Review on Protein and Peptide in Drug Targeting and its Therapeutic Approach

Bobade Sujata Sahebrao¹, Ghandge Ayodhya Narayan²,

Todkar Sonali Achyut³, Kharat Sunanda Bhavrao⁴, Borde Sonali Santosh⁵.

Nandkumar Shinde College of Pharmacy, Vaijapur. Dr. Babasaheb Ambedkar Technological University, Lonere, Maharashtra, India

Abstarct

The main end of this review composition is to give information like advantages of protein and vim-runs via different routes of medicine administration, targeted to a particular point and its recrimination in medicine delivery system. However, difficulty with their delivery has limited their use. In particular, their oral bioavailability is veritably low, and the transdermal delivery faces immersion limitations. Thus, outmost of the protein and peptide- grounded medicines are administered by the parenteral route. Operations, Recent Advances and Marketed expression of Protein and Peptide medicine delivery system. Proteins and peptides are the most abundant factors of natural cells. They live performing similar as enzymes, hormones, structural element and immunoglobulin. The twenty different naturally being amino acids join with each other by peptide bonds and make polymers appertained to peptides and proteins.

Keywords: Protein and Peptides, Monoclonal antibodies, Liposomes, Niosomes and Drug delievery system.

Introduction:

The Protein and Peptide is a Novel Drug Delivery System and it's a new approach of medicine delivery system [1]. The term Protein is deduced from a Greek word Proteios Means Holding the first Place[2]. The results give useful in- conformation on the microstructure and chemical terrain inside these polymers during corrosion. numerous protein and peptide can not be administered orally because it degraded inside the gastrointestinal tract(GI tract)[3] due to their short partial life in the body fluids. The use of new medicine delivery systems(DSs) that ameliorate the parcels of a cell membrane's penetration may give an occasion of recovering medicine campaigners, which have preliminarily demonstrated the below- mentioned disadvantages. also, repeated medicine administration raises the cost and, in numerous cases, causes undesirable side goods.

DDSs grounded on synthetic stimulants responsive copolymers are extensively bandied in recent reviews, including thermoresponsive[5,6], pH responsive [7,8] and modified natural polymers [9] that ameliorate the stability, the effectiveness of pharmacokinetics and the tolerability of being substances, coincidently mollifying their off targettoxicity.Pharmaceutically active substances at physiological conditions should be suitable to overcome natural obstacles similar as albumin list and aggregation, insolubility, biodegradation/ metabolism, the low permeability via vascular endothelial cell layers, rapid-fire excretion by the order, hamstrung cellular internalization and undesirable immunogenicity[4].For the product of numerous pharmaceutical proteins that have been well characterized and overcome the problem associated with cell culture, purification, recovery and turmoil [10].The lately protein and peptide show great progress to understand the corrosion medium of biodegradable polymer and the medication of controlled released evices.Thus, the successful development of protein and peptide phrasings is completely depending on the study of in vitro, in vivo medicine characterization and its intended operation[10].

1.Protein:

Protein are occurs in every part of all living cells for giving nutritive exertion for furnishing a body structure capability[11]. It's Important patch for the Factory and Beast cells. In Protein is substantially act has

Enzyme for catalysis of Biochemical responses, It's applicable for the Transportation of Metabolites and Gene[12]. It's applicable for giving a definite shape, strength to the cell and apkins[13].



The Proteins are classified into two types first is depending on the solubility of proteins and another is complexity in structure of proteins. In fist case on the base of solubility they're classified into two types spherical Protein and Stringy Proteins, The proteins are answerable in water or common mariners known has spherical proteins and the the proteins are undoable in Water and common detergents are called has Stringy Proteins[14].In alternate case on the base complexity Proteins are classified in three types Fist is simple protein it can contains only one amino acids, second is conjugated proteins it can contains amino acids and non protein corridor, and third Derived Proteins it's hydrolysis product formed by the action of the physiological agents like heat, chemical agent, and enzymatic conduct on the Protein motes[15]

2.Peptides:

There are about 60 peptides that have reached the request, further than 150 peptides are in active clinical trials and about 260 peptides are presently being tested in humans and over 400 peptides in nonclinical studies[16]. multitudinous exploration studies indicate that biodegrad- suitable natural, semi natural, synthetic and cold-blooded polymers serve as a corner in the design and development of innovative DDS paradigm, perfecting the operation and mending of damaged towel, dwindling side goods and perfecting the pharmacodynamics of the substance[17].



