• Metabolism and toxicity of drugs, covalent drugs

ADMET Metabolism of drugs

- Phase I, oxidative metabolism: oxidation by cytochrome P450 enzymes (CYP450), reductive metabolism, hydrolysis
- THE MOLECULAR WEIGHT DECREASES (FRAGMENTATION)
- Phase II, conjugative metabolism: conjugation with polar moieties as glutathione, glucuronic acid, amino acids, phosphates and sulfates
- THE MW INCREASES (CONJUGATION)
- Drug becomes progressively more polar and is easily excreted in the urinary tract

drug metabolism and detoxification



oxydation: the Cytochromes P450

Cytochromes P450 (CYPs) belong to the superfamily of proteins containing a heme cofactor and, therefore, are hemoproteins. CYPs use a variety of small and large molecules as substrates in enzymatic reactions. They are, in general, the terminal oxidase enzymes in electron transfer chains, broadly categorized as P450-containing systems.



CYP enzymes have been identified in all domains of life animals, plants, fungi, protists, bacteria, archaea, and even in viruses.

The most common reaction catalyzed by cytochromes P450 is a monooxygenase reaction, e.g., insertion of one atom of oxygen into the aliphatic position of an organic substrate (RH) while the other oxygen atom is reduced to water:

 $RH + O_2 + NADPH + H+ \rightarrow ROH + H_2O + NADP+$

Interaction of drugs with CyP450

- Many drugs may increase or decrease the activity of various CYP isozymes either by inducing the biosynthesis of an isozyme (enzyme induction) or by directly inhibiting the activity of the CYP (enzyme inhibition).
- This is a major source of adverse drug interactions, since changes in CYP enzyme activity may affect the metabolism and clearance of various drugs. For example, if one drug inhibits the CYP-mediated metabolism of another drug, the second drug may accumulate within the body to toxic levels.
- Hence, these drug interactions may necessitate dosage adjustments or choosing drugs that do not interact with the CYP system.

• Some natural molecules in food and beverages can interfere with the activity of cytochrome P450.

- For instance, some substances in the Bruxelles sprouts, and cigarette smoke accelerate P450 activity, while grapefruit juice slow P450 activity.
- In the preclinical phase of drug development the interaction with P450 is investigated: if the molecules interacts with P450 interfering with activity is immediately discarded.

- sp³ carbons hydroxylations @ activated positions (allylic, benzylic, alpha to heteroatoms)
- FRAGMENTATION



Fig. 29.7 Regioselettività dell'idrossilazione su carboni attivati di tipo sp*.

oxidative formation of acetals and aminals: fragmentation



Fig. 29.9 La Odealchilazione onidaziva della fenacetina produce paracetamolo.



Fig. 29.8 Per ammine a lunga catena, possono essere coinvolte le posizioni α,ω e ω –1, ma la posizione α è la preferita.

Drug metabolism by CyP450

- CYPs are the major enzymes involved in drug metabolism, accounting for about 75% of the total metabolism. Most drugs undergo deactivation by CYPs, either directly or by facilitated excretion from the body.
- Also, many substances are bioactivated by CYPs to form their active compounds.



Metabolically activated antitumor drugs



mechanism of action



Nitrogen mustards: ANTICANCER AGENTS DNA CROSSLINKING AGENTS



The antitumor agent cyclophosphamide



- Cyclophopsphamide is a pro-drug of a nitrogen mustard that reacts with DNA and RNA.
- The cyclophopshamide is transformed into the active drug by a reaction initiated by CyP450 oxidation at the carbon alpha to the nitrogen

Phase I: reductions

- GSH can act as:
- a reducing agent (phase 1)
- A nucleophile (phase 2)



Glutathione (GSH)



reductive metabolism remember sulfonamides



prontosil red (dye)

Phase I: hydrolysis

- Esters, amides
- Remember ester-based prodrugs
- Peptide-based drugs are NOT stable



PHASE II DRUG METABOLISM: Glucuronidation and Sulfation



18

glucuronidation



Glucuronidation is an important metabolism pathway for many drugs and endogenous substances. Liver, gastrointestinal tracts, and kidney are the major organs where glucuronidation occurs. Mechanistically, the glucuronosyl group is enzymatically transferred from the cofactor uridine 5'-diphosphoglucuronic acid (UDPGA) to the substrates with the nucleophilic function groups of –OH, –NH2, –SH, –COOH, or others, which are catalyzed by the enzyme family of uridine 5'diphosphoglucuronosyltransferases (UGTs).

