

New thiopyrazolo[3,4-*d*]pyrimidine derivatives as anti-mycobacterial agents

Lluís Ballell,^{a,b,*} Robert A. Field,^a Gavin A. C. Chung^c and Robert J. Young^c

^aCentre for Carbohydrate Chemistry, School of Chemical Sciences and Pharmacy, University of East Anglia, Norwich, NR4 7TJ, UK

^bGlaxoSmithKline, MMPD CEDD, Diseases of the Developing World (DDW), Tres Cantos, 28760, Spain

^cGlaxoSmithKline, Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2NY, UK

Received 27 November 2006; revised 14 December 2006; accepted 16 December 2006

Available online 22 December 2006

Abstract—The multiple parallel synthesis of a series of N,S-bis-alkylated thiopyrazolo[3,4-*d*]pyrimidines, based on sequential S- then N-alkylation, is reported. These compounds showed significant anti-mycobacterial activity (MICs down to ≤ 2 $\mu\text{g/ml}$) and their potential as significant drug-like leads is substantiated through cytotoxicity evaluation and in silico profiling.

© 2007 Elsevier Ltd. All rights reserved.

Synthetic drugs for treating tuberculosis (TB) have been available for over half a century, but incidences of the disease continue to rise world-wide. In 2004, the last year for which statistics are available, it is estimated that 24,500 people developed active disease and close to 5500 died from TB every day.¹ Co-infection with HIV is driving the increase in incidence² and the cause of death in 31% of AIDS patients in Africa can be attributed to TB.^{3,4} When coupled with the emergence of multi-drug resistant strains of *Mycobacterium tuberculosis* (MDR-TB), the scale of the problem is amplified. It is now more than a decade since the WHO declared TB ‘a global health emergency’.¹ The need for new drugs to extend the range of TB treatment options is hence acute; in particular, new chemical entities⁵ with novel mechanisms of action are required.⁶

Purine-containing molecules are ubiquitous in nature and are found as components of nucleosides, nucleotides, co-factors and signalling molecules. A significant proportion of any genome codes for proteins that recognise purine-containing ligands (e.g., kinases, DNA and RNA polymerases, ATPases, GTPases, purine receptors). Unsurprisingly, structural analogues of purines have proved attractive templates for drug discovery programmes, leading to a number of significant synthetic

drugs (e.g., 6-thiopurine for leukaemia,⁷ acyclovir as an anti-viral⁸ and allopurinol for treatment of gout⁹). Recently, the purine core has been exploited in the synthesis of protein kinase inhibitors,^{10–13} inhibitors of carbohydrate¹⁴ and estrogen¹⁵ sulfotransferases, as well as in compounds displaying osteogenesis-inducing activity in stem cells.¹⁶ Compounds of this generic nature (1–5) have also been reported to display anti-mycobacterial activity (Fig. 1).^{17–20}

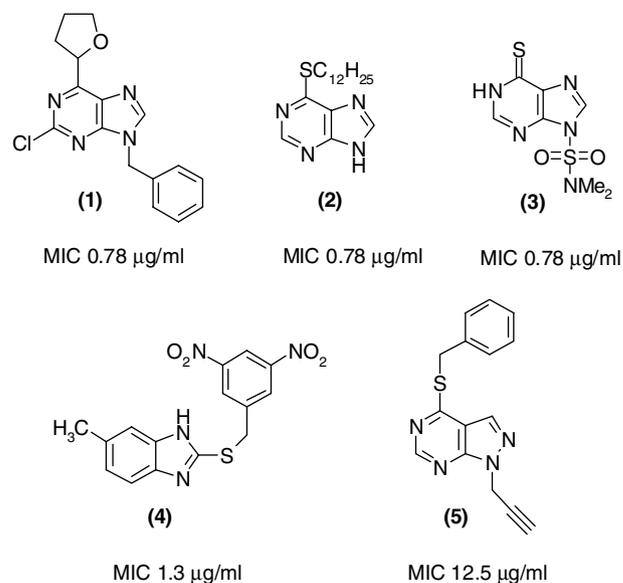


Figure 1. Purine-related anti-mycobacterials: (1),¹⁷ (2),¹⁸ (3),¹⁹ (4),²⁰ (5).²⁵

Keywords: Anti-mycobacterial; Anti-tubercular; Thiopyrazolopyrimidines; SAR.

