



Marine peptides in lymphoma: surgery at molecular level for therapeutic understanding

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Abstract

Lymphoma, the most common form of blood cancer, affects primarily the intricate network of tissues and organs known as the lymphatic system. Globally, it ranks among the leading causes of cancer-related deaths. Although conventional therapies have led to significant advancements, they are accompanied by adverse side effects and present challenges in cases of multidrug resistance, refractory patients, and relapses. This highlights a pressing need for innovative treatment approaches. Extensive research on the anti-lymphoma properties of natural compounds has particularly focused on marine organisms as valuable sources for potential medicinal agents. Among these, anticancer peptides have garnered attention due to their multiple beneficial effects against cancer, coupled with reduced toxicity to normal cells. This review focuses on the molecular mechanisms underlying the anti-lymphoma effects of marine peptides, examining the diverse pathways through which these peptides impact physiological processes. Key effects include modulation of cell viability, induction of apoptosis, cell cycle arrest, antimitotic activity, immunotherapeutic properties, disruption of mitochondrial function and induction of oxidative stress, cancer cell membrane destruction, and interference with microtubule stability. The review also highlights the antibody–drug conjugates (ADCs) derived from marine peptides and their synergistic effects with other anti-lymphoma medications. This knowledge should inspire future study and development of these prospective therapeutic modalities and hasten the investigation and creation of novel lymphoma remedies derived from marine sources.

Keywords Anticancer · Lymphoma · ADCs · Marine peptides · Apoptosis · Antimitotic · Cell cycle arrest · Immunotherapeutic

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Introduction

Lymphoma, the most prevalent blood cancer, specifically targets the lymphatic system, a complex network of tissues and organs. The lymphatic system is comprised of lymph nodes, lymphatic vessels, and collecting ducts, constituting a complex tissues network and organs, including the spleen, tonsils, thymus and adenoids, Peyer's patches, bone marrow, and appendix (Bispo et al. 2020). It is within these organs that lymphoma can develop and manifest itself. It can be classified into two primary categories based on the cell of origin: Hodgkin lymphoma (HL), representing 10% of all cases, and Non-Hodgkin lymphoma (NHL), representing the remaining 90% (Angirish et al. 2020). According to the latest data from the GLOBOCAN Global Cancer Statistics for 2020, NHL is the thirteenth most diagnosed cancer worldwide, with 544,352 reported cases and 259,793 deaths. It ranks as the twelfth leading cause of mortality among malignant diseases. In contrast, HL is the twenty-eighth most diagnosed cancer, with 83,087 reported cases and 23,376 deaths, making it the twenty-eighth leading cause of mortality related to malignant diseases (Sung et al. 2020).

B-cell and T-cell lymphomas are the two other classifications for NHL. B-cell lymphomas include Burkitt lymphoma (BL), follicular lymphoma (FL), diffuse large B-cell lymphoma (DLBCL), and mantle cell lymphoma (MCL). T-cell lymphomas, on the other hand, include anaplastic large cell lymphoma (ALCL), cutaneous T-cell lymphoma (CTCL), and peripheral T-cell lymphoma (PTCL). There are two main forms of HL: classical Hodgkin lymphoma (cHL) and rarely occurring Nodular lymphocyte-predominant Hodgkin lymphoma (NLPHL). Conventional treatment approaches, including radiotherapy, chemotherapy, and combination therapy, are typically recommended for lymphoma (Tan et al. 2013).

Despite the advancements in conventional therapies over the last several decades, lymphoma remains incurable, and its treatment often results in various side effects, multi-drug resistance (MDR), refractory patients and relapses. Although radiotherapies have proven effective in treating lymphomas, they often result in substantial adverse health effects and leave lasting effects on cancer patients. Similarly, bone marrow transplantation is challenging due to its potential immune suppression, increasing patients' vulnerability to infectious diseases. Consequently, the development of innovative lymphoma treatments is imperative (Sung et al. 2020; Cho et al. 2020; Kubra Acikalin et al. 2022; Zhou et al. 2024). The pursuit of developing new anticancer agents from natural sources has gained significant attention, fueled by numerous past successes in this endeavor (Dehelean et al. 2021; Naeem

et al. 2022). A vast potential exists for unearthing novel natural products derived from marine organisms that exhibit promising activities against hematological malignancies (Saide et al. 2021).

Peptides, which are protein fragments, offer distinct health benefits, and due to their potential to be efficacious cancer treatments, marine-derived peptides have gained significant attention. These peptides have several advantages compared to proteins and antibodies. They are characterized by their small size, which aids in their production and allows them readily cross cell membranes. Additionally, they exhibit a low potential for drug-drug interaction, minimal disruption of the blood–brain barrier (BBB), and preferential targeting of cancer cells. Moreover, they possess diverse chemical and biological properties. One significant advantage of these peptides is their reduced impact on the liver and kidneys, as they have lower propensity to accumulate in these organs. However, anticancer peptides afford several challenges related to their pharmacokinetics. They have limited bioavailability, a short half-life, susceptibility to proteases, and are subject to first-pass metabolism. Despite these limitations, extensive clinical research is being conducted on peptides and their potential to promote apoptosis, hinder angiogenesis and cell proliferation, induce antioxidant effects, and destabilize microtubules. These properties are crucial in developing effective peptide-based treatments for cancer (Ahmed et al. 2023; Ahmed et al. 2023a; Ahmed et al. 2022; Wang et al. 2022a; Chiangjong et al. 2020).

Efficient anticancer peptides targeting lymphoma (Fig. 1) have been derived from diverse marine sources, including cyanobacteria, bacteria, fungi, ascidians, mollusks, sponges, and frogs. A linear peptide is made up of a straight chain amino acids in combination with amide bonds (Barreca et al. 2020a). E7974 (a hemiasterlin analogue and tripeptide) (Kuznetsov et al. 2009); soblidotin / TZT-1027 / auristatin PE (a dolastatin 10 derivative and pentapeptide) (Mohammad et al. 1998); proximicin B (oligopeptide) (Brucoli et al. 2012) and similarly magainin A-B, G (Cruciani et al. 1991) have been derived from bacteria, mollusk, sponges and frogs.

