

Figure 7. Growth inhibition of melanoma cells by primary first transplant and secondary re-challenge transplant in C57 black mice. Gr.I; control without NPrCAP/M treatment and second re-challenge melanoma transplant. Gr.II: control without NPrCAP/M treatment, but received second re-challenge of melanoma; Gr.III: control with NPrCAP/M treatment without AMF exposure, but received second re-challenge melanoma transplant. Gr.IV: mice with NPrCAP/M and AMF exposure as well as second re-challenge melanoma transplant. After removal of the first melanoma transplant, all mice (except Gr.I) received the second re-challenge melanoma transplant on the opposite site of trunk.

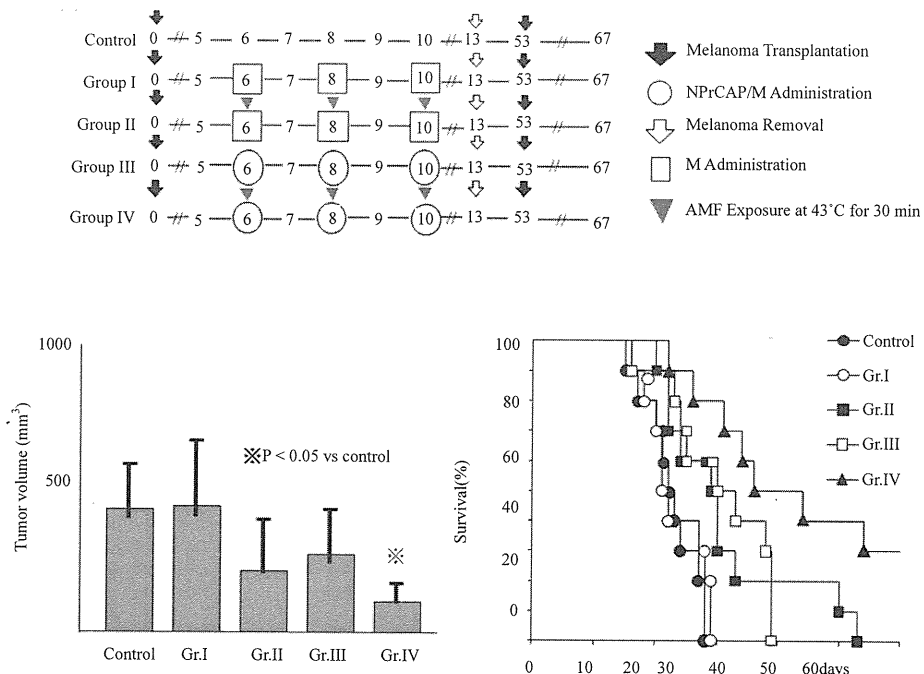


Figure 8. Melanoma growth and survival of melanoma-bearing mice by CTI therapy using NPrCAP/M with and without AMF exposure. (a) Protocols of Group I, II, III and IV of experimental mice; (b) Tumor volumes of re-challenge B16F1 melanoma on day 14; (c) Kaplan-Meier survival after tumor re-challenge.

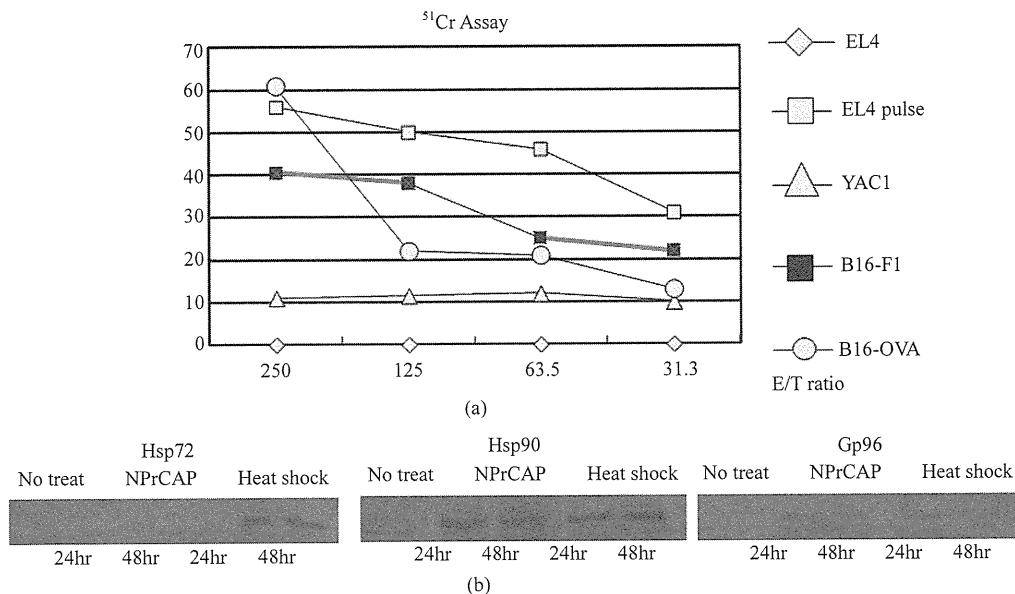


Figure 9. Hyperthermia of melanoma cells using B16-OVA cells for induction of CTL (a) and generation of HSPs (b) in CTI therapy. (a) Cytotoxic activity of spleen cells after CTI therapy against B16-OVA cells, B16F1 cells, EL4 cells, EL4 cells pulsed with SL8 peptide or YAC-1 cells was determined by standard 51Cr-release assay. B16-OVA cells were subjected to hyperthermia using NPrCAP/M with AMF exposure *in vitro*. (b) The expression of Hsp72, Hsp90 and Gp96 was determined by western blotting with an anti-Hsp72 mAb, anti-Hsp90 mAb or anti KDEL mAb.

