

1-Dimethylamino-2-(2-hydroxy-1-propyloxy)propane (VI)—1-Dimethylamino-2-propanol (103 g., 1 mole) and 65 g. (1.1 mole) of propylene oxide were refluxed in 800 ml. of methanol for 18 hr. Methanol was evaporated under reduced pressure and the residue was fractionated. The fraction with a boiling point of 65° (0.2 mm. Hg) was the desired product; the yield was 24 g. (15%).

Anal.—Calc. for C₈H₁₈NO₂: C, 59.63; H, 11.79. Found: C, 59.86; H, 11.89.

1-Dimethylamino-2-(2-hydroxy-1-propyloxy)propane Methiodide (VII)—Compound VI (1 g., 0.006 mole) and 3 g. (0.021 mole) of methyl iodide in 25 ml. of ether containing a few drops of methanol were kept at 0° for 2 days. The resulting crystals were recrystallized from acetone-ether and then from acetone to afford 0.93 g. (55%) of material, m.p. 147–148°.

Anal.—Calc. for C₉H₂₂INO₂: C, 35.64; H, 7.26; I, 41.91; N, 4.60. Found: C, 35.79; H, 7.21; I, 41.72; N, 4.52.

REFERENCES

(1) P. Waser, *Pharmacol. Rev.*, **13**, 465(1961).

(2) J. Callsen, U. S. pat. 1,518,689 (Dec. 9, 1925); through *Chem. Abstr.*, **19**, 560(1925).

(3) E. Fourneau and I. Ribas, *Bull. Soc. Chim. Fr.*, **41**, 1046(1927).

(4) L. A. Ruberg and R. L. Shriner, *J. Amer. Chem. Soc.*, **57**, 1581(1935).

(5) J. G. Cannon, A. B. Rege, T. L. Gruen, and J. P. Long, *J. Med. Chem.*, **15**, 71(1972).

(6) J. T. Litchfield and F. Wilcoxon, *J. Pharmacol. Exp. Ther.*, **96**, 99(1949).

ACKNOWLEDGMENTS AND ADDRESSES

Received October 2, 1972, from the *Division of Medicinal Chemistry, College of Pharmacy, and the †Department of Pharmacology, College of Medicine, University of Iowa, Iowa City, IA 52242

Accepted for publication November 29, 1972.

Supported in part by Grant GM-10753, National Institute of General Medical Sciences.

▲ To whom inquiries should be directed.

Colorimetric Method for Determination of Guanazole in Blood and Urine

MAHMOUD N. MUSA[▲], GERALD M. LOWER, Jr., and GEORGE T. BRYAN*

Abstract □ A colorimetric method, based on diazotization and coupling, for the determination of guanazole in aqueous solution, blood, and urine is described. The average relative standard deviation of the method is about 0.9%. Determination in blood involves precipitation of proteins with trichloroacetic acid and diazotization and coupling of guanazole in the filtrate. Determination in urine involves separation of guanazole from the diazotizable, naturally occurring urinary aromatic amines using ion-exchange chromatography.

Keyphrases □ Guanazole (3,5-diamino-1,2,4-triazole)—colorimetric analysis in aqueous solution, blood, and urine □ 3,5-Diamino-1,2,4-triazole (guanazole)—colorimetric analysis in aqueous solution, blood, and urine □ Colorimetry—analysis, guanazole in aqueous solution, blood, and urine

Guanazole (3,5-diamino-1,2,4-triazole)¹ is an experimental drug beneficial in the treatment of adult acute leukemia (1–6). No methods for its determination are published in the literature. This paper describes a method for the determination of guanazole in aqueous solution, blood, and urine. The method is based on diazotization and coupling (7, 8).

EXPERIMENTAL

Apparatus—Spectra and absorbance measurements were made with a recording spectrophotometer². Matched cells with a 1-cm. optical path were used.

Materials—Dowex-50W (H⁺) (12% cross-linkage, 200–400 mesh) was prepared as previously described (9). Dowex-1 (Cl⁻) (10% cross-linkage, 200–400 mesh) was sedimented to remove the

very fine and very coarse particles. Dowex-1 (Cl⁻) was converted to Dowex-1 formate by passage of sodium formate and formic acid over the resin followed by appropriate water washes.

Guanazole was obtained in bulk³.

The following reagent grade chemicals were used: concentrated hydrochloric acid, sodium nitrite, ammonium sulfamate, *N*-(1-naphthyl)ethylenediamine dihydrochloride, dimethyl sulfoxide, and trichloroacetic acid.

Procedure for Aqueous Solution—Two milliliters of 5.0 *N* HCl and 2 ml. of the guanazole aqueous solution were added to 2 ml. of dimethyl sulfoxide. Then 0.2 ml. of 0.5% NaNO₂ was added to this mixture. Immediately 0.2 ml. of 5.0% ammonium sulfamate was added and mixed thoroughly, followed by 0.2 ml. of 0.5% *N*-(1-naphthyl)ethylenediamine dihydrochloride⁴. After 10 min. the absorbance of the sample was compared with a blank at 504 nm. in the spectrophotometer. Quantitative comparisons were made with a guanazole standard curve prepared in a similar fashion.

Procedure for Blood—Eight milliliters of a 15% solution of trichloroacetic acid was added to 2 ml. of blood. This was then filtered through a prewashed filter paper, which was then washed with a few milliliters of distilled water. The filtrate was made up to 25 ml. in a volumetric flask. Two milliliters of the filtrate was added to 2 ml. of 5.0 *N* HCl, diazotized and coupled as described for the aqueous solution, and compared with a blank made up with water and the other reagents.

