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Antibacterial activity of quinoxalines, quinazolines, and 1,5-naphthyridines



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ABSTRACT

Several phenyl substituted naphthalenes and isoquinolines have been identified as antibacterial agents that inhibit FtsZ-Zing formation. In the present study we evaluated the antibacterial of several phenyl substituted quinoxalines, quinazolines and 1,5-naphthyridines against methicillin-sensitive and methicillin-resistant *Staphylococcus aureus* and vancomycin-sensitive and vancomycin-resistant *Enterococcus faecalis*. Some of the more active compounds against *S. aureus* were evaluated for their effect on FtsZ protein polymerization. Further studies were also performed to assess their relative bactericidal and bacteriostatic activities. The notable differences observed between nonquaternized and quaternized quinoxaline derivatives suggest that differing mechanisms of action are associated with their antibacterial properties.

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Nosocomial infections associated with multidrug-resistant pathogens such as methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococci (VRE) represent a major public health concern. ¹⁻⁴ Increased bacterial resistance to conventional antibiotics has brought attention to the critical need for the identification of novel therapeutic antibacterial targets. ⁵

FtsZ is an essential and highly conserved bacterial protein involved in cytokinesis. G-9 Cell division in bacteria occurs at the site of formation of a cytokinetic Z-ring polymeric structure comprised of FtsZ subunits. FtsZ forms the Z-ring via a process of GTP-dependent self-polymerization. T-9 The Z-ring plays a key role in constriction of the bacterial cell wall and serves as a scaffold for the recruitment of other components of the cell division machinery. Several recent reviews have discussed the potential of antibacterial agents that target FtsZ, as well as recent advances in the discovery of small molecules that perturb processes in which FtsZ is involved. General Tesz-targeting antibacterial agents can exert their disruptive effects on the Z-ring by either enhancing or inhibiting FtsZ self-polymerization. General Self-polymerization.

Several phenyl substituted naphthalenes and isoquinolines were identified as antibacterial agents that act as stimulators of FtsZ polymerization.^{26–28} In the present study, we evaluated of the bactericidal and bacteriostatic potential of phenyl substituted quinoxalines, quinazolines and 1,5-naphthyridines and examined their effect on FtsZ protein polymerization.

The quinoxaline derivatives evaluated in this study are listed in Table 1. Commercially available quinoxaline 1 was converted to 1-methylquinoxalinium iodide 2 by treatment with methyl iodide at 80 °C in a sealed vial. The 2-substituted quinoxalines 2a–10a and the *N*-methylated derivatives 2b–9b were prepared as outlined in Scheme 1. 2-Trifluoromethylsulfonyloxyquinoxaline was prepared as previously described.²⁹ For the preparation of 7a, 3-(*t*-butyl)-5-(carbomethoxy)phenylboronic acid pinacol ester was used in the Suzuki coupling. This boronate ester was prepared by treating commercially available methyl 3-bromo-5-iodobenzoate with 4-*t*-butylphenylboronic acid in the presence of Pd(PPh₃)4. The resulting 3-bromo-5-carbomethoxy-4'-(*t*-butyl)biphenyl was converted to it's pinacol ester by standard coupling conditions using bis(pinacolato)diboron and PdCl₂(dppf) with KOAc in dioxane.

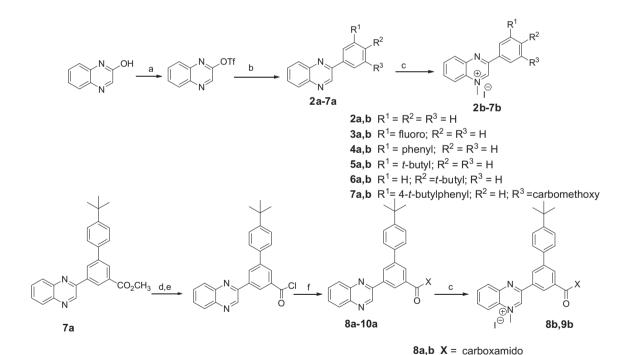
The assignment of the site of N-methylation in the case of **2b–9b** is based upon the literature^{30–33} and spectral data from

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Table 1Substituted quinoxaline derivatives evaluated for antibacterial activity

