

Invited article review

A Simple Yet Multifaceted Enzyme

CLAUDIU T. SUPURAN*

University of Florence, Department of NEUROFARBA, Section of Pharmaceutical and Nutraceutical Sciences, via Ugo Schiff 6, 50019, Sesto Fiorentino, Florence, Italy

Abstract. Carbonic anhydrases (CAs) are involved in many physiological and pathological .events in organisms all over the phylogenetic tree. Over the last three decades I was involved in unravelling the biochemical basic phenomena connected to these enzymes and in drug design of modulators of their activity (inhibitors and activators). The various approaches I developed were applied to many types of such enzymes and allowed the discovery of many classes of highly isoform-selective inhibitors. This afforded new applications of the inhibitors for the management of hypoxic tumors, neuropathic pain, cerebral ischemia, arthritis, degenerative disorders apart the classical ones connected with these drugs (diuretics, antiglaucoma, antiepileptic and antiobesity action). The study of CA activators showed that these enzymes may represent a crucial family of new targets for improving cognition as well as in therapeutic areas, such as phobias, obsessive-compulsive disorder, generalized anxiety, and post-traumatic stress disorders, for which few efficient therapies are available.

Keywords: carbonic anhydrase; inhibition mechanism; inhibitor; activator; tail approach; anticancer drug; diuretic; neuropathic pain; neurodegeneration; memory therapy

1. Introduction

I started to work on the metalloenzyme carbonic anhydrase (CAs, EC 4.2.1.1) in 1987 and in the first 15 years of my research the constant leitmotiv was "when will you stop working on such a simple and well-known enzyme"? Such queries came from friends, collaborators and sometimes professors with a much more important experience in chemical/biomedical research than myzelf. Indeed, CAs are present in all living organism, acting as catalysts for the reversible hydration of CO₂ to bicarbonate and protons, an exquisitely simple chemical transformation [1-5]. Indeed, the enzyme was already reported in the '30s of the last century, its inhibitors (primary sulfonamides) were known since the '40s and the first clinically used agents based on CA inhibitors (CAIs) were launched in the 50s [1-6]. Thus, the expressed doubts were in fact quite reasonable, but fortunately did not stop me for continuing my trip in exploring CAs, their inhibitors, activators and their pharmacological/biotechnological applications [7-10]. Why are CAs relevant may be understood from the fact that these enzymes act on carbon dioxide and water, two neutral molecules, which are very efficiently converted to bicarbonate and H⁺ ions, generating a weak base and a very strong acid [5-10]. As a consequence, and due to the high availability of CO₂ from metabolic processes, this reaction constitutes the basis of pH regulation in all living organism [1-4]. Furthermore, CAs are metabolic enzymes [10], being involved in many other processes apart pH regulation, as I proposed and demonstrated recently, mainly but not exclusively in the tumor metabolism [1-3].

Eight genetically distinct CA families were reported to date in various organisms, the α -, β -, γ -, δ -, ζ -, η , θ , and ι -CAs. The last three classes were only recently discovered [11-17] and the η -CA class was reported by my group [11,14]. The CA-classes distribution is rather variegated in most organisms investigated so far, with many of them (except animals) possessing more than one genetic family [1-11].

^{*}email: claudiu.supuran@unifi.it



These enzymes, as I mentioned above, are drug targets for almost 7 decades, with virtually all modern diuretics being developed from acetazolamide **1**, the first drug belonging to the CAIs to enter into clinical use in 1954 [1-3]. Nowadays CAIs are still used as diuretics [18,19], systemic and topically acting antiglaucoma agents [20-22] but also for the management of epilepsy [23], and obesity [24,25], whereas some compounds are in clinical development for the management of hypoxic, metastatic cancers [26-29]. However, the last years saw many other interesting developments, all of which reported in proof-of-concept studies from my group, showing that some types of CAIs improve conditions for which few or no therapeutic opportunities are available, such as neuropathic pain [30,31], cerebral ischemia [32], and some forms of arthritis [33-35]. All these developments were only possible due to the fact that highly isoform-selective inhibitors were developed, based on a series of discoveries related to the mechanism of action of novel classes of such modulators of activity [2-8,36]. Crucial to these discoveries were the rationalization of the various CA inhibition mechanism as well as the discovery of the CA activation mechanism, which were achieved in our laboratory in the last 30 years and which may explain why I continued to be interested in this simple but multifaceted enzyme.

2. CA inhibition/activation mechanisms

Four CA inhibition mechanisms are known to date, being characterized in details by X-ray crystallography, kinetic and biophysical studies, together with an activation mechanism (Figure 1).







Figure 1. CA inhibition (**A-D**) and activation (**E**) mechanisms. The zinc binders incorporate a ZBG (**A**); the compounds anchoring to the nucleophile an AG that interacts with the zinc-coordinated water

(B). The inhibitors occluding the active site entrance (C) also contain AG moieties but bind more externally, whereas the inhibitor binding outside the active site are shown in **D**. The activators bind in the middle of the active site and contain a proton shuttle moiety (PSM) of the amine, imidazole or carboxylate type (E). All these modulators incorporate various scaffolds and tails in their molecule.

