

## 2.- Receptores solubles y sus derivados.

Una gran esperanza para la prevención de la infección por VIH-1 fue la utilización de la forma soluble del receptor primario CD4 (sCD4) y sus derivados (182, 184-191). La idea de esta terapia se basaba en que, ya que el lugar de unión para el receptor primario sobre gp120 está conservado, sCD4 sería un inhibidor eficiente para la mayoría de cepas virales y el tratamiento no resultaría en la aparición de cepas resistentes. Los ensayos clínicos fueron decepcionantes, no consiguiéndose ni una disminución en la carga viral ni un aumento en el número de células CD4 (192, 193).

El compuesto más reciente, basado en esta estrategia, es PRO 542 una proteína de fusión de un sCD4 multimérico y una IgG2 que incorpora la región de unión de VIH del CD4 humano (194). Ensayos clínicos en fase 1 y en fase 2 se están llevando a cabo actualmente en niños y adultos infectados con VIH, en los cuales se observa una disminución en la carga viral (195, 196).

## 3.- Péptidos que imitan componentes de la maquinaria de entrada del VIH-1.

La idea de que péptidos de los componentes de la maquinaria de entrada de VIH-1 pueden imitar alguna de las estructuras implicadas en el mecanismo de entrada y competir con ellos, resultó en el desarrollo de una variedad de péptidos que inhiben la infección de VIH-1 con una eficiencia variable. Los péptidos más prometedores son los que imitan partes del bucle V3 (197, 198).

## 4.- Moléculas cargadas negativamente: polianiones.

Varias moléculas orgánicas han sido descritas por tener un efecto inhibitorio de la entrada viral. El compuesto más notorio es Dextrán Sulfato (DS) (199). El mecanismo de inhibición de este compuesto está relacionado a su carga negativa: DS se une a gp120 probablemente al bucle V3 cargado positivamente (200). Otros derivados sulfatados como heparán sulfato o curdlan sulfato (CRDS) han mostrado tener un efecto similar. Este tipo de compuestos sulfatados presentan una vida media muy corta en la circulación además de tener efectos tóxicos (201), sin embargo, en ensayos clínicos CRDS fue bien tolerado a dosis elevadas, lo que resultó en una concentración en plasma efectiva para la inhibición de VIH (202).

Taninos, ácido chebulínico y punicalin (203), así como Evans blue, tripan blue y otros compuestos polianiónicos son también capaces de bloquear la unión de gp120 recombinante a CD4 e inhibir la formación de sincitios (204).

Los ácidos nucleicos están cargados negativamente y pueden adoptar una variedad de estructuras que pueden, específicamente, unirse a componentes de la

maquinaria de entrada del VIH. Por tanto, debido a la negatividad de estos ácidos, el bucle V3, cargado positivamente, puede ser una de sus dianas. El ácido poliadenílico-poliuridílico (poli(A).poli(U)) y el oligodeoxicitidina fosforotioato demostraron tener actividad anti-VIH (205) (206). Estos oligonucleótidos fosforotioatos pueden ejercer su efecto inhibitorio por unión al bucle V3 y a la molécula CD4 (207).

### **1.7.1.2. Los correceptores como diana para la inhibición del VIH.**

Varias clases de agentes bloqueantes de los correceptores de VIH han sido descritas (Figura 13).

