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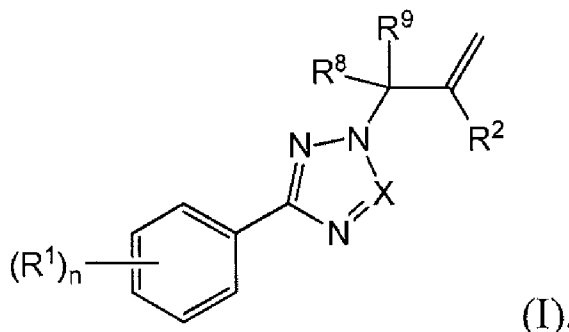
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(54) Title: EXO OLEFIN-CONTAINING NUCLEAR TRANSPORT MODULATORS AND USES THEREOF



(57) Abstract: The invention generally relates to nuclear transport modulators, e.g., CRM1 inhibitors, and, more particularly, to a compound represented by structural formula (I), or a pharmaceutically acceptable salt thereof, wherein the variables are as defined and described herein. The invention also includes the synthesis and use of a compound of structural formula I, or a pharmaceutically acceptable salt or composition thereof, e.g., in the treatment, modulation and/or prevention of physiological conditions associated with CRM1 activity.

EXO OLEFIN-CONTAINING NUCLEAR TRANSPORT MODULATORS AND USES THEREOF

RELATED APPLICATION

This application claims the benefit of U.S. Provisional Application No.
5 61/790,030, filed March 15, 2013. The entire teachings of the above application are
incorporated herein by reference.

BACKGROUND OF THE INVENTION

Cells from most major human solid and hematologic malignancies exhibit
abnormal cellular localization of a variety of oncogenic proteins, tumor suppressor
10 proteins, and cell cycle regulators (Cronshaw et al. 2004, Falini et al 2006). For
example, certain p53 mutations lead to localization in the cytoplasm rather than in
the nucleus. This results in the loss of normal growth regulation, despite intact
tumor suppressor function. In other tumors, wild-type p53 is sequestered in the
cytoplasm or rapidly degraded, again leading to loss of its suppressor function.
15 Restoration of appropriate nuclear localization of functional p53 protein can
normalize some properties of neoplastic cells (Cai et al. 2008; Hoshino et al. 2008;
Lain et al. 1999a; Lain et al. 1999b; Smart et al. 1999), can restore sensitivity of
cancer cells to DNA damaging agents (Cai et al. 2008), and can lead to regression of
established tumors (Sharpless & DePinho 2007, Xue et al. 2007). Similar data have
20 been obtained for other tumor suppressor proteins such as forkhead (Turner and
Sullivan 2008) and c-Abl (Vignari and Wang 2001). In addition, abnormal
localization of several tumor suppressor and growth regulatory proteins may be
involved in the pathogenesis of autoimmune diseases (Davis 2007, Nakahara 2009).
CRM1 inhibition may provide particularly interesting utility in familial cancer
25 syndromes (*e.g.*, Li-Fraumeni Syndrome due to loss of one p53 allele, BRCA1 or 2
cancer syndromes), where specific tumor suppressor proteins (TSP) are deleted or
dysfunctional and where increasing TSP levels by systemic (or local) administration
of CRM1 inhibitors could help restore normal tumor suppressor function.

Specific proteins and RNAs are carried into and out of the nucleus by
30 specialized transport molecules, which are classified as importins if they transport
molecules into the nucleus, and exportins if they transport molecules out of the

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nucleus (Terry et al. 2007; Sorokin et al. 2007). Proteins that are transported into or out of the nucleus contain nuclear import/localization (NLS) or export (NES) sequences that allow them to interact with the relevant transporters. Chromosomal Region Maintenance 1 (Crm1 or CRM1), which is also called exportin-1 or Xpo1, is
5 a major exportin.

Overexpression of Crm1 has been reported in several tumors, including human ovarian cancer (Noske et al. 2008), cervical cancer (van der Watt et al. 2009), pancreatic cancer (Huang et al. 2009), hepatocellular carcinoma (Pascale et al. 2005) and osteosarcoma (Yao et al. 2009) and is independently correlated with
10 poor clinical outcomes in these tumor types.

Inhibition of Crm1 blocks the exodus of tumor suppressor proteins and/or growth regulators such as p53, c-Abl, p21, p27, pRb, BRCA1, Ikb, ICp27, E2F4, KLF5, YAP1, ZAP, KLF5, HDAC4, HDAC5 or forkhead proteins (e.g., FOXO3a) from the nucleus that are associated with gene expression, cell proliferation,
15 angiogenesis and epigenetics. Crm1 inhibitors have been shown to induce apoptosis in cancer cells even in the presence of activating oncogenic or growth stimulating signals, while sparing normal (untransformed) cells. Most studies of Crm1 inhibition have utilized the natural product Crm1 inhibitor Leptomycin B (LMB). LMB itself is highly toxic to neoplastic cells, but poorly tolerated with marked
20 gastrointestinal toxicity in animals (Roberts et al. 1986) and humans (Newlands et al. 1996). Derivatization of LMB to improve drug-like properties leads to compounds that retain antitumor activity and are better tolerated in animal tumor models (Yang et al. 2007, Yang et al. 2008, Mutka et al. 2009). Therefore, nuclear export inhibitors could have beneficial effects in neoplastic and other proliferative
25 disorders.

In addition to tumor suppressor proteins, Crm1 also exports several key proteins that are involved in many inflammatory processes. These include Ikb, NF-kB, Cox-2, RXR α , Commd1, HIF1, HMGB1, FOXO, FOXP and others. The nuclear factor kappa B (NF-kB/rel) family of transcriptional activators, named for the
30 discovery that it drives immunoglobulin kappa gene expression, regulate the mRNA expression of variety of genes involved in inflammation, proliferation, immunity and cell survival. Under basal conditions, a protein inhibitor of NF-kB, called Ikb, binds

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to NF- κ B in the nucleus and the complex I κ B-NF- κ B renders the NF- κ B transcriptional function inactive. In response to inflammatory stimuli, I κ B dissociates from the I κ B-NF- κ B complex, which releases NF- κ B and unmasks its potent transcriptional activity. Many signals that activate NF- κ B do so by targeting I κ B for proteolysis (phosphorylation of I κ B renders it “marked” for ubiquitination and then proteolysis). The nuclear I κ Ba-NF- κ B complex can be exported to the cytoplasm by Crm1 where it dissociates and NF- κ B can be reactivated. Ubiquitinated I κ B may also dissociate from the NF- κ B complex, restoring NF- κ B transcriptional activity. Inhibition of Crm1 induced export in human neutrophils and macrophage like cells (U937) by LMB not only results in accumulation of transcriptionally inactive, nuclear I κ Ba-NF- κ B complex but also prevents the initial activation of NF- κ B even upon cell stimulation (Ghosh 2008, Huang 2000). In a different study, treatment with LMB inhibited IL-1 β induced NF- κ B DNA binding (the first step in NF- κ B transcriptional activation), IL-8 expression and intercellular adhesion molecule expression in pulmonary microvascular endothelial cells (Walsh 2008). COMMD1 is another nuclear inhibitor of both NF- κ B and hypoxia-inducible factor 1 (HIF1) transcriptional activity. Blocking the nuclear export of COMMD1 by inhibiting Crm1 results in increased inhibition of NF- κ B and HIF1 transcriptional activity (Muller 2009).

Crm1 also mediates retinoid X receptor α (RXR α) transport. RXR α is highly expressed in the liver and plays a central role in regulating bile acid, cholesterol, fatty acid, steroid and xenobiotic metabolism and homeostasis. During liver inflammation, nuclear RXR α levels are significantly reduced, mainly due to inflammation-mediated nuclear export of RXR α by Crm1. LMB is able to prevent IL-1 β induced cytoplasmic increase in RXR α levels in human liver derived cells (Zimmerman 2006).

The role of Crm1-mediated nuclear export in NF- κ B, HIF-1 and RXR α signalling suggests that blocking nuclear export can be potentially beneficial in many inflammatory processes across multiple tissues and organs including the vasculature (vasculitis, arteritis, polymyalgia rheumatic, atherosclerosis), dermatologic (see below), rheumatologic (rheumatoid and related arthritis, psoriatic arthritis, spondyloarthropathies, crystal arthropathies, systemic lupus erythematosus,

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mixed connective tissue disease, myositis syndromes, dermatomyositis, inclusion body myositis, undifferentiated connective tissue disease, Sjogren's syndrome, scleroderma and overlap syndromes, etc.).

CRM1 inhibition affects gene expression by inhibiting/activating a series of transcription factors like ICp27, E2F4, KLF5, YAP1, and ZAP.

Crm1 inhibition has potential therapeutic effects across many dermatologic syndromes including inflammatory dermatoses (atopy, allergic dermatitis, chemical dermatitis, psoriasis), sun-damage (ultraviolet (UV) damage), and infections. CRM1 inhibition, best studied with LMB, showed minimal effects on normal keratinocytes, and exerted anti-inflammatory activity on keratinocytes subjected to UV, TNF α , or other inflammatory stimuli (Kobayashi & Shinkai 2005, Kannan & Jaiswal 2006). Crm1 inhibition also upregulates NRF2 (nuclear factor erythroid-related factor 2) activity, which protects keratinocytes (Schafer et al. 2010, Kannan & Jaiswal 2006) and other cell types (Wang et al. 2009) from oxidative damage. LMB induces apoptosis in keratinocytes infected with oncogenic human papillomavirus (HPV) strains such as HPV16, but not in uninfected keratinocytes (Jolly et al. 2009).

Crm1 also mediates the transport of key neuroprotectant proteins that may be useful in neurodegenerative diseases including Parkinson's disease (PD), Alzheimer's disease, and amyotrophic lateral sclerosis (ALS). For example, by forcing nuclear retention of key neuroprotective regulators such as NRF2 (Wang 2009), FOXA2 (Kittappa et al. 2007), parking in neuronal cells, and/or (2) inhibiting NF κ B transcriptional activity by sequestering I κ B to the nucleus in glial cells, Crm1 inhibition could slow or prevent neuronal cell death found in these disorders. There is also evidence linking abnormal glial cell proliferation to abnormalities in CRM1 levels or CRM1 function (Shen 2008).

Intact nuclear export, primarily mediated through CRM1, is also required for the intact maturation of many viruses. Viruses where nuclear export, and/or CRM1 itself, has been implicated in their lifecycle include human immunodeficiency virus (HIV), adenovirus, simian retrovirus type 1, Borna disease virus, influenza (usual strains as well as H1N1 and avian H5N1 strains), hepatitis B (HBV) and C (HCV) viruses, human papillomavirus (HPV), respiratory syncytial virus (RSV), Dungee, Severe Acute Respiratory Syndrome coronavirus, yellow fever virus, West Nile

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virus, herpes simplex virus (HSV), cytomegalovirus (CMV), and Merkel cell polyomavirus (MCV). (Bhuvanakantham 2010, Cohen 2010, Whittaker 1998). It is anticipated that additional viral infections reliant on intact nuclear export will be uncovered in the future.

5 The HIV-1 Rev protein, which traffics through nucleolus and shuttles between the nucleus and cytoplasm, facilitates export of unspliced and singly spliced HIV transcripts containing Rev Response Elements (RRE) RNA by the CRM1 export pathway. Inhibition of Rev-mediated RNA transport using CRM1 inhibitors such as LMB or PKF050-638 can arrest the HIV-1 transcriptional process, inhibit the
10 production of new HIV-1 virions, and thereby reduce HIV-1 levels (Pollard 1998, Daelemans 2002).

 Dengue virus (DENV) is the causative agent of the common arthropod-borne viral disease, Dengue fever (DF), and its more severe and potentially deadly Dengue hemorrhagic fever (DHF). DHF appears to be the result of an over exuberant
15 inflammatory response to DENV. NS5 is the largest and most conserved protein of DENV. CRM1 regulates the transport of NS5 from the nucleus to the cytoplasm, where most of the NS5 functions are mediated. Inhibition of CRM1-mediated export of NS5 results in altered kinetics of virus production and reduces induction of the inflammatory chemokine interleukin-8 (IL-8), presenting a new avenue for the
20 treatment of diseases caused by DENV and other medically important flaviviruses including hepatitis C virus (Rawlinson 2009).

 Other virus-encoded RNA-binding proteins that use CRM1 to exit the nucleus include the HSV type 1 tegument protein (VP13/14, or hUL47), human CMV protein pp65, the SARS Coronavirus ORF 3b Protein, and the RSV matrix
25 (M) protein (Williams 2008, Sanchez 2007, Freundt 2009, Ghildyal 2009).

 Interestingly, many of these viruses are associated with specific types of human cancer including hepatocellular carcinoma (HCC) due to chronic HBV or HCV infection, cervical cancer due to HPV, and Merkel cell carcinoma associated with MCV. CRM1 inhibitors could therefore have beneficial effects on both the
30 viral infectious process as well as on the process of neoplastic transformation due to these viruses.

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CRM1 controls the nuclear localization and therefore activity of multiple DNA metabolizing enzymes including histone deacetylases (HDAC), histone acetyltransferases (HAT), and histone methyltransferases (HMT). Suppression of cardiomyocyte hypertrophy with irreversible CRM1 inhibitors has been demonstrated and is believed to be linked to nuclear retention (and activation) of HDAC 5, an enzyme known to suppress a hypertrophic genetic program (Monovich et al. 2009). Thus, CRM1 inhibition may have beneficial effects in hypertrophic syndromes, including certain forms of congestive heart failure and hypertrophic cardiomyopathies.

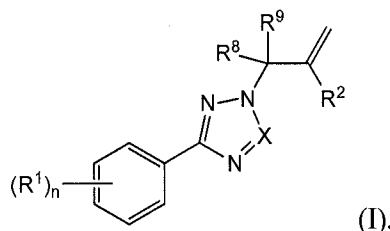
CRM1 has also been linked to other disorders. Leber's disorder, a hereditary disorder characterized by degeneration of retinal ganglion cells and visual loss, is associated with inaction of the CRM1 switch (Gupta N 2008). There is also evidence linking neurodegenerative disorders to abnormalities in nuclear transport.

To date, however, small-molecule, drug-like Crm1 inhibitors for use in vitro and in vivo are uncommon.

SUMMARY OF THE INVENTION

The present invention relates to compounds, or pharmaceutically acceptable salts thereof, useful as nuclear transport modulators. The invention also provides pharmaceutically acceptable compositions comprising compounds of the present invention and methods of using said compounds and compositions in the treatment of various disorders, such as disorders or conditions associated with abnormal cellular responses triggered by improper nuclear transport.

In one embodiment of the invention, the compounds useful as nuclear transport modulators are represented by structural formula I:



or a pharmaceutically acceptable salt thereof, wherein each variable is as defined and described herein.

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Another embodiment of the invention is a composition comprising a compound of the invention, or a pharmaceutically acceptable salt thereof, and a pharmaceutically acceptable carrier.

Yet another embodiment of the invention is a method for treating a disorder associated with CRM1 activity, the method comprising administering to a subject in need thereof a therapeutically effective amount of a compound of the invention, or a pharmaceutically acceptable salt thereof, or a composition comprising a compound of the invention, or a pharmaceutically acceptable salt thereof.

Another embodiment of the invention is use of a compound of the invention for treating a disorder associated with CRM1 activity in a subject.

Another embodiment of the invention is use of a compound of the invention for the manufacture of a medicament for treating a disorder associated with CRM1 activity in a subject.

Compounds of the present invention, and pharmaceutically acceptable salts and/or compositions thereof, are useful for treating a variety of diseases, disorders or conditions, associated with abnormal cellular responses triggered by improper nuclear transport, such as those diseases, disorders, or conditions described herein. Compounds provided by this invention are also useful for the study of nuclear transport modulation in biological and pathological phenomena; the study of intracellular signal transduction pathways mediated by kinases; and the comparative evaluation of nuclear transport modulators.

DETAILED DESCRIPTION OF THE INVENTION

A description of example embodiments of the invention follows.

Definitions

Compounds of this invention include those described generally above, and are further illustrated by the classes, subclasses, and species disclosed herein. As used herein, the following definitions shall apply unless otherwise indicated. For purposes of this invention, the chemical elements are identified in accordance with the Periodic Table of the Elements, CAS version, Handbook of Chemistry and Physics, 75th Ed. Additionally, general principles of organic chemistry are described in "Organic Chemistry", Thomas Sorrell, University Science Books, Sausalito:

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1999, and "March's Advanced Organic Chemistry", 5th Ed., Ed.: Smith, M.B. and March, J., John Wiley & Sons, New York: 2001, the entire contents of which are hereby incorporated by reference.

Unless specified otherwise within this specification, the nomenclature used
5 in this specification generally follows the examples and rules stated in Nomenclature of Organic Chemistry, Sections A, B, C, D, E, F, and H, Pergamon Press, Oxford, 1979, which is incorporated by reference herein for its exemplary chemical structure names and rules on naming chemical structures. Optionally, a name of a compound may be generated using a chemical naming program: ACD/ChemSketch, Version
10 5.09/September 2001, Advanced Chemistry Development, Inc., Toronto, Canada.

If this is a discrepancy between a structural formula of a compound and the name of a compound, the structural formula should be assumed correct.

Compounds of the present invention may have asymmetric centers, chiral axes, and chiral planes (*e.g.*, as described in: E. L. Eliel and S. H. Wilen, Stereo-
15 chemistry of Carbon Compounds, John Wiley & Sons, New York, 1994, pages 1119-1190), and occur as racemates, racemic mixtures, and as individual diastereomers or enantiomers, with all possible isomers and mixtures thereof, including optical isomers, being included in the present invention.

The term "aliphatic" or "aliphatic group," as used herein, denotes a
20 monovalent hydrocarbon radical that is straight-chain (*i.e.*, unbranched), branched, or cyclic (including fused, bridged, and spiro-fused polycyclic). An aliphatic group can be saturated or can contain one or more units of unsaturation, but is not aromatic. Unless otherwise specified, aliphatic groups contain 1-6 carbon atoms. However, in some embodiments, an aliphatic group contains 1-10 or 2-8 carbon
25 atoms. In some embodiments, aliphatic groups contain 1-4 carbon atoms and, in yet other embodiments, aliphatic groups contain 1-3 carbon atoms. Suitable aliphatic groups include, but are not limited to, linear or branched, alkyl, alkenyl, and alkynyl groups, and hybrids thereof such as (cycloalkyl)alkyl, (cycloalkenyl)alkyl or (cycloalkyl)alkenyl.

30 The term "alkyl," as used herein, means a saturated, straight-chain or branched aliphatic group. In one aspect, an alkyl group contains 1-6 or 1-4 carbon

atoms. Alkyl includes, but is not limited to, methyl, ethyl, propyl, iso-propyl, n-butyl, sec-butyl, t-butyl, and the like.

The term "alkenyl," as used herein, means a straight-chain or branched aliphatic group having one or more carbon-carbon double bonds (*i.e.*, -CH=CH-). In one aspect, an alkenyl group has from two to four carbon atoms, and includes, for example, and without being limited thereto, ethenyl, 1-propenyl, 1-butenyl and the like. The term "alkenyl" encompasses radicals having carbon-carbon double bonds in the "cis" and "trans" or, alternatively, the "E" and "Z" configurations. If an alkenyl group includes more than one carbon-carbon double bond, each carbon-carbon double bond is independently a cis or trans double bond, or a mixture thereof.

The term "alkynyl," as used herein, means a straight-chain or branched aliphatic radical having one or more carbon-carbon triple bonds (*i.e.*, -C≡C-). In one aspect, an alkyl group has from two to four carbon atoms, and includes, for example, and without being limited thereto, 1-propynyl (propargyl), 1-butyne and the like.

The terms "cycloaliphatic," "carbocyclyl," "carbocyclo," and "carbocyclic," used alone or as part of a larger moiety, refer to a saturated or partially unsaturated cyclic aliphatic monocyclic or bicyclic ring system, as described herein, having from 3 to 12 members, wherein the aliphatic ring system is optionally substituted as defined above and described herein. In some embodiments, a cycloaliphatic group has 3-6 carbon atoms. Cycloaliphatic groups include, without limitation, cyclopropyl, cyclobutyl, cyclopentyl, cyclopentenyl, cyclohexyl, cyclohexenyl, cycloheptyl, cycloheptenyl, cyclooctyl, cyclooctenyl, and cyclooctadienyl. The terms "cycloaliphatic," "carbocyclyl," "carbocyclo," and "carbocyclic" also include aliphatic rings that are fused to one or more aromatic or nonaromatic rings, such as decahydronaphthyl, tetrahydronaphthyl, decalin, or bicyclo[2.2.2]octane.

The term "cycloalkyl," as used herein, means a saturated cyclic aliphatic monocyclic or bicyclic ring system having from 3-12 members. A cycloalkyl can be optionally substituted as described herein. In some embodiments, a cycloalkyl has 3-6 carbons.

The term "heterocyclyl," as used herein, means a saturated or unsaturated aliphatic ring system having from 3 to 12 members in which at least one carbon atom is replaced with a heteroatom selected from N, S and O. A heterocyclyl can contain one or more rings, which may be attached together in a pendent manner or
5 may be fused. In one aspect, a heterocyclyl is a three- to seven-membered ring system and includes, for example, and without being limited thereto, piperidinyl, piperazinyl, pyrrolidinyl, tetrahydrofuranyl and the like.

The term "heteroatom" means one or more of oxygen, sulfur, nitrogen, phosphorus, or silicon, and includes any oxidized form of nitrogen, sulfur,
10 phosphorus, or silicon; the quaternized form of any basic nitrogen; and a substitutable nitrogen of a heterocyclic ring, for example N (as in 3,4-dihydro-2H-pyrrolyl), NH (as in pyrrolidinyl) or NR^+ (as in N-substituted pyrrolidinyl).

The term "unsaturated," as used herein, means that a moiety has one or more units of unsaturation.

15 The term "alkoxy," as used herein, means -O-alkyl. "Alkoxy" can include a straight-chained or branched alkyl. In one aspect, "alkoxy" has from one to eight carbon atoms and includes, for example, and without being limited thereto, methoxy, ethoxy, propyloxy, isopropyloxy, t-butoxy and the like.

The term "halo" or "halogen" as used herein means halogen and includes, for
20 example, and without being limited thereto, fluoro, chloro, bromo, iodo and the like, in both radioactive and non-radioactive forms.

The term "haloalkyl," as used herein, means an alkyl group that is substituted with one or more halogen atoms. In some embodiments, haloalkyl refers to a perhalogenated alkyl group. In some embodiments, haloalkyl refers to an alkyl
25 group which is substituted with one or more halogen atoms. Exemplary haloalkyl groups include $-\text{CF}_3$, $-\text{CCl}_3$, $-\text{CF}_2\text{CH}_3$, $-\text{CH}_2\text{CF}_3$, $-\text{CH}_2(\text{CF}_3)_2$, $-\text{CF}_2(\text{CF}_3)_2$, and the like. A preferred haloalkyl group is $-\text{CF}_3$.

The term "alkylene," as used herein, means a bivalent branched or unbranched saturated hydrocarbon radical. In one aspect, "alkylene" has one to six
30 carbon atoms, and includes, for example, and without being limited thereto, methylene, ethylene, n-propylene, n-butylene and the like.

The term "alkenylene," as used herein, means a bivalent branched or unbranched hydrocarbon radical having one or more carbon-carbon double bonds (*i.e.*, -CH=CH-). In one aspect, "alkenylene" has two to six carbon atoms, and includes, for example, and without being limited thereto, ethenylene, n-propenylene, n-butenylene and the like.

The term "alkynylene," as used herein, means a bivalent branched or unbranched hydrocarbon radical having one or more carbon-carbon triple bonds (*i.e.*, -C≡C-). In one aspect, "alkynylene" has two to six carbon atoms, and includes, for example, and without being limited thereto, ethynylene, n-propynylene, n-butyne and the like.

The term "aryl," alone or in combination, as used herein, means a carbocyclic aromatic system containing one or more rings, which may be attached together in a pendent manner or may be fused. In particular embodiments, aryl is one, two or three rings. In one aspect, the aryl has six to twelve ring atoms. The term "aryl" encompasses aromatic radicals such as phenyl, naphthyl, tetrahydronaphthyl, indanyl, biphenyl, phenanthryl, anthryl and acenaphthyl. An "aryl" group can have 1 to 4 substituents, such as lower alkyl, hydroxyl, halo, haloalkyl, nitro, cyano, alkoxy, lower alkylamino and the like.

The term "heteroaryl," alone or in combination, as used herein, means an aromatic system wherein at least one carbon atom is replaced by a heteroatom selected from N, S and O. A heteroaryl can contain one or more rings, which may be attached together in a pendent manner or may be fused. In particular embodiments, heteroaryl is one, two or three rings. In one aspect, the heteroaryl has five to twelve ring atoms. The term "heteroaryl" encompasses heteroaromatic groups such as triazolyl, imidazolyl, pyrrolyl, pyrazolyl, tetrazolyl, pyridyl, pyrimidinyl, pyrazinyl, pyridazinyl, indolyl, furyl, benzofuryl, thienyl, benzothienyl, quinolyl, oxazolyl, oxadiazolyl, isoxazolyl, and the like. A "heteroaryl" group can have 1 to 4 substituents, such as lower alkyl, hydroxyl, halo, haloalkyl, nitro, cyano, alkoxy, lower alkylamino and the like.

