

## Reversal of multidrug resistance by phenothiazines and structurally related compounds

Avner Ramu and Nili Ramu

Department of Oncology, Hadassah University Hospital, Kiryt Hadassah, Jerusalem 91 120, Israel

Received 1 September 1991/Accepted 18 February 1992

**Summary.** The multidrug-resistance (MDR)-reversal activity of 232 phenothiazines and structurally related compounds was tested in MDR P388 cells. Such activity was found among compounds exhibiting two ring structures (phenyl, cyclopentyl, cyclohexyl, thienyl or 5-norbornen-2-yl but not pyridinyl) linked by a variety of bridge types and possessing a secondary or tertiary amine group. Among 192 such compounds, 31.8% displayed good activity (MDR-reversal ratio,  $\geq 10$ ) and 8.3%, outstanding activity (MDR-reversal ratio,  $\geq 30$ ). In a subgroup comprising 56 compounds with a carbonyl residue, 4 with sulfuryl residue and 1 with thienyl residue, 42.7% showed good activity and 18%, outstanding activity. The contribution of these residues to the MDR-reversal activity was particularly evident among compounds containing a cyclic tertiary amine. Among 49 such compounds, 51% displayed good activity and 20.4%, outstanding activity, whereas among the 85 compounds lacking such groups, only 31.8% showed good activity and 4.7%, outstanding activity. Enhancement of this activity by the carbonyl group is also obtained when the latter is part of an amide bond of a tertiary amine. As compounds with a carbonyl group located on the rings, on the bridge to the amine group or beyond the amine are efficient MDR reversers, it seems that the exact molecular location of the carbonyl group is not critical for the elicitation of this activity.

### Introduction

Following the report of Tsuruo et al. in 1981 [23] on the *in vitro* reversal of multidrug resistance (MDR) by verapamil, a large number of compounds exhibiting diverse molecular structures and biological activities were reported to exert such activity (for references, see [2, 22]). Although the

mechanisms by which these compounds restore drug sensitivity are poorly understood, efforts have been made to elucidate the structure-activity relationships among such compounds. Previous studies have been carried out using a rather limited number of compounds [6, 7, 11, 15, 27] or a group of analogues of an active agent such as verapamil [25], nifedipine [8, 10, 13, 26], trifluoperazine [3], flupenthixol [4], triparanol [15, 17], dipyrindamole [15, 20], reserpine [14], cefoperazone [5] or cyclosporine [24]. These investigations revealed certain common structural features shared by many MDR reversers, but a definitively optimal structure indicative of such activity has not yet emerged. In a further attempt to elucidate the structure-activity relationship (SAR) of MDR chemosensitization, we present the results we obtained *in vitro* in P388/ADR cells using 232 phenothiazines and structurally related compounds.

### Materials and methods

The 232 compounds presented in Table 1 were generously donated by the following suppliers (listed by compound number): 132, Abbott Labs (Abbott Park, Ill.); 99, Alfa Farmaceutici SpA (Bologna, Italy); 167, Labs Almirall SA (Barcelona, Spain); 162, Doctor Andreu SA (Barcelona, Spain); 185, Labs Andromaco SA (Madrid, Spain); 32, 46 and 53, Asta Pharma AG (Frankfurt, FRG); 171, Labs A Bailly-SPEAB (Ivry/Seine, France); 10 and 201, Bristol-Myers Co. (Wallingford, Conn.); 217 and 218, BYK Gulden Pharmazeutika (Konstanz, FRG); 220, Chinoïn Pharmaceutical & Chemical Works Ltd. (Budapest, Hungary); 56, 57, 104 and 138, Ciba-Geigy AG (Basle, Switzerland); 215, CTS Chemical Industries Ltd. (Petach Tikva, Israel); 100, Dainippon Pharmaceutical Co. (Osaka, Japan); 34 and 199, Egis Pharmaceuticals (Budapest, Hungary); 111, AB Ferrosan (Malmo, Sweden); 74, Fujisawa Pharmaceutical Co. (Osaka, Japan); 153, 155 and 156, Gist-Brocades Farmaca (Meppel, Holland); 189, Heumann Pharma GmbH (Feucht, FRG); 89, 90, 97, 135, 141–152, 202 and 203, Hoechst AG (Frankfurt, FRG); 136, F. Hoffmann La Roche (Basle, Switzerland); 196 and 198, Homburg (Frankfurt, FRG); 94, 107–110, 112–114, 120–122, 129, 130, 178, 208 and 209, Janssen Pharmaceutica (Beerse, Belgium); 88 and 93, Kabivitrum AB (Stockholm, Sweden); 172, KaliChemi AG (Hannover, FRG); 66 and 212, Knoll AG (Ludwigshafen, FRG); 60 and 61, Lederle (Wayne, N. J.); 33, 102 and 211, Lilly Research Labs (Indianapolis, Ind.); 75, 80, 81 and 134, H. Lundbeck A/S (Copenhagen-Valby, Denmark); 128, Lusopharmaco SpA (Milano, Italy); 98 and 165, Maggioni-Wintrop SpA (Milano, Italy); 103, 140, 159 and 160, McNeil

