

Inhibitors of angiogenesis can exhibit bell-shaped and U-shaped dose-response curves: relevance for cancer therapy

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Summary

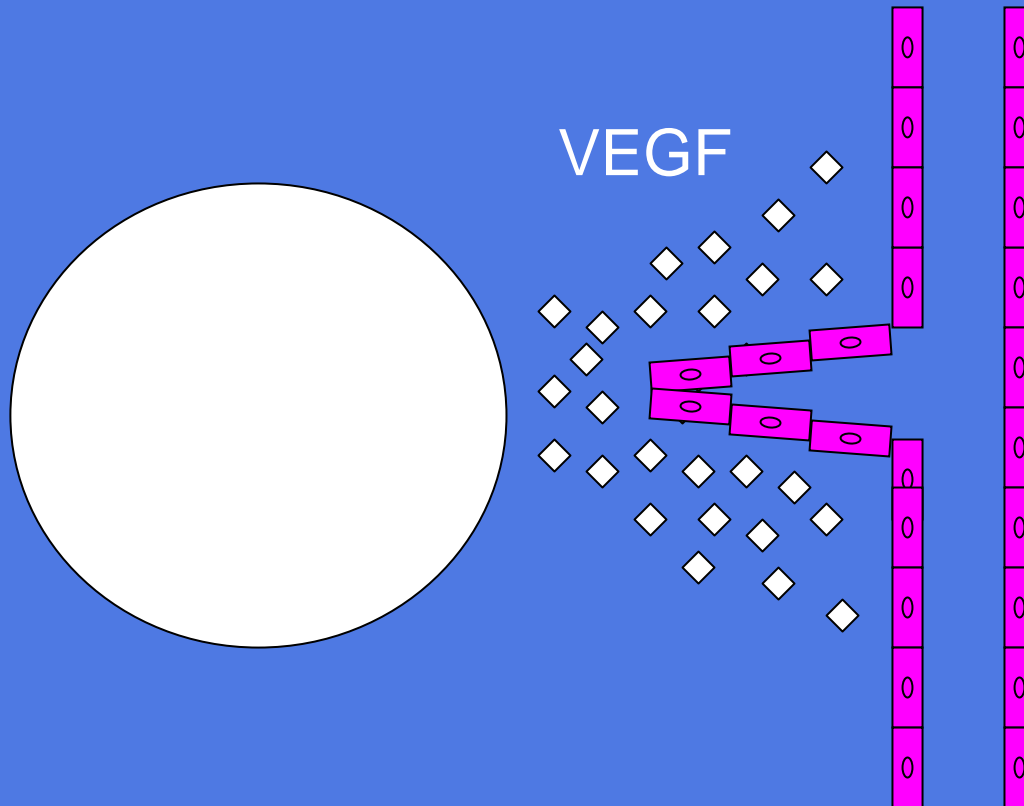
Tumor angiogenesis and anti-angiogenic therapy

Low doses of integrin inhibitors can stimulate tumour growth and angiogenesis

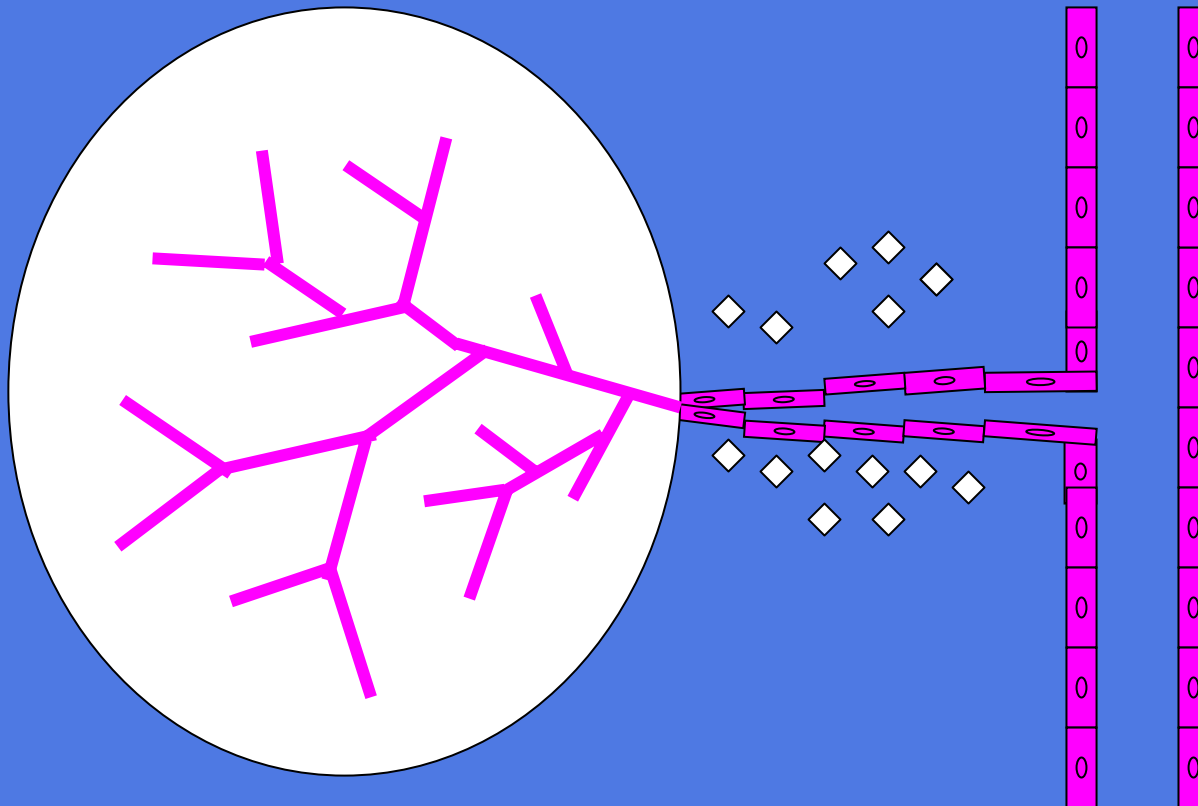
Consequences of non-linear dose-responses for anti-angiogenic therapy

Cancer therapy and tumour progression

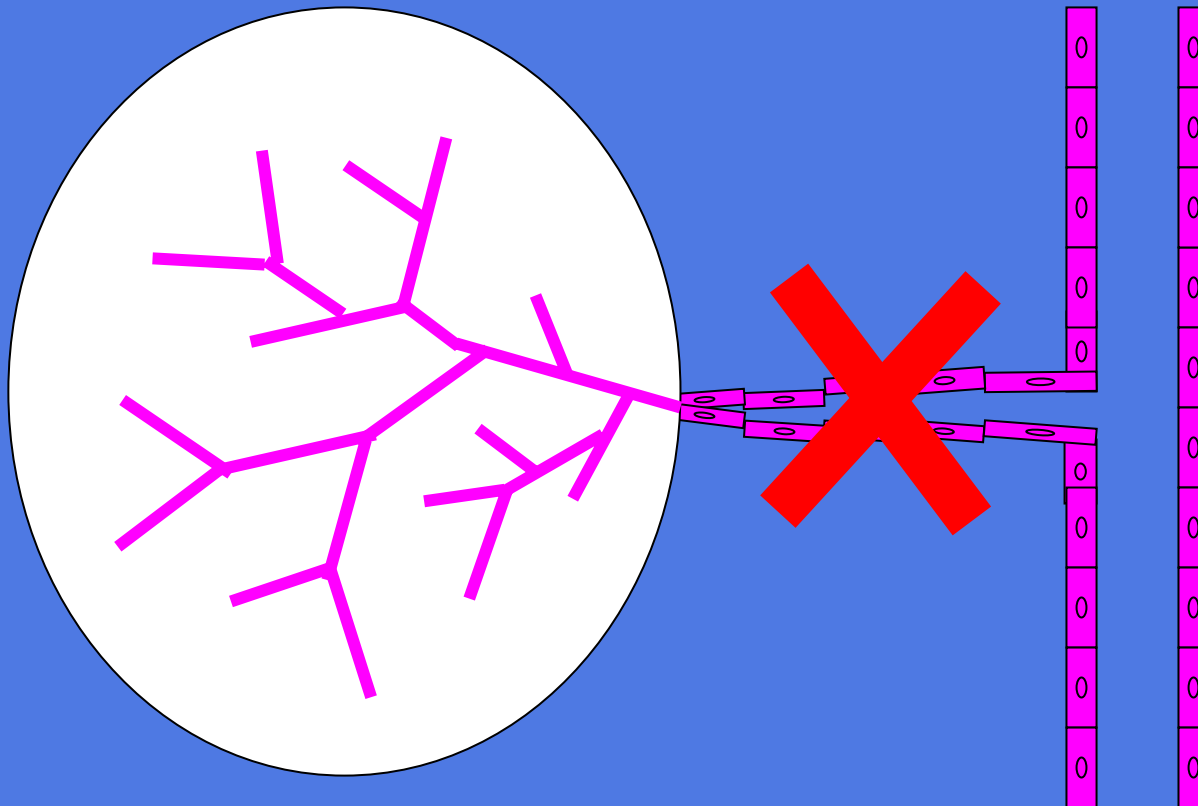
Tumor angiogenesis



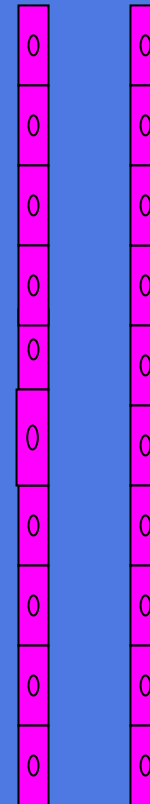
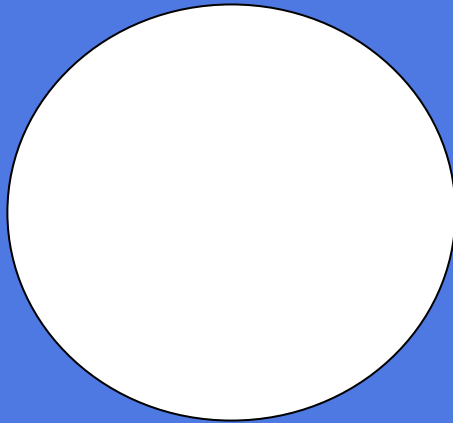
Tumor angiogenesis



