Discovery, Structure–Activity Relationships, Pharmacokinetics, and Efficacy of Glucokinase Activator (2*R*)-3-Cyclopentyl-2-(4-methanesulfonylphenyl)-*N*-thiazol-2-yl-propionamide (RO0281675)

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Glucokinase (GK) is a glucose sensor that couples glucose metabolism to insulin release. The important role of GK in maintaining glucose homeostasis is illustrated in patients with GK mutations. In this publication, identification of the hit molecule 1 and its SAR development, which led to the discovery of potent allosteric GK activators **9a** and **21a**, is described. Compound **21a** (RO0281675) was used to validate the clinical relevance of targeting GK to treat type 2 diabetes.

Introduction

Maintenance of tight glycemic control requires a complex interplay between an individual's lifestyle, genes, environment, and neuroendocrine and endocrine systems. Defects in the ability of pancreatic β -cells to secrete insulin in response to meals and the diminished capacity of the liver and skeletal muscle to take up glucose in response to insulin represent core pathophysiological defects associated with type 2 diabetes (T2D^a). Other tissues such as fat cells, gastrointestinal tract, kidney, and brain also contribute to dysglycemia in patients with T2D.¹ As T2D progresses, patients rely on higher doses of antidiabetic agents and multiple oral antidiabetic drugs and progress to exogenous insulin therapy to gain adequate glycemic control. Therefore, more effective therapeutic agents that target multiple pathogenic abnormalities with sustained efficacy represent a major unmet medical need.

Glucokinase (GK), also called hexokinase IV, is a glycolytic enzyme that catalyzes the oxidative phosphorylation of hexoses by ATP. Unlike its isozymes (hexokinases I–III) that are fully saturated at physiologically glucose levels, GK responds functionally to plasma glucose fluctuations observed during preprandial and postprandial periods. This enables pancreatic β -cell GK to function as a molecular sensor that couples changes in blood glucose levels with insulin release to maintain glucose homeostasis. As a sensor, it determines the rate and threshold concentration of glucose (~5 mM in healthy individuals) required to initiate the signaling cascade leading to insulin release. In the liver, GK catalyzes the first step in glucose metabolism and plays an important role in determining net glucose utilization and production in this organ. GK is also expressed in pancreatic α -cells, enteroendo-crine K and L cells, glucose excited/glucose inhibited neurons of the hypothalamus and brainstem, and anterior pituitary cells, but its physiological role in these tissues is less well understood.

The enzymatic parameters and activity of GK (k_{cat} , glucose $S_{0.5}$, and positive kinetic cooperativity) are fundamental to its role as a glucose sensor, and this is best illustrated in humans with diseases related to mutations of GK. For instance, loss-of-function mutations in one or both alleles of the GK gene cause maturity onset diabetes of the young type 2 (MODY-2) and permanent neonatal diabetes mellitus, respectively. In contrast, a gain-of-function mutation in a single GK allele causes persistent hyperinsulinemic hypoglycemia of infancy (PHHI) due to excessive insulin release. On the basis of the pivotal role of GK as a glucose production in the liver, allosteric activators of this enzyme are being actively pursued as antidiabetic agents based on the dual effects on augmenting insulin release and suppressing excessive hepatic glucose production.²⁻⁴

Screening of Roche's compound library led to the identification of **1**, which was shown to increase GK enzymatic activity by 1.5-fold at 24 μ M (SC_{1.5}). This molecule had desired "lead-like" properties (i.e, low molecular weight and a combination of polar and nonpolar moieties) to warrant further optimization. RO0281675, **21a**, a prototypical GK activator (GKA) that emerged from this effort, causes robust glucose lowering effects in preclinical models of T2D.⁵ These findings have stimulated intense interest within the pharmaceutical industry leading to several structural mimics of **21a**.^{6,7} Here we report on the optimization of the original screening hit **1**, which led to the identification of two lead molecules, the *N*-acylurea (RO0274375) **9a** and **21a** (Figure 1).

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^{*a*} Abbreviations: ATP, adenosine triphosphate; GK, glucokinase; GKA, glucokinase activator; GSIR, glucose-stimulated insulin release; MODY-2, maturity onset diabetes of the young type 2; OGTT, oral glucose tolerance test; PHHI, persistent hyperinsulinemic hypoglycemia of infancy; PK, phramacokinetics; SC_{1.5}, concentration of a compound to increase GK activity by 1.5 times; T2D, type 2 diabetes.



