

Enzyme Specificity

- Each enzyme has an active site.
 - Substrates have to fit (geometry)
 - Substrates have to bind (affinity)
 - H-bonds, electrostatics, hydrophobicity
 - Substrates have to react
 - bonds to be broken or formed have to have proper reactivity
 - Substances that fit and bind but don't react are inhibitors

Number	Classification	Biochemical Properties
1.	Oxidoreductases	Act on many chemical groupings to add or remove hydrogen atoms.
2.	Transferases	Transfer functional groups between donor and acceptor molecules. Kinases are specialized transferases that regulate metabolism by transferring phosphate from ATP to other molecules.
3.	Hydrolases	Add water across a bond, hydrolyzing it.
4.	Lyases	Add water, ammonia or carbon dioxide across double bonds, or remove these elements to produce double bonds.
5.	Isomerases	Carry out many kinds of isomerization: L to D isomerizations, mutase reactions (shifts of chemical groups) and others.
6.	Ligases	Catalyze reactions in which two chemical groups are joined (or ligated) with the use of energy from ATP.

The binding site is specific for a restricted set of ligands

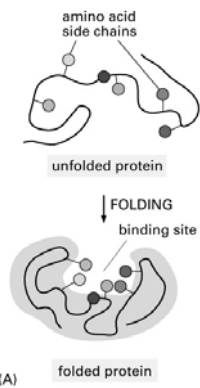
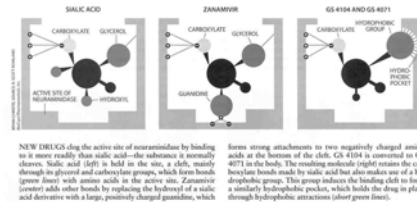


Figure 3-38 part 1 of 2. Molecular Biology of the Cell, 4th Edition

Influenza can be treated with neuraminidase inhibitors



Binding sites in enzymes often contain reactive amino acids

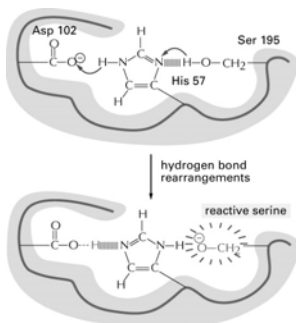


Figure 3-39. Molecular Biology of the Cell, 4th Edition.

