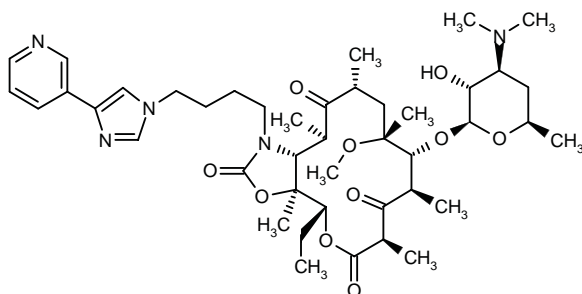


## HMR-3647

Ketolide Antibacterial

RU-66647

11,12-Dideoxy-3-des(2,6-dideoxy-3-C,3-*O*-dimethyl- $\alpha$ -L-altropyranosyloxy)-6-*O*-methyl-3-oxo-12,11-(oxycarbonylimino)-*N*<sup>11</sup>-[4-[4-(3-pyridyl)imidazol-1-yl]butyl]erythromycin A



C<sub>43</sub>H<sub>65</sub>N<sub>5</sub>O<sub>10</sub>

Mol wt: 812.01

CAS: 173838-31-8

EN: 230662

### Synthesis

The selective mesylation of 2'-*O*-acetyl-3-des(2,6-dideoxy-3-*C*-methyl-3-*O*-methyl- $\alpha$ -L-ribohexopyranosyloxy)-6-*O*-methyl-3-oxoerythromycin A (I) with methanesulfonic anhydride in pyridine gives the expected 11-*O*-methanesulfonyl derivative (II), which is treated with 1,8-diazabicyclo[5.4.0]undec-7-ene (DBU) in acetone to yield the 10,11-didehydro derivative (III). The acylation of (III) with carbonyl diimidazole (IV) by means of NaH in THF affords the 12-*O*-acyl derivative (V) (1), which is finally cyclocondensed with 4-[4-(3-pyridyl)imidazol-1-yl]butylamine (VI) in hot acetonitrile (2, 3). Scheme 1.

The starting compound 4-[4-(3-pyridyl)imidazol-1-yl]butylamine (VI) is obtained as follows: The condensation of *N*-(4-bromobutyl)phthalimide (VII) with 4-(3-pyridyl)imidazole (VIII) by means of NaH in DMF gives *N*-[4-[4-(3-pyridyl)imidazol-1-yl]butyl]phthalimide (IX), which is then treated with hydrazine in refluxing ethanol (2, 3). Scheme 1.

### Description

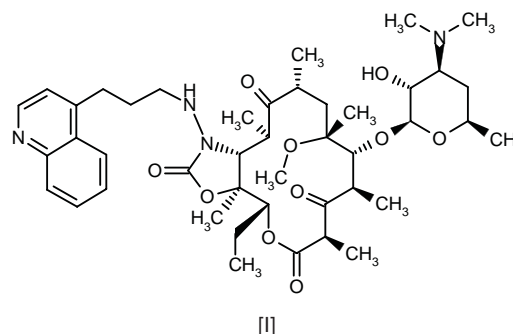
Crystals, m.p. 187-8 °C (2, 3).

### Introduction

The ketolides are a newer class of antimicrobial compounds. These broad-spectrum, semisynthetic macrolide

compounds are characterized by a 3-keto function that replaces the  $\alpha$ -L-cladinos moiety typically found in the erythronolide A ring in other macrolide compounds. Like the macrolides, streptogramins, lincomycin and chloramphenicol, the ketolides target ribosomes with high affinity for the 50S subunit of the organelle and subsequently inhibit bacterial protein synthesis. Although their sites of action are very similar, the subtle differences between them are sufficient to result in fundamentally different spectrums of activity (4). The ketolides are especially effective against respiratory pathogens, with a spectrum that encompasses Gram-positive, Gram-negative and atypical bacteria (*Legionella*, *Mycoplasma*, *Chlamydia*), *H. influenzae* and multidrug-resistant pneumococci (5).

