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Nicotinic receptor agonists for the treatment of inflammatory diseases

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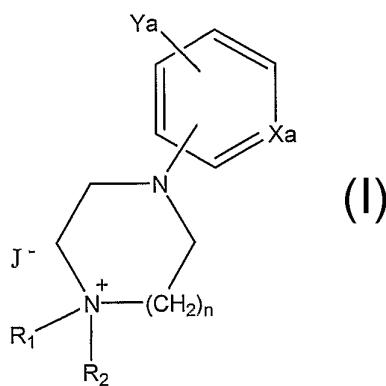
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(54) Title: NICOTINIC RECEPTOR AGONISTS FOR THE TREATMENT OF INFLAMMATORY DISEASES

(57) Abstract: This invention relates to the use of nicotine receptor agonists or analogs or derivatives thereof for treating inflammatory pulmonary diseases. The invention further relates to pharmaceutical compositions comprising nicotine receptor agonists or analogs or derivatives thereof. Novel compounds of formula wherein R₁, R₂, Xa and Ya are as defined herein are also provided.

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NICOTINIC RECEPTOR AGONISTS FOR THE TREATMENT OF
INFLAMMATORY DISEASES

CROSS-REFERENCE TO RELATED APPLICATIONS

5 Continuation-in-part of Ser. No.10/890,987 filed July 15,2004 that is a continuation-in-part of Ser. No. 10/469,999, filed February 24, 2004 that is a National Stage application of PCT/CA02/00412 filed March 25, 2002, the entire content of which are hereby incorporated by reference.

BACKGROUND OF THE INVENTION

10 **a) Field of the Invention**

The present invention relates to the treatment of inflammatory diseases, including a variety of pulmonary diseases, through the use or administration of nicotinic receptor agonists or analogs and derivatives thereof.

b) Description of Prior Art

15 Although a normal man or woman breathes more than one cubic meter of air every hour, our lung defense mechanisms usually deal with the large quantities of particles, antigens, infectious agents and toxic gases and fumes that are present in inhaled air. The interaction of these particles with the immune system and other lung defense mechanisms results in the generation of a controlled inflammatory response
20 which is usually protective and beneficial. In general, this process regulates itself in order to preserve the integrity of the airway and alveolar epithelial surfaces where gas exchange occurs. In some cases, however, the inflammatory response cannot be regulated and the potential for tissue injury is increased. Depending on the type of environmental exposure, genetic predisposition, and a variety of ill-defined factors,
25 abnormally large numbers of inflammatory cells can be recruited at different sites of the respiratory system, resulting in illness or disease.

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The inflammatory response to inhaled or intrinsic stimuli is characterized by a non-specific increase in the vascular permeability, the release of inflammatory and chemotactic mediators including histamine, eicosanoids, prostaglandins, cytokines and chemokines. These mediators modulate the expression and 5 engagement of leukocyte-endothelium cell adhesion molecules allowing the recruitment of inflammatory cells present in blood.

A more specific inflammatory reaction involves the recognition and the mounting of an exacerbated, specific immune response to inhaled antigens. This reaction is involved in the development of asthma, hypersensitivity pneumonitis (HP) 10 and possibly sarcoidosis. Dysregulation in the repair mechanisms following lung injury may contribute to fibrosis and loss of function in asthma, pulmonary fibrosis, chronic obstructive pulmonary disease (COPD), and chronic HP.

It was previously reported that the incidence of HP is much lower among current smokers than in non-smokers (1-4). Sarcoidosis is also less frequent in 15 smokers than in non smokers (5, 6). The mechanisms underlying the beneficial effects of cigarette smoking on the development of HP and other inflammatory diseases are still unknown but may be linked to the immunomodulatory effect of nicotine. There are clinical observations of asthma *de novo* or exacerbation after smoking cessation. Proof of this is difficult to obtain and any protective effects of 20 nicotine in the prevention or treatment of asthma are likely overwhelmed by the negative effects of tobacco smoke with its thousands of constituents.

The protective effect of smoking has also been reported in other diseases, the most studied being ulcerative colitis, an inflammatory intestinal disease (7, 8). Nicotine has been successfully used in the treatment of this disease (9, 10). Other 25 studies have looked at the possible therapeutic value of nicotine in the treatment of Alzheimer's disease and Parkinson's disease (11, 12).

Nicotinic receptors are pentamers made up of five polypeptide subunits which act as ligand-gated ions channels. When the ligand binds to the receptor, a conformational change in the polypeptide occurs, opening a central channel that 30 allows sodium ion to move from the extracellular fluid into the cytoplasm. Four types

of subunits have been identified: α , β , γ and δ . The receptor can consist of any combination of these four types of subunits (13). Recent work has shown that alveolar macrophages (AM) can express the α -7 subunit (14), while bronchial epithelial cells express the α -3, α -5 and α -7 subunits (15), and lymphocytes the α -2, 5 α -5, α -7, β -2 and β -4 subunits (14). Fibroblasts (16) and airway smooth muscles cells (17) also express these receptors. Therefore, resident pulmonary cells (AM, dendritic cells, epithelial cells, fibroblasts, etc.) and those recruited in inflammatory diseases (lymphocytes, polymorphonuclear cells) express nicotinic receptors.

Nicotinic receptor activation in lymphocytes affects the intracellular 10 signalization, leading to incomplete activation of the cell. In fact, nicotine treatment upregulates protein kinase activity, which in turn upregulates phospholipase A2 (PLA2) activity. PLA2 is responsible for cleaving phosphoinositol-2-phosphate (PIP2) into inositol-3-phosphate (IP3) and diacylglycerol (DAG) (18, 19). The continuous presence of IP3 in the cell would appear to result in the desensitization of calcium 15 stores, leading to their depletion (19). This observation could explain the fact that nicotine-treated lymphocytes do not release enough calcium into the cytoplasm to activate transcription factors such as NF κ -B (20).

Nicotine, the major pharmacological component of cigarette smoke, is one 20 of the best known nicotinic receptor agonists (21). This natural substance has well defined anti-inflammatory and immunosuppressive properties (22), and may have anti-fibrotic properties (23). Exposure of animals to smoke from cigarettes with high levels of nicotine is more immunosuppressive than that from low-nicotine cigarettes 25 (24). Moreover, treatment of rats with nicotine inhibits the specific antibody response to antigens and induces T cell anergy (25). Although they are increased in number, AM from smokers show a decreased ability to secrete inflammatory cytokines in response to endotoxins ((20, 25, 26)) and nicotine seems to be the responsible component of this inhibition (26).. One study also showed that peripheral blood lymphocytes from smokers express higher levels of FAS ligand (FASL) and that nicotine increases FASL expression on lymphocytes from non-smokers, indicating 30 that nicotine may affect cell apoptosis (27). Nicotine was also shown to have an

inhibitory effect on the proliferation and extracellular matrix production of human gingival fibroblasts *in vitro* (23). Of interest, nicotine treatment seems to up-regulate the expression of nicotinic receptors (28). Nicotine itself is a safe substance that does not seem to have any long term side effects (48-49). Smoke-related diseases 5 of the lungs, heart and arteries are not caused by nicotine but by the thousands of other chemicals present in the inhaled smoke. The main problem is that nicotine crosses the blood-brain barrier, inducing addiction. The harmful effects of cigarette smoking are obvious. Although nicotine is not responsible for the toxic effects of cigarette smoking, the association remains.

10 Nicotinic agonists may down-regulate T cell activation, indeed, nicotine has been shown to affect T cell expression of the co-stimulatory molecules CD28 and CTLA4 (29).

15 The B7/CD28/CTLA4 co-stimulatory pathway plays a key regulatory role in T-cell activation and homeostasis (30, 31). Two signaling pathways are involved. A positive signal involves the engagement of B7 (CD80 /CD86) molecules with T cell CD28 receptors which results in the potentiation of T cell responses (proliferation, activation, cytokine expression, and survival) (32). A negative signal involves B7 interactions with CTLA4 on activated T cells, leading to a downmodulation of T cell responses (33, 34). The balance between CD28 and CTLA4 derived signals may 20 alter the outcome of T-cell activation.

25 In HP, it was previously reported that an upregulation of B7 molecule expression on AM in patients with active HP (35) and in murine HP (36). It was also shown that a blockade of the B7-CD28 co-stimulatory pathway in mice inhibited lung inflammation (36). These results also demonstrated that the expression of B7 molecules on AM is lower in smokers than in non-smokers and that an *in vitro* influenza virus infection is able to upregulate B7 expression in normal human AM but not in AM from smokers; whether this is due to nicotine or other substances present in cigarette smoke is unknown (35). An up-regulation of the B7 molecules has also been reported in asthma (37, 38) and sarcoidosis (39).

Epibatidine is the most potent nicotinic agonist known so far (40). It has anti-inflammatory and analgesic properties. In fact, its analgesic potential is two hundred times that of morphine (40). This molecule is also known to inhibit lymphocyte proliferation *in vitro* (41). The binding of epibatidine to the receptor is 5 non-specific (42). Unfortunately, epibatidine has major toxic side effects mostly on the cardiovascular and the central nervous systems making it inappropriate for use as an anti-inflammatory drug to treat pulmonary diseases (40).

Dimethylphenylpiperazinium (DMPP) is a synthetic nicotinic agonist that is non-specific (13). Its potency for the receptor is about the same as nicotine, 10 depending on the kind of cells implicated in the stimulation (43). Its advantage over nicotine and other nicotinic agonists is that its chemical configuration prevents it from crossing the blood-brain barrier, thus causing no addiction or other central nervous effects (13). The anti-inflammatory properties of DMPP are not well described. However, it has been shown that a chronic *in vivo* treatment could decrease the 15 number of white blood cells, decrease the cytokine production by splenocytes and decrease the activity of natural killer cells (44). The effect of DMPP on airway smooth muscle cells has also been tested. DMPP has an initial short contractive effect which is followed by a relaxing effect when the cells are in contact with the agonist for a longer period of time (45). This bronchodilatory effect may not 20 necessarily in itself make DMPP the most useful treatment of asthma, since other potent bronchodilators are currently available on the market (B2 agonists). However, the properties of this nicotinic receptor agonist are important since this drug could be safely administered to asthmatics and COPD patients for its anti-inflammatory properties. Moreover, there is no apparent evidence that DMPP has any toxic effect 25 on major organs such as the heart, the brain, the liver or the lungs.

Corticosteroids are potent anti-inflammatory drugs. Their systemic use causes major side effects that preclude their long-term uses whenever possible. Inhaled poorly absorbed steroids are useful to treat airway inflammation. At low doses these drugs have little or no side effects. However, higher doses increase the

risks for oral candidasis, vocal cords paralysis, cataracts and osteoporosis. Inhaled steroids have no effects on lung interstitium and have no anti-fibrotic properties (57)

More recent drugs, such as anti-leukotrienes, are useful in some asthmatics (58) but have no effects in COPD and other lung diseases. These drugs have anti-inflammatory properties limited to the components of inflammation caused by leukotrienes (59). The treatment of interstitial lung disease such as IPF, Sarcoidosis, HP, and BOOP basically rests on the use of systemic corticosteroids. This treatment is effective in controlling some of the inflammation but unfortunately induces serious side effects and does not reverse underlying fibrotic changes. Immunosuppressive agents such as cyclophosphamide and azathioprine are sometimes tried in severe IPF but their therapeutic values are unproven and at most, very limited (60). In essence, lung fibrosis is usually progressive and untreatable, with most IPF patients dying of this condition (61).

Despite advances in the treatment of inflammatory illnesses, including pulmonary inflammatory diseases, treatment using available drugs or agents frequently results in undesirable side effects. For example, the inflammation of COPD is apparently resistant to corticosteroids, and consequently the need for the development of new anti-inflammatory drugs to treat this condition has been recognized (46).

Similarly, while corticosteroids and other immunosuppressive medications have been routinely employed to treat pulmonary fibrosis, they have demonstrated only marginal efficacy (47).

There is thus a need for new and reliable methods of treating inflammatory diseases, including pulmonary inflammatory diseases, in a manner that alleviates their symptoms without causing side effects.

25

SUMMARY OF THE INVENTION

In accordance with the present invention, there is provided a novel method for treating inflammatory diseases. Specifically, a method is described for treating pulmonary inflammatory diseases through the use or administration of an agent that binds to or modulates the function nicotinic receptor, such as nicotinic receptor agonists or analogues or derivatives thereof.

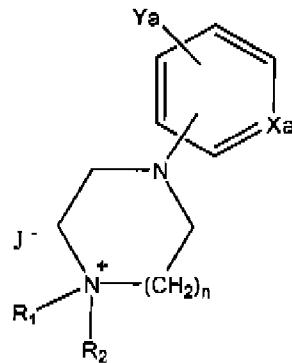
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The present invention therefore relates to a method for treating or preventing pulmonary inflammatory diseases comprising administering an effective amount of a compound that modulates the function of nicotinic receptors.

5 In one aspect, there is therefore provided a method for treating or preventing pulmonary inflammatory disease selected from the group consisting of asthma, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis (IPF), sarcoidosis, hypersensitivity pneumonitis (HP), chronic HP and bronchiolitis obliterans with organizing pneumonitis (BOOP), comprising administering an effective
10 amount of:

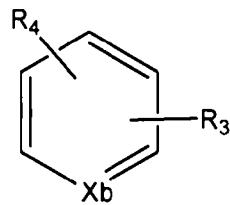
i) a compound having the formula:



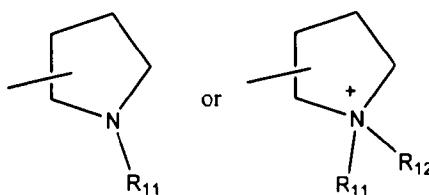
wherein R₁ and R₂ are independently alkyl of 1 to 10 carbon atoms,
Xa is CH or N,

15 Ya is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms
20 and 3 to 10 membered heterocycle
n is 0 or 2,
J is a counter ion;

or ii) a compound having the formula:



wherein R₃ is selected from



Xb is N or N⁺-R₁₀,

- 5 R₄ is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;
- 10 each of R₁₀, R₁₁ and R₁₂ are independently alkyl of 1 to 10 carbon atoms,

provided that a counter ion is present when Xb is N⁺-R₁₀; and

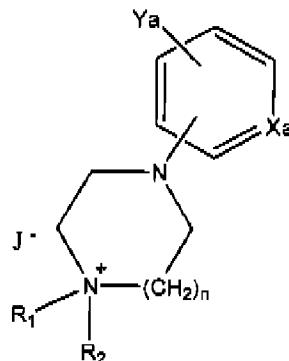
with the proviso that compound ii) is not nicotine.

In a further aspect, there is also provided a compound of formula:

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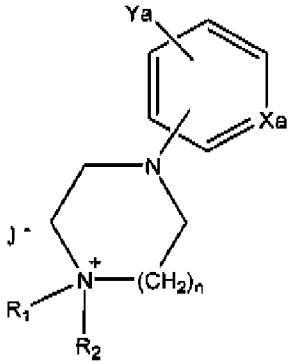


wherein R₁ and R₂ are independently lower alkyl of 1 to 10 carbon atoms,
 Xa is CH or N,

Ya is one or more substituent selected from hydrogen, halogen, amino, amidino,
 5 amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate,
 sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms,
 alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6
 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and
 3 to 10 membered heterocycle

10 n is 0 or 2,
 J is a counter ion.

In another aspect, there is therefore provided a compound of formula:



wherein R₁ and R₂ are independently alkyl of 1 to 10 carbon atoms,

15 Xa is CH or N,
 Ya is one or more substituent selected from hydrogen, halogen, amino, amidino,
 amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate,
 sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms,

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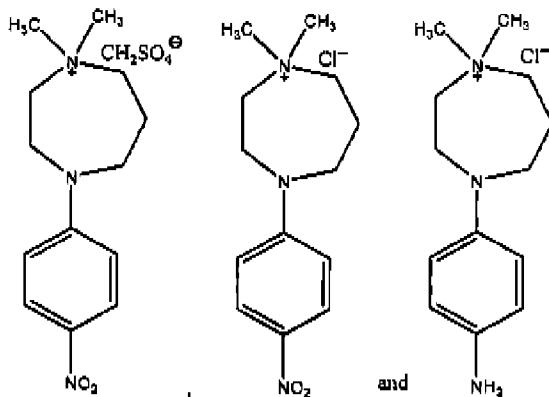
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alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10 membered heterocycle

n is 0 or 2,

5 J is a counter ion

with the proviso that the following compounds are excluded:



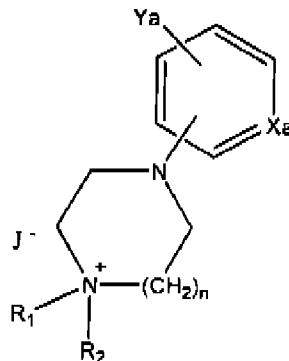
10 The present invention also relates to a pharmaceutical composition for treating pulmonary inflammatory diseases comprising a nicotinic receptor agonist and a pharmaceutically acceptable excipient.

In still a further aspect, there is provided a pharmaceutical composition for treating pulmonary inflammatory diseases comprising

i) a compound of formula:

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wherein R₁ and R₂ are independently alkyl of 1 to 10 carbon atoms,
 Xa is CH or N,

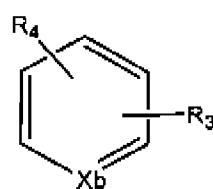
Ya is one or more substituent selected from halogen, amino, amidino, amido, azido,

5 cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10 membered heterocycle

10 n is 0 or 2,

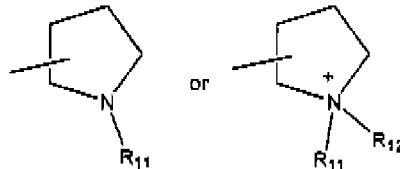
J is a counter ion;

or ii) a compound having the formula:



wherein R₃ is selected from

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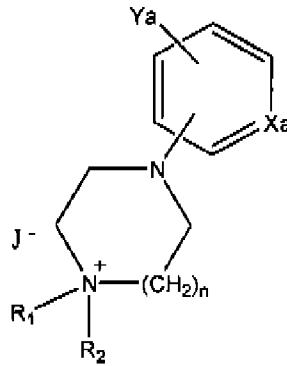
Xb is N or N⁺-R₁₀.

R₄ is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, 5 alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms; each of R₁₀, R₁₁ and R₁₂ are independently alkyl of 1 to 10 carbon atoms, provided that a counterion is present when Xb is N⁺-R₁₀; and with the proviso that compound ii) is not nicotine;

10 and a pharmaceutically acceptable excipient.

In a still further aspect, there is provided a method for treating or preventing pulmonary inflammation, inducing airway smooth muscle relaxation and improving airway hyperresponsiveness comprising administering an effective amount of a compound having the formula:

15



wherein R¹ and R² are independently alkyl,

Xa is CH or N,

Yb is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, 20 alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms; each of R₁₀, R₁₁ and R₁₂ are independently alkyl of 1 to 10 carbon atoms; provided that a counterion is present when Xb is N⁺-R₁₀; and with the proviso that compound ii) is not nicotine; and a pharmaceutically acceptable excipient.

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alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms; n is 0 or 2,
J is a counter ion.

5 In a still further aspect, there is provided the use of a compound as defined above in the manufacture of a medicament for treating or preventing pulmonary inflammatory disease selected from the group consisting of asthma, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis (IPF), sarcoidosis, hypersensitivity pneumonitis (HP), chronic HP and bronchiolitis obliterans with 10 organizing pneumonitis (BOOP).

The present invention also relates to a method for inducing agonistic response in a pulmonary cell nicotinic receptor, comprising administering an effective amount of a nicotinic receptor agonist.

BRIEF DESCRIPTION OF THE DRAWINGS

15 The invention is illustrated but is not limited by the annexed drawings, in which:

Fig. 1 shows total and differential cell counts in BAL cells;

Fig. 2 shows IFN- γ mRNA expression in isolated lung mononuclear cells;

20 Fig. 3 illustrates TNF- α mRNA expression induced by a 24 h LPS stimulation;

Fig. 4 illustrates TNF- α mRNA expression induced by a 24 h SR stimulation;

Fig. 5 illustrates IL-10 mRNA expression induced by a 24 h LPS stimulation;

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Fig. 6 illustrates IL-10 mRNA expression induced by a 24 h SR stimulation. nicotine treatment occurred at 160 μ M (60% drop of expression), and at 80 μ M (90 % drop of expression) with the DMPP treatment;

Fig. 7 illustrates IFN- γ mRNA expression induced in RAW 264.7 cells by a 5 24 h LPS stimulation;

Fig. 8 (a) and (b) show the expression of CD 80 induced with either LPS (38%) or SR antigen (35%);

Fig. 9 illustrates IFN- γ mRNA expression in T lymphocytes isolated from BAL performed on HP patients;

10 Fig. 10 illustrates CD 86 expression in total cells from a BAL that was performed on a normal patient;

Fig. 11 illustrates BAL cells from DMPP, nicotine and epibatidine treated mice;

15 Fig. 12 illustrates a significant inhibitory effect of DMPP on lung inflammation was found when increasing the number of animals;

Fig. 13 illustrates TNF levels in BAL fluid from DMPP-treated mice;

Fig. 14 illustrates the effect of intra-peritoneal treatment with increasing doses of DMPP on total cell accumulation in BAL of asthmatic mice;

Fig. 15 illustrates differential counts for the dose response;

20 Fig. 16 illustrates the second dose response for the DMPP IP treatment effect on total cell accumulation in BAL of asthmatic mice;

Fig. 17 illustrates differential counts from the second dose response;

Fig. 18 illustrates BAL IL-5 levels from control, asthmatic and treated mice;

25 Fig. 19 illustrates lung resistance after metacholine challenges from normal, asthmatic and asthmatic treated with 0.5 mg/kg intranasal DMPP;

- 10 -

Fig. 20 illustrates a calculation of the provocative challenge dose of 200% lung resistance augmentation (PC 200);

Fig. 21 illustrates IL-4 mRNA expression induced by a 24 h LPS stimulation;

5 Fig. 22 illustrates the effect of DMPP on blood eosinophil transmigration;

Fig. 23 illustrates the effect of mecamylamine, a nicotinic antagonist, on the inhibitory effect of DMPP on blood eosinophil transmigration;

Fig. 24 illustrates the effect of additional nicotinic agonists (nicotine, epibatidine and cytisine) on transmigration of blood eosinophils;

10 Fig. 25 illustrates the effect of DMPP on collagen 1A mRNA expression by normal human lung fibroblasts;

Fig. 26 illustrates the effect of nicotine on collagen 1A mRNA expression by human lung fibroblasts;

15 Fig. 27 illustrates the effect of epibatidine, another nicotinic agonist, on collagen 1A mRNA expression by human lung fibroblasts;

Fig. 28 illustrates the effect of DMPP, ASM-002, ASM-003, ASM-004, and ASM-005 on TNF release

20 Fig. 29 illustrates the effect of DMPP, ASM-002, ASM-003, ASM-004, and ASM-005 on mouse tracheal airway smooth muscle responsiveness;

Fig. 30 illustrates the effect of ASM-002 on lung inflammation;

Fig. 31 illustrates the effects of ASM-002 on lung resistance in a mouse model of asthma;

Fig. 32 illustrates the comparative effects of ASM-002 and prednisone on lung inflammation;

25 Fig. 33 illustrates the effects of ASM-002 in a dog model of lung hyper-responsiveness;

Fig. 34 illustrates the muscle-relaxing properties of ASM-002 on mouse tracheas;

Fig. 35 illustrates the muscle-relaxing properties of ASM-002 on dog bronchial rings;

5 Fig. 36 illustrates the muscle-relaxing properties of ASM-002 on human bronchial rings;

Fig. 37 illustrates the inhibitory effects of ASM-002 on potent inflammatory mediators release by human blood cells isolated from asthmatic patients;

10 Fig. 38 illustrates the comparative effects of ASM-002 with DMPP and dexamethasone on TNF production by LPS-stimulated blood monocytes;

Fig. 39 illustrates the inhibition of LTC4 production by ASM-002;

Fig. 40 illustrates the effect of nicotine, ASM-N1, ASM-N2, ASM-N3, ASM-N4 and ASM-002 on TNF production;

15 **DESCRIPTION OF PREFERRED EMBODIMENTS**

Other objects, advantages and features of the present invention will become more apparent upon reading the following non-restrictive description of preferred embodiments thereof, given by way of example only with reference to the accompanying drawings.

