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Synthesis and in Vitro and in Vivo Characteristics of an Iodinated Analogue of the $\beta$-Adrenoceptor Antagonist Carazolol

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Eindhoven, The Netherlands

Received February 7, 1996

A new (radio)iodinated, $\beta$-adrenoceptor ligand, (S)-(−)-4-[3-{1,1-dimethyl-3-ido-(2$E$)-propenyl]-amino]-2-hydroxypropoxy]carbazole (CYBL8E, 1), was prepared. 1 is an iodinated analogue of the high-affinity $\beta$-adrenoceptor antagonist carazolol (2). The asymmetric synthesis was achieved in four steps starting from 4-hydroxycarbazole. The iodine-123-labeled form was obtained by an iododestannylation reaction with [123$I$]NaI in the presence of H$_2$O$_2$. Using classical in vitro displacement experiments with membrane fractions of cardiac left ventricular muscle, 1 proved to have a high affinity for the receptor ($K_i = 0.31 \pm 0.03$). Biodistribution studies performed in New Zealand white rabbits demonstrated the specificity of the binding in vivo to the receptor. Uptake of [123$I$]1 was reduced significantly in both atrial muscle, left ventricular muscle, frontal cortex, cerebellum, and striatum, by the pretreatment of the animals with different $\beta$-adrenoceptor antagonists. In conclusion, 1 is a potent nonselective $\beta$-adrenoceptor antagonist, which binds specifically to the $\beta$-adrenoceptor in vivo, and is therefore a promising radioligand for the imaging of $\beta$-adrenoceptors using single photon emission computerized tomography.

Introduction

In chronic heart failure neuroendocrine changes of the cardiac sympathetic system and the renin–angiotensin–aldosterone system have been shown to be of great clinical importance for the pathophysiological understanding of the disease, the evaluation of therapy, and the management of patients. One of the important features of an increased cardiac sympathetic activity that is observed in these patients is the well-documented downregulation of cardiac $\beta$-adrenoceptors.1–6 This dramatic decrease in cardiac $\beta$-adrenoceptor density has mainly been established in tissue samples, obtained during surgery or postmortem. Since a clear relationship between the degree of sympathetic activation and the severity of the disease and its prognosis has been established, it may be conceived that the in vivo measurement of cardiac $\beta$-adrenoceptor density can be used as a prognostic marker. The noninvasive measurement of cardiac $\beta$-adrenoceptor density in volunteers and subsequently in patients with chronic heart failure using single photon emission computerized tomography (SPECT) or positron emission tomography (PET) allows analysis of receptor characteristics. These techniques would allow followup after pharmacological intervention with drugs such as low-dose cardiac $\beta$-adrenoceptor antagonists, angiotensin-converting enzyme inhibitors, angiotensin receptor antagonists, or other medications that may influence cardiac sympathetic activity.

Numerous cardiac $\beta$-adrenoceptor antagonists have been labeled with either $^{11}$C or $^{18}$F for PET imaging, with rather limited success due to low specific activity or high nonspecific binding. CGP12177 (4-[3-(tert-butylamino)-2-hydroxypropoxy]benzimidazol-2-one) has for instance been labeled with $^{11}$C for PET, but the specific activity of this compound showed a rather wide variety with values ranging from 400 to 1300 Ci/mmol.7–9

Carazolol, a potent, lipophilic $\beta$-adrenoceptor antagonist ($K_i < 0.2$ nM),10–15, has been labeled with $^{11}$C by Berridge et al.16 and more recently with $^{18}$F to image $\beta$-adrenoceptors in vivo using PET.17,18 However, both ligands were not yet extensively applied in humans.

At present no optimal radioligands for the imaging of cardiac $\beta$-adrenoceptors using SPECT are available. We have recently synthesized a number of analogues of CGP12177 labeled with $^{123}$I.19 Although some of the synthesized compounds had high affinity for the receptor in vitro with $K_i$ values of approximately 1 nM, their specific binding in vivo proved too low for imaging purposes.

In the present study the synthesis of an $^{123}$I-labeled analogue of carazolol is described (Figure 1). Furthermore, the affinity of this new compound for the $\beta$-adrenoceptor in vitro as well as the biodistribution and specificity of binding in vivo, in New Zealand white rabbits, is reported.

Chemistry

It has been shown for a number of phenoxypropanolamines that the $\beta$-blocking activity of the two optical
antipodes differs by a factor of at least 50. The S-enantiomers generally appear to be the most potent ones. Furthermore, it is known that variations in the alkyl substituent on the nitrogen atom do not greatly affect the affinity. A prerequisite for a ligand suitable for SPECT is stability and a high affinity for the receptor. Therefore, we wish to introduce a small entity in the alkylamino part of (S)-carazolol, which bears an iodine atom and has a reasonable chemical stability. In the present study we have chosen an iodovinyl group, which is easily formed from the corresponding trialkylstannyl precursor by an iododestannylation reaction.