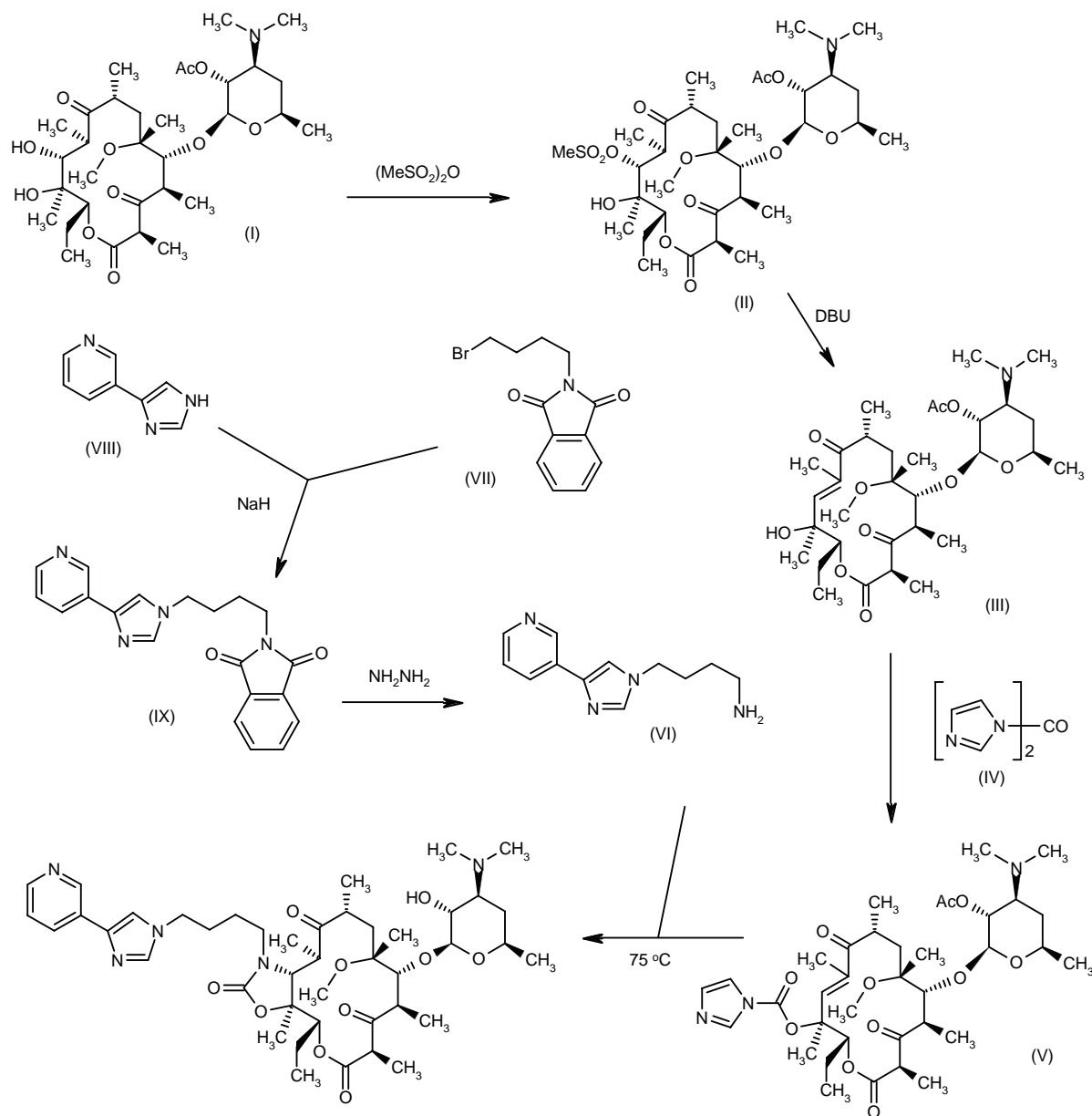
As part of the ongoing search for antibacterial agents to treat infections caused by macrolide-resistant streptococci, scientists at Hoechst Marion Roussel synthesized a group of new ketolides with activity against macrolide-lincosamide-streptogramin B-resistant pneumococci and identified an early compound, RU-004 (HMR-3004) [1], which displayed good activity during extensive preclinical testing (6). Further optimization of these 11,12-cyclo-disubstituted ketolides eventually culminated in the discovery of the more potent compound, HMR-3647 (RU-66647), which was selected for further testing (7).