Figure 1. Glucokinase activator hit molecule 1 and optimized molecules 9a and 21a.

Scheme 1. Synthesis of *N*-Acylurea Analogues^a

Chemistry

The target compounds, *N*-acylurea hit 1, analogues, 5a-zf, and the corresponding 2-aminothiazole amides 8a-z described in this report were prepared following a two to four step sequence outlined in Scheme 1. Starting from commercially available arylacetic acids 2, direct alkylation or alkylation of the corresponding alkyl ester 6 with an alkyl iodide yielded alkylphenylacetic acids 3 or the esters 7, respectively. A few ester analogues of 7 were also prepared via the esterification of the corresponding acids 3. The aryl acetic acid esters 7 were then reacted with urea or alkylureas in the presence of magnesium alkoxide to prepare the unsubstituted, methyl, or ethyl-*N*-acylurea analogues 5.⁸ Additional analogues of 5 containing larger alkyl groups and polar moieties in the R₃ region of the molecule were accessible via the reaction of the phenylacetamide derivative 4 with the appropriate isocyanates.⁹ The enantiomers **9a** and **9b** of the racemic **5h** were prepared from stereochemically pure carboxylic acids,



^{*a*}(i) LDA/HMPA or DMPU, THF, R_2 -CH₂-I, -78 °C to room temp; (ii) cat. DMF, (COCl)₂, CH₂Cl₂, HMDS, 0 °C to room temp, aq HCl; (iii) R_3 -N=C=O, toluene, reflux; (iv) cat. H₂SO₄, R'OH, reflux; (v) LDA/HMPA, R_2 -CH₂-I; (vi) Mg(OCH₃)₂, methyl or ethyl urea, CH₃OH, reflux.

Scheme 2. Synthesis of 9a and $21a^{a}$



^{*a*}(i) (CH₃)₃COCl, Et₃N, then *n*-BuLi, (*S*)-4-isopropyl-2-oxazolidinone, THF 28% (for **3a** to **10a**); (ii) 30% H₂O₂, LiOH, 72% for **11a** and 89% for **14a**; (iii) oxalyl chloride, HMDS, 0 °C, 58%; (iv) MeNCO, toluene, reflux, 63%; (v) (CH₃)₃COCl, Et₃N, then *n*-BuLi, (*R*)-4-benzyl-2-oxazolidinone, 49%, (for **3g** to **13a**); (vi) *N*-bromosuccinimide, triphenylphosphine.

Scheme 3. Synthesis of 2-Aminothiazole Amides^a



^a (i) 2-Aminothiazole, NBS, PPh₃, CH₂Cl₂, room temp; (ii) LiOH, THF/H₂O, room temp; (iii) 2-aminothiazole, Mg(OCH₃)₂, CH₃OH, reflux.

11a and **11b**, which were prepared by resolution of the corresponding chiral diastereomeric oxazolidinoneimides **10a** and **10b** (Scheme 2). A single crystal X-ray structure of **9a** was obtained, and the absolute stereochemistry was shown to be *R* (see Figure 1 in Supporting Information). The 2-aminothiazoleamides (**8a**-z) were prepared from the arylacetic acids **3** using a *N*-bromosuccinimide/triphenyl-phosphine coupling method (Scheme 3).¹⁰ Enantiomerically pure **21a** was prepared starting from the corresponding racemic carboxylic acid **3g** via chromatographic separation of diastereomeric benzyloxazolidine derivatives **13a** and **13b**, as shown in Scheme 2. Several structural variants of **5h** were prepared to explore its active conformation.

Results and Discussion

The SAR was explored with the conceptual division of the acylurea hit molecule 1 into three regions around the chiral center: R_1 , the substituted aromatic ring; R_2 , the alkyl group; R_3 , the *N*-acylurea group (Figure 1). Initial studies were

centered on the identification of the optimal R_2 alkyl group of the hit molecule **1**. A systematic evaluation of several R_2 analogues that varied in size and polarity were explored (Table 1). The original isopropyl group present in **1** remained the preferred group among the aliphatic groups investigated, while incorporation of cyclohexyl (**5d**) or cyclopentyl (**5c**) moieties were optimal among the alicyclic groups. The latter improved potency by nearly 6-fold over **1**. Larger alkyl, cycloalkyl, aryl groups and groups with polar substitutents significantly reduced activity or were inactive. For example, neopentyl, cyclooctyl, bicyclo[2.2.1]heptyl, 2-methythiazolyl, 4-piperidinyl, and 4-hydroxycyclohexyl analogues were inactive (data not shown). Thus, these studies indicated a clear preference for nonpolar, nonplanar alicyclic groups in the R_2 region of the molecule (Table 1).

