



OPEN ACCESS

► Additional supplemental material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/ijgc-2022-003585>).

For numbered affiliations see end of article.

Correspondence to

Dr Rica Capistrano I., Anticancer Fund, Meise, Belgium; rica.capistrano@anticancerfund.org

Received 22 April 2022

Accepted 19 August 2022



© IGCS and ESGO 2022. Re-use permitted under CC BY-NC. No commercial re-use. Published by BMJ.

To cite: Capistrano I. R, Paul S, Boere I, *et al.* *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2022-003585

Drug repurposing as a potential source of innovative therapies in cervical cancer

Rica Capistrano I. ¹,² Sonz Paul,² Ingrid Boere,³ Pan Pantziarka,^{1,4} Supriya Chopra,⁵ Remi A Nout,³ Gauthier Bouche¹

ABSTRACT

Objective Drug repurposing is an alternative development pathway that utilizes the properties of drugs approved for other diseases and builds on available safety and pharmacological data to develop the drug as a potential treatment for other diseases. A literature-based approach was performed to identify drug repurposing opportunities in cervical cancer to inform future research and trials.

Methods We queried PubMed for each drug included in two databases (ReDO_DB and CDcervix_DB, which include 300+ non-cancer drugs and 200+ cancer drugs not used in cervical cancer, respectively) and manually assessed all abstracts for relevance and activity in cervix cancer, and type of evidence. Subsequently, we also performed a search of clinical trial databases where we generated a list of registered trials in cervical cancer with all drugs from our databases.

Results Of the 534 drugs from both databases, 174 (33%) had at least one relevant abstract or registered trial in cervical cancer. 94 (18%) drugs had at least human data available, and 52 (10%) drugs were evaluated in registered trials. To prioritize drugs to consider for future trials, all 174 drugs were further assessed for strength of scientific rationale, feasibility for integration in cervical cancer standard of care, evidence of radiosensitization, and potential mechanism of action. Out of the 174 drugs, 38 (22%) potential drug candidates were selected.

Conclusion This study resulted in a list of candidate drugs for potential evaluation in cervical cancer. Many drugs might warrant additional (pre)clinical investigation, which could be done in a coordinated manner using platform trials.

INTRODUCTION

Cervical cancer is the fourth most common cancer in terms of incidence and mortality in women worldwide.¹ In countries with inadequate screening programs, it remains a significant cause of morbidity and mortality. In the treatment of patients with locally advanced cervical cancer, there has been little improvement in systemic therapy since the implementation of cisplatin as a radiosensitizer.² Neoadjuvant chemotherapy followed by radical surgery does not improve disease-free survival or overall survival compared with platinum-based chemoradiation.^{3,4} Adjuvant chemotherapy combinations have not yielded any survival benefit either and have led to more severe side-effects than chemoradiation alone.⁵

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ There has been previous publication regarding repurposing drugs in cervical cancer but focusing on only radiosensitizing agents.

WHAT THIS STUDY ADDS

⇒ This comprehensive literature search resulted in a list of 38 potential drug candidates that warrant further investigation. This study highlights the basic characteristics of these drug candidates, summarizes relevant data on cervical cancer, and lists the registered cervical cancer trials and main results of human data.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ This study provides a list of potential drug candidates that may be consulted to assist drug development, and potentially expand treatment options for cervical cancer patients.

This lack of benefit of adjuvant chemotherapy was recently confirmed by the results of the international OUTBACK trial.⁶

For patients with metastatic cervical cancer, the addition of bevacizumab to standard palliative chemotherapy resulted in a modest overall survival benefit in selected patients.⁷ More recently, adding pembrolizumab to chemotherapy and bevacizumab led to improvements in progression-free survival and overall survival in patients with recurrent, persistent, or metastatic cervical cancer.⁸ In second-line treatment of metastatic cervical cancer, cemiplimab improved overall survival by a median of 3.5 months.⁹ Earlier phase studies have shown promising clinical activity with anti-PD-1 combined with anti-CTLA4 antibody or with the antibody-drug conjugate tislelizumab vedotin.^{10,11} However, expensive targeted agents remain inaccessible to a vast majority of patients worldwide.^{7,8} Therefore broadening research in cervical cancer and exploring new and other opportunities are essential.

Drug repurposing is an alternative development pathway that utilizes the properties of drugs approved for other diseases and builds on available safety and pharmacological data to develop new potential treatment options for a specific indication.¹² Classical

Original research

examples in oncology are thalidomide for multiple myeloma, imatinib for gastrointestinal stromal tumors, and zoledronic acid for bone metastases.¹³ The Repurposing Drugs in Oncology (ReDO) project has used a literature-based approach to identify licensed non-cancer drugs with published evidence of anticancer activity. In this project a database of candidate drugs with at least one peer-reviewed publication showing relevant anticancer activity has been curated. This database, termed **ReDO_DB**, has been made available online.¹⁴ Another comprehensive list of approved anticancer drugs, termed **CancerDrugs_DB**, has been generated as well.¹⁵ Here, we sought to identify drug repurposing opportunities in cervical cancer by screening the literature and clinical trial databases in a systematic manner using the two aforementioned databases and used this to inform future research and trials.

METHODS

A literature-based approach was undertaken to identify which drugs from ReDO_DB or CancerDrugs_DB have been reported to be active in cervical cancer. ReDO_DB is a database of non-cancer drugs available for commercial purposes for which at least one article reported a possible effect on cancer, irrespective of the cancer type. ReDO_DB included 317 drugs at the time this work was performed. CancerDrugs_DB is a list of drugs approved in the treatment of one or more malignancies by the US Food and Drug Administration (FDA), the European Medicines Agency (EMA), or national regulatory agencies. Since CancerDrugs_DB already contained drugs used and approved in cervical cancer, CDcervix_DB was created, which is a subset of the CancerDrugs_DB of 217 drugs after all drugs mentioned in the cervix cancer National Comprehensive Cancer Network guidelines and assimilated drugs were subtracted from CancerDrugs_DB. A list of all queried drugs included in both databases are available in the Online supplemental table S1.

The specific methodology to interrogate PubMed and the clinical trials databases (clinicaltrials.gov and World Health Organization-International Clinical Trials Registry Platform (WHO-ICTRP)) has been published.¹⁶ In brief, a dataset of abstracts and other publication metadata from PubMed was generated by conjugating any drug name and synonym(s) from REDO_DB or from CDcervix_DB with 'uterine cervical neoplasms' (Mesh) as search terms to generate the PubMed query. This query was completed on January 5, 2022. The PubMed queries were electronically submitted to the Entrez system, and the results downloaded and merged into a single dataset for off-line processing.

Each abstract was manually assessed by one of the co-authors (RC or GB) as to whether it was relevant to cervical cancer. In case

of doubt by one of the assessors, the relevance of the abstract was discussed between the two assessors and a consensus was reached. Abstracts were deemed relevant if any activity against cervical cancer was shown (cytotoxic activity in cervical cancer cell line or tumor growth inhibition in cervical cancer animal models or human data reporting clinical results in cervical cancer patients). In case the abstracts were deemed relevant, the type of evidence (*in vitro*, *in vivo*, case reports, observational studies, clinical trials, or review) was indicated.