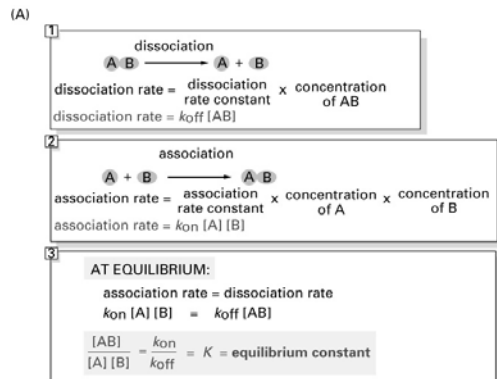
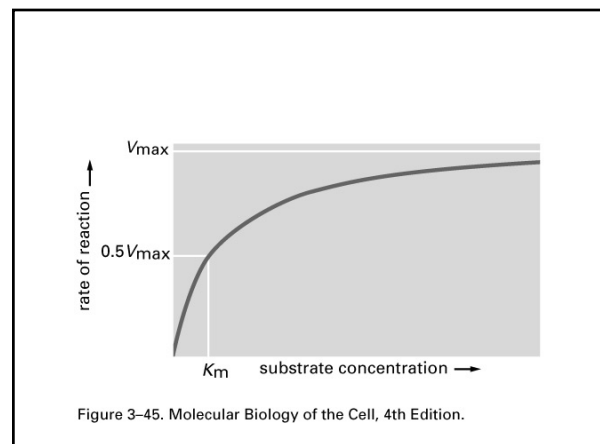
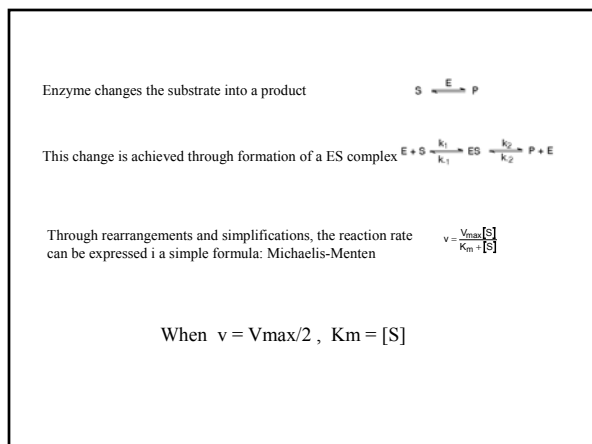
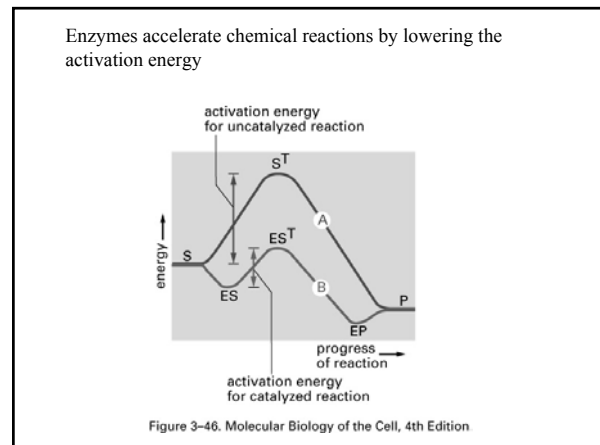
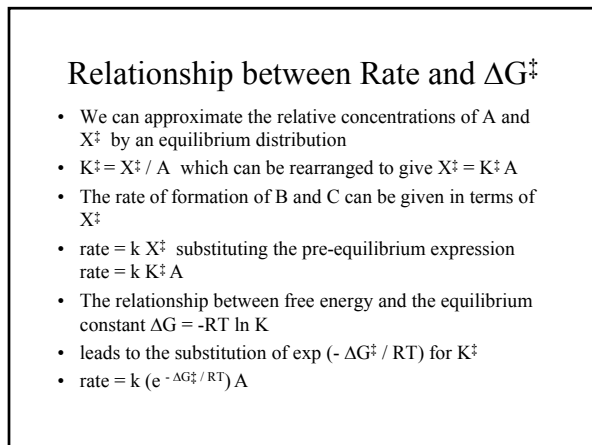
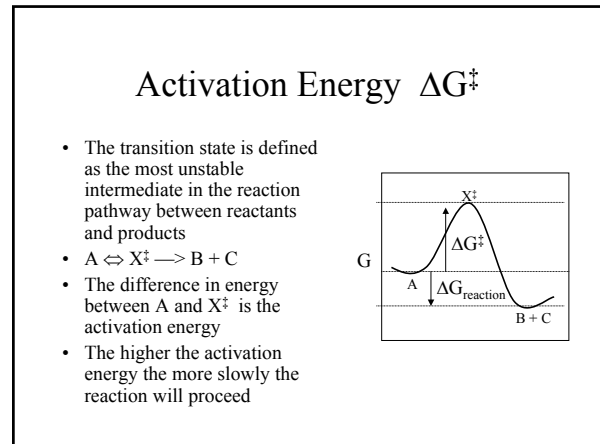