Synthesis of 1 (Figure 2). The asymmetric synthesis of 1 was achieved by reaction of 4 with 5. The intermediate 4 was synthesized in three steps from cyclohexane-1,3-dione according to Lauer et al. and Berridge et al., but for the preparation of 1,3,4-tetrahydro-4-oxocarbazole (3), the improved procedure of Zinnes was used. It is important to mention that the dehydrogenation of 3 only gave a satisfactory yield of 4 when freshly prepared Raney nickel was used. It is well known that the reactions of aryl oxides with the chiral auxiliary 5 results in the formation of the S-epoxide with almost complete retention of configuration. The specific rotation of the formed epoxide 6 is significantly higher than that measured by Berridge et al. on the same compound prepared with another method, which was approximately 90% enantiomerically pure. The propanolamine side chain was formed regioselectively by reaction of 1,1-dimethylpropargylamine with the epoxide 6. Hydrostannylation of the propargylamino compound in the presence of the radical initiator AIBN in toluene resulted in the selective formation of the (E)-(tributylstannyl)vinyl isomer 8, which was subsequently iododestannylation to the corresponding (E)-iodovinyl compound 1 with retention of configuration. The radiolabeled [123I]1 was obtained by the treatment of 8 with [123I]NaI in the presence of H$_2$O$_2$. The specific activity of the [123I]1 was deduced from that of the [123I]NaI used and amounted to 185 TBq/mmol (5000 Ci/mmol).

**Biological Results**

In Vitro Radioligand Displacement Experiments. In Figure 3 the displacement curves for 1 and CGP12177 obtained with membrane preparations of cardiac left ventricular muscle and ICYP are shown. 1 proved to be slightly more effective in displacing ICYP from the $\beta$-adrenoceptor than CGP12177. The K$_i$ values (nmol/L, mean ± SEM, n = 3–5) were 0.31 ± 0.03 for 1 versus 0.76 ± 0.10 for CGP12177. The K$_i$ values of both compounds were not significantly different.

The displacement curves that were obtained with membrane preparations of pulmonary tissue are shown in Figure 4. A similar pattern was observed as for left ventricular muscle, with K$_i$ values for 1 and CGP12177 of 0.37 ± 0.10 and 1.43 ± 0.21, respectively. ICI118,551 displaced ICYP less effectively (K$_i$ = 400 ± 21).

In Vivo Biodistribution Studies. In Table 1 the biodistribution pattern of [123I]1 is shown. All radioactivity levels are expressed as %ID x kg of body weight/g of tissue. After the intravenous administration of 50 $\mu$Ci [123I]1, radioactivity reached maximal values (average ± SEM, n = 3) of 0.52 ± 0.09% in the cardiac left ventricular muscle at 5 min postinjection (pi). After this time point radioactivity dropped to 0.26 ± 0.02 at 30 min pi. From 30 min pi until 2 h pi, radioactivity levels gradually decreased (values ranging from 0.26 ± 0.02 to 0.21 ± 0.03). At 24 h pi a level of 0.02 ± 0.0006 was still present in the left ventricular muscle. In the right ventricular muscle a similar pattern was observed. In both left and right atrial muscle, substantial levels of radioactivity were found with virtually constant levels of radioactivity levels between 30 min and 2 h pi. High uptake was observed in the lungs of these animals. At 5 min pi a radioactivity level of 5.75 ± 0.37 was present in the lungs. This level of radioactivity rapidly dropped to a value of 1.74 ± 0.14 at 30 min pi. Between 30 min and 6 h pi uptake of [123I]1 was reduced to a level of 0.71 ± 0.05. Radioactivity in the blood was low at all time points investigated with values ranging from 0.02 ± 0.003 at 5 min pi to 0.01 ± 0.0009 at 24 h pi. Fat and muscle showed levels of radioactivity < 0.10 at all time points and showed rather little variation over time.

As to be expected from the lipophilicity of 1, considerable uptake in the brain of the animals was observed.
In Vivo Blocking Studies. In order to determine specific binding of $[^{123}]I$ in the target organs, such as cardiac left ventricular muscle and lungs, in vivo blocking studies were performed, using different antagonists. The results of the in vivo blocking experiments are summarized in Table 3. In the left atrial muscle, uptake was significantly decreased by the preinjection of $0.1 \mu$mol of CGP12177 or ($-$)-propranolol ($0.22 \pm 0.01$ in the control group versus $0.05 \pm 0.001$ and $0.07 \pm 0.002$ in the CGP12177- and ($-$)-propranolol-treated groups, respectively). Atenolol tended to decrease atrial muscle uptake, although this decrease did not reach statistical significance ($0.16 \pm 0.07$). ICI118,551 slightly increased uptake of $[^{123}]I$. Similar competition patterns were observed in right atrial muscle and left ventricular muscle.

