# Antiviral Therapy for Human Immunodeficiency Virus Infections

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# **INTRODUCTION**

Numerous compounds have been reported to inhibit the replication of human immunodeficiency virus (HIV) in vitro (118, 410), yet only four agents have at this time been formally licensed (in the United States) for clinical use in the treatment of AIDS. These are zidovudine  $(3'-azido-2',3'-dideoxythymi$ dine or azidothymidine [AZT]; Retrovir) (269), didanosine  $(2^{\prime},3^{\prime}$ -dideoxyinosine [ddI]; Videx) (156), zalcitabine  $(2^{\prime},3^{\prime}$ dideoxycytidine [ddC]; Hivid)  $(479)$ , and stavudine  $(2',3'-dide$ hydro-2',3'-dideoxythymidine [D4T]; Zerit). The basic strategies and molecular targets for anti-HIV therapy have been repeatedly reviewed starting from 1985, thus shortly after HIV had been identified as the causative agent of AIDS (116–121, 127, 324, 327). More recent reviews have addressed the challenges and prospects for the therapy of HIV infection (236, 490).

The replicative cycle of HIV comprises a number of steps that could be considered adequate targets for chemotherapeutic intervention (Fig. 1). In fact, HIV follows a replicative pathway that is similar to that of the classical cytolytic RNA viruses, except for reverse transcription (step 4) and integration (step 5), which lead to the formation and integration of the proviral DNA into the cellular DNA genome. Most of the substances that have been identified as anti-HIV agents can be assigned to one of the 10 classes of HIV inhibitors according to

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the stage at which they interfere with the HIV replicative cycle (Table 1).

However, not all substances to which anti-HIV activity has been attributed easily fit within the proposed scheme (Fig. 1; Table 1). For example, some recombinant (chimeric) proteins in which a toxin, *Pseudomonas aeruginosa* toxin (7, 16, 17, 65) or diphtheria toxin (18), has been linked to the HIV envelope glycoprotein (gp120)-binding domain of human CD4 have been described: by virtue of their affinity for gp120, these hybrid toxins selectively bind to and kill HIV-infected cells. Although both acutely and chronically HIV-infected cells can be selectively killed by this gp120-targeted cytotoxicity approach, it does not prevent the emergence of HIV-infected cells that are resistant to the chimeric toxins (18). Also, gene therapy approaches have been advocated to introduce the diphtheria toxin gene directly to HIV-infected cells (198), which should ultimately result in the eradication of the cells when the diphtheria toxin gene is expressed.

Another approach that could not be readily accommodated by the proposed scheme (Fig. 1; Table 1) is that based on the targeting of antiviral agents (i.e., pokeweed antiviral protein) to  $CD4^+$  cells (whether infected or not) by conjugation of these antiviral agents with monoclonal antibodies reactive with normal antigens on  $CD4^+$  cells. Such conjugates have been shown to inhibit HIV type 1 (HIV-1) replication in  $CD4^+$  cells and were surmised to inhibit the replication of other viruses as well (152, 497).

Also, various other compounds that have been reported to inhibit HIV replication cannot be unequivocally allocated to one of the 10 classes of HIV inhibitors (Table 1; Fig. 1), primarily because their target of action has not been elucidated



FIG. 1. Essential steps in the HIV replicative cycle: 1, adsorption; 2, fusion; 3, uncoating; 4, reverse transcription; 5, integration; 6, DNA replication; 7, transcription; 8, translation; 9, maturation; 10, budding (assembly/release).

or does not fall within the proposed scheme. To the more recent group of HIV inhibitors, for which the mechanism of anti-HIV action needs to be elucidated, belong diphenylhydantoin (97), ascorbic acid (194), pradimycin (444), oxophenarsine (188), fluoroquinolones (354), prostaglandins (10), glutathione, glutathione ester, *N*-acetylcysteine (241), (-)-gossypol (282) and various analogs of gossypol (284), and the HIV-1 inhibitors produced by myxobacteria (237) or induced by *Pinus parviflora* extracts (440). Other HIV inhibitors such as the  $C_{60}$ fullerene derivatives seem to interact at multiple steps of the viral life cycle, i.e., direct virus inactivation as well as inhibition of the HIV reverse transcriptase (RT) and HIV protease (166, 411, 423). Until the modes (targets) of action of these compounds are better delineated, it would seem difficult to assess their position or potential for the treatment of HIV infections.

### **ANTI-HIV AGENTS**

#### **Virus Adsorption Inhibitors**

Since the CD4 molecule on helper T4 lymphcoytes and monocytes/macrophages is the principal receptor for the HIV-1 envelope glycoprotein gp120, various forms of recombinant soluble CD4 (rsCD4), including truncated CD4 molecules (i.e., CD4 [segment 74-95] or CD4 [segment 81-92] peptides [384, 418] and benzylated or phenylalanine-substituted derivatives thereof [275]) as well as CD4-immunoglobulin conjugates (i.e., CD4 immunoadhesins [86, 268]) and CD4-albumin constructs (491), have been created with the aim of blocking HIV-1 binding (adsorption) to the cells. The chimeric forms (CD4 immunoadhesins and CD4-albumin constructs) were obviously made to increase the plasma half-life of the otherwise short-lived CD4. The CD4 immunoadhesin (CD4 immunoglobulin G) did not offer much protection against simian immunodeficiency virus infection in macaques (268) but proved capable of preventing HIV-1 infection in chimpanzees (471), and this offers hope for the use of CD4-immunoglobulin

in HIV-infected pregnant women for the prevention of HIV infection of the fetus, since CD4-immunoglobulin G, like the parent immunoglobulin G molecule, efficiently crosses the placenta. Yet, there are several problems linked to the use of CD4-based therapeutics, in particular, the fact that much higher concentrations of CD4 are needed to inhibit primary HIV-1 isolates than laboratory strains of HIV-1 (109), for reasons that still have to be clarified (15). Also, cell-associated virus may be less easily inhibited by CD4 derivatives than cell-free virus.

As CD4 is not only the receptor for HIV but also the receptor for class II major histocompatibility complex antigens, soluble forms of CD4 may also interfere with immune processes involving the class II major histocompatibility complex proteins, and in addition, the CD4 derivatives may have delivery, stability, and expense problems. The smaller the peptides, the smaller these problems may turn out to be, and in this perspective the *N*-carbomethoxycarbonyl-prolyl-phenylalanyl benzyl esters (CPFs) were conceived (160). These compounds interact directly with the viral glycoprotein gp120, block binding of the HIV to the CD4 receptor, do not interfere with the binding of CD4 to class II major histocompatibility complex proteins, and prevent the spread of HIV from a small number of afflicted cells to a larger population of uninfected cells (160). The questions of how the CPFs perform in vivo and whether they indeed block dissemination of HIV-1 *in vivo* have so far remained unanswered. Given their poor aqueous solubility, these compounds might also have bioavailability problems.

In addition to the CPFs, several other, miscellaneous compounds have been postulated to inhibit HIV infection through an interaction with the viral glycoprotein gp120, thus blocking the binding of  $gp120$  to the CD4 receptor: pyridoxal  $5'$ -phosphate (187a), *Prunella vulgaris* extract (488), tannins (474), caffeoylquinic acid derivatives (294), flavans (i.e., daphnodorins [495a]), and flavanoids (i.e., (-)epicatechin 3-*O*-gallate] (295). In contrast with the sulfated polysaccharides (i.e., dex-

Stage of HIV intervention	HIV inhibitor
Adsorption	rsCD4 constructs (CD4 fragments, CD4 immunoadhesins, and CD4-albumin constructs) CPFs (N-carbomethoxycarbonyl-prolyl-phenylalanyl benzyl esters), tannins, and flavanoids $[(-)$ epicatechin-3-O- gallate] Polysulfates (heparin, dextran sulfate, dextrin sulfate, curdlan sulfate, pentosan polysulfate, mannan sulfate, sulfoevernan, fucoidan, polyvinylalcohol sulfate, polyacetal polysulfate, O-acylated heparin, cyclodextrin sulfate, and modified cyclodextrin sulfates) Polysulfonates [suramin, Evans blue, bis(naphthalene disulfonate) derivatives, polyvinyl sulfonate, polystyrene sulfonate Polycarboxylates (ATA), polyhydroxycarboxylates (phenyl-derived polyhydroxycarboxylates), and polyfluoroalkylcarboxylates (MAA-HFPO5) Polyoxometalates $\{H_4SiW_{12}O_{40} (JM1493), K_7[PTi_2W_{10}O_{40}] \cdot 6H_2O [PM-19], K_{13}[Ce(SiW_{11}O_{39})_2] \cdot 26H_2O$ [JM1590], and $[Me3NH]8[Si2Nb6W18O77] (JM2820)$ }
Fusion	Plant lectins (from Listera ovata, Hippeastrum hybrid, Cymbidium hybrid, Epipactis helleborine, and Urtica dioica) Peptide T22 [(Tyr-5,12, Lys-7)polyphemusin II] Succinylated and aconitylated HSA Betulinic acid RPR 103611
Uncoating	Bicyclams (JM2763 and JM3100)
Reverse transcription	Substrate analogs 2',3'-Dideoxynucleoside analogs (zidovudine [AZT], didanosine [ddI], zalcitabine [ddC], stavudine [D4T], lamivudine [3TC], FTC, and FddClUrd) Acyclic nucleoside phosphonates (PMEA, FPMPA, PMPA, and PMPDAP) Nonsubstrate analogs (NNRTIs: TIBO [R82150, R82913, and R86183], HEPT [E-EPU, E-EBU-dM, and I- EBU], nevirapine [BI-RG-587], pyridinone [L-696,229 and L-697,661], BHAP [U-88204 and U90152], TSAO, $\alpha$ -APA, and PETT) Miscellaneous RT inhibitors, including antisense oligonucleotides
Integration	Antisense constructs
DNA replication	Antisense constructs
Transcription	Antisense ODNs Tat antagonists (benzodiazepines [Ro 5-3335 and Ro 24-7429] and 3-keto/enol-4,5-epoxy steroids) LTR-directed gene expression inhibitors (topotecan) and PKC inhibitors (indolocarbazoles)
Translation	Antisense ODNs (phosphorothioates, phosphorodithioates, and methylphosphonates) Ribozymes (hammerhead and hairpin ribozymes) that can be delivered exogenously or endogenously via retroviral vectors) Trichosanthin (?)
Maturation	Protease inhibitors: transition-state peptidomimetics (Ro 31-8959, U-81749, A-77003, and KNI-227), and nonpeptide cyclic ureas (XM323) Myristoylation inhibitors (12-azidododecanoic acid) Glycosylation inhibitors (NBuDNJ and its prodrug [N-butyldeoxynojirimycin-6-phosphate])
Budding (assembly/release)	IFN (also interferes with other stages) Hypericin $(?)$ Cyclosporine analogs (SDZ NIM 811) (also interfere with transport of viral DNA into the nucleus)

TABLE 1. Review of HIV inhibitors according to stage of intervention with the HIV replicative cycle

tran sulfate), whose action is reversible, the flavanoids irreversibly inactivate virus infectivity (295). Also, some of the flavanoids have been shown to inhibit the RT of certain retroviruses (including HIV), but this effect would not contribute to their anti-HIV action observed in cell culture. Other compounds that have been postulated to interfere with several steps of the HIV replicative cycle, i.e., cosalane (disalicylmethane linked to cholestane [106a]) and GTOs (oligonucleotides composed entirely of guanosine and thymidine [356a]), may owe their anti-HIV activity primarily to inhibition of gp120- CD4 binding.

Various sulfated polysaccharides (e.g., heparin, dextran sulfate, dextrin sulfate, cyclodextrin sulfate, curdlan sulfate, pentosan polysulfate, mannan sulfate, sulfoevernan, and fucoidan) and derivatives thereof (e.g., O-acylated heparin, polyacetal polysulfate, polyvinylalcohol sulfate, and modified cyclodextrin sulfates) (Fig. 2) have been found to inhibit HIV replication in vitro at<sup>45</sup> concentrations that are up to  $10,000$ -fold lower than the cytotoxic concentration (124). These compounds are targeted at the interaction between the viral envelope glycoprotein gp120 and the CD4 receptor, and as a consequence, they inhibit not only virus adsorption to the cells but also virusinduced syncytium (giant cell) formation (29). The inhibitory effects of dextran sulfate and its congeners on viral binding, viral replication, and syncytium formation appear to be mediated by a specific interaction with the V3 region of gp120 (64, 82). In addition, sulfated polysaccharides may also directly interfere with the binding of HIV particles to the heparan sulfate proteoglycan at the cell surface, whether or not this process occurs independently of, or cooperatively with, the

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FIG. 2. Structures of polysulfates. (A) Dextran sulfate [sulfated  $(1 \rightarrow 6)$ - $\alpha$ -D-glucan], dextrin sulfate [sulfated  $(1 \rightarrow 4)$ - $\alpha$ -D-glucan], curdlan sulfate [sulfated (1  $\rightarrow$  3)-β-D-glucan], pentosan polysulfate [sulfated (1  $\rightarrow$  4)-β-D-xylan], mannan<br>sulfate [sulfated (1  $\rightarrow$  4)-α-D-mannan], sulfoevernan {sulfated (1  $\rightarrow$  3) [80%], (1<br> $\rightarrow$  4) [20%]-α-D-glucan}, fucoidan [composed of s fucose units], PAPS (polyacetal polysulfate prepared from dextran), and PVAS<br>(polyvinyl alcohol sulfate). (B) Heparin [composed of L-iduronic acid or D-<br>glucuronic acid (1  $\rightarrow$  4) linked to D-glucosamine], O-acylated (but hexanoylated) heparin, supersulfated dermatan sulfate [chondroitin sulfate B;<br>consists of L-iduronic acid (1 → 3) linked to D-(*N*-acetyl)galactosamine], PAVAS [poly(acrylic acid vinyl alcohol sulfate) copolymer], and sulfated β-cyclodextrin<br>[cyclic dextrin consisting of seven (1 → 4)-linked α-D-glucans] and derivatives<br>thereof (mCDS11 and mCDS71 [containing 6-benzylthio-6-deoxy substituents, respectively]).

CH<sub>2</sub>OSO<sub>2</sub>

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CH<sub>2</sub>

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viral envelope-CD4 receptor interaction (364). Yet, sulfated polysaccharides would be unable to block the viral gp120 interaction with the CD4 of monocytes (292a).

Among the more promising congeners of dextran sulfate rank polyacetal polysulfate (484) and polyvinylalcohol sulfate (27), which show potent activity against HIV-1, HIV-2, and several other enveloped viruses, including simian immunodeficiency virus, herpes simplex virus (HSV), cytomegalovirus (CMV), influenza A virus, and respiratory syncytial virus, as well as toga-, flavi-, arena-, bunya-, and rhabdoviruses (8, 124, 215, 414). Thus, the spectrum of activity of the polysulfates extends to various viruses other than HIV that may occur as opportunistic pathogens in immunosuppressed (i.e., AIDS) patients.

Of additional importance is the fact that the polysulfates can be obtained from natural sources (i.e., marine invertebrates) (66). They can be prepared and made available in large quantities at reasonable cost. They can act synergistically with other anti-HIV drugs (i.e., AZT, ddI, and ddC) (415). They are not known to lead to the development of virus-drug resistance, and they should be effective against HIV mutants that are resistant to AZT or other RT inhibitors (461).

