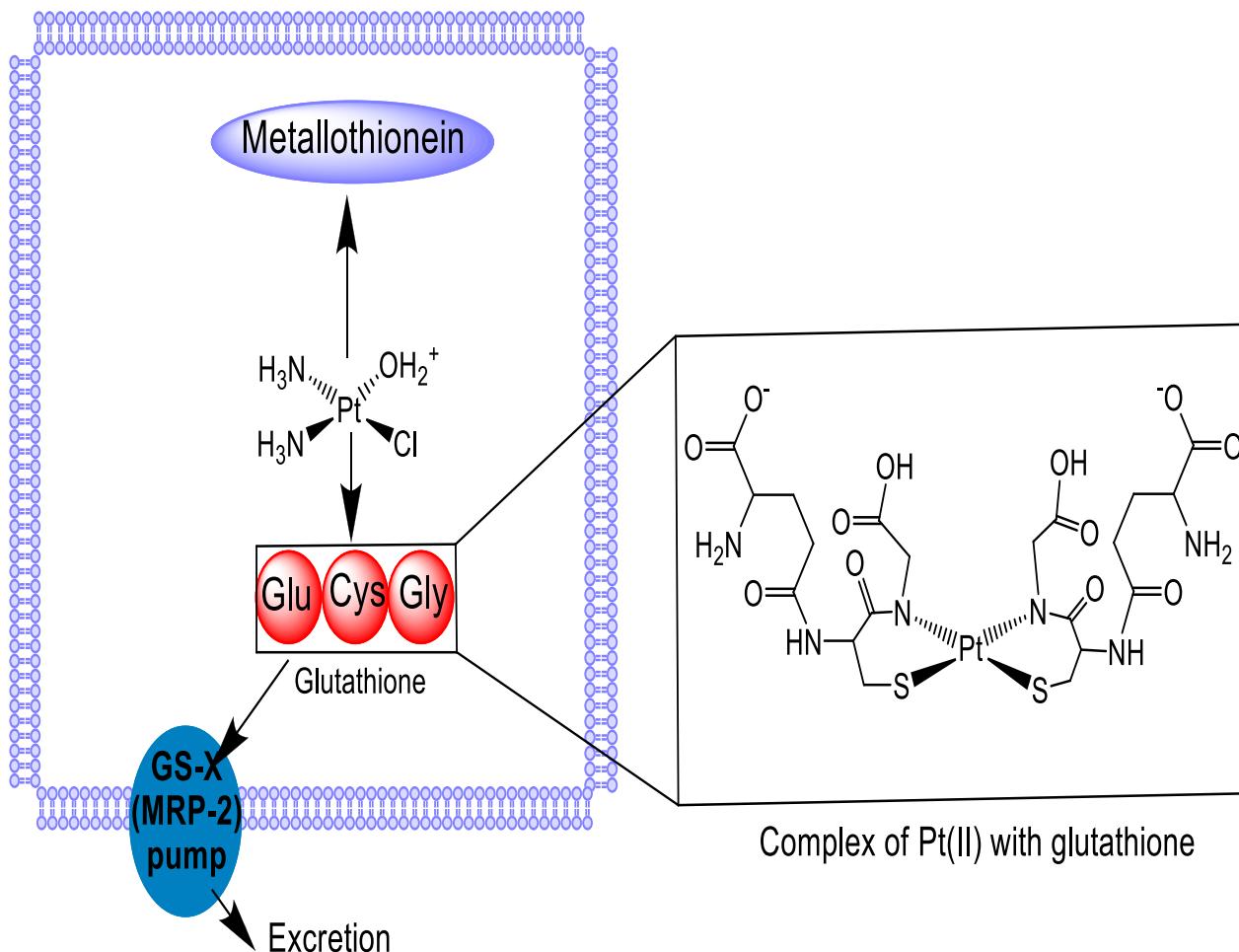


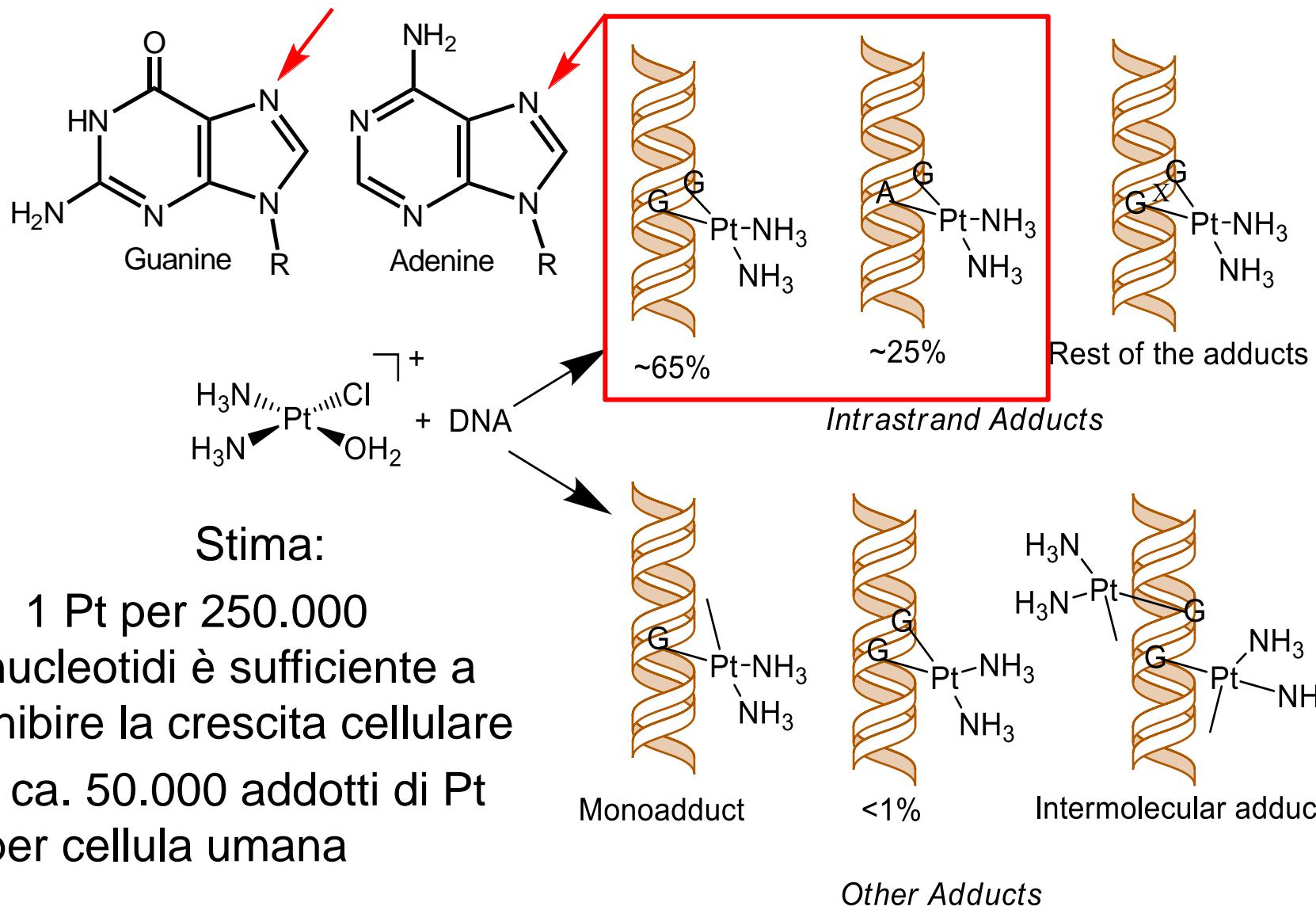
Discovery of cisplatin

Mechanism of action

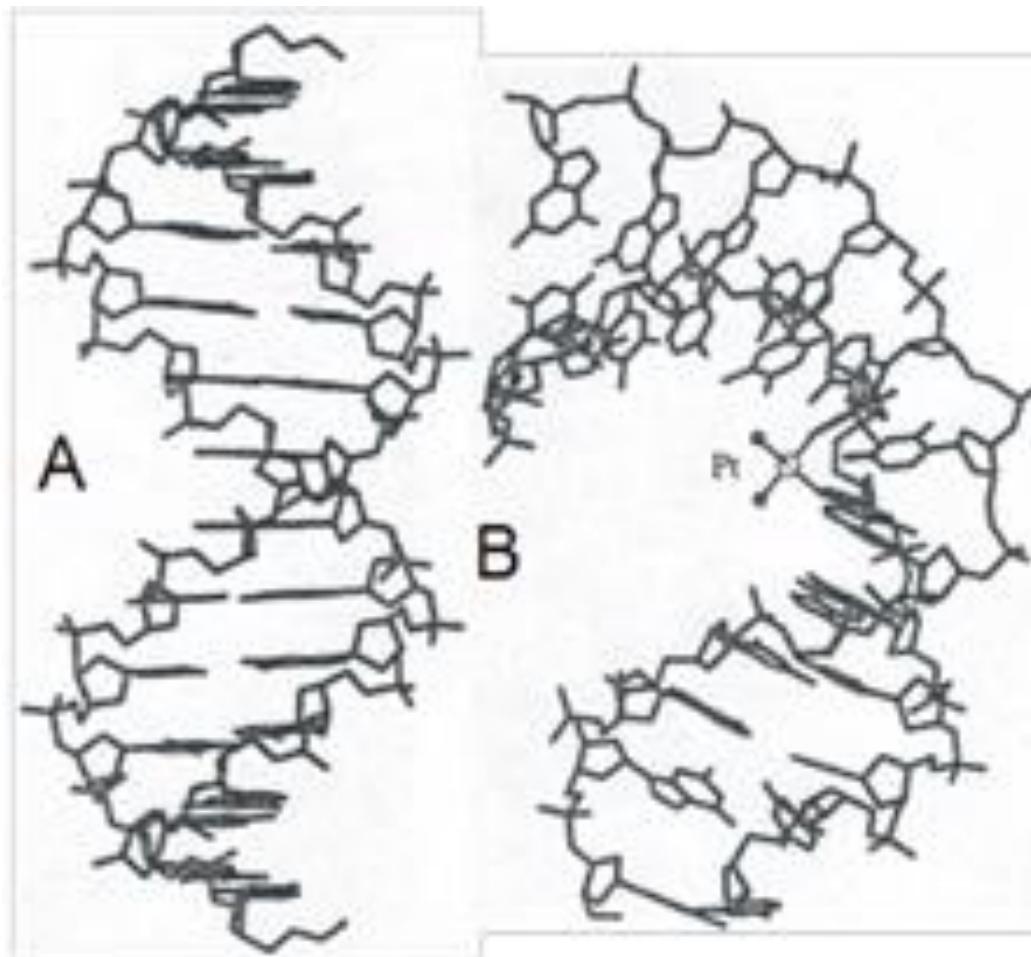
Structure – Activity  
