First author/s, year	Types of drugs	Names	Mechanism of action	Targets	Running clinical trials	(Refs.)
Lee, 1995	Altretami Bendamu Alkylating agents	Altretamine	Unknown, it is considered to induce DNA damage by producing	Most cancer types, such as ovarian cancer, Kaposi sarcoma, prostate cancer, head and neck cancer, lymphoma, pancreatic cancer, bladder cancer, colorectal cancer, small cell lung carcinoma and others.	38	(1)
Bendamu stine, 2006		Bendamustine	intermediate compounds, which interact covalently with DNA strand.	Most solid and hematopoietic cancers, such as breast, ovarian and lung cancer, Hodgkin and non-Hodgkin lymphomas, multiple myeloma, and others.	311	(2)
Dechant KL, 1991		Ifosfamide		Testicular and germ cell cancers, breast, pancreatic, lung, kidney, bladder, ovarian, cervical and brain cancer, and unspecific solid cancers.	469	(3)
O'Marcai gh, 1996		Busulfan	Upon hydrolysis, the produced carbonium ions induce DNA alkylation, which results in adenine- guanine crosslinking. Disturbing DNA replication and RNA transcription processes.	Vast majority of hematological cancers, multiple myeloma, brain cancers, sarcoma, breast, liver and renal cancer, and other solid cancers.	493	(4)

Table SI. Classification of chemotherapeutic drugs, including their mechanism of action, targets and running clinical trials.

Fox, 2000			Variety of solid cancers, mainly ovarian,		(5)
	Carboplatin		breast, lung, endometrial, prostate, head	2,645	
			and neck, and cervical cancer.		
Vidal L, 2016	Chlorambucil	In general, they induce DNA	Mainly leukemia and lymphoma, also gastric and bladder cancer.	65	(6)
Dasari S, 2014	Cisplatin	damage in three different mechanisms: i) Induce mispairing of DNA nucleotides; ii) induce DNA fragmentation upon alkylation. This	Majority of solid and epithelial cancers, such as ovarian, breast, gastric, lung, bladder, esophageal, head and neck, gallbladder, cervical and pancreatic cancer, and others.	3,589	(7)
Emadi A, 2009	Cyclophosphamid e	action is a consequence of DNA repair mechanisms attempting to replace the alkyl group; and iii) interatomic-crosslinking of DNA strand, thus preventing the	Breast, prostate, ovarian, lung, pancreatic, endometrial, colorectal, and head and neck cancer, and hematopoietic malignancies.	3,400	(8)
Nichols, 2006	Mechlorethamine	separation of the double strand. Overall, preventing DNA synthesis and replication.	Advanced solid cancers, prostate, ovarian, brain, breast, colon, esophageal and lung cancer, neuroblastoma, multiple myeloma, and hematological cancer.	232	(9)
Thirumar an R, 2007	Melphalan		Liver, prostate, pancreatic, colorectal, breast and ovarian cancer, central nervous system cancers, sarcomas, multiple myeloma, leukemia and lymphoma.	813	(10)
Koprowsk a K, 2011	Dacarbazine	Unknown, it may inhibit DNA synthesis by acting as an analog for purines and/or interacting with SH (thiol) group on DNA strands. It is	Melanoma, sarcomas, neuroendocrine cancers, thyroid and lung cancer, and Hodgkin lymphomas.	218	(11)

		also considered to induce DNA			
		alkylation preventing nucleic acid			
		synthesis.			
Riddell,	Oxaliplatin	Non-enzymatic lysis of oxaliplatin			(12)
2018		produces diaquo cyclohexanediamine platinum reactive derivatives, which bind to the guanine and cytosine and thus enhance DNA crosslinking. Eventually, inhibiting nucleic acid function.	Breast, head and neck, colorectal, liver, gastric, esophageal, pancreatic, ovarian, prostate, lung, endometrial and thyroid cancer, cholangiocarcinoma, and B cell lymphoma.	2,033	
Thomas,	Temozolomide	Activated upon the conversion to 3-			(13)
2017		methyl-(triazen-1-yl) imidazole-4-			
		carboxamide, which induces DNA			
		alkylation at specific positions of			
		guanine and adenosine. The specific			
		guanine methylation leads to DNA			
		strand breaks and thus induces cell	Colorectal, breast, ovarian, prostate, lung		
		death (apoptosis). It is also	and gastrointestinal cancer, glioblastoma,	928	
		suggested that the active derivatives	astrocytoma and glioma neuroblastoma.		
		interfere with the DNA mismatch			
		repair system, leading to failure in			
		finding a complementary base for			
		methylated guanine. This induces			
		DNA nicking, which inhibits the			
		replication process and sequesters			

			the cell at G ₂ -M phase, thus blocking			
			the cell cycle.			
Beilke		Thiotepa	Unspecific drug, it crosslinks the			(14)
LD, 2014			DNA strand at guanine residue upon			
			alkylation. Preventing DNA	Brain, ovarian and testicular, breast, and hematologic cancer, and sarcomas.	233	
			unwinding and replication, thus	nematologic cancel, and sarcomas.		
			inhibiting the cell division process.			
Carter NJ,		Trabectedin	It may affect the transcription-			(15)
2007			coupled nucleotide excision repair			
			system by alkylating guanine			
			residues upon the interaction with	Sarcomas, prostate, ovarian, breast,		
			the DNA minor groove. It inhibits	pancreatic and peritoneal cancer, and	93	
			G ₂ phase and cell division, as well as	unspecified childhood cancer.	93	
			the expression of multi-drug	unspectfied childhood cancer.		
			resistance gene, which is responsible			
			for developing resistance to			
			treatment in cancer cells.			
Pai VB,	Nitrosoureas	Carmustine	Induces DNA alkylation that results			(16)
2000	alkylating agents		in adenine-guanine crosslinking.	Multiple myeloma glioblastoma and		
	sub group		Disturbing DNA replication and	Multiple myeloma, glioblastoma and brain cancers, and Hodgkin and non-	238	
			RNA transcription processes. It also	Hodgkin lymphomas.	250	
			interferes and modifies glutathione	nougkin tymphomas.		
			reductase.			
Krug S,		Streptozocin	Upon activation produces methyl-	Pancreatic, neuroendocrine and brain		(17)
2015			carbonium ions, which induces	cancers.	15	
			DNA alkylation and crosslinking,			

