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The discovery of AZD3199 – A new inhaled ultra-long acting β₂ receptor agonist with rapid onset of action.


Department of Medicinal Chemistry. Department of Bioscience. Department of Physical and Metabolic Sciences. AstraZeneca R&D Charnwood, Bakewell Road, Loughborough, Leicestershire, LE11 5RH, UK.

KEYWORDS: uLABA; β₂ receptor agonist; AZD3199; Adrenoreceptor agonist; Asthma; COPD; Inhaled.

ABSTRACT: A series of dibasic des-hydroxy β₂ receptor agonists has been prepared and evaluated for potential as inhaled ultra-long acting bronchodilators. Determination of activities at the human β₂-adrenoreceptors demonstrated a series of highly potent and selective β₂ receptor agonists that were progressed to further study in a guinea pig histamine-induced bronchoconstriction model. Following further assessment by; onset studies in guinea pig tracheal rings and human bronchial rings contracted with methacholine (guinea pigs) or carbachol (humans), duration of action studies in guinea pigs after intratracheal (i.t.) administration and further selectivity and safety profiling AZD3199 was shown to have an excellent overall profile and was progressed into clinical evaluation as a new ultra-long acting inhaled β₂ receptor agonist with rapid onset of action.

The β₂-adrenoceptor (β₂AR) is a member of the class A, G protein-coupled receptor (GPCR) family and is widely distributed in the respiratory tract and particularly in airway smooth muscle. Agonists of this receptor are very effective bronchodilators and, in combination with either an inhaled corticosteroid or a muscarinic antagonist, β₂AR agonists form the current standard for treatment for both asthma and chronic obstructive pulmonary disease COPD. The ‘first generation’ β₂AR agonists e.g. salbutamol were classed as short duration β₂AR agonists requiring multiple daily dosing. These were followed by ‘second generation’ compounds (e.g. salmeterol or formoterol) that exhibited longer duration of action amenable to twice-daily dosing. Although these second generation inhaled β₂AR agonists have proven very effective, poor compliance combined with ineffective control of nocturnal asthma have been recognized as issues limiting their clinical effectiveness. To address these concerns ‘third generation’ ultra-long acting inhaled β₂AR agonists, designed to have once-a-day duration of action, have been described including olodaterol, and the launched products vilanterol and indacaterol (Figure 1).

The inhaled route to deliver β₂AR agonists directly to the lung is used in order to both maximize the bronchodilator activity whilst minimizing systemic exposure of the compounds. In the clinical setting, the ability to deliver efficacy combined with an acceptable separation from the β₂AR systemic-mediated side-effects is paramount in defining the predicted human dose. Therefore, a fine balance is required, where the drug candidate combines long retention in the target organ, thus enabling a long duration of action at the β₂AR, combined with rapid clearance from the systemic circulation through the rapid elimination of either parent compound or associated metabolites after systemic redistribution of the compound from the lung tissues.

There has been much debate about the various proposed strategies for the rationalization of agents that exhibit a sustained duration of action when applied topically to the lung and these hypotheses have been used to explain the observed differences in the duration of action...
shown that a range of basic groups were ac-
ceptable to formoterol to achieve better patient compliance
would provide bronchoprotection from once-a-day
administration. Examples of these rationalisations include amongst others:
The diffusion microkinetic theory: where high membrane partitioning of lipophilic bases into membrane phospho-
lipids is used to explain the long duration of action. 

The exosite binding theory: where it is proposed that a portion of the β2AR agonist (e.g. the lipophilic 4-
phenylbutoxyhexyl group of salmeterol) interacts at a remote binding site in the β2-adrenoceptor away from the catechol binding site, and in doing so, holds the com-
ponent in close proximity to the receptor. 

High agonist intrinsic activity: resulting from high receptor occupancy giving prolonged pharmacological effect. 

Receptor kinetics: where slow receptor off-rates have been proposed to lead to enhanced duration of action in both inhaled β2-agonists and inhaled muscarinic M3 re-
ceptor antagonists. 

Reduction in solubility and permeability: where slow dis-
solution into the airways smooth muscle affords the po-
tential for extended lung retention. 

In addition to the aforementioned concepts, scientists from AstraZeneca recently published key concepts for extending the duration of action through optimization of the pharmacokinetics (DMPK) of the inhaled therapy. 

Coupled in part with the above hypotheses, increases in lipophilicity have been shown to be an important pa-
rameter in delivering compounds with an extended dura-
tion of action. Along with modulation in lipophilicity, it has been shown that the incorporation of a dibasic phar-
macophore within the compounds, leads to an increase in the duration of action of the β2AR agonists. However, it has also been suggested that as you increase lipophilicity then onset of action may be delayed.

