



## A nitrophenyl-based prodrug type for colorectal targeting of prednisolone, budesonide and celecoxib

Juan F. Marquez Ruiz<sup>a</sup>, Kinga Kedziora<sup>a</sup>, Maria Pigott<sup>a</sup>, Brian Keogh<sup>c</sup>, Henry Windle<sup>b</sup>, Jason Gavin<sup>a</sup>, Dermot P. Kelleher<sup>b</sup>, John F. Gilmer<sup>a,\*</sup>

<sup>a</sup>School of Pharmacy and Pharmaceutical Sciences, Trinity College, Dublin 2, Ireland

<sup>b</sup>School of Medicine, Trinity College, Dublin 2, Ireland

<sup>c</sup>Opsona Therapeutics Ltd, Trinity Centre for Health Sciences, Institute of Molecular Medicine, St. James's Hospital, Dublin 8, Ireland

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### ABSTRACT

Celecoxib is a COX-2 inhibitor drug that can be used to reduce the risk of colorectal adenocarcinoma. Glucocorticoids are used in the treatment of inflammatory bowel disease. A limitation to the use of both drug types is that they undergo absorption from the intestinal tract with serious side effects. The prodrug systems introduced here involve forming a nitro-substituted acylsulfonamide group in the case of celecoxib and a nitro-substituted 21-ester for the glucocorticoids. Drug release is triggered by the nitro reductase action of the colonic microflora, liberating a cyclization competent species. The release of the active parent drugs was evaluated in vitro using *Clostridium perfringens* and epithelial transport through Caco-2 monolayer evaluation was carried out to estimate the absorption properties of the prodrugs compared to the parental drugs.

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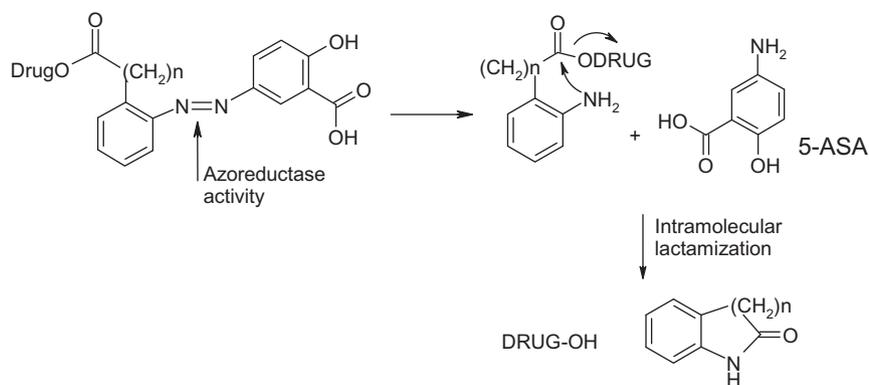
Oral drug delivery to the colon is pursued in order to improve therapy for colorectal diseases or as a means to increase bioavailability of drugs that would be degraded in the small intestine.<sup>1,2</sup> The conventional pharmaceutical strategy for achieving colon targeting involves the use of slowly biodegradable polymers that delay drug release until the oral caecal transit time. The variability in this parameter has led to the development of more sophisticated formulation approaches in which the matrix exhibits more or less specific sensitivity to a chemical or biological property of the colon, for example a property associated with its dense microflora.<sup>3</sup> The candidate drug may also be linked covalently to the biodegradable polymer through a biodegradable bond.<sup>4</sup>

The more explicit prodrug approach to colorectal delivery involves attaching a group that suppresses intestinal absorption using a form of covalent linkage that is susceptible to cleavage in the colon.<sup>5</sup> The most well known examples of this are the azo-linked derivatives of 5-amino salicylic acid such as olsalazine and balsalazine, which were inspired by the older sulfasalazine. The latter remains an important compound not just for ulcerative colitis but also for arthritis. There have been several investigations into

