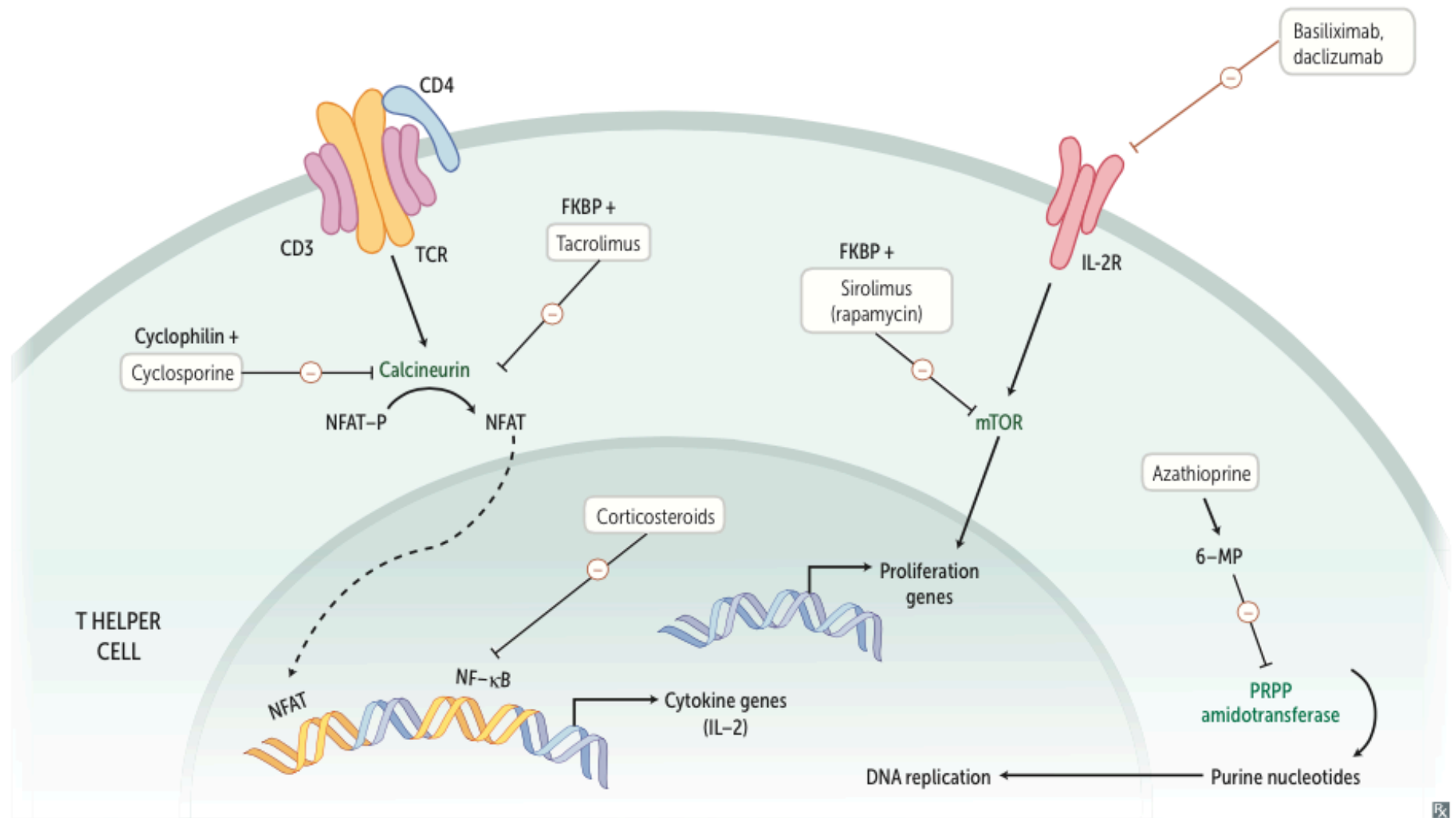


Immunosuppression targets



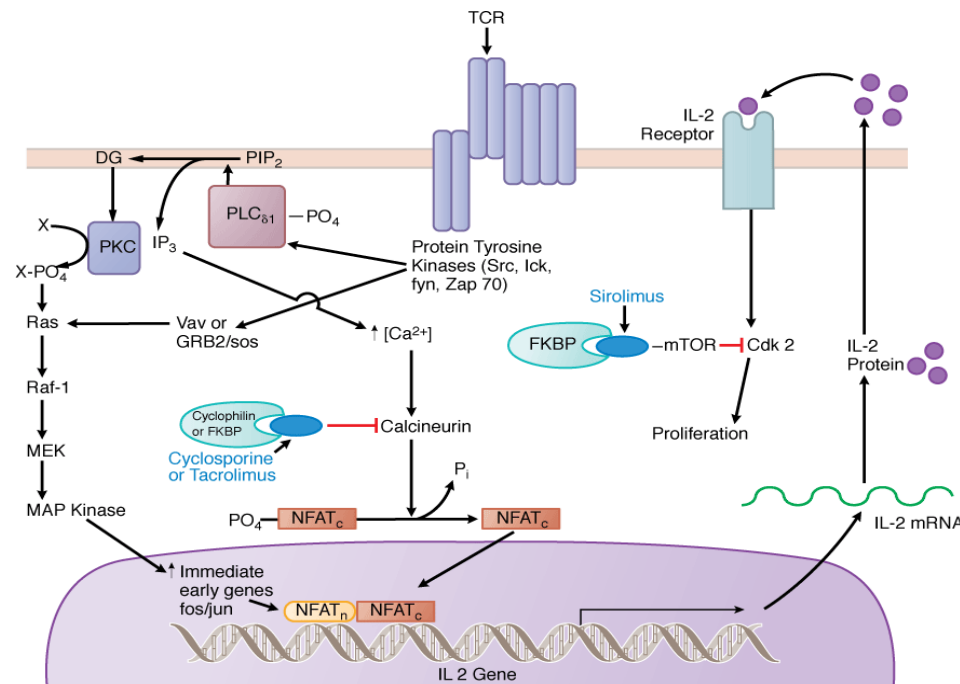
IMMUNOSUPPRESSANTS: mainly used in *organ transplantation & autoimmune diseases*; associated with **high risk of infection + cancer**

- **Induction Therapy:** prophylaxis of rejection in transplantation (lymphocyte-depleting against-ATG & IL-2 blockers-Basiliximab)
- **Maintenance Therapy:** Calcineurin inhibitors, antimetabolites, steroids

Immunosuppressants Agents that block lymphocyte activation and proliferation. Reduce acute transplant rejection by suppressing cellular immunity. Frequently combined to achieve greater efficacy with ↓ toxicity. Chronic suppression ↑ risk of infection and malignancy.				
DRUG	MECHANISM	USE	TOXICITY	NOTES
Cyclosporine	Calcineurin inhibitor; binds cyclo philin. Blocks T-cell activation by preventing IL-2 transcription .	Transplant rejection prophylaxis, psoriasis, rheumatoid arthritis.	Nephrotoxicity , hypertension, hyperlipidemia, neurotoxicity, gingival hyperplasia, hirsutism.	Both calcineurin inhibitors are highly nephrotoxic.
Tacrolimus (FK506)	Calcineurin inhibitor; binds FK506 binding protein (FKBP). Blocks T-cell activation by preventing IL-2 transcription .	Transplant rejection prophylaxis.	Similar to cyclosporine, ↑ risk of diabetes and neurotoxicity; no gingival hyperplasia or hirsutism.	