Anti-angiogenic therapy

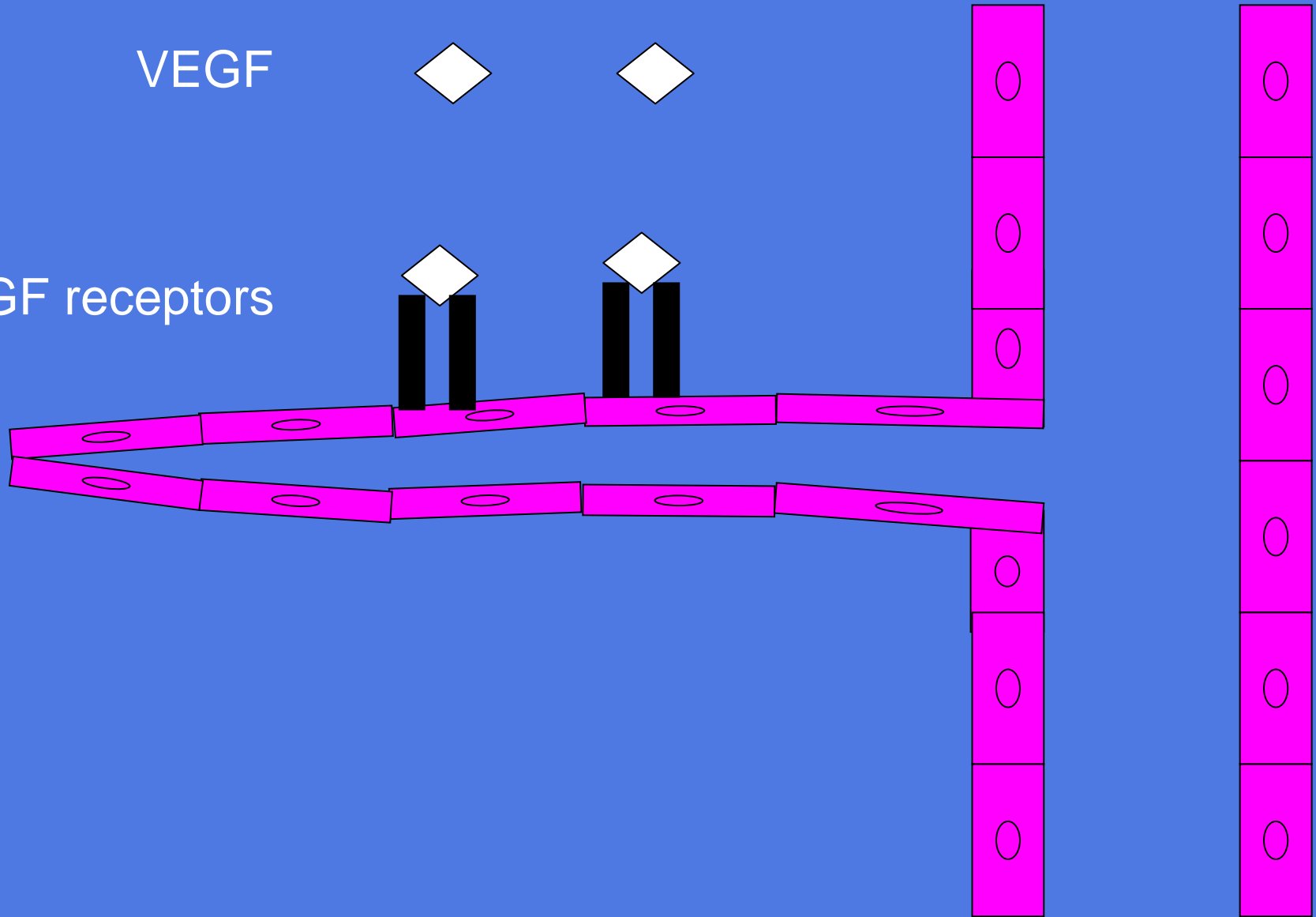


Anti-angiogenic therapy

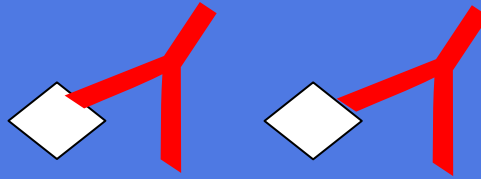


VEGF

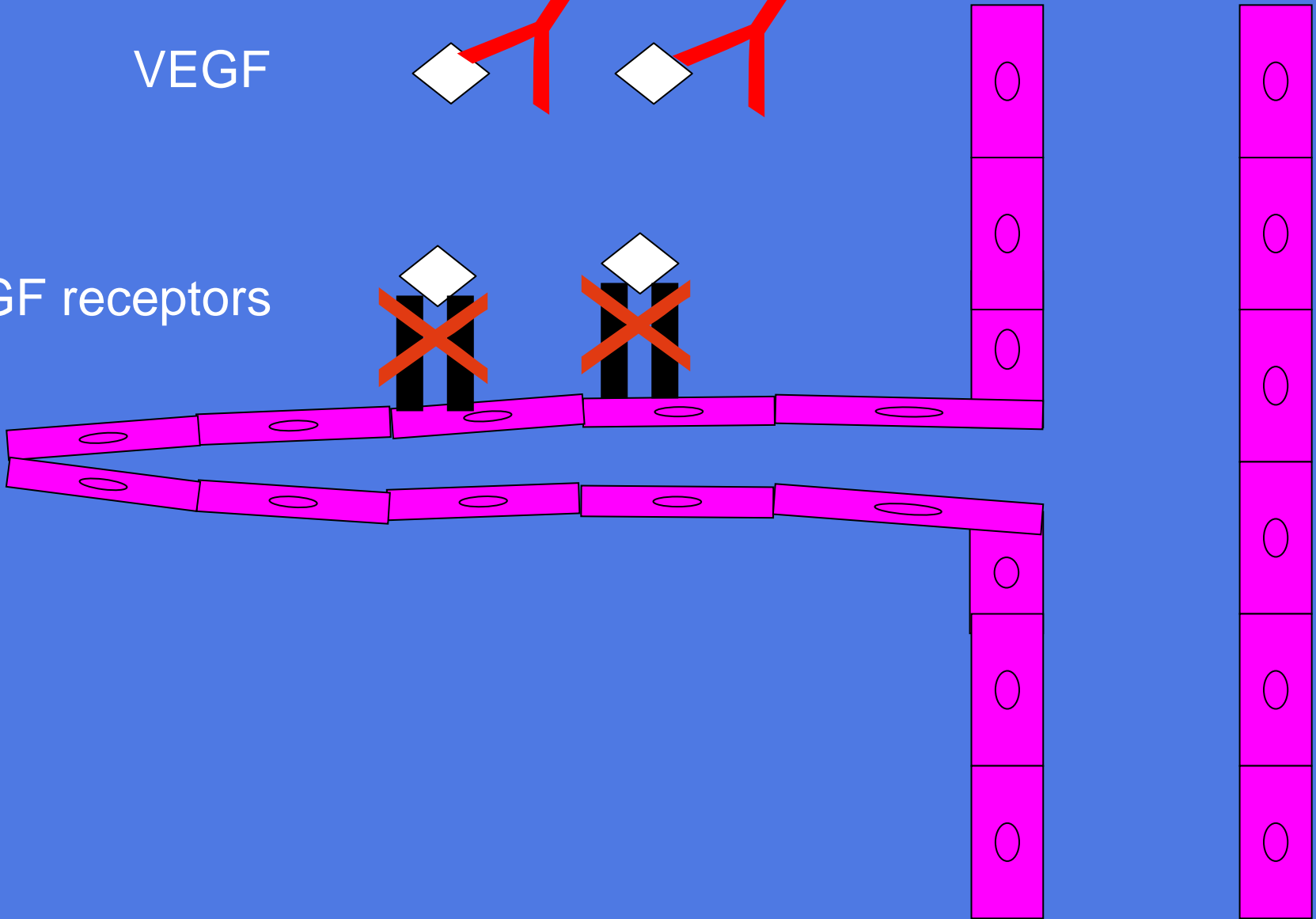
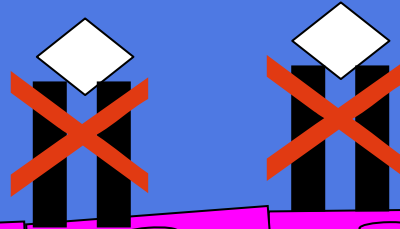
VEGF receptors

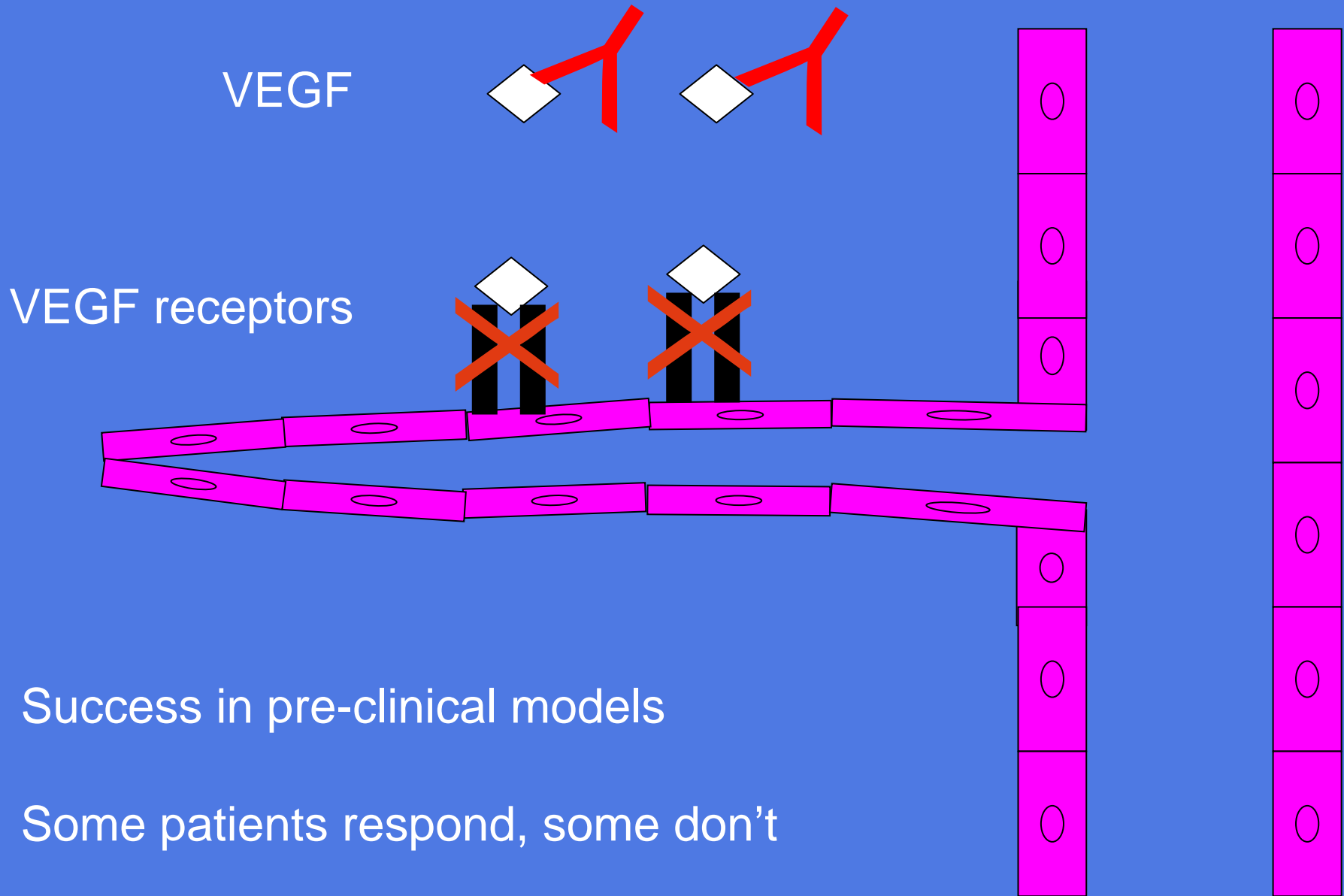


VEGF

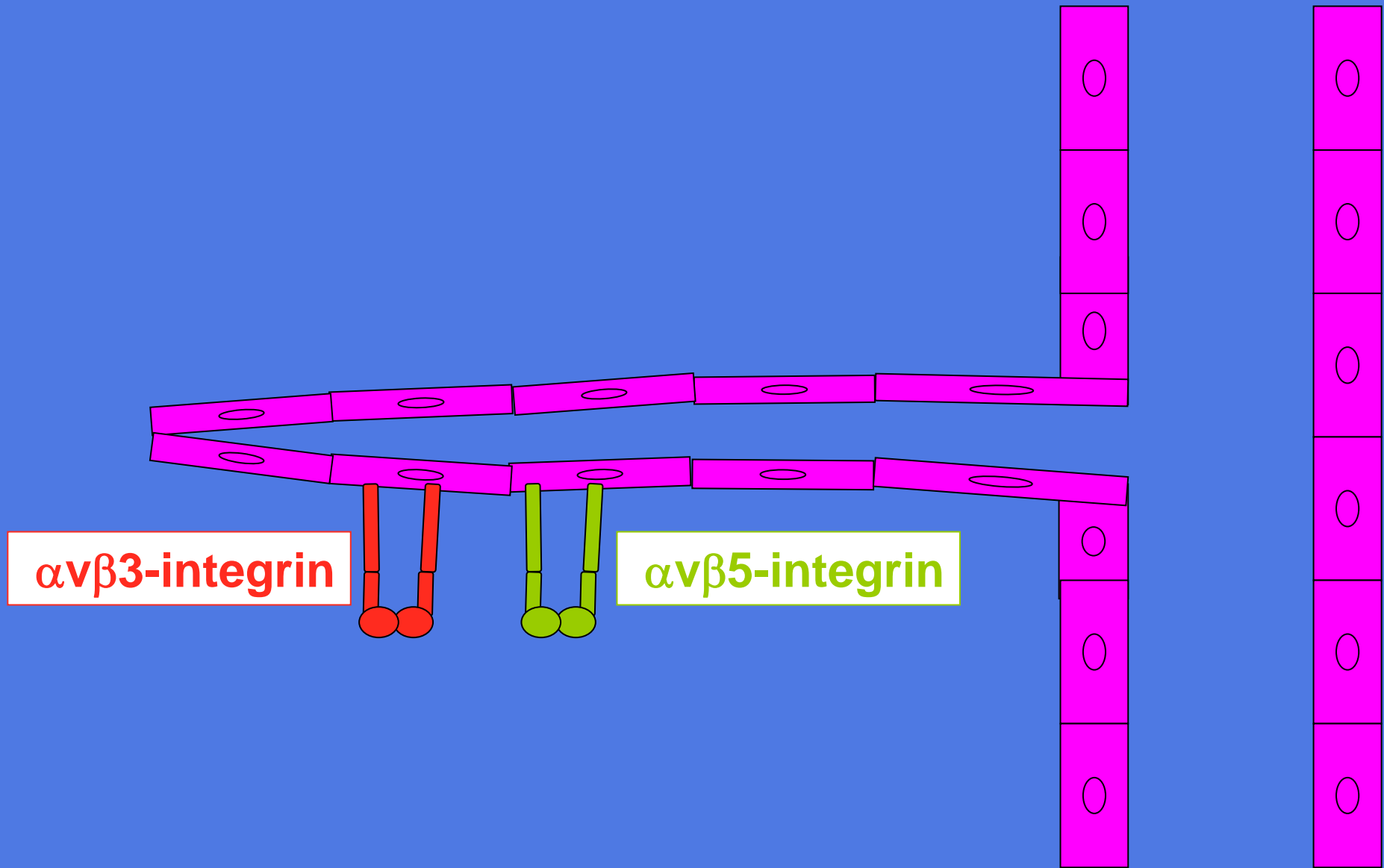


VEGF receptors

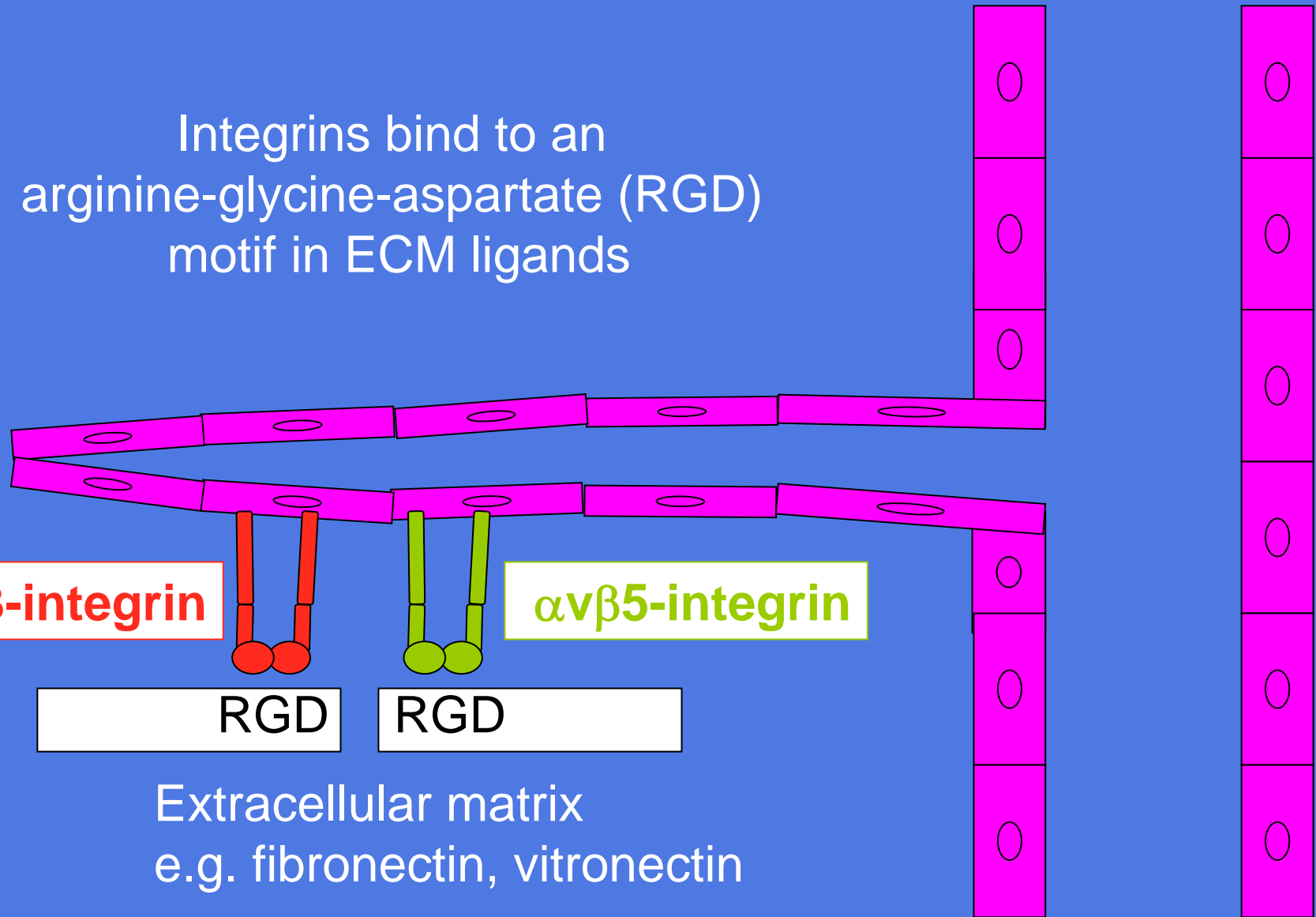




- Success in pre-clinical models
- Some patients respond, some don't
- Delayed disease progression in some cancer types



