

CHAPTER 11.

DRUG TARGETING

WHAT IS TARGETING?

DRUG TARGETING.

SIZE OF THE TARGET

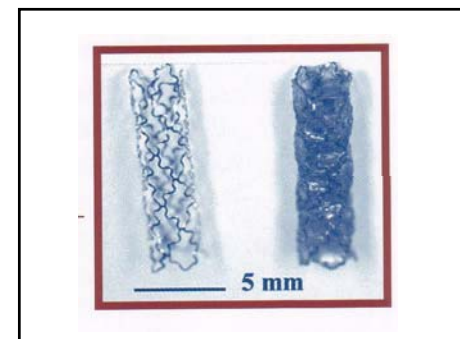
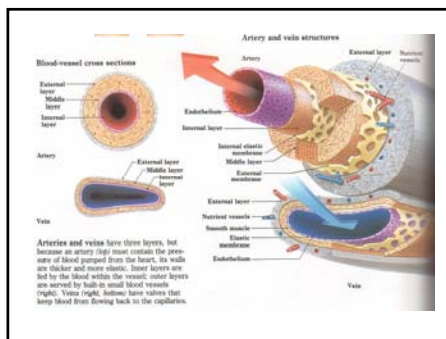
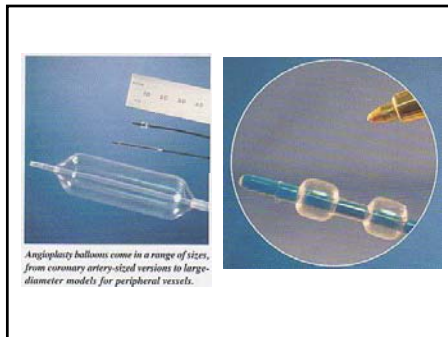
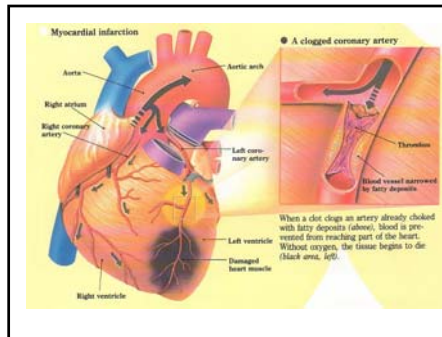
CUPID (Sam Cooke)

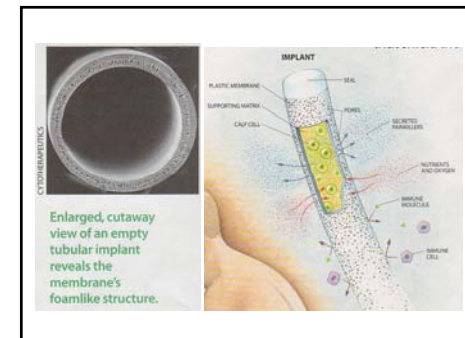
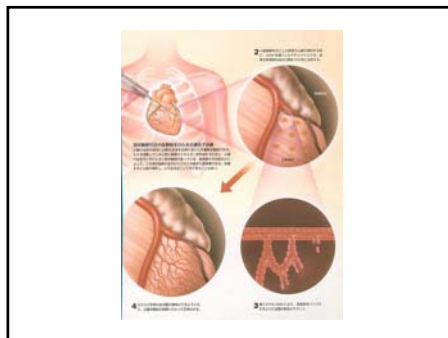
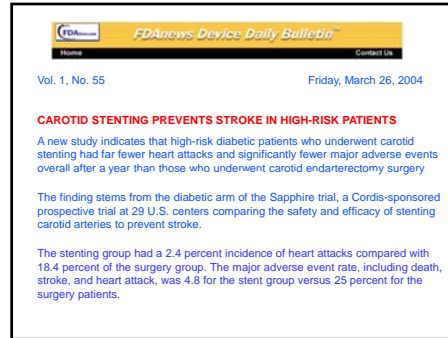
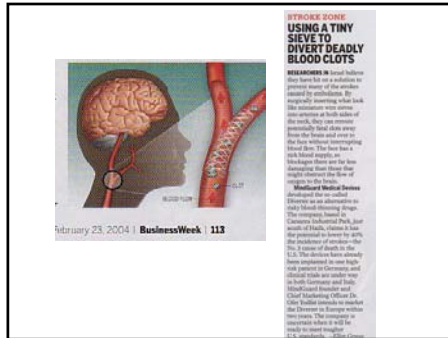
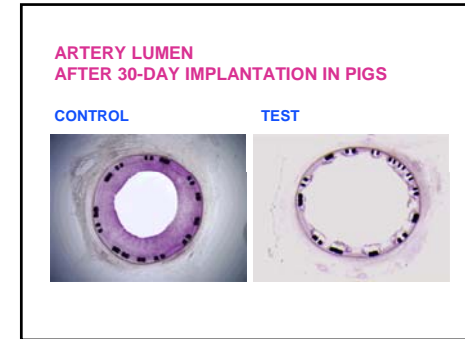
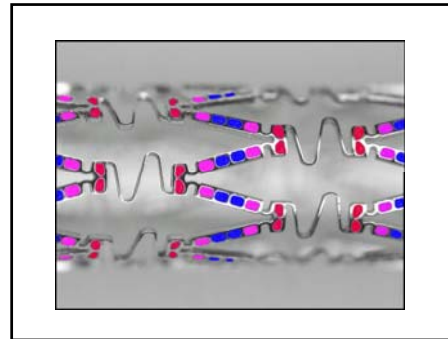
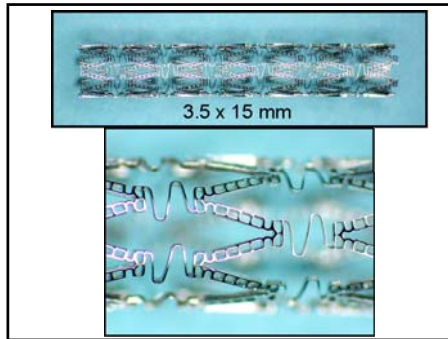
Cupid draw back your bow
And let your arrow go
Straight to my lover's heart for me
Cupid please hear my cry
And let your arrow fly
Straight to my lover's heart for me
Now I don't mean to bother you but I'm in a mess
There's danger of me losing all of my happiness
For I love a girl who doesn't know I exist
And this you can fix
So... Cupid draw back your bow
And let your arrow go
Straight to my lover's heart for me

