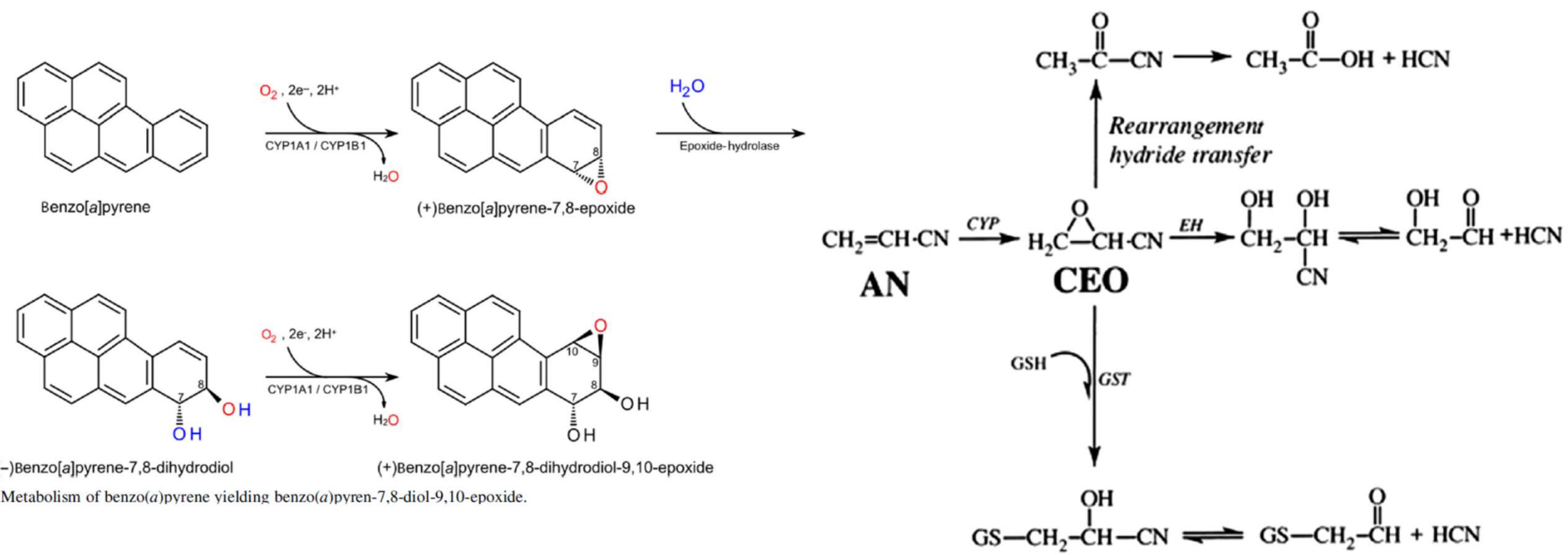
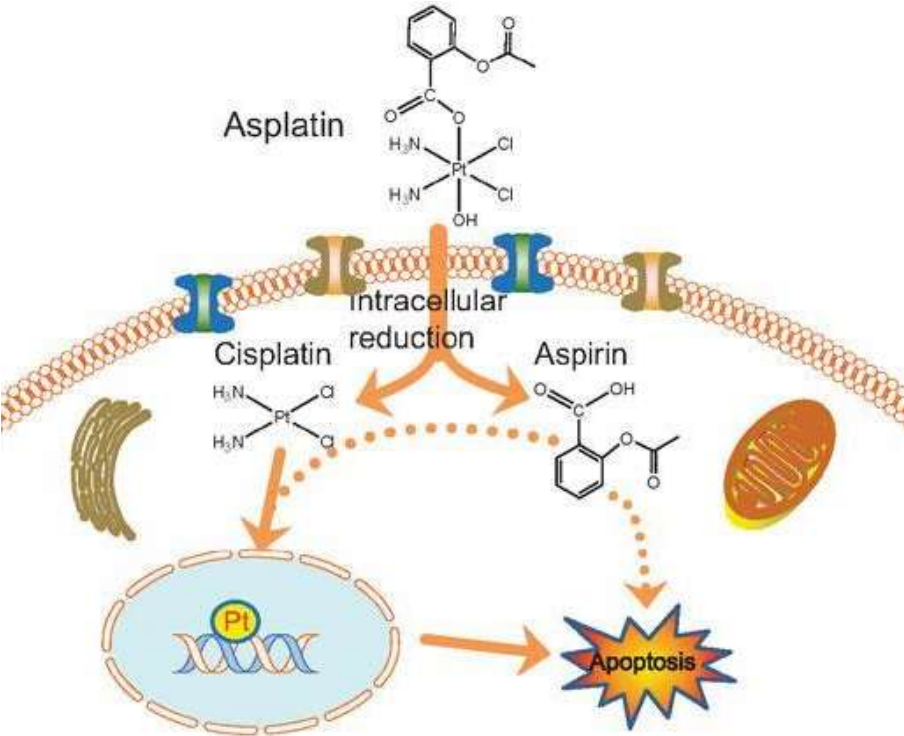
