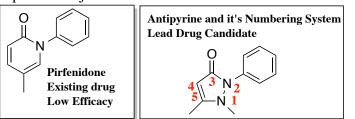
Research Idiopathic Pulmonary Fibrosis AntiPyrine Analog Library Synthesis Update 1/23/2020 ("Idiopathic": "relating to or denoting any disease or condition which arises spontaneously or for which the cause is unknown.") https://err.ersjournals.com/content/26/145/170053



Structure Interpretation Key:

- 1. Each "vertex" represents a carbon atom
- Hydrogen atoms are not drawn, but each carbon has enough attached hydrogens to give it four bonds

Big Picture Concept:

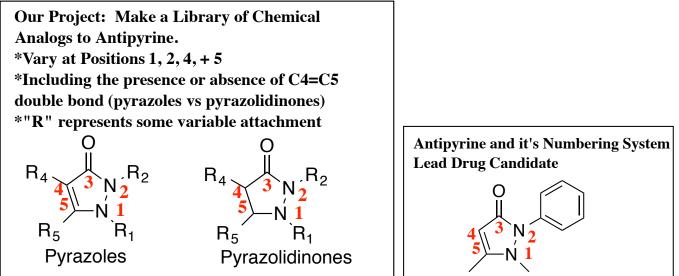
- 1. Pirfenidone is the FDA-approved (2017) medicine used to treat pulmonary fibrosis
 - It is not a life-saver
 - It isn't very good in terms of potency, efficacy, toxicity (or expense)
 - Its mechanism of operation is not understood
 - Some recommended dosage and price details:
 - a. Daily, with 3 doses per day
 - b. 801-mg per dose. (very large). 3 x 801mg >2 grams/day!
 - c. Wholesale price: \$131/tablet
 - d. $131 \times 3 = 393/day \times 365 days = 143,445/year$. In other words, Expensive!
 - e. Research price: Sigma-Aldrich has it \$107/10mg; TCI-America \$67/100mg or \$396/gram
 - f. Antipyrine: \$81/100g. So pirfenidone is ~500 times more expensive!!!
 - g. Nintenadib: 2014 approved, 2 x 150mg/day, \$209/capsule, \$418/day => \$153K/year
- 2. Five qualities for a drug
 - The Big Three:
 - a. Potency
 - b. Efficacy
 - c. Toxicity
 - Two Practicals:
 - a. Delivery
 - b. Cost

3. Extensive "chemical library" study identified antipyrine as a "lead chemical", comparable to pirfenidone

- 4. Jasperse research group goal: Make as many analogs of antipyrine as we can, in hopes that we can make something better yet
- 5. The Drug Improvement Loop: (and the need for Chemical Synthesis)
 - Library study => initial lead
 - Make analogs (new library) => test again => secondary leads (synthetic chemistry needed)
 - Make further refinements (new library) => test again => 3rd-round lead (more synthesis)
 - Lock+Key (Structure-Activity Relationships): We don't know what biochemical "lock" pirfenidone fits into, so we don't really know how to shape the "key". (3D volume; rigid vs flexible; hydrophobic vs hydrophilic.) Analogs help to map.



Jasperse Synthetic Group Goal:



Molecular Biology: Develop a procedural assay to evaluate different <u>synthetic analogs.</u>

SAR questions: (Structure-Activity-Relationship Questions)

- 1. How/where does the drug bind?
- 2. Where is there spatial capacity for 3D-drug enlargement? Between the four quadrants, where are spatial enlargements tolerable or beneficial?
 - a. Southeast Quadrant (N1)
 - b. Northeast Quadrant (N2)
 - c. Northwest Quadrant (C4)
 - d. Southwest Quadrant (C5)
- 3. How does adding hydrophobic vs hydrophilic character impact drug performance?
- 4. Again, this question applies independently for each of the four quadrants
- 5. How does flexible (acyclic) vs rigid (rings, especially flat aromatics)?