(i) CA inhibitors acting as zinc binders

This is the classical CA inhibition mechanism (Fig. 1A). Being a metalloenzyme, the Zn(II) ion from the active site of α -CAs (or other cations which may be present in other CA genetic families, e.g., Fe(II), Cd(II), Co(II) or Mn(II) [1,6-8,13]) may bind metal complexing anions known to have affinity for cations such as but not only cyanide, thiocyanate, azide, halides, etc. [36]). The same situation is observed for compounds possessing a zinc-binding group (ZBG) possibly attached to a scaffold [37,38] - Fig. 1A. Sulfur-based, carbon- [38] or phosphorus- [39] based ZBGs were investigated, whereas some boron-containing derivatives (e.g., the benzoxaboroles [40]) were only recently shown to afford highly effective inhibitors [41]. There are many chemical classes showing effective CA inhibitory activity with this mechanism of action: sulfonamides, sulfamates and sulfamides, which are the super-classical CAIs known to date [1-3,37,38]. Acetazolamide 1 is the archetypical example, and it binds the Zn(II) ion from the CA active site as shown in Figure 1A: the ZBG coordinates to the zinc ion (through the deprotonated nitrogen of the sufonamide moiety), participates in hydrogen bond networks with conserved amino acid residues, a Thr and a Glu residue), whereas the scaffold interacts with the two halves of the active site, one hydrophobic, one hydrophilic (Figure 1A). Other CAIs belonging to the zinc binders are the N-substituted sulfonamides incorporating small substituting groups on the nitrogen (OH, NH₂, Me, etc.) [38], the benzenephosponamidates [39], benzoxaboroles [40,41], dithio-carbamates [42], monothiocarbamates [43], xanthates [44], thiols and selenols [45,46], some aromatic, aliphatic or heterocyclic carboxylates [47-50], hydroxamates [51] and even carbamates [52]. Except sulfonamides which were reported in the 40s, and sulfamates in the 80s [1], all these classes of CAIs and their inhibition mechanism were reported by my group.

(ii) CA inhibitors acting by anchoring to the zinc-coordinated water

Phenol (C₆H₅OH) was the first compound for which this binding mode has been reported [53]. The OH moiety of phenol (abbreviated as AG, anchoring group, in Fig. 1B), is anchored through a strong hydrogen bond to the zinc coordinated water molecule whereas a second hydrogen bond involves the NH of Thr199 [53]. A large number of synthetic or natural product phenols were thereafter investigated as CAIs and for some of them the crystal structures were reported in complex with hCA II, making phenols a rather well studied class of CAIs [54-58]. Furthermore, the same inhibition mechanism though anchoring to the zinc-coordinated water molecule was observed through X-ray crystallography and kinetic techniques, for several other classes of compounds among which the



polyamines [59], sulfocoumarins [60], thioxocoumarins [61,62] and some carboxylates [47]. Again these new classes of CAIs were discovered by us in Florence.

(iii) CA inhibitors occluding the entrance to the active site

A natural product coumarin was the starting point leading to the discovery of this CA inhibition mechanism [63] as well as a wealth of new types of CAIs belonging to various chemical classes [73-81]. When this coumarin was co-crystallized with hCA II, the original compound was not found in the electronic density; instead, its hydrolysis product, a cis-2-hydroxy-cinnamic acid derivative was found bound in a region of the CA active site where inhibitors were never observed to bind, the entrance of the cavity [63] – Figure 1C. This type of inhibitor was thereafter termed as a "prodrug CA inhibitor", since the esterase activity of the enzyme is needed to generate the real inhibitor, a 2-hydroxy-cinnamic acid derivative, form the original coumarin [63]. Furthermore, no direct interaction with the metal ion or with the zinc coordinated water was observed, as the inhibitor was located far away from the bottom of the active site, occluding its entrance. This binding mode and inhibition mechanisms are rather extravagant per se, considering just the structural features mentioned above, but it was thereafter observed that they lead to a highly desired inhibition profile for this type of compounds: the possibility to design highly isoform-selective inhibitors for the different human isoforms [1,6-8,63-71]. In fact, the binding site of these CAIs is situated in the most variable region of the CA active sites among the 15/16 α-CA isoforms found in vertebrates, humans included [1-8]. Indeed, considering only the active site, the zinc coordinating residues as well as most of the bottom and mid-active site amino acid residues are conserved among the different CA isoforms, whereas the highest variability is observed in residues at the entrance of the cavity, where the hydrolyzed coumarins bind [1,6-8,63,64]. As a consequence, many drug design studies of coumarin [63-71] and coumarin-like compounds [72 - 77] were reported, all of them leading to isoform-selective CAIs. These new classes of prodrug inhibitors include among others, 5- and 6-ring lactones/thiolactones [72], 3,4-dihydro-1H-quinoline-2-ones [73], heterocoumarins, such as selenocoumarins, thioselenocoumarins, tellurocoumarins and variously substituted quinoline-2(1H)-ones [77].

(iv) CA inhibitors binding out of the active site

A benzoic acid derivative (2-(benzylsulfinyl)benzoic acid) was observed (by means of X-ray crystallography) bound outside the active site cavity (Figure 1D) of hCA II, in an adjacent hydrophobic pocket at the entrance of the active site [78]. This is a very intriguing binding mode, which does not involve the active site of the enzyme where the catalytic processes occur. Indeed, the COOH moiety of the inhibitor was observed to be orientated towards the active site entrance, more precisely towards His64 which acts as the proton shuttle residue in the catalytic cycle of these enzymes [1,2]. This COOH bridges the imidazole of His64 by a water molecule with which both of them make hydrogen bonds. In this way the side chain of His64 is blocked in its *out* conformation [1,2], being unable to participate to the catalytic cycle, which collapses [78].

