



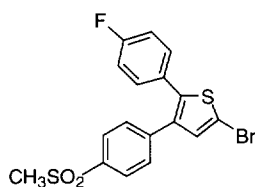
3,4-DIARYLPYRAZOLES: POTENT AND SELECTIVE INHIBITORS OF CYCLOOXYGENASE-2

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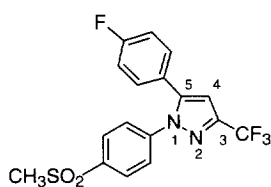
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Abstract: A series of 3,4-diarylpyrroles was synthesized and evaluated for their ability to selectively inhibit cyclooxygenase-2 (COX-2). A number of potent and selective inhibitors were identified and found to have oral anti-inflammatory activity in a rat carrageenan-induced foot pad edema assay. © 1997 Elsevier Science Ltd.

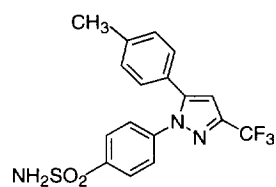
Nonsteroidal anti-inflammatory drugs (NSAIDs) block the formation of pro-inflammatory prostaglandins via inhibition of cyclooxygenase. It is the inhibition of this enzyme that accounts for the anti-inflammatory, analgesic and antipyretic effects of this class of drugs.¹ However, beneficial prostaglandin-regulated processes are also disrupted by chronic NSAID treatment, leading to potentially severe side-effects.² The recent discovery of a second, inducible form of cyclooxygenase (COX-2) that exists along with the constitutive form (COX-1) led to the hypothesis that selective inhibitors of COX-2 would be anti-inflammatory without causing the side effects associated with inhibition of COX-1. Recently, numerous selective inhibitors of COX-2 have been reported.



