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(71) Applicant(s)
Dompe' farmaceutici S.p.A.

(72) Inventor(s)
Piemonti, Lorenzo;Daffonchio, Luisa;Allegretti, Marcello

(74) Agent / Attorney
Griffith Hack, GPO Box 4164, Sydney, NSW, 2001

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(71) Applicant (for all designated States except US): **DOMPÉ S.p.A.** [IT/IT]; Località Campo di Pile snc, I-67100 L'Aquila AQ (IT).

(72) Inventors; and

(75) Inventors/Applicants (for US only): **PIEMONTE, Lorenzo** [IT/IT]; Diabetes Research Institute (HSR-DRI), San Raffaele Scientific Institute, Via Olgettina 60, I-20132 Milano (IT). **DAFFONCHIO, Luisa** [IT/IT]; c/o Dompé S.p.A., Località Campo di Pile snc, I-67100 L'Aquila AQ (IT). **ALLEGRETTI, Marcello** [IT/IT]; c/o Dompé S.p.A., Località Campo di Pile snc, I-67100 L'Aquila AQ (IT).

(74) Agents: **PERANI, Aurelio** et al.; Perani & Partners, Piazza San Babila, 5, I-20122 Milan (IT).

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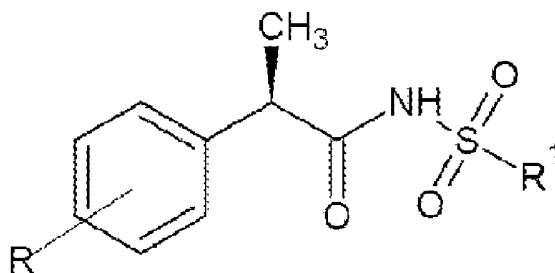
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(54) Title: SULFONAMIDES FOR THE PREVENTION OF DIABETES



(I)

(57) Abstract: The use of sulfonamides of formula (I) wherein R and R¹ are as defined in the description, for the preparation of medicaments for the prevention of diabetes, in particular of type-1 diabetes is herein disclosed.

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SULFONAMIDES FOR THE PREVENTION OF DIABETES

Field of the invention

The present invention relates to the prevention of diabetes.

Background of the invention

5 Diabetes is a disease in which the body does not produce enough or is unable to respond to insulin, a hormone secreted by the pancreatic β -cells (Langerhans islet cells) that turns glucose into energy.

In greater detail, diabetes distinguishes into Type 1 diabetes,
10 in which Langerhans islet cells do not produce insulin and which is in most cases of autoimmune origin, and Type 2 diabetes, a condition due to a defective responsiveness of the cells to insulin, usually combined with a reduced insulin secretion.

The therapy of Type 1 diabetes consists in the administration of
15 artificial insulin via subcutaneous injections combined with a careful monitoring of blood glucose levels. The therapy of Type 2 diabetes in its initial stages consists in the administration of oral medicaments that improve insulin resistance, decrease glucose release by the liver and stimulate the increase of
20 insulin secretion, but at later stages it requires also insulin administration.

Since both Type 1 and Type 2 diabetes are at least partially inherited, subjects with relatives suffering from this pathology have a certain risk of developing diabetes.

25 Furthermore, a series of predictive markers have been identified that are able to foretell the onset of diabetes, in particular Type 1 diabetes (Curr Diabetes Rev, 2008, May 4(2), 110-121; Autoimmune Rev 2006 Jul, 5(6), 424-428). It is therefore

possible to identify at low cost and with easy procedures individuals with high risk of developing the disease.

A number of attempts to control and/or delay the onset of diabetes in individuals at risk have been made; however, these
5 require the use of therapies with too a high costs/benefits ratio. Therefore, at present, in spite of the availability of tools able to predict this disease, there is no adequate pharmacological treatment able to prevent or at least delay its onset.

10 The only strategy that can be adopted in subjects at risk is periodic monitoring of glycaemia and a healthy lifestyle, including control of body weight, physical exercise and adequate dietary regimen. However, this has a very limited efficacy.

Thus, there is a long felt need for medicaments for the
15 prevention of diabetes.