The R_1 aromatic group of the hit molecule 1 was explored extensively. The SAR indicated the importance of an aromatic ring with one or two electron withdrawing groups to improve potency and revealed a tolerance for a wide variety of

Table 1. Structure-Activity Relationships of N-Acylureas



compd	R ₁	R ₂	R ₃	$SC_{1.5} (\mu M)^a$	
1	3,4-diCl	isopropyl	NHCONH ₂	29 ± 7.9 (4)	
5a	3,4-diCl	cyclopropyl	NHCONH ₂	$40 \pm 6.5(2)$	
5b	3,4-diCl	cyclobutyl	NHCONH ₂	10 ± 0.45 (2)	
5c	3,4-diCl	cyclopentyl	NHCONH ₂	4.4 ± 0.35 (2)	
5d	3,4-diCl	cyclohexyl	NHCONH ₂	8.9 ± 2.6 (3)	
5e	3,4-diCl	cycloheptyl	NHCONH ₂	$12 \pm 6.5(2)$	
5f	3,4-diCl	isopropyl	NHCONHCH ₃	6	
5g	3,4-diCl	cyclohexyl	NHCONHCH ₃	1.4 ± 0.0 (2)	
5h	3,4-diCl	cyclopentyl	NHCONHCH ₃	1 ± 0.19 (3)	
5i	3,4-diCl	cyclopentyl-CH ₂	NHCONHCH ₃	na	
5j	3,4-diCl	cyclopentyl	NHCONHCH ₂ CH ₃	0.53 ± 0.13 (2)	
5k	3,4-diCl	cyclopentyl	NHCONH(CH ₂) ₂ CH ₃	1.3	
51	3,4-diCl	cyclopentyl	NHCONHCH ₂ CH=CH ₂	1.3 ± 0.22 (2)	
5m	3,4-diCl	cyclopentyl	NHCONHCH ₂ CH(CH ₃) ₂	6.3	
5n	3,4-diCl	cyclopentyl	NHCONH(CH ₂) ₃ CH ₃	na	
50	3,4-diCl	cyclopentyl	NHCONHCH ₂ COOC ₂ H ₅	1.3 ± 0.25 (2)	
5p	3,4-diCl	cyclopentyl	NHCONHCH2COOH	na	
5q	3,4-diCl	cyclopentyl	NHCONHCH ₂ COOCH ₃	0.55 ± 0.078 (2)	
5r	3,4-diCl	cyclopentyl	NHCONH(CH ₂) ₂ COOC ₂ H ₅	8.4	
5s	3,4-diCl	cyclopentyl	NHCONH(CH ₂) ₂ COOH	na	
5t	3,4-diCl	cyclopentyl	NHCONH(CH ₂) ₂ COOCH ₃	3.2	
5u	3,4-diCl	cyclopentyl	NHCONH(CH ₂) ₂ OH	3.4	
5v	3-C1	cyclopentyl	NHCONHCH ₃	3.7	
5w	4-C1	cyclopentyl	NHCONHCH ₃	5.4	
5x	Н	cyclopentyl	NHCONHCH ₃	28.2	
5у	3,4-diF	cyclopentyl	NHCONHCH ₃	8.5	
5z	4-Br	cyclopentyl	NHCONHCH ₃	3.8	
5za	4-NO ₂	cyclopentyl	NHCONHCH ₃	5.4	
5zb	4-SCH ₃	cyclopentyl	NHCONHCH ₃	3.2	
5zc	$4-SCF_3$	cyclopentyl	NHCONHCH ₃	1.4	
5zd	4-SO ₂ CH ₃	cycloopentyl	NHCONHCH ₃	1.5	
5ze	$4-SO_2CF_3$	cyclopentyl	NHCONHCH ₃	0.3	
5zf	$3-SO_2CF_3$	cyclopentyl	NHCONHCH ₃	1	
16	3,4-diCl	cyclopentyl	imidazoline-2-one	na	
17	3,4-diCl	cyclopentyl	$NHC(=N)NH_2$	na	
18	3,4-diCl	cyclopentyl	N(CH ₃)CONH(CH ₃)	na	
19	3,4-diCl	isopropyl	NHCON(CH ₃) ₂	na	
20	3,4-diCl	cyclopentyl	$NHC(=S)NH(CH_3)$	3.8	
9 a ^b	3,4-diCl	cyclopentyl	NHCONHCH ₃	0.41 ± 0.049 (6)	
9b ^c	3,4-diCl	cyclopentyl	NHCONHCH ₃	na	

