

## Novel platinum-based chemotherapeutic agents halt cholangiocarcinoma progression through the induction of inter-strand DNA breaks, preventing DNA repair mechanisms

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# BACKGROUND

- **Cholangiocarcinoma (CCA)** comprises a heterogeneous group of malignant tumors with dismal prognosis.
- Its incidence is increasing worldwide, becoming a significant health problem.
- The <u>first-line treatment</u> for advanced CCA [cisplatin (CisPt) and gemcitabine] is considered palliative due to the high chemoresistance of this cancer.
- · Platinum (Pt) derivatives are the most widely used chemotherapeutic agents for the treatment of malignant tumors.
- Cisplatin (CisPt) binds to the DNA causing mainly singlestrand DNA breaks and consequent cancer cell death.

#### AIM

**Design**, synthesize and study a new generation of platinum (Pt)-derived chemotherapeutic drugs (Aurki-Pt) that produce higher ratios of inter-strand DNA breaks (vs more abundant single-strand breaks induced by CisPt and related compounds) and thus hamper the development of DNA repair mechanisms in cancer cells.



#### METHOD

- Evaluation of the effect of Aurki-Pt on isolated DNA from Escherichia coli using Atomic Force Microscopy (AFM) and Transmission Electron Microscopy (TEM).
- Evaluation of the effect of Aurki-Pt on DNA damage using comet assay.
- Evaluation of the antitumor effect of Aurki-Pt on the viability, proliferation, spheroid formation and survival of human CCA cells (EGI1 and HUCCT1), newly generated CisPt-resistant CCA cells (EGI1R), normal human cholangiocytes (NHC) and cancer-associated fibroblasts (CAFs) *in vitro*.
- Evaluation of Aurki-Pt uptake using indirect competition studies of known fluorescent substrate using flow cytometry and direct accumulation studies using HPLC-MS/MS.
- Evaluation of the effect of Aurki-Pt in a subcutaneous mouse model of CCA

CCA cells in vitro B)

(A) Indirect competition assay in the presence or absence of the typical inhibitor of each transporter or Aurki-Pts 10 µM (Quinine for OCT1 and OCT3; Rifampicin for OATP1A2). Substrate content was determined by flow cytometry. Bar graphs representing (B) Aurki-Pt#1 and (C) Aurki-Pt#2 uptake in HepG2 or CHO mock cells or overexpressing OCT1, or OCT3 / OATP1A2 / CTR1, respectively determined by HPLC-MS/MS. Data are shown as mean ± SEM.

#### RESULTS



± SEM. (# p<0.05 compared to DMF, \* p<0.05 compared to CisPt)



#### CONCLUSIONS

• Aurki-Pts selectively diminish CCA cell viability.

• Aurki-Pts induce higher DNA damage in CCA cells than CisPt, thus being more effective triggering apoptosis in vitro.

• Aurki-Pts induce cell death in CisPt resistant CCA cells.

• Aurki-Pts reduce CCA cell proliferation and induce spheroid shrinkage.

• Aurki-Pts reduce CAFs viability and induce CAFs cell death.

• The uptake of Aurki-Pts is mediated by OCT1, OCT3, **OATP1A2** and **CTR1**, which do not transport CisPt.

• Aurki-Pt#1, but not CisPt, halts CCA tumor growth in VÍVO.

• Aurki-Pts represent a promising therapeutic tool for naïve or CisPt-resistant CCA tumors.

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