# Journal Pre-proofs

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The synthesis of trifluoromethylated *N*-nitroaryl-2-amino-1,3-dichloropropane derivatives and their evaluation as potential anti-cancer agents

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Abstract: Six *N*-nitroaryl-2-amino-1,3-dichloropropane derivatives have been prepared and evaluated against 18 cancer cell lines and two non-cancerous cell lines. Analysis of cell viability data and  $IC_{50}$  values indicated that the presence of a trifluoromethyl group in the nitroaryl moiety is an important structural feature associated with the compounds' cytotoxicities.

Key words: nitroaromatic drugs; anti-cancer agents; trifluoromethylated drugs; nitrogen mustards.

The design, synthesis and therapeutic utility of nitroaromatic pro-drugs has attracted considerable interest and this area of medicinal chemistry has been recently reviewed.<sup>1</sup> Within this general class of pro-drugs, the nitrogenmustards of general structure **1** have received particular attention as potential anti-cancer agents (Scheme 1).<sup>2,3</sup> In these compounds, the bioreduction of an appropriately positioned *ortho*- or *para*-nitro group produces the corresponding hydroxylamine/amine derivative **2** with a concomitant augmentation of the nucleophilic character of the mustard's nitrogen atom. An intramolecular nucleophilic substitution reaction subsequently follows producing a highly reactive aziridinium ion **3** which is believed to be responsible for DNA alkylation. The remaining chloroethyl group can then participate in a similar reaction forming a second aziridinium ion hence resulting in dialkylation.





Compounds of general structure **4** appear to be under-represented in the literature and a similar mode of DNA alkylation might be feasible for these compounds via the hydroxylamine/amine **5** and the aziridinium ion **6** (Scheme **1**). In view of the extensive interest in fluorinated drugs,<sup>4-7</sup> and our work in this area,<sup>8</sup> we were particularly interested in evaluating the anti-cancer properties of trifluoromethylated nitroaromatics and hence compounds **10d-f** were chosen as target molecules (Scheme 2). One potential benefit of the secondary amine group in compounds **10d-f** is the opportunity for the >NH group to participate in intramolecular hydrogen bonding with either an appositely located *ortho*-nitro or -trifluoromethyl group. The mono-nitro derivatives **10a** and **10b** were chosen as reference compounds and compound **10c** was also included in this study because the 2,4-di-nitro structural motif is a common feature of many known pro-drugs of general structure **1**.<sup>3</sup> The series of nitroaromatic compounds **10a-f** were prepared from their diol precursors **9a-f** respectively which in turn were synthesised from an appropriately substituted fluoroaromatic **7a-f** and serinol **8** (Scheme 2).



Scheme 2. Reagents and conditions: (i) K<sub>2</sub>CO<sub>3</sub>, DMSO, heat 70-80 °C, 3 h; (ii) (a) MeSO<sub>2</sub>Cl, Et<sub>3</sub>N, rt, (b) LiCl, DMF, heat 70 °C, 2 h.

The cell viabilities (Table 1) and the  $IC_{50}$  values (Table 2) relating to a selection of 18 cancer cell lines and 2 noncancerous cell lines were determined in the presence of the diols **9a-f** and the dichloro compounds **10a-f**. The ratio of the percentage cell viability **9** / percentage cell viability **10** is also reported in Table 1 as an indication of the efficacy of the dichloro compounds **10** compared to their diol counterparts **9**.

