

Novel Drug Target with Diverse Therapeutic Potential in Cancer Therapy

P. Selvakumar^{1*}, Dr. Saikumari N², Jenee Christian³ J. Priyanga⁴ & Arun Prasath N V⁵

^{*1}Assistant Professor, Department of Chemistry, Dhaanish Ahmed Institute of Technology, Coimbatore-641105, Tamilnadu, India.

²Assistant Professor, R.M.K. College of Engineering and Technology, Chennai-601206, Tamilnadu, India.

³Assistant professor, Faculty of pharmacy, Dharmsinh Desai University, Nadiad-387001, Gujarat, India.

⁴Assistant Professor, Department of Food Technology, Dhaanish Ahmed Institute of Technology, Coimbatore 641105, Tamil Nadu, India.

⁵M.Tech Student, Department of Food Technology, Kongu Engineering College, Erode, Tamil Nadu, India.

ABSTRACT

Targeted therapy is a type of cancer treatment that targets proteins that control how cancer cells grow, divide, and spread. It is the foundation of precision medicine. As researchers learn more about the DNA changes and proteins that drive cancer, they are better able to design treatments that target these proteins. Cancer is a major community health problem worldwide, and reports its morbidity, mortality, and frequency is the first step just before appropriate control measures. People with advanced and metastatic non-small cell lung cancer that responds to targeted therapies or check point inhibitors now routinely survive for three or four years after diagnosis, and a lucky few live substantially longer. Chemotherapy and targeted therapy are both treatments that attacks cancer cells. Targeted therapy is less toxic to well cells than chemotherapy. Both options are often done in conjunction with other treatments, such as radiation. Before you have some types of targeted drugs you might need to have tests using some of your cancer cells sample. Yoga can cure or inhibit any type of cancer. But some lessons recommend that it might assistance people with cancer cope with symptoms and side effects. It is therefore very likely that yoga could prevent tumorigenesis and progression and possibly help cure cancer. Cancer cells can become resistant to targeted therapy. Resistance can happen when the target itself changes and the targeted therapy is not able to interact with it. Or it can happen when cancer cells find new ways to grow that do not depend on the target. Because of resistance, targeted therapy may work best when used with more than one type of targeted therapy or with other cancer treatments, such as chemotherapy and radiation.

Keywords: Cancer, Hormone therapies Chemotherapy, Targeted therapy, Angiogenesis inhibitors

INTRODUCTION

Cancer is a disease in which some of the body's cells grow overpoweringly and feast to other parts of the body. A Cancer is very Serious disease in which cell in one part of the body start growing and form lumps in a way that is not normal [1]. Cancer is a group of diseases relating abnormal cell growth with the possible to spread to other portions of the body. Targeted cancer therapies are drugs that target specific part of cancer cells, such as proteins and genes, that help cancers growth and spread. They also may go after other type of cells that help cancer growth and spread for some types of a cancer; targeted therapies may work better than other treatments[2]. The FDA has approved targeted therapies for more than 15 types of cancer including but not limited to those of the breast, prostate, colon and lung, but they only work if your tumor has the right target and targeted therapies can often stop working if the target changes or your cancer finds a way around the treatment [3,4]. The movement from normal cells to cells that can form a measurable mass to outright cancer contains multiple steps known as malignant progress.

Types of Targeted Therapies

There are two main types of targeted therapies: Targeted therapy along with chemotherapy and other treatments[5,20]. Small molecule medicines and monoclonal antibodies. Small molecule drugs are small enough to slip inside cancer cells and terminate them. Monoclonal antibodies are too big to get into cells. Instead, they attack targets on the outside of cells or right around them. Sometimes they are used to launch chemotherapy and radioactivity straight into tumors. You usually get them through an IV in a vein in your arm at a hospital or clinic. Sometimes they're given as a shot. small molecule meds and monoclonal antibodies that make use of different targets to treat cancer in different ways. Research is also ongoing to find new targeted therapy conducts.