20 The idea of using nicotine or other nicotinic receptor agonists or analogs or derivatives thereof to treat inflammatory pulmonary disease is novel. Despite the impressive anti-inflammatory and immunosuppressive properties of nicotine and other nicotinic receptor agonists or analogs or derivatives, their usefulness in the treatment of allergic and other inflammatory lung diseases has not previously been
25 disclosed. The drawbacks associated with cigarette are major reasons for the lack of prior interest in nicotinic agonists or analogs or derivatives thereof in the treatment of lung diseases.

The present invention thus proposes the use of nicotinic receptor agonists, such as DMPP and analogs as well as derivatives thereof, to treat inflammatory lung diseases such as asthma, COPD, interstitial pulmonary fibrosis (IPF), sarcoidosis, HP, and bronchiolitis obliterans with organizing pneumonitis (BOOP). The drug could 5 be administered orally or, depending on the specific diseases or conditions, by targeted delivery directly to the lung by aerosolisation with different and preferred vehicles in order to minimize systemic effects.

The anti-inflammatory, immunosuppressive and/or bronchodilating properties, as well as minimal side effects of nicotinic receptor agonists and analogs 10 and derivatives thereof, make these drugs ideally suited for medical use in the treatment of a large variety of lung diseases that are characterized by bronchial or interstitial inflammation. These diseases include diseases such as asthma, COPD, IPF, sarcoidosis, HP and BOOP.

In accordance with one embodiment, the invention provides a method for 15 treating or preventing pulmonary inflammatory diseases comprising administering an effective amount of a compound that modulates the function of nicotinic receptors.

In one embodiment, the method is useful for treating pulmonary inflammatory diseases.

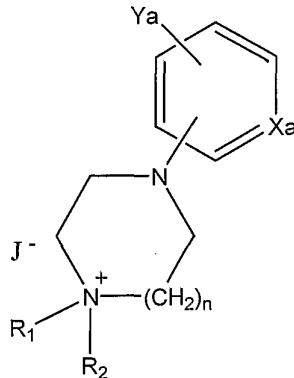
In one embodiment, the compound for use in the method of the invention 20 is a nicotinic receptor agonist.

In one embodiment, the nicotinic receptor agonist is selected from the group consisting of dimethylphenylpiperazinium (DMPP), nicotine, epibatidine, cytisine, acetylcholine, and analogs thereof.

In another embodiment, the compounds for use in the method of the 25 invention are:

i) a compound having the formula:

- 13 -



wherein R₁ and R₂ are independently lower alkyl of 1 to 10 carbon atoms,

Xa is CH or N,

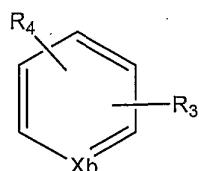
Ya is one or more substituent selected from hydrogen, halogen, amino, amidino,

5 amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10 membered heterocycle

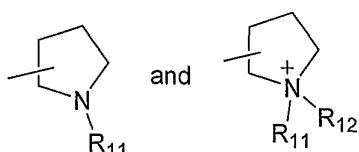
10 n is an integer from 0 to 2,

J is a counter ion;

or ii) a compound having the formula:



wherein R₃ is selected from



- 14 -

Xb is N or N⁺-R₁₀,

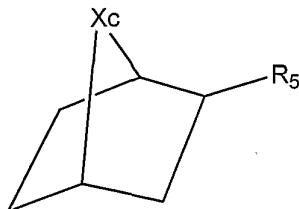
R₄ is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10

5 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

each of R₁₀, R₁₁ and R₁₂ are independently alkyl of 1 to 10 carbon atoms,

provided that a counterion is present when Xb is N⁺-R₁₀;

10 or iii) a compound having the formula:



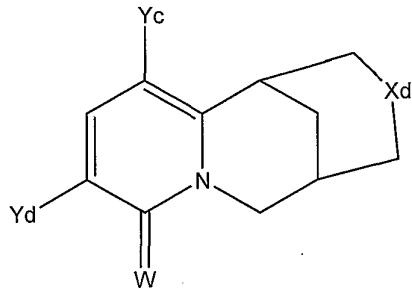
wherein Xc is NR₁₃ or N⁺-R₁₃R₁₄, wherein R₁₃ and R₁₄ are independently alkyl of 1 to 10 carbon atoms,

R₅ is a 3 to 10 membered heterocycle,

15 provided that a counterion is present when Xc is N⁺-R₁₃R₁₄;

or iv) a compound having the formula:

- 15 -



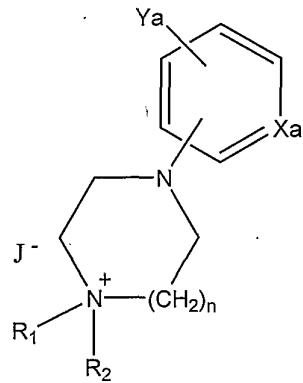
wherein W is O or S;

each of Yc and Yd are independently selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, 5 sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

wherein Xd is NR_{15} or $N^+-R_{15}R_{16}$, wherein R_{15} and R_{16} are independently alkyl of 1 to 10 carbon atoms,

provided that a counterion is present when Xd is $N^+-R_{15}R_{16}$.

In a further embodiment, the compound useful in the method of the invention has the formula:

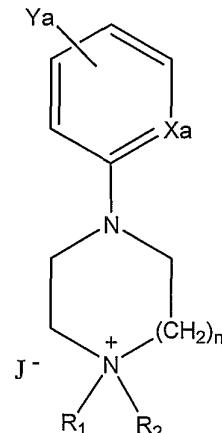


- 16 -

wherein R_1 and R_2 are independently alkyl of 1 to 10 carbon atoms,
 Xa is CH or N,
 Ya is one or more substituent selected from hydrogen, halogen, amino, amidino,
amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite,
5 sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10
carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms,
alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl
of 6 to 10 carbon atoms and 3 to 10 membered heterocycle;
n is an integer from 0 to 2,
10 J is a counter ion.

In still a further embodiment, R_1 and R_2 are independently optionally
substituted lower alkyl of 1 to 10 carbon atoms;
 Xa is CH;
 Ya is one or more substituent selected from hydrogen, halogen, amino, amido,
15 hydroxyl, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms and alkanol
of 1 to 6 carbon atoms;
n is 1 or 2;
J is a halogen.

In another embodiment, the compounds for use in the method of the
20 invention has the formula:



- 17 -

wherein R_1 and R_2 are independently optionally substituted lower alkyl of 1 to 6 carbon atoms;

X_a is CH;

Y_a is one or more substituent selected from hydrogen, halogen, amino, amido, 5 hydroxyl, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, lower alkanol of 1 to 6 carbon atoms;

n is 1 or 2;

J is a halogen.

In an additional embodiment, R_1 and R_2 are independently selected 10 from methyl, ethyl, n-propyl, or i-propyl;

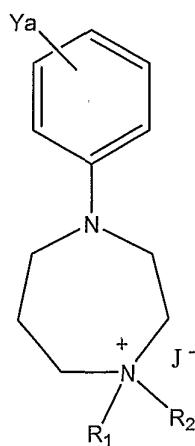
X_a is CH;

Y_a is hydrogen;

n is 1 or 2;

J is a halogen.

15 In an additional embodiment, the compound has the formula:



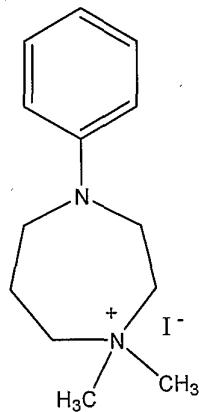
wherein R_1 and R_2 are independently selected from methyl, ethyl, n-propyl, or i-propyl;

Y_a is hydrogen;

20 J is a halogen.

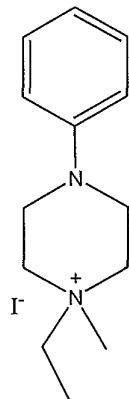
- 18 -

In a further embodiment, the compound for use in the method of the invention has the formula:

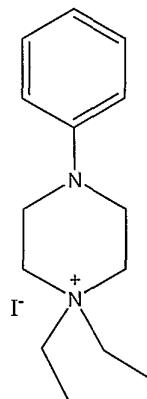


ASM-002

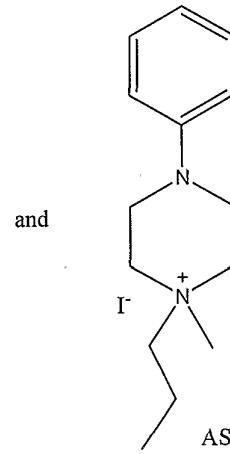
In a further embodiment, the compound for use in the method of the
5 invention has the formula selected from:



ASM-003



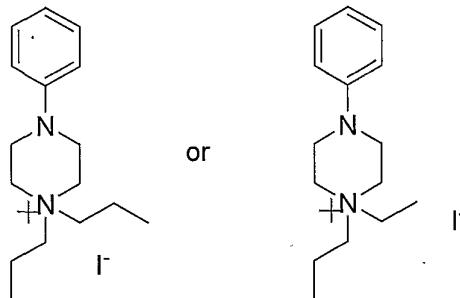
ASM-005



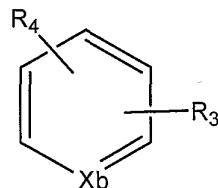
ASM-004

In still a further embodiment, the compound for use in the method of the invention has the formula selected from:

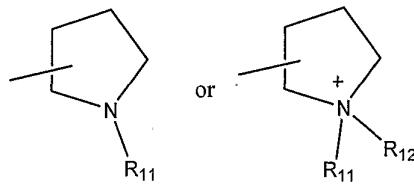
- 19 -



In one embodiment, the method according to the invention makes use of a compound that has the formula:



5 wherein R₃ is selected from



Xb is N or N⁺-R₁₀,

R₄ is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, 10 sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

each of R₁₁ and R₁₂ are independently alkyl of 1 to 10 carbon atoms,

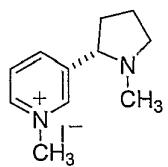
- 20 -

provided that a counterion is present when Xb is N^+-R_{10} .

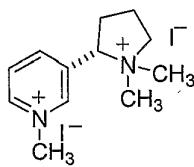
In one embodiment, R_4 is one or more substituent selected from hydrogen, halogen, amino, amido, hydroxyl, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms and alkanol of 1 to 6 carbon atoms; and R_{11} and R_{12} are independently 5 alkyl of 1 to 6 carbon atoms.

In a further embodiment, R_4 is one or more substituent selected from hydrogen, and halogen; and R_{11} and R_{12} are independently alkyl of 1 to 6 carbon atoms.

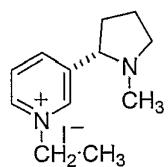
10 In a further embodiment, the compound for use in the method of the invention has the formula selected from:



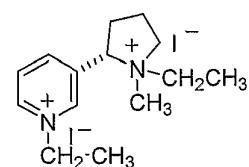
ASM-N1



ASM-N2

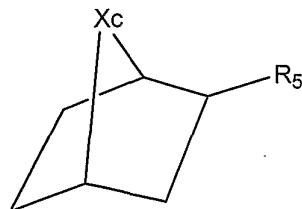


ASM-N3



ASM-N4

In one embodiment, the method according to the invention makes use of a compound that has the formula:



15 wherein Xc is NR_{13} or $N^+-R_{13}R_{14}$, wherein R_{13} and R_{14} are independently alkyl of 1 to 10 carbon atoms

R_5 is a 3 to 10 membered heterocycle,

- 21 -

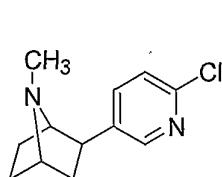
provided that a counterion is present when X_c is $N^+-R_{13}R_{14}$.

In one embodiment, R_{13} and R_{14} are independently alkyl of 1 to 6 carbon atoms.

In another embodiment, R_{13} and R_{14} are independently alkyl of 1 to 6 carbon atoms; and R_5 is a 3 to 6 membered heterocycle.

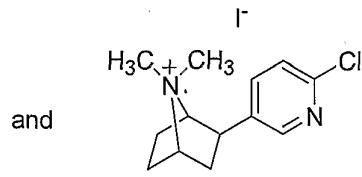
In a further embodiment, R_{13} and R_{14} are independently alkyl of 1 to 6 carbon atoms; and R_5 is an optionally substituted pyridyl.

In a further embodiment, the for use in the method of the invention has the formula selected from:



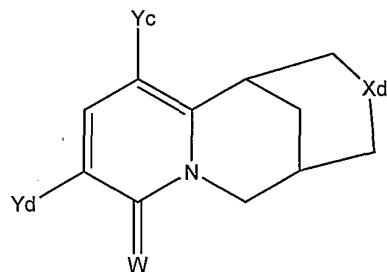
10

ASM-E1



ASM-E2

In one embodiment, the method according to the invention makes use of a compound that has the formula:



wherein W is O or S ;

each of Yc and Yd are independently a substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, 5 alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

wherein Xd is NR₁₅ or N⁺-R₁₅R₁₆, wherein R₁₅ and R₁₆ are independently alkyl of 1 to 10 carbon atoms,

provided that a counterion is present when Xd is N⁺-R₁₅R₁₆.

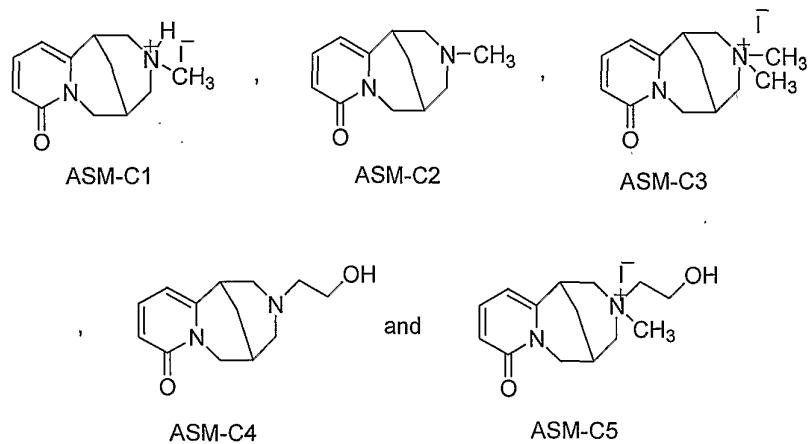
10 In one embodiment, Yc and Yd are independently one or more substituent selected from hydrogen, halogen, amino, amido, hydroxyl, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms and alkanol of 1 to 6 carbon atoms.

15 In one embodiment, W is O; each of Yc and Yd are independently one or more substituent selected from hydrogen, halogen, amino, amido, hydroxyl, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms and alkanol of 1 to 6 carbon atoms; and Xd is NR₁₅ or N⁺-R₁₅R₁₆, wherein R₁₅ and R₁₆ are independently alkyl of 1 to 6 carbon atoms.

20 In a further embodiment, W is O; each of Yc and Yd are independently one or more substituent selected from hydrogen and halogen; and Xd is NR₁₅ or N⁺-R₁₅R₁₆, wherein R₁₅ and R₁₆ are independently alkyl of 1 to 6 carbon atoms.

In a further embodiment, the compound for use in the method of the invention has the formula selected from:

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In one embodiment, the pulmonary inflammatory disease is selected from the group consisting of asthma, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis (IPF), sarcoidosis, hypersensitivity pneumonitis (HP),
5 chronic HP and bronchiolitis obliterans with organizing pneumonitis (BOOP).

In one embodiment, the pulmonary inflammatory disease is selected from the group consisting of asthma, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis (IPF), sarcoidosis, hypersensitivity pneumonitis (HP) and chronic HP.

10 In further embodiments, the pulmonary inflammatory disease is:
chronic obstructive pulmonary disease (COPD);
sarcoidosis;
hypersensitivity pneumonitis (HP).

In a further embodiment, the pulmonary inflammatory disease is asthma

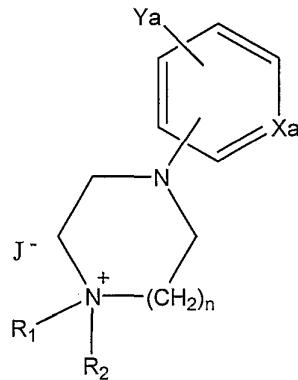
15 In one embodiment of the invention, the compound for use in the method of the invention is administered orally, parenterally, topically or by inhalation.

Alternatively, the compound is administered orally, topically, or by inhalation.

In one embodiment of the invention, the compound for use in the method of the invention is administered orally.

In one embodiment, the compounds described herein are useful for the manufacture of a medicament for treating pulmonary inflammatory diseases.

5 In one embodiment, there are novel compounds provided having the formula:



wherein R₁ and R₂ are independently lower alkyl of 1 to 10 carbon atoms,
Xa is CH or N,

10 Ya is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 15 6 to 10 carbon atoms and 3 to 10 membered heterocycle
n is an integer from 0 to 2,
J is a counter ion.

In a further embodiment R₁ and R₂ are independently optionally substituted alkyl of 1 to 6 carbon atoms;

20 Xa is CH;

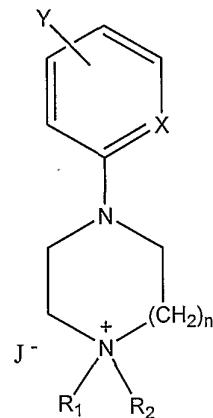
- 25 -

Ya is one or more substituent selected from hydrogen, halogen, amino, amido, hydroxyl, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms and alkanol of 1 to 6 carbon atoms;

n is 1 or 2;

5 J is a halogen.

In one embodiment, the compound has the formula:



wherein R_1 and R_2 are independently optionally substituted alkyl of 1 to 6 carbon atoms;

10 X is CH;

Y is one or more substituent selected from hydrogen, halogen, amino, amido, hydroxyl, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms;

n is 1 or 2;

15 J is a halogen.

In a further embodiment, R_1 and R_2 are independently selected from methyl, ethyl, n-propyl, or i-propyl;

X is CH;

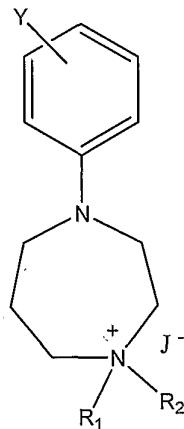
Y is hydrogen;

- 26 -

n is 1 or 2;

J is a halogen.

In an alternative embodiment, the compound has the formula:

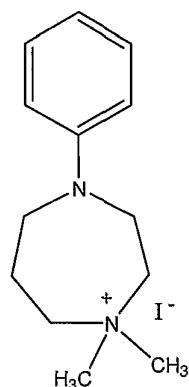


5 wherein R₁ and R₂ are independently selected from methyl, ethyl, n-propyl, or i-propyl;

Y is hydrogen;

J is a halogen.

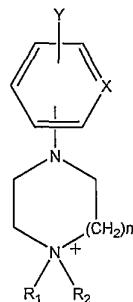
In still a further embodiment, the compound has the formula:



The first nicotinic receptor agonists include dimethylphenylpiperazinium (DMPP), nicotine, epibatidine, cytisine, acetylcholine and analogues thereof.