(v) CA activation mechanism

The carbonic anhydrase activators (CAAs) belong to the biogenic amines (histamine, serotonin, and catecholamines), amino acids, oligopeptides, or small proteins classes [79]. The general mechanism of action for the CA activators (CAAs) is shown in equation 1 [79,80] and was proposed by myself already in 1990 and then confirmed in 1997 when the first X-ray crystal structure of an activator bound to CA was reported (Figure 1E) [80].

$$EZn^{2+} - OH_2 + A \longrightarrow [EZn^{2+} - OH_2 - A] \longrightarrow [EZn^{2+} - HO^- - AH^+] \longrightarrow EZn^{2+} - HO^- + AH^+ (I)$$

enzyme - activator complexes



The activator binds within the enzyme active site with the formation of enzyme - activator complexes in which the activator molecule (which incorporates a proton shuttling moiety, PSM, Figure 1E) participates to the rate-determining step of the catalytic cycle, i.e., transfer of protons from the zinc-coordinated water to the external reaction medium, similar to the natural proton shuttle, which is residue His64 (in many CA isoforms) [-3]. In such enzyme-activator complexes, the proton transfer becomes intramolecular, being more efficient compared to the intermolecular transfer to buffer molecules, not bound within the enzyme cavity [81-84]. Many X-ray crystal structures with amines and amino acid activators were reported, among which histamine, L- and D-His bound to hCA II and hCA I, L- and D-Phe, D-Trp and L-adrenaline bound to hCA II, which confirmed this general CA activation mechanism [79-84]. The thirteen catalytically active mammalian CAs, (e.g., CA I-VA, VB, VI, VII, IX, XII-XV) were investigated for their interaction with a library of amino acids and amines. It is worth mentioning that CA targeted drug design studies on CAAs are in their infancy: most of the known activators were identified by screening libraries of amines and amino acids followed eventually by the subsequent derivatization of such compounds (e.g., histamine, histidine, etc.) [80-84]. Administration of CAAs (such as D-Phe) to animal models of various diseases, was shown to lead to enhanced discrimination learning [85]. CAAs-induced increased ERK phosphorylation which is necessary for memory consolidation, and recent data suggest that these enzymes may represent a crucial family of new targets for improving cognition as well as in therapeutic areas, such as phobias, obsessive-compulsive disorder, generalized anxiety, and post-traumatic stress disorders, for which few efficient therapies are available [85].

3. Clinically used CAIs

There is a large number of CAIs in clinical use (Figure 2), some discovered directly as inhibitors of these enzymes (acetazolamide 1, methazolamide 2, ethoxzolamide 3, sulthiame 4, dichlorophenamide 5, dorzolamide 6 and brinzolamide 7) [2,3,6-8], whereas for other derivatives the CA inhibitory activity was documented by us, after those compounds were developed as drugs for other purposes, such as antagonists of dopamine D_2 receptors, for sulpiride 8 [86], antiepileptics, for topiramate 9 [87] and zonisamide 10 [88], sweeteners, for saccharine 11 [89], COX-2 selective inhibitors, for celecoxib 12 [90] and valdecoxib 13 [91], histamine H₂-receptor antagonists, for famotidine 14 [92], tyrosine kinase pan-inhibitors, for pazopanib 15 [93], etc. SLC-0111 (compound 16) is in Phase II clinical trials as an antitumor/antimetastatic agent was developed in my group [94-97], whereas the indoleamine-2,3dioxygenase inhibitor epacadostat 17, in Phase III clinical trials as an antitumor drug, was reported again by us to act as a CAI [98]. It should be mentioned that all these CAIs are zinc binders, as they possess as ZBG the sulfonamide, sulfamate or sulfamide moieties, discussed in the preceding paragraph. However, most of them behave as pan-inhibitors, being effective binders to most of the 12 active CA isoforms, thus provoking side effects when used as drugs [1-8]. Only the last generation compounds, with an elaborate scaffold, such as the derivatives 15-17, possessing a more extended conformation, were observed to interact with external parts of the enzyme active site, such as for example its entrance or the middle part, and indeed they do show isoform-selective behavior [94-98]. These phenomena were extensively documented in the X-ray crystal structures of adducts of 1-17 with various isoforms, such as CA I, II, and IX reported by my group over the last two decades [86-98]. In all compounds in which the scaffold participates in important interactions with amino acid residues from the external part of active site, selective inhibition of various isoforms was observed, which explains why CAIs possessing non classical inhibition mechanisms (e.g., mechanism shown in Fig 1B-1D) lead to isoform-selective inhibitors devoid of the serious side effects of the sulfonamides or more generally, first generation inhibitors [1-8]. However, all compounds shown in Fig. 2 are still in clinical use for various pathologies [18-28].



Figure 2. Clinically used CAIs 1-15, and compounds in clinical trials, SLC-0111 16 and epacadostat 17.

Probably one of the most unexpected development in the field of CAI drug design was the discovery of the tail approach in 1999 [99-102]. My initial idea was to attach to the scaffold of simple sulfonamides (such as 4-aminobenzenesulfonamide and its derivatives or 5-amino-1,3,4-thiadiazole-2sulfonamide, the deacetylated acetazolamide derivative) moieties that may induce enhanced hydrosolubility and presumably also interactions with more external parts of the active site, e.g., the region at the entrance of the cavity [99]. It should be mentioned that although the X-ray structures of many human CA isoforms was already known in that period, around 2000, the number of inhibitor adducts was rather reduced. Thus, the tail approach was initially more of an intuition than a structurebased drug design campaign, but it soon thereafter became one. Indeed, a large number of X-ray structures of chemically heterogeneous sulfonamides bound to CA II (and more rarely to other isoforms) started to appear in the next decade after the tail approach was reported [103-112], which allowed for a rationalization of these structural and kinetic data, also obtained by assaying large homologous series of sulfonamides/sulfamates/sulfamides against all the catalytically active isoforms in my group in Florence. The tail approach was thereafter successfully applied to other classes of CAIs, such as the dithiocarbamates and their derivatives [42-44], the selenols [45,46], to some carboxylic acids [47-50] – although these CAIs show multiple binding modes, being able to inhibit

Rev. Chim., 71 (5), 2020, 1-16



CAs by all four mechanisms (i)- (iv) mentioned above - and more recently to the benzoxaboroles [40,41]. Virtually, all drug design studies worldwide were inspired by the tail approach in the last two decades after it has been reported.

