

Cancer Prevention Strategies



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Foundations of Cancer Therapeutics
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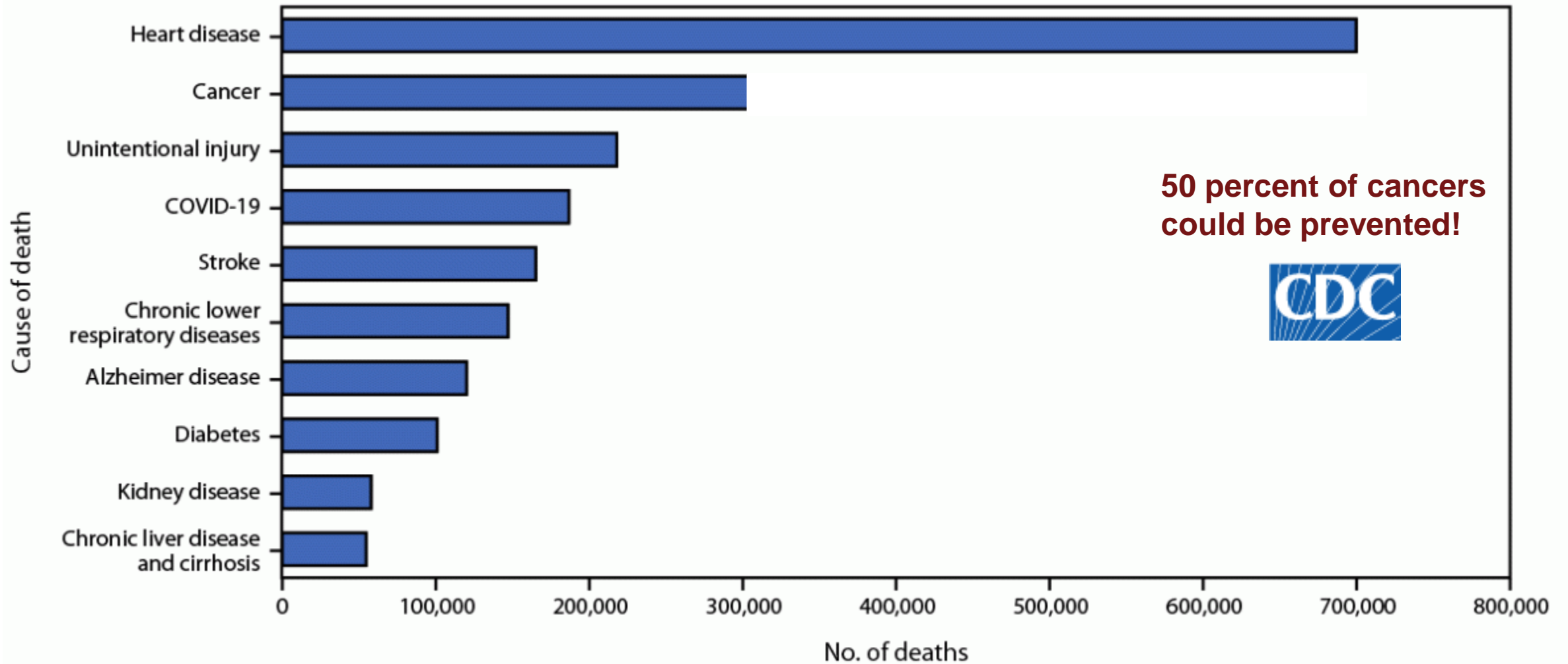
HEALTH SCIENCE CENTER
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Topics

- 1) Introduction to Cancer Prevention
- 2) Cancer Prevention Strategies
- 3) Case study



Cancer is one of the leading causes of death



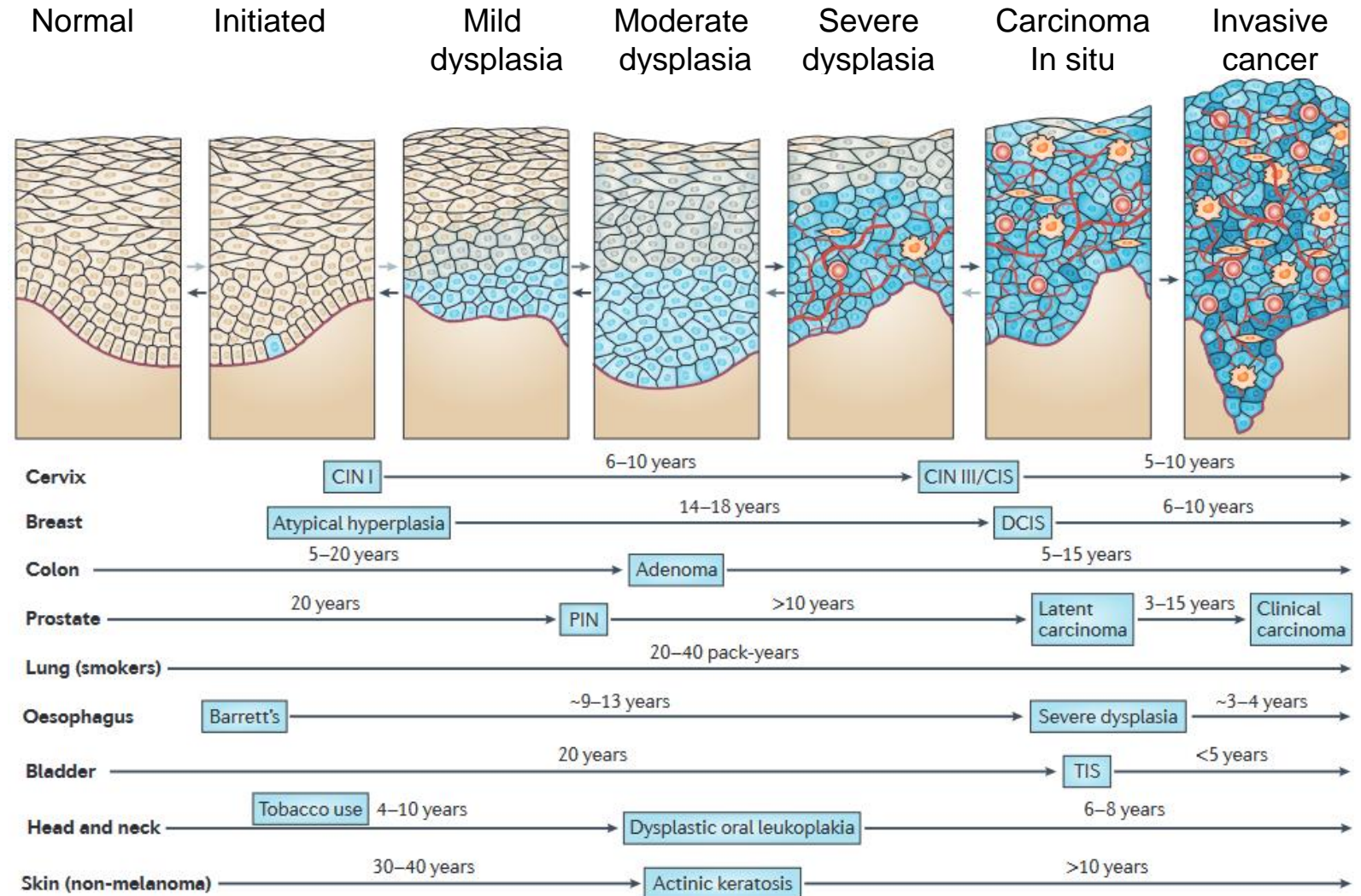
“An ounce of prevention is worth a pound of cure”