relationships



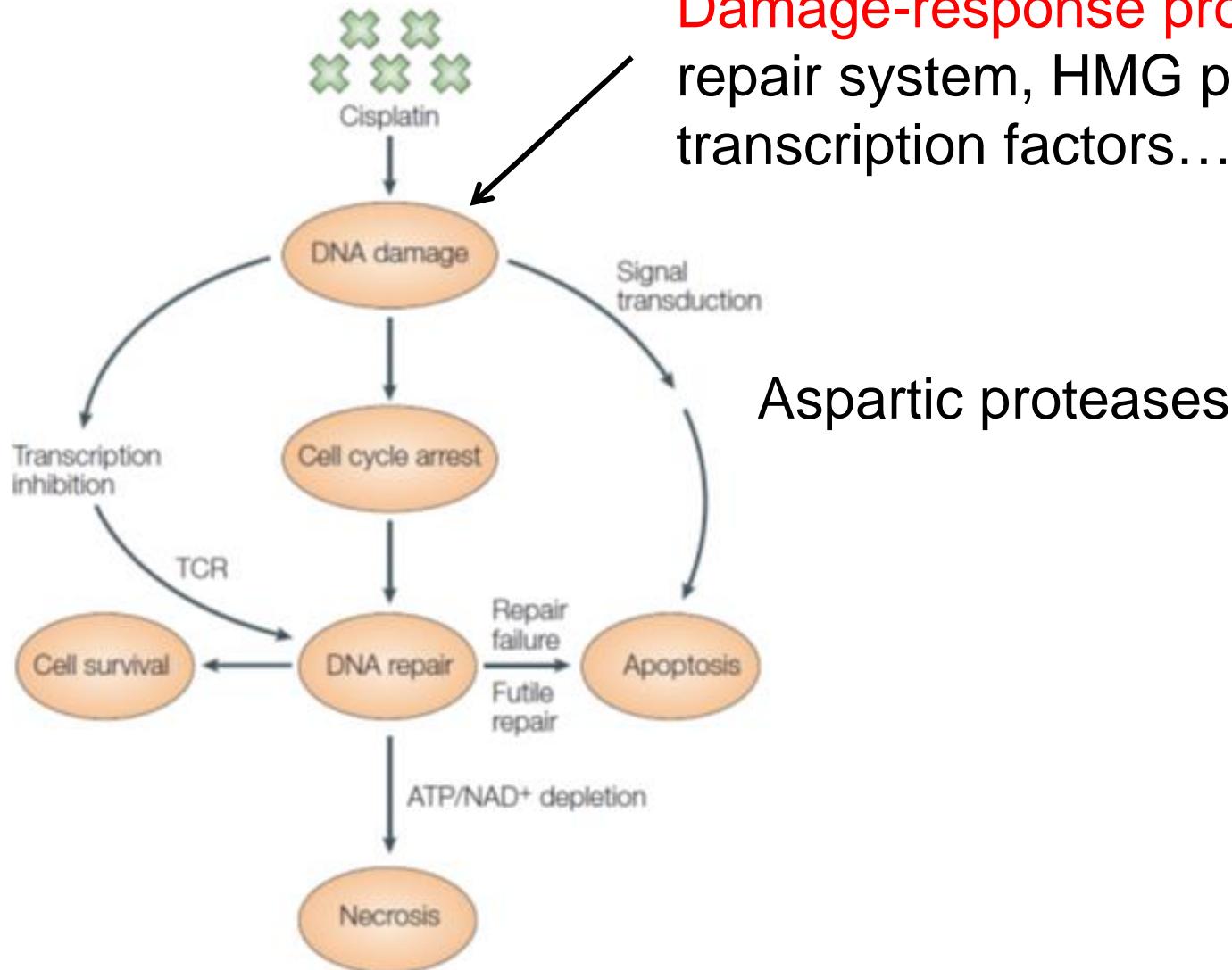




La platinazione induce un piegamento (*kink*) verso il *major groove* e uno svolgimento (*unwinding*) locale del DNA

