

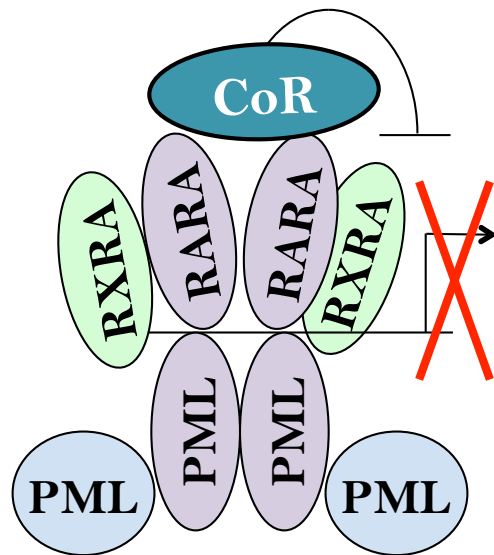
# Arsenic, a targeted curative therapy of APL<sup>a</sup>

Hugues de Thé

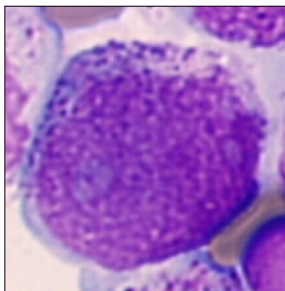
University of Paris Hôpital Saint-Louis,  
France

<sup>a</sup> Trisenox<sup>®</sup> (ATO) is indicated for induction of remission, and consolidation in adult patients with: newly diagnosed low-to-intermediate risk acute promyelocytic leukaemia (APL) (white blood cell count,  $\leq 10 \times 10^9/\mu\text{l}$ ) in combination with all-trans-retinoic acid (ATRA). ATO is not indicated for the treatment of children with APL. Teva does not support off-label use of ATO.

# Transcription therapy?

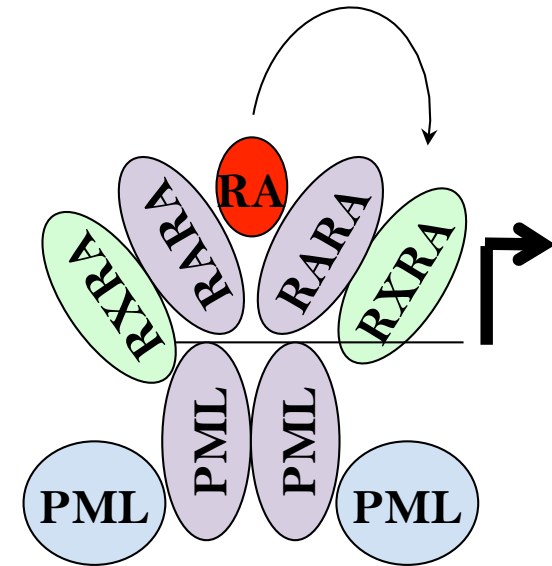


**Transcriptional repression**



→  
**Activation by retinoic acid**

Dimerization  
Relaxed specificity  
Enhanced repressor binding...



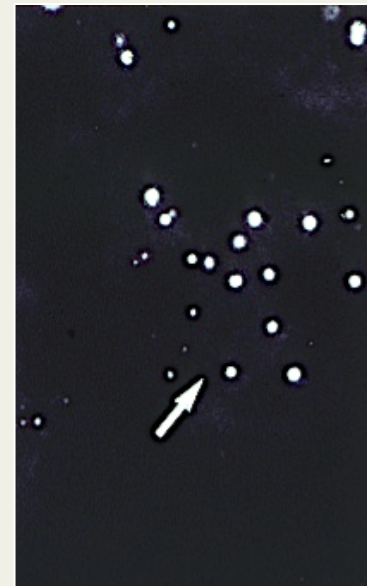
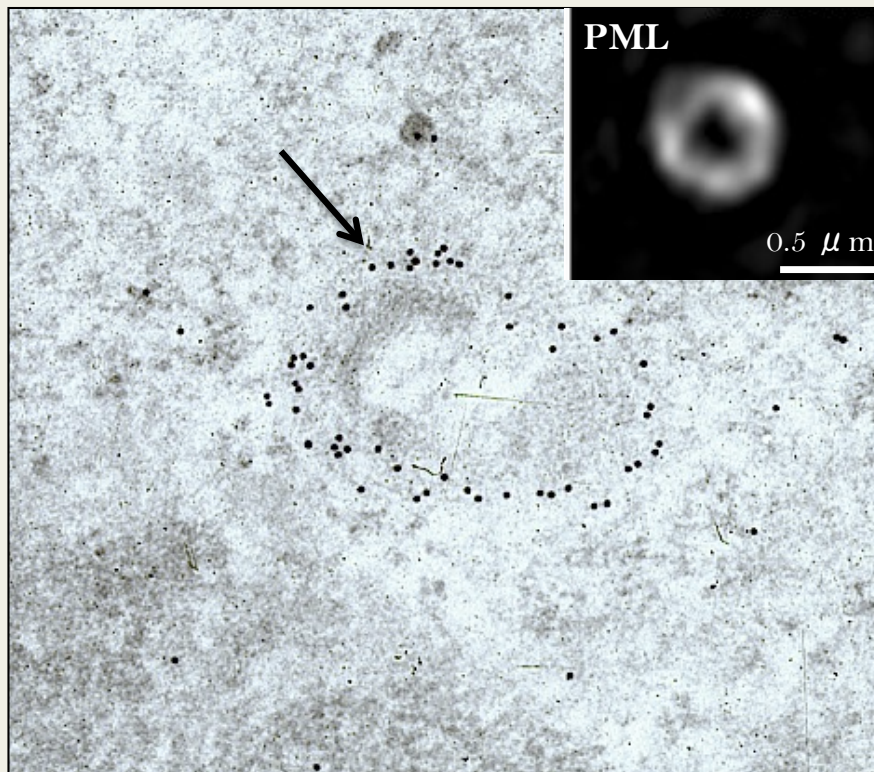
**Activation  
Differentiation**