"Idiopathic pulmonary fibrosis (**IPF**) is a non-neoplastic pulmonary **disease** that is characterized by the formation of scar tissue within the lungs in the absence of any known provocation. **IPF is a** rare **disease** which affects approximately 5 million persons worldwide."

There is currently no cure for pulmonary fibrosis but treatments and therapies are improving all the time. The average life expectancy of someone with pulmonary fibrosis is three to five years but if it's caught early, treatment can help slow down the progression of the disease.Jun 16, 2017

"Summary: Idiopathic **pulmonary fibrosis** is a little-known disease that kills as many people each year as breast cancer. ... A diagnosis of idiopathic **pulmonary fibrosis** is not much better than a **death sentence**, given a survival rate averaging 4 to 6 years as the disease robs its victim of the ability to breathe.Nov 11, 2010"

https://www.google.com/search?q=How+many+people+have+IPF+in+the+United+States%3F&oq=How+m any+people+have+IPF+in+the+United+States%3F&aqs=chrome..69i57.10192j0j4&sourceid=chrome&ie=U TF-8

According to the National Institutes of Health, about **100,000 people** in the United States have IPF, and approximately **30,000** to **40,000** new cases are found each year. Worldwide, IPF affects **13** to **20 out of every 100,000 people**. Dec 13, 2016 (US population:

https://err.ersjournals.com/content/errev/26/145/170053.full.pdf (2017 article)

ABSTRACT Idiopathic pulmonary fibrosis (IPF) is characterised by progressive changes of the lung architecture causing cough and dyspnoea and ultimately leading to lung failure and death. Today, for the first time, two drugs that may reduce the inexorable progression of the disease are available, suggesting that treatment with specific drugs for IPF should be started as soon as diagnosis is made. This applies to any disease and particularly to IPF, which is marked by a 5-year survival comparable or even worse than many cancers. However, despite common sense and even worse, in spite of scientific data coming from clinical trials, post hoc analysis, long-term safety studies and real-life experiences, the question of when to start and when to stop treatment with antifibrotics is still debated. In IPF, particularly when the disease is diagnosed at an early stage, "wait and watch" behaviour is not rare to observe. This is largely due to the lack of awareness of both patients and clinicians regarding the progression of the disease and its prognosis. Another important issue is when treatment should be stopped. In general, there are two main reasons to stop a therapy: unbearable side-effects and/or lack of efficacy. According to current (although preliminary) evidence, antifibrotic drugs should not be discontinued except for safety issues.

Introduction Idiopathic pulmonary fibrosis (IPF) is a chronic progressive lung disease of unknown cause, which is limited to the lungs and associated with the radiological and/or histological pattern of usual interstitial pneumonia. The disease is characterised by progressive morphological changes of the lung architecture, causing cough and worsening dyspnoea and ultimately leading to lung failure and death. Several risk factors have been described to contribute to IPF onset and, despite the recent advances in our understanding of the pathogenesis, the real cause of the disease remains to be determined. IPF is a disease characterised by a very poor prognosis, with a median survival time of 3–5 years from diagnosis. Furthermore, the clinical course is unpredictable, marked in some cases by a relatively slow and gradual progression but in other cases by a rapid and often dramatic clinical evolution [1, 2]....

Conclusion IPF is a dreadful disease. Many efforts have been made in understanding its pathogenesis, but despite recent advances in research, this disease still represents a dilemma. Today, for the first time, we can use two effective drugs able to reduce the inexorable progression of the disease. ... It is currently estimated that only 54% of patients with an IPF diagnosis in Europe receive antifibrotic treatment with an approved drug. It is desirable, when faced with evidence of a disease that is not cancer, but looks like a cancer in its behaviour, ...

https://www.google.com/search?q=What+does+it+mean+to+be+an+%22orphan+drug%22%3F&oq=What+ does+it+mean+to+be+an+%22orphan+drug%22%3F&aqs=chrome..69i57j0l2.9726j1j7&sourceid=chrome& ie=UTF-8

https://en.wikipedia.org/wiki/Orphan_drug

Orphan Drug/Orphan Disease: What does it mean to be an "Orphan Drug"? An **orphan drug is** a pharmaceutical agent developed to treat medical conditions which, because they are so rare, **would** not be profitable to produce without government assistance. The conditions are referred to as orphan diseases.

