

Biotransformation of xenobiotics

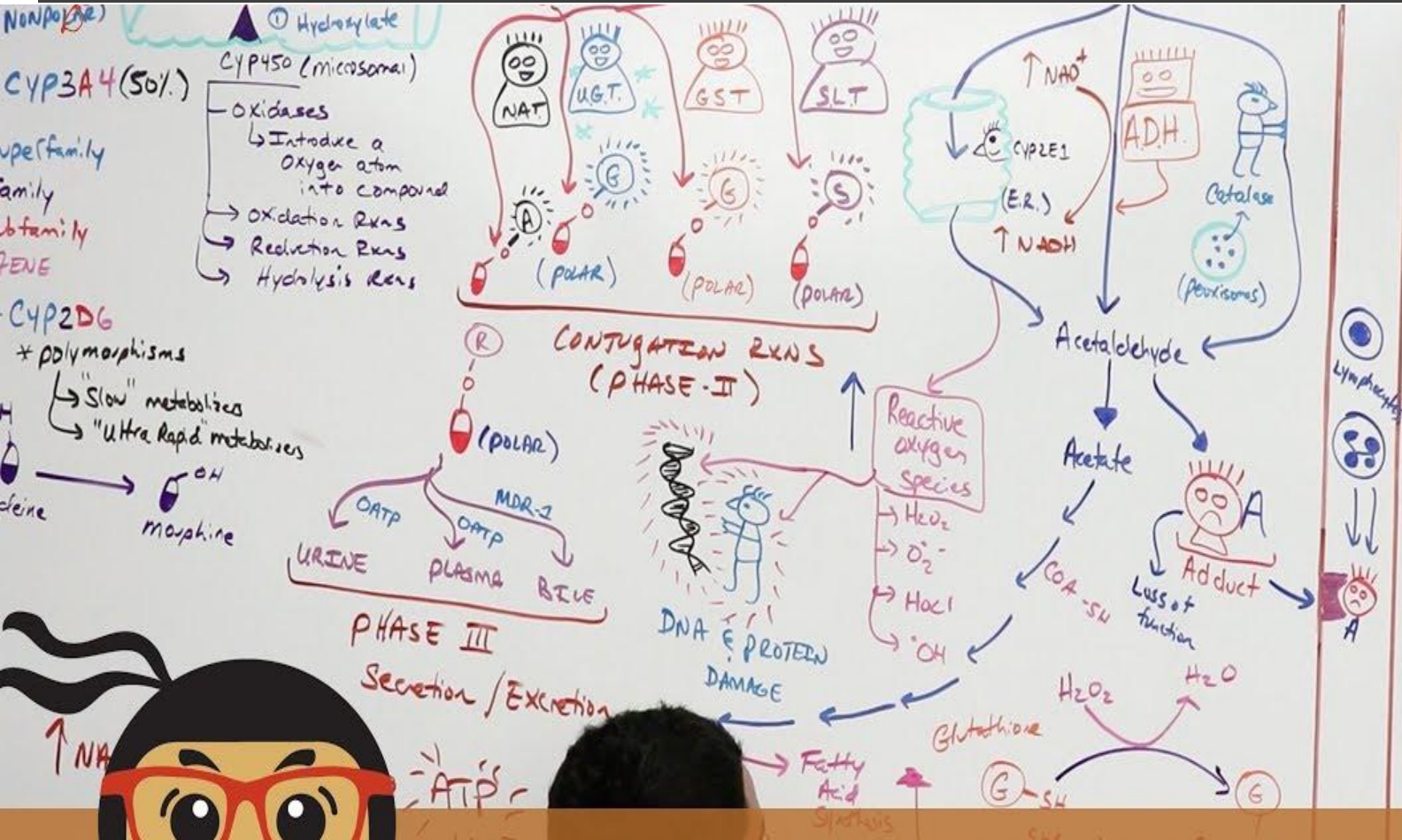
general principles

Tuesday, January 28th 2025

Kévin HARDONNIÈRE

M1D2HP_TU11_2024-2025

Objectifs



XENOBIOTIC METABOLISM

Basics

Xénobiotic

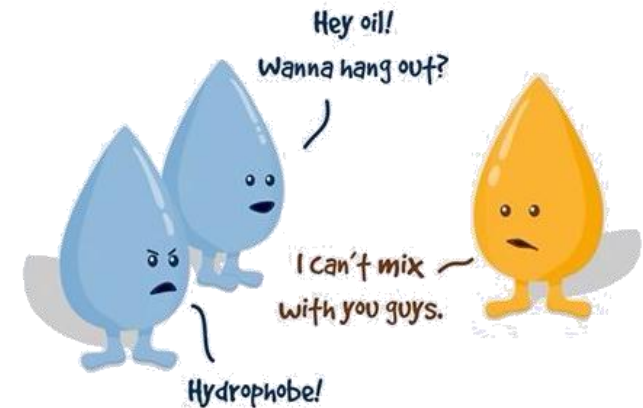
The “xeno” in “xenobiotics” comes from the Greek word *xenos* meaning guest, friend, or foreigner.

Molecule of foreign origin to an organism, present exceptionally in the organism and which is neither a substrate, nor a usual product of metabolic reactions.

These low molecular weight molecules are very varied in nature; they include, for example, food contaminants, synthetic compounds or their by-products, drugs and environmental pollutants.

Properties of xenobiotics

- ✓ These compounds are rather lipophilic;
- ✓ **Passage of membranes** per diffusion;
- ✓ Carried by **lipoproteins** in the blood.



science Fried art. 2013.

A chemical transformation is required to allow their elimination !

What do we mean by biotransformation

- ✓ The term "biotransformation" refer to the **chemical modifications** that these molecules will encounter within the body to generate some **new metabolites**.
- ✓ Biotransformations are mainly carried out by **enzymatic reactions**.
- ✓ The main function of biotransformations is therefore **to make lipophilic molecules water-soluble** in order to **promote their elimination from the body**.

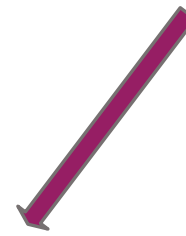
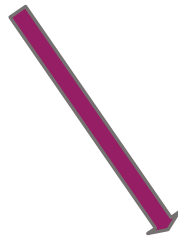
Metabolic inactivation

Active compounds

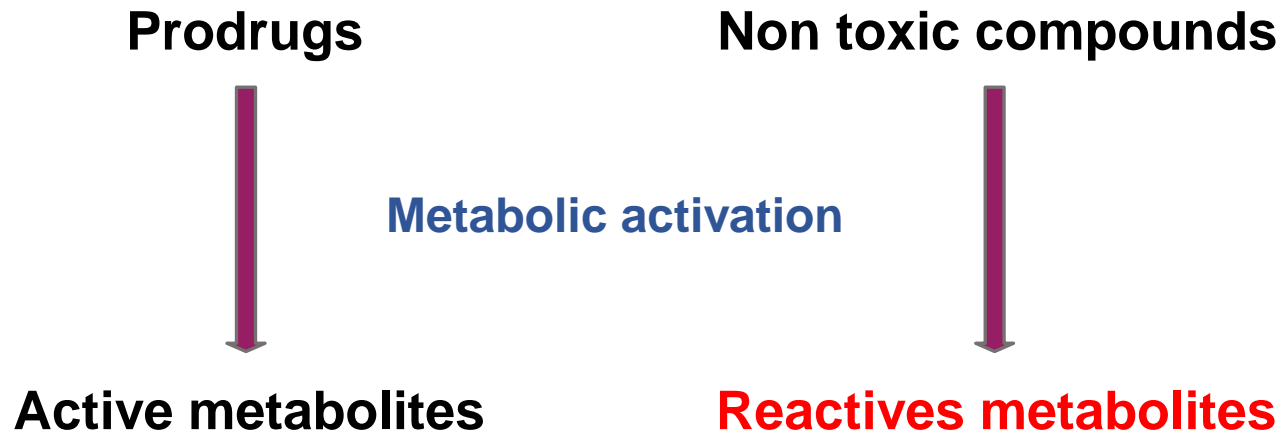
Toxic molecules

Metabolic inactivation
(Detoxication)

Inactive metabolites



Metabolic activation



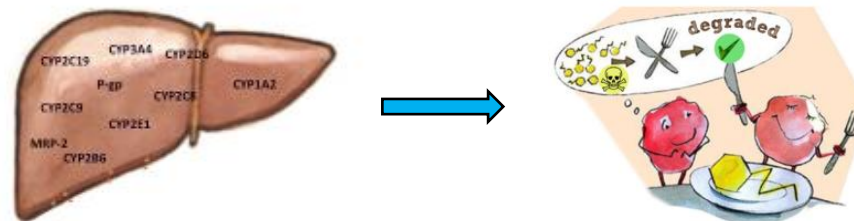
Basics on xenobiotics metabolism

- ✓ Metabolism of xenobiotics most of the time helps to **protect the body upon exposure**;
- ✓ It is therefore essential to allow the **elimination of toxic molecules**;
- ✓ The process is divided in **2 steps** in order to transform the xenobiotic into **a more hydrophilic metabolite**, thus **facilitating its body elimination**;