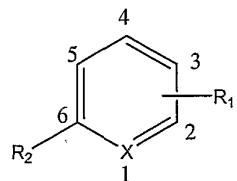
Alternatively, nicotinic receptor agonists that can be used for the treatments and uses according to the invention include the following nicotinic receptor agonists and analogues thereof:

1- DMPP and analogs thereof



Compound	R ₁	R ₂	X	Y	N
DMPP	CH ₃	CH ₃	CH	-	1
	CH ₃	CH ₂ CH ₂ CH ₃	CH	-	1 or 2
	CH ₂ CH ₃	CH ₂ CH ₃	CH	-	1 or 2
	CH ₂ CH ₃	CH ₃	CH	-	1 or 2
	CH ₃	CH ₃	CH	-	2
	CH ₃	-	N	-	1
	H	-	N	halogen	1

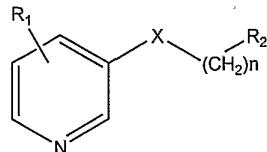
2- Nicotine and analogs

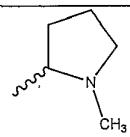
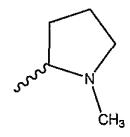
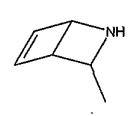
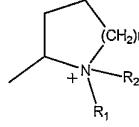
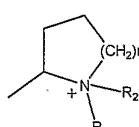


Compd	X	R ₁	Position of R ₁	R ₂
Nicotine	N		3	H
	N		3	H
	N		3	H
	N		4	H
	N		3	Halogen
	N		3	H
	N		3	H

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3- Analogs of pyridylether



Compd	X	R ₁	Position	R ₂	n
		R ₁			
	O	H	-		1
	O	Aryl, alkyl, substituted-phenyl	5		1
	O	halogen	6		1
	O	H	-		1, 2 or 3
	NCH	H	-		1, 2 or 3
3					

R1 and R2 = alkyl, n

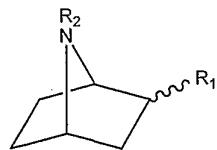
=1 or 2

R1 and R2 = alkyl, n

=1 or 2

- 30 -

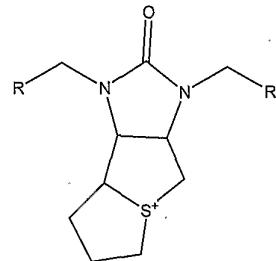
4- Epibatidine and analogs



Compound	R ₁	R ₂
Epibatidine		H
	X = halogen	
	X = halogen	H
		H
		H
	X = halogen	H or CH ₃ (alkyl)
		H or CH ₃ (alkyl)
	R1 and R2 = alkyl, n = 1 or 2	
	X = N+(CH ₃) ₃	H or CH ₃ (alkyl)

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5- Trimethaphan and analogs

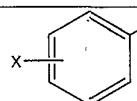


Compond

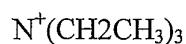
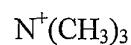
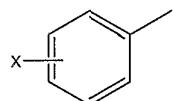
R

X

Trimethaphan

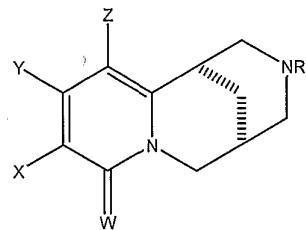


Halogen



- 32 -

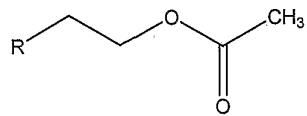
6- Cytisine and analogs



Compound	R	W	X	Y	Z
Cytisine	H	O	H	H	H
	nBu	O	H	H	H
	H	O	halogen	H	halogen
	H	S	H	H	H
	(CH ₃) ₂	O or S	halogen	H	halogen
	(CH ₂ CH ₃)CH ₃	O or S	H	H	H
	(CH ₂ CH ₃) ₂	O or S	H	H	H

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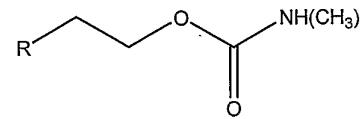
7- Acetylcholine and analogs



Compound	R
Acetylcholine	$\text{N}^+(\text{CH}_3)_3$
	$\text{N}^+(\text{CH}_2\text{CH}_3)_2\text{CH}_3$
	$\text{N}^+(\text{CH}_2\text{CH}_3)_3$

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8- *N*-methylcarbamylcholine and analogs



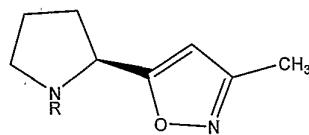
Compound

R

<i>N</i> -	$\text{N}^+(\text{CH}_3)_3$
methylcarbamylcoline	
*	$\text{N}^+(\text{CH}_2\text{CH}_3)_2\text{CH}_3$
*	$\text{N}^+(\text{CH}_2\text{CH}_3)_3$

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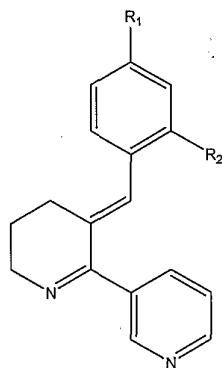
9- ABT-418 and analogs



Compound	R
ABT-418	CH ₃
	(CH ₃) ₂
	(CH ₂ CH ₃)CH ₃
	(CH ₂ CH ₃) ₂

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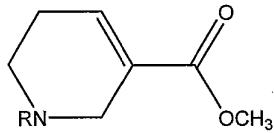
10- GTS-21 and analogs



Compound	R ₁	R ₂
GTS-21	OCH ₃	OCH ₃
	N ⁺ (CH ₃) ₃	OCH ₃
	OCH ₃	N ⁺ (CH ₃) ₃

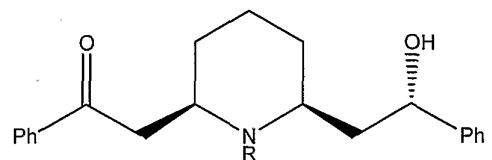
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11- Arecoline and analogs



Compound	R
Arecoline	CH ₃
	(CH ₃) ₂
	(CH ₂ CH ₃)CH ₃
	(CH ₂ CH ₃) ₂

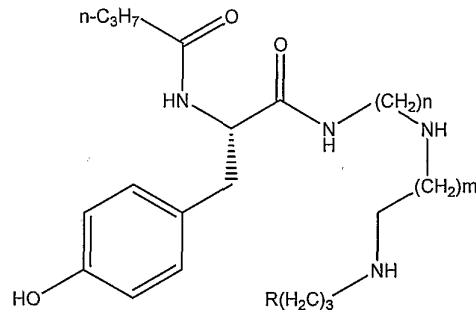
12- Lobeline and analogs



Compound	R
Lobeline	H
	$(CH_3)_2$
	$(CH_2CH_3)CH_3$
	$(CH_2CH_3)_2$

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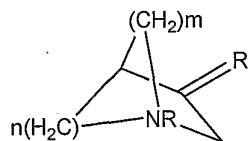
13- Analogs of philanthoxin-433



Compound	R	n	m
	NH ₂	4	3
	N ⁺ (CH ₃) ₃	1, 2, 3 or 4	1, 2 or 3
	N ⁺ (CH ₂ CH ₃) ₂ CH ₃	1, 2, 3 or 4	1, 2 or 3
	N ⁺ (CH ₂ CH ₃) ₃	1, 2, 3 or 4	1, 2 or 3

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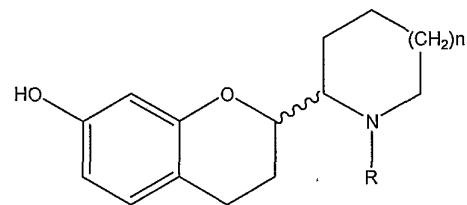
14- Azabicyclic analogs



Compound	R	R	n	m
	-	-	2	2
	-	-	2	2
	-	-	2	2
	-	-	2	2
	CH ₃	-	1 or 2	1 or 2
	CH ₃	-	1 or 2	1 or 2

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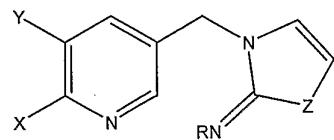
15- Analogs of SIB-1553



Compound	R	n
	CH ₃	1 (threo)
	CH ₃	0 (erythro)
	CH ₃	0 (threo)
	(CH ₃) ₂	0 or 1
	(CH ₂ CH ₃)CH ₃	0 or 1
	(CH ₂ CH ₃) ₂	0 or 1

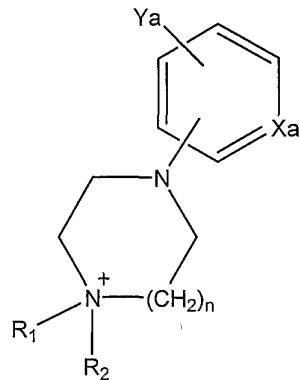
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16- Analogs of imidacloprid



Compound	R	X	Y	Z
	NO ₂	Cl	H	NH
	H	Cl	N ₃	S
	NO ₂	Cl	N ₃	S
	N ⁺ (CH ₃) ₃	Cl	H	NH
	NO ₂	N ⁺ (CH ₃) ₃	H	NH
	NO ₂	Cl	N ⁺ (CH ₃) ₃	NH

Of particular interest for the treatment of inflammatory pulmonary diseases are the following analogues of DMPP, and having the formula:



in which R₁ is methyl or ethyl, R₂ is methyl, ethyl or propyl, X is CH, Y is

5 hydrogen, n is 1 or 2.

The term "lower alkyl" represents a linear, branched or cyclic hydrocarbon moiety having 1 to 10 carbon atoms and preferably 1 to 6 carbon atoms, which may have one or more unsaturation in the chain, and is optionally substituted. Examples include but are not limited to methyl, ethyl, propyl, isopropyl, butyl, isobutyl, sec-butyl,

10 tert-butyl, pentyl, isopentyl, neopentyl, tert-pentyl, hexyl, isohexyl, neohexyl, allyl, vinyl, acetylenyl, ethylenyl, propenyl, isopropenyl, butenyl, isobutenyl, hexenyl, butadienyl, pentenyl, pentadienyl, hexenyl, hexadienyl, hexatrienyl, heptenyl, heptadienyl, heptatrienyl, octenyl, octadienyl, octatrienyl, octatetraenyl, propynyl, butynyl, pentynyl, hexynyl, cyclopropyl, cyclobutyl, cyclohexenyl, cyclohex-dienyl and cyclohexyl. The term "lower alkyl" is also meant to include alkyls in which one or more hydrogen atom is replaced by a halogen, ie. an alkylhalide. Examples include but are not limited to trifluoromethyl, difluoromethyl, fluoromethyl, trichloromethyl, dichloromethyl, chloromethyl, trifluoroethyl, difluoroethyl, fluoroethyl, trichloroethyl, dichloroethyl, chloroethyl, chlorofluoromethyl, chlorodifluoromethyl, dichlorofluoroethyl.

The term "lower alkoxy" represents an alkyl which is covalently bonded to the adjacent atom through an oxygen atom. Examples include but are not limited to

methoxy, ethoxy, propoxy, isopropoxy, butoxy, isobutoxy, sec-butoxy, tert-butoxy, pentyloxy, isopentyloxy, neopentyloxy, tert-pentyloxy, hexyloxy, isohexyloxy and neohexyloxy.

5 The term "lower Alkylthio" represents an alkyl which is covalently bonded to the adjacent atom through a sulfur atom Examples include but are not limited to methylthio, ethylthio, propylthio, isopropylthio, butylthio, isobutylthio, sec-butylthio and tert-butylthio.

10 The term "lower Alkylamino" represents an alkyl which is covalently bonded to the adjacent atom through a nitrogen atom and may be monoalkylamino or dialkylamino, wherein the alkyl groups may be the same or different. Examples include but are not limited to methylamino, dimethylamino, ethylamino, diethylamino, methylethylamino, propylamino, isopropylamino, butylamino, isobutylamino, sec-butylamino, tert-butylamino, pentylamino, isopentylamino, neopentylamino, tert-pentylamino, hexylamino and isohexylamino,

15 The term "lower alkanol" represents an "alkyl" moiety for which one of the hydrogens has been replaced by an hydroxyl group. The term alkanol is also meant to include alkanol in which one or more hydrogen atoms is replaced by a halogen. Examples include but are not limited to methanol, ethanol, propanol, isopropanol, butanol, ethyleneglycol, propyleneglycol, cyclopropanol or trifluoroethanol or fluoromethanol.

The term "aralkyl" represents an aryl group attached to the adjacent atom by a C₁₋₆ alkyl Examples include but are not limited to benzyl, benzhydryl, trityl, phenethyl, 3-phenylpropyl, 2-phenylpropyl, 4-phenylbutyl and naphthylmethyl.

25 The term "aryl" represents a carbocyclic moiety containing at least one benzenoid-type ring (i.e. may be monocyclic or polycyclic) having 6 to 10 carbon atoms, and which may be optionally substituted with one or more substituents. Alternatively, the ring may be containing 6 carbon atoms. Examples include but is not

limited to phenyl, tolyl, dimethyphenyl, aminophenyl, anilinyl, naphthyl, anthryl, phenanthryl or biphenyl.

5 The term "Acyl" is defined as a radical derived from a carboxylic acid, obtained by replacement of the -OH group. Like the acid to which it is related, an acyl radical may be straight chain, branched chain or cyclic aliphatic or aromatic. Examples include but are not limited to formyl, acetyl, propionyl, butyryl, isobutyryl, valeryl, isovaleryl, pivaloyl, caproyl, isocaproyl, acryloyl, propioloyle, methacryloyl, crotonoyl, isocrotonoyl, benzoyl, naphthoyl, toluoyl, cinnamoyl, furoyl, glyceroyl, salicyloyl.

10 The term "Acyloxy" represents an acyl which is covalently bonded to the adjacent atom through an oxygen atom. Examples include but are not limited to formyloxy, acetyloxy, propionyloxy, butyryloxy, isobutyryloxy, valeryloxy, isovaleryloxy, pivaloyloxy, caproyloxy, isocaproyloxy, acryloyloxy, propioloxy, methacryloyloxy, crotonoyloxy, isocrotonoyloxy, benzoyloxy, naphthoyloxy, 15 toluoyloxy, hydroatropoyloxy, atropoyloxy, cinnamoyloxy, furoyloxy, glyceroyloxy, tropoyloxy, benziloyloxy, salicyloyloxy, anisoyloxy, vanilloyloxy, veratroyloxy, piperonyloxy, protocatechuoyloxy and galloyloxy, with preference given to formyloxy, acetyloxy, propionyloxy, butyryloxy, isobutyryloxy, valeryloxy, isovaleryloxy, pivaloyloxy, benzoyloxy and naphthoyloxy.

20 The term "halogen atom" is specifically a fluoride atom, chloride atom, bromide atom or iodide atom.

25 The term "counterion" is meant to include ion that accompanies an ionic species in order to maintain electric neutrality. Examples of counterion as used herein include but are not limited to fluoride, chloride, bromide, iodide, sulfate, sulfonate.

The term "independently" means that a substituent can be the same or a different definition for each item.

The term "heterocycle" represents a 3 to 10 membered optionally substituted saturated, unsaturated or aromatic cyclic moiety wherein said cyclic moiety is interrupted by at least one heteroatom selected from oxygen (O), sulfur (S) or nitrogen (N). Alternatively, heterocycles may be 3 to 6 membered ring or 5 to 6 membered ring. Heterocycles may be monocyclic or polycyclic rings. Examples include but are not limited to azepinyl, aziridinyl, azetyl, azetidinyl, diazepinyl, dithiadiazinyl, dioxazepinyl, dioxolanyl, dithiazolyl, furanyl, isooxazolyl, isothiazolyl, imidazolyl, morpholinyl, morpholino, oxetanyl, oxadiazolyl, oxiranyl, oxazinyl oxazolyl, piperazinyl, pyrazinyl, pyridazinyl, pyrimidinyl, piperidyl, piperidino, pyridyl, pyranyl, pyrazolyl, pyrrolyl, pyrrolidinyl, thiatriazolyl, tetrazolyl, thiadiazolyl, triazolyl, thiazolyl, thienyl, tetrazinyl, thiadiazinyl, triazinyl, thiazinyl and thiopyranyl, furoisoxazolyl, imidazothiazolyl, thienoisothiazolyl, thienothiazolyl, imidazopyrazolyl, cyclopentapyrazolyl, pyrrolopyrrolyl, thienothienyl, thiadiazolopyrimidinyl, thiazolothiazinyl, thiazolopyrimidinyl, thiazolopyridinyl, oxazolopyrimidinyl, oxazolopyridyl, benzoxazolyl, benzisothiazolyl, benzothiazolyl, imidazopyrazinyl, purinyl, pyrazolopyrimidinyl, imidazopyridinyl, benzimidazolyl, indazolyl, benzoxathiolyl, benzodioxolyl, benzodithioly, indolizinyl, indolinyl, isoindolinyl, furopyrimidinyl, furopyridyl, benzofuranyl, isobenzofuranyl, thienopyrimidinyl, thienopyridyl, benzothienyl, cyclopentaoxazinyl, cyclopentafuranyl, benzoxazinyl, benzothiazinyl, quinazolinyl, naphthyridinyl, quinolinyl, isoquinolinyl, benzopyranyl, pyridopyridazinyl and pyridopyrimidinyl.

For the purposes of the present application, the term "animal" is meant to signify human beings, primates, domestic animals (such as horses, cows, pigs, goats, sheep, cats, dogs, guinea pigs, mice, etc.) and other mammals. Generally, this term is used to indicate living creatures having highly developed vascular systems.

For the purposes of the present invention, agonists or agents or ligands are molecules or compounds that bind to and modulate the function of the nicotinic receptor. Preferred agents are receptor-specific and do not cross the blood-brain barrier, such as DMPP. Useful agents may be found within numerous chemical

classes, though typically they are organic compounds and preferably, small organic compounds. Small organic compounds have a molecular weight of more than 150 yet less than about 4,500, preferably less than about 1500, more preferably, less than about 500. Exemplary classes include peptides, saccharides, steroids, 5 heterocyclics, polycyclics, substituted aromatic compounds, and the like.

Nicotinic agonists would not necessarily replace all drugs that are currently used to specifically treat inflammatory lung diseases and the airflow obstruction that is often associated with these diseases. Bronchodilators remain useful for the immediate release of bronchospasms. However, bronchodilators have no effect on 10 the underlying cause of inflammation.

Nicotinic agonists may be useful as a steroid sparing or replacing drug. By targeting their delivery to the lung phagocytes, these drugs could be helpful in controlling both airway and interstitial inflammation. One major advantage of nicotinic agonists over corticosteroids, besides being expected to have fewer side effects, is 15 the fact that these agonists may have a direct effect on fibroblasts and could therefore prevent or reverse fibrosis in the airways and in the lungs, something corticosteroids cannot do. Interstitial fibrosis is the hallmark if IPF, a major sequel of HP and sarcoidosis, and airway fibrosis is a prevailing finding in chronic asthma (57).

Other substances are actively being studied as potential new treatments 20 for inflammatory lung diseases. Many cytokines are specifically targeted (e.g. IL-5, IL-13, IL-16 and the like) (62). It is believed that because of the complexity of pathways involved in inflammation, any one specific cytokine or other inflammatory mediator is unlikely to have a significant impact on the treatment of these lung diseases. Nicotinic receptor agonists as well as analogs and derivatives thereof, not 25 unlike corticosteroids, have the advantage of targeting a broad spectrum of the inflammatory response. Therein lies their potential in the treatment of inflammatory lung diseases.

Selected agents may be modified to enhance efficacy, stability, pharmaceutical compatibility, and the like. Structural identification of an agent may 30 be used to identify, generate, or screen additional agents. For example, where

peptide agents are identified, they may be modified in a variety of ways as described above, e.g. to enhance their proteolytic stability. Other methods of stabilization may include encapsulation, for example, in liposomes, etc. The subject binding agents are prepared in any convenient way known to those skilled in the art.

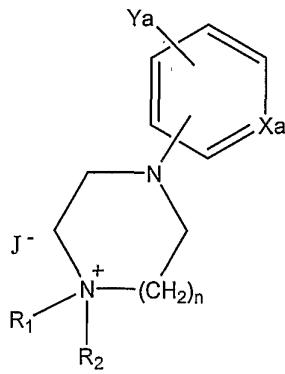
5 For therapeutic uses, agents affecting nicotinic receptor function may be administered by any convenient means. Small organics are preferably administered orally; other compositions and agents are preferably administered parenterally, conveniently in a pharmaceutically or physiologically acceptable carrier, e.g., phosphate buffered saline, or the like. Typically, the compositions are added to a
10 retained physiological fluid such as blood or synovial fluid.

In accordance with the invention, there is provided another embodiment which is a pharmaceutical composition for treating pulmonary inflammatory diseases comprising a nicotinic receptor agonist and a pharmaceutically acceptable excipient.

15 The carrier(s) or excipient(s) must be "acceptable" in the sense of being compatible with the other ingredients of the formulation and not being deleterious to the recipient thereof.

In an alternative embodiment, there is provided a pharmaceutical composition for treating pulmonary inflammatory diseases comprising

i) a compound of formula:



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wherein R₁ and R₂ are independently lower alkyl of 1 to 10 carbon atoms,

Xa is CH or N,

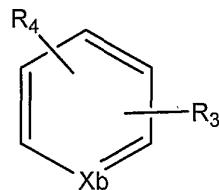
Ya is one or more optional substituent selected from halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite,

5 sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10 membered heterocycle

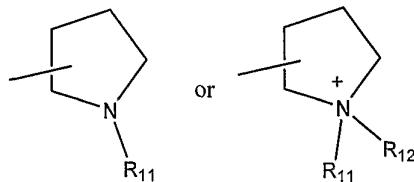
n is an integer from 0 to 2,

10 J is a counter ion;

or ii) a compound having the formula:



wherein R₃ is selected from



15 Xb is N or N⁺-R₁₀,

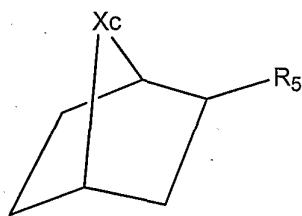
R₄ is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

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each of R_{10} , R_{11} and R_{12} are independently alkyl of 1 to 10 carbon atoms,

provided that a counterion is present when Xb is N^+-R_{10} ;

or iii) a compound having the formula:

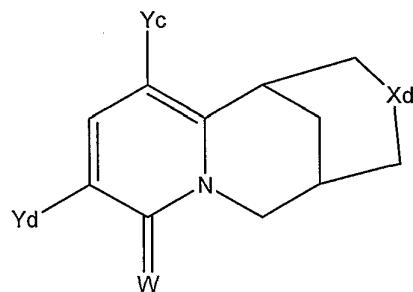


5 wherein Xc is NR_{13} or $N^+-R_{13}R_{14}$, wherein R_{13} and R_{14} are independently alkyl of 1 to 10 carbon atoms

R_5 is a 3 to 10 membered heterocycle,

provided that a counterion is present when Xc is $N^+-R_{13}R_{14}$;

or iv) a compound having the formula:



10

wherein W is O or S ;

each of Yc and Yd are independently a substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to

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10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

wherein Xd is NR₁₅ or N⁺-R₁₅R₁₆, wherein R₁₅ and R₁₆ are independently alkyl of 1 to 10 carbon atoms;

provided that a counterion is present when Xd is N⁺-R₁₅R₁₆;

and

a pharmaceutically acceptable excipient.

In one embodiment, the pharmaceutical composition as defined herein may be further comprising one or more therapeutic agent selected from a bronchodilating agent, an anti-inflammatory agent, a leukotriene receptor antagonist or a phosphodiesterase inhibitor (PDE) such as PDE IV.

In a further embodiment, the bronchodilating agent is β 2 agonists or anticholinergics.

In a further embodiment, the an anti-inflammatory agent is corticosteroids.

15 In a further embodiment, the PDE inhibitor is PDE IV.

In another embodiment, the present invention provides a combination comprising a therapeutically effective amount of a compound useful in the method of the present invention, and a therapeutically effective amount of at least one or more therapeutic agent.

20 It will be clear to a person of ordinary skill that if a further additional therapeutic agent is required or desired, ratios will be readily adjusted. It will be understood that the scope of combinations described herein is not limited to the

therapeutic agents listed herein, but includes in principles any therapeutic agent useful for the prevention and treatment of pulmonary inflammatory diseases.

For peptide agents, the concentration will generally be in the range of about 50 to 500 μ g/ml. Alternatively, it may administered in an acceptable range of 5 from about 1 mg to a few 10g or more per Kg in a body weight basis) in the dose administered. Other additives may be included, such as stabilizers, bactericides, etc. These additives will be present in conventional amounts.

It will be appreciated that the amount of a compound of the invention required for use in treatment will vary not only with the particular compound selected 10 but also with the route of administration, the nature of the condition for which treatment is required and the age and condition of the patient and will be ultimately at the discretion of the attendant physician or veterinarian. Generally, the amount administered will be empirically determined, typically in the range of about 10 μ g to 1000 mg/kg of the recipient or 10 μ g to 100 mg/kg or 10 μ g to 1 mg/kg for example.

15 The desired dose may conveniently be presented in a single dose or as divided dose administered at appropriate intervals, for example as two, three, four or more doses per day.

