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Τμήμα
Χημικών
Μηχανικών



“The molecular biology of Lung Cancer.”

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Lung cancer statistics

Lung cancer new cases 2.4 million people and resulted in 2.2 million deaths.(WHO data, 2017)

Is the 1st cause of cancer-related death in men.

2nd most common in women after breast cancer.

80-85% of cases of lung cancer are due to tobacco smoking.

15-20% of cases are due to genetic factor or environmental factors.

References: WHO, ACR

Gene Mutations in Lung Cancer

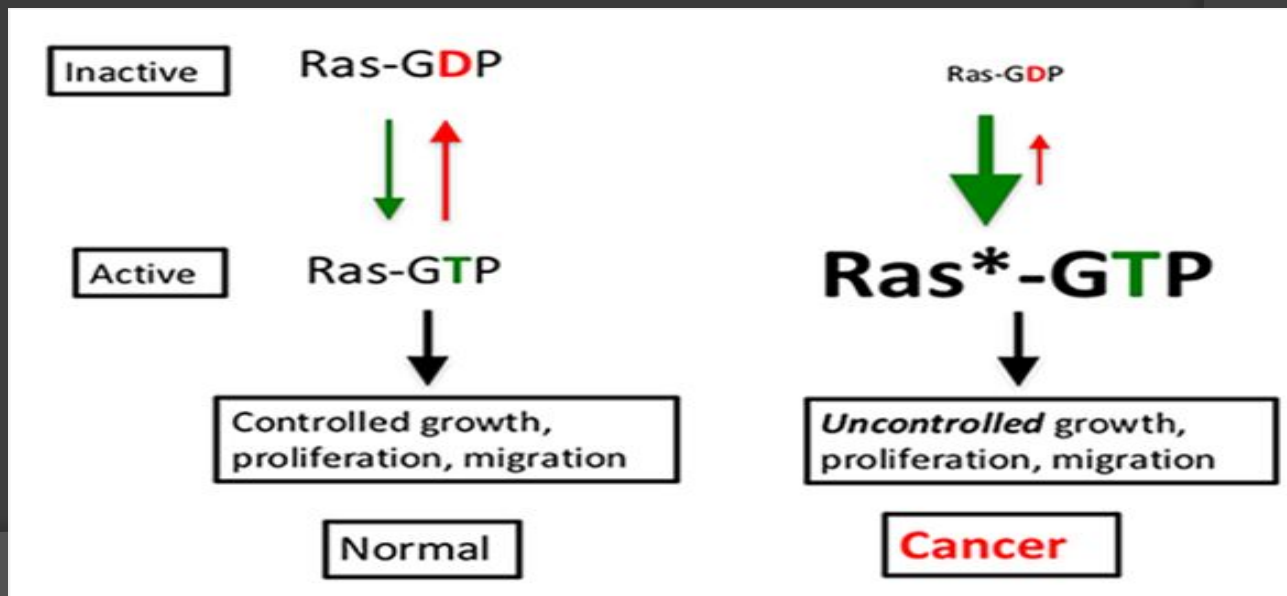
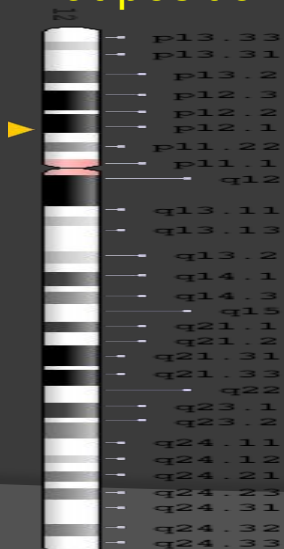
Kras gene: The protein relays signals from outside the cell to the cell's nucleus.

