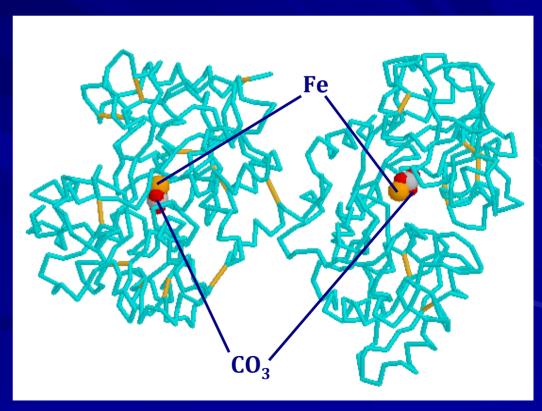
# Can we use transferrin to deliver metals to cancer cells that would be lethal to those cells? (ruthenium-imidazolium)

- Tumor cells need more oxygen because they are growing so fast
- Cells have overabundance of receptors on their surface for transferrin, an iron transport protein
- Lauren Benson's Trojan Horse Project

#### Transferrin

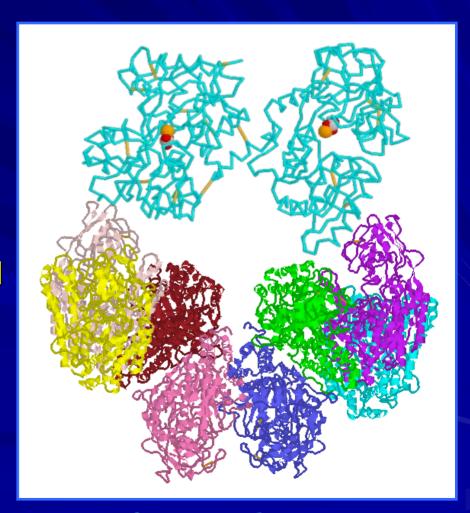
- Transports Fe(III) to many types of cells
- Two structurally similar lobes
- Fe(III) binds in each lobe
- Fe(III) only binds when accompanied by a synergistic anion, typically carbonate



Transferrin

## Cellular uptake of transferrin

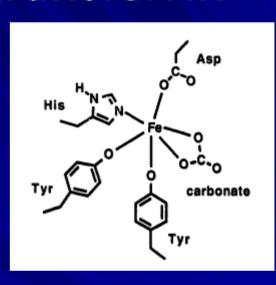
- Diferric transferrin binds to receptor proteins on the cell surface
- Enters the cell in a vesicle with low pH (~5.5)
- Fe(III) is released
- Apoprotein and receptor are transported back to cell surface, where they dissociate at extracellular pH (~7.4)



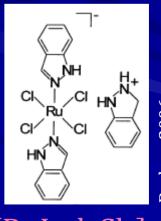
Transferrin and its receptor

### Ruthenium binds to transferrin

- Using X-ray crystallography it has been shown that ruthenium binds to the imidazole ring of the His residue in the metal-binding site
- This binding is facilitated by the loss of a chloride ligand
- [RuInd<sub>2</sub>Cl<sub>4</sub>]<sup>-</sup> retains its activity against colon cancer cells when bound to transferrin



Metal-binding site



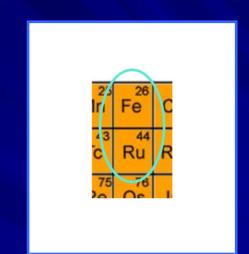
rabec, 200

Hartinger, 2005

[RuInd<sub>2</sub>Cl<sub>4</sub>]<sup>-</sup>

#### Ruthenium binds to transferrin

- In blood, transferrin is only about 30% saturated with iron
- Other metals can bind to transferrin
- Ruthenium is similar to iron (group VIII of the transition metals)
- Ruthenium can be transported to tissues as a ruthenium-transferrin complex