While it is possible that, for use in therapy, a compound or combination of the invention may be administered as the raw chemical it is preferable to present the 20 active ingredient as a pharmaceutical composition.

As examples, many such therapeutics are amenable to direct injection or infusion, topical, intratracheal/nasal administration e.g. through aerosol, intraocularly, or within/on implants (such as collagen, osmotic pumps, grafts comprising appropriately transformed cells, etc. with therapeutic peptides.

25 Pharmaceutical compositions also include those suitable for oral, nasal, topical (including buccal and sub-lingual), transdermal, or parenteral (including intramuscular, sub-cutaneous and intravenous) administration or in a form suitable for administration by inhalation. The formulations may, where appropriate, be

conveniently presented in discrete dosage units and may be prepared by any of the methods well known in the art of pharmacy. All methods include the step of bringing into association the active compound with liquid carriers or finely divided solid carriers or both and then, if necessary, shaping the product into the desired 5 formulation.

Pharmaceutical compositions suitable for oral administration may conveniently be presented as discrete units such as capsules, cachets or tablets each containing a predetermined amount of the active ingredient; as a powder or granules; as a solution, a suspension or as an emulsion. The active ingredient may 10 also be presented as a bolus, electuary or paste. Tablets and capsules for oral administration may contain conventional excipients such as binding agents, fillers, lubricants, disintegrants, or wetting agents. The tablets may be coated according to methods well known in the art. Oral liquid preparations may be in the form of, for example, aqueous or oily suspensions, solutions, emulsions, syrups or elixirs, or may 15 be presented as a dry product for constitution with water or other suitable vehicle before use. Such liquid preparations may contain conventional additives such as suspending agents, emulsifying agents, non-aqueous vehicles (which may include edible oils), or preservatives.

The compounds and combinations according to the invention may also be 20 formulated for parenteral administration (e.g. by injection, for example bolus injection or continuous infusion) and may be presented in unit dose form in ampoules, pre-filled syringes, small volume infusion or in multi-dose containers with an added preservative. The compositions may take such forms as suspensions, solutions, or emulsions in oily or aqueous vehicles, and may contain formulatory agents such as 25 suspending, stabilizing an/or dispersing agents. Alternatively, the active ingredient may be in powder form, obtained by aseptic isolation of sterile solid or by lyophilisation from solution, for constitution with a suitable vehicle, e.g. sterile, pyrogen-free water, before use.

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Compositions suitable for topical administration in the mouth include lozenges comprising active ingredient in a flavoured base, usually sucrose and acacia or tragacanth; pastilles comprising the active ingredient in an inert base such as gelatin and glycerin or sucrose and acacia; and mouthwashes comprising the 5 active ingredient in a suitable liquid carrier.

For administration by inhalation the compounds and combinations according to the invention are conveniently delivered from an insufflator, nebulizer or a pressurized pack or other convenient means of delivering an aerosol spray. Pressurized 10 packs may comprise a suitable propellant such as dichlorodifluoromethane, trichlorofluoromethane, dichlorotetrafluoroethane, carbon dioxide or other suitable gas. In the case of a pressurized aerosol the dosage unit may be determined by providing a valve to deliver a metered amount.

Alternatively, for administration by inhalation, the compounds and combinations according to the invention may take the form of a dry powder 15 composition, for example a powder mix of the compound and a suitable powder base such as lactose or starch. The powder composition may be presented in unit dosage form in, for example, capsules or cartridges or e.g. gelatin or blister packs from which the powder may be administered with the aid of an inhalator or insufflator.

Two animal models were used to study the effects of nicotinic antagonists 20 in inflammatory pulmonary diseases: an HP model and an asthma model. With both of these models, the effects of nicotinic receptor agonists (both selective and non-selective) were studied on lung physiology, and inflammation. *In vitro* studies were performed using isolated inflammatory cells from the animal studies or from patients as well as commercially available cell lines in an attempt to understand the 25 mechanisms by which nicotinic agonists down-regulate inflammation.

Initially, experiments were conducted with non-specific agonists, i.e agonists that bind to all nicotinic receptor subunits (nicotine, dimethylphenylpiperazinium (DMPP) and epibatidine) (13, 42). A $\beta 4$ subunit specific

agonist, cytisine (42), was also tested to see whether a specific stimulation could also have anti-inflammatory effects.

EXAMPLE I

5 **In vivo HP studies - I- Hypersensitivity-like inflammation.**

Effect of nicotinic agonists on long term-induced hypersensitivity pneumonitis (HP) in mice.

It is shown that the stimulation of nicotinic receptors with nicotine down-regulates the immune response to HP antigens via inflammatory cytokine suppression and inhibition of specific antigen-mediated cellular activation.

This model was selected because, as mentioned previously, the incidence of HP is lower in smokers than in non-smokers (50), and because this model is well described. HP was induced by the administration of *Saccharopolyspora rectivirgula* (SR) antigen, the causative agent of farmer's lung (51), a form of HP. Mice were simultaneously treated with intra-peritoneal (IP) nicotine, with doses ranging from 0.5 to 2.0 mg/kg, twice a day. Nicotine administration significantly reduced the number of total cells found in the bronchoalveolar lavage (BAL) of these mice. The population that was the most affected by nicotine treatment were lymphocytes as seen in Fig. 1. It will be seen that there was a marked inhibition of total cell counts in nicotine treated mice due mainly to a decrease in the lymphocyte population. Pulmonary macrophages and lymphocytes were isolated, and stimulated with anti-CD3 + recombinant IL-2. The production of IFN- γ mRNA by these cells, a cytokine known to be involved in the development of HP and other pulmonary inflammatory diseases (52), was measured. Cells from nicotine treated animals showed significantly lower expression of IFN- γ mRNA than cells from non-treated animals. Fig. 2 illustrates that a significant inhibition of IFN- γ mRNA was observed.

EXAMPLE II**In vitro studies showing the effect of nicotinic agonists on cytokine expression.**

To further clarify the mechanisms involved in suppressive effect of nicotine
5 in the *in vivo* model, an alveolar macrophage cell line was used.

The effect of nicotine or DMPP treatment on AMJ2-C11 cells was tested
on TNF- α , IL-10 mRNA expression by RT-PCR. These cytokines are involved in the
development of pulmonary inflammatory diseases such as HP, asthma and
sarcoidosis (52-55). Nicotine and DMPP treatments showed a great decrease in TNF
10 mRNA expression (up to a 98% reduction of expression in LPS stimulated cells
treated with 40 μ M nicotine), but not in a dose-dependent manner. Reference is
made to Fig. 3 where results are expressed as a % of expression, 100% being
attributed to the LPS alone group. The intensity of the band was obtained by dividing
the intensity of the TNF- α band by that of β -actin. Treatment of stimulated cells with
15 different doses (40 to 160 μ M for nicotine and DMPP) induced a drop of TNF- α
mRNA expression. The greatest effect was obtained with the 40 μ M concentration of
nicotine (a 98% reduction of expression), while all doses of DMPP caused a 60 to
50% reduction of expression. Similar results were observed with SR-stimulated cells.
Reference is made to Fig. 4 where results are expressed as described in fig. 5.
20 Treatment of stimulated cells with different doses (80 and 160 μ M for nicotine and 40
to 160 μ M for DMPP) induced a down-regulation of TNF- α mRNA expression. Only
the 160 μ M dose of nicotine had an effect on mRNA expression, while the 40 and 80
 μ M doses of DMPP induced up to 60% of reduction of TNF- α mRNA expression.
This non-dose dependent response can be explained by nicotinic receptor
25 desensitization due to a large quantity of agonist in the medium. IL-10 mRNA
expression was also reduced by nicotine and DMPP treatment. The maximal down-
regulation occurred at a dosage of 40 μ M nicotine (LPS stimulated; 88 % reduction of
mRNA expression; reference is made to Fig. 5 where results are expressed.
Treatment of stimulated cells with different doses (40 to 160 μ M for both nicotine and
30 DMPP) induced a down-regulation of IL-10 mRNA expression. The largest drop of

expression (a 87% reduction) occurred with 40 μ M nicotine. DMPP induced a 55 to 40% reduction of expression for all three doses. At a dosage of 80 μ M DMPP a 87% IL-10 mRNA expression reduction is observed in SR-stimulated cells, the results are given in Fig. 6. Treatment of SR- stimulated cells with different doses (80 and 160 5 μ M for nicotine and 40 to 80 μ M for DMPP) induced a down-regulation of IL-10 mRNA expression. The greatest drop in mRNA expression with the nicotine treatment occurred at 160 μ M (60% drop of expression), and at 80 μ M (90 % drop of expression) with the DMPP treatment.

Another macrophage cell line (RAW 264.7, ATCC) was used to test the 10 effect of DMPP on IFN- γ expression by RT-PCR, because AMJ2-C11 cells did not appear to express IFN- γ mRNA (data not shown). Cells were stimulated with 50 μ g/ml of SR antigen and incubated with DMPP at doses ranging from 40 to 160 μ M. DMPP treatment reduced the expression of INF- γ in these cells by up to 75% with the 40 μ M dose. Reference is made to Fig. 7 where results are expressed as described in Fig. 15 5. Treatment of stimulated cells with different doses of DMPP induced a reduction in IFN- γ mRNA expression. The largest drop of expression (a 80% reduction) occurred with 40 μ M DMPP.

EXAMPLE III

20 **In vitro effects of nicotinic agonists on co-stimulatory molecule expression**

The effects of nicotine and DMPP on B7 (CD80) molecule expression were tested *in vitro*. AMJ2-C11 cells (mouse alveolar macrophages, from the ATCC) were incubated with 40 μ M nicotine or DMPP and stimulated with LPS (0.1 μ g / ml) or SR antigen (50 μ g / ml) for 48 hours. The percentage of expression of CD80 in treated 25 cells was about one half of the expression found in LPS and SR stimulated non-treated cells. Reference is made to Fig. 8 (a) which shows that nicotine treatment (40 μ M for 48h) reduced the expression to 20% in LPS stimulated cells. Reference is also made to Fig. 8 (b) which shows that DMPP treatment (40 μ M for 48h) reduced the expression to 17% in LPS stimulated cells and 20% in SR stimulated cells.

EXAMPLE IV**Studies on human BAL cells (AM and lymphocytes)**

Since one goal was to treat patients with DMPP or similar drugs, the effect
5 of this drug was verified on lymphocytes from patients with HP. BAL were performed
on patients with HP. Lymphocytes were isolated from the other BAL cells, stimulated
with PHA and incubated with DMPP. The dose-response of DMPP were tested on
cytokine mRNA production (by RT-PCR) for IFN- γ . Reference is made to Fig. 9 which
shows that DMPP treatment reduced expression of IFN- γ in these cells.

10 A broncho-alveolar lavage was performed on a normal patient, and
alveolar macrophages were isolated. SR-stimulated and nicotine or DMPP treated
cells showed once again about half of the expression of CD86 than non-treated cells.
Reference is made to Fig.10 which shows that cells that were treated with DMPP
express 50% less CD86 than non-treated cells.

15

EXAMPLE V**Investigation of the effect of other nicotinic agonists on the short term SR-induced acute inflammation.**

The intranasal instillation of *Saccharopolyspora rectivirgula* (SR) antigens,
20 the causative agent for farmer's lung, to mice, induces a prominent inflammatory
response in the lung. Neutrophils are the first inflammatory cells recruited at the site
of inflammation. Treatment of mice with DMPP (0.5mg/kg), nicotine (0.5mg/kg) and
epibatidine (2 μ g/kg) had a marked inhibitory effect on SR-induced inflammation.
Reference is made to Fig. 11 which shows that treatment with nicotine and
25 epibatidine had a significant inhibitory effect on SR-induced inflammation after 24
hours. Nicotinic agonists were administered intra-nasally in 50 μ l volume every 6h and
mice were sacrificed 24 hr after SR instillation.

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A significant inhibitory effect was observed with nicotine and epibatidine but not with DMPP. However, after increasing the number of mice treated or not treated with DMPP to 15, we did observe a significant inhibition compared to the non-treated group (Fig. 12).

5. Levels of TNF (a pro-inflammatory cytokine) are lower in the broncho-alveolar lavage of DMPP-treated mice (Fig. 13 shows that DMPP decreased significantly BALF TNF levels) indicating that the down-regulation of inflammation may result from lower TNF concentrations.

10

EXAMPLE VI

In vivo asthma model.

Similar experiments were performed in ovalbumin-sensitized mice. DMPP allegedly decreases both the inflammatory response and the hyper-responsiveness to inhaled allergens and methacholine.

15 Groups of Balb/c mice were sensitized by intra-peritoneal injection of 20 µg OVA protein (chicken egg albumin; Sigma-Aldrich) emulsified in 2 mg aluminum hydroxide in PBS. After 4 weeks, challenge doses of 1.5%/50µl OVA were administered intranasally. The challenge was performed daily for 3 consecutive days and then the mice assessed for allergic inflammation of the lungs 24 h after the last 20 aerosol exposure. Groups of mice were treated with various concentrations of DMPP during the challenge period. Broncho-alveolar lavage (BAL) was performed and the fluid centrifuged at 400 g to separate cells from liquid. Fig. 14 shows that The number of cells was highly elevated in OVA challenged and non-treated mice. The DMPP treatment significantly reduced cell counts at the 0.5 and 2.0 mg/kg doses. 25 Fig. 15 shows that the OVA challenged mice (OVA OVA) had more eosinophils and lymphocytes in their BAL compared to the control group (sal sal). The DMPP treatment significantly reduced the presence of both eosinophils and lymphocytes in BAL in all groups (n = 8; p < 0.05). Fig. 16 shows that the OVA challenged mice (OVA OVA) had more eosinophils and lymphocytes in their BAL compared to the control

- 60 -

group (sal sal). The DMPP treatment significantly reduced the presence of both osinophils and lymphocytes in BAL in all groups (n = 8; p < 0.05). Fig. 17 shows that The DMPP treatment significantly reduced eosinophil and lymphocyte counts in the 0.1 and 0.5 mg/kg doses, 0.5 mg/kg being the most effective dose for the anti-
5 inflammatory effect of DMPP.

The supernatants were used to determine lung IL-5 levels. The total number of BAL cells and differential cell counts were evaluated. Fig. 18 shows that the OVA challenges increased IL-5 levels in BAL, while the DMPP treatment had a significant inhibitory effect on IL-5 levels in the 0.5 mg/kg treated-group of mice.

10 The experiment was repeated with the optimal dose of DMPP to assess the airway responsiveness.

Measurement of AHR

15 Airway hyper-reactivity (AHR) in response to metacholine was measured in anesthetized, tracheotomized, ventilated mice using a computer-controlled ventilator (FlexiVENT™).

Increasing doses of metacholine (0 mg/kg-32.5 mg/kg) were administered through the jugular vein. Fig. 19 shows that DMPP-reduced the % of augmentation of lung resistance compared to asthmatic mice. Fig. 20 shows that DMPP significantly reduced the PC200 in treated-mice compared to asthmatic mice (p = 0.04 ; n = 6).

20

EXAMPLE VII

Effect of agonist treatment on mRNA expression of IL-4.

The effect of agonist treatment on mRNA expression of IL-4, a cytokine that is well known to be involved in the development of asthma, was also tested (53).

25 Nicotine decreased IL-4 mRNA expression by up to 92 % with 40µM (Fig. 9) DMPP completely blocked IL-4 mRNA expression. Reference is made to Fig. 21 which shows results expressed as described in fig. 5. Cells were treated with different doses (40 to 160 µM for both nicotine and DMPP). The nicotine treatment induced a

drop in the IL-4 mRNA expression (up to a 90% reduction of expression in the 40 μ M group). As demonstrated previously, there was no IL-4 mRNA expression when cells were stimulated with SR antigen.

5

EXAMPLE VIII

Action of various agonists on eosinophil transmigration.

To further investigate the the down-regulatory effect of nicotinic agonists on on inflammation in asthma, we tested the action of various agonists on eosinophil transmigration.

10 Infiltration of eosinophils and other inflammatory cells into lung tissues is an important feature of asthma and the cause of airway inflammation and hyper-responsiveness. The passage of inflammatory cells from the circulation to the lung involves migration through the vascular endothelium, the basement membrane, and extra-cellular matrix components. Inflammatory cells cross the basement membrane

15 by producing proteinases. In these preliminary *in vitro* experiments, the effects of various nicotinic agonists on the migration of purified blood eosinophils through an artificial basement membrane (Matrigel® coated chemotaxis chamber) were investigated. DMPP induced a dose-related inhibition of eosinophils transmigration (Fig. 22 shows that DMPP induces a dose-related inhibition of eosinophil

20 transmigration across an artificial basement membrane.), while this effect was reversed by the antagonist mecamylamine (MEC) (Fig. 23 shows that mecamylamine reverses the effect of DMPP, suggesting that nicotinic receptor activation is necessary for the DMPP inhibitory effect). This inhibitory effect is further confirmed with other nicotinic agonists including nicotine, epibatidine and cytisine (Fig. 24) that

25 all reduce blood eosinophil transmigration. Results are expressed as a percentage of inhibition (agonists-treated cells) compared to the control condition without the agonists.

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These results suggest that nicotinic agonists down-regulate the synthesis or activation of proteinases that degrade basement membrane components, thus inhibiting the migration of eosinophils into lung mucosa.

EXAMPLE IX

5 **Effect of nicotinic agonists on collagen production.**

Asthma is characterized by airway structural changes, including sub-epithelial collagen deposition, that may be a cause for the chronicity of the disease. An imbalance between collagen synthesis and its degradation by fibroblasts may be involved in this process (56). In preliminary experiments, we investigated the effects 10 of nicotinic agonists on collagen A1 synthesis produced by primary normal fibroblasts. Collagen A1 gene expression was evaluated by RT-PCR.

The results are expressed percentage gene expression in agonists treated cells compared to non-treated cells.

DMPP inhibits collagen A1 gene expression in a dose-dependent manner 15 (Fig. 25). Nicotine has a slight inhibitory effect at 1 and 10 μ M, whereas higher concentrations had no effects (Fig. 26), probably due to a desensitization of the receptors. Lower doses may be necessary to achieve an inhibition and will be tested. The inhibitory effect is also observed with epibatidine (Fig. 27).

Similar tests were carried out with the following analogues of DMPP and 20 equivalent results were obtained.

EXAMPLE X

Effects of DMPP analogs

Based on our DMPP results, four (4) new DMPP analogs were developed and tested for their anti-inflammatory effects, improved hyper-responsiveness 25 properties and smooth muscle-relaxing effects. Similarly to DMPP, ASM-002, ASM-003, ASM-004 and ASM-005 are synthetic agonists of nicotinic acetylcholine receptors. They are highly hydrophilic due to their quaternary salt structure, and

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therefore are not likely to cross easily the blood-brain barrier. Consequently they are less likely to induce addiction.

EXAMPLE XI

Anti- inflammatory effects:

5 Effect of DMPP analogs on Tumor necrosis factor (TNF) release

Human monocytes were isolated from the blood of asthmatic patients by Ficoll-paque density gradient, let to adhere to tissue culture plates and stimulated with LPS (100ng/ml) for 18 hours at 37°C with or without increasing concentrations of nicotine. The release of TNF, a potent pro-inflammatory mediator, was measured in the cell culture supernatant by the ELISA method. Results are expressed as a percentage release from LPS-stimulated untreated cells (Fig. 28). Except for ASM-005, all analogs tested had an inhibitory effect on TNF release (n=8 to 10; p from 0.01 to 0.007) .

EXAMPLE XII

Effect of DMPP analogs on Leukotriene C4 (LTC4)production.

Blood eosinophils, the most increased inflammatory cells in asthma, were isolated by negative selection using bead-conjugated anti-CD16 monoclonal antibody and magnetic activating cell sorting. Cells were pre-incubated for 18hours with the various DMPP analogs and then stimulated with 1 μ M platelet-activating factor (PAF) to produce LTC4 which was measured by enzyme immunoassay.

The results indicate that 3 out of 4 analogs tested are able to down-regulate LTC4 release (Table 1).

10

Table 1 Effects of DMPP and analogs on LTC4 release.

	LTC4 pg/ml
-	1725.80
DMPP	545.00
ASM002	246.40
ASM003	613.90
ASM004	601.60

EXAMPLE XIII**Smooth muscle relaxing effects:****Effect of DMPP analogs on mouse tracheal airway smooth muscle responsiveness.**

5 To demonstrate the relaxing effects of DMPP analogs on airway smooth muscle cells, isometric studies were performed on isolated mouse tracheas. Tracheal rings were mounted isometrically to force transducers in organ baths containing Krebs bicarbonate solution at 37°C and bubbled with 95% O₂- 5% CO₂, pre-contracted with submaximal concentration of metacholine (10⁻⁵) and cumulative 10 doses of the analogs were added to the baths. Changes of tension are recorded. Results are expressed as a percentage of maximal contraction (Fig. 29). Similarly to DMPP, its analogs induced a dose dependant relaxation of tracheal smooth muscles pre-contracted with metacholine.

Overall these results indicated that ASM-002, ASM-003, ASM-004 and 15 ASM-005 the new synthesized analogs presented similar anti-inflammatory and smooth-muscle relaxing effects as DMPP.

EXAMPLE XIV**Mouse model****20 Effects of ASM-002 on lung inflammation**

Ovalbumin-sensitized mice (n=8) were challenged with the allergen and simultaneously treated intra-nasally with increasing concentrations of ASM-002 (0.5 to 4 mg/kg/d) for 3 days. The number of cells recovered by broncho-alveolar lavage was used as a measure of lung inflammation.

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As shown in Fig. 30, ASM-002 significantly inhibits in a dose dependant manner the cellular inflammation in the lungs of asthmatic mice (ED₅₀ = 0.71mg/kg, n = 8).

EXAMPLE XV

5 Mouse model

Effects of ASM-002 on lung resistance in a mouse model of asthma

Lung response to a broncho-constrictive agent, metacholine, was measured by a Flexi-vent® apparatus. Ovalbumin-sensitized animals were treated intra-nasally with ASM-002 (4mg/kg) during 3 days and 10 minutes prior to the 10 metacholine challenge and compared to untreated OVA-sensitized animals. A negative control group of un-sensitized animals and a positive control group that received Salbutamol (Ventolin) 10 minutes before the metacholine challenge were also included.

The results show (Fig. 31) an increase in lung resistance, induced by 15 metacholine, in OVA-sensitized mice compared to the negative control group. A significant reduction (return to baseline levels) in lung resistance is observed in ASM-002-treated mice compared to untreated mice (n=8, p<0.02). This effect is similar to that obtained with Salbutamol (Ventolin™), the most common brochodilator currently used in asthma to relieve broncho-constriction symptoms (n=4, p<0.02).

20

EXAMPLE XVI

Dog asthma model

In this model 12 dogs naturally sensitized to the roundworm *Ascaris suum* were used in a cross-over study design. Four groups of 3 dogs were randomly 25 formed, exposed to the allergen, and each animal was left either untreated or received alternatively, ASM-002 (4mg/kg 2x day in the food), or prednisone (1mg/kg 1x day in the food), the most commonly used corticosteroid drug used to treat inflammation in asthma.

