

药物化学进展

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Progress
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义。“非常规精神病药物研究进展”，“抗哮喘药物研究进展”，“ β 内酰胺类抗生素研究的进展”分别介绍了这几类药物的最新进展和发展趋势。“整合素及以之为靶的药物”为新药研究提供了新的方向。抗肝炎药是目前研究的热点，而药理筛选模型尚不够完善，影响药效评价，“肝损伤动物模型与药效评价”具有现实作用。新技术在研究天然产物中的应用以及从天然产物寻找先导物或有效成分是目前乃至今后创制新药的源泉，本卷收载了两篇这方面的文章。

去年初，《药物化学进展》丛书已出版了第一本，从今年起，改由化学工业出版社出版。本书可供从事医药科研、教学、企业和管理人员参考，也可供医药院校有关专业高年级学生和研究生作教学参考书。

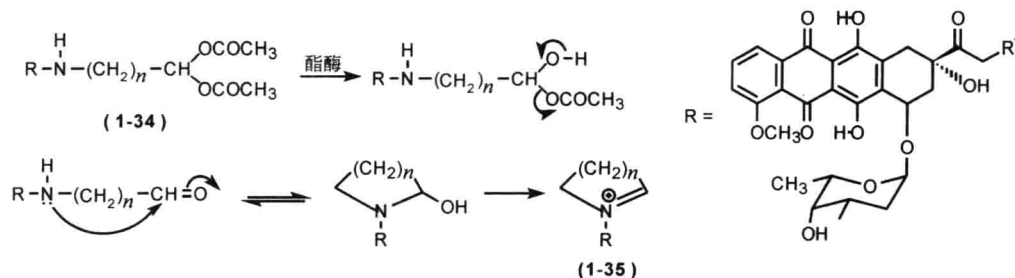
感谢中国药科大学和化学工业出版社对本丛书出版的支持，同时向为本卷惠稿的专家、教授表示深深的谢意，并热诚欢迎药物化学和有关学科的同仁，继续惠赐大作，使“药物化学进展”越办越好。

彭司勋

2001年8月于南京

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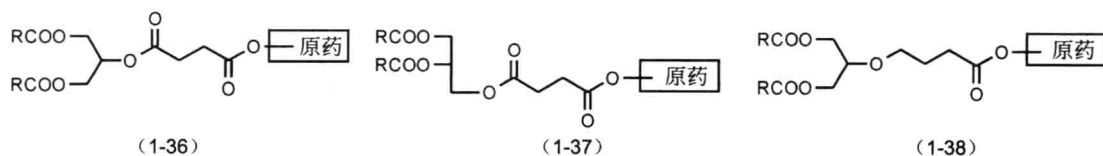


式中, $n=3\sim4$, $R=H$ 或 OH 。

1.4.3 利用酶促反应或特异性结合作用设计前药

在前药的设计中, 只利用化学水解往往缺乏选择性作用, 有较大的局限性。如果原药与载体的键合过于牢固, 释放原药的速率太慢而不能产生足够的有效浓度。若水解作用较快, 又会因稳定性问题而难以制成制剂或贮存。因此设计酶促前药是主要方向, 例如利用酯酶、脂酶、肽酶或磷酸酯酶等。这些酶大都处于细胞膜上, 由肠粘膜进入细胞的过程中水解出原药, 被细胞摄入^[23]。

利用胰脂酶特异性地水解甘油酯的特点, 可将难溶药物制备成含有甘油酯的前药, 既提高了水溶解度, 也保持了脂溶性, 而且还有可被胰脂酶水解的结构特征。在十二指肠中分泌的胰脂酶, 可将前药水解释放出原药, 前药的结构有 2-甘油酯 (1-36), 1-甘油酯 (1-37) 和 2-醚基甘油酯 (1-38)。



