

Angiogenesis inhibitors derived from thalidomide

Tomomi Noguchi, Haruka Fujimoto, Hiroko Sano, Atsushi Miyajima,
Hiroyuki Miyachi and Yuichi Hashimoto*

Institute of Molecular and Cellular Biosciences, The University of Tokyo, 1-1-1 Yayoi, Bunkyo-ku, Tokyo 113-0032, Japan

Received 28 July 2005; revised 24 August 2005; accepted 26 August 2005

Available online 23 September 2005

Abstract—5-Hydroxy-2-(2,6-diisopropylphenyl)-1*H*-isoindole-1,3-dione (5HPP-33: **10**), which was obtained during our previous structural development studies on thalidomide, was revealed to possess potent anti-angiogenic activity in a human umbilical vein endothelial cell (HUVEC) assay. Thalidomide (**1**) and its metabolite, 5-hydroxythalidomide (5-HT: **2**), which possesses a hydroxyl group at the position corresponding to that of 5HPP-33, as well as IMiDs (immunomodulatory derivatives of thalidomide: **3** and **5**), also showed weak or moderate activity in the same assay.

© 2005 Elsevier Ltd. All rights reserved.

Thalidomide (**1**) is a sedative/hypnotic drug, which was banned in the 1960s because of its teratogenicity.^{1,2} It has since been established to be effective for the treatment of various diseases, including graft-versus-host disease, cancers, AIDS, and other angiogenesis-dependent disorders.^{3–5} The United States Food and Drug Administration (FDA) gave approval to thalidomide for the treatment of erythema nodosum leprosum (ENL) in 1998.⁶ Furthermore, immunomodulatory derivatives of thalidomide (IMiDs), in particular the 4-amino analogues (CC-4047: **3** and CC-5013: **5**), are under clinical development for the treatment of various cancers, including multiple myeloma (MM), solid tumors, and prostate cancer.^{4,5} Although the precise mechanisms of action are unknown, the anti-angiogenic effects of thalidomide and IMiDs are believed to be associated with its antimyeloma activity.^{7,8} Moreover, the anti-angiogenic effects of IMiDs are mediated through the inhibition of endothelial cell growth, rather than through cytotoxic mechanisms.⁸ In the present study, we measured the anti-angiogenic activity of thalidomide derivatives (**1–6**) using a human umbilical vein endothelial cell (HUVEC) assay. Based on the results, we suspected that phenylphthalimides derived from thalidomide might also possess anti-angiogenic activity and we performed some structural development studies.

All the compounds **1–17** (Fig. 1) were prepared by usual organic synthetic methods and gave analysis values close to those expected. Thalidomide (**1**), 5-HT (**2**), CC-4047 (**3**), and CC-5013 (**5**) were prepared as described previously, and 4-NT (**4**) and 4-NHT (**6**) are intermediates in the preparation of CC-4047 (**3**) and CC-5013 (**5**), respectively.^{9–12} Similar reactions using 2,6-diisopropylaniline, instead of 3-aminopiperidine-2,6-dione, gave 4AHPP-33 (**16**) and 4NHPP-33 (**17**).^{13,14} Preparation of compounds **7–15** has already been reported.^{9–15}

First, we investigated the effect of thalidomide (**1**), its metabolites (5-hydroxythalidomide: 5-HT, **2**), IMiDs (CC-4047: **3**, CC-5013: **5**), and its nitro-substituted analogues, 4-NT (**4**) and 4-NHT (**6**), using HUVEC tube formation assay.¹⁶ HUVECs were plated on Matrigel and treated with test compounds for 6 h, and tube formation was measured as previously reported.¹⁶ Briefly, six-well plates were coated with 1.5 mL of the Matrigel basement membrane matrix (Becton Dickinson) and allowed to gel at 37 °C under a 5% CO₂ atmosphere for 30 min. Then, HUVECs were plated at 5.0×10^5 cells/well in DMEM containing the vehicle (0.5% DMSO) and growth factors (hEGF, VEGF, hFGF-B, and R³-IGF-1, as well as FBS) in the presence or absence of test compounds (100 μM) and incubated at 37 °C under a 5% CO₂ atmosphere for 6 h. After incubation, each well was photographed using a $\times 5$ objective to analyze tube formation. The corresponding area was measured as the number of pixels using MetaMorph software (Universal Imaging, Downingtown, PA). Experiments were

Keywords: Thalidomide; Angiogenesis; HUVEC; Phthalimide; Structural development.