I. DRUG TARGETING BY LOCALIZED DELIVERY

A. TARGETING TO SURROUNDING TISSUES FROM IMPLANTED SITES

1. LOCAL DELIVERY FROM STENTS



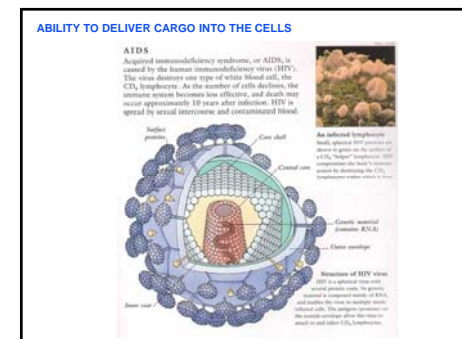
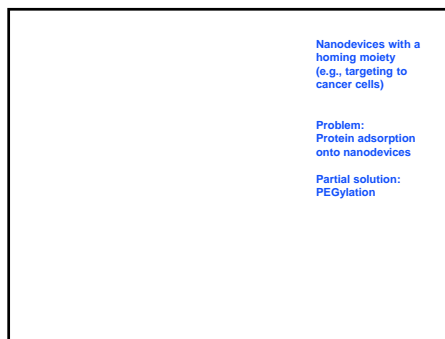
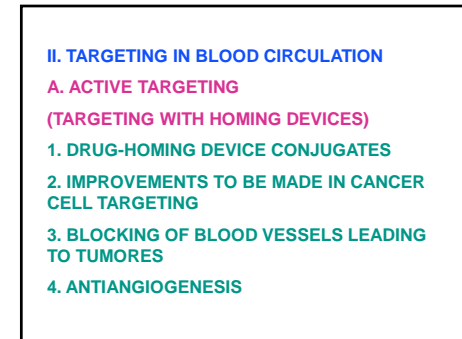
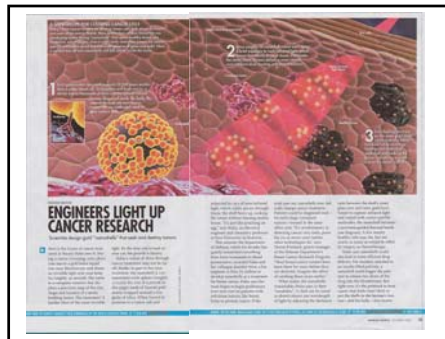
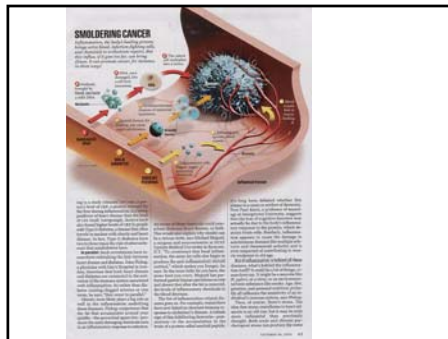
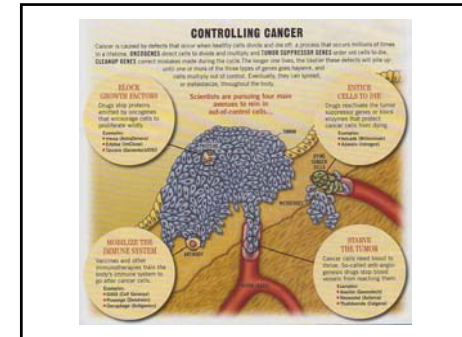
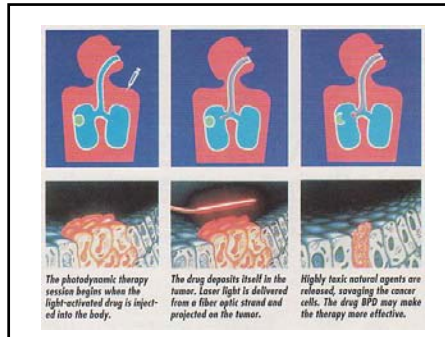


