

JOURNAL OF  
**MEDICINAL  
CHEMISTRY**

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Volume 37, Number 20

September 30, 1994

*Communications to the Editor*

**(+)-1-(3*S*,4*R*)-[3-(4-Phenylbenzyl)-4-hydroxychroman-7-yl]cyclopentane Carboxylic Acid, a Highly Potent, Selective Leukotriene B<sub>4</sub> Antagonist with Oral Activity in the Murine Collagen-Induced Arthritis Model**

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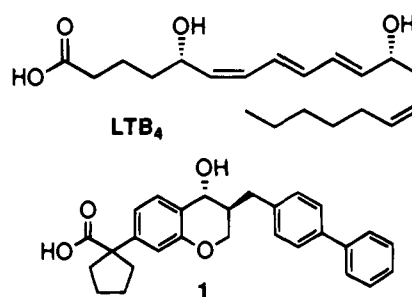
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*Received June 16, 1994*

Current treatments for inflammatory diseases such as rheumatoid arthritis (RA), psoriasis, and inflammatory bowel disease (IBD) are not satisfactory.<sup>1</sup> The side-effect profiles of steroids and immunosuppressants limit their long-term use in all inflammatory conditions, while in arthritis, NSAIDs offer only palliative relief and do not halt disease progression.<sup>2</sup> Clearly, a novel agent with decreased side effects that suppressed tissue damage would represent a major advance in the treatment of debilitating inflammatory disease. Conceptually, one novel approach would be to inhibit the migration of leukocytes into the inflamed tissue and thereby block delivery by these cells of degradative enzymes, reactive oxygen species, and cytokines.

The migration of leukocytes *in vivo* is regulated by chemotactic factors that control both directional migration of cells (chemotaxis) and upregulation of cell surface adhesion molecules mediating cell-cell contact events required for cellular movement. One such factor is leukotriene B<sub>4</sub> (LTB<sub>4</sub>) produced by the 5-lipoxygenase

Chart 1



pathway of arachidonic acid metabolism. LTB<sub>4</sub> is a proinflammatory mediator that is synthesized by a number of cell types including mast cells, neutrophils, monocytes, and macrophages. Among its diverse biological effects, LTB<sub>4</sub> stimulates neutrophil aggregation, lysosomal enzyme release, chemotaxis, superoxide production, calcium mobilization, and upregulation of the  $\beta$ 2 integrin adhesion protein CD11b/CD18.<sup>3</sup> *In vitro*, LTB<sub>4</sub> also selectively stimulates monocytes to produce IL-6<sup>4</sup> and lymphocytes to produce IL-5<sup>4</sup> and induces a hyperadhesive state on endothelial cells<sup>5</sup> and *in vivo* increases vascular permeability.<sup>6</sup> In man, overproduction of LTB<sub>4</sub> has been observed in the rheumatoid synovial tissue,<sup>7</sup> psoriatic skin lesions,<sup>8</sup> inflammatory bowel disease,<sup>9</sup> gout,<sup>10</sup> and the sputum of cystic fibrosis<sup>11</sup> and asthma<sup>12</sup> patients. Given the demonstrated biologic properties of LTB<sub>4</sub>, we undertook a program to design potent, orally active LTB<sub>4</sub> antagonists to better define the therapeutic potential for this class of drug in human inflammatory diseases.

A number of laboratories have directed research toward the identification of LTB<sub>4</sub> antagonists<sup>13</sup> with several structural classes identified to date. In this communication, we wish to describe the structurally novel, selective, and potent LTB<sub>4</sub> receptor antagonist CP-105,696 (1) (Chart 1). This compound is the first reported LTB<sub>4</sub> antagonist to display oral activity in a well-defined chronic animal model of rheumatoid arthritis, the murine collagen-induced arthritis model.<sup>14</sup>

The synthesis of compound 1 is as shown in Scheme 1. Chromanone derivative 2, prepared in three steps from resorcinol,<sup>15</sup> underwent an aldol condensation with