H <sup>1</sup>		Periodic Table of the Elements															He
Li 3	Be <sup>4</sup>											В 5	C	N <sup>7</sup>	0 8	F	Ne
Na Na	Mg											Al	Si	15 P	S <sup>16</sup>	CI	Ar
K 19	Ca <sup>20</sup>	SC <sup>21</sup>	Ti <sup>22</sup>	V <sup>23</sup>	Cr	M	Fe 26	27 0	28 Ni	Cu <sup>29</sup>	Zn <sup>30</sup>	Ga <sup>31</sup>	Ge <sup>32</sup>	As	Se <sup>34</sup>	Br	Kr
Rb	Sr Sr	39 Y	Zr	Nb	Mo Mo	143	Ru	∫'µ	Pd	Ag	Cd 48	49 In	Sn 50	Sb	Te <sup>52</sup>	53 	Xe
Cs <sup>55</sup>	Ba	La	Hf	Ta	W 74	Re	Os	Ir	Pt 78	Au	Hg <sup>80</sup>	81 Ti	Pb	Bi	84 Po	At	Rn 86
Fr	Ra Ra	Ac Ac	Unq	Unp	Unh	Uns	Uno	Une	Unn								
			Ce <sup>58</sup>	59 Pr	Nd	Pm	Sm 62	Eu	Gd <sup>64</sup>	Tb	Dy 66	67 Ho	68 Er	Tm	Yb 70	71 Lu	
			Th	Pa Pa	U <sup>92</sup>	Np	Pu	Am	Cm <sup>96</sup>	97 Bk	Cf 98	Es	Fm	Md	102 <b>N</b> O	103 Lr	

#### Preferential distribution to tumor cells

- Tumor cells have a higher requirement for iron
  - There are more transferrin receptors on tumor cells than normal cells
- Ruthenium is distributed in tumor tissue in levels higher than normal tissue
  - e.g. 5-fold that of muscle
- Ruthenium bound to transferrin is preferentially distributed in cancer cells

#### Preferential distribution to tumor cells

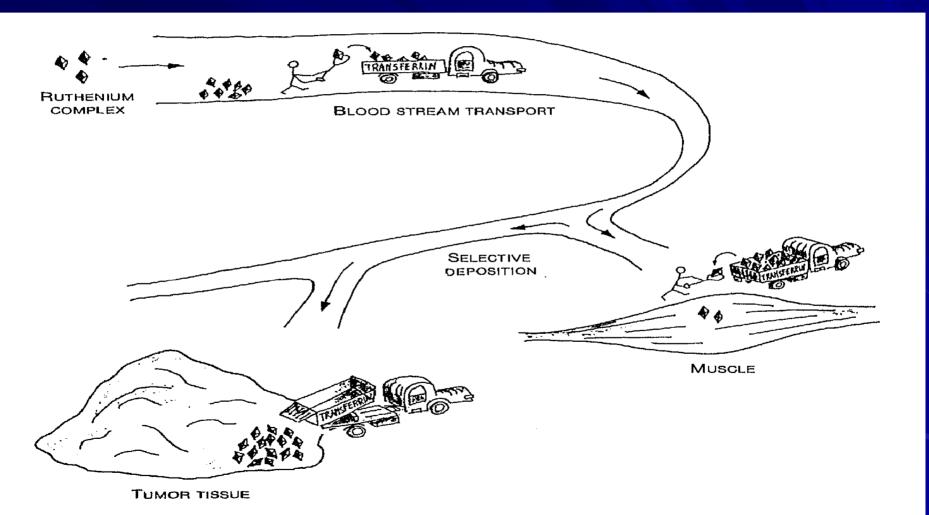


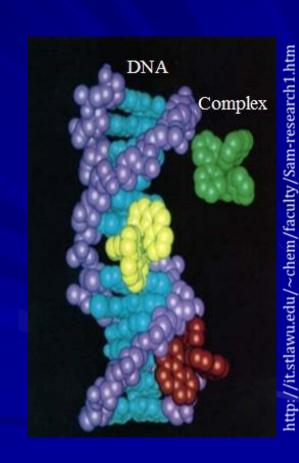
Figure 1. Preferential selective deposition of ruthenium ions by transferrin transport.

## Activation by reduction hypothesis

- Tumor cells rapidly use oxygen and other nutrients
  - Low levels of oxygen in tumor cells
- Tumor cells rely on glycolysis; generate lactic acid
  - Low pH in tumor cells
- The relative electrochemical potential inside tumors is lower than the surrounding normal tissue
- Reduction of Ru(III) to Ru(II) is favored in tumors
- Ru(III) complexes serve as prodrugs
  - Administered in an inactive or less active form {Ru(III)}
    and metabolized in vivo into the active form {Ru(II)}

#### Ruthenium anticancer mechanisms

- Ruthenium complexes function differently from platinum (II) compounds, hence altered activity in tumor cells
- It is generally accepted that their cytotoxicity is related to their ability to bind DNA
- Binding may not affect DNA conformation
  - Ruthenium atom is coordinately bound to DNA while ligands are cross-linked to topoisomerase II



## Excitation of Ru(bpy)2+