Integrins bind to an
arginine-glycine-aspartate (RGD)
motif in ECM ligands



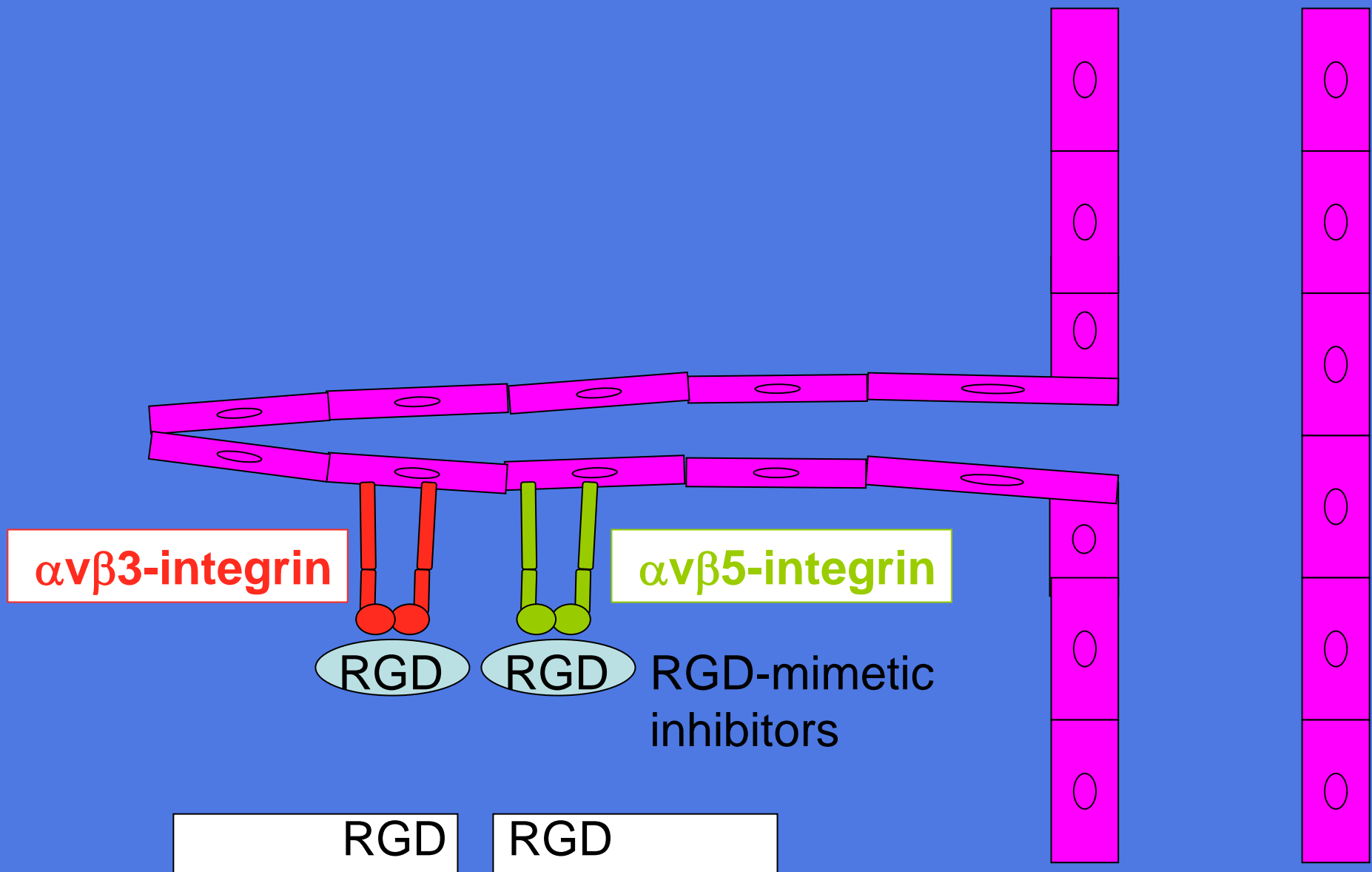
$\alpha v \beta 3$ -integrin

$\alpha v \beta 5$ -integrin

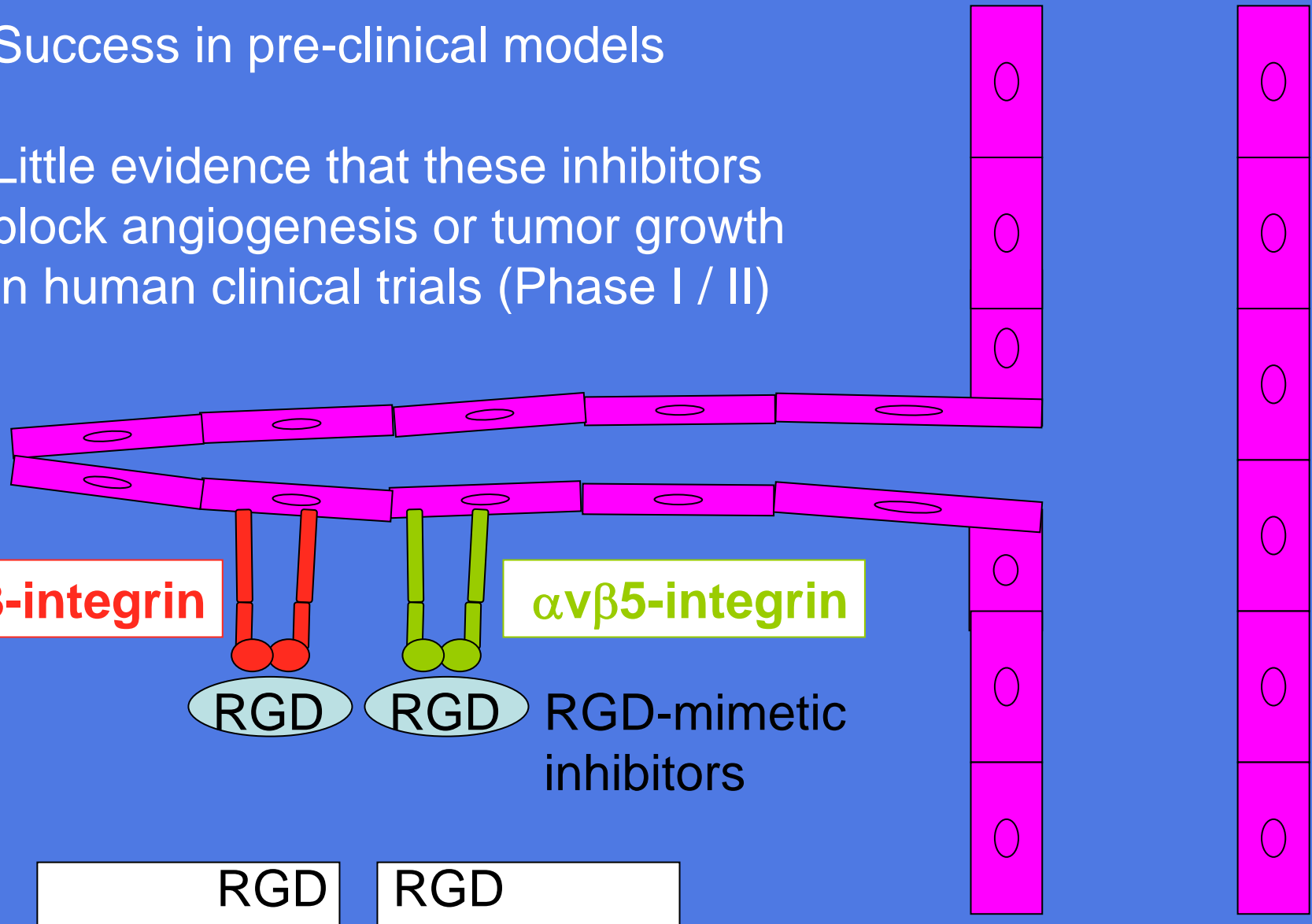
RGD

RGD

Extracellular matrix
e.g. fibronectin, vitronectin

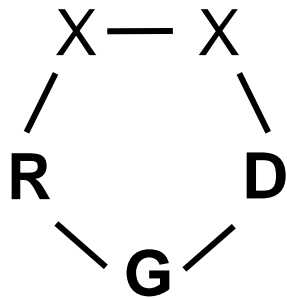


- Success in pre-clinical models
- Little evidence that these inhibitors block angiogenesis or tumor growth in human clinical trials (Phase I / II)



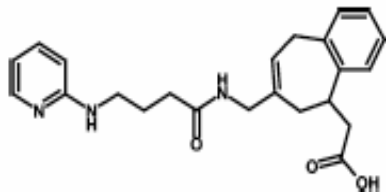
Inhibitors of $\alpha v\beta 3$ - and $\alpha v\beta 5$ -integrins

1. Cyclic RGD peptides



e.g. Cilengitide (Merck)

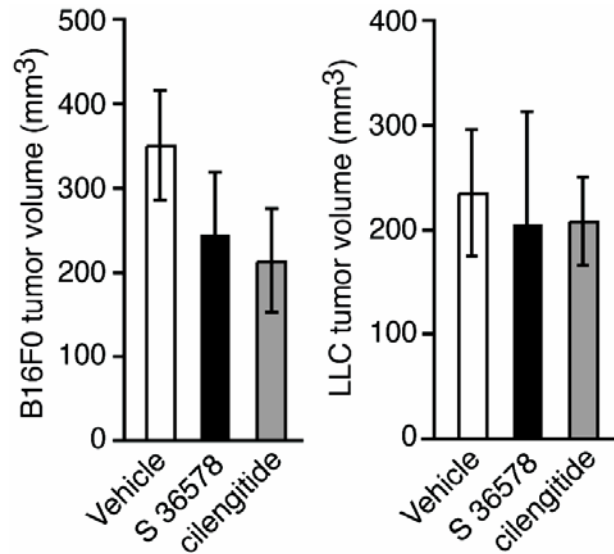
2. RGD-mimetic small molecule inhibitors



e.g. S 36578 (Servier)

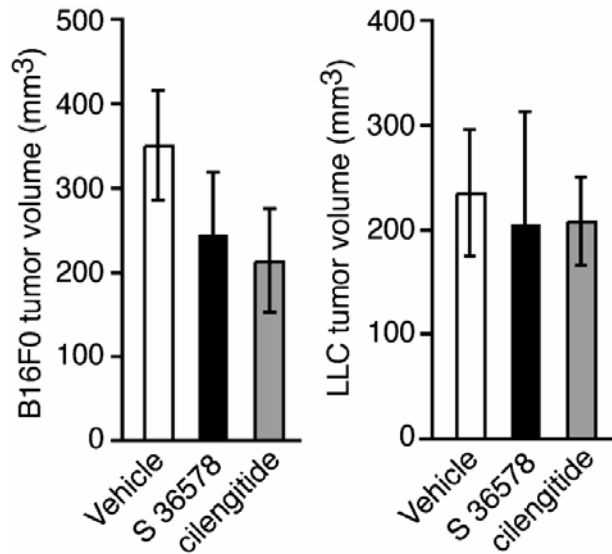
Growth of B16 and LLC tumors in mice is not suppressed by 200 mg/kg/day integrin inhibitor

Tumor volume

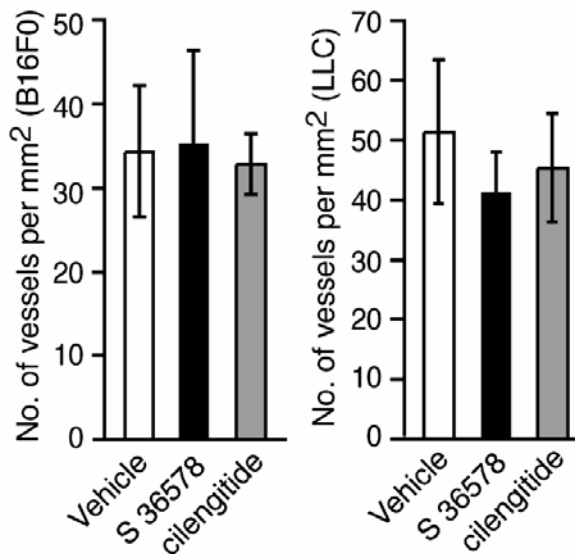


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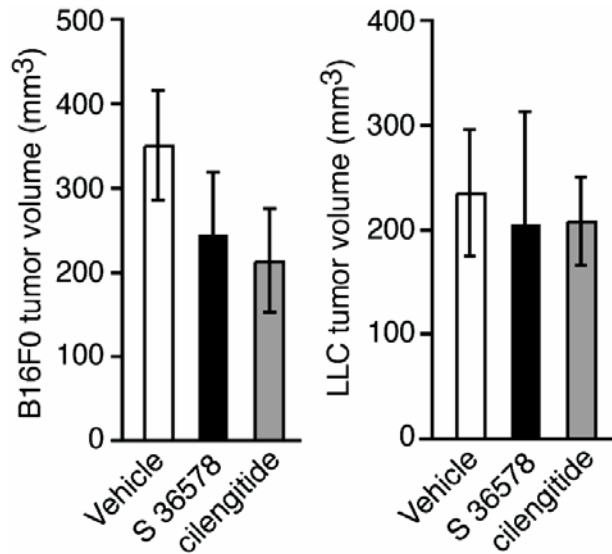


Tumor angiogenesis

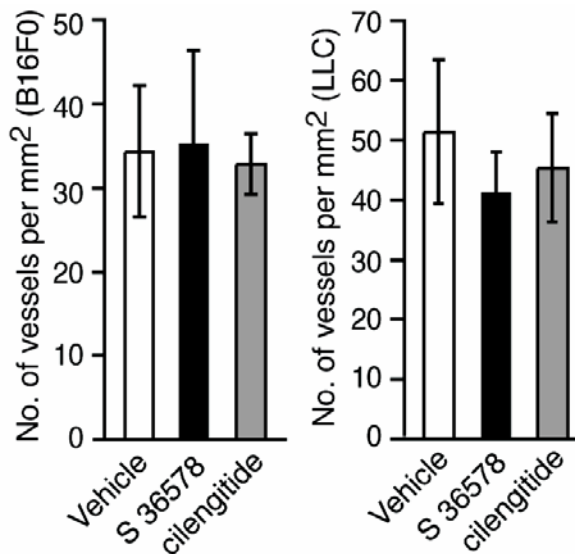


Growth of B16 and LLC tumors in mice is not suppressed by 200 mg/kg/day integrin inhibitor