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## Scheme 1

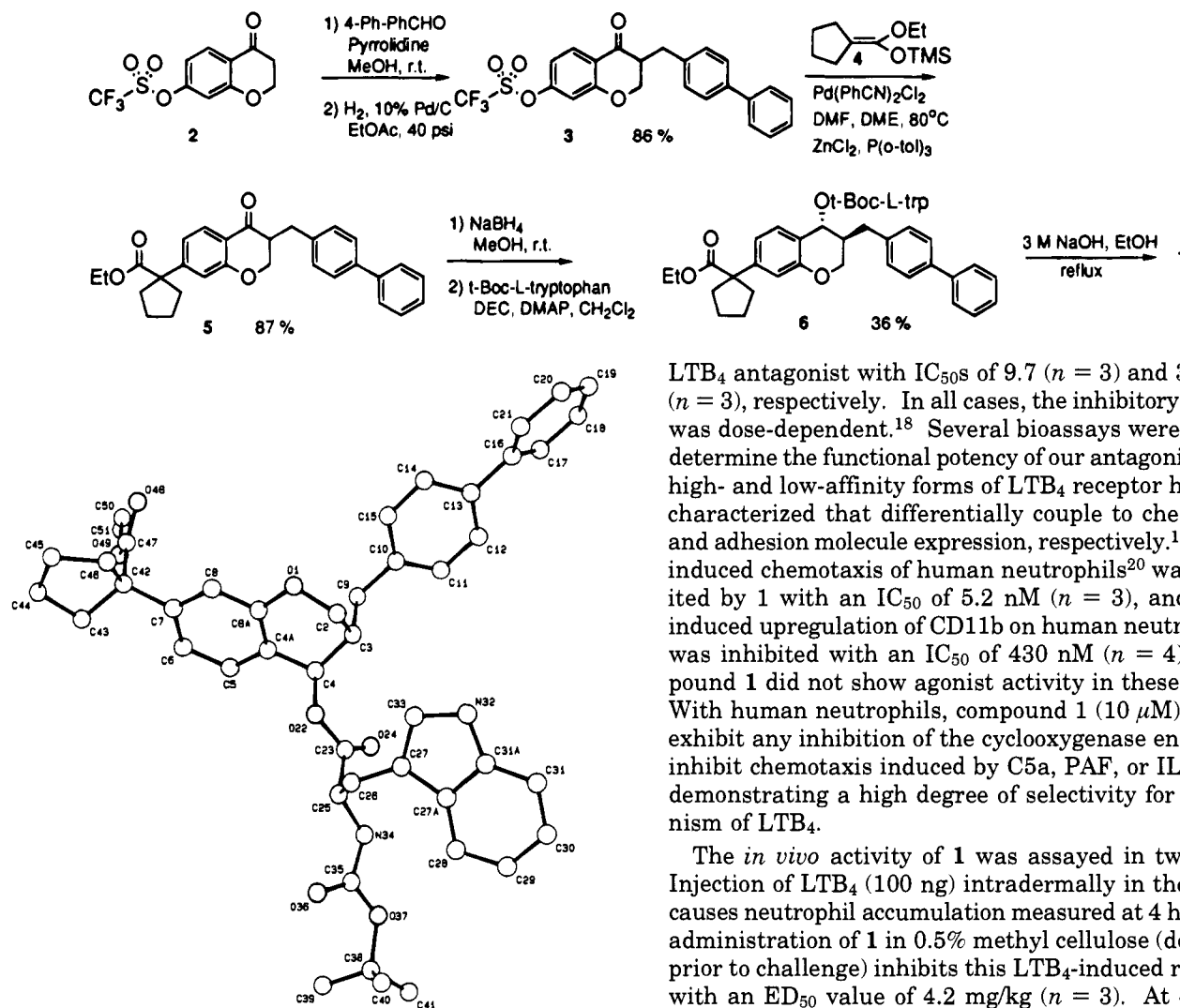


Figure 1.

