

PDCdb: the biological activity and pharmaceutical information of peptide–drug conjugate (PDC)

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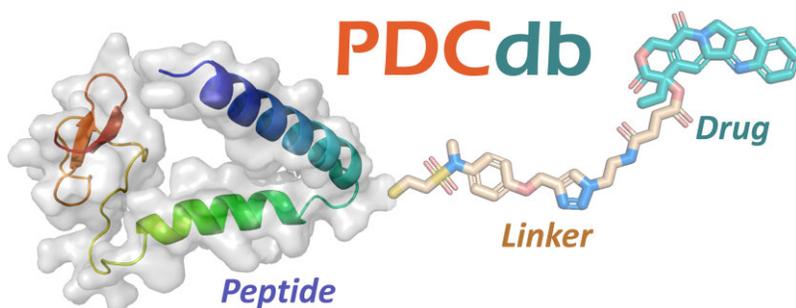
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Abstract

Peptide–drug conjugates (PDCs) have emerged as a promising class of targeted therapeutics with substantial pharmaceutical advantages and market potentials, which is a combination of a peptide (selective to the disease-relevant target), a linker (stable in circulation but cleavable at target site) and a cytotoxic/radioactive drug (efficacious/traceable for disease). Among existing PDCs, those based on radiopharmaceuticals (a.k.a. radioactive drugs) are valued due to their accurate imaging and targeted destruction of disease sites. It's demanded to accumulate the biological activity and pharmaceutical information of PDCs. Herein, a database *PDCdb* was thus constructed to systematically describe these valuable data. Particularly, biological activities for 2036 PDCs were retrieved from literatures, which resulted in 1684, 613 and 2753 activity data generated based on clinical trial, animal model and cell line, respectively. Furthermore, the pharmaceutical information for all 2036 PDCs was collected, which gave the diverse data of (a) ADME property, plasma half-life and administration approach of a PDC and (b) chemical modification, primary target, mode of action, conjugating feature of the constituent peptide/linker/drug. In sum, *PDCdb* systematically provided the biological activities and pharmaceutical information for the most comprehensive list of PDCs among the available databases, which was expected to attract broad interest from related communities and could be freely accessible at: <https://idrblab.org/PDCdb/>

Graphical abstract



Introduction

Peptide–drug conjugates (PDCs) have emerged as a promising class of targeted therapeutics with tremendous pharmaceutical advantages and profitable market potentials, which have resulted in seven therapeutic/diagnostic agents approved by

U.S. FDA (1–3). Among available PDCs, those based on radiopharmaceuticals (a.k.a. radioactive drugs) are valued due to their accurate imaging and targeted destruction of disease site (4–6). An effective PDC, as demonstrated in Figure 1, is considered to be a combination of a peptide (selectively targeting

Received: August 8, 2024. Revised: September 10, 2024. Editorial Decision: September 17, 2024. Accepted: September 20, 2024

