

Carbonic Anhydrase Inhibitors: As A Anticancer Agent

Shalini Singh* and Sarvesh Dutta Dixit

Department of Chemistry, QSAR & Cheminformatics Laboratory, India

ARTICLE INFO

Received Date: October 12, 2019

Accepted Date: January 10, 2020

Published Date: January 13, 2020

KEYWORDS

Bone marrow

Chronic myeloid leukemia

Carbonic anhydrase inhibitors

Copyright: © 2020 Shalini Singh et al., Pharmaceutical Sciences And Biomedical Analysis Journal. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation for this article: Shalini Singh and Sarvesh Dutta Dixit. Carbonic Anhydrase Inhibitors: As A Anticancer Agent. Pharmaceutical Sciences And Biomedical Analysis Journal. 2020; 3(1):119

Corresponding author:

Shalini Singh,
QSAR and Cheminformatics
Laboratory, Department of Chemistry,
Bareilly College, Bareilly, India, Tel:
+91- 9412866221;
Email: shalinisingh_15@yahoo.com

ABSTRACT

Cancer is a dreaded disease, caused by unrestrained and irregular cell division, leading to formation of an agglomeration of cells called tumour. The wild growth in the form of a tumour may affect and ultimately block the functioning of the organ concerned, if not treated. It might have dangerous consequences, posing direct threat to the life of the organism.

INTRODUCTION

At the turn of the twenty-first century, it was the case that there was some chance of survival for all the known types of childhood cancer. The drug Glivec, launched in 2001, is now cure for 75% of patients with chronic myeloid leukemia, a type of cancer of blood and bone marrow with excess immature white blood cells. The 5-Fluorouracil is a well-established chemotherapy drug to restrain the progress of cancer. But its combination with Avastin, which prevents tumours developing their own blood supply, is much more effective against certain colon cancers. Avastin when combined with Taxol, launched in 1992, increases Taxol's effectiveness against breast cancer. Avastin was launched in the year, 2004 and is quite promising. 5-Fluorouracil interferes with cell proliferation by modifying natural uracil to incorporate stubbornly unreactive fluorine. Taxol is a rare metabolite of the Pacific yellow tree and its synthesis in laboratory involves high costs. Avastin has very complex structure. It is an antibody against a protein involved in blood vessel growth. Research on the subject shows that malignant tumours are often surrounded by a dynamic microenvironment specified by low pH (acidic) and low levels of oxygen, glucose and other nutrients [1]. In order to overcome these severe conditions, cancer cells acquire various adaptive features which are thought to be responsible for the development of invasive and metastatic physical entities [2-4].

It is now known that cancer is not only a genetic disorder but also a disease of dysregulated metabolism. As a result of regional hypoxia (i.e. shortage of oxygen in tissues), cancer cells fulfil their need for high levels of ATP by switching their metabolism from aerobic respiration to fermentative glycolysis, a phenomenon known as Warburg Effect [5-6]. Metabolic reprogramming results in pre-malignant lesions and this is the cause of pH dysregulation which coupled with poor vascularisation determines the formation of cystostatic and/or lethal microenvironment [7]. In general, cancer cells try to compensate these changes in the internal pH by enhancing expression of a series of proteins and membrane transporters such as Carbonic Anhydrase IX and XII, amongst others [8-10]. This knowledge has led to targeting

these pH modulating proteins as an approach to treat recurrent, metastatic and drug resistant tumours [9-13]. Carbonic Anhydrase IX and XII are found profusely in the multiple and metastatic cancer cell-lines and represent well established targets both for tumour imaging, as diagnostic markers, as well as for treatment of tumours expressing them [14-19]. It has led in the past few years to the search for effective, potent and selective inhibitors of the fifteen reported isoforms of Carbonic Anhydrase [20-24] with particular emphasis on the cancer related CAIX and CA XII [25-26]. However, the differences between the active sites of different CA isoforms are minimal, subtle and this often results in the inhibition of both the target and off-target isoforms of CA [23,26,27].

Although a wide variety of Carbonic Anhydrase Inhibitors (CAIs) has been made available in the past [22,28,29], one of the most common approaches to design small molecules targeting this family of metalloenzymes comprises inserting zinc binding moieties into the structure of the inhibitor. The sulphonamide group is one of the most important and widely used moieties [22,30-33]. In all of the crystallographic /molecular modelling studies reported so far, the primary sulphonamide derivatives have been shown to bind to the catalytic zinc ion in the active site of CA in their deprotonated form [34,35] (Figure 1).