3.3. Production of Heat Shock Protein by Chemothermo-Immunotherapy Using NPrCAP/ Magnetite Nanoparticle Conjugates

It has been reported that the intracellular hyperthermia using magnetic nanoparticles is effective for treating certain types of cancer in not only primary but also metastatic lesions [37-43]. Incorporated magnetic nanoparticles generate heat within the cells after exposure to the AMF due to hysteresis loss or relaxational loss [44,45]. Hyperthermic treatment using CMLs, which are cationic liposomes containing 10 nm magnetite nanoparticles, induced antitumor immunity by enhancement of HSP expression [38,46-48].

In our animal study, those animals bearing B16F1 and B16F10 melanoma cells showed, to certain degree, rejection of second re-challenge melanoma transplantation by administration of both NPrCAP alone and NPrCAP/M minus AMF exposure [49]. Our working hypothesis for this finding is that there is a difference in the cytotoxic mechanism and immunogenic property of NPrCAP/M between experimental groups with and without AMF exposure. The animals with NPrCAP/M without AMF exposure resulted in non-necrotic, apoptotic cell death. The animals with NPrCAP/M plus AMF exposure, on the other hand, resulted in non-apoptotic, necrotic cell death with immune complex production of melanoma peptide

as well as Hsp70 and a small amount of Hsp 90. The latter group of NPrCAP/M plus AMF exposure showed the most significant growth inhibition of the re-challenged melanoma growth which resulted in the almost complete survival of the host animals as long as for 3 months that we have conducted our experimental protocol [34]. In the latter study [34], we also found that repeated hyperthermia (3 cycles of NPrCAP/M administration and AMF irradiation) was required to induce the maximal antitumor immune response.

In the study using B16-OVA cells, the hyperthermia of melanoma cells using NPrCAP/M with AMF exposure further showed antitumor immune responses via cross-presentation of HSP-chaperoned antigen (Figures 9(a), (b)) (Figures 10(a)-(d)). Moreover, the HSPs-antigen peptide complex released from melanoma cells treated with this intracellular hyperthermia was taken-up by dendritic cells (DCs) and cross-presented HSP-chaperoned peptide in the context of MHC class I molecules [49]. As stated above, our CTI therapy with AMF exposure induced NPrCAP- as well as heat-mediated melanoma cell necrosis to NPrCAP/M incorporated cells. If melanoma cells escaped from necrotic cell death, repeated hyperthermia should produce necrotic cell death of previously heat shocked-melanoma cells in which HSPs were induced. In addition, our data of CTI therapy with AMF exposure using B16-OVA cells suggested that Hsp72/Hsc73, Hsp90, and ER-resident HSPs participated

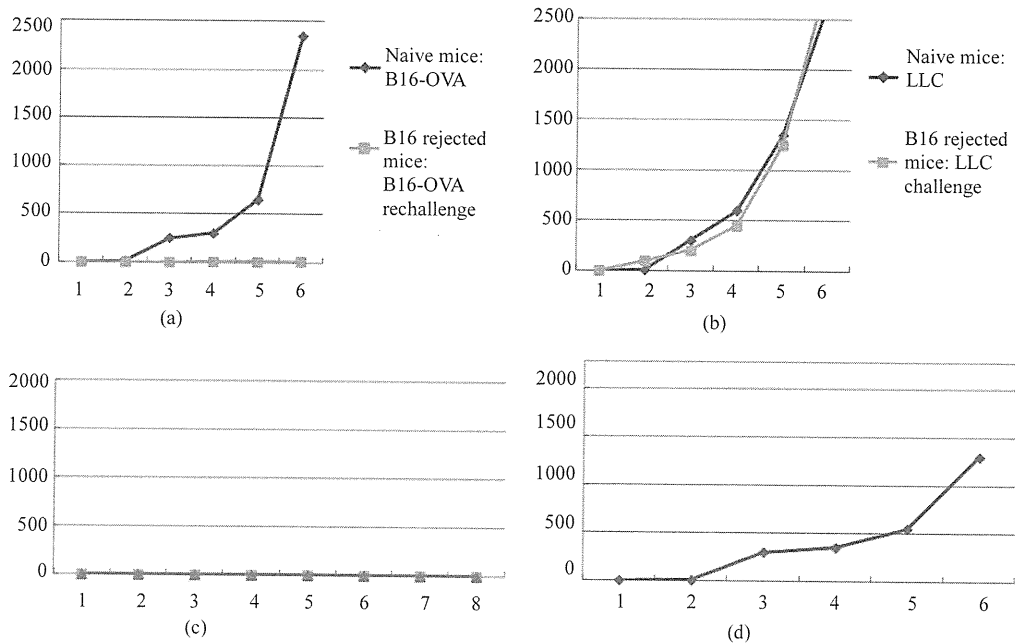


Figure 10. Tumor-specific immunity induced by CTI therapy. Naïve mice or mice cured by CTI therapy were re-challenged with B16-OVA melanoma cells (a) or lung carcinoma LLC (b). Failure of the melanoma growth by secondary re-challenge after CTI therapy to the primary melanoma transplant (a). There was no growth inhibition of LLC cells in mice which received transplantation of B16-OVA melanoma cells and received CTI therapy (b). Antitumor immunity is dependent on CD8⁺ T cells. Mice cured by CTI therapy were depleted of CD4⁺ or CD8⁺ T cells by an intraperitoneal injection of rat IgG (c) or anti-CD4 mAb (d). The growth inhibition of secondary re-challenge melanoma transplant failed after pretreatment with anti-CD8 mAb, but not by anti-CD4 mAb.

