Time- and NADPH-Dependent Inhibition of Cytochrome P450 3A4 by the Cyclopentapeptide Cilengitide: Significance of the Guanidine Group and Accompanying Spectral Changes

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ABSTRACT
Cilengitide is a stable cyclic pentapeptide containing an Arg-Gly-Asp motif responsible for selective binding to αVβ3 and αVβ5 integrins. The candidate drug showed unexpected inhibition of cytochrome P450 3A4 (P450 (3A4) at high concentrations, that is, a 15 mM concentration caused attenuation of P450 3A4 activity (depending on the probe substrate): 15–19% direct inhibition, 10–23% time-dependent inhibition (30-minute preincubation), and 54–60% metabolism-dependent inhibition (30-minute preincubation). The inactivation efficiency determined with human liver microsomes was 0.003 ± 0.001 min⁻¹ mM⁻¹ and was 0.04 ± 0.01 min⁻¹ mM⁻¹ with baculovirus-based microsomes containing recombinant P450 3A4. Neither heme loss nor covalent binding to apoprotein could explain the observed reductions in residual activity. Slowly forming type II difference spectra were observed, with maximum spectral changes after 2 hours. Binding to both reduced and oxidized P450 3A4 was observed, with apparent Kₐ values of 0.66 μM and 6 μM. The significance of the guanidine group in inhibition was demonstrated using ligand binding spectral changes and inactivation assays with guanidine analogs (debrisoquine, N-acetylcarnargine-O-methyl ester) and the acetylated ornithine derivative of cilengitide. The observed inhibition could be explained by direct inhibition, plus formation of stable complexes with both ferric and ferrous forms of heme iron and to some extent by the formation of reactive species capable to react to the protein or heme. Formation of the complex required time and NADPH and is attributed to the guanidine group. Thus, the NADPH-dependent inhibition is considered to be mainly due to the formation of a stable complex rather than the formation of reactive species.

Introduction
Cilengitide is a stable cyclic pentapeptide containing the Arg-Gly-Asp (RGD; Fig. 1) motif responsible for selective binding to αVβ3 and αVβ5 integrins (Dechantsreiter et al., 1999). The blocking of integrins prevents tumor angiogenesis, providing the prospect of a broader spectra of indications for cilengitide (e.g., newly diagnosed and recurrent glioblastoma, advanced solid tumors, and pancreatic, prostate, non-small-cell lung, and head and neck cancers) (Goodman and Picard, 2012). Cilengitide is not metabolized in vitro, neither in recombinant cytochrome P450 (P450) microsomes, human liver microsomes, or human hepatocytes. About 70% of a 2 g dose administered intravenously in healthy volunteers undergoes renal excretion unchanged while the rest is eliminated mainly unchanged via biliary secretion in feces. Only very minor metabolites originating from cleavage have been observed. The maximal plasma concentration and total area under the curve increased in proportion to the dose, while no change in clearance, volume of distribution, or half-life was observed, indicating linear pharmacokinetics (Eskens et al., 2003). Cilengitide does not accumulate after repeated dosing in that no significant changes were observed in pharmacokinetic parameters (Reardon et al., 2011). Although unique in its mode of action and having favorable pharmacokinetic properties, cilengitide did not meet its primary end point of significantly increasing overall survival when added to the current standard chemoradiotherapy regimen for brain tumors (i.e., temozolomide and radiotherapy), in the most advanced phase III clinical trial (CENTRIC) (Soffietti et al., 2014).

During the course of the drug development, cilengitide showed unexpected inhibition of P450 3A4 at recommended therapeutic concentrations, associated with nonextractable radioactivity during in vivo experiments on human volunteers. Physiologically based pharmacokinetic modeling predicted a 1.3-fold increase of the area under the curve of the probe substrate midazolam after administration of clinically recommended dose of 2 g of cilengitide. Although potentially classified as a weak inhibitor, inactivation of P450 3A4 could contribute in relevant drug-drug interactions during multitherapy because P450 3A4 is involved in the metabolism of more than 50% of drugs (Williams et al., 2004; Guengerich, 2005a).