Subsequently, a search of clinical trials databases (clinicaltrials.gov and WHO-ICTRP) was performed and a list of registered cervical cancer trials was generated by combining the search term 'cervical cancer' and any drugs from the ReDO_DB and CDcervix_DB. This search was completed on January 5, 2022. All trials were also assessed for their relevance, and any publications linked to relevant trials were searched and assessed using the same method as for abstract assessment.

To prioritize drugs to consider for future trials, relevant trials and abstracts and the corresponding published research were further assessed for each drug, independently by at least two of the authors (RC, SP, IB, PP and GB), with the instruction to tag drugs that should be excluded because of weak or limited evidence of efficacy (drugs with only *in vitro* results on a single cell line, drugs with negative or contradictory results), or non-supportive results in reported trials (results not justifying further investigation according to the assessors). Discrepant results were discussed until a consensus was reached. For each drug from the final selection, the type of evidence (*in vitro* results and/or *in vivo* results and/or human publications and/or registered trials) and the amount of data per relevant drug were summarized.

In accordance with the journal's guidelines, the authors will provide our data for independent analysis by a selected team by the editorial team for the purposes of additional data analysis or for the reproducibility of this study in other centers if such is requested.

RESULTS

Of the 534 drugs queried, 174 had at least one relevant abstract or registered trial in cervical cancer, 90 and 84 drugs from ReDO_DB and CDcervix_DB, respectively. Ninety-four drugs had at least human data available, with 52 drugs being or have been evaluated in registered trials. Only 41 drugs from the queried list had at most *in vitro* data. The results are summarized in [Table 1](#). Of the 174 drugs with at least one relevant abstract or trial, 136 drugs were excluded during the prioritization step because of weak or limited evidence of efficacy or non-supportive results in prior trials.

Table 1 Summary results of queries

Number of drugs	REDO	CDcervix	Total
Queried	317	217	534
With at least one relevant abstract or trial in cervical cancer	90 (28%)	84 (39%)	174 (33%)
With human data	36 (11%)	58 (27%)	94 (18%)
With registered trials	14 (4%)	38 (18%)	52 (10%)
With no human data	54 (17%)	26 (12%)	80 (15%)
<i>In vitro</i> only	32 (10%)	9 (4%)	41 (8%)

Table 2 Type of evidence and number of occurrence per selected drug repurposing candidate

Drug	<i>In vitro</i> results	<i>In vivo</i> results	Human results	Registered trials in databases
Arsenic trioxide	23	7	0	2
Artesunate	5	4	0	0
Atovaquone	1	1	0	0
Bortezomib	11	4	0	2
Cetuximab	7	2	8	8
Chlorpromazine	3	0	1	0
Cidofovir	6	6	3	2
Decitabine	21	0	2	0
Deferoxamine	2	2	0	0
Doxycycline	4	3	0	1
Erlotinib	4	1	4	2
Everolimus	3	0	1	2
Fulvestrant	3	1	0	1
Gefitinib	4	0	4	2
Hydralazine	7	1	3	3
Interferon α -2b	9	2	18	1
Ipilimumab	0	0	2	6
Lovastatin	3	0	1	0
Lurbinectedin	2	2	0	0
Melatonin	5	2	0	0
Metformin	20	6	4	3
Mifepristone	9	2	0	0
Nelfinavir	6	3	0	3
Niclosamide	1	0	0	0
Nicotinamide	1	1	1	0
Niraparib	0	0	0	4
Olaparib	4	2	0	6
Pazopanib	0	0	1	3
Plerixafor	4	3	0	0
Porfimer	2	0	1	0
Ribavirin	2	2	0	0
Ribociclib	2	1	0	0
Rucaparib	2	1	0	3
Ruxolitinib	1	1	0	0
Sacituzumab govitecan	1	1	0	0
Sonidegib	1	1	0	0
Valproic acid	11	7	3	4
Zoledronic acid	4	2	0	1

The type and amount of data are summarized in [Table 2](#) for the 38 drugs (22%) deemed to be potential repurposing candidates. For the drugs not selected, the data are available as Online supplemental table S2.

For the 38 potential repurposing candidates, the scientific rationale and feasibility for integration in cervical cancer standard of care were reviewed. [Table 3](#) presents basic characteristics of each drug (patent status and main approved indications) and summarizes

relevant data on cervical cancer (the potential mechanism of action, available biomarker, possible role (radiosensitizer and/or immunomodulator)) based on the data found in the relevant publications for each drug. It also lists the registered cervical cancer trials and main results of human data currently available. In addition, it outlines the potential setting in which these drug candidates can be repurposed based on the data found in the publications and the combined general knowledge of the authors.

Table 3 List of potential drug candidates in cervical cancer

Drug characteristics		Relevant data on cervical cancer			Potential setting in cervical cancer			
Drug	Main approved indications	Off-patent	Mechanism of action(s) in cervical cancer	Candidate biomarker(s)	Registered cervical cancer trials and main results of human data	Role(s)* Radio-sensitizer	Immune-modulator	▲ First line, with chemoradiotherapy ▲ First line, adjuvant ▲ First line, maintenance ▲ Recurrent/metastatic ▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Arsenic trioxide	Acute promyelocytic leukemia	Yes	Prevention of migration through CXCR4 inhibition, direct cytotoxicity, radiosensitization	No prominent biomarker identified	NCT00005999: completed trial with single agent in recurrent setting. No results available. ChiCTR1900023822: ongoing trial as neoadjuvant treatment with carboplatin. No results available	Yes	No	▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Artesunate	Malaria	Yes	Direct cytotoxicity, radiosensitization, enhancement of TRAIL-induced cell death, inhibition of HOTAIR expression	No prominent biomarker identified	None	Yes	No	▲ First line, with chemoradiotherapy
Atovaquone	Toxoplasmosis, <i>Pneumocystis carinii</i> pneumonia	Yes	Inhibition of mitochondrial respiratory chain complex III	Hypoxia biomarker(s)	None	No	No	▲ Recurrent/metastatic
Bortezomib	Multiple myeloma, mantle cell lymphoma	Yes	Inhibition of NF-κB, proteasomal activity and hypoxia-related HIF-1α expression, enhancement of the apoptosis-inducing TRAIL receptor antibody efficacy and induction of apoptosis	No prominent biomarker identified	NCT00106262: terminated trial because of lack of accrual. NCT00329589: completed trial in combination with chemoradiotherapy. No results available	Yes	Yes	▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Cetuximab	Squamous cell head and neck cancer, colorectal cancer	Yes	Inhibition of EGFR, radiosensitization	EGFR protein expression	NCT00957411, NCT00101192, NCT00499031, NCT00104910, NCT00518193, NCT00997009: 6 completed or terminated trials with results available, although always showing limited or no benefit. 2006-003759-19 and NCT00292955: trials with unknown status or prematurely terminated without any results available	Yes	No	▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Chlorpromazine	Psychotic disorders, nausea and vomiting, anxiety, hiccups	Yes	Radiosensitization	No prominent biomarker identified	No registered trial, but publication of human data showing a 53% complete response in combination with radiotherapy compared with 39% complete response with radiotherapy alone ²³	Yes	No	▲ First line, with chemoradiotherapy
Cidofovir	CMV-retinitis in AIDS	Yes	Decrease E6 and E7 expression, DNA damage by incorporation into DNA, radiosensitization	No prominent biomarker identified	NCT02515877 and NCT00811408: Prematurely discontinued trials showing a complete response in 8 out of 9 patients with 2 year and 4 year overall survival rates estimated at 93% and 84%, respectively, and 2 year progression-free survival is 76%	Yes	No	▲ First line, with chemoradiotherapy