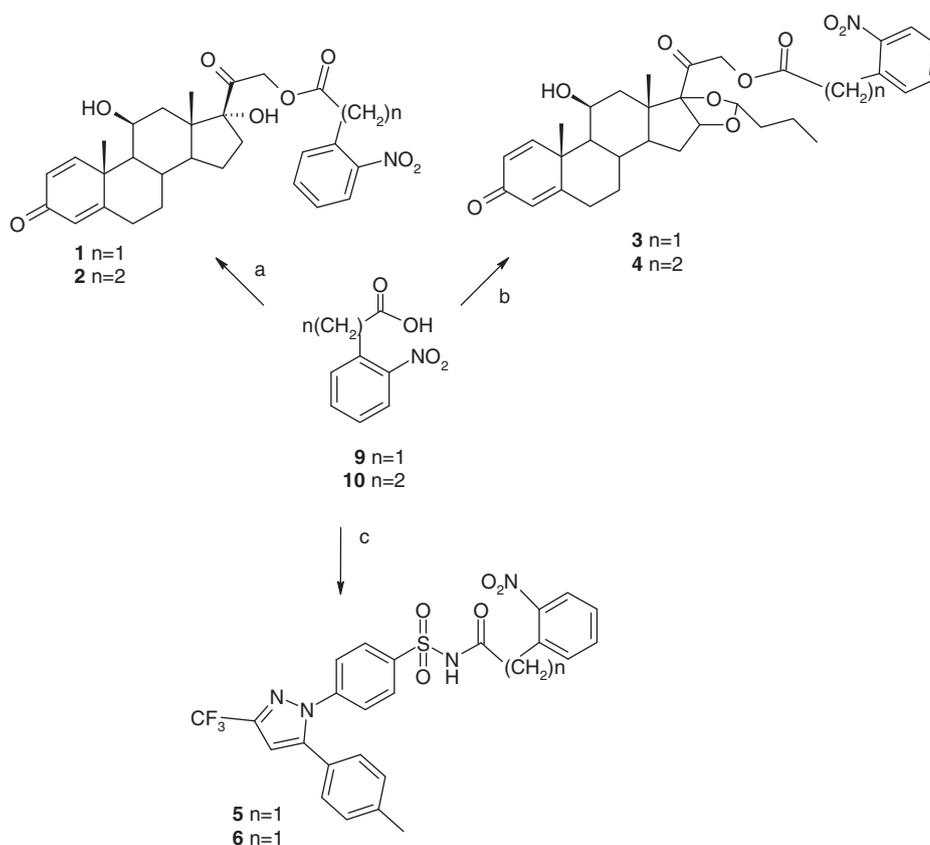
prodrugs that target sugar metabolism of bacteria, for example steroidal glucuronides and glycosides, cyclodextrin and even dextran conjugates.<sup>6,7</sup> Amino acid carriers have been investigated more recently for colorectal targeting of ursodeoxycholic acid (UDCA), celecoxib and naproxen.<sup>8,9</sup> Sulfate conjugates of UDCA have been explored for similar reasons.<sup>10</sup> As of yet none of these prodrug approaches can rival the clinical success of the azo prodrugs of 5-ASA. It may be that the reductive capacity of the colon more clearly distinguishes it from the small intestine than other potential vectors. The azoprodrug approach is directly applicable only to primary aromatic amino drugs such as 5-ASA. However, we showed, that by incorporating an azoreductase sensitive linker, it is possible to adapt the approach to drugs bearing a primary alcohol group as shown in Figure 1. These conjugates are less prone to intestinal absorption than the parent compounds but they can be specifically activated by murine colonic microflora and by *Clostridium perfringens*, an obligate anaerobe found widely in the human colon. A prednisolone analogue was as efficacious as its parent in the murine dextran sodium sulfate model of ulcerative colitis but caused less thymic atrophy, indicating reduced systemic steroid exposure.<sup>11</sup> We subsequently showed that the approach could be applied to the more sterically hindered steroid budesonide and to celecoxib, a sulfonamide COX-2 inhibitor, through the use of an acylsulfonamide link.<sup>12</sup>

\* Corresponding author. Tel.: +353 1 896 2795; fax: +353 1 896 2793.

E-mail address: [gilmerjf@tcd.ie](mailto:gilmerjf@tcd.ie) (J.F. Gilmer).