in the induction of CD8⁺ T cell response. In particular, among HSPs, Hsp72 was largely responsible for the augmented antigen presentation to CD8⁺ T cells. As Hsp72 is known to up-regulate in response to hyperthermia or heat shock treatment [46], newly synthesized Hsp72 has a chance to bind to the heat-denatured melanoma-associated antigen.

3.4. Melanocytotoxic and Immunogenic Properties of NPrCAP Compared to Hydroquinone

Monobenzyl ether of hydroquinone has long been known to produce the skin depigmentation at both drug-applied area by direct chemical reaction with tyrosinase and non-applied distant area by immune reaction with still unknown mechanism [50-53]. The melanogenesis-related cytotoxicity primarily derives from tyrosinase-mediated formation of dopaquinone and other quinone intermediates, which produce reactive oxygen species such as superoxide and H₂O₂ [19,54-56]. This unique biological property of melanin intermediates not only causes cell death, but also may produce immunogenic properties. We postulated that the cytotoxic action of NAcCAP and NPrCAP appears to involve two major biological processes.

One is cytostatic process which derives from the DNA synthesis inhibition through the interaction of quinone and free radicals with SH-enzymes and thymidine synthase. Another is the cytotoxic process by damage of DNA and mitochondrial ATP through oxidative stress and interaction with SH-enzyme [21]. They bind protein disulphide isomerise [57]. Although we have not yet studied which one of these two processes is responsible for the immune reaction, it is likely that the cytotoxic process of NPrCAP is involved in the induction of immune reaction.

Monobenzyl ether of hydroquinone was shown to produce a reactive ortho-quinone generated by tyrosinase-catalyzed oxidation and self-coupling and thiol conjugation reactions [58]. It was also shown to induce cell death without activating the caspase cascade or DNA fragmentation, indicating that the death pathway is non-apoptotic [58,59]. It was further reported that mono-benzyl ether of hydroquinone induced the immunogenicity to melanocytes and melanoma cells by forming quinonehaptens to tyrosinase protein and by inducing the release of tyrosinase- and melanoma antigen recognized by T cells-1 (MART-1) containing CD63⁺ exosomes following melanosome oxidative stress induction. The drug further augmented the processing and shedding of melanocyte

differentiation antigens by inducing melanosome autophagy and enhanced tyrosinase ubiquitination, ultimately activating DCs, which induced cytotoxic human melanoma-reactive cells. These T cells eradicated melanoma *in vivo* [59]. It is necessary to examine if NPrCAP will also take an immune-biological process similar to that reported in the case of mono- benzyl ether of hydroquinone.

4. Discussion

The immune system can respond to cancer cells in two ways: by reacting against tumor-specific antigens (molecules that are unique to cancer cells) or against tumor-associated antigens (molecules that are expressed differentially by cancer cells and normal cells) [60]. The immunotherapy for cancer cells is further subdivided into immunotherapy with antibodies and T cells, therapeutic cancer vaccines, therapeutic vaccines combined with chemotherapy and immunoprevention of cancer cells. Several clinical trials using melanoma peptides or an antibody that blocks cytotoxic T-lymphocyte-associated antigen on lymphocytes have been shown to improve overall melanoma survival [61-63]. Exploitation of a specific biological property to cancer cells may, however, be another approach for developing novel cancer-targeted drugs. Promising oncogene-targeted melanoma therapy has successfully introduced recently [64].

Hyperthermia increases the expression of intracellular HSPs which is important in and necessary for the induction of antitumor immunity [46,65]. Over expression of HSPs, such as Hsp 70, increases tumor immunogenicity by augmenting the chaperoning ability of antigenic peptides and presentation of antigenic peptides in MHC class I molecules [66,67]. In this process professional antigen presenting DCs play unique and important roles in taking up, processing and presenting exogenous antigens in association with MHC class I molecules. Our working hypothesis for induction of *in situ* vaccination immunotherapy is that CTI therapy causes degradation of melanoma tissues which results in the release of HSP/melanoma antigen complex. This complex is taken up by professional antigen-presenting DCs through HSP receptor (Figure 11).

