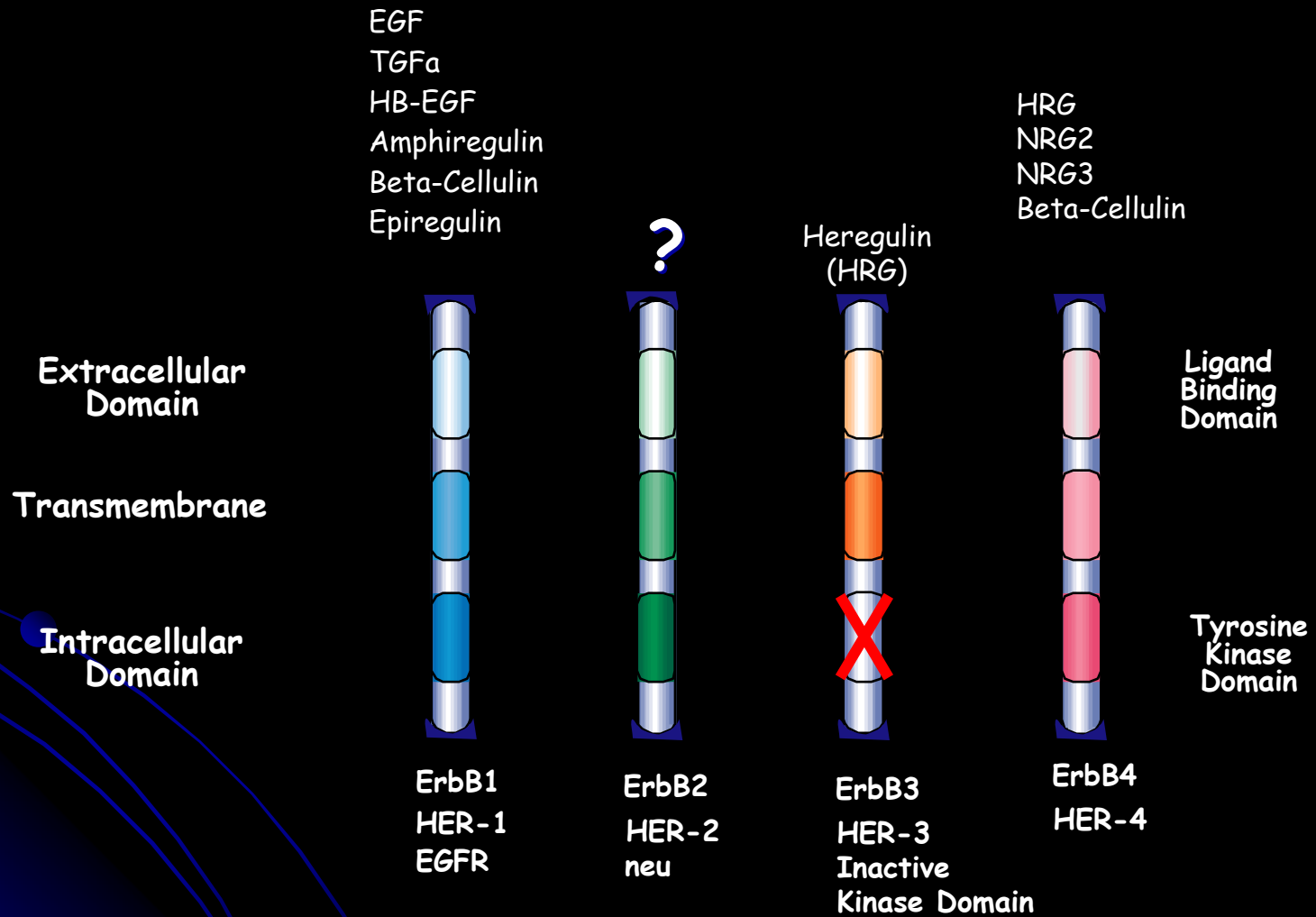


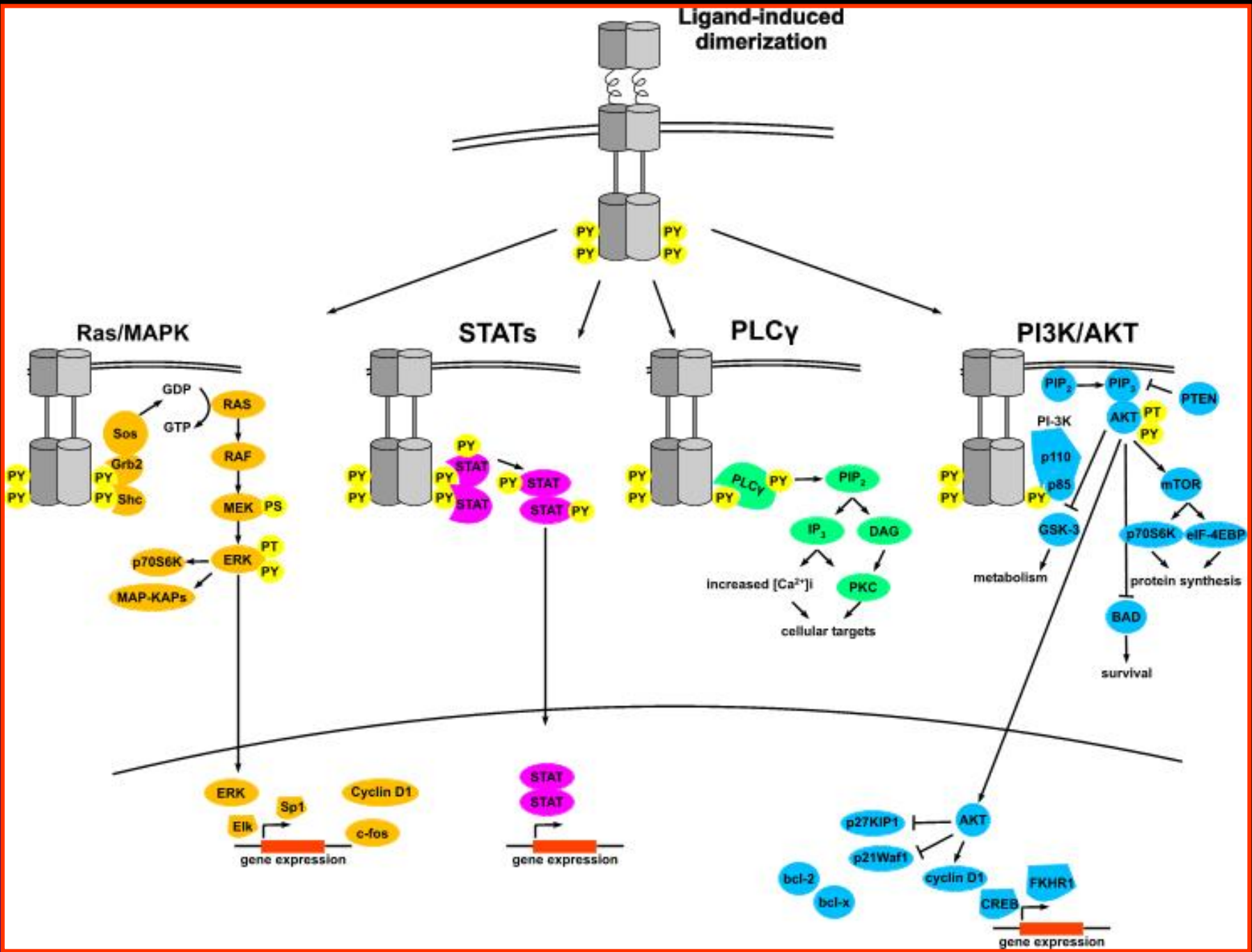


# (Multi-)Targeting of receptors, intracellular kinases and cell death pathways

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# The