Comparative effects of ASM-002 and Prednisone TM on lung inflammation

Cellular inflammation was evaluated in the bronchoalveolar lavages.

As shown in Fig. 32, ASM-002 (8 mg/kg) inhibits significantly the cellular inflammation in the lungs of asthmatic dogs with a similar efficacy as Prednisone™, 5 the most frequently used anti-inflammatory drug (n = 12, p< 0.05)..

EXAMPLE XVII**Effects of ASM-002 in a dog model of lung hyper-responsiveness.**

Hyper-responsiveness is described as the capacity of the lung to react (to 10 increase lung resistance) to a non-specific external stimuli like metacholine or to allergens . A hyper-responsive allergen-sensitized dog (asthmatic) will react to lower concentrations of metacholine compared to a non allergic dog. Similarly, improvement in lung hyper-responsiveness is shown by an increase in metacholine concentrations necessary to induce the same level of lung resistance.

15 Increasing concentrations of metacholine were administered with or without treatment with ASM-002 or Prednisone™ and lung resistance recorded.

As shown in Fig. 33, ASM-002 decreased lung resistance in 7 out of 12 hyperresponsive dogs. None of the 12 dogs showed improved hyper-responsiveness with prednisone (p=0.005).

20

EXAMPLE XVIII**Muscle-relaxing properties of ASM-002**

To further demonstrate the relaxing effects of ASM-002 on airway smooth muscle cells, isometric studies were performed on isolated mouse tracheas, bronchial rings from dog's lungs and bronchial rings from resected human lungs. As 25 described previously, tracheal or bronchial rings were mounted isometrically to force transducers in organ baths containing Krebs bicarbonate solution at 37°C and bubbled with 95% O₂- 5% CO₂,pre-contracted with submaximal concentration of metacholine cumulative doses of ASM-002 added. Changes of tension are

- 67 -

recorded. Results are expressed as a percentage of maximal contraction for mouse (Fig. 34, p=0.002), dog (Fig. 35, p=0.004) and human (Fig. 36)

These results of examples XIV to XVIII showed that ASM-002 present a relaxing effect on pre-contracted mice tracheas, dog and human bronchi.

5

EXAMPLE XX

In vitro studies.

The anti-inflammatory activity of ASM-002 was observed *in vivo* in mice and dogs in previous Examples. To further characterize this effect, the drug was 10 tested for its capacity to inhibit the release of 2 potent inflammatory mediators by human blood cells isolated from asthmatic patients

Tumor necrosis factor (TNF) is a mediator released in inflammatory states. Human blood monocytes were stimulated *in vitro* with lipopolysaccharide (LPS) to produce large amounts of TNF, increasing doses of ASM-002 were added and the 15 levels of TNF were measured (Fig. 37, EC₅₀= 3 μ M, n=6, p= 0,0045 at 5 μ m, 0,0014 at 10 μ m and 0,0003 at 50 μ m). A dose-dependant inhibition of TNF release was observed with ASM-002

EXAMPLE XXI

20 **Comparative effects of ASM-002 with DMPP and dexamethasone on TNF production by LPS-stimulated blood monocytes.**

As shown in Fig. 38, results are expressed as a percentage from untreated control cells, all drugs were added at a 40 μ M concentration and are the mean of 5 different experiments (5 subjects). ASM-002 inhibits TNF release from human blood 25 monocytes as well as dexamethasone and DMPP (p= from 0.02 to 0.001)

Leukotriene C₄ (LTC₄) is a inflammatory lipid mediator highly produced in asthma, it is released in large amounts by blood eosinophils.

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Human blood eosinophils were isolated from blood of asthmatic patients, stimulated *in vitro* with platelet activating factor (PAF) to produce large amounts of LTC4, and treated or not with 80 μ M ASM-002.

5 A significant inhibition of LTC4 production by ASM-treated eosinophils was observed (Fig. 39, p=0.0007). The results represent an average of 6 different experiments (6 patients).

10 The results showed that ASM-002 present combined anti-inflammatory and broncho-dilating properties and improved hyperresponsiveness, which could be highly effective for the relief and treatment of asthma and other obstructive respiratory diseases.

EXAMPLE XXII

Other nicotinic acetylcholine receptor analogs

15 Other analogs such as nicotine, cytisine and epibatidine as described herein can be used as nicotinic receptors inhibitors in the treatment of pulmonary inflammation.

Anti-inflammatory effects:

20 Human blood monocytes were isolated by Ficoll-paque density gradient, let to adhere to tissue culture plates and stimulated with LPS (100ng/ml) for 18 hours at 37°C with or without increasing concentrations of nicotine analogues. The results obtained are disclosed in Fig. 40, significance levels are shown in Table 2.

Table 2

Significance levels of the effects of Nicotinic analogs on LPS stimulation.

p=

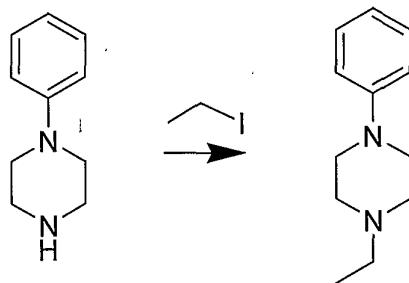
Concentration (M)	Nicotine	ASM-N1	ASM-N2	ASM-N3	ASM-N4
10 ⁻⁴	p= 0,034	p= 0,011	p= 0,006	p= 0,037	p= 0,035
10 ⁻⁵	0,032	0,015	0,001	0,008	0,039

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A significant decrease of TNF release was observed with increasing concentrations of the four nicotine analogs.

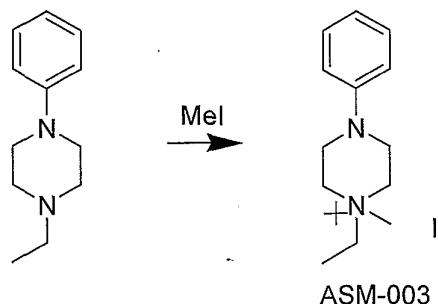
EXAMPLE XXIII

5



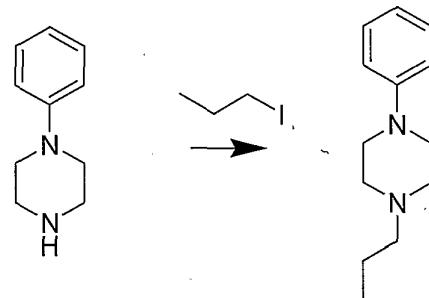
1-Phénylpiperazine (1 eq), iodoethane (1 eq), and sodium carbonate (2 eq) were mixed in tert-butanol. The mixture was refluxed for 20 hours. The mixture is 10 then dissolved in chloroform and extracted with water three times. The organic layer was washed with 1N aqueous HCl solution three times. The aqueous layer was then basified to a basic pH with NaOH pellets. The basic aqueous layer was then extracted with chloroform three times and the combined organic extracts dried over Na₂SO₄ and evaporated to dryness. The crude product was purified using silica gel 15 flash chromatography using a gradient of 0-5% MeOH in chloroform. The desired product was obtained as a yellow oil. (yield. 52%).

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10 N-ethylphenylpipérazine (1 eq, 0.6 mmol) and iodomethane (excess >10 eq, 1 ml) were stirred in ether at room temperature for 4 days. The resulting white
 5 precipitate of ASM-003 was isolate by vacuum filtration. (yield 75%).

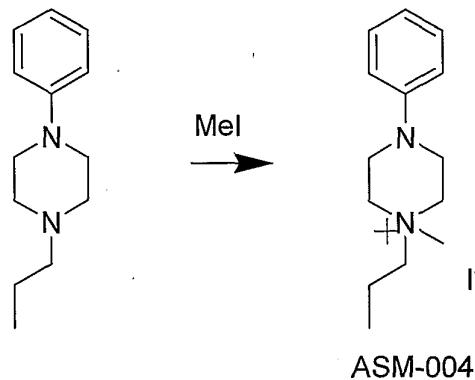
EXAMPLE XXIV



10 1-Phénylpiperazine (1 eq), iodopropane (1 eq), and sodium carbonate (2 eq) were mixed in tert-butanol. The mixture was refluxed for 20 hours. The mixture is then dissolved in chloroform and extracted with water three times. The organic layer was washed with 1N aqueous HCl solution three times. The aqueous layer was then basified to a basic pH with NaOH pellets. The basic aqueous layer was then
 15 extracted with chloroform three times and the combined organic extracts dried and evaporated to dryness. The crude product was purified using silica gel flash

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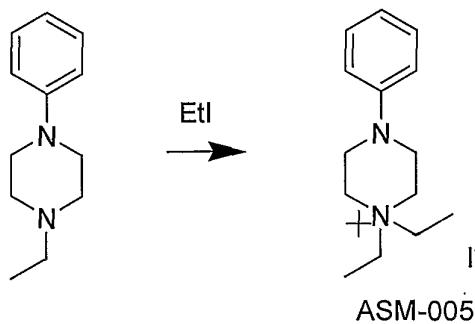
chromatography using a gradient of 0-5% MeOH in chloroform. The desired product was obtained as a yellow oil. (yield. 83%).



5

N-propylphenylpiperazine (1 eq, 0.6mmol) and iodomethane (excess >10 eq, 1ml) were mixed and stirred at room temperature in ether for 2 days. The mixture was then refluxed for 48 hours with an additional amount of iodomethane (>10 eq) with a (1:1) mixture of THF and ether. The mixture was evaporated and diluted in ether to yield a white precipitate of ASM-004 isolated by vacuum filtration. (yield 10 86%).

EXAMPLE XXV



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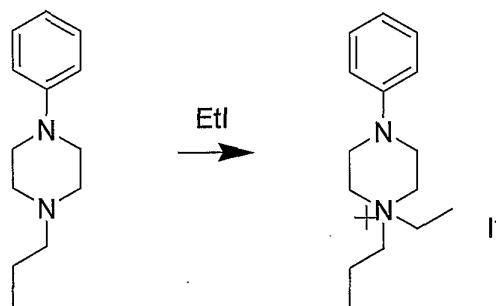
N-ethylphenylpiperazine prepared in example XXIII (1 eq, 0.5 mmol) and iodoethane (excess >10 eq, 1 ml) were stirred in ether at room temperature for 2 days. The mixture was then refluxed for 48 hours with an additional amount of 5 iodoethane (>10 eq), with a (1:1) mixture of THF and ether. The mixture was evaporated and diluted in ether to yield a white precipitate of ASM-005 isolated by vacuum filtration (yield 62%).

or

10 N-ethylphenylpiperazine (1 eq, 3.94 mmol) and iodoethane (excess >10 eq, 3 ml) were stirred in acetonitrile at room temperature. The mixture was evaporated and diluted in ether to yield a white precipitate of ASM-005 isolated by vacuum filtration (yield 27%).

EXAMPLE XXVI

15



20 N-propylphenylpiperazine (1 eq, 0.51 mmol) and iodoethane (excess >10 eq, 1 ml) were stirred in ether at room temperature for 2 days. The mixture was then refluxed for 48 hours with an additional amount of iodoethane (>10 eq), with a (1:1)

- 73 -

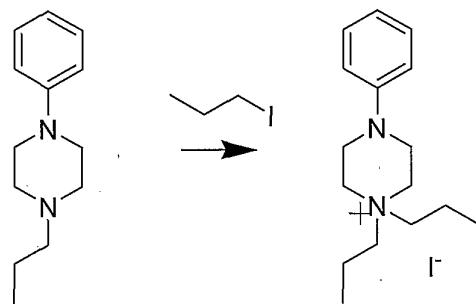
mixture of THF and ether. The mixture was evaporated and diluted in ether to yield a white precipitate isolated by vacuum filtration (yield 11%).

or

5 N-propylphénylpipérazine (1 eq, 0.1mmol) et l'iodoethane (excess >10 eq, 1 ml) were stirred in refluxing acetone for 24 hours. The mixture was evaporated and diluted in ether to yield a white precipitate isolated by vacuum filtration (yield 75%).

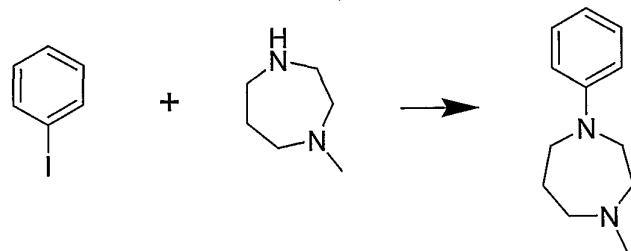
EXAMPLE XXVII

10



15 N-propylphenylpiperazine (1 eq, 0.53mmol) and iodopropane (excess >10 eq, 1ml) were stirred in ether at room temperature for 2 days. The mixture was then refluxed for 48 hours with an additional amount of iodopropane (>10 eq, 1ml), with a (1:1) mixture of THF and ether. The mixture was evaporated and diluted in ether to yield a white precipitate isolated by vacuum filtration (yield 10%).

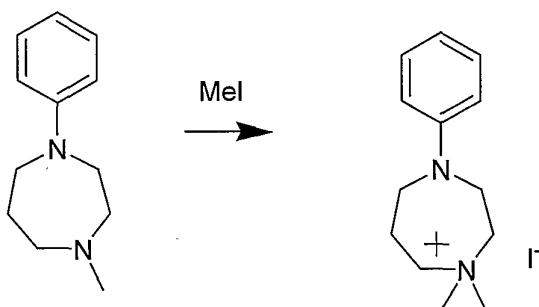
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EXAMPLE XXVIII

5 In a flame-dried round bottom flask under nitrogen, iodobenzene (1 eq, 1.47 mmol), N-methylhomopiperazine (1.2 eq, 1.76 mmol), ethylene glycol (2 eq, 2.94 mmol), CuI (5% mol) and K3PO4 (2 eq, 2.94 mmol) were suspended in isopropanol (3 ml). The mixture was refluxed with stirring for 17 hours. The resulting mixture was cooled down to room temperature and water was added (5 ml). The mixture was extracted with ether(4 x 10 ml) and the combined organic extracts washed with brine, dried over Na2SO4 and evaporated to dryness under vacuum. The crude product was purified using silica gel flash chromatography using a gradient of 0% a 7.5 % (2M NH3)MeOH in chloroform. The desired product was obtained as a yellow oil. (yield 64%).

10

15



ASM-002

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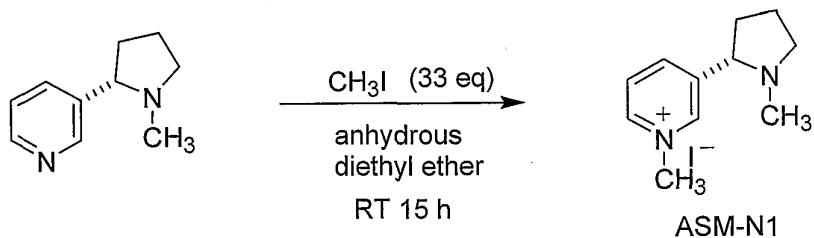
N-methylphenylhomopiperazine (1 eq, 0.36 mmol) and iodomethane (excess >10 eq, 1 ml) were stirred in ether at room temperature for 25 hours. The mixture was evaporated under vacuum, diluted with ether and the resulting white solid filtered under vacuum. 1,1-dimethyl-4-phenylhomopiperazinium iodide (Yield: 5 66%). Melting point : 158-160.

¹H NMR DMSO-d6 (ppm): (q, 2H) 7.18, (q, 2H) 6.74, (t, 1H) 6.64, (br s, 2H, 3.74), (m, 2H) 3.52, (m, 2H) 3.44, (t, 2H) 3.40, (s, 6H) 3.17, (bs s, 2H) 2.21.

¹³C NMR DMSO-d6: 149, 129, 117, 112, 66, 65, 53, 47, 43, 22.

10

EXAMPLE XXIX

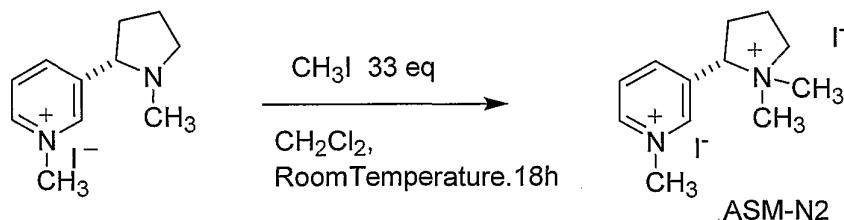


Nicotine (160 mg, 0.987 mmol) was dissolved in diethylether (5 ml), an 15 excess of iodomethane (33 eq, 2ml) was added and stirred in dark at room temperature over night for 15 hours.

The mixture was filtered under vacuum and the solid washed with diethylether. A white precipitate of ASM-N1 was obtained (yield 91%).

¹H NMR acetone-d6 (ppm): (m, 1H) 1.75, (m, 1H) 1.85, (m, 1H) 2.0, (s, 3H) 2.26, (m, 2H) 2.42, (m, 1H) 3.25 (t, 1H) 3.59, (s, 3H) 4.67 (t, 1H) 8.21, (d, 1H) 8.66, (d, 1H) 9.13, (s, 1H) 9.22.

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EXAMPLE XXX

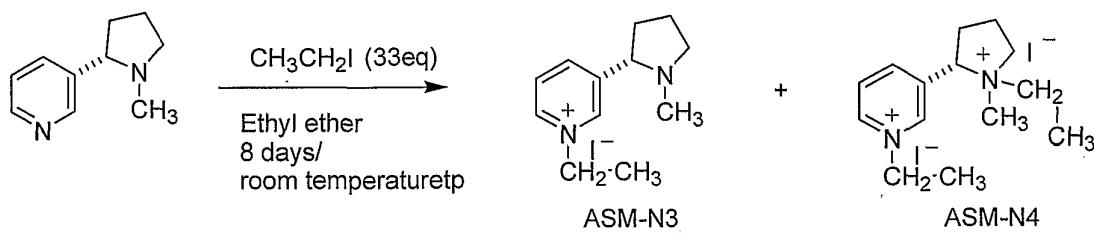
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To the previously obtained nicotine salt compound (ASM-N1) (100 mg, 0.32 mmol) in anhydrous dichloromethane (15 ml) anhydre, was added an excess of iodomethane (33 eq, 0.64 ml) and stirred in dark at room temperature over night for 18 hours.

10 The mixture was filtered under vacuum and the solid washed with diethylether. A white precipitate was obtained (yield 26 %).

¹H NMR acetone-d6 (ppm): (m, 3H) 2.26, (m, 1H) 2.71, (s, 3H) 2.82, (s, 3H) 3.14 (m, 1H) 3.76, (m, 1H) 3.86, (s, 3H) 4.40, (t, 1H) 5.04, (t, 1H) 8.31, (d, 1H), 8.85 (d, 1H), 9.17, (s, 1H) 9.31.

15

EXAMPLE XXXI

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Nicotine (390 mg, 2.4mmol) was dissolved in diethylether (10 ml), an excess of iodoethane (33 eq, 6.3ml) was added and stirred in dark at room temperature for 7 days.

5 The solvent was evaporated and dichloromethane was added (100 ml) to cause precipitation of a white-yellowish of ASM-N4.

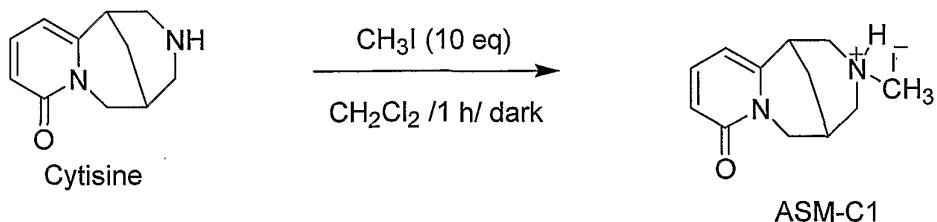
The organic layer was evaporated and the resulting oil washed with diethyl ether to yield ASM-N3.

10 ^1H NMR acetone-d6 (ppm) of ASM-N3: (t, 3H) 1.70, (m, 1H) 1.82, (m, 1H) 1.95, (s, 3H), 2.26 (m, 3H) 2.43, (m, 1H) 3.30 (m, 1H) 3.70, (q, 2H) 4.95, (m, 1H) 8.20, (d, 1H) 8.69, (d, 1H) 9.29, (s, 1H) 9.39.

^1H NMR acetone-d6 (ppm) of ASM-N4: (2t, 3H) 1.2 et 1.5, (t, 3H) 1.75, (m, 1H) 1.85, (m, 2H) 2.05 (s, 3H) 2.41, (m, 1H) 2.71, (m, 2H) 3.45, (2q, 2H) 3.78 et 3.95, (m, 1H) 4.12, (q, 2H) 4.98, (m, 1H) 8.27, (d, 1H) 8.86, (d, 1H) 9.40, (s, 1H) 9.56

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EXAMPLE XXXII

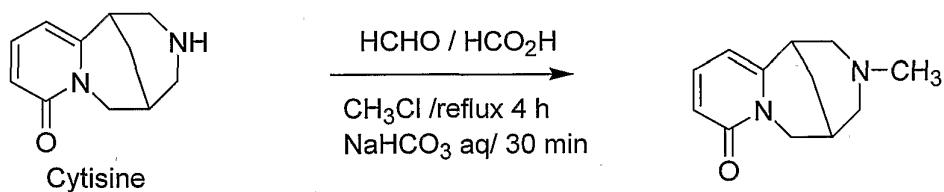


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ASM-C1 was prepared using iodomethane (10eq) in dichloromethane for 1 hour in dark in a manner similar to what is described in example XXIX. The characterisation was consistent with the structure.

EXAMPLE XXXIII

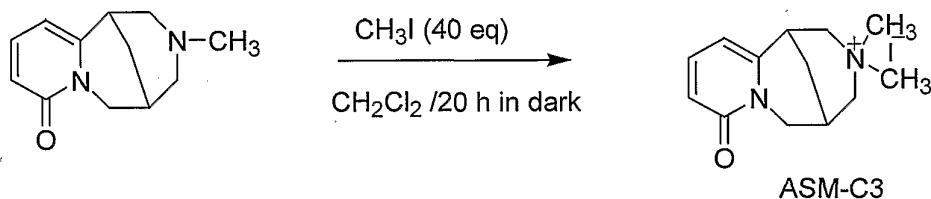
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ASM-C2 was prepared using formaldehyde and formic acid in a similar manner as that described in J. Med. Chem. (2001), 44, 3946 - 3955. The 10 characterisation was consistent with the structure.