**Abbreviations:** ADR, Adriamycin; MDR, multidrug resistance; P388/ADR, multidrug-resistant P388 cells

**Offprint requests to:** A. Ramu, Department of Oncology, Hadassah Hospital, P. O. Box 12 000, Jerusalem 91 120, Israel

Pharmaceutical (Spring House, Pa.); 216, E. Merck (Darmstadt, FRG); 168, Merck Sharp & Dohme-Chibret AG (Glattbrugg, Switzerland); 20, 59, 62, 95, 139, 183, 184, 186, 192, 197 and 214, Merrell-Dow Pharmaceuticals (Cincinnati, Ohio); 222–232, Miles Inc. (West Haven, Conn.); 161, Montavit GmbH (Absam/Tirol, Austria); 157, 164 and 195, Parke-Davis (Ann Arbor, Mich.); 35, 78, 79, 119 and 123, Pfizer Central Research (Groton, Conn.); 101, Pharmuka Labs (Gennevilliers, France); 50, Pierrel SpA (Milano, Italy); 4, 6, 11, 15–17, 21, 22, 27, 38, 51, 82 and 124, Rhone-Poulenc Ltd. (Dagenham/Essex, UK); 18, 19, 25, 47, 106, 179 and 191, AH Robins Co. (Richmond, Va.); 219, Rowa Pharmaceuticals Ltd. (Bantry/Cork, Ireland); 13, 14, 26, 39, 58, 63–65, 67, 83, 85, 169 and 200, Sandoz Ltd. (Basle, Switzerland); 5 and 8, Sanofi Pharma (Paris, France); 29, 72, 91, 92 and 180, Schering-Plough Research (Bloomfield, N. J.); 131 and 204, Searle Research & Development (Skokie, Ill.); 69, 190 and 205–207, Smith Kline & French Labs (King of Prussia, Pa.); 137, Sterling Drugs Inc. (Rensselaer, N. Y.); 12, 28, 31, 54 and 210, Taro Pharmaceutical Industries (Haifa Bay, Israel); 36, 117 and 154, Teva Pharmaceutical Industries (Petach Tikva, Israel); 96, Thiemann Arzneimittel (Waltrop, FRG); 52 and 70, Dr. K. Thomae (Biberach/Riss, FRG); 40–42, Prof. H. Timmerman (Amsterdam, Holland); 118, 119, 123, 125–127, 158, 170 and 173–177, UCB SA (Braine-l'Alleud, Belgium); 9, Upjohn Co. (Kalamazoo, Mich.); 193, UPSA Labs (Rueil-Malmaison, France); 182, Wellcome Foundation (London, UK); and 30, 37, 44 and 77, Wyeth-Ayerst Research (Princeton, N. J.). Compounds 1–3, 7, 23, 24, 43, 45, 48, 49, 55, 68, 71, 73, 76, 84, 86, 87, 105, 115, 116, 133, 163, 166, 181, 187, 188, 194, 213 and 221 were purchased from Sigma-Aldrich Israel (Petach Tikva, Israel).

Our standard test system has been described elsewhere [20]. Briefly, P388 murine leukemia cells and a doxorubicin-resistant subline (P388/ADR) were maintained in RPMI 1640 medium supplemented with 10% fetal calf serum, 10  $\mu$ M 2-mercaptoethanol, penicillin base (50 IU/ml) and streptomycin (50  $\mu$ g/ml). An inoculum of cells was transferred to fresh medium once every 4 days to maintain exponential growth. The sensitivity of both cell lines to a given drug was assessed as follows:  $1 \times 10^6$  cells were cultured in 10 ml medium in the presence of various drug concentrations. Once a day for 4 days the density of the cells was measured with a Coulter counter (Coulter, Harpenden, UK).

The cell-growth rate was calculated from the slope of the log cell density versus time curve by linear regression analysis. The growth rate at each drug concentration was expressed as a percentage of the control growth rate (no drug). Dose-response curves were thus produced and used to determine the concentration of drug effective in inhibiting the growth rate by 50% ( $ED_{50}$ ). In repeated experiments the standard deviation of this parameter was consistently <10% of the  $ED_{50}$  values obtained. The ability of a compound to ameliorate MDR was evaluated by comparing the  $ED_{50}$  values obtained in P388/ADR cells incubated in the absence versus the presence of 0.2  $\mu$ M ADR; this ADR dose was just below the concentration that produced a detectable growth-inhibitory effect on these cells. (The ADR  $ED_{50}$  values obtained in P388 and P388/ADR cells were  $3.5 \times 10^{-8}$  M and  $9 \times 10^{-7}$  M, respectively.)

We have previously shown that evaluation of the MDR reversal activity of a compound using this experimental design is not inferior to that obtained using a design whereby the cells are incubated with increasing concentrations of ADR in the presence or absence of one sub-inhibitory dose of the compound tested [16, 17]. Both experimental designs detected cytotoxic synergism between the tested compounds and ADR with equal efficiency. The real advantage of the experimental design used in the present study is the straightforward ability to compare MDR-reversal activity among the compounds tested. Moreover, this experimental design is substantially more economical.

