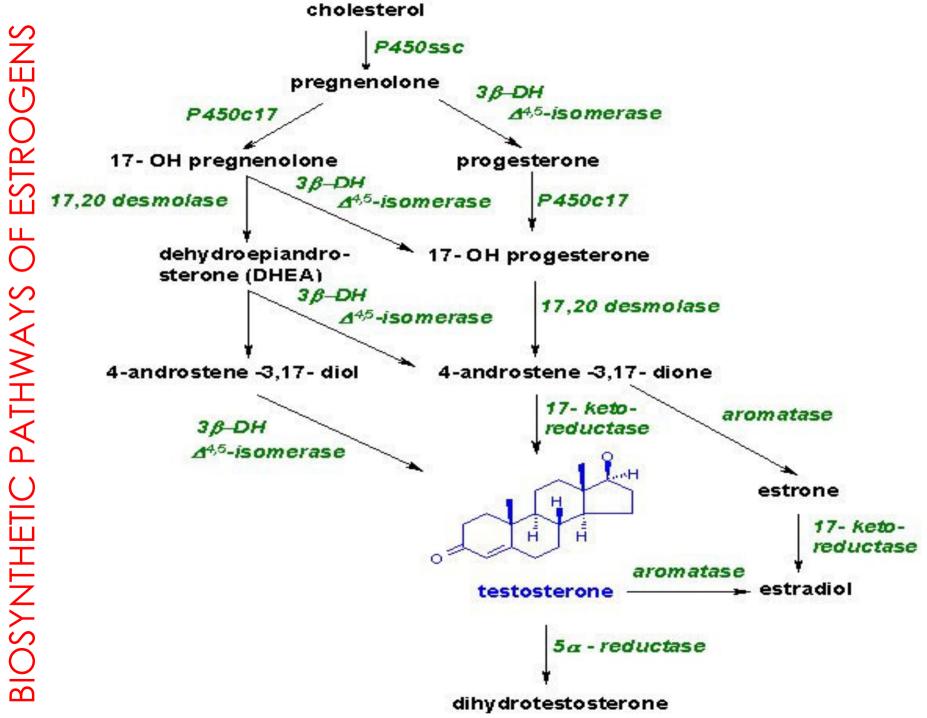
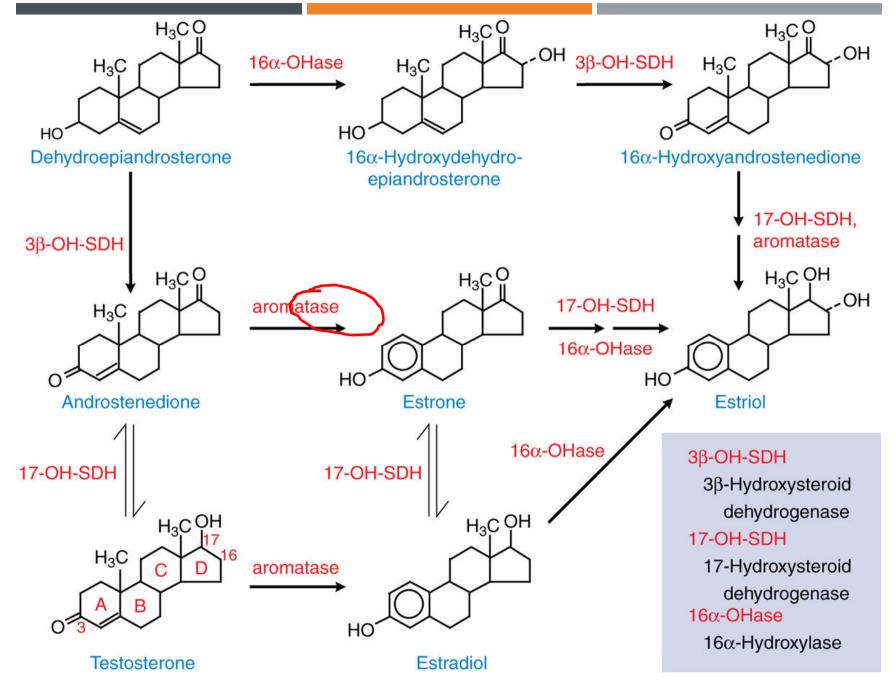
GONADAL HORMONES



