

The Abdus Salam International Centre for Theoretical Physics



2039-5

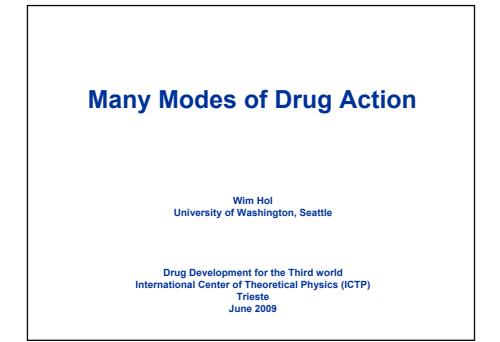
# **Conference on 2nd Drug Development for the Third World: From Computational Molecular Biology to Experimental Approaches**

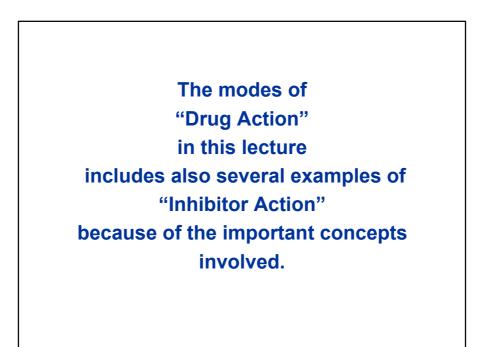
1 - 5 June 2009

**Modes of Drug Action I** 

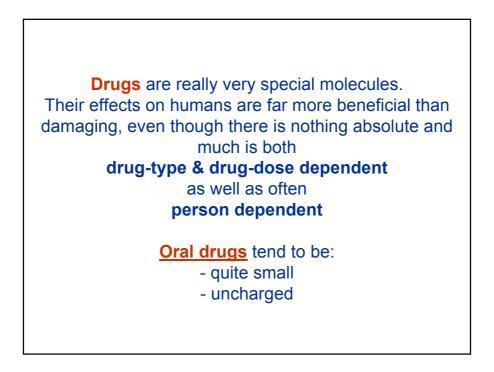
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But there is a tremendous difference between an Inhibitor and a Drug.



# Many modes of drug action

## on many different drug targets:

- Proteins
  - Active Site Blockers
  - Cofactor Site Blockers
  - Receptor Binding Site Binders
  - Conformational Change Preventers
  - Protein-Protein Interaction Preventers
  - Protein Assembly InhibitorsProtein Assembly Stabilizers
  - Protein Assembly Stabilized
     Protein-Protein Glues
  - Protein-DNA Recognition Blockers

## • DNA

- Intercalators
- Minor Groove Binders
- Crosslinkers
- Antisense oligonucleotides

- Protein-DNA Complexes – Topoisomerase Poisons
- Protein-RNA Assemblies
   Assemblies
   Ribosome Tunnel blockers
- Membranes
   Pore Formation
- Substrates
   Specific Substrate Binding
- Small Molecules
   Small molecule assembly inhibition

# 1. Drugs acting on Proteins

Proteins perform an incredible number of different functions in living cells, many of which are crucial for the organism.

Essential proteins from pathogens or cancer cells are promising drug targets for infectious diseases and cancers.

Many normal human proteins are also drug targets for treatment of human diseases or afflictions.

Abnormal, defective proteins responsible for a wide spectrum of *genetic* diseases are in principle also good drug targets. This is, however, very difficult since:

(i) often closely related proteins need to be avoided;

(ii) the number of patients suffering from one and the same point mutation is often very small.

## 1. Drugs acting on Proteins (Ctd.)

## How many drug binding sites are there in an organism?

It is of interest to see how many proteins are (estimated to be) encoded by various genomes:

<ul> <li>Hepatitis C Virus</li> </ul>	~ 10
• HIV	~ 12
<ul> <li>Haemophilus influenza</li> </ul>	~ 1,743
<ul> <li>Mycobacterium tuberculosis</li> </ul>	~ 4,000
Yeast	~ 5,885
<ul> <li>Plasmodium falciparum</li> </ul>	~ 5,500
<ul> <li>C. elegans</li> </ul>	~ 19,000
<ul> <li>Humans</li> </ul>	~ 25,000

How many, and which, of these proteins *can be exploited* in the battle against infectious agents or cancer cells remains to a large extent still to be determined.

How many of these *have to be avoided* in human cells is also still a question with an incomplete answer.

1. Drugs acting on Proteins (Ctd.)
1.1. Active Site Inhibitors
Important Issues
<ul> <li>Is the target active site unique to a pathogen, or are there similar proteins in pathogen and host?</li> </ul>
<ul> <li>If the target is unique to a pathogen, or humans, quite small molecules mimicking the transition state of the catalyzed reaction might work with great affinity and selectivity.</li> </ul>
<ul> <li>If the target in a pathogen has a homologous counterpart in the human host, then small molecules blocking the true active site of the pathogen protein are likely to hit the active site of the corresponding human enzyme as well.</li> </ul>
<ul> <li>Hence, larger molecules are preferred in such cases since these confer greater specificity because they can utilize pockets and charges unique to the pathogen protein.</li> </ul>
<ul> <li>However, then non-essential regions of the pathogen protein are used for obtaining selectivity and resistance is possibly soon around the corner.</li> </ul>



# 1.1. Active Site Inhibitors (ctd.)

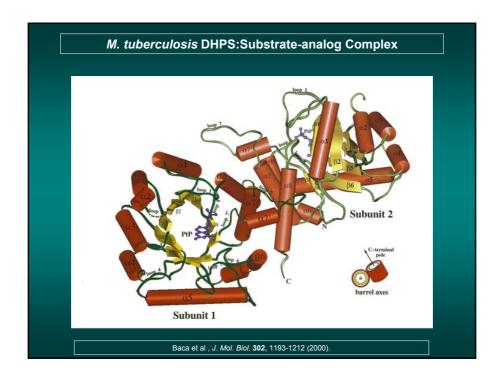
**Examples** 

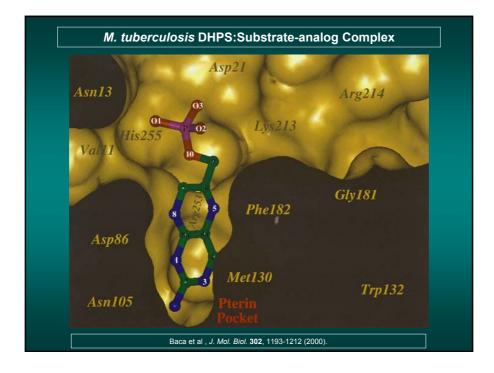
Famous groups of Active site inhibitors are:

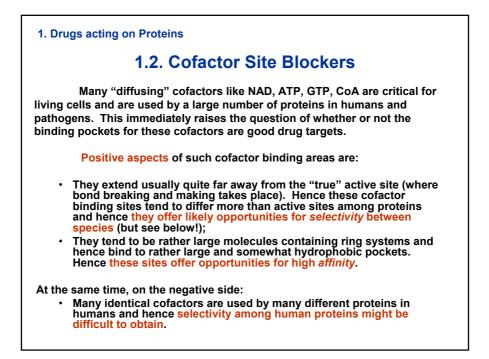
- HIV protease inhibitors
- Influenza Virus Neuraminidase inhibitors
- HIV ReverseTranscriptase Inhibitors
- <u>Sulfa drugs</u>: targeting dihydropteroate synthase (DHPS) in bacteria