## Results and discussion

The results obtained for the 232 compounds tested are shown in Table 1. The data in the table were entered according to similarities in molecular structure. For each compound tested, the  $ED_{50}$  value (expressed in micromolar concentration) obtained in P388 and P388/ADR cells are listed in columns A and B, respectively. For each

compound, the ratio of the  $ED_{50}$  value obtained in P388/ADR cells in the absence of ADR to that measured in its presence (0.2  $\mu$ M ADR) is shown in column C. Therefore, the values in column C represent the ability of the compounds to reverse MDR. The growth-inhibitory activity of almost every compound was also tested in drug-sensitive P388 cells in the presence of  $1 \times 10^{-8}$  M ADR; however, in no case was a >2-fold decrease in the  $ED_{50}$  observed (data not shown). In column D, the ratio between the  $ED_{50}$  value obtained using each compound in P388/ADR cells and that determined using promazine (60  $\mu$ M) in these cells was multiplied by the value in column C. The results serve as an index of MDR-reversal effectiveness in relation to that of promazine, a compound chosen as a standard for comparison [15].

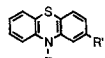
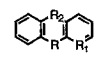






































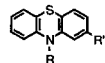
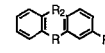















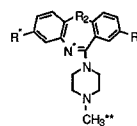
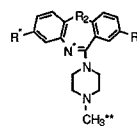
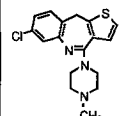
The comparison of MDR-reversal activity among compounds exhibiting such a variety of molecular structures (Table 1) could be analyzed in many ways, and numerous deductions could be made. In the following discussion, only certain conclusions are presented that seemed to us to be of major consequences to the SAR of this effect.

As shown in column C of the table, 77 compounds (33.2%) produced an MDR-reversal ratio of  $\geq 10$  and 16 (6.9%) yielded a ratio of  $\geq 30$ . As is evident from the table, MDR-reversal activity can be obtained using many compounds that possess two phenyl rings linked by a thiazine (phenothiazines) or by one of a rather large variety of bridge types. Furthermore, as shown by the activities of compounds 67, 83–85, 139, 140, 184, 185 and 210–215, MDR-reversal activity is also obtained using compounds in which one or even both phenyl rings have been substituted by cyclopentyl, cyclohexyl, thienyl or 5-norbornen-2-yl rings. However, of the 18 compounds in which a pyridine substituted for one of the phenyl rings, only 3 produced an MDR-reversal ratio of  $\geq 3$  and none yielded a ratio of  $\geq 10$ . Therefore, it is clear that this type of ring structure does not support MDR-reversal activity. Comparisons of the activity of compounds 115 and 116 to that of compound 133 and the activity of compound 144 to that of compounds 145–148 suggest that drugs exhibiting a single ring are less active than those possessing two rings.

It has previously been suggested that the MDR-reversal activity of compounds containing secondary or tertiary amine residues is stronger than that of compounds possessing other amine groups and that compounds with a piperidine or a piperazine group exert greater activity than do those with a non-cyclic amine moiety [2, 15]. Of the compounds tested in the present study, 13 either lacked a secondary or tertiary amine group or contained such an amine as a carboxamide. No MDR-reversal activity was obtained using these compounds, except for two that produced an MDR-reversal ratio of <3. Therefore, the following discussion is limited to 192 compounds exhibiting a two-linked-ring structure (excluding pyridine) and a secondary or tertiary amine group.

Ford et al. [3] have shown that certain substitutions in position 2 of the phenothiazine ring enhance MDR-reversal activity. The order of activity shown by the substituents was  $CF_3 > Cl > SCH_3 > H$ ; however, the increments in activity were rather small. The activities of compounds 1–5, 7, 8, 12–14, 22–27 and 28–31 indicate that although substi-

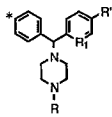











**Table 1.** Effectiveness of MDR reversal obtained using 232 phenothiazines and structurally related compounds in P388 and P388/ADR cells in vitro