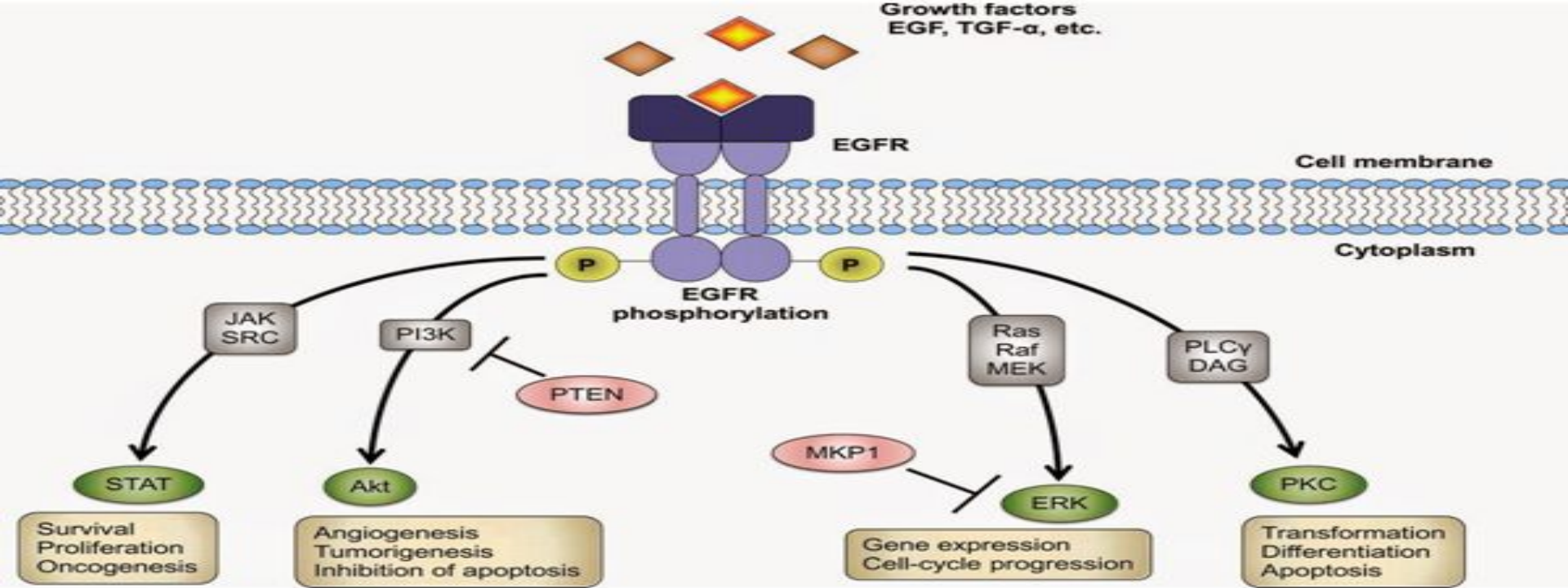
These signals instruct the cell to grow and divide (proliferate) or to mature and take on specialized functions (differentiate).

The K-Ras protein is a GTPase, which means it converts a molecule called GTP into another molecule called GDP.

In this way the K-Ras protein acts like a switch that is turned on and off by the GTP and GDP molecules

Cytogenetic Location: 12p12.1, which is the short (p) arm of chromosome 12 at position 12.1





The epidermal growth factor receptor (EGFR; ErbB-1; HER1 in humans) is a transmembrane protein. It is activated by various ligands in extracellular space and transmits the cellular response to mediate various cellular activities, including cell proliferation, cell survival, growth and development.

The epidermal growth factor receptor is a member of the ErbB family of receptors, a subfamily of four closely related receptor tyrosine kinases:

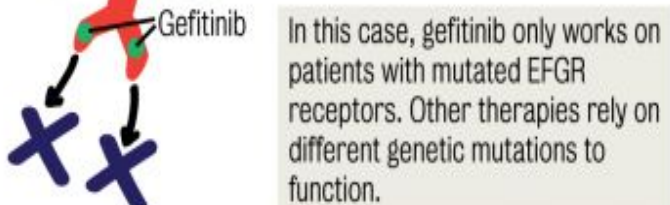
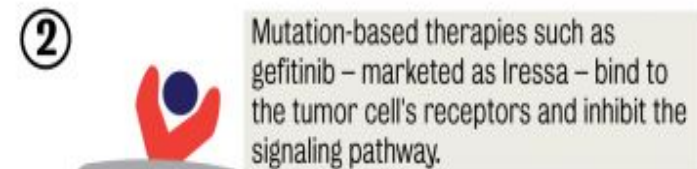
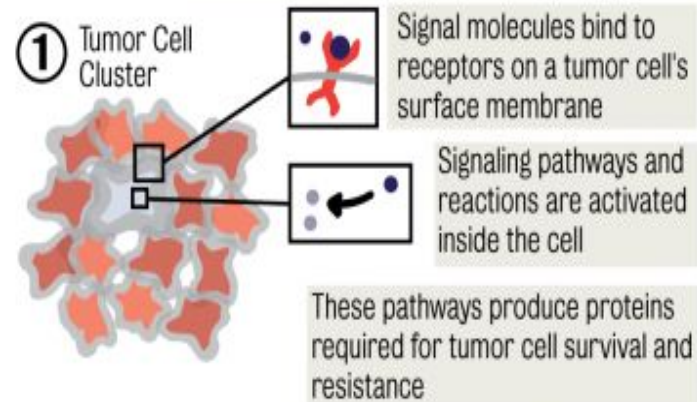
EGFR (ErbB-1), [HER2/neu](#) (ErbB-2), [Her 3](#) (ErbB-3) and [Her 4](#) (ErbB-4). In many cancer types, mutations affecting EGFR expression or activity result in [cancer](#).

