# Drugs Used in Neoplasms of the Urogenital System

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### **Drugs for Breast Cancer**

- An alkylating agent.
- It is inactive and needs activation by microsomal enzymes to 4-hydroxycyclophosphamide and aldophosphamide.
- These active metabolites are delivered to both tumor and normal cells, where aldophosphamide is cleaved nonenzymatically to the cytotoxic forms phosphoramide mustard and acrolein.

### **Therapeutic uses:**

- Breast cancer
- Ovarian cancer
- Wilm's tumor
- Others

#### **Adverse effects:**

- Are dose-related, and occur primarily in rapidly growing tissues such as bone marrow, GIT, and reproductive system.
- 1. Nausea and vomiting.
- 2. Direct vesicant effects and can damage tissues at site of injection.
- 3. Hemorrhagic cystitis which can be prevented by adequate hydration.

- 4. Carcinogenic, with increased risk of secondary malignancies, especially acute myelogenous leukemia.
- 5. Bone marrow depression may be associated with leukopenia and thrombocytopenia, and bleeding.
- 6. Alopecia

# Methotrexate (MTX)

- It is a folic acid analog that inhibit dihydrofolate reductase and prevent the formation of tetrahydrofolate (THF).
- THF serves as the key one-carbon carrier in the synthesis of thymidylate, purine nucleotides, and the amine acids serine and methionine.

- Thus, it interferes with the formation of DNA and RNA and key cellular proteins.
- Intracellular formation of polyglutamate metabolites by folylpolyglutamate synthase, with the addition of up to 5-7 glutamate residues, is needed for the therapeutic action of MTX.
- MTX polyglutamates are selectively retained within cancer cells.

**Development of resistance is due to:** 

- 1. Decreased drug transport via the reduced folate carrier or folate receptor protein.
- 2. Decreased formation of cytotoxic MTX polyglutamate.
- 3. Increased levels of the target enzyme, DHFR, through gene amplification.

- 4. Altered DHFR protein with altered affinity for MTX.
- 5. Activation of the multidrug resistance transporter P170-glycoprotein.

- It is administered by oral, intravenous and intrathecal routes.
- Mainly eliminated by the kidney through active transport, and dose reduction is needed in renal dysfunction.
- Its renal excretion is inhibited by aspirin, other NSAIDs, penicillins, and cephalosporins.

- The effects of MTX can be reversed by administration of leucovorin (5-formyltetrahydrofolate).
- Leucovorin rescue can be used in conjunction with high-dose MTX therapy to rescue normal cells from undue toxicity, and in accidental overdose.

#### **Therapeutic uses:**

- Breast cancer
- Bladder cancer
- Choriocarcinoma.
- Others.

#### **Toxicity:**

- 1. Mucositis (GIT), diarrhea
- 2.Hepatotoxicity
- **3.Myelosuppression with neutropenia and thrombocytopenia**
- 4.Neurological & cognitive impairment
- 5.Immunoallergic pneumonia leading to pulmonary fibrosis
- 6.Chemical pneumonitis
- 7.Renal dysfunction

# Doxorubicin

- Belongs to anthracyclines, the most widely used cytotoxic anticancer antibiotic drugs. **Mechanism of action:**
- **1.** Inhibition of topoisomerase II.
- 2. Intercalation to DNA.
- 3. Generation of semiguinone free radicals and oxygen free radicals (iron-dependent, enzymemediated reductive process), which cause cardiotoxicity. 15

# Anthracyclines

- 4. Binding to cellular membranes altering fluidity and ion transport.
- They are administered IV.
- Metabolized extensively in the liver.
- ~ 50% of the dose is excreted in bile, and dose reduction is needed in hepatic dysfunction.

# Anthracyclines

### **Therapeutic uses:**

- 1. Breast cancer
- 2. Endometrial cancer
- 3. Cancer of ovary
- 4. Cancer of testis
- 5. Bladder cancer

### 6. Others.

- Belongs to taxanes.
- It is an alkaloid derived fro the Pacific and European yew (صنوبريات).
- It functions as mitotic spindle poison which results in inhibition of mitosis and cell division.
- Metabolized by CYPs, and 80% of the drug is excreted in feces.
- Dose reduction is required in hepatic dysfunction.

- **Therapeutic uses:**
- 1. Ovarian cancer
- 2. Advanced breast cancer
- 3. Prostate cancer
- 4. Bladder cancer
- 5. Others

#### **Adverse reactions:**

- The primary dose-limiting toxicities are nausea, vomiting, hypotension, arrhythmias, myelosuppression, peripheral sensory neuropathy.
- Hypersensitivity (5%), requires premedication with dexamethasone, diphenhydramine (H<sub>1</sub>blocker) and an H<sub>2</sub>-blocker.

 An albumin-bound formulation used for breast cancer does not require premedication, with milder myelosuppression and reversible neurotoxicity.

# Ixabepilone

- It is <u>not</u> a taxane, but it is a microtubule inhibitor.
- Used for <u>metastatic breast cancer</u>.
- Main adverse effects are hypersensitivity reactions, myelosuppression, neurotoxicity, with peripheral sensory neuropathy.

