

INVITRO EVALUATION OF MIDOSTAURIN AND ITS DERIVATIVE ((S)-3-HYDROXY MIDOSTAURIN) FOR THE TREATMENT OF ADULT ACUTE MYELOID LEUKEMIA

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Article Received on 17/10/2023

Article Revised on 07/11/2023

Article Accepted on 27/11/2023

ABSTRACT

This research paper presents the results of an experimental study evaluating the effects of (S)-3-Hydroxy Midostaurin on various assays, including MTT, Tubulogenesis, Indirect Immunofluorescence, and Western Blot Analysis. Four groups were analyzed, including normal cells, a control cell line, a group treated with standard Midostaurin, and a group treated with (S)-3-Hydroxy Midostaurin. The results indicate varying degrees of impact on cell viability, tubulogenesis, protein expression, and cellular morphology. These findings shed light on the potential therapeutic effects of (S)-3-Hydroxy Midostaurin and its implications for future research and clinical applications.

KEYWORDS: (S)-3-Hydroxy Midostaurin, cellular morphology and clinical applications.

INTRODUCTION

Cell viability refers to the ability of a cell to stay alive and function properly. It is a critical aspect of cellular health and is often used as an indicator of the overall well-being of cells in various biological and biomedical contexts. Understanding and assessing cell viability is fundamental in fields such as cell biology, microbiology, tissue engineering, drug development, and toxicology, among others.

Several factors can influence cell viability, including

- 1. Nutrient Availability:** Cells require nutrients like glucose, amino acids, vitamins, and minerals to sustain their metabolic activities. A lack of essential nutrients can lead to decreased cell viability.
- 2. Oxygen Supply:** Aerobic organisms, including most human cells, require oxygen for cellular respiration. Hypoxia, or a lack of oxygen, can significantly impact cell viability.
- 3. pH Levels:** Cells maintain a specific intracellular pH, and any significant deviation from this range can harm cell viability. Both acidic and alkaline conditions can be detrimental.
- 4. Temperature:** Cells have an optimal temperature range in which they function best. Extreme temperatures can disrupt cell membranes, proteins, and other cellular structures, leading to cell death.
- 5. Toxic Substances:** Exposure to toxic chemicals, drugs, or environmental pollutants can negatively

affect cell viability. Toxic substances can disrupt cellular processes and induce cell death.

- 6. Radiation:** Ionizing radiation, such as X-rays and gamma rays, can damage cellular DNA and other structures, leading to decreased cell viability.
- 7. Cell viability is often assessed through various methods, including:**
- 8. Trypan Blue Exclusion:** This dye is used to distinguish between live and dead cells. Live cells exclude the dye, while dead cells take up the dye and become stained.
- 9. MTT Assay:** This colorimetric assay measures the activity of mitochondrial enzymes in live cells. Live cells convert a yellow MTT reagent into a purple formazan product.
- 10. Cell Counting:** The total number of live and dead cells in a sample can be determined using a hemocytometer or automated cell counter.
- 11. Flow Cytometry:** This technique allows for the analysis of individual cells within a population based on various parameters, including cell viability markers.
- 12. Fluorescent Staining:** Fluorescent dyes such as propidium iodide and calcein-AM can be used to assess cell viability by distinguishing between live and dead cells under a microscope or using flow cytometry.
- 13. ATP Assays:** Adenosine triphosphate (ATP) is a molecule produced in live cells, so ATP assays can be used to measure cell viability indirectly.

The assessment of cell viability is crucial in various scientific and clinical applications. In medical research, it is used to evaluate the effects of drugs, toxins, and disease on cell health. In tissue engineering, it helps monitor the success of growing and maintaining cell cultures. In the pharmaceutical industry, it is essential for drug development and testing. Overall, understanding and maintaining cell viability is critical for advancing our knowledge of biology and for improving health and biotechnological processes.