Compound	X	Y		
1a	Н	Н		
1b	Н	Н		
2a	Phenyl	Н		
2b	Phenyl	Н		
3a	3-Fluorophenyl	Н		
3b	3-Fluorophenyl	Н		
4a	3-Biphenyl	Н		
4b	3-Biphenyl	Н		
5a	3-t-Butylphenyl	Н		
5b	3-t-Butylphenyl	Н		
6a	4-t-Butylphenyl	Н		
6b	4-t-Butylphenyl	Н		
7a	3-(4'-t-Butyl-5-carbomethoxybiphenyl)	Н		
7b	3-(4'-t-Butyl-5-carbomethoxybiphenyl)	Н		
8a	3-(4'-t-Butyl-5-carboxamidobiphenyl)	Н		
8b	3-(4'-t-Butyl-5-carboxamidobiphenyl)	Н		
9a	3-(4'-t-butyl-5-[carboxamido-N-(2-hydroxyethyl)]biphenyl)	Н		
9b	3-(4'-t-Butyl-5-[carboxamido-N-(2-hydroxyethyl)]biphenyl)	Н		
10a	3-(4'-t-Butyl-5-[carboxamido-N-(2-aminoethyl)]biphenyl)	Н		
11a	3-t-Butylphenyl	$CH_2NC(NH_2)_2$		
12a	4-t-Butylphenyl	CH ₂ NC(NH ₂) ₂		



Scheme 1. Synthesis of quinoxalines and *N*-methylquinoxalinium derivatives. Reagents and conditions: (a) triflic anhydride, TEA, DCM, 0 °C, 2 h; (b) dioxane, Pd((PPh₃)₂)Cl₂, Cs₂CO₃, phenylboronic acid for **2a**, 4-fluorophenylboronic acid for **3a**, 3-biphenylboronic acid for **4a**, 3-*t*-butylphenylboronic acid for **5a**, 3-*t*-butylphenylboronic acid for **6a**, 3-(*t*-butyl)-5-(carbomethoxy)phenylboronic acid pinacol ester for **7a** with (XPhos, Pd(OAc)₂, K₂CO₃, ACN/H₂O (2:1) (c) Mel, 80–90 °C, sealed vial; 12 h; (d) THF/H₂O (2:1), LiOH, 50 °C; (e) Oxalyl chloride, DCM, cat DMF, rt; (f) R-NH₂, DCM, rt.

2D NOESY data that were analyzed for **2b**, **5b** and **6b**, which are detailed in the Supporting information.

The preparation of 2-phenyl-6-methylquinoxalines was performed as outlined in Scheme 2. A mixture of both 5-methyl-2-

hydroxyquinoxaline and 8-methyl-2-hydroxyquinoxaline was formed by condensing 3-methyl-1,2-phenylenediamine with ethyl-2-oxaacetate. These hydroxyquinoxalines were converted to their chloro derivatives using POCl₃. The mixture of

9a,b X = N-(2-hydroxyethyl)carboxamido10a X = (2-aminoethyl)carboxamido

chloroquinoxalines was then subester by standard coupling conditions usingbisjected to Suzuki coupling conditions using either 3-t-butylphenylboronic acid or 4-t-butylphenylboronic acid. Isolated from the mixture formed in each instance was 2-(3-t-butylphenyl)-6-methylquinoxaline and 2-(4-t-butylphenyl)-5-methylquinoxaline, respectively. Each of the isolated 5-methylquinoxalines were treated with NBS to form their bromomethyl derivatives, which subsequently was converted to their respective guanidinomethyl derivatives, **11a** and **12a**.

The spectral identification of the 2-phenyl-6-methylquinoxaline was based on a careful analysis of 2D-NOESY and gCOSY spectral data. The position of the phenyl moiety was established unequivocally on the basis of detailed gHMQC and gHMBC spectral analyses, which are detailed in the Supporting information.

The quinazoline and 1,5-naphthyridines synthesized and evaluated for antibacterial activity are listed in Table 2. The substituted 4-phenylquinazoline derivatives **13** and **14** were synthesized as outlined in Scheme 3. 4-Chloro-8-methylquinazoline was prepared as described in the literature.³⁵ Suzuki coupling of this intermediate using 4-t-butylphenylboronic acid provided 4-(4-t-butylphenyl)-8-methylquinazoline. Treatment of this intermediate with NBS provided the bromomethyl derivative, which was converted to its azide derivative and subsequently reduced to provide the aminomethyl derivative **13**. Alternative, this bromomethylquinazoline could be treated with 1,3-bis(t-butoxycarbonyl)guanidine and the *N*-Boc protecting groups removed using trifluoroacetic acid in dichloromethane.

