

Global Focus on Knowledge

From the Big Bang to a Green Planet: The 13.7-Billion-Year Journey of Matter

Dec. 3: Matter and Illness

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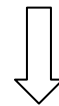
Treating Illness with Pharmaceutical Substances

- Many pharmaceuticals are **small organic compounds**.
- Some pharmaceuticals are derived from natural substances, and some are synthesized artificially.

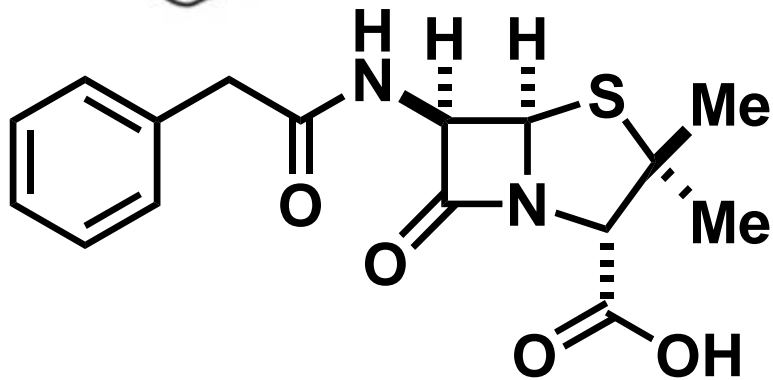
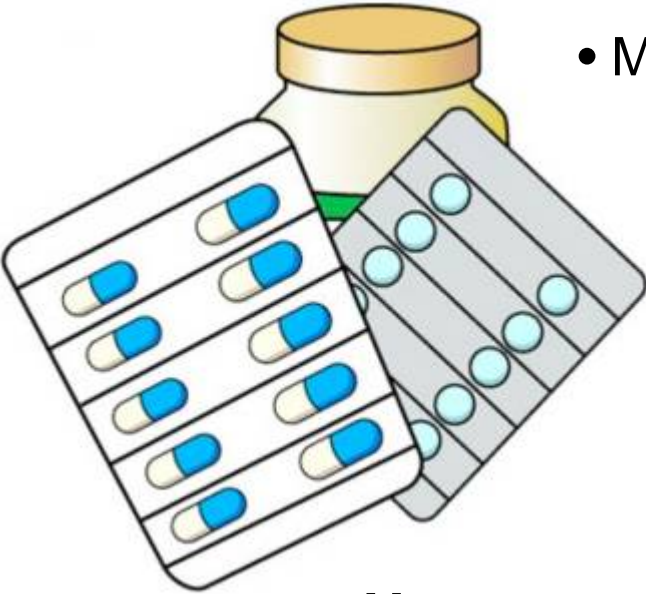
While some natural substances are too highly toxic, others are insufficiently potent.



Many pharmaceutical substances are **man-made designs** that draw on potentially useful natural substances.



Pharmaceuticals must be designed with an **understanding of biological mechanisms at the level of molecular matter**.



The world's first antibiotic
Penicillin G (natural substance)

Pharmaceutical Substances and Treatment of Illnesses

How do pharmaceuticals work?

How are they designed?

1. Immunosuppressants enabling organ transplants
2. Antiviral agents
 - The science of pharmaceuticals preventing the onset of AIDS
 - The science of anti-influenza agents
3. The science of pharmaceuticals for treating high blood pressure
4. The science of pharmaceuticals for treating hyperlipemia

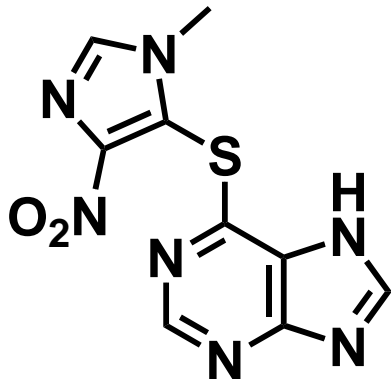
The Science of Pharmaceuticals

Enabling Organ Transplants

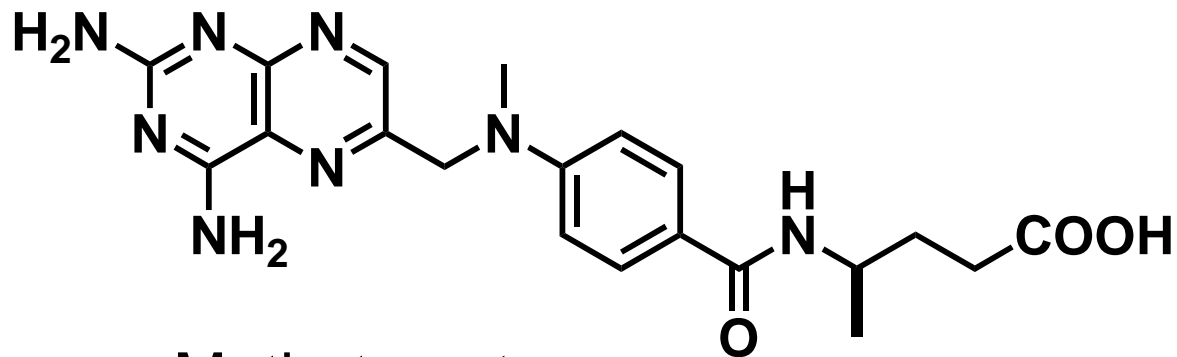
Rejection prompted by the body's defense mechanism (immune response) | **Check** — **Immunosuppressant**

1954: World's first organ transplant (kidney) between identical twins
Joseph E. Murray and E. Donnall Thomas
(1990 Nobel Prize in Physiology or Medicine)

1962: Kidney transplant between unrelated humans with immunosuppressants



Azathioprine



Methotrexate

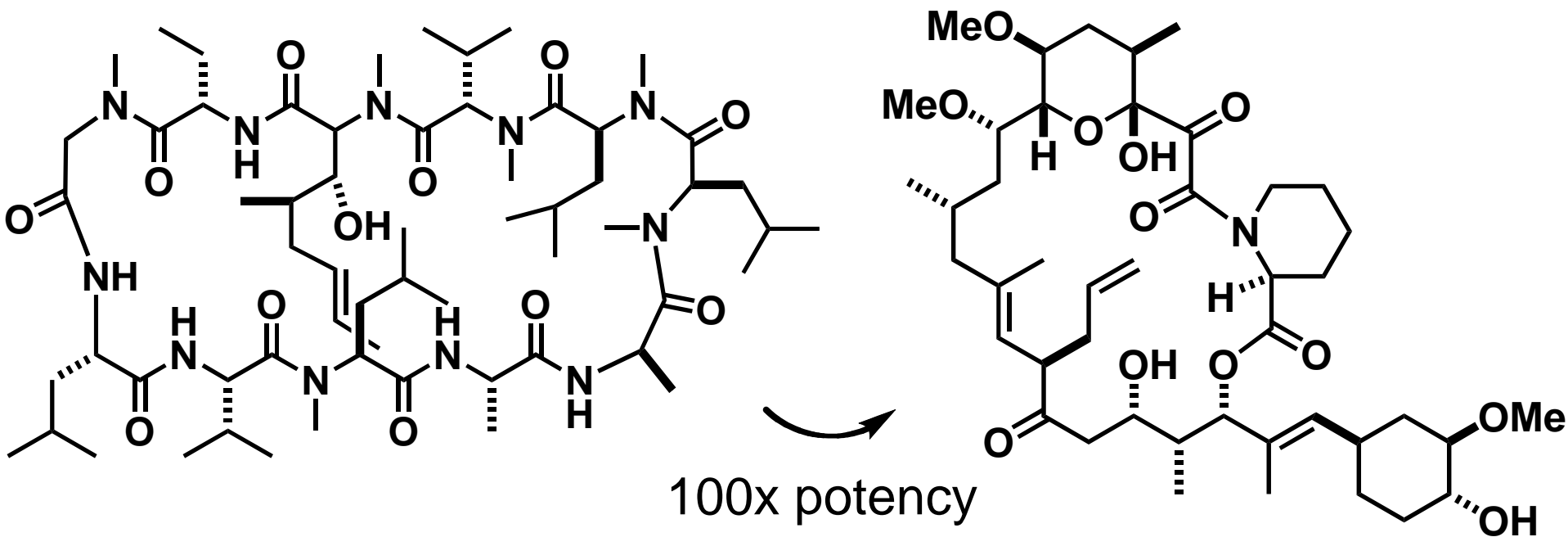
1963: Liver transplant, lung transplant

1967: Heart transplant

The Science of Pharmaceuticals

Enabling Organ Transplants

Discovery of a selective and powerful immune-system **T-cell** activation inhibitor