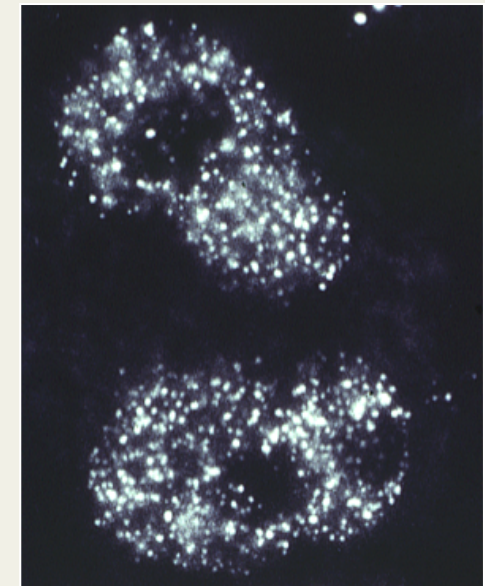
# PML/RARA disrupts PML bodies

**PML** Forms the shell  
Recruits partner proteins  
**Controls p53/senescence**

**PML/RARA** Disrupts PML NBs  
**Blunts p53 signaling**  
Apoptosis resistance



**PML**

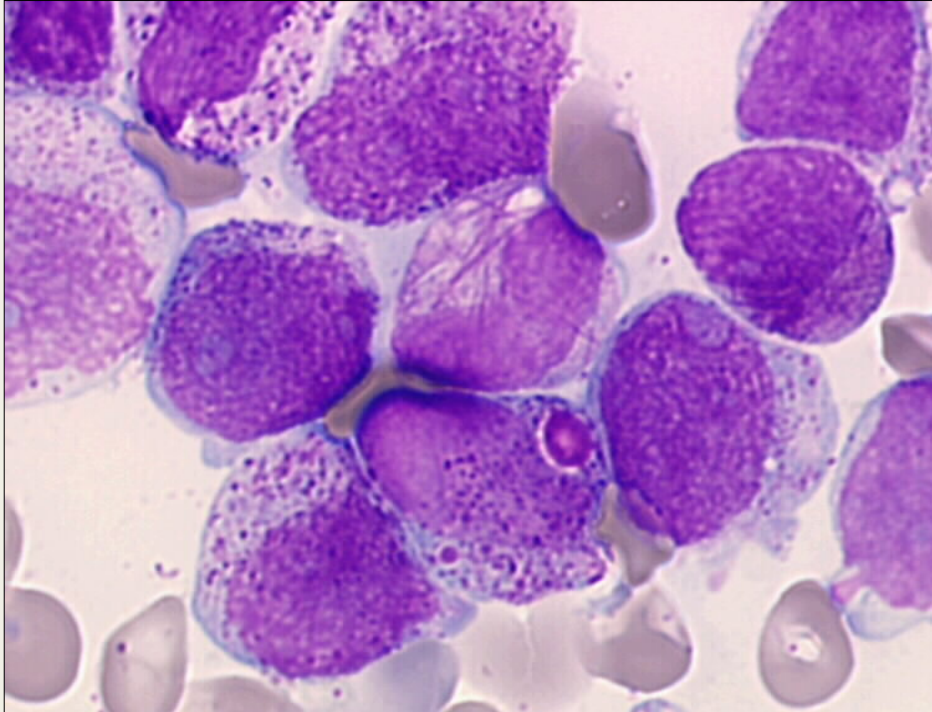


**PML + PML/RARA**

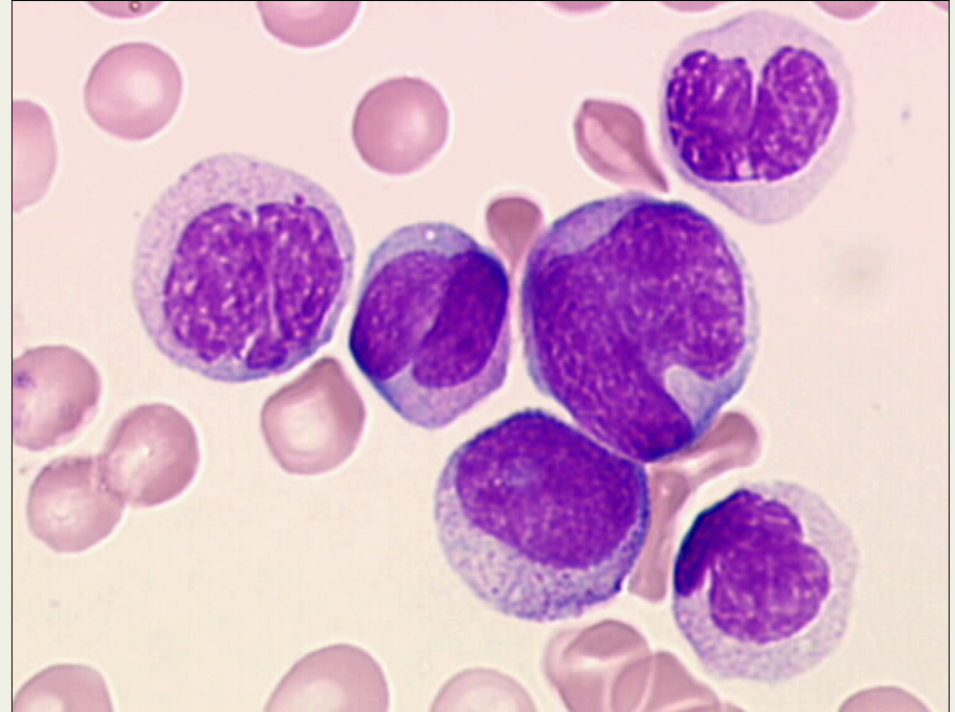
NB, nuclear body.

Daniel MT, et al. Blood. 1993;82:1858-67. Dyck JA, et al. Cell. 1994;76:333-43.  
Grignani F, et al. Cell. 1993;74:423-31. Koken MH, et al. EMBO J. 1994;13:1073-83.

