

ANTIINFLAMMATORY 2-BENZYL-4-SULFONYL-4H-ISOQUINOLINE-1,3-DIONES: NOVEL INHIBITORS OF COX-2

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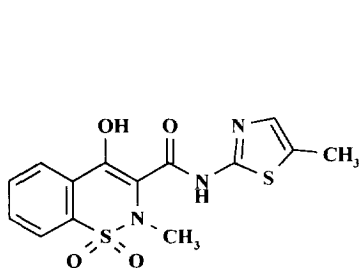
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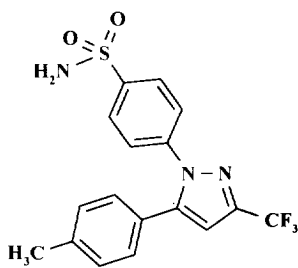
Abstract: A series of 2-benzyl-4-sulfonyl-4H-isoquinoline-1,3-diones was prepared. Members of this series are potent and selective inhibitors of cyclooxygenase-2 (COX-2) in both microsomal and cellular assays. Two representatives demonstrated activity in the carrageenan-induced paw edema model in rats upon oral administration. © 1998 Elsevier Science Ltd. All rights reserved.

The discovery of a new isoform of cyclooxygenase (COX-2) has stimulated a renewed interest in the field of non-steroidal antiinflammatory drugs (NSAIDs). In the early 1990's it was recognized that in addition to the constitutively expressed COX-1, there is a second isoform, COX-2. In contrast to the constitutive enzyme, levels of both COX-2 protein and mRNA are increased by inflammatory stimuli such as mitogens or certain cytokines, and decreased by glucocorticoids.¹ These findings led to the hypothesis that the gastrointestinal and renal toxicity often observed with NSAIDs is due to inhibition of COX-1, while the desired antiinflammatory activity is mediated by inhibition of COX-2. Therefore a selective inhibitor of COX-2 would have a superior safety profile.

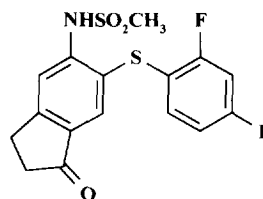
Since this discovery, pharmaceutical companies have been searching for selective COX-2 inhibitors. Meloxicam² (1), an enol-carboxamide, is the first marketed selective inhibitor. Celecoxib³ (2), is in Phase III clinical trials and is representative of the diarylheterocycle class of COX-2 inhibitors. A third class that has received much attention is the arylsulfonamides, represented by L-745,337⁴ (3).



1



2



3

We reported previously⁵ on the SAR of enol-carboxamide type NSAIDs and concluded that further modification of this class was unlikely to improve the COX-2 selectivity exhibited by meloxicam. In the course of this work we noted that while the N-methyl was essential for activity in meloxicam-like enol-carboxamides, a benzyl substituent was tolerated in 1,3-dioxoisoquinoline-4-carboxamides. For example, compound **4** exhibits activity in a microsomal COX-2 assay although it is non-selective (Table 1). Further modification of these compounds led us into a new series of 2-benzyl-4-sulfonyl-4*H*-isoquinoline-1,3-diones, and some novel selective inhibitors of COX-2.

Sulfones **8-19** were prepared by reaction of homophthalimide **20** with the appropriate alkyl- or arylsulfonyl chloride in the presence of DBU (Scheme 1). Ketone **7** was prepared under the same conditions using benzoyl