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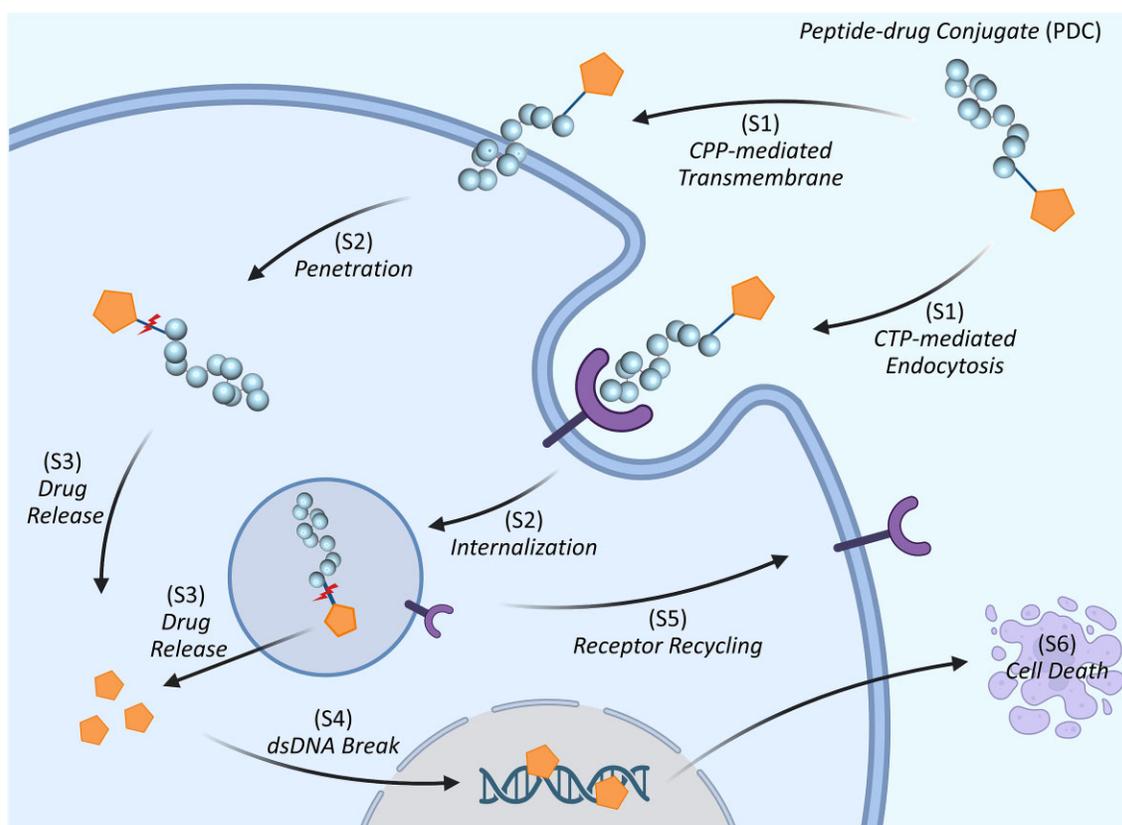


Figure 1. A schematic illustration of the mechanism of action (MOA) of *peptide–drug conjugates* (PDCs). **(S1)** two types of peptide carrier, CPP and CTP, mediating the entry of PDCs into disease cells; **(S2)** direct penetration of PDCs or internalization of their receptor-binding complexes; **(S3)** drug release in cytoplasm; **(S4)** molecular interaction leading to the impairment of target function; **(S5)** receptor recycling; **(S6)** drug-induced disease cell death (created using Biorender.com).

the disease-associated sites), a linker (stable in circulation but cleavable at targeted disease sites) & a cytotoxic/radioactive drug (efficacious/traceable for a studied disease indication) (7,8). Particularly, the biological activities (a) between a PDC peptide and its binding receptor on the membrane of disease cell, (b) between a PDC drug and its therapeutic target/aimed disease cell and (c) between the entire PDC and its aimed disease model are key for determining the drug-like properties of PDC peptide (9), off-target toxicity of PCD drug (10) and the overall efficacy of studied PDC (11), respectively.

Moreover, the pharmaceutical information of a PDC (such as toxicology profile, ADME property, plasma half-life, circulation stability and administration method) and its constituent components (such as chemical modifications & renal clearance of PDC peptide, primary target & mechanisms of action of PDC drug and chemical type & conjugating features of PDC linker) are reported as essential for the design, optimization and clinical assessment of PDC (12–17). In other words, it is highly demanded to accumulate the biological activity and pharmaceutical information of PDC. Furthermore, with the booming applications of *Artificial Intelligence* (AI) in biomedical research (18–20), it is imperative to accumulate such kind of *big data* of PDCs to facilitate the learning of the drug-like patterns that effectively promote the discovery of new PDCs (21–23).