I. DRUG TARGETING BY LOCALIZED DELIVERY

A. TARGETING TO SURROUNDING TISSUES FROM IMPLANTED SITES

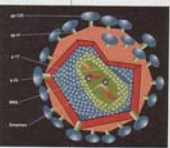
1. LOCAL DELIVERY FROM STENTS

B. DRUG ACTIVATION AT THE TARGET SITE



BIOTECHNOLOGY
AIDS VACCINE TRIAL RESULTS DISAPPOINT
 Antibody-based strategy exhibits puzzling racial disparities

TARGETED
 Researchers hoped antibodies would bind to the HIV surface protein gp120.



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...ally engineered version of the gp120 surface protein on the AIDS virus. It was hoped that the recombinant protein would stimulate production of antibodies that would bind to gp120 on the virus, incapacitating it.


Natasha Combs, an AIDS researcher at the University of California, San Francisco Center for AIDS Prevention Studies, says she's been puzzled by the results. "There's a possible correlation between race and protection," she says.

As to what might possibly cause the difference, Combs and other researchers have produced higher levels of vaccine-induced antibodies, a finding that has been confirmed in another study. "There's a possible correlation between race and protection," she says.

But despite the vaccine's apparent failure, "we now have a vaccine trial where we've got real data on real people, and we can measure those data to see what might have happened," Combs says. "In the mean, this advances the field of vaccine research for HIV." —ELIZABETH WILSON

II. TARGETING IN BLOOD CIRCULATION
A. PASSIVE AND PHYSICAL TARGETING

Carcinoma bull's-eye
 New experimental cancer therapies could obliterate the embolus and effects of a tumor's blood supply, such as the microvasculature. By delivering drugs directly to tumor sites, this method promises the use of microfluidic devices.

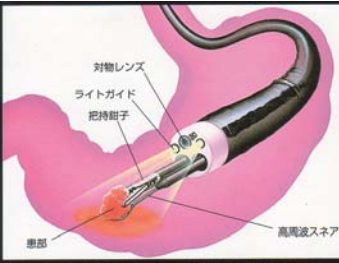


The embolus
 A microfluidic device is inserted into a blood vessel and used to deliver drugs directly to the tumor site. The device is designed to be biocompatible and to be able to deliver drugs directly to the tumor site.

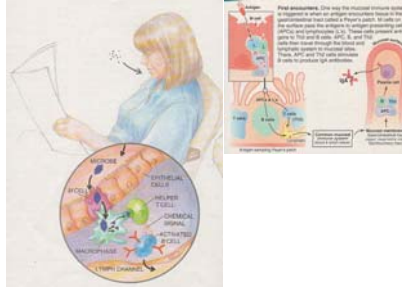
The effect
 The drug is delivered directly to the tumor site, where it can be used to kill the tumor cells. The drug is delivered directly to the tumor site, where it can be used to kill the tumor cells.

