



COMMENTARY

Antisense Oligonucleotides: Is the Glass Half Full or Half Empty?

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ABSTRACT. Antisense oligonucleotides are widely used as tools to explore the pharmacological effects of inhibiting expression of a selected gene product. In addition, they are being investigated as therapeutic agents for the treatment of viral infections, cancers, and inflammatory disorders. Proof that the pharmacological effects produced by the oligonucleotides are attributable to an antisense mechanism of action requires careful experimentation. Central to this problem is the finding that oligonucleotides are capable of interacting with and modulating function of specific proteins in both a sequence-independent and -dependent manner. Despite these undesired interactions, it has been possible to demonstrate that oligonucleotides are capable of binding to a specific RNA in cultured cells, or within tissues, resulting in selective reduction of the targeted gene product and pharmacological activity. In general, these oligonucleotides were identified after a selection process in which multiple oligonucleotides targeting different regions on the RNA were evaluated for direct inhibition of targeted gene product, resulting in the identification of a potent and selective oligonucleotide. Similar to other drug-receptor interactions, selection of the most potent inhibitor results in an increase in the signal-to-noise ratio, yielding increased confidence that activity observed is the result of a desired effect of the inhibitor. With careful selection, proper controls, and careful dose-response curves it is possible to utilize antisense oligonucleotides as effective research tools and potentially as therapeutic agents. *BIOCHEM PHARMACOL* 55:19–19, 1998.
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Solving the genetic code and identification of methods for manipulating genetic information in cells have provided the framework for the current revolution in biomedical sciences. One of the most direct applications of this information is the design of short oligonucleotides (12–25 bases in length) that hybridize to a specific mRNA by Watson-Crick base pairing rules. Upon binding to the mRNA in the cell, the antisense oligonucleotide prevents expression of a protein product encoded by the targeted RNA. Antisense oligonucleotides have the potential to be a truly rational approach for drug design in that the rules for binding have been well characterized. Conceptually, such an approach is very attractive, in that all that is needed to develop an inhibitor is the sequence of the RNA of interest and the ability to synthesize the oligonucleotides. In fact, numerous studies have been published claiming inhibition of a wide variety of gene products with antisense oligonucleotides both in cell culture based experiments and *in vivo* [1–3]. However, it has become increasingly clear that like any other scientific endeavor, practicing antisense technology requires careful experimental design and interpretation of the results, in that some of these published studies probably identified pharmacological activity of the oligo-

nucleotide which cannot be attributed to an antisense effect. Because of these findings, there has been some criticism of the technology in the scientific literature [4–6]. Although some of these criticisms have validity, it is important to put them in perspective. The ultimate questions are (1) whether the mechanism of action for antisense drugs can be well enough defined to allow their use as research tools, and (2) will antisense oligonucleotides be useful therapeutic agents. I will attempt to answer these two questions in this commentary and, in so doing, discuss what some of the early perceived issues were for antisense technologies, which of these have proven to be valid issues, where some of the pitfalls have occurred in using antisense oligonucleotides, and finally what the prospects are for the future of the technology. I will not attempt to perform a comprehensive review of the topics, but rather use this as a forum to stimulate additional discussion and focus attention on what I feel are important issues the technology faces in 1997.

ANTISENSE OLIGONUCLEOTIDES: PERCEIVED AND REAL ISSUES

Pharmacokinetics

CAN STABLE OLIGONUCLEOTIDE ANALOGS BE IDENTIFIED?
Protection of the oligonucleotide from nuclease degradation has been one of the major accomplishments, resulting

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from the application of medicinal chemistry to antisense technology. Chemical modifications have been identified that decrease degradation of the oligonucleotides, some even before the application of oligonucleotides for regulation of gene expression was fully appreciated. Some of the early modifications include phosphorothioate linkages [7, 8], phosphotriesters [9], methylphosphonate linkages [10, 11], and α -oligonucleotides [12]. More recently additional modifications have been identified that exhibit nuclease resistance, such as phosphorodithioate [13], additional 2'-modifications [14–17], 2'-5' linkages [18], MMI† [19], formacetal [20], N3' \rightarrow P5' phosphoramidate [21], amide 3 [22], and PNA [23].