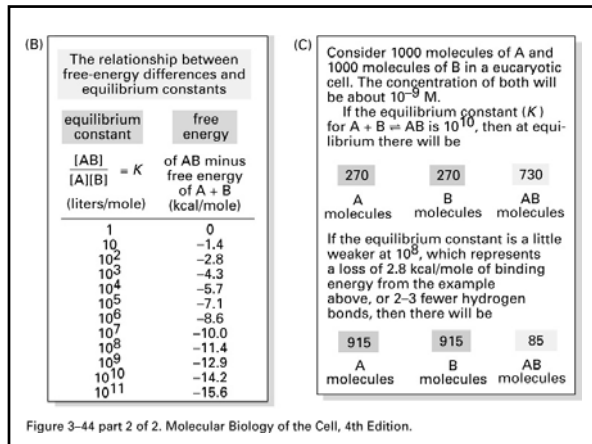
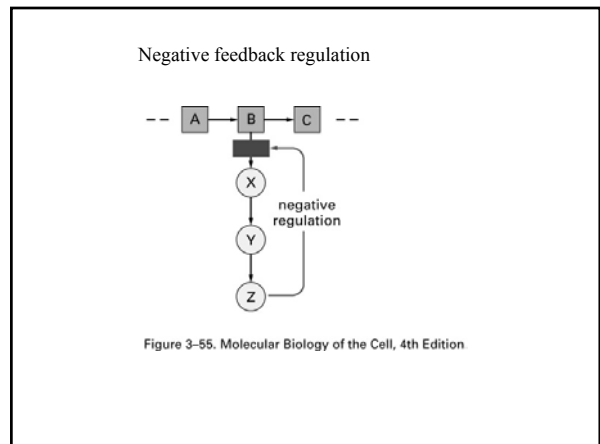
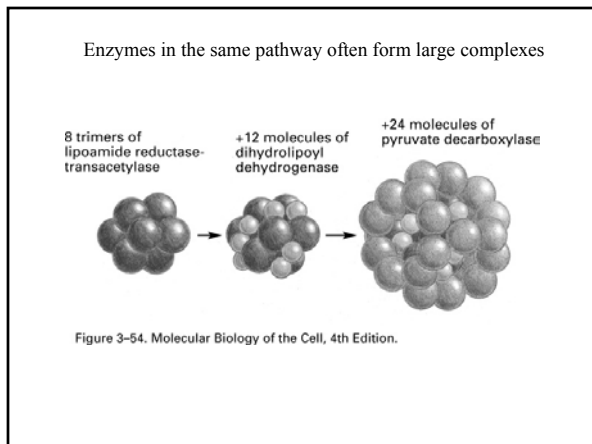
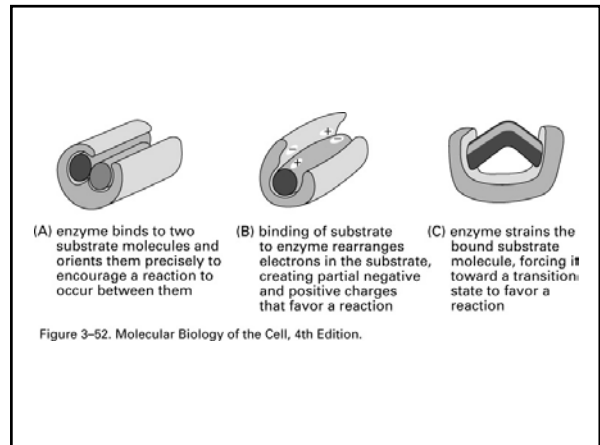
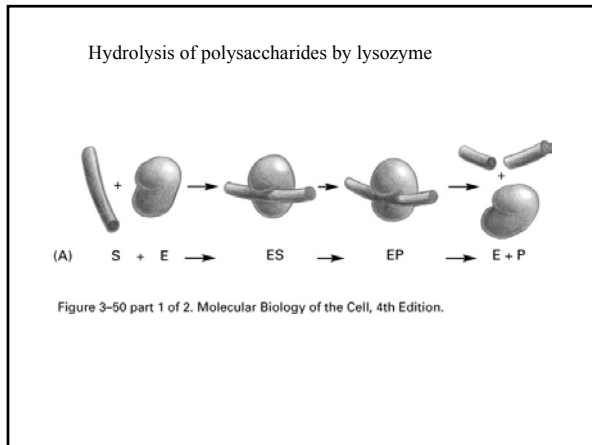
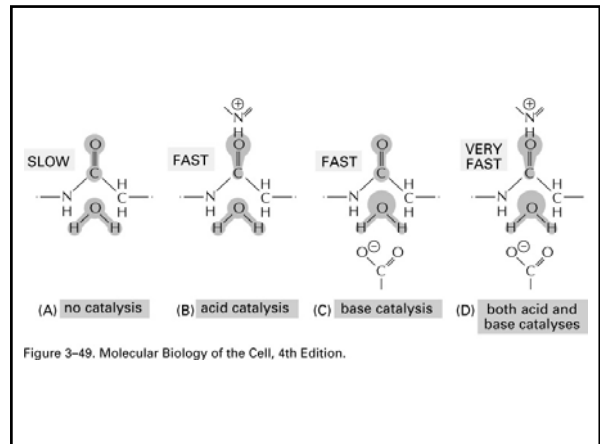
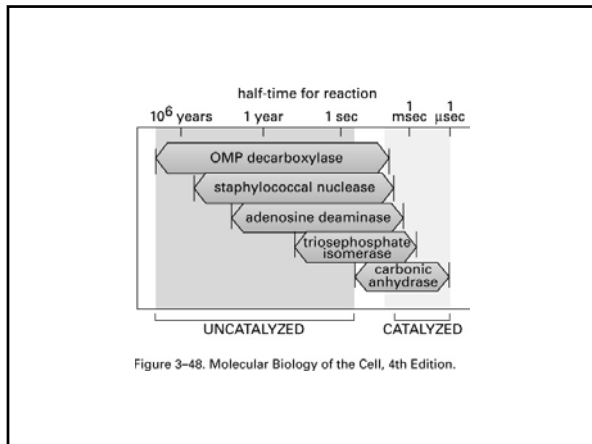