4-phenylbenzaldehyde in the presence of pyrrolidine in MeOH; subsequent hydrogenation afforded compound **3**. Introduction of the cyclopentanecarboxylic acid moiety into the 7 position of the chromanone skeleton was accomplished in one step by reaction of **3** with silyl ketene acetal **4**<sup>16</sup> in the presence of catalytic amounts of Pd(PhCN)<sub>2</sub>Cl<sub>2</sub>, ZnCl<sub>2</sub>, and P(*o*-tol)<sub>3</sub> (1:1 DMF:DME at 80 °C), affording the crystalline product **5** in 87% yield. This novel reaction allows for the direct formation of quaternary centers adjacent to an aromatic ring in one step via a palladium-catalyzed coupling under neutral conditions.<sup>17</sup> NaBH<sub>4</sub> reduction of the ketone afforded a 1.5:1 mixture of *cis:trans* alcohol isomers that were separated chromatographically. Resolution was achieved when the desired *trans* isomer was esterified with *t*-Boc-L-tryptophan and the diastereomers were separated via chromatography to afford **6**. Treatment of **6** with 3 M NaOH in refluxing EtOH afforded, after acidification with 1 M H<sub>2</sub>SO<sub>4</sub>, the final product **1** in 90% yield. The absolute configuration of **1** was deduced from the X-ray crystal structure of **6** (Figure 1).

Compound **1** is a potent inhibitor of the binding of [<sup>3</sup>H]LTB<sub>4</sub> to whole human neutrophils with a half-maximal inhibition (IC<sub>50</sub>) of 5.6 nM (*n* = 8). Using guinea pig spleen membranes or mouse spleen membranes as the source of LTB<sub>4</sub> receptors, **1** is a potent

LTB<sub>4</sub> antagonist with IC<sub>50</sub>s of 9.7 (*n* = 3) and 30.3 nM (*n* = 3), respectively. In all cases, the inhibitory activity was dose-dependent.<sup>18</sup> Several bioassays were used to determine the functional potency of our antagonist. Both high- and low-affinity forms of LTB<sub>4</sub> receptor has been characterized that differentially couple to chemotaxis and adhesion molecule expression, respectively.<sup>19</sup> LTB<sub>4</sub>-induced chemotaxis of human neutrophils<sup>20</sup> was inhibited by **1** with an IC<sub>50</sub> of 5.2 nM (*n* = 3), and LTB<sub>4</sub>-induced upregulation of CD11b on human neutrophils<sup>21</sup> was inhibited with an IC<sub>50</sub> of 430 nM (*n* = 4). Compound **1** did not show agonist activity in these assays. With human neutrophils, compound **1** (10 μM) did not exhibit any inhibition of the cyclooxygenase enzyme or inhibit chemotaxis induced by C5a, PAF, or IL-8, thus demonstrating a high degree of selectivity for antagonism of LTB<sub>4</sub>.

The *in vivo* activity of **1** was assayed in two ways. Injection of LTB<sub>4</sub> (100 ng) intradermally in the mouse causes neutrophil accumulation measured at 4 h.<sup>22</sup> Oral administration of **1** in 0.5% methyl cellulose (dosed 1 h prior to challenge) inhibits this LTB<sub>4</sub>-induced response with an ED<sub>50</sub> value of 4.2 mg/kg (*n* = 3). At doses of 100 mg/kg, **1** failed to interfere with a similar response to injected interleukin-1, thus demonstrating selectivity for antagonism of LTB<sub>4</sub> *in vivo*. Compound **1** also inhibits neutrophil infiltration in response to LTB<sub>4</sub> (100 ng) in the guinea pig (ED<sub>50</sub> = 0.26 mg/kg, *n* = 3) using a similar protocol as above. We next wished to examine **1** in a model of chronic inflammation to determine the role of LTB<sub>4</sub> in a pathologic process that more closely resembles human disease. Compound **1** was tested in the mouse collagen-induced arthritis<sup>23</sup> (CIA) model which exhibits a number of the pathological, immunological, and histological features in common with human rheumatoid arthritis, including a large neutrophil influx prior to flare.<sup>24</sup> In the standard protocol, arthritis is induced by immunizing susceptible strains of mice with heterologous collagen; over the next 30–50 days, a chronic polyarthritic develops. Both incidence and severity of inflammation in each paw were assessed on day 49.<sup>25</sup> Using this protocol (severity score = 3), orally administered doses of compound **1** provided protection from both disease incidence and severity (limb involvement, swelling) versus controls at daily doses of > 1 mg/kg. A more efficient CIA model with a more robust and reproducible disease response<sup>26</sup> can be induced by the administration (0.3 μg) of the cytokine interleukin-1 (IL-1) on days 25 and 26. We tested **1** in this IL-1-exacerbated CIA model, and again, even with a much increased severity score (8–9), **1** was able to abolish