Of these modifications, phosphorothioate oligodeoxynucleotides are the most widely used and currently account for all but one of the antisense oligonucleotides currently in the clinic. The stability of phosphorothioate oligodeoxynucleotides varies depending on the cell line or tissue investigated. In cell-based assays, phosphorothioate oligodeoxynucleotides have been reported to reduce expression of targeted mRNA for 24–48 hr [17, 24, 25]. If longer suppression of target RNA is desired, then cells either should be retreated with the oligonucleotide or additionally modified oligonucleotides can be used such as 2'-alkoxy [15, 25] or modifications in which the phosphorus has been replaced. *In vivo*, phosphorothioate oligodeoxynucleotides are metabolized in both serum and tissues [26–28]. The tissue half-life for intact drug is somewhat variable depending upon the sequence of the oligonucleotide and the tissue being studied [26–28]. More nuclease-resistant modifications would be expected to exhibit tissue half-lives significantly greater than these values [26, 29, 30]. With these modifications, dosing frequency could be reduced for better patient convenience. Thus, with a large number of modified oligonucleotides to select from, the degree of nuclease resistance desired in an oligonucleotide can be tailored to meet specific needs.

DO OLIGONUCLEOTIDES GET INTO CELLS? Alternatively, will oligonucleotides reach their intracellular target in sufficient amounts to inhibit expression of the targeted RNA? More importantly, are the pharmacokinetics of the oligonucleotide favorable enough to allow use for *in vivo* applications? Like most other drugs, the mechanisms by which oligonucleotides and their analogs interact with plasma components, distribute to tissues, and accumulate within cells are poorly understood. The pharmacokinetics of phosphorothioate oligodeoxynucleotides have been well described in terms of general plasma kinetics and tissue distribution [28, 31–34]. Phosphorothioate oligodeoxynucleotides are rapidly distributed out of plasma to most peripheral tissues, with liver and kidney accumulating the highest concentrations of oligonucleotide. Significant con-

centrations are also obtained in other tissues such as intestine, spleen, skin, and bone marrow. Thus, phosphorothioate oligodeoxynucleotides readily accumulate in a broad range of tissues.

Information on where within tissues the compounds accumulate is beginning to appear [35–37]. These studies suggest that at early times, up to 2 hr, the oligonucleotide is both associated with extracellular components and localized intracellularly [37]. At later times the bulk of the oligonucleotide is localized inside cells within the tissues. As expected, the oligonucleotides do not distribute uniformly within a tissue but accumulate within certain cell populations. Best characterized is the kidney, in which the oligonucleotide accumulates within epithelial cells of the proximal convoluted tubule [33, 37, 38]. Within other tissues, the oligonucleotide clearly localizes within specific cell populations; however, identification of the cell populations is more difficult.

Does enough oligonucleotide accumulate within cells to inhibit expression of targeted gene products? A very rough estimate for mRNA concentration in a cell that expresses 10,000 copies of a target mRNA (a relatively abundant mRNA) would be 20 nM. At a pharmacologically relevant dose of 3–6 mg/kg, the bulk concentration of oligonucleotide in kidney and liver is approximately 5–15 and 1–5 μ M, respectively. Concentrations in other tissues range from less than 0.05 μ M (brain) to 1 μ M. One should next recognize that the oligonucleotide is accumulating within certain cell types within tissues, which could increase the actual cellular concentration at least 10-fold for some cell types. These concentrations, in theory, would be far in excess of target mRNA concentrations and therefore should inhibit targeted gene expression within tissues if they have access to the mRNA. This latter point is the one issue that has generated the most controversy, i.e. do oligonucleotides that are internalized in cells have access to the target RNA? Unfortunately, the answer to this question is complicated, but appears to be affirmative for some cell types within tissues.

Numerous investigators have characterized oligonucleotide internalization in mammalian cells. These studies, not unexpectedly, have yielded conflicting results in that different methods were used for evaluation of oligonucleotide internalization, different cell lines were used, and different oligonucleotides were used. The one consistent conclusion that can be drawn from these studies is that all mammalian cells investigated are capable of internalizing phosphorothioate oligodeoxynucleotides by an active process. The intracellular fate of the oligonucleotide is controversial. Some studies suggest that oligonucleotides are internalized by a "receptor" mediated or adsorptive endocytosis pathway in which the oligonucleotide is retained within membrane-bound intracellular vesicles [39–42], while other studies suggest that the oligonucleotide either uses alternative methods for gaining entry into cells or escapes from the cytoplasmic vesicles [43–45]. Our studies would suggest that there are multiple competing mechanisms by which

