

# **Radiation-induced mucositis: protective activity of a dextrane derivative.**

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# Oral mucositis

The most common and clinically significant toxicity of HNC treatment → **2/3 of patients**

## ERYTHEMA AND ULCERATIONS



- ✓ impaired nutrition, risk of infection, rapid deterioration of the quality of life
- ✓ delayed treatment and dose reduction

# No approved treatment for OM

## CURRENT THERAPIES

- Bland rinses: saline or sodium bicarbonate
- Topical anesthetics: lidocaine, benzocaine
- Mucosal coating agents
- Analgesics
- Steroids

# No approved treatment for OM

## AGENTS IN CLINICAL TRIALS

AGENT	CHARACTERISTICS
Amifostine	<ul style="list-style-type: none"><li>• Free-radical scavenger</li><li>• Prevents the upregulation of inflammatory pathways</li></ul>
Glucagon-like peptide-2 (GLP-2)	<ul style="list-style-type: none"><li>• Epithelium-specific growth factor</li><li>• May reduce intestinal mucositis</li></ul>
Glutamine supplementation (AES-14)*	<ul style="list-style-type: none"><li>• Amino acid</li><li>• Mitigates treatment-induced glutamine deficiency</li><li>• Replenishes glutamine</li><li>• Exerts mucoprotective effects</li></ul>
Palifermin†	<ul style="list-style-type: none"><li>• Keratinocyte growth factor</li><li>• Increases cellular proliferation</li><li>• Mediates epithelial cell repair</li></ul>
Tocopherol	<ul style="list-style-type: none"><li>• Antioxidant</li><li>• Potent form of vitamin E</li></ul>
Velafermin	<ul style="list-style-type: none"><li>• Growth factor</li><li>• Reduces mucosal barrier injury by increasing mucosal thickness</li><li>• Stimulates epithelial cell division</li><li>• Decreases inflammation by reducing the production of pro-inflammatory cytokines</li></ul>

Posner and Haddad, Novel Agents for the Treatment of Mucositis  
*J Supp Oncol* 2007; 5 (9 Suppl 4): 33-9

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Approved by the FDA in 2004 to decrease incidence and duration of severe OM in pt undergoing high-dose CT w/wo RT followed by bone marrow transplant for hematologic cancers

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*American Journal of Pathology, Vol. 164, No. 2, February 2004*  
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## An Engineered Biopolymer Prevents Mucositis Induced by 5-Fluorouracil in Hamsters

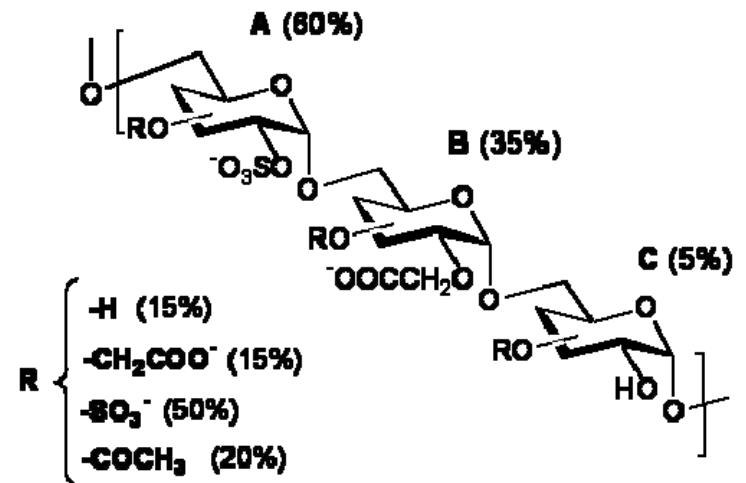
Frédéric O. Morvan,\* Brigitte Baroukh,\*  
Dominique Ledoux,† Jean-Pierre Caruelle,†  
Denis Barritault,† Gaston Godeau,\* and  
Jean-Louis Saffar\*

**RGTA improved 5FU induced mucositis in hamsters**

# RGTA® (ReGeneraTingAgents)

## Family of dextran derivative biopolymers

- ✓ provided with heparan-mimetic properties
- ✓ devoid of heparin associated anticoagulant properties



# RGTA® (ReGeneraTingAgents)

- ✓ protectors of the endogenous HBGF
- ✓ effective in stimulating tissue repair in several *in vivo* models:

bone: *Blanquaert F et al. Ann Endocrinol 1994*

Skin: *Meddahi A et al. Diabetes Metab 1996*

Muscle: *Desgranges P et al. FASEB J 1999*

GI tract: *Benoit J et al. Int J Colorectal Dis 1998*

*Escartin Q et al. EMBO J 2003*

5-FU induced mucositis: *Morvan OF et al. Am J Pathol 2004*

# Purposes

- ✓ to evaluate RGTA-OTR4131 on radiation-induced mucositis in mice

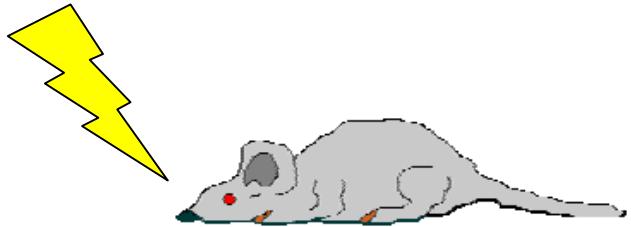
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- ✓ to compare the effects of RGTA to
  - 1.amifostine and 2.amifostine+RGTA

