

Plants as a source of anti-cancer and anti-HIV agents

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Summary

Plant-derived compounds have played an important role in the development of several clinically useful anti-cancer agents. These include vinblastine, vincristine, the camptothecin derivatives, topotecan and irinotecan, etoposide, and paclitaxel (Taxol®). Several promising new agents are in clinical development based on selective activity against cancer-related molecular targets, including flavopiridol and Combretastatin A4 phosphate. Recently, plants have yielded several agents showing anti-AIDS activity, and one of these, (+)-calanolide A, is in clinical development.

Key words: AIDS, cancer, drugs, HIV, plant products

Introduction

Over the ages, humans have relied on nature for their basic needs for the production of foodstuffs, shelters, clothing, means of transportation, fertilisers, flavours and fragrances, and not least, medicines. Plants have formed the basis of sophisticated traditional medicine systems that have been in existence for thousands of years in countries, such as China (Chang & But, 1986) and India (Kapoor, 1990). These plant-based systems continue to play an essential role in health care; it has been estimated by the World Health Organisation that approximately 80% of the world's inhabitants rely mainly on traditional medicines for their primary health care, while plant products also play an important role in the health care systems of the remaining 20% of the population mainly residing in developed countries (Farnsworth *et al.*, 1985). Well-known examples of plant-derived medicinal agents include the antimalarial drug quinine, obtained from the bark of *Cinchona officinalis*, the analgesics, codeine and morphine from *Papaver somniferum*, the antihypertensive reserpine from *Rauwolfia serpentina*, and the cardiac glycoside, digoxin from *Digitalis purpurea* (Kinghorn, 1994).

Plant-Derived Anti-Cancer Agents in Development and Clinical Use

Over 60% of currently used anticancer agents are derived in one way or another from natural sources (Cragg *et al.*, 1997). Plants have a long history of use in the treatment of cancer (Hartwell, 1982), though many of the claims for the efficacy of such treatment should be viewed with some scepticism because cancer, as a specific disease entity, is likely

to be poorly defined in terms of folklore and traditional medicine (Cragg *et al.*, 1994). The first agents to advance into clinical use were the so-called vinca alkaloids, vinblastine and vincristine (Fig. 1; A), isolated from the Madagascar periwinkle, *Catharanthus roseus*, which was used by various cultures for the treatment of diabetes. These drugs were first discovered during an investigation of the plant as a source of potential oral hypoglycaemic agents; therefore, their discovery may be indirectly attributed to the observation of an unrelated medicinal use of the source plant (Cragg *et al.*, 1994). More recent semi-synthetic analogues of these agents are vinorelbine and vindesine (Newman *et al.*, 2000). The two clinically-active agents, etoposide and teniposide, which are semi-synthetic derivatives of the natural product epipodophyllotoxin (Fig. 1; B), may be considered as being more closely linked to a plant originally used for the treatment of "cancer". Epipodophyllotoxin is an isomer of podophyllotoxin which was isolated as the active anti-tumour agent from the roots of various species of the genus *Podophyllum*. These plants possess a long history of medicinal use by early American and Asian cultures, including the treatment of skin cancers and warts (Cragg *et al.*, 1994).

More recent additions to the armamentarium of plant-derived chemotherapeutic agents are the taxanes and camptothecins. Paclitaxel (Fig. 1; C) (Kingston, 2001) initially was isolated from the bark of *Taxus brevifolia*, collected in Washington State as part of a random collection programme by the US Department of Agriculture for the National Cancer Institute [NCI] (Cragg *et al.*, 1993a). The use of various parts of *T. brevifolia* and other *Taxus* species (e.g. *canadensis*, *baccata*) by several Native