“Prevention is the protection of health by personal and community-wide efforts”

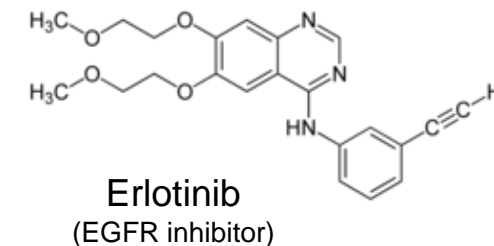
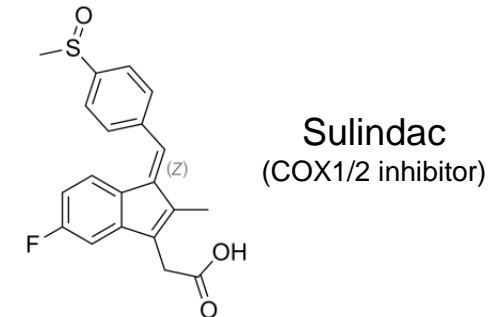
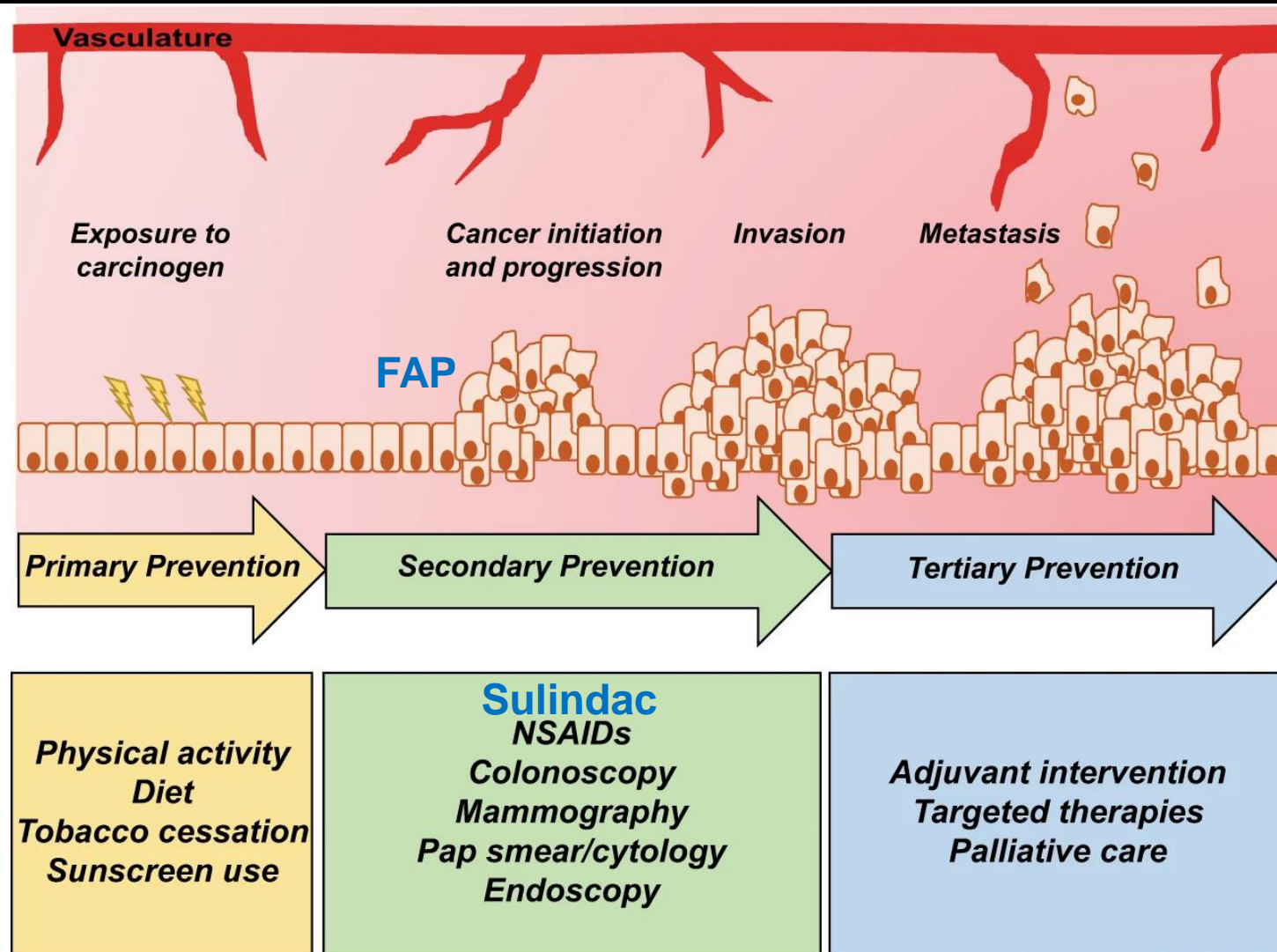