EXAMPLE XXXIV

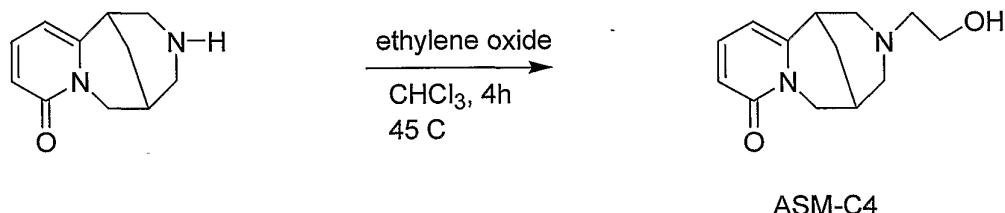
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ASM-C3 was prepared using iodomethane (40eq) in dichloromethane for 20 hours in the dark in a manner similar to what is described in example XXIX. The characterisation was consistent with the structure.

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EXAMPLE XXXV

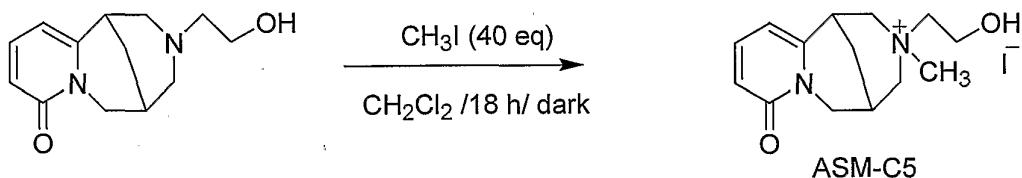


5

ASM-C4 was prepared using ethylene oxide in a similar manner as that described in II Farmaco 54 (1999) 438-451. The characterisation was consistent with the structure.

10

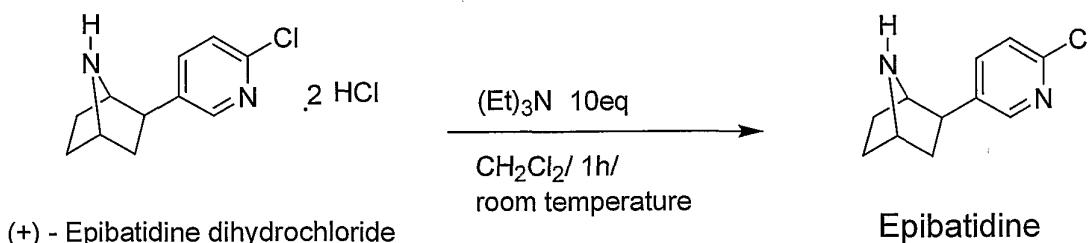
EXAMPLE XXXVI



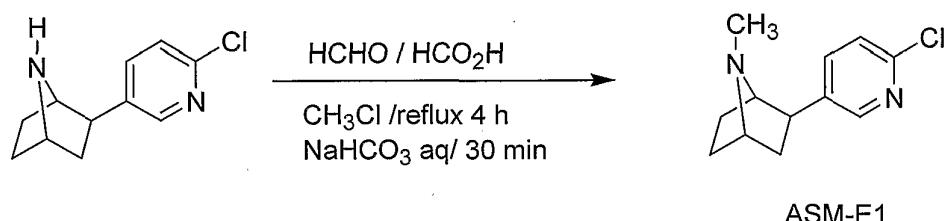
15 ASM-C5 was prepared using iodomethane (40eq) in dichloromethane for 18 hours in the dark in a manner similar to what is described in example XXIX. The characterisation was consistent with the structure.

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EXAMPLE XXXVII

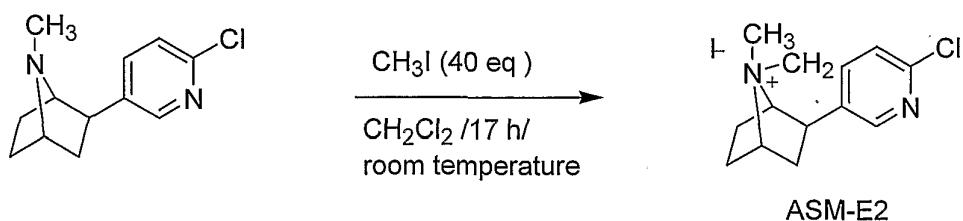


5 (+)-Epibatidine dihydrochloride was treated with triethyl amine (10eq) in dichloromethane for 1 hour at room temperature and epibatidine was then isolated following standard isolation protocol.



10 ASM-E1 was prepared using epibatidine, formaldehyde and formic acid in a similar manner as that described in J. Med. Chem. 2001, 44, 3946 - 3955 The characterisation was consistent with the structure.

EXAMPLE XXXVIII



ASM-E1 was prepared using iodomethane (40eq) in dichloromethane for 17 hours at room temperature in a manner similar to what is described in example XXIX. The characterisation was consistent with the structure.

5 Although the present invention has been described herein above by way of preferred embodiments thereof, it can be modified, without departing from the spirit and nature of the subject invention as defined in the appended claims.

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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
15 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.

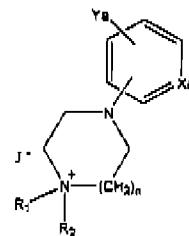
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THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:

1. A method for treating or preventing pulmonary inflammatory disease selected from the group consisting of asthma, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis (IPF), sarcoidosis, hypersensitivity pneumonitis 5 (HP), chronic HP and bronchiolitis obliterans with organizing pneumonitis (BOOP), comprising administering an effective amount of:

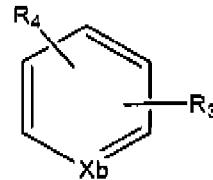
i) a compound having the formula:



wherein R₁ and R₂ are independently alkyl of 1 to 10 carbon atoms,

10 Xa is CH or N,
 Ya is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10
 15 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10 membered heterocycle
 n is 0 or 2,
 J is a counter ion;

or ii) a compound having the formula:



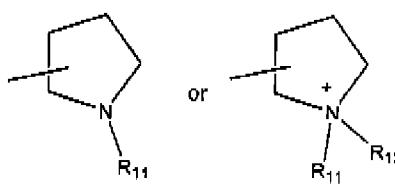
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wherein R_3 is selected from Xb is N or N^+-R_{10} .

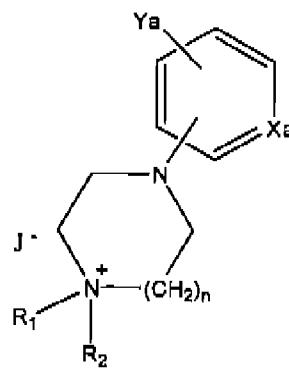
5 R_4 is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

each of R_{10} , R_{11} and R_{12} are independently alkyl of 1 to 10 carbon atoms,

10 provided that a counter ion is present when Xb is N^+-R_{10} ; and

with the proviso that compound ii) is not nicotine.

2. The method according to claim 1, wherein the compound has the formula:

wherein R_1 and R_2 are independently alkyl of 1 to 10 carbon atoms,

15 Xa is CH or N ,

Ya is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate,

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sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10 membered heterocycle;

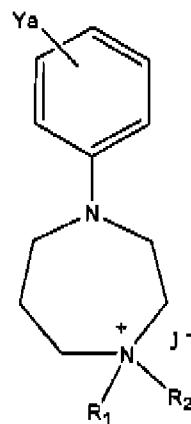
5 n is 0 or 2,
J is a counter ion.

3. The method according to claim 2, wherein R₁ and R₂ are independently selected from methyl, ethyl, n-propyl, or i-propyl;

Xa is CH;

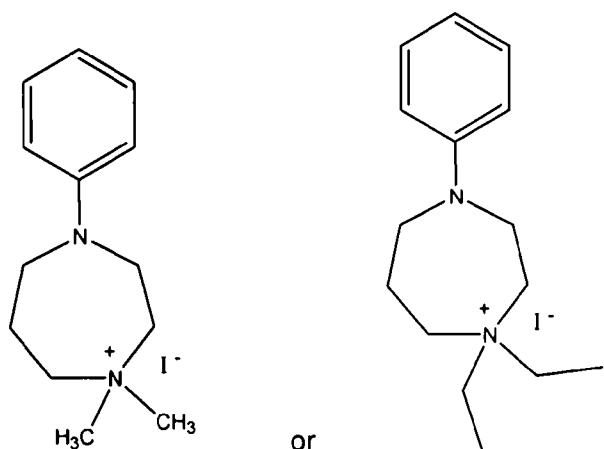
10 Ya is hydrogen;
n is 2;
J is a halogen.

4. The method according to claim 1, wherein said compound has the formula:

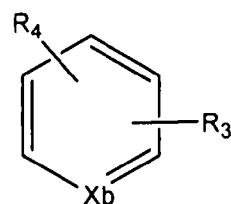


15 wherein R₁ and R₂ are independently selected from methyl, ethyl, n-propyl, or i-propyl;
Ya is hydrogen;
J is a halogen.

5. The method according to claim 1, wherein said compound has the formula:

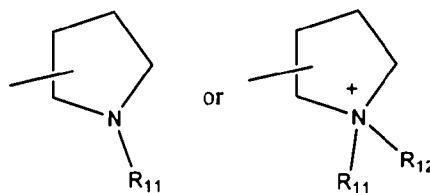


6. The method according to claim 1, wherein the compound has the formula:



wherein R₃ is selected from

5



Xb is N or N⁺-R₁₀,

R₄ is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms,

10 alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

each of R₁₁ and R₁₂ are independently alkyl of 1 to 10 carbon atoms,

provided that a counter ion is present when Xb is N⁺-R₁₀,

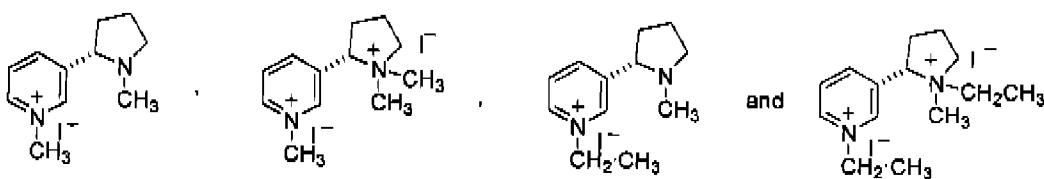
with the proviso that compound ii) is not nicotine.

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7. The method according to claim 6, wherein the compound is selected from:

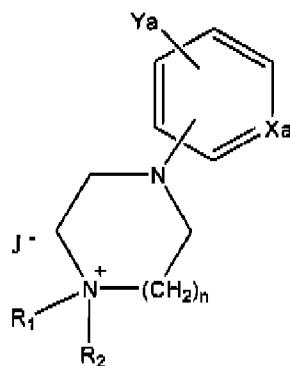


8. The method according to claim 1, wherein said pulmonary inflammatory disease is asthma.

9. The method according to claim 1, wherein said compound is administered by direct injection or infusion, intratracheal/nasal administration, intraocularly, transdermally, orally, parenterally, topically or by inhalation.

10. The method according to claim 9, wherein said compound is administered orally, topically or by inhalation.

11. A compound of formula:



wherein R₁ and R₂ are independently alkyl of 1 to 10 carbon atoms,
Xa is CH or N,

15 Ya is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms,

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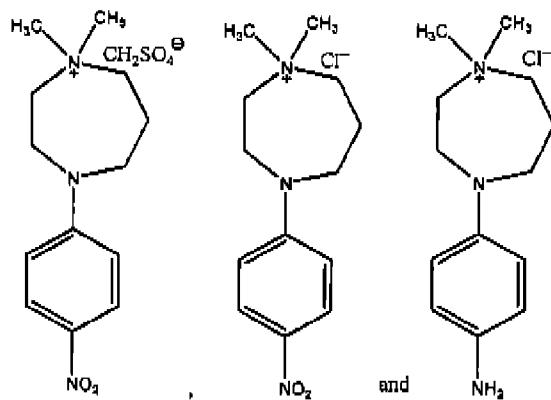
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alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10 membered heterocycle

n is 0 or 2,

5 J is a counter ion

with the proviso that the following compounds are excluded:



12. The compound according to claim 11, wherein R₁ and R₂ are independently selected from methyl, ethyl, n-propyl, or i-propyl;

10 X is CH;

Y is hydrogen;

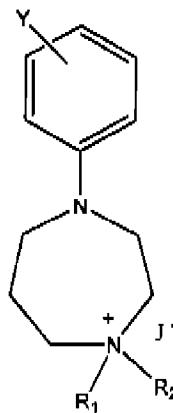
n is 2;

J is a halogen.

13. The compound according to claim 11, having the formula:

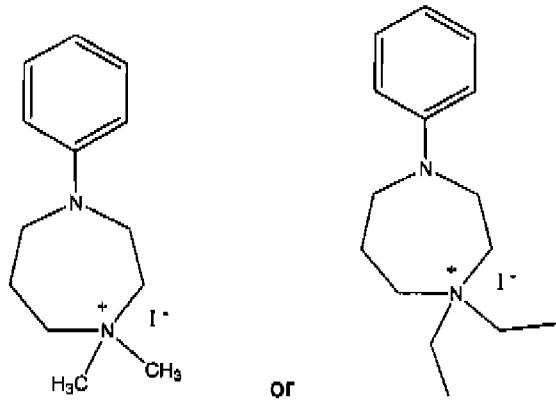
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wherein R₁ and R₂ are independently selected from methyl, ethyl, n-propyl, or i-propyl;
 Y is hydrogen;
 J is a halogen.

5 14. The compound according to claim 11, having the formula:

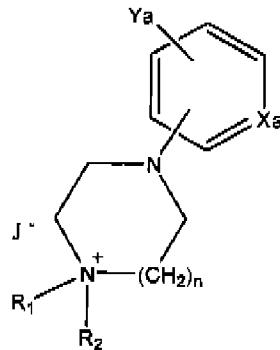


15. A pharmaceutical composition for treating pulmonary inflammatory diseases comprising

i) a compound of formula:

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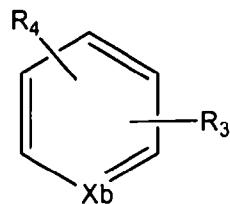


wherein R₁ and R₂ are independently alkyl of 1 to 10 carbon atoms,
 Xa is CH or N,

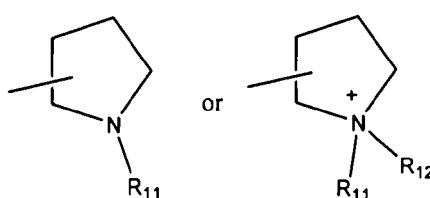
5 Ya is one or more substituent selected from halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 6 carbon atoms, alkoxy of 1 to 6 carbon atoms, alkylthio of 1 to 6 carbon atoms, alkylamino of 1 to 6 carbon atoms, alkanol of 1 to 6 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms and 3 to 10
 10 membered heterocycle
 n is 0 or 2,
 J is a counter ion;

or ii) a compound having the formula:

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wherein R₃ is selected from



Xb is N or N⁺-R₁₀,

- 5 R₄ is one or more substituent selected from hydrogen, halogen, amino, amidino, amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;
- 10 each of R₁₀, R₁₁ and R₁₂ are independently alkyl of 1 to 10 carbon atoms,

provided that a counterion is present when Xb is N⁺-R₁₀; and

with the proviso that compound ii) is not nicotine;

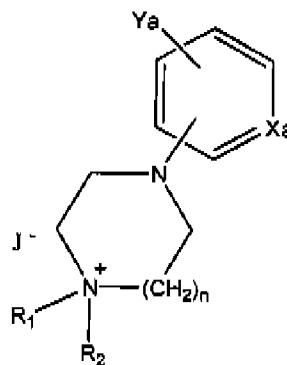
and a pharmaceutically acceptable excipient.

16. The pharmaceutical composition according to claim 15 further comprising one or more therapeutic agent selected from a bronchodilator, anti-inflammatory therapy, a leukotriene receptor antagonist and phosphodiesterase inhibitors.

17. A method for treating or preventing pulmonary inflammation, inducing airway smooth muscle relaxation and improving airway hyperresponsiveness comprising administering an effective amount of a compound having the formula:

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wherein R^1 and R^2 are independently alkyl,

Xa is CH or N,

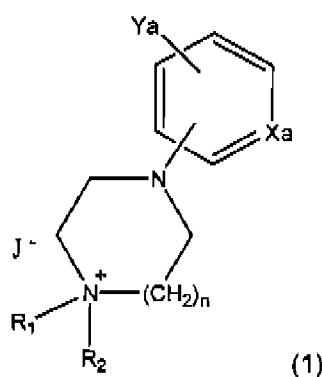
Ya is one or more substituent selected from hydrogen, halogen, amino, amidino,

5 amido, azido, cyano, guanido, hydroxyl, nitro, nitroso, urea, sulfate, sulfite, sulfonate, sulphonamide, phosphate, phosphonate, acyl, acyloxy, alkyl of 1 to 10 carbon atoms, alkoxy of 1 to 10 carbon atoms, alkylthio of 1 to 10 carbon atoms, alkylamino of 1 to 10 carbon atoms, alkanol of 1 to 10 carbon atoms, aralkyl, aryl of 6 to 10 carbon atoms;

n is 0 or 2,

10 J is a counter ion.

18. The compound as defined in claim 11, having the formula (1):



(1)

wherein R_1 and R_2 are independently alkyl of 1 to 10 carbon atoms,

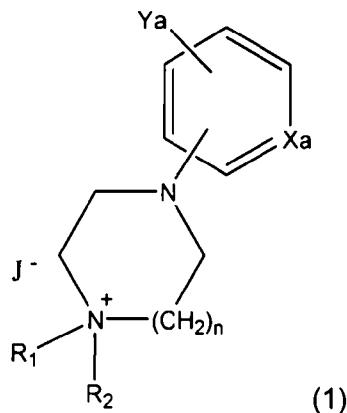
Xa is CH or N,

15 Ya is hydrogen or halogen,

n is 2,

J is a counter ion.

19. The compound as defined in claim 11, having the formula (1):



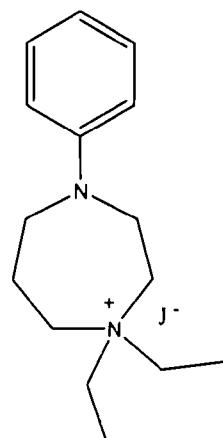
wherein R_1 and R_2 are independently selected from methyl, ethyl, n-propyl, or i-propyl
 X_a is CH or N,

5 Y_a is hydrogen or halogen,
 n is 2,
 J is a counter ion.

20. The compound as defined in claim 18 or 19 wherein X_a is CH.

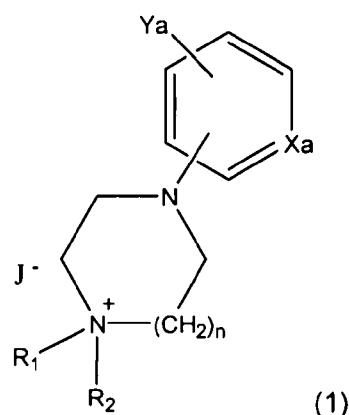
21. The compound as defined in any one of claims 18 to 20 wherein J is fluoride,
10 chloride, bromide, iodide, sulfate or sulfonate.

22. The compound as defined in claim 11, having the formula:



wherein J is a sulfonate.

23. The method as defined in claim 1 or 17, wherein the compound has the formula (1):

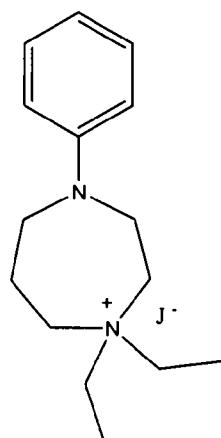


wherein R_1 and R_2 are independently selected from methyl, ethyl, n-propyl, or i-propyl
5 X_a is CH or N,
 Y_a is hydrogen or halogen
 n is 2,
 J is a counter ion.

24. The method as defined in claim 23 wherein X_a is CH.

10 25. The method as defined in claim 23 or 24 wherein J is fluoride, chloride, bromide, iodide, sulfate or sulfonate.

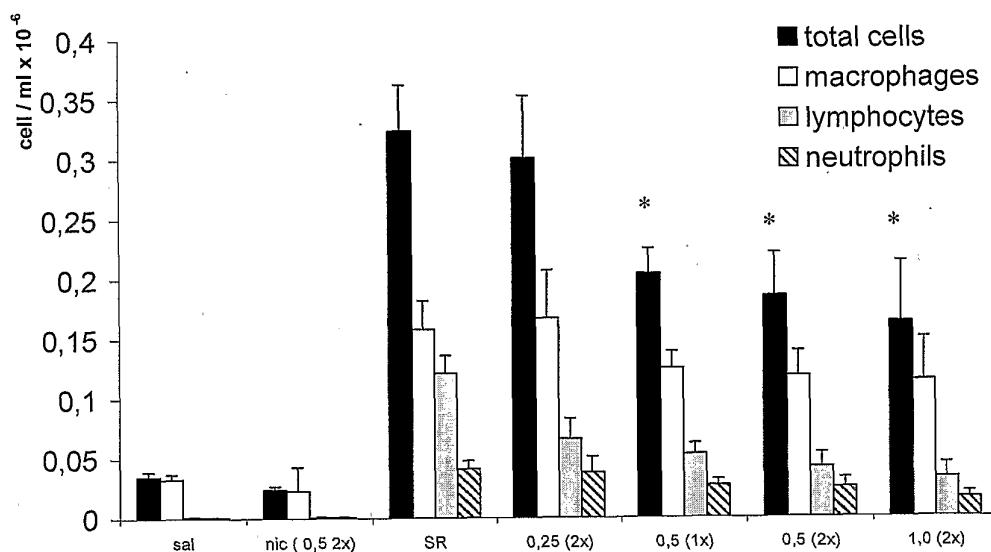
26. The method as defined in claims 1 or 17 wherein the compound has the formula:



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wherein J is a sulfonate.

27. Use of a compound as defined in any one of claims 1 to 7, 11 to 14 or 18 to 22 in the manufacture of a medicament for treating or preventing pulmonary inflammatory disease selected from the group consisting of asthma, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis (IPF), sarcoidosis, hypersensitivity pneumonitis (HP), chronic HP and bronchiolitis obliterans with organizing pneumonitis (BOOP).
5
28. Use of a compound as defined in claim 17 in the manufacture of a medicament for treating or preventing pulmonary inflammation, inducing airway smooth muscle relaxation and improving airway hyperresponsiveness.
10
29. Methods or uses for treating or preventing pulmonary inflammatory disease selected from the group consisting of asthma, chronic obstructive pulmonary disease (COPD), interstitial pulmonary fibrosis (IPF), sarcoidosis, hypersensitivity pneumonitis (HP), chronic HP, bronchiolitis obliterans with organizing pneumonitis (BOOP),
15 pulmonary inflammation, inducing airway smooth muscle relaxation and improving airway hyperresponsiveness, substantially as herein described with reference to any one of the examples and/or drawings.
30. Compounds according to any one of claims 11 to 14 and 18 to 22 or pharmaceutical compositions containing them, substantially as herein described with
20 reference to any one of the examples and/or drawings.