Scriba 将苯妥英和睾酮制成不同类型的甘油酯前药, 证明胰脂酶首先水解脂肪酸酯, 进而酯酶促使原药释放, 改善了药代动力学性质^[24]。

紫杉醇促使微管聚集稳定化, 干扰细胞有丝分裂, 是治疗乳腺和卵巢癌的有效药物。但由于其水溶解度很低, 现用的注射剂用聚乙氧基蓖麻油和乙醇 (1:1) 作溶剂, 成为 30mg/5ml 注射剂, 毒副作用较强。为克服因溶解度所造成的制剂困难, 用前药方法提高紫杉醇的溶解性。利用肿瘤细胞对特定分子 (或结构片断) 的识别性能, 设计了三元缀合物, 经固相方法将紫杉醇 (PTX)-聚乙二醇 (PEG)-bambesin (BBN)/促胃液激素释放肽组成前药 (1-39, 1-40)。分子中聚乙二醇的作用是增加水溶性, BBN/促胃液激素释放肽对癌细胞表面的受体有识别和结合作用, 能够将缀合物导于肿瘤细胞表面。当前药进入癌细胞后, 紫杉醇-聚乙二醇键被水解或酶解, 释放出紫杉醇。该缀合物的水溶解性为 250mg/ml, 抗癌作用比原药强 2.5 倍^[25]。

紫杉醇-聚乙二醇-QWAVGL-NH₂

(1-39)

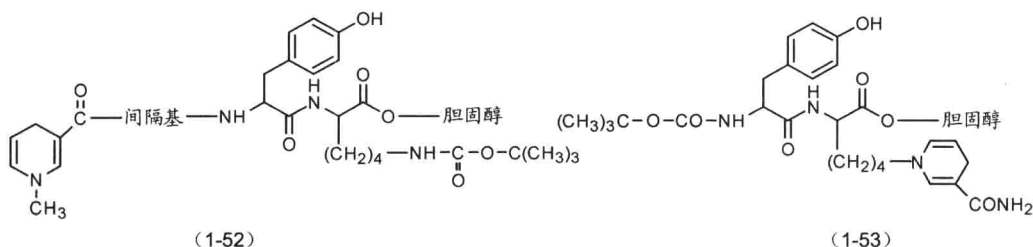
紫杉醇-聚乙二醇-BBN^[7-13]

(1-40)

利用靶细胞特有的酶系活化前药, 是提高药物选择性重要方法。将抗癌药物制成含有酶底物结构的前药, 在癌细胞的特异酶的作用下释放原药发挥治疗作用, 称作前药单疗法 (prodrug monotherapy), 它与后面所述的抗体 导向酶催化前药疗法不同, 无需将酶与抗体偶联。

是内源性神经肽，具有镇痛作用，是通过诱导脑内神经元释放内源性内啡肽。由于是强极性的二肽，难以通过血脑屏障，动物全身给药时剂量高达 200mg/kg。

将 Kyotorphin “装配” 成封闭形式，C 端为亲脂的胆固醇，N 末端为 1,4-二氢吡啶的氧化-还原系统。将精氨酸替换成赖氨酸，将 ϵ 氨基用亲脂性基团保护，或者将二氢吡啶基代替 ϵ 氨基，制成如下的前药 (1-52) 和 (1-53) [33]。



式中的间隔基为 Pro, Pro-Pro 和 Pro-Ala 等。这两个前药可进入中枢神经，具有镇痛作用，均为纳洛酮的拮抗剂，表明结合于同一受体部位。

1.4.5 抗体导向酶催化前药治疗

抗体导向酶催化前药治疗 (ADEPT) 最早由 Connors 提出，后由 Bagshawe^[34] 和 Senter 等重新提出的一种整合了单克隆抗体、酶催化和前药的癌活性治疗方法^[35]。这个方法是利用抗体对癌细胞表面抗原的特异性结合，将抗癌药物向癌组织作选择性输送的分子设计，目的是降低对正常组织的毒性。这种疗法分两步进行：首先注射单克隆抗体-酶偶联物，经过一段时间后，由于单抗对肿瘤表面抗原的特异性分子识别和结合，将酶定向地浓集或带到癌组织表面；然后给以含有酶底物结构的前药。前药在体内被酶的特异性识别，在癌细胞表面对前药发生特异的催化反应，释放出的原药浓集于癌组织处，杀伤癌细胞。所以 ADEPT 利用了抗原-抗体、酶-底物的双重特异性，提高了治疗指数。而在正常组织中，由于缺乏抗原，含酶的偶联物分布较少，因而前药不会被活化。图 1-1 是 ADEPT 活化过程的示意图。