### Pharmacological Actions

Susceptibility to HMR-3647 was tested *in vitro* against 230 penicillin- and erythromycin-susceptible and -resis-

Scheme 1: Synthesis of HMR-3647



tant strains of pneumococci, and the activity of the ketolide was compared to that of various other antibiotics, including erythromycin, azithromycin, clarithromycin, roxithromycin, rokitamycin, clindamycin, pristinamycin, ciprofloxacin, sparfloxacin, imipenem, doxycycline and chloramphenicol. HMR-3647 displayed potent activity against all the strains tested ( $\text{MIC}_{90}\text{s} = 0.03$  and  $0.25\ \mu\text{g/ml}$  for erythromycin-susceptible and -resistant strains, respectively).  $\text{MIC}_{90}\text{s}$  for the other macrolides were only

significant in the case of erythromycin-susceptible organisms. Of all the macrolides tested, HMR-3647 showed the best time-kill kinetics against 11 erythromycin-sensitive and -resistant strains; only pristinamycin showed more rapid killing (8).

The compound displayed potent antipneumococcal activity *in vitro*, even against penicillin-resistant strains of *Streptococcus pneumoniae*, with better activity than that of quinupristin/dalfopristin, erythromycin, clindamycin and

other related compounds based on time-kill kinetics (9-13). Killing curves showed reductions of 5.2-5.9 logs at 2 h after drug exposure in penicillin- and erythromycin-susceptible strains and 3.1-3.5 logs at 2 h after drug exposure in penicillin- and erythromycin-resistant strains. The postantibiotic effect of HMR-3647 was estimated to be 7 h (12).

HMR-3647 showed excellent *in vitro* activity against respiratory pathogens (14), including *Chlamydia pneumoniae* (MIC<sub>90</sub> = 0.25 µg/ml) (15), and against clinical isolates of *Enterococcus* spp., including vancomycin-resistant strains (MIC<sub>90</sub> range ≤ 0.03-4.0 µg/ml) (16). It also showed potential in the treatment of sexually transmitted and pelvic inflammatory infections, and skin and soft tissue infections (17), and was active against *Legionella* spp. (MIC<sub>90</sub> = 0.03 µg/ml) (18, 19) and *Toxoplasma gondii* (IC<sub>50</sub> = 3.92-0.13 µg/ml after 24-72 h of exposure) (20).

The potent *in vitro* activity of HMR-3647 against *Staphylococcus aureus* and coagulase-negative staphylococci indicates that the compound deserves further evaluation for the treatment of staph infections (21). It was also found to possess favorable activity against *Corynebacterium diphtheriae* (MIC<sub>90</sub> = 0.008 mg/l), a reemergent pathogen of clinical significance in Eastern Europe, and other coryneform bacteria from clinical samples (22, 23). The *in vitro* activity of HMR-3647 as compared to 12 other compounds, including erythromycin A, against strains of Gram-positive bacteria indicates that the compound has potential in the treatment of anaerobic infections (24, 25).

HMR-3647 also demonstrated potent activity against 90 strains of lactic acid bacteria, including 60 strains of *Lactobacillus*, 12 of *Leuconostoc* and 18 of *Pediococcus*, giving an average MIC<sub>90</sub> of 0.015 µg/ml (range ≤ 0.0007-4.0 µg/ml) (26). Its activity was also proven against Gram-positive strains with acquired resistance to erythromycin (27-30), as well as other multidrug-resistant strains (31). Efficacy was furthermore demonstrated against *Bordetella pertussis* and *B. parapertussis* (MIC<sub>90</sub> = 0.03 µg/ml), with more potent activity than reference macrolides and ansamycins (32). During the course of *in vitro* testing, HMR-3647 was consistently more active than erythromycin and similar in activity to clindamycin (33, 34). The low MICs against many strains tested, together with the postantibiotic effect of HMR-3647, indicate that it will have an increased dosing interval (35).

The excellent activity of HMR-3647 against *S. pneumoniae* and *S. aureus* was demonstrated in mice. In a thigh infection in neutropenic mice, HMR-3647 was active against both *S. aureus* and macrolide-susceptible *S. pneumoniae*, being 1.5-, 2.5- and 4-fold more active than azithromycin, clarithromycin and roxithromycin, respectively; it was also active against macrolide-resistant *S. pneumoniae* in this model (36, 37). Based on the good activity seen in neutropenic mice, a subsequent study was designed to evaluate the impact of neutrophils on the *in vivo* activity of HMR-3647 and other ketolides. Neutropenic and nonneutropenic mice infected with *S. pneumoniae* were treated for 24 h with either HMR-3647

or HMR-3004 (0.29-75 mg/kg in 4 divided doses). The potency of the ketolides was enhanced 1.8- to 24-fold in the presence of neutrophils, with the most significant increase in potency observed in the case of *S. pneumoniae* strains resistant to both erythromycin and clindamycin. The potency of HMR-3647 increased by 1.8- to 4.4-fold in erythromycin-susceptible and erythromycin-resistant, clindamycin-susceptible strains in the presence of neutrophils (38).