* Corresponding author. Tel.: +81 3 5841 7847; fax: +81 3 5841 8495; e-mail: hashimoto@iam.u-tokyo.ac.jp

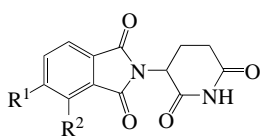
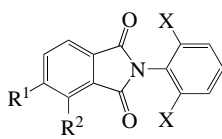
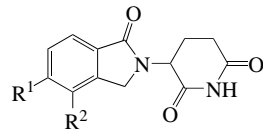
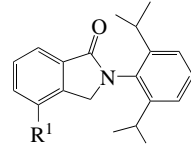
					
compound	R ¹	R ²	compound	R ¹	R ² X
1) Thalidomide	H	H	7) PP-00	H	H H
2) 5-HT	OH	H	8) PP-11	H	H CH ₃
3) CC-4047	H	NH ₂	9) PP-33	H	H CH(CH ₃) ₂
4) 4-NT	H	NO ₂	10) 5HPP-33	OH	H CH(CH ₃) ₂
			11) 4HPP-33	H	OH CH(CH ₃) ₂
			12) 5APP-33	NH ₂	H CH(CH ₃) ₂
			13) 4APP-33	H	NH ₂ CH(CH ₃) ₂
			14) 5NPP-33	NO ₂	H CH(CH ₃) ₂
			15) 4NPP-33	H	NO ₂ CH(CH ₃) ₂
					
compound	R ¹	R ²	compound	R ¹	
5) CC-5013	H	NH ₂	16) 4AHPP-33	NH ₂	
6) 4-NHT	H	NO ₂	17) 4NHPP-33	NO ₂	

Figure 1. Structures of compounds studied in this letter.

repeated at least three times. Of course, the values differed from experiment to experiment, but the results were basically reproducible and a typical set of data is presented.

As shown in Figures 2 and 3, thalidomide (**1**) exhibited moderate anti-angiogenic activity (ca. 26% inhibition at 100 μ M). One of its major metabolites, 5-HT (**2**), also showed moderate activity, comparable to that of thalidomide (**1**). One of the IMiDs, CC-4047 (**3**), the 4-amino analogue of thalidomide (**1**), is less active than thalidomide (**1**) (ca. 21% inhibition at 100 μ M). However, introduction of an electron-withdrawing nitro group instead of an electron-donating amino group at the same 4-position, that is, 4-NT (**4**), resulted in more potent anti-angiogenic activity than that of thalidomide (**1**) (ca. 32% inhibition at 100 μ M). The decarbonyl derivative of CC-4047 (**3**), that is, CC-5013 (**5**), is also more potent than thalidomide (**1**) (ca. 32% inhibition at 100 μ M). Replacement of the electron-donating amino group of CC-5013 (**5**) with an electron-withdrawing nitro group, that is, 4-NHT (**6**), showed just the opposite effect to that in the case of CC-4047 (**3**). CC-5013 (**5**) showed more potent anti-angiogenic activity than 4-NHT (**6**).

In our previous structural development studies of thalidomide, we have obtained TNF- α production regulators (including bidirectional ones, pure inhibitors, and pure enhancers),^{9,15} androgen antagonists,^{17–19} aminopeptidase inhibitors,^{20–22} α -glucosidase inhibitors,^{23,24} thymidine phosphorylase inhibitors,²⁵ cyclooxygenase (COX) inhibitors,^{26,27} and nitric oxide synthase (NOS) inhibitors.^{28,29} In the course of those studies,

we noticed that the phenylphthalimide analogues also possess some interesting activities. Therefore, we investigated the anti-angiogenic activity of phenylphthalimide analogues of thalidomide using a HUVEC assay system.

As shown in Figures 2 and 4, PP-33 (**9**) possessed rather potent anti-angiogenic activity. The structural requirement for the activity seems to be clear, because derivatives of PP-33 (**9**) with less bulky alkyl groups (PP-00: **7** and PP-11: **8**) showed no or only slight anti-angiogenic activity. These results suggest that the anti-angiogenic activity of phenylphthalimide analogues is a specific feature of the 2,6-diisopropylphenylphthalimide structure.