DuP 697

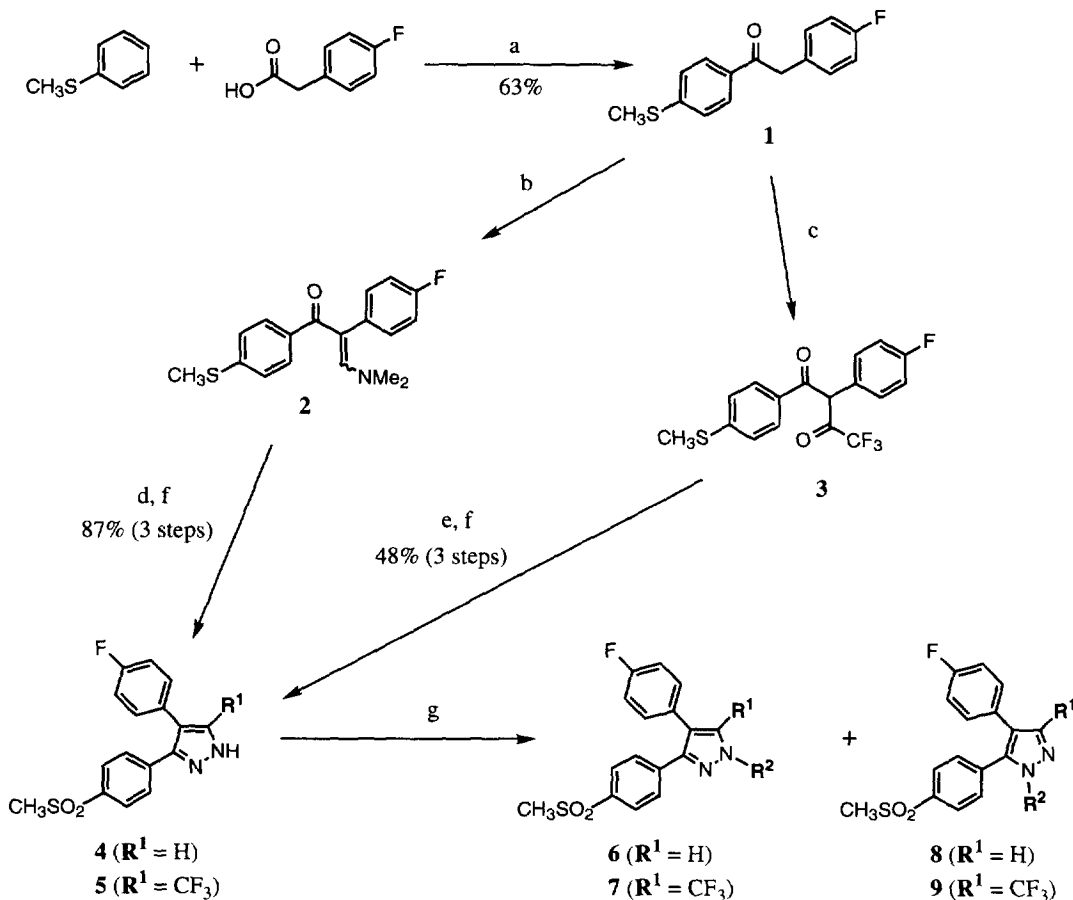


SC-58125



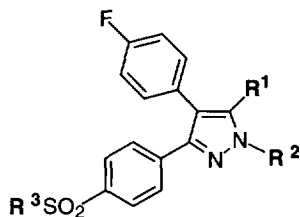
SC-58635
(celecoxib)

One major class of inhibitors is exemplified by DuP-697³ and SC-58125⁴ and encompasses a variety of methylsulfonyl- or sulfonamido-containing diarylheterocycles or carbocycles. We have recently reported our efforts in the 1,5-diarylpyrrole series of COX-2 inhibitors,⁵ highlighted by the identification of SC-58635 (celecoxib), currently in Phase III clinical trials for rheumatoid and osteoarthritis. As part of our continuing efforts in this area, a series of 3,4-diarylpyrroles was synthesized and evaluated for their ability to selectively inhibit COX-2. Several of these analogs not only selectively inhibited COX-2 in vitro, but also demonstrated potent oral anti-inflammatory efficacy in a rat carrageenan-induced foot pad edema model.

Scheme 1^a

^a(a) PPA, 120 °C; (b) $\text{Me}_2\text{NCH}(\text{OMe})_2$, DMF, 120 °C; (c) 1. LiHMDS, THF, -78 °C, 2. N-trifluoroacetyl-imidazole, -78 °C – 0 °C; (d) NH_2NH_2 , MeOH/ H_2O , reflux; (e) NH_2NH_2 , AcOH, reflux; (f) Oxone[®], MeOH, H_2O ; (g) R^2X , K_2CO_3 , DMF, 25 °C.

The 3,4-diarylpyrazole analogs were prepared as shown in Scheme 1. Friedel–Crafts acylation of thioanisole with 4-fluorophenylacetic acid in polyphosphoric acid (PPA), provided **1** in 63% yield. Condensation with DMF-dimethylacetal provided enaminoketone **2**, while acylation of the lithium enolate of **1** with N-trifluoroacetyl-imidazole gave diketone **3**. Treatment of **2** or **3** with hydrazine provided the respective pyrazole, which, upon Oxone[®] oxidation of the thioether, furnished pyrazole **4** or **5**. Alkylation with a variety of alkylating agents ($\text{X} = \text{Br}$ or I) under $\text{K}_2\text{CO}_3/\text{DMF}$ conditions, gave a mixture of two regioisomers, with the desired **6** or **7** as the major isomer. Purification either by recrystallization or chromatography provided pure **6** or **7** in yields ranging from 34 to 71%. Amide **7e** was synthesized from ester **7d** using standard Weinreb⁶ conditions. Since sulfonamides have been a major emphasis of our previous pyrazole efforts,⁵ a sulfonamide analog was also prepared. Sulfonamide **10** was synthesized from **7c** in 62% yield using the procedure recently described by Huang.⁷

Table 1. In Vitro COX-1 and COX-2 Enzyme Data.

