

Accepted Manuscript

Structure-activity relationships of rosiglitazone for peroxisome proliferator-activated receptor gamma transrepression

Yosuke Toyota, Sayaka Nomura, Makoto Makishima, Yuichi Hashimoto, Minoru Ishikawa

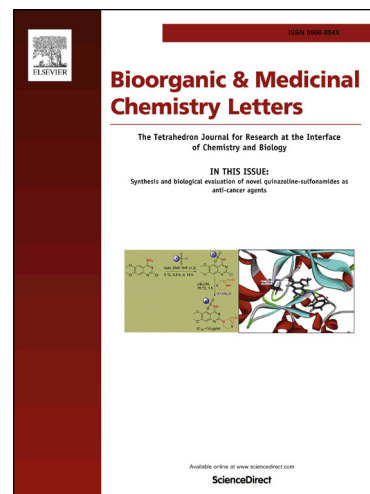
PII: S0960-894X(17)30438-9
DOI: <http://dx.doi.org/10.1016/j.bmcl.2017.04.061>
Reference: BMCL 24914

To appear in: *Bioorganic & Medicinal Chemistry Letters*

Received Date: 29 March 2017
Revised Date: 18 April 2017
Accepted Date: 19 April 2017

Please cite this article as: Toyota, Y., Nomura, S., Makishima, M., Hashimoto, Y., Ishikawa, M., Structure-activity relationships of rosiglitazone for peroxisome proliferator-activated receptor gamma transrepression, *Bioorganic & Medicinal Chemistry Letters* (2017), doi: <http://dx.doi.org/10.1016/j.bmcl.2017.04.061>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



**Structure-activity relationships of rosiglitazone for peroxisome
proliferator-activated receptor gamma transrepression**

Yosuke Toyota,^a Sayaka Nomura,^a Makoto Makishima,^b Yuichi Hashimoto,^a Minoru
Ishikawa^{a*}

^a *Institute of Molecular and Cellular Biosciences, The University of Tokyo, 1-1-1 Yayoi,
Bunkyo-ku, Tokyo 113-0032, Japan*

^b *Division of Biochemistry, Department of Biomedical Sciences, Nihon University School
of Medicine, Itabashi-ku, Tokyo 173-8610, Japan*

Corresponding author: Minoru ISHIKAWA

Institute of Molecular and Cellular Biosciences, The University of Tokyo

1-1-1, Yayoi, Bunkyo-ku, Tokyo, 113-0032, Japan

Tel.: +81 3 5841 7853; fax: +81 3 5841 8495

E-mail address: m-ishikawa@iam.u-tokyo.ac.jp

Abstract

Anti-inflammatory effects of peroxisome proliferator-activated receptor gamma (PPAR γ) ligands are thought to be largely due to PPAR γ -mediated transrepression. Thus, transrepression-selective PPAR γ ligands without agonistic activity or with only partial agonistic activity should exhibit anti-inflammatory properties with reduced side effects. Here, we investigated the structure-activity relationships (SARs) of PPAR γ agonist rosiglitazone, focusing on transrepression activity. Alkenic analogs showed slightly more potent transrepression with reduced efficacy of transactivating agonistic activity. Removal of the alkyl group on the nitrogen atom improved selectivity for transrepression over transactivation. Among the synthesized compounds, **31** exhibited stronger transrepressional activity (IC₅₀: 14 μ M) and weaker agonistic efficacy (11%) than rosiglitazone or pioglitazone.

Nuclear receptors (NRs) are ligand-dependent transcription factors that are involved in control of diverse biological functions, including reproduction, differentiation, homeostasis, and immunity. Upon binding of an agonist to the ligand-binding domain (LBD), the NR heterodimer binds to NR response elements (NRE) in promoter regions of specific genes, and helix 12 in the LBD adopts a conformation that closes the ligand binding pocket and forms a groove to which coactivators can bind, allowing gene transcription to occur. This ligand-mediated activation of NRE-dependent gene transcription is called transactivation (Fig. 1a). On the other hand, binding of antagonists results in a conformation that favors binding of corepressors.