However, polysulfates (such as dextran sulfate) suffer from a number of drawbacks which seem to argue against their potential usefulness in vivo. They are poorly absorbed after oral administration, as noted in humans (2, 288), rats (200), and mice (256). However, high oral bioavailability can be obtained by the appropriate chemical modifications, as shown for the modified b-cyclodextrin sulfates (mCDS11 and mCDS71) (338, 339, 359). Dextran sulfate, upon intravenous administration, produces thrombocytopenia (164). Sulfated polymers are also notorious for their anticoagulant activity, but as has been demonstrated with periodate-treated heparin (19) and O-acylated heparin (63), this problem can be overcome by appropriate chemical modifications.

The sulfated polymers owe their anti-HIV activity to the presence of the sulfate groups, which in turn are responsible for the inhibition of virus-cell binding. In this sense, any compound could be turned into an anti-HIV agent targeted at virus-cell binding provided it contains the necessary hydroxyl groups for attachment of the sulfate groups, and thus various compounds, i.e., glycyrrhizin, lentinan, amphotericin B, and gangliosides (191, 204, 347, 358, 453), were found to gain anti-HIV activity following sulfation.

Given their widely varying molecular weights and degrees of sulfation, it is very difficult to obtain standardized preparations of dextran sulfate or other sulfated polymers. This lack of homogeneity, together with the inherent variability of the molecular target (V3 loop of gp120) with which the sulfated polymers interact, may account for the differences in susceptibility of different HIV strains to different polysulfates (79, 416). This differential virus-drug susceptibility obviously raises questions as to the in vivo efficacy that may be expected for the polysulfates in each particular HIV infection.

There is little, if any, evidence for the in vivo efficacy of sulfated polysaccharides against HIV infection or any other viral infection. Dextran sulfate did not prove efficacious against feline leukemia virus infection in cats (299) or duck hepatitis B virus (HBV) infection in ducklings (356). On the other hand, sulfoevernan was reported to completely suppress Rauscher leukemia virus infection in mice if administered at a dose of 20 mg/kg/day for 8 days, starting 1 day after infection (477). Equally impressive have been the protective effects of dextran sulfate and, recently, pentosan polysulfate (139) in mice infected with the unconventional scrapie agent.

Pentosan polysulfate has been further pursued for its phar-

macokinetic properties in HIV-infected individuals (372). It has also been investigated, but found inactive, against HIVassociated Kaposi's sarcoma (375). Since Kaposi's sarcoma is characterized by microvascular proliferation (angiogenesis) in the initial stage of lesion development, it would seem justified to study sulfated polysaccharides because of their angiostatic potential against Kaposi's sarcoma. Perhaps pentosan polysulfate was not the best choice, and other sulfated polysaccharides such as the sulfated polysaccharide-peptidoglycan produced by *Arthrobacter* sp. (343) might be more efficacious against Kaposi's sarcoma.

In the wake of any solid evidence for the in vivo efficacy of the polysulfates against HIV or other viral infection, one should consider their potential application in the (systemic) prophylaxis of HIV infection following an accidental needle stick injury or stab wound, i.e., conditions in which AZT has proved inefficacious, and/or topical prophylaxis of HSV or HIV infection contracted through sexual intercourse.

The principles guiding the anti-HIV activity of polysulfates are also applicable to the polysulfonates. Several polysulfonates of varying molecular weights and degrees of sulfonation have been described as potent anti-HIV agents (Fig. 3): e.g., naphthalene sulfonates (330, 330a, 332–334) {i.e., 4,4'- $[1,6$ hexanediylbis(carbonylamino)]bis(5-hydroxy-2,7-naphthalenedisulfonic acid) (335)}, stilbene sulfonates (87), Evans blue and various other sulfonated dyes (47, 96, 263, 363, 473), polystyrene sulfonate, polyanethole sulfonate, and polyvinyl sulfonate (331). These compounds would bind primarily to the viral envelope gp120 glycoprotein (28) and thus interfere with the interaction between the viral gp120 glycoprotein and the cellular CD4 receptor and block virus adsorption and virus-induced syncytium formation. Like the polysulfates, the polysulfonates inhibited not only the replication of HIV but also that of other enveloped viruses, i.e., CMV (24).

In fact, the prototype of the polysulfonates, suramin (117), was the first compound to be recognized as an anti-HIV agent (325) and also the first to be used in the clinic for the treatment of AIDS (74). It was originally assumed that suramin, as well as Evans blue (47), inhibits the replication of HIV through an inhibitory effect on the viral RT. Hence, initial structure-function relationship studies were based on the inhibitory effect of suramin and its congeners on the viral RT (230). It has now become evident, however, that the polysulfonates also interfere with the viral adsorption process (412). Inhibition of viruscell binding may well be their principal mode of anti-HIV action, since as a rule, inhibition of the RT does not correlate with inhibition of HIV replication in the virus-cell assay, probably due to the lack of cellular entry of the polysulfonates (330a).

Suramin may interfere with a number of processes, i.e., protein kinase C (PKC)-mediated processes (296), involved in virus infectivity. Furthermore, suramin and other polysulfonates (i.e., sulfonated distamycin A derivatives) (95) are known to block basic fibroblastic growth factor and other factors involved in tumor angiogenesis and should therefore be pursued for their antitumor potential, i.e., against Kaposi's sarcoma. Also, suramin is notorious for its stickiness to plasma proteins, i.e., albumin (70); thus, albumin reverses the ability of suramin to block the CD4-gp120 interaction, thereby attenuating its anti-HIV activity (489). Although the high affinity of suramin for plasma proteins, a propensity it undoubtedly shares with other polysulfonates, is likely to affect the in vivo efficacy of these compounds, suramin has proved to be effective in suppressing retrovirus (Rauscher leukemia virus) replication in mice (398). Now that so many more polysulfonates have been shown to be antivirally active, not only against HIV but also





FIG. 3. Structures of polysulfonates: suramin, Evans blue, bis(naphthalenedisulfonate) derivatives, polystyrene sulfonate, and polyvinyl sulfonate.

against other viruses (e.g., CMV), it would seem imperative to explore their in vivo antiviral activity in the appropriate animal models.

Akin to the polysulfonates (i.e., Evans blue), the polycarboxylates (i.e., aurintricarboxylic acid [ATA]) (Fig. 4) were originally assumed to inhibit HIV replication through inhibition of the viral RT (47). Later it was ascertained that ATA inhibits HIV replication primarily through a specific interaction with the CD4 receptor (413), thus preventing the binding of the viral gp120 with its receptor (413, 472). In addition to the cellular CD4 receptor, the viral gp120 glycoprotein (V3 loop) may also serve as a target for the interaction of ATA (351, 413). Different fractions of ATA, with varying molecular weights, have been prepared, and a direct correlation was found between antiviral potency and molecular weight; thus,



FIG. 4. Structures of polycarboxylates: aurintricarboxylic acid (ATA), phenol-derived polyhydroxycarboxylates [KOP (from caffeic acid), HYKOP (from hydrocaffeic acid), and GENOP (from gentisinic acid)], and polyfluoroalkylcarboxylates [bis(perfluoro-1,4,7,10-tetramethyl-2,5,8,11-tetraoxatetradecylated) methacrylic acid oligomer (MAA-HFPO5)]. Polymeric form for ATA, as proposed by Cushman et al. (108).

the higher the molecular weight, the higher the capacity of the ATA fractions to block HIV binding to the cells, HIV replication, and HIV-induced syncytium formation (107, 108).

Also, polyhydroxycarboxylates derived from phenolic (PDP) compounds have been found to block HIV binding to the cells, HIV replication, and HIV-induced syncytium formation (417). The anti-HIV activity of the polyhydroxycarboxylates can be ascribed to inhibition of the gp120-CD4 interaction, and this inhibitory effect would depend essentially on the presence of the carboxylate groups (417). A similar mode of action may be postulated for the polyfluoroalkylcarboxylates (i.e., MAA-HFP05), which have been recently shown to inhibit HIV-1 replication, HIV-1 binding to the cells, and HIV-1-induced syncytium formation (23).

As noted above for the polysulfonates, the poly(hydroxy)carboxylates (i.e., ATA and PDP) were also found to inhibit the replication of herpesviruses (i.e., HSV and CMV) (353), which again could be ascribed to inhibition of the viral adsorption process (353). As for the polysulfonates, the poly(hydroxy)carboxylates need to be further explored for their in vivo efficacy in the appropriate animal virus infection models.

Beginning with HPA-23  $([NH_4]_{17}Na[NaSb_9W_{21}O_{86}]$  $14H<sub>2</sub>O$ ) as the prototype (142), numerous polyoxometalates have been synthesized and found to be effective as anti-HIV agents (210, 223, 439, 475, 487). Representative examples (Fig. 5) of these inorganic complexes are  $H_4SiW_{12}O_{40}$  (JM1493) (210),  $K_7[PTi_2W_{10}O_{40}] \cdot 6H_2O$  (PM-19) (439),  $[NH_4]_2$  $H_2[EU_4(MoO_4)(H_2O)_{16}(Mo_7O_{24})_4] \cdot 13H_2O$  (PM-104) (223),  $K_{13}[Ce(SiW_{11}O_{39})_2] \cdot 26H_2O$  (JM1590) (487),  $K_6[BGa]$  $(H_2O)W_{11}O_{39}$   $\cdot$  15H<sub>2</sub>O (JM2766) (487), and [Me<sub>3</sub>NH]<sub>8</sub>



JM1493



JM2820



FIG. 5. Structures of polyoxometalates:  $H_4\text{SiW}_{12}\text{O}_{40}$  (JM1493),  $[\text{Me}_3\text{NH}]$ -8[Si<sub>2</sub>Nb<sub>6</sub>W<sub>18</sub>O<sub>77</sub>] (JM2820), and K<sub>13</sub> [Ce(SiW<sub>11</sub>O<sub>39</sub>)<sub>2</sub>] · 26H<sub>2</sub>O (JM1590). JM1493<br>represents a "keggin" structure; JM2820, a

 $[Si_2Nb_6W_{18}O_{77}]$  (JM2820) (487). Like all of the other polyanionic substances, polyoxometalates inhibit HIV replication, HIV binding to the cells, and HIV-induced syncytium formation.

Although the polyoxometalates also inhibit the viral RT, their mechanism of anti-HIV action can be attributed primarily to inhibition of virus-cell binding. This mode of action was suggested by ''time of addition'' experiments, in which the polyoxometalates were added at different times after virus infection (487). Inhibition of virus-cell binding apparently results from the interaction of the polyoxometalates with the viral glycoprotein gp120.

In keeping with the other polyanionic substances, polyoxometalates are also inhibitory to various enveloped viruses (other than HIV), including herpesviruses (i.e., HSV and CMV) and ortho- and paramyxoviruses (influenza A and respiratory syncytial virus) (167, 221, 487). This broad-spectrum antiviral activity adds to the therapeutic potential of the polyoxometalates and also justifies their further follow-up in the appropriate animal virus infection models. In fact, the polyoxotungstate PM-19 has proved effective against HSV-2 infection in mice when given intraperitoneally over a dosage range of 0.1 to 50 mg/kg/day under conditions in which acyclovir was ineffective at doses of up to 100 mg/kg/day (222).

# **Virus-Cell Fusion Inhibitors**

To qualify as a specific virus-cell fusion inhibitor, a given compound, while not inhibitory to virus-cell binding, should inhibit syncytium formation in the direct syncytium formation assay. The latter test is based on the formation of giant cells following cocultivation of uninfected  $CD4^+$  cells with HIVinfected cells expressing the viral glycoproteins gp120 and gp41. This giant cell (or syncytium) formation requires the interaction of the CD4 receptor with the viral glycoproteins. Direct syncytium formation should be distinguished from indirect syncytium formation, in which giant cells are induced by virus that has gone through its replicative cycle. The indirect syncytium formation assay cannot be used for identifying compounds that specifically interfere with virus-cell fusion, since inhibition of indirect syncytium formation may reflect interference with any step of the virus replicative pathway.

The mannose-specific plant lectins (i.e., from *Listera ovata*, *Hippeastrum* hybrid, *Cymbidium* hybrid, and *Epipactis helleborine*) and *N*-acetylglucosamine-specific plant lectin (i.e., from *Urtica dioica*) qualify as specific inhibitors of the virus-cell fusion process: they do not inhibit virus attachment to the cells, yet they block syncytium formation between HIV-infected cells and uninfected cells (52, 58). Those plant lectins that inhibit syncytium formation also inhibit HIV replication, and it is likely that they intervene with the virus replicative cycle at the fusion step. This may also be the case for mannose-specific lectins from *Gerardia savaglia* (340) (although the latter lectin was mentioned, but not shown, to block virus binding to the cells) and other sources (*Machaerium biovulatum* and *Machaerium lunatus*) (9).

Mannose- and *N*-acetylglucosamine-specific plant lectins may be assumed to interact with specific glycosylation sites within the viral envelope glycoproteins gp120 and/or gp41, particularly those sites that are rich in mannose (or *N*-acetylglucosamine). These plant lectins were also found to inhibit a number of viruses other than HIV, i.e., CMV, respiratory syncytial virus, and influenza A virus (52). As these antiviral effects were achieved at concentrations well below the cytotoxicity threshold, the most promising plant lectins should be further

pursued for their therapeutic potential in the treatment of retro-, herpes-, and myxovirus infections in vivo.

The peptide T22 ([Tyr-5,12,Lys-7]polyphemusin II), a derivative of polyphemusin that is highly abundant in hemocyte debris of the horseshoe crab *Limulus polyphemus*, also qualifies as an HIV-cell fusion inhibitor: it is only weakly inhibitory to virus-cell binding, yet it is strongly inhibitory to syncytium formation, and from time of addition experiments it appears to interact with a stage of the virus replicative cycle that may well correspond with virus-cell fusion (346). It would seem mandatory to examine whether the antiviral activity spectrum of T22 extends to viruses other than HIV (i.e., HSV, CMV, or respiratory syncytial virus) and/or whether it is as efficacious in vivo, as its in vitro potency tends to suggest.

Another class of molecules that is apparently targeted at the fusion process is the succinylated lectins (i.e., succinylated concanavalin A [300]) and succinylated albumins (whether or not these albumins are also glycosylated [228]). The anti-HIV activity of the succinylated albumins increases with their negative charge; they inhibit syncytium formation at concentrations that correspond to (or are slightly higher than) the concentrations required to inhibit HIV replication, while virus-cell binding is inhibited only partially at much (100-fold) higher concentrations (228). In addition to the succinylated human serum albumins (HSA), aconitylated HSA (Fig. 6) have also been found to inhibit HIV replication (229). Aconitylated albumins inhibit HIV-1 replication at lower concentrations than succinylated albumins, probably because in addition to their inhibitory effect on virus-cell fusion, aconitylated albumins also inhibit virus-cell binding by shielding off viral gp120. Both succinylated and aconitylated HSA are less active against HIV-2 than HIV-1, and in contrast to the sulfated polysaccharides (dextran sulfate), they are inactive against viruses other than HIV. Also in contrast to dextran sulfate, succinylated and aconitylated HSA lack anticoagulant activity. Succinylated and aconitylated albumins offer the potential to block HIV infectivity in blood, plasma, and plasma products and should be further examined for this purpose.