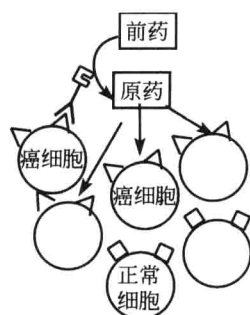


图 1-1 抗体导向酶催化前药活化的示意图

实施 ADEPT 设计的原则有如下诸因素：

(1) 单克隆抗体的选择 选择的抗体应对肿瘤细胞有高识别和高结合能力，以保障高选择性。为便于体内转运和有利于透入到癌组织内部。宜用较小分子量的蛋白，因而抗体片段优于整个抗体，例如用 Fab 相对分子质量为 50000。选择的抗体最好能被多种癌细胞识别和结合，例如癌胚抗原 (CEA) 在许多中癌细胞表面表达，因而制成的单抗-酶偶联物可适用于多种癌的化疗。

(2) 酶的选择 因为被单抗携带的酶分子数是有限的，酶对前药应具有较高亲和力，酶催化的反应应有高比活性。例如羧肽酶 G2 裂解底物苯甲酸氮芥的速率，每个酶分子每秒钟裂解 800 个前药分子^[36]。

而且，有证据证明在癌细胞表面产生的高浓度原药比相同浓度的游离药物的活性要高^[37]。酶还应在生理条件下保持活性，没有或较低免疫原性。在人体内无相应的内源性酶，并且只定位在肿瘤组织处，以免产生免疫反应。常用的酶有：羧肽酶 G2，羧肽酶 A，碱性磷酸酶，青霉素酰胺酶， β -内酰胺酶， β -葡萄糖醛酸苷酶，胞苷脱氨酶等。

(3) 抗体-酶的偶联抗体与酶可通过共价键或蛋白融合技术偶联，形成的偶联物应化学稳定，并保持双方的活性。常用的二硫键或硫醚键合抗体和酶，但由于存在异种多相性，偶联

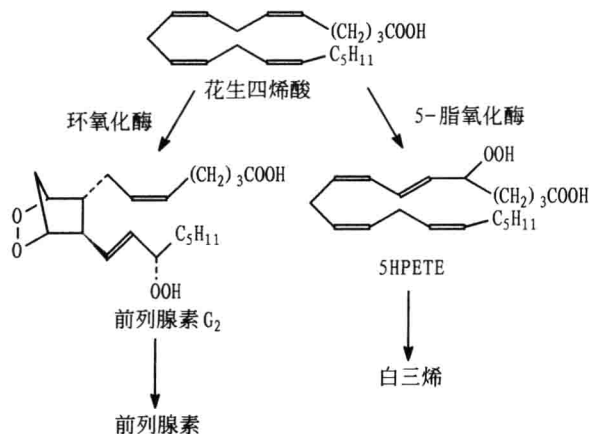
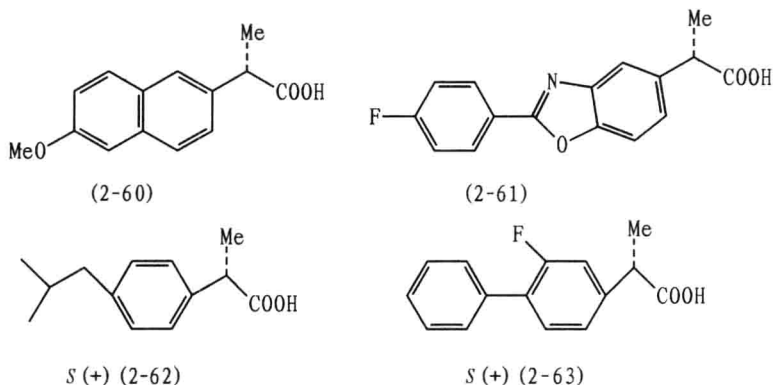


图 2-1 花生四烯酸的体内过程

非甾体抗炎药主要影响环氧化酶（Cyclooxygenase）。虽然大多数临床应用的非甾体抗炎药是手性的，但仅 *S*（+）萘普生（Naproxen, 2-60）和 *S*（+）氟诺洛芬（Flunoxaprofen, 2-61）以单一异构体作为商品。一般非甾体抗炎药的环氧化酶抑制作用存在于 *S*（+）体。