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- ✓ to evaluate RGTA-OTR4131 on radiation-induced mucositis in mice
- ✓ to compare the effects of RGTA to
  - 1.amifostine and 2.amifostine+RGTA
- ✓ to test potential interference of RGTA on tumor response to IR

# Mucosal lip reaction to ionizing radiation



C57 black mice

Single dose of **16.5 Gy** selectively on oral region

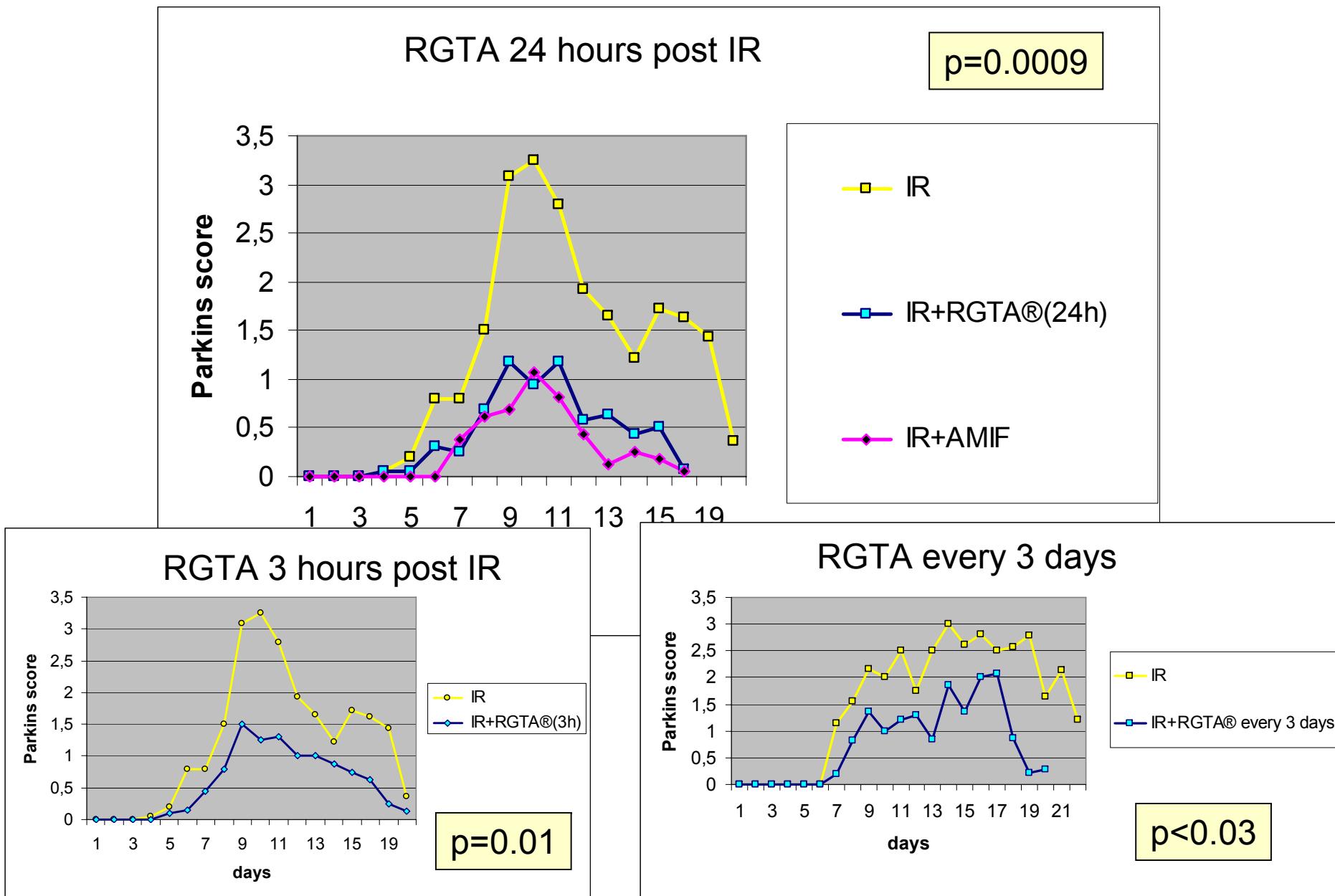
Diet: liquid food (Renutryl®500)

Reagents: RGTA®-OTR4131  
Amifostine (Ethylol®)