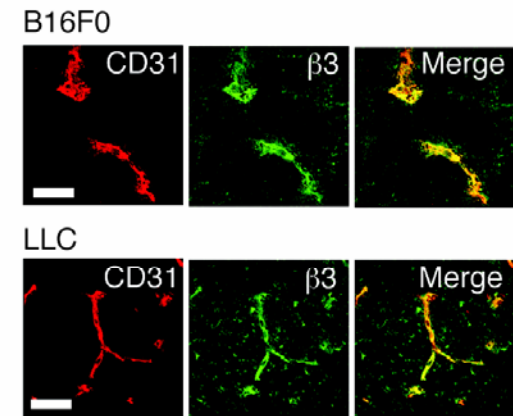
Tumor volume



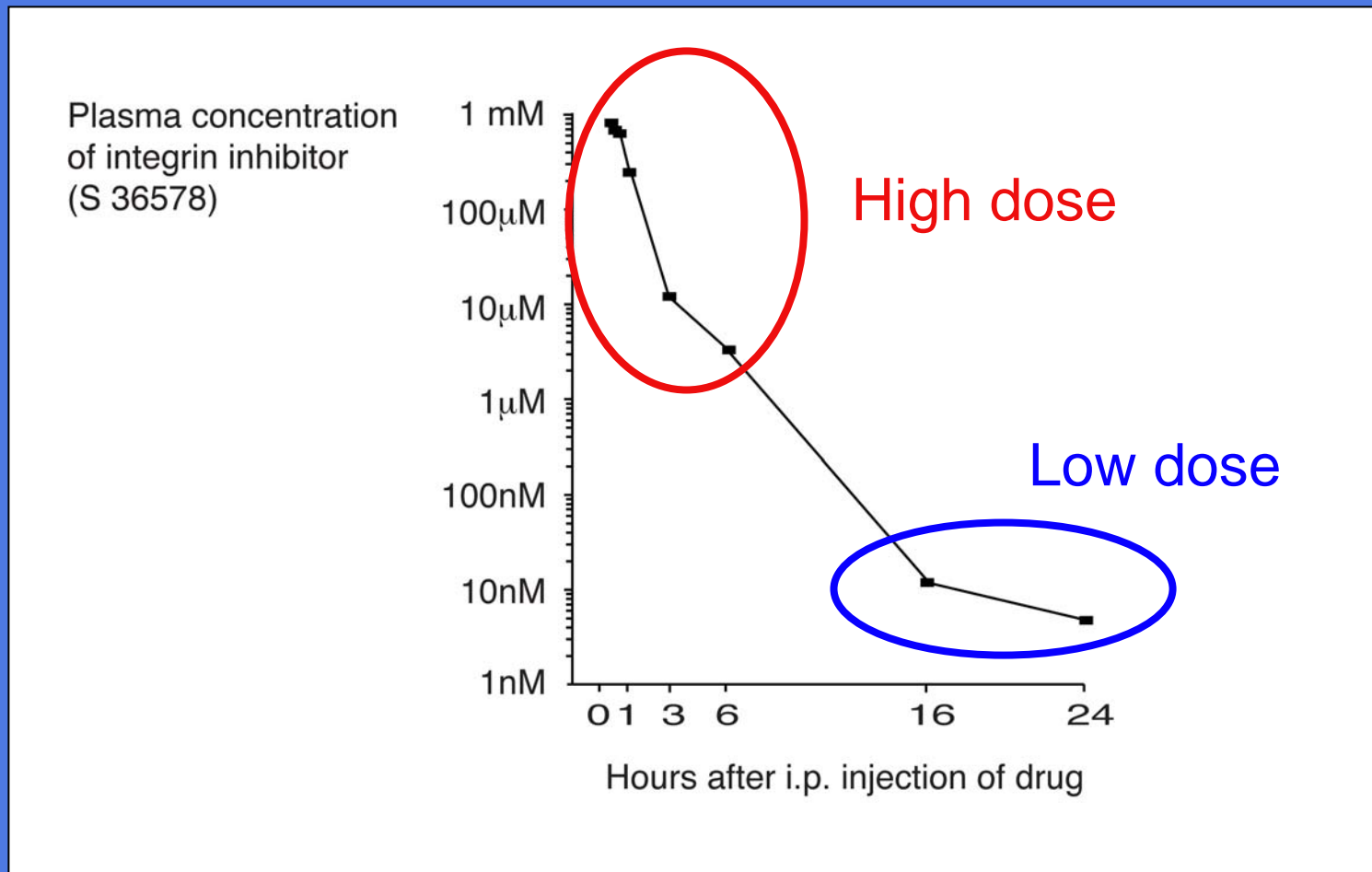
Tumor angiogenesis



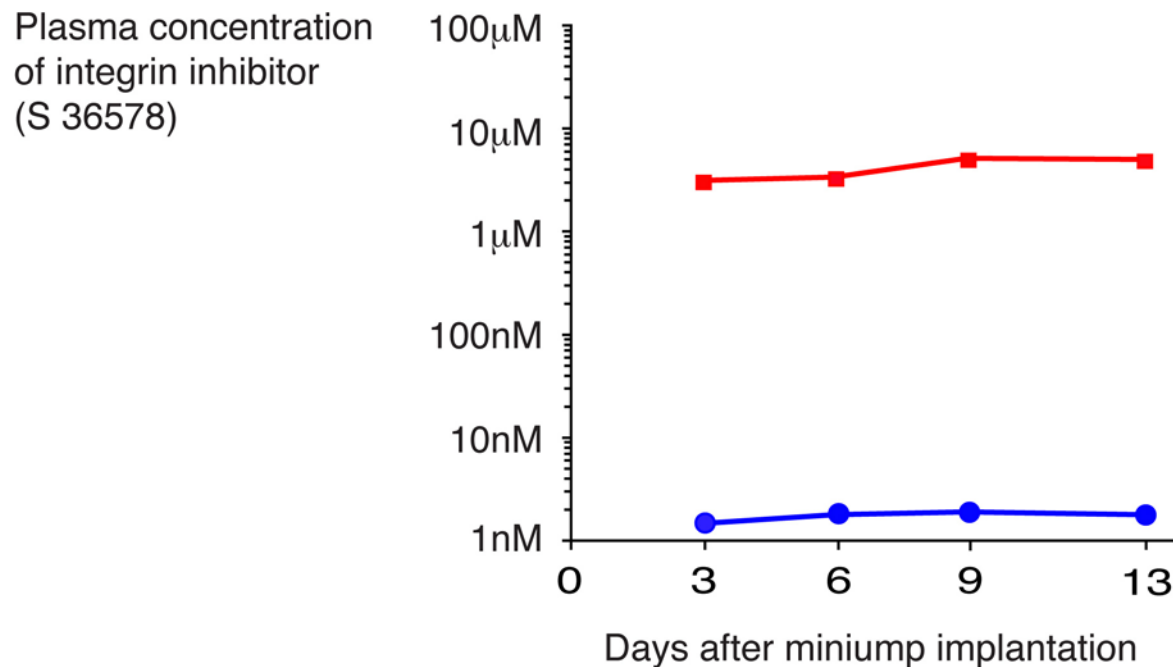
Integrin expression



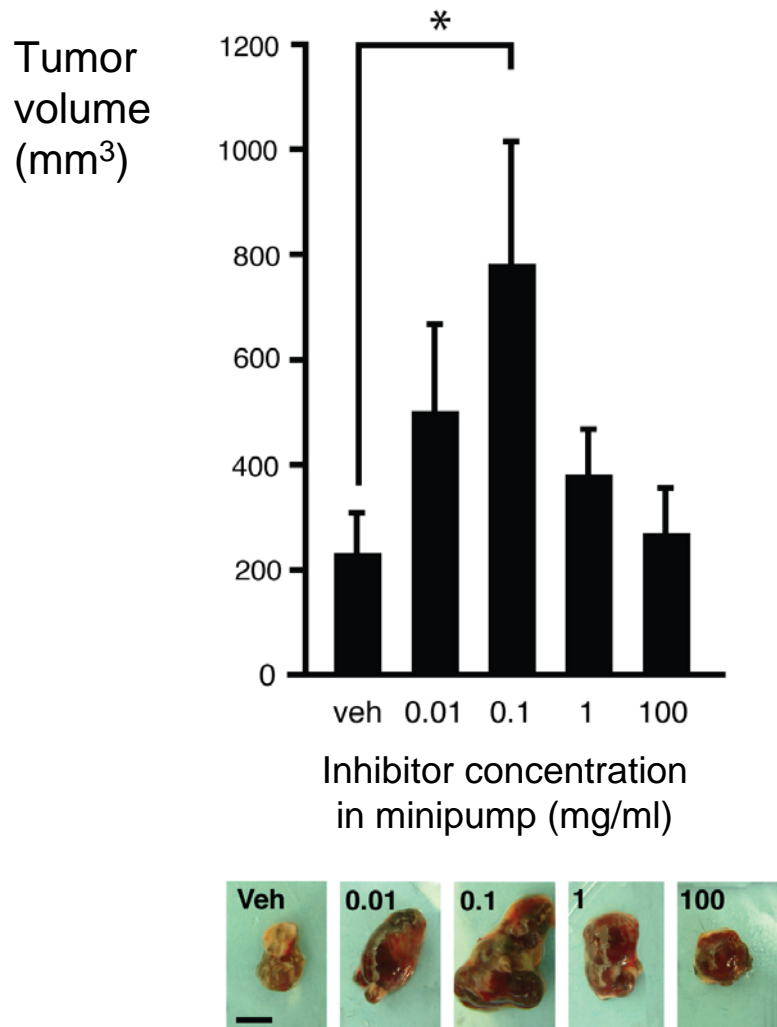
Pharmacokinetics of integrin inhibitors *in vivo*



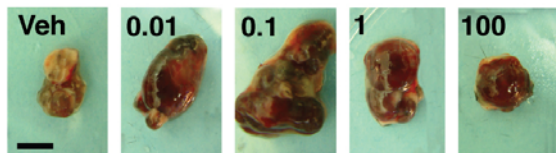
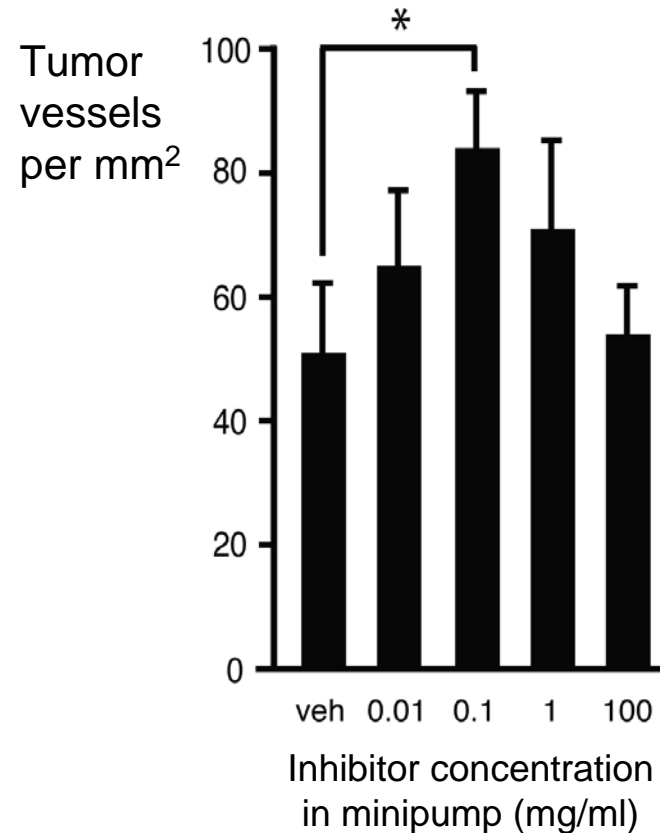
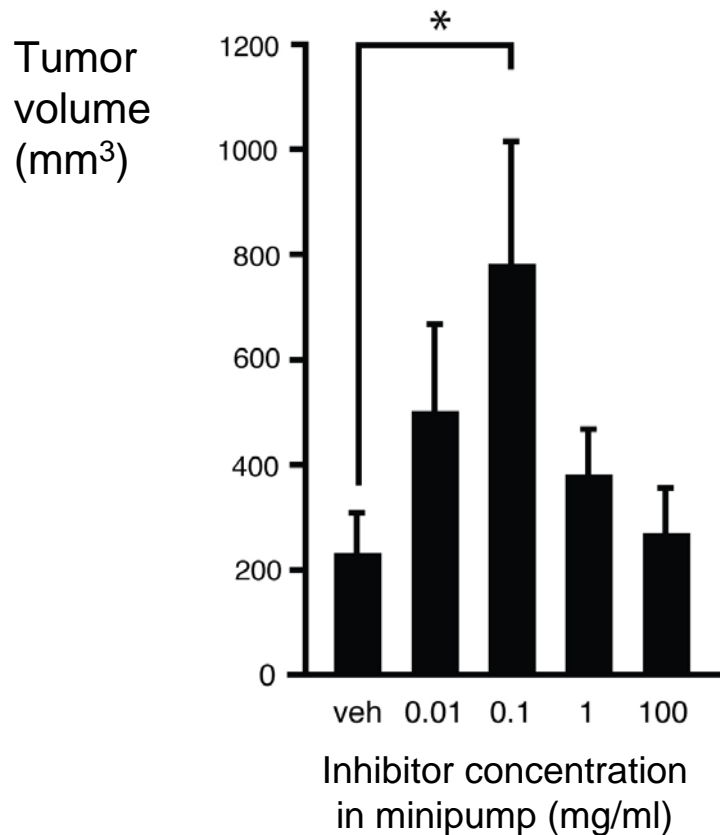
Constant plasma concentrations of integrin inhibitors can be achieved using osmotic minipumps



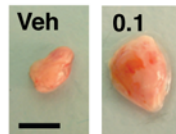
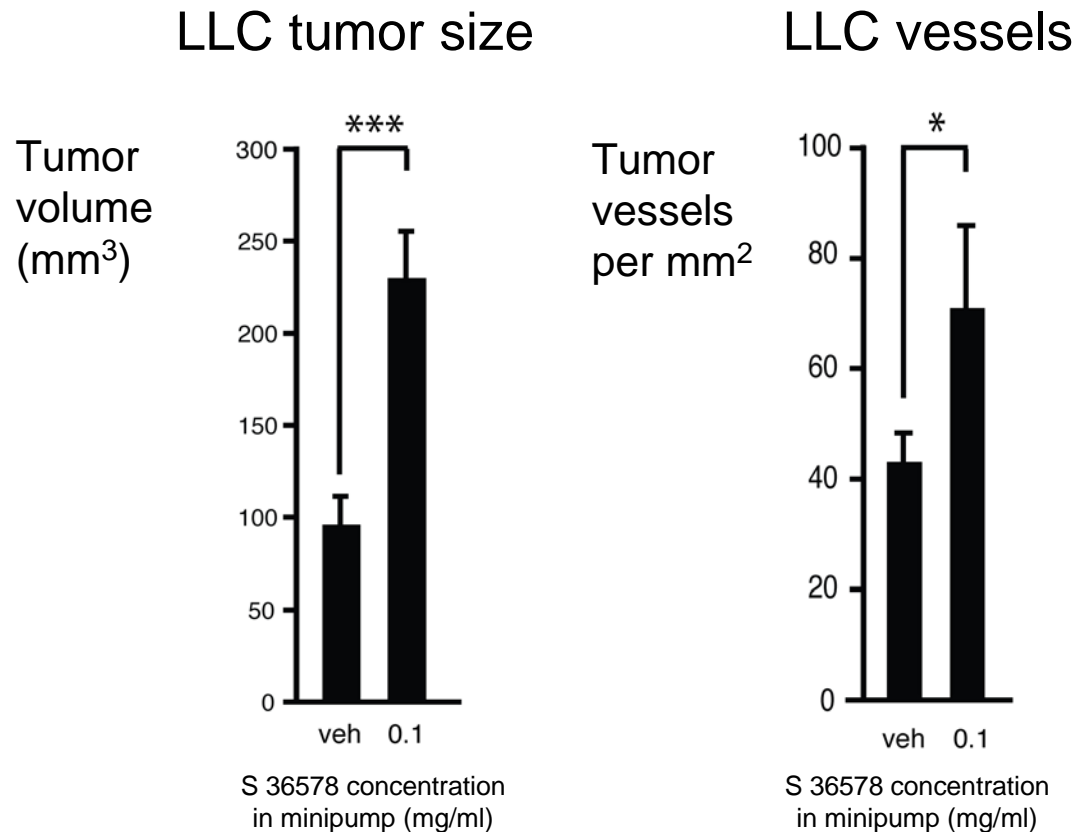
Low doses of integrin inhibitors can stimulate B16 tumor growth and angiogenesis *in vivo*



