

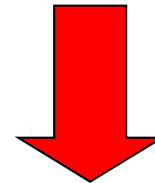
# „The Magic Bullet“

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**Nobel in Medicine - 1908**

**Paul Ehrlich vision**  
(begining of 20<sup>th</sup> century)



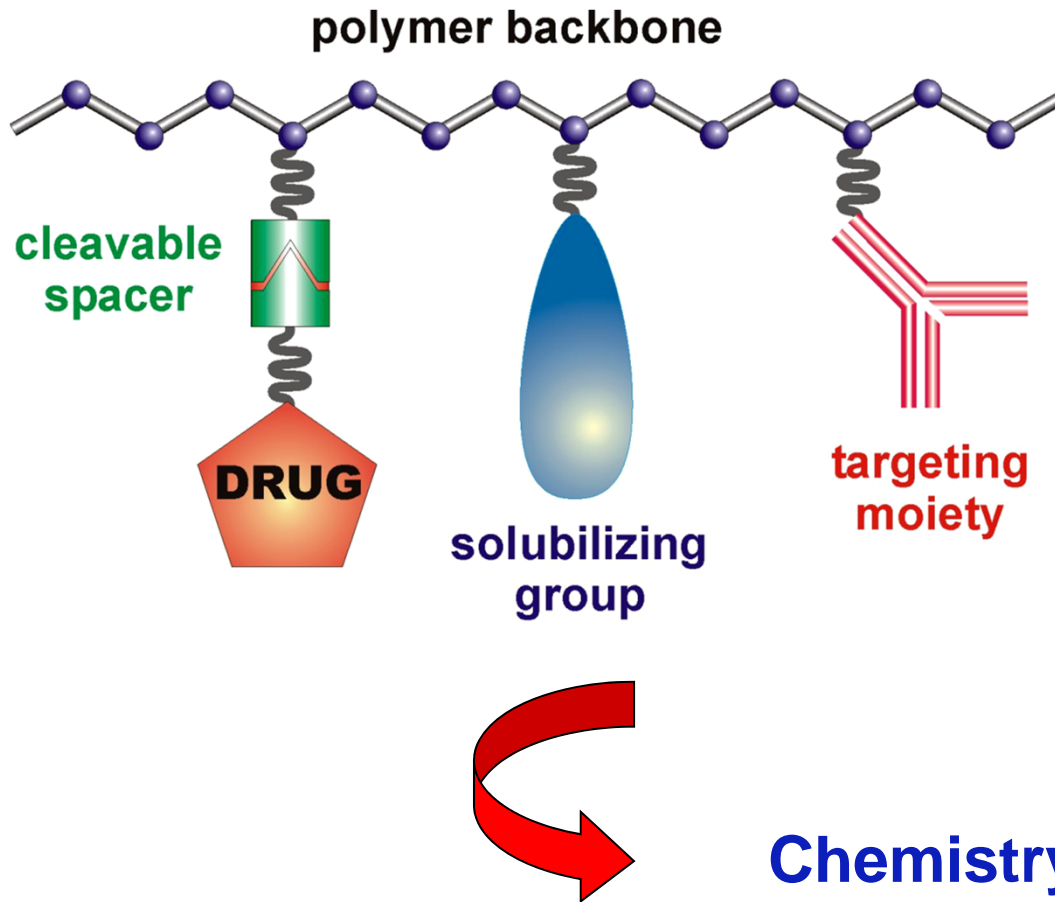
**„The magic bullet“**



**mAbs as a carriers of drugs**

# Ringsdorf Model

## Ringsdorf Model (1975)



## Chemistry of bioconjugation

Eg. PK2, CT-2130 etc.

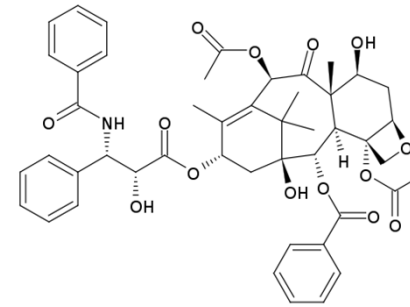
# Drug Classes & Modes of Action

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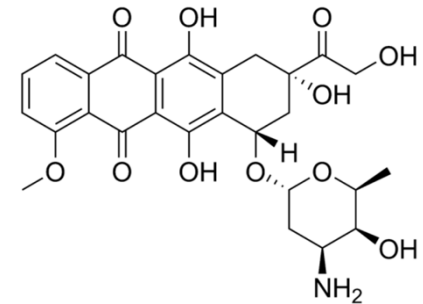
## Principles of chemotherapeutic treatment

- Targeting the tumor cell  
→ **cytostatic drug**

Inhibition of cell growth and proliferation



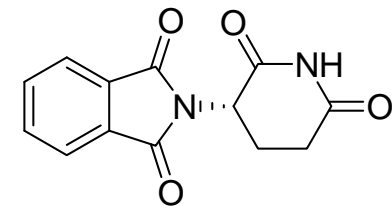
*Paclitaxel*



*Doxorubicine*

- Targeting the blood supply of the tumor  
→ **anti-angiogenetic drug**

Inhibition of angiogenesis (the growth of new blood vessels)

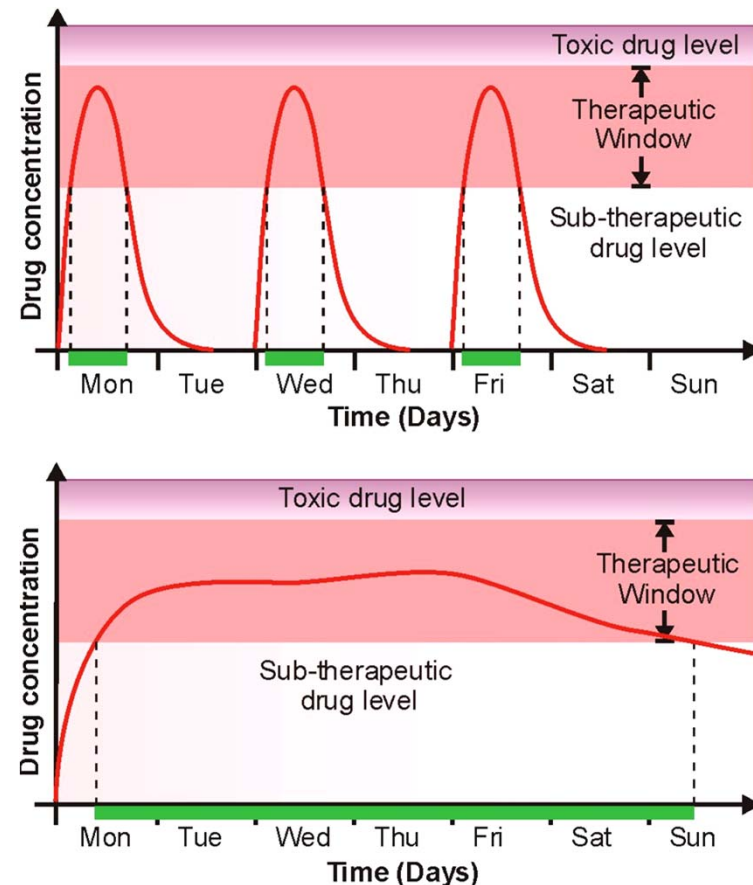


*(S)-Thalidomide*

# Low Molecular Weight Drugs

- most drugs are small molecules (MW ~ 500 g/mol)
- short half life in blood circulation
- fast diffusion into healthy regions
- fast clearance from body
- low selectivity for target tissue causing side effects
- low amounts of drug reach target tissue
- no constant levels of drug concentration
- many side effects
- multiresistance
- poor selectivity
- poor water solubility
- high toxicity

## Circulation life-time difference between unmodified drug and polymer-drug conjugate

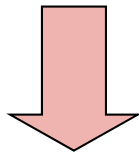








Pharmacokinetic profile of Interferon and **Pegasys**<sup>®</sup> - Interferon conjugated to branched PEG 40 kDa

# Low Molecular Therapeutics vs. Macromolecular Therapeutics

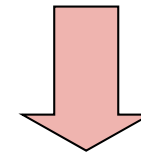
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## Low Molecular Therapeutics



- Solubility problems 
- Cell entry by diffusion 
- No preferential accumulation 
- Targeting (prodrug) possible 
  
- Fast elimination 
- Non-specific toxicity 

## Macromolecular Therapeutics



- Improved water solubility
- Cell entry by endocytosis  
(ability to overcome multidrug resistance)
- Preferential accumulation in solid tumors
- Effective targeting
  - cell surface receptors
  - specific subcellular organelles
  
- Slower elimination
- Decreased non-specific toxicity

# Requirements for Polymeric Drug Carriers

---

## **Polymeric drug carriers have to be:**

1. Well characterized (reproducibility, PDI, heavy metal traces)
2. Hydrophilic for intravenous drug delivery.
3. Biocompatible (non-toxic and non-immunogenic), also metabolic products
4. Multivalent (for conjugation of drug, targeting and/or imaging moiety)
5. Stable in circulation (drug linkage)
6. Formulation (stable under convenient administration)
7. Easily eliminated from the body (whole polymer or metabolites)

# Cancer Therapy

---

**Solution:** Tumor specific delivery

**Higher Selectivity to Cancer Cells**



**Passive Targeting**

Based on Tumor Vasculature

specific physiological differences:

True for tumors bigger than **2-3 mm**



**Active Targeting**

Based on Tumor Cell-Surface Receptor

- Antigene
  - Growth Factors
  - Peptide receptors
  - Carbohydrate receptors
  - Vaccins receptors
-

# Passive Targeting

**Selectivity** → **Passive targeting**

**Enhanced Permeability and Retention Effect** (*Maeda*, 1986, SMANCS)

- Intravenous administration of macromolecular therapeutics
- Size-dependent selectivity of drugs entry

Tumor size: **2-3 mm** ⇒ cell clusters inducing angiogenesis

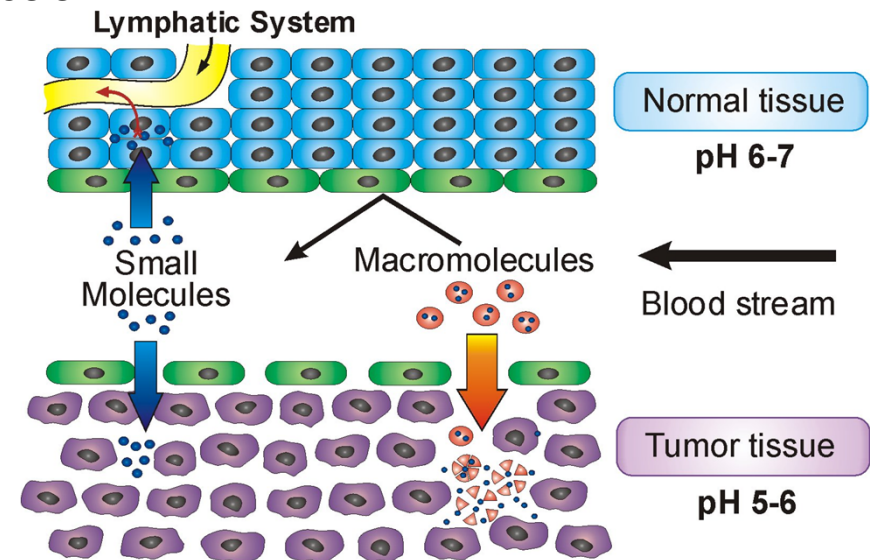
Pore size: **100 – 1200 nm** (depending on tumor type)

## Structural features of macromolecules:

- ⇒ molecular weight (> 40kDa)
- ⇒ charge (negative or neutral)
- ⇒ shape (globular, linear, branched)
- ⇒ hydrodynamic radius

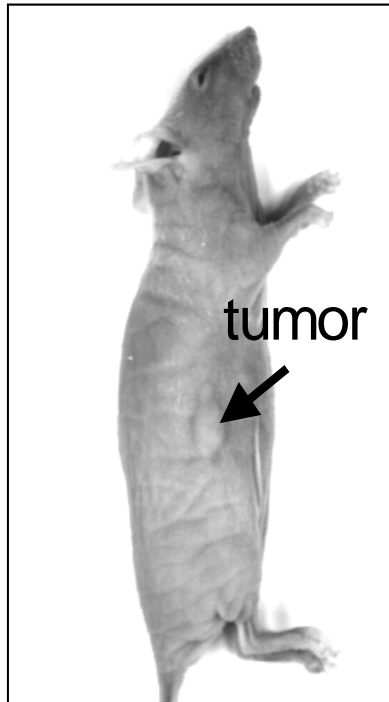


Uncharged or negatively charged macromolecular carriers that larger than 40 kDa efficiently escape renal clearance.