Among the NRs, peroxisome proliferator-activated receptors (PPARs) include three subtypes, PPAR α , PPAR γ and PPAR δ . PPAR γ plays a critical role in the differentiation of preadipocytes to adipocytes, promotes lipid storage, and enhances glucose disposal to peripheral tissues through binding to PPAR response elements (PPRE) in the promoter region of target genes. Thiazolidinediones (TZDs), such as pioglitazone (**1**) and rosiglitazone (**2**), are PPAR γ agonists used clinically to treat type 2 diabetes by enhancing insulin sensitivity in target tissues and lowering glucose and fatty acid levels (Fig. 2). However, despite their proven benefits, clinical application of these drugs has been plagued by adverse effects, such as weight gain, increased rate of bone fractures, fluid accumulation, and pulmonary edema, leading to increased frequency of congestive heart failure.^{1,2} These adverse effects are at least partially associated with transactivation of PPAR γ .^{1,3} Therefore, partial agonists have been developed with the aim of retaining the

beneficial effects while diminishing the adverse effects of full agonists.^{4,5} Indeed, phase II clinical trials showed that metaglidasen, a PPAR γ partial agonist, significantly improved metabolic parameters without the side effects of fluid retention/edema or weight gain.²

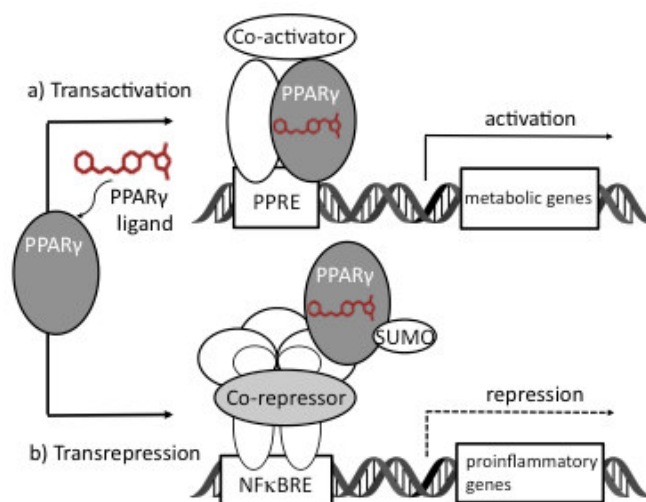
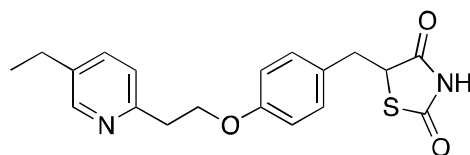
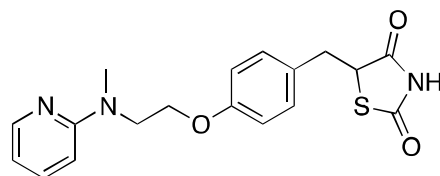


Fig. 1. Proposed mechanisms of a) transactivation and b) transrepression of PPAR γ .



pioglitazone (1)



rosiglitazone (2)

Fig. 2. Chemical structures of PPAR γ agonists.

Recent studies have revealed that PPAR γ also functions in the regulation of inflammation, by transrepression of proinflammatory genes. For example, clinical efficacy of TZDs on asthma⁶ and rheumatoid arthritis⁷ has been reported. Several PPAR γ agonists inhibit the expression of proinflammatory mediators such as interleukin-6 (IL-6), inducible nitric oxide synthase (iNOS) and tumor necrosis factor α (TNF α) in macrophages stimulated by bacterial infection, TNF α , or lipopolysaccharide (LPS) in vitro.^{8,9,10} In the absence of ligand-bound PPAR γ , other transcription factors such as NF- κ B or AP-1 are able to transactivate target genes through binding to NF- κ B response element (NF κ BRE) or AP-1 response element in the promoter regions of the genes. In contrast, SUMOylation of PPAR γ induced by binding of a PPAR γ ligand stabilizes the transrepressional complex, including PPAR γ and co-repressor, and prevents NF- κ B and AP-1 from binding the target genes, thereby inhibiting expression of these genes¹¹ (Fig. 1b). This indirect mechanism of action is referred to as transrepression. Because the promoter regions of TNF α , IL-6, iNOS, and other proinflammatory genes do not contain PPRE, the mechanisms of the transactivating and transrepressional actions are clearly different.

Transrepression-selective PPAR γ ligands (without agonistic activity or with only partial agonistic activity) should exhibit anti-inflammatory properties with reduced side effects.

