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Discovery and functional evaluation of diverse novel human CB_1 receptor ligands

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ARTICLE INFO

Article history: Received 8 May 2009 Revised 25 May 2009 Accepted 27 May 2009 Available online 2 June 2009

Keywords: Cannabinoids Drug design Obesity Pharmacophore Virtual screening

ABSTRACT

Ligand-based virtual screening with a 3D pharmacophore led to the discovery of 30 novel, diverse and drug-like ligands of the human cannabinoid receptor 1 (hCB₁). The pharmacophore was validated with a hit rate of 16%, binding selectivity versus hCB₂, and expected functional profiles. The discovered compounds provide new tools for exploring cannabinoid pharmacology.

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The cannabinoid system was initially identified as mediating the effects of the major psychoactive components of *Cannabis sativa*, Δ^9 -tetrahydrocannabinol. To date, this system includes at least two receptors, CB₁ and CB₂, the biology of which has been extensively reviewed. CB₁ a GPCR coupled to inhibitory G-proteins G_{i/o}, is expressed in the central nervous system where it is found on presynaptic terminals, serving to modulate neurotransmitter release. It is also found in peripheral tissue. CB₂ is primarily found in cells of the immune system. Endogenous ligands (endocannabinoids) of CB₁ and CB₂ have been discovered.

The cannabinoid system has been linked to a number of pathological conditions, in particular obesity. As it pre-disposes to other diseases, particularly type 2 diabetes and coronary heart disease, obesity has become a serious public health concern. Diet and exercise provide only limited long term benefits to the majority of cases, which has led to the development of pharmacological treatments for obesity. Current treatments, however, are only modestly efficacious and have significant side-effects. Approaches to tackle obesity have included targeting the cannabinoid system.

Endocannabinoids like anandamide and 2-arachidonoyl glycerol are elevated in the plasma, adipose tissue and pancreas of obese humans and animals. In genetically obese rodents endocannabinoid levels are elevated in the hypothalamus, an area of the brain that modulates feeding behavior. Centrally, endocannabinoids elicit feeding behavior via activation of CB₁ receptors. Peripheral CB₁ activation causes lipogenesis in adipose tissue and liver, and reduces the oxidation of free fatty acids (FFA). Also, stimulation of CB₁ receptors on innervations of the gut may attenuate satiety signaling. Also, an elevated endocannabinoid tone is relevant for the onset and maintenance of obesity and its co-morbidities. Thus, much pharmaceutical work has aimed to discover CB₁ antagonists/inverse agonists. Si,16

Administration of CB₁ receptor antagonists to rodents elicited prolonged weight loss, reduced lipogenesis, increased oxidation of FFA and increased glucose uptake into muscle.^{7,17} Consistent with these findings, CB₁ knock-out mice have a lean phenotype and are resistant to dietary induced obesity.^{12,18} Thus, human CB₁ receptor (hCB1) antagonists have been developed as potential treatment of obesity, metabolic disorder and diabetes. In Phase III clinical trials, the hCB1 antagonist rimonabant (Sanofi-Aventis, compound 1, Fig. 1) caused progressive and prolonged weight loss and improved associated metabolic indices.^{19–21}

Unfortunately, treatment with rimonabant was also associated with psychiatric adverse events, such as mood alteration with depressive disorders and anxiety, as well as nausea and

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Abbreviations: CB_1 , cannabinoid receptor, subtype 1; CB_2 , cannabinoid receptor, subtype 2; CB_2 , central nervous system; CB_2 , free fatty acids; CB_2 , CB_2 , CB_2 , CB_2 , CB_3 , CB_4 , C

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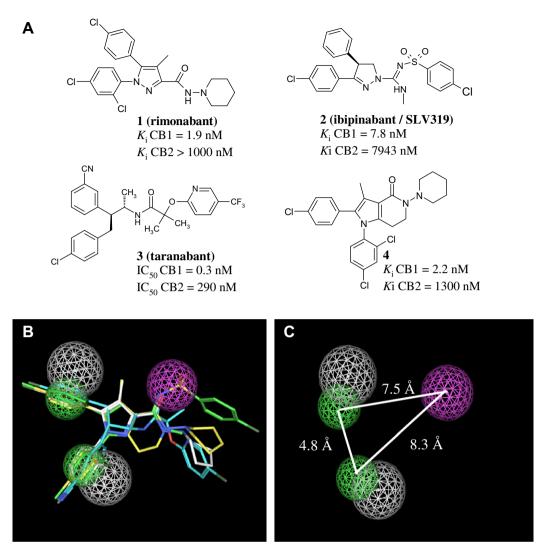