Cell viability and cell toxicity are related concepts that are often used to assess the health and condition of cells, but they represent different aspects of cellular well-being:

1. Cell Viability

- **Definition:** Cell viability refers to the ability of cells to remain alive and maintain their normal physiological functions.
- **Indication:** It is a measure of whether a cell is alive or dead. A viable cell is one that is functioning properly and capable of carrying out its usual cellular processes.
- **Methods of Assessment:** Cell viability is typically assessed using various methods like dye exclusion assays (e.g., trypan blue exclusion), metabolic activity assays (e.g., MTT assay), and monitoring cellular ATP levels. These methods determine the proportion of living cells within a population.
- **Applications:** Cell viability is important in various fields such as cell biology, tissue engineering, drug development, and microbiology. Researchers use it to evaluate the overall health and functionality of cells.

Leukemia is one among the most commonly seen malignancy in adult. Leukemia is characterized by neoplastic proliferation of hematopoietic stem cells and accumulation of blasts and immature cells in the bone marrow. Leukemia is classified as lymphoid or myeloid depending on the lineage of the progenitor cells involved. Depending on the natural history, leukemia is again classified into acute leukemia and chronic leukemia. Acute leukemias are classified into acute myeloid leukemia (aml) and acute lymphoid leukemia.

The classification of acute leukemias is based on the cellular involvement of the primary stem cell defect. Defect in the maturation and differentiation of common myeloid progenitor cells produces acute myeloid leukemia. Acute myeloid leukemia is characterized by clonal expansion of myeloid blasts. On the contrary acute lymphoblastic leukemia is due to the defect in the maturation and differentiation of common lymphoid progenitor cell. Acute lymphoblastic leukemia is characterized by clonal expansion of lymphoid blasts in peripheral blood, bone marrow and other tissues.

Cancer continues to be a significant public health concern worldwide, and the development of effective

treatments is an ongoing research endeavor. (S)-3-Hydroxy Midostaurin is an investigational compound that has shown promise in preclinical studies as a potential anti-cancer agent. In this study, we aimed to evaluate the effects of (S)-3-Hydroxy Midostaurin on various cellular parameters, including cell viability, tubulogenesis, cellular morphology, and protein expression.

RESEARCH METHODOLOGY

The research methodology for this study involved four distinct groups, each subjected to specific treatments:

1. **Group 1 (normal):** This group represented normal, untreated cells and served as a control for baseline measurements.
2. **Group 2 (Control cell line):** These cells were used as a control group and were not treated with (S)-3-Hydroxy Midostaurin.
3. **Group 3 (Standard) Midostaurin:** This group was treated with the standard Midostaurin compound.
4. **Group 4 ((S)-3-Hydroxy Midostaurin):** This group was treated with (S)-3-Hydroxy Midostaurin ((S)-3-Hydroxy Midostaurin).

The following assays were conducted to assess the impact of the treatments:

MTT Assay: The MTT assay was employed to measure cell viability. Results indicated that Group 4 ((S)-3-Hydroxy Midostaurin) exhibited the highest viability (85.26) among all groups, with Group 3 (Standard Midostaurin) also showing an increase (82.33).

