

# VIROLOGY

Research, Development and  
Applications of Antiviral Agents 1

# EPIDEMIOLOGY OF VIRAL DISEASES

## Prevention and control



### **Vaccines:**

the proven best defense  
against viruses

**Vaccines** have been very successful in preventing some viral diseases; however, they provide modest to no therapeutic effect in individuals that are already infected

# EPIDEMIOLOGY OF VIRAL DISEASES

## Prevention and control

Consequently, the second arm of antiviral defense has been the development and use of molecules capable of preventing an infection or stopping it once started.



### **Antiviral drugs:**

small molecules that block  
virus replication

# EPIDEMIOLOGY OF VIRAL DISEASES

## Prevention and control



### **Antiviral drugs:**

small molecules that block virus replication

However, despite 50 years of research, our arsenal of antiviral drugs remains dangerously small.

Only less than 50 antiviral drugs are available on the market

Most against HIV, HBV, HCV, Herpesviruses (persistent infections)



# THE CONUNDRUM OF ANTIVIRAL CHEMOTHERAPY: So Much Knowledge, So Few Antivirals

- Safety is the overriding concern in antiviral drug discovery! Compounds interfering with virus growth often have adverse severe effects on the host:
  - Side effects are common (unacceptable)
  - Every step in viral replicative cycle engages host functions
- No broad-spectrum of antiviral agents are currently available

# THE CONUNDRUM OF ANTIVIRAL CHEMOTHERAPY: So Much Knowledge, So Few Antivirals

- **Another serious problem for antiviral discovery:**
  - Many acute infections are of short duration and by the time the individuals feel ill the virus is no longer replicating and indeed may have already been cleared from the host. Thus, too late to impact clinical disease.
  - Antiviral drugs for these viruses must be given early in infection or prophylactically to populations at risk.
  - Safety issues: giving drugs to healthy people not wise
- The lack of rapid diagnostic tests has hampered development of antiviral drugs
- Many medically important viruses are difficult or impossible to grow in laboratory (eg. HBV, HPV), too dangerous (Ebola).

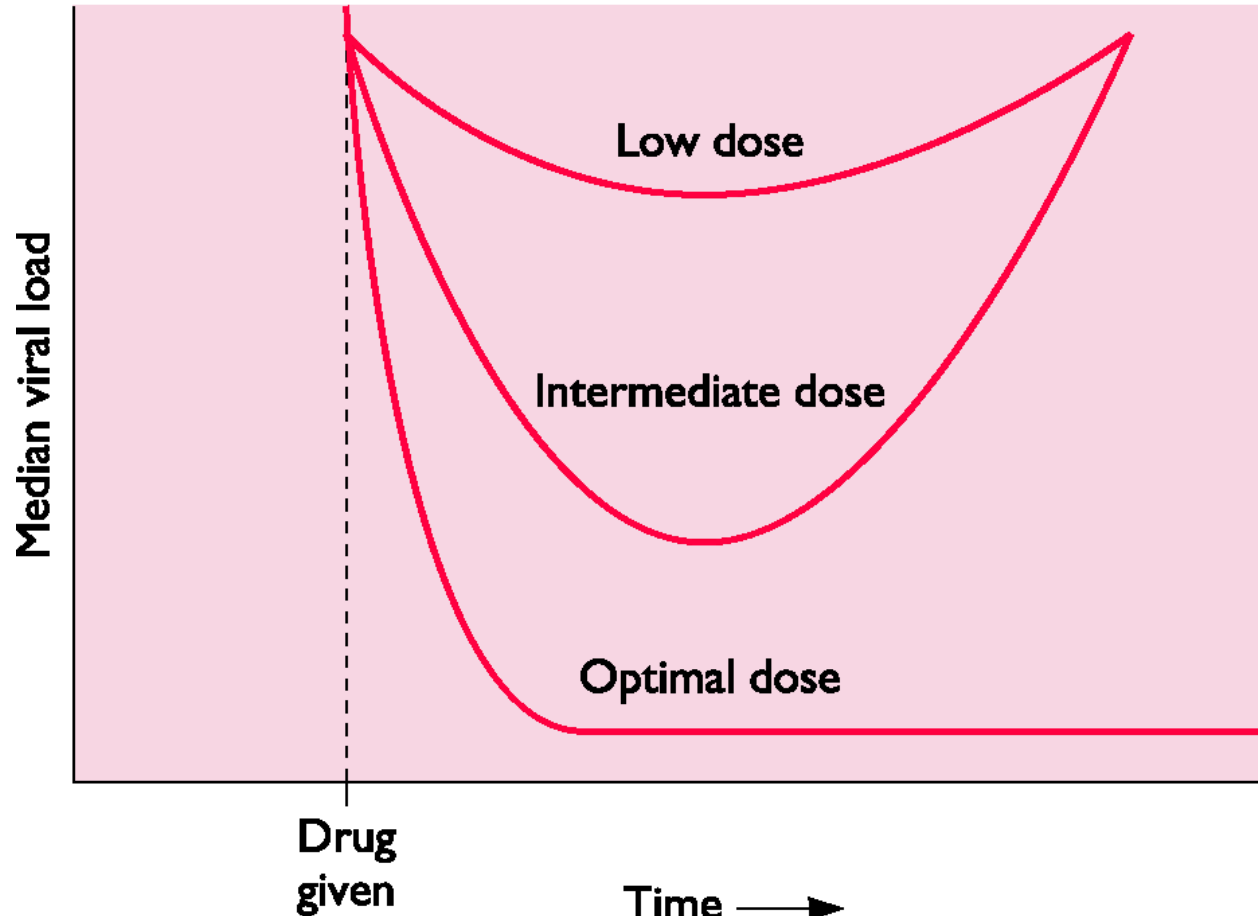
# THE CONUNDRUM OF ANTIVIRAL CHEMOTHERAPY: So Much Knowledge, So Few Antivirals

*An unappreciated reason may be the most important*

- Antiviral compounds must be virtually 100% efficient in blocking virus growth.
- A compound must block virus replication completely!
- So, it must be extremely potent!!!
- Partially inhibition is not acceptable for an antiviral: even a modest viral replication in the presence of a drug provides the opportunity that drug-resistant mutants arise.
- Makes drug discovery expensive.

# The problem of viral resistances

## REPLICATION=MUTATION



**If the administered drug dose does not completely suppresses viral replication, mutant viruses will be selected**

# ANTIVIRAL RESEARCH HISTORY


- The first modest search for antiviral drugs occurred in 1950s.
  - *Chemists looked at derivatives of the sulfonamide antibiotics.*
  - *Synthesis of thiosemicarbazones active against poxviruses.*
  - *Smallpox was still a major threat after WWII.*
- 1960s and 1970s: “blind screening” programs to find chemicals with antiviral activity spurred on by successes in the treatment of bacterial infections with antibiotics.
- No attempt to focus discovery on a virus or a virus-specific mechanism
- Random chemicals and natural product mixtures tested for ability to block replication of a variety of viruses in cell culture systems.
- Considerable effort, very little success: one exception!
- Symmetrel (Amantadine) approved late 1960s for Influenza A virus infections. Mechanism of action discovered only in 1990s.

# Antiviral discovery today


## Modern antiviral discovery

*The advent of modern molecular virology, recombinant DNA technology and sophisticated chemistry make possible the **TARGETED DISCOVERY***

- Essential viral genes cloned, expressed in genetically tractable organisms, purified, and analyzed in atomic detail.
- Life cycles of most viruses known, targets for intervention can be generalized.
- Modern technology allows inhibitors to be found even for viruses that cannot be propagated in cell culture

**Blind screening**  Is no longer attractive

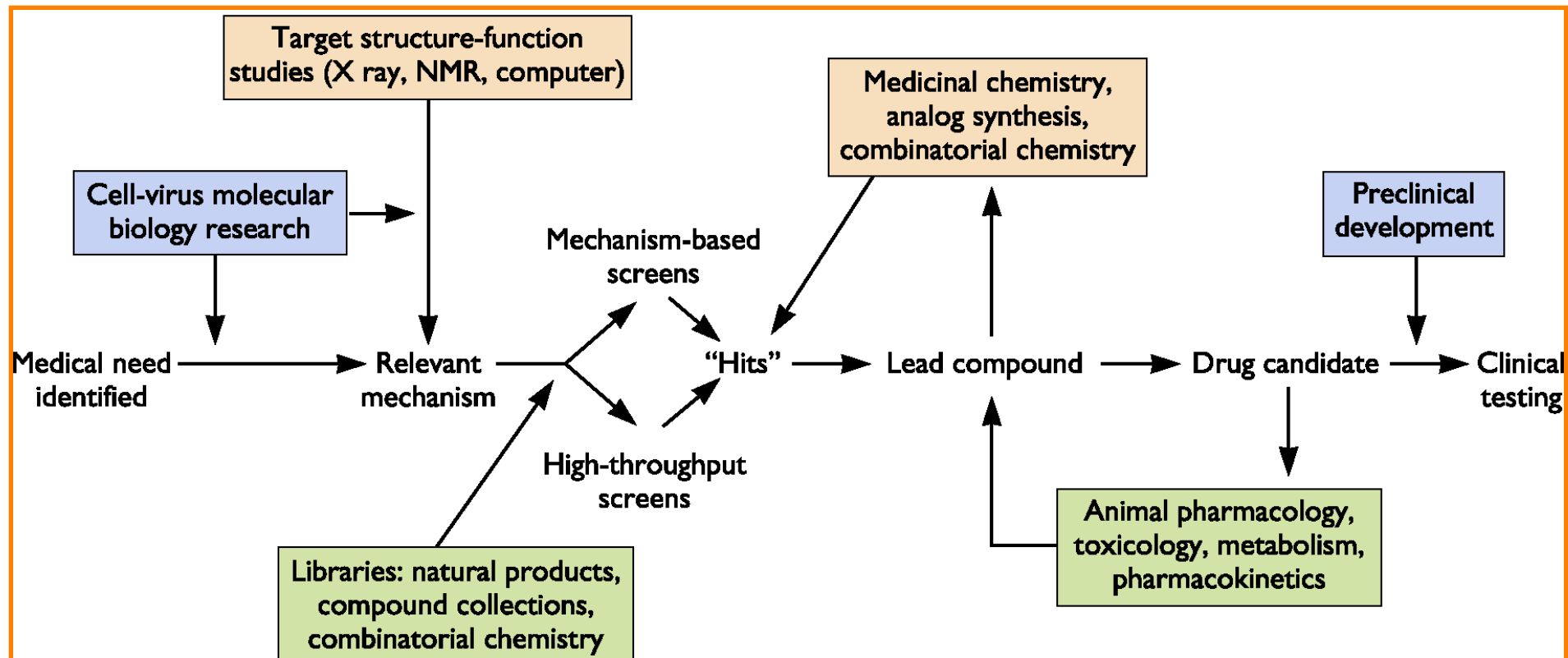
# Antiviral discovery today

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## Modern antiviral discovery

- Mechanism-based screens
- Cell-based assays
- Combinatorial chemistry
- High-throughput screens
- Computational Approaches:
  - Structure-assisted drug design
  - Genome sequencing, proteomic analyses
  - *In silico* discovery via Virtual Screening

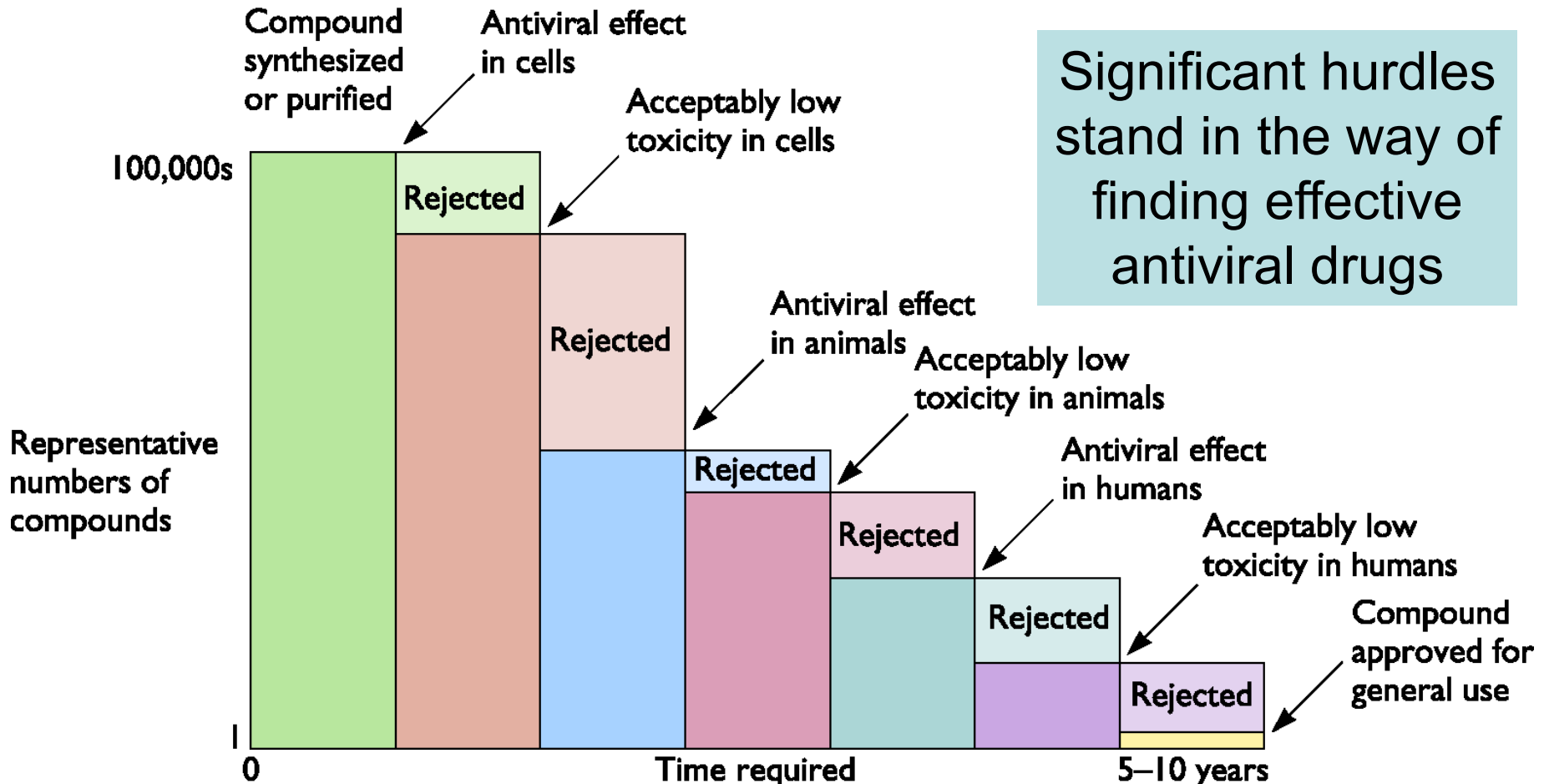
# Search and development of antiviral drugs



The path of modern antiviral drug discovery



# R&D of antiviral discovery: antiviral drugs are expensive to discovery, develop, and bring to market

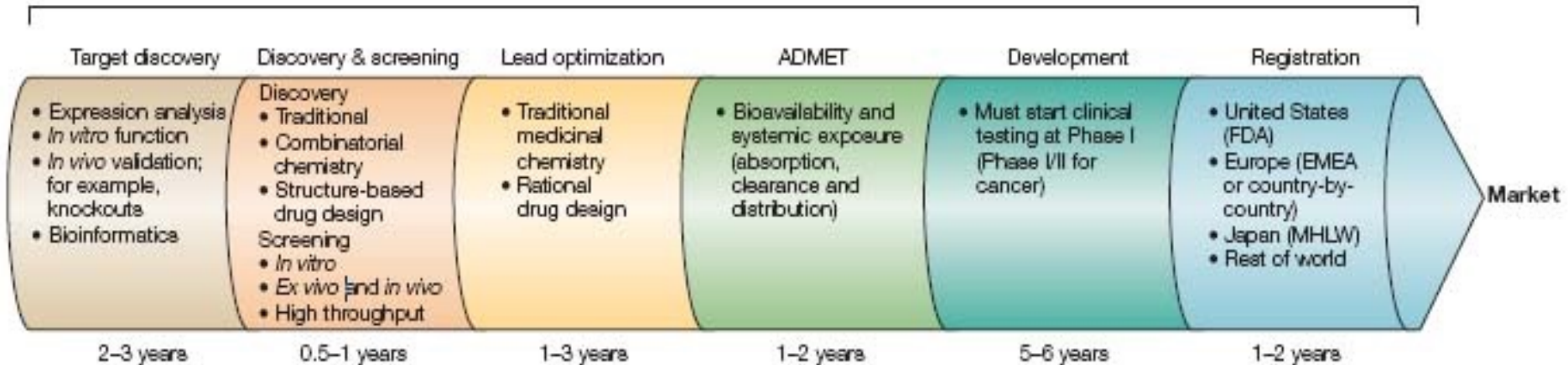


**Staircase of drug discovery:** it can take 5 to 10 years after the initial lead is found to get a drug to the market and it may cost 100M\$ to 500M\$

# R&D of antiviral discovery: antiviral drugs are expensive to discovery, develop, and bring to market

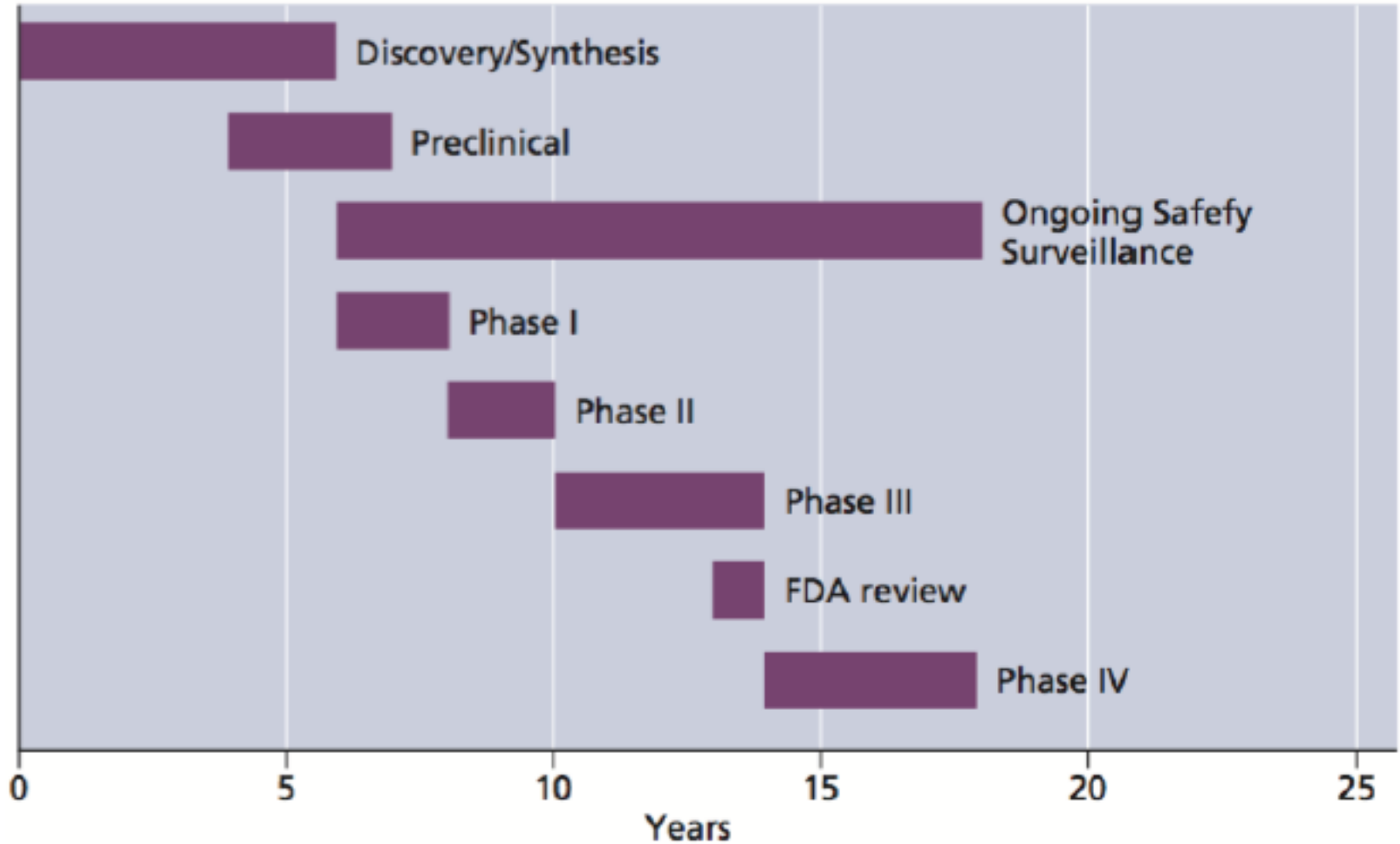
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*De novo* drug discovery and development  
• 10–17 year process  
• <10% overall probability of success