In pulmonary tissue, all antagonists significantly reduced the uptake of $[^{123}]I$ ($2.36 \pm 0.64$ in the control group versus $1.37 \pm 0.13$, $0.87 \pm 0.18$, $0.80 \pm 0.18$, and $1.07 \pm 0.15$ in the ICI118,551-, atenolol-, CGP12177-, and ($-$)-propranolol-treated groups, respectively). Muscular uptake of $[^{123}]I$ was significantly reduced by all antagonists used ($0.09 \pm 0.02$ in the control group versus $0.06 \pm 0.003$, $0.06 \pm 0.005$, $0.03 \pm 0.004$, and $0.03 \pm 0.002$). In the liver, a significant increase in uptake of the radioligand was observed after the pre-treatment with ICI118,551 (0.08 $\pm 0.01$ in the control group versus $0.15 \pm 0.01$ in the treated group). In other tissues, no changes in uptake were measured by the preinjection of any of the antagonists used.

The results of the in vivo cerebral blocking studies are shown in Table 4. In the pituitary gland, thalamus, and hypothalamus, no blocking of $[^{123}]I$ could be observed, with any of the antagonists used. In the frontal cortex a significant reduction in uptake of $[^{123}]I$ was observed when animals were pretreated with atenolol or ($-$)-propranolol ($0.13 \pm 0.05$ in controls versus $0.06 \pm 0.003$ and $0.05 \pm 0.003$ in the atenolol-

### Table 1. Biodistribution Pattern of $[^{123}]I$ in Anesthetized New Zealand White Rabbits after Intravenous Injection of $50 \mu$Ci of $[^{123}]I$.

<table>
<thead>
<tr>
<th></th>
<th>5 min</th>
<th>30 min</th>
<th>1 h</th>
<th>2 h</th>
<th>4 h</th>
<th>6 h</th>
<th>24 h</th>
</tr>
</thead>
<tbody>
<tr>
<td>left atrial muscle</td>
<td>0.36 ± 0.06</td>
<td>0.16 ± 0.02</td>
<td>0.16 ± 0.02</td>
<td>0.17 ± 0.03</td>
<td>0.11 ± 0.02</td>
<td>0.10 ± 0.01</td>
<td>0.03 ± 0.001</td>
</tr>
<tr>
<td>right atrial muscle</td>
<td>0.19 ± 0.02</td>
<td>0.15 ± 0.04</td>
<td>0.13 ± 0.01*</td>
<td>0.13 ± 0.01</td>
<td>0.08 ± 0.01</td>
<td>0.07 ± 0.003</td>
<td>0.03 ± 0.003</td>
</tr>
<tr>
<td>left ventricular muscle</td>
<td>0.52 ± 0.09</td>
<td>0.26 ± 0.02*</td>
<td>0.20 ± 0.004</td>
<td>0.20 ± 0.03</td>
<td>0.14 ± 0.03</td>
<td>0.09 ± 0.04</td>
<td>0.02 ± 0.001</td>
</tr>
<tr>
<td>right ventricular muscle</td>
<td>0.43 ± 0.05</td>
<td>0.21 ± 0.01*</td>
<td>0.18 ± 0.04</td>
<td>0.18 ± 0.03</td>
<td>0.12 ± 0.003</td>
<td>0.08 ± 0.03</td>
<td>0.02 ± 0.001</td>
</tr>
<tr>
<td>lung</td>
<td>5.75 ± 0.38</td>
<td>1.74 ± 0.14*</td>
<td>1.43 ± 0.21</td>
<td>1.29 ± 0.21</td>
<td>0.82 ± 0.09</td>
<td>0.71 ± 0.05</td>
<td>0.18 ± 0.01</td>
</tr>
<tr>
<td>intestine</td>
<td>0.16 ± 0.01</td>
<td>0.15 ± 0.04</td>
<td>0.10 ± 0.01</td>
<td>0.13 ± 0.05</td>
<td>0.06 ± 0.02</td>
<td>0.05 ± 0.007</td>
<td>0.02 ± 0.004</td>
</tr>
<tr>
<td>spleen</td>
<td>0.39 ± 0.01</td>
<td>0.41 ± 0.05</td>
<td>0.28 ± 0.005</td>
<td>0.22 ± 0.02</td>
<td>0.10 ± 0.02</td>
<td>0.07 ± 0.02</td>
<td>0.03 ± 0.004</td>
</tr>
<tr>
<td>liver</td>
<td>0.14 ± 0.02</td>
<td>0.19 ± 0.03</td>
<td>0.13 ± 0.01</td>
<td>0.09 ± 0.004</td>
<td>0.04 ± 0.004</td>
<td>0.03 ± 0.003</td>
<td>0.01 ± 0.001</td>
</tr>
<tr>
<td>kidney</td>
<td>0.92 ± 0.11</td>
<td>0.29 ± 0.03*</td>
<td>0.16 ± 0.008</td>
<td>0.11 ± 0.007</td>
<td>0.05 ± 0.004</td>
<td>0.04 ± 0.004</td>
<td>0.02 ± 0.001</td>
</tr>
<tr>
<td>fat</td>
<td>0.008 ± 0.001</td>
<td>0.08 ± 0.02*</td>
<td>0.06 ± 0.01</td>
<td>0.04 ± 0.009</td>
<td>0.02 ± 0.003</td>
<td>0.02 ± 0.002</td>
<td>0.01 ± 0.002</td>
</tr>
<tr>
<td>muscle</td>
<td>0.08 ± 0.006</td>
<td>0.04 ± 0.01</td>
<td>0.07 ± 0.005</td>
<td>0.05 ± 0.01</td>
<td>0.04 ± 0.003</td>
<td>0.04 ± 0.004</td>
<td>0.05 ± 0.003</td>
</tr>
<tr>
<td>blood</td>
<td>0.03 ± 0.003</td>
<td>0.02 ± 0.001*</td>
<td>0.01 ± 0.001</td>
<td>0.01 ± 0.001</td>
<td>0.01 ± 0.001</td>
<td>0.01 ± 0.001</td>
<td>0.01 ± 0.001</td>
</tr>
</tbody>
</table>

aData are expressed as mean (%ID x kg of body weight/g of tissue) ± SEM, n = 3/time point. * p < 0.05 versus previous time point.

