Cyclin-dependent kinase 12, a novel drug target for visceral leishmaniasis

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Summary 21

Visceral leishmaniasis (VL) causes significant mortality and morbidity in many parts of the world. 22 There is an urgent need for the development of new, effective treatments for this disease. We 23 describe the development of a novel anti-leishmanial drug-like chemical series based on a 24 pyrazolopyrimidine scaffold. The leading compound from this series (7, DDD853651/ 25

GSK3186899) is efficacious in a mouse model of VL, has suitable physicochemical, pharmacokinetic and toxicological properties for further development and has been declared a preclinical candidate. Detailed mode of action studies indicate that compounds from this series act principally by inhibiting the parasite cdc-2-related kinase 12 (CRK12), thus defining a novel, druggable, target for VL.

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32 Introduction

Leishmania parasites cause a wide spectrum of human infections ranging from the life-threatening visceral disease to disfiguring mucosal and cutaneous forms. *Leishmania* spp. are obligate intracellular parasites of the vertebrate reticuloendothelial system, where they multiply as amastigotes within macrophage phagolysosomes; transmission is by blood-sucking sandflies, in which they proliferate as extracellular promastigotes.

Visceral leishmaniasis (VL), resulting from infection with Leishmania donovani and L. 38 infantum, causes more than 30,000 deaths annually, of which ~60% occur in India, Bangladesh and 39 Nepal¹. In 95% of cases, death can be prevented by timely and appropriate drug therapy². However, 40 current treatment options are far from ideal with outcomes dependent upon a number of factors 41 including geographical location, the immune status and other co-morbidities of the patient, and the 42 disease classification. None of the current front-line treatments for VL, amphotericin B (liposomal 43 or deoxycholate formulations), miltefosine, paromomycin and antimonials, are ideal for use in 44 resource poor settings, due to issues such as teratogenicity, cost, resistance and / or clinical relapse, 45 prolonged treatment regimens and parenteral administration³⁻⁵. Thus, there is an urgent need for 46 new treatment options for VL, particularly oral drugs. Unfortunately, there are currently no new 47 48 therapeutics in clinical development and only a few in preclinical development. There is a paucity of well-validated molecular drug targets in Leishmania, and the molecular targets of the current 49 clinical molecules are unknown. Recent studies⁶ identified the proteasome as a promising 50 therapeutic target for treatment of VL as well as other kinetoplastid infections, and this currently 51

represents the most robustly validated drug target in these parasites. Furthermore, whole cell (phenotypic) screening programs have been hindered by extremely low hit rates⁷. Here, we report the discovery of a promising new anti-leishmanial compound with a novel mechanism of action.

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56 **Discovery**

Previously, we reported the identification of a diaminothiazole series from a compound screen 57 against Trypanosoma brucei GSK3 kinase (TbGSK3)⁸. During compound optimization it became 58 clear that the anti-trypanosomal activity of the series was driven, at least in part, by off-target 59 activity. The diaminothiazoles were active against T. brucei bloodstream trypanosomes in viability 60 assays, but were essentially inactive against L. donovani axenic amastigotes (e.g. compound 1). 61 62 Modification of the core structure, whilst retaining hydrogen bond donor and acceptor functionalities, gave a bicyclic compound series (Fig. 1), one of which (compound 2), showed very 63 weak activity against L. donovani axenic amastigotes, but was inactive against the clinically 64 relevant intra-macrophage amastigotes. Appending a sulfonamide to the cyclohexyl ring resulted in 65 compound 3, active against L. donovani amastigotes in both the axenic and intra-macrophage 66 assays^{9,10} and selectively active against *L. donovani* compared to the THP-1 mammalian host cells 67 68 used in the assay. Replacement of the *iso*-butyl substituent on the pyrazole ring with an aromatic substituent and the benzyl group on the sulfonamide with a trifluoropropyl substituent resulted in 69 compound 4 which had marginally more activity. Critically this compound demonstrated >70% 70 parasite reduction in a mouse model of VL when dosed orally, providing proof of concept in an 71 animal model for this series. Replacing the pyridyl group with a 2-methoxyphenyl and the 72 trifluoropropyl group with an *iso*-butyl group gave our most potent compound 5, which had an EC_{50} 73 of 0.014 µM in the intra-macrophage assay. Compound 5 was metabolically unstable, although it 74 demonstrated >95% parasite reduction when dosed in a HRNTM hepatic CYP450 null mouse model 75 of infection¹¹. Furthermore, the solubility of compounds **4** and **5** was poor. 76

The 2-methoxyphenyl group of **5** was replaced by a morpholine (compound **6**) to increase polarity, increase the 3-dimensional shape (sp³ character) and reduce the number of aromatic rings. This was substituted with a 2-methyl group to further reduce the planarity and the trifluoropropyl sulfonamide was re-introduced, to give the key compound **DDD853651** / **GSK3186899** (compound **7**)¹². This compound was selected as our preclinical candidate, on the basis of the overall properties of the molecule (potency, efficacy in the mouse model, pharmacokinetics and safety profile).

Compound 7 was active against L. donovani in an intra-macrophage assay⁹ with an EC₅₀ of 83 1.4 µM (95% CI 1.2-1.5 µM, n=12) and showed good selectivity against mammalian THP-1 cells 84 $(EC_{50} > 50 \mu M)$. This is not as potent as our reported data for amphotericin B $(EC_{50} \text{ of } 0.07 \mu M \text{ in})$ 85 the intra-macrophage assay), but is comparable to the clinically used drugs miltefosine and 86 paromomycin (EC₅₀ values of 0.9 μ M and 6.6 μ M, respectively)⁹. Compound 7 was also active in 87 our cidal axenic amastigote assay (EC₅₀ 0.1 μ M (95% CI 0.06-0.17 μ M, n=4)¹⁰. At a concentration 88 of 0.2 μ M, compound 7 was cytocidal at 96 h; increasing the concentration to 1.8 μ M reduced this 89 to 48 h (Extended Data Fig. 1). Compound 7 demonstrated a less than 10-fold variation in potency 90 against a panel of Leishmania clinical-derived lines. The compound was also more active in a panel 91 of Leishmania lines using human peripheral mononuclear cells as host cells (Extended Data Table 92 93 1).

