

# **STRUCTURE and ACTIVITY of DRUGS**

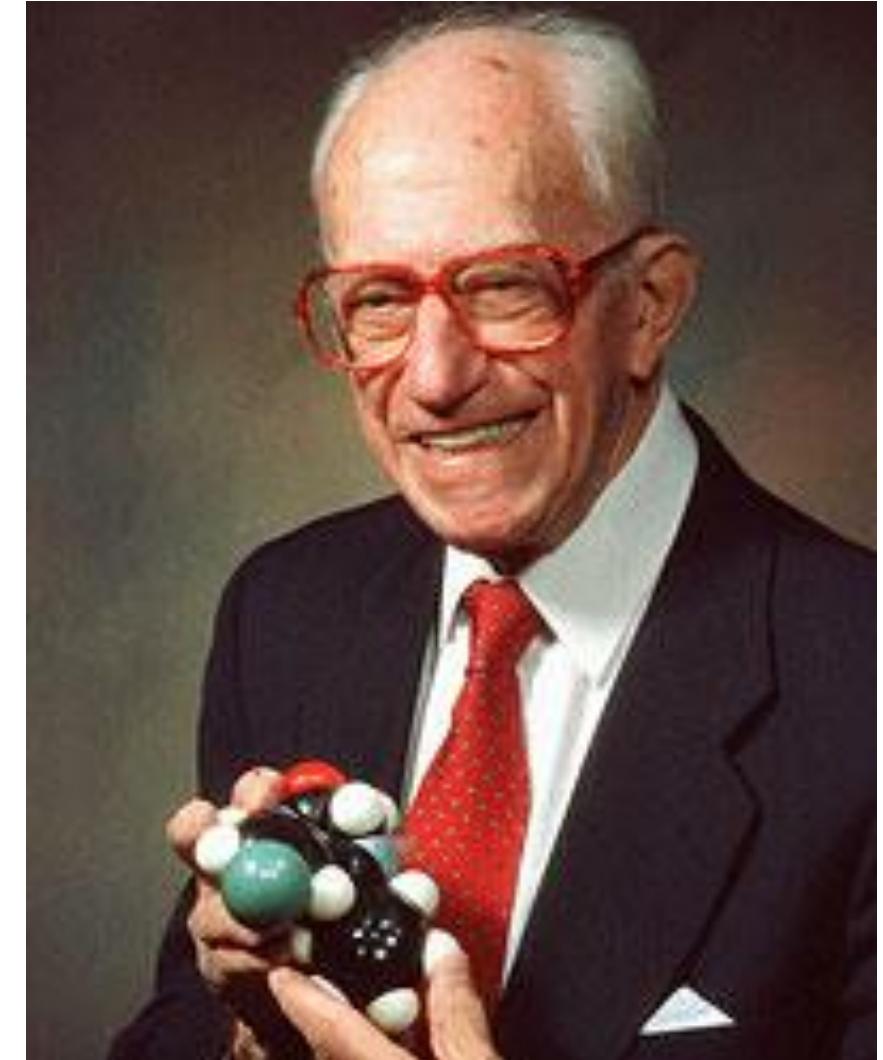
**- practical aspects II.**

**György Domány**

**Scientific adviser  
Gedeon Richter Plc.**

**Leo H. Sternbach**  
**(1908-2005)**

**The Benzodiazepine Story**  
***J. Med. Chem.* 22, 1-7 (1979)**



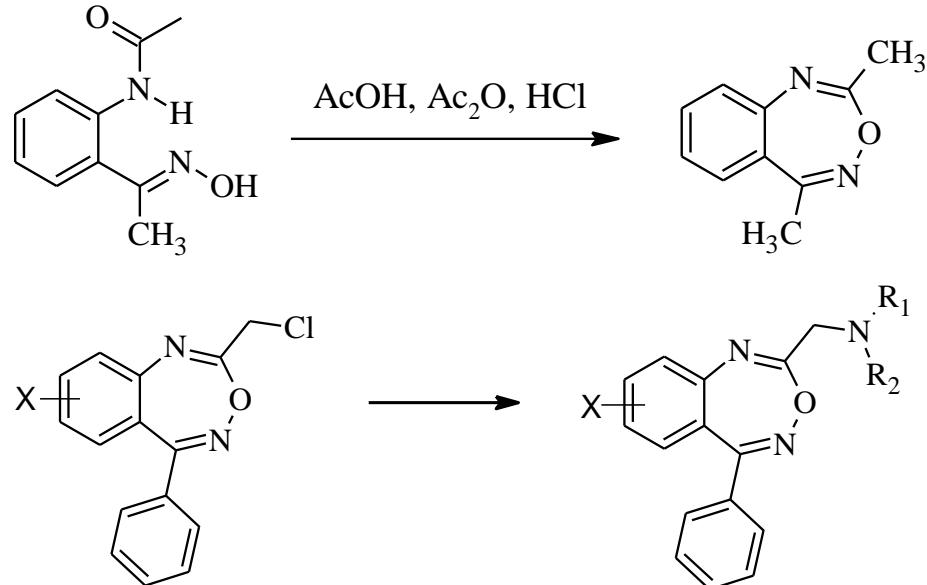
„The pharmacological tests for the screening of sedatives and tranquilizers were well in hand, and we chemists were asked to produce a new compound which would be superior to the then existing tranquilizers.“

„Since our main interest was chemical synthesis we planned to select an approach which would be chemically most attractive, challenging, and satisfying. This left us essentially with two alternatives: to modify existing drugs or to search for a new class of tranquilizers.“

„The class of compounds we were seeking would be expected to fulfill the following criteria:

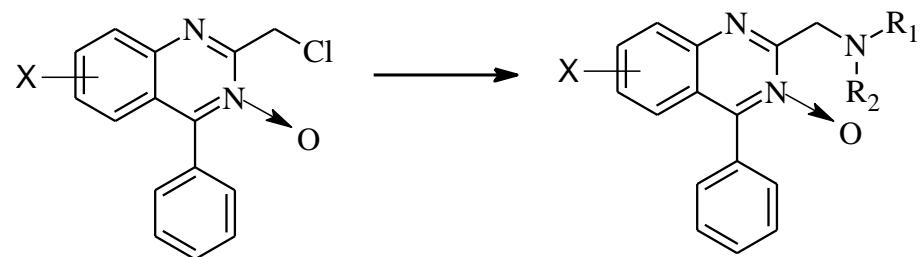
- (1) be relatively unexplored,
- (2) be readily accessible,
- (3) give the possibility of a multitude of variations and transformations,
- (4) offer some challenging chemical problems, and
- (5) „look“ as if it could lead to biologically active products.“

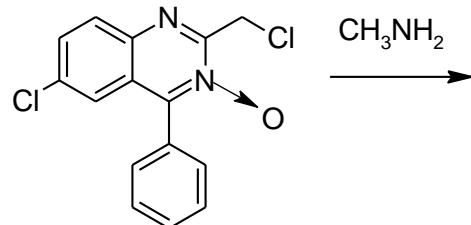
## Benzheptoxdiazines



„The reaction products, we hoped, might have interesting properties, since it is known that basic groups frequently impart biological activity.“

## Quinazoline 3-oxides

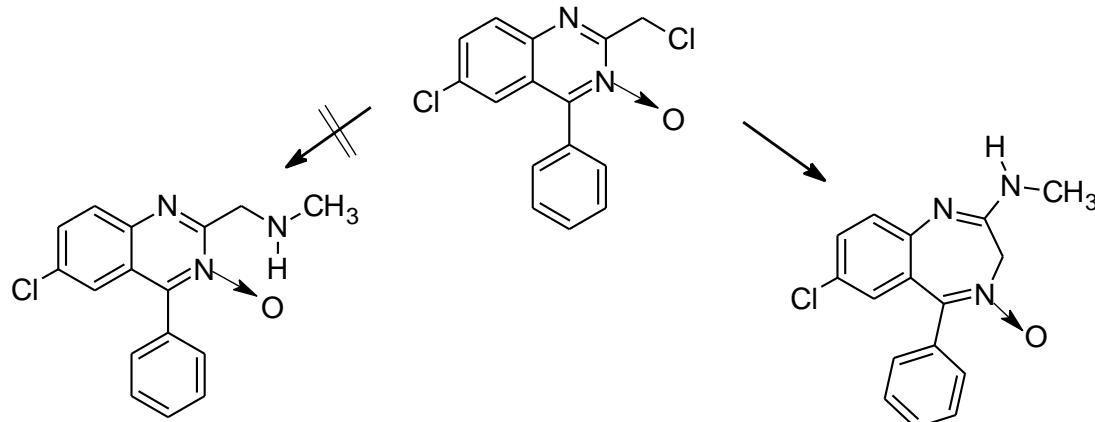




| compound       | Anticonvulsant tests |            |     |                    |     |     |
|----------------|----------------------|------------|-----|--------------------|-----|-----|
|                | electroshock         |            |     |                    |     |     |
|                | Inclined screen      | Foot shock | Cat | Pentylenetetrazole | max | min |
| New comp.      | 100                  | 40         | 2   | 18                 | 92  | 150 |
| meprobamate    | 250                  | 250        | 100 | 150                | 200 | 167 |
| chlorpromazine | 17                   | 20         | 2.5 | 42                 | 150 | 600 |
| phenobarbital  | 120                  | 80         | 10  | 75                 | 18  | 90  |

Dose (mg/kg) of orally administered drug required to achieve the desired effect.

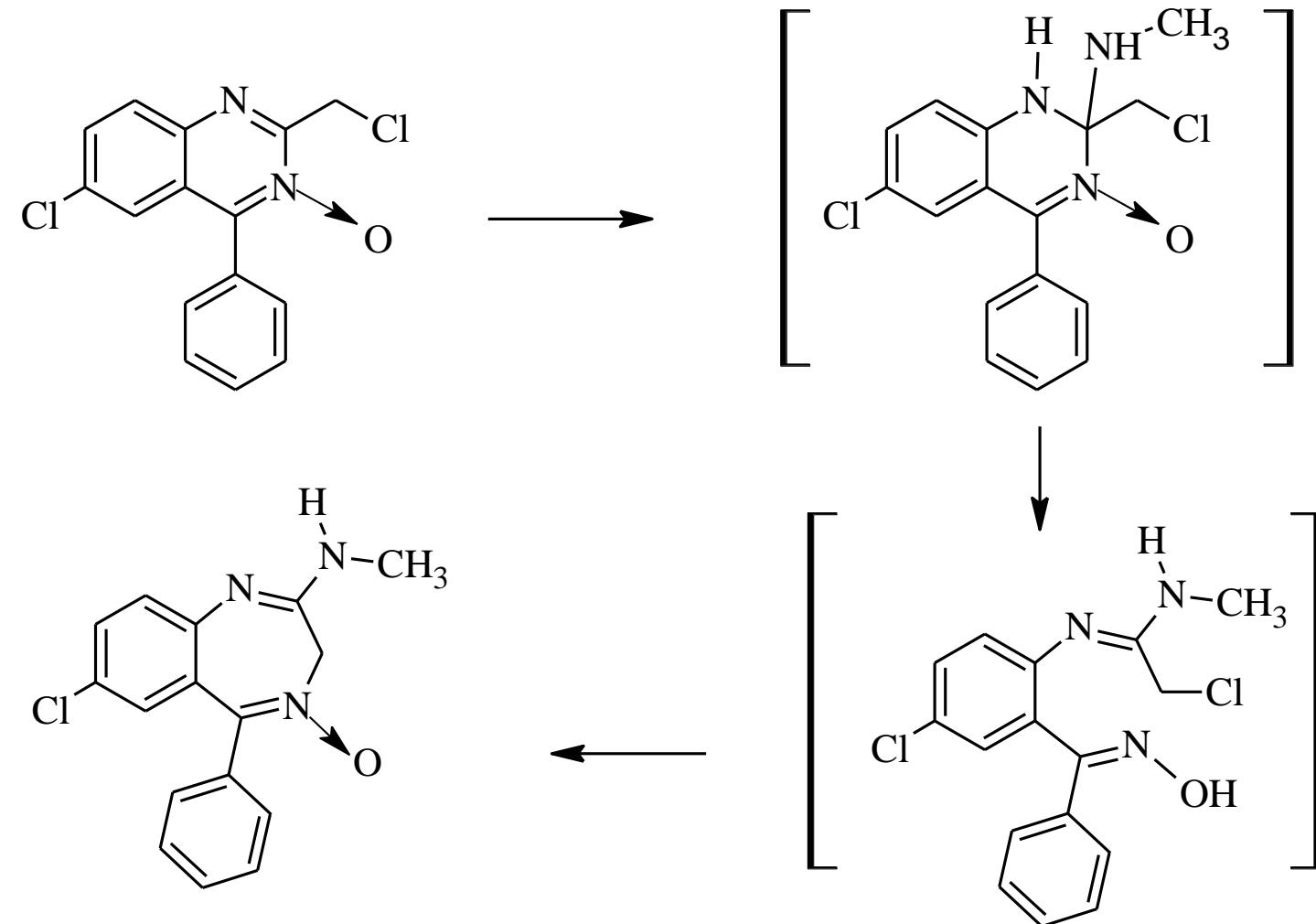
## Benzodiazepines



| compound       | Anticonvulsant tests |            |     |                    |     |     |
|----------------|----------------------|------------|-----|--------------------|-----|-----|
|                |                      |            |     | electroshock       |     |     |
|                | Inclined screen      | Foot shock | Cat | Pentylenetetrazole | max | min |
| New comp.      | 100                  | 40         | 2   | 18                 | 92  | 150 |
| meprobamate    | 250                  | 250        | 100 | 150                | 200 | 167 |
| chlorpromazine | 17                   | 20         | 2.5 | 42                 | 150 | 600 |
| phenobarbital  | 120                  | 80         | 10  | 75                 | 18  | 90  |

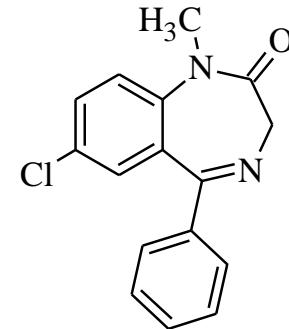
Dose (mg/kg) of orally administered drug required to achieve the desired effect.

Prep.: 1955; test.: May 1957; patent application: May 1958; patent granted: July 1959; launch: 1960 (Librium - Elenium)

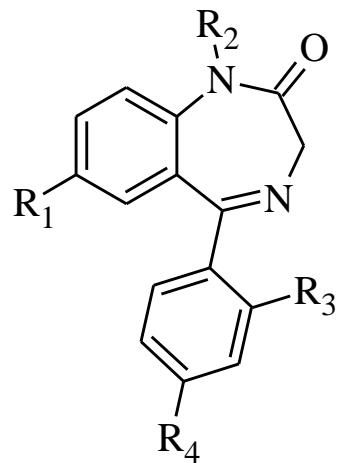


## Benzodiazepines

Prepared and tested: 1959; launch: 1963 Valium - Seduxen,  
„Mother's Little Helper“ (1966 Rolling Stones)

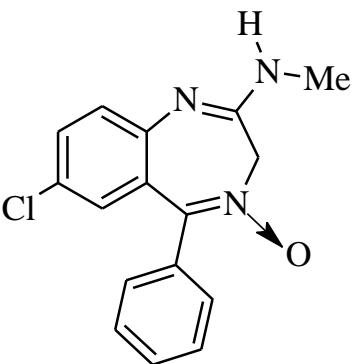


| compound | Anticonvulsant tests |            |     |                    |     |     |
|----------|----------------------|------------|-----|--------------------|-----|-----|
|          |                      |            |     | electroshock       |     |     |
|          | Inclined screen      | Foot shock | cat | Pentylenetetrazole | max | min |
| Librium  | 100                  | 40         | 2   | 18                 | 92  | 150 |
| Valium   | 30                   | 10         | 0.2 | 1.4                | 6.4 | 64  |

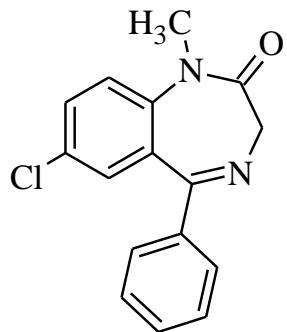


Over 3000 1,4-benzo- and heterodiazepinones by Roche

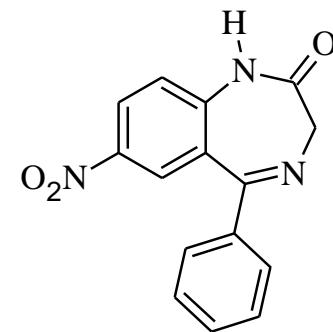
R<sub>1</sub>: activity increased by electronwithdrawing groups (Hlg, NO<sub>2</sub>, CF<sub>3</sub>);  
R<sub>2</sub>: activity increased by Me (decreased by larger groups);  
R<sub>3</sub>: activity increased by halogens (F, Cl);  
R<sub>4</sub>: activity very strongly decreased by any substituents