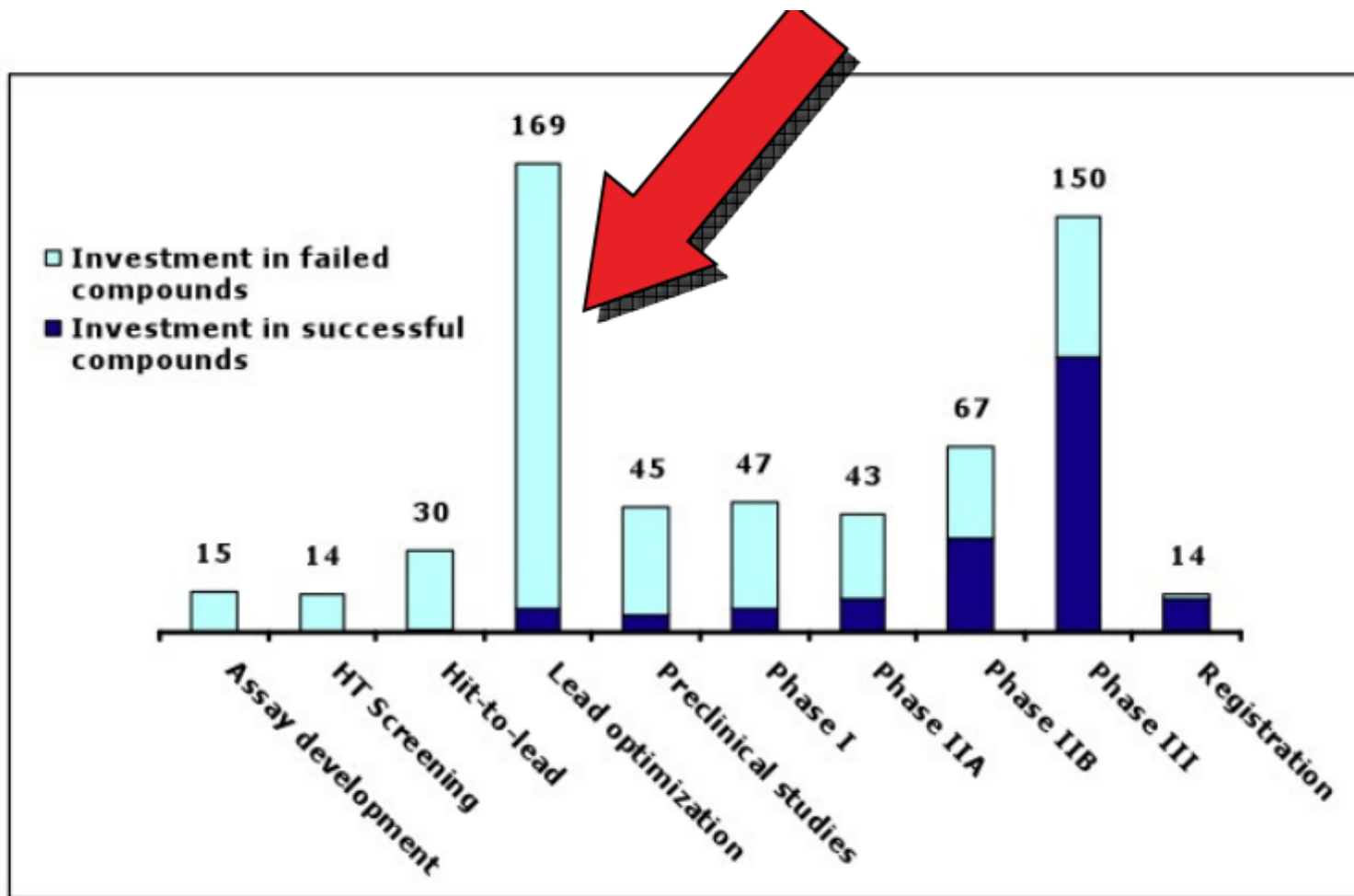
- Long process, estimated time from 10 to 17 yrs
- Low overall probability of success: <10%;
- Cost-expensive process:  
high ratio failed compounds/successful compounds.

# R&D of antiviral discovery: preclinical and clinical testing



From drug discovery to the hospital

## R&D of antiviral discovery: costs and risks



Investment per phase of drug discovery and development for one successful drug (USD millions)

# Search and development of antiviral drugs

## **Table 19.8** Key points for drug hunters seeking commercially viable antiviral drugs

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### **Virology issues**

Must obtain proof of principle as soon as possible.

- What is the molecular mechanism? Does the drug work in tissue culture and in animal models as predicted?

Compound should block viral spread early to limit cytopathology and host cytokine/inflammatory response.

- Drug must block replication completely and must not make an infection “persistent” by slow replication and spread.

Resistance to the antiviral drug must be manageable.

- Resistance mutations arise when any virus is permitted to repli-

# Search and development of antiviral drugs

## **Business issues**

Compound should be safe with no side effects.

Compound should be inexpensive to manufacture.

Compound should be easy to formulate and deliver.

- A pill to be swallowed is much preferred over injection.


Compound must satisfy an unmet medical need.

- That is, it must be better than any competitive drug or, better yet, have no competition.

Ultimately, a profit should be possible.

- The market should be large enough to allow a profit to be made.
-

# Search and development of antiviral drugs

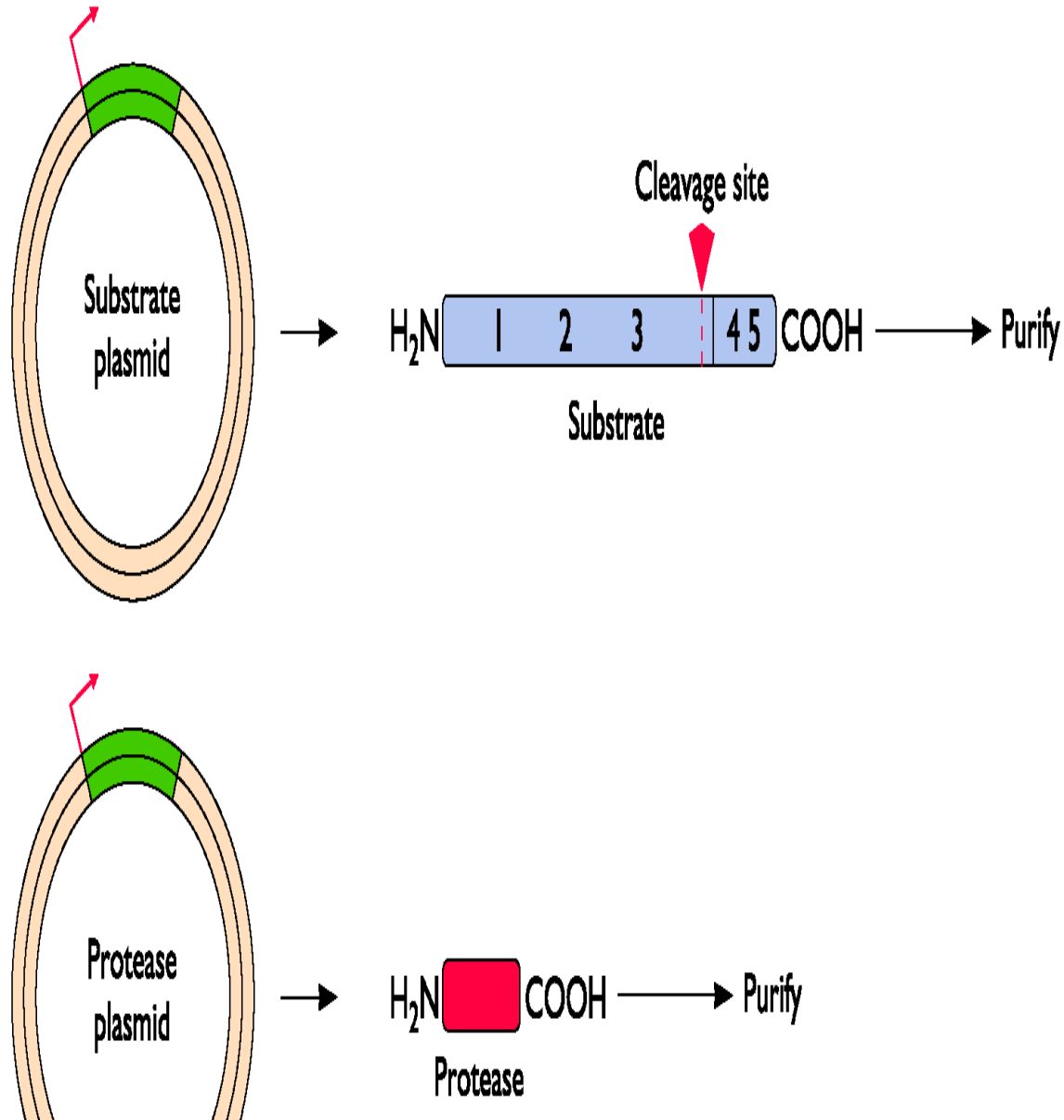
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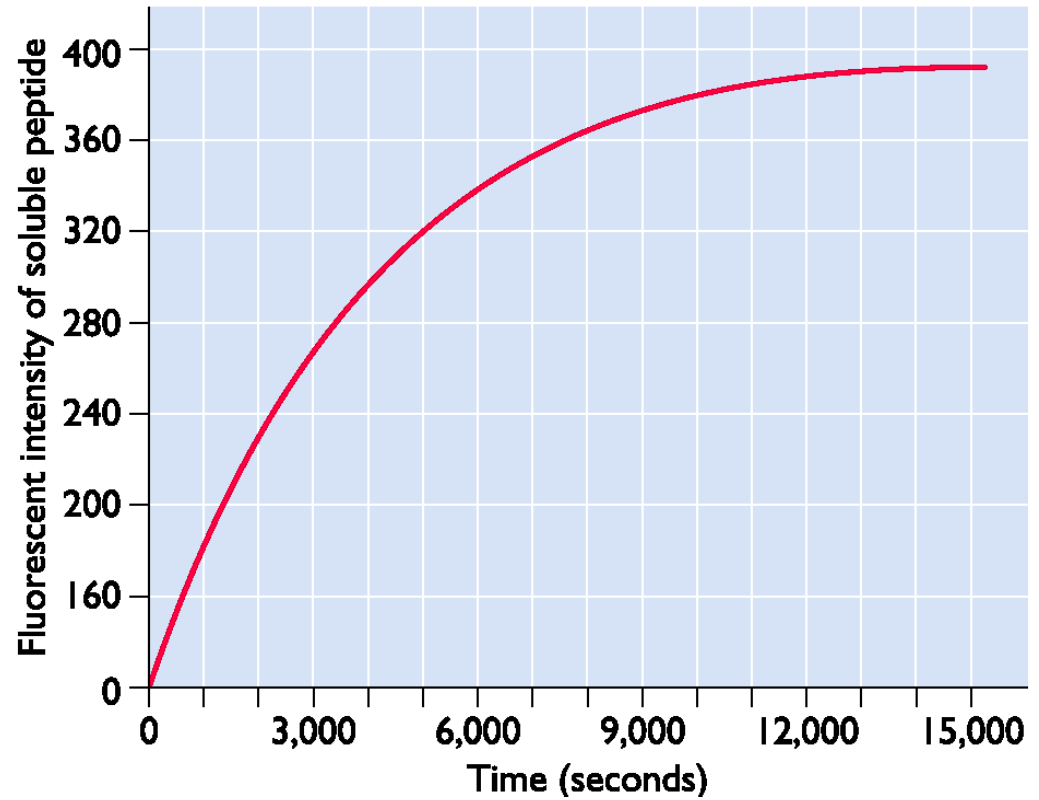
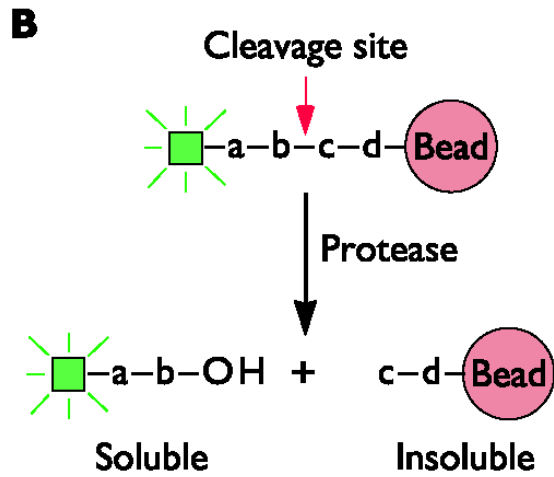
# Mechanism-based assay to select inhibitors of a viral protease

A





# Mechanism-based assay to select inhibitors of a viral protease

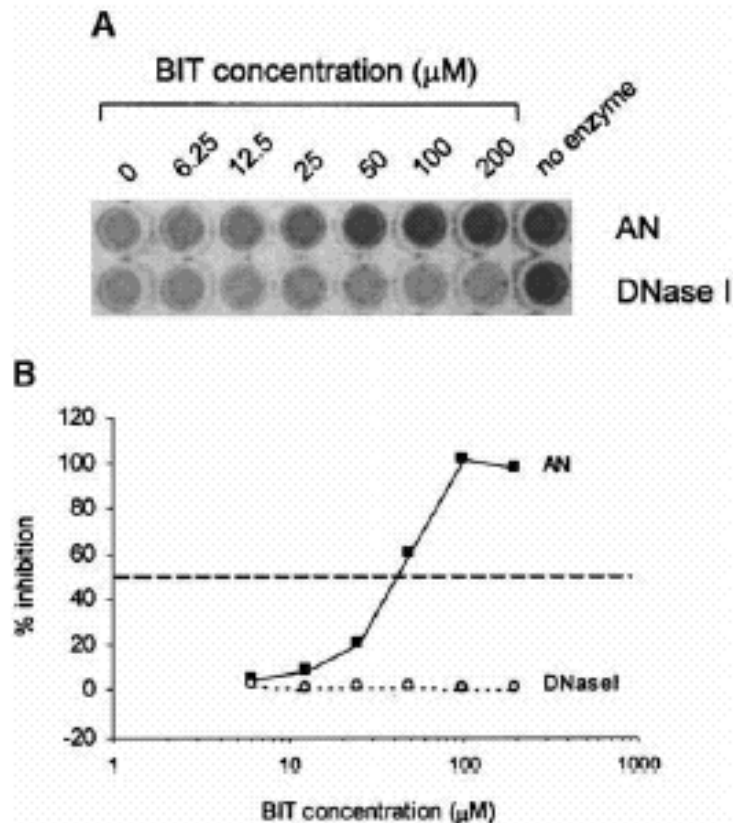


## An example of a mechanism-based assay to select inhibitors of a viral nuclease

### A Colorimetric Assay for High-Throughput Screening of Inhibitors of Herpes Simplex Virus Type 1 Alkaline Nuclease


Joel C. Bronstein and Peter C. Weber<sup>1</sup>

*Infectious Diseases Section, Pfizer Global Research and Development, Ann Arbor, Michigan 48105*



**Nuclease assays.** The DNA–methyl green degradation assay utilized a DNA substrate complexed with the intercalating dye methyl green and was obtained commercially (Sigma Chemical Co.). Degradation of the DNA substrate resulted in release of the dye and a corresponding loss of solution color. Assays were carried out as 150- $\mu\text{l}$  reactions in 96-well plates and included 75  $\mu\text{l}$  water, 15  $\mu\text{l}$  10 $\times$  assay buffer (0.5 M Tris–HCl, pH 7.5, 30 mM  $\text{MgSO}_4$ ), 5  $\mu\text{l}$  compound stock prepared in methanol, 30  $\mu\text{l}$  AN (2  $\mu\text{g}$ ) or bovine pancreatic DNaseI (0.15 units) diluted in DE buffer just prior to use, and 25  $\mu\text{l}$  DNA–methyl green substrate (25  $\mu\text{g}$  from a 1 mg/ml stock). Typically all of the components of the reaction were added with the exception of the substrate, and the plate was mixed and incubated at 37°C for 5 min. The DNA–methyl green substrate was then added to start the reaction, and the plate was then mixed again and incubated at 37°C for 3 h. The reaction was terminated by the addition of 50  $\mu\text{L}$  sodium citrate (0.2 M, pH 7.5), and the plate was then mixed, sealed, and stored in the dark at room temperature for at least 12 h to allow color equilibration before reading on a spectrophotometer to determine  $A_{620}$ . AN inhibitor screens typically included the

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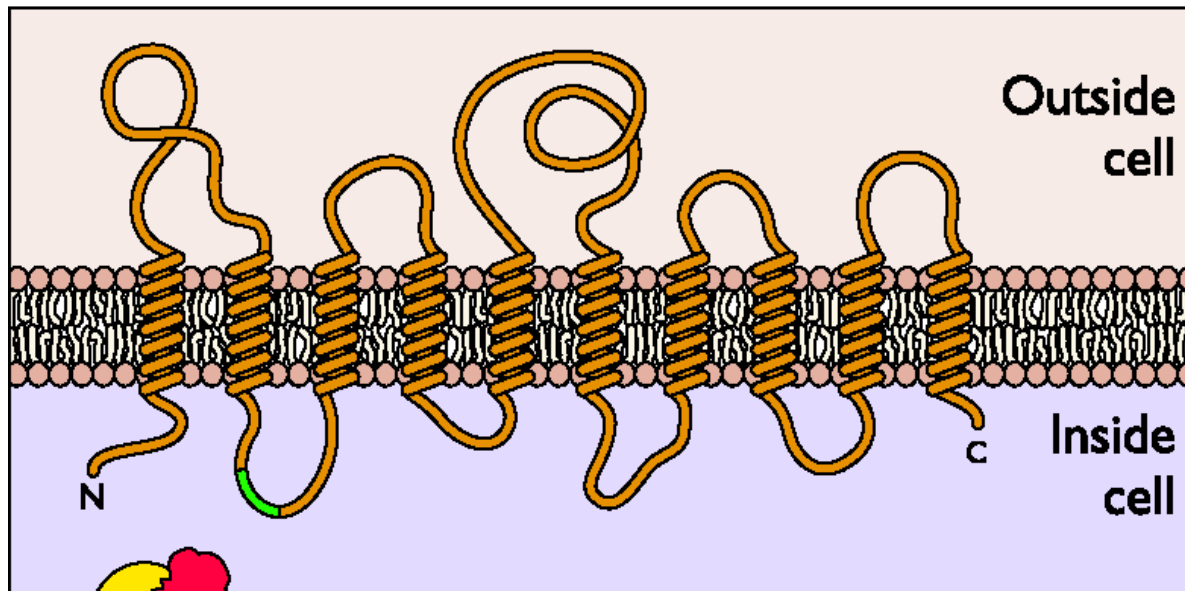
## Modern antiviral discovery

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# A cell-based assay to select inhibitors of HIV protease

Grafsrom et al., *Adv. Exp. Med. Biol.* 312:25-40, 1992

## Active tetracycline efflux protein

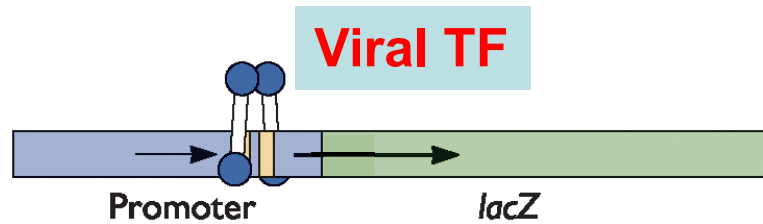
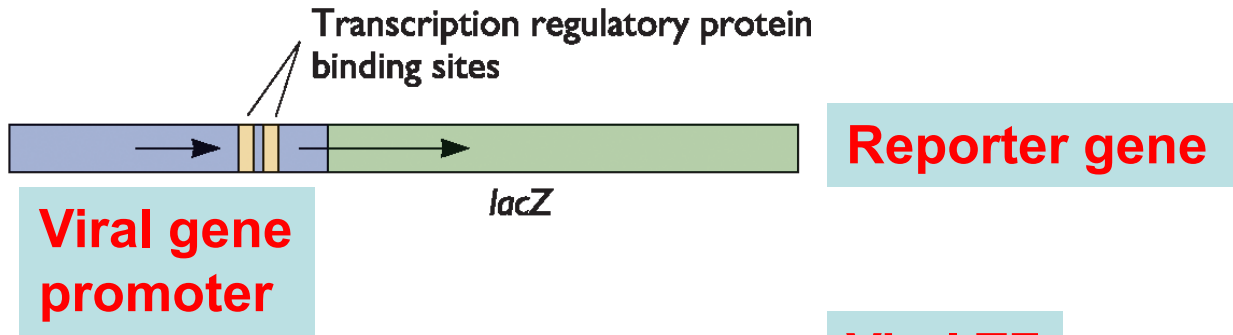


