



Peptidomimetics and Prodrugs

Hugo Kubinyi

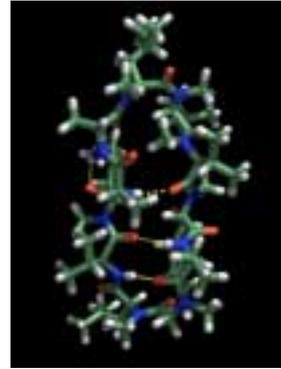
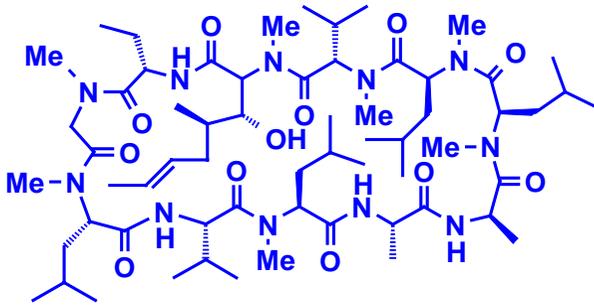
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Physiological Role of Peptides

| Endogeneous peptidic transmitters | Function |
|-----------------------------------|--|
| Leu-enkephalin, Met-enkephalin | Ligands of the morphine receptor (analgesics) |
| Angiotensin II | Blood pressure regulation |
| Endothelin | Blood pressure regulation |
| Neuropeptide Y | Blood pressure regulation |
| Substance P | Different effects, e.g. bronchoconstriction, pain signalling |
| Fibrinogen | Blood platelet aggregation |

Peptide Drugs



Cyclosporin A (immunosuppressant)

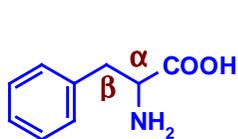
pGlu-His-Trp-Ser-Tyr-*D*-Leu-Leu-Arg-Pro-NHEt

Leuprolide (LHRH analog, prostate cancer)

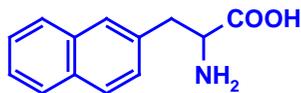
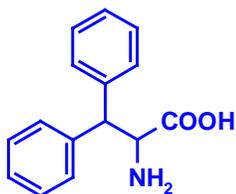
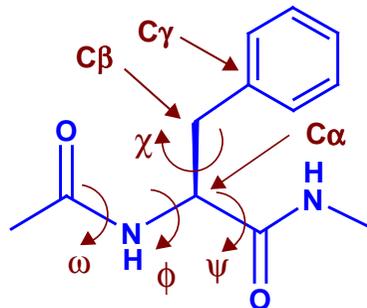
H-Cys-Tyr-Ile-Gln-Asn-Cys-Pro-Leu-Gly-NH₂

Oxytocin (labor induction)

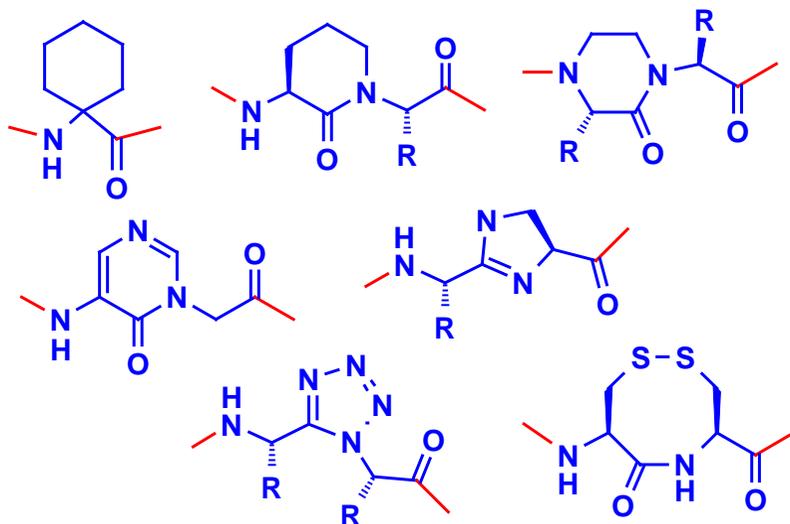
Phenylalanine and Some Analogs



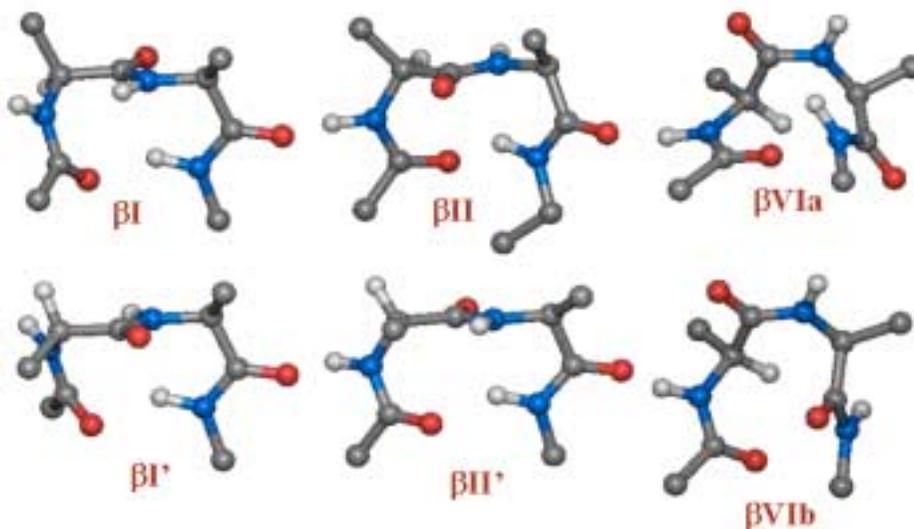
Phenylalanine



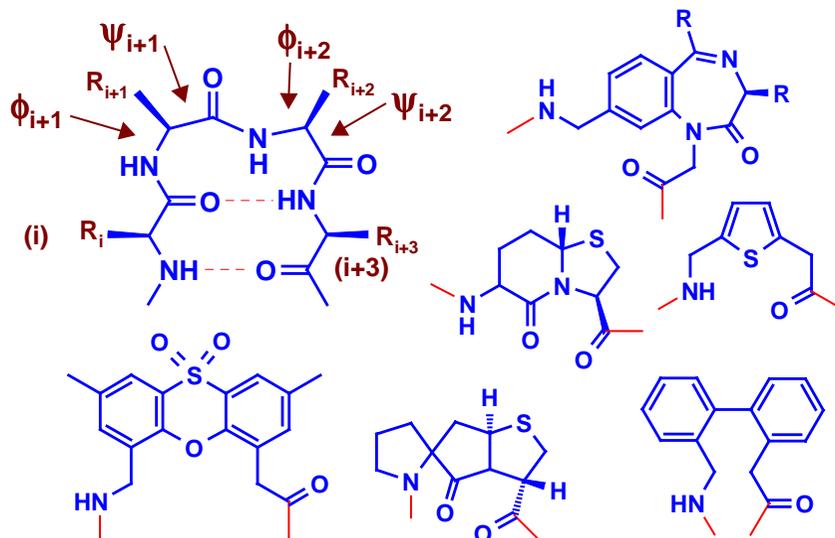
Conformational Stabilization by Cyclisation