More than 100 peptide drugs are on the market (Craik et al., 2013), out of which only cyclosporine has shown clinically significant interactions (Amundsen et al., 2012). A predominant metabolic pathway for peptides is hydrolysis of peptide bonds (Bernkop-Schnurch and...
Materials and Methods

Chemicals and Enzymes. Cilengitide, [14C-guanidine]-labeled cilengitide, and the ornithine homolog of cilengitide were synthesized by Merck Serono GmbH (Darmstadt, Germany) (Jonczyk et al., 1999). Nifedipine was obtained from Sigma-Aldrich GmbH (Darmstadt, Germany) (Jonczyk et al., 1999). Nifedipine was obtained from Sigma-Aldrich and Bachem (Bubendorf, Switzerland), respectively. All other reagents and solvents were obtained from general commercial suppliers and were used without further purification.

Ten liver samples from a stock (Schadt et al., 2008) in our laboratory (Vanderbilt) were used to prepare human liver microsomes (four males, five females, one unknown sex; median age 27 years). Recombinant P450 3A4 with human liver microsomes (four males, five females, one unknown sex; median age 27 years). Recombinant P450 3A4 or P450 3A5, NADPH-P450 reductase, and cytochrome 5 were purchased from Life Technologies (Carlsbad, CA). Bovine serum albumin and ovalbumin were obtained from Sigma-Aldrich. The guanidine-based compounds debrisoquine and N-acetylglycyl-L-arginine were purchased from Sigma-Aldrich and Bachem (Bubendorf, Switzerland), respectively. All other reagents and solvents were obtained from general commercial suppliers and were used without further purification.

Incubations and Residual Activity. Incubations were conducted at 37°C in 100 μl incubation mixtures containing 50 μM potassium phosphate buffer (pH 7.4) for testosterone and pH 7.85 for nifedipine), an NADPH-generating system (10 mM glucose 6-phosphate, 0.5 mg/ml NADP +, and 2 μg/ml yeast glucose 6-phosphate dehydrogenase), and diagnostic substrate (testosterone 210 μM, nifedipine 20 μM). Depending on the P450 enzyme system used in incubations, final concentrations were 1 μM (P450) in human liver microsomes, 0.05 μM baculovirus recombinant P450 3A4 or 3A5, or 2 μM recombinant P450 3A4. The reconstituted P450 3A4 system contained: P450 3A4 (2 μM), NADPH-P450 reductase (4 μM), cytochrome b5 (2 μM), sodium cholate (0.5 mM), and a lipid mixture (t-α,1,2-diacyl-sn-glycero-3-phosphocholine, t-α,1,2-diauroyl-sn-glycero-3-phosphocholine, and bovine brain phosphatidylserine in a ratio of 1:1:1 (w/w/w), 40 μg/ml). Cilengitide solution in phosphate buffer was prepared ex tempore; the highest concentration used was 15 mM.

In general, preincubations were performed for 30 minutes with or without an NADPH-generating system. Residual activity was determined by coinubating with a marker substrate for an additional 5 minutes (Sohl et al., 2009). Briefly, each reaction mixture was quenched by the addition of four volumes of CH3Cl and centrifuged at 1900g for 10 minutes. The organic layer was transferred, and the solvent was evaporated under a stream of nitrogen; the dried sample was dissolved in CH3OH for analysis. 6β-Hydroxytestosterone and oxidized nifedipine were determined using a liquid chromatography photodiode array Acquity system (Waters, Milford, MA) and an octadeclysilane (C18) column (6.2 mm × 80 mm, 3 μm; Agilent Technologies, Santa Clara, CA) for the nifedipine assays and a similar octadeclysilane column (4.6 mm × 250 mm, 5 μm; Phenomenex, Torrance, CA) for the testosterone assays with CH3OH– H2O (64/36, v/v) for isocratic elution in both cases.