A medicinal chemistry hypothesis was put in place to design and test a series of dibasic compounds, with a range of lipophilicities in order to determine if lipophilic dibasic compounds could have a short onset of action whilst retaining a once-a-day profile.

In addition to optimizing both the duration of action and fast onset we monitored potential systemic β2AR ag-
gonist side-effects through β2AR-induced hypokalemia, an effect that is caused by increasing cellular uptake of pot-
vassium secondary to β2AR stimulation of sodium/potassium ATPase. The sodium/potassium ATPase is found predominantly on skeletal muscle and has a strong association with tremor. As a consequence, we decided to pursue plasma potassium levels as a marker of systemic β2AR agonist side-effects. At the outset of the project, we set the goal to identify an inhaled β2AR agonist that was, well-tolerated, combined a rapid onset of action, compa-
rable to formoterol to achieve better patient compliance and would provide bronchoprotection from once-a-day dosing.

We wish to report the discovery of AZD3199 a new β2AR agonist that was designed to combine these project re-
quirements. Recently we communicated the discovery of the new series of β2AR agonists that was devoid of the C-1 hydroxy group that is present in most β2AR agonists and it has been shown both by ourselves and later by oth-
ers that incorporation of a second basic group into the β2AR agonist template leads to compounds that demon-
strate longer duration of action due in part to an increase in membrane partitioning. Design hypotheses were formulated to substitute the amide group (R2) with a range of aminooalkyl groups with the aim of generating a new series of potent β2AR agonists that possessed a long duration of action. Gratifyingly, the strategy delivered a range of dibasic compounds that maintained both the high potency and efficacy at the β2AR (compare potency of compounds 1 and 2 in Table 1). Exploration of the group R2 showed that a range of basic groups were ac-
commodated without detrimental effect on potency (2-6, 8-11) however, due to balancing overall properties, com-
ounds containing the N,N-diethylniino ethyl group such as for compound 2 was chosen for further optimization. Within this series, limited exploration of the phenethyl group (R3) showed a surprising effect on efficacy (cf examples 2, 12-16) and eventually 12 (AZD3199) was progressed for further evaluation. Interestingly, the in-
stallation of the chiral C-1 hydroxy group had little effect on potency and agonism (cf examples 2 and 3; 4 and 16), and these C-1 hydroxy containing compounds were not progressed further.

Pharmacological selectivity margins were calculated relative to the human β2, cAMP potency determined in H292 cells. Surprisingly, the incorporation of the basic group (R3) gave compounds with an excellent β2AR selec-
tivity and AZD3199 has greater than 1000-fold binding selectivity over β2 and β3 ARs (Chart 1).

Chart 1: Binding selectivity for AZD3199 vs β1 and β3
Table 1: Potency and intrinsic activity at the human β2 AR.

<table>
<thead>
<tr>
<th>Compound number</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
<th>β2 potency pEC50</th>
<th>IA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>H</td>
<td>^Bu</td>
<td>phenethyl</td>
<td>8.8</td>
<td>0.9</td>
</tr>
<tr>
<td>2</td>
<td>H</td>
<td>-(CH2)2NEt2</td>
<td>phenethyl</td>
<td>8.1</td>
<td>0.9</td>
</tr>
<tr>
<td>3</td>
<td>OH</td>
<td>-(CH2)2NEt2</td>
<td>phenethyl</td>
<td>8.4</td>
<td>1.0</td>
</tr>
<tr>
<td>4</td>
<td>OH</td>
<td>-(CH2)2NEt2</td>
<td>3-chlorophenethyl</td>
<td>8.4</td>
<td>0.9</td>
</tr>
<tr>
<td>5</td>
<td>H</td>
<td>-(CH2)2NMe2</td>
<td>phenethyl</td>
<td>8.2</td>
<td>1.0</td>
</tr>
<tr>
<td>6</td>
<td>H</td>
<td>-(CH2)NMe2</td>
<td>phenethyl</td>
<td>6.5</td>
<td>0.5</td>
</tr>
<tr>
<td>7</td>
<td>H</td>
<td>-(CH2)NMe2</td>
<td>phenethyl</td>
<td>7.8</td>
<td>1.0</td>
</tr>
<tr>
<td>8</td>
<td>H</td>
<td>-(CH2)N(Me)Pr</td>
<td>3-chlorophenethyl</td>
<td>8.3</td>
<td>0.8</td>
</tr>
<tr>
<td>9</td>
<td>H</td>
<td>-(CH2)N(Me)Et</td>
<td>3-chlorophenethyl</td>
<td>8.0</td>
<td>0.8</td>
</tr>
<tr>
<td>10</td>
<td>H</td>
<td>-(CH2)N(Me)Pr</td>
<td>3-chlorophenethyl</td>
<td>8.1</td>
<td>0.8</td>
</tr>
<tr>
<td>11</td>
<td>H</td>
<td>-(CH2)2-piperidin-1-yl</td>
<td>3-chlorophenethyl</td>
<td>7.9</td>
<td>0.7</td>
</tr>
<tr>
<td>12</td>
<td>H</td>
<td>-(CH2)2NEt2</td>
<td>2-(naphthalen-1-yl)ethyl</td>
<td>8.2</td>
<td>0.8</td>
</tr>
<tr>
<td>13</td>
<td>H</td>
<td>-(CH2)2NEt2</td>
<td>2-(naphthalen-2-yl)ethyl</td>
<td>8.0</td>
<td>0.5</td>
</tr>
<tr>
<td>14</td>
<td>H</td>
<td>-(CH2)2NEt2</td>
<td>3-fluorophenethyl</td>
<td>8.1</td>
<td>0.8</td>
</tr>
<tr>
<td>15</td>
<td>H</td>
<td>-(CH2)2NEt2</td>
<td>3-methoxyphenethyl</td>
<td>8.1</td>
<td>0.6</td>
</tr>
<tr>
<td>16</td>
<td>H</td>
<td>-(CH2)2NEt2</td>
<td>3-chlorophenethyl</td>
<td>8.2</td>
<td>0.7</td>
</tr>
</tbody>
</table>

