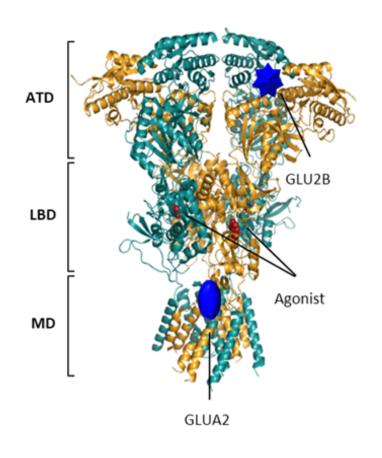
DUALLY ACTING DERIVATIVES IN DISEASE

TACRINE ALZHEIMER'S TREATMENT



TECHNOLOGY OWNER

University Hospital Hradec Králové Institute of Physiology CAS National Institute of Mental Health Institute of Experimental Medicine CAS



INVENTORS

Ondřej Soukup, Martin Horák, Anna Misiachna, Jan Korábečný, Karel Valeš, Ladislav Vyklický

IPR STATUS

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STAGE OF DEVELOPMENT

In vivo validation

Pharmaco - kinetics in rats

Leading compound in vivo

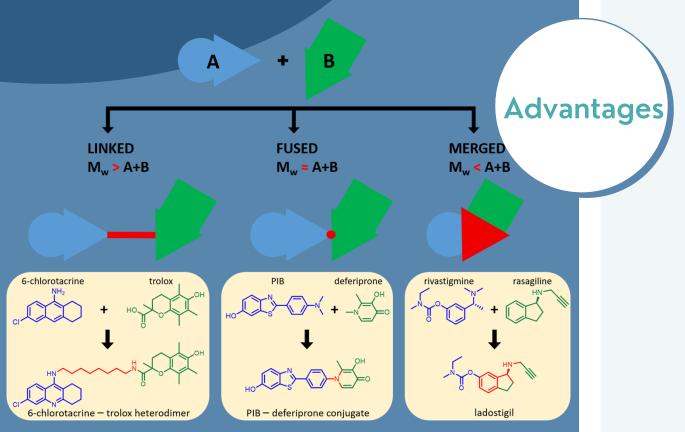








LUCIE BARTOŠOVÁ LUCIE.BARTOSOVA@FNHK.CZ +420727802314



stage of the disease. We developed novel tacrine derivatives with dual effect on cholinesterases and NMDAR, specifically with preference towards GluN1/GluN2A and/or GluN1/GluN2B receptors. Specifically, we synthesized a series of 30 tacrine derivatives and investigated their inhibitory potency towards human recombinant AChE (hAChE) and human plasmatic butyrylcholinesterase (hBChE), and their ability to block GluN1/GluN2A and GluN1/GluN2B receptors at negative and positive membrane potentials. These experiments were followed by analyses of quantitative structure-activity relationships (QSAR). In addition, to follow the potential clinical application of such dually-acting compounds, we have selected the six most promising candidates with more or less balanced activities and characterized them for their ability to cross the blood-brain barrier and for their safety in vivo, since a major concern for NMDAR ligands is their psychotomimetic side effects. From the (pre-) clinical point of view, we observed in rats that the tested novel compounds did not induce hyperlocomotion, neither impaired the prepulse inhibition of startle response. Thus despite of proved CNS availability of this class of compounds absence of side-effects typical for blockers of NMDA receptors was observed. Thus, the data have indicated that tacrine derivatives are promising dual-acting compounds, which in addition to their anti-ChE effects, act as centrally available subtype-specific inhibitors of the NMDARs

The so-called multitarget-directed ligand paradigm has been widely

applied in the last decade to find novel drug candidates against Alzheimer's

disease (AD). However, this approach seems to be limited by oversimplified

design of novel drug candidates combining pharmacophores with incompatible

mechanisms of action, or by reason of irrelevance in the context of disease

progression in time. Another limitation is associated with the fact that simple

linking of the two pharmacophores usually leads to lower drug-likeness, and

hence fused or merged strategies are more preferred. Since AD is currently

treated by acetylcholinesterase inhibitors (AChEI) and memantine, an

antagonist of N-methyl-D-aspartate receptors (NMDAR), a combination

of such drugs makes sense, given the fact that impairment of both cholinergic

and glutamatergic neurotransmission occurs simultaneously, i.e. in the latter

AD is a multifactorial pathology and thus it requires a multi-faceted approach to therapy. Our dual concept applying inhibition of both AChE and NMDAR even in one molecule corresponds to these efforts. It was proved that AChE and NMDAR inhibitors' combination benefits patients with usually additive effects, without any increase in adverse effects. While tacrine (approved for AD treatment in 1993) was withdrawn from the market due to its hepatotoxicity and other side effects in 2013, our compounds were prepared to **avoid this hepatotoxic effect**, that is now being proved. Additionally, since these compounds have also been found acting as GluN2B selective NMDAR antagonists, they are therefore believed to hold strong therapeutic potential in the treatment of other disorders – e.g. ischemic damage, chronic pain and depression.

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without negative behavioral side effects.