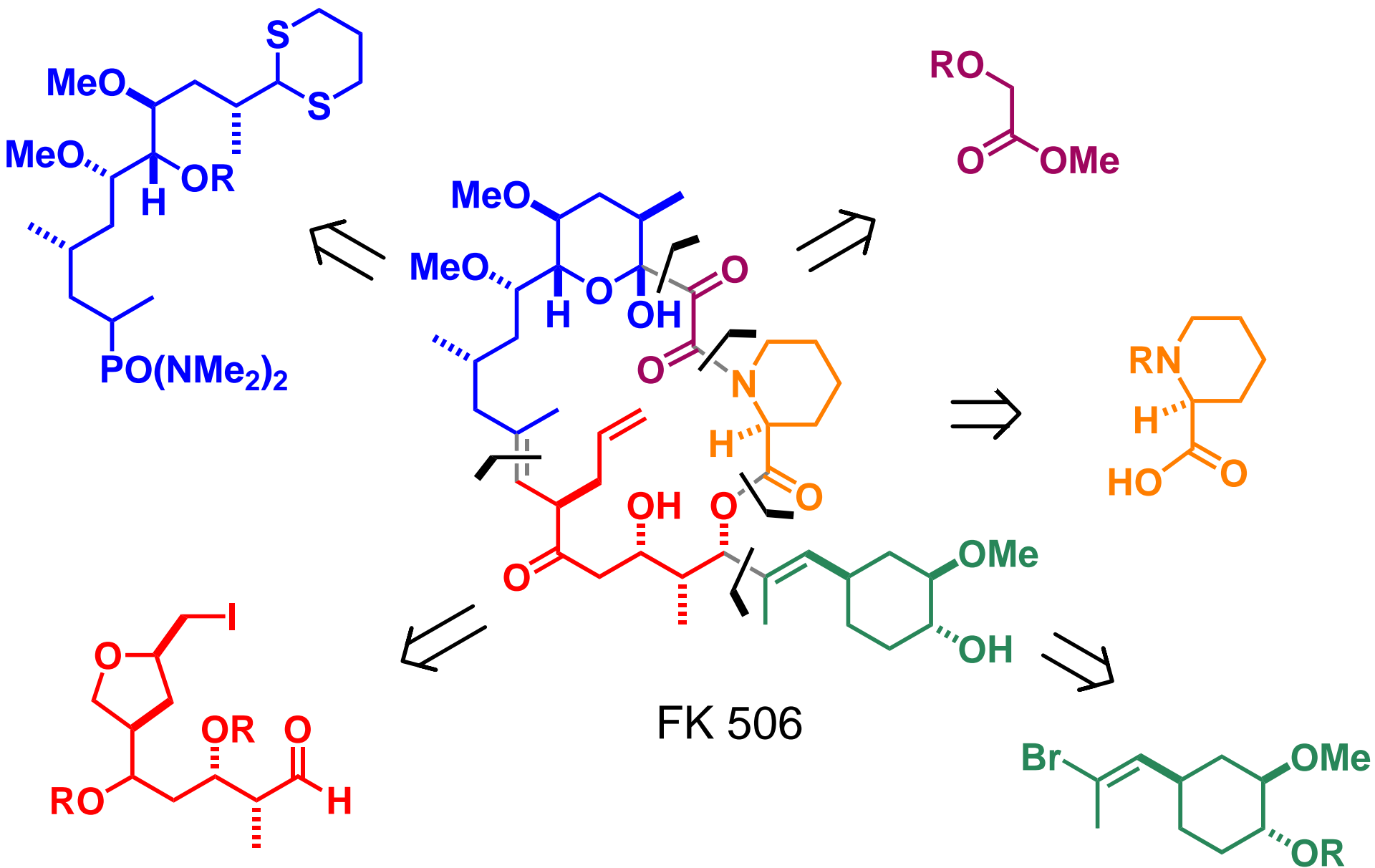


Cyclosporine A
Sandoz, 1971

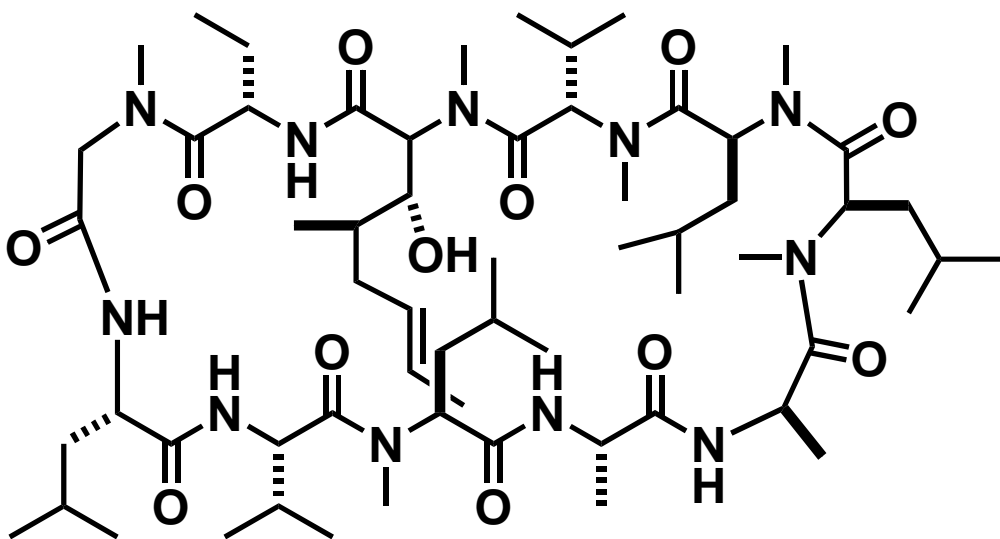
FK 506
Fujisawa, 1987
aka Tacrolimus

(**T**sukuba **macrolide immunosuppressant**)

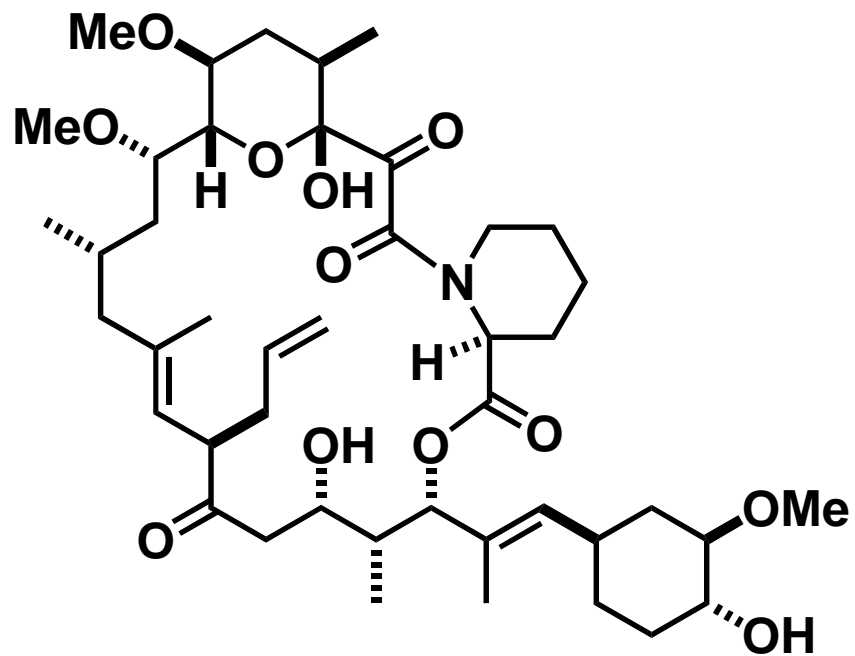
Pure Chemical Synthesis of FK 506



Chemical Biology Instigated by Immunosuppressant Research

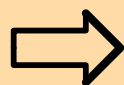


Cyclosporine A



FK 506

Entirely different
structures



Identical effect
(inhibiting T-cell activation)

What mechanism?