* Corresponding author. Tel.: +34 9180 70412; fax: +34 9180 70550; e-mail: lluis.p.ballell@gsk.com

The isomeric pyrazolo[3,4-*d*]pyrimidine nucleus has attracted comparatively little attention, though it has been exploited in inhibitors of Src protein kinases,²¹ EGF receptor tyrosine kinases,²² cyclic AMP phosphodiesterases²³ and *Staphylococcus aureus* DNA polymerase III.²⁴ Interestingly, such a compound reported as an intermediate in the synthesis of prospective HIV replication inhibitors showed modest anti-mycobacterial activity (compound **5**; MIC 12.5 µg/ml).²⁵ In addition, the often present alkylsulfanyl moiety has been previously reported as important for anti-mycobacterial activity.²⁶ This result prompted us to explore the thiopyrazolo[3,4-*d*]pyrimidine template (TPP) in our search for new anti-mycobacterial agents, given an encouraging level of potency and straightforward syntheses via sequential S-then N-alkylation of a commercial heterocycle.

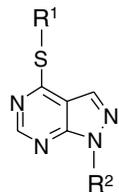
To explore the potential of this observation, we first constructed a 3 × 3 array around this hit. Synthetically, the S-alkylation reactions of commercially available 1,5-dihydro-4*H*-pyrazolo[3,4-*d*]pyrimidine-4-thione with the requisite alkyl bromides were readily accomplished in good yields (60–90%) using hydroxide resin in DMF.²⁷ The subsequent 1-N-alkylation reactions (employing alkyl bromides with triethylamine or K₂CO₃ in DMF) proved somewhat capricious, but yields of the desired compounds varying from 25% to 80% were ultimately achieved. In spite of these issues, the requisite compounds were produced and purified in parallel on a 100 mg scale.^{28,29} Compounds from this first iteration were assayed against *M. tuberculosis* H₃₇R_v; MIC data are recorded in Table 1.³⁰

Whilst in our hands compound **5** (R₁ = benzyl; R₂ = propargyl) was marginally less active (MIC 32 µg/ml vs 12.5), activity was established with all nine compounds. In a second iteration, a set of 11 prospective S/ N-substituents was selected to construct a bigger array; however, to lessen the synthetic burden, we employed stepwise logic in our synthetic execution with the 11 × 11 matrix of possible combinations. Thus, of the 121 possible structures this presents, an initial sub-set of 40 compounds was synthesized by restricting the choice of either the S- or N-substituent to one of two groups (allyl or benzyl) and exploiting all 11 options at the second site (Fig. 2). These initial sets of compounds, plus the mono-alkylated intermediates, were assayed to identify preferred S-(R¹) and N-(R²) substituents, with a view to focusing SAR work in subsequent iterations, without having to make all 121 elements of the matrix.

Compounds from this second iteration were also assayed against *M. tuberculosis* H₃₇R_v; MIC data are recorded in Table 2.³⁰ Analysis of the partially filled rows and columns of this matrix enabled us to select a focused set of 3 × 3 R¹ and R² groups for the second iteration, displayed in the inner box of Table 2.