So far, several databases have been developed to describe the PDC-related information. Some of them provide a few PDCs (especially, the FDA-approved ones) as part of a broader

collection of chemical or biological information, such as PubChem (24), Drugs@FDA (25), DrugCentral (26), DrugBank (27) and NCATS Inxight Drugs (28); some others offer the cell-penetrating/targeting peptides that are capable of functioning as one of the key components of a PDC, such as HORDB (29), CPPsite (30) and APD3 (31); the remaining focus on collecting and providing the structural and physicochemical features of PDC, such as ConjuPepDB (32). These databases have received extensive research interest from worldwide users, but none of them provide the data of biological activity and pharmaceutical information of PDC. In other words, it is urgently needed to have a database systematically describing those valuable data for a comprehensive set of PDCs.

In this work, a knowledge base titled ‘*PDCdb*’ was therefore developed to systematically provide those valuable data described above for a substantial number of PDCs. In particular, a variety of biological activities for 2036 PDCs were retrieved from literatures, which resulted in 1684, 613 and 2753 activity data generated based on clinical trial, animal model and cell line, respectively. Furthermore, the pharmaceutical information of all 2036 PDCs were comprehensively collected, which gave the diverse data of (a) ADME property, plasma half-life and administration approach of a PDC and (b) chemical modification, primary target, mode of action, conjugating feature and chemical type of the constituent peptide/linker/drug. Moreover, a variety of search engines based on keywords, sequence-similarity, structure-

Table 1. A list of peptide–drug conjugates that have been approved so far for clinical use (as of August 2024). The approved administration/office is U.S. Food and Drug Administration (U.S. FDA)

	PDC name (sponsor or company)	Brand name	Receptor	Cytotoxic or radioactive drug	Year of approval	diseases
<i>Diagnostic PDC</i>	⁶⁴ Cu oxodotreotide (Radiomedix)	Detectnet	SSTR2	Copper-64	2020 Sep	SSTR+ NE tumors
	⁶⁸ Ga PSMA-11 (Telix Pharma)	Illuccix	PSMA	Gallium-68	2020 Dec	PSMA+ prostate cancer
	⁶⁸ Ga edotreotide (UIHC-PET Imaging)	N.A.	SSTR2	Gallium-68	2019 Aug	SSTR+ NE tumors
	⁶⁸ Ga oxodotreotide (AAA, Novartis)	Netspot	SSTR2	Gallium-68	2016 Jun	SSTR+ NE tumors
<i>Therapeutic PDC</i>	¹⁷⁷ Lu vipivotide tetraxetan (AAA, Novartis)	Pluvicto	PSMA	Lutetium-117	2022 Mar	PSMA+ mCR prostate cancer
	¹⁷⁷ Lu oxodotreotide (AAA, Novartis)	Lutathera	SSTR2	Lutetium-117	2018 Jan	SSTR+ GEP-NE tumors
	Melphalan flufenamide ^a (Oncopeptides)	Pepaxto	N.A. ^b	Melphalan	2021 Feb	Multiple myeloma

Abbreviations for receptor. PSMA: prostate-specific membrane antigen; SSTR2: somatostatin receptor 2.

Abbreviations for diseases. GEP-NE: gastroenteropancreatic neuroendocrine; mCR: metastatic castration-resistant; NE: neuroendocrine.

^aWithdrawn by the FDA on 23 February 2024.

^bA cell-penetrating peptide without targeted receptor.

similarity and disease/chemical-classification were designed and provided in the online database, and all data were cross-linked to existing databases. All in all, *PDCdb* is unique in systematically offering the biological activities and pharmaceutical information for the most comprehensive list of PDCs among available databases. Because of the importance of those collected data, our *PDCdb* was expected to attract broad interest from related research communities and could be freely accessible at: <https://idrblab.org/PDCdb/>

Factual content and data retrieval

Systematic collection of the information of peptide–drug conjugates (PDCs)

Explicit pharmaceutical information and biological activity data of PDCs were collected by the following procedures. First, a comprehensive literature review was performed using keyword search in PubMed, which identified a total of 2036 PDCs (a list of FDA-approved PDCs was explicitly provided in Table 1). Second, the pharmaceutical information of the PDCs and their constituent components were further extracted from literature. Third, the biological activities of the PDCs were identified using keyword combinations such as ‘peptide–drug conjugation + activity’. As a result, a total of 5050 biological activities were collected, which resulted in 1684 from clinical trials, 613 from animal models and 2753 from cell line studies. Furthermore, the disease classes of these collected data were very diverse, which included not only cancer but also many other diseases, such as COVID-19, diabetes, rheumatoid arthritis, malaria and so on.