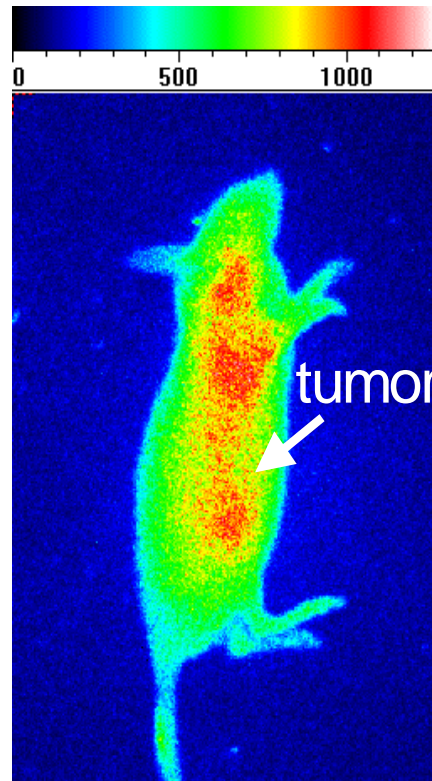




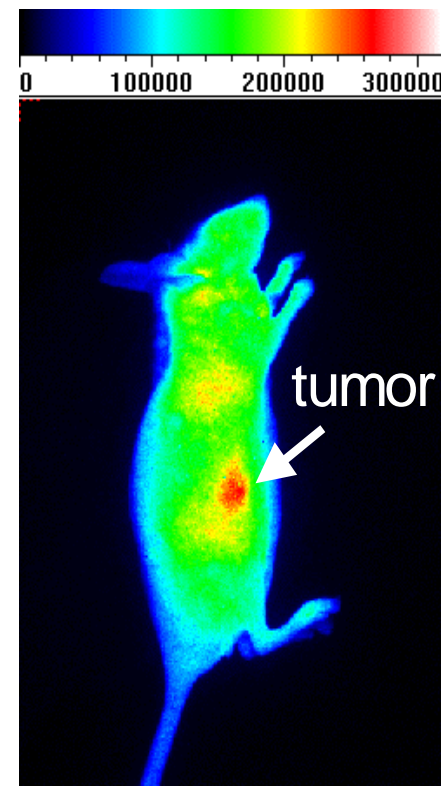
# Demonstration of the EPR-Effect



K. Licha, F. Kratz



**Indotricarbocyanin**  
(unbound dye)  
after 24 h

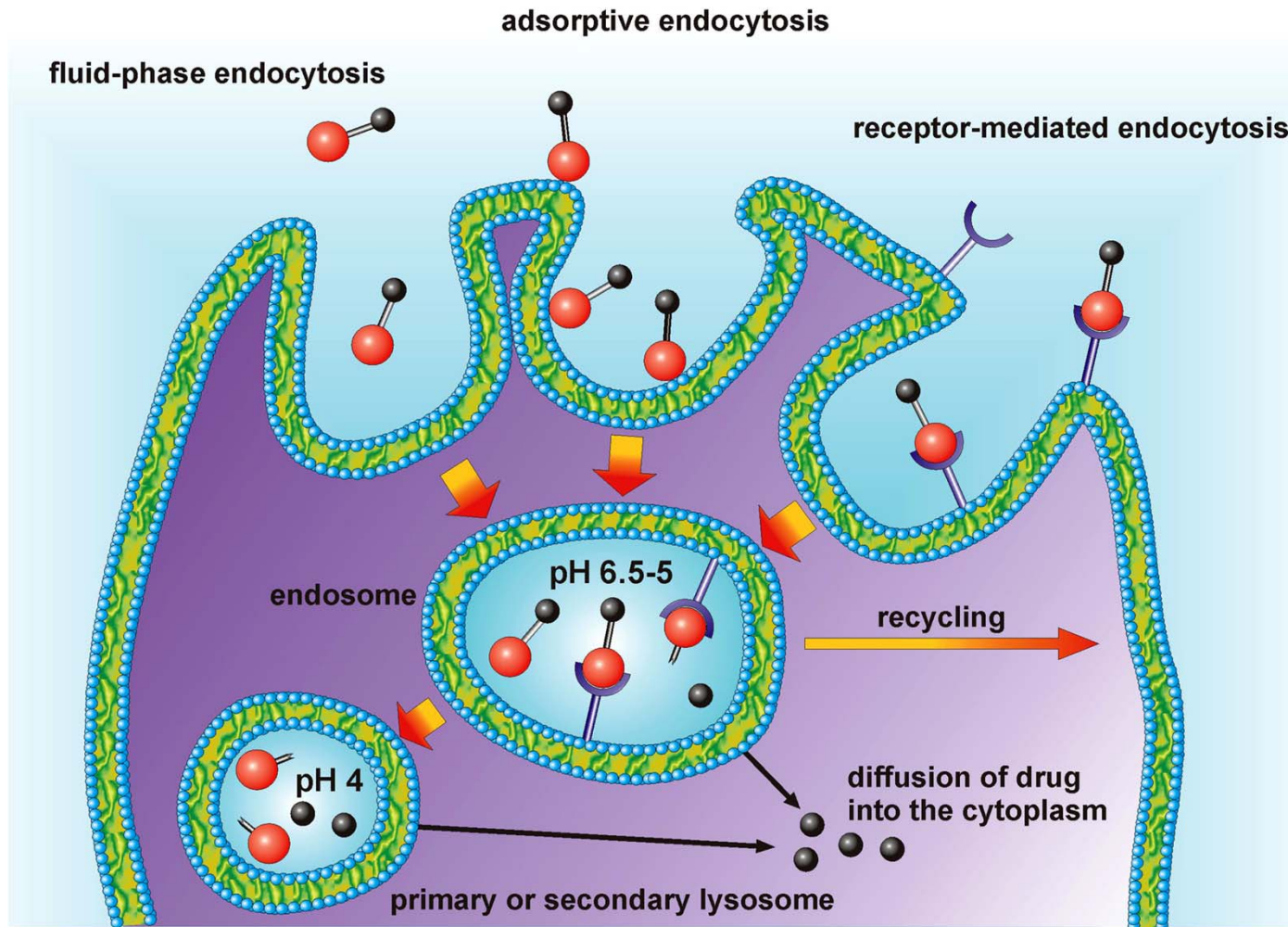


**PEG 40kDa-Indocarbocyanin-conjugate**  
after 24 h

**Problem: Tumor specificity only with nanoparticles >5 nm**

# Active Targeting

Selectivity → Active targeting



Endocytotic pathway for the cellular uptake of macromolecules and nanocarriers for drug delivery

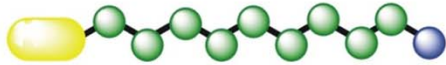
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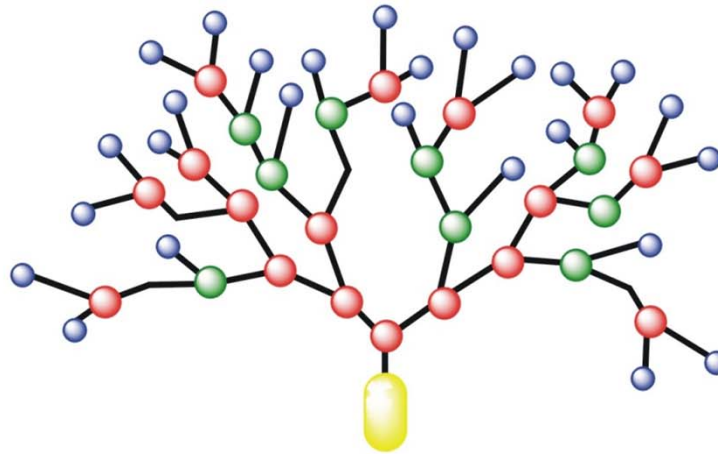
# **Dendritic Polymers in Biomedical Applications - From Synthesis to Clinical Use**

