

RESEARCH PAPER

Pharmacological characterization of the first potent and selective antagonist at the cysteinyl leukotriene 2 (CysLT₂) receptor

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Background and purpose: Cysteinyl leukotrienes (CysLTs) have been implicated in the pathophysiology of inflammatory and cardiovascular disorders. Their actions are mediated by CysLT₁ and CysLT₂ receptors. Here we report the discovery of 3-(((1S,3S)-3-carboxycyclohexyl)amino)carbonyl)-4-(3-{4-[4-(cyclo-hexyloxy)butoxy]phenyl}propoxy) benzoic acid (HAMI3379), the first potent and selective CysLT₂ receptor antagonist.

Experimental approach: Pharmacological characterization of HAMI3379 was performed using stably transfected CysLT₁ and CysLT₂ receptor cell lines, and isolated, Langendorff-perfused, guinea pig hearts.

Key results: In a CysLT₂ receptor reporter cell line, HAMI3379 antagonized leukotriene D₄- (LTD₄-) and leukotriene C₄- (LTC₄-) induced intracellular calcium mobilization with IC₅₀ values of 3.8 nM and 4.4 nM respectively. In contrast, HAMI3379 exhibited very low potency on a recombinant CysLT₁ receptor cell line (IC₅₀ > 10 000 nM). In addition, HAMI3379 did not exhibit any agonistic activity on both CysLT receptor cell lines. In binding studies using membranes from the CysLT₂ and CysLT₁ receptor cell lines, HAMI3379 inhibited [³H]-LTD₄ binding with IC₅₀ values of 38 nM and >10 000 nM respectively. In isolated Langendorff-perfused guinea pig hearts HAMI3379 concentration-dependently inhibited and reversed the LTC₄-induced perfusion pressure increase and contractility decrease. The selective CysLT₁ receptor antagonist zafirlukast was found to be inactive in this experimental setting.

Conclusions and implications: HAMI3379 was identified as a potent and selective CysLT₂ receptor antagonist, which was devoid of CysLT receptor agonism. Using this compound, we showed that the cardiac effects of CysLTs are predominantly mediated by the CysLT₂ receptor.

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Keywords: CysLT₂ receptor antagonist; cysteinyl leukotrienes; CysLT₁ receptor; CysLT₂ receptor

Abbreviations: CysLT, cysteinyl leukotriene; FLAP, 5-lipoxygenase activating protein; LTC₄, leukotriene C₄; LTD₄, leukotriene D₄; LTE₄, leukotriene E₄

Introduction

Cysteinyl leukotrienes (CysLTs), namely leukotriene C₄ (LTC₄), leukotriene D₄ (LTD₄) and leukotriene E₄ (LTE₄), are the products of the 5-lipoxygenase pathway in arachidonic acid metabolism, and are predominantly synthesized by inflammatory cells, such as polymorphonuclear leukocytes, macrophages and mast cells (Funk, 2001). CysLTs have been

implicated in a number of pathological inflammatory diseases, including asthma and allergic rhinitis (Drazen *et al.*, 1999; Sharma and Mohammed, 2006; Capra *et al.*, 2007; Riccioni *et al.*, 2007). In addition, CysLTs are also involved in the pathophysiology of different cardiovascular disorders, including atherosclerosis, unstable angina pectoris and acute myocardial infarction. CysLTs reduce coronary blood flow, myocardial contractility and cardiac output without affecting the heart rate. They also increase vascular permeability, which ultimately leads to oedema formation (Burke *et al.*, 1982; Letts, 1987; Fauler and Frölich, 1989; Funk, 2005; Bäck, 2009). In patients with ischemic heart disease and acute myocardial infarction, elevated LTC₄ plasma levels and increased urinary LTE₄ excretion have been observed (Carry *et al.*, 1992; Takase

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et al., 1996). Human atherosclerotic coronary arteries have been shown to be hyperreactive in response to CysLTs, and all components of the 5-lipoxygenase pathway have been detected in the arterial walls of patients with various stages of atherosclerosis (Allen *et al.*, 1993, 1998; Spanbroek *et al.*, 2003). Variants of the gene encoding 5-lipoxygenase activating protein (FLAP), the key regulator of the CysLT synthetic pathway, have recently been linked to increased leukotriene production and to the pathogenesis of myocardial infarction (Helgadottir *et al.*, 2004).

CysLT effects are mediated by at least two different G protein-coupled receptors (GPCRs), the CysLT₁ and the CysLT₂ receptor (nomenclature follows Alexander *et al.*, 2009). These receptors were originally defined pharmacologically, based on their sensitivity to CysLT₁ receptor-specific antagonists (Coleman *et al.*, 1995). Both receptors have been isolated and functionally characterized. Activation of both receptors is coupled to intracellular calcium mobilization. Therefore, the Ca²⁺-sensitive photoprotein aequorin and fluorescent calcium indicator dyes have been used to study functional receptor activation in mammalian cell lines *in vitro* (Lynch *et al.*, 1999; Sarau *et al.*, 1999; Heise *et al.*, 2000; Nothacker *et al.*, 2000; Takasaki *et al.*, 2000; Hui *et al.*, 2001; Ogasawara *et al.*, 2002). Recently, a third putative CysLT receptor subtype, formerly GPR17, has been identified (Ciana *et al.*, 2006). In addition, a CysLT receptor subtype preferentially activated by LTE₄ has also been described (Maekawa *et al.*, 2008).

The most studied classes of CysLT receptor antagonists are CysLT₁ receptor selective antagonists such as montelukast (Singulair™, Merck & Co, Whitehouse Station, NJ, USA), zafirlukast (Accolate™, AstraZeneca, London, UK) and pranlukast (Onon™, Ono Pharmaceutical, Osaka, Japan), which are used clinically for the treatment of bronchial asthma and allergic rhinitis (Drazen *et al.*, 1999; Riccioni *et al.*, 2007). The only CysLT₂ receptor antagonist identified so far is the LTE₄ analogue BAY u9773. However, BAY u9773 has been reported as a dual CysLT₁ and CysLT₂ receptor antagonist and as a partial agonist at the CysLT₂ receptor (Labat *et al.*, 1992; Tudhope *et al.*, 1994).

CysLT₂ receptors are strongly expressed in cardiovascular tissues. Cardiac expression of the CysLT₂ receptor could be detected throughout the entire human heart, including ventricles, atrium, septum, apex and Purkinje fiber cells, as well as in vascular endothelial and smooth muscle cells (Heise *et al.*, 2000; Nothacker *et al.*, 2000; Takasaki *et al.*, 2000; Hui *et al.*, 2001; Kamohara *et al.*, 2001; Moos *et al.*, 2008). In contrast, expression of the CysLT₁ receptor within the cardiovascular system is barely detectable (Lynch *et al.*, 1999; Sarau *et al.*, 1999; Kamohara *et al.*, 2001). As CysLT₂ receptors are highly expressed in heart and blood vessels, a role for this receptor in the pathogenesis of various cardiovascular diseases might be anticipated. In a study using CysLT₂ receptor-deficient mice, a function for the CysLT₂ receptor in inflammatory responses and pulmonary fibrosis could be demonstrated (Beller *et al.*, 2004). However, the cardiovascular phenotype of these knockout mice was not further characterized. Using CysLT₂ receptor transgenic, as well as knockout mice, a role for the CysLT₂ receptor in vascular permeability and myocardial ischemia/reperfusion injury has recently been shown (Hui *et al.*, 2004; Jiang *et al.*, 2008; Moos *et al.*, 2008).

Therefore, CysLT₂ receptor antagonists are very desirable as both pharmacological tools to probe the CysLT pathway and as potential therapeutic agents. However, the characterization of the (patho)physiological role of the CysLT₂ receptor is currently hampered by the fact that no selective CysLT₂ receptor antagonists are available. We report here the identification of HAMI3379, a potent and selective CysLT₂ receptor antagonist that does not exhibit agonistic activity at CysLT receptors. Using this compound, we showed that the effects of CysLTs on myocardial contractility and coronary blood flow were mediated by the CysLT₂ receptor.

Methods

Characterization of recombinant CysLT₁ and CysLT₂ receptor cell lines

Full-length DNAs encoding human CysLT₁ and CysLT₂ receptors were amplified from human genomic DNA by PCR. A Kozak consensus sequence was artificially introduced, both PCR fragments were cloned into mammalian expression vectors (Invitrogen, Carlsbad, CA, USA), and receptor sequences were verified by sequencing. Both constructs were transfected by electroporation into recombinant apoaequorin-expressing Chinese hamster ovary (CHO) cells. After selection with geneticin (G418), positive clones were identified by stimulation with LTD₄ and purified twice by the limited dilution technique.

