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Anti-integrins



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Definition of Integrin

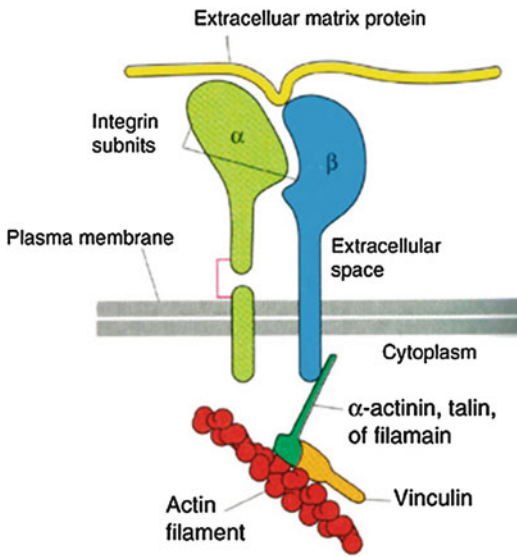
Integrins are heterodimeric proteins of the plasma membrane that are critical to cell-cell interactions and to interactions of the cell with extracellular matrix (ECM) proteins. These physical interactions are critical to individual cell migration paths and multicellular tissue structure. There are 24 or more integrins, each composed of one of 18 monomeric alpha subunits and one of 8 beta subunits (Seguin et al. 2015). Each heterodimeric integrin binds to at least one ECM protein. Such interactions result in a conformational change in the integrin (“activation”) (Arnout 2002; Arnaout et al. 2007; Ginsberg 2014). The physical changes in the extracellular integrin component generate intracellular signals via induced changes in the cytoplasmic components (“feet”) of the integrins (Fig. 1). These cytoplasmic extensions in cancer cells of the integrin change their physical relationships with components of signal transduction pathways to regulate downstream functions such as the cell cycle and

mechanisms of apoptosis (Davis et al. 2016). Specific integrins may act on blood vessel cells to modulate angiogenesis (Eliceiri and Cheresch 1998).

Alterations in the conformation of the large extracellular component of the integrin expose (or obscure) receptor sites for other large molecule ligands in the extracellular space or, as is now known, of extracellular small molecule ligands. As discussed below, such ligands include thyroid hormone analogues (Bergh et al. 2005; Davis et al. 2016) or steroid or steroid-like molecules (Lin et al. 2009).

Anti-integrin

The concept that the substantial extracellular domain of integrins may be manipulated by naturally occurring factors such as ECM proteins – for example, fibronectin, vitronectin, and von Willebrand factor – prompted investigators to search for pharmacologic ligands that might alter normal cell function or the functions of cancer and endothelial cells. Such protein ligands are designated **anti-integrins**. Protein ligands of integrins may contain similar short amino acid sequences, for example, Arg-Gly-Asp (RGD), and such short peptides can serve as anti-integrins (Danhier et al. 2012; Reardon et al. 2008). Another category of anti-integrins is antibodies developed to bind to specific regions of an integrin to modify its function, for example, interactions with the adjacent plasma membrane



Anti-integrins, Fig. 1 Diagrammatic representation of integrin inside-out signaling and integrin activation, which require conformational switch from bent-closed or extended-closed to extended-open confirmation

proteins (Byron et al. 2009). The interactions targeted by anti-integrins may be between integrins and extracellular matrix proteins or between integrins and cell surface proteins of adjacent cells (cell-cell interactions). Finally, anti-integrins may be small molecule integrin ligands, such as thyroid hormone analogues, that block the activity of the specific thyroid hormone (L-thyroxine, T4) at its discrete cell surface receptor on integrin $\alpha v \beta 3$ (Cheng et al. 2010). In contrast, RGD peptides may bind to multiple integrins at sites of different overall structure that recognize the RGD sequence. Integrin antagonists demonstrated a wide range of therapeutic applications in thrombosis, vascular restenosis, cancer, asthma, allergy, and inflammatory diseases (Desgrosellier and Cheresh 2010; Dotan et al. 2020; Raab-Westphal et al. 2017).

