

# Antisense DNAs as Targeted Genetic Medicine to Treat Cancer

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Nucleic acid therapies represent a direct genetic approach for cancer treatment. Such an approach takes advantage of mechanisms that activate genes known to confer a growth advantage to neoplastic cells. The ability to block the expression of these genes allows exploration of normal growth regulation. Progress in antisense technology has been rapid, and the traditional antisense inhibition of gene expression is now viewed on a genomic scale. This global view has led to a new vision in antisense technology, the elimination of nonspecific and undesirable side effects, and ultimately, the generation of more effective and less toxic nucleic acid medicines. Several antisense oligonucleotides are in clinical trials, are well tolerated, and are potentially active therapeutically. Antisense oligonucleotides are promising molecular medicines for treating human cancer in the near future.

Key words: Antisense, Oligonucleotides, Cancer, Chemotherapy, Gene expression, Growth inhibition

#### INTRODUCTION

The use of antisense oligonucleotides (ODNs) to turn off specific genes dates to the 1970s, when single-stranded DNA was shown to inhibit the translation of a complementary RNA in a cell-free system (Paterson et al., 1977). and a short antisense ODN could inhibit Rous sarcoma virus replication in tissue culture (Zamecnik and Stephenson, 1978) These investigations provided the first hints of the therar eutic utility of antisense nucleic acids, and Zamecnik later received a Lasker prize (1996) in recognition of this

Antisense inhibition of gene expression relies primarily on the simple rules of Watson-Crick base pairing of nucleic acids. A synthetic small single-stranded oligonucleotide (13-25 mer) that is complementary to a specific gene, via hybridizing to corresponding mRNA, inhibits the translation of that gene into a protein. Targeting gene expression at the FNA level gives cells another level of regulatory control, allowing them to turn off protein production even if RNA is abundant. If the protein product of translation were imporant for cell growth and/or viability, antisense inhibition

of gene expression could produce a lethal phenotype. Because a particular 15- to 17-mer sequence has been estimated to occur only once in the entire human genome (Stein and Cheng, 1997) antisense inhibition of gene expression is exquisitely specific.

Unmodified phosphodiester ODNs are not suitable therapeutic agents because they are too readily digested by nucleases. To resolve this problem, considerable effort has been made to develop more stable ODN analogs while maintaining desirable antisense properties (Agrawal, 1996a, 1996b; Akhtar and Agrawal, 1997; Bennett, 1998; Stein and Kreig, 1998). A number of ODN analogs have been introduced, but phosphorothioate ODNs (PS-ODNs) have been extensively studied in various models (Agrawal, 1996a, 1996b; Akhtar and Agrawal, 1997; Stein and Cheng, 1997; Bennett, 1998; Crooke, 1998; Stein and Krieg, 1998; Wickstrom, 1998; Cho-Chung, 2002) and are now being tested in human clinical trials (Dorr, 1999; Cho-Chung, 2000; Gewirtz, 2000; Tamm et al., 2001; Uhlmann, 2001; Dove, 2002). Second-generation antisense ODNs that are superior to PS oligos have also been introduced (Agrawal, 1996; Agrawal et al., 1997; Akhtar and Agrawal, 1997; Agrawal and Zhao, 1998; Bennett, 1998; Cho-Chung, 2002). This review focuses on the status of research and development of antisense ODNs as a single agent as well as a combinatorial agent for treatment of cancer. Recent studies in preclinical models and clinical settings are described. In addition, proof of the antisense mechanism

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from the classical and genomic-scale views, non-specific side effects and CpG immune-stimulatory effects are discussed.