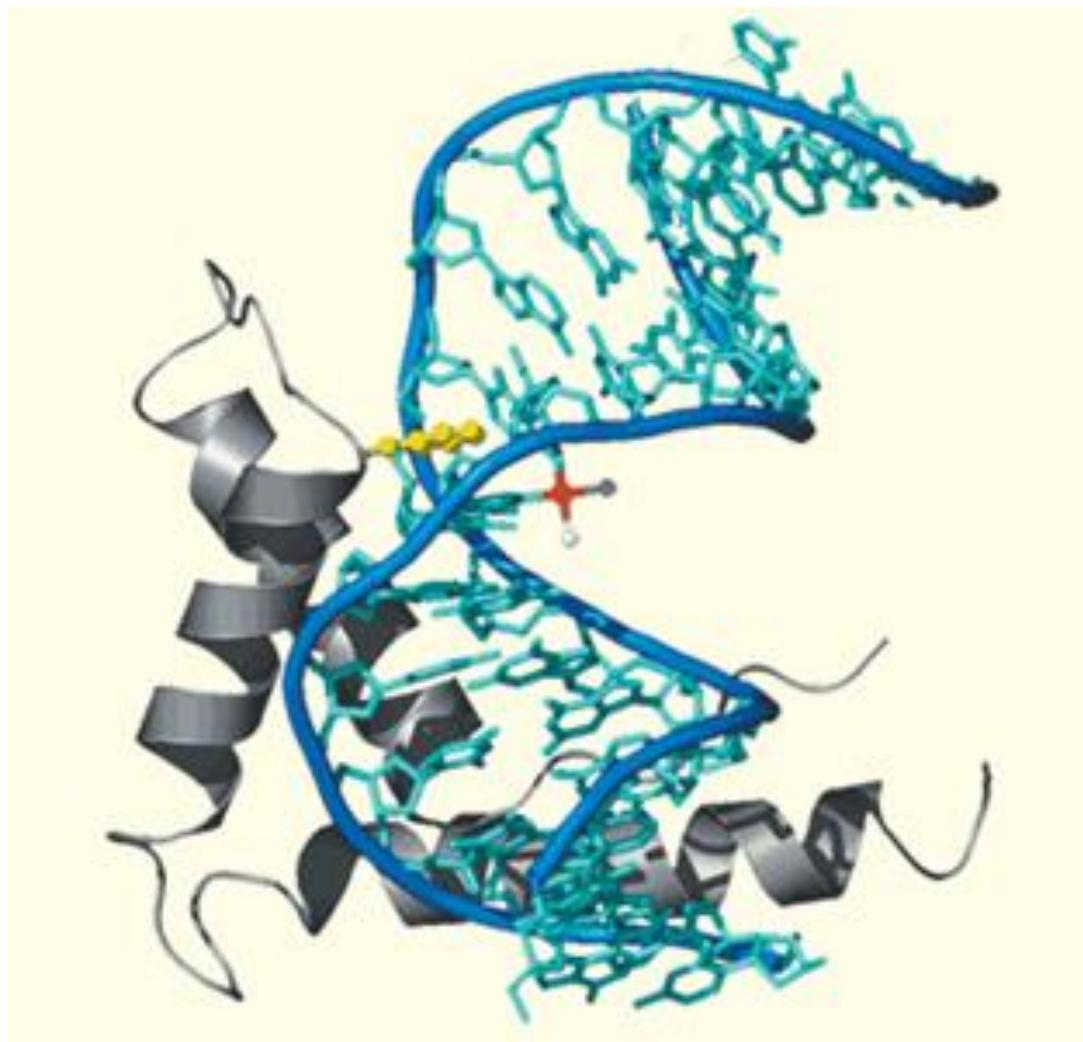


**Damage-response proteins:** DNA repair system, HMG proteins, transcription factors...



Aspartic proteases

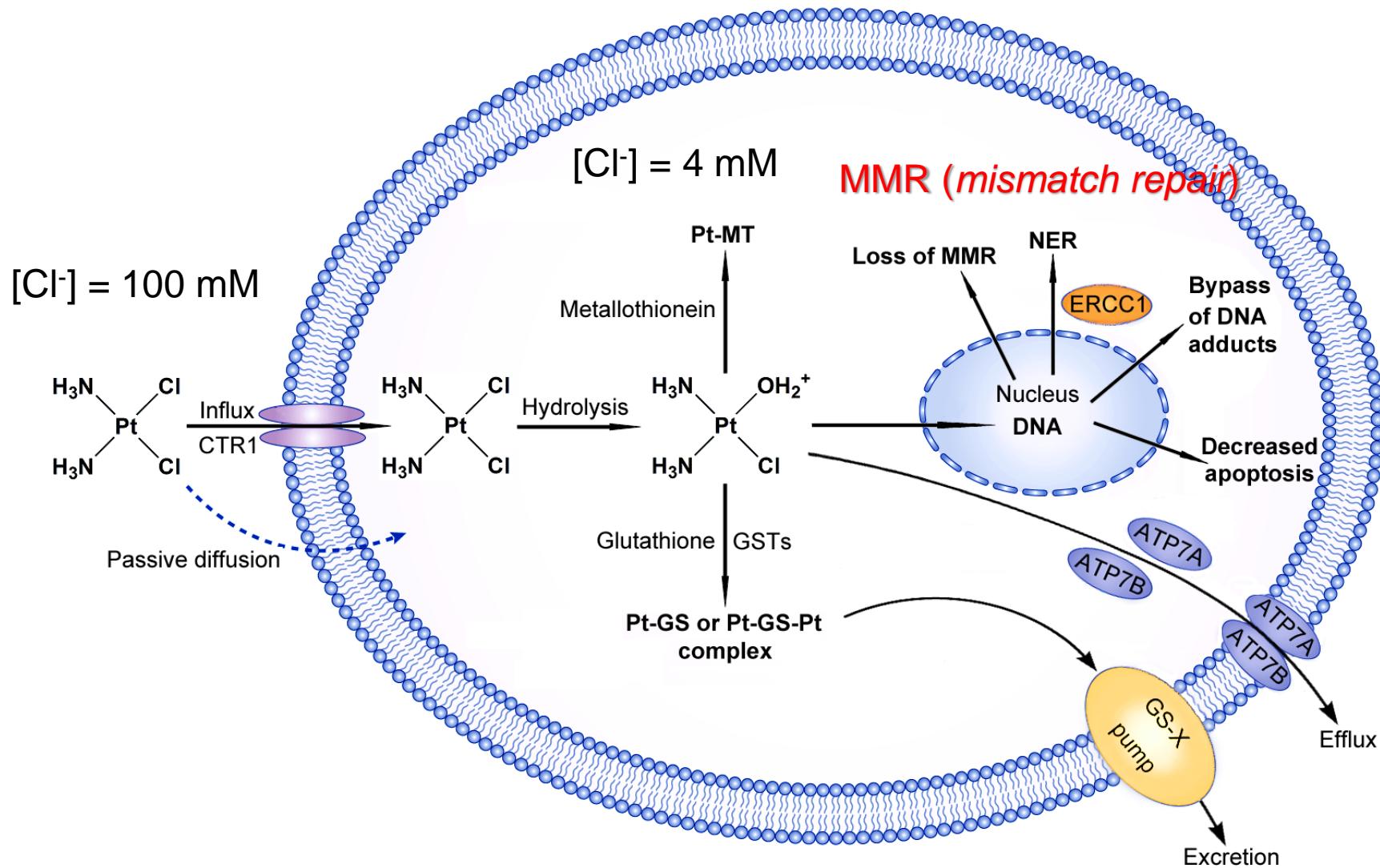
# Riconoscimento del sito di platinazione del DNA da parte di una proteina HMG (High Mobility Group) Group)



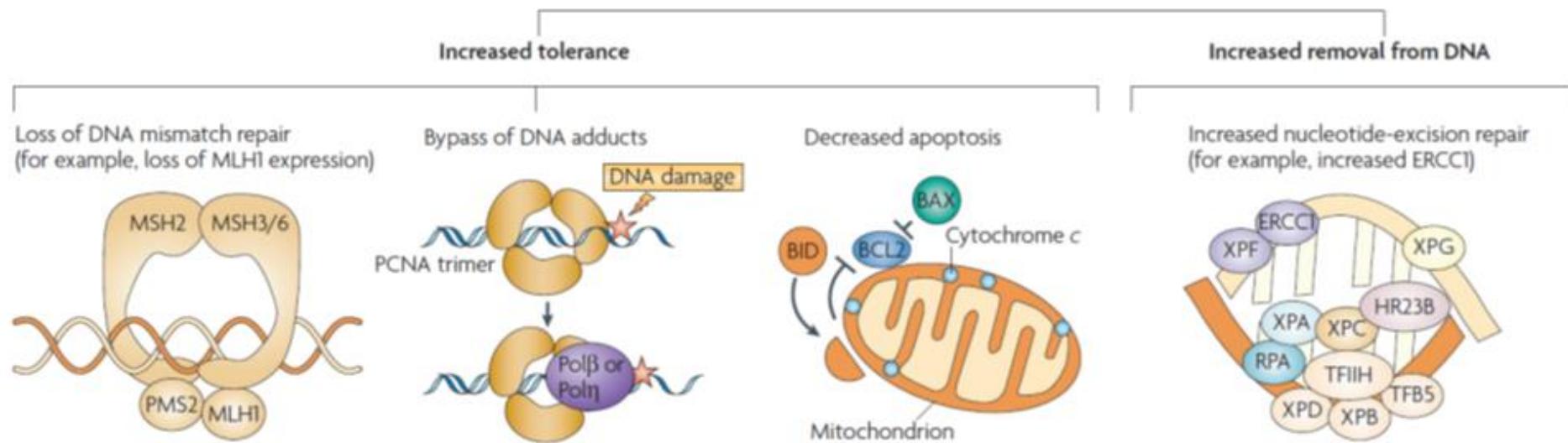
# Principali meccanismi di resistenza

- 1) diminuzione del livello di platino nella cellula;
- 2) aumento del livello di tioli cellulari (glutazione, metallotionineine e altre molecole contenenti zolfo);
- 3) aumento della capacità di riparo del DNA e/o aumento della resistenza al danno;
- 4) cambiamenti nelle catene di segnali che portano alla morte cellulare (*cell-death pathways*), o alla sua sopravvivenza. In particolare, riduzione della risposta apoptotica e attivazione di *survival pathways*.