# Degree of Branching

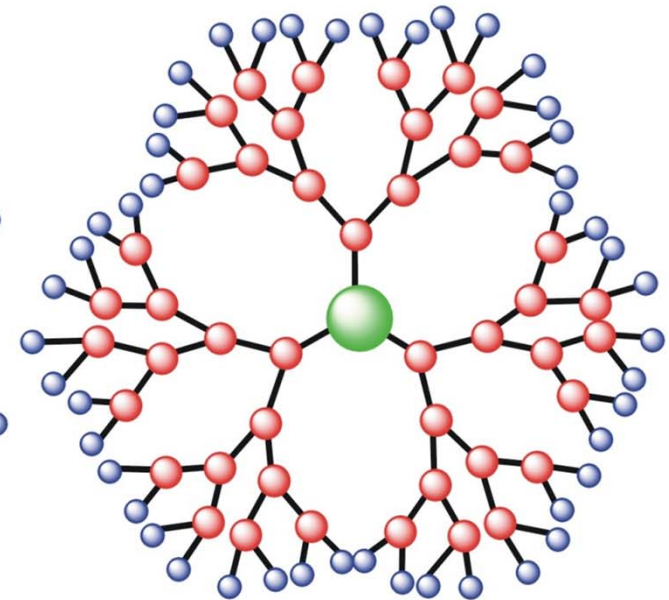
Linear polymers



Hyperbranched polymers



Dendrimers



Degree of branching

0

0.5

0.66

1

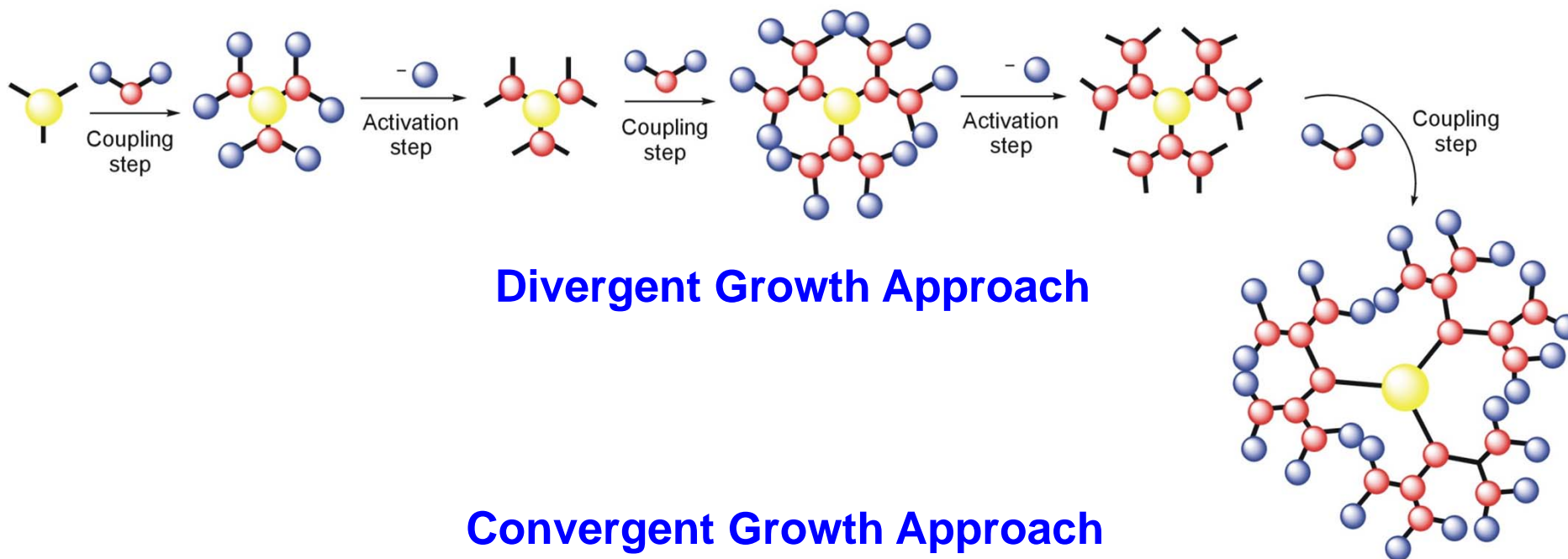
one-step

one-step

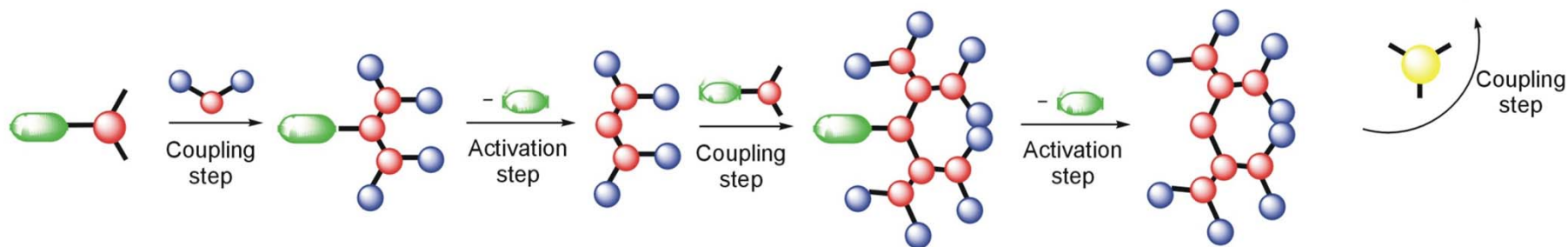
multi-step

# Synthesis of Dendrimers

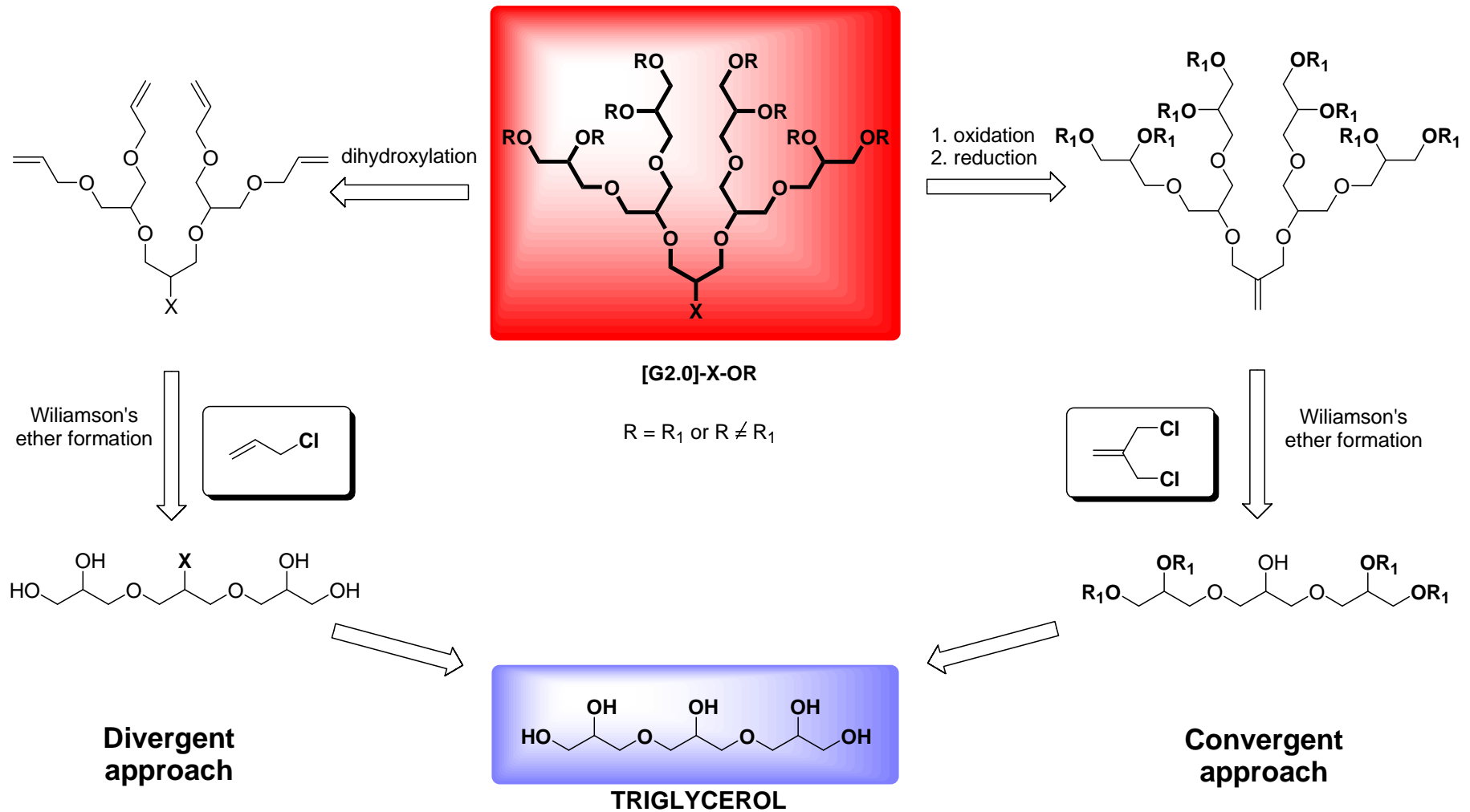
*from core to the shell*



**Convergent Growth Approach**



# Synthesis of Polyglycerol Dendrons



# Properties of Dendrimers

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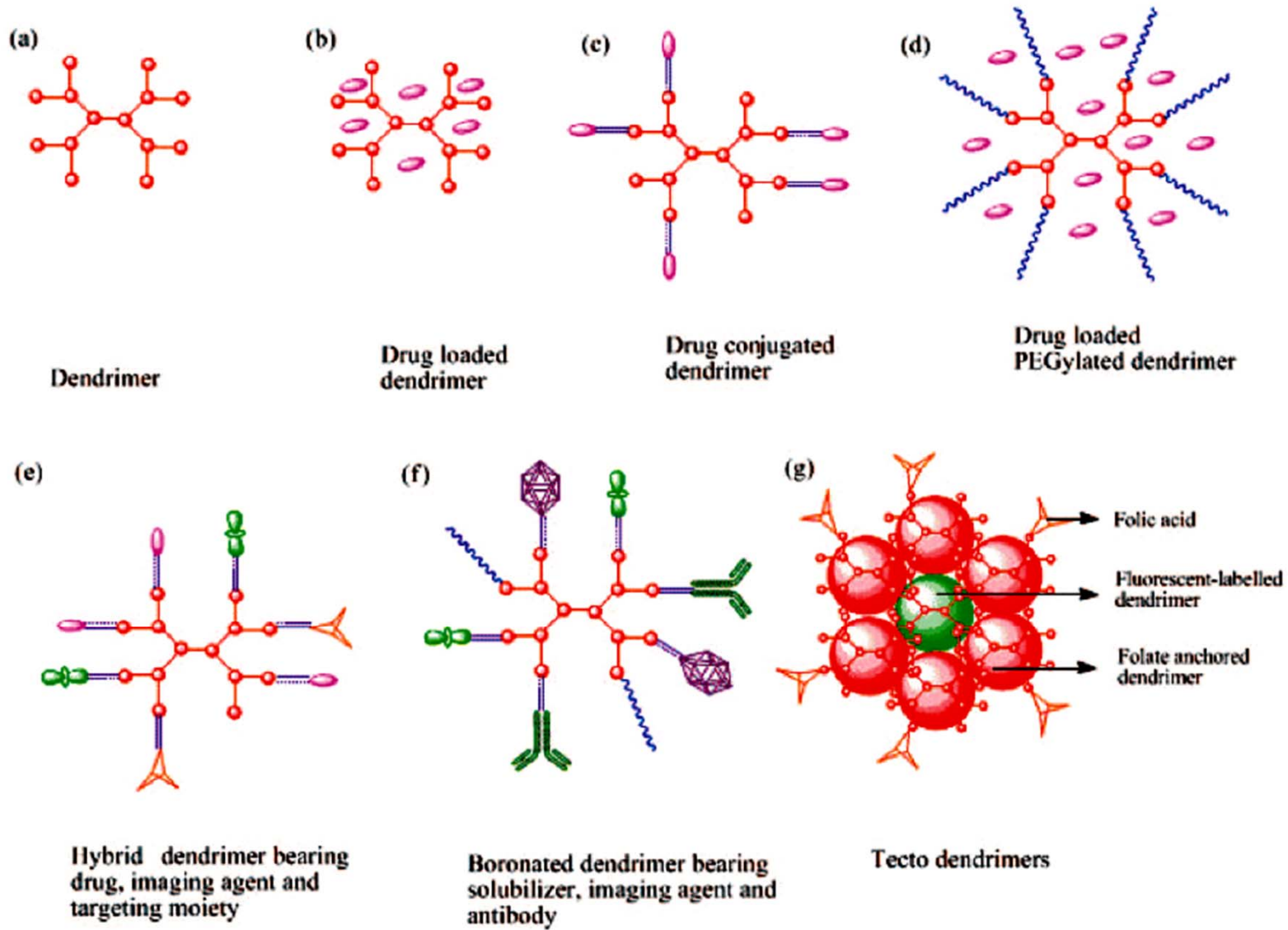
## Advantages:

- highly branched
- highly reactive
- three-dimensional
- high structural purity (low PDI)
- monodispersity (single MW)
- globular shape
- large number of „peripheral“ functionalities
- bifunctionality
- multivalency

## Disadvantages:

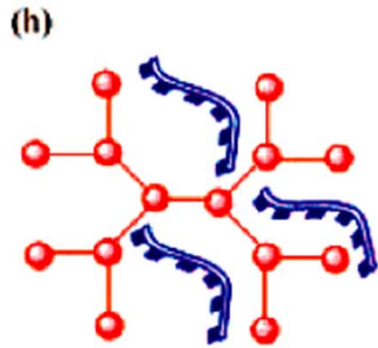
- step-by-step synthesis (tedious)
- high costs of production
- „mistakes“ in the structure

# Dendrimers in Cancer Therapy and Diagnostic





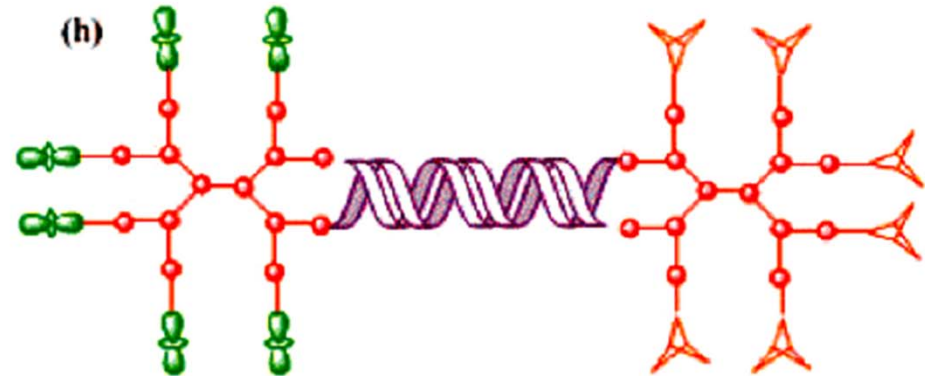
# Dendrimers in Cancer Therapy and Diagnostic



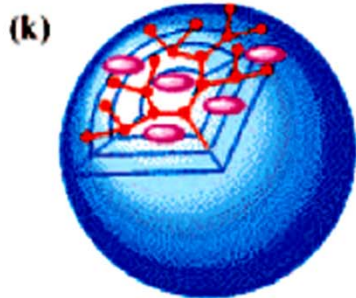
Dendrimer-oligonucleotide complex



Dendrimer-DNA complex



DNA assembled hybrid dendrimer



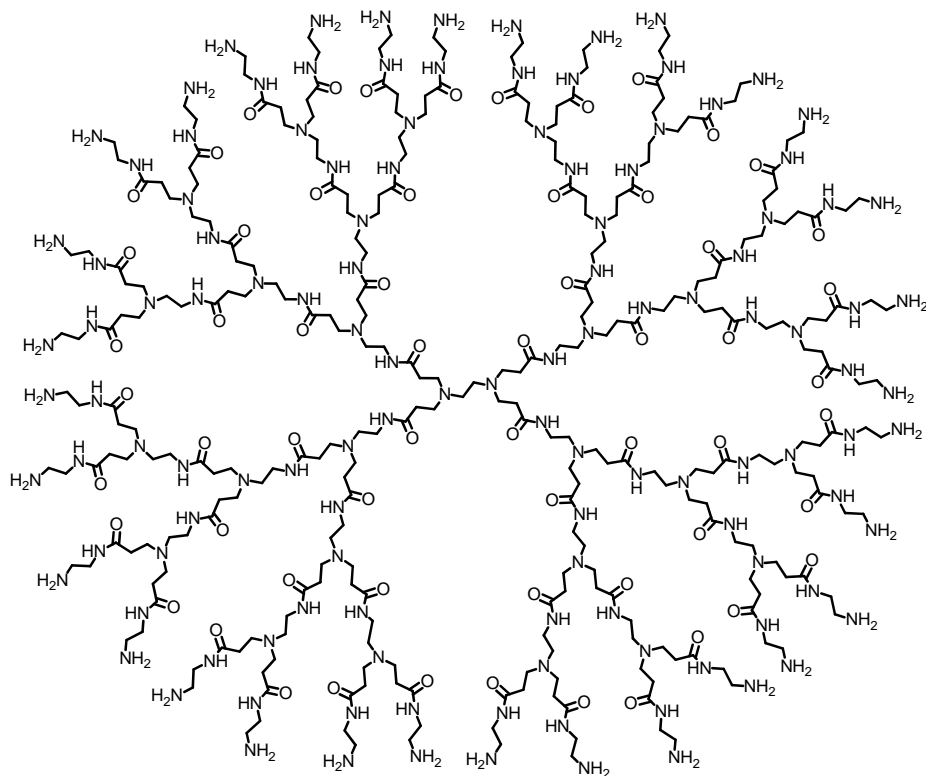
Drug loaded liposomal "locked in" dendrimers