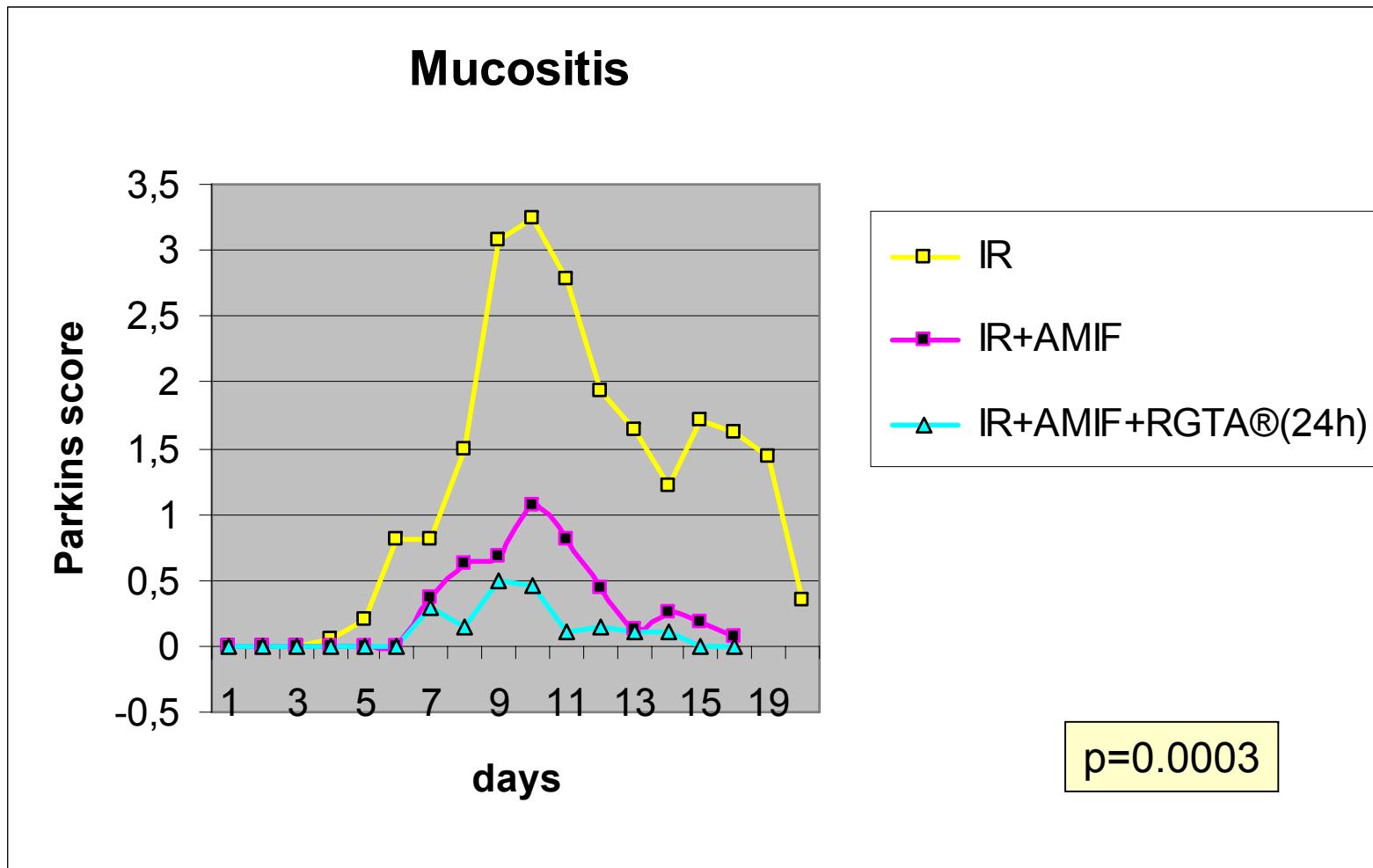
Parkins' scoring system *Parkins CS et al. Radiother Oncol 1983*

Oedema score	
0,5	<b>50-50 doubtful if any swelling</b>
1	<b>Slight but definite swelling</b>
2	<b>Severe swelling</b>
Erythema score	
0,5	<b>50-50 doubtful if abnormally pink</b>
1	<b>Slight but definite reddening</b>
2	<b>Severe reddening</b>
3	<b>Focal desquamation</b>
4	<b>Exudate or crusting involving about ½ lip area</b>
5	<b>Exudate or crusting involving more than ½ lip area</b>