EP 1 123 276 discloses N-(2-aryl-propionyl)-sulfonamides, among them R(-)-2-[(4-isobutylphenyl)propionyl]-methanesulfonamide (I), and their pharmaceutically acceptable salts, for use as inhibitors of neutrophil chemotaxis and degranulation induced by
20 IL-8, in particular for use in the treatment of pathologies like psoriasis, rheumatoid arthritis, ulcerative colitis, acute respiratory insufficiency (ARDS), idiopathic fibrosis and glomerulonephritis.

EP 1 355 641 discloses the use of R(-)-2-[(4-
25 isobutylphenyl)propionyl]-methanesulfonamide and pharmaceutically acceptable salts thereof, in particular its lysine salt, in the prevention and treatment of ischemia/reperfusion injury of transplanted organs and of

functional injury resulting from rejection reactions after solid organ transplantation, in particular kidneys, which need to be retrieved from a donor and stored before transplantation. Such injuries are deemed to be responsible for delayed graft
5 function, which makes dialysis necessary in case of renal transplantation.

EP 1 579 859 discloses the use of N-(2-aryl-propionyl)-sulfonamides, among them R(-)-2-[(4-isobutylphenyl)propionyl]-methanesulfonamide and its lysine salt, for the preparation of
10 medicaments for the treatment of spinal cord injury.

Description of the Figures

Figure 1 shows the diabetes-free survival percentage over time (days) in mice treated with (ML)-streptozotocin (STZ) at day 0 for 5 days, following administration from day -1 of Vehicle
15 (dotted line) or Reparixin (solid line) for 7 days.

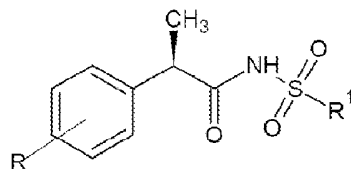
Figure 2 shows the glycemia levels (mg/dl) over time (days) in mice treated with (ML)-streptozotocin (STZ) at day 0 for 5 days, following administration from day -1 of Vehicle (Panel A) or Reparixin (Panel B) for 7 days.

20 Figure 3 shows the diabetes-free survival percentage over time (days) in mice treated with (ML)-streptozotocin (STZ) at day 0 for 5 days, following administration from day -1 of Vehicle, Meraxin (15 mg/Kg) for 7 days or Meraxin (15 mg/Kg) for 14 days.

Figure 4 shows the glycemia levels (mg/dl)) over time (days) in
25 mice treated with (ML)-streptozotocin (STZ) at day 0 for 5 days, following administration from day +5 of Vehicle (Panel A) or Meraxin (15 mg/Kg) (Panel B) for 14 days.

Detailed description of the invention

It has now been found that compounds of formula I, or pharmaceutically acceptable salts thereof:



(I)

5 wherein R is selected from linear or branched 4-(C₁-C₆)alkyl, 4-trifluoromethanesulfonyloxy and 3-benzoyl and R¹ is linear or branched (C₁-C₆)alkyl are able to protect pancreatic β -cells from structural and/or functional damage and to significantly delay the onset of diabetes as well as to
10 reduce the severity of the disease, once this develops.

Particularly preferred compounds according to the invention are R(-)-2-[(4-isobutylphenyl)propionyl]-methanesulfonamide (commonly known as Repertaxin or Reparixin, hereinafter referred to as Reparixin) and R(-)-2-[(4'-
15 trifluoromethanesulfonyloxy)phenyl]propionyl-methanesulfonamide (commonly known and hereinafter referred to as Meraxin).

Preferred salts of the compounds of the invention are the sodium and the lysine salt. Particularly preferred salts of the compounds of the invention are the lysine salt of Reparixin and
20 the sodium salt of Meraxin.

As it will be described in the Experimental Section, mice injected with STZ, a compound able to induce a condition with clinical and histoimmunological features of human Type 1 diabetes, develop the disease in more than double the time in
25 the presence of a treatment with Reparixin or Meraxin compared to controls. More importantly, in mice treated with Reparixin or

Meraxin, even after development of diabetes, glycemic levels remain significantly lower than in control mice. These results clearly demonstrate that Reparixin and Meraxin are able to protect β -cells from injuries.

5 Thus, a first aspect of the present application is the use of the compounds of formula I or pharmaceutically acceptable salts thereof, preferably the lysine or sodium salts, for the preparation of a medicament for the protection of pancreatic β -cells from structural and/or functional injury.

