



Pergamon

Bioorganic & Medicinal Chemistry Letters 12 (2002) 2753–2756

BIOORGANIC &
MEDICINAL
CHEMISTRY
LETTERS

Isomeric Acetoxy Analogues of Rofecoxib: A Novel Class of Highly Potent and Selective Cyclooxygenase-2 Inhibitors

M. Abdur Rahim, P. N. Praveen Rao and Edward E. Knaus*

Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton, Alberta, Canada T6G 2N8

Received 26 March 2002; accepted 17 June 2002

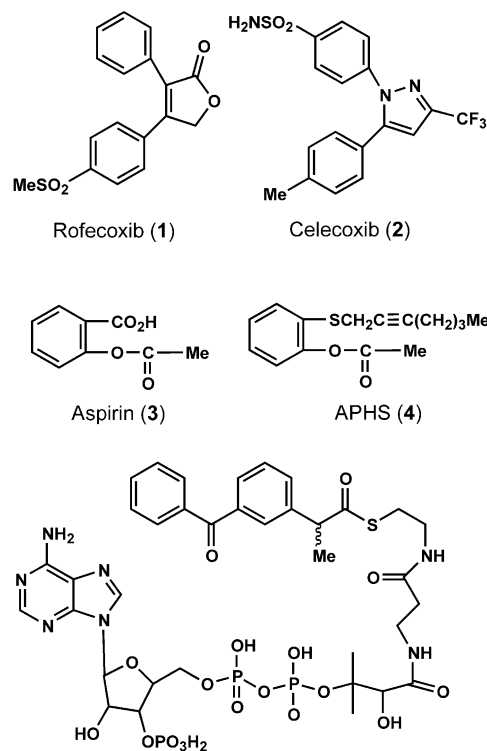
Abstract—A group of isomers possessing a 2-, 3-, or 4-acetoxy moiety on the 3-phenyl substituent of rofecoxib were synthesized that exhibit highly potent, and selective, COX-2 inhibitory activity that have the potential to acetylate the COX-2 isozyme.

© 2002 Elsevier Science Ltd. All rights reserved.

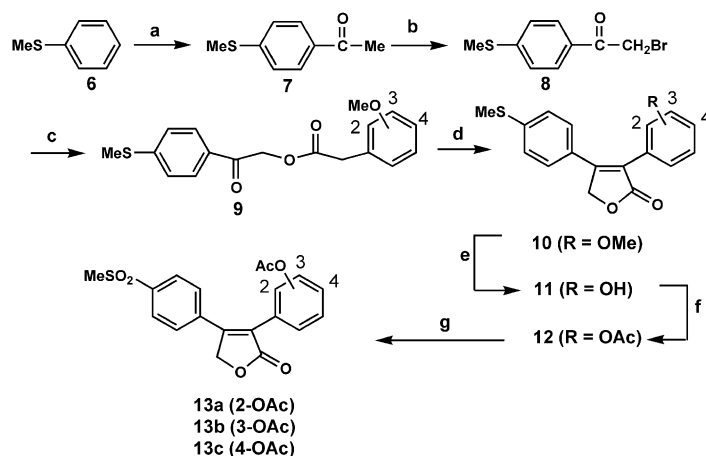
The historical belief that a single cyclooxygenase (COX) enzyme catalyzed the bioconversion of arachidonic acid to prostaglandins and thromboxanes, which are responsible for both the therapeutic anti-inflammatory and associated gastrointestinal and renal toxicity exhibited by non-steroidal antiinflammatory drugs (NSAIDs), required modification following the discovery that there are two isozymes, COX-1 and COX-2.¹ The constitutive COX-1 isozyme is produced in a variety of tissues and appears to be important to the maintenance of physiological functions such as gastroprotection and vascular homeostasis.² Alternatively, the COX-2 isozyme is induced by mitogenic and proinflammatory stimuli³ linking its involvement to inflammatory processes.⁴ The initial concept that a selective COX-2 inhibitor would illicit effective antiinflammatory activity without the adverse ulcerogenic effect associated with the use of NSAIDs that inhibit both COX-1 and COX-2 has been validated by postmarket clinical studies which attest to the efficacy of the selective COX-2 inhibitors rofecoxib (**1**)⁵ and celecoxib (**2**).⁶