Epidermal growth factor and its receptor was discovered by Stanley Cohen of Vanderbilt University. (1986 Nobel Prize in Medicine)

FDA APPROVES IMMUNOTHERAPY-BASED DRUG FOR LUNG CANCER TREATMENT

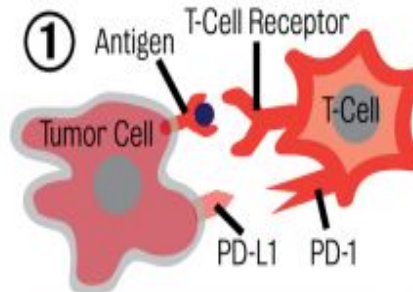
The drug pembrolizumab, marketed as Keytruda, underwent 4 years of testing before receiving first-line approval for the treatment of non-small cell lung cancer (NSCLC). Keytruda is an immunotherapy-based drug, in contrast to older classes of drugs called signal-transduction inhibitors.

Mutation-based therapy

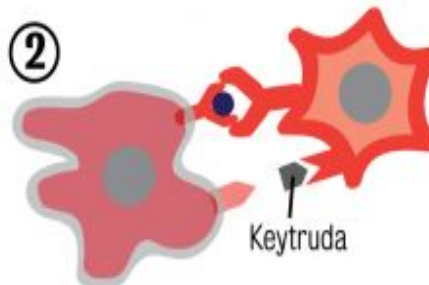


Reaction processes cannot proceed

Immunotherapy



A cytotoxic T cell recognizes an antigen on the surface of a tumor cell. However, the tumor cell overexpresses a protein called PD-L1, which binds to the T cell's PD-1 immune checkpoint. This interaction inhibits the attack; the T cell is deactivated.



Keytruda works by binding to PD-1 on the T cell, allowing it to avoid attachment to PD-L1.



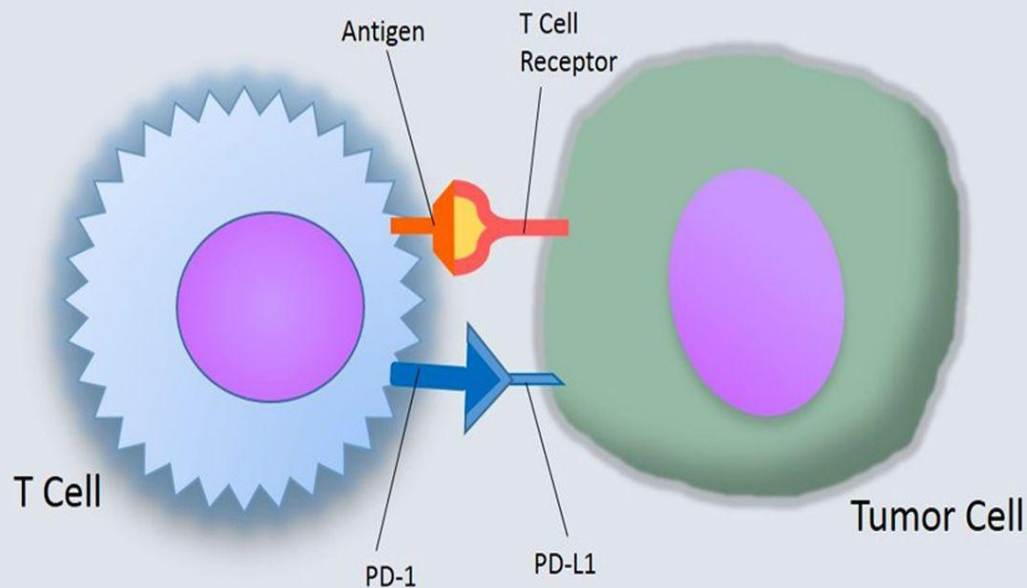
Price: € 1,892.00/ 50mg

The standard dosage is:
NSCLC: **200 mg** every 3 weeks.