Opportunities for Cancer Prevention

- Long incubation time is required for the development of cancer giving ample opportunity to detect and intervene.
- Major technological advances in cancer screening and prevention are making it possible to intervene early.

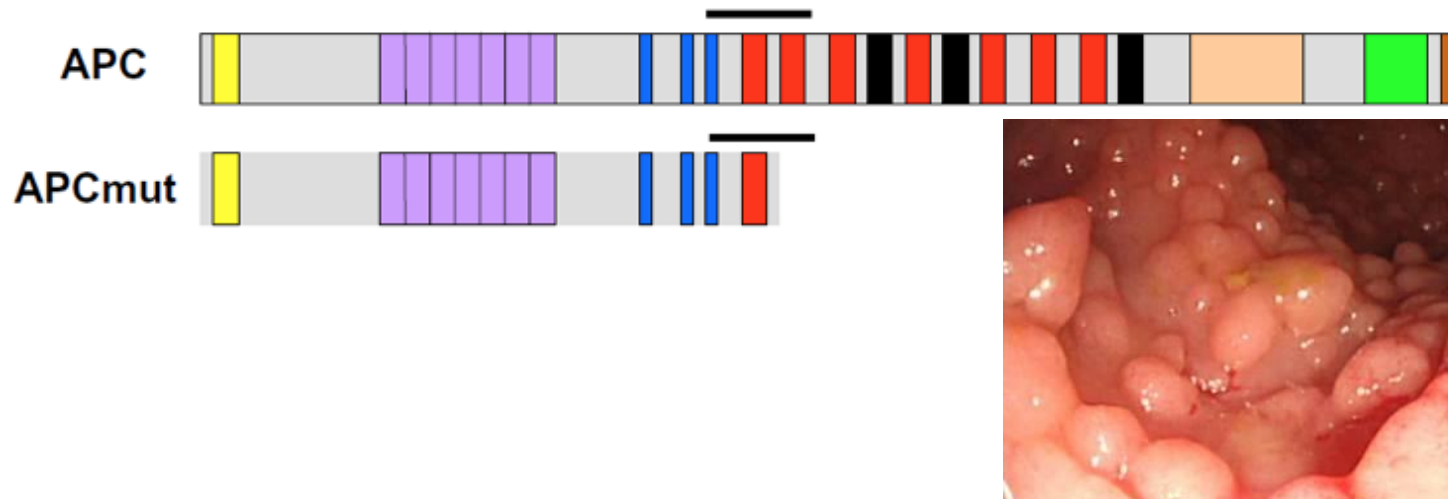


Cancer Prevention Strategies

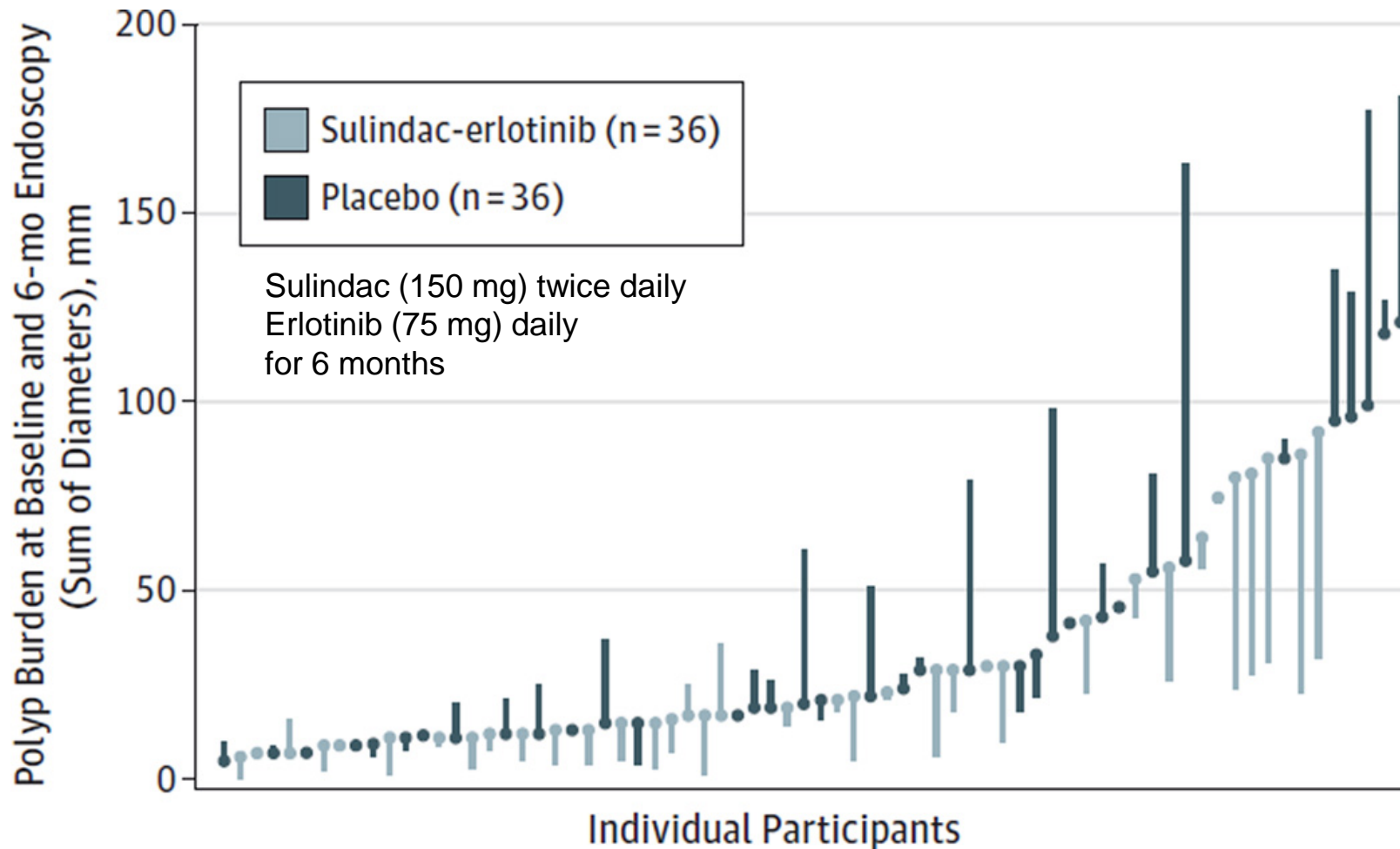


Colorectal Cancer and Familial Adenomatous Polyposis