In addition to affecting functions of integrins, anti-integrins may also serve as drug delivery tools (Li et al. 2016; Sudha et al. 2017a; Sun et al. 2017) or as imaging agents (Danhier et al. 2012) for cancers or inflamed tissues expressing integrins.

Basic Characteristics of Anti-integrins and Mechanisms of Anti-integrin Action

The protein-ligands of integrins, such as ECM proteins, often contain the RGD sequence, and RGD peptides have anti-integrin activity. Another strategic approach to the identification of anti-integrin ligands has been to determine whether naturally occurring small molecules, such as nonpeptide hormone analogues (Davis et al. 2013), might bind to specific sites on specific integrins under physiological circumstances to modify integrin-based cell functions. An example of the use of this strategy was the description of the pro-angiogenic action of thyroid hormone, T4 (Mousa et al. 2014; Davis et al. 2015), initiated at a previously unrecognized hormone receptor on integrin $\alpha v \beta 3$. Removal of a single iodine from T4 occurs in vivo to yield tetraiodothyroacetic acid (tetrac) and resulted in an anti-angiogenic molecule that eradicated the pro-angiogenic activity of T4 in endothelial cells (Mousa et al. 2014; Stryker et al. 2019). This topic is reviewed in more detail in the specific anti-integrin section below on $\alpha v \beta 3$.

Anti-integrin products may be directed at specific integrin monomers or at an intact heterodimer. The RGD peptide model and the thyroid hormone analogue and resveratrol anti-integrin molecules require heterodimeric integrin structure to construct the discrete receptor sites that may be formed at conjunctions of the specific monomers in a heterodimer. Antibody anti-integrins may be directed at specific facets of monomers.

As this chapter describes in more detail below, integrin $\alpha v \beta 3$ also contains discrete sites that specifically bind dihydrotestosterone (DHT) and resveratrol that are unrelated to the thyroid hormone analogue receptor. DHT may act via its receptor on the integrin to stimulate the proliferation of breast cancer cells (Lin et al. 2009) and thus is not anti-integrin. In contrast, resveratrol is an anti-integrin, blocking the proliferation of a wide variety of cancer cells. Among the qualities of resveratrol in tumor cells is interference with the PD1/PD-L1 immune checkpoint (Lin et al. 2019).

In addition to $\alpha v \beta 3$, several other integrins have been the foci of anti-integrin development. Integrin-focused drug development has been

substantial for possible application to inflammatory states, such as inflammatory bowel disease (Dotan et al. 2020; Park and Jeon 2018; Sabino et al. 2019; Shah et al. 2017). Integrins other than $\alpha v \beta 3$ have also been linked to cancer (Seguin et al. 2015; Desgrosellier and Cheresh 2010; Raab-Westphal et al. 2017). Certain integrins have been implicated in ophthalmologic diseases and have been considered targets for anti-integrins (Gonzalez-Salinas et al. 2018). Finally, there are thrombotic conditions in which anti-integrins have been mentioned as possible therapeutic interventions (Mousa et al. 2010; Davis et al. 2018a; Mousa et al. 2018; Davis et al. 2018b). Because normal platelets bear $\alpha v \beta 3$ that originated in the plasma membrane of the megakaryocyte, thyroid hormone action on platelet aggregation via $\alpha v \beta 3$ might be a source of hypercoagulability (Mousa et al. 2010). Anti-integrin treatment might be a strategy in such patients.

Activity of anti-integrins may be modified by the state of the activation (conformation) of the highly plastic heterodimeric integrin (Ginsberg 2014). That is, activation state/conformation change may alter the accessibility of binding sites for ligands on the extracellular domain of integrins. Small molecules such as thyroid hormone analogues alter activation state (Leith et al. 2017) and physical factors may also modify the conformation of integrins. X-irradiation is an example of a factor that may rapidly activate integrin $\alpha v \beta 3$ (Leith et al. 2018). Thyroid hormone analogues that interact with the same integrin will also affect the interactions of the integrin with ECM proteins, such as vitronectin (Davis et al. 2015) and thus change the motility of cells that anti-integrins may be designed to affect.

