

## Lead Modification (or Lead Optimization)

**Objectives:** Once a lead compound has been identified it must be systematically altered to obtain the desired properties (maximize the therapeutic index and minimize side effects). Alternatively, a known agonist or substrate can be structurally modified to make an antagonist or an inhibitor by maintaining the structural characteristics associated with binding and specificity but not "activation" of the biological activity (e.g. the HIV protease inhibitors where the lead compound was the substrate). At the end of this lecture the student will know the concepts of therapeutic index and of the pharmacophore, based on the opioids, and the traditional methods used for optimization of lead compounds to improve their biological activity.

Oral contraceptives are an example

biochemical pathway: regulation of menstruation and pregnancy  
steroids (e.g. progesterone) identified as mediating compounds; therefore  
used as lead compounds  
modification of physiological steroids leads to active agents  
(contraceptives)

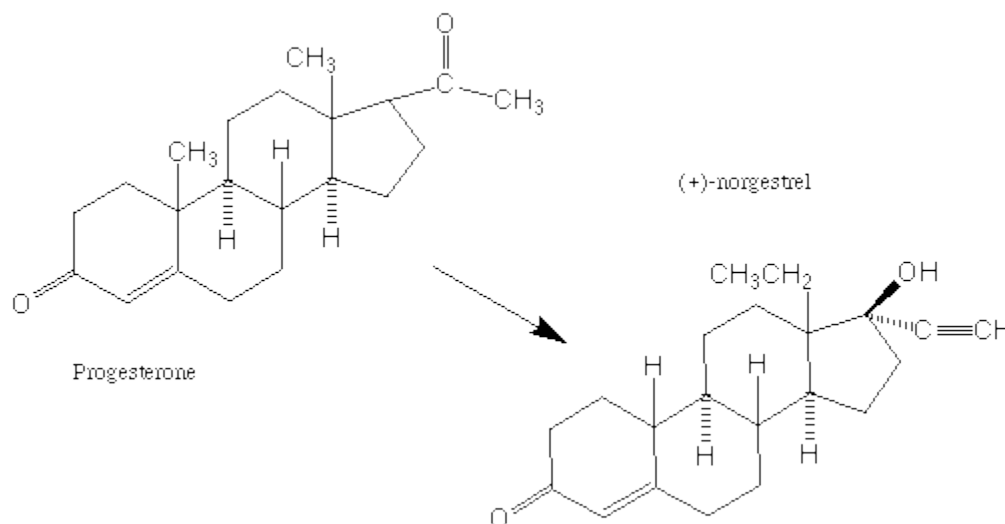


Figure 1) Structures of progesterone and (+)-norgestrel

Therapeutic index (therapeutic ratio)

measure of the ratio of undesirable to desirable drug effects (**multiple bioassays**)

*in vivo*:  $LD_{50}/EC_{50}$  = therapeutic index

$LD_{50}$ : the lethal dose for 50 % of the test animals

$EC_{50}$ : the effective dose that produces the maximum therapeutic effect in 50% of the test animals

the larger the therapeutic index the greater the safety of the drug: **goal of lead optimization**

## Pharmacophore (similar to SAR with sulfa drugs)

Functional group types (e.g. hydrogen bond donors, acceptors, hydrophobic regions) and the spatial arrangement of those groups on a molecule that interact with the receptor and are responsible for binding and biological activity.

Ideally separate the binding pharmacophore from the activity pharmacophore to design a compound that binds but does not cause the biological activity (antagonist). For example, with the opioids, determine the individual pharmacophores for the analgesic and addictive properties.

First identify the pharmacophore and then design compounds that systematically deviate from the pharmacophore to obtain desired efficacy.

### Pharmacophore identification via functional group modification

- 1) systematically alter or remove portions of the molecule
- 2) identify regions essential for activity (or different types of activities)
- 3) note that pharmacological data is sometimes ambiguous (i.e. data is not clear cut yes or no, but often somewhere in between), requiring care when interpreting relationships of structure to activity.