Cancor				ra			ra			ra			ra			ra			ra
typ							J	ourna	l Pre-	pro	ofs								ti . o
Breast	МС	66.6	37.7	1.	65.6	38.8	1.	55.5	25.1	2.	57.4	21.4	2.	45.7	10.5	4.	49.7	20.5	2.
Cancer	F7 MD	± 2.4	± 1.1	8	± 1.2	± 0.4	7	± 4.4	± 2.1	2	± 1.9	± 4.3	7	± 1.9	± 0.9	4	± 2.1	± 0.5	4
Breast	A-	91.8	85.1	1.	87.7	72.4	1.	79.4	83.4	1.	67.3	32.1	2.	93.1	31.8	2.	65.7	57.4	1.
Cancer	MB-	± 3.3	± 2.1	1	± 2.1	± 1.1	2	± 8.4	± 2.5	0	± 1.8	± 0.5	1	± 5.5	± 3.9	9	± 1.7	± 2.7	1
	MD																		
Breast	A-	104.0	63.6	1.	102.2	45.1	2.	105.8	61.3	1.	100.4	65.1	1.	93.2	20.4	4.	98.7	58.6	1.
Cancer	MB- 468	± 5.0	± 6.1	6	± 5.5	± 2.4	3	± 7.1	± 4.3	7	± 4.1	± 6.6	5	± 3.2	± 4.9	6	± 2.7	± 2.1	7
Breast	SKB	100.9	79.9	1.	93.1	73.1	1.	98.9	71.6	1.	66.40	38.5	1.	75.2	55.6	1.	79.4	52.7	1.
Cancer	R3	± 7.9	± 0.8	3	± 1.1	± 1.1	3	± 3.4	± 5.0	4	± 5.1	± 0.9	7	± 3.5	± 1.1	4	± 2.1	± 1.5	5
Breast Cancer	T47	76.2	69.8 + 1.9	1.	73.6 +1.0	65.2 + 1.5	1.	79.9	58.7 + 3.4	1.	68.6 + 2.0	25.6	2.	59.1 + 2.2	24.3	2. 4	71.2	33.2	2.
Colorec	Car	05.1	104.0	_	100.6	01.6	1	102.2	105 1		20 E	21.0	,	100.0	0.5.4	1	06.1	20.0	_
tal	02	95.1 ± 4.7	± 0.4	0. 9	± 1.8	91.6 ± 5.7	1. 1	± 8.4	± 2.5	0	89.5 ±4.4	± 0.8	4. 1	± 1.9	9.5 ±	0.	90.1 ± 2.7	± 3.9	4. 6
Colorec																6			
tal	HCT	76.9 + 4 9	64.9 + 1 1	1. 2	89.7 + 3.0	79.4	1.	81.9 + 2 2	73.1	1.	83.9 + 4 9	45.1 + 1 9	1. 9	84.9 + 2 1	24.5	3. 5	86.8 + 2 1	45.0 + 2 9	1. 9
Cancer	110	1 4.5	- 1.1	-	1 5.0	1.0		- 2.2	1 5.2		1 4.5	- 1.5	Ľ	- 2.1	- 1.0		- 2.1	- 2.5	
tal	HT2	86.1	65.3	1.	96.3	60.9	1.	89.6	89.1	1.	95.2	47.1	2.	84.2	45.3	1.	109.8	38.4	2.
Cancer	9	± 5.2	± 1.1	3	± 2.0	± 1.9	6	± 3.4	± 3.2	0	± 5.1	± 1.7	0	± 3.3	± 1.9	9	± 2.3	±1./	9
Colorec	sw	101.6	62.6	1.	95.3	58.8	1.	88.2	55.2	1.	98.8	32.8	3.	61.8	26.5	2.	78.9	29.1	2.
Cancer	48	± 4.2	± 1.2	6	± 2.2	± 2.1	6	± 6.6	± 3.0	6	± 3.1	± 0.9	0	± 2.2	± 1.1	3	± 0.5	± 0.5	7
Lung	A54	74.9	82.9	0.	96.7	73.5	1.	77.4	59.4	1.	57.9	24.6	2.	99.6	37.1	2.	61.9	27.8	2.
Cancer	9 H12	± 4.1	± 0.1	9	± 1.1	± 3.1	3	± 6.1	± 3.2	3	± 6.1	± 1.7	4	± 2.5	± 1.1	7	± 1.5	± 0.9	2
