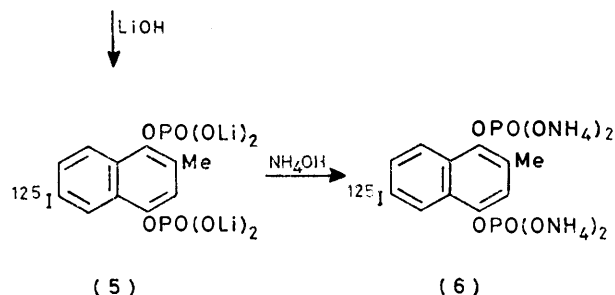
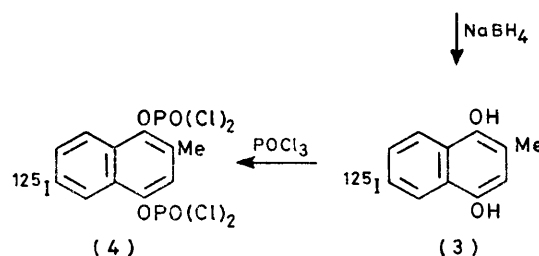
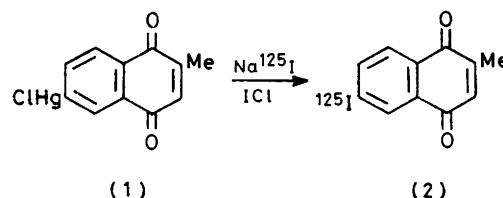


6-[¹²⁵I]-Iodo-2-methyl-1,4-naphthoquinol Bis(diammonium phosphate): a New Potential Anti-tumour Drug

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Summary 6-[¹²⁵I]-Iodo-2-methyl-1,4-naphthoquinol bis(diammonium phosphate) has been prepared as a potential radiochemotherapeutic drug with a specific activity of 1.82 mCi/mg; laboratory studies have shown comparable uptake and cytotoxicity for tumour cells cultured *in vitro* under anoxic and euoxic conditions.



SCHEME

IODINE-125, from the point of view of both its half-life (60 days) and manner of decay, appears eminently suitable as a radionuclide for incorporation into organic compounds for therapeutic purposes. It decays by electron capture, followed by the emission of low-energy Auger electrons with subcellular ranges.¹ Microdosimetric calculations have indicated that, in small target spheres of diameter <50 nm, more energy is, on average, deposited by a decaying iodine-125 atom than by a high LET α -particle traversing an identical sphere.² This may well explain its extreme biological toxicity to DNA in microbial³ and tumour cells.⁴

Substituted naphthoquinol diphosphates are known to be selectively taken up by some malignant tumour cells;⁵ in particular, Synkavit⁶ can enhance the effect of X-irradiation both *in vitro*⁷ and *in vivo*.^{8,9} Tritiated and iodinated (¹³¹I) derivatives¹⁰ have been used to some effect in palliative therapy and scanning for certain advanced human tumours.^{11,12} Here, we have incorporated iodine-125 into the unsubstituted aromatic ring of 2-methyl-1,4-naphthoquinol bis(diammonium phosphate), with the aim of producing an effective radiochemotherapeutic drug for occult metastases.

The synthesis of 6-[¹²⁵I]-iodo-2-methyl-1,4-naphthoquinol bis(diammonium phosphate) (6) is outlined in the Scheme. An ethanolic suspension of 6-chloromercuro-2-methyl-1,4-naphthoquinone (1)¹³ (20 mg) was refluxed with iodine-125 (70 mCi) and ICl (9 mg) for 1½ h. After filtration, (2) was precipitated by the addition of excess of

KI solution (7% w/v), then washed. The radiochemical yield was 37–48%. The product (2) was dissolved in MeOH (5 ml) and reduced by NaBH₄ (15 mg) in the presence of Dowex 50-W-X8 (H⁺) resin. The filtrate was

evaporated to dryness;† toluene (1 ml) was added, and the mixture then re-evaporated. Compound (3) was dissolved in dry pyridine (2 ml), and phosphorylated by the dropwise addition of POCl₃ (0.1 ml) at 4 °C. The solution was evaporated to a semi-solid residue (4). A mixture (12 ml) of CH₂Cl₂-H₂O-sat. LiOH solution (11:11:2) was added and the mixture vigorously stirred; the pH was maintained at 8–11. The separated aqueous phase contained 60–80% remaining activity; this was passed down a column of Dowex 50-W-X8 (H⁺) resin and collected, finally under mild suction. The column was then washed with EtOH (10 ml). T.l.c. [cellulose; BuⁿOH-H₂O-MeCO₂H (5:3:2)] was performed on samples from both solutions; the R_F value for the bis(dihydrogen phosphate) of (6) is 0.45–0.50. Aqueous and ethanolic solutions were evaporated to dryness; a few drops of distilled water were added to each. If the t.l.c. was satisfactory, both solutions were mixed and NH₄OH (*d* 0.880) was added until the pH was 8–9. The final solution contained 6-[¹²⁵I]-iodo-2-methyl-1,4-naphthoquinol, polyphosphate complexes, and (6).

Separation and purification of (6) was carried out by paper chromatography (Whatman 3MM); downward elution with BuⁿOH-H₂O-MeCO₂H for 16 h. Autoradiography enabled isolation of (6) (R_F ca. 0.5); this was eluted with distilled water. The total activity was 4.5–6.3 mCi (radiochemical yield 6.4–9.0%); u.v.: λ_{max} (0.01 M HCl)

230 (ε 35,800), 247 (39,900), and 290 nm (5,250). The specific activity of (6) was 1.32–1.82 mCi/mg from 70 mCi of iodine-125.

Safety: syntheses were performed in a grade B laboratory¹⁴ The Radiation Centre, Birmingham University, over periods of 4–5 days. All stages were carried out in a ventilated enclosure; apparatus was shielded by 5 cm thick lead bricks. Baseline thyroid uptake measurements were carried out daily. Prophylactic KI (120 mg/day) was taken orally. There was no measurable uptake of iodine-125 into the thyroid gland. Total exposure to the torso (≤160 mrem) and finger tips (≤120 mrem) was minimal. Total body counting is advisable if repetitive syntheses are to be undertaken.

Preliminary experiments¹⁵ on tumour cells (HEp2) cultured *in vitro* with (6) under anoxic and euoxic conditions showed a comparable cellular uptake with the behaviour of high LET radiation.

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† All evaporations carried out *in vacuo* (10 mTorr).

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