Conjugation does not always result in less toxicity or inactivation,

Morphine-6-glucuronide is pharmacologically active

N-acetyl procainamide is pharmacologically active

GSH conjugates of haloalkenes are nephrotoxic via β-lyase

Acyl glucuronides are reactive, binding covalently to proteins





Mophine 6-glucuronide was discovered in 1969 to have analgesic activity, then more fully evaluated in the late 1980s and 1990s. Subsequent studies were conducted in humans for its use as a potential drug.



Questions to consider:

- Physical properties of M6G relative to M?
- Would M6G be expected to have good oral bioavailability?
- Would M6G likely cross the blood brain barrrier, BBB, passively?

glucuronidation



Many compounds or drugs contain functional groups that can be directly conjugated and thus do not require Phase I metabolism to create "handles" (nucleophiles) for conjugation.

Which groups in these molecules will react with glucuronic-UDP?

an example: indinavir antiviral, anti-HIV





Troncatori di catena....



Glucuronides as Potential Anionic Substrates of Human Cytochrome P450 2C8 (CYP2C8)

Miniperspective

Yong Ma,[†][©] Yue Fu,[‡] S. Cyrus Khojasteh,[†] Deepak Dalvie,[§] and Donglu Zhang^{*,†}[©]

[†]Drug Metabolism & Pharmacokinetics and [‡]Early Discovery Biochemistry, Genentech, South San Francisco, California 94080, United States

[§]Celgene Corporation, 10300 Campus Point Drive, San Diego California 92121, United States

ABSTRACT: Glucuronidation is in general considered as a terminal metabolic step that leads to direct elimination of drugs and generally abolishes their biological activity. However, there is growing evidence to suggest that glucuronides can be ligands of human CYP2C8, making CYP2C8 distinct from the other CYP isoforms. Several classes of glucuronide conjugates, which include acyl glucuronides, ether glucuronides, *N*-glucuronides, and carbamoyl glucuronides, have been shown to be substrates or time-dependent inhibitors of CYP2C8. Although the structures of CYP2C8-glucuronide complexes have not been determined, the structural features of CYP2C8 active site support its binding to anionic and bulky ligands like glucuronides. As interaction perpetrators with CYP2C8, glucuronides of gemfibrozil and clopidogrel showed marked clinical drug—drug interactions (e.g., with cerivastatin and repaglinide), which are more than expected from the parent drug. This review summarizes glucuronides as CYP2C8 ligands and the active-site structural features of CYP2C8 that allow potential binding to glucuronides.



The significant contribution of CYP2C8 in drug metabolism has been recognized. The important drugs that are metabolized by CYP2C8 include rosiglitazone, cerivastatin, amodiaquine, and paclitaxel



* Racemic center



Sulfotransferases (SULTs)



① = ATP Sulfurylase, ② = APS Kinase Bifunctional Enzyme in Mammals – PAPS Synthetase (2 isoforms) M.Coughtrie, U. Dundee

Co-factor is PAPS (3' -phosphoadenosine 5' -phosphosulfate) – a high energy intermediate. Low levels in vivo, but synthesized quickly from inorganic sulfate or catabolism of cysteine and methionine.

Cosubstrate Depletion. Reduced inorganic sulfate or cysteine (secondary to GSH depletion) can cause co-substrate-dependent decrease in sulfation rates.

e.g. high doses of acetaminophen or harmol (Levy and Morris, Pang)

Substrates for Sulfotransferases (SULTs)

SULT1A1	SULT1A3	<u>SULT1E1</u>
Paracetamol	Salbutamol	Ethinylestradiol
Minoxidil	L-Dopa	(4-OH Tamoxifen)
Troglitazone	Dopamine	Raloxifene
Apomorphine	Dobutamine	
4-OH <u>Tamoxifen</u>	Carbidopa	

- Phenols and analine type amines are sulfated
- Frequently phenols have both glucuronidation and sulfation as competing conjugation rxn.
- Sulfation is often a high affinity, low capacity pathway, while glucuronidation is frequently low affinity, high capacity.

Thus, at low dose, sulfation may dominate, but as dose increases, glucuronidation can become the major route.

• Sulfates are frequently excreted in urine, though some bile acid sulfates are excreted into bile.