Promising activity was also observed in murine models of severe community-acquired pneumonia resulting from infection by erythromycin-resistant pneumococci (MIC = 0.3 mg/l), *Haemophilus influenzae* (MIC = 0.3-1.2 mg/ml) or atypical bacteria. HMR-3647 showed good pulmonary diffusion and a slightly longer half-life than those of reference macrolides in the same model (39-41). Based on its activity against these common respiratory pathogens, HMR-3647 appears to be a very promising candidate for the treatment of infections caused by difficult-to-treat respiratory pathogens (40, 41).

Good activity was seen in a model of disseminated *Mycobacterium avium* disease in beige mice that were treated with HMR-3647 (100, 200 or 400 mg/kg/day), resulting in significant and dose-dependent reductions in bacterial load in the blood, liver and spleen as compared to controls (42).

Clinical efficacy in the treatment of toxoplasmosis, such as that encountered in transplant recipients, has also been suggested based on the promising results obtained in a murine model of *Toxoplasma gondii* infection, in which 100% of mice infected with cysts were protected with the compound at a dose of 30 mg/kg/day x 10 days (43). The activity against *T. gondii* of HMR-3647 was enhanced significantly when administered in combination with other drugs typically used to treat this infection, such as atovaquone, clindamycin or sulfadiazine (44).

Based on the demonstrated efficacy of HMR-3647 against *Bacteroides fragilis* *in vitro*, the *in vivo* activity of the compound in treating experimental abdominal abscesses caused by *B. fragilis* in mice was studied. Preliminary data indicate that the compound, administered at doses of 1.25 or 2.0 mg b.i.d., was at least as effective as clindamycin and more effective than either metronidazole or cefotetan (45).

Based on bacterial counts obtained after 24 h of treatment with HMR-3647 in neutropenic mice infected with *S. pneumoniae*, and on the 80-100% survival in drug-treated animals as compared to 100% mortality in untreated infected controls, it appears that survival results with longer courses of therapy can be predicted from bacterial counts at 24 h (46).

Development of bacterial resistance to the effects of antibacterial agents is a known hazard of their use. Thus, an *in vitro* study was conducted in order to determine the selection of HMR-3647-resistant mutants of *S. pneumoniae* and *S. aureus*. The results of the study indicate that, if used at adequate dosages, there is very little likelihood

of developing resistance during drug therapy with HMR-3647 (47).

### Pharmacokinetics and Pharmacodynamics

An *in vitro* pharmacodynamic study was conducted to determine the time-kill kinetics and postantibiotic effect of HMR-3647 on respiratory pathogens, enterococci and *Bacteroides fragilis*. Time-kill kinetics indicated that the compound is primarily bacteriostatic, with slow bactericidal activity observed only at much higher concentrations. A significant postantibiotic effect was observed with all strains tested, although with considerable variation between strains and species, ranging from 1.2-8.2 h at concentrations 10 times the MIC (48).

The *in vivo* pharmacodynamics and single-dose pharmacokinetics of HMR-3647 were tested in mice infected with *S. pneumoniae*. The compound, administered as subcutaneous doses of 4.68, 18.8 and 75 mg/kg, gave respective half-life values of 89.7, 149 and 205 min, and respective AUC values of 10.6, 30.2 and 80.4 mg.h/l. The dose-response curve was affected only slightly by lengthening the dosing interval. The AUC/MIC ratio obtained for the drug, which was found to be the factor that best correlated with efficacy, indicated that once-daily dosing will be appropriate with this ketolide in human studies (49).

### Toxicity

HMR-3647 was administered to healthy mice at doses of up to 300 mg/kg/day for 10 days in order to determine its potential toxic effects. Animals treated at this dose level did not show signs of weight loss or any other indications of toxicity (43).

### Clinical Studies

HMR-3647 is currently in phase I clinical testing, and is expected to progress to phase II/III during the spring or summer of 1998 (50).

### Manufacturer

Hoechst Marion Roussel (FR).

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