Based upon these animal experiments, a preliminary human clinical trial has been carried out by employing NPrCAP/PEG/M plus AMF after we obtained the approval of our human clinical trial for a limited number of stage III and IV melanoma patients (Clinical Trial Research No. 18-67, Sapporo Medical University). The therapeutic protocol followed the basically identical experimental schedule as that of animal experiments. In the clinical trials, however, we utilized NPrCAP/PEG/M which was made by conjugating polyethylene glycol

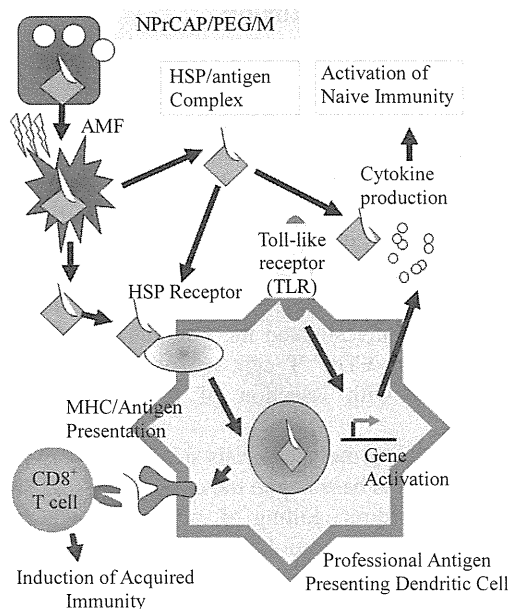


Figure 11. Scheme of intracellular hyperthermia using NPrCAP/PEG/M with AMF exposure. NPrCAP/PEG/M nanoparticles are selectively incorporated into melanoma cells. Intracellular hyperthermia can induce necrotic cell death and adjacent live melanoma cells suffer heat shock, resulting in increased level of intracellular HSP-peptide complexes. Repeated hyperthermia turns heat-shocked cells to necrotic cells, leading to the release of HSPs-peptide complexes into extracellular milieu. The released HSPs-peptide complexes are taken-up by DCs. Then, DCs migrate into regional lymph nodes and cross-present HSP chaperoned antigenic peptides to CD8⁺ T cells in the context of MHC class I molecules, thereby inducing anti-melanoma cytotoxic CD8⁺ T cells.

between NPrCAP and magnetite nanoparticles. Among two of four patients showed complete and partial responses to our treatment and have been able to carry out normal daily activities after CTI therapy. In one patient, for example, four distant cutaneous metastasis sites were evaluated and either significant regression or shrinkage of all of these four melanoma lesions was seen. The patient was able to survive 30 months after several trials of CTI therapy. The pathological and immunological specimens revealed dense aggregation of lymphocytes and macrophages at the site of CTI therapy. Importantly there was a trend to have an almost identical distribution of CD8⁺ T cells and MHC class 1 positive cells. Another patient had many lymph node metastases, but still has been surviving more than 32 months. In order to evaluate the overall therapeutic effect to advanced melanoma, it is important to have larger-scaled clinical trials and define concisely the molecular interaction between chemotherapeutic and thermo-immunotherapeutic effect in our CTI therapy.

5. Summary and Conclusion

In this study, we examined to what extent the conjugates of magnetite nanoparticles and melanogenesis substrate can generate melanoma-targeted vaccines through the chemotherapeutic and thermotherapeutic effects on primary transplant of B16 mouse melanoma cells with and without AMF exposure (heat generation). Specifically we evaluated the immunotherapeutic effect on the second, re-challenge transplant of the same melanoma cells to see if the growth of distant metastatic melanomas can be inhibited. We also investigated the possible association of HSP production, CD8⁺ T cell activation and MHC expression along with rejection of the re-challenge melanoma.

Our approach using melanogenesis substrate and magnetite nanoparticles is based upon the expectation that the combination of 1) direct killing of melanoma cells by chemotherapeutic and thermo-therapeutic effect of melanogenesis-targeted drug (NPrCAP/M) and 2) indirect killing by immune reaction (*in situ* peptide vaccine) after exposure to AMF. It is hoped from these rationales that a tumor-specific DDS is developed by NPrCAP and selective cell death can be achieved by exposure of conjugates of NPrCAP/M nanoparticles to AMF, which then can induce HSP expression through either necrotic or non-necrotic process or combination of the two, without damaging non-cancerous tissues. Finally a novel immunotherapy targeted to metastatic melanoma lesions is achieved through "*in situ* peptide vaccine".

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Abbreviations

AMF = alternating magnetic field

BSO = buthionine sulfoximine

CML = cationic magneto-liposome

CTI therapy = chemo-thermo-immunotherapy

DC = dendritic cell

DDS = drug delivery system

HSP/Hsp = heat shock protein

mAb = monoclonal antibody

MC1R = melanocortin 1 receptor

MITF = microphthalmia transcription factor

ML = non-cationic magneto-liposome

MSH = melanocyte stimulating hormone

NACAP = N-acetyl 4S-cysteaminylphenol

NPrCAP = N-propionyl 4S cysteaminyphenol

NPrCAP/M = N-propionyl 4S-cysteaminylphenol/ magnetite nanoparticle

NPrCAP/PEG/M = N-propionyl 4S-cysteaminylphenol/ polyethylene glycol/ magnetite nanoparticle

OVA = ovalbumin

PEG = polyethylene glycol

TIL = tumor infiltrating lymphocytes

メラノーマ形質を分子標的とした ナノメデシン化学・温熱・免疫療法の基礎と臨床

皮膚病総合医学研究所 神保 孝一

転移性メラノーマに対し、メラニン形成を分子標的とした新規温熱療法である「化学・温熱・免疫療法；chemo-thermo-immunotherapy (CTI療法)」確立の基礎と臨床を紹介する。