Aspirin (**3**) is a unique non-selective COX inhibitor due to its ability to acetylate the serine hydroxyl group in the COX binding site of COX-1 and COX-2. In this regard, aspirin is a 10- to 100-fold more potent inhibitor of COX-1 relative to COX-2.⁷ Some of aspirin's beneficial therapeutic effects can be attributed to acetylation of COX-2, while its antithrombotic and ulcerogenic effects are due to acetylation of COX-1. These observations

were elegantly exploited in the design of the aspirin analogue *o*-(acetoxyphenyl)hept-2-ynyl sulfide (APHS, **4**) that selectively acetylated, and irreversibly inactivated, COX-2.⁸ More recently biological data was acquired that suggests the diastereomeric acyl-CoA-



*Corresponding author. Tel.: +1-780-492-5993; fax: +1-780-492-1217; e-mail: eknaus@pharmacy.ualberta.ca



Scheme 1. Reagents and conditions: (a) AlCl_3 , AcCl , CHCl_3 , 0–10 °C, 1 h; (b) Br_2 , CHCl_3 , 25 °C, 30 min; (c) 2-, 3-, or 4-MeO-C₆H₄-CH₂CO₂H, Et_3N , MeCN, 25 °C, 1 h; (d) NaH, DMSO, 25 °C, 1 h; (e) pyridinium hydrochloride, 190–210 °C, 1 h; (f) AcCl , Et_3N , 0–25 °C, 1 h; (g) Oxone[®], MeOH, THF, H₂O, 25 °C, 18 h.

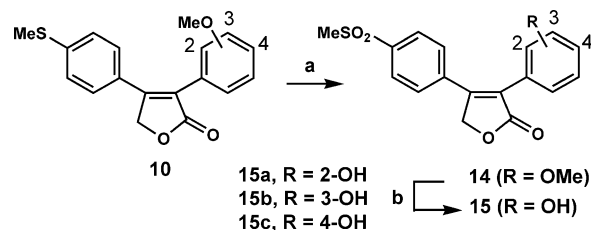
ketoprofen conjugates (**5**) are reversible inhibitors of COX-1 and irreversible inhibitors of COX-2.⁹

A special communication has raised a cautionary flag regarding the use of COX-2 inhibitors in patients at risk for cardiovascular morbidity such as myocardial infarction that has been explained using the following facts.¹⁰ The COX-1 isozyme is expressed in platelets and it mediates production of the potent platelet activator and aggregator thromboxane A₂ (TxA₂). On the other hand, COX-2 produces prostaglandins at the sites of inflammation as well as PGI₂, which is a vasodilator and inhibitor of platelet aggregation. Although selective COX-2 inhibitors have no effect on TxA₂ production, by decreasing PGI₂ production, selective COX-2 inhibitors may tip the natural balance between prothrombotic TxA₂ and antithrombotic PGI₂ that could potentially increase the possibility of a thrombotic cardiovascular event.¹⁰ As part of our ongoing program to design COX-2 inhibitors, we now describe a novel class of highly selective and potent inhibitors of COX-2 that also have the potential to selectively acetylate COX-2 at inflammatory sites.

