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Anti-AIDS agents 89. Identification of DCX derivatives as anti-HIV and chemosensitizing dual function agents to overcome P-gp-mediated drug resistance for AIDS therapy

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ABSTRACT

In this study, 19 dicamphanoyl-dihydropyranochromone (DCP) and dicamphanoyl-dihydropyranoxanthone (DCX) derivatives, previously discovered as novel anti-HIV agents, were evaluated for their potential to reverse multi-drug resistance (MDR) in a cancer cell line over-expressing P-glycoprotein (P-gp). Seven compounds fully reversed resistance to vincristine (VCR) at 4 μ M, a 20-fold enhancement compared to the first generation chemosensitizer, verapamil (4 μ M). The mechanism of action of DCPs and DCXs was also resolved, since the most active compounds (3, 4, and 7) significantly increased intracellular drug accumulation due, in part, to inhibiting the P-gp mediated drug efflux from cells. We conclude that DCPs (3 and 4) and DCXs (7, 11, and 17) can exhibit polypharmacologic behavior by acting as dual inhibitors of HIV replication and chemoresistance mediated by P-gp. As such, they may be useful in combination therapy to overcome P-gp-associated drug resistance for AIDS treatment.

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The first and best characterized mammalian drug-efflux pump, the ATP-binding cassette (ABC), P-glycoprotein (P-gp), is known to play a significant role in anti-HIV drug absorption and disposition.¹ Even after several years of highly active anti-retrovirus treatment (HAART), failure to eradicate HIV in P-gp distributed reservoirs, such as the brain and HIV-infected lymphocytes, as well as multi-drug resistance (MDR),²⁻⁴ are both attributed in part to P-gp expression. Among current anti-HIV drugs, most protease inhibitors (PIs) and selected non-nucleoside reverse transcriptase inhibitors (NNRTIs) have been identified either as P-gp substrates or as inducers of P-gp expression.⁵ It is the expression of P-gp that accounts for reductions in both intracellular concentration and bioavailability of AIDS drugs.⁶ Therefore, a novel anti-HIV agent having MDR reversal action should, in principle, have a dual benefit for combination (HAART) therapy since it would target HIV replication and improve the bioavailability of other anti-HIV agents used in the combination that are P-gp substrates.

Pyranochromone derivatives, analogs of dicamphanoyl-dihydropyranochromone (DCP) and dicamphanoyl-dihydropyranoxanthone (DCX) (Fig. 1), were previously identified in one of our

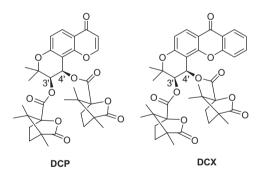


Figure 1. Structures of DCP and DCX.

laboratories as potent anti-HIV agents against both wild-type and drug-resistant HIV strains, with unique molecular structures and mechanism of action.^{7,8} Since the structural features, including the conjugated planar system and bulky side chains at the 3' and 4' positions, share certain similarities to current pharmacophore model for P-gp inhibitors,⁹ we hypothesised that these compounds might serve as P-gp inhibitors to reverse P-gp efflux potency and function in P-gp over-expressed cancer cells. To evaluate our hypothesis, DCP and DCX analogs with high anti-HIV selectivity were synthesized^{7,8,10} and tested by following a two-step bio-assay to (1) determine their capacity to reverse VCR resistance of MDR-1

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Scheme 1. Reactions and conditions: (i) ethyl alkanoates, NaH, THF, reflux, amberlyst 15 resin, isopropanol reflux; (ii) 4,4-dimethyoxy-2-methyl-2-butanol, pyridine, microwave; (iii) K₃Fe(CN)₆, (DHQ)₂PYR, K₂OSO₂(OH)₄, K₂CO₃, methanesulfonamide, *t*-butanol/H₂O, 0 °C; (iv) (*S*)-camphanoyl chloride, DMAP, CH₂Cl₂, (v) 2-hydroxybenzoic acids, Eaton's reagent, reflux; (vi) NBS, CH₂Cl₂.

cancer cells and (2) measure P-gp-mediated drug efflux. As reported herein, we have successfully identified dual-function anti-HIV agents using this approach.

DCP and DCX analogs were synthesized following literature methods reported earlier, as illustrated in Scheme 1.^{7,8,10} Briefly, reaction of **20** or **23** with ethyl alkanoates or hydroxybenzoic acids under appropriate conditions gave hydroxylated chromone (**21**) and xanthone (**24**), respectively. Reaction of the resulting

compounds with a pyrano moiety through alkylation and cyclization yielded **22** and **25**. After asymmetric dihydroxylation and esterification, the final products **1–19** were obtained.