^{*a*} Data reported as mean \pm SEM (*n*). The average CV of the assay was 15%, based on an analysis of 452 compounds (SC_{1.5} < 2 μ M) assayed in duplicate. na: not active up to 30 μ M. ^{*b*}*R*-isomer.

substituents at the *para*-position. For example, the monochlorophenyl analogues 5v (SC_{1.5} = 3.7μ M) and 5w (SC_{1.5} = 5.4μ M) were about 6-fold more potent than the unsubstitued phenyl analogue 5x (SC_{1.5} = 28μ M), and the 3,4-dichlorophenyl analogue 5h was about 30-fold more potent. The 4-trifluoromethylsulfonyl derivative 5ze (SC_{1.5} = 0.3μ M) was among the most active analogues in this series and nearly 100-fold more potent than the unsubstituted 5x. In general *meta-* or *para-substitutions* were well tolerated, while *ortho*substitutions, such as *o*-chloro, *o*-methyl, *o*-methoxy, *o*-piperidinyl, dramatically reduced or completely eliminated GKA potency (data not shown).

Investigation of the R_3 modifications of 1 resulted in improvements in potency, identified areas to introduce functionality, and provided clues regarding the active conformation required for GK activation. A significant increase in potency was observed upon introducing an *N*-methyl group at the terminal amide of 1. Thus, analogue **5f** was about 5-fold more active than 1 (6 μ M vs 29 μ M). Combining one of the optimized groups at R₂, cyclopentyl, with an *N*-ethyl group at R₃ gave **5j** (SC_{1.5} = 0.53 μ M), one of the first GK activators with submicromolar potency. Further examination of the SAR of the terminal amide by introduction of larger *N*-alkyl groups, such as *n*-propyl, allyl, isopropyl, and *n*-butyl, led to a gradual decrease to complete loss of GKA potency (e.g. **5k**, **5l**, **5m**, and **5n**), reflecting the size limitations at R₃. For example, the acetate analogues **5o** and **5q** were about 6- to 8- fold more potent than the corresponding propionates **5r** and **5t**. The carboxylic acid analogues **5p** and **5s** were not active, while introduction of the hydroxyethyl group, **5u**, was well tolerated.

The optically pure *R*- and *S*-stereoisomers, **9a** and **9b** of racemic **5h**, were prepared as described in Scheme 2. The



Figure 2. Intramolecular H-bond and *cis*-amide characteristics of **1** and the resulting 2-amino heteroaromatics hypothesis.

Table 2. Structure-Activity Relationships of 2-Aminothiazoleamides



compd	R ₁	R_2	R ₃	$SC_{1.5} (\mu M)^a$
8a	3,4-diCl	cyclopentyl	Н	0.94 ± 0.16 (2)
8b	3,4-diCl	phenyl	Н	na
8c	3,4-diCl	cyclopentyl	4-methyl	1.2
8d	3,4-diCl	cyclopentyl	5-methyl	0.64
8e	3,4-diCl	cyclopentyl	4,5-dimethyl	1.6
8f	3,4-diCl	cyclopentyl	4-COOC ₂ H ₅	2.7
8g	3,4-diCl	cyclopentyl	4-COOCH ₃	0.5
8h	3,4-diCl	cyclopentyl	4-CH ₂ OH	0.99
8i	3,4-diCl	cyclopentyl	4-COOH	29
8j	3,4-diCl	cyclopentyl	5-COOC ₂ H ₅	8
8k	3,4-diCl	cyclopentyl	5-COOH	26
81	3,4-diCl	cyclopentyl	5-COOCH ₃	0.92
8m	3,4-diCl	cyclopentyl	5-CH ₂ OH	0.75
8n	3,4-diCl	cyclopentyl	$4\text{-}CH_2COOC_2H_5$	0.61
80	3,4-diCl	cyclopentyl	4-CH ₂ COOH	8
8p	3,4-diCl	cyclopentyl	4-CH ₂ COOCH ₃	0.82
8q	3,4-diCl	cyclopentyl	4-CH ₂ CH ₂ OH	0.84
8r	4-Cl	cyclopentyl	Н	3.1
8s	3-Cl	cyclopentyl	Н	1.7
8t	$4-NO_2$	cyclopentyl	Н	0.84
8u	4-SCH ₃	cyclopentyl	Н	2.2
8v	$4-S(O)CH_3$	cyclopentyl	Н	2.2 ± 0.44 (2)
8w	$4-SO_2CH_3$	cyclopentyl	Н	0.35 ± 0.022 (5)
8x	4-SCF ₃	cyclopentyl	Н	1.8
8y	$4-SO_2CF_3$	cyclopentyl	Н	0.19 ± 0.057 (3)
8z	$3-SO_2CF_3$	cyclopentyl	Н	1.4
21 a ^b	$4-SO_2CH_3$	cyclopentyl	Н	$0.24 \pm 0.019~(25)$
21b ^c	$4-SO_2CH_3$	cyclopentyl	Н	na