- Familial Adenomatous Polyposis (FAP) is an autosomal dominant, inherited condition.
- FAP causes numerous GI polyps with malignant transformation.
- Mutations in Adenomatous Polyposis gene (*APC*) are responsible for the formation of adenomatous polyps in FAP.



Effect of Sulindac and Erlotinib vs Placebo on Duodenal Neoplasia in Familial Adenomatous Polyposis: A Randomized Clinical Trial

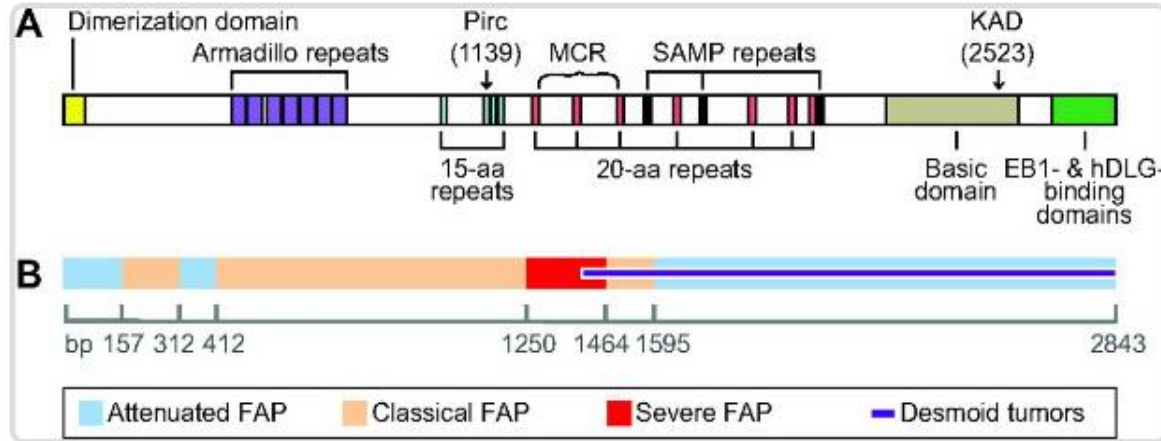
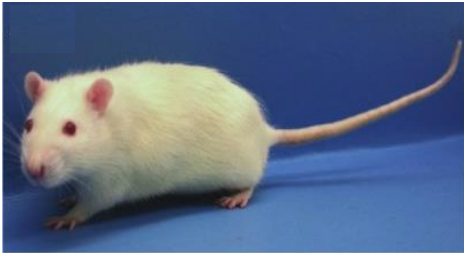


