

CHAPTER 11.

DRUG TARGETING

WHAT IS TARGETING?

DRUG TARGETING.

SIZE OF THE TARGET

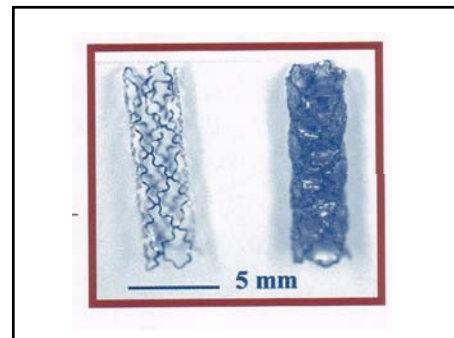
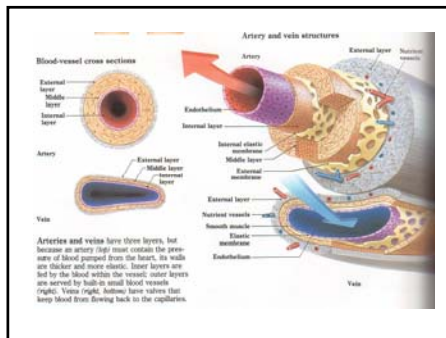
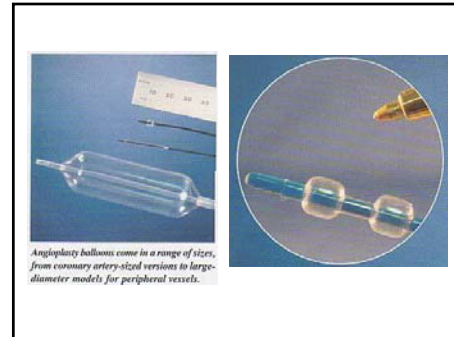
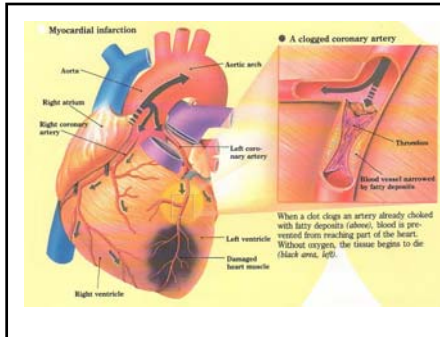
CUPID (Sam Cooke)

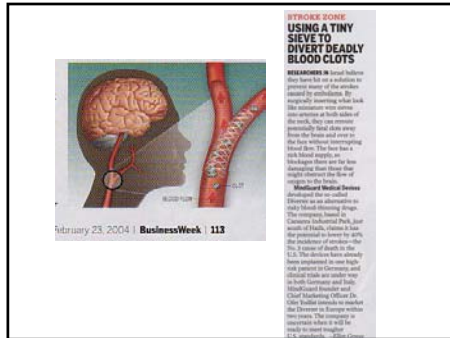
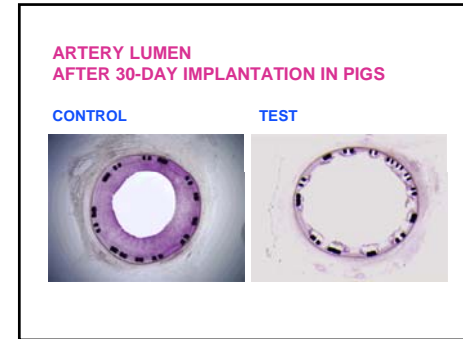
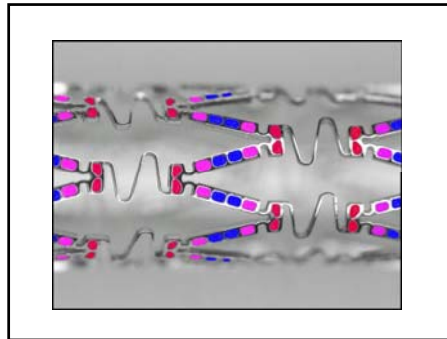
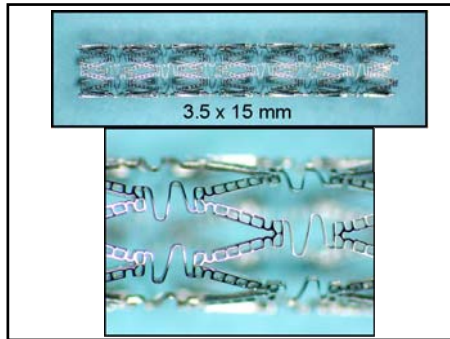
Cupid draw back your bow
And let your arrow go
Straight to my lover's heart for me
Cupid please hear my cry
And let your arrow fly
Straight to my lover's heart for me
Now I don't mean to bother you but I'm in a mess
There's danger of me losing all of my happiness
For I love a girl who doesn't know I exist
And this you can fix
So... Cupid draw back your bow
And let your arrow go
Straight to my lover's heart for me