Therapeutic Potential of Anti-integrins

Integrins are involved in and modulate cell-cell interactions, interactions of ECM proteins and cells, motility of a large variety of cells, tissue structure, and the state of the cytoskeleton. Pharmaceuticals directed at integrins are under study in a wide variety of clinical states. These

include inflammation (Arnaout 2016; Kourtzelis et al. 2017) – such as that of the intestinal tract (Catalan-Serra and Brenna 2018), in the vascular system (Huang and Frangogiannis 2018; Edwards and Bix 2019) and joints (Morshed et al. 2019) – cancer biology (Lavergne et al. 2017; Raab-Westphal et al. 2017; Leith et al. 2018; Mousa et al. 2018; Davis et al. 2019) and angiogenesis (Mousa et al. 2014; Davis et al. 2015; Duro-Castano et al. 2017; Guerrero and McCarty 2018).

We have pointed out above that chemical modification of anti-integrin molecules to enable the transporting of anti-cancer drugs allows the anti-integrin, when bound to cancer cell integrin, to unload specific chemotherapeutic agents at the cancer site (Sudha et al. 2017a, b; Sun et al. 2017).

Against this background, it is understandable that a preclinical and limited clinical anti-integrin literature has emerged. The most substantial literature involves application of anti-integrins to inflammatory bowel disease, neuronal disorders, thrombosis, cancer, and cancer-associated complications, as discussed below.

Specific Anti-integrins

Alpha Integrins

Alpha 1 Beta 1 Integrin

Short chain disintegrin obustatin demonstrated high affinity and specificity for the $\alpha 1 \beta 1$ Integrin with potent anti-angiogenesis activity (Marcinkiewicz et al. 2003).

Alpha 2 Beta 1 Integrin (Very Late Activating Antigen 2, VLA2)

A key role for $\alpha 2 \beta 1$ integrin in cell adhesion, cell motility, angiogenesis, stemness, and immune/blood cell regulations and its implication in cancer has been demonstrated (Adorno-Cruz and Liu 2018).

Alpha 3 Beta 1 Integrin

The $\alpha 3 \beta 1$ integrin expressed in human breast cancer cells and its participation in the

degradation and phagocytosis of the extracellular matrix has been shown (Coopman et al. 1996).

Alpha 4 Beta 1 Integrin (Very Late Activating Antigen 4, VLA4)

The $\alpha 4$ integrin-dependent leukocyte trafficking promotes cognitive impairment in multiple sclerosis (MS), Alzheimer's disease (AD), and other neuropathological disorders, which suggests that blocking $\alpha 4$ integrins might offer a new therapeutic strategy in MS, AD, and other neuronal diseases. The FDA-approved humanized monoclonal antibody against the cell adhesion molecule $\alpha 4$ -integrin, namely natalizumab, is indicated for the improvement of disability and reduction of relapse rate in MS patients (Mazdeh et al. 2018; Engelhardt and Kappos 2008; Li et al. 2018; Manocha et al. 2018; Dattoli et al. 2018; Pietronigro et al. 2019).

Alpha 4 Beta 1/Beta 7 Integrin

Natalizumab is also FDA approved for inflammatory bowel disease (IBD), namely Crohn's disease, but has limited risk. In contrast, vedolizumab $\alpha 4\beta 7$ integrin antagonist is approved for IBD with fewer systemic adverse effects versus natalizumab (Park and Jeon 2018).

Alpha 5 Beta 1 Integrin

Integrin subunit $\alpha 5$ (ITGA5) often combines with ITGB1 to form integrin $\alpha 5\beta 1$, which serves as a receptor for cell differentiation, cell development, migration, angiogenesis, and invasion of cancer cells or bacteria (Kim et al. 2000; Cue et al. 2000; Mostafavi-Pour et al. 2018; Ren et al. 2009). The emergence of integrin $\alpha 5\beta 1$ expression was found to be associated with tumor progression in lung cancer and other cancers (Rivera et al. 2017).

Beta 2-Integrin

Beta2-integrins are complex leukocyte-specific adhesion molecules, which are essential for leukocyte trafficking and immunological processes such as neutrophil phagocytosis, T cell activation, and ROS production and are implicated in various inflammatory and immune diseases (Fagerholm et al. 2019).