Researchers studying marine natural products have been drawn to exploring cyclic peptides as promising candidates for anticancer agents. This interest stems from their remarkable binding capabilities, specific targeting of desired sites, low toxicity levels, ability to penetrate tumors easily for anti-proliferative effects, increased resistance to degradation by exo- and endopeptidases, and improved in vivo bioavailability (Ramadhani et al. 2022; Zhang et al. 2021a; Lee et al. 2017). Cyclic tetra, hexa, octa, thio and depsipeptides have been shown to possess anti-lymphoma properties. Cyclic depsipeptides contain lactone bonds in lieu of amide groups, attributable to a hydroxylated carboxylic acid

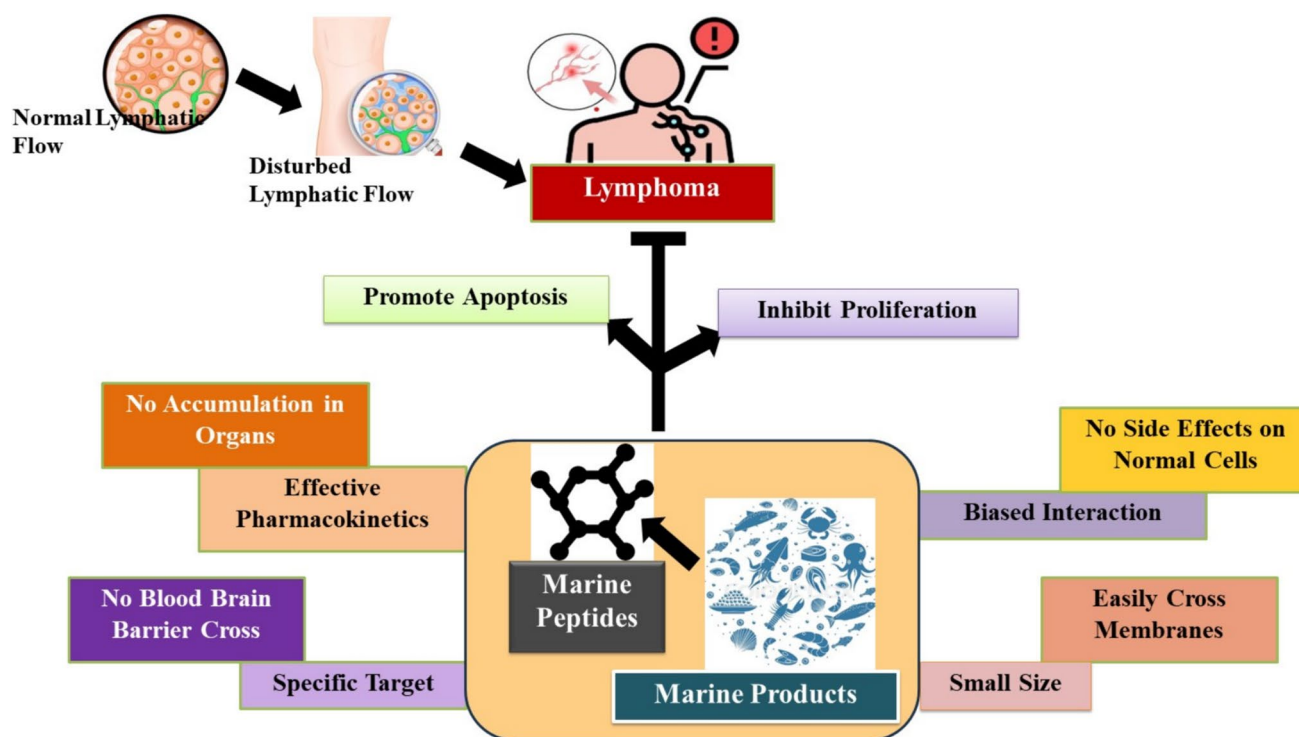


Fig. 1 Different potential actions of marine peptides to inhibit lymphoma progression

within the peptide structure (Wang et al. 2018). Aurilide B-C (Han et al. 2006), cryptophycin-52 (LY355703) (Wagner et al. 1999), Lyngbyabellins B (Marquez et al. 2002) have been derived from cyanobacteria; dolastatin 10 and 15 (Maki et al. 1995, 1996; Zobeida et al. 2003; Beckwith et al. 1993; Bai et al. 1992) from mollusk; didemnin A,B,M, dehydrodidemnin B (aplidin / plitidepsin) (Liang et al. 2001; Barboza et al. 2012; Humeniuk et al. 2007), tamandarin B and dehydro tamandarin A (Liang et al. 2001) from Ascidia; jaspamide (jasplakinolide) (Marquez et al. 2002; Odaka et al. 2000) from sponges; *N*-methylsalsalvamide (Cueto et al. 2000), zygosporamide (Oh et al. 2006) has been derived from marine fungus; romidepsin (FR 901228) (Sasakawa et al. 2002; Cosenza et al. 2016) from bacteria; are the anti-lymphomic cyclic depsipeptides.

Asperterrestide A (He et al. 2013), azumamide C (Villadsen et al. 2014) (cyclic tetrapeptide); patellamide F, patellin 6 (cyclic octapeptide) (Rashid et al. 1995); piperazimycin A-C (cyclic hexadepsipeptide) (Miller et al. 2007) have been isolated from sponges and marine derived bacteria and fungus. Thiopeptides are heterocyclic peptides with a six-membered ring containing sulfur, known for their anti-cancer properties (Vinogradov and Suga 2020). Patellamide B (thiopeptide) (Rashid et al. 1995) from ascidians has anti-lymphomic effects. Lipopeptides are covalently linked peptides with fatty acids (Liu et al. 2010). Curacin A (Gerwick et al. 1994) and hectochlorin (Marquez et al. 2002) are the

lipopeptides from cyanobacteria exhibiting cytotoxic properties in lymphomic cells. This study aims to inspire natural products researchers to prioritize the investigation of marine peptides with anti-lymphoma properties (Table 1).

Molecular mechanisms

Induction of apoptosis

Apoptosis holds promise as a potential approach for cancer treatment, but significant obstacles hinder its efficacy. When apoptotic regulation is disrupted, cancer cells can evade programmed cell death, leading to prolonged cell survival, increased cell proliferation, and enhanced angiogenesis. Key components in the apoptotic pathway are caspases and poly ADP-ribose polymerase (PARP), whose dysregulation can lead to abnormal cell fate in lymphomic cells. Upon proteolytic cleavage, caspases become activated, serving as the primary initiators of apoptosis. Caspases-8, -9, and -10 trigger a controlled sequence of cell death activating downstream caspases-3, -6, and -7 (Chaudhry, G.-e.-S., Md Akim, A., Sung, Y.Y., Sifzizul, T.M.T. 2022; Anson et al. 2021). Dysregulation of PARP, an enzyme involved in maintaining genomic stability and repairing DNA, has been observed in lymphoma (Pazzaglia and Pioli 2020). Didemnin A, B, M and aplidin

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Table 1 (continued)