Protein Secondary Structure Elements: β turns



β -Turn 3D Structure and β -Turn Mimetics



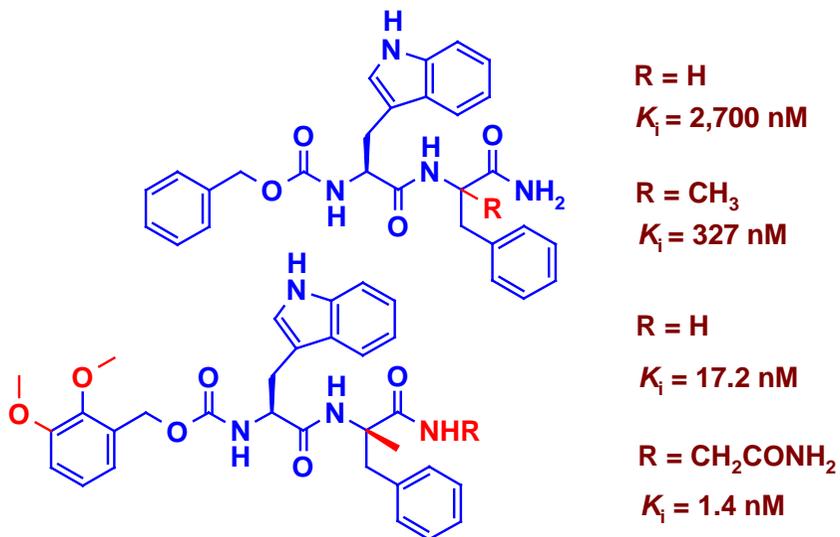
Rational Design of NK₂ Receptor Antagonists

| | Structure | K _i [nM] |
|----------------------|---|---------------------|
| Substance P | Arg-Pro-Lys-Pro-Gln-Gln-Phe-Phe-Gly-Leu-Met-NH ₂ | 295 |
| Active analog | Leu-Gln-Met-Trp-Phe-Gly-NH ₂ | 11.7 |
| Ala scan | Ala-Gln-Met-Trp-Phe-Gly-NH ₂ | 40 |
| | Leu-Ala-Met-Trp-Phe-Gly-NH ₂ | 138 |
| | Leu-Gln-Ala-Trp-Phe-Gly-NH ₂ | 156 |
| | Leu-Gln-Met-Ala-Phe-Gly-NH ₂ | >10,000 |
| | Leu-Gln-Met-Trp-Ala-Gly-NH ₂ | 8,300 |
| | Leu-Gln-Met-Trp-Phe-Ala-NH ₂ | 28 |
| | Leu-Gln-Met-Trp-Phe-NH ₂ | 200 |
| Dipeptide | Z-Trp-Phe-NH ₂ | 2,700 |

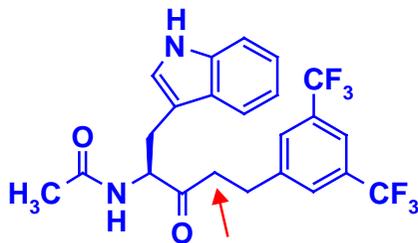
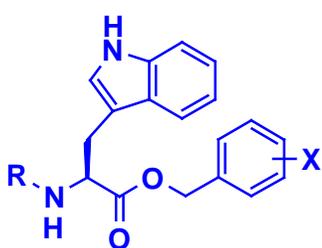
Rational Design of NK₂ Receptor Antagonists

| | Structure | K _i [nM] |
|--------------------------------------|---|---------------------|
| Dipeptide | Z-Trp-Phe-NH ₂ | 2,700 |
| Stabilize the bioactive conformation | Z-Trp-(R,S)-(α-Me)Phe-NH ₂ | 327 |
| Optimize the N-terminus | (2,3-di-OCH ₃)C ₆ H ₃ -CH ₂ OCO-Trp-(R,S)-(α-Me)Phe-NH ₂ | 37.6 |
| Find active enantiomer | (2,3-di-OCH ₃)C ₆ H ₃ CH ₂ OCO-Trp-(R)-(α-Me)Phe-NH ₂ | 10,000 |
| | (2,3-di-OCH ₃)C ₆ H ₃ CH ₂ OCO-Trp-(S)-(α-Me)Phe-NH ₂ | 17.2 |
| Attach additional group | (2,3-di-OCH ₃)C ₆ H ₃ CH ₂ OCO-Trp-(S)-(α-Me)Phe-Gly-NH ₂ | 1.4 |

Rational Design of NK₂ Receptor Antagonists



Optimization of an NK1 Receptor Antagonist

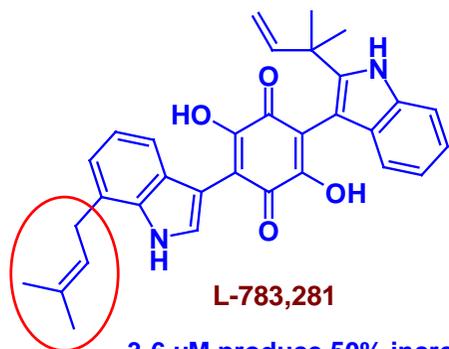


orally
available
analog

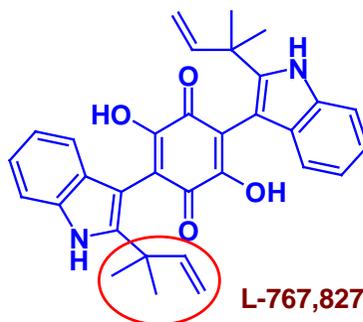
| | | |
|------------------------------------|-----------------------------|-------------------------|
| R = Et, X = H | IC ₅₀ = 3,800 nM | |
| R = H, X = H | IC ₅₀ >10,000 nM | IC ₅₀ = 3 nM |
| R = H, X = 3,5-di-CH ₃ | IC ₅₀ = 1,533 nM | |
| R = Ac, X = 3,5-di-CH ₃ | IC ₅₀ = 67 nM | |
| R = Ac, X = 3,5-di-CF ₃ | IC ₅₀ = 1.6 nM | |

A Small Molecule Insulin Mimetic

screening of > 50,000 mixtures of synthetics and natural products yielded the insulin mimetic L-783,281



3-6 μ M produce 50% increase of the maximal effect of insulin (in mice)