Next, we investigated the effect of substituents introduced at the 4- or 5-position of the phthalimide moiety of PP-33 (**9**), that is, compounds **10–15**. The results are shown in Figures 2 and 5. 5HPP-33 (**10**), which possesses a hydroxyl group at the position corresponding to that of 5-HT (**2**), showed quite potent anti-angiogenic activity dose dependently (ca. 59% inhibition at 100 μ M, ca. 41% inhibition at 30 μ M, and ca. 8% inhibition at 10 μ M). Its isoelectronic amino derivative, 5APP-33 (**12**), also showed potent anti-angiogenic activity, though it was less potent than 5HPP-33 (**10**). The regio-isomers of 5HPP-33 (**10**) and 5APP-33 (**12**), that is, 4HPP-33 (**11**) and 4APP-33 (**13**), respectively, are less active than the corresponding 5-substituted analogues. Interestingly, analogues substituted with an electron-withdrawing nitro group (5NPP-33: **14** and 4NPP-33: **15**) showed position dependency, in contrast to the analogues bearing an electron-donating

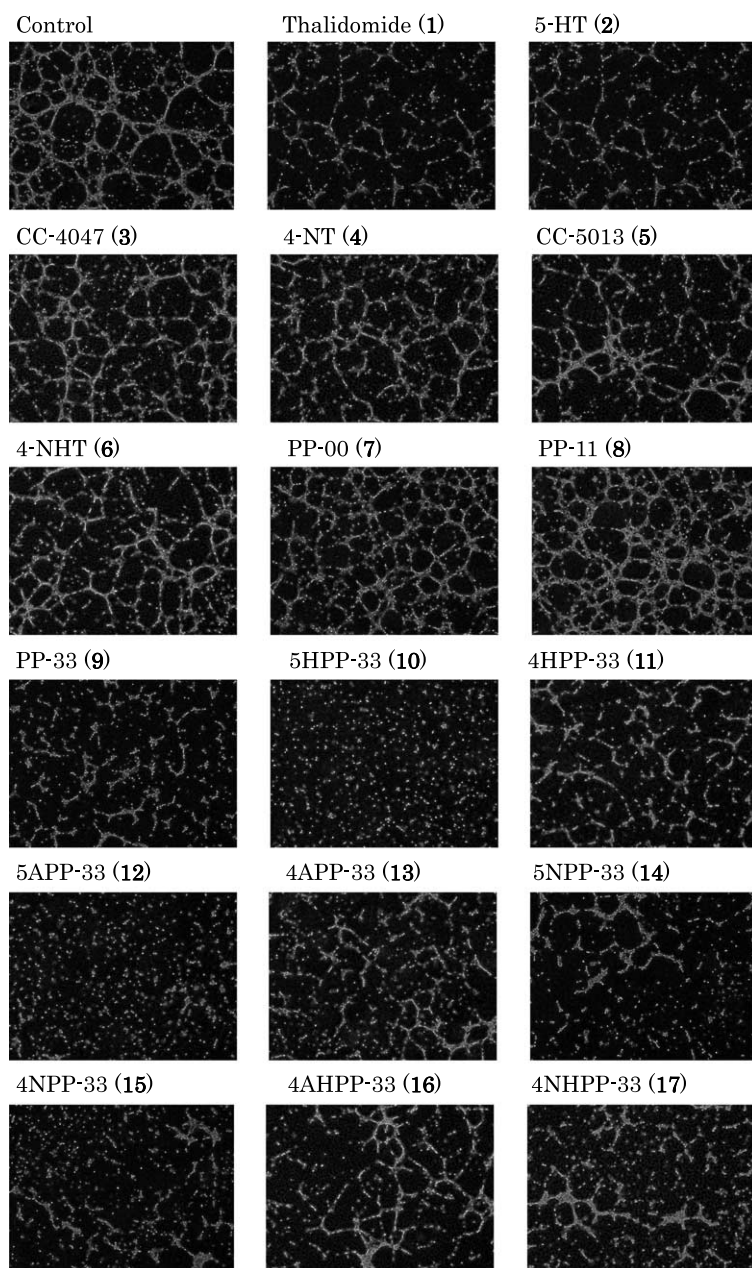


Figure 2. HUVEC tube formation assay.