Administer as an intravenous infusion over 30 minutes.

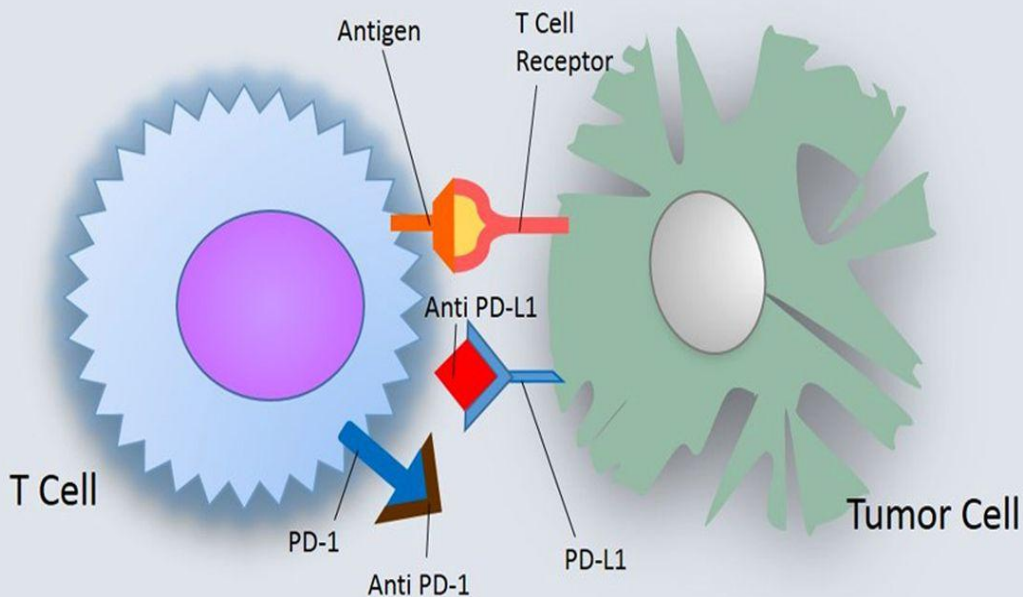
Binding of PD-1 and PD-L1 Inhibit T Cell From Killing Tumor Cell

a



Blocking PD-1 or PD-L1 Allows T Cell to Resume Killing Tumor Cell

b



Programmed death-ligand 1 (PD-L1) is a 40kDa type 1 [transmembrane protein](#) that plays a major role in **suppressing the immune system**

PD-1 on T cells

PD-L1 on cancer cells,

Professors James P. Allison and Tasuku Honjo (Nobel Prize in Medicine, 2018)

