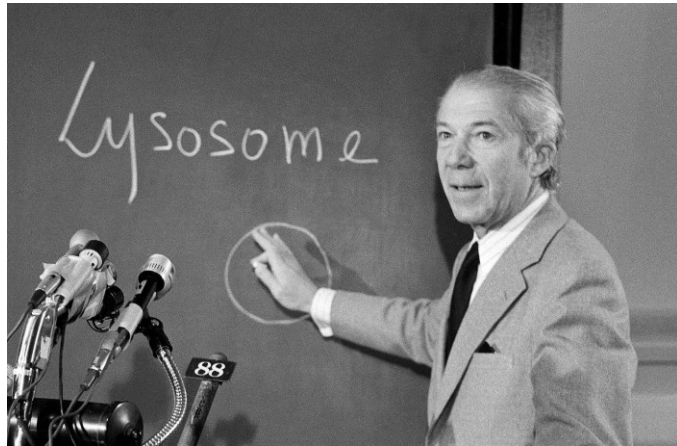


- INTRODUCTION TIL LYSOSOMER OG DERES ROLLE I KRÆFT
- KATIONISKE OG AMFIFILISKE STOFFER RAMMER LYSOSOMER
- EFFEKTEN AF KATIONISKE OG AMFIFILISKE ANTIHISTAMINER PÅ KRÆFT DØDLIGHED

MARJA JÄÄTTELÄ
CELL DEATH AND METABOLISM
CENTER FOR AUTOPHAGY, RECYCLING AND DISEASE
DANISH CANCER SOCIETY RESEARCH CENTER