BIOSYNTHETIC PATHWAYS OF ESTROGENS

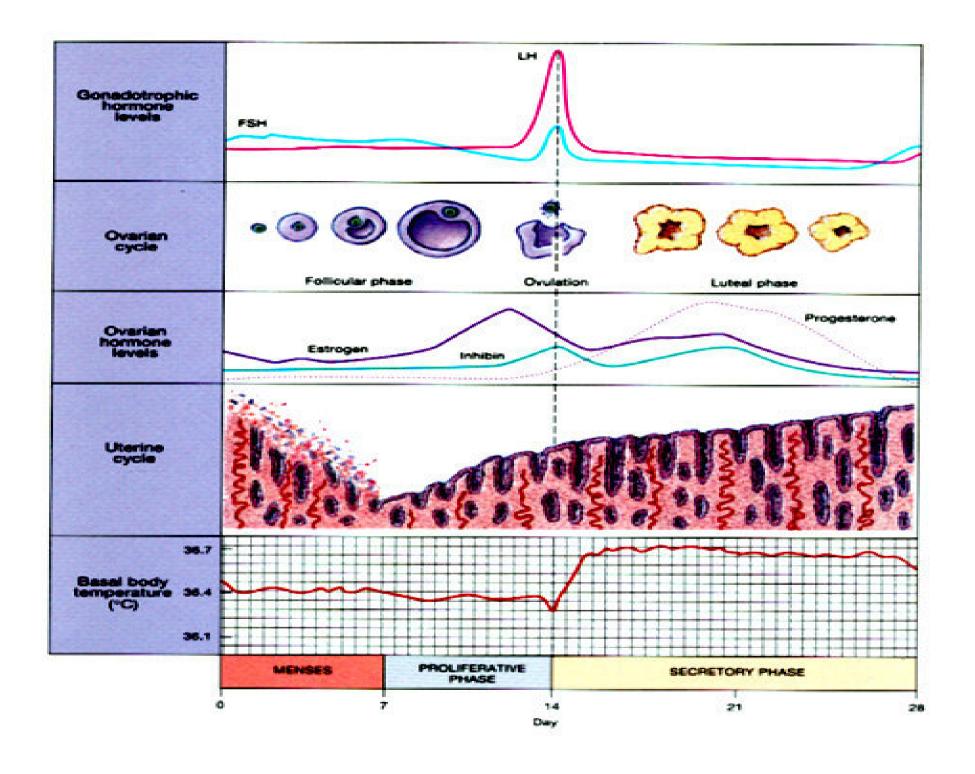


ESTRIOL

HO

ESTROGENS

- Estrogens include the natural hormones as well as semi-synthetic and synthetic (stilbene) agents
- Estrogens are used as hormone-replacement therapy (menopause), in oncology and as contraceptives
- Most estrogen in the female is produced in the ovaries by the theca interna and the granulosa cells of the follicles



ACTIONS OF ESTROGENS

- on sexual organs (primary and secondary sexual characteristics)
 - ovaries: stimulate follicular growth; small doses cause an increase in weight of ovary; large doses cause atrophy
 - <u>uterus</u>: endometrial growth
 - vagina: cornification of epithelial cells with thickening and stratification of epithelium
 - <u>cervix</u>: increase of cervical mucous with a lowered viscosity (favoring sperm access)
 - <u>breast</u>: cause enlargement of the breasts, shaping the body contours and the skeleton
 - Induces the growth of axillary and pubic hair and pigmentation of the genital tract.

ACTIONS OF ESTROGENS

- Development and maintenance of internal (fallopian tubes, uterus, vagina), and external genitalia
- skin: increase in vascularization, development of soft, textured and smooth skin
- bone: increase osteoblastic activity
- <u>electrolytes</u>: retention of Na⁺, Cl⁻ and water by the kidney
- <u>cholesterol</u>: hypocholesterolemic effect