Peptides	Marine sources (Species name)	Active derivative	In vitro	In vivo		Anticancer Mechanisms	References
			Cell lines	IC ₅₀ /Cytotoxic concentration	Experimental model		
Diazonamide A	Ascidia (<i>Diazona angulata</i>)	Cyclic peptide	CA46	3.8 nM	—	Microtubule depolymerization	Zobaida et al. 2003)
Didemnin A, B, M	Ascidia (<i>Trididemnum solidum</i> , <i>Trididemnum cyanophorum</i>)	Cyclic depsipeptide	SR	A: 10.2; B: 3.8; M: 7.6 μM	—	Caspase-3, -7; PARP; G1/S phase arrest	Liang et al. 2001)
Aplidin	Ascidia (<i>Aplidium albicans</i>)		Daudi Raji HT RL Ramos Namalwa Jiyoye Bjab SKI-DLCL SR	1.2 nM 2.6 nM 0.8 nM 1.5 nM 1.7 nM 3.1 nM 5.6 nM 5.8 nM 1.5 nM 1.4 μM 2.7 μM B: 48; F: 13 μM 3 μM 0.03 μM 2 μg mL ⁻¹	—	—	Barboza et al. 2012)
Tamandarin B	Ascidia (<i>Trididemnum solidum</i>)		SR	1.4 μM	SKI-DLCL mouse xenograft	↓ cell viability ^a	Humeniuk et al. 2007)
Dehydro tamandarin A					—	—	Liang et al. 2001)
Paeclamide B, F	Ascidia (<i>Lissoclinum patella</i>)	Cyclic thiopeptide	EB-3	50 μM	—	—	Rashid et al. 1995)
Paeclin 6	Ascidia (<i>Lissoclinum patella</i>)	Cyclic octapeptide	L5178Y	ED50: E 0.39; H: 0.48 μM	—	—	—
Jaspamide	Sponge (<i>Jaspis johnstoni</i>)	Cyclic depsipeptide	CA46 EL-4	0.03 μM 2 μg mL ⁻¹	—	G2M phase arrest Caspase-3; DNA fragmentation. Actin microfilament disruption	Marquez et al. 2002) Odaka et al. 2000)
Azumamide C	Sponge (<i>Mycale izenensis</i>)	Cyclic tetrapeptides	EB-3	50 μM	—	—	—
Callyaerins E and H	Sponge (<i>Callyspongia aerizusa</i>)	Cyclic peptide	L5178Y	ED50: E 0.39; H: 0.48 μM	—	—	—
Callyaerin G	Sponge (<i>Callyspongia aerizusa</i>)	Cyclic peptide	U937	ED50: 0.53 μg mL ⁻¹	—	—	—
E7974 (hemiaeridin analogue)	Sponge (<i>Hemiaerella minor</i>)	Linear tripeptide	U937	300 mmol L ⁻¹	—	—	—
N-Methylsalsilvanide	Fungus (<i>Fusarium</i> sp.)	Cyclic depsipeptide	SR	GI50: 8.3 μM	—	—	—
Zygosporamide	Fungus (<i>Zygosporium nasonii</i>)	Cyclic tetrapeptide	U937	GI ₅₀ : 9.1 μM	—	—	—
Asperterrestide A	Fungus (<i>Aspergillus terreus</i>)	Cyclic tetrapeptide	U937	6.4 μM	—	—	—
Romidepsin	Bacteria (<i>Chromobacterium violaceum</i> No. 968.)	Cyclic depsipeptide	Hut-78 Karpas-299	5.92 nM 6.36 nM 3.87 nM	—	—	—
Piperazimycin A-C	Bacteria (<i>Streptomyces</i> sp.)	Cyclic hexadepsipeptide	SR	GI ₅₀ : ~100 nM	—	—	—
Proximicin B	Actinomycete (<i>Verrucosigpora</i> sp.)	Oligopeptide	L1236	B: 20 μg mL ⁻¹	—	—	—
Magaunin A-B, G	Frog (<i>Xenopus laevis</i>)	Peptide	Daudi Raji U937	A: 30; B: 28; G: 38 μg mL ⁻¹ A: 20; B: 23; G: 25 μg mL ⁻¹ A: 16; B: 17; G: 19 μg mL ⁻¹	—	—	—

Lymphoma Cell lines: EL-4, L5178Y = Mouse; Bjab, BL, CA46, Daudi, EB-3, Jiyoye, Namalwa, Raji, Ramos, Ramos-RR-XcL (Burkitt Lymphoma); DB, DOHH-2, Granta-519, HT, Mino, RL, SKI-DLCL, SR, SUDHL-2, SU-DHL-4, Toledo, U-2932, WSU-DLCL2 (Diffuse Large B-Cell Lymphoma Cell Line/ DLBL); L1236 (Hodgkin's lymphoma); Hut-78, Karpas-299, Rec-1, WSU-FSCCL, WSU-NHL, WSU-BL; (Non-Hodgkin's lymphoma); U937 (histiocytic lymphoma) = Human; ED₅₀ = Median effective dose, GI₅₀ = Growth inhibition 50%; a = Mechanism is yet to be investigated

have demonstrated apoptotic effectiveness by increasing caspase-3 and -7 activity and PARP inhibition (Liang et al. 2001; Barboza et al. 2012). Jaspamide (Odaka et al. 2000) and E7974 (hemiasterlin analogue) (Kuznetsov et al. 2009) have also been shown to promote caspase-3 activity and PARP inhibition in EL-4 and U937 cells. Romidepsin activates caspases-3, -8 and -9 in Hut-78 (6.36 nM), Karpas-299 (3.87 nM) and U937 (5.92 nM) (Sasakawa et al. 2002; Cosenza et al. 2016). The Bcl-2 and Bcl-xL inhibition has demonstrated promising outcomes in initiating apoptosis in lymphoma (Qian et al. 2022). Dolastatins (Mohammad et al. 1998; Maki et al. 1995, 1996; Zobeida et al. 2003; Beckwith et al. 1993; Bai et al. 1992) and romidepsin (Sasakawa et al. 2002; Cosenza et al. 2016) have been shown to promote apoptosis via analogous mechanisms in different lymphoma cells.

Cell cycle arrest

Cell cycle arrest plays a paramount role in treating lymphoma as it effectively targets rapidly dividing lymphoma cells, enhances the efficacy of chemotherapy, and enables targeted therapy (Sánchez-Beato et al. 2003; Bröckelmann et al. 2020; Leoncini et al. 2002). Cell cycle disruption in the G1 and G2/M phases is vital, as it facilitates maintenance of genetic stability, prevents DNA-damaged cells from entering mitosis, ensures proper progression of the cell cycle, prevents abnormal cell division, promotes apoptosis, and affords a target for cancer therapies, as shown in lymphoma cell lines (Sánchez-Beato et al. 2003; Bröckelmann et al. 2020; Leoncini et al. 2002). Didemnin A, -B, -M and Dehydrodidemnin B (Aplidin) have been shown to cause G1/S arrest in Bjab, Daudi, HT, Jiyoye, Namalwa, Raji, Ramos, RL, SKI-DLCL and SR cell lines (Liang et al. 2001; Barboza et al. 2012; Humeniuk et al. 2007). Lyngbyabellins B (Marquez et al. 2002), hectochlorin (Marquez et al. 2002) and jaspamide (Marquez et al. 2002) induced G2/M phase arrest in CA46 with IC₅₀ values of 0.1, 0.02 and 0.03 µM, respectively. Similarly, Cryptophycin-52 (Wagner et al. 1999) and E7974 (hemiasterlin analogue) (Kuznetsov et al. 2009) contributed to G2/M phase arrest in U937 cells. p53 protein is crucial for inhibiting tumor development and preserving DNA integrity, by arresting the cell cycle and promoting apoptosis (Marei et al. 2021). Dolastatin 10, -15 and soblidotin (dolastatin 10 derivative) induced p53 upregulation and cause G2/M phase arrest in different lymphoma cell lines (Mohammad et al. 1998; Maki et al. 1995, 1996; Zobeida et al. 2003; Beckwith et al. 1993; Bai et al. 1992). P21 overexpression in lymphoma resulted in G1 and G2/M phase arrest and cell death (Shamloo and Usluer 2019). Romidepsin has been shown to induce G1 and G2/M arrest via an analogous mechanism (Sasakawa et al. 2002).