Hormone therapies

Hormone therapies stop your body from production the hormones are needed for the development of some of breast and prostate cancers[6]. Breast cancer drugs like tamoxifen block the female hormone estrogen. Aromatase inhibitors lesser the amount of estrogen in your body. For prostate cancer, doctors may recommend meds that block male sex hormones or stop your body from creation them[7]. Hormone therapy also called hormonal therapy, hormone dealing slows or stops the progress of hormone-sensitive tumors by blocking the body's ability to produce hormones or by interfering with effects of hormones on breast cancer cells [8]. Hormone therapy for breast cancer should not be disorderly with menopausal hormone therapy (MHT)-treatment with estrogen alone or in combination with progesterone to help relieve symptoms of menopause[9]. These two types of therapy produce opposite effects: hormone treatment for breast cancer blocks the development of HR positive breast cancer, whereas MHT can encourage the growth of HR-positive breast cancer. For this reason, when a woman enchanting MHT is diagnosed with HR-positive breast cancer she is frequently asked to stop that therapy[10].

TYPES OF HORMONE THERAPY

Blocking ovarian function

Chemotherapy can shut down estrogen manufacture in the ovaries, temporarily or permanently. Because the ovaries are the main source of estrogen in premenopausal women, estrogen levels in these women can be compact by suppressing ovarian function. Blocking ovarian function is called ovarian ablation. Blocking ovarian gathering can be done surgically in an operation to remove the ovaries or by treatment with radioactivity. This type of ovarian ablation is usually perpetual. Alternatively, ovarian function can be suppressed temporarily by treatment with drugs called gonadotropin-releasing hormone (GnRH) agonists, which are also known as luteinizing hormone-releasing hormone (LHRH) agonists [11,12, 17, 18].

Blocking estrogen production

Drugs like aromatase inhibitors are used to block the action of an enzyme called aromatase, which the body usages to make estrogen in the ovaries and in other tissues. Aromatase inhibitors are used primarily in postmenopausal women because the ovaries in premenopausal women produce too much aromatase for the inhibitors to block successfully. However, these drugs can be used in premenopausal women if they are definite together with a drug that suppresses ovarian purpose [18].

Blocking estrogen's effects

Estrogen receptor modulators (SERMs) bind to estrogen receptors, preventing estrogen from binding. Because they bind to estrogen receptors, SERMs can potentially not only block estrogen activity (by preventing estrogen from binding to its receptor) but also mimic the effects of estrogen, depending on where they are expressed in the body[19]. SERMs, fulvestrant does not mimic estrogen. For this reason, it is called a pure antiestrogen. In addition, when fulvestrant binds to the estrogen receptor, the receptor is targeted for destruction [20].

Side effects

Hormone therapy can help organization breast cancer, it can also have adversarial effects such as acne, bloating, swelling in the breasts, indigestion, breast tenderness, back pain, migraine, nausea, vaginal bleeding, mood changes, depression, leg cramps, headaches, lack of interest in regular life.

Signal transduction inhibitors

Signal transduction inhibitors are the most unrestricted targeted therapies. They block signals that tell cells to split too much and too fast [21]. One example is the breast cancer medicine trastuzumab (Herceptin). A protein on the outside of cells called HER2 receptor picks up signs telling the cell to grow and divide. HER2- positive breast cancers mark too much of this protein. Trastuzumab can stop this type of breast cancer by latching onto HER2 receptor or proteins, like putting tinfoil over the frames. Signal transduction inhibitors mark regulatory molecules that manage the fundamental progressions of cell growth and survival[19].

Signal transduction inhibitor function A ingredient that blocks signals delivered from one molecule to alternative inside a cell. Blocking these indications can disturb various functions of the cell, containing cell division and cell death, and may kill cancer cells. Signal transduction inhibitors medicines [22-23].

Gene expression modulators

Therapeutic gene modulation mentions to the preparation of changing the appearance of a gene at one of various stages, with a view to alleviate some form of ailment. Targeted therapy works to change the proteins that control the way the commands of genes in cancer cells get carried out, or are expressed, because it's abnormal. Gene expression modulators adjust the function of proteins that production a role in controlling gene expression [23].