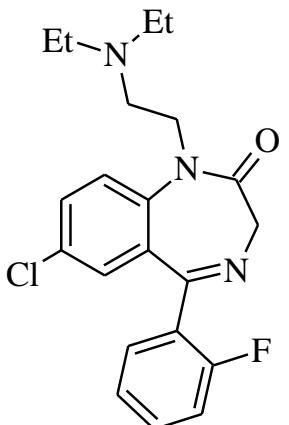
1960 chlordiazepoxide



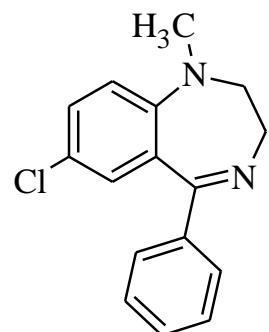
1963 diazepam



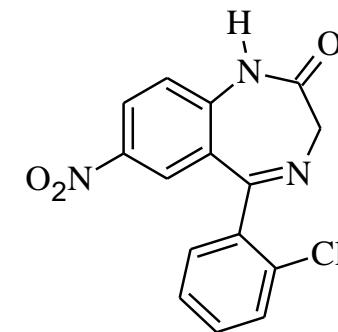
1965 nitrazepam



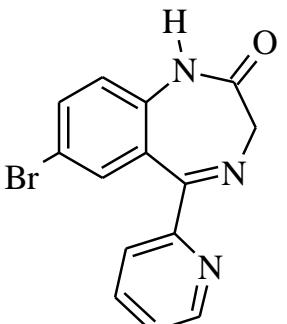
1968 flurazepam



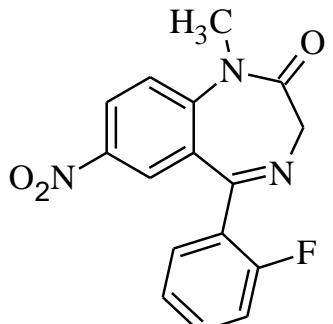
1968 medazepam



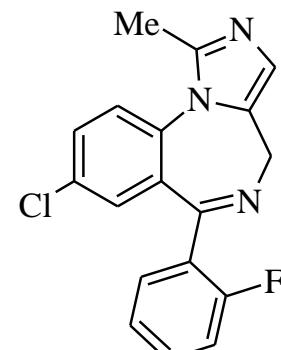
1973 clonazepam



1974 bromazepam



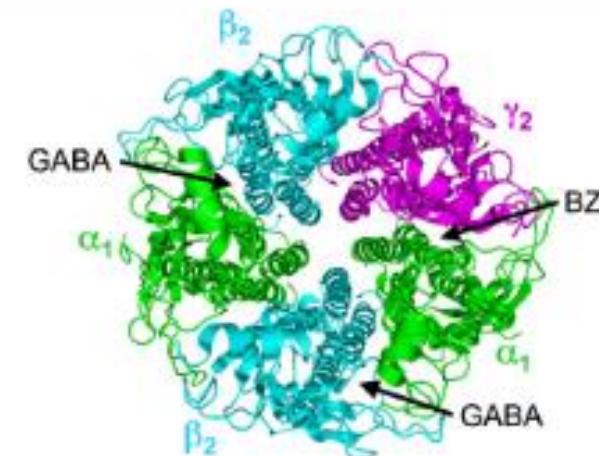
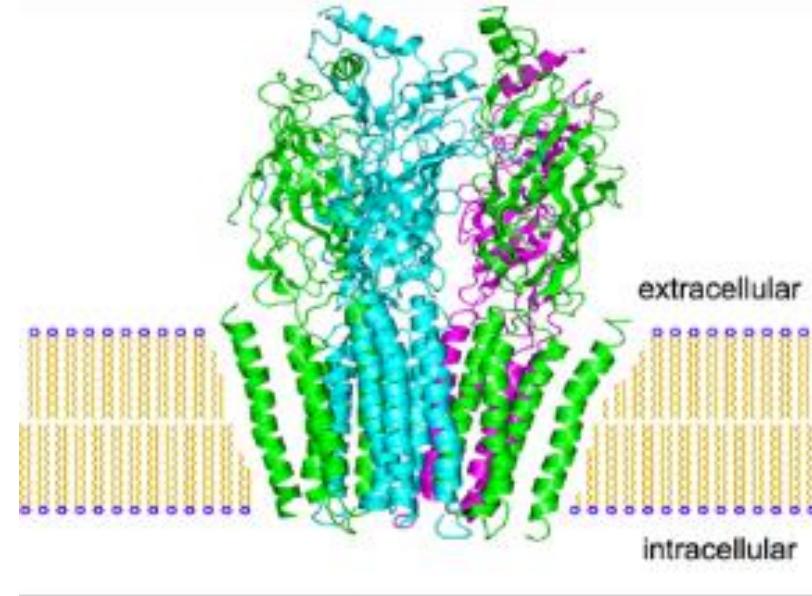
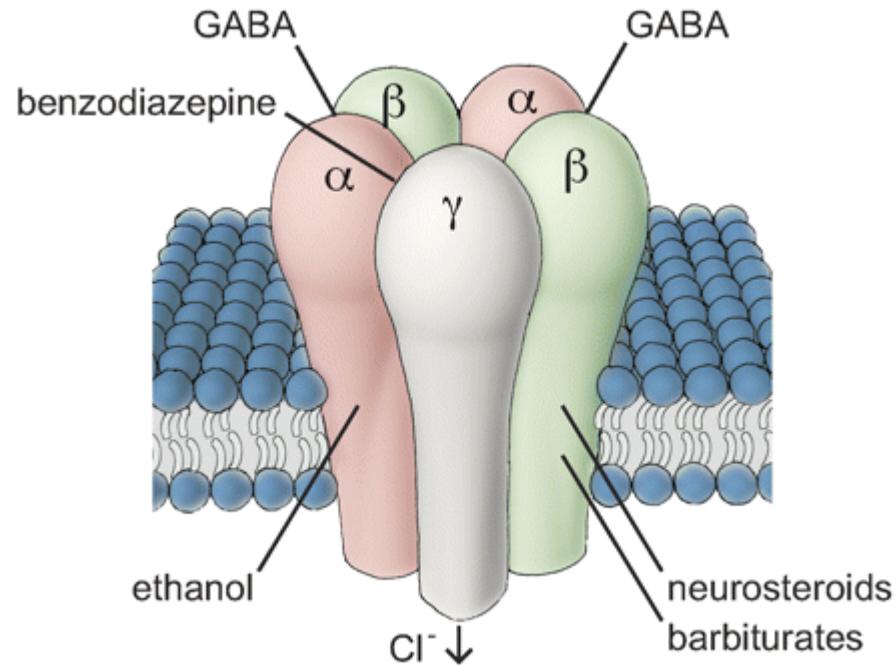
1974 flunitrazepam



1982 midazolam

|                                 |                            |                               |
|---------------------------------|----------------------------|-------------------------------|
| 1960 chlordiazepoxide (Roche)   | 1963 diazepam (Roche)      | 1964 oxazepam (Pfizer)        |
| 1965 nitrazepam (Roche)         | 1967 clorazapate (Sanofi)  | 1968 flurazepam (Roche)       |
| 1968 medazepam (Roche)          | 1969 temazepam (Pfizer)    | 1971 lorazepam (Pfizer)       |
| 1973 clonazepam (Roche)         | 1973 nordazepam (Midy)     | 1973 prazepam (Pfizer)        |
| 1974 bromazepam (Roche)         | 1974 flunitrazepam (Roche) | 1974 tofizopam (Mochida)      |
| 1975 clomazam (Sanofi)          | 1975 estazolam (Abbott)    | 1978 triazolam (Pfizer)       |
| 1979 clotiazepam (Mitsubishi)   | 1980 ketazolam (Pfizer)    | 1980 lormetazepam (Pfizer)    |
| 1982 ethyl loflazepate (Sanofi) | 1982 halazepam (Merck&Co.) | 1982 midazolam (Roche)        |
| 1983 alprazolam (Pfizer)        | 1983 loprazolam (Sanofi)   | 1984 brotizolam (Boehringer)  |
| 1984 doxefazepam (Schiapp.)     | 1985 quazepam (Merck&Co.)  | 1992 cinolazepam (GL Pharma.) |

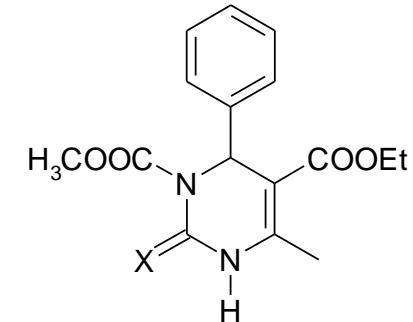
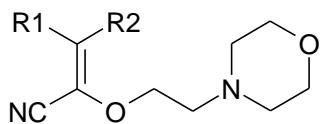
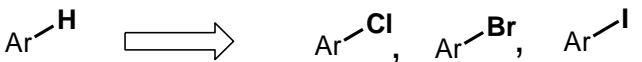
# MoA: $GABA_A$ positive allosteric modulators



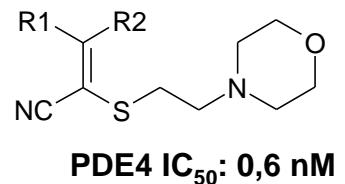
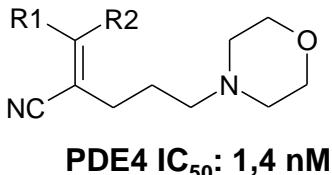
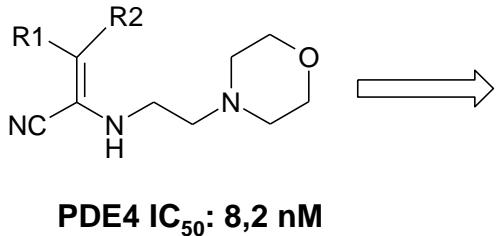
**Bioisosterism:** the relationship between bioisosteres, substituents or groups with similar physical or chemical properties that impart similar biological properties to a chemical compound.

# Bioisosterism

A



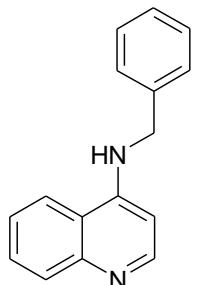
B



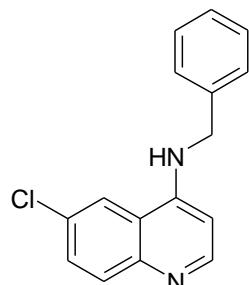
| X  | Van der Waal's rádiusz ( $\text{\AA}$ ) | $\text{IC}_{50}$ (nM)* |
|----|---|------------------------|
| O  | 1,40                                    | 140                    |
| NH | 1,50                                    | 160                    |
| S  | 1,85                                    | 17                     |

# Bioisosterism

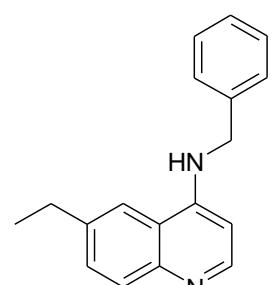
## Adenosin A3 antagonists



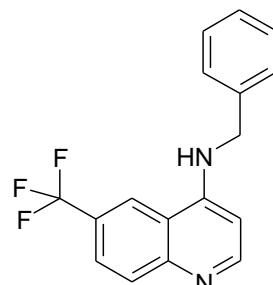
clogP: 3,41 (szám.)



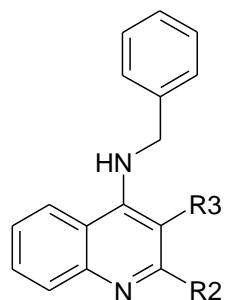
clogP: 4,07 (szám.)



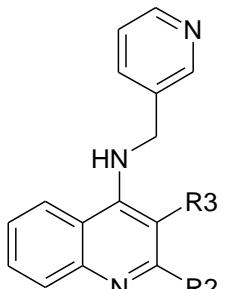
clogP: 4,35 (szám.)



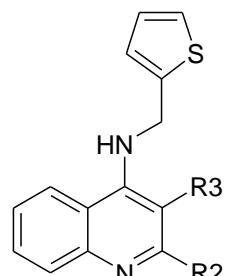
clogP: 4,35 (szám.)



A3 IC<sub>50</sub>: 0,5 nM



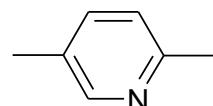
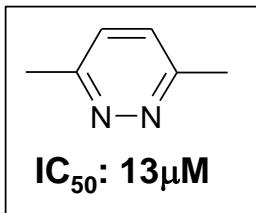
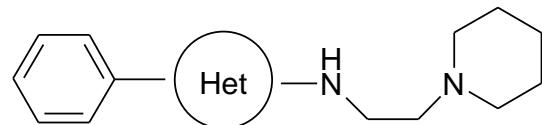
A3 IC<sub>50</sub>: 1,7 nM



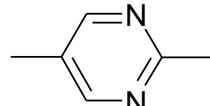
A3 IC<sub>50</sub>: 0,4 nM

# Bioisosterism

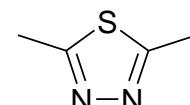
## AChE inhibitors



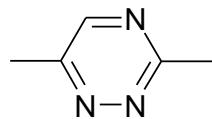
**IC<sub>50</sub>: 70 μM**



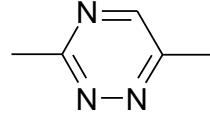
**IC<sub>50</sub>: >100 μM**



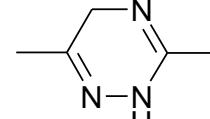
**IC<sub>50</sub>: 54 μM**



**IC<sub>50</sub>: 60 μM**



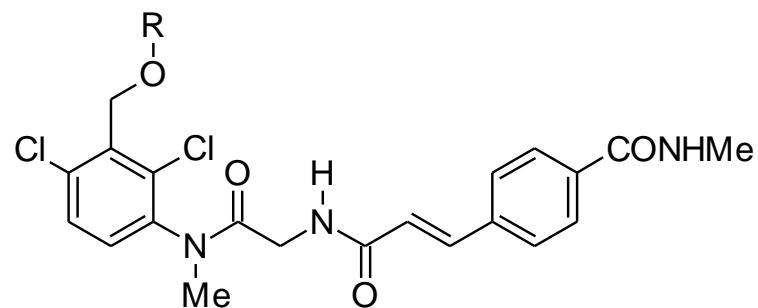
**IC<sub>50</sub>: 57 μM**



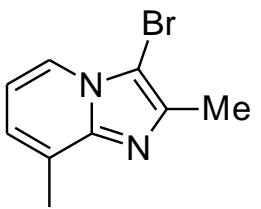
**IC<sub>50</sub>: 47 μM**

# Bioisosterism

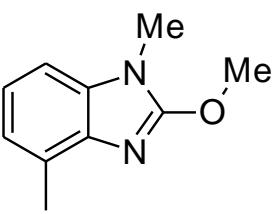
## Bradykinin B2 antagonists



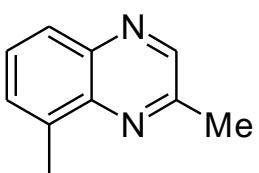
R:



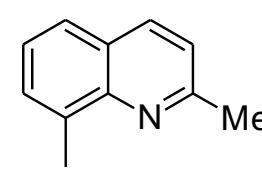
$IC_{50}$ : 1,5 nM



$IC_{50}$ : 2,2 nM



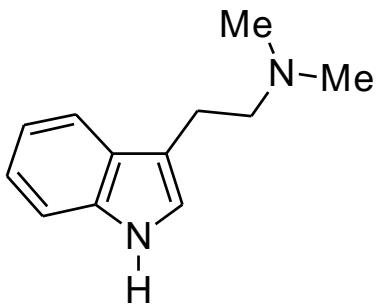
$IC_{50}$ : 3,1 nM



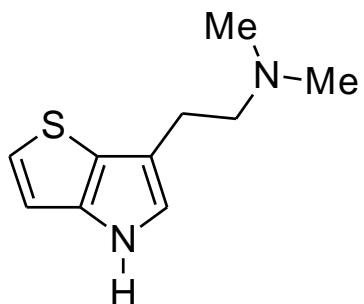
$IC_{50}$ : 1,3 nM

# Bioisosterism

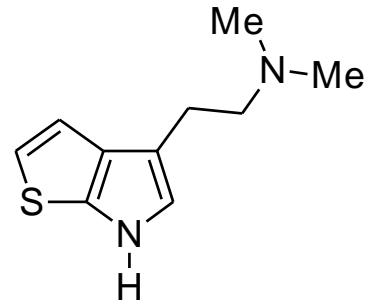
## 5HT receptor ligands



A



B

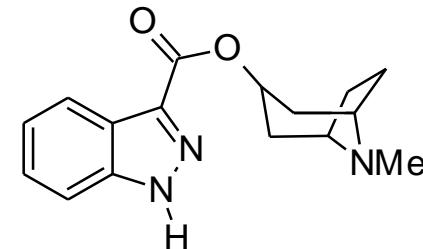
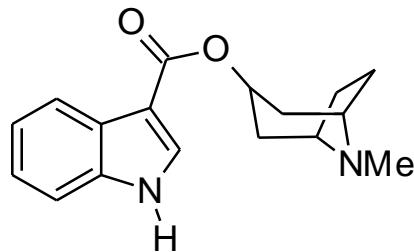


C

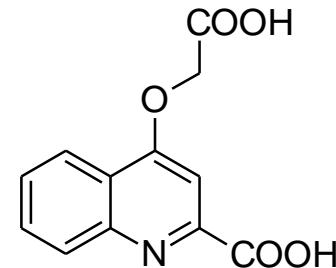
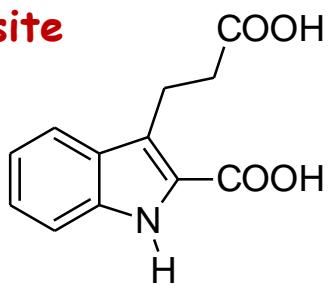
|   | 5HT <sub>1A</sub> K <sub>i</sub><br>(nM) | 5HT <sub>2A</sub> K <sub>i</sub><br>(nM) | 5HT <sub>2B</sub> K <sub>i</sub><br>(nM) | 5HT <sub>2C</sub> K <sub>i</sub><br>(nM) |
|---|--|--|--|--|
| A | 259                                      | 65                                       | 101                                      | 33                                       |
| B | 76                                       | 276                                      | 214                                      | 64                                       |
| C | 184                                      | 106                                      | 483                                      | 102                                      |