# Arsenic in APL



**Control**

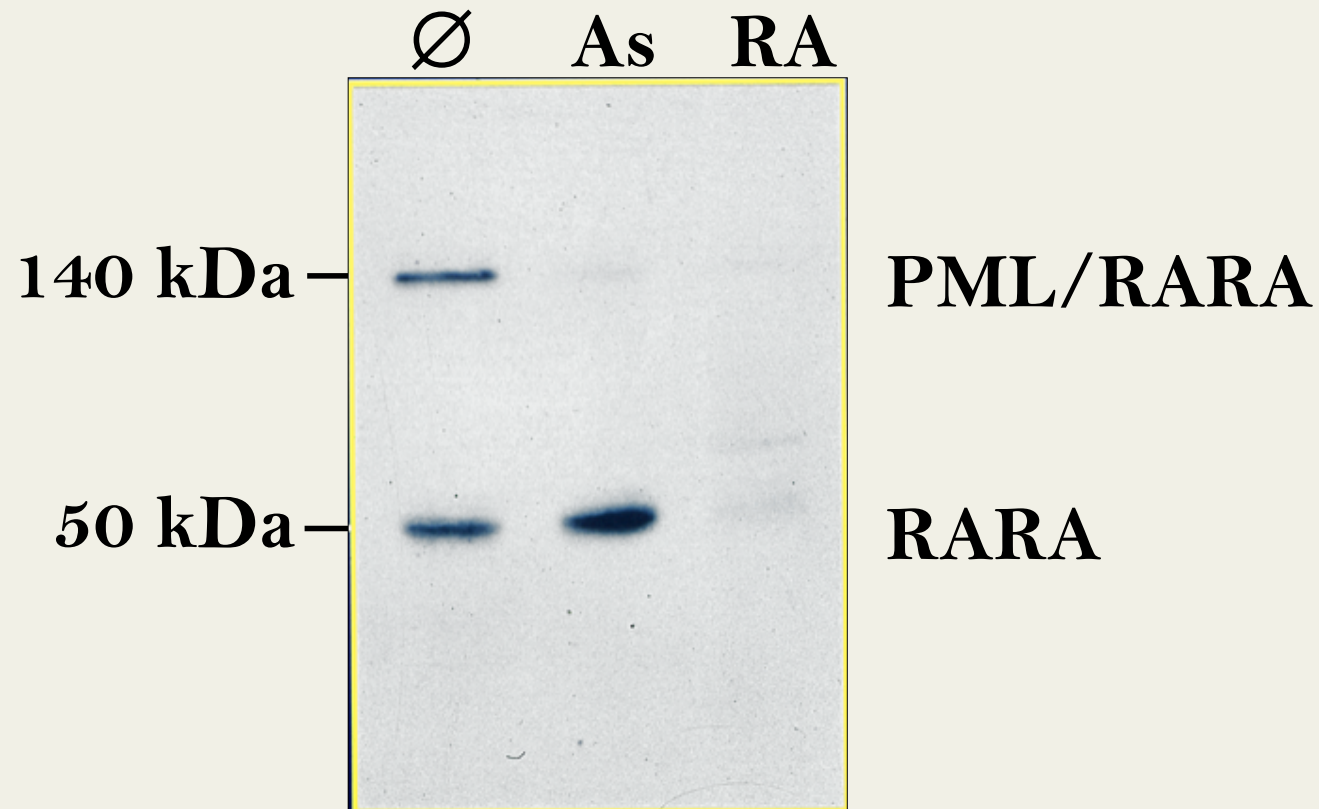


**Arsenic**

**Clinical responses**    95% complete remission  
70% cure, **single agent!**

**Incompatible with the transcriptional model!**

# RA and arsenic degrade PML/RARA

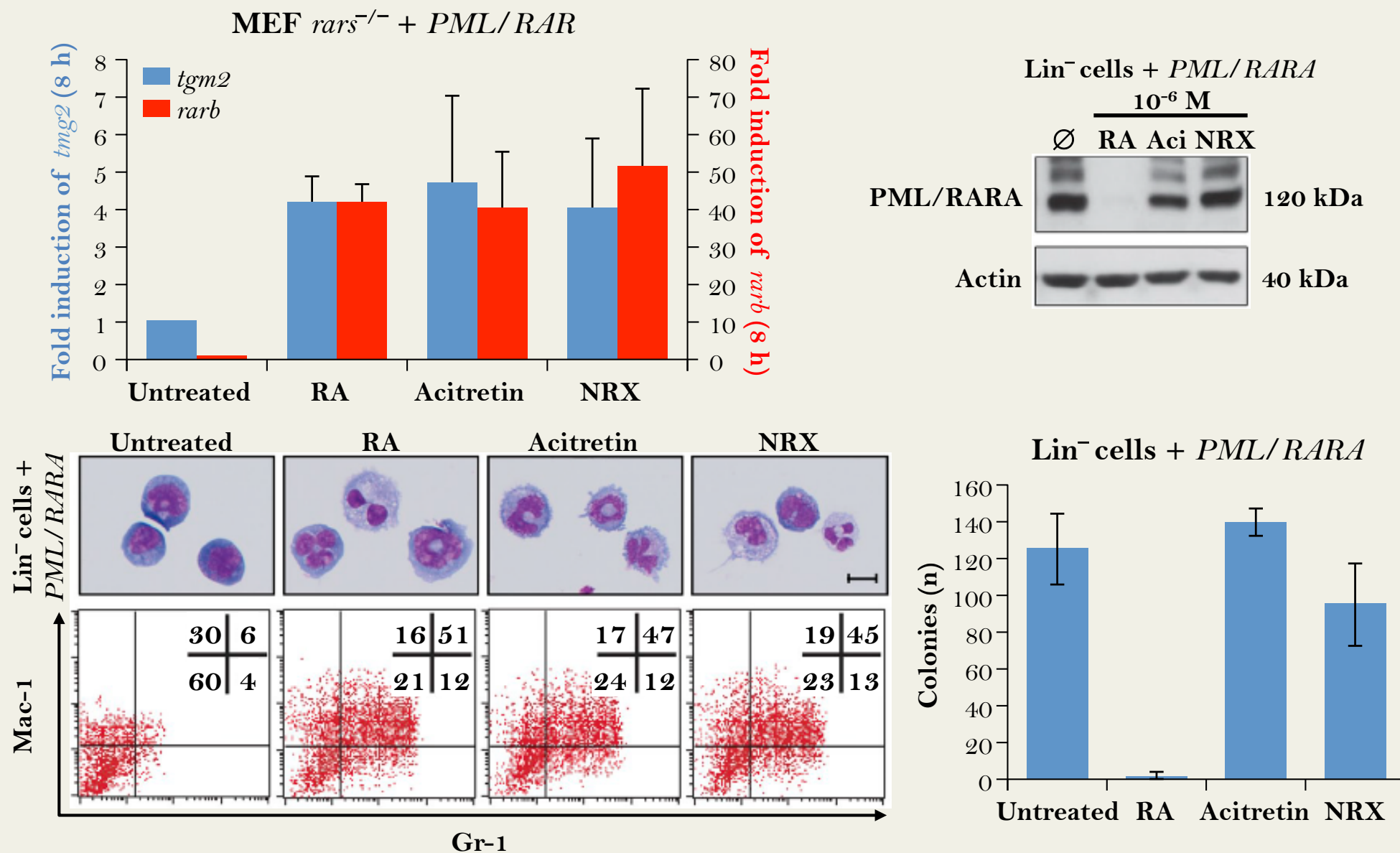


Chen GQ, et al. Blood. 1997;89:3345-53.