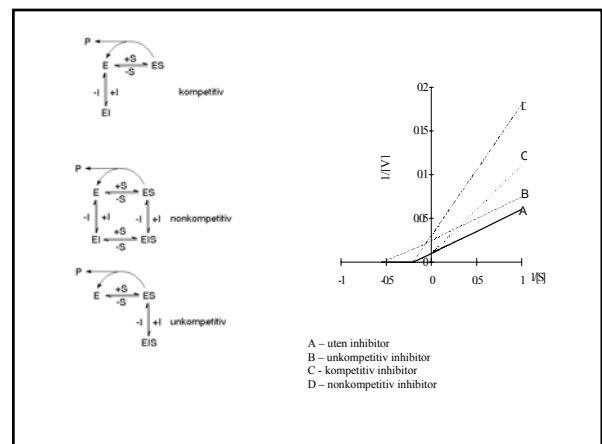
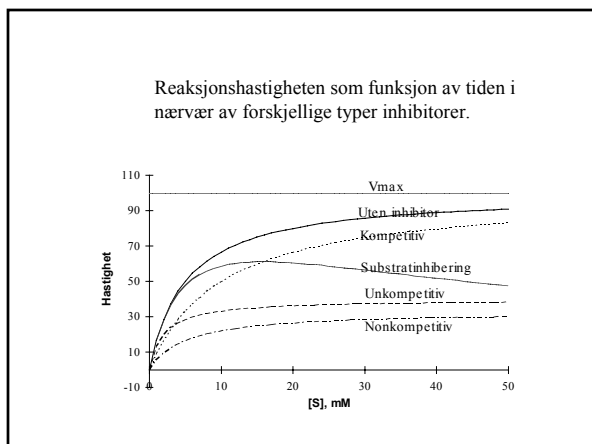
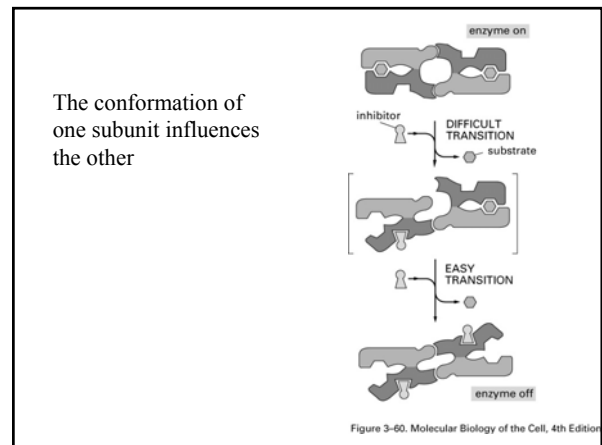
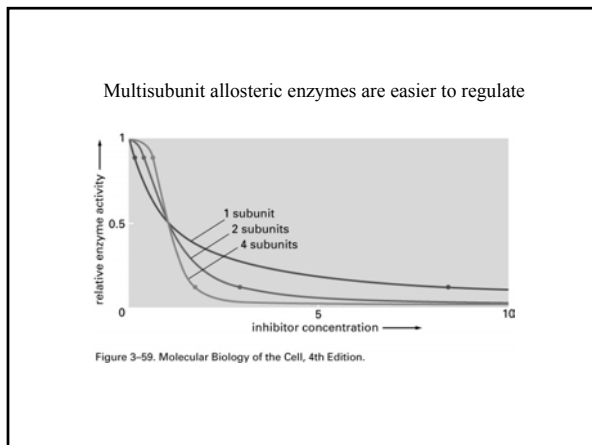
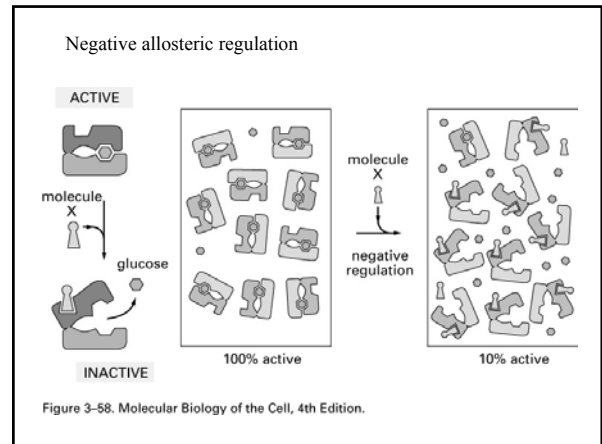
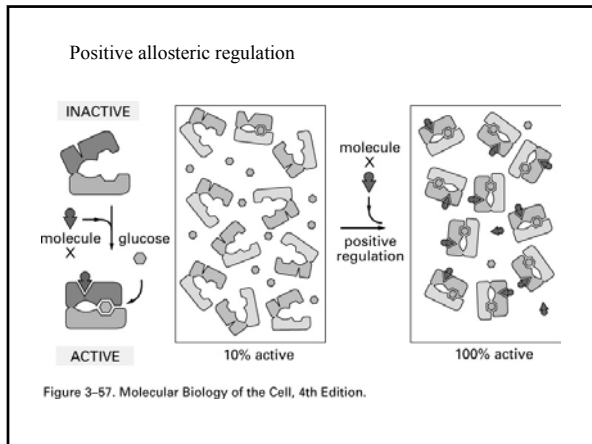