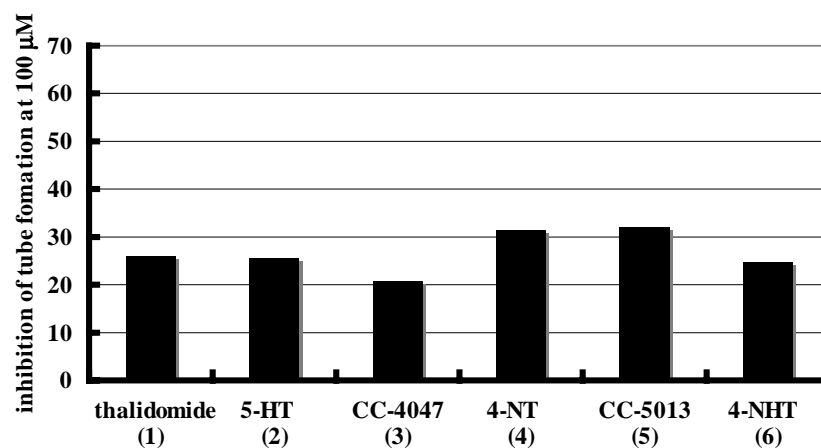


Figure 3. HUVEC tube formation-inhibiting activity of thalidomide (1) and derivatives (2–6).

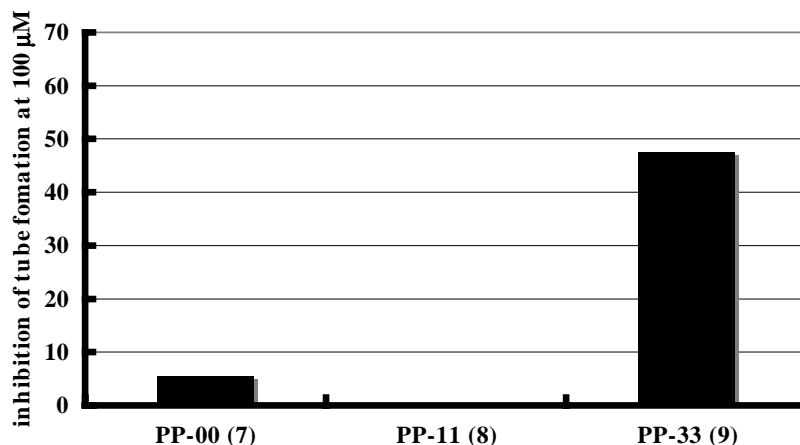


Figure 4. HUVEC tube formation-inhibiting activity of phenylphthalimide (PP-00: 7) and its alkylated analogues (PP-11: 8 and PP-33: 9).

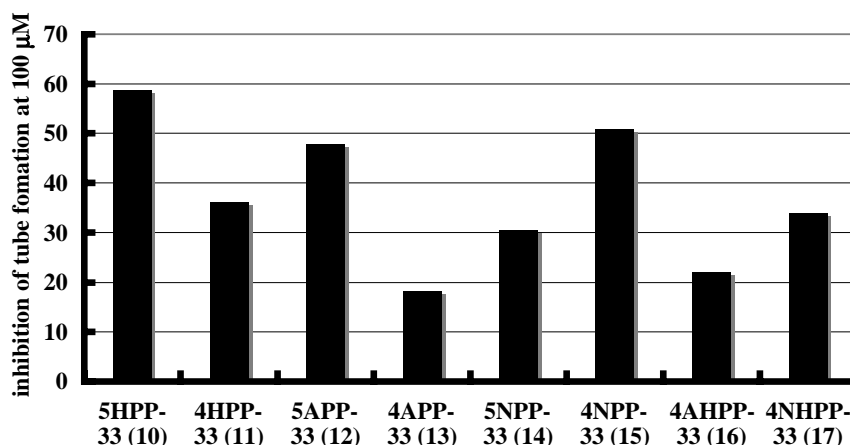


Figure 5. HUVEC tube formation-inhibiting activity of 2,6-diisopropylphthalimide analogues.

group, that is, 4NPP-33 (15) was more potent than 5NPP-33 (14).

