

PhytoIntelligence-Based Diagnostic-Specific Nutraceutical Formulation for Wilms Tumor

PhytoIntelligence v1.1 (AI-generated)

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1 Introduction and Background

Wilms tumor (nephroblastoma) is the most common pediatric renal cancer, typically presenting in children under 5 years old. Genetic and epigenetic abnormalities, such as mutations in the WT1 gene and overexpression of IGF2, contribute to tumor initiation and progression. Dysregulation of pathways including Wnt/ β -catenin, PI3K/AKT/mTOR, and p53 has been documented.

Given the complex, multi-pathway etiology of Wilms tumor, a phytochemical formulation must address multiple targets simultaneously. The PhytoIntelligence framework enables the development of such formulations through AI-driven literature mining, molecular docking, pharmacokinetic modeling, synergy analysis, and regulatory compliance.

2 Research Question

Can the PhytoIntelligence framework be applied to design a pediatric-safe, multi-target nutraceutical formulation for Wilms tumor that demonstrates synergistic anti-cancer activity through Wnt/ β -catenin, mTOR inhibition, and immune modulation?

3 Hypothesis

By integrating AI-guided compound selection with pharmacokinetic optimization and synergy modeling, we hypothesize that a safe and effective pediatric nutraceutical formulation for Wilms tumor can be developed. This formulation is expected to:

- Inhibit Wnt/ β -catenin and mTOR pathways
- Promote apoptosis and detoxification
- Demonstrate high synergy and low toxicity

4 Materials and Methods

4.1 Mathematical Framework

$$C_{Wilms} = \sum_{i=1}^n (M_i \cdot V_i \cdot P_i \cdot B_i \cdot S_i \cdot R_i \cdot D_i) \quad (1)$$

4.2 Candidate Compounds

Compounds were selected based on AI-assisted mining and evaluated across seven dimensions: identification score (M_i), validation score (V_i), pharmacokinetics (P_i), bioavailability (B_i), synergy (S_i), regulatory status (R_i), and dosage safety (D_i).

Table 1: Proposed Phytochemical Ingredients for Wilms Tumor Formulation

Compound	Daily Dose (mg)	Primary Actions	Target Pathways
Curcumin	100	Anti-inflammatory, apoptotic	Wnt/ β -catenin, NF- κ B
Resveratrol	25	Apoptosis, angiogenesis inhibition	p53, PI3K/AKT
Genistein	50	mTOR inhibition, antioxidant	mTOR, ERK
Luteolin	30	Anti-proliferative, immunomodulatory	STAT3, TNF- α
Sulforaphane	20	Detoxification, epigenetic modulation	Nrf2, HDAC
Piperine	2	Bioavailability enhancement	CYP450 modulation

4.3 Synergy and Safety Modeling

$$S_i = \frac{\sum_{j=1}^n (M_i \cdot M_j)}{T} \quad (2)$$

$$R_i \cdot D_i = (R_{FDA} \cdot R_{EFSA} \cdot R_{WHO} \cdot R_{Organic}) \cdot S_{NOAEL} \quad (3)$$

Pediatric safety was assessed via NOAEL references and literature on child-safe dosages. Regulatory compliance scores were derived from FDA and EFSA botanical ingredient registries.

5 Results and Discussion

5.1 Mechanisms of Action

- **Curcumin, Luteolin:** Wnt/ β -catenin inhibition, anti-inflammatory activity
- **Genistein, Resveratrol:** mTOR and p53 pathway modulation
- **Sulforaphane:** Epigenetic regulation via Nrf2/HDAC
- **Piperine:** Increased systemic bioavailability of polyphenols

5.2 Pediatric Considerations

Doses were minimized based on pediatric NOAEL data. Compounds like genistein and piperine, though potent, were included in reduced quantities and flagged for further toxicological validation.

5.3 Regulatory Compliance

All ingredients hold GRAS status or EFSA-approved food additive classification. Dosages were aligned with pediatric safety margins.

6 Conclusion and Future Directions

This proposed formulation, developed using the PhytoIntelligence framework, presents a theoretically safe and multi-target nutraceutical for Wilms tumor. The next steps include:

- Molecular docking simulations targeting WT1, IGF2, and β -catenin
- In vitro testing on Wilms tumor cell lines
- In vivo pediatric animal model validation

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References

Available upon request or via supplemental materials.