# Mucosal lip reaction to ionizing radiation

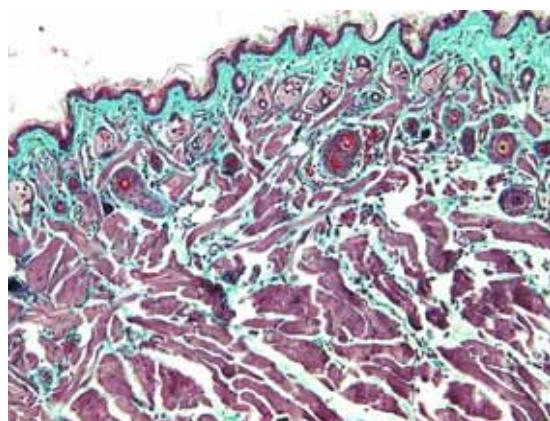


# Amifostine-RGTA combination



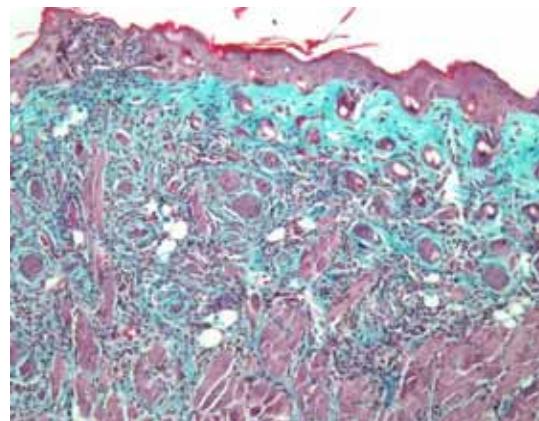
# Histopathological analysis

9 days after IR

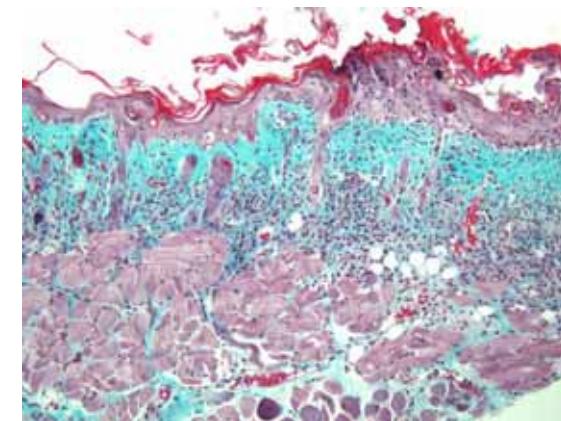


Normal tissue

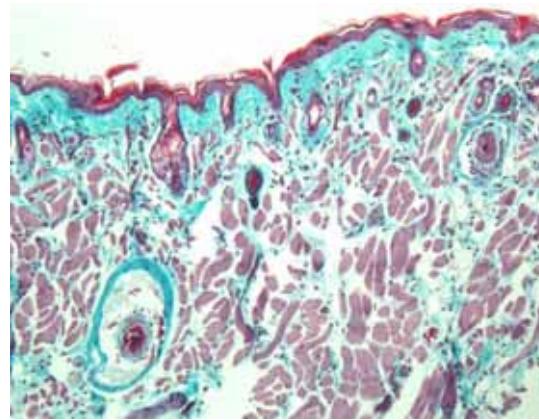
Masson staining