Fig. 1. Selected cytoplasmic sulfotransferase enzyme sulfate acceptor substrates. Arrows indicate sites of sulfate conjugation

Smith, Phase II Metabolism, UNC Chapel Hill, 8/2012

Species Differences in UGTs



Cats of all types appear to lack Ugt1A6 (pseudozyme) which may be due to cats being "requisite carnivores", thus evolution removed an enzyme that was not needed.

Thus, cats are sensitive to aspirin and acetaminophen that rely on glucuronidation for elimination.

Cats would not be a good model for drug development.

Another requisite carnivore that lacks Ugt1A6 is the hyena. Also the Northern Elephant Seal











CYP2E1

CYP3A

Metabolism

Renal
Bile

CYP UGT

■ NAT ■ MAO

□ esterase □ FMO



•Metabolism most important. CLr of unchanged drug is significant. Bile is more likely larger than the sliver shown due to difficulty of measuring CLbile and many newer drugs are quite high MW.

•CYPs dominate, but UGTs are dominant for Phase II. Glucuronidation is also very important for sequential metabolism, after oxidation.

•UGT pie is likely not so accurate and all of the active UGTs are not listed.

•Establishing which UGT is dominant for a drug glucuronide formed is difficult, since tissue specific expression is not well know (certainly not in 2002).

From: Williams JA, et al. Drug Metab Dispos. 2004, 32:1201-1208





Covalent drugs

- Normally drugs form non-covalent complexes with targets.
- The affinity of the drug for its target is a measure of drug potency (at least in vitro) and the potency increases when the IC₅₀ or AC₅₀ pass from mM to μ M to nM to pM.
- Some antibacterial and antitumor drugs can form a covalent bond with the target, this is associated to high toxicity of the drug.

DNA as target

chemical drugs are intercalators or binders (noncovalent) or cross-linking agents (covalent bond forming)





DNA intercalation (non-covalent interaction)

 Some molecules insert between adjacent couples of bases through stacking interactions and charge interactions (these are generally positively charged molecules that interact with the negative charge of phosphates of DNA backbone)



- Aminoacridines, proflavin, antibacterial for topic use
- Quinine and chloroquine, antimalaria drugs



CLOROCHINA

CHININA

 The antibiotic doxorubicin (adriamicin) is an INTERCALATOR has a tricyclic aromatic ring that intercalates and an amino-glycoside moiety that forms ionic bonds with DNA phosphates



Drugs forming covalent bonds with the target: **cysplatin and nitrogen mustards** (chemotherapeutics)



 Mechanism of action: irreversible covalent bond formation with guanine N-7

Cyclophosphamide (prodrug)



Covalent bond formed after target binding: distamycins



DNA minor groove binder



Interaction of PNU 166196 with DNA duplex tridecamer OBN5758 : 5'd(ACCTTTTTGATGT)-3'

Distamycin Streptomyces distallicus





New DNA binder

Mechanism of action:

1) Binding to DNA

2) Michael addition with a DNA nucleophile

Calicheamicin cleaves double strand DNA



Scheme 1. Bergman Cyclization Leading to the Formation of 1,4-Diradical



Calichemicin-antibody conjugates



Mechanism of action of penicillins and cefalosporins (beta lactams antibiotics): covalent inhibition of baterial DD-transpeptidase



The bacterial cell wall is a crosslinked 3D polymer that protects bacteria from external dangers



BCW is synthesized by bacterial DDtranspeptidase (penicillin binding protein)



Penicillins (and cefalosporins) are beta-lactam antibiotics that block transpeptidation mechanism



Fig. 14.63 Cross-linking mechanism by transpeptidase enzyme.

Source: Google Images

Penicillin is recognized by DDtranspeptidase because it mimics chemically the D-Ala-D-Ala dipeptide



Another example of drug acting covalently: The 5-fluorouracil is an ANTIMETABOLITE Anti-tumor drug forming a covalent bond with the coenzyme tetrahydrofolate



Used for solid cancers in combination with other drugs (ovarian cancers)

The timidalate synthase is an enzyme that catalyses the methylation of uridine to give timidine using the methylene tetrahydrofolate as cofactor



The biosynthesis of timidine is very important for DNA replication: tumor cells replicate faster than other cells and are affected by inhbition of this process The methylation of uracil is catalyzed by the enzyme timidilate synthase with the participation of tetrahydrofolate (coenzyme): 5-FU inhibits this process



Another possible mechanism