Classes of peptides according to their delivery:

a.Cell penetrating peptides:

CPPs are originally deduced from the α - spiral sphereof the TAT protein, decoded by the mortal immunodeficiency contagion type 1(HIV1), and cover remainders from 48 to 6 [18]. For illustration, lately published studies demonstrated that a bovine lactoferricin L6 CPP can be internalized by endocytosis, still the addition of polyhistidine peptides to this complex can also allow internalization by a direct membrane trans- position [19,20].

b.Taregeted Delievery of Peptide:

Active targeting is, in turn, receptor- directed and achieved by attaching receptor- specific ligands to the medicine carrier or medicine itself. Peptides being natural ligands for numerous receptors in our body have set up a place among generally used targeting agents in medicine delivery. utmost generally, targeting peptides act as a delivery system for targeting colorful excrescence cells or apkins due to overexpression of excrescence-specific labels[21].

Passive (unresistant) targeting, medicines accumulate at diseased spots due to natural characteristics of DDSs similar as size, shape and charge, and due to distinctive parcels of the targeted spots similar as original vasculature and lymphatic drainage. At excrescence spots, for illustration, near vasculature is dense, and lymphatic drainage is bloodied or absent[22]. similar conditions parade the so- called enhanced saturation and retention effect on DDSs, which allows preferential accumulation of polymers with high molecular weight as well as nanoscale patches of roughly 20 - 500 nm in periphery within the excrescence towel[23].

c.Stimuli Responsive Peptide:

It's an important property of smart DDSs that allows them to function specifically and controllably in order to reduce the energy of adverse goods and enhance the remedial efficacity of medicines. Different stimulation agents(pH, light, glamorous field, enzymes) can significantly change the parcels of DDSs, modulating their cell membrane permeability, internalization, size loss and medicine release[24].

A wide variety of vimitidases have been reported to accumulate more constantly at places of lesion similar as excrescence spots and ischemic regions. The classes of those peptidases can be divided into metallo-(e.g.,gelatinases, matrilysins), cysteine-(e.g., cathepsin B, cathepsin C), serine-(e.g., uPA, PSA, thrombin), threonine-(e.g., testes-specific protease 50, threonine aspartase 1) and aspartic proteases(e.g., cathepsin D, cathepsin E, memapsin)[25].

d.Peptide-Based Self-Assembly Scaffolds:

An important approach currently is the use of machine literacy for designing peptide sequences with given parcels. Amphiphilic peptides are suitable to tone- assemble to nanoarchitectures that contain hydrophobic and hydrophilic disciplines. It may have two, three, or four blocks furnishing new structural and functional parcels and affections for communication with cellular membranes or intracellular organelles. Amphiphilic peptide pulpits were made using the mortal nuclear Ki- 67 protein, which acts as a biosurfactant and provides a steric and electrostatic charge handicap against the collapse of mitotic chromosomes [26].

e. Recently Completed Clinical trials:

The main thing of this study is to determine a safe recommended lozenge, side goods and effectiveness Melflufen is a new peptide- medicine conjugate that fleetly and widely releases alkylating agents into excrescence cells by targetingaminopeptidase. May demonstrate an effective approach to targeted delivery of medicines to excrescence spots with implicit to develop into new styles of treatment[27].

3.Monoclonal Antibodies:

Monoclonal antibodies can be produced in technical cells through a fashion now popularly known as hybridoma technology[28]. Monoclonal antibodies is precious for the analysis of spongers antigen and intending to

use it for the study of organism responsible for some of the major conditions affectingmankind.Monoclonal antibodies are used, for case, to distinguish subsets of B cells and T cells. This knowledge is helpful not only for introductory exploration but also for relating different types of leukemias and tubercles and allowing croakers to knitter treatment consequently.