<div></div>							<div></div>							
COMPOUND	R'	R	A	B	C	D	COMPOUND	R <sub>1</sub>	R <sub>2</sub>	R	A	B	C	D
1 promazine			40	60	3	3	39 methixene	CH	S		10	12	2.7	0.5
2 chlorpromazine	Cl	"	12	20	2.5	0.8	40 hepzidine	CH	CH <sub>2</sub> CH <sub>2</sub>		60	>100	12	>20
3 triflupromazine	CF <sub>3</sub>	"	12	20	2.5	0.8	41 tropirine	N	CHCH		60	>100	8	>13.3
4 methopromazine		"	20	20	4.4	1.5	42 tixadil	CH	S		4.5	4.5	3.8	0.3
5 acepromazine			30	45	5.6	4.2	43 Aldrich 21430-2	CH	CH <sub>2</sub> CH <sub>2</sub>		60	60	45	45
6 trimeprazine			20	20	2	0.7	44 citenamide	CH	CHCH		>60	>60	1	-
7 promethazine		"	60	60	7.5	7.5	45 desipramine	CH	CH <sub>2</sub> CH <sub>2</sub>		40	60	3	3
8 aceprometazine		"	40	80	6	8	46 prothipendyl	N			60	60	1.3	1.3
9 pyrathiazine			60	60	5	5	47 tampramine	N	CN	"	60	60	7.5	7.5
10 methdilazine			20	20	2.5	0.8	48 imipramine	CH	CH <sub>2</sub> CH <sub>2</sub>	"	60	60	3	3
11 mequitazine			12	12	2.7	0.5	49 trimipramine	CH	CH <sub>2</sub> CH <sub>2</sub>		60	60	6	6
12 thioridazine			8	12	6	1.2	50 azipramine	C	CH <sub>2</sub> CH <sub>2</sub>		20	45	37.5	28.1
13 mesoridazine		"	40	60	13.3	13.3	51 quinupramine	CH	CH <sub>2</sub> CH <sub>2</sub>		60	60	8	-
14 sulforidazine	SO <sub>2</sub> CH <sub>3</sub>	"	20	20	10	3.3	52 pirenzepine	N			>60	>60	1	-
15 perimetazine	OCH <sub>3</sub>		10	20	10	3.3	53 oxypendyl	N	S		60	60	2	2
16 propericiazine	CN		20	20	1	-	54 opiapramol	CH	CHCH	"	60	60	3	3
17 metopimazine	SO <sub>2</sub> CH <sub>3</sub>		>60	>60	1	-								
18 duoperone			10	12	26.7	5.3								
19 AHR 06601			10	12	20	4								
20 piperacetazine			20	20	4.4	1.5								
21 pipotiazine-palmitate	SO <sub>2</sub> N(CH <sub>3</sub> ) <sub>2</sub>		>100	>100	> 1	> 1.7								
<div></div>							<div></div>							
COMPOUND	R'	R	A	B	C	D	COMPOUND	R'	R <sub>2</sub>	R	A	B	C	D
22 perazine			12	20	4.4	1.5	55 mianserin		CH <sub>2</sub>		60	60	3	3
23 prochlorperazine	Cl	"	4.5	8	6.7	0.9	56 maroxepine		O		60	60	3	3
24 trifluoperazine	CF <sub>3</sub>	"	4.5	8	10	1.3	57 citatepine	CN	S	"	20	60	13.3	13.3
25 butaperazine		"	4.5	8	17.8	2.4								
26 thiethylperazine	SCH <sub>2</sub> CH <sub>3</sub>	"	4.5	8	10	1.3								
27 thioproperazine	SO <sub>2</sub> N(CH <sub>3</sub> ) <sub>2</sub>	"	8	20	16.7	5.6								
28 perfenazine			8	10	5	0.8								
29 acetophenazine		"	15	20	10	3.3								
30 carphenazine		"	12	12	15	3								
31 fluphenazine	CF <sub>3</sub>	"	8	8	4	0.5								
32 homofenazine	CF <sub>3</sub>		2	6	4	0.4								
33 cyclofenazine	CF <sub>3</sub>		20	20	16.7	5.6								
34 metofenazate	Cl		3	6	20	2								
35 imiclopazine	Cl		200	200	1.7	5.7								
36 dixyrazine			20	20	10	3.3								
37 azaclozazine	Cl		40	40	10	6.7								
38 chloracyzine	Cl		60	60	5	5								
<div></div>							<div></div>							
COMPOUND	R'	R <sup>1</sup>	R <sub>2</sub>	R	A	B	C	D						
58 clothiapine	Cl			S	45	60	13.3	13.3						
59 metiapine	CH <sub>3</sub>			S	60	60	13.3	13.3						
60 loxapine	Cl			O	60	60	13.3	13.3						
61 amoxapine	Cl			O **desmethyl	15	60	13.3	13.3						
62 metoxepin	OCH <sub>3</sub>			O	20	45	5.6	4.2						
63 clozapine		Cl		NH	>100	>100	>3.3	>5.5						
64 perlapine				CH <sub>2</sub>	>100	>100	>5	>8.3						
65 fluperlapine		F		CH <sub>2</sub>	60	60	5	5						
66 rilapine		Cl		>CCHCN *CH not N	>60	>60	>40	>40						
67 tilozepine					20	60	10	10						

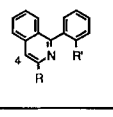
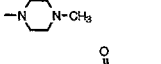
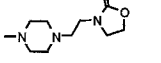
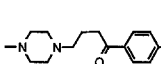
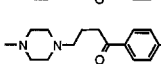
COMPOUND	R <sub>2</sub>	R	A	B	C	D
83 pizotyline	CH <sub>2</sub>	—CH <sub>3</sub>	20	45	5.6	4.2
84 ketotifene		—CH <sub>3</sub>	>100	>100	>3.3	>5.5
85 etolorifene			>100	>100	>22.2	>37.7

COMPOUND	R	A	B	C	D
106 AHR 16462		20	20	13.3	4.3
107 penfluridol		1.3	3	6.7	0.3
108 fluspirilene		8	8	13.3	1.8
109 pimozide		4.5	8	40	5.3
110 clopimozide		4.5	6	30	3
111 amperozide		20	50	6.3	5.2
112 lidoflazine		4.7	10	7.1	1.2
113 mioflazine		4.5	12	12	2.4
114 difluanine		8	8	17.8	2.4

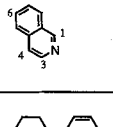
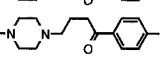
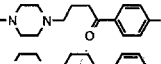
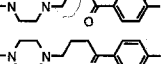
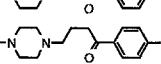
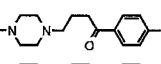
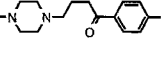
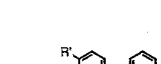
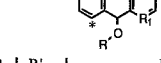
Table 1 (continuation)