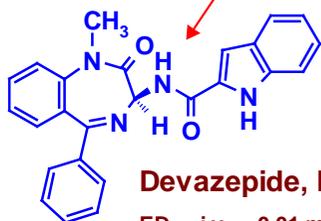
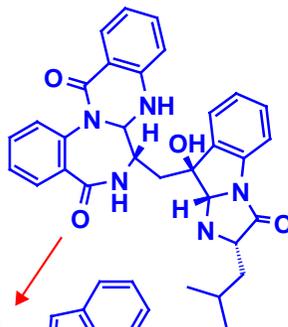


less active by a factor of 100

B. Zhang et al., *Science* **284**, 974-977 (1999)

Asperlicin (microbial product)

ED₅₀ i.v. =
14.8 mg/kg
ED₅₀ p.o.
> 300 mg/kg



Devazepide, L-364 718

ED₅₀ i.v. = 0.01 mg/kg
ED₅₀ p.o. = 0.04 mg/kg

K_i CCK-A (rat) = 1,480 nM
K_i CCK-B (human) = 0.15 nM

CCK-A and CCK-B Antagonists

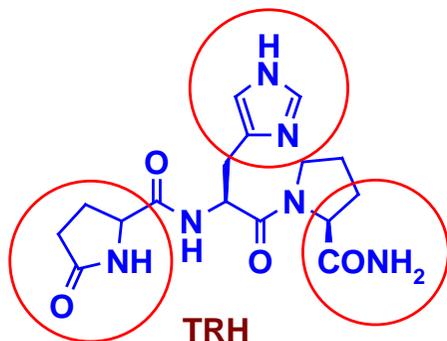
A. Ursini et al., *J. Med.
Chem.* **43**, 3596-3613 (2000)



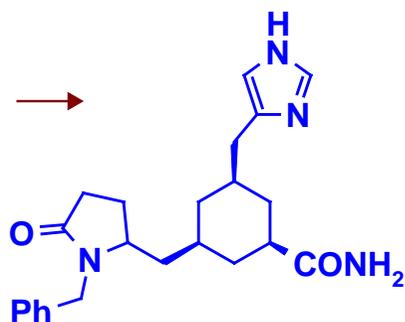
GV 150 013

K_i CCK-A (rat) = 0.37 nM
K_i CCK-B (human) = 29.5 nM

Design of an Orally Active TRH Mimetic



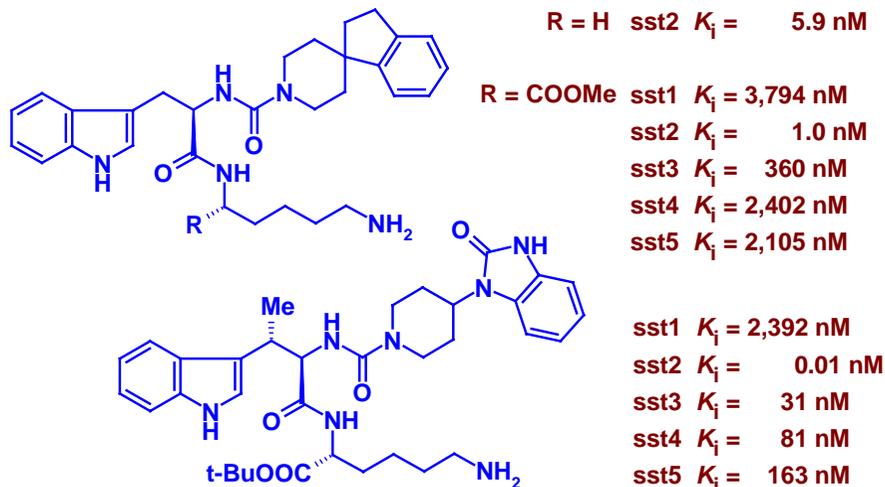
metabolically not stable,
no oral bioavailability



peptidomimetic,
orally bioavailable,
sufficient half-life time

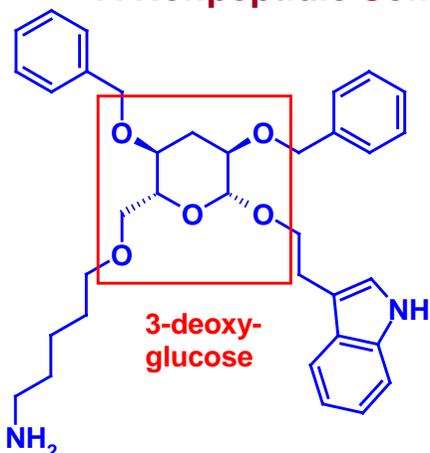
G. L. Olson et al., *J. Med. Chem.* **36**, 3039-3049 (1993)

Amino Acid Amides as Somatostatin Mimics



L. Yang et al., Proc. Natl. Acad. Sci. USA 95, 10836-10841 (1998)

A Nonpeptidic Somatostatin Mimic



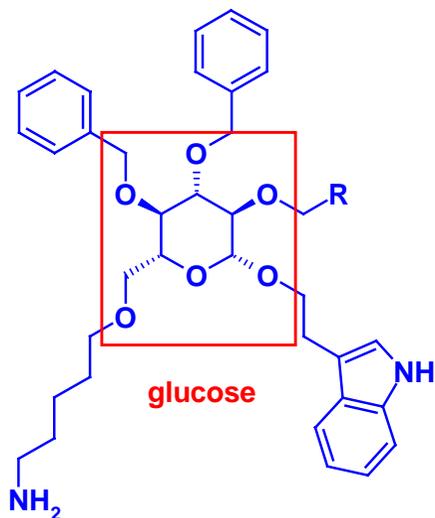
mimic of the receptor-recognizing β -turn Phe7-Trp8-Lys9-Thr10 of somatostatin.

$IC_{50} = 1.3$ μ M (pituitary somatostatin receptor)

agonist activity in a functional assay at 3 μ M

K. C. Nicolaou et al., Peptide Chem. Struct. Biol., Proceedings of the 11th Am. Peptide Symp., 1990, pp. 881-884; C. Wermuth, The Practice of Medicinal Chemistry, 1996, pp. 571 ff.

A Subtype-Specific Somatostatin Mimic



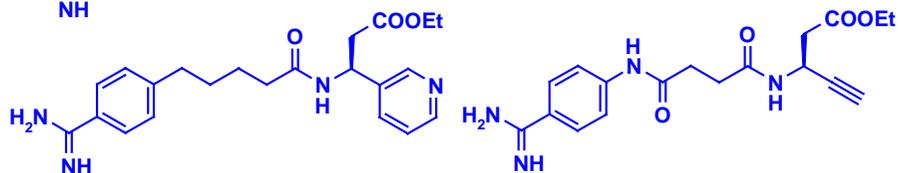
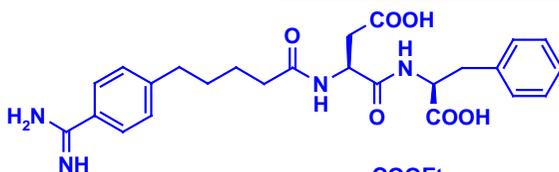
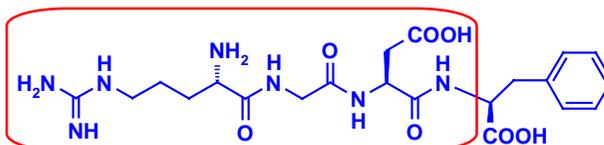
R = phenyl
non-selective, weak
sst-receptor partial
agonist