Lallemand-Breitenbach V, et al. J Exp Med. 1999;89:1043-52 and 2001;193:1361-71.

Zhu J, et al. Proc Natl Acad Sci USA. 1997;94:3978-83 and 1999;96:14807-12.

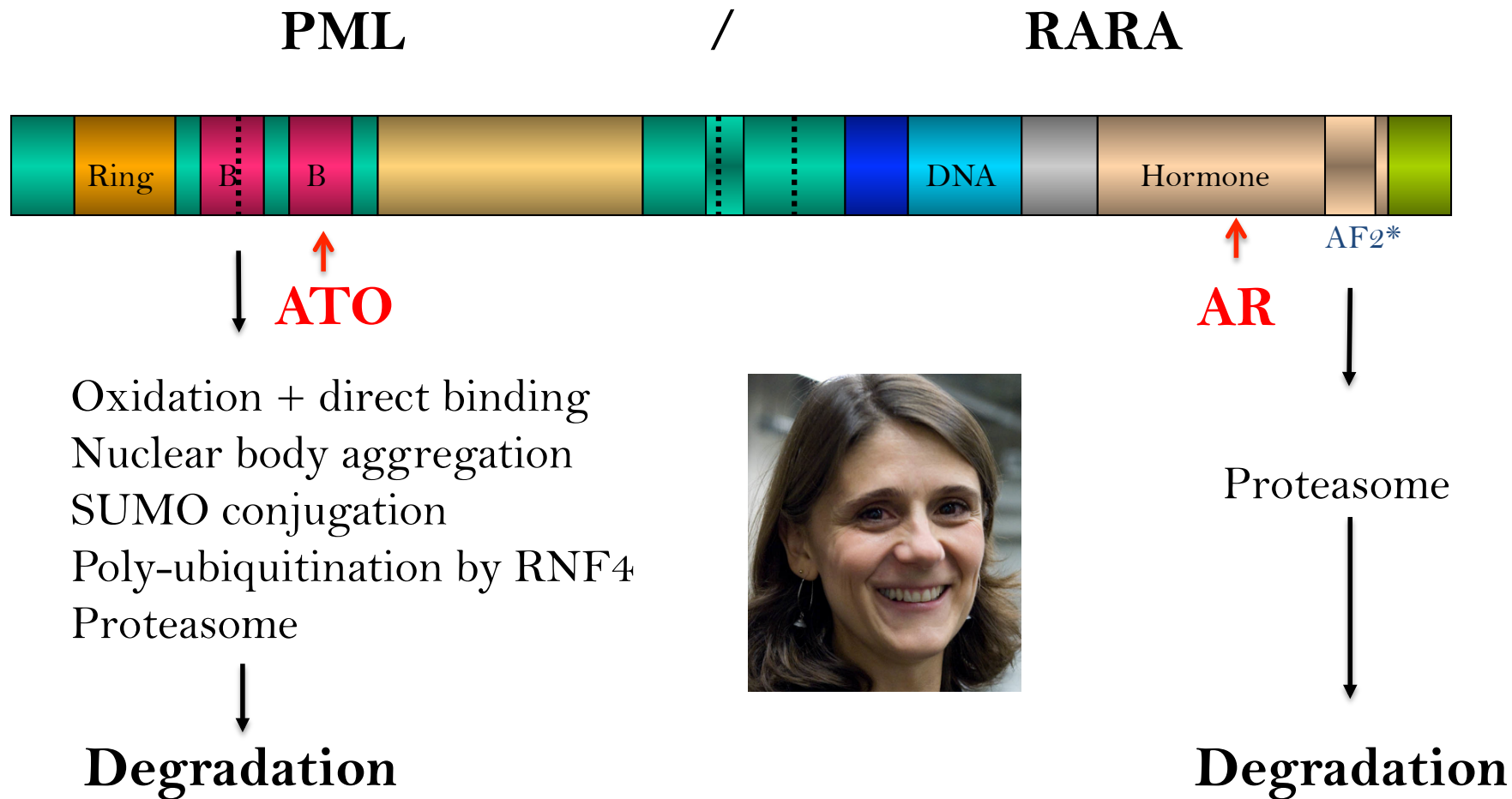
# Pharmacologically uncoupling differentiation and response



Lin<sup>-</sup>, lineage negative; MEF, mouse embryonic fibroblasts; NRX, NRX195183 (a RARA-specific agonist).

Ablain J, et al. J Exp Med. 2013;210:647-53.