メラニン形成酵素、チロシナーゼの特異的基質であるチロシン（のアミン誘導体（NPrCAP, NAcCAP）を合成した。NPrCAP, NAcCAPはメラノーマ細胞に選択的に取り込まれ、チロシナーゼと反応し細胞障害性ラジカル（酸化ストレス）を産生し、メラノーマの増殖抑制を示すが、この選択的薬療法効果を増加させるために微細鉄粒子表面にNPrCAPを重合させた薬剤（NPrCAP/M）を合成し、その後交換磁場照射により温熱を発生させ選択的温熱細胞殺効果を起こさせ、結果として生じる熱ショック蛋白（HSP）とメラノーマペプチド結合体を介した温熱免疫療法により、遠隔転移メラノーマの消滅を図った。

CTI療法の基礎的動物実験結果と製剤の合成及び実際の臨床試験の治療効果につき紹介する。

共同研究者：

高田 知明¹⁾、佐藤 牧人¹⁾、佐藤亜紀子¹⁾、神谷 崇文¹⁾、小野 一郎¹⁾、山下 利春¹⁾、田村 保明²⁾、佐藤 昇志²⁾、宮本 篤²⁾、若松 一雅⁴⁾、伊藤 祥輔⁴⁾、井藤 彰⁵⁾、本多 裕之⁶⁾、村瀬 勝俊⁷⁾

1) 札幌医科大学医学部皮膚科学講座、2) 札幌医科大学医学部病理学第一講座、3) 札幌医科大学医学部医療薬学、4) 藤田保健衛生大学衛生学部 微量成分分析学教室、5) 九州大学大学院工学研究院 化学工学部門分子・生物システム工学講座、6) 名古屋大学 大学院工学研究科 化学・生物工学専攻 生物機能工学分野、7) 名糖産業株式会社 名古屋研究所

N-Propionyl-Cysteaminylphenol Suppresses Re-Challenge of Mouse B16F1 Tumor by Inducing Tumor-Specific Immune Response

Yasue OSAI¹, Yasuaki TAMURA², Noriyuki SATO², Kazumasa WAKAMATSU³, Shosuke ITO³, Akira ITO⁴, Hiroyuki HONDA⁵, Masae OHKURA¹, Toshiharu YAMASHITA¹, Kowichi JIMBOW¹

Departments of ¹Dermatology and ²1st Pathology, Sapporo Medical University, Sapporo; ³Department of Chemistry, Fujita Health University Toyoake; ⁴Department of Chemical Engineering, Kyushu University, Fukuoka; ⁵Department of Biotechnology, Nagoya University, Nagoya, Japan

We have previously shown that N-propionyl-cysteaminylphenol (NPrCAP) is a good substrate for tyrosinase, selectively incorporated into melanoma tissues, and inhibits the growth of melanoma cells. In the present study, we examine whether NPrCAP can suppress transplanted re-challenged secondary mouse B16F1 tumors by inducing melanoma-specific host immune responses. From the 8th day after first, primary transplantation, mice bearing B16F1 melanoma received three or five administrations of 24.4 mM NPrCAP into their melanoma tissues every other day. On the 14th day after NPrCAP administrations commenced, residual tumors were removed and B16F1 and RMA T-cell lymphoma cells were re-transplanted on the opposite sides of the flanks. Results indicated that the growth of primary as well as secondary B16F1 tumors was significantly suppressed in mice treated with NPrCAP. Growth of RMA T-cell lymphoma transplanted after the excision of the B16F1 tumor was not affected by the NPrCAP administrations. Anti-CD8 but not anti-CD4 antibody, given before and after the secondary transplantation of B16F1 cells, did not suppress the growth of these cells. Furthermore, B16F1 cells, when cultured in an NPrCAP-containing medium, showed evident sub-G1 fraction with an activation of caspase 3. These results suggest that NPrCAP has an anti-melanoma growth effect by causing apoptotic cell death that results in induction of tumor-specific host immunity consisting of CD8⁺ T cells. Thus it is proposed that NPrCAP may be applicable to the development of a novel melanoma-targeted therapy.

Melanogenesis substrate, N-propionyl cysteaminyphenol is selectively incorporated into melanoma cells and inhibits the growth of re-challenged secondary transplantation

Jimbow, K^{1,3}. Thomas, PD². Osai, Y³. Takada, T³. Sato, M³. Sato, A³. Tamura, T⁴.

1)Inst. of Dermatology & Cutaneous Sciences, Japan

2)Div. of Dermatology & Cutaneous Sciences, University of Alberta, Canada

3)Dept. of Dermatology and 4)Pathology, Sapporo Medical University, School of Medicine, Japan

Management of metastatic melanoma is a difficult challenge for both basic scientists and clinicians. Currently available therapeutic approaches including chemotherapy, radiotherapy and immunotherapy are of limited value. Exploitation of biologic property unique to melanoma may, however, still be a challenge for developing a novel approach in solving this difficult problem. Based upon the thermo-immunotherapeutic effect of magnetite by exposing to alternating magnetic field (AMF), we recently introduced a concept for developing chemo-thermo-immunotherapy (CTI therapy) for metastatic melanoma (Jimbow et al, *Pigment Cell & Melanoma Res*, 21: 243, 2008). In this approach a melanogenesis substrate, N-propionyl cysteaminyphenol (NPrCAP) was conjugated with magnetite nanoparticles and exposed to AMF. This study investigated to what extent and how NPrCAP plays a novel biological role in CTI therapy. Specifically we were interested in identifying the mechanism for the selective uptake and immunotherapeutic effect of NPrCAP. The in vitro study using competitive inhibition of DNA synthesis by incorporation inhibitors showed that NPrCAP takes a selective uptake by melanoma cells through a process common to NAcCAP, DTT, cystamine and mercaptoethanol. The in vivo study using re-challenged B16 F1 and F10 melanoma after NPrCAP treatment showed that NPrCAP alone can suppress the transplanted secondary tumor through melanoma-specific host immune response.

