

BIOORGANIC & MEDICINAL CHEMISTRY LETTERS

Bioorganic & Medicinal Chemistry Letters 13 (2003) 597-600

Pyridazinones as Selective Cyclooxygenase-2 Inhibitors

Chun Sing Li,* Christine Brideau, Chi Chung Chan, Chantal Savoie, David Claveau, Stella Charleson, Robert Gordon, Gillian Greig, Jacques Yves Gauthier, Cheuk K. Lau, Denis Riendeau, Michel Thérien, Elizabeth Wong and Petpiboon Prasit

Merck Frosst Centre for Therapeutic Research, PO Box 1005, Pointe-Claire-Dorval, Quebec, Canada H9R 4P8

Received 17 October 2002; revised 27 November 2002; accepted 7 December 2002

Abstract—Pyridazinone was found to be an excellent core template for selective COX-2 inhibitors. Two potent, selective and orally active COX-2 inhibitors, which were highly efficacious in rat paw edema and rat pyresis models, have been obtained.

© 2003 Elsevier Science Ltd. All rights reserved.

Selective cyclooxygenase-2 (COX-2) inhibitors represent a new generation of anti-inflammatory drugs. In clinical trial, these compounds have demonstrated less gastrointestinal side effects than non-steroidal anti-inflammatory drugs (NSAIDs), which also inhibit the cytoprotective action of COX-1 in the GI tract. During the last decade, several selective inhibitors based on Dup-697 have been reported.² A general modification of leads based on Dup-697 is the replacement of the central thiophene ring with other carbocylic or heterocyclic ring system. Five membered rings were frequently studied systems and were the most produtive area. Three compounds derived from five membered heterocycles have reached the market, such as furanone of rofecoxib,³ pyrazole of celecoxib⁴ and isoxazole of valdecoxib.⁵ For the six-member ring systems, only benzene^{6,7} and pyridine^{7,8} were reported. The pyridine analogue etoricoxib⁸ is now in advanced clinical trial. Herein, we describe our SAR studies on a new class of orally active COX-2 inhibitors based on the six-member heterocyclic pyridazinone system.

$$SO_2Me$$
 SO_2Me SO_2NH_2 SO

The N-substituted pyridazinone analogue 3 could be readily synthesized from furanone 1. Bromination of 1 followed by hydrolysis gave the 5-hydroxy intermediate 2, which was subsequently reacted with an appropriately substituted hydrazine, or with hydrazine to give 3. Alternatively, 3 can be obtained by reaction of 2 with hydrazine following by an alkylation reaction with the desired electrophile (Scheme 1). SAR at the 4-position of the pyridazinone was most conveniently investigated with the 4-bromo-substituted pyridazinone intermediate 8, which can be obtained from 4-bromo-furan-2-one 49 in 7 steps (Scheme 2). Suzuki coupling of 4 with 4-methylthiophenylboronic acid, followed by bromination and oxidiation yielded the 3-bromo-furan-2-one intermediate 5. This intermediate was then converted to the pyridazinone intermediate 8 using chemistry as described in Scheme 1. Suzuki reaction of 8 with a boronic acid intermediate gave 3. Substitution reaction of 8 with a nucleophile afforded 9.

The COX-2 inhibition was determined in stably transfected chinese hamster ovary (CHO) cells expressing human COX-2¹⁰ as well as a human whole blood (HWB) COX-2 assay.¹¹ The COX-1 inhibition was evaluated with a sensitive U-937 microsomal COX-1

^{*}Corresponding author. Tel.: +1-5144-283-217; fax: +1-5144-284-900; e-mail: chunsing li@merck.com

$$SO_2Me$$
 Ar
 SO_2Me
 C
 R
 N
 Ar
 SO_2Me
 SO_2Me

Scheme 1. (a) NBS; (b) HOAc, THF-H₂O, \sim 45% for 2 steps; (c) RNHNH₂ or (i) NH₂NH₂; (ii) R-X, NaOH, DMF, 30–75%.

Scheme 2. (a) 4-methylthiophenylboronic acid, $PdCl_2(PPh_3)_2$, Na_2CO_3 , benzene, EtOH, quantitative; (b) Br_2 , CH_2Cl_2 ; (c) MMPP, 79% for 2 steps; (d) NBS; (e) HOAc, THF-H₂O; 73% for 2 steps; (f) NH_2NH_2 , 84%; (g) base, R-X; (h) Ar-B(OH)₂, Pd(0); (i) K_2CO_3 or Cs_2CO_3 , R^1 -YH, DMF, 8-71%.

assay¹² at low arachidonic acid concentration. Selected compounds were also tested in the rat paw edema¹³ and rat pyresis¹³ assays for their in vivo efficacies.