Nikolova T, 2017		Lomustine and semustine	and thus inhibits nucleic acid synthesis. Manipulates different biochemical reactions, such as NAD and NADH, and inhibits essential enzymes for gluconeogenesis. Upon hydrolysis, produces reactive metabolites that induce DNA alkylation and crosslinking. Inhibits nucleic acid synthesis and the cell	Glioblastoma and brain cancers, and relapsed Hodgkin lymphoma, melanoma and neuroectodermal cancers.	116	(18)
Lombardi G, 2014		Fotemustine	cycle, while it induces cytotoxicity. Interferes with actin and tubulin polarization by inhibiting thioredoxin reductase 1.	Melanoma, relapsed glioma, brain metastasis and central nervous system lymphomas.	13	(19)
Endo T, 2020		Nimustine	Interferes with DNA to induce its fragmentation and inhibits protein synthesis.	High grade glioma.	1	(20)
Kameoka Y, 2018		Ranimustine	Crosslinks DNA strands and inhibits DNA synthesis.	Leukemia and lymphoma.	1	(21)
Kennedy BJ, 1961		Uracil mustard	Crosslinks DNA strands and inhibits DNA synthesis.	Lymphoma.	n/a	(22)
El Fakih R, 2018	Antimetabolites	Azacitidine	At low doses, binds covalently to DNA methyltransferase by inducing hypomethylation and preventing nucleic acid synthesis. At high doses, induces cytotoxicity upon incorporation with RNA and DNA.	Myeloid and lymphoid malignancies. It can be used with solid cancers, such as head and neck, pancreatic, prostate, colorectal, esophageal, and non-small cell lung cancer.	523	(23)

		1	- · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
			It has higher affinity toward RNA,			
			preventing the assembly of			
			polyribosomes and inhibiting			
			protein synthesis, thus causing cell			
			death.			
Longley			Binds covalently to thymidylate			(24)
DB, 2003	, 2003		synthase with			
			methylenetetrahydrofolate, thus	Esophageal, gastric, colorectal, breast,		
			inhibiting thymidylate synthesis	biliary tract, stomach, colorectal, head		
			from uracil. It blocks DNA and	and neck, nasopharyngeal, cervical,		
		5-fluorouracil	RNA synthesis and promotes cell		2,125	
			death. Additionally, it interacts with	endometrial pancreatic, and renal cancer. Basal, squamous cell and hepatocellular		
			uridine triphosphate of RNA,	carcinoma.		
			leading to the disfunction of RNA	carcinoma.		
			processing and the inhibition of			
			protein synthesis.			
Bostrom,			Is converted to TIMP via the action			(25)
1993			of the enzyme hypoxanthine			
			guanine phospho-ribosyltransferase.			
			TIMP prevents the conversion of			
			inosinic acid to xanthylic acid and	A range of hematological cancers, mostly		
		6-mercaptopurine	adenylic acid, respectively.	for acute myeloid and lymphatic	201	
		1 1	Therefore, it interferes with purine	leukemia.		
			metabolism and blocks purine			
			synthesis. Additionally, TIMP			
			undergoes methylation to form			
			MTIMP, which inhibits glutamine-			
			Statuline Statuline			

	1		5 1 1 1 1 1 1 1			1
			5-phosphoribosylpyrophosphate			
			amidotransferase. The latter is the			
			most important enzyme for purine			
			ribonucleotide synthesis.			
Walko,			Requires activation to its cytotoxic			(26)
2005			derivative fluorouracil. The			
			fluorouracil and			
			methylenetetrahydrofolate bind			
			covalently to thymidylate synthase,			
			thus inhibiting thymidylate	Breast, gastric, colorectal, pancreatic,		
	-	ecitabine	synthesis from uracil. They block	biliary tract, thyroid and metastatic solid	1,688	
	(Xel	loda)	DNA and RNA synthesis and	cancer. Hepatocellular and nasopharyngeal carcinomas.		
			promote cell death. Additionally,			
			fluorouracil interacts with uridine			
			triphosphate of RNA, leading to the			
			disfunction of RNA processing and			
			the inhibition of protein synthesis.			
Spurgeon,			May undergo phosphorylation by			(27)
2009			deoxycytidine kinase and form			
			intermediate metabolites, such as			
			nucleotide cladribine triphosphate.			
			The intermediate metabolites	Hematological cancers, such as acute		
	Clad	dribine	accumulate in specific cells (such as	myeloid leukemia and other myeloid	82	
			lymphocytes) that are saturated with	neoplasms, and lymphomas.		
			deoxycytidine kinase, while they			
			have less deoxynucleotidase. This			
			reduces DNA synthesis, induces			

		DNA strand breaks and blocks			
		repair mechanisms. Additionally,			
		high levels of the intermediate			
		metabolites inhibit ribonucleotide			
		reductase, which in turn leads to the			
		inconsistency in dNTP pools, and			
		induces DNA breaks, while			
		reducing DNA repair and synthesis.			
		It also leads to the depletion in ATP			
		and NAD, and eventually causes cell			
		death. Cladribine leads to the			
		accumulation of cells at G ₁ phase of			
		the cell cycle, preventing them from			
		entering into S phase.			
Pui, 2005		Is activated and converted to 5-			(28)
		monophosphate and 5-triphosphate			
		via enzymatic actions of			
		deoxycytidine kinase and mono/di			
		phospho-kinases, respectively.			
		These intermediate metabolites	Relapsed pediatric cancers, acute myeloid		
	Clofarabine	inhibit ribonucleotide reductase,	and lymphatic leukemia, and Hodgkin	159	
		thus depleting dNTP levels, and	and non-Hodgkin lymphomas.		
		block DNA synthesis. They also			
		compete with DNA polymerases			
		leading to the termination of DNA			
		elongation. Disrupting DNA repair			
		mechanisms as the triphosphate			

					1
		metabolite incorporates into DNA			
		strands during repairing process. It			
		also affects mitochondrial			
		membrane integrity, inducing the			
		apoptotic pathway via the			
		enhancement of releasing			
		cytochrome C and pro-apoptotic			
		factors.			
Murphy,		Unknown specificity. It can inhibit			(29)
2017		DNA polymerase and may	A range of hematological cancers, such as		
		incorporate into RNA and DNA.	acute and chronic myeloid leukemia, and		
	Cytarabine	Cytarabine has a specificity to kill	lymphoblastic leukemia. At lower level	1,302	
		cells in S phase of the cell cycle	for prostate, breast and brain cancers.		
		(DNA synthesis phase).			
Dhillon,		Upon activation, it is converted to			(30)
2020		decitabine triphosphate, which			
		inhibits DNA methyltransferase			
		upon direct integration into DNA			
		strands. Therefore, it induces DNA	Solid and hematological cancer, such as		
		hypomethylation (the	liver, ovarian, prostate, lung, breast,		
	Decitabine	methyltransferase leads to the	colorectal, head and neck, and pancreatic	370	
		methylation of newly synthesized	cancer, and acute and chronic myeloid		
		DNA), and eventually drives the	leukemia.		
		cells into apoptosis or cellular			
		differentiation. The inhibition of			
		DNA methylation but not DNA			
		synthesis in cancer cells might be			
		, , , , , , , , , , , , , , , , , , , ,			