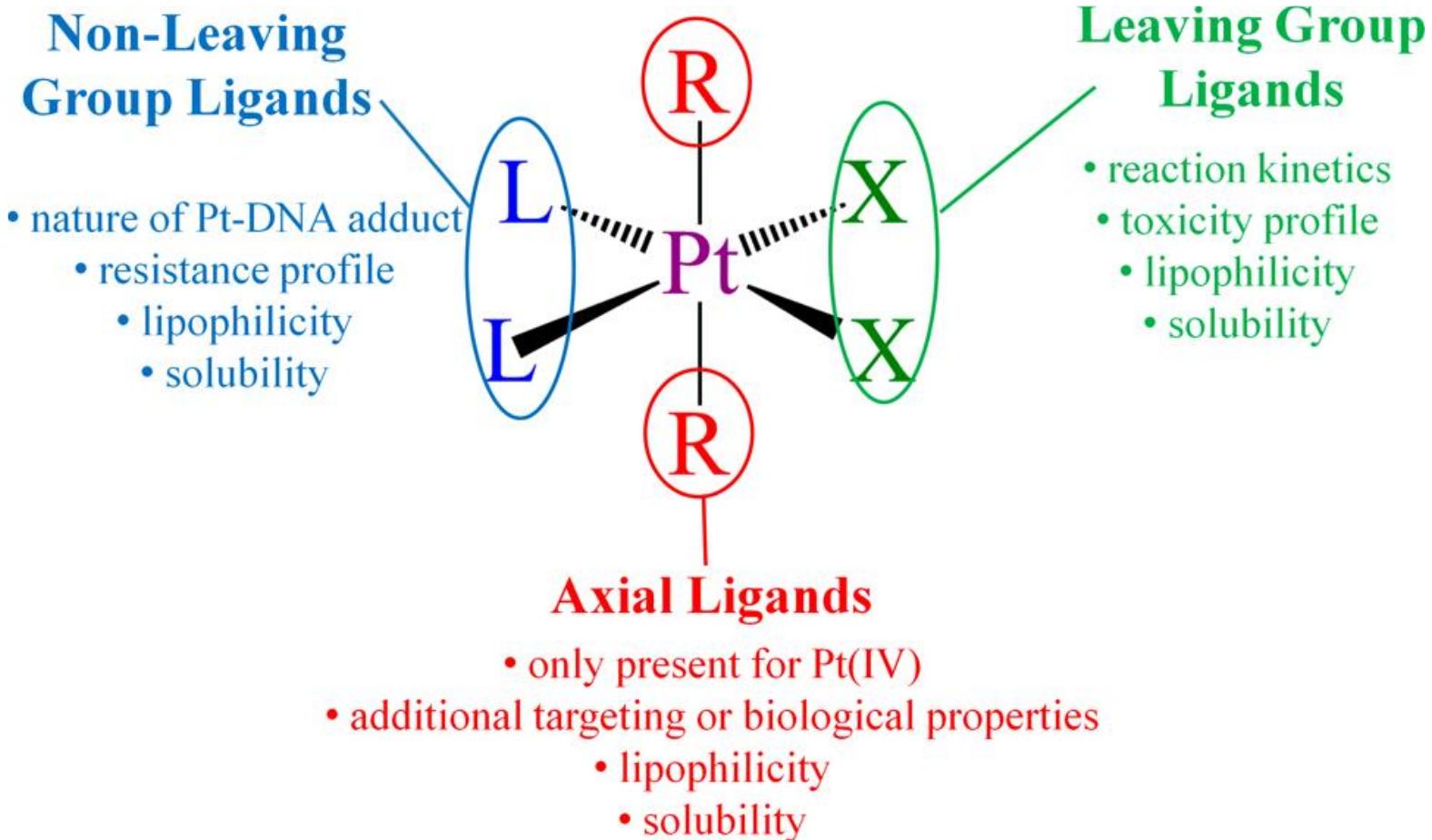
**NER (Nucleotides Excision Repair)**  
**ERCC1 (excision repair cross-complementing-1)**