Immunomodulators

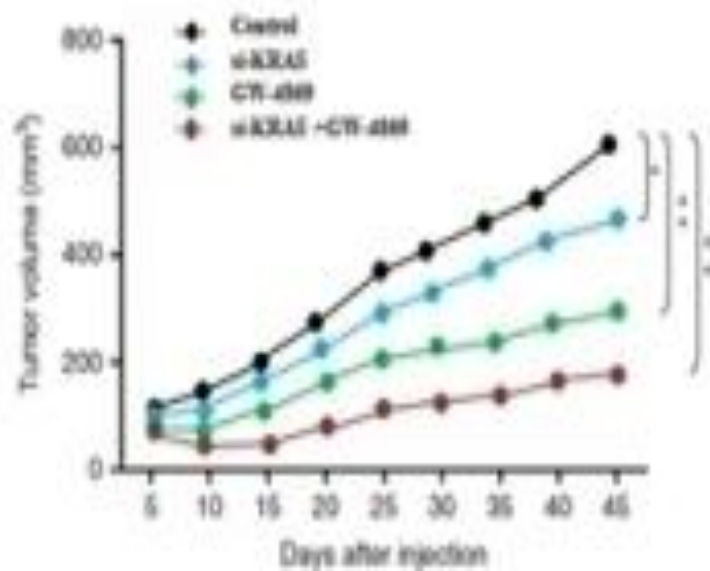
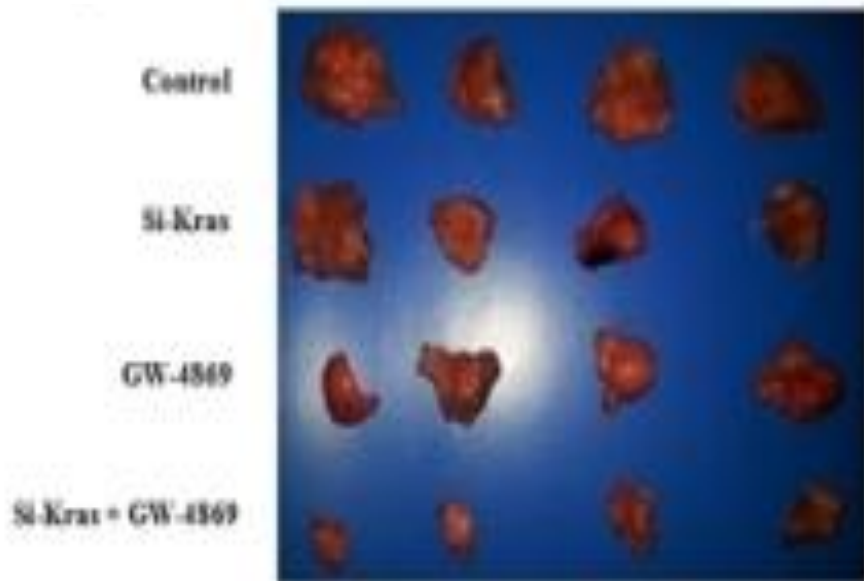
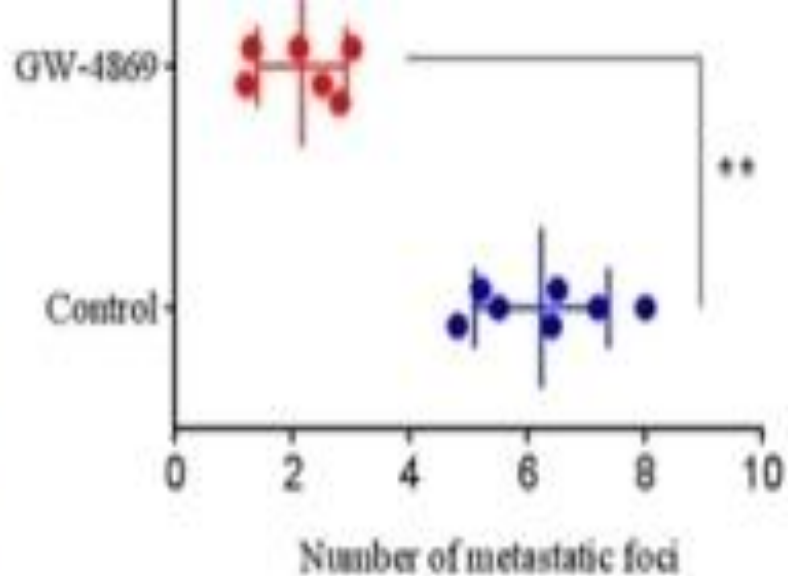
Atezolizumab (Tecentriq®): a checkpoint inhibitor that targets the PD-1/PD-L1 pathway; approved for subsets of patients with advanced non-small cell lung cancer (NSCLC)

Durvalumab (Imfinzi™): a checkpoint inhibitor that targets the PD-1/PD-L1 pathway; approved for subsets of patients with advanced non-small cell lung cancer (NSCLC)