Compound **16** was prepared as shown in Scheme 4. Conversion of 4-methyl-8-hydroxyquinazoline to its triflate and subsequent Suzuki coupling using 4-*t*-butylphenylboronic acid gave 3-methyl-8-(4-*t*-butylphenyl)quinazoline. This intermediate was converted to its bromomethyl derivative using NBS in CCl₄. Using conditions as previously described for 4-(4-*t*-butylphenyl)-8-bromomethylquinazoline, this bromomethyl derivative could be converted to its guanidinomethyl derivative **16**.

The synthesis of the naphthyridine derivatives **17** and **18** was accomplished as outlined in Scheme 5. Conversion of 4-hydroxy-8-methyl[1,5]naphthyridine to its triflate, followed by Suzuki coupling with 4-*t*-butylphenylboronic acid provided 4-(4-*t*-butylphenyl)-8-methyl[1,5]naphthyridine. The methyl substituent could be converted to its aminomethyl derivative **17** or its guanid-

Table 2Substituted quinazolines and 1,5-naphthyridines synthesized and evaluated for antibacterial activity

Compd	X	Y
13	4-t-Butylphenyl	CH ₂ NH ₂
14	4-t-Butylphenyl	$CH_2NC(NH_2)_2$
15	4-t-Butylphenyl	$CH_2NC(NH_2)(CH_3)$
16	$CH_2NC(NH_2)_2$	4-t-Butylphenyl
17	4-t-Butylphenyl	CH_2NH_2
18	4-t-Butylphenyl	$CH_2NC(NH_2)_2$

inomethyl derivative **18** using methodology previously described in this study for methylquinazolines.

The relative antibacterial activities of these varied quinoxalines and methylquinoxalinium derivatives against methicillin-sensitive S. aureus (MSSA), methicilllin-resistant S. aureus (MRSA), vancomycin-sensitive Entercoccus faecalis (VSE) and vancomycin-resistant E. faecalis (VRE) are provided in Table3. Quinoxaline and N-methylquinoxalinium iodide did not exhibit notable antibacterial activity against S. aureus or E. faecalis. The presence of hydrophoblic moieties such as a phenyl, 4-fluorophenyl, 3-biphenyl, or 4-t-butylphenyl at the 3-position of 1-methylquinoxalinium iodides 2b-6b, but not at the 2-position of quinoxaline (2a-6a), resulted in a significant increase in antibacterial activity. A similar trend was observed for quinoxalines structurally-related to 6a and 6b, having a 5-carboxymethy substituent (7a and 7b), a 5-carboxyamido substituent (8a and 8b) or a 5-carboxamido-N-(2-hydroxyethyl) group (9a and 9b). Only in the case of the related carboxamido derivative with an N-(2-aminoethyl) substituent (10a) was significant activity observed for a quinoxaline derivative. The placement of a guanidinomethyl substituent at the 5-position of either a 2-(3-t-butylphenyl)quinoxaline or 2-(4-t-butylphenyl)quinoxaline (**11a** and 12a) did result in a notable increase in antibacterial activity.

These data tend to suggest that these highly basic substituents that would be protonated at physiological pH could mimic the

$$\begin{array}{c} NH_2 \\ NH_3 \\ NH_4 \\ NH_2 \\ NH_3 \\ NH_4 \\ NH_5 \\ NH_5 \\ NH_6 \\ NH$$

Scheme 2. Synthesis of the 5-guanidinomethyl quinoxaline derivatives 11a and 12a. Reagents and conditions: (a) HCOCOOCH₂CH₃/EtOH (1:1), reflux; 30 min; (b) POCl₃, 110 °C, 1 h; (c) dioxane/H₂O (3:1), Pd(PPh₃)₄, K₂CO₃, 3-(*t*-butyl)phenylboronic acid, 100 °C, 2 h; (d) NBS, CCl₄, hv, 30 min; (e) DMF, K₂CO₃, 1,3-bis(*t*-butoxycarbonyl)guanidine, 16 h; (f) trifluoroacetic acid/DCM (1:1), 50 °C, 2 h.