Chemical Biology Instigated by Immunosuppressant Research

Cyclosporine A

Cyclophilin



Bind to entirely
different protein targets



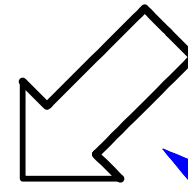
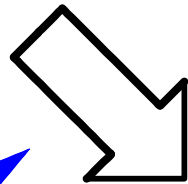
FK 506

FKBP-12



Complex formation

Complex formation



Identical effect
(inhibiting T-cell activation)



Is a common mechanism involved?

Chemical Biology Instigated by Immunosuppressant Research

Rapamycin also binds to FKBP-12



Identical behavior (inhibiting T-cell activation)

Rapamycin



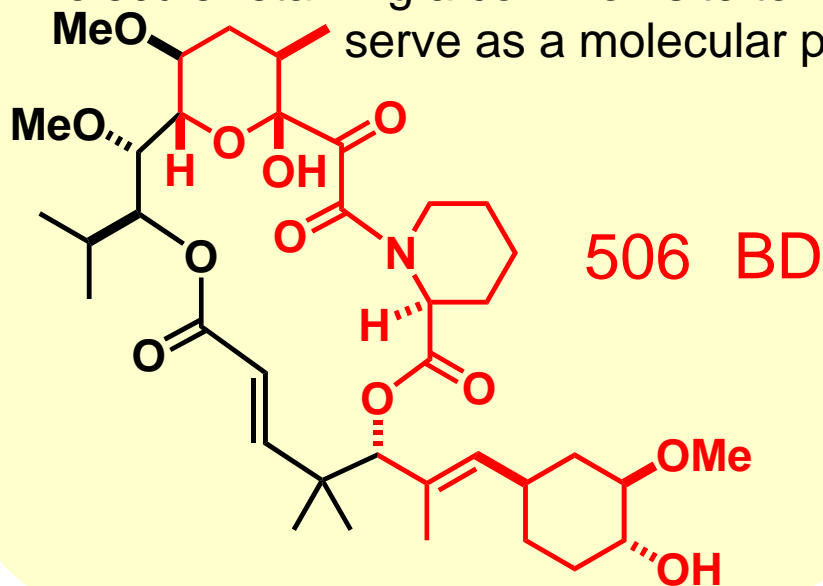
FKBP-12

FK 506

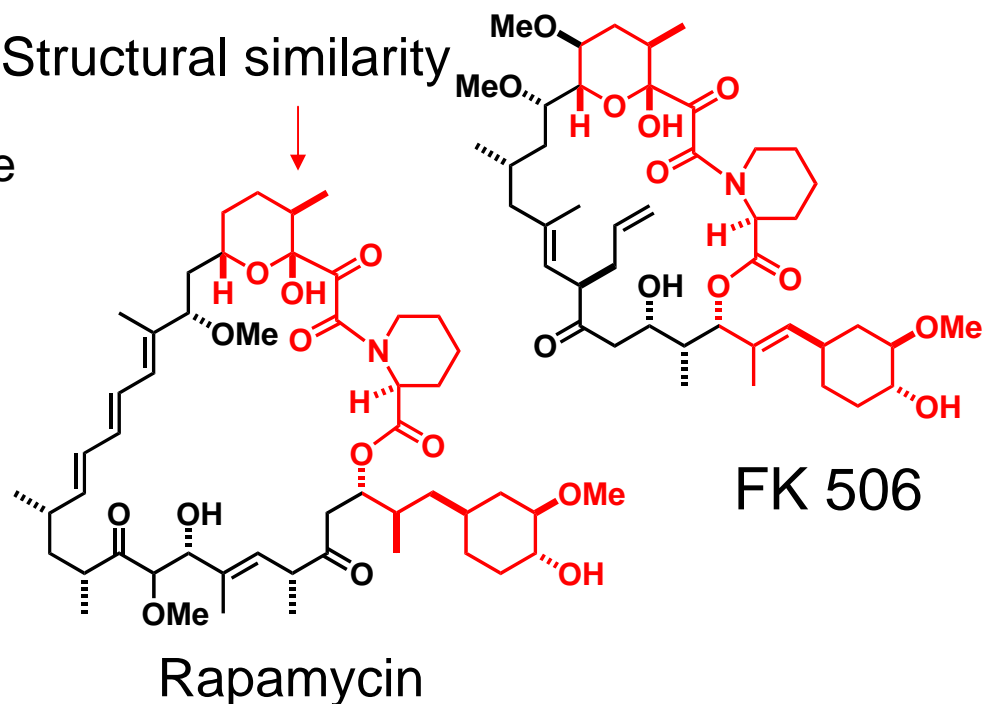


FKBP-12

Chemically synthesized artificial molecule retaining a common site to serve as a molecular probe



Structural similarity



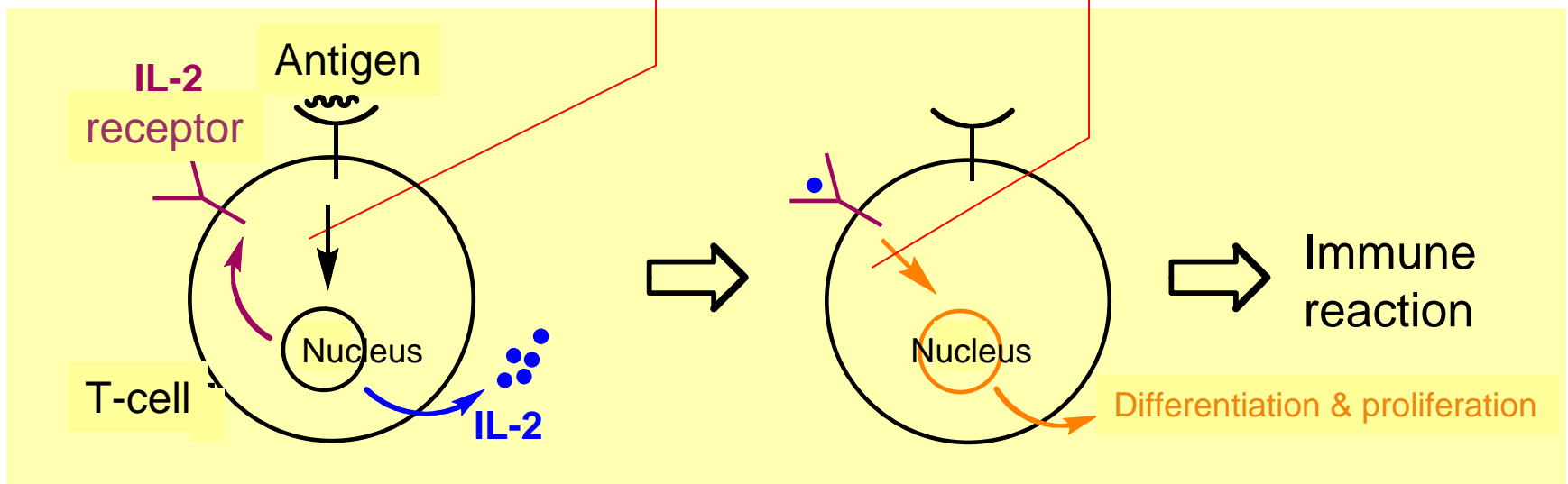
Chemical Biology Instigated by Immunosuppressant Research

Form the complexes

506 BD–FKBP-12 → No action

Rapamycin–FKBP-12 → Inhibits reaction to interleukin-2 (IL-2) → Identical effect: Inhibiting T-cell activation

FK 506–FKBP-12 → Inhibits production of interleukin-2 (IL-2) → Identical effect: Inhibiting T-cell activation



Chemical Biology Instigated by Immunosuppressant Research

Form the complexes

506 BD–FKBP-12 → No action (**Unable to bind to calcineurin**)

Rapamycin–FKBP-12 → Inhibits reaction to interleukin-2 (IL-2) → Identical effect: Inhibiting T-cell activation

FK 506–FKBP-12 → Inhibits production of interleukin-2 (IL-2) → Identical effect: Inhibiting T-cell activation