## ANTISENSE AS A TARGETED GENETIC MEDI-CINE

Hybridization of antisense ODNs to their target mRNAs can physically block the translation machinery or activate RNase H cleavage at the RNA-DNA duplex site (Agrawal, 1996a, 1996b; Agrawal et al., 1997; Bennett, 1998; Crooke. 1998; Stein et al., 1998; Wickstrom, 1998). The mRNAs of cancer-specific genes, growth factors, protein kinases, cytokines, or cell survival genes have been chosen as targets for antisense ODNs. An extensive amount of literature points to the sequence-specific antisense mechanism of action (Agrawal, 1996a, 1996b, 1998b; Agrawal et al., 1997; Akhtar and Agrawal, 1997; Bennett, 1998; Crooke, 1998; Stein and Kreig, 1998; Wickstrom, 1998; Agrawal and Zhao, 1998a, 1998b; Cho-Chung et al., 1999) at the single-gene level, but exploration of its effect on global gene expression in the cell have been scarce. Here, I discuss antisense ODNs targeted to the RIa regulatory subunit of cAMP-dependent protein kinase (PKA) to illustrate the antisense mechanism from the classic and genomic views.

## THE CLASSIC VIEW OF ANTISENSE

The RI $\alpha$  subunit of cAMP-dependent PKA Type I (PKA-I) (Krebs, 1972) is upregulated in human cancer cell lines (Cho-Chung *et al.*, 1991) and primary tumors (Handschin *et al.*, 1979; Miller *et al.*, 1993a, 1993b; Bold *et al.*, 1994; Bradbury *et al.*, 1994; Young *et al.*, 1995; Gordge *et al.*, 1996; Simpson *et al.*, 1996; McDaid *et al.*, 1999). Expression of this subunit is also enhanced in cells transformed with the Ki ras (Tortora *et al.*, 1989) oncogene or TGF- $\alpha$  (Ciardiello *et al.*, 1993), and on stimulation of cell growth with granulocyte-macrophage colony-stimulating factor (GM-CSF) or phorbol esters (Tortora *et al.*, 1991a). Conversely, a decrease in RI $\alpha$  expression correlates with growth inhibition induced by site-selective cAMP analogs in a broad spectrum of human cancer cell lines (Cho-Chung *et al.*, 1989).

The PKA-1 isoform has been correlated with poor prognosis for various cancers, including colon, breast, and ovarian cancers (Miller *et al.*, 1993b; Bradbury *et al.*, 1994; Simpson *et al.*, 1996; McDaid *et al.*, 1999). Antisense strategies have been used to determine whether the Rlα subunit of PKA-I is a positive regulator essential for cancer cell growth. Antisense ODNs targeted to the Rlα subunit N-terminus not only inhibit PKA-I expression, but ultimately induce cell growth arrest, apoptosis, and differ-

entiation in a variety of cancer cell lines (Tortora et al., 1991b; Yokozaki et al., 1993; Srivastava et al., 1999; Alper et al., 1999; Cho-Chung et al., 1999; Nesterova and Cho-Chung, 2000). These ODNs also exhibit antitumor activity in nude mice (Nesterova and Cho-Chung, 1995; Zhang et al., 1998; Cho-Chung et al., 1999). In cancer cells in vitro and tumors in vivo, antisense RIa exhibits strict target specificity. This antisense does not affect expression of RIIa, a structurally related isoform, but it does upregulate the differentiation-inducible isoform RIIB, which is not detected in untreated control tumor cells (Tortora et al., 1991b; Yokozaki et al., 1993; Nesterova and Cho-Chung, 1995; Alper et al., 1999; Cho-Chung et al., 1999; Srivastava et al., 1998b; Srivastava et al., 1999; Nesterova and Cho-Chung, 2000). Thus, antisense-directed inhibition of RIa expression suppresses growth by downregulating PKA-I and concomitantly upregulating PKA-IIβ.