# Bioisosterism

5HT<sub>3</sub> agonists



NMDA glicin site

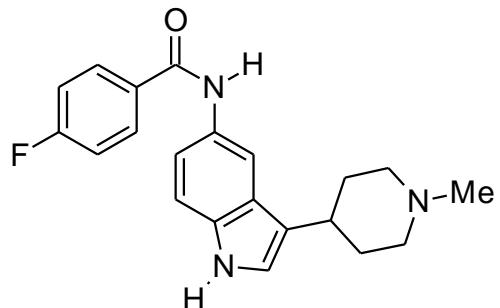


Gly IC<sub>50</sub>: 27 μM

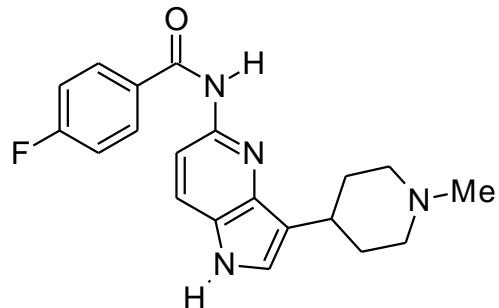
Gly IC<sub>50</sub>: 25 μM

# Bioisosterism

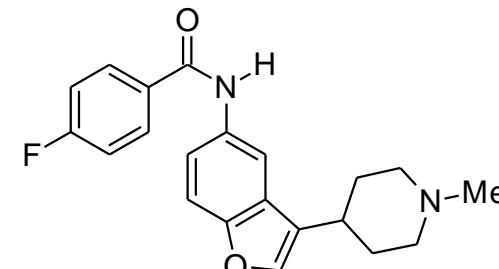
## 5HT<sub>1F</sub> receptor agonists



1



2

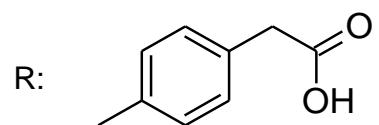
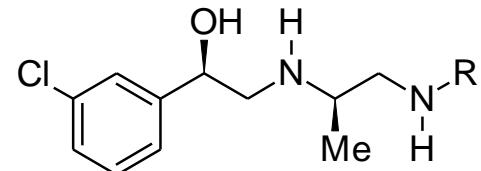


3

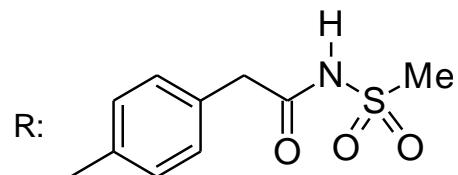
|   | 5HT <sub>1F</sub> Ki<br>(nM) | 5HT szelektivitás |       |       |
|---|------------------------------|-------------------|-------|-------|
|   |                              | 1A/1F             | 1B/1F | 1D/1F |
| 1 | 1,6                          | 7                 | 85    | 86    |
| 2 | 7,6                          | 7,3               | 160   | 960   |
| 3 | 3,1                          | 134               | >1000 | >1000 |

# Bioisosterism

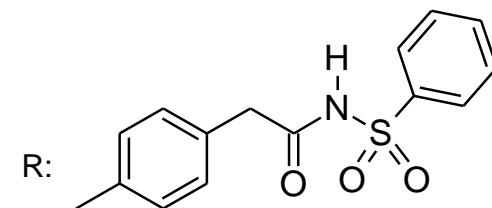
## $\beta_3$ adrenoceptor agonists



$pEC_{50}$ : 7,8  
 $E_{max}$ : 117%



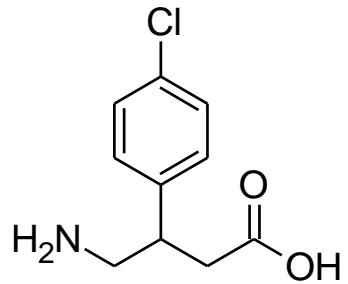
$pEC_{50}$ : 8,3  
 $E_{max}$ : 96%



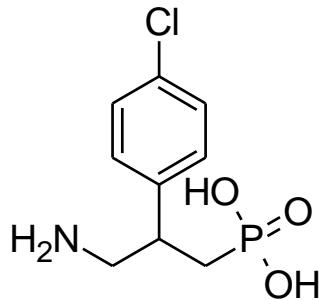
$pEC_{50}$ : 9,1  
 $E_{max}$ : 110%

# Bioisosterism

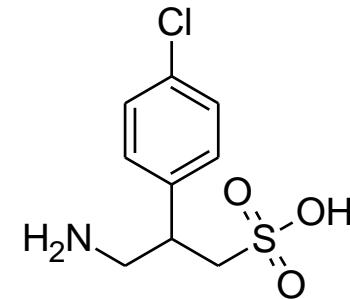
*GABA<sub>B</sub>* agonists



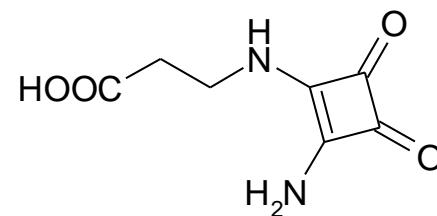
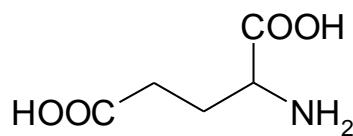
baclofen



phaclofen

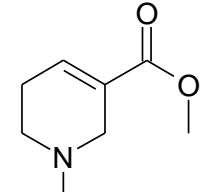


saclofen

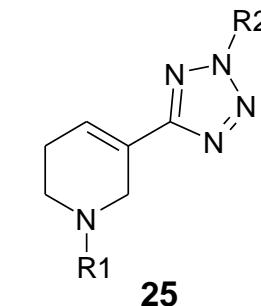
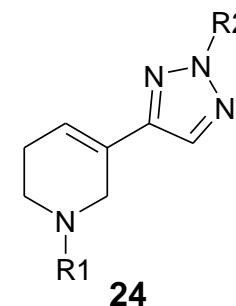
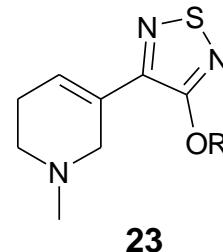
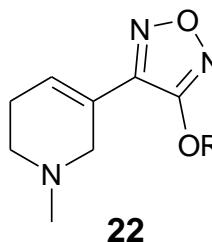
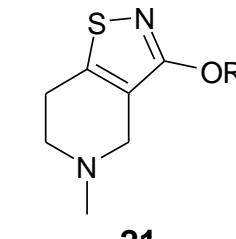
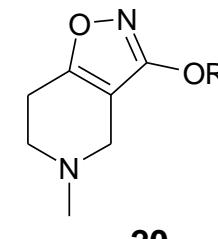
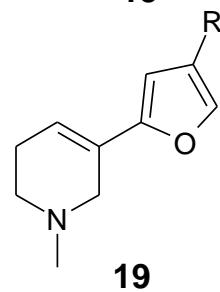
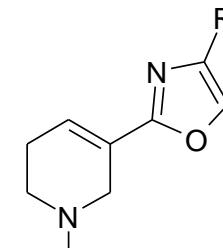
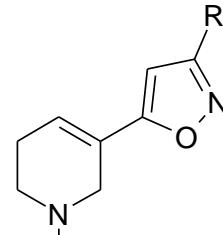
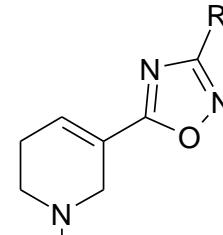
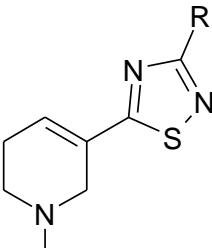


# Bioisosterism

## Muscarinic agonists

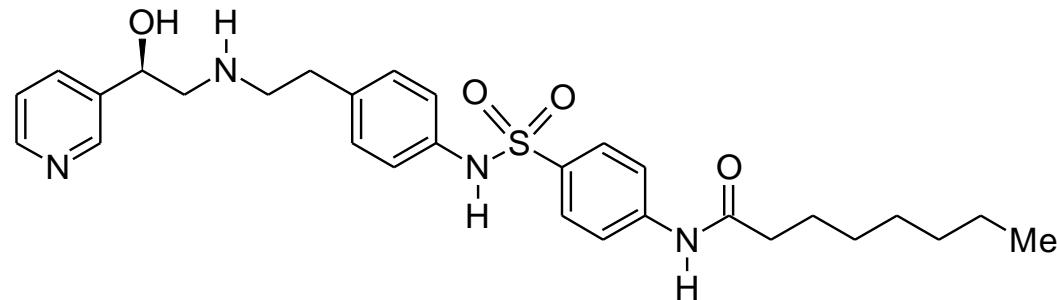


Arecoline

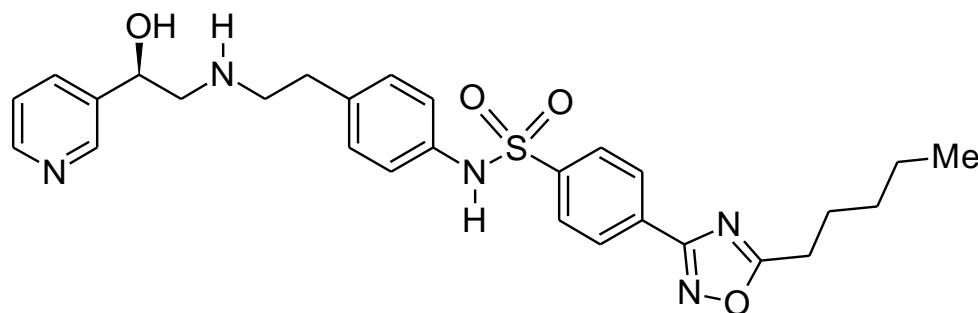


# Bioisosterism

$\beta_3$  adrenoceptor agonists



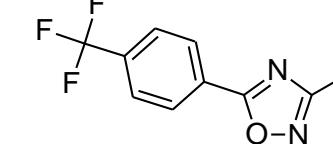
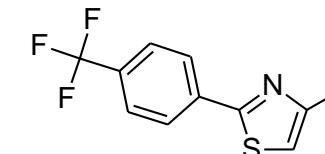
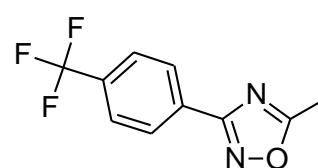
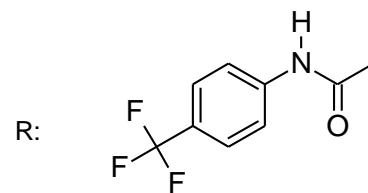
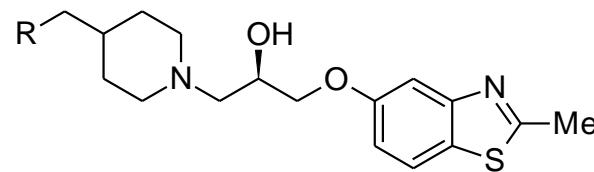
$\beta_3$  EC<sub>50</sub>: 18 nM, E<sub>max</sub>: 81%



$\beta_3$  EC<sub>50</sub>: 23 nM, E<sub>max</sub>: 53%

# Bioisosterism

## Fatty acid oxidation inhibitors



IC<sub>50</sub>: 7,6 μM  
met.stab.: 28%

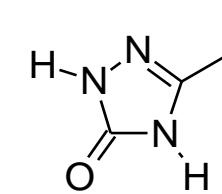
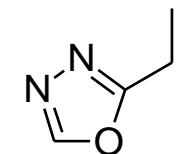
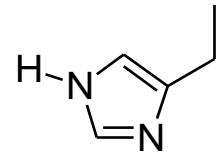
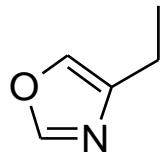
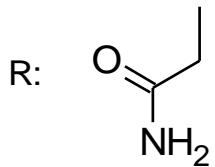
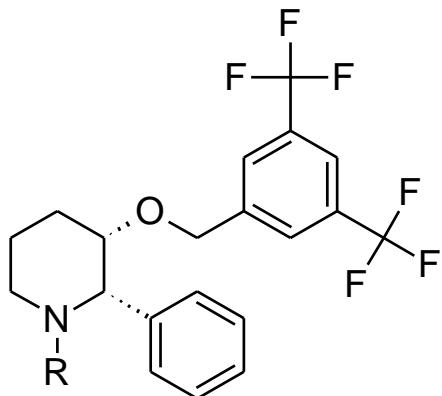
IC<sub>50</sub>: 3,6 μM  
met.stab.: 72%

IC<sub>50</sub>: 1,3 μM  
met.stab.: 40%

IC<sub>50</sub>: 0,38 μM  
met.stab.: 74%

# Bioisosterism

## NK1 antagonists



$IC_{50}$ : 1,3 nM

$IC_{50}$ : 1,0 nM

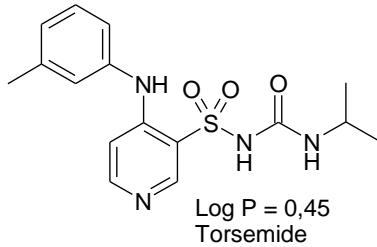
$IC_{50}$ : 0,90 nM

$IC_{50}$ : 0,97 nM

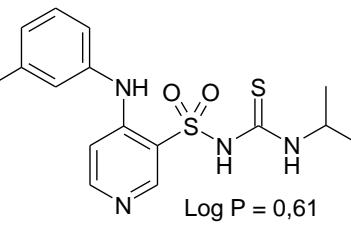
$IC_{50}$ : 0,05 nM

# Bioisosterism

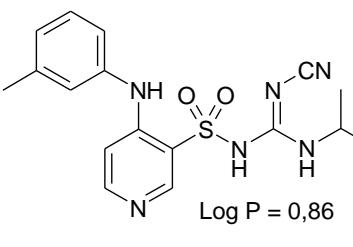
## Diuretics



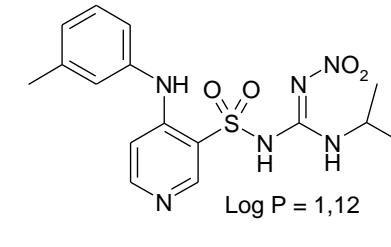
Log P = 0,45  
Torsemide



Log P = 0,61

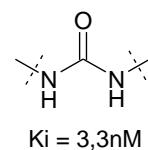
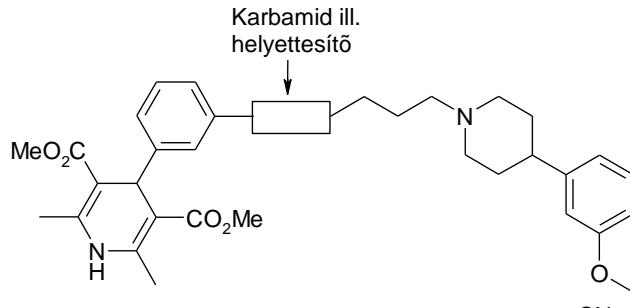


Log P = 0,86

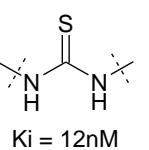


Log P = 1,12

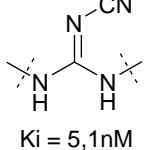
## NPY Y1 antagonists



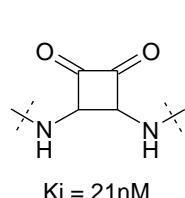
Ki = 3,3nM



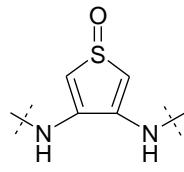
Ki = 12nM



Ki = 5,1nM



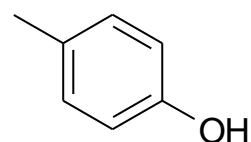
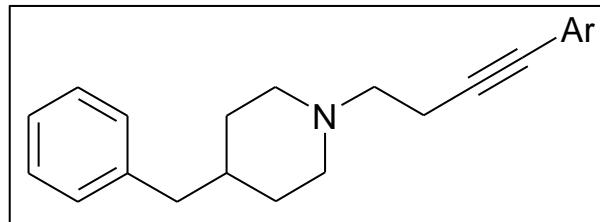
Ki = 21nM



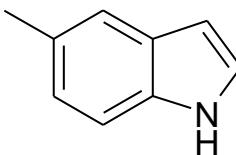
Ki = 24nM

# Bioisosterism

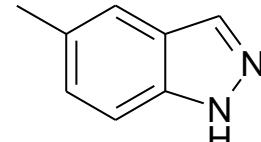
## NMDA antagonists



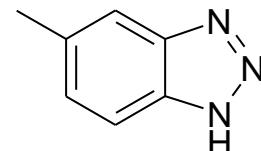
$IC_{50}$ : 0,17 $\mu$ M



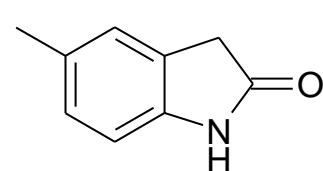
5-Indol  
 $IC_{50}$ : 0,63 $\mu$ M



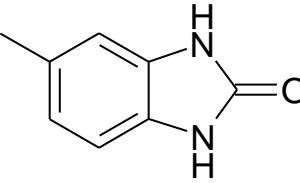
5-Indazol  
 $IC_{50}$ : 0,25 $\mu$ M



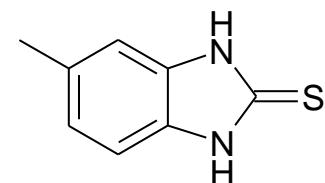
5-Benztriazol  
 $IC_{50}$ : 0,22 $\mu$ M