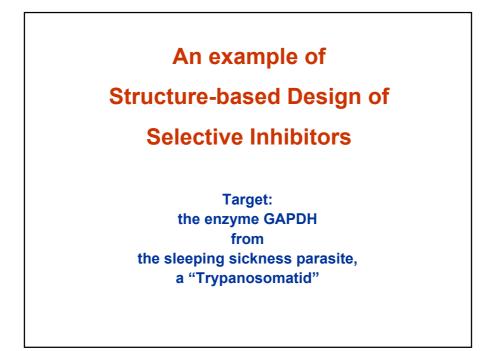
Other famous examples are:

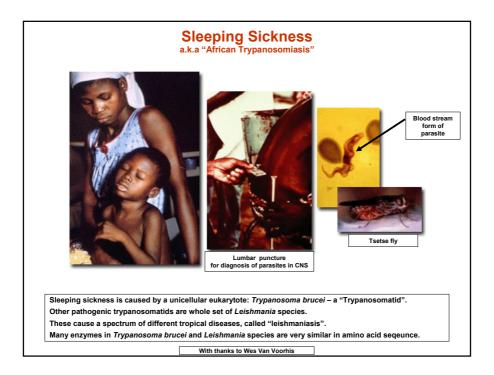
- Penicillins: targeting bacterial cell wall synthesis enzymes
- Aspirin: targeting cyclo-oxygenase
- <u>Pyrimethamine</u>: targeting dihydrofolate reductase (DHFR) in the malaria parasite
- <u>Trimethoprim</u>: targeting dihydrofolate reductase (DHFR) in bacteria
- <u>Methotrexate</u>: targeting dihydrofolate reductase (DHFR) in humans

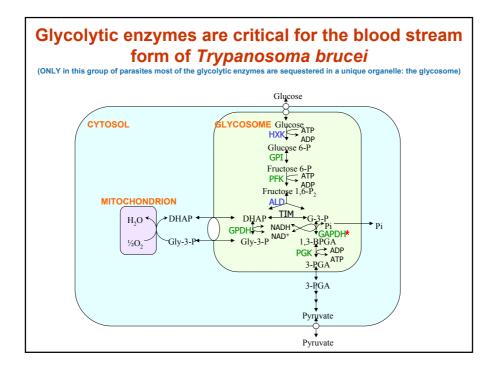


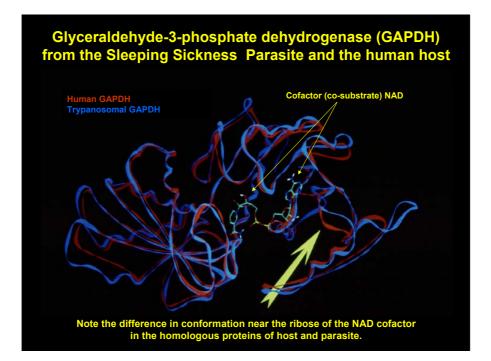


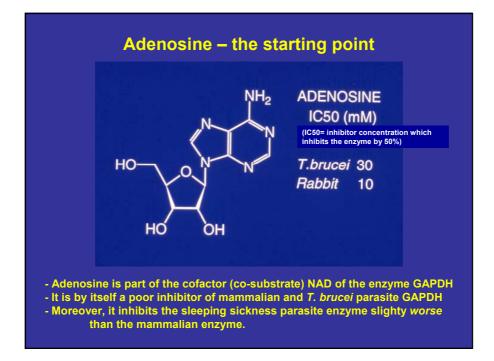


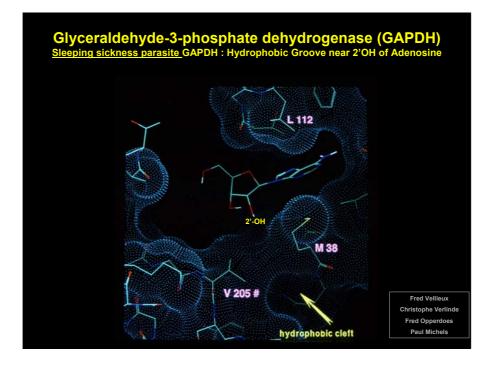


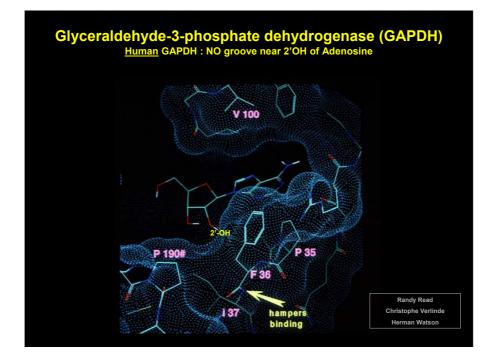


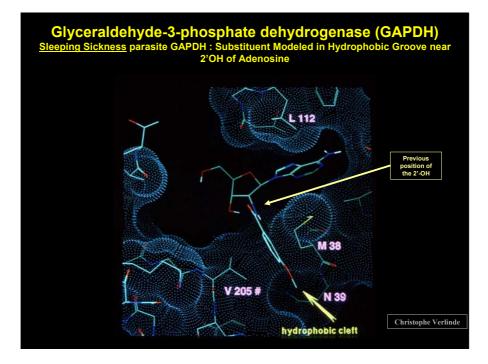


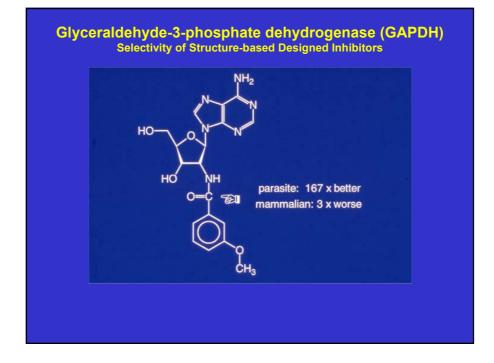


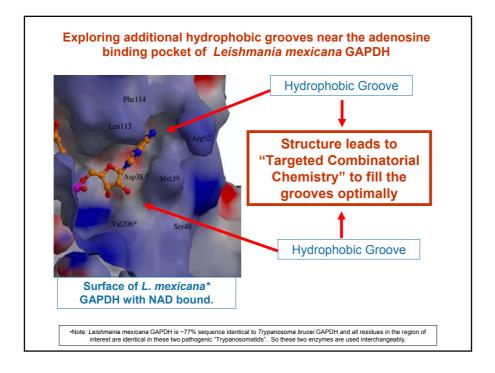


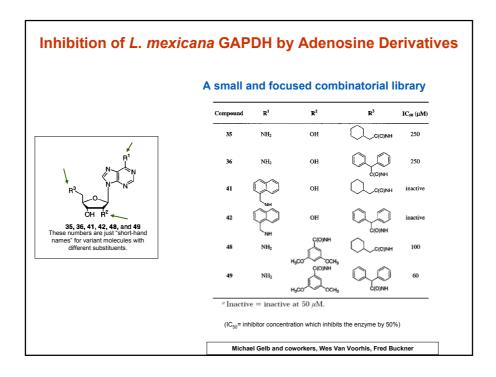


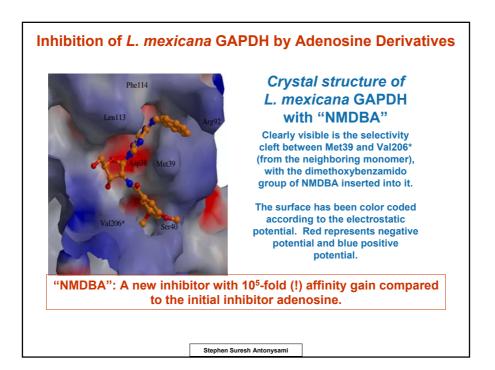














# 1.2. Cofactor Site Blockers (Ctd.)

Kinase inhibitors are currently a popular way to arrive at inhibitors.