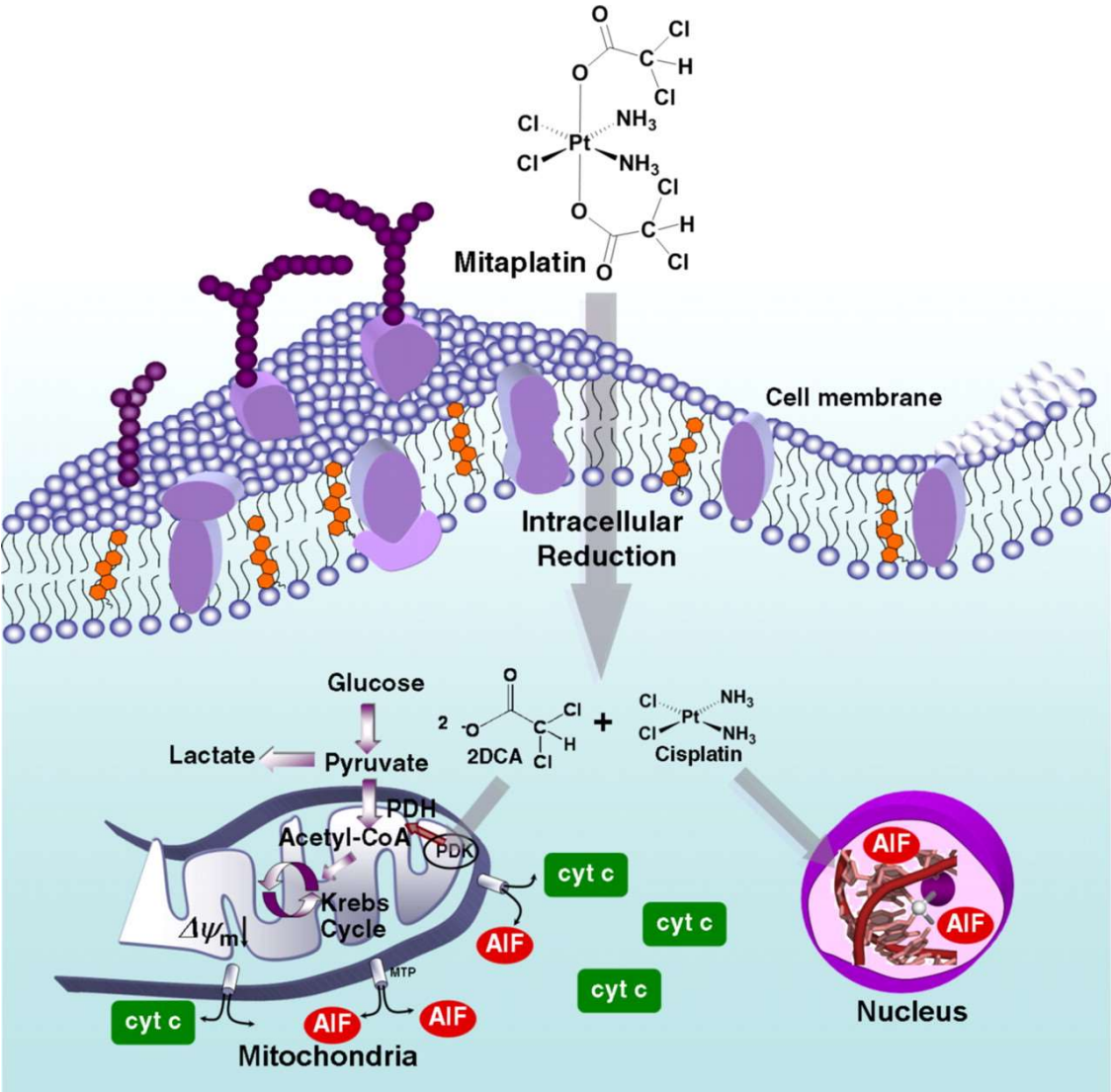