Apoptosis inducers

Apoptosis inducers that origin cancer cells to experience a process of controlled death. Cancer cells often find a way around the natural process of apoptosis, where healthy cells die when they're old or damaged. Apoptosis inducers cause cancer cells to go through normal cell death[24].

Classification of angiogenesis inhibitors

Angiogenesis inhibitors are categorized into either direct inhibitors that goal endothelial cells in the increasing vasculature or indirect inhibitors that inhibit the expression or block the action of angiogenesis inducers. Growth of newly formed vessels in tumor micro-environment can be inhibited straight by targeting endothelial cells in the growing vasculature or indirectly by targeting either tumour cells or the other tumor-associated stromal cells [25].

Treatment rationales of angiogenesis inhibitors

Angiogenesis, a progression of new blood vessel creation, is a prerequisite for tumour development to supply the proliferating tumour with oxygen and nutrients. The angiogenic procedure may donate to tumour progression, invasion and metastasis, and is generally acknowledged as an indicator of tumour prognosis. Angiogenesis inhibitors are used as either monotherapy or in mixture with other antitumor drugs. Monotherapy using anti-angiogenic agents is mostly intended for inhibition of cancer in susceptible individuals or for delaying disease progression in patients with cancer who have previously treated with first-line/second-line regimens[25].

Side effects of angiogenesis inhibitors

Side effects of action targeting angiogenesis inhibitors can contain hemorrhage, clots in the arteries stroke or heart attack, hypertension, Diarrhea, Fatigue, Low blood counts, Sometimes, it causes blistersreversible posterior leukoencephalopathy syndrome impaired wound healing and protein in the urine. Many of the body's normal functions depend on angiogenesis[26]. Rare side effects are: Heart failure, Blood clots, Serious bleeding, Heart attacks.

Angiogenesis inhibitors working

The mechanism of blood basin creation by angiogenesis is started by the natural dividing of tumor cells due to a mutation. Angiogenic stimulators are then unrestricted by the tumor cells. These then mobile to already well-known, nearby blood vessels and actuates their endothelial cell receptors. Angiogenesis inhibitors restrict in several methods with various steps in blood vessel growth. Some are monoclonal antibodies that specifically recognize and bind to VEGF. When VEGF is attached to these drugs, it is unable to activate the VEGF receptor. In some cancers, angiogenesis inhibitors look to be most active when combined with additional therapies. Because angiogenesis inhibitors work by slowing or stopping tumor growth without killing cancer cells [25].

Immunotherapies

Immunotherapy is a category of cancer treatment that supports your immune structure combat cancer. The immune structure reliefs your body fight infections and other diseases. It is made up of white blood cells tissues of the lymph system. Others mark tumor cells so it's easier for your immune system to find them. Immunotherapy is a form of cancer management that uses the power of the body's immune system to prevent, control, and eliminate cancer. From the precautionary vaccine for cervical and liver cancer to the first therapy ever proven to extend the lives of patients with metastatic melanoma, immunology has already led to major treatment breakthroughs for a number of cancers [27].

Types of Immunotherapies

Immune checkpoint inhibitors: These are drugs that block immune checkpoints. These checkpoints are a regular part of the resistant system and keep resistant responses from being too strong. By blocking them, these medicines permit immune cells to answer more strongly to cancer.

Monoclonal antibodies: These are resistant system proteins produced in the lab that are designed to bind to definite targets on cancer cells. Some monoclonal antibodies mark cancer cells so that they will be improved seen and demolished by the immune system. Such monoclonal antibodies are a type of immunotherapy.

T-cell transfer therapy: This is a management that boosts the natural ability of your T cells to fight against cancer. In this dealing, resistant cells are taken from tumor. Those that are most energetic against your cancer.

Side Effects

The most public side effects accompanying with immunotherapy treatment may contain but are not limited to: coughing, decreased appetite, chills, constipation diarrhea, fever and flu-like symptoms, headache, fatigue, infusion-related reaction or injection site pain, itching, nausea, rash, weight loss shortness of breath, vomiting. Targeted therapies can cause serious side effects[28]. Triggering cell-membrane destruction, Blocking cell growth, Binding cancer and immune cells, Development of new blood vessels [29-31].