A similar reversal of effect between derivatives with an electron-donating amino and an electron-withdrawing nitro substituent was found in the case of decarbonylation. While decarbonylation of 4APP-33 (13) to 4AHPP-33 (16) resulted in enhancement of the activity, the same derivatization of 4NPP-33 (15) to afford 4NHPP-33 (17) produced a decrease of the activity.

The results suggest that for potent anti-angiogenic activity of phenylphthalimide analogues, a 2,6-diisopropylphenyl structure and an electron-donating substituent at the 5-position or an electron-withdrawing substituent at the 4-position of the phenylphthalimide moiety are required.

In conclusion, we have discovered potent phenylphthalimide-type inhibitors of angiogenesis in a HUVEC tube formation assay. Among the prepared compounds, 5HPP-33 (10) showed the most potent activity. Angiogenesis has recently become a primary target of anticancer therapy. Further structural development studies based on the present compounds may yield potent and non-teratogenic derivatives.

Acknowledgments

We thank Dr. Hideki Nonaka (Univ. Tokyo) for helpful discussions and technical assistance. The work described in this letter was partially supported by Grants-in-Aid for Scientific Research from The Ministry of Education, Culture, Sports, Science and Technology, Japan, and the Japan Society for the Promotion of Science.

References and notes

- Hales, B. F. *Nat. Med.* **1999**, *5*, 489.
- Hashimoto, Y. *Curr. Med. Chem.* **1998**, *5*, 163.
- Calbrese, L.; Fleisher, A. B. *Am. J. Med.* **2000**, *108*, 487.
- Bartlett, J. B.; Dredge, K.; Dalglish, A. G. *Nat. Rev. Cancer* **2004**, *4*, 314.
- Richardson, P.; Hideshima, T.; Anderson, K. *Annu. Rev. Med.* **2002**, *53*, 629.
- Sampaio, E. P.; Kaplan, G.; Miranda, A.; Nery, J. A. C.; Miguel, C. P.; Viana, S. M.; Sarno, E. N. *J. Infect. Dis.* **1993**, *168*, 408.
- D'Amato, R. J.; Loughnan, M. S.; Flynn, E.; Folkman, J. *Proc. Natl. Acad. Sci. U.S.A.* **1994**, *91*, 4082.
- Bauer, K. S.; Dixon, S. C.; Figg, W. D. *Biochem. Pharmacol.* **1998**, *55*, 1827.