For determining inactivation kinetics with cilengitide, concentrations of 0, 0.75, 1, 3, 5, 7.5, and 15 mM were preincubated (in duplicate) with pooled human liver microsomes and an NADPH-generating system for 0, 3, 6, 9, 15, and 30 minutes. After the preincubation, an aliquot of marker substrate was added, with the procedures of isolation and quantitation described earlier.

Determination of Reversible and Quasi-irreversible Inhibition. Cilengitide (final concentration 15 mM) was preincubated for 30 minutes with human liver microsomes (500 pmol P450) at 57 ± 1°C in 500 μl mixtures containing 50 mM potassium phosphate buffer (pH 7.4) and an NADPH-generating system. Preincubation and solvent controls were treated with potassium ferricyanide (final concentration 2 mM), after which samples and control were dialyzed for 24 hours against 50 mM phosphate buffer (pH 7.4). Three replicates of each incubation were used to measure residual enzyme activity with nifedipine and testosterone as substrates. When reversible or quasi-irreversible inhibition was observed with human liver microsomes, the results were confirmed using re-combinant (baculovirus) P450 3A4.

Pyridine Hemochromone Spectrophotometric Assay. We added H2O (950 μl) to 250 μl of a P450 preincubation mixture (see above). After the addition of 0.20 ml of pyridine, the mixture was mixed using a vortex device, and 0.10 ml of 1 M NaOH was added, followed by more vortex mixing. The solution was split in two parts, reference and sample, and placed in cuvettes (capped) that were scanned from 500 to 600 nm to establish a baseline with an Amino DW2a/OLIS spectrophotometer (On-Line Instrument Systems, Bogart, GA). A few crystals of solid sodium dithionite and 10 μl of H2O were added to the sample cuvette. Potassium ferricyanide (10 μl of a 1 M solution) was added to the reference cuvette. Samples were scanned within 1 minute after the addition of the alkaline solution because of the instability of the pyridine hemochromone under basic conditions. The hemochrome concentration was calculated based on an extinction coefficient of 20.7 mM−1 cm−1 for the difference in absorption between peak at 557 nm and the trough at 541 nm (Flink and Watson, 1942; Paul et al., 1953).

Radioactivity Assays. The reconstituted P450 3A4 system containing 0.5 nmol P450 3A4, 1.0 nmol NADPH-P450 reductase, and 0.5 nmol cytochrome b5 was incubated with 7.5 mM 14C-labeled cilengitide (specific activity 8 Ci/mmol). Two incubations, with and without (control) an NAPDH-generating system, were performed. The reactions were stopped by chilling the tubes on ice. Enzymes were separated by size-exclusion chromatography (Micro Biospin column P-6; Bio-Rad Laboratories, Hercules, CA), and cilengitide was recovered from the column by washing the column with a C18–H2O–H2O mixture (1:1, v/v, 4°C). Recovered enzyme samples were loaded on a gradient polyacrylamide electrophoresis gel (NuPAGE 4–12% Bis-Tris Gel; Life Technologies, Grand Island, NY). To test the specificity of binding, incubations included bovine serum albumin (4 μM) and ovalbumin (4 μM); proteins were separated on 7.5% (w/v) SDS-PAGE gels. After development, gels were stained with Colloidal Coomassie Blue (Kang et al., 2002).

Fig. 1. Structure of cilengitide. The ornithine derivative has an amine substituted for the guanidine group.
One gel (loaded with proteins from the incubations with and without an NADPH-generating system) was treated with Autofluor (National Diagnostics, Atlanta, GA). Autofluor enables impregnation with phosphors, which convert radioactive \( \beta \) emission into more photons. After the treatment, the gel was dried, placed on an imaging screen (Kodak; Bio-Rad Laboratories), and left at \(-70^\circ\)C. The imaging screen was visualized after 7 to 10 days on a Molecular Imager Pharos FX Plus System (Bio-Rad Laboratories).