Figure 1. (A) Representative potent and selective CB₁ antagonists (**1** is rimonabant,⁴⁵ **2** is SVL319,²⁷ **3** is taranabant,²⁴ and **4** is of special interest because it constraints the position of its carbonyl hydrogen-bond acceptor.³⁶ The binding affinities are those reported in the cited publications. (B) A CB₁ antagonist pharmacophore derived by aligning **1** (white carbons), **2** (green carbons), **3** (cyan carbons), and **4** (yellow carbons). Nitrogens and oxygens are dark blue and red, respectively. The pharmacophore includes (i) 2 aromatic rings (green spheres; 1.5 Å tolerance radius), the projection points of the vectors normal to these rings (white spheres; 2.0 Å radius), and (ii) a hydrogen-bond acceptor (magenta sphere; 1.8 Å radius). All pharmacophoric features had to be matched to return a hit. (C) Distances (Å) between the pharmacophoric features.

dizziness.^{22,23} Consequently, prescription of rimonabant was not authorized in the USA, and was recently halted in Europe. These clinical outcomes have focussed attention on the development of hCB1 antagonists with the efficacy of rimonabant, but without the psychiatric safety concerns. Alternative hCB₁ antagonists such as taranabant (3, Merck)²⁴ have been progressed to clinical studies. However taranabant was also reported to elicit depressive symptoms and anxiety in a small percentage of patients,^{25,26} and its development has been terminated. The development of other hCB1 antagonists such as ibipinabant (BMS/Solvay),²⁷ surinabant (Sanofi-Aventis)²⁸ and otenabant (Pfizer)²⁹ were also halted.

However, the characterization of novel hCB₁ antagonists continues, ^{29–31} if only to improve our fundamental understanding of the CB₁ pharmacology. For instance, one possibility would be to explore the effects of targeting only the peripheral hCB₁ receptors, with compounds which would not penetrate the brain. ³² In addition, the CB₁ receptors express a range of functional responses to ligand binding, from inverse agonism to full agonism, including neutral antagonism. ^{33,34} The physiological and behavioural implications of these different modes of action are under intense debate, ³⁴ which would benefit from additional pharmacological tool compounds, agonists or antagonists/inverse agonists.

Several chemical series of hCB₁ antagonists/inverse agonists have been reported and this area has been reviewed. 15,16 The vast majority of disclosed hCB₁ antagonists are close analogues or isosteres of rimonabant, including recently disclosed series derived by 'scaffold hopping'. ^{29,35,36} They frequently contain an aromatic cyclic core (e.g., pyrazole in 1) substituted by two aryl moieties. For instance, these features are found in hCB₁ antagonist SLV319 (2), 27 and $\mathbf{4}^{36}$ (of special interest for pharmacophore modeling, see below). The two distinctive aryl moieties are also present in taranabant (3)²⁴ and most disclosed hCB₁ antagonists. 15,16,31 It was proposed that the aryl groups bind to an 'aromatic microdomain' in the receptor.³⁷ The carbonyl hydrogenbond acceptor of **1** was found to be important for interaction with lysine 192 in the hCB₁ receptor,³⁸ and this acceptor has a counterpart in other hCB₁ antagonists.^{15,16,31} These features can be combined in a 3-point pharmacophore¹⁵ for CB₁ antagonists/inverse agonists, illustrated by the alignment of 1-4 (Fig. 1). This alignment uses the energetically favoured conformation of rimonabant,³⁸ consistent with its conformationally constrained analogue **4**.³⁶ The pharmacophore shown in Figure 1 is similar but simpler than an alternative CB₁ antagonist pharmacophore which contained two additional hydrophobic phar-

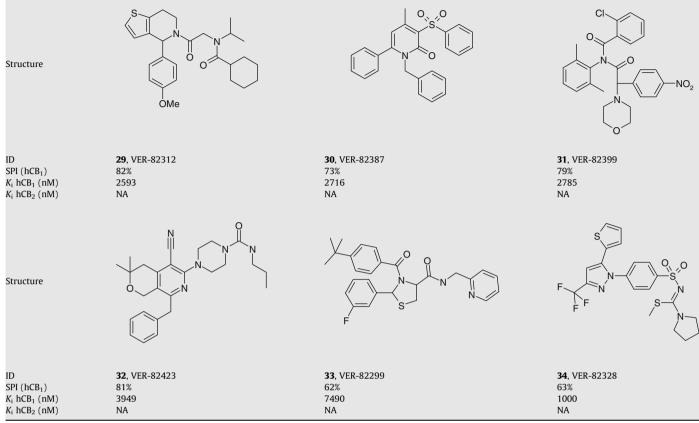
Table 1Structures^a and radioligand displacement binding data^b of the newly discovered^c ligands of the human CB₁ receptor (hCB₁)