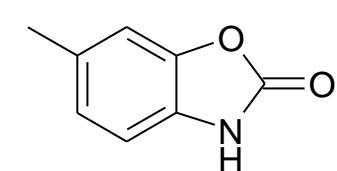
5-Indolon  
 $IC_{50}$ : 0,32 $\mu$ M



5-Imidazolon  
 $IC_{50}$ : 0,09 $\mu$ M



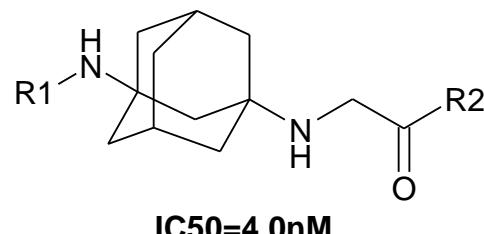
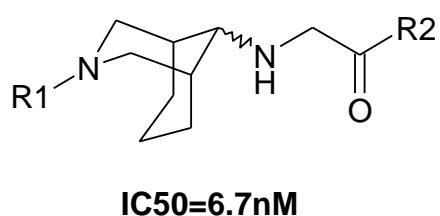
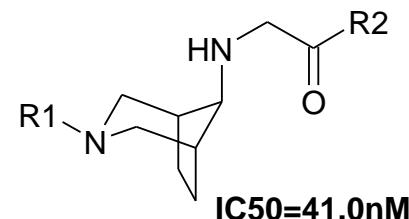
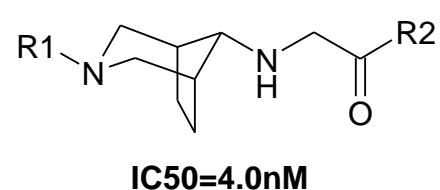
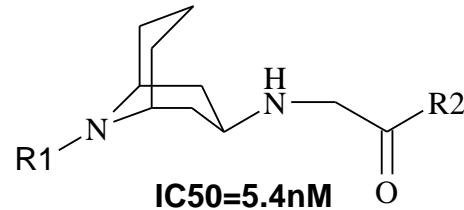
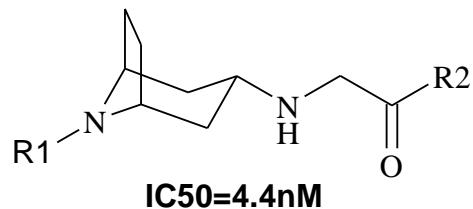
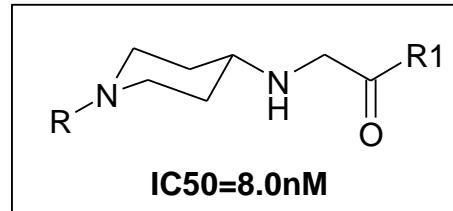
5-Imidazol-tion  
 $IC_{50}$ : 0,18 $\mu$ M



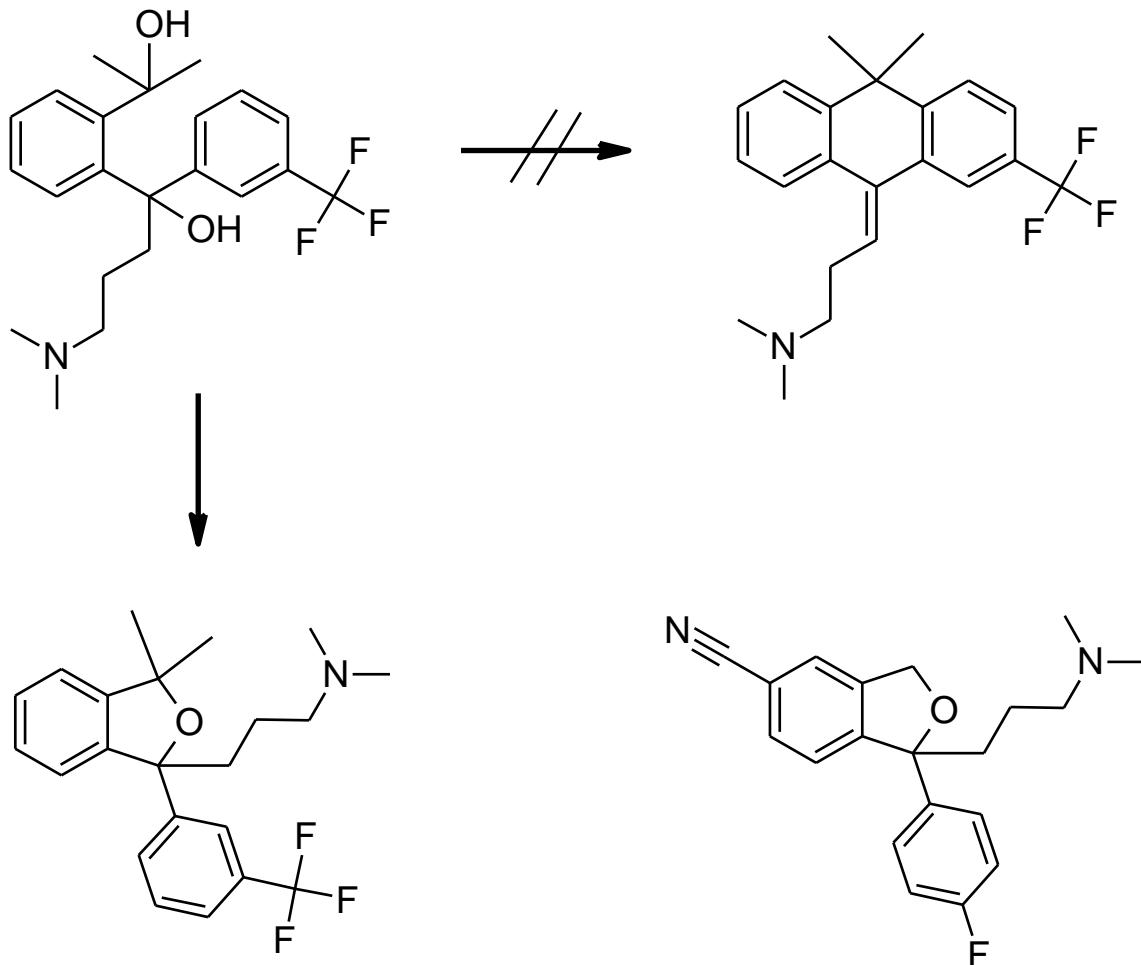
5-Imidazolon  
 $IC_{50}$ : 0,12 $\mu$ M

# Bioisosterism

## DPP IV inhibitors

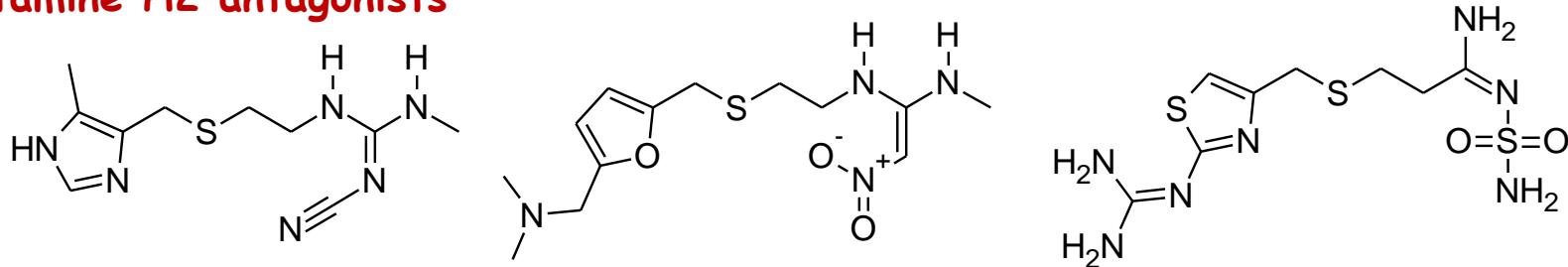


# Scaffold hopping

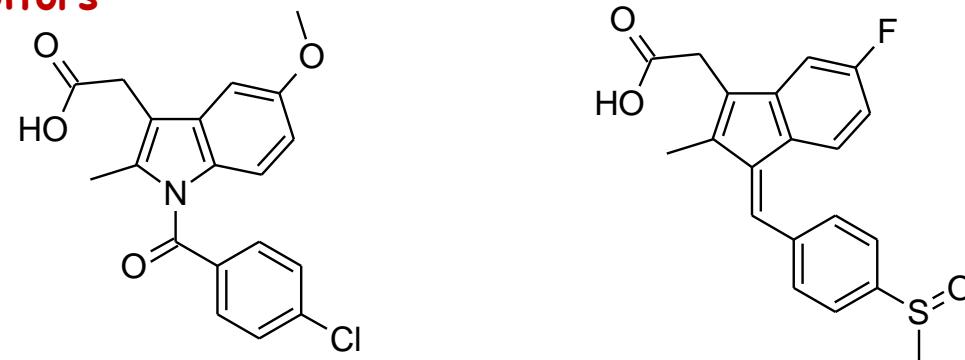


# Scaffold hopping

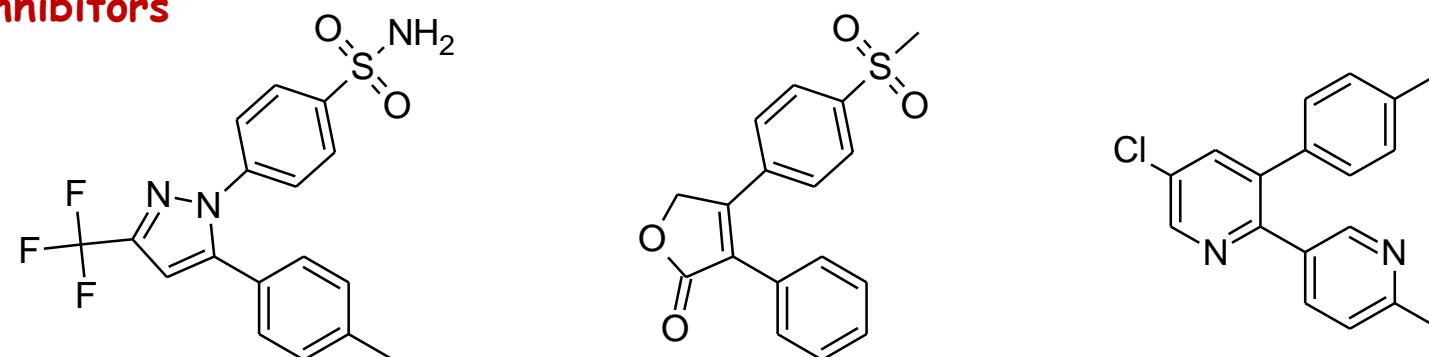
## Histamine H<sub>2</sub> antagonists



## COX1/COX2 inhibitors

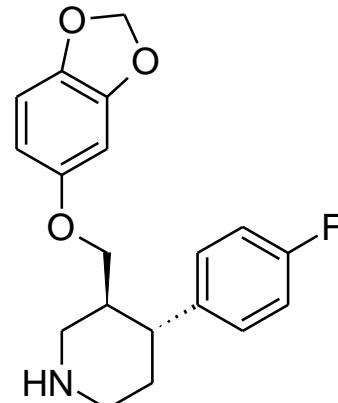
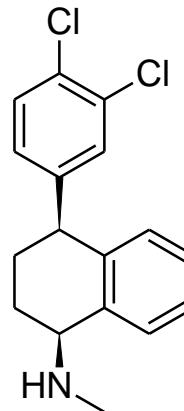
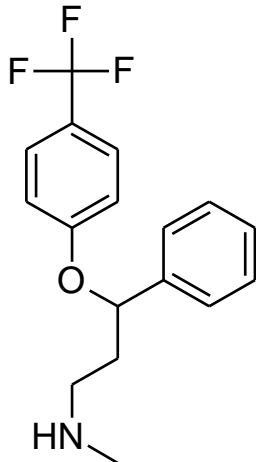


## COX2 inhibitors

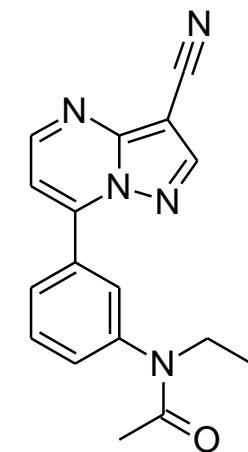
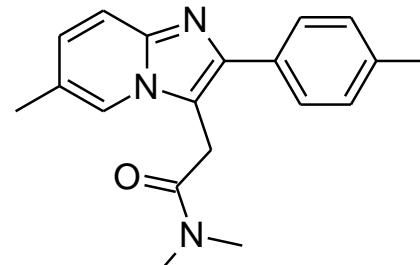
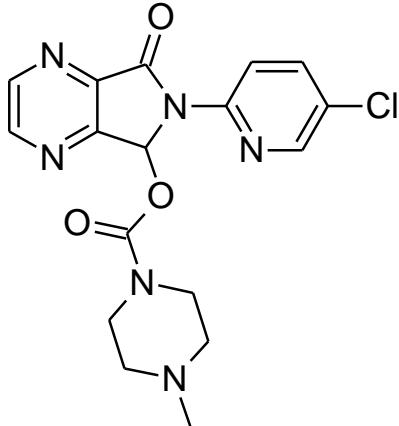


# Scaffold hopping

SSRIs

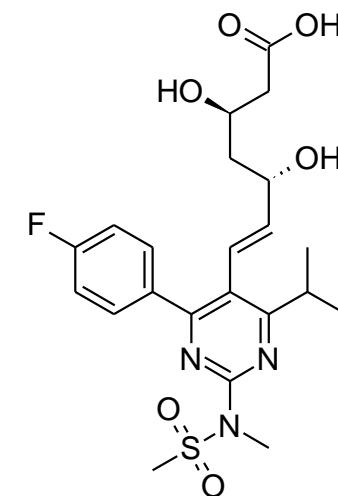
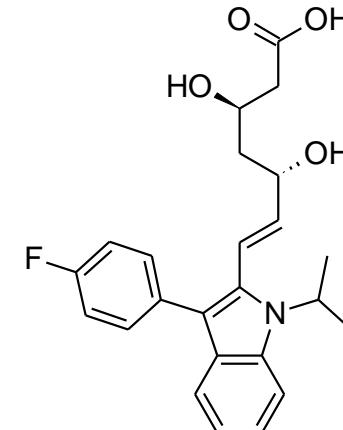
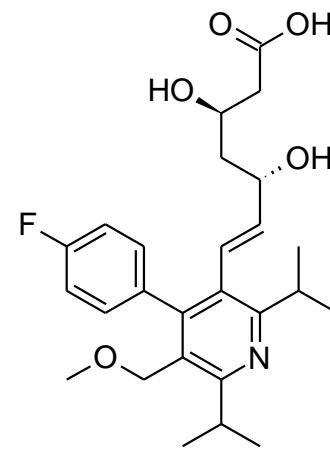
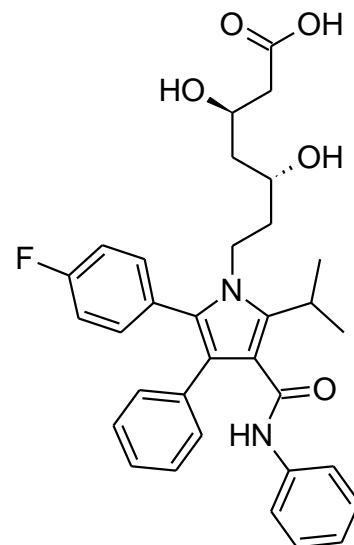


GABA<sub>A</sub> ligands



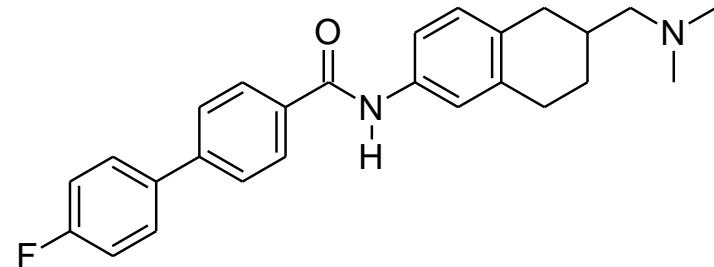
# Scaffold hopping

## HMG-CoA reductase inhibitors

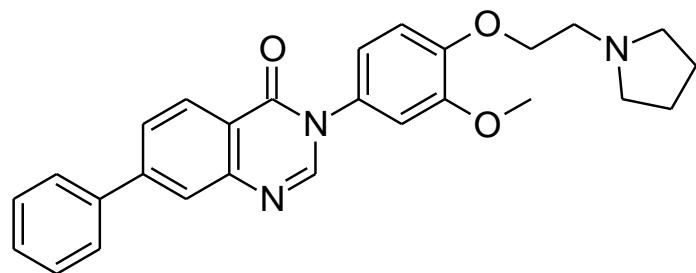


# Scaffold hopping

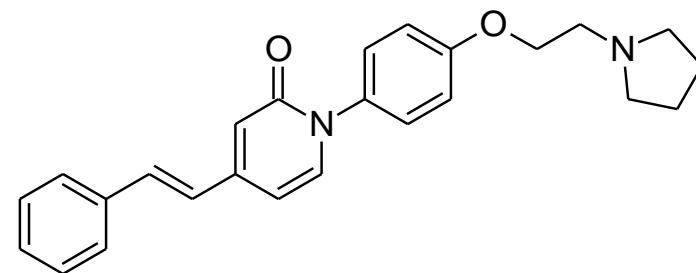
MCHR-1 antagonists



GTP $\gamma$ S IC<sub>50</sub>: 19 nM



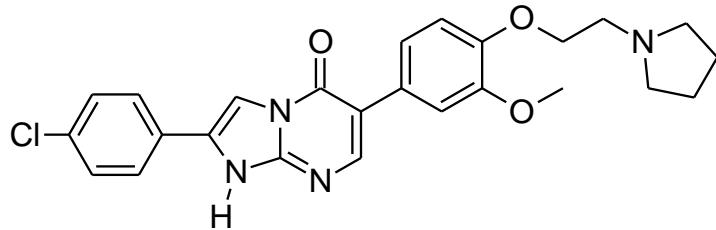
K<sub>i</sub>: 2,1 nM (Boehringer)



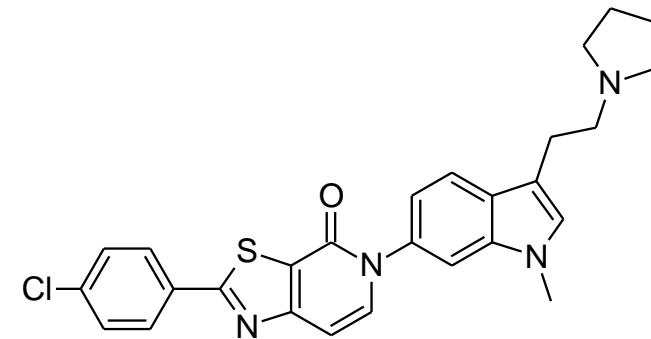
K<sub>i</sub>: 1,5 nM (Banyu)