CONCLUSION

Cancer cells can become resistant to targeted therapy. Resistance can happen when the target itself changes and the targeted therapy is not able to interact with it. Or it can happen when cancer cells find new ways to grow that do not depend on the target. Because of resistance, targeted therapy may work best when used with more than one type of targeted therapy or with other cancer treatments, such as chemotherapy and radiation. A design for the diagnosis and cure of cancer is a key component of any whole cancer control plan. Their main goals are to treatment cancer patients or prolong their life significantly, ensuring a good superiority of life. In order for a diagnosis and action programme to be effective, it essential never be established in isolation. Beneficial activities like yoga can complement cancer-fighting therapeutic treatment to support the body, mind and spirit in the midst of the cancer battle. Targeted therapy is a cancer dealing that use medicines to target specific genes and proteins that are complicated in the growth and survival of cancer cell. Targeted therapy can disturb the tissue background that helps a cancer develop and survive or it can target cells associated to cancer growth, like blood vessel cells. According to ayurveda avoidance of a food and lifestyle that causes imbalance in tridosha recovery of healthy digestive power Elimination of toxins through panch karma. Yoga can cure or inhibit any type of cancer. But some lessons recommend that it might assistance people with cancer cope with symptoms and side effects. It is therefore very likely that yoga could prevent tumorigenesis and progression and possibly help cure cancer.

REFERENCE

1. Brown CG, ed. A Guide to Oncology Symptom Management. 2nd ed. Pittsburgh, PA: Oncology Nursing Society; 2015.
2. Burstein HJ, Lacchetti C, Anderson H, Buchholz TA, Davidson NE, Gelmon KA et al. Adjuvant Endocrine Therapy for Women with Hormone Receptor-Positive Breast Cancer: ASCO Clinical Practice Guideline Focused Update. J Clin Oncol. 2019 Feb 10;37(5):423-438.
3. Burton B. Hormone therapy. In Olsen MM, LeFebvre KB, Brassil KJ, eds. Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice. Pittsburgh, PA: Oncology Nursing Society; 2019:91-102.
4. Selvakumar P, Devi K and Loganathan V, 2016. In vitro phytochemical, antimicrobial and antioxidant activity studies on Alocasia sanderiana W. Bull. Indo American Journal of Pharmaceutical Sciences, Vol. 3, pp. 252–264.
5. National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Breast Cancer, Version 3.2020. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf on March 11,2020.
6. National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Uterine Neoplasms, Version 1.2020. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf on March 11, 2020.
7. Weiner LM, Surana R, Wang S. Monoclonal antibodies: versatile platforms for cancer immunotherapy. Nat Rev Immunol. 2010;10:317–327.