| Structures ^a and radio | oligand displacement binding data ^b of the newly discovere | ed ^c ligands of the human CB ₁ receptor (hCB ₁) | |
|---|---|---|---|
| Structure | | OMe N-N N-N | |
| ID ^d SPI (hCB ₁) K _i hCB ₁ (nM) K _i hCB ₂ (nM) | 5 , VER-82448 98% 92 3100 | 6 , VER-82519 90% 227 3919 | 7, VER-82410 82% 256 >10,000 |
| Structure | N N S N OMe | Br N N O | |
| ID SPI (hCB ₁) K _i hCB ₁ (nM) K _i hCB ₂ (nM) | 8 , VER-82497 85% 264 >10,000 | 9 , VER-82409 77% 273 NA | 10 , VER-82319 98% 287 1069 |
| Structure | OMe N N N H | O N H HZ S O O O O O O O O O O O O O O O O O O | |
| ID SPI (hCB ₁) K _i hCB ₁ (nM) K _i hCB ₂ (nM) | 11, VER-82317 95% 308 4953 | 12 , VER-82490 94% 325 58 | 13, VER-82315 78% 520 >10,000 |
| Structure | CI———————————————————————————————————— | O S O S O | S N N O O O O O O O O O O O O O O O O O |
| ID SPI (hCB ₁) K _i hCB ₁ (nM) K _i hCB ₂ (nM) | 14, VER-83053 73% 520 NA | 15, VER-82445 77% 611 >10,000 | 16, VER-82311 89% 875 NA (continued on next page) |

Table 1 (continued)

| Structure | F N N N | H N N N N N N N N N N N N N N N N N N N | N O N O O O O O O O O O O O O O O O O O |
|--|---|---|---|
| ID SPI (hCB ₁) K _i hCB ₁ (nM) K _i hCB ₂ (nM) | 17, VER-82316 | 18 , VER-82514 | 19, VER-82524 |
| | 64% | 71% | 82% |
| | 1030 | 1049 | 1086 |
| | NA | NA | NA |
| Structure | N NO ₂ | | N-S=0 0 |
| ID | 20 , VER-82827 | 21 , VER-82433 71% 1473 NA | 22 , VER-82330 |
| SPI (hCB ₁) | 67% | | 87% |
| K _i hCB ₁ (nM) | 1177 | | 1606 |
| K _i hCB ₂ (nM) | NA | | NA |
| Structure | N-S-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N | MeO N N N O | N=N O |
| ID | 23 , VER-82313 | 24 , VER-82318 | 25 , VER-82303 |
| SPI (hCB ₁) | 77% | 77% | 86% |
| K _i hCB ₁ (nM) | 1764 | 1943 | 2269 |
| K _i hCB ₂ (nM) | NA | NA | NA |
| Structure | | CF ₃ NeO | O OMe |
| ID | 26 , VER-82411 | 27 , VER-82391 | 28 , VER-82430 |
| SPI (hCB ₁) | 85% | 80% | 69% |
| K _i hCB ₁ (nM) | 2299 | 2314 | 2396 |
| K _i hCB ₂ (nM) | NA | NA | NA |

Table 1 (continued)



NA: not available.

- ^c With the exception of previously reported³⁰ compound **5**.
- ^d ID includes the Vernalis compound identifier.

macophoric features, and was used to discover azetidinone CB_1 ligands. 31

The CB₁ antagonist pharmacophore shown in Figure 1 and the program Catalyst (Accelrys) were used to search the Vernalis electronic catalogue of ~700,000 commercially available compounds, pre-filtered and prepared in three-dimensional conformations as described before.³⁹ The query initially retrieved many hits, which were subsequently filtered on a combination of computed physico-chemical properties related to drug-likeness and compatible with CNS activity. 40-42 We discarded compounds with molecular weight >550, Slog P >6.5, number of hydrogen-bond acceptors >10, number of hydrogen-bond donors >5, and number of rotatable bonds >8 (descriptors calculated with the software MOE from Chemical Computing Group). The remaining compounds were clustered with the MACSS fingerprints⁴³ as implemented in MOE and a Tanimoto similarity threshold of 75%, and only one representative per cluster was kept by manual triage. This yielded 370 unique compounds which matched the pharmacophore.

Then, 261 of the 370 selected compounds were obtained from commercial vendors and assayed for binding to hCB_1 by displacement of radiolabelled rimonabant at a single compound concentration (details in Table 1). This yielded 42 compounds which exhibited greater than 60% inhibition of rimonabant binding at hCB_1 , and for which quality control was satisfactory (hit rate = 16%). Of these, 30 compounds were selected for further

hCB₁ K_i determination (Table 1, compounds presented by decreasing hCB₁ affinity). Their affinity for hCB₁ ranged from 92 nM (**5**) to 10 μ M (**34**). Twelve compounds had submicromolar affinity for hCB₁. Compound **5** was reported previously,³⁰ but is included here to present a complete account of the virtual screen.