ErbB/HER Family of Receptors





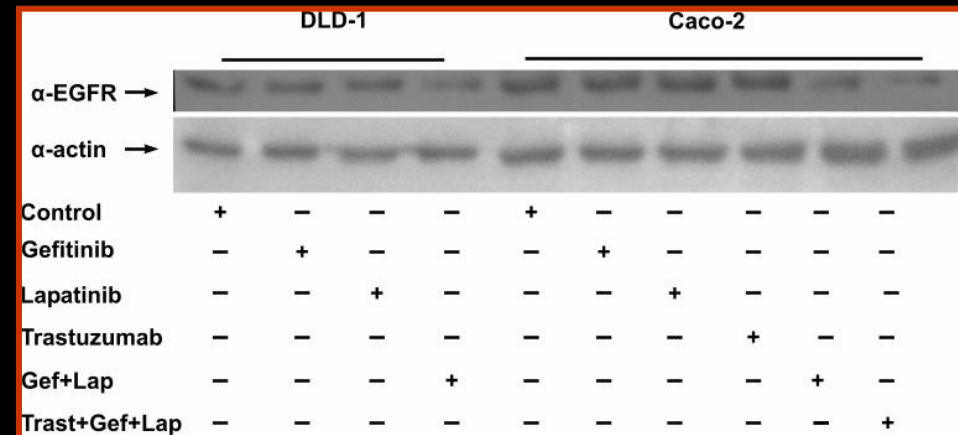
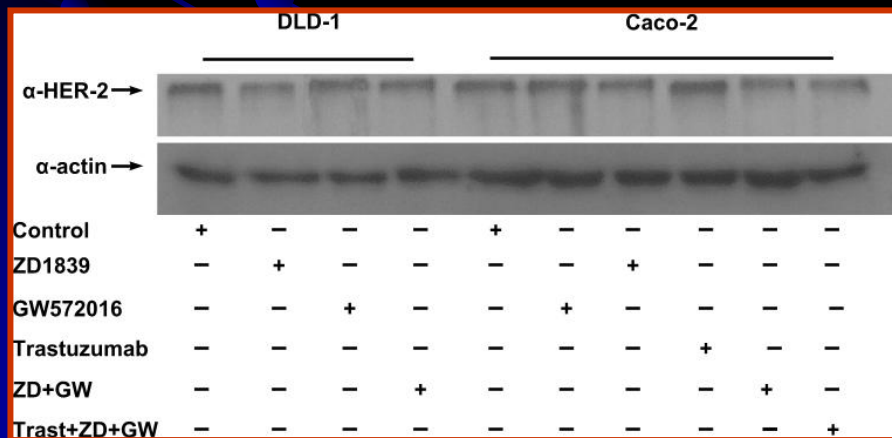
Monoclonal antibodies:  
trastuzumab,  
cetuximab,  
panitumumab,  
pertuzumab