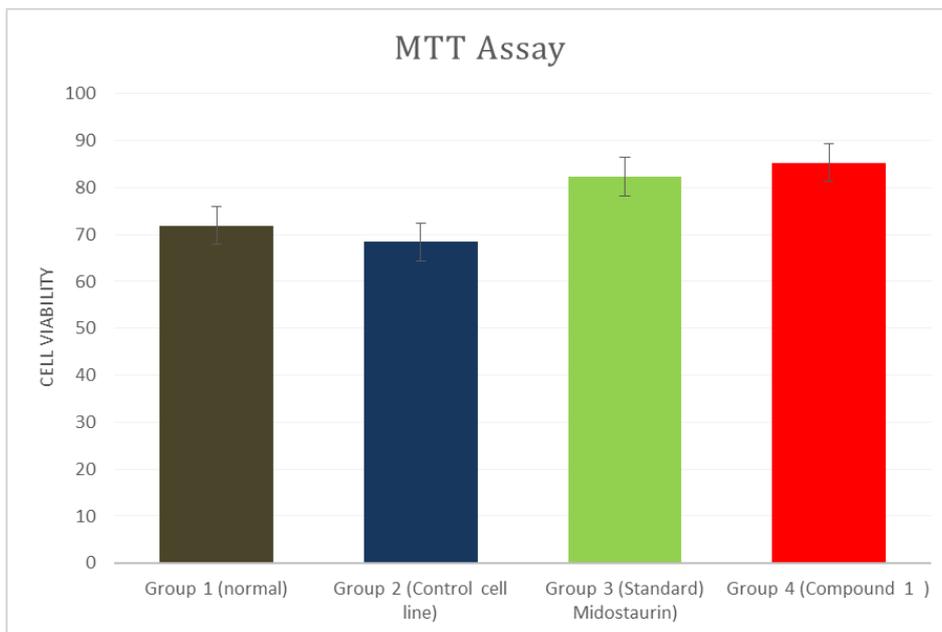
Tubulogenesis Assay: The Tubulogenesis assay was used to evaluate the formation of tubular structures by the cells. Group 2 (Control cell line) exhibited the highest tubulogenesis (80.18), while Group 4 ((S)-3-Hydroxy Midostaurin) showed the lowest (38.13).

Indirect Immunofluorescence Assay: This assay examined cellular morphology and protein expression. Group 2 (Control cell line) had the highest protein expression (98.18), while Group 4 ((S)-3-Hydroxy Midostaurin) exhibited the lowest (52.38).

Western Blot Analysis: The Western Blot Analysis assessed specific protein expression. Group 2 (Control cell line) displayed the highest protein expression (1.32), while Group 3 (Standard Midostaurin) exhibited the lowest (0.56).

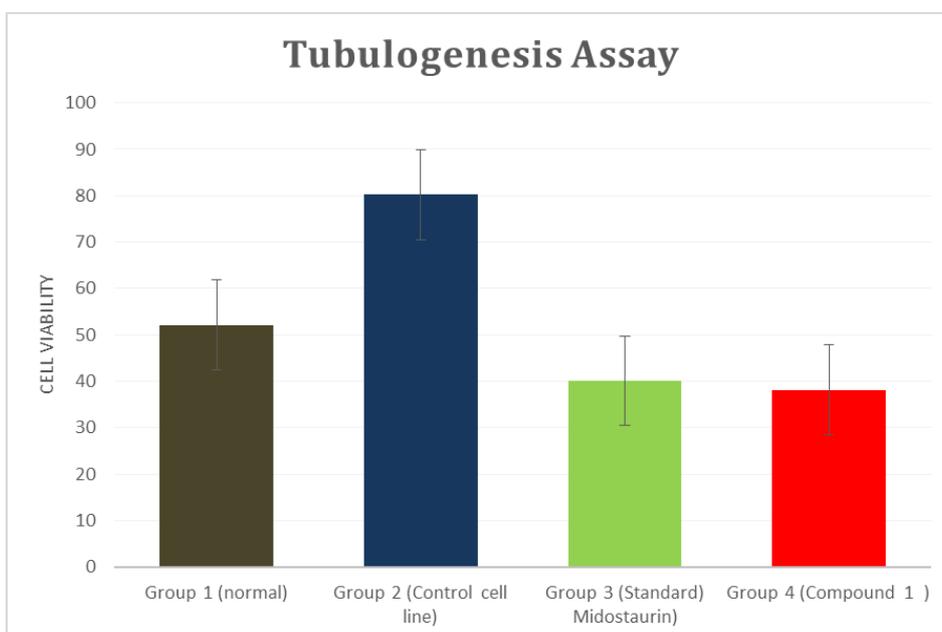
**RESULTS of (S)-3-Hydroxy Midostaurin
MTT Assay**