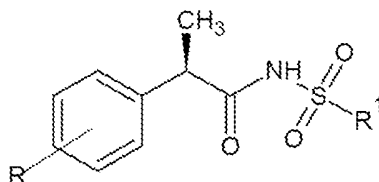
10 Preferably, the compound of formula I is Reparixin or Meraxin.

A further aspect of the invention is the use of the compounds of formula I, preferably Reparixin or Meraxin, for the prevention of diabetes, preferably of Type 1 diabetes. The medicament is preferably administered to individuals having a
15 predisposition to diabetes or starting to show the very first symptoms of diabetes.

In particular, this application relates to the use of the compounds of the invention, preferably Reparixin or Meraxin, for the manufacture of a medicament for delaying the onset
20 and/or reducing the progression of diabetes, preferably of Type 1 diabetes.

The present invention as claimed herein is described in the following items 1 to 12:

1. Use of a compound of formula I, or a pharmaceutically acceptable salt thereof:



(I)

wherein R is selected from linear or branched 4-(C₁-C₆)alkyl, 4-trifluoromethanesulfonyloxy and 3-benzoyl and R¹ is (C₁-C₆)alkyl for the preparation of a medicament for the protection of pancreatic β-cells from structural and/or functional injury.

2. The use of item 1 wherein the medicament is for the prevention of diabetes.

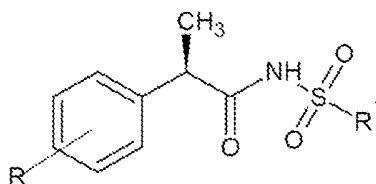
3. The use according to item 1 or 2, wherein the medicament is for delaying the onset and the progression of diabetes.

4. The use according to item 2 or 3, wherein diabetes is Type 1 diabetes.

5. The use according to any one of items 1 to 4 wherein the compound of formula I is selected from R(-)-N-2-[(4-isobutylphenyl)propionyl]-methanesulfonamide and R(-)-2-[(4'-trifluoromethanesulfonyloxy)phenyl]propionyl-methanesulfonamide.

6. The use according to any one of items 1 to 5 wherein the salt is selected from lysine and sodium salts.

7. A method for the protection of pancreatic β -cells from structural and/or functional injury comprising administering to a patient in need thereof an effective amount of a compound of formula I, or a pharmaceutically acceptable salt thereof:



(I)

wherein R is selected from linear or branched 4-(C₁-C₆)alkyl, 4-trifluoromethanesulfonyloxy and 3-benzoyl and R¹ is (C₁-C₆)alkyl.

8. The method of item 7 for the prevention of diabetes.

9. The method according to item 7 or 8 for delaying the onset and the progression of diabetes.

10. The method according to item 8 or 9, wherein diabetes is Type 1 diabetes.

11. The method according to any one of items 7 to 10 wherein the compound of formula I is selected from R(-)-N-2-[(4-isobutylphenyl)propionyl]-methanesulfonamide and R(-)-2-[(4'-trifluoromethanesulfonyloxy)phenyl]propionyl-methanesulfonamide.

12. The method according to any one of items 7 to 11 wherein the salt is selected from lysine and sodium salts.

The compounds of formula I can be prepared with procedures well known in the art. For example, Reparixin can be prepared as disclosed in Example 1 of EP 1 123 276 and in Example 1 of EP 1 355 641, while the lysine salt can be prepared as disclosed in Example 7 and Example 2, respectively, of the aforementioned patents. Meraxin can be prepared, for example, according to Example 1 of EP 1776336.

For the purposes of the present invention, the above compounds are formulated in pharmaceutical compositions suitable for use by oral administration, such as tablets, capsules, syrups, preferably in the form of controlled release formulations, or by
5 parenteral administration, preferably in the form of sterile solutions suitable for intravenous or intramuscular administration. The pharmaceutical compositions can be prepared according to conventional methods, for example as disclosed in Remington, "The Science and Practice of Pharmacy", 21st ed.
10 (Lippincott Williams and Wilkins). Preferably, the amount of Reparixin or its pharmaceutically acceptable salt in each of the above-mentioned administration forms will be such as to provide between 2 and 15 mg compound or salt/kg body weight, while the amount of Meraxin or its pharmaceutically acceptable salt will
15 be such as to provide between 10 and 20 mg compound or salt/kg body weight. In any case, the regimen and amount of medicament to be administered will be determined by the physician according to the patient's need.