A balance between solubility in relevant physiological media (Extended Data Table 2) and in 94 vitro potency proved key for development of this series. Compound 7 was stable in microsomes and 95 hepatocytes, predictive of good metabolic stability (Extended Data Table 3). The compound was 96 orally bioavailable and showed a linearity of pharmacokinetics from 10 to 300 mg/kg in rats 97 (Extended Data Table 4). In our mouse model of infection the compound demonstrated comparable 98 activity to the front-line drug miltefosine, reducing parasite levels by 99% when dosed orally twice 99 a day for 10 days at 25 mg/kg (Fig. 2). Efficacy of treatment was dependent on dose, frequency 100 101 (twice a day better than once), and duration (10 days better than 5). The non-clinical safety data for 102 compound 7 suggests a suitable therapeutic window for progression into regulatory preclinical

studies. *In vitro* assays demonstrated that this compound did not significantly inhibit cytochrome
 P450 enzymes, mitigating a potential risk of problematic drug-drug interactions that is particularly
 relevant due to the frequency of VL/HIV co-infections¹.

As the series was developed from a known protein kinase scaffold¹³, Cellzome's KinobeadTM 106 technology was used to determine if compound 7 inhibits human protein kinases¹⁴. These 107 108 experiments indicated that compound 7 interacted with four human kinases, MAPK11, NLK, MAPK14 and CDK7, at concentrations within multiples of the predicted clinical dose (Table S1). 109 110 However, the extent of inhibition of these human kinases is not sufficient to preclude clinical 111 development of the molecule and no significant inhibition of other human kinases was detected in the KinobeadTM assays. Non-GLP preclinical assessment of cardiovascular effects and genotoxicity 112 did not reveal any issues that would prevent further development. Additionally, there were no 113 114 significant adverse effects in a rat 7-day repeat dose oral toxicity study with respect to clinical chemistry and histopathology at all doses tested. Both the in vivo efficacy and safety profile of 115 compound 7 support progression to definitive safety studies. 116

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118 Mode of Action Studies

119 Elucidating the mode of action of novel chemical series can greatly benefit drug discovery campaigns¹⁵. Since there is no blueprint to establish the mode of action of bioactive small 120 molecules^{16,17}, several complementary methodologies were employed. 121 Representative 122 pyrazolopyrimidine analogues (4, 5, 6 and 7) from the drug discovery program were used as 123 chemical tools (Fig. 1), including compound 8, where the diaminocyclohexyl group was replaced 124 by an aminopiperidine amide. These compounds showed very good activity correlation between the intra-macrophage, axenic amastigote and promastigote assays, giving us confidence to use the 125 extracellular parasite forms (promastigote) for mode of action studies where it was not possible to 126 127 use the intracellular forms (amastigote) (Table S2).

As a first step towards identifying the target(s) of the leishmanocidal pyrazolopyrimidine 128 series, structure activity relationships were used to inform the design of analogues containing a 129 polyethyleneglycol (PEG) linker (9, 11, 12; Extended Data Fig. 2), which were then covalently 130 attached to magnetic beads to allow for chemical proteomics. Firstly, beads derivatized with 9 were 131 used to pull down proteins from SILAC (Stable Isotope Labelling by Amino Acids in Cell Culture)-132 labelled L. donovani promastigote lysates¹⁸ in the presence ("light-labelled lysate") or absence 133 ("heavy-labelled lysate") of 10 µM compound 10, a structurally related, bioactive derivative of 134 compound 9¹⁹. After combining the bead eluates and performing proteomic analyses, proteins that 135 bound specifically to the pyrazolopyrimidine pharmacophore could be distinguished from proteins 136 137 that bound non-specifically to the beads by virtue of high heavy : light tryptic peptide isotope ratios. These experiments identified CRK12, CRK6, CYC9, CRK3, MPK9, CYC6 and a putative STE11-138 like protein kinase (LinJ.24.1500) as specific binders to the compound 9-derivatised beads (Log_2 139 heavy : light ratio >2.8; 7-fold enrichment) (Fig. S5; Table S3). Secondly, pull down experiments 140 were conducted with beads derivatized with 9, 11 or 12, followed by competition studies with 5, 8 141 142 and 8, respectively. Adherent proteins were washed off the beads, digested with trypsin and labelled 143 with isobaric tandem mass tags. Comparison of the labelled peptides derived from experiments, 144 with and without competition, by liquid chromatography / mass spectrometry identified proteins likely to specifically bind to the immobilized ligands. Potential candidates identified included: 145 CRK3, CRK6, CRK12, CYC3, CYC6, CYC9, MPK9, MPK5 and several hypothetical proteins 146 147 (Fig. S6; Table S4). We also investigated immobilizing the compound at an alternate position on the 148 scaffold and this gave a similar binding profile (Fig. S6; Table S4), further validating the approach. These results are consistent with previous studies which report that the pyrazolopyrimidine core 149 binds to protein kinases^{13,20-22}. 150

The presence of cdc2-related kinases (CRK3, 6 and 12) and cyclins (CYC3, 6 and 9) in the initial target list led us to analyze the effects of pyrazolopyrimidines (**5**, **6**, **7** and **8**) on cell-cycle progression in *L. donovani*. Treatment resulted in an accumulation of cells in G1 and in G2/M and a decrease in the proportion of cells in S phase (Fig. 3a for compound **7** and Fig. S9 for **5**, **6** and **8**), suggesting arrests in the cell-cycle at G1/S and G2/M, consistent with a mode of action *via* CRK and/or CYC components.

Resistance was generated in *L. donovani* promastigotes against compounds 4 and 5. A single 157 158 cloned parental cell line was divided into three individual cultures for each compound and resistance was generated by exposing parasites to step-wise increasing concentrations of compound. 159 Following resistance generation, each independently generated cell line was cloned and 3 individual 160 161 clones from each compound selection (6 in total) were selected for in depth study. The resulting clones demonstrated >500-fold and $9 \rightarrow 17$ -fold resistance to compounds 4 and 5, respectively 162 163 (Extended Data Table 5). Resistance to both compounds was found to be stable over 50 days in 164 culture in the absence of drug pressure and, significantly, all clones showed cross-resistance to 4 165 and 5, and $20 \rightarrow 50$ -fold cross-resistance to 7. These data suggest our pyrazolopyrimidines share common mechanisms of resistance and most likely modes of action. Importantly, intracellular 166 amastigotes, derived from the resistant promastigotes, were 8.5-fold and 5-fold resistant to 5 and 7, 167 respectively, compared to wild-type parasites (Extended Data Table 6) strongly suggesting that their 168 mechanism(s) of action are the same in promastigote and intracellular amastigote stages of the 169 parasite. 170