## Opioids as an example (morphine)

Note that physiological substrates for opioid receptors were not known for many years (endorphins, enkephalins, dynorphins and others).

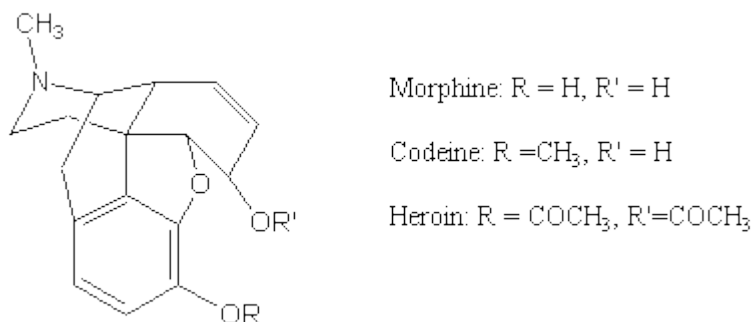


Figure 2) Structure of morphine, codeine and heroin

- 1) Remove tetrahydrofuran ring and hydroxyl at R'

- i) levorphanol
- ii) 3-4 times more potent as an analgesic than morphine
- iii) maintains addictive properties
- iv) therefore, tetrahydrofuran ring and R' hydroxyl not essential for activity

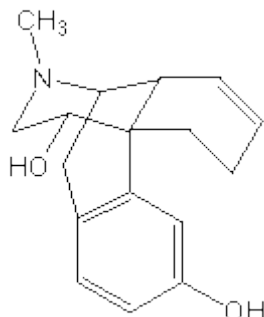


Figure 3) Structure of levorphanol

## 2) Removal of half of the cyclohexene ring

- i) benzomorphan: partial separation of analgesic and addictive properties
- ii) cyclazocine and pentazocine: much lower addictive properties
- iii) therefore, cyclohexene ring contributes to the addictive properties

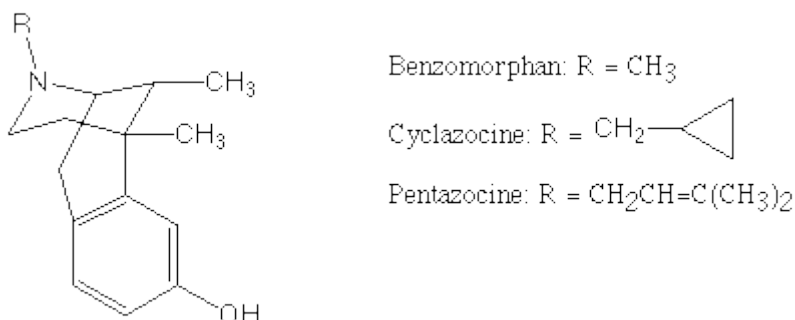


Figure 4) Structures of benzomorphan, cyclazocine and pentazocine

## 3) Removal of all fused rings

- i) Demerol: 10-12% potency of morphine
- ii) therefore, final fused ring not essential for analgesic activity

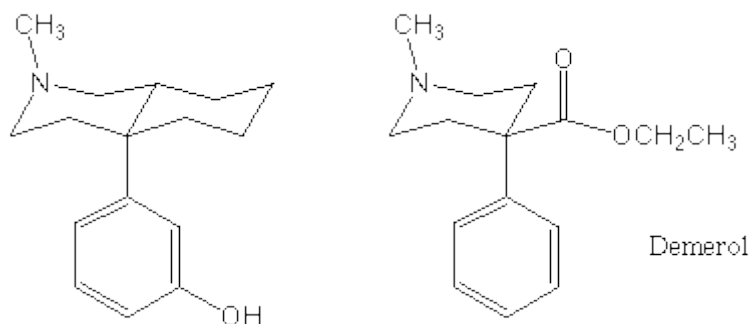


Figure 5) Structure of Demerol and related compound

3b) Analgesic activity is still retained in many acyclic analogs due to the ability of those compounds to assume a conformation similar to that of the cyclohexane ring