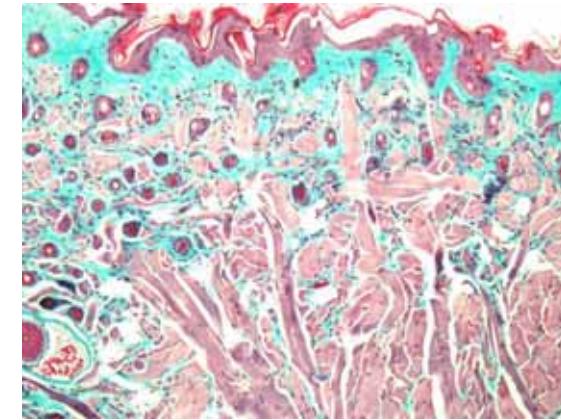
16.5Gy Irradiation



Irradiation+Amifostine



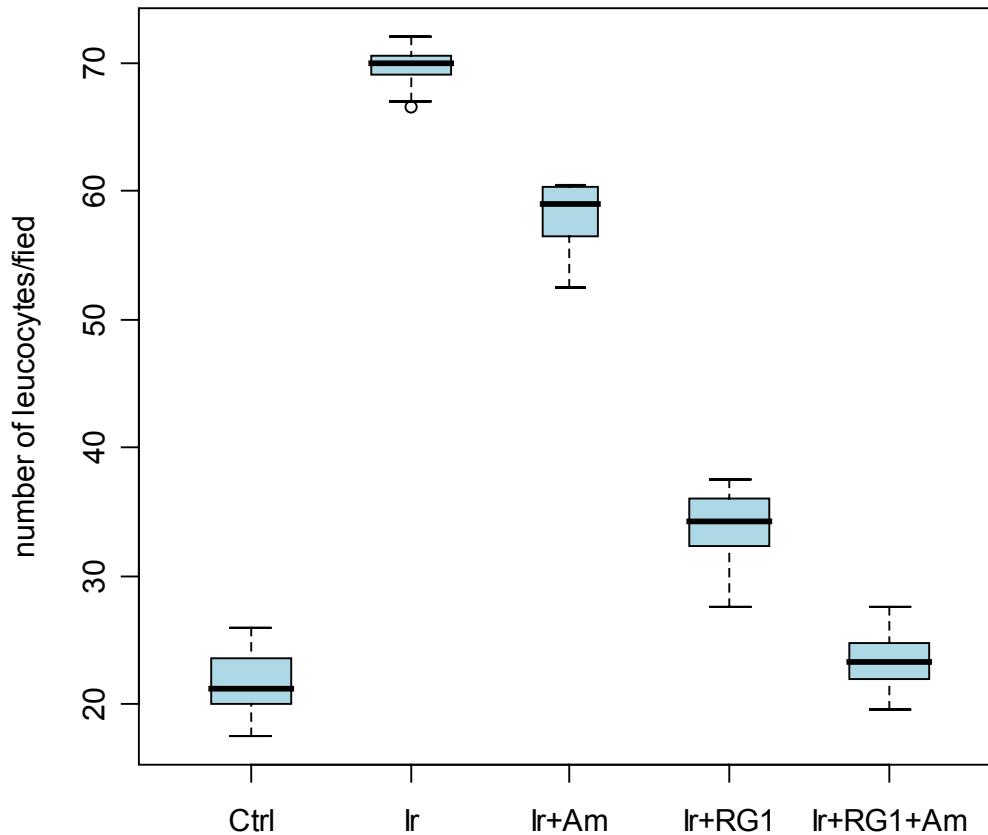
Irradiation+RGTA



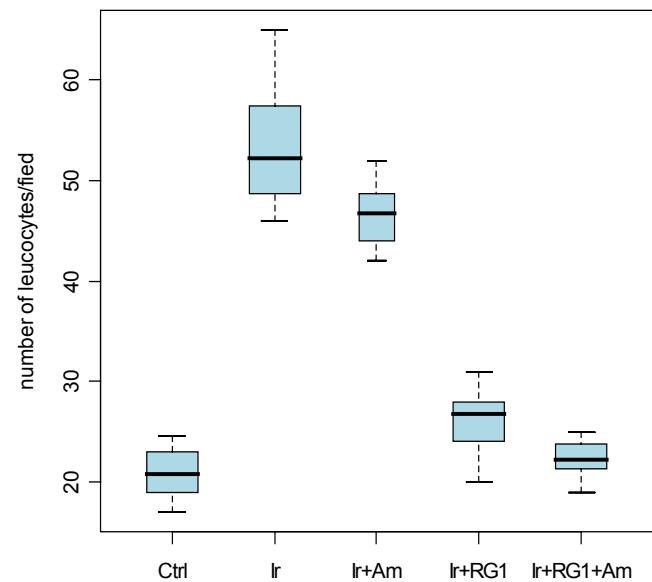
Irradiation+Amifostine+RGTA

# Leukocyte infiltration

9 days after irradiation

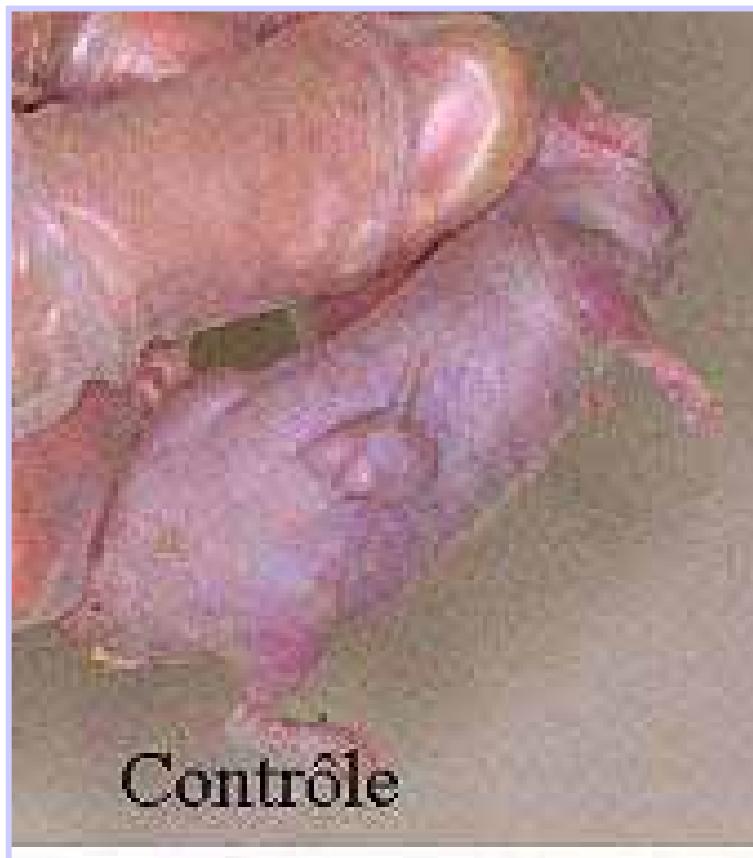
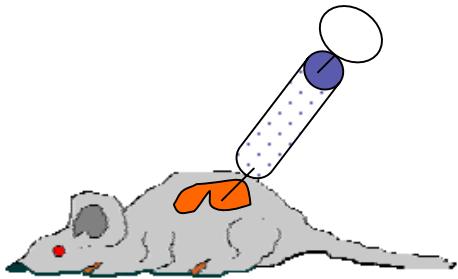