To gain further insight into the mechanism of action and potential target(s) of this 171 172 pyrazolopyrimidine series, our 6 drug-resistant clones underwent whole genome sequence analysis. 173 A range of mutations, relative to parental clones, were found across the genome (Table S5), 174 including a long region with loss of heterozygosity on chromosome 9. In total, 75 sites were identified genome-wide that each had single base substitutions resulting in a non-synonymous 175 176 change in at least one clone (Table S6). The majority (65) of non-synonymous substitutions consisted of derived clones losing a parental allele but amplifying the remaining allele. In five of 177 the six resistant clones a new heterozygous substitution was selected in a single gene of unknown 178 function (LdBPK 251630) but most strikingly, in all 6 drug-resistant clones, a single homozygous 179

non-synonymous substitution was found in CRK12 (LdBPK 090270), a gene within the long loss-180 of-heterozygosity region. This mutation changes Gly572 to Asp and falls within the region 181 predicted to encode the catalytic domain of L. donovani CRK12. This suggests that CRK12 is the 182 target of the pyrazolopyrimdines. Extensive variations in chromosomal copy numbers are common 183 in Leishmania^{23,24}, and extra copies of chromosome 9, containing the CRK12 gene, were found in 184 four out of six drug-resistant clones (Table S7). Additionally, three of these four clones had extra 185 copies of chromosome 32, containing the gene for CYC9. Previous studies in T. brucei have 186 established that the partner cyclin of CRK12 is CYC9²⁵. This suggests that CYC9 may be the 187 cognate cyclin partner for L. donovani CRK12. 188

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190 Target validation

To dissect the role of CRK12 and CYC9 in the mechanism of action and resistance of pyrazolopyrimidines a series of protein overexpression studies were undertaken in *L. donovani* promastigotes. In all cases, overexpression of putative targets was confirmed by elevated levels of transcripts in our transgenic cell lines relative to WT, as determined by qRT-PCR (Table S8).

Counter-intuitively, overexpression of wild-type CRK12 (CRK12^{WT}) rendered the parasites 195 196 \sim 3-fold more sensitive to 5 (Fig. 3b). The overexpression of CYC9 alone had no effect on compound resistance, but co-overexpression of CYC9 and CRK12^{WT} rendered the transgenic 197 parasites \sim 3-fold resistant to compounds 5 and 7 (Fig. 3c and Table S8). Next, we looked at the 198 mutated (Gly572 to Asp) version of CRK12 (CRK12^{MUT}) identified in all of our drug-resistant 199 clones. Overexpression of CRK12^{MUT} rendered the parasites ~3.4-fold resistant to 5 (Fig. 3d and 200 201 Table S8) and to the preclinical lead compound 7 (Table S8), while being equally sensitive to the unrelated nitroimidazole drug fexinidazole sulfone (Table S9). Co-overexpression of CRK12^{MUT} 202 and CYC9 rendered the parasites ~6-fold resistant to compound 7 and ~8-fold resistant to 203 compound 5. This shift in sensitivity is considerably greater than the 3.4-fold resistance observed 204 with parasites overexpressing CRK12^{MUT} alone (Fig. 3d). Replacing a single copy of the CRK12 205

gene with a drug selectable marker left parasites ~2-fold more susceptible to compound 5 than WT
(Fig. 3e, Fig. S10). We were unable to directly replace both endogenous copies of the *CRK12* gene,
except in the presence of an ectopic copy of the gene, suggesting that the *CRK12* gene is essential
for the growth and survival of *L. donovani* (Fig. S10).

Initially, CRK3 and CRK6 were identified as credible targets based upon our collective 210 proteomics datasets, as well as their established roles in kinetoplastid cell cycle regulation^{26,27}. 211 However, whole genome sequencing, qPCR (Fig. S8) and Southern blot (Fig. S7) analysis of 212 213 resistant clones confirmed that mutations within, or amplification of, the CRK3 and CRK6 genes 214 were not responsible for resistance to pyrazolopyrimidines. Direct modulation of CRK3 and CRK6 215 levels within L. donovani promastigotes, by generating overexpressing and single gene knockout 216 parasites, did not alter drug sensitivity (Table S8). Overexpression of CRK3 and CRK6 in 217 combination with their cognate cyclin partners CYC6 and CYC3 was not possible since co-218 overexpression proved toxic. Collectively, these data suggest that the primary mechanism of action 219 of this compound series is unlikely to be *via* CRK3 or CRK6 inhibition.

220 Commonly, overexpression of a compound's molecular target is accompanied by an 221 increase in drug resistance. With this in mind, our collective data strongly suggest that the principal 222 target of our pyrazolopyrimidine series is the CYC9-activated form of CRK12, such that overexpression of CRK12 and CYC9 together provides resistance. This hypothesis is also 223 consistent with the amplification of both CRK12 and CYC9 in resistant parasites; as well as the 224 identification of both proteins in our SILAC and KinobeadTM proteomic datasets. That 225 226 overexpression of CYC9 alone has no effect suggests that CYC9 is, to some extent, in excess over CRK12 and thus overexpression of CRK12^{MUT} can provide (~3-fold) resistance that is increased 227 when additional CYC9 is co-expressed (~8-fold). The "hyper-sensitivity" of parasites 228 overexpressing CRK12^{WT} alone to these compounds remains perplexing. One potential explanation 229 is that CRK12^{WT} bound to a pyrazolopyrimidine in the absence of a CYC9 subunit is particularly 230 toxic to the parasite. Alternatively, elevated levels of CRK12 may well sequester other cyclins 231

thereby preventing their essential interactions with other CRKs. Further studies will be required totest these hypotheses.