Histone deacetylases inhibition

The overexpression of histone deacetylases (HDACs) in lymphomas positions these enzymes as promising targets for targeted therapy (Wang et al. 2020; Chen et al. 2020). HDAC inhibition (HDACi) triggers DNA damage response, reduces cell proliferation (p21 upregulation and cyclin D1 downregulation), induces apoptosis (increased Caspases 3 and 9; decreased Bcl-xL), arrests the G2/M phase, induces autophagy (upregulation of mTOR, Beclin-1, and LC3), activates p53, and suppresses metastasis and angiogenesis (downregulation of VEGFR2 and MMP-2) (Li et al. 2020a; Shanmugam et al. 2022). Azumamide A (EB-3: 50 µM) (Viladsen et al. 2014) and romidepsin (Karpas-299: 3.87 nM; Hut-78: 6.36 nM; U937: 5.92 nM) (Sasakawa et al. 2002; Cosenza et al. 2016) have been shown to induce cytotoxicity in lymphoma cell lines by HDACi.

Antimitotic effects

Microtubule-targeting agents exhibit broad activity in lymphoma by disrupting the dynamic behavior of microtubules. Given the essential role of microtubules in regulating mitotic spindles, their functional interference typically results in the halt of cell division, specifically at the transition between metaphase and anaphase during mitosis, ultimately leading to apoptosis (Barreca et al. 2020b). Microtubule-destabilizing agents induce apoptosis, G2/M cell cycle arrest, and metastatic incidents by upregulating proapoptotic Bax, Bak, and Bad, and inactivating Bcl-xL, Bcl-2 and Mcl-1 (Bates and Eastman 2017). Cryptophycin-52, E7974 (hemiasterlin analogue), curacin A and diazonamide A demonstrated cytotoxicity in U937 and CA46 by microtubule depolymerization (Kuznetsov et al. 2009; Wagner et al. 1999; Zobeida et al. 2003; Gerwick et al. 1994). Dolastatin 10/15 H and dolastatin 10 derivative (TZT-1027) showed strong antiproliferative effects in BL, CA46, DB, HT, RL, WSU-DLCL2, WSU-FSCCL, WSU-NHL, and WSU-BL cell lines and potentially inhibited cancer cell growth in WSU-DLCL2 mouse xenografts (Mohammad et al. 1998; Maki et al. 1995, 1996; Zobeida et al. 2003; Beckwith et al. 1993; Bai et al. 1992). Similarly, aurilide B-C and jaspamide disrupted actin microfilament structure in SR and EL-4 cells (Han et al. 2006; Odaka et al. 2000). Jaspamide acyclic derivatives and jasplakinolide Z6, Z5 and V exhibited significant cytotoxicity against L5178Y cells with IC₅₀ values below 100 nM, indicating their potent anticancer potential. Surprisingly, the study revealed that a 19-membered macrocyclic ring is not essential for their activity. The findings suggest that the macrocyclic ring can be opened to generate acyclic counterparts that retain comparable efficacy as long as they maintain sufficient lipophilic properties to facilitate cellular uptake (Ebada et al. 2019). Novel dolastatin analogues that

target tubulin, such as MMAE (monomethyl auristatin E) and MMAF (monomethyl auristatin F), have been developed as antibody–drug conjugates (ADCs) (Barreca et al. 2020b).

Immunotherapeutic effects

MMAE and MMAF are potent ADCs derived from the auristatin peptide found in the mollusk *Dolabella auricularia*. These stable molecules act as immunotherapeutic agents, inducing cell death by depolymerizing microtubules and causing G2/M phase arrest, while resisting degradation by plasma, liver lysosomal extracts, and proteases. Novel engineered ADCs can target lymphoma cells expressing highly expressed antigens. The three-component structure of ADCs includes monoclonal antibodies (mAbs) recognizing cancer cell surface antigens, an attached cytotoxic payload, and a controlled release mechanism. Upon binding, ADCs enter cancer cells with specific antigens, release the cytotoxic drug, and induce cell death while shielding healthy cells from harm. ADCs offer promising therapeutic advantages, including improved pharmacokinetics, reduced systemic toxicity, and increased efficacy in treating lymphoma (Gao et al. 2021; Fu et al. 2022; Cheng-Sánchez et al. 2022; Singh 2022; Jagadeesh and Smith 2016).

AGS67E (MMAE) has been shown to induce apoptosis and G2/M phase arrest in a panel of NHL cell lines, including Daudi, Granta-519, Mino, DOHH-2, Ramos, SU-DHL-4, and WSUDLCL2 in vitro. Additionally, AGS67E demonstrated growth-inhibitory effects in Mino, DOHH2, WSU-DLCL2, and Ramos-RR-XcL (NHL) xenografts in vivo (Pereira et al. 2015). In Mino and Rec-1 cell lines, the anti-CD83 ADC (MMAE) similarly induced G2/M phase arrest, aligning with these findings (Li et al. 2020b). CD20 is a lymphoma surface protein is challenging to treat lymphoma with conventional therapies as commonly causes resistance. The anti-CD20–auristatin conjugates (1F5-vcMMAE and Rituximab-vcMMAE) were shown to be more effective than MMAE alone. Notably, these conjugates were well-tolerated in mice, indicating minimal toxicity to healthy tissues. In vitro experiments revealed that Rituximab-vcMMAE and 1F5-vcMMAE exhibit cytotoxic effects against Daudi, Ramos, and Raji cell lines, through G2/M mitotic arrest and DNA damage. Furthermore, in a mouse xenograft model using Ramos cells, Rituximab-vcMMAE effectively attenuated tumor cell growth (Law et al. 2004).

T22-AUR nanoconjugate, a CXCR4-targeting nanocarrier conjugated with MMAE, exhibits multiple beneficial effects against CXCR4-positive DLBCL. Firstly, it reduced the lymphoma burden in a U-2932-Luci xenograft model. Furthermore, the heightened expression of CXCR4 in DLBCL cells, often associated with resistance to therapy, can be targeted by T22-AUR to induce apoptosis in human DLBCL cell lines (SUDHL-2, Toledo, and U-2932). This apoptosis

is triggered through PARP cleavage and caspase-3 activation, resulting in G2/M mitotic arrest and DNA damage. T22-AUR also showed minimal toxicity in human peripheral blood mononuclear cells, establishing it as a promising therapeutic option for rrDLBCL (Falgàs et al. 2021).