CONCLUSIONS AND RELEVANCE

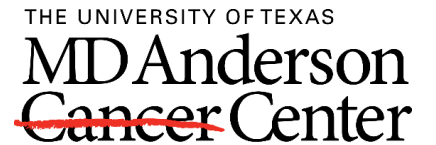
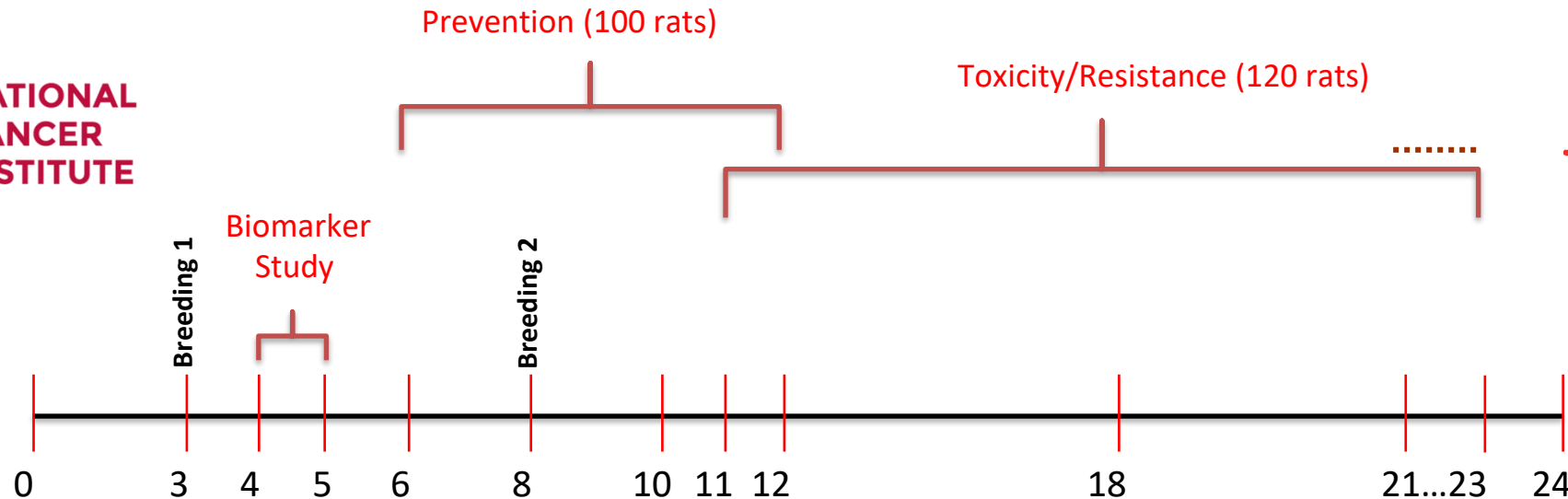
SUL+ERL, compared with placebo, resulted in >30% lower duodenal polyp burden after 6 months. Adverse events (skin rash in 87% of FAP patients) may limit the use of these medications **at the doses employed here.**



Polyposis in rat colon (Pirc)



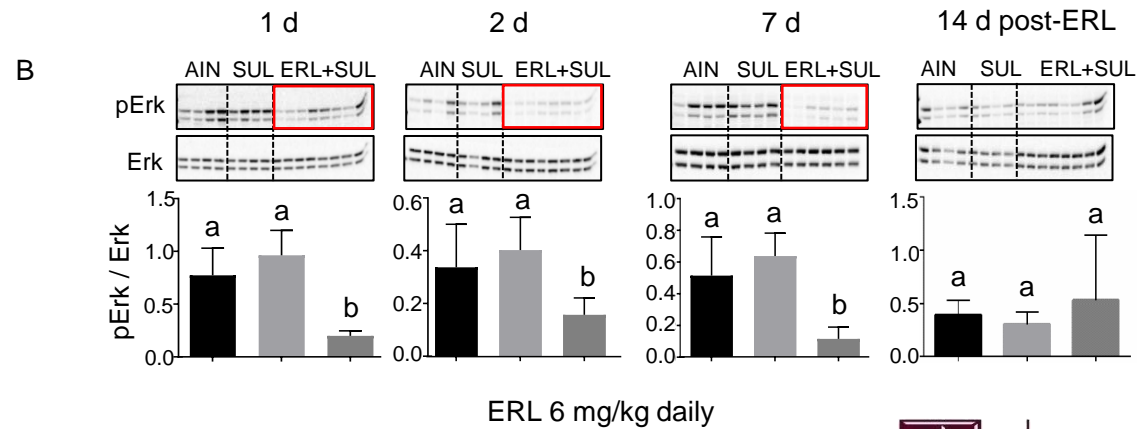
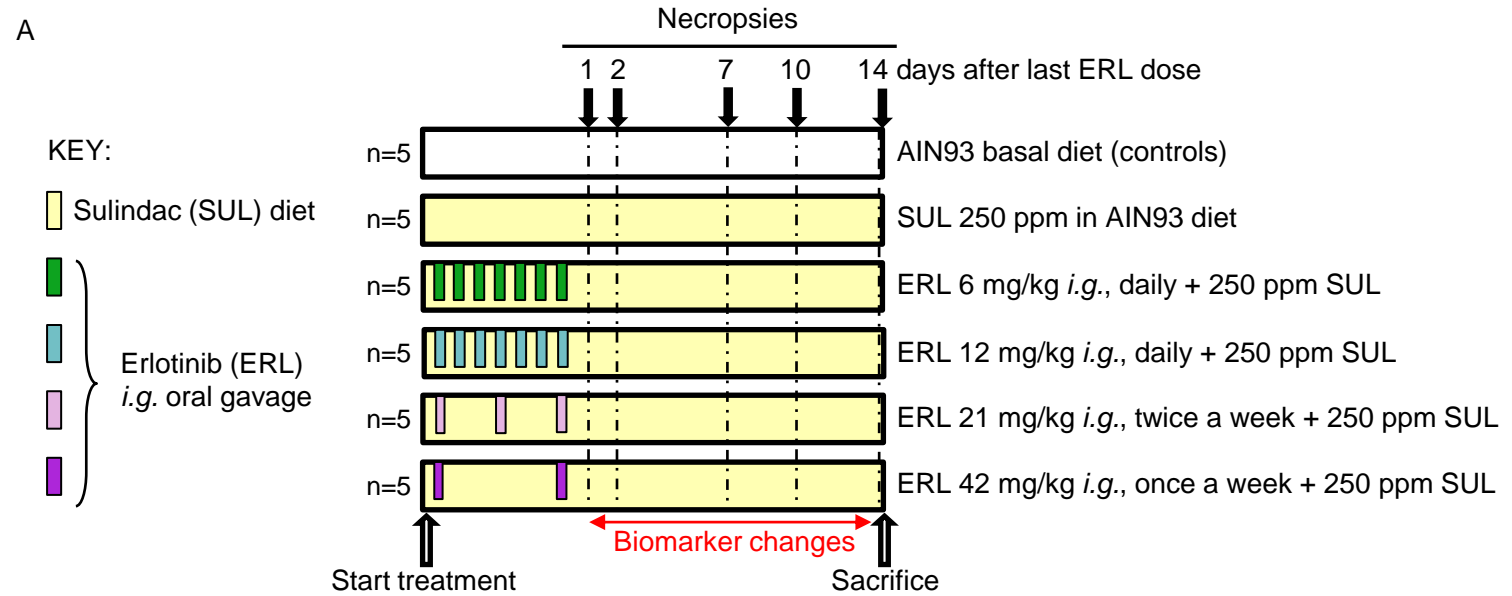
Adenomatous polyposis coli (Apc) protein