Drug delivery to the tumor site
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III. TARGETING IN THE GI TRACT
A. TARGETING TO STOMACH
B. TARGETING TO SMALL INTESTINE
 1. ORAL VACCINATION
 2. ORAL VACCINATION USING EDIBLE VACCINES
C. TARGETING TO COLON



内視鏡による早期胃がんの治療イメージ (内視鏡的粘膜切除術)。チャンネルのスコップを使用して、病変部に生理食塩水を注入して隆起させ、把持鉗子と高周波スネアを一緒に使用して切除する。



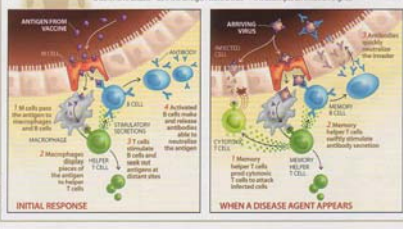
First responders
 The immune system's first responders are the B cells and T cells. They are the first to arrive at the site of an infection and begin the process of fighting the infection.



and passed to immune cells known as macrophages. The macrophages then travel through the gut wall and digest the antigen. The antigen is then passed to immune cells in the gut wall, which are protected from breakdown by a specialized mucus coating. The cells in the gut wall are known as dendritic cells. The cells in the gut wall are known as dendritic cells.

HOW EDIBLE VACCINES PROVIDE PROTECTION

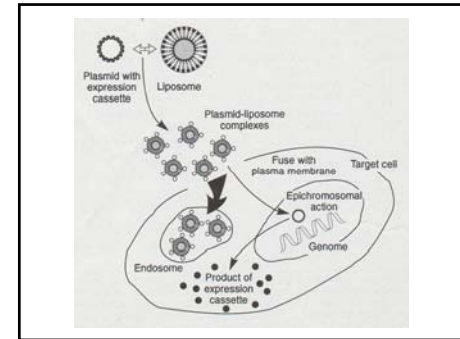
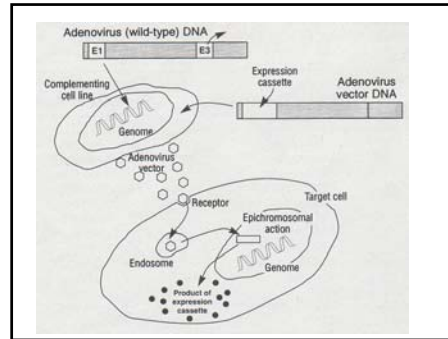
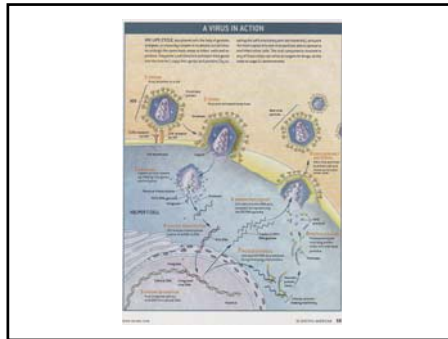
An antigen in a food vaccine gets taken up by M cells in the intestine (below left) and passed to various immune-system cells, which then launch a defensive attack—as if the antigen were a true infectious agent, not just part of one. That is, special "helper" cells are able to promptly mobilize the rest of the immune system.



INITIAL RESPONSE
 1. M cells pass the antigen to macrophages and T cells.
 2. Macrophages digest pieces of the antigen and pass it to T cells.
 3. T cells stimulate B cells to produce antibodies.
 4. Antibodies bind to and neutralize antigens.
 5. T cells stimulate B cells to produce antibodies.

WHEN A DISEASE AGENT APPEARS
 1. Memory T cells quickly mobilize to attack infectious cells.
 2. Memory T cells quickly mobilize to attack infectious cells.

IV. GENE DELIVERY
A. VIRAL VECTORS
 HIGH TRANSFECTION EFFICIENCY
 HIGH RISK (VIRUS IS VIRUS)
B. NON-VIRAL VECTORS
 LOW TRANSFECTION EFFICIENCY
 LOW RISK



- IDEAL GENE CARRIER**
1. THERAPEUTIC DNA
 2. DNA-CONDENSING AGENT
(POLYLYSINE, POLYETHYLENEIMINE, CHITOSAN)
 3. CELL TARGETING MOIETY
 4. ENDOSOMAL DISRUPTING MOIETY
 5. NUCLEAR TRANSLOCATION MOIETY
-
- MOST IMPORTANT STEP:**
4. ESCAPE FROM ENDOSOME