Scheme 3. Synthesis of the quinazoline derivatives **13–15.** Reagents and conditions: (a) POCl₃, CN₃CN, reflux, 4 h³³; (b) 4-*t*-butylphenylboronic acid, DME, Na₂CO₃, Pd(PPh₃)4, 85 °C, 1 h; (c) NBS, CCl₄, hv, 3 h; (d) DMF, NaN₃, K₂CO₃; 50 °C, 16 h; (e) THF/H₂O (9:1), P(Ph₃) on solid support, 72 h at rt; (f) DMF, K₂CO₃, 1,3-bis(*t*-butoxycarbonyl)guanidine, 16 h; (g) trifluoroacetic acid/DCM (1:1), 50 °C; (h) acetamidine HCl, K₂CO₃, DMF, 16 h, rt.

Scheme 4. Synthesis of the quinazoline derivative **16.** Reagents and conditions: (a) triflic anhydride, TEA, DCM, -78 °C, 90 min; (b) 4-t-butylphenylboronic acid, DME, Na₂CO₃, Pd(PPh₃)₄, 80 °C, 1 h; (c) NBS, CCl₄, hv, 1 h; (d) DMF, K₂CO₃, 1,3-bis(t-butoxycarbonyl)guanidine, 16 h; (e) trifluoroacetic acid/DCM (1:1), 50 °C.

OH
$$A_1$$
 A_2 A_3 A_4 A_5 A

Scheme 5. Synthesis of the 1,5-naphthyridine derivatives 17 and 18. Reagents and conditions: (a) triflic anhydride, TEA, DCM, 0 °C, 1 h; (b) 4-t-butylphenylboronic acid, DME, Na₂CO₃, Pd(PPh₃)₄, 80 °C, 1 h; (c) NBS, CCl₄, hv, 1 h; (d) DMF, NaN₃, K₂CO₃; 50 °C, 16 h; (e) THF/H₂O (9:1), P(Ph₃) on solid support, 72 h at rt; (f) DMF, K₂CO₃, 1,3-bis(t-butoxycarbonyl)guanidine, 16 h; (g) trifluoroacetic acid/DCM (1:1), 50 °C.

charge associated with the analogous 1-methylquioxalinium derivatives **5b** and **6b**.

Other diazanaphthalenes were examined including the quinazolines 13–16 and 1,5-naphthyridine derivatives (17 and 18). In both instances, the less basic aminomethyl derivatives (13 and

17) did not exhibit significant antibacterial activity. While the amidinomethyl derivative (**15**) did not exhibit significant activity, in the case of the guanidinomethyl derivatives (**14** and **18**) more pronounced antibacterial activity was observed. Alternating position of the *t*-butylphenyl substituent and the guanidinomethyl

Table 3Antibacterial activities of quinoxaline, quinazoline and 1,5-naphthyridine derivatives

Compound	^a MIC (μg/mL)					
	S. aureus 8325-4 (MSSA)	S. aureus ATCC 33591 (MRSA)	E. faecalis ATCC 19433 (VSE)	E. faecalis ATCC 51575 (VRE)		
1a	>64	>64	>64	>64		
1b	32	>64	>64	>64		
2a	>64	>64	>64	>64		
2b	4.0	8.0	32	>64		
3a	>64	>64	>64	>64		
3b	2.0	4.0	32	32		
4a	>64	>64	>64	>64		
4b	0.5	0.5	8.0	8.0		
5a	>64	>64	>64	>64		
5b	2.0	2.0	8.0	16		
6a	>64	>64	>64	>64		
6b	0.5	1.0	16	16		
7a	>64	>64	>64	>64		
7b	1.0	1.0	4.0	4.0		
8a	>64	>64	>64	>64		
8b	2.0	2.0	4.0	4.0		
9a	>64	>64	>64	>64		
9b	4.0	4.0	8.0	8.0		
10a	4.0	4.0	8.0	8.0		
11a	4.0	4.0	8.0	16		
12a	4.0	4.0	8.0	16		
13	32	64	64	64		
14	4.0	8.0	32	32		
15	32	64	64	64		
16	16	64	>64	>64		
17	>64	>64	>64	>64		
18	8.0	8.0	32	64		
Oxacillin	0.06	>64	8.0	>64		
Vancomycin	1.0	2.0	1.0	>64		
Erythromycin	0.13	>64	1.0	>64		
Tetracycline	0.06	64	0.5	>64		
Clindamycin	0.03	>64	2.0	>64		

