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Overcoming Tumor Resistance to Gefitinib and Erlotinib in Non-Small Cell Lung Cancer Using Piperlongumine Terrick Andey, PhD., Shail Modi, PhD. Massachusetts College of Pharmacy and Health Sciences, School of Pharmacy, Department of Pharmaceutical Sciences, Worcester, MA, USA.

OBJECTIVES

- Gefinitib and erlotinib are approved as first-line therapies for the treatment of metastatic non-small cell lung cancer (NSCLC) harboring certain EGFR mutations.
- However, acquired resistance to these therapies have limited their long-term clinical utility and success of therapeutic outcomes.
- A combinatorial treatment approach with piperlongumine a natural bioactive from the long pepper fruit (Piper longum) - was pursued to overcome tumor resistance to gefitinib and erlotinib to improve therapeutic outcomes.

METHODS

- Anticancer efficacy assessment of piperlongumine (PPL), gefitinib (GEF), and erlotinib (ERL) were performed in H1299 and H1975 NSCLC cells.
- Two-drug combination regimen comprising sub-cytotoxic concentrations of PPL with GEF, or ERL were investigated in both cell lines in a concentrationdependent manner, and scheduling-specific manner.
- Assay of reactive oxygen species (ROS), apoptosis, and oncogenic protein marker (EGFR, EGFR-L858R, p-EGFR, cleaved-Caspase-3, cleaved-Caspase-7) expression were performed.

CONCLUSION

- Piperlongumine was effective and superior to ERL and GEF in inhibiting the growth of both NSCLC (H1299 and H1975) cells.
- Combination treatment comprising low doses of ERL or GEF with PPL [2.5] µM] resulted in significant anticancer activity in a cell- and schedule-specific manner.
- Concurrent treatment schedule potentiated GEF and ERL effects in H1299.
- Pre-treating with PPL followed by GEF or ERL after 1 h was more effective in H1975 cells.
- The anticancer activities of the combination treatment were associated with apoptosis induction and inhibition of oncogenic protein expression and activation.
- Piperlongumine is a viable drug candidate as adjuvant therapy to gefitinib and erlotinib in NSCLC treatment.

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DISCLOSURES

Authors have no disclosures to make.