Various N-substituted analogues were initially prepared to evaluate the effect of N-substitution (Table 1). It was

Table 1. In vitro activity of *N*-substituted analogues

very clear that N-substitution was absolutely required for good in vitro COX-2 inhibitory potency since the unsubstituted analogue 3a was not potent. An increase in size of the nitrogen substitutent such as 3b, 3c and 3d improved COX-2 inhibitory potency, especially in the human whole blood assay. However, a tertiary alkyl susbstituent such as tert-butyl in 3e was not tolerated. Cyclopropylmethyl substituent 3f and benzyl substitutent 3g, which exhibited excellent COX-2 potency and selectivity, have the potential for further optimization. A wide range of other large alkyl, alkenyl (3h), cycloalkyl (3i), and substituted benzyl substituents have also been investigated. Many of them retained COX-2 inhibitory potency and reasonable selectivity, but none showed properties that were clearly superior to 3f and 3g. Heterocyclic substituents (3j, 3k and 3l), except for the 2-thienylmethyl analogue 31, were less potent. Compound 31, somehow suffered from the loss of selectivity and poor pharmacokinetic. Substitution at the 6 position of the pyridazinone template (3m), surprisingly abolished the human whole blood COX-2 inhibitory potency.

Preliminary pharmacokinetic studies in rats indicated that N-benzyl derivatives showed poorer pharmacokinetic than the corresponding N-cyclopropylmethyl derivatives. For example, compound 3g has a C_{max} of 1 μM at 20 mg/kg oral dosing, while the corresponding cyclopropylmethyl analogue 3f has a C_{max} of 2.2 μM . One of the key objectives in the N-benzyl series was then to improve the pharmacokinetic and maintain the COX-2 inhibitory potency and selectivity. This can be achieved by varying substitutents at position 4. Several analogues based on experiences with other templates were synthesized (Table 2). Compound 10 with the celecoxib 4-methylphenyl substituent showed moderate improvement in the human whole blood COX-2 inhibitory potency as well as oral plasma level. Compound 10 has good in vivo efficacy in the rat paw edema assay $(ED_{50} = 2.2 \text{ mg/kg})$, but the compound was not potent

Compd	X	R	COX-2 IC ₅₀ (μM)		COX-1 IC ₅₀ (µM)
			СНО	HWB	U-937
3a	Н	Н	> 5	> 33	> 10
3b	Н	Me	0.3	21	> 10
3c	Н	2,2,2-Trifluoroethyl	0.5	11	> 10
3d	Н	Phenyl	0.08	4.7	> 10
3e	Н	tert-Butyl	> 5	> 33	> 10
3f	H	Cyclopropylmethyl	0.07	1.3	> 10
3g	H	Benzyl	0.03	0.9	~ 10
3h	F	3-Methyl-2-butenyl	0.1	0.3	1–3
3i	F	Cyclohexylmethyl	0.04	0.41	0.3-1
3j	Н	3-Pyridylmethyl	1.3	7.1	~ 10
3k	F	2-Thiazoylmethyl	0.6	5.9	~ 10
31	F	2-Thienylmethyl	0.05	< 0.41	~1
3m	H	Benzyl (6-Me)	0.35	> 33	> 10

Table 2. In vitro and in vivo activity of *N*-benzyl analogues

Compd	\mathbb{R}^1	COX-2 I	$C_{50} (\mu M)$	COX-1 IC ₅₀ (μ M)	$C_{max} \; (\mu M)$	Rat paw ED ₅₀ ,	Rat pyresis ED ₅₀ ,
		СНО	HWB	U-937	20 mg/kg, PO	mg/kg	mg/kg
3g	Phenyl	0.03	0.9	>10	1.0		
10	4-Methylphenyl	0.02	0.35	> 10	2.7	2.2	> 10
11	2-Methyl-5-pyridyl	1.2	1.1	> 10	4.2	> 10	
12	4-Fluorophenoxy	0.02	0.09	0.3-1		>10	
13	5-Chloro-2-pyridyloxy	0.26	0.9	3–10	0		
14	Isopropoxy	0.02	1.7	> 10	2.8	< 0.3	< 0.3
15	Cyclopropylmethoxy	0.003	0.36	~ 10	0.8	> 10	
16	Phenylthio	0.37	5.9	3-10			