	Drug		Targeting moiety
	Oligonucleotide		Antibody
	DNA		Spacer
	Boron capture shell		Solubilizing group
	Imaging agent		

# First Dendrimers

## [G4.0] PAMAM - Poly(amido amine)

1985 – Don Tomalia



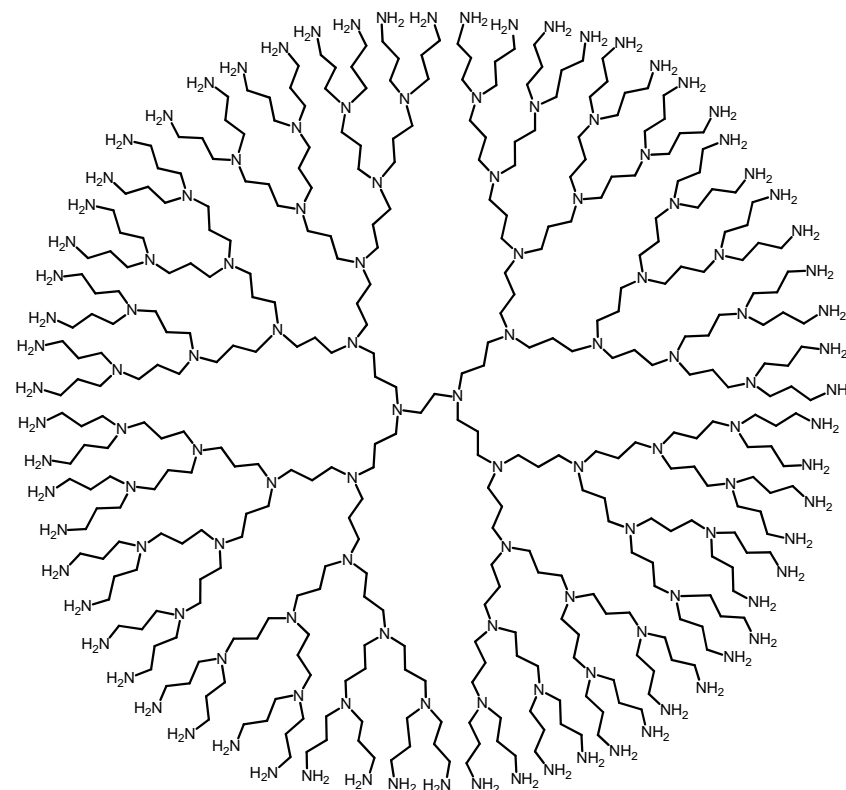
Starburst® (Dendritech)

## [G5.0] PPI\* - Poly(propylene imine)

1978 – F. Vögtle

1993 – E. W. Bert Meijer

and independently G. Mülhaupt

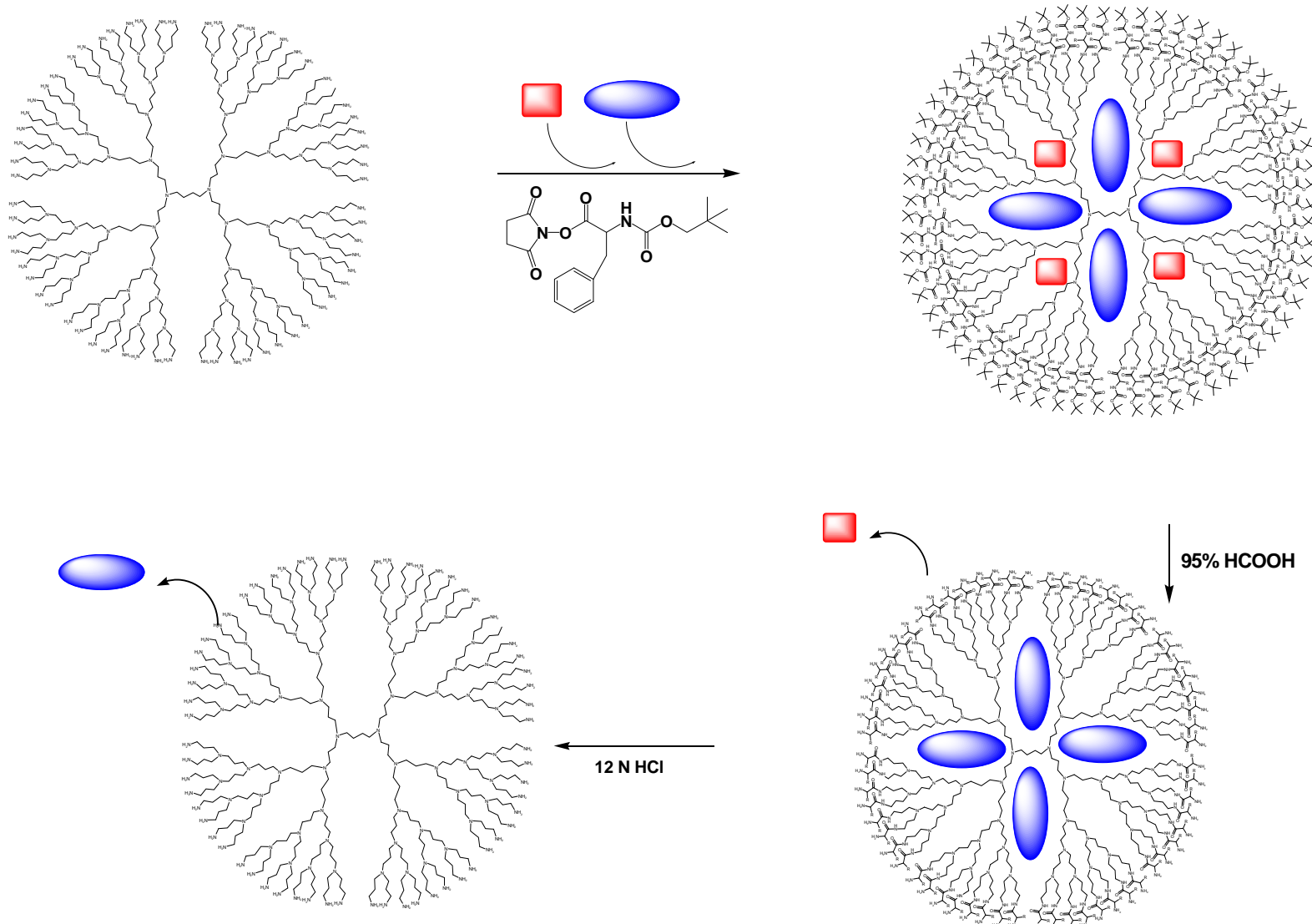


Astramol® (DSM Fine Chemicals)

\* known also as POPAM, or DAB with DiAminoButan

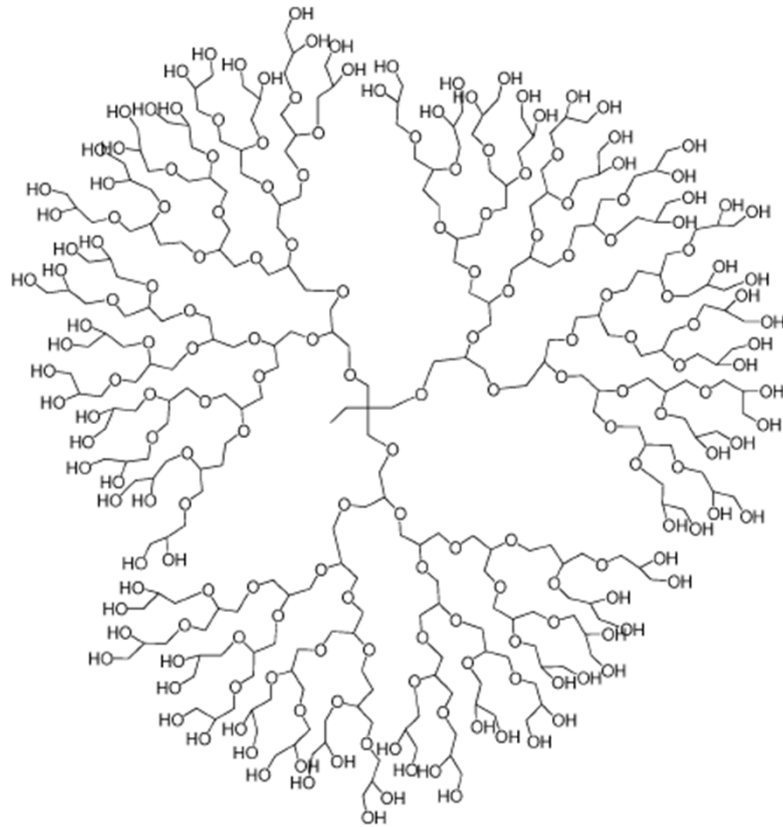
# Drug-Loaded Dendrimers

## Shape-Selective Release of Guest



# Drug-Loaded Dendrimers

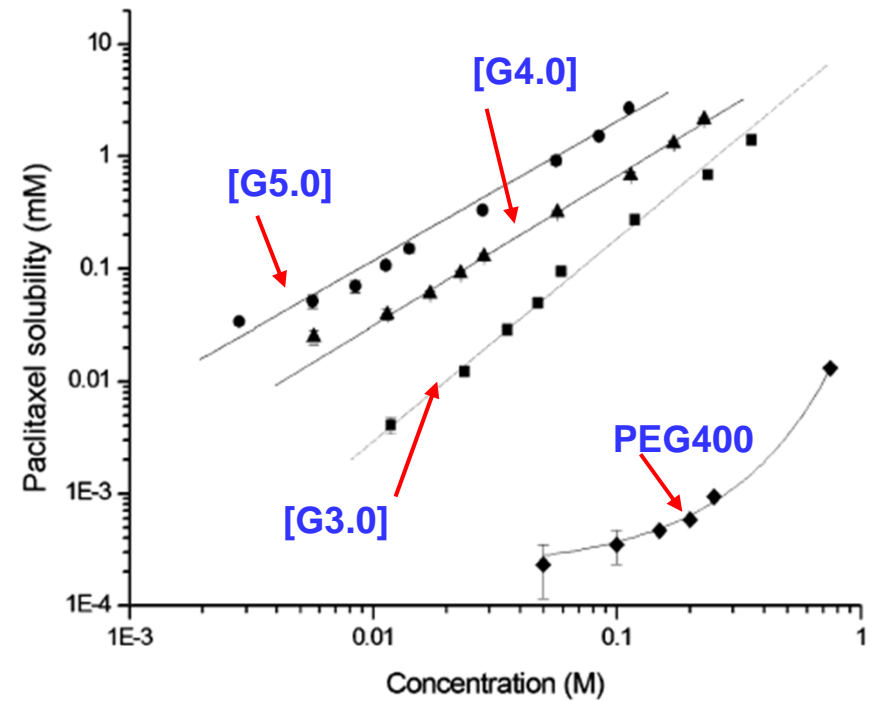
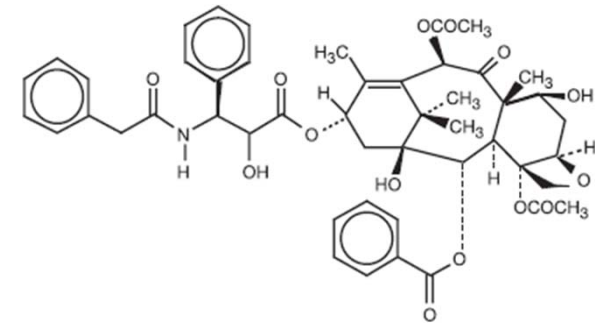
## Solubilization of Paclitaxel by PG Dendrimers