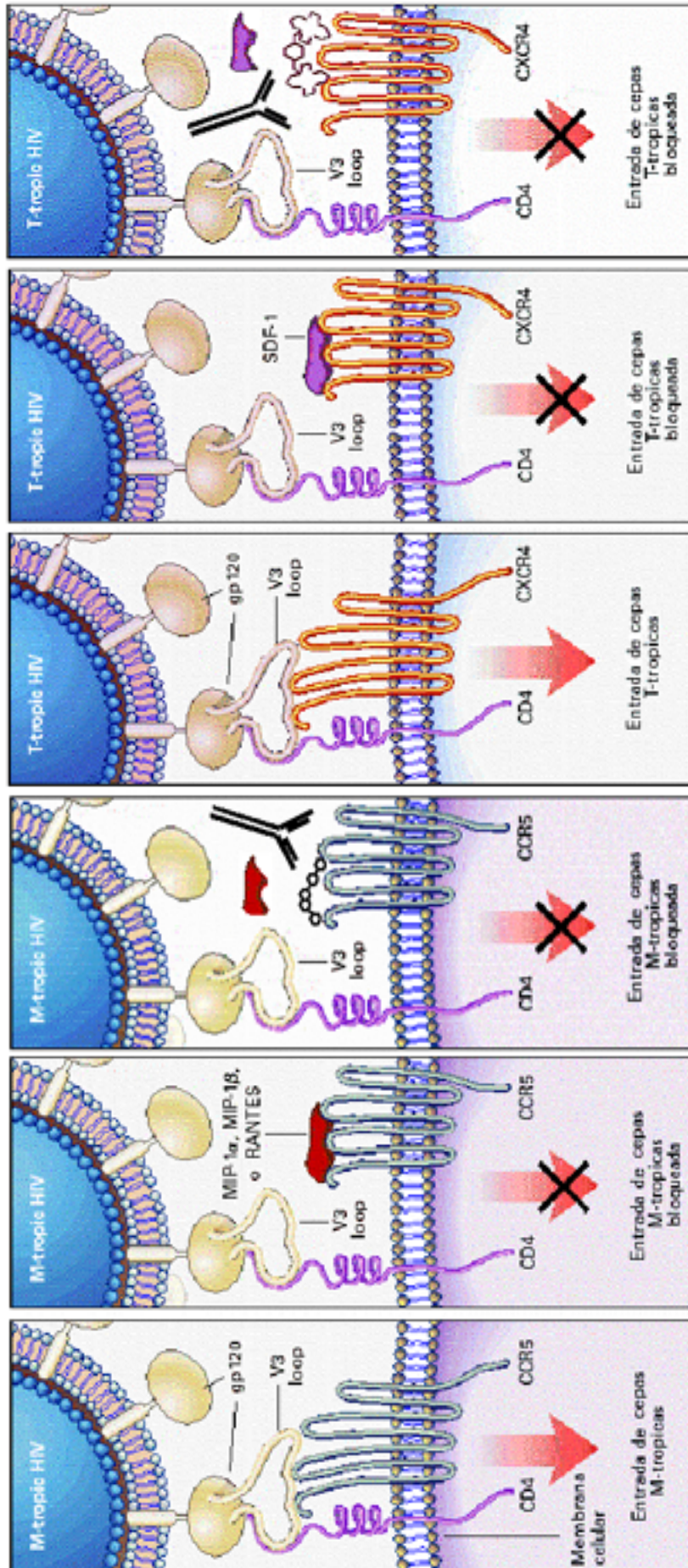
#### **1.- Quimiocinas y sus derivados.**

Los primeros experimentos que demostraron el potencial de los ligandos de los correceptores para inhibir la infección por VIH-1, fueron realmente realizados con RANTES, MIP-1 $\alpha$  y MIP-1 $\beta$ , antes del descubrimiento de los receptores de quimiocinas como correceptores del VIH (99). En esos estudios se demostró que esas quimiocinas podían inhibir la infección de VIH-1, cepas M-trópicas, y la fusión célula-célula a concentraciones muy bajas (101-104, 106).

Experimentos similares fueron realizados con SDF-1, el ligando para CXCR4 (96, 97), encontrándose la concentración inhibitoria en el mismo rango. Los ligandos para otros receptores de quimiocinas, los cuales funcionan como correceptores, también son capaces de inhibir su función correceptor (102, 107).

Alteraciones en el amino terminal de ciertas quimiocinas resultan en un profundo cambio de su actividad. Truncaciones del amino terminal o modificaciones de esta región pueden resultar en proteínas que hayan perdido su capacidad de activar su receptor, aunque reteniendo su capacidad de unirse al mismo. De este modo, pueden generarse antagonistas de los correceptores que competirán por la unión del ligando natural. Las CC quimiocinas RANTES, MCP-1 y MCP-3 han sido producidas como proteínas truncadas en sus N-terminales o como quimiocinas modificadas, y esas variantes antagonizan el efecto de sus ligandos parentales *in vitro* (208-213).