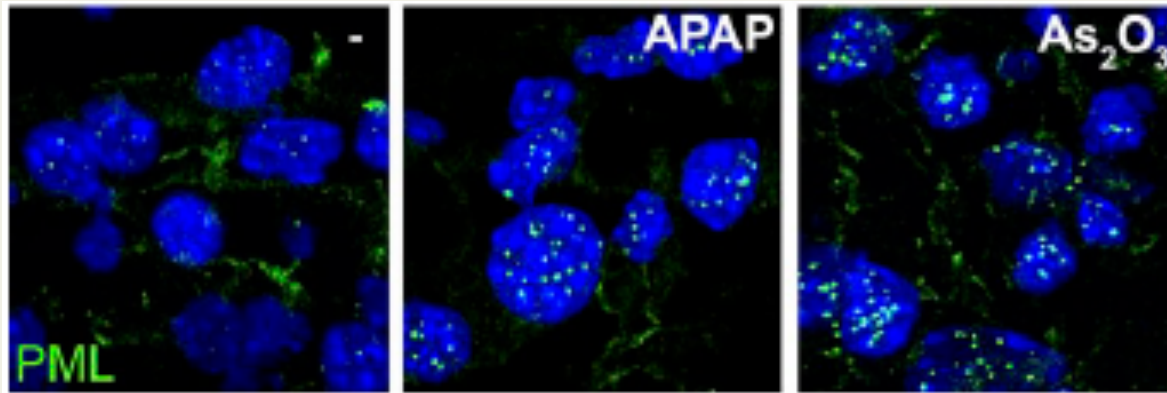
# PML/RARA degradation



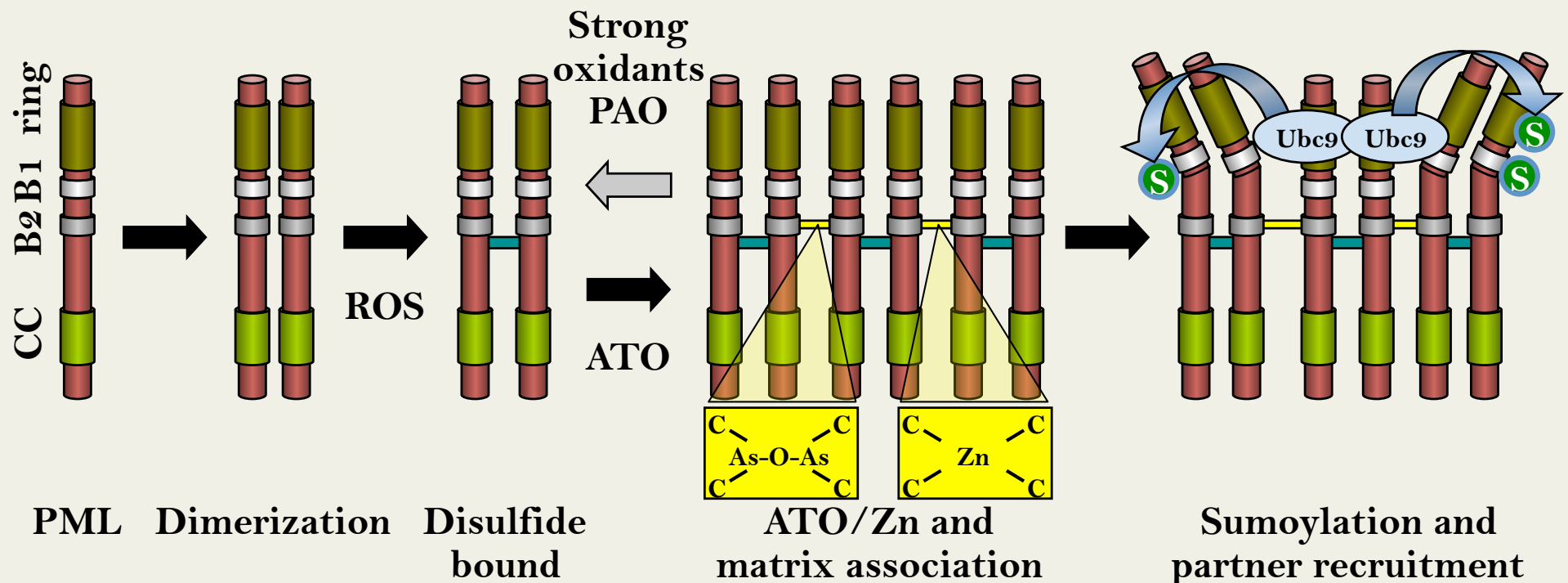
ATO, arsenic trioxide;  
SUMO, small ubiquitin-like modifier.

Jeanne M, et al. Cancer Cell. 2010;18:88-98. Lallemand-Breitenbach V, et al. J Exp Med. 2001;193:1361-71.  
Lallemand-Breitenbach V, et al. Nat Cell Biol. 2008;10:547-55. Zhang XW, et al. Science. 2010;328:240-3.  
Zhu J, et al. Proc Natl Acad Sci USA. 1997;94:3978-83 and 1999;96:14807-12.