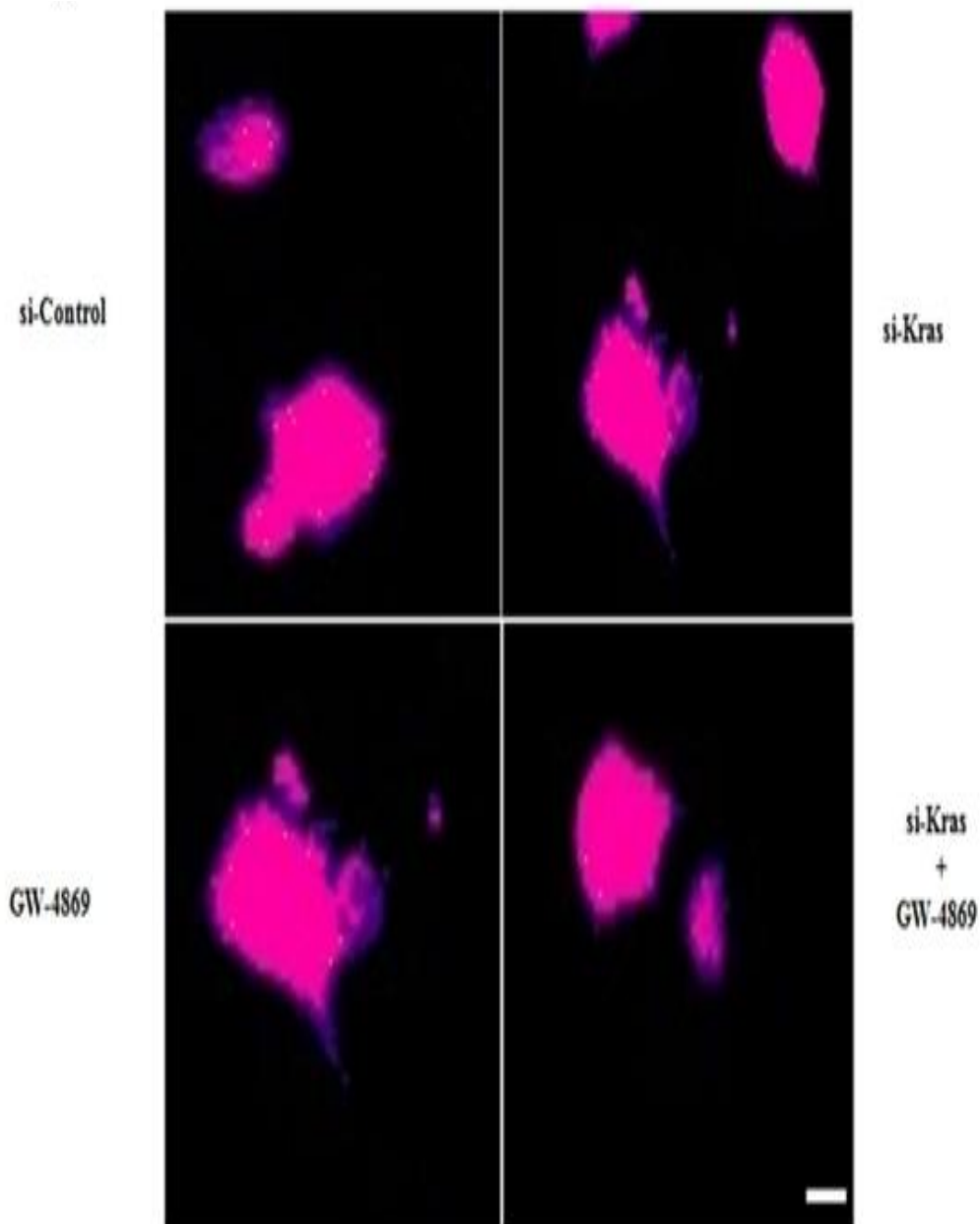
Nivolumab (Opdivo®): a checkpoint inhibitor that targets the PD-1/PD-L1 pathway; approved for subsets of patients with advanced non-small cell lung cancer (NSCLC) as well as those with metastatic small cell lung cancer (SCLC) that has advanced following treatment with platinum-based chemotherapy and at least one other line of treatment