Continued

Continued

Table 3 Continued		Relevant data on cervical cancer			Potential setting in cervical cancer			
Drug characteristics								
Decitabine	Acute myeloid leukemia	Yes	Inhibition of the nucleic acid synthesis	No prominent biomarker identified	No registered trial, but publication of phase II study in recurrent and/or metastatic patients showing an 8/21 partial response and 5/21 stable disease in combination with cisplatin. Median progression-free interval is 16 weeks and median survival is 19 weeks ³⁰	No No No No	▲ ▲ ▲ ▲	Recurrent/metastatic
Deferoxamine	Acute iron intoxication, chronic iron overload	Yes	Increase hCtr1 and TfR1 expression through upregulation of Sp1 and induce TfR1 expression through the Sp1-NF- κ B p65-dependent pathway, platinum sensitization	No prominent biomarker identified	None	No	▲	First line, with chemoradiotherapy
Doxycycline	Respiratory, urinary tract and ophthalmic infection	Yes	Direct cytotoxic, inhibition of MMP2 and MMP9 expression, induction of apoptosis and inhibition of EMT and migration	No prominent biomarker identified	NCT02874430: ongoing phase II trial. No results available	No	▲	First line, with chemoradiotherapy
Erlotinib	Non-small cell lung cancer, pancreatic cancer	Yes	Inhibition of EGFR	EGFR protein expression	NCT00031993: completed trial showing a 94% complete response in combination with chemoradiotherapy. The 2 year and 3 year cumulative overall- and progression-free survival rates were 92% and 81%, and 80% and 74%, respectively. As single agent erlotinib seems to be inactive. NCT00428194: withdrawn trial because of lack of accrual	No	▲	First line, with chemoradiotherapy
Everolimus	Neuroendocrine tumors, renal cell carcinoma, HR+ breast cancer	Yes	Radiosensitization, induction of apoptosis by targeting PI3K/AKT/mTOR pathways, inhibition of proliferation by inactivation of the HPV E7 oncoprotein	Alterations in the PI3K/AKT/mTOR pathway	NCT00428194: completed trial determining 5 mg/day as maximum tolerated dose of everolimus in combination with cisplatin and radiotherapy in locally advanced patients. NCT00967928: withdrawn trial because of lack of enrollment	Yes	▲	First line, with chemoradiotherapy
Fulvestrant	HR+ breast cancer	Yes	Inhibition of aromatase	ER- α expression in stromal cells	NCT04579380: ongoing phase II trial. No results available	No	▲	First line, with chemoradiotherapy
Gefitinib	Non-small cell lung cancer	Yes	Inhibition of EGFR	EGFR protein expression	No results available for the registered trials (CTR1/2017/12/01/0726 and NCT00049556), but publication of human data resulting in a median disease-free interval of 15 months in advanced or metastatic patients after recurrence. The median progression-free survival and median overall survival were 4 months and 5 months, respectively. ³¹ Neoadjuvant chemotherapy, chemoradiation, followed by gefitinib maintenance in patients with locally advanced cervical cancer showed a 3 year overall survival of 70%, and 3 year progression-free survival of 51% ³²	No	▲	First line, maintenance

Table 3 Continued

Drug characteristics		Relevant data on cervical cancer			Potential setting in cervical cancer	
Hydralazine and valproate	Hypertension (hydralazine), epilepsy and bipolar disorder (valproate)	Yes	Inhibition of HDAC and DNA methyltransferase, unmasking of chronic viral infection (valproate)	No prominent biomarker identified	NCT00532818 and NCT00404326: 2 completed trials on the combination showing improved progression-free survival in combination with topotecan/cisplatin over topotecan/cisplatin alone, also safety data with chemoradiotherapy	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy ▲ First line, adjuvant ▲ Recurrent/metastatic
Interferon α -2b	Hairy cell leukemia, chronic hepatitis B and C	No	Immunomodulation	No prominent biomarker identified	NCT00138151: terminated trial showing that IFN α -2b in combination with paclitaxel and 13-cis retinoic acid is safe. Mixed results in other trials and limited role with radiotherapy, though results of one trial support testing IFN α -2b given before radiotherapy	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy
Ipilimumab	Melanoma, renal cell carcinoma, non-small cell lung cancer	No	Inhibition of CTLA4 on T-cells	No prominent biomarker identified	NCT01711515: completed trial showing safety and preliminary efficacy as adjuvant therapy after chemoradiotherapy. NCT01693783 (phase II), NCT04256213, NCT03508570 (phase I), NCT03755739 (phase II-III), NCT03452332 (phase I): 5 trials ongoing. No results available	<ul style="list-style-type: none"> ▲ First line, adjuvant ▲ Recurrent/metastatic
Lovastatin	Hypercholesterolemia, coronary heart disease	Yes	Inhibition of the mevalonate pathway	HMG-CoA reductase expression	No registered trial, but publication of human data defining recommended phase II dose and showing disease stabilization in 3/12 recurrent or metastatic cervical cancer patients ⁵³	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Lurbinectedin	Squamous cell lung cancer	No	DNA alkylation, elimination of cancer stem cells, inhibition of myeloid-derived suppressor cells	No prominent biomarker identified	None	<ul style="list-style-type: none"> ▲ First line, adjuvant ▲ Recurrent/metastatic
Melatonin	Primary insomnia	Yes	Production of reactive oxygen species in cancer cells (pro-oxidant)	No prominent biomarker identified	None	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Metformin	Diabetes type 2	Yes	Inhibition of mitochondrial respiratory complex I leading to decreased tumor hypoxia and to radiosensitization	Hypoxia biomarker(s)	NCT02874430, NCT04275713 and NCT02394652: 3 phase II trials ongoing. No results available.	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Mifepristone	Abortion, Cushing syndrome	Yes	Enhancement of chemoradiotherapy, prevention of cell migration	No prominent biomarker identified	None	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy ▲ First line, adjuvant
Nelfinavir	HIV	Yes	Inhibition of PI3K-Akt and induction of endoplasmic reticulum stress	No prominent biomarker identified	NCT03256916: ongoing phase III trial. No results available. NCT01485731 and NCT02363829: completed trials showing safety and tolerability of 1250 mg twice daily added to cisplatin-based chemoradiotherapy in patients with locally advanced cervical cancer	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy
Niclosamide	Tapeworm infections	Yes	Inhibition of mitochondrial respiratory complex I and mTOR	No prominent biomarker identified	None	<ul style="list-style-type: none"> ▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic

Continued

Continued

Table 3 Continued		Relevant data on cervical cancer			Potential setting in cervical cancer	
Drug characteristics		Yes	No	Yes	Yes	▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Nicotinamide	Pellagra	Yes	No	Yes	No registered trial, but publication of human data showing safety with chemoradiotherapy and carbogen ^{3,4}	▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Niraparib	Ovarian cancer	No	No	Yes	NCT04395612, NCT04068753, NCT03644342 and EudraCT019-001226-10: 4 ongoing phase II trials. No results available	▲ First line, with chemoradiotherapy ▲ First line, adjuvant ▲ Maintenance
Olaparib	Ovarian cancer	No	No	Yes	NCT04641728, NCT04487587, NCT04483544, NCT03162627, jRCT2031210096 and NCT01237067: 4 ongoing phase II, 1 ongoing phase I, and 1 completed trials. No results available	▲ First line, with chemoradiotherapy ▲ First line, adjuvant ▲ First line, maintenance
Pazopanib	Renal cell carcinoma, soft tissue sarcoma	No	No	No	NCT00430781 and NCT00561795: 2 completed trials showing an overall response rate of 9% as single agent and increased progression-free survival and overall survival compared with lapatinib. NCT02348398: withdrawn trial. No results available	▲ First line, adjuvant ▲ Recurrent/metastatic
Plerixafor	Mobilization of hematopoietic stem cells	No	No	Yes	None	▲ First line, with chemoradiotherapy
Porfimer	Esophageal cancer	Yes	No	Yes	No registered trial, but case report showing a complete response ⁵	▲ Recurrent/metastatic
Ribavirin	Hepatitis C	Yes	No	Yes	None	▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Ribociclib	Breast cancer	No	No	No	None	▲ Recurrent/metastatic
Rucaparib	Ovarian cancer	No	No	Yes	NCT03476798, NCT04171700 and NCT03795272: 2 ongoing phase II trials and one withdrawn trial. No results available	▲ First line, with chemoradiotherapy ▲ First line, adjuvant ▲ First line, maintenance
Ruxolitinib	Myeloproliferative neoplasms	No	No	Yes	None	▲ First line, with chemoradiotherapy ▲ Recurrent/metastatic
Sacituzumab govitecan	Recurrent triple negative breast cancer	No	No	No	None	▲ Recurrent/metastatic

Table 3 Continued

Drug characteristics		Relevant data on cervical cancer			Potential setting in cervical cancer				
	Basal cell carcinoma	No	Inhibition of hedgehog pathway activation, radiosensitization	Hedgehog pathway activation	None	Yes	No	First line, with chemoradiotherapy	First line, with chemoradiotherapy
Sonidegib		No	Inhibition of hedgehog pathway activation, radiosensitization	Hedgehog pathway activation	None	Yes	No	▲	▲
Zoledronic acid	Osteoporosis, skeletal related events	Yes	Direct cytotoxicity, inhibition of MMP-9 (indirect anti-angiogenesis)	No prominent biomarker identified	NCT00966992: terminated trial. No results available	Yes	No	▲	▲

*'No' means there is either no evidence it can play a role or there is evidence it does not play a role. AKT, protein kinase B; CADM1, cell adhesion molecule 1; CMV, cytomegalovirus; CTL4, cytotoxic T-lymphocyte antigen-4; CXCR4, C-X-C chemokine receptor type 4; EGFR, epidermal growth factor receptor; eIF4E, eukaryotic translation initiation factor 4E; EMT, epithelial-mesenchymal transition; ERα, estrogen receptor subtype alpha; hCr11, human copper transporter 1; HDAC, histone deacetylase; HIF-1α, hypoxia-inducible factor-1 alpha; HMG-CoA, 3-hydroxy-3-methylglutaryl coenzyme A; HOTAIR, HOX transcript antisense RNA; HPV, human papillomavirus; HR, hormone receptor; IFN, interferon; MMP2, matrix metalloproteinase-2; MMP9, matrix metalloproteinase-9; mTOR, mammalian target of rapamycin; NF-κB, nuclear factor kappa-light-chain-enhancer of activated B cells; PARP, poly adenosine diphosphate-ribose polymerase; PDGF, platelet-derived growth factor; PI3K, phosphatidylinositol 3-kinase; ROS, reactive oxygen species; TRF1, transferrin receptor protein 1; TRAIL, TNF-related apoptosis-inducing ligand; Trop-2, tumour-associated calcium signal transducer 2; VEGF, vascular endothelial growth factor.

DISCUSSION

Summary of Main Results

Of the more than 500 drugs that have been screened, we found data supporting a possible therapeutic role in cervical cancer for 38 of them. The list contains drugs already approved for other cancer indications as well as for non-cancer indications, for example, the antibiotic doxycycline or antipsychotic chlorpromazine. We have highlighted not only some basic characteristics of the listed drugs but also a summary of relevant data on cervical cancer, an overview of the registered trials in cervical cancer, and any relevant published human results. For all 38 drugs, a potential setting in which these drugs can be used are suggested.

Results in the Context of Published Literature

Our study identified drug repurposing opportunities in cervical cancer. Other work has been published in the past but with a focus on only radiosensitizing agents.¹⁷

Sonidegib (Odomzo) is a hedgehog pathway inhibitor approved by the EMA and FDA since 2015 to treat adults with locally advanced basal cell carcinoma that is not treatable with surgery or radiotherapy. The hedgehog pathway could represent a valid cervical cancer therapeutic target. Sonidegib enhances the efficacy of cisplatin-based chemoradiotherapy in a cervical cancer xenograft model without increasing gastrointestinal toxicity. We consider that targeting the hedgehog pathway in patients undergoing chemoradiotherapy with sonidegib is therefore a promising hypothesis.¹⁸ With no cervical cancer trials using sonidegib, a logical next step would be to further explore its mechanism of action and confirm activity in a preclinical assessment, and then run an early phase clinical trial evaluating its addition to chemoradiation in cervical cancer.

Another example is the drug nelfinavir (Viracept), a protease inhibitor used against HIV. There is a wealth of preclinical data on the potential use of nelfinavir in cervical cancer.¹⁷ Several clinical trials are being conducted (or have been completed) to determine whether nelfinavir is effective as a cancer therapeutic agent in humans. Most of those trials are in cancer types where chemoradiotherapy is a major component of the treatment, such as rectal cancer, non-small cell lung cancer, and glioblastoma. To date, there are two registered trials (NCT03256916 and NCT01485731/NCT02363829, two registrations of the same phase I trial) with nelfinavir in cervical cancer. The phase I study demonstrated the safety and tolerability of 1250 mg nelfinavir twice a day in combination with cisplatin-based chemoradiotherapy in patients with locally advanced squamous cell cervical cancer. Clinical outcomes were deemed promising compared with historic controls.¹⁹ The other trial is a randomized trial of 300 patients with locally advanced cervical cancer conducted by one of the authors (SC). The study has recruited 60 patients to date and early futility analysis is planned at 32 of the 192 events.