However, the SARs of rosiglitazone (**2**) focusing on PPAR γ transrepression and those of transrepression-selective PPAR γ ligands have not yet been fully investigated.¹²

Benzothiazolylamino analogs **4f** and **4g** were reported as PPAR γ full agonists with

transrepressional activity.¹³ On the other hand, transrepressional activities of other NRs, glucocorticoid receptor (GR) and liver X receptor (LXR),¹⁴ have been reported.¹⁵ Separation of transactivating and transrepressional activities was first investigated in the case of GR (Fig. 3).^{16,17,18} We have also reported two distinct chemical classes of transrepression-selective LXR ligands.^{19,20} We hypothesized that the transactivating and transrepressional activities of PPAR γ are also separable. Here, we report SARs of PPAR γ agonist rosiglitazone (**2**), focusing on transrepression.

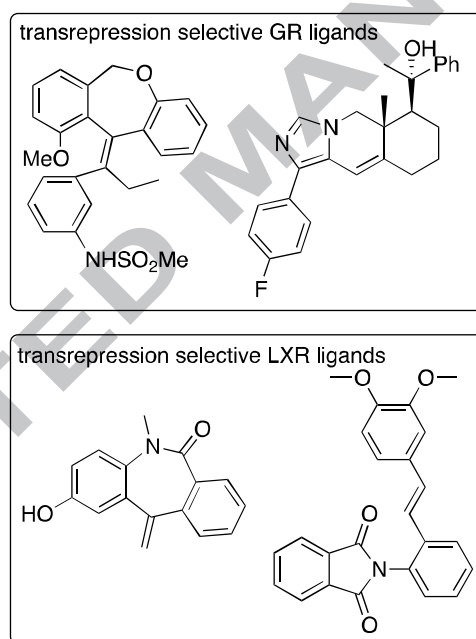


Fig. 3. Transrepression-selective GR and LXR ligands

We selected rosiglitazone (**2**) as a lead compound, because its transrepressional activity has been extensively investigated, including clinical studies. Surprisingly, however, there is relatively little information on SARs for the transactivating activity (PPAR γ -mediated

transcription) of rosiglitazone,^{21,22,13,23} probably because the molecular target of TZDs was unknown when these compounds were discovered. Acidic hydrogen on the thiazolidinedione ring of **2** forms a hydrogen bond with the phenol group of Tyr473 on helix 12 (Fig. 4a), and this interaction is important for PPAR γ agonistic activity and receptor binding.²³ Thus, this acidic hydrogen on the thiazolidinedione ring was fixed with the aim of maintaining PPAR γ binding affinity. On the other hand, the pocket to which the pyridyl group binds is relatively wide and includes unoccupied space (Fig. 4b). Therefore, we focused on the methylpyridylamino moiety, and designed several heterocyclic analogs including a benzothiazole analog.¹³ In addition, introduction of a double bond at the 5-position of the thiazolidinedione was planned to remove the asymmetric carbon, which is prone to isomerization.²⁴