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American tribes for the treatment of some non-cancerous conditions has been reported (Hartwell, 1982), while the leaves of *T. baccata* are used in the traditional Asiatic Indian (Ayurvedic) medicine system (Kapoor, 1990), with one reported use in the treatment of "cancer" (Hartwell, 1982). Paclitaxel, along with several key precursors (the baccatins), occurs in the leaves of various *Taxus* species, and the ready semi-synthetic conversion of the relatively abundant baccatins to paclitaxel, as well as active paclitaxel analogs, such as docetaxel (Cortes & Pazdur, 1995), has provided a major, renewable natural source of this important class of drugs. Likewise, the clinically-active agents, topotecan (hycamtamine), irinotecan (CPT-11; CAMPTOSAR) and 9-aminocamptothecin, are semi-synthetically derived from camptothecin (Fig. 1; D), isolated from the Chinese ornamental tree, *Camptotheca acuminata* (Potmeisel & Pinedo, 1995). Camptothecin (as its sodium salt) was advanced to clinical trials by NCI in the 1970s, but was dropped because of severe bladder toxicity.

Other examples of plant-derived agents currently in investigational use are homoharringtonine, isolated from the Chinese tree, *Cephalotaxus harringtonia* var. *drupacea* (Sieb and Zucc.), and elliptinium, a derivative of ellipticine, isolated from species of several genera of the *Apocynaceae* family, including *Bleekeria vitensis*, a Fijian medicinal plant with reputed anticancer properties (Cragg *et al.*, 1994). Homoharringtonine has shown efficacy against various leukemias, while elliptinium is marketed in France for the treatment of breast cancer (Cragg *et al.*, 1993b). The flavone, flavopiridol (Fig. 2; 1), is totally synthetic, but the basis for its novel structure is a natural product, rohitukine, isolated from *Dysoxylum binectariferum*. It is currently in Phase II clinical trials against a broad range of tumours (Christian *et al.*, 1997). While flavopiridol alone is probably not a viable treatment, use of the compound in conjunction with other agents such as paclitaxel and cisplatin has led to partial and complete remissions in a number of Phase I patients, leading to Phase II studies in patients with a variety of paclitaxel-resistant tumors (Kaubisch & Schwartz, 2000). Similar trials are currently underway in many centers as can be seen by a search of the NCI web-based clinical trials database (http://www.cancer.gov/search/clinical_trials).

The combretastatins, derived from *Combretum caffrum*, are a family of stilbenes which act as anti-angiogenic agents, causing vascular shutdown in tumours and resulting in tumour necrosis (Holwell *et al.*, 2002). A water-soluble analogue, combretastatin A-4 phosphate, has shown promise in early clinical trials. A number of other plant-derived agents were entered into clinical trials and were terminated due to lack of efficacy or

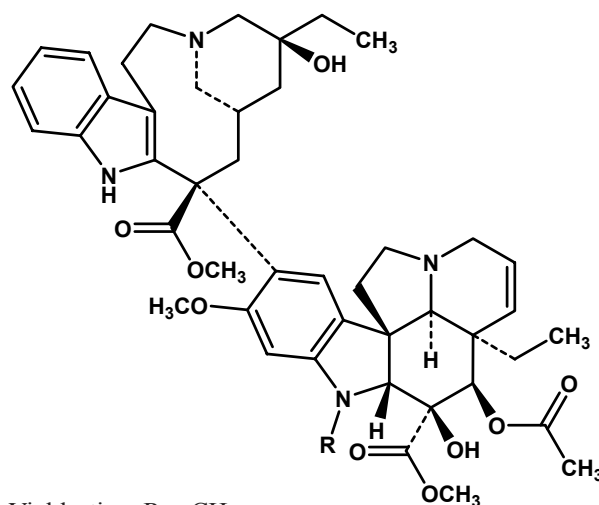
unacceptable toxicity. Some examples are acronycine, bruceantin, maytansine and thalicarpine (Cragg *et al.*, 1993a). Others in various stages of pre-clinical development are betulin, which exhibits selective activity against melanoma cell lines (Pisha *et al.*, 1995), and thapsigargin analogues which have shown promising *in vivo* activity when conjugated to a hexapeptide targeting prostate cancers (Jakobsen *et al.*, 2001). Both these drugs are in development through the NCI Rapid Access to Intervention Development (RAID) program, which assists academic investigators in the pre-clinical development of agents showing promising anti-tumour activity (http://dtp.nci.nih.gov/docs/raid/raid_index.html).