LYSOSOM – CELLENS MAVE

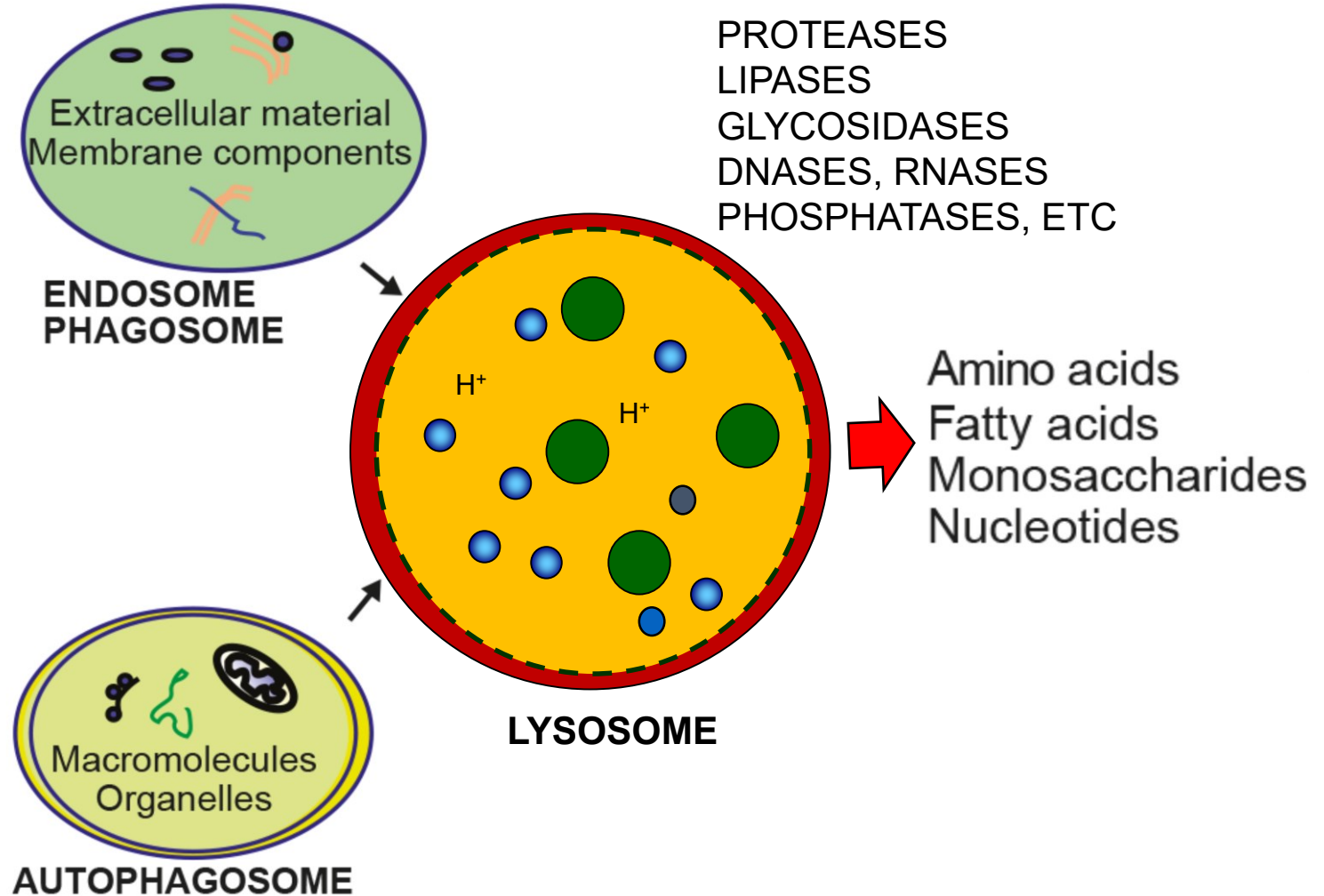


Christian de Duve

Belgisk biokemiker (1917-2013)

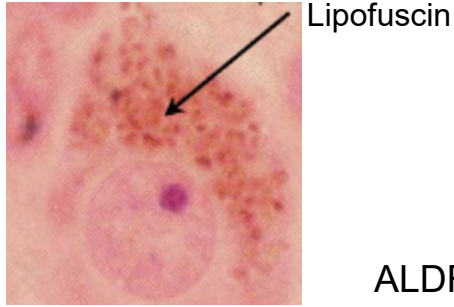
Nobel Pris 1974

- SURE VESIKLER
- >60 HYDROLASER
- CELLULAR GENBRUGSSTATIONER

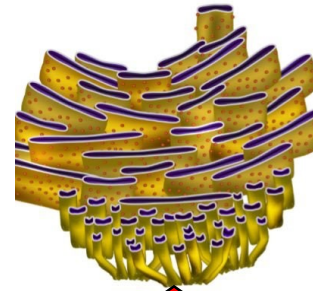




LYSOSOM – MEGET MER END CELLENS MAVE



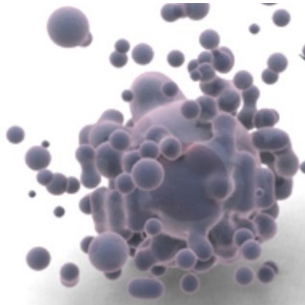
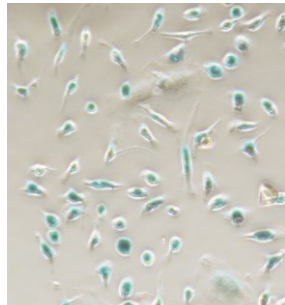
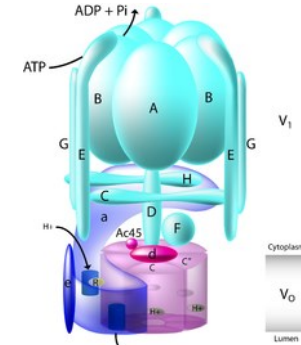
Lipofuscin



Ca⁺⁺ HOMEOSTASE & SIGNALERING

HÆMNING AF ALDRINGSPROCESSEN & DEGENERATIVE SYGDOMME

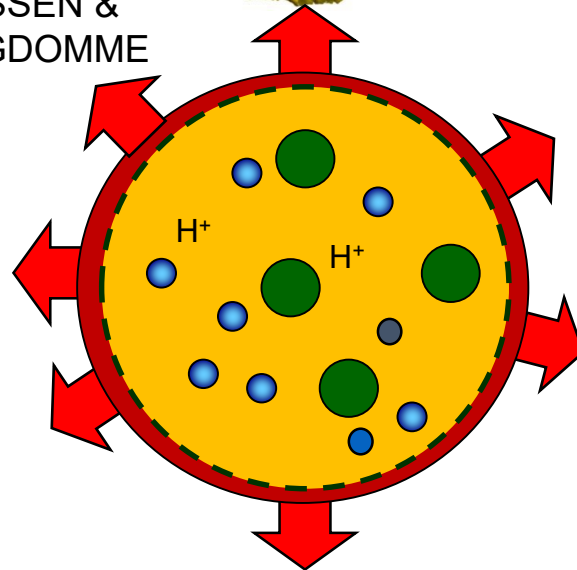
INTRACELLULÆR pH (V-ATPase / STAT3)