# PML as a ROS sensor



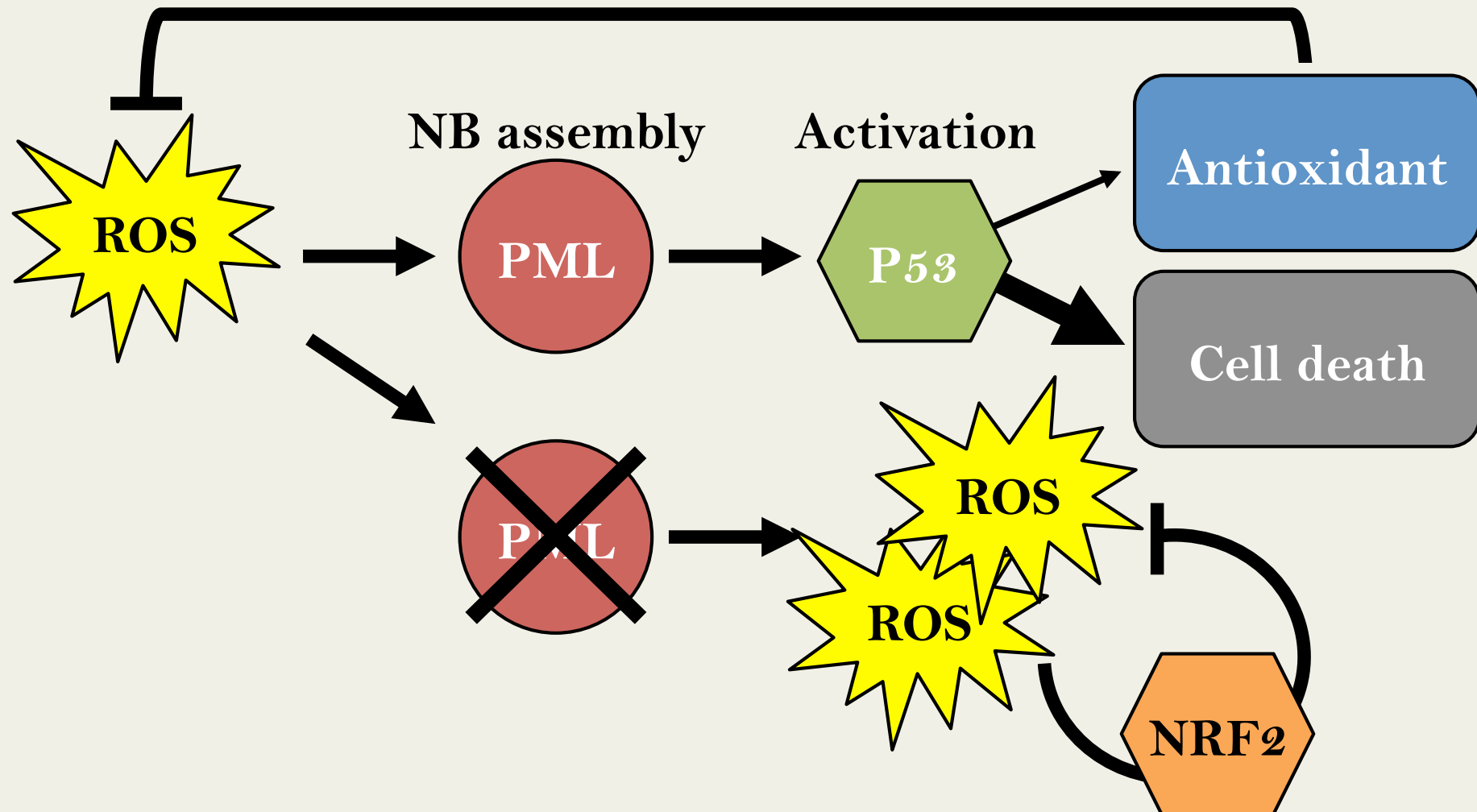
PML box 2  
KPL**CC**SCALLDSS  
As



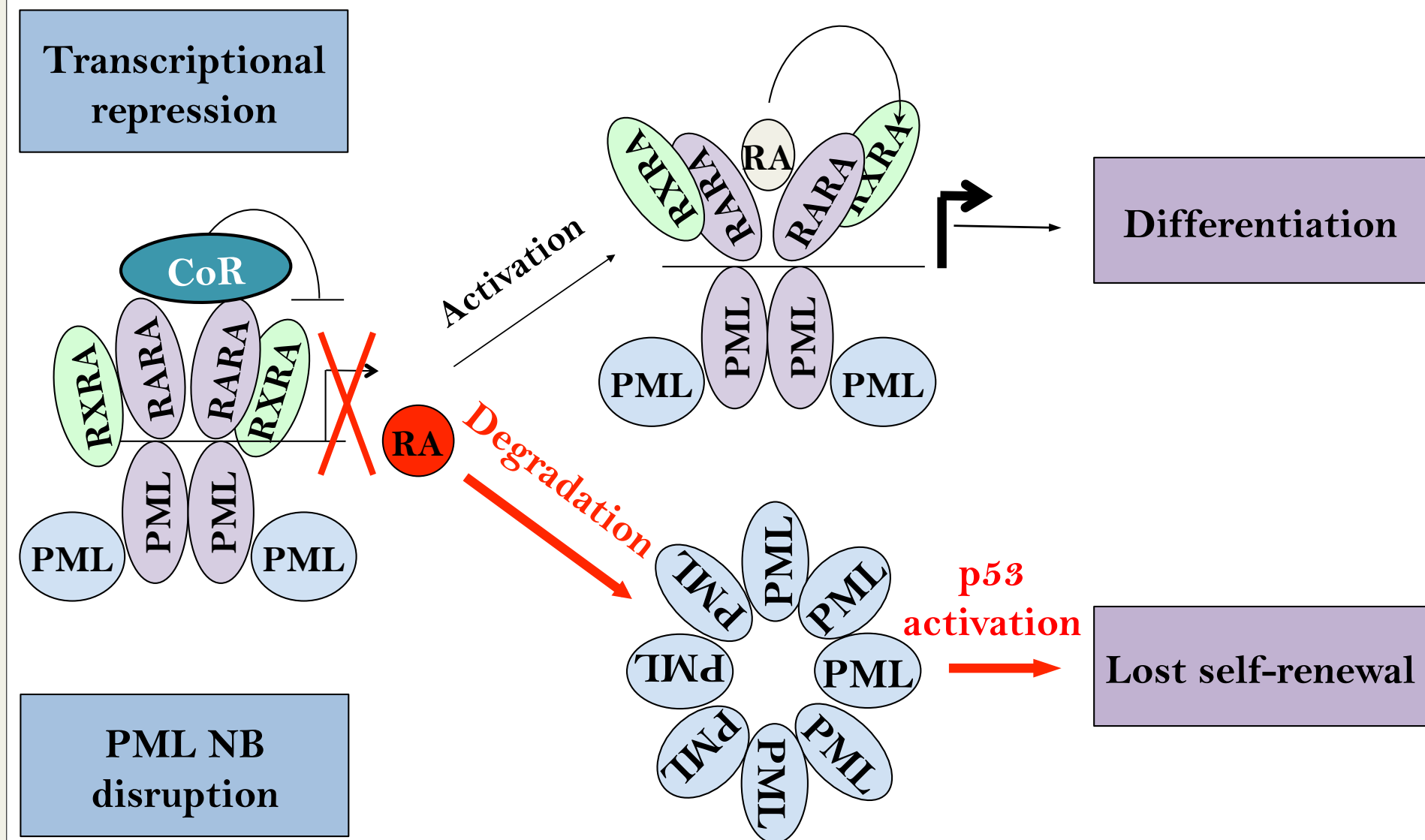
PAO, phenylarsine oxide;  
ROS, reactive oxygen species.

Jeanne M, et al. Cancer Cell. 2010;18:88-98. Lallemand-Breitenbach V, et al. J Exp Med. 2001;193:1361-71 and Nat Cell Biol. 2008;10:547-55. Sahin U, et al. J Cell Biol. 2014;204:931-45. Zhang XW, et al. Science. 2010;328:240-3. Zhu J, et al. Proc Natl Acad Sci USA. 1997;94:3978-83.

