

Targeting DNA repair through PARP inhibition

Sources of DNA damage

- Ultraviolet light
- Ionizing radiation
- Man-made and natural chemicals
- Reactive oxygen species
 - most are generated “endogenously”
- ~100,000,000,000,000,000 DNA lesions in a human body every day¹⁻³

1. Jackson SP. Biochem Soc Trans 2001;29:655-661

2. Lindahl T. Nature 1993;362:709-715

3. Jackson SP, Bishop CL. Drug Discovery World 2003;(Fall):41-45

Types of DNA damage and repair

Type of damage:

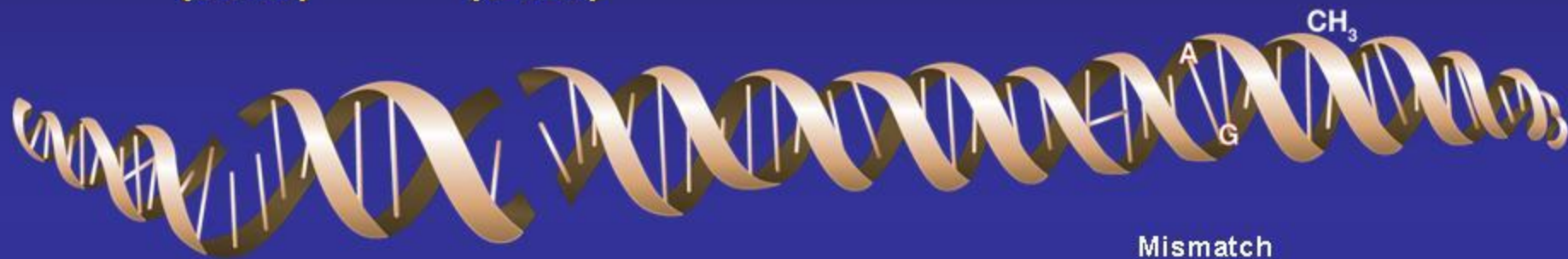
Single-strand breaks (SSBs)

Double-strand breaks (DSBs)