Scheme 1

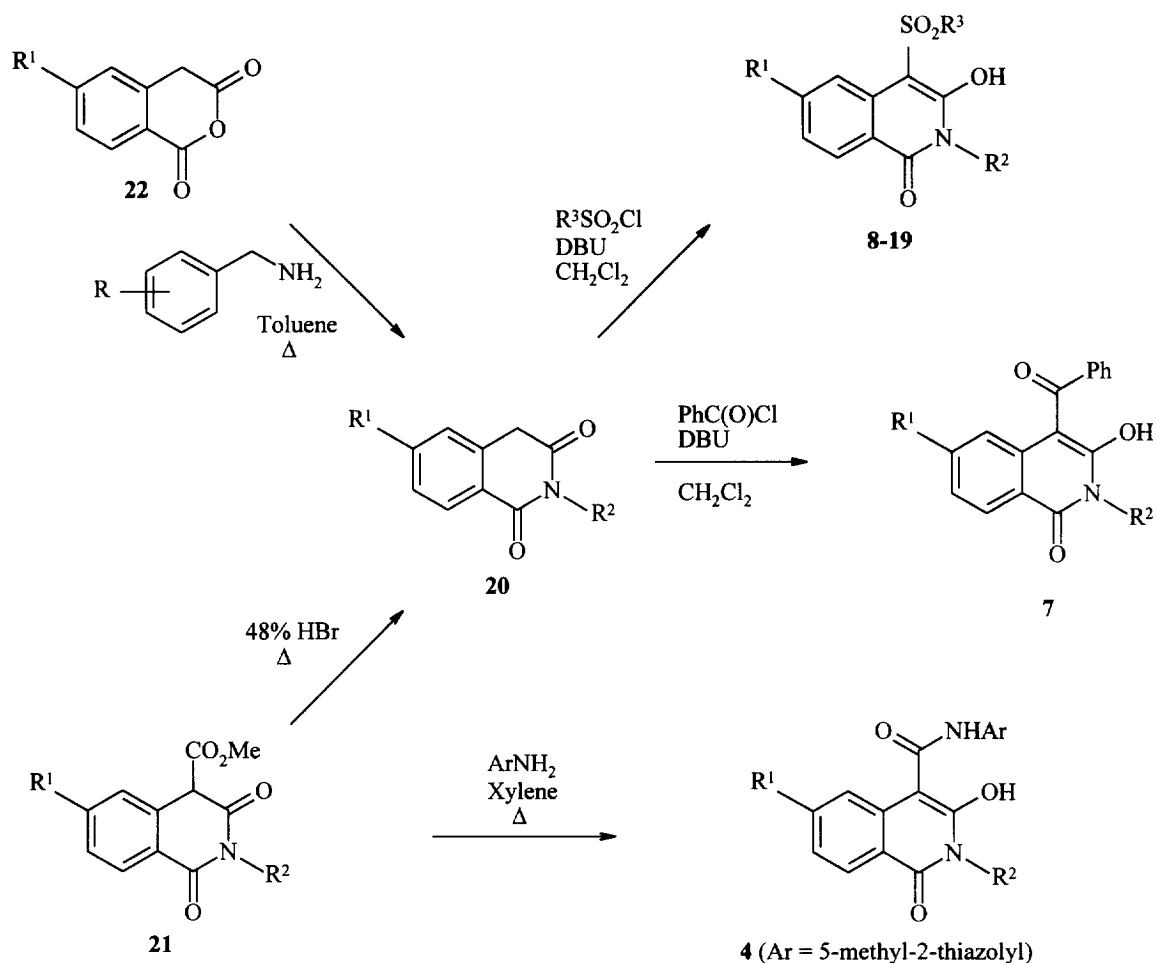
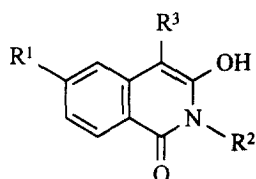


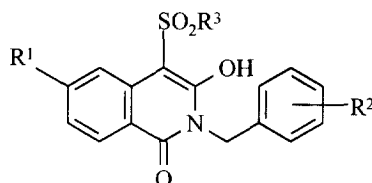
Table 1. Inhibition of COX-2 and COX-1 in Microsomal Assays