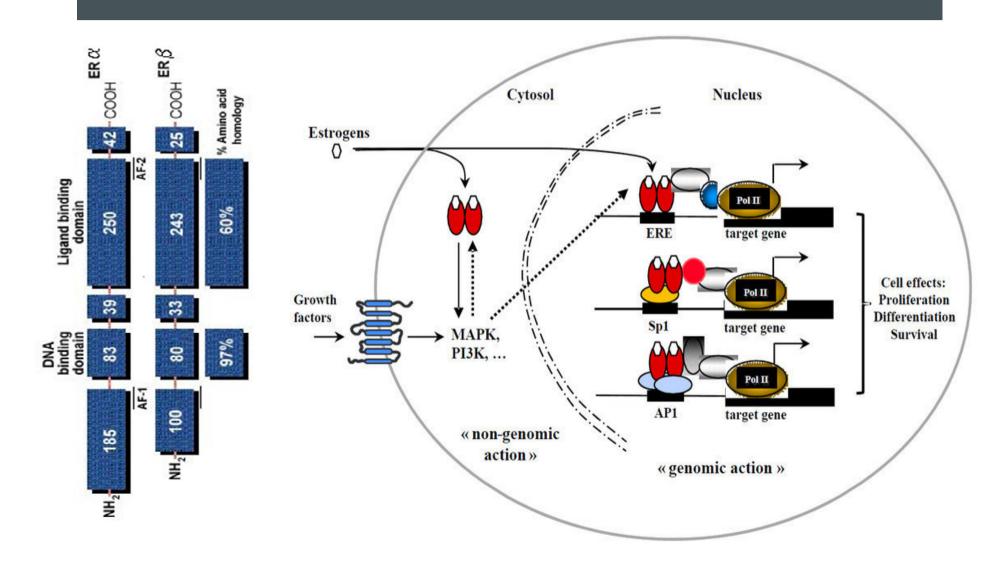
METABOLIC EFFECTS OF ESTROGENS

- Decrease stromal cell production of IL-1, IL-6, TNFalpha
- Increase the production of Insulin-like growth factor (IGF)-1, bone morphogenic protein (BMP)-6 and transforming growth factor (TGF)-beta which are antiresorptive.
- Increase osteoblast production of the cytokine osteoprotegrin (OPG). OPG antagonizes the binding of osteoprotegrin-ligand to its receptor (termed RANK, or receptor activator of NF-Kappa B) and prevents the differentiation of osteoclast precursors to mature osteoclasts.
- Estrogens increase the osteoclast apoptosis.
- Estrogen affects bone growth and epiphyseal closure in both sexes.

EFFECT ON LIPID METABOLISM AND COAGULATION

- Elevates HDL and decreases LDL and Lp(a)
- Alter bile composition by increasing cholesterol secretion and decreasing bile acid secretion. → Gallstone formation.
- Estrogens increase plasma levels of CBG, TBG, SSBG.
- Cause an increase in coagulation factor VII and XII. Decrease the anticoagulation factors protein C, protein S and antithrombin III. → <u>Thrombosis</u>
- Increase the fibrinolysis.
- In high concentration have antioxidant activity.
- Long-term administration of estrogens decrease the plasma renin, ACE, ET-1 production.
- Increase production of nitric oxide in the vascular wall.
- Increase melanin cc in the skin (chloasma gravidarum)

ESTROGEN RECEPTORS



- Conjugated estrogenic substances:
 - an amorphous preparation containing water soluble conjugated forms of mixed estrogens from the urine of pregnant mares (Premarin, Cenestin - synthetic conjugated estrogens)
- estradiol:
 - oral: Estrace
 - transdermal: Climara, Alora, Vivelle, Vivelle-Dot, Estraderm, FemPatch

- estrone:
 - Kestrone 5 (injectable only)
- esterified estrogen
 - (75-85% sodium estrone sulfate and 6- 15% sodium equilin sulfate)
 - Estratab; Menest
- estropipate (piperazine estrone sulfate)
 - Ogen; Ortho-Est

- Sustained-release injectables:
 - estradiol valerate in oil (Delestrogen; Valergen)
 - estradiol cypionate in oil (depGynogen; DepoGen)
 - duration of action from 3 to 8 weeks
 - esterified at C-17 hydroyl group

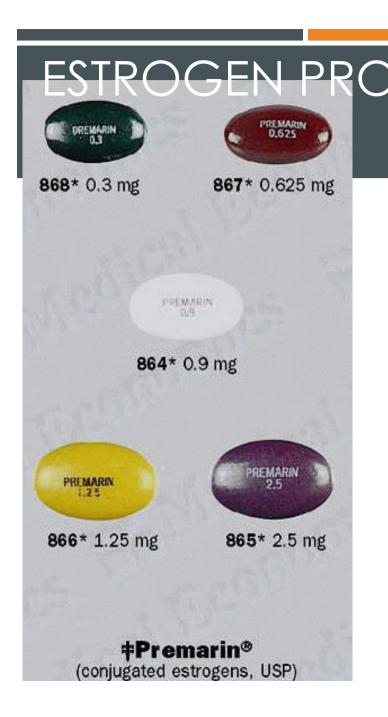
ESTROGEN PRODUCTS IN HUNGARY

- Estradiol
 - Dermestril
 - Divigel
 - Estrimax
 - Estrofem
 - Linoladiol
 - Vagifem
- Estriol
 - Estrokad
 - Ortho-Gynest D
 - Ovestin
- Tibolon
 - Livial