4. Novel applications of the isoform-selective CAIs targeting human enzymes (i) Cancer and metastasis

At least three CA isoforms, the transmembrane CA IX and XII, and the cytosolic CA II, are involved in tumorigenesis both by regulating intra- and extracellular pH [4,9,113-115] and tumor metabolism [10,116]. CA IX and XII are overexpressed in tumors secondary to hypoxia through activation of the pathway regulated by the transcription factor HIF-1 α (hypoxia inducible factor-1 α) [1-4,113]. Starting with 2004 [113], a lot of evidence accumulated that inhibiting the transmembrane isoforms IX/XII leads to an impaired growth of the tumors and metastases [94], which culminated with the proof of concept study of Lou et al. [95] and the discovery and development of SLC-0111 in our laboratory [97]. The main challenges for arriving to CA IX-selective inhibitors were not few, as the active site of this isoform is rather similar to that of CA II [1,117]. However, the determination of its X-ray crystal structure by De Simone's group in 2009 [117] was the breakthrough which helped the rational drug design of more effective CA IX inhibitors [1-8]. The emergence of coumarins already in 2009 as new CA inhibitory chemotype [73] with a significant selectivity for CA IX/XII over other isoforms [64-77], as well as the progress done in sulfonamide chemistry with the tail approach, led to a considerable number of highly CA IX/XII-selective inhibitors belonging to various classes [1-10]. Thus, the study of the multiple binding modes of various types of inhibitors to the three isoforms mentioned here, CA II, IX and XII, vas decisive for validating CA IX/XII as antitumor/antimetastatic drug targets. Nowadays, the largest number of new publications in the field are those dealing with novel classes/types of CA IX/XII inhibitors [27].

(ii) Cerebral ischemia

Another condition characterized by hypoxia, as for tumors, see discussion above, is that of cerebral ischemia when impaired or insufficient blood supply to the brain leads to overexpression of HIF-1 α downstream targets, such as CA IX and XII [32]. In a proof-of-concept study, our group [32] demonstrated that both sulfonamide and coumarin CA IX/XII selective inhibitors were able to increase the neurological score (up to 40 %) in rats with permanent middle cerebral artery occlusion as an animal model of cerebral ischemia. Considering the fact that the therapeutic opportunities for this disease affecting a considerable number of patients worldwide are quite limited, this research [32] opens interesting possibilities for the applications of CA IX/XII-selective inhibitors in this therapeutic area.

(iii) Neuropathic pain

Neuropathic pain affects up to 8 % of the world population and the only effective treatment to date is constituted by gabapentin, which however does not work in all patients [30,31]. The relationship between neuropathic pain and CA inhibition was discovered by Kaila's group [118] who demonstrated that spinal GABAergic networks are responsible of the bicarbonate concentration, which leads to depolarization via a reduction in the neuron-specific potassium-chloride (K⁺-Cl⁻) cotransporter (KCC2) activity. Furthermore, the same group showed that CAIs can reduce the bicarbonate-dependent GABA_A receptors depolarization, which has as a consequence an analgesic effects [118], hypothesizing that probably more than one CA isoforms were involved, with hCA VII and hCA II, being the most relevant ones [119]. The inhibitor used in these pioneering studies of Kaila's group was acetazolamide **1**, which as mentioned above, is a pan-inhibitor showing a multitude of side effects when used for the treatment of various conditions [120,121]. Thus, a campaign to develop CA VIIselective inhibitors was started, which led to the design of compounds with a good selectivity ratios for inhibition of hCA VII over other isoforms. They belong again to various classes, among which the



sulfonamides [30,122-124] and the sulfamates [125] were the predominant and most effective ones. In many cases, the X-ray crystallography or computational methods were very useful for the design of the inhibitors and for rationalizing their selectivity for the target isoform hCA VII versus the off-target CAs [122-125]. Although many such compounds are presently available, and in animal studies of neuropathic pain they work quite effectively, no compound of this class progressed for the moment to clinical trials.

(iv) Arthritis

We reported that CA IX and XII are overexpressed in some forms of arthritis [33] and hypothesized that their inhibition with sulfonamides/coumarins acting as selective inhibitors may have a beneficial effect. This has been thereafter demonstrated in an animal model of the arthritis, providing the proof of concept study that these enzymes, and possibly also CA IV may be considered as drug targets for the management of arthritis [33-35]. Thus, several types of non-steroidal anti-inflammatory drugs belonging to the carboxylic acid derivatives, were conjugated to amino-tailed sulfonamides [34] or coumarins [35], affording hybrid derivatives, by the well-known tail approach discussed above. These compounds showed effective CA IX/XII inhibitory profiles and had a potent and long-lasting antihyperalgesic effects in a rat model of arthritis [34,35]. The same potent effects were observed for hybrids of CAIs of the sulfonamide/coumarin type which were decorated with carbon monoxide releasing moieties of the cobalt carbonyl type [126] in the same animal model of arthritis, reinforcing our hypothesize that CAIs may have a future for the management of this widespread disease.