234 Given that the compounds from this chemical series interacted with protein kinases, in particular CRK12, we used Cellzome's KinobeadTM technology^{14,28,29} with axenic amastigote 235 extracts to identify pyrazolopyrimidine-binders in the Leishmania kinome. These experiments were 236 237 performed in the presence or absence of an excess of the soluble parent compound 5. All proteins captured by the beads were quantified by TMT tagging of tryptic peptides followed by LC-MS/MS 238 analysis³⁰. CRK12, MPK9, CRK6 and CYC3 (Fig. 4a) were identified, consistent with the other 239 240 experiments above. A dose response experiment was performed in which 5 was added over a range 241 of concentrations in order to establish a competition-binding curve and determine a half-maximal inhibition (IC_{50}) value (Fig. 4b). The IC_{50} values obtained in these experiments represent a measure 242 of target affinity, but are also affected by the affinity of the target for the bead-immobilized ligands. 243 244 The latter effect can be deduced by determining the depletion of the target proteins by the beads, such that apparent dissociation constants (K_d^{app}) can be determined that are largely independent 245 from the bead ligand³⁰. The apparent dissociation constants (K_d^{app}) were determined as 1.4 nM for 246 CRK12, 45 nM for MPK9, 58 nM for CYC3 and 97 nM for CRK6. These values are determined in 247 248 physiological conditions (substrates, cyclins and ATP) and provide further compelling evidence that the principal target of this compound series is CRK12. Further pull-downs with a resin-bound 249 pyrazolopyrimidine analogue (11) were conducted in parallel with the KinobeadTM experiments and 250 251 returned broadly similar results (Fig. 4 c, d).

Collectively, our data provides strong evidence that CRK12 forms a significant interaction with CYC9: (a) our studies indicate that overexpression of CYC9 alongside CRK12 markedly increases resistance to our pyrazolopyrimidine compounds; (b) in several of our compound-resistant cell lines, additional copies of chromosome 32, containing the CYC9 gene were found; (c) in the related organism *T. brucei* CYC9 was confirmed as the partner cyclin for CRK12; (d) in several chemical proteomics studies CYC9 was identified as binding to immobilized compounds from our
 pyrazolopyrimidines alongside CRK12.

259

260 *Modelling*

261 A homology model was built for L. donovani CRK12 using the structure of human cyclin dependent kinase 9 (CDK9, PDB code:4BCF) as a template. (Interestingly 7 showed an $IC_{50} > 20$ 262 µM against CDK9 in the Kinobeads[™] assay.) A combination of docking studies, molecular 263 264 dynamics simulation and free energy calculations indicated the most likely binding mode is that shown in Fig. 5 (see supporting information for discussion). With very few exceptions, the binding 265 266 modes of protein kinase inhibitors are highly conserved across kinase family members; searching the protein database revealed a related 5-amino-pyrazolopyrimidine, which bound to ALK in a very 267 similar fashion (PDB code 4Z55, ligand 4LO). In our proposed binding mode, the bicyclic scaffold 268 interacts with the hinge residues establishing two hydrogen bonds between the sp² pyrimidine 269 nitrogen in position 6 and the backbone NH of Ala566 and between the pyrazole NH in position 1 270 271 and the backbone carbonyl oxygen of Ala564 (Fig. 5b). A third hydrogen bond is also established between the amino NH in position 5 and the backbone carbonyl oxygen of Ala566. The substituent 272 273 in position 3 of the pyrazole ring is directed towards the ATP back pocket interfacing with the gatekeeper residue (Phe563). This binding mode is consistent with the analogues 9, 11 and 12 274 275 retaining binding affinity, with the PEG linkers being attached to water-accessible parts of the core. 276 The Gly572Asp mutation causing resistance to the pyrazolopyrimidine series is located at the end 277 of the hinge region nine residues from the gatekeeper. In the Gly572Asp mutant, the negatively 278 charged side chain of the aspartic acid is positioned in close contact to the oxygen atoms of the sulfonamide moiety leading to an unfavorable electrostatic interaction. 279

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281 Discussion

New oral drugs for VL, particularly those capable of treating on-going outbreaks in East Africa, are 282 283 urgently needed. Effective drugs will make a significant difference to treatment outcomes for this 284 devastating parasitic disease. With the ultimate goal of VL elimination, multiple new treatment options will be required. We have identified a pyrazolopyrimidine series showing potential to treat 285 286 VL. Our studies indicate that the principal mechanism of action of our pyrazolopyrimidine 287 compounds is through inhibition of CRK12, defining CRK12 as one of very few chemicallyvalidated drug targets in *Leishmania*. Further, our data indicate that CYC9 is the definitive partner 288 289 cyclin for CRK12. The physiological function(s) of CRK12/CYC9 have yet to be determined and 290 the availability of our inhibitory pyrazolopyrimidines should assist in probing this aspect of parasite 291 biology.

It is clear from our collective chemical proteomics studies that the pyrazolopyrimidines also interact with other *Leishmania* protein kinases, in particular CRK6 and CRK3, albeit with significantly lower affinities than for CRK12. While CRK12 is undoubtedly the principal target of this compound series, we cannot rule out the possibility that underlying this mechanism of action is an element of polypharmacology. Indeed, inhibition of secondary kinase targets may be responsible for some of the phenotypic effects observed in drug-treated parasites, such as cell cycle arrest.

298 Compound **7** is being advanced towards human clinical trials and is currently undergoing 299 preclinical development. The data generated to date provides a reason to believe that 300 compound **7** has the potential to fulfil the community target product profile³¹. However, as a 301 systematic approach to drug discovery is relatively new in this neglected disease and there is a lack 302 of correlation between pre-clinical and clinical data, there are outstanding questions that can only be 303 answered as the compound progresses through development.

304

305 End notes

306 Supplementary Information: this contains chemical synthesis and characterization, methodology

307 and ethical statements.

309	Acknowledgments: The authors acknowledge the Wellcome Trust for funding (grants, 092340,
310	105021, 100476, 101842, 079838, 098051).
311	
312	Author Contributions: these are recorded in the supporting information
313	
314	Author Information: Reprints and permissions information is available at
315	www.nature.com/reprints. The authors declare the following financial interests: these authors have
316	shares in GlaxoSmithKline: PGW, SD, TJM, KDR, SC, RL, SG, MB, HP, PC, GD, DG, SG-D and
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320	
321	Data Availability. Compound 7 is currently in pre-clinical development and full disclosure of the
322	synthesis of this compound has been included in this publication. All reasonable requests for the
323	other key tool molecules disclosed in this manuscript will be met subject to an appropriate material
324	transfer agreement in place between all parties.
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326	
327	
328	

Figure 1: The evolution of the pyrazolopyrimidine series to give the development compound 7^9 . Potencies against axenic amastigotes, intra-macrophage amastigotes and against THP-1 cells are shown⁹; data from \ge 3 independent replicates for cidal axenic and intra-macrophage assays. In the cidal axenic assay a higher cell density and improved detection limit is used than in compared to the axenic assay allowing distinction between cytostatic and cytotoxic compounds¹⁰.