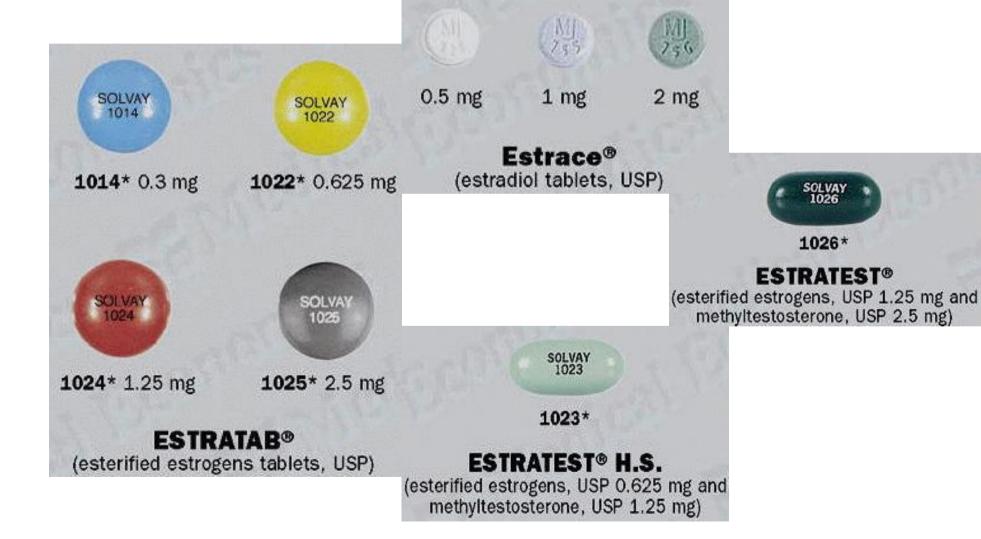








ESTROGEN PRODUCTS











DIETHYLSTIBESTROL

DIETHYLSTILBESTROL (DES)

- Synthesized in 1938.
- From about 1940 to 1970, DES was given to pregnant women under the mistaken belief it would reduce the risk of pregnancy complications and losses.
- In 1971, DES was shown to cause a rare vaginal tumor (adenocarcinoma) in girls and women who had been exposed to this drug in utero.
- In male babies: testicular hypoplasia, cryptorchism, epidydimal cysts.
- Breast cancer development in the mothers.

THERAPEUTIC USE OF ESTROGENS

- 1. Hormone replacement therapy: Conjugated estrogens: 0.625 mg/day for replacement (oral potency is lower than ethinyl estradiol. Means around 5-10 μg.)
- 2. Contraceptive: Ethinyl estradiol (EOD): 20-35 µg/day
- 3. Postmenopausal hormone-replacement therapy: prevention of bone loss and amelioration of vasomotor systems.
- 4. Vasomotor symptoms: hot flashes may alternate with chilly sensations, inappropriate sweating and paresthesias. Instead of estrogen medroxyprogesterone acetate can be administered.
- 5. Prevention of cardiovascular diseases, but thrombembolic disease and the incidence of gallstones are increased.
- 6. Neuroprotective effect: Delay the onset of Alzheimer's disease. The trial result is controversial.
- 7. Urogenital atrophy: dryness and itching of the vagina, pain during urination and intercourse, a need to urinate urgently and often, incontinence. Estrogen orally, vaginal cream, ring device.
- 8. Treatment of testosterone-dependent prostate carcinoma

SERMS – SELECTIVE ESTROGEN-RECEPTOR MODULATORS

- Clomiphen (Clomid, Omiphin), exception!!
- Tamoxifen
- Toremifen (Fareston)
- Raloxifen (Evista)
- Centchroman/Ormeloxifene (Saheli, Novex-DS, Centron, Sevista)
- Under development
 - Droloxifen
 - Idoxifen
 - Nafoxiden
- Common feature: variable actions depending on target tissue:
 - Agonist in bone
 - Partial agonist in endometrium
 - Antagonist in breast

