

Clusterin inhibition to enhance tumor chemosensitivity in systemic tumors

Shailendra Kapoor

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To the editor

I read with great interest the recent article by Cheng et al. [1]. Interestingly, inhibition of clusterin activity enhances the sensitivity to a number of other chemo-therapeutic agents in a number of other systemic malignancies besides lung carcinomas.

For instance, OGX-011 can be used to inhibit clusterin in renal cell carcinomas. This inhibition of clusterin enhances the sensitivity to and the anti-neoplastic effects of sorafenib [2]. The combination exerts marked synergism in decreasing proliferation in renal cell malignancies by virtue of significant down-regulation of phosphorylated Akt. Similarly, the use of antisense—oligo deoxynucleotides to inhibit clusterin accentuates the radio—sensitivity of bladder carcinomas [3]. Similarly, antisense oligonucleotides against clusterin have been shown to increase radio—chemosensitivity in prostate carcinomas [4]. The efficacy of androgen ablation is also accentuated following treatment with these antisense oligonucleotides.

Similarly, accentuated clusterin expression usually indicates a poor response to radiotherapy as well as chemotherapy in breast cancers. Down-regulation of clusterin increases the sensitivity to tamoxifen in ER anti-estrogen resistant breast cancer cells [5]. Similarly, in ovarian carcinomas, down-regulation of clusterin increases sensitivity

to agents such as paclitaxel [6]. The down-regulation can be achieved by transfection of siRNA or by using OGX-011. This results in improved prognosis and a better clinical outcome in these tumors.

The above examples clearly illustrate the efficacy of clusterin targeting in increasing radio as well as chemosensitivity in a number of systemic tumors. Clearly, there is a need to develop further anti-clusterin therapy that may very well change the management of chemoresistant malignancies in the near future.

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S. Kapoor (✉)
Private Practise, Mechanicsville, VA, USA
e-mail: shailendrakapoor@yahoo.com