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## Discovery of a novel class of benzazepinone Na<sub>v</sub>1.7 blockers: Potential treatments for neuropathic pain

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Abstract—A series of benzodiazepines and benzazepinones were synthesized and evaluated as potential sodium channel blockers in a functional, membrane potential-based assay. One member of the benzazepinone series, compound **47**, displayed potent, state-dependent block of  $hNa_v1.7$ , and was orally efficacious in a rat model of neuropathic pain. © 2007 Elsevier Ltd. All rights reserved.

Neuropathic pain is a chronic, debilitating pain state that results from injury to the peripheral or central nervous system. It affects more than 1.6 million people in the United States, and can be triggered by a variety of events or conditions, including diabetes, shingles, and chemotherapy.<sup>1</sup> Because few effective therapies exist, patients suffering neuropathic pain are often prescribed anticonvulsants or topical anesthetics as treatment. Optimized for other indications, these agents typically offer only modest pain relief, and frequently elicit dose-limiting CNS-based side effects such as sedation and impairment.

Neuropathic pain signaling begins with the aberrant firing of action potential bursts in damaged nerve tissue. The initiation and propagation of these action potentials typically require the opening of voltage-gated sodium channels (Na<sub>v</sub>1.*x*). Because they can inhibit action potential firing, Na<sub>v</sub>1 blockers have been investigated as treatments for neuropathic pain.<sup>2–4</sup> Weak blockers such as carbamazepine and lidocaine have shown efficacy in the treatment of neuropathic pain, thereby providing clinical validation for this approach (Fig. 1).<sup>5,6</sup>

Recent data from human genetic studies have implicated  $hNa_v 1.7$ , a subtype located primarily in the PNS, as a key constituent in pain signaling. Individuals with gain of function mutations in *SCN9A*, the gene that encodes  $hNa_v 1.7$ , experience bouts of intense pain that are either evoked by mild stimuli or spontaneous in nature.<sup>7,8</sup> As such, their symptoms resemble those presented by neuropathic pain patients. In contrast, individuals with loss of function mutations in *SCN9A* have a complete inability to sense pain, yet retain all other normal nerve functions.<sup>9,10</sup> Collectively, these studies provide compelling genetic validation for  $hNa_v 1.7$  as an important pain target.

Channel blockers destined for the clinic must inhibit aberrant neuronal signaling while leaving normal nerve



Figure 1. Sodium channel blockers.

*Keywords*: Sodium channel; Neuropathic pain; Nav1.7; Benzazepinone; Benzodiazepine.

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functions intact. We believe that this can be achieved, in large part, via state-dependent channel block. Voltagegated sodium channels exist in three main conformational states: resting, open, and inactivated. In healthy nerve and cardiac tissue, these channels reside predominantly in the resting state. In damaged nerve tissue, on the other hand, they accumulate in the inactivated state. Compounds that selectively bind and stabilize that inactivated state should block signaling in damaged tissue preferentially, thereby minimizing the potential for mechanism-based adverse effects.

Our goal is to develop potent, state-dependent  $hNa_v 1.7$ blockers as treatments for neuropathic pain. Toward that end, we initiated a screening of the Merck sample collection and identified benzodiazepine **1** (Fig. 1) as a starting point for optimization studies. The modification of **1**, described herein, has led to the discovery of a potent, state-dependent  $hNa_v 1.7$  blocker that displays good oral efficacy in a rat model of neuropathic pain.

Initial analogs of 1 were synthesized using the procedures outlined in Scheme 1. The starting material for this sequence, (R)-3-amino-1-methyl-5-phenyl-1,3-dihydro-benzo[e][1,4]diazepin-2-one 2, has been described previously.<sup>11</sup> Coupling of 2 with N-Boc-D-phenylalanine furnished protected amide 1. Acid-catalyzed amine deprotection then gave 3, a central intermediate that could be coupled with various sulfonyl chlorides, chloroformates or carbonyl chlorides to yield products such as 4, 5, and 6. Alternatively, 3 could participate in reductive amination to afford amines such as 7.