Melanogenesis cascade for developing novel selective drug delivery and chemo-thermo-immunotherapeutic strategies in melanoma; specificity and biological effect

Jimbow K^{1,3}, Thomas PD², Osai Y³, Takada T³, Sato M³, Sato A³, Tamura Y⁴, Kamiya T³, Ono F³, Yamashita T³, Ito A³, Honda H⁶, Wakamatsu K⁷, Ito S⁷

- 1) Institute of Dermatology & Cutaneous Sciences, Japan
- 2) Division of Dermatology & Cutaneous Sciences, University of Alberta, Canada
- 3) Department of Dermatology and 4) Pathology, Sapporo Medical University, School of Medicine, Japan
- 5) Department of Chemical Engineering, Faculty of Engineering, Kyushu University
- 6) Bioprocess Engineering Laboratory, Department of Biotechnology School of Engineering, Nagoya University
- 7) Department of Chemistry, Fujita Health University School of Health Sciences

Melanogenesis is inherently cytotoxic and uniquely occurs in melanocytic cells; thus, tyrosine analogs that are tyrosinase substrates are good candidates for melanoma-specific targeting and therapy. N-propionyl derivatives of 4-S-cysteaminyphenol (NPr- and NAcCAP) were synthesized, and found to possess both cytostatic and cytotoxic effects on in vivo and in vitro melanomas through the oxidative stress resulting from production of cytotoxic free radicals. Based upon these unique biological properties, we now provide evidence that the melanogenesis cascade can be exploited for developing a novel chemo-thermo-immunologic approach (CTI/Therapy) for melanoma by conjugating NPrCAP with magnetite nanoparticles (NPrCAP/M). Here in this study we investigated to what extent and how NPrCAP plays a novel biological role in CTI therapy. Specifically we were interested in identifying the mechanism for the selective uptake and immunotherapeutic effect of NPrCAP. The in vitro study using competitive inhibition of DNA synthesis by incorporation inhibitors showed that NPrCAP takes a selective uptake by melanoma cells through a process common to NAcCAP, DTT, cystamine and mercaptoethanol. The in vivo study using re-challenged B16 F1 and F10 melanoma after NPrCAP treatment showed that NPrCAP alone can suppress the transplanted secondary tumor through melanoma-specific host immune response.

N-propionyl-4-S-cysteaminyphenol induces apoptosis of mouse B16F1 melanoma cells and suppression of transplanted B16F1 tumors

Y. Osai, Y. Tamura, N. Sato, K. Wakamatsu, S. Ito, A. Ito,
H. Honda, M. Okura, T. Yamashita, K. Jimbow

Departments of Dermatology and 1st Pathology, Sapporo Medical University, Sapporo; Department of Chemistry, Fujita Health University Toyoake; Department of Chemical Engineering, Kyushu University, Fukuoka; Department of Biotechnology, Nagoya University, Japan

Melanogenesis is a differentiation phenotype specific for melanocytes and most melanoma cells, and produces reactive oxygen species that cause the deterioration of melanoma cells. We studied a mechanism of death of melanoma cells induced by N-propionyl-4-S-cysteaminyphenol (NPrCAP), and examined whether NPrCAP can induce the suppression of primary and re-challenged mouse B16F1 tumors. When mouse B16F1 cells were cultured in the NPrCAP-containing medium, evident sub-G1 fraction was observed and the cell extract contained activated caspase 3. When mice bearing B16F1 melanoma received intra-tumoral administrations of NPrCAP, a decrease in tumor sizes was observed. After primary tumor was removed on the 14th day, B16F1 cells were re-transplanted. Growth of the secondary tumors was significantly suppressed. Tumors on mice that received anti-CD8 mAb grew similarly as those in the non-treated mice. These results suggest that (1) NPrCAP has cytotoxicity causing apoptotic cell death, and (2) it induces tumor-specific host immunity consisting of CD8+ T cells in the model animal. Thus, NPrCAP is applicable to the novel treatment by both the induction of apoptosis and CD8(+)-mediated cell immunity in human melanoma.

Utilization of melanogenesis substrate, NPrCAP for exploiting melanoma-targeting drug and its conjugation with magnetite nanoparticles for developing melanoma chemo-thermo-immunotherapy.