		crucial to restore normal gene			
		function to control cellular			
		proliferation and differentiation.			
		Decitabine has a specificity to kill			
		cells in the S phase of the cell cycle			
		(DNA synthesis phase).			
Floxuridi		It is catabolized into an intermediate			(31,32)
ne, 2012;		metabolite called 5-fluorouracil.			
Power,		The fluorouracil and			
2009		methylenetetrahydrofolate bind			
		covalently to thymidylate synthase,			
		thus inhibiting thymidylate	Metastatic cancer and gastrointestinal,		
	Floxuridine	synthesis from uracil. They block	colorectal, ovarian, liver, esophageal,	59	
		DNA and RNA synthesis and	nasopharyngeal and appendix cancer.		
		promote cell death. Additionally,			
		fluorouracil interacts with uridine			
		triphosphate of RNA, leading to the			
		disfunction of RNA processing and			
		the inhibition of protein synthesis.			
Anderson,		It enters			(33)
2007		phosphorylation/dephosphorylation			
		cycles, and produces several			
		intermediate metabolites ending			
	Fludarabine	with an active intracellular form	Hematologic malignancies.	1,385	
		called triphosphate, 2-fluoro-ara-			
		ATP. This active metabolite inhibits			
		several enzymes, such as			
			1		

		ribonucleotide reductase, DNA			
		polymerase α and primase, leading			
		to the inhibition of DNA synthesis.			
Mini,		It is activated and converted into two			(34)
2006		reactive metabolites gemcitabine			
		diphosphate and triphosphate. The			
		diphosphate metabolite inhibits	Advanced and metastatic solid cancer,		
		ribonucleotide reductase, whereas	such as pancreatic, ovarian, lung, bladder,		
		the triphosphate integrates into	breast, urethral and testicular,		
	Gemcitabine	DNA upon competing with	endometrial, biliary tract, colorectal,	2,521	
		endogenous deoxy nucleoside	esophageal, and head and neck cancer.		
		triphosphates. The metabolites can	Squamous cell carcinoma and		
		also induce thymidylate synthetase	lymphoma.		
		inhibition. Altogether, the drug			
		inhibits DNA synthesis and induces			
		cell death.			
Madaan		It is converted into free radical NO,			(35)
K, 2012		which in turn inactivates			
		ribonucleotide reductase upon	Myeloid leukemias, such as chronic and		
	Hydroxyurea	quenching tyrosyl free radicals.	acute myeloid leukemia. Head and neck,	123	
	Hydroxyurea	Therefore, it depletes dNTP levels	brain, squamous cell, esophageal and	125	
		and blocks DNA synthesis.	cervical cancer.		
		Hydroxyurea also inhibits DNA			
		repair mechanisms.			
Gervasini	Methotrexate	Upon the action of	Pediatric cancers, gestational	953	(36)
G, 2019	Memorexate	folylpolyglutamate, methotrexate is	choriocarcinoma, and head and neck,	733	

			1 , 1 1 , 1 1 1 1 1	I	1
		activated and converted to	breast, lung, colorectal, ovarian, bladder,		
		methotrexate polyglutamate. This	and brain cancer. Hematological cancer,		
		active metabolite inhibits several	such as advanced non-Hodgkin's		
		enzymes essential for nucleotide	lymphoma, acute lymphatic leukemia and		
		synthesis, such as thymidylate	others.		
		synthase, dihydrofolate reductase,			
		amido phosphoribosyltransferase			
		and AICART. Therefore, it blocks			
		nucleic acid synthesis, prevents cell			
		division and induces cell death.			
		Additionally, inhibition of AICART			
		has been shown to have an anti-			
		inflammatory effect in rheumatoid			
		arthritis. This may suggest an			
		additional effect of methotrexate in			
		modulation of the cancer			
		microenvironment and anticancer			
		immunity; however, this requires			
		more studies and validation.			
Kadia,		Upon activation, produces			(37)
2017		intermediate metabolites (ara-GTP),			
		which integrates into DNA	Hematological cancers, especially T cell		
	Nelarabine	competing with endogenous	lymphoblastic leukemia and lymphoma in	27	
		deoxyGTP. This will stop DNA	children and adults.		
		elongation and induce cellular			
		destruction and apoptosis. The			
		destruction and apoptosis. The			

		cytotoxicity of nelarabine has cell			
		cycle S-phase specificity.			
Rossi G,		Upon activation it produces			(38,39)
2018		intermediate metabolites			
Seitz JF,		(polyglutamate forms) via			
2004		folylpolyglutamate synthetase			
		activity. This active metabolite			
		inhibits several enzymes, such as	Lung (mostly, non-small cell, pleural		
	Deversion of	glycinamide ribonucleotide	mesothelioma), pancreatic, head and	845	
	Pemetrexed	formyltransferase, thymidylate	neck, esophageal, breast, colorectal,	845	
		synthase and dihydrofolate	ovarian, and gastric cancer.		
		reductase, which have essential roles			
		in purine and thymidine			
		biosynthesis. Therefore, it prevents			
		DNA synthesis, and cell division,			
		while it induces cell death.			
Spiers,		It inhibits adenosine deaminase			(40)
1996		enzymatic activity, leading to the			
		accumulation of adenosine and			
		deoxyadenosine, and the inhibition			
		of ribonucleotide reductase, thus	Leukemias, lymphomas, bladder and		
	Pentostatin	blocking DNA synthesis.		46	
		Additionally, it may incorporate into	urothelial cancer, and multiple myeloma.		
		DNA and RNA by competing with			
		purine base, thus exerting cytotoxic			
		activity. The drug has cell cycle-S-			
		phase specificity.			

	(41)
	()
	(42)
0.0	
88	
d,	r, 37 d 88

			dehydrogenase and inhibits the			
			conversion of IMP to XMP. It also			
			integrates into both the DNA and the			
			RNA via phosphodiester bonds.			
			Altogether, it prevents purine			
			synthesis and cell division, while it			
			induces cell death.			
Burness,	-		It is converted to active intermediate			(43)
2016			metabolites (trifluridine			
			monophosphate then triphosphate			
			forms) upon phosphorylation via			
			thymidine kinase. The triphosphate			
			form incorporates into DNA,	Metastatic colorectal, rectal, metastatic		
			disturbs DNA function and	breast, advanced bile duct and		
		Trifluridine	synthesis, and inhibits cell division.	gallbladder, gastrointestinal, and	39	
			The monophosphate metabolite, in	esophageal cancer.		
			turn, inhibits thymidylate	esophagoar cancer.		
			synthetase, which is crucial for			
			DNA synthesis as its expression is			
			upregulated in a number of cancer			
17.			cell lines.			(1.1)
Kim,			They intercalate the base pairs and	Hematological cancer, such as acute		(44)
2018	Anticancer	D	thus form complexes with DNA.	myeloid leukemia, acute monocytic,	200	
	antibiotics	Daunorubicin	They also reduce the activity of	chronic myeloid and acute lymphocytic	380	
			topoisomerase II by stabilizing the	leukemia. To a lesser extent, liver cancer		
			complex of topoisomerase II-DNA.	and sarcoma.		