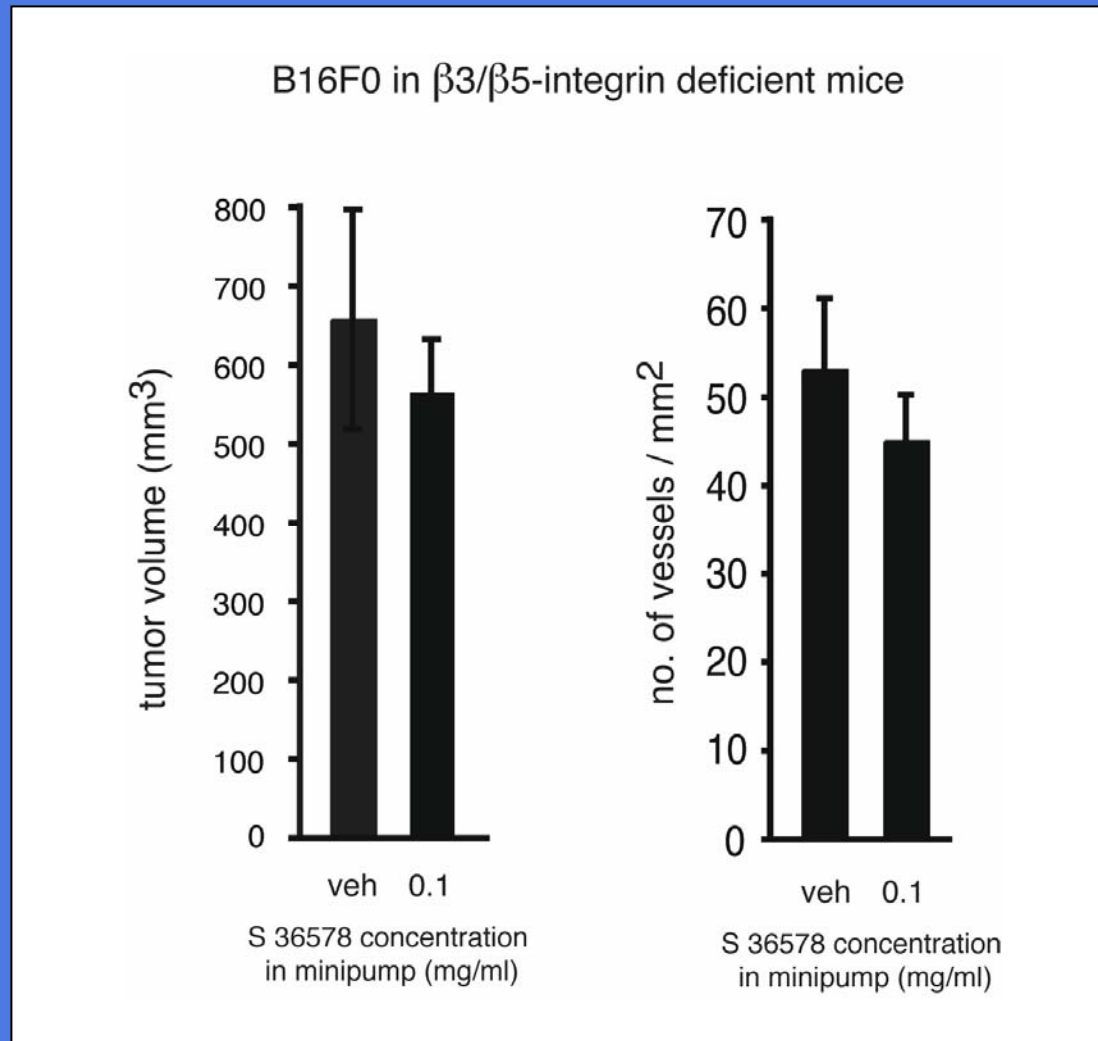
Low doses of integrin inhibitors can stimulate B16 tumor growth and angiogenesis *in vivo*



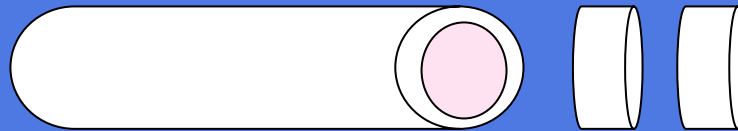
Low doses of integrin inhibitors can stimulate LLC tumor growth and angiogenesis *in vivo*



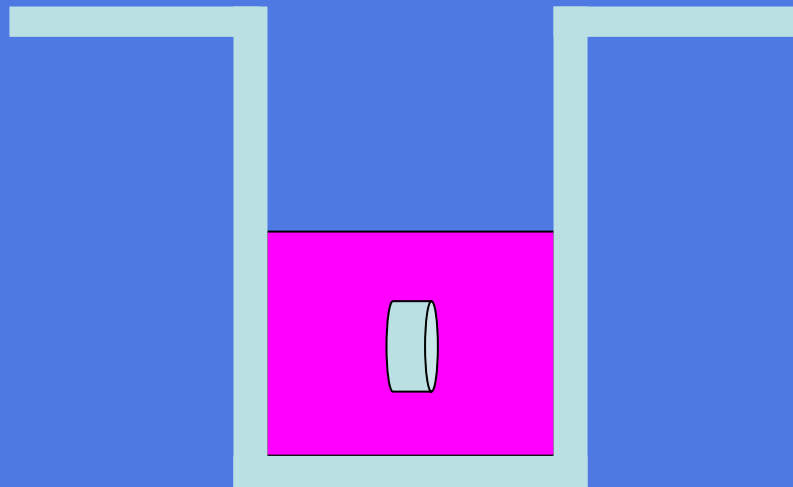
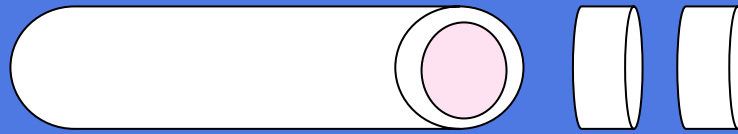
Expression of $\beta 3$ - and $\beta 5$ -integrin is required for integrin inhibitors to promote tumor growth and angiogenesis



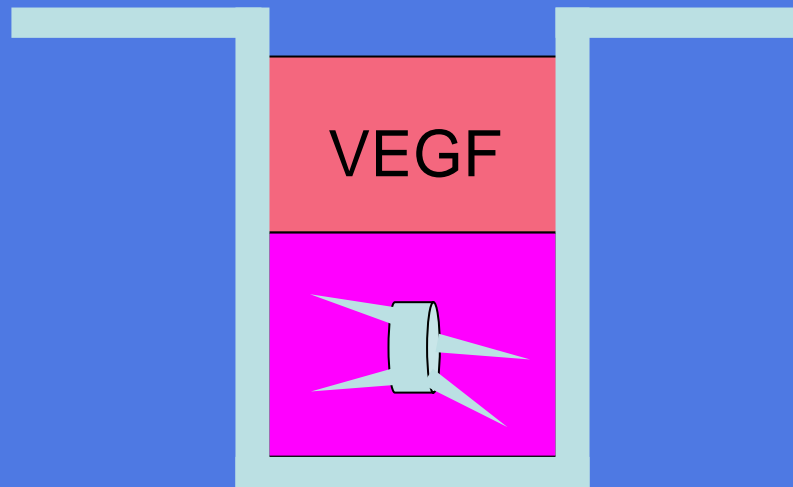
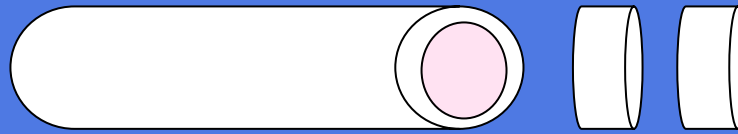
The mouse aortic ring assay



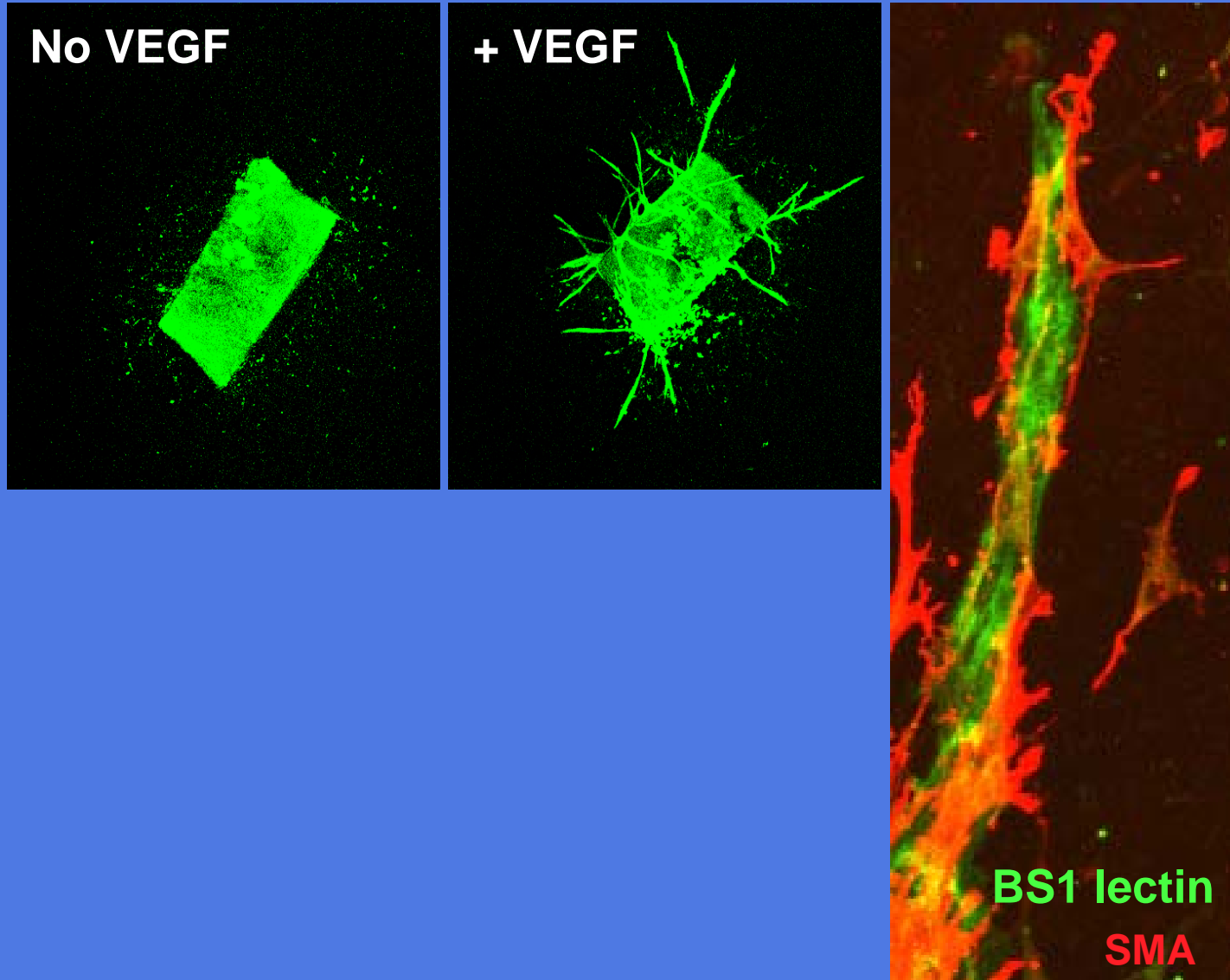
The mouse aortic ring assay



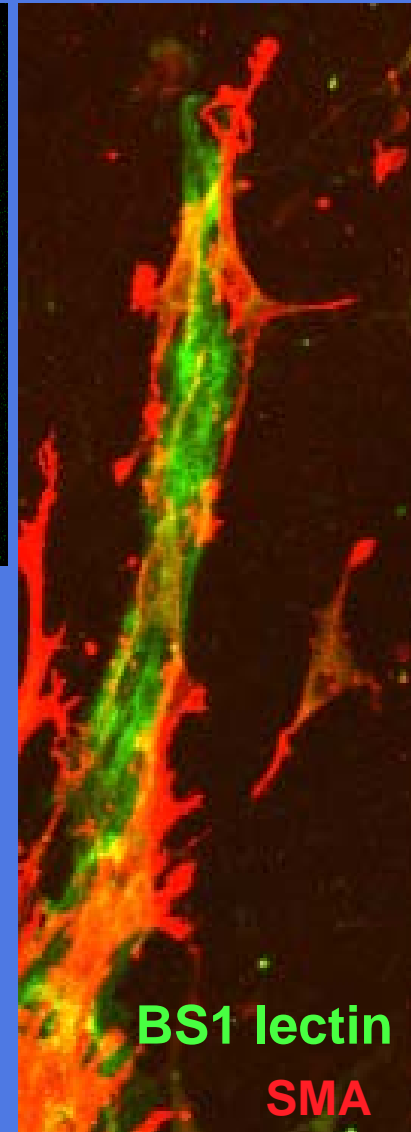
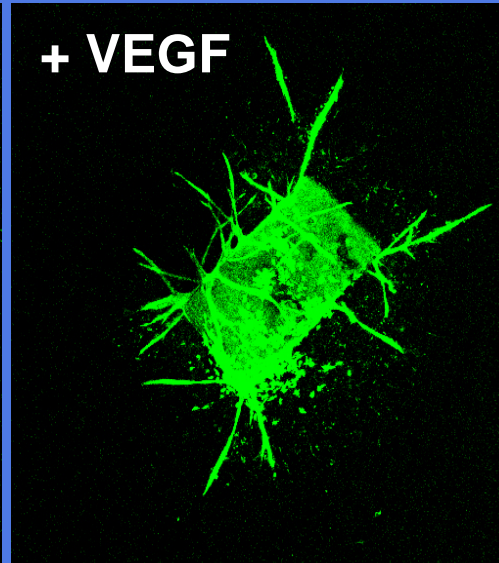
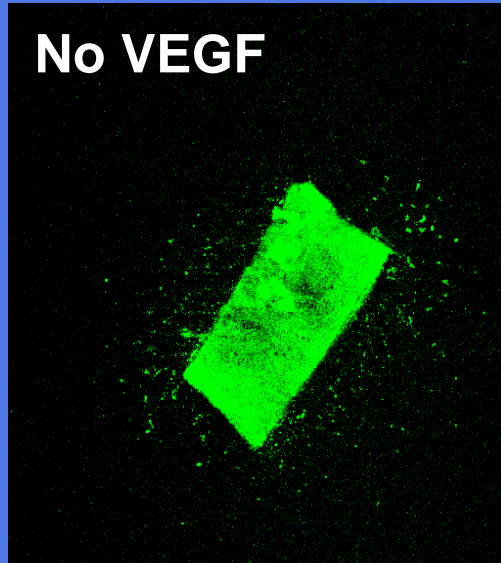
The mouse aortic ring assay