### Table 2. Cerebral Biodistribution Pattern of $[^{123}]I$ in Anesthetized New Zealand White Rabbits after Intravenous Injection of $50 \mu$Ci of $[^{123}]I$.

<table>
<thead>
<tr>
<th></th>
<th>5 min</th>
<th>30 min</th>
<th>1 h</th>
<th>2 h</th>
<th>4 h</th>
<th>6 h</th>
<th>24 h</th>
</tr>
</thead>
<tbody>
<tr>
<td>frontal cortex</td>
<td>0.27 ± 0.02</td>
<td>0.14 ± 0.004*</td>
<td>0.09 ± 0.005</td>
<td>0.09 ± 0.02</td>
<td>0.06 ± 0.01</td>
<td>0.05 ± 0.002</td>
<td>0.03 ± 0.006</td>
</tr>
<tr>
<td>striatum</td>
<td>0.27 ± 0.02</td>
<td>0.12 ± 0.009*</td>
<td>0.07 ± 0.005*</td>
<td>0.07 ± 0.01</td>
<td>0.04 ± 0.01</td>
<td>0.04 ± 0.003</td>
<td>0.02 ± 0.001</td>
</tr>
<tr>
<td>pituitary gland</td>
<td>0.50 ± 0.09</td>
<td>0.14 ± 0.02*</td>
<td>0.11 ± 0.01</td>
<td>0.08 ± 0.01</td>
<td>0.07 ± 0.01</td>
<td>0.06 ± 0.006</td>
<td>0.03 ± 0.01</td>
</tr>
<tr>
<td>thalamus</td>
<td>0.31 ± 0.06</td>
<td>0.10 ± 0.01*</td>
<td>0.07 ± 0.003</td>
<td>0.05 ± 0.005</td>
<td>0.03 ± 0.003</td>
<td>0.03 ± 0.005</td>
<td>0.02 ± 0.001</td>
</tr>
<tr>
<td>cerebellum</td>
<td>0.30 ± 0.03</td>
<td>0.15 ± 0.003</td>
<td>0.13 ± 0.008</td>
<td>0.15 ± 0.04</td>
<td>0.13 ± 0.01</td>
<td>0.14 ± 0.02</td>
<td>0.07 ± 0.004</td>
</tr>
<tr>
<td>hypothalamus</td>
<td>0.25 ± 0.03</td>
<td>0.09 ± 0.005*</td>
<td>0.06 ± 0.004</td>
<td>0.05 ± 0.009</td>
<td>0.03 ± 0.004</td>
<td>0.03 ± 0.003</td>
<td>0.02 ± 0.0001</td>
</tr>
</tbody>
</table>

aData are expressed as mean (%ID x kg of body weight/g of tissue) ± SEM, n = 3/time point. * p < 0.05 versus previous time point.
Table 3. In Vivo Blockade of $^{123}$I Uptake in Anesthetized New Zealand White Rabbits upon Pretreatment with 0.1 µmol of the Antagonists CGP12177, Atenolol, (−)-Propranolol, or ICI118,551 10 min Prior to the Intravenous Administration of 50 µCi of $^{123}$I