<div>  </div>							
COMPOUND	R <sub>1</sub>	R'	R	A	B	C	D
115 1-(4-chlorobenzyl)piperazine	CH	Cl	H	13	20	2.5	0.8
116 cyclizine	CH		-CH <sub>3</sub>	>100	>100	>2	>3.3
117 chlorocyclizine	CH	Cl	-CH <sub>3</sub>	5.7	21	2.3	0.8
118 meclizine	CH	Cl		1.4	27	11.7	5.3
119 buclizine	CH	Cl		20	60	6	6
120 clocizine	CH	Cl		20	60	60	60
121 cinnarizine	CH		"	27	17	6.8	1.9
122 flunarizine	CH	F	" * -F	12	19	5.6	1.8
123 hydroxyzine	CH	Cl		60	60	7.5	7.5
124 piclopastine	N		" * -Cl	>100	>100	>1.7	>2.8
125 UCB-L172	CH	Cl		60	60	10	10
126 cetizine	CH	Cl		>100	>100	1	-
127 etodroxizine	CH	Cl		30	20	4.4	1.5
128 LR-A/028	CH	Cl		15	20	4	1.3
129 oxatomide	CH			12	15	10	2.5
130 buserizine	CH			8	13	65	14.1
131 ropizine	CH			45	30	5	2.5

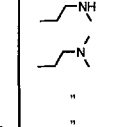
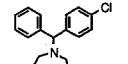
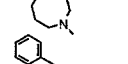
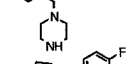
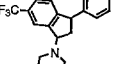
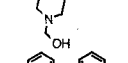
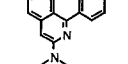
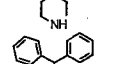
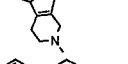
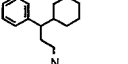
  

<div>  </div>							
COMPOUND	R <sub>1</sub>	R'	R	A	B	C	D
141 S79 1099				8	8	8	1.1
142 S79 1100				20	20	10	3.3
143 S79 0491	OH			20	45	22.5	16.9
144 S79 0671	OCH <sub>3</sub>			15	>60	>133.3	>133.3

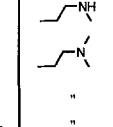












  

<div>  </div>							
COMPOUND	R <sub>1</sub>	R'	R	A	B	C	D
145 cinuperone				>100	>100	>8.3	>13.3
146 S81 0339				>60	>60	>13.3	>13.3
147 S81 2521				>60	>60	>2	>2
148 S79 2823				20	30	15	7.5
149 S83 4163				12	12	10	2
150 S83 4096				4.5	4.5	5.6	0.4
151 S81 0337				20	20	10	3.3
152 S81 1951				45	30	6.7	3.3

<div>  </div>							
COMPOUND	R <sub>1</sub>	R'	R	A	B	C	D
132 homochlorocyclizine				10	20	2.5	0.8
133 1-benzylpiperazine				>100	>100	1	-
134 teffudazine				15	20	10	3.3
135 perafensine				12	20	3.3	1.1
136 phenindamine				>100	>100	>2.2	>3.7
137 gamfexine				60	60	1	-
138 drofenine				>100	>100	1	-
139 perhexiline				7	15	3	0.8
140 cetiedil				4.5	20	10	3.3

<div>  </div>							
COMPOUND	R <sub>1</sub>	R'	R	A	B	C	D
153 tofenacin	CH			60	>100	>1.7	>2.8
154 diphenhydramine	CH			>100	>100	>1.7	>2.8
155 orphenadrine	CH		" * -CH <sub>3</sub>	>60	>60	>1.3	>1.3
156 neobendoline	CH	CH <sub>3</sub>	"	>100	>100	>1.7	>2.8
157 ambodryl	CH	Br	"	8	30	3	1.5
158 medrylamine	CH	OCH <sub>3</sub>	"	>60	>60	>1	>1
159 carbinoxamine	N	Cl	"	>100	>100	>1	>1.7
160 (-) rotoxamine	N	Cl	"	>100	>100	>1	>1.7
161 etanautine	CH			60	>100	>1.7	>2.8
162 prenoverine	CH			45	45	3.8	2.9
163 cloperastine	CH	Cl		2	60	10	10
164 linadryl	CH			60	>100	>5	>8.3
165 diphenazoline	CH			>100	>100	1	-
166 diphenylpyraline	CH			60	>100	>5	>8.3
167 ebastine	CH			4.5	4.5	10	0.8
168 benztropine	CH			8	60	10	10
169 ethylbenztropine	CH			30	60	10	10
170 chlorbenzoxamine	CH			8	20	25	8.3



<div>  </div>							
COMPOUND	R <sub>1</sub>	R'	R	A	B	C	D
171 captodiame				4.5	8	4	5.3

Table 1 (continuation)

COMPOUND	R'	R	A	B	C	D
172			60	60	3	3
173	Cl		80	80	6.7	8.9
174	OCH <sub>3</sub>		80	80	10	13.3
175			60	80	10	13.3
176			>100	>100	1	-
177			60	60	13.3	13.3
178	F		35	45	4.5	3.4
179			60	>100	>5	>8.3

COMPOUND	R'	R	A	B	C	D
180	Cl		80	>100	>1	>1.7
181	CH <sub>3</sub>		>100	>100	>2.2	>3.7
182	CH <sub>3</sub>		>60	>60	1	-