The results obtained provided evidence to vindicate our approach. An examination of the proportion of compounds with an MIC ≤ 8 µg/ml generated by the ‘blind synthesis’ (main entries, Table 1) versus the ‘oriented synthesis’ (central table entries, Table 2) shows an improve-

Table 1. MIC data³⁰ for an initial set of nine 4-thiopyrazolopyrimidine derivatives against *Mycobacterium tuberculosis* H₃₇R_v



		R ¹		
		allyl	benzyl	propargyl
R ²	allyl			
	benzyl	125	32	63
	phenyl	32	16	63
	propargyl	32	32	63
		MIC ≥ 125 µg/ml		
		125 > MIC ≥ 32 µg/ml		
		32 > MIC ≥ 8 µg/ml		
		MIC < 8 µg/ml		

These compounds are based around literature hit **5**.²⁵

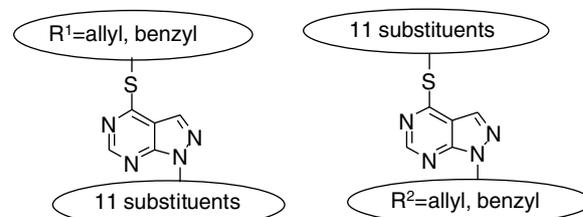


Figure 2. Strategy for development of initial SAR data.

ment from 5% at or below the 8 µg/ml threshold to 33% in the second iteration. Pleasingly, one compound (R¹ = 4-chlorobenzyl; R² = 3-pyridylmethylene)²⁹ showed an MIC ≤ 2 µg/ml. Subsequent re-testing showed this compound to have an MIC between 0.5 and 1 µg/ml.

In this exercise, we were able to substantiate the originally reported TPP as a genuine hit and improved on it, whilst delineating some SAR. It is interesting to compare the presence of electron poor aromatic rings in our more active molecules with the reported QSAR study based on electron withdrawing properties of substituents on S-benzyl thiopyridine derivatives³¹ and alkylthiochloropyrimidines.³² Clearly, any future work should first focus on S-benzyl analogues in order to explore electron withdrawing substituents, their preferred positioning, thus enabling possible QSAR studies.

In order to substantiate these molecules as robust leads, which might warrant a significant programme of medic-

Table 2. MIC data for 4-thiopyrazolopyrimidine derivatives against *Mycobacterium tuberculosis* H₃₇R_v

	R^1											
R^2												
	H	CH=CH ₂	Ph	4-Cl-Ph	CH ₂ CH ₂ CH ₃	CH ₂ CH ₂ OH	2-Cl-Ph	Cyclopropyl	CH=CH-CH ₂	CH ₂ CN	2-N-Ph	3-N-Ph
H	250	250	250	125	250	250	125	125	63	250	250	
CH=CH ₂	125	32	8	63	250	32	125	32	32	250	125	
Ph	32	16	32	16	63	250	16	16	32	32	32	
4-Cl-Ph	16	16										
CH ₂ CH ₂ CH ₃	125	32										
CH ₂ CH ₂ OH	250	125										
2-Cl-Ph	63	16										
Cyclopropyl	32	250										
CH=CH-CH ₂	63	16										
CH ₂ CN	16	32										
2-N-Ph	63	8										
3-N-Ph	63	16										

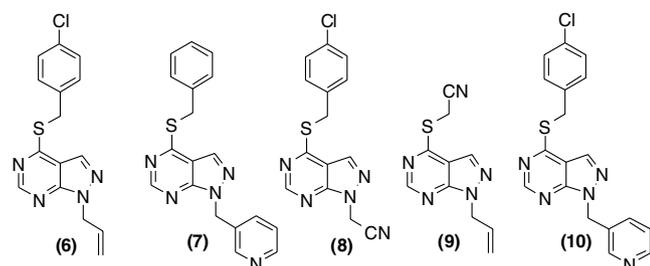
MIC ≥ 125 μg/ml
125 > MIC ≥ 32 μg/ml
32 > MIC ≥ 8 μg/ml
MIC < 8 μg/ml

The central table entries represent compounds with R^1 and R^2 groups selected for a subsequent round of optimisation.