A novel class of triterpene (i.e., betulinic acid) derivatives has been recently identified as a potent and selective HIV-1 inhibitor (303). These betulinic acid derivatives (Fig. 7) are inactive against HIV-2 and apparently targeted at a postbinding, virus-cell fusion step. As some HIV-1 strains (i.e., NDK) are not susceptible to betulinic acid RPR 103611, the compound may be surmised to interact with a very specific molecular site. The precise mode of action of RPR 103611, as well as its potential therapeutic usefulness, remains a subject for further study.

#### **Virus Uncoating Inhibitors**

Of all the retrovirus inhibitors that have been described to date, the bicyclams, consisting of 2 cyclam (1,4,8,11-tetraazacyclotetradecane) units tethered by various bridges (Fig. 8), are the only ones that have been postulated to interfere with the uncoating process. This assumption has been based on the fact that the prototype (JM2763) of this class of compounds inhibits the replicative cycle of HIV at a stage that follows the virus adsorption step but precedes the reverse transcription step, and as the compound had apparently no effect on syncytium formation (in a direct syncytium formation assay), its mode of action could be attributed to an inhibition of the viral uncoating event (129). This hypothesis was corroborated by ''uncoating'' experiments in which sensitivity to RNase A was monitored for the viral RNA that was recovered from HIVinfected cells that had been exposed to JM2763: the compound



FIG. 6. Succinylated (Suc) and aconitylated (Aco) HSA, following treatment of HSA with succinic anhydride or *cis*-aconitic anhydride. Per lysine residue, suc-HSA and aco-HSA acquire one or two negative charges, respectively, which means a gain  $(\Delta)$  of two or three negative charges overall.

effected a concentration-dependent inhibition of the degradation of viral RNA by RNase A, as could be anticipated if the uncoating (i.e., dissociation) of the viral RNA from the surrounding viral proteins had been blocked (123).

Bicyclams represent an entirely new class of HIV inhibitors and new approach toward the treatment of HIV infections. Some of the recently synthesized bicyclams (e.g., JM3100), in which the cyclam moieties are tethered via an aromatic phenylenebis(methylene) bridge (Fig. 8), inhibit the replication of HIV-1 and HIV-2 at concentrations which are more than 100,000-fold lower than the cytotoxic concentration (130). In primary T4 lymphocytes or monocytes, JM3100 inhibits HIV-1 replication at concentrations lower than 1 nM. From time of addition experiments, JM3100 appeared to interfere with viral uncoating, and this was further corroborated by uncoating experiments in which the RNase A sensitivity of the viral RNA was monitored (130). JM3100 was also found to interfere directly with virus-induced syncytium formation formation, albeit at a higher concentration ( $\sim$ 1  $\mu$ M) than that required for inhibition of viral replication.



FIG. 7. Betulinic acid, RPR 103611: *N*9-{*N*-[3b-hydroxy-1up-20(29-ene-28 oyl]-8-aminooctanoyl}-L-statine.



FIG. 8. Bicyclams, consisting of two cyclam (1,4,8-11-tetraazacyclotetrade-cane) moieties, tethered via an aliphatic bridge (i.e., propylene, as in JM 2763) or an aromatic bridge [i.e., phenylenebis(methylene), as in JM 3100].



FIG. 9. 2',3'-Dideoxynucleoside analogs (clockwise): a, carboxylic oxetanocin analogs; b, oxetanocin analogs; c, carbocyclic 2',3'-didehydro-2',3'-dideoxynucleosides; d, 2',3'-dideoxynucleoside isomers; e, 1,3-dioxolane nucleosides; f, 1-oxo-3-thiolane nucleosides (3TC and FTC); g, 2',3'-dideoxy-1-nucleosides; h, 2',3'-<br>dideoxynucleosides (ddI and ddC); i, 3'-azido-2',3'-dideoxyn dideoxynucleosides; 1, 2',3'-didehydro-2',3'-dideoxynucleosides (D4C and D4T); and m, phosphonate isosteres of 2',3'-didehydro-2',3'-dideoxynucleoside 5'monophosphates.

#### **Reverse Transcription Inhibitors**

**Substrate analogs.** All four anti-HIV drugs that have been formally approved for the treatment of HIV infection, namely, AZT, ddI, ddC, and D4T, belong to the class of the  $2^{\prime},3^{\prime}$ dideoxynucleoside analogs (Fig. 9). Their anti-HIV activity was disclosed (323, 326) shortly after suramin had been described as an anti-HIV agent  $(235)$ . Following the saturated  $2^{\prime},3^{\prime}$ dideoxynucleosides (323), their  $2^{\prime},3^{\prime}$ -unsaturated derivatives (i.e.,  $2^7$ , 3'-didehydro-2', 3'-dideoxycytidine or  $2^7$ , 3'-dideoxycytidinene [also referred to as D4C] and  $2^{\prime},3^{\prime}$ -didehydro- $2^{\prime},3^{\prime}$ dideoxythymidine or  $2^{\prime},3^{\prime}$ -dideoxythymidinene [also referred to as D4T])  $(26, 53, 190, 281, 283)$  and various other  $2',3'$ dideoxynucleoside analogs were reported to inhibit HIV replication, with selectivity indexes that in some instances (i.e., 5-chloro-3'-fluoro-2',3'-dideoxyuridine [FddClUrd]) (60, 128, 463) approached the selectivity index of AZT (118, 122, 349). While its selectivity index is comparable to that of AZT, Fdd-ClUrd is much less toxic for the host cells than are AZT and various other  $2^{\prime},3^{\prime}$ -dideoxynucleoside analogs (60, 128, 463). This compound (BW 935U83) has been selected for further development (109a).

All  $2^{\prime}$ ,3'-dideoxynucleoside analogs may be assumed to act in a similar fashion; that is, following intracellular phosphorylation to the 5'-triphosphate form, they serve as chain terminators of the RT reaction (as has been clearly demonstrated with AZT) (169, 218, 434). As attested to by the inactivity of  $2^{\prime},3^{\prime}$ -dideoxyuridine (ddU) against HIV replication (despite the potent inhibitory effect of its 5'-triphosphate form on the viral RT), the anti-HIV activity (or inactivity) of  $2^{\prime},3^{\prime}$ dideoxynucleosides may be more critically dependent on the initial intracellular phosphorylation than on their eventual interaction with their target enzyme (192, 193).

The bottleneck in the intracellular metabolism of the  $2^{\prime},3^{\prime}$ dideoxynucleosides is the first phosphorylation step by nucleoside kinases. Many dideoxynucleosides (such as ddU) have a low affinity for nucleoside kinases (such as thymidine kinase), and moreover, the nucleoside kinase activity of some cells (such as monocytes/macrophages) at rest may be insufficient to satisfactorily phosphorylate even those dideoxynucleoside analogs (i.e., AZT) that have high affinity for the enzyme. In attempts to overcome this problem, special prodrugs, i.e., aryl methoxyglycinyl derivatives (308) and bis[*S*-(2-hydroxyethylsulfidyl)-2-thioethyl] esters (379), have been designed that deliver the monophosphate forms intracellularly and thus bypass the first phosphorylation step.

Among the most promising  $2^{\prime},3^{\prime}$ -dideoxynucleoside analogs that have recently been described are 3TC, the  $(-)$ - $\beta$ -enantiomer of  $2^{\prime},3^{\prime}$ -dideoxy-3'-thiacytidine (BCH-189), and the  $(-)$ - $\beta$ -enantiomer of 2',3'-deoxy-5-fluoro-3'-thiacytidine  $[(-)FTC]$ (83, 405, 406, 409, 429). In both cases the  $(-)$ - $\beta$ -enantiomer was found to be less toxic and/or more potent than the  $(+)$ - $\beta$ -enantiomer. The absolute configuration of  $(-)$ FTC has been determined by X-ray crystallography, and the results confirmed that the L-isomer [or  $(-)$ - $\beta$ -enantiomer] is indeed the most active enantiomer (465). Akin to all other  $2^{\prime},3^{\prime}$ -dideoxynucleoside analogs,  $3TC$  and  $(-)FTC$  function, following their intra-



FIG. 10. Acyclic nucleoside phosphonates: 9-(2-phosphonylmethoxyethyl) adenine (PMEA) and -2,6-diaminopurine (PMEDAP), (*S*)-9-(3-fluoro-2-phosphonylmethoxypropyl)-adenine (FPMPA) and -2,6-diaminopurine (FPMP-DAP), and  $(R)$ -9-(2-phosphonylmethoxypropyl)-adenine (PMPA) and -2,6diaminopurine (PMPDAP).

cellular phosphorylation to the 5'-triphosphate, as DNA chain terminators in the HIV RT reaction. In fact, the 5'-triphosphates of the  $(-)$  and  $(+)$  enantiomers of FTC interact equally well with the  $\hat{HIV-1}$   $\hat{RT}$  (481). Since HBV replicates through an RNA template-driven RT process, it should come as no surprise that  $2^{\prime},3^{\prime}$ -dideoxynucleosides, namely 3TC and  $(-)$ FTC, by virtue of their DNA chain-terminating capacity, not only inhibit HIV RT but also inhibit HBV RT (141, 168).

In addition to the  $(-)$ - $\beta$ -enantiomers 3TC and  $(-)$ FTC, which both have the L-configuration, other L-nucleosides, i.e.,  $2^{\prime},3^{\prime}$ -dideoxy- $\beta$ -L-cytidine ( $\beta$ -L-ddC) and  $2^{\prime},3^{\prime}$ -dideoxy- $\beta$ -L-5fluorocytidine  $(\beta$ -L-FddC), have been recently shown to inhibit HIV-1 and HBV replication in vitro (183a, 280). The L-nucleosides  $\beta$ -L-ddC and  $\beta$ -L-FddC must act according to the same mechanism as  $3TC$  and  $(-)FTC$ , since HIV-1 strains resistant to 3TC and  $(-)$ FTC are cross-resistant to  $\beta$ -L-ddC and  $\beta$ -L-FddC (183a), and like the 5'-triphosphates of 3TC and  $(-)$ FTC, the 5'-triphosphates of  $\beta$ -L-ddC and  $\beta$ -L-FddC have been found to inhibit HIV-1 RT (155a).

4'-Azidothymidine, another potent HIV inhibitor (292b), runs counter to many of the structural trends: although it inhibits HIV replication via a mechanism similar to that of the 2',3'-dideoxynucleoside analogs, it retains a hydroxyl group at the 3'-position, and this 3'-hydroxyl group is mandatory, since if the 3'-hydroxyl group of 4'-azidothymidine is removed, all anti-HIV activity is lost.

The acyclic nucleoside phosphonates, i.e., 9-(2-phosphonylmethoxyethyl)adenine (PMEA), (*S*)-9-(3-fluoro-2-phosphonylmethoxypropyl)adenine (FPMPA), (*R*)-9-(2-phosphonylmethoxypropyl)adenine (PMPA), and their 2,6-diaminopurine derivatives [9-(2-phosphonyl-methoxyethyl)-2,6-diaminopurine (PMEDAP) and (*R*)-9-(2-phosphonylmethoxypropyl)-2,6 diaminopurine (PMPDAP)] (Fig. 10), represent another class of selective HIV inhibitors that interact, as chain terminators, with the viral RT reaction (35, 38, 39, 370). They do so after they have been converted intracellularly to their diphosphate form, i.e., PMEApp, PMEDAPpp, FPMPApp, PMPApp, or PMPDAPpp. PMEA and its congeners have proven to be effective in vitro in a wide variety of retrovirus-cell systems, including HIV in monocytes/macrophages and human peripheral blood lymphocytes (57), feline immunodeficiency virus in feline peripheral blood lymphocytes (201), and maedi or visna virus in sheep choroid plexus cells (451). PMEA and PMEDAP have also proved selectively inhibitory to the replication of both human and duck HBV infections (492, 493), the latter in both duck hepatocytes and Pekin ducks (208).

PMEA and its congeners are more effective in vivo than may

be predicted from their in vitro potency. PMEA has been found efficacious in several animal models for retrovirus infection, including Friend leukemia virus, Rauscher leukemia virus, Moloney sarcoma virus and LP-BM5 (murine AIDS) virus infection in mice (49, 59, 171), feline leukemia virus and feline immunodeficiency virus infection in cats (150, 214), and simian immunodeficiency virus infection in monkeys (51, 456).

When PMEA was compared with AZT for in vivo effectiveness against retrovirus infections (49, 59), PMEA proved clearly superior in terms of potency and/or selectivity. A unique feature common to all acyclic nucleoside phosphonates is their prolonged antiviral action, lasting for up to 1 week or even longer after a single-dose administration. This long-lasting antiviral action may be related to the long half-life of the active metabolites (i.e., PMEApp and PMEDAPpp) within the cells and would allow infrequent dosing in the prophylaxis and therapy of retrovirus infections (48, 342).

An additional advantage of some of the acyclic nucleoside phosphonates (i.e., PMEA and PMEDAP) and the closely related 9-[2-(phosphonomethoxy)alkoxy]purines (145) and 9-[2-phosphonomethylthio)alkoxy]purines (196) is that their activity spectrum is not limited to retroviruses but also extends to herpesvirus. Thus, PMEA and PMEDAP may have a dual usefulness in AIDS patients: for the treatment of both the underlying HIV infection and the intercurrent HSV infections. Furthermore, PMEA and other acyclic nucleoside phosphonates have been found to enhance natural killer activity and stimulate interferon (IFN) production, at least in mice (81).

Drawbacks of the acyclic nucleoside phosphonates are their slow cellular uptake (by an endocytosis-like process) and their poor oral bioavailability. Thus, recent efforts have been focused on the development of prodrugs (esters) that would be better taken up by the cells (in vitro) and the gastrointestinal tract (in vivo). This approach has yielded the bis(pivaloyloxymethyl) or bis(pom) derivative of PMEA (432), which shows a .100-fold-increased cellular uptake and 5-fold better oral bioavailability than the parent compound (106, 431).

**Nonsubstrate analogs.** While the acyclic nucleoside phosphonates (i.e., PMEA) have only recently become the subject of clinical trials, much clinical expertise has been accumulating for the 2',3'-dideoxynucleoside analogs AZT, ddI, ddC, and D4T. In general, these compounds lead to an improvement of virological, immunological, and clinical parameters, namely, a decrease in p24 antigen levels (and/or virus load), an increase in CD4 cell counts, and an increase in body weight (and/or delay in the progression of the disease). Also, the long-term use of AZT in AIDS patients is accompanied by a significant increase in survival rate. However, the clinical usefulness of the dideoxynucleoside analogs AZT, ddI, ddC, and D4T is limited by their toxic side effects. These toxic side effects differ from one compound to another: anemia or neutropenia for AZT, peripheral neuropathy for ddC and D4T, and acute pancreatitis (as well as peripheral neuropathy) for ddI. These toxic side effects may be related to the interference of the  $2^{\prime},3^{\prime}$ dideoxynucleoside metabolites (i.e., 5'-mono-, di-, and triphosphates) with 2'-deoxynucleoside metabolism and, in particular, interference of the  $2^{\prime},3^{\prime}$ -dideoxynucleoside 5'-triphosphates with the cellular DNA polymerization processes. Therefore, nonsubstrate analogs that do not interact with the substrate binding site of DNA polymerases, whether RNA dependent or DNA dependent, may be expected not to cause any of the toxic side effects that compromise the clinical usefulness of the  $2^{\prime},3^{\prime}$ dideoxynucleoside analogs (122, 125).