^{*a*} Data reported as mean \pm SEM (*n*). The average CV of the assay was 15%, based on an analysis of 452 compounds (SC_{1.5} < 2 μ M) assayed in duplicate. na: not active up to 30 μ M. ^{*b*}*R*-isomer. 'S-isomer.

absolute stereochemistry of **9a** was determined to be *R* on the basis of a single crystal X-ray structure (Figure 1 of Supporting Information). The *R*-isomer **9a** has an SC_{1.5} of 0.41 μ M, while the corresponding *S* isomer **9b** has no effect on GK activity at concentrations up to 10 μ M. The crystal structure of **9a** further revealed that the *N*-acylurea moiety exists in a six-membered cyclic conformation characterized by an intramolecular H-bond, between the carbonyl of the acyl oxygen atom and the terminal NH of the urea, resulting in a cisoid conformation of the amide bond.

A variety of compounds were prepared to explore the significance of the N-acylurea conformation. In relation to



Figure 3. Effects of 9a on GK kinetics: (A) rate versus glucose plot in the absence and presence of 9a; (B) apparent V_{max} versus [9a]; (C) apparent $S_{0.5}$ versus [9a] plots.

5h, the cyclic urea 16, the N-methylacylurea 18, and the terminal N,N'-dimethyl analogue 19, all of which lack the ability to make the intramolecular H-bond, failed to activate GK. The guanidine analogue 17, which potentially could have an intramolecular H-bond but lacks the urea carbonyl that may accept a hydrogen bond from glucokinase, also failed to activate GK. The thiourea analogue **20** (SC_{1.5} = $3.8 \,\mu$ M) lost about 4-fold in potency relative to the urea 5h possibly as a reflection of the lower capacity of the sulfur atom to accept a hydrogen bond. The C_{α} -methylated analogue 15 (1-[3-cyclopentyl-2-(3,4-dichlorophenyl)-2-methylpropionyl]-3-methylurea) was found to be inactive, which suggested a potential steric effect between the C_{α} -methyl and the *N*-acylurea moiety, preventing it from making an optimal interaction with GK. Collectively, these observations suggested that the cyclic, intramolecularly hydrogen-bonded conformation adopted by the N-acylureas was necessary to support donor-acceptor hydrogen bonding with GK.

Later, the molecular modeling experiments with the *N*-acylurea GK activators using the X-ray co-crystal structures of other GK activator-GK identified key H-bond interactions with the backbone NH and carbonyl of Arg⁶³ residue in GK.¹¹ These observations led to a hypothesis that amides derived from heterocyclic amines of formula I could mimic the H-bond donor–acceptor interactions of the *N*-acylurea's *cis*-amide bond (as shown in Figure 2). Several phenylacetamides of various 2-amino-nitrogen heteroaromatic systems were evaluated as GKAs and found to be active. In the following section, the SAR related to 2-aminothiazolephenylacetamide GKAs is described in detail and the data are summarized in Table 2.

In general, the SAR at R_1 and R_2 parallels the *N*-acylureas. Thus, the cyclopentyl analogue **8a** was very potent while the corresponding aryl derivative **8b** was significantly less active. To explore the thiazole SAR, **8a** was used as a positive comparator. Several 4- and 5-substituted thiazole analogue pairs were prepared to explore the optimal position to introduce functionality. As the data in Table 2 illustrates,



Figure 4. Compound **9a** (cpd A) lowers the threshold for glucose stimulated insulin release: effects of **9a** (cpd A) in isolated mouse islets, cultured for 4-5 days in 10 mM glucose. Following a preperifusion phase with a balanced salt solution in the absence of glucose, a glucose ramp was applied from 0 to 20 mM (0.8 mM/min) in the presence of the test agent. There were two to four replicates for each condition. Adapted from ref 14.