**Figure 1.** Azoreductase-cyclization activation mechanism.



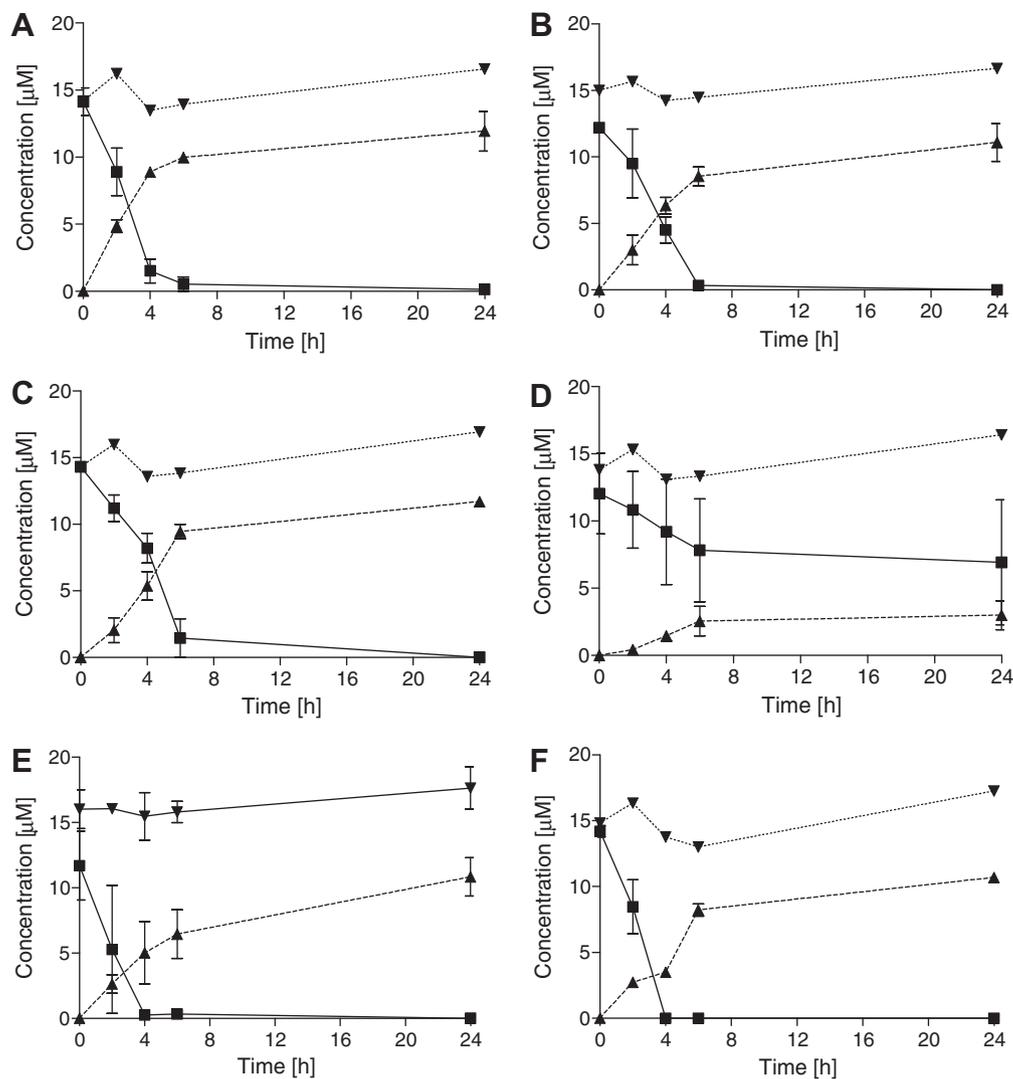
**Scheme 1.** Reagents: (a) Prednisolone, DMAP, DCC in ACN; (b) budesonide, DMAP, DCC in ACN; (c) celecoxib, EDC, DMAP in  $t$ BuOH/ $ClCH_2CH_2Cl$ .

In this study we have further extended the cyclization approach using a nitroreductase activation design. We have focused on nitro substituted phenyl acetic and propionic acid esters of three drugs that would benefit from colorectal targeting-budesonide, prednisolone and celecoxib (Scheme 1). The passive permeability of the compounds was assessed using the predictive Caco-2 monolayer model while their capacity to trigger drug release was investigated using *C. perfringens* as a model intestinal anaerobe. The stability of the prodrugs towards hydrolysis under simulated gastric and duodenal conditions was tested in order to predict off-target drug release.