# Scaffold hopping

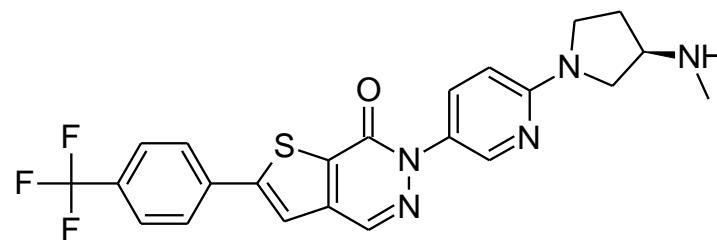
## MCHR-1 antagonists



$K_i$ : 77 nM (Pharmacopeia)



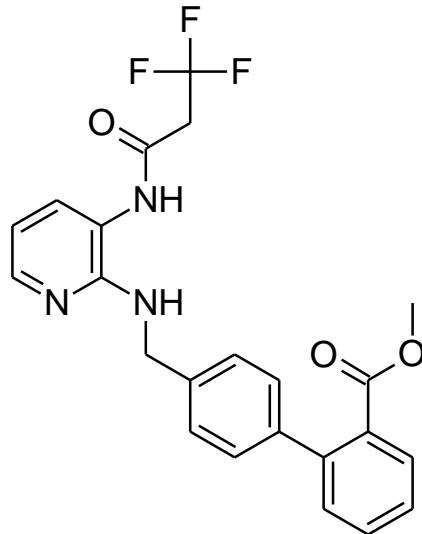
$K_i$ : 3,16 nM (Eli Lilly)



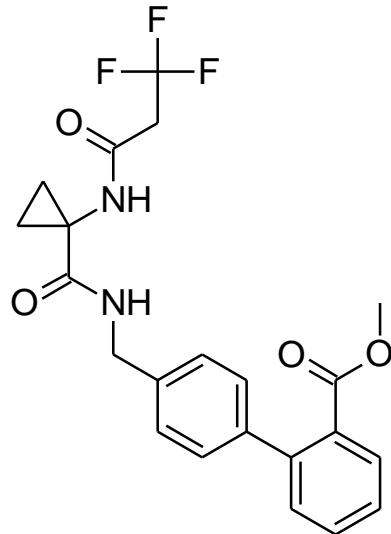
$K_i$ : 3,3 nM (Neurocrine)

# Scaffold hopping

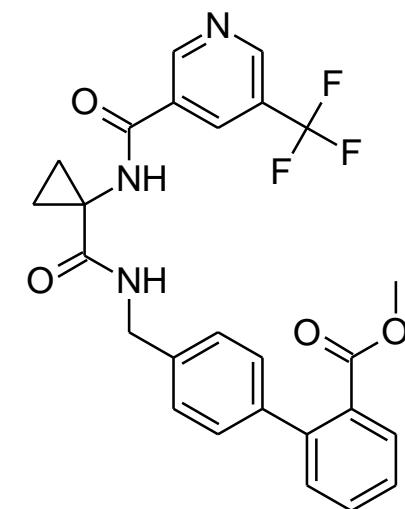
Bradykinin B1 antagonists



$K_i: 11.8 \text{ nM}$



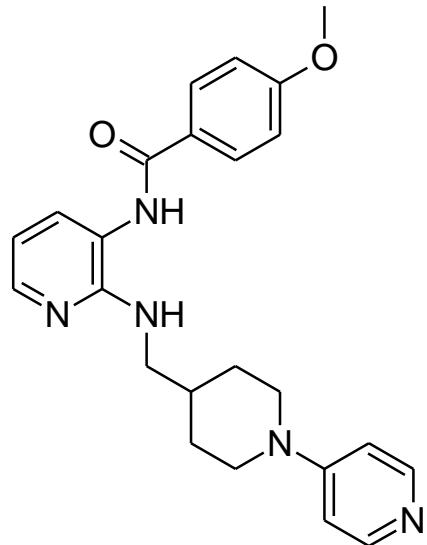
$K_i: 63 \text{ nM}$



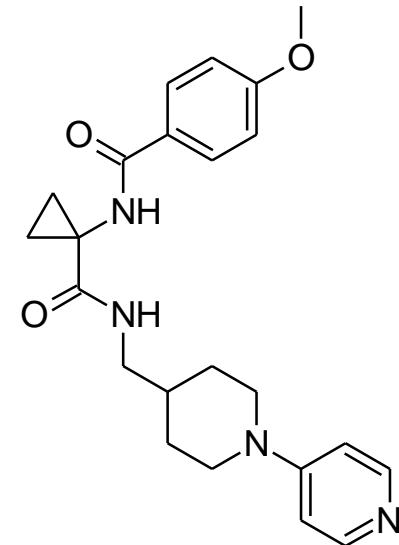
$K_i: 1.8 \text{ nM}$

# Scaffold hopping

Factor Xa inhibitors

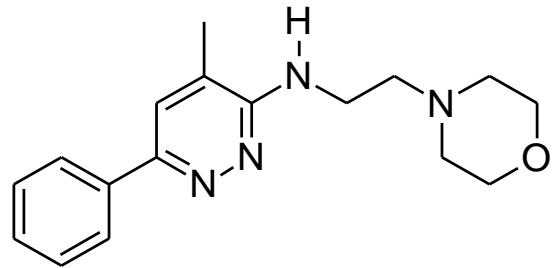


$K_i: 39 \text{ nM}$

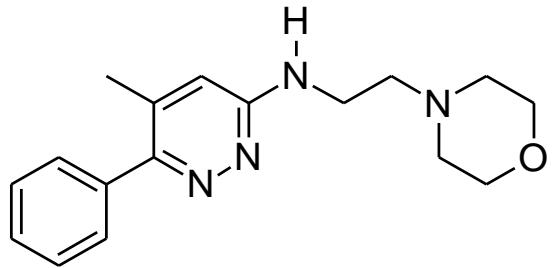


$K_i: 175 \text{ nM}$

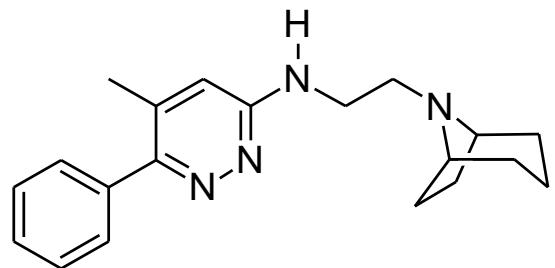
## Selective Optimization of Side Activities (SOSA)



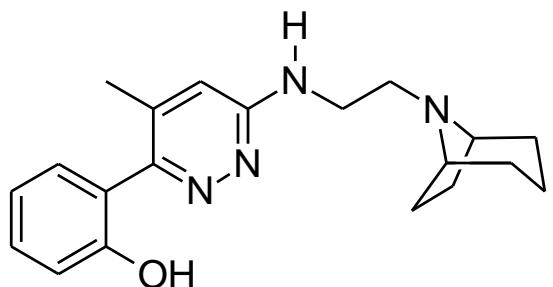
$M_1 K_i: 17000 \text{ nM}$   
Minaprine (MAO-A)



$M_1 K_i: 550 \text{ nM}$



$M_1 K_i: 50 \text{ nM}$



$M_1 K_i: 3 \text{ nM}$



Camille G. Wermuth (1933-2015)

# Scaffold hopping: practical application of bioisosterism

**Druglikeness,  
structure/property  
relationships**

# Christopher A. Lipinski

Born: 1944 (?)

BSc: 1965

PhD: 1968

Pfizer: 1970-2002

„Rule of 5“: 1995



**Goal: to identify compounds that reached Phase II clinical trial**

World Drug Index : 50427 compounds

Out of which United States Adopted Name: 7894

Out of which International Non-proprietary Name: 6320

The sum of the above two groups minus the identicals: 8548

„Indication and usage“ suggesting clinical exposure: 3704

Minus 1176 „POLY“, 87 „PEPTIDE“, 101 „Quat“, 53 O=P-O.

**REMAINED 2245-MEMBERED COMPOUND LIBRARY CALLED „USAN“**

## Calculated properties influencing solubility/permeability

Molecular weight: 11% of „USAN” had >500;

Lipophilicity (octanol/water partition coefficient, LogP): 10% of „USAN” had > 5;

H-bond donors (OH+NH): 8% of „USAN” had > 5;

H-bond acceptors (O+N): 12% os „USAN” had > 10.

„The 'rule of 5' states that: poor absorption or permeation are more likely when:

There are more than 5 H-bond donors (expressed as the sum of OHs and NHs);

The MWT is over 500;

The Log P is over 5 (or MLogP is over 4.15);

There are more than 10 H-bond acceptors (expressed as the sum of Ns and Os)

Compound classes that are substrates for biological transporters are exceptions to the rule.”

The 'Rule of 5' was implemented at Pfizer in 1995, and published in 1997.

Advanced Drug Delivery Reviews Volume 23, Issue 1-3, 15

January 1997, Pages 3-25

*Experimental and computational approaches to estimate solubility and permeability in drug discovery and development settings (Review)*

Lipinski, C.A. [Email Author](#),

Lombardo, F.,

Dominy, B.W.,

Feeney, P.J.

Cited by: 5377

This paper was republished in a special issue dedicated to Dr. Eric Tomlinson, Advanced Drug Delivery Reviews, A Selection of the Most Highly Cited Articles, 1991-1998

Advanced Drug Delivery Reviews Volume 46, Issue 1-3, 1 March 2001, Pages 3-26

*Experimental and computational approaches to estimate solubility and permeability in drug discovery and development settings (Article)*

Lipinski, C.A. [Email Author](#),

Lombardo, F.,

Dominy, B.W.,

Feeney, P.J.

Cited by: 4942

**Christopher A. Lipinski**

,Rule of 5' paper  
citations: 10319

Total papers: 60

Total citations: 15974

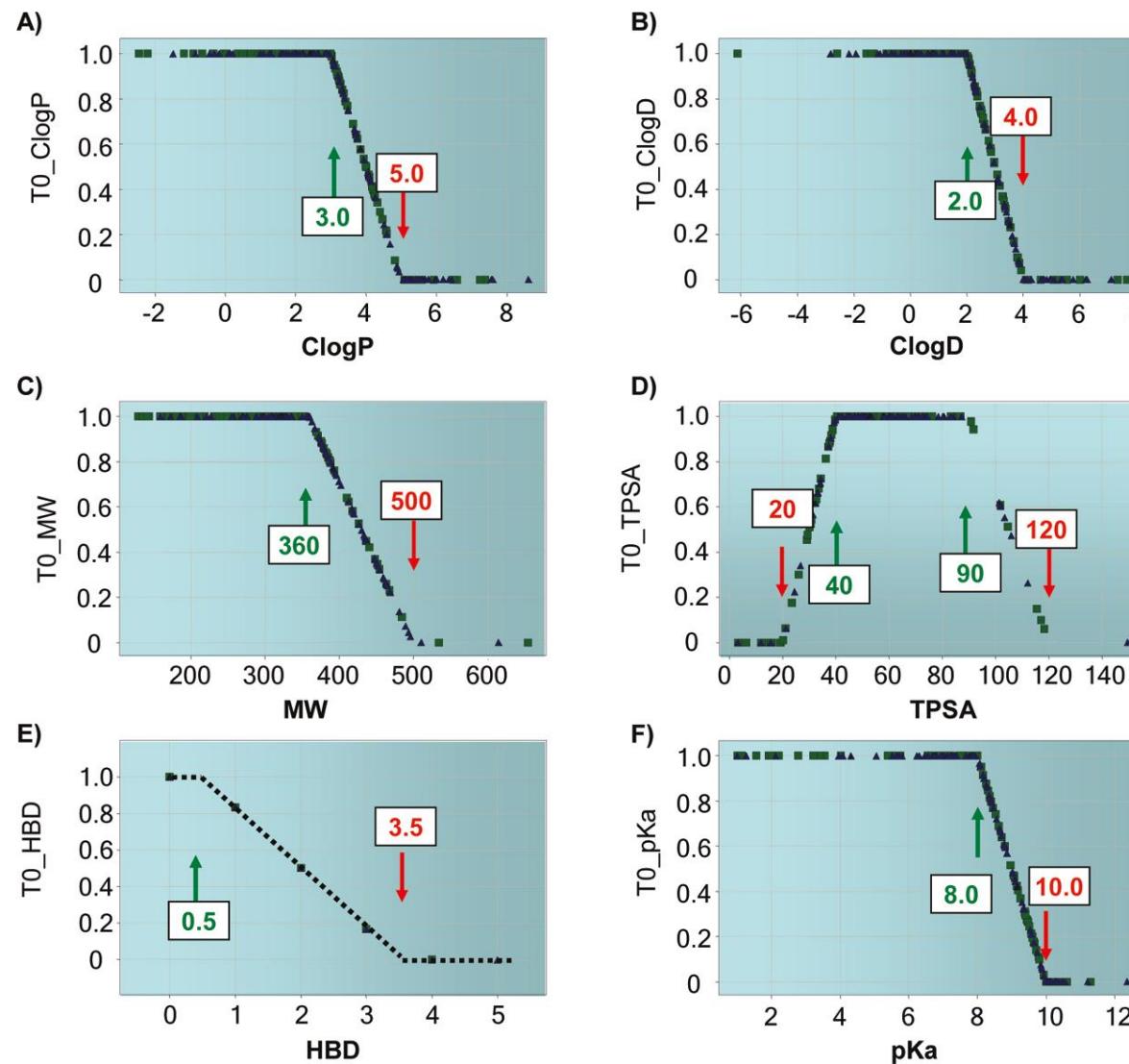


# Rules for Rapid Property Profiling from Structure

|                     | MW    | logP | HBD | HBA  | TPSA  |
|---------------------|-------|------|-----|------|-------|
| Rule of 5 drugs     | < 500 | < 5  | < 5 | < 10 | < 140 |
| Rule of 4 leads     | < 400 | < 4  | < 4 | < 8  | < 120 |
| Rule of 3 fragments | < 300 | < 3  | < 3 | < 3  | < 60  |

Graham F. Smith *Progress in Med. Chem.* **48**, 1-29 (2009)

# Central Nervous System Multiparameter Optimization (CNS MPO)<sup>1</sup>



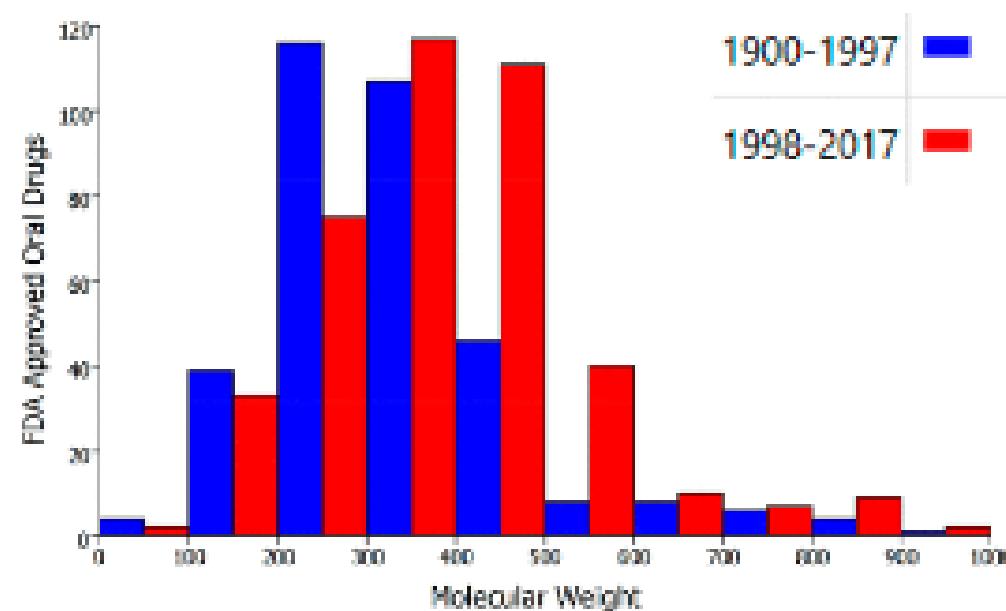
<sup>1</sup>Travis T. Wager et al. *ACS Chemical Neuroscience* 1, 434-449 (2010)