- i) Darvon: 1/2 to 2/3 as potent as codeine
- ii) Methadone: as potent an analgesic as morphine: less, but, still addictive
- iii) therefore, conformation of the substituents, not the rings themselves are important for activity

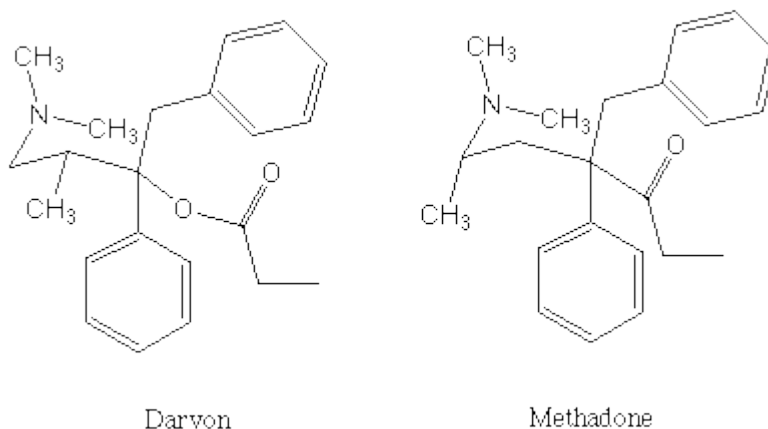


Figure 6) Structures of Darvon and Methadone

Based on these studies the **pharmacophore** of the opioids is shown below. Note that the six-membered ring that contains the nitrogen is not explicitly required for activity, just the conformational properties (space filling) associated with that type of functional group are required.

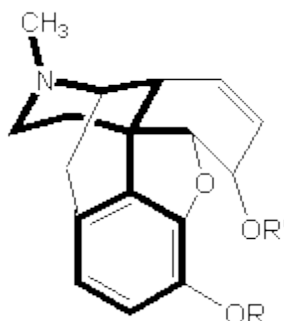


Figure 7) Structure of opioid pharmacophore (in bold, including the benzene ring at the bottom of the structure)

Note that the opioid pharmacophore presented above is based on analysis of the activity of the drug and drug analogs. A pharmacophore can also be determined based on the structure of the receptor binding site of a drug (opposite approach which will be discussed later in the course). This will be performed in the Target-Based Drug Design portion of the course.

### Increase rigidity and/or structural complexity

#### etorphine

two-carbon bridge

substituent not in morphine

1000x more potent than morphine

used in veterinary medicine to tranquilize large animals

#### buprenorphine

10 - 20 times more potent than morphine

low addictive potential

recently indicated as a therapeutic agent for the treatment of heroin addiction

see <http://www.nida.nih.gov/ResearchReports/Heroin/heroin5.html>

*rigidity increases potency (if the rigid conformation is the active conformation!)*

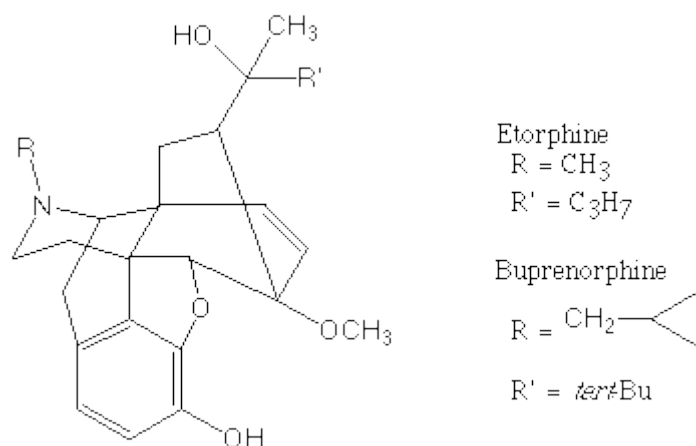


Figure 8) Structures of etorphine and buprenorphine

## Functional group modification

Antihypertensive versus diuretic biological activities (note the sulfa drug pharmacophore)