Cells were cultured at 37°C and 5% CO₂ in DMEM/F12 with Glutamax supplemented with 10% (v/v) inactivated fetal calf serum, 20 mM HEPES, 1.4 mM sodium pyruvate, 1.8 mM sodium bicarbonate, 50 U·mL⁻¹ penicillin, 50 µg·mL⁻¹ streptomycin and 1 mg·mL⁻¹ geneticin. Confluent cultures were passaged using trypsin. All cell culture reagents were obtained from Invitrogen.

Measurement of agonist-induced calcium mobilization was performed according to Heise *et al.* (2000). Agonist testing was performed on opaque 384 well microtiter plates (MTP). Two thousand five hundred cells per well were cultured to confluence for 2 days. After removal of the cell culture medium, cells were loaded for 3 h at 37°C and 5% CO₂ with 5 µg·mL⁻¹ coelenterazine in Ca²⁺-free Tyrode (130 mM NaCl, 5 mM KCl, 20 mM HEPES, 1 mM MgCl₂, 4.8 mM NaHCO₃, pH 7.4). Test compounds were applied for 5 min in Ca²⁺-free Tyrode. Measurement of the aequorin luminescence was started for 1 min immediately before adding Ca²⁺ ions (3 mM final concentration).

Characterization of CysLT receptor antagonists by luminescence measurements

For the characterization of receptor antagonists, cells were loaded with coelenterazine in Tyrode containing 2 mM CaCl₂ for 3 h. Cells were incubated with test compounds for 5 min at room temperature prior to the addition of 10 nM LTD₄ (CysLT₁ and CysLT₂) or 10 nM LTC₄ (CysLT₂). Immediately before agonist addition, measurement of the aequorin luminescence was started for 1 min by using a charge-coupled device (CCD) camera (Hamamatsu Corporation, Shizuoka, Japan) in a light tight box.

Radioligand binding studies

CHO cells stably expressing the human CysLT₁ or CysLT₂ receptor were harvested after reaching 80% confluence. The cells were dispersed in buffer A containing 20 mM HEPES, pH 7.4, 5 mM MgCl₂, 10 µg·mL⁻¹ leupeptin, 10 µg·mL⁻¹ pepstatin, 1 µg·mL⁻¹ aprotinin, 1 mg·mL⁻¹ pefabloc and 0.5 mg·mL⁻¹ EDTA and subsequently homogenized by using an Ultra Turrax homogenizer (IKA, Staufen, Germany) for 10 min at 4°C. After centrifugation of the homogenate at 1000×g for 10 min at 4°C, the resulting supernatant was again centrifuged at 20 000×g for 30 min at 4°C. The supernatant was discarded, and the pellet was resuspended in binding buffer (20 mM HEPES, pH 7.4, 20 mM CaCl₂, 1 mM cysteine, 0.1% BSA) at a protein concentration of 1 mg mL⁻¹. For the competition studies, membrane preparations (300 µg mL⁻¹) were incubated with 200 pM [³H]-LTD₄ in binding buffer together with the test compounds at room temperature for 1 h. The specific activity of [³H]-LTD₄ used for the binding assay was 180 Ci mmol⁻¹. The [³H]-LTD₄ concentration of 200 pM was chosen according to Heise *et al.* (2000) and Frey *et al.* (1993). Under these experimental conditions, approximately 5–10% of [³H]-LTD₄ added to the incubation was bound. Non-specific binding of [³H]-LTD₄ was determined in the presence of 1 µM unlabelled LTD₄. Specific binding was linear with respect to radioligand and protein concentration, and represented 85–90% of the total [³H]-LTD₄ binding to the membranes. After termination of the reaction by addition of washing buffer (10 mM HEPES, pH 7.4, 0.01% BSA), the mixture was centrifuged at 10 000×g for 10 min at 4°C. The resulting supernatant was removed and the remaining radioactivity in the pellet was measured by liquid scintillation counting.

Characterization of guinea pig CysLT₁ and CysLT₂ receptor expression by quantitative real-time PCR

Quantitative TaqMan analysis was performed using the ABI PRISM 7900HT sequence detection system (Applied Biosystems, Foster City, CA, USA). Guinea pig tissue mRNA probes were obtained from male guinea pigs (CrI:HA, Charles River, Sulzfeld, Germany) weighing 325–375 g. Due to the limited tissue size, coronary arteries from three animals were pooled. Genomic DNA was removed by DNase digestion, and mRNAs were reverse transcribed using random hexamers. Comparable probe efficiencies were assured by titration of genomic DNA. Normalization was performed using the house-keeping gene L32 as control, and relative expression was calculated using the formula: relative expression = 2^{(18-Ct(probe)-Ct(L32))}. The parameter Ct is defined as the threshold cycle number at which the amplification plot passed a fixed threshold above baseline. The resulting expression is given in arbitrary units.

The following primers and fluorescent probes were used: CysLT₁: forward primer: 5'-TGGCTGATCTATTGTGTGTGTG-3'; probe: 5'-(FAM)ACACTGCCTCTCCGTGTGGCCTATT(TAMRA)-3'; reverse primer: 5'-AGCCAAATGCCTTTGTGAAC-3'; CysLT₂: forward primer: 5'-TGCTGAGTGTGGTGCGTTTT-3'; probe: 5'-(FAM)TGGCTACTGTTACCCCTTCCGGCT(TAMRA)-3'; reverse primer: 5'-CTGAAGCTGGTGACGTGGAG-3'; L32: forward primer: 5'-TGCTCACAATGTCTCCTCCA-3'; probe: 5'-(FAM)CAAGGCCATTGTGGAACGAGCAG(TAMRA)-3'; reverse primer: 5'-GTGACTCGGATGGCTAGCTG-3'

Effects of LTC₄, HAMI3379 and zafirlukast on Langendorff-perfused guinea pig hearts

All animal care and experimental protocols complied with the German Law for the Protection of Laboratory animals and were approved by the local Laboratory Animals Science and Welfare Council. Hearts from male guinea pigs (Dunkin Hartley, 200–250 g, from Charles River) were Langendorff perfused according to Letts and Piper (1982) at 37°C with a non-recirculating system. The perfusion medium was a filtered Krebs–Henseleit solution containing 10 mM glucose and 1.8 mM CaCl₂, equilibrated with O₂ + CO₂ (95% + 5%), to give a pH of 7.4 and a pO₂ of 650–700 mmHg. Perfusion was performed at a constant flow rate of 10 mL·min⁻¹. A latex balloon filled with saline and connected to a pressure transducer (TBD-1222, FMI GmbH, Seeheim, Germany) was inserted into the left ventricular cavity to measure the isovolumetric contractions of the left ventricle. Perfusion pressure was recorded by a second pressure transducer at the aortic cannula. Drug solutions were infused into the aortic cannula at a rate of 1% of the total flow rate. After an equilibration period, LTC₄ was infused with increasing concentration steps for 20 min. For the characterization of receptor antagonists, 10 nM LTC₄ was given continuously for the duration of the experiment. The antagonists were additionally infused with increasing concentration steps for 20 min.

Data analysis

The GraphPad Prism Software (version 4.02, GraphPad Software Inc., San Diego, CA, USA) was used for curve fitting and calculation of the half-maximal inhibitory concentration (IC₅₀) and of the half-maximal effective concentration (EC₅₀). The IC₅₀ and EC₅₀ values from the calcium mobilization assay were determined from four to six independent experiments performed in quadruplicate. The data from radioligand binding studies were derived from three to five independent experiments. IC₅₀ and EC₅₀ values are given as mean ± SEM.

Materials

HAMI3379 (3-(((1*S*,3*S*)-3-carboxycyclohexyl)amino)carbonyl)-4-(3-[4-[4-(cyclo-hexyloxy)butoxy]phenyl]propoxy)benzoic acid) was synthesized by the chemistry department of Bayer Schering Pharma AG (Wuppertal, Germany) as described (Härter *et al.*, 2004). BAY u9773 (4-(((1*R*,2*E*,4*E*,6*Z*,9*Z*)-1-[(1*S*)-4-carboxy-1-hydroxybutyl] pentadeca-2,4,6,9-tetraen-1-yl)thio)benzoic acid), LTC₄ and LTD₄ were purchased from Biomol (Hamburg, Germany). Zafirlukast (cyclopentyl{3-[2-methoxy-4-((2-methylphenyl)sulfonyl)amino]carbonyl}benzyl)-1-methyl-1*H*-indol-5-yl)carbamate) was eluted and purified from commercially available tablets.