Cancer	99	± 4.9	± 5.1	9. 9	± 3.2	± 6.4	4	± 9.1	± 0.9	0. 9	± 6.6	± 4.1	1. 7	± 3.3	± 0.8	4	+ 1.1	± 0.8	1. 7
Nasoph	CNE	102.2	72.5	1.	104.3	88.1	1.	102.2	70.5	1.	106.4	27.1	3.	82.5	12.4	6.	100.3	32.6	3.
l Cancer	1	± 3.1	± 1.5	4	± 2.4	± 0.9	2	± 6.5	± 1.2	4	± 5.5	± 1.0	9	± 2.1	± 0.5	7	± 2.2	± 0.9	1
Nasoph	İ	QO 1	101.3	0	99.6	76.9	1	103.3	88.0	1	02.0	59.7	1	90.4	61.4	1	02.8	59.7	1
aryngea	HK1	± 1.3	± 4.1	9	± 1.2	± 1.1	3	± 5.1	± 3.2	2	± 1.1	± 0.5	6	± 2.5	± 3.7	5	± 1.1	± 1.9	6
Nasoph		00.0	00.5		100.1	100.0		405.7	60.6		02.4	42.2		52.4	20.0		104.2		
aryngea	E1	99.3 ± 1.0	80.5 ± 3.4	1. 2	± 1.2	109.6 ± 5.4	1. 0	$\pm 5.4$	68.6 ± 3.1	1. 5	83.4 ± 5.0	42.3 ± 5.5	2.	52.4 ± 1.5	38.6 ± 2.5	1. 4	104.2 ± 2.7	44.9 ± 2.5	2. 3
I Cancer Neurobl	SHS	89.7	60.8	1	99.9	65.8	1	86.1	63.6	1	84.9	33.7	2	74.7	21.6	3	70.8	30.6	2
astoma	Y5Y	± 3.1	± 1.2	5	± 2.4	± 3.3	5	± 7.2	± 0.9	4	± 8.1	± 0.7	5	± 5.5	± 2.9	5	± 1.5	± 2.9	3
Pancrea	AsP	101.2	75.2	1.	96.4	67.7	1.	108.5	106.2	1.	81.8	51.1	1.	84.7	40.2	2.	87.3	58.7	1.
Cancer	C1	± 0.9	± 0.9	3	± 1.1	± 2.1	4	± 3.3	± 4.4	0	± 1.7	± 0.9	6	± 2.2	± 2.7	1	± 1.1	± 1.7	5
Pancrea	BxP	101.9	105.3	1.	100.1	82.9	1.	103.6	102.9	1.	108.2	62.9	1.	108.8	23.2	4	107.8	56.5	1.
tic Cancer	C3	± 5.3	± 5.4	0	± 0.4	± 7.0	2	± 5.5	± 3.3	0	± 0.9	± 1.7	7	± 1.9	± 2.1	7	± 2.3	± 1.0	9
Pancrea	sw	01.0	64.4		07.5	FF 4		65.0	60.0			42.1		72.4	20.0	2	74 5	26.7	1
tic	199	91.9 ± 5.3	64.4 ± 8.1	1. 4	87.5 ± 2.4	55.1 ± 5.2	1. 6	± 2.1	69.8 ± 3.2	0. 9	± 5.5	42.1 ± 1.9	1. 6	72.4 ± 2.2	28.6 ± 1.6	2. 5	71.5 ± 5.5	± 2.3	1. 9
Breast	0																		
Cells	мс	100 /	88.7	1	102.8	82.7	1	10/ 9	78.8		102 /	77 1	1	88.8	47.5	1	102 5	59.7	1
(non-	F10	± 0.3	± 9.4	1.	± 1.4	± 1.9	2	± 5.2	± 1.2	3	± 8.1	± 4.5	3	± 0.9	± 2.0	9	± 3.5	± 4.4	7
us)	A																		
Lung																			
Cells (non-	MR	100.9	54.8	1.	32.2	44.9	0.	78.9	24.3	3.	64.9	29.9	1.	74.9	22.2	3.	32.8	22.1	1.
cancero	C5	± 9.1	± 4.2	8	± 3.5	± 2.2	7	± 4.5	± 4.4	2	± 6.1	± 4.3	8	± 4.5	± 2.2	4	± 2.1	± 2.4	5
us)	1	1	I	1	11	1	I I	11	I	1	11	1	I I	11	1		1	1	I I