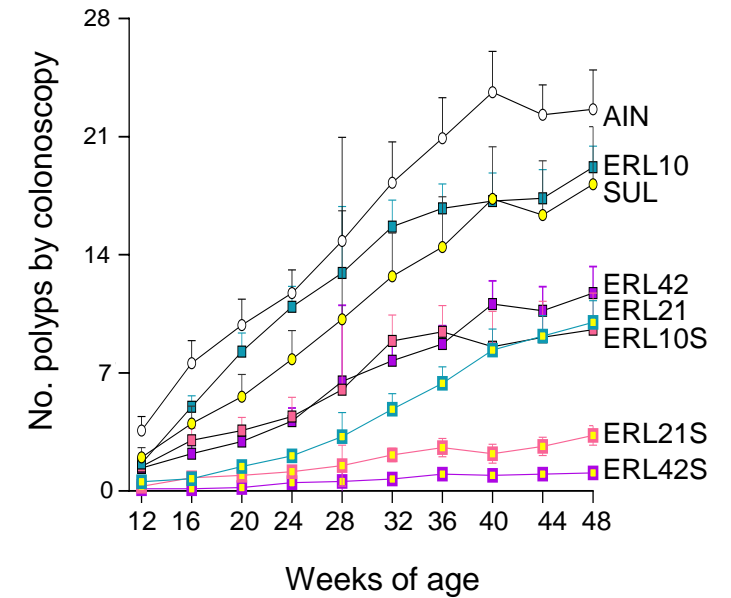
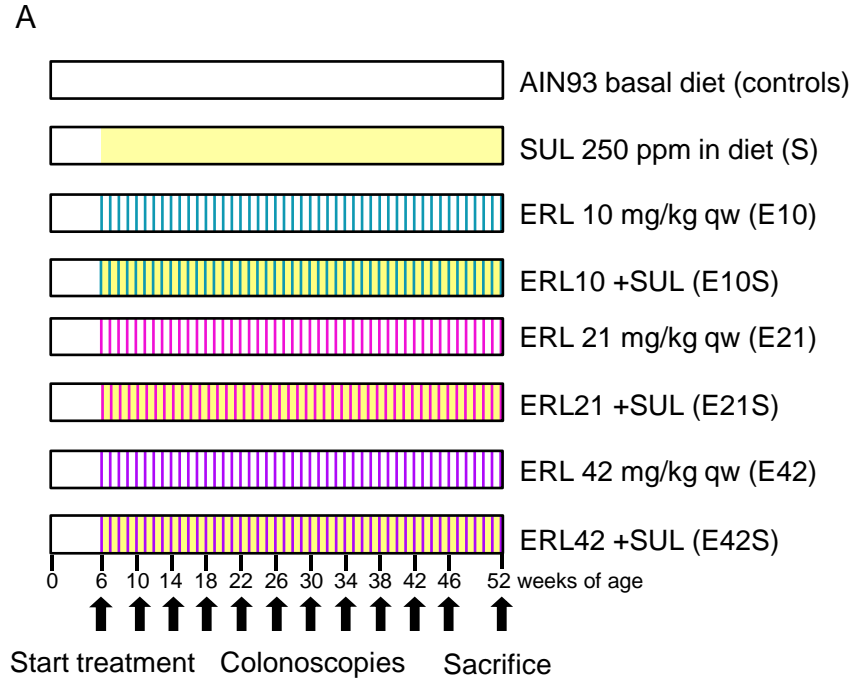
Biomarker study