Mitochondrial dysfunction and oxidative damage

DNA fragmentation occurs when DNA strands break into smaller pieces due to prolonged oxidative stress resulting in apoptosis (Poetsch 2020). Jaspamide (Odaka et al. 2000) and proximicin B (Brucoli et al. 2012) caused DNA fragmentation in EL-4 and L1236 cell lines, respectively. Similarly, dolastatin 10, 15 and dolastatin 10 derivatives (auristatin PE and MMAE) employed a similar mechanism in various lymphoma cell lines (Mohammad et al. 1998; Beckwith et al. 1993; Bai et al. 1992; Law et al. 2004). Elevating reactive oxygen species (ROS) levels has been shown to induce oxidative stress, damage DNA, suppress cancer cell survival mechanisms, and alter the immune response (Kim et al. 2019). Romidepsin showed anti-lymphomic effects by increasing ROS levels in Karpas-299, Hut-78 and U937 cells (Sasakawa et al. 2002; Cosenza et al. 2016).

Cancer cell membrane destruction

Anticancer peptides can disrupt cell membranes, leading to necrosis and subsequent cell lysis, which kills cancer cells. These peptides induce substantial cytoplasmic leakage by depolarizing the membranes of cancer cells (Huang et al. 2011; Raucher and Ryu 2015; Preta 2020). Magainins A, B, and G have been shown to effectively destroy lymphoma cells (Daudi, Raji, and U937) by rapidly and irreversibly damaging cell membranes. This process involved the formation of pores within the membranes, making it extremely difficult for the cells to develop resistance. Importantly, normal cells remain unaffected by this targeted toxicity (Cruciani et al. 1991).

Unidentified anti-lymphoma mechanisms

Tamandarin B (Liang et al. 2001), dehydro tamandarin A (Liang et al. 2001), patellamide B and F (Rashid et al. 1995) and patellin 6 (Rashid et al. 1995), derived from ascidians, display significant cytotoxic effects in various lymphomic cells. However, their precise targets have yet to be identified. Callyaerins E, G and H (Ibrahim et al. 2010, 2008), sourced from sponges, have been shown to induce anti-lymphomic activity, although the underlying mechanism remains unknown. Asperterrestide A (He et al. 2013), *N*-methylsalsalvamide (Cueto et al. 2000) and zygosporamide (Oh et al. 2006), derived from marine-derived fungus, as well as piperazimycin A-C (Miller et al. 2007), isolated from marine

bacteria, have not yet been explored for anti-lymphoma mechanism. The diverse underlying anti-lymphoma mechanisms are summarized in Fig. 2.

Synergistic effects with other anti-lymphoma agents

In SKI-DLCL tumor xenografts, administering aplidin (plitidepsin) at 0.4 mg/kg has been shown to enhance the anti-lymphoma efficacy of araC (cytarabine) at 100 mg/kg by inhibiting cancer cell growth, leading to a synergistic effect (Humeniuk et al. 2007). Furthermore, co-administration of aplidin (plitidepsin) (0.2 mg/kg) and rituximab (RTX) (0.2 mg/kg) in a xenograft model of Ramos Burkitt lymphoma remarkably suppressed tumor growth and significantly prolonged the lifespan of mice (Barboza et al. 2012). Similarly, soblidotin (TZT-1027 / auristatin PE) at 1.5 mg/kg, administered intravenously (i.v.), has been shown to potentiate the anti-lymphoma effects of bryostatin 75 µg/kg, administered intraperitoneally (i.p.), in WSU-DLCL2 mouse xenografts when given in combination (Mohammad et al. 1998).

In vitro studies on TCL cell lines H9 and HH demonstrated a synergistic effect when combining romidepsin (Romi) (FR 901228 / FK 228 / NSC 630176 / Istodax®) (0.002 µM/L) with folate analog pralatrexate (PDX) at 1 µM/L concentration (Jain et al. 2015). Similarly, in H9 and HUT-78 mouse xenografts, the co-administration of Romi (2 mg/kg, i.p.) and PDX (15 mg/kg, i.p.) enhanced apoptosis and decreased cell proliferation (Jain et al. 2015). In vitro studies conducted with HUT-78 and Karpas-299 cells showed that the combination of Romi (2.5 nM) and lenalidomide (Len) (10 µM) significantly increased apoptosis compared to the effects of each drug alone. This increased apoptosis has been attributed to the activation of caspases-3, -9, and -8, as well as decreased expression of Bcl-xL and Mcl-1. Moreover, this combination treatment induces endoplasmic reticulum (ER) stress-induced apoptosis by increasing ROS levels. Furthermore, the combination treatment leads to the PI3K/Akt, MAPK/ERK and STAT3 dephosphorylation while causing G0/G1 phase arrest by downregulating cyclins D, E, and B (Cosenza et al. 2016, 2013). Notably, Romi enhances the cytotoxicity and apoptotic effects of alisertib, an Aurora A kinase inhibitor in cutaneous T-cell lymphoma (HH, H9) and HTLV⁺ (C5MJ) cell lines, by inhibiting the activation of STAT-3 (Zullo et al. 2014). Resistance to RTX in CD20-positive B-cell lymphoma is often attributed to decreased expression of CD20. However, Romi has been shown to increase the cytotoxic potency of RTX by upregulating the surface presentation of CD20 antigen, as demonstrated in B-cell lymphoma

cell lines including BJA-B, Daudi, HBL-2, and Namalwa. Furthermore, Romi also increases RTX's cytotoxic activity in xenograft models of BJA-B (B-cell) (Shimizu et al. 2010). The overall process is shown in Fig. 3.

Clinical trial status

Aplidin and its combinations

Didemnin B exhibited modest efficacy in NHL during a phase II clinical trial. However, clinical trials with didemnin B were halted due to substantial toxicity. An analog of didemnin B (dehydrodidemnin B / aplidin / plitidepsin) appeared more active in preclinical models (Kucuk et al. 2000; Pangestuti and Kim 2017). Aplidin had a favorable safety profile in patients with rr PTCL. Its minimal hematologic toxicity makes aplidin an excellent candidate for combination therapy with other effective treatment agents (Izquierdo et al. 2008; Maroun et al. 2006; Fermé et al. 2010). It successfully completed phase II studies (NCT00884286) against rr Aggressive NHL (Vincent et al. 2013). Phase I trial of aplidin combined with sorafenib or gemcitabine in heavily pretreated lymphoma patients showed treatment responses with tolerability and manageable side effects (Aspesslagh et al. 2017).