The assignment of **orphan status** to a disease and to drugs developed to treat it is a matter of <u>public policy</u> in many countries and has yielded medical breakthroughs that might not otherwise have been achieved, due to the economics of drug <u>research and development</u>.^[1]

In the U.S. and the EU, it is easier to gain marketing approval for an orphan drug. There may be other financial incentives, such as an extended period of exclusivity, during which the producer has sole rights to market the drug. All are intended to encourage development of drugs which would otherwise lack sufficient profit motive to attract corporate research budgets and personnel.^[213]

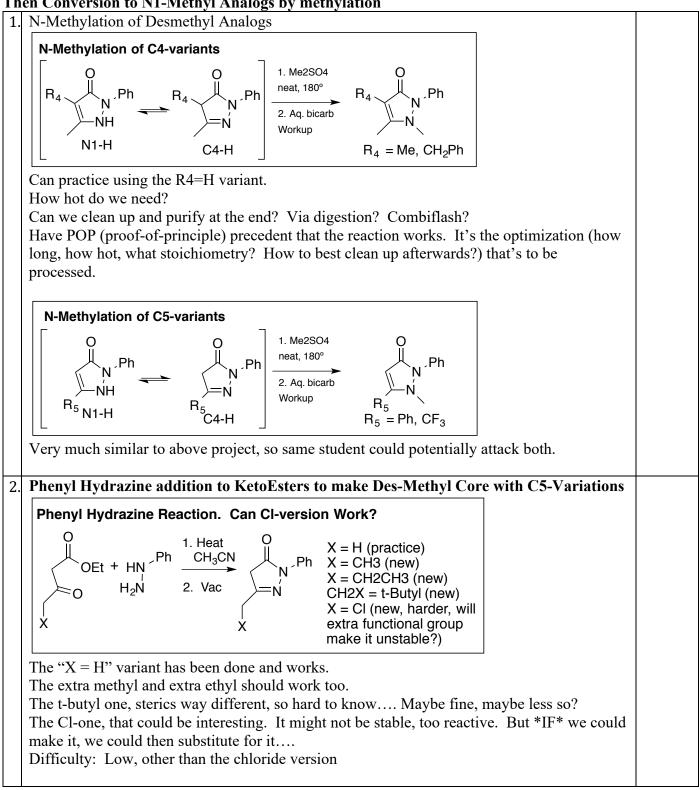
According to the US <u>Food and Drug Administration</u> (FDA), an orphan drug is defined as one "intended for the treatment, prevention or diagnosis of a rare disease or condition, which is one that affects less than 200,000 persons in the United States."

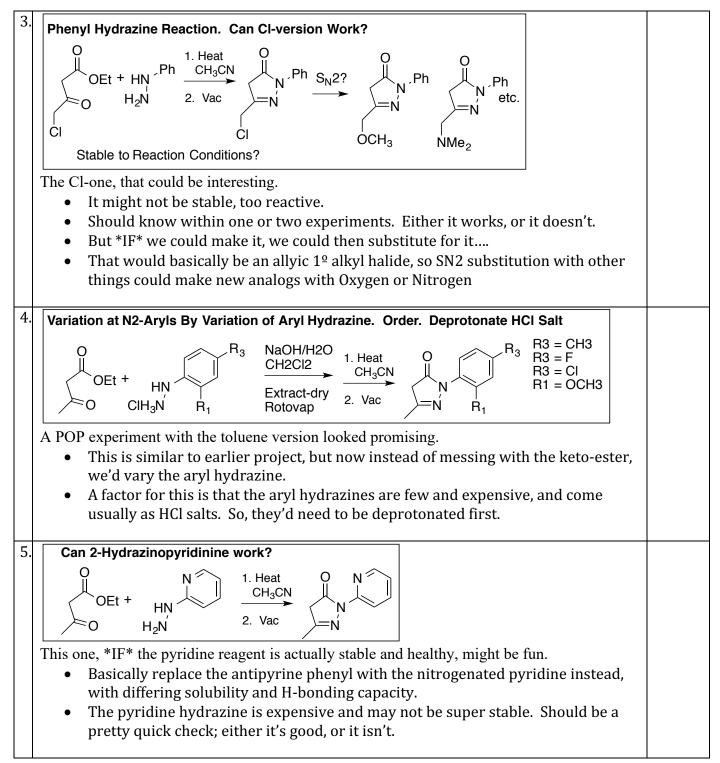
~0.03% in US. About 3 out of 10,000 people.