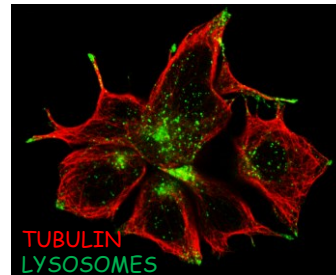
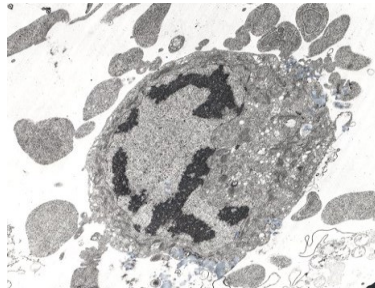
APOPTOSE SENESENS

CELLE VÆKST & METABOLISME (mTORC1, AMPK, LKB1, MAPKs, DNAPK, etc)

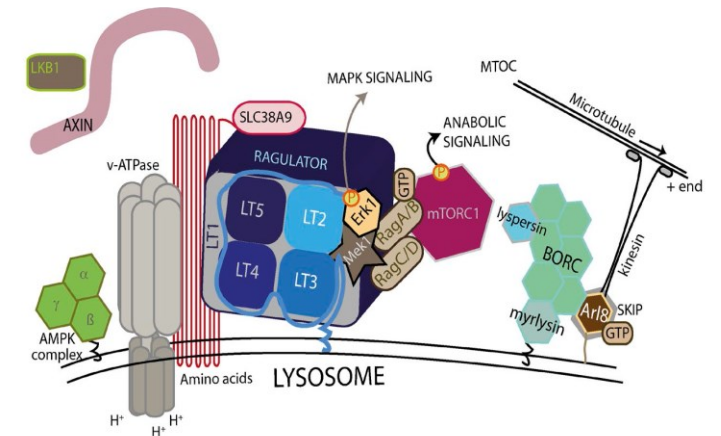
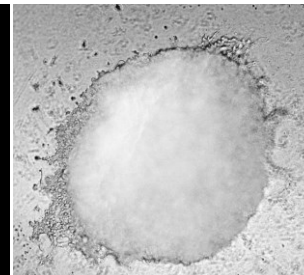
LYSOSOMAL CELLEDØD



INVASION & METASTASERING



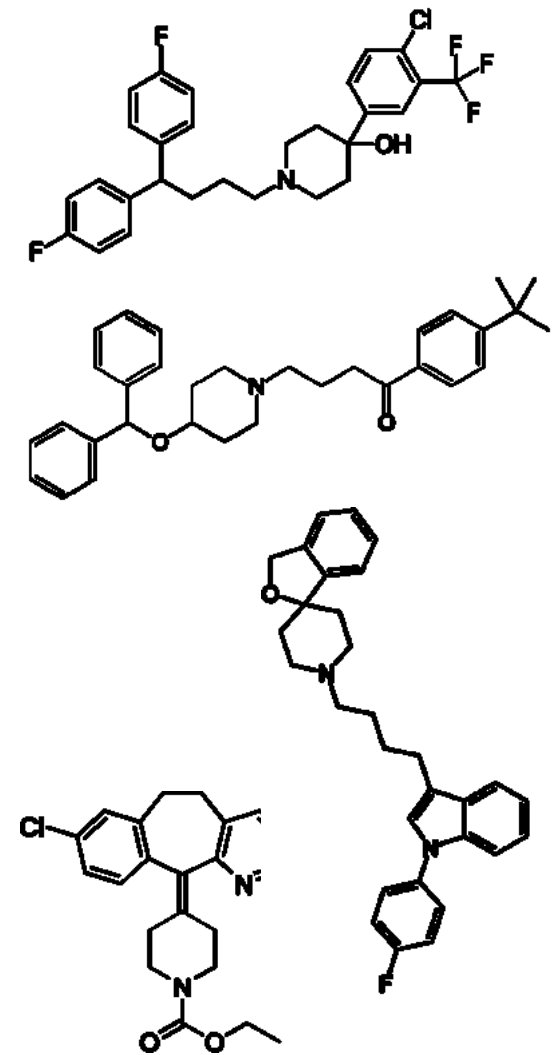
TUBULIN
LYSOSOMES





KATIONISKE OG AMFIFILISKE STOFFER RAMMER LYSOSOMER

- SMÅ MOLEKYLER MED HØJ LogP OG pKa
- DIFFUNDERER FRIT GENNEM BIOLOGISKE MEMBRANER
- AKKUMULERER OP TIL 1000 GANG I DE SYRE LYSOSOMER
- ØGER LYSOSOMAL pH OF FORSTYRER LYSOSOMERNES FUNKTION