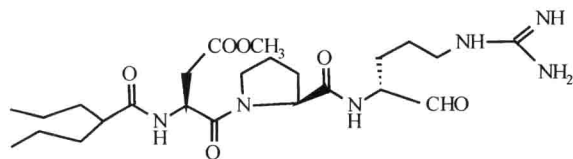
用于治疗炎症和类风湿关节炎的一大类药物是 2-芳基丙酸类，如布洛芬（Ibuprofen, 2-62）。这类药物有治疗作用活性的是 *S* 异构体，如 *S*（+）布洛芬， $ER=165^{[40]}$ 。但 *R* 异构体在体内可经涉及形成辅酶 A 硫酯（Coenzyme A thioester）的特定过程，随后外消旋化，而构型被逆转，进而发生效用（详见后文）。氟比洛芬（Flurbiprofen, 2-63）消炎作用的优对映体是 *S*（+）， $ER=500$ ，其 *R*（-）体，对炎症仅有边缘作用，并引起胃肠道的损害^[41]，但二者具有相等的镇痛作用。有人假设 *R*（-）氟比洛芬的镇痛作用是由于抑制中枢神经系统的环氧化酶^[41]。



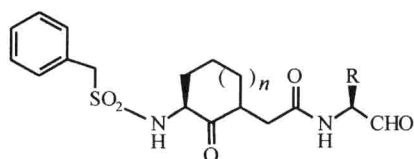
其他非甾体抗炎药中许多是非手性的，一些有明显手性相互作用的是吡喃羧酸类（pyranocarboxylic acid），如依托度酸（Etodolac, 2-64），其对前列腺素合成的抑制作用归因于 *S*（+）体，劣对映体 *R*（-）基本无效^[42]。其相关化合物吡美度酸（Pemedolac, 2-65）的优对映体是 1 位具有 *S* 构型的化合物，即 1*S*, 4*R*（+）吡美度酸^[43]。依托度酸没有手性逆转作用。

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CVS-1123(3-12)^[58, 59] 给犬静脉注射后能防止动脉和静脉血栓, 半衰期 150min。对凝血酶抑制的 $K_i=1.4\text{nmol}$, 对胰蛋白酶缺乏选择性。为改善其对凝血酶的亲和力和增强选择性, 通过在构象上有限制的分子 P_2/P_3 部位的策略, 以内酰胺途径增加肽骨架构象的刚性, 相应地结合六元和七元环的磺酰胺基内酰胺核得 CVS-1578 (3-13) 和 CVS-1778 (3-14), 两者对凝血酶有高度选择性^[60]。



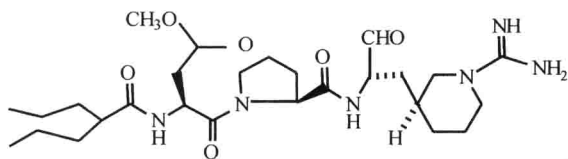
(3-12)



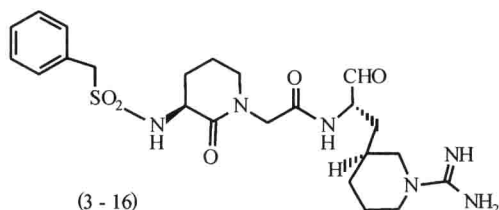
(3-13) $n=1$, $R=-(\text{CH}_2)_3\text{NHC}(=\text{NH})\text{NH}_2$

(3-14) $n=2$, $R=-(\text{CH}_2)_3\text{NHC}(=\text{NH})\text{NH}_2$

当 (3-12) 的精氨酸侧链以更大刚性的 (*N*-脲基)-3-哌啶代替得 (3-15), 对凝血酶与胰蛋白酶的选择性比为 66.5 (化合物 3-12 为 1)。(3-13) 的侧链同样以 *L*-(*N*-脲基)-3-哌啶取代所得 *S* 构型衍生物 (3-16), 其选择性比达 102090, 是迄今这类抑制剂中选择性最强者, 这种在分子 P_1 位引入脲基哌啶侧链, 同时在 P_3 位引入六元内酰胺环导致对选择性的协同作用, 从而达到在保留对凝血酶活性抑制剂的同时而对胰蛋白酶无作用^[61]。



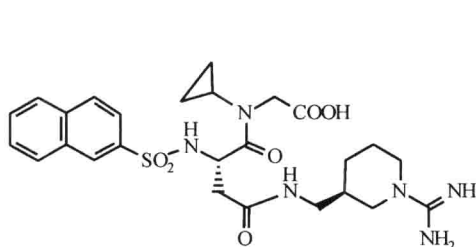
(3-15)