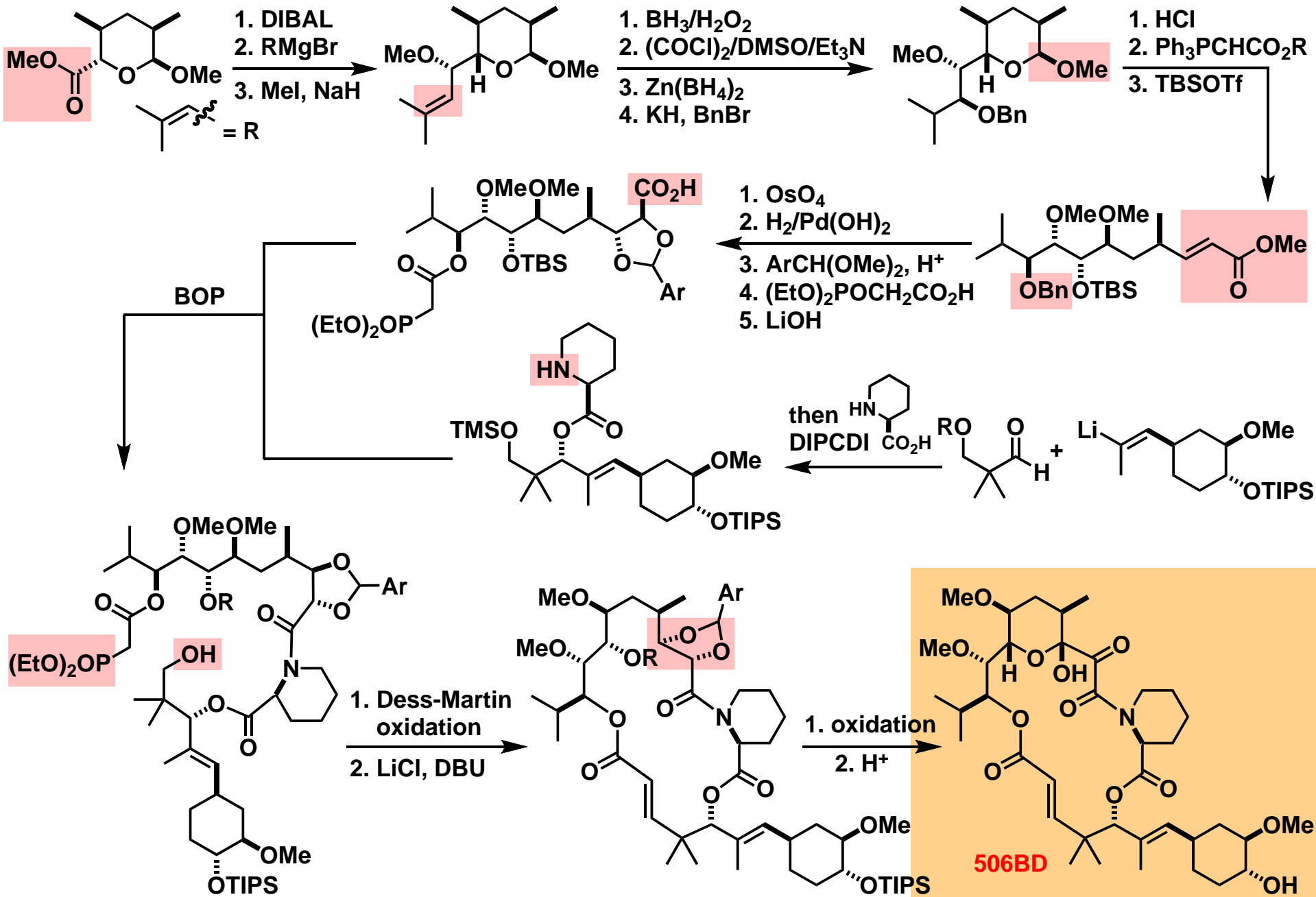
Cyclosporine A–cyclophilin → Inhibits production of interleukin-2 (IL-2) → Identical effect: Inhibiting T-cell activation

Common target protein
in calcineurin

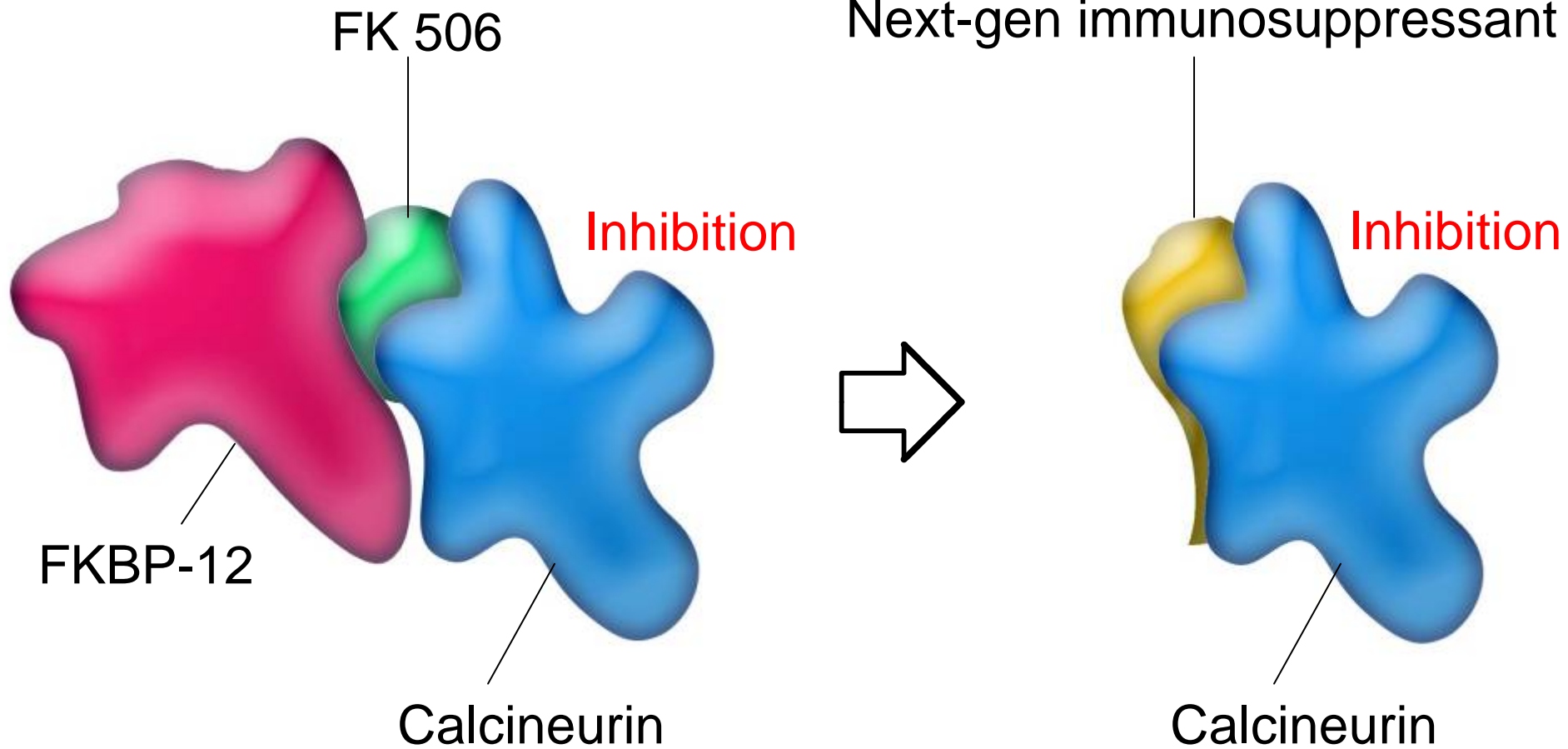
Each molecule forms a complex

FK 506–FKBP-12–calcineurin
Cyclosporine A–cyclophilin–calcineurin

Chemical Synthesis of 506 BD



Design of Immunosuppressants to Serve the Future



The Science of Pharmaceuticals

Preventing the Onset of AIDS

AIDS: **A**cquired **I**mmune **D**eficiency **S**yndrome

HIV: **H**uman **I**mmunodeficiency **V**irus

Montagnier and Barré-Sinoussi identified HIV in AIDS patients at the Pasteur Institute in 1983 (2008 Nobel Prize in Physiology or Medicine)

HIV infection does not result in the immediate onset of AIDS.