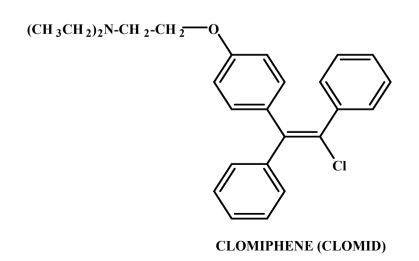




CLOMIPHENE CITRATE

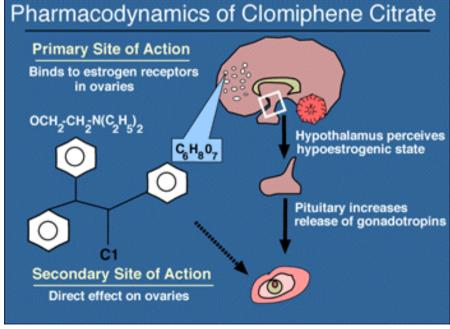
Adverse effects:

- vasomotor flushes (or hot flashes)
- abdominal discomfort
- visual blurring (dose-dependent)
- reversible ovarian enlargement and cyst formation
- twin formation!!!



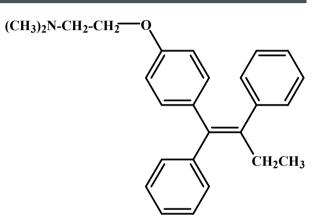
Fertility pill!!!





TAMOXIFEN

- Tamoxifen competitively binds to ER (on tumors)
- Nonsteroidal
- Causes cells to remain in the G0 and G1 phases
- Cytostatic rather than cytocidal
- Prodrug (2D6, 3A4)
- Side effects:
 - Bone
 - Cardiovascular and metabolic
 - CNS
 - Premature growth plate fusion
 - Agonist at bone
 - Partial agonist at uterus (cancer risk)
 - Antagonsit at breast



TAMOXIFEN (NOLVADEX)



RALOXIFENE (EVISTA)

- Agonist at bone
- Antagonist at breast and uterus
- no increased cancer risk
- Known as a SERM (selective estrogen receptor modulator)
- currently used to modify/ prevent postmenopausal osteoporosis

RALOXIFENE (EVISTA)

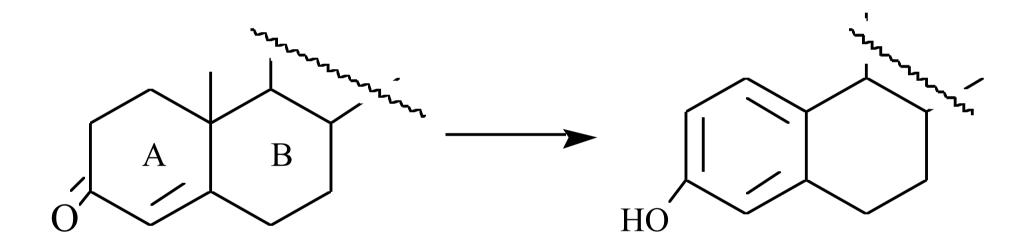


ESTROGEN RECEPTOR ANTAGONISTS

- Fulvestrant (Faslodex)
 - 30 x stronger than tamoxifen
 - Ind: breast cancer



STEROID AROMATASE



Estrogens

AROMATASE INHIBITORS

- Aromatase is a cytochrome P450 enzyme that catalyzes the conversion of adrenal androgen androstenedione to estrone in both pre- and post menopausal women
- Reaction occurs in the liver, muscle, adipose and breast tissue
- In post-menopausal women, aromatization is responsible for the majority of circulating estrogen
- Aminoglutethimide was used but has now been replaced by more selective drugs
- Drugs may be steroidal (formestan, exemestane) or non-steroidal (anastrozole, letrozole, vorozole)
- Estrogen deprivation through aromatase inhibition is an effective and selective treatment for some post-menopausal patients with hormone-dependent breast cancer
- Second line drugs in the treatment of breast cancer

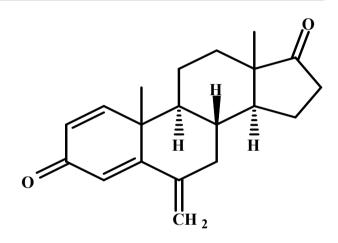
AROMATASE INHIBITORS

ANASTROZOLE (ARIMIDEX)