(v) Neurodegenerative conditions (Alzheimer's disease)

Two recent studies from [127,128] showed that acetazolamide **1** and methazolamide **2** (Fig. 2) were effective in the prevention of mitochondrial dysfunction, caspase activation and cell death associated with amyloid β formation in animal models of Alzheimer's diseases. Methazolamide and acetazolamide were also shown to be effective in reducing memory impairment and amyloid pathology in a transgenic mouse model of amyloidosis, as reported by the same group [129]. Although no drug design study was reported so far for CAIs potentially useful for this devastating pathology, these findings mentioned above and a recent rationalization [130] of the possible mechanism behind these interesting effects of the CAIs may open the way to novel and potentially highly relevant applications for this class of pharmacological agents, considering the fact that no effective anti-Alzheimer's disease agents are available so far.

5. Conclusions

The wealth of possible binding modes for inhibitors/activators within the CA active site and the new generation isoform-selective inhibitors, most of which were discovered by me and my group, afforded interesting applications in new research fields, with relevant results being obtained for compounds involved in the management of hypoxic tumors [27,97], neuropathic pain [30,31], cerebral ischemia [32], arthritis [33-35] and neurodegenerative diseases, such as Alzheimer's disease [127-130]. The activator field, still in its infancy from the pharmacologic viewpoint, may lead to a better understanding of cognition but may as well lead to applications in therapeutic areas, such as phobias, obsessive-compulsive disorder, generalized anxiety, and post-traumatic stress disorders, for which few efficient therapies are available. Thus, my involvement for more than 30 years in the research field of just a single, yet highly multifaceted enzyme, may be considered of some relevance, although I was and am working on various other drug targets, such as metalloproteases [131-135], serine proteases [136,137] or viral proteases [138-140]. However, the work on CAs remain the most well-known one.

Acknowledgments. My profound thanks go to my mentors who were highly relevant during all my career: Prof. Alexandru T. Balaban (Texas A & M Univ., USA) and Prof. Andrea Scozzafava (Univ of Florence, Italy) are undoubtedly the most relevant names. Although unfortunately they are no longer

Rev. Chim., 71 (5), 2020, 1-16



with us, my gratitude to Prof. Mircea D. Banciu and to Prof. Costantin Luca, both from the Polytechnic Univ. of Bucharest, will remain a constant feeling due to their long-lasting mentorship and friendship. My present and past research group(s) are probably the most relevant scientific and human adventures I lived and that was and is very rewarding. The collaborations with research groups and the friendship with colleagues from all over the world is another relevant point in my career. To all of them I am extremely grateful.

References

1.SUPURAN CT. Carbonic anhydrases: novel therapeutic applications for inhibitors and activators. Nature Rev Drug Discov 2008; 7: 168-81.

2. SUPURAN CT. Structure and function of carbonic anhydrases. Biochem J. 2016; 473: 2023-32.

3.NERI D, SUPURAN CT. Interfering with pH regulation in tumours as a therapeutic strategy. Nat Rev Drug Discov 2011; 10: 767-77.

4.ALTERIO V, DI FIORE A, D'AMBROSIO K, et al. Multiple binding modes of inhibitors to carbonic anhydrases: how to design specific drugs targeting 15 different isoforms ? Chem Rev 2012; 112: 4421-68.

5. SUPURAN CT. Advances in structure-based drug discovery of carbonic anhydrase inhibitors. Expert Opin Drug Discov. 2017; 12: 61-88.

6.SUPURAN CT. Exploring the multiple binding modes of inhibitors to carbonic anhydrases for novel drug discovery. Expert Opin Drug Discov. 2020 Mar 25:1-16. doi: 10.1080/17460441. 2020.1743676. (in press).

7.NOCENTINI A, SUPURAN CT. Advances in the structural annotation of human carbonic anhydrases and impact on future drug discovery. Expert Opin Drug Discov. 2019; 14: 1175-1197.

8. SUPURAN CT. How many carbonic anhydrase inhibition mechanisms exist? J Enzyme Inhib Med Chem. 2016; 31:345-360.

9.BERRINO E, SUPURAN CT. Novel approaches for designing drugs that interfere with pH regulation. Expert Opin Drug Discov. 2019; 14: 231-248.

10. SUPURAN CT. Carbonic anhydrases and metabolism. Metabolites. 2018; 8: E25.

11. DE SIMONE G, DI FIORE A, CAPASSO C, SUPURAN CT. The zinc coordination pattern in the eta-carbonic anhydrase from *Plasmodium falciparum* is different from all other carbonic anhydrase genetic families. Bioorg Med Chem Lett. 2015;25:1385-1389.

12. KIKUTANI S, NAKAJIMA K, NAGASATO C, et al. Thylakoid luminal theta-carbonic anhydrase critical for growth and photosynthesis in the marine diatom *Phaeodactylum tricornutum*. Proc Natl Acad Sci U S A. 2016;113:9828-9833.

13. JENSEN EL, CLEMENT R, KOSTA A, et al. A new widespread subclass of carbonic anhydrase in marine phytoplankton. ISME J. 2019;13:2094-2106.

14. DEL PRETE S, DE LUCA V, DE SIMONE G, et al. Cloning, expression and purification of the complete domain of the eta-carbonic anhydrase from *Plasmodium falciparum*. J Enzyme Inhib Med Chem. 2016;31:54-59.

15. ASPATWAR A, HAAPANEN S, PARKKILA S. An update on the metabolic roles of carbonic anhydrases in the model alga *Chlamydomonas reinhardtii*. Metabolites. 2018; 8: E22.

16. DEL PRETE S, VULLO D, GHOBRIL C, et al. Cloning, purification, and characterization of a beta-carbonic anhydrase from *Malassezia restricta*, an opportunistic pathogen involved in dandruff and seborrheic dermatitis. Int J Mol Sci. 2019;20: E2447.

17. CAPASSO C, SUPURAN CT. Bacterial, fungal and protozoan carbonic anhydrases as drug targets. Expert Opin Ther Targets. 2015;19:1689-1704.