Table 3.	In Vitro GK	Enzyme	Kinetics	Data for	Compound	ls 9a and 21a
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	9a	21a
Parameter: V _{max} (µmol/min/	mg protein)	
control	18.0	19.1
$1 \mu\text{M}$ activator (fold change vs control)	24.7 (1.4)	23.7 (1.2)
$20\mu\text{M}$ activator (fold change vs control)	31.2 (1.7)	26.1 (1.4)
Parameter: $S_{0.5}$ (mm)	ol/L)	
control	8.0	8.7
$1 \mu\text{M}$ activator (fold change vs control)	5.2 (0.66)	3.3 (0.38)
$20 \mu\text{M}$ activator (fold change vs control)	1.8 (0.22)	0.84 (0.10)

Table 4. Rat Pharmacokinetics Data for Compounds 9a and 21a

	dose		Cl ((mL/	$V_{\rm ss}$	AUC _{0-inf}	C_{\max}	$T_{\rm max}$	$F_{\rm po}$
compd	(mg/kg)	route	$\min)/kg)$	(L/kg)	$(ng \cdot h/mL)$	$(\mu g/mL)$	(h)	(%)
9a	5	iv ^a	43.48	4.21	1877			
	10	po^b			455	133	1.4	12
	30	po^b			1464	471	3.3	13
21a	5	iv ^a	30	2.16	2774			
	10	po^b			5150	1140	3.3	92.8
	30	po^b			51748	4302	4.7	311

^{*a*} Formulation: 10% PEG-400. ^{*b*} Formulation: gelucire.

introduction of a methyl group at position 5 (8d) or at position 4 (8c) and 4,5-dimethyl (8e) thiazole analogues were not significantly different compared to 8a. Although the presence of an ethoxycarbonyl at the 4- or 5-position (8f and 8j) resulted in significant reduction in potency, the corresponding methoxycarbonyl derivatives 8g and 8l were equipotent to 8a. The 4-acetic acid esters 8n and 8p and the hydroxyethyl analogue 8q were all equipotent versus 8a. All carboxylic acid containing analogues (8i and 8k) were inactive. Thus, these observations identified areas to introduce polarity into the GK activator molecule to improve their solubility (solubility in water: 8a, 5 μ g/mL; 8g, 24 μ g/mL) and other "drug-like" properties.

The potency of \mathbf{R}_1 analogues 4-nitro **8t**, 4-methylsulfonyl **8w**, and 4-trifluoromethylsulfonyl **8y** and the gradual potency improvement observed when comparing the thioether **8u**, methyl sulfoxide **8v**, and methylsulfone **8w** (SC_{1.5} of 2.2–0.35 μ M)



Figure 5. Acute effects of orally administered **9a** (50 mg/kg) and **21a** (50 mg/kg) on an oral glucose tolerance test in male C57BL/6J mice. All results are reported as the mean \pm STD (n = 6/time point). A Student's *t* test was used to test for statistical significance: (*) P < 0.05 compared to vehicle; (#) P < 0.05 between **9a** and **21a**.

analogues clearly suggested preference for electron withdrawing group(s) at R₁. Similar to *N*-acylureas, the *R* stereoisomer **21a** activated GK with a SC_{1.5} of 0.24 μ M while the corresponding *S* isomer **21b** did not activate GK up to 10 μ M.

On the basis of SAR studies, the structural elements required in a phenylacetamide based GK activator can be summarized as follows: (i) an electron withdrawing substituent is necessary at R_1 ; (ii) a five- or six-membered alicyclic ring is optimal at R_2 ; (iii) a hydrogen bond donor-acceptor pair as part of an *N*-acylurea or an amide of 2-amino heterocycle with a H-bond acceptor capability (Figure 2) is required at R_3 ; (iv) the *R*-stereochemistry at the chiral center is needed.