Results

Characterization of recombinant CysLT₁ and CysLT₂ receptor cell lines

In the search for antagonists of the CysLT pathway, we identified 3-(((1*S*,3*S*)-3-carboxycyclohexyl)amino)carbonyl)-4-(3-[4-(cyclo-hexyloxy)butoxy]phenyl]propoxy)benzoic acid

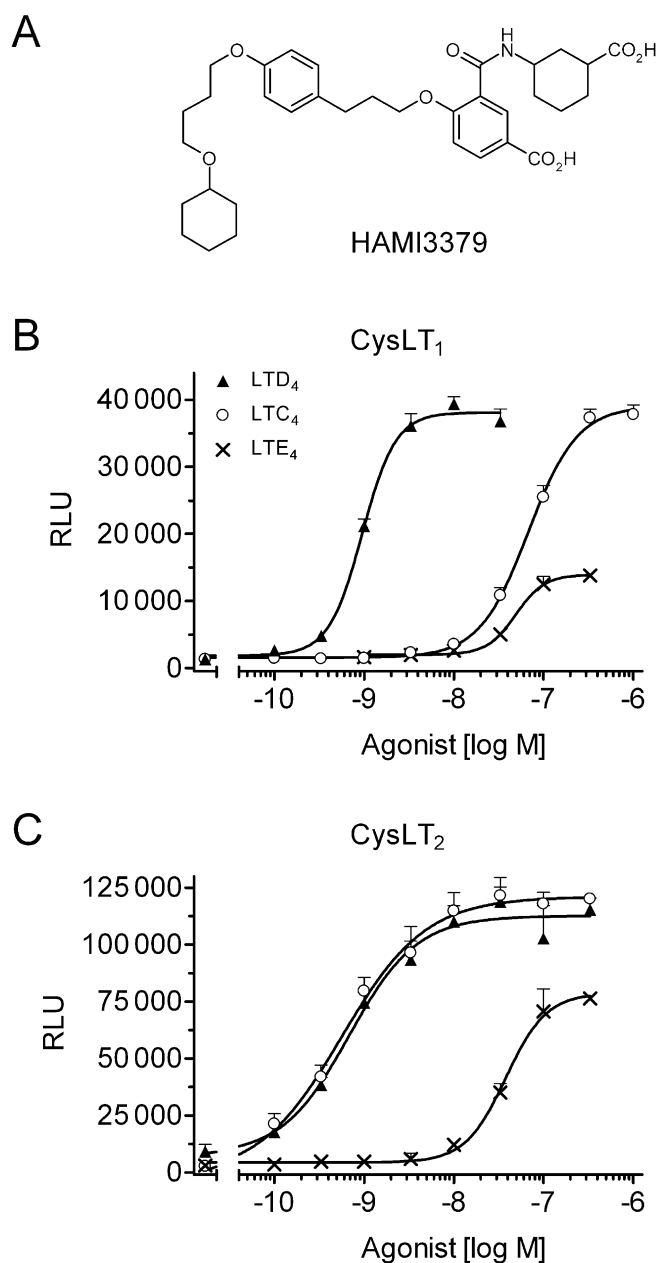


Figure 1 Characterization of recombinant CysLT₁ and CysLT₂ receptor cell lines. (A) Structure of HAMI3379. (B, C) Agonistic activities of LTC₄, LTD₄ and LTE₄ on reporter cell lines stably transfected with (B) human CysLT₁ or (C) human CysLT₂ receptors. Results are expressed as relative light units (RLU), and data are presented as mean \pm SEM ($n = 4$).

(HAMI3379) as a potent CysLT₂ receptor antagonist (Figure 1A).

In order to assess the potency and selectivity of HAMI3379, CHO cells stably transfected with either the human CysLT₁, or the human CysLT₂ receptor were generated and intracellular calcium mobilization was monitored by aequorin luminescence measurements, according to Heise *et al.* (2000). For the characterization of our newly generated CysLT₁ and CysLT₂ receptor reporter cell lines, we used the natural receptor

ligands LTC₄, LTD₄ and LTE₄. Both recombinant CysLT receptor cell lines responded in a concentration-dependent manner to the agonists. The rank order for the activation of the CysLT₁ receptor cell line was LTD₄ > LTC₄ > LTE₄, with respective EC₅₀ values of 1.12 ± 0.16 nM, 51.2 ± 9.0 nM and 55.9 ± 6.5 nM (Figure 1B). LTE₄-mediated luminescence signals reached only ~30–50% of the maximal stimulation obtained with the full agonists LTD₄ and LTC₄. The rank order for the activation of the CysLT₂ receptor cell line was LTD₄–LTC₄ > LTE₄. LTD₄ and LTC₄ stimulated intracellular calcium mobilization in the recombinant CysLT₂ receptor cell line with EC₅₀ values of 0.99 ± 0.22 nM and 0.81 ± 0.13 nM respectively (Figure 1C). LTE₄ stimulated the CysLT₂ receptor cell line with lower potency (EC₅₀ = 59.0 ± 6.2 nM; Figure 1C). In addition, LTE₄-mediated luminescence signals reached ~40–70% of the maximal stimulation obtained with the full agonists LTD₄ and LTC₄.

Characterization of CysLT receptor antagonists by luminescence measurements

Preincubation with HAMI3379 only weakly inhibited 10 nM LTD₄-induced (~EC_{80–90}) calcium release in the reporter cell line expressing the human CysLT₁ receptor (IC₅₀ > 10 000 nM; Figure 2A). In contrast, HAMI3379 was found to cause potent inhibition of 10 nM LTD₄- and LTC₄-induced (~EC_{80–90}) intracellular calcium release in the CysLT₂ receptor cell line, with IC₅₀ values of 3.8 ± 0.6 nM and 4.4 ± 0.7 nM respectively (Figure 2B,C). The structurally distinct CysLT₁ receptor antagonist zafirlukast (Krell *et al.*, 1990) potently inhibited LTD₄-induced calcium mobilization in the CysLT₁ receptor cell line (IC₅₀ = 20.6 ± 4.1 nM; Figure 2A). However, zafirlukast was only weakly active on the CysLT₂ receptor cell line (IC₅₀ ~7000 nM; Figure 2B,C). The dual CysLT₁/CysLT₂ receptor antagonist and partial CysLT₂ receptor agonist BAY u9773 (Labat *et al.*, 1992; Tudhope *et al.*, 1994) was also tested. In the CysLT₁ receptor cell line, BAY u9773 inhibited 10 nM LTD₄-induced luminescence signals with an IC₅₀ value of ~5000 nM (Figure 2A). In the CysLT₂ receptor cell line, BAY u9773 inhibited 10 nM LTD₄- and LTC₄-induced calcium signals with IC₅₀ values of 18.3 ± 1.1 nM and 19.5 ± 3.8 nM respectively (Figure 2B,C).

Next, we tested if HAMI3379, zafirlukast and BAY u9773 were able to activate CysLT₁ and CysLT₂ receptors and stimulate intracellular calcium mobilization in the absence of LTC₄ or LTD₄. HAMI3379 was added to both the CysLT₁ (Figure 3A) and the CysLT₂ (Figure 3B) receptor cell lines and did not induce any intracellular calcium mobilization when tested up to 10 000 nM. The same results were obtained with the selective CysLT₁ receptor antagonist zafirlukast (data not shown). BAY u9773 did not stimulate calcium mobilization when added to the CysLT₁ receptor cell line (Figure 3A). In contrast, BAY u9773 stimulated luminescence signals in the CysLT₂ receptor cell line with an EC₅₀ value of 69.5 ± 8.3 nM (Figure 3B). The response to BAY u9773 was concentration dependent and reached ~40–50% of the maximal luminescence signals obtained by stimulation with the full agonists LTC₄ and LTD₄. In addition, HAMI3379 (1 μ M) effectively abolished the luminescence signals stimulated by BAY u9773 (Figure 3B).