**Spectrophotometry.** Spectral changes resulting from 2 \( \mu \)M ligand (cilengitide, cyclopeptide analogs of cilengitide, and guanidine derivatives) binding to 2.5 \( \mu \)M recombinant P450 3A4 were monitored for 8 hours. The binding affinity of
cilengitide to both reduced and oxidized CYP3A4 was estimated by monitoring the (absolute) spectral changes of 2.5 μM enzyme with each addition of cilengitide (every 10 minutes) in a total volume of 1.0 ml of 50 mM potassium phosphate buffer (pH 7.4) at 23°C. Binding to the ferrous form of enzyme was determined under anaerobic conditions (achieved under argon atmosphere and addition of protocatechuate-3,4-dioxygenase with 3,4-dihydoxybenzoic acid for photoreduction (halogen lamp 500 W, 1 minute) in the presence of 1 mM NADPH-generating system. NADPH: both nifedipine and testosterone assays showed statistically significant decreases in enzyme activity by 23% (testosterone assay, P = 0.031) and 10% (nifedipine assay, P = 0.008), respectively. Greater inhibition was observed when cilengitide was preincubated with NADPH: both nifedipine and testosterone assays showed statistically significant declines in enzyme activity: 60% (P = 0.007) and 54% (P = 0.007), respectively.

Results

Inhibition Assays and Kinetics. Cilengitide was tested with human liver microsomes for direct inhibition (no preincubation) and after preincubation with and without an NADPH-generating system. In both the nifedipine and testosterone assays, direct inhibition was observed when the highest concentrations of cilengitide were used. Cilengitide (15 mM) decreased enzyme activity by 15% (P = 0.033) and 19% (P = 0.034) in testosterone and nifedipine assays, respectively. When cilengitide was preincubated without the addition of NADPH, reductions of enzyme activity by 23% (testosterone assay, P = 0.031) and 10% (nifedipine assay, P = 0.008), respectively, were observed. Greater inhibition was observed when cilengitide was preincubated with NADPH: both nifedipine and testosterone assays showed statistically significant declines in enzyme activity: 60% (P = 0.007) and 54% (P = 0.007), respectively.

Fig. 3. Heme assays. After incubation for 30 minutes with an NADPH-generating system in the presence of catalase, no statistically significant difference in pyridine hemochrome complex formation was observed in comparing a control incubation, a cilengitide incubation, and reconstituted P450 3A4 without incubation (enzymes mixture).

Fig. 4. Binding of cilengitide to proteins. (A) An SDS-polyacrylamide gradient (4–12%, w/v) gel showed binding of cilengitide to NAPDH-P450 reductase and P450 3A4 in a comparison of incubations of a reconstituted P450 3A4 system (P450 3A4, reductase, cytochrome b5, phospholipids) with and without an NADPH-generating system. (B) To determine whether nonspecific covalent binding to other proteins occurred, bovine serum albumin (BSA) and ovalbumin (OVA) were added to the incubation mixtures and separated on an SDS-polyacrylamide (7.5%, w/v) gel. [B1] Autoradiography was performed after 10 days of exposure. [B2] The same gel after staining with Coomassie Brilliant Blue R-250. More intensive binding of [14C] cilengitide to bovine serum albumin was observed in incubations with the NADPH-generating system. B2: cytochrome b5; b5; NADPH-P450 reductase, NPR; P450 3A4: 3A4. (C) Nonspecific binding was observed when the incubation of cilengitide was preformed with human liver microsomes (C1, autoradiography; C2, Coomassie Brilliant Blue R-250 staining). The percentages of binding to P450 3A4, NADPH-P450 reductase, and bovine serum albumin were determined after H2O2 digestion of gels by scintillation counting.
For the NADPH-dependent inhibition, inactivation kinetics were determined (Fig. 2). In the nifedipine assay, the inactivation constant $K_i$ was 6.3 ± 1.6 mM and the inactivation rate ($k_{\text{inact}}$) was 0.017 ± 0.002 min$^{-1}$, corresponding to an inactivation efficiency ($k_{\text{inact}}/K_i$) of 0.003 ± 0.001 min$^{-1}$ mM$^{-1}$. In the testosterone assay the apparent $K_i$ value was greater than the highest concentration analyzed ($K_i > 15$ mM).