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Figure 2: Efficacy of compound 7 in a mouse model of VL. Each arm was carried out with 5 mice. (a) Reduction in parasite load for various dose regimens. uid is once daily dosing; bid is twice daily dosing. (b) Dose response for twice daily dosing for 10 days. (c) Given dose required to give a particular reduction in parasite load for twice daily dosing for 10 days. The reported ED_{90} for miltefosine in a mouse model is 27 mg/kg uid ^{6,32,33}.

Leishman Donovan Units (LDU) are the number of amastigotes per 500 nucleated cells multiplied
 by the organ weight in grammes^{34,35}.

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Figure 3: Studies to validate the molecular target of the pyrazolopyrimidine series. (a) Cell 343 cycle analysis following treatment with compounds for 8 h. Untreated cells at 0 h (black) and at 8 h 344 (grey). Cells treated with 5x EC₅₀ value of compound 7 for 8 h (white). Unpaired Student t test (**. 345 P = 0.01; ***, P = 0.001 (b) Effects of CRK12^{WT} overexpression in promastigotes on the potency of 346 compound 5 (EC₅₀ value of 0.24 ± 0.002 nM, closed circles) compared to WT cells (0.72 ± 0.01 347 nM, open circles). (c) Effects of CRK12^{WT} and CYC9 co-overexpression in promastigotes on the 348 349 potency of compound 5 (EC₅₀ value of 1.43 ± 0.01 nM, closed circles) compared to WT cells (EC₅₀ value of 0.5 ± 0.004 nM, open circles). (d) Effects of CRK12^{MUT} and CYC9 overexpression in 350 promastigotes on the potency of compound 5 (EC₅₀ value of 1.99 ± 0.002 nM, open circles) 351 compared to WT cells (EC₅₀ value of 0.59 ± 0.001 nM open squares) and CRK12^{MUT}/CYC9 co-352 overexpressing promastigotes (EC₅₀ value of 4.6 ± 0.05 nM, closed circles). (e) Effect of knocking 353 out a single copy of the CRK12 gene on the potency of compound 5 in promastigotes (EC₅₀ value of 354

 0.76 ± 0.004 nM, closed circles) compared to WT cells (EC₅₀ value of 1.5 ± 0.004 nM, open circles). P = 0.0014 using an unpaired Student t test. All data are the mean \pm SD from n=3technical replicates and are representative of at least duplicate experiments.

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359 Figure 4: Identification of cyclin dependent related kinases as targets of the pyrazolopyrimidine series using a chemoproteomic approach. (a) Relative amounts of protein 360 361 captured on Kinobeads[™] in the presence of 10 μM compound **5** compared to vehicle, comparison 2 experiments. A \log_2 scale is used. (b) Dose response curves of proteins binding to 362 of KinobeadsTM in the presence of varying concentrations of compound 5. (c) Relative amounts of 363 364 protein captured on 11-derviatised beads in the presence of 10 µM compound 5 compared to vehicle, comparison of 2 experiments. A \log_2 scale is used. (d) Dose response curves of binding of 365 366 proteins to 11-derivatised beads in the presence of varying concentrations of 5.

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Figure 5. Docking poses for (a) compound 4 and (b) compound 7. Dotted purple lines
represent H-bonds. The mutated residue in position gate-keeper (GK) +9 is indicated in purple
in the ribbon diagram.

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Extended Data Figure 1: Rate-of-kill of *L. donovani* axenic amastigotes by compound **7**. Chart shows relative luminescence units (RLU) versus time from axenic amastigote rate-of-kill experiment with compound **7** (representative results for one of two independent experiments are shown; data is presented as mean and standard deviation of 3 technical replicates.). Concentrations are as follows (μ M): 50, open circles; 16.7, closed circles; 5.6, open squares; 1.85, closed squares; 0.62, open triangles; 0.21, closed triangles; 0.069, open inverted triangles; 0.023, closed inverted triangles, 0.0076, open diamond and 0.0025, closed diamond.

380	Extended Data Figure 2. Linker-containing target molecules synthesized for chemical proteomic
381	experiments and corresponding EC ₅₀ values.
382	
383	Extended Data Table 1. Activity of compound 7 and miltefosine against a panel of Leishmania
384	clinical isolates (intramacrophage assay using human peripheral blood mononuclear cells).
385	
386	Extended Data Table 2. Solubility of compound 7 in simulated physiological media (4h at 37°C).
387	
388	Extended Data Table 3. In vitro metabolic stability data for compound 7.
389	
390	Extended Data Table 4. DMPK data for compound 7
391	
392	Extended Data Table 5. Sensitivity of WT and drug-resistant promastigotes to compounds within
393	the series. Resistance was generated against compounds 4 and 5.
394	
395	Extended Data Table 6: Sensitivity of WT and compound 5-resistant intramacrophage amastigotes
396	(INMAC) to the compound series.
397	
200	

401	Extended Data Figure 1: Rate-of-kill of L. donovani axenic amastigotes by compound 7. Chart
402	shows relative luminescence units (RLU) versus time from axenic amastigote rate-of-kill
403	experiment with compound 7 (representative results for one of two independent experiments are
404	shown; data is presented as mean and standard deviation of 3 technical replicates.).
405	Concentrations are as follows (μ M): 50, open circles; 16.7, closed circles; 5.6, open squares;
406	1.85, closed squares; 0.62, open triangles; 0.21, closed triangles; 0.069, open inverted triangles;
407	0.023, closed inverted triangles, 0.0076, open diamond and 0.0025, closed diamond.

411 Extended Data Figure 2. Linker-containing target molecules synthesized for chemical 412 proteomic experiments and corresponding EC₅₀ values.

- 414 Extended Data Table 1. Activity of compound 7 and miltefosine against a panel of 415 *Leishmania* clinical isolates (intramacrophage assay using human peripheral blood
- 416 **mononuclear cells).**
- 417

Strain	Country	Voor	Compound 7	Miltefosine
Suam	of origin	I cal	$EC_{50}(\mu M)$	$EC_{50}(\mu M)$
L. donovani LV9	Ethiopia	1967	0.06	0.40
L. donovani SUKA 001	Sudan	2010	0.10	1.0
L. donovani BHU1 *	India	2002	0.10	0.50
L. donovani DD8	India	1980	0.13	0.50
L. infantum ITMAP263	Morocco	1967	0.13, 0.50	0.79

418 * Antimony-resistant reference strain

419

420 Strains were tested on a single (DD8, SUKA001, BHU1) or two (LV9, ITMAP263) test

421 occasions; for ITMAP263 the respective EC_{50} values are shown.

