

PREPARATION AND IMMUNOSUPPRESSIVE ACTIVITY OF 32-(0)-ACYLATED AND 32-(O)-THIOACYLATED ANALOGUES OF ASCOMYCIN

Rene Hersperger*1, Walter Schuler and Gerhard Zenke

Novartis Pharma AG, Research, Respiratory Disease Therapeutic Area, CH-4002 Basle, Switzerland

Received 1 October 1998; accepted 3 December 1998

Abstract: A series of 32-(O)-acylated and 32-(O)-thioacylated derivatives of the antibiotic ascomycin (1) have been synthesized. These readily accessible analogues exhibit potent immunosuppressive activity in vitro, as measured by an interleukin-2 reporter gene assay and the mixed lymphocyte reaction. Such molecules are expected to have a therapeutic potential in chronic inflammatory diseases of the airways such as asthma. © 1999 Elsevier Science Ltd. All rights reserved.

The antifungal antibiotic ascomycin (1) has been known for more than 30 Both ascomycin and the better known allyl analogue, immunosuppressant FK506 (2), are powerful inhibitors of antigen-stimulated T-cell activation and proliferation². Similar to the chemically different cyclosporin A (CsA), ascomycin and its analogues when bound to the intracellular binding protein FKBP-12, block the signal transduction pathway in T-cells through inhibiting the Ca-dependent protein phosphatase calcineurin³. As a consequence, translocation of the transcription factor NF-AT from the cytoplasm to the nucleus is blocked,

0, 1 ascomycin R=ethvl

2 FK506

resulting in a failure to activate genes necessary for T-cell proliferation (e.g. interleukin-2). Both FK506 and CsA are successfully used in transplantation for prevention of organ graft rejection^{2,4}. Therapeutic effects with CsA have also been observed in rheumatoid arthritis⁵ and psoriasis⁶. Furthermore, recent preclinical data indicate that selective T-cell inhibitors such as CsA and ascomycin analogues could be of interest in treating asthma, a chronic inflammatory disease of the airways⁷. Indeed, oral CsA has been shown to be of clinical benefit in severe asthmatic patients⁸. These findings are in line with the current view that the T-cell plays a pivotal role in the pathology of asthma⁹. However, due to their inherent, mechanistically related side effects there might be a concern of using current immunosuppressants such as FK506 and CsA as an oral therapy for non-life threatening asthma10. Systemic exposure and hence the likelihood of untoward side effects could be reduced by giving such compounds locally by inhalation¹¹. Furthermore, in contrast to FK506 and CsA, the ideal immunosuppressant should have no oral activity because current inhalation devices cannot prevent the majority of the inhaled drug (80-90%) from being deposited in the upper airways, and finally being swallowed. We therefore initiated a program with the objective of finding simple, potent immunosuppressive and antiinflammatory ascomycin analogues which would be suited for inhalation therapy of respiratory diseases such as

0960-894X/99/\$ - see front matter © 1999 Elsevier Science Ltd. All rights reserved. PII: S0960-894X(98)00702-1

Fax +41 61 324 30 36; e-mail: rene.hersperger@pharma.novartis.com

asthma. This paper reports the synthesis and the biological characterization *in vitro* of a series of easily accessible 32-(0)-acylated and 32-(0)-thioacylated analogues of ascomycin (1).

Chemistry: The synthesis of benzoyl carbamic acid 32-(0)-ascomycinyl ester 3 and of the acyl thiocarbamic acid 32-(0)-ascomycinyl esters 4-9 is illustrated in Scheme 1 and Table 1. Protection of the competing 24-hydroxyl group as the TBS-ether turned out to be advantageous and was accomplished in quantitative yield by a bis-silylation/ monodesilylation protocol. Reaction of the mono-protected ascomycin with acyl isothiocyanates (Table 2) in toluene or benzoyl isocyanate in dichloromethane, followed by deprotection using aqueous HF in acetonitrile afforded compounds 3-8 in moderate yields. A special deprotection protocol was applied for the synthesis of compound 9. In order to prevent dioxolanone ring-opening under aqueous acidic conditions, the silyl ether was selectively cleaved with trimethylsilyl triflate in dichloromethane at -78°C¹². The synthesis of non-commercially available acyl isothiocyanates is illustrated in Table 2. They were made from the corresponding acid chlorides by reaction with sodium thiocyanate in ethyl acetate¹³. No purification step was necessary and, after removal of sodium chloride by filtration, the products were obtained in moderate to good yields and sufficiently pure for direct use.