Romidepsin and its combinations

Romi demonstrated potent antitumor activity without harming normal cells. Positive phase I results against CTCL and PTCL led to a successful phase II study, where Romi exhibited sustained responses with minimized side effects (Piekarz et al. 2001, 2009). US Food and Drug Administration (FDA) approval was granted for CTCL in 2009 and PTCL in 2011 (Smolewski and Robak 2017). Combining Romi with other anti-lymphoma agents in clinical trials offered several benefits, including enhancing therapeutic effects through synergistic actions, overcoming drug resistance, and improving treatment response (Izykowska et al. 2020; Hontecillas-Prieto et al. 2020). However, the Ro-CHOP Phase III Study (NCT01796002), which evaluated Romi in combination with CHOP, showed no improvement in progression-free survival, response rates, or overall survival, indicated that Ro-CHOP did not provide a significant advancement in for previously untreated PTCL patients (Bachy et al. 2021). A phase I study (NCT00963274) revealed that the combination of Romi (10 mg/kg) and bortezomib (1.3 mg/kg) exerted modest activity in patients with indolent B-cell lymphoma, PTCL, or CTCL (Holkova et al. 2017). In another phase I study, the combination of Romi and ICE (Ifosfamide, Carboplatin, and Etoposide) has proven effective. However,

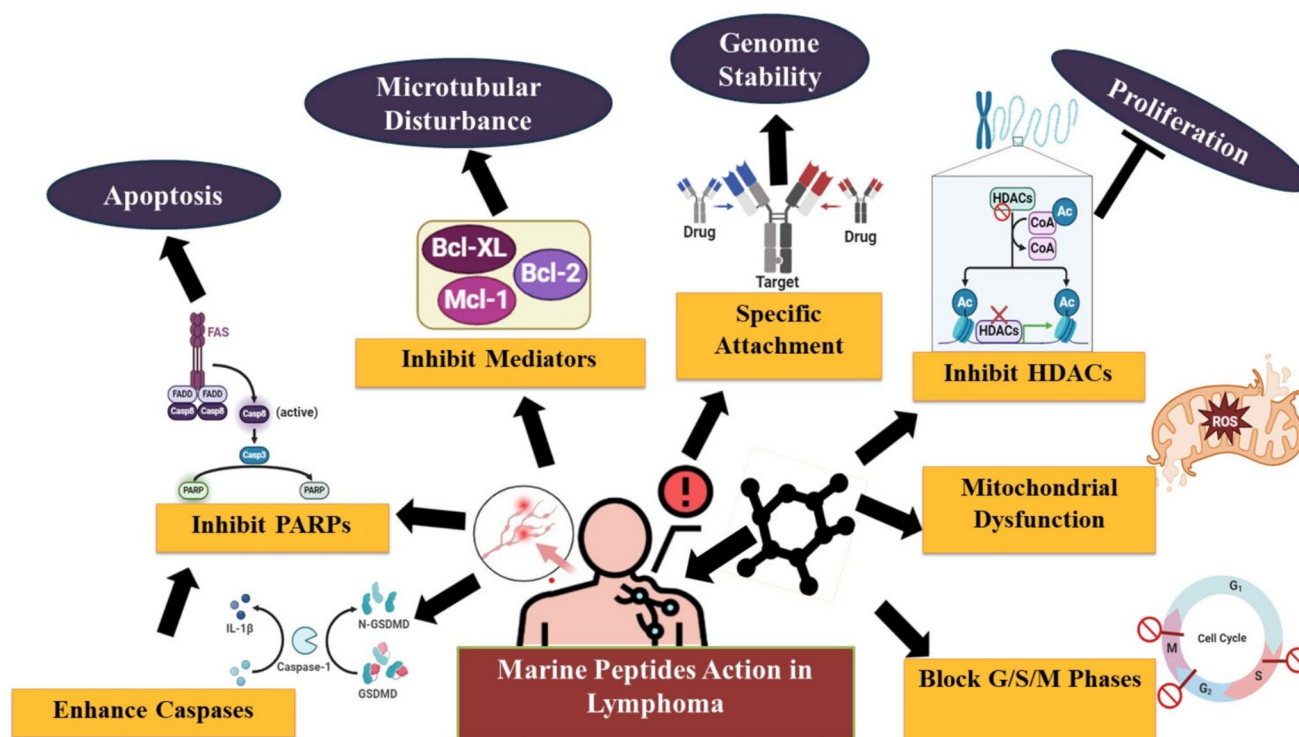


Fig. 2 Mechanism of action of marine peptides at cellular level to target lymphoma via different pathways

such treatment resulted in a higher incidence of thrombocytopenia and neutropenia as compared to Romi or ICE treatment alone (Chihara et al. 2014). The Phase II study was completed by evaluating the combination of Romi and gemcitabine (NCT01822886) in patients with rrPTCL. The combination of Romi and pralatrexate (PDX) demonstrated a high response rate and was found to be safe and well-tolerated in patients with rr lymphoma during a phase I clinical trial. These promising results led to an invitation for further clinical trials (Amengual et al. 2018). The phase II studies (NCT01947140) evaluating the same combination of Romi and PDX (Romi + PDX) in rr Lymphoma have been successfully completed. Additionally, the phase I/II study assessing the combination of Romi and Len in rr lymphomas reported no cumulative toxicities with significant efficacy in patients with TCL and NHL (Lunning et al. 2014; Mehta-Shah et al. 2015). An ongoing phase II study (NCT02232516 and NCT01755975) evaluates the same combination for previously untreated and rr lymphomas, respectively.

ADCs and their combinations

Multiple ADC drugs, such as AGS67E, brentuximab vedotin (BV), CX-2029 (ABBV-2029), pinatuzumab vedotin, polatuzumab vedotin (PV), and zilovetamab vedotin (ZV) utilize the cytotoxic agents MMAE (vedotin) for combination therapies. In contrast, vorsetuzumab mafodotin (SGN-75)

employs MMAF (mafodotin). Both groups are currently undergoing clinical trials to evaluate their efficacy for treating lymphoma. These ADCs have received approval from the European Medicines Agency (EMA) and FDA for treating a variety of lymphomas, either alone or in conjunction with chemotherapy.

BV has been approved by FDA for the treatment of rrHL, CD30-expressing PTCL and ALCL (Richardson et al. 2019; Senter and Sievers 2012; Donato et al. 2018). The combination of BV and bendamustine (BBv) as the initial salvage treatment for rrHL (NCT01874054) demonstrated significant efficacy with a manageable level of side effects (LaCasce et al. 2018). Based on the results of Phase 3 ECHELON-1 trial, the combination of BV and AVD (doxorubicin, vinblastine, dacarbazine) (NCT01712490) has received approval for treating advanced-stage cHL (Connors et al. 2018). In phase II trials, combining BV with immune checkpoint inhibitors nivolumab (NCT02572167) demonstrated improved outcomes in patients with rr cHL (Herrera et al. 2018). BV has been approved as maintenance therapy after autologous stem cell transplantation (ASCT) for high-risk cHL patients. The phase 3 AETHERA trial (NCT01100502) revealed BV efficacy as post-ASCT maintenance therapy for high-risk cHL (Moskowitz et al. 2015, 2018). The phase III trial (NCT01578499) demonstrated that BV exhibited higher response rates when compared to Methotrexate and Bexarotene for CD30-positive CTCL (Prince et al. 2017).