423 Extended Data Table 2. Solubility of compound 7 in simulated physiological media (4h at 424 37°C).

Media	Final pH	Solubility	
		[mg/mL]	
SGF pH1.6	SGF (1.5)	1.12	
Fasted SIF pH6.5	FaSSIF (6.5)	0.017	
Fed SIF pH6.5	FeSSIF (6.5)	0.025	

426 SGF, <u>Simulated Gastric Fluid</u>; SIF, <u>Simulated Intestinal Fluid</u>. Data for polyform 1.

427

Species	Concentration (µM)	Microsomes Cli (mL/min/g tissue)	Hepatocytes Cli (mL/min/g tissue)
Mouse	0.5	0.52	0.84
Rat	0.5	< 0.5	0.77
Dog	0.5	< 0.4	0.31
Human	0.5	0.71	0.5

Extended Data Table 3. In vitro metabolic stability data for compound 7.

Extended Data Table 4. DMPK data for compound 7

$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Intravenous	Mouse	Rat
$\begin{array}{ c c c c c c c } \hline I mg/kg & I mg/kg \\ \hline Cl (ml/min/kg) & 169 \pm 50 & 14 \pm 9 \\ Vdss (L/kg) & 4.0 \pm 0.5 & 0.4 \pm 0.2 \\ T_{1/2} (h) & 0.3 \pm 0.04 & 0.4 \pm 0.1 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 104 \pm 26 & 1514 \pm 782 \\ \hline Oral & 10 mg/kg & 10 mg/kg \\ \hline Cmax (ng/ml) & 561 \pm 148 & 1043 \pm 261 \\ T_{max} (h) & 2 & 2 \\ T_{1/2} (h) & 1.2 \pm 0.4 & 2.5 \pm 0.6 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 1463 \pm 362 & 6475 \pm 2494 \\ \hline F\% based on AUC_{(0-inf)} & >100 & 46 \pm 18 \\ \hline Oral & 100 mg/kg & 100 mg/kg \\ \hline Cmax (ng/ml) & 8813 \pm 1966 & 8470 \pm 3750 \\ Tmax (h) & 3 & 7.3 \\ T_{1/2} (h) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% based on AUC_{(0-inf)} & >100 & 40 \pm 15 \\ \hline Oral & 300 mg/kg & 300 mg/kg \\ \hline Cmax (ng/ml) & 11393 \pm 4212 & 14833 \pm 2676 \\ Tmax (h) & 5 & 7.3 \\ T_{1/2} (h) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline F\% based on AUC_{n+1} & >100 \\ \hline \end{array}$		(male, CD1)	(male, SD)
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		1 mg/kg	1 mg/kg
$\begin{array}{c cccccc} Vdss (L/kg) & 4.0 \pm 0.5 & 0.4 \pm 0.2 \\ T_{1/2} (h) & 0.3 \pm 0.04 & 0.4 \pm 0.1 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 104 \pm 26 & 1514 \pm 782 \\ \hline Oral & 10 mg/kg & 10 mg/kg \\ \hline Cmax (ng/ml) & 561 \pm 148 & 1043 \pm 261 \\ T_{max} (h) & 2 & 2 \\ T_{1/2} (h) & 1.2 \pm 0.4 & 2.5 \pm 0.6 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 1463 \pm 362 & 6475 \pm 2494 \\ \hline F\% based on AUC_{(0-inf)} > 100 & 46 \pm 18 \\ \hline Oral & 100 mg/kg & 100 mg/kg \\ \hline Cmax (ng/ml) & 8813 \pm 1966 & 8470 \pm 3750 \\ Tmax (h) & 3 & 7.3 \\ T_{1/2} (h) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% based on AUC_{(0-inf)} > 100 & 40 \pm 15 \\ \hline Oral & 300 mg/kg & 300 mg/kg \\ \hline Cmax (ng/ml) & 11393 \pm 4212 & 14833 \pm 2676 \\ Tmax (h) & 5 & 7.3 \\ T_{1/2} (h) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline F\% based on AUC_{nm} > 100 \\ \hline \end{array}$	Cl (ml/min/kg)	169 ± 50	14 ± 9
$\begin{array}{c ccccc} T_{1/2} (h) & 0.3 \pm 0.04 & 0.4 \pm 0.1 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 104 \pm 26 & 1514 \pm 782 \\ \hline Oral & 10 mg/kg & 10 mg/kg \\ \hline Cmax (ng/ml) & 561 \pm 148 & 1043 \pm 261 \\ T_{max} (h) & 2 & 2 \\ T_{1/2} (h) & 1.2 \pm 0.4 & 2.5 \pm 0.6 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 1463 \pm 362 & 6475 \pm 2494 \\ \hline F\% based on AUC_{(0-inf)} & >100 & 46 \pm 18 \\ \hline Oral & 100 mg/kg & 100 mg/kg \\ \hline Cmax (ng/ml) & 8813 \pm 1966 & 8470 \pm 3750 \\ Tmax (h) & 3 & 7.3 \\ T_{1/2} (h) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% based on AUC_{(0-inf)} & >100 & 40 \pm 15 \\ \hline Oral & 300 mg/kg & 300 mg/kg \\ \hline Cmax (ng/ml) & 11393 \pm 4212 & 14833 \pm 2676 \\ Tmax (h) & 5 & 7.3 \\ T_{1/2} (h) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ \hline AUC_{(0-inf)} (ng.h/mL) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline F\% based on AUC_{n-inf} & >100 & 51 \pm 22 \\ \hline \end{array}$	Vdss (L/kg)	4.0 ± 0.5	0.4 ± 0.2
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$T_{1/2}(h)$	0.3 ± 0.04	0.4 ± 0.1
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	AUC _(0-inf) (ng.h/mL)	104 ± 26	1514 ± 782
$\begin{array}{c cccccc} Cmax (ng/ml) & 561 \pm 148 & 1043 \pm 261 \\ T_{max} (h) & 2 & 2 \\ T_{1/2} (h) & 1.2 \pm 0.4 & 2.5 \pm 0.6 \\ AUC_{(0-inf)} (ng.h/mL) & 1463 \pm 362 & 6475 \pm 2494 \\ \hline F\% based on AUC_{(0-inf)} > 100 & 46 \pm 18 \\ \hline Oral & 100 mg/kg & 100 mg/kg \\ \hline Cmax (ng/ml) & 8813 \pm 1966 & 8470 \pm 3750 \\ Tmax (h) & 3 & 7.3 \\ T_{1/2} (h) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ AUC_{(0-inf)} (ng.h/mL) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% based on AUC_{(0-inf)} > 100 & 40 \pm 15 \\ \hline Oral & 300 mg/kg & 300 mg/kg \\ \hline Cmax (ng/ml) & 11393 \pm 4212 & 14833 \pm 2676 \\ Tmax (h) & 5 & 7.3 \\ T_{1/2} (h) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ AUC_{(0-inf)} (ng.h/mL) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline E\% based on AUC_{n+4} & >100 \\ \hline \end{array}$	Oral	10 mg/kg	10 mg/kg