In that nifedipine and testosterone are substrates for both P450 3A4 and P450 3A5, recombinant baculovirus-based microsomes were used to confirm the inhibitory effect of cilengitide. When 15 mM cilengitide was used, complete inhibition of P450 3A4 was observed in both assays. Preincubation of P450 3A5 with NADPH caused 9% ($P = 0.063$) and 23% ($P = 0.006$) decreases of activity in the nifedipine and testosterone assays, respectively.

The values of inactivation parameters determined for P450 3A4 were $K_i = 1.1 ± 0.2$ mM and $k_{\text{inact}} = 0.06 ± 0.03$ min$^{-1}$ in the testosterone assay and $K_i = 5.0 ± 1.1$ mM and $k_{\text{inact}} = 0.21 ± 0.03$ min$^{-1}$ in the nifedipine assay (Fig. 2). The inactivation efficiency ($k_{\text{inact}}/K_i$) in both assays with recombinant P450 3A4 was 0.04 ± 0.01 min$^{-1}$ mM$^{-1}$.

### Determination of Inactivation Mechanism

The pyridine hemochrome spectrophotometric assay was used to determine possible covalent modification of heme (Fink and Watson, 1942; Paul et al., 1953) after preincubation of 15 mM cilengitide and P450 3A4 with NADPH. When the assay was performed without the addition of an oxidizing agent (ferricyanide) to the reference cuvette, an apparent 72% ($P < 0.001$) decrease in heme concentration was observed. In the presence of ferricyanide (to reoxidize the P450 heme), the heme loss was reduced to 51% ($P = 0.063$) in the testosterone assay and 56% ($P = 0.006$) in the nifedipine assay (Fig. 2). The inactivation efficiency ($k_{\text{inact}}/K_i$) in both assays with recombinant P450 3A4 was 0.04 ± 0.01 min$^{-1}$ mM$^{-1}$.

### Binding of Cilengitide to Oxidized and Reduced Forms of P450 3A4

When monitoring an incubation of cilengitide with reconstituted P450 3A4 for 2 hours, slow changes in absorbance were observed at 426 nm (increase) and at 394 and 410 nm (decrease). To assess the binding of cilengitide to P450 3A4, spectral changes were monitored after 2 hours, indicating slow inhibitor-enzyme complex formation. This was further confirmed by testing residual activity after a 2-hour preincubation of cilengitide with human liver microsomes and without NADPH. Higher values of inhibition were observed in both the testosterone (46%, $P = 0.003$) and nifedipine (38%, $P = 0.001$) assays when compared with 30 minutes of preincubation (see Inhibition Assays and Kinetics).

A very low apparent second-order rate of cilengitide-P450 3A4 complex formation ($130$ M$^{-1}$ s$^{-1}$) was estimated on the basis of a one-ligand/two-state binding model, although it is not necessarily appropriate in that the binding of ligands to P450 3A4 involves multiple states/reactions after a diffusion-limited encounter (Isin and Guengerich, 2007).