The first compounds ever shown to specifically inhibit HIV-1, but not HIV-2, replication were 1-(2-hydroxyethoxymethyl)-6-(phenylthio)thymine (HEPT) (31, 328) and tetrahydroimidazo[4,5,1-jk][1,4]benzodiazepin-2(1H)-one and -thione (TIBO) (113, 369). The unprecedented specificity of the TIBO derivatives (R82150 and R82913) was attributed to a specific interaction with the HIV-1 RT (113, 369). For the HEPT derivatives it became evident that they also interact specifically with HIV-1 RT after a number of derivatives, i.e., E-EPU, E-EBU, and E-EBU-dM, had been synthesized that were more active than HEPT itself (20, 21). Subsequently to the discovery of HEPT and TIBO, several other compounds, i.e., nevirapine (BI-RG-587) (262, 317), pyridinone derivatives (L-696,229 and L-697,661) (179, 180), and bis(heteroaryl)piperazine (BHAP) (U-88204 and U-90152) (392, 393), were described as HIV-1 specific RT inhibitors.

Whereas HEPT and TIBO were discovered as the result of a systematic evaluation for anti-HIV activity in cell culture (and later found to achieve their anti-HIV-1 activity through an interaction with the HIV-1 RT), the other compounds (nevirapine, pyridinone, and BHAP) emerged from a screening program for HIV-1 RT inhibitors. The anti-HIV-1 activity of the latter compounds was then confirmed in cell culture. Like the HEPT and TIBO derivatives, the 2',5'-bis-*O*-(tert-butyldimethylsilyl)-3'-spiro-5"-(4"-amino-1",2"-oxathiole-2",2"-dioxide)pyrimidine (TSAO) derivatives (TSAO-T and TSAO $m^3T$  (55, 56) and  $\alpha$ -anilinophenylacetamides ( $\alpha$ -APA R89439) (368) were discovered through the evaluation of their anti-HIV activities in cell culture and then proved to act through inhibition of HIV-1 RT. HEPT, TIBO, nevirapine, pyridinone, BHAP, TSAO, and  $\alpha$ -APA can be regarded as HIV-1-specific RT inhibitors. These compounds have also been referred to as ''non-nucleoside RT inhibitors'' (NNRTIs).

Which compounds could be considered NNRTIs that specifically inhibit HIV-1 RT? To qualify, the compound should, due to a specific interaction with HIV-1 RT, inhibit HIV-1, but not HIV-2, replication in cell culture at a concentration that is significantly lower than the concentration required to affect normal cell viability. On the basis of these premises, several classes of compounds (Fig. 11) could be considered NNRTIs that are specifically targeted at HIV-1 RT: TIBO derivatives (111, 113, 367, 369, 478), HEPT derivatives (20, 21, 30, 32, 495), nevirapine (54, 262, 317), pyridinones (179, 180), bis(heteroaryl)piperazines (147, 392, 393), TSAO derivatives (54– 56),  $\alpha$ -APA (368), PETT derivatives (448), oxathiin carboxanilide (Uniroyal) (for which in the original studies no inhibitory effect on HIV-1 RT could be witnessed [34]), quinoxaline S-2720 (251), dihydrothiazoloisoinolones (i.e., BM+51.0836) (293, 318, 404), imidazodipyridodiazepine UK-129,485 (449), 5-chloro-3-(phenylsulfonyl)indole-2-carboxamide (L-737,126) (480), and a series of 4-(arylethynyl)-6-chloro-4-cyclopropyl-3,4-dihydroquinazolin-2(1H)-ones (457a). These compounds were found to inhibit HIV-1 cytopathicity at a concentration that was at least 1,000-fold and in some instances (E-EBU-dM [21] and  $\alpha$ -APA R89439 [368]) even 100,000-fold, below the cytotoxicity threshold. Also, most of these compounds proved inhibitory to HIV-1 replication at concentrations of 1 to 10 nM, i.e., concentrations that would be much lower than those attainable in the organism following therapeutic use of the compounds. Exceptional activity against the HIV-1 RT (50% inhibitory concentration, 0.65 nM) was noted for a member of the imidazo[1,5-b]pyridazine series (286) carrying an additional imidazole at position 2 and 1-phenyl-1-heptanone at position 7.

The following compounds have also been claimed to be specific inhibitors of HIV-1 replication: thiazolo[3,4-a]benzimidazole NSC 625487 (76, 90, 91), pyrrolo-[1,2-d]-(1,4)-benzodiazepin-6-one (132), 2-nitrophenyl phenyl sulfone (309), naphthalenone TGG-II-23A (4), 3,4-dihydro-2-alkoxy-6-benzyl-4-oxopyrimidine derivatives (14), and benzothiadiazine (NSC 287474) derivatives (75a). However, these compounds showed only moderate selectivity and/or weak potency. Calanolide A, a dipyranocoumarin derivative from the tropical rainforest tree *Calophyllum lanigerum* (245) and the related inophyllums, isolated from the Malaysian tree *Calophyllum inophyllum* (365), are examples of natural products that act as HIV-1 RT-specific inhibitors (245, 365). The interaction of calanolide A with HIV-1 RT may be distinct from that of the other NNRTIs; in particular, a segment located between amino acids 225 and 427 in HIV-1 RT may be important for specifying susceptibility to the drug (211).

How do the NNRTIs interact with the HIV-1 RT? NNRTIs show marked differences in their inhibitory potency. Their RT inhibitory potency is greatly influenced by the choice of the template/primer; it is much greater with  $poly(C) \cdot oligo(dG)$ than with  $poly(A) \cdot oligo(dT)$  as the template/primer (20, 21, 54, 113, 179, 317, 369, 455). In fact, TSAO-T is inhibitor to HIV-1 RT only with  $poly(C) \cdot oligo(dG)$ , and not with  $poly(A) \cdot oligo(dT), poly(U) \cdot oligo(dA),$  or  $poly(I) \cdot oligo(dC),$ as template/primer (54). With rRNA as the template, TIBO R82913 inhibits HIV-1 RT at a 50% inhibitory concentration of 0.006  $\mu$ M, which is more than 1,000-fold lower than that obtained for R82913 with  $poly(A) \cdot oligo(dT)$  as the template/ primer (478).

The HIV-1 RT controls three consecutive functions: RNA transcription to DNA, degradation of the RNA template by RNase H, and duplication of the remaining DNA strand. The TIBO derivatives (e.g., R82150) and their congeners (i.e., nevirapine) preferentially inhibit the first step, i.e., RNA-dependent DNA polymerization (113, 317, 455). Inhibition of HIV-1 RT by the NNRTIs is noncompetitive with respect to both the substrate (dGTP) and the template/primer, as demonstrated, in particular, for TIBO (113, 165), HEPT (20, 21), nevirapine (258, 317), pyridinone (179, 180), BHAP (6), TSAO (54), and  $\alpha$ -APA (368). This contrasts with the behavior of the 2',3'dideoxynucleoside 5'-triphosphates, which competitively inhibit the incorporation of the natural substrates (deoxynucleoside triphosphates) into the growing DNA chain. The noncompetitive type of inhibition of HIV-1 RT by TIBO and the other NNRTIs suggests that these compounds may interact with a nonsubstrate binding site of the HIV-1 RT. Through photoaffinity labeling, the binding site for nevirapine was shown to span the region 174 to 199, the tyrosine residues at positions 181 and 188 being crucial in the binding of nevirapine to HIV-1 RT (98, 486).

While TIBO and its congeners can be considered allosteric inhibitors of the HIV-1 RT (112, 115), their target site may be functionally and/or spatially related to the substrate binding site (114). While generally noncompetitive, the TIBO congeners under some conditions act as competitive inhibitors of HIV-1 RT: i.e., TIBO R82150 with respect to dATP, if  $poly(U) \cdot oligo(A)$  is used as the template/primer (54); HEPT with respect to dGTP if  $poly(C) \cdot oligo(dG)$  is used as the template/primer (114); and E-EPU and E-EBU-dM with respect to dTTP, if  $poly(A) \cdot oligo(dT)$  is used as the template/ primer (20, 21). That the HIV-1 RT binding site of the NNR-TIs may be functionally and/or spatially related to the substrate binding site is also suggested by the fact that NNRTIs (BHAP and  $\overline{U}$ -88204) and  $\overline{2}$ ', 3'-dideoxynucleoside 5'-triphosphates (ddGTP) can bind simultaneously to HIV-1 RT but the presence of one ligand decreases the affinity of RT for the second (146).

Unequivocal proof that Tyr-181 and Tyr-188 are involved in the susceptibility (and binding) of HIV-1 RT to NNRTIs such as nevirapine and TIBO came from chimeric RT constructs in



FIG. 11. HIV-1-specific RT inhibitors, which have also been referred to as NNRTIs. (A) TIBO (R82150, R82913, and R86183), HEPT (E-EPU, E-EBU-dM, and I-EBU), nevirapine (BI-RG-587), pyridinone (L-696,229 and L-697,661), BHAP (U-88204 and U-90152), TSAO (TSAO-T and TSAO-m<sup>3</sup>T),  $\alpha$ -APA (R89439), and PETT (LY297345). (B) Oxathiin carboxanilide, quinoxaline S-2720, thiazolobenzimidazole NSC 625487, pyrrolo[1,2-d]benzodiazepinone, thiazolo[2,3-a]isoindolone, imidazodipyridodiazepine UK-129,485, phenylsulfonylindolecarboxamide L-737,126, and 2-nitrophenyl phenyl sulfone (NPPS). (C) Oxazolinylnaphthalenone TGG-II-23A, DABO, calanolide A, inophyllums B and P, and imidazo[1,5-b]pyridazines.

which the tyrosine residues at position 181 or 188 were replaced by the HIV-2 RT counterparts isoleucine and leucine (420): the Y181I and Y188L RT constructs proved resistant to nevirapine, TIBO R82913, TIBO R82150, and E-EPU, while retaining full susceptibility to the  $2^{\prime},3^{\prime}$ -dideoxynucleoside triphosphates (135, 420). The substitution Y181C, which arises as the most frequent mutation upon passage of HIV-1 in cell culture in the presence of the NNRTIs, did not cause a more than 10-fold decrease in susceptibility to TIBO R82150 (135). While Y181 and Y188 are essential for the susceptibility (and binding) of HIV-1 RT to NNRTIs (such as HEPT, TIBO, and nevirapine), they alone do not suffice, since HIV-2 RT constructs containing I181Y and L188Y are virtually resistant to nevirapine (420). This suggests that in addition to Y181 and Y188, other amino acid residues must be involved in the susceptibility (and binding) of nevirapine and other NNRTIs to  $HIV-1 RT$ .

Which amino acids are involved in the interaction of HIV-1 RT with the NNRTIs? Through the use of HIV-1 or HIV-2 chimeric RT constructs, it was ascertained that RT susceptibility to NNRTIs largely, though not exclusively, depends on the RT region defined by amino acid residues 176 to 190, with

B

Oxathiin carboxanilide (UNIROYAL)



[3, 4-a] benzimidazole (NSC 625487)



6-Chloro-3, 3-dimethyl-4-(isopropenyloxycarbony1)-3.4-dihydroquinoxalin-2 (1H) -thione (S-2720)



1-(2', 6'-difluorophenyl)-1H, 3H-thiazolo Pyrrolo-[1, 2-d] - (1, 4) -benzodiazepin-6-one



9b-Phenyl-2, 3-dihydrothiazolo  $[2, 3-a]$  isoindol-5 (9bH) one  $(R=H)$ and its dimethyl derivative  $($ R=CH<sub>3</sub>)





Imidazo [2', 3': 6, 5] dipyrido  $[3, 2-b: 2', 3'-e]-1, 4-diagepine$ (UK-129, 485)



2-Nitrophenyl phenyl sulfone (NPPS)

FIG. 11—*Continued.*

specific contributions by residues 181 and 188, and that other regions, in particular the region defined by residues 101 to 106, and a segment located between amino acids 225 and 427 may also be important for specifying drug susceptibility (99, 211). Characterization of drug-resistant virus mutants that arise in vitro, upon passage of HIV-1 in the presence of the NNRTIs, revealed that the amino acid residues 100, 103, 106, 138, 179, 181, 188, 190, and 236 (at either the p66 or the p51 subunit) of HIV-1 RT are crucial in the susceptibility of the virus to the NNRTIs. Amino acid substitutions at these positions invariably lead to resistance of the enzyme and the virus to one or more of the NNRTIs (43, 44, 61, 80, 148, 251, 314, 464, 466, 499, 500). The amino acid substitution Y181C, or Tyr  $\rightarrow$  Cys at position 181, is responsible for resistance to virtually all of the NNRTIs (i.e., TIBO, HEPT, nevirapine, pyridinone, BHAP, a-APA, quinoxaline S-2720, and dihydrothiazoloisoindolone BM151.0836) (40–42, 80, 135, 251, 293, 313, 355, 368, 388, 400, 480, 500). The role of amino acid residues at positions 100,

103, 106, 138, 181, 188, and 236 in the susceptibility and resistance patterns of HIV-1 RT to TIBO, HEPT, nevirapine, pyridinone, TSAO, and BHAP has been confirmed by site-directed mutagenesis. Also, drug-resistant virus strains emerging upon passage of HIV-1 in the presence of NNRTIs in cell culture may be predictive of the mutations that could arise in the clinic in patients treated with the NNRTIs.

The structure of the HIV-1 RT, complexed with either nevirapine (255) or double-stranded DNA (13, 227), has been determined at 3.5- and 3.0-Å (0.35- and 0.30-nm resolution, respectively. In analogy with the DNA polymerase Klenow fragment, the polymerase subdomains of the HIV-1 RT p66 subunit have been named fingers, palm, and thumb and a fourth subdomain, which is missing in the Klenow fragment, has been designated the connection subdomain, for it links the RNase H subdomain with the polymerase domain. The mutations conferring resistance to the NNRTIs appear to be located on general segments ( $\beta$ 5b- $\beta$ 6 connecting loop [100 Leu  $\rightarrow$  Ile,



 $103$  Lys → Asn]; β6 sheet [106 Val → Ala, 108 Val → Ile]; β-β8 connecting loop [138 Glu  $\rightarrow$  Lys];  $\beta$ 9 sheet [181 Tyr  $\rightarrow$  Cys];  $\beta$ 10 sheet [188 Tyr  $\rightarrow$  His, Cys]; and  $\beta$ 13- $\beta$ 14 reverse turn [236 Pro  $\rightarrow$  Leu]) surrounding a flexible, highly hydrophobic pocket, where the NNRTIs may bind. The  $\beta$ 5b- $\beta$ 6 connecting loop (with positions 100 and 103) would encircle the backside of the pocket; the tyrosine residues 181 and 188 would be located in the floor of the pocket, whereas Pro 236 would be located in the roof of the pocket (348).