Like other polyanionic macromolecules, PS-ODNs do interact with other proteins and growth factors (Fennewald and Rando, 1995; Guvakova *et al.*, 1995), which may cause nonspecific effects. The polyanionic nature (Agrawal and Zhao, 1998a) of the antisense Rlα PS-ODN has been minimized, and the immunostimulatory (GCGT motif) (Krieg *et al.*, 1995) has been blocked in a second-generation RNA-DNA mixed-backbone Rlα antisense ODN (Nesterova and Cho-Chung, 2000). Such second-generation ODNs have been shown to improve antisense activity (Monia *et al.*, 1993; Metelev *et al.*, 1994; Nesterova and Cho-Chung, 2000), are more resistant to nucleases, form more stable duplexes with RNA (Metelev *et al.*, 1994; Shibahara *et al.*, 1989), and retain the ability to induce RNase H (Metelev *et al.*, 1994).

The target specificity of RIa antisense has been thoroughly addressed using RNA-DNA antisense RIα. Pulsechase experiments have revealed that  $RI\alpha$  has a relatively short half-life, which, along with its message downregulation, is consistent with the rapid RIα downregulation observed in antisense-treated tumors (Nesterova et al., 1995; Nesterova et al., 2000). Concomitantly, the half-life of the RIIB protein is markedly increased in antisense-treated LS-174T colon carcinoma and LNCap prostate cancer cells (Nesterova et al., 2000). Thus, the PKA-I:PKA-II ratio decreases in tumor cells. The half-lives of RII $\alpha$  and C $\alpha$  (a catalytic subunit of human PKA) are unchanged in antisense-treated cells (Nesterova et al., 2000). RIα antisenseinduced stabilization of the RIIB protein is consistent with results observed in RIB and RIIB knockout mice, in which compensatory stabilization-induced elevation of the  $RI\alpha$ protein appears in tissues that normally express β isoforms of the R subunit (Amieux et al., 1997).

In addition to the loss of RI $\alpha$  and the compensatory stabilization of RII $\beta$ , in LS-174T colon cancer cells and LNCaP prostate cancer cells, which express PKA-I and

PKA-II (Nesterova et al., 1996), RI $\alpha$  antisense treatment also increases the activity of the cAMP-inducible enzyme PDE4 (Nesterova and Cho-Chung, 2000). However, in the case of HCT-15 MDR colon carcinoma cells, which primarly express PKA-I, the antisense-directed loss of  $RI\alpha$  shortens the half-life of  $C\alpha$  (Nesterova and Cho-Chung, 2000). Thus, cAMP signaling is reduced as evidenced by reduced PDE4 activity (Nesterova and Cho-Chung, 2000). These results are consistent with those observed in S49 lymphoma cells, which also primarily express PKA-I (Steinberg and Agard, 1981). The RI subunit becomes much more labile in mutant cells lacking a functional C subunt than in wild-type cells, and in cells treated with cAMP analogs than in untreated control cells (Steinberg and Agard, 1981). Thus, the effects of  $Rl\alpha$  antisense RNA-LINA ODN on the cAMP-signaling cascade depend on the overall expression of PKA-I and PKA-II in the cell.

In support of the RI $\alpha$  antisense effect on apoptosis, inactivation of Bcl-2 by PKA-specific phosphorylation (Srivastava et al., 1998a) and a structural link between PKA-I and cytochrome C oxidase (Yang et al., 1998) have been observed. Moreover, RNA-DNA antisense Riα can induce Ecl-2 phosphorylation cleavage of poly (ADPribose polymerase and caspase-3 activation in breast cance cells (Srivastava et al., 1998b; Srivastava et al., 1999). In androgen-independent human prostate cancer cells, antisense RIa induces hyperphosphorylation of Bcl-2, hyr ophosphorylation of Bad [phosphorylated Bad is antiap optotic (Harada et al., 1999)], and increase in Bax, Bak, and Bad proapoptotic proteins (Cho et al., 2002). The effect of this antisense results from target- and seque τορ-specific inhibition of RIα expression and PKA-I holoer zy ne formation (Cho et al., 2002).