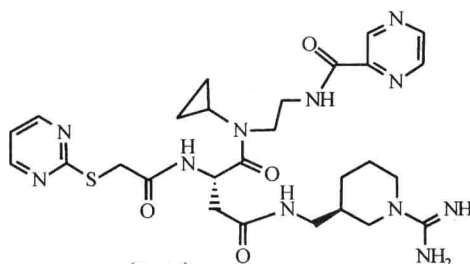
(3-16)

3.1.3 Napsagatroban 及其类似物

Roche 公司的研究工作者通过对凝血酶与抑制剂复合物结晶结构的测定, 亦发现 *N*-脲基哌啶有凝血酶抑制活性^[62], 结合这一信息开发而得的 Napsagatroban (Ro46-6240) (3-17)^[63], 为一选择性可逆性的凝血酶活性部位抑制剂 (凝血酶 K_i /胰蛋白酶 $K_i=0.27\text{nmol}/1.9\mu\text{mol}$), 且低毒性, 已在临床研究中, II 期临床用于预防外科手术后血栓及治疗慢性脉血栓, 但半衰期短 (仅 15min), 在继续构效关系研究开发时得化合物 (3-18)^[64]。



(3-17)



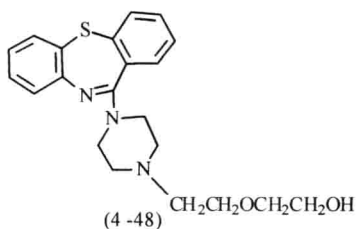
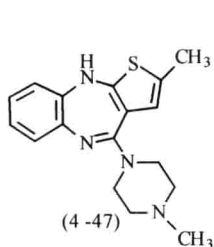
(3-18)

S_1 结合区以苯脲胺代替得 (3-19) 极大地改善了活性和选择性^[65]。根据 Monte Carlo 模拟法^[66] 对一系列已知阿加曲班类似物计算评价所得的酰基哌啶脲 (3-20) 对大鼠有增强肠内吸收之效^[67]。

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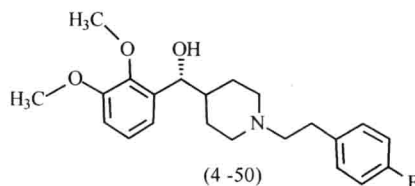
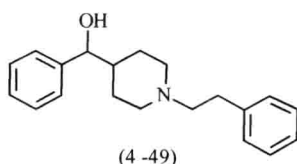


4.4.5 奎的平

奎的平 (Quetiapine, ICI 204636, 商标名 Seroquel, 4-48)^[47] 以反丁烯二酸盐应用。它对神经受体的拮抗作用较弱, 对 5-HT_{2A}、 α_1 、M₁、H₁ 诸受体有中等程度亲和力, 对 D₂ 和 5-HT_{1A} 受体的亲和力较低, 对 5-HT_{2C}、 α_2 、D₁ 等受体的亲和力更低, 对 D₄ 受体无甚亲和力。它对 5-HT₂ 和 D₂ 受体的结合力虽较弱, 对两者亲和力的比率却仍较高。临床试验患者日服 250mg, 控制阴性症状的疗效和氯丙嗪相近, 控制阴性症状的效用不及其他非常规精神病药, 几乎不产生锥体外系副作用, 也不增加催乳素的分泌。

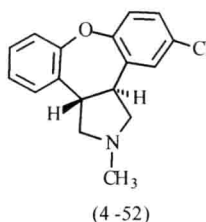
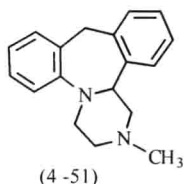
4.4.6 MDL-100907

将安定药氟哌啶醇作为先导化合物, 改造其结构, 延长苯基与哌啶碱基间距离, 便增强对 5-HT_{2A} 受体的亲和力, 终于形成 MDL 11939 (4-49), 继续优化结构, 导致 MDL-100907 (4-50)^[48]。它是 5-羟色胺 5-HT_{2A} 受体的特异性拮抗剂, 与之结合的亲和力达到与 D₂ 受体亲和力的 2000 倍。治疗精神病的阳性症状和阴性症状都有效, 很少产生锥体外系副作用。



4.4.7 Org-5222

米安色林 (Mianserin, 4-51) 是抗抑郁药, 试将其结构改造时, 发现哌嗪环改换为吡咯烷环便出现抗多巴胺受体性质, 再优化结构, 更产生拮抗 5-羟色胺受体作用, 终于形成 Org-5222 (4-52)^[50]。