Rivankar		As a result, they disturb DNA	Acute lymphoblastic and myeloid		(45,46)
S, 2014		unwinding and prevent DNA	leukemia, Hodgkin lymphoma, Wilms'		
Speth PA,		replication and transcription (they	cancer, neuroblastoma, sarcomas, and		
1988	Doxorubicin	may inhibit DNA helicase activity,	breast, ovarian, bladder, thyroid, liver,	2,127	
		too). Therefore, they inhibit mitotic	gastric, and primary and metastatic breast		
		cell division and have cytotoxic	cancer.		
Conte,		activity.			(47,48)
2000			Mainly for breast cancer. Also, prostate,		
	Epirubicin		lung, gastric, esophageal, liver,	504	
Petrioli R,			pancreatic, gallbladder and urinary	001	
2008			bladder cancer.		
Hollingsh		-			(49)
ead LM,	Idarubicin		Leukemia, multiple myeloma and	257	(4))
1991			hepatocellular carcinoma.	237	
		It intercalates with DNA and			(50)
Onrust					(50)
SV, 1999		disturbs nucleic acid metabolism,			
		preventing the nucleosides			
	Valrubicin	integration into nucleic acid. It	Mainly bladder cancer.	9	
		induces chromosomal destruction			
		and inhibits cell division in the G ₂			
		phase of the cell cycle.			
Froudarak		It chelates iron and other metal ions,	Lung and trachea cancer, squamous cell		(51)
is, 2013		assimilating an enzyme that	carcinoma, Hodgkin and non-Hodgkin		
	Bleomycin	produces free radicals (hydroxide	lymphoma, cervical, head and neck,	186	
		and superoxide) upon reacting with	ovarian, and testicular cancer, germ cell		
		oxygen. As a result, it damages and	cancers, and early Kaposi sarcoma.		

Veal, 2005		Dactinomycin	cleaves DNA and prevents its synthesis. It incorporates with DNA, preventing RNA synthesis by blocking the RNA polymerase.	Wilms' cancers, childhood rhabdomyosarcoma, gestational trophoblastic cancers, Ewing's sarcoma, testicular, germ cell and kidney cancer, and melanoma.	54	(52)
Volpe, 2010 Guadagni S, 2017		Mitomycin-C	Upon activation, it crosslinks DNA strands, thus inhibiting DNA function and synthesis.	Bladder, lip, oral cavity, pharynx and esophagus cancer. Gastric, peritoneum, breast, pancreatic, biliary tract, colorectal, liver and lung cancer.	214	(53,54)
Fox EJ, 2004		Mitoxantrone (also considered as topoisomerase inhibitor)	Interferes with RNA, binds and intercalates crosslinked DNA strands, and breaks them. It is also a potent topoisomerase II inhibitor, preventing DNA unwinding and replication. It can affect both proliferating and non-proliferating cells.	Prostate, breast, ovarian and lung cancer, acute myeloid leukemia and follicular lymphoma.	298	(55)
Bailly, 2019	Topoisomerase I inhibitors	Irinotecan	It binds to the complex of topoisomerase I and DNA, preventing DNA relegation. Prevents DNA unwinding via interference with the replication fork and induces lethal DNA strand	Metastatic colorectal and pancreatic, small cell lung, cervical, breast, and gastric cancer.	1,485	(56)

			breaks. Such non-repairable defects			
			will induce cell death (apoptosis).			
Lihua P, 2008			It is an uncompetitive inhibitor that binds to the enzyme-substrate			(57,58)
Nicum SJ, 2007		Topotecan	complex and induces DNA base pairing. It prevents DNA ligation at the cleavage site. Such non- repairable defects will induce cell death (apoptosis).	Advanced carcinoma, ovarian, lung (small cell lung), cervical and endometrial cancer, neuroblastoma, relapsed brain cancer in children and leukemia.	400	
Baldwin EL, 2005	Topoisomerase II inhibitors	Etoposide	It inhibits topoisomerase II by preventing DNA ligation, thus inducing apoptosis. This drug can inhibit both α and β isoforms of the enzyme, thus it has therapeutic and anticarcinogenic effects, respectively. It has cell cycle specificity, targeting cells at the S and G ₂ phase of the cell cycle.	Testicular cancers, small cell and non- small cell lung, childhood kidney, gastrointestinal, breast, prostate, and ovarian cancer, germ cell cancers, brain metastasis, lymphoma, non-lymphocytic leukemia, and glioblastoma.	1,482	(59)
Sonnevel d, 1992		Teniposide	Directly binds to topoisomerase II, inhibiting its enzymatic activity and inducing DNA double strand breaks. It also exerts cytotoxic activity (cell death).	Acute lymphoblastic leukemia, lymphomas, pediatric leukemia and lymphoma. Lung and brain cancer.	21	(60)
Di Nunno V, 2020	Mitotic inhibitors (taxanes)	Cabazitaxel	It inhibits microtubule disassembly while inducing its assembly, which leads to microtubule stabilization. It	Metastatic prostate cancer. Also, breast, gastric, colorectal, esophageal, head and neck, lung, urothelial, and ovarian cancer.	119	(61)