^a Minimum inhibitory concentration (MIC) assays were conducted in accordance with Clinical and Laboratory Standards Institute (CLSI) guidelines for broth microdilution. ³⁶ MIC is defined as the lowest compound concentration at which bacterial growth is \geqslant 90% inhibited.

substituent in the case of the quinazoline (14) from the 4 and 8 positions, to the 8 and 4 positions as in 16 resulted in a four-fold decrease in activity.

The antibacterial activities of the more potent quinoxaline (4b, 5b, 6b, 11a, and 12a), quinazoline (14), and 1,5-naphthyridine (18) compounds prompted further investigation as to whether these activities are bactericidal or bacteriostatic in nature. In this connection, values of minimal bactericidal concentration (MBC) for

these select compounds in S. aureus 8325-4 (MSSA), S. aureus ATCC 33591 (MRSA), and E. faecalis ATCC 51575 (VRE) were determined and subsequently compared with the corresponding MIC values listed in Table 3. For these determinations, the bactericidal drug vancomycin³⁷ and the bacteriostatic drug erythromycin³⁸ were used as comparator controls. Per CLSI guidelines, an MBC/MIC ratio of 1-2 is considered indicative of bactericidal behavior, with a corresponding MBC/MIC ratio ≥8 being considered indicative of bacteriostatic behavior.³⁶ The comparator control agents yielded expected results, with an MIC/MBC ratio of 1 being observed for the bactericidal drug vancomycin and an MBC/MIC ratio of 256 being observed for the bacteriostatic drug erythromycin (see Table 4). The nonquaternary quinoxaline (11a and 12a), quinazoline (14), and 1,5-naphthyridine (18) compounds were all associated with an MBC/MIC ratio of 1-2, indicative of a bactericidal mode of action against MSSA, MRSA, and VRE. In striking contrast to the nonquaternary compounds, the quaternary quinoxaline compounds 4b, 5b, and 6b were associated with MBC/MIC ratios of 8-16 for MSSA and MRSA and 4-8 for VRE, indicative of bacteriostatic behavior on the part of these compounds. Viewed as a whole, these observations suggest that the quaternary and nonquaternary compounds may exert their antibacterial properties through differing mechanisms of action.

To further explore the mechanistic differences between the quaternary and nonquaternary compounds with regard to their antibacterial activities, the impacts of 4b, 5b, 11a, 12a, 14, and **18** on the self-polymerization of purified *S. aureus* FtsZ (SaFtsZ) were evaluated using a previously established microtiter platebased light-scattering assay. 24-28 In this assay, FtsZ polymerization is detected in solution by a time-dependent increase in light scattering, as reflected by a corresponding increase in solution absorbance at 340 nm (A_{340}). Figure 1 shows the time-dependent A_{340} profiles of SaFtsZ in the presence of DMSO vehicle alone or 4b, **5b**, **11a**, **12a**, **14**, or **18**. Note that the nonquaternary compounds 11a, 12a, 14, and 18 stimulate SaFtsZ polymerization (Fig. 1A and B). We next explored the stability of the SaFtsZ polymers induced by the nonquaternary compounds. In the absence of a polymer-stabilizing agent or compound, addition of GDP has been shown to depolymerize FtsZ polymers formed in the presence of GTP.¹⁶ We examined the impact, if any, of added GDP (10 mM) on the SaFtsZ polymers formed in the presence of both GTP (1 mM) and the compounds (40 µg/mL).