Plant-Derived Cell Cycle Target Inhibitors

(Newman *et al.*, 2002)

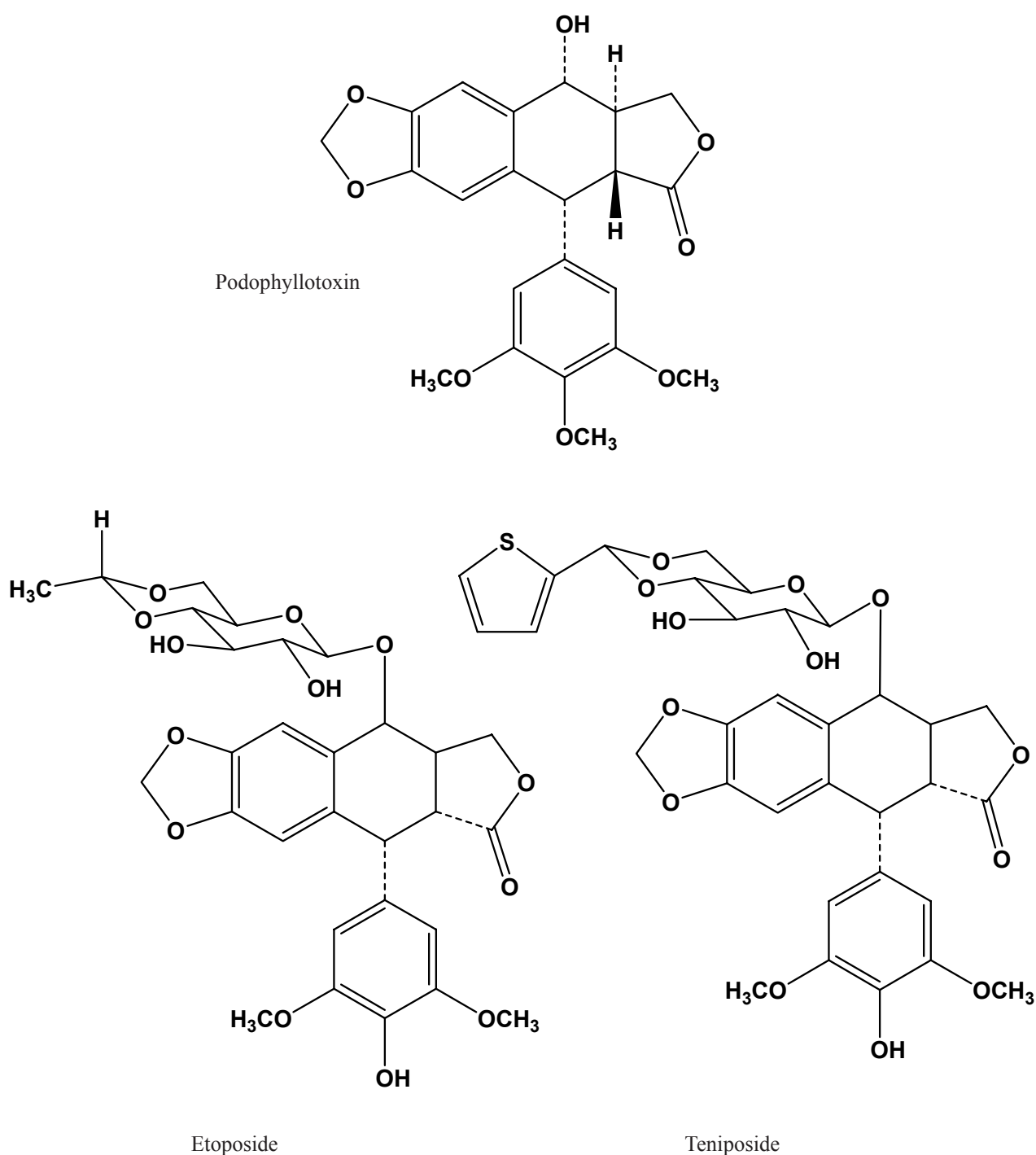
Up to the early 1990s, the discovery of novel anti-tumour agents from natural sources was largely based on testing for cytotoxic activity against cancer cell lines grown either *in vitro* or using *in vivo* models. Many of the naturally derived anti-cancer agents originally discovered using such assays have been shown to exert their cytotoxic action through interaction with tubulin. Thus agents such as vinblastine, vincristine, colchicine, combretastatin and maytansine promote the depolymerisation of tubulin (Rowinsky & Donehower, 1996), while, in the case of the taxanes, microtubules are "bundled" as a result of stabilisation against depolymerisation (Rowinsky, 1997). The search for more effective tubulin-interactive agents continues, and recently discovered taxol mimics include the microbial metabolites, the epothilones, and the marine invertebrate metabolites, discodermolide, eleutherobin, sarcodictyins and the laulimalides (He