The RNA-DNA Rlα antisense ODN also inhibits tyrosine kinase signaling (Alper *et al.*, 1999) and deregulates the cell cycle (Cho-Chung *et al.*, 1999; Nesterova *et al.*, 2000). GEM :231 (RNA-DNA antisense Rlα) (Nesterova and Cho-Chung, 2000; Agrawal *et al.*, 1998a) inhibits cell growth in various types of cancer cells *in vitro* and tumor growth in SCID mice without systemic toxicity (Zhang *et al.*, 1998; Cho-Chung *et al.*, 1999; Nesterova and Cho-Chung, 2000; Tortora *et al.*, 2000).

#### ANTISENSE IN GENOMIC-SCALE VIEW

A cDNA microarray (Schena *et al.*, 1995) has been used to investigate sequence-specific effects of antisense RIα cri global gene expression in cancer cells *in vitro* and tumors: *ir vivo* in nude mice (Cho *et al.*, 2001). To verify the specificity of antisense effects on gene expression signatures, three distinct antisense phosphorothioate oligonuclectides (PS-ODNs) are used—one with the immunostimulatory CpG motif (Krieg *et al.*, 1995), the other without—

and a second-generation RNA-DNA antisense PS-ODN (Nesterova and Cho-Chung, 2000). This study also shows the expression profile in cells that endogenously over-express the RI $\alpha$  antisense gene (Cho *et al.*, 2001). This system bypasses problems of delivery and stability inherent in ODN treatment.

On the array, expression is altered in prostate and colon cancer cells for approximately 10 percent of the 2,304 cDNA elements. Affected genes include those that express transcription factors, protein kinases and phosphatases, cell cycle regulators, proteins involved in DNA synthesis and regulation, G-proteins, and cytoskeleton regulatory proteins. RI $\alpha$  antisense thus directs a cellular regulation superimposed on that arising from the Watson-Crick base pairing mechanism of action.

The classical view of antisense Rlα demonstrates that, in addition to growth inhibition,  $RI\alpha$  antisense treatment induces changes in cell morphology, including a flat phenotype similar to the reverted phenotype of transformed cells (Cho-Chung et al., 1999). To identify global changes in the molecular portrait of cancer cells and tumors following antisense treatment, a hierarchical clustering algorithm was used to group genes on the basis of similarity in the pattern with which their expression varied over all samples (Schena et al., 1995). Clusters of coordinately expressed genes are called signatures and are named for the cellular process in which component genes participate (Alizadeh et al., 2000). The map reveals that RI $\alpha$  antisense, in a sequence-specific manner, affected one signature involved in proliferation and another involved in differentiation (Cho et al., 2001).

Genes that define the proliferation-transformation signature are markedly suppressed in cells exposed to antisense treatment. Conversely, genes that define the differentiation-reverse transformation signature are upregulated. Strikingly, expression signatures induced by exogenously supplied antisense ODN mirrored those induced by endogenous antisense gene expression. These expression signatures may reflect the profile of non-malignant or reverted phenotypes.

Antisense-directed depletion of the PKA Rl $\alpha$  subunit modulates signal transduction signatures of multiple pathways beyond the cAMP pathway. This is not surprising because intracellular signaling pathways are interrelated and interdependent, and crosstalk occurs even among such opposing pathways as the negative-versus-positive regulation pathway. The antisense thus blocks Rl $\alpha$  expression and ultimately remodels the total intracellular trafficking network, resulting in reversion of the tumor phenotype to a normal-like phenotype in which cells stop growing. The genomic approach has therefore confirmed and enhanced the findings of a decade's worth of classical approaches to antisense, including biochemical,

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molecular biology, and translational methods, and brought about a new vision in antisense technology.

Results from these studies provide critical assessment of ODN pharmacokinetics and toxicity, and offer insight into the mechanism of action of these molecules on their own targets and on total cellular gene expression. Thus, genomic approaches narrow the number of selected target genes and reveal new target genes for antisense therapeutics.