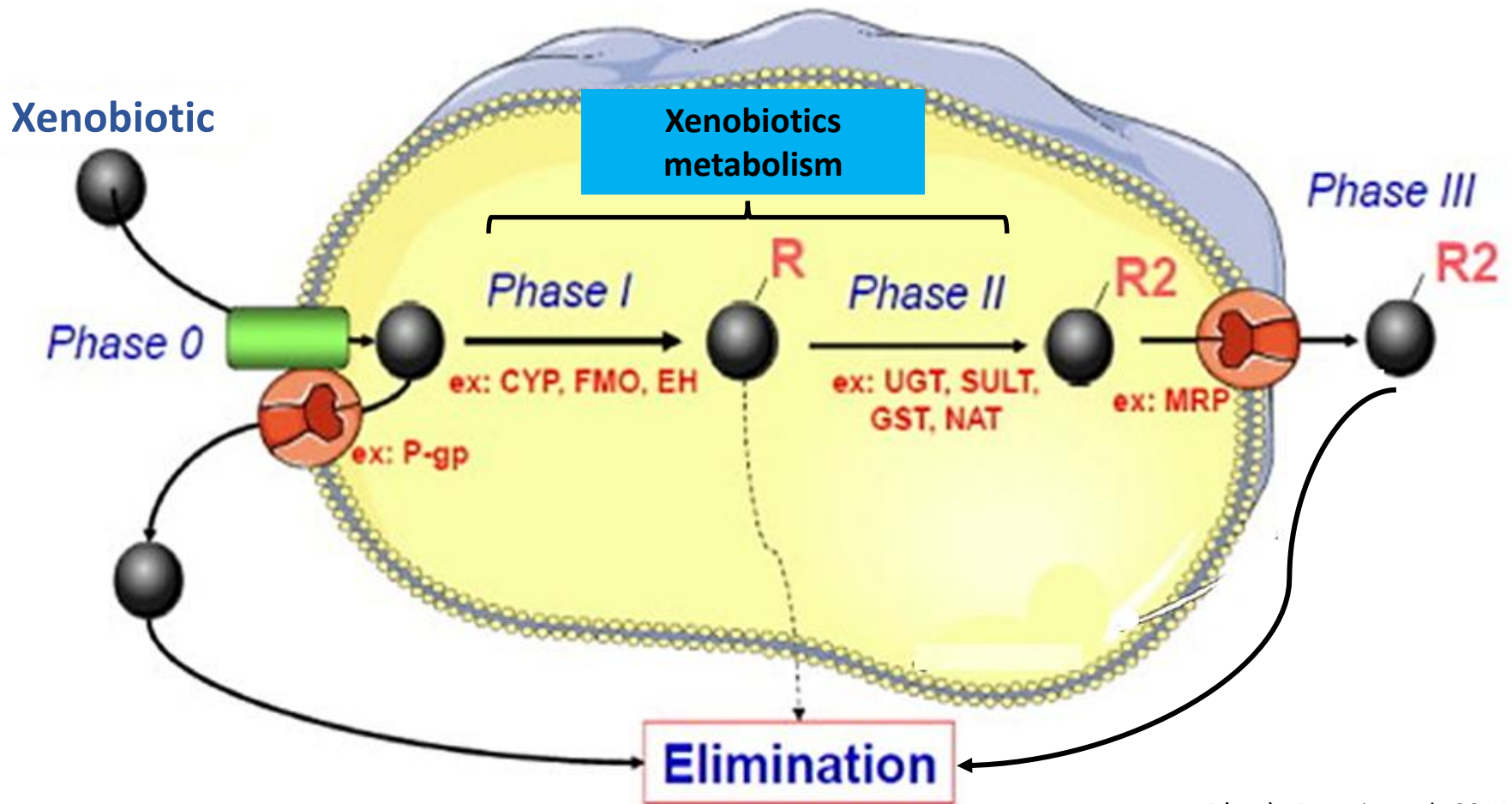
Basics on xenobiotics metabolism

The liver is a key organ in the metabolism of drugs and xenobiotics

- ✓ In addition to its metabolic capacity, the liver is also involved in the excretion of drugs from the body through the biliary system. After excretion in the bile, the drug ends up in the intestinal lumen where it can be reabsorbed: this is **the enterohepatic cycle**.
- ✓ The xenobiotics absorbed at the intestinal level will be preferentially **processed in the liver** before entering the general circulation (**first-pass effect, enterohepatic cycle**) but also in the kidneys, the digestive tract, the lungs, the skin...etc.



Overview at the cellular level...



D'après Buatois *et al.*, 2014

Phase I reactions

Fonctionnalisation : Phase I

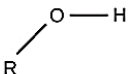
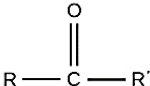
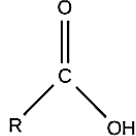
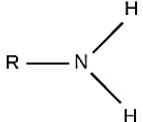
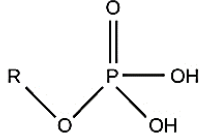
Creation of a functional group -OH, -NH₂, -COOH, -SH

Oxidations

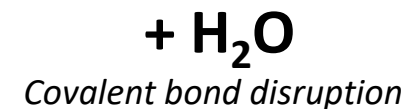


Reductions

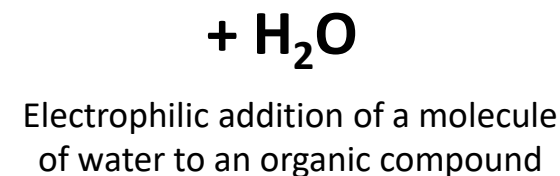


Functional Group	Structure	Properties
Hydroxyl		Polar
Methyl	$R-CH_3$	Nonpolar
Carbonyl		Polar
Carboxyl		Charged, ionizes to release H ⁺ . Since carboxyl groups can release H ⁺ ions into solution, they are considered acidic.
Amino		Charged, accepts H ⁺ to form NH ₃ ⁺ . Since amino groups can remove H ⁺ from solution, they are considered basic.
Phosphate		Charged, ionizes to release H ⁺ . Since phosphate groups can release H ⁺ ions into solution, they are considered acidic.
Sulfhydryl	$R-SH$	Polar

Hydrolysis



Hydratations



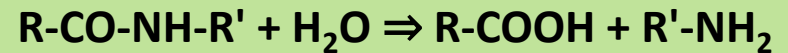
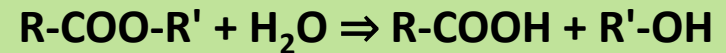
General pathways and their major cellular location

REACTION	ENZYME	LOCALIZATION
<i>Phase I</i>		
1 <i>Hydrolysis</i>	Esterase	Microsomes, cytosol, lysosomes, blood
	Peptidase	Blood, lysosomes
	Epoxide hydrolase	Microsomes, cytosol
2 <i>Reduction</i>	Azo- and nitro-reduction	Microflora, microsomes, cytosol
	Carbonyl reduction	Cytosol, blood, microsomes
	Disulfide reduction	Cytosol
	Sulfoxide reduction	Cytosol
	Quinone reduction	Cytosol, microsomes
	Reductive dehalogenation	Microsomes
	3 <i>Oxidation</i>	Alcohol dehydrogenase
Aldehyde dehydrogenase	Mitochondria, cytosol	
Aldehyde oxidase	Cytosol	
Xanthine oxidase	Cytosol	
Monoamine oxidase	Mitochondria	
Diamine oxidase	Cytosol	
Prostaglandin H synthase	Microsomes	
Flavin-monooxygenases	Microsomes	
Cytochrome P450	Microsomes	

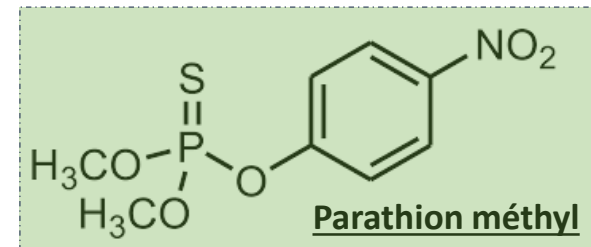
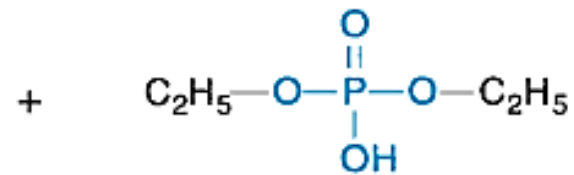
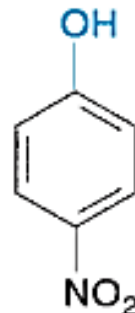
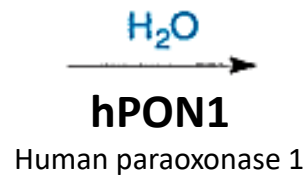
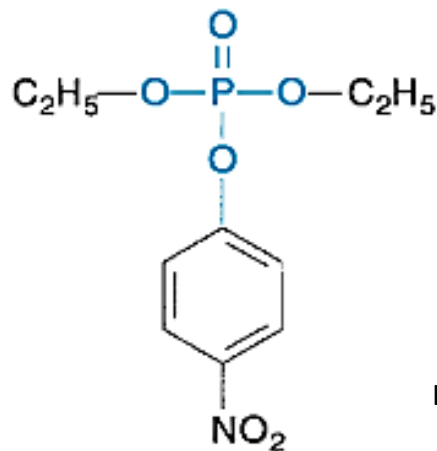
Phase I-mediated hydrolysis