Explicit description on the pharmaceutical information of each studied PDC

The development of PDCs requires a meticulously planned approach that utilizes comprehensive pharmaceutical data to guide their design and optimization (33–35). Those data include structural detail and clinical information, such as targeted disease, PDC structure, clinical response, ADME

properties, administration method, peptide modification segments and linking strategy (36–40). Meanwhile, the comprehensive pharmaceutical data of PDC’s constituent components were key for effective PDC design (41–44). Specifically, the selection of targeted peptide affects the target binding affinity, efficiency of drug endocytosis, therapeutic indices and therapeutic windows of PDCs, while peptide modifications enhance the circulation stability of PDC (45–50). Meanwhile, pharmaceutical information of the drug, which acts as the primary effector of a PDC, is important (51,52). Various indications exhibit varying sensitivities to specific drug types, and the drug type conjugated to a peptide determines the ultimate application of PDC (therapeutic/diagnostic), highlighting the necessity of selecting appropriate drugs for PDC designs (53,54). Moreover, the physical and chemical properties of drugs as small molecules are also taken into consideration (55,56). The linker, which connects peptide and drug, plays a pivotal role in PDC system. It determines the drug release mechanism, thereby impacting the metabolic properties, off-target toxicity as well as the therapeutic window of PDC (57–60). As a result, comprehensive pharmaceutical information covering the complete PDC conjugate and its components is critical for the design and iterative development of the PDC (61–63), and these aspects are systematically detailed in our newly developed online knowledge base.

In *PDCdb*, detailed pharmaceutical information of each PDC is explicitly provided. As illustrated in Figure 2, which displayed the webpage of a well-known PDC ¹⁷⁷Lu-PSMA-617, the available pharmaceutical information on this page included: PDC name & the corresponding clinical status, disease, PDC structure, three constituent components, peptide receptor, modified type & segment of peptide modification, drug target and external links to several established molecular biological databases such as PubChem (24), TTD (64), ChEMBL (65) and DrugBank (27). Moreover, explicit illustration is provided to offer a detailed description of the pharmaceutical information available in *PDCdb*. As shown in the upper part of Figure 3, the database offered comprehensive data on PDCs, including targeted disease, PDC structure, di-

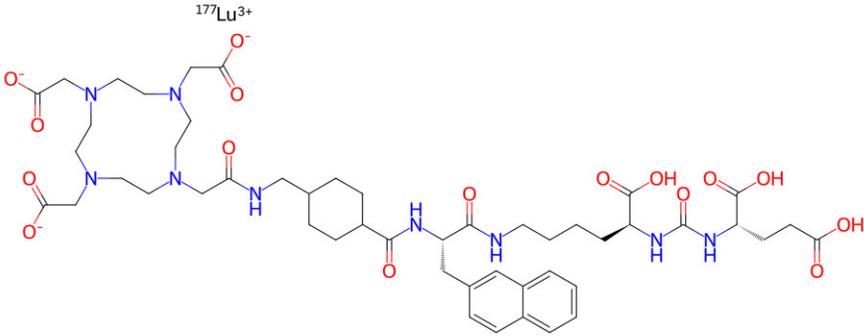
General Information of The Studied <i>Peptide-drug Conjugate (PDC)</i>		
PDC Name	^{177}Lu -PSMA-617	PDC_00029
PDC Status	Approved	
Indication(s)	▼ Representative Indication(s)	
	 Metastatic castration-resistant prostate cancer	
Structure		
Peptide Name	PSMA-617	Peptide Info
Receptor Name	Glutamate carboxypeptidase 2 (FOLH1)	Receptor Info
Drug Name	Lutetium-177	Drug Info
Target Name	Human Deoxyribonucleic acid (hDNA)	Target Info
Linker Name	(S)-2-(4-(aminomethyl)cyclohexane-1-carboxamido)-3-(naphthalen-2-yl)propanoic acid	Linker Info
Peptide Modified Type	The modification of binding with chemical molecules	
Modified Segment	Urea	