## NONSPECIFIC SIDE EFFECTS

Although antisense technology has many benefits, there are some caveats. Like other polyanionic macromolecules, ODNs interact with other proteins and growth factors, potentially generating effects unrelated to antisense. Some effects depend on the ODN sequence; others do not. A major problem with PS-ODNs is their ability to bind in a length- and somewhat sequence-dependent manner to heparin-binding proteins (Fennewald and Rando, 1995; Guvakova et al., 1995), which include a number of growth factors and growth-factor receptors. PS-ODNs that have four contiguous guanosine residues can form quadruple-stranded tetraplexes and other higher-order structures (Wang and Patel, 1993; Wyatt and Stein, 1999). Therefore, using ODNs that do not have four contiguous guanosine residues will bypass the problem of nonspecific interactions.

## CpG MOTI-FIMMUNE-MODULATORY EFFECT

Oligonucleotides that contain a CpG motif–a CG dinucleotide flanked by 5' purines and 3' pyrimidines–can stimulate an immune response by inducing the production of IL-6, IL-12, γ-interferon, and macrophage inflammatory protein-1β (Klinman *et al.*, 1996; Pisetsky, 1996; Zhao *et al.*, 1997; Krieg, 1998). This induction can lead to ODN-related toxicities, including thrombocytopenia and elevation of hepatic transaminases (Hendrzak and Brunda, 1995; Strieter *et al.*, 1996). Methylation of cytosine in the CpG motif or replacing a few neighboring DNA nucleotides around CpG with RNA will block the immunostimulatory effect (Agrawal and Zhao, 1998b; Uhlmann, 2001). Now that we understand the medical chemistry of CpG ODNs in more detail, it is possible to suppress observed, undesired immunotoxic effects of CpG-containing antisense ODNs.

#### SECOND-GENERATION OLIGONUCLEOTIDES

Second-generation antisense oligonucleotides exhibit the beneficial properties of antisense ODNs, along with minimal polyanionic or immunostimulatory side effects. Mixed-backbone ODNs are an excellent choice of second-generation antisense ODNs; they have increasing biological

activity, reduced polyanionic side effects, and increased *in vivo* stability.

# ANTISENSE TREATMENT OF CANCER: PRE-CLINICAL STUDIES

Advantages of antisense ODNs over cytotoxic agents for cancer chemotherapy include specificity for the target gene and reduced overall toxicity. Targets for therapeutic antisense ODNs include growth factors and receptors, transcription factors, proto-oncogenes, cytokines, cyclindependent kinase, protein kinases, DNA demethylase and methyltransferase, telomerase, matrix metalloproteinases, angiogenin, integrins, MDM 2, and Bcl-2 family members (Sharma et al., 1996; Buolamwini, 1999; Cho-Chung, 2000).

More than 51 abstracts discussed the subject of antisense ODNs or antisense genes at the AARC 2002 annual meeting (Proceedings of the AACR, Vol. 43, 2002). The following selected new targets appeared in these abstracts: BAG-I antisense DNA (gene) for many cancer cell lines/ tumors, MDR (abstract 4378); PDE5 antisense (gene) for colon cancer (abstract 323); antisense TGFβ2 for malignant glioma (abstract 429); antisense thymidylate synthase for Hela cells (abstract 507); antisense Tbdn-1 for Ewing's sarcoma (abstract 1792); antisense cytochrome p45OIAI and p4501B1 for breast cancer (abstract 1911); antisense MMR2 for metastasis inhibition (abstract 2647); antisense L-FABP (liver fatty-acid-binding protein inhibitor) for prostate cancer (abstract 2917, locked nucleic acid); antisense HIFIα for glioblastoma multiforme (abstract 4763); βcatenin antisense phosphorodiamidate morpholino ODN for developmental blockade (abstract 5626); and antisense heparanase gene for blocking pleural dissemination (abstract 428). Thus, antisense technology has been developed for basic research and clinical medicine.