1

Breaking of a covalent bond
by the action of a water molecule



Réactions d'hydrolyses :

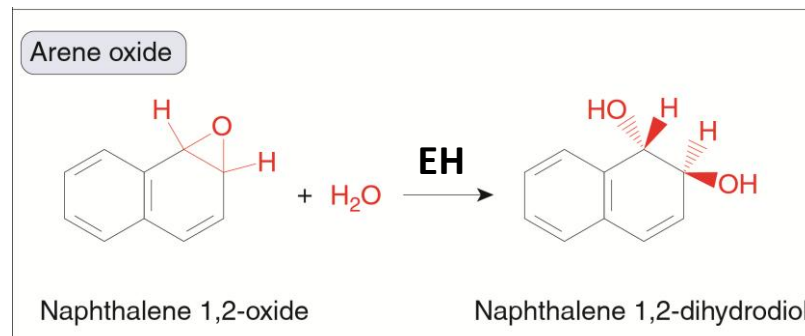
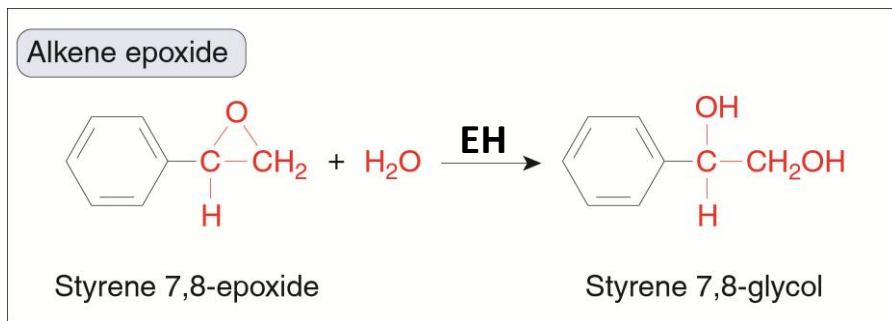


Paraoxone

Epoxide Hydrolase (EH)

1

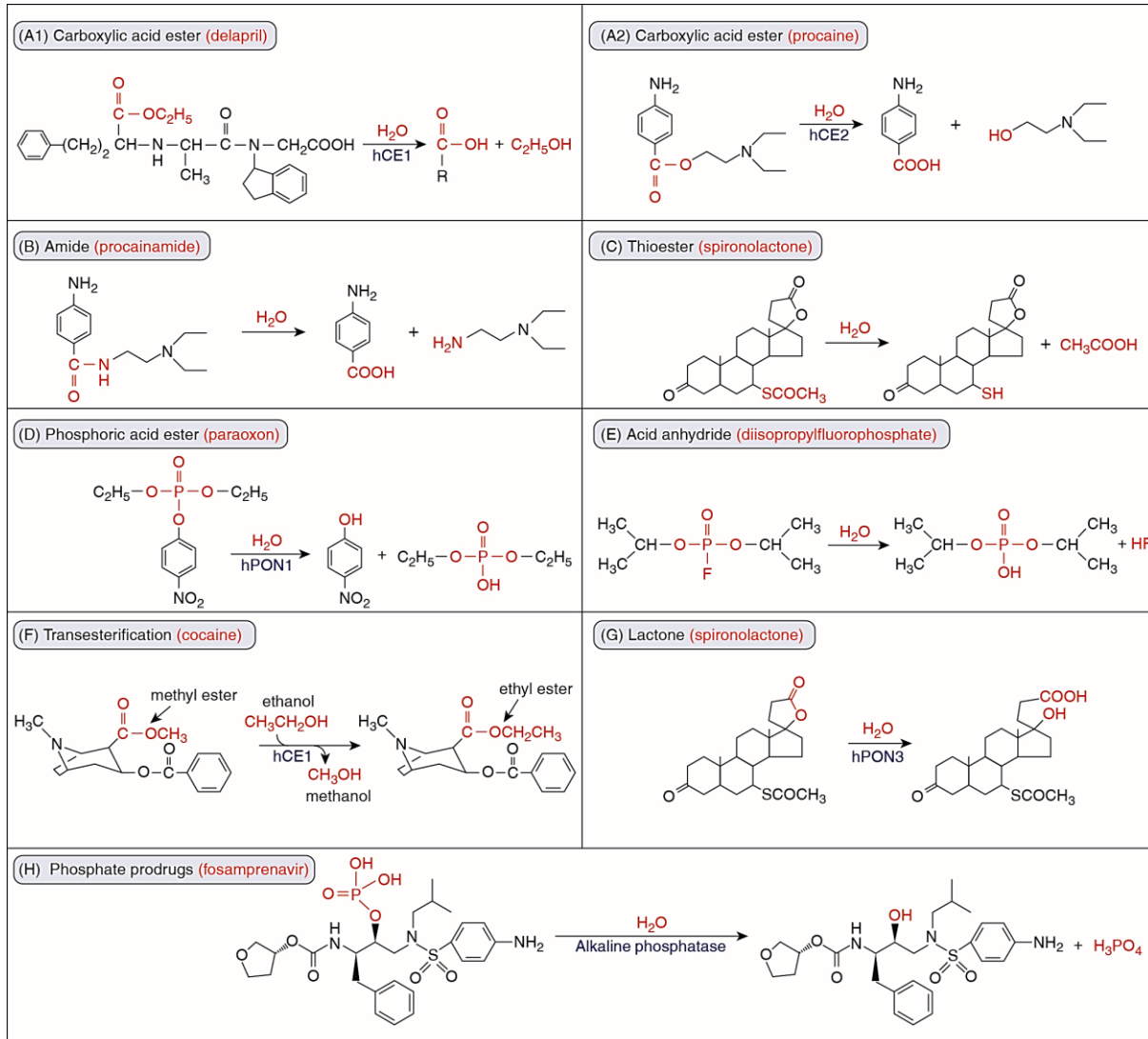
- ✓ 5 isoformes in human;
- ✓ Microsomal and cytoplasmic enzymes;
- ✓ Conversion of epoxy groups into dihydrothiol groups;
- ✓ Detoxification of molecules with reactive epoxy groups capable of forming adducts (covalent bonds) on proteins and nucleic acids.



Examples of phases I hydrolysis reactions

Carboxylesterases, cholinesterases and organophosphatases

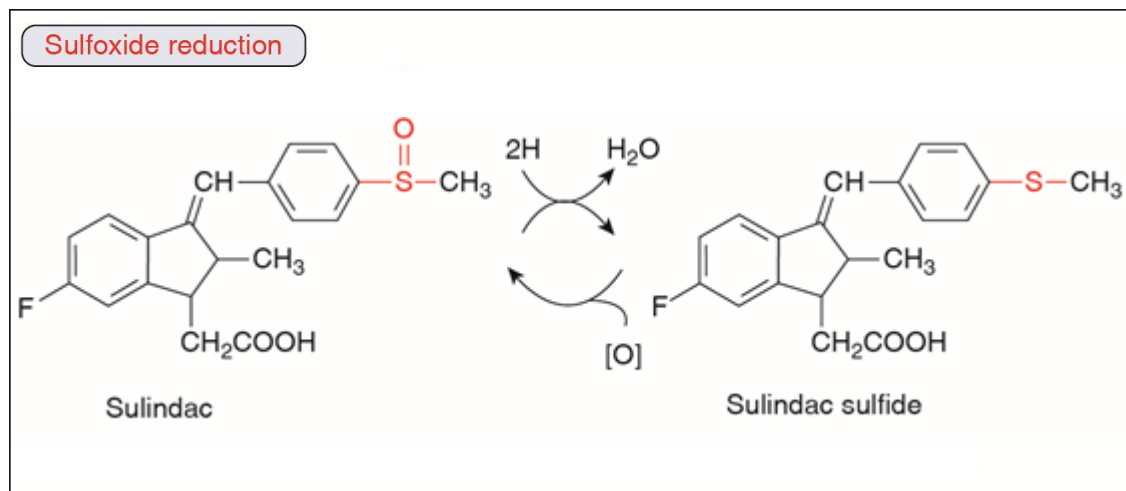
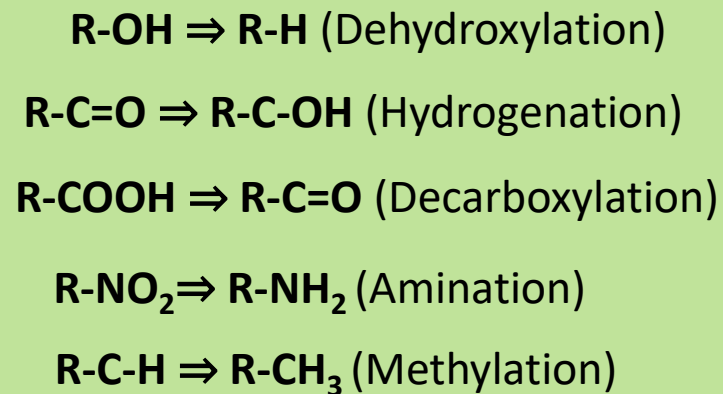
1