It is understood that substituents and substitution patterns on the compounds of the invention can be selected by one of ordinary skill in the art to provide compounds that are chemically stable and that can be readily synthesized by

techniques known in the art, as well as those methods set forth below. In general, the term “substituted,” whether preceded by the term “optionally” or not, means that one or more hydrogens of the designated moiety are replaced with a suitable substituent. Unless otherwise indicated, an “optionally substituted group” can have a suitable substituent at each substitutable position of the group and, when more than one position in any given structure may be substituted with more than one substituent selected from a specified group, the substituent can be either the same or different at every position. Alternatively, an “optionally substituted group” can be unsubstituted.

Combinations of substituents envisioned by this invention are preferably those that result in the formation of stable or chemically feasible compounds. If a substituent is itself substituted with more than one group, it is understood that these multiple groups can be on the same carbon atom or on different carbon atoms, as long as a stable structure results. The term “stable,” as used herein, refers to compounds that are not substantially altered when subjected to conditions to allow for their production, detection, and, in certain embodiments, their recovery, purification, and use for one or more of the purposes disclosed herein.

Suitable monovalent substituents on a substitutable carbon atom of an “optionally substituted group” are independently halogen; haloalkyl; $-(CH_2)_{0-4}R^\circ$; $-(CH_2)_{0-4}OR^\circ$; $-O(CH_2)_{0-4}R^\circ$; $-O-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}CH(OR^\circ)_2$; $-(CH_2)_{0-4}SR^\circ$; $-(CH_2)_{0-4}Ph$, which may be substituted with R° ; $-(CH_2)_{0-4}O(CH_2)_{0-1}Ph$ which may be substituted with R° ; $-CH=CHPh$, which may be substituted with R° ; $-(CH_2)_{0-4}O(CH_2)_{0-1}$ -pyridyl which may be substituted with R° ; $-NO_2$; $-CN$; $-N_3$; $-(CH_2)_{0-4}N(R^\circ)_2$; $-(CH_2)_{0-4}N(R^\circ)C(O)R^\circ$; $-N(R^\circ)C(S)R^\circ$; $-(CH_2)_{0-4}N(R^\circ)C(O)NR^\circ_2$; $-N(R^\circ)C(S)NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)C(O)OR^\circ$; $-N(R^\circ)N(R^\circ)C(O)R^\circ$; $-N(R^\circ)N(R^\circ)C(O)NR^\circ_2$; $-N(R^\circ)N(R^\circ)C(O)OR^\circ$; $-(CH_2)_{0-4}C(O)R^\circ$; $-C(S)R^\circ$; $-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}C(O)SR^\circ$; $-(CH_2)_{0-4}C(O)OSiR^\circ_3$; $-(CH_2)_{0-4}OC(O)R^\circ$; $-OC(O)(CH_2)_{0-4}SR^\circ$; $SC(S)SR^\circ$; $-(CH_2)_{0-4}SC(O)R^\circ$; $-(CH_2)_{0-4}C(O)NR^\circ_2$; $-C(S)NR^\circ_2$; $-C(S)SR^\circ$; $-SC(S)SR^\circ$; $-(CH_2)_{0-4}OC(O)NR^\circ_2$; $-C(O)N(OR^\circ)R^\circ$; $-C(O)C(O)R^\circ$; $-C(O)CH_2C(O)R^\circ$; $-C(NOR^\circ)R^\circ$; $-(CH_2)_{0-4}SSR^\circ$; $-(CH_2)_{0-4}S(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2OR^\circ$; $-(CH_2)_{0-4}OS(O)_2R^\circ$; $-S(O)_2NR^\circ_2$; $-(CH_2)_{0-4}$

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$4S(O)R^\circ$; $-N(R^\circ)S(O)_2NR^\circ$; $-N(R^\circ)S(O)_2R^\circ$; $-N(OR^\circ)R^\circ$; $-C(NH)NR^\circ$; $-P(O)_2R^\circ$; $-P(O)R^\circ$; $-OP(O)R^\circ$; $-OP(O)(OR^\circ)_2$; SiR°_3 ; $-(C_{1-4}$ straight or branched alkylene) $O-N(R^\circ)_2$; or $-(C_{1-4}$ straight or branched alkylene) $C(O)O-N(R^\circ)_2$, wherein each R° may be substituted as defined below and is independently hydrogen, C_{1-6} aliphatic, $-CH_2Ph$, $-O(CH_2)_{0-1}Ph$, $-CH_2$ -(5-6 membered heteroaryl ring), or a 5-6-membered saturated, partially unsaturated, or aryl ring having 0-4 heteroatoms independently selected from nitrogen, oxygen, and sulfur, or, notwithstanding the definition above, two independent occurrences of R° , taken together with their intervening atom(s), form a 3-12-membered saturated, partially unsaturated, or aryl monocyclic or bicyclic ring having 0-4 heteroatoms independently selected from nitrogen, oxygen, and sulfur, which may be substituted as defined below.

Suitable monovalent substituents on R° (or the ring formed by taking two independent occurrences of R° together with their intervening atoms), are independently halogen, $-(CH_2)_{0-2}R^\bullet$, $-(haloR^\bullet)$, $-(CH_2)_{0-2}OH$, $-(CH_2)_{0-2}OR^\bullet$, $-(CH_2)_{0-2}CH(OR^\bullet)_2$; $-O(haloR^\bullet)$, $-CN$, $-N_3$, $-(CH_2)_{0-2}C(O)R^\bullet$, $-(CH_2)_{0-2}C(O)OH$, $-(CH_2)_{0-2}C(O)OR^\bullet$, $-(CH_2)_{0-2}SR^\bullet$, $-(CH_2)_{0-2}SH$, $-(CH_2)_{0-2}NH_2$, $-(CH_2)_{0-2}NHR^\bullet$, $-(CH_2)_{0-2}NR^\bullet_2$, $-NO_2$, $-SiR^\bullet_3$, $-OSiR^\bullet_3$, $-C(O)SR^\bullet$, $-(C_{1-4}$ straight or branched alkylene) $C(O)OR^\bullet$, or $-SSR^\bullet$ wherein each $R^\bullet$ is unsubstituted or where preceded by "halo" is substituted only with one or more halogens, and is independently selected from C_{1-4} aliphatic, $-CH_2Ph$, $-O(CH_2)_{0-1}Ph$, or a 5-6-membered saturated, partially unsaturated, or aryl ring having 0-4 heteroatoms independently selected from nitrogen, oxygen, and sulfur. Suitable divalent substituents on a saturated carbon atom of R° include $=O$ and $=S$.

Suitable divalent substituents on a saturated carbon atom of an "optionally substituted group" include the following: $=O$, $=S$, $=NNR^*_2$, $=NNHC(O)R^*$, $=NNHC(O)OR^*$, $=NNHS(O)_2R^*$, $=NR^*$, $=NOR^*$, $-O(C(R^*_2))_{2-3}O-$, and $-S(C(R^*_2))_{2-3}S-$, wherein each independent occurrence of R^* is selected from hydrogen, C_{1-6} aliphatic which may be substituted as defined below, or an unsubstituted 5-6-membered saturated, partially unsaturated, or aryl ring having 0-4 heteroatoms independently selected from nitrogen, oxygen, and sulfur. Suitable divalent substituents that are bound to vicinal substitutable carbons of an "optionally

substituted" group include: $-\text{O}(\text{CR}^*)_{2-3}\text{O}-$, wherein each independent occurrence of R^* is selected from hydrogen, C_{1-6} aliphatic which may be substituted as defined below, or an unsubstituted 5–6–membered saturated, partially unsaturated, or aryl ring having 0–4 heteroatoms independently selected from nitrogen, oxygen, and sulfur.

Suitable substituents on the aliphatic group of R^* include halogen, $-\text{R}^\bullet$, $-(\text{haloR}^\bullet)$, $-\text{OH}$, $-\text{OR}^\bullet$, $-\text{O}(\text{haloR}^\bullet)$, $-\text{CN}$, $-\text{C}(\text{O})\text{OH}$, $-\text{C}(\text{O})\text{OR}^\bullet$, $-\text{NH}_2$, $-\text{NHR}^\bullet$, $-\text{NR}^\bullet_2$, and $-\text{NO}_2$, wherein each $\text{R}^\bullet$ is unsubstituted or where preceded by "halo" is substituted only with one or more halogens, and is independently C_{1-4} aliphatic, $-\text{CH}_2\text{Ph}$, $-\text{O}(\text{CH}_2)_{0-1}\text{Ph}$, or a 5–6–membered saturated, partially unsaturated, or aryl ring having 0–4 heteroatoms independently selected from nitrogen, oxygen, and sulfur.

Suitable substituents on a substitutable nitrogen of an "optionally substituted group" include $-\text{R}^\dagger$, $-\text{NR}^\dagger_2$, $-\text{C}(\text{O})\text{R}^\dagger$, $-\text{C}(\text{O})\text{OR}^\dagger$, $-\text{C}(\text{O})\text{C}(\text{O})\text{R}^\dagger$, $-\text{C}(\text{O})\text{CH}_2\text{C}(\text{O})\text{R}^\dagger$, $-\text{S}(\text{O})_2\text{R}^\dagger$, $-\text{S}(\text{O})_2\text{NR}^\dagger_2$, $-\text{C}(\text{S})\text{NR}^\dagger_2$, $-\text{C}(\text{NH})\text{NR}^\dagger_2$, and $-\text{N}(\text{R}^\dagger)\text{S}(\text{O})_2\text{R}^\dagger$; wherein each $\text{R}^\dagger$ is independently hydrogen, C_{1-6} aliphatic which may be substituted as defined below, unsubstituted $-\text{OPh}$, or an unsubstituted 5–6–membered saturated, partially unsaturated, or aryl ring having 0–4 heteroatoms independently selected from nitrogen, oxygen, and sulfur, or, notwithstanding the definition above, two independent occurrences of $\text{R}^\dagger$, taken together with their intervening atom(s) form an unsubstituted 3–12–membered saturated, partially unsaturated, or aryl monocyclic or bicyclic ring having 0–4 heteroatoms independently selected from nitrogen, oxygen, and sulfur.

Suitable substituents on the aliphatic group of $\text{R}^\dagger$ are independently halogen, $-\text{R}^\bullet$, $-(\text{haloR}^\bullet)$, $-\text{OH}$, $-\text{OR}^\bullet$, $-\text{O}(\text{haloR}^\bullet)$, $-\text{CN}$, $-\text{C}(\text{O})\text{OH}$, $-\text{C}(\text{O})\text{OR}^\bullet$, $-\text{NH}_2$, $-\text{NHR}^\bullet$, $-\text{NR}^\bullet_2$, or $-\text{NO}_2$, wherein each $\text{R}^\bullet$ is unsubstituted or where preceded by "halo" is substituted only with one or more halogens, and is independently C_{1-4} aliphatic, $-\text{CH}_2\text{Ph}$, $-\text{O}(\text{CH}_2)_{0-1}\text{Ph}$, or a 5–6–membered saturated, partially unsaturated, or aryl ring having 0–4 heteroatoms independently selected from nitrogen, oxygen, and sulfur.

As used herein, the term "pharmaceutically acceptable salt" refers to those salts which are, within the scope of sound medical judgment, suitable for use in

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contact with the tissues of humans and lower animals without undue toxicity, irritation, allergic response and the like, and are commensurate with a reasonable benefit/risk ratio. Pharmaceutically acceptable salts are well known in the art. For example, S. M. Berge et al., describe pharmaceutically acceptable salts in detail in J. Pharmaceutical Sciences, 1977, 66, 1-19, the relevant teachings of which are incorporated herein by reference in their entirety. Pharmaceutically acceptable salts of the compounds of this invention include salts derived from suitable inorganic and organic acids and bases that are compatible with the treatment of patients.

Examples of pharmaceutically acceptable, nontoxic acid addition salts are salts of an amino group formed with inorganic acids such as hydrochloric acid, hydrobromic acid, phosphoric acid, sulfuric acid and perchloric acid or with organic acids such as acetic acid, oxalic acid, maleic acid, tartaric acid, citric acid, succinic acid or malonic acid or by using other methods used in the art such as ion exchange. Other pharmaceutically acceptable acid addition salts include adipate, alginate, ascorbate, aspartate, benzenesulfonate, benzoate, bisulfate, borate, butyrate, camphorate, camphorsulfonate, citrate, cyclopentanepropionate, digluconate, dodecylsulfate, ethanesulfonate, formate, fumarate, glucoheptonate, glycerophosphate, gluconate, hemisulfate, heptanoate, hexanoate, hydroiodide, 2-hydroxy-ethanesulfonate, lactobionate, lactate, laurate, lauryl sulfate, malate, maleate, malonate, methanesulfonate, 2-naphthalenesulfonate, nicotinate, nitrate, oleate, oxalate, palmitate, pamoate, pectinate, persulfate, 3-phenylpropionate, phosphate, pivalate, propionate, stearate, succinate, sulfate, tartrate, thiocyanate, p-toluenesulfonate, undecanoate, valerate salts, and the like.

In some embodiments, exemplary inorganic acids which form suitable salts include, but are not limited thereto, hydrochloric, hydrobromic, sulfuric and phosphoric acid and acid metal salts such as sodium monohydrogen orthophosphate and potassium hydrogen sulfate. Illustrative organic acids which form suitable salts include the mono-, di- and tricarboxylic acids. Illustrative of such acids are, for example, acetic, glycolic, lactic, pyruvic, malonic, succinic, glutaric, fumaric, malic, tartaric, citric, ascorbic, maleic, hydroxymaleic, benzoic, hydroxybenzoic, phenylacetic, cinnamic, salicylic, 2-phenoxybenzoic, p-toluenesulfonic acid and other sulfonic acids such as methanesulfonic acid and 2-hydroxyethanesulfonic acid.

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Either the mono- or di-acid salts can be formed, and such salts can exist in either a hydrated, solvated or substantially anhydrous form. In general, the acid addition salts of these compounds are more soluble in water and various hydrophilic organic solvents, and generally demonstrate higher melting points in comparison to their free
5 base forms.

In some embodiments, acid addition salts of the compounds of formula I are most suitably formed from pharmaceutically acceptable acids, and include, for example, those formed with inorganic acids, *e.g.*, hydrochloric, sulfuric or phosphoric acids and organic acids *e.g.* succinic, maleic, acetic or fumaric acid.

10 Other non-pharmaceutically acceptable salts, *e.g.*, oxalates can be used, for example, in the isolation of compounds of formula I for laboratory use, or for subsequent conversion to a pharmaceutically acceptable acid addition salt. Also included within the scope of the invention are base addition salts (such as sodium, potassium and ammonium salts), solvates and hydrates of compounds of the
15 invention. The conversion of a given compound salt to a desired compound salt is achieved by applying standard techniques, well known to one skilled in the art.

A “pharmaceutically acceptable basic addition salt” is any non-toxic organic or inorganic base addition salt of the acid compounds represented by formula I, or any of its intermediates. Illustrative inorganic bases which form suitable salts
20 include, but are not limited thereto, lithium, sodium, potassium, calcium, magnesium or barium hydroxides. Illustrative organic bases which form suitable salts include aliphatic, alicyclic or aromatic organic amines such as methylamine, trimethyl amine and picoline or ammonia. The selection of the appropriate salt may be important so that an ester functionality, if any, elsewhere in the molecule is not hydrolyzed. The
25 selection criteria for the appropriate salt will be known to one skilled in the art.

Salts derived from appropriate bases include alkali metal, alkaline earth metal, ammonium and $N^+(C_{1-4}alkyl)_4$ salts. Representative alkali or alkaline earth metal salts include sodium, lithium, potassium, calcium, magnesium, and the like. Further pharmaceutically acceptable salts include, when appropriate, nontoxic
30 ammonium, quaternary ammonium, and amine cations formed using counterions such as halide, hydroxide, carboxylate, sulfate, phosphate, nitrate, lower alkyl sulfonate and aryl sulfonate.

Unless otherwise stated, structures depicted herein are also meant to include all isomeric (*e.g.*, enantiomeric, diastereomeric, and geometric (or conformational)) forms of the structure; for example, the R and S configurations for each asymmetric center, Z and E double bond isomers, and Z and E conformational isomers.

5 Therefore, single stereochemical isomers as well as enantiomeric, diastereomeric, and geometric (or conformational) mixtures of the present compounds are within the scope of the invention. Unless otherwise stated, all tautomeric forms of the compounds of the invention are within the scope of the invention.

10 Additionally, unless otherwise stated, structures depicted herein are also meant to include compounds that differ only in the presence of one or more isotopically enriched atoms. For example, compounds produced by the replacement of a hydrogen with deuterium or tritium, or of a carbon with a ^{13}C - or ^{14}C -enriched carbon are within the scope of this invention. Such compounds are useful, for example, as analytical tools, as probes in biological assays, or as therapeutic agents
15 in accordance with the present invention.

The term “stereoisomers” is a general term for all isomers of an individual molecule that differ only in the orientation of their atoms in space. It includes mirror image isomers (enantiomers), geometric (cis/trans) isomers and isomers of compounds with more than one chiral center that are not mirror images of one
20 another (diastereomers).

The term “treat” or “treating” means to alleviate one or more symptoms, to eliminate the causation of one or more symptoms, either on a temporary or permanent basis, or to prevent or delay the onset of one or more symptoms associated with a disorder or condition.

25 The term “therapeutically effective amount” means an amount of a compound or agent that is effective in treating or lessening the severity of one or more symptoms of a disorder or condition.

The term “pharmaceutically acceptable carrier” means a non-toxic solvent, dispersant, excipient, adjuvant or other material which is mixed with the active
30 ingredient in order to permit the formation of a pharmaceutical composition, *i.e.*, a dosage form capable of being administered to a patient. One example of such a

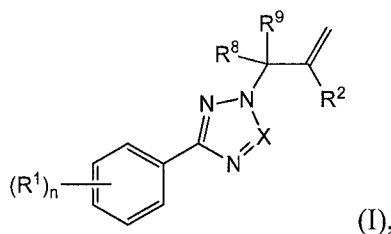
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carrier is pharmaceutically acceptable oil typically used for parenteral administration. Pharmaceutically acceptable carriers are well known in the art.

When introducing elements disclosed herein, the articles “a,” “an,” “the,” and “said” are intended to mean that there are one or more of the elements. The terms “comprising,” “having” and “including” are intended to be open-ended and mean that there may be additional elements other than the listed elements.

Compounds of the Invention

A first embodiment is a compound of structural formula I:



or a pharmaceutically acceptable salt thereof, wherein:

X is -N- or -C(H)-;

each R¹ is independently selected from halo; haloalkyl; -(CH₂)₁₋₄R^o;

-(CH₂)₀₋₄OR^o; -O-(CH₂)₀₋₄C(O)OR^o; -(CH₂)₀₋₄CH(OR^o)₂; -(CH₂)₀₋₄SR^o;

15 -(CH₂)₀₋₄-carbocyclyl, which may be substituted with R^o; -(CH₂)₀₋₄-aryl, which may be substituted with R^o; -(CH₂)₀₋₄-heterocyclyl, which may be substituted with R^o;

-(CH₂)₀₋₄-heteroaryl, which may be substituted with R^o; -CH=CH-carbocyclyl, which may be substituted with R^o; -CH=CH-aryl, which may be substituted with R^o;

-CH=CH-heterocyclyl, which may be substituted with R^o; -CH=CH-heteroaryl,

20 which may be substituted with R^o; -NO₂; -CN; -N₃; -(CH₂)₀₋₄N(R^o)₂;

-(CH₂)₀₋₄N(R^o)C(O)R^o; -(CH₂)₀₋₄N(R^o)C(S)R^o; -(CH₂)₀₋₄N(R^o)C(O)NR^o₂;

-(CH₂)₀₋₄N(R^o)C(S)NR^o₂; -(CH₂)₀₋₄N(R^o)C(O)OR^o; -(CH₂)₀₋₄N(R^o)N(R^o)C(O)R^o;

-(CH₂)₀₋₄N(R^o)N(R^o)C(O)NR^o₂; -(CH₂)₀₋₄N(R^o)N(R^o)C(O)OR^o; -(CH₂)₀₋₄C(O)R^o;

-(CH₂)₀₋₄C(S)R^o; -(CH₂)₀₋₄C(O)OR^o; -(CH₂)₀₋₄C(O)SR^o; -(CH₂)₀₋₄OC(O)R^o;

25 -(CH₂)₀₋₄OC(O)(CH₂)₀₋₄SR^o; -(CH₂)₀₋₄SC(S)SR^o; -(CH₂)₀₋₄SC(O)R^o;

-(CH₂)₀₋₄C(O)NR^o₂; -(CH₂)₀₋₄C(S)NR^o₂; -(CH₂)₀₋₄C(S)SR^o; -(CH₂)₀₋₄OC(O)NR^o₂;

-(CH₂)₀₋₄C(O)N(OR^o)R^o; -(CH₂)₀₋₄C(O)C(O)R^o; -(CH₂)₀₋₄C(O)CH₂C(O)R^o;

- $-(CH_2)_{0-4}C(NOR^\circ)R^\circ$; $-(CH_2)_{0-4}SSR^\circ$; $-(CH_2)_{0-4}S(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2OR^\circ$;
 $-(CH_2)_{0-4}OS(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2NR^\circ$; $-(CH_2)_{0-4}S(O)R^\circ$;
 $-(CH_2)_{0-4}N(R^\circ)S(O)_2NR^\circ$; $-(CH_2)_{0-4}N(R^\circ)S(O)_2R^\circ$; $-(CH_2)_{0-4}N(OR^\circ)R^\circ$;
 $-(CH_2)_{0-4}C(NH)NR^\circ$; $-(CH_2)_{0-4}P(O)_2R^\circ$; $-(CH_2)_{0-4}P(O)R^\circ$; $-(CH_2)_{0-4}OP(O)R^\circ$;
5 $-(CH_2)_{0-4}OP(O)(OR^\circ)_2$; $-(CH_2)_{0-4}ON(R^\circ)_2$; and $-(CH_2)_{0-4}C(O)O-N(R^\circ)_2$, wherein:
each R° is independently hydrogen, C_{1-6} aliphatic, $-CH_2$ -carbocyclyl,
 $-CH_2$ -aryl, $-CH_2$ -heterocyclyl, $-CH_2$ -heteroaryl, $-O(CH_2)_{0-1}$ -carbocyclyl,
 $-O(CH_2)_{0-1}$ -aryl, $-O(CH_2)_{0-1}$ -heterocyclyl, $-O(CH_2)_{0-1}$ -heteroaryl, carbocyclyl,
aryl, heterocyclyl or heteroaryl, or two independent occurrences of R° , taken
10 together with their intervening atom(s), form a 3-12-membered carbocyclyl,
aryl, heterocyclyl or heteroaryl; and
each R° and each ring formed from two independent occurrences of
 R° , taken together with their intervening atom(s), are optionally and
independently substituted with one or more substituents selected from the
15 group consisting of halo, CN, OH, unsubstituted C_1 - C_3 alkyl, halo- C_1 - C_3
alkyl, $-NH_2$, $-NO_2$, $-NH$ (unsubstituted C_1 - C_3 alkyl), $-N$ (unsubstituted C_1 - C_3
alkyl) $_2$, $-O$ - C_1 - C_3 alkyl, $-C(O)OH$, $-C(O)O$ -(unsubstituted C_1 - C_3 alkyl),
 $-C(O)$ -(unsubstituted C_1 - C_3 alkyl), $-O$ -(unsubstituted C_1 - C_3 alkyl), and
 $-S$ -(unsubstituted C_1 - C_3 alkyl);
20 R^2 is selected from $-C(O)-O-R^3$, $-C(O)-N(R^5)(R^6)$, $-C(O)-N(R^7)-N(R^5)(R^6)$,
 $-C(O)-N(R^7)-N(R^7)-C(O)-R^4$, $-C(O)-N(R^7)-N(R^7)-S(O)_{1-2}-R^4$, and heteroaryl,
wherein:
 R^3 is selected from C_1 - C_4 alkyl, C_2 - C_4 alkenyl, C_2 - C_4 alkynyl, carbocyclyl,
aryl, heterocyclyl and heteroaryl;
25 R^4 is selected from $-NH$ -(C_3 - C_6 cycloalkyl), $-N$ (C_1 - C_4 alkyl)-(C_3 - C_6
cycloalkyl), $-C_1$ - C_6 alkyl, $-(C_0$ - C_4 alkylene)-carbocyclyl, $-(C_0$ - C_4
alkylene)-heterocyclyl, $-(C_0$ - C_4 alkylene)-aryl, and $-(C_0$ - C_4 alkylene)-heteroaryl;
 R^5 and R^6 are each independently selected from hydrogen, C_1 - C_4 alkyl, C_2 - C_4
alkenyl, C_2 - C_4 alkynyl, carbocyclyl, aryl, heterocyclyl and heteroaryl; or
30 R^5 and R^6 are taken together with the nitrogen atom to which they are
commonly attached to form a heterocyclyl or heteroaryl;

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each R^7 is independently hydrogen or C_1 - C_4 alkyl;

R^8 and R^9 are each independently selected from the group consisting of hydrogen, halo, and C_1 - C_4 alkyl; and

n is 0, 1, 2, 3, 4 or 5; wherein:

5 unless otherwise designated, each alkyl, alkenyl, alkynyl, alkylene, carbocyclyl, aryl, cycloalkyl, heterocyclyl and heteroaryl is optionally and independently substituted; and

the compound is not methyl 2-((5-phenyl-2H-tetrazol-2-yl)methyl)acrylate.