Procedure for Urine—Fifty milliliters of the urine sample was passed through a Dowex-1 formate column (1.0 cm. o.d. × 10 cm.) under a pressure of 1.0–2 p.s.i. The column was washed with 50 ml. of deionized water, the effluent and wash were combined, and the pH was adjusted to 1–2. The acidified sample was passed through a Dowex-50W (H⁺) column (1.0 × 10 cm.) by gravity. The eluate was discarded, and the column was then washed with 50 ml. of 0.1 *N* HCl. Guanazole was eluted from the column with 200 ml. of 2.5 *N* HCl. This chromatographic procedure separates guanazole from the diazotizable, naturally occurring urinary aromatic amines. An

¹ NSC 1895.

² Cary 14.

³ From the National Cancer Institute, U. S. Public Health Service.

⁴ This solution is to be kept in a dark bottle and should be prepared fresh every week.

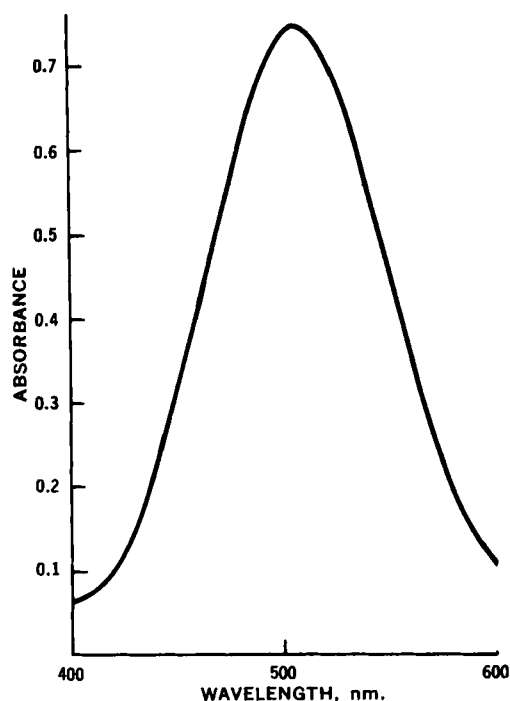


Figure 1—Visible spectrum of the dye formed. Guanazole was added to water and then diazotized and coupled.

aliquot of the 2.5 N HCl eluate was taken for diazotization and coupling as described for the aqueous solution and was compared with a blank urine sample treated as already described. If the eluate is too dilute to be assayed accurately, it can be concentrated by evaporating some of the water to a known volume.

RESULTS AND DISCUSSION

Figure 1 shows the visible spectrum of the dye formed; the maximum absorbance is at 504 nm. Absorbance is linear with concentration up to an absorbance value of 0.7. The molar absorptivity in the final solution is $17,500 \text{ l. M}^{-1} \text{ cm}^{-1}$. Table I shows the recovery of guanazole from samples of aqueous solution, human blood, and human urine. The recovery seems to be quantitative. The average relative standard deviation is 0.9%.

The absorbance value of the blank for human blood is very close to zero; the value for human urine in a 1-cm. cell is 0.12 ± 0.11 (standard error). Treatment of urine with ion-exchange chromatography, as described under the *Experimental* section, decreases the value of absorbance of the blank to 0.005 (0.05 in a 10-cm. cell).

Dimethyl sulfoxide is used to prevent the dye from precipitating. It is not needed if absorbance is read immediately after the addition of the coupling reagent or if the concentration of guanazole is low.

REFERENCES

- (1) P. E. Palm, M. S. Nick, C. J. Kensler, P. S. Schein, and

Table I—Recovery of Guanazole from Samples of Aqueous Solution, Blood, and Urine

Guanazole Added, mcg./ml.	Recovery, %
Aqueous Solution	
1.0	99.5
3.0	99.2
7.0	98.4
9.9	100.5
15.0	100.7
Average recovery \pm SD	99.7 \pm 1.0
Human Blood	
12.0	98.4
36.0	97.5
84.0	99.2
120.0	98.7
180.0	97.0
Average recovery \pm SD	98.2 \pm 0.9
Human Urine	
4.0	97.2
10.0	99.2
25.0	98.4
40.0	97.5
60.0	97.8
Average recovery \pm SD	98.0 \pm 0.8

R. D. Davis, U. S. Clearinghouse Fed. Sci. Tech. Inform., PB Rep. 1968, PB-179737; through *Chem. Abstr.*, **70**, 76377u(1969).

(2) R. B. Livingston and S. K. Carter, *Clinical Brochure, Chemotherapy Section, National Cancer Institute*, Nov. 1969.

(3) R. W. Brockman, S. Shaddix, W. R. Laster, Jr., and F. M. Schabel, Jr., *Cancer Res.*, **30**, 2358(1970).

(4) M. A. Hahn and R. H. Adamson, *Pharmacologist*, **12**, 282 (1970).

(5) J. S. Hewlett, *Proc. Amer. Ass. Cancer Res.*, **13**, 119(1972).

(6) M. A. Hahn and R. M. Adamson, *J. Nat. Cancer Inst.*, **48**, 783(1972).

(7) A. C. Bratton and E. K. Marshall, Jr., *J. Biol. Chem.*, **128**, 537(1939).

(8) J. L. Skibba, D. D. Beal, and G. T. Bryan, *Biochem. Med.*, **3**, 150(1969).

(9) J. M. Price, *J. Biol. Chem.*, **211**, 117(1954).

ACKNOWLEDGMENTS AND ADDRESSES

Received September 20, 1972, from the *Division of Clinical Oncology, University of Wisconsin Medical School, Madison, WI 53706*

Accepted for publication November 13, 1972.

Supported in part by Grant CA 13290-01 from the National Cancer Institute.

The authors are grateful to Dr. John Penta of the National Cancer Institute for supplying the guanazole.

* Career Development Awardee of the National Cancer Institute (1-K4-CA-8245-01).

▲ To whom inquiries should be directed.