Phase I reduction reaction

2

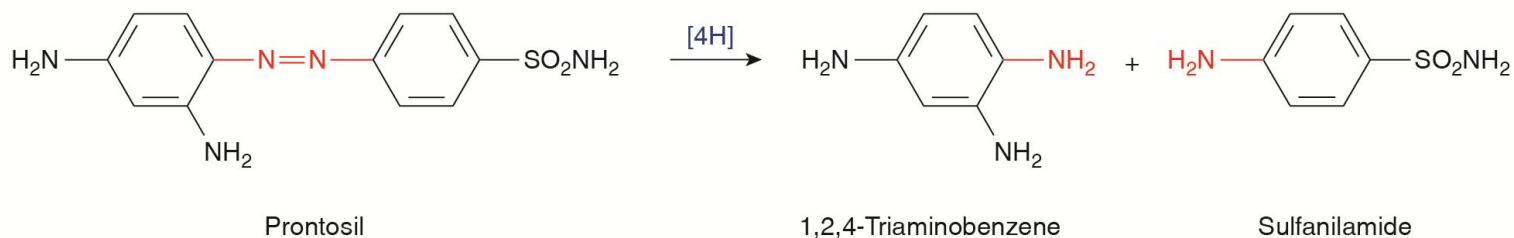
Adding a proton
or removing an oxygen atom



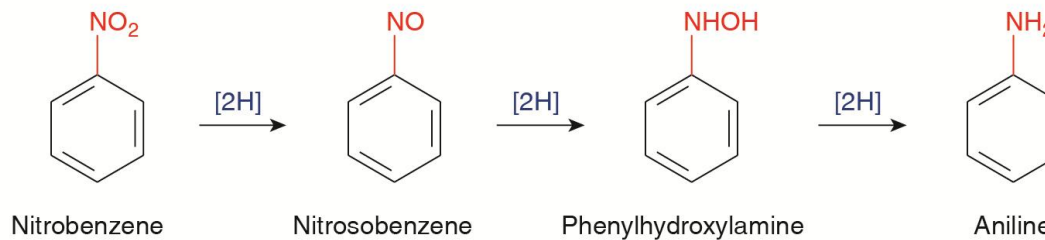
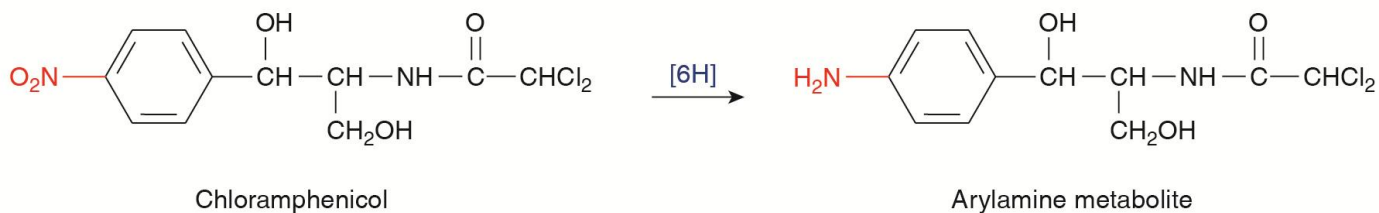
Others examples of phase I reductions

2

Azo-reduction



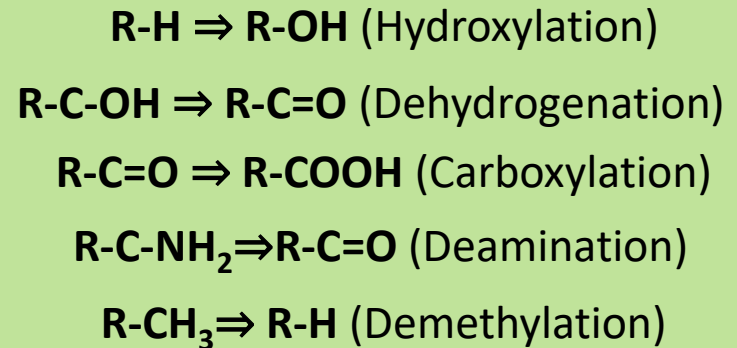
Nitro-reduction



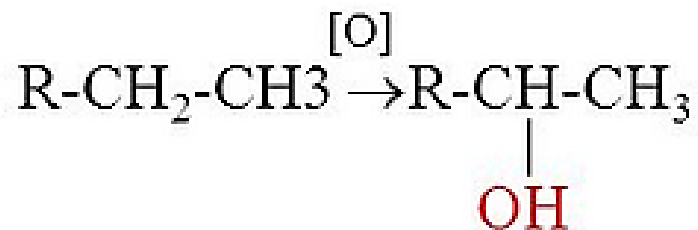
Phase I oxidations

3

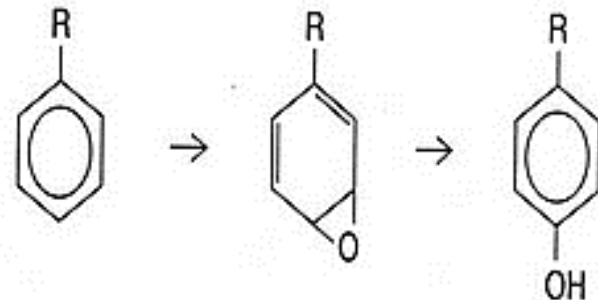
Addition of an oxygen molecule
or loss of a proton



Aliphatic oxidation



Oxydations aromatiques

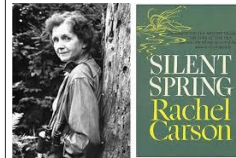
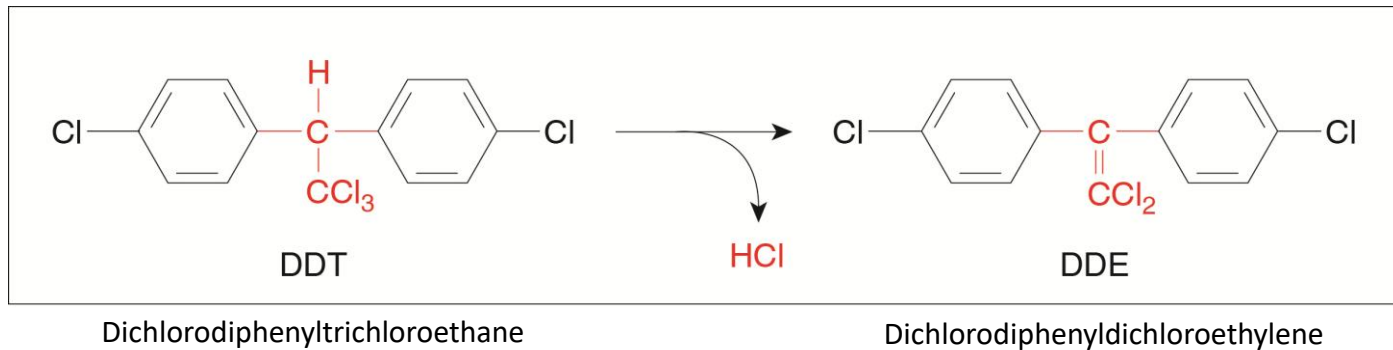


These are the most common Phase I reactions

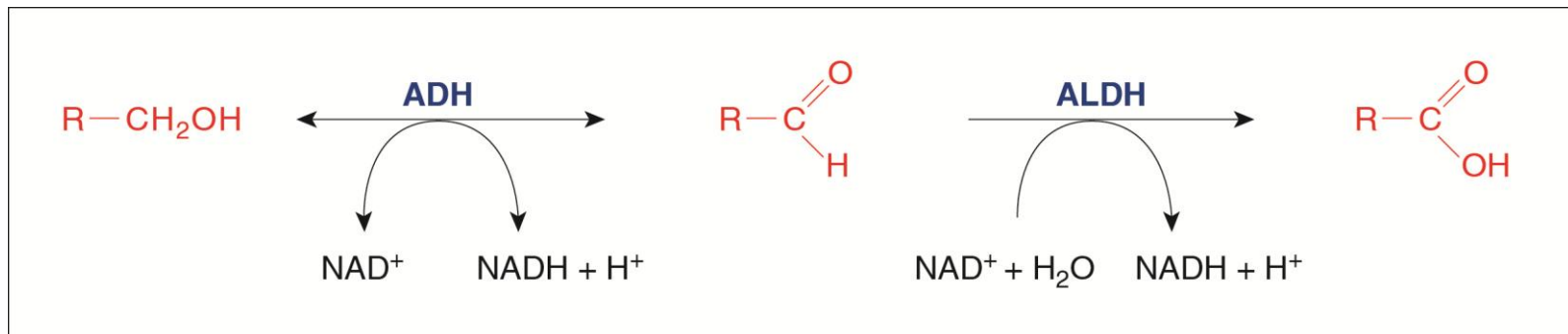
Examples of phase I oxidations

3

Dehydrochlorination of the pesticide DDT to DDE



Oxidation of alcohols to aldehydes and carboxylic acid

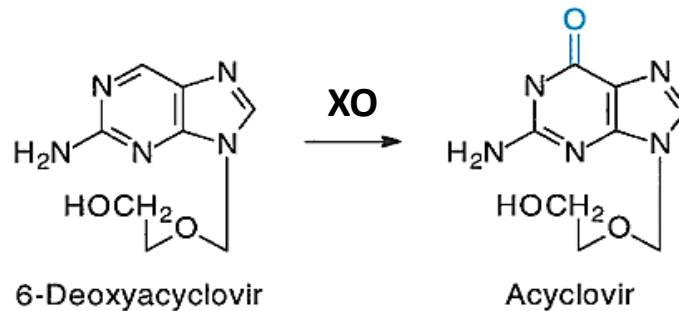


ADH = alcool dehydrogenase / ALDH = aldehyde deshydrogenase

Xanthines Oxidases (XO)