- both of these drugs are used in the treatment of advanced
- breast cancer in post-menopausal women with disease
- progression following tamoxifen therapy

EXEMESTANE (AROMASIN)

- 6-methylenandrosta-1,4-diene-3,17-dione
- structurally related to androstenedione
- acts as an <u>irreversible</u> (suicide) <u>inhibitor</u> of aromatase
- has no effect on other enzymes involved in steroidogenesis
- indicated for the treatment of advanced breast cancer in postmenopausal women whose disease has progressed following tamoxifen therapy



EMESTANE (AROMASIN)



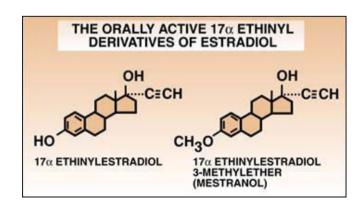
QUINESTROL

- is a prodrug of ethinylestradiol (EE), with no estrogenic activity of its own
- used in menopausal hormone therapy
- hormonal birth control
- to treat breast cancer and prostate cancer
- very long biological half-life of more than 120 hours (5 days)



SEMI-SYNTHETIC ESTROGENS

- Very commonly utilized in oral contraceptive products
- ethinyl estradiol is more potent than mestranol



ETHINYL ESTRADIOL

PROGESTERONE AND PROGESTINS

- Drugs which mimic the action of progesterone
- complement the action of estrogen on primary and secondary sex characteristics
- many are used as oral contraceptives:
 - norgestrel, levonorgestrel, norethindrone, norethindrone acetate, norethynodrel, ethynodiol diacetate, desogestrel and norgestimate

EFFECTS OF PROGESTINS

Reproductive tract

- Decreases the frequency of the hypothalamic pulse generator.
- Endocervical glands: scant, viscid material, helps to block the penetration of sperms.
- Suppress menstruation and uterine contractility.
- Breakthrough bleeding can occur!

Mammary Gland

With estrogen causes the proliferation of the acini of mammary gland.

CNS effects

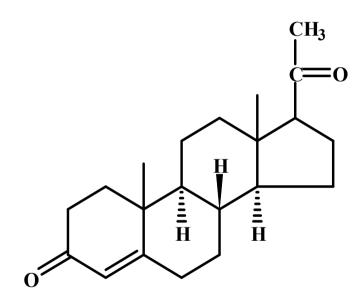
- At midcycle the body core temperature is elevated by $0.5 \, \mathrm{C}^{\circ}$. \rightarrow ovulation. Temperature increase is persists until the onset of menstruation.
- Depressant and hypnotic effect.

Metabolic effects

- Increase the basal insulin level. Long-term administration of potent progestins (norgestrel) **decrease glucose tolerance**.
- Increase LPL and fat deposition. Increase LDL level.
- \blacksquare \downarrow HDL and \uparrow LDL
- Hirsutism and acne (androgenic effect)

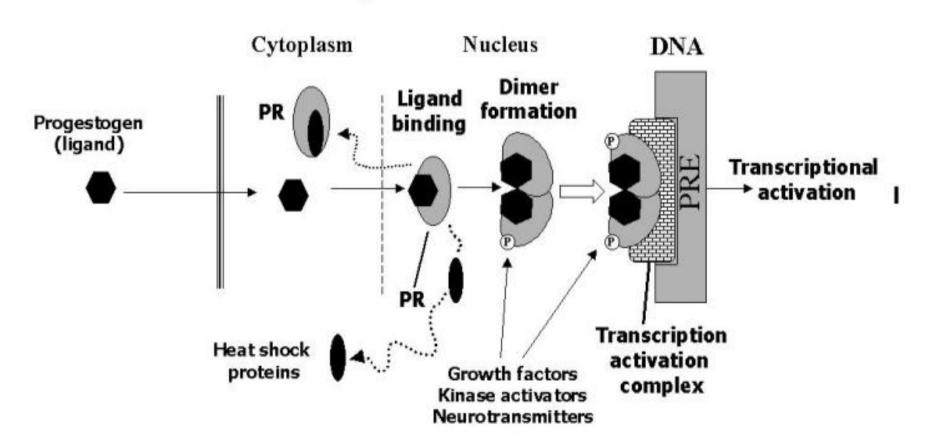
PROGESTERONE

- Natural hormone secreted
- by the corpus luteum and the
- placenta (a C-21 steroid).
- It is also an important intermediate in steroid biogenesis in all tissues that produce steroids (testes, adrenal cortex).
- Intestinal absorption is quite erratic; must be micronized for
- most effective absorption (Prometrium)