The invention will be now further illustrated in greater detail
20 in the following experimental section.

Experimental section

Effect of Reparixin on diabetes induction after multiple low dose (MLD)-streptozotocin (STZ) injections.

Injection of susceptible mice strains with multiple low doses of
25 (STZ) provokes a condition with clinical and histoimmunological features similar to human Type 1 diabetes mellitus (DM). It has been established that five daily doses of 40 mg/kg/day of STZ

are required for delayed onset, sustained and progressive hyperglycemia and insulinitis in male C57BL/6 mice.

This model was previously used to study the role of proinflammatory cytokines in the development of Type 1 diabetes.

5 12 male C57BL/6J mice received MLD-STZ treatment. STZ was injected i.p. at a dose of 40 mg/kg/day, for 5 consecutive days. Glucose concentrations in venous blood was measured every day starting from the first day of treatment. Mice with glycemia over 250 mg/dl on three consecutive tests were considered
10 diabetic, with the first detection of hyperglycemia taken as the date of diabetes onset. The mice were monitored for up to 60 days post first STZ injection. Reparixin was administered by s.c. continuous infusion starting from day -1 up to day 7 after first STZ injection at a dose of 8 mg/h/kg.

15 The administration of Reparixin significantly influenced the timing of diabetes development. The median diabetes free time was 27 ± 15 days ($n=8$, $p=0.026$ vs ctrl) and 7 ± 0.5 days ($n=8$) respectively for Reparixin- and vehicle-treated mice (Figure 1). More importantly, even after diabetes development, for the whole
20 two-month observation period, glycaemia levels remained constantly and significantly lower in the Reparixin-treated group than in the vehicle-treated group (Figure 2).

Effect of Meraxin on diabetes induction after multiple low dose (MLD)-streptozotocin (STZ) injections.

25 Male C57BL/6J mice were injected i.p. with (ML)-streptozotocin (STZ) at a dose of 40 mg/kg/day, for 5 consecutive days. Glucose concentrations in venous blood were measured every day starting from the first day of treatment (day 0). Mice with glycaemia

over 250 mg/dl on three consecutive tests were considered diabetic, with the first detection of hyperglycemia taken as the date of diabetes onset. The mice were followed for up to 60 days post first STZ injection. Meraxin was administered
5 per os at a dose of 15 mg/kg for 7 or 14 days, starting from day -1 of first STZ injection.

In both cases, the treatment with Meraxin was able to prolong the diabetes-free time compared with control. The median diabetes-free time was 13 ± 2.8 days ($p=0.67$ vs ctrl, $n=8$) and
10 29 ± 16 ($p=0.016$ vs. ctrl, $n=8$) respectively for 7 and 14 days of treatment (Figure 3).

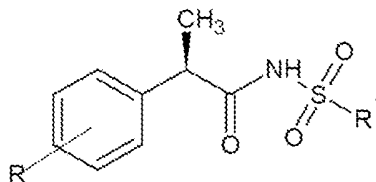
In a second set of experiments, the treatment with Meraxin for 14 days was started +5 ($n=4$) days after the first STZ injection to mimic the clinical setting of diabetes onset. As shown in
15 Figure 4, treatment with Meraxin up to day 19 clearly prevented diabetes onset. Furthermore, glycaemic levels remained constantly and significantly lower in Meraxin-treated mice compared to vehicle-treated mice for the whole 2-month observation period.

It is to be understood that, if any prior art publication is referred to herein, such reference does not constitute an admission that the publication forms a part of the common general knowledge in the art, in Australia or any other country.

In the claims which follow and in the preceding description of the invention, except where the context requires otherwise due to express language or necessary implication, the word "comprise" or variations such as "comprises" or "comprising" is used in an inclusive sense, i.e. to specify the presence of the stated features but not to preclude the presence or addition of further features in various embodiments of the invention.