10 In a first aspect of the first embodiment, R^8 and R^9 are each hydrogen. The values for the remaining variables are as defined in the first embodiment.

In a second aspect of the first embodiment each R^7 is hydrogen. The values for the remaining variables are as defined in the first embodiment, or first aspect thereof.

15 In a third aspect of the first embodiment, X is $-C(H)-$. The values for the remaining variables are as defined in the first embodiment, or first or second aspect thereof.

In a fourth aspect of the first embodiment, X is $-N-$. The values for the remaining variables are as defined in the first embodiment, or first through third aspects thereof.

20 In a fifth aspect of the first embodiment, n is 0, 1 or 2. The values for the remaining variables are as defined in the first embodiment, or first through fourth aspects thereof.

25 In a sixth aspect of the first embodiment, each R^1 is independently selected from halo, $-C_1$ - C_4 alkyl, $-C_1$ - C_4 haloalkyl, and $-O$ - C_1 - C_4 alkyl, or is absent. The values for the remaining variables are as defined in the first embodiment, or first through fifth aspects thereof.

In a seventh aspect of the first embodiment, each R^1 is independently selected from $-CF_3$, $-Cl$ and $-OCH_3$, or is absent. The values for the remaining variables are as defined in the first embodiment, or first through fifth aspects thereof.

30 In an eighth aspect of the first embodiment:

R^2 is $-C(O)-O-R^3$, and R^3 is selected from optionally substituted C_1 - C_4 alkyl and C_2 - C_4 alkenyl; or

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R^2 is $-C(O)-N(R^5)(R^6)$, and R^5 and R^6 are taken together with the nitrogen atom to which they are commonly attached to form an optionally substituted saturated heterocyclyl; or

R^2 is $-C(O)-NH-NH(R^6)$, and R^6 is an optionally substituted heteroaryl; or

5 R^2 is $-C(O)-NH-NH-C(O)-R^4$ or $-C(O)-NH-NH-S(O)_{1-2}-R^4$, and R^4 is selected from optionally substituted $-NH-(C_3-C_6 \text{ cycloalkyl})$, $-N(C_1-C_4 \text{ alkyl})-(C_3-C_6 \text{ cycloalkyl})$, $-C_1-C_6 \text{ alkyl}$, $-(C_0-C_4 \text{ alkylene})\text{-heterocyclyl}$ and $-(C_0-C_4 \text{ alkylene})\text{-heteroaryl}$; or

10 R^2 is optionally substituted C_5-C_6 heteroaryl. The values for the remaining variables are as defined in the first embodiment, or first through seventh aspects thereof.

In a ninth aspect of the first embodiment:

R^2 is $-C(O)-O-R^3$, and R^3 is selected from ethyl, isopropyl and $-CH_2-CH=CH_2$; or

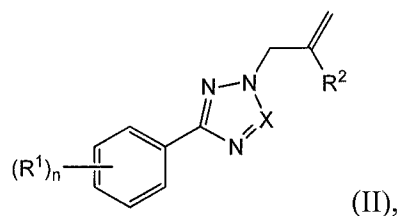
15 R^2 is $-C(O)-N(R^5)(R^6)$, and R^5 and R^6 are taken together with the nitrogen atom to which they are commonly attached to form an optionally substituted azetidin-1-yl, pyrrolidin-1-yl, or piperidin-1-yl; or

R^2 is $-C(O)-NH-NH(R^6)$, and R^6 is optionally substituted pyridinyl, pyrimidinyl, pyrazinyl or pyridazinyl; or

20 R^2 is $-C(O)-NH-NH-C(O)-R^4$ or $-C(O)-NH-NH-S(O)_{1-2}-R^4$, and R^4 is selected from $-C(CH_3)_3$, $-NH\text{-cyclopropyl}$, and optionally substituted $-(CH_2)_{0-1}\text{-pyrazinyl}$, piperidinyl , $-(CH_2)_{0-1}\text{-morpholinyl}$, or pyrazolyl ; or

25 R^2 is optionally substituted oxadiazolyl. The values for the remaining variables are as defined in the first embodiment, or first through eighth aspects thereof.

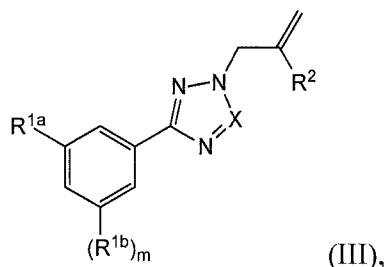
A second embodiment is a compound represented by structural formula II:



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or a pharmaceutically acceptable salt thereof. The values for the variables are as defined in the first embodiment, or any aspect thereof.

A third embodiment is a compound represented by structural formula III:



5 or a pharmaceutically acceptable salt thereof, wherein:

R^{1a} and R^{1b} are each independently selected from halo; haloalkyl;

$-(CH_2)_{1-4}R^\circ$; $-(CH_2)_{0-4}OR^\circ$; $-O-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}CH(OR^\circ)_2$; $-(CH_2)_{0-4}SR^\circ$;
 $-(CH_2)_{0-4}$ -carbocyclyl, which may be substituted with R° ; $-(CH_2)_{0-4}$ -aryl, which may
 be substituted with R° ; $-(CH_2)_{0-4}$ -heterocyclyl, which may be substituted with R° ;

10 $-(CH_2)_{0-4}$ -heteroaryl, which may be substituted with R° ; $-CH=CH$ -carbocyclyl,
 which may be substituted with R° ; $-CH=CH$ -aryl, which may be substituted with R° ;
 $-CH=CH$ -heterocyclyl, which may be substituted with R° ; $-CH=CH$ -heteroaryl,
 which may be substituted with R° ; $-NO_2$; $-CN$; $-N_3$; $-(CH_2)_{0-4}N(R^\circ)_2$;

$-(CH_2)_{0-4}N(R^\circ)C(O)R^\circ$; $-(CH_2)_{0-4}N(R^\circ)C(S)R^\circ$; $-(CH_2)_{0-4}N(R^\circ)C(O)NR^\circ_2$;

15 $-(CH_2)_{0-4}N(R^\circ)C(S)NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)C(O)OR^\circ$; $-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)R^\circ$;
 $-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)OR^\circ$; $-(CH_2)_{0-4}C(O)R^\circ$;
 $-(CH_2)_{0-4}C(S)R^\circ$; $-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}C(O)SR^\circ$; $-(CH_2)_{0-4}OC(O)R^\circ$;
 $-(CH_2)_{0-4}OC(O)(CH_2)_{0-4}SR^\circ$; $-(CH_2)_{0-4}SC(S)SR^\circ$; $-(CH_2)_{0-4}SC(O)R^\circ$;

$-(CH_2)_{0-4}C(O)NR^\circ_2$; $-(CH_2)_{0-4}C(S)NR^\circ_2$; $-(CH_2)_{0-4}C(S)SR^\circ$; $-(CH_2)_{0-4}OC(O)NR^\circ_2$;

20 $-(CH_2)_{0-4}C(O)N(OR^\circ)R^\circ$; $-(CH_2)_{0-4}C(O)C(O)R^\circ$; $-(CH_2)_{0-4}C(O)CH_2C(O)R^\circ$;

$-(CH_2)_{0-4}C(NOR^\circ)R^\circ$; $-(CH_2)_{0-4}SSR^\circ$; $-(CH_2)_{0-4}S(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2OR^\circ$;

$-(CH_2)_{0-4}OS(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2NR^\circ_2$; $-(CH_2)_{0-4}S(O)R^\circ$;

$-(CH_2)_{0-4}N(R^\circ)S(O)_2NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)S(O)_2R^\circ$; $-(CH_2)_{0-4}N(OR^\circ)R^\circ$;

$-(CH_2)_{0-4}C(NH)NR^\circ_2$; $-(CH_2)_{0-4}P(O)_2R^\circ$; $-(CH_2)_{0-4}P(O)R^\circ_2$; $-(CH_2)_{0-4}OP(O)R^\circ_2$;

25 $-(CH_2)_{0-4}OP(O)(OR^\circ)_2$; $-(CH_2)_{0-4}ON(R^\circ)_2$; and $-(CH_2)_{0-4}C(O)O-N(R^\circ)_2$, wherein:

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each R^o is independently hydrogen, C₁₋₆ aliphatic, -CH₂-carbocyclyl, -CH₂-aryl, -CH₂-heterocyclyl, -CH₂-heteroaryl, -O(CH₂)₀₋₁-carbocyclyl, -O(CH₂)₀₋₁-aryl, -O(CH₂)₀₋₁-heterocyclyl, -O(CH₂)₀₋₁-heteroaryl, carbocyclyl, aryl, heterocyclyl or heteroaryl, or two independent occurrences of R^o, taken together with their intervening atom(s), form a 3-12-membered carbocyclyl, aryl, heterocyclyl or heteroaryl; and

each R^o and each ring formed from two independent occurrences of R^o, taken together with their intervening atom(s), are optionally and independently substituted with one or more substituents selected from the group consisting of halo, CN, OH, unsubstituted C₁-C₃ alkyl, halo-C₁-C₃ alkyl, -NH₂, -NO₂, -NH(unsubstituted C₁-C₃ alkyl), -N(unsubstituted C₁-C₃ alkyl)₂, -O-C₁-C₃ alkyl, -C(O)OH, -C(O)O-(unsubstituted C₁-C₃ alkyl), -C(O)-(unsubstituted C₁-C₃ alkyl), -O-(unsubstituted C₁-C₃ alkyl), and -S-(unsubstituted C₁-C₃ alkyl); and

m is 0 or 1.

The values for the remaining variables are as defined above for the first embodiment, or first through fourth or sixth through eighth aspects thereof.

In a first aspect of the third embodiment, R^{1a} is halo or -C₁-C₄ haloalkyl. The values for the remaining variables are as defined above for the first embodiment, or first through fourth or sixth through eighth aspects thereof, or the third embodiment.

In a second aspect of the third embodiment, R^{1b} is -C₁-C₄ haloalkyl or -O-C₁-C₄ alkyl, or is absent. The values for the remaining variables are as defined above for the first embodiment, or first through fourth or sixth through eighth aspects thereof, or the third embodiment, or first aspect thereof.

In a third aspect of the third embodiment, m is 0. The values for the remaining variables are as defined above for the first embodiment, or first through fourth or sixth through eighth aspects thereof, or the third embodiment, or first or second aspect thereof.

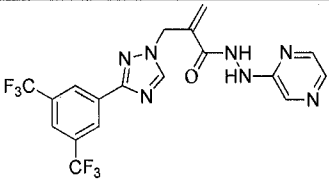
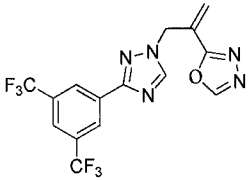
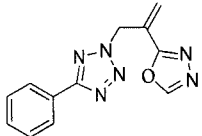
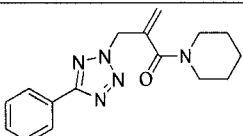
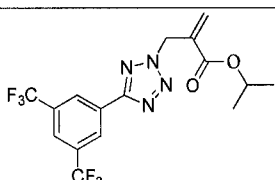
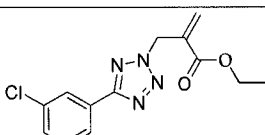
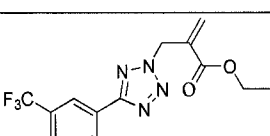
In a fourth aspect of the third embodiment, m is 1. The values for the remaining variables are as defined above for the first embodiment, or first through

fourth or sixth through eighth aspects thereof, or the third embodiment, or first through third aspects thereof.

Exemplary compounds of the invention are set forth in Table 1.

5 Table 1. Exemplary compounds of the invention.

Compound No.	Compound Structure	Compound Name
1		isopropyl 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)acrylate
2		allyl 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)acrylate
3		isopropyl 2-((3-(3-methoxy-5-(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)acrylate
4		ethyl 2-((3-(3-methoxy-5-(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)acrylate
5		2-((3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)-1-(3,3-difluoroazetidin-1-yl)prop-2-en-1-one
6		2-((3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)-N'-(pyridin-2-yl)acrylohydrazide

Compound No.	Compound Structure	Compound Name
7		2-((3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)-N'-(pyrazin-2-yl)acrylohydrazide
8		2-(3-(3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)prop-1-en-2-yl)-1,3,4-oxadiazole
9		2-(3-(5-phenyl-2H-tetrazol-2-yl)prop-1-en-2-yl)-1,3,4-oxadiazole
10		2-((5-phenyl-2H-tetrazol-2-yl)methyl)-1-(piperidin-1-yl)prop-2-en-1-one
11		isopropyl 2-((5-(3,5-bis(trifluoromethyl)phenyl)-2H-tetrazol-2-yl)methyl)acrylate
12		ethyl 2-((5-(3-chlorophenyl)-2H-tetrazol-2-yl)methyl)acrylate
13		ethyl 2-((5-(3-(trifluoromethyl)phenyl)-2H-tetrazol-2-yl)methyl)acrylate

Uses, Formulation and Administration

Pharmaceutically Acceptable Compositions

According to another embodiment, the invention provides a composition comprising a compound of this invention or a pharmaceutically acceptable derivative thereof and a pharmaceutically acceptable carrier, adjuvant, or vehicle.

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The amount of compound in compositions of this invention is such that is effective to measurably inhibit CRM1, in a biological sample or in a patient. In certain embodiments, a composition of this invention is formulated for administration to a patient in need of such composition. The term "patient", as used herein, means an
5 animal. In some embodiments, the animal is a mammal. In certain embodiments, the patient is a veterinary patient (i.e., a non-human mammal patient). In some embodiments, the patient is a dog. In other embodiments, the patient is a human.

The term "pharmaceutically acceptable carrier, adjuvant, or vehicle" refers to a non-toxic carrier, adjuvant, or vehicle that does not destroy the pharmacological
10 activity of the compound with which it is formulated. Pharmaceutically acceptable carriers, adjuvants or vehicles that may be used in the compositions of this invention include, but are not limited to, ion exchangers, alumina, aluminum stearate, lecithin, serum proteins, such as human serum albumin, buffer substances such as phosphates, glycine, sorbic acid, potassium sorbate, partial glyceride mixtures of
15 saturated vegetable fatty acids, water, salts or electrolytes, such as protamine sulfate, disodium hydrogen phosphate, potassium hydrogen phosphate, sodium chloride, zinc salts, colloidal silica, magnesium trisilicate, polyvinyl pyrrolidone, cellulose-based substances, polyethylene glycol, sodium carboxymethylcellulose, polyacrylates, waxes, polyethylene-polyoxypropylene-block polymers, polyethylene
20 glycol and wool fat.

Compositions of the present invention may be administered orally, parenterally (including subcutaneous, intramuscular, intravenous and intradermal), by inhalation spray, topically, rectally, nasally, buccally, vaginally or via an implanted reservoir. In some embodiments, provided compounds or compositions
25 are administrable intravenously and/or intraperitoneally.

The term "parenteral" as used herein includes subcutaneous, intravenous, intramuscular, intraocular, intravitreal, intra-articular, intra-synovial, intrasternal, intrathecal, intrahepatic, intraperitoneal intralesional and intracranial injection or infusion techniques. Preferably, the compositions are administered orally,
30 subcutaneously, intraperitoneally or intravenously. Sterile injectable forms of the compositions of this invention may be aqueous or oleaginous suspension. These suspensions may be formulated according to techniques known in the art using

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suitable dispersing or wetting agents and suspending agents. The sterile injectable preparation may also be a sterile injectable solution or suspension in a non-toxic parenterally acceptable diluent or solvent, for example as a solution in 1,3-butanediol. Among the acceptable vehicles and solvents that may be employed are
5 water, Ringer's solution and isotonic sodium chloride solution. In addition, sterile, fixed oils are conventionally employed as a solvent or suspending medium.

Pharmaceutically acceptable compositions of this invention may be orally administered in any orally acceptable dosage form including, but not limited to, capsules, tablets, aqueous suspensions or solutions. In the case of tablets for oral
10 use, carriers commonly used include lactose and corn starch. Lubricating agents, such as magnesium stearate, are also typically added. For oral administration in a capsule form, useful diluents include lactose and dried cornstarch. When aqueous suspensions are required for oral use, the active ingredient is combined with emulsifying and suspending agents. If desired, certain sweetening, flavoring or
15 coloring agents may also be added. In some embodiments, a provided oral formulation is formulated for immediate release or sustained/delayed release. In some embodiments, the composition is suitable for buccal or sublingual administration, including tablets, lozenges and pastilles. A provided compound can also be in micro-encapsulated form.

20 Alternatively, pharmaceutically acceptable compositions of this invention may be administered in the form of suppositories for rectal administration. Pharmaceutically acceptable compositions of this invention may also be administered topically, especially when the target of treatment includes areas or organs readily accessible by topical application, including diseases of the eye, the
25 skin, or the lower intestinal tract. Suitable topical formulations are readily prepared for each of these areas or organs.

Topical application for the lower intestinal tract can be effected in a rectal suppository formulation (see above) or in a suitable enema formulation. Topically-transdermal patches may also be used.

30 For ophthalmic use, provided pharmaceutically acceptable compositions may be formulated as micronized suspensions or in an ointment such as petrolatum.

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Pharmaceutically acceptable compositions of this invention may also be administered by nasal aerosol or inhalation.

In some embodiments, pharmaceutically acceptable compositions of this invention are formulated for intra-peritoneal administration.

5 The amount of compounds of the present invention that may be combined with the carrier materials to produce a composition in a single dosage form will vary depending upon the host treated, the particular mode of administration. In one embodiment, provided compositions should be formulated so that a dosage of between 0.01 - 100 mg/kg body weight/day of the inhibitor can be administered to a
10 patient receiving these compositions. In another embodiment, the dosage is from about 0.5 to about 100 mg/kg of body weight, or between 1 mg and 1000 mg/dose, every 4 to 120 hours, or according to the requirements of the particular drug. Typically, the pharmaceutical compositions of this invention will be administered from about 1 to about 6 times per day.

15 It should also be understood that a specific dosage and treatment regimen for any particular patient will depend upon a variety of factors, including the activity of the specific compound employed, the age, body weight, general health, sex, diet, time of administration, rate of excretion, drug combination, and the judgment of the treating physician and the severity of the particular disease being treated. The
20 amount of a compound of the present invention in the composition will also depend upon the particular compound in the composition.

 Upon improvement of a patient's condition, a maintenance dose of a compound, composition or combination of this invention may be administered, if necessary. Subsequently, the dosage or frequency of administration, or both, may be
25 reduced, as a function of the symptoms, to a level at which the improved condition is retained when the symptoms have been alleviated to the desired level. Patients may, however, require intermittent treatment on a long-term basis upon any recurrence of disease symptoms

30 *Uses of Compounds and Pharmaceutically Acceptable Compositions*

Compounds and compositions described herein are generally useful for the inhibition of CRM1 and are therefore useful for treating one or more disorders

associated with activity of CRM1. Thus, in certain embodiments, the present invention provides a method for treating a CRM1-mediated disorder comprising the step of administering to a patient in need thereof a therapeutically effective amount of a compound of the present invention, or pharmaceutically acceptable composition thereof. The compounds and compositions described herein can also be administered to cells in culture, e.g. *in vitro* or *ex vivo*, or to a subject, e.g., *in vivo*, to treat, prevent, and/or diagnose a variety of disorders, including those described herein below.

Compounds provided by this invention are also useful as tools, for example, to study CRM1 modulation in biological and pathological phenomena, to study cancer or for the identification and/or comparative evaluation of CRM1 inhibitors. Accordingly, in particular embodiments, the present invention provides a method for studying an effect of a compound described herein, or a salt or composition thereof, on a sample, the method comprising contacting a sample comprising cells in culture or CRM1 with the compound, or the salt or composition thereof; and measuring the effect of the compound, or salt or composition thereof, on the cells or CRM1. For example, the compounds described herein can be used as a standard or control substance in binding assays (e.g., competitive binding assays) to identify or evaluate potential CRM1 inhibitors or as a discovery tool to probe the role of CRM1 inhibition in certain disorders or conditions, such as those described herein, including cancer and CRM1-mediated disorders or conditions.

The activity of a compound utilized in this invention as an inhibitor of CRM1 may be assayed *in vitro*, *in vivo* or in a cell line. Detailed conditions for assaying a compound utilized in this invention as an inhibitor of CRM1 are set forth in the Examples below.

As used herein, the term "CRM1-mediated" disorder or condition means any disease or other deleterious condition in which CRM1 is known to play a role. Accordingly, another embodiment of the present invention relates to treating or lessening the severity of one or more diseases in which CRM1 is known to play a role. In some embodiments, the present invention provides methods of treating a disease associated with expression or activity of p53, p73, p21, pRB, p27, IκB, NFκB, c-Abl, FOXO proteins, COX-2, or an HDAC (histone deacetylases) in a

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subject comprising administering to the patient a therapeutically effective amount of a compound described herein. In another embodiment, the present invention relates to a method of treating or lessening the severity of a disease or condition selected from a proliferative disorder (e.g., cancer), an inflammatory disorder, an autoimmune disorder, a viral infection, an ophthalmological disorder or a neurodegenerative disorder wherein said method comprises administering to a patient in need thereof a therapeutically effective amount of a compound or composition according to the present invention. In a more specific embodiment, the present invention relates to a method of treating or lessening the severity of cancer. Specific examples of the above disorders are set forth in detail below.

Cancers treatable by the compounds of this invention include, but are not limited to, hematologic malignancies (leukemias, lymphomas, myelomas including multiple myeloma, myelodysplastic and myeloproliferative syndromes) and solid tumors (carcinomas such as prostate, breast, lung, colon, pancreatic, renal, ovarian as well as soft tissue and osteosarcomas, and stromal tumors). Breast cancer (BC) can include basal-like breast cancer (BLBC), triple negative breast cancer (TNBC) and breast cancer that is both BLBC and TNBC. In addition, breast cancer can include invasive or non-invasive ductal or lobular carcinoma, tubular, medullary, mucinous, papillary, cribriform carcinoma of the breast, male breast cancer, recurrent or metastatic breast cancer, phyllodes tumor of the breast and Paget's disease of the nipple.

Inflammatory disorders treatable by the compounds of this invention include, but are not limited to, multiple sclerosis, rheumatoid arthritis, degenerative joint disease, systemic lupus, systemic sclerosis, vasculitis syndromes (small, medium and large vessel), atherosclerosis, inflammatory bowel disease, irritable bowel syndrome, Crohn's disease, mucous colitis, ulcerative colitis, gastritis, sepsis, psoriasis and other dermatological inflammatory disorders (such as eczema, atopic dermatitis, contact dermatitis, urticaria, scleroderma, and dermatosis with acute inflammatory components, pemphigus, pemphigoid, allergic dermatitis), and urticarial syndromes.

Viral diseases treatable by the compounds of this invention include, but are not limited to, acute febrile pharyngitis, pharyngoconjunctival fever, epidemic

keratoconjunctivitis, infantile gastroenteritis, Coxsackie infections, infectious mononucleosis, Burkitt lymphoma, acute hepatitis, chronic hepatitis, hepatic cirrhosis, hepatocellular carcinoma, primary HSV-1 infection (e.g., gingivostomatitis in children, tonsillitis and pharyngitis in adults, keratoconjunctivitis), latent HSV-1 infection (e.g., herpes labialis and cold sores), primary HSV-2 infection, latent HSV-2 infection, aseptic meningitis, infectious mononucleosis, Cytomegalic inclusion disease, Kaposi's sarcoma, multicentric Castleman disease, primary effusion lymphoma, AIDS, influenza, Reye syndrome, measles, postinfectious encephalomyelitis, Mumps, hyperplastic epithelial lesions (e.g., common, flat, plantar and anogenital warts, laryngeal papillomas, epidermodysplasia verruciformis), cervical carcinoma, squamous cell carcinomas, croup, pneumonia, bronchiolitis, common cold, Poliomyelitis, Rabies, influenza-like syndrome, severe bronchiolitis with pneumonia, German measles, congenital rubella, Varicella, and herpes zoster. Viral diseases treatable by the compounds of this invention also include chronic viral infections, including hepatitis B and hepatitis C.