**Tetracycline-resistant bacteria**

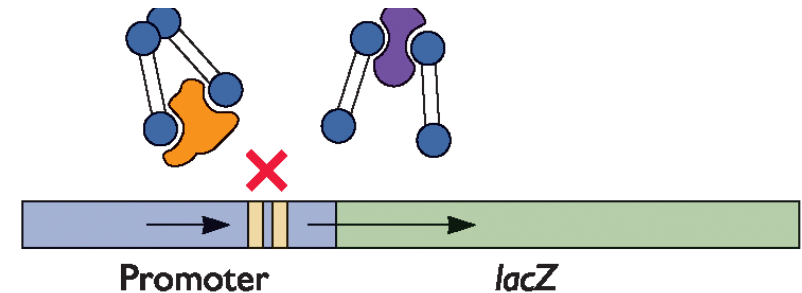


Addition of a protease inhibitor blocks cleavage, leaving an active tetracycline efflux protein

# A cell-based assay to select inhibitors of the activity of viral transcription factors



A small molecule that directly blocks DNA binding of the protein or blocks a protein-protein interaction required for the cooperative binding can be identified

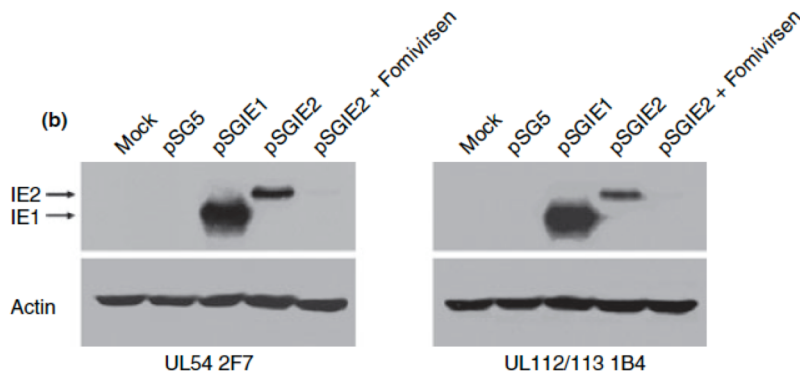
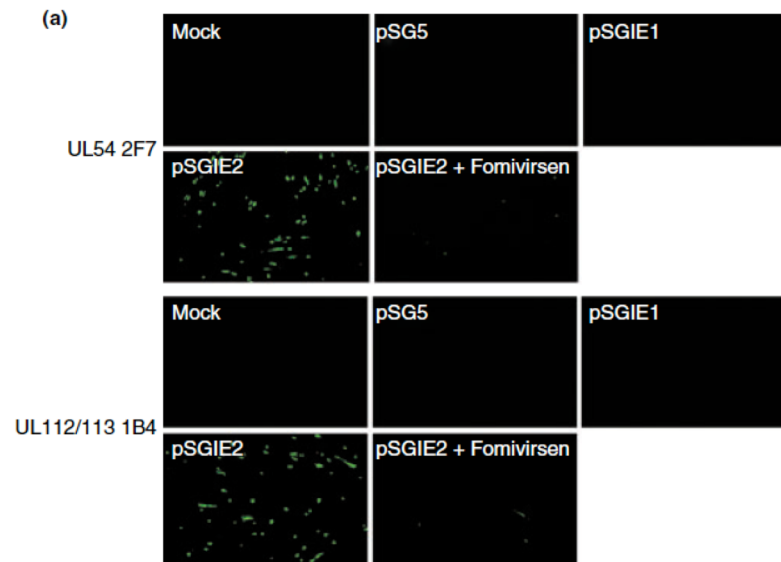


# New cell-based indicator assays for the detection of human cytomegalovirus infection and screening of inhibitors of viral immediate-early 2 protein activity

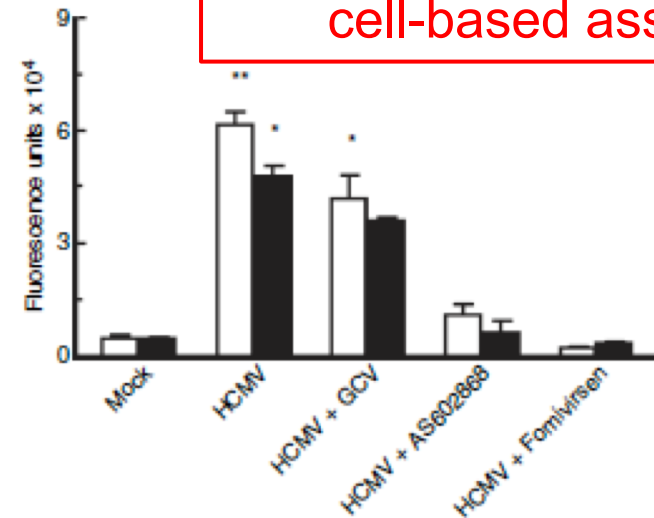
A. Luganini<sup>1</sup>, P. Caposio<sup>1</sup>, M. Mondini<sup>2</sup>, S. Landolfo<sup>1</sup> and G. Gribaudo<sup>1</sup>

<sup>1</sup> Department of Public Health and Microbiology, University of Torino, Torino, Italy

<sup>2</sup> Department of Clinical and Experimental Medicine, University of Piemonte Orientale, Novara, Italy



## HCMV IE2-dependent cell-based assay



**Figure 4** Effect of anti-cytomegaloviral drugs on EGFP expression in UL54 2F7 and UL112/113 1B4 cells. UL54 2F7 and UL112/113 1B4 cells were infected HCMV AD169 (moi 5) or mock-infected. Where indicated, the cells were pretreated and treated with 5  $\mu\text{mol l}^{-1}$  fomivirsen (SIS 2922) or 20  $\mu\text{mol l}^{-1}$  AS602868 1 h prior to and during infection, or 100  $\mu\text{mol l}^{-1}$  GCV after virus adsorption. At 72 h p.i., the cells were lysed and assayed for quantitative EGFP expression by automated fluorometry. The data shown in each column are the mean  $\pm$  SD (error bars) of three independent experiments. \* $P < 0.05$  compared with control, \*\* $P < 0.01$  compared with control ( $\square$ ), UL54 2F7; ( $\blacksquare$ ), UL112/113 1B4.

## Drug Repurposing Approach Identifies Inhibitors of the Prototypic Viral Transcription Factor IE2 that Block Human Cytomegalovirus Replication

Beatrice Mercorelli,<sup>1,4</sup> Anna Lugini,<sup>2,4</sup> Giulio Nannetti,<sup>1</sup> Oriana Tabarrini,<sup>3</sup> Giorgio Palù,<sup>1</sup> Giorgio Gribaudo,<sup>2,5</sup> and Arianna Loregian<sup>1,5,\*</sup>

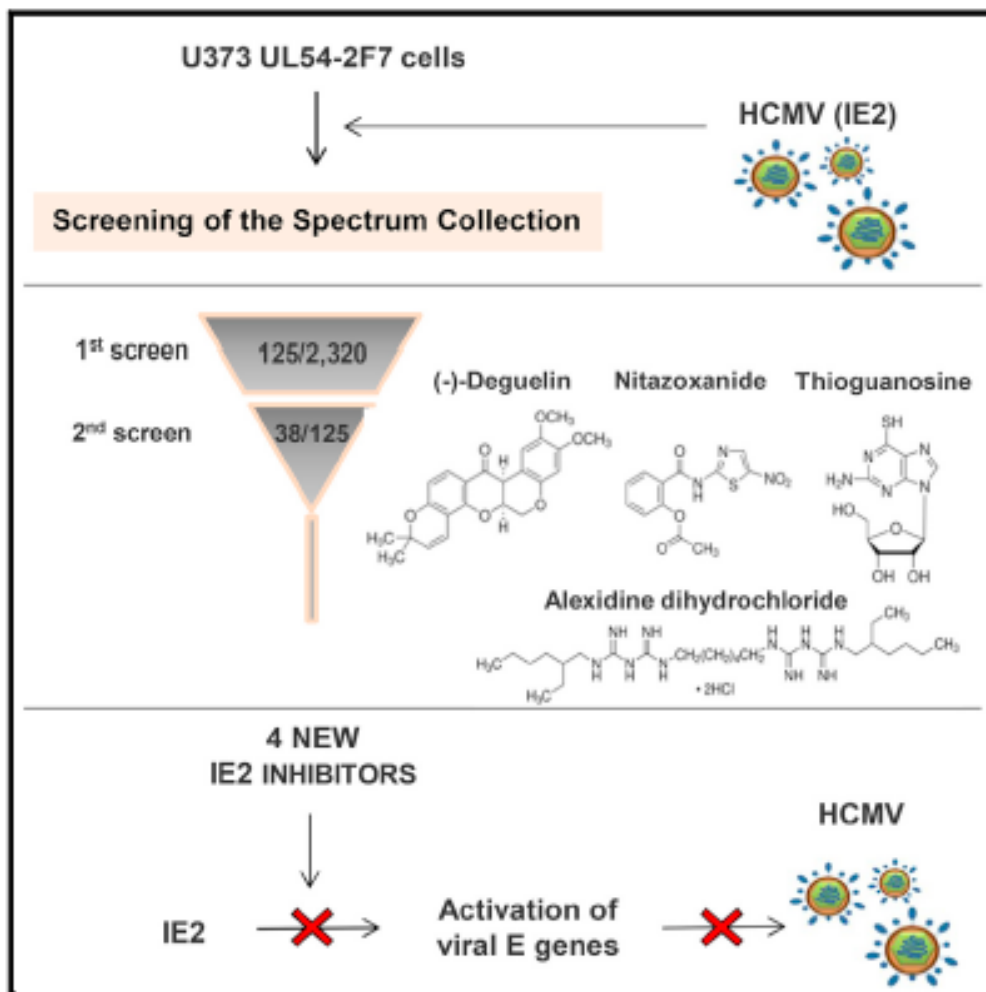
<sup>1</sup>Department of Molecular Medicine, University of Padua, 35121 Padua, Italy

<sup>2</sup>Department of Life Sciences and Systems Biology, University of Turin, 10123 Turin, Italy

<sup>3</sup>Department of Pharmaceutical Sciences, University of Perugia, 06123 Perugia, Italy

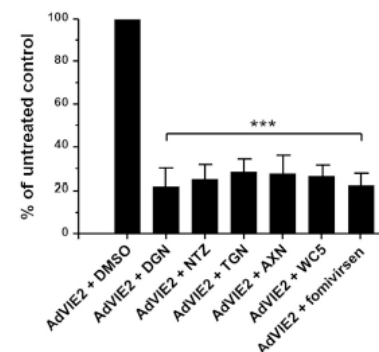
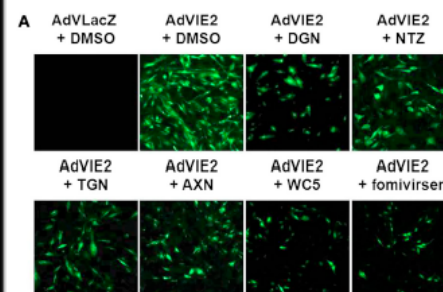
<sup>4</sup>Co-first author

<sup>5</sup>Co-senior author

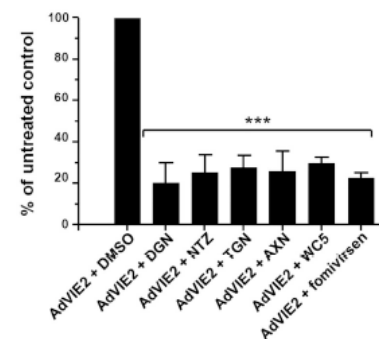
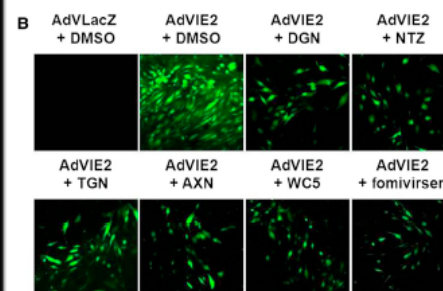


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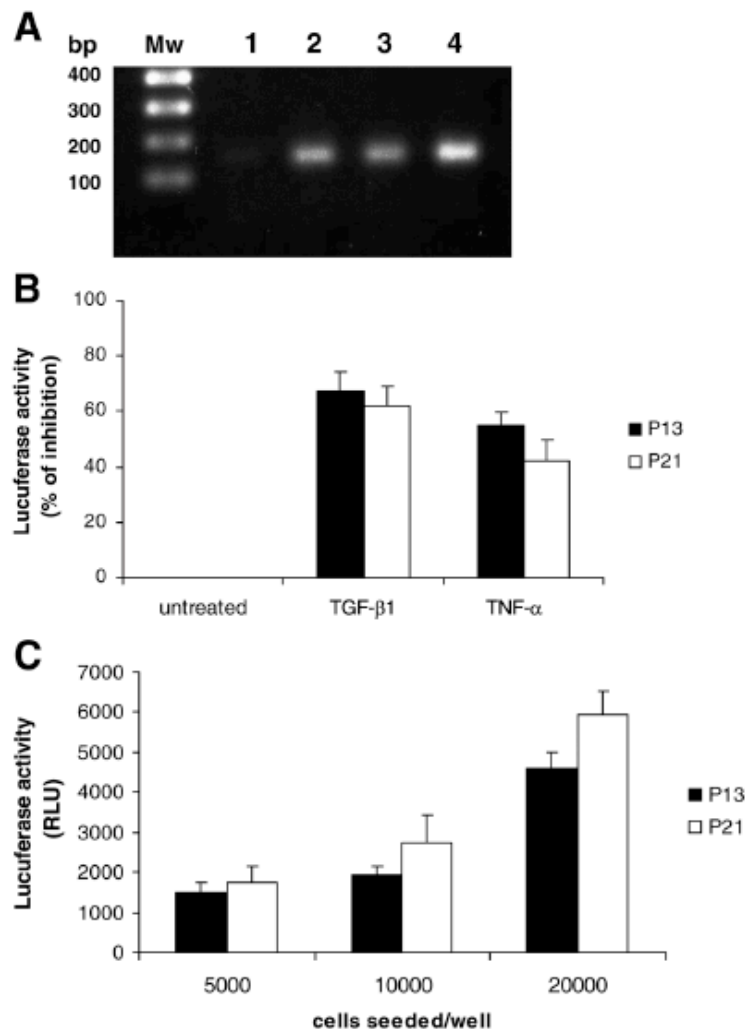
UL54-2F7



UL112/113-1B4



## A cell-based high-throughput assay for screening inhibitors of human papillomavirus-16 long control region activity




### Effect of cytokines on HPV-16 LCR activity

Cytokines	% of LCR inhibition (mean values $\pm$ sd)	Group <sup>a</sup>
<b>Anti-inflammatory</b>		
IL-4	56.6 $\pm$ 7.2	III
IL-10	0	I
IL-13	64.3 $\pm$ 5.8	III
TGF-β1	61.4 $\pm$ 8.4	III
TGF-β2	60.1 $\pm$ 6.5	III
TGF-β3	58.9 $\pm$ 5.9	III
Activin	32.4 $\pm$ 4.3	II
GDF-15	16.3 $\pm$ 2.1	I
Osteonectin	0.2 $\pm$ 0.03	I
<b>Pro-inflammatory</b>		
IL-1β	33.3 $\pm$ 4.6	II
IL-15	12.6 $\pm$ 1.8	I
IL-17	29.6 $\pm$ 3.6	I
IL-18	3 $\pm$ 0.5	I
IL-19	9 $\pm$ 1.2	I
IL-20	10.2 $\pm$ 0.8	I
IL-22	10.3 $\pm$ 1.7	I
TNF-α	53.7 $\pm$ 4.3	III
GM-CSF	12 $\pm$ 0.7	I
<b>Growth factors</b>		
IL-3	2.1 $\pm$ 0.09	I
IL-6	5.2 $\pm$ 0.3	I
IL-7	2.5 $\pm$ 0.5	I
IL-21	2.4 $\pm$ 0.4	I
<b>Chemotactic factors</b>		
IL-8	0	I
IP-10	5.2 $\pm$ 0.9	I
LEC	16.1 $\pm$ 2.3	I
MIP-1α	0	I
MIP-1β	27.3 $\pm$ 3.8	I
NAP-2	0	I
I-309	0.9 $\pm$ 0.2	I
<b>Interferons</b>		
IFN-α	58.2 $\pm$ 7.6	III
IFN-β	63.1 $\pm$ 4.8	III
IFN-γ	35.5 $\pm$ 4.3	II

<sup>a</sup>Groups are formed according to the % of LCR inhibition: I, 0-29%; II, 30-49%; III, 50-70%.



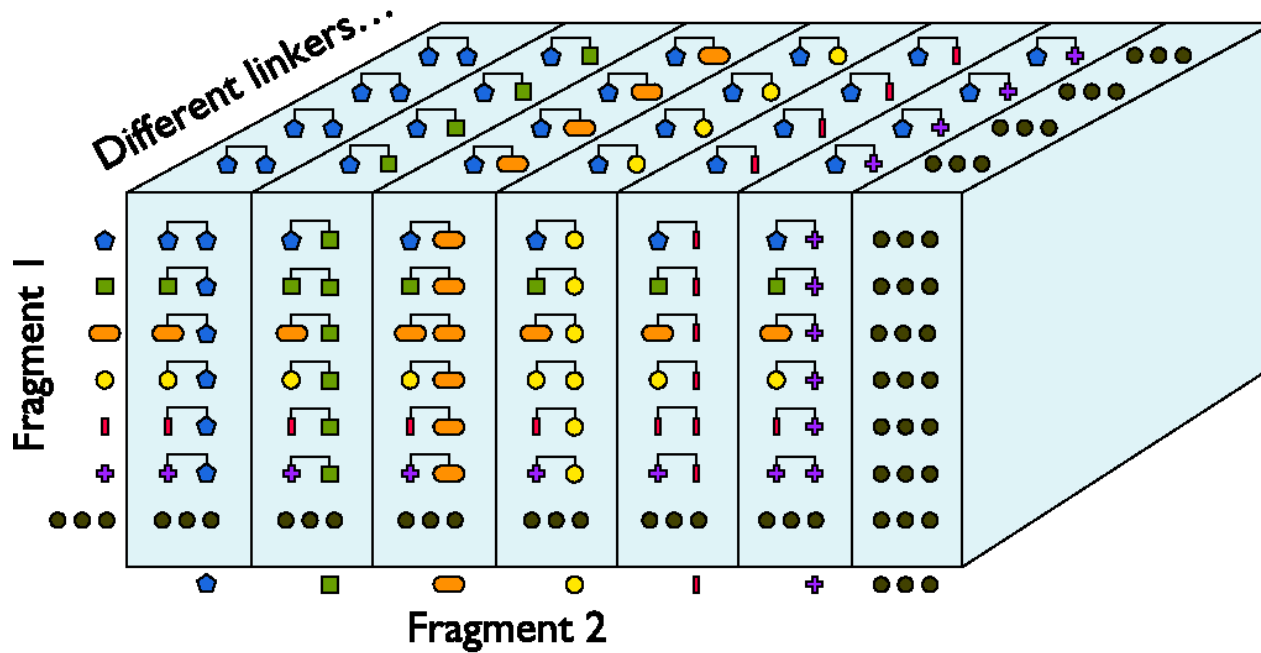
# Search and development of antiviral drugs

**Blind screening**  Is no longer attractive

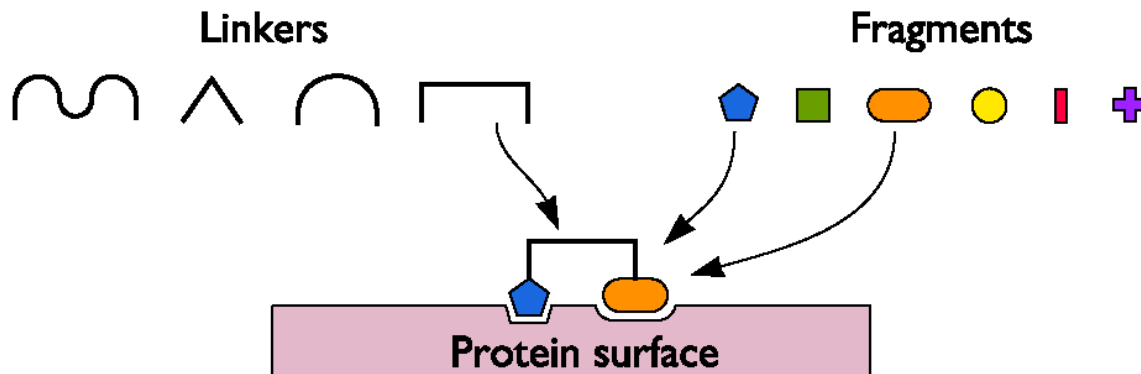
## Modern antiviral discovery

- Mechanism-based screens
- Cell-based assays
- **Combinatorial chemistry**
- **High-throughput screens**
- Computational Approaches:
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  - Genome sequencing, proteomic analyses
  - *In silico* discovery via Virtual Screening

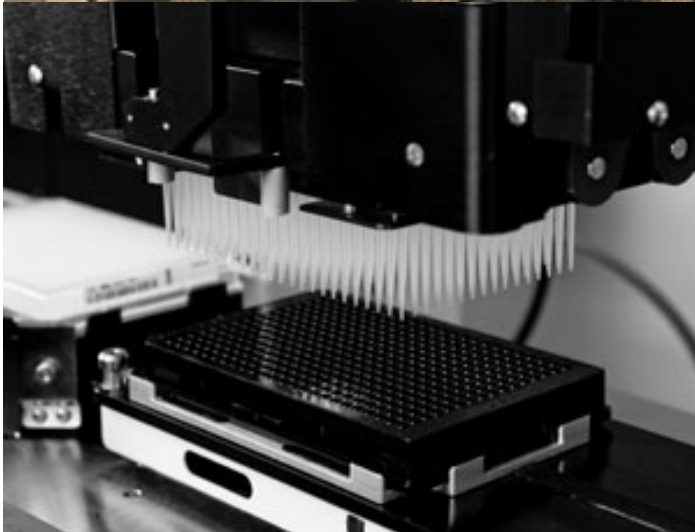
# Combinatorial chemistry




Eg. If assembled pairwise with 10 linkers, a collection of 10,000 small molecules yields a library of  $10^9$  new combinations.