Preparation of monoclonal antibodies by using hybridoma technology:

Steps involved in preparation of monoclonal antibodies:

1.Immunization:

The first step involves edging in the laboratory creatures like rabbits or mice with a named antigen against which the antibodies are raised through a series of injections over a period of several weeks to stimulate B cell differentiation into tube B cells and memory B cells. Once a sufcient number of antibodies are created in the beast serum following a many weeks of immunization, the beast is sacrificed [29].

2.Isolation of B lymphocytes:

Once splenocytes are insulated from the mammal, the B cells are fused with eternalized myeloma cells which warrant the HGPRT(hypoxanthine- guanine phosphoribosyltransferase) gene- using polyethylene glycol or the Sendai contagion[29].

3.Preparation of myeloma cell lines:

Fused cells are incubated in the chapeau(Hypoxanthine Aminopetrin Thymidine) medium[30]. Nonfunctional HGPRT can stop the assembly of nucleotides from the salvage pathway and makes the metastatic excressence cells sensitive to chapeau media as the favored system in hybridoma technology [29].

4.Cell fusion:

B cell- myeloma mongrels survive, since the HGPRT gene coming from the B cells is functional. These cells produce antibodies(a property of B cells) and are immortal(a property of myeloma cells)[30]. Another system used for emulsion is electro emulsion, in which cells are fused under the effect of an electric feld. This system is more efficient than the former system[29, 31].

5.Selection of hybrid cells:

The cell mixture is allow to grow in HAT (Hypoxanthine Aminopetrin Thymidine) for 7-10 days most of cells contain dead cells with a few small clusters of viable cells.Each cluster represent clonal expansion of a hybridoma. The supernant of the cell cultures in each individual well are tested by Western blotting and ELISA [32].

6.Growth and cloning of hybrid cells:

Once pure clones of antibody secreting hybridoma cell are obtained they are transferred to HAT medium in tissue culture flask they are removed from flask and transferred to regular culture medium after appropriate incubation period. In soft agar cloning heterogeneous mixture of hybrid cells are separated by localising, growth of single cell in soft agar.

7. Purification and storage of hybridoma cells:

Antibodies obtained from the tissue culture fluids or ascitic fluids from mouse can be purified by biochemical method of salt precipitation.Purification is employed to remove contaminants such as proteins, nucleic acids, endotoxins and process additives.

Hybridoma cells are suspended containing 10% dimethyl sulphoxide in culture medium with serum for storage.Cells are frogen at -80°C slowly by various methods and then transferred to liquid nitrogen having a temperature of - 197°C. Cryopreservation is the process for long time storage of hybridoma cells without loss of variability.

8.Human monoclonal antibodies:

The homogenicity and specificity of monoclonal antibodies make them particularly suitable for in-vivo administration in humans for diagnostic or therapeutic purposes. Lymphocytes are cultured with antigen in the presence of EBV to secrete desired antibody. Human myeloma cell fusion is another method for preparation of human hybridoma[32].

Advantages:

1.Pure antibodies are produced from crude antigen preparations.

2. Antibodies produced are of single immunoglobulin class and specific for epitope.

3.In-vivo and in-vitro production is possible with a high production rate.

4. Antiserum titer values obtained are very high.

5. High reproducibility with respect to specificity and avidity.

6.Antibodies with high avidity can be produced.

7.Radiolabelling and flourescent conjugation or enzyme making of monoclonal antibodies are easy.

8.Dynamics of mutation in antibody forming cells can be studied[32].



4.Liposomes:

Liposomes are concentric bi-layered vesicles in which an aqueous volume is entirely enclosed by a membranous lipid bilayer mainly composed of natural and synthetic phospholipids.Liposomes are microscopic spheres made from fatty materials, predominantly phospholipids.Liposomes are made up of one or more concentric lipid bilayers, and range in size from 50 nanometers to several micrometers in diameter[32].

Advantages:

1. Provide selective passive targeting to tumor tissues (liposomal doxorubicin).

2.Increase efficacy and therapeutic index.

3.Increased stability via encapsulation.

4.Reduced toxicity of the encapsulated agents.

5.Site avoidence effect.

6.Improved pharmacokinetic effect (reduced elimination increased circulating life time).