The TSAO mutation 138 Glu  $\rightarrow$  Lys occurs in the  $\beta$ 7- $\beta$ 8 connecting loop of the fingers subdomain. In the p66 subunit, the  $\beta$ 7- $\beta$ 8 hairpin is far removed from the NNRTI-binding pocket, but in  $p51$  the  $\beta$ 7- $\beta$ 8 hairpin is adjacent to the NNRTIbinding pocket of p66, and therefore the mutation 138 Glu  $\rightarrow$ Lys may be expected to confer drug (i.e., TSAO) resistance when occurring in the p51, rather than the p66, subunit (73a, 236a). As dictated by the proximity of Leu-100, Lys-103, Val-106, Val-108, Val-179, Tyr-181, Tyr-188, and Gly-190 with the catalytic triad Asp-110, Asp-185, Asp-186 (which is directly responsible for substrate binding), the NNRTI pocket must be situated in the immediate vicinity of the polymerase active site, and thus any conformational changes of the NNRTI pocket resulting from its interaction with the NNRTIs may alter the conformation of the deoxynucleoside triphosphate binding site as well (446a).

To the extent that the different mutations involved in HIV-1 RT resistance to the NNRTIs affect their binding to the NNRTI pocket and/or the conformation of this pocket, crossresistance may be expected among the different NNRTIs. This has indeed been observed with the Y181C mutation, but for most of the other mutations, resistance is generally limited to one, two, or three classes of the NNRTIs. If, for example, Glu-138 is mutated to Lys, only resistance to TSAO, and not to any of the other NNRTIs, is seen (61). This may be attributed to the fact that the TSAO compounds, unlike all other NNR-TIs, interact probably via the  $4$ -amino group of the  $3$ -spiro substituent, with the carboxylic acid group of Glu-138 (44). Other amino acid substitutions, i.e., 100 Leu  $\rightarrow$  Ile and 103 Lys  $\rightarrow$  Asn, lead to resistance to TIBO but not HEPT (40, 305). The 106 Val  $\rightarrow$  Ala substitution confers resistance to nevirapine but not pyridinone; it also confers resistance to TIBO but much less so than to nevirapine (80). Also,  $\alpha$ -APA is active against the TIBO-resistant 100 Leu  $\rightarrow$  Ile mutant, while it is inactive against the TIBO-resistant 181 Tyr  $\rightarrow$  Cys mutant (368). Substitution of Cys, Ser, or His for Tyr at position 181 results in a decreased susceptibility to TIBO, nevirapine, and pyridinone, but while substitution of Cys for Tyr at position 188 also reduces the susceptibility to TIBO, nevirapine, and pyridinone, the 188 Tyr  $\rightarrow$  His substitution does not appear to affect the sensitivity of the HIV-1 RT to nevirapine (400). The fact that resistance of HIV-1 RT mutants to some NNRTIs does not necessarily lead to cross-resistance to others clearly indicates that while all of these HIV-1-specific RT inhibitors may share a common binding site (''pocket''), significant differences must exist with regard to the exact amino acid residues (within this common pocket) and/or the affinity by which they bind to their target. This thus means that while the binding sites of the different NNRTIs at the HIV-1 RT level may overlap, they are not necessarily identical (73).

Several NNRTIs have been the subjects of phase I and phase II clinical studies. When TIBO R82913 was administered daily by intravenous infusion for 2 to 50 weeks at daily doses of up to 300 mg, the drug appeared to be well tolerated, with no serious hematological, biochemical, or clinical side effects; as the patient population of this pilot study (22 patients) was small and heterogeneous, efficacy could not be assessed (373). Most of the HIV-1 isolates obtained from these patients were as susceptible to R82913 as wild-type virus; only two HIV-1 variants showing a 20- or  $>100$ -fold reduced susceptibility could be isolated; the latter appeared to contain the Y188L mutation in its RT, and this mutation was lost upon passaging the virus in vitro in cord blood lymphocytes (464). Another phase I dose-finding study with oral TIBO R82913 indicated that the oral bioavailability of this particular derivative was low (7 to 10%) and that improvement of oral bioavailability would be needed before implementation of long-term efficacy and tolerability studies (136).

Initial single-dose studies with nevirapine (given by mouth as tablets of 2.5 up to 400 mg) in humans indicated that the drug was rapidly absorbed and well tolerated and would achieve, if given daily at 12.5 mg, trough concentrations in the plasma that would be sufficient to totally inhibit replication of wild-type HIV-1 in cell culture (89).

Pyridinone L-697,661 has been subjected to a short-term clinical evaluation (6 or 12 weeks) with one of the following dosage regimens: oral L-697,661 at 25 mg twice a day, 100 mg three times a day, or 500 mg twice a day. The compound was well tolerated and exhibited a significant dose-related activity against HIV-1 (as monitored by plasma viremia or p24 antigen dlevels) (110, 399). However, this antiviral response subsided after 6 to 12 weeks, when drug-resistant virus variants appeared. The latter contained the characteristic pyridinone resistance mutations at positions 103 (Lys  $\rightarrow$  Asn) and 181 (Tyr  $\rightarrow$  Cys) of the HIV-1 RT. The authors (399) concluded that the rapid emergence of drug-resistant virus may limit the ef-



FIG. 12. Miscellaneous RT inhibitors: psychotrine, epicatechin, avarone, rubromycin, and mallotojaponin (a phloroglucinol derivative).

fectiveness of NNRTIs if used as monotherapy for HIV-1 infection but that these agents may still be useful in combination regimens. They further advised that because the emergence of resistant isolates occurred in the setting of established infection, when the genetic complexity of the virus is extensive and subpopulations of resistant virus are more likely, the use of NNRTIs for very early infection or postexposure prophylaxis may be especially advantageous (399).

**Miscellaneous RT inhibitors.** In addition to the substrate analogs (AZT, ddI, ddC, etc., which need to be phosphorylated intracellularly to their 5'-triphosphate form before they can interact with the viral RT) and the nonsubstrate analogs (TIBO, HEPT, nevirapine, etc., which are as such able to interact with the HIV-1 RT), various other substances of widely varying origins have been shown to inhibit HIV RT activity: for example (Fig. 12), rifamycins (62), rubromycins (182), avarone and avarol (289), psychotrine and *O*-methylpsychotrine (442),  $(-)$ epicatechin-3-gallate (345), phloroglucinol derivatives (i.e., mallotojaponin) (344), pyrophosphate analogs (i.e.,  $N$ -hydroxyphosphonoformamide [140]), and  $2^{\prime}$ , 5'olidoadenylates (341). In fact, rubromycin  $\gamma$ , avarol, and avarone were also evaluated for their inhibitory effects on HIV-1 replication in cell culture, in which they displayed little, if any, antiviral selectivity (182, 402). For  $(-)$ -epicatechin-3-gallate conflicting data have appeared: while in one study (345) the compound was found inactive at subtoxic concentrations, in another study (295) it proved inhibitory to HIV-1 infectivity at a concentration that was at least 100-fold below the cytotoxicity threshold. The anti-HIV-1 activity of  $(-)$ epicatechin-3-gallate, and that of other flavanoids, was attributed to its interaction with the viral envelope glycoprotein gp120 (295) rather than the RT. Another compound that has been recently found to inhibit HIV-1 replication, albeit at rather high concentrations  $(IC_{50}$ , 14.8  $\mu$ M), is the dithiole derivative oltipraz [4-methyl-5-(2-pyrazinyl)-1,2-dithiole-3-thione] (378). Oltipraz behaves kinetically as an irreversible inhibitor of HIV-1 RT in the template-primer binding domain (378), but it is unclear to what extent, if any, the inhibitory effect of oltipraz on HIV-1 RT could account for its inhibitory effect on virus replication.

The HIV RT-associated RNase H activity has also been considered a possible target for HIV inhibitors. A number of totally unrelated products, i.e., sulfated polysaccharides (329), illimaquinone (a metabolite isolated from the Red Sea sponge *Smenospongia*) (291), a cephalosporin degradation product (189), and the  $5'$ -monophosphate of AZT (441), have been reported to inhibit RNase H from HIV or other retroviruses. Illimaquinone would interact with HIV RT in close proximity to cysteine residue 280 and thus affect the RNase H function of the HIV RT (290). The fact that AZT  $5'$ -monophosphate is inhibitory to RNase H, albeit at a higher concentration than is AZT  $5'$ -triphosphate to RT, may be relevant to the mode of anti-HIV action of AZT, since AZT 5'-monophosphate is known to accumulate inside the cells to levels that are in excess of those required for the inhibition of RNase H activity (36, 169, 212). AZT 5'-monophosphate is also inhibitory to the  $3'$ -exonuclease(s) that would otherwise cleave off AZT  $5'$ monophosphate from the DNA 3'-terminal ends (197).

The reverse transcription process can also be inhibited by

antisense oligonucleotides, i.e., oligonucleotides that are complementary to a template sequence adjacent to (downstream from) the primer binding site: the RT molecule travelling on the RNA template would thus be blocked by the hybrid formed by the RNA and the antisense oligonucleotide (67, 69). Phosphorodithioate-linked deoxynucleotides that bind to the primer-template binding site of HIV RT provide another type of potential therapeutic agent (298):  $S2dKY_{14}$ , a dithioate deoxynucleotide (CTGTTCGGGCGCCA) complementary to the 5' end of the viral RNA primer binding sites was found to inhibit HIV-1 RT at a  $K_i$  of 0.5 nM.

Antisense oligodeoxynucleotides (ODNs) can also block the reverse transcription process by an RNase H-dependent mechanism, i.e., when the ODN is bound to a template sequence remote from the primer binding site and allows the RNA template to be cleaved by the RT-associated RNase H (67). Antisense phosphorothioate ODNs (S-oligos) would exert a biphasic effect on RNase H activity: at low concentration, Soligos could enhance the cleavage of the RNA portion of the S-oligo–RNA duplex, whereas at high concentrations, S-oligos could inhibit RNase H and protect the complementary RNA from degradation (173).

Finally, the HIV RT could be blocked by RNA pseudoknots, selected by the SELEX procedure (systematic evolution of ligands by exponential enrichment), that act as high-affinity ligands of the enzyme and thus suppress enzymatic activity (459).

## **Integration Inhibitors**

After it has been formed in the cytoplasm by the viral RT, the duplex viral DNA is transported into the nucleus, where it is integrated into the host DNA genome through the aid of the viral integrase (IN). In fact, the IN protein is the only HIV protein necessary for integration of the viral DNA. It is also responsible for generating the recessed 3'-termini of the viral DNA before it is inserted (as proviral DNA) into the host DNA (78, 467). A relatively simple assay has been developed that should allow a high-throughput evaluation of candidate IN inhibitors (78). Potential candidate IN inhibitors may include antisense ODNs that lead to triple helix formation with the duplex viral DNA sequences that are recognized by the viral IN protein. Instead of inhibiting the function of the IN protein, one might also envisage preventing its formation, i.e., through the aid of ribozymes that cleave the RNA containing the IN gene (424). Such ribozymes have been shown to block expression of HIV-1 integrase in *Escherichia coli*. Whether aimed at blocking the action or the expression of the viral integrase, antisense ODNs and/or ribozymes will be therapeutically useful only if integration of the viral DNA into the host genome is indeed required for efficient HIV replication. This has not been ascertained for all cell types that can serve as host for the HIV infection.

#### **DNA Replication Inhibitors**

Once integrated, the proviral DNA is replicated concomitantly with, and inseparably from, the cellular DNA genome. To operate at the level of the integrated proviral DNA, any construct, whether antisense or not, should be able to specifically recognize proviral DNA sequences. They should firmly bind to these target sequences and inactivate, or even better, delete, them from the cellular genome. Approaches to ''cure'' the cellular genome from any untoward genes have become an area of intense research and speculation. One of the most imaginative approaches is based on antisense constructs that (i) specifically bind to the target duplex DNA sequences, thus



FIG. 13. Tat antagonists: Ro 5-3335 [7-chloro-5-(2-pyrryl)-3*H*-1,4-benzodiazepin-2(H)-one], Ro 24-7429 [7-chloro-*N*-methyl-5-(1*H*-pyrrol-2-yl)-3*H*-1,4 benzodiazepin-2-amine], and 3-keto/enol-4,5-epoxy steroids.

forming a local triple helix, which (ii) could be stabilized by a triple helix-specific ligand [i.e., benzo(*e*)pyridoindole (316)] and (iii) then cleaved by a specific DNA-cleaving functionality. Such ''magic bullets'' aimed at genetically curing the cells from any undesirable intruder still need to be worked out. Obviously, their implications reach much further than a cure for AIDS.

#### **Transcription Inhibitors**

Antisense ODNs designed to form DNA triple helices with specific proviral DNA target sequences may be expected to inhibit transcription of viral mRNA in intact cells carrying the HIV proviral DNA genome (311). In principle, the antisense ODNs could be targeted at any region of the proviral DNA genome (i.e., *trans*-activation-responsive [TAR] region, Revresponsive element [RRE], etc.), and they may prevent transcription by triplex formation with the proviral duplex DNA or arrest translation by duplex formation with the viral RNA, as will be discussed in the next section.

Another approach toward blocking HIV gene expression is based on the inhibition of *trans*-activation by the *trans*-activator protein, Tat. The Tat protein interacts with the TAR region (380), located immediately downstream of the transcription initiation site of the proviral DNA. A number of cellular factors seem to cooperate with Tat in the overall transactivation process (242). Some of these factors (i.e. NF-kB, SP-1, TFIID, LBP-1, and LBP-2) (297) may bind directly to the proviral DNA near the transcriptional initiation site, whereas other cellular factors (i.e., MSS1) (419) might directly modulate Tatmediated transactivation. Better insight into the different factors and steps involved in the transactivation process should help in developing Tat inhibitors.

The best known Tat antagonists (Fig. 13) are Ro 5-3335 [7-chloro-5-(2-pyrryl)-3*H*-1,4-benzodiazepin-2(*H*)-one] (217, 483) and its congener Ro  $24-7429$ , in which the  $-MH-CO$ functionality has been replaced by the  $-N=C(NHCH<sub>3</sub>)$ functionality (216). More recently, some keto/enol epoxy steroids (Fig. 13) have also been reported to act as HIV-1 Tat inhibitors (321). The Tat antagonists Ro 5-3335 and Ro 24- 7429 are inhibitory (at a concentration of about  $1 \mu M$ ) to both HIV-1 and HIV-2, which contrasts with the TIBO-type RT inhibitors which are solely inhibitory to HIV-1. Again, in contrast with the RT inhibitors, the Tat antagonists are active against both acute and chronic HIV infection. They also act synergistically with the dideoxynucleoside analogs, show activity against AZT-resistant HIV strains, and do themselves not lead to the development of resistance, even after prolonged (2-year) exposure in cell culture (216). The latter is not surprising, since as suggested for the marked cell type-dependent differences in anti-HIV activity noted for Ro 5-3335 (483), this class of compounds may be assumed to interact with one of the cellular factors involved in the transactivation process rather than the Tat protein per se (483). A possible target protein for transactivation inhibitors is the cellular serine or threonine kinase that seems to mediate Tat function (209). It remains to be established whether TAT antagonists, such as Ro 5-3335 and Ro 24-7429, or any other, that are targeted at cellular proteins rather than the Tat protein itself may be effective in vivo, in the clinical setting, in suppressing HIV replication without untoward effects on the host.