**Table 1**. Cell viabilities (%) of diols **9a-f** and dichlorides **10a-f** (all at 100  $\mu$ M). Results are expressed as the average percentage of cell viability ± standard deviation from three independent experiments.

Examination of Table 1 reveals that in the majority of entries, the cell viabilities of the diols **9a-f** exceeds that of the corresponding dichloro derivatives **10a-f** and hence the ratio is greater than 1. This demonstrates that the presence of the mustard moiety is efficacious in reducing the cell viabilities in comparison to the diol substituents. The magnitude of this ratio is generally low (between 1 and 2) for the majority of the non-trifluoromethylated series of

compounds whereas the trifluoromethylated compounds exhibit significantly larger values across the majority of cell line: Journal Pre-proofs

With the exception of the breast cancer MDA-MB-468 and the lung cell MRC5 cell lines, all of the other cell lines have their three lowest cell viabilities associated with the three trifluoromethylated compounds **10d-10f**. The magnitude of the difference between the cell viabilities of the trifluoromethylated and non-trifluoromethylated compounds is noteworthy; for example for the lung cancer A549 cell line the cell viabilities recorded for the trifluoromethylated derivatives **10d-10f** (24.6-37.1%) are lower than those displayed by the non-trifluoromethylated compounds **10a-10c** (59.4-82.9%). It is also evident from the data in Table 1 that some dichloro-compounds exhibit enhanced cytotoxicity towards the non-cancerous lung cell line MRC5. For example, in the presence of compounds **10d** and **10e**, 13 of the 18 cancerous cell lines are associated with higher cell viabilities compared to the MRC5 cell line.

Inspection of the IC<sub>50</sub> data presented in Table 2 indicates that the majority of the IC<sub>50</sub> values associated with the diols **9a-9f** are greater than 100  $\mu$ M regardless of the presence/absence of a trifluoromethyl group in the aryl ring. Only the diols **9b** (MRC5 cell line), **9e** (MCF7 cell line) and **9f** (MCF7 and MRC5 cell lines) showed values less than 100  $\mu$ M. Within the non-trifluoromethylated series of dichloro-compounds **10a-10c**, only six IC<sub>50</sub> values below 100  $\mu$ M are observed; these are associated with the MCF7 cell line (all three compounds), the MRC5 cell line (compounds **10b** and **10c**) and the T47D cell line (compound **10c** only). In contrast, the trifluoromethylated derivatives **10d-10f** exhibit IC<sub>50</sub> values below 100  $\mu$ M for the majority of the entries in Table 2 (14, 18 and 12 entries for each compound respectively) thus supporting the hypothesis that the trifluoromethyl group is an important factor associated with the cytotoxicity of these compounds. Compound **10e** displayed the lowest IC<sub>50</sub> values and is the only compound associated with IC<sub>50</sub> values below 20  $\mu$ M in 3 cell-lines [MCF7 (12.1  $\mu$ M), Caco2 (10.1  $\mu$ M) and CNE1 (15.3  $\mu$ M)].

It is also evident from the data in Table 2 that the five derivatives **10b-f** are cytotoxic towards the non-cancerous lung cell line MRC5 with IC<sub>50</sub> values within the range 31.0-62.1  $\mu$ M. The only compound to show an IC<sub>50</sub> value under 100  $\mu$ M against the other non-cancerous cell line studied (the MCF10A breast cell line) was the trifluoromethylated derivative **10e** (81  $\mu$ M).

Cancer	Cell	9a	10a	9b	10b	9c	10c	9d	10d	9e	10e	9f	10f
туре	line		50.0.	100	70.0.1						49.4.1		
Breast	MCF7	>1	50.9 ±	>100	/0.2 ±	>1	44.3 ±	>1	34.3 ±	88.3 ±	12.1 ±	88.1±	33.1±
Cancer		00	7.8		5.3	00	7.5	00	1.3	1.1	3.3	0.9	1.8
Breast	MDA-	>1	>100	>100	>100	>1	>100	>1	54.5 ±	>100	42.4 ±	>100	>100
Cancer	MB-	00				00		00	2.3		4.6		
	231												
Breast	MDA-	>1	>100	>100	>100	>1	>100	>1	>100	>100	52.1 ±	>100	>100
Cancer	MB-	00				00		00			5.1		
	468												
Breast	SKBR	>1	>100	>100	>100	>1	>100	>1	67.8 ±	>100	>100	>100	>100
Cancer	3	00				00		00	1.9				
Breast	T47D	>1	>100	>100	>100	>1	85.3 ±	>1	35.1 ±	>100	34.7 ±	>100	64.1 ±
Cancer		00				00	2.1	00	0.9		1.2		2.1
Colorectal	Caco	>1	>100	>100	>100	>1	>100	>1	39.9 ±	>100	10.1 ±	>100	37.1 ±
Cancer	2	00				00		00	1.7		1.8		0.8
Colorectal	HCT1	>1	>100	>100	>100	>1	>100	>1	82.1 ±	>100	33.1 ±	>100	83.8 ±
Cancer	16	00				00		00	0.5		8.1		8.1
Colorectal	HT29	>1	>100	>100	>100	>1	>100	>1	87.8 ±	>100	92.1 ±	>100	63.1 ±
Cancer		00				00		00	2.2		2.1		3.0
Colorectal	SW48	>1	>100	>100	>100	>1	>100	>1	62.3 ±	>100	33.4 ±	>100	43.4 ±
Cancer		00				00		00	2.3		4.5		4.9
Lung	A549	>1	>100	>100	>100	>1	>100	>1	33.3 ±	>100	57.7 ±	>100	70.4 ±
Cancer		00				00		00	1.9		1.7		1.1
Lung	H129	>1	>100	>100	>100	>1	>100	>1	>100	>100	49.1 ±	>100	>100
Cancer	9	00				00		00			2.1		
Nasophary	CNE1	>1	>100	>100	>100	>1	>100	>1	32.1 ±	>100	15.3 ±	>100	33.2 ±
ngeal		00				00		00	3.2		1.9		2.8
Cancer													
Nasophary	HK1	>1	>100	>100	>100	>1	>100	>1	>100	>100	>100	>100	>100
ngeal		00				00		00					
Cancer													