In Vitro and in Vivo Activity Profile of Compounds 9a and 21a. Extensive evaluation of several analogues for their in vitro potency and in vitro safety assessment assays led to the selection of 9a and 21a as advanced lead molecules. Consistent with the pancreatic β -cell hypothesis, these glucokinase activators have been shown to augment insulin release in studies conducted in freshly isolated rodent pancreatic islets and in pancreatic cell lines.^{5,11} In general, glucokinase activators shift the glucose stimulated insulin release (GSIR) threshold to the left in a concentration-dependent and glucose-dependent manner. Glucokinase activator concentrations associated with cellular activity ranged from submicromolar to low micromolar range and can vary depending on the assay conditions and glucose levels (vide supra). Compound 9a dose-dependently increased the enzymatic activity of GK across a wide range of glucose concentrations (Figure 3), whereas the corresponding Senantiomer was inactive (not shown). Activation of GK was driven by dual effects of increasing the enzyme's V_{max} (Figure 3B) and lowering its $S_{0.5}$ (concentration of glucose at half-maximal velocity) for glucose (Figure 3C). The magnitude of these effects at 1 and 20 μ M activator concentration was determined by fitting the data to the Hill equation (Table 3). Compound 9a exerted a relatively larger increase in V_{max} (1.7-fold change for **9a** versus 1.4-fold change for 21a at 20 μ M), whereas 21a showed a greater effect on reducing the enzyme's $S_{0.5}$ for glucose (1.8 mmol/L for 9a versus 0.84 mmol/L for 21a at 20 μ M activator concentration).

Consistent with the role of pancreatic β -cell GK, treatment of rodent islets with $9a^{14}$ (Figure 4) or $21a^{5}$ shifted the glucose-stimulated insulin release curve to the left as demonstrated in perifusion studies using isolated pancreatic islets. To better discriminate between the two GK activators, head-tohead in vivo efficacy studies were performed. Oral administration of 9a and 21a (50 mg/kg) to male C57Bl/6J mice caused a statistically significant reduction in fasting glucose levels and improvement in glucose tolerance relative to the vehicle treated animals (Figure 5A). Compound 21a showed a statistically significant superior effect during the oral glucose tolerance test (OGTT) relative to 9a (Figure 5B). Comparison of rat PK parameters indicated that 21a displayed lower clearance and higher oral bioavailability compared to 9a (Table 4). Oral bioavailability of the 30 mg/kg 21a dose exceeded 100% probably as a result of precipitation at the injection site or insufficient sampling following iv administration and the consequent failure to fully capture the distribution phase. Other possibilities (saturable hepatic first-pass clearance or gut wall metabolism) cannot be excluded. The PK properties of orally administered 21a were similar between the gelucire solution and klucel suspension. Oral bioavailability in dog and monkey was 109% and 67%, respectively, using Klucel (hydroxypropylcellulose)¹² suspension.

On the basis of the outcome of a 5-day repeat-dose toxicity studies conducted in rats, **21a** was chosen over **9a** for further development and advancement into single ascending dose

trials in healthy volunteers. Following a single oral dose, **21a** reduced fasting and postprandial glucose levels following an OGTT, was well tolerated, and displayed no adverse effects related to drug administration other than hypoglycemia at the maximum dose (400 mg), which defined the maximum tolerated dose.¹³

Conclusion

In summary, we have discovered two potent allosteric GK activator molecules, **9a** and **21a**, based on the optimization of a unique *N*-acylurea hit molecule **1**. The results of the SAR work established a useful pharmacophore model that we exploited in the design of several potent glucokinase activators including **21a**, the one that we used to demonstrate the clinical relevance of targeting GK for the treatment of T2D.

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Supporting Information Available: Experimental procedures and analytical data for all intermediate and final compounds. This material is available free of charge via the Internet at http://pubs.acs.org.