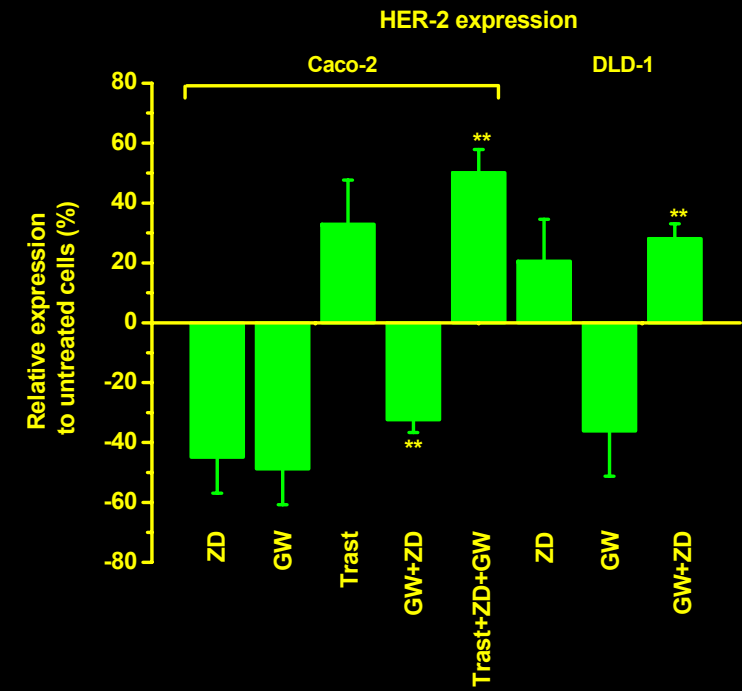
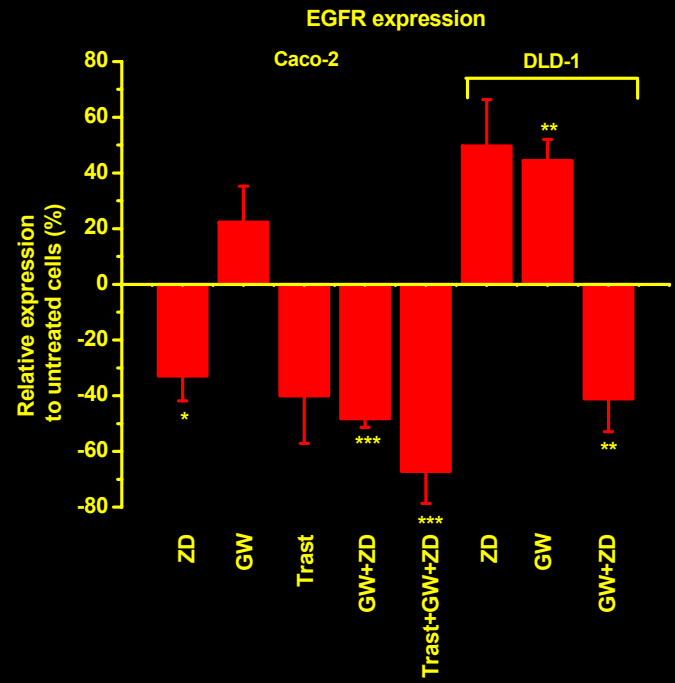
Inhibitors  
of tyrosine kinases:  
gefitinb,  
erlotinib,  
lapatinib,  
BIBW2992



## I.A. Combined targeting of EGFR and HER-2 in colon cancer cells

- **Gefitinib (Iressa):** an oral, EGFR-TK inhibitor approved by FDA and EMEA for locally, advanced or metastatic non-small-cell lung cancer (NSCLC) with EGFR-TK mutations.
- **Lapatinib (Tykerb/Tyverb):** an oral, dual EGFR and HER-2 TK inhibitor approved by FDA and EMEA for hormone positive and HER-2 positive advanced breast cancer and HER-2 overexpressing breast cancer.
- **Trastuzumab (Herceptin):** a monoclonal ab against HER-2 approved by FDA and EMEA for HER-2 positive breast cancer.
- **Iressa, Lapatinib and Herceptin decreased cell proliferation by increasing apoptosis. The agents' combination exerted a synergy effect only in Caco-2 cells.**