Kowichi Jimbow^{1,6}, Tomoaki Takada¹, Makito Sato¹, Akiko Sato¹, Yasue Osai¹, Takafumi Kamiya¹,
Ichiro Ono¹, Toshiharu Yamashita¹, Yasuaki Tamura², Akira Ito³, Hiroyuki Honda⁴,
Kazumasa Wakamatsu⁵ and Shosuke Ito⁵

Departments of ¹Dermatology and ²Pathology 1, Sapporo Medical University School of Medicine

³Department of Chemical Engineering, Faculty of Engineering, Kyushu University; ⁴Department of Biotechnology, School of Engineering, Nagoya University

⁵Department of Chemistry, Fujita Health University School of Health Sciences

⁶Department of Cutaneous Sciences, Institute of Dermatology & Cutaneous Sciences

E-mail address: jimbow@sapmed.ac.jp

Affiliation: Department of Cutaneous Sciences, Institute of Dermatology & Cutaneous Sciences

Mailing Address: Sapporo Medical Care Centre 4th Floor, Chuoku, Odori, West 17, 11-23, Sapporo, Japan 060-0042

TEL: 81 - 11 - 887 - 8266 / FAX: 81 - 11 - 618 - 1213

Exploitation of a specific biological property is one of the best approaches for developing novel cancer targeted drugs. Melanogenesis substrate, N-propionyl cysteaminyphenol (NPrCAP) may provide a novel drug delivery system because of its selective incorporation into melanoma cells as well as act as a melanoma targeted drug because of its production of highly reactive free radicals (melanoma targeted chemotherapy). Utilization of magnetite nanoparticles can also be a good platform to develop thermo-immunotherapy because of heat shock protein (HSP) generation upon exposure to an alternating magnetic field (AMF). This study shows the feasibility of this approach in experimental study using in vivo and in vitro B16 melanoma cells and preliminary clinical study with a limited number of advanced melanoma patients. The therapeutic protocol against the primary transplanted tumor with or without AMF once a day every other day for a total of three treatments not only inhibited the growth of primary transplant, but also prevented the growth of the secondary, re-challenge transplant and increased life span of the host mice. The heat-generated therapeutic effect was more significant at a temperature of 43°C than either 41°C or 46°C. HSP70 production at the site of primary transplant and CD8+T cell infiltration at the site of the re-challenge melanoma transplant were seen. Four patients entered in the preliminary clinical trial by following the basic outline of this animal protocol and two of them showed PR and CR.

Conjugation of NPrCAP, melanogenesis substrate and magnetite nanoparticles with alternating magnetic field can provide a novel melanoma chemo-thermo-immunotherapy; feasibility, specificity and preliminary clinical efficacy

Kowichi JIMBOW^{1,6}, Yasue Osai¹, Akiko Sato¹, Tomoaki Takada¹, Makito Sato¹, Takafumi Kamiya¹, Ichiro Ono¹, Toshiharu Yamashita¹, Yasuaki Tamura², Akira Ito³, Hiroyuki Honda⁴, Kazumasa Wakamatsu⁵, Shosuke Ito⁵, Eiichi Nakayama

Departments of ¹Dermatology and ²Pathology 1, Sapporo Medical University School of Medicine

³Department of Chemical Engineering, Faculty of Engineering, Kyushu University; ⁴Department of Biotechnology, School of Engineering, Nagoya University

⁵Department of Chemistry, Fujita Health University School of Health Sciences

⁶Department of Cutaneous Sciences, Institute of Dermatology & Cutaneous Sciences

E-mail address: jimbow@sapmed.ac.jp

Affiliation: Department of Cutaneous Sciences, Institute of Dermatology & Cutaneous Sciences

Mailing Address: Sapporo Medical Care Centre 4th Floor, Chuoku, Odori, West 17, 11-23, Sapporo, Japan 060-0042

TEL: 81-11-887-8266 / FAX: 81-11-618-1213

NPrCAP (N-propionyl cysteaminyphenol) is a unique substrate for melanin biosynthesis substrate in melanoma. It is selectively incorporated into melanoma, providing a unique melanoma-targeted drug delivery system, and disintegrates melanoma cells through highly reactive free radicals produced by interaction with tyrosinase, hence being able to act as a melanoma-targeted chemotherapy agent. Utilization of magnetite nanoparticles can also be a good platform to develop thermo-immunotherapy because of heat shock protein (HSP) generation upon exposure to an alternating magnetic field (AMF). This study introduces our protocol of this combined approach in conjugation of NPrCAP and magnetite nanoparticles with exposure to AMF, and reports the feasibility and specificity of the

approach in experimental study using *in vivo* and *in vitro* B16 melanoma cells. In addition a preliminary clinical study with a limited number of advanced melanoma patients is shown. The therapeutic protocol against the primary transplanted tumor with or without AMF once a day every other day for a total of three treatments not only inhibited the growth of primary transplant, but also prevented the growth of the secondary, re-challenge transplant and increased life span of the host mice. Importantly NPrCAP alone could produce growth inhibition of re-challenge melanoma transplant. HSP production at the site of primary transplant and CD8⁺T cell infiltration at the site of the re-challenge melanoma transplant were seen. Four patients entered in the preliminary clinical trial by following the basic outline of this animal protocol and two of them showed PR and CR. It is concluded that the utilization of a biological property of melanoma, i.e., melanogenesis which is highly and uniquely expressed, can be employed in developing highly reactive, melanoma-targeted drug, acting as both chemotherapeutic and immunogenic drug, and that a combined therapy of NPrCAP and magnetite nanoparticles can provide a basis for establishing “chemo-thermo-immuno-therapy CTI therapy for melanoma.,

Melanogenesis substrate, N-propionyl cysteaminyphenol, alone possesses a potent chemotherapeutic and immunogenic property in conducting melanoma chemo-thermo-immunotherapy, a combined therapy of NPrCAP and magnetite nanoparticles with HSP generation by alternating magnetic field.