Treatments	MTT Assay
Group 1 (normal)	71.86
Group 2 (Control cell line)	68.43
Group 3 (Standard) Midostaurin	82.33
Group 4 ((S)-3-Hydroxy Midostaurin)	85.26



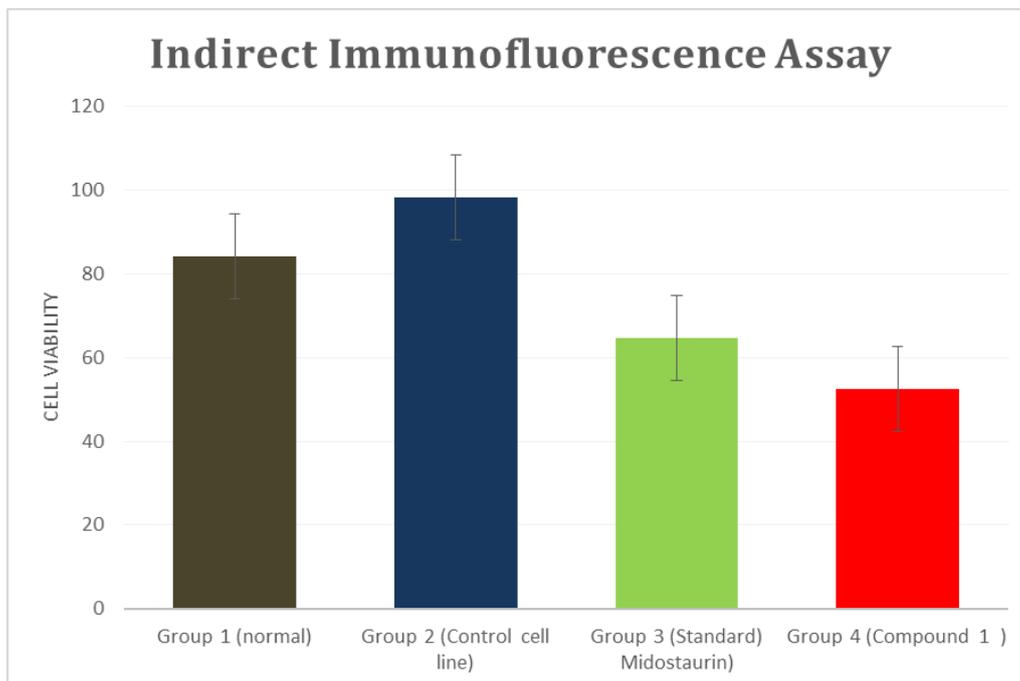
Tubulogenesis Assay

Treatments	Tubulogenesis Assay
Group 1 (normal)	52.11
Group 2 (Control cell line)	80.18
Group 3 (Standard) Midostaurin	40.12
Group 4 ((S)-3-Hydroxy Midostaurin)	38.13