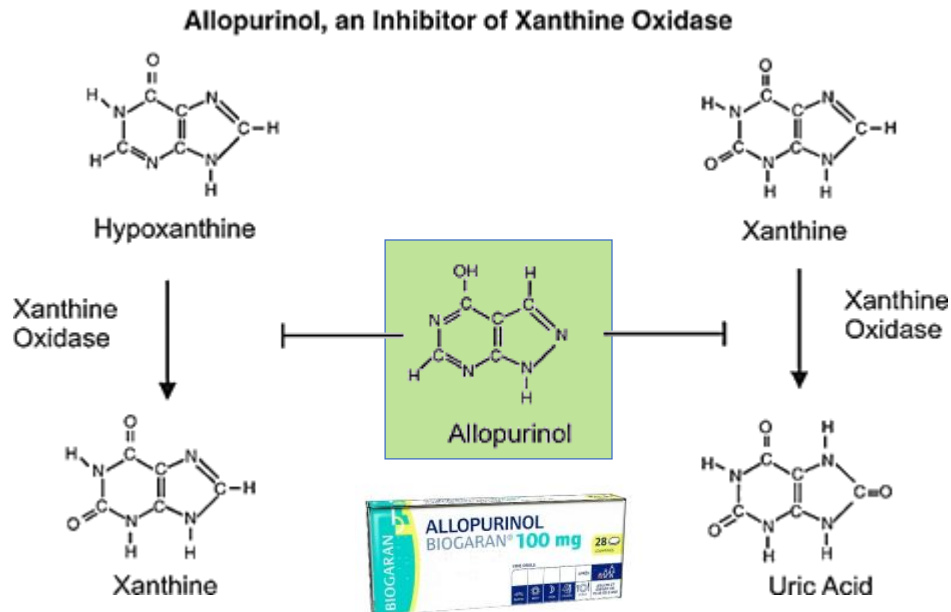
3

Prodrug activation



Krenitsky TA et al., 1984

Inhibition

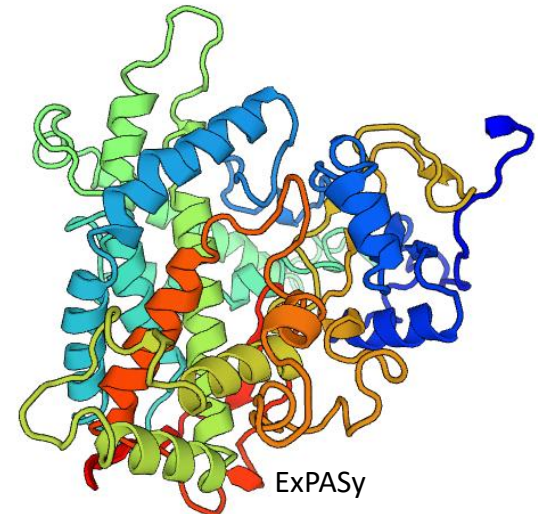


↘ uricemia

Xanthinuria
XO deficiency

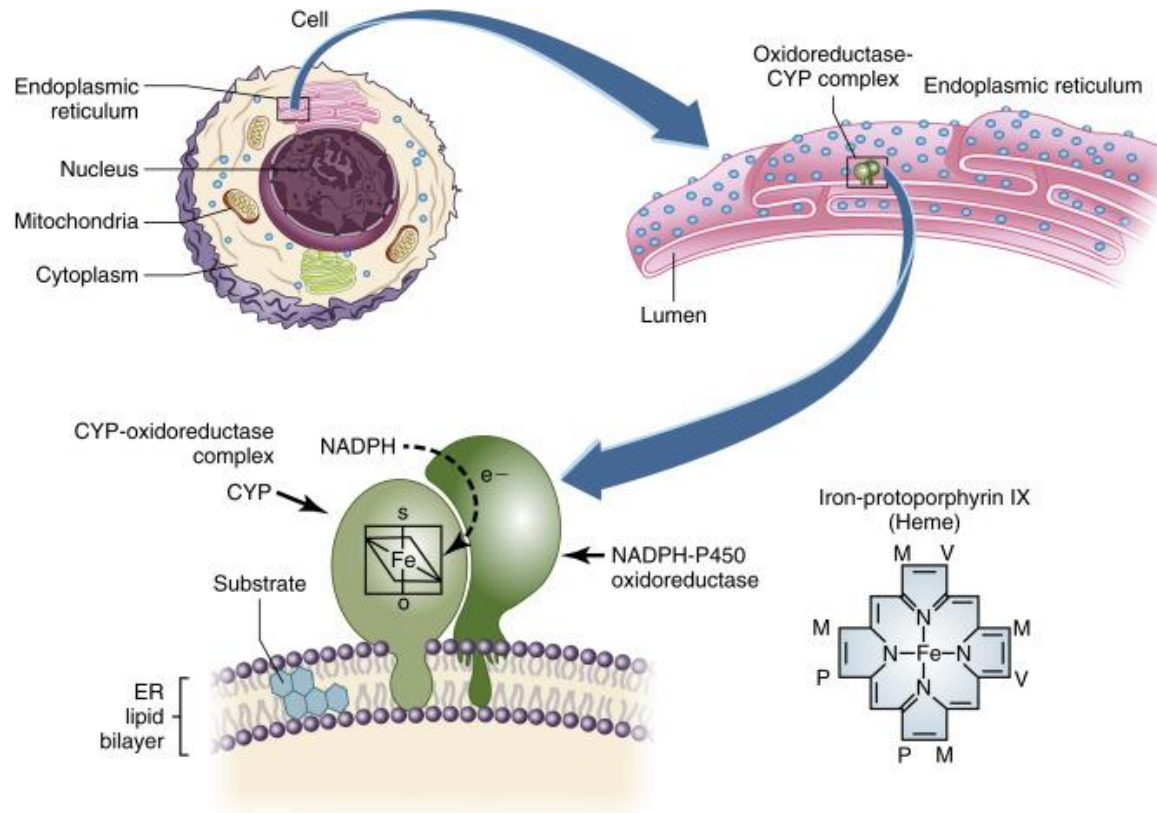
P450 cytochromes

- ✓ Pigment 450 = maximal absorption at 450 nm;
- ✓ Activité monooxygenase activity ;
- ✓ CYP450 catalyzes oxidation using oxygen and NADPH (reduced nicotinamide).



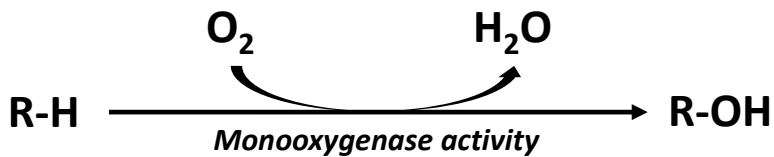
**Cytochrome
P450 1A2**

P450 localization



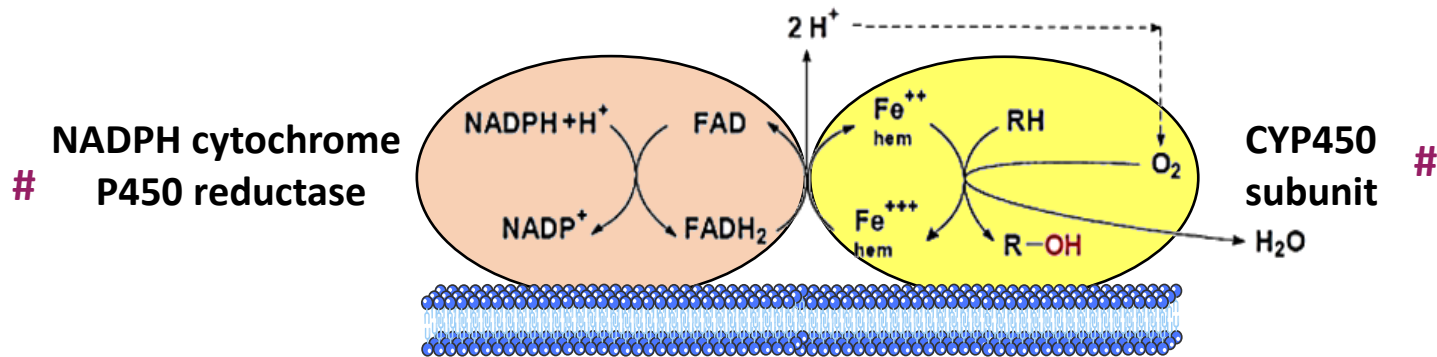
Localization in the membranes of the smooth ER of hepatocytes
(Some CYPs are also localized to mitochondria) ;

P450 monooxygenase activity



Three essential elements:

- 1°) Electron donors → NADPH, NADH
- 2°) Electron transport chain #
- 3°) Phospholipids



Pentoses phosphates pathway, malic enzyme...etc.