R = imidazol-4-yl
100 nM, selective
sst4-receptor
agonist

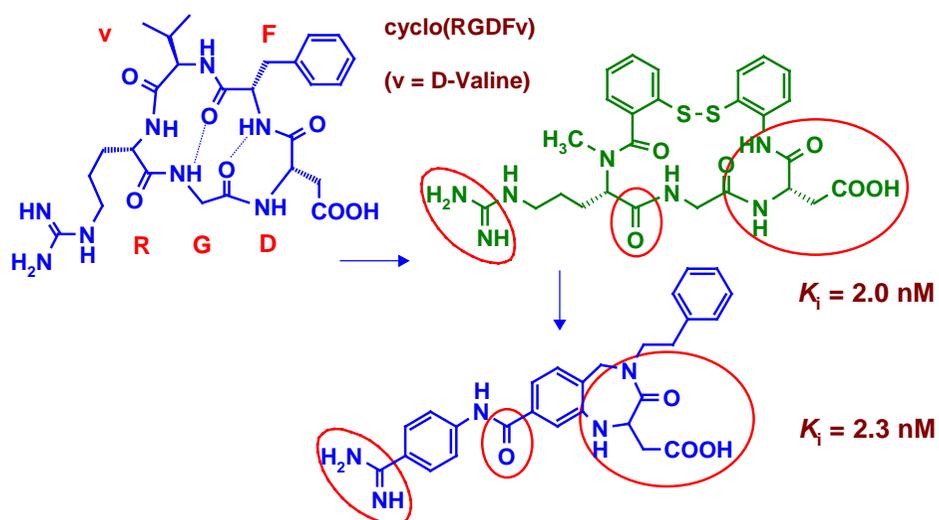
R. Hirschmann et al., J. Med.
Chem. 41, 1382-1391 (1998).

Stepwise Design of Nonpeptidic, Orally Available Fibrinogen Receptor Antagonists

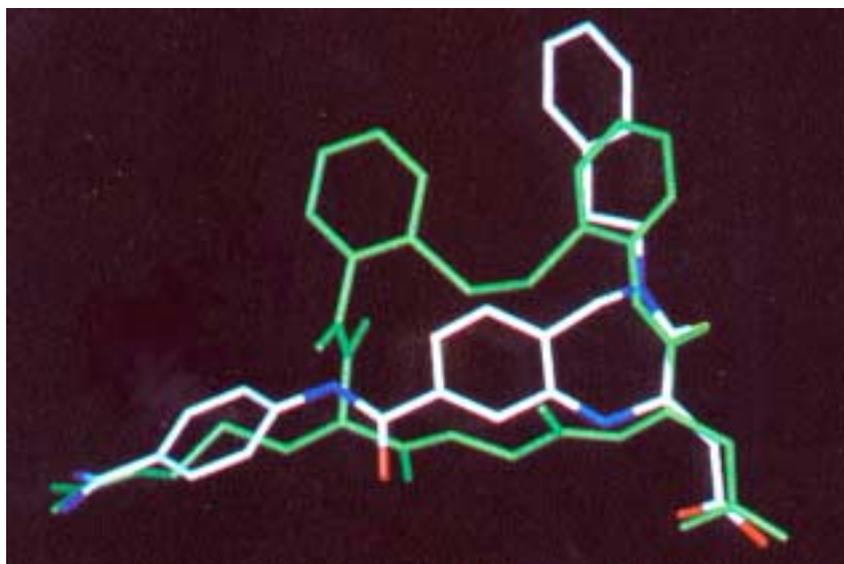
RGD motif, the
binding domain
of integrin
receptor ligands



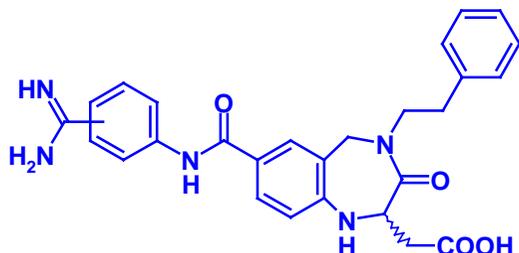
Rational Design of Integrin Receptor Ligands



Superposition of Integrin Receptor Ligands



Selectivity of Integrin Receptor Ligands



p-amidine

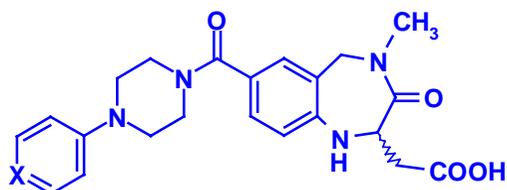
K_i GPIIb/IIIa = 26 nM

K_i $\alpha v\beta 3$ = 56,000 nM

m-amidine

K_i GPIIb/IIIa = 4,500 nM

K_i $\alpha v\beta 3$ = 510 nM



X = N

K_i GPIIb/IIIa = 8 nM

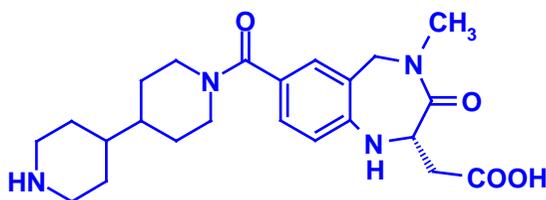
K_i $\alpha v\beta 3$ = 1,000 nM

X = CH

K_i GPIIb/IIIa >100,000 nM

K_i $\alpha v\beta 3$ = 9,200 nM

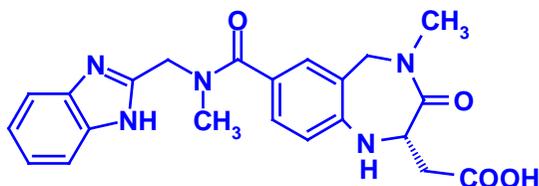
Highly Selective Integrin Receptor Ligands



lotrafiban (SB 214 857)