Claims

1. Use of a compound of formula I, or a pharmaceutically acceptable salt thereof:



(I)

wherein R is selected from linear or branched 4-(C₁-C₆)alkyl, 4-trifluoromethanesulfonyloxy and 3-benzoyl and R¹ is (C₁-C₆)alkyl for the preparation of a medicament for the protection of pancreatic β -cells from structural and/or functional injury.

2. The use as claimed in claim 1 wherein the medicament is for the prevention of diabetes.

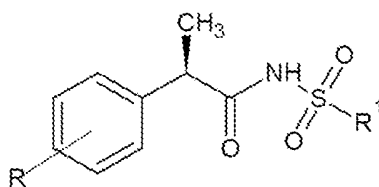
3. The use according to claim 1 or 2, wherein the medicament is for delaying the onset and the progression of diabetes.

4. The use according to claim 2 or 3, wherein diabetes is Type 1 diabetes.

5. The use according to any one of claims 1 to 4 wherein the compound of formula I is selected from R(-)-N-2-[(4-isobutylphenyl)propionyl]-methanesulfonamide and R(-)-2-[(4'-trifluoromethanesulfonyloxy)phenyl]propionyl-methanesulfonamide.

6. The use according to any one of claims 1 to 5 wherein the salt is selected from lysine and sodium salts.

7. A method for the protection of pancreatic β -cells from structural and/or functional injury comprising administering to a patient in need thereof an effective amount of a compound of formula I, or a pharmaceutically acceptable salt thereof:



(I)

wherein R is selected from linear or branched 4-(C₁-C₆)alkyl, 4-trifluoromethanesulfonyloxy and 3-benzoyl and R¹ is (C₁-C₆)alkyl.

8. The method as claimed in claim 7 for the prevention of diabetes.

9. The method according to claim 7 or 8 for delaying the onset and the progression of diabetes.

10. The method according to claim 8 or 9, wherein diabetes is Type 1 diabetes.

11. The method according to any one of claims 7 to 10 wherein the compound of formula I is selected from R(-)-N-2-[(4-isobutylphenyl)propionyl]-methanesulfonamide and R(-)-2-[(4'-trifluoromethanesulfonyloxy)phenyl]propionyl-methanesulfonamide.

12. The method according to any one of claims 7 to 11 wherein the salt is selected from lysine and sodium salts.

13. The use according to any one of claims 1 to 6, or the method according to any one of claims 7 to 12, substantially as herein described with reference to the Experimental Section.

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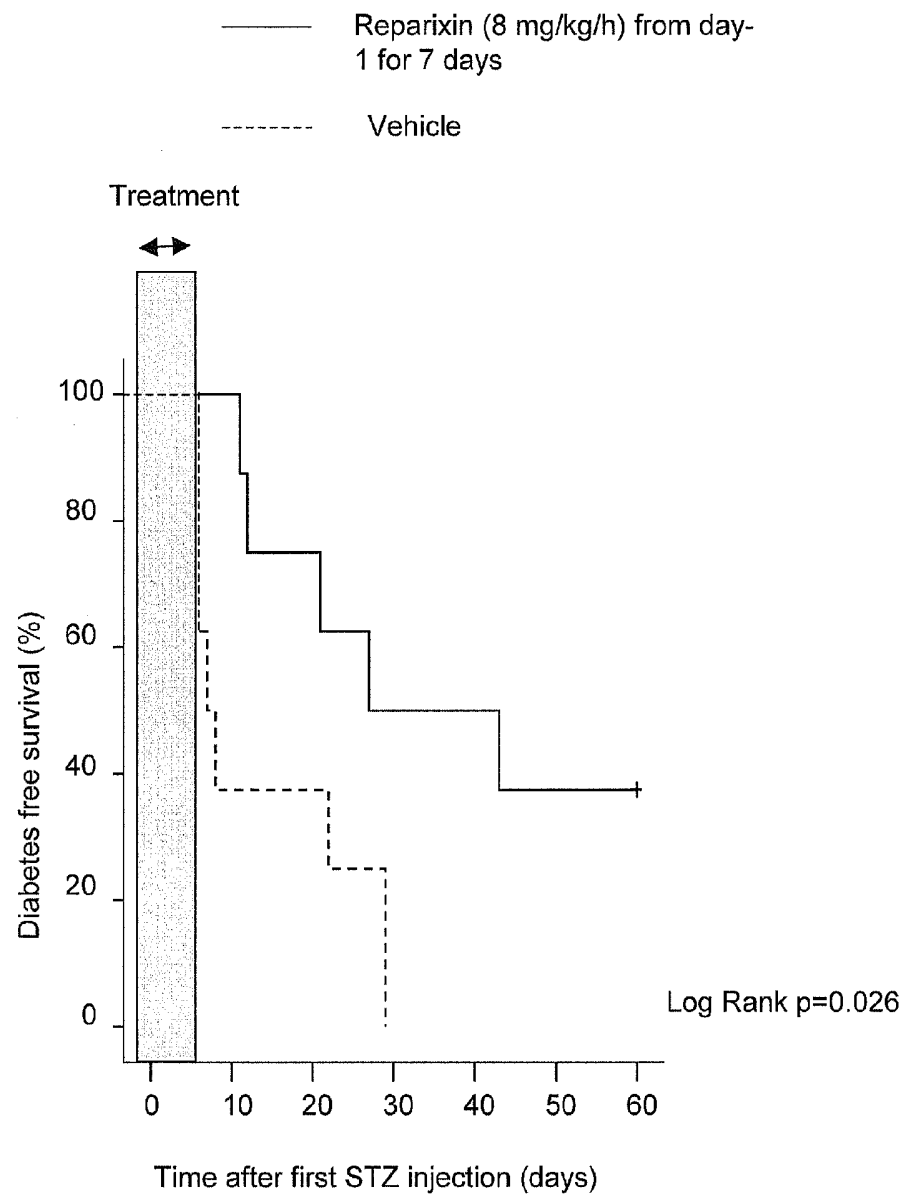