Once synthesized, compounds were then assayed for their ability to block  $hNa_v1.7$ . The extent of channel block was determined in a functional, membrane potential-based assay that measures the fluorescence resonance energy transfer (FRET) between two membrane-associated dyes. Specific details of the experimental protocols employed have recently been described.<sup>12</sup> Selected compounds were also screened against several other ion channels that are known to impact cardiac function. Because block of hERG K<sup>+</sup> channels has been associated with potentially lethal ventricular arrhythmias, compounds were tested in a binding assay that measures displacement of <sup>35</sup>S-labeled MK-0499, a known hERG blocker.<sup>13</sup> Similarly, because block of Ca<sub>v</sub>1.2 Ca<sup>2+</sup> channels can lead to unsafe decreases in mean arterial pressure, compounds were screened in a binding assay that measures displacement of <sup>3</sup>H-diltiazem (DLZ), a known Ca<sub>v</sub>1.2 blocker.<sup>14</sup>

Initial SAR efforts were aimed at paring 1 down to the minimum structure required for potent  $hNa_v1.7$  block. We began by varying the sidechain R<sup>1</sup> substituent. As shown in Table 1, when the R<sup>1</sup> phenyl present in 1 was replaced with a cyclohexyl group (compound 9) or deleted entirely (compound 8), a dramatic loss in  $hNa_v1.7$  potency was observed. If the alkyl tether connecting R<sup>1</sup> to the molecule was shortened or lengthened (10 and 11), potency was also diminished. While fluorination of the R<sup>1</sup> phenyl was tolerated (12 and 13), replacement of the phenyl with various aromatic heterocycles led to weaker channel block (14–16). Taken together, these data indicate that a lipophilic aromatic group is required at this site.

Having elucidated the requirements for  $R^1$ , we turned our attention toward the sidechain  $R^2$  site. In a bid to reduce structural complexity, we prepared analogs wherein the N-Boc group (Table 2, compound 17) or the entire -NH(Boc) moiety (compound 18) had been excised. Unfortunately, each of these afforded only weak hNa<sub>v</sub>1.7 functional block. An N-methylated derivative (19), a series of sulfonamides (20, 4, and 21) and an amine (7) that retained the terminal *tert*-butyl group of 1 were also prepared and found to be much less potent than N-Boc derivative 1. These results suggested that the sidechain N-H might play an important role in channel binding, and might need to be maintained within a specific  $pK_a$  range. With that in mind, we narrowed the scope of our efforts and prepared a series of carbamates and amides. In the carbamate series, methyl derivative 5 displayed only weak channel block, but benzyl



Scheme 1. Reagents and condition: (a) *N*-Boc-D-Phe, CDI, DMF, 60 °C (89%); (b) TFA,  $CH_2Cl_2$ ; (c) *i*-PrSO<sub>2</sub>Cl, *i*-Pr<sub>2</sub>NEt,  $CH_2Cl_2$ ; or MeO<sub>2</sub>CCl, K<sub>2</sub>CO<sub>3</sub>,  $CH_2Cl_2$ ; or 1-adamantyl carbonyl chloride, K<sub>2</sub>CO<sub>3</sub>,  $CH_2Cl_2$ ; or 3,3-dimethylbutyraldehyde, NaCNBH<sub>3</sub>, MeOH.

Table 1. Effect of the  $R^1$  group on  $hNa_v 1.7$  potency



Compound	$\mathbb{R}^1$	hNav1.7 (IC50, nM)
1	CH <sub>2</sub> Ph	125
8	Me	>1000
9	CH <sub>2</sub> (c-Hex)	>1000
10	Ph	375
11	CH <sub>2</sub> CH <sub>2</sub> Ph	238
12	$CH_2(2-F-Ph)$	87
13	$CH_2(4-F-Ph)$	71
14	CH <sub>2</sub> (4-thiazolyl)	684
15	CH <sub>2</sub> (3-pyridyl)	978
16	CH <sub>2</sub> (4-imidazolyl)	>1000