The anti-cancer drug Gleevec binds to the ATP binding pocket of the aberrant Bcr-Abl kinase. This the gene product of the so-called Philadelphia chromosome, formed by a reciprocal translocation between chromosome 9 and 22. The resultant hybrid kinase is part Bcrkinase and part Abl-kinase.

The drug is, however, only important for a quite rare cancer: chronic myelogenous leukemia (CML).

Druker and Lyndon, J. Clinical Investgation 105:3-7 (2000) See also: Noble Science 303: 1800 (2004) for a general discussion of structure based protein kinase inhibitor design.

## 1. Drugs acting on Proteins **1.3. Receptor Site Binders Cell surface receptors** Many proteins, circulating in human beings, secreted by pathogens, or located on the surface of cells from host and pathogen, are "receptor binding molecules". These are designed to recognize with very high specificity other molecules called "receptors" (which are proteins or saccharides or small molecules). Such receptor-ligand interactions do not involve enzymatic reactions, and offer therefore no opportunity for transition state analogues, but still are often very interesting drug targets. Several receptor binding proteins from human pathogens recognize oligosaccharide receptors at the cell surface. One such protein is cholera toxin which recognizes the glycolipid ganglioside GM1 at the surface of epithelial cells of the host's digestive tract. Interfering with this toxin:receptor interaction is an attractive avenue towards developing anti-cholera compounds. Viruses have to enter cells in a highly specific and well-orchestrated way. Compounds interfering with viral protein-human receptor interactions are very interesting from a drug development point of view. Such interactions are not always very extensive, as seen for instance in the case of HIV gp120 interacting with the primary receptor CD4 on the surface of human T cells. The interacting surfaces are about 750-800 Å<sup>2</sup> on each of these proteins while some cavities occur at this interface as well. A compound called "BMS488043" is a small molecule which prevents binding of HIV gp120 to CD4 on the human target cell. It is a promising oral antiviral agent Cholera Toxin and receptor binding inhibitors: (Fan et al., IJMM 294, 217-223 (2004). Gp120-CD4: Kwong et al., Nature 393, 648-659 (1998) & Castagna et al., Drugs 65:879-904(2005)

## 1. Drugs acting on Proteins

## **1.3. Receptor Site Binders**

#### **CNS receptors**

• There is an entirely different class of receptors - those occurring in the synapse and other parts of the central nervous system. Well-known examples are Dopamine-, Histamine-, Serotonin-, Arginine-receptors. Many existing drugs function as agonists and antagonists of these receptors.

• Very famous are the so-called "G-coupled receptors" (GPCRs). Very recently the first three-dimensional structure have been reported for one of these receptors. (Human beta-2 adrenergic receptor (Cherezov et al, Science 318:1258-1265 (2007); Rasmussen et al, Nature 450: 383–387 (2007); Rosenbaum et al, Science 318: 1253-1254 (2007)) This will probably allow for many SBDD studies on GPCR's in the coming days, years, and decades.

#### Human proteins interacting with human cell surface receptors

Many circulating proteins interact with cell surface receptors. Examples are human growth hormone, insulin, etc. In certain cases, like growth defects or diabetes, one might wish to either interfere with such interactions, by e.g. developing compounds which mimic the circulating proteins.

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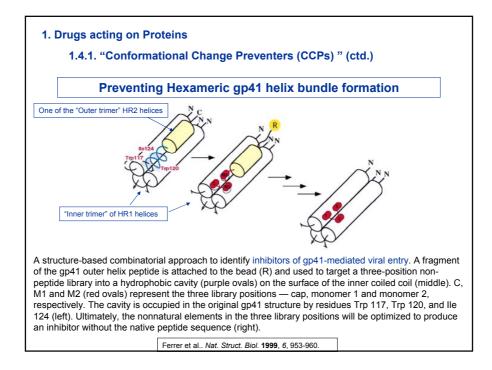


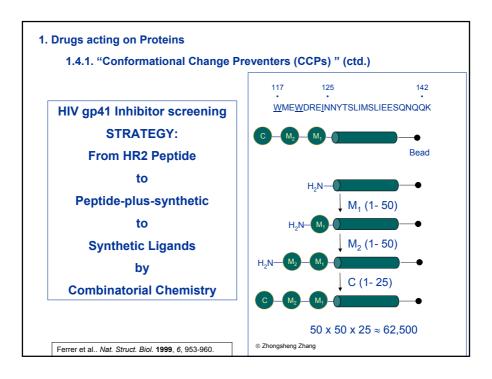
1.4.1. "Conformational Change Preventers (CCPs) "

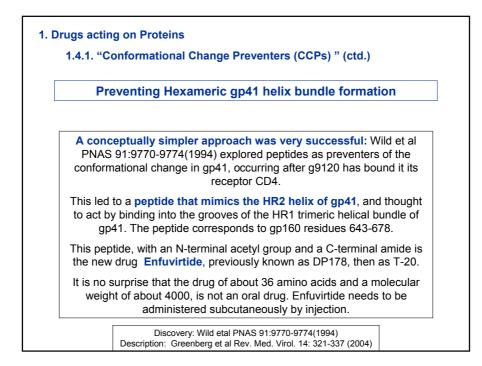
Preventing Hexameric gp41 helix bundle formation

A typical example of the development of "**late CCPs**" are two reports on compounds which inhibit the final stage of a **large conformational change to be undergone by gp41** when fusing together the membranes of HIV and the T cell receptor. Here the target area is a hydrophobic pocket of an "inner" HR1 helix trimer which, at the end of the membrane fusion event, has to be occupied by hydrophobic groups from an "outer" HR2 helix packing against this inner trimer of helices. Small molecules which bind to this pocket and are able to prevent the outer helix from finding its binding site, prevent membrane fusion and thereby thwart the attempts of the HIV virus to enter the T cell.

Interesting papers (Eckert, et al. *Cell* 99, 103-115 (1999) and Ferrer, et al. *Nat. Struct. Biol.* 6, 953-960 (1999)) describe Structure-Guided Combinatorial Chemistry and Biochemistry approaches. These papers show the power of structural information for the early stages of the lead discovery process.