Affinity for the human CB_2 receptor (hCB_2) was also determined for 9 of the 30 hits. The selectivity ratio for these compounds, K_i (hCB_2)/ K_i (hCB_1), was 33.7 (**5**), 17.3 (**6**), >39.0 (**7**), >37.9 (**8**), 3.7 (**10**), 16.1 (**11**), 0.2 (**12**), >19.2 (**13**), and >16.4 (**15**). Apart from **12**, these compounds are significantly selective for hCB_1 over hCB_2 , indicating that, despite its simplicity, the pharmacophore discriminates between hCB1 and its closest known homologue receptor.

Consistent with the virtual screening selection process, the hits are chemically diverse, as confirmed by inspection of Table 1. Yet, compounds 11, 13 and 17 represent the same scaffold; 10 and 24 also belong to a same chemical class. There is also some similarity between (i) 8 and 32 and (ii) 16 and 29.

With their pyrazole core, **10** and **24** are reminiscent of rimonabant, however, in **10** and **24** the aryl substituents are positioned differently with respect to the core. Also, **11**, **13** and **17** are similar to a very recently disclosed series of pyrrolo[1,2-a]quinoxalines. Hus, the scaffolds discovered by the pharmacophore search are mostly new with respect to hCB₁ binding, when assessed by comparison to other recently disclosed hCB1 ligands. Scandal ligan

^a Every compound was subjected to LC-MS analysis, and the chemical structures were consistent with the masses obtained by MS, to a purity of at least 85%. Purity was assessed by UV detection at three wavelengths and total ion current under positive ion electrospray.

^b For initial screening, compounds were tested in duplicate at a single concentration of 10 micromolar using an experimental procedure similar to that described below for the K_i determinations. This yielded data reported as single point percent inhibition (SPI) of radioligand binding to hCB₁. Every reported K_i is the average of six measurements, obtained as detailed in Ref. 46.

Table 2 Properties^a related to drug-likeness for the new hCB₁ ligands

| ID ^b | MW ^c | Slog P ^d | Don ^e | Acc ^f | NRot ^g | TPSAh |
|-----------------|-----------------|---------------------|------------------|------------------|-------------------|-------|
| 5 | 468.6 | 5.3 | 0 | 6 | 7 | 70.8 |
| 6 | 491.0 | 5.2 | 0 | 7 | 6 | 57.6 |
| 7 | 470.5 | 5.5 | 1 | 6 | 6 | 75.7 |
| 8 | 463.6 | 5.7 | 1 | 6 | 6 | 73.3 |
| 9 | 469.4 | 5.9 | 2 | 4 | 5 | 41.6 |
| 10 | 467.0 | 4.7 | 0 | 7 | 6 | 67.7 |
| 11 | 474.6 | 5.2 | 1 | 7 | 7 | 66.8 |
| 12 | 490.6 | 3.5 | 2 | 7 | 6 | 101.6 |
| 13 | 453.6 | 5.5 | 0 | 5 | 7 | 45.5 |
| 14 | 493.0 | 5.7 | 0 | 5 | 4 | 57.7 |
| 15 | 480.6 | 5.1 | 1 | 5 | 6 | 66.5 |
| 16 | 440.5 | 4.8 | 0 | 5 | 8 | 53.8 |
| 17 | 461.6 | 5.8 | 0 | 5 | 7 | 45.5 |
| 18 | 480.6 | 5.0 | 1 | 8 | 7 | 93.0 |
| 19 | 504.5 | 3.5 | 1 | 9 | 4 | 147.2 |
| 20 | 419.5 | 4.3 | 1 | 8 | 6 | 96.1 |
| 21 | 486.5 | 4.4 | 1 | 8 | 7 | 86.3 |
| 22 | 466.6 | 3.9 | 1 | 7 | 4 | 80.1 |
| 23 | 491.7 | 6.4 | 1 | 6 | 7 | 61.4 |
| 24 | 448.5 | 3.2 | 0 | 8 | 7 | 76.9 |
| 25 | 405.5 | 4.3 | 1 | 6 | 6 | 72.7 |
| 26 | 526.6 | 2.9 | 1 | 10 | 7 | 110.0 |
| 27 | 502.6 | 5.3 | 0 | 6 | 7 | 58.6 |
| 28 | 469.6 | 5.7 | 1 | 6 | 5 | 71.5 |
| 29 | 454.6 | 5.1 | 0 | 5 | 8 | 49.8 |
| 30 | 415.5 | 5.1 | 0 | 4 | 5 | 54.5 |
| 31 | 508.0 | 5.2 | 1 | 8 | 8 | 95.7 |
| 32 | 447.6 | 3.9 | 1 | 7 | 6 | 81.5 |
| 33 | 477.6 | 5.5 | 1 | 5 | 6 | 62.3 |
| 34 | 500.6 | 5.4 | 0 | 6 | 5 | 67.6 |

- ^a These physico-chemical properties were calculated with the software MOE.
- ^b Same compound identificators as in Table 1.
- ^c Molecular weight.
- ^d Logarithm of the octanol/water partition coefficient.
- ^e Number of hydrogen bond donors, as defined by Lipinski (lip_don descriptor in MOE).
- $^{\rm f}$ Number of hydrogen-bond acceptor, as defined by Lipinski (lip_acc descriptor in MOE).
- g Number of rotatable bonds (b_1rotN descriptor in MOE).
- ^h Topological polar surface area in Å² (TPSA descriptor in MOE).