19 days after irradiation



Does RGTA-OTR4131  
protect tumor?

# Effect of RGTA on tumor growth *in vivo*



Balb/c nude mice

Tumor cell lines: HEP2; HT29

Single dose of **15 Gy** selectively on tumor

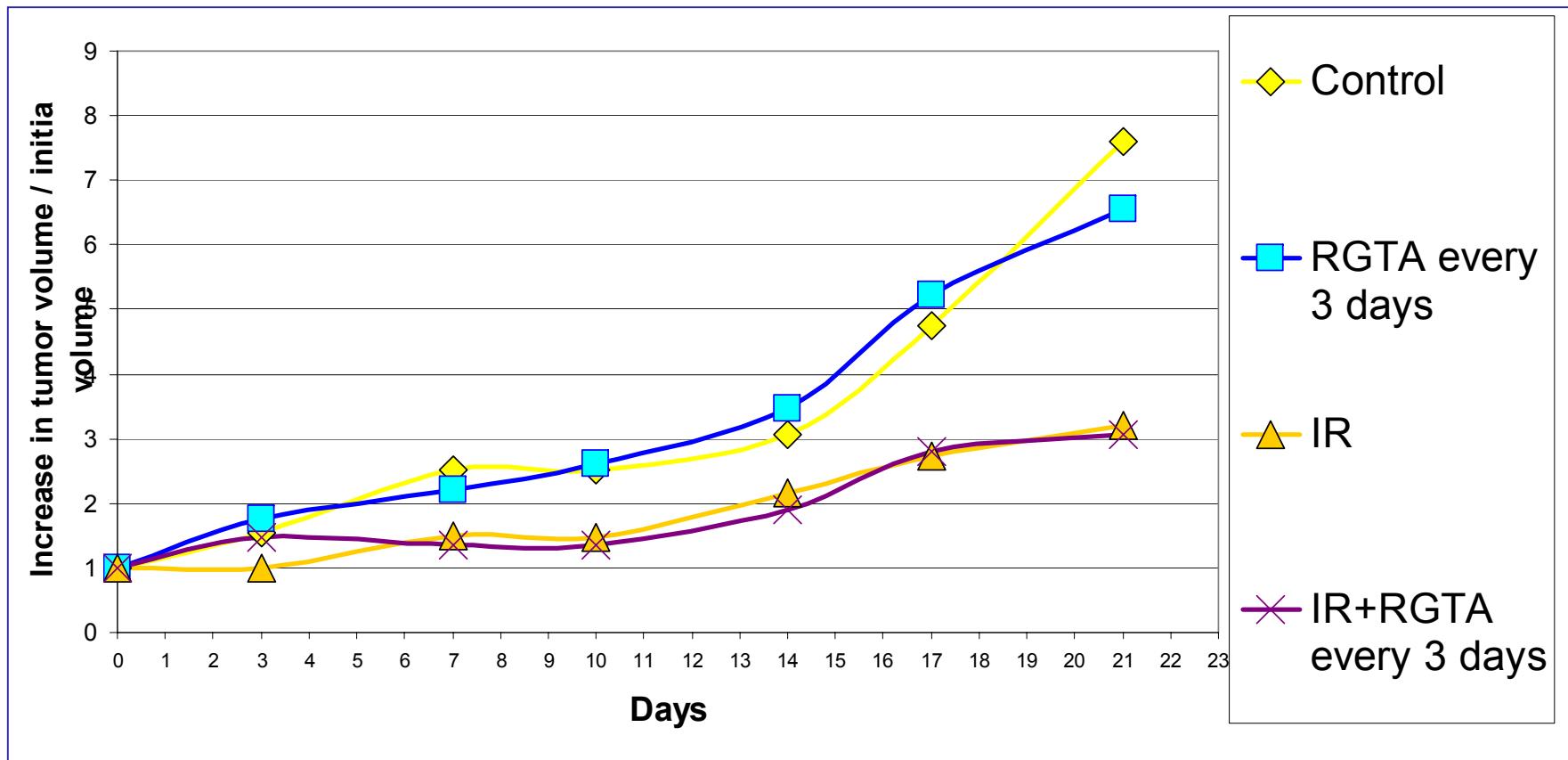
Reagents: RGTA®-OTR4131

Tumor response:

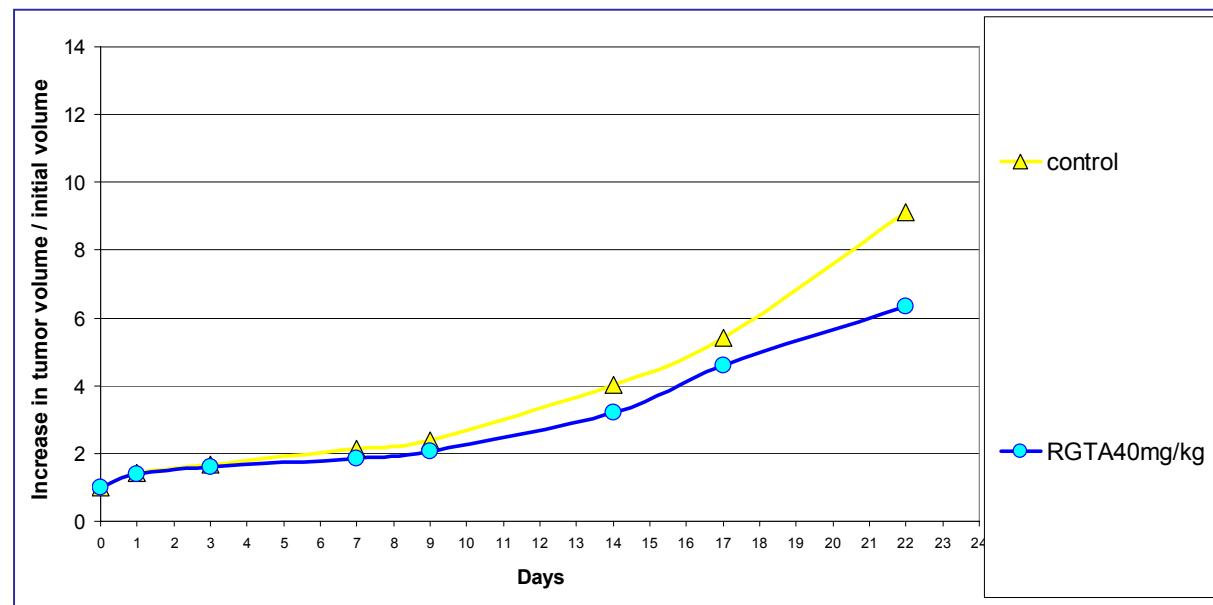
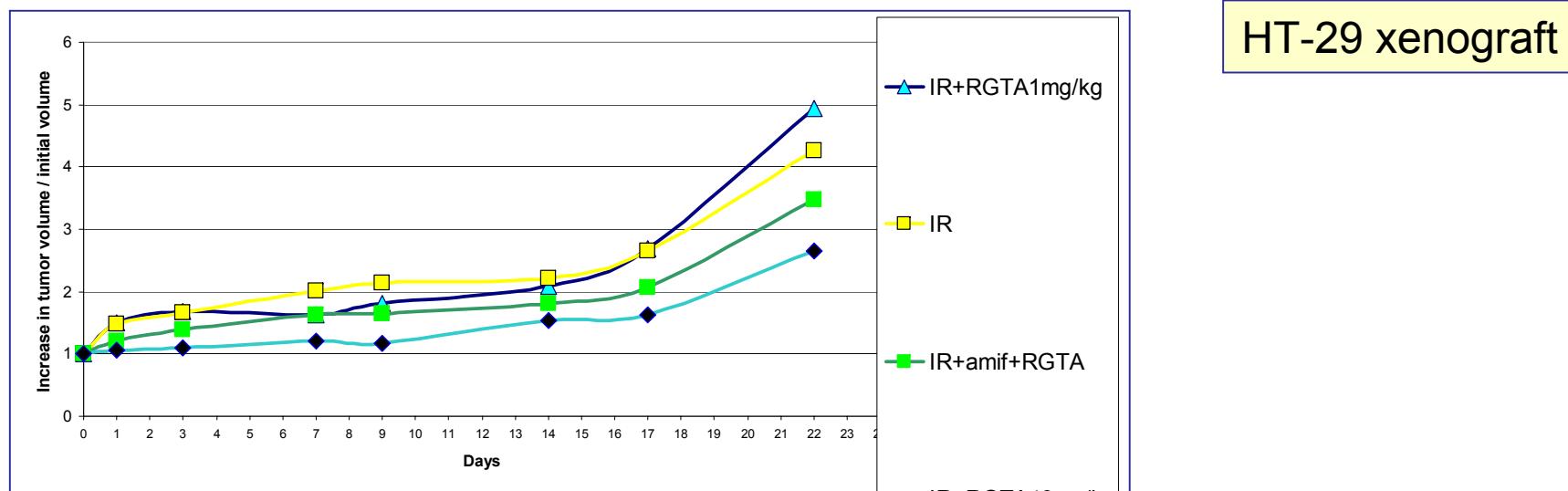
$$\text{Tumor volume} = \frac{\text{length (mm)} \times \text{width}^2 (\text{mm})^2}{2}$$