disease at oral doses of  $\geq 10$  mg/kg ( $n = 3$ ). More detailed examination of the mice showed that **1** had prevented both body weight loss associated with disease and histological damage associated with leukocyte influx into the knee joints of the mice. The activity of **1** in the CIA model is most likely attributable to an anti-inflammatory effect rather than to inhibition of the immunologic response to collagen since IgG autoantibody titers to type II collagen were not lowered in these experiments.<sup>25</sup>

In conclusion, we report that **1** is a potent, selective LTB<sub>4</sub> receptor antagonist of novel structure that has potent activity in a model of chronic rheumatoid arthritis. Details of structure-activity relationships in this series will be reported in forthcoming publications.

**Supplementary Material Available:** Spectral and physical data for compound **1**, dose-response curves for *in vitro* and *in vivo* assays, and X-ray data on compound **6** (28 pages). Ordering information is given on any current masthead page.

## References

- (1) (a) Brooks, P. M. Clinical Management of Rheumatoid Arthritis. *Lancet* **1993**, *341*, 286-290. (b) Kavanaugh, A. K.; Lipsky, P. E. Disease-Modifying Anti-Rheumatic Drugs. *Drugs Today* **1993**, *29*, 431-445. (c) Cole, A. T.; Hawkey, C. J. New Treatments in Inflammatory Bowel Disease. *Br. J. Hosp. Med.* **1992**, *47*, 581-590.
- (2) Simon, L. S. Nonsteroidal Anti-Inflammatory Drug Toxicity. *Curr. Opin. Rheum.* **1993**, *5*, 265-275.
- (3) Ford-Hutchinson, A. W. Leukotriene B<sub>4</sub> in Inflammation. *Crit. Rev. Immunol.* **1990**, *10*, 1-12.
- (4) (a) Rola-Pleszczynski, M.; Stankova, J. Leukotriene B<sub>4</sub> enhances Interleukin 6 (IL-6) Production and IL-6 Messenger RNA Accumulation in Human Monocytes *in vitro*: Transcriptional and Posttranscriptional Mechanisms. *Blood* **1992**, *80*, 1004-1011. (b) Yamaoka, K. A.; Kolb, J. P. Leukotriene B<sub>4</sub> Induces Interleukin 5 Generation from Human T Lymphocytes. *Eur. J. Immunol.* **1993**, *23*, 2392-2398.
- (5) (a) Palmblad, J.; Lindstrom, P.; Lerner, R. Leukotriene B<sub>4</sub> Induced Hyperadhesiveness of Endothelial Cells for Neutrophils. *Biochem. Biophys. Res. Commun.* **1990**, *166*, 848-851. (b) Renkonen, R.; Mattila, P.; Leszczynski, P.; Hayry, P. Leukotriene B<sub>4</sub> Increases Lymphocyte Binding to Endothelial Cells. *FEBS Letts.* **1990**, *235*, 67-70.
- (6) (a) Wedmore, C. V.; Williams, T. J. Control of Vascular Permeability by Polymorphonuclear Leukocytes in Inflammation. *Nature* **1981**, *289*, 646-650. (b) Bjork, J.; Hedqvist, P.; Arfors, K. E. Increase in Vascular Permeability Induced by Leukotriene B<sub>4</sub> and the Role of Polymorphonuclear Leukocytes. *Inflammation* **1982**, *6*, 189-199.
- (7) Klickstein, L. B.; Shapleigh, C.; Goetzl, E. J. Lipoygenation of Arachidonic Acid as a Source of Polymorphonuclear Leukocyte Chemotactic Factors in Synovial Fluid and Tissue in Rheumatoid Arthritis and Spondylosing Arthritis. *J. Clin. Invest.* **1980**, *66*, 116-1170.
- (8) Brain, S. D.; Camp, R. D. R.; Cunningham, F. M.; Dowd, P. M.; Greaves, M. W.; Kobza Black, A. Leukotriene B<sub>4</sub>-Like Material in Scale of Psoriatic Skin Lesions. *Br. J. Pharmacol.* **1984**, *83*, 313-317.