Glutathione: A cellular thiol detoxifying agent in synergy with CytP₄₅₀



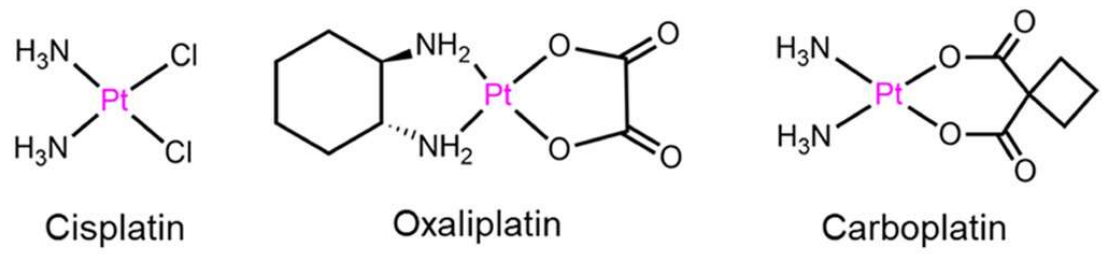
Moving from Pt(II) to Pt(IV): Limited Success??



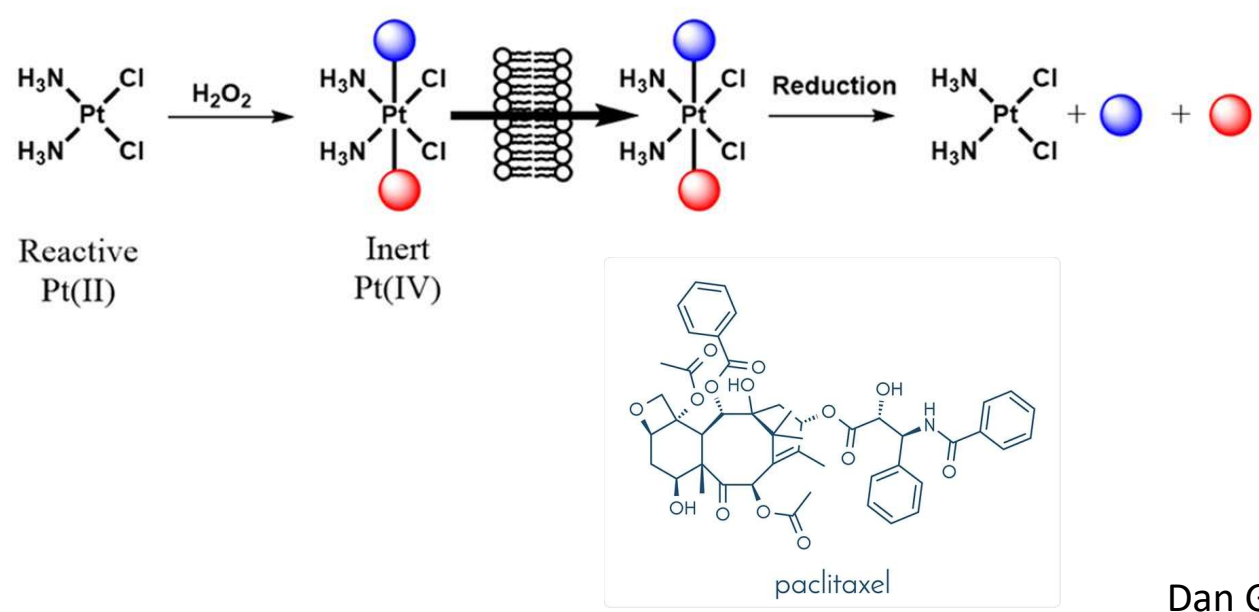
Lippard et al

Moving from Pt(II) to Pt(IV): Limited Success??