Exemplary ophthalmology disorders include, but are not limited to, macular edema (diabetic and nondiabetic macular edema), aged related macular degeneration wet and dry forms, aged disciform macular degeneration, cystoid macular edema, palpebral edema, retina edema, diabetic retinopathy, chorioretinopathy, neovascular maculopathy, neovascular glaucoma, uveitis, iritis, retinal vasculitis, endophthalmitis, panophthalmitis, metastatic ophthalmia, choroiditis, retinal pigment epitheliitis, conjunctivitis, cyclitis, scleritis, episcleritis, optic neuritis, retrobulbar optic neuritis, keratitis, blepharitis, exudative retinal detachment, corneal ulcer, conjunctival ulcer, chronic nummular keratitis, ophthalmic disease associated with hypoxia or ischemia, retinopathy of prematurity, proliferative diabetic retinopathy, polypoidal choroidal vasculopathy, retinal angiomatous proliferation, retinal artery occlusion, retinal vein occlusion, Coats' disease, familial exudative vitreoretinopathy, pulseless disease (Takayasu's disease), Eales disease, antiphospholipid antibody syndrome, leukemic retinopathy, blood hyperviscosity syndrome, macroglobulinemia, interferon-associated retinopathy, hypertensive retinopathy, radiation retinopathy, corneal epithelial stem cell deficiency or cataract.

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Neurodegenerative diseases treatable by a compound of Formula I include, but are not limited to, Parkinson's, Alzheimer's, and Huntington's, and Amyotrophic lateral sclerosis (ALS/Lou Gehrig's Disease).

Compounds and compositions described herein may also be used to treat disorders of abnormal tissue growth and fibrosis including dilative cardiomyopathy, hypertrophic cardiomyopathy, restrictive cardiomyopathy, pulmonary fibrosis, hepatic fibrosis, glomerulonephritis, polycystic kidney disorder (PKD) and other renal disorders.

Compounds and compositions described herein may also be used to treat disorders related to food intake such as obesity and hyperphagia.

In another embodiment, a compound or composition described herein may be used to treat or prevent allergies and respiratory disorders, including asthma, bronchitis, pulmonary fibrosis, allergic rhinitis, oxygen toxicity, emphysema, chronic bronchitis, acute respiratory distress syndrome, and any chronic obstructive pulmonary disease (COPD).

In some embodiments, the disorder or condition associated with CRM1 activity is muscular dystrophy, arthritis, for example, osteoarthritis and rheumatoid arthritis, ankylosing spondylitis, traumatic brain injury, spinal cord injury, sepsis, rheumatic disease, cancer atherosclerosis, type 1 diabetes, type 2 diabetes, leptospirosis renal disease, glaucoma, retinal disease, ageing, headache, pain, complex regional pain syndrome, cardiac hypertrophy, muscle wasting, catabolic disorders, obesity, fetal growth retardation, hypercholesterolemia, heart disease, chronic heart failure, ischemia/reperfusion, stroke, cerebral aneurysm, angina pectoris, pulmonary disease, cystic fibrosis, acid-induced lung injury, pulmonary hypertension, asthma, chronic obstructive pulmonary disease, Sjogren's syndrome, hyaline membrane disease, kidney disease, glomerular disease, alcoholic liver disease, gut diseases, peritoneal endometriosis, skin diseases, nasal sinusitis, mesothelioma, anhidrotic ectodermal dysplasia-ID, behcet's disease, incontinentia pigmenti, tuberculosis, asthma, crohn's disease, colitis, ocular allergy, appendicitis, paget's disease, pancreatitis, periodontitis, endometriosis, inflammatory bowel disease, inflammatory lung disease, silica-induced diseases, sleep apnea, AIDS, HIV-1, autoimmune diseases, antiphospholipid syndrome, lupus, lupus

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nephritis, familial mediterranean fever, hereditary periodic fever syndrome, psychosocial stress diseases, neuropathological diseases, familial amyloidotic polyneuropathy, inflammatory neuropathy, parkinson's disease, multiple sclerosis, alzheimer's disease, amyotrophic lateral sclerosis, huntington's disease, cataracts, or
5 hearing loss.

In other embodiments, the disorder or condition associated with CRM1 activity is head injury, uveitis, inflammatory pain, allergen induced asthma, non-allergen induced asthma, glomerular nephritis, ulcerative colitis, necrotizing enterocolitis, hyperimmunoglobulinemia D with recurrent fever (HIDS), TNF
10 receptor associated periodic syndrome (TRAPS), cryopyrin-associated periodic syndromes, Muckle-Wells syndrome (urticaria deafness amyloidosis), familial cold urticaria, neonatal onset multisystem inflammatory disease (NOMID), periodic fever, aphthous stomatitis, pharyngitis and adenitis (PFAPA syndrome), Blau syndrome, pyogenic sterile arthritis, pyoderma gangrenosum, acne (PAPA),
15 deficiency of the interleukin-1-receptor antagonist (DIRA), subarachnoid hemorrhage, polycystic kidney disease, transplant, organ transplant, tissue transplant, myelodysplastic syndrome, irritant-induced inflammation, plant irritant-induced inflammation, poison ivy/ urushiol oil-induced inflammation, chemical irritant-induced inflammation, bee sting-induced inflammation, insect bite-induced
20 inflammation, sunburn, burns, dermatitis, endotoxemia, lung injury, acute respiratory distress syndrome, alcoholic hepatitis, or kidney injury caused by parasitic infections.

In further aspects, the present invention provides a use of a compound described herein for the manufacture of a medicament for the treatment of a disease
25 associated with expression or activity of p53, p73, p21, pRB, p27, I κ B, NF κ B, c-Abl, FOXO proteins, COX-2 or an HDAC in a subject. In some embodiments, the present invention provides a use of a compound of described herein in the manufacture of a medicament for the treatment of any of cancer and/or neoplastic disorders, angiogenesis, autoimmune disorders, inflammatory disorders and/or
30 diseases, epigenetics, hormonal disorders and/or diseases, viral diseases, neurodegenerative disorders and/or diseases, wounds, and ophthalmologic disorders.

In some embodiments, the present invention provides a method for inhibiting CRM1 in a biological sample comprising contacting the biological sample with, or administering to the patient, a therapeutically acceptable amount of a pharmaceutically acceptable salt of a compound described herein, or a pharmaceutically acceptable composition thereof.

Neoplastic Disorders

A compound or composition described herein can be used to treat a neoplastic disorder. A “neoplastic disorder” is a disease or disorder characterized by cells that have the capacity for autonomous growth or replication, e.g., an abnormal state or condition characterized by proliferative cell growth. Exemplary neoplastic disorders include: carcinoma, sarcoma, metastatic disorders, e.g., tumors arising from prostate, brain, bone, colon, lung, breast, ovarian, and liver origin, hematopoietic neoplastic disorders, e.g., leukemias, lymphomas, myeloma and other malignant plasma cell disorders, and metastatic tumors. Prevalent cancers include: breast, prostate, colon, lung, liver, and pancreatic cancers. Treatment with the compound can be in an amount effective to ameliorate at least one symptom of the neoplastic disorder, e.g., reduced cell proliferation, reduced tumor mass, etc.

The disclosed methods are useful in the prevention and treatment of cancer, including for example, solid tumors, soft tissue tumors, and metastases thereof, as well as in familial cancer syndromes such as Li Fraumeni Syndrome, Familial Breast-Ovarian Cancer (BRCA1 or BRCA2 mutations) Syndromes, and others. The disclosed methods are also useful in treating non-solid cancers. Exemplary solid tumors include malignancies (e.g., sarcomas, adenocarcinomas, and carcinomas) of the various organ systems, such as those of lung, breast, lymphoid, gastrointestinal (e.g., colon), and genitourinary (e.g., renal, urothelial, or testicular tumors) tracts, pharynx, prostate, and ovary. Exemplary adenocarcinomas include colorectal cancers, renal-cell carcinoma, liver cancer, non-small cell carcinoma of the lung, and cancer of the small intestine.

Exemplary cancers described by the National Cancer Institute include: Acute Lymphoblastic Leukemia, Adult; Acute Lymphoblastic Leukemia, Childhood; Acute Myeloid Leukemia, Adult; Adrenocortical Carcinoma; Adrenocortical Carcinoma, Childhood; AIDS-Related Lymphoma; AIDS-Related

Malignancies; Anal Cancer; Astrocytoma, Childhood Cerebellar; Astrocytoma,
 Childhood Cerebral; Bile Duct Cancer, Extrahepatic; Bladder Cancer; Bladder
 Cancer, Childhood; Bone Cancer, Osteosarcoma/Malignant Fibrous Histiocytoma;
 Brain Stem Glioma, Childhood; Brain Tumor, Adult; Brain Tumor, Brain Stem
 5 Glioma, Childhood; Brain Tumor, Cerebellar Astrocytoma, Childhood; Brain
 Tumor, Cerebral Astrocytoma/Malignant Glioma, Childhood; Brain Tumor,
 Ependymoma, Childhood; Brain Tumor, Medulloblastoma, Childhood; Brain
 Tumor, Supratentorial Primitive Neuroectodermal Tumors, Childhood; Brain
 Tumor, Visual Pathway and Hypothalamic Glioma, Childhood; Brain Tumor,
 10 Childhood (Other); Breast Cancer; Breast Cancer and Pregnancy; Breast Cancer,
 Childhood; Breast Cancer, Male; Bronchial Adenomas/Carcinoids, Childhood;
 Carcinoid Tumor, Childhood; Carcinoid Tumor, Gastrointestinal; Carcinoma,
 Adrenocortical; Carcinoma, Islet Cell; Carcinoma of Unknown Primary; Central
 Nervous System Lymphoma, Primary; Cerebellar Astrocytoma, Childhood; Cerebral
 15 Astrocytoma/Malignant Glioma, Childhood; Cervical Cancer; Childhood Cancers;
 Chronic Lymphocytic Leukemia; Chronic Myelogenous Leukemia; Chronic
 Myeloproliferative Disorders; Clear Cell Sarcoma of Tendon Sheaths; Colon
 Cancer; Colorectal Cancer, Childhood; Cutaneous T-Cell Lymphoma; Endometrial
 Cancer; Ependymoma, Childhood; Epithelial Cancer, Ovarian; Esophageal Cancer;
 20 Esophageal Cancer, Childhood; Ewing's Family of Tumors; Extracranial Germ Cell
 Tumor, Childhood; Extragonadal Germ Cell Tumor; Extrahepatic Bile Duct Cancer;
 Eye Cancer, Intraocular Melanoma; Eye Cancer, Retinoblastoma; Gallbladder
 Cancer; Gastric (Stomach) Cancer; Gastric (Stomach) Cancer, Childhood;
 Gastrointestinal Carcinoid Tumor; Germ Cell Tumor, Extracranial, Childhood;
 25 Germ Cell Tumor, Extragonadal; Germ Cell Tumor, Ovarian; Gestational
 Trophoblastic Tumor; Glioma, Childhood Brain Stem; Glioma, Childhood Visual
 Pathway and Hypothalamic; Hairy Cell Leukemia; Head and Neck Cancer;
 Hepatocellular (Liver) Cancer, Adult (Primary); Hepatocellular (Liver) Cancer,
 Childhood (Primary); Hodgkin's Lymphoma, Adult; Hodgkin's Lymphoma,
 30 Childhood; Hodgkin's Lymphoma During Pregnancy; Hypopharyngeal Cancer;
 Hypothalamic and Visual Pathway Glioma, Childhood; Intraocular Melanoma; Islet
 Cell Carcinoma (Endocrine Pancreas); Kaposi's Sarcoma; Kidney Cancer; Laryngeal

- Cancer; Laryngeal Cancer, Childhood; Leukemia, Acute Lymphoblastic, Adult;
 Leukemia, Acute Lymphoblastic, Childhood; Leukemia, Acute Myeloid, Adult;
 Leukemia, Acute Myeloid, Childhood; Leukemia, Chronic Lymphocytic; Leukemia,
 Chronic Myelogenous; Leukemia, Hairy Cell; Lip and Oral Cavity Cancer; Liver
 5 Cancer, Adult (Primary); Liver Cancer, Childhood (Primary); Lung Cancer, Non-
 Small Cell; Lung Cancer, Small Cell; Lymphoblastic Leukemia, Adult Acute;
 Lymphoblastic Leukemia, Childhood Acute; Lymphocytic Leukemia, Chronic;
 Lymphoma, AIDS- Related; Lymphoma, Central Nervous System (Primary);
 Lymphoma, Cutaneous T-Cell; Lymphoma, Hodgkin's, Adult; Lymphoma,
 10 Hodgkin's, Childhood; Lymphoma, Hodgkin's During Pregnancy; Lymphoma, Non-
 Hodgkin's, Adult; Lymphoma, Non- Hodgkin's, Childhood; Lymphoma, Non-
 Hodgkin's During Pregnancy; Lymphoma, Primary Central Nervous System;
 Macroglobulinemia, Waldenstrom's; Male Breast Cancer; Malignant Mesothelioma,
 Adult; Malignant Mesothelioma, Childhood; Malignant Thymoma;
 15 Medulloblastoma, Childhood; Melanoma; Melanoma, Intraocular; Merkel Cell
 Carcinoma; Mesothelioma, Malignant; Metastatic Squamous Neck Cancer with
 Occult Primary; Multiple Endocrine Neoplasia Syndrome, Childhood; Multiple
 Myeloma/Plasma Cell Neoplasm; Mycosis Fungoides; Myelodysplastic Syndromes;
 Myelogenous Leukemia, Chronic; Myeloid Leukemia, Childhood Acute; Myeloma,
 20 Multiple; Myeloproliferative Disorders, Chronic; Nasal Cavity and Paranasal Sinus
 Cancer; Nasopharyngeal Cancer; Nasopharyngeal Cancer, Childhood;
 Neuroblastoma; Non-Hodgkin's Lymphoma, Adult; Non-Hodgkin's Lymphoma,
 Childhood; Non- Hodgkin's Lymphoma During Pregnancy; Non-Small Cell Lung
 Cancer; Oral Cancer, Childhood; Oral Cavity and Lip Cancer; Oropharyngeal
 25 Cancer; Osteosarcoma/Malignant Fibrous Histiocytoma of Bone; Ovarian Cancer,
 Childhood; Ovarian Epithelial Cancer; Ovarian Germ Cell Tumor; Ovarian Low
 Malignant Potential Tumor; Pancreatic Cancer; Pancreatic Cancer, Childhood;
 Pancreatic Cancer, Islet Cell; Paranasal Sinus and Nasal Cavity Cancer; Parathyroid
 Cancer; Penile Cancer; Pheochromocytoma; Pineal and Supratentorial Primitive
 30 Neuroectodermal Tumors, Childhood; Pituitary Tumor; Plasma Cell
 Neoplasm/Multiple Myeloma; Pleuropulmonary Blastoma; Pregnancy and Breast
 Cancer; Pregnancy and Hodgkin's Lymphoma; Pregnancy and Non-Hodgkin's

Lymphoma; Primary Central Nervous System Lymphoma; Primary Liver Cancer, Adult; Primary Liver Cancer, Childhood; Prostate Cancer; Rectal Cancer; Renal Cell (Kidney) Cancer; Renal Cell Cancer, Childhood; Renal Pelvis and Ureter, Transitional Cell Cancer; Retinoblastoma; Rhabdomyosarcoma, Childhood; Salivary Gland Cancer; Salivary Gland Cancer, Childhood; Sarcoma, Ewing's Family of Tumors; Sarcoma, Kaposi's; Sarcoma (Osteosarcoma)/Malignant Fibrous Histiocytoma of Bone; Sarcoma, Rhabdomyosarcoma, Childhood; Sarcoma, Soft Tissue, Adult; Sarcoma, Soft Tissue, Childhood; Sezary Syndrome; Skin Cancer; Skin Cancer, Childhood; Skin Cancer (Melanoma); Skin Carcinoma, Merkel Cell; Small Cell Lung Cancer; Small Intestine Cancer; Soft Tissue Sarcoma, Adult; Soft Tissue Sarcoma, Childhood; Squamous Neck Cancer with Occult Primary, Metastatic; Stomach (Gastric) Cancer; Stomach (Gastric) Cancer, Childhood; Supratentorial Primitive Neuroectodermal Tumors, Childhood; T- Cell Lymphoma, Cutaneous; Testicular Cancer; Thymoma, Childhood; Thymoma, Malignant; Thyroid Cancer; Thyroid Cancer, Childhood; Transitional Cell Cancer of the Renal Pelvis and Ureter; Trophoblastic Tumor, Gestational; Unknown Primary Site, Cancer of, Childhood; Unusual Cancers of Childhood; Ureter and Renal Pelvis, Transitional Cell Cancer; Urethral Cancer; Uterine Sarcoma; Vaginal Cancer; Visual Pathway and Hypothalamic Glioma, Childhood; Vulvar Cancer; Waldenstrom's Macro globulinemia; and Wilms' Tumor.

Further exemplary cancers include diffuse large B-cell lymphoma (DLBCL) and mantle cell lymphoma (MCL).

Metastases of the aforementioned cancers can also be treated or prevented in accordance with the methods described herein.

25 ***Combination therapies***

In some embodiments, a compound described herein is administered together with an additional "second" therapeutic agent or treatment. The choice of second therapeutic agent may be made from any agent that is typically used in a monotherapy to treat the indicated disease or condition. As used herein, the term "administered together" and related terms refers to the simultaneous or sequential administration of therapeutic agents in accordance with this invention. For example, a therapeutically effective amount of a compound of the present invention may be

administered with a therapeutically effective amount of another therapeutic agent simultaneously or sequentially in separate unit dosage forms or together in a single unit dosage form. Accordingly, the present invention provides a single unit dosage form comprising a compound described herein, an additional therapeutic agent, and
5 a pharmaceutically acceptable carrier, adjuvant, or vehicle.

In one embodiment of the invention, when a second therapeutic agent is administered to a subject, the therapeutically effective amount of the compound of this invention is less than its therapeutically effective amount would be were the second therapeutic agent not administered. In another embodiment, the
10 therapeutically effective amount of the second therapeutic agent is less than its effective amount would be were the compound of this invention not administered. In this way, undesired side effects associated with high doses of either agent may be minimized. Other potential advantages (including without limitation improved dosing regimens and/or reduced drug cost) will be apparent to those of skill in the
15 art. The additional agents may be administered separately, as part of a multiple dose regimen, from the compounds of this invention. Alternatively, those agents may be part of a single dosage form, mixed together with the compounds of this invention in a single composition.

20 *Cancer Combination Therapies*

In some embodiments, a compound described herein is administered together with an additional cancer treatment. Exemplary additional cancer treatments include, for example: chemotherapy, targeted therapies such as antibody therapies, kinase inhibitors, immunotherapy, and hormonal therapy, epigenetic therapy,
25 proteasome inhibitors, and anti-angiogenic therapies. Examples of each of these treatments are provided below. As used herein, the term “combination,” “combined,” and related terms refer to the simultaneous or sequential administration of therapeutic agents in accordance with this invention. For example, a therapeutically effective amount of a compound of the present invention can be
30 administered with a therapeutically effective amount of another therapeutic agent simultaneously or sequentially in separate unit dosage forms or together in a single unit dosage form. Accordingly, the present invention provides a single unit dosage

form comprising a compound of the invention, an additional therapeutic agent, and a pharmaceutically acceptable carrier, adjuvant, or vehicle.

The amount of both a compound of the invention and additional therapeutic agent (in those compositions which comprise an additional therapeutic agent as described above) that can be combined with the carrier materials to produce a single dosage form will vary depending upon the host treated and the particular mode of administration. Preferably, compositions of this invention should be formulated so that a dosage of between 0.01 - 100 mg/kg body weight/day of a compound of the invention can be administered.

Chemotherapy

In some embodiments, a therapeutically effective amount of a compound described herein is administered with a therapeutically effective amount of chemotherapy. Chemotherapy is the treatment of cancer with drugs that can destroy cancer cells. "Chemotherapy" usually refers to cytotoxic drugs which affect rapidly dividing cells in general, in contrast with targeted therapy. Chemotherapy drugs interfere with cell division in various possible ways, e.g., with the duplication of DNA or the separation of newly formed chromosomes. Most forms of chemotherapy target all rapidly dividing cells and are not specific for cancer cells, although some degree of specificity may come from the inability of many cancer cells to repair DNA damage, while normal cells generally can.

Examples of chemotherapeutic agents used in cancer therapy include, for example, antimetabolites (e.g., folic acid, purine, and pyrimidine derivatives) and alkylating agents (e.g., nitrogen mustards, nitrosoureas, platinum, alkyl sulfonates, hydrazines, triazenes, aziridines, spindle poison, cytotoxic agents, topoisomerase inhibitors and others). Exemplary agents include Aclarubicin, Actinomycin, Alitretinoin, Altretamine, Aminopterin, Aminolevulinic acid, Amrubicin, Amsacrine, Anagrelide, Arsenic trioxide, Asparaginase, Atrasentan, Belotecan, Bexarotene, Bendamustine, Bleomycin, Bortezomib, Busulfan, Camptothecin, Capecitabine, Carboplatin, Carboquone, Carmofur, Carmustine, Celecoxib, Chlorambucil, Chlormethine, Cisplatin, Cladribine, Clofarabine, Crisantaspase, Cyclophosphamide, Cytarabine, Dacarbazine, Dactinomycin, Daunorubicin,

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Decitabine, Demecolcine, Docetaxel, Doxorubicin, Efaproxiral, Elesclomol, Elsamitucin, Enocitabine, Epirubicin, Estramustine, Etoposide, Floxuridine, Fludarabine, Fluorouracil (5FU), Fotemustine, Gemcitabine, Gliadel implants, Hydroxycarbamide, Hydroxyurea, Idarubicin, Ifosfamide, Irinotecan, Irofulven, Ixabepilone, Larotaxel, Leucovorin, Liposomal doxorubicin, Liposomal daunorubicin, Lonidamine, Lomustine, Lucanthone, Mannosulfan, Masoprocold, Melphalan, Mercaptopurine, Mesna, Methotrexate, Methyl aminolevulinate, Mitobronitol, Mitoguazone, Mitotane, Mitomycin, Mitoxantrone, Nedaplatin, Nimustine, Oblimersen, Omacetaxine, Ortataxel, Oxaliplatin, Paclitaxel, Pegaspargase, Pemetrexed, Pentostatin, Pirarubicin, Pixantrone, Plicamycin, Porfimer sodium, Prednimustine, Procarbazine, Raltitrexed, Ranimustine, Rubitecan, Sapacitabine, Semustine, Sitimagene ceradenovec, Strataplatin, Streptozocin, Talaporfin, Tegafur-uracil, Temoporfin, Temozolomide, Teniposide, Tesetaxel, Testolactone, Tetranitrate, Thiotepa, Tiazofurine, Tioguanine, Tipifarnib, Topotecan, Trabectedin, Triaziquone, Triethylenemelamine, Triplatin, Tretinoin, Treosulfan, Trofosfamide, Uramustine, Valrubicin, Verteporfin, Vinblastine, Vincristine, Vindesine, Vinflunine, Vinorelbine, Vorinostat, Zorubicin, and other cytostatic or cytotoxic agents described herein.

Because some drugs work better together than alone, two or more drugs are often given at the same time. Often, two or more chemotherapy agents are used as combination chemotherapy. In some embodiments, the chemotherapy agents (including combination chemotherapy) can be used in combination with a compound described herein.

25 *Targeted therapy*

Targeted therapy constitutes the use of agents specific for the deregulated proteins of cancer cells. Small molecule targeted therapy drugs are generally inhibitors of enzymatic domains on mutated, overexpressed, or otherwise critical proteins within the cancer cell. Prominent examples are the tyrosine kinase inhibitors such as Axitinib, Bosutinib, Cediranib, dasatinib, erlotinib, imatinib, gefitinib, lapatinib, Lestaurtinib, Nilotinib, Semaxanib, Sorafenib, Sunitinib, and Vandetanib, and also cyclin-dependent kinase inhibitors such as Alvocidib and

Seliciclib. Monoclonal antibody therapy is another strategy in which the therapeutic agent is an antibody which specifically binds to a protein on the surface of the cancer cells. Examples include the anti-HER2/neu antibody trastuzumab (Herceptin®) typically used in breast cancer, and the anti-CD20 antibody rituximab and Tositumomab typically used in a variety of B-cell malignancies. Other exemplary antibodies include Cetuximab, Panitumumab, Trastuzumab, Alemtuzumab, Bevacizumab, Edrecolomab, and Gemtuzumab. Exemplary fusion proteins include Aflibercept and Denileukin diftitox. In some embodiments, a therapeutically effective amount of targeted therapy can be used in combination with a therapeutically effective amount of a compound described herein, e.g., Gleevec (Vignari and Wang 2001).

Targeted therapy can also involve small peptides as “homing devices” which can bind to cell surface receptors or affected extracellular matrix surrounding the tumor. Radionuclides which are attached to these peptides (e.g., RGDs) eventually kill the cancer cell if the nuclide decays in the vicinity of the cell. An example of such therapy includes BEXXAR®.

Angiogenesis

Compounds and methods described herein may be used to treat or prevent a disease or disorder associated with angiogenesis. Diseases associated with angiogenesis include cancer, cardiovascular disease and macular degeneration.