Cpd	R ¹	R ²	R ³	% Inh. COX-2 ^a			% Inh. COX-1 ^a		
				10	1	0.1	10	1	0.1
				μg/mL			μg/mL		
1				77	72	24	39	-1	-7
4	Cl	CH ₂ Ph	C(O)NH(5Me2Thz) ^b	75	61	7	83	35	8
5	Cl	CH ₃	CO ₂ Me	10	3	7	-9	10	9
6	Cl	CH ₂ Ph	CO ₂ Me	85	73	16	41	37	15
7	H	CH ₂ Ph	C(O)Ph	-3	-2	-2	23	-19	-18
8	H	CH ₂ Ph	SO ₂ Ph	72	58	22	74	59	17
9	H	CH ₂ Ph	SO ₂ Me	-9	1	5	7	12	9
10	H	CH ₂ Ph	SO ₂ <i>n</i> -Pr	27	15	-6	33	22	-9
11	H	CH ₂ Ph	SO ₂ <i>n</i> -Bu	20	30	0	15	15	4
12	H	CH ₂ Ph	SO ₂ <i>i</i> -Pr	58	56	27	23	11	-6
13	H	CH ₂ (4-ClPh)	SO ₂ <i>i</i> -Pr	67	62	3	36	4	-3
14	H	CH ₂ (4-FPh)	SO ₂ <i>i</i> -Pr	86	68	-1	47	28	11
15	H	CH ₂ (3,4-diFPh)	SO ₂ <i>i</i> -Pr	80	75	8	57	17	10
16	H	CH ₂ Ph	SO ₂ (4-BrPh)	100	92	28	100	74	44
17	H	CH ₂ Ph	SO ₂ (4-MeOPh)	97	74	21	93	81	33
18	Cl	CH ₂ Ph	SO ₂ <i>i</i> -Pr	97	87	34	57	34	10
19	Cl	CH ₂ (3,4-diFPh)	SO ₂ <i>i</i> -Pr	100	100	-3	96	40	13

^aEach drug concentration (10, 1 or 0.1 μg/mL) was run in duplicate wells within the individual experiments.Results are expressed as the mean % inhibition of PGE₂ production. Detailed assay conditions are provided in reference 2. ^b5Me2Thz = 5-methyl-2-thiazolyl.

chloride. Amide **4** was prepared by heating ester **21** with 2-amino-5-methylthiazole. Intermediates **20** were prepared either by reaction of a homophthalic anhydride (**22**) with a benzyl amine ($R_1 = H$) or by hydrolysis and decarboxylation of **21** ($R_1 = Cl$). Intermediates **21** have been described in the literature.⁶

Table 2. Inhibition of COX-2 and COX-1 in Cell Assays



Cpd	R ¹	R ²	R ³	% Inh COX-2 ^a			IC ₅₀ (μM)	% Inh COX-1 ^a			IC ₅₀ (μM)
				10	1	0.1		10	1	0.1	
1							0.16 ^b				2.20
8	H	H	Ph	69	46	36	0.14 ^c	93	54	21	0.73
12	H	H	<i>i</i> -Pr	65	49	37	0.29 ^c	77	48	26	0.34 ^c
13	H	4-Cl	<i>i</i> -Pr	64	51	9		69	44	-15	
14	H	4-F	<i>i</i> -Pr	82	72	50	0.09 ^b	87	66	46	0.25
15	H	3,4-diF	<i>i</i> -Pr	76	54	37	0.2 ^b	90	54	24	0.57
18	Cl	H	<i>i</i> -Pr	96	80	62	0.06	83	43	33	1.42
19	Cl	3,4-diF	<i>i</i> -Pr	92	71	64	0.1	81	49	18	1.36

^aEach drug concentration (10, 1 or 0.1 μM) was run in triplicate wells within the individual experiments. Results are expressed as the mean % inhibition of PGE₂ production. The calculated IC₅₀ value is the concentration that caused a 50% decrease in the maximal inhibition of cyclooxygenase activity as measured by PGE₂ production. Maximal inhibition (*I*_{max}) was 90%-100% unless noted. Detailed assay conditions are provided in reference 2. ^b*I*_{max} = 84%.

Compounds **5** and **6** showed that the amide functionality, which is critical to activity in enol-carboxamides such as **1**, could be changed to an ester with retention of COX-2 activity if a benzyl group is present at R₂ (Table 1). In an effort to improve activity and selectivity and to replace the metabolically unstable ester, we explored other functional groups at R₃. Ketone **7** was inactive while the phenyl sulfone **8** was active although not selective. We therefore began to explore other substituted sulfones.