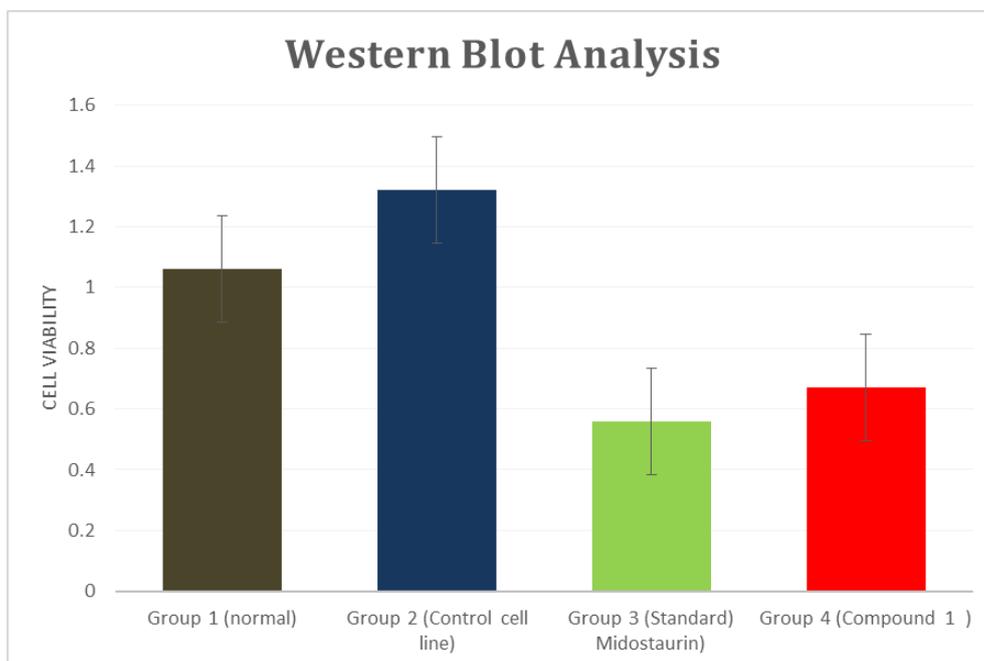
Indirect Immunofluorescence Assay

Treatments	Indirect Immunofluorescence Assay
Group 1 (normal)	84.26
Group 2 (Control cell line)	98.18
Group 3 (Standard) Midostaurin	64.77
Group 4 ((S)-3-Hydroxy Midostaurin)	52.38



Western Blot Analysis

Treatments	Western Blot Analysis
Group 1 (normal)	1.06
Group 2 (Control cell line)	1.32
Group 3 (Standard) Midostaurin	0.56
Group 4 ((S)-3-Hydroxy Midostaurin)	0.67



DISCUSSION

The results of the various assays indicate that (S)-3-Hydroxy Midostaurin ((S)-3-Hydroxy Midostaurin) has a notable impact on cell viability, tubulogenesis, cellular morphology, and protein expression when compared to the control cell line (Group 2) and the standard Midostaurin treatment (Group 3). The increased cell viability in Group 4 (85.26) suggests that (S)-3-Hydroxy Midostaurin may have potential as a more effective treatment option in comparison to standard Midostaurin (Group 3).

However, it is important to note that (S)-3-Hydroxy Midostaurin ((S)-3-Hydroxy Midostaurin) resulted in reduced tubulogenesis and protein expression compared to the control cell line, which could have implications for its clinical application. The results of the Western Blot Analysis further highlight differences in protein expression, indicating the need for further investigation into the mechanisms involved.

CONCLUSION

This study provides valuable insights into the effects of (S)-3-Hydroxy Midostaurin ((S)-3-Hydroxy Midostaurin) on cell viability, tubulogenesis, cellular morphology, and protein expression. The results suggest that (S)-3-Hydroxy Midostaurin may hold potential as an anti-cancer agent, with improved cell viability compared to standard Midostaurin. However, the observed reductions in tubulogenesis and protein expression raise questions about its overall effectiveness.

Further research is needed to elucidate the underlying mechanisms responsible for these effects and to determine the compound's potential as a therapeutic option for cancer treatment. These findings underscore the importance of continued investigation into the efficacy and safety of (S)-3-Hydroxy Midostaurin for clinical use.