# Automated high-throughput screens



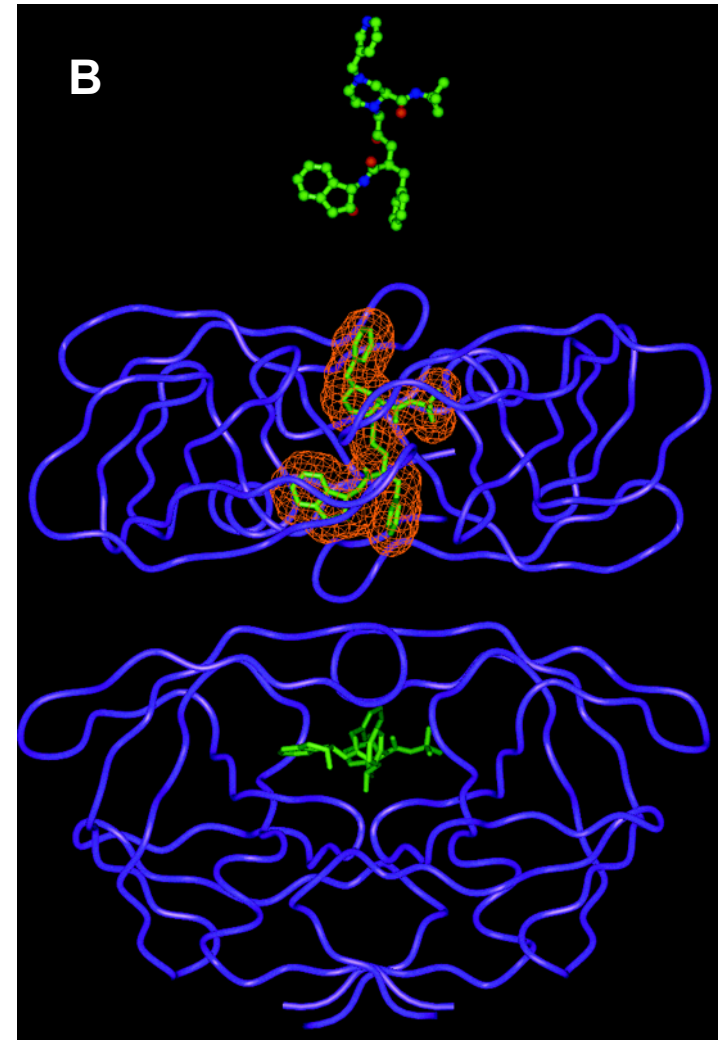
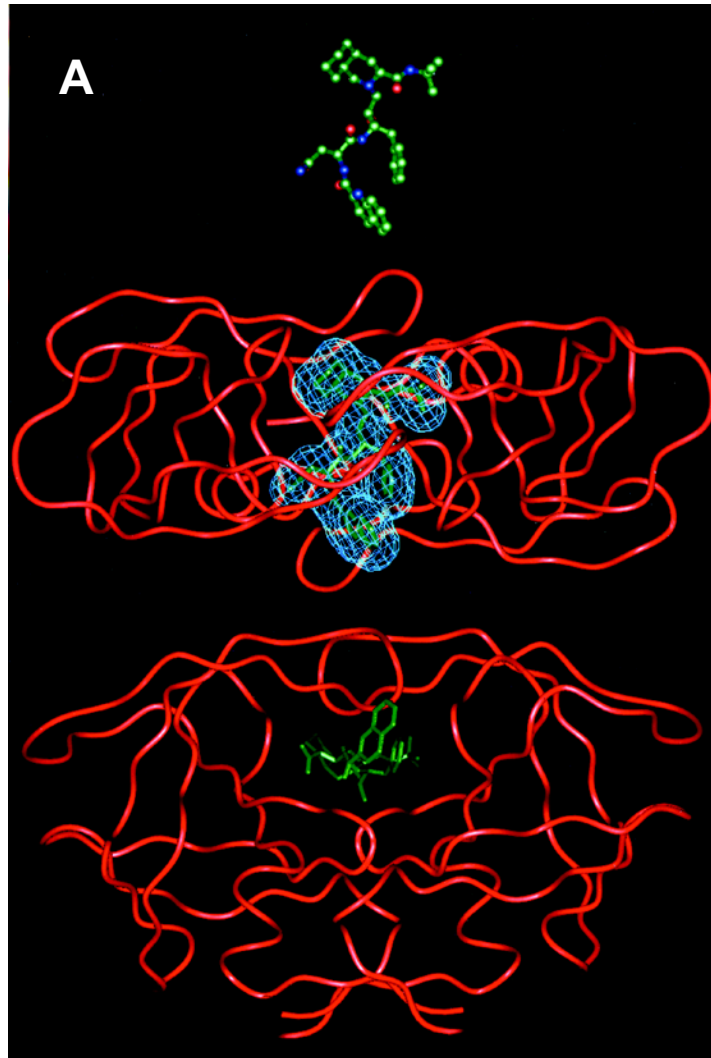
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# Structure-assisted drug design as an example of computational approach to drug discovery



Structure of HIV protease with the inhibitors saquinavir (A) e indinavir (B)

# Druggable Human Viruses

Herpes simplex virus (HSV)

Varicella-zoster virus (VZV)

Human Citomegalovirus (CMV)

Human Immunodeficiency virus (HIV)

Influenza virus

Respiratory Syncytial virus (RSV)

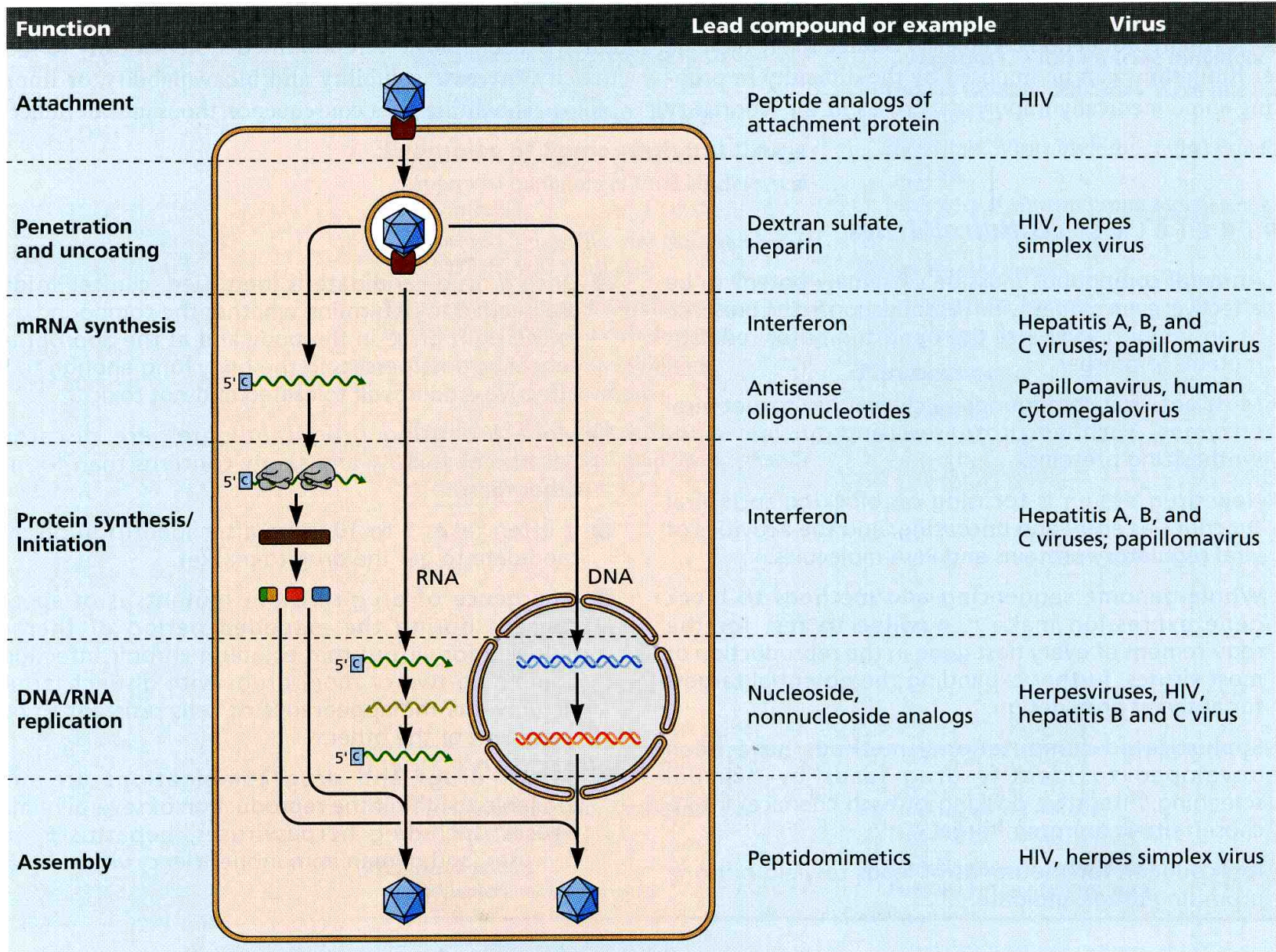
Hepatitis viruses A, B, C (HAV, HBV, HBC)

Human Papillomavirus (HPV)

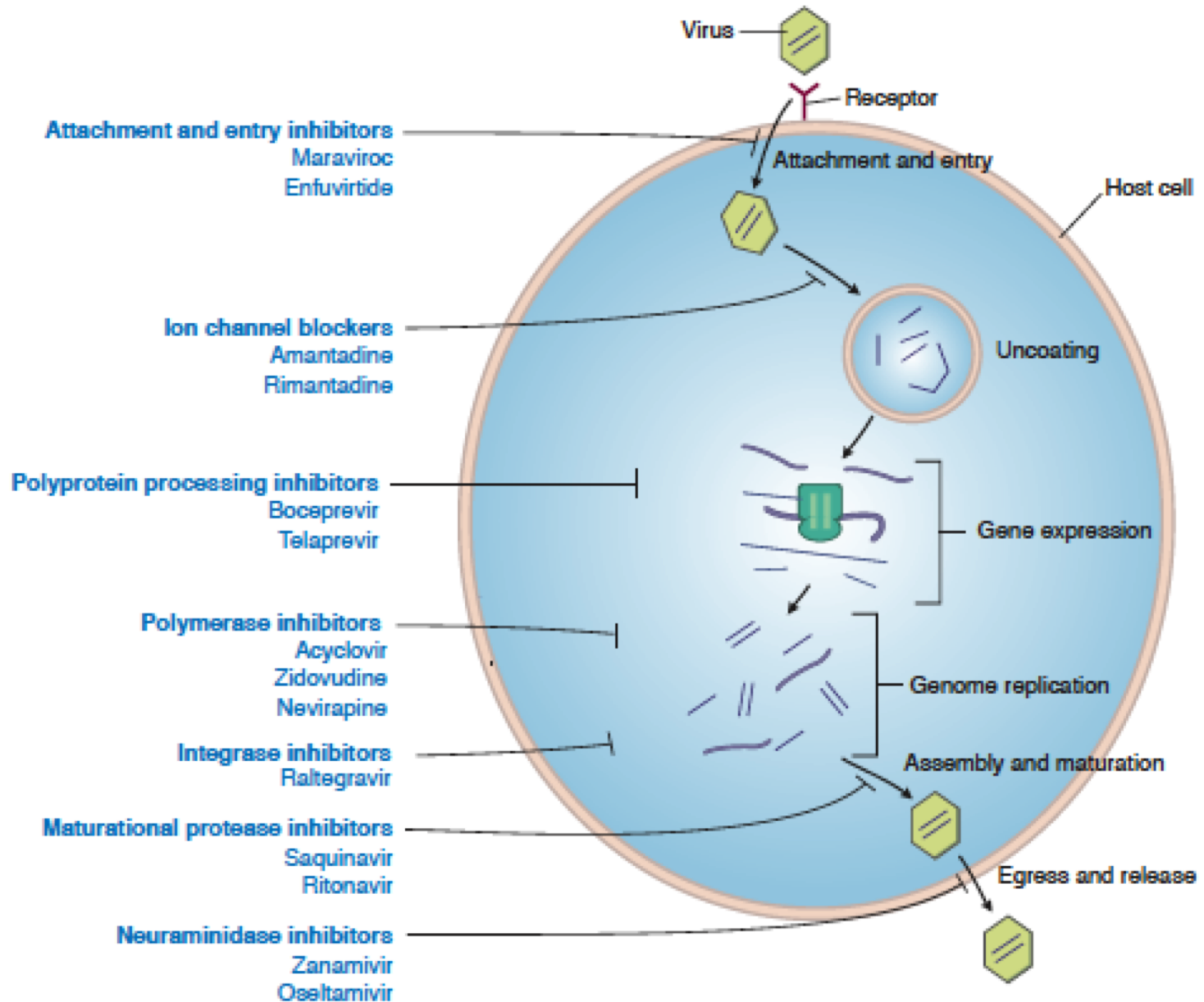
Picornavirus



# Knowledge of viral cycles identifies general targets for antiviral drug discovery

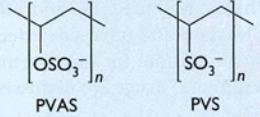
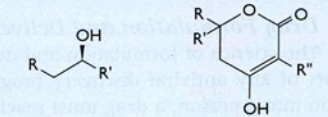
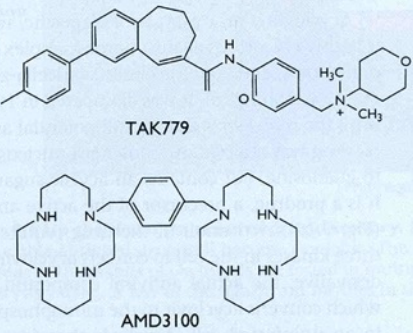
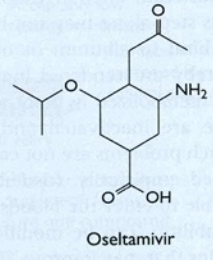
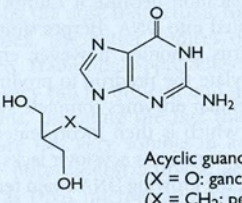
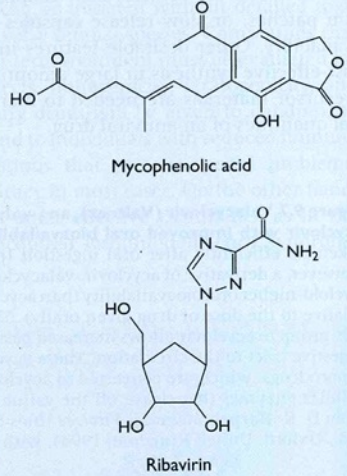
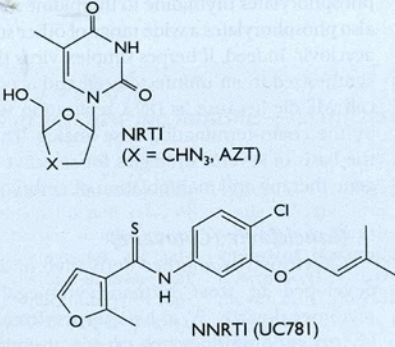
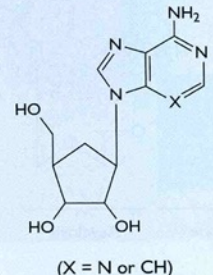
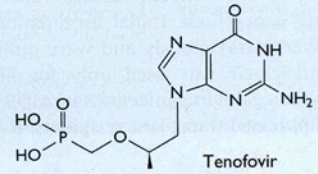


# Some viral targets for antiviral drug discovery





# The prototypic compounds (pharmacophores) of important classes of antiviral agents

Important classes	Structures	Important classes	Structures
Viral adsorption inhibitors	 <p>PVAS      PVS</p>	Protease inhibitors	 <p>Peptidomimetic      Nonpeptidomimetic</p>
Viral-cell fusion inhibitors	 <p>TAK779</p> <p>AMD3100</p>	Neuraminidase inhibitor	 <p>Oseltamivir</p>
Viral DNA polymerase inhibitor	 <p>Acyclic guanosine analog (X = O: ganciclovir) (X = CH<sub>2</sub>: penciclovir)</p>	IMP dehydrogenase inhibitors	 <p>Mycophenolic acid</p> <p>Ribavirin</p>
Reverse transcriptase inhibitors	 <p>NRTI (X = CHN<sub>3</sub>, AZT)</p> <p>NNRTI (UC781)</p>	SAH hydrolase inhibitor	 <p>(X = N or CH)</p>
Acyclic nucleoside phosphonate	 <p>Tenofovir</p>		

# Examples of viral targets for antiviral drugs

- ✓ Attachment
- ✓ Entry and uncoating
- ✓ Viral gene expression
- ✓ Replication of viral genome
- ✓ Assembly
- ✓ Maturation and release

## Attachment

Agent

Virus

Receptor antagonists

HIV

- soluble receptors
- peptidomimetics
- shRNAs

Neutralizing antibodies

Many

Destran sulphate, heparin,  
peptides

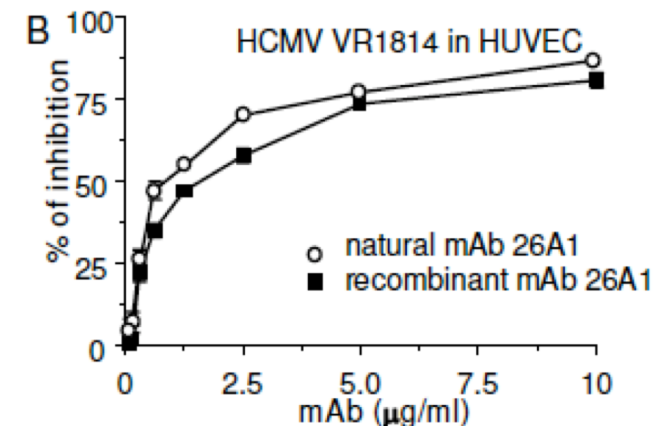
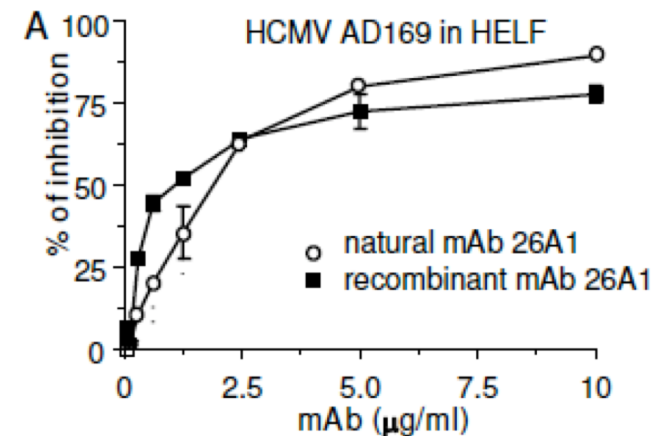
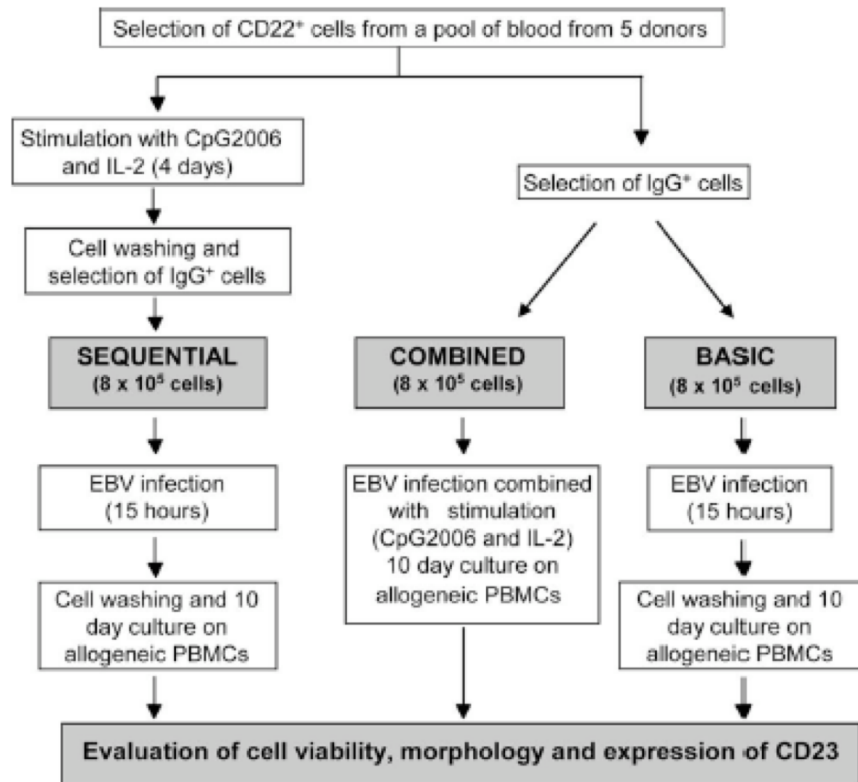
Herpesvirus, HPV