Org-5222 以顺丁二烯二酸盐应用, 对 D₁ 和 D₂ 受体都有高度亲和性, 也是强效的 5-HT₂ 受体拮抗剂, 与乙酰胆碱 M 受体的亲和力很低。此外, 它还拮抗肾上腺素 α_1 受体, 对 α_2 受体也有些亲和力, 并还影响组胺 H₁ 受体。

Org-5222 曾进入临床试验, 与氟哌啶醇的抗精神病作用相近, 但较少产生锥体外系副作用。

4.4.8 伊洛培酮

伊洛培酮 (Iloperidone, HP873, 4-53) 是将利培酮与其他抗精神病药物的结构拼合设计

作用。在 AChE 的 3D 结构发表之前, 仅有一例应用 3D-QSAR 模型^[36]的报道。

5.4 乙酰胆碱酯酶抑制剂的分子模型

由于天然 AChE^[17]和配体-AChE 复合物^[43]的晶体结构的公开发表, 基于结构的药物设计方法和 3D QSAR 方法已被用于设计新型 AChE 抑制剂和现存的 SAR 优化 AChE 抑制剂研究。在这个领域, 酶-配体模型可以用来①提供关于生物活性构象的信息; ②优化 SAR 数据; ③评价不同类型抑制剂的 QSAR 模型; ④与可得实验晶体结构作比较。

对蛋白质-配体相互作用的认知方面的进展促进了新的分子模型方法的发展, 如 3D QSAR 为代表的 COMFA 方法(比较分子力场分析)^[44]。三维定量构效关系(3D-QSAR)方法是用探针原子在系列的配体上对规则的 3D 晶格上进行空间的、电性的和少量的疏水性作用计算。所得的定量结果列表, 并运用适当的统计方法获得 QSAR 方程, 这方程指明了跟活性有关的配体的关键 3D 特征。这种方法对于正在设计中的抑制剂活性的拟合和最初的组合尤其有用。这种对结果的拟合影响已被文献证实^[45]。

关于基于结构的药物设计计算方法已有不少见诸于文献^[46]报道。但对这些计算方法以及其对蛋白质-配体对接研究结果产生的影响进行比较与对照已超出了本文所讨论的范围。有关用于 AChE 抑制剂的对接方法的研究详情, 读者可参阅有关文献。在 SYSDOC^[47]中, 可用 Lenhard-Jones 和 H 键来描述电荷传递相互作用。

5.4.1 他克林

他克林-AChE 复合物的晶体结构已被测定, 其解析度为 0.25nm^[43], 结果发现, 他克林(THA)的芳香系统不与 Trp84 上 π - π 电子发生作用, 其环上的 N 原子与 His440 形成氢键, 氨基氮原子与水分子相结合。在本文中式(5-1)、式(5-2)的 QSAR 模型的含义还没有得到合理的解释。

SYSDOC 软件是用于研究他克林与 Torpedo AChE^[47]的结合, 以检查这套软件能否重现出 THA-AChE 复合物的晶体结构。所得到的他克林与 AChE 结合的低能态的复合物结合能与其晶体结构很好的吻合。另一个 THA 与酶对接低能量模型研究发现 THA 与 AChE 谷的开放处的另一个边缘的位点(Trp279)结合。现在尚无 THA 与 AChE 这种相互作用模式的晶体结构, 然而, 这与实验中发现的 THA 外围位点是一致的^[48]。

根据晶体结构以及 THA-AChE 对接研究, 推测如将两个他克林分子用亚甲基相联结后得到化合物的活性比他克林要强, 其主要原因是同时和酶的催化位点和外围位点相结合^[49]。使用分子模型对接方法发现, 当链长为约 9 个亚甲基单位时对 AChE 有较好的亲和性。所合成该类似物结构见图 5-17(I)。同时还合成一些其他类似物, 并研究了其 AChE 抑制作用。结果发现, $n=7$ 时, 与他克林($IC_{50}=0.60\mu\text{mol/L}$, 鼠脑 AChE)相比, 对酶抑制作用大了 1000 倍($IC_{50}=0.0004\mu\text{mol/L}$, 小鼠脑 AChE)。该链长表明在环上的氮原子之间的距离大约为 1.6nm, 这一距离对有 AChE 抑制作用的双季铵盐抑制剂是有利的。将石杉碱甲和他克林进一步进行结构杂化, 见图 5-17(II), 发现其比他克林同具有更强的亲和力^[50]。