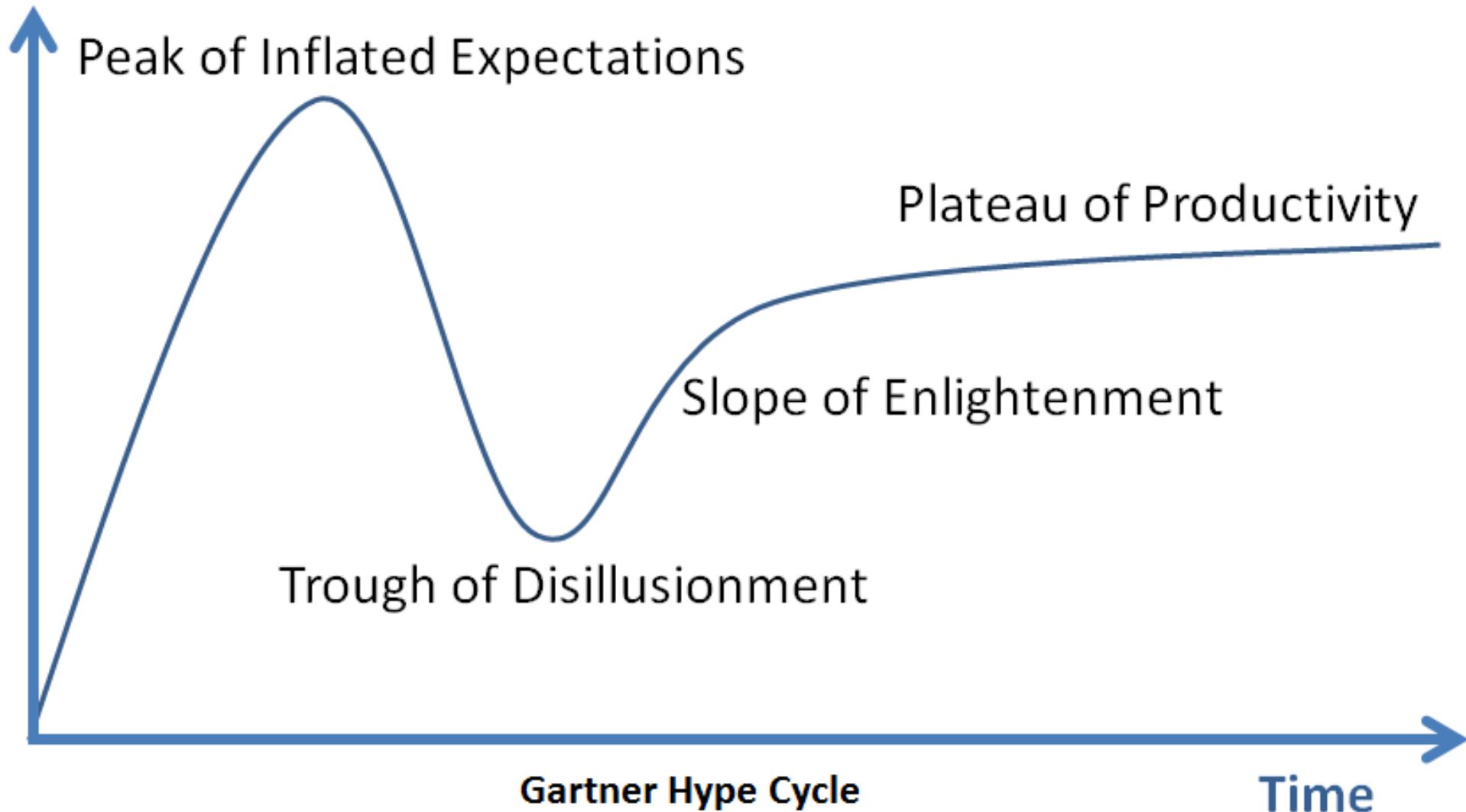
## Two Decades under the Influence of the Rule of Five and the Changing Properties of Approved Oral Drugs

Michael D. Shultz

Publication Date (Web): September 13, 2018 (Perspective)

DOI: 10.1021/acs.jmedchem.8b00686





**„Rule of 5“,  
CNS MPO**

# Aqueous solubility

# Aqueous solubility (s)

„Results indicated that the majority of CNS drugs are highly soluble. Greater than 85% of the drugs have solubility greater than 100 µM; greater than 90% of the drugs have solubility greater than 10 µM.“

„when the measured solubility is **less than 1 µM**, the compound is unlikely to become a CNS drug“

„when the measured solubility if **less than 10 µM**, there are high risks associated with the compound advancement"<sup>1</sup>

General Solubility Equation by Yalkowsky

$$\log s = 0.5 - \log P - 0.01(m.p. - 25^\circ C)$$

$$\log s_{pH7.4} = 0.5 - \log D_{pH7.4} - 0.01(m.p. - 25^\circ C)$$

$$[s] = M; [m.p.] = ^\circ C$$

Solubility decreases 10 fold as logP increases by 1 unit or melting point increases by 100 °C.

Bioavailability = f(solubility, permeability)

Solubility range: 0.1 µg/ml - 100 mg/ml; Permeability range: 0.001 min<sup>-1</sup> - 0.05 min<sup>-1</sup>

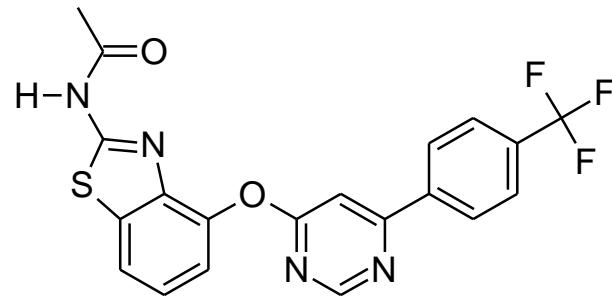
<sup>1</sup>Yun W. Alelyunas et al. *B.M.C.L.* **20**, 7312-7316 (2010)

# Structure Modification Strategies for Solubility Improvement

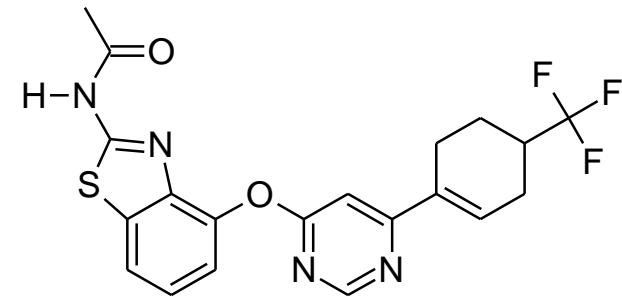
- Add ionizable group
- Reduce logP
- Add hydrogen bonding
- Add polar group
- Reduce molecular weight
- Out-of-plane substitution to reduce crystal packing
- Construct prodrug

# Solubility

## TRPV1 antagonists



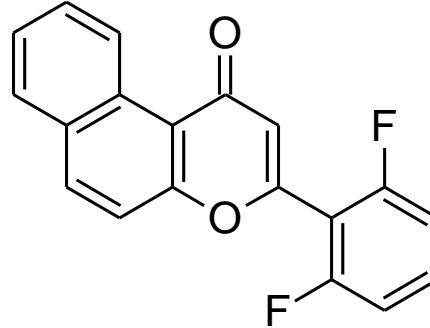
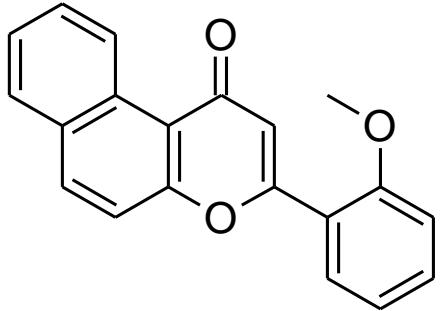
rat TRPV1 (acid) IC<sub>50</sub>: 0.5 nM  
s (0.01 M HCl): < 1 µg/ml  
clogP: 4.6  
m.p.: 219-221 °C



rat TRPV1 (acid) IC<sub>50</sub>: 2.4 nM  
s (0.01 M HCl): 13 µg/ml  
clogP: 3.7  
m.p.: 130-131 °C

# Solubility

## AhR agonists

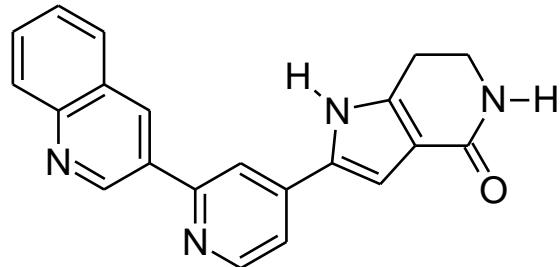


EROD EC<sub>50</sub>: 0.27 nM  
s: 45.8 µg/ml  
clogP: 4.1  
m.p.: 192-193 °C

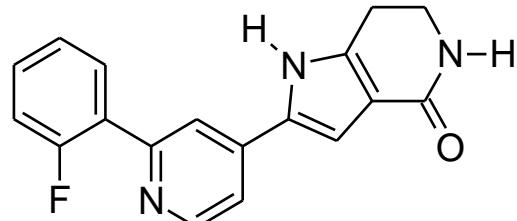
EROD EC<sub>50</sub>: 0.20 nM  
s: 248 µg/ml  
clogP: 4.9  
m.p.: 150 °C

# Solubility

## MK-2 inhibitors



MK-2  $IC_{50}$ : 8.5 nM  
s: < 0.4  $\mu\text{M}$   
clogP: 2.7

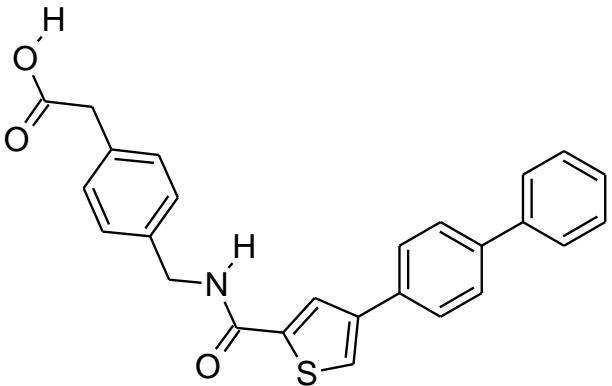


MK-2  $IC_{50}$ : 126 nM  
s: 160  $\mu\text{M}$   
clogP: 2.9

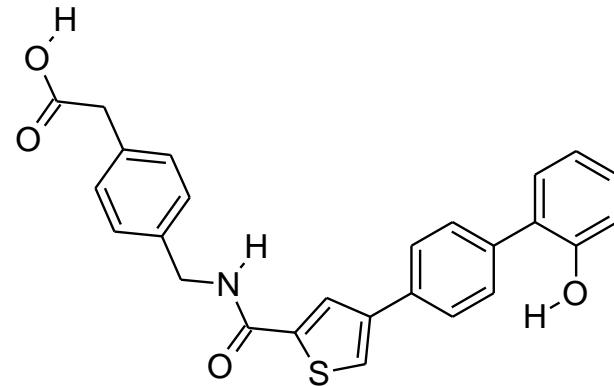
Minoru Ishikawa and Yuichi Hashimoto *J. Med. Chem.* **54**, 1539-1554 (2011)

# Solubility

## MMP-12 inhibitors



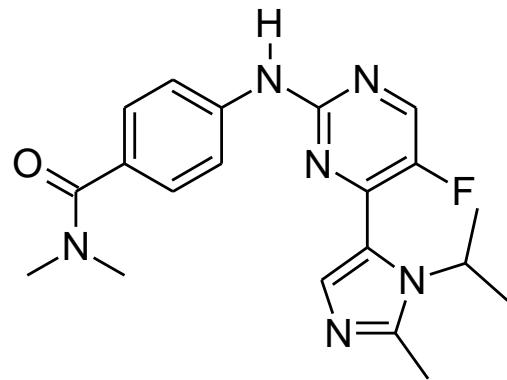
MMP-12  $IC_{50}$ : 70 nM  
s: < 1  $\mu\text{g}/\text{ml}$   
clogP: 5.7



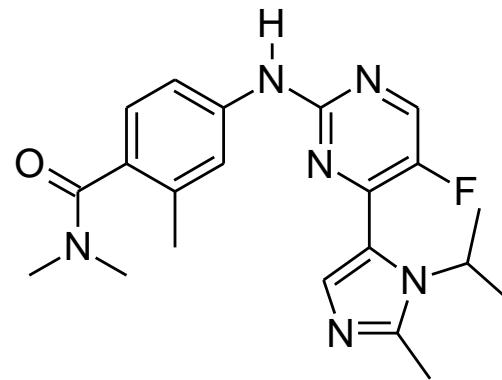
MMP-12  $IC_{50}$ : 90 nM  
s: 134  $\mu\text{g}/\text{ml}$   
clogP: 4.6

# Solubility

## CDK2 inhibitors



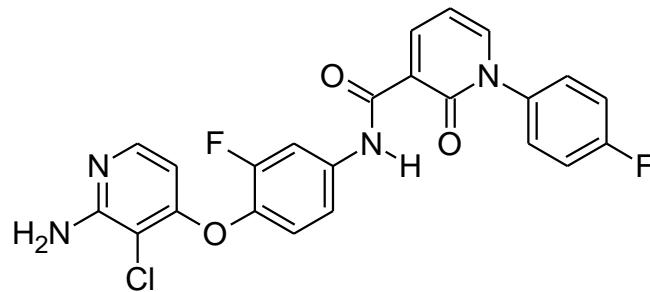
CDK-2  $\text{IC}_{50}$ : 2 nM  
s: 11  $\mu\text{M}$   
clogP: 2.5



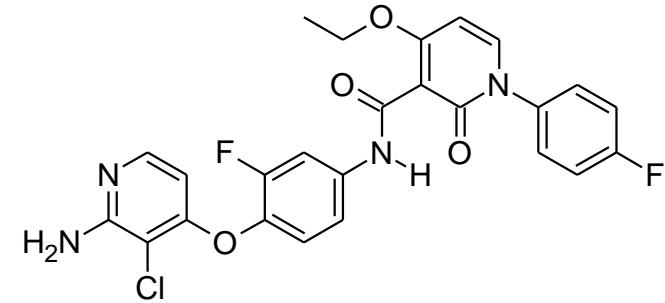
CDK-2  $\text{IC}_{50}$ : 9 nM  
s: > 2600  $\mu\text{M}$   
clogP: 3.0

# Solubility

## Met kinase inhibitors



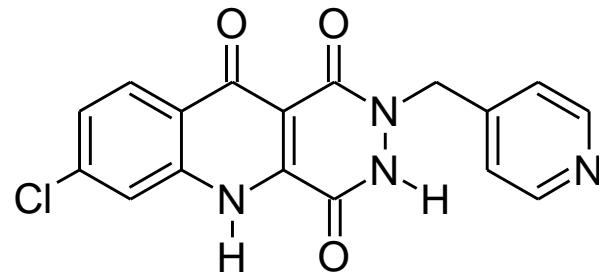
Met  $IC_{50}$ : 1.0 nM  
s at pH 1: < 10  $\mu\text{g}/\text{ml}$   
clogP: 4.0



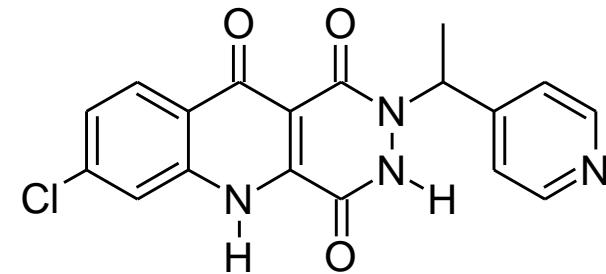
Met  $IC_{50}$ : 3.9 nM  
s at pH 1: 400  $\mu\text{g}/\text{ml}$   
clogP: 4.4

# Solubility

## NMDA antagonists



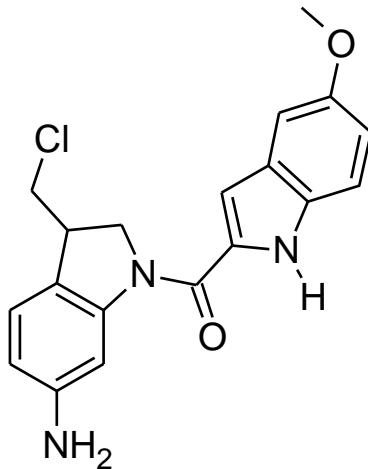
[<sup>3</sup>H]MDL 105519 K<sub>i</sub>: 115 nM  
s at pH 7.4: 0.05 mg/ml  
Rat F: 5%  
m.p.: 277-278 °C  
clogP: 0.98



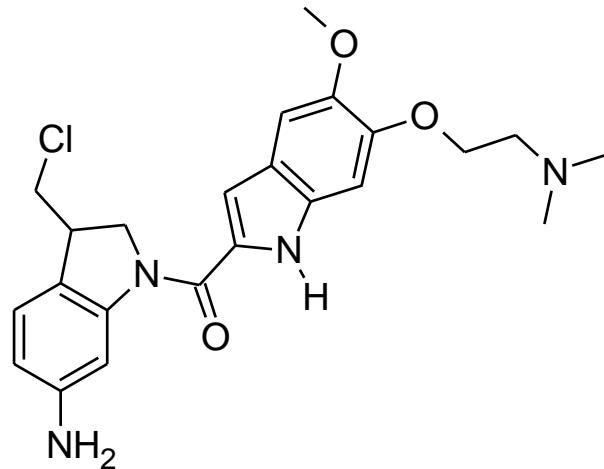
[<sup>3</sup>H]MDL 105519 K<sub>i</sub>: 248 nM  
s at pH 7.4: > 0.29 mg/ml  
Rat F: 30%  
m.p.: 245-247 °C  
clogP: 1.3

# Solubility

## Antitumor agents



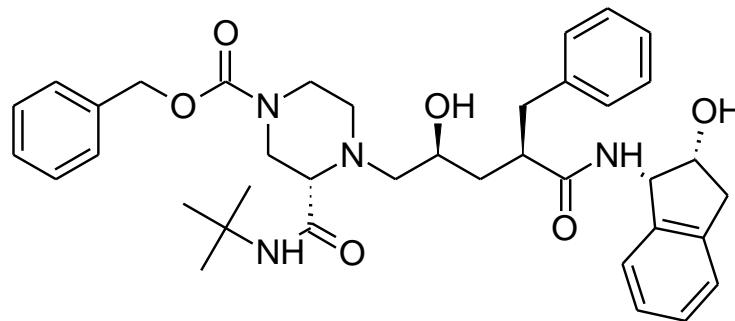
AA8 IC<sub>50</sub>: 0.31 μM  
s: 23 μM



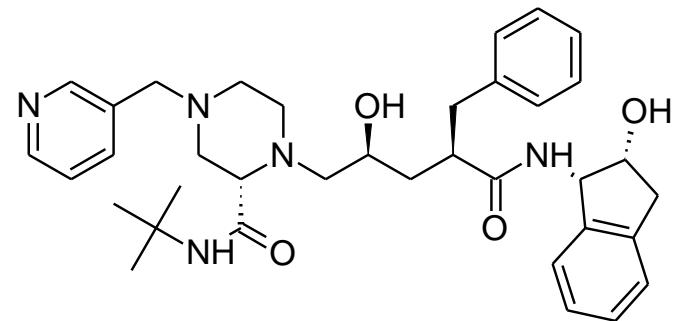
AA8 IC<sub>50</sub>: 0.22 μM  
s: > 1200 μM

# Solubility

## Protease inhibitors (indinavir)



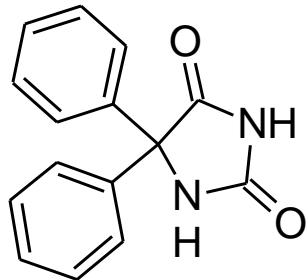
logP: 4.67  
s: < 0.001 mg/ml  
Cmax: < 0.10  $\mu$ M



logP: 2.92  
s: < 0.07 mg/ml  
Cmax: 11.4  $\mu$ M

# Solubility

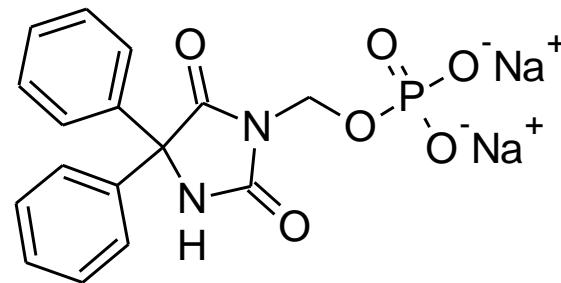
Prodrug for increasing solubility



Phenytoin

s: 20-25 µg/ml

Problematic formulation



Fosphenytoin

s: 142 mg/ml (4400 fold!)