Table 2. Effect of the  $R^2$  group on  $hNa_v 1.7$  potency



Compound	$\mathbb{R}^2$	hNav1.7 (IC50, nM)
1	NH(Boc)	125
17	NH <sub>2</sub>	>1000
18	Н	>1000
19	NMe(Boc)	>1000
20	NH(SO <sub>2</sub> Me)	>1000
4	NH(SO <sub>2</sub> <i>i</i> -Pr)	>1000
21	NH(SO <sub>2</sub> Ph)	>1000
7	NH(CH <sub>2</sub> CH <sub>2</sub> t-Bu)	>1000
5	NH(CO <sub>2</sub> Me)	>1000
22	NH(CO <sub>2</sub> Bn)	150
23	NH(CO)c-Pr	>1000
24	NH(CO)t-Bu	380
6	NH(CO)Ad	420

carbamate 22 proved to be as potent as 1. Likewise, in the amide series, the smaller cyclopropyl analog 23 proved weak, while the larger *tert*-butyl and adamantyl amides 24 and 6 were more potent. This initial survey suggested that a range of amides and carbamates might be tolerated at  $\mathbb{R}^2$ , so long as they terminated in a bulky alkyl or aryl group.

We next probed the effect of alterations to the benzodiazepine core. With an eye toward simplification, we truncated the tricyclic core of 1 and obtained 25, a compound that maintained potent  $hNa_v1.7$  block (Table 3). Taking this approach a step further, we deleted the lefthand phenyl ring from 25. The resulting derivative 26 proved less potent, thus underscoring the importance of that ring in binding and/or conformational constraint. Because it seemed to offer numerous advantages, the benzazepinone core embodied in 25 was employed in all subsequent designs.

Analogs in this new benzazepinone series were synthesized according to the procedures outlined in Scheme 2. The requisite starting material, (R)-3-amino-2,3,4,5-

Table 3. Modifications to the benzodiazepine core





Scheme 2. Reagents and conditions: (a) TrCl, Et<sub>3</sub>N, DMF (60%); (b) NaH, THF, CF<sub>3</sub>CH<sub>2</sub>OTf, 0 °C to RT (82%); (c) LAH, THF, 0–60 °C (99%); (d) HCl, MeOH; *N*-Boc-D-Phe, CDI, DMF, 60 °C; (e) HCl, MeOH; *N*-Boc-D-phenylalaninal, NaCNBH<sub>3</sub>, MeOH; (f) HCl, MeOH; *N*-Boc-D-Phe, BOP, *i*-Pr<sub>2</sub>NEt, THF (64%—2 steps).

tetrahydro-1H-[1]-benzazepin-2-one 27, was prepared according to the procedure of Armstrong and coworkers, then tritylated to yield compound 28.15 Sequential treatment of 28 with sodium hydride and trifluoroethyl triflate resulted in lactam alkylation to give 29. Acid-catalyzed N-detritylation of 29 then furnished an amine that could undergo amide coupling with N-Boc-D-phenylalanine to yield 31 (step d), or reductive amination with N-Boc-D-phenylalaninal to provide 32 (step e). Alternatively, intermediate 29 could be treated with lithium aluminum hydride to afford 30, the product of lactam reduction. Acid-catalyzed amine deprotection followed by BOP-mediated amide coupling then delivered 33. Compounds listed in Tables 3-5 were synthesized according to these procedures using the appropriate commercially available starting materials. In several instances (46 and 47), compounds were prepared using non-commercially available amino acids that had been synthesized via the method of Schollkopf.<sup>16</sup> Analogs with (S) stereochemistry at the 3-amino stereocenter (e.g., 48) were prepared from the enantiomer of 27, known compound (S)-3-amino-2,3,4,5-tetrahydro-1H-[1]-benzazepin-2-one.17

Our final set of core modifications focused on the benzazepinone lactam region. We began by replacing the lactam N-methyl of 25 with a set of small alkyl groups (Table 4, compounds 31, 34, and 35). Of these, the *N*-isopropyl analog **35** displayed optimal hNa<sub>v</sub>1.7 blockade. We also probed the importance of the lactam carbonyl in channel binding. When compared with *N*-methyl lactam **25**, the reduced derivative **36** was notably less potent. In contrast, the N-trifluoroethyl lactam 31 and its reduced counterpart 33 were essentially equipotent. Thus, it may be that while the lactam carbonyl is not required per se, electron density on the lactam nitrogen must be attenuated in order to maintain potent hNa<sub>v</sub>1.7 block. Finally, we investigated the role of the exocyclic amide in channel binding. When compared with amide 31, the corresponding amine 32 showed both reduced hNav1.7 potency and increased MK-0499 activity. From these studies, it appeared that an optimal