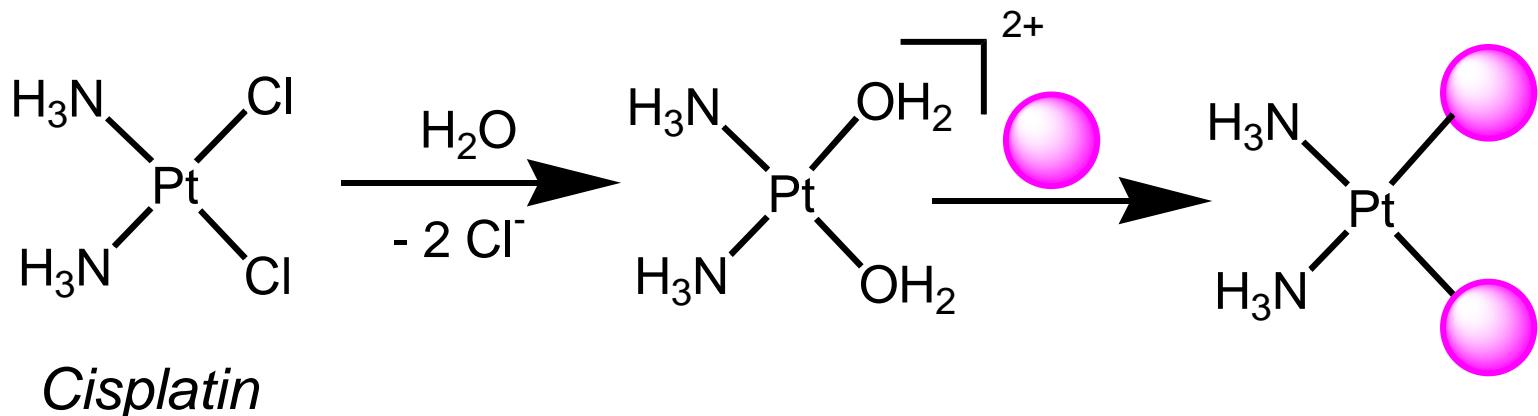
# Meccanismi di resistenza



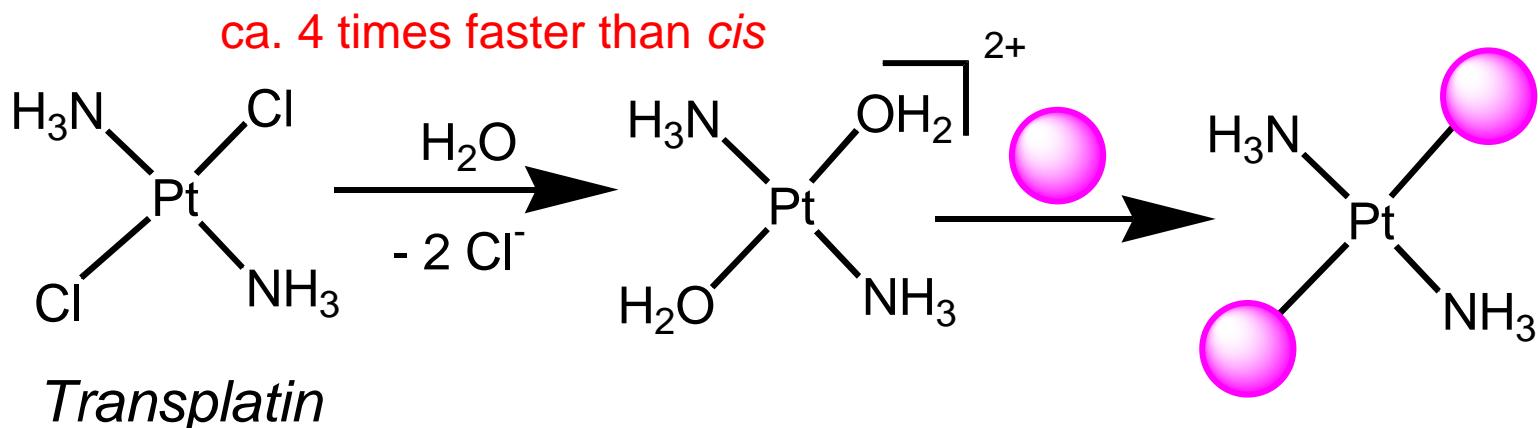
# Correlazione struttura – attività



# *La geometria conta!*



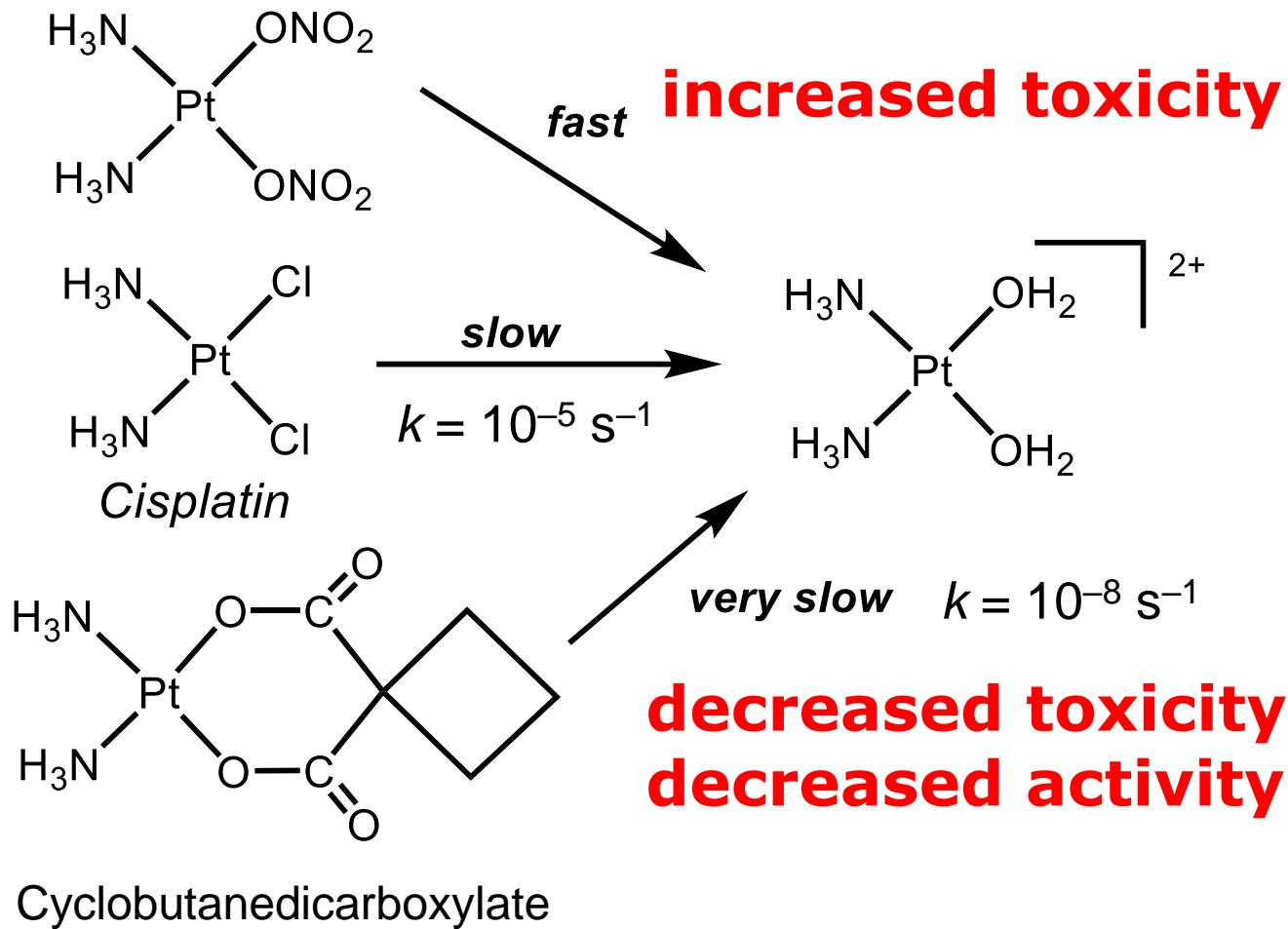
*Cisplatin*



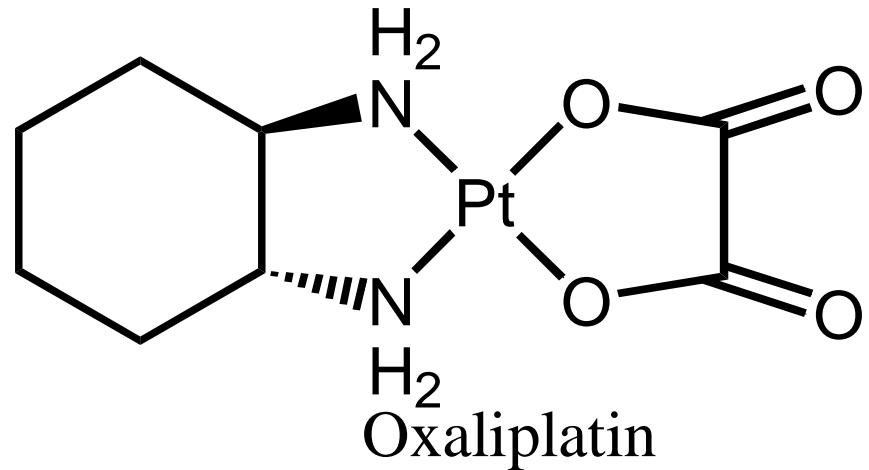
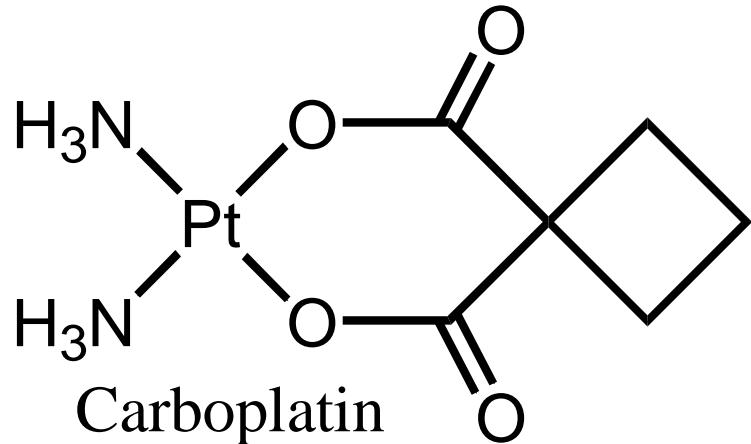
*Transplatin*

Toxic, but not anticancer active

# *La cinetica conta!*



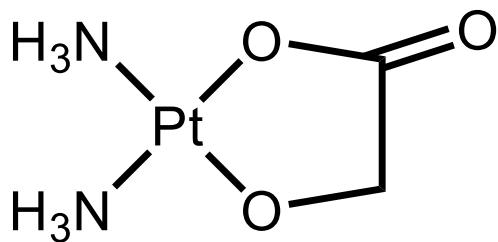
# 2<sup>nd</sup> and 3<sup>rd</sup> generation Pt(II) drugs: Carboplatin and Oxaliplatin



1,1-cyclobutanedicarboxylate  
 $t_{1/2}$  aquation = 268h vs 2.4h of cisplatin  
300–450 mg/m<sup>2</sup> vs 20–120 mg/m<sup>2</sup> of cisplatin

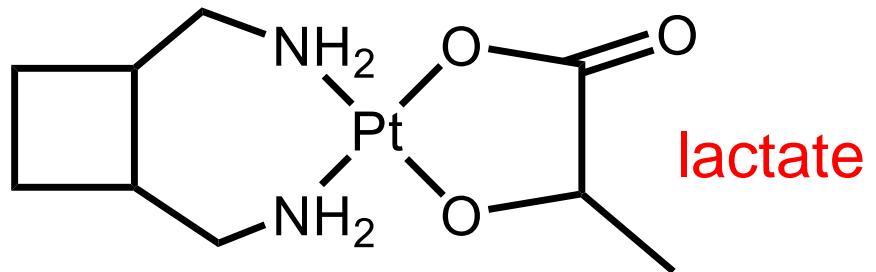
*trans*-(1*R*,2*R*)-1,2-diaminecyclohexane

2-hydroxyacetate



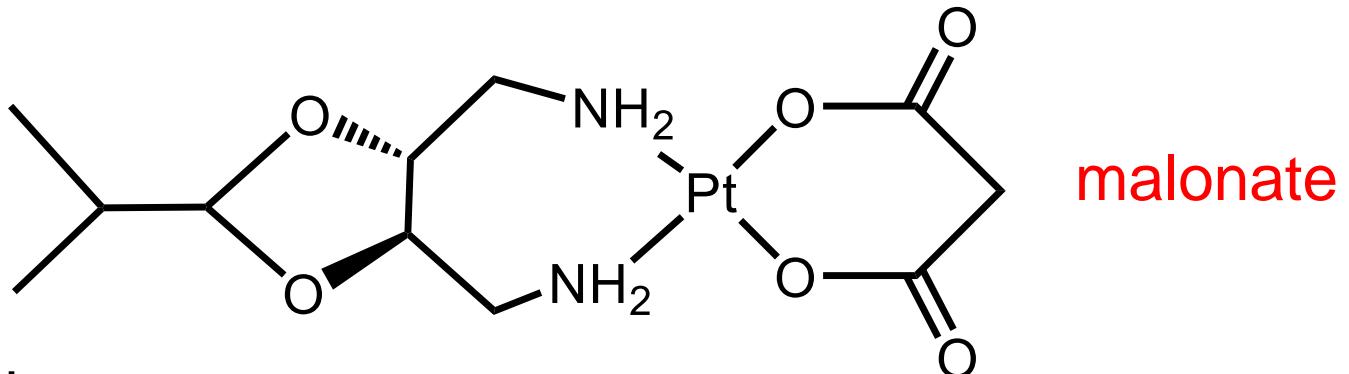
Nedaplatin (Japan)

II generation



Lobaplatin (China)