Nasophary	SUNE	>1	>100	>100	>100	>1	>100	>1	92.9 ±	>100	55.1 ±	>100	93.1 ±
nge Cance.	1		l		1	Jo	ournal	Pre-	proofs	5	1	0	
Neuroblast	SHSY	>1	>100	>100	>100	>1	>100	>1	62.5 ±	>100	33.7 ±	>100	56.4 ±
oma	5Y	00				00		00	4.4		2.7		6.9
Pancreatic	AsPC	>1	>100	>100	>100	>1	>100	>1	>100	>100	85.1 ±	>100	>100
Cancer	1	00				00		00			1.9		
Pancreatic	BxPC	>1	>100	>100	>100	>1	>100	>1	>100	>100	52.1 ±	>100	>100
Cancer	3	00				00		00			3.3		
Pancreatic	SW19	>1	>100	>100	>100	>1	>100	>1	92.1 ±	>100	33.3 ±	>100	55.8 ±
Cancer	90	00				00		00	7.7		2.5		4.3
Breast Cells	MCF1	>1	>100	>100	>100	>1	>100	>1	>100	>100	81.0 ±	>100	>100
(non-	0A	00				00		00			0.7		
cancerous)													
Lung Cells	MRC	>1	>100	60.2 ±	58.3 ±	>1	54.1 ±	>1	62.1 ±	>100	31.0 ±	41.0 ±	33.9 ±
(non-	5	00		3.7	4.4	00	4.4	00	3.2		0.9	0.9	2.8
cancerous)													

**Table 2.**  $IC_{50}$  values ( $\mu$ M) of diols **9a-f** and dichlorides **10a-f**. Results are expressed as the average  $IC_{50}$  value  $\pm$  standard deviation from three independent experiments.

A commonly accepted mode of action of nitroaromatic pro-drugs is through bioreduction of a nitro group leading to highly reactive aziridinium ions as already illustrated in Scheme 1. A possible explanation of the mode of action of the trifluoromethylated compounds **10d-f** is that bioreduction of the nitro group in these compounds (eg compound **10e**, Scheme 3) would give the amine (or hydroxylamine) derivative **11** from which HF may be evolved resulting in the production of the difluoro derivative **12** as a potential alkylating agent.<sup>9</sup> The presence of the **1**,3-dichloroproane moiety is important for biological activity suggesting that this group could also be a potential alkylating agent. Compounds **10a-f** may have the potential to act as alkylating reagents (rather than pro-drugs) without the prior reduction of a nitro group; our previously work demonstrated that compound **13** can be transformed into compound **15** presumably via an intermediate aziridinium ion **14** (Scheme 3).<sup>10</sup> However, this potential mode of alkylation would not account for the clear differences in biological activity shown between the non-trifluoromethylated compounds **10a-c** and the trifluoromethylated structures **10d-f**.



Scheme 3. Potential modes of DNA alkylation.