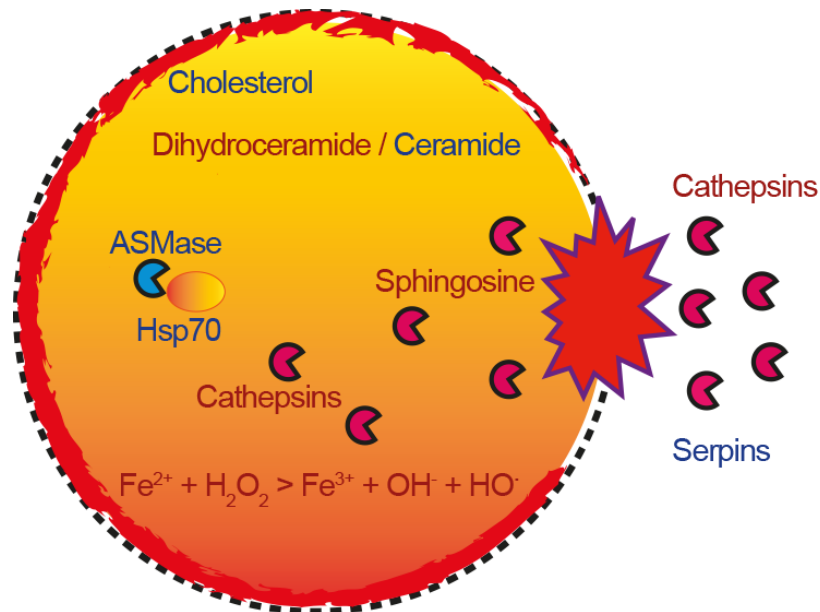


- ANTIDEPRESSANTER
- ANTIPSYKOTIKA
- ANTIHISTAMINER
- MALARIA MEDICIN
- KINASE HÆMMERE
- ANTIBIOTIKA
- ANTIKOLINERGIKA
- CALCIUM KANAL HÆMMERE



KATIONISKE OG AMFIFILISKE STOFFER SOM KRÆFT MEDICIN

- KRÆFT-SPECIFIK CYTOTOXICITET: >60 KRÆFTCELLELINJER TESTET *IN VITRO*
- HÆMNING AF TUMOR VÆKST: >50 KRÆFTMODELLER I MUS OG ROTTER