18. SUPURAN CT. Carbonic anhydrase inhibitors and their potential in a range of therapeutic areas. Expert Opin Ther Pat. 2018; 28: 709-712.

19. SUPURAN CT. Applications of carbonic anhydrases inhibitors in renal and central nervous system diseases. Expert Opin Ther Pat. 2018; 28: 713-721.



20. CARTA F, SUPURAN CT, SCOZZAFAVA A. Novel therapies for glaucoma: a patent review 2007-2011. Expert Opin. Ther. Pat. 2012; 22: 79-88.

21.SUPURAN CT, ALTAMIMI ASA, CARTA F. Carbonic anhydrase inhibition and the management of glaucoma: a literature and patent review 2013-2019. Expert Opin Ther Pat. 2019; 29: 781-792.

22. SUPURAN CT. The management of glaucoma and macular degeneration. Expert Opin Ther Pat. 2019; 29: 745-747.

23. AGGARWAL M, KONDETI B, MCKENNA R. Anticonvulsant/antiepileptic carbonic anhydrase inhibitors: a patent review. Expert Opin Ther Pat. 2013; 23: 717-724.

24.SCOZZAFAVA A, SUPURAN CT, CARTA F. Antiobesity carbonic anhydrase inhibitors: a literature and patent review. Expert Opin. Ther. Pat. 2013, 23, 725-735.

25. COSTA G, CARTA F, AMBROSIO FA, et al. A computer-assisted discovery of novel potential anti-obesity compounds as selective carbonic anhydrase VA inhibitors. Eur J Med Chem. 2019; 181: 111565.

26. SUPURAN CT, ALTERIO V, DI FIORE A, et al. Inhibition of carbonic anhydrase IX targets primary tumors, metastases, and cancer stem cells: Three for the price of one. Med Res Rev. 2018; 38: 1799-1836.

27. SUPURAN CT. Carbonic anhydrase inhibitors as emerging agents for the treatment and imaging of hypoxic tumors. Expert Opin Investig Drugs. 2018; 27: 963-970.

28. NOCENTINI A, SUPURAN CT. Carbonic anhydrase inhibitors as antitumor/antimetastatic agents: a patent review (2008-2018). Expert Opin Ther Pat. 2018; 28: 729-740.

29. RUZZOLINI J, LAURENZANA A, ANDREUCCI E, et al. A potentiated cooperation of carbonic anhydrase IX and histone deacetylase inhibitors against cancer. J Enzyme Inhib Med Chem. 2020; 35:391-397.

30. CARTA F, DI CESARE MANNELLI L, PINARD M, et al. A class of sulfonamide carbonic anhydrase inhibitors with neuropathic pain modulating effects. Bioorg Med Chem. 2015; 23: 1828-1840.

31. SUPURAN CT. Carbonic anhydrase inhibition and the management of neuropathic pain. Expert Rev Neurother. 2016; 16: 961-968.

32. DI CESARE MANNELLI L, MICHELI L, CARTA F, et al. Carbonic anhydrase inhibition for the management of cerebral ischemia: in vivo evaluation of sulfonamide and coumarin inhibitors. Enzyme Inhib Med Chem. 2016; 31: 894-899.

33. MARGHERI F, CERUSO M, CARTA F, LAURENZANA A, et al Overexpression of the transmembrane carbonic anhydrase isoforms IX and XII in the inflamed synovium. J Enzyme Inhib Med Chem. 2016; 31(sup4): 60-63.

34. AKGUL O, DI CESARE MANNELLI L, VULLO D, et al. Discovery of novel nonsteroidal antiinflammatory drugs and carbonic anhydrase inhibitors hybrids (NSAIDs-CAIs) for the management of rheumatoid arthritis. J Med Chem. 2018; 61: 4961-4977.

35. BUA S, DI CESARE MANNELLI L, VULLO D, et al. Design and synthesis of novel nonsteroidal anti-inflammatory drugs and carbonic anhydrase inhibitors hybrids (NSAIDs-CAIs) for the treatment of rheumatoid arthritis. J Med Chem. 2017; 60: 1159-1170.

36. DE SIMONE G, SUPURAN CT. (In)organic anions as carbonic anhydrase inhibitors. J Inorg Biochem. 2012;111:117-129.

37. WINUM JY, SUPURAN CT. Recent advances in the discovery of zinc-binding motifs for the development of carbonic anhydrase inhibitors. J Enzyme Inhib Med Chem. 2015; 30: 321-324.

38. SUPURAN CT. Carbon- versus sulphur-based zinc binding groups for carbonic anhydrase inhibitors? J Enzyme Inhib Med Chem. 2018; 33: 485-495.

39.NOCENTINI A, GRATTERI P, SUPURAN CT. Phosphorus versus sulfur: Discovery of benzenephosphonamidates as versatile sulfonamide-mimic chemotypes acting as carbonic anhydrase inhibitors. Chemistry. 2019; 25: 1188-1192.



40. ALTERIO V, CADONI R, ESPOSITO D, et al. Benzoxaborole as a new chemotype for carbonic anhydrase inhibition. Chem Commun. 2016; 52: 11983-11986.

41. NOCENTINI A, SUPURAN CT, WINUM JY. Benzoxaborole compounds for therapeutic uses: a patent review (2010- 2018). Expert Opin Ther Pat. 2018; 28: 493-504.

42. CARTA F, AGGARWAL M, MARESCA A, et al. Dithiocarbamates: a new class of carbonic anhydrase inhibitors. Crystallographic and kinetic investigations. Chem Commun 2012; 48: 1868-1870.

43. VULLO D, DURANTE M, DI LEVA FS, et al. Monothiocarbamates strongly inhibit carbonic anhydrases in vitro and possess intraocular pressure lowering activity in an animal model of glaucoma. J Med Chem. 2016; 59: 5857-5867.

