

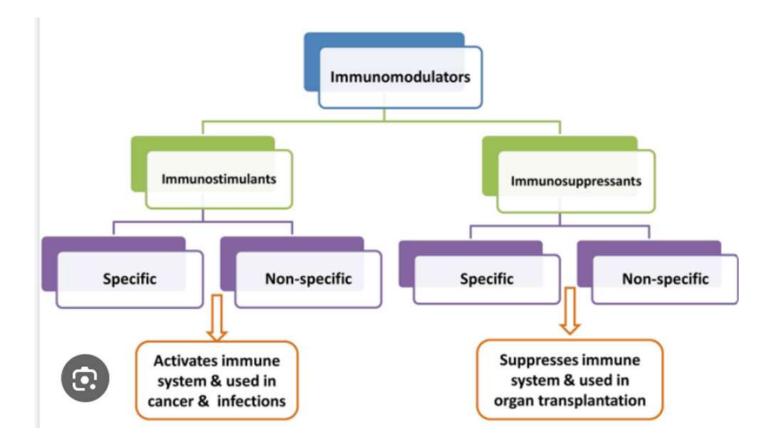
Immunomodulatory drugs

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Immunomodulatory drugs

- Drugs that <u>change the immune system</u> so it works more effectively.
- They include treatments that <u>increase</u> or <u>decrease</u> the immune response

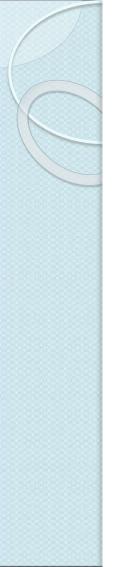


Immunosuppressants

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What are immunosupressants?

 Drugs used to <u>dampen</u> immune response in organ transplantation and autoimmune diseases.



Classification of immunosuppressants

- Glucocortecoids
- Cytostatics
- Drugs acting on immunophilins
- Antibodies
- Others

[I] Glucocorticoids

 Corticosteroids are the most widely used "front-line" therapy for the treatment of clinical GVHD(Graft-versus-host disease)

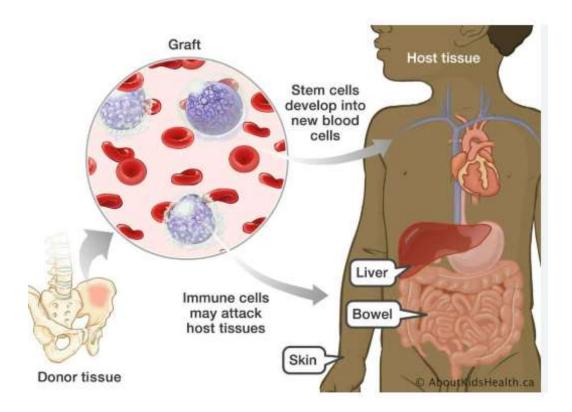
 The most commonly utilized corticosteroid is methylprednisolone and dexamethasone.

Immunosuppressive mechanism:

1. Inhibition of T-cell function (cell-mediated immune response): by inhibiting release of cytokines interleukin-1 (IL-1), IL-2, IL-3, IL-4, IL-5, IL-6, IL-8, and TNF-alpha, the most important of which is **IL-2**.

 Inhibition of B-cell function (humoral immunity): by inhibition of antibody production.

3. Inhibition of inflammatory events: cell adhesion, migration, chemotaxis, inflammatory mediators, etc.



GVHD

[I] Glucocorticoids

Clinical uses (as immunosupressants):

1. Suppression of GVHD.

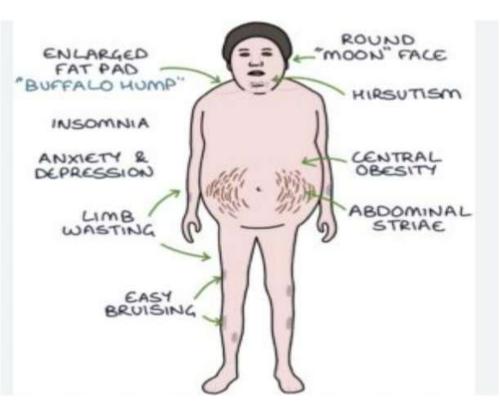
 Treatment of autoimmune disease: such as rheumatoid arthritis, SLE, rheumatic fever, nephrotic syndrome, etc.

Adverse effects:

In addition to their immunosuppressive effects, which set the stage for infectious complications, side effects include <u>Cushingoid features</u>, <u>hyperglycemia</u>, <u>salt and water retension</u>, <u>skin and muscle atrophy</u>, <u>osteoporosis</u> and <u>cataract</u> (posterior polar catacact).



