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## Anti-inflammatory Actions of hsp90 Inhibitors

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## SUMMARY

Although inflammation has been implicated in the pathogenesis of most cardiovascular disease, appropriate anti-inflammatory drugs are sparse. COX inhibitors are single-target agents that lack wide-spread efficacy, whereas glucocorticosteroids exert widespread anti-inflammatory actions, but also severe side effects. Heat shock protein 90 (hsp90) inhibitors may fill this void. Hsp90 exists in complexes with numerous pro-inflammatory ("client") proteins; these complexes promote client protein survival and, in the case of many enzymes, also optimize their activity. Accordingly, hsp90 inhibitors produce anti-inflammatory effects by preventing the association of hsp90 with its pro-inflammatory client proteins resulting in their deactivation and/or degradation.

We have recently reported that the hsp90 inhibitor, 17-AAG (tanespimycin), prevents, as well as repairs endothelial cell hyper-permeability, *in vitro* and *in vivo* (*Am J Respir Crit Care Med* 176:66775, 2007; Am J Resp Cell Mol Biol 39: 551-59, 2008; Amer J Physiol Lung Cell Mol Physiol. 294(4):L755-63, 2008). More recent work suggests that 17-AAG also inhibits the release of a wide spectrum of pro-inflammatory cytokines from human peripheral blood monocytes, attenuates the right ventricular hypertrophy, vascular remodeling and inflammation associated with pulmonary arterial hypertension, and reduces the inflammation and airway hyper-reactivity in a mouse model of allergic asthma. The specific targets of 17-AAG in these studies are under investigation; initial findings point towards pp60<sup>src</sup>, hsp27, IkK and GSK-3 $\beta$  as key mediators.

17-AAG has recently finished phase II clinical trials as an anti-neoplastic agent, exhibiting a favorable profile of generally mild side effects. It remains to be determined whether a similar profile will characterize the anti-inflammatory use of 17-AAG and other hsp90 inhibitors.