					1
		sequesters the cell at the metaphase			
		preventing its progression within the			
		cell cycle, and thus initiates			
		apoptotic activity.			
		By attaching to the tubulin subunit,	Breast, ovarian, non-small cell lung and		(62)
	Deseteral	it stabilizes and arrests dynamic	prostate cancer. Also, gastric, head and	2 4 4 0	
	Docetaxei	instability of microtubules.	neck, pancreatic, esophageal, and bladder	2,449	
		Therefore, it blocks a number of	cancer.		
		cellular activities such as mitosis	Platinum-resistant ovarian cancer,		(63)
	Paclitaxel	where the microtubules are vital for	Kaposi's sarcoma, lung, breast and gastric		
		chromosomal alignments and the	cancer.	2 424	
		formation of the mitotic spindle. It	Advanced pancreatic cancer. Also, other	3,424	(64)
	Nab-paclitaxel	also induces apoptosis by inhibiting	advanced cancers, such as gastric, breast,		
		Bcl-2 protein function.	and lung cancer.		
			Solid cancers, such as bladder, urethral,		(65)
		To intermediate with the line and this data	testicular, kidney, breast, non-small cell		
			lung, and head and neck cancer, and		
	Vinblastine		melanomas. Lymphomas, neuro-	198	
		•	blastoma, Hodgkin and non-Hodgkin		
Mitotic inhibitors		induces cell death or growth arrest.	lymphomas, childhood cancer, and		
(Vinca alkaloids)			Kaposi's sarcoma.		
		It inhibits mitosis at metaphase by			(66)
		interacting with tubulin. Vincristine			
	Vincristine	can interfere with lipid and nucleic		1,108	
		acid synthesis, and affects cyclic	5 1 , , , , , , , , , , , , , , , , , ,		
		1	neuroblastoma, and rhabdomyosarcoma.		1
		Aitotic inhibitors Vinca alkaloids)	An interact of the mitotic spindle, leading to the mitotic spindle, leading to the mitotic spindle, leading to the mitotic spindle, leading to 	Image: preventing its progression within the cell cycle, and thus initiates apoptotic activity.Breast, ovarian, non-small cell lung and prostate cancer. Also, gastric, head and neck, pancreatic, esophageal, and bladder cancer.DocetaxelBy attaching to the tubulin subunit, it stabilizes and arrests dynamic instability of microtubules. Therefore, it blocks a number of cellular activities such as mitosis where the microtubules are vital for chromosomal alignments and the formation of the mitotic spindle. It also induces apoptosis by inhibiting Bcl-2 protein function.Platinum-resistant ovarian cancer, Kaposi's sarcoma, lung, breast and gastric cancer. Also, other advanced cancers, such as gastric, breast, and lung cancer.Mitotic inhibitors vince alkaloids)VinblastineIt interacts with tubulin and binds to the mitotic spindle, leading to microtubule crystallization, and induces cell death or growth arrest.Solid cancers, such as bladder, urethral, testicular, kidney, breast, non-small cell lung, and head and neck cancer, and melanomas. Lymphomas, neurobastom, induces cell death or growth arrest.VincristineIt inhibits mitosis at metaphase by interacting with tubulin. Vincristine can interfere with lipid and nucleic acid synthesis, and affects evelicChildhood cancer, acute lymphocytic leukemia, Hodgkin and non-Hodgkin lymphomas, Wilms' cancers, such as process.	preventing its progression within the cell cycle, and thus initiates apoptotic activity.Preventing its progression within the cell cycle, and thus initiates apoptotic activity.By attaching to the tubulin subunit, it stabilizes and arrests dynamic instability of microtubules. Therefore, it blocks a number of cellular activities such as mitosisBreast, ovarian, non-small cell lung and prostate cancer. Also, gastric, head and neck, pancreatic, esophageal, and bladder cancer.2,449PaclitaxelCellular activities such as mitosis where the microtubules are vital for chromosomal alignments and the formation of the mitotic spindle. It also induces apoptosis by inhibiting Bcl-2 protein function.Paltinum-resistant ovarian cancer, Kaposi's sarcoma, lung, breast and gastric cancer.3,424Mab-paclitaxelformation of the mitotic spindle. It also induces apoptosis by inhibiting Bcl-2 protein function.Solid cancers, such as bladder, urethral, testicular, kidney, breast, non-small cell lung, and head and neck cancer, and melanomas. Lymphomas, neuro- blastoma, Hodgkin and non-Hodgkin lymphomas, childhood cancer, and Kaposi's sarcoma.198fitotic inhibitors VincristineIt inhibits mitosis at metaphase by interacting with tubulin. Vincristin can interfere with lipid and nucleic acid synthesis, and affects cyclic acid synthesis, and affects cyclicChildhood cancer, acute lymphocyclic leukemia, Hodgkin and non-Hodgkin lymphomas, Wilms' cancers, lung, mohomas, Wilms' cancers,1.108

			metabolism. It may also interfere			
			with Ca ⁺ 2-transport ATPase activity			
			as well as with cellular respiration.			
Capasso,			It inhibits mitosis at metaphase by			(67)
2012		Vinorelbine	interacting with tubulin. It stops cells at the G ₂ -M phase at concentrations close to the IC ₅₀ . It also induces apoptosis by inhibiting Bcl-2 protein function by reducing the formation of heterodimers between Bcl-2 and the pro-apoptotic protein BAX.	Advanced breast and non-small cell lung cancer, relapsed Hodgkin lymphoma, relapsed ovarian, and head and neck cancer. Prostate and brain cancer, Wilms' cancers, sarcoma, and esophageal and cervical cancer.	459	
Frey, 1990		Prednisone	They bind to glucocorticoid receptor inducing downstream gene expression and signaling effects. For	Mostly prostate cancer and multiple myeloma. Also, cancers of the kidney, breast, lung, head and neck, and leukemia and lymphoma.	1,076	(68)
Bruera, 1985	Corticosteroids	Methyl- prednisolone	example, inhibiting phospholipase A2 reduces the synthesis of arachidonic acid and its derivatives. They inhibit the expression of inflammatory transcription factors,	Hodgkin and non-Hodgkin lymphoma. Leukemia, such as chronic and acute lymphatic leukemia, and multiple myeloma. Prostate, breast, lung, ovarian, and head and neck cancer.	432	(69)
Burki, 2018; Bertoli, 2018		Dexamethasone	such as NF-kB, while they may promote anti-inflammatory genes, such as interleukin-10. They can also bind to the estrogen receptor	Mostly multiple myeloma and lymphomas. Chronic and acute lymphatic leukemia, and acute myeloid leukemia. Prostate, breast, lung and ovarian cancers.	1,762	(70,71)

Kantoff, 1999 Nazer L, 2015		Hydrocortisone	preventing estrogen from inducing cell proliferation.	Breast, prostate and colorectal cancer, multiple myeloma, acute myeloid and lymphoblastic leukemia, and lymphomas.	408	(72,73)
Siddikuzz aman,, 2011	Others	All-trans-retinoic acid (tretinoin)	The exact mechanism of action is unknown. It has been demonstrated that it binds to three retinoic acid receptors (α , β and γ) and induces cellular differentiation, while it reduces the proliferation rate.	Acute promyelocytic leukemia. Breast, lung, skin cancer and leukemia.	138	(74)
Hoonjan, 2018		Arsenic trioxide	The exact mechanism of action is unknown. It may induce apoptosis by enhancing DNA fragmentation and terminal differentiation by degrading the fusion of promyelotic leukemia/retinoic acid receptor α protein.	Mainly acute promyelocytic leukemia. Also, prostate, cervical, liver, germ cell, kidney and breast cancer.	124	(75)
Asselin, 2015		Asparaginase	Converts asparagine to aspartic acid and ammonia. This reduces the level of asparagine in the plasma and specifically harms the cancer cells. Unlike normal cells, some types of cancer cells lack the asparagine synthetase enzymatic activity and thus are incapable of converting aspartic acid to asparagine, thus they	Leukemia, mainly acute lymphoblastic leukemia. Less likely, pancreatic, breast and ovarian cancer.	259	(76)