Transcription of the HIV-1 provirus is governed by the viral long terminal repeat (LTR), and the activity of the HIV-1 LTR is determined by a number of both positive and negative transcriptional regulators. In particular, phorbol 12-myristate 13 acetate and tumor necrosis factor are potent activators, whereas three other compounds (topotecan,  $\beta$ -lapachone, and curcumin) have been reported to block activation and/or suppress the activity of the HIV-1 LTR (279). The latter compounds may thus prevent induction of viral expression in latently infected cells. Assuming that PKC is involved in activation of the latent HIV-1 infection, PKC inhibitors, such as the recently described indolocarbazoles (366, 382), may also be postulated to act, albeit indirectly, as HIV-1 LTR transcription inhibitors.

#### **Translation Inhibitors**

Antisense oligonucleotides may inhibit HIV replication at a number of stages: virus adsorption, reverse transcription  $(RNA \rightarrow DNA)$  proviral DNA replication, transcription  $(DNA \rightarrow RNA)$ , and finally, translation. As a rule, the antisense ODNs are expected to form a stable duplex with complementary sequences of the viral mRNA and thus arrest viral mRNA translation (301, 401, 496). This has been shown particularly with an antisense phosphorothioate ODN against the regulatory HIV gene Rev (302), as well as the antisense phosphorothioate ODN GEM91, a 25-mer complementary to the HIV-1 *gag* mRNA initiation site (Fig. 14). GEM 91 may block the translation of *gag* mRNA and also disrupt the secondary structure of RNA (3). Antisense oligonucleotides may also be targeted at the RRE of the viral mRNA and, through disruption of Rev-RRE complexes, assist in blocking expression of the viral glycoproteins (158a).

The phosphodiester-, phosphorothioate- and phosphorodithioate-based ODNs, once they have been hybridized to the mRNA, may allow the cellular RNase H to cleave the RNA, and hence multiple copies of each target mRNA could be eliminated via the RNase H cleavage mechanism. However, only the phosphodiester-, phosphorothioate-, and phosphorodithioate-based ODNs are competent for RNase H-activated cleavage of RNA, while methylphosphonate ODNs, phosphoramidate ODNs, and many other backbone-modified ODNs (Fig. 14) are not (322). These other ODNs must, if active in inhibiting mRNA translation, do so through simple steric blocking, thus preventing the RNA from interacting with

the cellular components required for translation of the mRNA into protein.

The backbone-modified ODNs (Fig. 14) have been designed in attempts to overcome the hurdles that generally compromise the therapeutic efficacy of ODNs: poor cellular permeability, premature degradation by nucleases, and insufficient affinity for their target RNA sequences (322). Modification of the phosphodiester backbone has indeed been shown to impart stability and may also allow for enhanced affinity and increased cellular permeation, but none of the currently available ODNs meet all the requirements for a therapeutically useful molecule. Thus, further ingenuity will be needed to construct antisense molecules (i.e., uniformly modified 2'-deoxy-2'-fluorophosphorothioate oligonucleotides [246], self-stabilized at their  $3'$ -ends by hairpin loop structures [446]) that have both high affinity for their RNA target and stability toward nucleases (246) and, moreover, remain sufficiently stable in vivo (446).

Antisense ODNs could be added exogenously: for example, antisense ODN phosphorothioates targeting different sequences of the viral genome have been applied in a rotating manner so as to reduce the viral burden and to minimize the risk of escape mutants (285). Because of the difficulties encountered in delivering the antisense oligonucleotides intracellularly (390), different approaches using viral vectors (460) (i.e., murine leukemia virus [287] or adeno-associated virus [88]) have been elaborated to introduce antisense oligonucleotides into the cells. Constitutive expression of the antisense RNA may then lead to inhibition of HIV gene expression in the cell that has already been infected by HIV as well as confer ''intracellular immunity'' of noninfected cells against subsequent HIV infection. The constitutively expressed antisense RNA may block HIV replication by several mechanisms: by blocking the reverse transcription of genomic RNA to proviral DNA or by arresting translation of the targeted mRNA (460).

An interesting approach (394) toward the therapy of HIV infections is based on the use of ribozymes (403), namely, RNA molecules that following hybridization with their target RNA sequences, also cleave a specific phosphodiester bond in this target RNA (Fig. 15). Most of the ribozymes that have been constructed are of the ''hammerhead'' (374) or hairpin (494) type. They can be targeted at different sites of the viral RNA, including the RNA fragments that encode the regulatory proteins (i.e., Rex and Tax in the case of bovine leukemia virus) (85). The stability of the ribozymes toward nucleases can be increased without a serious decrease in catalytic efficiency (206, 207). Ribozymes can be delivered exogenously to the cells (457), and this delivery can be enhanced by electroporation, liposome encapsulation (395), or conjugation to polycations. As mentioned above for the antisense oligonucleotides, ribozymes can also be delivered intracellularly via retroviral vectors (287, 476), and this should then allow constitutive expression of the ribozymes and thus protect (''immunize'') the cells against HIV infection (144, 494). The efficacy of ribozymes for the rapid and specific cleavage of RNA might be enhanced by endogenous proteins or addition of p7 nucleocapsid (Nc) protein (457), and such proteins may be introduced along with the ribozyme by means of a gene therapy approach. Also, constructs in which the ribozyme is covalently linked to antisense oligonucleotides or to the  $(3'-end)$  of the) tRNA primer may be envisaged. The latter may be able to cleave the viral RNA as soon as it has been attached to the primer binding site.

Many problems remain to be addressed before the true potential of ribozymes can be fully assessed. These questions concern their delivery forms (exogenous or endogenous), their



FIG. 14. Antisense ODNs: for example, GEM 91, a 25-mer ODN phosphorothioate, complementary to the *gag* mRNA of HIV-1 at the initiation codon (AUG) site. In attempts to increase cellular permeation of ODNs, protect them against degradation by cellular nucleases, and/or enhance their affinity for binding to their target mRNA sequences, the natural phosphodiester linkage can be replaced by various other linkages (i.e., phosphorothioate, phosphorodithioate, etc.).

specificity (for viral compared with cellular RNAs), their stability (intracellular turnover), their catalytic activity in physiological conditions, and their accessibility, inside the cells, to the viral RNAs and to the target sequences of the viral RNA. Tethering the ribozyme to the HIV packaging signal may enhance the ribozyme's efficiency by colocalizing it with the HIV mRNA transcripts inside the cells (436). Other issues remaining to be addressed concern the propensity of ribozymes for mispairing and the development of resistance by mutations at their target site.

A separate class of translation inhibitors, also known as SCRIPs (for single-chain ribosome-inactivating proteins) because they cleave the eukaryotic ribosomal 28S RNA, is represented by trichosanthin, also referred to as GLQ223, a 26 kDa protein isolated from *Trichosanthes kirilowii* (307). The compound was found to inhibit HIV replication in acutely and chronically infected lymphocytes and macrophages. GLQ223 has been pursued for its clinical potential  $(174)$ , despite its overt toxicity to the host cells (i.e., for MT-4 cells at a concentration of  $0.25 \mu g/ml$  (159, 381). Another protein from *T*. *kirilowii*, termed TAP 29, a 29-kDa protein, would be less toxic yet still active in inhibiting HIV replication (277). Although TAP 29, like trichosanthin and other SCRIPs, is assumed to owe its anti-HIV activity to its ''SCRIP'' effect, namely, cleavage of ribosomal 28S RNA and thus abrogation of polypeptide chain elongation, a causal link between SCRIP and anti-HIV activity has not been established.

#### **Maturation Inhibitors**

**Protease inhibitors.** An aspartyl protease encoded by the viral *pol* gene is responsible for the cleavage of the *gag* and



FIG. 15. Ribozyme (hammerhead ribozyme HH16 [403]) hybridizes to a specific RNA sequence (containing GUCN) and then cuts it at the specific cleavage point  $C \uparrow N$  to give two products, P1 (5' product, ending with a  $2^{\prime}$ ,3'-cyclic phosphate) and P2 (3' product, starting with a 5'-hydroxyl group).

*gag-pol* precursor proteins (Pr55 and Pr160, respectively) into the mature *gag* and *pol* proteins. The search for HIV protease inhibitors was launched after it was ascertained that the HIV protease is required for viral infectivity (254). This search was facilitated by the vast knowledge of other aspartyl protease (i.e., renin) inhibitors, the cloning and purification of the HIV protease, the elucidation of its three-dimensional structure (first at 3-Å [0.3-nm] resolution [350] and later at 2.8-Å [0.28 nm] resolution [154]), and the development of rapid enzyme assays for screening potential inhibitors. In the past few years there has been a virtual explosion of new X-ray crystal structures from numerous laboratories aimed at the characterization, on an atomic level, of the structures of the HIV proteaseinhibitor complexes (485).

The identification of the HIV protease cleavage sites (Tyr  $\oint$ Pro, Phe  $\frac{4}{3}$  Pro, Leu  $\frac{4}{3}$  Ala, Met  $\frac{4}{3}$  Met, Phe  $\frac{4}{3}$  Tyr, Phe  $\frac{4}{3}$ Leu, and Leu  $\hat{\pm}$  Phe) proved useful in designing the appropriate inhibitors: protease inhibitors with high specificity (Tyr  $\hat{\updownarrow}$  Pro or Phe  $\hat{\updownarrow}$  Pro), protease inhibitors of the renin inhibitor type (Leu  $\text{\textsterling}$  Ala), and symmetrical inhibitors (Met  $\text{\textsterling}$  Met). In the design of these inhibitors, the ''transition state peptidomimetic'' principle was followed, thus replacing the hydrolyzable peptide linkage by a nonhydrolyzable transition state isostere, i.e., statine, hydroxyethylene, reduced amide, hydroxyethylamine, (hydroxyethyl)urea, or dihydroxyethylene (Fig. 16). Thus emerged a variety of HIV protease inhibitors (Fig. 17): hydroxyethylamine derivatives (i.e., Ro 31-8959 [391]), hydroxyethylene derivatives (i.e., U-81749 [310], UK-88947 [33], and L-687,908 [462]), (hydroethyl)urea derivatives (i.e., SC-52151 [175]), norstatine derivatives (i.e., KNI-227 [238]), the  $C<sub>2</sub>$  symmetric dihydroxyethylene derivatives A-74704 (154, 250), A-77003 (249), and L-700,414 (68) and other dihydroxyethylene derivatives (450), and various other protease inhibitors (133, 239, 266, 292, 386, 454).

Various new HIV protease inhibitors containing the dihydroxyethylene transition state isostere have been synthesized, and starting from Ro 31-8959 as the model compound, various novel and high-affinity ligands have been introduced at the  $P_2$ (3-tetrahydrofuran and pyran urethanes [177], cyclic sulfolanes [176], and tetrahydrofuranylglucines [183]) and  $P_3$  (pyrazine amides [183]) positions of the molecule. Novel constrained "reduced amide"-type inhibitors of HIV protease have been constructed in which three amino acid residues of the polypeptide chain were locked into a  $\gamma$ -turn conformation and designated  $\gamma$ -turn mimetics (352).

As an alternative to the peptide-based approach, penicillinderived compounds have been pursued as HIV-1 protease inhibitors: (i) penicillin- $C_2$ -symmetric dimers held together by an ethylenediamine linker (220) and (ii) monomeric penicillins linked to peptide isosteres (i.e., statine) (213). On the bases of the knowledge of the X-ray crystal structure of the HIV protease dimer and the role of a structural water molecule in linking the protease inhibitor to the HIV protease dimer, an entirely new class of HIV protease inhibitors, that of the nonpeptide cyclic ureas, has been developed (265, 361). XM323, the prototype of this series of HIV protease inhibitors, inhibits the enzyme at a  $K_i$  of 0.27 nM and inhibits HIV-1 replication in vitro at a 50% inhibitory concentration of 0.036  $\mu$ M (50%) cytotoxic concentration, 61.5  $\mu$ M); in contrast to most of the peptide-based HIV protease inhibitors, XM323 also has good oral bioavailability (27% in rats and 37% in dogs) (265).

The HIV protease inhibitors Ro 31-8959 (391) and A-77003 (259) have been the subjects of extensive preclinical evaluation. These compounds offer an interesting profile as candidate anti-HIV drugs: i.e., Ro 31-8959 is active against HIV-1 in cell culture at a concentration of 1 to 2 nM and inhibitory to the HIV-1 protease at a  $K_i$ , of 0.1 nM. It is not inhibitory to renin, pepsin, cathepsin, elastase, prolidase, or collagenase. It is active in both acutely and chronically HIV-infected cells (170). It is active against AZT-resistant HIV-1 strains and acts synergistically with  $2^{\prime},3^{\prime}$ -dideoxynucleosides (ddC) and Tat antagonists (Ro 24-7429). Although virus resistance to the HIV protease inhibitors may develop resistance to Ro 31-8959 would seem to arise less readily than that found for the RT inhibitors (105).



FIG. 16. Concept of HIV-1 protease inhibitors as peptidomimetics of the transition state formed during hydrolysis of the peptide linkage, with special reference to the peptide bonds that are cleaved during the maturation of the viral *gag* and *gag-pol* precursor proteins.

Peptide-based drugs generally have a short half-life (due to degradation by proteolytic enzymes) and poor oral bioavailability. As demonstrated with the renin inhibitor A-72517 (253), oral bioavailability can be significantly enhanced by the appropriate chemical modifications, and thus A-77003, which has poor oral bioavailability  $(\leq 1\%)$ , has been further modified to yield A-80987, which is still equally as active as an HIV-1 protease inhibitor  $(K_i, 0.2 \text{ nM})$  but has better oral bioavailability ( $\approx$ 25% in the rat). The HIV protease inhibitor Ro 31-8959 would achieve plasma levels upon oral administration that for several hours are far in excess of those required to inhibit HIV replication.

Also, most HIV protease inhibitors are notoriously hydrophobic and thus poorly soluble in aqueous medium. These compounds also appear to be rapidly cleared by the liver. In attempts to remedy these problems, phosphate prodrugs in which the phosphate group was introduced via the hydroxyl functionality of serine or threonine have been designed: they are highly water soluble and maintain significantly higher blood levels in vivo (93).

It remains to be established whether HIV-1 protease inhibitors are able to arrest progression of AIDS in patients. Clin-

ical trials with the prominent HIV-1 protease inhibitors (i.e., Ro 31-8959) are under way. In the meantime, it has been demonstrated that inhibitors of retroviral proteases, in particular, KH164, a statine-based protease inhibitor, impedes progression of Friend murine leukemia virus-induced disease in mice (264).

**Myristoylation inhibitors.** The *gag* precursor protein (Pr55) and *gag-pol* precursor protein (Pr160), as well as the *nef* protein, need to be myristoylated; that is, they require attachment of myristic acid via an amide bond to their N-terminal Gly; otherwise, no mature infectious virus particles can be formed (184). This myristoylation is carried out by a cellular enzyme, protein *N*-myristoyltransferase. Several myristic acid derivatives, i.e., *N*-myristoyl glycinal diethylacetal (447), 13-oxatetradecanoic acid (75), and 12-azidododecanoic acid (134), have been found to inhibit HIV-1 production in both acutely and chronically infected cells. However, these myristoylation inhibitors are active only at a relatively high concentration (10 to 50  $\mu$ M), which may not be therapeutically meaningful.