Figure 1

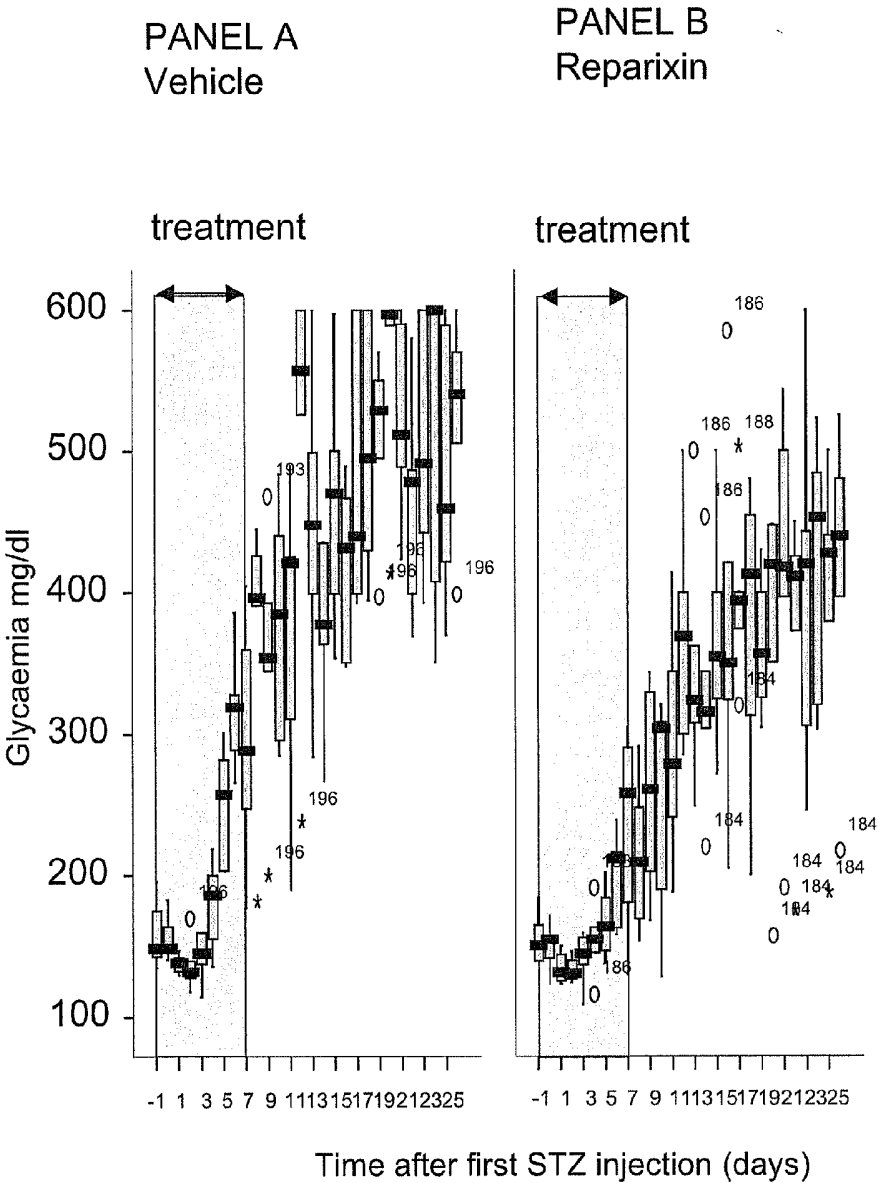


Figure 2