183	MDL-10393		5	8	4.4	0.6
184	hexadilene		4.5	8	2.7	0.4
185	tipecidine		45	>60	>3	>3

COMPOUND	R <sub>1</sub>	R	A	B	C	D
186	CH		>100	>100	>1.7	>2.8
187	CH		>100	>100	1	-
188	CH		>60	>60	>2	>2
189	CH		>100	>100	>1.7	>2.8
190	CH		>100	>100	>5	>8.3
191	CH		4.5	4.5	10	0.8
192	CH		2	4.5	5.6	0.4
193	CH		>100	>100	>1.7	>2.8
194	CH		>100	>100	1	-
195	N		>100	>100	>3.3	>5.5

COMPOUND	R <sub>1</sub>	R	A	B	C	D
196	CH		50	50	4.2	3.5
197	N		>100	>100	>1	>1.7
198	CH		20	25	3.1	1.3
199	CH		12	12	6	1.2
200	CH		8	20	2.5	0.8

COMPOUND	R <sub>1</sub>	R	A	B	C	D
201	CH		>100	>100	1	-
202	CH		>100	>100	1	-
203	CH		>100	>100	1	-
204	N		>100	>100	1	-

205	proadifen		10	20	5	1.7
206	SKF-3301		20	20	4.4	1.5
207	SKF-16467		60	>100	>5	>8.3

208	loperamide		13	20	44.4	14.8
209	fluperamide		8	8	40	5.3

COMPOUND	R <sub>11</sub>	R	A	B	C	D
210	triethylphenidyl		60	60	3	3
211	cycrimine		>100	>100	>2.2	>3.7
212	biperiden		>60	>60	>2	>2
213	procyclidine		>100	>100	>2.2	>3.7
214	propenzolate		60	60	7.5	7.5
215	oxybutynin		60	60	13.3	13.3

229	MA 1880		>100	>100	1	-	
230	MA 1510		20	20	25	8.3	
231	MA 1509		45	>60	>50	>50	
232	MA 1499		20	45	56.3	42.2	

its presence (0.2  $\mu\text{M}$ ); column D, The ratio of the ED<sub>50</sub> value obtained in P388/ADR cells using the experimental compound(s) to that determined using 60  $\mu\text{M}$  promazine multiplied by the value in column C

among phenothiazines or whether it is a general phenomenon, we investigated the MDR-reversal activity of all 192 compounds under discussion in relation to the presence or absence of such a residue. Among the group comprising 56 carbonyl-, 4 sulfuryl- and thienyl-substituted compounds (2 carboxyl-containing drugs, compounds 126 and 176, which are not active, were excluded), 37 compounds (60.7%) produced an MDR-reversal ratio of  $\geq 10$  as compared with 36 (28.1%) of the compounds lacking a carbonyl group and 11 (18%) yielded a ratio of  $\geq 30$  as compared with 5 (3.9%) carbonyl-lacking compounds. We therefore suggest that carbonyl substitution enhances MDR-reversal activity not in phenothiazine compounds alone, but rather in a wider range of compounds exhibiting a two-linked-ring structure that is connected to a secondary or tertiary amine.

Among the 128 carbonyl-lacking compounds under discussion, 17 contained a secondary amine group, and of these, only 4 (23.5%) produced an MDR-reversal ratio of  $\geq 10$  (1 of 7 cyclic and 3 of 10 non-cyclic drugs) and none produced a ratio of  $\geq 30$ . Among the 111 tertiary-amine-containing compounds that possessed no carbonyl group,

To determine whether the enhancement of MDR-reversal activity obtained by carbonyl substitution occurs only

32 (28.8%) produced a ratio of  $\geq 10$  and 5 (4.5%), a ratio of  $\geq 30$ . This result suggests that in the group of carbonyl-lacking compounds, those with tertiary amines are only marginally more active than those with secondary amines. Among the 37 carbonyl-lacking piperidine compounds, 13 (35.1%) produced an MDR-reversal ratio of  $\geq 10$  and none produced a ratio of  $\geq 30$ , whereas among the 33 corresponding piperazines, 15 (45.5%) compounds yielded a ratio of  $\geq 10$  and 3 (9.1%), a ratio of  $\geq 30$ . It is therefore clear that the MDR-reversal activity of carbonyl-lacking, cyclic tertiary amine compounds is greater than that of the corresponding non-cyclic tertiary amine compounds (25 of 26 such compounds produced an MDR-reversal ratio of  $<10$ ). However, the activity of even the most potent subgroup of these cyclic tertiary amine compounds, the piperazines, was considerably inferior to that of carbonyl-containing compounds. As indicated above, only 5 of the carbonyl-lacking drugs (compounds 43, 50, 66, 120 and 130) yielded an MDR-reversal ratio of  $\geq 30$ .

Only one carbonyl-containing drug with a secondary amine group (compound 100) was tested. This non-cyclic amine compound exerted strong MDR-reversal activity (50-fold), whereas the carbonyl-lacking, secondary amine compounds (cyclic or non-cyclic) exhibited low MDR-reversal activity, as shown above.