The addition of 10 mM GDP did not exert a significant impact on the A_{340} signal, an observation indicating that SaFtsZ polymers induced by the presence of the compounds are stable to the depolymerizing effects of GDP. These collective results are consistent with the bactericidal activities of the non-quaternary quinoxaline,

Table 4Comparison of the MIC and MBC values for select quinoxaline, quinazoline, and 1,5-naphthyridine derivatives^a

Compound or control agent ^b	S. aureus 8325-4 (MSSA)		S. aureus ATCC 33591 (MRSA)			E. faecalis ATCC 51575 (VRE)			
	MIC (μg/mL)	MBC ($\mu g/mL$)	MBC/MIC	MIC (μg/mL)	MBC ($\mu g/mL$)	MBC/MIC	MIC ($\mu g/mL$)	MBC ($\mu g/mL$)	MBC/MIC
4b	0.5	4.0	8	0.5	4.0	8	8	64	8
5b	2.0	16	8	2.0	16	8	16	64	4
6b	0.5	8.0	16	1.0	16	16	16	64	4
11a	4.0	4.0	1	4.0	8.0	2	16	32	2
12a	4.0	4.0	1	4.0	8.0	2	16	16	1
14	4.0	8.0	2	8.0	16	2	32	64	2
18	8.0	8.0	1	8.0	16	2	64	64	1
Vancomycin	1.0	1.0	1	2.0	4.0	2	>64	na	na
Erythromycin	0.13	32	256	>64	na	na	>64	na	na

^a MIC values were determined as described in the footnote to Table 3. Minimum bactericidal concentration (MBC) values were determined as previously described.²⁴ Na = not applicable.

b Vancomycin and erythromycin are included as control bactericidal and bacteriostatic agents, respectively.

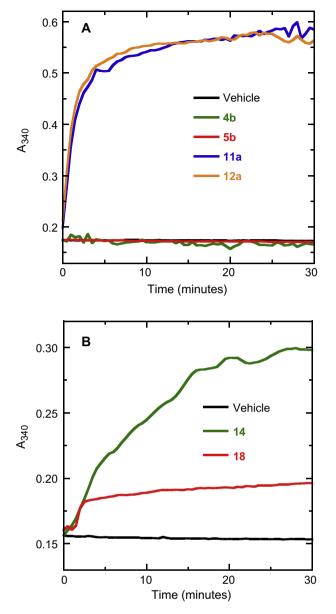


Figure 1. Impact of select quaternary quinoxaline (**4b** and **5b**), nonquaternary quinoxaline (**11a** and **12a**), quinazoline (**14**) and 1,5-naphthyridine (**18**) derivatives on the self-polymerization of *S. aureus* FtsZ (expressed and purified as described previously²⁴), as determined by monitoring time-dependent changes in absorbance at 340 nm (A_{340}). The A_{340} profiles of *S. aureus* FtsZ (10 μ M) in the presence of DMSO vehicle or the indicated derivatives are depicted. **4b**, **5b**, **11a**, and **12a** were used at a concentration of 40 μ g/mL, with **14** and **18** being used at a concentration of 80 μ g/mL. Experiments were conducted at 25 °C in solution containing 50 mM Tris–HCl (pH 7.4), 50 mM KCl, 2 mM magnesium acetate, 1 mM CaCl₂, and 1 mM GTP. The reactions (100 μ L total volume) were assembled in half-volume, flat-bottom 96-well microtiter plates, and their A_{340} values were continuously monitored using a VersaMax[®] (Molecular Devices, Inc.) plate reader.

quinazoline, and 1,5-naphthyridine compounds being associated with their disruptive effects on FtsZ function.

In marked contrast to **11a**, **12a**, **14**, and **18**, the quaternary quinoxaline derivatives **4b** and **5b** exert no significant impact on SaFtsZ polymerization (Fig. 1). This observation suggests that the bacteriostatic activities of the quaternary quinoxalines may reflect a mechanism of action unrelated to FtsZ disruption. It is possible that the quaternary compounds may disrupt the bacterial membrane, which, like the basic peptidic drugs polymyxin B and colistin, can result in bacteriostatic behavior.

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Supplementary data

Supplementary data associated with this article can be found, in the online version, at http://dx.doi.org/10.1016/j.bmcl.2013. 06.048.