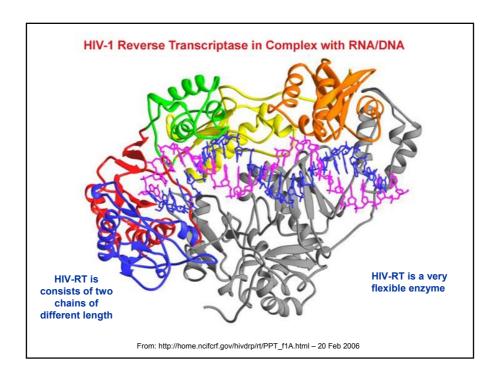




1.4. Conformational Change Preventers

# **HIV Reverse Transcriptase**

# Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI's)





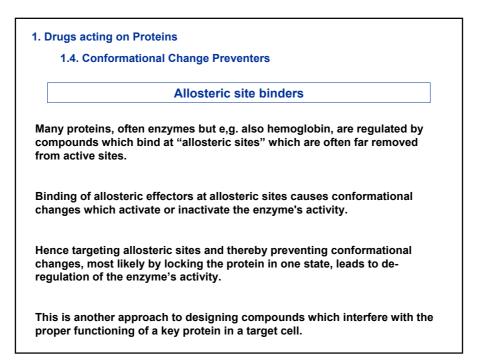
1.4. Conformational Change Preventers

Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI's)

NNRTIs were discovered by drug screening programs.

Subsequent crystal structures showed that:

- 1. Nonnucleoside inhibitors NNRTIs bind in a hydrophobic pocket of HIV-1 RT near the polymerase active site.
- 2. In the available RT structures, there is no NNRTI binding pocket if there is not a bound NNRTI.
- 3. NNRTI binding distorts the enzyme. Both the nucleic acid and the incoming dNTP can still be bound; however, an NNRTI-inhibited enzyme cannot carry out the chemical step of the polymerization reaction.
- 4. NNRTI's are chemically very diverse yet bind in the same pocket/region!



## 1. Drugs acting on Proteins

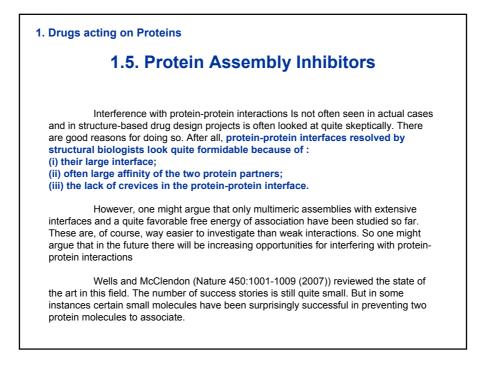
## 1.5. Protein Assembly Inhibitors

Many proteins function as part of one, or several, multi-protein complexes. Hence, compounds which would interfere with the formation of multi-protein complexes are in many cases potential drugs since the formation of a stable multi-protein assembly is often essential for the proper functioning of components of that assembly.

There is often a major problem, however. Many protein-protein interfaces of multi-protein complexes are extensive (Jones & Thornton. *Proc. Natl. Acad. Sci. USA* 93, 13-20 (1996)) and it is often hard to come up with small compounds which disrupt the affinity of one protein for another protein in such well-defined multi-protein complexes.

#### However, not all protein interfaces are extensive. An

interesting case is ribonucleotide reductase (RNR) - which shows the feasibility of Protein Assembly Inhibitors.





## 1.5 Protein Assembly Inhibitors (ctd)

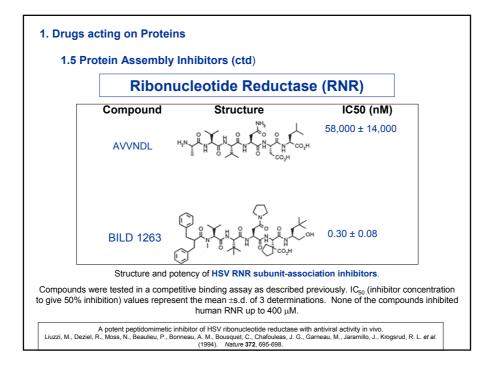
## **Ribonucleotide Reductase (RNR)**

In 1986, two reports appeared describing the serendipitous(!) discovery of peptides which prevented the assembly of the R1 and R2 components of Herpes Simplex Virus RNR (Dutia, et al. *Nature* 321, 439-441 (1986); Cohen, et al. *Nature* 321, 441-443 (1986)). Since RNR's are crucial for many, if not all, organisms, and since this R<sub>1</sub>R<sub>2</sub> interface is likely to differ among organisms, this discovery has been followed up - with very interesting results.

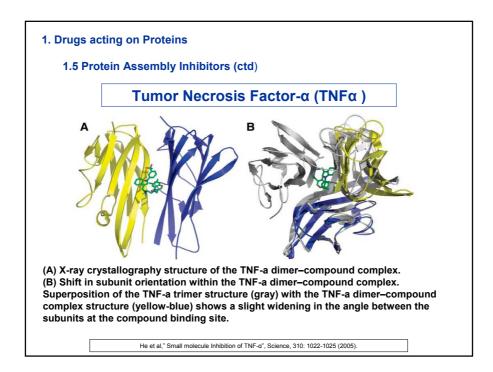
For instance, Liuzzi *et al.* (*Nature* 372, 695-698 (1994)) reported the peptidomimetic BILD 1263 which is 200,000 times more potent in preventing HSV RNR assembly than the starting pentapeptide AVVNDL.

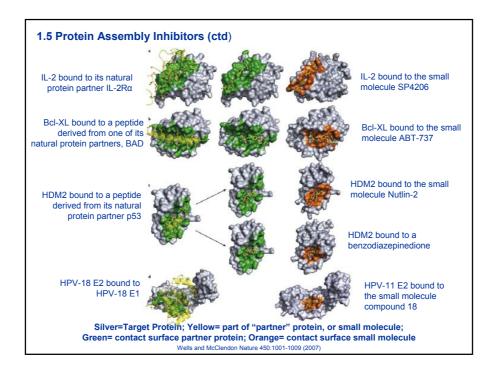
Moss *et al.* (*J. Med. Chem.* **39**, 4173-4180 (1996)) described BILD 1357, a significantly more potent antiviral compound than BILD 1263. Another peptidomimetic, BILD 1633SE, was reported to be active against acyclovir-resistant Herpes Simplex Virus (HSV) infections (Duan, et al. *Antimicrob. Agents Chemother.* **42**, 1629-1635 (1998)).

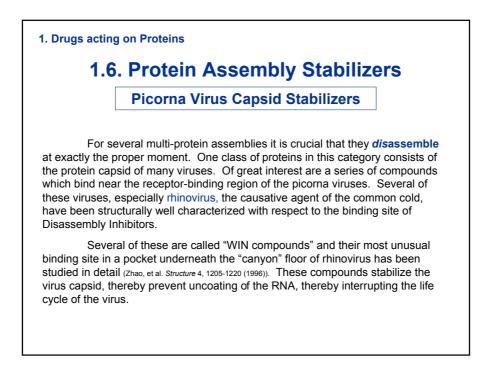
Hence, in favorable cases development of protein assembly inhibitors is possible.