† Abbreviations: CMV, cytomegalovirus; ICAM-1, intercellular adhesion molecule-1; MMI, methylene (methylimino); NK cells, natural killer cells; and PNA, peptide nucleic acid.

oligonucleotides are internalized in the cells [46]. For the majority of cultured cell lines that we have investigated, we observed localization of fluorescently labeled oligonucleotides in cytoplasmic structures and failed to observe specific antisense effects in the absence of a facilitator such as cationic lipids. However, we and others have demonstrated that some specific cell types accumulate phosphorothioate oligonucleotides in the cell nucleus without use of cationic lipids or other transfection methods [44, 45]. We have also observed that *in vivo* administered oligonucleotide exhibits both patterns of distribution within specific cell types in tissues [37]. These data are supported by pharmacological studies in which it is possible to demonstrate reductions in target RNA or protein expression in tissues following systemic administration of the antisense oligonucleotide [47–56]. It is unlikely that there will be a single mechanism by which oligonucleotides become internalized in cells. Furthermore, data would suggest that behavior of oligonucleotides in cell culture does not predict their behavior *in vivo*.

Pharmacology

MECHANISM OF ACTION. What is the mechanism by which antisense oligonucleotides inhibit expression of the targeted gene product? Is occupancy of the RNA by the oligonucleotide sufficient or does the oligonucleotide need to exploit a catalytic activity such as RNase H? There are multiple theoretical mechanisms by which oligonucleotides can be used to regulate expression of target genes [57–59]. Perhaps the most widely used mechanism is cleavage of the targeted RNA by RNase H. Although it has not been unequivocally demonstrated that reduction or cleavage of the targeted RNA in cells is mediated by RNase H, there is a great deal of evidence to support such a conclusion, including direct demonstration of a reduction in target mRNA, demonstration of appropriate cleavage products [60–62], and use of modified oligonucleotides that do not support RNase H activity [24, 63, 64]. In addition to RNase H, mammalian cells express a variety of other RNases, which could be exploited to selectively inhibit expression of a targeted gene. Examples include RNase L [65] and double-stranded RNases.

There are also steric mechanisms by which oligonucleotides can prevent expression. Translation arrest, in which the oligonucleotide binds to the target mRNA and blocks movement of the ribosome and subsequently translation of the mRNA, is one of the most cited mechanisms of action. Several studies have been able to document that oligonucleotides are capable of inhibiting translation in an *in vitro* translation assay, including experiments by Ochoa and colleagues in 1961 [66]. However, it is more difficult to prove this as a mechanism in cell-based assays. Reduction in targeted protein by an oligonucleotide but no reduction in mRNA has been used as evidence for a translation arrest mechanism. Alternatively, demonstration of a selective reduction in target protein by modified oligonucleotides

that do not support RNase H has also been used as evidence for a translation arrest mechanism. However, in both cases other mechanisms of action could account for these observations. Therefore, evidence directly demonstrating a translation arrest mechanism in cell culture or *in vivo* is circumstantial.

A somewhat related mechanism is prevention of ribosome assembly on the mRNA. Baker *et al.* [67] utilized uniformly 2'-modified oligonucleotides, which do not support RNase H activity, to target the 5'-terminus of ICAM-1 RNA [67]. These oligonucleotides very effectively inhibited ICAM-1 protein expression by markedly changing the polysome profile of ICAM-1 mRNA, shifting it from a higher molecular weight polysome pool to a lower molecular weight pool.

Regulating pre-mRNA maturation is also a potential mechanism by which oligonucleotides may inhibit or alter gene expression by sterically blocking recognition of the RNA. Kole and colleagues [68] have performed a series of studies demonstrating that uniformly modified 2'-O-methyl phosphorothioate oligonucleotides, which do not support RNase H, can alter the splicing of a thalassemic β -globin mRNA in mammalian cells. The oligonucleotide was used to mask a splice site so that an alternative site was utilized. Hodges and Crooke [69] have also reported similar findings in which they demonstrated that 2'-O-methyl oligonucleotides are capable of selectively blocking splicing of an adenovirus transcript.

These results demonstrate that there are multiple antisense mechanisms by which oligonucleotides can inhibit expression of genes. It is possible to utilize endogenous enzymes in cells to provide catalytic activity as a mechanism, or sterically blocking a critical regulatory element can be a very effective mechanism for inhibiting expression. The mechanism of action is dependent in part on where on the RNA the oligonucleotide hybridizes as well as the type of oligonucleotide chemistry used.