The other drug: Totally different structure from pirfenidone

Nintedanib

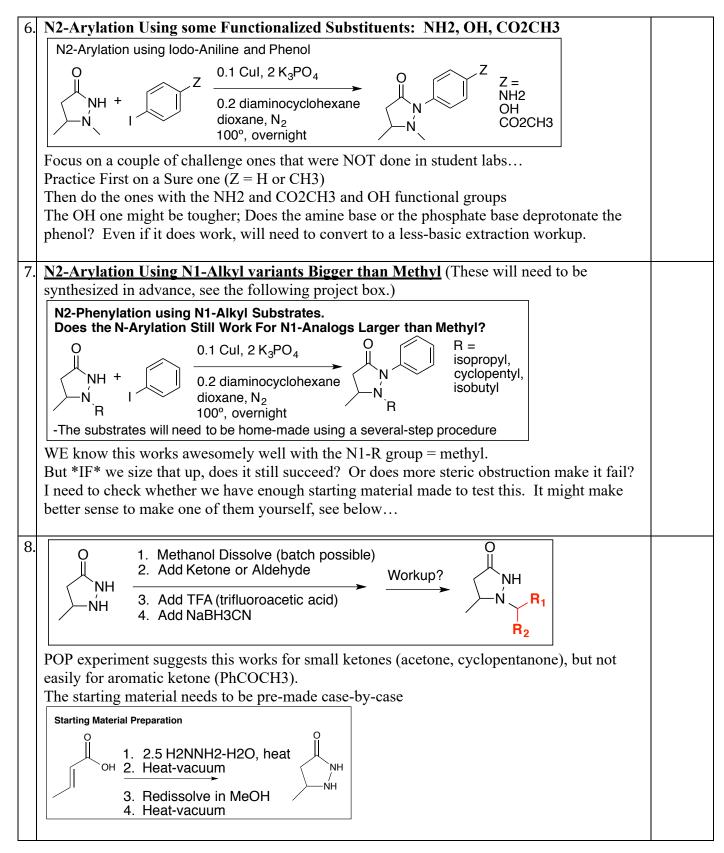
Area A: N1-Desmethyl analogs by addition of hydrazines to ketoesters. Then Conversion to N1-Methyl Analogs by methylation

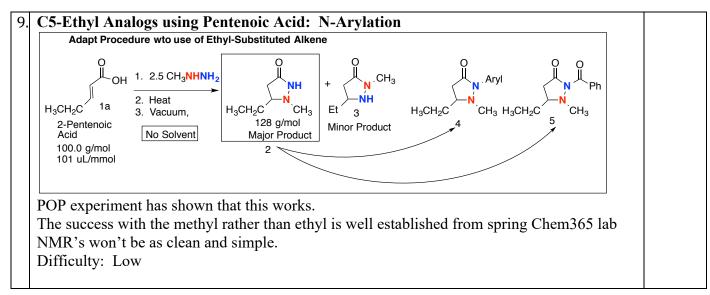




Area B:

- N2-Arylation with Functionalized Arenes
- N2-Phenylation with Larger-than-methyl R-groups on N1
- Preparation of precursors with Larger-than-Methyl-R-groups on N1
- Preparation of C5-Ethyl-instead-of-methyl analogs

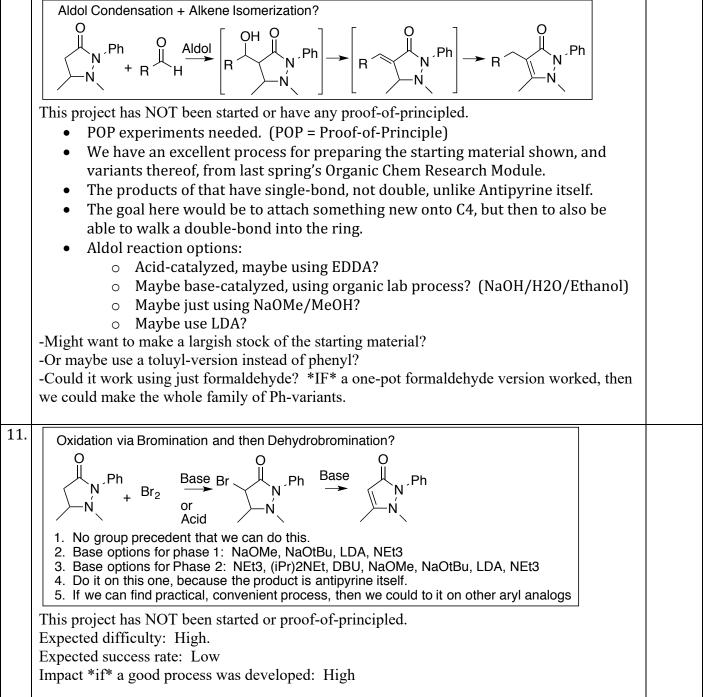


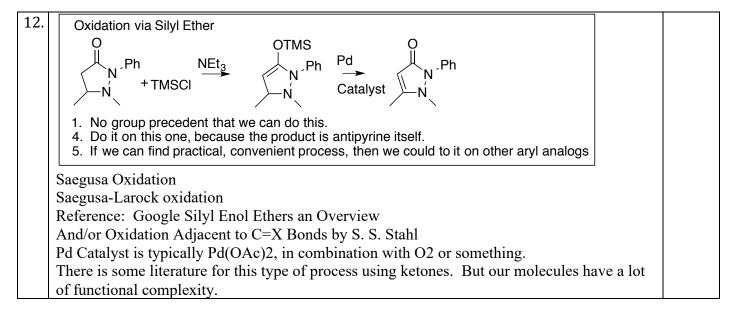


Area C: Oxidation of product rings to convert to double-bond versions?

- Context: Antipyrine has a C=C double bond.
- We have some really powerful ways to access a broad scope of the single-bonded analogs (se Area B above, for example).
- It would be nice if we had an efficient way to convert single-bonded pyrazolidinones into doublebonded pyrazolones. And it would be cool if we could test them against each other; does the double bond make any difference anyway in terms of pulmonary-fibrosis performance?
- Area C has some ideas for seeing whether we can convert single-bonded substrates into the double-bonded analogs.