Table 4. Modifications to the benzazepinone lactam region



Compound	R <sup>4</sup>	Х	Y	hNa <sub>v</sub> 1.7 (IC <sub>50</sub> , nM)	MK-0499 (% inhibition at 10 μM)
25	$CH_3$	0	0	192	16
31	CH <sub>2</sub> CF <sub>3</sub>	0	0	150	16
34	CH <sub>2</sub> c-Pr	0	0	78	15
35	<i>i</i> -Pr	0	0	45	6
36	$CH_3$	H,H	0	>1000	28
33	CH <sub>2</sub> CF <sub>3</sub>	H,H	0	145	40
32	$CH_2CF_3$	0	H,H	885	79

**Table 5.** Optimization of the benzazepinone  $\mathbb{R}^1$  substituent

N O O * N H H H Boc							
Compound	$\mathbf{R}^1$	*/*	hNa <sub>v</sub> 1.7	(% inhibition			
			$(IC_{50},nM)$	at 10 µM)			
				MK-0499	DLZ		
35	Ph	R,R	45	6			
37	2-F-Ph	R,R	44	8	11		
38	3-F-Ph	R,R	9	8	0		
39	4-F-Ph	R,R	98	0	0		
40	2,5-di-F-Ph	R,R	23	6	24		
41	2,6-di-F-Ph	R,R	14	4	36		
42	2-CF <sub>3</sub> -Ph	R,R	137	34			
43	3-CF <sub>3</sub> -Ph	R,R	295	15	19		
44	4-CF <sub>3</sub> -Ph	R,R	>1000				
45	2-CF <sub>3</sub> -3-F-Ph	R,R	65	39	87		
46	2-CF <sub>3</sub> -6-F-Ph	R,R	32	43	81		
47	2-OCF <sub>3</sub> -Ph	R,R	35	18	3500 <sup>a</sup>		
48	2-OCF <sub>3</sub> -Ph	S,R	32	20	1725 <sup>a</sup>		
49	2-OCF <sub>3</sub> -Ph	R,S	214	0			

<sup>a</sup> IC<sub>50</sub>, nM.

Table 6. Pharmacokinetic data for selected compounds

design would incorporate an N-isopropyl benzazepinone core coupled to an amide sidechain.

At this point, we had identified the essential structural features required for potent block of hNa<sub>v</sub>1.7. Because substitution at the R<sup>1</sup> position was known to affect binding, and because we had made significant changes to the lead structure since our first survey of  $\mathbb{R}^1$ , we ran a focused re-optimization of that domain. Consistent with our earlier results, fluorination of the R<sup>1</sup> phenyl ring was well tolerated (compounds 37-41), with the 3-fluorophenyl and 2,6-difluorophenyl derivatives 38 and 41 proving particularly potent (Table 5). Incorporation of the larger trifluoromethyl group at the 2-, 3- or 4-positions (42-44) led, in each case, to derivatives less potent than their fluorinated counterparts. Potency of the 2-trifluoromethyl analog could, however, be improved by additional fluorination at the 3- or 6-position (45 and 46), or by conversion to a 2-trifluoromethoxy group (47). In accordance with trends that have been observed generally in this series, the S, R diastereomer of 47 (compound 48) maintained good hNav1.7 block, while the *R*,*S* diastereomer **49** proved to be less potent. In general, compounds from this series were notably free of activity in the MK-0499 and DLZ counterscreens.

Several members from this series were submitted to pharmacokinetic (PK) assays. The first compound to be profiled, 2-F-phenyl derivative 37, displayed rather modest oral bioavailability and exposure (Table 6). Fortunately, analogs of 37 that incorporated larger groups at the phenylalanine 2-position fared better. The 2-CF<sub>3</sub>-phenyl derivative 42, for instance, exhibited a twofold increase in oral exposure. Related compounds 46 and 47 maintained or improved upon that exposure level and also featured reduced rates of clearance. The derivative with the best overall profile, 47, was submitted for PK determination in dog and showed similar results, albeit with lower bioavailability, in that species.