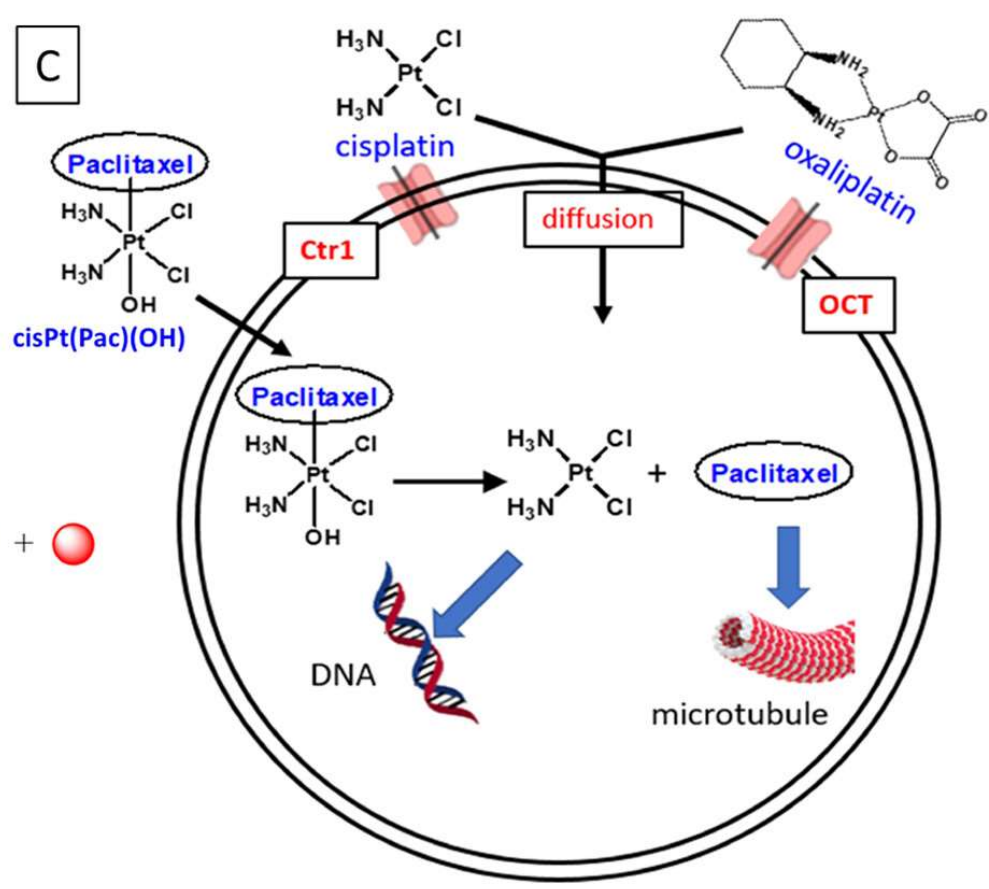
A



B

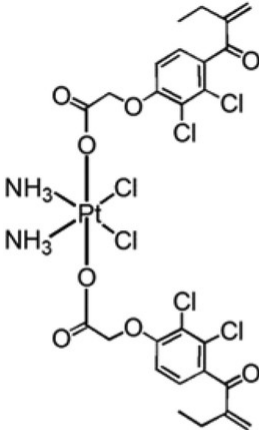


C

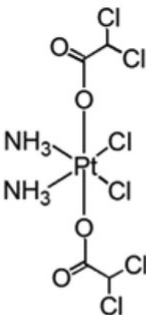


Dan Gibson and co-workers

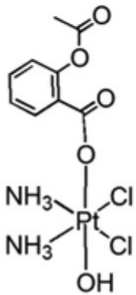
Moving from Pt(II) to Pt(IV): Limited Success??