DO OLIGONUCLEOTIDES PRODUCE PHARMACOLOGICAL EFFECTS BY AN ANTISENSE MECHANISM OF ACTION, IN VITRO AND IN VIVO? There are multiple published experiments that demonstrate direct reduction in targeted gene expression by oligonucleotides, in which it is difficult to conclude that they are working by any other mechanism [as examples, see Refs. 24, 47, 63, 64, and 70–79]. In general, these studies had in common several of the following experiments to provide evidence that the oligonucleotide was, in fact, working by an antisense mechanism of action. (1) In these experiments, the oligonucleotides were selected for potency following a screen in which the expression of the target gene was directly analyzed, rather than indirect assays. By selecting for more potent oligonucleotides the signal-to-noise ratio is increased, allowing for characterization of pharmacological effects due to inhibition of the targeted gene product. This selection process at this time is rather empirical and should be conducted regardless of the type of chemistry. (2) These studies demonstrate reduction in

either the mRNA which codes for the protein of interest or the protein itself. (3) Control oligonucleotides were examined for activity, in some cases multiple controls. (4) In some experiments rank order potency comparisons were performed between *in vitro* and *in vivo* studies. (5) The studies demonstrate that the effects of the antisense oligonucleotide are specific for the targeted gene, in that related gene products were not inhibited. (6) Dose-response curves were performed with the oligonucleotide rather than single points. (7) The observed pharmacological activity was consistent with what was known about the biology of the target. (8) In most of the cell-based assays, either cationic lipids or microinjection was used to facilitate delivery of the oligonucleotide to the cytoplasm of the cell.

Demonstrating that the oligonucleotide is producing a pharmacological effect by an antisense mechanism of action *in vivo* is more difficult than in cell-based assays. Nevertheless, studies are being published, demonstrating pharmacological activity of oligonucleotides in *in vivo* models strongly supporting an antisense mechanism of action in which many of these same criteria were applied [3, 47–56]. If the studies are examined in aggregate, it is hard not to conclude that oligonucleotides are capable of inhibiting gene expression *in vitro* and *in vivo* by an antisense mechanism of action.

POTENCY. How much can the affinity of an oligonucleotide be improved over natural DNA or RNA and will this improvement translate to improved potency in pharmacological assays? This is another area in which application of medicinal chemistry has been quite successful [80]. There are a number of modifications that exhibit greater affinity than oligodeoxynucleotides for RNA, including various sugar modifications [14, 15, 81–83], heterocyclic modifications [76, 84–86], phosphoramidates [21], phosphate replacements [87–89], and sugar phosphate replacements [23]. In that potency in cellular based assays and *in vivo* is dependent on factors in addition to target affinity, the increase in affinity does not always translate to increase in potency in pharmacological assays. In many cases, the oligonucleotides need to be further modified with phosphorothioate linkages or other backbone modifications to protect from nuclease degradation. One concern with higher affinity oligonucleotides was that they would lose specificity [90]; however, this has not been borne out. In cases where it has been examined, the modified oligonucleotide has exhibited equal or greater selectivity for its Watson–Crick hybridization partner [91].

Toxicology

WILL OLIGONUCLEOTIDES HYBRIDIZE TO NON-TARGET RNA MOLECULES? In theory an oligonucleotide 11–15 bases in length should uniquely hybridize to a given mRNA, while an oligonucleotide 15–19 bases in length should hybridize to a unique DNA sequence depending on the A + T and G + C content [92]. These conclusions were based upon

the assumption that the oligonucleotide would have equal access to all sites on the target RNA or DNA and whatever terminating mechanisms are utilized, they do not exhibit any sequence dependence. Both of these assumptions have proven to be incorrect. Multiple experiments have indicated that not all sites on a target RNA are equally accessible to the oligonucleotide either *in vitro* or *in vivo* [24, 63, 70, 72, 79, 93–96]. In addition, terminating mechanisms appear to be highly dependent upon the context of the sequence within the RNA, especially for oligonucleotides that do not utilize RNase H [24, 63, 67]. Therefore, it is difficult to predict what the chances are that a given oligonucleotide will hybridize to a non-target RNA and affect expression. In our experience this has not been a major issue. It is probably more important to optimize length of the oligonucleotide based upon potency, rather than selectivity for target RNA. This will vary depending on the chemistry used. For phosphorothioate oligodeoxynucleotides, optimal length may range from 15 to 21 bases in length, while higher affinity analogs would allow use of shorter oligomers [79].