PGD G-5

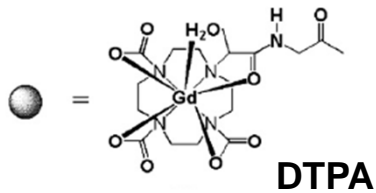
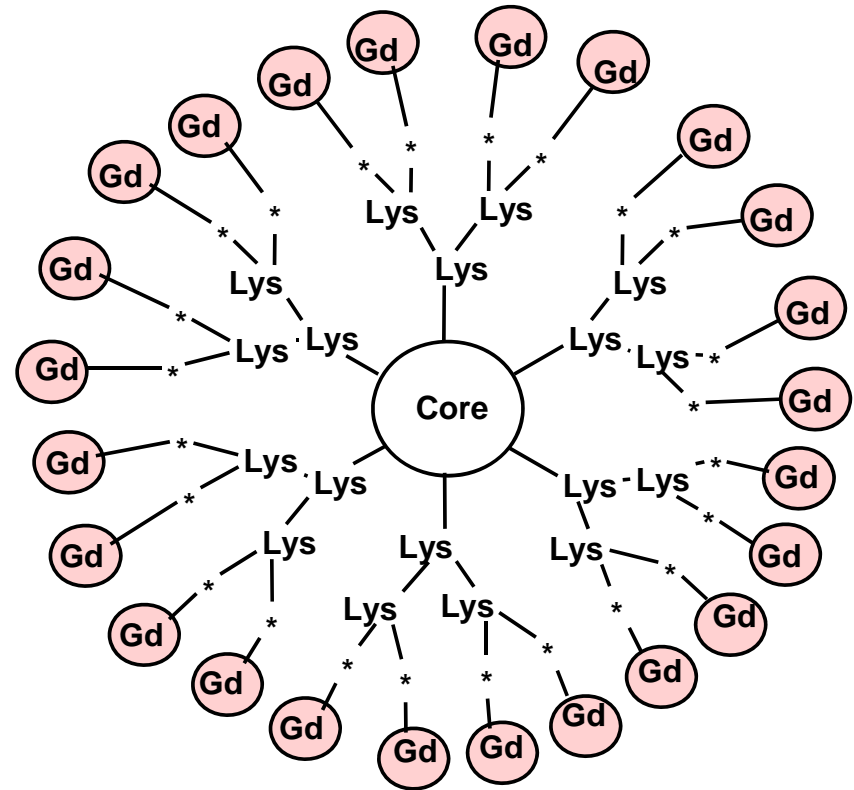
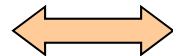
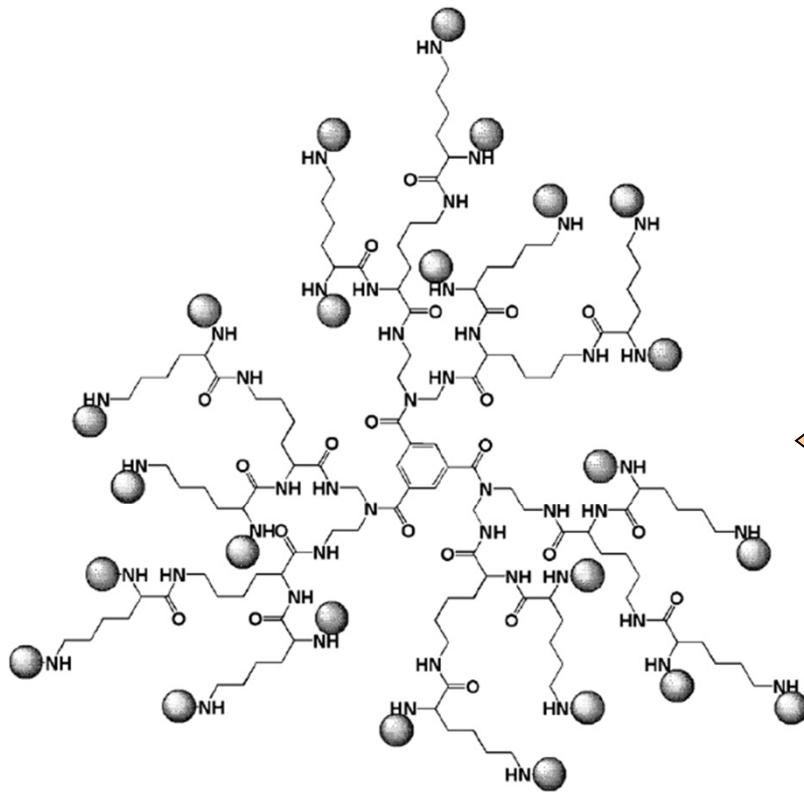
**10.000 fold better solubilization than in H<sub>2</sub>O**

PTX



# Dendrimers for MRI

## Gadomer<sup>®</sup>-17 (Schering AG)



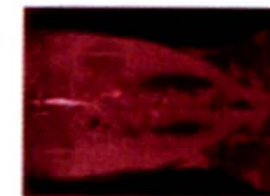
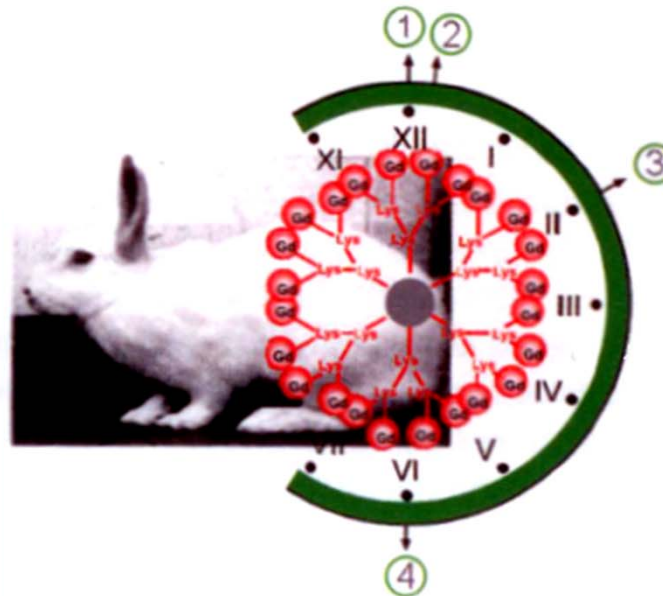
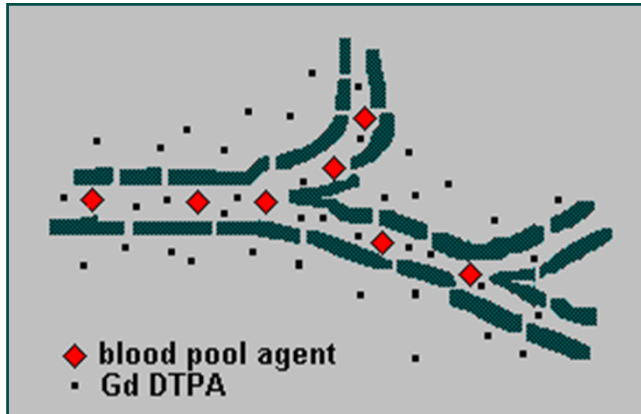
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# **(Bio)Polymers in Biomedical Applications - From Lab to Clinical Use**

# Dendrimers for MRI

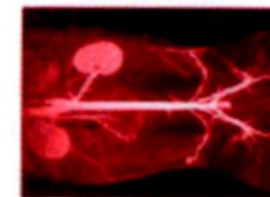
## Gadomer<sup>®</sup>-17 (Gadomer-24)

- Polylysine dendrimer carrying 24 Gadolinium complexes on the surface
- MW = 17 kDa
- blood pool contrast agent
- high in vivo stability



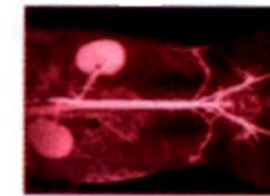
①

vor der Injektion



②

1 min nach Injektion



③

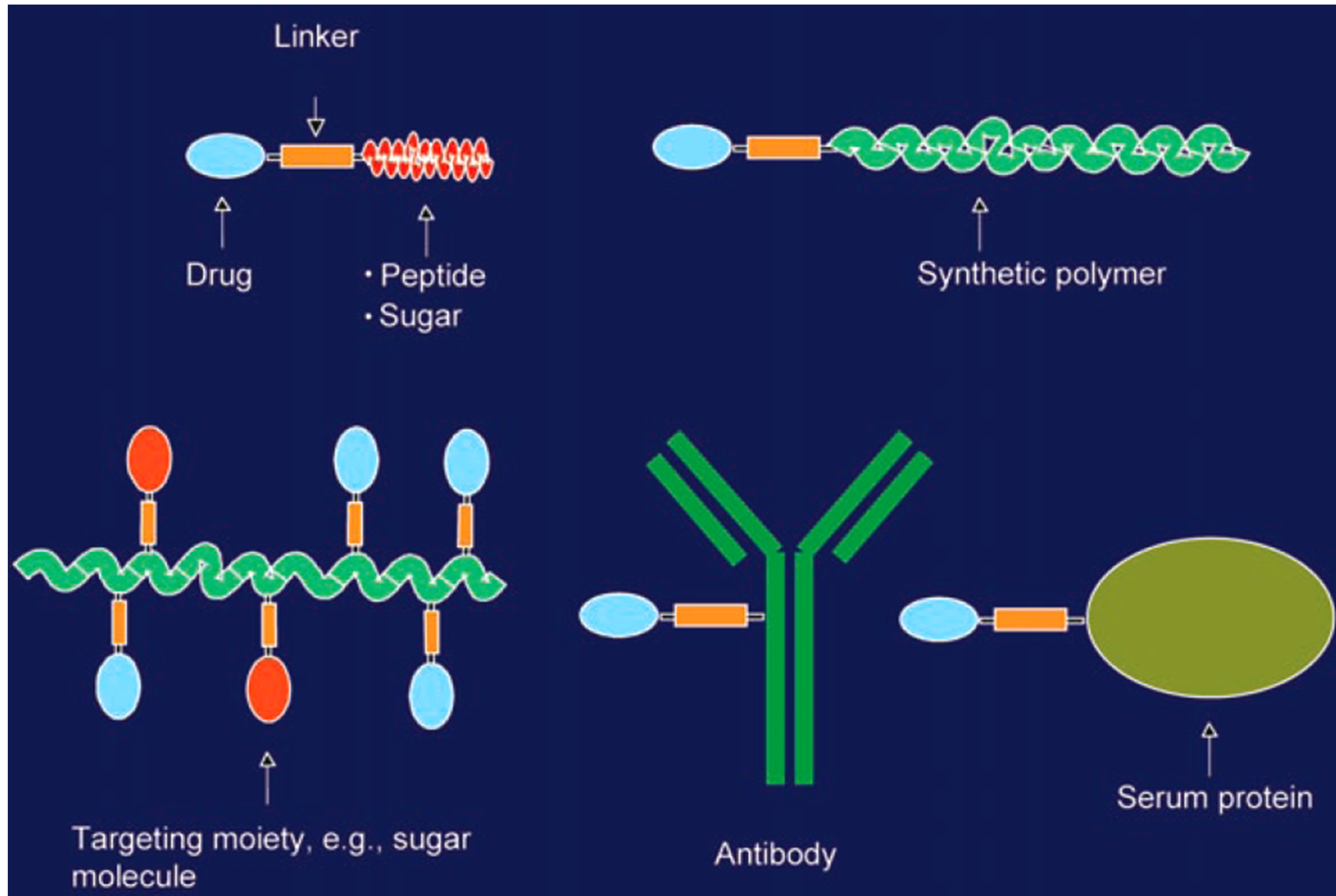
10 min nach Injektion



④

30 min nach Injektion

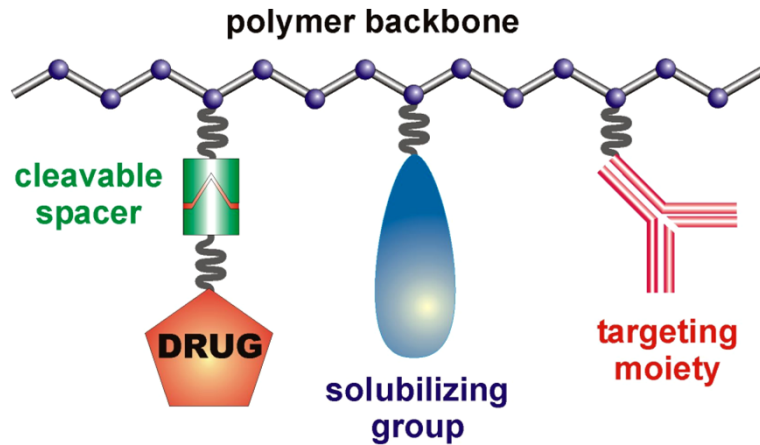
# Polymer-Drug Conjugates



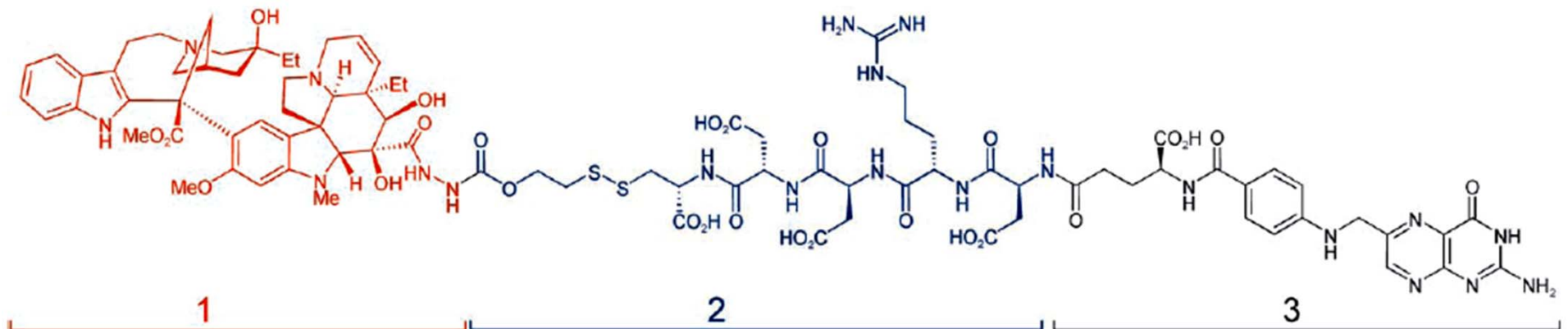


# Folate-Targeted Cancer Therapeutic

## EC145 (Leamon, 2006)



- Vinca alkaloid desacetylvinblastine monohydrazone (DAVLBH, a depolymerization inhibitor)
- Water soluble spacer - arginine and aspartic acid
- Release by disulfide reduction
- MTD ~ 0.8 mg/kg DAVLBH-eq.
- **Phase II clinical trial (EC145)**



