

Development of amino-alcohol-quinolines targeting lung diseases caused by non-tuberculous mycobacteria

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INTRODUCTION & AIM

In Europe and North America, the incidence of infections caused by non-tuberculous mycobacteria (NTM) exceeds that of *M. tb* [1]. The effectiveness of the treatment for MAC bronchiectasis is estimated 52%, due to the development of macrolide resistance. Consequently, our team's aim is to develop safer molecules, able to overcome antibiotic resistance. The quinoline pharmacophore is found in the structure of **mefloquine (MQ)**, an antimalarial agent that also has antimycobacterial properties (Figure 1) [2,3]. After screening of few synthesised **amino-alcohol-quinolines (AAQ)**, as **MQ** analogues, a **hit A** was identified. To further increase the selectivity index (SI) and to establish new structure activity or toxicity relationships (SAR/STR), new **AAQ** were designed starting from **hit A** (Figure 2).

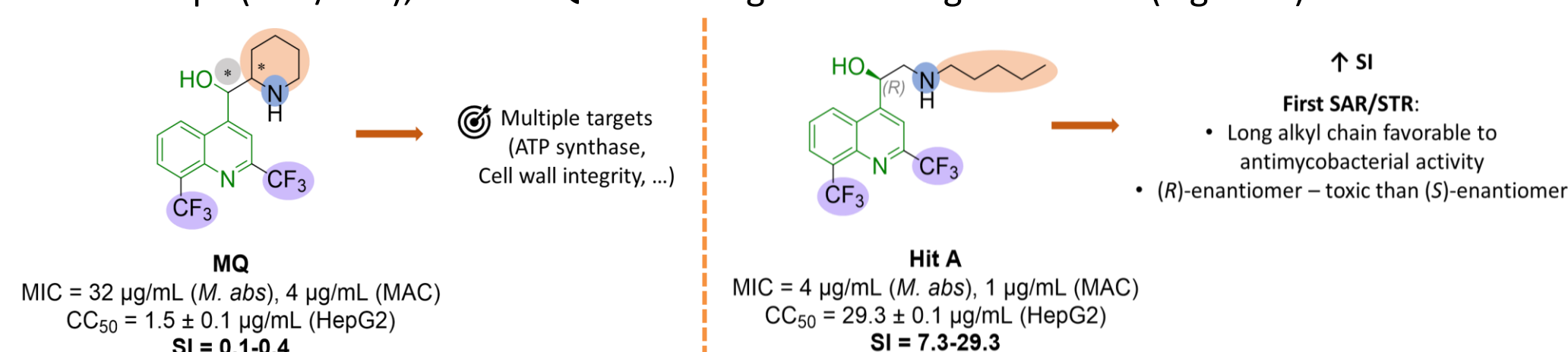


Figure 1: Antimycobacterial quinolines (MQ and new AAQ).

METHOD

Conception:

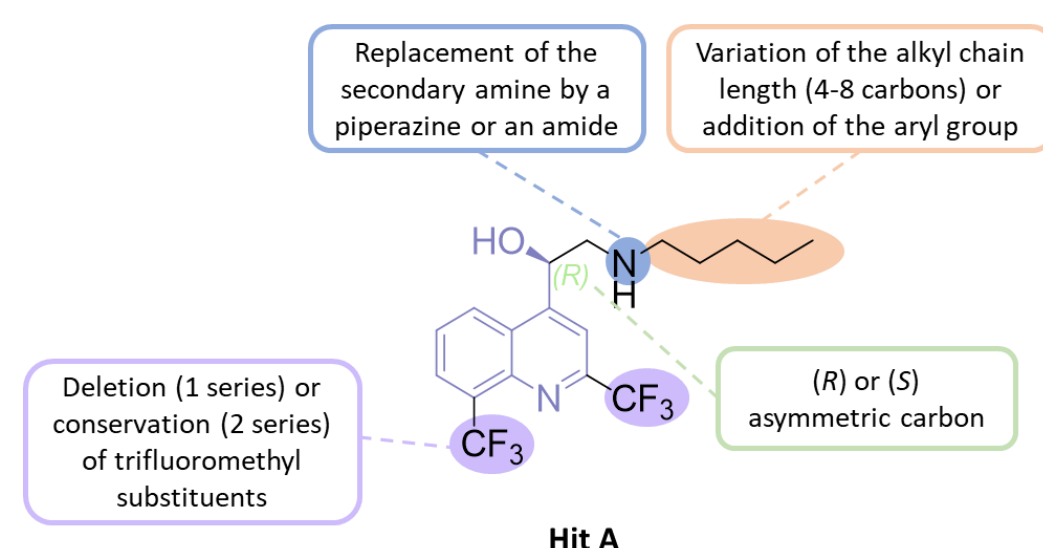
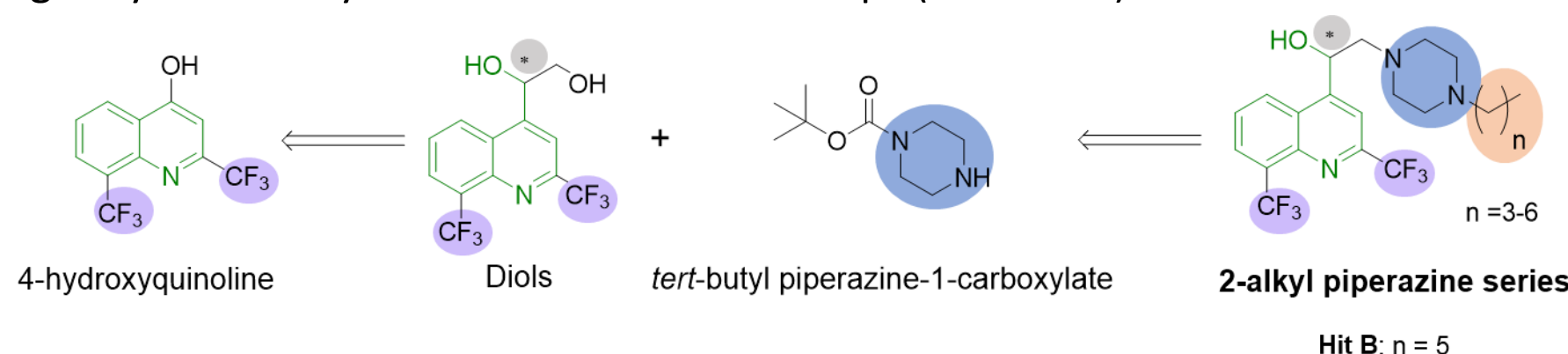


Figure 2: Development of new AAQ.

Synthesis: The **AAQ** were obtained using two synthesis strategies. However, only the one from series 2 with alkyl piperazine substituents is shown. The enantiopure **AAQ** were obtained through asymmetric synthesis in five or seven steps (Scheme 1).



Scheme 1: Retrosynthesis of 2-alkyl piperazine series.

In vitro antimycobacterial activity

- Fast-growing NTM: rough and smooth morphotypes of *M. abscessus*
- Two clinical strains of *M. abscessus* sp. *bolletii* and sp. *massiliense*
- Slow-growing NTM: *M. marinum*, *M. avium* and *M. kansasii*

Cytotoxicity (MTT test)