- (9) Sharon, P.; Stenson, W. F. Enhanced Synthesis of Leukotriene B<sub>4</sub> by Colonic Mucosa in Inflammatory Bowel Disease. *Gastroenterology* **1984**, *86*, 453-460.
- (10) Rae, S. A.; Davidson, E. M.; Smith, M. J. H. Leukotriene B<sub>4</sub>, an Inflammatory Mediator in Gout. *Lancet* **1982**, No. 2, 1122-1124.
- (11) Lawrence, R.; Sorrell, T. Eicosapentaenoic Acid in Cystic Fibrosis: Evidence of a Pathogenic Role for Leukotriene B<sub>4</sub>. *Lancet* **1993**, *342*, 465-469.
- (12) (a) Shindo, K.; Matsumoto, Y.; Hirai, Y.; Sumitomo, M.; Amano, T.; Miyakawa, K.; Matsumura, M.; Mizuno, J. Measurement of Leukotriene B<sub>4</sub> in Arterial Blood of Asthmatic Patients During Wheezing Attacks. *J. Intern. Med.* **1990**, *228*, 91-96. (b) Wardlaw, A. J.; Hay, H.; Cromwell, O.; Collins, J. V.; Kay, A. B. Leukotrienes, LTC<sub>4</sub> and LTB<sub>4</sub> in Bronchoalveolar Lavage in Bronchial Asthma and Other Respiratory Diseases. *J. Allergy Clin. Immunol.* **1989**, *84*, 19-26.
- (13) For two recent reviews, see: Cohen, N.; Yagaloff, K. A. Recent Progress in the Development of Leukotriene B<sub>4</sub> Antagonists. *Curr. Opin. Invest. Drugs* **1994**, *3*, 13-22. Djuric, S. W.; Fretland, D. J.; Penning, T. D. The Leukotriene B<sub>4</sub> Receptor Antagonists - A Most Discriminating Class of Antiinflammatory Agent? *Drugs Future* **1992**, *17*, 819-930.
- (14) Wooley, P. H. Animal Models of Rheumatoid Arthritis. *Curr. Opin. Rheum.* **1991**, *3*, 407-420.
- (15) Koch, K.; Biggers, M. S. General Preparation of 7-Substituted 4-Chromanones: Synthesis of a Potent Aldose Reductase Inhibitor. *J. Org. Chem.* **1994**, *59*, 1216-1218.
- (16) Rathke, M. W.; Sullivan, D. F. O-Silylation and Attempted O-Alkylation of Lithium Ester Enolates. The Synthesis of O-Silyl Ketene Acetals. *Synth. Commun.* **1973**, *3*, 67.
- (17) A discussion on the generality and mechanism of this reaction will be reported in future publications. For an experimental procedure, see: Koch, K.; Melvin, L. S.; Reiter, L. R. Benzopyran and Related LTB<sub>4</sub> Antagonists. Patent Appl. WO9315066, 1993.
- (18) Cheng, J. B.; Cheng, E. I.-P.; Kohi, F.; Townley, R. G. [<sup>3</sup>H] Leukotriene B<sub>4</sub> Binding to the Guinea Pig Spleen Preparation is a Rich Source of High Affinity Leukotriene B<sub>4</sub> Receptor Site. *J. Pharm. Exp. Ther.* **1986**, *236*, 126-131.
- (19) Sherman, J. W.; Goetzl, E. J.; Koo, C. H. Selective Modulation by Guanine Nucleotides of the High Affinity Subset of Plasma Membrane Receptors for Leukotriene B<sub>4</sub> on Human Polymorphonuclear Leukocytes. *J. Immunol.* **1988**, *140*, 3900-3904. Showell, H. J. Unpublished results.
- (20) Harvath, L.; McCall, C. E.; Bass, D. A.; McPhail, L. C. Inhibition of Human Neutrophil Chemotaxis by the Protein Kinase Inhibitor, 1-(5-Isoquinolinesulfonyl)piperazine. *J. Immunol.* **1987**, *139*, 3055-3061.
- (21) Marder, P.; Schultz, R. M.; Spaethe, S. M.; Sofia, M. J.; Herron, D. K. Flow Cytometric Evaluation of the Effects of Leukotriene B<sub>4</sub> Receptor Antagonists (LY255283 and SC-41930) on Calcium Mobilization and Integrin Expression of Activated Human Neutrophils. *Prostaglandins, Leukotrienes Essent. Fatty Acids* **1991**, *46*, 265-270.