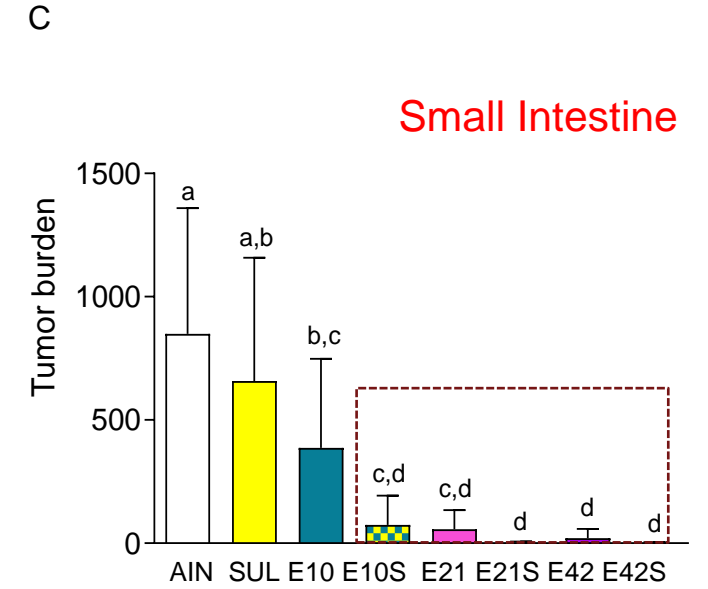
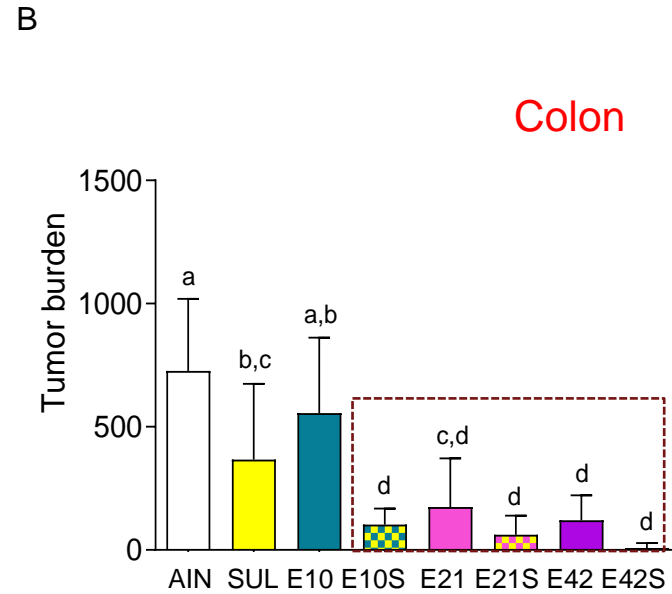
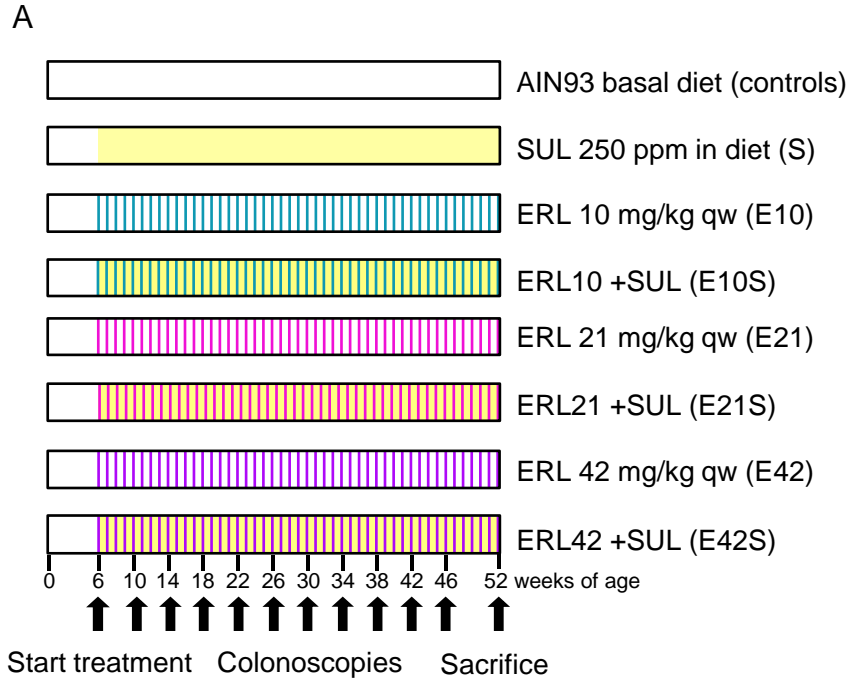
SUL 250 ppm diet = 300 mg human dose
 ERL 6 mg/kg rat = 75 mg human dose