Angiogenesis is the physiological process involving the growth of new blood vessels from pre-existing vessels. Angiogenesis is a normal and vital process in growth and development, as well as in wound healing and in granulation tissue. However, it is also a fundamental step in the transition of tumors from a dormant state to a malignant one. Angiogenesis may be a target for combating diseases characterized by either poor vascularisation or abnormal vasculature.

Application of specific compounds that may inhibit or induce the creation of new blood vessels in the body may help combat such diseases. The presence of blood vessels where there should be none may affect the mechanical properties of a tissue, increasing the likelihood of failure. The absence of blood vessels in a repairing or otherwise metabolically active tissue may inhibit repair or other

essential functions. Several diseases, such as ischemic chronic wounds, are the result of failure or insufficient blood vessel formation and may be treated by a local expansion of blood vessels, thus bringing new nutrients to the site, facilitating repair. Other diseases, such as age-related macular degeneration, may be created by a local expansion of blood vessels, interfering with normal physiological processes.

Vascular endothelial growth factor (VEGF) has been demonstrated to be a major contributor to angiogenesis, increasing the number of capillaries in a given network. Upregulation of VEGF is a major component of the physiological response to exercise and its role in angiogenesis is suspected to be a possible treatment in vascular injuries. *In vitro* studies clearly demonstrate that VEGF is a potent stimulator of angiogenesis because, in the presence of this growth factor, plated endothelial cells will proliferate and migrate, eventually forming tube structures resembling capillaries.

Tumors induce blood vessel growth (angiogenesis) by secreting various growth factors (*e.g.*, VEGF). Growth factors such as bFGF and VEGF can induce capillary growth into the tumor, which some researchers suspect supply required nutrients, allowing for tumor expansion.

Angiogenesis represents an excellent therapeutic target for the treatment of cardiovascular disease. It is a potent, physiological process that underlies the natural manner in which our bodies respond to a diminution of blood supply to vital organs, namely the production of new collateral vessels to overcome the ischemic insult.

Overexpression of VEGF causes increased permeability in blood vessels in addition to stimulating angiogenesis. In wet macular degeneration, VEGF causes proliferation of capillaries into the retina. Since the increase in angiogenesis also causes edema, blood and other retinal fluids leak into the retina, causing loss of vision.

Anti-angiogenic therapy can include kinase inhibitors targeting vascular endothelial growth factor (VEGF) such as sunitinib, sorafenib, or monoclonal antibodies or receptor “decoys” to VEGF or VEGF receptor including bevacizumab or VEGF-Trap, or thalidomide or its analogs (lenalidomide, pomalidomide), or agents targeting non-VEGF angiogenic targets such as fibroblast growth factor (FGF), angiopoietins, or angiostatin or endostatin.

Epigenetics

Compounds and methods described herein can be used to treat or prevent a disease or disorder associated with epigenetics. Epigenetics is the study of heritable changes in phenotype or gene expression caused by mechanisms other than changes in the underlying DNA sequence. One example of epigenetic changes in eukaryotic biology is the process of cellular differentiation. During morphogenesis, stem cells become the various cell lines of the embryo which in turn become fully differentiated cells. In other words, a single fertilized egg cell changes into the many cell types including neurons, muscle cells, epithelium, blood vessels *etc.* as it continues to divide. It does so by activating some genes while inhibiting others.

Epigenetic changes are preserved when cells divide. Most epigenetic changes only occur within the course of one individual organism's lifetime, but, if a mutation in the DNA has been caused in sperm or egg cell that results in fertilization, then some epigenetic changes are inherited from one generation to the next. Specific epigenetic processes include paramutation, bookmarking, imprinting, gene silencing, X chromosome inactivation, position effect, reprogramming, transvection, maternal effects, the progress of carcinogenesis, many effects of teratogens, regulation of histone modifications and heterochromatin, and technical limitations affecting parthenogenesis and cloning.

Exemplary diseases associated with epigenetics include ATR-syndrome, fragile X-syndrome, ICF syndrome, Angelman's syndrome, Prader-Wills syndrome, BWS, Rett syndrome, α -thalassaemia, cancer, leukemia, Rubinstein-Taybi syndrome and Coffin-Lowry syndrome.

The first human disease to be linked to epigenetics was cancer. Researchers found that diseased tissue from patients with colorectal cancer had less DNA methylation than normal tissue from the same patients. Because methylated genes are typically turned off, loss of DNA methylation can cause abnormally high gene activation by altering the arrangement of chromatin. On the other hand, too much methylation can undo the work of protective tumor suppressor genes.

DNA methylation occurs at CpG sites, and a majority of CpG cytosines are methylated in mammals. However, there are stretches of DNA near promoter

regions that have higher concentrations of CpG sites (known as CpG islands) that are free of methylation in normal cells. These CpG islands become excessively methylated in cancer cells, thereby causing genes that should not be silenced to turn off. This abnormality is the trademark epigenetic change that occurs in tumors and happens early in the development of cancer. Hypermethylation of CpG islands can cause tumors by shutting off tumor-suppressor genes. In fact, these types of changes may be more common in human cancer than DNA sequence mutations.

Furthermore, although epigenetic changes do not alter the sequence of DNA, they can cause mutations. About half of the genes that cause familial or inherited forms of cancer are turned off by methylation. Most of these genes normally suppress tumor formation and help repair DNA, including O6-methylguanine-DNA methyltransferase (*MGMT*), MLH1 cyclin-dependent kinase inhibitor 2B (*CDKN2B*), and *RASSF1A*. For example, hypermethylation of the promoter of *MGMT* causes the number of G-to-A mutations to increase.

Hypermethylation can also lead to instability of microsatellites, which are repeated sequences of DNA. Microsatellites are common in normal individuals, and they usually consist of repeats of the dinucleotide CA. Too much methylation of the promoter of the DNA repair gene *MLH1* can make a microsatellite unstable and lengthen or shorten it. Microsatellite instability has been linked to many cancers, including colorectal, endometrial, ovarian, and gastric cancers.

Fragile X syndrome is the most frequently inherited mental disability, particularly in males. Both sexes can be affected by this condition, but because males only have one X chromosome, one fragile X will impact them more severely. Indeed, fragile X syndrome occurs in approximately 1 in 4,000 males and 1 in 8,000 females. People with this syndrome have severe intellectual disabilities, delayed verbal development, and “autistic-like” behavior.

Fragile X syndrome gets its name from the way the part of the X chromosome that contains the gene abnormality looks under a microscope; it usually appears as if it is hanging by a thread and easily breakable. The syndrome is caused by an abnormality in the *FMR1* (fragile X mental retardation 1) gene. People who do not have fragile X syndrome have 6 to 50 repeats of the trinucleotide CGG in their *FMR1* gene. However, individuals with over 200 repeats have a full mutation, and

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they usually show symptoms of the syndrome. Too many CGGs cause the CpG islands at the promoter region of the *FMRI* gene to become methylated; normally, they are not. This methylation turns the gene off, stopping the *FMRI* gene from producing an important protein called fragile X mental retardation protein. Loss of
5 this specific protein causes fragile X syndrome. Although a lot of attention has been given to the CGG expansion mutation as the cause of fragile X, the epigenetic change associated with *FMRI* methylation is the real syndrome culprit.

Fragile X syndrome is not the only disorder associated with mental retardation that involves epigenetic changes. Other such conditions include
10 Rubenstein-Taybi, Coffin-Lowry, Prader-Willi, Angelman, Beckwith-Wiedemann, ATR-X, and Rett syndromes.

Epigenetic therapies include inhibitors of enzymes controlling epigenetic modifications, specifically DNA methyltransferases and histone deacetylases, which have shown promising anti-tumorigenic effects for some malignancies, as well as
15 antisense oligonucleotides and siRNA.

Immunotherapy

In some embodiments, a compound described herein is administered with an immunotherapy. Cancer immunotherapy refers to a diverse set of therapeutic
20 strategies designed to induce the patient's own immune system to fight the tumor. Contemporary methods for generating an immune response against tumors include intravesicular BCG immunotherapy for superficial bladder cancer, prostate cancer vaccine Provenge, and use of interferons and other cytokines to induce an immune response in renal cell carcinoma and melanoma patients.

25 Allogeneic hematopoietic stem cell transplantation can be considered a form of immunotherapy, since the donor's immune cells will often attack the tumor in a graft-versus-tumor effect. In some embodiments, a therapeutically effective amount of an immunotherapy agent can be used in combination with a therapeutically effective amount of a compound described herein.

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Hormonal therapy

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In some embodiments, a compound described herein is administered with a hormonal therapy. The growth of some cancers can be inhibited by providing or blocking certain hormones. Common examples of hormone-sensitive tumors include certain types of breast and prostate cancers, as well as certain types of leukemia which respond to certain retinoids/retinoic acids. Removing or blocking estrogen or testosterone is often an important additional treatment. In certain cancers, administration of hormone agonists, such as progestogens may be therapeutically beneficial. In some embodiments, a therapeutically effective amount of a hormonal therapy agent can be used in combination with a therapeutically effective amount of a compound described herein.

Hormonal therapy agents include the administration of hormone agonists or hormone antagonists and include retinoids/retinoic acid, compounds that inhibit estrogen or testosterone, as well as administration of progestogens.

Inflammation and Autoimmune Disease

The compounds and methods described herein can be used to treat or prevent a disease or disorder associated with inflammation, particularly in humans and other mammals. A compound described herein may be administered prior to the onset of, at, or after the initiation of inflammation. When used prophylactically, the compounds are preferably provided in advance of any inflammatory response or symptom. Administration of the compounds can prevent or attenuate inflammatory responses or symptoms. Exemplary inflammatory conditions include, for example, multiple sclerosis, rheumatoid arthritis, psoriatic arthritis, degenerative joint disease, spondyloarthropathies, other seronegative inflammatory arthritides, polymyalgia rheumatica, various vasculidities (e.g., giant cell arteritis, ANCA+ vasculitis), gouty arthritis, systemic lupus erythematosus, juvenile arthritis, juvenile rheumatoid arthritis, osteoarthritis, osteoporosis, diabetes (e.g., insulin dependent diabetes mellitus or juvenile onset diabetes), menstrual cramps, cystic fibrosis, inflammatory bowel disease, irritable bowel syndrome, Crohn's disease, mucous colitis, ulcerative colitis, gastritis, esophagitis, pancreatitis, peritonitis, Alzheimer's disease, shock, ankylosing spondylitis, gastritis, conjunctivitis, pancreatitis (acute or chronic), multiple organ injury syndrome (e.g., secondary to septicemia or trauma),

myocardial infarction, atherosclerosis, stroke, reperfusion injury (e.g., due to cardiopulmonary bypass or kidney dialysis), acute glomerulonephritis, thermal injury (i.e., sunburn), necrotizing enterocolitis, granulocyte transfusion associated syndrome, and/or Sjogren's syndrome. Exemplary inflammatory conditions of the skin include, for example, eczema, atopic dermatitis, contact dermatitis, urticaria, scleroderma, psoriasis, and dermatosis with acute inflammatory components.

In another embodiment, a compound or method described herein may be used to treat or prevent allergies and respiratory conditions, including asthma, bronchitis, pulmonary fibrosis, allergic rhinitis, oxygen toxicity, emphysema, chronic bronchitis, acute respiratory distress syndrome, and any chronic obstructive pulmonary disease (COPD). The compounds may be used to treat chronic hepatitis infection, including hepatitis B and hepatitis C.

Additionally, a compound or method described herein may be used to treat autoimmune diseases and/or inflammation associated with autoimmune diseases, such as organ-tissue autoimmune diseases (e.g., Raynaud's syndrome), scleroderma, myasthenia gravis, transplant rejection, endotoxin shock, sepsis, psoriasis, eczema, dermatitis, multiple sclerosis, autoimmune thyroiditis, uveitis, systemic lupus erythematosus, Addison's disease, autoimmune polyglandular disease (also known as autoimmune polyglandular syndrome), and Grave's disease.

In a particular embodiment, the compounds described herein can be used to treat multiple sclerosis.

Combination therapy

In certain embodiments, a therapeutically effective amount of a compound described herein may be administered alone or in combination with therapeutically effective amounts of other compounds useful for treating or preventing inflammation. Exemplary anti-inflammatory agents include, for example, steroids (e.g., Cortisol, cortisone, fludrocortisone, prednisone, 6[alpha]-methylprednisone, triamcinolone, betamethasone or dexamethasone), nonsteroidal antiinflammatory drugs (NSAIDS (e.g., aspirin, acetaminophen, tolmetin, ibuprofen, mefenamic acid, piroxicam, nabumetone, rofecoxib, celecoxib, etodolac or nimesulide). In another embodiment, the other therapeutic agent is an antibiotic (e.g., vancomycin,

- penicillin, amoxicillin, ampicillin, cefotaxime, ceftriaxone, cefixime, rifampinmetronidazole, doxycycline or streptomycin). In another embodiment, the other therapeutic agent is a PDE4 inhibitor (*e.g.*, roflumilast or rolipram). In another embodiment, the other therapeutic agent is an antihistamine (*e.g.*, cyclizine, hydroxyzine, promethazine or diphenhydramine). In another embodiment, the other therapeutic agent is an anti-malarial (*e.g.*, artemisinin, artemether, artsunate, chloroquine phosphate, mefloquine hydrochloride, doxycycline hyclate, proguanil hydrochloride, atovaquone or halofantrine). In one embodiment, the other compound is drotrecogin alfa.
- 10 Further examples of anti-inflammatory agents include, for example, aceclofenac, acemetacin, *e*-acetamidocaproic acid, acetaminophen, acetaminosalol, acetanilide, acetylsalicylic acid, S-adenosylmethionine, alclofenac, alclometasone, alfentanil, algestone, allylprodine, alminoprofen, aloxiprin, alphaprodine, aluminum bis(acetylsalicylate), amcinonide, amfenac, aminochlorthenoxazin, 3-amino-4-
- 15 hydroxybutyric acid, 2-amino-4-picoline, aminopropylon, aminopyrine, amixetrine, ammonium salicylate, ampiroxicam, amtolmetin guacil, anileridine, antipyrine, antrafenine, apazone, beclomethasone, bendazac, benorylate, benoxaprofen, benzpiperylon, benzydamine, benzylmorphine, bermoprofen, betamethasone, betamethasone- 17-valerate, bezitramide, [alpha]-bisabolol, bromfenac, p-
- 20 bromoacetanilide, 5-bromosalicylic acid acetate, bromosaligenin, bucetin, bucloxic acid, bucolome, budesonide, bufexamac, bumadizon, buprenorphine, butacetin, butibufen, butorphanol, carbamazepine, carbiphen, caipirofen, carsalam, chlorobutanol, chloroprednisone, chlorthenoxazin, choline salicylate, cinchophen, cinmetacin, ciramadol, clidanac, clobetasol, clocortolone, clometacin, clonitazene,
- 25 clonixin, clopirac, cloprednol, clove, codeine, codeine methyl bromide, codeine phosphate, codeine sulfate, cortisone, cortivazol, cropropamide, crotethamide, cyclazocine, deflazacort, dehydrotestosterone, desomorphine, desonide, desoximetasone, dexamethasone, dexamethasone-21- isonicotinate, dexoadrol, dextromoramide, dextropropoxyphene, deoxycorticosterone, dezocine,
- 30 diampromide, diamorphone, diclofenac, difenamizole, difenpiramide, diflorasone, diflucortolone, diflunisal, difluprednate, dihydrocodeine, dihydrocodeinone enol acetate, dihydromorphine, dihydroxyaluminum acetylsalicylate, dimenoxadol,

- dimepheptanol, dimethylthiambutene, dioxaphetyl butyrate, dipipanone, diprocetyl, dipyrone, ditazol, droxicam, emorfazone, enfenamic acid, enoxolone, epirizole, eptazocine, etersalate, ethenzamide, ethoheptazine, ethoxazene, ethylmethylthiambutene, ethylmorphine, etodolac, etofenamate, etonitazene,
- 5 eugenol, felbinac, fenbufen, fenclozic acid, fendosal, fenoprofen, fentanyl, fentiazac, fepradinol, feprazone, floctafenine, fluazacort, flucloronide, flufenamic acid, flumethasone, flunisolide, flunixin, flunoxaprofen, fluocinolone acetonide, fluocinonide, fluocinolone acetonide, fluocortin butyl, fluocoitolone, fluoresone, fluorometholone, fluperolone, flupirtine, fluprednidene, fluprednisolone,
- 10 fluproquazone, flurandrenolide, flurbiprofen, fluticasone, formocortal, fosfosol, gentisic acid, glafenine, glucametacin, glycol salicylate, guaiazulene, halcinonide, halobetasol, halometasone, haloprednone, heroin, hydrocodone, hydro cortamate, hydrocortisone, hydrocortisone acetate, hydrocortisone succinate, hydrocortisone hemisuccinate, hydrocortisone 21-lysinate, hydrocortisone cypionate,
- 15 hydromorphone, hydroxypethidine, ibufenac, ibuprofen, ibuproxam, imidazole salicylate, indomethacin, indoprofen, isofezolac, isoflupredone, isoflupredone acetate, isoladol, isomethadone, isonixin, isoxepac, isoxicam, ketobemidone, ketoprofen, ketorolac, p- lactophenetide, lefetamine, levallorphan, levorphanol, levophenacyl-morphan, lofentanil, lonazolac, lornoxicam, loxoprofen, lysine
- 20 acetylsalicylate, mazipredone, meclofenamic acid, medrysone, mefenamic acid, meloxicam, meperidine, meprednisone, meptazinol, mesalamine, metazocine, methadone, methotrimoprazine, methylprednisolone, methylprednisolone acetate, methylprednisolone sodium succinate, methylprednisolone suleptnate, metiazinic acid, metofoline, metopon, mofebutazone, mofezolac, mometasone, morazone,
- 25 morphine, morphine hydrochloride, morphine sulfate, morpholine salicylate, myrophine, nabumetone, nalbuphine, nalorphine, 1-naphthyl salicylate, naproxen, narceine, nefopam, nicomorphine, nifenazone, niflumic acid, nimesulide, 5'-nitro-2'-propoxyacetanilide, norlevorphanol, normethadone, normorphine, norpipanone, olsalazine, opium, oxaceprol, oxametacine, oxaprozin, oxycodone, oxymorphone,
- 30 oxyphenbutazone, papaveretum, paramethasone, paranyline, parsalimide, pentazocine, perisoxal, phenacetin, phenadoxone, phenazocine, phenazopyridine hydrochloride, phenocoll, phenoperidine, phenopyrazone, phenomorphan, phenyl

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acetylsalicylate, phenylbutazone, phenyl salicylate, phenylramidol, piketoprofen, piminodine, pipebuzone, piperylone, pirazolac, piritramide, piroxicam, pirprofen, pranoprofen, prednicarbate, prednisolone, prednisone, prednival, prednylidene, proglumetacin, proheptazine, promedol, propacetamol, properidine, propiram, 5 propoxyphene, propyphenazone, proquazone, protizinic acid, proxazole, ramifenazone, remifentanil, rimazolium metilsulfate, salacetamide, salicin, salicylamide, salicylamide o-acetic acid, salicylic acid, salicylsulfuric acid, salsalate, salverine, simetride, sufentanil, sulfasalazine, sulindac, superoxide dismutase, suprofen, suxibuzone, talniflumate, tenidap, tenoxicam, terofenamate, tetrandrine, 10 thiazolinobutazone, tiaprofenic acid, tiaramide, tilidine, tinoridine, tixocortol, tolfenamic acid, tolmetin, tramadol, triamcinolone, triamcinolone acetonide, tropesin, viminol, xenbucin, ximoprofen, zaltoprofen and zomepirac.

In one embodiment, a therapeutically effective amount of a compound described herein may be administered with a therapeutically effective amount of a 15 selective COX-2 inhibitor for treating or preventing inflammation. Exemplary selective COX-2 inhibitors include, for example, deracoxib, parecoxib, celecoxib, valdecoxib, rofecoxib, etoricoxib, and lumiracoxib.

In some embodiments, a provided compound is administered in combination with an anthracycline or a Topo II inhibitor. In certain embodiments, a provided 20 compound is administered in combination with Doxorubicin (Dox). In certain embodiments, a provided compound is administered in combination with bortezomib (and more broadly including carfilzomib).

Viral infections

25 Compounds and methods described herein may be used to treat or prevent a disease or disorder associated with a viral infection, particularly in humans and other mammals. A compound described herein may be administered prior to the onset of, at, or after the initiation of viral infection. When used prophylactically, the compounds are preferably provided in advance of any viral infection or symptom 30 thereof.

Exemplary viral diseases include acute febrile pharyngitis, pharyngoconjunctival fever, epidemic keratoconjunctivitis, infantile gastroenteritis,

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Coxsackie infections, infectious mononucleosis, Burkitt lymphoma, acute hepatitis, chronic hepatitis, hepatic cirrhosis, hepatocellular carcinoma, primary HSV-1 infection (*e.g.*, gingivostomatitis in children, tonsillitis and pharyngitis in adults, keratoconjunctivitis), latent HSV-1 infection (*e.g.*, herpes labialis and cold sores),
5 primary HSV-2 infection, latent HSV-2 infection, aseptic meningitis, infectious mononucleosis, Cytomegalic inclusion disease, Kaposi's sarcoma, multicentric Castleman disease, primary effusion lymphoma, AIDS, influenza, Reye syndrome, measles, postinfectious encephalomyelitis, Mumps, hyperplastic epithelial lesions (*e.g.*, common, flat, plantar and anogenital warts, laryngeal papillomas,
10 epidermodysplasia verruciformis), cervical carcinoma, squamous cell carcinomas, croup, pneumonia, bronchiolitis, common cold, Poliomyelitis, Rabies, influenza-like syndrome, severe bronchiolitis with pneumonia, German measles, congenital rubella, Varicella, and herpes zoster.

Exemplary viral pathogens include Adenovirus, Coxsackievirus, Dengue
15 virus, Encephalitis Virus, Epstein-Barr virus, Hepatitis A virus, Hepatitis B virus, Hepatitis C virus, Herpes simplex virus type 1, Herpes simplex virus type 2, cytomegalovirus, Human herpesvirus type 8, Human immunodeficiency virus, Influenza virus, measles virus, Mumps virus, Human papillomavirus, Parainfluenza virus, Poliovirus, Rabies virus, Respiratory syncytial virus, Rubella virus, Varicella-
20 zoster virus, West Nile virus, Dungee, and Yellow fever virus. Viral pathogens may also include viruses that cause resistant viral infections.

Antiviral drugs are a class of medications used specifically for treating viral infections. Antiviral action generally falls into one of three mechanisms:
interference with the ability of a virus to infiltrate a target cell (*e.g.*, amantadine,
25 rimantadine and pleconaril), inhibition of the synthesis of virus (*e.g.*, nucleoside analogues, *e.g.*, acyclovir and zidovudine (AZT), and inhibition of the release of virus (*e.g.*, zanamivir and oseltamivir).

Ophthalmology

30 Compounds and methods described herein may be used to treat or prevent an ophthalmology disorder. Exemplary ophthalmology disorders include macular edema (diabetic and nondiabetic macular edema), age related macular degeneration

wet and dry forms, aged disciform macular degeneration, cystoid macular edema, palpebral edema, retina edema, diabetic retinopathy, chorioretinopathy, neovascular maculopathy, neovascular glaucoma, uveitis, iritis, retinal vasculitis, endophthalmitis, panophthalmitis, metastatic ophthalmia, choroiditis, retinal pigment epithelitis, conjunctivitis, cyclitis, scleritis, episcleritis, optic neuritis, retrobulbar optic neuritis, keratitis, blepharitis, exudative retinal detachment, corneal ulcer, conjunctival ulcer, chronic nummular keratitis, ophthalmic disease associated with hypoxia or ischemia, retinopathy of prematurity, proliferative diabetic retinopathy, polypoidal choroidal vasculopathy, retinal angiomatous proliferation, retinal artery occlusion, retinal vein occlusion, Coats' disease, familial exudative vitreoretinopathy, pulseless disease (Takayasu's disease), Eales disease, antiphospholipid antibody syndrome, leukemic retinopathy, blood hyperviscosity syndrome, macroglobulinemia, interferon-associated retinopathy, hypertensive retinopathy, radiation retinopathy, corneal epithelial stem cell deficiency and cataract.

Other ophthalmology disorders treatable using the compounds and methods described herein include proliferative vitreoretinopathy and chronic retinal detachment.

Inflammatory eye diseases are also treatable using the compounds and methods described herein.

Neurodegenerative disease

Neurodegeneration is the umbrella term for the progressive loss of structure or function of neurons, including death of neurons. Many neurodegenerative diseases including Parkinson's, Alzheimer's, and Huntington's occur as a result of neurodegenerative processes. As research progresses, many similarities appear which relate these diseases to one another on a sub-cellular level. Discovering these similarities offers hope for therapeutic advances that could ameliorate many diseases simultaneously. There are many parallels between different neurodegenerative disorders including atypical protein assemblies as well as induced cell death.