**Glycosylation inhibitors.** The HIV envelope glycoproteins gp120 and gp41 undergo extensive glycosylation, and as these glycoproteins are involved in virus-cell binding and virus-cell



FIG. 17. HIV-1 protease inhibitors. (A) Ro 31-8959, U-81749, UK-88947, L-687,908, SC-52151, and KNI-227. (B) A-74704, A-77003, L-700,414, A-80987, penicillin-derived C<sub>2</sub>-symmetric inhibitors, and nonpeptide cyclic ureas



FIG. 18. Glycosylation inhibitors: castanospermine, 6-*O*-butyrylcastanospermine, 1-deoxynojirimycin (DNJ), *N*-butyl-1-deoxynojirimycin (NBuDNJ), and *N*-butyl-1-deoxynojirimycin-6-phosphate (NBuDNJ-6-P). The last should be considered a prodrug of NBuDNJ.

fusion, the glycosylation process has been pursued as a target for chemotherapeutic intervention. Thus, a number of aminosugar derivatives (Fig. 18) (castanospermine [470], 1-deoxynojirimycin [185], *N*-butyl-1-deoxynojirimycin [NBuDNJ; 131, 243], 1-deoxymannojirimycin [337], and 6-*O*-butyrylcastanospermine [396]) have been reported to inhibit HIV infectivity, albeit at relatively high concentrations (0.1 to 10 mM). All of these glycosylation inhibitors, except 1-deoxymannojirimycin, which is a mannosidase inhibitor (482), are inhibitory to  $\alpha$ -glycosidase I, the enzyme which is responsible for the cleavage of the terminal  $\alpha$ -glucose unit and thus initiates the trimming of the N-linked oligosaccharides.

The attenuated infectivity of HIV particles released from chronically infected cells that have been exposed to the glycosylation inhibitors is paralleled by reduced binding of these virions to the cells and, consequently, syncytium formation (362). The anti-HIV activity of 1-deoxynojirimycin and its congeners may obviously be attributed to the altered glycosylation of the HIV envelope glycoproteins ensuing from their inhibitory effect on  $\alpha$ -glucosidase I, but how then may this aberrant glycosylation give rise to an attenuation of HIV infectivity? Among the several possibilities that could be envisaged are (i) abnormal folding of the nascent glycoprotein gp120 (158), (ii) diminished processing of the gp160 precursor glycoprotein to gp120 and  $\hat{g}p41$  (362, 383, 421), and possibly, (iii) impaired processing of the gp120 to gp70 and gp50 (which would be catalyzed by a trypsin-like protease, once gp120 has been docked to the CD4 receptor) (225).

Castanospermine, when given orally at doses as high as 100 or 400 mg/kg/day, was found to inhibit murine Rauscher leukemia virus-induced splenomegaly by 37 and 78%, respectively; however, when compared with AZT in the same murine system, castanospermine was less active and more toxic (397). In patients, gastrointestinal side effects (diarrhea, flatulence, and abdominal pain) have been noted with NBuDNJ (SC-48334) given orally (1,000 mg every 8 h) (161). These problems would be caused by the inhibitory effect of NBuDNJ on the intestinal  $\alpha$ -glucosidases (such as maltase and sucrase) and might be overcome by prodrugs (i.e., NBuDNJ 6-phosphate [SC-49955]), which do not inhibit gut  $\alpha$ -glucosidases (226). Admittedly, these prodrugs must as such be able to cross the intestinal barrier before they are hydrolyzed so as to release the active compound (NBuDNJ).

### **Budding (Assembly/Release) Inhibitors**

IFN- $\alpha$  has been shown to directly prevent the release of HIV virions from chronically infected cells (376); this is in accord with earlier studies on IFN in murine retroviral systems. IFN may affect the budding of new HIV particles through an alteration of the fluidity of the plasma membrane or it may render the viral proteins unable to interact, assemble, and bud from the cell (428). In addition to its action targeted at the viral budding process, IFN has been found to interfere with various other stages of the HIV-1 replication cycle: (i) at an early step preceding or coinciding with the integration of proviral DNA (320, 422); (ii) at the transcriptional level, an effect that is overruled by the Tat protein (377); and (iii) at the posttranscriptional level, through induction of a cellular factor that antagonizes Rev function (101). All of these effects enable IFN to restrict HIV replication in both acutely and chronically infected cells and this suggests that IFN should be effective in vivo in AIDS patients, if the outcome would depend solely on the antiviral effects of IFN.

Although originally hailed as ''therapeutic agents with dramatic antiretroviral activity'' (319), the aromatic polycyclic diones (naphthodianthrones) hypericin (Fig. 19) and pseudohypericin have so far not fulfilled their promise. These natural products from St. Johnswort (*Hypericum*) would have the capacity to block viral assembly (or release) as well as directly inactive properly assembled (released) virions (276). Hypericin is a photodynamic agent (149), causing hypericism in cattle ingesting large amounts of *Hypericum* sp. on pastures. It inhibits PKC activity (438) and epidermal growth factor receptor tyrosine kinase activity (137). Its antiviral activity is not restricted to retroviruses but extends to various other viruses (7, 219, 445). Light is essential for all of the antiviral effects of hypericin (278). Upon illumination by visible light, it inacti-



FIG. 19. Hypericin and rose bengal: virucidal agents that, upon illumination by visible light, are able to inactivate HIV and other enveloped viruses.

vates enveloped (but not unenveloped) viruses (278, 435) and thus acts as a virucidal agent. Rose bengal (Fig. 19) acts similarly to hypericin (278): both compounds are known to generate singlet oxygen (upon illumination) that may be responsible for their virus-inactivating effect. While hypericin and rose bengal might prove to be suitable agents for photodynamic inactivation of enveloped viruses in blood or blood products, it is hard to conceive how these compounds could be useful in the systemic treatment of HIV-infected patients.

Other agents that have been found to directly interact with the viral envelope, and thus block HIV-1 infectivity, are the aurothiolates, aurothioglucose and aurothiomalate (357). These compounds interact directly with the cysteine residue at position 532 of the envelope glycoprotein gp120, which is then no longer capable of interacting with the viral glycoprotein 41 and is thus released from the budding virus particles (357).

Recently, a nonimmunosuppressive cyclosporine analog (SDZ NIM 811) was shown to inhibit HIV-1 replication (393a). It was postulated that the compound may interfere with both the assembly process and an early step of viral replication, e.g., transport of the viral DNA into the nucleus. Cyclophilins would be involved in both processes through their capacity to bind to the HIV-1 *gag* protein and SDZ NIM 811 would interfere with the cyclophilin-*gag* protein interaction. This working hypothesis remains to be proven, however (393a).

## **COMBINATION THERAPY**

It has become increasingly clear that as for the chemotherapy of a variety of bacterial and malignant diseases, the ultimate strategy for the treatment of AIDS will be based on the combination of two, three, or even more, anti-HIV drugs. Different anti-HIV drugs, whether targeted at different viral proteins (enzymes) or at different molecular sites within the same enzyme, may thus be combined. Combination therapy is often understood in the sense of simultaneous use of different drugs. Although alternating the use of two, three, or more drugs may be an equally, if not more, valuable approach than simultaneous use of the drugs for the treatment of HIV infections, alternating drug regimens have proved less effective in inhibiting HIV-1 infection in vitro than giving all drugs of an alternating regimen simultaneously (306). Three ''virtues'' are generally expected from the (simultaneous or alternating) combination of different anti-HIV drugs: (i) diminished toxicity, because of a reduction in the dosage of the individual compounds; (ii) reduced risk of virus-drug resistance development, if resulting from different mutations in the viral genome; and (iii) synergistic antiviral activity, if anti-HIV action is targeted at different viral proteins or different sites within the same protein.

These premises have been borne out, at least under some conditions. Thus, when the individual compounds do not have overlapping toxicity profiles, as with AZT and ddC, combination therapy may be well tolerated and not result in toxicity (315), and in addition, it may show increased efficacy (430). Also, treatment can be readily switched from one drug (i.e., AZT) to another (i.e., ddI or ddC); patients with HIV infection who no longer respond to AZT treatment may still respond, by a delayed progression of the disease, to ddI (240) or ddC (1). Different anti-HIV drugs, such as AZT, ddI, and nevirapine (or pyridinone), that lead to virus-drug resistance resulting from different point mutations if used individually may prevent virus breakthrough when combined (94a). Synergistic anti-HIV activity has been demonstrated with a large number of combinations, including phosphonoformate (foscarnet [PFA]) with IFN- $\alpha$  (202), AZT with IFN- $\alpha$  (203), IFN- $\alpha$  with ddC (468), AZT with rsCD4 (232), AZT with castanospermine (235), AZT with PMEA (425), PFA with AZT (155, 261), AZT with quartromicins (443), IFN- $\alpha$  with coumermycin (437), PFA with FddThd (FLT) (260), AZT with FLT (195), ddI with FLT (103), AZT with nevirapine (387), AZT with TIBO R82913 or TIBO R86183 (77), AZT with BHAP U-90152 (92), IFN- $\alpha$ with HEPT (224), AZT with HEPT derivatives (i.e., E-EPU) (22), AZT (ddC or nevirapine) with the Tat antagonist Ro  $24-7429$  (100), and the HIV protease inhibitor Ro 31-8959 with either AZT (104) or the Tat antagonist Ro 24-7429 (100). Also, AZT acts synergistically with ddI (12, 143), and AZT combined with ddI or IFN- $\alpha$  has been found to act synergistically against AZT-resistant HIV-1 mutants (234); likewise, AZT combined with BHAP (U-87201E) acts synergistically against AZT-resistant clinical isolates of HIV-1 (84). In addition to two-drug combinations, a number of three-drug combinations (AZT, rsCD4, and IFN- $\alpha$  [233] and AZT, PFA, and ddThd [257]) and even four-drug combinations (306) have proved to confer increased anti-HIV activity. As a rule, it can be stated that multidrug regimens are more effective in inhibiting HIV-1 replication than single-agent regimens and that the effectiveness increases with the number of drugs used (306).

An interesting combination is that of hydroxyurea or other hydroxamates (i.e., D-aspartic acid  $\beta$ -hydroxamate) and ddI: this combination leads to a synergistic inhibitory effect on HIV-1 replication without increasing toxicity (288a, 296a). This synergistic action would result from the inhibitory effect of the hydroxamates on ribonucleotide reductase and, consequently, the decrease in the intracellular pool of deoxynucleoside triphosphates, including dATP, with which ddATP, the active metabolite of ddI, has to compete at the HIV RT level.

However, not all combinations lead to synergistic anti-HIV activity. For example, acyclovir and AZT show only additive to antagonistic effects against HIV in vitro (427) (although in vivo, in patients with AIDS, cotherapy of AZT with acyclovir results in a significant improvement in survival [102] [possibly due to the suppressive effect of acyclovir on herpesviruses that may act as cofactors, stimulating HIV replication]). Antagonism was observed if rsCD4 was combined with dextran sulfate (205). Also, ganciclovir antagonizes the anti-HIV activity of AZT and ddI, while increasing their toxicity (312). Conversely, AZT antagonizes the inhibitory activity of ganciclovir against CMV infection (157). Ribavirin shows an ambivalent behavior: it antagonizes the anti-HIV activity of AZT (469) but enhances the anti-HIV activity of the purine  $2^{\prime},3^{\prime}$ -dideoxyribosides ddAdo, ddGuo (25), and ddIno (ddI) (46). This potentiating effect of ribavirin on the antiretroviral activity of purine  $2^{\prime},3^{\prime}$ dideoxyribosides (i.e., ddI) was not accompanied by an increase in toxicity, as has also been confirmed in vivo (37, 50). Thus, the combination of ddI with ribavirin seems to be an

attractive strategy that should be further pursued in the treatment of AIDS patients.

In fact, the biochemical basis for the potentiating effect of ribavirin on the anti-HIV activity of ddI has been well established (45, 199). Being an inhibitor of IMP dehydrogenase (leading to the conversion of IMP to XMP, which is then further converted to GMP, GDP, and GTP), ribavirin causes an increase in the intracellular IMP pool levels. IMP is then used as a phosphate donor by 5'-nucleotidase to convert ddI to ddIMP, which will then finally be converted to its antivirally active metabolite ddATP. On the other hand, ribavirin causes a depletion of the GTP pools; GTP serves as an obligatory cofactor in the conversion of IMP to succinyl AMP, which is then further converted to AMP, ADP, ATP, and, via ADP  $\rightarrow$ dADP, to dATP. Hence, ribavirin may enhance the anti-HIV activity of ddI by facilitating its conversion to ddATP and, at the same time, suppressing the formation of dATP, the direct competitor of ddATP at the HIV RT level. A similar mechanism may be invoked to explain the potentiating effect of ribavirin on the anti-HIV activity of the 2'-fluoro "up"-analogs of ddAdo, ddIno, and ddGuo (231).

# **VIRUS-DRUG RESISTANCE**

The potential of HIV to become resistant to anti-HIV drugs has become an increasing concern since it was first reported that HIV variants isolated from patients following prolonged AZT therapy show reduced susceptibility to AZT (272). The following mutations in the HIV-1 RT were found to confer high-level resistance to AZT: 67 Asp  $\rightarrow$  Asn, 70 Lys  $\rightarrow$  Arg, 215 Thr  $\rightarrow$  Phe/Tyr, and 219 Lys  $\rightarrow$  Gln (274). Later, a fifth mutation, 41 Met  $\rightarrow$  Leu, was found to contribute to the high level of HIV AZT resistance (247). The 215 Thr  $\rightarrow$  Tyr mutation has been most frequently detected among AZT-resistant HIV-1 isolates from patients under prolonged AZT therapy (305). In AZT-resistant HIV strains selected by passage in cell culture, an additional novel mutation (219 Lys  $\rightarrow$  Glu) was observed (271). Resistance to ddI is induced by the 74 Leu  $\rightarrow$ Val mutation in HIV-1 RT (433). The mutation 69 Thr  $\rightarrow$  Asp decreases the susceptibility to ddC (162, 163) and the mutation 184 Met  $\rightarrow$  Val reduces the susceptibility to both ddC and ddI, but not AZT (187). The 184 Met  $\rightarrow$  Val mutation is also responsible for resistance to the  $(-)$  enantiomeric 2',3'dideoxy-3'-thiacytidine 3TC (172, 452) and its 5-fluoro-substituted counterpart FTC (407). The 65 Lys  $\rightarrow$  Arg mutation confers resistance to ddC, 3TC, and ddI, but not AZT (186, 498), and the 75 Val  $\rightarrow$  Thr mutation imparts resistance to D4T (263a).

In HIV-1-infected patients treated with AZT, mutations conferring resistance to AZT seem to occur in an ordered fashion (i.e.,  $41 \rightarrow 41/215 \rightarrow 41/67/215 \rightarrow 41/67/70/215 \rightarrow$ 41/67/70/215/219), each step leading to accruing resistance (248). The combination of ddC with AZT does not appreciably delay the emergence of AZT resistance (389); in fact, alternating therapy of AZT with ddC leads to the selection of virus resistant to both drugs (161). Although AZT-resistant HIV strains should, in principle, not exhibit cross-resistance to ddI or ddC, some reduction in susceptibility to ddI and ddC was noted with AZT-resistant HIV-1 isolates from five cohorts (about a twofold decrease in ddI or ddC susceptibility for each and a 10-fold decrease in AZT susceptibility [304]).