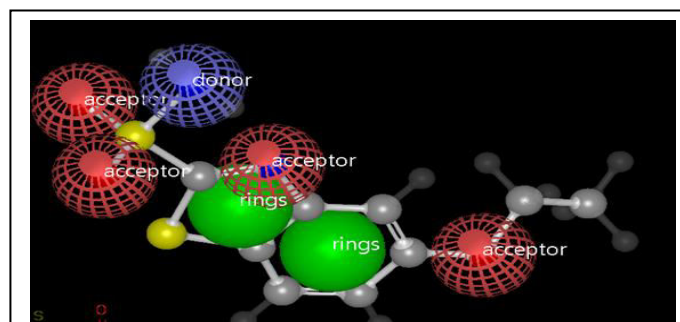


Figure: Ethoxzolamide EZA(A Carbonic Anhydrase Inhibitors).

CONCLUSION

The research group consisting of Melissa D'Ascenzio, Simone Carradori, Celeste De Monte, Daniela Secci of Sapienza University of Rome, Italy and co-workers have demonstrated that heterogeneous saccharine derivatives are excellent inhibitors of CAIX and CAXII in low, nanomolar/ micromolar quantity [36]. However, it has recently been demonstrated that

even secondary/tertiary sulphonamides are able to selectively inhibit the cancer related isoforms, CA IX and XII, suggesting a different mechanism of action compared to the classical, primary sulphonamides.

REFERENCES

1. Weber CE, Kuo PC. (2012). The tumor microenvironment. *Surg Oncol*. 21: 172-177.
2. Gatenby RA, Smallbone K, Maini PK, Rose F, Averill J, et al. (2007). Cellular adaptations to hypoxia and acidosis during somatic evolution of breast cancer. *Br J Cancer*. 97: 646-653.
3. Dang CV, Semenza GL. (1999). Oncogenic alterations of metabolism. *Trends Biochem Sci*. 24: 68-72.
4. Semenza GL. (2000). Hypoxia, clonal selection, and the role of HIF-1 in tumor progression. *Crit Rev Biochem Mol Biol*. 35: 71-103.
5. Warburg O, Wind F, Negelein E. (1927). The Metabolism of Tumors in the Body. *J Gen Physiol*. 8: 519-530.
6. Warburg O. (1956). On respiratory impairment in cancer cells. *Science*. 124: 269-270.
7. Gatenby RA, Gillies RJ. (2004). Why do cancers have high aerobic glycolysis? *Nat Rev Cancer*. 4: 891-899.
8. Webb BA, Chimenti M, Jacobson MP, Barber DL. (2011). Dysregulated pH: a perfect storm for cancer progression. *Nat Rev Cancer*. 11: 671-677.
9. Lock FE, McDonald PC, Lou Y, Serrano I, Chafe SC, et al. (2013). Targeting carbonic anhydrase IX depletes breast cancer stem cells within the hypoxic niche. *Oncogene*. 32: 5210-5219.
10. McDonald PC, Winum JY, Supuran CT, Dedhar S. (2012). Recent developments in targeting carbonic anhydrase IX for cancer therapeutics. *Oncotarget*. 3: 84-97.
11. Ward C, Langdon SP, Mullen P, Harris AL, Harrison DJ, et al. (2013). New strategies for targeting the hypoxic tumour microenvironment in breast cancer. *Cancer Treat Rev*. 39: 171-179.
12. Neri D, Supuran CT. (2011). Interfering with pH regulation in tumours as a therapeutic strategy. *Nat Rev Drug Discov*. 10: 767-777.