References

- De Fronzo, R. A. From the triumvirate to the ominous octet: a new paradigm for the treatment of type 2 diabetes mellitus diabetes. *Diabetes* 2009, 58, 773–795.
- (2) Matschinsky, F. M. Assessing the potential of glucokinase activators in diabetes therapy. *Nat. Rev. Drug Discovery* 2009, *8*, 399–416.
- (3) Grimsby, J.; Berthel, S. J.; Sarabu, R. Glucokinase activators for the potential treatment of type 2 diabetes. *Curr. Top. Med. Chem.* 2008, 8, 1524–1532.
- (4) Coghlan, M.; Leighton, B. Glucokinase activators in diabetes management. *Expert Opin. Invest. Drugs* 2008, 17, 145–167.
- (5) Grimsby, J.; Sarabu, R.; Corbett, W. L.; Haynes, N. E.; Bizzaro, F. T.; Coffey, J. W.; Guertin, K. R.; Hilliard, D. H.; Kester, R. F. K.; Mahaney, P. E.; Marcus, L.; Qi, L.; Spence, C. L.; Tengi, J.; Magnuson, M. A.; Chu, C. A.; Dvorozniak, M. T.; Matschinsky, F. M.; Grippo, J. F. Allosteric activators of glucokinase: potential role in diabetes therapy. *Science* 2003, *301*, 370–373.
- (6) (a) Bertram, L. S.; Black, D.; Biner, P. H.; Chatfield, R.; Cooke, A.; Fyfe, M. C. T.; Murray, P. J.; Naud, F.; Nawano, M.; Procter, M. J.; Rakipovski, G.; Rasamison, C. M.; Reynet, C.; Schofield, K. L.; Shah, V. K.; Spindler, F.; Taylor, A.; Turton, R.; Williams, G. M.; Wong-Kai-In, P.; Yasuda, K. SAR, pharmacokinetics, safety, and efficacy of glucokinase activating 2-(4-sulfonylphenyl)-N-thiazol-2-yl-acetamides: discovery of PSN-GK1. J. Med. Chem. 2008, 51, 4340-4345. (b) Efanov, A. M.; Barrett, D. G.; Brenner, M. B.; Briggs, S. L.; Delaunois, A.; Durbin, J. D.; Giese, U.; Guo, H.; Radloff, M.; Gil, G. S.; Sewing, S.; Wang, Y.; Weichert, A.; Zaliani, A.; Gromada, J. A novel glucokinase activator modulates pancreatic islet and hepatocyte function. Endocrinology 2005, 146, 3696-3701. (c) Castelhano, A. L.; Dong, H.; Fyfe, M. C. T.; Gardner, L. S.; Kamikozawa, Y.; Kurabayashi, S.; Nawano, M.; Ohashi, R.; Procter, M. J.; Qiu, L.; Rasamison, C. M.; Schofield, K. L.; Shah, V. K.; Ueta, K.; Williams, G. M.; Witter, D.; Yasuda, K. Glucokinase-activating ureas. Bioorg. Med. Chem. Lett. 2005, 15, 1501-1504.
- (7) Sarabu, R.; Berthel, S. J.; Kester, R. F.; Tilley, J. W. Glucokinase activators as new type 2 diabetes therapeutic agents. *Expert Opin. Ther. Pat.* 2008, 18, 759–768.
- (8) Karmouta, M. G.; Miocque, M.; Derdour, A.; Gayral, P.; Lafont, O. Synthse de cyanacetylurees en vue d'essais vis-a-vis d'hymenolepisnana. *Eur. J. Med. Chem.* **1989**, *24*, 547–549.

- (9) Wiley, P. F. The reaction of amides with isocyanates. J. Am. Chem. Soc. **1949**, 71, 1310–1311.
- (10) Froyen, P. The conversion of carboxylic acids into amides via NCS/triphenylphosphine. Synth. Commun. 1995, 25, 959– 968.
- (11) Dunten, P.; Swain, A.; Kammlott, U.; Crowther, R.; Lukacs, C. M.; Levin, W.; Reik, L.; Grimsby, J.; Corbett, W. L.; Magnuson, M. A.; Matschinsky, F. M. Crystal Structure of Human Liver Glucokinase Bound to Small Molecule Allosteric Activator. In *Glucokinase and Glycimic Disease. From Basics to Therapeutics*; Matschinsky, F. M., Magnuson, M. A., Eds.; Karger AG: Basel, Switzerland, 2004; pp 145–154.
- (12) Guo, J.-H.; Skinner, G. W.; Harcum, W. W.; Barnum, P. E. Pharmaceutical applications of naturally occuring water-soluble polymers. *Pharm. Sci. Technol. Today* **1998**, *1*, 254–250.
- (13) Grimsby, J.; Zhi, J.; Mulligan, M. E.; Arbet-Engels, C.; Taub, R.; Balena, R. Antidiabetic Effects of Glucokinase Activators: From Benchside to Bedside. Presented at the Keystone Symposia: Diabetes Mellitus, Insulin Action and Resistance, Breckenridge, CO, January 22–27, 2008; Poster No. 151.
- (14) Grimsby, J.; Mastschinsky, F. M.; Grippo, J. F. Discovery and Actions of Glucokinase Activators. In *Glucokinase and Glycemic Disease: From Basics to Novel Therapeutics*; Matschinsky, F. M., Magnuson, M. A., Eds.; Karger AG: Basel, Switzerland, 2004; pp 360–378.