References and notes

- 1. Arias, C. A.; Murray, B. E. N. Eng. J. Med. 2009, 360, 439.
- (a) Cornaglia, G. Clin. Microbiol. Infect. 2009, 15, 209; (b) Cornaglia, G.; Rossolini, G. M. Clin. Microbiol. Infect. 2009, 15, 218; (c) Leclercq, R. Clin. Microbiol. Infect. 2009, 15, 224.
- 3. Kumarasamy, K. K.; Toleman, M. A.; Walsh, T. R.; Bagaria, J.; Butt, F.; Balakrishnan, R.; Chaudhary, U.; Doumith, M.; Giske, C. G.; Irfan, S.; Krishnan, P.; Kumar, A. V.; Maharjan, S.; Mushtaq, S.; Noorie, T.; Paterson, D. L.; Pearson, A.; Perry, C.; Pike, R.; Rao, B.; Ray, U.; Sarma, J. B.; Sharma, M.; Sheridan, E.; Thirunarayan, M. A.; Turton, J.; Upadhyay, S.; Warner, M.; Welfare, W.; Livermore, D. M.; Woodford, N. Lancet Infect. Dis. 2010, 10, 597.
- 4. Livermore, D. M. J. Antimicrob. Chemother. 2009, 64(Suppl. 1), i29.
- Klevens, R. M.; Morrison, M. A.; Nadle, J.; Petit, S.; Gershman, K.; Ray, S.; Harrison, L. H.; Lynfield, R.; Dumyati, G.; Townes, J. M.; Craig, A. S.; Zell, E. R.; Fosheim, G. E.; McDougal, L. K.; Carey, R. B.; Fridkin, S. K. J. Am. Med. Assoc. 2007, 298, 1763.
- 6. Bi, E. F.; Lutkenhaus, J. Nature 1991, 354, 161.
- 7. Goehring, N. W.; Beckwith, J. Curr. Biol. 2005, 15, R514.
- 8. Adams, D. W.; Errington, J. Nat. Rev. Microbiol. 2009, 7, 642.
- Erickson, H. P.; Anderson, D. E.; Osawa, M. Microbiol. Mol. Biol. Rev. 2010, 74, 504
- 10. Lock, R. L.; Harry, E. J. Nat. Rev. Drug Disc. 2008, 7, 324.
- 11. Kapoor, S.; Panda, D. Expert Opin. Ther. Targets 2009, 13, 1037.
- 12. Foss, M. H.; Eun, Y.-J.; Weibel, D. B. Biochemistry 2011, 50, 7719.
- Schaffner-Barbero, C.; Martin-Fontecha, M.; Chacón, P.; Andreu, J. M. ACS Chem. Biol. 2012, 7, 269.
- Kumar, K.; Awasthi, D.; Berger, W. T.; Tonge, P. J.; Slayden, R. A.; Ojima, I. Future Med. Chem. 2010, 2, 1305.
- 15. Awasthi, D.; Kumar, K.; Ojima, I. Expert Opin. Ther. Pat. 2011, 21, 657.
- Andreu, J. M.; Schaffner-Barbero, C.; Huecas, S.; Alonso, D.; Lopez-Rodriguez, M. L.; Ruiz-Avila, L. B.; Núñez-Ramírez, R.; Llorca, O.; Martín-Galiano, A. J. J. Biol. Chem. 2010, 285, 14239.
- 17. Beuria, T. K.; Santra, M. K.; Panda, D. Biochemistry 2005, 44, 16584.
- Domadia, P. N.; Bhunia, A.; Sivaraman, J.; Swarup, S.; Dasgupta, D. Biochemistry 2008, 47, 3225.
- Haydon, D. J.; Bennett, J. M.; Brown, D.; Collins, I.; Galbraith, G.; Lancett, P.; Macdonald, R.; Stokes, N. R.; Chauhan, P. K.; Sutariya, J. K.; Nayal, N.; Srivastava, A.; Beanland, J.; Hall, R.; Henstock, V.; Noula, C.; Rockley, C.; Czaplewski, L. J. Med. Chem. 2010, 53, 3927.
- Haydon, D. J.; Stokes, N. R.; Ure, R.; Galbraith, G.; Bennett, J. M.; Brown, D. R.; Baker, P. J.; Barynin, V. V.; Rice, D. W.; Sedelnikova, S. E.; Heal, J. R.; Sheridan, J. M.; Aiwale, S. T.; Chauhan, P. K.; Srivastava, A.; Taneja, A.; Collins, I.; Errington, J.; Czaplewski, L. G. Science 2008, 321, 1673.
- Kumar, K.; Awasthi, D.; Lee, S. Y.; Zanardi, I.; Ruzsicska, B.; Knudson, S.; Tonge, P. J.; Slayden, R. A.; Ojima, I. *J. Med. Chem.* 2011, 54, 374.
- Läppchen, T.; Hartog, A. F.; Pinas, V. A.; Koomen, G. J.; den Blaauwen, T. Biochemistry 2005, 44, 7879.
- Urgaonkar, S.; La Pierre, H. S.; Meir, I.; Lund, H.; RayChaudhuri, D.; Shaw, J. T. *Org. Lett.* **2005**, *7*, 5609.
 Kaul, M.; Parhi, A. K.; Zhang, Y.; LaVoie, E. J.; Tuske, S.; Arnold, E.; Kerrigan, J. E.;
- Pilch, D. S. *J. Med. Chem.* **2012**, *55*, 10160. 25. Parhi, A.; Lu, S.; Kelley, C.; Kaul, M.; Pilch, D. S.; LaVoie, E. J. *Bioorg. Med. Chem.*
- 25. Pariii, A.; Lu, S.; Keiley, C.; Kaul, M.; Pilcii, D. S.; Lavole, E. J. Bloorg. Med. Chem. Lett. **2012**, 22, 6962.
- Kelley, C.; Zhang, Y.; Parhi, A.; Kaul, M.; Pilch, D. S.; LaVoie, E. J. Bioorg. Med. Chem. 2012, 20, 7012.
- Kelley, C.; Lu, S.; Parhi, A.; Kaul, M.; Pilch, D. S.; LaVoie, E. J. Eur. J. Med. Chem. 2013, 60, 395.