Upon infiltrating the human body, HIV infects the CD4-positive T-cells that play an important part in the human immune system, leading to the propagation of HIV and a fall in the T-cell count.

After **a long period of incubation**, the steep decline in the T-cell count results in impaired immunity and opportunistic infections.

Inhibiting HIV Propagation

Keeping HIV propagation under control is an effective way of preventing the onset of AIDS. HIV is a highly mutable virus: Even if a vaccine were developed for it, variants of HIV would soon appear on which the vaccine does not work.

Vaccine : A substance that recognizes the surface structure specific to a virus



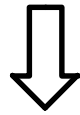
That HIV is quick to change its surface structure makes it an unpromising candidate for vaccine treatment



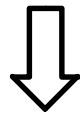
We must discover the mechanism of viral propagation and develop a drug to disrupt the logic of that propagation

Design Guidelines for an HIV Drug

Unlike bacteria, viruses are unable to propagate on their own. **They parasitize human or other host cells** and use the cells' mechanisms of DNA replication and protein production to propagate explosively.

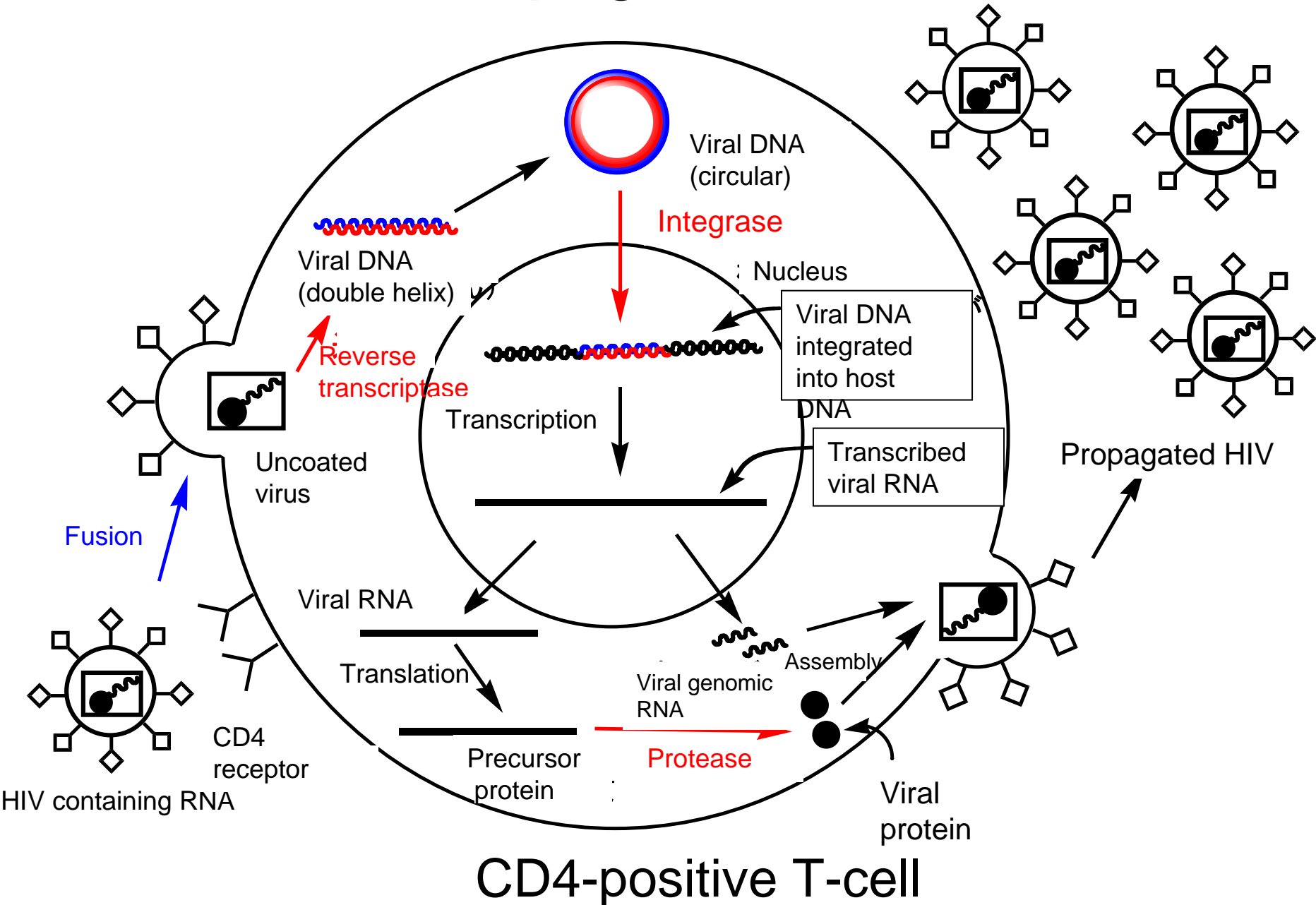


The design strategy for an anti-viral agent is fundamentally different from that for an antibiotic that will attack bacterial cells proper.



Pharmaceutical design must avoid inhibiting natural human biological functions and instead selectively attack only the propagation mechanisms specific to HIV, the flu virus and other viruses.

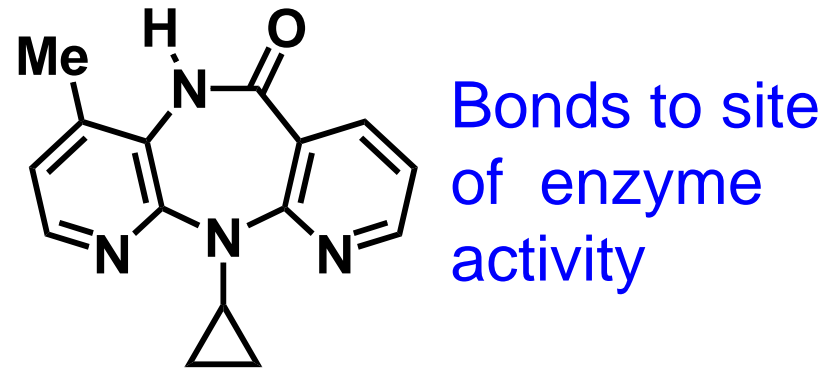
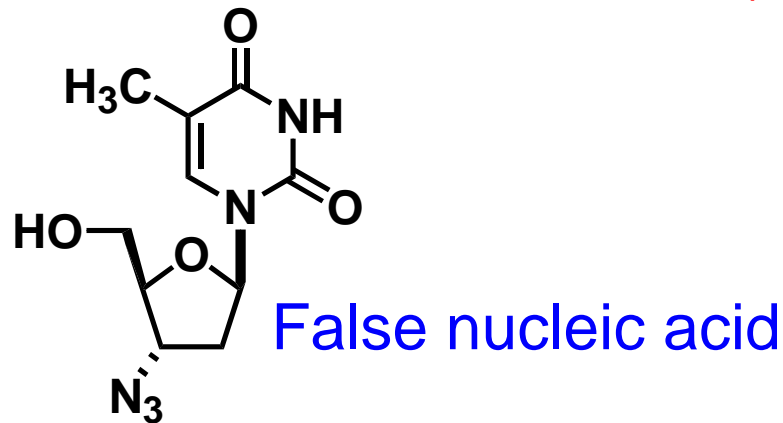
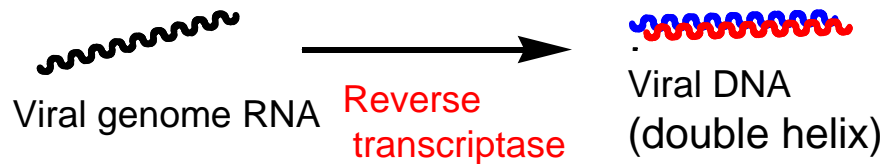
The HIV Propagation Mechanism



Possible HIV Drugs 1/4

Reverse transcriptase inhibitors:

HIV is a retrovirus that uses RNA to transmit its genetic information. In order to use the mechanisms of human cells to propagate, it must use **reverse transcriptase** to convert it to the same DNA structure as that of humans.