Chlorothiazide

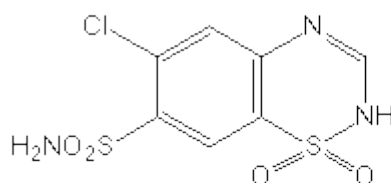
antihypertensive

strong diuretic

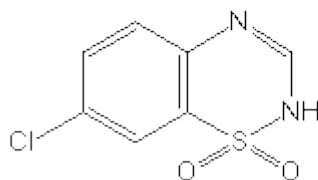
Diazoxide

antihypertensive

no diuretic activity



Chlorothiazide



Diazoxide

Figure 9) Structures of Chlorothiazide and Diazoxide

Need more systematic approaches to obtain information on the pharmacophore (versus the 10,000 synthesized compounds with the sulfanilamides)

## Homologation

- i) Series of compounds that differ by a constant unit; generally a  $\text{CH}_2$  group  $-(\text{CH}_2)_n-$  where  $n$  is varied.
- ii) Typically, an increase followed by a decrease in potency; note that the number of  $\text{CH}_2$  groups associated with the maximum potency differs for the series of compounds under study.
- iii) Changes in activity often associated with solubility/absorption issues. This will be discussed in more detail later in the quantitative structure activity relationship (QSAR) section of the course.
- iv) Micelle formation of amphiphilic (lipid-like) compounds, therefore, not available to bind at receptor. This occurs when nonpolar tails are long and polar head groups are present.

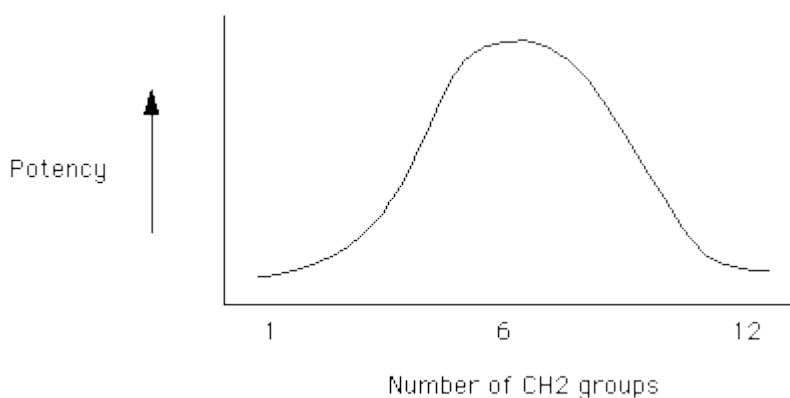


Figure 10) Relationship of potency to the number of methylene groups

## Chain branching of aliphatic chains

- i) Tends to make compounds more lipophilic
- ii) Increased size of R-group could effect receptor binding
- iii) Phenethylamine: good monoamine oxidase (MAO) substrate (therefore readily degraded) versus  $\alpha$ -methylphenethylamine (amphetamine), which is a poor substrate
- iv) Upon going from phenethylamine to amphetamine both the bioavailability and activity is altered.

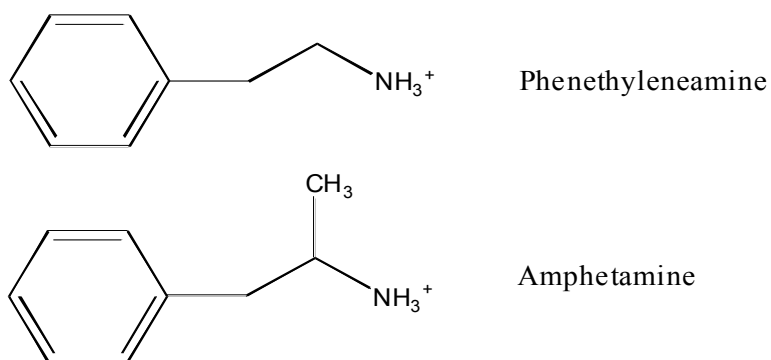


Figure 11) Structures of phenethylamine and  $\alpha$ -methylphenethylamine (amphetamine)

Primary amines (Phenethylamine and amphetamine) are often more active than secondary amines.