Figure 3-44 part 1 of 2. Molecular Biology of the Cell, 4th Edition.







The binding properties of proteins and catalytic activity of enzymes can be regulated by phosphorylation by kinases

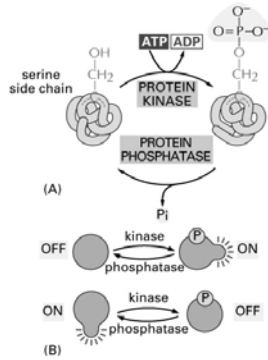


Figure 3-63. Molecular Biology of The Cell, 4th Edition.

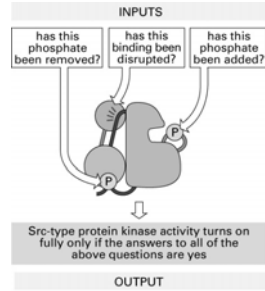


Figure 3-69. Molecular Biology of The Cell, 4th Edition.

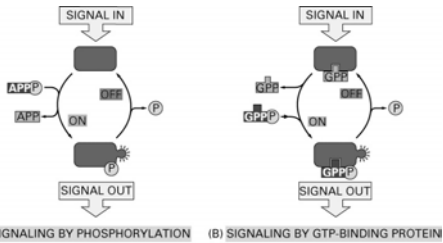
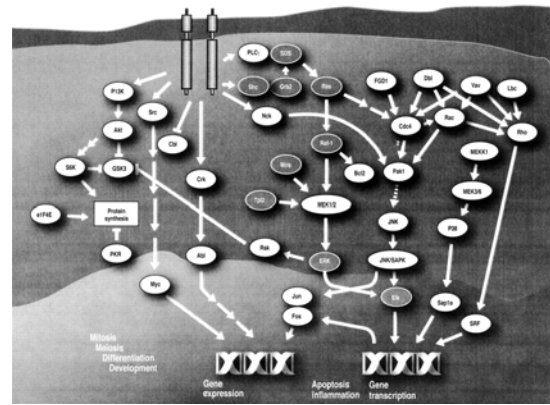


Figure 15-17. Molecular Biology of The Cell, 4th Edition.