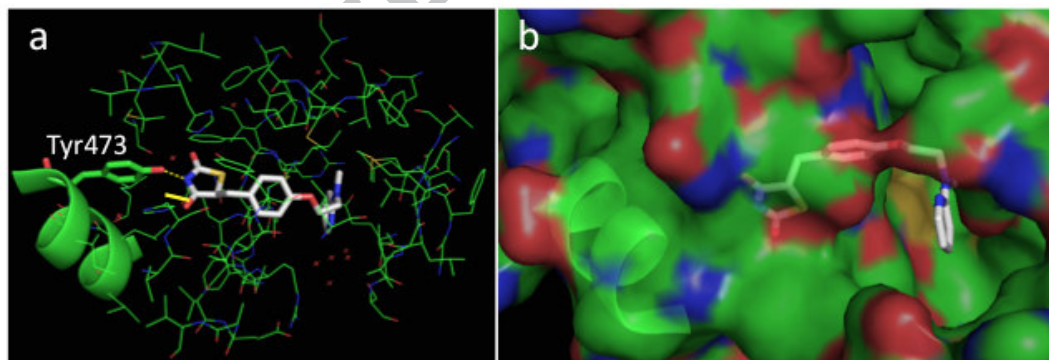
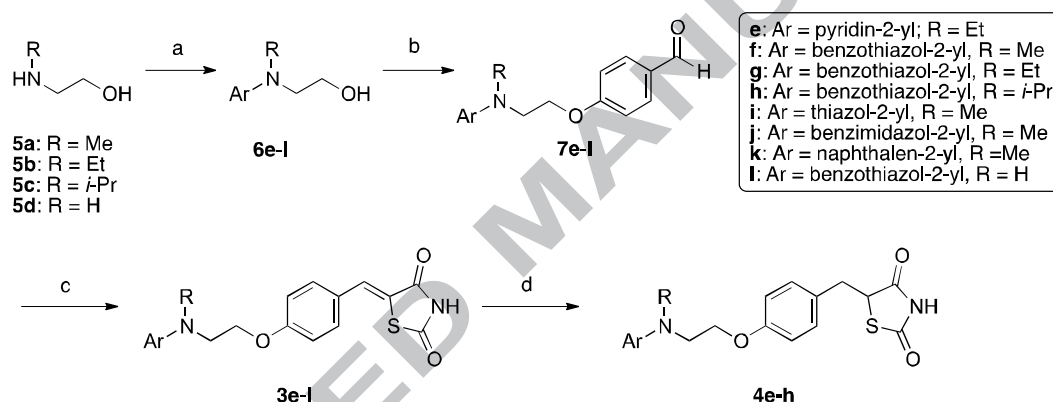


Figure 4. X-Ray crystal structure of PPAR γ (green) and rosiglitazone (white stick) complex (PDB ID: 1FM6). Helix 12 is shown in cartoon form. a) Only amino acids within 8 angstroms of the compound are shown. The important hydrogen bond is shown as a yellow line. Tyr473 is shown in stick form. b) The binding pocket of the pyridyl group of rosiglitazone.

Rosiglitazone analogs **3e-l** and **4e-h** were synthesized as outlined in Scheme 1. Nucleophilic substitution of aryl chlorides with aminoethanols **5a-d** afforded **6e-l**. Subsequent nucleophilic substitution of 4-fluorobenzaldehyde with alcohols **6e-l** yielded **7e-l**. Aldol reaction of aldehydes **7e-l** and 2,4-thiazolidinedione gave **3e-l**. Reduction of **3e-l** with $\text{CoCl}_2 \cdot \text{DMG}$ (dimethylglyoxime) and NaBH_4 ²⁴ gave **4e-h**.



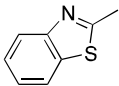
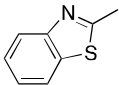
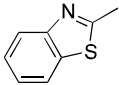
Scheme 1. Reagents and conditions: a) ArCl, 120 °C, 6-99%, b) 4-fluorobenzaldehyde, KO^tBu, DMF, r.t., 9-78%, c) 2,4-thiazolidinedione, pyrrolidine, MeOH, 45 °C, 38-74%, d) $\text{CoCl}_2 \cdot \text{DMG}$, NaBH_4 , MeOH, 35 °C, 20-33%.

Cell-based transrepressional activity was evaluated with an NF- κ B reporter system in HEK293 (human embryonic kidney) cells transiently expressing human PPAR γ under stimulation with TNF α .²⁵ The positive controls pioglitazone (**1**) and rosiglitazone (**2**) showed transrepressional activity with IC₅₀ values of 22 μ M (Table 1). PPAR γ -transactivating agonistic activity was measured with the Gal4N-human PPAR γ

LBD reporter system in HEK293 cells, as previously reported.²⁶ Percent efficacy is estimated as the maximal stimulatory response in relation to the maximal activity of **1**. The positive controls **1** and **2** showed transactivating agonistic activity with EC₅₀ values of 1.1 μM (Table 1). In both these assays, cells were assayed for luciferase activities and β-galactosidase activities after 7 h (for transrepression) and 24 h (for transactivation) treatment with test compounds. None of our compounds reduced β-galactosidase activity under these conditions, suggesting that none of them is toxic at the concentrations tested.