Among the alkyl sulfones examined (**9–15**) an isopropyl sulfone was superior giving greater than 50% inhibition of COX-2 at both 10 and 1 µg/mL in a microsomal assay with less inhibition of COX-1. Aryl sulfones **16** and **17**, like **8**, were active but non-selective. A comparison of **18** and **19** with **12** and **15** indicates that a 6-Cl substituent enhances potency in the microsomal assay.

Several of these compounds were evaluated for COX-2 and COX-1 inhibition in cellular assays using stably transfected Cos-A2 cells (Table 2). IC₅₀ values were determined for four of the most active compounds. Phenyl sulfone **8** was again active but non-selective. Isopropyl sulfones **12–15** were active but only slightly selective at best. Comparing **18** and **19** with **12** and **15** shows that as in the microsomal assay, a 6-Cl group improved activity in the COX-2 assay. More importantly it provided the most potent and selective compound **18**, with an IC₅₀ of 0.06 µM in the cellular COX-2 assay and 1.4 µM for COX-1.

Compounds **18** and **19** were tested for antiinflammatory activity in the carrageenan paw edema model⁷. The results in Table 3 show that these compounds did demonstrate significant activity at 30 mg/kg p.o. In conclusion, we have described a novel series of cyclooxygenase inhibitors, in which COX-2 selectivity can be enhanced by structural modification and antiinflammatory activity can be demonstrated in vivo.

Table 3. Inhibition of Carrageenan-Induced Paw Edema

Cpd	Dose (mg/kg) ^a	% Inh.
1	30	56 ^b
18	30	43 ^b
19	30	39 ^b

^aCompounds dosed orally, 6 rats per test group.

^bSignificantly different from vehicle control group, p < 0.05.

References:

1. (a) O'Banion, M. K.; Winn, V.; Young, D. A. *Proc. Natl. Acad. Sci. U.S.A.* **1992**, *89*, 4888. (b) Kujubu, D. A.; Herschmann, H. R. *J. Biol. Chem.* **1992**, *267*, 7991.
2. Churchill, L.; Graham, A. G.; Shih, C.-K.; Pauletti, D.; Farina, P. R.; Grob, P. M. *Inflammopharmacology* **1996**, *4*, 125.
3. Penning, T. D.; Talley, J. J.; Bertenshaw, S. R.; Carter, J. S.; Collins, P. W.; Docter, S.; Graneto, M. J.; Lee, L. F.; Malecha, J. W.; Miyashiro, J. M.; Rogers, R. S.; Rogier, D. J.; Yu, S. S.; Anderson, G. D.; Burton, E. G.; Cogburn, J. N.; Gregory, S. A.; Kobolt, C. M.; Perkins, W. E.; Seibert, K.; Veenhuizen, A. W.; Zhang, Y. Y.; Isakson, P. C. *J. Med. Chem.* **1997**, *40*, 1347.
4. Prasit, P.; Black, W. C.; Chan, C.-C.; Ford-Hutchinson, A. W.; Gauthier, J. Y.; Gordon, R.; Guay, D.; Kargman, S.; Lau, C.K.; Li, C.-S.; Mancini, J.; Ouimet, N.; Roy, P.; Tagari, P.; Vickers, P.; Wong, E.; Young, R. N.; Zamboni, R. L. *Med. Chem. Res.* **1995**, *5*, 364.
5. Lazer, E. S.; Miao, C. M.; Cywin, C. L.; Sorcek, R.; Wong, H.-C.; Meng, Z.; Potocki, I.; Hoermann, M.; Snow, R. J.; Tschantz, M. A.; Kelly, T. A.; McNeil, D. W.; Coutts, S. J.; Churchill, L.; Graham, A. G.; David, E.; Grob, P.M.; Engel, W.; Meier, H.; Trummlitz, G. *J. Med. Chem.* **1997**, *40*, 980.
6. Malamas, M. S.; Hohman, T. C.; Millen, J. *J. Med. Chem.* **1994**, *37*, 2043.
7. Winter, C. A.; Risley, E. A.; Nuss, G. W. *J. Pharmacol. Exp. Ther.* **1963**, *141*, 369.