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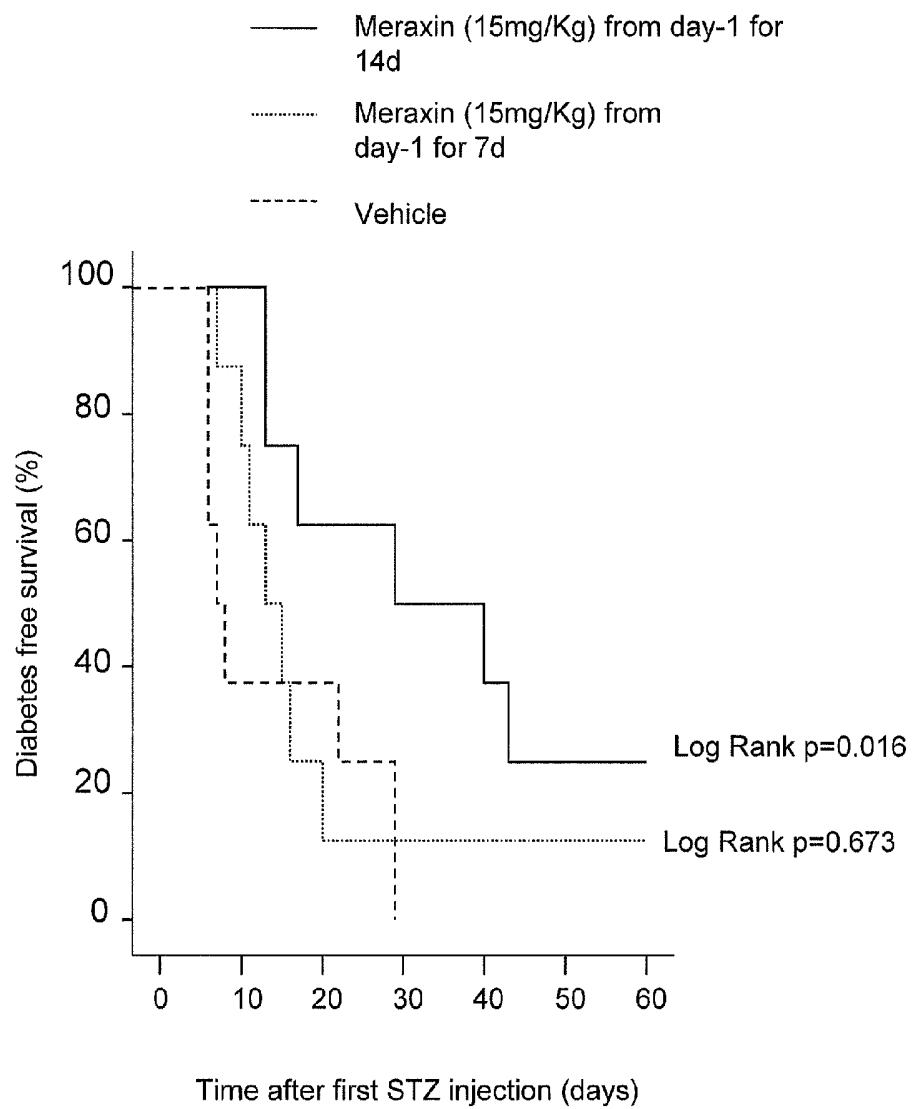


Figure 3