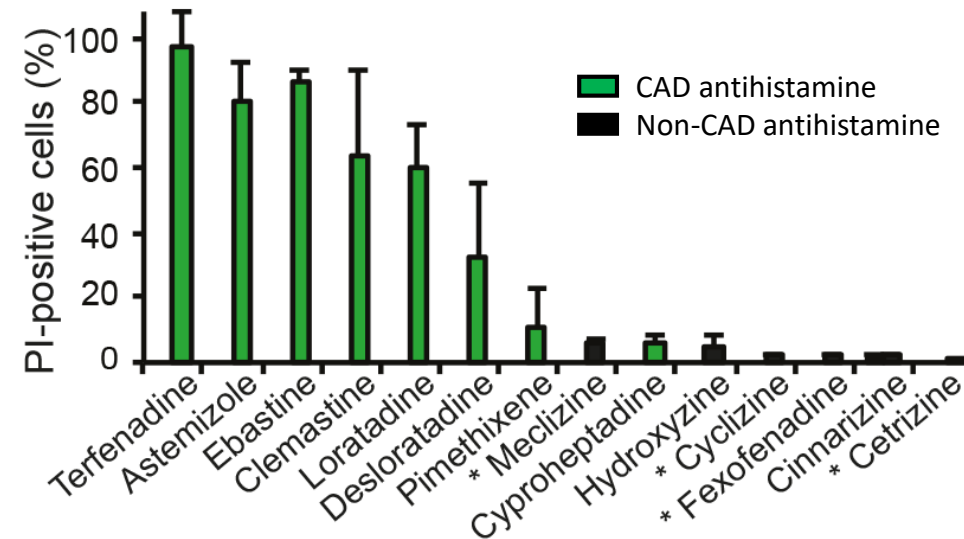
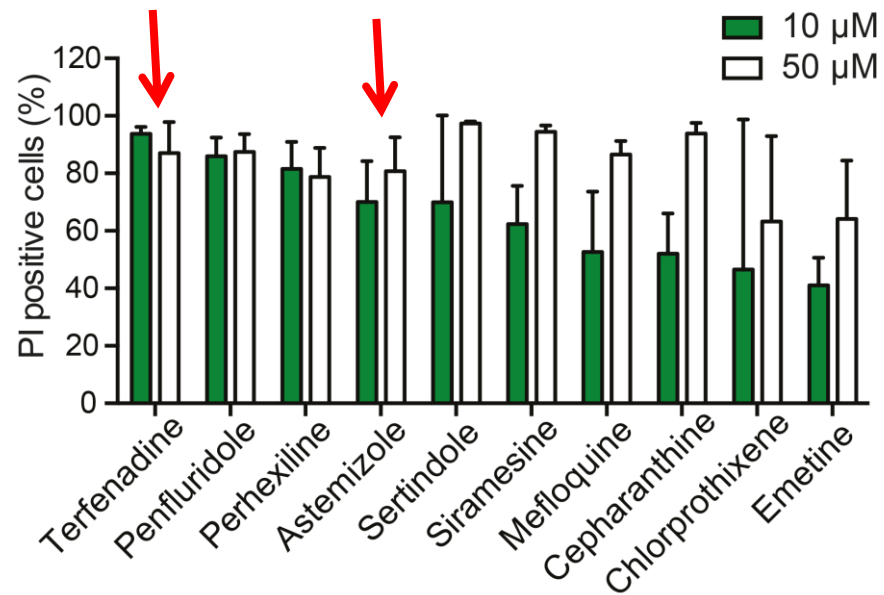


- **LYSOSOMAL LÆKAGE & CELLEDØD**
- HÆMNING AF LYSOSOMERNES FUNKTION
- HÆMNING AF CELLEVÆKST (mTORC1)
- SENSITERING TIL KEMOTERAPI
- HÆMNING AF MULTIDRUG RESISTENS
- NEDSÆTTELSE AF CYTOSOLISK pH
- HÆMNING AF STAT3 AKTIVITET
- HÆMNING AF AUTOFAGI OG ENDOCYTOSE
- INFLAMMATION



HVILKEN KATIONISK OG AMFIFILISK STOF ER BEDST TIL KRÆFTBEHANDLING?

DRUG LIBRARY SCREEN FOR CYTOTOXICITET MOD NSCLC CELLER








Pharmaco-epidemiologisk studie af effekten af KA-antihistaminer på cancer prognose



- 185.000 patienter diagnosticeret med non-localiseret kræft i Danmark mellem 1995 og 2011
- Stratificeret ifølge KA versus ikke-KA-antihistamin brug 0-6 mdr efter diagnosen
- Stratificeret ifølge kemoterapi (tilgængelig efter 2002)
- Stratificeret ifølge kræft type (NSCLC)
- Cox proportional hazard ratio (HR)



KATIONISKE OG AMFIFILISKE ANTIHISTAMINER REDUCERER HR FOR MORTALITET BLANDT PATIENTER MED IKKE-LOKALISERET KRÆFT

Drug	HR	2.5%	97.5%	P	N
 Astemizole	0.67	0.46	0.98	0.040	38
Desloratadine	0.94	0.79	1.13	0.524	280
-Chemo (+)	0.79	0.61	1.02	0.071	123
-Chemo (-)	0.97	0.73	1.28	0.832	150
Ebastine	0.82	0.62	1.09	0.181	87
-Chemo (+)	0.81	0.43	1.51	0.505	18
-Chemo (-)	0.94	0.58	1.53	0.806	38
  Loratadine	0.90	0.82	0.99	0.042	854
-Chemo (+)	0.76	0.63	0.93	0.009	209
-Chemo (-)	0.85	0.70	1.04	0.125	270
Terfenadine	1.00	0.83	1.20	0.988	166