I. DRUG TARGETING BY LOCALIZED DELIVERY

A. TARGETING TO SURROUNDING TISSUES FROM IMPLANTED SITES

1. LOCAL DELIVERY FROM STENTS





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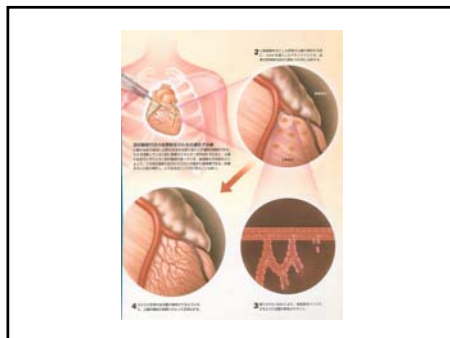
Vol. 1, No. 55 Friday, March 26, 2004

CAROTID STENTING PREVENTS STROKE IN HIGH-RISK PATIENTS

A new study indicates that high-risk diabetic patients who underwent carotid stenting had far fewer heart attacks and significantly fewer major adverse events overall after a year than those who underwent carotid endarterectomy surgery.

The finding stems from the diabetic arm of the Sapphire trial, a Cordis-sponsored prospective trial at 29 U.S. centers comparing the safety and efficacy of stenting carotid arteries to prevent stroke.

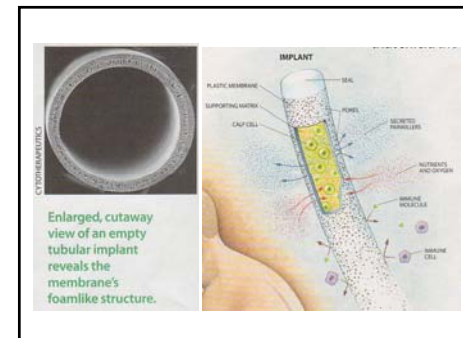
The stenting group had a 2.4 percent incidence of heart attacks compared with 18.4 percent of the surgery group. The major adverse event rate, including death, stroke, and heart attack, was 4.8 for the stent group versus 25 percent for the surgery patients.



>>> PAIN ZAPPER

Doctors sometimes let patients suffering from chronic pain self-administer prescribed doses of intravenous drugs. But those patients have always had to be tethered to an IV and drug bag. The first fully implantable drug pump could change all that. Here's how it works: morphine is stored in a pager-size pump just under the skin of the abdomen. A plastic catheter runs from the pump to the fluid-filled space outside the spinal cord, where pain signals travel. When the patient presses a handheld remote, the pump sends a measured dose of morphine directly to the spine. According to its maker, the **SynerMed** works better and requires much smaller doses of medication than intravenous methods because it intercepts pain signals on their way to the brain.