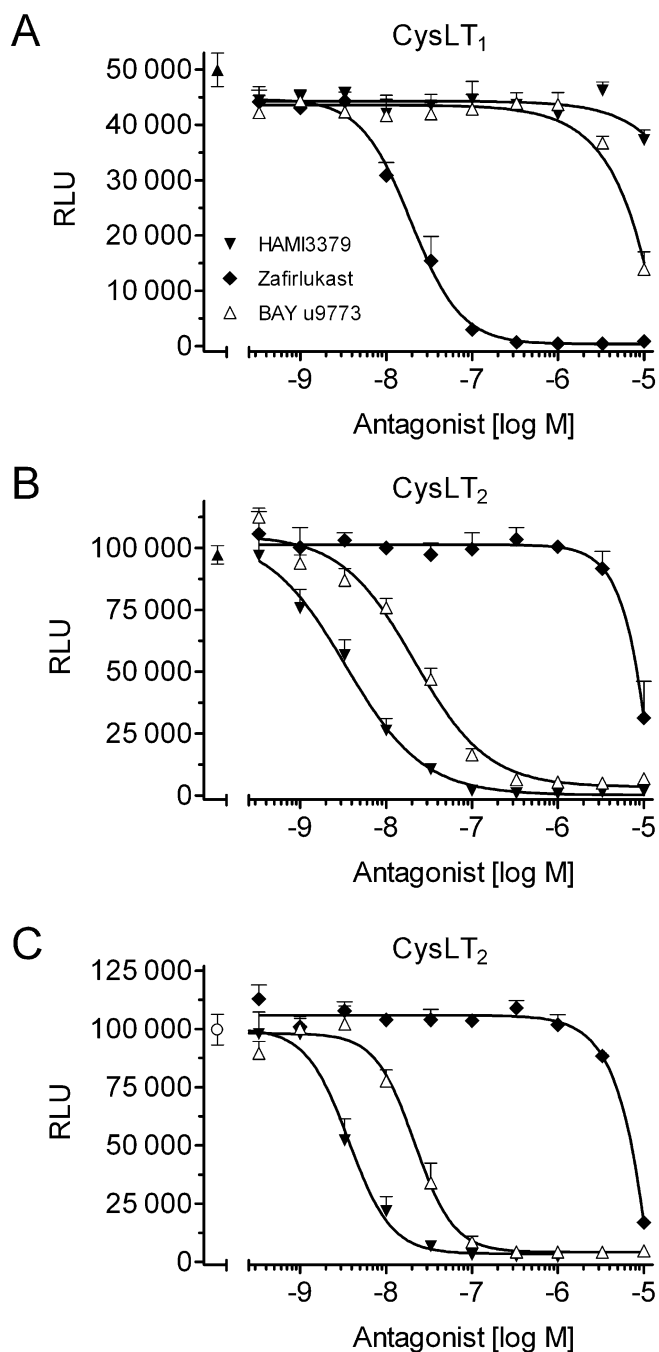


Figure 2 Characterization of CysLT receptor antagonists by luminescence measurements. (A) Inhibition curves of HAMI3379, zafirlukast and BAY u9773 using stably transfected CysLT₁ receptor reporter cells challenged with 10 nM LTD₄. (B, C) Corresponding inhibition curves using CysLT₂ receptor reporter cells challenged with (B) 10 nM LTD₄ or (C) 10 nM LTC₄. Data are presented as mean ± SEM (*n* = 4).

Radioligand binding studies

We next performed saturation analysis of [³H]-LTD₄ binding to membranes prepared from our recombinant CysLT₁ and CysLT₂ receptor cell lines. Membranes from CysLT receptor transfected CHO cells specifically bound [³H]-LTD₄, whereas membranes prepared from non-transfected control cells did

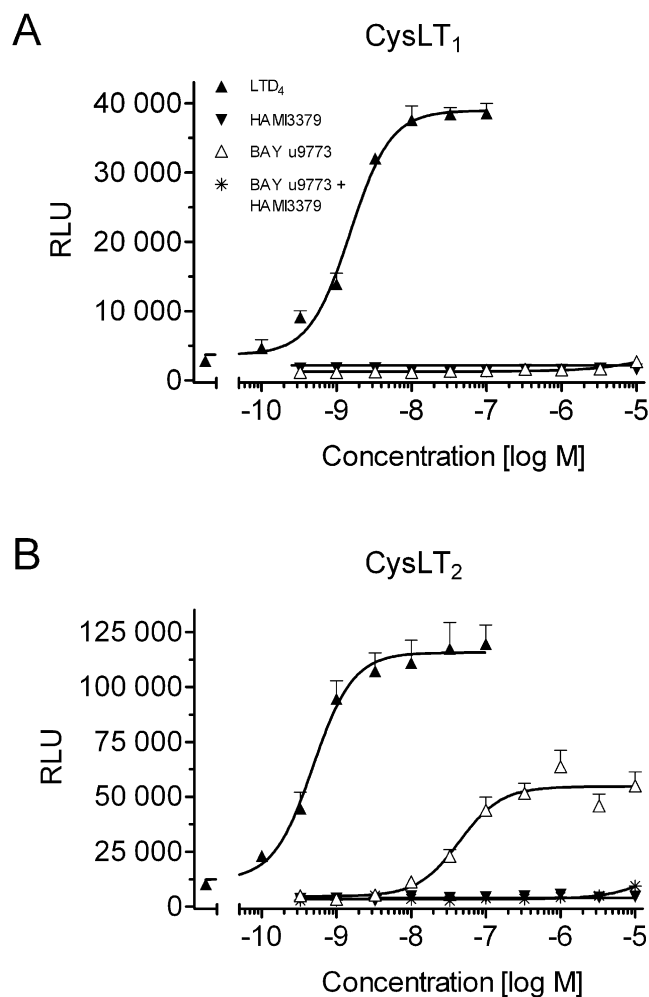


Figure 3 Characterization of CysLT receptor antagonists by luminescence measurements. Intracellular calcium mobilization induced by LTD₄, HAMI3379, BAY u9773, and BAY u9773 in the presence of 1 μM HAMI3379 on reporter cell lines stably transfected with (A) human CysLT₁ or (B) human CysLT₂ receptors. Data are presented as mean ± SEM (*n* = 4).

not exhibit specific [³H]-LTD₄ binding (data not shown). This effect could be inhibited by increasing concentrations of unlabelled LTD₄ (Figure 4A) with IC₅₀ values of 2.9 ± 0.7 nM (CysLT₁) and 1.3 ± 0.2 nM (CysLT₂) respectively. HAMI3379 displaced [³H]-LTD₄ bound to the CysLT₂ receptor with an IC₅₀ value of 37.9 ± 14.7 nM (Figure 4B). In contrast, HAMI3379 showed very low affinity to the CysLT₁ receptor (IC₅₀ > 30 000 nM).

The CysLT₁ receptor selective antagonist zafirlukast displaced [³H]-LTD₄ with an IC₅₀ value of 45.4 ± 14.8 nM at the CysLT₁ receptor (Figure 4C), but was found to be inactive at the CysLT₂ receptor (IC₅₀ > 10 000 nM). In addition, BAY u9773 inhibited radioligand binding at the CysLT₂ receptor with an IC₅₀ value of 496 ± 173 nM. However, BAY u9773 showed only very low activity (IC₅₀ value > 10 000 nM) against membranes prepared from the human CysLT₁ receptor cell line (Figure 4D).