Kinase/phosphatase inhibitors potential drugs

- The bacterially derived drug rapamycin (also known as sirolimus) specifically inhibits TOR (Target Of Rapamycin), resulting in reduced cell growth, a reduced rate of cell cycle progression, and a reduced rate of proliferation. As a result, rapamycin analogs, such as CCI-779 and RAD001, are currently being tested in clinical trials for efficacy against a variety of human tumors

Rapamycin does not directly inhibit phosphorylation

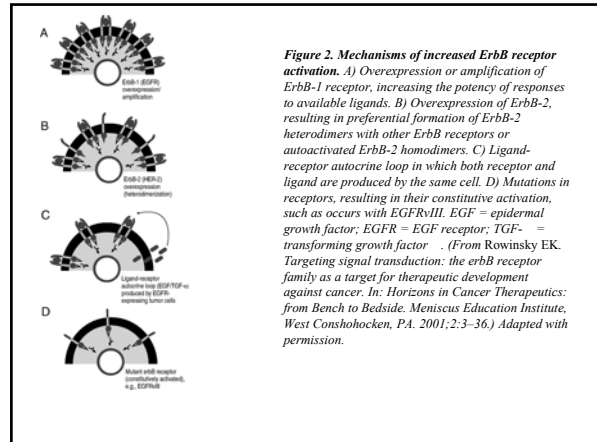
- Collectively, these data suggest that *in vivo*, rapamycin does not directly inhibit the kinase activity of mTOR. Rather, rapamycin likely acts by altering the composition of multiprotein mTOR complexes to hinder the integration of critical upstream regulatory signals or the accessibility of the kinase to downstream substrates

- **Selective protein kinase C inhibitors and their applications.**

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Protein kinase C (PKC) represents a family of phospholipid-dependent serine/threonine kinase. PKC was detected in almost all types of cells and tissues in the body. The activation of PKC is involved in the signal regulation of many physiological and pathological processes. PKC has multiple isoforms (alpha, beta1, beta2, gamma, delta, epsilon, eta, theta, xi, iota and micro). PKC-mediated cellular processes are tissue- and isoform-specific. Investigations on selective or isoform-specific PKC inhibitors have attracted great attention during last two decades. Recent studies demonstrated that LY333531, a PKC-beta-specific inhibitor, reduced the development of diabetic vascular complications in animal models and prevented hyperglycemia-induced impairment of endothelial-dependent vasodilation in healthy subjects



- **Clinical experience with the HER1/EGFR tyrosine kinase inhibitor erlotinib.**

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In phase I trials in healthy volunteers and patients with refractory cancers, erlotinib (Tarceva) was well tolerated and showed activity against non-small-cell lung cancer and other tumors. The dose identified for further clinical development was 150 mg/d; at this dose, erlotinib achieves high exposure, with maximum concentrations greater than 2,000 ng/mL and 24-hour area under the concentration-time curve greater than 35,000 ng.h/L. In a phase II trial in 57 patients with previously treated advanced non-small-cell lung cancer, erlotinib treatment produced an objective response rate of 12.3% and a stable disease rate of 38.6%, with median duration of response of 19.6 weeks; median overall survival was 8.4 months and 1-year survival was 40%, with 9 patients remaining alive over follow-up of greater than 18 months

Human liver aldehyde oxidase: inhibition by 239 drugs.

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The authors tested 239 frequently used drugs and other compounds for their potential to inhibit the drug-metabolizing enzyme, aldehyde oxidase, in human liver cytosol. A sensitive, moderate throughput HPLC-MS assay was developed for 1-phthalazinone, the aldehyde oxidase-catalyzed product of phthalazine oxidation. Inhibition of this activity was examined for the 239 drugs and other compounds of interest at a test concentration of 50 microM. **Thirty-six compounds** exhibited greater than 80% inhibition and were further examined for measurement of IC50. The most potent inhibitor observed was the selective estrogen receptor modulator, raloxifene (IC50=2.9 nM), and tamoxifen, estradiol, and ethinyl estradiol were also potent inhibitors.