$\begin{array}{ccccccc} T_{max}\left(h\right) & 2 & 2 \\ T_{1/2}\left(h\right) & 1.2 \pm 0.4 & 2.5 \pm 0.6 \\ AUC_{(0-inf)}\left(ng.h/mL\right) & 1463 \pm 362 & 6475 \pm 2494 \\ \hline F\% \ based \ on \ AUC_{(0-inf)} & >100 & 46 \pm 18 \\ \hline Oral & 100 \ mg/kg & 100 \ mg/kg \\ \hline Cmax\left(ng/ml\right) & 8813 \pm 1966 & 8470 \pm 3750 \\ \hline Tmax\left(h\right) & 3 & 7.3 \\ T_{1/2}\left(h\right) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ AUC_{(0-inf)}\left(ng.h/mL\right) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% \ based \ on \ AUC_{(0-inf)} & >100 & 40 \pm 15 \\ \hline Oral & 300 \ mg/kg & 300 \ mg/kg \\ \hline Cmax\left(ng/ml\right) & 11393 \pm 4212 & 14833 \pm 2676 \\ \hline Tmax\left(h\right) & 5 & 7.3 \\ \hline T_{1/2}\left(h\right) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ AUC_{(0-inf)}\left(ng.h/mL\right) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline F\% \ based \ on \ AUC_{n+4} & >100 \\ \hline \end{array}$	Cmax (ng/ml)	561 ± 148	1043 ± 261
$\begin{array}{c cccc} T_{1/2} (h) & 1.2 \pm 0.4 & 2.5 \pm 0.6 \\ AUC_{(0-inf)} (ng.h/mL) & 1463 \pm 362 & 6475 \pm 2494 \\ \hline F\% based on AUC_{(0-inf)} > 100 & 46 \pm 18 \\ \hline Oral & 100 mg/kg & 100 mg/kg \\ \hline Cmax (ng/ml) & 8813 \pm 1966 & 8470 \pm 3750 \\ \hline Tmax (h) & 3 & 7.3 \\ \hline T_{1/2} (h) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ AUC_{(0-inf)} (ng.h/mL) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% based on AUC_{(0-inf)} > 100 & 40 \pm 15 \\ \hline Oral & 300 mg/kg & 300 mg/kg \\ \hline Cmax (ng/ml) & 11393 \pm 4212 & 14833 \pm 2676 \\ \hline Tmax (h) & 5 & 7.3 \\ \hline T_{1/2} (h) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ AUC_{(0-inf)} (ng.h/mL) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline F\% based on AUC_{n+4} & >100 \\ \hline \end{array}$	$T_{max}(h)$	2	2
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$T_{1/2}(h)$	1.2 ± 0.4	2.5 ± 0.6
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$AUC_{(0-inf)}$ (ng.h/mL)	1463 ± 362	6475 ± 2494
Oral100 mg/kg100 mg/kgCmax (ng/ml) 8813 ± 1966 8470 ± 3750 Tmax (h)3 7.3 $T_{1/2}$ (h) 2.6 ± 0.8 2.1 ± 0.1 AUC _(0-inf) (ng.h/mL) 39433 ± 23830 61202 ± 23591 F% based on AUC _(0-inf) >100 40 ± 15 Oral 300 mg/kg 300 mg/kgCmax (ng/ml) 11393 ± 4212 14833 ± 2676 Tmax (h)5 7.3 $T_{1/2}$ (h) 2.5 ± 0.6 2.8 ± 0.6 AUC _(0-inf) (ng.h/mL) 66150 ± 636 136333 ± 24846 E% based on AUC as a >100 51 ± 22	F% based on AUC _(0-inf)	>100	46 ± 18
Cmax (ng/ml) 8813 ± 1966 8470 ± 3750 Tmax (h)37.3 $T_{1/2}$ (h) 2.6 ± 0.8 2.1 ± 0.1 $AUC_{(0-inf)}$ (ng.h/mL) 39433 ± 23830 61202 ± 23591 F% based on $AUC_{(0-inf)} > 100$ 40 ± 15 Oral 300 mg/kg 300 mg/kg Cmax (ng/ml) 11393 ± 4212 14833 ± 2676 Tmax (h)57.3 $T_{1/2}$ (h) 2.5 ± 0.6 2.8 ± 0.6 $AUC_{(0-inf)}$ (ng.h/mL) 66150 ± 636 136333 ± 24846 E% based on $AUC_{n+4} > 100$ 51 ± 22	Oral	100 mg/kg	100 mg/kg
$\begin{array}{ccccc} Tmax (h) & 3 & 7.3 \\ T_{1/2} (h) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ AUC_{(0-inf)} (ng.h/mL) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% based on AUC_{(0-inf)} & >100 & 40 \pm 15 \\ \hline Oral & 300 mg/kg & 300 mg/kg \\ \hline Cmax (ng/ml) & 11393 \pm 4212 & 14833 \pm 2676 \\ Tmax (h) & 5 & 7.3 \\ T_{1/2} (h) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ AUC_{(0-inf)} (ng.h/mL) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline F\% based on AUC_{n+4} & >100 & 51 \pm 22 \\ \hline \end{array}$	Cmax (ng/ml)	8813 ± 1966	8470 ± 3750
$\begin{array}{cccc} T_{1/2}\left(h\right) & 2.6 \pm 0.8 & 2.1 \pm 0.1 \\ AUC_{(0\text{-inf})}\left(\text{ng.h/mL}\right) & 39433 \pm 23830 & 61202 \pm 23591 \\ \hline F\% \text{ based on } AUC_{(0\text{-inf})} & >100 & 40 \pm 15 \\ \hline Oral & 300 \text{ mg/kg} & 300 \text{ mg/kg} \\ \hline Cmax\left(\text{ng/ml}\right) & 11393 \pm 4212 & 14833 \pm 2676 \\ \hline Tmax\left(h\right) & 5 & 7.3 \\ T_{1/2}\left(h\right) & 2.5 \pm 0.6 & 2.8 \pm 0.6 \\ AUC_{(0\text{-inf})}\left(\text{ng.h/mL}\right) & 66150 \pm 636 & 136333 \pm 24846 \\ \hline F\% \text{ based on } AUC_{n+4} & >100 & 51 \pm 22 \\ \hline \end{array}$	Tmax (h)	3	7.3
AUC $_{(0-inf)}$ (ng.h/mL)39433 ± 2383061202 ± 23591F% based on AUC $_{(0-inf)}$ >10040 ± 15Oral300 mg/kg300 mg/kgCmax (ng/ml)11393 ± 421214833 ± 2676Tmax (h)57.3T $_{1/2}$ (h)2.5 ± 0.62.8 ± 0.6AUC $_{(0-inf)}$ (ng.h/mL)66150 ± 636136333 ± 24846E% based on AUC and a particular set of the set o	$T_{1/2}(h)$	2.6 ± 0.8	2.1 ± 0.1
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$AUC_{(0-inf)}$ (ng.h/mL)	39433 ± 23830	61202 ± 23591
Oral 300 mg/kg 300 mg/kg Cmax (ng/ml) 11393 ± 4212 14833 ± 2676 Tmax (h)5 7.3 $T_{1/2}$ (h) 2.5 ± 0.6 2.8 ± 0.6 AUC _(0-inf) (ng.h/mL) 66150 ± 636 136333 ± 24846 E% based on AUC as a ≥ 100 51 ± 22	F% based on AUC _(0-inf)	>100	40 ± 15
Cmax (ng/ml) 11393 ± 4212 14833 ± 2676 Tmax (h)57.3 $T_{1/2}$ (h) 2.5 ± 0.6 2.8 ± 0.6 AUC _(0-inf) (ng.h/mL) 66150 ± 636 136333 ± 24846 F% based on AUC as a >100 51 ± 22	Oral	300 mg/kg	300 mg/kg
Tmax (h)57.3 $T_{1/2}$ (h) 2.5 ± 0.6 2.8 ± 0.6 $AUC_{(0-inf)}$ (ng.h/mL) 66150 ± 636 136333 ± 24846 F_{26}^{96} based on AUC as a ≥ 100 51 ± 22	Cmax (ng/ml)	11393 ± 4212	14833 ± 2676
$T_{1/2}$ (h) 2.5 ± 0.6 2.8 ± 0.6 AUC_{(0-inf)} (ng.h/mL) 66150 ± 636 136333 ± 24846 F% based on AUC as a >100 51 ± 22	Tmax (h)	5	7.3
AUC _(0-inf) (ng.h/mL) 66150 ± 636 136333 ± 24846 F% based on AUC as >100 51 ± 22	$T_{1/2}(h)$	2.5 ± 0.6	2.8 ± 0.6
$F\%$ based on AUC as >100 51 ± 22	$AUC_{(0-inf)}$ (ng.h/mL)	66150 ± 636	136333 ± 24846
$1 / 0 \text{ Uased On AUC}(0-\text{inf}) / 100 \qquad 51 \pm 22$	F% based on AUC _(0-inf)	>100	51 ± 22