<table>
<thead>
<tr>
<th></th>
<th>control</th>
<th>ICI118,551</th>
<th>atenolol</th>
<th>CGP12177</th>
<th>(−)-propranolol</th>
</tr>
</thead>
<tbody>
<tr>
<td>left atrial muscle</td>
<td>0.22 ± 0.01</td>
<td>0.29 ± 0.05</td>
<td>0.16 ± 0.07</td>
<td>0.05 ± 0.001*</td>
<td>0.07 ± 0.002*</td>
</tr>
<tr>
<td>right atrial muscle</td>
<td>0.13 ± 0.05</td>
<td>0.24 ± 0.04</td>
<td>0.09 ± 0.001*</td>
<td>0.05 ± 0.002*</td>
<td>0.07 ± 0.004*</td>
</tr>
<tr>
<td>left ventricular muscle</td>
<td>0.22 ± 0.09</td>
<td>0.29 ± 0.009</td>
<td>0.14 ± 0.03</td>
<td>0.08 ± 0.002*</td>
<td>0.09 ± 0.005*</td>
</tr>
<tr>
<td>right ventricular muscle</td>
<td>0.19 ± 0.08</td>
<td>0.25 ± 0.01</td>
<td>0.14 ± 0.03</td>
<td>0.08 ± 0.003*</td>
<td>0.09 ± 0.002*</td>
</tr>
<tr>
<td>lung</td>
<td>2.39 ± 0.64</td>
<td>1.37 ± 0.13*</td>
<td>0.87 ± 0.18*</td>
<td>0.80 ± 0.18*</td>
<td>1.07 ± 0.15*</td>
</tr>
<tr>
<td>intestine</td>
<td>0.36 ± 0.17</td>
<td>1.43 ± 0.62</td>
<td>0.20 ± 0.07</td>
<td>0.46 ± 0.14</td>
<td>0.29 ± 0.15</td>
</tr>
<tr>
<td>spleen</td>
<td>0.20 ± 0.09</td>
<td>0.20 ± 0.02</td>
<td>0.17 ± 0.02</td>
<td>0.12 ± 0.02</td>
<td>0.10 ± 0.01</td>
</tr>
<tr>
<td>liver</td>
<td>0.08 ± 0.01</td>
<td>0.15 ± 0.011*</td>
<td>0.08 ± 0.008</td>
<td>0.10 ± 0.01</td>
<td>0.12 ± 0.02</td>
</tr>
<tr>
<td>kidney</td>
<td>0.14 ± 0.04</td>
<td>0.22 ± 0.02</td>
<td>0.07 ± 0.002</td>
<td>0.09 ± 0.04</td>
<td>0.10 ± 0.01</td>
</tr>
<tr>
<td>fat</td>
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<td>0.09 ± 0.03</td>
<td>0.05 ± 0.004</td>
<td>0.04 ± 0.004</td>
<td>0.04 ± 0.001</td>
</tr>
<tr>
<td>muscle</td>
<td>0.09 ± 0.02</td>
<td>0.06 ± 0.003*</td>
<td>0.06 ± 0.005*</td>
<td>0.03 ± 0.004*</td>
<td>0.03 ± 0.002*</td>
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<tr>
<td>blood</td>
<td>0.03 ± 0.008</td>
<td>0.02 ± 0.001</td>
<td>0.02 ± 0.001</td>
<td>0.01 ± 0.001</td>
<td>0.01 ± 0.0001</td>
</tr>
</tbody>
</table>

* Animals were sacrificed 2 h pi. Data are expressed as mean (% ID x kg of body weight/g of tissue) ± SEM, n = 3/time point. * p < 0.05 versus control animals.

Table 4. In Vivo Blockade of Cerebral Uptake of $^{123}$I in Anesthetized New Zealand White Rabbits after Intravenous Injection of 0.1 µmol of the Antagonists CGP12177, Atenolol, (−)-Propranolol, or ICI118,551 10 min Prior to the Intravenous Administration of 50 µCi of $^{123}$I

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<td>0.10 ± 0.008</td>
<td>0.05 ± 0.003*</td>
</tr>
<tr>
<td>striatum</td>
<td>0.08 ± 0.03</td>
<td>0.09 ± 0.008</td>
<td>0.05 ± 0.003</td>
<td>0.08 ± 0.003</td>
<td>0.04 ± 0.003*</td>
</tr>
<tr>
<td>pituitary gland</td>
<td>0.12 ± 0.05</td>
<td>0.10 ± 0.004</td>
<td>0.10 ± 0.002</td>
<td>0.07 ± 0.002</td>
<td>0.06 ± 0.002</td>
</tr>
<tr>
<td>thalamus</td>
<td>0.06 ± 0.013</td>
<td>0.07 ± 0.004</td>
<td>0.04 ± 0.001</td>
<td>0.06 ± 0.004</td>
<td>0.04 ± 0.004</td>
</tr>
<tr>
<td>cerebellum</td>
<td>0.16 ± 0.07</td>
<td>0.12 ± 0.01</td>
<td>0.11 ± 0.007</td>
<td>0.17 ± 0.01</td>
<td>0.04 ± 0.002*</td>
</tr>
<tr>
<td>hypothalamus</td>
<td>0.08 ± 0.03</td>
<td>0.08 ± 0.01</td>
<td>0.04 ± 0.004</td>
<td>0.06 ± 0.002</td>
<td>0.04 ± 0.004</td>
</tr>
</tbody>
</table>

* Animals were sacrificed 2 h pi. Data are expressed as mean (% ID x kg of body weight/g of tissue) ± SEM, n = 3/time point. * p < 0.05 versus control animals.

Discussion

In Vitro Radioligand Displacement Experiments. Using classical in vitro displacement experiments, the affinity of 1 for the β-adrenoceptor was determined. 1 proved a potent β-adrenoceptor antagonist, as can be deduced from the Ki values obtained in both pulmonary tissue and cardiac left ventricular muscle. It therefore fulfills one of the important criteria for being a possible candidate as a radioligand for cardiac β-adrenoceptor imaging: high affinity for the β-adrenoceptor, i.e., Ki < 1 nM. In addition, the affinity of carazolol for the receptor remained almost unaltered after the introduction of the iodine moiety. Moreover, upon introduction of the iodinated substituent, a compound was synthesized showing no selectivity for either the β1- or β2-subtype.