Cerebryx™

# Metabolism, metabolic stability, prodrugs

**Metabolism** describes the chemical reactions that change drugs into compounds which are easier to eliminate. The products of these chemical reactions are called metabolites.

**Phase 1 metabolism** involves chemical reactions such as oxidation (most common), reduction and hydrolysis. There are three possible results of phase 1 metabolism. The drug becomes completely inactive. In other words, the metabolites are pharmacologically inactive. One or more of the metabolites are pharmacologically active, but less so than the original drug. The original substance is not pharmacologically active, but one of its metabolites is. The original substance is called a prodrug.

**Phase 2 metabolism** involves reactions that chemically change the drug or phase 1 metabolites into compounds that are soluble enough to be excreted in urine. In these reactions, the molecule (drug or metabolite) is attached to an ionisable grouping. This is called conjugation and the product is called a conjugate. Metabolites formed in phase 2 are unlikely to be pharmacologically active.

# Structure Modification Strategies for Phase I Metabolic Stability Improvement

Block metabolic site by adding fluorine

Block metabolic site by adding other groups

Remove labile functional group

Cyclization

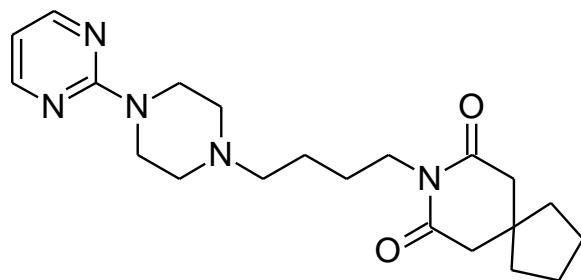
Change the ring size

Change chirality

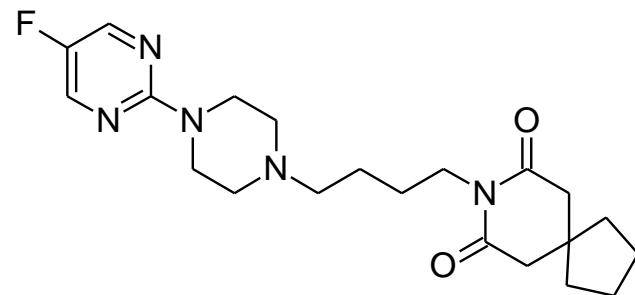
Reduce lipophilicity

# Phase I Metabolic Stability

5HT<sub>1A</sub> partial agonists (Buspiron/anxiolytic)

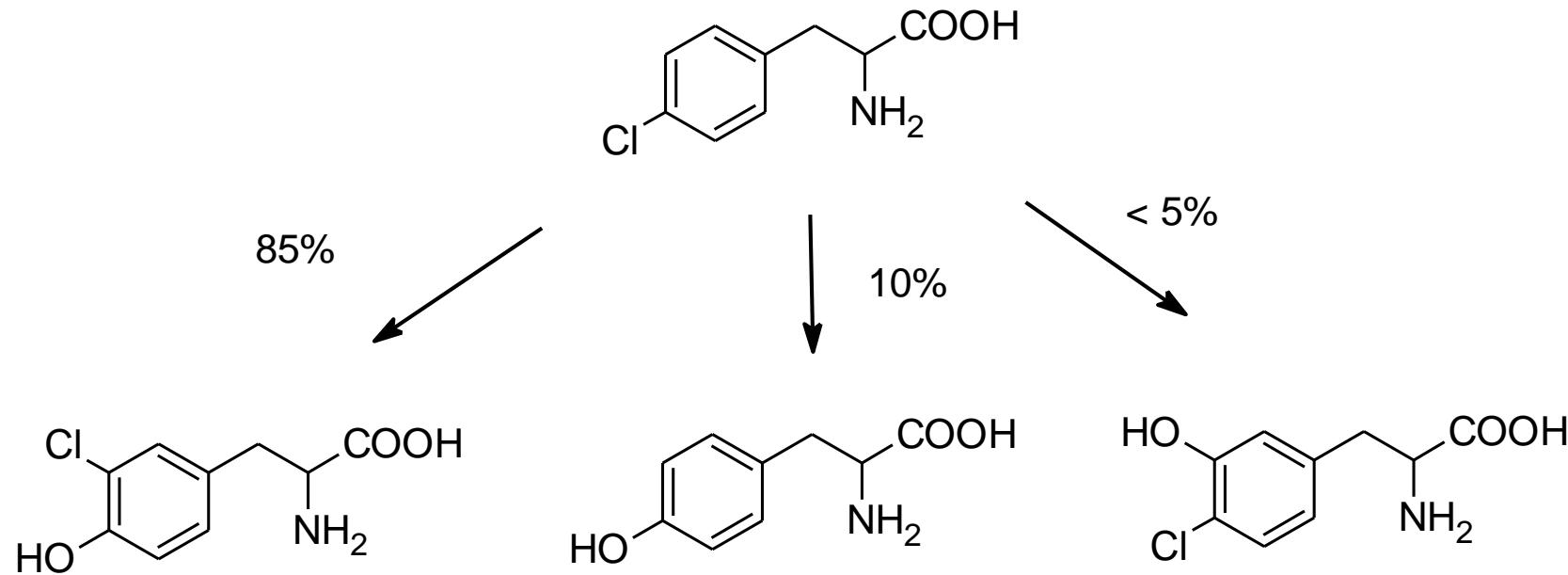


5HT<sub>1A</sub> IC<sub>50</sub>: 25 nM  
CYP3A4 t<sub>1/2</sub>: 4.6 min



5HT<sub>1A</sub> IC<sub>50</sub>: 63 nM  
CYP3A4 t<sub>1/2</sub>: 52.3 min

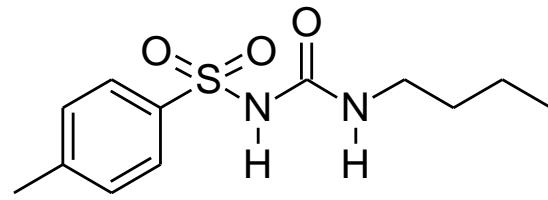
# Phase I Metabolic Stability



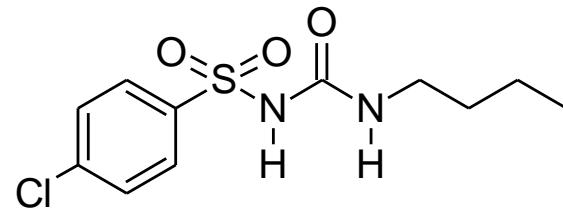
Gordon Guroff et al. *Science* **158**, 1524-1530 (1967)

# Phase I Metabolic Stability

Hypoglycemics (Tolbutamide-Chlorpropamide)



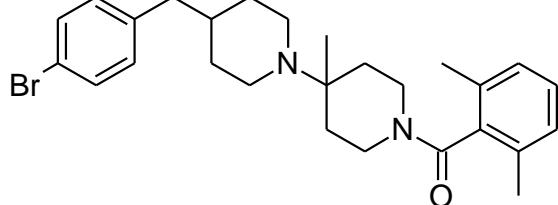
Clearance: 0.22 ml/min/kg  
 $t_{1/2}$ : 5.9 hr



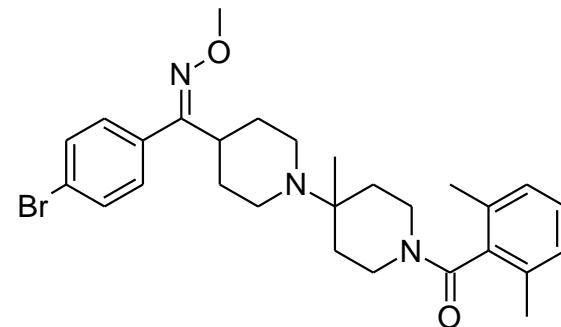
Clearance: 0.03 ml/min/kg  
 $t_{1/2}$ : 33 hr

# Phase I Metabolic Stability

CCR5 receptor antagonists (anti-HIV activity)



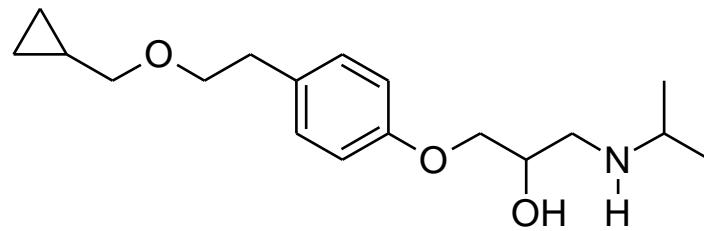
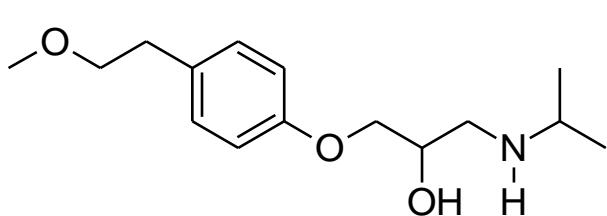
CCR5 IC<sub>50</sub>: 10.0 nM  
AUC (p.o.): 0.04 h. $\mu$ g/ml



CCR5 IC<sub>50</sub>: 1.3 nM  
AUC (p.o.): 1.2 h. $\mu$ g/ml

# Phase I Metabolic Stability

$\beta$ -blockers (metoprolol - betaxolol)

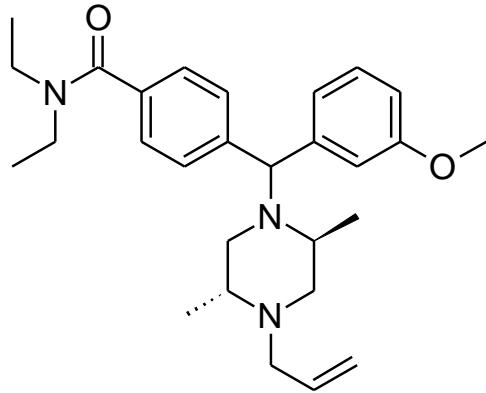


First Pass Elimination: 50%  
Human  $t_{1/2}$ : 3.5 - 6 hr

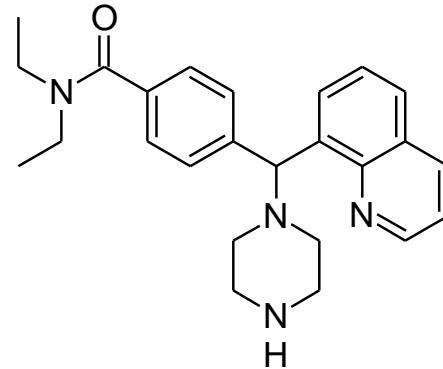
First Pass Elimination: 15%  
Human  $t_{1/2}$ : 16 - 22 hr

# Phase I Metabolic Stability

$\delta$ -opioid agonists



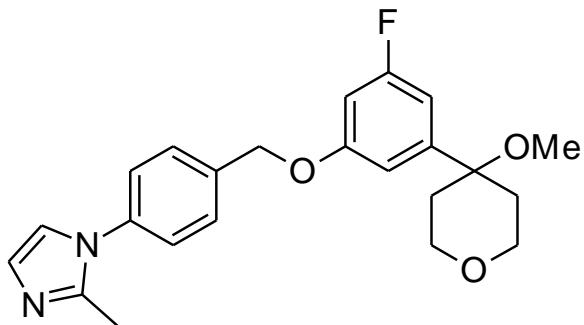
$IC_{50}$ : 1.3 nM  
Stability (rat): 1%



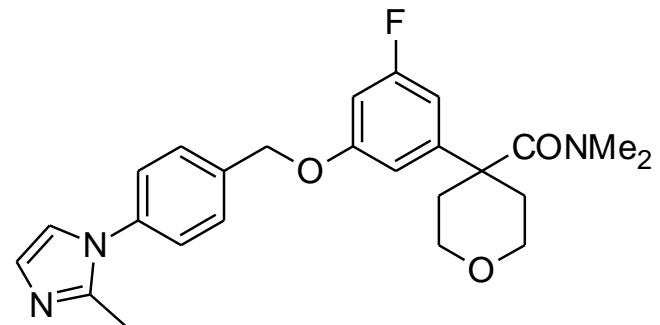
$IC_{50}$ : 0.51 nM  
Stability (rat): 52%

# Phase I Metabolic Stability

## 5-lipoxygenase inhibitors



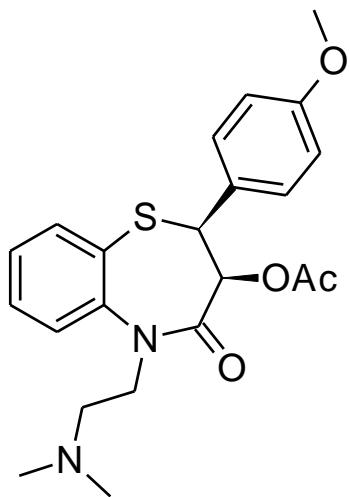
$IC_{50}$ : 60 nM  
 $C_{max}$ : 0.24  $\mu$ g/ml



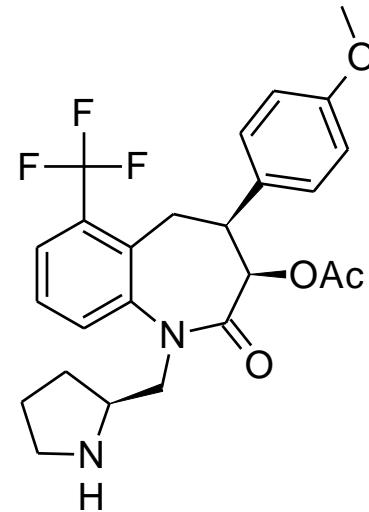
$IC_{50}$ : 340 nM  
 $C_{max}$ : 1.57  $\mu$ g/ml

# Phase I Metabolic Stability

## Calcium channel blockers



$IC_{50}$ : 210 nM  
Decrease in BP (0-6 h): 23%



$IC_{50}$ : 91 nM  
Decrease in BP (0-6 h): 45%

# Structure Modification Strategies for Phase II Metabolic Stability Improvement

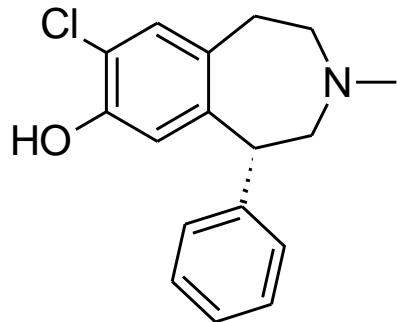
Introduce electron-withdrawing groups and/or steric hindrance

Change phenolic hydroxyl to cyclic urea or thiourea

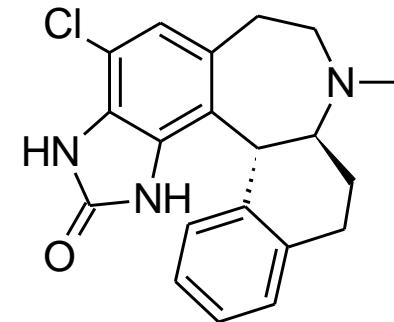
Change phenolic hydroxyl to prodrug

# Phase II Metabolic Stability

Dopamine D<sub>1</sub>/D<sub>5</sub> antagonists



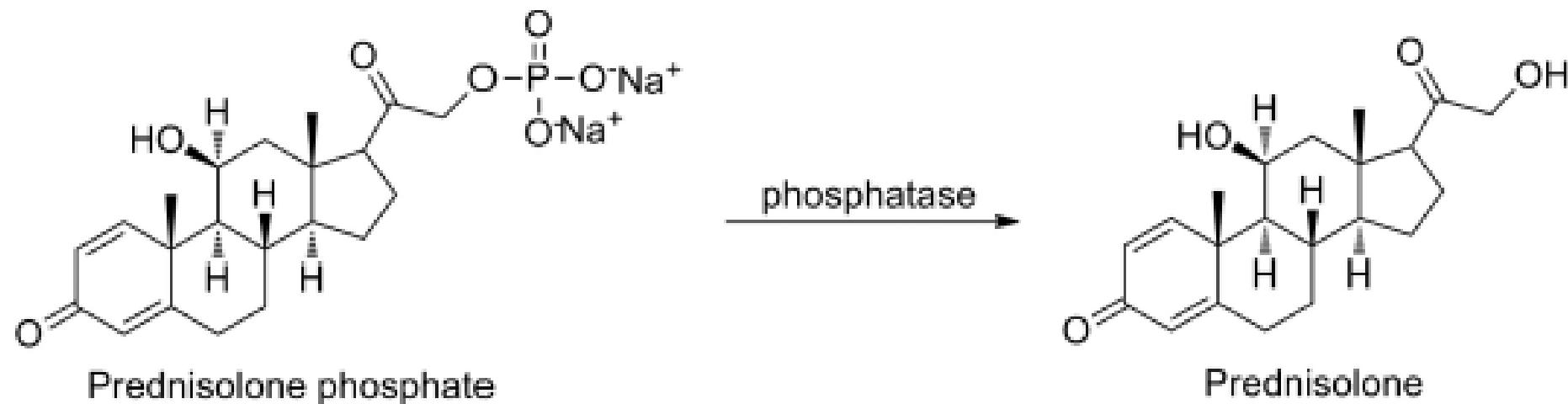
D<sub>1</sub> Ki: 1.2 nM  
D<sub>5</sub> Ki: 2.0 nM  
F: 0.6 %