Posterior polar cataract



Cushingoid features

[II] Cytostatics

Cytostatics inhibit cell division. They inhibit the proliferation of both T cells and B cells.

In immunotherapy, they are used in smaller doses than in the treatment of malignant diseases.

Examples of cytostatic drugs used as immunosuppressants:

- Alkylating agents: cyclophosphamide
- Antimetabolites:

Folic acid antagonists: methotrexate

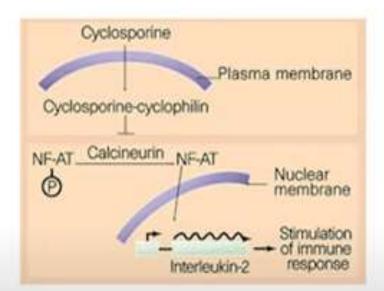
Purine analogues: azathioprine

[III] Drugs acting on immunophilins

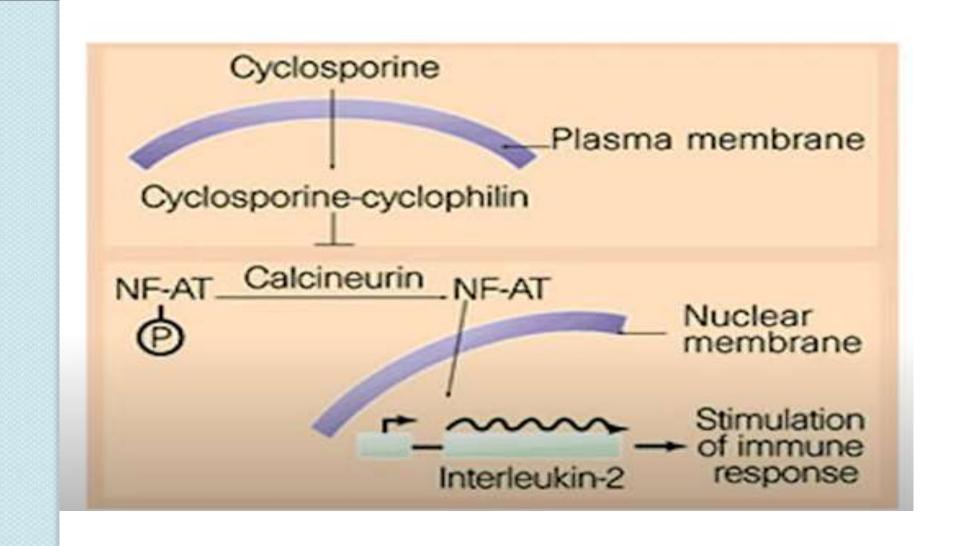
1. Ciclosporin (also spelled cyclosporine and cyclosporin)

- It is a natural peptide (11 amino acid) derived from a soil fungus.
- Discovered in 1970 from new strains of fungi isolated from soil samples taken from Norway.

Mechanism of action



Ciclosporin binds to cytoplasmic protein called cyclophilin (immunophilin) of T-lymphocytes ... The clicosporin-cyclophillin complex then inhibits a transcriptional factor called calcineurin which is responsible for transcription of IL-2.



[III] Drugs acting on immunophilins

1. Ciclosporin (also spelled cyclosporine and cyclosporin)

Clinical uses

Prevention of GVHD.

Treatment of autoimmune diseases.

Adverse efects

Nephrotoxicity: the most common. Hypertension Hyperkalemia Hypertrichosis (hirsutism) Hyperglycmeia Hyperlipidemia Hyperuricemia Gum hyperplasia

N.B.

In post renal transplant, the 2 most common causes of declining renal function are graft rejection and cyclosporine toxicity.

Everything is increased



Gum hyperplasia

[III] Drugs acting on immunophilins

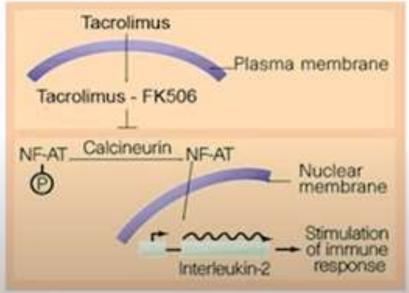
2. Tacrolimus (also known as FK506)