Alzheimer's disease is characterized by loss of neurons and synapses in the cerebral cortex and certain subcortical regions. This loss results in gross atrophy of

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the affected regions, including degeneration in the temporal lobe and parietal lobe, and parts of the frontal cortex and cingulate gyrus.

Huntington's disease causes astrogliosis and loss of medium spiny neurons. Areas of the brain are affected according to their structure and the types of neurons they contain, reducing in size as they cumulatively lose cells. The areas affected are mainly in the striatum, but also the frontal and temporal cortices. The striatum's subthalamic nuclei send control signals to the globus pallidus, which initiates and modulates motion. The weaker signals from subthalamic nuclei thus cause reduced initiation and modulation of movement, resulting in the characteristic movements of the disorder. Exemplary treatments for Huntington's disease include tetrabenazine, neuroleptics, benzodiazepines, amantadine, remacemide, valproic acid, selective serotonin reuptake inhibitors (SSRIs), mirtazapine and antipsychotics.

The mechanism by which the brain cells in Parkinson's are lost may consist of an abnormal accumulation of the protein alpha-synuclein bound to ubiquitin in the damaged cells. The alpha-synuclein-ubiquitin complex cannot be directed to the proteasome. This protein accumulation forms proteinaceous cytoplasmic inclusions called Lewy bodies. The latest research on pathogenesis of disease has shown that the death of dopaminergic neurons by alpha-synuclein is due to a defect in the machinery that transports proteins between two major cellular organelles — the endoplasmic reticulum (ER) and the Golgi apparatus. Certain proteins like Rab1 may reverse this defect caused by alpha-synuclein in animal models. Exemplary Parkinson's disease therapies include levodopa, dopamine agonists such as include bromocriptine, pergolide, pramipexole, ropinirole, piribedil, cabergoline, apomorphine and lisuride, dopa decarboxylate inhibitors, MAO-B inhibitors such as selegilene and rasagilene, anticholinergics and amantadine.

Amyotrophic lateral sclerosis (ALS/Lou Gehrig's Disease) is a disease in which motor neurons are selectively targeted for degeneration. Exemplary ALS therapies include riluzole, baclofen, diazepam, trihexyphenidyl and amitriptyline.

Other exemplary neurodegenerative therapeutics include antisense oligonucleotides and stem cells.

Wound Healing

Wounds are a type of condition characterized by cell or tissue damage.

Wound healing is a dynamic pathway that optimally leads to restoration of tissue integrity and function. The wound healing process consists of three overlapping phases. The first phase is an inflammatory phase, which is characterized by homeostasis, platelet aggregation and degranulation. Platelets as the first response, release multiple growth factors to recruit immune cells, epithelial cells, and endothelial cells. The inflammatory phase typically occurs over days 0-5. The second stage of wound healing is the proliferative phase during which macrophages and granulocytes invade the wound. Infiltrating fibroblasts begin to produce collagen. The principle characteristics of this phase are epithelialization, angiogenesis, granulation tissue formation and collagen production. The proliferative phase typically occurs over days 3-14. The third phase is the remodeling phase where matrix formation occurs. The fibroblasts, epithelial cells, and endothelial cells continue to produce collagen and collagenase as well as matrix metalloproteases (MMPs) for remodeling. Collagen crosslinking takes place and the wound undergoes contraction. The remodeling phase typically occurs from day 7 to one year.

Compounds and compositions described herein can be used for promoting wound healing (*e.g.*, promoting or accelerating wound closure and/or wound healing, mitigating scar fibrosis of the tissue of and/or around the wound, inhibiting apoptosis of cells surrounding or proximate to the wound). Thus, in certain embodiments, the present invention provides a method for promoting wound healing in a subject, comprising administering to the subject a therapeutically effective amount of a compound (*e.g.*, a CRM1 inhibitor), or pharmaceutically acceptable salt or composition thereof. The method need not achieve complete healing or closure of the wound; it is sufficient for the method to promote any degree of wound closure. In this respect, the method can be employed alone or as an adjunct to other methods for healing wounded tissue.

The compounds and compositions described herein can be used to treat wounds during the inflammatory (or early) phase, during the proliferative (or

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middle) wound healing phase, and/or during the remodeling (or late) wound healing phase.

In some embodiments, the subject in need of wound healing is a human or an animal, for example, a horse, a pig, or a rodent, such as a mouse.

5 In some embodiments, the compounds and compositions described herein useful for wound healing are administered topically, for example, proximate to the wound site, or systemically.

More specifically, a therapeutically effective amount of a compound or composition described herein can be administered (optionally in combination with
10 other agents) to the wound site by coating the wound or applying a bandage, packing material, stitches, *etc.*, that are coated or treated with the compound or composition described herein. As such, the compounds and compositions described herein can be formulated for topical administration to treat surface wounds. Topical
15 formulations include those for delivery via the mouth (buccal) and to the skin such that a layer of skin (*i.e.*, the epidermis, dermis, and/or subcutaneous layer) is contacted with the compound or composition described herein. Topical delivery systems may be used to administer topical formulations of the compounds and compositions described herein.

Alternatively, the compounds and compositions described herein can be
20 administered at or near the wound site by, for example, injection of a solution, injection of an extended release formulation, or introduction of a biodegradable implant comprising the compound or composition described herein.

The compounds and compositions described herein can be used to treat acute wounds or chronic wounds. A chronic wound results when the normal reparative
25 process is interrupted. Chronic wounds can develop from acute injuries as a result of unrecognized persistent infections or inadequate primary treatment. In most cases however, chronic lesions are the end stage of progressive tissue breakdown owing to venous, arterial, or metabolic vascular disease, pressure sores, radiation damage, or tumors.

30 In chronic wounds, healing does not occur for a variety of reasons, including improper circulation in diabetic ulcers, significant necrosis, such as in burns, and infections. In these chronic wounds, viability or the recovery phase is often the rate-

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limiting step. The cells are no longer viable and thus initial recovery phase is prolonged by unfavorable wound bed environment.

Chronic wounds include, but are not limited to the following: chronic ischemic skin lesions; scleroderma ulcers; arterial ulcers; diabetic foot ulcers; pressure ulcers; venous ulcers; non-healing lower extremity wounds; ulcers due to inflammatory conditions; and/or long-standing wounds. Other examples of chronic wounds include chronic ulcers, diabetic wounds, diabetic neuropathy, venous insufficiencies, arterial insufficiencies, pressure wounds and cold and warm burns.

Acute wounds include, but are not limited to, post-surgical wounds, lacerations, hemorrhoids and fissures.

In a particular embodiment, the compounds and compositions described herein can be used for diabetic wound healing or accelerating healing of leg and foot ulcers secondary to diabetes or ischemia in a subject.

In one embodiment, the wound is a surface wound. In another embodiment, the wound is a surgical wound (*e.g.*, abdominal or gastrointestinal surgical wound). In a further embodiment, the wound is a burn. In yet another embodiment, the wound is the result of radiation exposure.

The compounds and compositions described herein can also be used for diabetic wound healing, gastrointestinal wound healing, or healing of an adhesion due, for example, to an operation.

The compounds and compositions described herein can also be used to heal wounds that are secondary to another disease. For example, in inflammatory skin diseases, such as psoriasis and dermatitis, there are numerous incidents of skin lesions that are secondary to the disease, and are caused by deep cracking of the skin, or scratching of the skin. The compounds and compositions described herein can be used to heal wounds that are secondary to these diseases, for example, inflammatory skin diseases, such as psoriasis and dermatitis.

In a further embodiment, the wound is an internal wound. In a specific aspect, the internal wound is a chronic wound. In another specific aspect, the wound is a vascular wound. In yet another specific aspect, the internal wound is an ulcer. Examples of internal wounds include, but are not limited to, fistulas and internal

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wounds associated with cosmetic surgery, internal indications, Crohn's disease, ulcerative colitis, internal surgical sutures and skeletal fixation.

Examples of wounds include, but are not limited to, abrasions, avulsions, blowing wounds (i.e., open pneumothorax), burn wounds, contusions, gunshot
5 wounds, incised wounds, open wounds, penetrating wounds, perforating wounds, puncture wounds, séton wounds, stab wounds, surgical wounds, subcutaneous wounds, diabetic lesions, or tangential wounds. Additional examples of wounds that can be treated by the compounds and compositions described herein include acute conditions or wounds, such as thermal burns, chemical burns, radiation burns, burns
10 caused by excess exposure to ultraviolet radiation (*e.g.*, sunburn); damage to bodily tissues, such as the perineum as a result of labor and childbirth; injuries sustained during medical procedures, such as episiotomies; trauma-induced injuries including cuts, incisions, excoriations; injuries sustained from accidents; post-surgical injuries, as well as chronic conditions, such as pressure sores, bedsores, conditions related to
15 diabetes and poor circulation, and all types of acne. In addition, the wound can include dermatitis, such as impetigo, intertrigo, folliculitis and eczema, wounds following dental surgery; periodontal disease; wounds following trauma; and tumor-associated wounds. Yet other examples of wounds include animal bites, arterial disease, insect stings and bites, bone infections, compromised skin/muscle grafts,
20 gangrene, skin tears or lacerations, skin aging, surgical incisions, including slow or non-healing surgical wounds, intracerebral hemorrhage, aneurysm, dermal asthenia, and post-operation infections.

The present disclosure also relates to methods and compositions of reducing scar formation during wound healing in a subject. The compounds and
25 compositions described herein can be administered directly to the wound or to cells proximate the wound at an amount effective to reduce scar formation in and/or around the wound.

The wound can include any injury to any portion of the body of a subject. According to embodiments, methods are provided to ameliorate, reduce, or decrease
30 the formation of scars in a subject that has suffered a burn injury. According to preferred embodiments, methods are provided to treat, reduce the occurrence of, or

reduce the probability of developing hypertrophic scars in a subject that has suffered an acute or chronic wound or injury.

Other disorders

5 Compounds and compositions described herein may also be used to treat disorders of abnormal tissue growth and fibrosis including dilative cardiomyopathy, hypertrophic cardiomyopathy, restrictive cardiomyopathy, pulmonary fibrosis, hepatic fibrosis, glomerulonephritis, and other renal disorders.

10 *Combination Radiation Therapy*

 Compounds and compositions described herein are useful as radiosensitizers. Therefore, compounds and compositions described herein can be administered in combination with radiation therapy. Radiation therapy is the medical use of high-energy radiation (*e.g.*, x-rays, gamma rays, charged particles) to shrink tumors and
15 kill malignant cells, and is generally used as part of cancer treatment. Radiation therapy kills malignant cells by damaging their DNA.

 Radiation therapy can be delivered to a patient in several ways. For example, radiation can be delivered from an external source, such as a machine outside the patient's body, as in external beam radiation therapy. External beam
20 radiation therapy for the treatment of cancer uses a radiation source that is external to the patient, typically either a radioisotope, such as ^{60}Co , ^{137}Cs , or a high energy x-ray source, such as a linear accelerator. The external source produces a collimated beam directed into the patient to the tumor site. External-source radiation therapy avoids some of the problems of internal-source radiation therapy, but it undesirably
25 and necessarily irradiates a significant volume of non-tumorous or healthy tissue in the path of the radiation beam along with the tumorous tissue.

 The adverse effect of irradiating of healthy tissue can be reduced, while maintaining a given dose of radiation in the tumorous tissue, by projecting the external radiation beam into the patient at a variety of "gantry" angles with the
30 beams converging on the tumor site. The particular volume elements of healthy tissue, along the path of the radiation beam, change, reducing the total dose to each such element of healthy tissue during the entire treatment.

The irradiation of healthy tissue also can be reduced by tightly collimating the radiation beam to the general cross section of the tumor taken perpendicular to the axis of the radiation beam. Numerous systems exist for producing such a circumferential collimation, some of which use multiple sliding shutters which, piecewise, can generate a radio-opaque mask of arbitrary outline.

For administration of external beam radiation, the amount can be at least about 1 Gray (Gy) fractions at least once every other day to a treatment volume. In a particular embodiment, the radiation is administered in at least about 2 Gray (Gy) fractions at least once per day to a treatment volume. In another particular embodiment, the radiation is administered in at least about 2 Gray (Gy) fractions at least once per day to a treatment volume for five consecutive days per week. In another particular embodiment, radiation is administered in 10 Gy fractions every other day, three times per week to a treatment volume. In another particular embodiment, a total of at least about 20 Gy is administered to a patient in need thereof. In another particular embodiment, at least about 30 Gy is administered to a patient in need thereof. In another particular embodiment, at least about 40 Gy is administered to a patient in need thereof.

Typically, the patient receives external beam therapy four or five times a week. An entire course of treatment usually lasts from one to seven weeks depending on the type of cancer and the goal of treatment. For example, a patient can receive a dose of 2 Gy/day over 30 days.

Internal radiation therapy is localized radiation therapy, meaning the radiation source is placed at the site of the tumor or affected area. Internal radiation therapy can be delivered by placing a radiation source inside or next to the area requiring treatment. Internal radiation therapy is also called brachytherapy. Brachytherapy includes intercavitary treatment and interstitial treatment. In intracavitary treatment, containers that hold radioactive sources are put in or near the tumor. The sources are put into the body cavities. In interstitial treatment, the radioactive sources alone are put into the tumor. These radioactive sources can stay in the patient permanently. Typically, the radioactive sources are removed from the patient after several days. The radioactive sources are in containers.

There are a number of methods for administration of a radiopharmaceutical agent. For example, the radiopharmaceutical agent can be administered by targeted delivery or by systemic delivery of targeted radioactive conjugates, such as a radiolabeled antibody, a radiolabeled peptide and a liposome delivery system. In one particular embodiment of targeted delivery, the radiolabelled pharmaceutical agent can be a radiolabelled antibody. See, for example, Ballangrud A. M., *et al. Cancer Res.*, 2001; 61:2008-2014 and Goldenber, D.M. *J. Nucl. Med.*, 2002; 43(5):693-713, the contents of which are incorporated by reference herein.

In another particular embodiment of targeted delivery, the radiopharmaceutical agent can be administered in the form of liposome delivery systems, such as small unilamellar vesicles, large unilamellar vesicles and multilamellar vesicles. Liposomes can be formed from a variety of phospholipids, such as cholesterol, stearylamine or phosphatidylcholines. See, for example, Emfietzoglou D, Kostarelos K, Sgouros G. An analytical dosimetry study for the use of radionuclide-liposome conjugates in internal radiotherapy. *J Nucl Med* 2001; 42:499-504, the contents of which are incorporated by reference herein.

In yet another particular embodiment of targeted delivery, the radiolabeled pharmaceutical agent can be a radiolabeled peptide. See, for example, Weiner RE, Thakur ML. Radiolabeled peptides in the diagnosis and therapy of oncological diseases. *Appl Radiat Isot* 2002 Nov;57(5):749-63, the contents of which are incorporated by reference herein.

In addition to targeted delivery, brachytherapy can be used to deliver the radiopharmaceutical agent to the target site. Brachytherapy is a technique that puts the radiation sources as close as possible to the tumor site. Often the source is inserted directly into the tumor. The radioactive sources can be in the form of wires, seeds or rods. Generally, cesium, iridium or iodine are used.

Systemic radiation therapy is another type of radiation therapy and involves the use of radioactive substances in the blood. Systemic radiation therapy is a form of targeted therapy. In systemic radiation therapy, a patient typically ingests or receives an injection of a radioactive substance, such as radioactive iodine or a radioactive substance bound to a monoclonal antibody.

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A “radiopharmaceutical agent,” as defined herein, refers to a pharmaceutical agent which contains at least one radiation-emitting radioisotope.

Radiopharmaceutical agents are routinely used in nuclear medicine for the diagnosis and/or therapy of various diseases. The radiolabelled pharmaceutical agent, for example, a radiolabelled antibody, contains a radioisotope (RI) which serves as the radiation source. As contemplated herein, the term “radioisotope” includes metallic and non-metallic radioisotopes. The radioisotope is chosen based on the medical application of the radiolabeled pharmaceutical agents. When the radioisotope is a metallic radioisotope, a chelator is typically employed to bind the metallic radioisotope to the rest of the molecule. When the radioisotope is a non-metallic radioisotope, the non-metallic radioisotope is typically linked directly, or via a linker, to the rest of the molecule.

As used herein, a “metallic radioisotope” is any suitable metallic radioisotope useful in a therapeutic or diagnostic procedure *in vivo* or *in vitro*.

Suitable metallic radioisotopes include, but are not limited to: Actinium-225, Antimony-124, Antimony-125, Arsenic-74, Barium-103, Barium-140, Beryllium-7, Bismuth-206, Bismuth-207, Bismuth-212, Bismuth-213, Cadmium-109, Cadmium-115m, Calcium-45, Cerium-139, Cerium-141, Cerium-144, Cesium-137, Chromium-51, Cobalt-55, Cobalt-56, Cobalt-57, Cobalt-58, Cobalt-60, Cobalt-64, Copper-60, Copper-62, Copper-64, Copper-67, Erbium-169, Europium-152, Gallium-64, Gallium-67, Gallium-68, Gadolinium-153, Gadolinium-157, Gold-195, Gold-199, Hafnium-175, Hafnium-175-181, Holmium-166, Indium-110, Indium-111, Iridium-192, Iron-55, Iron-59, Krypton-85, Lead-203, Lead-210, Lutetium-177, Manganese-54, Mercury-197, Mercury-203, Molybdenum-99, Neodymium-147, Neptunium-237, Nickel-63, Niobium-95, Osmium-185+191, Palladium-103, Palladium-109, Platinum-195m, Praseodymium-143, Promethium-147, Promethium-149, Protactinium-233, Radium-226, Rhenium-186, Rhenium-188, Rubidium-86, Ruthenium-97, Ruthenium-103, Ruthenium-105, Ruthenium-106, Samarium-153, Scandium-44, Scandium-46, Scandium-47, Selenium-75, Silver-110m, Silver-111, Sodium-22, Strontium-85, Strontium-89, Strontium-90, Sulfur-35, Tantalum-182, Technetium-99m, Tellurium-125, Tellurium-132, Thallium-204, Thorium-228, Thorium-232, Thallium-170, Tin-113, Tin-114, Tin-117m, Titanium-44, Tungsten-

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185, Vanadium-48, Vanadium-49, Ytterbium-169, Yttrium-86, Yttrium-88, Yttrium-90, Yttrium-91, Zinc-65, Zirconium-89, and Zirconium-95.

As used herein, a “non-metallic radioisotope” is any suitable nonmetallic radioisotope (non-metallic radioisotope) useful in a therapeutic or diagnostic procedure *in vivo* or *in vitro*. Suitable non-metallic radioisotopes include, but are not limited to: Iodine-131, Iodine-125, Iodine-123, Phosphorus-32, Astatine-211, Fluorine-18, Carbon-11, Oxygen-15, Bromine-76, and Nitrogen-13.

Identifying the most appropriate isotope for radiotherapy requires weighing a variety of factors. These include tumor uptake and retention, blood clearance, rate of radiation delivery, half-life and specific activity of the radioisotope, and the feasibility of large-scale production of the radioisotope in an economical fashion. The key point for a therapeutic radiopharmaceutical is to deliver the requisite amount of radiation dose to the tumor cells and to achieve a cytotoxic or tumoricidal effect while not causing unmanageable side-effects.

It is preferred that the physical half-life of the therapeutic radioisotope be similar to the biological half-life of the radiopharmaceutical at the tumor site. For example, if the half-life of the radioisotope is too short, much of the decay will have occurred before the radiopharmaceutical has reached maximum target/background ratio. On the other hand, too long a half-life could cause unnecessary radiation dose to normal tissues. Ideally, the radioisotope should have a long enough half-life to attain a minimum dose rate and to irradiate all the cells during the most radiation sensitive phases of the cell cycle. In addition, the half-life of a radioisotope has to be long enough to allow adequate time for manufacturing, release, and transportation.

Other practical considerations in selecting a radioisotope for a given application in tumor therapy are availability and quality. The purity has to be sufficient and reproducible, as trace amounts of impurities can affect the radiolabeling and radiochemical purity of the radiopharmaceutical.

The target receptor sites in tumors are typically limited in number. As such, it is preferred that the radioisotope have high specific activity. The specific activity depends primarily on the production method. Trace metal contaminants must be minimized as they often compete with the radioisotope for the chelator and their metal complexes compete for receptor binding with the radiolabeled chelated agent.

The type of radiation that is suitable for use in the methods of the present invention can vary. For example, radiation can be electromagnetic or particulate in nature. Electromagnetic radiation useful in the practice of this invention includes, but is not limited to, x-rays and gamma rays. Particulate radiation useful in the practice of this invention includes, but is not limited to, electron beams (beta particles), protons beams, neutron beams, alpha particles, and negative pi mesons. The radiation can be delivered using conventional radiological treatment apparatus and methods, and by intraoperative and stereotactic methods. Additional discussion regarding radiation treatments suitable for use in the practice of this invention can be found throughout Steven A. Leibel et al., Textbook of Radiation Oncology (1998) (publ. W. B. Saunders Company), and particularly in Chapters 13 and 14. Radiation can also be delivered by other methods such as targeted delivery, for example by radioactive "seeds," or by systemic delivery of targeted radioactive conjugates. J. Padawer *et al.*, Combined Treatment with Radioestradiol lucanthone in Mouse C3HBA Mammary Adenocarcinoma and with Estradiol lucanthone in an Estrogen Bioassay, Int. J. Radiat. Oncol. Biol. Phys. 7:347-357 (1981). Other radiation delivery methods can be used in the practice of this invention.

For tumor therapy, both α and β -particle emitters have been investigated. Alpha particles are particularly good cytotoxic agents because they dissipate a large amount of energy within one or two cell diameters. The β -particle emitters have relatively long penetration range (2-12 mm in the tissue) depending on the energy level. The long-range penetration is particularly important for solid tumors that have heterogeneous blood flow and/or receptor expression. The β -particle emitters yield a more homogeneous dose distribution even when they are heterogeneously distributed within the target tissue.

In a particular embodiment, therapeutically effective amounts of the compounds and compositions described herein are administered in combination with a therapeutically effective amount of radiation therapy to treat cancer (*e.g.*, lung cancer, such as non-small cell lung cancer). The amount of radiation necessary can be determined by one of skill in the art based on known doses for a particular type of cancer. See, for example, Cancer Medicine 5th ed., Edited by R.C. Bast et al., July 2000, BC Decker.

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The above disclosure generally describes the present invention. A more complete understanding can be obtained by reference to the following specific Examples. These Examples are described solely for purposes of illustration and are not intended to limit the scope of the invention. Changes in form and substitution of equivalents are contemplated as circumstances may suggest or render expedient. Although specific terms have been employed herein, such terms are intended in a descriptive sense and not for purposes of limitation.

10 EXEMPLIFICATION

Abbreviations

	aq.	Aqueous
	CI	Chemical ionization
	DIPEA	N,N-Diisopropyl ethylamine
15	DMF	Dimethylformamide
	EI	electron impact ionization
	equiv(s).	equivalent(s)
	EtOH	Ethanol
	Et	Ethyl
20	h	hour(s)
	LRMS	low resolution mass spectrometry
	min	Minutes
	NMR	Nuclear magnetic resonance
	RT, rt, r.t.	Room temperature
25	T3P	Propylphosphonic anhydride (available from Archimica)

Throughout the following description of such processes it is to be understood that, where appropriate, suitable protecting groups will be added to, and subsequently removed from, the various reactants and intermediates in a manner that will be readily understood by one skilled in the art of organic synthesis. Conventional procedures for using such protecting groups as well as examples of suitable protecting groups are described, for example, in "Protective Groups in

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Organic Synthesis”, T.W. Green, P.G.M. Wuts, Wiley-Interscience, New York, (1999). It is also to be understood that a transformation of a group or substituent into another group or substituent by chemical manipulation can be conducted on any intermediate or final product on the synthetic path toward the final product, in which

5 the possible type of transformation is limited only by inherent incompatibility of other functionalities carried by the molecule at that stage to the conditions or reagents employed in the transformation. Such inherent incompatibilities, and ways to circumvent them by carrying out appropriate transformations and synthetic steps in a suitable order, will be readily understood to the one skilled in the art of organic

10 synthesis. Examples of transformations are given below, and it is to be understood that the described transformations are not limited only to the generic groups or substituents for which the transformations are exemplified. References and descriptions on other suitable transformations are given in “Comprehensive Organic Transformations – A Guide to Functional Group Preparations” R. C. Larock, VHC

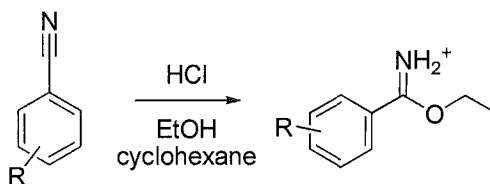
15 Publishers, Inc. (1989). References and descriptions of other suitable reactions are described in textbooks of organic chemistry, for example, “Advanced Organic Chemistry”, March, 4th ed. McGraw Hill (1992) or, “Organic Synthesis”, Smith, McGraw Hill, (1994). Techniques for purification of intermediates and final

20 products include for example, straight and reversed phase chromatography on column or rotating plate, recrystallisation, distillation and liquid-liquid or solid-liquid extraction, which will be readily understood by the one skilled in the art. The definitions of substituents and groups are as in formula I except where defined differently. The term “room temperature” and “ambient temperature” shall mean, unless otherwise specified, a temperature between 16 and 25 °C. The term “reflux”

25 shall mean, unless otherwise stated, in reference to an employed solvent a temperature at or above the boiling point of named solvent.