Many of the hCB₁ ligand discovered here are arguably drug-like based on simple but widely used physico-chemical descriptors $^{40-42}$ (Table 2). There is, however, a clear trend towards lipophilic hits (e.g., 19 compounds with Slog P > 5.0). This reflects the initial aim to discover CNS active compounds, and also the CB₁ specific pharmacophore with its two aryl groups. Less lipophilic compounds can also bind to CB1, as illustrated by 6 hits with Slog P < 4.0. In addition, the hits are largely free from chemical functionalities with obvious medicinal chemistry liabilities, with the possible exception of **19** with its 3 nitrile groups. Of course, the compounds in Table 1 were not optimized for interaction with hCB₁ or other medicinal chemistry properties, and should be regarded as starting points for further efforts.

Elaboration of the newly discovered scaffolds may gain from considering how they fit the pharmacophore (Fig. 2). For instance, the atom which matches the pharmacophoric hydrogen-bond acceptor is not always immediately obvious from the 2D representation of the compounds. More generally, visualizing which 3D conformation/configuration of a ligand fits the pharmacophore gives indications regarding the conformational features (e.g., intramolecular hydrogen bonds) and stereochemistry (e.g. chiral centers) likely to be important to match the pharmacophore. For example, in Figure 2B the fluorophenyl of **9** is not one of the pharmacophoric aryl groups, and carbon 4 of its tetrahydropyrimidine core is in the *R* configuration to project its phenyl substituent towards a pharmacophoric point. The other compounds in Figure 2 were selected to illustrate further the chemical diversity in the output of the virtual screening.

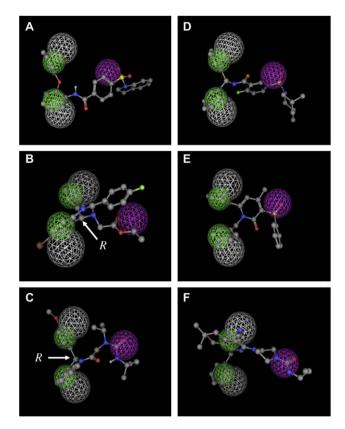


Figure 2. Depiction of how some of the discovered hCB_1 ligands reported in Table 1 match the CB_1 antagonist pharmacophore presented in Figure 1. Shown are compounds **7** (A), **9** (B), **11** (C), **15** (D), **30** (E) and **32** (F). The compounds are shown in a low energy conformation (MMFF94s force-field). The white arrows (B and C) point to chiral centers, the configuration of which (R or S, given in the panel) may be important to match the pharmacophore.

The functional response of the hCB₁ receptor was investigated for 11 of the 30 hit compounds, with a cell membrane [35 S]GTP γ S incorporation assay (Table 3 and Fig. 3). These 11 compounds were all found to be hCB₁ inverse agonists, with EC₅₀ values ranging from 0.2 to 4.4 μ M (Table 3, rimonabant was used as a control). This is an additional and very strong validation of the pharmaco-

Table 3 Functional characterization^a of some virtual screening hits

| ID_P | EC ₅₀ (μM) | % Efficacy relative to rimonabant |
|----------------|-----------------------|--------------------------------------|
| 1 (rimonabant) | 0.004 | 100 |
| 5 | 0.3 | 95 |
| 6 | 0.6 | 81 |
| 7 | 0.2 | 62 |
| 8 | 1.2 | 91 |
| 10 | 0.2 | 44 |
| 11 | 1.5 | 103 |
| 12 | 0.4 | 60 |
| 13 | 1.1 | 91 |
| 15 | 0.5 | 50 |
| 16 | 4.4 | 105 |
| 17 | 1.1 | 77 |
| | | |

^a The functional characterization is described in Ref. 47.

^b Same compound identifiers as in Figure 1 and Table 1. All tested compounds were found to be inverse agonists. The EC_{50} (molar concentration which caused half the maximal response) was estimated by fitting a four-parameter logistical equation to concentration–response curves, using non-linear regression in Graphpad Prism. Each compound efficacy at eliciting a functional response is reported as a percentage of the corresponding efficacy obtained with rimonabant in the same conditions.