Sirolimus (Rapamycin)	mTOR inhibitor; binds FKBP. Blocks T-cell activation and B-cell differentiation by preventing response to IL-2 .	Kidney transplant rejection prophylaxis.	Anemia, thrombocytopenia, leukopenia, insulin resistance, hyperlipidemia; not nephrotoxic .	Kidney " sir -vives." Synergistic with cyclosporine. Also used in drug-eluting stents.
Daclizumab, basiliximab	Monoclonal antibodies; block IL-2R.	Kidney transplant rejection prophylaxis.	Edema, hypertension, tremor.	
Azathioprine	Antimetabolite precursor of 6-mercaptopurine. Inhibits lymphocyte proliferation by blocking nucleotide synthesis.	Transplant rejection prophylaxis, rheumatoid arthritis, Crohn disease, glomerulonephritis, other autoimmune conditions.	Leukopenia, anemia, thrombocytopenia.	6-MP degraded by xanthine oxidase; toxicity ↑ by allopurinol. Pronounce "azathio- purine ."
Glucocorticoids	Inhibit NF-κB. Suppress both B- and T-cell function by ↓ transcription of many cytokines.	Transplant rejection prophylaxis (immunosuppression), many autoimmune disorders, inflammation.	Hyperglycemia, osteoporosis, central obesity, muscle breakdown, psychosis, acne, hypertension, cataracts, avascular necrosis.	Can cause iatrogenic Cushing syndrome.