Bulky adducts

O6-alkylguanine

Insertions & deletions



Repair pathway: **Base excision repair**

Recombinational repair

Mismatch repair

Nucleotide-excision repair

Direct reversal

Repair enzymes: **PARP**

HR
↓
ATM

NHEJ
↓
DNA-PK

↓
XP, poly-merases

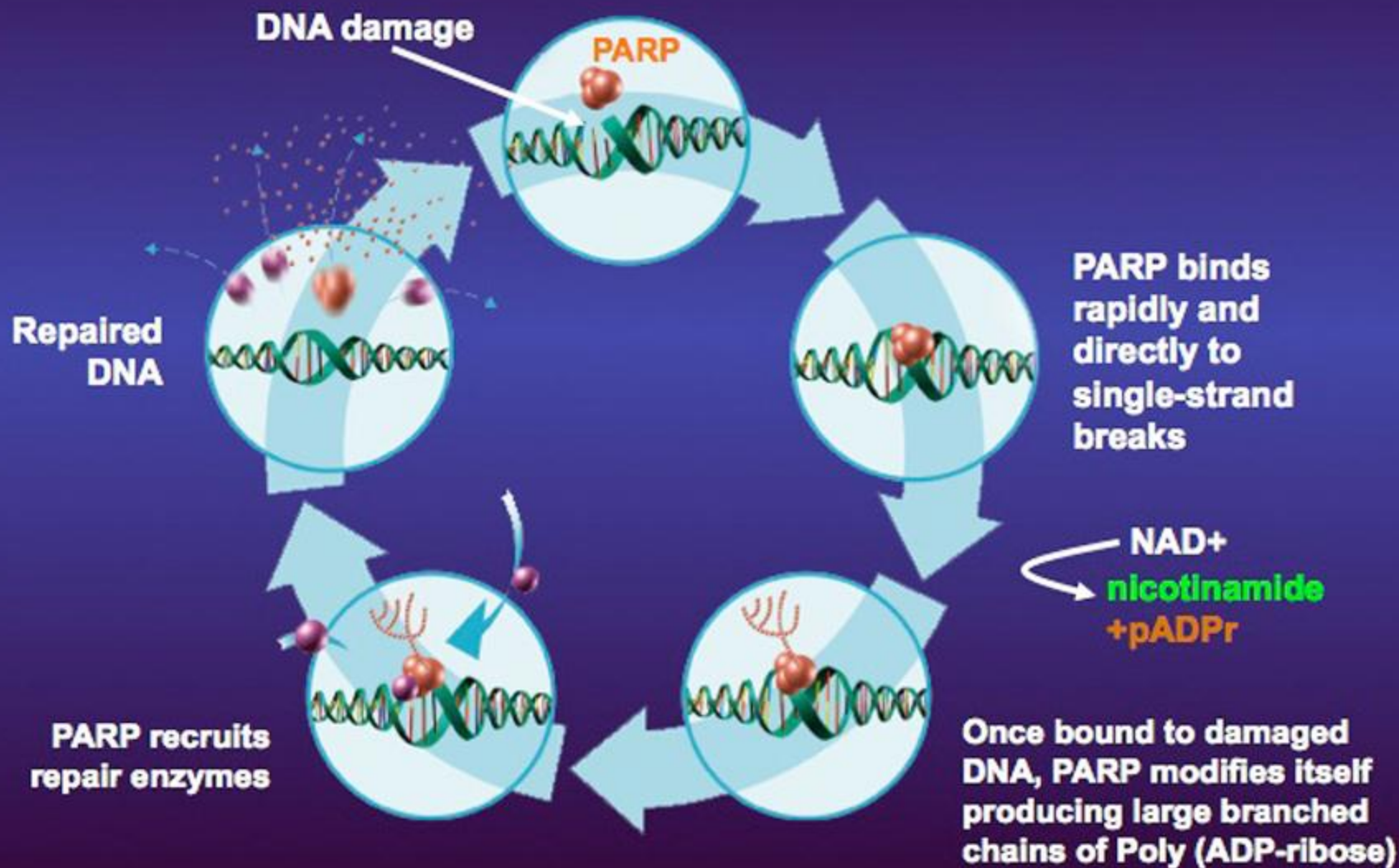
↓
MSH2, MLH1

↓
AGT

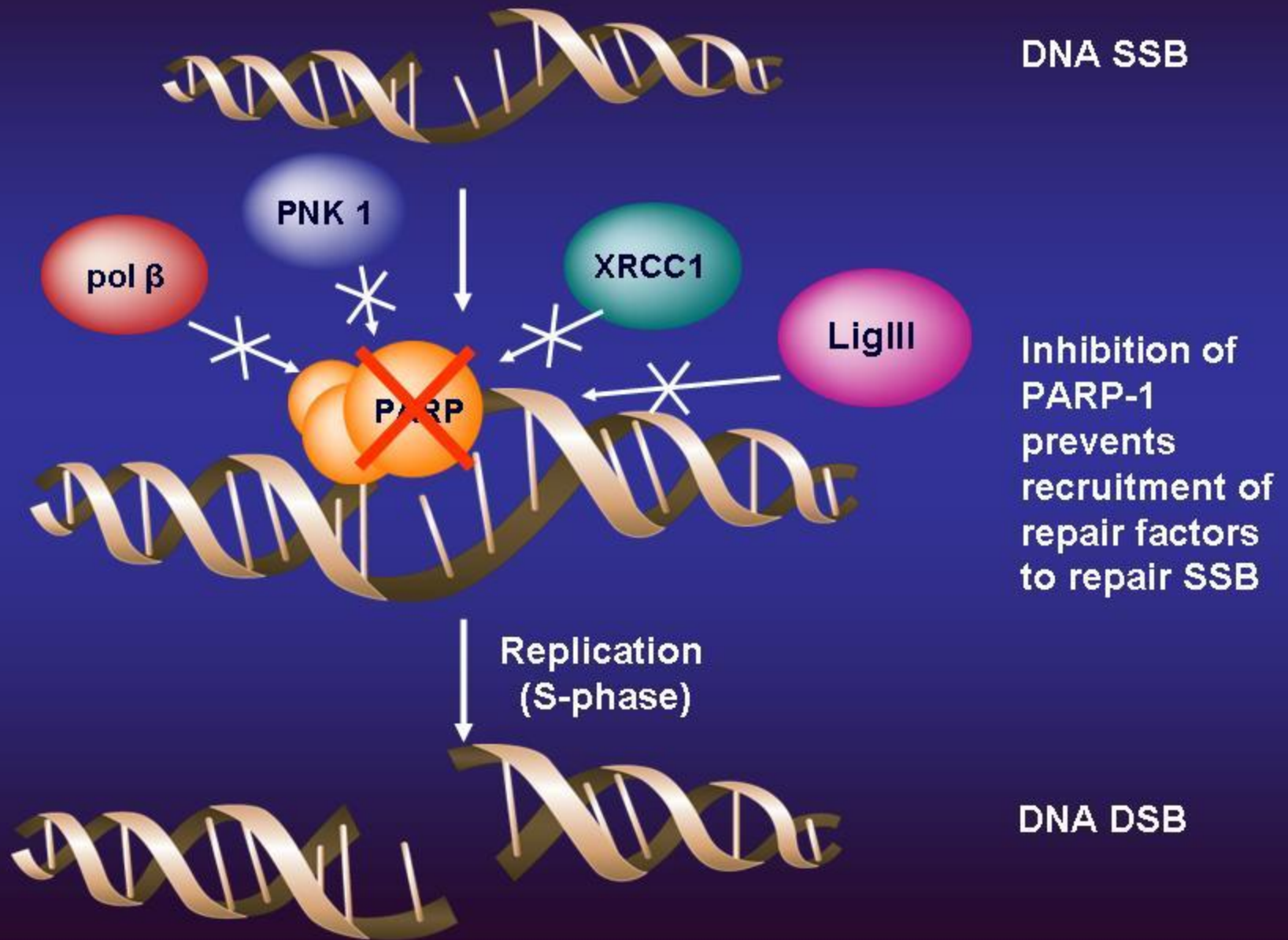
Cancer cells are highly susceptible to DNA repair inhibition