Scheme 1

compound	R32	R21	IL-2 RGA rIC ₅₀ ^a	MLR rIC ₅₀ ^a	FKBP-12 rIC ₅₀ ^a
1 ascomycin 2 FK506	OH OH	ethyl allyl	1.7 1	1.9 1	0.9 1
3		ethyl	1.2	2.9	1.3
4		ethyl	3.4	11	6.3
5		ethyl	3.5	7.6	3.4
6	MeO A A	ethyl	4.6	19	1.6
7	ر المال	ethyl	6.5	15	6.6
8	MeO. J H	ethyl	9.0	8.4	7.3
9	J. J	ethyl	12	12	0.9
10	MeO NO	ethyl	6.9	36	2.7
11	Med Shirt Sh	ethyl	0.7	2.5	1.5

^a Mean IC₅₀ [nM] values (n=2-8) of the test compounds are compared to that of FK506 and expressed as relative IC₅₀: rIC₅₀=IC₅₀ substance / IC₅₀ FK506. The absolute IC₅₀ values for FK506 in the IL-2 RGA, the MLR and the FKBP-12 binding assay are 0.2nM, 0.3nM and 1.2nM, respectively.

Table 2: General synthesis of acyl isothiocyanates

R OH SOCI ₂ R CI NaSCN (1.2eq) R NCS					
starting material	product	yield			
ОН	NCS	21% (2steps)			
MeO CI	MeO NCS	95%			
C	NCS	95%			
МеО	MeO NCS	73% (2steps)			
LoTo JOH	You I NCS	64% (2steps)			

The synthesis of compound 10 is illustrated in Scheme 2. 24-(0)-TBS-ascomycin was first converted to the corresponding N-methyl-thiocarbamic acid 32-(0)-ascomycinyl ester by activation with thiophosgene/4-dimethylaminopyridine in acetonitrile and in situ reaction with aqueous methylamine. Acylation of the N-methyl-thiocarbamate intermediate with 3-chlorocarbonyl propionic acid methyl ester followed by the usual deprotection with aqueous HF led to product 10.

Scheme 2

Finally, Scheme 3 illustrates the synthesis of compound 11. Remarkably, no 24-hydroxyl protection was necessary in this case and selective 32-hydroxyl mono-acylation was achieved by activation of ascomycin (1) at -78°C with triphosgen/4-dimethylaminopyridine followed by *in situ* reaction with phenylhydrazine.

Scheme 3

Results and Discussion: Table 1 illustrates the *in vitro* immunosuppressive activity of 1-11 as measured in the interleukin-2 reporter gene assay (IL-2 RGA) and the mouse mixed lymphocyte reaction (MLR)¹⁴. Both assays are models for *in vitro* T-cell activation. In the case of the IL-2 RGA the activity of the IL-2 promoter in a