Research article

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## Generation of potent neutralizing human monoclonal antibodies against cytomegalovirus infection from immune B cells

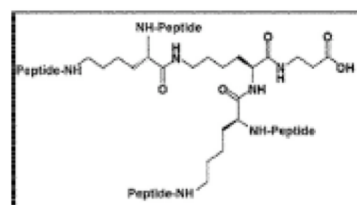
Ada Funaro<sup>\*1,2</sup>, Giorgio Gribaudo<sup>3</sup>, Anna Luganini<sup>3</sup>, Erika Ortolan<sup>1,2</sup>, Nicola Lo Buono<sup>1</sup>, Elisa Vicenzi<sup>4</sup>, Luca Cassetta<sup>4</sup>, Santo Landolfo<sup>3</sup>, Richard Buick<sup>5</sup>, Luca Falciola<sup>6</sup>, Marianne Murphy<sup>6</sup>, Gianni Garotta<sup>6</sup> and Fabio Malavasi<sup>1,2</sup>



# Inhibition of Herpes Simplex Virus Type 1 and Type 2 Infections by Peptide-Derivatized Dendrimers<sup>∇†</sup>

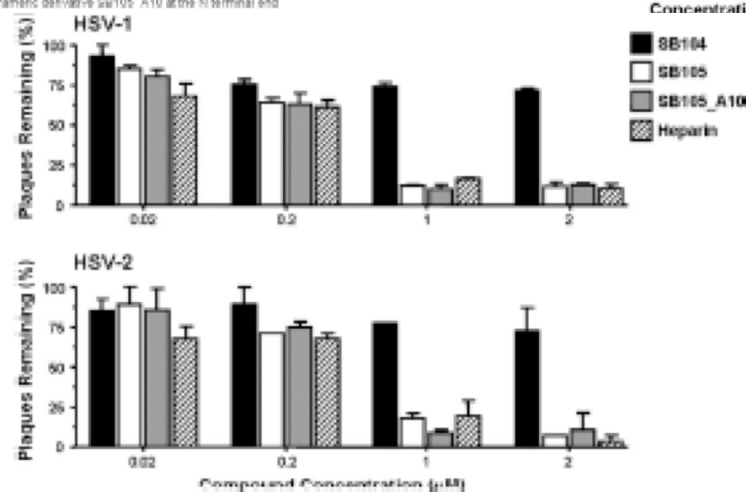
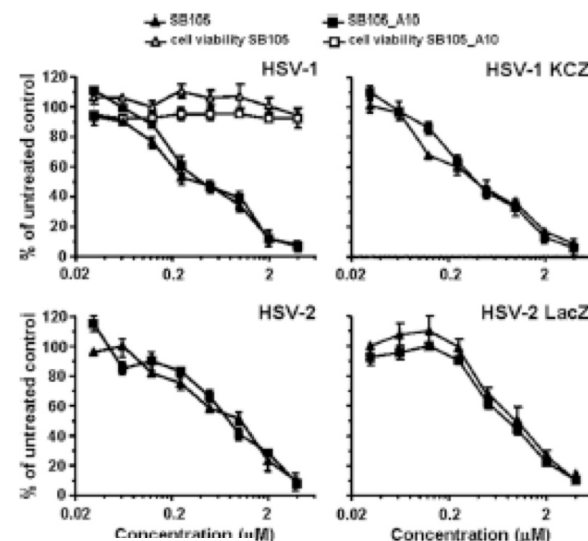
Anna Lukanini,<sup>1</sup> Silvia Fabiole Nicoletto,<sup>2</sup> Lorena Pizzuto,<sup>2</sup> Giovanna Pirri,<sup>2</sup>  
 Andrea Giuliani,<sup>2</sup> Santo Landolfo,<sup>1</sup> and Giorgio Gribaudo<sup>1\*</sup>

Department of Public Health and Microbiology, University of Turin, Turin,<sup>1</sup> and Spider Biotech S.r.l.,  
 Collettero Giacosa, Turin,<sup>2</sup> Italy



Compound name	Peptide sequence
SB101 <sup>a</sup>	QKKIRVRLSA
SB102	QKKIRVRL
SB103	QKKIRVRWSA
SB104	NKKIRVRL
SB105	ASLRVRIKKQ
SB105_LIN <sup>b</sup>	ASLRVRIKKQ
SB105_A10	ASLRVRIKK
SB105_A10-FAM <sup>c</sup>	(N-(5(6)-FAM)-K-ASLRVRIKK
SB106	FKKIRVRL
SB107	QKKIRVRISA
SB108	QKKIRVRLSW
SB109	QKKIRVRFSA
SB110	QKKIRFRLSA
SB111	QKKIRIRLSA
SB112	QKKIRVRLSA
SB113	QKKFRVRLSA

<sup>a</sup> the linear peptide sequence is linked to the dimeric core Lys-p-Ala-OH  
<sup>b</sup> the SB105\_LIN is a 10-mer linear amide peptide, having the SB105 peptide sequence  
<sup>c</sup> 5(6)-FAM is 5(6)-carboxyfluorescein, used to label the tetrameric derivative SB105\_A10 at the N-terminal end



# Examples of viral targets for antiviral drugs

✓ Attachment

✓ Entry and uncoating

✓ Viral gene expression

✓ Replication of viral genome

✓ Assembly

✓ Maturation and release

## Entry and uncoating

Agent

Virus

Amantadine, rimantadine

Influenza A virus

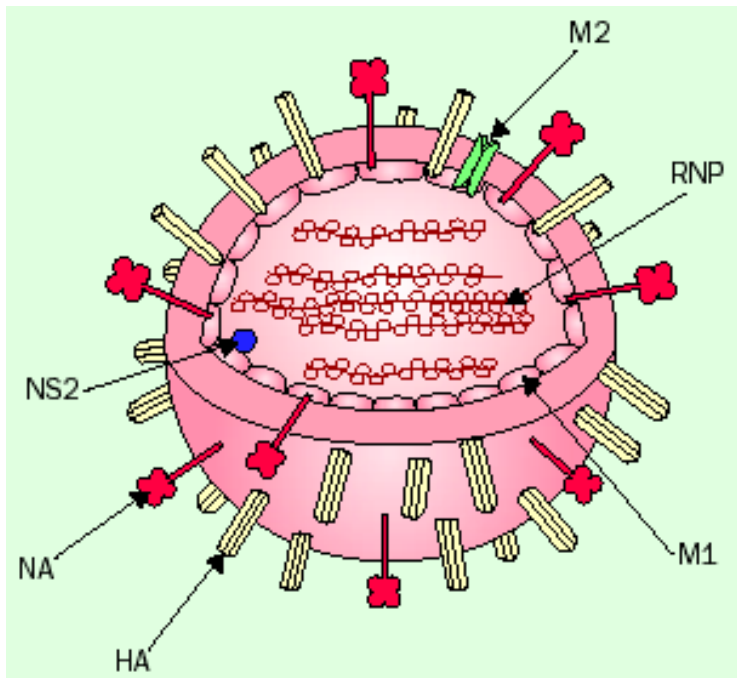
Pleconaril

Picornavirus

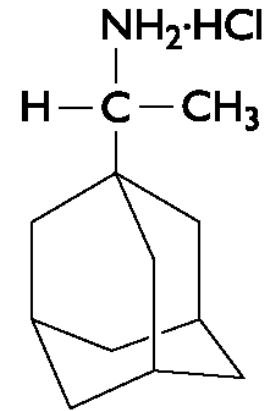
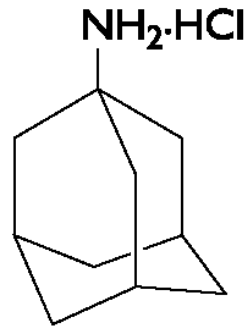
Enfuvirtide

HIV



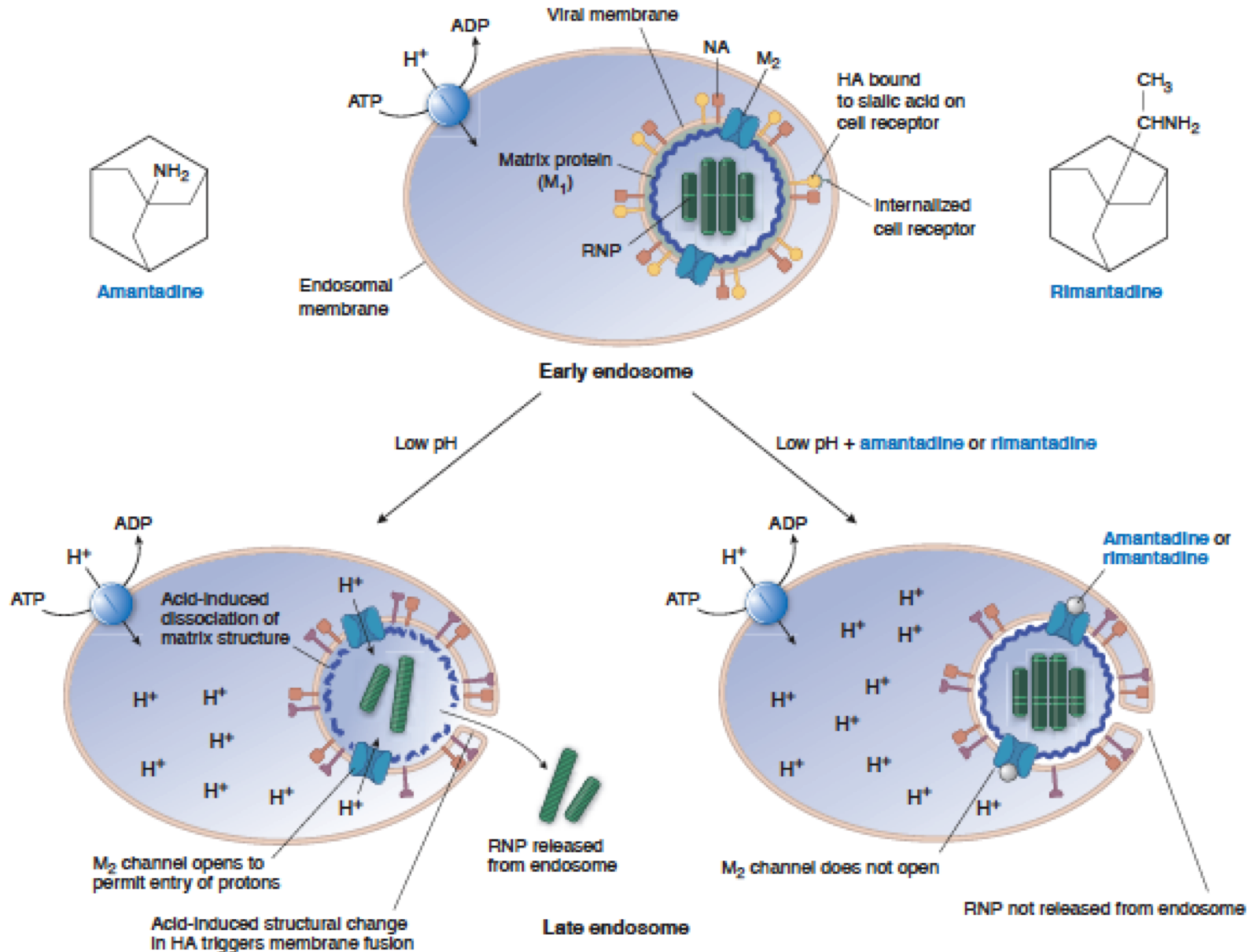


## Amantadine and Rimantadine



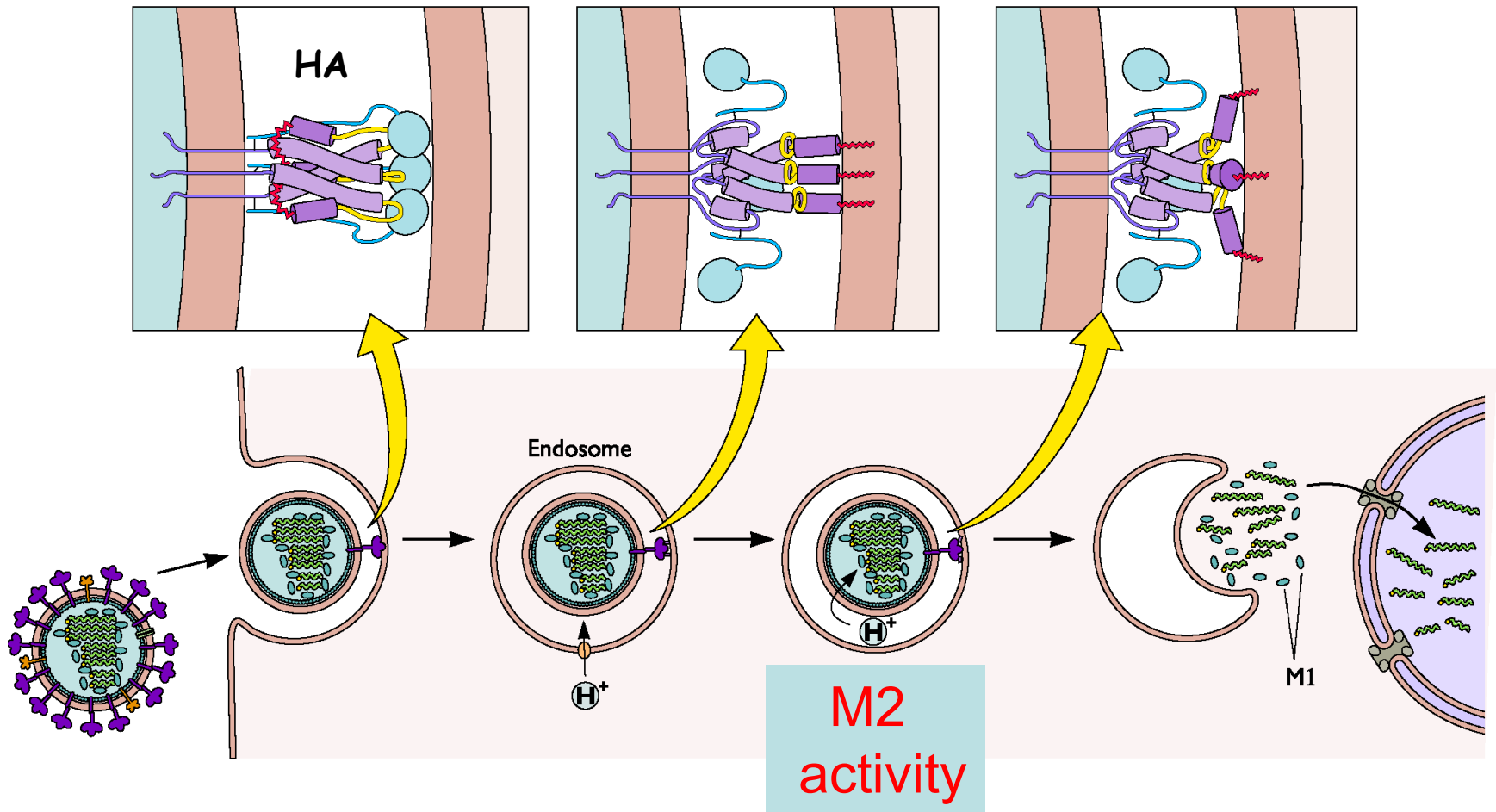
- ✓ They are ion channel blockers that inhibit viral RNA uncoating by blocking the function of the envelope M2 protein
- ✓ Useful in therapy and prevention of influenza A infections
- ✓ They must be given within 24-48 hrs from symptoms onset
- ✓ High frequency of resistant virus due to M2 or HA mutations

# Model for uncoating Influenza A virus and effect of amantadine and rimantadine



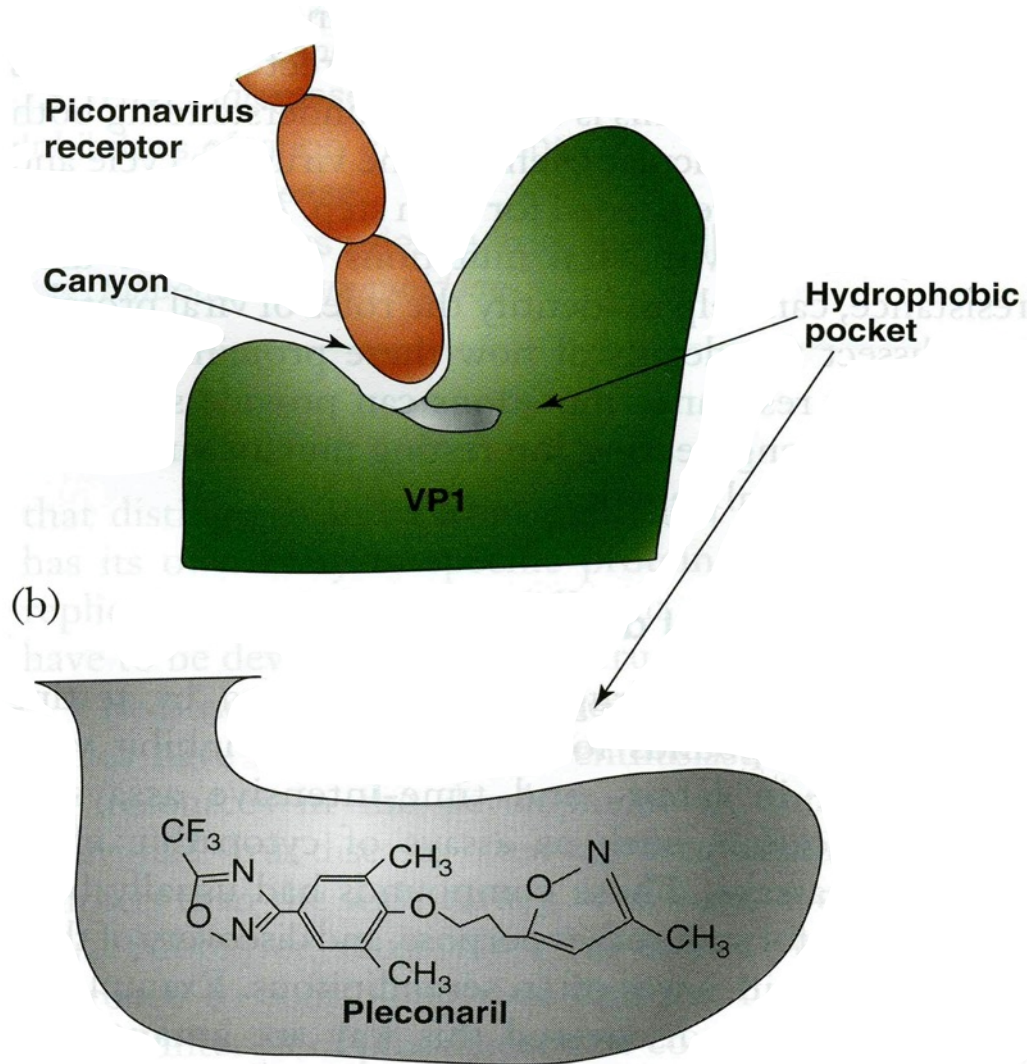
# Amantadine and Rimantadine: mechanism of action