A complex with the ferric form of P450 3A4 was formed at much lower concentrations ($K_d = 0.66$ μM; Fig. 6E) compared with the millimolar concentrations at which enzyme inhibition was observed. Opposite to the ferric system, the inhibitor-enzyme complex with ferrous

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Fig. 5. Reversibility of cilengitide binding to P450 3A4. To test the reversibility of cilengitide binding to P450 3A4, incubations with human liver microsomes were performed with the addition of an NADPH-generating system for 30 minutes, after which the samples were dialyzed for 24 hours at 4°C. Negative controls contained no NADPH-generating system. Residual activity was tested with both the testosterone (left) and nifedipine assays (right). To test quasi-reversibility, potassium ferricyanide ($K_3$Fe(CN)$_6$) was added after preincubation and before dialysis for 1 hour.
P450 3A4 formed quickly (Fig. 6, B and D). A $K_d$ for ferrous P450 3A4 (determined under anaerobic conditions) was also in the micromolar range ($K_d = 6 \text{ mM}$; Fig. 6F), explaining the observed NADPH-dependent inhibition.

Spectral Changes and Inhibition Assays of Guanidine Derivatives. The guanidine group was hypothesized to be involved in cilengitide inhibition of P450 3A4. Debrisoquine and N-acetylarginine-O-methyl ester were tested for inhibitory effects and spectral changes. Binding constants were determined using a one-ligand/two-state binding model: $K_d = 1.0 \text{ mM}$ for debrisoquine and $K_d = 0.14 \text{ mM}$ for the arginine derivative (Fig. 7, A and B). The arginine derivative (final concentration 15 mM) caused statistically significant inhibition of P450 3A4 only in the nifedipine assay; the residual activity was $71 \pm 4\%$ (no preincubation), $68 \pm 8\%$ (preincubation without NADPH), $85 \pm 6\%$ (preincubation with NADPH) (Fig. 7D). Debrisoquine (final concentration 15 mM) caused significant reduction of P450 3A4 activity in both assays. A greater decrease was observed in the testosterone assay, with residual activity being $13 \pm 5\%$ (no preincubation), $24 \pm 3\%$.
Spectral Changes and Inhibition Assays with Cyclopeptide Analogs. Spectral changes were monitored to determine the binding constants of cilengitide analogs. Based on the one-ligand/one-site binding model, the dissociation constants $K_d$ were 0.52 mM for the ornithine derivative and 0.44 mM for the acetylated ornithine derivative. Complete inhibition of P450 3A4 activity was observed with the ornithine derivative in the nifedipine assay whereas 17 ± 2% residual activity was observed in the testosterone assay ($P = 0.015$); a more potent decrease was observed in the testosterone assay (39 ± 6%, $P = 0.003$; Fig. 8C).

In preliminary single-point inhibition assays, cilengitide (15 mM) caused direct (no preincubation), time-dependent (30 minute preincubation without NADPH-generating system), and also NADPH-dependent inhibition (30 minute preincubation with NADPH-generating system) of P450 3A4 in human liver microsomes, the most prominent being the latter (54–60% depending on the probe substrate used). Complete inactivation was confirmed with a baculosome-based recombinant P450 3A4 system for both substrate probes, and the maximal inhibition of P450 3A5 was 23% under the same conditions.

Inactivation kinetics for metabolism (NADPH)-dependent inhibition were studied with both human liver microsomes and recombinant baculosomes (Fig. 2). As the values of the inhibition constant are in the millimolar range and the maximal plasma concentrations in humans are in a low micromolar range, this would indicate low potential for drug-drug interactions.

In principle, a P450 inactivator can modify prosthetic heme, bind to apoprotein, or do both (Wienkers and Heath, 2005). The spec-trophotometric assay (pyridine hemochrome) did not confirm any heme loss when incubations were performed in the presence of catalase to destroy any H$_2$O$_2$ generated (Fig. 3). This assay is based on determining heme iron in ferrous form as a complex with pyridine in basic media [versus a reference to which ferricyanide is added (Flink and Watson, 1942; Paul et al., 1953)]. During the optimization of assay, greater heme loss was observed when ferricyanide was not added (70 versus 27%), indicating the possible existence of a stable Fe$^{2+}$-cilengitide complex.
Quasi-irreversible inhibition was analyzed. In this case, the heme iron baculovirus system under the same conditions. Not explain the complete inhibition of P450 3A4 observed with the ovalbumin present. However, only 8% binding to P450 3A4 was observed. For this reason, we used guanidine-containing analogs (debrisoquine and N-methyl ester as well as the ornithine derivative of cilengitide (replacement for Arg). For both debrisoquine and N-acetyl-arginine-O-methyl ester, slow ligand-enzyme formation was observed, taking more than 1 and 6 hours to achieve the maximum type II spectral change. Similar spectral changes were observed for both the testosterone and nifedipine assays, with the % of inhibition caused by the above drug calculated for both the testosterone and nifedipine assays while inhibition with the arginine derivative was only observed in the nifedipine assay (Fig. 7).