44. CARTA F, AKDEMIR A, SCOZZAFAVA A, et al. Xanthates and trithiocarbonates strongly inhibit carbonic anhydrases and show antiglaucoma effects in vivo. J Med Chem. 2013; 56: 4691-4700.

45. ANGELI A, TANINI D, NOCENTINI A, et al. Selenols: a new class of carbonic anhydrase inhibitors. Chem Commun (Camb). 2019;5 5: 648-651.

46. TANINI D, CAPPERUCCI A, FERRARONI M, et al. Direct and straightforward access to substituted alkyl selenols as novel carbonic anhydrase inhibitors. Eur J Med Chem. 2020; 185: 111811. 47. LANGELLA E, D'AMBROSIO K, D'ASCENZIO M, et al. A Combined crystallographic and theoretical study explains the capability of carboxylic acids to adopt multiple binding modes in the active site of carbonic anhydrases. Chemistry 2016; 22: 97-100.

48. BOONE CD, TU C, MCKENNA R. Structural elucidation of the hormonal inhibition mechanism of the bile acid cholate on human carbonic anhydrase II. Acta Crystallogr D Biol Crystallogr. 2014; 70: 1758-1763.

49. SECHI M, INNOCENTI A, PALA N, et al. Inhibition of α -class cytosolic human carbonic anhydrases I, II, IX and XII, and β -class fungal enzymes by carboxylic acids and their derivatives: new isoform-I selective nanomolar inhibitors. Bioorg Med Chem Lett. 2012; 22: 5801-5806.

50. CADONI R, PALA N, LOMELINO C, et al. Exploring heteroaryl-pyrazole carboxylic acids as human carbonic anhydrase XII Inhibitors. ACS Med Chem Lett. 2017; 8: 941-946.

51. DI FIORE A, MARESCA A, SUPURAN CT, et al. Hydroxamate represents a versatile zinc binding group for the development of new carbonic anhydrase inhibitors. Chem Commun 2012; 48: 8838-8840.

52. DE SIMONE G, ANGELI A, BOZDAG M, et al. Inhibition of carbonic anhydrases by a substrate analog: benzyl carbamate directly coordinates the catalytic zinc ion mimicking bicarbonate binding. Chem Commun (Camb). 2018; 54: 10312-10315.

53. NAIR SK, LUDWIG PA, CHRISTIANSON DW. Two-site binding of phenol in the active site of human carbonic anhydrase II: structural implications for substrate association. J Am Chem Soc 1994; 116: 3659-3660.

54. INNOCENTI A, VULLO D, SCOZZAFAVA A, et al. Carbonic anhydrase inhibitors. Interactions of phenols with the 12 catalytically active mammalian isoforms (CA I – XIV). Bioorg Med Chem Lett 2008; 18:1583-7.

55. INNOCENTI A, VULLO D, SCOZZAFAVA A, et al. Carbonic anhydrase inhibitors. Inhibition of mammalian isoforms I – XIV with a series of substituted phenols including paracetamol and salicylic acid. Bioorg Med Chem 2008; 16:7424-8.

56. BAYRAM E, SENTURK M, KUFREVIOGLU OI, et al. In vitro effects of salicylic acid derivatives on human cytosolic carbonic anhydrase isozymesI and II. Bioorg Med Chem 2008; 16:9101-5.

57. NOCENTINI A, BONARDI A, GRATTERI P, et al. Steroids interfere with human carbonic anhydrase activity by using alternative binding mechanisms. J Enzyme Inhib Med Chem. 2018; 33:1453-1459.



58. KARIOTI A, CARTA F, SUPURAN CT. Phenols and polyphenols as carbonic anhydrase inhibitors. Molecules. 2016; 21: E1649.

59. CARTA F, TEMPERINI C, INNOCENTI A, et al. Polyamines inhibit carbonic anhydrases by anchoring to the zinc-coordinated water molecule. J Med Chem 2010; 53: 5511-22.

60. TARS K, VULLO D, KAZAKS A, et al. Sulfocoumarins (1,2-benzoxathiine-2,2-dioxides): a class of potent and isoform-selective inhibitors of tumor-associated carbonic anhydrases. J Med Chem. 2013; 56: 293-300.

61. FERRARONI M, CARTA F, SCOZZAFAVA A, et al. Thioxocoumarins show an alternative carbonic anhydrase inhibition mechanism compared to coumarins. J Med Chem 2016; 59: 462-73.

62. NOCENTINI A, CARTA F, TANC M, et al. Deciphering the mechanism of human carbonic anhydrases inhibition with sulfocoumarins: Computational and experimental studies. Chemistry. 2018; 24: 7840-7844.

63. MARESCA A, TEMPERINI C, VU H, et al. Non-zinc mediated inhibition of carbonic anhydrases: coumarins are a new class of suicide inhibitors. J Am Chem Soc 2009; 131: 3057-62.

64. MARESCA A, TEMPERINI C, POCHET L, et al. Deciphering the mechanism of carbonic anhydrase inhibition with coumarins and thiocoumarins. J Med Chem 2010; 53: 335-44.

65. TEMPERINI C, INNOCENTI A, SCOZZAFAVA A, et al. The coumarin-binding site in carbonic anhydrase accommodates structurally diverse inhibitors: the antiepileptic lacosamide as an example. J Med Chem 2010; 53: 850-4.

66. TOUISNI N, MARESCA A, MCDONALD PC, et al. Glycosylcoumarin carbonic anhydrase IX and XII inhibitors strongly attenuate the growth of primary breast tumors. J Med Chem 2011; 54: 8271-7.