## Role of M2 protein in Influenza A virus uncoating





# Pleconaril : mechanism of action



# Examples of viral targets for antiviral drugs

- ✓ Attachment
- ✓ Entry and uncoating
- ✓ Viral gene expression
- ✓ Replication of viral genome
- ✓ Assembly
- ✓ Maturation and release

## Viral gene expression

Agent

Virus

Interferons

HAV, HBV, HCV, HPV

Antisense oligos

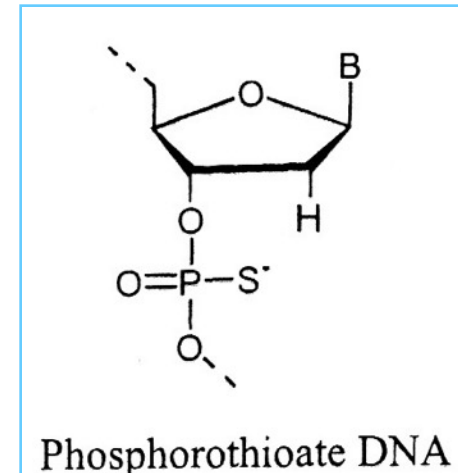
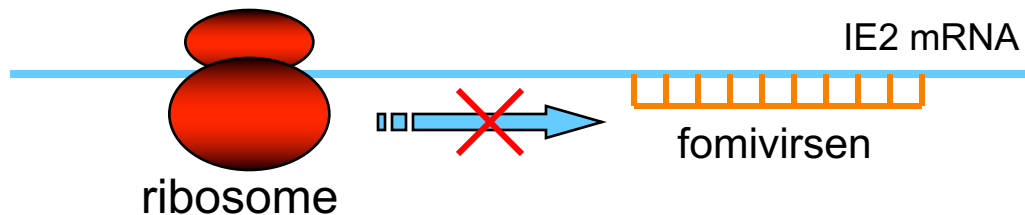
HCMV

# An example of an antiviral antisense oligodeoxynucleotide: Fomivirsen

- ✓ It is an antisense phosphorothioate oligodeoxynucleotide complementary to a segment of HCMV IE2 mRNA

21 nt  
**GCG TTT GCT CTT CTT CTT GCG**

- ✓ It inhibits viral E and L gene expression, viral DNA synthesis, and viral replication by blocking translation of IE2 mRNA



- ✓ Fomivirsen (Vitravene) was used for intravitreal treatment of HCMV retinitis in AIDS patients resistant to other anti-HCMV drugs. No longer marketed.
- ✓ Fomivirsen was the first antisense oligo approved for use in humans (FDA, 1998)

# Examples of viral targets for antiviral drugs

- ✓ Attachment
- ✓ Entry and uncoating
- ✓ Viral gene expression
- ✓ Replication of viral genome
- ✓ Assembly
- ✓ Maturation and release

## Replication of viral genome

Agent

Virus

Nucleoside analogs

Herpes, HIV, HBV, HCV

Nonnucleoside inhibitors

Herpes, HIV

Ribavirin

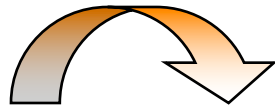
RSV, HCV, HEV

# Antiviral nucleoside and nucleotide analogs

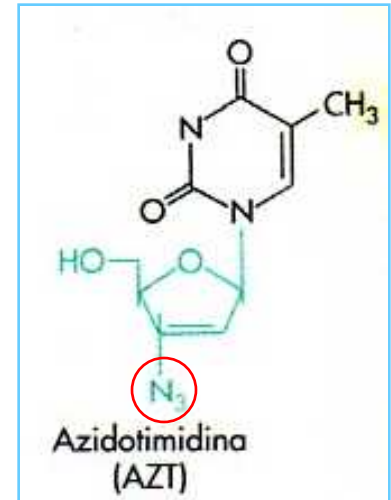
- ✓ The most widely used antiviral drugs
- ✓ They target viral DNA polymerases and viral reverse transcriptases
- ✓ They bear a base and/or a sugar modification
- ✓ Their activation to dNTPs requires phosphorylation mediated by cellular and/or viral kinases
- ✓ Viral polymerases are selectively inhibited because they bind the modified dNTP with higher affinity (100-fold) than cellular enzymes.

# Nucleoside and nucleotide analogs: mechanism of action

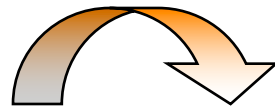
Lack of the di un 3'-OH group of the sugar



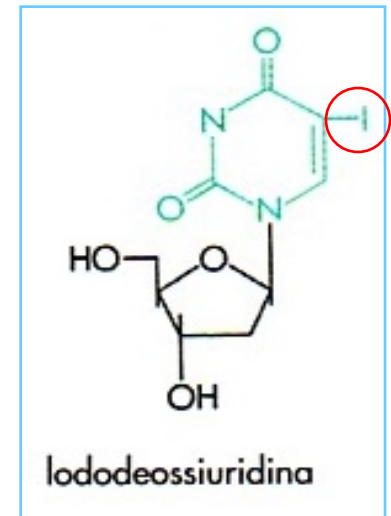
**Growing DNA chain terminates and further DNA replication is blocked**



Base modification

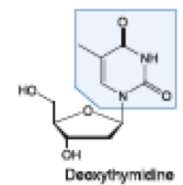
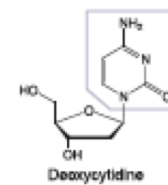
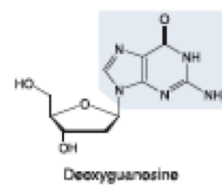
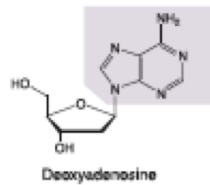


**Alteration of base pairing**

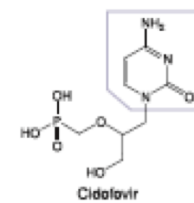
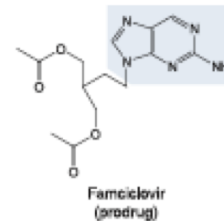
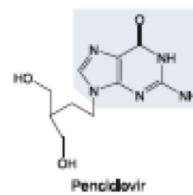
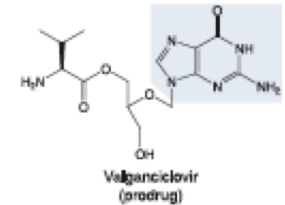
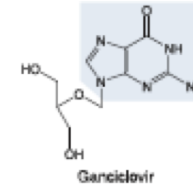
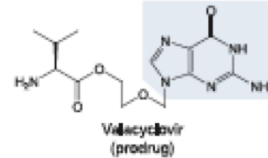
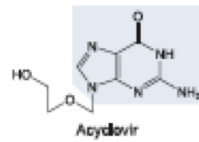


# Structures of antiviral nucleoside analogs

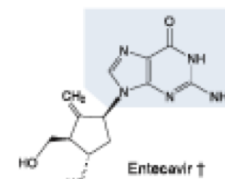
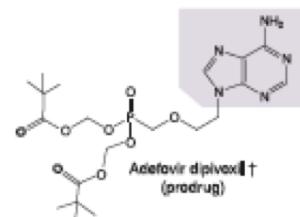
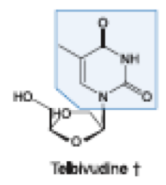
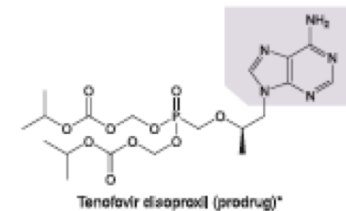
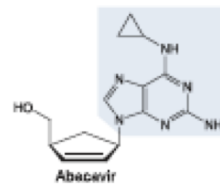
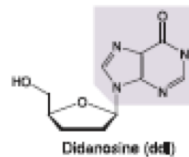
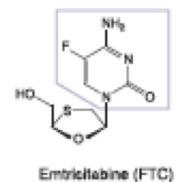
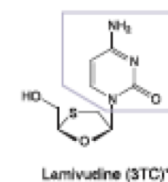
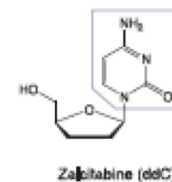
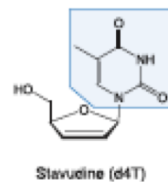
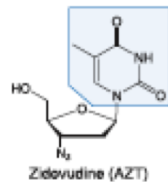
## A Native nucleosides



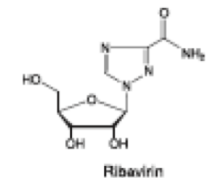
## B Antiherplesvirus nucleoside and nucleotide analogues



## C Anti-HIV and anti-HBV nucleoside and nucleotide analogues

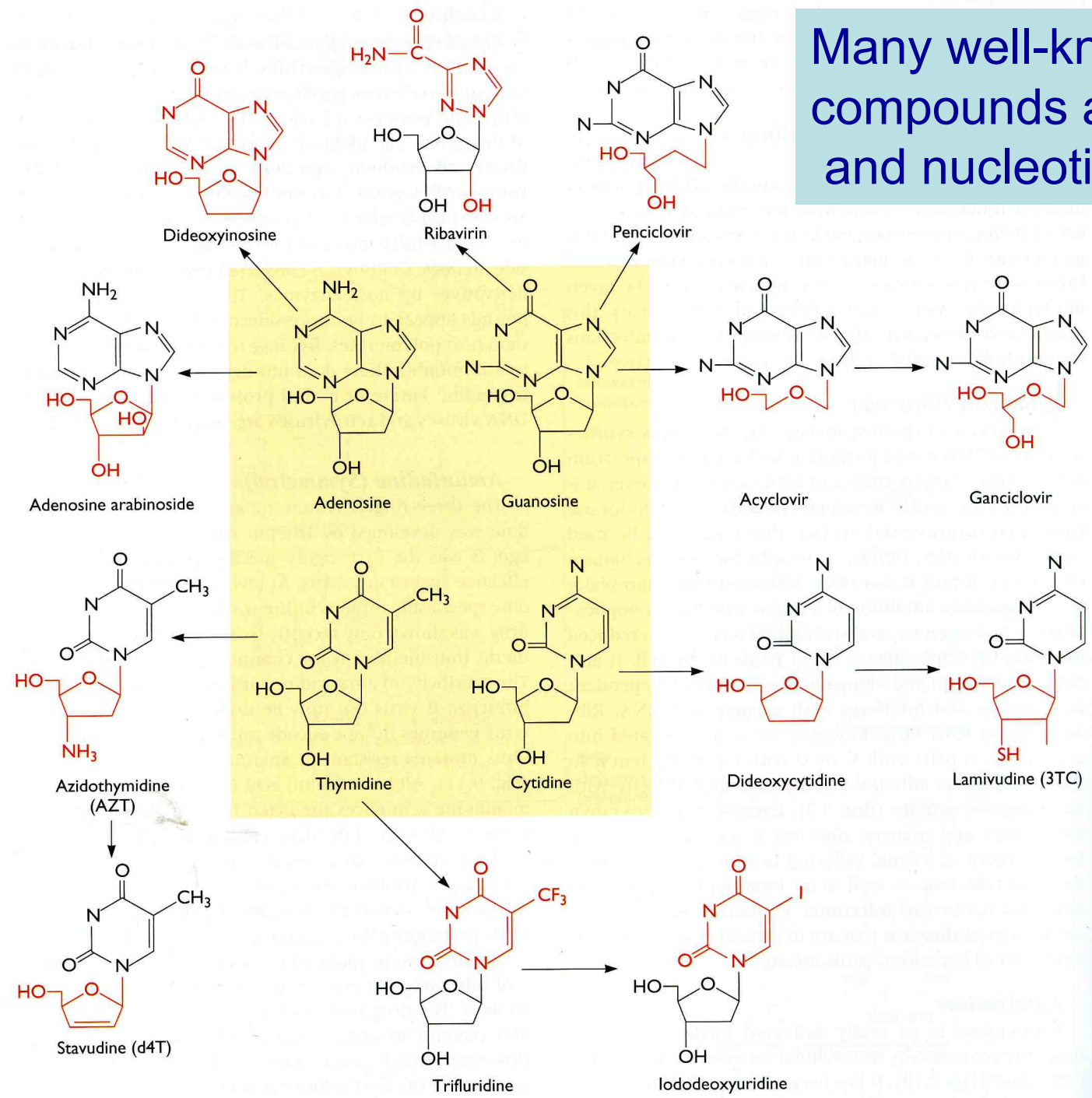


## D Anti-RNA virus nucleoside analogue



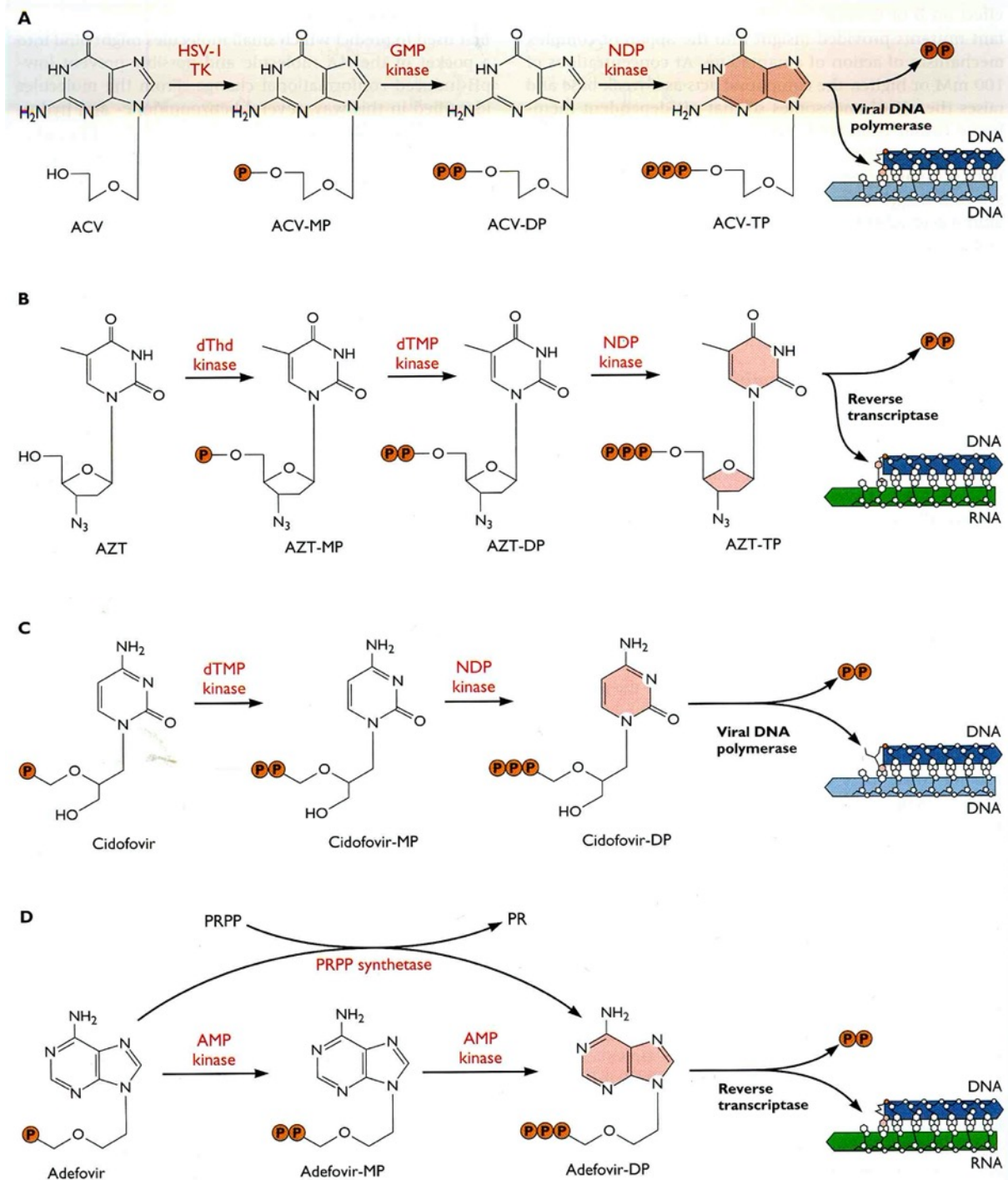
Anti-HCV,  
anti-RSV

# Many well-known antiviral compounds are nucleoside and nucleotide analogs



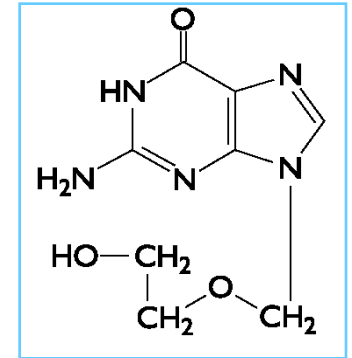


# Chain termination by acyclic nucleoside analogs ACV and AZT, and by acyclic nucleotide analogs Cidofovir and Adefovir



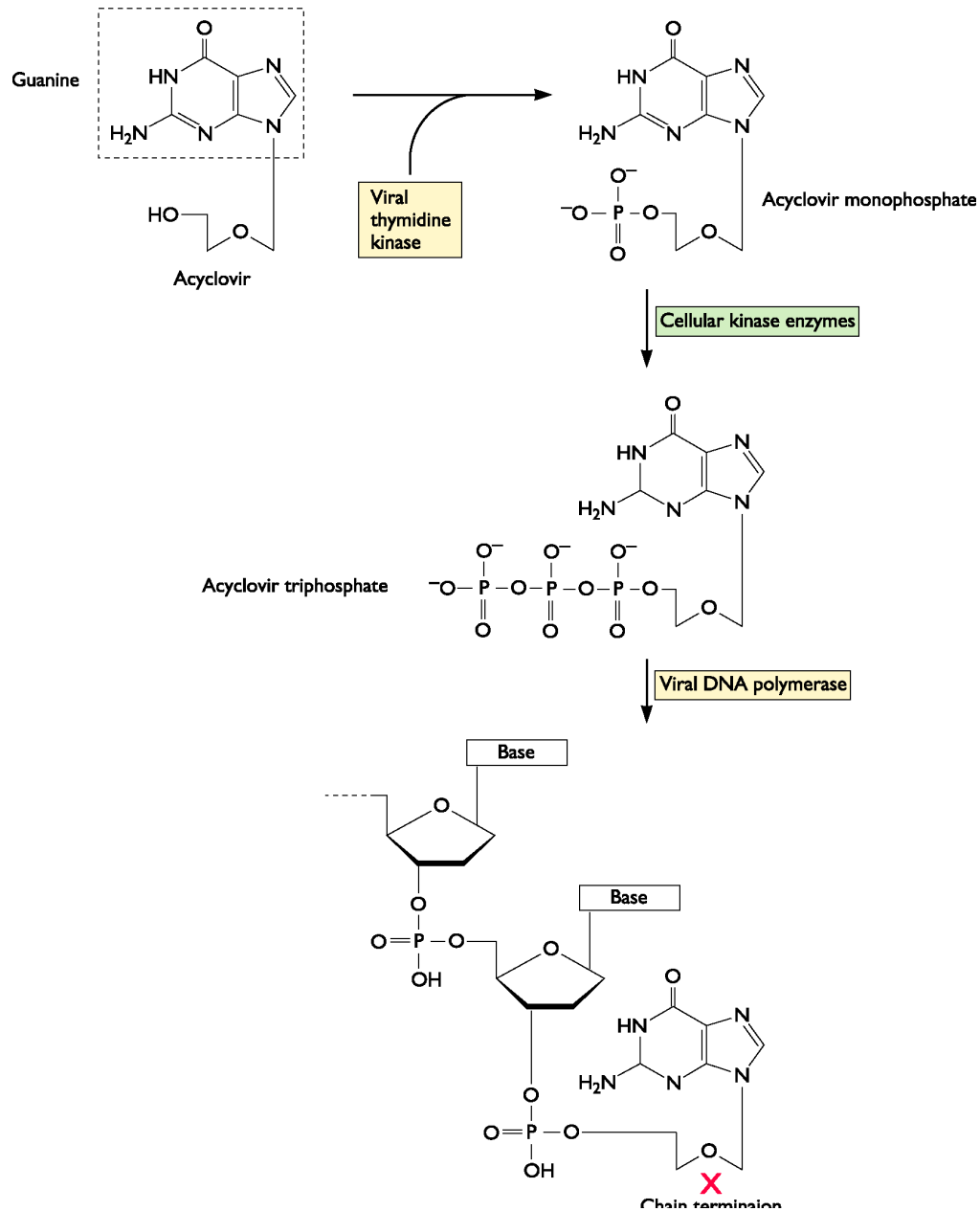
# Acyclovir (Zovirax)

✓ Acyclovir is a nucleoside analog similar to guanosine, but contains an acyclic sugar group (hydroxyethyl) in place of the deoxyribose. It is a **prodrug** – a precursor of the active antiviral compound