in the rat pyresis assay (ED₅₀ > 10 mg/kg). Compound 11 with the etoricoxib 2-methyl 5-pyridyl substituent was moderately potent in the CHO COX-2 assay and the compound was not shift in the HWB COX-2 assay, but this compound was not efficacious in the rat paw edema assay (ED₅₀ > 10 mg/kg). We have demonstrated in the furanone series that an oxygen linked or sulfurlinked substituents would provide COX-2 inhibitors with excellent potency and selectivity. Indeed, all the oxygen-linked derivatives 12, 13, 14 and 15 were potent and selective COX-2 inhibitors. Unfortunately, the 4-fluorophenoxy compound 12 was not efficacious in vivo $(ED_{50} > 10 \text{ mg/kg} \text{ in the rat paw edema assay)}$ and the 5-chloro-2-pyridyloxy compound 13 showed very poor pharmacokinetic in rats. On the other hand, the alkoxy derivatives 14 and 15 showed moderate oral plasma levels with C_{max} of 2.8 μ M for 14, 0.8 μ M for 15. While compound 14 was only moderately potent in the HWB COX-2 assay, the in vitro activity of 14 translated extremely well into excellent in vivo activity in the rat paw edema (ED₅₀ < 0.3 mg/kg) and rat pyresis $(ED_{50} < 0.3 \text{ mg/kg})$ assays. Surprisingly, compound 15 was not potent in the rat paw edema assay (ED₅₀>10 mg/kg) and the poor oral plasma level might be partly responsible for the lack of in vivo activity. The sulfurlinked derivative 16 was not very potent in the human whole blood COX-2 assay. Overall, the isopropoxy analogue 14 represents the most promising compound in the N-benzyl series of pyridazinone selective COX-2 inhibitors.

The *N*-cyclopropylmethyl series was usually less potent than the corresponding *N*-benzyl series in the COX-2 assays. Our initial observation suggested that increasing the size of the nitrogen substituent might improve the COX-2 potency. Several substituted *N*-cyclopropylmethyl analogues¹⁴ were subsequently prepared (Tables 3 and 4). Although most of these modifications maintained or indeed slightly improved the COX-2 potency, pharmacokinetics of these derivatives seemed to highly depend on the substitution patterns. Extension or reduction of the linker between the cyclopropyl ring and the nitrogen led to compounds with reduced COX-2 potency (18 and 19). The (1-methylcyclopropyl)methyl

analogue **20**, (2,2-dimethylcyclopropyl)methyl analogue **21**, (2,3-dimethylcyclopropyl)methyl analogue **22** and the (cis-2-methylcyclopropyl)methyl analogue **23**, though were potent and moderately selective, they showed no oral plasma levels in rats. The α -methyl substituted analogue **24** has excellent plasma levels in

Table 3. In vitro activity of *N*-cyclopropylmethyl analogues

			·		
Compd	R	COX-2 IC ₅₀ (μM)		COX-1 IC ₅₀ (μM)	
		СНО	HWB	U-937	
17	224	0.2	1.7	> 10	
18	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0.2	2.9	> 10	
19	D.g.	0.11	> 33	~10	
20	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.2	0.7	3–10	
21	(Racemic)	0.03	0.8	1–3	
22	(Racemic)	0.05	0.7	1–3	
23	(cis-Racemic)	0.05	2.4	3–10	
24	(Racemic)	0.2	0.7	3–10	
25	trans-(R, R)	0.06	1.7	3–10	
26	trans-(S, S)	0.06	0.3	~3	

Compd	C _{max} (µM)	Rat paw	Rat pyresis	
	20 mg/kg, PO	ED ₅₀ , mg/kg	ED ₅₀ , mg/kg	
17	8.5	3–10		
24	13	1.8	>10	
25	4.8	40% @ 10		
26	16	0.7	1.1	

Table 4. Plasma levels and in vivo activity of *N*-cyclopropylmethyl analogues

rats and showed a C_{max} of 13 μM . Compound 24 has good in vivo activity in the rat paw edema assay $(ED_{50} = 1.8 \text{ mg/kg})$, but it was not potent in the rat pyresis assay (ED₅₀ > 10 mg/kg). Interestingly, the two optically pure (trans-2-methylcyclopropyl)methyl analogues (R,R)-25 and (S,S)-26 showed 6-fold difference in the HWB COX-2 potency although both compounds have similar CHO COX-2 activity. While the racemic *cis* isomer 23 has poor oral plasma level in rats, the trans-(S,S)-25 and the *trans*-(R,R)-26 both showed decent oral plasma levels¹⁵ with a C_{max} 4.8 μM for 25 and 16 μM for 26. Compound 25 was not potent in the rat paw edema assay (40% @ 10 mg/kg). Compound 26 on the other hand showed excellent in vivo activity in the rat paw edema assay (ED₅₀=0.7 mg/kg) and the rat pyresis assay (ED₅₀ = 1.1 mg/kg). Compound **26** is so far the optimal compound in the N-cyclopropylmethyl series of pyridazinone selective COX-2 inhibitors.

In conclusion, two potent and selective COX-2 inhibitors 14 and 26 have been identified from the pyridazinone template. These two compounds also showed excellent efficacy in animal models of anti-inflammation, the rat paw edema and rat pyresis assays.