IMMUNOSUPPRESSANTS & IMMUNOMODULATORS

CALCINEURIN INHIBITORS (CNI)			
DRUG	MECHANISM	INDICATION	ADVERSE EFFECTS
CYCLOSPORINE <i>Erratic bioavailability</i>	Binds CYCLOPHILIN (CpN) of T cells & inhibits Calcineurin's phosphatase activity → prevents dephosphorylation & translocation of NFAT → inhibits IL-2 synthesis (T cell activation)	IMMUNOSUPPRESSION in ORGAN TRANSPLANTATION (Kidney, Liver, & Cardiac transplantation) Rheumatoid arthritis, Psoriasis Dry eye syndrome <i>*Generally administered with corticosteroids</i>	NEPHROTOXICITY HTN, HLD, GUM HYPERPLASIA GRAPEFRUIT JUICE ↑ blood levels
TACROLIMUS <i>Oral or IV</i>	Binds FKBP-12 & inhibits Calcineurin's phosphatase activity → inhibits IL-2 synthesis (T cell activation)	PROPHYLAXIS for GRAFT VS. HOST DISEASE <i>*In combo w/ Methotrexate or Mycophenolate</i> SOLID ORGAN TRANSPLANTATION Atopic dermatitis, Psoriasis	Nephrotoxicity, Neurotoxicity, & DIABETES MELLITUS
mTOR INHIBITORS			
SIROLIMUS (RAPAMYCIN)	Binds FKBP-12 & forms complex blocking mTOR → inhibition of IL-2 driven cell proliferation <i>*Doesn't inhibit Calcineurin or block IL-2, but ↓ response to IL-2</i> Prevents transition from G1 → S phase	Prevent re-stenosis post-coronary angioplasty PROPHYLAXIS of RENAL TRANSPLANT REJECTION (Not recommended in Liver or Lung transplant pts)	LOW NEPHROTOXICITY ☺ HLD, Myelosuppression , hepatotoxicity, delayed wound healing



Source: Brunton LL, Chabner BA, Knollmann BC: Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12th Edition:

CYTOTOXIC ANTI-METABOLITES			
DRUG	MECHANISM	INDICATION	ADVERSE EFFECTS
AZATHIOPRINE	PRODRUG Cleaved to 6-mercaptopurine & inhibits DNA synthesis <i>Affects both cell & humoral immunity</i>	RENAL TRANSPLANT REJECTION Rh arthritis, Crohn's, Multiple Sclerosis	BONE MARROW SUPPRESSION: Leukopenia, anemia, thrombocytopenia <i>*Life-threatening in pts deficient in thiopurine S-methyltransferase</i> *When used w/ Allopurinol, dose should be reduced by 1/3 or 1/4
CYCLOPHOSPHAMIDE	ALKYLATING AGENT Destroys <i>proliferating</i> lymphoid cells & alkylates DNA	Large dose: Transplant rejection reactions Small doses: SLE, Autoimmune hemolytic anemia	Hemorrhagic Cystitis SECONDARY MALIGNANCIES (Carcinoma of the bladder)
MYCOPHENOLATE MOFETIL (MMF)	PRODRUG → Mycophenolate sodium Inhibits inosine monophosphate dehydrogenase (IMPDH) Blocking GTP synthesis in B & T lymphocytes	PROPHYLAXIS of REJECTION of KIDNEY, LIVER, & HEART TRANSPLANTATION Alternative to Cyclosporine or Tacrolimus (combined w/ Prednisone) Steroid sparing agent in Lupus Nephritis, Psoriasis	BLACK BOX WARNING: INCREASED RISK OF INFECTION & LYMPHOME
LEFLUNOMIDE	PRODRUG Inhibits pyrimidine synthesis	RHEUMATOID ARTHRITIS Considered for organ transplant rejection	LIVER DAMAGE + RENAL IMPAIRMENT <i>(so I guess don't use it in these transplants?)</i>

ANTIBODIES			
DRUG	MECHANISM	INDICATION	ADVERSE EFFECTS
ANTI-LYMPHOCYTE (ALG) & ANTI-THYMOCYTE GLOBULIN (ATG)	Deplete lymphocytes by direct cytotoxicity Block lymphocyte function	Prevent/Treat ACUTE REJECTION in ORGAN & BONE MARROW TRANSPLANT Stem cell transplants – Prevent GVHD	Fever, chills, anaphylaxis
Rh(D) Ig	Interacts directly with Rh(D) antigens & do not allow them to interact with maternal immune system	Prevent Hemolytic Disease of the Newborn <i>Given at 28w, within 72 hours of birth</i> Contraindicated in Rh+ women, newborns	

MONOCLONAL ANTIBODIES			
DRUG	MECHANISM	INDICATION	ADVERSE EFFECTS
MUROMONAB CD3 (OKT3) WITHDRAWN FROM US\$	Binds CD3-R on mature T cells	Treat ACUTE rejection in Kidney, Liver, & Heart transplants	Severe cytokine release syndrome *Reduce symptoms w/ steroids/antihistamine CNS disturbances
BASILIXIMAB DACLIZUMAB	Ab against CD-25 on T cells (IL-2R α chain) Blocks activation of T cells by IL-2	Prophylaxis of ACUTE organ rejection following RENAL transplant	Well-tolerated w/ ↓ risk of opportunistic infections & lymphomas 😊
ALEMTUZUMAB	Targets CD52	CLL	
ALAFECEPT	Fusion protein – Prevents interaction of T cell CD2 from binding LFA-3 on APC	Psoriasis	
EFALIZUMAB	Blocks interaction of LFA-1 to ICAM-2	Psoriasis	
NATALIZUMAB	Block cell adhesion of $\alpha 4$ -integrin	Multiple Sclerosis & Crohn's	

Autoimmune disease therapy			
Adalimumab, infliximab	Soluble TNF- α	IBD, rheumatoid arthritis, ankylosing spondylitis, psoriasis	Etanercept is a decoy TNF- α receptor and not a monoclonal antibody
Eculizumab	Complement protein C5	Paroxysmal nocturnal hemoglobinuria	
Natalizumab	$\alpha 4$ -integrin	Multiple sclerosis, Crohn disease	$\alpha 4$ -integrin: WBC adhesion Risk of PML in patients with JC virus
Other			
Abciximab	Platelet glycoproteins IIb/IIIa	Antiplatelet agent for prevention of ischemic complications in patients undergoing percutaneous coronary intervention	IIb times IIIa equals "absiximab"
Denosumab	RANKL	Osteoporosis; inhibits osteoclast maturation (mimics osteoprotegerin)	Denosumab affects osteoclasts
Digoxin immune Fab	Digoxin	Antidote for digoxin toxicity	
Omalizumab	IgE	Allergic asthma; prevents IgE binding to Fc ϵ RI	
Palivizumab	RSV F protein	RSV prophylaxis for high-risk infants	PaliVI zumab— VI rus
Ranibizumab, bevacizumab	VEGF	Neovascular age-related macular degeneration	