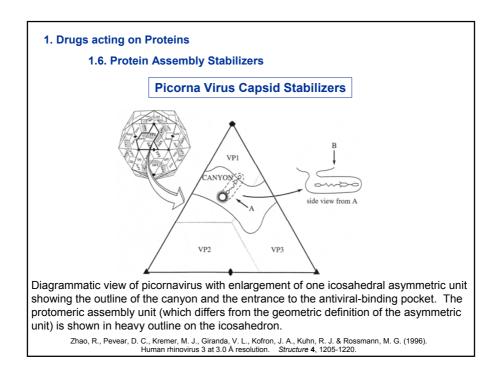


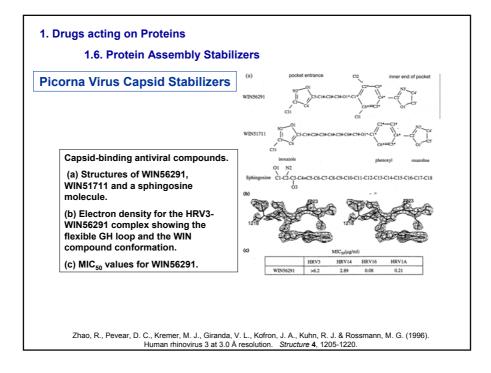
1. Drugs acting on Proteins	
1.5 Protein Assembly Inhibitors (ctd)	
Tumor Necrosis Factor-α (TNFα )	
A small molecule inhibitor of Tumor Necrosis Factor- $\alpha$ has been described with a remarkable mode of action.	
It binds to the intact biologically $TNF\alpha$ <i>trimer</i> and accelerates subunit dissociation to rapidly inactivate the cytokine. It appears even to form a new $TNF\alpha$ <i>dimer</i> (!) with the compound lodged between two subunits.	
He et al," Small molecule Inhibition of TNF-o", Science, 310: 1022-1025 (2005).	



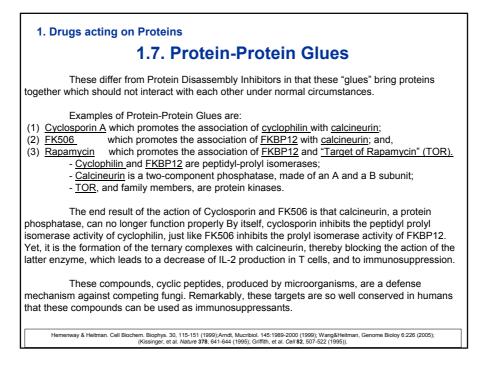


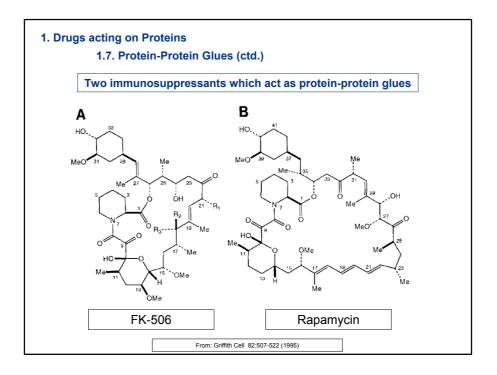


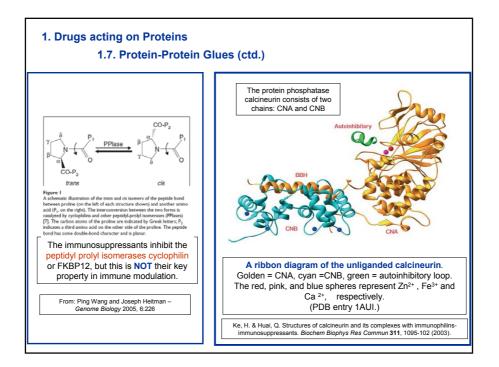


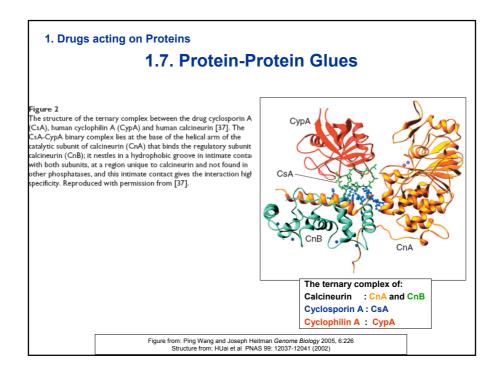


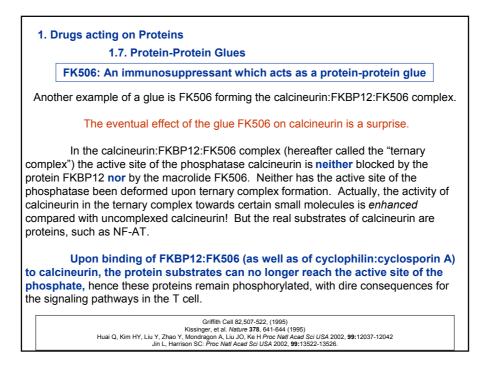
1. Drugs acting on Proteins	
1.6. Protein Assembly Stabilizers	
Tubulin Stabilizers	
Another multi-protein system is tubulin, the major component of microfilaments, which are made and unmade continuously in cells. Tubulin is one of the sites of action of <b>Taxol (tamoxafen)</b> , an anti- cancer drug. This compound binds to specific pockets of tubulin and stabilizes the tubulin polymer.	
(Nogales, et al. <i>Nature</i> 391, 199-203 (1998); Downing & Nogales. <i>Curr. Opin. Struct. Biol.</i> 8, 785-791 (1998)).	











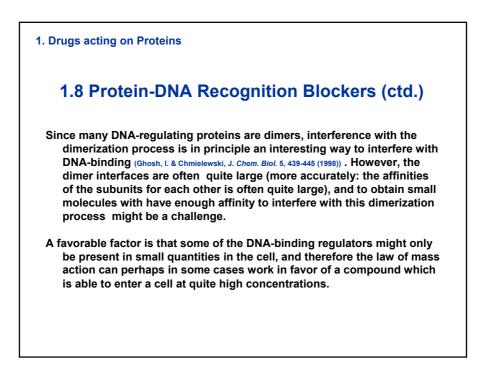
# **1.8 Protein-DNA Recognition Blockers**

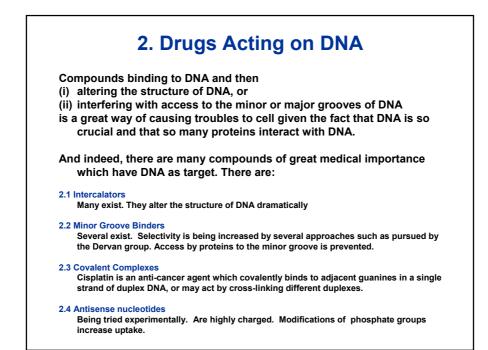
No "pure" example of this mode of action of a drug has been discovered so far by the writer of this slide. The paucity of examples of small molecules interfering with protein DNA interactions has probably several reasons.

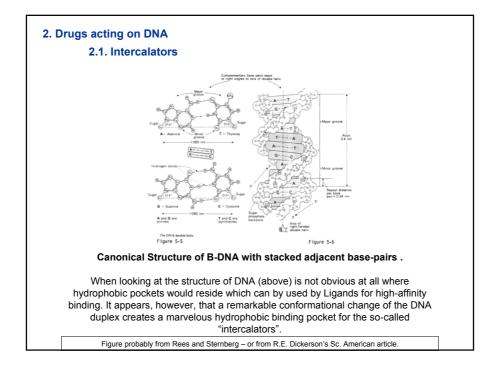
First, these interactions often involve very large interfaces and hence it is not easy for a small molecule to compete with very tight interactions (however, not all protein-DNA interactions need always to be very tight).