In conclusion, we have demonstrated that the elevated cytotoxicities of compounds **10d-f** compared to compounds **10a-c** can be attributed to the presence of a trifluoromethyl group. Of the three trifluoromethylated compounds

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Cancer type	Cell line	9a	10a	ra ti o	9b	10b	ra ti o	9c	10c	ra ti o	9d	10d	ra ti o	9e	10e	ra ti o	9f	10f	ra ti o
Breast Cancer	MC F7	66.6 ± 2.4	37.7 ± 1.1	1. 8	65.6 ± 1.2	38.8 ± 0.4	1. 7	55.5 ± 4.4	25.1 ± 2.1	2. 2	57.4 ± 1.9	21.4 ± 4.3	2. 7	45.7 ± 1.9	10.5 ± 0.9	4. 4	49.7 ± 2.1	20.5 ± 0.5	2. 4
Breast Cancer	MD A- MB- 231	91.8 ± 3.3	85.1 ± 2.1	1. 1	87.7 ± 2.1	72.4 ± 1.1	1. 2	79.4 ± 8.4	83.4 ± 2.5	1. 0	67.3 ± 1.8	32.1 ± 0.5	2. 1	93.1 ± 5.5	31.8 ± 3.9	2. 9	65.7 ± 1.7	57.4 ± 2.7	1. 1
Breast Cancer	MD A- MB- 468	104.0 ± 5.0	63.6 ± 6.1	1. 6	102.2 ± 5.5	45.1 ± 2.4	2. 3	105.8 ± 7.1	61.3 ± 4.3	1. 7	100.4 ± 4.1	65.1 ± 6.6	1. 5	93.2 ± 3.2	20.4 ± 4.9	4. 6	98.7 ± 2.7	58.6 ± 2.1	1. 7
Breast Cancer	SKB R3	100.9 ± 7.9	79.9 ± 0.8	1. 3	93.1 ± 1.1	73.1 ± 1.1	1. 3	98.9 ± 3.4	71.6 ± 5.0	1. 4	66.40 ± 5.1	38.5 ± 0.9	1. 7	75.2 ± 3.5	55.6 ± 1.1	1. 4	79.4 ± 2.1	52.7 ± 1.5	1. 5
Breast Cancer	T47 D	76.2 ± 5.9	69.8 ± 1.9	1. 1	73.6 ± 1.0	65.2 ± 1.5	1. 1	79.9 ± 2.2	58.7 ± 3.4	1. 4	68.6 ± 2.0	25.6 ± 1.1	2. 7	59.1 ± 2.2	24.3 ± 1.7	2. 4	71.2 ± 5.5	33.2 ± 0.9	2. 1
Colorect al Cancer	Cac o2	95.1 ± 4.7	104.0 ± 0.4	0. 9	100.6 ± 1.8	91.6 ± 5.7	1. 1	102.2 ± 8.4	105.1 ± 2.5	1. 0	89.5 ± 4.4	21.9 ± 0.8	4. 1	100.9 ± 1.9	9.5 ± 0.4	10 .6	96.1 ± 2.7	20.9 ± 3.9	4. 6