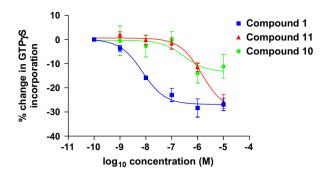


Figure 3. Effects of rimonabant (compound **1**, blue squares), compound **10** (green circles) and compound **11** (red triangles) on the binding of $[^{35}S]GTP\gamma S$ to G-proteins associated with hCB₁ receptors. Each point is the mean of three measurements; vertical lines show the standard error of the mean. See Table 3 for the EC₅₀ values and further experimental details. Similar functional response curves were obtained for the other compounds tested in this functional assay (not shown). Compounds **1**, **10** and **11** decreased the incorporation of $[^{35}S]GTP\gamma S$ in a concentration-dependent manner, showing that they are inverse agonists. Compound **11** has an efficacy similar to that of rimonabant, while compound **10** is only 44% as efficacious (Table **3**)

phore described in Figure 1. Interestingly, the 11 tested compounds suppress the basal level of hCB₁ activity with various efficacies relative to rimonabant, from 44% to 105% (Table 3). This diversity of functional effects on the receptor activation reflects the chemical diversity of the new hCB₁ ligands, which is of special interest for cannabinoid pharmacology. One might speculate that different inverse agonist efficacies may lead to different physiological responses in vivo, possibly with side-effect profiles that would differ from those observed clinically so far (see above).

In conclusions, we have presented a highly successful ligand-based virtual screening for the discovery of hCB₁ ligands, which validates the pharmacophore used. The diversity of the discovered scaffolds contrasts with the similarity between rimonabant and the majority of the hCB₁ antagonists disclosed so far. This, combined with the range of observed inverse agonist efficacies, offers the prospect to uncover new aspects of the pharmacology of the cannabinoid system.

Acknowledgment

We thank Tim Haymes for his support with analytical chemistry.

References and notes

- 1. Wilson, R. I.; Nicoll, R. A. Science 2002, 296, 678.
- 2. Howlett, A. C.; Barth, F.; Bonner, T. I.; Cabral, G.; Casellas, P.; Devane, W. A.; Felder, C. C.; Herkenham, M.; Mackie, K.; Martin, B. R.; Mechoulam, R.; Pertwee, R. G. Pharmacol. Rev. 2002, 54, 161.
- 3. Di Marzo, V. Drug Discovery Today 2008, 13, 1026.
- 4. Kopelman, P. G. Nature 2000, 404, 635.
- 5. Crawford, D.; Jeffery, R. W.; French, S. A. *Int. J. Obes.* **2000**, 24, 1107.
- 6. Cooke, D.; Bloom, S. Nat. Rev. Drug Disc. 2006, 5, 919.
- 7. Vickers, S. P.; Kennett, G. A. Curr. Drug Targets 2005, 6, 215.
- 8. Pagotto, U.; Vicennati, V.; Pasquali, R. Ann. Med. 2005, 37, 270.
- 9. Pacher, P.; Batkai, S.; Kunos, G. *Pharmacol. Rev.* **2006**, 58, 389.
- Mattias, I.; Gonthier, M.-P.; Orlando, P.; Martiadis, V.; De Petrocellis, L.; Cervino, C.; Petrosino, S.; Hoareau, L.; Festy, F.; Pasquali, R.; Roche, R.; Maj, M.; Pagotto, U.; Monteleone, P.; Di Marzo, V. J. Clin. Endocrinol. Metab. 2006, 91, 3171
- Di Marzo, V.; Goparaju, S. K.; Wang, L.; Liu, J.; Bátkai, S.; Járai, Z.; Fezza, F.; Miura, G. I.; Palmiter, R. D.; Sugiura, T.; Kunos, G. Nature 2001, 410, 822.
- Osei-Hyiaman, D.; Harvey-White, J.; Batkai, S.; Kunos, G. Int. J. Obes. 2006, 30, S33.
- Gomez, R.; Navarro, M.; Ferrrer, B.; Trigo, J. M.; Bilbao, A.; Del Arco, I.; Cippitelli, A.; Nava, F.; Piomelli, D.; Rodriquez de Fonseca, F. R. J. Neurosci. 2002, 22, 9612.
- Cani, P. D.; Montoya, M. L.; Neyrinck, A. M.; Delzenne, N. M.; Lambert, D. M. Br. J. Nutr. 2004, 92, 757.
- 15. Lange, J. H. M.; Kruse, C. G. Drug Discovery Today 2005, 10, 693.