HIV-1 resistance to the HIV-1-specific RT inhibitors (NNR-TIs) rapidly arises following passage of the virus in cell culture in the presence of these compounds. The mutation 181 Tyr  $\rightarrow$ Cys is associated with resistance, or reduced susceptibility, to most of the NNRTIs (i.e., TIBO, HEPT, nevirapine, pyridinone, BHAP, TSAO, and  $\alpha$ -APA), as already mentioned above. The mutation 188 Tyr  $\rightarrow$  His is associated with resistance to TIBO and other compounds (43) but not nevirapine (400). The mutation 100 Leu  $\rightarrow$  Ile is associated mainly with resistance to TIBO (43, 80, 314); the mutation 103 Lys  $\rightarrow$  Asn is associated with resistance to TIBO, nevirapine, pyridinone, and BHAP (42, 43, 80, 355); the mutation 106 Val  $\rightarrow$  Ala mainly leads to resistance to nevirapine and HEPT (40, 42, 80); the mutation 138 Glu  $\rightarrow$  Lys is responsible for resistance to TSAO (44, 61); the mutation 190 Gly  $\rightarrow$  Glu accounts for resistance to quinoxaline S-2720 (251, 252); and the mutation 236 Pro  $\rightarrow$  Leu is associated with resistance to BHAP (148). Notably, the 190 Gly  $\rightarrow$  Glu mutation leads to a dramatic reduction in RT activity (252). Although the different locations of the mutations conferring resistance to the different RT inhibitors should in the first place be interpreted to mean that these different RT inhibitors bind to different sites of the enzyme, it is likely that the secondary structure of the RNA coding for HIV-1 RT also contributes to the location of these mutations (408). Indeed, mutations may occur more readily at "unstable" nonhelical regions (i.e., loops, bulges, and bends) which could therefore be regarded as mutation prone (408).

Resistance development is not an exclusive property of the HIV-1 RT and HIV-1 RT inhibitors, whether nucleosides or non-nucleosides. HIV-1 resistance to the protease inhibitor Ro 31-8959 has been obtained after five passages of HIV-1 in cell culture in the presence of the compound (138). Resistance to  $C<sub>2</sub>$  symmetric inhibitors of HIV-1 protease has also been described (360), and in this case, resistance was due to Val  $\rightarrow$  Ala mutation at position 82 of the protease.

Although the clinical significance of AZT resistance development, or for that matter resistance to any other anti-HIV drug, has not yet been settled (458), the rapid emergence of drug-resistant HIV-1 mutants under selective pressure of the HIV-1-specific RT inhibitors has been generally viewed as a limitation for, if not an argument against, the clinical usefulness of these compounds. Yet, a number of points should be kept in mind when assessing the relevance of HIV-drug resistance (126).

First, resistance should be considered a parameter of specificity, which means that the more specific the compound in its antiviral action, the greater the likelihood that it leads to resistance in the shortest possible time. This also means that, vice versa, compounds that do not lead to resistance may fail to do so because they are targeted at cellular (rather than viral) proteins and thus bound to be cytotoxic.

Second, drug-resistant virus variants might be less pathogenic than the wild-type variants. Otherwise, they would not be overgrown by the wild type in the absence of the drugs and only show up under continuous pressure of the drug. In fact, drugresistant virus variants may be present in the virus pool of patients who never received the drug (336). Future clinical studies should address the role of these drug-resistant variants in disease progression.

Third, although AZT-resistant HIV-1 mutants may persist for a long time (i.e., 1 year) after withdrawal of the drug before reverting to the wild type (5, 71, 72, 267), it has not been determined how long it takes for NNRTI-resistant HIV-1 mutants to revert to the wild type: e.g., for pyridinone, L-697,661 resistance in the patient develops within 12 weeks of treatment (110), but as HIV-1 resistance to NNRTIs generally depends on one mutation, the time it needs to revert to the wild phenotype following withdrawal of the drug may not be as long as for the AZT resistance phenotype.

Fourth, because of their handicap relative to the wild type, drug-resistant virus strains may be less readily transmitted from one person to another. In fact, there are few documented cases of transmission of drug-resistant virus (i.e., AZT-resistant HIV-1 [11, 153]), although this issue remains to be followed up by further epidemiological studies.

Fifth, if resistance to one of the NNRTIs develops, treatment could be switched to any of the other NNRTIs to which the virus has retained susceptibility. For example, 5-chloro-3- (phenylsulfonyl)indole-2-carboxamide (480) is still active against those HIV-1 strains that, because of the 103 Lys  $\rightarrow$  Asn or 181 Tyr  $\rightarrow$  Cys mutation, have acquired resistance to other NNRTIs (i.e., TIBO, nevirapine, pyridinone, and BHAP). The  $\alpha$ -APA derivative R89439 is very active against the 100 Leu  $\rightarrow$ Ile mutant, which is highly resistant to TIBO R82913 and R86183 (371). Within the TIBO class, a minor chemical modification, i.e., shifting the chlorine from the 9-position (R82913) to the 8-position (R86183), suffices to restore activity against the 181 Tyr  $\rightarrow$  Cys mutant (367). Similarly, pyridinone L-702,019, which differs from its predecessor L-696,229 only by the addition of two chlorine atoms (in the benzene ring) and substitution of sulfur for oxygen (in the pyridine ring), is markedly inhibitory to HIV-1 mutants containing the 103 Lys  $\rightarrow$ Asn or 181 Tyr  $\rightarrow$  Cys mutation (181).

Sixth, in some instances, resistance to one of the NNRTIs may even be accompanied by hypersensitivity to others. For example, the 236 Pro  $\rightarrow$  Leu mutation causing resistance to BHAP confers a 10-fold increased susceptibility to TIBO, nevirapine, and pyridinone (148). Also, the 236 Pro  $\rightarrow$  Leu mutation, in combination with the 181 Tyr  $\rightarrow$  Cys mutation, partially restores the susceptibility of the HIV-1 RT toward TIBO, nevirapine, and pyridinone.

Seventh, the 181 Tyr  $\rightarrow$  Cys mutation, causing resistance to most NNRTIs, has been found to suppress the 215 mutation (Thr  $\rightarrow$  Phe/Tyr) conferring resistance to AZT (270), and vice versa, the 181 Tyr  $\rightarrow$  Cys mutation can be suppressed by AZT, which thus means that the NNRTI mutation at position 181 and the AZT mutation at position 215 seem to be mutually exclusive. Still other mutations have proved to counteract each other: 236 Pro  $\rightarrow$  Leu versus 138 Glu  $\rightarrow$  Lys; 215 Thr  $\rightarrow$ Phe/Tyr versus 184 Met  $\rightarrow$  Val; and 215 Thr  $\rightarrow$  Phe/Tyr versus 74 Leu  $\rightarrow$  Val (126). In addition to the 181 Tyr  $\rightarrow$  Cys mutation, the 100 Leu  $\rightarrow$  Ile mutation was also found to suppress resistance to AZT when coexpressed with AZT-specific mutations (79a). On the basis of mutations that seem to counteract each other (126), combinations of different drugs could be envisaged that, if combined, may suppress emergence of resistance to one another: e.g., combinations of AZT with either TIBO, a-APA, HEPT, nevirapine, or pyridinone (to which BHAP and/or TSAO may be added).

Eighth, the triple combination of AZT, ddI, and pyridinone (or nevirapine) has been proposed as an example of ''convergent combination therapy,'' which would restrict ''multidrug resistance development because of evolutionary limitations'' (94a). At the drug concentrations used (0.3  $\mu$ M AZT, 10  $\mu$ M ddI, and  $0.09 \mu M$  pyridinone), the combination was indeed found to prevent HIV-1 breakthrough. The authors (94a) surmised that this happened because a triple drug-resistant virus would be unable to replicate per se. This assumption has proved to be faulty, as has also been recognized by the authors (94), since HIV-1 coresistant to AZT, ddI, and an NNRTI (such as nevirapine) can be readily selected in cell culture (273). In fact, an HIV-1 variant with the RT mutations 74 (Leu  $\rightarrow$  Val), 103 (Lys  $\rightarrow$  Asn), 215 (Thr  $\rightarrow$  Tyr), and 219 (Lys  $\rightarrow$ Gln) is still viable (151) and retains susceptibility to AZT and pyridinone L-697,661 at concentrations ( $\leq 1 \mu$ M) that are therapeutically attainable in human plasma.

Ninth, what would seem a straightforward approach to pre-

vent drug-resistant HIV strains from arising is using ''knocking out'' concentrations of the NNRTIs (41). If NNRTIs, such as BHAP U-88204 or BHAP U-90152, are used from the start at a sufficiently high concentration (1 or 3  $\mu$ M, respectively), they completely suppress virus replication (147, 466), so that the virus is ''knocked out'' and does not have the opportunity to become resistant. If U-90152 is combined with AZT, the concentrations of the individual drugs can be lowered to achieve total virus clearance (147). Various NNRTIs, i.e., TIBO, HEPT, nevirapine, pyridinone, and BHAP, have been shown to knock out HIV-1 in cell culture when used at concentrations (1 to 10  $\mu$ g/ml) that are nontoxic to the cells (41). That the virus was really knocked out, and the cell culture cleared (''sterilized'') from the virus infection, was ascertained by PCR analysis of the infected cell cultures: even with two successive 35-cycle PCR rounds, no proviral DNA could be detected in the HIV-1-infected cell cultures that had been treated from the start with the knocking out concentrations. In contrast with the NNRTIs, AZT proved unable to clear (or sterilize) the cell cultures from HIV infection at a concentration of  $3 \mu M$  (41, 147), and even at a concentration of 25  $\mu$ M, AZT did not prevent resumption of virus production, so that even in the continued presence of the drug, the HIV-1-infected cell cultures eventually produced as much virus as did untreated infected cells (426).

Tenth, when used at knocking out concentrations, the NNR-TIs may be expected to lead to a long-lasting suppression of HIV-1 replication. This knocking out phenomenon could be achieved at lower concentrations if the NNRTIs are combined with each other or with any of the dideoxynucleoside analogs (i.e., AZT, ddI, or ddC), and such drug combinations could be particularly advantageous if based on the premise of mutually suppressive resistance (126). Also, with a four-drug combination consisting of AZT, ddI, ddC, and IFN- $\alpha$ , virus breakthrough could be delayed for a much longer time than with the one-, two-, or three-drug treatment regimens (306).

All of these considerations should somehow help to alleviate the concerns that have been raised with regard to the development of HIV resistance to the various RT inhibitors, whether nucleosides or non-nucleosides. Of course, the problem of virus-drug resistance would not have to be raised if the compounds were to be used only prophylactically, that is, to prevent HIV infection following occasional exposure to the virus, e.g., through sexual contact or needle stick or other injury, or to prevent perinatal HIV transmission at the time of delivery.

#### **CONCLUSION**

Despite the enormous progress that has been made, and the wealth of selective anti-HIV agents that are now available, outsiders will keep insisting that there is still ''no cure for AIDS.'' Yet, as discussed above, there are plenty of compounds that have proved to specifically interact with one or another target of the HIV replication cycle. There are also targets for which specific inhibitors still need to be found, as there are compounds for which the target(s) has not yet been found. Not for all compounds have the target proteins or target site been identified with as much unambiguity as for the polyanionic substances (virus adsorption), dideoxynucleoside analogs (substrate binding site of the viral RT), TIBO-like compounds (nonsubstrate binding site of the viral RT), or protease inhibitors (specific cleavage sites of the viral precursor proteins).

Antiviral agents in general, and antiretroviral agents in particular, could be seen as the following: an arc-shaped distribu-



FIG. 20. Characteristics of antiviral agents, also extending to the antiretroviral agents.

tion with, at the extremes, at  $0^\circ$ , the compounds that are nonspecific showing a broad spectrum of antiviral activity and not leading to resistance but proving toxic to the host, and at 180°, the compounds that are highly specific showing a very narrow spectrum of antiviral activity and not exhibiting toxicity but promptly leading to resistance. Depending on the target with which they interact, all anti-HIV agents can be positioned on such a graduated arc (Fig. 20). Those compounds that interact with common cellular or viral proteins will be close to  $0^\circ$ , whereas the compounds interacting with specific viral targets will be close to 180°. It also follows that the high specificity of the latter compounds cannot be acquired without the risk of resistance development.

In addition to the different stages of the HIV replicative cycle, other events outside this replicative cycle may be considered possible targets for anti-HIV chemotherapy. For example, cyclosporin A and FK506 have been reported to inhibit HIV replication, and this inhibition has been ascribed to an inhibitory effect of the compounds on the expression of tumor necrosis factor alpha, a known activator of HIV replication (178). In another study, cyclosporin A and FK506 were found to prevent the formation of the T-cell transcription factor NF-AT (nuclear factor of activated T cells), and on the basis of this coincidence, NF-AT has now also been regarded as a target for anti-HIV therapy (244).

When discovering new compounds that are active against HIV, or uncovering new targets that are amenable to anti-HIV therapy, quite often a syllogistic reasoning is followed. If (a), a compound is inhibitory to HIV replication, and if (b), the compound is found to interact with a specific viral target, then (c), the compound must inhibit HIV replication by acting at that particular target. A case in point is the aromatic *C*-nitroso compounds, which, on the one hand, inhibit HIV-1 infectivity and, on the other hand, eject zinc from the HIV-1 capsid zinc fingers and, therefore, are postulated to achieve their anti-HIV activity through zinc ejection (385). This relationship may be causal, indeed, but it may also be coincidental. In general, (a) plus (b) does not necessarily yield (c) and, thus, caution should be exercised when proposing new targets for anti-HIV chemotherapy and, even more so, when speculating on new therapeutic approaches that achieve their anti-HIV activity through interaction with such targets.

The chemotherapy of HIV infections, as for other chronic infections and malignant diseases, is moving into the direction of multiple drug combinations. The rationale for such drug combinations is threefold: to get synergistic (or at least, additive) activity, to lower the doses (and thus toxicity) of the

individual compounds, and to reduce the risk of drug resistance development. Given the wealth of promising anti-HIV agents that are now available, the number of two-, three-, or four-drug combinations that could be envisaged should be almost astronomical. As a guideline to selecting the appropriate drug combination before administering it to the patient, it may be useful to first evaluate, in experimental cell systems, whether the drugs, at therapeutically attainable concentrations, are able to completely suppress virus replication, knock out the virus, and thus prevent resistance from emerging. This strategy should provide the rationale for judiciously choosing the right compounds, at the right doses, to give the right answers in the clinical setting.

#### **ACKNOWLEDGMENTS**

My original investigations were supported in part by the Biomedical Research Programme of the European Community, the Belgian Nationaal Fonds voor Wetenschappelijk Onderzoek, the Belgian Fonds voor Geneeskundig Wetenschappelijk Onderzoek, the Belgian Geconcerteerde Onderzoeksacties, and the Janssen Research Foundation.

I thank C. Callebaut for excellent editorial assistance.

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