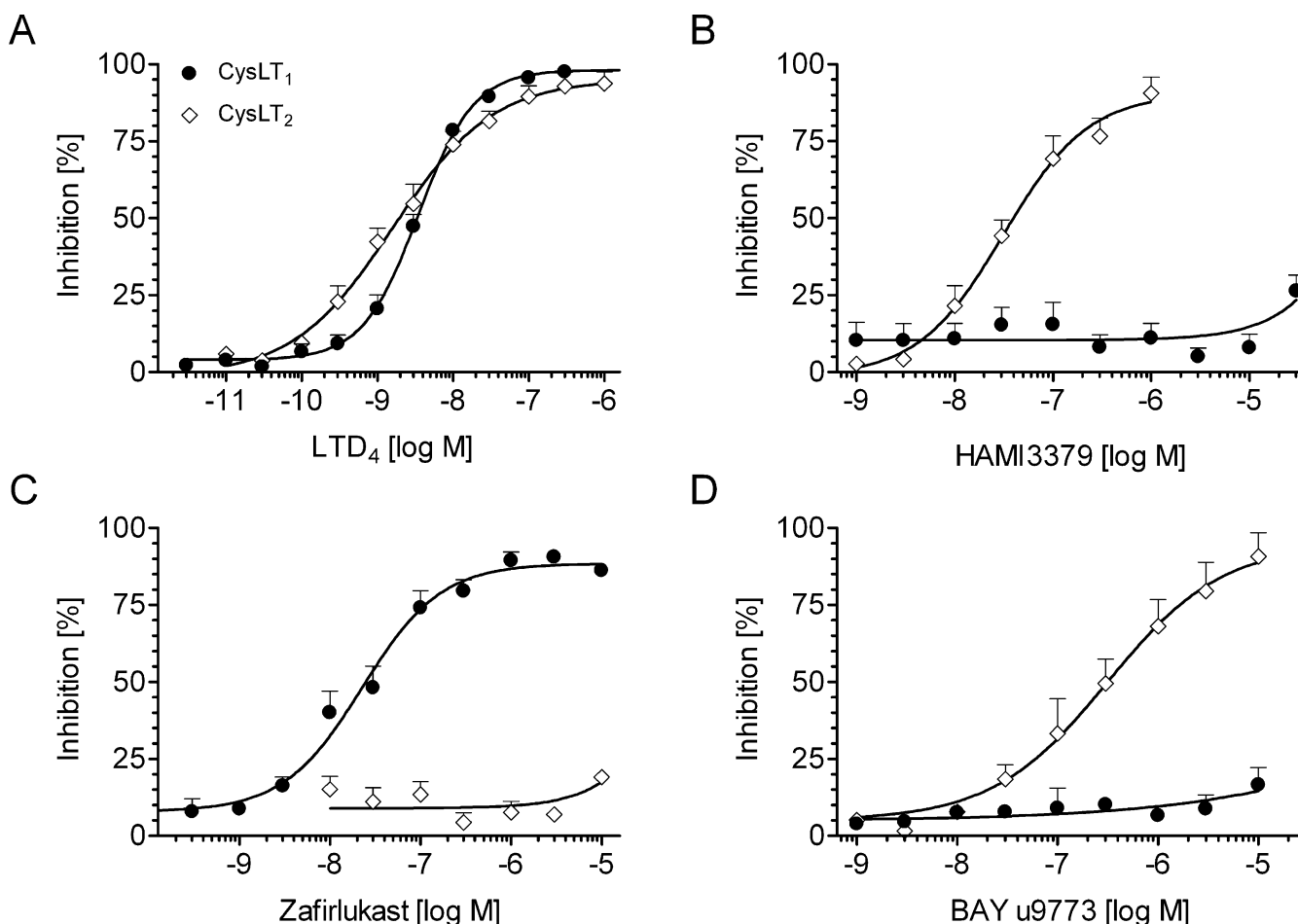


Figure 4 Radioligand binding studies. Effects of (A) LTD₄, (B) HAMI3379, (C) zafirlukast and (D) BAY u9773 on competitive binding of [³H]-LTD₄ to membranes prepared from the recombinant CysLT₁ and CysLT₂ receptor cell lines. Data are presented as mean ± SEM (*n* = 3–5).

Characterization of guinea pig CysLT₁ and CysLT₂ receptor expression by quantitative real-time RT-PCR

We next studied the expression of CysLT₁ and CysLT₂ receptors in guinea pig lung and heart tissue by quantitative real-time RT-PCR. As shown in Figure 5, we confirmed high expression levels of the CysLT₁ receptor and medium expression levels of the CysLT₂ receptor in guinea pig lung. In addition, we were able to detect high expression levels of the CysLT₂ receptor in left and right heart ventricle and coronary artery. CysLT₁ receptor expression was also detected in guinea pig heart ventricles and coronary artery, however, at significantly lower levels compared to the CysLT₂ receptor.

Effects of LTC₄, HAMI3379 and zafirlukast on Langendorff-perfused guinea pig hearts

The effects of LTC₄, HAMI3379 and zafirlukast on isolated, Langendorff-perfused, guinea pig hearts were examined under constant flow conditions. Langendorff-perfused hearts were stimulated with LTC₄ to preferentially stimulate the CysLT₂ receptor and to monitor CysLT₂ receptor-mediated cardiac effects. Continuous perfusion of the hearts with increasing concentrations (10⁻¹⁰–10⁻⁷ M) of LTC₄ resulted in a significant increase in coronary perfusion pressure, a decrease of the left

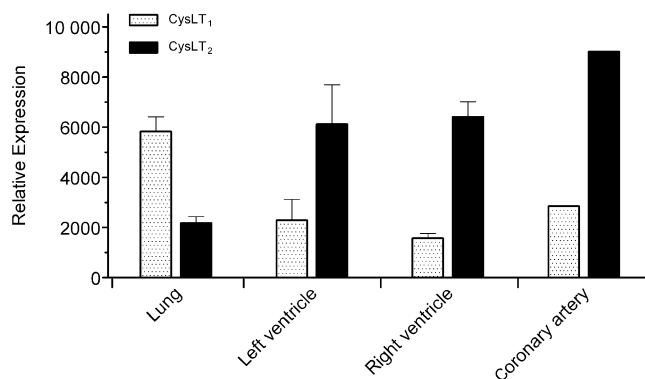


Figure 5 Characterization of CysLT₁ and CysLT₂ receptor expression in guinea pig tissues by quantitative real-time RT-PCR. Analysis was performed on guinea pig lung and heart tissue cDNAs using specific oligonucleotide probes. Expression levels were normalized to the house-keeping gene L32. Data are presented as mean ± SEM (*n* = 3).

ventricular contractility (dp/dt_{max}) and of the left ventricular developed pressure (LVDP), whereas the heart rate remained unaffected (Figure 6). These effects persisted for the time of LTC₄ perfusion if no antagonist was added. For the characterization of receptor antagonists, 10 nM LTC₄ was given

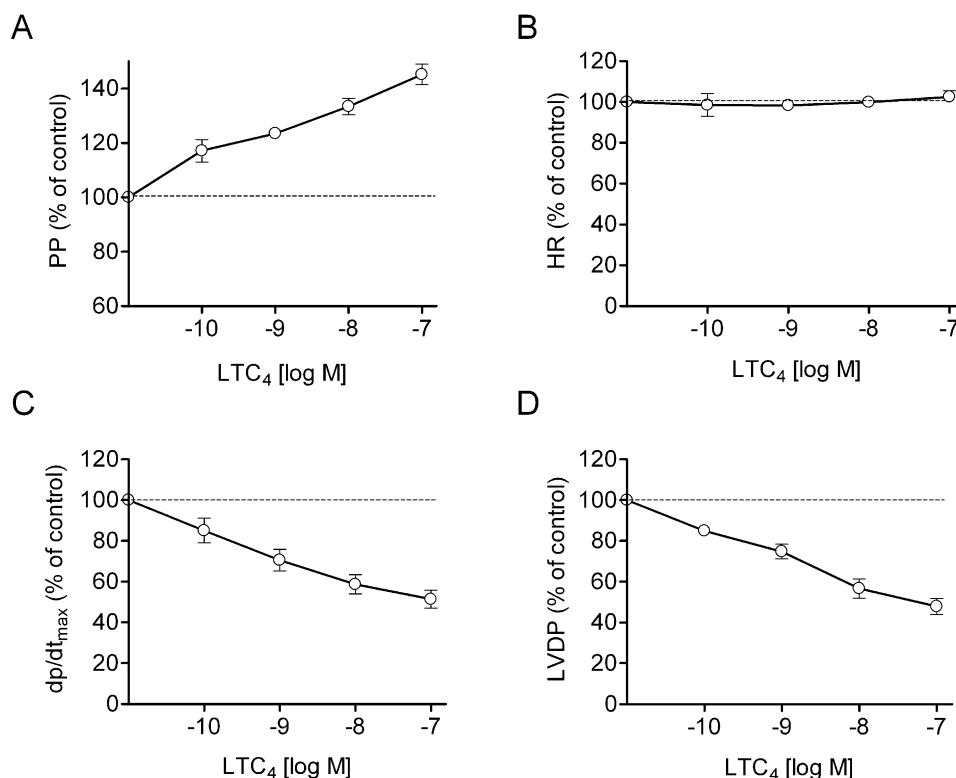


Figure 6 Effects of LTC₄ in Langendorff-perfused guinea pig hearts. Effects of LTC₄ on (A) perfusion pressure (PP), (B) heart rate (HR), (C) contractility (dp/dt_{max}) and (D) left ventricular developed pressure (LVDP). Hearts were perfused with increasing concentrations of LTC₄. Data are presented as mean ± SEM (*n* = 16).

continuously for the duration of the experiment. Addition of HAMI3379 concentration-dependently antagonized the LTC₄-induced perfusion pressure increase and the negative effects of LTC₄ on contractility (Figure 7). Perfusion with HAMI3379 (10⁻⁸–10⁻⁶ M) in the absence of LTC₄ had no influence on perfusion pressure, heart rate or contractility (data not shown). In contrast to HAMI3379, the CysLT₁ receptor antagonist zafirlukast (10⁻⁸–10⁻⁶ M) was not able to antagonize the cardiac effects induced by 10⁻⁸ M LTC₄ (Figure 8).