Fig. 1A. Vinblastine/Vincristine



Vinblastine; R = CH₃
Vincristine; R = CHO

Fig. 1B. Podophyllotoxin and Derivatives



et al., 2001). Other important examples are the camptothecin derivatives, topotecan and irinotecan, which exert their cytotoxic action through inhibition of topoisomerase I, a fundamental enzyme complex involved in DNA “winding and unwinding”.

With the identification of an increasing number of molecular targets associated with particular cancers, anti-cancer drug discovery is now based on high throughput screening of compounds against a range of such targets. Cyclin-dependent kinases (CDKs), together with their cyclin partners, play a

Fig. 1C. Paclitaxel (Taxol®)

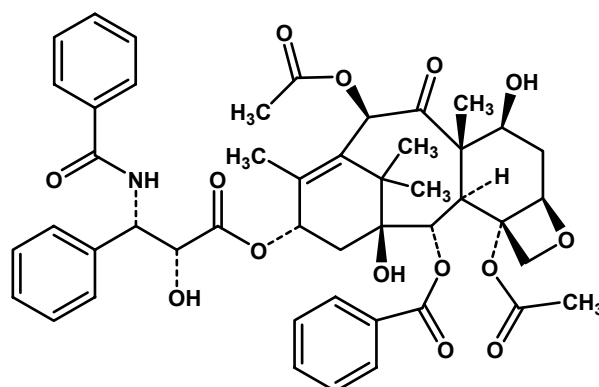


Fig. 1D. Camptothecin Derivatives

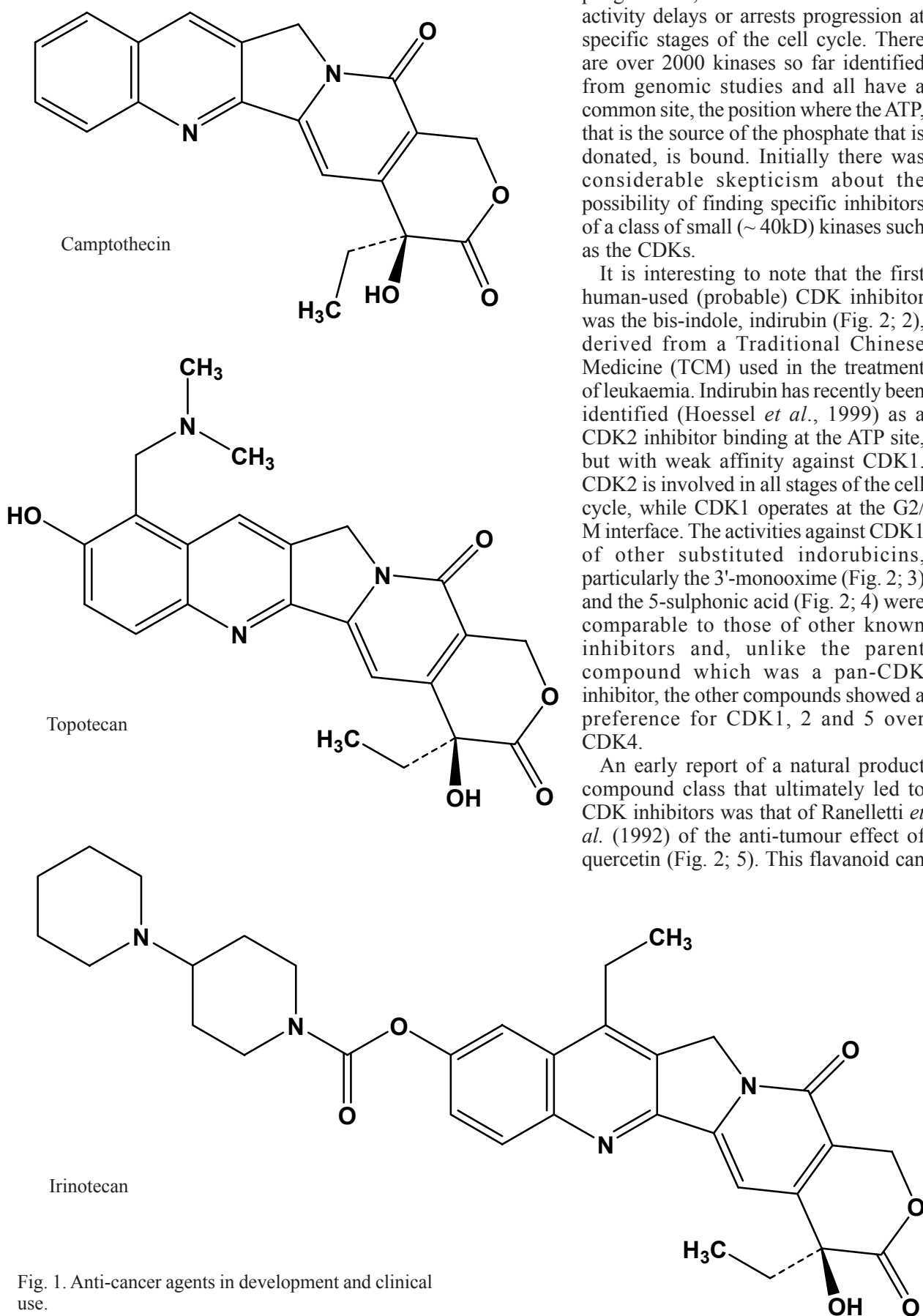


Fig. 1. Anti-cancer agents in development and clinical use.

be thought of as an ATP-mimic where the planar bicyclic chromone ring system is an isostere of adenine. Quercetin was shown to exert its anti-tumour effect through