7. Flexibility to couple with site specific ligands to achieve active targeting[32].

Different preparation methods and the vesicle formed:

Preparation Method	Vesicle type
Single or oligolamellar vesicle made by reverse phase evaporation	REV
Multilamellar vesicle made by reverse phase evaporation method	MLV-REV
Stable pluri lamellar vesicle	SPLV
Frozen and thawed multilamellar vesicle	FAT MLV
Vesicle prepared by extrusion technique	VET
Dehydration Rehydration method	DRV

5.Niosomes:

Niosomes are multilameller vesicular structure of non-ionic surfactants, similar to liposomes and are composed of non-ionic surfactant instead of phospholipids which are the components of liposomes[33, 34]. So, niosome or non-ionic surfactant vesicles are now widely studied as an alternative tool to liposome. Various types of surfactants have been reported to form vesicles, and have the capacity to entrap and retain the hydrophilic and hydrophobic solute particles [33,35].

Thus carrier system protects the medicine motes from the unseasonable declination and inactivation due to unwanted immunological and phar- macological goods[36]. In recent times, niosomes have been considerably studied for their eventuality to serve as a carrier for the delivery of medicines, antigens, hormones and other bioactive agents. Be- sides this, niosome has been used to break the problem of insolubility, insecurity and rapid-fire declination of medicines[37].

Conclusion:

Protein and peptide grounded medicinals are fleetly getting a veritably important class of remedial agents and are likely to replace numerous being organic grounded medicinals in the veritably near future. Numerous new systems like liposome and polymer offers smart volition to solid and liquid lozenge form advances in DDSs in the compass of operation of peptide conjugates has been achieved in the delivery strategies and remedial indicator of medicines niosomes are composed substantially of non-ionic surfactants and cholesterol. Product of mortal monoclonal antibodies with the help of hubridoma technology operation of protein and peptides in new medicine delivery system.

References:

1.Sagar Kishor Savale* PROTEIN AND PEPTIDE DRUG DELIVERY SYSTEM WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES Volume 5, Issue 4, 724-742.

2.Raj K. Keservani1 · Anil K. Sharma2 · Urmila Jarouliya3 Protein and Peptide in Drug Targeting and its Therapeutic Approach Ars Pharm. 2015; 56(3): 165-177.

3.Dmitriy Berillo 1,*, Adilkhan Yeskendir 2, Zharylkasyn Zharkinbekov 2, Kamila Raziyeva 2 and Arman Saparov 2,* Peptide-Based Drug Delivery Systems Medicina 2021, 57, 1209. https://doi.org/10.3390/medicina57111209.

4.SAIMA NAZ1*, SABA SAEED2, MAVRA IRFAN3, AHMAD MANAN MUSTAFA CHATHA4, SUMMAN IQBAL5, JAWERIA FAROOQ6, ZONAIRA AKHTAR7, UJALA SAMI8 Approaches and Recent Advances in Protein and Peptide Drug Delivery System 257 P J M H S Vol. 14, NO. 2, APR – JUN 2020.

5. Shivanand Pandey HYBRIDOMA TECHNOLOGY FOR PRODUCTION OF MONOCLONAL ANTIBODIES International Journal of Pharmaceutical Sciences Review and Research Volume 1, Issue 2, March – April 2010; Article 017.

6. Rampal RAJERA, Kalpana NAGPAL, Shailendra Kumar SINGH,* and Dina Nath MISHRA Niosomes: A Controlled and Novel Drug Delivery System Biol. Pharm. Bull. 34(7) 945—953 (2011) Vol. 34, No. 7.

8. Nelson DL, Cox MM., Lehninger Principles of Biochemistry, 4th Ed., W.H. Freeman and Company, New York, 2005; 85-86.

9. Vyas S.P. and Khar K.R., Targeted and controlled drug delivery Novel carrier system, CBS publishers and distributors, New Delhi. 505,507,511,537.

10. Luft FC, Lang GR, Aronoff H, Ruskoaho M, Toth M, Ganten D, Sterzel RB, Unger T. Atriopeptin III kinetics and pharma-codynamics in norma and anephric rats. J. Pharmacol. Exp. Ther. 1986; 236: 416-428.