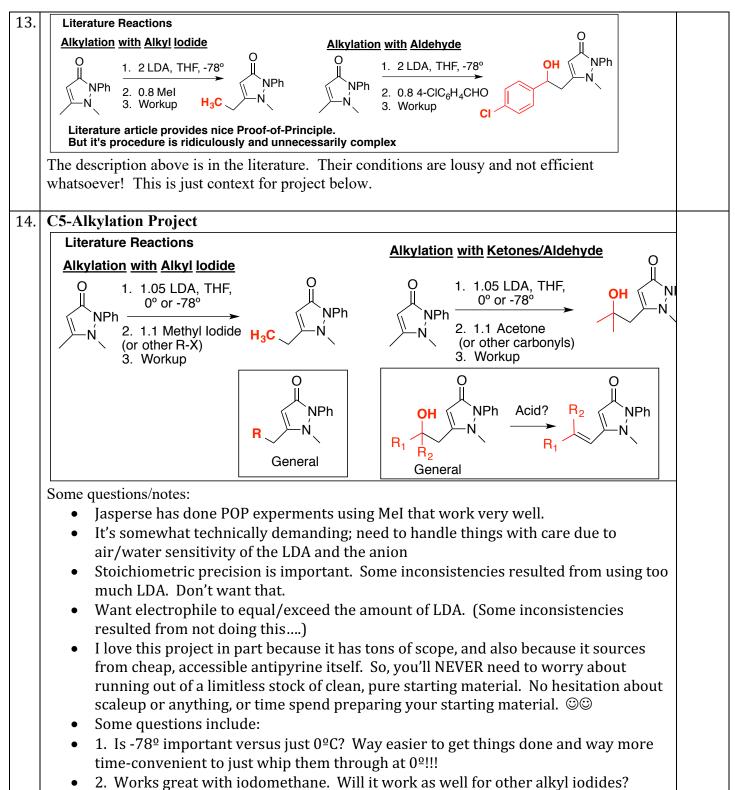
10. C4-Alkylation/Oxidation via Aldol Condensation + Alkene Isomerization. Introduction of C4-Substitutents with Otherwise Full-Antipyrine Core



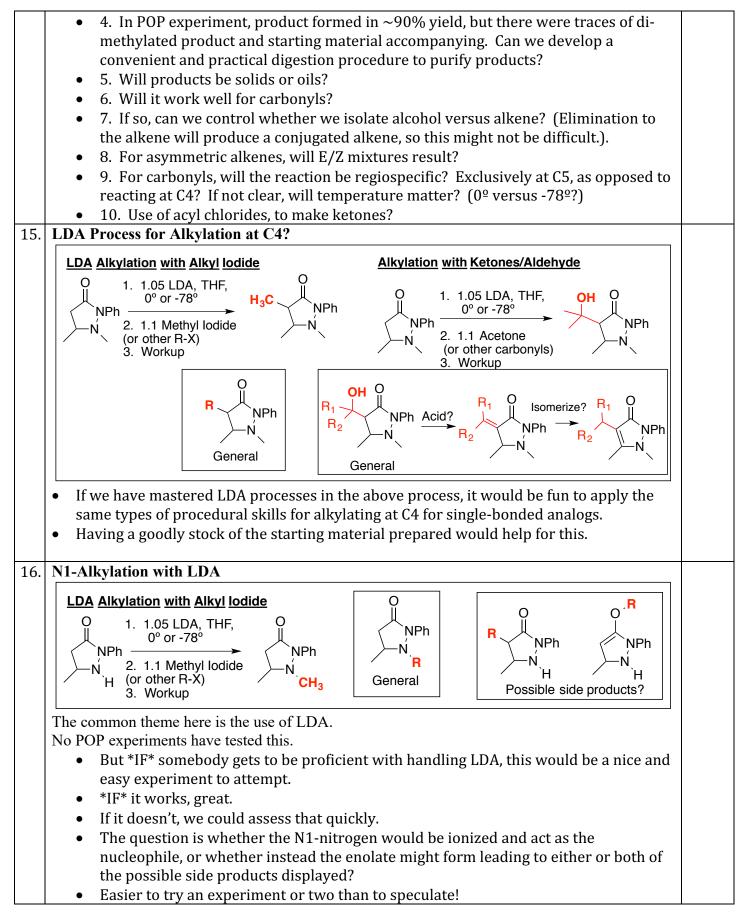


Area D: LDA-based Reactions at C5?

- There are technical challenges with these, because the LDA is very air- and moisture-sensitive.
- I have done POP experiments confirming that this absolutely works.



• 3. Will alkylation with alkyl bromides also work? (one POP experiment suggests yes....)



Area E: Alkylation Ideas Miscellaneous