The poly ADP-ribose polymerase (PARP) inhibitors—niraparib (Zejula), olaparib (Lynparza), and rucaparib (Rubraca)—are another example. This class of drugs has shown activity in ovarian, breast, prostate and pancreatic cancers, with the largest benefits seen in BRCA1/2 mutated ovarian cancer. Mainly it is used as a maintenance treatment after response to platinum-based chemotherapy. PARP is an intracellular protein involved in the repair of single stranded DNA breaks and is found at higher levels in cervical

cancer cells compared with normal cells. *In vitro* and *in vivo* data suggest that PARP inhibitors are highly active in cervical cancer preclinical models. PARP inhibitors compromise DNA repair and prevent repair of single strand breaks. They also work synergistically with other DNA damaging agents inducing DNA breaks, such as cisplatin and radiotherapy.²⁰ Rucaparib also exerts anti-proliferative effects and showed potential as a radiosensitizer in cervical cancer *in vitro*.²¹ Aside from preclinical studies, there are several ongoing trials investigating PARP inhibitor therapies in cervical cancer patients. Unfortunately, no clinical results are available yet for these three PARP inhibitors. For niraparib, four ongoing trials have been registered (NCT04395612, NCT04068753, NCT03644342, and EudraCT2019-001226-10). Three trials have been registered for rucaparib, with one withdrawn (NCT03795272) and two ongoing (NCT03476798 and NCT04171700). For olaparib, five trials are ongoing (NCT04641728, NCT04487587, NCT04483544, NCT03162627, and jRCT2031210096) and one has been completed (NCT01237067). The data on the efficacy of PARP inhibitors in cervical cancer are still limited and the results of the aforementioned studies will hopefully determine if PARP inhibitors have a role in the treatment of cervical cancer either as a low dose radiosensitizer or as maintenance treatment. These are just examples of potential repurposing candidates. Two are in a more advanced stage of drug development, while one is still in an early phase and warrants further investigations.

Strengths and Weaknesses

With this systematic approach, we have captured potential repurposing candidates in cervical cancer. Although our ReDO_DB and CancerDrugs_DB contain an extensive list of drugs, we might have missed approved drug products with published activity against cervical cancer. For instance, a trial testing the combination of an approved human papillomavirus preventive vaccine with an anti-PD-1 antibody is ongoing in China in cervical cancer patients (NCT04096911). Also, the biology of cervical cancer together with data from other cancer types may form a strong rationale for the repurposing of other drugs in cervical cancer. Maraviroc, a CCR5 inhibitor used in HIV, is such an example with a strong rationale for targeting CCR5 in cervical cancer, and clinical data coming from other cancer types.²² Recent data also point to the rationale of combining warfarin, acting as a MERTK inhibitor, with radiotherapy.²³ Another limitation is that the assessment of the available data and the selection of the candidates, although performed by our multidisciplinary team, remains subjective. For some drugs, it was clear that the published activity is probably not worthy of further investigation due to negative activity or lack of activity. As an example, sorafenib showed in a phase I clinical trial a potential detrimental effect, or the drug celecoxib, for which it was shown in two trials that the potential toxicity of COX-2 inhibitors probably offsets any small benefit that might exist.^{24 25} But what most drugs have in common is that additional (pre)-clinical studies are still needed. This list therefore identifies drugs that, based on their scientific properties, may enhance chemoradiotherapy or may have a synergistic effect with radiotherapy or immune therapy. But ultimately, in most cases, the existing scientific evidence for their effects on cancer is limited and further scientific and clinical research is warranted.

Implications for Practice and Future Research

Since limited success in the discovery of new cancer therapies that are widely applicable has occurred in cervical cancer, drug repurposing represents an interesting strategy and development pathway. However, it comes with a set of challenges.²⁶ Here, we have attempted to address the first challenge that academic clinical researchers face when it comes to repurposing drugs in their disease of interest: navigating the scientific literature to filter putative drugs.²⁷ The other main challenges are pharmacological, clinical, strategic, regulatory, and financial. From a clinical trial perspective an efficient way to test multiple candidates is by setting up efficient trials, such as multi-arm multi-stage (MAMS) trials.²⁸ This would allow the pace of clinical research to be accelerated and expose as few patients as possible to ineffective or toxic regimens. Large platform or MAMS trials that address global clinical cancer research questions, such as treatment of cervical cancer, are yet to be developed. Collaboration between institutions in low- or middle-income countries and high-income countries and substantial funding will be essential for these efforts to deliver and ultimately succeed in improving cancer patient outcomes globally.

CONCLUSION

This study resulted in a list of potential candidates that are worth evaluating in cervical cancer. Although some of the drugs warrant additional preclinical and clinical investigation, repurposing of approved drugs may bring additional therapeutic options to patients. An efficient and coordinated manner to evaluate several of these drug candidates would be in platform trials, which are a type of randomized clinical trial that simultaneously compare multiple intervention groups against a single control group. This type of trial design can evaluate treatment options with fewer patients, less time, and with potentially higher success rates than traditionally designed trials.

Author affiliations

¹Anticancer Fund, Meise, Belgium

²Department of Radiation Oncology, Tata Memorial Hospital, Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, India

³Department of Radiotherapy, Erasmus MC Cancer Institute, University Medical Center Rotterdam, Rotterdam, Netherlands

⁴The George Pantziarka TP53 Trust, London, UK

⁵Department of Radiation Oncology, Advanced Centre for Treatment Research and Education in Cancer, Tata Memorial Centre, Homi Bhabha National Institute, Navi Mumbai, India

Contributors RC and GB drafted the manuscript. SP, IB, PP, SC, RN reviewed the manuscript and provided input on the manuscript. PP ran the queries and prepared the databases for off-line processing. RC and GB screened the abstracts and trials for relevance. RC and GB are the guarantors of the manuscript. All authors contributed to the manuscript and approved the submitted version.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests RN receives research grants from Dutch Research Council, Dutch Cancer Society, Varian, Elekta, Accuray and is an advisory board MSD: Global Gynecologic Cancer MDT Forum 2021.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available in a public, open access repository.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, an indication of whether changes were made, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iD