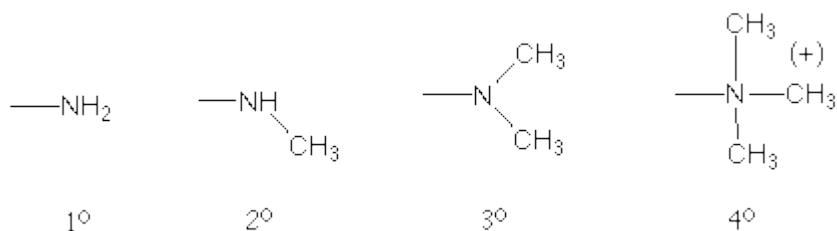


Figure 12) Primary through quaternary amines. Note that the aliphatic amines are generally protonated at physiological pH.

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## Chain branching (continued)

## Changing 10-aminoalkylphenothiazine R groups

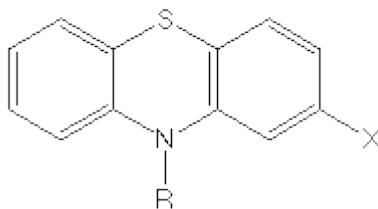


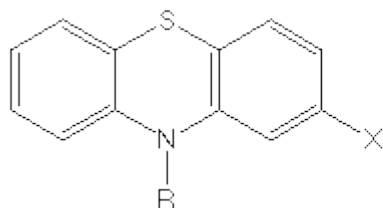
Figure 13) Structure of unsubstituted 10-aminoalkylphenothiazine

- 1)  $-\text{CH}_2\text{CH}(\text{CH}_3)\text{N}(\text{CH}_3)_2$  (promethazine)  
for 1 and 2: antispasmodic and antihistaminic
- 2)  $-\text{CH}_2\text{CH}_2\text{N}(\text{CH}_3)_2$  (diethazine)  
for 1 and 2: antispasmodic and antihistaminic
- 3)  $-\text{CH}_2\text{CH}_2\text{CH}_2\text{N}(\text{CH}_3)_2$  (promazine)  
decreased antispasmodic and antihistaminic activities  
has sedative and tranquilizing activities
- 4)  $-\text{CH}_2\text{CH}(\text{CH}_3)\text{CH}_2\text{N}(\text{CH}_3)_2$  (trimeprazine)  
reduced tranquilizing activity  
antipruritic (anti-itch) activity

## Ring-Chain Transformations

Change alkyl substituent into cyclic analogs (or vice versa)

Promazines: the following 2 drugs, chlorpromazine and an analog, are equivalent as animal tranquilizers



Chlorpromazine

X = Cl

R =  $\text{CH}_2\text{CH}_2\text{CH}_2\text{N}(\text{CH}_3)_2$

drug X

X = Cl

R =  $\text{CH}_2\text{CH}_2\text{CH}_2-\text{N}$  (cyclic pentagon)

Figure 14) Structures of chlorpromazine and an analog with cyclic substituent at the R position

The following two drugs, trimeprazine and methdilazine, are equivalent as antipruritic agents in humans