Among the 60 carbonyl-containing compounds possessing tertiary amine groups, 36 (60%) produced an MDR-reversal ratio of  $\geq 10$ , and of these, 10 (16.7%) yielded a ratio of  $\geq 30$ . Among the 27 piperidine compounds in this group, 19 (70.4%) produced a ratio of  $\geq 10$ , and of these, 6 (22.2%) yielded a ratio of  $\geq 30$ ; among the 20 piperazine compounds in this group, 15 (75%) produced an activity ratio of  $\geq 10$ , and of these, 4 (20%) yielded a ratio of  $\geq 30$ . It therefore seems that carbonyl-containing piperidines and piperazines exert similar MDR-reversal activity, which again is far superior to that obtained using the corresponding carbonyl-containing, non-cyclic tertiary amine compounds (10 of 11 such compounds produced an MDR-reversal ratio of  $<10$ ).

In all, 39 of the compounds tested possessed a cyclic tertiary amine and a carbonyl moiety that was located on the bridge between the rings and the amine group or beyond the latter. In 18 of these compounds the carbonyl was part of either an ester bond or an amide of primary or secondary amines. Only 8 of these drugs produced an activity ratio of  $\geq 10$  and none yielded a ratio of  $\geq 30$ . In 15 compounds the carbonyl was part of an amide of tertiary amines; among these drugs, 12 produced an MDR-reversal ratio of  $\geq 10$ , and of these, 10 yielded a ratio of  $\geq 30$ . The MDR-reversal enhancement that results from the addition of an amide of a tertiary amine is further demonstrated by the difference in activity observed between compounds 107 and 209. In 6 compounds the carbonyl was not part of an ester or amide bonds; all 6 of these drugs produced an MDR-reversal ratio of  $\geq 10$  and one of them, compound 144, yielded a ratio of  $>133.3$ , which was the highest activity encountered in this study.

These results suggest that an independent carbonyl group or a carbonyl that is part of an amide bond with a

tertiary amine (but not with primary or secondary amines) supports MDR-reversal activity, and it seems that such support is not dependent on the exact molecular location of these groups. As compounds possessing such a carbonyl group in the absence of a secondary or tertiary amine function (compounds 44, 87, 203, 221 or 224) were devoid of MDR-reversal activity, it must be concluded that in contrast to the role of the amine group, the carbonyl moiety plays a supportive, albeit non-independent, role. One possible function of the carbonyl group could be mediated by the formation of intra- or intermolecular hydrogen bonds.

The likelihood that a given compound will exert MDR reversal activity *in vivo* depends not only on its demonstrated *in vitro* activity but also on its *in vivo* toxicity, which determines the maximal safe concentration of the compound in the body fluids. Unfortunately, for many of the most active MDR-reversing compounds tested in the present study, such data are not available. However, it seems that the selection of compounds for *in vivo* studies of MDR reversal should be influenced not only by the magnitude of the reversal obtained *in vitro* using these compounds but also by the concentration required to achieve the MDR reversal. The relative MDR-reversal index shown in column D of Table 1 takes into account both of these requirements. As shown in column D, compounds 144, 231, 43, 232, 66 and 85 (in decreasing order of activity) yielded the highest relative MDR-reversal indices.

The MDR P388 cells used in the present study have been reported to contain increased levels of P-glycoprotein, a membrane component that is generally believed to be a drug-efflux pump capable of ousting from these cells a rather large variety of drugs [9, 13]. However, we have previously suggested that in these cells, drug resistance may result from reduced drug entry [18]; a similar finding has also been reported in a P-glycoprotein-containing MDR Chinese hamster cell line [21]. It has been suggested that MDR-reversing compounds bind P-glycoprotein in such a fashion that increased drug efflux is inhibited [13]. However, Cass et al. [1] have shown that verapamil treatment sensitises vincristine-MDR cells that lack P-glycoprotein to the same extent as it does cells that contain this glycoprotein. These findings suggest that verapamil can reverse MDR in a manner that is unrelated to its ability to bind P-glycoprotein. We have recently reported that verapamil and two other compounds that reverse MDR induce changes in the lipid composition of MDR but not drug-sensitive P388 cells [19]. Such changes in the membrane lipid composition of MDR cells may lead to an increased rate of drug uptake. Many, if not all, of the active MDR-reversing compounds tested in the present study could be viewed as cationic amphiphilic drugs. As such compounds are known to interfere with cellular lipid metabolism [12], we propose that these activities might be related to their ability to restore drug sensitivity in MDR cells.

*Acknowledgement.* The authors gratefully acknowledge the technical assistance of Mrs. A. Weinman.