Compounds **1–19** are potent anti-HIV agents with activity starting from 0.06 and 0.07 μM against wild-type and multidrug-resistant HIV strains, respectively, and with low selective cytotoxicity against the host TZM-bI cell line (IC50 generally over 10 $\mu M).^{7.8}$ In this study, the ability of these anti-HIV compounds to reverse

Table 1Anti-HIV and chemosensitizing activity of selected DCP and DCX analogs

Compd.	Structure								EC_{50} (anti-HIV) $(\mu M)^a$	GI ₅₀ (nM) ^b (cytotoxicity)	Cytotoxicity fold ^c
	R ¹	R^2	\mathbb{R}^3	R^4	R^5	R ⁶	R^7	R ⁸			
1	CH ₃	Н	_	_	_	_	_	-0.1	30	88	
2	CH ₂ CH ₃	Н	_	_	_	_	_	-0.07	20	132	
3	CH ₃	CH_3	_	_	_	_	_	-0.036	2.9	910	
4	CH_2CH_3	CH_3	_	_	_	_	_	-0.1	3.9	677	
5	_	_	Н	Н	Н	Н	Н	H0.308	2.1	1257	
6	_	_	Н	Н	Н	Н	OH	HN/A	>110	<24	
7	_	_	Н	Н	Н	Н	OCH_3	H0.063	3.4	776	
8	_	_	CH_3	Н	Н	Н	OCH_3	H1.52	2.4	1100	
9	_	_	Н	CH_3	Н	Н	OCH_3	Н	0.095	7.5	352
10	_	_	Н	Н	CH_3	Н	OCH_3	Н	0.065	6.8	388
11	_	_	Н	Н	Н	CH_3	OCH_3	Н	0.15	1.9	1389
12	_	_	OCH_3	Н	Н	Н	OCH_3	Н	N/A	2.6	1015
13	_	_	Н	OCH_3	Н	Н	OCH_3	Н	0.362	27	98
14	_	_	Н	Н	OCH_3	Н	OCH_3	Н	0.121	7.7	343
15	_	_	Н	OCH_3	Н	CH_3	OCH_3	Н	0.14	5.1	518
16	_	_	F	Н	Н	Н	OCH_3	Н	0.23	3	880
17	_	_	Н	Н	F	Н	OCH_3	Н	0.1	2.3	1148
18	_	_	Н	Br	Н	Н	OCH_3	Н	N/A	10	264
19	_	_	Н	Н	Н	Н	OCH_3	Br	N/A	1.6	1650
Verapamil (4 µM)										44	60
VCR									_	2640	_
VCR in KB									_	2	1320

^a The anti-viral assay was performed using HIV/NL4-3 infected TZM-bl cells; the results were reported.^{7,8}

^b GI₅₀ values of the compounds on the cytotoxicity of vincristine (VCR) toward vincristine resistant KB (KBvin) and parental KB cells were determined by SRB assay.¹¹

^c The Cytotoxicity fold values, as potency parameter of test compounds, were calculated as: Cytotoxicity fold = GI₅₀ (anticancer drug alone)/GI₅₀ (anticancer drug + test compound). All experiments were performed at least three times.

MDR using a P-gp over-expressed cancer cell line (KB-vin) was evaluated by measuring the reversal of vincristine (VCR) resistance in the presence of 4 μM of DCP or DCX analogs. Verapamil, a first generation chemosensitizer and P-gp competitive inhibitor, was used as the positive control. The results are shown in Table 1. In general, the DCP and DCX analogs dramatically reversed the VCR resistance in the KB-vin cells by lowering the GI_{50} values of VCR under co-treatment conditions.

DCP analogs **3** and **4**, with a methyl group substituted at R^2 , afforded a 10-fold better chemosensitization than their counterparts **1** and **2**, as shown in Table 1. (The GI_{50} of VCR is 2.9 or 3.9 nM in combination with compound **3** or **4**, versus 30 or 20 nM in combination with compound **1** or **2**.) This suggests that R^2 -methyl in DCP is important for optimizing the activity. The small alkyl group is also tolerated well at R^1 in DCP. Both **3** and **4** exerted high activity significantly better than verapamil. Both compounds also showed potent anti-HIV activity. Significantly, compound **3** fully reversed the VCR resistance in KB-vin under the co-treatment condition (with GI_{50} of 2.0 nM for VCR in the parent drug-sensitive KB cell line).