Rica Capistrano I. <http://orcid.org/0000-0003-2859-5192>

REFERENCES

- Bray F, Ferlay J, Soerjomataram I, et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin* 2018;68:394–424.
- Rose PG, Bundy BN, Watkins EB, et al. Concurrent cisplatin-based radiotherapy and chemotherapy for locally advanced cervical cancer. *N Engl J Med* 1999;340:1144–53.
- Gupta S, Maheshwari A, Parab P, et al. Neoadjuvant chemotherapy followed by radical surgery versus concomitant chemotherapy and radiotherapy in patients with stage IB2, IIA, or IIB squamous cervical cancer: a randomized controlled trial. *J Clin Oncol* 2018;36:1548–55.
- Kenter G, Greggi S, Vergote I, et al. Results from neoadjuvant chemotherapy followed by surgery compared to chemoradiation for stage IB2-IBB cervical cancer, EORTC 55994. *JCO* 2019;37:5503.
- Horeweg N, Mittal P, Gradowska PL, et al. Adjuvant systemic therapy after chemoradiation and brachytherapy for locally advanced cervical cancer: a systematic review and meta-analysis. *Cancers* 2021;13:13.
- Mileshkin LR, Moore KN, Barnes E, et al. Adjuvant chemotherapy following chemoradiation as primary treatment for locally advanced cervical cancer compared to chemoradiation alone: the randomized phase III OUTBACK trial (ANZGOG 0902, RTOG 1174, NRG 0274). *JCO* 2021;39:LBA3.
- Tewari KS, Sill MW, Long HJ, et al. Improved survival with bevacizumab in advanced cervical cancer. *N Engl J Med* 2014;370:734–43.
- Colombo N, Dubot C, Lorusso D, et al. Pembrolizumab for persistent, recurrent, or metastatic cervical cancer. *N Engl J Med* 2021;385:1856–67.
- Tewari KS, Monk BJ, Vergote I, et al. Survival with cemiplimab in recurrent cervical cancer. *N Engl J Med* 2022;386:544–55.
- Naumann RW, Oaknin A, Meyer T, et al. Efficacy and safety of nivolumab (Nivo) + ipilimumab (IPI) in patients (PTS) with recurrent/metastatic (r/m) cervical cancer: results from CheckMate 358. *Ann Oncol* 2019;30:v898–9.
- Coleman RL, Lorusso D, Gennigens C, et al. Efficacy and safety of tisotumab vedotin in previously treated recurrent or metastatic cervical cancer (innovaTV 204/GOG-3023/ENGOT-cx6): a multicentre, open-label, single-arm, phase 2 study. *Lancet Oncol* 2021;22:609–19.
- Pushpakom S, Iorio F, Eyers PA, et al. Drug repurposing: progress, challenges and recommendations. *Nat Rev Drug Discov* 2019;18:41–58.
- Bertolini F, Sukhatme VP, Bouche G. Drug repurposing in oncology—patient and health systems opportunities. *Nat Rev Clin Oncol* 2015;12:732–42.
- Pantziarka P, Verbaander C, Sukhatme V, et al. ReDO_DB: the repurposing drugs in oncology database. *Eccancermedscience* 2018;12:886.
- Pantziarka P, Capistrano I R, De Potter A, et al. An open access database of licensed cancer drugs. *Front Pharmacol* 2021;12:627574.
- Pantziarka P, Verbaander C, Huys I, et al. Repurposing drugs in oncology: from candidate selection to clinical adoption. *Semin Cancer Biol* 2021;68:186–91.
- Lin LL, Lakomy DS, Ning MS, et al. Combining novel agents with radiotherapy for gynecologic malignancies: beyond the era of cisplatin. *Int J Gynecol Cancer* 2020;30:409–23.
- Chaudary N, Pintilie M, Hedley D, et al. Hedgehog inhibition enhances efficacy of radiation and cisplatin in orthotopic cervical cancer xenografts. *Br J Cancer* 2017;116:50–7.
- Garcia-Soto AE, McKenzie ND, Whicker ME, et al. Phase 1 trial of nelfinavir added to standard cisplatin chemotherapy with concurrent pelvic radiation for locally advanced cervical cancer. *Cancer* 2021;127:2279–93.
- Bianchi A, Lopez S, Altwerger G, et al. PARP-1 activity (PAR) determines the sensitivity of cervical cancer to olaparib. *Gynecol Oncol* 2019;155:144–50.
- Tang M, Liu Q, Zhou L, et al. The poly (ADP-ribose) polymerase inhibitor rucaparib suppresses proliferation and serves as an effective radiosensitizer in cervical cancer. *Invest New Drugs* 2019;37:65–75.
- Jiao X, Nawab O, Patel T, et al. Recent advances targeting CCR5 for cancer and its role in immuno-oncology. *Cancer Res* 2019;79:4801–7.
- Tormoen GW, Blair TC, Bambina S, et al. Targeting MERTK enhances adaptive immune responses after radiation therapy. *Int J Radiat Oncol Biol Phys* 2020;108:93–103.
- Milosevic MF, Townsley CA, Chaudary N, et al. Sorafenib increases tumor hypoxia in cervical cancer patients treated with radiation therapy: results of a phase 1 clinical study. *Int J Radiat Oncol Biol Phys* 2016;94:111–7.
- Gaffney DK, Winter K, Dicker AP, et al. A phase II study of acute toxicity for Celebrex (celecoxib) and chemoradiation in patients with locally advanced cervical cancer: primary endpoint analysis of RTOG 0128. *Int J Radiat Oncol Biol Phys* 2007;67:104–9.
- Begley CG, Ashton M, Baell J, et al. Drug repurposing: misconceptions, challenges, and opportunities for academic researchers. *Sci Transl Med* 2021;13:eabd5524.
- Stransky N, Ruth P, Schwab M, et al. Can any drug be repurposed for cancer treatment? A systematic assessment of the scientific literature. *Cancers* 2021;13:6236.
- Parmar MKB, Carpenter J, Sydes MR. More multiarm randomised trials of superiority are needed. *Lancet* 2014;384:283–4.
- Huilgol NG, Chatterjee N, Singh BB. Assessment of chlorpromazine as radiation sensitizer and protector. *Indian J Cancer* 1996;33:195–200.
- Pohlmann P, DiLeone LP, Cancelli AI, et al. Phase II trial of cisplatin plus decitabine, a new DNA hypomethylating agent, in patients with advanced squamous cell carcinoma of the cervix. *Am J Clin Oncol* 2002;25:496–501.
- Sharma DN, Rath GK, Julka PK, et al. Role of gefitinib in patients with recurrent or metastatic cervical carcinoma ineligible or refractory to systemic chemotherapy: first study from Asia. *Int J Gynecol Cancer* 2013;23:705–9.
- Benson R, Pathy S, Kumar L, et al. Locally advanced cervical cancer - neoadjuvant chemotherapy followed by concurrent chemoradiation and targeted therapy as maintenance: A phase II study. *J Cancer Res Ther* 2019;15:1359–64.
- Knox JJ, Siu LL, Chen E, et al. A phase I trial of prolonged administration of lovastatin in patients with recurrent or metastatic squamous cell carcinoma of the head and neck or of the cervix. *Eur J Cancer* 2005;41:523–30.
- van Weelden WJ, Sekarutami SM, Bekkers RLM, et al. The effect of carbogen breathing and nicotinamide added to standard (chemo) radiation treatment of advanced cervical cancer in Indonesia. *Int J Gynecol Cancer* 2014;24:1628–35.
- Schaffer P, Batash R, Ertl-Wagner B, et al. Treatment of cervix carcinoma FIGO IIIB with Photofrin II as a radiosensitizer: a case report. *Photochem Photobiol Sci* 2019;18:1275–9.