5.4.2 苄胺和苄基哌啶类

Donzepil(5-4)已被用于进行酶-配体对接研究。使用 SYSDOC 软件, 质子化形式的(5-4)被对接到 AChE 中^[51], 找到了三个可能的结合位点。其中两个结合点(图 5-18)表明苄基哌啶的苄基深深陷于 AChE 的谷中, 与芳香性残基 Trp84 和 Phe330 发生 π - π 电子堆积相互作用。质子化氮原子与 Trp84 发生阳离子- π 电子作用, 茛菪酮羰基与酶形成氢键, 并且茛菪酮环的苯基

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6. 整合素及以之为靶的药物

(Integrins and Drugs Acting on It as Target)

彭 师 奇

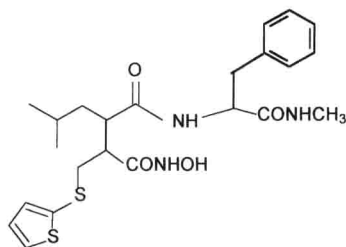
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别并结合^[146]。血管内皮细胞表面有血管内皮细胞粘附分子 1 (VCAM-1)，可被肿瘤细胞的 $\alpha_4\beta_1$ 识别，使瘤细胞与血管内皮细胞粘附^[170]。一次使用 CS-1 肽能抑制 B16-BL6 的实验性肺转移^[169]，多次使用 CS-1 肽可抑制 B16-BL6 的自发性转移。对肺癌的研究却发现，即使在 $\alpha_4\beta_1$ 高表达的瘤细胞中，CS-1 肽亦不能阻断肿瘤细胞和血管内皮细胞的粘附^[148]。

6.2.4.5 MMP 抑制剂

MMP 组织抑制剂是内源性蛋白，重组 TIMP 能部分抑制小鼠 B16-F10 细胞的体外浸润能力和实验性肺转移能力。恶性 4R 鼠胚胎成纤维细胞转染 TIMP-2 后对这些细胞作为实体瘤生长有抑制作用。B16F10 细胞转染 TIMP-1 后，不仅可抑制原位肿瘤生长，而且降低了转移能力。

Batimastat (BB-94, 6-1) 是小分子非肽 MMP 抑制剂，对包括明胶酶 A、明胶酶 B、基质胶原酶和基质溶解因子在内的多种 MMP 都有明显的抑制作用。



(6-1)

BB-94 既可以抑制 B16BL6 的实验性肺转移，又可以降解小鼠 B16BL6 自发性肺转移灶的重量。

BB-94 不仅抑制转移灶的克隆，也限制原位实体瘤生长。该作用与它能够抑制肿瘤细胞利用 MMP 进行浸润以及可抑制肿瘤的血管生成有关。

BB-94 可以明显延长移植了人卵巢癌的裸鼠的生命。移植人结肠癌的裸鼠用 BB-94 治疗也可以抑制移植瘤生长，延长荷瘤裸鼠的存活期。用 BB-94 治疗，对小鼠无明显毒性，肿瘤的侵袭率由 67% 下降到 35%，肿瘤转移率由 33% 下降到 10%，发生转移的小鼠的转移灶只局限在小鼠腹壁，空白对照组小鼠则可在肝、肺、腹膜和淋巴结各部位观察到广泛转移。

联合使用 MMP 抑制剂和细胞毒类抗癌药是治疗某些上皮恶性肿瘤的可能方案之一。用口服明胶酶抑制剂 CT1746 和环磷酰胺联合治疗在 Lewis 肺癌转移模型观察到在延缓肿瘤生长、减少肺转移灶数目和减小转移灶的体积方面都优于单一用药。

综上所述，虽然某些氨基酸序列在肿瘤转移中起重要作用，但是，这些氨基酸序列与肿瘤转移的关系是复杂的，在不同肿瘤的转移中，不同序列的作用也不同，多种生物活性肽联合应用，可能会增强抗肿瘤转移的效果。肽类在体内易受酶的破坏，半衰期短，开发相应的伪肽类药物，不但在体内作用时间长，而且可以口服使用，是未来的发展方向之一。

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