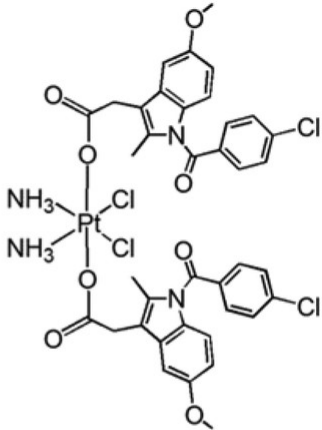
A



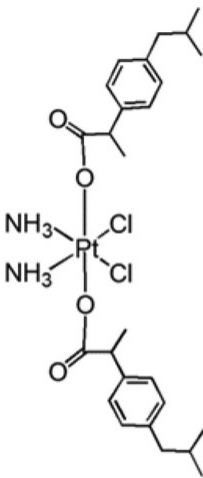
B



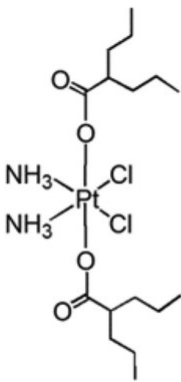
C



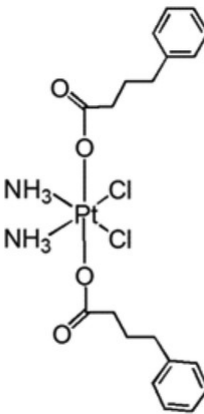
D



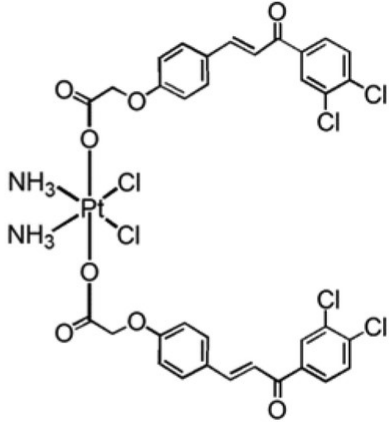
E



F



G

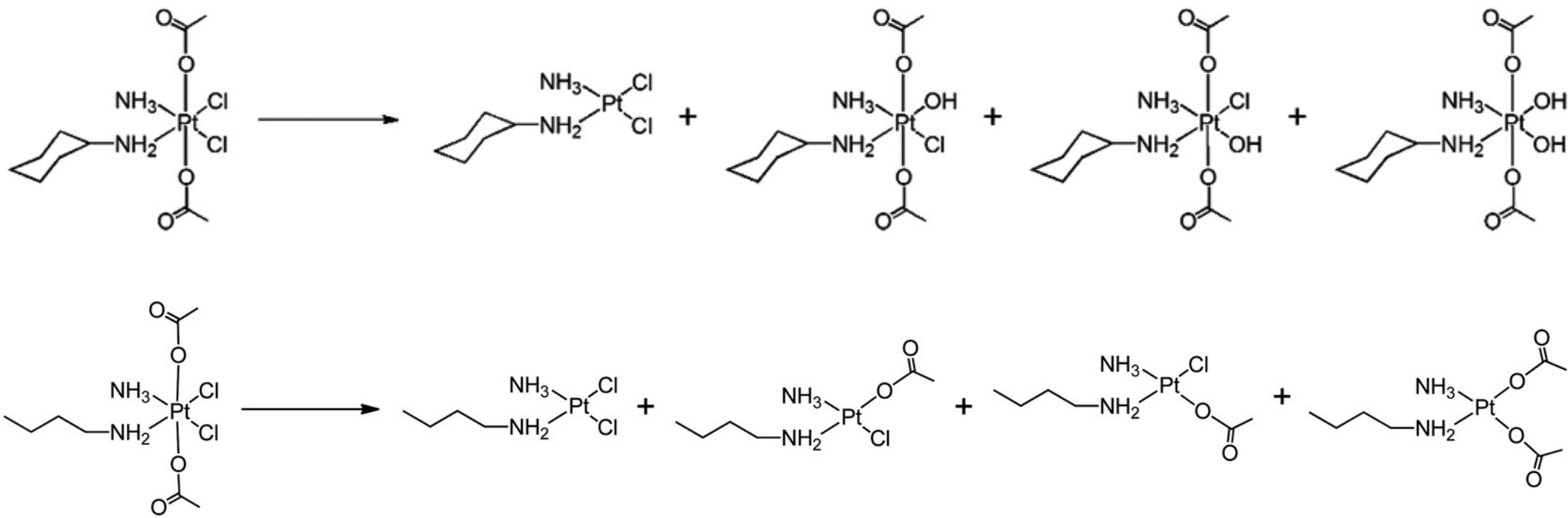


H

Moving from Pt(II) to Pt(IV): Limited Success -- Problem in Hypotheses???

- **Hypothesis:** stable in extracellular biological fluids
- **Satraplatin $[\text{Pt}(\text{NH}_3)(\text{c-hexylamine})(\text{OAc})_2\text{Cl}_2]$:** Only Pt(IV) drug advanced to Phase-III clinical trials in combination with prednisone, completed phase III clinical trials against Hormone Refractory Prostate Cancer (HRPC) by oral administration. Not approved by the FDA → overall survival was not significantly improved compared to existing treatment
- Advancement to Phase-III in the clinical trials by oral administration suggests that Pt(iv) complexes are sufficiently stable to be used as oral drugs.
- **Problem with Hypotheses:** Yet, once in the bloodstream, satraplatin metabolized and several distinct platinum metabolites were identified in plasma ultrafiltrates of patients. The major metabolite was the expected reduction product $\text{cis-}[\text{Pt}(\text{NH}_3)(\text{c-hexylamine})\text{Cl}_2]$ obtained from the loss of the two axial acetate ligands.
- Surprisingly, the other metabolites were Pt(IV) complexes where one or two chloride ligands were replaced by hydroxides.

Moving from Pt(II) to Pt(IV): Limited Success -- Problem in Hypotheses???



Moving from Pt(II) to Pt(IV): Limited Success -- Problem in Hypotheses???