K_i GPIIb/IIIa = 2.5 nM

K_i $\alpha v\beta 3$ = 10,340 nM



SB 223 245

K_i GPIIb/IIIa = 30,000 nM

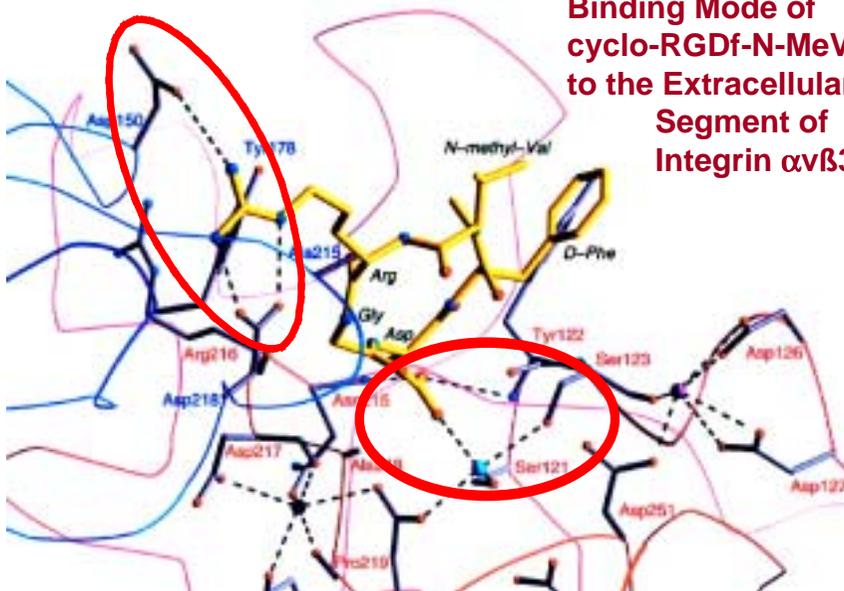
K_i $\alpha v\beta 3$ = 2 nM

Lotrafiban failed in phase III, due to lack of activity and increased mortality (J.-M. Dogné et al., *Curr. Med. Chem.* **9**, 577-589 (2002))



Crystal Structure of the Extracellular Segment of Integrin $\alpha v\beta 3$; complex with cyclo-RGDf-N-MeV

J.-P. Xiong et al., Science 296, 151-155 (2002)



Binding Mode of cyclo-RGDf-N-MeV to the Extracellular Segment of Integrin $\alpha v\beta 3$

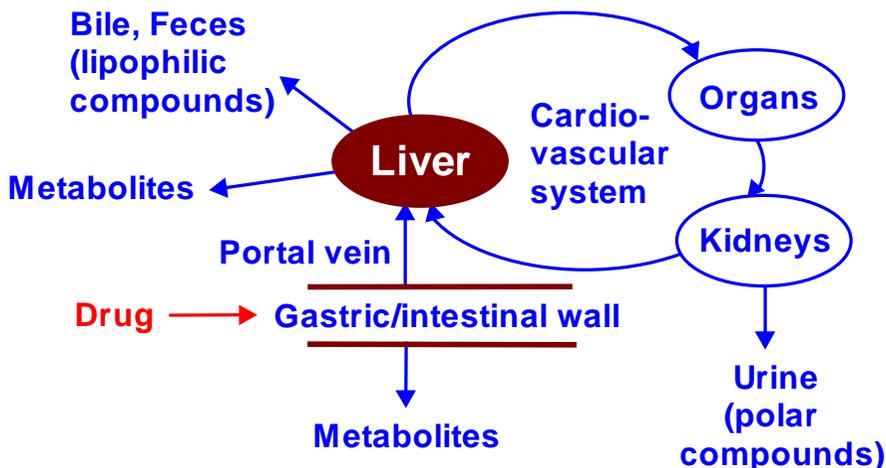
Prodrugs, Soft Drugs and Targeted Drugs

Prodrugs are inactive (or less active) drug analogs that have better pharmacokinetic properties (e.g. oral bioavailability, BBB penetration) than their parent drugs. They are (specifically) metabolized to the active form of the drug.

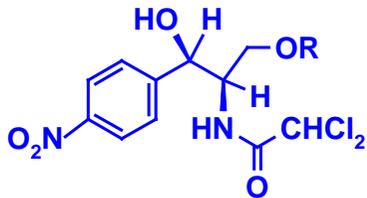
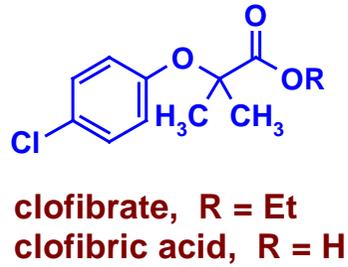
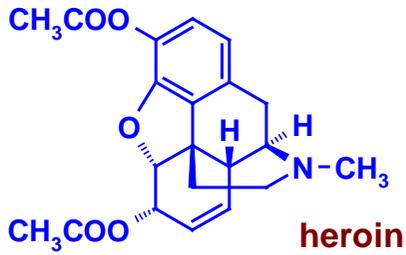
Soft drugs are biologically active derivatives of inactive drug analogs, e.g. esters of corticosteroid carboxylic acids. These esters are (topically) active; after dermal absorption they are readily degraded by metabolic enzymes to inactive analogs.

Targeted drugs are drugs or prodrugs that exert their biological action only in certain organs or cells (e.g. Omeprazole, Aciclovir).