INVENTOR Medtronic
AVAILABILITY in 2003, for \$1,500
TO LEARN MORE Visit medtronic.com; click on "Patient Information" and then "Pain"

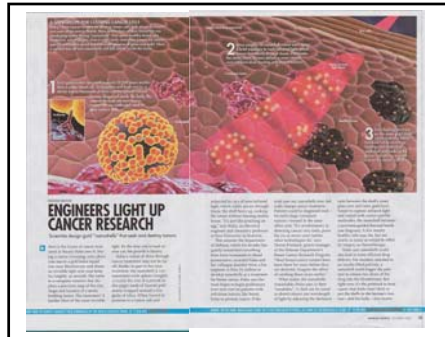
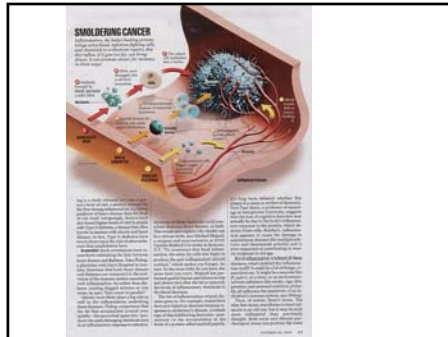
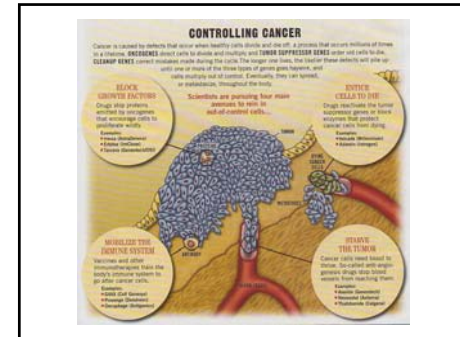
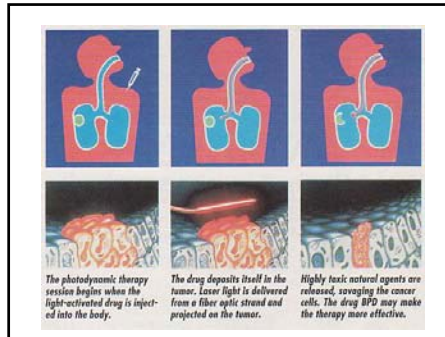


I. DRUG TARGETING BY LOCALIZED DELIVERY

A. TARGETING TO SURROUNDING TISSUES FROM IMPLANTED SITES

1. LOCAL DELIVERY FROM STENTS

B. DRUG ACTIVATION AT THE TARGET SITE



II. TARGETING IN BLOOD CIRCULATION

A. ACTIVE TARGETING

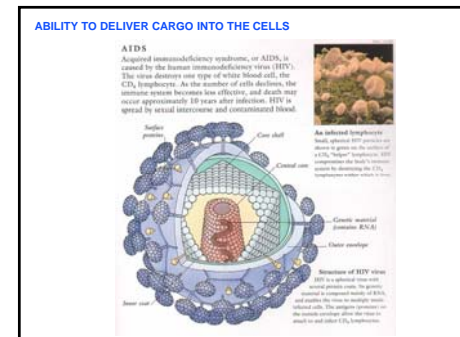
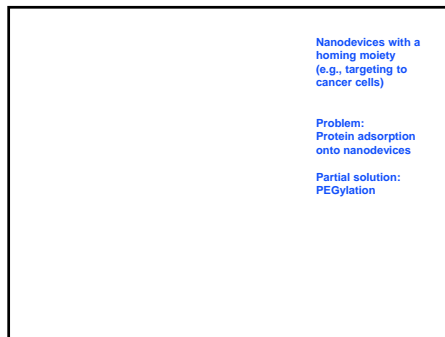
(TARGETING WITH HOMING DEVICES)

1. DRUG-HOMING DEVICE CONJUGATES

2. IMPROVEMENTS TO BE MADE IN CANCER CELL TARGETING

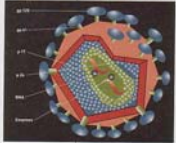
3. BLOCKING OF BLOOD VESSELS LEADING TO TUMORS

4. ANTIANGIOGENESIS



BIOTECHNOLOGY
AIDS VACCINE TRIAL RESULTS DISAPPOINT
 Antibody-based strategy exhibits puzzling racial disparities

TARGETED
 Researchers hoped antibodies would bind to the HIV surface protein gp120.