In Vivo Biodistribution. The in vivo biodistribution study with 1 showed substantial uptake in cardiac left ventricular muscle, which proved stable for several hours and which may therefore be suggestive for specific binding. In pulmonary tissue initial uptake was very high, but after a dip until 30 min, radioactivity levels slowly decreased over time.

The in vivo blocking studies, for which we used several antagonists (both lipophilic/hydrophilic and selective/nonselective) provided direct evidence for specific binding in the target organs. In both atrial and ventricular muscle, a significant reduction in uptake of 1 was observed when the antagonists CGP12177 and (−)-propranolol were injected prior to the administration of the radioligand. Atenolol also tended to decrease the uptake in these organs. The decrease in uptake of the radioligand by using these antagonists clearly demonstrates the specificity of the binding in vivo. In addition, the β2-subtype selective adrenoceptor antagonist ICI118,551 caused a slight increase in left ventricular uptake. This phenomenon is probably caused by the occupation of β2-adrenoceptors in the lung, thus increasing the concentration of free radioligand in plasma available for binding to the β2-adrenoceptor in the left ventricular muscle. This presumably also explains why radioactivity levels in the liver were enhanced; more radioligand was subjected to metabolism. In pulmonary tissue a significant decrease in uptake was observed for all antagonists, once again suggesting specific binding. Although radioactivity in blood and fat (non-target tissues) remained unaltered upon the antagonists pretreatment, all antagonists caused a significant decrease in muscular uptake of 1. It is known that β-adrenoceptors are also present in muscular tissue. Therefore, the decreased muscular uptake once again suggests specific binding of 1 in vivo.

As could be expected from the lipophilic character of 1, cerebral uptake was observed in all animals as well. Radioactivity levels were, however, rather low, <0.15% ID × kg of body weight/g of tissue, except at 5 min after injection, and they showed few changes during the time points investigated. Cerebral binding of 1 proved to be specific in the striatum, cerebellum, and frontal cortex, since the uptake of 1 was significantly reduced by (−)-propranolol and/or atenolol.

In conclusion, the iodinated analogue of carazolol, 1, is a radioligand which displays both high affinity and specificity for the β-adrenoceptor in vitro as well as specific myocardial, pulmonary, and cerebral uptake in vivo. Therefore, 1 may be a suitable radioligand for the
**Experimental Section**

### Chemical Synthesis. General Materials and Methods.

All chemicals used were of the purest grades commercially available. α,α'-Azisobutyronitrile (AIBN) was obtained from Aldrich. All other chemicals were obtained from Merck. All solvents used were of proanalytical grade and obtained from Merck.

**1**.1-Dimethylpropargylamine was purchased from Acros Chimica NV. All other chemicals were obtained from Aldrich. To a solution of **1** (105 mg, 0.44 mmol) in EtOH (7 mL) was added 1,1-dimethylpropargylamine (1.0 mL, 8.5 mmol). The reaction mixture was stirred for 16 h at room temperature. Then the mixture was concentrated. Flash chromatography with EtOAc gave **7** (100 mg, 70%): TLC \( R_f = 0.40 \) (EtOAc); \( \delta_{H} = -19.5^\circ \) (c = 0.25, MeOH); \( \delta_{NMR} \) (CDCl\(_3\)) \( \delta 8.29 \) (d, \( J = 8.2 \) Hz, 1H), 8.11 (br s, 1H), 7.45–7.36 (m, 2H), 7.33 (t, \( J = 8.0 \) Hz, 1H), 7.20 (m, 1H), 7.06 (d, \( J = 8.0 \) Hz, 1H), 6.68 (d, \( J = 8.0 \) Hz, 1H), 4.35–4.25 (m, 3H), 3.17 (dd, \( J = 3.7, 12.0 \) Hz, 1H), 3.09 (dd, \( J = 7.0, 12.0 \) Hz, 1H), 2.31 (s, 3H), 1.42 (s, 6H); \( \delta_{C} \) (CDCl\(_3\)) 154.5, 142.2, 124.4, 125.6, 124.0, 119.7, 113.5, 111.0, 105.0, 101.4, 88.7, 72.1, 71.5, 70.4, 67.2, 50.8, 48.5, 30.0, 29.0; MS (EI) m/z (rel intensity) 323 (M + H\(^+\)), 0.8, 322 (M +, 184 (16), 183 (100), 155 (5.8), 154 (19.5), 140 (6.8), 127 (5.8), 96 (13), 80 (51), 41 (86), 30 (36).