Figure 2. The typical PDC page depicting ^{177}Lu -PSMA-617. A multitude of pharma-information was described by integrating PDC name, clinical status, targeted disease, downloadable structure, three constituent component, peptide receptor, drug target, peptide modified type, corresponding modified segment and a variety of external links to established molecular biological databases.

verse clinical response data (such as the clinical detail of tested PDC & enrolled patient and administration dosage & times), the reported ADME property, drug-like properties (including molecular weight, topological polar surface area, rotatable bonds count, hydrogen bond donor/acceptor count) of the studied PDC, *etc.* Such data could be an indispensable complement to currently available pharmaceutical knowledge base.

Pharmaceutical information of three constituent components of the studied PDC is also explicitly provided in *PD-Cdb*. As shown in Figure 3, the pharmaceutical information for the corresponding peptide contained: diverse strategies applied to enhance peptide stability and permeability. These strategies were cyclization modification (1C/2C-peptide stapling (66)), amino acid modification (D-amino acid instead of L-amino acid (67) and side-chain variation), binding modification with chemical macromolecules (e.g. addition of polyethylene glycol, fatty chains, or macromolecules over 50 kDa to the N/C-terminals/side chains of peptides) and modification by

dosage form (e.g. using acid-stable coatings), and peptide sequences; pharmaceutical information of corresponding linker included: linking strategy (cleavable (68) & uncleavable (69)), and the chemical structures for various linker chemistries (enzyme-sensitive, *pH*-sensitive, GSH-sensitive, uncleavable, *etc.*); pharmaceutical information of corresponding drug contained: the diverse drug types conjugated to studied peptide (such as chemotherapy drugs, radionucleotides and imaging agents), the target of a studied drug, *etc.* To the best of our knowledge, *PDCdb* is the first one systematically giving the pharmaceutical information for not only PDCs but also their individual components.

Diverse biological activities of each studied PDC and its components

Biological activity data are essential for the development and optimization of PDCs (70–72). These data help to assess the