The target 3-(2-, 3-, or 4-acetoxyphenyl)-4-(4-methanesulfonylphenyl)-2(5H)furanone isomers (**13a–c**) were synthesized using the reaction sequence illustrated in Scheme 1. Accordingly, bromination of 4-methylthioacetophenone (**7**), prepared in 95% yield by Friedel–Crafts acetylation of thioanisole (**6**), afforded the bromoacetyl derivative (**8**, 90%). Condensation of **8** with either 2-, 3-, or 4-methoxyphenylacetic acid in the presence of Et_3N yielded the respective isomeric 4-methylthiophenacyl 2-, 3-, or 4-methoxyphenyl acetate (**9a–c**, 41–58%). Cyclization of the isomers (**9a–c**) using NaH in DMSO gave the respective 3-(2-, 3-, or 4-methoxyphenyl)-4-(4-methylthiophenyl)-2(5H)furanone isomer (**10a–c**, 58–75%) which on *O*-demethylation using neat pyridinium chloride¹¹ at 190–210 °C yielded the corresponding phenol derivative (**11a–c**, 57–77%). Acetylation of **11a–c** gave the respective 3-(2-, 3-, or 4-acetoxyphenyl) isomer (**12a–c**, 78–100%). Subsequent oxidation of **12a–c** using Oxone[®] (–SMe → –SO₂Me)

afforded the corresponding isomeric product (**13a–c**, 68–78%).

The 3-(2-, 3-, or 4-hydroxyphenyl)-4-(4-methanesulfonylphenyl)-2(5H)furanone isomers (**15a–c**) were synthesized using the reaction sequence illustrated in Scheme 2. Thus, oxidation of the methylthio isomers (**10a–c**) to the corresponding methanesulfonyl derivative (**14a–c**, 77–82%) using Oxone[®], and subsequent *O*-demethylation using pyridinium hydrochloride gave the respective 3-(2-, 3-, or 4-hydroxyphenyl) product (**15a–c**, 32–46%).



Scheme 2. Reagents and conditions: (a) Oxone[®], MeOH, THF, H₂O, 25 °C, 18 h; (b) pyridinium hydrochloride, 190–210 °C, 1 h.

A group of 3-(2-, 3-, and 4-acetoxyphenyl) analogues (**13a–c**) of rofecoxib were prepared to investigate the effect of isomeric 2-, 3-, and 4-acetoxy substituents on COX-2 selectivity and potency. In vitro COX-1/COX-2 inhibition studies showed that **13a–c**, which do not inhibit COX-1 (IC_{50} values > 100 μM), are potent inhibitors of COX-2 (IC_{50} values in the 0.00126–0.00350 μM range) with high COX-2 selectivity indexes (SIs in the 28,482 to > 79,365 range) relative to the reference drug rofecoxib (COX-2 IC_{50} = 0.4279 μM ; SI > 1168) as summarized in Table 1. These data suggest that the acetoxy isomers **13a–c** should inhibit the synthesis of inflammatory prostaglandins via the cyclooxygenase pathway at sites of inflammation and be devoid of ulcerogenicity due to the absence of COX-1 inhibition.

Aspirin treatment of human prostaglandin endoperoxide H synthase (hPGHS-1, hCOX-1) expressed in *cos-1* cells causes a time dependent inactivation of oxygenase

Table 1. In vitro inhibition of COX-1 and COX-2 by 3-(2-, 3-, and 4-acetoxyphenyl) (**13a–c**), and 3-(2-, 3-, and 4-hydroxyphenyl) (**15a–c**) analogues of rofecoxib

Compd	R	COX-1 inhibition IC ₅₀ , μM ^a	COX-2 inhibition IC ₅₀ , μM ^a	COX-2 S.I. ^b
13a	2-OAc	> 100	0.00350	> 28,482
13b	3-OAc	> 100	0.00168	> 59,220
13c	4-OAc	> 100	0.00126	> 79,365
15a	2-OH	> 250	1.832	> 136
15b	3-OH	> 250	3.96	> 63
15c	4-OH	> 250	> 250	—
Rofecoxib		> 500	0.4279	> 1,168
Celecoxib		22.9	0.0567	404

^aValues are means of two determinations acquired using an ovine COX-1/COX-2 assay kit (Catalog No. 560101, Cayman Chemicals Inc., Ann Arbor, MI, USA) and the deviation from the mean is <10% of the mean value.