Colorect al Cancer	нст	76 9	64 9	1	89.7	79 4	1	Journ	<b>73 1 +</b> nal Pre	l 1 e-pr	839 00fs	45 1	1	84 9	24 5	3	86.8	45 0	1. 9
Colorect al Cancer	HT2 9	86.1 ± 5.2	65.3 ± 1.1	1. 3	96.3 ± 2.0	60.9 ± 1.9	1. 6	89.6± 3.4	89.1 ± 3.2	1. 0	95.2 ± 5.1	47.1 ± 1.7	2. 0	84.2 ± 3.3	45.3 ± 1.9	1. 9	109.8 ± 2.3	38.4 ± 1.7	2. 9
Colorect al Cancer	SW 48	101.6 ± 4.2	62.6 ± 1.2	1. 6	95.3 ± 2.2	58.8 ± 2.1	1. 6	88.2 ± 6.6	55.2 ± 3.0	1. 6	98.8 ± 3.1	32.8 ± 0.9	3. 0	61.8 ± 2.2	26.5 ± 1.1	2. 3	78.9 ± 0.5	29.1 ± 0.5	2. 7
Lung Cancer	A54 9	74.9 ± 4.1	82.9 ± 0.1	0. 9	96.7 ± 1.1	73.5 ± 3.1	1. 3	77.4 ± 6.1	59.4 ± 3.2	1. 3	57.9 ±6.1	24.6 ± 1.7	2. 4	99.6 ± 2.5	37.1 ± 1.1	2. 7	61.9 ± 1.5	27.8 ± 0.9	2. 2
Lung Cancer	H12 99	96.7 ± 4.9	109.1 ± 5.1	0. 9	92.7 ± 3.2	67.4 ± 6.4	1. 4	89.8± 9.1	96.3 ± 0.9	0. 9	91.3 ± 6.6	52.4 ± 4.1	1. 7	93.1 ±3.3	38.1 ± 0.8	2. 4	72.3 ±1.1	43.7 ±0.8	1. 7
Nasoph aryngea I Cancer	CNE 1	102.2 ± 3.1	72.5 ± 1.5	1. 4	104.3 ± 2.4	88.1 ± 0.9	1. 2	102.2 ± 6.5	70.5 ± 1.2	1. 4	106.4 ± 5.5	27.1 ± 1.0	3. 9	82.5 ± 2.1	12.4 ± 0.5	6. 7	100.3 ± 2.2	32.6 ± 0.9	3. 1
Nasoph aryngea I Cancer	HK1	90.1 ± 1.3	101.3 ± 4.1	0. 9	99.6 ± 1.2	76.9 ± 1.1	1. 3	103.3 ± 5.1	88.9 ± 3.2	1. 2	92.9 ± 1.1	59.7 ± 0.5	1. 6	90.4 ± 2.5	61.4 ± 3.7	1. 5	92.8 ± 1.1	59.7 ± 1.9	1. 6
Nasoph aryngea I Cancer	SUN E1	99.3 ± 1.0	80.5 ± 3.4	1. 2	109.1 ± 1.2	109.6 ± 5.4	1. 0	105.7 ± 5.4	68.6 ± 3.1	1. 5	83.4 ± 5.0	42.3 ± 5.5	2. 0	52.4 ± 1.5	38.6 ± 2.5	1. 4	104.2 ± 2.7	44.9 ± 2.5	2 3
Neurobl astoma	SHS Y5Y	89.7 ± 3.1	60.8 ± 1.2	1. 5	99.9 ± 2.4	65.8 ± 3.3	1. 5	86.1± 7.2	63.6 ± 0.9	1. 4	84.9 ± 8.1	33.7 ± 0.7	2. 5	74.7 ± 5.5	21.6 ± 2.9	3. 5	70.8 ± 1.5	30.6 ± 2.9	2 3
Pancrea tic Cancer	AsP C1	101.2 ± 0.9	75.2 ± 0.9	1. 3	96.4 ± 1.1	67.7 ± 2.1	1. 4	108.5 ± 3.3	106.2 ± 4.4	1. 0	81.8 ± 1.7	51.1 ± 0.9	1. 6	84.7 ± 2.2	40.2 ± 2.7	2. 1	87.3 ± 1.1	58.7 ± 1.7	1 5
Pancrea tic Cancer	BxP C3	101.9 ± 5.3	105.3 ± 5.4	1. 0	100.1 ± 0.4	82.9 ± 7.0	1. 2	103.6 ± 5.5	102.9 ± 3.3	1. 0	108.2 ± 0.9	62.9 ± 1.7	1. 7	108.8 ± 1.9	23.2 ± 2.1	4. 7	107.8 ± 2.3	56.5 ± 1.0	1 9
Pancrea tic Cancer	SW 199 0	91.9 ± 5.3	64.4 ± 8.1	1. 4	87.5 ± 2.4	55.1 ± 5.2	1. 6	65.8 ± 2.1	69.8 ± 3.2	0. 9	68.5 ± 5.5	42.1 ± 1.9	1. 6	72.4 ± 2.2	28.6 ± 1.6	2. 5	71.5 ± 5.5	36.7 ± 2.3	1 9
Breast Cells (non- cancero us)	MC F10 A	100.4 ± 0.3	88.7 ±9.4	1. 1	102.8 ± 1.4	82.7 ± 1.9	1. 2	104.9 ± 5.2	78.8 ± 1.2	1. 3	102.4 ± 8.1	77.1 ± 4.5	1. 3	88.8 ±0.9	47.5 ± 2.0	1. 9	102.5 ± 3.5	59.7 ± 4.4	1
Lung Cells (non- cancero	MR C5	100.9 ± 9.1	54.8 ± 4.2	1. 8	32.2 ± 3.5	44.9 ± 2.2	0. 7	78.9 ± 4.5	24.3 ± 4.4	3. 2	64.9 ± 6.1	29.9 ± 4.3	1. 8	74.9 ± 4.5	22.2 ± 2.2	3. 4	32.8 ± 2.1	22.1 ± 2.4	1