9. Miyachi, H.; Azuma, A.; Ogasawara, A.; Uchimura, E.; Watanabe, N.; Kobayashi, Y.; Kato, F.; Kato, M.; Hashimoto, Y. *J. Med. Chem.* **1997**, *40*, 2858.
10. Muller, G. W.; Chen, R.; Huang, S.-Y.; Corral, L. G.; Wong, L. M.; Patterson, R. T.; Chen, Y.; Kaplan, G.; Stirling, D. I. *Bioorg. Med. Chem. Lett.* **1999**, *9*, 1625.
11. Noguchi, T.; Shinji, C.; Kobayashi, H.; Makishima, M.; Miyachi, H.; Hashimoto, Y. *Biol. Pharm. Bull.* **2005**, *28*, 563.
12. Inatsuki, S.; Noguchi, T.; Miyachi, H.; Oda, S.; Iguchi, T.; Kizaki, M.; Hashimoto, Y.; Kobayashi, H. *Bioorg. Med. Chem. Lett.* **2005**, *15*, 321.
13. 4-AHPP-33 (**16**). MS (FAB): $M+1 = 309$. ^1H NMR (500 MHz/ CDCl_3): 1.20 (dd, $J = 5.1, 6.9$ Hz, 12H), 2.78 (sept, $J = 6.9$ Hz, 2H), 3.76 (s, 2H), 4.40 (s, 2H), 6.92 (d, $J = 7.7$ Hz, 1H), 7.25 (d, $J = 7.7$ Hz, 1H), 7.44–7.35 (m, 4H). Anal. Calcd for $\text{C}_{20}\text{H}_{24}\text{N}_2\text{O} \cdot 1/3\text{H}_2\text{O}$: C, 76.40; H, 7.91; N, 8.91. Found: C, 76.12; H, 7.78; N, 8.60.
14. 4-NHPP-33 (**17**). MS (FAB): $M+1 = 339$. ^1H NMR (500 MHz/ CDCl_3): 1.20 (dd, $J = 6.8, 15.3$ Hz, 12H), 2.72 (sept, $J = 6.8$ Hz, 2H), 5.02 (s, 2H), 7.26 (d, $J = 7.7$ Hz, 2H), 7.41 (t, $J = 7.7$ Hz, 1H), 7.77 (t, $J = 7.7$ Hz, 1H), 8.30 (d, $J = 7.7$ Hz, 4H), 8.47 (d, $J = 8.1$ Hz, 1H). Anal. Calcd for $\text{C}_{20}\text{H}_{22}\text{N}_2\text{O}_3$: C, 70.99; H, 6.55; N, 8.28. Found: C, 71.02; H, 6.58; N, 8.17.
15. Miyachi, H.; Ogasawara, A.; Azuma, A.; Hashimoto, Y. *Bioorg. Med. Chem.* **1997**, *5*, 2095.
16. Ng, S. S. W.; Gutschow, M.; Weiss, M.; Hauschildt, S.; Teubert, U.; Hecker, T. K.; Luzzio, F. A.; Kruger, E. A.; Eger, K.; Figg, W. D. *Cancer Res.* **2003**, *63*, 3189.
17. Miyachi, H.; Azuma, A.; Kitamoto, T.; Hayashi, K.; Kato, S.; Koga, M.; Sato, B.; Hashimoto, Y. *Bioorg. Med. Chem. Lett.* **1997**, *7*, 1483.
18. Ishioka, T.; Kubo, A.; Koiso, Y.; Nagasawa, K.; Itai, A.; Hashimoto, Y. *Bioorg. Med. Chem.* **2002**, *10*, 1555.
19. Ishioka, T.; Tanatani, A.; Nagasawa, K.; Hashimoto, Y. *Bioorg. Med. Chem. Lett.* **2003**, *13*, 2655.
20. Komoda, M.; Kakuta, H.; Takahashi, H.; Yasuyuki, F.; Shizuo, K.; Kato, F.; Hashimoto, Y. *Bioorg. Med. Chem.* **2001**, *9*, 121.
21. Kakuta, H.; Takahashi, H.; Sou, S.; Kita, T.; Nagasawa, K.; Hashimoto, Y. *Recent Res. Dev. Med. Chem.* **2001**, *1*, 189.
22. Shimazawa, R.; Takayama, H.; Fujimoto, Y.; Komoda, M.; Dodo, K.; Yamasaki, R.; Shirai, R.; Koiso, Y.; Miyata, K.; Kato, F.; Kato, M.; Miyachi, H.; Hashimoto, Y. *J. Enzym. Inhib.* **1999**, *14*, 259.
23. Sou, S.; Mayumi, S.; Takahashi, H.; Yamasaki, R.; Kadoya, S.; Sodeoka, M.; Hashimoto, Y. *Bioorg. Med. Chem. Lett.* **2000**, *10*, 1081.
24. Sou, S.; Takahashi, H.; Yamasaki, R.; Kagechika, H.; Endo, Y.; Hashimoto, Y. *Chem. Pharm. Bull.* **2001**, *49*, 791.
25. Kita, T.; Takahashi, H.; Hashimoto, Y. *Biol. Pharm. Bull.* **2001**, *24*, 860.
26. Noguchi, T.; Shimazawa, R.; Nagasawa, K.; Hashimoto, Y. *Bioorg. Med. Chem. Lett.* **2002**, *12*, 1043.
27. Sano, H.; Noguchi, T.; Tanatani, A.; Miyachi, H.; Hashimoto, Y. *Chem. Pharm. Bull.* **2004**, *52*, 1021.
28. Shimazawa, R.; Sano, H.; Tanatani, A.; Miyachi, H.; Hashimoto, Y. *Chem. Pharm. Bull.* **2004**, *52*, 498.
29. Noguchi, T.; Sano, H.; Shimazawa, R.; Tanatani, A.; Miyachi, H.; Hashimoto, Y. *Bioorg. Med. Chem. Lett.* **2004**, *14*, 4141.