11. Varanko, A.; Saha, S.; Chilkoti, A. Recent tre jinds in protein and peptide-based biomaterials for advanced drug delivery. Adv. Drug Deliv. Rev. 2020, 156, 133–187.

12. Elsharkasy, O.M.; Nordin, J.Z.; Hagey, D.W.; de Jong, O.G.; Schiffelers, R.M.; Andaloussi, S.E.; Vader, P. Extracellular vesicles as drug delivery systems: Why and how? Adv. Drug Deliv. Rev. 2020, 159, 332–343.

13.. Hossen, S.; Hossain, M.K.; Basher, M.K.; Mia, M.N.H.; Rahman, M.T.; Uddin, M.J. Smart nanocarrier-based drug delivery systems for cancer therapy and toxicity studies: A review. J. Adv. Res. 2019, 15, 1–18.

14. Bukhovets, A.V.; Fotaki, N.; Khutoryanskiy, V.V.; Moustafine, R.I. Interpolymer Complexes of Eudragit® Copolymers as Novel Carriers for Colon-Specific Drug Delivery. Polymers 2020, 12, 1459.

15. Porfiryeva, N.N.; Nasibullin, S.F.; Abdullina, S.G.; Tukhbatullina, I.K.; Moustafine, R.I.; Khutoryanskiy, V.V. Acrylated Eudragit® E PO as a novel polymeric excipient with enhanced mucoadhesive properties for application in nasal drug delivery. Int. J. Pharm. 2019, 562, 241–248.

16. Davoodi, P.; Lee, L.Y.; Xu, Q.; Sunil, V.; Sun, Y.; Soh, S.; Wang, C.H. Drug delivery systems for programmed and on-demand release. Adv. Drug Deliv. Rev. 2018, 132, 104–138.

17. Cleland J, et al.. In Formulation and Delivery of Proteins and Peptides; ACS Symposium Series; Amer. Chem. Societ. Washington, DC. 1994; 1: 1-2.

18. Okabe K., Yamaguchi H. and Kawai Y., New iontophoretic transdermal administration of the beta blocker metaprolol. J. Control. Rel., 1986; 4: 79-85.

19. Chein Y. W., Siddiqui O. and Liu J. C., Transdermal iontophoretic delivery of therapeutic peptides/proteins. I. Insulin. Ann. N. Y. Acad. Sci., 1988; 507: 32-51.

20. Tahami. Alkhaled and Singh J., Recent patent on drug delivery and formulation, 2007; 1: 65-71.

21. Arima H et al. Use of water soluble _-cyclodextrin derivatives as carriers of anti-inflammatory drug bi phenylyl acetic acid in rectal delivery. Yakugaku Zasshi. 1992; 112: 65-72.

22. Brouard A et al. Rectal administration of carbamazepine gel. Clin. Pharm. 1990; 9: 13–14.

23. Rastogi, S.; Shukla, S.; Kalaivani, M.; Singh, G.N. Peptide-based therapeutics: Quality specifications, regulatory considerations, and prospects. Drug Discov. Today 2019, 24, 148–162.

24. Yoo, J.; Park, C.; Yi, G.; Lee, D.; Koo, H. Active Targeting Strategies Using Biological Ligands for Nanoparticle Drug Delivery Systems. Cancers 2019, 11, 640.

25. Tesauro, D.; Accardo, A.; Diaferia, C.; Milano, V.; Guillon, J.; Ronga, L.; Rossi, F. Peptide-Based Drug-Delivery Systems in Biotechnological Applications: Recent Advances and Perspectives. Molecules 2019, 24, 351.

26. Lee, H.J.; Huang, Y.W.; Aronstam, R.S. Intracellular Delivery of Nanoparticles Mediated by Lactoferricin Cell-Penetrating Peptidesin an Endocytic Pathway. J. Nanosci. Nanotechnol. 2019, 19, 613–621.

27. Lee, H.J.; Huang, Y.W.; Chiou, S.H.; Aronstam, R.S. Polyhistidine facilitates direct membrane translocation of cell-penetrating peptides into cells. Sci. Rep. 2019, 9, 9398.