MIP-1 $\alpha$  y MIP-1 $\beta$  compiten con la unión de gp120 a CCR5 (148) lo cual sugiere un mecanismo de inhibición basado en una competición. Desde el punto de vista del desarrollo de drogas esto es muy importante, ya que hay que tener en cuenta que cualquier candidato a fármaco que interactúe con los correceptores de VIH puede afectar la función normal de éstos. Para CCR5 esto puede no ser crítico, a la luz de los hallazgos que un mutante defectivo existe en la población humana (169). Sin embargo,



**Figura 13.** Inhibición de la entrada de VIH mediante el bloqueo de los receptores de quimiocinas. La entrada de la cepas M-tropicas a través de CCR5 puede ser bloqueada mediante los ligandos naturales de CCR5: las quimiocinas RANTES, MIP-1 $\alpha$  y MIP-1 $\beta$ . Esta entrada también puede ser inhibida mediante antagonistas como quimiocinas modificadas, anticuerpos anti-receptor o pequeñas moléculas como TAK-779. La entrada de la cepas T-tropicas a través del receptor CXCR4 puede ser bloqueada por SDF-1 $\alpha$ , el ligando natural o mediante antagonistas como AMD3100, anticuerpos anti-receptor o la quimiocina SDF-1 $\alpha$  modificada.

para CXCR4, el cual está expresado en una gran variedad de tejidos, la inhibición de su función podría ser deletérea, ya que la ausencia de su ligando (SDF-1) en ratones transgénicos “knock-out” crea un fenotipo letal (214). Esto último será ampliado posteriormente en la discusión de este trabajo.

## 2.- Anticuerpos anti-receptor.

Anticuerpos monoclonales anti-correceptor que inhiben la entrada viral, representan otra clase de agentes bloqueantes. Anticuerpos monoclonales murinos con actividad inhibitoria han sido descritos para CXCR4 (215), CCR5 (145, 216) y CCR3 (116). Tales anticuerpos pueden ser humanizados y probados para su posible papel en la clínica.

El último de estos anticuerpos descrito es PRO 140 (PA14) un anticuerpo monoclonal anti-CCR5 que inhibe potentemente la entrada de VIH-1 a concentraciones que no afectan la actividad de CCR5 como receptor de quimiocinas (217), quizá dimerizando al receptor y así bloqueando la infección por el VIH (218).

## 3.- Compuestos de bajo peso molecular.

La más prometedora clase de compuestos es aquella formada por compuestos de bajo peso molecular que se unen directamente al correceptor e inhiben su función. Varios compuestos específicos contra el receptor CXCR4 han sido descritos (219-221). La clase más potente de estos compuestos es la formada por los biclclanes, cuyo prototipo AM3100 es de 10 a 50 veces más activo en inhibir la infección por VIH-1 que el ligando natural SDF-1 (220, 222). Los otros antagonistas descritos son un péptido de 18 aminoácidos cíclico (T22) y un péptido de 9 residuos arginina (ALX40-4C). Todos estos compuestos parecen unirse a CXCR4 de una manera similar: las tres clases de compuestos son fuertemente catiónicos, lo cual puede conducir a interacciones electrostáticas con el segundo bucle extracelular de CXCR4. Tal unión puede prevenir interacciones similares con el bucle V3 de los aislados T-trópicos. Terapéuticamente, sólo los componentes de la familia de los biclclanes pueden ser lo suficientemente pequeños como para permitir el desarrollo de un compuesto que sea biodisponible oralmente.

La primera pequeña molécula inhibidora de CCR5 cuya estructura fue descrita es TAK-779, un antagonista que bloquea tanto la entrada viral como la unión de las quimiocinas (223). Schering C es otro pequeño antagonista selectivo de CCR5, biodisponible oralmente, y que inhibe un amplio espectro de aislados de VIH. Los datos preclínicos son esperanzadores en términos de perfil farmacológico y de la ausencia de

aparición de virus resistentes, después de 20 semanas de administración del fármaco (224).

### **1.7.1.3. Fusión de las membranas viral y celular.**

La proteína gp41 media la fusión de las membranas viral y celular y consecuentemente es una diana importante para la generación de compuestos antivirales. Especialmente interesante es un péptido sintético de 36 aminoácidos, T-20 (DP-178) derivado de un epítipo conservado de gp41 (225). Este péptido inhibe potentemente la entrada de VIH mediante su unión a la molécula gp41, lo que conduce a una irreversible pérdida de la actividad fusogénica de gp41. T-20 demostró una potente actividad antiviral *in vitro* (225) y aunque está derivado de una región conservada de gp41, un mutante resistente fue aislado por pases seriados en dosis crecientes del péptido (226). El estudio clínico de T-20 en fase 1 se terminó con mucho éxito, y un estudio clínico en fase 2 muestra una significativa y sostenida caída de la carga viral con un aumento en los niveles de CD4 (227-229). Nuevos péptidos análogos (T-1249 o el péptido 2) parecen ser muy prometedores (230). De estos nuevos compuestos, se puede destacar la pequeña proteína recientemente presentada 5-Helix, la cual muestra una actividad inhibitoria del VIH muy potente (231).