# Effect of RGTA on tumor growth *in vivo*

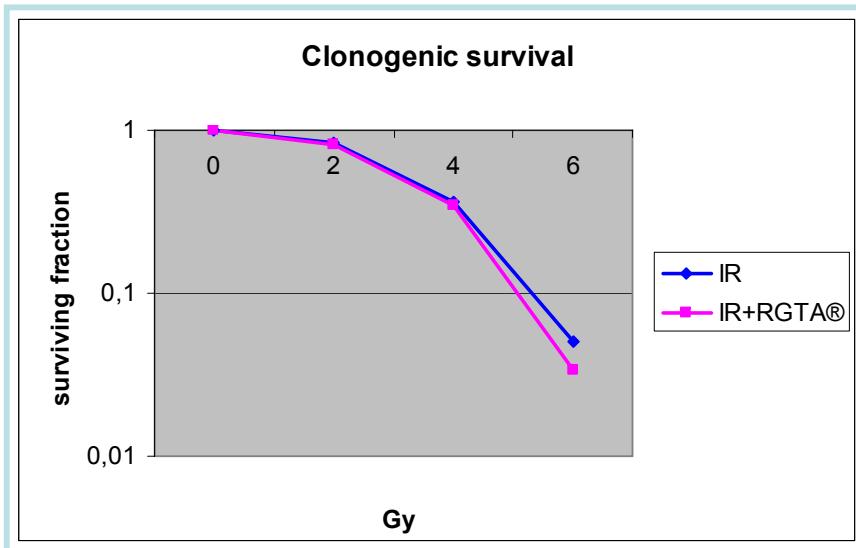
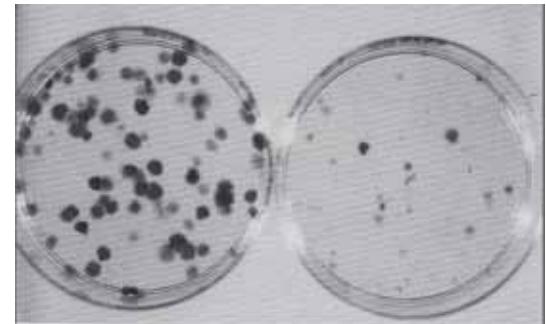
HEP-2 xenograft



# Effect of RGTA on tumor growth *in vivo*



# *In vitro* radio-sensitivity assay



HEP-2 cell line

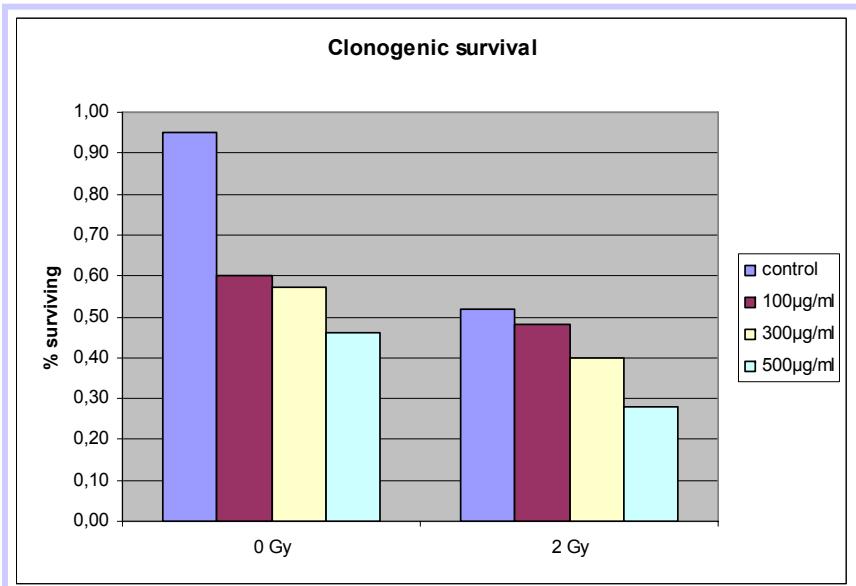
$\gamma$ -IR: 0-2-4-6 Gy

Reagents: RGTA 10 $\mu$ g/ml

HT-29 cell line

$\gamma$ -IR: 0-2 Gy

Reagents: RGTA 100-300-500 $\mu$ g/ml



# Conclusions

- ✓ In mice, RGTA protects normal tissue from radiation-induced damages.

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- ✓ In mice, RGTA protects normal tissue from radiation-induced damages.
- ✓ The association of RGTA with amifostine improves the mucosal protection.
- ✓ Absence of tumor protection.

# Ongoing

- Radioprotective effects on GI & lung tissue
- Optimal sequencing and dosing with fractioned IR

# Acknowledgments

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