blocking cell cycle progression at the G0/G1 interface, consistent with CDK inhibition; however, a close analogue, myricetin (Fig. 2; 6), shows an IC_{50} close to $10\text{ }\mu\text{M}$ versus CDK2 (Walker, 1998). Flavopiridol (Fig. 2; 1) showed about a 100 fold more selectivity for CDKs compared to its activity for tyrosine kinases (Sielecki *et al.*, 2000), and was the first compound identified by the NCI as a potential anti-tumour agent that subsequently was proven to be a relatively specific CDK inhibitor (Losiewicz *et al.*, 1994).

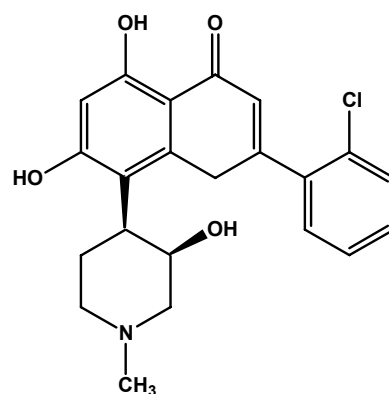
Plant-Derived Anti-HIV Agents

From 1987 to 1996, the NCI tested over 30 000 plant extracts in an *in vitro* cell-based anti-HIV screen which determined the degree of HIV-1 replication in treated infected lymphoblastic cells versus that in treated uninfected control cells. Several natural products have shown *in vitro* activity (<http://www.niaid.nih.gov/daids/dtpdb/natprod.htm>), and four of these have advanced into pre-clinical development.