- 28. Zhang, Y.; Daniel Giurleo, D.; Parhi, A.; Pilch, D. S.; LaVoie, E. J. *Bioorg. Med. Chem. Lett.* **2013**, 23, 2001.
- 29. Bradshaw, B.; Dinsmore, A.; Collison, D.; Garner, C. D.; Joule, J. A. J. Chem. Soc., Perkin Trans. 1 2001, 3232.
- 30. Daasbjerg, K.; Hansen, J. N.; Lund, H. Acta Chem. Scand. 1990, 44, 711.
- Boguslavskii, A. M.; Ponizovskii, M. G.; Kodess, M. I.; Charushin, V. N. Russ. J. Org. Chem. 2005, 41, 1377.
- 32. Verbitskiy, E. V.; Berezin, M. V.; Slepukhin, P. A.; Rusinov, G. L.; Charushin, V. N. Russ. Chem. Bull., Int. Ed. **2009**, 58, 176.
- 33. Chesseman, G. W. H.; Cookson, R. F. Condensed Pyrazines. In *The Chemistry of Heterocyclic Compounds*; Weissberger, A., Taylor, E. C., Eds.; John Wiley & Sons: New York, 1979; pp 247–260.
- 34. Lumma, W. C., Jr.; Hartman, R. D.; Saari, W. S.; Engelhardt, E. L. *J. Med. Chem.* **1981**, *24*, 93.
- 35. Berg, M.; Gal, G.; Goeminne, A.; Van der Veken, P.; Versees, W.; Steyaert, J.; Haemers, A.; Augustyns, K. ChemMedChem 2009, 4, 249.
- CLSI Methods for Dilution Antimicrobial Sucseptibility Tests for Bacteria That Grow Aerobically; Approved Standard-Eighth Edition; Clinical and Laboratory Standards Institute: Wayne. PA. 2009.
- Standards Institute: Wayne, PA, 2009.

 37. Chambers, H. F.; Deck, D. H. Tetracyclines, Macrolides, Clindamycin, Chloramphenicol, Streptogramins, and Oxazolidinones. In *Basic and Clinical Pharmacology*; Katzung, B. G., Masters, S. B., Trevor, A. J., Eds., 11th ed.; McGraw-Hill: New York, 2009; pp 795–806.
- 38. Chambers, H. F.; Deck, D. H. Beta-Lactam and Other Cell Wall- and Membrance-Active Antibiotics. In *Basic and Clinical Pharmacology*; Katzung, B. G., Masters, S. B., Trevor, A. J., Eds., 11th ed.; McGraw-Hill: New York, 2009; pp 773–793.