### Bevacizumab

- The growth of both primary and metastatic tumors requires an intact vasculature.
- The vascular endothelial growth factor (VEGF) signaling pathway is an attractive target for chemotherapy.
- Bevacizumab is a recombinant humanized monoclonal antibody that targets all forms of VEGFs particularly VEGF-A.

## Bevacizumab

• This antibody binds to and prevents VEGF-A from interacting with its receptor.

**Toxicity:** 

- Hypertension
- Arterial thromboembolism (TIA, stroke, angina, & MI)
- Wound healing impairment
- GI perforations and proteinuria

## Trastuzumab

- Is a recombinant, humanized monoclonal antibody that binds to human epidermal growth factor receptor (HER-2/neu), preventing the natural ligand from binding to the receptor, and it down regulates the receptor.
- Cause cardiotoxicity manifested as a reduced left ventricular ejection fraction
- It may be used in <u>metastatic breast cancer in</u> <u>patients whose tumors overexpress HER-2/neu</u>.

### **Drugs for Prostate Cancer**

## **Drugs for Prostate Cancer**

- The treatment of choice is elimination of testosterone production, either by surgical castration or hormonal therapy.
- Discussed before.

## Mitoxantrone

- It is an anthracycline antibiotic.
- Act by intercalation with the DNA molecule, which in turn causes single- and double-stranded disruptions and suppresses DNA repair via inhibition of topoisomerase II.
- Used for <u>advanced</u>, <u>hormone-refractory prostate</u> <u>cancer</u>.

## Mitoxantrone

### **Toxicity:**

- 1. Myelosuppression, leukopenia, is the doselimiting toxic effect.
- 2. Thrombocytopenia
- 3. Nausea and vomiting
- 4. Alopecia
- 5. Mucositis
- 6. A blue discoloration of fingernails, sclera, and urine is observed 1-2 days after drug
  <sup>29</sup> administration.

### **Drugs for Ovarian Cancer**

# **Drugs for Ovarian Cancer**

- Cisplatin, Carboplatin
- Cyclophosphamide
- Paclitaxel
- Topotecan
- Doxorubicin
- Altretamine

# **Platinum Analogs**

#### Cisplatin, Carboplatin.

- They exert their cytotoxic effects like the alkylating agents.
- They kill tumor cells in all stages of the cell cycle.
- Bind to DNA and form intra- and inter-strand cross-links, leading to inhibition of DNA synthesis and function.

# Cisplatin

### **Therapeutic uses:**

- 1. Breast cancer
- 2. Testicularcancer
- 3. Ovarian cancer
- 4. Bladder cancer
- 5. Others
- It is eliminated by the kidney and dose reduction is needed in renal dysfunction.

# Cisplatin

### **Toxicity:**

- 1. Nausea and vomiting
- 2. <u>Nephrotoxicity</u>
- 3. Peripheral sensory neuropathy
- 4. Ototoxicity
- Carboplatin is less toxic to the kidney, but its main dose-limiting toxicity is myelosuppression.

# Camptothecins

- They are natural products derived from a tree grown in China.
- They inhibit the activity of topoisomerase I, the key enzyme responsible for cutting and religating single DNA strands.
- This results in DNA damage and cell death.

## Topotecan

- It is used for advanced ovarian cancer as secondline therapy following platinum-based chemotherapy.
- The dose should be adjusted in renal function.
- The main toxicities are nausea, vomiting and myelosuppression.

## Altretamine

 It is an alkylating agent that forms DNA crosslinks, resulting in inhibition of DNA synthesis and function.

### **Toxicity:**

- Nausea and vomiting
- Myelosuppression
- Peripheral neuropathy
- Flu-like syndrome.

### **Drugs for Testicular Cancer**

# **Drugs for Testicular Cancer**

- Cisplatin
- Etoposide
- Bleomycin
- Ifosfamide (similar to cyclophosphamide).

# Etoposide

- It is a semisynthetic derivative of podophyllotoxin, which is extracted from mayapple root.
- IV, and oral formulations are available.
- Dose reduction is needed in renal dysfunction.
- Teniposide is a related drug.

# Etoposide

 They inhibit topoisomerase II, resulting in DNA damage through strand breakage induced by formation of a ternary complex of drug, DNA, and enzyme.

### **Toxicity:**

- 1. Nausea, and vomiting,
- 2. Hypotension
- 3. Myelosuppression

### 4. Alopecia.

- Anticancer antibiotic
- It is a small peptide that contains a DNAbinding region, and an iron binding domain at opposite ends of the molecule.
- It acts by binding to DNA, which results in single-strand and double-strand breaks following free radical formation, and inhibition of DNA synthesis.

- It is a cell-cycle specific drug that arrest cells in the G<sub>2</sub> phase of the cell cycle.
- It is used also in squamous cell cancer of the <u>cervix and vulva</u>.
- Dose reduction is needed in renal dysfunction.

- Dose-limiting toxicity is pulmonary in the form of pneumonitis, cough, dyspnea, dry inspiratory crackles, and chest infiltrates.
- This is more in patients:
- a) older than 70 years of age
- b) who receive a cumulative dose greater than 400 units
- c) with underlying pulmonary disease
- d) with prior chest radiation.

### **Other toxicities:**

- **1. Allergic reactions**
- 2. Fever
- 3. Hypotension
- 4. Dermatotoxicity,
- 5. Alopecia,
- 6. Mucositis.