INTERACTION WITH OTHER NON-TARGET MOLECULES. It should be appreciated that oligonucleotides, like any other molecules, are capable of interacting with non-target molecules [5, 6, 97–102]. In some cases, these interactions can be quite sequence specific, such as aptamers [103–105], while in other instances the oligonucleotides interact with molecules in a sequence-independent manner. Interaction with non-nucleic acid targets can contribute to their overall pharmacological activity, at times making it difficult to interpret which activity is due to the antisense effect and which is due to a non-antisense effect. Incorporating multiple controls into the experiment is important in drawing any conclusions.

There are a variety of proteins with which oligonucleotides interact in an apparently sequence-independent manner, including DNA polymerases, laminin, and CD4 [106, 107]. In many cases phosphorothioate oligodeoxynucleotides were more potent than phosphodiester oligodeoxynucleotides, suggesting that the sulfur substitution enhances these interactions. From a toxicological perspective, these interactions have not at this time been proven to result in untoward effects. The primary acute toxicities that are a concern are interaction with proteins in the clotting cascade, resulting in an anti-coagulant effect, and interaction with a protein or proteins resulting in complement activation [3]. In both cases it is unknown which proteins the oligonucleotides are interacting with to produce these effects, although candidate proteins have been identified.

Recently, several papers have been published demonstrating that pharmacological activities originally assumed to be due to an antisense effect of the oligonucleotide were, in fact, due to interaction with proteins [100–102, 107, 108]. In many cases, this activity can be attributed to the presence of a consecutive series of guanine residues in the oligonucleotide, which are capable of forming a four-

stranded structure termed a G quartet [109], although it has not been demonstrated conclusively that these oligonucleotides do form such a structure. Oligonucleotides that contain three or more guanine residues in a row can also hybridize to an RNA target, complicating interpretation of data generated from such an oligonucleotide. A second sequence motif that has been demonstrated to produce pharmacological activity by a non-antisense mechanism of action is a CpG motif in which the CG residues are flanked by two purines on the 5'-end and two pyrimidines on the 3'-end [102]. Oligonucleotides containing such motifs have been shown to be very potent B lymphocyte mitogens and activators of NK cells, although the latter activity appears to be more restricted [110]. In our experience, all phosphorothioate oligodeoxynucleotides examined will produce some degree of immune stimulation. With the proper sequence context, the oligonucleotide can produce very profound immune stimulation [111]. Rodents appear to be more sensitive to this effect than primates [112].

ECONOMICS. Will oligonucleotide synthesis be commercially viable for human therapeutics? For treatment of disease with a high morbidity and a large unmet medical need the markets would support an antisense oligonucleotide; however, for markets with low morbidity or a met medical need it would be questionable whether the economics would support an antisense oligonucleotide, or many other types of drugs for that matter. At this time it is difficult to predict what the full burden of costs will be for the manufacture of a phosphorothioate oligodeoxynucleotide at the time of commercialization of the first systemically administered oligonucleotide. In 1990, it was estimated that the actual cost of synthesizing a 28-mer phosphorothioate oligodeoxynucleotide was \$42,700 per gram [113]. Improvements in process research and cost reductions associated with scale have dramatically reduced the costs of manufacture approximately 40-fold compared with what they were in 1990. It is anticipated that costs can be reduced by another 8- to 10-fold upon implementation of processes required to manufacture at the ton per year scale. Although this cost may be high compared with that of traditional small molecules, it is similar to or even cheaper than other biotechnology products and is commercially feasible for many clinical indications.