Compounds 5-19 are DCX analogs with diverse substitutions on the A and C rings. As shown in Table 1, most of the analogs exhibited high chemosensitization activity, indicating that a planar ring extension from chromone to xanthone is not detrimental. Compounds 5-7 bearing different substitutions on R⁷ afforded the antiviral compounds with a wide spectrum of chemosensitization activities. Compounds 5 and 7 with non-substitution or R⁷-methoxy-substitution exhibited comparable effects to 3 and 4, with co-treatment GI₅₀s as low as 2.1 and 3.4 nM, respectively. In contrast, **6**, an R⁷-hydroxy-DCX, failed to reverse the cytotoxicity of VCR at 4 µM. A possible reason is as follows: if the oxo group in the B ring functions as an important H-bonding acceptor for the interaction with the target protein, the R⁷-OH group may destroy the interaction by forming intramolecular H-bonding. Compounds 8-18 contain diverse substitutions around the A-ring. Generally, an alkyl, alkoxy, or fluoride substituent at R³ or R⁶ sustained or enhanced the chemosensitization activity compared with 5 and 7. Compounds 8, 11, 12, and 16 fully reversed VCR resistance with co-treatment GI₅₀ values around 2-3 nM. Compounds with R⁴ or R⁵ substituents (**9, 10, 13, 14, 15** and **18**) showed no significant chemosensitizion activity, although some of them were good HIV inhibitors, suggesting that chemosensitizion activity is sensitive to the substitutions at R⁴ or R⁵. Extension/modification on the ring system horizontally or increasing the molecular hindrance was unfavorable for the interaction of the drug molecules with the target protein(s), such as P-gp. Compound 17, with a fluoro moiety at R⁵, demonstrated a comparable chemosensitizion activity to the non-F-substituted analog 7 and its positional isomer 16. This result could be attributed to the isosteric relationship of F vs H. It is

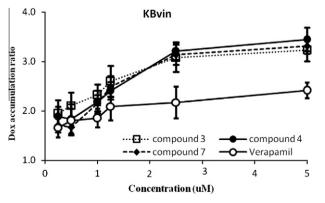


Figure 2. Dose-dependent Doxorubicin accumulation.¹⁷

interesting that introducing bromide at R^8 (compound 19) significantly improved MDR reversal activity approximately two-fold compared to compound 7, with a co-treatment GI_{50} value as low as 1.6 nM, indicating that R^8 may be an important position for optimizing chemosensitization activity. Further investigation is needed to verify and extend the preliminary SAR considerations noted above.

Data shown in Table 1 demonstrated a lack of concordance between anti-HIV activity and MDR reversal potency. Some compounds, such as compounds 1, 2, and 9, were potent anti-HIV inhibitors, but weaker chemosensitizers. In contrast, compounds 5, 8, and 12 significantly reversed VCR resistance, but only weakly inhibited anti-HIV replication. This finding is not too surprising, since different targets are presumably involved. Nevertheless, compounds 3, 4, 7, 11, and 17 exhibited significant polypharmacology and, as such, are interesting dual function anti-HIV and chemosensitization leads.

It is known that the acquired VCR resistance in KB-vin is due to the enhanced drug efflux via P-gp over-expression. 12,13 Since the addition of DCP and DCX reversed VCR's cytotoxicity as determined by phenotypic assay, we next investigated whether select compounds were active using a P-gp functional assay. The effect of DCP or DCX analogs on efflux of the P-gp substrate Doxorubicin (Dox) was determined using an established fluorometric cell-based assay. In this assay, inhibition of P-gp leads to the intracellular accumulation of Dox, a fluorescent anthracycline cancer drug, which serves as a quantitative measurement of P-gp inhibition. 14-16 Three compounds with the most active chemosensitization action (3, 4, and 7 in Table 1) were tested for their ability to facilitate Dox influx in comparison to the positive control inhibitor, verapamil. The results are shown in Fig. 2. All three compounds induced significant intracellular accumulation of Dox under co-treatment conditions, and all were more active than the positive control compound, verapamil. The results suggest that chemosensitization by DCP and DCX analogs can be attributed in part to the inhibition of P-gp efflux activity in the KB-MDR-1 cell system. Further work is needed to determine whether P-gp inhibition is the sole mechanism of chemosensitization by these novel anti-HIV compounds.

In summary, nineteen pyranochromone derivatives (DCPs and DCXs) with selective anti-HIV activity were tested using a phenotypic assay for chemosensitization activity. Most derivatives evaluated were better chemosensitizers than the control agent verapamil. Seven of them (3, 5, 8, 11, 12, 17 and 19) fully reversed VCR resistance under the co-treatment condition used. In general, the SAR profiles of chemosensitization and anti-HIV activities were not concordant but five compounds, 3, 4, 7, 11 and 17, showed significant dual pharmacologic actions. Using a P-gp functional assay, the inhibition of cancer drug efflux was demonstrated in co-treated cells, suggesting a likely mechanism for the chemosensitization action involves P-gp inhibition. Taken together, our results show that several pyranochromone derivatives possessing potent anti-HIV activity also exert substantial chemosensitization activity via Pgp inhibition. In principle, this unique, dual-function behavior would make these ideal candidates for exploring new combination (HAART) therapies since they are a novel mechanistic class of reverse transcriptase inhibitor (RTI) that could sensitize and increase efficacy of other anti-HIV drugs that are P-gp substrates. Work is ongoing to better define the mechanism of action of these pyranochromone derivatives and to establish pre-clinical anti-HIV activity in combination regimens.