Table 1. SARs of rosiglitazone

Compound	R	Ar	Bond ^a	Transactivating agonistic activity		Transrepression
				EC ₅₀ (μM)	% efficacy ^b	IC ₅₀ (μM)
1	-	-	-	1.1	100	22
2	Me		s	1.1	94	22
4e	Et		s	0.54	110	21
3e	Et		d	0.36	38	15
4f	Me		s	0.057	120	20

3f	Me		d	0.31	40	13
4g	Et		s	0.052	130	25
3g	Et		d	0.82	44	17
4h	<i>i</i> -Pr		s	0.53	92	20

^a s, single bond; d, double bond. ^b Emax values are given relative to positive control **1**.

As regards transactivating agonistic activity, we found that benzothiazolyl analogs **4f** and **4g** showed 19- and 10-fold increased EC₅₀ values compared with pyridyl analogs **2** and **4e**, respectively, whereas maximum efficacy was almost the same, in accordance with the previous report.¹³ Next, we examined the effect of the alkyl group on transactivation. Ethyl analogs **4e** and **4g** showed more potent transactivating agonistic activity (EC₅₀) than the methyl analogs **2** and **4f**, and *i*-Pr analog **4h**. On the other hand, transrepressional activity was roughly equal among these analogs **2** and **4e-g** (IC₅₀ in the range of 20-25 μM). These results indicate that substituents on the amino group influence transactivating activity more sensitively than transrepressional activity.

Alkenic analogs **3e-g** showed slightly increased transrepressional activity compared with the saturated analogs **4e-g**, and **3f** showed an IC₅₀ value of 13 μM. On the other hand, EC₅₀ values of **3e-g** were decreased compared with the saturated analogs **4e-g**. In addition,

3e-g exhibited weak efficacy of around 40% compared to the full agonist pioglitazone.

These results indicate that introduction of the double bond into the 5-position of thiazolidindione increases the selectivity for transrepression over transactivation.

These results prompted us to synthesize alkenic analogs bearing other heterocycles.

Thiazol-2-yl **3i**, benzoimidazol-2-yl **3j**, and 2-naphthyl **3k** analogs showed decreased

EC₅₀ values and efficacy compared with **3f** (Table 2). But these analogs **3i-k** also showed

diminished transrepressional activity (IC₅₀ in the range of 38-42 μ M). On the other hand,

a smaller alkyl substituent (**3f**) tends to show slightly increased transrepressional activity

with lower efficacy compared to **3g** (Table 1). Therefore, we synthesized non-substituted

analog **3l** in an attempt to improve the selectivity. In the range of 0.03-30 μ M, compound

3l exhibited a more potent EC₅₀ value (0.053 μ M) but lower efficacy of 11% than methyl

analog **3f**. On the other hand, the transrepressional activity of **3l** (14 μ M) was comparable

to that of **3f**. It has been proposed that the molecular mechanisms of PPAR γ partial

agonism are stabilization of helix 3 and β sheet in the PPAR γ LBD, based on X-ray

crystallographic studies, docking studies, and amide H/D exchange kinetics (Fig. 5).^{27,28}

The molecular mechanism of PPAR γ partial agonism of **3l** is unclear, but the SAR

described here indicates that the substituent on the amino group and the location of the

aromatic heterocycle near helix 3 and the β sheet might be important for partial agonism.

Table 2. SARs of benzylidene-thiazolidine-2,4-diones

Compound	R	Ar	Transactivating agonistic activity		Transrepression
			EC ₅₀ (μM)	% efficacy ^a	IC ₅₀ (μM)
3f	Me		0.31	40	13
3i	Me		0.70	31	42
3j	Me		3.4	12	38
3k	Me		1.6	8.7	40
3l	H		0.053	11	14

^a Emax values are given relative to the positive control **1**.

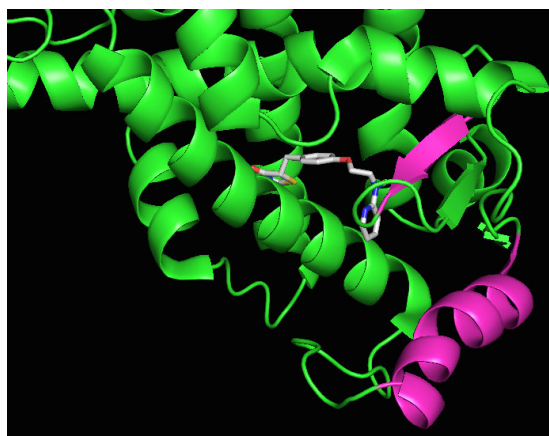


Fig. 5. Location of helix 3 (magenta) and the β sheet (magenta) proposed to be important for partial agonism. PPAR γ : green, rosiglitazone: white stick (PDB ID: 1FM6).