SUPPLEMENTARY MATERIAL

TABLE S1: All drugs included in the ReDO_DB and CDcervix_DB

ReDO_DB		CDcervix_DB	
Acetaminophen	Loperamide	Abemaciclib	Ixazomib
Acetazolamide	Lopinavir	Abiraterone	Lanreotide
Acetylsalicylic acid	Loratadine	Acalabrutinib	Lapatinib
Adapalene	Losartan	Afatinib	Larotrectinib
Ademetionine	Lovastatin	Aflibercept	Lenalidomide
Agomelatine	Loxoprofen	Aldesleukin	Lenvatinib
Albendazole	Macitentan	Alectinib	Letrozole
Alendronic acid	Manipipine	Alemtuzumab	Leuprolide
Aliskiren	Maraviroc	Alitretinoin	Lomustine
Allopurinol	Mebendazole	Alpelisib	Lorlatinib
Alpha-lipoic acid	Meclizine	Altretamine	Lu 177-dotatate
Amantadine	Meclofenamate	Aminolevulinic acid	Lurbinectedin
Amiloride	Mefenamic acid	Amsacrine	Medroxyprogesterone
Aminophylline	Mefloquine	Anastrozole	Megestrol
Amiodarone	Megestrol acetate	Apalutamide	Melphalan
Amitriptyline	Melatonin	Arsenic trioxide	Mercaptopurine
Amlodipine	Meloxicam	Asparaginase	Midostaurin
Amodiaquine	Memantine	Avapritinib	Mifamurtide
Anagrelide	Menatetrenone	Axicabtagene	Mitoxantrone
Anakinra	Mepacrine	Axitinib	Mogamulizumab
Aprepitant	Mepyramine	Azacitidine	Moxetumomab
Aprotinin	Mesalazine	BCG vaccine	Necitumumab
Argatroban	Metformin	Belantamab	Nelarabine
Aripiprazole	Methazolamide	Belinostat	Neratinib
Artesunate	Methimazole	Belotecan	Nilotinib
Ascorbic acid	Methylene blue	Bendamustine	Nilutamide
Atenolol	Methylnaltrexone	Bexarotene	Nintedanib
Atorvastatin	Metoclopramide	Bicalutamide	Niraparib
Atovaquone	Metyrapone	Binimetinib	Obinutuzumab
Atrial natriuretic peptide	Miconazole	Blinatumomab	Ofatumumab
Auranofin	Midazolam	Bortezomib	Olaparib
Azelastine	Mifepristone	Bosutinib	Olaratumab
Azithromycin	Miltefosine	Brentuximab	Omacetaxine
Bazedoxifene	Minocycline	Brexucabtagene	Osimertinib
Bedaquiline	Mirtazapine	Brigatinib	Padeliporfin
Bemiparin	Mometasone	Buserelin	Palbociclib
Benserazide	Montelukast	Busulfan	Panitumumab
Benzatropine	Mycophenolate	Cabazitaxel	Panobinostat
Bepiridil	Nadroparin	Cabozantinib	Pazopanib
Bezafibrate	Naftopidil	Calaspargase pegol	Pegaspargase
Biperiden	Naltrexone	Capmatinib	Peginterferon alfa-2b
Bosentan	Naproxen	Carfilzomib	Pemigatinib
Brexipiprazole	Nelfinavir	Carmofur	Pentostatin

Bromocriptine	Niclosamide	Carmustine	Pertuzumab
Cabergoline	Nicotinamide	Ceritinib	Pipobroman
Caffeine	Nifedipine	Cetuximab	Pixantrone
Calcipotriol	Nifuroxazide	Chlorambucil	Plicamycin
Calcitriol	Nifurtimox	Chlormethine	Polatuzumab
Canagliflozin	Nimesulide	Cladribine	Polyestradiol phosphate
Candesartan	Nimodipine	Clofarabine	Pomalidomide
Captopril	Nisoldipine	Cobimetinib	Ponatinib
Carbimazole	Nitazoxanide	Copanlisib	Porfimer
Carglumic acid	Nitisinone	Crizotinib	Pralatrexate
Carvedilol	Nitroglycerin	Cytarabine	Pralsetinib
Celecoxib	Nitroxoline	Dabrafenib	Prednisolone
Cephalexin	Norethandrolone	Dacarbazine	Prednisone
Chloramphenicol	Noscapine	Dacomitinib	Procabazine
Chloroquine	Obeticholic acid	Dactinomycin	Racotumomab
Chlorpromazine	Olanzapine	Daratumumab	Radium 223 dichloride
Cholecalciferol	Olmesartan	Darolutamide	Ramucirumab
Cholera vaccine	Olsalazine	Dasatinib	Ranimustine
Ciclopirox	Omega 3	Decitabine	Regorafenib
Cidofovir	Omeprazole	Degarelix	Ribociclib
Cilnidipine	Orlistat	Denileukin	Ripretinib
Cimetidine	Ormeloxifene	Denosumab	Rituximab
Ciprofloxacin	Oseltamivir	Dexamethasone	Romidepsin
Citalopram	Ouabain	Dexrazoxane	Rucaparib
Clarithromycin	Oxcarbazepine	Dinutuximab	Ruxolitinib
Clemastine	Pamidronic acid	Duvelisib	Sacituzumab
Clioquinol	Pantoprazole	Edotreotide	Selinexor
Clodronic acid	Parecoxib	Elotuzumab	Selpercatini
Clofazimine	Paricalcitol	Emapalumab	Sipuleucel-T
Clofoctol	Paroxetine	Enasidenib	Sonidegib
Clomifene	Penfluridol	Encorafenib	Sorafenib
Clomipramine	Pentamidine	Entrectinib	Streptozocin
Clopidogrel	Pentoxifylline	Enzalutamide	Sunitinib
Clotrimazole	Perphenazine	Erdafitinib	Tafasitamab
Colchicine	Phenelzine	Eribulin	Tagraxofusp
Cyproheptadine	Phenoxybenzamine	Erlotinib	Talazoparib
			Talimogene
Dalteparin	Phentolamine	Estramustine	Laherparepvec
Danazol	Phenylbutyrate	Etoposide	Tamoxifen
Dapsone	Phenytoin	Everolimus	Tazemetostat
Deferasirox	Pimozide	Exemestane	Temoporfin
Deferiprone	Pioglitazone	Fedratinib	Temozolomide
Deferoxamine	Pirfenidone	Fludarabine	Temsirolimus
Desmopressin	Piroxicam	Fluoxymesterone	Thalidomide
Diazoxide	Plerixafor	Flutamide	Thiotepa
Diclofenac	Posaconazole	Fosfestrol	Tioguanine
Diflunisal	Pravastatin	Fotemustine	Tisagenlecleucel
Digitoxin	Prazosin	Fulvestrant	Tivozanib

Digoxin	Prochlorperazine	Gefitinib	Toremifene
Dimethyl fumarate	Promethazine	Gemtuzumab	Tositumomab
Dipyridamole	Propafenone	Gilteritinib	Trabectedin
Disulfiram	Propranolol	Glasdegib	Trametinib
Donepezil	Pyridoxine	Goserelin	Trastuzumab
		Histamine	Trastuzumab
Doxazosin	Pyrimethamine	dihydrochloride	Deruxtecan
Doxycycline	Pyrvinium pamoate	Histrelin	Trastuzumab emtansine
Dronedarone	Quetiapine	Ibritumomab tiuxetan	Tretinoin
Dutasteride	Rabeprazole	Ibrutinib	Trifluridine
Ebastine	Ranitidine	Idelalisib	Triptorelin
Efavirenz	Ranolazine	Imatinib	Trofosfamide
Eflornithine	Repaglinide	Imiquimod	Tucatinib
Emetine	Reserpine	Inotuzumab	Vandetanib
Enalapril	Ribavirin	Interferon alfa-2b	Vemurafenib
Enoxaparin	Rifabutin	Iobenguane	Venetoclax
Epalrestat	Rifampicin	Ipilimumab	Vismodegib
Esomeprazole	Riluzole	Isatuximab	Vorinostat
Ethacrynic acid	Risedronic acid	Ivosidenib	Zanubrutinib
Etodolac	Risperidone	Ixabepilone	
Etoricoxib	Ritonavir		
Famotidine	Roflumilast		
Fasudil	Rosuvastatin		
Felodipine	Roxatidine		
Fenofibrate	Roxithromycin		
Fenoldopam	Sertraline		
Finasteride	Sildenafil		
Fingolimod	Simvastatin		
Flubendazole	Sirolimus		
Flucytosine	Sodium aurothiomalate		
Flunarizine	Sodium bicarbonate		
Fluoxetine	Spiro lactone		
Fluphenazine	Sulfasalazine		
Flurbiprofen	Sulindac		
Fluspirilene	Suramin		
Fluvastatin	Tacalcitol		
Fluvoxamine	Tadalafil		
Ganciclovir	Telmisartan		
Glibenclamide	Terbinafine		
Glipizide	Teriflunomide		
Griseofulvin	Thiabendazole		
Haloperidol	Thioridazine		
Hydralazine	Ticagrelor		
Hydroxychloroquine	Ticlopidine		
Hymecromone	Tigecycline		
Ibandronic acid	Timolol		
Ibudilast	Tinzaparin		
Ibuprofen	Tioconazole		