Table 3. In silico prediction of parameters associated with bioavailability for all compounds possessing MICs <8 µg/ml

Compound	H-bond donors	H-bond acceptors	M_w	ClogP	Lipinski compliant?	Rotatable bonds	PSA (Å ²)	Weber compliant?	ClogD at pH 7.4	ClogD at pH 6.5	Topliss score	Bioavailability (Topliss)
6	0	4	316.8	3.72	Yes	5	68.9	Yes	2.2	2.2	4.07	Class 4
7	0	5	333.4	2.56	Yes	5	81.8	Yes	2.56	2.56	3.98	Class 3
8	0	5	315.7	2.20	Yes	5	92.7	Yes	3.72	3.72	3.41	Class 3
9	0	5	230.2	2.45	Yes	5	92.7	Yes	3.16	3.16	4.01	Class 4
10	0	5	367.8	3.16	Yes	5	81.8	Yes	3.11	3.11	3.82	Class 3

Only 2 of the 18 Topliss assessment criteria calculated are included in the table.

Table 4. Cytotoxicity and anti-mycobacterial activity of hit compounds. Isoniazid (INH), Rifampicin (RIF) and Ethambutol (ETH) were employed as controls in the MIC assays

Compound	Tox 50 HepG2 (µg/mL)	MIC H ₃₇ R _v (µg/mL)
6	>20	8
7	>40	8
8	2	8
9	4	8
10	>40	0.5–1
INH*	—	0.25
RIF*	—	0.016
ETH*	—	2.5

inal chemistry, we generated cytotoxicity data (Tox 50) on the most potent compounds in a HepG2 cell line and generated in silico predictions of the likely oral pharmacokinetic profile. Encouragingly, three of the five hit molecules were shown non-cytotoxic at the highest concentration assayed (Table 4). The in silico predictors also indicated a strong likelihood of good oral bioavailability;³⁵ through the generation of predictors based on the calculated parameters described by Lipinski,³³ Veber³⁴ and Topliss³⁵ (Table 3).

In summary, *N*-,*S*-di-alkyl 4-thio-1*H*-pyrazolo[3,4-*d*]pyrimidines have been investigated as anti-mycobacterial agents. The best compound exhibited activity in vitro that is comparable to clinically successful drugs (e.g., ethambutol MIC 2 µg/ml) coupled with no cytotoxicity against a HepG2 cell line. The SAR developed herein, coupled with favourable pharmacokinetic predictions, substantiate these molecules as a significant lead series in the search for new anti-tubercular agents.

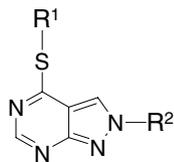
Acknowledgments

We thank the GlaxoSmithKline Action TB Initiative for financial support and María Jesús Almela for generating the cytotoxicity data.