# Polymer-Protein Conjugate

**SMANCS-Lipiodol<sup>®</sup>** - approved in **1993** (Japan) for treatment of liver cancer

**SMANCS** -

Poly(**S**tylene-co-**M**aleic **A**cid-half-*n*-butylate)-conjugated **N**eo**C**arzi**n**o**S**tatin

**Cytotoxicity** (0.01 µg/ml) against:

- mammalian cells
- gram (+) bacteria

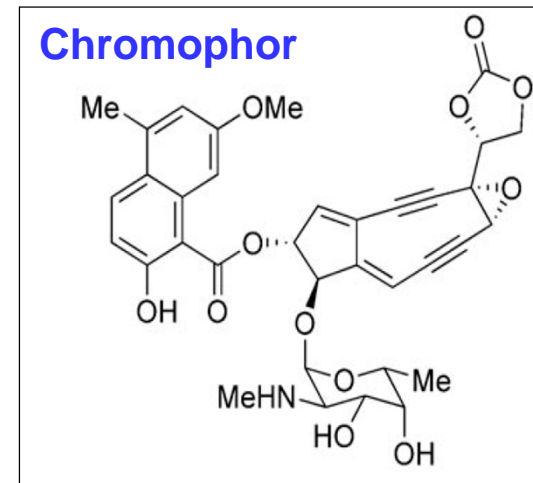
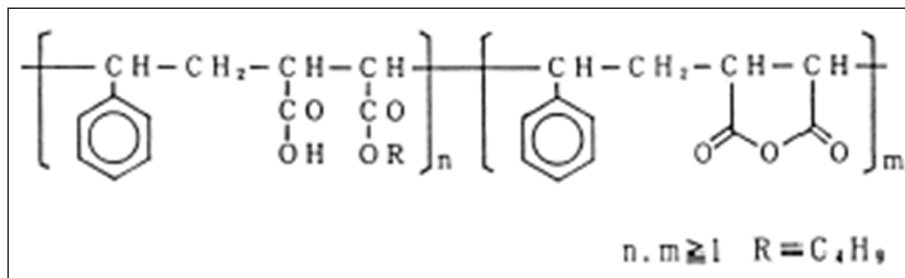
**Short half-time**

$t_{0.5} = 1.9$  min

**NCS** - proteinaceous antitumor antibiotic  
(*Streptomyces carzinostaticus*)

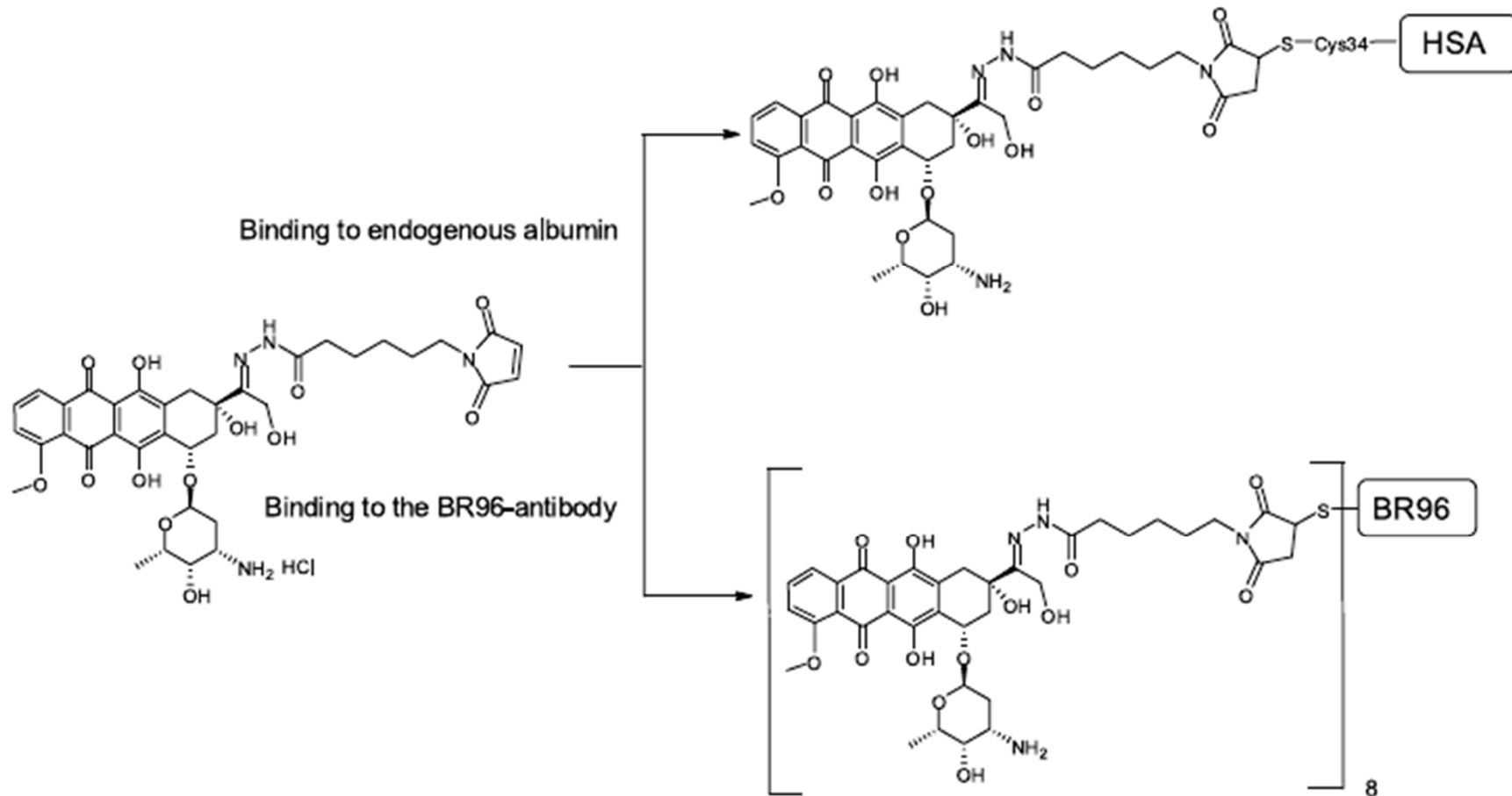
Apoprotein (113 aminoacids) + tightly, non-covalently bound labile Chromophore

**SMA** – copolymer of styrene-maleic acid  
-half-*n*-butylate



# Biopolymer-Drug Conjugates

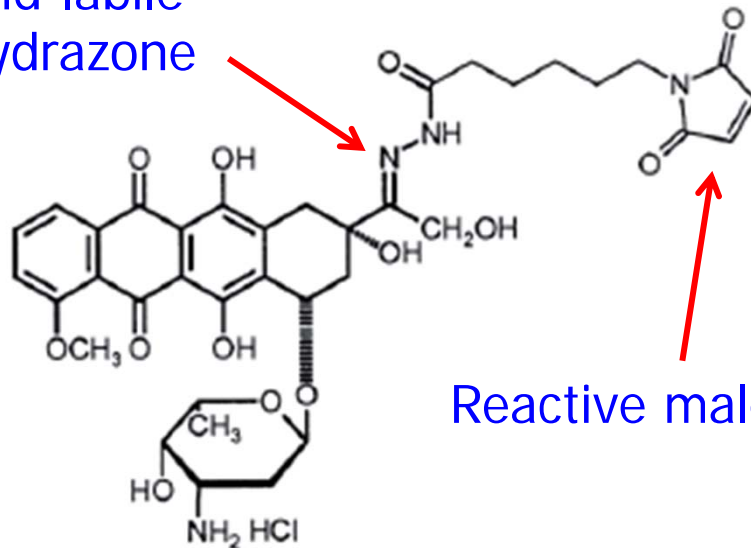
## Doxo-EMCH – *in clinical studies (Phase I and II)*



# Biopolymer-Drug Conjugates

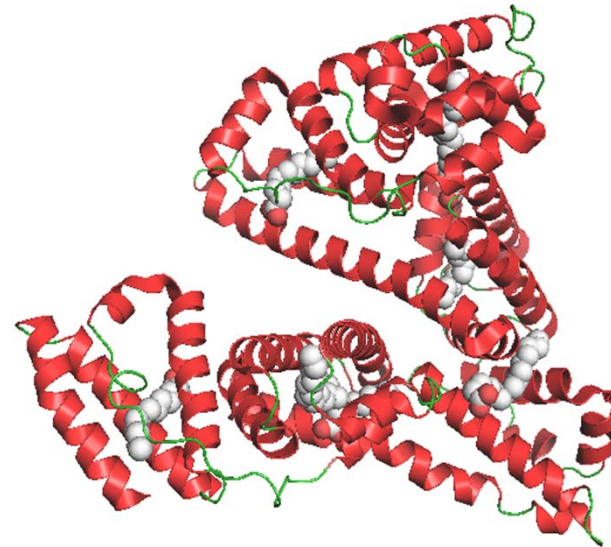
## Doxo-EMCH

Acid-labile  
Hydrazone



Reactive maleimid

Blood protein albumin (HSA)  
as polymeric drug carrier



- Direct injection of Doxo-maleimid (Pro-Drug)
- Ultimate coupling to Cys-34 of HSA (70% free thiol)
- In situ generation of polymeric pro-drug
- Longer circulation, cellular uptake, higher therapeutic window

# Biopolymer-Drug Conjugates

## Doxo-EMCH

Control



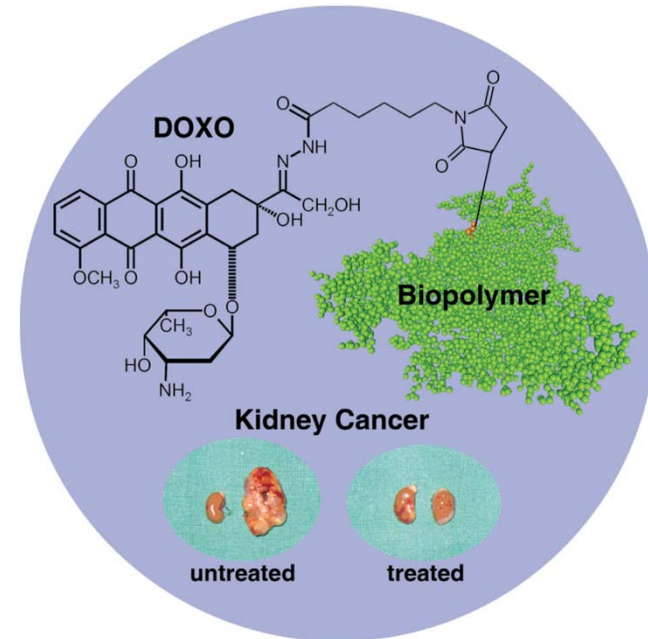
Doxorubicin 4 x 6 mg/kg



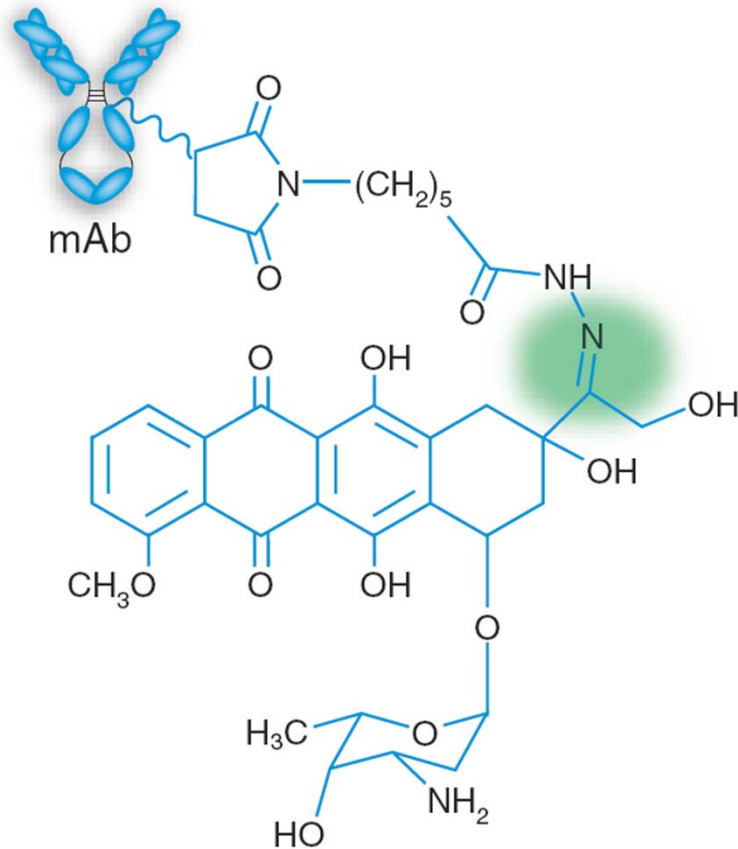
A-DOXO-HYD 4 x 12 mg/kg



	Average number of lung metastases
Control	248
Albumin control	408
Doxorubicin (4 x 6 mg/kg)	94
A-DOXO-HYD (4 x 12 mg/kg)	2