- (22) Pettipher, E. R.; Salter, E. D.; Breslow, R.; Raycroft, L.; Showell, H. J. Specific Inhibition of Leukotriene B<sub>4</sub> (LTB<sub>4</sub>)-induced Neutrophil Emigration by 20-Hydroxy LTB<sub>4</sub>: Implications for the Regulation of Inflammatory Response. *Br. J. Pharmacol.* **1993**, *423*-427. Pettipher, E. R.; *et al.* Unpublished results.
- (23) Courtenay, J. S.; Dallman, M. J.; Dayan, A. D.; Martin, A.; Mosedale, I. Immunization Against Heterologous Type II Collagen Induces Arthritis in Mice. *Nature* **1980**, *283*, 666-668.
- (24) Jones, A. K. P.; Al-Janab, M.; Solanki, K.; Sobnack, R.; Greenwood, A.; Doyle, D. V.; Britton, K. E.; Huskinson, E. C. *In Vivo* Leukocyte Migration in Arthritis. *Arthritis Rheum.* **1991**, *34*, 270-275.
- (25) For a full report and methodology, see: Griffiths, R. J.; Pettipher, E. R.; Koch, K.; Farrell, C. A.; Breslow, R.; Conklyn, M. J.; Smith, M. A.; Hackman, B. C.; Wimberly, D. J.; Milici, A. J.; Scampoli, D. N.; Cheng, J. B.; Pillar, J. S.; Pazoles, C. J.; Doherty, N. S.; Melvin, L. S.; Reiter, L. A.; Biggers, M. S.; Faulkner, F. C.; Mitchell, D. Y.; Liston, T. E.; Showell, H. J. Leukotriene B<sub>4</sub> Plays a Critical Role in the Progression of Collagen Induced Arthritis. *Proc. Natl. Acad. Sci. U.S.A.*, in press. **Induction and Assessment of Collagen-Induced Arthritis.** Male DBA/1LacJ (9-13 weeks old) mice were immunized at the base of the tail with 100  $\mu$ g of chick type II collagen in Freund's complete adjuvant on days 0 and 21. Severity of the symptoms of arthritis was assessed by inspection of the paws (0 = normal paw, 1 = swelling and/or redness of one toe or finger joint, 2 = two or more joints involved, and 3 = severe arthritis in the entire paw; maximum score for each animal = 12). In some experiments, administration of interleukin-1 $\alpha$  (IL-1 $\alpha$ ) was used to cause a severe flare of the arthritis; 0.3  $\mu$ g of recombinant murine IL-1 $\alpha$ , diluted in phosphate-buffered saline containing 1 mg/mL BSA, was administered sc on the days indicated in the text. This protocol causes all of the control animals to exhibit a severe form of the disease and is valuable for pharmacological studies since it is more reproducible and allows the number of animals in each group to be reduced. Changes in body weight over the course of the experiment were also monitored. Nonimmunized mice treated with IL-1 lose body weight, but by day 7, this has returned to normal. The immunized mice show a more profound and persistent fall in body weight so that at day 7, the weight loss changes are only seen in arthritic mice. CP-105,696 or vehicle (5 mg/mL methyl cellulose in water) was administered orally in a dose volume of 0.1 mL/10 g, once daily. Treatment commenced either the day before the first immunization or the day prior to the first injection of IL-1. Groups of 15-20 mice were used for the standard protocol and 7-9 for the IL-1-stimulated protocol. Each experiment has been repeated on at least three occasions.
- (26) Hom, J. T.; Bendele, H. M.; Carlson, D. G. *In Vivo* Administration With IL-1 Accelerates the Development of Collagen-Induced Arthritis in Mice. *J. Immunol.* **1988**, *141*, 834-841.