Beta 3 Anti-integrins

Alpha IIb/ $\beta 3$ Integrin – Integrin $\alpha IIb\beta 3$,

Glycoprotein IIb/IIIa (GPIIb/IIIa)

Platelet integrin $\alpha IIb\beta 3$ (GPIIb-IIIa) binds to fibrinogen and fibrin, and novel antagonists were developed and evaluated as effective anti-thrombotic in various settings (Hantgan et al. 2007; Mousa et al. 1996; Mousa et al. 1998, 1999; Mousa and Ahmad 2007). There are already three FDA approved intravenous GPIIb/IIIa receptor inhibitors including eptifibatide, tirofiban, and abciximab used in patients with acute coronary syndrome undergoing percutaneous coronary intervention (Capodanno et al. 2019; Podolnikova et al. 2014). Eptifibatide and tirofiban are specific GPIIb/IIIa inhibitors, while abciximab cross-reacts with $\alpha v\beta 3$ and $\alpha 2\beta 1$ integrins. Hence, abciximab might reduce restenosis, myocardial infarct size, inhibit adhesion of monocytes, and impact the inflammatory response. In that regard, potent small molecule high affinity $\alpha v\beta 3$ integrin antagonists demonstrated anti-restenosis efficacy in various preclinical models (Bishop et al. 2001; Srivatsa et al. 1997). Additionally, anti-angiogenesis efficacy was demonstrated in a retinal neovascularization model with small molecule $\alpha v\beta 3$ antagonists (Luna et al. 1996; Santulli et al. 2008).

Alpha v Beta 3 Integrin

Tetrac blocks the actions of vascular growth factors, such as fibroblast growth factor (FGF2), vascular endothelial growth factor (VEGF), and platelet-derived growth factor (PDGF) (Mousa et al. 2014). Thus, tetrac can be designated a naturally occurring anti-integrin with anti-angiogenic properties.

Tetrac and chemically modified tetrac also have anti-cancer properties (Bharali et al. 2013; Mousa et al. 2018; Rajabi et al. 2019), but the growth of noncancer cells appears to be unaffected by tetrac (Davis et al. 2016). This reflects the generous expression of integrin $\alpha v\beta 3$ by cancer cells compared with nonmalignant cells (except for endothelial cells). High affinity and specific $\alpha v\beta 3$ antagonists were developed and evaluated in various settings (Helluin et al. 2000;

Kerr et al. 2000, 2001, 2002; Mousa 2005; Mousa and Mohamed 2005).

Alpha v Beta 6 Integrin

Integrin $\alpha v\beta 6$ is exclusively expressed in epithelial cells and it activates transforming growth factor- $\beta 1$ (TGF- $\beta 1$) to modulate innate immune surveillance in lungs, skin, and gastrointestinal tract to maintain epithelial stem cell quiescence. The expression of $\alpha v\beta 6$ integrin and its activation of TGF- $\beta 1$ are associated with organ fibrosis and cancer. Therefore, $\alpha v\beta 6$ integrin might serve as an attractive target for cancer therapy, imaging, and fibrosis (Koivisto et al. 2018). Additionally, $\beta 6$ expression activates multiple systems involved in tumor lesions and cancer metastasis and its over-expression correlated with reduced patient survival in renal carcinoma and perhaps other cancer (Cantor et al. 2015).

Neurotransmitter Receptors and Integrin

Endothelial cells, as key cells for the angiogenesis process, express several nonneuronal nicotinic acetylcholine receptors (AChRs). In endothelial cells, alpha7 AChR stimulation indirectly triggers the activation of the integrin $\alpha v\beta 3$ receptor and an intracellular MAP kinase (ERK) pathway that mediates angiogenesis. The intracellular mechanisms by which alpha7 AChR activation mediates angiogenesis were examined by our group (Arias et al. 2009).

Future directions should focus on these different interfaces between neurotransmitter receptors as well as hormones and integrins function, which might serve as novel therapeutics as highlighted in this brief overview.

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