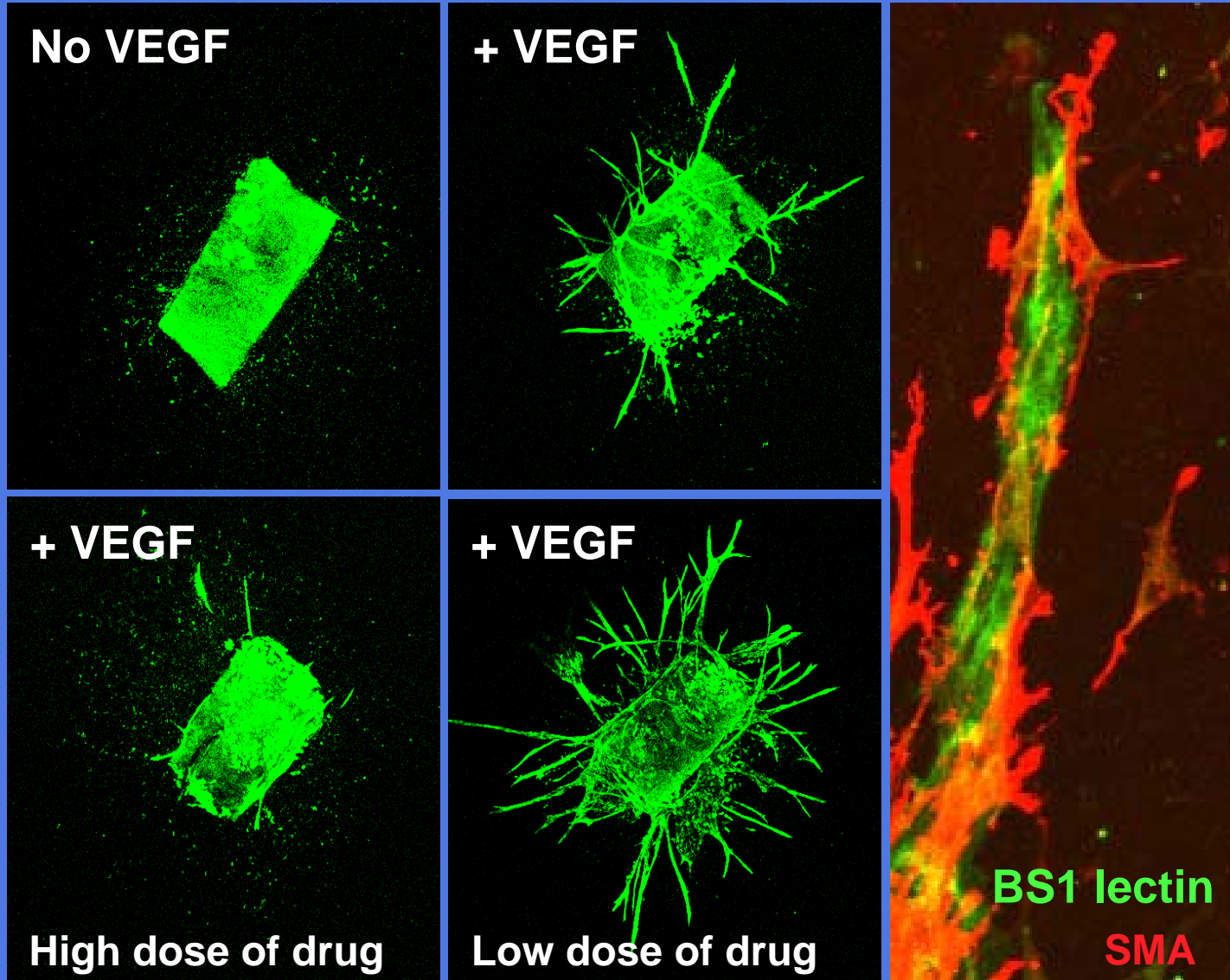
Low doses of integrin inhibitors stimulate angiogenesis *in vitro*



Low doses of integrin inhibitors stimulate angiogenesis *in vitro*

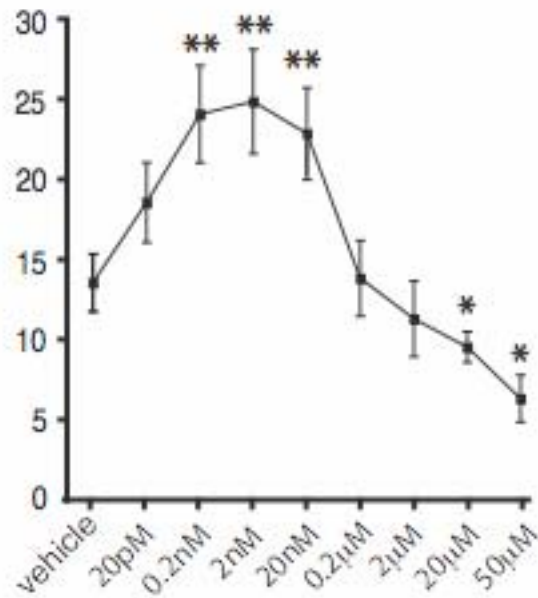


Low doses of integrin inhibitors stimulate angiogenesis *in vitro*

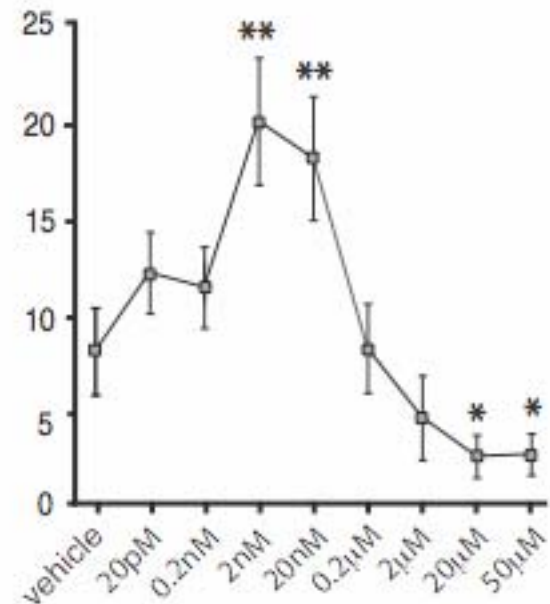


Low doses of integrin inhibitors stimulate VEGF-mediated angiogenesis *in vitro*

Number of
sprouts
per ring

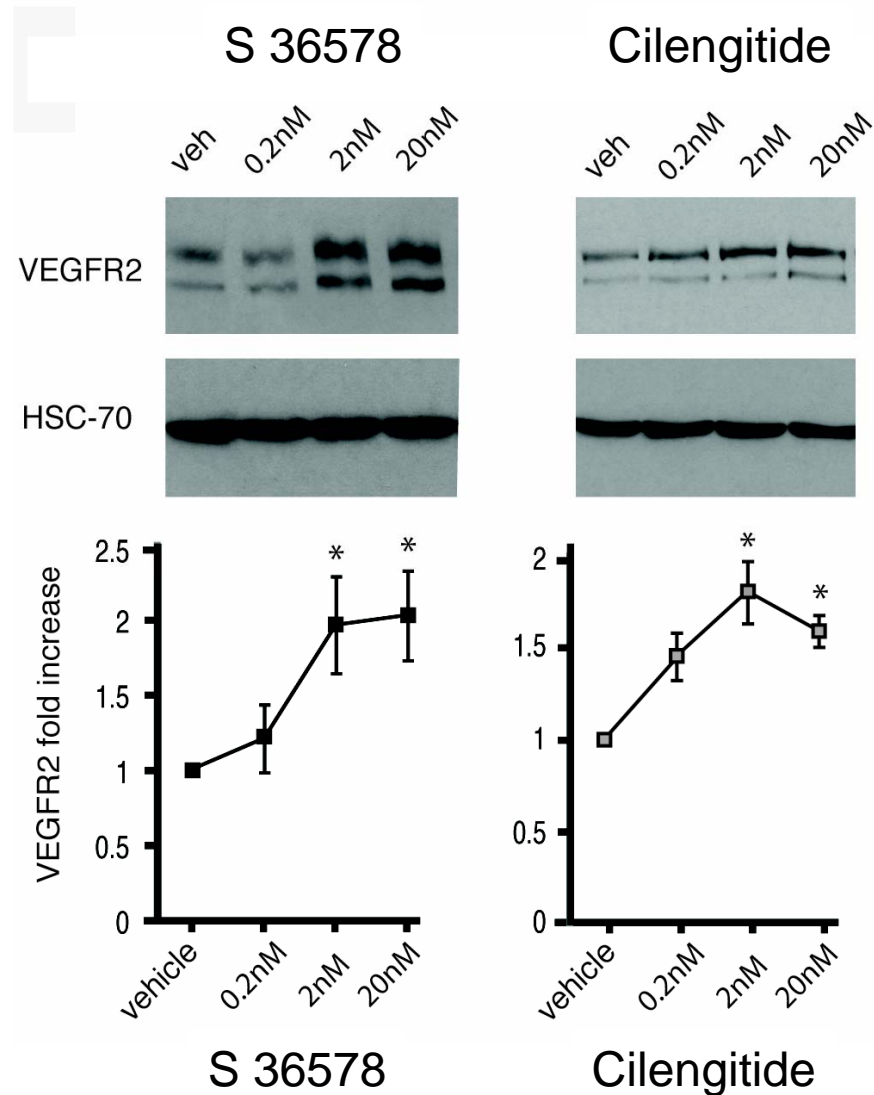


S 36578

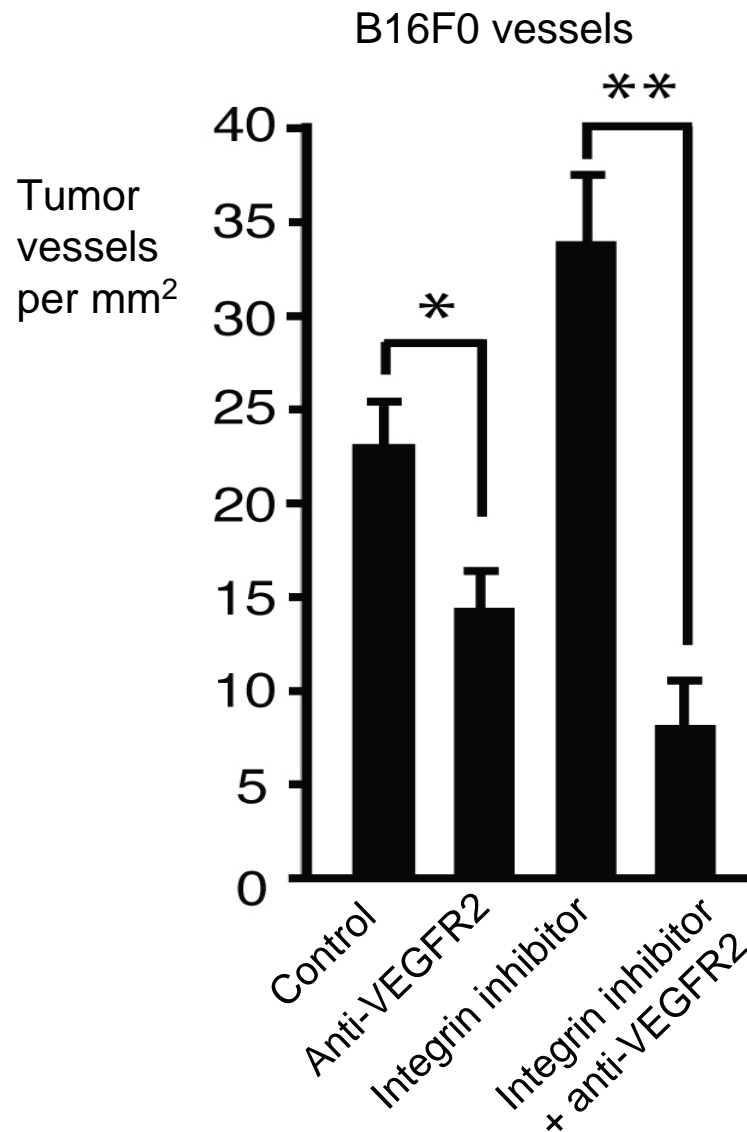
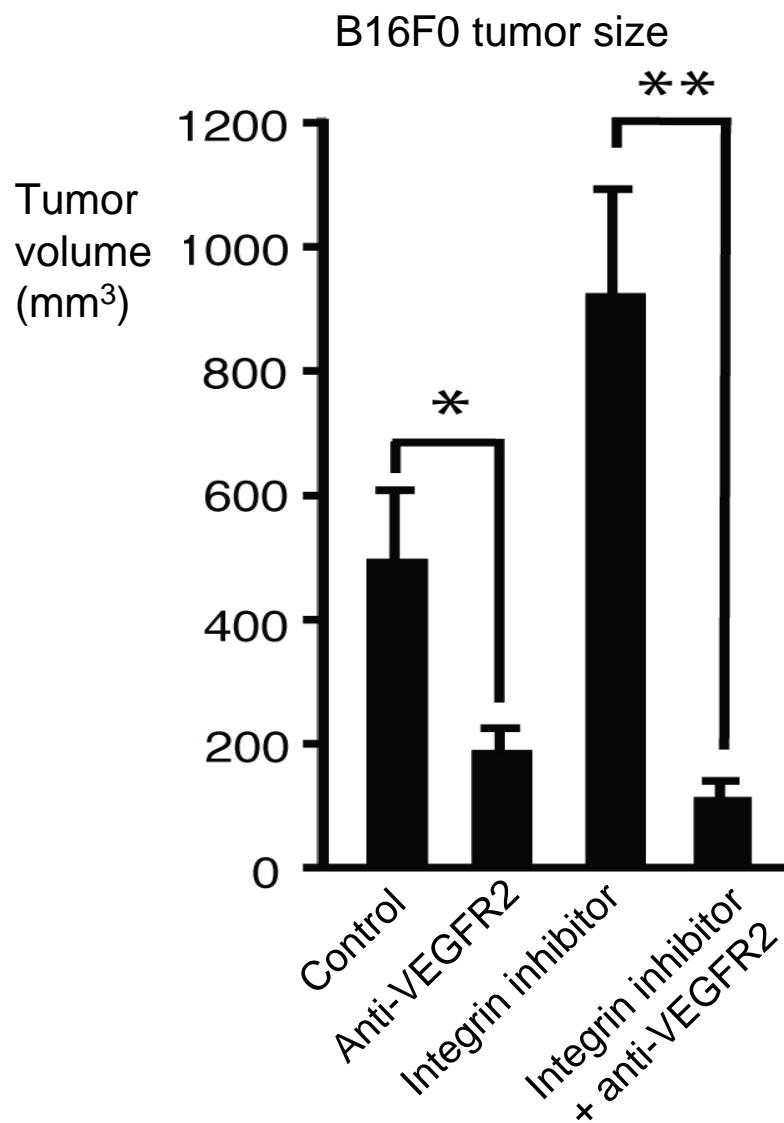