Discussion

CysLT effects are mediated by at least two different G protein-coupled receptors, the CysLT₁ and the CysLT₂ receptor, respectively. Both receptors have been cloned, and their tissue distribution has been characterized. Whereas the relevance of the CysLT₁ receptor in inflammatory diseases such as asthma has been extensively investigated, an in-depth characterization of the (patho)physiological role of the CysLT₂ receptor has been hindered by the lack of selective CysLT₂ receptor antagonists. In this report, we describe the identification and initial pharmacological characterization of HAMI3379, the first potent and selective CysLT₂ receptor antagonist, which is devoid of CysLT receptor agonism.

We have characterized the antagonistic and agonistic properties of HAMI3379 on human CysLT₁ and CysLT₂ receptors, respectively. The results show that HAMI3379 potently and selectively antagonizes LTD₄- and LTC₄-induced intracellular

calcium mobilization and [³H]-LTD₄ binding using a recombinant human CysLT₂ receptor cell line. The potency of HAMI3379 on the human CysLT₁ receptor cell line was found to be very low. In addition, the compound was tested for its ability to activate the two human CysLT receptors. In contrast to the partial CysLT₂ receptor agonist BAY u9773 (Labat *et al.*, 1992; Tudhope *et al.*, 1994), HAMI3379 did not induce intracellular calcium mobilization. This is an important finding that clearly differentiates HAMI3379 from BAY u9773. A putative CysLT receptor agonism of HAMI3379 would preclude the use of this compound for the treatment of cardiovascular indications.

We also tried to characterize the activity of HAMI3379 on GPR17, recently identified as a CysLT receptor (Ciana *et al.*, 2006). Unfortunately, we were not able to reproduce GPR17 activation by LTC₄ or LTD₄ in different expression systems (F. Wunder, unpubl. data). Similar observations have recently been made by other groups (Maekawa *et al.*, 2009).

The LTE₄ analogue BAY u9773 antagonized LTD₄- and LTC₄-mediated luminescence signals and acted as a partial agonist on CysLT₂ receptor cells with comparable potencies. Interestingly, BAY u9773 was relatively weakly active on the human recombinant CysLT₁ receptor cell line, in both the functional as well as the binding assay. The weak potency of BAY u9773 at the human CysLT₁ receptor might be species related, as antagonistic activities against both CysLT receptors were observed in tissues from experimental animals (Tudhope *et al.*, 1994). Similar differences in the antagonistic potency have been reported for pranlukast on human and murine

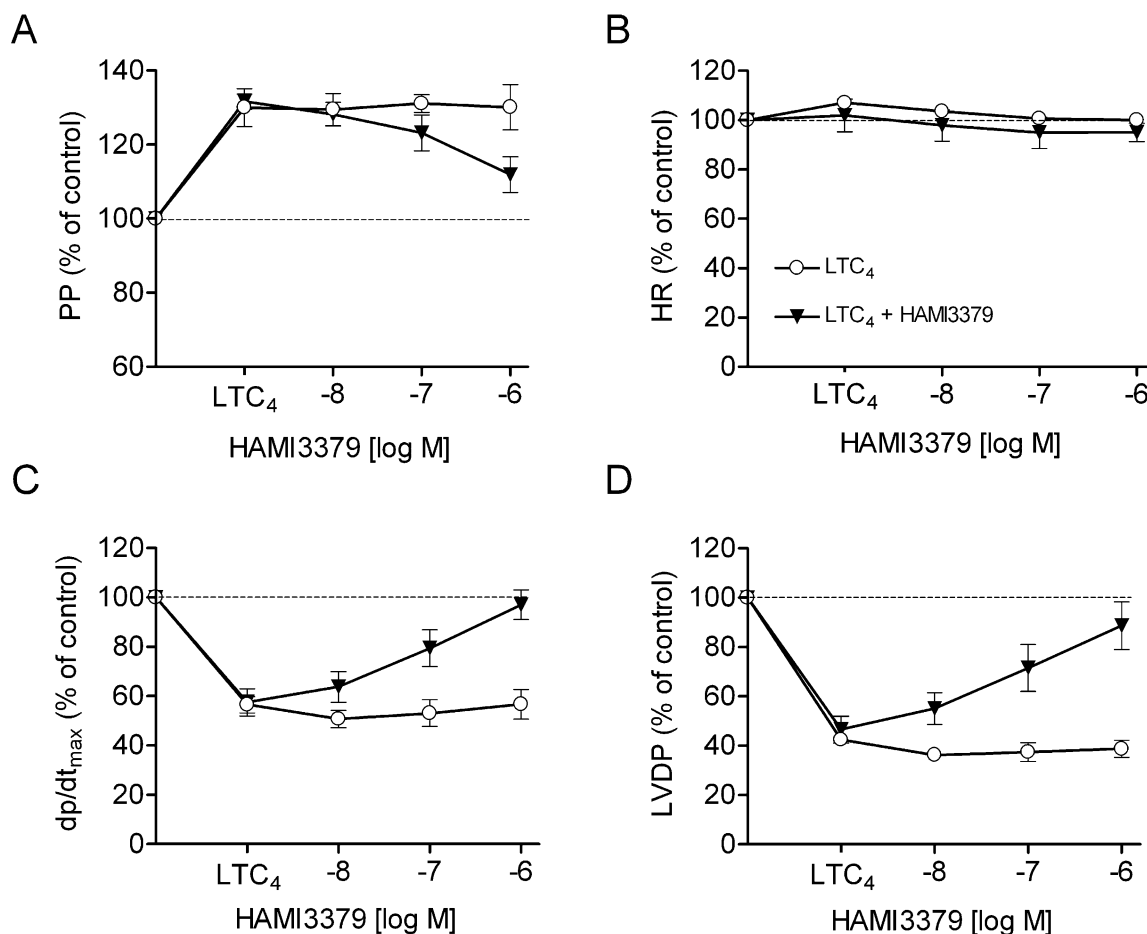


Figure 7 Effects of HAMI3379 in Langendorff-perfused guinea pig hearts. Effects of HAMI3379 on (A) perfusion pressure (PP), (B) heart rate (HR), (C) contractility (dp/dt_{max}) and (D) left ventricular developed pressure (LVDP) in the presence of LTC₄. Hearts were constantly perfused either with 10 nM LTC₄ alone or with LTC₄ in the presence of increasing concentrations of HAMI3379. Data are presented as mean \pm SEM ($n = 10$).

CysLT₂ receptors (Ogasawara *et al.*, 2002). In addition, tissues with predominant CysLT₁ receptor expression might also express certain (low) levels of the CysLT₂ receptor. This would lead to mixed CysLT₁/CysLT₂ receptor populations and could interfere with the pharmacological characterization of CysLT receptor antagonists. Therefore, cell lines with recombinant receptors offer a valuable method for the pharmacological characterization of isolated CysLT₁ and CysLT₂ receptors and their respective ligands.

CysLTs have been implicated in the pathophysiology of atherosclerosis and coronary heart disease (Letts, 1987; Fauler and Frölich, 1989; Carry *et al.*, 1992; Allen *et al.*, 1993, 1998; Folco *et al.*, 2000; Funk, 2005). However, the precise roles of CysLTs and their respective receptors in cardiovascular physiology remain largely to be explored. The tissue distribution of the CysLT₂ receptor suggests an important function for this receptor in the cardiovascular system. High levels of CysLT₂ receptor expression have been detected in the human myocardium and conduction system, as well as in human coronary artery smooth muscle cells and vascular endothelial cells. In contrast, expression of the CysLT₁ receptor mRNA is barely detectable in human heart and coronary arteries (Heise *et al.*, 2000; Nothacker *et al.*, 2000; Takasaki *et al.*, 2000; Hui

et al., 2001; Kamohara *et al.*, 2001; Sjöström *et al.*, 2003). These published data are in good agreement to the results of our quantitative real-time RT-PCR experiments using guinea pig tissues. We could detect very high expression of the CysLT₂ receptor in guinea pig heart ventricles and coronary artery. In contrast, expression of the CysLT₁ receptor in these tissues was found to be significantly lower.