		rely on exogenous asparagine.			
		Asparaginase eliminates exogenous			
		asparagine, which is crucial for			
		protein, DNA and RNA synthesis.			
		This will lead to cell proliferation			
		inhibition and cell death activation.			
Swami,		It sequesters and produces			(77)
2015		nonproductive aggregates of			
		tubulin, thus inhibiting the			
		microtubule growth phase, while the			
	Eribulin	shortening phase remains	Mostly relapsed metastatic breast cancer.	168	
		unaffected. Blocks the G ₂ /M cell-	Also lung, and head and neck cancer.		
		cycle and disrupts the mitotic			
		spindle, which leads to apoptotic			
		cell death.			
De Luca,		It binds to β -tubulin and stabilizes			(78)
2015		microtubules. This prevents and			(78)
2013		-	Dreast has d and made prostate and lung		
		stops the cells from ordinary cell	Breast, head and neck, prostate and lung	100	
	Ixabepilone	division. It also binds to the $\alpha\beta$ -	cancer, melanoma, non-Hodgkin	120	
		tubulin heterodimer decreasing the	lymphoma, and renal cell carcinoma.		
		dissociation rate and stabilizing			
		microtubules.			
Waszut,		Unknown. It may suppress the	Adrenocortical cancers. Less likely,		(79)
2017	Mitotane	adrenal cortex and modify steroid	bladder and urothelial cancer.	18	
		metabolism.	bradder and uromenar cancer.		

Winer,		It prevents protein synthesis by	Leukemia, specifically chronic myeloid		(80)
2018	Omacetaxine	binding to the A-site cleft of the	leukemia.	18	
		large ribosomal subunit.	leukemia.		
Heo YA,		Prevents the cancer cells from			(81)
2019		utilizing the exogenous source of			
		asparagine by converting it to	Leukemia and lymphomas, specifically		
	Pegaspargase	aspartic acid and ammonia. This		166	
		may lead to cancer cell death	acute lymphoblastic leukemia.		
		especially if cell has no endogenous			
		asparagine synthesis capability.			
Goerne,		It may inhibit t-RNA synthesis and			(82)
2008		function by preventing the			
		transmethylation of methyl groups			
		of methionine. This leads to the			
	Procarbazine	inhibition of RNA and protein	Mostly lymphomas and brain cancers.	81	
		synthesis. It may also produce			
		hydrogen peroxide, which can			
		damage DNA directly.			
Smolewsk		The drug gets activated only when it			(83)
i, 2017		enters the cell. It has a specific			
		action against cancer cells that have	Mainta T and have been been in and		
	D 11	high histone deacetylase activity.	Mainly T cell lymphoma, leukemia, and		
	Romidepsin	Upon conversion to the active	e zinc ions colorectal and ovary cancer.	90	
		metabolite, it binds to the zinc ions			
		of the active site on histone			
		deacetylases and eventually inhibits			

		its activity. Such inhibition may lead to growth arrest and apoptosis as it restores the normal gene expression phenotype in cancer cells.			
Richon,		The exact mechanism is unknown. It			(84)
2010		has a specific action against cancer			
		cells that have high histone			
		deacetylase activity. It can inhibit	Mostly lymphoma and leukemia. Lung,		
	Vorinostat	the histone deacetylase activity,	breast, kidney, bladder, pancreatic,	257	
		which may lead to growth arrest and	gastric, and head and neck cancer.		
		apoptosis as it restores the normal			
		gene expression phenotype in cancer			
		cells.			

AICART, aminoimidazole caboxamide ribonucleotide transformylase; IMP, inosinic acid; n/a, not applicable; TIMP, thioinosine monophosphate; XMP, xanthylic acid.

References

1. Lee CR and Faulds D: Altretamine. A review of its pharmacodynamic and pharmacokinetic properties, and therapeutic potential in cancer chemotherapy. Drugs 49: 932-953, 1995.

2. Bendamustine. In: Drugs and Lactation Database (LactMed) National Library of Medicine (US), Bethesda (MD)2006.

3. Dechant KL, Brogden RN, Pilkington T and Faulds D: Ifosfamide/mesna. A review of its antineoplastic activity, pharmacokinetic properties and therapeutic efficacy in cancer. Drugs 42: 428-467, 1991.

4. O'Marcaigh AS and Betcher DL: Busulfan. Journal of pediatric oncology nursing : official journal of the Association of Pediatric Oncology Nurses 13: 150-152, 1996.

5. Fox LE: Carboplatin. Journal of the American Animal Hospital Association 36: 13-14, 2000.

6. Vidal L, Gurion R, Ram R, et al.: Chlorambucil for the treatment of patients with chronic lymphocytic leukemia (CLL) - a systematic review and meta-analysis of randomized trials. Leukemia & lymphoma 57: 2047-2057, 2016.

 Dasari S and Tchounwou PB: Cisplatin in cancer therapy: molecular mechanisms of action. European journal of pharmacology 740: 364-378, 2014.

8. Emadi A, Jones RJ and Brodsky RA: Cyclophosphamide and cancer: golden anniversary. Nature reviews. Clinical oncology 6: 638-647, 2009.

9. Nichols DE: Synthesis of Essential Drugs By Ruben Vardanyan and Victor Hruby. Elsevier, Amsterdam, The Netherlands. 2006.
xvi + 617 pp. 17 × 24.5 cm. ISBN 10 0-444-52166-6. \$240.00. Journal of Medicinal Chemistry 49: 7554-7555, 2006.

10. Thirumaran R, Prendergast GC and Gilman PB: Chapter 7 - Cytotoxic Chemotherapy in Clinical Treatment of Cancer. In: Cancer Immunotherapy. Prendergast GC and Jaffee EM (eds.) Academic Press, Burlington, pp 101-116, 2007.

11. Koprowska K and Czyż M: [Dacarbazine, a chemotherapeutic against metastatic melanoma and a reference drug for new treatment modalities]. Postepy higieny i medycyny doswiadczalnej (Online) 65: 734-751, 2011.

12. Riddell IA: Cisplatin and Oxaliplatin: Our Current Understanding of Their Actions. Metal ions in life sciences 182018.

13. Thomas A, Tanaka M, Trepel J, Reinhold WC, Rajapakse VN and Pommier Y: Temozolomide in the Era of Precision Medicine. Cancer research 77: 823-826, 2017.

Beilke LD: Thiotepa. In: Encyclopedia of Toxicology (Third Edition). Wexler P (ed.) Academic Press, Oxford, pp 551-552, 2014.