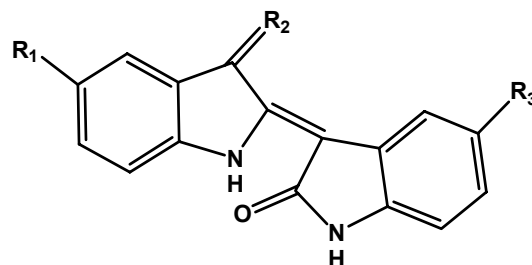
Michellamine B (Fig. 3; 7) was isolated as the main *in vitro* active agent from the leaves of the liana, *Ancistrocladus korupensis*, collected in the Korup region of southwest Cameroon (Boyd *et al.*, 1994). Continuous infusion studies in dogs indicated that *in vivo* effective anti-HIV concentrations could only be achieved close to toxic dose levels. Thus, despite *in vitro* activity against an impressive range of HIV-1 and HIV-2 strains, the difference between the toxic dose level and the anticipated level required for effective antiviral activity was small, and NCI decided to discontinue further studies aimed at clinical development. However, the discovery of novel antimalarial agents, the korupensamines, from the same species (Hallock *et al.*, 1994), adds further promise for this species.

An extract of the leaves and twigs of the tree, *Calophyllum lanigerum*, collected in Sarawak, Malaysia in 1987, yielded (+)-calanolide A (Fig. 3; 8) which showed significant anti-HIV activity (Kashman *et al.*, 1992). Efforts to relocate the original tree failed, and collections of other specimens of the same species gave only trace amounts of calanolide A. A detailed survey of *C. lanigerum* and related species discovered that latex of *Calophyllum teysmanii* yielded extracts with significant anti-HIV activity. The active constituent was found to be (-)-calanolide B (Fig. 3; 9), which was isolated in yields of 20% to 30%. While (-)-calanolide B is slightly less active than (+)-calanolide A, it has the advantage of being readily available from the latex which is tapped in a sustainable

manner by making small slash wounds in the bark of mature trees without causing any harm to the trees. The calanolides were licensed by NCI/NIH to Medichem Research, Inc., which, as required by the NCI Letter of Collection (Mays *et al.*, 1997), negotiated an agreement with the Sarawak State Government. The drugs are being developed by Sarawak Medichem Pharmaceuticals, a joint venture company formed between the Sarawak State Government and Medichem Research, Inc. (+)-Calanolide A (which has been synthesised by