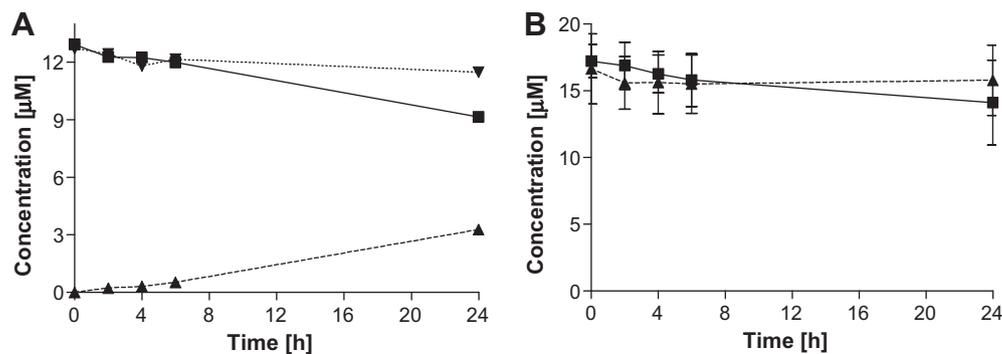
The pro-moieties/carriers selected for attachment to the steroids prednisolone, budesonide and celecoxib were 2-nitrophenyl acetic acid **9**, which was commercially available, and 2-nitrophenyl

propionic acid (**10**), which was prepared as described.<sup>13</sup> The starting material for this was 2-nitrobenzoyl bromide which was treated with dimethylmalonate under basic conditions to obtain dimethyl-2-(2-nitrobenzyl)-malonate, which was heated under acidic conditions to yield **10** (Scheme 1). The esterification reactions between the carboxylic acid group of **9** and **10** and the 21-OH groups of the prednisolone and budesonide to obtain the prodrugs **1**, **2**, **3** and **4** was carried out using DCC and DMAP in ACN.<sup>14</sup> The synthesis of the celecoxib prodrugs **5**<sup>15</sup> and **6** was achieved using as coupling agent (1-(3-dimethylaminopropyl)-3-ethylcarbodiimide (EDC). In order to evaluate the intrinsic stability of the ester/acylsulfonamide groups towards the *C. perfringens* and the role of the nitro group in ester scission and prodrug activation we prepared two analogs without a nitro group **7** and **8** (Scheme 2).





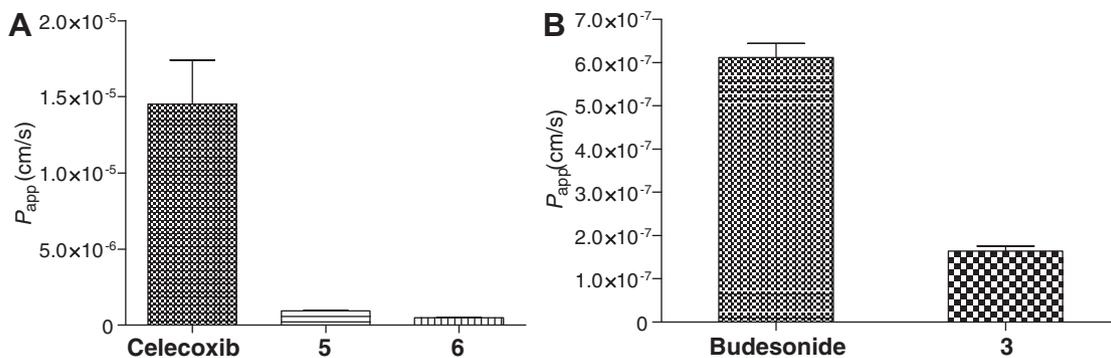
**Figure 2.** Progress curves following incubation of **1**, **2**, **3**, **4**, **5**, **6** (■) in suspension of *C. perfringens* under anaerobic conditions at pH 7.4 and 37 °C. (A) **1** (■), prednisolone (▲), and **1** in BHI (▼); (B) **2** (■), prednisolone (▲), and **2** in BHI (▼); (C) **3** (■), budesonide (▲), and **3** in BHI (▼); (D) **4** (■), budesonide (▲), and **4** in BHI (▼); (E) **5** (■), celecoxib (▲), and **5** in BHI (▼); (F) **6** (■), celecoxib (▲), and **6** in BHI (▼) ( $n = 3$ ).