* = p < 0.05 compared to SR group

Fig. 1

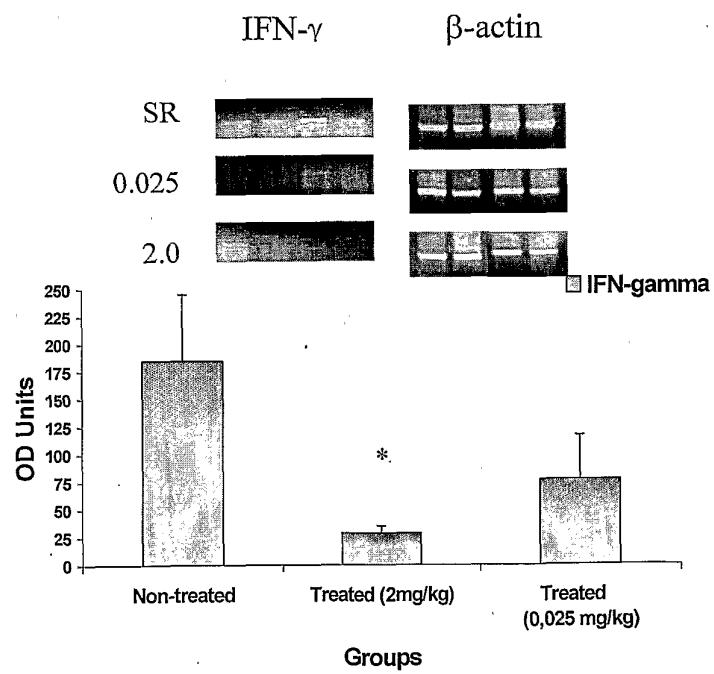


Fig. 2

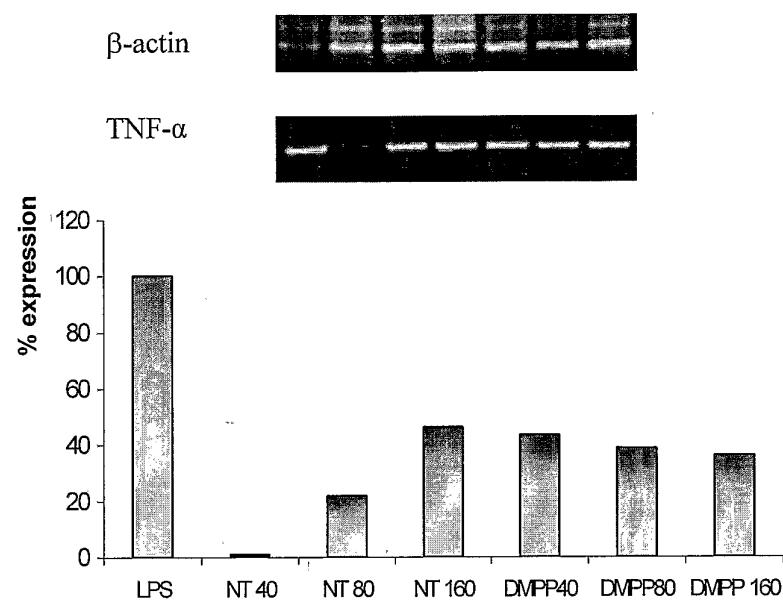


Fig. 3

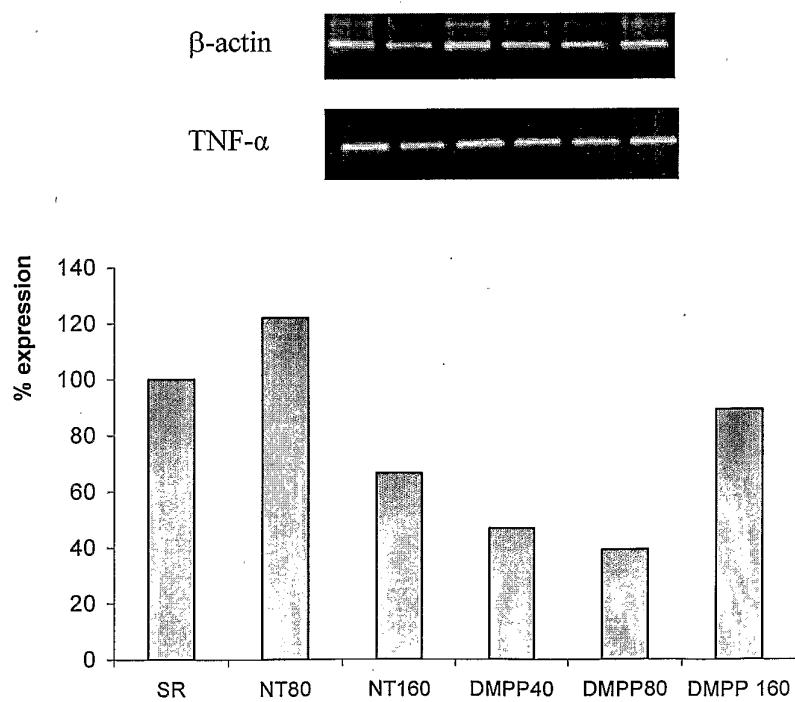
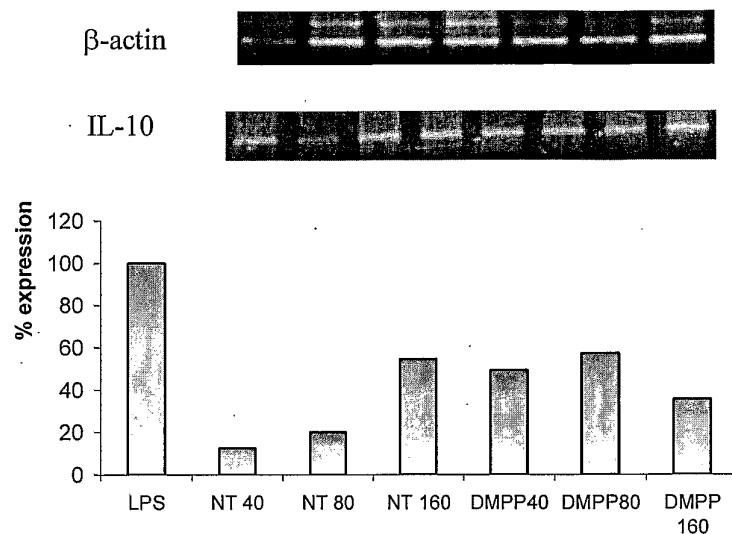
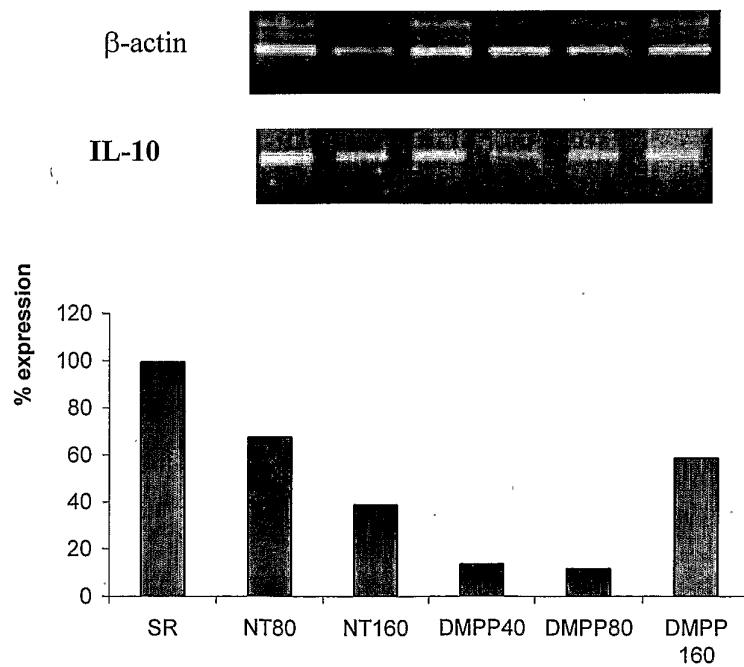


Fig. 4

**Fig. 5****Fig. 6**

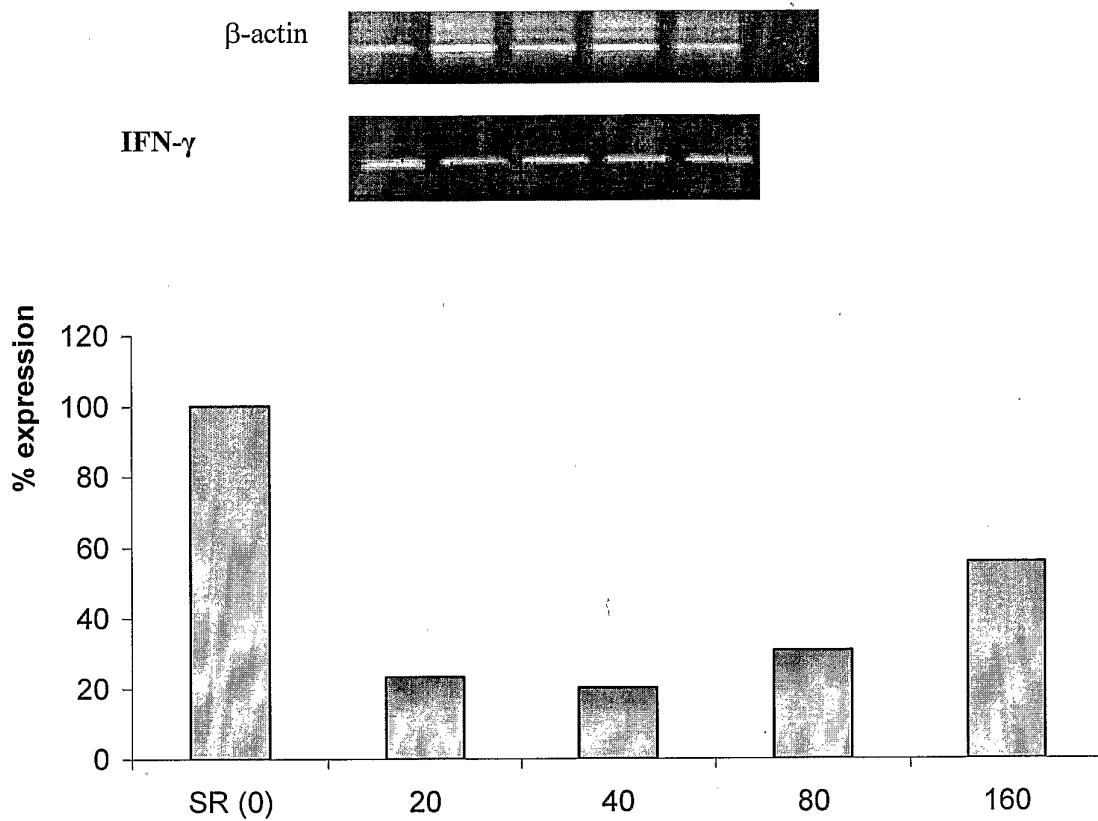
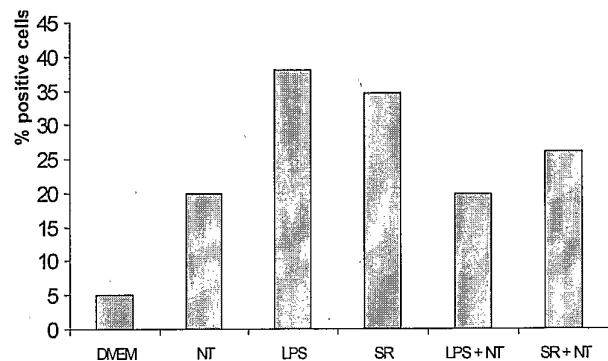
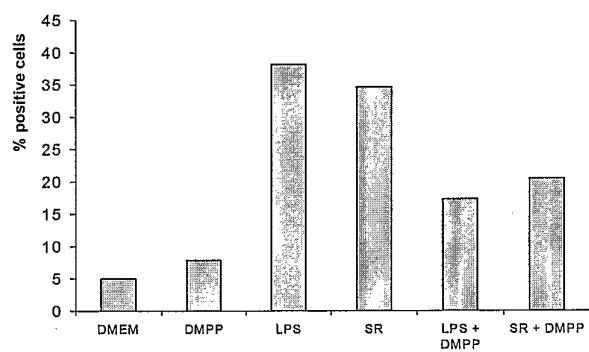


Fig. 7

**Fig. 8a****Fig. 8b**

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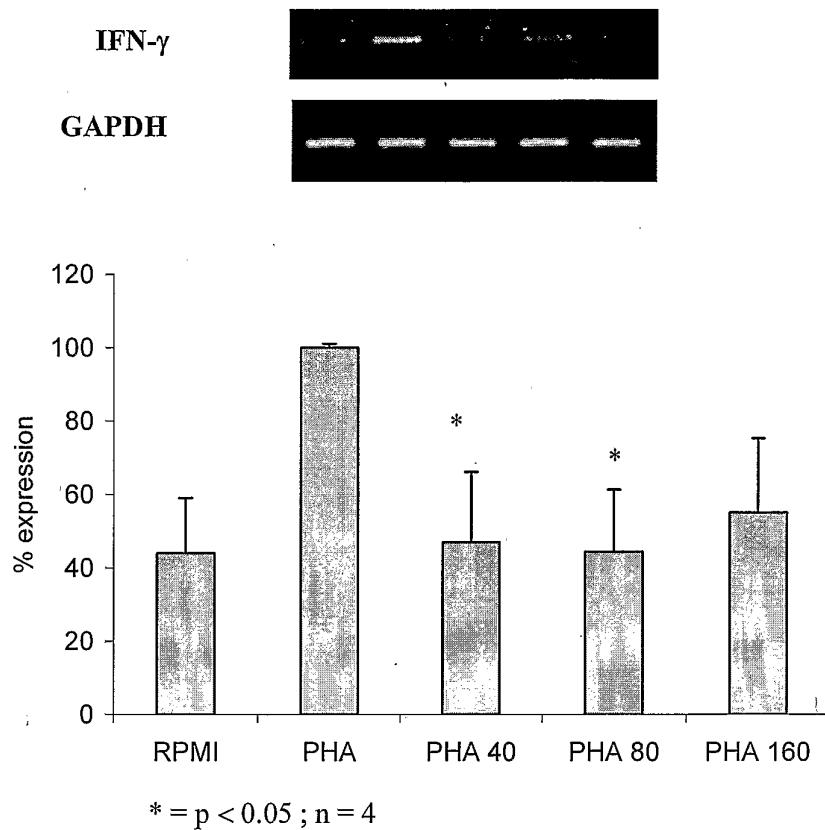


Fig. 9

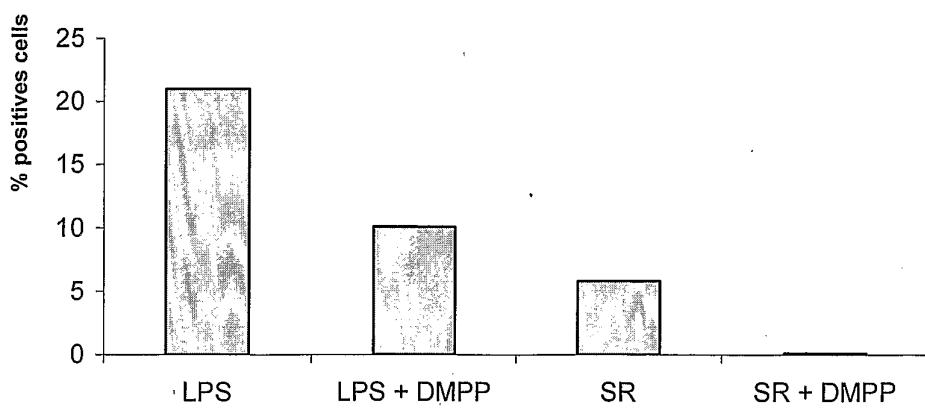
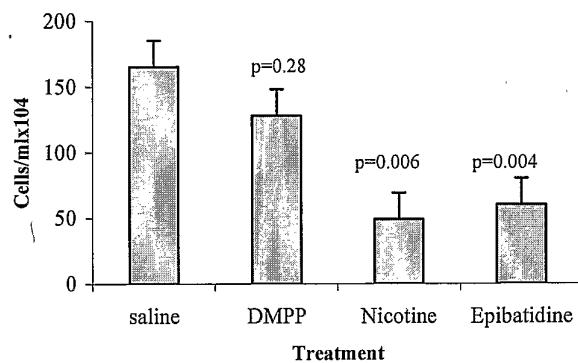
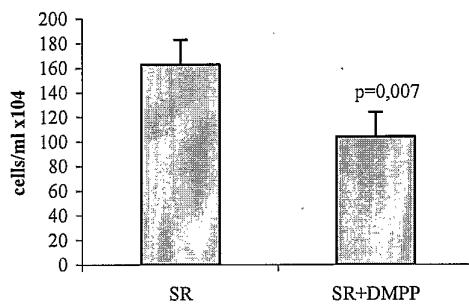
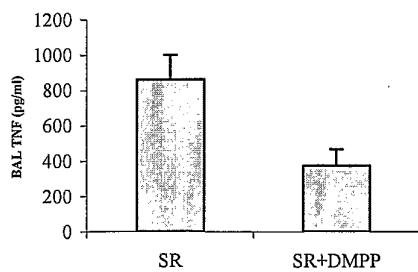


Fig. 10

SR-induced inflammation**Fig. 11****Fig. 12****Fig. 13**

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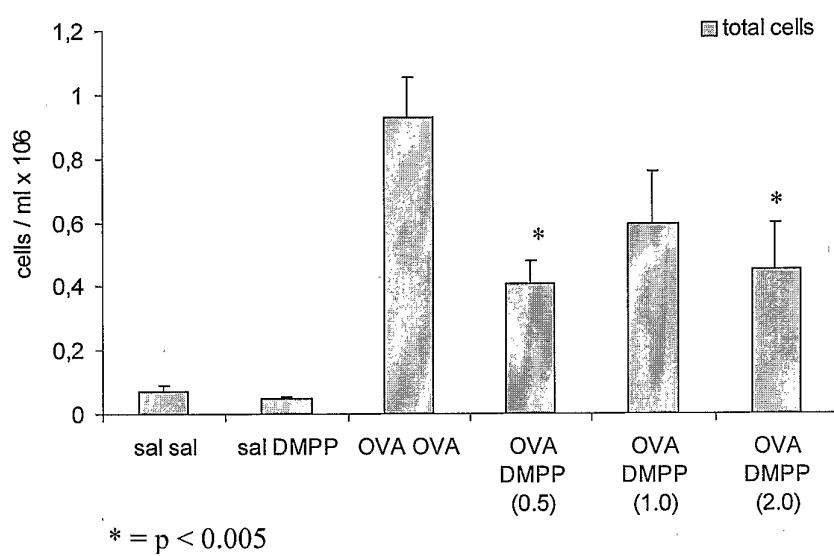


Fig. 14

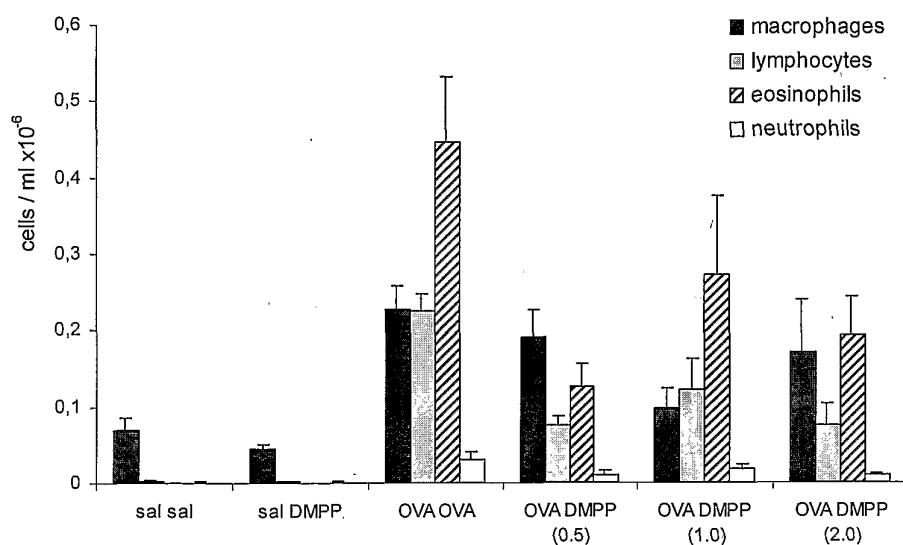
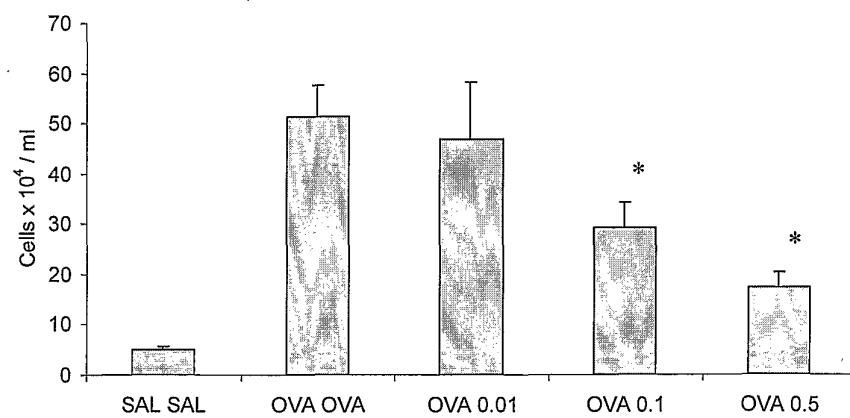


Fig. 15



* = p < 0.005

Fig. 16

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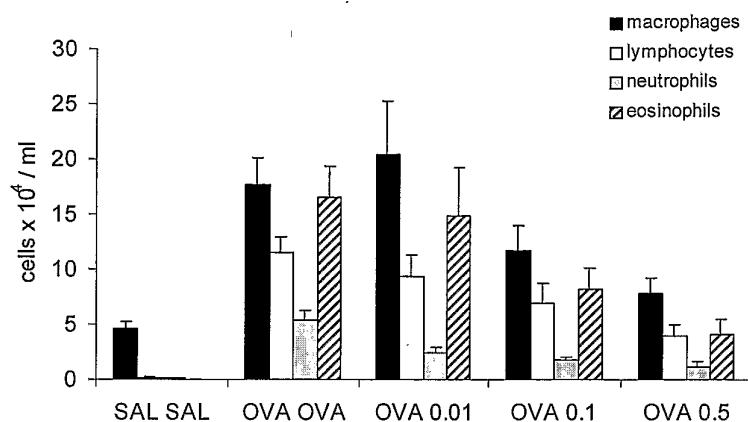
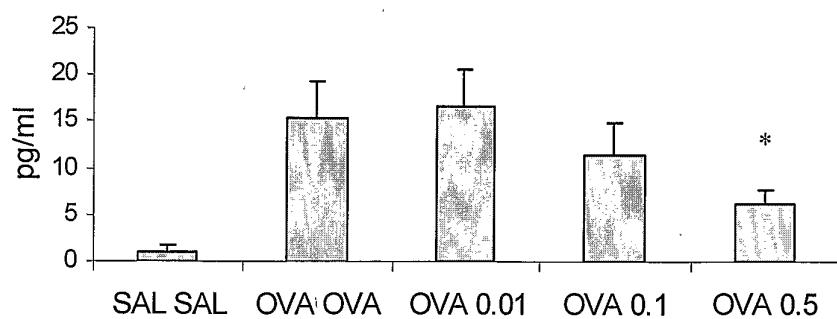