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...ally engineered version of the gp120 surface protein on the AIDS virus. It was hoped that the recombinant protein would stimulate production of antibodies that would bind to gp120 on the virus, incapacitating it.

Natalie Commins, an AIDS researcher at the University of California, San Francisco Center for AIDS Prevention Studies, says he's heard general biotech-speak about genetically plausible mechanisms. "In this point, it's a little explanation," he says. "You can't get a more complete answer of it at the time."

But despite the vaccine's apparent failure, "we now have a vaccine trial where we've got real data on real people, and we can examine those data to see what might have happened," Commins says. "In the mean, this advances the field of vaccine research for HIV." —ELIZABETH WILSON

II. TARGETING IN BLOOD CIRCULATION
A. PASSIVE AND PHYSICAL TARGETING

Carcinoma bull's-eye
 New experimental cancer therapies could obliterate the embolism-like effects of traditional treatments, such as chemotherapy. By delivering drugs directly to tumor sites, this method promises the ease of injection, plus it allows better

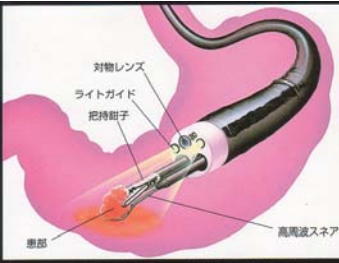


The embolism
 A tumor embolism is a mass of cancer cells that has broken off from the primary tumor and traveled through the bloodstream to a distant site. There, it can lodge in a blood vessel, blocking it and causing tissue damage.

The effect
 A tumor embolism can be very painful. The cells in the embolism can also cause tissue damage. This is why it's important to prevent embolism formation in the first place.

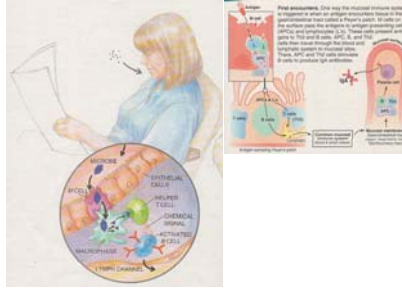
Drug delivery to tumor
 A new experimental cancer therapy could obliterate the embolism-like effects of traditional treatments, such as chemotherapy. By delivering drugs directly to tumor sites, this method promises the ease of injection, plus it allows better

III. TARGETING IN THE GI TRACT
A. TARGETING TO STOMACH
B. TARGETING TO SMALL INTESTINE
 1. ORAL VACCINATION
 2. ORAL VACCINATION USING EDIBLE VACCINES
C. TARGETING TO COLON



対物レンズ
 ライトガイド
 把持筒子
 患部
 高周波スネア


内視鏡による早期胃がんの治療イメージ（内視鏡的粘膜切除術）。チャンネルのスコップを使用して、病変部に生理食塩水を注入して隆起させ、把持筒子と高周波スネアを一緒に使用して切除する。



First generation
 The first generation of oral vaccines consisted of live attenuated viruses such as Polio, measles, mumps, and rubella. These viruses were injected into the body and would replicate in the cells of the body, causing the body to produce antibodies against the virus.

**Second generation
 The second generation of oral vaccines consisted of inactivated viruses. These viruses were injected into the body and would not replicate, but they would still cause the body to produce antibodies against the virus.**

Third generation
 The third generation of oral vaccines consisted of edible vaccines. These vaccines were made from natural food sources and would be eaten by the body. They would then travel to the site of infection and cause the body to produce antibodies against the virus.