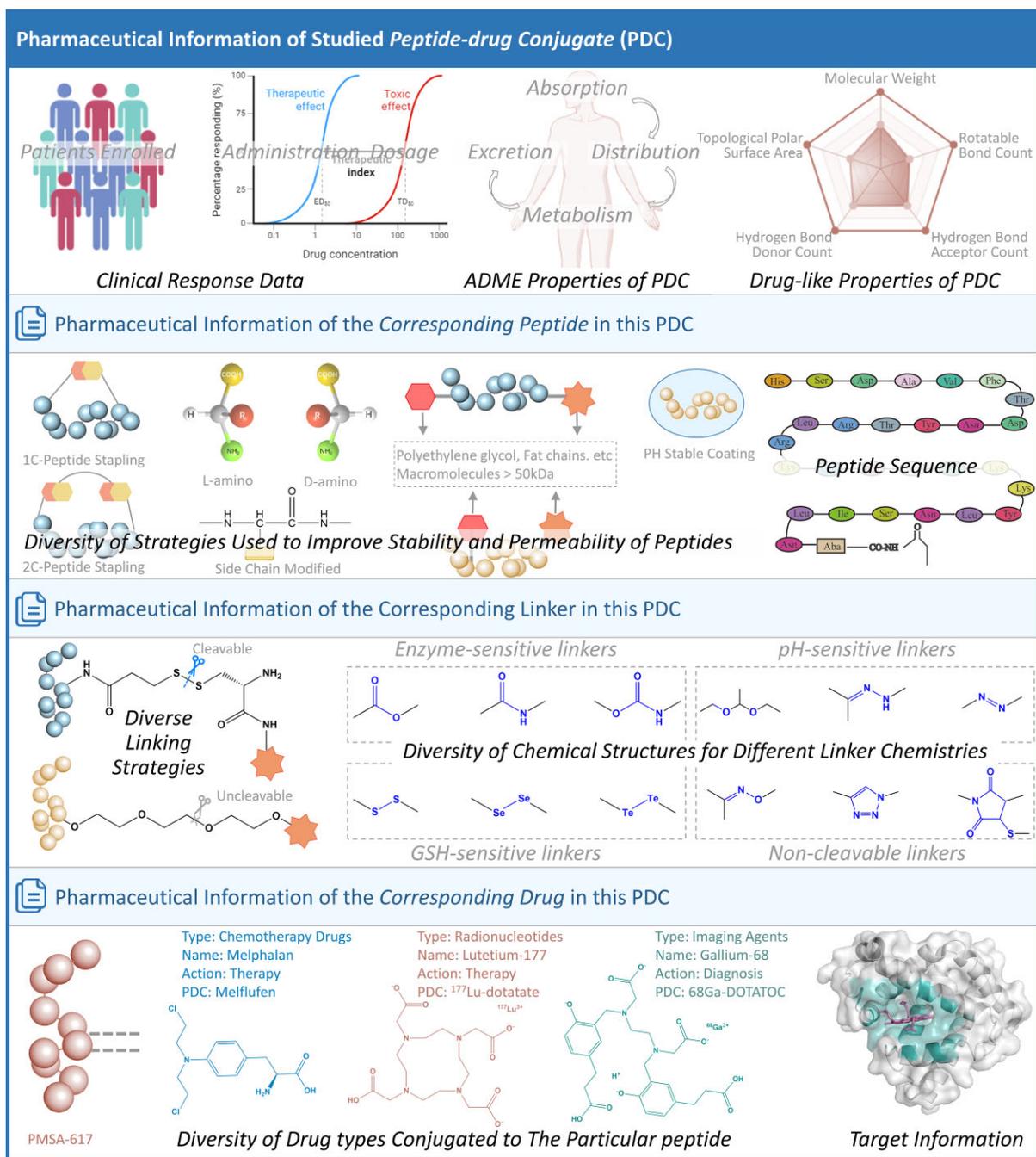


Figure 3. The comprehensive pharmaceutical information of PDC covered by this database. First, detailed PDC data were described, which included: targeted diseases, structure, clinical response, ADME property, drug-like property, etc. Second, detailed pharmaceutical information of PDC's three constituent components was explicitly illustrated by providing the data for (A) peptide (such as the peptide sequence and strategies used to improve peptide's stability/permeability), (B) linker (such as the linking strategies and structure of different linker chemistries) and (C) drug (such as the binding target and drug types conjugated to corresponding peptide).

critical functional characteristics of PDC (73), such as the binding affinity between peptide and its receptor on the disease cell membrane, efficacies between cytotoxic/radioactive drug and its therapeutic target/disease cell, and MOA between entire PDC and its targeted model (74–78). Additionally, these data can contribute to the validation of the functional characteristics of targeted receptors and shed light on the identification of novel receptor targets (79–81). These assessments are critical for determining the off-target toxicity of cytotoxic/radioactive drug, as well as evaluating the drug-like

properties and overall therapeutic efficacy of PDC (82–84). Moreover, characterizing the biological activity data of the entire PDC, including its peptide or drug, is key for identifying the optimal combination that maximizes efficacy while minimizing off-target effects (85–87). Such activities included: objective response rates (ORRs) and complete remissions (CRs) among a series of clinical trial stages, inhibition level and growth delay of PDC in PDX models/cell lines, and half maximal inhibitory concentration (IC₅₀) across different disease cell lines. All in all, such diverse biological activities were