Fig. 17



* = p < 0.05

Fig. 18

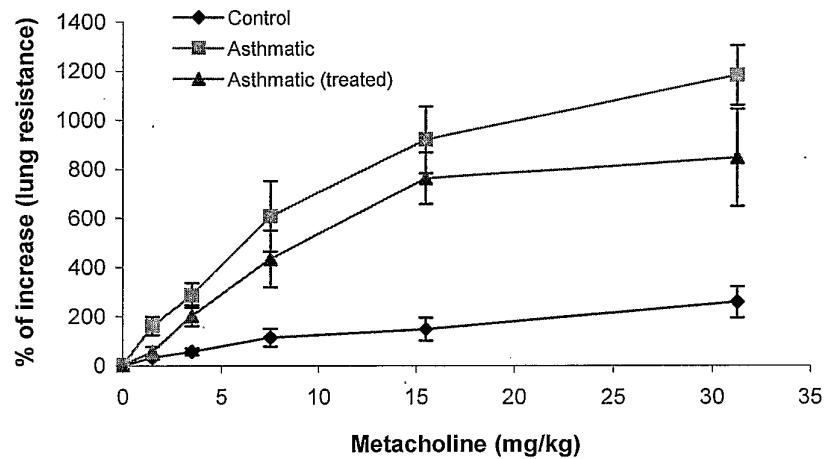


Fig. 19

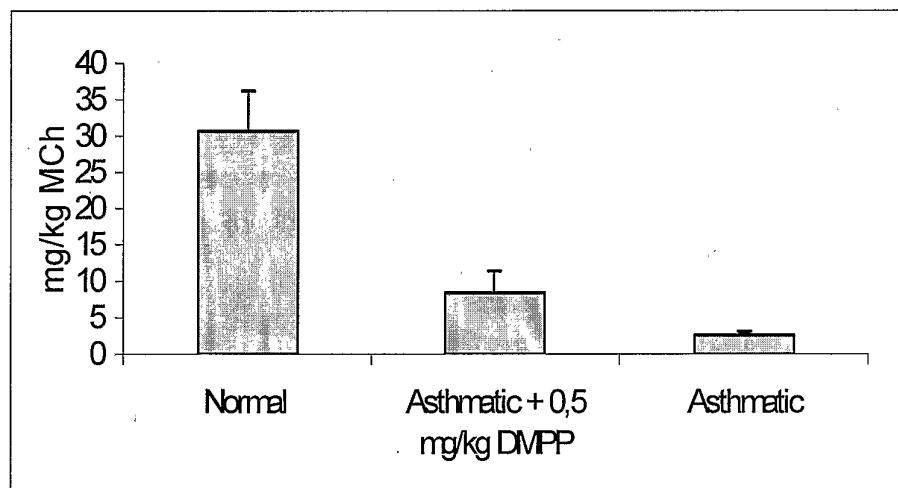


Fig. 20

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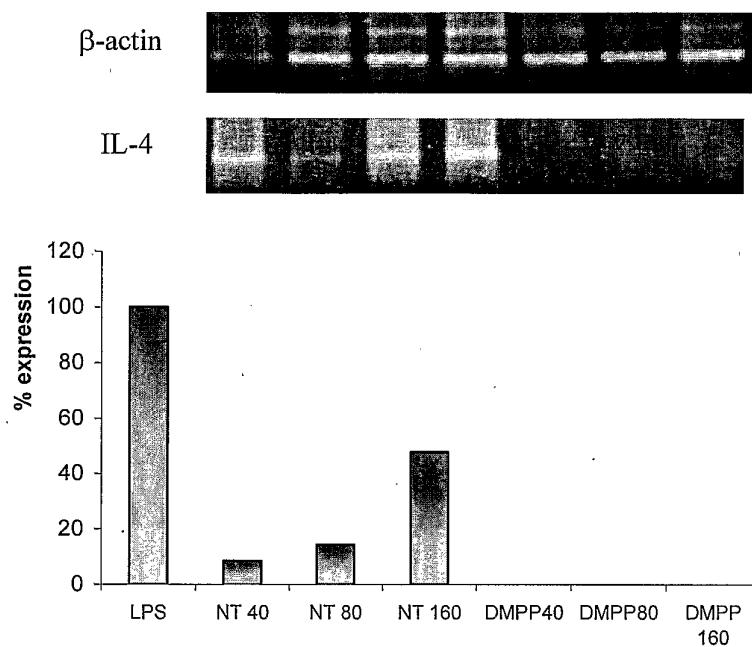


Fig. 21

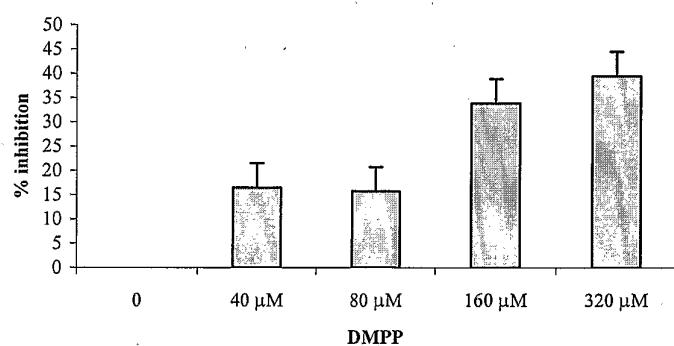


Fig. 22

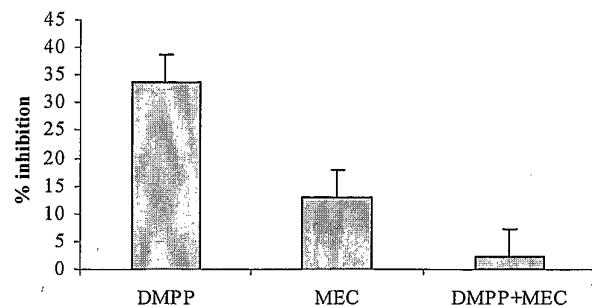


Fig. 23

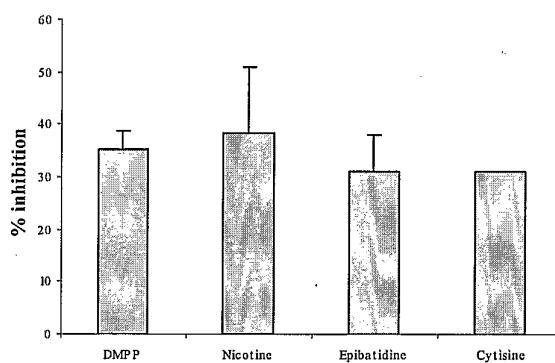


Fig. 24

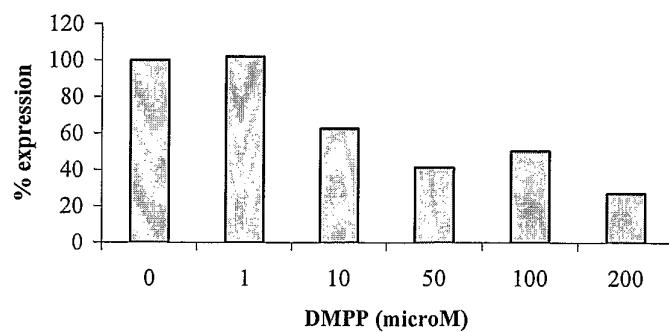


Fig. 25

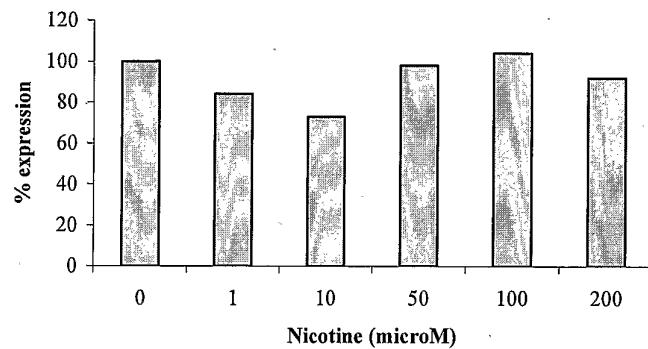


Fig. 26

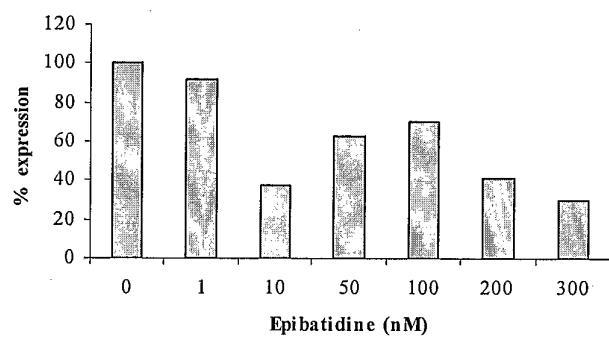


Fig. 27

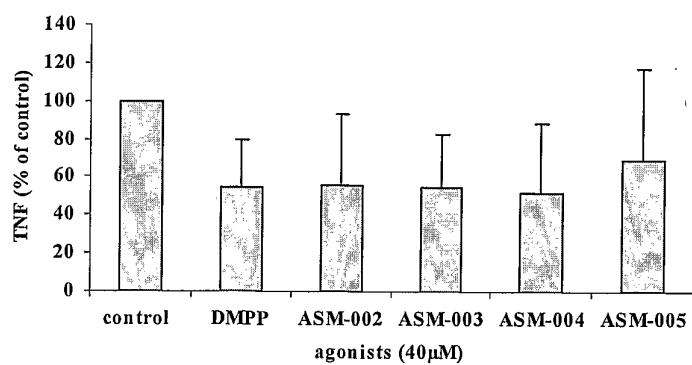


Fig. 28

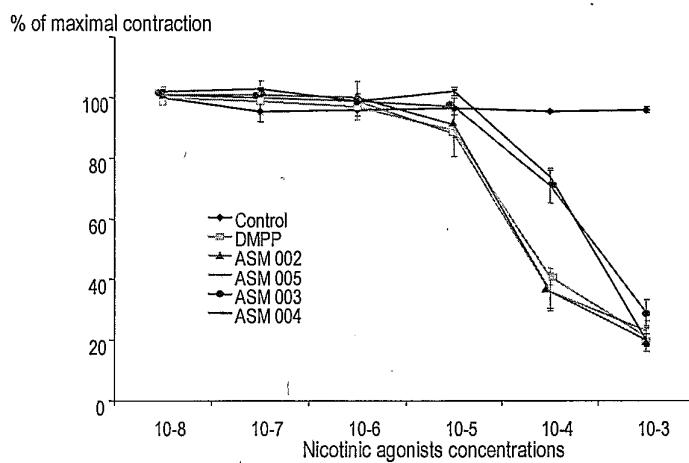


Fig. 29

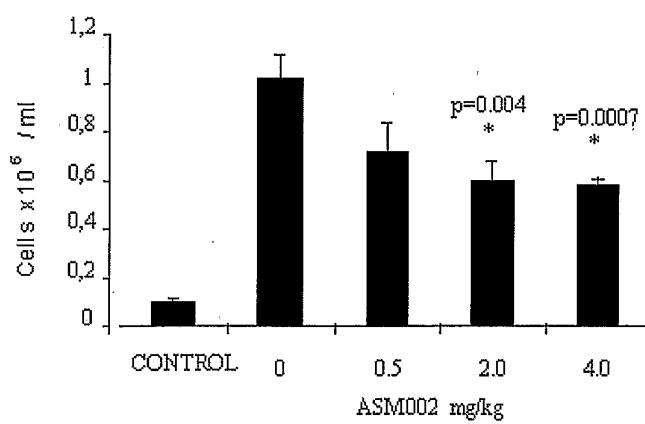


Fig. 30

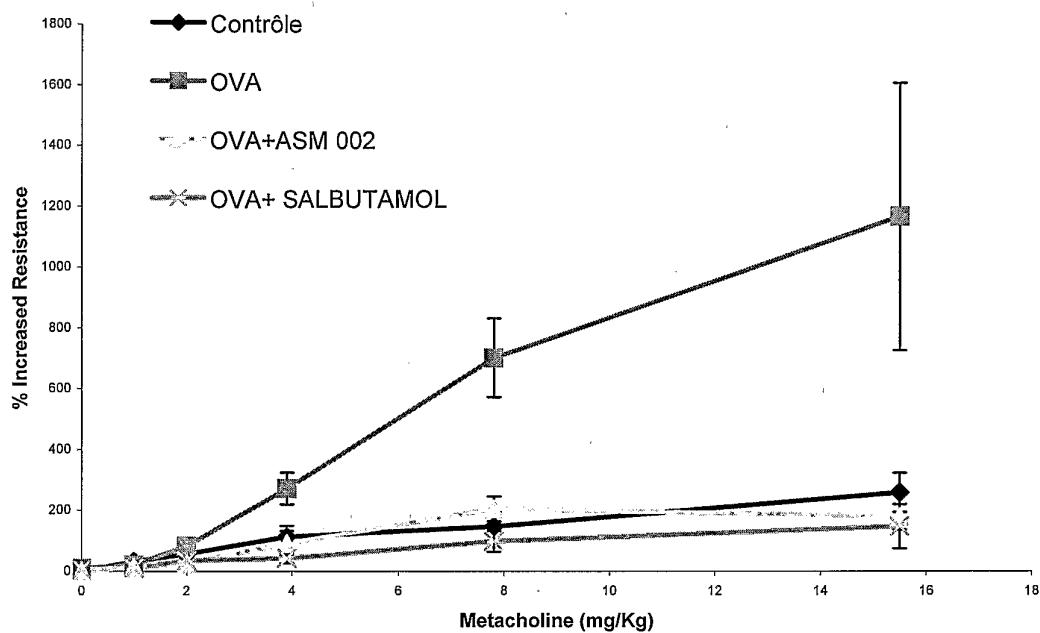


Fig. 31

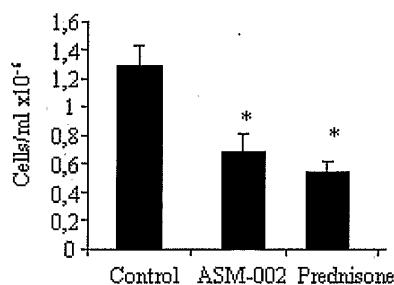


Fig. 32

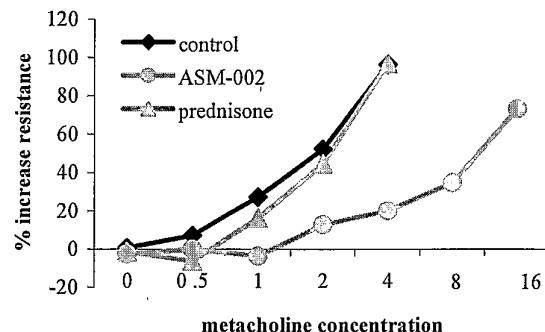


Fig. 33

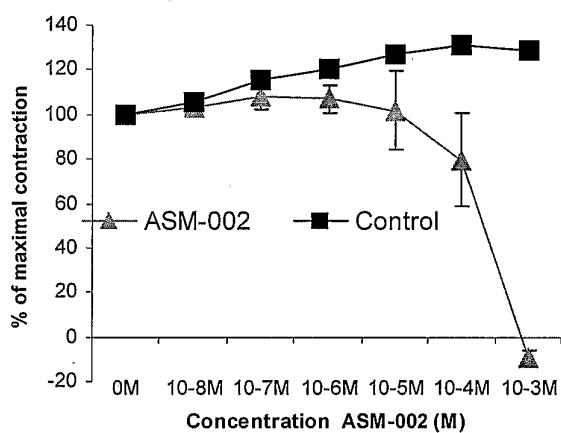


Fig. 34

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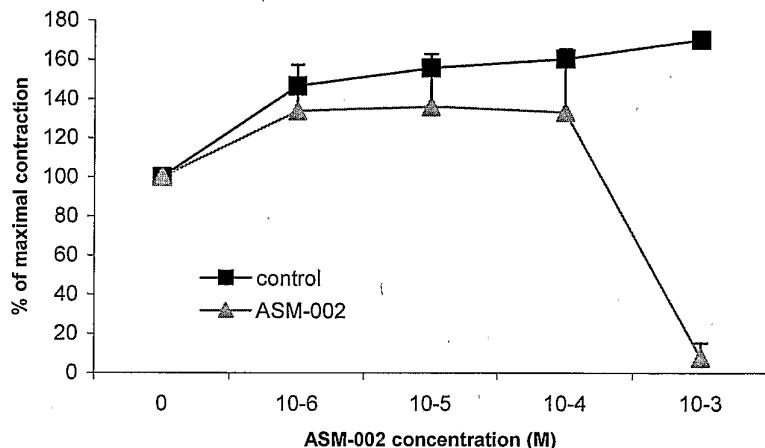


Fig. 35

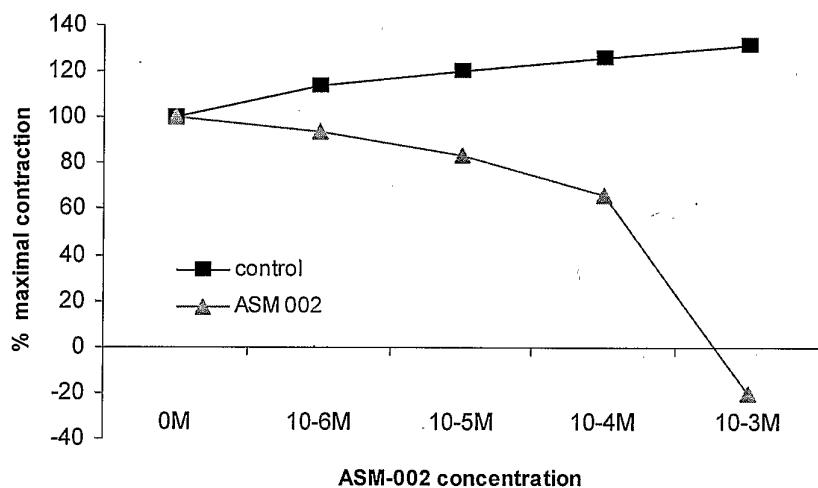


Fig. 36

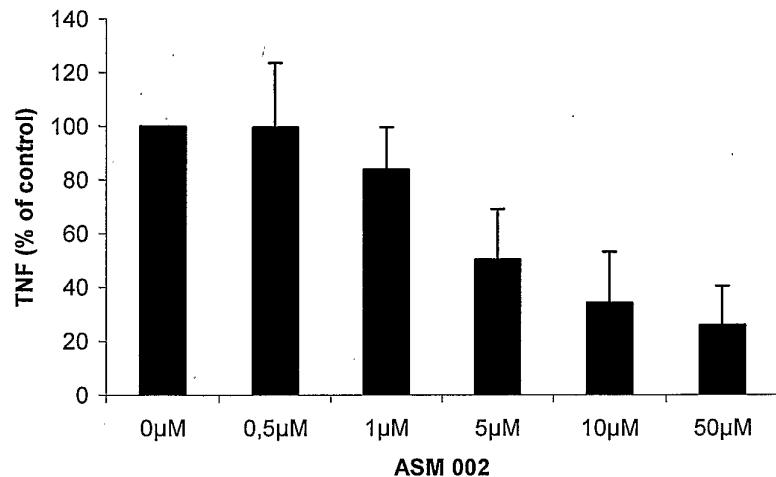


Fig. 37

asthmatic subjects

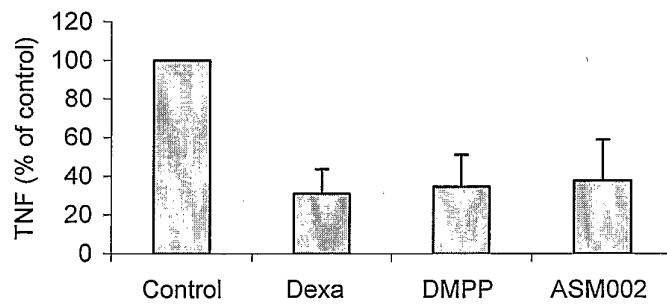


Fig. 38

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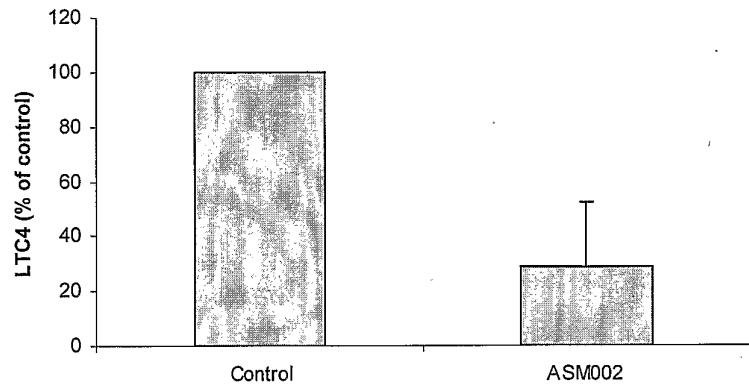


Fig. 39

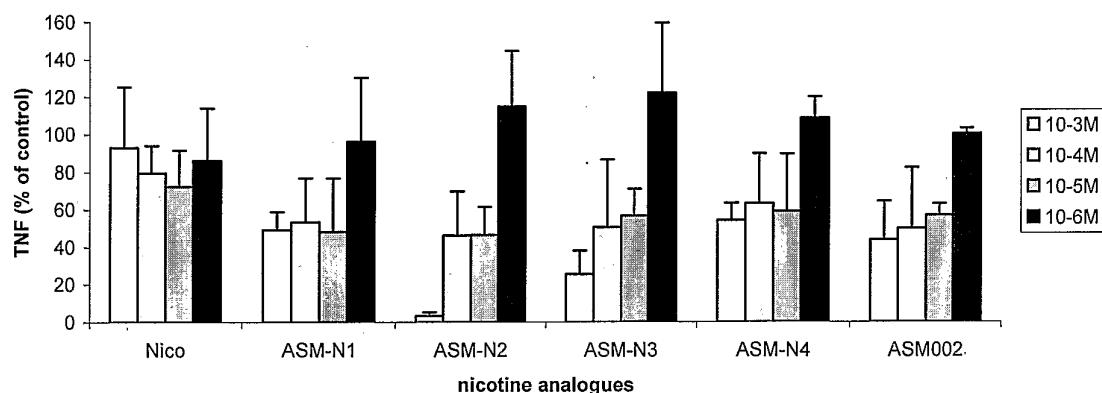


Fig. 40