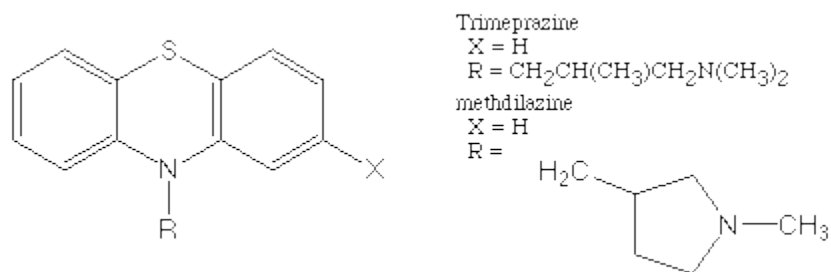


Figure 15) Structures of trimeprazine and methdilazine

## Isosteres

- i) Functional groups with similar properties (structural or chemical, such as hydrogen bonding ability).
- ii) Often used to modify lead compound activity (i.e. fine tune biological activity) in order to
  - minimize toxicity
  - alter metabolism
  - maximize bioavailability

### Classical isosteres

- i) groups that have the same number of valence electrons but may have different numbers of atoms
- ii) atoms, ions or molecules in which the peripheral layers of electrons can be considered identical

### Examples of classical isosteres

Univalent atoms and groups (note the same number of total or valence electrons)

Series A)  $CH_3$   $NH_2$   $OH$   $F$   $Cl$

Series B)  $Cl$   $PH_2$   $SH$

Series C)  $Br$  *i*-Propyl

Series D)  $I$  *t*-Butyl

Bivalent atoms and groups

Series A)  $-CH_2-$   $-NH-$   $-O-$   $-S-$   $-Se-$

Series B)  $-COCH_2R$   $-CONHR$   $-CO_2R$   $-COSR$

Trivalent atoms and groups

Series A)  $-CH=$   $-N=$

Series B)  $-P=$   $-As=$

## Tetravalent atoms

Series A) C Si

Series B) =C= =N=(+) =P=(+)

## Ring equivalents (functional groups that are in the rings)

Series A) -CH=CH- -S- (e.g. benzene versus thiophene)

Series B) -CH= -N= (e.g. benzene versus pyridine)

Series C) -O- -S- -CH<sub>2</sub>- -NH- (e.g. tetrahydrofuran vs. tetrahydrothiophene vs. cyclopentane vs. pyrrolidine)(Nonclassical) **Bioisosteres**

- i) Not included with classical isosteres
- ii) Will contain at least one similar physical property, although structures can differ significantly
- iii) Properties considered in bioisosteres

- size
- shape
- electronic distribution
- hydrophobicity
- pK<sub>a</sub>
- chemical reactivity
- hydrogen bonding capacity