The Activity Details of The Studied PDC (¹⁷⁷ Lu-PSMA-617)			
▼ Identified from the Human Clinical Data			
📁 Experiment 1 Reporting the Activity Date of This PDC			
Indication	Metastatic castration-resistant prostate cancer		
Efficacy Data	Progression-free survival (PFS)	60%	
Administration Time	Every 6 weeks for up to 6 cycles		
Administration Dosage	6.0-8.5 GBq		
MOA of PDC	Lutetium Lu-77 vipivotide tetraxetan is a PSMA-binding ligand bound to a DOTA chelator (i.e., tetraxetan) radiolabeled with lutetium-177. Once lute Click to Show/Hide		
Description	65 of 99 patients treated with lutetium Lu 177 vipivotide tetraxetan 6.0-8.5 GBq every 6 weeks for up to 6 cycles (n = 99) compared with 37 of 101 p Click to Show/Hide		
Patients Enrolled	65 patients with metastatic castration-resistant prostate cancer		
Half life period	41.6 h		
Related Clinical Trial			
NCT Number	NCT03392428	Clinical Status	Phase 3
Clinical Description	This open label, randomised, stratified, 2-arm, multicentre, phase 2 trial aims to determine the activity and safety of Lu-PSMA vs cabazitaxel in men with progressive metastatic castration resistant prostate cancer.		
📁 Experiment 2 Reporting the Activity Date of This PDC			
▶ Discovered Using Cell Line-derived Xenograft Model			
▶ Obtained from the Model Organism Data			
▶ Revealed Based on the Cell Line Data			

Figure 4. The typical PDC activity page for ¹⁷⁷Lu-PSMA-617. Various activity data of PDC were provided, which contained the ones identified from human clinical study, the ones discovered by cell line-derived xenograft model, the ones obtained from model organism and the ones revealed based on cell line. For each type of activity data, specific activity values together with the activity type and experimental/clinical information were explicitly provided.

essential for the design, optimization and clinical evaluation of PDCs, which were systematically provided by our knowledge base.

A variety of biological activities of each peptide–drug conjugate

As shown in Figure 4, the biological activities of a typical PDC ¹⁷⁷Lu-PSMA-617 were explicitly described. These activity data included results from human clinical studies, cell line-derived xenograft models, model organism and cell line. For each activity type, specific activity values were described, along with the corresponding activity type (such as ORR and CR of PDC in various clinical stages, inhibition level and growth delay of PDC in disease model/cell line and IC50 of PDC in disease cells), as well as units and experimental labels (such as NCT number, cell line & disease model). Taking the activity data of ¹⁷⁷Lu-PSMA-617 as an example (shown

in Figure 4), its biological activity includes: efficacy information of PDC, aimed disease, patient enrollment details, half-life periods, administration dosage & time, the reported MOA of PDC, etc. In *PDCdb*, details for 5050 biological activities were collected. Moreover, a variety of experimental details were provided, including the *in-vivo* models (lung cancer CDX A549, breast cancers CDX MDA-MB-468, malaria *Plasmodium falciparum* 3D7, etc.) and various disease cell lines (e.g. MCF-7, SMMC-7721, Hep-G2, U-87, A-549, etc.). The ADME property of PDC were also systematically identified and explicitly described in the constructed database.

The biological activities of the receptor and drug in each PDC

In addition to the PDC itself, the activity data of its constituent components (peptide/drug) were reported to be critical in determining the overall effectiveness of PDC (88–91).

a. The Activity Details of The Studies Peptide (<i>PSMA-617</i>)				
<i>Peptide Activity Information 1</i>				[1]
Half Maximal Inhibitory Concentration (IC50)	11.10 ± 0.80	nM		
Binding Affinity Assay	Assays were carried out by incubating PSMA-positive cells with 0.2 nM MIP-1095 in the presence of 1 μM PSMA-617.			
Experimental Condition	PC3-PIP cell			

b. The Activity Details of The Studied Drug (<i>Doxorubicin</i>)				
Standard Type	Value	Administration times	Dosage	Cell Line
Cell Survival Rate (CSR)	20.00 %	24 h	20 μg/mL	MCF-7 cell 
Cell Survival Rate (CSR)	37.00 %	24 h	15 μg/mL	MCF-7 cell 
Tumor Growth Inhibition value (TGI)	23.13 %	14 days	5 mg/kg	SK-BR-3 cell 
Half Maximal Inhibitory Concentration (IC50)	0.06 μM	48 h	N.A.	U87 cell 
Median Effect Concentration (EC50)	6.78 μM	24 h	N.A.	HeLa cell 
Cell Viability Rate (CVR)	9.00 %	48 h	1.87 μM	MDA-MB-231 cell 