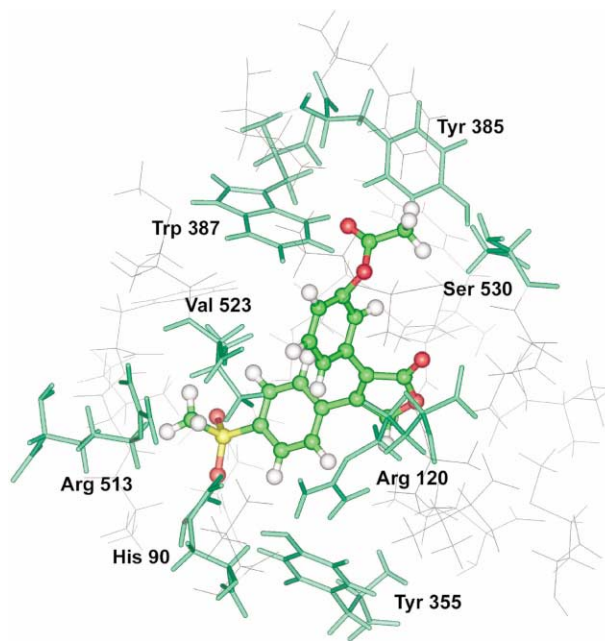
^bIn vitro COX-2 selectivity index (IC₅₀ COX-1/IC₅₀ COX-2).

activity. In contrast, treatment of PGHS-2 (COX-2) produced an enzyme that retained oxygenase activity, but which formed the unnatural (15*R*)-hydroxy-5,8,11,13-eicosatetraenoic acid [(15*R*)-HETE] exclusively that is a precursor to leukotrienes via the lipoxygenase (5-LO) pathway rather than prostaglandin H₂ (PGH₂) produced via the cyclooxygenase pathway. The *K_m* values for arachidonate of native and aspirin-treated hPGHS-2 were similar suggesting that arachidonate binds to both aspirin-treated and native hPGHS-2 in a similar manner.¹² A recent study has shown that (15*R*)-HETE inhibits the release of the potent inflammatory mediator LTB₄ from blood polymorphonuclear cells via the 5-LO pathway.¹³ Based on these reports, it is possible that the acetoxy compounds **13a–c**, in addition to inhibiting COX-2, could also acetylate COX-2 to produce (15*R*)-HETE that would prevent the formation of inflammatory leukotrienes such as LTB₄ via the 5-LO pathway.

In view of the fact that the acetoxy compounds **13a–c** may undergo in vivo bioconversion by esterases to the phenolic compounds **15a–c**, the ability of **15a–c** to inhibit COX-1/COX-2 was also investigated. All three phenolic isomers **15a–c** were inactive inhibitors of COX-1 (IC₅₀ values >250 μM). The relative COX-2 inhibition potency order for **15a–c**, which were much less potent inhibitors of COX-2 than the corresponding acetoxy analogues, was 2-OH (**15a**) > 3-OH (**15b**) > inactive 4-OH (**15c**). Compounds **15a** and **15b** exhibited COX-2 selectivity indexes of >136 and >63, respectively (Table 1).

A molecular modeling study was performed where 3-(3-acetoxyphenyl)-4-(4-methanesulfonylphenyl)-2(5*H*)furanone (**13b**) was docked in the active site of human COX-2 (1CX2 PDB file) using a procedure previously reported.¹⁴ The objective of this docking experiment was to determine the orientation of **13b** within the COX-2 binding site and the spatial orientation of the acetoxy group relative to the serine hydroxyl group which it could potentially acetylate to produce acetylated COX-2. This docking study showed (see Fig. 1) **13b** binds in the center of human COX-2 primary active

site such that the phenolic OH of Ser⁵³⁰ is about 6.05 Å from the O-atom of the C=O (3-OAc phenyl), and that the S-atom of the MeSO₂ moiety is inserted deep inside (4.53 Å) the entrance to the secondary COX-2 pocket (Val⁵²³). In addition, the carbonyl O-atom of the central lactone ring is about 4.31 Å from one hydrogen atom of Arg¹²⁰ (guanidino moiety).