- **Cancer cells**
 - undergo deregulated proliferation
 - ◆ less time for DNA repair than in normal cells
 - grow under stress, which causes ongoing DNA damage
 - have DNA repair defects
 - ◆ mutator phenotype
 - ◆ allow growth despite ongoing genome instability
 - are reliant on the DNA repair pathways they still retain

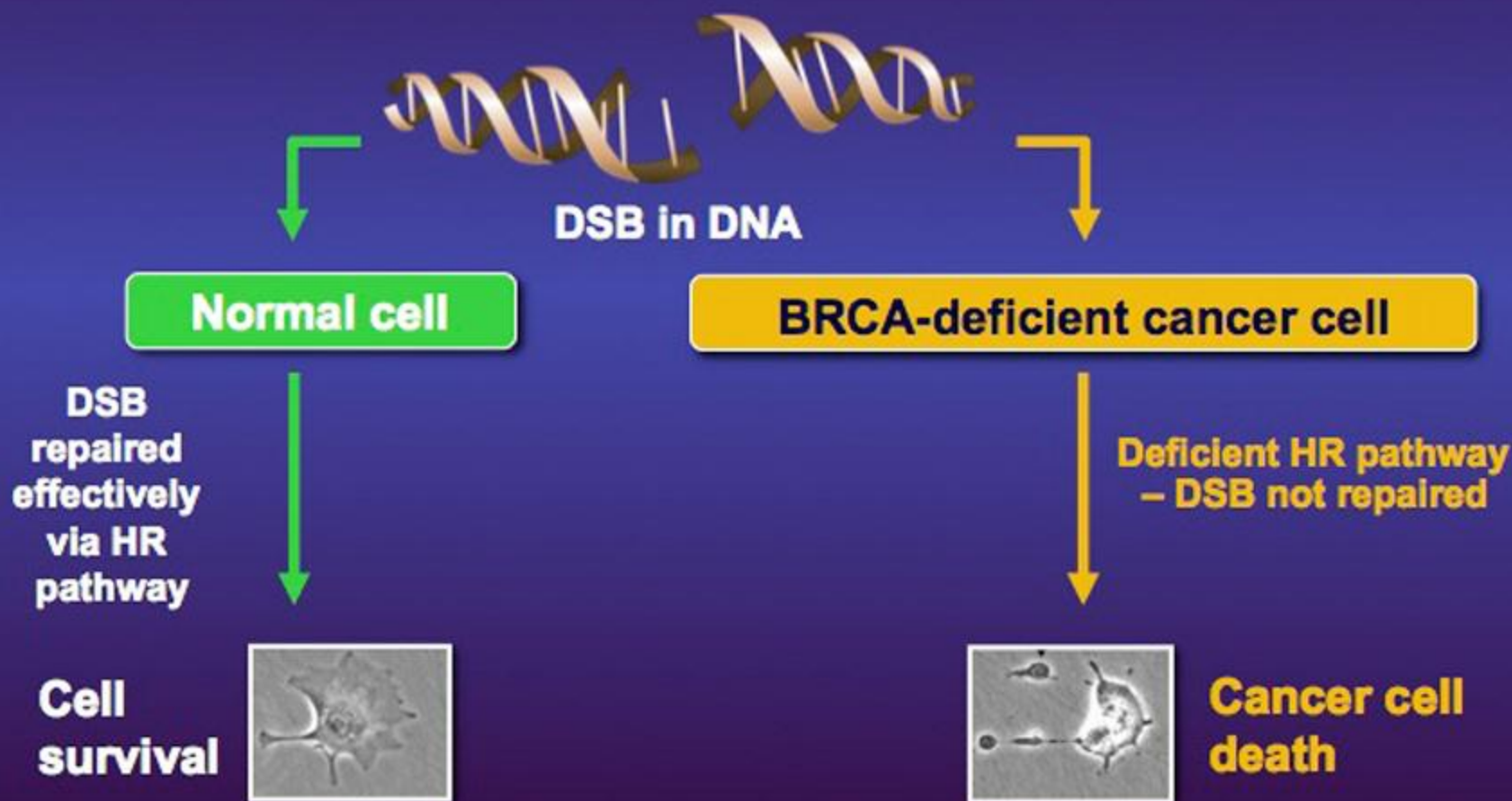
PARP-1 is a key enzyme involved in the repair of single-strand DNA breaks