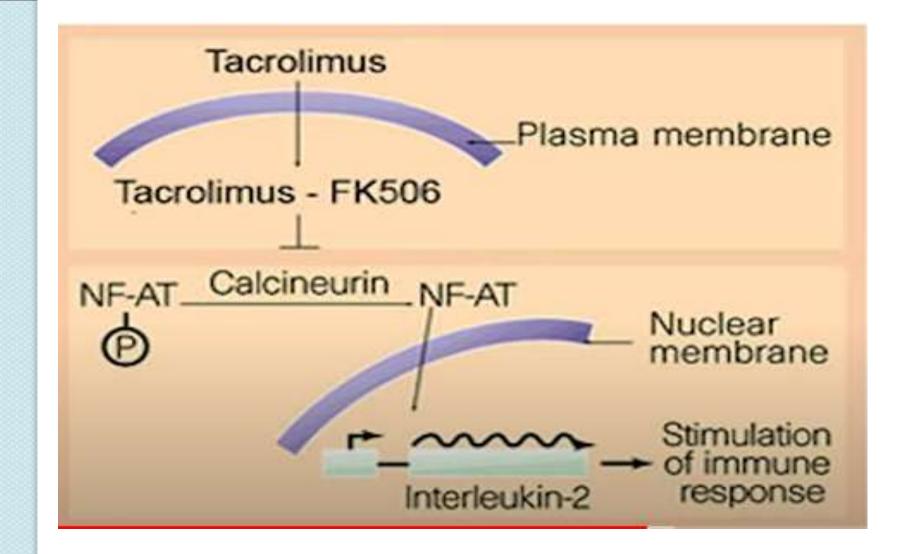
The mechanism of action, uses, and adverse effects are very similar to ciclosporin except in:

 It is macrolide lactone derived from certain species of bacteria.

It is 200 times more potent than ciclosporin.

■ It binds to the cytoplasmic protein caled **FK506** in the T-cells, then the complex inhibits **calcineurin** → inhibition of IL-2 synthesis.





[IV] Antibodies

T-cell receptor directed antibodies:

Muromonab-CD3 is monoclonal antibody that prevents T-cell activation and proliferation by binding the T-cell receptor <u>CD3</u> present on all differentiated T cells.

B-cell receptor directed antibodies:

Rituximab is monoclonal antibody that prevents B-cell activation and proliferation by binding the B-cell receptor CD20.

IL-2 receptor directed antibodies:

Daclizumab is monoclonal antibody that binds to <u>CD25</u>, the IL-2 receptor of T-cells.

TNF binding antibodies:

Infliximab and adalimumab are monoclonal antibodies that bind to <u>TNF-a</u> preventing it from inducing the synthesis of IL-1 and IL-6 by immune cells.

Immunostimulants

 Drugs which <u>stimulate</u> the immune system by increasing the activity of any of its components

 Used in immunocompromised patients, cancer and infections

- **Specific immunostimulants**: stimulate an immune response to a <u>specific antigen</u> (a toxin or other foreign substance: bacteria or virus which induces an immune response in the body) such as **vaccines.**
- Nonspecific immunostimulants: act irrespective of antigenic specificity and are used in immunodeficiency and chronic infections.

[B] Immunostimulating Agents

- **Types of Immunostimulants**
- Colony stimulating factors
- Interferons
- Interleukins
- Bacterial vaccines
- Viral vaccines

[I] Colony stimulating factors

Granulocyte/macrophage colony stimulating factor (GM-CSF)

 GM-CSF is a recombinant protein expressed in yeasts. Its principal action is to stimulate myelopoiesis in <u>granulocyte</u> <u>macrophage</u> pathways as well as <u>megakaryocytic</u> and <u>erythroid</u> progenitor cells.

It is given <u>i.v.</u> in cases of neutropenia and aplastic anemia, and to stimulate stem cells after bone marrow transplantation.

Granulocyte colony stimulating factor (G-CSF; Filgrastim)

G-CSF stimulates maturation of <u>immature neutrophils</u>.
Uses: Neutropenia due to cancer chemotherapy.

[II] Interleukins

Aldesleukin (Proleukin)

is a synthetic form of <u>interleukin-2</u> (IL-2). It is given s.c. to elicit immune response in cases of <u>metastatic renal cell carcinoma</u> and metastatic melanoma (i.e. a type of cancer immunotherapy).

Oprelvekin (Neumega)

is a recombinant <u>IL-11</u> approved for treatment of thrombocytopenia. Interleukin-11 (IL-11) is a protein produced by fibroblasts and stromal cells in the bone marrow. It acts on specific cell receptors to stimulate growth of primitive megakaryocytes to form mature platelets.





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THANK YOU