Idebenone	Tocilizumab		
Imipramine	Tofacitinib		
Indomethacin	Tolfenamic acid		
Irbesartan	Topiramate		
Itraconazole	Tranexamic acid		
Ivermectin	Tranilast		
Ketamine	Trazodone		
Ketoconazole	Triamterene		
Ketoprofen	Trifluoperazine		
Ketorolac	Trimetazidine		
Lamotrigine	Ulinastatin		
Lansoprazole	Ursodeoxycholic acid		
L-Arginine	Valproic acid		
Leflunomide	Valsartan		
Levamisole	Vardenafil		
Levetiracetam	Verapamil		
Levofloxacin	Verteporfin		
Levonorgestrel	Warfarin		
L-Glutamine	Zidovudine		
Lidocaine	Zileuton		
Liraglutide	Zoledronic acid		
Lithium			

Table S2: Table with type of evidence and number of occurrence per drug of drugs that after in depth review were not deemed potential repurposing candidate.

DRUG	number of <i>in vitro</i> results in publications	number of <i>in vivo</i> results in publications	number of human results in publications	number of registered trials in trial databases
Abemaciclib	1	1	0	0
Acetylsalicylic acid	4	0	1	1
Ademetionine	1	0	0	0
Afatinib	1	1	0	0
Alitretinoin	4	0	1	0
Allopurinol	0	0	1	0
Alpelisib	1	0	0	0
Altretamine	0	0	2	0
Aminolevulinic acid	13	1	1	0
Amiodarone	1	0	0	0
Amitriptyline	1	0	0	0
Amsacrine	1	0	1	0
Ascorbic acid	4	1	4	1
Auranofin	3	1	0	0
Axitinib	0	0	0	1
Azacitidine	4	1	0	0
BCG vaccine	0	0	3	0
Belotecan	2	1	1	1
Bosutinib	1	0	0	1
Bromocriptine	0	1	2	0
Cabozantinib	0	0	1	3
Caffeine	3	0	1	0
Calcipotriol	9	1	2	0
Calcitriol	10	1	2	0
Candesartan	1	0	0	0
Carmofur	0	0	2	0
Carmustine	3	1	0	0
Celecoxib	15	2	8	2
Chlorambucil	0	0	3	0
Chlormethine	2	0	3	0
Chloroquine	7	0	0	0
Cholecalciferol	10	0	2	0
Ciclopirox	3	0	0	0
Cladribine	1	0	0	0
Clomifene	0	0	1	0
Clotrimazole	1	0	0	0
Colchicine	3	2	0	0
Copanlisib	1	1	0	0
Crizotinib	2	1	0	0
Cytarabine	2	1	1	0
Dactinomycin	10	0	2	0

Danazol	1	0	0	0
Deferiprone	2	1	0	0
Denosumab	0	0	0	0
Dexamethasone	23	1	0	0
Digoxin	3	0	0	0
Dipyridamole	2	1	0	0
Disulfiram	1	0	0	0
Eflornithine	1	0	0	0
Emetine	6	0	0	0
Eribulin	0	0	0	1
Esomeprazole	1	0	0	0
Estramustine	1	0	0	0
Etoposide	30	4	42	2
Fingolimod	1	1	0	0
Fludarabine	0	0	2	1
Fluoxetine	1	0	0	0
Flurbiprofen	1	1	0	0
Flutamide	2	0	0	0
Fluvastatin	1	0	0	0
Histamine dihydrochloride	2	0	0	0
Hydroxychloroquine	1	0	0	0
Ibuprofen	0	0	1	0
Imatinib	4	1	1	0
Imiquimod	7	3	0	1
Indomethacin	4	2	2	0
Itraconazole	4	1	0	0
Ivermectin	1	0	0	0
Ixabepilone	0	0	2	1
Lanreotide	2	2	0	0
Lansoprazole	0	0	1	1
Lapatinib	1	1	2	2
Lenvatinib	0	0	0	1
Letrozole	0	0	0	1
Levamisole	0	0	3	0
Lidocaine	0	0	2	0
Lithium	1	1	0	0
Lomustine	0	0	4	0
Lopinavir	4	1	1	0
Medroxyprogesterone	4	2	0	0
Mefloquine	1	0	0	0
Megestrol	0	0	1	0
Melphalan	2	0	0	0
Mepacrine	1	0	0	0
Mepyramine	1	0	0	0
Methazolamide	0	0	0	1
Methylene blue	1	0	0	0

Metronidazole	0	0	0	1
Mitoxantrone	0	0	2	0
Neratinib	1	1	1	0
Nintedanib	0	0	0	3
Olmesartan	2	0	0	0
Omega 3	7	0	1	1
Omeprazole	1	0	0	0
Ormeloxifene	1	1	0	0
Panitumumab	0	0	0	1
Palbociclib	1	0	0	0
Panobinostat	2	0	0	0
Parecoxib	0	0	1	0
Pentoxifylline	4	0	1	0
Phenylbutyrate	2	0	0	0
Pioglitazone	1	1	0	0
Plicamycin	3	1	0	0
Pravastatin	1	0	0	0
Propranolol	1	0	0	0
Rifampicin	1	0	0	0
Ritonavir	2	1	0	0
Selinexor	0	0	0	2
Simvastatin	2	0	0	0
Sirolimus	8	3	2	0
Sorafenib	2	2	1	1
Streptozocin	1	0	0	0
Sulindac	6	1	0	0
Sunitinib	3	2	1	1
Talazoparib	1	0	0	1
Tamoxifen	9	0	2	1
Temoporfin	2	0	1	0
Temsirolimus	1	0	2	3
Thalidomide	1	1	0	0
Thioridazine	3	0	1	0
Thiotepa	0	0	1	0
Tigecycline	1	1	0	0
Tocilizumab	1	1	0	0
Tolfenamic acid	1	1	0	0
Trametinib	1	0	1	0
Trastuzumab	6	2	0	2
Trastuzumab deruxtecan	0	0	0	1
Trazodone	0	0	1	0
Tretinoin	48	2	8	3
Tucatinib	0	0	0	1
Ulinastatin	0	0	2	0
Ursodeoxycholic acid	1	0	1	0
Valsartan	1	0	0	0

Verapamil	1	0	0	0
Vorinostat	11	5	0	1
Zidovudine	1	0	0	0