D<sub>1</sub> Ki: 7 nM  
D<sub>5</sub> Ki: 4.2 nM  
F: 87 %

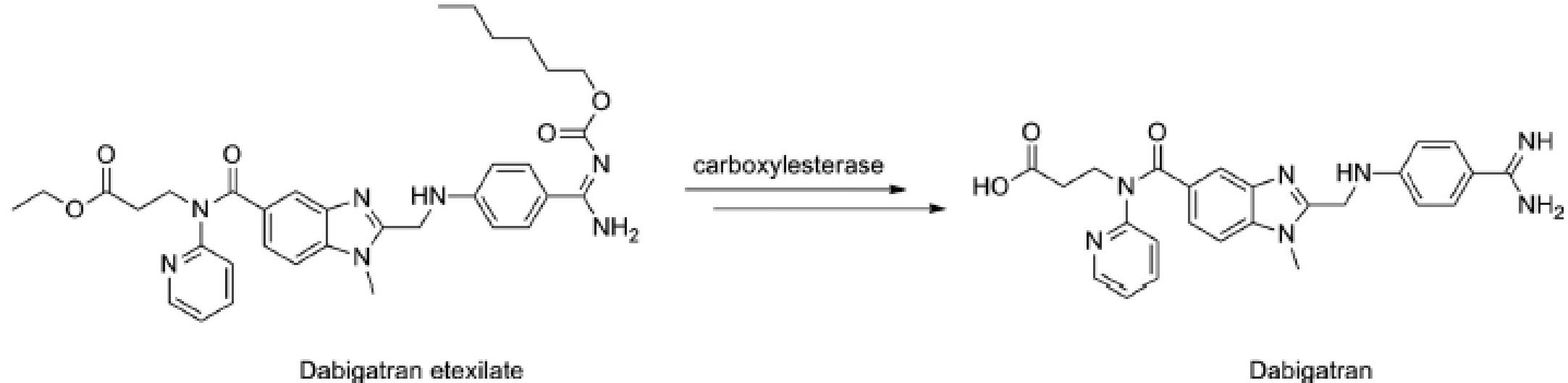
# Prodrugs

Immunosuppressant, antiinflammatory ( $s > 30$  times greater)



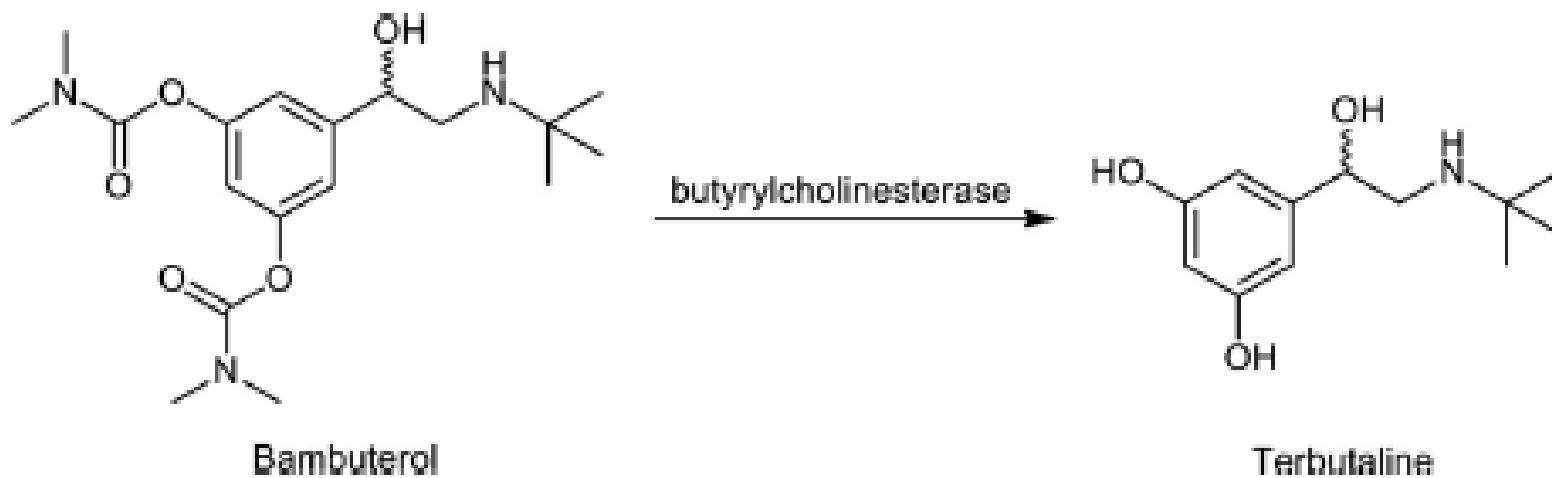
# Prodrugs

Direct thrombin inhibitor for stroke prevention (BA: from 0% to 7%)



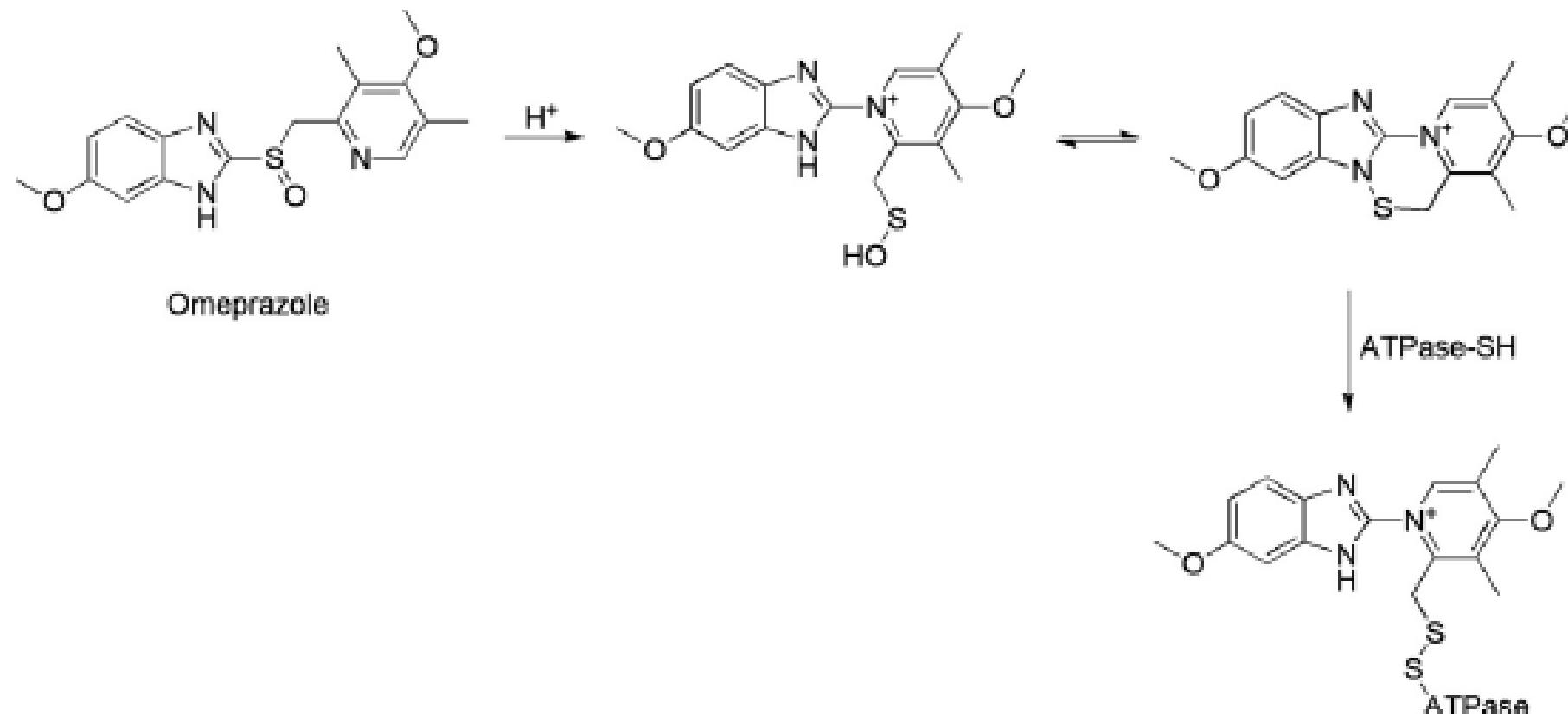
# Prodrugs

$\beta_2$ -agonist bronchodilator (once daily vs. three times daily)



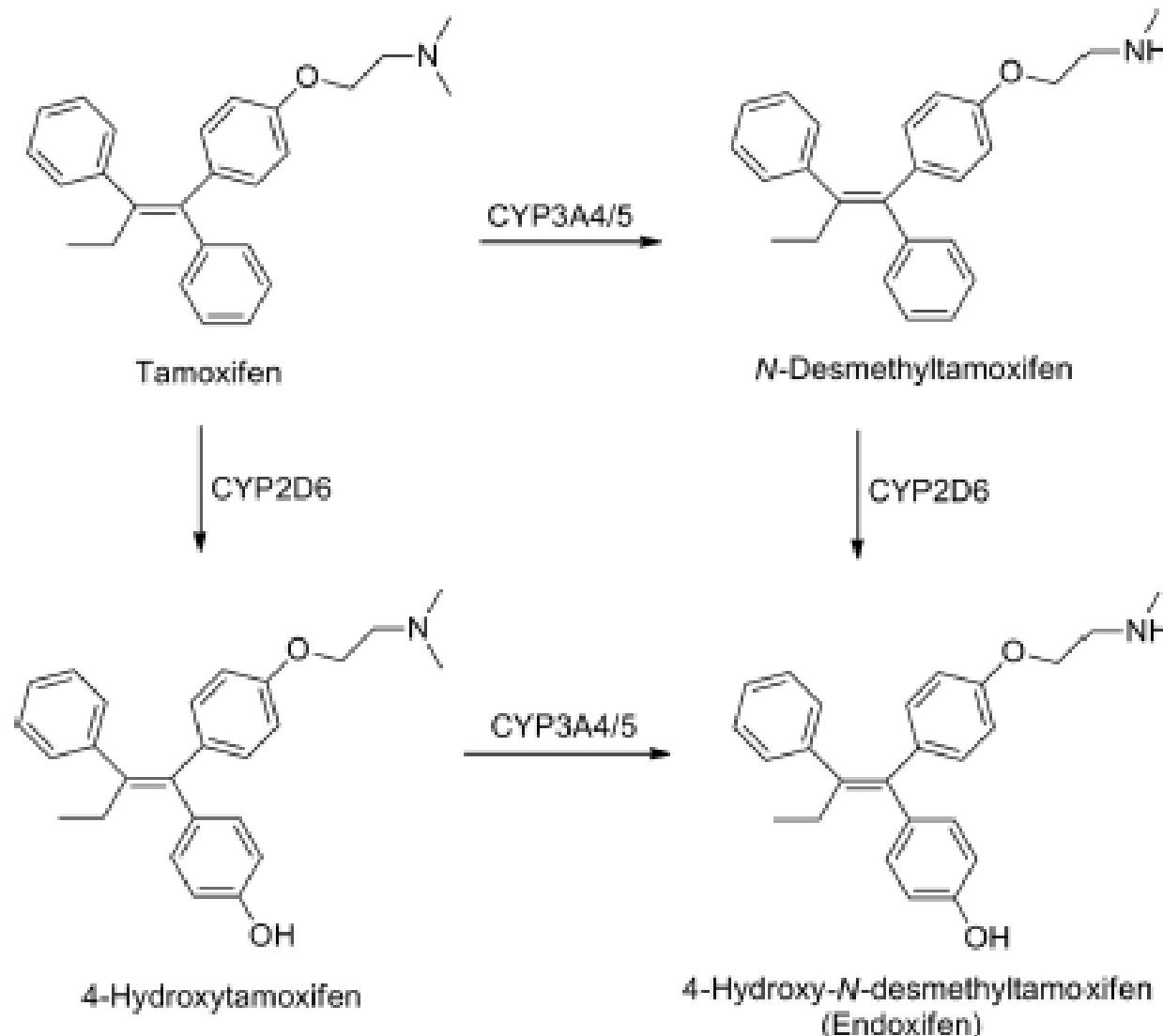
# Prodrugs

Proton pump inhibitor (PPI) blocks H<sup>+</sup>/K<sup>+</sup> ATPase



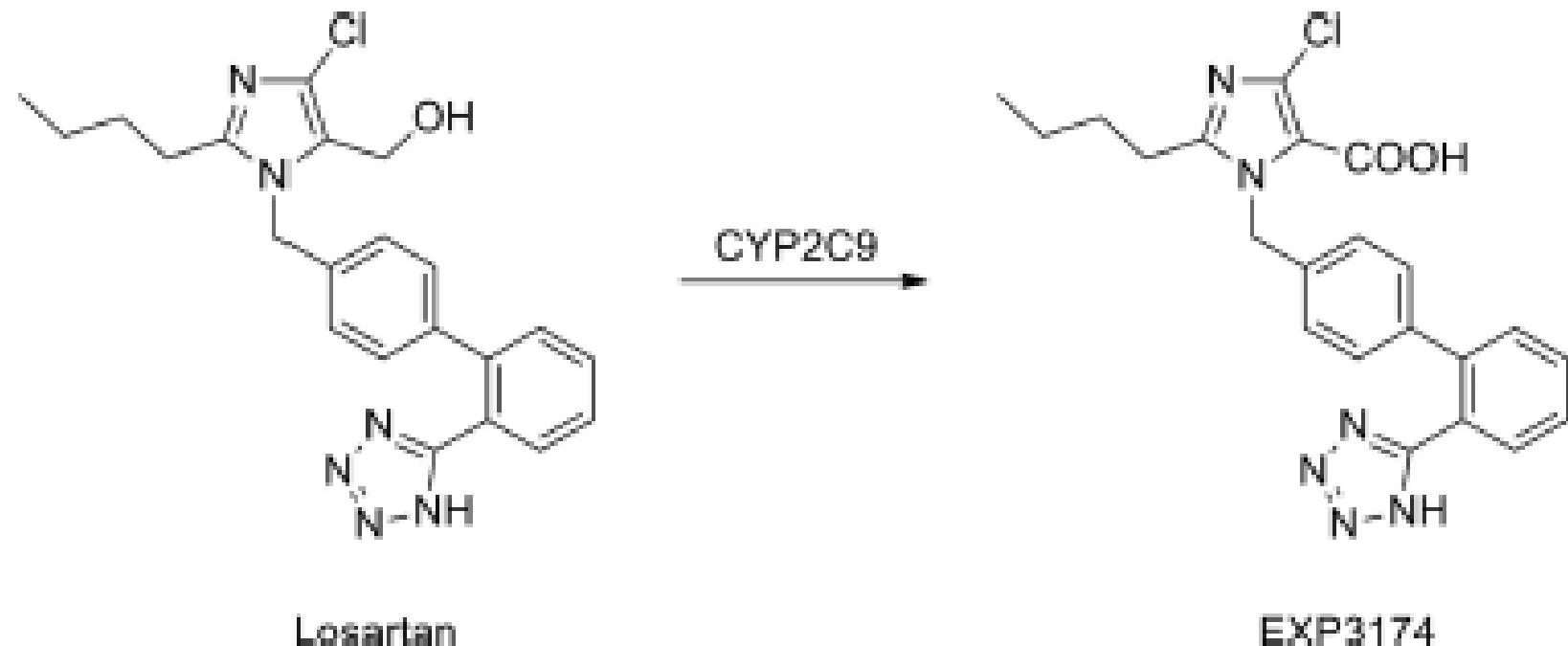
# Prodrugs

Synthetic antiestrogen in breast cancer therapy



# Prodrugs

Angiotensin II type 1 receptor antagonist (14% converted to EXP3174, 10-40 fold more potent)

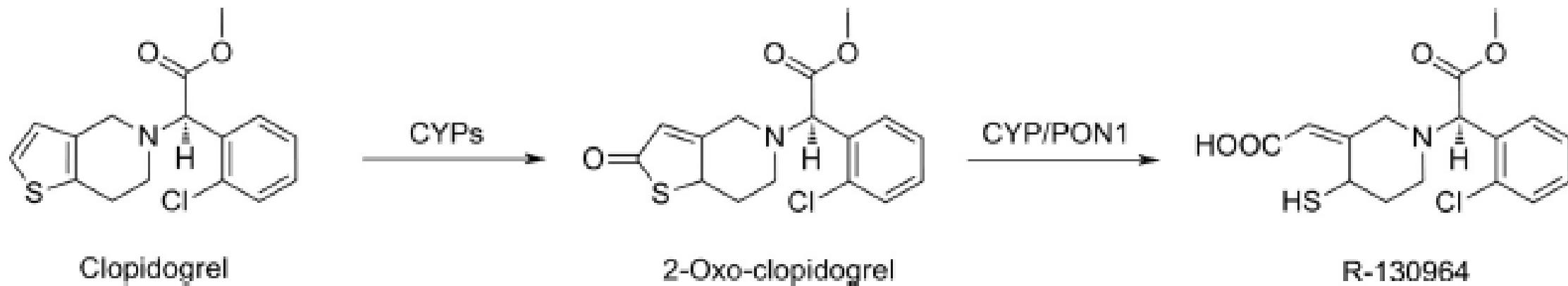


Losartan

EXP3174

# Prodrugs

**Antithrombotic** (only 15% is transformed to the active R-130964 the rest turns to inactive acid)



# Scaffold hopping: practical application of bioisosterism

Druglikeness, structure/property  
relationships

„Rule of 5“, CNS MPO

Aqueous solubility

Metabolism, metabolic stability, prodrugs