# Immunoconjugates



mAb-doxorubicin (hydrazone)

## BR96-DOX

### Structure:

- chimeric mAbs **BR96** – targeting anti-Lewis<sup>Y</sup>
- ~ 8 DOX molecules per mAb

### Phase I clinical study

66 patients, intravenous administration over 21d  
Dose: 66 – 875 mg/m<sup>2</sup> (2-25 mg/m<sup>2</sup> free DOX)

### Phase II clinical study

29 patients  
Dose: 700 mg/m<sup>2</sup> (20 mg/m<sup>2</sup> free DOX)

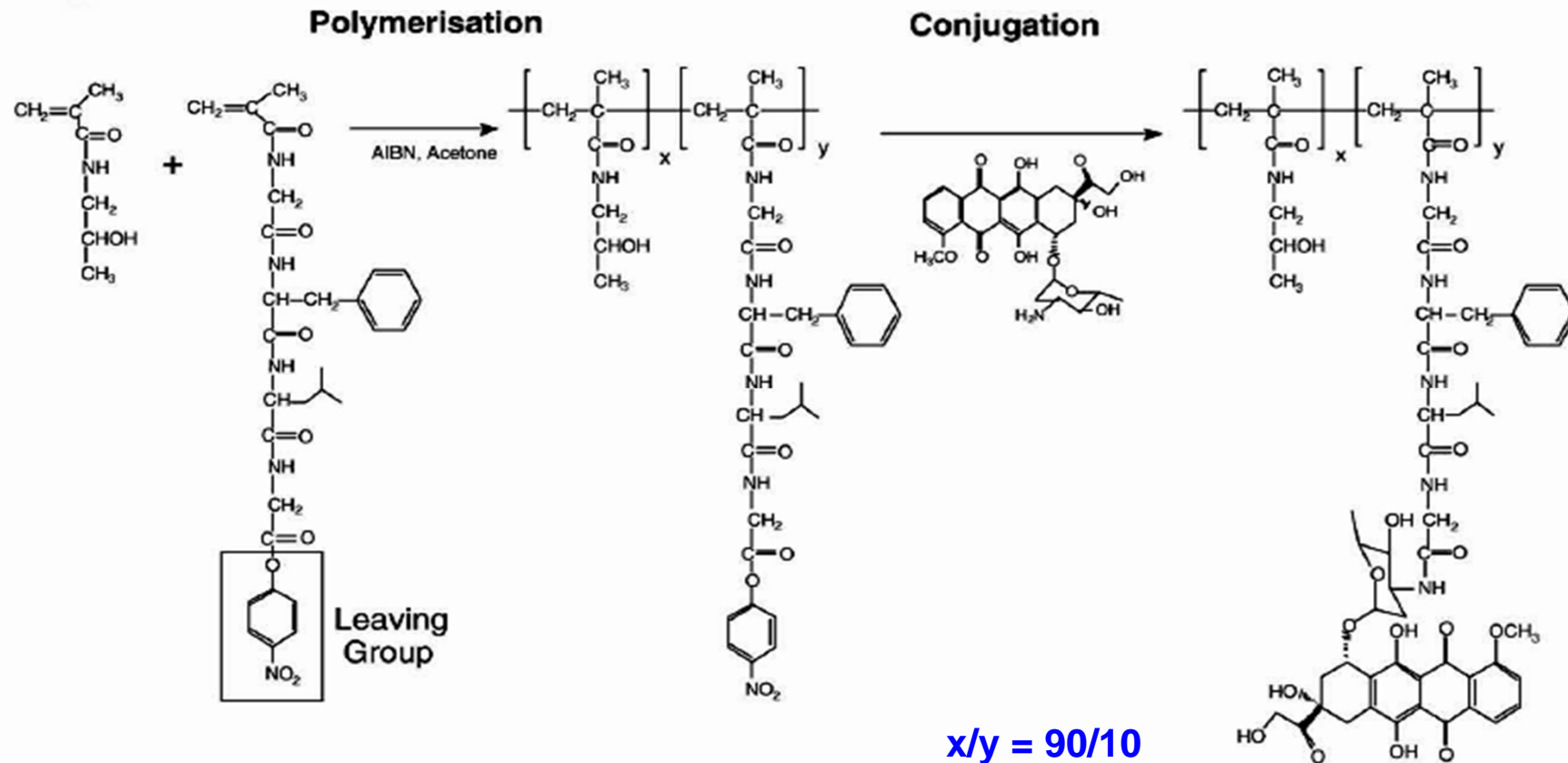
- **cross-reactivity** of BR96-DOX with normal gastrointestinal tissue
- BR96-DOX demonstrated **synergistic effects** with paclitaxel and docetaxel (Taxotere<sup>®</sup>)

# Polymer-Drug Conjugate

## HPMA - N-(2-hydroxypropyl)methacrylamide

Developed in Czechoslovakia as a plasma expander - **Kopecek and Bazilova, 1973**

- hydrophilic
- non toxic in rats
- non-biodegradable



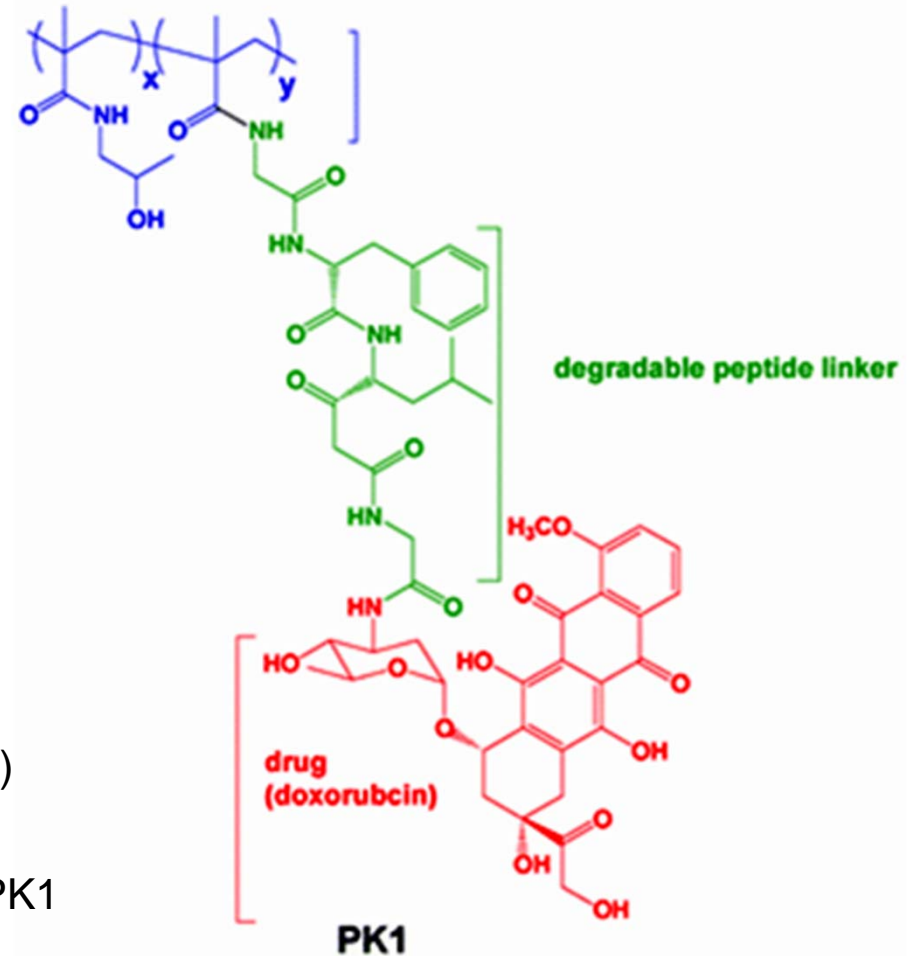
# Polymer-Drug Conjugates

## Diblock Co-Polymer-Doxorubicin

→ enzyme-cleavable peptide structure

### PK 1 (FCE28068) - 1994

- N-(2-Hydroxypropyl)methacrylamide (HPMA) Copolymer-Doxorubicin
- Doxorubicin content: ~ 8,5 wt %
- Tetrapeptide Linker
- EPR targeting
- Cleavage by lysosomal Cathepsin B > selective release of Doxo
- MW: 28 kDa > Excretion via kidney (barrier: 30-50 KDa)
- maximal tolerated dose: 320 mg/m<sup>2</sup> (10 mg/kg)
- Currently Phase II clinical trial
- **Problem:** not optimal tumor accumulation of PK1





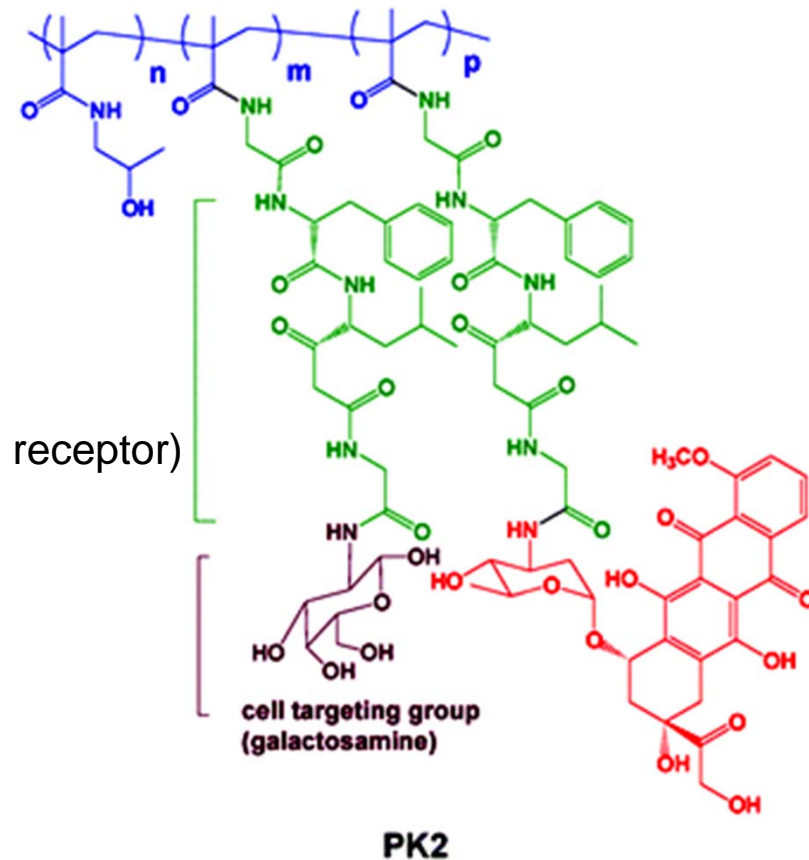
# Polymer-Drug Conjugates

## Diblock Co-Polymer-Doxorubicin

→ enzyme-cleavable peptide structure

### PK 2 (FCE28069) - 2002

- HPMA copolymer-Doxorubicin / Galactosamine
- Doxorubicin content: ~ 8,5 wt %
- Tetrapeptide linker
- EPR Targeting  
+ targeting via galactosamine (asialoglycoprotein receptor)
- Cleavage by lysosomal cathepsin B
- MW: 25 kDa
- maximal tolerated Dose: 320 mg/m<sup>2</sup> (10 mg/kg)
- Currently Phase II clinical trial