TNF α transmits inflammatory signaling intracellularly through the TNF α receptor in the plasma membrane, and this induces degradation of the transrepressional complex on the promoter region of proinflammatory genes (e.g., IL-6 and iNOS), thereby activating gene transcription. So, inhibitory activity toward TNF α -induced NF- κ B inhibition is also exhibited by TNF receptor antagonists and TNF α -signaling inhibitors. Therefore, we examined whether the NF- κ B luciferase inhibitory activity of our compounds was PPAR γ -dependent. As shown in Figure 6, inhibition of TNF α -induced NF- κ B luciferase by **31** (IC₅₀: 29 μ M) was partially abolished in the absence of transfection of PPAR γ . This partial abolition of NF- κ B inhibitory activity would be due to endogenous expression of PPAR γ in HEK293 cell lines. This result indicates that PPAR γ contributes to the inhibition of NF- κ B luciferase by **31** at least in part, although we cannot exclude the

possibility that our compounds also inhibit TNF α -induced NF- κ B transcription through other mechanisms.

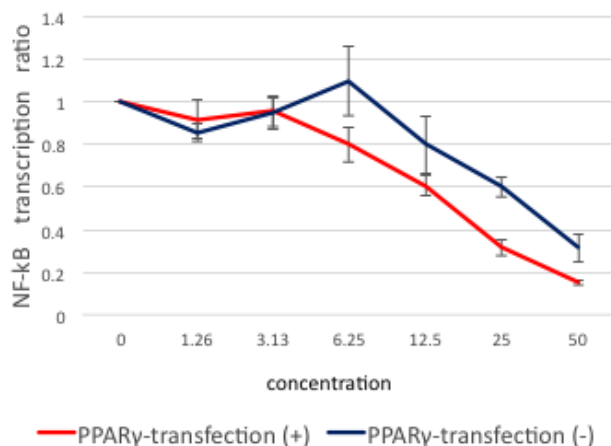


Fig. 6. PPAR γ dependency of NF- κ B-inhibitory activity of compound **3I**. Red: PPAR γ transfection (+); blue: PPAR γ transfection (-).

To examine the separability of transactivation and transrepression, we plotted $-\text{Log}(\text{IC}_{50})$ against $-\text{Log}(\text{EC}_{50})$ (Fig. 7). Neither $-\text{Log}(\text{EC}_{50})$ nor Emax was correlated to $-\text{Log}(\text{IC}_{50})$, ($R^2 = 0.2$ and 0.07), despite the similarity of chemical structures. This result indicates that strong transactivation is not necessary for strong transrepression. Thus, it can be anticipated that transrepression and transactivation should be separable by chemical modification of PPAR γ ligands.

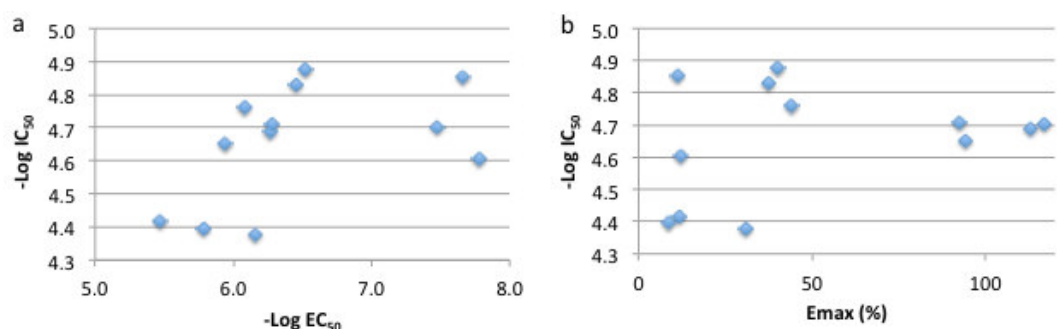


Fig. 7. Correlation between transactivation and transrepression among risoglitazone analogs. (a) $-\text{Log IC}_{50}$ and $-\text{Log EC}_{50}$. (b) $-\text{Log IC}_{50}$ and Emax .