Distribution and Metabolism of Drugs in a Biological System



Prodrugs: Esters

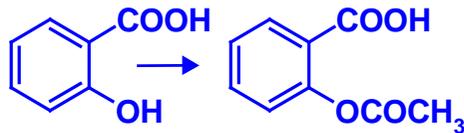


chloramphenicol
(bitter taste), R = H

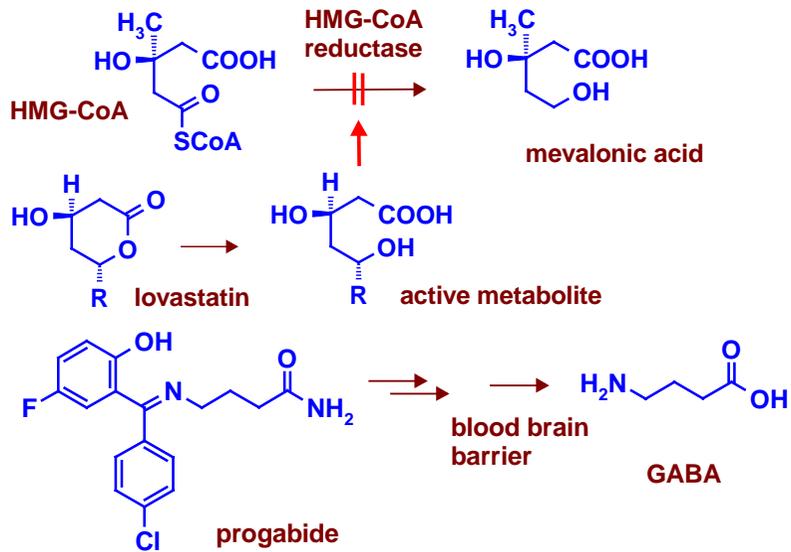
tasteless prodrug
R = CO(CH₂)₁₄CH₃



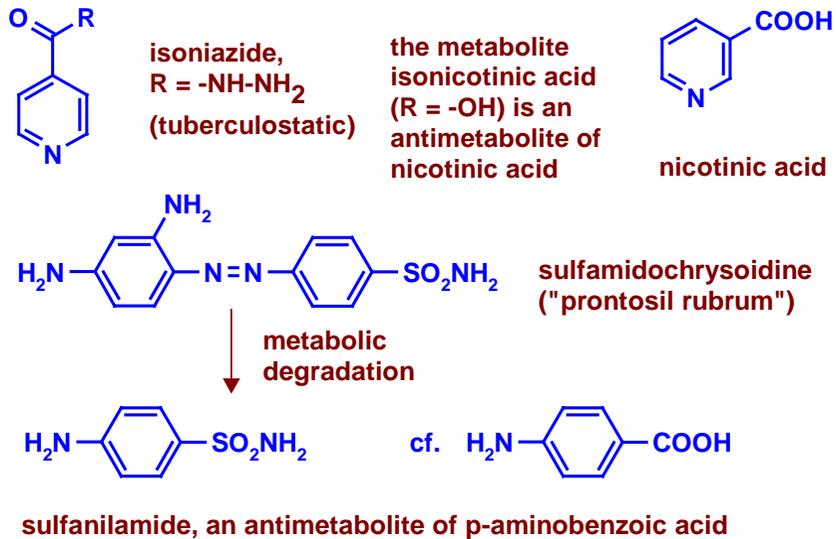
Aspirin[®], a Prodrug?
(Felix Hoffmann, 1897)



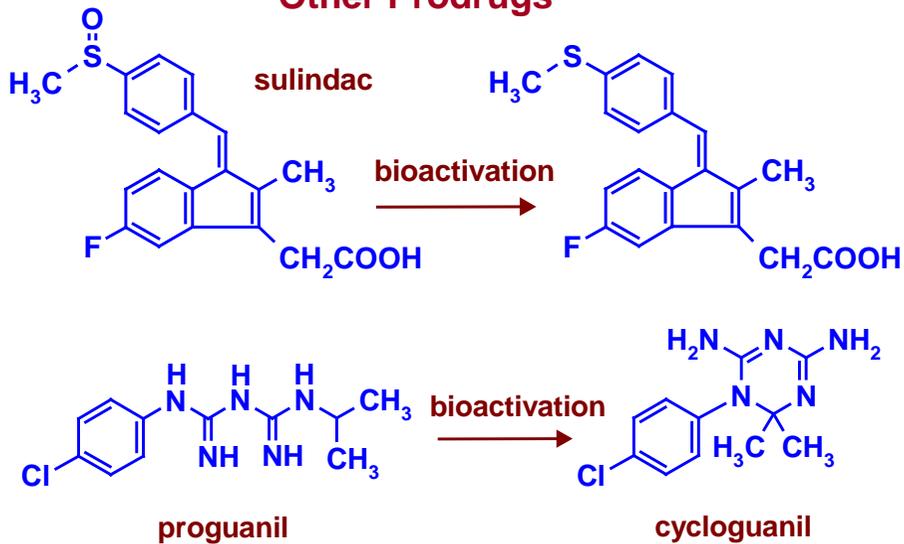
Prodrugs: Lactones and Amides



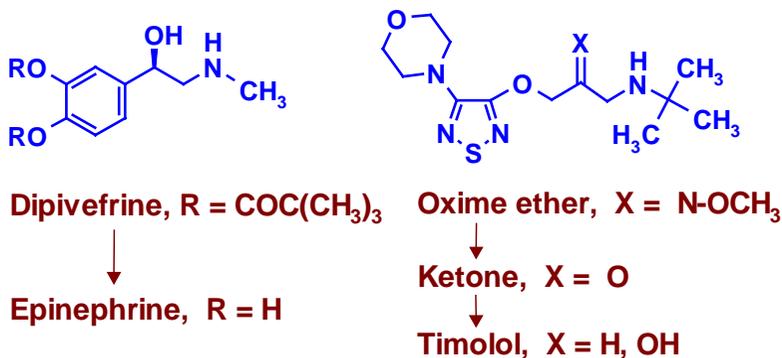
Prodrugs: Hydrazides and Azo Compounds



Other Prodrugs

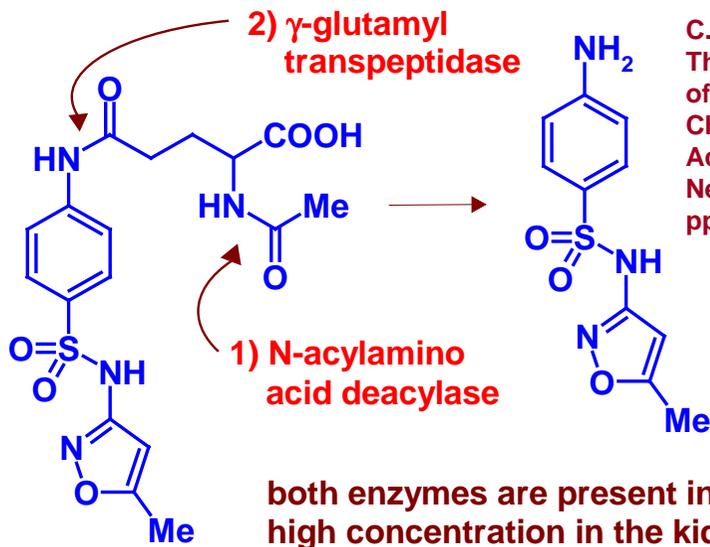


Drug Targeting into the Eye



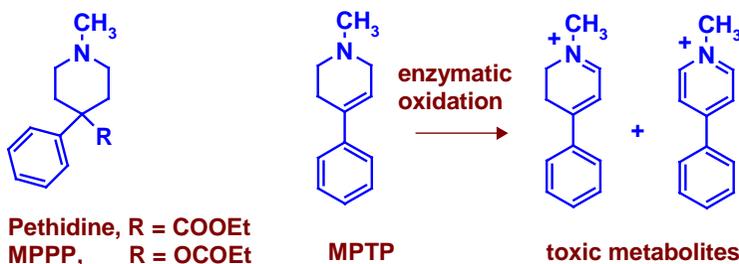
Dipivefrine is 20x faster metabolized in the eye than in the periphery. The timolol prodrug is only metabolized in the eye. Both prodrugs are used for the therapy of glaucoma.