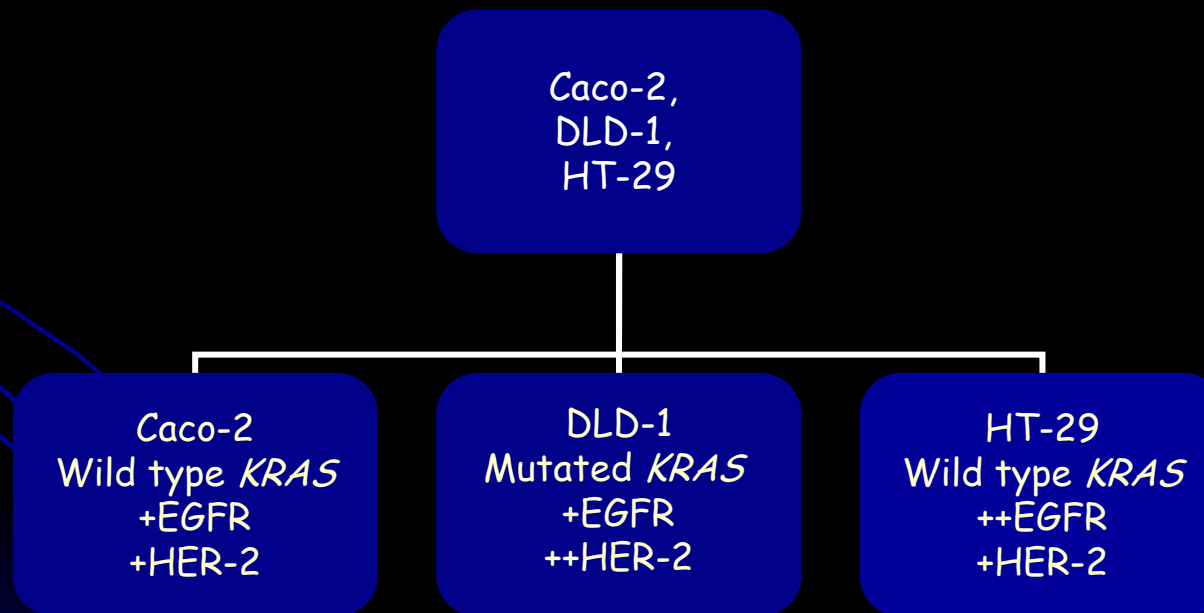


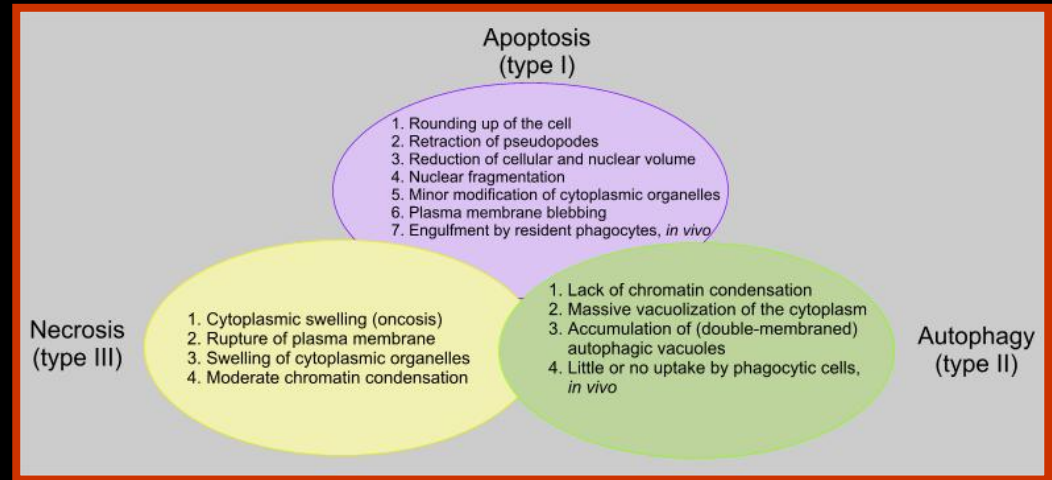
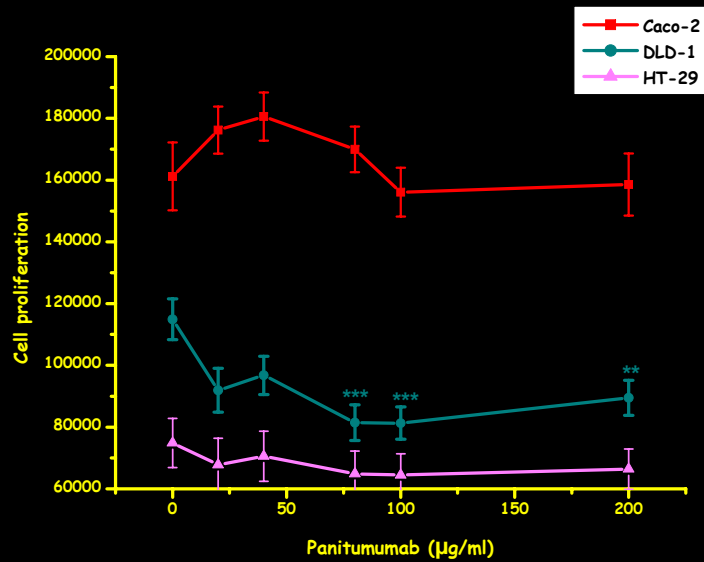
The synergy effect of tested TKIs in Caco-2 cells was in line with a decrease in EGFR and HER-2 gene and protein levels.

Giannopoulou *et al.*, Dual targeting of EGFR and HER-2 in colon cancer cell lines, 2009.

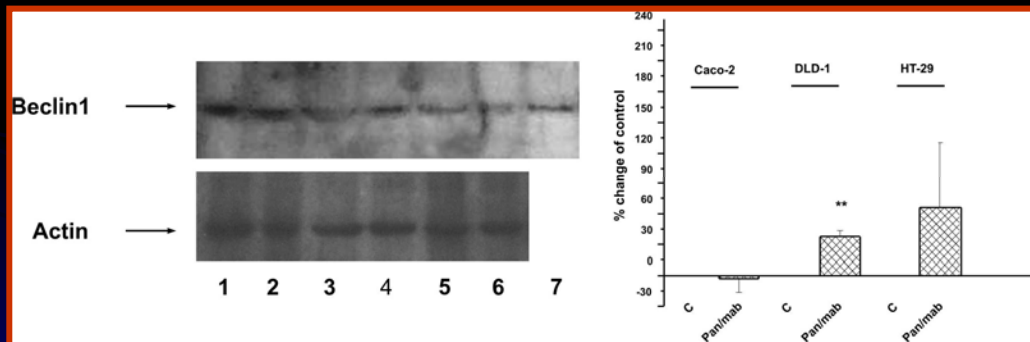
## I.B. The implication of panitumumab in autophagy and redox status in colon cancer cells

- Panitumumab (Vectibix): a monoclonal ab against EGFR approved by FDA for the treatment of patients with EGFR-expressing, metastatic colorectal carcinoma with disease progression on or following fluoropyrimidine-, oxaliplatin-, and irrinotecan-containing chemotherapy regimens (Giusti *et al.*, 2007). EMEA approved panitumumab with the same indications but only for patients with *wild type KRAS* (<http://www.emea.europa.eu>).





Kroemer *et al.*, 2009



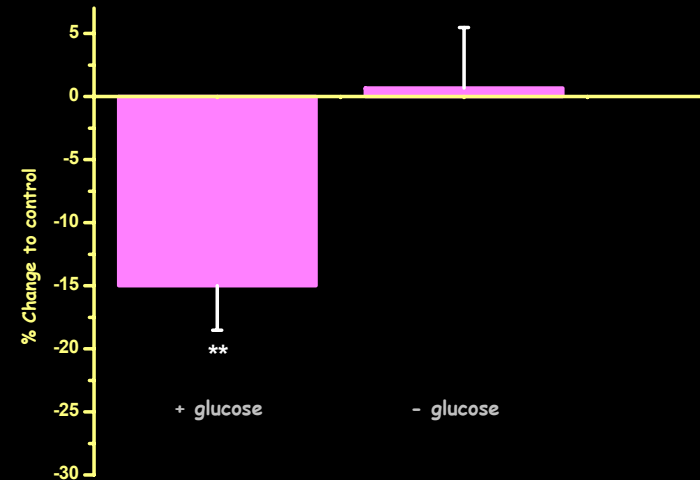
Panitumumab did not affect cell cycle, apoptosis or necrosis

- 1: Caco-2 cells treated with IgG antibody
- 2: Caco-2 cells treated with panitumumab 80 µg/ml
- 3: DLD-1 cells treated with IgG antibody
- 4: DLD-1 cells treated with panitumumab 80 µg/ml
- 5: HT-29 cells treated with IgG antibody
- 6: HT-29 cells treated with panitumumab 80 µg/ml,
- 7: positive control for beclin 1, MCF-7 cells.

Giannopoulou *et al.*, Autophagy: novel action of panitumumab in colon cancer, 2009.



EGFR may interact and stabilize the sodium/glucose co-transporter 1 (SGLT1) maintaining the intracellular glucose levels and preventing autophagic cell death (Weihua *et al.*, 2008).