ANTISENSE OLIGONUCLEOTIDES: CURRENT ISSUES

Hopefully it is apparent from the above discussion that most of the early concerns about antisense oligonucleotides have been addressed and that there have not been any issues that have arisen preventing application of the technology either as a research tool (if experiments are properly controlled) or, more importantly, as a therapeutic agent. The largest body of information is known about first-generation phosphorothioate oligodeoxynucleotides. Large-scale synthesis of phosphorothioate oligodeoxynucleotides

is feasible, they appear to be well tolerated at therapeutically relevant doses, they produce predicted pharmacological effects, and they are broadly distributed to tissues. In fact, it is possible that a first generation phosphorothioate oligodeoxynucleotide will be on the market before the year 2000. Although phosphorothioate oligodeoxynucleotides appear to be acceptable as drugs or research tools, there are several properties that can be improved for broader applicability. As discussed above, second and third generation oligonucleotide chemistries are already demonstrating improved properties, as are some advanced formulations. Following is a brief discussion of some of the limitations of phosphorothioate oligodeoxynucleotides or current modifications. Whenever possible, solutions that are in hand or appear to be well on their way to solving the issue are highlighted.

Pharmacokinetics

DELIVERY ROUTES. Current applications of oligonucleotides utilize parenteral dosage forms. While this route of administration will be acceptable for the treatment of many diseases, alternate dosage forms that are more convenient for the patient will expand the application of antisense oligonucleotides. Agrawal and colleagues [114] published some very intriguing work in which they demonstrated that phosphorothioate 2'-O-methyl oligonucleotides exhibit enhanced stability to nucleases in the gastrointestinal tract and enhanced oral bioavailability. Extension of these observations by either additional chemical modifications or formulations may further improve oral bioavailability, so that it is not unrealistic to envisage oral dosage forms for oligonucleotides. In addition, investigating other non-parenteral routes of administration may provide additional opportunities.

TISSUE DISTRIBUTION. Although phosphorothioate oligodeoxynucleotides are broadly distributed to many peripheral tissues, it may be desirable either to selectively target a tissue with an antisense oligonucleotide or to target tissues that do not achieve high concentrations, such as brain or even lung. There are multiple ways this might be achieved, including chemical modifications and formulations. In addition, it may be desirable to direct the oligonucleotide to specific cell types in the tissue or make more of the oligonucleotide within a tissue available for hybridization to target mRNA. Numerous studies have been published demonstrating selective targeting of tissues or cell types within tissues for other types of agents using antibodies, peptides, carbohydrates, or vitamins demonstrating technical feasibility. It still remains to be determined whether these types of approaches will be commercially viable in terms of enhancing delivery of antisense oligonucleotides.

Pharmacology

POTENCY. There are at least three mechanisms by which the potency of antisense oligonucleotides can be improved *in vivo*: increase affinity for its receptor, decrease non-receptor interactions, or increase efficiency for delivery to the subcellular compartment in which the receptor is localized. As discussed above, there are numerous modifications that enhance affinity for the target RNA in the cell, demonstrating improved activity in cell-based assays. Some of these modifications also demonstrate decreased interaction with various proteins, simultaneously accomplishing two goals. Enhancing delivery to the intracellular target is still an area in which little progress has been made. Preliminary studies suggest that cholesterol conjugation to oligonucleotides improves delivery to target RNA [115, 116]. In cell culture based experiments, cationic lipid formulations have been shown to facilitate intracellular delivery of charged oligonucleotides to the target RNA. However, the utility of these formulations for enhancing intracellular delivery of oligonucleotides *in vivo* has yet to be demonstrated, although they will significantly alter the tissue distribution [117]. Ultimately, I feel that additional improvements will be forthcoming.

MORE EFFICIENT IDENTIFICATION OF ACTIVE OLIGONUCLEOTIDE. As discussed previously, numerous studies have demonstrated that not all target sites on a mRNA are equally accessible. This is an issue not only for phosphorothioate oligodeoxynucleotides, but also for all oligonucleotides. Currently, high affinity target sites on RNA are identified empirically through screening multiple oligonucleotides. In that it is not economical to screen for all possible oligonucleotides, it is never known if the highest affinity oligonucleotide possible has been identified. It would be highly desired to improve on this method, ideally through predictive computer algorithms. However, because current understanding of RNA structure and accessibility inside a cell is very limited, it is unlikely that this will be forthcoming in the next 5 years. Other methods for identifying target sites on RNA, such as combinatorial approaches or arrays [95, 118], may provide solutions in the near term.