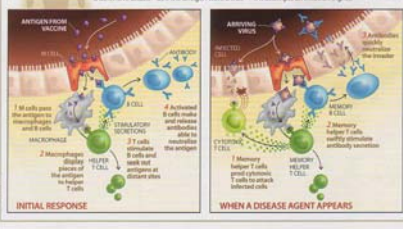


...and passed to immune cells known as macrophages. The macrophages travel down the esophagus and digest the vaccine. The vaccine is then broken down into small pieces of antigen that are presented to immune cells in the lymph nodes. The cells in the lymph nodes are called plasma cells that travel to lymphatic tissues in the body and release antibodies (part of your immune system) that attack and destroy the virus.

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HOW EDIBLE VACCINES PROVIDE PROTECTION

An antigen in a food vaccine gets taken up by M cells in the intestine (below left) and passed to various immune-system cells, which then launch a defensive attack—as if the antigen were a true infectious agent, not just part of one. That means latent long-acting "memory" cells able to promptly neutralize the real infectious agent if it emerges as an invasion agent.



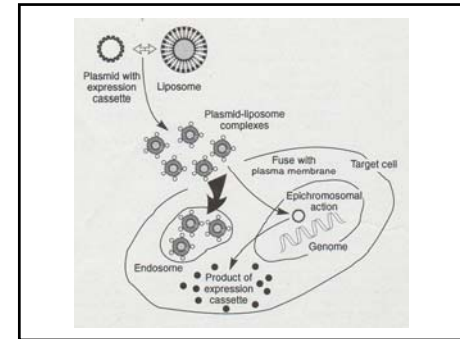
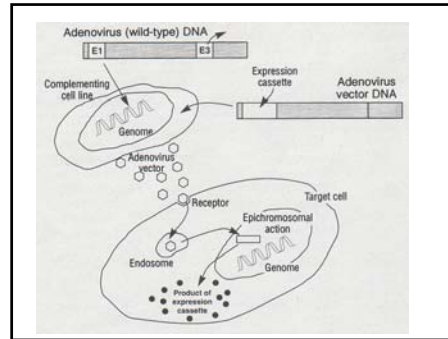
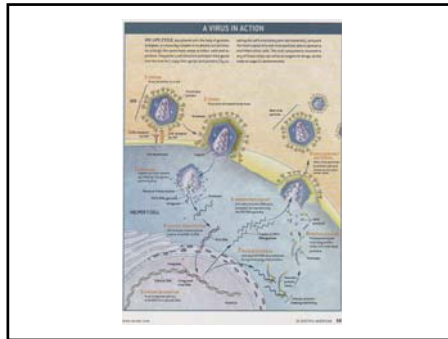
INITIAL RESPONSE

- 1 M cells pass the antigen to macrophages and T cells.
- 2 Macrophages stimulate T cells.
- 3 T cells stimulate B cells to produce antibodies.
- 4 Antibodies B cells make and release antibodies able to neutralize the antigen.

WHEN A DISEASE AGENT APPEARS

- 1 Memory T cells guard entrance.
- 2 Memory T cells quickly eliminate invading infection.
- 3 Memory T cells quickly eliminate invading infection.
- 4 Memory T cells quickly eliminate invading infection.

IV. GENE DELIVERY
A. VIRAL VECTORS
 HIGH TRANSFECTION EFFICIENCY
 HIGH RISK (VIRUS IS VIRUS)
B. NON-VIRAL VECTORS
 LOW TRANSFECTION EFFICIENCY
 LOW RISK



- IDEAL GENE CARRIER**
1. THERAPEUTIC DNA
 2. DNA-CONDENSING AGENT
(POLYLYSINE, POLYETHYLENIMINE, CHITOSAN)
 3. CELL TARGETING MOIETY
 4. ENDOSOMAL DISRUPTING MOIETY
 5. NUCLEAR TRANSLOCATION MOIETY
-
- MOST IMPORTANT STEP:**
4. ESCAPE FROM ENDOSOME