# PML as a physiologic ROS sensor



# Degradation therapy



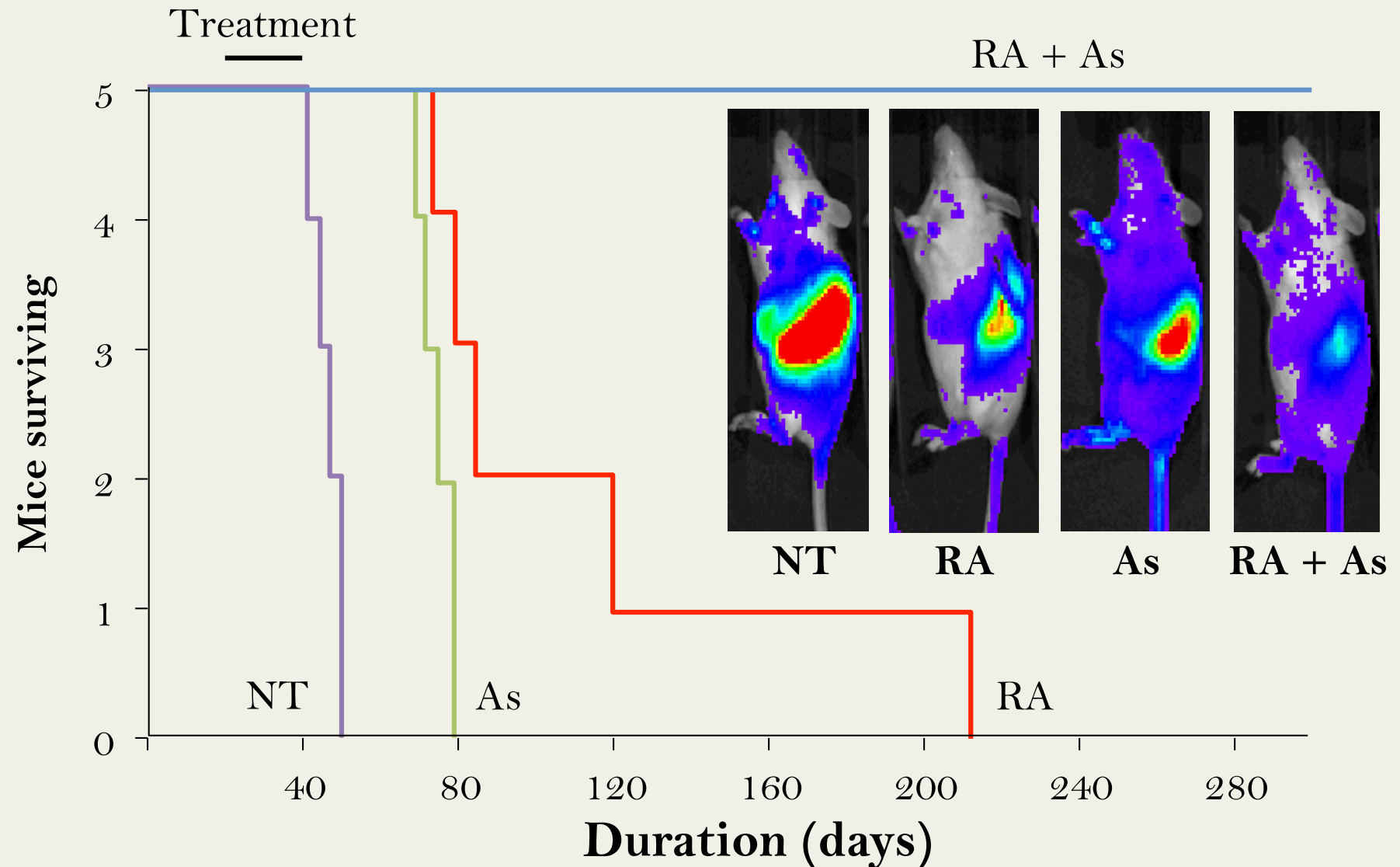
# RA and arsenic antagonize for differentiation *ex vivo*

**Cytofluorometric analysis of cell surface antigen marker expression: percentages of positive cells among leukemia blast cells derived from 4 patients with APL<sup>a</sup>**

| Marker | C0 | C7 | ATRA      | ATO | ATRA + ATO | C0 | C7 | ATRA | ATO       | ATRA + ATO |
|--------|----|----|-----------|-----|------------|----|----|------|-----------|------------|
|        |    |    | Patient 1 |     |            |    |    |      | Patient 2 |            |
| CD11b  | 30 | 19 | 86        | 13  | 42         | 68 | 12 | 89   | 17        | NE         |
| CD11c  | 2  | 1  | 74        | 8   | 13         | 4  | 3  | 69   | 11        | NE         |
| CD15   | 22 | 34 | 99        | 97  | 97         | 10 | 37 | 95   | 92        | NE         |
| CD18   | 10 | 4  | 59        | 3   | NE         | 4  | 8  | 57   | 23        | NE         |
|        |    |    | Patient 3 |     |            |    |    |      | Patient 4 |            |
| CD11b  | 10 | 2  | 51        | 3   | 5          | 10 | 4  | 79   | 3         | 31         |
| CD11c  | 0  | 0  | 51        | 2   | 32         | 0  | 0  | 54   | 1         | 17         |
| CD15   | 2  | 29 | 100       | 98  | 99         | 3  | 6  | 99   | 69        | 99         |
| CD18   | 54 | 48 | 94        | 58  | 50         | 37 | 33 | 95   | 33        | 79         |

<sup>a</sup> All patients had the t(15;17) translocation. The blast cells were cultured for 7 days in medium alone (control) or in the presence of 1  $\mu$ M ATRA, 1  $\mu$ M ATO, or a combination of these agents.