In summary, we investigated SARs of the PPAR γ agonist risoglitazone, focusing on transrepressional activity. Among the synthesized compounds, **31** showed PPAR γ transrepressional activity with low transactivating efficacy (11%). Therefore, this compound might be a promising candidate for exhibiting anti-inflammatory properties with reduced side effects. Biological evaluations of **31** and further chemical modifications to improve selectivity are in progress.

ACKNOWLEDGMENT

The work described in this paper was partially supported by Grants-in Aid for Scientific Research (B) No. 25293027 and 26293025 from The Ministry of Education, Culture, Sports, Science and Technology, Japan.

References and notes

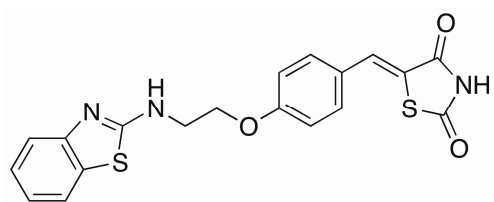
1. Grey, A. Skeletal consequences of thiazolidinedione therapy. *Osteoporos. Int.* **2008**, *19*, 129–137.
2. Rubenstrunk, A.; Hanf, R.; Hum, D. W.; Fruchart, J.-C.; Staels, B. *Biochim. Biophys. Acta* **2007**, *1771*, 1065–81.
3. Guan, Y.; Hao, C.; Cha, D. R.; Rao, R.; Lu, W.; Kohan, D. E.; Magnuson, M. A.; Redha, R.; Zhang, Y.; Breyer, M. D. *Nat. Med.* **2005**, *11*, 861–866.
4. Garcia-vallve, S.; Guasch, L.; Tomas-herna, S.; Maria, J.; Ollendor, V.; Pujadas, G.; Mulero, M. *J. Med. Chem.* **2015**, *58*, 5381–5394.
5. Ohashi, M.; Oyama, T.; Putranto, E. W.; Waku, T.; Nobusada, H.; Kataoka, K.; Matsuno, K.; Yashiro, M.; Morikawa, K.; Huh, N. H.; Miyachi, H. *Bioorganic Med. Chem.* **2013**, *21*, 2319–2332.
6. Rinne, S. T.; Feemster, L. C.; Collins, B. F.; Au, D. H.; Perkins, M.; Bryson, C. L.; O’Riordan, T. G.; Liu, C.-F. *Allergy, Asthma Clin. Immunol.* **2014**, *10*, 34.
7. Ormseth, M. J.; Oeser, A. M.; Cunningham, A.; Bian, A.; Shintani, A.; Solus, J.; Tanner, S.; Stein, C. M. *Arthritis Res. Ther.* **2013**, *15*, R110.
8. Ricote, M.; Glass, C. K. *Biochim. Biophys. Acta* **2007**, *1771*, 926–935.
9. Jiang, C.; Ting, A. T.; Seed, B. *Nature* **1998**, *391*, 82–86.
10. Ricote, M.; Li, A. C.; Willson, T. M.; Kelly, C. J.; Glass, C. K. *Nature* **1998**, *391*, 79–82.
11. Pascual, G.; Fong, A. L.; Ogawa, S.; Gamliel, A.; Li, A. C.; Perissi, V.; Rose, D. W.; Willson, T. M.; Rosenfeld, M. G.; Glass, C. K. *Nature* **2005**, *437*, 759–63.
12. Barros, C. D.; Amato, A. A.; Oliveira, T. B. de; Iannini, K. B. R.; Silva, A. L. da;