SAMLIGNET MED MATCHEDE KONTROLLER MED LIGNENDE BRUG AF IKKE-KA-ANTIHISTAMINER (CETRIZINE AND FEXOFENADINE)



LORATADINE REDUCERER HR FOR MORTALITET BLANDT PATIENTER MED AVANCERET NSCLC

Drug	HR	2.5%	97.5%	P	N
→ Loratadine	0.69	0.49	0.96	0.030	60
→ Chemo (+)	0.64	0.42	0.97	0.035	34
Chemo (-)	0.81	0.46	1.41	0.457	26

SAMLIGNET MED MATCHEDE
KONTROLLER MED LIGNENDE
BRUG AF IKKE-KA-ANTIHIKSTAMINER
(CETRIZINE AND FEXOFENADINE)





KATIONISKE OG AMFIFILISKE ANTIHISTAMINER REDUCERER HR FOR MORTALITET BLANDT PATIENTER MED ÆGGESTOK KRÆFT



JNCI J Natl Cancer Inst (2020) 112(9): djz217

doi: 10.1093/jnci/djz217

First published online November 5, 2019

Brief Communication

BRIEF COMMUNICATION

Antihistamines and Ovarian Cancer Survival: Nationwide Cohort Study and in Vitro Cell Viability Assay




Freija Verdoodt , Christian Dehlendorff , Marja Jäätelä, Robert Strauss , Anton Pottegård, Jesper Hallas, Søren Friis, Susanne K. Kjaer 

Table 1. Association between antihistamine use and ovarian cancer-specific mortality: use of CAD antihistamines compared with non-CAD antihistamine use as an active comparator (upper panel), and compared with nonuse of any antihistamines (lower panel)

Analysis	Antihistamine use	No.	Events	HR (95% CI)*	HR (95% CI)†
1-y baseline	Non-CAD antihistamine‡	346	168	1.00 (Referent)	1.00 (Referent)
	CAD antihistamine§	138	58	0.77 (0.57 to 1.05)	0.74 (0.51 to 1.06)
	Cumulative amount (/100 DDD)				0.92 (0.76 to 1.12)
3-y baseline	Non-CAD antihistamine‡	304	111	1.00 (Referent)	1.00 (Referent)
	CAD antihistamine§	133	37	0.74 (0.51 to 1.09)	0.63 (0.40 to 0.99) ←
	Cumulative amount (/100 DDD)				0.95 (0.85 to 1.05)



KATIONISKE OG AMFIFILISKE ANTIHISTAMINER REDUCERER HR FOR MORTALITET BLANDT PATIENTER MED BRYST KRÆFT

ACTA ONCOLOGICA
2020, VOL. 59, NO. 9, 1103–1109
<https://doi.org/10.1080/0284186X.2020.1769185>