440 441

Extended Data Table 5. Sensitivity of WT and drug-resistant promastigotes to compounds within the series. Resistance was generated against compounds 4 and 5.

Cell line	4		5		7	446 447
	pEC ₅₀ (SD)	Fold	pEC ₅₀ (SD)	Fold	pEC_{50} (SD)	# 6 &d 449
Wild type (Start clone)	7 (0.1)	1	8.2 (0.4)	1	7.1 (0.3)	1
Wild type (Age-matched)	7.1 (0.2)	1	8.2 (0.1)	1	7.3 (0.2)	1
4 -resistant clone 1	< 4.3	>500	7.2 (0.1)	11	5.8 (0.4)	20
4 -resistant clone 2	< 4.3	>500	7.3 (0.1)	7	5.7 (0.2)	24
4 -resistant clone 3	< 4.3	>500	7 (0.2)	17	5.4 (0.1)	48
5-resistant clone 1	< 4.3	>500	7.1 (0.2)	11	5.5 (0.2)	41
5 -resistant clone 2	< 4.3	>500	7.1 (0.2)	14	5.5 (0.1)	35
5 -resistant clone 3	< 4.3	>500	7.3 (0.1)	9	5.7 (0.1)	22

Extended Data Table 6: Sensitivity of WT and compound 5-resistant intramacrophage amastigotes (INMAC) to the compound series.

Compound	Cell line	рХС50	Host cell pXC ₅₀	Fold difference
5	WT	7.5	<5.3	-
5	5 RES clone 1	6.6	<5.3	8.5
7	WT	5.9	<4.3	-
7	5 RES clone 1	5.2	<4.3	5.0

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458		
459	1	Alvar, J. et al. Leishmaniasis worldwide and global estimates of its incidence. PloS One
460		7 , e35671 (2012).
461	2	Ritmeijer, K. & Davidson, R. N. Royal Society of Tropical Medicine and Hygiene joint
462		meeting with Medecins Sans Frontieres at Manson House, London, 20 March 2003: field
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472		azar. Trans. R. Soc. Trop. Med. Hyg. 101, 19-24 (2007).
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490		treatment of leishmaniasis WO 2016116563 A1 20160728 (2016).
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498		target protein identification. Mol. Biosyst. 9, 544-550 (2013).
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516	2 -T	isolates provides insights into population structure and mechanisms of drug resistance
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Experiment no.	Dose (mg/kg)	Frequency of treatment (days)	Treatment duration (days)	Reduction in parasite load (%)	LDU [#] units in control animals
1	50	bid	5	96	370,000
2	25	bid	10	99	610,000
3	10	bid	10	49	500,000
3	3	bid	10	4	500,000
3	25	uid	5	50	570,000
4	25	uid	10	89	630,000
5	50	uid	10	95	370,000

С

b



Suppression of Parasite Load (%)	Effective Dose (mg/kg)	95% Confidence Intervals
50	10.1	9.2 to 11.1
90	17.7	16.1 to 19.4
95	21.4	19.5 to 23.5
99	32.5	29.6 to 35.7







Figures 5a and 5b – original photoshop versions provided separately