### **1.7.2.-INHIBICIÓN DE LA TRANSCRIPCIÓN REVERSA: RT.**

Los inhibidores de la RT viral fueron los primeros agentes desarrollados para el tratamiento de la infección del VIH y permanecen como componentes importantes en el armamento terapéutico anti-VIH. La mayoría de los inhibidores de RT son análogos de los nucleósidos. Estos agentes actúan como terminadores de la cadena de DNA. Los inhibidores de RT no nucleosídicos son también ampliamente usados en clínica. Los inhibidores de RT como grupo, presentan varias desventajas, incluyendo su asociación con múltiples efectos adversos hematológicos y neurológicos, la rapidez con la que se seleccionan cepas virales resistentes cuando son usados solos, y su falta de efecto sobre células que están ya infectadas con VIH, las cuales ya no necesitan de la actividad de la RT para completar su ciclo viral (232).

### **1.7.3.- PROCESO DE INTEGRACIÓN: INTEGRASA.**

La determinación de la estructura cristalográfica de la integrasa (233) estimuló la búsqueda de inhibidores de este enzima, y a pesar del detallado conocimiento de la actividad catalítica de la integrasa viral, ningún compuesto que inhiba este enzima ha llegado al mercado. Sin embargo, algunas moléculas interesantes han sido recientemente

identificadas (234) habiendo algunos inhibidores de la integrasa que están actualmente en fase de desarrollo preclínico (235).

**Tabla 3.-** Agentes antivirales que actúan en el proceso de entrada viral (228).

<b>INHIBIDOR</b>	<b>CARACTERÍSTICAS</b>	<b>ESTADO ACTUAL</b>	<b>COMENTARIOS</b>
<b>Agentes que actúan sobre CD4</b>			
sCD4-IgG (ej: PRO 542)	Receptor celular soluble	Estudio clínico	Mayor vida media que los antecesoros.
<b>Agentes que actúan sobre CCR5</b>			
AOP-RANTES NNY-RANTES 9-68 RANTES 3-68 RANTES Met-RANTES Schering C	Derivados de la quimiocina	Estudio Preclínico	Baja biodisponibilidad, no especificidad para CCR5.
TAK-779	Pequeña molécula no peptídica.	Estudio Preclínico	Alta biodisponibilidad
	Pequeña molécula no peptídica.	Estudio Preclínico	Específico para CCR5
<b>Agentes que actúan sobre CXCR4</b>			
Variantes de SDF-1	Derivados de la quimiocina	Estudio Preclínico	Baja biodisponibilidad
T-22	Péptido de 18 aminoácidos	Estudio Preclínico	Baja biodisponibilidad, posiblemente pobre farmacocinética.
ALX40-4C	Péptido de 9 D-aminoácidos	Estudio Preclínico	Baja biodisponibilidad
AMD3100	Pequeña molécula	Estudio clínico en fase II.	Baja biodisponibilidad
<b>Agentes que actúan sobre gp41</b>			
T-20	Péptido de 36 aminoácidos	Estudio clínico	Significativa caída de la carga viral y aumento del nº de CD4 <sup>+</sup> .
5-Helix	Molécula pequeña		Alta potencia antiviral

#### 1.7.4.- PROCESAMIENTO DE LAS PROTEÍNAS VIRALES: LA PROTEASA VIRAL.

Inhibidores de la proteasa habían sido diseñados en un principio en base a los oligopéptidos substratos del enzima. Mientras que la primera generación de inhibidores fueron peptidomiméticos, con una muy baja disponibilidad oral, los últimos inhibidores de la proteasa disponibles han podido ser optimizados usando técnicas de diseño molecular. Estos compuestos han tenido un gran éxito en regímenes de combinación en suprimir la replicación del VIH en pacientes infectados (232). Sin embargo, su uso a

largo plazo puede estar asociado a efectos adversos como la lipodistrofia, hiperlipidemia y resistencia a la insulina (236).

#### 1.7.5.- GENES REGULADORES Y ACCESORIOS DEL VIH.

Dirigirse a las proteínas accesorias del VIH ha sido difícil, por el problema en delinear las actividades bioquímicas precisas de estas proteínas. Un ensayo clínico del antagonista de Tat, Ro24-7429 falló en demostrar actividad antiviral (237), sin embargo, agentes dirigidos contra Rev y Nef están siendo desarrollados actualmente.

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