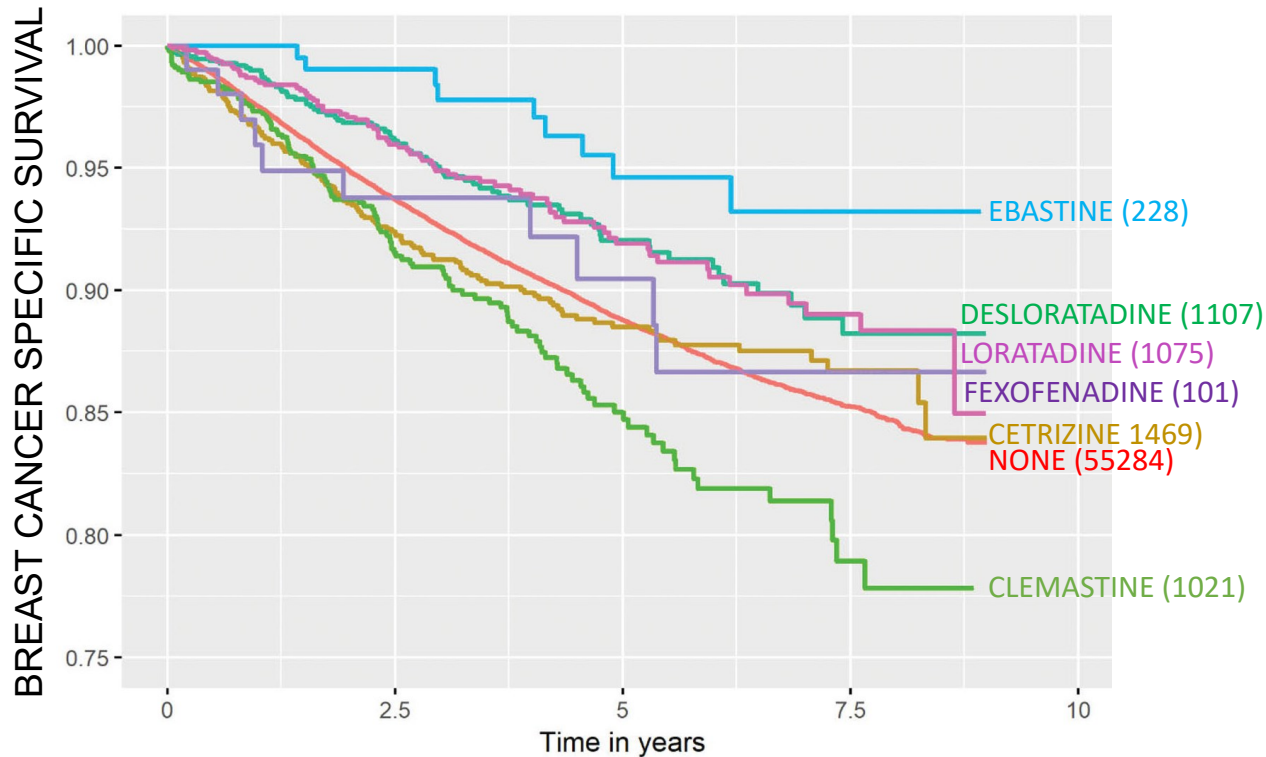


ORIGINAL ARTICLE

OPEN ACCESS [Check for updates](#)

Desloratadine and loratadine stand out among common H₁-antihistamines for association with improved breast cancer survival

Ildikó Fritz^a, Philippe Wagner^a, Per Broberg^a, Rickard Einefors^a and Håkan Olsson^{a,b}



Peridiagnostic antihistamine use and breast cancer specific mortality

Antihistamine type	HR ^b	2.5 %	97.5 %	<i>p</i>
Cetirizine	1.16	0.99	1.35	.067
Clemastine	1.34	1.14	1.59	<.001
Desloratadine	0.69	0.55	0.86	.001
Ebastine	0.49	0.27	0.88	.018
Fexofenadine	1.06	0.57	1.97	.856
Loratadine	0.78	0.63	0.96	.021

Note the effect of ebastine!!!



KATIONISKE OG AMFIFILISKE ANTIHISTAMINER REDUCERER HR FOR MORTALITET BLANDT KRÆFTPATIENTER

Translational Oncology 14 (2021) 101029

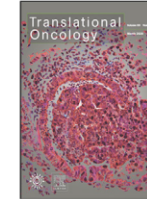


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Translational Oncology

journal homepage: www.elsevier.com/locate/tranon



Original Research

Improved survival in several cancers with use of H₁-antihistamines desloratadine and loratadine

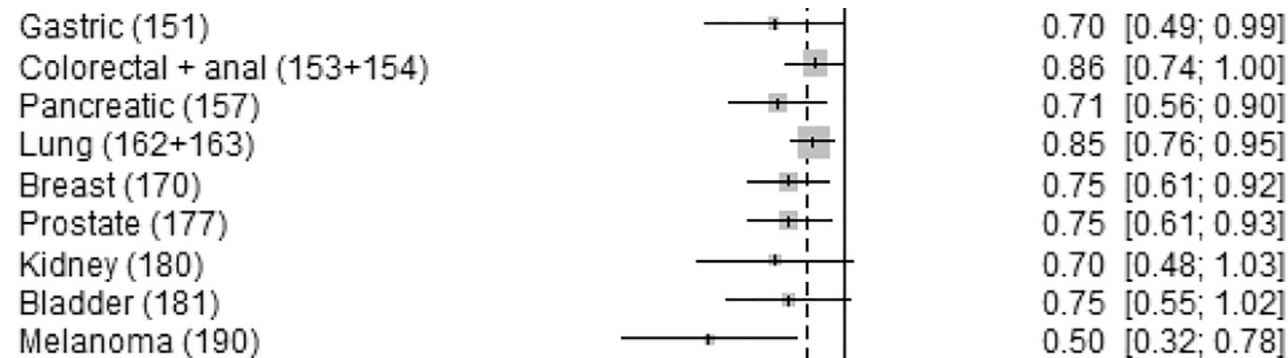


Ildikó Fritz^{a,*}, Philippe Wagner^a, Håkan Olsson^{a,b}

^a Department of Cancer Epidemiology, Clinical Sciences, Lund University, Lund, Sweden