## References

- Cass CE, Janowska-Wieczorek A, Lynch MA, Sheinin H, Hindenburg AA, Beck WT (1989) Effect of duration of exposure to verapamil on vincristine activity against multidrug-resistant human leukemic cell lines. *Cancer Res* 49: 5798–5804
- Ford JM, Hait WN (1990) Pharmacology of drugs that alter multidrug resistance in cancer. *Pharmacol Rev* 42: 155–199
- Ford JM, Prozialeck WC, Hait WN (1989) Structural features determining activity of phenothiazines and related drugs for inhibition of cell growth and reversal of multidrug resistance. *Mol Pharmacol* 35: 105–115
- Ford JM, Bruggemann EP, Pastan I, Gottesman MM, Hait WN (1990) Cellular and biochemical characterization of thioxanthenes for reversal of multidrug resistance in human and murine cell lines. *Cancer Res* 50: 1748–1756
- Gosland MP, Lum BL, Sikic BI (1989) Reversal by cefoperazone of resistance to etoposide, doxorubicin and vinblastine in multidrug-resistant human sarcoma cells. *Cancer Res* 49: 6901–6905
- Hofslis E, Nissen-Meyer J (1990) Reversal of multidrug resistance by lipophilic drugs. *Cancer Res* 50: 3997–4002
- Inaba M, Maruyama E (1988) Reversal of resistance to vincristine in P388 leukemia by various polycyclic clinical drugs with a special emphasis on quinacrine. *Cancer Res* 48: 2064–2067
- Kamiwatari M, Nagata Y, Kikuchi H, Yoshimura A, Sumizawa T, Shudo N, Sakoda R, Seto K, Akiyama S-I (1989) Correlation between reversing of multidrug resistance and inhibiting of [<sup>3</sup>H]-Azidopine photolabeling of P-glycoprotein by newly synthesized dihydropyridine analogues in a human cell line. *Cancer Res* 49: 3190–3195
- Kessel D, Corbett T (1985) Correlation between anthracycline resistance, drug accumulation and membrane glycoprotein patterns in solid tumors of mice. *Cancer Lett* 28: 187–193
- Kiue A, Sano T, Suzuki K-I, Inada H, Kumura M, Kikuchi J, Sato S-I, Kohno K, Kuwano M (1990) Activities of newly synthesized dihydropyridines in overcoming of vincristine resistance, calcium antagonism and inhibition of photoaffinity labeling of P-glycoprotein in rodents. *Cancer Res* 50: 310–317
- Klohs WD, Steinkampf RW (1988) The effect of lysomotropic agents and secretory inhibitors on anthracycline retention and activity in multiple drug-resistant cells. *Mol Pharmacol* 34: 180–185
- Kodavanti UP, Mehendale HM (1990) Cationic amphiphilic drugs and phospholipid storage disorder. *Pharmacol Rev* 42: 327–354
- Nogae I, Kohno K, Kikuchi J, Kuwano M, Akiyama S-I, Kiue A, Suzuki K-I, Yoshida Y, Cornwell MM, Pastan I, Gottesman MM (1989) Analysis of structural features of dihydropyridine analogs needed to reverse multidrug resistance and to inhibit photoaffinity labeling of P-glycoprotein. *Biochem Pharmacol* 38: 519–527
- Pearce HL, Safa AR, Bach NJ, Winter MA, Cirtain MC, Beck WT (1989) Essential features of the P-glycoprotein pharmacophore as defined by a series of reserpine analogs that modulate multidrug resistance. *Proc Natl Acad Sci USA* 86: 5128–5132
- Ramu A (1989) Structure-activity relationship of compounds that restore sensitivity to doxorubicin in drug-resistant P388 cells. In: Kessel D (ed) *Resistance to antineoplastic drugs*. CRC, Boca Raton, Florida, pp 63–80
- Ramu A, Spanier R, Rahamimoff H, Fuks Z (1984) Restoration of doxorubicin responsiveness in doxorubicin-resistant P388 murine leukemia cells. *Br J Cancer* 50: 501–507
- Ramu A, Glaubiger D, Fuks Z (1984) Reversal of acquired resistance to doxorubicin in P388 murine leukemia cells by tamoxifen and other triparanol analogues. *Cancer Res* 44: 4392–4395
- Ramu A, Pollard HB, Rosario LM (1989) Doxorubicin resistance in P388 leukemia – evidence for reduced drug influx. *Int J Cancer* 44: 539–547
- Ramu A, Ramu N, Rosario LM (1991) Circumvention of multidrug resistance in P388 cells is associated with a rise in the cellular content of phosphatidylcholine. *Biochem Pharmacol* 41: 1455–1461
- Ramu N, Ramu A (1989) Circumvention of Adriamycin resistance by dipyrindamole analogues: a structure-activity relationship study. *Int J Cancer* 43: 487–491
- Sirotnak FM, Yang CH, Mines LS, Oribe E, Biedler JL (1986) Markedly altered membrane transport and intracellular binding of vincristine in multidrug-resistant Chinese hamster cells selected for resistance to vinca alkaloids. *J Cell Physiol* 126: 266–274
- Stewart DJ, Evans WK (1989) Non-chemotherapeutic agents that potentiate chemotherapy efficacy. *Cancer Treat Rev* 16: 1–40
- Tsuruo T, Iida H, Tsukagoshi S, Sakurai Y (1981) Overcoming of vincristine resistance in P388 leukemia in vivo and in vitro through enhanced cytotoxicity of vincristine and vinblastine by verapamil. *Cancer Res* 41: 1967–1972
- Twentyman PR (1988) Modification of cytotoxic drug resistance by non-immuno-suppressive cyclosporins. *Br J Cancer* 57: 254–258
- Wallner J, Pirker R, Keilhauer G, Lechner C, Raschack M, Ludwig H (1990) Reversal of multidrug resistance of cell lines by structural analogs of verapamil. *Proc Am Assoc Cancer Res* 31: 379
- Yoshinari T, Iwasawa Y, Miura K, Takahashi IS, Fukuroda T, Suzuki K, Okura A (1989) Reversal of multidrug resistance by new dihydropyridines with lower calcium antagonistic activity. *Cancer Chemother Pharmacol* 24: 367–370
- Zamora JM, Pearce HL, Beck WT (1988) Physico-chemical properties shared by compounds that modulate multidrug resistance in human leukemic cells. *Mol Pharmacol* 33: 454–462