Cilengitide

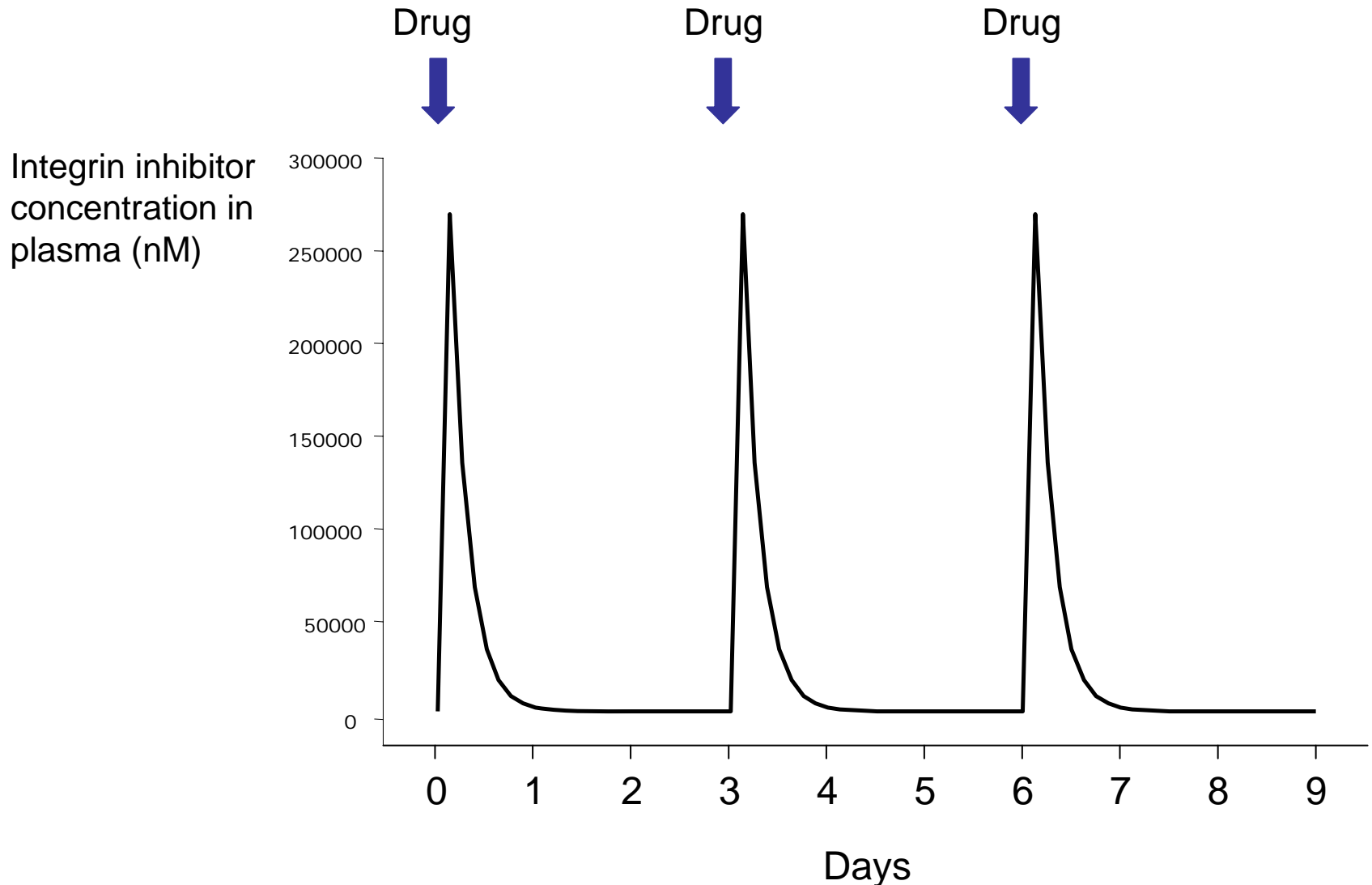
Low doses of integrin inhibitors stimulate expression of VEGF receptor 2 protein



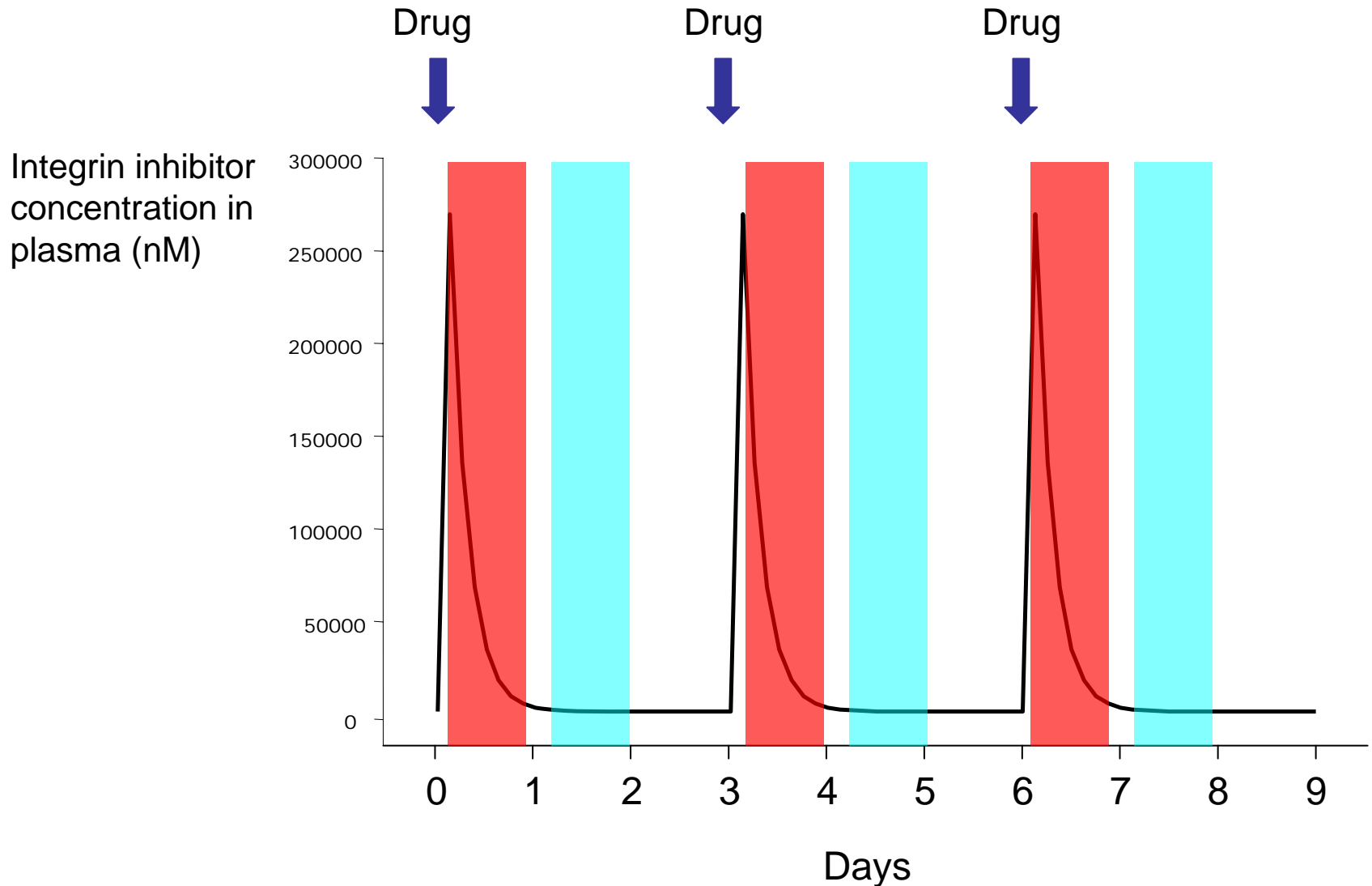
A VEGFR2 inhibitory antibody blocks the enhanced tumor growth and angiogenesis *in vivo*



Pharmacokinetics of an integrin inhibitor (cilengitide) in patients demonstrates high and low dose exposure



Pharmacokinetics of an integrin inhibitor (cilengitide) in patients demonstrates high and low dose exposure



Conclusions

Low concentrations of RGD-mimetic integrin inhibitors can promote tumor growth and VEGF-mediated tumor angiogenesis in mice.

These effects are dependent on:

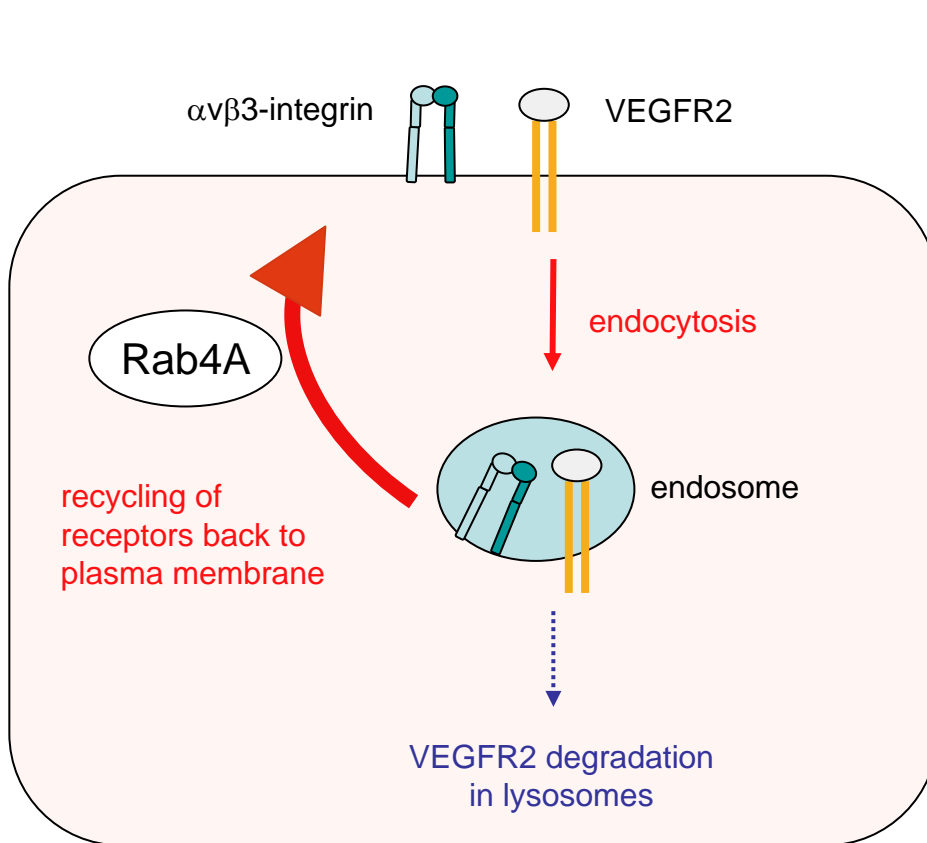
- (1) Expression of the drug targets: $\alpha v\beta 3$ -integrin and $\alpha v\beta 5$ -integrin
- (2) Signalling through the pro-angiogenic receptor VEGFR2

Intermittent exposure to low concentrations of RGD-mimetic integrin inhibitor could compromise the efficacy of these drugs in the clinic.

Mechanism

How do low doses of RGD-mimetic integrin inhibitors promote tumor growth and tumor angiogenesis?

Role of VEGFR2 and $\beta 3$ -integrin recycling



↑ $\beta 3$ -integrin recycling



↑ VEGFR2 recycling
↓ VEGFR2 degradation



↑ VEGF-mediated migration
↑ VEGF-mediated angiogenesis

Reynolds *et al.*, Nature Medicine April 2009

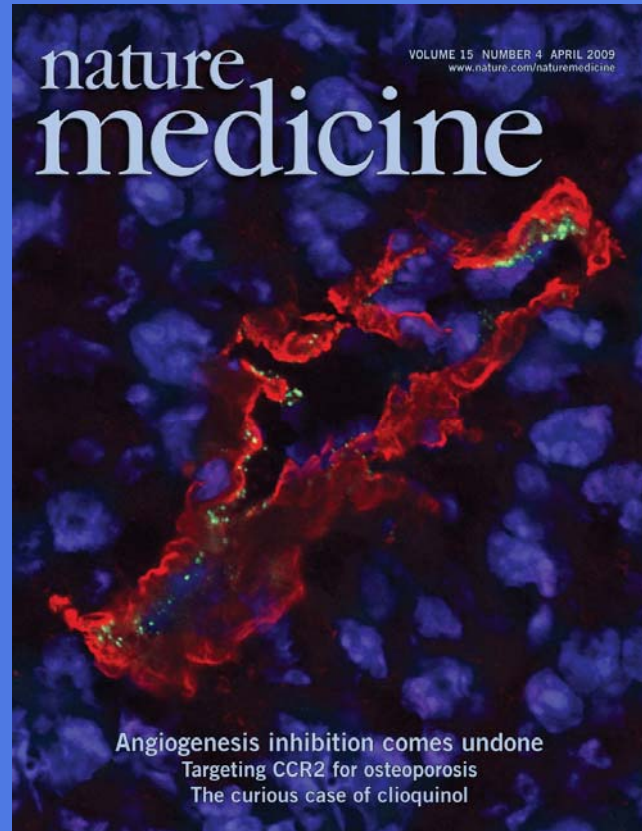
nature
medicine

ARTICLES

Stimulation of tumor growth and angiogenesis by low concentrations of RGD-mimetic integrin inhibitors

Andrew R Reynolds^{1,2}, Ian R Hart³, Alan R Watson², Jonathan C Welte¹, Rita G Silva², Stephen D Robinson², Georges Da Violante⁴, Morgane Gourlaouen¹, Mishal Salih², Matt C Jones⁵, Dylan T Jones², Garry Saunders⁶, Vassiliki Kostourou², Françoise Perron-Sierra⁷, Jim C Norman⁵, Gordon C Tucker⁸ & Kairbaan M Hodivala-Dilke²

Inhibitors of $\alpha_v\beta_3$ and $\alpha_v\beta_5$ integrin have entered clinical trials as antiangiogenic agents for cancer treatment but generally have been unsuccessful. Here we present *in vivo* evidence that low (nanomolar) concentrations of RGD-mimetic $\alpha_v\beta_3$ and $\alpha_v\beta_5$ inhibitors can paradoxically stimulate tumor growth and tumor angiogenesis. We show that low concentrations of these inhibitors promote VEGF-mediated angiogenesis by altering $\alpha_v\beta_3$ integrin and vascular endothelial growth factor receptor-2 trafficking, thereby promoting endothelial cell migration to VEGF. The proangiogenic effects of low concentrations of RGD-mimetic integrin inhibitors could compromise their efficacy as anticancer agents and have major implications for the use of RGD-mimetic compounds in humans.



What are the implications for the use of RGD-mimetic integrin inhibitors in patients?

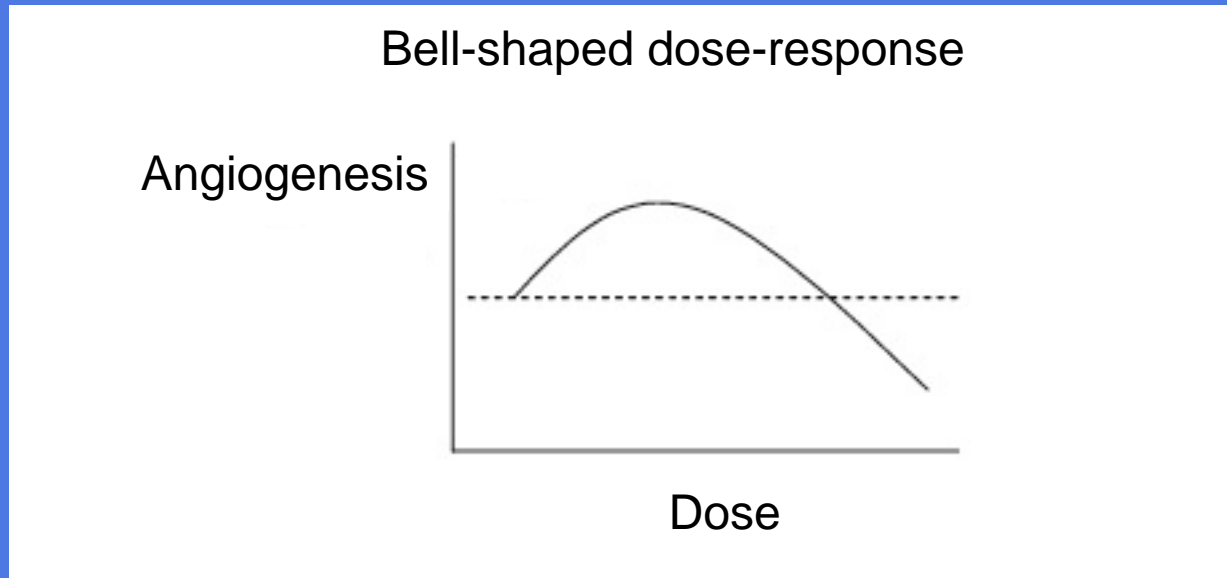
Low concentrations of RGD-mimetic integrin inhibitor could promote angiogenesis and compromise efficacy of therapy.