8. Cheson BD, Leonard JP. Monoclonal antibody therapy for B-cell non-Hodgkin's lymphoma. *N Engl J Med*. 2008;359:613–626.
9. Canadas I, Rojo F, Arumí-Uría M, Rovira A, Albanell J, Arriola E. C-MET as a new therapeutic target for the development of novel anticancer drugs. *Clin Transl Oncol*. 2010;12:253–260.
10. Scartozzi M, Bianconi M, Maccaroni E, Giampieri R, Berardi R, Cascinu S. Dalotuzumab, a recombinant humanized mAb targeted against IGFR1 for the treatment of cancer. *Curr Opin Mol Ther*. 2010;12:361–371.
11. Gomez-Batiste X, Fontanals MD, Roca J, Borrás JM, Viladiu P, Stjernsward J, Ruis E (1996) Catalonia WHO demonstration project on palliative care implementation 1990-1995: Results in 1995. *J Pain Symptom Management*, 12: 73-78.
12. Selvakumar, P., Kaniakumari, D. and Loganathan, V. (2016). In vitro pharmacology studies on *Alocasia sanderiana* W. Bull. *Journal of pharmacognosy and phytochemistry*, 5(2) : 114-120.
13. Koklesova L, Alena Liskova A, Samec M, Zhai K, Abotaleb M, et al. (2020) Carotenoids in Cancer Metastasis-Status Quo and Outlook. *Biomolecules* 10: 1653.
14. Story MJ (2021) Essential sufficiency of zinc, u-3 polyunsaturated fatty acids, vitamin D and magnesium for prevention and treatment of COVID-19, diabetes, cardiovascular diseases, lung diseases and cancer. *Biochimie* 187: 94-109.
15. Niranjana R, Gayathri SN, Mol T, et al. (2015) Carotenoids modulate the hallmarks of cancer cells. *J Funct Foods* 18: 968-985.
16. Carazo A, Macáková K, Matoušová K, Krčmová LK, Protti M, et al. (2021) Vitamin A Update: Forms, Sources, Kinetics, Detection, Function, Deficiency, Therapeutic Use and Toxicity. *Nutrients* 13: 1703.
17. Zasowska-Nowak A, Nowak PJ, Ciałkowska-Rysz A (2020) High-Dose Vitamin C in Advanced-Stage Cancer Patients. *Nutrients* 13: 735.
18. Robien K, Cutler GJ, Lazovich D (2007) Vitamin D intake and breast cancer risk in postmenopausal women: the Iowa women's health study. *Cancer Causes Control* 18: 775-782.
19. Kawase T, Matsuo K, Suzuki T, Hirose K, Hosono S, et al. (2010) Association between vitamin D and calcium intake and breast cancer risk according to menopausal status and receptor status in Japan. *Cancer Sci* 101: 1234-1240.
20. den Hollander P, Savage MI, Brown PH (2013) Targeted therapy for breast cancer prevention. *Front Oncol* 3: 250.
21. Fernandez-Lazaro CI, Romanos-Nanclares AR, Sanchez-Bayona R, Gea A, Sayon-Orea C, et al. (2021) Dietary calcium, vitamin D, and breast cancer risk in women: findings from the SUN cohort. *Eur J Nutr* 60: 3783-3797.
22. Rodriguez-Amaya DB (1997) Carotenoids and food preparation: the retention of provitamin A carotenoids in prepared, processed, and stored foods. Arlington, John Snow and Opportunities for Micronutrient Interventions Project.
23. Olson JA, Vitamin A, In: Brown ML, et al. (1990) Present knowledge in nutrition. (6th edn), Washington, DC: International Life Sciences Institute-Nutrition Foundation 96-107.
24. Selvakumar P, Kaniakumari D, Loganathan V. Physicochemical Analysis of *Alocasia sanderiana* W. Bull. *Asian Journal of Pharmaceutical Analysis*. 2016, 6(1):31-4.
25. Matsubara K, Komatsu S, Oka T, Kato N (2003) Vitamin B6-mediated suppression of colon tumorigenesis, cell proliferation, and angiogenesis. *J Nutr Biochem* 14: 246-250.

26. Nair R, Maseeh A (2012) Vitamin D: The "sunshine" vitamin. *J Pharmacol Pharmacother* 3: 118-126.
27. O'Donnell JS, Teng MWL, Smyth MJ. Cancer immunoediting and resistance to T cell-based immunotherapy. *Nat Rev Clin Oncol*. 2019;16:151–67.
28. Ljubic A, Jacobsen C, Holdt SL, Jakobsen J (2020) Microalgae *Nannochloropsis oceanica* as a future new natural source of vitamin D3. *Food Chem* 320: 126627.
29. Ravisankar P, Reddy A A, Nagalakshmi B, Koushik OS, Kumar BV, et al. (2015) The Comprehensive Review on Fat Soluble Vitamins. *IOSR J Pharma* 5: 12-28.
30. Pramern Sriratana, MD, and Joseph Norton, BS, DO, New Immunotherapies in Oncology Treatment and Their Side Effect Profiles, *JABFM* July–August 2018 Vol. 31 No. 4.
31. Grupp SA, Maude SL, Shaw PA, et al. Durable remissions in children with relapsed/refractory ALL treated with T cells engineered with a CD19- targeted chimeric antigen receptor (CTL019). *Blood* 2015;126:681.