AZT (1987) -- World's first HIV drug
Nucleoside reverse transcriptase inhibitor

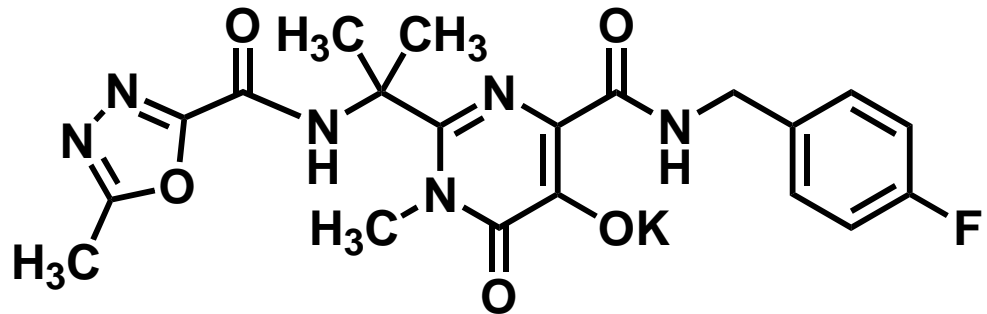
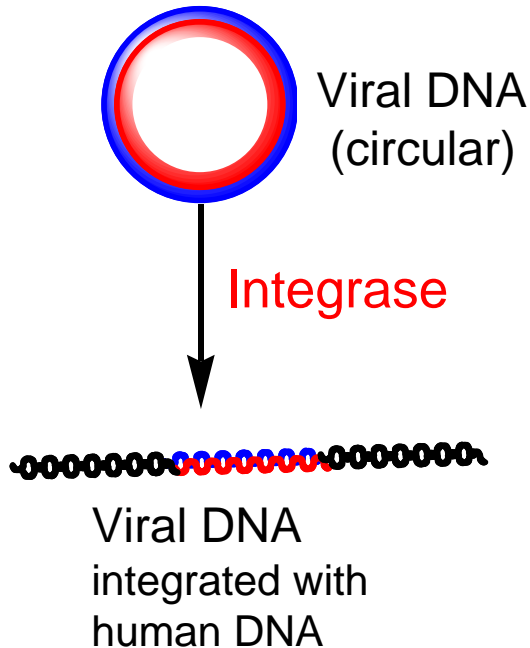
Nevirapine (1996)
Non-nucleoside reverse transcriptase inhibitor

HIV is unable to propagate if **reverse transcriptase is blocked.**

Possible HIV Drugs 2/4

Integrase inhibitors:

Viral DNA integrates with human DNA by means of its enzyme **integrase**. The viral DNA then uses the mechanisms of human cells to propagate. **Integrase** works by chopping up human DNA and inserting viral DNA in the openings to join it up again the way you would edit videotape.



Raltegravir potassium

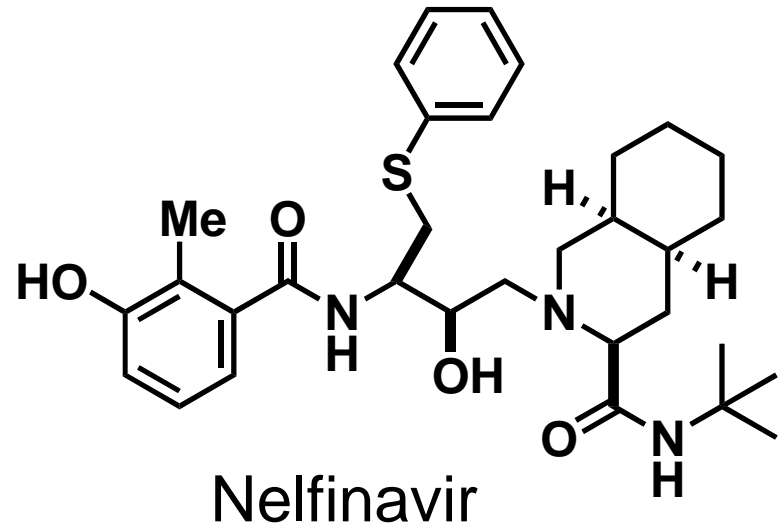
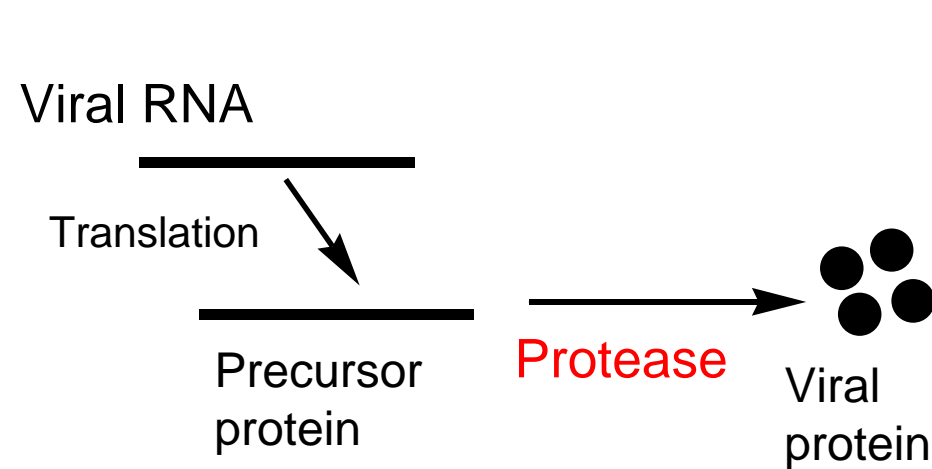
(Released to market Sept. 2007,
available in Japan July 2008)

HIV is unable to propagate if **integrase is blocked.**

Possible HIV Drugs 3/4

Protease inhibitors:

HIV replication is enabled by the conversion of viral protein precursors synthesized inside human cells to viral proteins by the enzyme **protease**.



Many **protease inhibitors** have reached market since 1995

HIV is unable to propagate if **protease is blocked.**

Possible HIV Drugs 4/4

Fusion inhibitors :

These agents prevent the step of HIV **fusion** with CD4-positive T-cells.

Currently in clinical trials in Japan.

Treating HIV

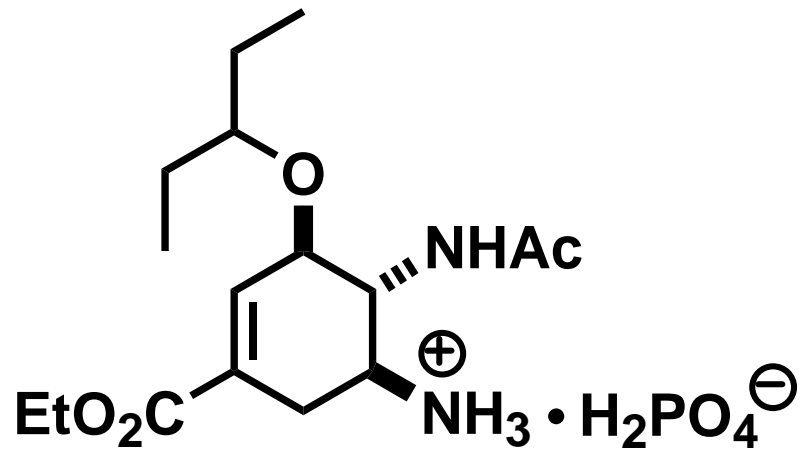
(**HAART: Highly Active Anti-Retroviral Therapy**):

Since HIV is highly mutable, treatment with a single drug results in the emergence of resistant variants of the virus.

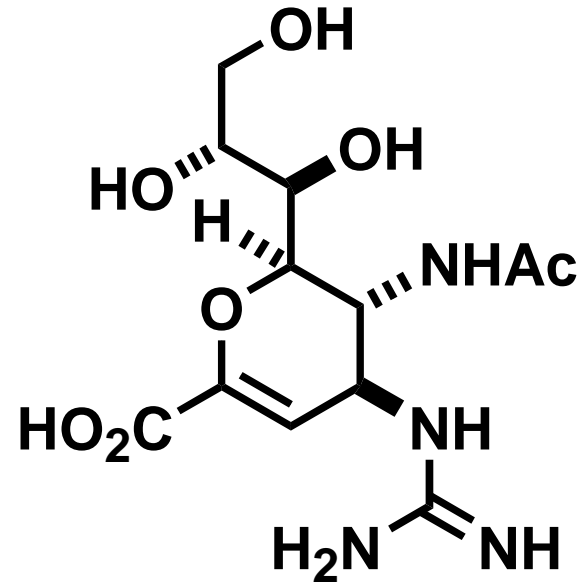
Using multiple drugs that operate by different mechanisms in combination permits effective checking of HIV propagation and prevention of the onset of AIDS over an extended period. Such courses of treatment are also called **combinatorial therapies** or **cocktail therapies**.