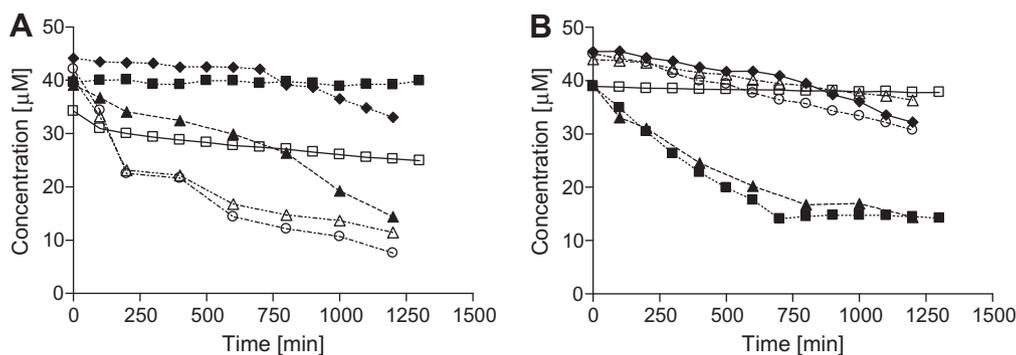
**Figure 3.** Progress curves following incubation of **7** and **8** (■) in suspension of *C. perfringens* under anaerobic conditions at pH 7.4 and 37 °C. (A) **7** (■), celecoxib (▲), and **7** in BHI (▼); (B) **8** (■) and **8** in BHI (▼)-no prednisolone was observed.

studied in conditions more closely related to the colon to predict byproduct identity in order to characterise potential off-target effects. However the model data taken together with the stability in simulated fluid suggest that the prodrugs would be selectively activated in the colon if able to resist absorption during transit.

The potential intestinal permeability of **3**, **4**, **5** and **6** was then assessed using the Caco-2 assay (budesonide results were expected to be relevant to the properties of prednisolone). The transport of budesonide and celecoxib was tested for comparison. These clinically used drugs were at some point selected from amongst their



**Figure 4.** (A) Apparent permeability coefficient of **5**, **6** and celecoxib; (B) Apparent permeability coefficient transport of **3** and budesonide. There was no evidence of transport of **4** under similar conditions.



**Figure 5.** (A) Stability of **1** (■), **2** (△), **3** (◆), **4** (○), **5** (□) and **6** (▲) in simulated human gastric juices at 37 °C.<sup>22</sup> (B) Stability of compounds **1** (■), **2** (△), **3** (◆), **4** (○), **5** (□) and **6** (▲) in simulated human duodenal fluid at 37 °C.<sup>22</sup>

development rivals in part because of their permeability characteristics. Therefore we were confident that the relatively small structural changes involved in the prodrug design would be sufficient to significantly attenuate passive diffusion potential. Absorptive transport from apical to basolateral side (AP > BL) was evaluated for appearance of the test compound and in the case of the prodrugs, the potential metabolic byproducts. Aliquots were collected after 0, 30, 60, and 120 min from the acceptor reservoir and fresh buffer was added to maintain the initial volume. The donor solution was also collected after 120 min. Caffeine was tested in two wells in the AP > BL direction as a routine control. Trans-epithelial electric resistance (TEER) was over 350 Ω cm<sup>2</sup> in all wells used in the experiments prior to the addition of the test compounds.<sup>21</sup>

Compounds **3**, **5**, **6** possessed significantly lower permeability than the parents celecoxib and budesonide (Fig. 4). No transport of budesonide prodrug **4** could be detected. This data indicates that the compounds would be able to resist absorption and transit the intestinal tract if delivered orally. Nitroreductase-triggered cyclization and drug release may therefore be a generally effective approach to achieving colorectal drug targeting. The prodrugs were processed in the presence of *C. perfingens* present in the human colon, releasing celecoxib, prednisolone or budesonide. The stability of the candidate prodrugs in this study was tested using the USP gastric and intestinal fluid model, which mimics the enzymatic and chemical conditions in the stomach and small intestine.<sup>22</sup> Amounts of remaining compound was assessed using HPLC. The compounds were found to be stable over the expected orocaecal transit time (Fig. 5).<sup>23</sup> Finally, they are predicted by the standard Caco-2 permeability assay to be poorly absorbed relative to their parents suggesting that they might arrive as intact substrates for reductase activity associated with the microflora. Several aspects deserve further study: (i) the identity and biological profile of

byproducts of the reduction/cyclization process under simulated colonic conditions; (ii) the potential for elaboration of the linker unit in order to influence (i) as well as pharmaceutical properties such as stability and permeability; the rates of reduction of the nitro group and its electronic and steric control.<sup>24</sup>

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$$P_{app} = J/A_s C_0$$

Where  $J$  is the rate of appearance of the compound on the acceptor compartment ( $\mu\text{mol/s}$ ),  $C_0$  is the initial concentration on the apical side (mM) as determined by the analysis of the donor solution, and  $A_s$  is the surface area of the monolayer ( $\text{cm}^2$ ).

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