1 Flavopiridol



2 Indirubin

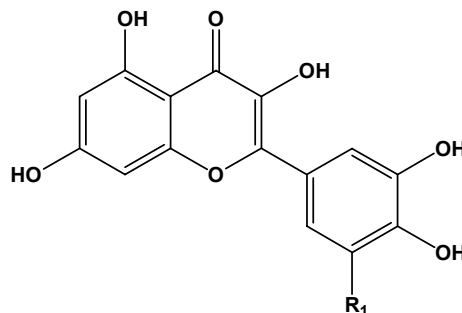
R1 = H R2 = O R3 = H

3 Indirubin-3'-monooxime

R1 = H R2 = N-OH R3 = H

4 Indirubin-5-sulphonic acid

R1 = H R2 = O R3 = SO₃H



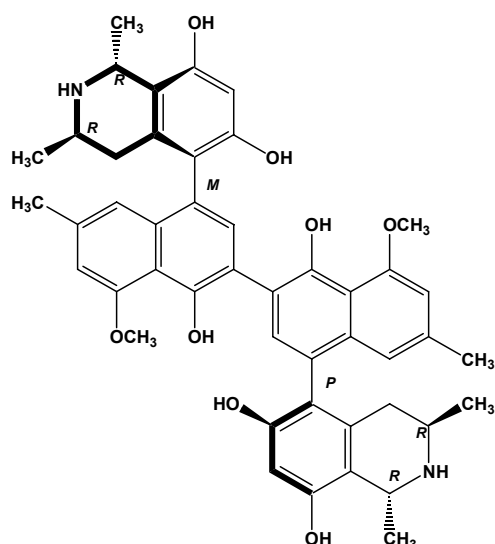
5 Quercetin R₁ = H

6 Myricetin R₁ = OH

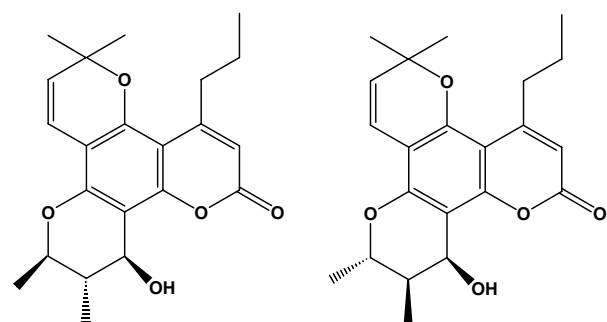
Fig. 2. Potential anti-cancer leads.

Medichem chemists) is currently in Phase II clinical trials, while (-)-calanolide B is in pre-clinical development. The development of the calanolides has been reviewed as a "Benefit-Sharing Case Study" for the Executive Secretary of the Convention on Biological Diversity by staff of the Royal Botanic Gardens, Kew (ten Kate and Wells, <http://www.biodiv.org/programmes/socio-eco/benefit/case-studies.asp>)

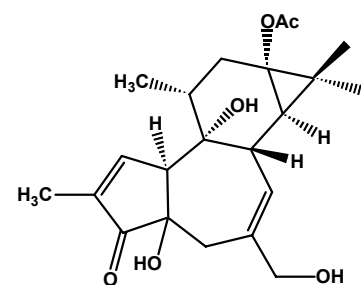
Prostratin (Fig. 3; 10) was isolated as the active constituent from an extract of the wood of the tree,



7 Michellamine B



8 (+) - Calanolide A 9 (-) - Calanolide B



10 Prostratin

Fig. 3. Potential anti-HIV leads.

Homalanthus nutans (Gustafson *et al.*, 1992). The plant was identified by Dr Paul Cox as being used for the treatment of yellow fever (subsequently identified as hepatitis) based on interviews with traditional healers in Samoa conducted under terms of a covenant negotiated with the chiefs and orators in the village of Falealupo, and with the concurrence of the Samoan Prime Minister and members of parliament (Cox, 2001). Subsequent studies determined that prostratin is a potent activator of HIV expression in latently infected T-cell lines (Gulakowski *et al.*, 1997), and its potential value in HIV therapy lies more in its possible utility as a viral activator rather than as an anti-HIV agent. The further development of prostratin is being undertaken by the AIDS ReSearch Alliance of America (ARA) (supported by the NCI and the National Institute for Allergy and Infectious Diseases) which has negotiated an agreement with the government of Samoa allowing for benchmark payments to the government of Samoa, the village and the families of the healers. In addition, ARA will endeavor to obtain prostratin from Samoan plant sources as long as it can be produced in a cost-effective manner, and will strive to ensure that the drug will be distributed at minimal profit in developing nations where use of the drug is approved.

Extracts of the "smokebush", *Conospermum incurvum*, collected in Western Australia, yielded conocurvone as the active agent (Decosterd *et al.*, 1993). Conocurvone was licensed to the Australian company, AMRAD, which negotiated an agreement with the State government of Western Australia, but further development of the natural product and synthetic analogues has recently been terminated.

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