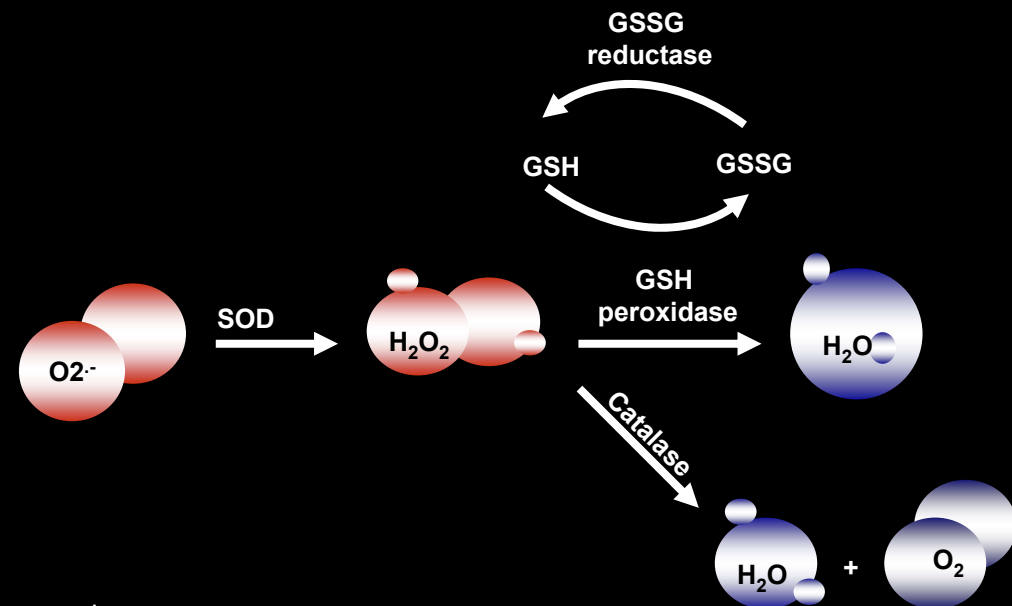
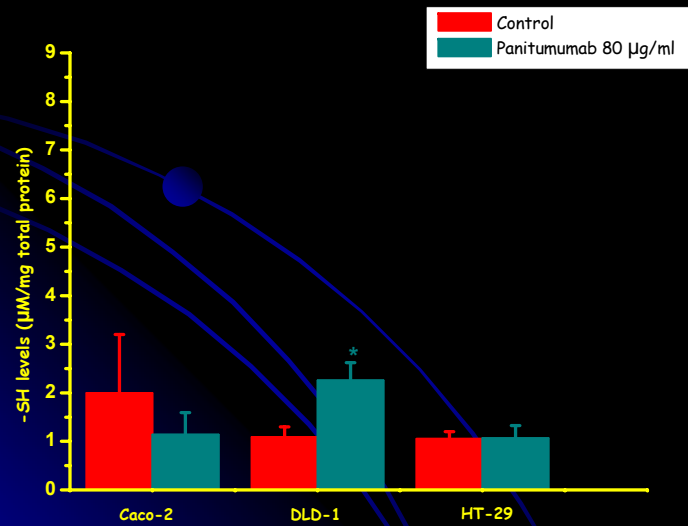
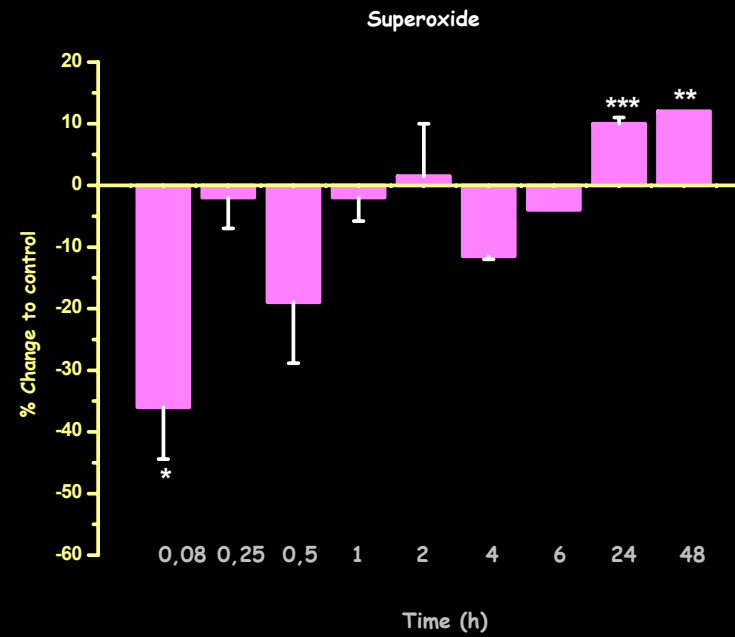
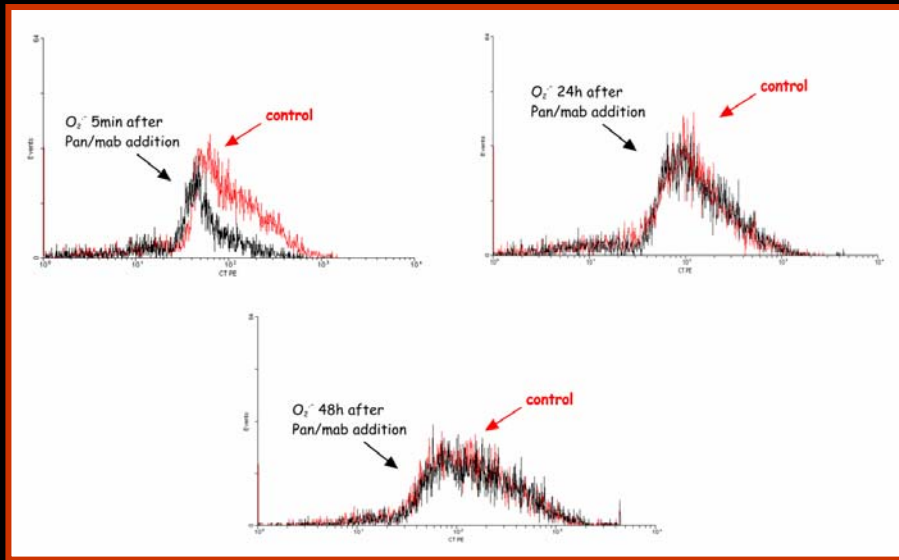