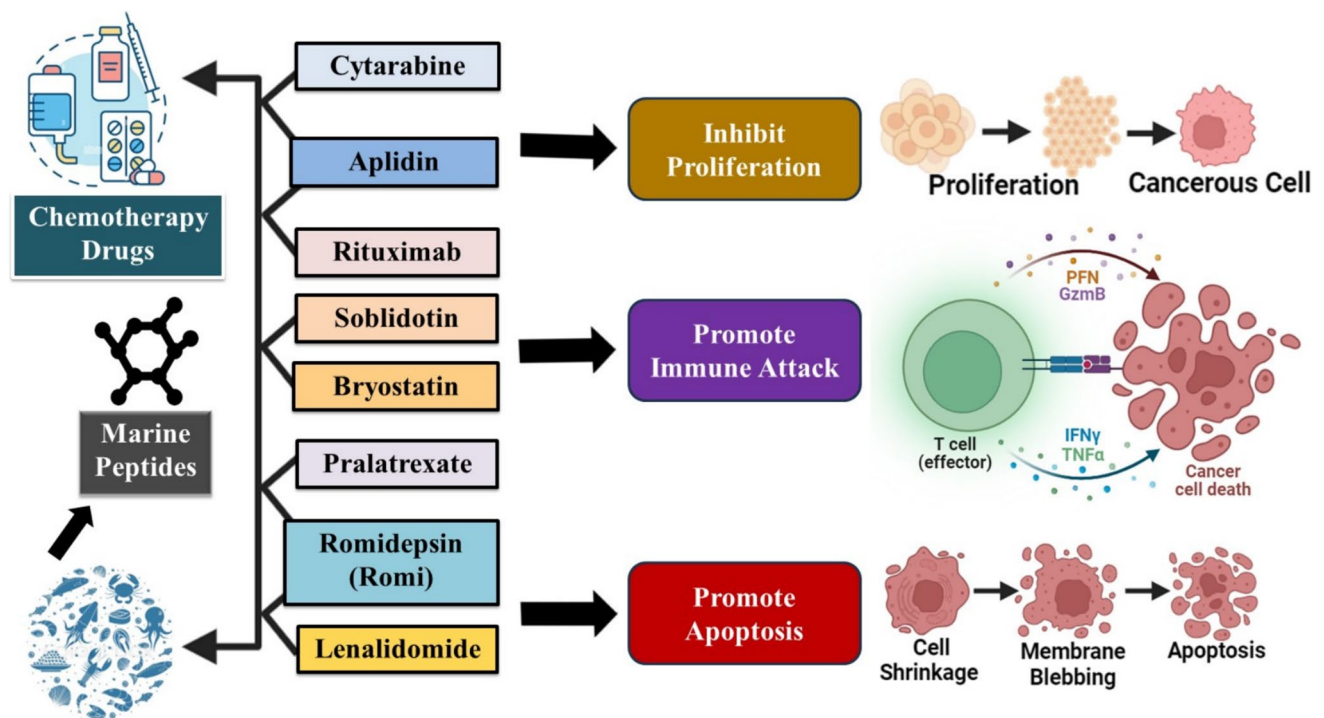


Fig. 3 Synergistic effects of marine peptide-based drugs in combination with other anti-lymphoma agents

The FDA approved PV in August 2019 for the treatment of rrDLBCL (Douglas 2020). The POLARIX phase III trial (NCT03274492) evaluated PV in frontline DLBCL treatment. The combination of PV and RTX-Cyclophosphamide, Doxorubicin, and Prednisone (R-CHP) showcased superior effectiveness compared to RTX-cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP) alone. The R-CHP improved overall survival, progression-free survival, and complete response rates with well-tolerated and manageable side effects associated with lower blood cell counts (Tilly et al. 2019). A phase Ib/II trial (NCT02257567) assessed the effectiveness of combining PV with bendamustine and RTX (PV-BRTX) in patients with transplantation-ineligible rrDLBCL showed significantly higher complete response rate (40.0%) and longer progression-free survival. Concomitantly, adverse effects remained manageable compared to BR (Sehn et al. 2019). A currently run phase III trial called POLARGO (NCT04182204) randomly assigns rrDLBCL patients to receive RTX, gemcitabine, and oxaliplatin either alone or in conjunction with PV (Matasar et al. 2021; Haioun et al. 2020). The phase 2 randomised study (ROMULUS) (NCT01691898) indicated that the combination of PV and RTX is more effective than pinatuzumab vedotin (PiV) and RTX along, showing higher overall response rates and progression-free survival in patients with rr NHL (Morschhauser et al. 2019). A Phase Ib/II Trial (NCT02600897) combining PV with obinutuzumab and Len in patients with rr FL showed high response rates (Diefenbach et al. 2021). The combination

of PV with Mosunetuzumab (NCT05410418) is currently in the phase II clinical trial phase for untreated Follicular Lymphoma (FL). CX-2029 (NCT03543813) is also in phase II clinical trial for DLBCL.

AGS67E (NCT02175433), given as monotherapy in subjects with rr DLBCL and CTCL, has completed the phase I study, and the phase II study has yet to be carried out (Sawas et al. 2017).

ZV is currently in phase II trial (NCT05144841) to treat patients with rrDLBCL. Preliminary results indicate that ZV displays notable anti-cancer efficacy in patients who experienced disease progression following ASCT or chimeric antigen receptor T-cell (CAR-T) therapy or who were ineligible for these treatments, while maintaining an acceptable safety profile (Ozcan et al. 2140). Additionally, ZV is being tested in a phase I study (NCT03833180) to evaluate its safety profile and anticancer efficacy in patients with rrNHL (Wang et al. 2022b). Vorsetuzumab Mafdotin has completed a Phase I trial (NCT01015911) in patients with rrNHL and metastatic renal cell carcinoma (Tannir et al. 2014). An overall summary of these findings is presented in Fig. 4.

Conclusions, challenges, and perspectives

Evidence indicates an increasing prevalence of lymphoma, particularly among women and elderly individuals, which warrants greater attention. Despite the disease burden