- 16. Smith. R. A.: Fathi. Z. IDrugs 2005, 8, 53.
- 17. Liu, Y. L.; Connoley, I. P.; Wilson, C. A.; Stock, M. J. *Int. J. Obes.* **2005**, 29, 183.
- Ravinet Trillou, C.; Delgorge, C.; Menet, C.; Arnone, M.; Soubrié, P. Int. J. Obes. 2004, 28, 640.
- Van Gaal, L. F.; Rissanen, A. M.; Scheen, A. J.; Ziegler, O.; Rössner, S. Lancet 2005, 365, 1389.
- 20. Despres, J.-P.; Golay, A.; Sjostrum, L. N. Eng. J. Med. 2005, 353, 2121.
- Pi-Sunyer, F. X.; Aronne, L. J.; Heshmati, H. M.; Devin, J.; Rosenstock, J. J. Am. Med. Assoc. 2006, 295, 761.
- Van Gaal, L.; Pi-Sunyer, X.; Despres, J.-P.; McCarthy, C.; Scheen, A. Diabetes Care 2008, 31, S229.
- Christensen, R.; Kristensen, P. K.; Bartels, E. M.; Bliddal, H.; Astrup, A. Lancet 2007, 370, 1706.
- Lin, L. S.; Lanza, T. J., Jr.; Jewell, J. P.; Liu, P.; Shah, S. K.; Qi, H.; Tong, X.; Wang, J.; Xu, S. S.; Fong, T. M.; Shen, C.-P.; Lao, J.; Xiao, J. C.; Shearman, L. P.; Stribling, D. S.; Rosko, K.; Strack, A.; Marsh, D. J.; Feng, Y.; Kumar, S.; Samuel, K.; Yin, W.; Van der Ploeg, L. H. T.; Goulet, M. T.; Hagmann, W. K. J. Med. Chem. 2006, 49, 7584
- Addy, C.; Wright, H.; Van Laere, K.; Gantz, I.; Erondu, N.; Musser, B. J.; Lu, K.; Yuan, J.; Sanabria-Bohorquez, S. M.; Stoch, A.; Stevens, C.; Fong, T. M.; De Lepeleire, I.; Cliissen, C.; Cote, J.; Rosko, K.; Gendrano, I. N.; Nguyen, A. M.; Gumbiner, B.; Rothenberg, P.; de Hoon, J.; Bormans, G.; Depre, M.; Eng, W.; Ravussin, E.; Klein, S.; Blundell, J.; Herman, G. A.; Burns, H. D.; Hargreaves, R. J.; Wagner, J.; Gottesdiener, K.; Amatruda, J. M.; Heymsfield, S. B. Cell Metab. 2008, 7, 68.
- Addy, C.; Li, S.; Agrawal, N.; Stone, J.; Majumdar, A.; Zhong, L.; Li, H.; Yuan, J.; Maes, A.; Rothenberg, P.; Cote, J.; Rosko, K.; Cummings, C.; Warrington, S.; Boyce, M.; Gottesdiener, K.; Stoh, A.; Wagner, J. J. Clin. Pharmacol. 2008, 48, 738.
- Lange, J. H. M.; Coolen, H. K. A. C.; van Stuivenberg, H. H.; Dijksman, J. A. R.; Herremans, A. H. J.; Ronken, E.; Keizer, H. G.; Tipker, K.; McCreary, A. C.; Veerman, W.; Wals, H. C.; Stork, B.; Verveer, P. C.; den Hartog, A. P.; de Jong, N. M. J.; Adolfs, T. J. P.; Hoogendoorn, J.; Kruse, C. G. J. Med. Chem. 2004, 47, 627.
- Rinaldi-Carmona, M.; Barth, F.; Congy, C.; Martinez, S.; Oustric, D.; Perio, A.; Poncelet, M.; Maruani, J.; Arnone, M.; Finance, O.; Soubrie, P.; Le Fur, G. J. Pharmacol. Exp. Ther. 2004, 310, 905.
- Griffith, D. A., Hadcock, J. R.; Black, S. C.; Iredale, P. A.; Carpino, P. A.; DaSilva-Jardine, P.; Day, R.; Dibrino, J.; Dow, R. L.; Landis, M. S.; O'Connor, R. E.; Scott, D. O. J. Med. Chem. 2009, 52, 234.
- Foloppe, N.; Allen, N. H.; Bentley, C. H.; Brooks, T. D.; Kennett, G.; Knight, A. R.; Leonardi, S.; Misra, A.; Monck, N. J. T.; Sellwood, D. M. Bioorg. Med. Chem. Lett. 2008, 18, 1199.
- 31. Wang, H.; Duffy, R. A.; Boykow, G. C.; Chackalamannil, S.; Madison, V. S. *J. Med. Chem.* **2008**, *51*, 2439.
- Kunos, G.; Osei-Hyiaman, D.; Batkai, S.; Sharkey, K. A.; Makriyannis, A. TIPS
 2008, 30, 1
- 33. Pertwee, R. G. Life Sci. 2005, 76, 1307.
- Salamone, J. D.; McLaughlin, P. J.; Sink, K.; Makriyinnis, A.; Parker, L. A. Physiol. Behav 2007, 91, 383.
- Bostrom, J.; Berggren, K.; Elebring, T.; Greasley, P. J.; Wilstermann, M. Bioorg. Med. Chem. 2007, 15, 4077.
- Smith, R. A.; Fathi, Z.; Brown, S.-E.; Choi, S.; Fan, J.; Jenkins, S.; Kluender, H. C. E.; Konkar, A.; Lavoie, R.; Mays, R.; Natoli, J.; O'Connor, S. J.; Ortiz, A. A.; Podlogar, B.; Taing, C.; Tomlinson, S.; Tritto, T.; Zhang, Z. Bioorg. Med. Chem. Lett. 2007, 17, 673.
- McAllister, S. D.; Rizvi, G.; Anavi-Goffer, S.; Hurst, D. P.; Barnett-Norris, J.; Lynch, D. L.; Reggio, P. H.; Abood, M. E. J. Med. Chem. 2003, 46, 5139.
- Hurst, D. P.; Lynch, D. L.; Barnett-Norris, J.; Hyatt, S. M.; Seltzman, H. H.; Zhong, M.; Song, Z.-H.; Nie, J.; Lewis, D.; Reggio, P. Mol. Pharmacol. 2002, 62, 1274.
- Foloppe, N.; Fisher, L. M.; Howes, R.; Potter, A.; Robertson, A. G. S.; Surgenor, A. E. Bioorg. Med. Chem. 2006, 14, 4792.
- Lipinski, C. A.; Lombardo, F.; Dominy, B. W.; Feeney, P. J. Adv. Drug Delivery Rev. 1997, 23, 3.
- Kelder, J.; Grootenhuis, P. D. J.; Bayada, D. M.; Delbressine, L. P. C.; Ploemen, J.-P. Pharm. Res. 1999, 16, 1514.
- P. *Pharm. Res.* **1999**, *16*, 1514. 42. Veber, D. F.; Johnson, S. R.; Cheng, H.-Y.; Smith, B. R.; Ward, K. W.; Kopple, K. D.
- J. Med. Chem. 2002, 45, 2615.43. McGregor, M. J.; Pallai, P. V. J. Chem. Inf. Comput. Sci. 1997, 37, 443.
- McGregor, M. J., Farial, F. V. J. Chem. Inj. Comput. 321, 1397, 37, 443.
 Szabó, G.; Kiss, R.; Páyer-Lengyel, D.; Vukics, K.; Szikra, J.; Baki, A.; Molnár, L.; Fischer, J.; Keserua, G. M. Bioorg. Med. Chem. Lett., in press.
- Rinaldi-Carmona, M.; Barth, F.; Héaulme, M.; Shire, D.; Calandra, B.; Congy, C.; Martinez, S.; Maruani, J.; Néliat, G.; Caput, D.; Ferrara, P.; Soubrié, P.; Brelière, J. C.; Le Fur, G. FEBS Lett. 1994, 350, 240.
- 6. Protocol for the measurement of the K_i data presented in Table 1. The affinity of compounds for the hCB₁ receptor was determined based on a published method. ³⁶HEK293 cells transfected to express the human CB₁ receptor were grown using standard tissue culture procedures. Cell pellets were homogenised in 80 volumes (v/v) of 50 mM Tris–HCl buffer (pH 7.4) containing 5 mM MgCl₂, 2.5 mM EDTA and 0.5 mg/ml BSA using an Ultra–Turrax homogeniser. For the assay, cell membranes were incubated in a total volume of 250 μl, containing tritiated rimonabant (1 nM final concentration, Amersham TrK1028), and test compounds at a range of concentrations. Non-specific binding was determined using CP 55,940 (10 μM). Following a 90 min incubation at 30 °C, assays were terminated by rapid filtration with GF/B filters (pre-soaked in 0.1% (w/v) polyethylenimine) using a Canberra Packard filtermate 196. Microscint-20 scintillation fluid was added to the filters, which were soaked for at least 2 h before counting on a liquid scintillation