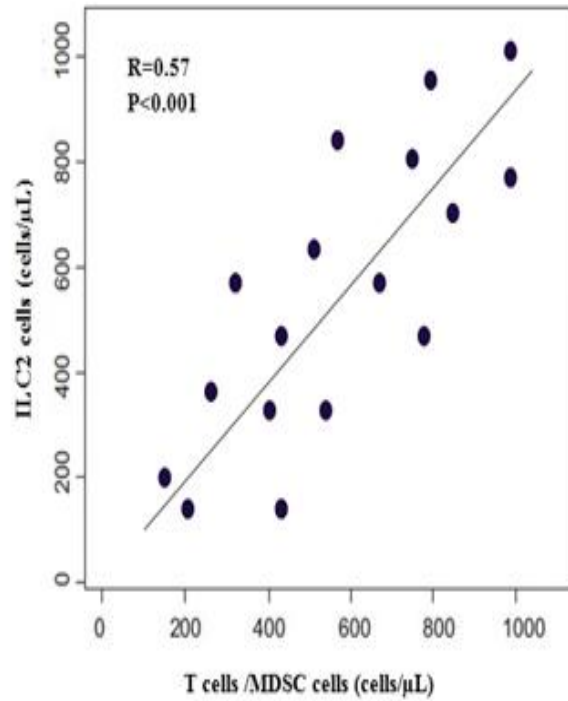
Lymph Nodes



PKM2

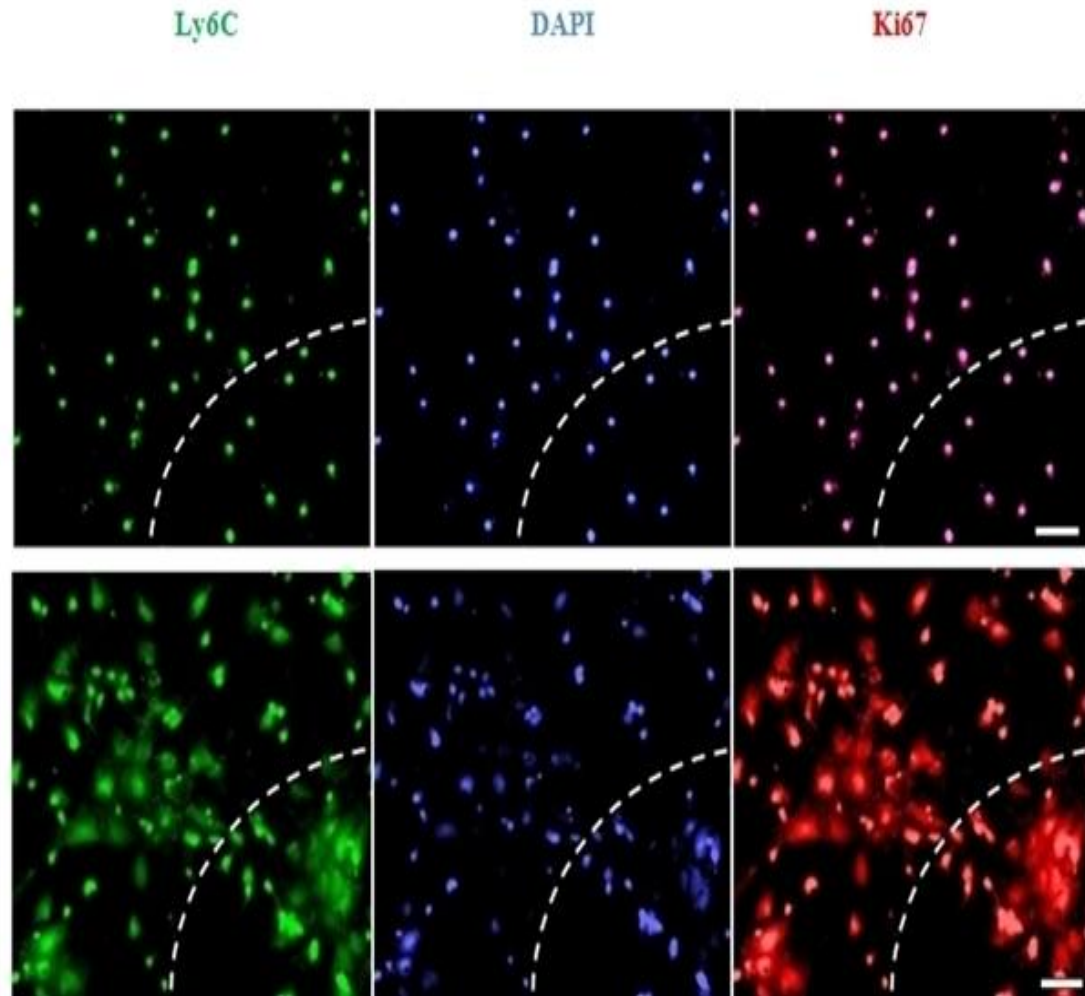


Immunofluorescence analysis of intracellular PKM2 localization in Kras (+) LC-DR cells (magnification $\times 400$). Drug resistant cells were treated with siKras (4 μg , 48h) and GW-4869 (25 μM) for 24h. Data represent the mean \pm SD of three independent experiments (* $P < 0.05$; ** $P < 0.01$).