**2**.4-[3-[1,1-Dimethyl-3-(tri-n-butylstannyl)-(2E)-propenyl]amino]-2-hydroxypropoxy)carbazole (8). To a solution of **7** (15 mg, 46 µmol), tri-n-butyltin hydride (0.1 mL, 0.37 mmol), and AIBN (3 mg) in toluene (0.5 mL) was stirred for 2 h at 90 °C. Then the reaction mixture was concentrated and purified by column chromatography: silica gel to give **8** (13 mg, 46%); \( \delta_{NMR} \) (CDCl\(_3\)) \( \delta 8.26 \) (d, \( J = 7.8 \) Hz, 1H), 8.18 (br s, 1H), 7.46–7.36 (m, 2H), 7.31 (t, \( J = 8.0 \) Hz, 1H), 7.24–7.15 (m, 1H), 7.05 (d, \( J = 8.0 \) Hz, 1H), 6.67 (d, \( J = 8.0 \) Hz, 1H), 5.97 (d, \( J = 19.5 \) Hz with satellite peaks at 34.9, 36.5 Hz, 1H), 5.89 (d, \( J = 19.5 \) Hz with satellite peaks at 34.9, 36.5 Hz, 1H), 4.31–4.25 (m, 1H), 4.25–4.15 (m, 2H), 2.92 (dd, \( J = 4.0, 12.2 \) Hz, 1H), 2.78 (dd, \( J = 7.1, 12.2 \) Hz, 1H), 1.15–1.45 (m, 6H), 1.35–1.25 (m, 6H), 1.21 (s, 6H), 0.97–0.75 (m, 15H).

**3**.4-[3-[1,1-Dimethyl-3-iodo-(2E)-propenyl]amino]-2-hydroxypropoxy)carbazole (1). To a solution of **8** (9 mg, 15 µmol) in CHCl\(_3\) (0.5 mL) was added dropwise a solution of 0.1 M iodine in methanol (150 µL). After 3 h the reaction mixture was diluted with CHCl\(_3\) (10 mL), and to this mixture were added successively aqueous solutions of 1 M KF (0.5 mL) and 1 M NaHSO\(_3\) (0.5 mL). The resulting mixture was stirred for 5 min, the organic phase was dried on Na\(_2\)SO\(_4\) and filtered, and the filtrate was concentrated in vacuo. The residue was purified by column chromatography with EtOAc/hexane (3/2) to yield **1** (6 mg, 90%) as a glass: \( \delta_{H} = -10.8^\circ \) (c = 0.35, CHCl\(_3\)); \( \delta_{NMR} \) (CDCl\(_3\)) \( \delta 8.34 \) (d, \( J = 7.8 \) Hz, 1H), 8.20 (br s, 1H), 7.55–7.45 (m, 2H), 7.43 (t, \( J = 8.0 \) Hz, 1H), 7.37–7.30 (m, 1H), 7.17 (d, \( J = 8.9 \) Hz, 1H), 6.78 (d, \( J = 7.8 \) Hz, 1H), 6.64 (dd, \( J = 1.4, 14.7 \) Hz, 1H), 6.27 (dd, \( J = 1.4, 14.7 \) Hz, 1H), 4.45–4.28 (m, 3H), 2.94 (dd, \( J = 3.9, 12.0 \) Hz, 1H), 2.83 (dd, \( J = 7.0, 12.0 \) Hz, 1H), 1.22 (s, 6H); \( \delta_{C} \) (CDCl\(_3\)) 155.0, 153.1, 140.9, 138.7, 126.7, 125.0, 122.8, 122.4, 119.8, 113.5, 110.0, 103.9, 101.2, 75.0, 69.4, 57.8, 54.6, 26.9, 26.5; MS (ionspray) m/z 451 (M + H\(^+\)). The enantiomeric purity of **1** (ee < 1%) was determined by HPLC separation on a Chiralcel OD HPLC column with n-hexane/isopropl (3/1) with a flow rate of 1.0 mL/min. Retention times for the S- and R-enantiomers were 21.6 and 24.0 min, respectively.

**Synthesis of **1**. To a solution of **8** (200 µg, 0.3 µmol) in ethanol containing 0.2% NH\(_3\) (150 µL) was added [\(^{125}\)I]NaI in 0.05 N NaOH (250 µL, specific activity 185 TBq/mmol) (5000Ci/mmol). This mixture was concentrated in vacuo, and to the residue was added a mixture of acetic acid (450 µL) and 30% H\(_2\)O\(_2\) (50 µL). After a reaction time of 15 min at room temperature, water was added. Then the mixture was loaded on a 18 cartridge (BondElute; 1 mL) and washed with water (20 mL). The resulting solution was filtered, and the filtrate was concentrated in vacuo. Flash chromatography with EtOAc/CH\(_2\)Cl\(_2\) (10:90) yielded **1** (201 mg, 70%), which was loaded on a second C-18 cartridge, washed with water (1 mL), and again eluted with EtOH/CH\(_2\)Cl\(_2\) (20:1, v/v, 2 mL). Finally, the eluate was concentrated in vacuo and the residue was dissolved in CHCl\(_3\) (20 mL) and washed with water (20 mL). The resulting solution was filtered on a 0.22 µm membrane (Millipore FG). Identity and purity were further analyzed by TLC ([\(^{125}\)I] \( R_f = 0.45 \) with \( \chi_2 \) CH\(_3\)Cl/MeOH/HOAc, 84/15/1, v/v/v) and HPLC (vide supra). The radioactive product [\(^{125}\)I] exhibited identical mobilities.
Synthesis, Evaluation of \(^3\)H-Adrenoceptor Radioligand

on TLC and HPLC with those of the nonradioactive product. Radiochemical yield amounted to 15%. Radiochemical purity was > 95%.