**Figure 1.** Docking the 3-OAc analogue of rofecoxib (**13b**) (ball-and-stick) in the active site of human COX-2 (line and stick) (*E*_{intermolecular} = −60.74 kcal/mol).

The results of this investigation show (i) incorporation of a 2-, 3-, or 4-OAc substituent on the 3-phenyl ring of rofecoxib provides highly potent, and selective, COX-2 inhibitors, (ii) molecular modeling studies indicate the 3-OAc substituent of **13b** is suitably positioned to acetylate the serine hydroxyl group in the COX-2 primary binding site, and (iii) the acetoxy compounds **13a–c** could serve as useful probes to study the function and catalytic activity of the COX-2 isozyme.

Acknowledgements

We are grateful to the Canadian Institutes of Health Research (MOP-14712) for financial support of this research and to Rx&D-HRF/CIHR for a postdoctoral fellowship (to A.R.) and a graduate scholarship (to P.R.).

References and Notes

- (a) Fu, J. Y.; Masferrer, J. L.; Seibert, K.; Raz, A.; Needleman, P. *J. Biol. Chem.* **1990**, *265*, 16737. (b) Xie, W. L.; Chipman, J. G.; Robertson, D. L.; Erikson, R. L.; Simmons, D. L. *Proc. Natl. Acad. Sci. U.S.A.* **1991**, *88*, 2692.
- Smith, W. L.; DeWitt, D. L. *Adv. Immunol.* **1996**, *62*, 167.
- Herschman, H. R. *Biochem. Biophys. Acta* **1996**, *1299*, 125.
- Dubois, R. N.; Abramson, S. B.; Crofford, L.; Gupta, R. A.; Simon, L. S.; Van de Putta, L. B. A.; Lipsky, P. E. *FASEB J.* **1998**, *12*, 1063.

5. Hawkey, C.; Laine, L.; Simon, T.; Beaulieu, A.; Maldonado-Cocco, J.; Acevedo, E.; Shahane, A.; Quan, H.; Bolognese, J.; Mortensen, E. *Arthritis Rheum.* **2000**, *43*, 370.
6. Goldstein, J. L.; Silverstein, F. E.; Agrawal, N. M.; Hubbard, R. C.; Kaiser, J.; Maurath, C. I.; Verburg, K. M.; Geis, G. S. *Am. J. Gastroenterol.* **2000**, *95*, 1681.
7. Meade, E. A.; Smith, W. L.; DeWitt, D. L. *J. Biol. Chem.* **1993**, *268*, 6610.
8. (a) Kalgutkar, A. S.; Crews, B. C.; Rowlinson, S. W.; Garner, C.; Seibert, K.; Marnett, L. J. *Science* **1998**, *280*, 1268.
(b) Kalgutkar, A. S.; Kozak, K. R.; Crews, B. C.; Hochgesang, G. P., Jr; Marnett, J. R. *J. Med. Chem.* **1998**, *41*, 4800.
9. Levoir, N.; Chretien, F.; Lapique, F.; Chapleur, Y. *Bioorg. Med. Chem.* **2002**, *10*, 753.
10. Mukherjee, D.; Nissen, S. E.; Topol, E. J. *J. Am. Med. Assoc.* **2001**, *286*, 954, and references cited therein.
11. Dikshit, D. K.; Singh, S.; Singh, M. M.; Kamboj, V. P. *Ind. J. Chem.* **1990**, *29B*, 954.
12. Lecomte, M.; Laneuville, O.; Ji, C.; DeWitt, D. L.; Smith, W. L. *J. Biol. Chem.* **1994**, *269*, 13207.
13. Vachier, I.; Chanez, P.; Bonnans, C.; Godard, P.; Bousquet, J.; Chavis, C. *Biochem. Biophys. Res. Commun.* **2002**, *290*, 219.
14. Habeeb, A. G.; Praveen Rao, P. N.; Knaus, E. E. *J. Med. Chem.* **2001**, *44*, 2921.