β2 AR agonism was performed in H292 cells (bronchial epithelial cell line) expressing the human β2 adrenergic receptor. Functional activity was determined by measuring accumulation of intracellular cAMP using AlphaScreen™. The compounds were incubated for 1 h at 22°C. *IA (Intrinsic activity) measured relative to formoterol (pEC50 = 8.6, IA = 1).

recombinant calcium assay employed was considered to be a high receptor reserve system relative to human vascular tissue. At the D2s receptor AZD3199 had 32-fold selectivity and was a partial agonist with respect to sibenedet (a dual D2 dopamine receptor, β2-AR agonist). The agonist potency of AZD3199 at D2s was 100-fold less than sibenedet (pEC50 = 8.7). In contrast to the other compounds (see Table S1 supplementary data), which were all full agonists at the β2AR, AZD3199 showed no agonism at the β1AR even though the β1 recombinant assay used in this study was considered to be a high receptor reserve system when compared with human in vitro tissue experiments in the literature.

AZD3199 was shown to have high potency and intrinsic activity for the β2AR when assessed for different species across sources and assay formats (see Table S2 supplementary data). The functional activity at the guinea pig β2AR was determined for AZD3199 and other reference compounds by measuring relaxation of tracheal rings pre-constricted with methacholine in an organ bath. The potency was measured as the EC50 concentration (Table 2).

Table 2: Potency β2-adrenoceptor agonism in isolated guinea pigs tissue.

<table>
<thead>
<tr>
<th>Compound</th>
<th>Guinea pigs pA50</th>
<th>Guinea pigs intrinsic activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZD3199</td>
<td>8.0</td>
<td>0.8</td>
</tr>
<tr>
<td>indacaterol</td>
<td>7.7</td>
<td>0.7</td>
</tr>
<tr>
<td>formoterol</td>
<td>8.8</td>
<td>0.9</td>
</tr>
<tr>
<td>salmeterol</td>
<td>7.7</td>
<td>0.5</td>
</tr>
<tr>
<td>salbutamol</td>
<td>6.7</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Onset of relaxation was measured in vitro using guinea pig tracheal rings and human bronchial rings contracted with methacholine (guinea pigs) or carbachol (humans). The EC50 concentration was given and the relaxation followed over time. The time taken to reach 90% of the final relaxation was defined as the onset time (Chart 2).

Chart 2: Onset of relaxation of AZD3199 as measured using guinea pig tracheal rings contracted with 1 μM methacholine.
A single concentration of AZD3199 was given (at or about the pEC\textsubscript{50} concentration) and the relaxation was followed over time. After AZD3199 had reached a plateau isoprenaline was added to confirm that the concentration of AZD3199 used was at EC\textsubscript{50} for the tissue. Finally addition of 10µM sotalol was used to demonstrate reversibility of the response.

AZD3199 was shown to have a fast onset time, comparable to formoterol, in both guinea pigs (22 min) and humans (11 min), significantly faster than that of salmeterol (Table 3).