Kidney-Selective Release of Sulfamethoxazole



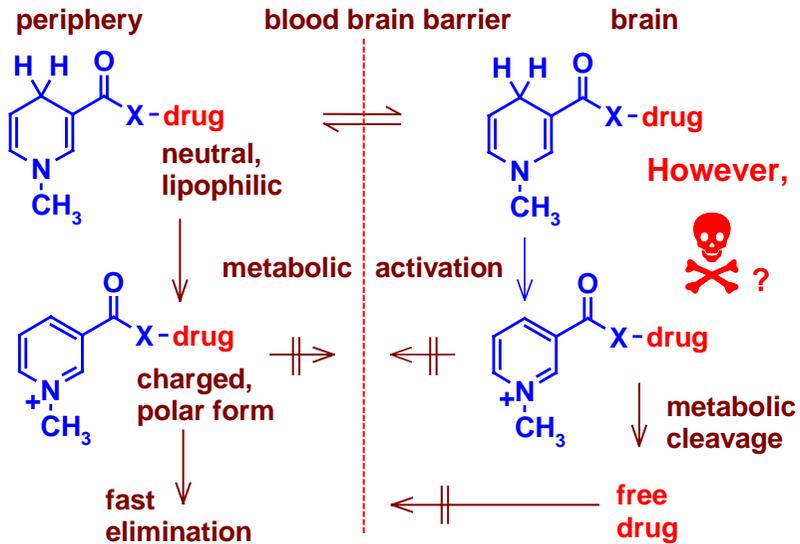
C. G. Wermuth
The Practice of Medicinal Chemistry,
Academic Press,
New York 1996,
pp. 684-685

Drug Abuse Leads to a New Prodrug Concept

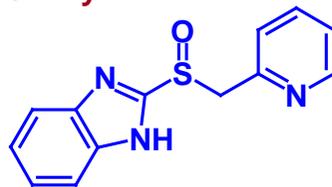
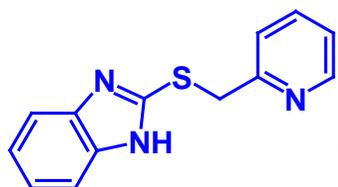
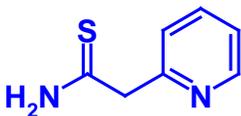
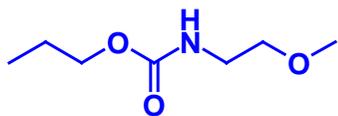


1-methyl-4-phenyl-4-propionyloxy-piperidine (MPPP) corresponds to pethidine but a “leaving group” results. Consumption of impure material leads to severe Parkinson symptoms, followed by early death. **MPTP** is a “prodrug” of permanently charged cytotoxic metabolites. The MAO inhibitor selegiline prevents this oxidation.

Brain Targeting of Drugs

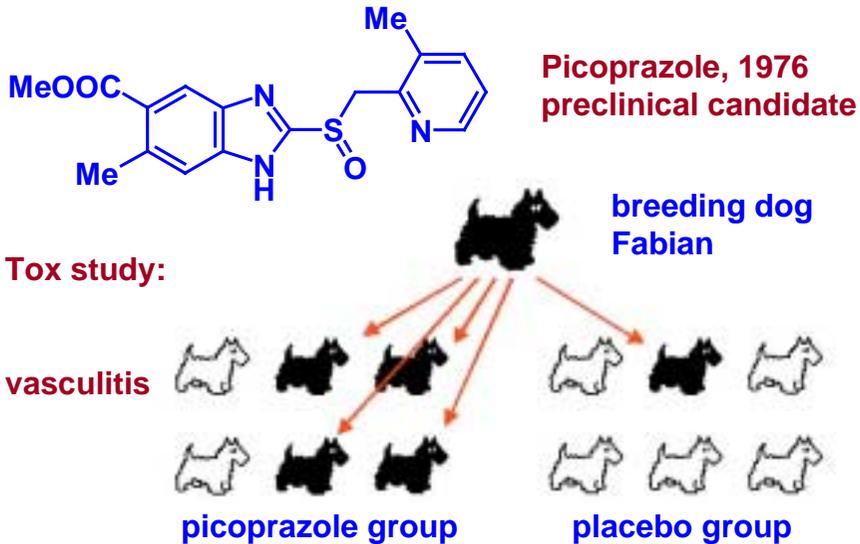


Omeprazole Case Study

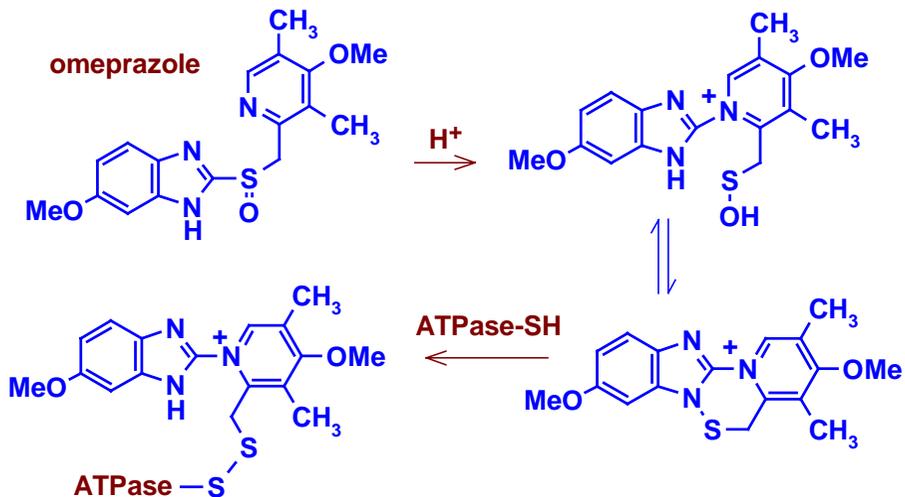


1966: Local anesthetics reduce gastric secretion (Hässle)
1966-1972: First lead
1972-1979: New lead pyridyl-acetamide (from screening of antiviral compounds)
Active analogs; metabolite with higher antisecretory activity

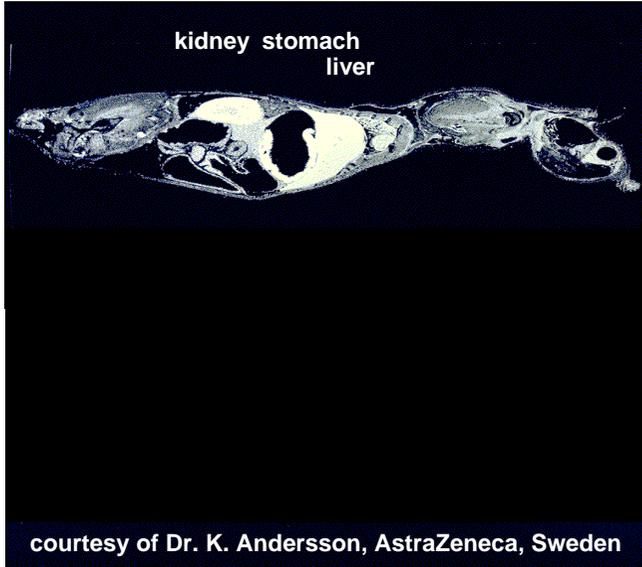
Omeprazole Case Study



Drug Activation in Acid-Producing Cells - A Serendipitous Discovery of a Targeted Drug