^b Department of Oncology and Pathology, Clinical Sciences, Lund University, Lund, Sweden

Effect of peridiagnostic **desloratadine** use on cancer mortality





NÆSTE SKRIDT: KLINISKE FORSØG MED KA-ANTIHIISTAMINER

BEHANDLING AF BEHANDLINGSRESISTENT KRÆFT MED EBASTINE OR LORATADINE

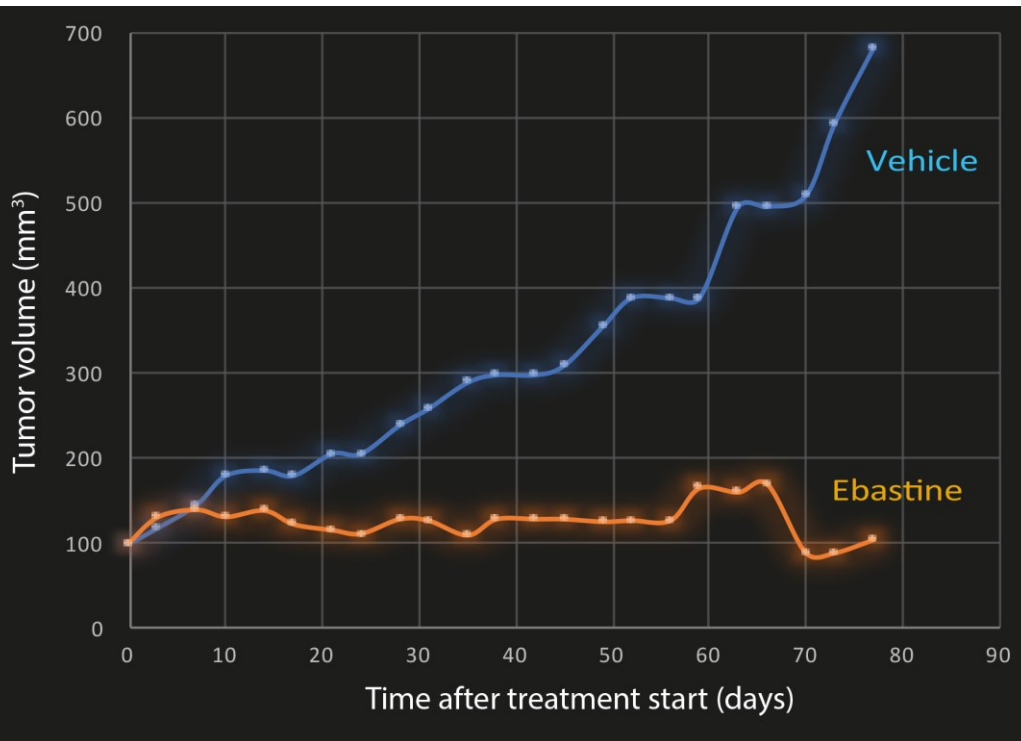


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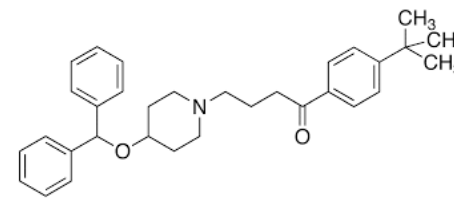


Rigshospitalet

ORTHOTOPIC MCF7 BREAST CANCER XENOGRAFT



- GOD ANTI-KRÆFT EFFEKTIVITET IN VIVO
- AKKUMULERING I KRÆFT VÆV
- U FARLIGE OG BILLIGE
- PROBLEMET: - HVEM BETALER REGNINGEN?





TAK!



Cell Death & Metabolism, DCRC:
-Anne Marie Ellegaard & Mikkel Rohde

Statistics & Pharmacoepidemiology, DCRC:
-Christian Dehlendorff & Søren Friis

Virus, Lifestyle & Genes, DCRC:
-Freija Verdoot & Susanne Krüger Kjær



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SUNDHED OG SYGDOM



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