15. Carter NJ and Keam SJ: Trabectedin : a review of its use in the management of soft tissue sarcoma and ovarian cancer. Drugs 67: 2257-2276, 2007.

16. Pai VB and Nahata MC: Cardiotoxicity of chemotherapeutic agents: incidence, treatment and prevention. Drug safety 22: 263-302, 2000.

17. Krug S, Boch M, Daniel H, et al.: Streptozocin-Based Chemotherapy in Patients with Advanced Neuroendocrine Neoplasms--Predictive and Prognostic Markers for Treatment Stratification. PloS one 10: e0143822, 2015.

18. Nikolova T, Roos WP, Krämer OH, Strik HM and Kaina B: Chloroethylating nitrosoureas in cancer therapy: DNA damage, repair and cell death signaling. Biochimica et biophysica acta. Reviews on cancer 1868: 29-39, 2017.

19. Lombardi G, Farina P, Della Puppa A, et al.: An overview of fotemustine in high-grade gliomas: from single agent to association with bevacizumab. BioMed research international 2014: 698542, 2014.

20. Endo T, Inoue T, Sugiyama S, Saito R and Tominaga T: Regression of Recurrent Spinal Cord High-Grade Glioma After Convection-Enhanced Delivery of Nimustine Hydrochloride: Case Reports and Literature Review. Operative neurosurgery (Hagerstown, Md.) 18: 451-459, 2020.

21. Kameoka Y, Akagi T, Murai K, et al.: Safety and efficacy of high-dose ranimustine (MCNU) containing regimen followed by autologous stem cell transplantation for diffuse large B-cell lymphoma. International journal of hematology 108: 510-515, 2018.

22. Kennedy BJ and Theologides A: Uracil Mustard, a New Alkylating Agent for Oral Administration in the Management of Patients with Leukemia and Lymphoma. New England Journal of Medicine 264: 790-793, 1961.

23. El Fakih R, Komrokji R, Shaheen M, Almohareb F, Rasheed W and Hassanein M: Azacitidine Use for Myeloid Neoplasms. Clinical lymphoma, myeloma & leukemia 18: e147-e155, 2018.

24. Longley DB, Harkin DP and Johnston PG: 5-fluorouracil: mechanisms of action and clinical strategies. Nature reviews. Cancer 3: 330-338, 2003.

25. Bostrom B and Erdmann G: Cellular pharmacology of 6-mercaptopurine in acute lymphoblastic leukemia. The American journal of pediatric hematology/oncology 15: 80-86, 1993.

26. Walko CM and Lindley C: Capecitabine: a review. Clinical therapeutics 27: 23-44, 2005.

27. Spurgeon S, Yu M, Phillips JD and Epner EM: Cladribine: not just another purine analogue? Expert opinion on investigational drugs 18: 1169-1181, 2009.

28. Pui CH and Jeha S: Clofarabine. Nature reviews. Drug discovery Suppl: S12-13, 2005.

29. Murphy T and Yee KWL: Cytarabine and daunorubicin for the treatment of acute myeloid leukemia. Expert opinion on pharmacotherapy 18: 1765-1780, 2017.

30. Dhillon S: Decitabine/Cedazuridine: First Approval. Drugs 80: 1373-1378, 2020.

31. Floxuridine. In: LiverTox: Clinical and Research Information on Drug-Induced Liver Injury National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda (MD)2012.

32. Power DG and Kemeny NE: The role of floxuridine in metastatic liver disease. Molecular cancer therapeutics 8: 1015-1025, 2009.

33. Anderson VR and Perry CM: Fludarabine: a review of its use in non-Hodgkin's lymphoma. Drugs 67: 1633-1655, 2007.

34. Mini E, Nobili S, Caciagli B, Landini I and Mazzei T: Cellular pharmacology of gemcitabine. Annals of oncology : official journal of the European Society for Medical Oncology 17 Suppl 5: v7-12, 2006.

35. Madaan K, Kaushik D and Verma T: Hydroxyurea: a key player in cancer chemotherapy. Expert review of anticancer therapy 12: 19-29, 2012.

36. Gervasini G and Mota-Zamorano S: Clinical Implications of Methotrexate Pharmacogenetics in Childhood Acute Lymphoblastic Leukaemia. Current drug metabolism 20: 313-330, 2019.

37. Kadia TM and Gandhi V: Nelarabine in the treatment of pediatric and adult patients with T-cell acute lymphoblastic leukemia and lymphoma. Expert review of hematology 10: 1-8, 2017.

38. Rossi G, Alama A, Genova C, et al.: The evolving role of pemetrexed disodium for the treatment of non-small cell lung cancer. Expert opinion on pharmacotherapy 19: 1969-1976, 2018.

39. Seitz JF, Dahan L and Ries P: Pemetrexed in pancreatic cancer. Oncology (Williston Park, N.Y.) 18: 43-47, 2004.

27

40. Spiers AS: Deoxycoformycin (pentostatin): clinical pharmacology, role in the chemotherapy of cancer, and use in other diseases. Haematologia 27: 55-84, 1996.

41. Dondi A, Bari A, Pozzi S, Ferri P and Sacchi S: The potential of pralatrexate as a treatment of peripheral T-cell lymphoma. Expert opinion on investigational drugs 23: 711-718, 2014.

42. Munshi PN, Lubin M and Bertino JR: 6-thioguanine: a drug with unrealized potential for cancer therapy. The oncologist 19: 760-765, 2014.

43. Burness CB and Duggan ST: Trifluridine/Tipiracil: A Review in Metastatic Colorectal Cancer. Drugs 76: 1393-1402, 2016.

44. Kim M and Williams S: Daunorubicin and Cytarabine Liposome in Newly Diagnosed Therapy-Related Acute Myeloid Leukemia (AML) or AML With Myelodysplasia-Related Changes. The Annals of pharmacotherapy 52: 792-800, 2018.

45. Rivankar S: An overview of doxorubicin formulations in cancer therapy. Journal of cancer research and therapeutics 10: 853-858, 2014.

46. Speth PA, van Hoesel QG and Haanen C: Clinical pharmacokinetics of doxorubicin. Clinical pharmacokinetics 15: 15-31, 1988.

47. Conte PF, Gennari A, Landucci E and Orlandini C: Role of epirubicin in advanced breast cancer. Clinical breast cancer 1 Suppl 1: S46-51, 2000.

48. Petrioli R, Fiaschi AI, Francini E, Pascucci A and Francini G: The role of doxorubicin and epirubicin in the treatment of patients with metastatic hormone-refractory prostate cancer. Cancer treatment reviews 34: 710-718, 2008.