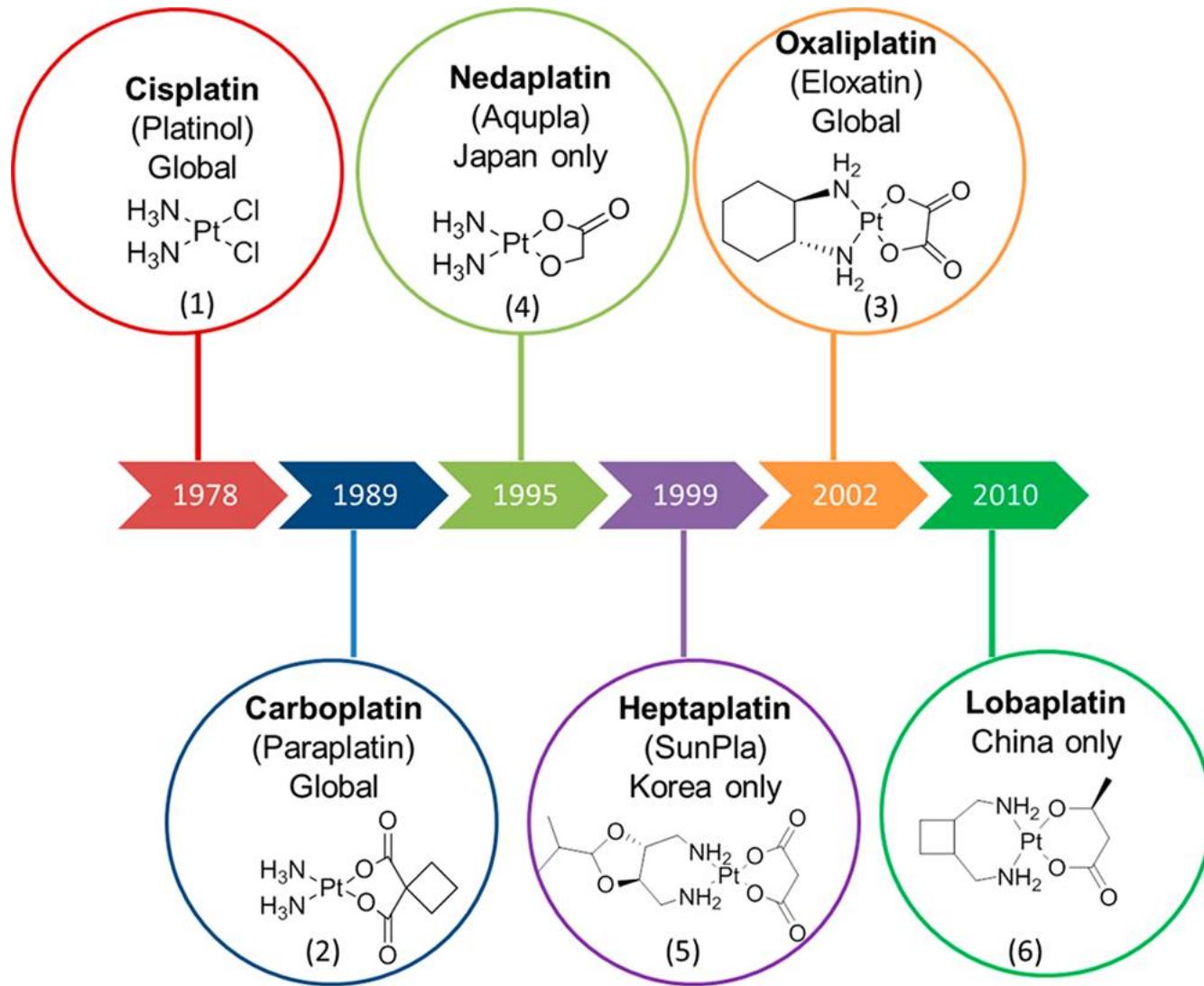
III generation



III generation

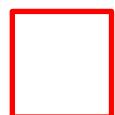
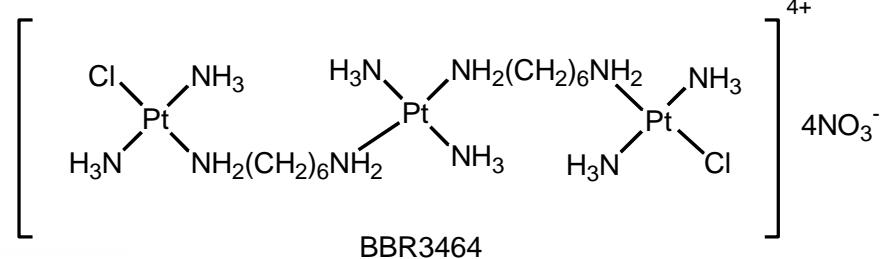
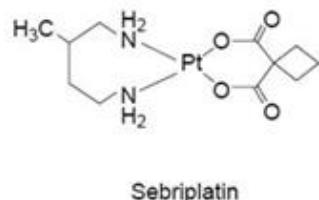
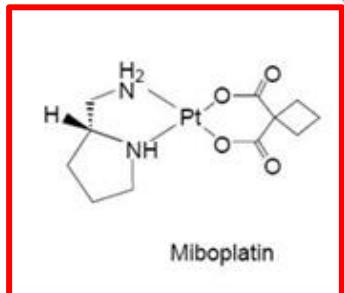
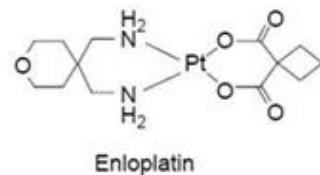
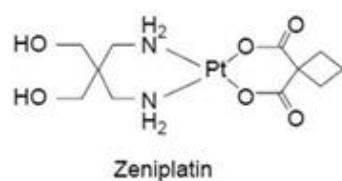
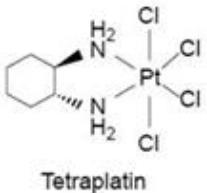
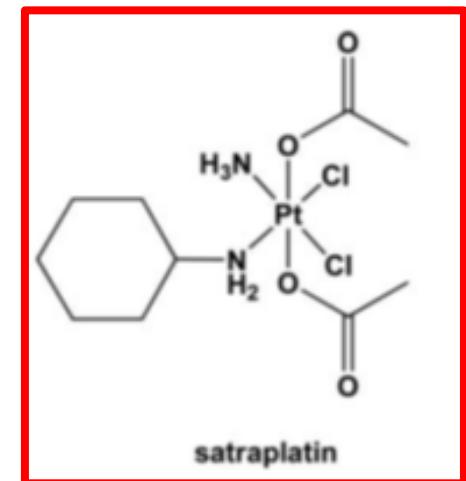
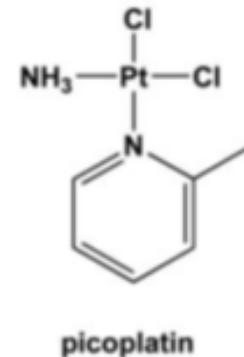
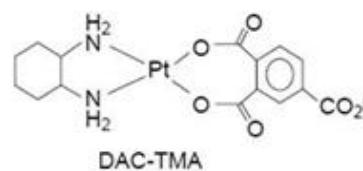
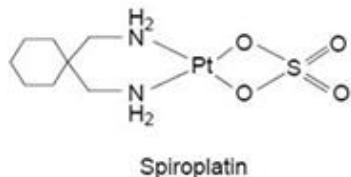
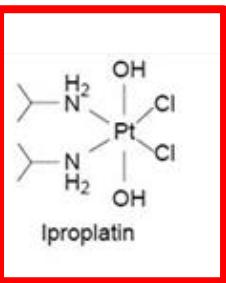
Heptaplatin (South Korea)

malonate



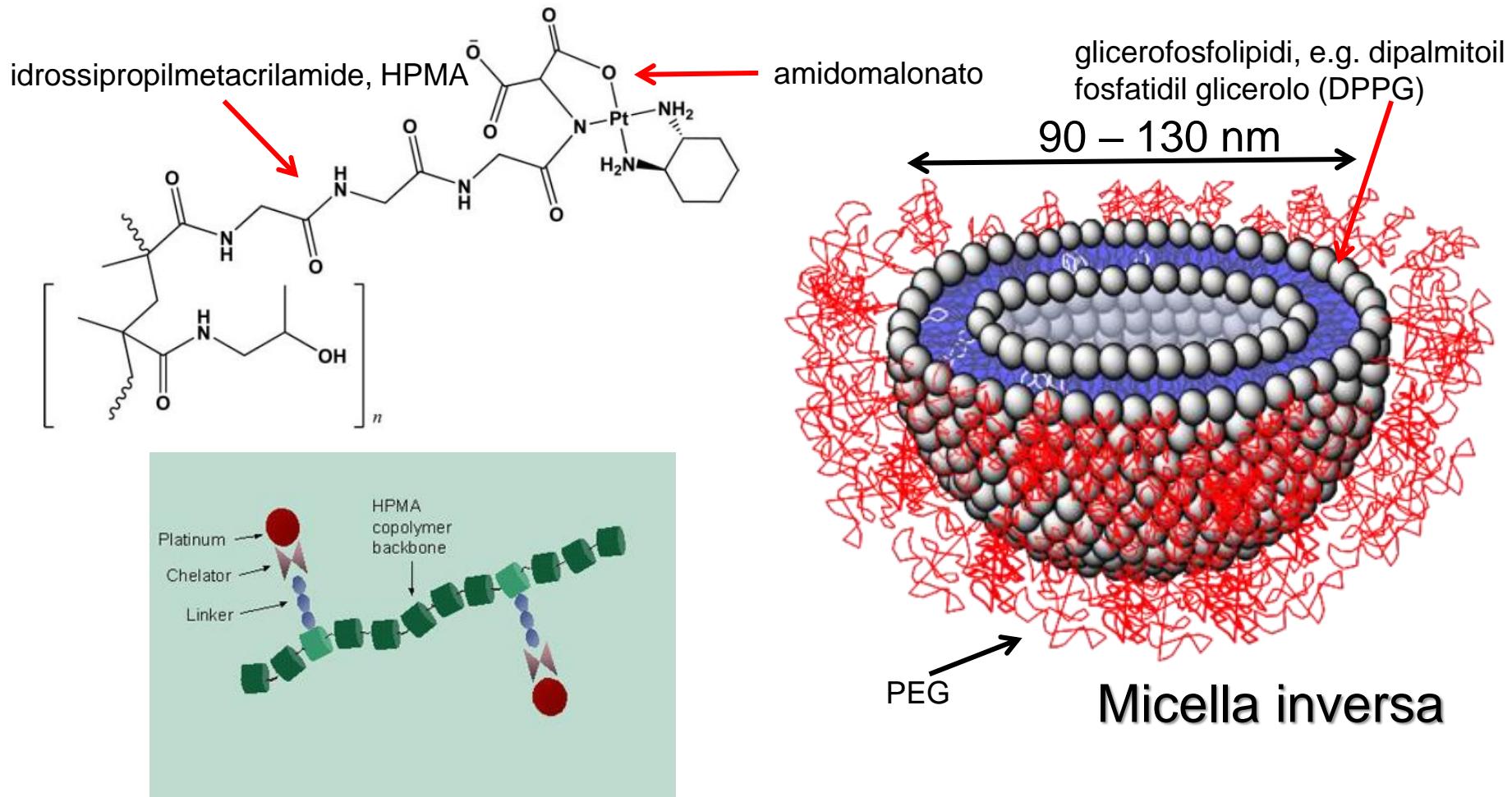
# Alcuni dei 23 composti di Pt testati in fase clinica

cinque studi di fase 1, ventidue di fase 2, uno di fase 3, > 1000 pazienti



= fase 3

# Alcune formulazioni di Pt in fase clinica: i nano-carrier ProLindac<sup>TM</sup> e Lipoplatin<sup>TM</sup>



- Pt drugs are actually **prodrugs** (or *functional compounds*) and need an activation step.
- For functional compounds activation occurs typically by hydrolysis, possibly preceded by reduction/oxidation.
- The coordination of the metal to the bio-target is the main interaction responsible for the activity. Additional, less energetic, interactions may be also important.