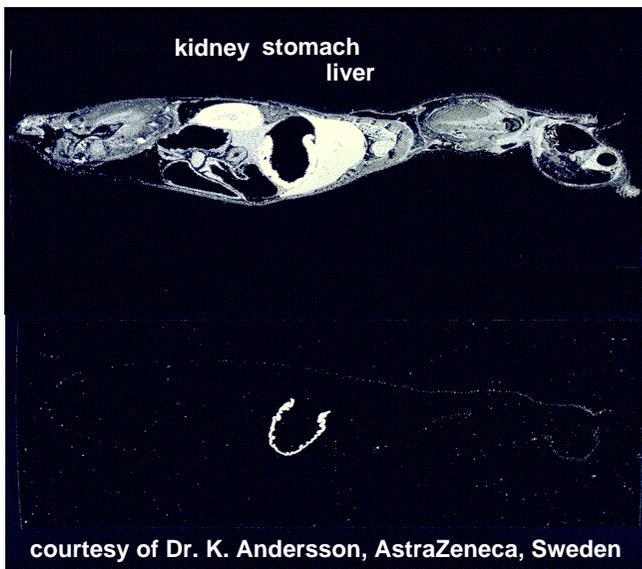


Omeprazole Activation in Acid-Producing Cells



Distribution of
radio-labelled
omeprazole,
one minute after
i.v. injection, rat

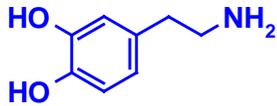
Omeprazole Activation in Acid-Producing Cells



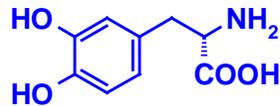
Distribution of
radio-labelled
omeprazole,
one minute after
i.v. injection, rat

sixteen hours
after i.v.
injection, rat

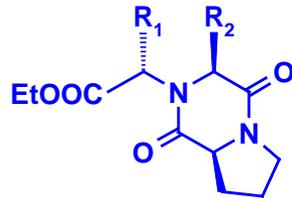
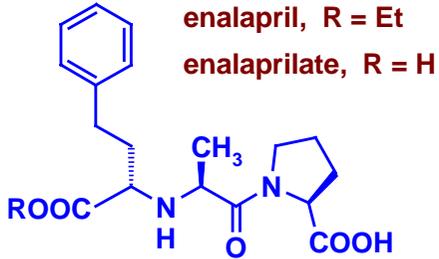
Use of the AA and Dipeptide Transporters



dopamine



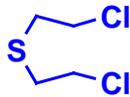
L-dopa



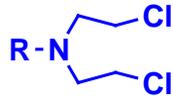
diketopiperazine

R₁ = phenethyl, R₂ = Me

Pro-Drugs

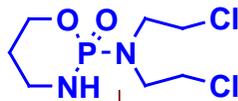


Mustard gas



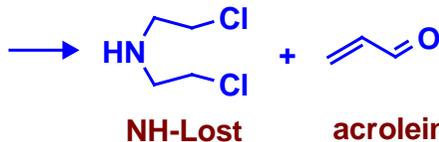
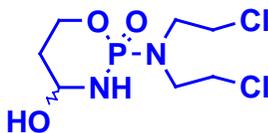
N-Lost, R = CH₃

N-Aryl-Lost, R = Aryl



Cyclophosphamide

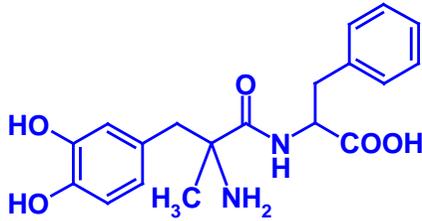
metabolic activation in the liver



NH-Lost

acrolein

A Most Elegant Prodrug Concept



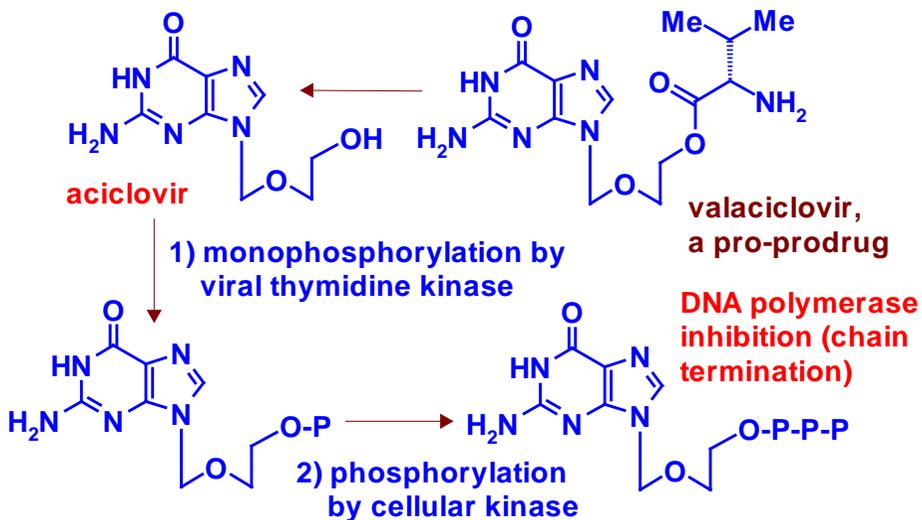
α -Methyldopa-Phe



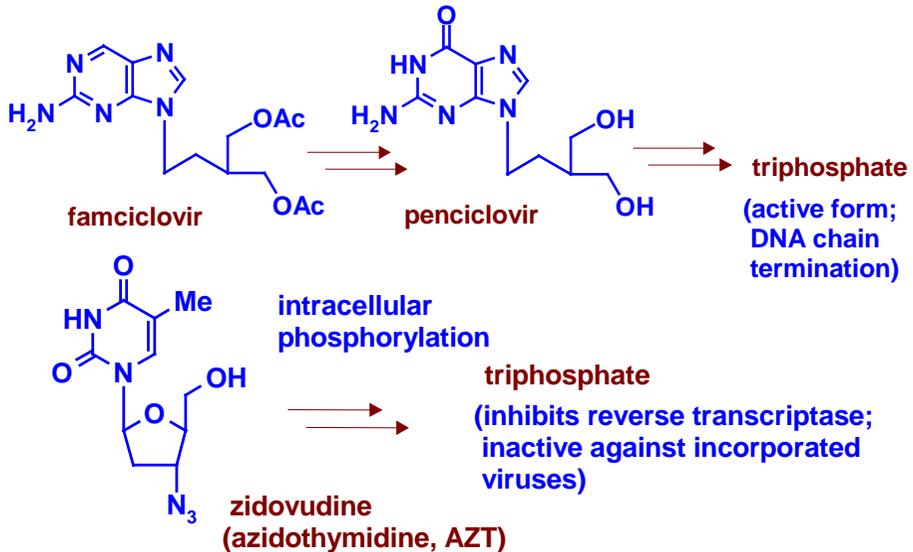
α -Methylnorepinephrine

The dipeptide α -Methyldopa-Phe is readily absorbed as a substrate of the dipeptide transporter. In the first pass, α -Methyldopa is produced, a substrate of the amino acid transporter. Transport into the brain, decarboxylation and hydroxylation produces a „false neurotransmitter“, the α_2 agonist α -Methylnorepinephrine.

Antiviral Prodrugs are Trojan Horses



Antiviral Prodrugs are Trojan Horses



Prodrugs of Site-Specific Trojan Horses