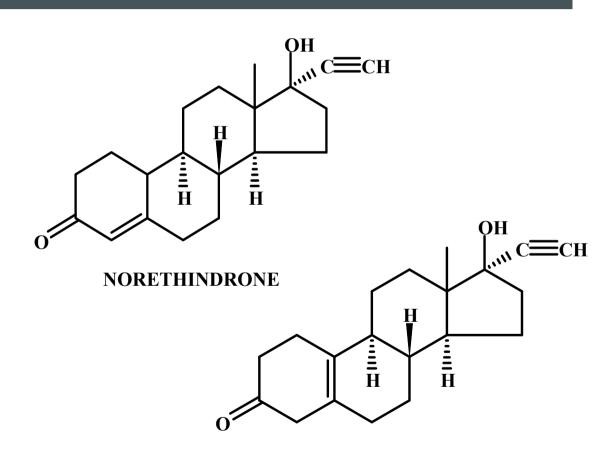


PROGESTERONE

Schematic representation of progesterone receptor binding and transactivation



- Chemical analogues of testosterone some retain some
- androgenic activity such as norethindrone



NORETHINODREL

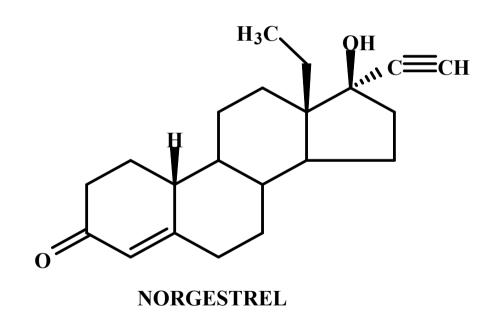
$$H_3C$$
 OH CH_2 H_2C H H

DESOGESTREL

ETHYNODIOL DIACETATE

Devoid of androgenic and anti-estrogenic activites!!!

 Both the racemic and the optically pure (levonorgestrel) are used in oral contraceptive products



ETONORGESTREL

- Vaginal rings
- provide controlled release of drugs for intravaginal administration over extended periods of time.
- self-administered once a month
- leaving the ring in for three weeks
- slowly releases hormones into the body

$$H_2C$$
 H_2C
 OH
 $C \equiv CH$

ETONORGESTREL (NUVARING)

- Some 19-nor steroids can be metabolized to estrogenic compounds
- these progestins then exhibit estrogenic activity
 - norethynodrel and ethynodiol diacetate have estrogenic activity

17-HYDROXY ESTERIFIED PROGESTINS

MEDROXYPROGESTERONE ACETATE

HYDROXYPROGESTERONE CAPROATE

 Medroxyprogesterone acetate is a very popular orally effective progestin (Provera)

PROGESTINS AVAILABLE IN HUNGARY

- Medroxyprogesterone (PROVERA)
- Progesterone (CRINONE, UTROGESTAN)
- Dydrogesterone (DUPHASTON)
- Norethisterone (NORCULUT)





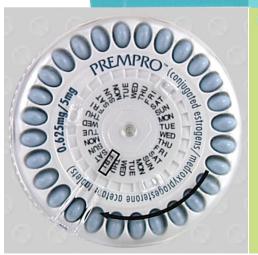




COMBINED ESTROGENS AND PROGESTINS

- Currently very popular forms for HRT
- combine an estrogen (natural or semi-synthetic) with an orally effective progestin
 - Prempro and Premphase
 - FemHRT
 - Combipatch







GONADOTROPINS FOR OVULATION STIMULATION (DRUGS IN HUNGARY)

- Chorionic gonadotrophin (CHORAGON, PREGNYL)
- Human menopausal gonadotrophin (MENOPUR, MERIONAL)
- Urofollitropin (FOSTIMON)
- Follitropin alpha (GONAL)
- Follitropin beta (PUREGON)
- Lutropin (LUVERIS)
- Choriogonadotripin alpha (OVITRELLE)
- Corifollitropin alpha (ELONVA)

PROGESTIN ANTAGONIST

Mifepristone

- Glucocorticoid receptor antagonist as well
- Abortifacient (used with PGs)