- HepG2 cells

Selection of the **AAQ** with the highest SI (CC_{50}/MIC)
→ **Hit B**

Checkerboard assay

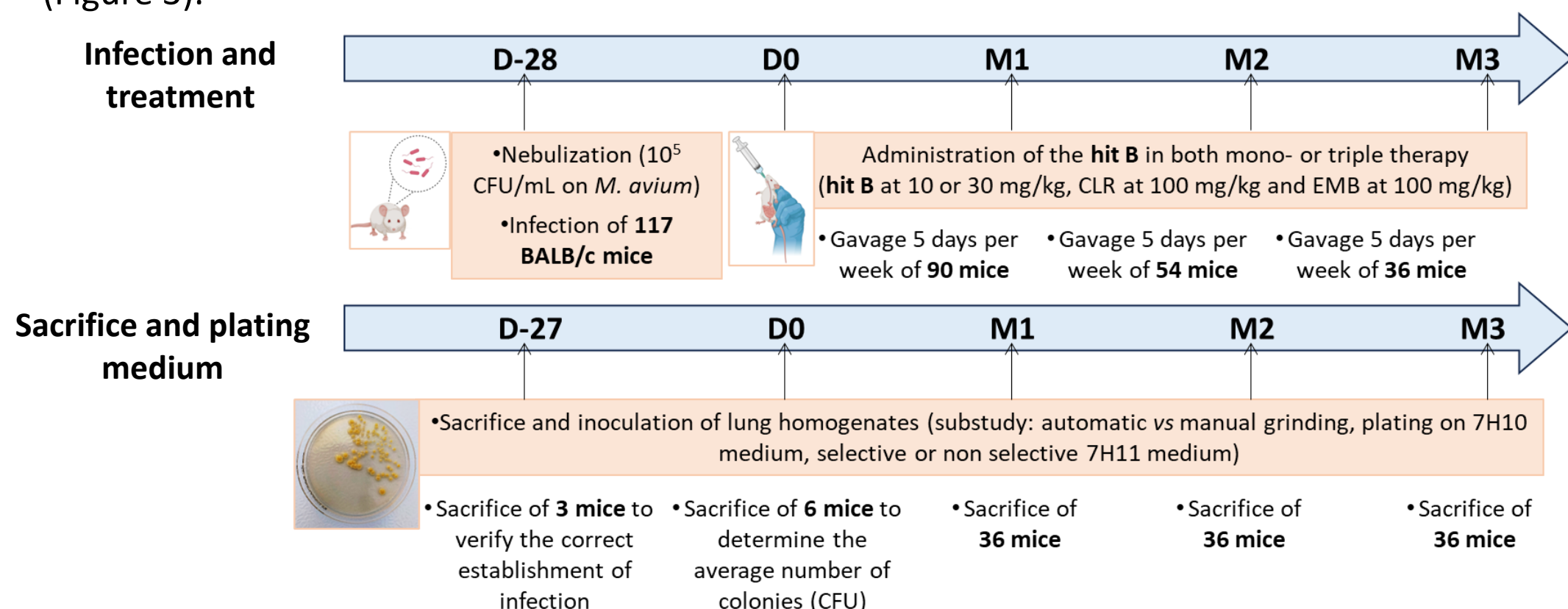
Hit B with: - Clarithromycin (CLR) • The fractional inhibitory coefficient index (FICI) = (MIC of antibiotic A in association / MIC of antibiotic A alone) + (MIC of antibiotic B in association / MIC of antibiotic B alone).

- Rifamycin (RIF)

- Ethambutol (EMB)