Table 3: Potency and onset time of β\textsubscript{2}-adrenoceptor agonism in isolated tissue.

<table>
<thead>
<tr>
<th>Compound</th>
<th>Guinea pig onset time (min)</th>
<th>Human onset time (min)</th>
<th>cLogP</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZD3199</td>
<td>22</td>
<td>11</td>
<td>6.0</td>
<td>Dibasic</td>
</tr>
<tr>
<td>1</td>
<td>90</td>
<td>n/d</td>
<td>4.5</td>
<td>Monobasic</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>n/d</td>
<td>3.7</td>
<td>Dibasic</td>
</tr>
<tr>
<td>14</td>
<td>13</td>
<td>n/d</td>
<td>4.9</td>
<td>Dibasic</td>
</tr>
<tr>
<td>16</td>
<td>11</td>
<td>n/d</td>
<td>5.5</td>
<td>Dibasic</td>
</tr>
<tr>
<td>sibenadet</td>
<td>58</td>
<td>n/d</td>
<td>2.5</td>
<td>Monobasic</td>
</tr>
<tr>
<td>indacaterol</td>
<td>77</td>
<td>49</td>
<td>3.0</td>
<td>Monobasic</td>
</tr>
<tr>
<td>formoterol</td>
<td>23</td>
<td>13</td>
<td>1.3</td>
<td>Monobasic</td>
</tr>
<tr>
<td>salmeterol</td>
<td>90</td>
<td>t/s</td>
<td>3.1</td>
<td>Monobasic</td>
</tr>
<tr>
<td>salbutamol</td>
<td>3</td>
<td>19</td>
<td>0.1</td>
<td>Monobasic</td>
</tr>
</tbody>
</table>

Table 3 was not determined; t/s = onset time too slow to measure

AZD3199 and other selected reference compounds were progressed to the guinea pig histamine-induced bronchoconstriction model – a well characterized species for modeling human lung disease. \textsuperscript{24} AZD3199 was given and a clear dose-response curve was seen (Chart S1 supplementary material), the ED\textsubscript{50} dose was determined as 27µg/kg (46.7nmol/kg). Propanolol (1mg/kg i.v.) reversed this bronchoprotection confirming that the activity was mediated via β\textsubscript{2} receptors.

A plot of lipophilicity (cLogP) as a function of guinea pig onset time showed a very interesting correlation and demonstrated that for monobasic compounds, a strong correlation exists between increasing onset time with increasing lipophilicity. However, data suggests that for dibasic compounds, a much reduced onset time could be achieved with compounds that have increased lipophilicity (Chart 3).

Chart 3: A plot of guinea pig onset time vs cLogP for a selection of monobasic or dibasic compounds.

Based on encouraging \textit{in vitro} profiles [rat intrinsic clearance (105 µl/min/million cells)] as well as good level of potency and intrinsic activity in guinea pig tissues, AZD3199 was progressed to \textit{in vivo} rat intra-venous (i.v.) pharmacokinetic (PK) profiling in order to determine the terminal half-life. Indeed, in the course of this project it was shown that \textit{in vivo} rat plasma i.v. t\textsubscript{1/2} can be used as a predictor of \textit{in vivo} duration in the bronchoprotection guinea pig model following intra-tracheal (i.t.) dosing (cf plasma t\textsubscript{1/2} >10h for 24h pharmacokinetic duration). \textsuperscript{25,26}

AZD3199 has i.v. plasma terminal half-lives of 11, 17 and 18 h in rats, guinea pigs and dogs respectively and combined with high volumes of distribution (V\textsubscript{z}) 23 (rats), 22 (guinea pigs) and 17 (dogs) L/Kg afforded confidence of seeing a long duration of action. Therefore, based on its overall profile, AZD3199 was selected for further progression to duration studies in a guinea pig bronchoprotection model. The lung terminal half-life was predicted from the rat i.v. dosing giving confidence of potential for u.i.d. dosing. The low oral availability of AZD3199 in both rats and dogs (F<2%) would limit any systemic exposure due to swallowed fraction.

The durations of action of AZD3199 and assorted reference compounds were measured in guinea pigs by the i.t. route. Guinea pigs were given the ED\textsubscript{50} dose of compound and at various time points after dosing the inhibition of histamine-induced bronchoconstriction were measured. AZD3199 retained 58% bronchoprotection 24h after i.t. dosing, significantly different to control animals. The results for AZD3199, indacaterol, formoterol and salmeterol are shown (Chart 4). AZD3199 clearly had a longer duration of action than formoterol and salmeterol and a similar duration of action to indacaterol.