mitogen-stimulated human T-cell line is determined. The MLR is a model for T-cell activation by alloantigen. Since binding to FKBP-12 is a prerequisite for the immunosuppressive activity of ascomycin analogues the results for binding to FKBP-12 are also shown. All values are expressed as relative activities to FK506 (2) which is about twice as potent as the parent ascomycin (1)¹⁴. The benzoyl carbamic acid ester derivative 3 was equipotent to ascomycin (1) in both cellular assays the IL-2 RGA and the MLR. Consistent with this, analogue 3 and ascomycin (1) showed similar activity in the binding to FKBP-12. Replacement of the oxygen atom by sulfur in the R32 linker led to a decrease of immunosuppressive activity as illustrated by direct comparison of compounds 3 and 4. In general, increasing the size of the R³² substituent in the acyl thiocarbamic acid ester series 4-10 gave less potent compounds although the loss of activity was only moderate (≤10). This indicates that there is some degree of steric tolerance at position 32 of ascomycin which allows chemical modification of the compound. This has also been observed by others¹⁵ and may be explained by the structure of the active drug/FKBP-12/calcineurin complex¹⁶. It is noteworthy that compound 10 was only about twice less potent than the non N-methylated analogue 6. Thus, the NH bond of the carbamic acid ester linker seems not to be involved in any significant hydrogen-bond interaction with the target proteins. The most potent compound synthesized in this series was derivative 11. Replacing the 32-hydroxy group of ascomycin (1) by the larger N'-phenylhydrazinecarboxylic acid ester moiety doubled the potency of the parent compound in the IL-2 RGA and retained the activity in the MLR. It is noteworthy, that the IC₅₀ values determined with human T-cells (IL-2 RGA) were comparable with the IC₅₀ values determined with mouse T-cells (MLR) differing only by a factor of 1 to 5. As reported previously¹⁷, and confirmed in this study, binding to FKBP-12 is a prerequisite for immunosuppressive activity of ascomycin analogues but not necessarily predictive for their immunosuppressive efficacy in vitro. For example, compound 9 was equipotent to compound 3 and parent ascomycin (1) with respect to binding to FKBP-12 but was about 10 times weaker in the IL-2 RGA and the MLR. A possible explanation for this finding is that the dioxolanone-substituent strengthens the macrolide/FKBP-12 interaction as indicated by the low rIC50, but weakens the affinity of the macrolide/FKBP-12 binary complex for its cellular target, the protein phosphatase calcineurin thereby reducing the immunosuppressive activity of 9.

In summary, we have synthesized a series of easily accessible 32-(O)-acylated and 32-(O)- thioacylated ascomycin derivatives and evaluated their immunosuppressive properties in vitro in the IL-2 RGA, the MLR and the FKBP-12 binding assay. Modification of the 32-hydroxy group of ascomycin (1) led to the identification of analogues (e.g. 3 and 11) whose immunosuppressive activity was equal or better than that of the parent natural product. Further SAR of 32-carbamic and thiocarbamic acid ascomycinyl ester analogues as well as their characterization in in vivo models of allergic asthma are ongoing and will be the subject of a future publication.

Acknowledgements: The authors thank Dr. P. W. Manley for critical review of the manuscript and comments, B. Glasser, A. Ursprung, U. Strittmatter-Keller and C. Wioland for their excellent technical assistance, and wish to acknowledge the contributions of Novartis Pharma Research Analytics for spectral data.

References and Notes:

- 1. (a) Arai, T; Koyama, Y.; Suenaga, T.; Honda, H. J. Antibiot. 1962, Ser. A. 15, 231. (b) Morisaki, M.; Arai, T. J. Antibiot. 1992, 45(1), 126.
- 2. Peters, D.H.; Fitton, A.; Plosker, G.L.; Faulds, D. Drugs 1993,46(4),746.
- 3. Ho, S.; Clipstone, N.; Timmermann, L.; Northrop, J.; Graef, I.; Fiorentino, D.; Nourse, J.; Crabtree, G.R. Clin. Immunol. Immunopathol. 1996, 80(3), S40.
- 4. Keown, P.A. Drugs 1990, 40(3), 315.
- 5. Feutren, G. Transplant. Proceed. 1992, 24(4), 55.
- Berth-Jones, J.; Henderson, C.A.; Munro, C.S.; Rogers, S.; Chalmers, R.J.; Boffa, M.J.; Norris, P.G.; Friedmann, P.S.; Graham-Brown, R.A.; Dowd, P.M.; Marks, R.; Sumner, M.J. Br. J. Dermatol. 1997, 136(4), 527.
- (a) Ceyhan, B.B.; Sungur, M.; Celikel, C.A.; Celikel, T. Respiration 1998, 65(1), 71. (b) Nagai, H.;
 Yamaguchi, S.; Tanaka, H., Inagaki, N. Int Arch Allergy Immunol 1995, 108(2), 189.
- 8. (a) Lock, S.H.; Kay, A.B.; Barnes, N.C. Am J Respir Crit Care Med 1996, 153, 509. (b) Kay, A.B. Allergy Proc. 1994, 15(3), 147.
- (a) Kay, A.B. In Ciba-Found-Symp. 1997, 206, 56-67; discussion 67-70, 106-10. (b) Barnes, P.J. Br J Clin Pharmacol 1996, 42, 3. (c) Corrigan, C.J.; Kay, A.B. Immunology Today 1992, 13(12), 501.
- 10. Mihatsch, M.J.; Kyo, M.; Morozumi, K.; Yamaguchi, Y.; Nickeleit, V.; Ryffel, B. Clinical Nephrology 1998, 49(6), 356.
- 11. (a) Waldrep, J.C.; Arppe, J.; Jansa, K.A.; Vidgren, M. *Int. J. Pharm.* **1998**, *160*(2), 239. (b) Sihra, S.B.; Kon, O.M.; Durham, S.R.; Walker, S.; Barnes, N.C.; Kay, A.B. *Thorax* **1997**, *52*, 447.
- 12. Bou, V; Vilarrasa, J. Tetrahedron Lett. 1990, 31(4), 567.
- 13. Goerdeler, J.; Wieland, D. Chem. Ber. 1967, 100(1), 47.
- 14. IL-2 RGA: The reporter gene assay was performed as described previously (Baumann, G.; Andersen, E.; Quesniaux, V.; Eberle, M.K. Transplant. Proc. 1992, 24, 43. MLR: The mixed-lymphocyte reaction was performed in serum free medium and has been described elsewhere (Schuler, W.; Sedrani, R.; Cottens, S.; Haeberlein, B.; Schulz, M.; Schuurman, H.J.; Zenke, G.; Zerwes, H.G.; Schreier, M.; Transplantation 1997, 64, 36). Some compounds have been tested in medium containing 10% fetal calf serum. IC₅₀ values of FK506 and of ascomycin analogues are the same when determined in the serum free and the serum-containing MLR. Binding to FKBP-12 was measured in a competitive binding assay as described previously (see reference for the MLR).
 In all assays the mean IC₅₀ InMI value of the test compound (n=2-8) was compared to that of FK506 and
 - In all assays the mean IC_{50} [nM] value of the test compound (n=2-8) was compared to that of FK506 and expressed as relative IC_{50} : rIC_{50} = IC_{50} substance / IC_{50} FK506. The absolute IC_{50} values for FK506 in the IL-2 RGA, the MLR and the MBA are 0.2nM, 0.3nM and 1.2nM, respectively.
- Goulet, M.T.; Hodkey, D.W.; Staruch, M.J.; Dumont, F.J.; Lin, S.; Hung, S.H.Y.; Siekierka, J.J.;
 Wyvratt, M.J. Bioorg. Med. Chem. Lett. 1994, 4(7), 927.
- (a) Kissinger, C.R.; Parge, H.E.; Knighton, D.R.; Lewis, C.T.; Pelletier, L.A.; Tempczyk, A.; Kalish, V.J.; Tucker, K.D.; Showalter, R.E.; Moomaw, E.W.; Gastinel, L.N.; Habuka, N.; Chen, X. Maldonado, F.; Barker, J.E., Bacquet, R.; Villafranca, J.E. Nature 1995, 378, 641. (b) for the atomic structure of the FKBP12-FK506 binary complex, see: Van Duyne, G.D.; Standaert, R.F.; Karplus, P.A.; Schreiber, S.L.; Clardy, J. Science 1991, 252, 839.
- Wagner, R.; Rhoades, T.A.; Or, Y.S.; Lane, B.C.; Hsieh, G.; Mollison, K.W.; Luly, J.R. J. Med. Chem. 1998, 41, 1764.