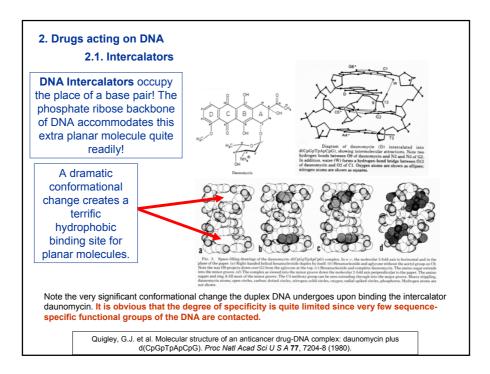
Second, protein-DNA interfaces tend to bring a large number of charged and polar groups together (although the complex of the TATA box binding protein (TBP) with DNA appears to be an exception). Small molecules which are able to bind to such charged and polar interfaces, might themselves have to be highly polar and, therefore, have difficulty in passing cellular membranes.

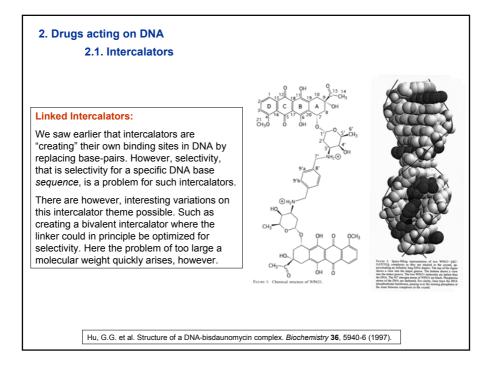
A paper aiming for blocking such a DNA-protein interaction (See "A ß-sheet peptide inhibitor of E47 dimerization and DNA binding" (Ghosh, I. & Chmielewski, J. *Chem. Biol.* 5, 439-445 (1998)), arrives indeed at molecules which inhibit DNA binding by E47. However, it turns out to be a peptidic dimerization-preventer of E47 which is homodimeric.

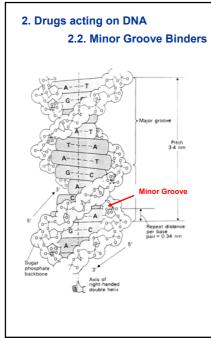










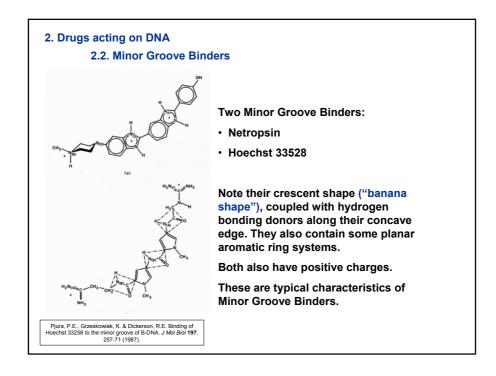


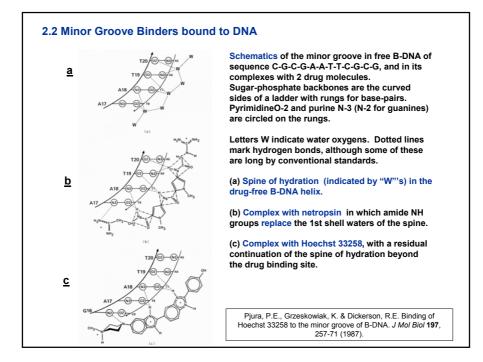
A surface of DNA where sequence-specific contacts can in principle be made quite easily is the minor groove. Hence, minor groove binders (MGBs) have received considerable attention over the last few decades.

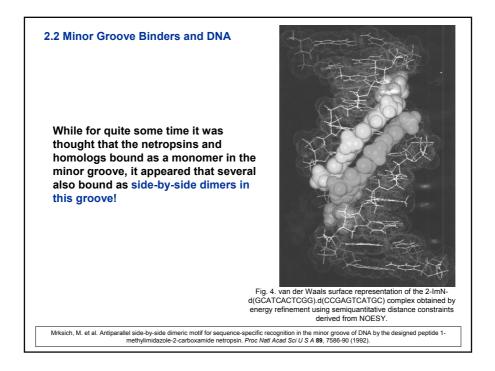
Actually in the always ongoing battle between species, the minor groove was already the target of certain natural occurring MGBs such as netropsin.

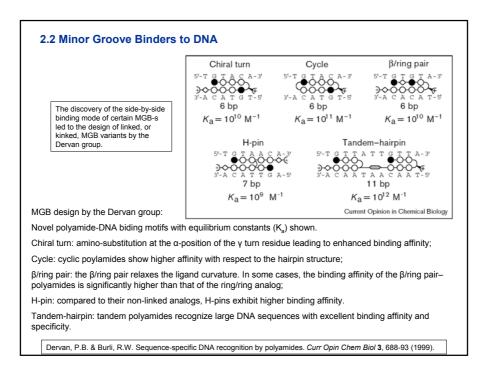
The mode of binding of this compound and of several synthetic compounds proved to be very interesting.

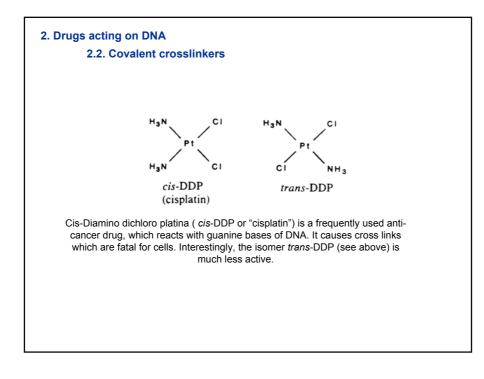
And *two* binding modes appeared to occur in this class of Ligands.

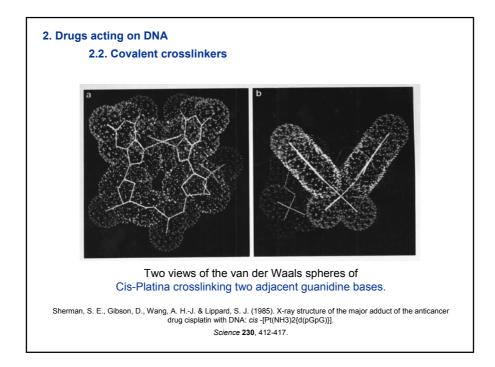


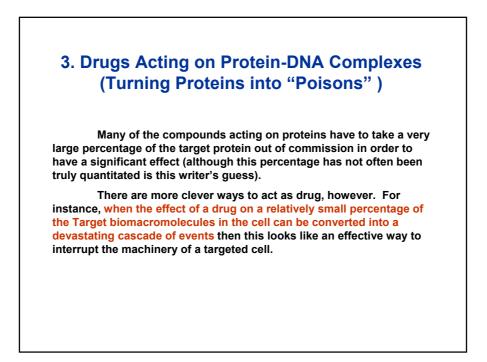












### 3. Drugs acting on Protein-DNA complexes

## **Turning Proteins into Poisons (Ctd)**

The "topoisomerase poisons" fall into this category. Topoisomerases are ubiquitous enzymes that solve topological problems generated by key nuclear processes such as DNA replication, transcription, recombination, repair, chromatin assembly, and chromosome segregation.