Efficacy and Toxicity study



Efficacy and Toxicity study

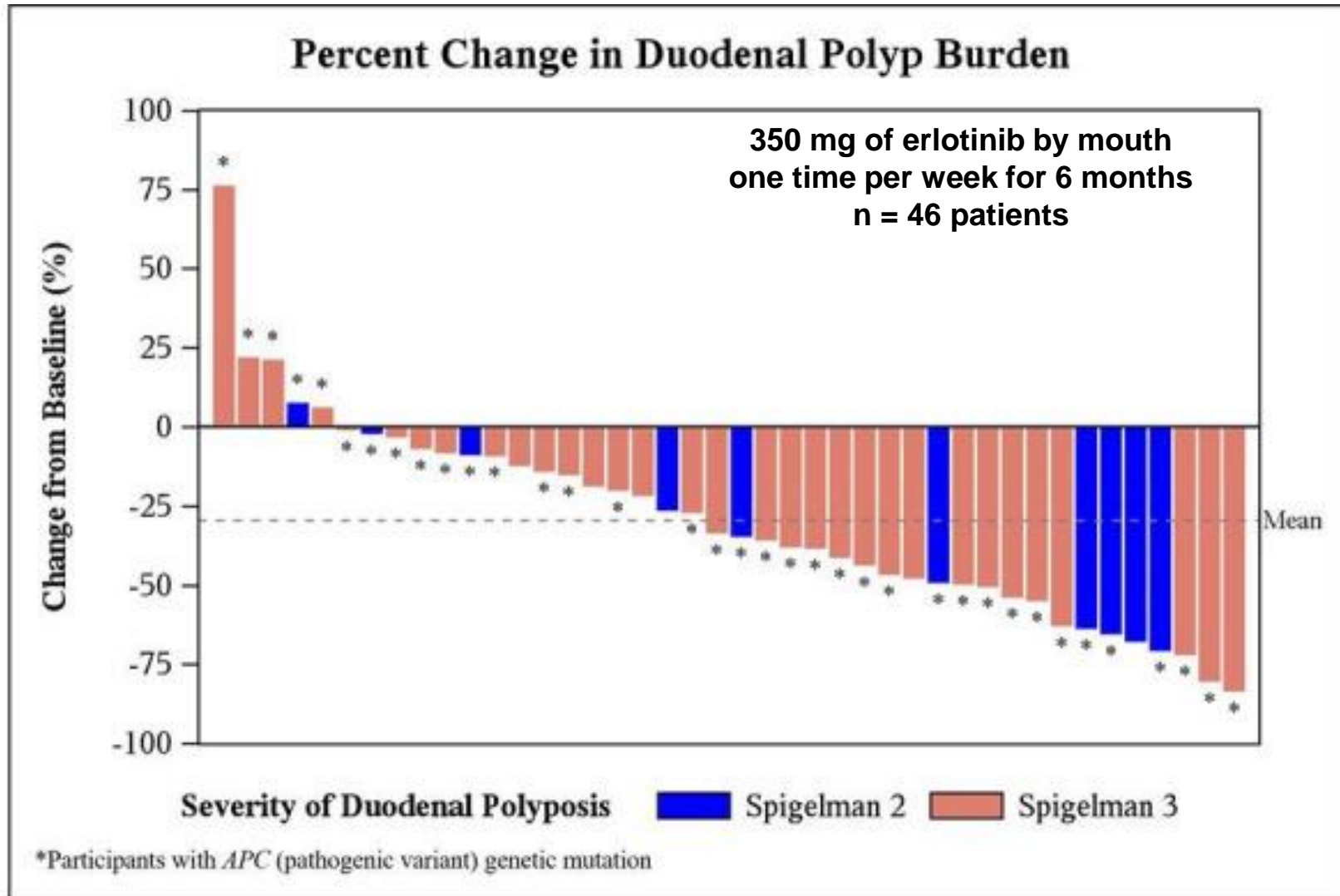


Summary cage-side observations

Group	Rats in study	Rats at 1 yr	Eye/skin phenotype	Diarrhea	Blood in rectum	Weight loss (>10%)	Mortality
AIN	14	7	0	4	7	7	7
SUL	14	10	0	2	7	5	4
E10	14	10	0	2	6	1	1
E10+SUL	13	10	0	1	3	1	1
E21	13	9	1	1	2	0	1
E21+SUL	14	14	5	0	3	0	0
E42	14	12	2	1	2	1	1
E42+SUL	14	13	4	0	3	0	0

We concluded that switching from continuous to **once-per-week ERL**, given at **one-quarter of the current therapeutic dose**, will exert good efficacy with **standard of care SUL** against adenomatous polyps in the **colon** and in the **small intestine**, with clinical relevance for FAP patients.

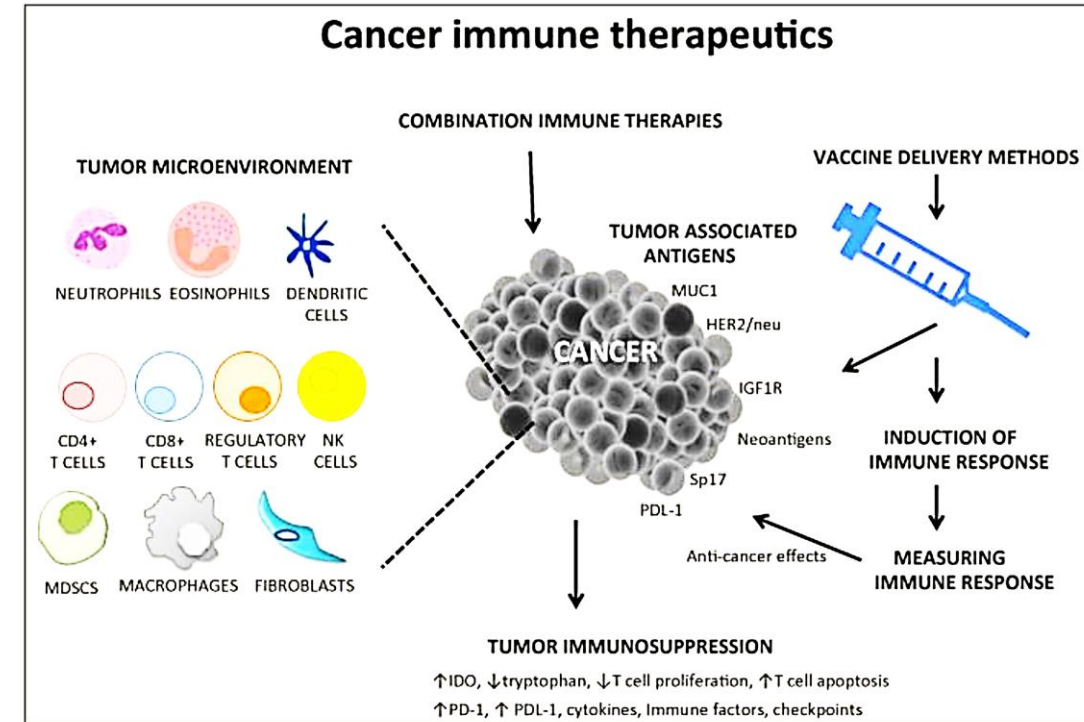
Phase II trial of weekly erlotinib dosing reduces duodenal polyp burden associated with familial adenomatous polyposis



- In this single-arm, multi-centre trial of participants with FAP, erlotinib one time per week resulted in markedly lower duodenal polyp burden, and modestly reduced lower GI polyp burden, after 6 months of intervention. Mean per cent change of -29.6% .
- While AEs were still reported by nearly three-quarters of all participants, these events were generally lower grade and well-tolerated.

Translational Advances in Cancer Prevention Agent Development

- A focus on identifying **high-risk populations** with targetable lesions (e.g., FAP, Lynch Syndrome).
- Investigate cancer progression from **normal to cancer cells**.
- Focus on **improving the safety profiles** of known (repurposing drugs) and novel agents by designing novel delivery methods or improved formulations and dosing strategies.
- Utilizing strategies that alter the **precancer immunosuppressive microenvironment** and promote immune responses.
- Development of **multi-antigen targeted vaccines** that can target a variety of dysfunctional signaling and immune pathways.
- Focus on the **development of biomarkers** predictive of cancer interception-prevention efficacies in clinical trials.
- Design **appropriate clinical trials** that target the population(s) most likely to harbor the lesion(s).



Apostolopoulos, Cancers, 2019