Nomenclature

	Codification	Example : CYP1A2
Cytochrome P450	CYP	CYP
Family	Number	1
Sub-family	Capital letter	A
Isoenzyme	Number	2

- ✓ **≈ 481 genes : 107 in human/ 57 characterized enzymes;**
- ✓ **Mainly expressed in the liver in mammals;**

P450 substrates

XENOBIOTICS		FATTY ACIDS/ EICOSANOIDS	STEROIDOGENIC	BILE ACIDS	VITAMIN D	RETINOIC ACID	UNKNOWN
CYP1A1	CYP2F1	CYP2U1	CYP11A1	CYP7A1	CYP2R1	CYP26A1	CYP4A22
CYP1A2	CYP2J2 ^{*,†}	CYP4A11	CYP11B1	CYP7B1	CYP24A1	CYP26B1	CYP4X1
CYP1B1	CYP2S1	CYP4F2 ^{‡,§}	CYP11B2	CYP8B1	CYP26C1 ^{**}		CYP20A1
CYP2A6	CYP2W1	CYP4F3 [§]	CYP17A1	CYP27A1 [†]	CYP27B1		CYP27C1
CYP2A13	CYP3A4 ^{†,††}	CYP4F8	CYP19A1	CYP39A1			
CYP2B6	CYP3A5	CYP4F11	CYP21A2	CYP46A1			
CYP2C8 [*]	CYP3A7	CYP4F12 [§]		CYP51A1 ^{‡‡}			
CYP2C9 [*]	CYP3A43	CYP4F22					
CYP2C18		CYP4V2					
CYP2C19		CYP4Z1					
CYP2D6		CYP5A1 ^{§§}					
CYP2E1		CYP8A1 ^{***}					

Note: CYP2A7 and 4B1 are full-length genes that probably encode inactive enzymes due to lack of heme incorporation.

^{*}Also involved in fatty acid and eicosanoid metabolism.

[†]Also involved in vitamin D metabolism.

[‡]Also involved in vitamin E and vitamin K metabolism.

[§]Also involved in xenobiotic metabolism.

^{**}Also involved in retinoic acid metabolism.

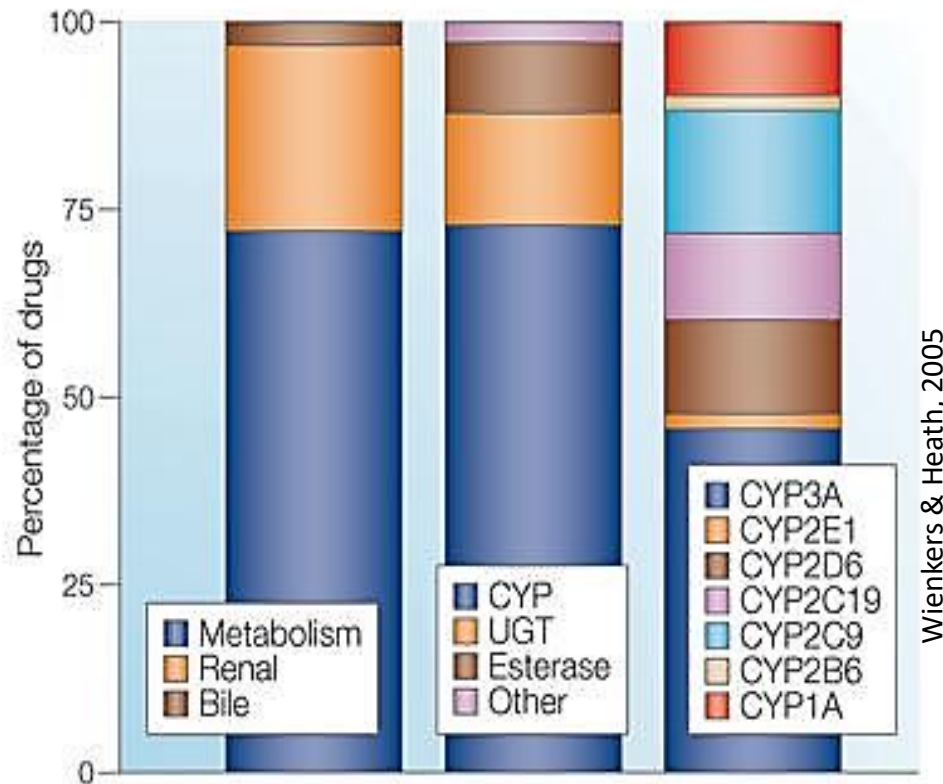
^{††}Also involved in bile acid synthesis.

^{‡‡}Also involved in cholesterol biosynthesis.

^{§§}Thromboxane A synthase (TBXAS1).

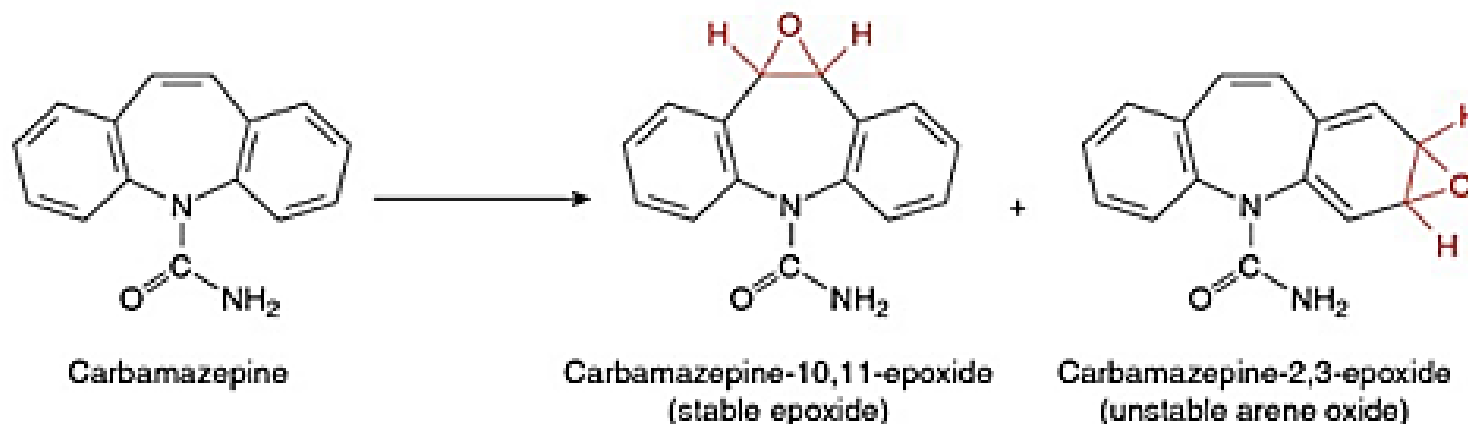
^{***}Prostaglandin I₂ (prostacyclin) synthase (PTGIS).

Importance of P450 in drug metabolism



Elimination of the 200 most prescribed drugs

CYP P450 : epoxidation reactions



Generate reactive metabolites!