References and Notes

- 1. Bombardier, C. Am. J. Cardiol. 2002, 89 (suppl), 3-D.
- 2. Dannhardt, G.; Kiefer, W. Eur. J. Med. Chem. 2001, 36, 109.
- 3. Prasit, P.; Wang, Z.; Brideau, C.; Chan, C.-C.; Charleson, S.; Cromlish, W.; Ethier, D.; Evan, J. F.; Ford-Hutchinson, A. W.; Gauthier, J. Y.; Gordon, R.; Guay, J.; Gresser, M.; Kargman, S.; Kennedy, B.; Leblance, Y.; Léger, S.; Mancini, J.; O'Neil, G. P.; Ouellet, M.; Percival, M. D.; Perrier, H.; Riendeau, D.; Rodge, I.; Targari, P.; Thérien, M.; Vickers, P.;

- Wong, E.; Xu, L.-J.; Young, R. N.; Zamboni, R.; Boyce, S.; Rupniak, N.; Forrest, M.; Visco, D.; Patrick, D. Bioorg. Med. Chem. Lett. 1999, 9, 1773.
- 4. Penning, T. D.; Talley, J. J.; Bertenshaw, S. R.; Carter, J. S.; Collins, P. W.; Doctor, 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.; Koboldt, C. M.; Perkins, W. E.; Seibert, K.; Veenhuizen, A. M.; Zhang, Y. Y.; Isakson, P. C. J. Med. Chem. 1997, 40, 1347.
- 5. Talley, J. J.; Brown, D. L.; Carter, J. S.; Graneto, M. J.; Koboldt, C. M.; Masferrer, J. L.; Perkins, W. E.; Rogers, R. S.; Shaffer, A. F.; Zhang, Y. Y.; Zweifel, B. S.; Seibert, K. J. Med. Chem. 2000, 43, 775.
- 6. Li, J. J.; Norton, M. B.; Reinhard, E. J.; Anderson, G. D.; Gregory, S. A.; Isakson, P. C.; Koboldt, C. M.; Masferrer, J. L.; Perkins, W. E.; Seibert, K.; Zhang, Y.; Zweifel, B. S.; Reitz, D. B. J. Med. Chem. 1996, 39, 1846.
- 7. Pinto, D. J. P.; Batt, D. G.; Pitts, W. J.; Petraitis, J. J.; Orwat, M. J.; Wang, S.; Jetter, J. W.; Sherk, S. R.; Houghton, G. C.; Copeland, R. A.; Covington, M. B.; Trzaskos, J. M.; Magolda, R. L. Bioorg. Med. Chem. Lett. 1999, 9, 919.
- 8. Friesen, R. W.; Brideau, C.; Chan, C.-C.; Charleson, S.; Deschenes, D.; Dube, D.; Ethier, D.; Fortin, T.; Gauthier, J. Y.; Girard, Y.; Gordon, R.; Greig, G.; Riendeau, D.; Savoie, C.; Wang, Z.; Wong, E.; Visco, D.; Xu, L.-J.; Young, R. N. Bioorg. Med. Chem. Lett. 1998, 8, 2777.
- 9. Jas, G. Synthesis 1991, 11, 965.
- 10. Kargman, S.; Wong, E.; Greig, G.; Falgueyret, J.-P.; Cromlish, W.; Ethier, D.; Yergey, J.; Riendeau, D.; Evans, J.; Kennedy, B.; Tagari, P.; Francis, D.; O'Neill, G. P. Biochem. Pharmacol. 1996, 52, 1113.
- 11. Brideau, C.; Kargman, S.; Liu, S.; Dallob, A. L.; Ehrich, E. W.; Rodger, I. W.; Chan, C.-C. Inflamm. Res. 1996, 45, 68. 12. Riendeau, D.; Charleson, S.; Cromlish, W.; Mancini, J. A.; Wong, E.; Guay, J. Can. J. Phys. Pharmacol. 1997, 75,
- 13. Chan, C.-C.; Black, C.; Boyce, S.; Brideau, C.; Ford-Hutchinson, A. W.; Gordon, R.; Guay, D.; Hill, R.; Li, C.-S.; Mancini, J.; Penneton, M.; Prasit, P.; Rasori, R.; Riendeau, D.; Roy, P.; Targari, P.; Vickers, P.; Wong, E.; Rodger, I. W. J. Pharmacol. Exp. Ther. 1995, 274, 1531.
- 14. The chiral cyclopropylmethyl alcohols for 25 and 26 were prepared according to Charette's condition: Charette, A. B.; Prescott, S.; Brochu, C. J. Org. Chem. 1995, 60, 1081. Other substitutents were eithier commercially available or prepared from the corresponding olefins.
- 15. The oral samples were prepared by the addition of 0.5 mL of a PEG 200 solution of compounds to 9.5 mL of 1% methocel under vigorously stirring. Otherwise, plasma levels would be expected much lower (e.g., racemic 26 has a $C_{\text{max}} = 2.4$ μ M).