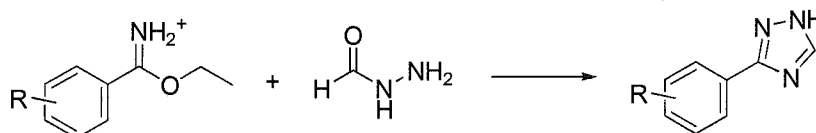
Example 1. Synthetic Methods**General procedure I. Synthesis of imidates:**

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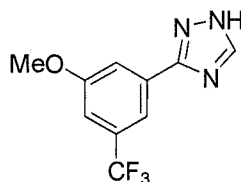
EtOH (4 mmol, 0.233 mL, 2 equivs.) was added to a solution of the benzonitrile (2 mmol) in cyclohexane (4 mL, 0.5 M). Subsequently, a solution of HCl in dioxane (1 mL of a 4M solution, 2 equivs.) was added rapidly and the reaction mixture was sealed and stirred at room temperature for 3 days. A white solid was filtered and washed with cold diethylether and cold pentane. The solid collected was dried under reduced pressure to constant weight and the product was obtained as a free flowing powder that was used without further characterisation.

10 General procedure II. Synthesis of 1,2,4 triazoles:



The imide (1 mmol) was suspended in pyridine (2 mL, 0.5 M solution) and the formyl hydrazide (1.05 mmol, 63 mg) was added. The suspension turned clear within a few minutes and the mixture was stirred at room temperature for 1h. Water (6 mL) was added while stirring and a white suspension formed. After stirring at room temperature for 15 minutes, the solid formed was filtered and washed with additional water. The crude solid was transferred to a flask and suspended in xylene (5 mL), followed by heating to reflux for 1h. At cooling, a crystalline solid formed and the crystals are collected by filtration and washed with pentane, yielding the pure triazole as a white solid.

Synthesis of 3-(3-methoxy-5-(trifluoromethyl)phenyl)-1H-1,2,4-triazole

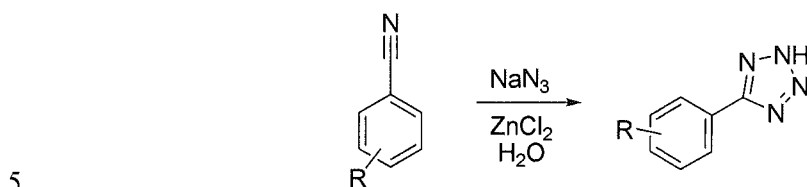


General procedure II was followed using 3-methoxy-5-(trifluoromethyl)benzonitrile (402 mg, 2 mmol), to provide the desired product

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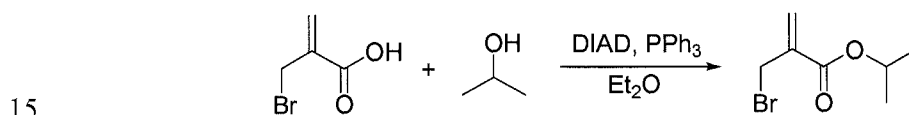
(161 mg, 69% yield) as a white powder. ^1H NMR (300 MHz): δ 11.22 (bs, 1H), 8.32 (s, 1H), 7.96 (s, 1H), 7.82 (s, 1H), 7.19 (s, 1H), 3.92 (s, 3H).

General procedure III. Synthesis of tetrazoles:



The corresponding benzonitrile (10 mmol), sodium azide (10.5 mol), and zinc chloride (5 mmol) were dissolved in water (10 mL, 1M solution). The reaction was refluxed under a nitrogen atmosphere overnight. The mixture was cooled to room temperature, followed by the addition of hydrochloric acid (37%, 1 mL), and stirred for an additional hour. A white precipitate was filtered, washed with water (3x), suspended in pentane, and filtered again to remove traces of the benzonitrile. The resulting solid was dried under reduced pressure and used without further purification.

Synthesis of isopropyl 2-(bromomethyl)acrylate

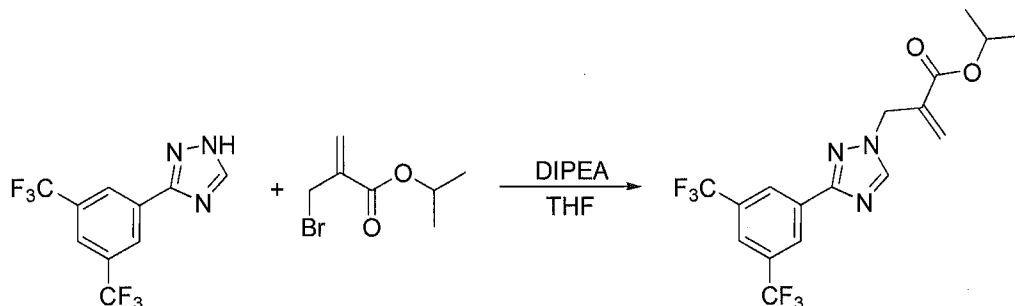


Bromomethylacrylic acid (1 mmol, 165 mg) was dissolved in diethylether (3 mL). DIAD (202 mg, 1 mmol) was added. Subsequently, a mixture of isopropylalcohol (78 mg, 1.3 mmol) and triphenylphosphine (262 mg, 1 mmol) in diethylether (2 mL) were added dropwise while the temperature of the mixture was maintained at 0 °C using an ice bath. The reaction mixture was left to stir at room temperature for 16 h, and was then filtered. The filtrate was concentrated under reduced pressure and purified by chromatography (98/2 $\text{CH}_2\text{Cl}_2/\text{EtOAc}$) to yield the ester as a clear liquid (91 mg, 44%). The liquid was stored at -20 °C. ^1H NMR (400 MHz, CDCl_3): δ 6.30 (s, 1H), 5.91 (s, 1H), 5.15 (sept, 1H), 4.17 (s, 2H), 1.31 (d, 6H, $J = 8.32$ Hz).

General procedure IV. Alkylation of nitrogen heterocycles:

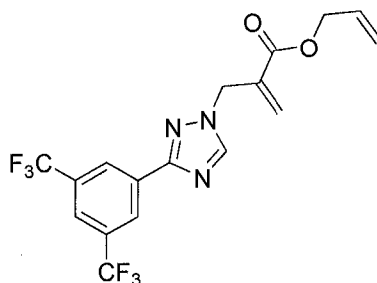
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Synthesis of isopropyl 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylate (1)



To an equimolar mixture of 5-(3,5-bis-trifluoromethyl)-1,2,4-triazole (0.2 mmol, 56 mg) and isopropyl 2-bromomethylacrylate (0.2 mmol, 41 mg) in THF (2 mL) was added diisopropylethylamine (0.2 mmol, 26 mg, 35 μ l). The reaction mixture was stirred at room temperature overnight. The crude product was concentrated under reduced pressure and purified by chromatography (CH_2Cl_2 to CH_2Cl_2 :EtOAc (9:1 v/v)) to yield the product (0.16 mmol, 67 mg, 82%) as a clear oil that crystallizes upon cooling. ^1H NMR (300 MHz, CDCl_3): δ 8.56 (s, 2H), 8.25 (s, 1H), 7.88 (s, 1H), 6.47 (s, 1H), 5.84 (s, 1H), 5.07 (m, 3H), 2.27 (d, 6H, J = 6.21 Hz); LRMS (EI) : 407.

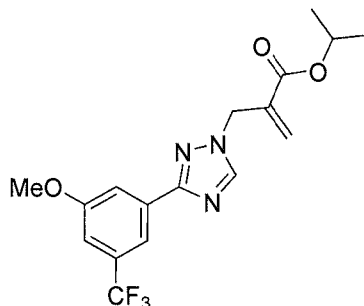
Synthesis of allyl 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylate (2)



General procedure IV was followed using 5-(3,5-bis-trifluoromethyl)-1,2,4-triazole (0.2 mmol, 56 mg), and allyl 2-(bromomethyl)acrylate (41 mg, 0.2 mmol) to provide the desired product (53 mg, 66% yield) as a clear oil. ^1H NMR (400 MHz, CDCl_3): δ 8.56 (s, 1H), 8.25 (s, 1H), 7.88 (s, 1H), 6.53 (s, 1H), 5.93 (m, 2H), 5.34 (d, 1H, J = 17.12 Hz), 5.27 (d, 1H, J = 10.32 Hz), 5.09 (s, 1H), 4.69 (d, 2H, J = 5.8 Hz); LRMS (CI) : 406.

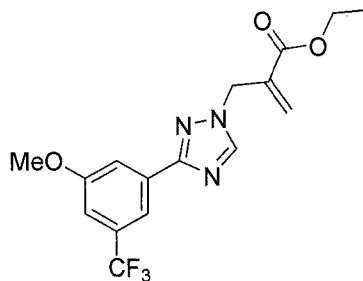
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Synthesis of Isopropyl 2-((3-(3-methoxy-5-(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylate (3)



General procedure IV was followed using 3-(3-methoxy-5-(trifluoromethyl)phenyl)-1*H*-1,2,4-triazole (48 mg, 0.2 mmol), and isopropyl 2-bromomethylacrylate (0.2 mmol, 41 mg) to provide the desired product (36 mg, 49% yield) as a clear oil. ¹H NMR (400 MHz, CDCl₃): δ 8.19 (s, 1H), 7.96 (s, 1H), 7.80 (s, 1H), 7.15 (s, 1H), 6.44 (s, 1H), 5.78 (s, 1H), 5.12-5.05 (m, 3H), 3.91 (s, 3H), 1.27 (d, 6H, *J* = 6.28 Hz); LRMS (CI): 370.

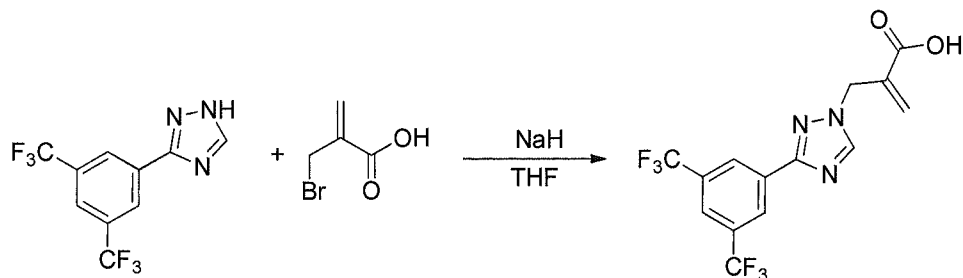
Synthesis of ethyl 2-((3-(3-methoxy-5-(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylate (4)



General procedure IV was followed using 3-(3-methoxy-5-(trifluoromethyl)phenyl)-1*H*-1,2,4-triazole (48 mg, 0.2 mmol) and ethyl 2-bromomethylacrylate (39 mg, 0.2 mmol) to provide the desired product (37 mg, 53% yield) as a clear oil. ¹H NMR (400 MHz, CDCl₃): δ 8.20 (s, 1H), 7.96 (s, 1H), 7.80 (s, 1H), 7.15 (s, 1H), 6.46 (s, 1H), 5.82 (s, 1H), 5.06 (s, 2H), 4.24 (q, 2H, *J* = 7.32 Hz), 3.91 (s, 3H), 1.28 (t, 3H, *J* = 7.04 Hz); LRMS (EI) : 355.

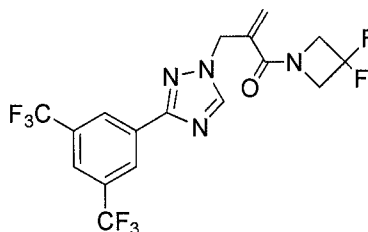
Synthesis of 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylic acid

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3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazole (2 g, 7.11 mmol) was dissolved in THF (20 mL) and sodium hydride in THF (10 mL) was added at 0 °C. The reaction mixture was heated at 70 °C for 1h. The reaction mixture was then cooled to 0 °C, and 2-(bromomethyl)acrylic acid (1.76 g, 10.57 mmol) was added. The reaction mixture was heated at 70 °C for an additional 18 h and then cooled to room temperature, transferred into water (250 mL) and extracted with EtOAc (3 x 100 mL). The combined organic layers were washed with saturated aq. NaCl solution (2 x 50 mL), dried over anhydrous sodium sulfate, and concentrated under reduced pressure to afford 2.8 g of the crude product, which was purified by chromatography (0-8% methanol:dichloromethane) to afford 1 g of 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylic acid (yield 31.8%). LCMS for: C₁₀H₅F₆N₃ [M+H]⁺: 366.23; found 366.14.

Synthesis of 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)-1-(3,3-difluoroazetidin-1-yl)prop-2-en-1-one (5)



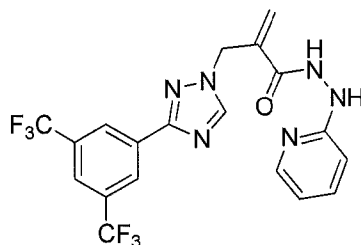
2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylic acid (0.2 g, 0.54 mmol) was dissolved in THF (10 mL). 3,3-difluoroazetidine hydrochloride (0.085 g, 0.65 mmol) was added at 0 °C followed by T3P (0.7 mL, 1.09 mmol) and DIPEA (0.4 mL, 2.19 mmol), and the reaction mixture was stirred for 1 h. The reaction mixture was concentrated under reduced pressure to afford 0.3 g of crude product, which was purified by chromatography (0-5% dichloromethane:methanol) to afford 10 mg of 2-((3-(3,5-

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bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)-1-(3,3-difluoroazetidin-1-yl)prop-2-en-1-one (yield: 42%). ¹H NMR (400 MHz, DMSO-d₆, ppm) δ = 8.76 (s, 1H), 8.48 (s, 2H); 8.22 (s, 1H); 5.81 (s, 1H); 5.72 (s, 1H); 5.14 (s, 2H); 4.72 (bs, 2H); 4.31 (bs, 2H); LCMS calculated for C₁₇H₁₃F₈N₄O [M+H]⁺: 441.29; found

5 441.19.

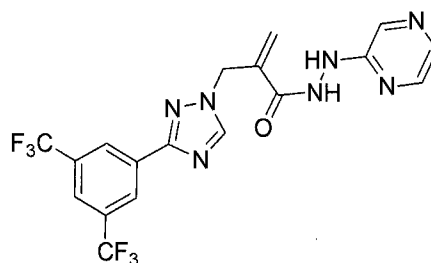
Synthesis of 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)-*N'*-(pyridin-2-yl)acrylohydrazide (6)



2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)acrylic acid (0.100 g, 0.273 mmol) was suspended in dichloromethane (1 mL) and 2-hydrazino pyridine (35.86 mg, 0.328 mmol) was added at rt. The reaction mixture was cooled to 0 °C, and T3P (26.30 mg, 0.328 mmol) followed by DIPEA (106.16 mg, 0.821 mmol) were added. The reaction mixture was stirred at 0 °C for 15 min. The reaction mixture was concentrated under reduced pressure to afford 0.1 g of crude product, which was purified by chromatography (1.8% methanol-dichloromethane) to afford 2.5 mg of 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)-*N'*-(pyridin-2-yl)acrylohydrazide (yield: 2 %). ¹H NMR (400 MHz, DMSO-d₆, ppm) δ = 9.12 (s, 1H); 8.44-8.43 (d, *J* = 4.2 Hz, 1H); 8.21-8.19 (d, *J* = 8.8 Hz, 1H); 8.06-8.05 (d, *J* = 4 Hz, 1H); 7.88-7.84 (t, 1H); 7.57-7.54 (t, 1H); 7.21-7.18 (t, 1H); 7.05-7.03 (d, *J* = 8 Hz, 1H); 6.71-6.68 (t, 1H); 6.61-6.57 (t, 1H); 5.94 (s, 1H); 5.58 (s, 1H), 4.06 (bs, 2H).

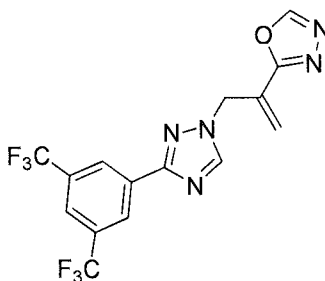
Synthesis of 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1*H*-1,2,4-triazol-1-yl)methyl)-*N'*-(pyrazin-2-yl)acrylohydrazide (7)

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2-((3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)acrylic acid (0.2 g, 0.54 mmol) was dissolved in THF (10 mL) and cooled to 0 °C. 2-hydrazinopyrazine (0.072 g, 0.65 mmol) followed by T3P (0.7 mL, 1.09 mmol) and
 5 DIPEA (0.4 mL, 2.19 mmol) was added dropwise at 0 °C and stirred for 1 h. The reaction mixture was concentrated under reduced pressure to afford 0.3 g of crude product, which was purified by chromatography (0-5% dichloromethane-methanol) to afford 10 mg of
 2-((3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)methyl)-N-(pyrazin-2-yl)acryloylhydrazide (Yield: 4%). ¹H NMR (400 MHz, DMSO-d₆, ppm) δ = 10.34 (s, 1H); 8.92 (s, 1H); 8.73 (s, 1H); 8.51 (s, 2H); 8.29 (s, 1H); 7.99 (s, 1H); 7.87-7.93 (m, 2H); 6.14 (s, 1H); 5.74 (s, 1H); 5.19 (s, 2H); LCMS for C₁₈H₁₄F₆N₇O [M+H]⁺: calculated 458.33; found 458.19.

Synthesis of 2-(3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazol-1-yl)prop-1-en-2-yl)-1,3,4-oxadiazole (8)
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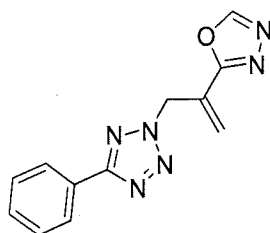


To an equimolar mixture of 3-(3,5-bis(trifluoromethyl)phenyl)-1H-1,2,4-triazole (1 mmol, 281 mg) and 2-(bromomethyl)acrylic acid (1 mmol, 165 mg) in DMF (5 mL) was added triethylamine (2 equiv., 202 mg). The reaction mixture was
 20 stirred at room temperature overnight. To the solution of the crude intermediate acid, formic acid hydrazide (1 equiv., 60 mg) was added, followed by the dropwise addition of T3P (2 equiv, 50 wt% in EtOAc, 1270 mg, 1.2 mL) at room temperature. The resulting reaction mixture was stirred at room temperature for 30 minutes,

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followed by heating at reflux for 3 h. After cooling to room temperature, the solution was transferred into water and extracted with ethyl acetate (200 mL). The organic layer was collected, dried over MgSO₄, filtered, and concentrated under reduced pressure. The crude product was purified by chromatography to yield the product as a pale crystalline solid (105 mg, 27%). ¹H-NMR (300 MHz, CDCl₃): δ 8.55 (s, 2H), 8.43 (s, 1H), 8.40 (s, 1H), 7.88 (s, 1H), 6.37 (s, 1H), 5.94 (s, 1H), 5.38 (s, 2H); LRMS (CI): 390 (M+H).

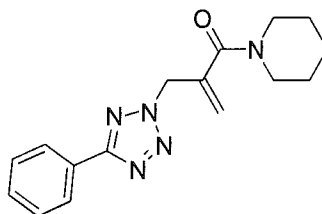
Synthesis of 2-(3-(5-phenyl-2H-tetrazol-2-yl)prop-1-en-2-yl)-1,3,4-oxadiazole (9)



To an equimolar mixture of 5-phenyl-2H-tetrazole (1 mmol, 146 mg) and 2-(bromomethyl)acrylic acid (1 mmol, 165 mg) in DMF (5 mL) was added triethylamine (2 equiv., 202 mg). The reaction mixture was stirred at room temperature overnight. To the solution of the crude intermediate acid, formic acid hydrazide (1 equiv., 60 mg) was added, followed by the dropwise addition of T3P (2 equiv, 50 wt% in EtOAc, 1270 mg, 1.2 ml) at room temperature. The resulting reaction mixture was stirred at room temperature for 30 minutes, followed by heating at reflux for 3 h. After cooling to room temperature, the solution was transferred into water and extracted with ethyl acetate (200 mL). The organic layer was collected, dried over MgSO₄, filtered, and concentrated under reduced pressure. The crude product was purified by chromatography to yield the product as a clear oil (81 mg, 32%). ¹H NMR (300 MHz, CDCl₃): 8.42 (s, 1H), 8.17-8.10 (m, 2H), 7.79-7.47 (m, 3H), 6.39 (s, 1H), 5.84 (s, 2H), 5.63 (s, 1H); LRMS (CI): 255 (M+H).

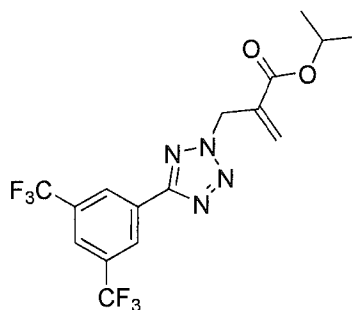
Synthesis of 2-((5-phenyl-2H-tetrazol-2-yl)methyl)-1-(piperidin-1-yl)prop-2-en-1-one (10)

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To an equimolar mixture of 5-phenyl-2*H*-tetrazole (1 mmol, 146 mg) and 2-(bromomethyl)acrylic acid (1 mmol, 165 mg) in DMF (5 mL) was added triethylamine (2 equiv., 202 mg). The reaction mixture was stirred at room temperature overnight. To the solution of the crude intermediate acid, piperidine (1 equiv., 85 mg) was added, followed by the dropwise addition of T3P (50 wt% in EtOAc, 636 mg, 600 μ L) at room temperature. The resulting reaction mixture was stirred at room temperature for 3h, transferred into water and extracted with ethyl acetate (200 mL). The organic layer was collected, dried over MgSO₄, filtered and concentrated under reduced pressure. The crude product was purified by chromatography to yield the product as a clear oil (133 mg, 45%). ¹H NMR (300 MHz, CDCl₃): δ 8.14-8.12 (m, 2H), 7.48-7.45 (m, 3H), 5.54 (s, 1H), 5.51 (s, 12H), 5.42 (s, 1H), 3.54 (m, br, 4H), 1.26 (m, 4H), 0.87 (m, 2H); LRMS (CI): 298 (M+H).

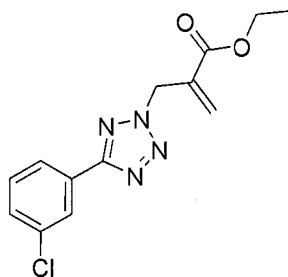
Synthesis of isopropyl 2-((5-(3,5-bis(trifluoromethyl)phenyl)-2*H*-tetrazol-2-yl)methyl)acrylate (11)



General procedure IV was followed using 5-(3,5-bis(trifluoromethyl)phenyl)-2*H*-tetrazole (56 mg, 0.2 mmol) and isopropyl 2-bromomethylacrylate (0.2 mmol, 41 mg) to provide the desired product (50 mg, 62 % yield) as a clear oil. ¹H NMR (400 MHz, CDCl₃): δ 8.62 (s, 2H), 7.97 (s, 1H), 6.55 (s, 1H), 5.76 (s, 1H), 5.56 (s, 2H), 5.51 (s, 1H, *J* = 6.32 Hz), 1.26 (d, 6H, *J* = 6.28 Hz); LRMS (CI) : 409.

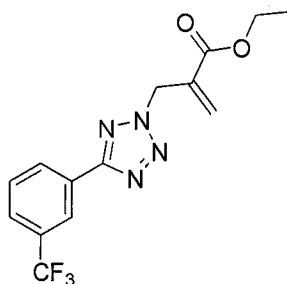
Synthesis of ethyl 2-((5-(3-chlorophenyl)-2*H*-tetrazol-2-yl)methyl)acrylate (12)

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General procedure IV was followed using 5-(3-(chloro)phenyl)-2*H*-tetrazole (36 mg, 0.2 mmol) and ethyl 2-(bromomethyl)acrylate (39 mg, 0.2 mmol) to provide the desired product (34 mg, 58% yield) as a clear oil. ¹H NMR (300 MHz, CDCl₃): δ 8.14 (s, 1H), 8.03 (m, 1H), 7.43 (m, 2H), 6.52 (s, 1H), 5.79 (s, 1H), 5.52 (s, 2H), 4.26 (q, 2H, *J* = 7.17 Hz), 1.28 (t, 3H, *J* = 7.17 Hz).