# Functional Compounds

The anticancer activity (e.g. cytotoxicity) of functional compounds will depend on **many parameters**, very often strictly interconnected:

1. on the nature of the metal center (*thermodynamic and kinetic parameters, hard-soft nature, oxidation state*)
2. on the nature of the non-leaving ligands (*lipophylicity, charge, solubility, non-covalent interactions...*);
3. on the kinetics of activation (e.g. *aquation rate*)

Not surprisingly, the few metal anticancer drugs that are in clinical use – all of them functional – were found serendipitously or by rational design from a lead compound (cisplatin → carboplatin → oxaliplatin).

There are apparently two ways for overcoming the limitations of Pt anticancer drugs:

1. Find novel, non-conventional Pt drugs, i.e. Pt compounds that do not follow the established SAR rules;
2. Find new anticancer drugs based on different metals.

Non-platinum active compounds are likely to have thermodynamic and kinetic parameters different from those of Pt drugs and, as a consequence, also different

- mechanism of action
- biodistribution
- toxicity

Among the several metals that are currently being investigated for their anticancer activity, **ruthenium** (among others) occupies a prominent position.

# Expectations

**Ruthenium drugs are expected:**

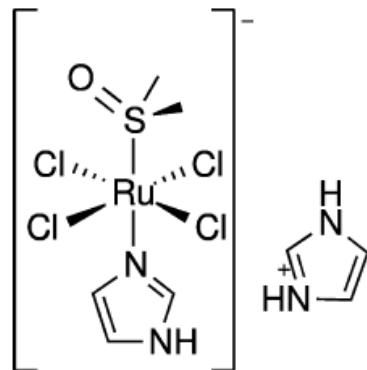
1. to be active against those human malignancies that are resistant, or have acquired resistance, to Pt drugs.
2. to show a lower (or at least different) toxicity compared to Pt drugs.

# General features of ruthenium compounds

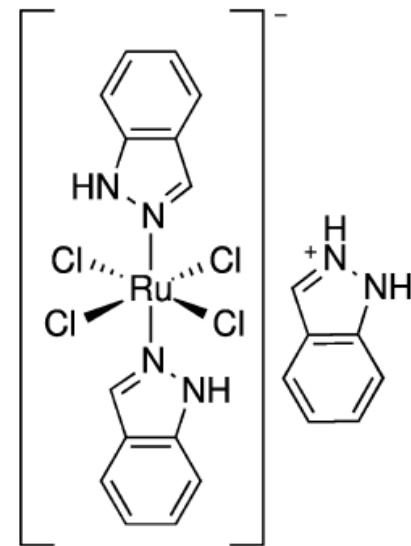
- Six-coordinate, octahedral geometry
- High affinity for nitrogen and sulfur ligands
- Two readily accessible oxidation states in aqueous solution: Ru(III) ( $d^5$ , paramagnetic) and Ru(II) ( $d^6$ , diamagnetic)
- Ru(III) complexes are usually more inert than the corresponding Ru(II) species
- The kinetics of ligand dissociation of Ru compounds are similar to those of Pt compounds (with remarkable exceptions)

# Clinically tested anticancer Ru(III) compounds

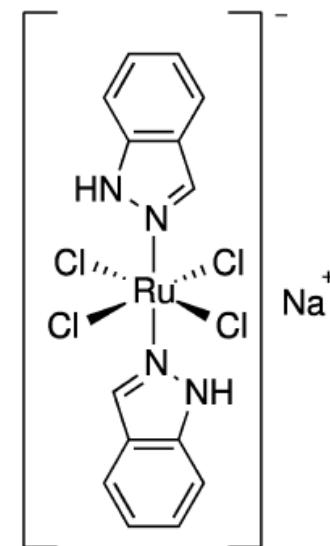
Deceptively similar



NAMI-A



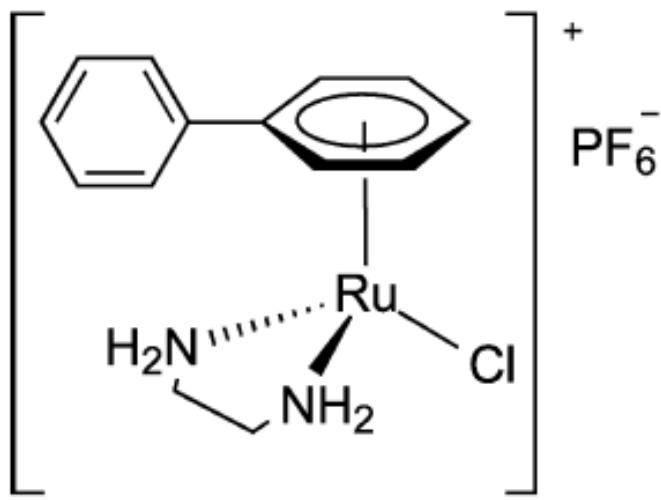
KP1019



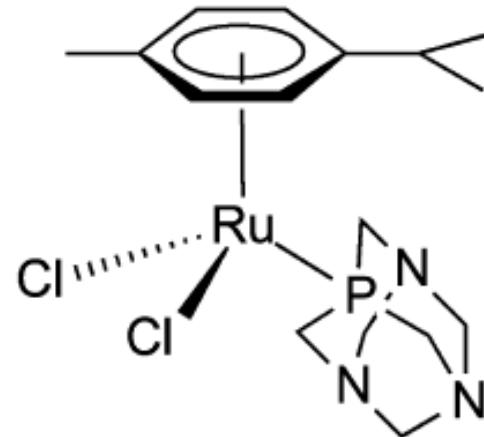
(N)KP1339

Both NAMI-A and KP1019 are **prodrugs**; they are activated through hydrolysis, possibly after reduction to Ru(II).

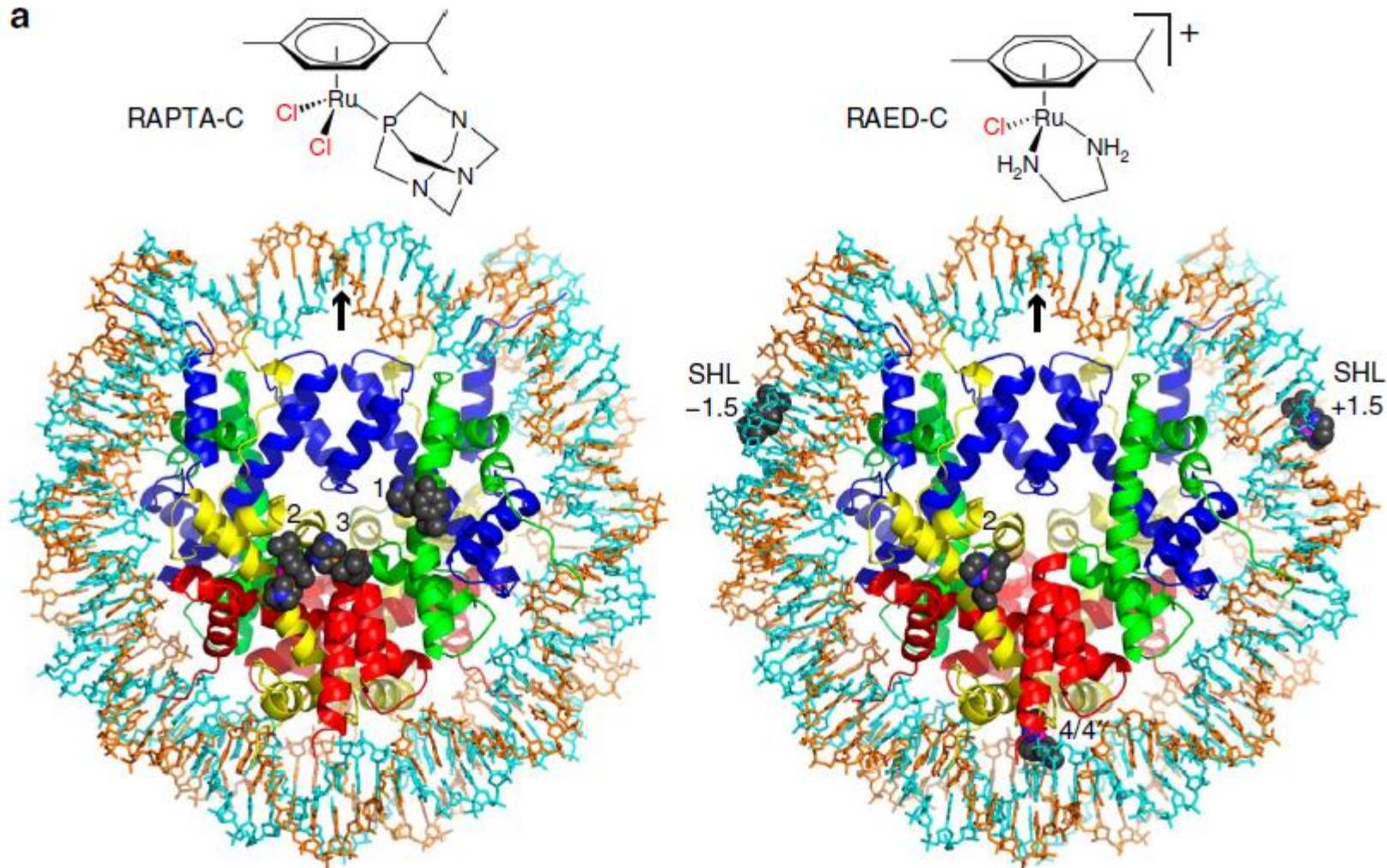
# Anticancer organometallic Ru(II) compounds