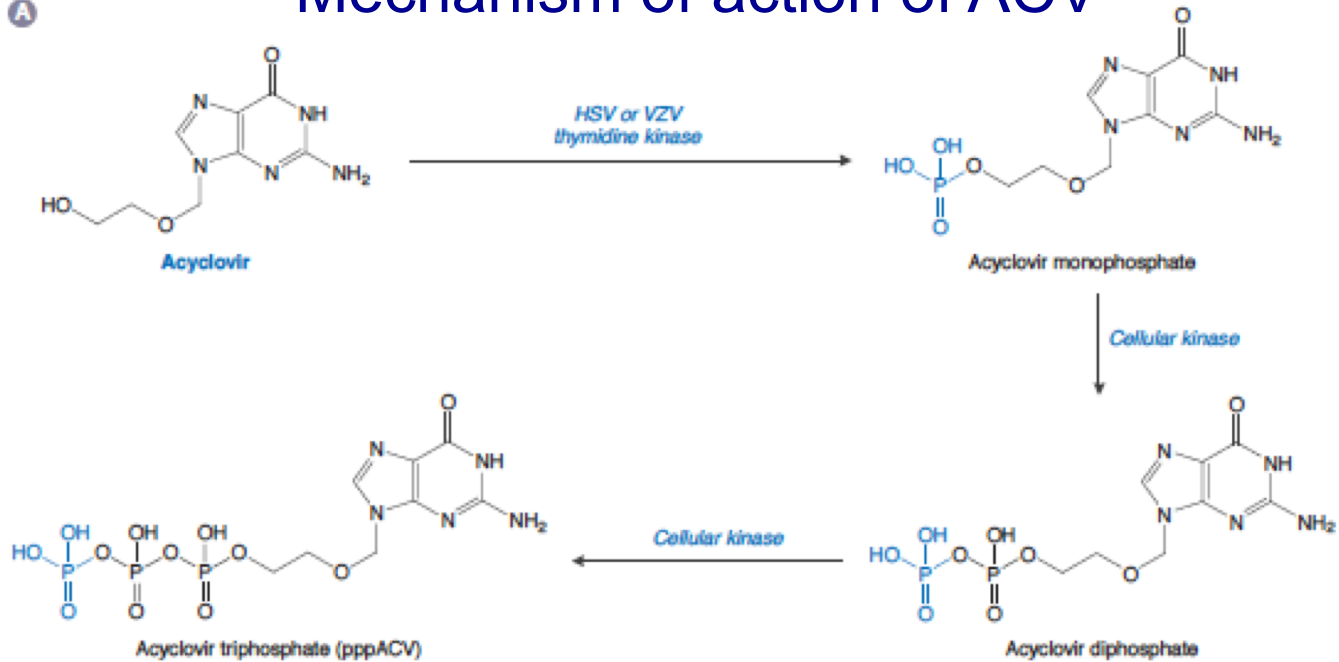
- ✓ Acyclovir is active against HSV and VZV (to some extent)
- ✓ Useful for acute primary diseases and to prevent reactivations
- ✓ It does not eliminate latent infections
- ✓ Resistance stems from mutations of the viral thymidine kinase (TK) and/or DNA polymerase

# Acyclovir: mechanism of action

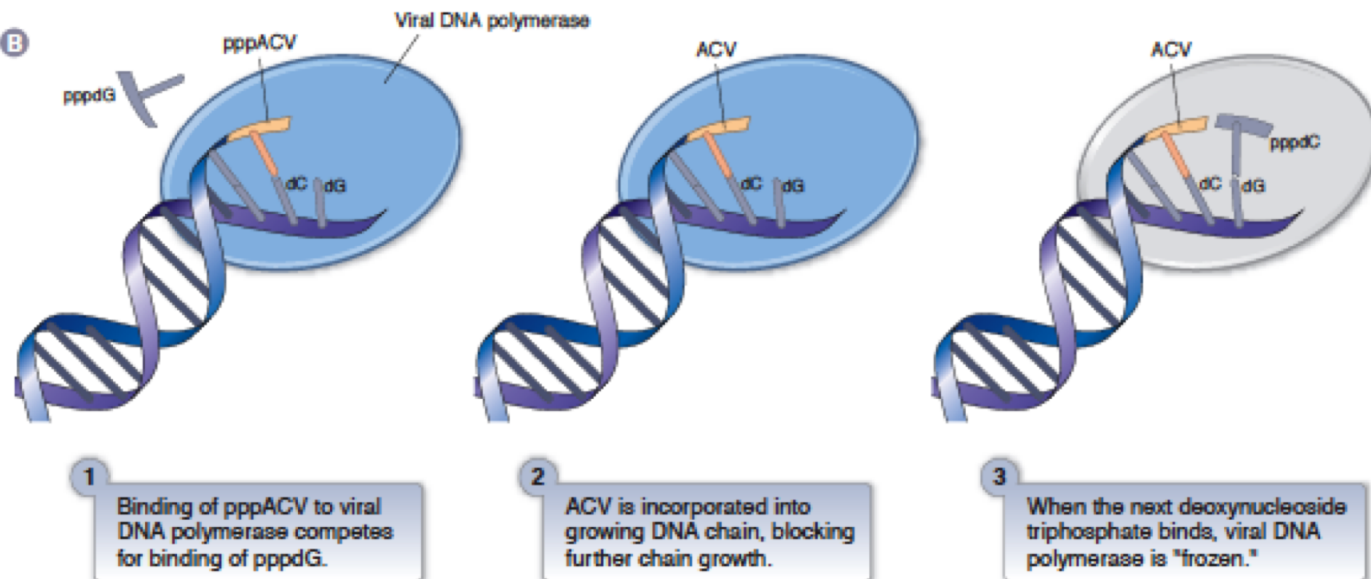


# Mechanism of action of ACV

A



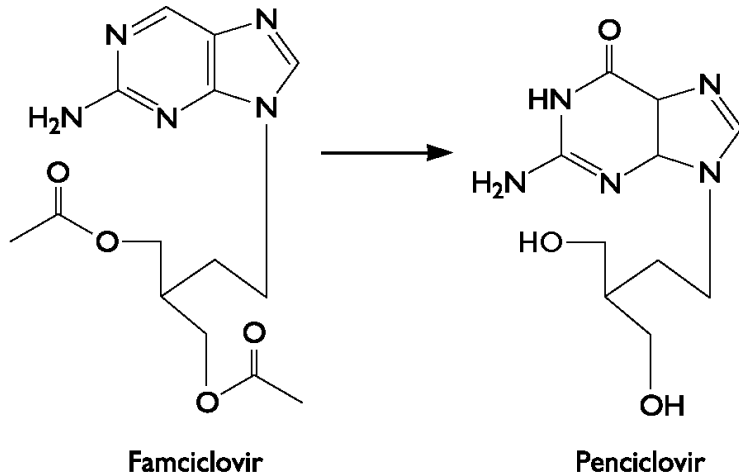
B



# ACV derivatives: Famciclovir and Valaciclovir

## Famciclovir:

9-(4-acetoxy-3-acetoxymethylbut-1-yl)guanine (Famvir)



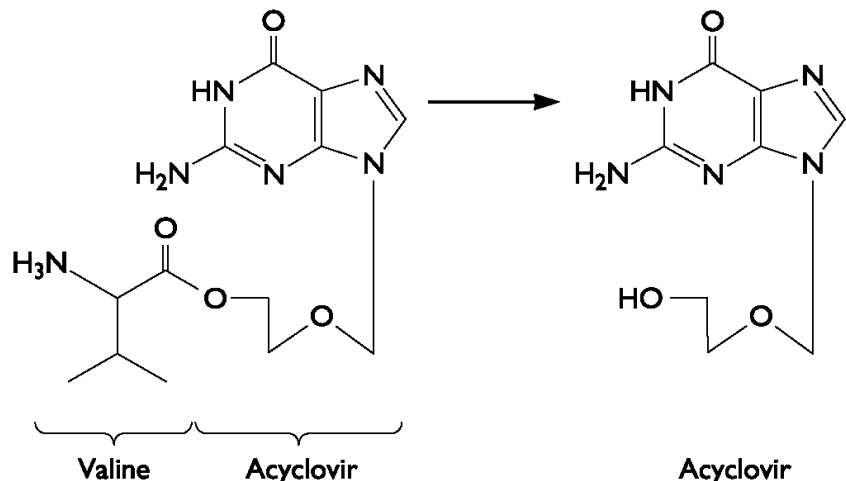
✓ They are **prodrugs** that require two activation events in a row:

- cleavage of the side chain
- phosphorylation

✓ Fivefold-higher oral bioavailability than ACV

## Valaciclovir:

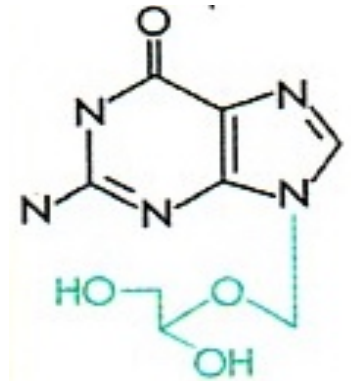
L-valyl ester of acyclovir (Valtrex)



✓ Active against HSV and VZV

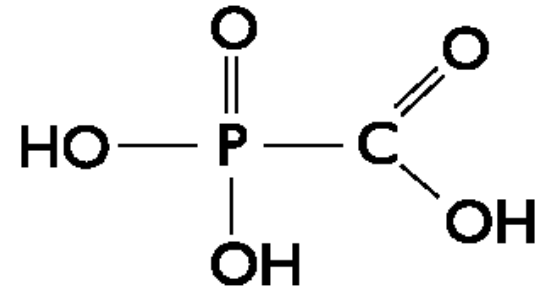
# Ganciclovir (Cytovene)

- ✓ GCV is a guanosine analog with an acyclic sugar group (dihydroxypropoximethyl) in place of deoxyribose
- ✓ It is selectively active against HCMV
- ✓ Useful for over HCMV diseases, prophylaxis and preemptive therapy
- ✓ Initially given intravenously, quite toxic, used only for life-threatening HCMV infections
- ✓ Valganciclovir, a valyl ester prodrug of GCV can be taken orally and is less toxic
- ✓ Resistance stems from mutations of the viral kinase (pUL97) and/or DNA polymerase



# Foscarnet (Foscavir)

- ✓ Foscarnet it is the only nonnucleoside DNA replication inhibitor of herpesviruses. It is a pyrophosphate analog (phosphonoformic acid)
- ✓ Foscarnet it is a noncompetitive inhibitor of the pyrophosphate-binding site of herpesvirus DNA polymerases
- ✓ It is active against HCMV (HSV, HBV, HIV)
- ✓ Useful for therapy of HCMV GCV-resistant strain infections
- ✓ It accumulates in bone and causes kidney toxicity, recommended only for life-threatening infections for which other anti-HCMV drugs are no longer effective
- ✓ Resistance stems from mutations of the viral DNA polymerase



# Examples of viral targets for antiviral drugs

- ✓ Attachment
- ✓ Entry and uncoating
- ✓ Viral gene expression
- ✓ Replication of viral genome
- ✓ Assembly
- ✓ Maturation and release

## Maturation and release

Agent

Virus

Peptidomimetics,  
substrate analogs

HIV

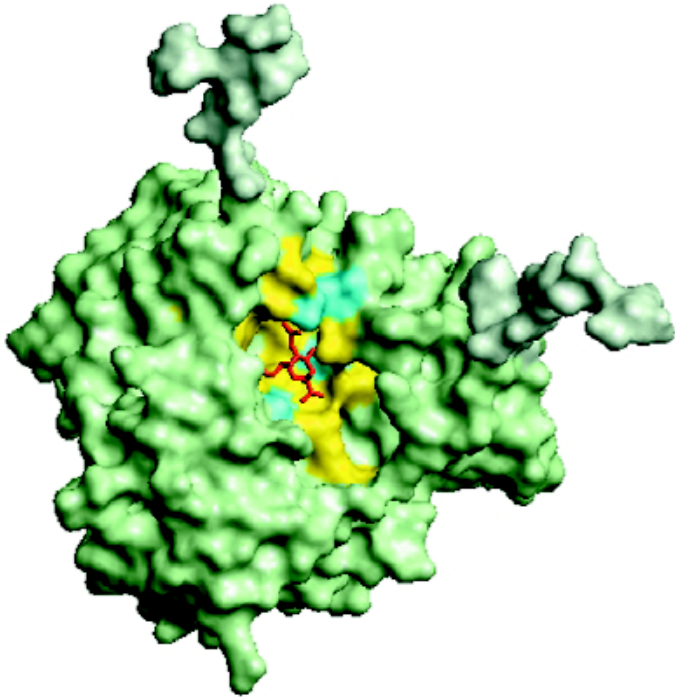
Neuraminidase inhibitors

Influenza



***Neuroaminidase inhibitors:***  
***an example of structure-based design***  
***in antiviral drug discovery***

# Neuraminidase: structure and function

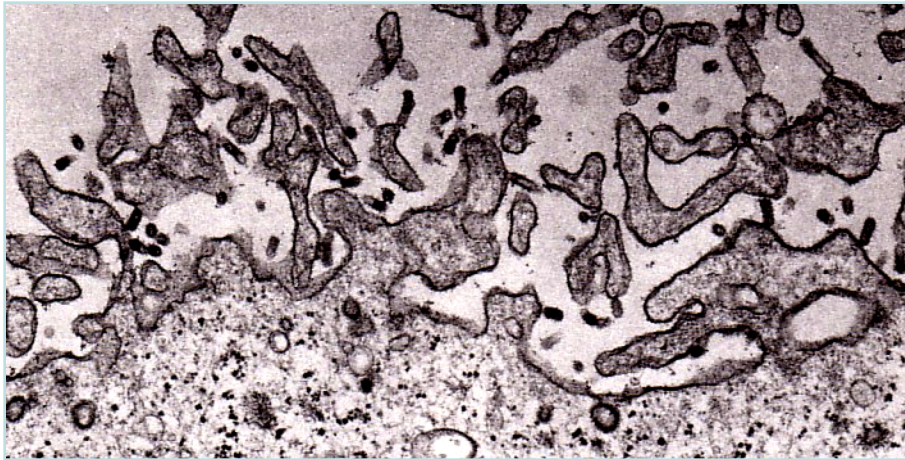


In light blue and yellow,  
NA active site invariant amino acids  
In red, neuraminic acid

- ✓ NA is a tetrameric envelope glycoprotein
- ✓ NA cuts the the  $\alpha$ -chetosidic bond between terminal neuraminic (sialic) acid and the oligosaccharide chain
- ✓ NA destroys HA cell surface receptors
- ✓ NA promotes virus penetration through sialic acid-rich secretions
- ✓ NA mediates release of viral progenies by cutting sialic acid residues of the surface of infected cells, thus breaking down non-productive re-attachment to cell receptors during exit.

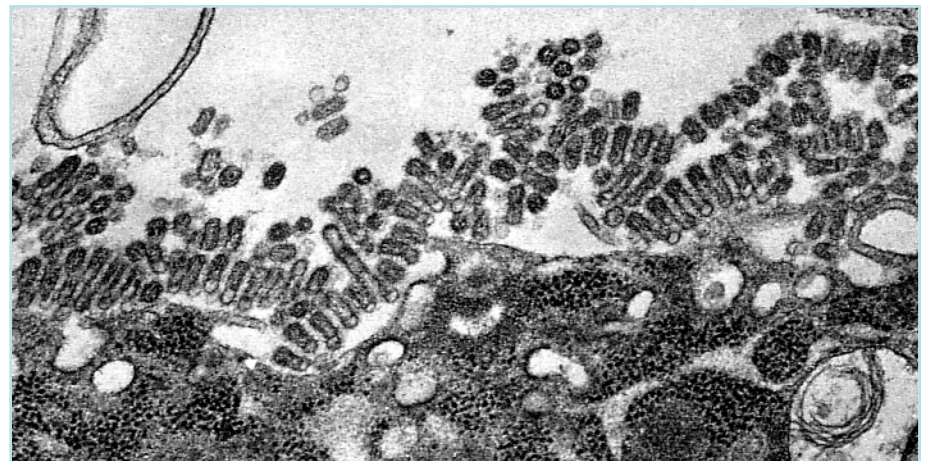
# Function of Influenza virus neuraminidase

P. Palese, M. Ueda, K. Tobita, R.W. Compans. Characterization of temperature sensitive influenza virus mutants defective in neuraminidase. *Virology* 61:397–410 (1974).



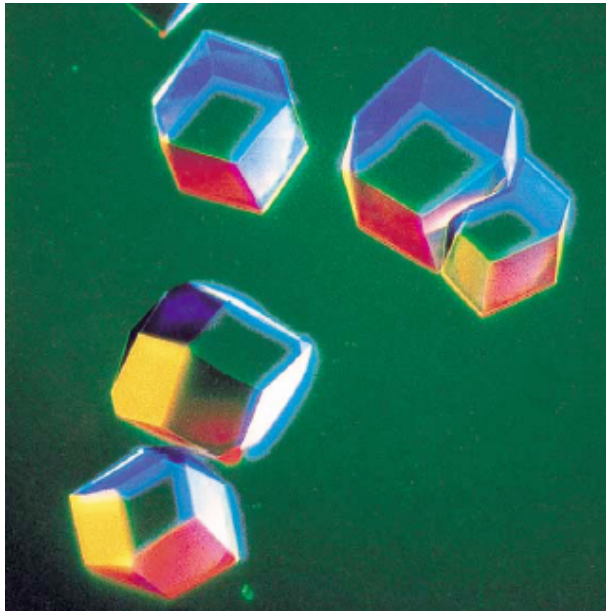
33° C  
WT phenotype  
Release of infectious free virions

39.5° C  
NA- phenotype  
Non-infectious virions aggregates



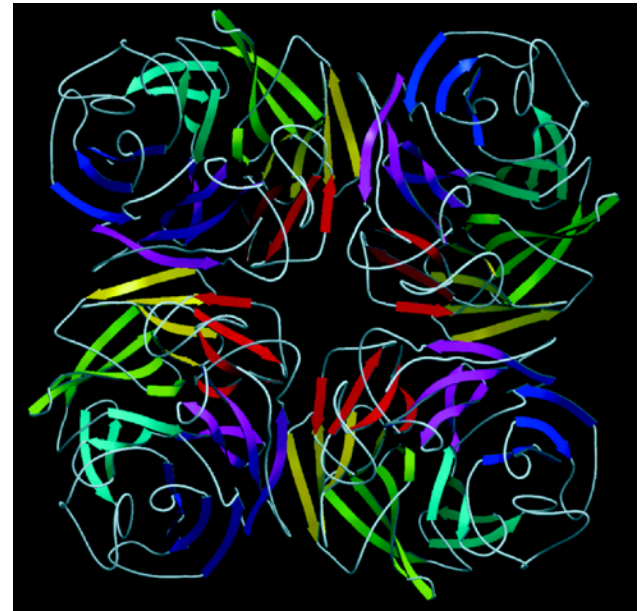
# Development of neuroaminidase inhibitors