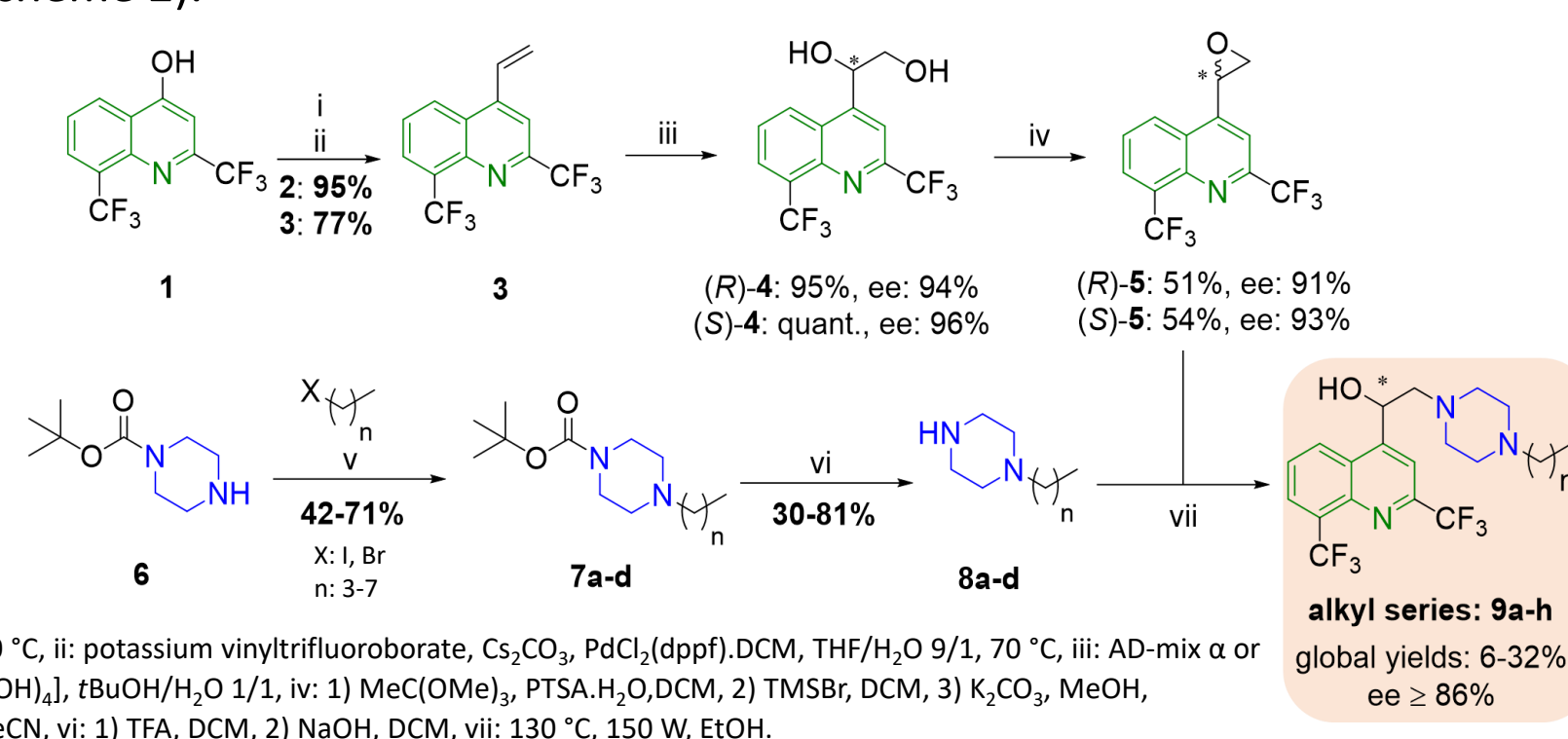
In vivo tolerance: The acceptable *in vivo* dose of **hit B** was determined in BALB/c mice according to OCDE/ODCE Test Guideline n°425 [4].

In vivo efficacy: The **hit B** was administered in both mono- and triple therapy in BALB/c mice (Figure 3).

Figure 3: In vivo efficacy of **hit B** in BALB/c mice.

RESULTS & DISCUSSION

Twenty-eight **AAQ** were synthesised and eight compounds of series 2 with alkyl piperazine were obtained, with overall yields of 6 to 32%, and enantiomeric excesses greater than or equal to 86% (Scheme 2).



Scheme 2: Synthesis of 2-alkyl piperazine series.

In vitro antimycobacterial activity ($1 \leq MIC \leq 64 \mu\text{g/mL}$) and **cytotoxicity assays** ($12.5 \leq CC_{50} \leq 46.0 \mu\text{g/mL}$) led to identify a new hit (**hit B**, Figure 4), the (*R*)-enantiomer with hexyle chain, and exhibited the highest SI against *M. avium* (SI = 5.8). Therefore, the **hit B** was selected for further evaluation of potential synergistic effect. For all antibiotic combinations tested (CLR/EMB, **hit B**/EMB, **hit B**/CLR and **hit B**/RIF), the FICI values were equal to 1 or 1.5, demonstrating an **additive effect** (Table 1).

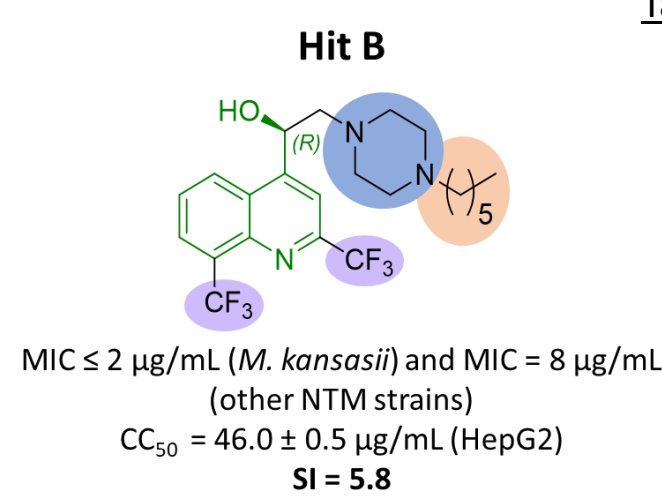


Figure 4: New hit identified.