Figure 5. Activity data of PDC's constituent components. **(A)** activity details of a peptide *PSMA-617*. The representative activities included peptide's binding affinity to its receptor, experimental method adopted to measure its binding affinity. **(B)** Activity details of a drug *Doxorubicin*. In each activity datum, the corresponding experimental validation methods (such as administration times, dosage and cell line) were systematically collected and explicitly described.

Consequently, the activity information of both peptide and drug in a studied PDC were also covered by *PDCdb*. As demonstrated in Figure 5A, the activity details for an exemplar peptide *PSMA-617*, including quantitative measures of its binding affinity, were shown. Moreover, the systematic experimental method used to measure this binding affinity was also described. Similarly, the activity detail of the exemplar drug *doxorubicin* was also provided in *PDCdb* (as shown in Figure 5B). Under each activity information, the corresponding experimental validation methods (including administration time, dosage and cell line) were fully collected and described. Based on such valuable information, the reader could easily retrieve relevant activity data that might be capable of facilitating the development of studied PDCs, such as increasing the PDC efficacy and reducing the corresponding cytotoxicity (92–94).

Standardization, access and download of PDCs and their activity data

To make the access and analysis of *PDCdb* data convenient for all readers, the collected raw data were carefully cleaned

up and then systematically standardized. These standardizations included: (a) all the PDCs, receptors, linkers, drugs, targets and cell lines were cross-linked to established databases; (b) all disease indications were standardized by the latest *International Classification of Disease (ICD-11)* that was officially released by *World Health Organization (95)*. Furthermore, a user-friendly interface was created by our database to enable convenient browse and search of data. All PDC-related data could be viewed, accessed and downloaded from *PDCdb*, which could be freely accessed without login requirement at: <https://idrblab.org/PDCdb/>

Conclusion and perspective

Herein, a database *PDCdb* providing comprehensive biological activities and pharmaceutical data for thousands of PDCs was developed. These data were expected to significantly aid in the effective design of new PDCs for the treatment of various disorders. Since PDCs had emerged as a promising class of targeted therapeutics with substantial pharmaceutical advantages and market potentials, there would be an exponentially increasing amount of new PDC information derived from pa-

tients with different diseases in the future. So, the information in *PDCdb* will be updated promptly, with regular enhancements to the webpages. Furthermore, the accumulation of such ‘big data’ in *PDCdb* will facilitate AI-based learning of PDC drug-like patterns, thereby guiding modern drug discovery.

Data availability

All peptide–drug conjugate data can be viewed, accessed and downloadable from *PDCdb*, which is freely accessible without any login requirement by all users at: <https://idrblab.org/PDCdb/>.

Funding

Funded by National Natural Science Foundations of China [82373790, 22220102001, 81872798, U1909208]; Natural Science Foundation of Zhejiang Province [LR21H300001]; Fundamental Research Funds for Central Universities [2018QNA7023]; National Key R&D Program of China [2022YFC3400501]; Double Top-Class University [181201*194232101]; Key R&D Program of Zhejiang [2020C03010]; Westlake Laboratory (Westlake Lab of Life Sciences and Biomedicine); Leading Talent of the ‘Ten Thousand Plan’ National High-Level Talents Special Support Plan of China; Alibaba-Zhejiang University Joint Research Center of Future Digital Healthcare; Alibaba Cloud; The Information Technology Center of Zhejiang University. Funding for open access charge: Natural Science Foundation of Zhejiang Province [LR21H300001].

Conflict of interest statement

None declared.

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