1



Crystallization

2

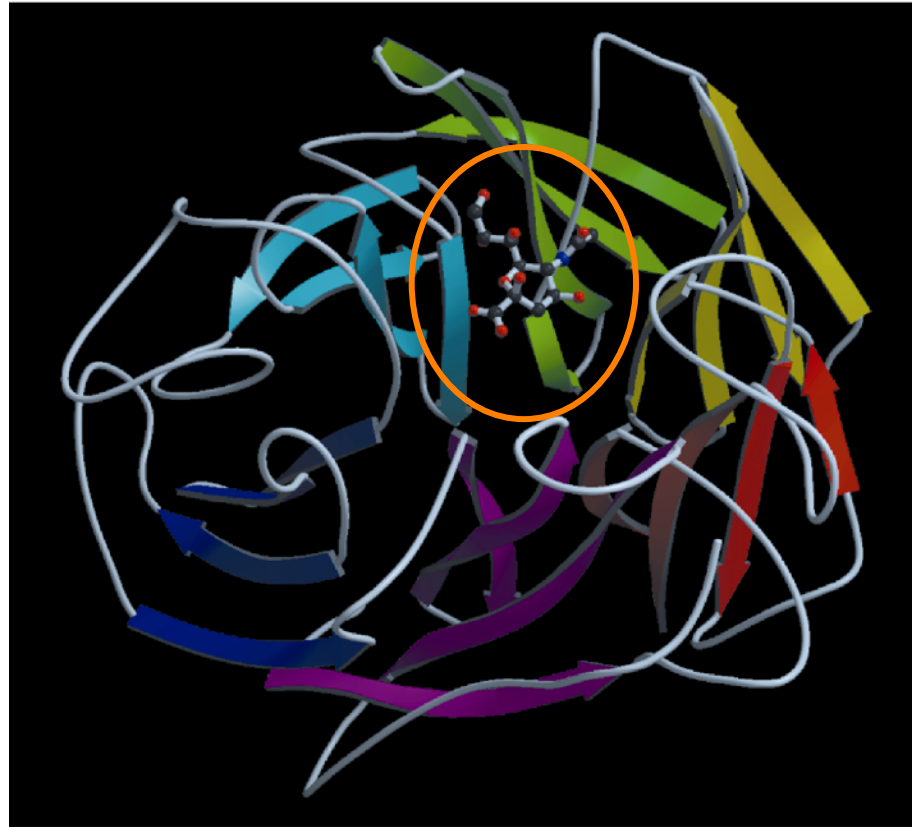


Structural analysis

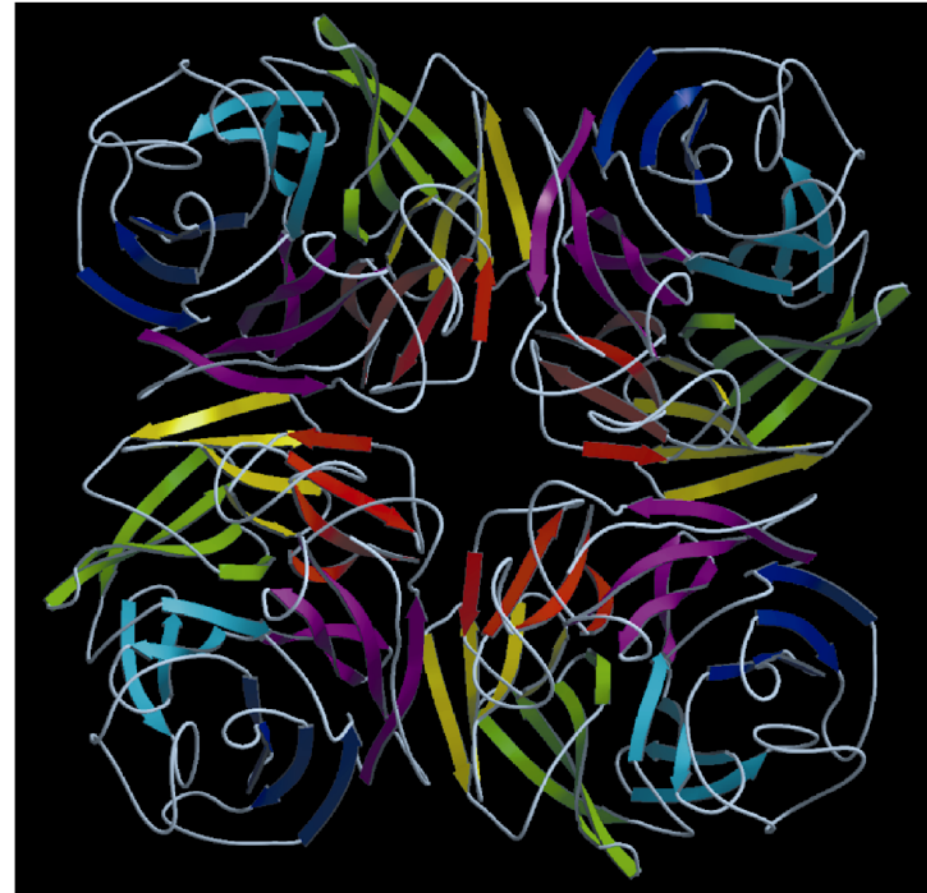


# Structure of influenza A virus neuroaminidase

A



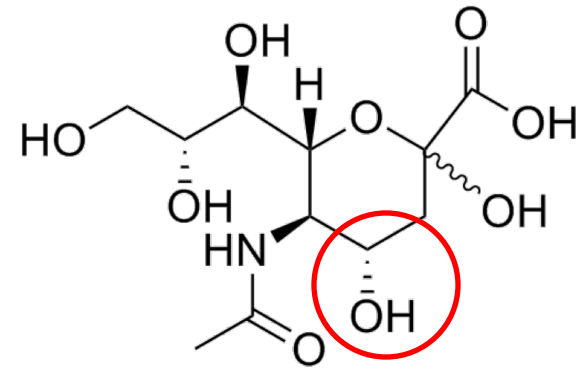
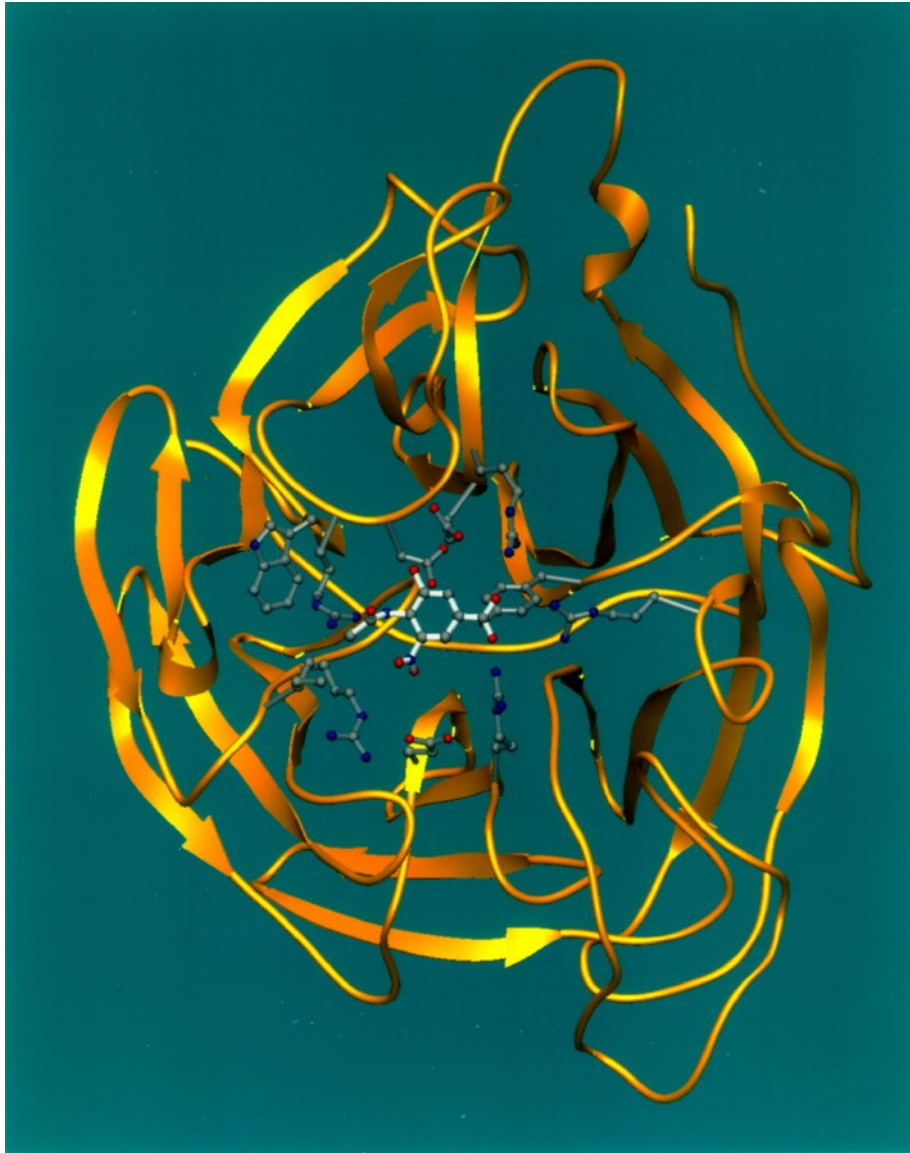
B



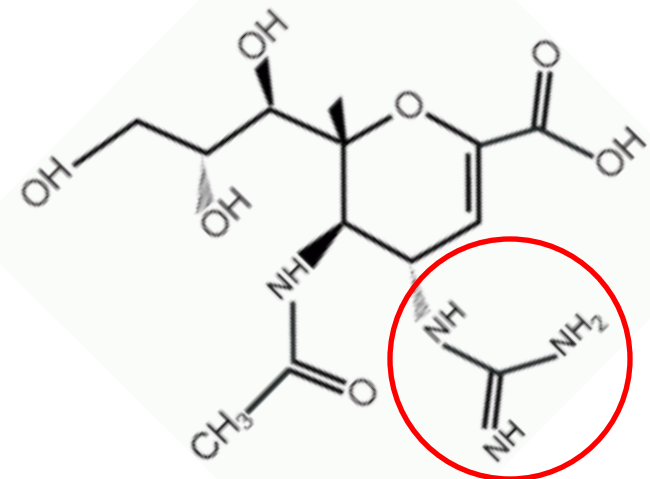
## The binding site of the enzyme does not vary from strain to strain

- It consists of 18 amino acid residues of which 12 are in direct contact with the bound sialic acid analogue (and presumably with sialic acid in catalytically active situations).
- Four of these 12 are positively-charged arginines, while another 4 are **negative-charged glutamic** and **aspartic acid** residues. The remainder are neutral (tyrosine, asparagine, isoleucine and tryptophan).

Structure of the influenza A neuraminidase N9 bound to an analogue of sialic acid has been determined by X-ray crystallography

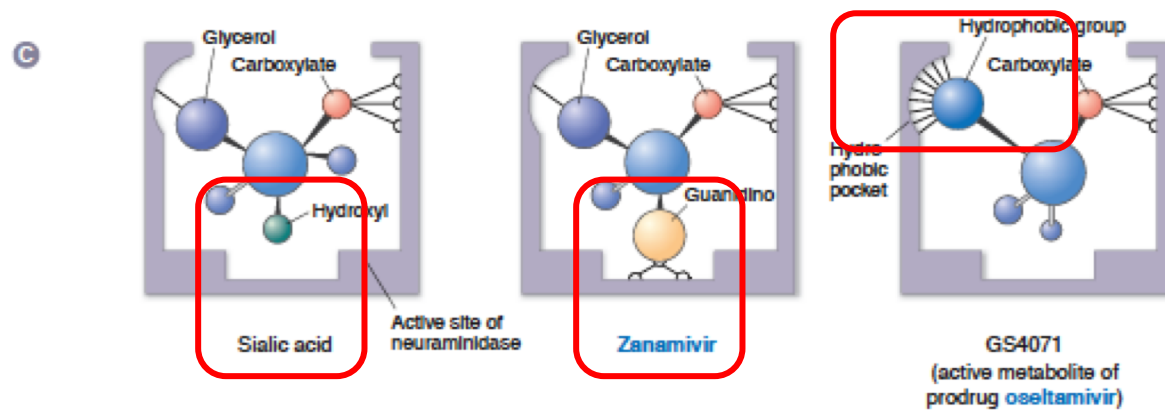
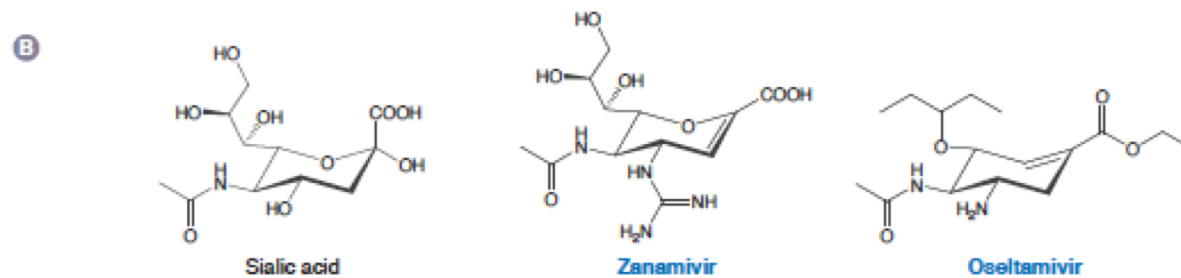


Sialic acid  
(*N*-acetyl neuraminic acid)

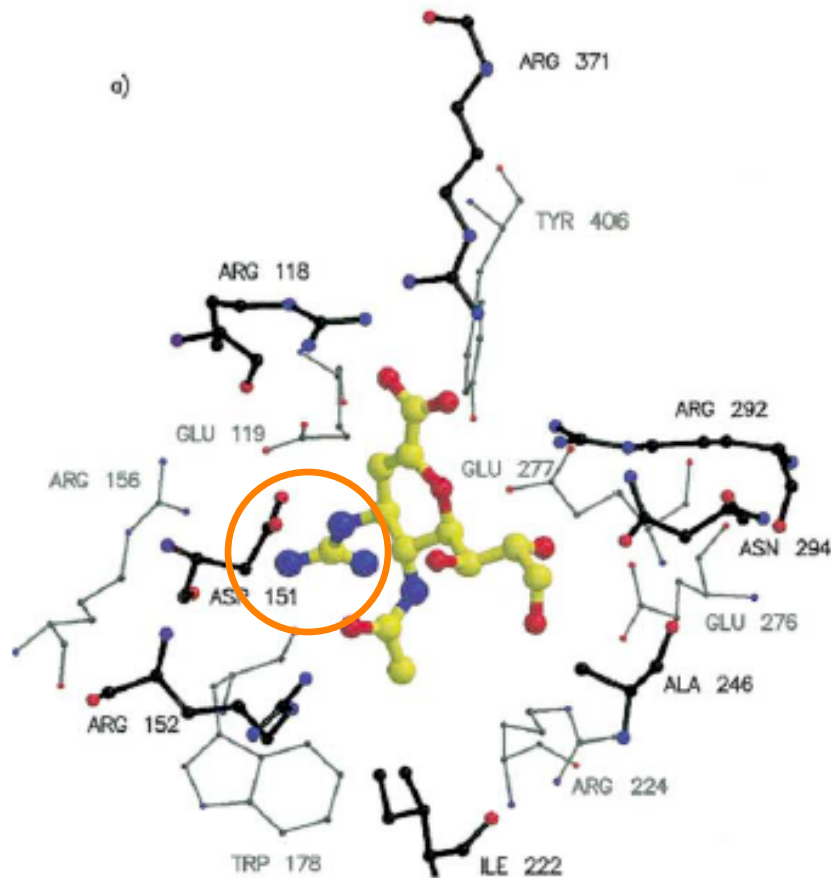


Zanamivir

# Structure-based design of inhibitors of IV A and B neuraminidase



# Model of part of the active site of influenza neuraminidase bound to zanamivir



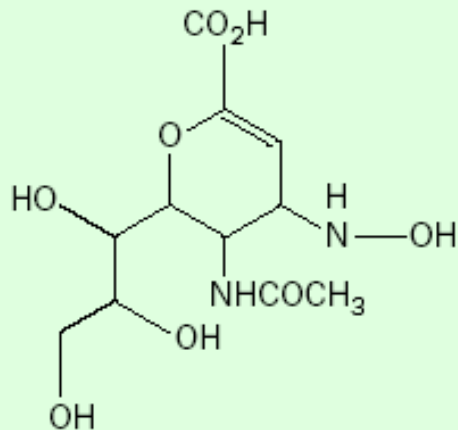
Crystallographic structure of the influenza A neuraminidase with an inhibitor (Zanamivir) bound to the active site

Rational drug design

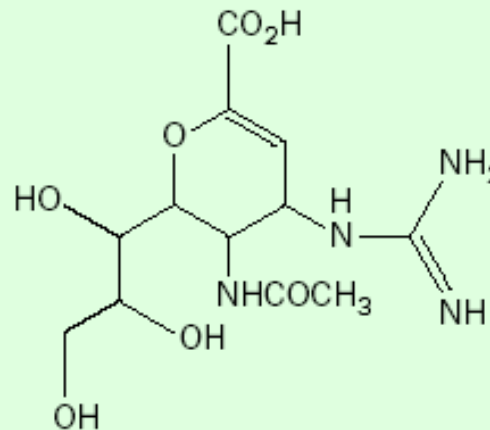


# Development of neuroaminidase inhibitors

**Neu5Ac2en**

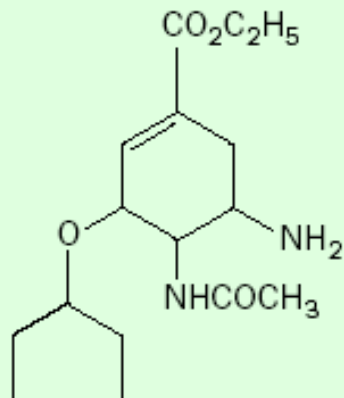


**Zanamivir**



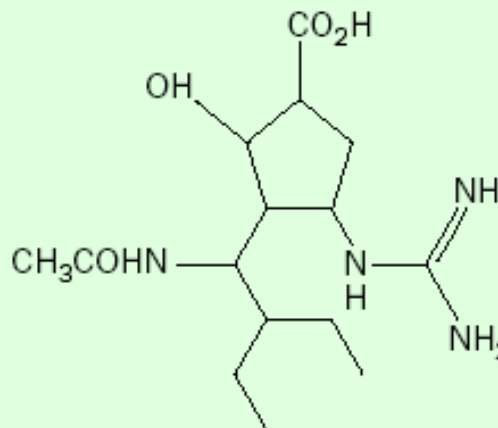
**Relenza**  
(Biota/Glaxo)  
FDA approved  
Inhalation

**Oseltamivir**



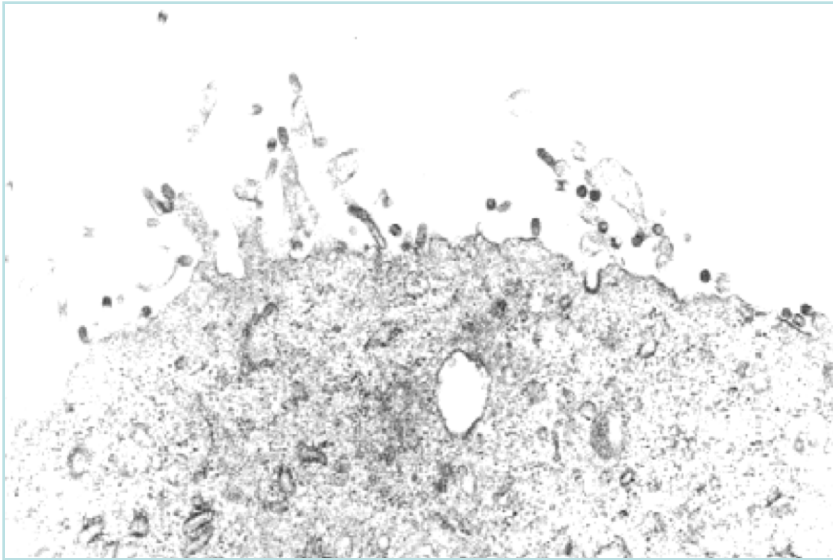
**Tamiflu**  
(Gilead/Hoffmann  
La Roche)  
FDA approved  
Oral

**RWJ-270201**

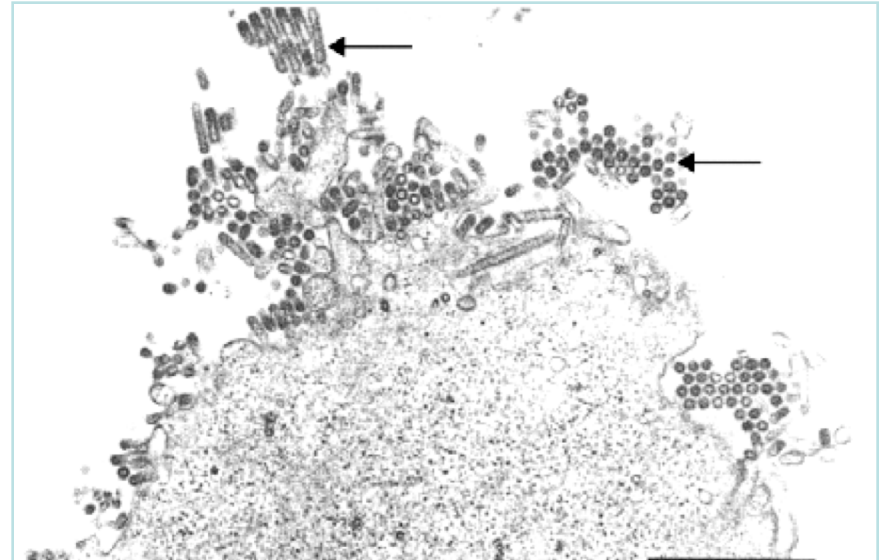


(BioCryst/  
Johnson & J)  
Clinical trials  
Oral

# Development of neuroaminidase inhibitors: *in vitro* activity



Untreated cells:  
the virus is normally assembled  
and released from infected cells



Cells treated with a NA inhibitor:  
the virus forms large non-infectious  
aggregates on the surface of infected  
cells

# Zanamivir (*Relenza*) and Oseltamivir (*Tamiflu*)

- ✓ Neuraminic (sialic) acid analogs
- ✓ They specifically inhibit NA of influenza and B viruses
- ✓ Useful in therapy and prophylaxis of influenza infections. If given within 48, they will reduce disease's symptoms and duration.

**Zanamivir:** inhalation by Diskhaler



**Oseltamivir:** oral



- ✓ Resistance stems from NA mutations