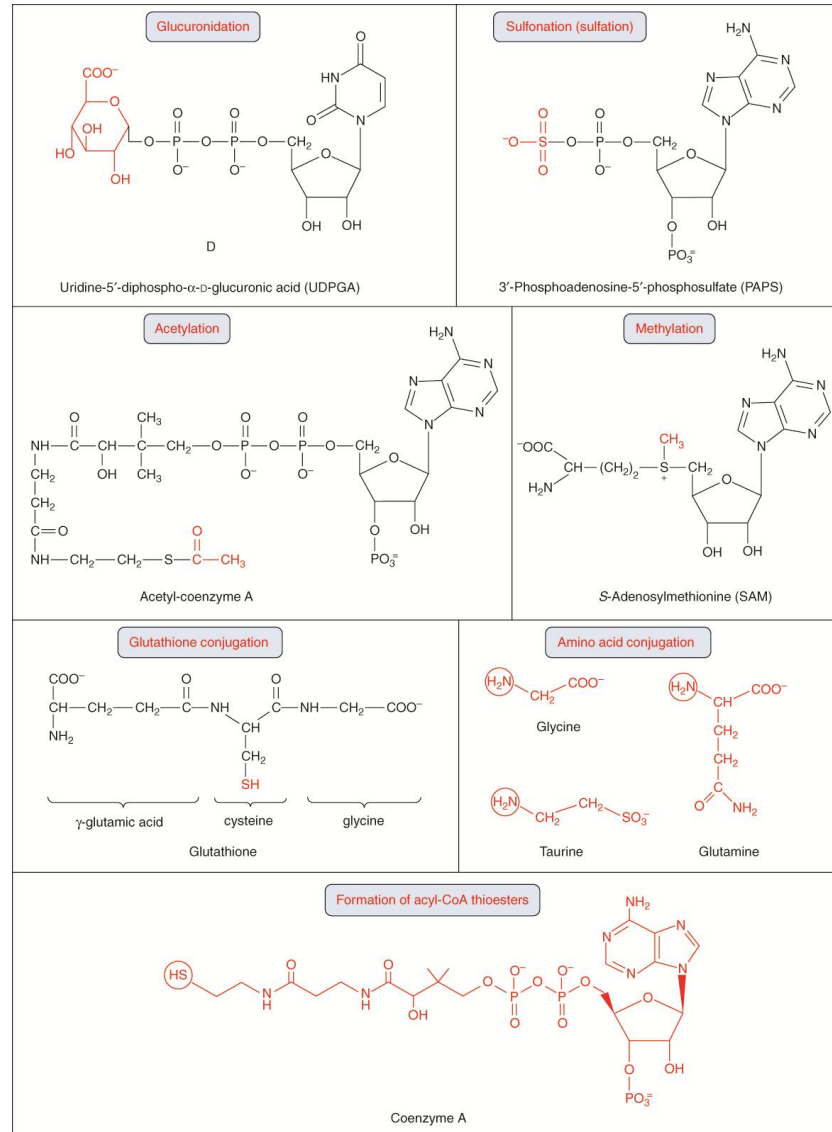


Phase II reactions

Phase II reactions

Type of Conjugation	Endogenous Reactant	Transferase (Location)	Types of Substrates	Examples
Glucuronidation	UDP glucuronic acid	UDP glucuronosyltransferase (microsomes)	Phenols, alcohols, carboxylic acids, hydroxylamines, sulfonamides	Nitrophenol, morphine, acetaminophen, diazepam, <i>N</i> -hydroxydapsone, sulfathiazole, meprobamate, digitoxin, digoxin
Acetylation	Acetyl-CoA	<i>N</i> -Acetyltransferase (cytosol)	Amines	Sulfonamides, isoniazid, clonazepam, dapsone, mescaline
Glutathione conjugation	Glutathione (GSH)	GSH-S-transferase (cytosol, microsomes)	Epoxides, arene oxides, nitro groups, hydroxylamines	Acetaminophen, ethacrynic acid, bromobenzene
Glycine conjugation	Glycine	Acyl-CoA glycinetransferase (mitochondria)	Acyl-CoA derivatives of carboxylic acids	Salicylic acid, benzoic acid, nicotinic acid, cinnamic acid, cholic acid, deoxycholic acid
Sulfation	Phosphoadenosyl phosphosulfate	Sulfotransferase (cytosol)	Phenols, alcohols, aromatic amines	Estrone, aniline, phenol, 3-hydroxycoumarin, acetaminophen, methyl dopa
Methylation	<i>S</i> -Adenosylmethionine	Transmethylases (cytosol)	Catecholamines, phenols, amines	Dopamine, epinephrine, pyridine, histamine, thiouracil
Water conjugation	Water	Epoxide hydrolase (microsomes) (cytosol)	Arene oxides, <i>cis</i> -disubstituted and monosubstituted oxiranes Alkene oxides, fatty acid epoxides	Benzopyrene 7,8-epoxide, styrene 1,2-oxide, carbamazepine epoxide Leukotriene A ₄

Structures of cofactors for phase II biotransformation



Factors influencing drug metabolism

What are these factors?

GENETIC

Slow metabolizers
vs.
Fast metabolizers

PHYSIOLOGICAL

New-born show some enzymatic immaturity
Age decreases metabolic capacity

ENVIRONMENTAL

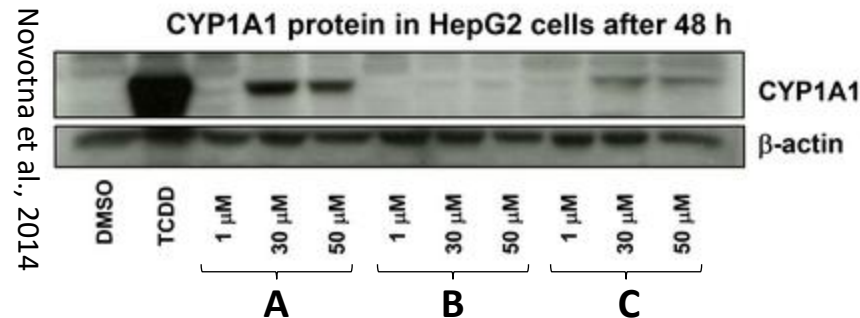
Way of life (alcohol, tobacco)
Food (grapefruit juice)

PATHOLOGICAL

Drugs !!!
Liver damages (NASH...etc.)

Inducibility of metabolism

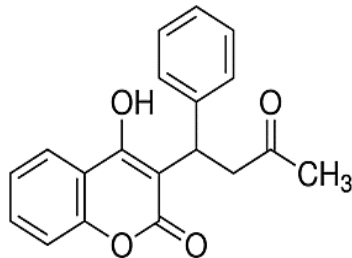
- ✓ Exposure to a xenobiotic is generally responsible for the **induction of an enzymatic system** capable of supporting this molecule;



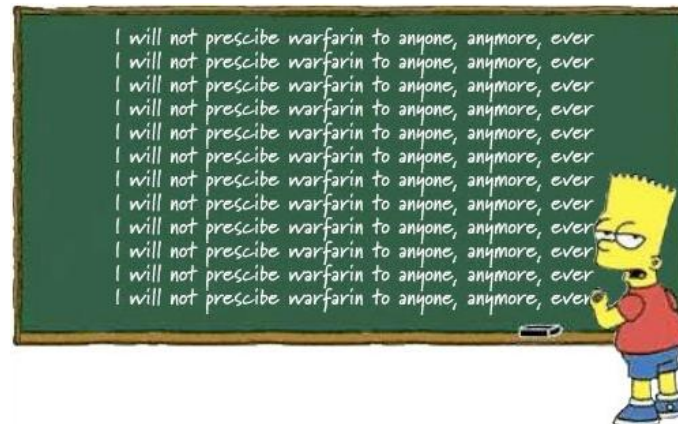
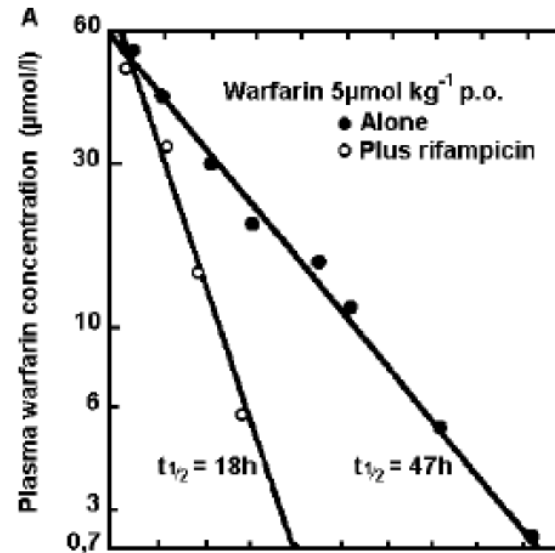
- ✓ Response to toxicants is adaptative: cells and tissues will produce the enzymatic machinery to metabolize and eliminate a molecule only if this molecule has been detected;
- ✓ Although generally beneficial to the body, the metabolism of xenobiotics can sometimes paradoxically be the cause of **exacerbated toxicity by generating molecules or metabolites that are more toxic** than the native molecule.

Metabolic interactions : drugs examples

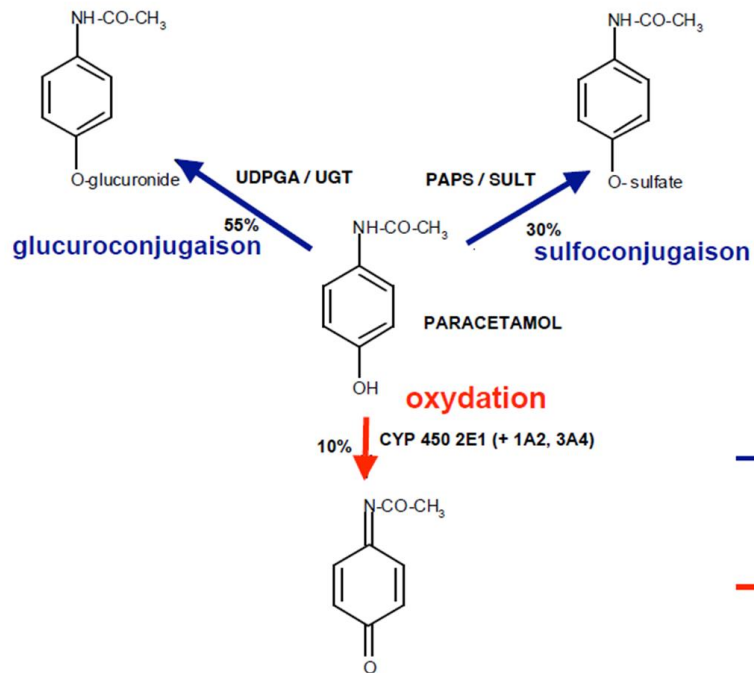
CYP2C9



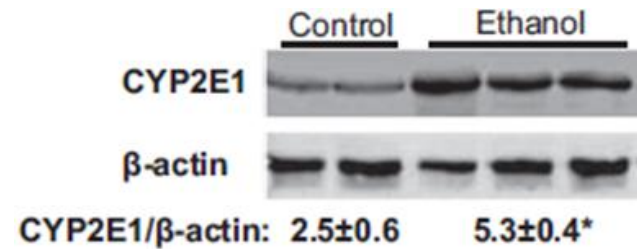
Warfarine



Acetaminophen/P4502E1



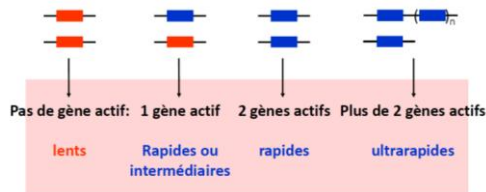
N-acétyl-p-benzoquinoneimine (NAPQ)