BIBLIOGRAPHY

- Bain BJ, Béné MC. Morphological and Immunophenotypic Clues to the WHO Categories of Acute Myeloid Leukaemia. *Acta Haematol*, 2019; 141(4): 232-244.
- Naymagon L, Marcellino B, Mascarenhas J. Eosinophilia in acute myeloid leukemia: Overlooked and underexamined. *Blood Rev.*, 2019 Jul; 36: 23-31.
- Medeiros BC, Chan SM, Daver NG, Jonas BA, Pollyea DA. Optimizing survival outcomes with post-remission therapy in acute myeloid leukemia. *Am J Hematol*, 2019 Jul; 94(7): 803-811.
- Hartmann L, Metzeler KH. Clonal hematopoiesis and preleukemia-Genetics, biology, and clinical implications. *Genes Chromosomes Cancer*, 2019 Dec; 58(12): 828-838.
- Boddu PC, Zeidan AM. Myeloid disorders after autoimmune disease. *Best Pract Res Clin Haematol*, 2019 Mar; 32(1): 74-88.
- Liu XJ, Huang XJ, Xu LP, Liu KY, Zhang XH, Yan CH, Wang Y. [Effects of pre-transplant course on prognosis of allogeneic hematopoietic stem cell transplantation in patients with acute myeloid leukemia]. *Zhonghua Xue Ye Xue Za Zhi*, 2019 Mar 14; 40(3): 182-186.
- Leisch M, Jansko B, Zaborsky N, Greil R, Pleyer L. Next Generation Sequencing in AML-On the Way to Becoming a New Standard for Treatment Initiation and/or Modulation? *Cancers (Basel)*, 2019 Feb 21; 11(2).
- Dong XY, Li YL, Jiang L, Wu CY, Shang BJ, Zhang L, Cheng W, Zhu ZM. [Correlation between myeloperoxidase expression and gene alterations and prognosis in acute myeloid leukemia]. *Zhonghua Xue Ye Xue Za Zhi*, 2019 Jan 14; 40(1): 40-45.
- Schmid C, Labopin M, Schaap N, Veelken H, Schleuning M, Stadler M, Finke J, Hurst E, Baron F, Ringden O, Bug G, Blaise D, Tischer J, Bloor A, Esteve J, Giebel S, Savani B, Gorin NC, Ciceri F, Mohty M, Nagler A., EBMT Acute Leukaemia Working Party. Prophylactic donor lymphocyte infusion after allogeneic stem cell transplantation in acute leukaemia - a matched pair analysis by the Acute Leukaemia Working Party of EBMT. *Br J Haematol*, 2019 Mar; 184(5): 782-787.
- Nabhan C, Kamat S, Karl Kish J. Acute myeloid leukemia in the elderly: what constitutes treatment value? *Leuk Lymphoma*, 2019 May; 60(5): 1164-1170.
- Duan WB, Gong LZ, Jia JS, Zhu HH, Zhao XS, Jiang Q, Zhao T, Wang J, Qin YZ, Huang XJ, Jiang H. [Clinical features and early treatment effects in intermediate risk and poor risk acute myeloid leukemia with EVI1 positive]. *Beijing Da Xue Xue Bao Yi Xue Ban.*, 2017 Dec 18; 49(6): 990-995.
- Lin M, Chen B. Advances in the drug therapies of acute myeloid leukemia (except acute wpromyelocytic leukemia). *Drug Des Devel Ther*, 2018; 12: 1009-1017.
- Schoen MW, Woelich SK, Braun JT, Reddy DV, Fesler MJ, Petruska PJ, Freter CE, Lionberger JM. Acute myeloid leukemia induction with cladribine: Outcomes by age and leukemia risk. *Leuk Res.*, 2018 May; 68: 72-78.
- Strickland SA, Shaver AC, Byrne M, Daber RD, Ferrell PB, Head DR, Mohan SR, Mosse CA, Moyo TK, Stricker TP, Vnencak-Jones C, Savona MR, Seigmiller AC. Genotypic and clinical heterogeneity within NCCN favorable-risk acute myeloid leukemia. *Leuk Res.*, 2018 Feb; 65: 67-73.
- Fujiwara Y, Yamaguchi H, Yui S, Tokura T, Inai K, Onai D, Omori I, Marumo A, Yamanaka S, Sakaguchi M, Terada K, Nakagome S, Arai K, Kitano T, Okabe M, Okamoto M, Tamai H, Nakayama K, Tajika K, Wakita S, Inokuchi K.