Unfortunately, however, no treatment or pharmaceutical has yet been found that **purges** HIV from the body.

The Science of Pharmaceuticals for Pandemic Influenza

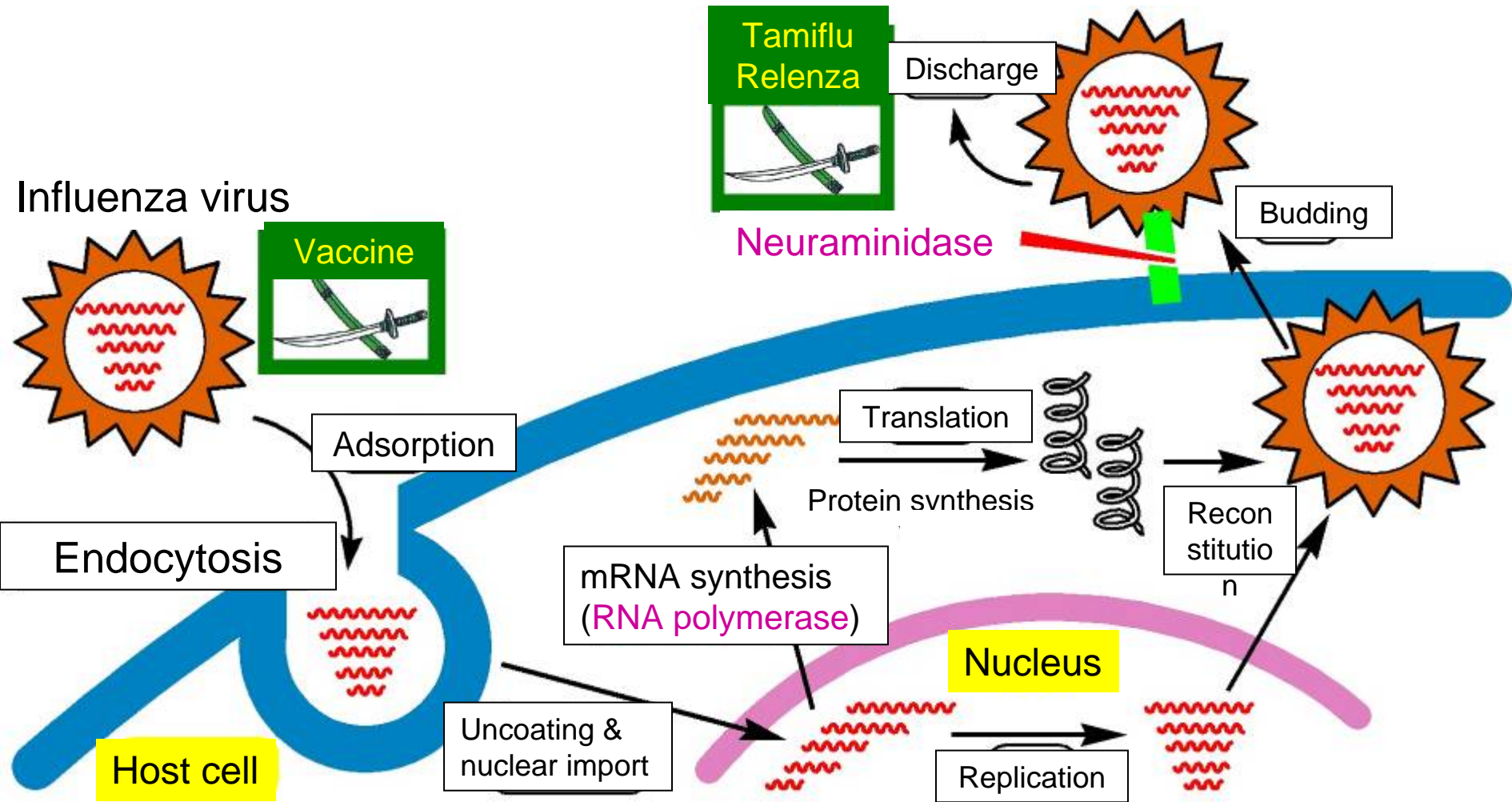


Tamiflu



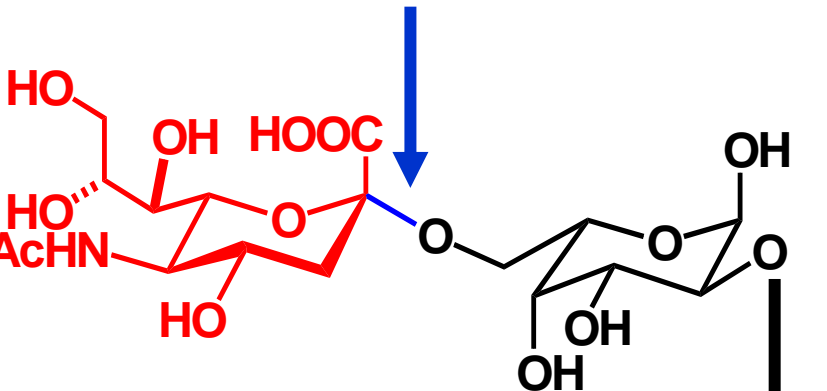
Relenza

Life Cycle of the Influenza Virus



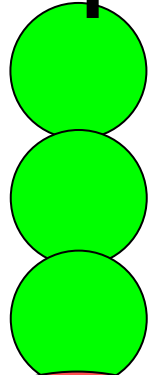
How Neuraminidase Works

Glycosyl bond

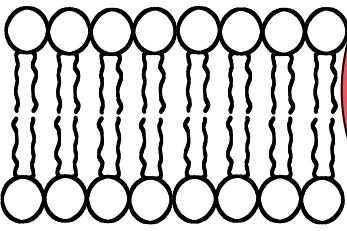


Sialic acid

Sugar chain



Glycoprotein

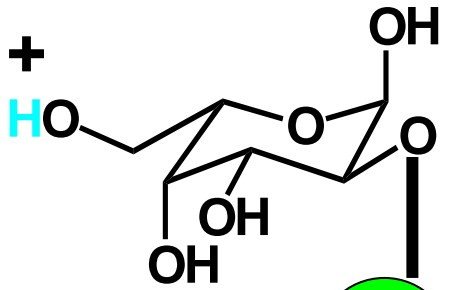


Neuraminidase

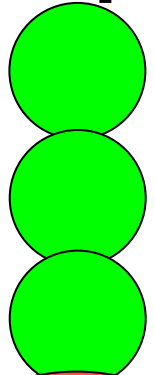


Cleavage of glycosyl bond (hydrolysis)