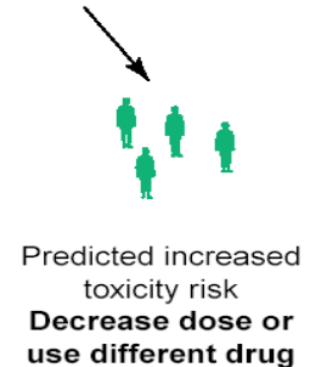
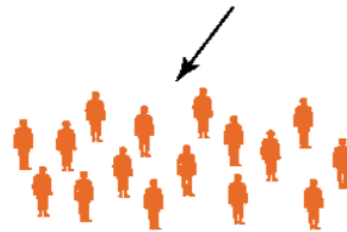
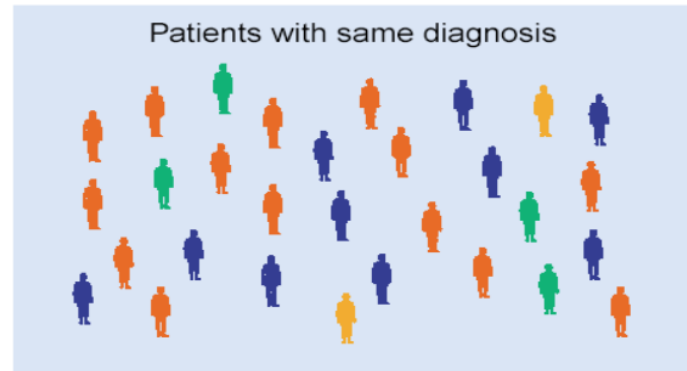
— 2 voies de détoxication :
conjugaisons \Rightarrow élimination

— 1 voie de toxification :
CYP450 2E1 (+ 1A2, 3A4)

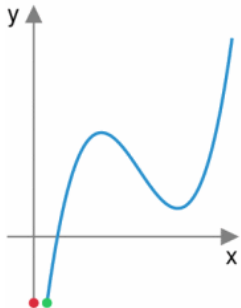
Consequences of CYP polymorphism



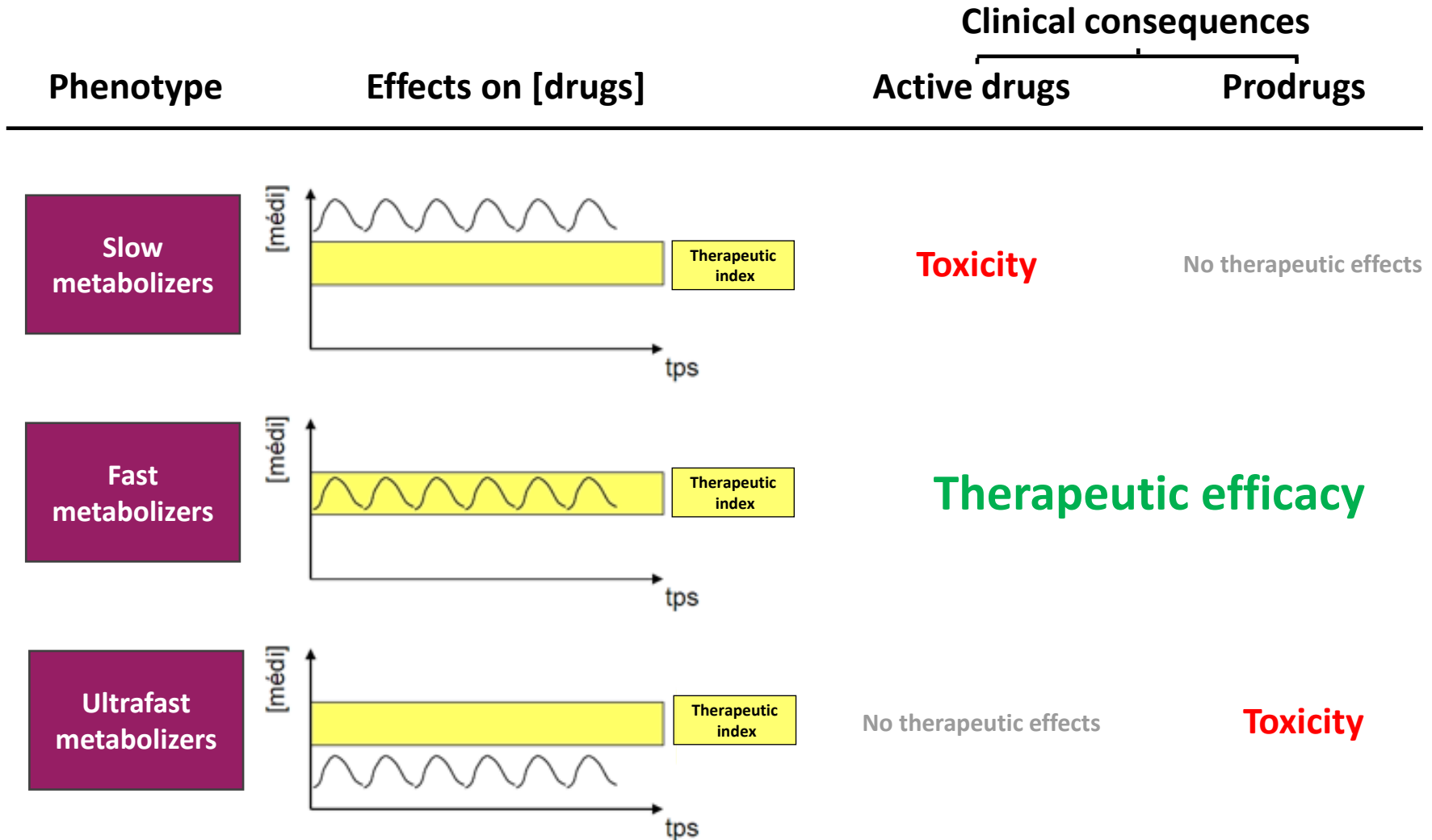
Molecular basis of CYP polymorphism



TRENDS in Genetics



What therapeutic consequences?



What you need to know!

Metabolism is one of the key elements of drug activity and toxicity

3 phases in general but the scheme can vary

Effet de 1er passage hépatique

Pro-drugs

Many enzymes are capable of metabolising drugs

Major role of CYP450

These enzymes are subject to inhibition and induction = drug interactions

There is genetic polymorphism in the metabolizing enzymes

The toxicity of a molecule may exist after metabolization

Bioactivation

Liste inducteurs/inhibiteurs P450/Pgp

Document available on eCAMPUS

Interactions médicamenteuses, cytochromes P450 et P-glycoprotéine (Pgp)

Substrats des cytochromes P450 et de la Pgp

■ Majeure ■ Mineure ! Métabolite actif

	1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4/5	Pgp		1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4/5	Pgp		1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4/5	Pgp	
acénocoumarol										étravirine											paroxétine									
acide méfénamique										everolimus											phénobarbital									
acide valproïque					!					felbamate											phenprocoumone									
agomelatine										félodipine											phénytoïne									
alfentanil										fentanyl											pioglitazone									
alprazolam										fexofénadine											piroxicam									
amiodarone										finastéride											posaconazole									
amitriptyline										flécaïmide											prasugrel									
amlodipine										fluoxétine											prednisolone									
apixaban										flurbiprofène											primidone									
aripiprazole										fluvastatine											proguanil									
artéméthér										fluvoxamine											prométhazine									
atazanavir										galantamine											propafénone									
atomoxétine										géfítinib											propofol									
atorvastatine										gestodène											propranolol									
bisoprolol										glibenclamide											quétiapine									
boceprevir										glicazide											quinidine									
bortézomib										glimépiride											quinine									
bosentan										granisétron											ranitidine									
bromocriptine										grazoprévir											rabéprazole									
buprénorphine										halopéridol											réboxétine									
bupropion										hydrocodone											répaglinide									
caféine										ibuprofène											rifabutine									
cannabidiol										ifosfamide											rilpivirine									
carbamazépine										imatinib											rispéridone									
carvédilol										imipramine											ritonavir									
célécoxib										indinavir											rivaroxaban									
celiprolol										irbésartan											saquinavir									
chlorphéniramine										isradipine											saxagliptine									
ciclosporine										itraconazole											sertraline									
citalopram										kétoconazole											sildenafil									
clarithromycine										lansoprazole											simeprevir									