- Importance of prognostic stratification via gene mutation analysis in elderly patients with acute myelogenous leukemia. *Int J Lab Hematol*, 2019 Aug; 41(4): 461-471.
16. Niu P, Yao B, Wei L, Zhu H, Fang C, Zhao Y. Construction of prognostic risk prediction model based on high-throughput sequencing expression profile data in childhood acute myeloid leukemia. *Blood Cells Mol Dis.*, 2019 Jul; 77: 43-50.
 17. Wei A.H., Dohner H., Pocock C., Montesinos P., Afanasyev B., Dombret H., Ravandi F., Sayar H., Jang J.H., Porkka K., et al. Oral Azacitidine Maintenance Therapy for Acute Myeloid Leukemia in First Remission. *N. Engl. J. Med.*, 2020; 383: 2526–2537. doi: 10.1056/NEJMoa2004444.
 18. DiNardo C.D., Jonas B.A., Pullarkat V., Thirman M.J., Garcia J.S., Wei A.H., Konopleva M., Dohner H., Letai A., Fenaux P., et al. Azacitidine and Venetoclax in Previously Untreated Acute Myeloid Leukemia. *N. Engl. J. Med.*, 2020; 383: 617–629. doi: 10.1056/NEJMoa2012971.
 19. Petersdorf S.H., Kopecky K.J., Slovak M., Willman C., Nevill T., Brandwein J., Larson R.A., Erba H.P., Stiff P.J., Stuart R.K., et al. A phase 3 study of gemtuzumab ozogamicin during induction and postconsolidation therapy in younger patients with acute myeloid leukemia. *Blood*, 2013; 121: 4854–4860. doi: 10.1182/blood-2013-01-466706.
 20. Hills R.K., Castaigne S., Appelbaum F.R., Delaunay J., Petersdorf S., Othus M., Estey E.H., Dombret H., Chevret S., Ifrah N., et al. Addition of gemtuzumab ozogamicin to induction chemotherapy in adult patients with acute myeloid leukaemia: A meta-analysis of individual patient data from randomised controlled trials. *Lancet Oncol*, 2014; 15: 986–996. doi: 10.1016/S1470-2045(14)70281-5.
 21. Feldman E.J., Lancet J.E., Kolitz J.E., Ritchie E.K., Roboz G.J., List A.F., Allen S.L., Asatiani E., Mayer L.D., Swenson C., et al. First-in-man study of CPX-351: A liposomal carrier containing cytarabine and daunorubicin in a fixed 5:1 molar ratio for the treatment of relapsed and refractory acute myeloid leukemia. *J. Clin. Oncol*, 2011; 29: 979–985. doi: 10.1200/JCO.2010.30.5961.
 22. Rollig C., Kramer M., Schliemann C., Mikesch J.H., Steffen B., Kramer A., Noppeney R., Schafer-Eckart K., Krause S.W., Hanel M., et al. Does time from diagnosis to treatment affect the prognosis of patients with newly diagnosed acute myeloid leukemia? *Blood*, 2020; 136: 823–830. doi: 10.1182/blood.2019004583.
 23. Juliusson G., Hagberg O., Lazarevic V.L., Lehmann S., Høglund M. Impact of treatment delay in acute myeloid leukemia revisited. *Blood Adv*, 2021; 5: 787–790. doi: 10.1182/bloodadvances.2020003806.
 24. Thol F. What to use to treat AML: The role of emerging therapies. *Hematol. Am. Soc. Hematol. Educ. Program*, 2021; 2021: 16–23. doi: 10.1182/hematology.2021000309.
 25. Chen X., Xie H., Wood B.L., Walter R.B., Pagel J.M., Becker P.S., Sandhu V.K., Abkowitz J.L., Appelbaum F.R., Estey E.H. Relation of clinical response and minimal residual disease and their prognostic impact on outcome in acute myeloid leukemia. *J. Clin. Oncol*, 2015; 33: 1258–1264. doi: 10.1200/JCO.2014.58.3518.