| compound | R ¹ | R ² | R ³ | IC ₅₀ (μM) ^{a,b} | |
|-----------|-----------------|-------------------------------------|-----------------|--------------------------------------|---------------|
| | | | | COX-1 | COX-2 |
| SC-58125 | | | | >100 | 0.10 |
| 4 | H | H | CH ₃ | >100 | >100 |
| 6a | H | -CH ₂ CH=CH ₂ | CH ₃ | >100 | >100 |
| 6b | H | -CH ₂ CH ₂ Ph | CH ₃ | >100 | 0.53 ± 0.04 |
| 5 | CF ₃ | H | CH ₃ | >100 | >100 |
| 7a | CF ₃ | -CH ₂ CH=CH ₂ | CH ₃ | >100 | 0.075 ± 0.035 |
| 7b | CF ₃ | -CH ₂ CH ₂ Ph | CH ₃ | >100 | 0.045 ± 0.03 |
| 7c | CF ₃ | -CH ₂ CH ₃ | CH ₃ | >100 | 0.13 ± 0.09 |
| 7d | CF ₃ | -CH ₂ CO ₂ Et | CH ₃ | >100 | 0.44 ± 0.19 |
| 7e | CF ₃ | -CH ₂ CONHPh | CH ₃ | >100 | 0.48 ± 0.28 |
| 10 | CF ₃ | -CH ₂ CH ₃ | NH ₂ | 1.36 | 0.033 ± 0.024 |

^aAverage of at least 3 determinations. ^bFor assay conditions, see reference 8d.

The compounds were evaluated for their ability to inhibit recombinant human COX-1 and COX-2⁸ and the data is shown in Table 1. The parent, unalkylated pyrazoles **4** and **5** had little COX-1 or COX-2 activity. Likewise, in all cases, regioisomers **8** and **9** had poor COX-1 and COX-2 activity (IC₅₀ > 100 μM). In general, the CF₃-substituted analogs **7** were more potent COX-2 inhibitors than the trisubstituted analogs **6**, while neither series demonstrated any COX-1 inhibitory activity. For example, **7a** and **7b** were both very potent inhibitors of COX-2, while the analogous **6a** and **6b** were poor to moderate inhibitors of COX-2. Three of the CF₃-analog, **7a**, **7b**, and **7c**, were all very potent inhibitors of COX-2, with potency greater than or equal to that of SC-58125. Analog **7d** and **7e**, however, showed only moderate potency. From our previous experience with 1,5-diarylpyrazoles, we found that sulfonamide derivatives, although more potent inhibitors of both COX-1 and COX-2, exhibited an in vivo profile superior to the methylsulfonyl analogs. Although sulfonamide **10** was a 4-fold more potent inhibitor of COX-2 relative to the analogous sulfone **7c**, the COX-1 potency increased even more dramatically, resulting in a poor selectivity ratio for this compound.

Table 2. In Vivo Data for Selected Analogs.

| compound | rat paw edema, % inhib. ^{a,b} |
|-----------|--|
| SC-58125 | 36% @ 10 mg/kg |
| 7a | 42% @ 10 mg/kg |
| 7b | 0% @ 10 mg/kg |
| 7c | 39% @ 10 mg/kg |
| 7d | 0% @ 30 mg/kg |
| 10 | 15% @ 30 mg/kg |

^a5 animals/group. ^bMaximum response is ~70%.

Some of the more potent COX-2 inhibitors in this series were tested in vivo in a rat carrageenan-induced foot pad edema assay⁹ (Table 2). Two analogs, **7a** and **7c**, demonstrated good efficacy at a dose of 10 mg/kg (about equal to the potency of SC-58125). Surprisingly, the most potent COX-2 inhibitor of this series, **7b**, was not efficacious at this dose. Sulfonamide analog **10** also showed relatively poor efficacy at a dose of 30 mg/kg.

In summary, we have demonstrated that N-alkylated 3,4-diarylpyrazoles are potent and selective inhibitors of COX-2. In addition, several of these analogs were efficacious in a rat inflammation model. Further investigations into this series of selective COX-2 inhibitors are currently ongoing.

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