49. Hollingshead LM and Faulds D: Idarubicin. A review of its pharmacodynamic and pharmacokinetic properties, and therapeutic potential in the chemotherapy of cancer. Drugs 42: 690-719, 1991.

50. Onrust SV and Lamb HM: Valrubicin. Drugs & aging 15: 69-75; discussion 76, 1999.

51. Froudarakis M, Hatzimichael E, Kyriazopoulou L, et al.: Revisiting bleomycin from pathophysiology to safe clinical use. Critical reviews in oncology/hematology 87: 90-100, 2013.

52. Veal GJ, Cole M, Errington J, et al.: Pharmacokinetics of dactinomycin in a pediatric patient population: a United Kingdom Children's Cancer Study Group Study. Clinical cancer research : an official journal of the American Association for Cancer Research 11: 5893-5899, 2005.

53. Volpe A, Racioppi M, D'Agostino D, Cappa E, Filianoti A and Bassi PF: Mitomycin C for the treatment of bladder cancer. Minerva urologica e nefrologica = The Italian journal of urology and nephrology 62: 133-144, 2010.

54. Guadagni S, Fiorentini G, Clementi M, Palumbo P, Mambrini A and Masedu F: Mitomycin C hypoxic pelvic perfusion for unresectable recurrent rectal cancer: pharmacokinetic comparison of surgical and percutaneous techniques. Updates in surgery 69: 403-410, 2017.

55. Fox EJ: Mechanism of action of mitoxantrone. Neurology 63: S15-18, 2004.

56. Bailly C: Irinotecan: 25 years of cancer treatment. Pharmacological research 148: 104398, 2019.

57. Lihua P, Chen XY and Wu TX: Topotecan for ovarian cancer. The Cochrane database of systematic reviews 2008: Cd005589, 2008.

58. Nicum SJ and O'Brien ME: Topotecan for the treatment of small-cell lung cancer. Expert review of anticancer therapy 7: 795-801, 2007.

59. Baldwin EL and Osheroff N: Etoposide, topoisomerase II and cancer. Current medicinal chemistry. Anti-cancer agents 5: 363-372, 2005.

60. Sonneveld P: Teniposide in lymphomas and leukemias. Seminars in oncology 19: 59-64, 1992.

61. Di Nunno V, Mollica V and Massari F: Cabazitaxel in Metastatic Prostate Cancer. The New England journal of medicine 382: 1286, 2020.

62. Varnai R, Koskinen LM, Mäntylä LE, Szabo I, FitzGerald LM and Sipeky C: Pharmacogenomic Biomarkers in Docetaxel Treatment of Prostate Cancer: From Discovery to Implementation. Genes 102019.

63. Weaver BA: How Taxol/paclitaxel kills cancer cells. Molecular biology of the cell 25: 2677-2681, 2014.

29

64. Yardley DA: nab-Paclitaxel mechanisms of action and delivery. Journal of controlled release : official journal of the Controlled Release Society 170: 365-372, 2013.

65. Chong CD, Logothetis CJ, Savaraj N, Fritsche HA, Gietner AM and Samuels ML: The correlation of vinblastine pharmacokinetics to toxicity in testicular cancer patients. Journal of clinical pharmacology 28: 714-718, 1988.

66. Moore AS, Norris R, Price G, et al.: Vincristine pharmacodynamics and pharmacogenetics in children with cancer: a limited-sampling, population modelling approach. Journal of paediatrics and child health 47: 875-882, 2011.

67. Capasso A: Vinorelbine in cancer therapy. Current drug targets 13: 1065-1071, 2012.

68. Frey BM and Frey FJ: Clinical pharmacokinetics of prednisone and prednisolone. Clinical pharmacokinetics 19: 126-146, 1990.

69. Bruera E, Roca E, Cedaro L, Carraro S and Chacon R: Action of oral methylprednisolone in terminal cancer patients: a prospective randomized double-blind study. Cancer treatment reports 69: 751-754, 1985.

70. Burki TK: Selinexor and dexamethasone in multiple myeloma. The Lancet. Oncology 19: e146, 2018.

Bertoli S, Picard M, Bérard E, et al.: Dexamethasone in hyperleukocytic acute myeloid leukemia. Haematologica 103: 988-998, 2018.

72. Kantoff PW, Halabi S, Conaway M, et al.: Hydrocortisone with or without mitoxantrone in men with hormone-refractory prostate cancer: results of the cancer and leukemia group B 9182 study. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 17: 2506-2513, 1999.

73. Nazer L, AlNajjar T, Al-Shaer M, Rimawi D and Hawari F: Evaluating the effectiveness and safety of hydrocortisone therapy in cancer patients with septic shock. Journal of oncology pharmacy practice : official publication of the International Society of Oncology Pharmacy Practitioners 21: 274-279, 2015.

74. Siddikuzzaman, Guruvayoorappan C and Berlin Grace VM: All trans retinoic acid and cancer. Immunopharmacology and immunotoxicology 33: 241-249, 2011.

75. Hoonjan M, Jadhav V and Bhatt P: Arsenic trioxide: insights into its evolution to an anticancer agent. Journal of biological inorganic chemistry : JBIC : a publication of the Society of Biological Inorganic Chemistry 23: 313-329, 2018.

76. Asselin B and Rizzari C: Asparaginase pharmacokinetics and implications of therapeutic drug monitoring. Leukemia & lymphoma 56: 2273-2280, 2015.

77. Swami U, Shah U and Goel S: Eribulin in Cancer Treatment. Marine drugs 13: 5016-5058, 2015.

78. De Luca A, D'Alessio A, Maiello MR, et al.: Evaluation of the pharmacokinetics of ixabepilone for the treatment of breast cancer. Expert opinion on drug metabolism & toxicology 11: 1177-1185, 2015.

79. Waszut U, Szyszka P and Dworakowska D: Understanding mitotane mode of action. Journal of physiology and pharmacology : an official journal of the Polish Physiological Society 68: 13-26, 2017.

80. Winer ES and DeAngelo DJ: A Review of Omacetaxine: A Chronic Myeloid Leukemia Treatment Resurrected. Oncology and therapy 6: 9-20, 2018.

81. Heo YA, Syed YY and Keam SJ: Pegaspargase: A Review in Acute Lymphoblastic Leukaemia. Drugs 79: 767-777, 2019.

82. Goerne R, Bogdahn U and Hau P: Procarbazine--a traditional drug in the treatment of malignant gliomas. Current medicinal chemistry 15: 1376-1387, 2008.

83. Smolewski P and Robak T: The discovery and development of romidepsin for the treatment of T-cell lymphoma. Expert opinion on drug discovery 12: 859-873, 2017.

84. Richon VM: Targeting histone deacetylases: development of vorinostat for the treatment of cancer. Epigenomics 2: 457-465, 2010.