## **CLINICAL TRIALS**

Antisense oligonucleotides complementary to selected targets, such as c-myc (Calabretta and Skorski, 1997), c-myb (Gewirtz, 1998), C-raf (Monia, 1997), PKC (Geiger *et al.*, 1998), PKA-RIα (Chen *et al.*, 2000), H-ras (Cowsert, 1997) and Bcl-2 (Waters *et al.*, 2000) have been studied extensively in *in vitro* and *in vivo* models and are now being evaluated in human clinical trials (Table I). All antisense ODNs in human clinical trials are PS-ODNs, except for the second-generation ODN that targets PKA-RIα and DNA methyltransferase (Table I). These ODNs have inhibited tumor growth in human tumor xenografts in nude/severe combined immune deficiency mice, suggesting their potential use at least as cytostatic agents. In initial human clinical trials, various dosing regimens have been used to explore and establish an optimal treatment regimen.

Table I. Antisense oligonucleotides in clinical trials or approved in hematology and oncology

Olig anualeotide	Status	Target mRNA	Indication	Company
LR-3001 (anti-c-myb)	Phase I	CMyb	CML	University of Pennsylvania/Lynx
For ivir₃en (Vitravene™)	Launched	CMV	CMV-retinitis	Isis Pharmaceuticals Inc.
G-3139 + dacarbazine	Phase III	Bcl-2	Melanoma	Genta Inc/Aventis SA
G-31391	Phase II		Lymphoma	
G-3 39 + docetaxel	Phase II		Breast cancer	
ISIS-3521 <sup>a</sup> + carboplatin or paclitaxel	Phase III	PKC $lpha$	NSCLC	Isis Pharmaceuticals Inc/Eli Lilly & Co
GEI 1-231 <sup>b</sup>	Phase II	PKA-RIα	Solid tumor	Hybridon Inc
GEN 1-231 <sup>b</sup> + irinotecan	Phase I/II			
ISIS-25)3 <sup>a</sup> + gemcitabine	Phase II	Ha-Ras	Pancreas tumor	Isis Pharmaceuticals Inc
ISIS-25 )3 <sup>a</sup>	Phase II		Breast tumor	
ISIS-25 )3°	Phase II		Colon tumor	
ISIS-25 )3°	Phase II		NSCLC	
GTI 2040 + capecitabine	Phase II	Ribonucleotide	RCC	Lorus Therapeutics Inc
GTI 2040	Phase II	Reductase		
MG- 98 <sup>b</sup>	Phase II	DNA	RCC	Hybridon Inc/MethylGene Inc/MGI Pharma Inc
MG- 98 <sup>b</sup>	Phase II	methyltransferase	HNC	
MG- 98 <sup>b</sup>	Phase I/II	-	AML/MDS	

<sup>a</sup>Phospł orcthioate, <sup>b</sup>second-generation chimeric oligonucleotide.

NSCLC non-small cell lung cancer, CML chronic myelogenous leukemia, RCC renal cell carcinoma, HNC head and neck cancer, AML rela psed/refractory acute myeloid leukemia, MDS myelodysplasia.

Early results of these studies suggest that antisense ODNs are generally safer than cytotoxic agents, and anticancer activity has been observed in ODNs targeting Bcl-2 (Waters et al., 2000), PKCα (Geiger et al., 1998), c-raf (Monia, 1997) and c-myb (Luger et al., 2002).

The most recent illustration of an antisense drug in clinical development involves oblimersen Bcl-2 antisense (Genasense™, G3139, Genta Inc., Berkeley Heights, NJ) (Klasa e' al., 2002). Tumor cells isolated from patients treated with oblimersen have exhibited downregulation of the Bcl-2 protein, and more than 300 human subjects with advanced cancer have received oblimersen. Phase I trials show a limiting toxic effect of fatigue and thrombocytopenia. In Phase 2 trials, oblimersen has exhibited single-agent activity in patients with non-Hodgkin's lymphoma and chronic lymphocytic leukemia (CLL).