Chart 4: Duration of action studies in guinea pigs for AZD3199 and a selection of standard compounds.
β₂AR agonists have several mechanistic side effects due to activation of peripheral β₂ receptors: tachycardia, QTc changes, hypertension, hypokalaemia, tremor and hyperglycaemia; and several of these were measured after administration of salbutamol. From these experiments plasma potassium was chosen as the marker of choice. The effects were investigated using infusions of salbutamol, formoterol and AZD3199 in anaesthetized guinea pigs. The infusions were designed to give a constant plasma level between 30-60 min after the start of the infusion. Dose-related changes in plasma potassium and other markers were seen as expected. Potassium levels were compared at 60 min and plotted against the plasma level of compound, corrected for plasma protein binding and efficacy (see Chart S2 supplementary data). At the lowest plasma level AZD3199 produced a significantly smaller reduction in plasma potassium compared to formoterol; at all other plasma levels there were no differences between the compounds. These data suggest that in guinea pigs, the mechanistic side effects of AZD3199 are no worse than formoterol and are significantly better at low plasma levels.

AZD3199 was prepared according to the method outlined in Scheme 1. The commercial compound 17 was reacted with the acid chloride prepared in situ from acid 18 to afford alcohol 19. A 2-step oxidation followed by a reductive amination procedure with the known amine 20 afforded 12 (AZD3199) in reasonable over all yield.

**Scheme 1: The chemical synthesis of AZD3199.**

Reagents and conditions a) 18 + (COCl<sub>2</sub>, 1.1 mol equiv), dimethyl formamide (cat.), CH<sub>2</sub>Cl<sub>2</sub>, rt, 15 h. Concentrate and add to 17, Hunig’s base (2 mol equiv), CH<sub>2</sub>Cl<sub>2</sub>, rt, 20 h (75%). b) i) dimethyl sulfoxide (2.2 mol equiv), CH<sub>2</sub>Cl<sub>2</sub>, -78°C, add (COCl<sub>2</sub>, 1.1 mol equiv), stir 15 min ii) add 19, stir 15 min, iii) add triethylamine (5 mol equiv) and warm to rt 90 min iv) 20 in CH<sub>2</sub>Cl<sub>2</sub>, sodium triacetoxyborohydride (2 mol equiv), rt (27%).

In summary, a new series of dibasic C-1 des-hydroxy 7-hydroxy benzthiazolone β₂AR agonists have been designed to combine high potency, long duration of action and fast onset of action. From the design series, AZD3199 was shown to be highly selective (>1500 fold) for the human β₂AR (pEC<sub>50</sub> 7.92±0.12 (n=8)) over human β₁ and β₃ ARs. Further profiling demonstrated AZD3199 to be highly potent when dosed in vivo in a guinea pig histamine-induced bronchoconstriction model, exhibiting long duration of action amenable to a once-a-day dosing regimen. We have demonstrated that a short onset time can be achieved within the series through combining high lipophilicity and two basic groups. Utilizing plasma potassium levels in a guinea pig model as a marker of potential β₂AR-induced systemic side effects, AZD3199 produced, at the lowest plasma level, a significantly smaller reduction in plasma potassium compared to formoterol; at all other plasma levels there were no differences between the compounds. These data suggest that in guinea pigs, the mechanistic side effects of AZD3199 are no worse than formoterol and are significantly better at low plasma levels. In conclusion AZD3199 is a new ultra-long acting inhaled β₂AR agonist and further work will be disclosed shortly.

**ASSOCIATED CONTENT**

Supporting Information. Synthetic procedures, analytical data, tables S1, S2 and S3 Charts S1 and S2 including procedures for pharmacological activities. "This material is available free of charge via the Internet at http://pubs.acs.org.”

**AUTHOR INFORMATION**

**Corresponding Author**

*E-mail address: michael.stocks@nottingham.ac.uk*

**Present Address**

† Centre for Biomolecular Sciences, School of Pharmacy, the University of Nottingham, University Park, Nottingham, NG7 2RD, UK.

**Author Contributions**

All authors have given approval to the final version of the manuscript.

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**ABBREVIATIONS**

β₂AR, β₂-adrenoceptor; GPCR G Protein-coupled receptor; COPD, chronic obstructive pulmonary disease.

**REFERENCES**

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AZD3199
\[ \beta_2 \text{ pEC}_{50} 8.2, \text{ IA } 0.8 \]
\[ \beta_1 \text{ pIC}_{50} <5.0; \beta_3 \text{ pIC}_{50} <5.0 \]