IMMUNOMODULATING AGENTS: *Modulate immune system, rather than suppress it*

– Used in immunodeficiency disorders, chronic infectious diseases, & cancer

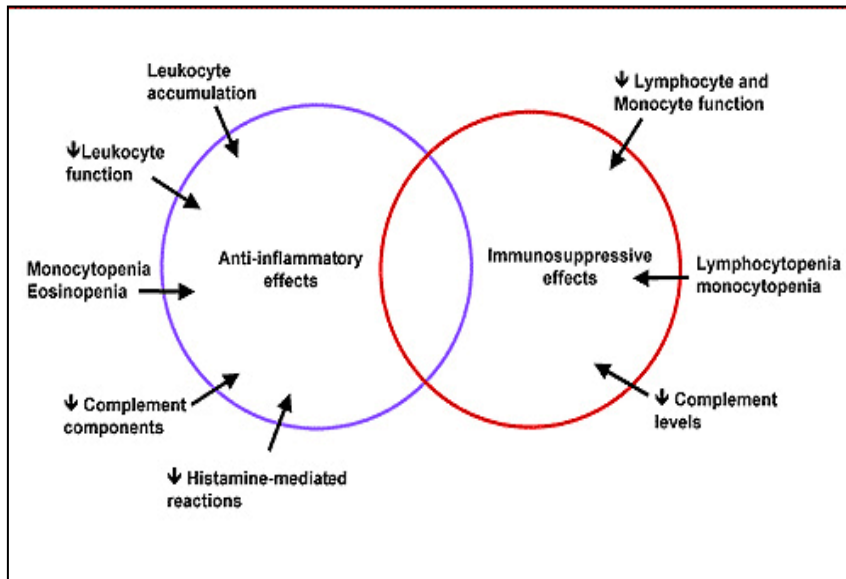
DRUG	MECHANISM	INDICATION	ADVERSE EFFECTS
ALDESLEUKIN	Recombinant IL-2 promotes production of CTL & activates NK cells	Metastatic Renal Cell Carcinoma Malignant Melanoma	
INTERFERON-α-2α		Hepatitis B & C CML, Malignant Melanoma	
INTERFERON-β-1A&B		Multiple Sclerosis	
BCG		Tx & Prophylaxis of CIS in bladder	
THALIDOMIDE (IMiD)	Inhibits angiogenesis & has anti-inflammatory + immunomodulatory effects	Erythema Nodosum Leprosum Multiple Myeloma	

Recombinant cytokines and clinical uses

AGENT	CLINICAL USES
Aldesleukin (IL-2)	Renal cell carcinoma, metastatic melanoma
Epoetin alfa (erythropoietin)	Anemias (especially in renal failure)
Filgrastim (G-CSF)	Recovery of bone marrow
Sargramostim (GM-CSF)	Recovery of bone marrow
IFN- α	Chronic hepatitis B and C, Kaposi sarcoma, malignant melanoma
IFN- β	Multiple sclerosis
IFN- γ	Chronic granulomatous disease
Romiplostim, eltrombopag	Thrombocytopenia
Oprelvekin (IL-11)	Thrombocytopenia

GLUCOCORTICOIDS

DRUG	MECHANISM	INDICATION	ADVERSE EFFECTS
PREDNISONE METHYLPREDNISONE	Suppress cell-mediated immunity by inhibit genes of IL-1-6, IL-8 & TNF-1 → ↓ T activation Suppress humoral immunity by ↓ IL-2 expression in B cells	Transplantation rejection Autoimmune diseases	



Synthesis of Prostaglandins (PGs) and Leukotrienes (LTs):

Phospholipase A₂, LT Inhibitors & PGs