Table 1: FICI calculation for CLR/EMB, **hit B**/CLR, **hit B**/EMB and **hit B**/RIF associations.

Antibiotic associations	MIC (µg/mL) on <i>M. avium</i> ATCC 700898		FICI	Effect
	Alone antibiotic	Antibiotic associations		
CLR / EMB	0.12 / 4	0.06 / 4	1.5	Additive
Hit B / CLR	16 / 0.5	8 / 0.25	1	
Hit B / EMB	4 / 2	4 / 1	1.5	
Hit B / RIF	16 / 0.5	8 / 0.25	1	

Two antibiotics have a synergistic effect when $FICI \leq 0.5$, an additive effect when $0.5 < FICI < 2$ and an antagonist effect when $2 \leq FICI$.

The **in vivo safety** of **hit B** was supported by the survival of three consecutive BALB/c mice, when administered as a single dose of up to 550 mg/kg (Figure 5).

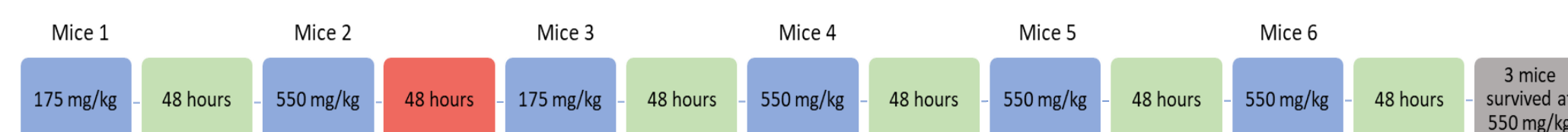


Figure 5: Administered dose and outcome in mice.

The **hit B** was administered in both mono- and triple therapy with CLR and EMB in BALB/c to evaluate its **in vivo efficacy**. This study was confirmed the feasibility of daily administration of **hit B** over several months of treatment.

- Automatic lung grinding mode** is better than manual mode.
- 7H10 plating medium** is better than 7H11 selective and 7H11 non selective.

Agar plate reading was revealed a very low CFU counts ($CFU \leq 115$), indicating that the infection was not sufficiently severe to highlight the potential efficacy of **hit B**.

- 10^9 CFU/mL** is the minimal nebulized inoculum load.

CONCLUSION & FUTURE WORK

- Enantioselective synthesis: **28 AAQ** were synthesised.
- In vitro* biological evaluation: SAR/STR were established → Identification of **hit B**.
- In vivo* toxicity: acceptable single dose of **hit B** $\geq 550 \text{ mg/kg}$ in BALB/c mice.
- In vivo* efficacy: too low initial infection in BALB/c mice → protocol optimization determined that a minimum nebulized *M. avium* inoculum of **10^9 CFU/mL**.

Perspectives:

- Novel pharmacomodulations: ↑ SI.
- In vitro* anti-mycobacterial activity of **AAQ** on additional clinical strains.
- New evaluation of the *in vivo* efficacy of **hit B** with nebulized inoculum of **10^9 CFU/mL**.

REFERENCES

- [1] Griffith, D.E. *et al. American Journal Respiratory and Critical Care Medicine* **175**, 367-416 (2007).
- [2] Bermudez, L.E. *et al. J. infect. Dis.* **187**, 1977-1980 (2003).
- [3] Laumailé, P. *et al. Pharmaceuticals* **12**, 91 (2019).
- [4] Test No. 425: Acute Oral Toxicity: Up-and-Down Procedure Available online: https://www.oecd.org/en/publications/test-no-425-acute-oral-toxicity-up-and-down-procedure_9789264071049-en.html (accessed on 17 January 2025).