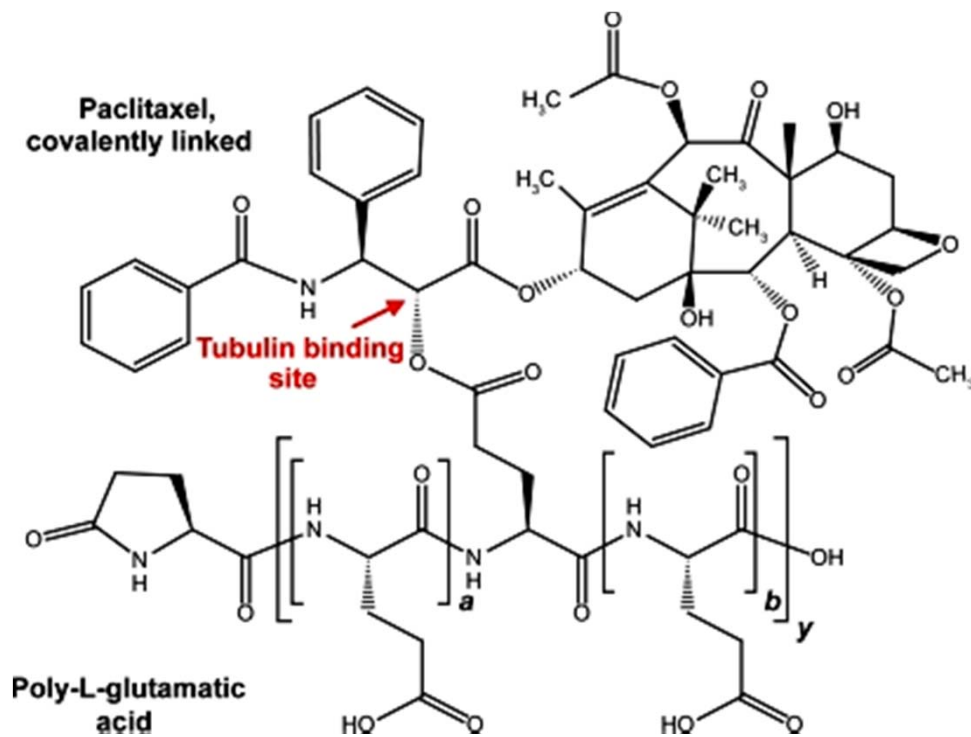
# Polymer-Drug Conjugates

## Diblock Co-Polymer-Taxol

→ pH-cleavable release of drug

**PG-TXL (CT2103)** - 1992\_

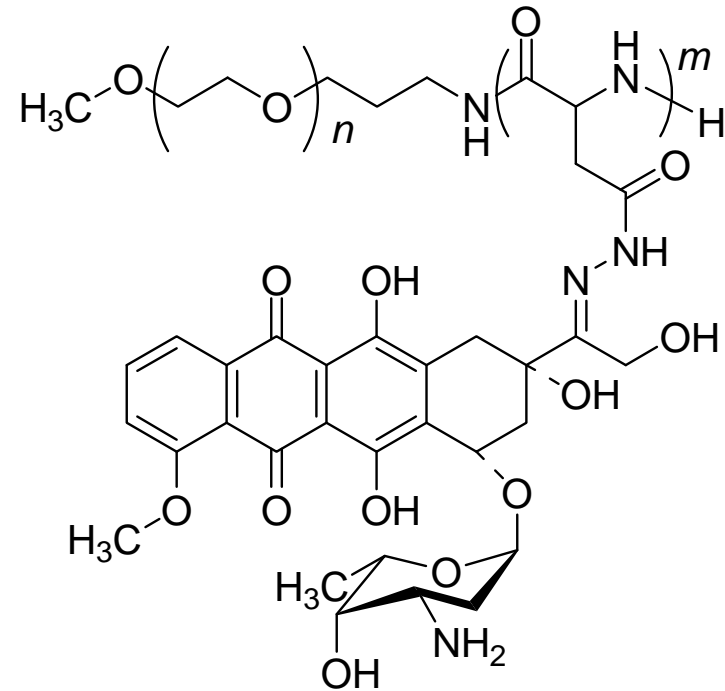
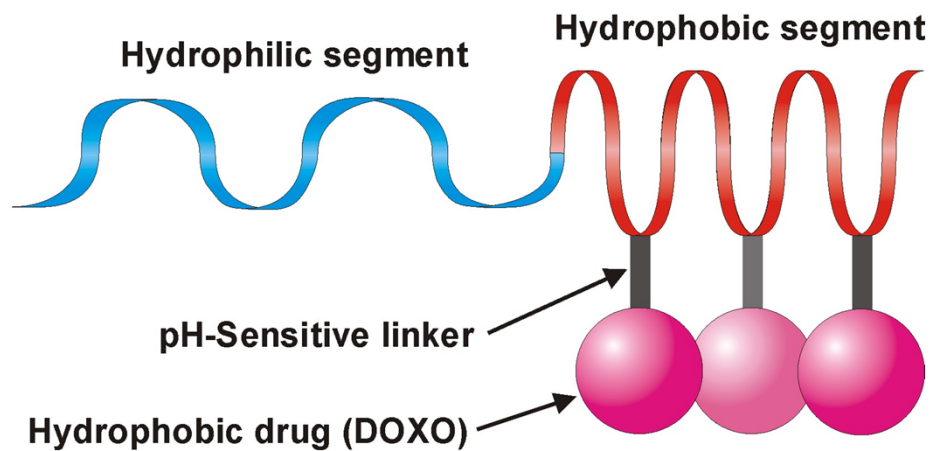
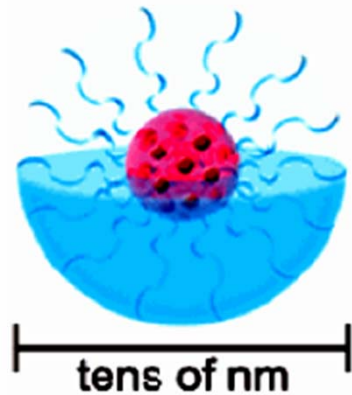
## Polyglutamate-Paclitaxel



- Mixture of connection via two different OH-groups in Paclitaxel (ester bonds)
- Drug content ~ 37%
- Improved water solubility >20mg/kg
- Release by ester hydrolysis
- PG backbone is biodegradable (in vitro and in vivo -cleavage by Cathepsin B)
- MTD ~ 200 mg/m<sup>2</sup> Taxol-eq.
- **Phase III clinical trial** (CT2103, Cell Ther.)

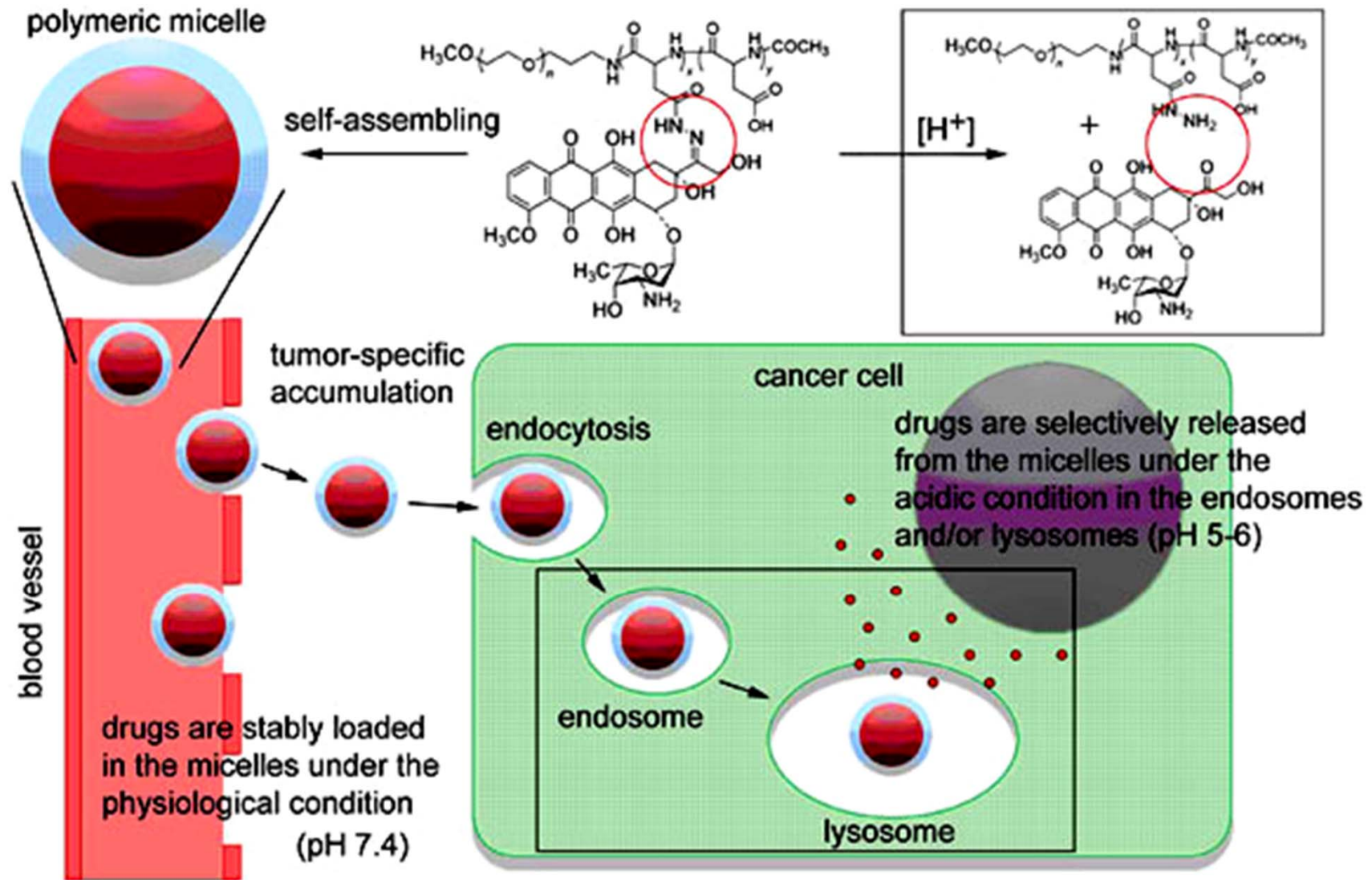
# Polymer-Drug Conjugates

## PEG-*b*-p(Asp-HYD-DOXO)



Schematic picture of block copolymer and chemical structure of PEG-*b*-p(Asp-HYD-DOXO)

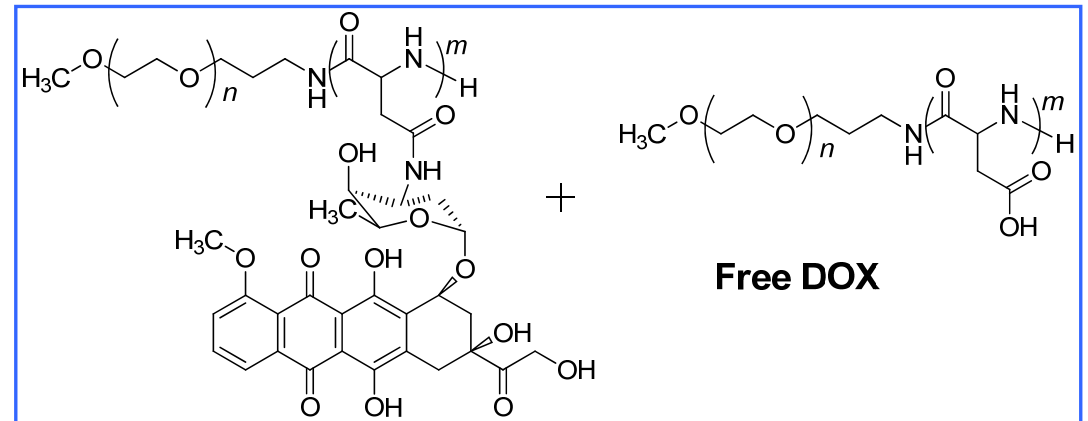
# PEG-*b*-p(Asp-HYD-DOXO)



# Polymeric Micelle in Cancer Therapy

## NK911

- Doxorubicin-loaded PEG-b-PAsp copolymer micelle formulation (*Kataoka*)
- drug physically entrapped in the micelle core and chemically conjugated to the aspartic acid side chains of the core-forming block via amide linkages
- phase II clinical trial evaluation for efficacy and toxicity profiles



## Phase I (2001):

- longer circulation half-life (50nm)
- a larger area under the curve (AUC)
- reduced toxicities in comparison to the conventional formulation of Dox



# Polymeric Vesicles in Cancer Therapy

## DOXIL<sup>®</sup>, Caelyx<sup>®</sup> (Doxorubicin-Liposomal)

- Encapsulation of Dox through active loading that is based on an ammonium sulfate gradient
- 15000 Doxorubicin molecules per Vesikel (100 nm)
- Slow tissue clearance after injection  $\Rightarrow$  **PEGylation**
- Long circulation in bloodstream
- slow, targeted release of the drug
- 6-fold higher effectivity in comparison to the free Dox