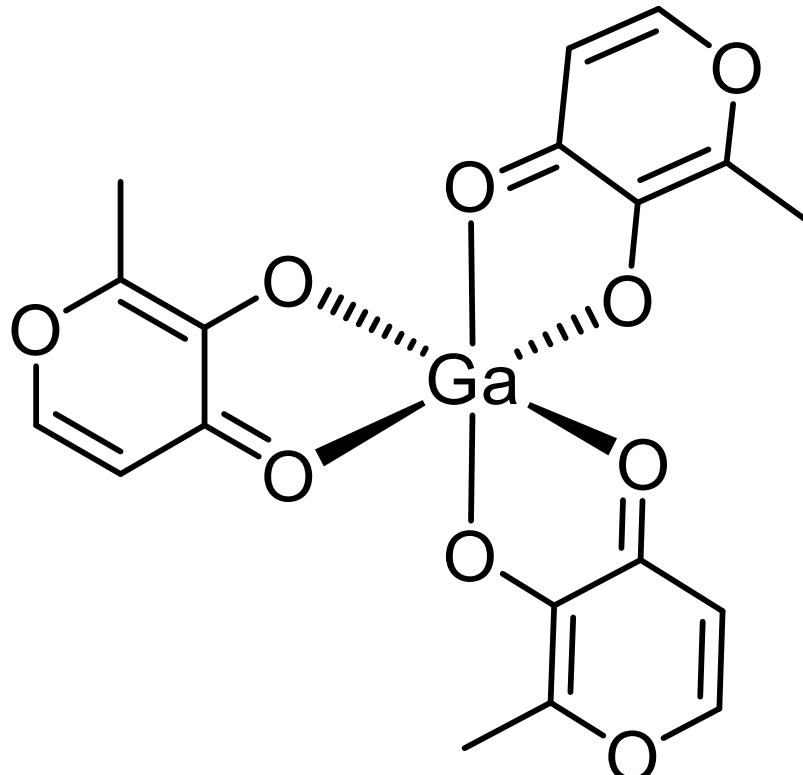
**RM175**



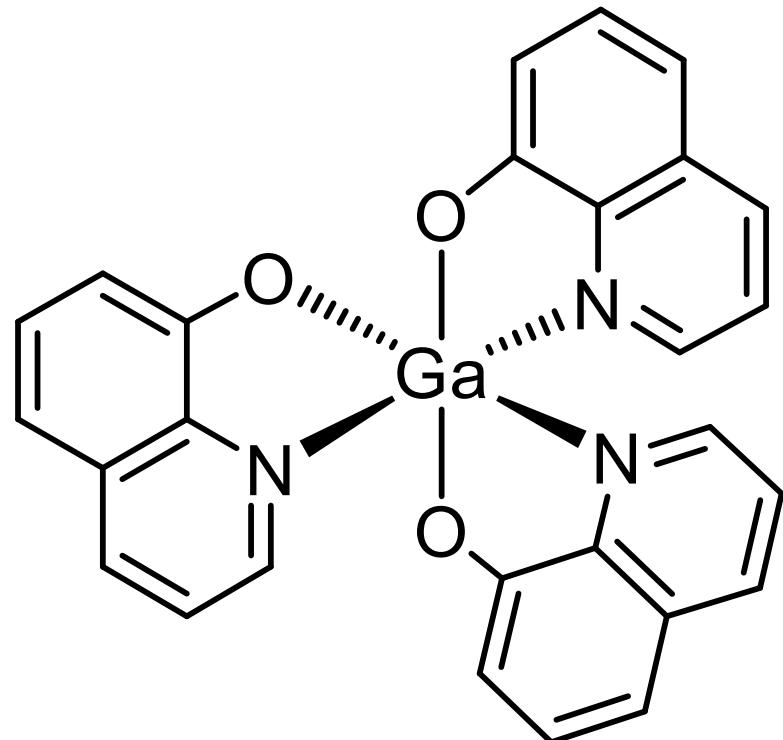
**RAPTA-C**

**a**

# Potenziali composti antitumorali di gallio



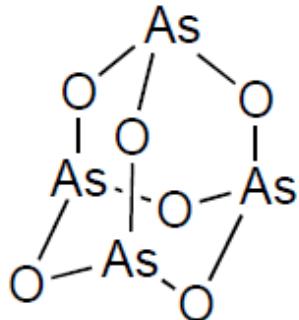
tris-maltolato



tris(8-idrossichinolinato)

$\text{Ga}^{3+}$  è simile a  $\text{Fe}^{3+}$  ma inibisce la ribonucleotide reduttasi

# Composti antitumorali di arsenico



ATO

0.15 mg/kg

FDA 2000

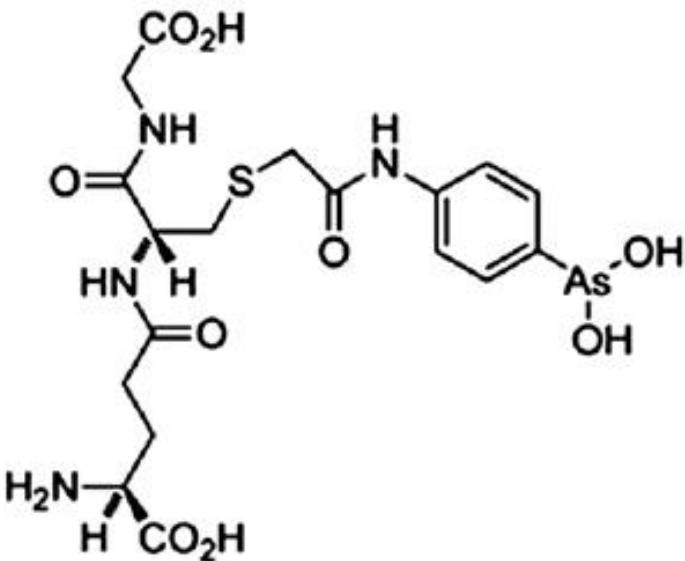
*acute promyelocytic leukemia*

ATO/ATRA therapy

(ATRA = all-trans retinoic acid)

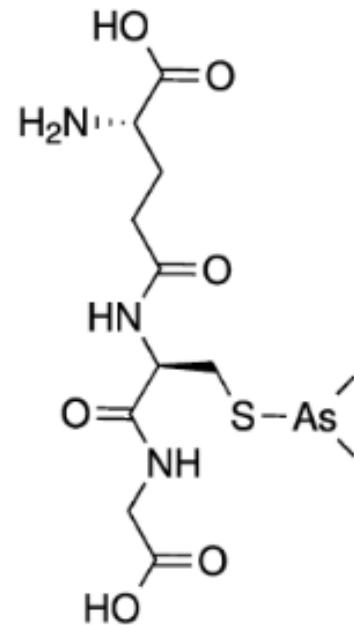
- Degradazione della proteina mutante PML-RAR $\alpha$  che blocca la differenziazione mieloide
- Inibizione di enzimi anti-ROS (glutazione reduttasi, glutatione perossidasi, tioredossina reduttasi e tioredossina perossidasi)

# Potenziali composti antitumorali di organo-arsenico



**GSAO**

4-(N-(S-glutathionylacetyl)amino)phenylarsonous acid



**Darinaparsin**

S-dimethylarsinoglutathione