Inhibition exams confirmed the type II covalent and the ornithine derivative inhibition assay with both the testosterone and nifedipine assays; preincubation was performed with human liver microsomes and an NADPH-generating system. The ornithine derivative caused complete inhibition of P450 3A4 in the nifedipine assay and a decrease of % in activity in the testosterone assay. Acetylation of the ornithine derivative reduced the inhibitory effect (testosterone assay: 39%, nifedipine assay: 6%).

Famotidine is an antiulcer drug and metformin (an oral hypoglycemic). Famotidine was developed as a H2-receptor antagonist with low interaction potential compared with cilengitide binding to P450 3A4. The ornithine derivative caused complete inhibition of P450 3A4 in the nifedipine assay and a decrease of % in activity in the testosterone assay. Acetylation of the ornithine derivative reduced the inhibitory effect (testosterone assay: 39%, nifedipine assay: 6%).

Binding of ligands to P450 3A4 is not a one-step process and requires time (Isin and Guengerich, 2007; Isin and Guengerich, 2008). Recently, unusual type II spectral changes of bicalutamide (an antiandrogen for prostate cancer treatment) binding to P450 46A1 were reported and attributed to binding involving a water molecule as an intermediate (Mast et al., 2013). This phenomenon could provide an explanation for the observed changes, even with the protected amino derivative of cilengitide. A guanidine group has not been reported to cause clinically significant interactions, at least not with P450s. Commonly used drugs containing a terminal guanidine group include famotidine (an antiulcer drug) and metformin (an oral hypoglycemic). Famotidine was developed as a histamine H2-receptor antagonist with low interaction potential compared with cilengitide and ranitidine (Humphries, 1987). Metformin exhibits interactions with organic cation transporters (the guanidino group is positively charged) (Somogyi et al., 1987).
metabolite or more potent metabolite is studied by preincubating the candidate drug with the test system (e.g., human liver microsomes) and NADPH- or NADPH-regenerating system. Our finding with cingleidate indicates that other relevant inhibition mechanisms such as time- but not NADPH-dependent (e.g., slow and tight binding) might also exist. Before including such a new evaluation into a drug-drug interaction package, it is important to learn how often this mechanism occurs in the more classic chemical space for drugs.

In conclusion, cingleidate causes time- and NADPH-dependent inhibition of P450 3A4. The observed inhibition can be explained by direct inhibition and by formation of stable complexes with both ferric and ferrous forms of heme iron. Formation of these stable complexes is time- and NADPH-dependent and is attributed to the guanidine group. Only a small part of the NADPH-dependent inhibition could be attributed to any reactive products capable of reacting with the protein or heme, explaining the nonextractable radioactivity observed in vivo. To date, the chemical mechanism of the adduct formation is not known.

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Authorship Contributions

Participated in research design: Guengerich, Barbero, Dolgos, Bojic. Conducted experiments: Bojic, Guengerich. Contributed new reagents or analytic tools: Barbero, Riva. Performed data analysis: Bojic, Guengerich, Barbero, Dolgos, Gallemann. Wrote or contributed to the writing of the manuscript: Bojic, Guengerich, Barbero, Dolgos, Gallemann, Freisleben.

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