- Silva, T. G. da; Leite, E. S.; Hernandez, M. Z.; Lima, M. do C. A. de; Galdino, S. L.; Neves, F. de A. R.; Pitta, I. da R. *Bioorganic Med. Chem.* **2010**, *18*, 3805–3811.
13. Jeon, R.; Kim, Y.; Cheon, Y.; Ryu, J. *Arch. Pharm. Res.* **2006**, *29*, 394–399.
14. Ghisletti, S.; Huang, W.; Ogawa, S.; Pascual, G.; Lin, M.-E.; Willson, T. M.; Rosenfeld, M. G.; Glass, C. K. *Mol. Cell* **2007**, *25*, 57–70.
15. Glass, C. K.; Saijo, K. *Nat. Rev. Immunol.* **2010**, *10*, 365–376.
16. Sundahl, N.; Bridelance, J.; Libert, C.; De Bosscher, K.; Beck, I. M. *Pharmacol. Ther.* **2015**, *152*, 28–41.
17. Carson, M. W.; Luz, J. G.; Suen, C.; Montrose, C.; Zink, R.; Ruan, X.; Cheng, C.; Cole, H.; Adrian, M. D.; Kohlman, D. T.; Mabry, T.; Snyder, N.; Condon, B.; Maletic, M.; Clawson, D.; Pustilnik, A.; Coghlan, M. J. *J. Med. Chem.* **2014**, *57*, 849–860.
18. Xiao, H. Y.; Wu, D. R.; Malley, M. F.; Gougoutas, J. Z.; Habte, S. F.; Cunningham, M. D.; Somerville, J. E.; Dodd, J. H.; Barrish, J. C.; Nadler, S. G.; Dhar, T. G. M. *J. Med. Chem.* **2010**, *53*, 1270–1280.
19. Aoyama, A.; Endo-Umeda, K.; Kishida, K.; Ohgane, K.; Noguchi-Yachide, T.; Aoyama, H.; Ishikawa, M.; Miyachi, H.; Makishima, M.; Hashimoto, Y. *J. Med. Chem.* **2012**, *55*, 7360–7377.
20. Nomura, S.; Endo-Umeda, K.; Aoyama, A.; Makishima, M.; Hashimoto, Y.; Ishikawa, M. *ACS Med. Chem. Lett.* **2015**, *6*, 902–907.
21. Cantello, B. C. C.; Cawthorne, M. A.; Haigh, D.; Hindley, R. M.; Smith, S. A.; Thurlby, P. L. *Bioorganic Med. Chem. Lett.* **1994**, *4*, 1181–1184.

22. Cantello, B. C. C.; Cawthorne, M. A.; Cottam, G. P.; Duff, P. T.; Haigh, D.; Hindley, R. M.; Lister, C. A.; Smith, S. A.; Thurlby, P. L. *J. Med. Chem.* **1994**, *37*, 3977–3985.
23. Liu, K.; Black, R. M.; Acton, J. J.; Mosley, R.; Debenham, S.; Abola, R.; Yang, M.; Tschirret-Guth, R.; Colwell, L.; Liu, C.; Wu, M.; Wang, C. F.; MacNaul, K. L.; McCann, M. E.; Moller, D. E.; Berger, J. P.; Meinke, P. T.; Jones, A. B.; Wood, H. B. *Bioorganic Med. Chem. Lett.* **2005**, *15*, 2437–2440.
24. Jamali, B.; Bjørnsdottir, I.; Nordfang, O.; Hansen, S. H. *J. Pharm. Biomed. Anal.* **2008**, *46*, 82–87.
25. HEK293 cells were plated at a density of 10% confluent/96 well plate 24 h prior to transfection. Human PPAR γ -full-length, pGL4.32[*luc2P*/NF- κ B-RE/Hygro] (Promega) and β -galactosidase expression plasmids were co-transfected by the calcium phosphate coprecipitation method. After 48 h, cells were treated with test compounds or DMSO. After 4 h, cells were stimulated with TNF- α (PEPROTECH). After 3 h, cells were assayed for luciferase activity in a luminometer. The luciferase activity of each sample was normalized by the level of β -galactosidase activity. Each transfection was carried out in triplicate.
26. Kasuga, J.; Ishikawa, M.; Yonehara, M.; Makishima, M.; Hashimoto, Y.; Miyachi, H. *Bioorg. Med. Chem.* **2010**, *18*, 7164–7173.
27. Montanari, R.; Saccoccia, F.; Scotti, E.; Crestani, M.; Godio, C.; Gilardi, F.; Liodice, F.; Fracchiolla, G.; Laghezza, A.; Tortorella, P.; Lavecchia, A.; Novellino, E.; Mazza, F.; Aschi, M.; Pochetti, G. *J. Med. Chem.* **2008**, *51*,

7768–7776.

28. Bruning, J. B.; Chalmers, M. J.; Prasad, S.; Busby, S. A.; Kamenecka, T. M.; He, Y.; Nettles, K. W.; Griffin, P. R. *Structure* **2007**, *15*, 1258–1271.



GA