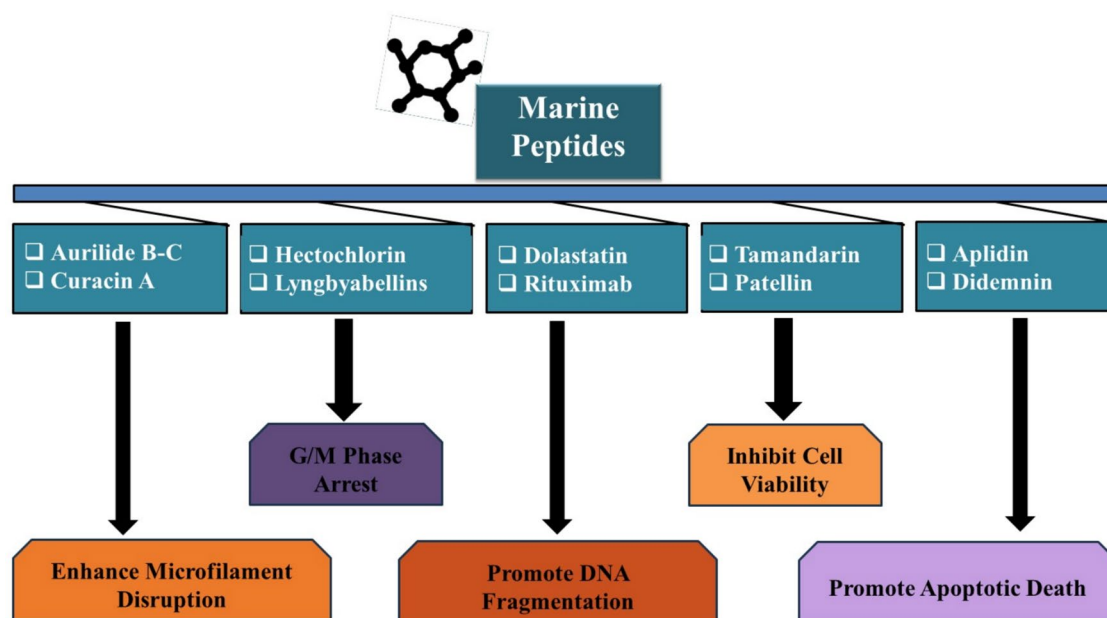


Fig. 4 Different marine peptides in clinical trial stages and their cellular actions in cancer cells

worldwide, comprehensive information on marine peptides as a potential treatment for this life-threatening illness is lacking (Chu et al. 2022; Sedeta et al. 2022). Anti-lymphomic actions of marine peptides include cell growth suppression, apoptosis induction, cell cycle arrest, histone hyperacetylation stimulation, antimitotic, immunotherapeutic, and cancer cell membrane destruction. These peptides represent compelling source for developing anti-lymphomic drugs and provide a basis for identifying new therapeutic cellular targets. ADCs derived from marine peptides have the potential to revolutionize lymphoma treatment by providing targeted therapy with improved efficacy and reduced toxicity. Despite this optimistic outlook, progress has slowed, making further investigation into the anti-lymphoma properties of marine peptides is imperative. Additionally, evaluating the toxicity and adverse effects of marine peptides on normal cells is imperative (Ghaly et al. 2023; Chinnadurai et al. 2023; Chu et al. 2021).

The difficulty in assessing the effectiveness of marine peptides arises from the predominance of *in vitro* research over *in vivo* studies. Limited clinical investigations into these therapeutic agents have contributed to an inadequate understanding of their mode of actions. This presents an opportunity for future research, emphasizing the need for comprehensive *in vivo* and clinical studies to bridge these knowledge gaps. Despite the potential risks of toxicity associated with specific marine peptides, which have led to their exclusion from clinical trials, there remains a vast opportunity for synthesizing analogous compounds from this abundant source to pursue innovative pharmaceuticals.

Ongoing studies have obtained significant results, particularly regarding inquiries into the structure–activity relationship (SAR) of certain marine peptides. When exploring novel peptides as potential anticancer therapies, it is essential to address formulation and administration challenges from the outset. This proactive approach can increase the likelihood of gaining interest from the pharmaceutical industry while preventing delays in drug development brought on by unfavorable pharmacokinetic profiles or toxic effects. Further research is required to determine how marine peptides interact with conventional chemotherapy, targeted therapy, and immunotherapy. These studies will shed light on potential synergistic effects and enable the development of effective combination therapies for cancer treatment. Additionally, innovative methods must be used to isolate and identify anticancer marine peptides to advance this research. Similarly, the novel drug delivery system has greatly aided to drug development including the overall accuracy and precision of cancer therapeutics (Zhang et al. 2021b; Ahmed et al. 2023b; Kim and Park 2024). As these marine derived peptides have diverse and versatile nature, are not explored therefore could be more expressive in complicated and resistant conditions. These cutting-edge techniques will help broaden the range of available therapeutic options and deepen our understanding of the promising role that marine peptides can play in the fight against lymphoma (Ahmed et al. xxxx; Ahmed et al. 2023a).

Therapeutic peptides have also limitations, including a brief half-life, inadequate bioavailability, manufacturing and

processing challenges, and protease vulnerability. Cell-penetrating peptides are employed to address the issue of low cell membrane permeability. Several techniques have been developed to overcome concerns related to metabolic instability and short half-life. These techniques include using *D*-amino acids instead of *L*-amino acids, implementing cyclization, encapsulating peptides within nanoparticles, pegylation, and XTEN conjugation. Furthermore, substituting *L*-amino acids with *D*-amino acids can help reduce immunogenicity (Lamers 2022; Muttenthaler et al. 2021; Craik and Kan 2021).

In summary, marine peptides hold great promise in the fight against lymphoma because of their anti-lymphomic effects, distinct chemical structures, abundant marine biodiversity, minimal toxicity, and potential to enhance efficacy when combined with other medications. Thus, in light of modern technologies, targeting marine peptides is a more vibrant area of research to combat complicated and resistant lymphoma.

Abbreviations ADCs: Antibody-drug conjugates; ALCL: Anaplastic large cell lymphoma; ASCT: Autologous stem cell transplantation; Bad: Bcl-2 / Bcl-X associated death-domain protein; Bak: Bcl-2 homologous antagonist—killer protein; Bax: Bcl-2-associated X protein; Bcl-2: B-cell lymphoma 2; Bcl-XL: B cell lymphoma-extra large; BV: Brentuximab vedotin; cHL: Classical Hodgkin lymphoma; CTCL: Cutaneous T-cell lymphoma; DLBCL: Diffuse large B-Cell lymphoma; ER: Endoplasmic reticulum; FL: Follicular lymphoma; HDACi: Histone deacetylases inhibition; HL: Hodgkin's lymphoma; Len: Lenalidomide; mAbs: Monoclonal antibodies; MCL: Mantle cell lymphoma; Mcl-1: Myeloid cell leukaemia-1; MMAE: Monomethyl auristatin E; MMAF: Monomethyl auristatin F; NHL: Non-Hodgkin lymphoma; NLPPL: Nodular lymphocyte-predominant Hodgkin lymphoma; PARP: Poly ADP-ribose polymerase; PDX: Pralatrexate; PDX: Pralatrexate; PTCL: Peripheral T-cell lymphoma; PV: Polatuzumab vedotin; rr: Relapsed / refractory; Romi: Romidepsin; ROS: Reactive oxygen species

Author contribution Salman Ahmed: Writing and data searching Michael Aschner: Writing and data searching Khalaf F Alsharif: Writing and data searching Mamdouh Allahyani: Writing and data searching Guang Huang: editing and reviewing Chunpeng Wan: drawing figures and reviewing Haroon Khan: supervising and final editing. The authors confirm that no paper mill and artificial intelligence was used.

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Declarations

Clinical trial number Not applicable.

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