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References and notes

- Aller, S. G.; Yu, J.; Ward, A.; Weng, Y.; Chittaboina, S.; Zhuo, R.; Harrell, P. M.; Trinh, Y. T.; Zhang, Q.; Urbatsch, I. L.; Chang, G. Science (New York, N.Y.) 2009, 323 1718
- 2. Cordon-Cardo, C.; O'Brien, J. P.; Casals, D.; Rittman-Grauer, L.; Biedler, J. L.; Melamed, M. R.; Bertino, J. R. Proc. Natl. Acad. Sci. U.S.A. 1989, 86, 695.
- 3. Jette, L.; Tetu, B.; Beliveau, R. Biochim. Biophys. Acta 1993, 1150, 147.
- 4. Ludescher, C.; Pall, G.; Irschick, E. U.; Gastl, G. Br. J. Haematol. 1998, 101, 722.
- Antonelli, G.; Turriziani, O.; Cianfriglia, M.; Riva, E.; Dong, G.; Fattorossi, A.; Dianzani, F. AIDS Res. Hum. Retroviruses 1839, 1992, 8.
- Perloff, M. D.; von Moltke, L. L.; Fahey, J. M.; Greenblatt, D. J. J. Pharm. Pharmacol. 2007, 59, 947.
- Zhou, T.; Shi, Q.; Chen, C. H.; Zhu, H.; Huang, L.; Ho, P.; Lee, K. H. Bioorg. Med. Chem. 2010, 18, 6678.
- Zhou, T.; Shi, Q.; Chen, C. H.; Huang, L.; Ho, P.; Morris-Natschke, M. L.; Lee, K. H. Eur. J. Med. Chem 2012, 47, 86.
- 9. Pajeva, I. K.; Wiese, M. J. Med. Chem. 2002, 45, 5671.
- 10. Zhou, T.; Shi, Q.; Lee, K. H. Tetrahedron Lett. 2010, 51, 4382.

- 11. Vichai, V.; Kirtikara, K. Nat. Protoc. 2006, 1, 1112.
- Gouaze, V.; Yu, J. Y.; Bleicher, R. J.; Han, T. Y.; Liu, Y. Y.; Wang, H.; Gottesman, M. M.; Bitterman, A.; Giuliano, A. E.; Cabot, M. C. Mol. Cancer Ther. 2004, 3, 633.
- 13. Ferguson, P. J.; Cheng, Y. C. Cancer Res. 1989, 49, 1148.
- 14. Nabekura, T.; Yamaki, T.; Kitagawa, S. Eur. J. Pharmacol. 2008, 600, 45.
- Shen, F.; Chu, S.; Bence, A. K.; Bailey, B.; Xue, X.; Erickson, P. A.; Montrose, M. H.; Beck, W. T.; Erickson, L. C. J. Pharmacol. Exp. Ther. 2008, 324, 95.
- Hovorka, O.; Subr, V.; Vetvicka, D.; Kovar, L.; Strohalm, J.; Strohalm, M.; Benda, A.; Hof, M.; Ulbrich, K.; Rihova, B. Eur. J. Pharm. Biopharm. 2010, 76, 514.
- 17. Measurement of the intracellular accumulation of doxorubicin (Dox): KB-vin cells (5×10^3 cell/well) were seeded in 96-well plates and pre-incubated for 72 h in a 5% CO₂ incubator at 37 °C. Then, the cells were washed with the culture medium and pretreated with samples or vehicle 1 h before Dox was add at a final concentration of 10 μ M. After 3 h incubation, the medium was removed by aspiration, and the cells were washed with ice-cold PBS, then lysed with 1% sodium dodecyl sulfate (SDS) in PBS. Dox-associated mean fluorescence intensity was measured at Ex = 488 nm and Em = 580 nm with a fluorescence microplate reader (Plate Chameleon Multilabel Detection Platform, Hidex Oy, Turku, Finland) with MikroWin software. Verapamil, as a known P-gp inhibitor/modulator, was used as the positive control. All the data were calculated as the ratio of Dox fluorescence with test compound divided by Dox fluorescence without test compound after subtraction of the fluorescence of the control.