Because it was the most promising compound to emerge from this series, 47 was selected for further study. For reasons outlined above, it was important to determine



Target	$\mathbb{R}^1$	Species	Dose <sup>a</sup> (iv/po)	F%	$AUC_N^{b}$	$C_{\max}^{c}$	$\operatorname{Cl}_p^{d}$	$T_{1/2}^{e}$
37	2-F-Ph	Rat	1.0/3.0	14	0.12	0.10	41	1.5
42	2-CF <sub>3</sub> -Ph	Rat	1.0/3.0	35	0.22	0.30	50	2.1
46	2-CF <sub>3</sub> -6-F-Ph	Rat	1.0/3.0	28	0.24	0.33	32	2.5
47	2-OCF <sub>3</sub> -Ph	Rat	1.0/3.0	24	0.31	0.30	24	2.3
48	2-OCF <sub>3</sub> -Ph	Rat	1.0/3.0	15	0.09	0.14	55	2.1
47	2-OCF <sub>3</sub> -Ph	Dog	0.38/1.5	9	0.27	0.07	15	4.2

<sup>a</sup> mg/kg.

<sup>b</sup>μM h/mpk.

<sup>c</sup>μM.

d mL/min/kg.

whether **47** blocked hNa<sub>v</sub>1.7 in a state-dependent manner. Compound **47** was therefore analyzed by whole cell electrophysiology to determine its binding to hNa<sub>v</sub>1.7 inactive and resting states ( $K_i$  and  $K_r$ , respectively).<sup>18</sup> Analysis via this technique yielded a  $K_i = 40$  nM and a  $K_r$  of >3  $\mu$ M, indicating that block of hNa<sub>v</sub>1.7 by **47** is highly state-dependent.

The ability of **47** to inhibit neuronal firing in vivo was examined in the rat peripheral axotomy model.<sup>19</sup> In this assay, the sciatic nerve was sectioned at mid-thigh to generate a neuroma. Three to 10 days later, the nerve was exposed and electrodes were connected to neuronal filaments that were firing spontaneously. After the baseline firing frequency was established, test compound was administered as an iv infusion. Firing frequency was then measured for an additional 60 min post-dose. When dosed iv at 2 mg/kg, **47** produced essentially complete block of spontaneous neuronal firing at all timepoints studied (% inhibition at 10, 30, and 60 min = 100%, 100%, 93%, n = 6).

Finally, compound **47** was submitted for pharmacodynamic profiling in a rat spinal nerve ligation model of neuropathic pain.<sup>20</sup> In that assay, rats underwent surgical ligation and transection of the L5 spinal nerve as a means of initiating neuropathy. Tactile allodynia was assessed both before and 1 week after surgery using calibrated Von Frey filaments. In rats that presented significant allodynia, test compound was administered orally, and reversal of allodynia was then determined. When dosed orally at 10 mg/kg, compound **47** elicited significant reversal of allodynia at both 2 and 4 h post-dose (% reversal at 2, 4 h = 43%, 40%, n = 8), indicating that it is indeed efficacious in a rat model of neuropathic pain.

In summary, we have discovered a structurally novel class of benzazepinone-based sodium channel blockers. An exemplar of this class displayed potent, state-dependent block of  $hNa_v 1.7$  in vitro, blocked spontaneous neuronal firing in vivo, and was orally efficacious in a rat model of neuropathic pain. Future work in this series will focus on further improvements to pharmacokinetics and pharmacodynamics, and will be reported in due course.