13. Potter CPS, Harris AL. (2003). Diagnostic, prognostic and therapeutic implications of carbonic anhydrases in cancer. *Br J Cancer*. 89: 2-7.
14. Swietach P, Wigfield S, Supuran CT, Harris AL, Vaughan-Jones RD. (2008). Cancer-associated, hypoxia-inducible carbonic anhydrase IX facilitates CO₂ diffusion. *BJU Int*. 4: 22-24.
15. Ebbesen P, Pettersen EO, Gorr TA, Jobst G, Williams K, et al. (2009). Taking advantage of tumor cell adaptations to hypoxia for developing new tumor markers and treatment strategies. *J Enzyme Inhib Med Chem*. 24: 1-39.
16. Tafreshi NK, Bui MM, Bishop K, Lloyd MC, Enkemann SA, et al. (2012). Noninvasive detection of breast cancer lymph node metastasis using carbonic anhydrases IX and XII targeted imaging probes. *Clin Cancer Res*. 18: 207-219.
17. Lounnas N, Rosilio C, Nebout M, Mary D, Griessinger E, et al. (2013). Pharmacological inhibition of carbonic anhydrase XII interferes with cell proliferation and induces cell apoptosis in T-cell lymphomas. *Cancer Lett*. 333: 76-88.
18. Allouche F, Chabchoub F, Carta F, Supuran CT. (2013). Synthesis of aminocyanopyrazoles via a multi-component reaction and anti-carbonic anhydrase inhibitory activity of their sulfamide derivatives against cytosolic and transmembrane isoforms. *J Enzyme Inhib Med Chem*. 28: 343-349.
19. Said HM, Supuran CT, Hageman C, Staab A, Polat B, et al. (2010). Modulation of carbonic anhydrase 9 (CA9) in human brain cancer. *Curr Pharm Des*. 16: 3288-3299.
20. Bao B, Groves K, Zhang J, Handy E, Kennedy P, et al. (2012). In vivo imaging and quantification of carbonic anhydrase IX expression as an endogenous biomarker of tumor hypoxia. *PLoS One*. 7: e50860.
21. Supuran CT. (2012). Structure-based drug discovery of carbonic anhydrase inhibitors. *J Enzyme Inhib Med Chem*. 27: 759-772.
22. Alterio V, Di Fiore A, D'Ambrosio K, Supuran CT, De Simone G, et al. (2012). Multiple binding modes of inhibitors to carbonic anhydrases: how to design specific drugs targeting 15 different isoforms? *Chem Rev*. 112: 4421-4468.
23. De Simone G, Alterio V, Supuran CT. (2013). Exploiting the hydrophobic and hydrophilic binding sites for designing carbonic anhydrase inhibitors. *Expert Opin Drug Discov*. 8: 793-810.
- (b) Briganti F, Pierattelli R, Scozzafava A, Supuran CT. (1996). Carbonic anhydrase inhibitors. Part 37. Novel classes of isozyme I and II inhibitors and their mechanism of action. Kinetic and spectroscopic investigations on native and cobalt-substituted enzymes. *Eur J Med Chem*. 12: 1001-1010.
24. Pastorekova S, Parkkila S, Pastorek J, Supuran CT. (2004). Carbonic anhydrases: current state of the art, therapeutic applications and future prospects. *J Enzyme Inhib Med Chem*. 19: 199-229.
25. Guler OO, De Simone G, Supuran CT. (2010). Drug design studies of the novel antitumor targets carbonic anhydrase IX and XII. *Curr Med Chem*. 17: 1516-1526.
26. Supuran CT. (2008). Carbonic anhydrases: novel therapeutic applications for inhibitors and activators. *Nat Rev Drug Discov*. 7: 168-181.
27. Aggarwal M, Kondeti B, McKenna R. (2013). Insights towards sulfonamide drug specificity in $\hat{\pm}$ -carbonic anhydrases. *Bioorg Med Chem*. 21: 1526-1533.
28. Supuran CT, Scozzafava A, Casini A. (2003). Carbonic anhydrase inhibitors. *Med Res Rev*. 23: 146-189.
29. Dubois L, Lieuwes NG, Maresca A, Thiry A, Supuran CT, et al. (2009). Imaging of CA IX with fluorescent labelled sulfonamides distinguishes hypoxic and (re)-oxygenated cells in a xenograft tumour model. *Radiother Oncol*. 92: 423-428.
30. Carradori S, De Monte C, D'Ascenzio M, Secci D, Celik G, et al. (2013). Salen and tetrahydrosalen derivatives act as effective inhibitors of the tumor-associated carbonic anhydrase XII--a new scaffold for designing isoform-selective inhibitors. *Bioorg Med Chem Lett*. 23: 6759-6763.
31. Pacchiano F, Carta F, McDonald PC, Lou Y, Vullo D, et al. (2011). Ureido-substituted benzenesulfonamides potently inhibit carbonic anhydrase IX and show

- antimetastatic activity in a model of breast cancer metastasis. *J Med Chem.* 54: 1896-1902.
32. Alafeefy AM, Isik S, Abdel-Aziz HA, Ashour AE, Vullo D, et al. (2013). Carbonic anhydrase inhibitors: benzenesulfonamides incorporating cyanoacrylamide moieties are low nanomolar/subnanomolar inhibitors of the tumor-associated isoforms IX and XII. *Bioorg. Med. Chem.* 21: 1396-1403.
33. Rogez-Florent T, Meignan S, Foulon C, Six P, Gros A, et al. (2013). New selective carbonic anhydrase IX inhibitors: synthesis and pharmacological evaluation of diarylpyrazole-benzenesulfonamides. *Bioorg Med Chem.* 21: 1451-1464.
34. Alterio V, Di Fiore A, D'Ambrosio K, Supuran CT, De Simone G. (2009). In *Drug Design of Zinc-Enzyme Inhibitors*; Supuran, C. T., Winum, J. Y., Eds.; John Wiley & Sons, 138.
35. Alterio V, Hilvo M, Di Fiore A, Supuran CT, Pan P, et al. (2009). Crystal structure of the catalytic domain of the tumor-associated human carbonic anhydrase IX. *Proc Natl Acad Sci U S A.* 106: 16233-16238.
36. Melissa D'Ascenzio, Simone Carradori, Celeste De Monte, Secci D, Ceruso M, et al. (2014). Design, synthesis and evaluation of N-substituted saccharin derivatives as selective inhibitors of tumor-associated carbonic anhydrase XII. *Bioorganic and Medicinal Chemistry.* 22: 1821-1831.