28. Goyal, R.; Ramakrishnan, V. Peptide-based drug delivery systems. In Characterization and Biology of Nanomaterials for Drug Delivery; Elsevier: Amsterdam, The Netherlands, 2019; pp. 25–45.

29. Bazak, R.; Hi, M.; Achy, S.E.; Hussein, W.; Refaat, T. Passive targeting of nanoparticles to cancer: A comprehensive review of the literature. Mol. Clin. Oncol. 2014, 2, 904–908.

30. Ulbrich, K.; Holá, K.; Šubr, V.; Bakandritsos, A.; Tučcek, J.; Zbočril, R. Targeted Drug Delivery with Polymers and Magnetic Nanoparticles: Covalent and Noncovalent Approaches, Release Control, and Clinical Studies. Chem. Rev. 2016, 116, 5338–5431.

31. Jia, R.; Teng, L.; Gao, L.; Su, T.; Fu, L.; Qiu, Z.; Bi, Y. Advances in Multiple Stimuli-Responsive Drug-Delivery Systems for Cancer Therapy. Int. J. Nanomed. 2021, 16, 1525–1551.

32. Li, Y.; Zhang, C.; Li, G.; Deng, G.; Zhang, H.; Sun, Y.; An, F. Protease-triggered bioresponsive drug delivery for the targeted theranostics of malignancy. Acta Pharm. Sinica. B 2021, 11, 2220–2242.

33. Feger, G.; Angelov, B.; Angelova, A. Prediction of Amphiphilic Cell-Penetrating Peptide Building Blocks from Protein-Derived Amino Acid Sequences for Engineering of Drug Delivery Nanoassemblies. J. Phys. Chem. B 2020, 124, 4069–4078.

34. Richardson, P.G.; Oriol, A.; Larocca, A.; Bladé, J.; Cavo, M.; Rodriguez-Otero, P.; Leleu, X.; Nadeem, O.; Hiemenz, J.W.; Hassoun, H.; et al. Melflufen and Dexamethasone in Heavily Pretreated Relapsed and Refractory Multiple Myeloma. J. Clin. Oncol. 2021, 39, 757–767.

35. Bretton, PR, Melamed, MR, Fair, WR, Cote, RJ (1994). Detection of occult micrometastases in the bone marrow of patients with prostate carcinoma. Prostate. 25(2), 108-14.

36. Ganguly S, Wakchaure R (2016) Hybridoma technology: a brief review on its diagnostic and clinical significance. Pharmaceut Biol Eval 3(issue 6):554–55.

37.http://en.wikipedia.org/wiki/Hybridoma_technology #Method

38. Buck DW, Larrick JW, Raubitschek A, Truitt KE, Senyk G, Wang J, Dyer B(1984) Production of human monoclonal antibodies. In. Kennett RH, Bechtol KB and McKearn TJ (ed) Monoclonal Antibodies and Functional Cell Lines. Progress and Applications. New York: Plenum Press; pp 275-309.

39. A Text Book Of Pharmaceutical Biotechnology by Prof. Chandrakant Kokare (Professor and Head [Pharmaceutical] Sinhgad Technical Education Society Sinhgad Institute of Pharmacy Narhe, Pune 411 041, India,Page no: 11.1-11.3.

40. Cosco D., Paolino D., Muzzalupo R., Celia C., Citraro R., Caponio D., Picci N., Fresta M., Biomed. Microdevices, 11, 1115-1125 (2009).

41. Paolino D., Muzzalupo R., Ricciardi A., Celia C., Picci N., Fresta M., Biomed. Microdevices, 9, 421-433 (2007).

42. Junyaprasert V. B., Teeranachaideekul V., Supaperm T., AAPS Pharm- SciTech, 9, 851-859 (2008).

43. Vyas S. P., Khar R. K., "Targeted and Control Drug Delivery," 1st ed., Chap. 6, CBS Publishers and Distributors, New Delhi, 2002, pp. 249-276.

44. Biju S. S., Talegaonkar S., Mishara P. R., Khar R. K., Indian J. Pharm. Sci., 210, 141-151 (2010).