Kowichi JIMBOW^{1,6}, Yasue OSAI¹, Akiko SATO¹, Tomoaki TAKADA¹, Makito SATO¹, Takafumi Kamiya¹, Ichiro ONO¹, Toshiharu YAMASHITA¹, Yasuaki TAMURA², Akira ITO³, Hiroyuki HONDA⁴, Kazumasa WAKAMATSU⁵, Shosuke ITO⁵, Takeshi KOBAYASHI and Eiichi NAKAYAMA

Departments of ¹Dermatology and ²Pathology 1, Sapporo Medical University School of Medicine

³Department of Chemical Engineering, Faculty of Engineering, Kyushu University;

⁴Department of Biotechnology, School of Engineering, Nagoya University

⁵Department of Chemistry, Fujita Health University School of Health Sciences

⁶Department of Cutaneous Sciences, Institute of Dermatology & Cutaneous Sciences

E-mail address: jimbow@sapmed.ac.jp

Affiliation: Department of Cutaneous Sciences, Institute of Dermatology & Cutaneous Sciences

Mailing Address: Sapporo Medical Care Centre 4th Floor, Chuoku, Odori, West 17, 11-23, Sapporo, Japan 060-0042

TEL: 81-11-887-8266 / FAX: 81-11-618-1213

Melanogenesis substrate, N-propionyl cysteaminyphenol (NPrCAP) provides a novel drug delivery system because of its selective incorporation into melanoma cells and act as a melanoma-targeted drug because of its production of highly reactive free radicals (melanoma targeted chemotherapy). Utilization of magnetite nanoparticles can also be a good platform to develop thermo-immunotherapy because of heat shock protein (HSP) generation upon exposure to an alternating magnetic field (AMF). We have evaluated the feasibility of this approach in experimental study using *in vivo* and *in vitro* B16 melanoma cells. Using this strategy called “chemo-thermo-immuno (CTI) therapy”, we were able to show CR and PR results in a pilot preliminary clinical study with a limited number of patients. This study reports to what extent and at which site of CTI therapy NPrCAP alone exerts its effect. The therapeutic protocol against the primary transplanted tumor with or without AMF once a day every other day for a total of three treatments not only inhibited the growth of primary transplant, but also prevented

the growth of the secondary, re-challenge transplant and increased life span of the host mice. HSP production at the site of primary transplant and CD8⁺T cell infiltration at the site of the re-challenge melanoma transplant were seen. Importantly NPrCAP alone could produce growth inhibition of re-challenge melanoma transplant. Specifically “first B16 melanoma transplanted” mice treated by *ip* administration of NPrCAP for 3-5times showed not only growth inhibition of primary transplant but also the marked and significant growth inhibition of “second re-challenge melanoma”. The latter immunologic rejection was blocked by anti-CD8⁺ Ab, but not by CD4⁺ AB. The finding indicates that NPrCAP alone has both chemo-and immunotherapeutic property in CTI therapy, hence it could be a good candidate for melanoma adjuvant therapy.

Abstract

Melanoma Targeted Chemo-Thermo-Immunotherapy, A combined Therapy of NPrCAP and magnetite nanoparticles with HSP generation

Kowichi JIMBOW^{1,9}, Yasue OSAI¹, Akiko SATO¹, Tomoaki TAKADA¹, Makito SATO¹, Takafumi Kamiya¹, Ichiro ONO¹, Toshiharu YAMASHITA¹, Yasuaki TAMURA², Akira ITO³, Hiroyuki HONDA⁴, Kazumasa WAKAMATSU⁵, Shosuke ITO⁵, Satoshi NOHARA⁶, Takeshi KOBAYASHI⁷ and Eiichi NAKAYAMA⁸

Departments of ¹Dermatology and ²Pathology 1, Sapporo Medical University School of Medicine,

³Department of Chemical Engineering, Faculty of Engineering, Kyushu University,

⁴Department of Biotechnology, School of Engineering, Nagoya University,

⁵Department of Chemistry, Fujita Health University School of Health Sciences,

⁶Meitou Seika Inc,

⁷Department of Immunology, Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences,

⁸Department of Biological Chemistry, College of Bioscience and Biotechnology, Chubu University,

⁹Institute of Dermatology & Cutaneous Sciences,
Japan

E-mail address: jimbow@sapmed.ac.jp

Affiliation: Department of Cutaneous Sciences, Institute of Dermatology & Cutaneous Sciences

Mailing Address: Sapporo Medical Care Centre 4th Floor, Chuoku, Odori, West 17, 11-23, Sapporo, Japan 060-0042

TEL: 81-11-887-8266 / FAX: 81-11-618-1213

Introduction: N-propionyl cysteaminyphenol (NPrCAP) is a compound that is tyrosinase substrate and selectively incorporates into melanoma cells and disintegrate melanoma cells through production of highly reactive free radicals by interaction with tyrosinase. It will thus provide a novel drug delivery system and act as a melanoma targeting chemotherapeutic drug. Utilization of magnetite nanoparticles can also be a good platform to develop thermo-immunotherapy because of heat shock protein (HSP) generation upon exposure to an alternating magnetic field (AMF).

Objective and Purpose: We have evaluated the efficacy of the combination therapy of NPrCAP and magnetite nanoparticles by experimental studies using *in vivo* and *in vitro*