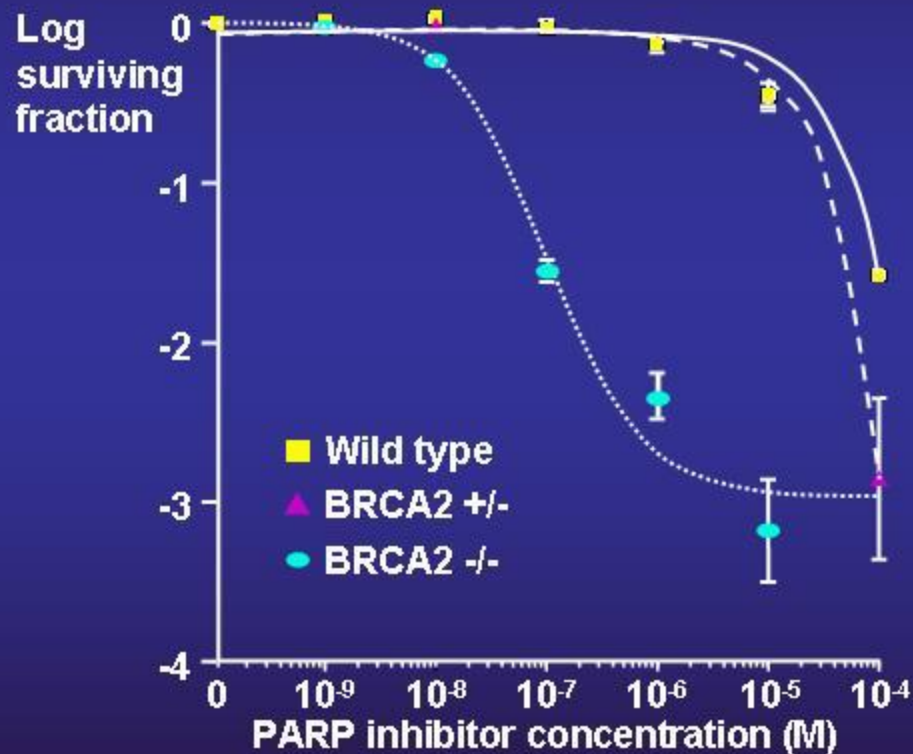
Inhibiting PARP-1 increases double-strand DNA damage



Selective effect of PARP-1 inhibition on cancer cells with BRCA1 or BRCA2 mutation (an example of HR-deficient cells)



BRCA1 and BRCA2 $-/-$ embryonic stem cells are very sensitive to PARP inhibition



Increased levels of chromosomal aberrations in PARP inhibitor treated BRCA2 $-/-$ cells



Control



+ PARP inhibitor

Wild type



Control



+ PARP inhibitor

BRCA2 $-/-$

PARP inhibition research at AstraZeneca

- AstraZeneca is evaluating the PARP-1 inhibition approach to cancer treatment
- AstraZeneca is investigating a personalized healthcare approach in this area
- Earlier clinical trial results have been reported and Phase II clinical trials are underway¹⁻⁵

1. Plummer ER. *Curr Opin Pharmacol* 2006; 6: 364-368

2. Ratnam K, Low JA. *Clin Cancer Res* 2007; 13: 1383-1388

3. Fong PC et al. *New Engl J Med* 2009; 361: 123-134

4. Tutt A et al. *J Clin Oncol* 2009; 27(18S): Abstr CRA502

5. Audeh MW et al. *J Clin Oncol* 2009; 27(15S): Abstr 5500