There are two types of topoisomerases:

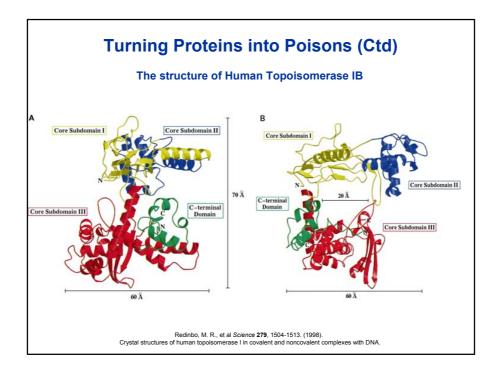
**Type I** enzymes are monomeric and transiently break one strand of duplex DNA, allowing for single-step changes in the linking number of circular DNAs (the number of times one strand of DNA crosses the other).

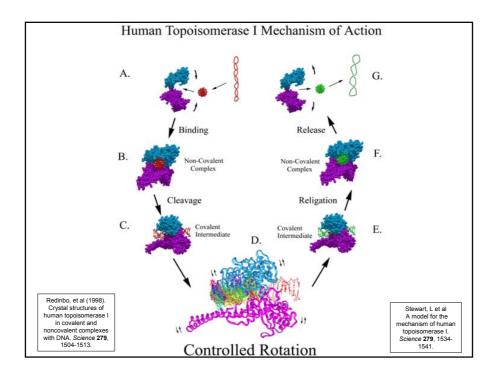
**Type II** enzymes are dimeric and break both strands of a duplex to generate a gate through which another region of dsDNA can be passed, resulting in linking number changes in steps of two.

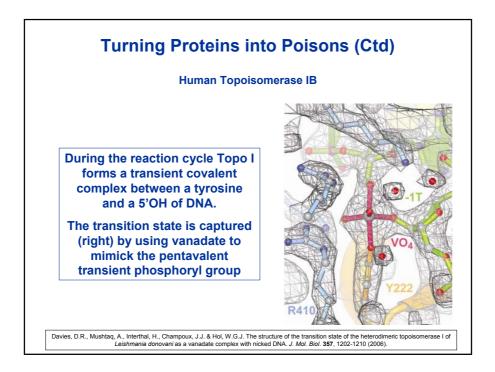
Type I and type II enzymes are fundamentally different in both mechanism and cellular function. The medical importance of these enzymes is underscored by the fact that they are the specific targets of many promising anti-cancer and antimicrobial drugs.

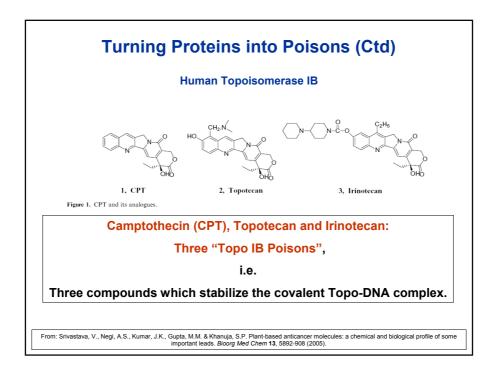
## 3. Drugs acting on Protein-DNA complexes **Turning Proteins into Poisons (Ctd)** Both eukaryotic type I and type II topoisomerases are the target of certain drugs called "topo poisons". These compounds utilize the fact that the topoisomerases form a transient covalent link between one, or two, tyrosine residues with one, or two, strands of DNA. Topo poisons are compounds which prolong the life time of this transient covalent complex creating thereby a major road block on the DNA highway. RNA polymerases, for instance, do not appreciate meeting such a large (one to several hundred kDa) protein obstacle covalently attached on what should be a splendid road to travel on. The precise downstream effects of topo poisons are not fully unraveled but they are certainly very unhealthy for the cell The figures on the next pages illustrate the structure and function of human topoisomerase I, and show how the anti-cancer drug camptothecin binds to the topo I-DNA complex.

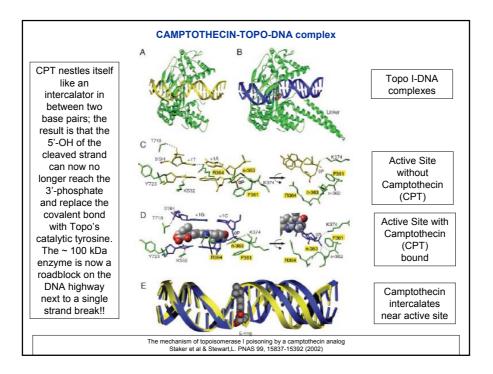
(Redinbo, et al. Science 279, 1504-1513 (1998); Stewart, et al. Science 279, 1534-1541 (1998); Redinbo, et al. *Curr. Opin. Struct. Biol.* 9, 29-36 (1999) Staker et al & Stewart,L. PNAS 99, 15837-15392 (2002).

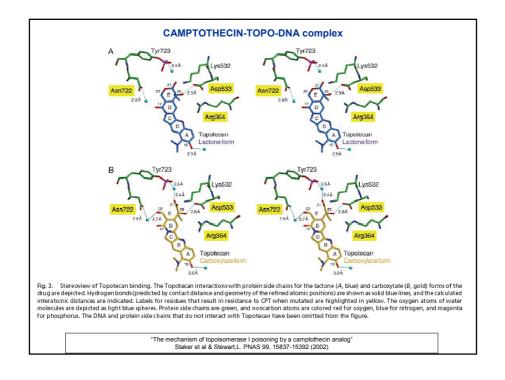












# **Turning Proteins into Poisons (Ctd)**

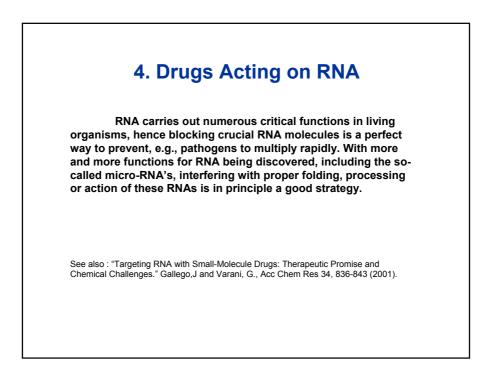
Also, the bacterial type II topoisomerases are the target of several drugs. The most successful topo II inhibitors are quinolones such as nalidixic acid, oxolinic acid and, in particular, ciprofloxacin These appear to be excellent antibacterial agents.

These compounds are stabilizing the enzyme-DNA covalent complex which, when such a complex occurs at a position ahead of replication forks, leads to quick arrest of DNA replication, irreversible DNA damage and cell death

In other words they are typical DNA poisons, very smart drugs. In addition, ciprofloxacin is likely to act on two related type II bacterial topoisomerases, which are called (to make life easy) "gyrase" and "topoisomerase IV".

Acting on *two* targets is very clever from the point of view of drug resistance.