Cancer	Cell	9a	10a	96	10b	9c	10c	9d	10d	9e	10e	91	10†
type	line												
Breast	MCF7	>1	50.9 ±	>100	70.2 ±	>1	44.3 ±	>1	34.3 ±	88.3 ±	12.1 ±	88.1 ±	33.1 ±
Cancer		00	7.8		5.3	00	7.5	00	1.3	1.1	3.3	0.9	1.8
Breast	MDA-	>1	>100	>100	>100	>1	>100	>1	54.5 ±	>100	42.4 ±	>100	>100
Cancer	MB-	00				00		00	2.3		4.6		
	231												
Breast	MDA-	>1	>100	>100	>100	>1	>100	>1	>100	>100	52.1 ±	>100	>100
Cancer	MB-	00				00		00			5.1		
	468												
Breast	SKBR	>1	>100	>100	>100	>1	>100	>1	67.8 ±	>100	>100	>100	>100
Cancer	3	00				00		00	1.9				
Breast	T47D	>1	>100	>100	>100	>1	85.3 ±	>1	35.1 ±	>100	34.7 ±	>100	64.1 ±
Cancer		00				00	2.1	00	0.9		1.2		2.1
Colorectal	Caco	>1	>100	>100	>100	>1	>100	>1	39.9 ±	>100	10.1 ±	>100	37.1 ±
Cancer	2	00				00		00	1.7		1.8		0.8
Colorectal	HCT1	>1	>100	>100	>100	>1	>100	>1	82.1 ±	>100	33.1 ±	>100	83.8 ±
Cancer	16	00				00		00	0.5		8.1		8.1
Colorectal	HT29	>1	>100	>100	>100	>1	>100	>1	87.8 ±	>100	92.1 ±	>100	63.1 ±
Cancer		00				00		00	2.2		2.1		3.0
Colorectal	SW48	>1	>100	>100	>100	>1	>100	>1	62.3 ±	>100	33.4 ±	>100	43.4 ±
Cancer		00				00		00	2.3		4.5		4.9
Lung	A549	>1	>100	>100	>100	>1	>100	>1	33.3 ±	>100	57.7 ±	>100	70.4 ±
Cancer		00				00		00	1.9		1.7		1.1
Lung	H129	>1	>100	>100	>100	>1	>100	>1	>100	>100	49.1 ±	>100	>100
Cancer	9	00				00		00			2.1		

_														
	Nasophary	CNE1	>1	>100	>100	>100	>1	>100	>1	32.1 ±	>100	15.3 ±	>100	33.2 ±
	nge Cance.				0		Jo	ournal	Pre-	proofs	5		u	
ľ	Nasophary	HK1	>1	>100	>100	>100	>1	>100	>1	>100	>100	>100	>100	>100
	ngeal		00				00		00					
	Cancer													
	Nasophary	SUNE	>1	>100	>100	>100	>1	>100	>1	92.9 ±	>100	55.1 ±	>100	93.1 ±
	ngeal	1	00				00		00	5.2		2.5		1.9
	Cancer													
	Neuroblast	SHSY	>1	>100	>100	>100	>1	>100	>1	62.5 ±	>100	33.7 ±	>100	56.4 ±
	oma	5Y	00				00		00	4.4		2.7		6.9
	Pancreatic	AsPC	>1	>100	>100	>100	>1	>100	>1	>100	>100	85.1 ±	>100	>100
	Cancer	1	00				00		00			1.9		
	Pancreatic	BxPC	>1	>100	>100	>100	>1	>100	>1	>100	>100	52.1 ±	>100	>100
	Cancer	3	00				00		00			3.3		
ŀ	Pancreatic	SW19	>1	>100	>100	>100	>1	>100	>1	92.1 ±	>100	33.3 ±	>100	55.8 ±
	Cancer	90	00				00		00	7.7		2.5		4.3
ŀ	Broast Colls	MCE1	<u>\</u>	>100	>100	>100	<u>\</u>	>100	<u></u>	>100	>100	<u>810+</u>	>100	>100
	Inon-		00	>100	>100	>100	00	>100	00	2100	2100	0.7	>100	>100
	(non cancerous)						00					0.7		
ŀ	Lung Cells	MRC	>1	>100	60.2 ±	58.3 ±	>1	54.1 ±	>1	62.1 ±	>100	31.0 ±	41.0 ±	33.9 ±
	(non-	5	00		3.7	4.4	00	4.4	00	3.2		0.9	0.9	2.8
	, cancerous)													

## **Declaration of interests**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:



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