**In Vitro Analysis.** Male New Zealand white rabbits, weighing 1.5–2.5 kg, were anesthetized with an intramuscular injection of 5 mg/kg xylazine and 30 mg/kg ketamine and subsequently euanylinized by 200 mg/kg pento-barbital im. The thorax was opened, and the heart was rapidly removed. The left ventricular muscle was dissected, rinsed in 10 mL ice-cold 1 mM KHCO\(_3\) and frozen in liquid nitrogen. The lungs were rinsed in 10 mL of 20 mM NaHCO\(_3\) and also frozen in liquid nitrogen. Both preparations were stored at -80 °C until used for radioligand binding experiments.

**Radioligand Displacement Experiments.** Membrane fractions of the left ventricular muscle and lungs were prepared for radioligand displacement experiments. The method described by Engel et al.\(^{27}\) was used with some modifications: 100 mg of left ventricular muscle was minced with scissors and homogenized in 10 mL of ice-cold 1 mM KHCO\(_3\) by a Polytron homogenizer (full speed, 3 × 5 s). The homogenate was centrifuged at 10,000 g for 20 min. The supernatant was filtered through four layers of cloth gauze and centrifuged at 4500 g for 20 min. The pellet was resuspended, homogenized, and diluted to a level of 100 mL/g of wet weight in incubation buffer (10 mL Tris/HCl, 154 mM NaCl, and 0.01% ascorbic acid at pH 7.4). Lung tissue was prepared using the method described above for the preparation of left ventricular muscle but with the use of 20 mL NaHCO\(_3\) instead of 1 mM KHCO\(_3\) and by diluting the fraction to 400 mL/g of wet weight instead of 100 mL/g of wet weight. All aliquots of the membrane suspension (150 μL) were incubated with 50 μL \[^{125}\text{I}\]iodocyanopindolol (ICYP) in a final concentration of 4.5 × 10\(^{-9}\) M and 50 μL of 1 in final concentrations ranging from 10\(^{-10}\) to maximally 10\(^{-7}\) M. The incubation was terminated by adding 3 mL of ice-cold incubation buffer to the entire mixture followed by rapid vacuum filtration through Whatman GF/C filters. Filters were washed twice with 3 mL of incubation buffer and counted for radioactivity at 74% efficiency in a Beckman γ-counter. Non-specific binding of ICYP to the membrane suspension was defined as the radioactivity bound in the presence of 10\(^{-5}\) M (±)-ICYP 12177. Specific binding was defined as the total minus the non-specific binding. Besides the newly synthesized iodinated compound, we also tested the affinity of CGP 12177 in both pulmonary and left ventricular muscle and the \(\beta_2\)-adrenoceptor antagonist IC118,551 in pulmonary tissue.

**Calculations.** Displacement curves were fitted to the individual binding data by a computer program based on a sigmoidal model for a single receptor subtype (CPlot Software, San Diego, CA). The inhibition constant (Ki) was derived from the equation K_i = EC_{50}(1 + L/K_a), where L equals the concentration of the radioligand ICYP and K_a equals the affinity constant of ICYP for the \(\beta_2\)-adrenoceptor.

**In Vivo Biodistribution Studies.** Male New Zealand white rabbits, weighing 2.5–3.5 kg, were anesthetized with an intramuscular injection of 5 mg/kg xylazine and 30 mg/kg ketamine. Subsequently, the animals received 50 μCi \[^{11}C\]carazolol (specific activity > 5000 Ci/mmol) intravenously via an ear vein. Animals were euthanized at 5, 15, 30, 60, 120, and 240 min after injection. Blood was removed by cardiac puncture. The organs were removed and weighed. Subsequently, radioactivity per individual organ tissue was measured using a γ-counter (Auto-Gamma 5000, Packard Instruments Co., Downers Grove, IL) at 51% efficiency, corrected for decay, weight, and body weight, and expressed as % injected dose (ID) × kg of body weight/g of tissue.

In an additional experiment, animals received an intravenous injection of 0.1 μmol of IC118,551, CGP 12177, (±)-propranolol, atenolol, or vehicle injection, respectively, 10 min prior to the administration of the radioligand to establish specificity of binding of \[^{125}\text{I}\] to the \(\beta_2\)-adrenoceptor (n = 3). These animals were euthanized 2 h after the intravenous administration of \[^{125}\text{I}\].

**Statistical Analysis.** Data are expressed as means ± SEM. Statistical analysis of the results was performed using a nonparametric Mann–Whitney test. For the biodistribution studies ANOVA with a Bonferroni test was performed. A P value < 0.05 was considered to indicate statistical significance of differences.

**Drugs Used.** (±)-CGP 12177 was obtained from Ciba-Geigy (Basel, Switzerland). ICYP (specific activity 2200 Ci/mmol) was provided by Du Pont de Nemours, New England Nuclear (Boston, MA). All other chemical compounds were obtained from Sigma Chemical Co. (St. Louis, MO).

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