Synthesis of ethyl 2-((5-(3-(trifluoromethyl)phenyl)-2*H*-tetrazol-2-yl)methyl)acrylate (13)



General procedure IV was followed using ethyl 2-(bromomethyl)acrylate (39 mg, 0.2 mmol) and 5-(3-(trifluoromethyl)phenyl)-2*H*-tetrazole (43 mg, 0.2 mmol) to provide the desired product (40 mg, 61% yield) as a clear oil. ¹H NMR (300 MHz, CDCl₃): δ 8.42 (s, 1H), 8.35 (d, 1H, *J* = 7.74 Hz), 7.73 (d, 1H, *J* = 7.71 Hz), 7.62 (t, 1H, *J* = 7.92 Hz), 6.54 (s, 1H), 5.72 (s, 1H), 5.55 (s, 2H), 4.27 (q, 2H, *J* = 7.17 Hz), 1.29 (t, 3H, *J* = 7.17 Hz); LRMS (CI) : 326.

Example 2. Cell Proliferation Assay

The CellTiter 96® AQueous One Solution cell proliferation assay (Promega) was used on MM1.S cells to study the cytotoxic and cytostatic properties of the compounds. The assay is based on the cleavage of the tetrazolium salt, MTS, in the presence of an electron-coupling reagent PES (phenazine ethosulfate). The MTS tetrazolium compound is bio-reduced by cells into a colored formazan product that is

- 76 -

soluble in tissue culture medium. This conversion is presumably accomplished by NADPH or NADH produced by dehydrogenase enzymes in metabolically active cells. Assays are performed by adding a small amount of the CellTiter 96® AQueous One solution reagent directly to culture wells, incubating for 1–4 hours and then recording the absorbance at 490nm with a 96-well plate reader. The absorbance revealed directly correlates to the cell number and their metabolic activity.

The cells were seeded at 5×10^3 to 1.5×10^4 cells (depending on cell type) in each well of 96-well plate in 100 μ L of fresh culture medium and adherent cells were allowed to attach for overnight. The stock solutions of the compounds were diluted in cell culture medium to obtain eight concentrations of each drug, ranging from 1 nM to 30 μ M and DMSO at less than 1% v/v was used as a negative control. After 72 h of treatment, 20 μ L of CellTiter 96® AQueous reagent was added into each well of the 96-well assay plates and the plate was incubate at 37 °C for 1–4 hours in a humidified, 5% CO₂ atmosphere. Then the absorbance of each well was recorded at 490 nm by using a 96-well plate reader. In most cases, the assay was performed in triplicates and the results were presented as half maximal inhibitory concentration (IC₅₀). Optical density versus compound concentration was plotted and analyzed using non linear regression equations (Excel Fit) and the IC₅₀ for each compound was calculated. The results of the cell proliferation assay are reported in Table 2.

Example 3. CRM1-mediated Nuclear Export Assay

HeLa cells expressing GFP that was N-terminally fused to a nuclear localization and C-terminally fused to the nuclear export signal of PKI were treated with different concentrations of test compounds for 3 hours and then scored for nuclear localization of GFP. The EC₅₀ was determined by the concentration at which approximately 50% of the cells showed nuclear GFP.

HeLa cells were cultured in Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% (vol/vol) heat-inactivated fetal calf serum, 2 mM L-glutamine 0.1% sodium bicarbonate, and 20 μ g/ml gentamicin. The cells were plated in 96-well plates at 0.02×10^6 cells/well and incubated overnight. The next

- 77 -

day, compound was added to the cells and incubated for another 3 hours. After 3 hours, GFP subcellular localization was monitored using a Leica DMI6000 microscope. The results of CRM1-mediated nuclear export assay are reported in Table 2.

5

Table 2. Results of the cell proliferation and CRM1-mediated nuclear export assays (NT = not tested).

Compound No.	Cell Proliferation Assay IC ₅₀ (μM)	CRM1-mediated Nuclear Export Assay EC ₅₀ (μM)
1	0.1	0.9
2	NT	NT
3	0.05	1.8
4	NT	3.8
5	0.09	1.8
6	0.07	0.9
7	0.01	NT
8	0.03	0.23
9	NT	15
10	NT	>30
11	NT	15
12	NT	30
13	NT	30

The teachings of all patents, published applications and references cited
10 herein are incorporated by reference in their entirety.

While this invention has been particularly shown and described with references to example embodiments thereof, it will be understood by those skilled in the art that various changes in form and details may be made therein without departing from the scope of the invention encompassed by the appended claims.

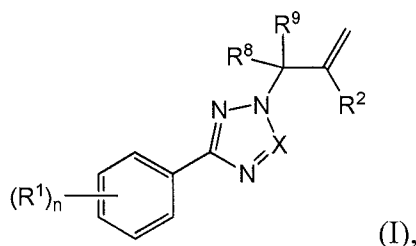
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CLAIMS

What is claimed is:

1. A compound of structural formula I:



- 5 or a pharmaceutically acceptable salt thereof, wherein:

X is -N- or -C(H)-;

each R¹ is independently selected from halo; haloalkyl; $-(CH_2)_{1-4}R^\circ$;

$-(CH_2)_{0-4}OR^\circ$; $-O-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}CH(OR^\circ)_2$; $-(CH_2)_{0-4}SR^\circ$;

$-(CH_2)_{0-4}$ -carbocyclyl, which may be substituted with R°; $-(CH_2)_{0-4}$ -aryl,

- 10 which may be substituted with R°; $-(CH_2)_{0-4}$ -heterocyclyl, which may be substituted with R°; $-(CH_2)_{0-4}$ -heteroaryl, which may be substituted with R°;

$-CH=CH$ -carbocyclyl, which may be substituted with R°; $-CH=CH$ -aryl,

which may be substituted with R°; $-CH=CH$ -heterocyclyl, which may be

substituted with R°; $-CH=CH$ -heteroaryl, which may be substituted with R°;

- 15 $-NO_2$; $-CN$; $-N_3$; $-(CH_2)_{0-4}N(R^\circ)_2$; $-(CH_2)_{0-4}N(R^\circ)C(O)R^\circ$;

$-(CH_2)_{0-4}N(R^\circ)C(S)R^\circ$; $-(CH_2)_{0-4}N(R^\circ)C(O)NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)C(S)NR^\circ_2$;

$-(CH_2)_{0-4}N(R^\circ)C(O)OR^\circ$; $-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)R^\circ$;

$-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)OR^\circ$;

$-(CH_2)_{0-4}C(O)R^\circ$; $-(CH_2)_{0-4}C(S)R^\circ$; $-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}C(O)SR^\circ$;

- 20 $-(CH_2)_{0-4}OC(O)R^\circ$; $-(CH_2)_{0-4}OC(O)(CH_2)_{0-4}SR^\circ$; $-(CH_2)_{0-4}SC(S)SR^\circ$;

$-(CH_2)_{0-4}SC(O)R^\circ$; $-(CH_2)_{0-4}C(O)NR^\circ_2$; $-(CH_2)_{0-4}C(S)NR^\circ_2$;

$-(CH_2)_{0-4}C(S)SR^\circ$; $-(CH_2)_{0-4}OC(O)NR^\circ_2$; $-(CH_2)_{0-4}C(O)N(OR^\circ)R^\circ$;

$-(CH_2)_{0-4}C(O)C(O)R^\circ$; $-(CH_2)_{0-4}C(O)CH_2C(O)R^\circ$; $-(CH_2)_{0-4}C(NOR^\circ)R^\circ$;

$-(CH_2)_{0-4}SSR^\circ$; $-(CH_2)_{0-4}S(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2OR^\circ$; $-(CH_2)_{0-4}OS(O)_2R^\circ$;

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$-(\text{CH}_2)_{0-4}\text{S}(\text{O})_2\text{NR}^\circ$; $-(\text{CH}_2)_{0-4}\text{S}(\text{O})\text{R}^\circ$; $-(\text{CH}_2)_{0-4}\text{N}(\text{R}^\circ)\text{S}(\text{O})_2\text{NR}^\circ$;
 $-(\text{CH}_2)_{0-4}\text{N}(\text{R}^\circ)\text{S}(\text{O})_2\text{R}^\circ$; $-(\text{CH}_2)_{0-4}\text{N}(\text{OR}^\circ)\text{R}^\circ$; $-(\text{CH}_2)_{0-4}\text{C}(\text{NH})\text{NR}^\circ$;
 $-(\text{CH}_2)_{0-4}\text{P}(\text{O})_2\text{R}^\circ$; $-(\text{CH}_2)_{0-4}\text{P}(\text{O})\text{R}^\circ$; $-(\text{CH}_2)_{0-4}\text{OP}(\text{O})\text{R}^\circ$;
 $-(\text{CH}_2)_{0-4}\text{OP}(\text{O})(\text{OR}^\circ)_2$; $-(\text{CH}_2)_{0-4}\text{ON}(\text{R}^\circ)_2$; and $-(\text{CH}_2)_{0-4}\text{C}(\text{O})\text{O}-\text{N}(\text{R}^\circ)_2$,

5

wherein:

each R° is independently hydrogen, C_{1-6} aliphatic,

$-\text{CH}_2$ -carbocyclyl, $-\text{CH}_2$ -aryl, $-\text{CH}_2$ -heterocyclyl, $-\text{CH}_2$ -heteroaryl,

$-\text{O}(\text{CH}_2)_{0-1}$ -carbocyclyl, $-\text{O}(\text{CH}_2)_{0-1}$ -aryl, $-\text{O}(\text{CH}_2)_{0-1}$ -heterocyclyl,

$-\text{O}(\text{CH}_2)_{0-1}$ -heteroaryl, carbocyclyl, aryl, heterocyclyl or heteroaryl, or

10

two independent occurrences of R° , taken together with their intervening atom(s), form a 3-12-membered carbocyclyl, aryl, heterocyclyl or heteroaryl; and

each R° and each ring formed from two independent occurrences

of R° , taken together with their intervening atom(s), are optionally and

15

independently substituted with one or more substituents selected from the group consisting of halo, CN, OH, unsubstituted C_1 - C_3 alkyl, halo-

C_1 - C_3 alkyl, $-\text{NH}_2$, $-\text{NO}_2$, $-\text{NH}$ (unsubstituted C_1 - C_3 alkyl),

$-\text{N}$ (unsubstituted C_1 - C_3 alkyl) $_2$, $-\text{O}-\text{C}_1$ - C_3 alkyl, $-\text{C}(\text{O})\text{OH}$,

$-\text{C}(\text{O})\text{O}$ -(unsubstituted C_1 - C_3 alkyl), $-\text{C}(\text{O})$ -(unsubstituted C_1 - C_3 alkyl),

20

$-\text{O}$ -(unsubstituted C_1 - C_3 alkyl), and $-\text{S}$ -(unsubstituted C_1 - C_3 alkyl);

R^2 is selected from $-\text{C}(\text{O})-\text{O}-\text{R}^3$, $-\text{C}(\text{O})-\text{N}(\text{R}^5)(\text{R}^6)$, $-\text{C}(\text{O})-\text{N}(\text{R}^7)-\text{N}(\text{R}^5)(\text{R}^6)$,

$-\text{C}(\text{O})-\text{N}(\text{R}^7)-\text{N}(\text{R}^7)-\text{C}(\text{O})-\text{R}^4$, $-\text{C}(\text{O})-\text{N}(\text{R}^7)-\text{N}(\text{R}^7)-\text{S}(\text{O})_{1-2}-\text{R}^4$, and heteroaryl,

wherein:

R^3 is selected from C_1 - C_4 alkyl, C_2 - C_4 alkenyl, C_2 - C_4 alkynyl,

25

carbocyclyl, aryl, heterocyclyl and heteroaryl;

R^4 is selected from $-\text{NH}$ -(C_3 - C_6 cycloalkyl), $-\text{N}(\text{C}_1$ - C_4 alkyl)-(C_3 - C_6 cycloalkyl), $-\text{C}_1$ - C_6 alkyl, $-(\text{C}_0$ - C_4 alkylene)-carbocyclyl, $-(\text{C}_0$ - C_4 alkylene)-heterocyclyl, $-(\text{C}_0$ - C_4 alkylene)-aryl, and $-(\text{C}_0$ - C_4 alkylene)-heteroaryl;

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R^5 and R^6 are each independently selected from hydrogen, C_1 - C_4 alkyl, C_2 - C_4 alkenyl, C_2 - C_4 alkynyl, carbocyclyl, aryl, heterocyclyl and heteroaryl; or R^5 and R^6 are taken together with the nitrogen atom to which they are commonly attached to form a heterocyclyl or heteroaryl;

5 each R^7 is independently hydrogen or C_1 - C_4 alkyl;

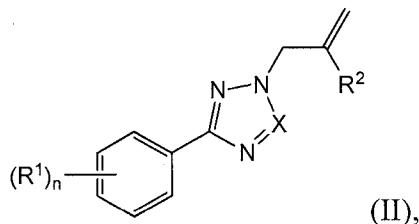
R^8 and R^9 are each independently selected from the group consisting of hydrogen, halo, and C_1 - C_4 alkyl; and

n is 0, 1, 2, 3, 4 or 5; wherein:

10 unless otherwise designated, each alkyl, alkenyl, alkynyl, alkylene, carbocyclyl, aryl, cycloalkyl, heterocyclyl and heteroaryl is optionally and independently substituted; and

the compound is not methyl 2-((5-phenyl-2H-tetrazol-2-yl)methyl)acrylate.

15 2. The compound of claim 1, represented by structural formula II:



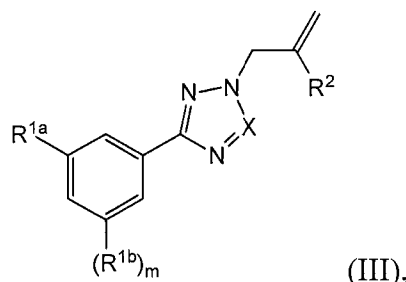
or a pharmaceutically acceptable salt thereof.

20 3. The compound of claim 1 or claim 2, wherein each R^7 is hydrogen.

4. The compound of any one of claims 1-3, wherein X is -C(H)-.

5. The compound of any one of claims 1-4, represented by structural formula III:

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or a pharmaceutically acceptable salt thereof, wherein:

R^{1a} and R^{1b} are each independently selected from halo; haloalkyl;

$-(CH_2)_{1-4}R^\circ$; $-(CH_2)_{0-4}OR^\circ$; $-O-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}CH(OR^\circ)_2$;

5 $-(CH_2)_{0-4}SR^\circ$; $-(CH_2)_{0-4}$ -carbocyclyl, which may be substituted with R° ;

$-(CH_2)_{0-4}$ -aryl, which may be substituted with R° ; $-(CH_2)_{0-4}$ -heterocyclyl, which may be substituted with R° ; $-(CH_2)_{0-4}$ -heteroaryl, which may be substituted with R° ; $-CH=CH$ -carbocyclyl, which may be substituted with R° ; $-CH=CH$ -aryl,

10 which may be substituted with R° ; $-CH=CH$ -heterocyclyl, which may be substituted with R° ; $-CH=CH$ -heteroaryl, which may be substituted with R° ;

$-NO_2$; $-CN$; $-N_3$; $-(CH_2)_{0-4}N(R^\circ)_2$; $-(CH_2)_{0-4}N(R^\circ)C(O)R^\circ$;

$-(CH_2)_{0-4}N(R^\circ)C(S)R^\circ$; $-(CH_2)_{0-4}N(R^\circ)C(O)NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)C(S)NR^\circ_2$;

$-(CH_2)_{0-4}N(R^\circ)C(O)OR^\circ$; $-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)R^\circ$;

$-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)N(R^\circ)C(O)OR^\circ$;

15 $-(CH_2)_{0-4}C(O)R^\circ$; $-(CH_2)_{0-4}C(S)R^\circ$; $-(CH_2)_{0-4}C(O)OR^\circ$; $-(CH_2)_{0-4}C(O)SR^\circ$;

$-(CH_2)_{0-4}OC(O)R^\circ$; $-(CH_2)_{0-4}OC(O)(CH_2)_{0-4}SR^\circ$; $-(CH_2)_{0-4}SC(S)SR^\circ$;

$-(CH_2)_{0-4}SC(O)R^\circ$; $-(CH_2)_{0-4}C(O)NR^\circ_2$; $-(CH_2)_{0-4}C(S)NR^\circ_2$; $-(CH_2)_{0-4}C(S)SR^\circ$;

$-(CH_2)_{0-4}OC(O)NR^\circ_2$; $-(CH_2)_{0-4}C(O)N(OR^\circ)R^\circ$; $-(CH_2)_{0-4}C(O)C(O)R^\circ$;

$-(CH_2)_{0-4}C(O)CH_2C(O)R^\circ$; $-(CH_2)_{0-4}C(NOR^\circ)R^\circ$; $-(CH_2)_{0-4}SSR^\circ$;

20 $-(CH_2)_{0-4}S(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2OR^\circ$; $-(CH_2)_{0-4}OS(O)_2R^\circ$; $-(CH_2)_{0-4}S(O)_2NR^\circ_2$;

$-(CH_2)_{0-4}S(O)R^\circ$; $-(CH_2)_{0-4}N(R^\circ)S(O)_2NR^\circ_2$; $-(CH_2)_{0-4}N(R^\circ)S(O)_2R^\circ$;

$-(CH_2)_{0-4}N(OR^\circ)R^\circ$; $-(CH_2)_{0-4}C(NH)NR^\circ_2$; $-(CH_2)_{0-4}P(O)_2R^\circ$; $-(CH_2)_{0-4}P(O)R^\circ_2$;

$-(CH_2)_{0-4}OP(O)R^\circ_2$; $-(CH_2)_{0-4}OP(O)(OR^\circ)_2$; $-(CH_2)_{0-4}ON(R^\circ)_2$; and

$-(CH_2)_{0-4}C(O)O-N(R^\circ)_2$, wherein:

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each R^o is independently hydrogen, C₁₋₆ aliphatic, -CH₂-carbocyclyl, -CH₂-aryl, -CH₂-heterocyclyl, -CH₂-heteroaryl, -O(CH₂)₀₋₁-carbocyclyl, -O(CH₂)₀₋₁-aryl, -O(CH₂)₀₋₁-heterocyclyl, -O(CH₂)₀₋₁-heteroaryl, carbocyclyl, aryl, heterocyclyl or heteroaryl, or two independent occurrences of R^o, taken together with their intervening atom(s), form a 3-12-membered carbocyclyl, aryl, heterocyclyl or heteroaryl; and

each R^o and each ring formed from two independent occurrences of R^o, taken together with their intervening atom(s), are optionally and independently substituted with one or more substituents selected from the group consisting of halo, CN, OH, unsubstituted C₁-C₃ alkyl, halo-C₁-C₃ alkyl, -NH₂, -NO₂, -NH(unsubstituted C₁-C₃ alkyl), -N(unsubstituted C₁-C₃ alkyl)₂, -O-C₁-C₃ alkyl, -C(O)OH, -C(O)O-(unsubstituted C₁-C₃ alkyl), -C(O)-(unsubstituted C₁-C₃ alkyl), -O-(unsubstituted C₁-C₃ alkyl), and -S-(unsubstituted C₁-C₃ alkyl); and m is 0 or 1.

15

6. The compound of claim 5, wherein R^{1a} is halo or -C₁-C₄ haloalkyl.

7. The compound of claim 5 or claim 6, wherein R^{1b} is -C₁-C₄ haloalkyl or -O-C₁-C₄ alkyl, or absent.

20

8. The compound of any one of claims 1-4, wherein n is 0, 1 or 2.

9. The compound of any one of claims 1-4 and 8, wherein each R¹ is independently selected from halo, -C₁-C₄ alkyl, -C₁-C₄ haloalkyl, and -O-C₁-C₄ alkyl, or is absent.

25

10. The compound of any one of claims 1-9, wherein:
R² is -C(O)-O-R³, and R³ is selected from optionally substituted C₁-C₄ alkyl and C₂-C₄ alkenyl; or

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R^2 is $-C(O)-N(R^5)(R^6)$, and R^5 and R^6 are taken together with the nitrogen atom to which they are commonly attached to form an optionally substituted saturated heterocyclyl; or

R^2 is $-C(O)-NH-NH(R^6)$, and R^6 is an optionally substituted heteroaryl; or

5 R^2 is $-C(O)-NH-NH-C(O)-R^4$ or $-C(O)-NH-NH-S(O)_{1-2}-R^4$, and R^4 is selected from optionally substituted $-NH-(C_3-C_6 \text{ cycloalkyl})$, $-N(C_1-C_4 \text{ alkyl})-(C_3-C_6 \text{ cycloalkyl})$, $-C_1-C_6 \text{ alkyl}$, $-(C_0-C_4 \text{ alkylene})\text{-heterocyclyl}$ and $-(C_0-C_4 \text{ alkylene})\text{-heteroaryl}$; or

R^2 is optionally substituted C_5-C_6 heteroaryl.

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11. The compound of claim 10, wherein:

R^2 is $-C(O)-O-R^3$, and R^3 is selected from ethyl, isopropyl and $-\text{CH}_2-\text{CH}=\text{CH}_2$; or

R^2 is $-C(O)-N(R^5)(R^6)$, and R^5 and R^6 are taken together with the nitrogen atom to which they are commonly attached to form an optionally substituted

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azetidin-1-yl, pyrrolidin-1-yl, or piperidin-1-yl; or R^2 is $-C(O)-NH-NH(R^6)$, and R^6 is optionally substituted pyridinyl, pyrimidinyl, pyrazinyl or pyridazinyl; or

R^2 is $-C(O)-NH-NH-C(O)-R^4$ or $-C(O)-NH-NH-S(O)_{1-2}-R^4$, and R^4 is selected from $-C(\text{CH}_3)_3$, $-NH\text{-cyclopropyl}$, and optionally substituted $-(\text{CH}_2)_{0-1}\text{-pyrazinyl}$, piperidinyl , $-(\text{CH}_2)_{0-1}\text{-morpholinyl}$, or pyrazolyl ; or

20

R^2 is optionally substituted oxadiazolyl.

12. A compound represented by any one of the structural formulas of Table 1, or a pharmaceutically acceptable salt thereof.

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13. A composition comprising a compound of any one of claims 1-12, or a pharmaceutically acceptable salt thereof, and a pharmaceutically acceptable carrier.

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14. A method for treating a disorder associated with CRM1 activity, the method comprising administering to a subject in need thereof a therapeutically effective amount of a compound of any one of claims 1-12, or a pharmaceutically acceptable salt thereof, or a composition of claim 13.
- 5
15. The method according to claim 14, wherein the disorder is selected from a proliferative disorder, cancer, an inflammatory disorder, an autoimmune disorder, a viral infection, an ophthalmological disorder, a neurodegenerative disorder, a disorder of abnormal tissue growth, a disorder related to food intake, allergies, and a respiratory disorder.
- 10
16. The method according to claim 15, wherein the disorder is cancer.
- 15
17. A method for promoting wound healing in a subject in need thereof, comprising administering to the subject a therapeutically effective amount of a compound of any one of claims 1-12, or a pharmaceutically acceptable salt thereof, or a composition of claim 13.

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2014/027136

A. CLASSIFICATION OF SUBJECT MATTER

INV. C07D401/06 C07D413/06 C07D249/08 C07D257/04 A61K31/4196
A61K31/4245 A61K31/41 A61K31/4402 A61K31/506

ADD.

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

C07D A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

EPO-Internal, WPI Data, CHEM ABS Data, BEILSTEIN Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	DATABASE REGISTRY [Online] CHEMICAL ABSTRACTS SERVICE, COLUMBUS, OHIO, US; 2 December 2012 (2012-12-02), XP002725455, Database accession no. 1409675-40-6 the whole document	1,2,8-11
A		3-7, 12-17
A	----- WO 2011/109799 A1 (KARYOPHARM THERAPEUTICS INC [US]; SHECHTER SHARON [US]; KAUFFMAN MICHA) 9 September 2011 (2011-09-09) page 290; claim 1 page 316; claim 14 ----- -/-	1-17

☒ Further documents are listed in the continuation of Box C.

☒ See patent family annex.

* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

6 June 2014

Date of mailing of the international search report

11/07/2014

Name and mailing address of the ISA/

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Jeanjean, Fabien

INTERNATIONAL SEARCH REPORT

International application No

PCT/US2014/027136

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	VAN NECK T ET AL: "Inhibition of the CRM1-mediated nucleocytoplasmic transport by N-azolylacrylates: Structure-activity relationship and mechanism of action", BIOORGANIC & MEDICINAL CHEMISTRY, PERGAMON, GB, vol. 16, no. 21, 1 November 2008 (2008-11-01), pages 9487-9497, XP025545774, ISSN: 0968-0896, DOI: 10.1016/J.BMC.2008.09.051 [retrieved on 2008-09-20] page 9487 page 9489; compounds 10a, 10b -----	1-17
A	QUAN M L ET AL: "Design and Synthesis of Isoxazoline Derivatives as Factor Xa Inhibitors", JOURNAL OF MEDICINAL CHEMISTRY, AMERICAN CHEMICAL SOCIETY, US, vol. 42, no. 15, 1 January 1999 (1999-01-01), pages 2760-2773, XP002213660, ISSN: 0022-2623, DOI: 10.1021/JM980406A page 2763; compound 32 -----	1-17

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/US2014/027136

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
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