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## **References and notes**

- 1. Taylor, R. S. Pain Pract. 2006, 6, 22.
- 2. Ashcroft, F. M. *Ion Channels and Disease*; Academic Press: San Diego, 2000, pp. 67–96.
- Anger, T.; Madge, D. J.; Mulla, M.; Riddall, D. J. Med. Chem. 2001, 44, 115.
- Amir, R.; Argoff, C. E.; Bennett, G. J.; Cummins, T. R.; Durieux, M. E.; Gerner, P.; Gold, M. S.; Porreca, F.; Strichartz, G. R. J. Pain 2006, 7, S1.
- 5. Harke, H.; Gretenkort, P.; Ladleif, H. U.; Rahman, S.; Harke, O. *Anesth. Analg.* **2001**, *92*, 488.
- 6. Mao, J.; Chen, L. L. Pain 2000, 87, 7.
- Dib-Hajj, S. D.; Rush, A. M.; Cummins, T. R.; Hisama, F. M.; Novella, S.; Tyrrell, L.; Marshall, L.; Waxman, S. G. *Brain* 2005, *128*, 1847.
- Fertleman, C. R.; Baker, M. D.; Parker, K. A.; Moffatt, S.; Elmslie, F. V.; Abrahamsen, B.; Ostman, J.; Klugbauer, N.; Wood, J. N.; Gardiner, R. M.; Rees, M. *Neuron* 2006, *52*, 767.
- Cox, J. J.; Reimann, F.; Nicholas, A. K.; Thornton, G.; Roberts, E.; Springell, K.; Karbani, G.; Jafri, H.; Mannan, J.; Raashid, Y.; Al-Gazali, L.; Hamamy, H.; Valente, E. M.; Gorman, S.; Williams, R.; McHale, D. P.; Wood, J. N.; Gribble, F. M.; Woods, C. G. *Nature* 2006, 444, 894.
- Goldberg, Y. P.; MacFarlane, J.; MacDonald, M. L.; Thompson, J.; Dube, M.-P.; Mattice, M.; Fraser, R.; Young, C.; Hossain, S.; Pape, T.; Payne, B.; Radomski, C.; Donaldson, G.; Ives, E.; Cox, J.; Younghusband, H. B.; Green, R.; Duff, A.; Boltshauser, E.; Grinspan, G. A.; Dimon, J. H.; Sibley, B. G.; Andria, G.; Toscano, E.; Kerdraon, J.; Bowsher, D.; Pimstone, S. N.; Samuels, M. E.; Sherrington, R.; Hayden, M. R. *Clin. Genet.* 2007, *71*, 311.
- Rittle, K. E.; Evans, B. E.; Bock, M. G.; DiPardo, R. M.; Whittier, W. L.; Homnick, C. F.; Veber, D. F.; Freidinger, R. M. *Tetrahedron Lett.* **1987**, *28*, 521.
- Felix, J. P.; Williams, B. S.; Priest, B. T.; Brochu, R. M.; Dick, I. E.; Warren, V. A.; Yan, L.; Slaughter, R. S.; Kaczorowski, G. J.; Smith, M. M.; Garcia, M. L. Assay Drug Dev. Technol. 2004, 2, 260.
- Wang, J.; Della Penna, K.; Wang, H.; Karczewski, J.; Connolly, T. M.; Koblan, K. S.; Bennett, P. B.; Salata, J. J. Am. J. Physiol. Heart Circ. Physiol. 2002, 284, H256.
- 14. Schoemaker, H.; Hicks, P.; Langer, S. J. Cardiovasc. Pharmacol. 1987, 9, 173.
- Armstrong, J. D.; Eng, K. K.; Keller, J. L.; Purick, R. M.; Hartner, F. W.; Choi, W.-B.; Askin, D.; Volante, R. P. *Tetrahedron Lett.* 1994, 35, 3239.
- 16. Schollkopf, U. Tetrahedron 1983, 39, 2085.
- 17. Chang, C.-Y.; Yang, T.-K. Tetrahedron: Asymmetry 2003, 14, 2081.
- Hamill, O. P.; Marty, A.; Neher, E.; Sakmann, B.; Sigworth, F. J. *Pflugers Arch.* **1981**, *391*, 85.
- Chabal, C.; Russell, L. C.; Burchiel, K. J. Pain 1989, 38, 333.
- Chaplan, S. R.; Bach, F. W.; Pogrel, J. W.; Chung, J. M.; Yaksh, T. L. J. Neurosci. Methods 1994, 53, 55.