References and notes

- World Health Organization. Global Tuberculosis Control: Surveillance, Planning, Financing. WHO Report 2006. Geneva, Switzerland, ISBN 92-4 156314-1.
- Williams, B. G.; Dye, C. *Science* **2003**, *301*, 1535.
- Corbett, E. L.; Watt, C. J.; Catherine, J.; Walker, N.; Maher, D.; Williams, B. G.; Raviglione, M. C.; Dye, C. *Arch. Intl. Med.* **2003**, *163*, 1009.
- Septkowitz, A.; Raffalli, J.; Riley, T.; Kiehn, T. E.; Armstrong, D. *Clin. Microbiol. Rev.* **1995**, *8*, 180.
- Recent synthetic leads are reviewed in: Ballell, L.; Field, R. A.; Duncan, K.; Young, R. J. *Antimicrob. Agents Chemother.* **2005**, *49*, 2153.
- Reviewed in: Duncan, K.; Barry, C. E. *Curr. Opin. Microbiol.* **2004**, *7*, 1.
- Burchenal, J. H.; Murphy, M. L.; Ellison, R. R.; Sykes, M. P.; Tan, T. C.; Leone, L. A.; Karnofsky, D. A.; Craver, L. F.; Dargeon, H. W.; Rhoads, C. P. *Blood* **1953**, *8*, 965.
- Elion, G. B. *J. Med. Virol.* **1993**, *2*.
- Rundles, R. W. *Arch. Intl. Med.* **1985**, *145*, 1492.
- Chiosis, G.; Timaul, M. N.; Lucas, B.; Munster, P. N.; Zheng, F. F.; Sepp-Lorenzino, L.; Rosen, N. *Chem. Biol.* **2001**, *8*, 289.
- Crews, C. M.; Mohan, R. *Curr. Opin. Chem. Biol.* **2000**, *4*, 47.
- Knockaert, M.; Gray, N.; Damiens, E.; Chang, Y.-T.; Grellier, P.; Grant, K.; Fergusson, D.; Mottram, J.; Soete, M.; Dubremetz, J.-F.; Le Roch, K.; Doerig, C.; Schultz, P. G.; Meijer, L. *Chem. Biol.* **2000**, *7*, 411.
- Laufer, S. A.; Domeyer, D. M.; Scior, T. R.; Albrecht, W.; Hauser, D. R. *J. Med. Chem.* **2005**, *48*, 710.
- Armstrong, J. I.; Portley, A. R.; Chang, Y.-T.; Nieren-garten, D. M.; Cook, B. N.; Bowman, K. G.; Bishop, A.; Gray, N. S.; Shokat, K. M.; Schultz, P. G.; Bertozzi, C. R. *Angew. Chem. Int. Ed.* **2000**, *39*, 1303.
- Verdugo, D. E.; Cancilla, M. T.; Ge, X.; Gray, N. S.; Chang, Y.-T.; Schultz, P. G.; Negishi, M.; Leary, J. A.; Bertozzi, C. R. *J. Med. Chem.* **2001**, *44*, 2683.
- Wu, X.; Ding, S.; Ding, Q.; Gray, N. S.; Schultz, P. G. *J. Am. Chem. Soc.* **2002**, *124*, 14521.
- Gundersen, L. L.; Nissen-Meyer, J.; Spilsberg, B. *J. Med. Chem.* **2002**, *45*, 1383.
- Scozzafava, A.; Mastrolorenzo, A.; Supuran, C. T. *Bioorg. Med. Chem. Lett.* **2001**, *11*, 1675.
- Klimešová, V.; Kočí, J.; Waisser, K.; Kaustová, J. *II Farmaco* **2002**, *57*, 259.
- Pathak, A. K.; Pathak, V.; Seitz, L. E.; Suling, W. J.; Reynolds, R. C. *J. Med. Chem.* **2004**, *47*, 273.
- Hanke, J. H.; Gardner, J. P.; Dow, R. L.; Changelian, P. S.; Brissette, W. H.; Weringer, E. J.; Pollok, B. A.; Connelly, P. A. *J. Biol. Chem.* **1996**, *271*, 695.
- Traxler, P.; Furet, P. *Pharmacol. Ther.* **1999**, *82*, 195.
- Bergman, M. R.; Holycross, B. J. *J. Pharmacol. Exp. Ther.* **1996**, *279*, 247.
- Ali, A.; Taylor, G. E.; Ellsworth, K.; Harris, G.; Painter, R.; Silver, L. L.; Young, K. *J. Med. Chem.* **2003**, *46*, 1824.

25. Moukha-Chafiq, O.; Taha, M. L.; Lazrek, H. B.; Barascut, J.-L.; Imbach, J.-L. *CR. Acad. Sci. Paris, Serie IIc, Chimie* **2000**, *3*, 639.
26. Adamec, J.; Waisser, K.; Kuneš, J.; Kaustová, J. *Arch. Pharm.* **2005**, *338*, 385, and references herein.
27. *Typical procedure for thiol alkylation*: TPP (1 equiv) was dissolved in dry DMF (10 ml/g of substrate), ion exchange resin (Dowex AG 1-X8, OH⁻ form; 1 g per 100 mg of substrate) was added and the mixture was stirred gently for 5 min. The alkylating agent (1.2 mol equiv) was then added and the mixture was stirred until LC-MS showed the reaction to be complete.²⁶ The reaction was quenched by the addition of aqueous NH₃ (5 mol equiv), filtered to remove the resin and concentrated in vacuo. The crude product obtained was preabsorbed onto silica (5 g) and then eluted in series with a prepacked silica column, eluted with a gradient of 0 → 70% EtOAc in cyclohexane, to give the S-alkylated product. *Typical procedure for N-alkylation*: The substrate (1 equiv) was dissolved in dry DMF (10 ml/g of substrate), base (Et₃N, 3 mol equiv, or K₂CO₃, 5 mol equiv) was added and the mixture was stirred for 5 min. The alkylating agent (3 mol equiv) was then added and the mixture was heated at reflux under N₂ for 16 h. The reaction was quenched by the addition of aqueous NH₃ (5 mol equiv), filtered to remove the resin and concentrated in vacuo. The bis-alkylated product was purified as described above.
28. The isomeric 2-alkyl-4-(alkylthio)-2H-pyrazolo[3,4-d]pyrimidines were sometimes significant by-products in these syntheses.