According to the expression data, the CysLT₂ receptor may mediate cardiovascular CysLT effects, including coronary vasoconstriction, negative inotropy and increased vascular permeability. Therefore, we characterized the effects of the CysLT antagonists HAMI3379 and zafirlukast on LTC₄-treated, Langendorff-perfused, guinea pig hearts. The results presented in this report show that HAMI3379 is an effective antagonist of the cardiac effects of LTC₄. Since HAMI3379 blocked most (~90–95%) of the cardiac LTC₄ effects, and the CysLT₁ receptor selective antagonist zafirlukast was found to be inactive in this experimental setting, the results imply that the cardiac CysLT effects are predominantly mediated by CysLT₂ receptors and therefore are in good agreement to the high expression of the CysLT₂ receptor in heart and blood vessels. However, according to the available data, an additional contribution of the CysLT₁ receptor to cardiac CysLT effects

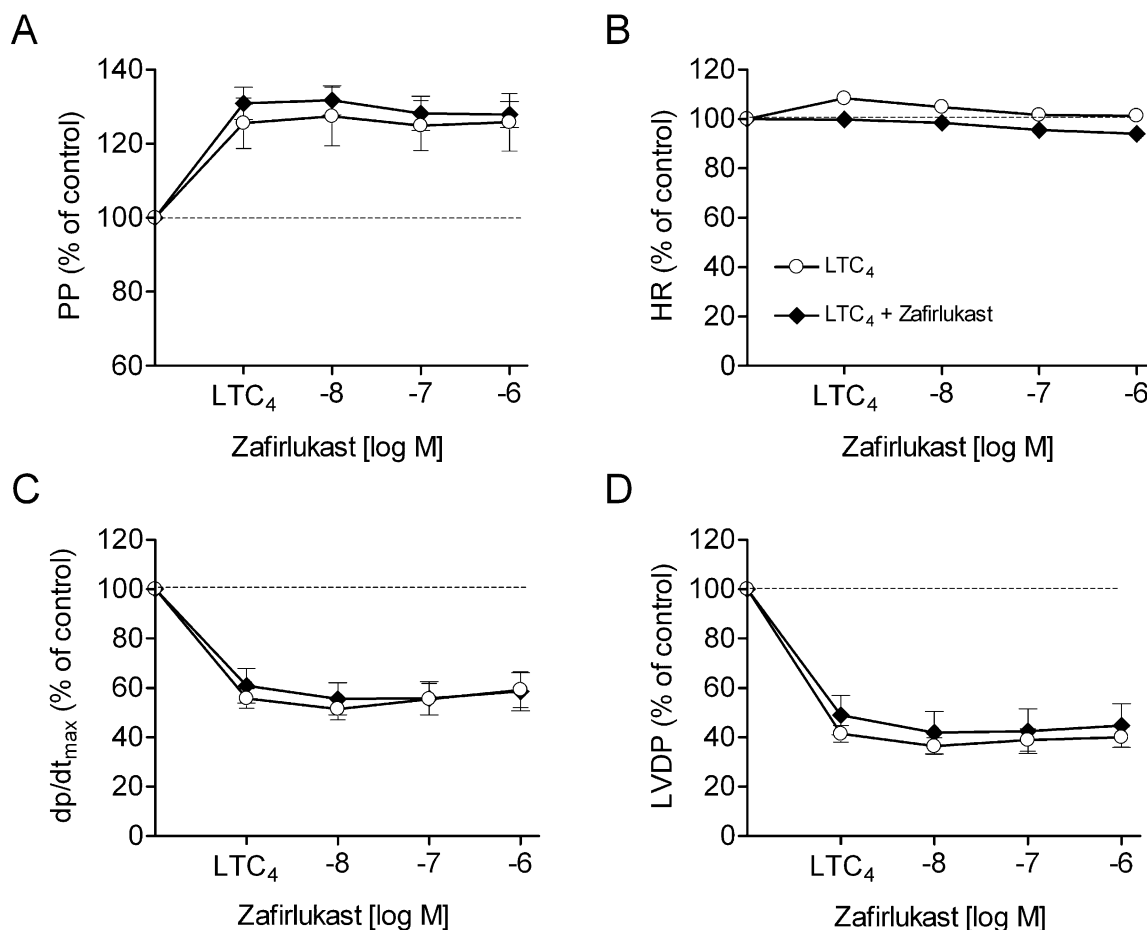


Figure 8 Effects of zafirlukast in Langendorff-perfused guinea pig hearts. Effects of zafirlukast on (A) perfusion pressure (PP), (B) heart rate (HR), (C) contractility (dp/dt_{max}) and (D) left ventricular developed pressure (LVDP) in the presence of LTC₄. Hearts were constantly perfused either with 10 nM LTC₄ alone or with LTC₄ in the presence of increasing concentrations of zafirlukast. Data are presented as mean \pm SEM ($n = 5$).

cannot be completely ruled out. In previous studies, it has been shown that CysLT₁ receptor antagonists were also able to antagonize cardiac CysLT effects (Burke *et al.*, 1982; McLeod and Piper, 1991; Allen *et al.*, 1993). Therefore, further studies are required to clarify whether cardiac CysLT effects are mediated by the CysLT₂ receptor only.

It is tempting to speculate that HAMI3379 might have beneficial effects in various cardiovascular indications, for example during myocardial infarction, by antagonizing the negative inotropy and coronary constriction induced by endogenously synthesized CysLTs. HAMI3379 might also reduce the plasma leakage under these conditions, since the CysLT₂ receptor is highly expressed in vascular endothelial cells and has been linked to increased vascular permeability (Sjöström *et al.*, 2003; Beller *et al.*, 2004; Jiang *et al.*, 2008; Moos *et al.*, 2008).

Besides being widely expressed in cardiovascular tissues, the CysLT₂ receptor has also been detected in peripheral blood leukocytes, macrophages, mast cells, eosinophils, lymph nodes and spleen, which implies a role for the CysLT₂ receptor in immune and inflammatory responses, as well (Heise *et al.*, 2000; Nothacker *et al.*, 2000; Takasaki *et al.*, 2000; Kanaoka and Boyce, 2004).

In summary, we have identified the first potent and selective CysLT₂ receptor antagonist, HAMI3379. Using this compound, we could clearly show that the CysLT₂ receptor mediates cardiovascular CysLT effects in rodents. HAMI3379 will certainly help to elucidate further the (patho)physiological relevance of the CysLT₂ receptor and may offer a novel therapeutic approach for the treatment of cardiovascular and inflammatory diseases.

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Conflicts of interest

None. All authors are employees of Bayer Schering Pharma AG.