The glucose deprivation may induce oxidative stress in breast cancer cells (MCF-7)

↓  
Accumulation of pro-oxidants (superoxide and hydrogen peroxide)

↓  
Activation of signal transduction pathways like JNK1, ERK1/ERK2

↓  
Activation of AP-1 and cell death



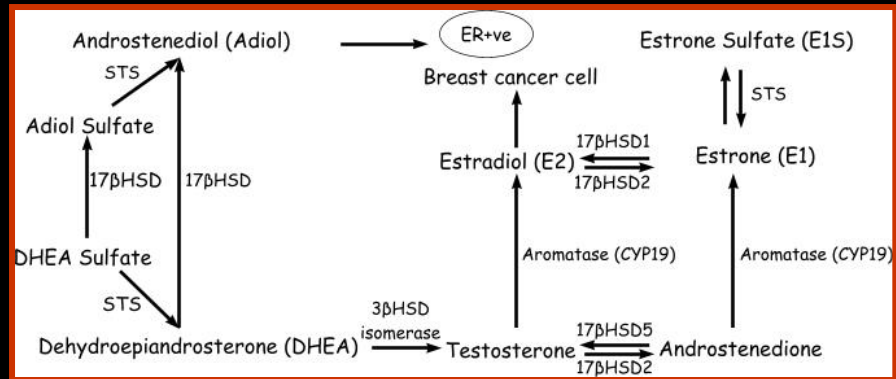
Giannopoulou *et al.*, The implication of Panitumumab in redox status of colon cancer cells, (submitted).

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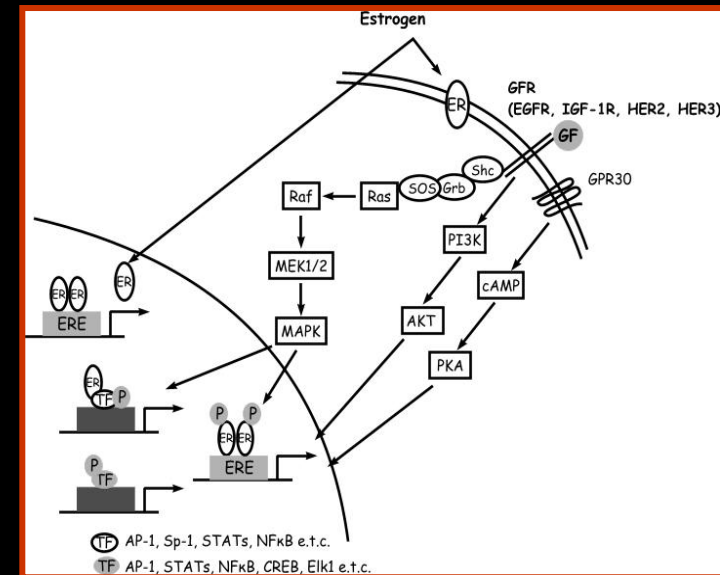
## II.A. Dual targeting of EGFR and aromatase in non small cell lung cancer (NSCLC)

Exemestane: Irreversible steroidal aromatase inhibitor. Approved for postmenopausal women with breast cancer after treatment with tamoxifen.

Erlotinib: Small molecule EGFR inhibitor. Approved for patients with advanced NSCLC resisting to chemotherapy and in combination with gemcitabine for patients with advanced pancreatic cancer without previous treatment.

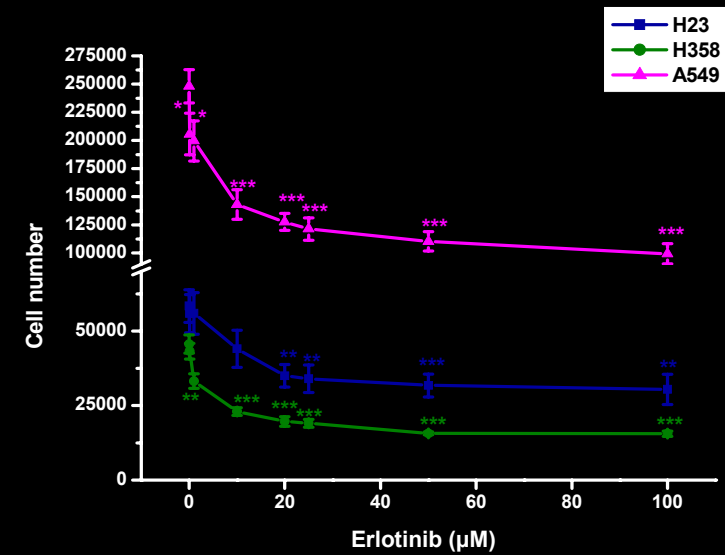
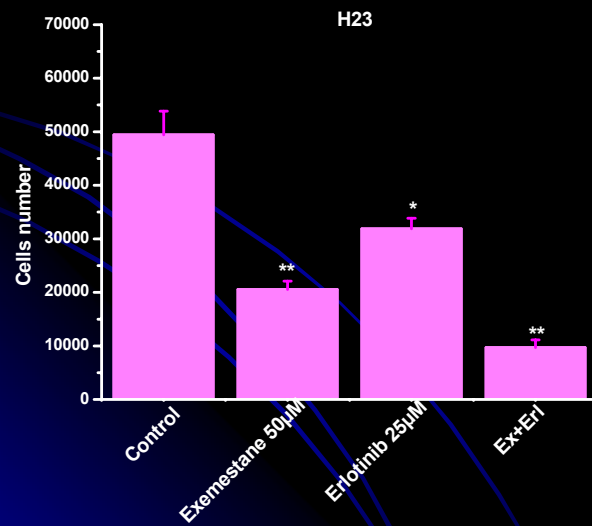
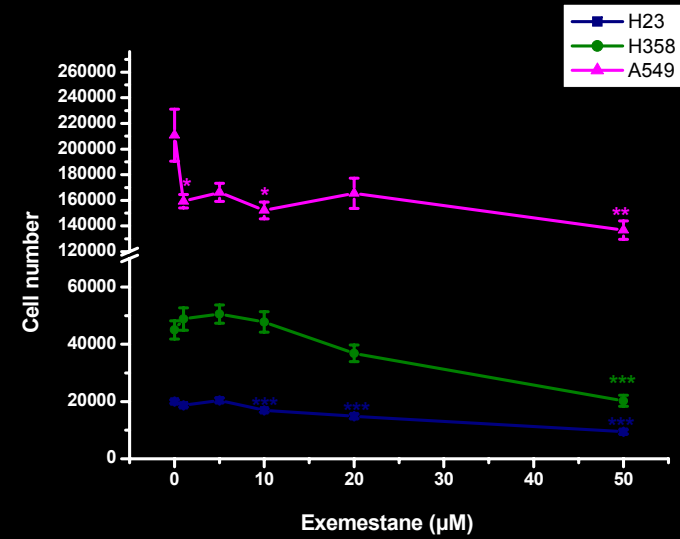