2-alkyl-4-(alkylthio)-2H-pyrazolo[3,4-d]pyrimidine

The regioisomers are easily distinguishable by virtue of NOE signals between the heterocycle H-3 proton and N-2

substituents. Such signals are not evident for the N-1-substituted isomer.

29. All compounds showed at least $\geq 95\%$ purity by HPLC and had satisfactory MS and NMR data, for example, Compound **10** 4-[[[4-chlorophenyl)methyl]thio]-1-(3-pyridinylmethyl)-1H-pyrazolo[3,4-d]pyrimidine: δ_{H} (DMSO-*d*₆) 8.86 (1H, s), 8.56 (1H, d, *J* = 1.8 Hz), 8.50 (1H, dd, *J* = 4.8, 1.8 Hz), 8.38 (1H, s), 7.63 (1H, m), 7.51 (2H, d, *J* = 8.1 Hz), 7.38 (2H, d, *J* = 8.1 Hz), 7.34 (1H, m), 5.69 (2H, s), 4.69 (2 H, s). δ_{C} (DMSO-*d*₆) 164.6, 155.0, 149.8, 149.7, 137.0, 136.2, 132.9, 131.8, 129.2, 124.4, 48.4, 31.8. Mass spectrum, expected: C₁₈H₁₅ClN₅S⁺ 368.0737, found 368.0736.
30. MIC (defined as the lowest concentration of compound producing a >90% reduction in fluorescence observed in a whole cell assay of *M. tuberculosis*) data were obtained in Middlebrook's 7H11 broth using a microtitre plate Alamar Blue Assay (MABA) as described in: Collins, L.; Franzblau, S. G. *Antimicrob. Agents Chemother.* **1997**, *41*, 1004.
31. Klimešová, V.; Palát, K.; Waisser, K.; Klimeš, J. *Int. J. Pharm.* **2000**, *207*, 1.
32. Agarwal, N.; Srivastava, P.; Raghuwanshi, S. K.; Upadhyay, D. N.; Sinha, S.; Shukla, P. K.; Ram, V. J. *Bioorg. Med. Chem.* **2002**, *10*, 869.
33. Lipinski, C. A.; Lombardo, F.; Dominy, B. W.; Feeney, P. J. *Adv. Drug Del. Rev.* **1997**, *23*, 3, The Lipinski 'rule of 5' requires that no more than one of the following criteria are met or exceeded: 5 Hydrogen-bond donors, 10 Hydrogen-bond acceptors, molecular weight 500, ClogP 5.
34. Veber, D. F.; Johnson, S. R.; Cheng, H.-Y.; Smith, B. R.; Ward, K. W.; Kopple, K. D. *J. Med. Chem.* **2002**, *45*, 2615, This analysis suggests that molecules with high oral bioavailability should have <10 rotatable bonds and a polar surface area (PSA) of <140 Å² or <12 H-bond donors and acceptors.
35. Yoshida, F.; Topliss, J. G. *J. Med. Chem.* **2000**, *43*, 2575, The output from this model suggests four predicted classes of F%, class 1, $\leq 20\%$; class 2, 20–49%; class 3, 50–79%; class 4, $\geq 80\%$.