Preclinical evidence supports a synergistic therapeutic role for oblimersen with cytotoxic agents in a wide spectrum of human cancers, including breast, lung, colon, prostate, gastric, Merkel cell, epidermoid, bladder, hepatoma, cholangio carcinoma, lymphoma, malignant melanoma, and acute and chronic leukemia. Clinical studies have provided evider cell that oblimersen exhibits some activity when administered as a single agent and is especially effective when used in combination with traditional anticancer strategies (Klasa et al., 2002).

# **COMBINATORIAL THERAPY**

Combination therapy is the preferred chemotherapy

method, and results of preclinical studies in diverse disease models support the possibility of using antisense ODNs in combination therapy for cancers. In detailed preclinical studies, ODNs targeting bcr-abl, Bcl-2 (Jansen et al., 2000; Chi et al., 2001), PKC-α (Geiger et al., 1998), c-myc (Citro et al., 1998), MDM2 (Chen et al., 1998), and PKA-RI $\alpha$ (Tortora et al., 1997) have shown additive or synergistic activity with various classes of cytotoxic drugs. These include mafosfamide, camptothecin, cisplatin, paclitaxel, and doxorubicin. Proposed mechanisms for the observed synergistic activity include cell cycle arrest and induction of apoptosis, but further studies are needed to understand the complex mechanisms of action and the pharmacodynamic and pharmacokinetic issues related to combination therapy with antisense ODNs. Most importantly, functional genomics studies of antisense ODNs in combination with cytotoxic drugs currently in clinic would facilitate the development of clinically relevant antisense therapeutics.

### **PERSPECTIVE**

As discussed in this review, antisense ODNs block gene expression and ultimately control abnormal cell proliferation. Downregulation of genes that contribute to cancer progression has been the goal of antisense research, with the expectation that such an approach may lead to selective or preferential inhibition of tumor growth without harming normal cell growth. Overall, oligonucleotide-based therapeutics have the potential to generate new approaches to cancer treatment with fewer side effects. Recent rapid

advances in ODN-based technology are encouraging, and such a gene-targeting approach is now an exciting possibility for cancer treatment.

Although most classical antisense experiments have demonstrated a strong potential for these agents as targeted nucleic-acid-based medicines, the genomic-scale view of these drugs has not previously been explored. Microarray technology has allowed a new vision in antisense technology. For the first time, cDNA microarrays have revealed that antisense PKA RI $\alpha$  can modulate a wide set of genes related to cell proliferation and differentiation in a sequence-specific manner. Differentiation and proliferation expression signatures are specifically upregulated and downregulated, respectively, in tumor cells; these signatures are guiescent and unaltered in the host livers of antisensetreated animals. This observation clearly indicates that separate and distinct cAMP signaling pathways regulate growth for normal cells versus cancer cells. Thus, RIa antisense induces molecular signatures of differentiation in cancer cells in a sequence-specific manner, leading to induction of a new reverted phenotype which stops growing.

Unlike conventional chemotherapy regimens, which depend on the maximum tolerated dose of a given drug to achieve optimal tumor-cell kill, treatment regimens involving antisense ODNs may rely more on the concept of an optimal biological dose. The ultimate goal of therapeutic ODNs is their use as biological gene modulators for long periods of time with minimal or no toxicity. In that case, antisense ODNs would respect cytostatic rather than cytotoxic drugs. As such, ODNs can induce tumor cells to differentiate or revert, eventually leading to apoptosis, and reduce or eliminate the chances of relapse in cancer patients following initial treatment. Thus, these biological target-based antisense drugs can be used alone or in combination with conventional cytotoxic drugs/radiation therapy at nontoxic minimum doses.

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