Shen & Chu. *Curr. Pharma. Design* 2, 195-208 (1996) Maxwell. *Trends Microbiol.* 5, 102-109 (1997); Drilca & Zhao. *Microbiol. Mol. Biol. Rev.* 61, 377-392 (1997)



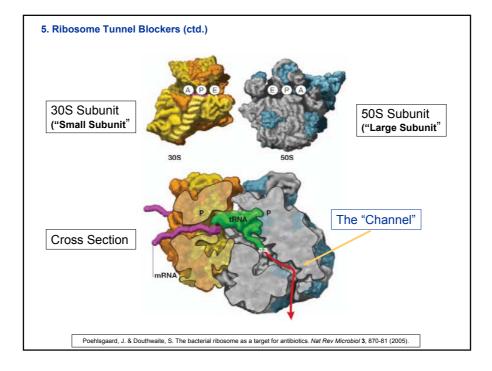
# 5. Drugs Acting on RNA-Protein Complexes ("Ribosome Tunnel Blockers")

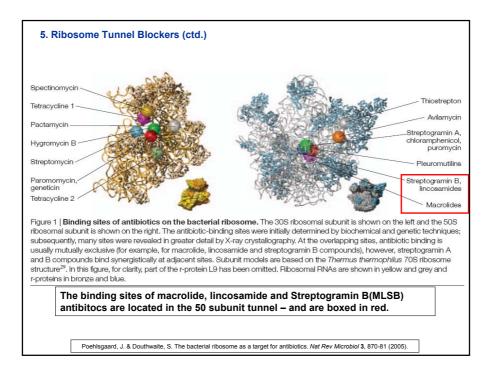
The ribosome is the protein-synthesizing machinery with ribosomal RNA catalyzing the peptide forming reaction, tRNAs bringing in the amino acids and proteins regulating many steps, and providing energy, mainly by GTP synthesis.

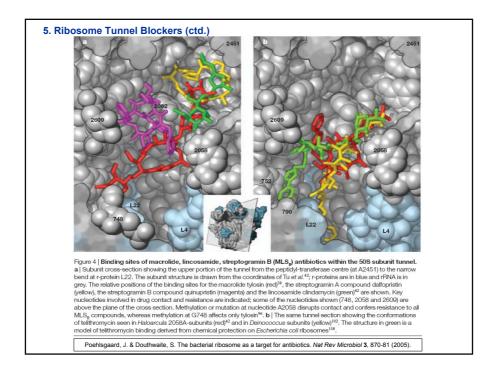
The ribosome is the target of many compounds developed in the course of evolution during the battle for survival. Many organisms produce compounds which block ribosome action – in very different manners.

The large, or "50S", subunit of the ribosome contains a "tunnel" through which the growing polypeptide chain travels to reach the cytoplasm. This tunnel is the target of several antibiotics.

In an excellent recent review (Poehlsgaard, J. & Douthwaite, S. The bacterial ribosome as a target for antibiotics. Nat Rev Microbiol 3, 870-81 (2005)), the mode of action of antibiotics is discussed on the basis of a wealth of crystallographic information.







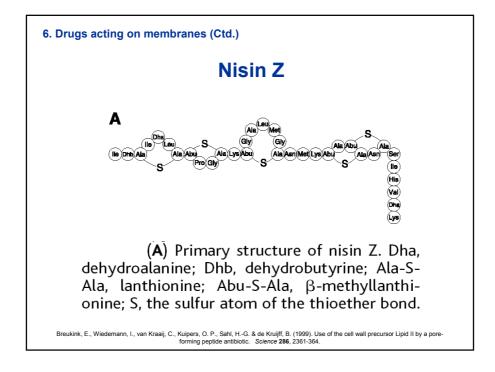
# 6. Drugs acting on Membranes

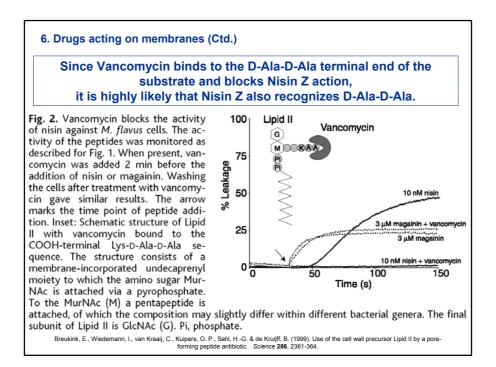
For Structure Based Drug Design, the "structure" of the membrane bilayer is not an easy, well-defined starting point. Yet, for the sake of compleness, and for inspiration, it is good to know that nature has made quite a large number of molecules used in interspecies warfare, and which are acting on membranes. Sometimes well-defined structures can be obtained of such membrane-function disrupters in action. Such structures might serve as starting points for a next generation of designed compounds.

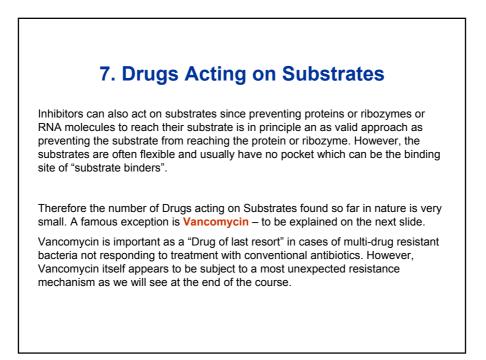
Clearly the issue of specificity is an intriguing one since all membrane bilayers look so very similar - and hence one would expect membrane damaging compounds to be very toxic for every membrane. Yet, in nature compounds acting on specific membranes are very common - even though their mode of action is often ill understood. The specificity issue for one of these pore-forming peptide antibiotics, nisin Z, has been unraveled by Breukink et al., Science 286, 2361-2364 (1999)).

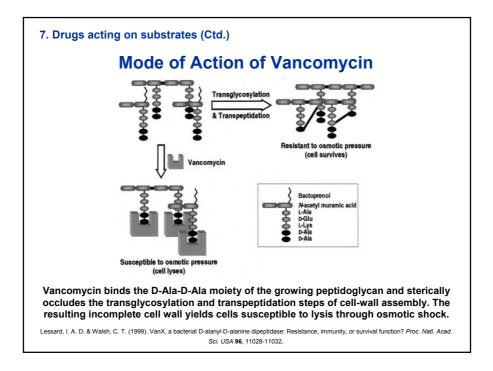
It appears that this 34-residue containing peptide uses Lipid II, a precursor in cell wall synthesis, as an anchor. Actually, the D-Ala-D-Ala peptide of this same Lipid II is the target of the antibiotic vancomycin and, indeed, in the presence of vancomycin, nisin Z is less active in forming pores in Lipid II-containing membranes. So nisin Z apparently contains a "specificity determining region" and a "pore forming region". The precise three-dimensional structure of nisin Z bound to Lipid II and embedded in the membrane still remains to be unraveled.

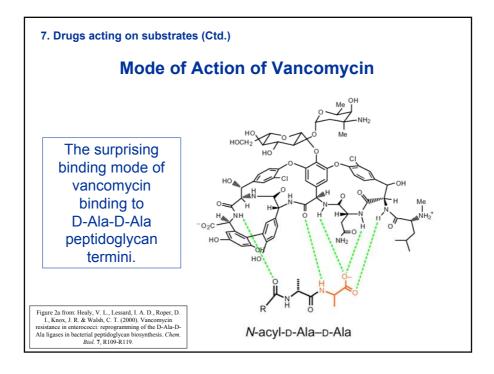
(Side remark: In spite of its use as a food preservative for almost 50 years, no resistance to nisin has been reported yet!)

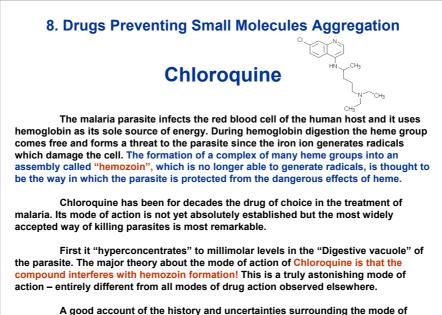












A good account of the history and uncertainties surrounding the mode of action of chloroquine can be found in: Sullivan, Int J Parasitology 32:1645-1653 (2002).