References

- Alexander S, Mathie A, Peters J (2009). Guide to receptors and channels (GRAC), 4th edition (2009 revision). *Br J Pharmacol* **158** (Suppl. 1): S1–S254.
- Allen SP, Dashwood MR, Chester AH, Tadjkarimi S, Collins M, Piper PJ *et al.* (1993). Influence of atherosclerosis on the vascular reactivity of isolated human epicardial coronary arteries to leukotriene C₄. *Cardioscience* **4**: 47–54.
- Allen S, Dashwood M, Morrison K, Yacoub M (1998). Differential leukotriene constrictor responses in human atherosclerotic coronary arteries. *Circulation* **97**: 2406–2413.
- Bäck M (2009). Leukotriene signaling in atherosclerosis and ischemia. *Cardiovasc Drugs Ther* **23**: 41–48.
- Beller TC, Maekawa A, Friend DS, Austen KF, Kanaoka Y (2004). Targeted gene disruption reveals the role of the cysteinyl leukotriene 2 receptor in increased vascular permeability and in bleomycin-induced pulmonary fibrosis in mice. *J Biol Chem* **279**: 46129–46134.
- Burke JA, Levi R, Guo Z-G, Corey EJ (1982). Leukotrienes C₄, D₄ and E₄: effects on human and guinea pig cardiac preparations *in vitro*. *J Pharmacol Exp Ther* **221**: 235–241.
- Capra V, Thompson MD, Sala A, Cole DE, Folco G, Rovati GE (2007). Cysteinyl-leukotrienes and their receptors in asthma and other inflammatory diseases: critical update and emerging trends. *Med Res Rev* **27**: 469–527.
- Carry M, Korley V, Willerson JT, Weigelt L, Ford-Hutchinson AW, Tagari P (1992). Increased urinary leukotriene excretion in patients with cardiac ischemia. *In vivo* evidence for 5-lipoxygenase activation. *Circulation* **85**: 230–236.
- Ciana P, Fumagalli M, Trincavelli ML, Verderio C, Rosa P, Lecca D *et al.* (2006). The orphan receptor GPR17 identified as a new dual uracil nucleotides/cysteinyl-leukotrienes receptor. *EMBO J* **25**: 4615–46127.
- Coleman RA, Eglen RM, Jones RL, Narumiya S, Shimizu T, Smith WL *et al.* (1995). Prostanoid and leukotriene receptors: a progress report from the IUPHAR working parties on classification and nomenclature. *Adv Prostaglandin Thromboxane Leukot Res* **23**: 283–285.
- Drazen JM, Israel E, O'Byrne MB (1999). Treatment of asthma with drugs modifying the leukotriene pathway. *N Engl J Med* **340**: 197–206.
- Fauler J, Frölich JC (1989). Cardiovascular effects of leukotrienes. *Cardiovasc Drugs Ther* **3**: 499–505.
- Folco G, Rossoni G, Buccellati C, Berti F, Maclouf J, Sala A (2000). Leukotrienes in cardiovascular diseases. *Am J Respir Crit Care Med* **161**: S112–S116.
- Frey EA, Nicholson DW, Metters KM (1993). Characterization of the leukotriene D₄ receptor in dimethylsulphoxide-differentiated U937 cells: comparison with the leukotriene D₄ receptor in human lung and guinea-pig lung. *Eur J Pharmacol* **244**: 239–250.
- Funk CD (2001). Prostaglandins and leukotrienes: advances in eicosanoid biology. *Science* **294**: 1871–1875.
- Funk CD (2005). Leukotriene modifiers as potential therapeutics for cardiovascular disease. *Nat Rev Drug Discov* **4**: 664–672.
- Härter M, Ergüden J, Wunder F, Tinel H, Köbberling J, Becker EM *et al.* (2004). Isophthalic acid derivatives. Patent WO-2004052839-A 2004-06-24.
- Heise CE, O'Dowd BF, Figueroa DJ, Sawyer N, Nguyen T, Im DS *et al.* (2000). Characterization of the human cysteinyl leukotriene 2 receptor. *J Biol Chem* **275**: 30531–30536.
- Helgadottir A, Manolescu A, Thorleifsson G, Gretarsdottir S, Jonsdottir H, Thorsteinsdottir U *et al.* (2004). The gene encoding 5-lipoxygenase activating protein confers risk of myocardial infarction and stroke. *Nat Genet* **36**: 233–239.
- Hui Y, Cheng Y, Smalera I, Jian W, Goldhahn L, Fitzgerald GA *et al.* (2004). Directed vascular expression of human cysteinyl leukotriene 2 receptor modulates endothelial permeability and systemic blood pressure. *Circulation* **110**: 3360–3366.
- Hui Y, Yang G, Galczenski H, Figueroa DJ, Austin CP, Copeland NG *et al.* (2001). The murine cysteinyl leukotriene 2 (CysLT₂) receptor. cDNA and genomic cloning, alternative splicing, and *in vitro* characterization. *J Biol Chem* **276**: 47489–47495.
- Jiang W, Hall SR, Moos MP, Cao RY, Ishii S, Ogunyankin KO *et al.* (2008). Endothelial cysteinyl leukotriene 2 receptor expression mediates myocardial ischemia-reperfusion injury. *Am J Pathol* **172**: 592–602.
- Kamohara M, Takasaki J, Matsumoto M, Matsumoto Si, Saito T, Soga T *et al.* (2001). Functional characterization of cysteinyl leukotriene CysLT(2) receptor on human coronary artery smooth muscle cells. *Biochem Biophys Res Commun* **287**: 1088–1092.
- Kanaoka Y, Boyce JA (2004). Cysteinyl leukotrienes and their receptors: cellular distribution and function in immune and inflammatory responses. *J Immunol* **173**: 1503–1510.
- Krell RD, Aharony D, Buckner CK, Keith RA, Kusner EJ, Snyder DW *et al.* (1990). The preclinical pharmacology of ICI 204,219. A peptide leukotriene antagonist. *Am Rev Respir Dis* **141**: 978–987.
- Labat C, Ortiz JL, Norel X, Gorenne I, Verley J, Abram TS *et al.* (1992). A second cysteinyl leukotriene receptor in human lung. *J Pharmacol Exp Ther* **263**: 800–805.
- Letts LG (1987). Leukotrienes: role in cardiovascular physiology. *Cardiovasc Clin* **18**: 101–113.
- Letts LG, Piper PJ (1982). The actions of leukotrienes C₄ and D₄ on guinea-pig isolated hearts. *Br J Pharmacol* **76**: 169–176.
- Lynch KR, O'Neill GP, Liu Q, Im DS, Sawyer N, Metters KM *et al.* (1999). Characterization of the human cysteinyl leukotriene CysLT1 receptor. *Nature* **399**: 789–793.
- Maekawa A, Balestrieri B, Austen KF, Kanaoka Y (2009). GPR17 is a negative regulator of the cysteinyl leukotriene 1 receptor response to leukotriene D₄. *Proc Natl Acad Sci U S A* **106**: 11685–11690.
- Maekawa A, Kanaoka Y, Xing W, Austen KF (2008). Functional recognition of a distinct receptor preferential for leukotriene E₄ in mice lacking the cysteinyl leukotriene 1 and 2 receptors. *Proc Natl Acad Sci U S A* **105**: 16695–16700.
- McLeod JD, Piper PJ (1991). Effect of ICI 198,615, SK+F 104,353, MK-571 and CGP45715A on cysteinyl leukotriene-induced responses in guinea-pig heart. *Prostaglandins* **41**: 395–406.
- Moos MP, Mewburn JD, Kan FW, Ishii S, Abe M, Sakimura K *et al.* (2008). Cysteinyl leukotriene 2 receptor-mediated vascular permeability via transendothelial vesicle transport. *FASEB J* **22**: 4352–4362.
- Nothacker HP, Wang Z, Zhu Y, Reinscheid RK, Lin SH, Civelli O (2000). Molecular cloning and characterization of a second human cysteinyl leukotriene receptor: discovery of a subtype selective agonist. *Mol Pharmacol* **58**: 1601–1608.
- Ogasawara H, Ishii S, Yokomizo T, Kakinuma T, Komine M, Tamaki K *et al.* (2002). Characterization of mouse cysteinyl leukotriene receptors mCysLT1 and mCysLT2: differential pharmacological properties and tissue distribution. *J Biol Chem* **277**: 18763–18768.
- Riccioni G, Bucciarelli T, Mancini B, Di Ilio C, D'Orazio N (2007). Antileukotriene drugs: clinical application, effectiveness and safety. *Curr Med Chem* **14**: 1966–1977.
- Sarau HM, Ames RS, Chambers J, Ellis C, Elshourbagy N, Foley JJ *et al.* (1999). Identification, molecular cloning, expression, and characterization of a cysteinyl leukotriene receptor. *Mol Pharmacol* **56**: 657–663.
- Sharma JN, Mohammed LA (2006). The role of leukotrienes in the pathophysiology of inflammatory disorders: is there a case for revisiting leukotrienes as therapeutic targets? *Inflammopharmacology* **14**: 10–16.
- Sjöström M, Johansson AS, Schröder O, Qiu H, Palmblad J, Haggström JZ (2003). Dominant expression of the CysLT₂ receptor accounts for calcium signaling by cysteinyl leukotrienes in human umbilical vein endothelial cells. *Arterioscler Thromb Vasc Biol* **23**: e37–e41.
- Spanbroek R, Grabner R, Lotzer K, Hildner M, Urbach A, Ruhling K

- et al.* (2003). Expanding expression of the 5-lipoxygenase pathway within the arterial wall during human atherogenesis. *Proc Natl Acad Sci U S A* **100**: 1238–1243.
- Takasaki J, Kamohara M, Matsumoto M, Saito T, Sugimoto T, Ohishi T *et al.* (2000). The molecular characterization and tissue distribution of the human cysteinyl leukotriene CysLT₂ receptor. *Biochem Biophys Res Commun* **274**: 316–322.
- Takase B, Kurita A, Maruyama T, Uehata A, Nishioka T, Mizuno K *et al.* (1996). Change of plasma leukotriene C4 during myocardial ischemia in humans. *Clin Cardiol* **19**: 198–204.
- Tudhope SR, Cuthbert NJ, Abram TS, Jennings MA, Maxey RJ, Thompson AM *et al.* (1994). BAY u9773, a novel antagonist of cysteinyl-leukotrienes with activity against two receptor subtypes. *Eur J Pharmacol* **264**: 317–323.