Toxicology

CLEARANCE FROM NON-TARGET TISSUES. Although phosphorothioate oligodeoxynucleotides have the desirable property of being stable towards serum and cellular nucleases, in some cases this stability may ultimately produce a detrimental effect. Although there are no published studies demonstrating that this is a problem, it could be rationalized that if the rates of tissue clearance from a non-target tissue are slower than the rates of clearance from a target tissue, accumulation of oligonucleotide in non-target tissue would occur when dosed optimally for the target tissue. In particular, accumulation in kidney is a concern in that clearance rates from kidney may be slower than from other

tissues [112, 119]. Both medicinal chemistry modifications and formulations have shown potential promise to change the tissue distribution away from the kidney.

CHRONIC IMMUNE STIMULATION. Although immune stimulation is much more pronounced in rodents than in primates, there is some concern about chronic, low-level stimulation of the immune system. Alternatively, for some immune-mediated disorders, the oligonucleotide, at clinically relevant doses, may prime the immune system to respond to other stimuli. In that modified oligonucleotides have been demonstrated to abrogate this immune stimulation [102, 120, 121], this should be less of an issue with newer oligonucleotides.

INTERACTION WITH PLASMA PROTEINS. Currently there are two types of plasma protein interactions that are a concern for phosphorothioate oligodeoxynucleotides: interaction with protein components of the clotting cascade, resulting in anti-coagulant effects, and interaction with proteins resulting in complement activation. In both cases, the critical protein component with which the oligonucleotide interacts has not been identified. There are a number of suspected candidates, but more information is needed to confirm that interaction with the protein produces the undesirable effect. Several sugar and phosphate backbone modified oligonucleotides have been demonstrated to exhibit fewer anti-coagulant effects and less potential for inducing complement. At the same time, these same modifications also increase potency.

It should be pointed out that interaction with plasma proteins may not be an entirely undesirable property of the oligonucleotide. Interaction with plasma protein likely prevents filtration of unbound oligonucleotide in the kidney and excretion into the urine. Furthermore, interaction with plasma proteins may facilitate movement out of the vasculature through transcytosis and may enhance cellular uptake. If the binding to plasma proteins is low affinity [26, 122], then the oligonucleotide can partition off the plasma proteins and ultimately bind the target RNA.

METABOLISM OF MODIFIED NUCLEOSIDES. There is a rich literature in the use of modified nucleosides and nucleotides for anti-viral and anti-cancer agents, demonstrating that modified nucleosides can be cytotoxic. Therefore, there should be some concern that some of the oligonucleotides incorporating modified nucleosides or internucleosidic linkage may exert unwanted toxicities through release of these modified residues upon degradation. The oligonucleotide would, in essence, serve as a prodrug for the release of cytotoxic nucleotides [123].

FUTURE OF ANTISENSE OLIGONUCLEOTIDES

Is the glass half full or half empty? I feel that the technology is at a transition. There have been many lessons learned in how to utilize the technology and what the limitations are.

With careful selection of antisense oligonucleotides and proper controls it is possible to demonstrate a reduction in target gene expression by an antisense mechanism of action both *in vitro* and *in vivo*, validating the concept. With the explosion of information coming from genome sequencing efforts, a method for rapidly identifying the biological function and validating interesting targets for larger drug discovery efforts will be needed. Antisense oligonucleotides are the most logical tool for answering these questions. With properly conducted experiments, antisense oligonucleotides should provide valuable information in this regard. Newer oligonucleotide chemistries provide greater signal-to-noise ratios in the *in vitro* assays. It is clear that no single oligonucleotide modification will solve all the issues the technology faces; therefore, it is important to have a number of chemical modifications available for application to specific projects. These modifications can be used in a matrix approach in which the oligonucleotide can be tailored for specific needs.

In addition, the lead oligonucleotides also have the potential for progressing on to the clinic. One advantage that antisense oligonucleotides have in this regard is that chemical synthesis, preclinical pharmacokinetics, and to a large extent toxicology are modular from molecular target to molecular target. Once an investment has been made for a specific compound, the costs incurred for additional compounds against additional molecular targets are considerably less. How broadly useful antisense oligonucleotides will be for the treatment of human diseases is still an unanswered question. An oligonucleotide is already benefiting patients with CMV retinitis.* Preliminary results from other studies are encouraging as well. As with any other drug that enters the clinic, it is likely there will be many more failures than successes. It is unrealistic to expect otherwise, as there are many factors, in addition to technological issues, which control the success of a drug. However, it is likely that antisense oligonucleotides will be a part of the pharmacopoeia in the future, providing benefit to patients. Therefore, it is my perspective that the glass is actually more than half full and there is a promising future for antisense technologies.

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