ring to chain transformations can be considered isosteric replacements

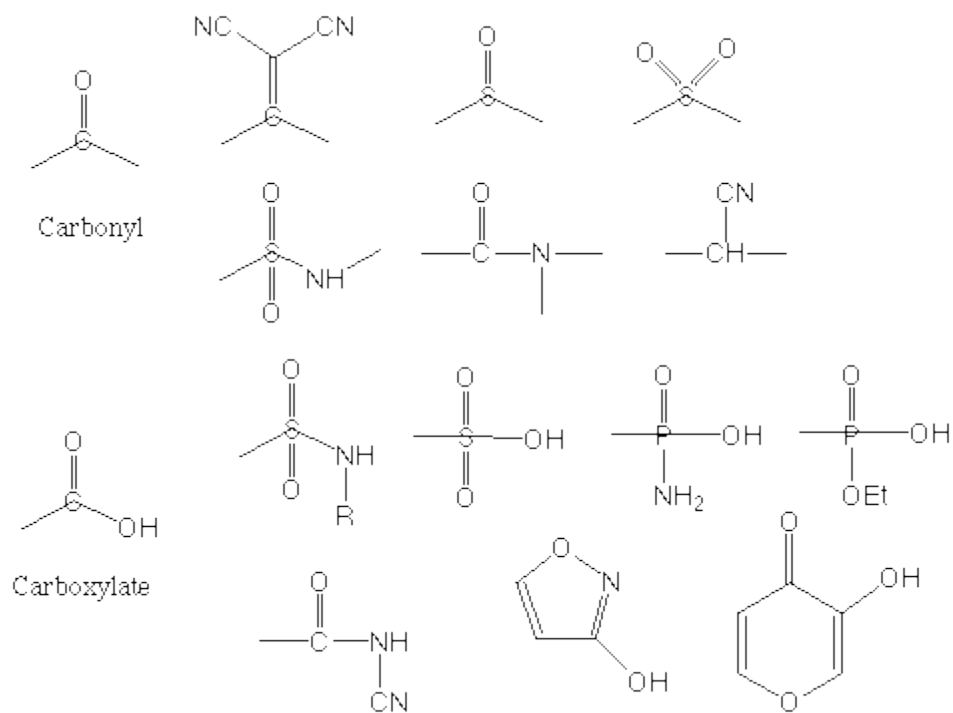


Figure 16) Examples of bioisosteres for the carbonyl and carboxylate groups

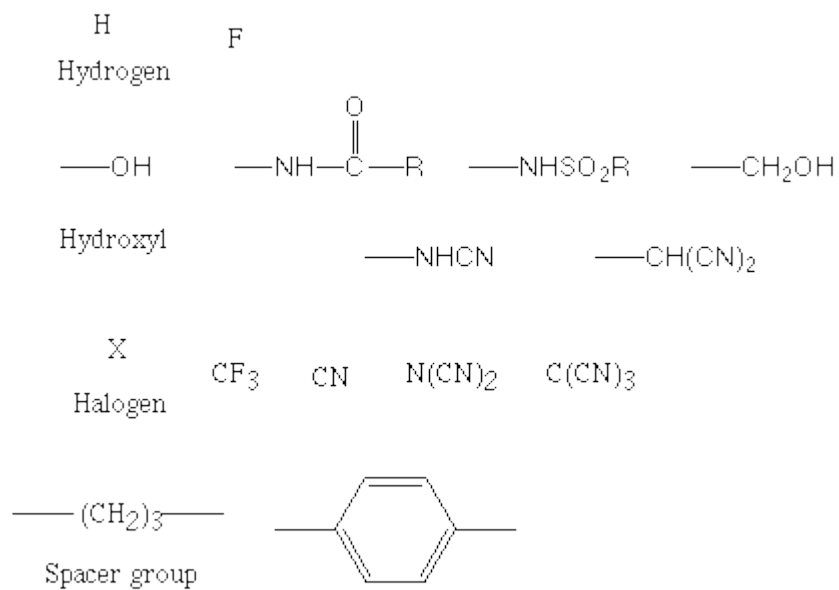


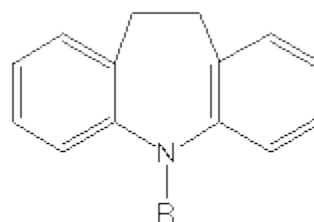
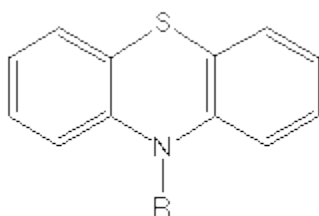
Figure 17) Examples of bioisosteres for hydrogen, hydroxyl groups, halogens, and a methylene spacer

Use of bioisosteres allows for testing the biological role of functional groups

- i) Structural  
change size, shape or hydrogen bonding
- ii) Receptor interactions  
all possible changes except hydrophobicity
- iii) Pharmacokinetics (absorption, transport and excretion)  
change hydrophobicity,  $pK_a$ , hydrogen bonding
- iv) Metabolism (actually part of pharmacokinetics)  
change chemical reactivity (oxidation, glycosylation etc.)

Example: sulfur atom to  $-\text{CH}=\text{CH}-$  or  $-\text{CH}_2\text{CH}_2-$  in 10-aminoalkylphenothiazine

Normally a neuroleptic (antipsychotic) yields compounds with antidepressant activity



$-\text{CH}_2\text{CH}_2-$  analog

Figure 18) Comparison of 10-aminoalkylphenothiazine and the  $-\text{CH}_2\text{CH}_2-$  analog