# ...but synergize for cure!

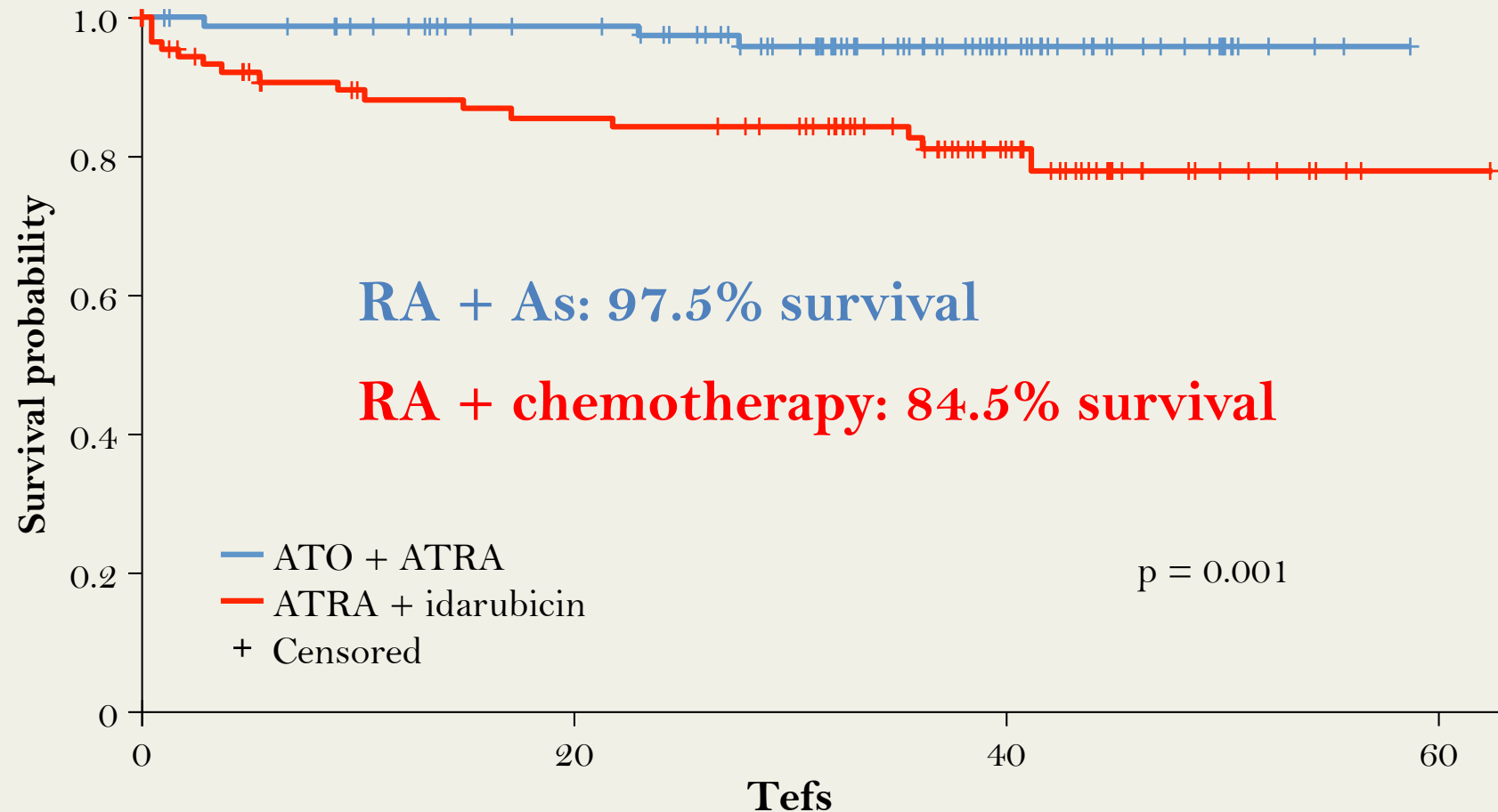


NT, no treatment.

Lallemand-Breitenbach V, et al. J Exp Med. 1999;89:1043-52.

Nasr R, et al. Nat Med. 2008;14:1333-42.

# RA and arsenic synergize in APL



**Patients go off treatment**  
**Oral therapy with arsenic sulfur**

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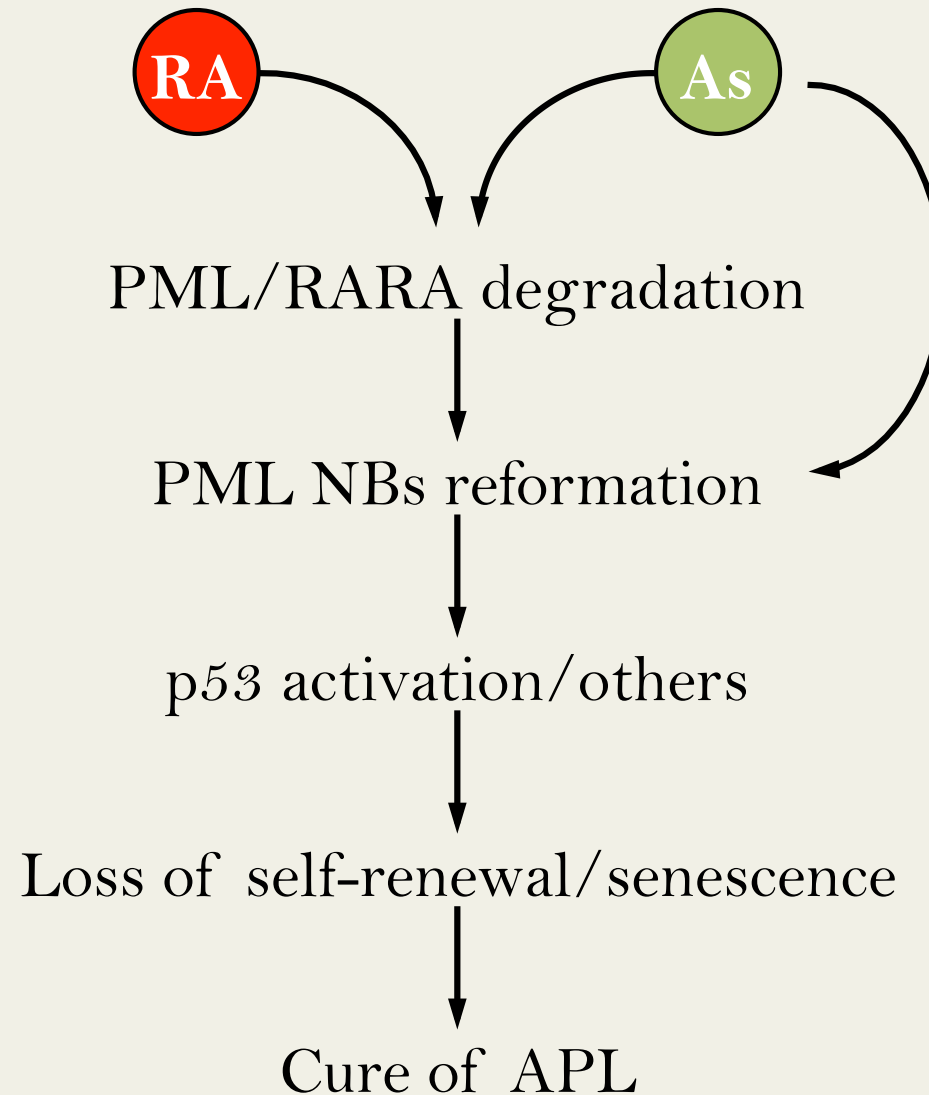
Hu J, et al. Proc Natl Acad Sci USA. 2009;106:3342-7.

Lo-Coco F, et al. N Engl J Med. 2013;369:111-21.

Shen ZX, et al. Proc Natl Acad Sci USA. 2004;101:5328-35.

Zhu HH, et al. J Clin Oncol. 2013;31:4215-21 and N Engl J Med. 2014;371:2239-41.

# Explaining synergy



# Therapy-resistant patients establish the model

- **RA-resistance:** mutation in the ligand-binding domain of the RARA moiety of PML/RARA

- **Arsenic resistance:** highly clustered mutations in the arsenic-binding site of the PML moiety of PML/RARA **PML B box 2**

KPL**CC**SC**AL**LDSS



- **Therapy resistance:** through mutation of the arsenic-binding site of PML!
  - Establish the **role of normal PML** in patients' cure