Subramaniam *et al.*, 2007

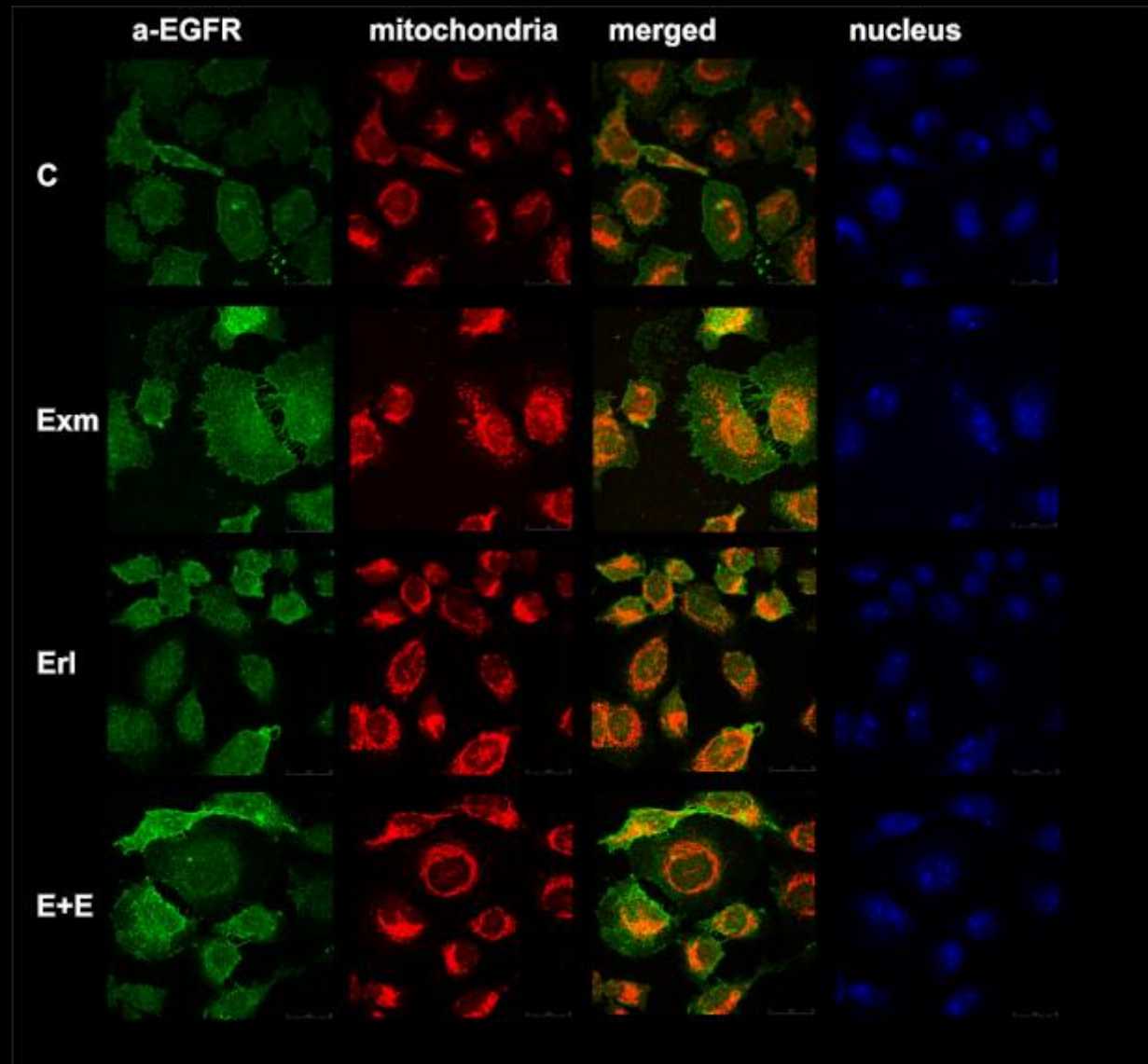


Yamagushi, 2007

	<i>H23</i>	<i>A549</i>	<i>H358</i>
<i>Aromatase levels</i>	low	high	low
<i>EGFR levels</i>	moderate	high	low
<i>EGFR mut.</i>	wt	wt	wt
<i>KRas</i>	mut.	mut.	mut.
<i>PTEN</i>	mut.	wt	wt



