

Chemistry and Biochemistry, Academy of Sciences of the Czech Republic, Flemingovo nám. 2, 166 10 Prague 6, Czech Republic

1-(S)-[3-Hydroxy-2-(phosphonomethoxy)propyl]-5-azacytosine [(S)-HPMP-5-azaC] emerged as a potent and selective inhibitor of several DNA viruses, including herpesviruses [i.e. herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2, varicella-zoster virus (VZV), human herpes virus 6 (HHV-6) and cytomegalovirus (CMV)], adenovirus type 2 (Ad2) and poxviruses [i.e. vaccinia virus (VV), cowpox virus (CPV) and orf virus]. The antiviral activity of (S)-HPMP-5-azaC was comparable to that of the reference drug (S)-HPMPC (cidofovir) against HSV-1, HSV-2 and vaccinia virus, and two to seven-fold higher than cidofovir against VZV, HCMV, HHV-6 and Ad2. The cyclic derivative of (S)-HPMP-5-azaC (i.e. cHPMP-5-azaC) was also able to inhibit the replication of these DNA viruses. We have now evaluated the *in vivo* activity of HPMP-5-azaC and cHPMP-5-azaC against HSV-1, HSV-2, VV and CPV using two murine lethal challenge models. Five NMRI mice per group were infected with a lethal dose of HSV-1 or HSV-2 (intraperitoneal infection) or VV or CPV (intranasal infection) and treated subcutaneously with (S)-HPMP-5-azaC, cHPMP-5-azaC, (S)-HPMPC or cHPMPC once daily from day 0 to day 4 post-infection at a dose of 50 mg/kg. The virus dose used in each experiment resulted in 100% mortality in the untreated animals. (S)-HPMP-5-azaC and cHPMP-5-azaC proved to be as effective as, respectively, (S)-HPMPC and cHPMPC in reducing mortality, affording 100% survival. Furthermore, a single dose of 50 mg/kg of each of the four compounds administered on day 0 was sufficient to provide full protection. Oral prodrugs were synthesized [i.e. alkyl (e.g. octadecyl), acyloxyalkyl (pivaloyloxymethyl) and alkoxyalkyl (e.g. hexadecyloxyethyl)], the latter being the most active prodrug *in vitro*. The *in vivo* activities of these prodrugs are currently under investigation. These findings warrant further development on this new class of acyclic nucleoside phosphonates.

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Isolation and Characterization of an Helicase-Primase Inhibitor (HPI)-Resistant HSV-1 Mutant in Tissue Culture and a Mouse-Skin Model

Subhajit Biswas*, Hugh Field

Cambridge University Centre for Veterinary Science

Nucleoside analogues currently dominate HSV therapy and drug resistance is readily selected in cell culture ($>10^{-4}$) but rarely occurs in patients. Common resistant variants have defective thymidine kinase; although these mostly grow normally in tissue culture, they are often attenuated.

HPI, e.g. BAY 57-1293 are a newer class of antivirals, which have superiority over nucleoside analogues in animal infection models. BAY 57-1293-resistance could be selected by single passage in the presence of inhibitor. For example, BAYr1 is 70-

fold resistant to BAY 57-1293 and occurred at a frequency of 10^{-6} in the well-characterized HSV-1 strain, SC16. There are previous reports that drug-resistant mutants of HSV-1 selected against BAY 57-1293 or other HPI have slower or near wild-type growth rates *in vitro*. However, we showed consistently that BAYr1 replicated faster in cell culture than its parent, SC16.

BAYr1 was fully pathogenic in a murine skin-infection model according to all the clinical parameters, including latency. BAYr1 was found to have two substitutions in the helicase protein (UL5: A4V and K356Q). Marker transfer revealed that K356Q alone is responsible for 70-fold resistance and faster growth in culture. Our results with BAYr1 support and extend previous reports: an HSV-1F mutant resistant to BAY 57-1293 (K356N) gave near wild-type mortality in a mouse survival test. Two mutants from HSV-1 KOS resistant to BILS 22 BS, a different HPI (K356N or G352V) grew normally in culture and were pathogenic in animal models. Our results and these two reports will be discussed in the relation to our recent surprising finding that some laboratory and clinical isolates of HSV-1 contain HPI-resistant mutants at high frequency.

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Evidence For In Vivo Inhibition of CMV Infection by the Quinazoline Class Protein Kinase Inhibitor Gefitinib

Mark Schleiss^{1,*}, Michael McVoy², Xiaohong Cui², Yeon Choi¹, Jodi Anderson¹, Thomas Stamminger³, Bert Klebl⁴, Jan Eickhoff⁴, Manfred Marschall³

¹ Center for Infectious Diseases and Microbiology Translational Research, Department of Pediatrics, Minneapolis, MN, USA;

² Virginia Commonwealth University, Department of Pediatrics, Richmond, VA, USA; ³ Institute for Clinical and Molecular Virology, University of Erlangen-Nuremberg, Germany; ⁴ GPC Biotech AG, Martinsried, Germany

Gefitinib (Iressa®) is a chemotherapeutic agent that exhibits activity against human and animal cytomegaloviruses (CMVs). We examined the activity of this agent against the guinea pig cytomegalovirus (GPCMV) both *in vitro* and in an *in vivo* disease model. In plaque reduction assays, gefitinib exhibited an IC_{50} of 3.3 μ M, lower than the IC_{50} demonstrated against human CMV. The efficacy of gefitinib was next evaluated in an immunosuppression CMV disease model in outbred guinea pigs. Seronegative animals were treated intraperitoneally (i.p.) with cyclophosphamide, at a dose of 300 mg/kg at day -1 and 100 mg/kg at day +7, relative to i.p. challenge with an eGFP-tagged recombinant GPCMV, administered at a sublethal dose of 2×10^5 pfu. Beginning at day 1, guinea pigs were treated either with oral placebo ($n=8$), or with either cyclic cidofovir at a dose of 20 mg/kg i.p. once weekly ($n=8$), or gefitinib at a dose of 100 mg/kg once daily by gavage ($n=8$). Antiviral therapy had a significant impact on weight loss. In placebo-treated animals, mean weights decreased in surviving animals by 17% at the endpoint of the experiment, compared to a 7% decrease in gefitinib-treated animals, and a 15% increase in