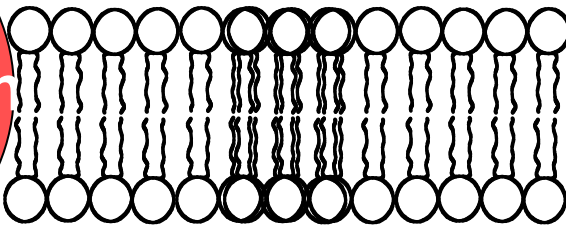
Sialic acid



Sugar chain

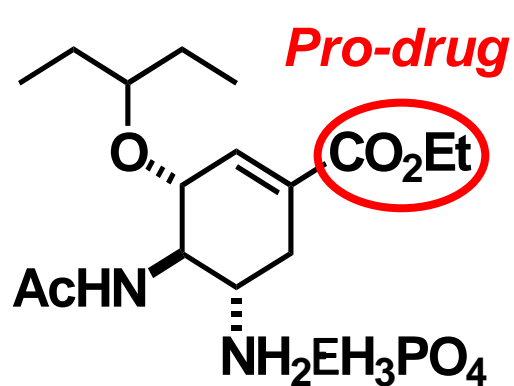
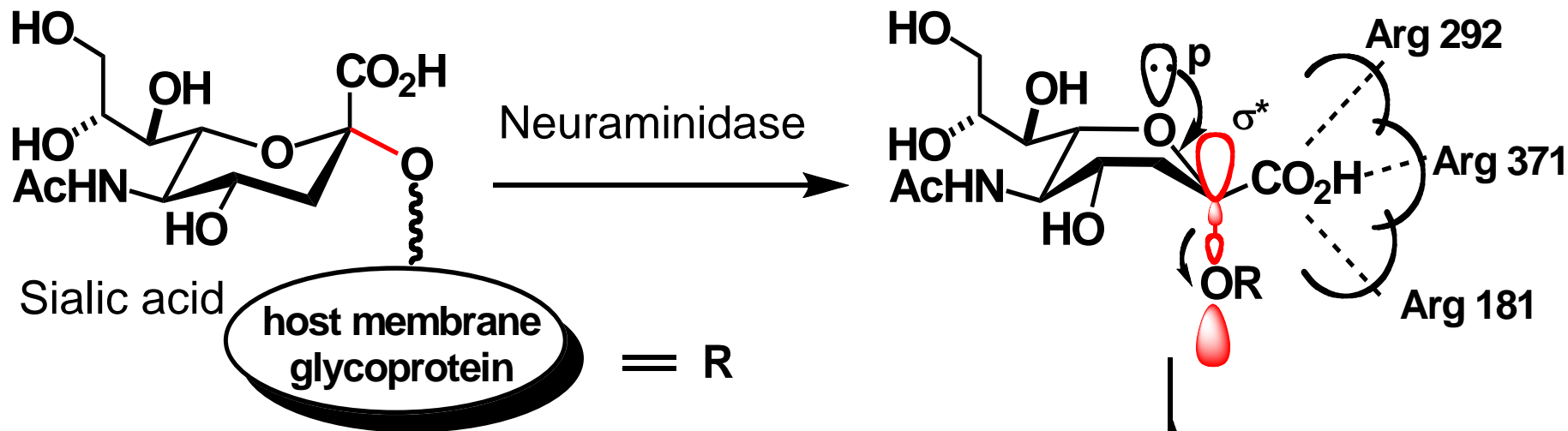


Glycoprotein

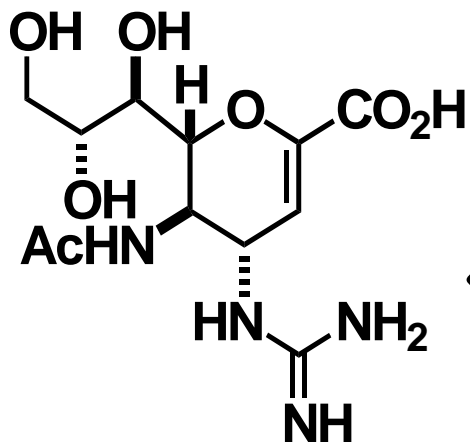


Molecular Design of a Neuraminidase Inhibitor

Kim, C. U. *et al.* *J. Am. Chem. Soc.* 1997, 119, 681.

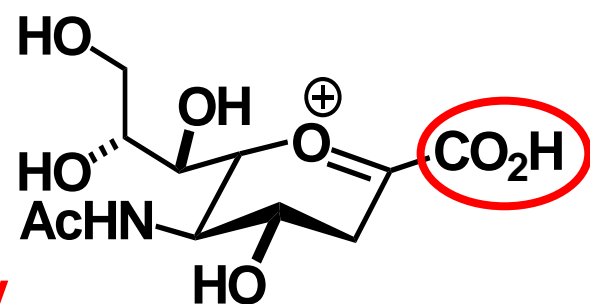


Tamiflu
(Roche)
Oral



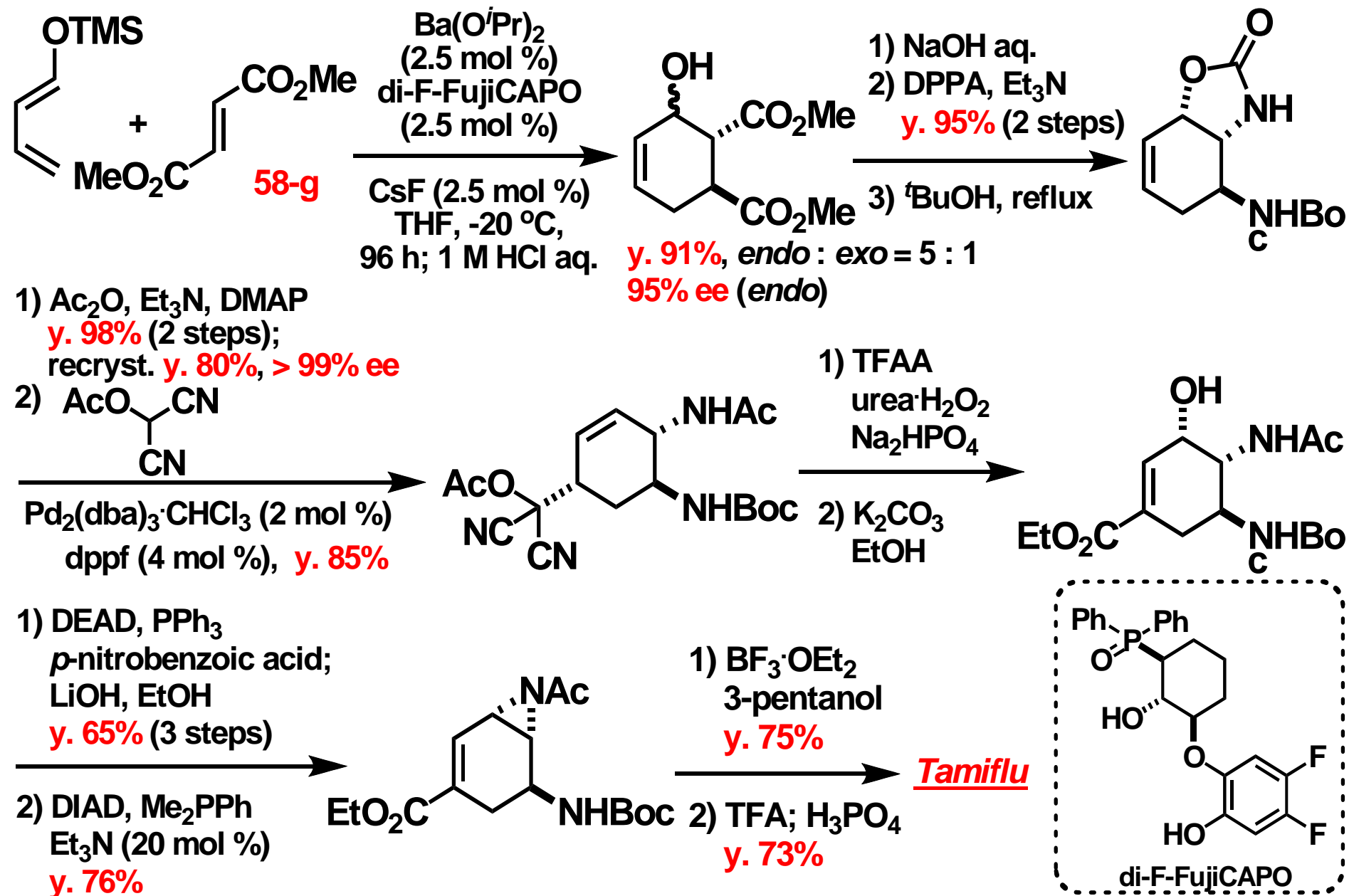
Relenza
(GSK)
Inhaled

Mimicry



Oxonium intermediate

Working Towards a Stable Global Supply of Tamiflu



The Emergence of Tamiflu-Resistant Strains and the Importance of Relenza

Although the mutation of histidine to tyrosine at position 274 in neuraminidase reduces its binding affinity to Tamiflu to one in c.270, its binding affinity to Relenza falls only to one in two. In other words, Relenza remains effective against Tamiflu-resistant strains.

Figures inserted here omitted for reasons of copyright.