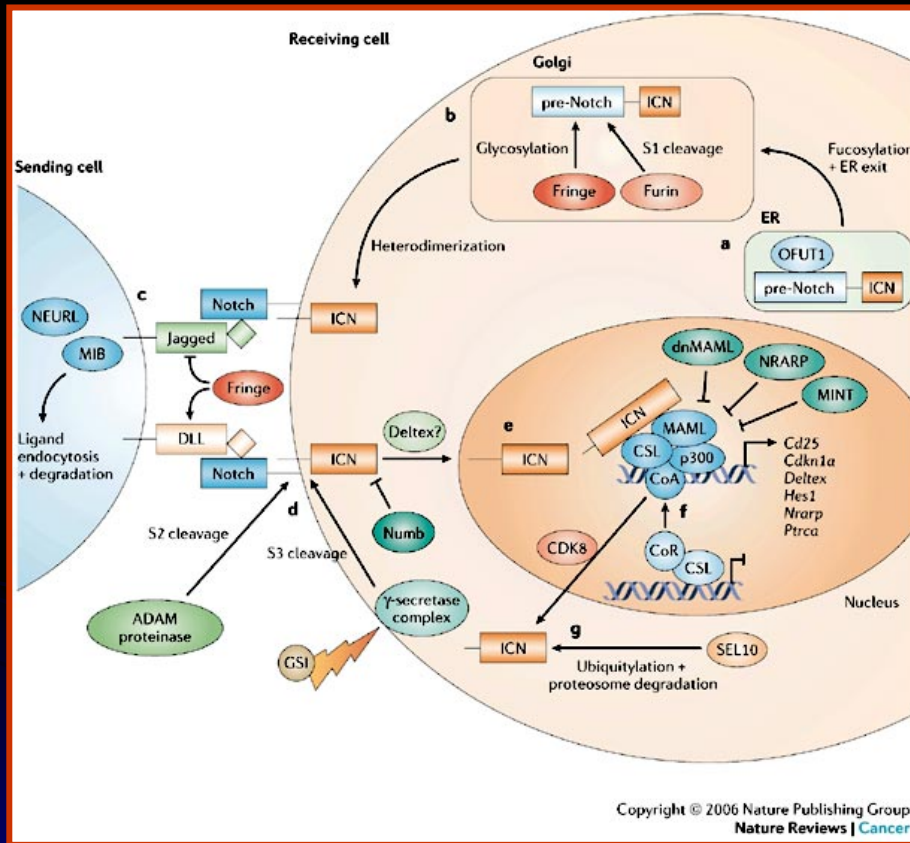
In H23 cells, a translocation of EGFR from membrane to mitochondria was observed after treatment of cells with exemestane and erlotinib. This effect is related to apoptosis and autophagy.



Koutras *et al.*, Antiproliferative effect of exemestane in lung cancer cells, 2009.

Kritikou *et al.*, Combined targeting of Aromatase and Epidermal Growth Factor Receptor in Non-Small-Cell Lung Cancer, (submitted).

## II.B. Dual targeting of EGFR and Notch in non small cell lung cancer (NSCLC)



Grabher *et al* 2006

- Notch may behave as an oncogene or a tumor suppressor gene. Both behaviors for Notch have been described in lung cancer.
- Notch has a growth promoting function in NSCLC, whereas in SCLC exerts an inhibitory effect.

Collins *et al.*, 2004; Westhoff *et al.*, 2009

Cell lines: H23, H661, A549 (wild type EGFR) and HCC827 (mutated EGFR).

Inhibitors: Erlotinib and DAPT (inhibitor of  $\gamma$ -secretase).

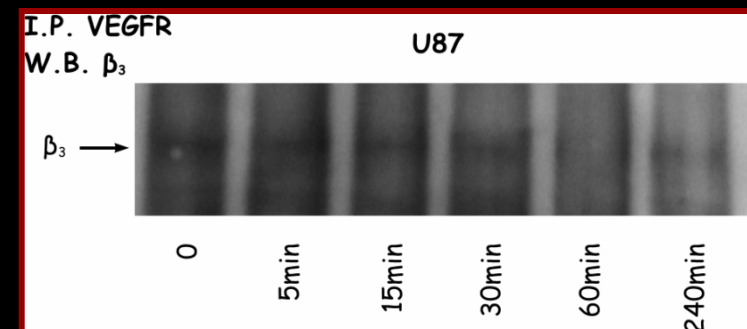
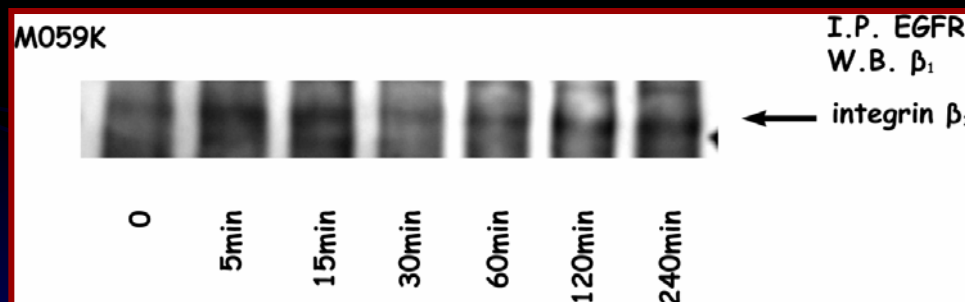
Topics: cell death (apoptosis, necrosis, autophagy, cell cycle arrest) and type of migration.



### III. Combined targeting of HER, VEGFR and PDGFR in glioblastoma cells

Sunitinib (Sutent): an oral, multi-targeted TK inhibitor (VEGFR, PDGFR and c-KIT) approved for the treatment of renal cell carcinoma and imatinib-resistant gastrointestinal stromal tumors.

- Lapatinib, sunitinib and their combination decreased cell proliferation of U87 and M059K through increasing apoptosis. A synergy effect was observed in both cell lines.
- Both of tested agents as well as their combination decreased cell migration.



Lapatinib and sunitinib affected the migration of glioma cells, through a mechanism implying interruption of growth factor receptor-integrin complexes formation.

Giannopoulou *et al.*, An in vitro study, evaluating the effect of sunitinib and/or lapatinib on two glioma cell lines, 2010  
Dimitropoulos *et al.*, The effects of anti-VEGFR and anti-EGFR agents on glioma cell migration through implication of growth factor with integrins, (accepted).

## Current goals

- Screening of abs and TKIs of HER family for induction of autophagy in order to improve their antitumor effect.
- Study of the effect of tested agents in intracellular molecules.
- The evaluation of Notch and EGFR inhibition in NSCLC treatment.
- How the disruption of GFRs with integrins affects cell migration?
- The verification of *in vitro* results in fresh frozen and paraffin embedded tissues.



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