- spectrophotometer (Packard TopCount). IC_{50} values were estimated using a logistical equation in XLfit (IDBS); $K_{\rm i}$ values were calculated from these using the Cheng–Prusoff conversion.
- 47. The functional characterization in Table 3 was obtained by monitoring G-protein activation via the exchange of GDP for the non-hydrolysable GTP analogue [35S]GTPγS, using a cell membrane incorporation assay. Human CB₁ membranes (4 µg per well, Perkin Elmer) were incubated for 60 min at 37 °C, in assay buffer containing 20 mM Hepes, 100 mM NaCl, 32 mM MgCl₂, 1 µM GDP, 0.1 nM [35S]GTPγS and varying concentrations of tested hCB₁ ligand in

0.1% DMSO (final volume 250 μ l per well in a 96-well plate). Non-specific binding (NSB) was determined using an excess of GTP (10 μ M) in the absence of tested compound. The reaction was terminated by rapid filtration under vacuum, through GF/B filterplates (pre-soaked in distilled water). The plates were washed four times with 250 μ l of ice-cold assay buffer and the bound radioactivity counted on a Topcount scintillation counter. Activity of the compounds was determined as the percentage change from basal binding (in the absence of cannabinoid ligand, after subtraction of NSB). Data was a mean of 3 replicates.