RGD-mimetic integrin inhibitors need to be delivered at continuously high doses in order to be effective.

Integrin inhibitors are likely to be more effective when used in combination with other agents e.g. VEGF signalling inhibitors.

Is it time for a 'new generation' of integrin inhibitors?
e.g. non-RGD based.

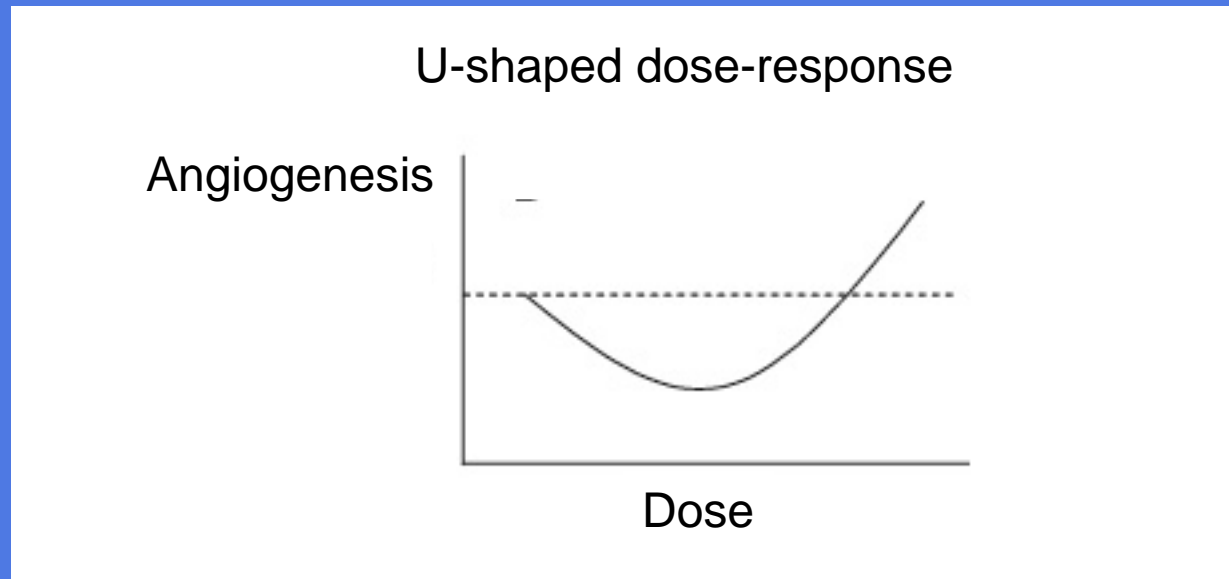
Is there other evidence for agents that induce low dose stimulation of angiogenesis and high dose inhibition of angiogenesis?



Adapted from Calabrese et al 2009

- Cilengitide, S 36578 (inhibitors of integrins) *Reynolds et al 2009*
- Statins (cholesterol lowering drugs) *Weis et al 2002, Urbich et al 2002*
- VEGF (major pro-angiogenic ligand) *A. Reynolds, unpublished data*

Is there evidence for agents that induce low dose inhibition of angiogenesis with loss of efficacy at higher doses?



Adapted from Calabrese et al 2009

- ATN-161 (integrin inhibitor) *Donate et al 2006*
- Endostatin (endogenous angiogenesis inhibitor) *Celik et al 2005, Sjin et al 2006*
- Angiostatin (endogenous angiogenesis inhibitor) *Benelli et al 2003*
- Thrombospondin-1 (endogenous angiogenesis inhibitor) *Motegi et al 2002*
- Rosiglitazone (PPAR γ ligand) *Panigraphy et al 2002*

Endostatin

- Proteolytic fragment of collagen type XVIII
- Anti-angiogenic, multiple receptors on endothelial cells
- Currently in Phase I / II trials

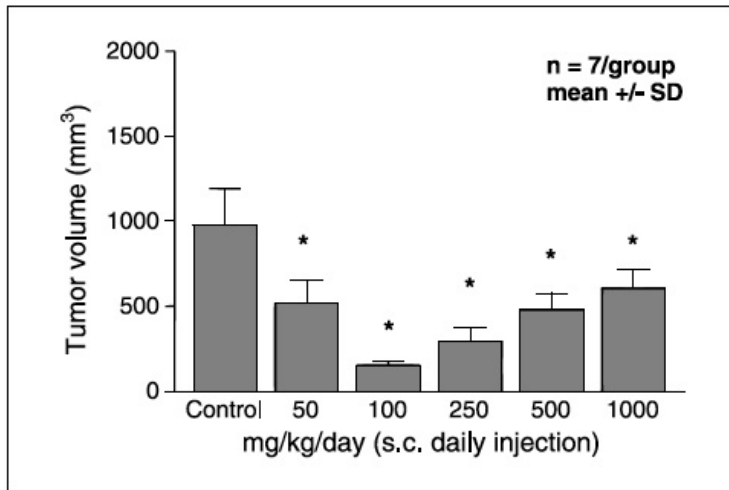


Figure 1. Treatment of human pancreatic carcinoma (BxPC-3) with human endostatin. Mean (\pm SD) tumor volume after a 20-day treatment with different dosages of rhEndostatin (50, 100, 250, 500, and 1,000 mg/kg/d) in BxPC-3 tumor-bearing mice (group sizes, $n = 7$). Endostatin was given s.c. once daily. Tumors were measured every 3 to 5 days. *, $P < 0.001$, tumor volume in all treatment groups were significantly different compared with the control group.

Plasma concentrations:

≤ 10 ng/ml - poor activity

10 - 200 ng/ml - anti-angiogenic

≥ 200 ng/ml - poor activity

i.e. narrow therapeutic window

Endostatin

- Proteolytic fragment of collagen type XVIII
- Anti-angiogenic, multiple receptors on endothelial cells
- Currently in Phase I / II trials

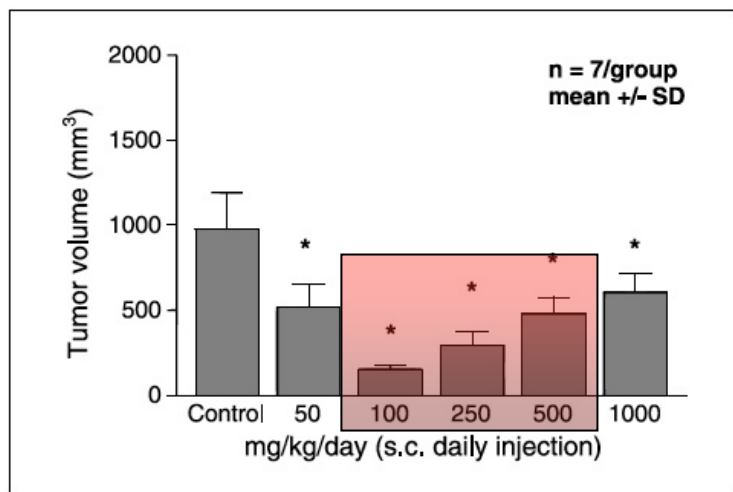


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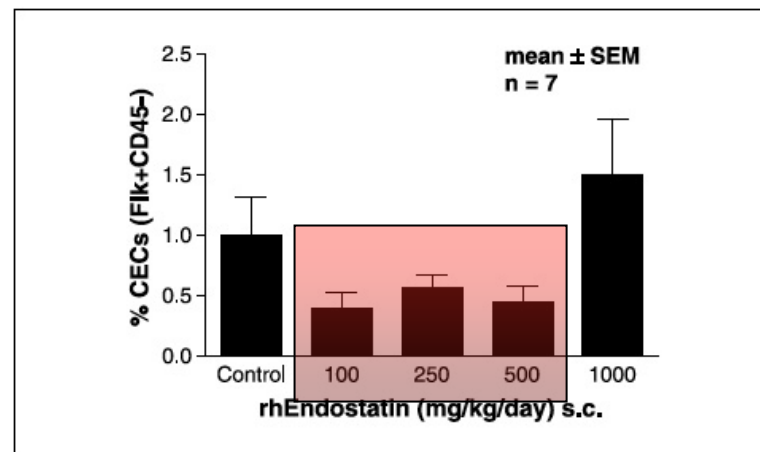


Figure 9. Inhibition of CEC by endostatin. CECs under endostatin therapy in tumor-bearing mice (BxPC-3). To investigate the correlation between changes in CECs and the antitumor efficacy of endostatin, blood was drawn from the retro-orbital plexus at the time of sacrifice (after 20 days) and CECs were measured as previously described (17). Flow cytometry was done using a FACSCalibur flow cytometer (Becton Dickinson Biosciences).

Consequences for effective dosing of patients with anti-angiogenic drugs

- Dosing to the maximum tolerated dose (MTD) is inappropriate.
- Pharmacodynamic / biomarker-driven dosing.
- In the future, hormetic effects should be considered during the development of anti-angiogenic agents.

Recent papers suggest that angiogenesis inhibitors could sometimes promote tumour progression

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Cell
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Cancer Cell
Report

Accelerated Metastasis after Short-Term Treatment with a Potent Inhibitor of Tumor Angiogenesis

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DOI 10.1016/j.ccr.2009.01.021

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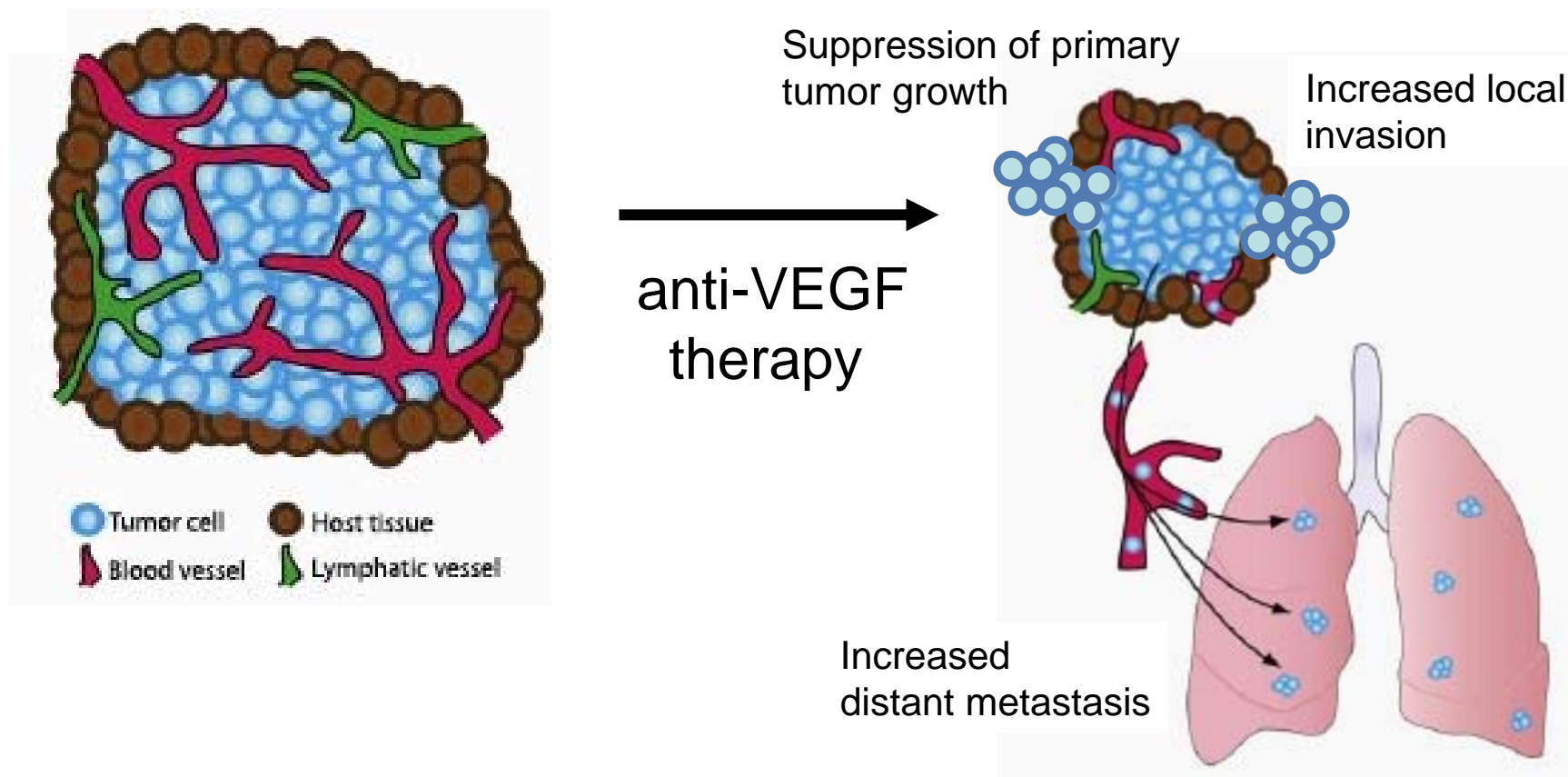
Antiangiogenic Therapy Elicits Malignant Progression of Tumors to Increased Local Invasion and Distant Metastasis

Marta Páez-Ribes,^{1,6} Elizabeth Allen,^{2,6} James Hudock,³ Takaaki Takeda,⁴ Hiroaki Okuyama,⁴ Francesco Viñals,^{1,5} Masahiro Inoue,⁴ Gabriele Bergers,³ Douglas Hanahan,^{2,*} and Oriol Casanovas^{1,*}

¹Translational Research Laboratory, Catalan Institute of Oncology, IDIBELL, 08907 L'Hospitalet de Llobregat, Spain

²Department of Biochemistry & Biophysics, Diabetes Center, and Helen Diller Family Comprehensive Cancer Center

VEGF inhibitors can paradoxically promote tumour progression in mice



Ebos et al., 2008, Paez-Ribes et al., 2008
Figure adapted from Loges et al., 2008

True for other chemotherapeutics?

Int. J. Cancer: 15, 588-595 (1975)

ENHANCEMENT BY DRUGS OF METASTATIC LUNG NODULE FORMATION AFTER INTRAVENOUS TUMOUR CELL INJECTION

by

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In studies on a model of induced pulmonary metastasis in mice a tumour host system was analysed which was not affected by immunogenicity of the tumour for the host; neither intensive immunosuppression nor immunization caused a significant change in the quantity of pulmonary metastatic nodules. In contrast the application of cytostatic drugs and of Corynebacterium parvum could modify the pulmonary resistance to the formation of tumour nodules by a factor greater than 100 in either direction. This finding confirms the observation of others that major modification of the resistance to metastatic tumour formation can occur independently of classical immunological mechanisms. Special attention is drawn to the fact that cyclophosphamide enhances the formation of metastatic nodules in this model by factors of 100 to more than 1,000, whereas other cytostatic drugs including the cyclophosphamide congeners iphosphamide and trophosphamide are active only by factors between 2 and 12. The possible practical significance of these findings is discussed.

Key research questions and goals

What regulates tumor sensitivity and tumor resistance to angiogenesis inhibitors?

Can anti-cancer agents sometimes promote angiogenesis and tumor progression and how does this occur?

Goal: by understanding these unusual dose-response phenomena, develop better strategies for treating cancer

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