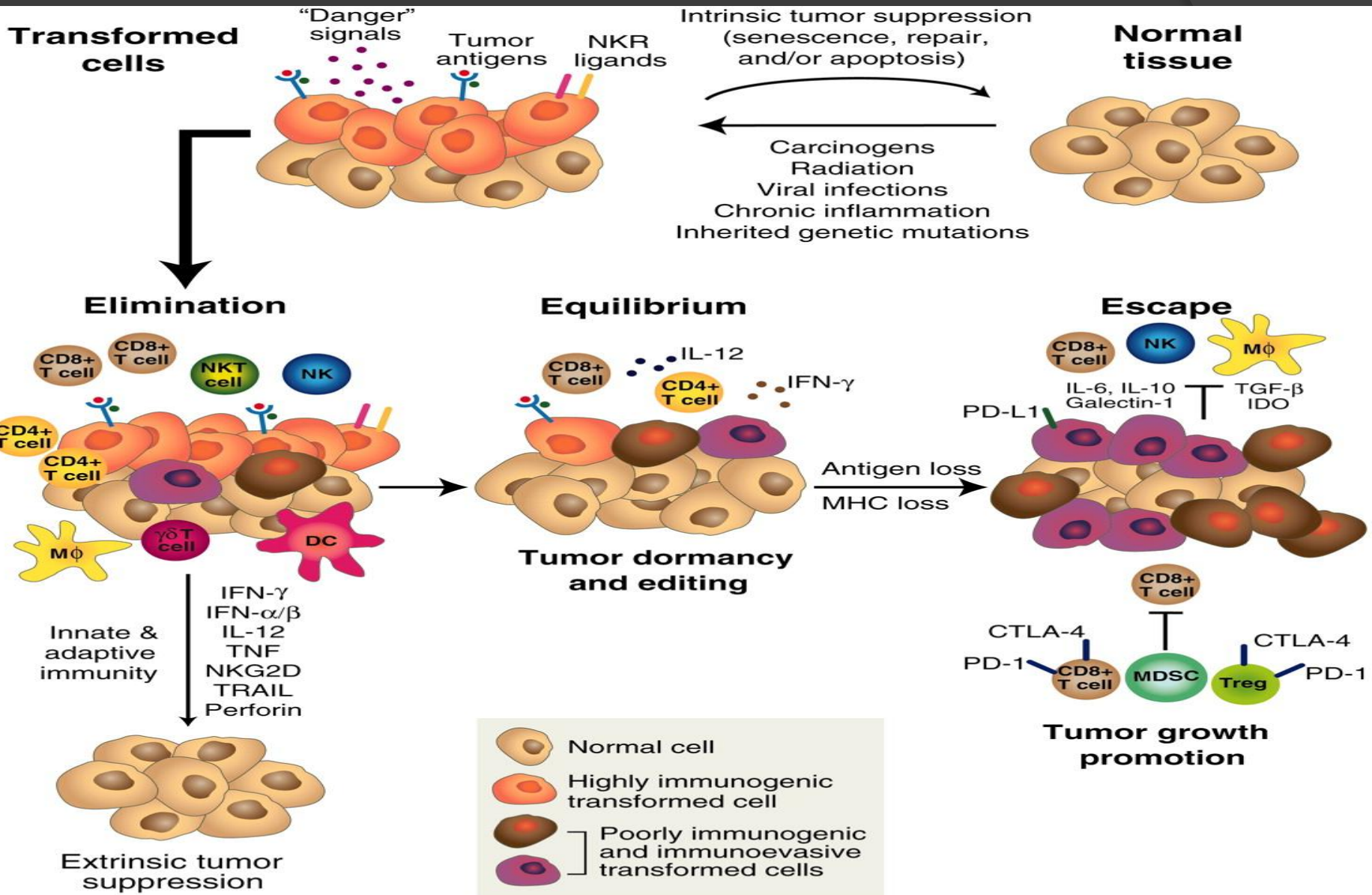
Primary
Tumor

Lymph
Node



T cell/MDSC correlation in primary tumor and LN metastasis following chemotherapy treatment

The 3Es of Cancer Immunoediting



Cancer Immunoediting

Nanoparticles targeting MDSC chemoresistant immunosuppression