67. BONNEAU A, MARESCA A, WINUM JY, et al. Metronidazole-coumarin conjugates and 3cyano-7-hydroxy-coumarin act as isoform-selective carbonic anhydrase inhibitors. J Enzyme Inhib Med Chem 2013;28: 397-401.

68. SHARMA A, TIWARI M, SUPURAN CT. Novel coumarins and benzocoumarins acting as isoform-selective inhibitors against the tumor-associated carbonic anhydrase IX. J Enzyme Inhib Med Chem 2014; 2:292-6.

69. MARESCA A, SUPURAN CT. Coumarins incorporating hydroxy- and chloro- moieties selectively inhibit the transmembrane, tumor-associated carbonic anhydrase isoforms IX and XII over the cytosolic ones I and II. Bioorg Med Chem Lett 2010; 20: 4511-4.

70. MARESCA A, SCOZZAFAVA A, SUPURAN CT. 7,8-Disubstituted- but not 6,7-disubstituted coumarins selectively inhibit the transmembrane, tumor-associated carbonic anhydrase isoforms IX and XII over the cytosolic ones I and II in the low nanomolar/subnanomolar range. Bioorg Med Chem Lett 2010; 20: 7255-7258.

71. FOIS B, DISTINTO S, MELEDDU R, et al. Coumarins from *Magydaris pastinacea* as inhibitors of the tumour-associated carbonic anhydrases IX and XII: isolation, biological studies and in silico evaluation. J Enzyme Inhib Med Chem. 2020; 35: 539-548.

72. CARTA F, MARESCA A, SCOZZAFAVA A, et al. 5- And 6-membered (thio)lactones are prodrug type carbonic anhydrase inhibitors. Bioorg Med Chem Lett 2012; 22: 267–70.

73. ISIK S, VULLO D, BOZDAG M, et al. 7-Amino-3,4-dihydro-1H-quinoline-2-one, a compound similar to thesubstituted coumarins, inhibits α -carbonic anhydrases without hydrolysis of the lactam ring. J Enzyme Inhib Med Chem 2015; 30: 773-7.

74. DAVIS RA, VULLO D, MARESCA A, et al. Natural product coumarins that inhibit human carbonic anhydrases. Bioorg Med Chem. 2013; 21: 1539-1543.

75. NOCENTINI A, CARTA F, CERUSO M, et al. Click-tailed coumarins with potent and selective inhibitory action against the tumor-associated carbonic anhydrases IX and XII. Bioorg Med Chem. 2015; 23: 6955-6966.



76. KÜÇÜKBAY FZ, KÜÇÜKBAY H, TANC M, SUPURAN CT. Synthesis and carbonic anhydrase inhibitory properties of amino acid - coumarin/quinolinone conjugates incorporating glycine, alanine and phenylalanine moieties. J Enzyme Inhib Med Chem. 2016; 31: 1198-1202.

77. ANGELI A, TRALLORI E, CARTA F, et al. Heterocoumarins Are Selective Carbonic Anhydrase IX and XII Inhibitors with Cytotoxic Effects against Cancer Cells Lines. ACS Med Chem Lett. 2018; 9: 947-951.

78. D'AMBROSIO K, CARRADORI S, MONTI SM, et al. Out of the active site binding pocket for carbonic anhydrase inhibitors. Chem Commun 2015; 51: 302-5.

79. SUPURAN CT. Carbonic anhydrase activators. Future Med Chem. 2018; 10: 561-573.

80. BRIGANTI F, MANGANI S, ORIOLI P, et al. Carbonic anhydrase activators: X-ray crystallographic and spectroscopic investigations for the interaction of isozymes I and II with histamine. Biochemistry. 1997; 36: 10384-10392.

81. TEMPERINI C, SCOZZAFAVA A, VULLO D, SUPURAN CT. Carbonic anhydrase activators. Activation of isozymes I, II, IV, VA, VII, and XIV with l- and d-histidine and crystallographic analysis of their adducts with isoform II: engineering proton-transfer processes within the active site of an enzyme. Chemistry. 2006; 12: 7057-7066.

82. TEMPERINI C, SCOZZAFAVA A, VULLO D, SUPURAN CT. Carbonic anhydrase activators. Activation of isoforms I, II, IV, VA, VII, and XIV with L- and D-phenylalanine and crystallographic analysis of their adducts with isozyme II: stereospecific recognition within the active site of an enzyme and its consequences for the drug design. J Med Chem. 2006; 49: 3019-3027.

83. TEMPERINI C, INNOCENTI A, SCOZZAFAVA A, SUPURAN CT. Carbonic anhydrase activators: kinetic and X-ray crystallographic study for the interaction of D- and L-tryptophan with the mammalian isoforms I-XIV. Bioorg Med Chem. 2008; 16: 8373-8378.

84. VISTOLI G, ALDINI G, FUMAGALLI L, et al. Activation effects of carnosine- and histidinecontaining dipeptides on human carbonic anhydrases: A comprehensive study. Int J Mol Sci. 2020; 21: E1761.

85. CANTO DE SOUZA L, PROVENSI G, VULLO D, et al. Carbonic anhydrase activation enhances object recognition memory in mice through phosphorylation of the extracellular signal-regulated kinase in the cortex and the hippocampus. Neuropharmacology. 2017;118:148-156.

86. ABBATE F, COETZEE A, CASINI A, et al. Carbonic anhydrase inhibitors: X-ray crystallographic structure of the adduct of human isozyme II with the antipsychotic drug sulpiride. Bioorg Med Chem Lett. 2004; 14: 337-441.

87. CASINI A, ANTEL J, ABBATE F, et al. Carbonic anhydrase inhibitors: SAR and X-ray crystallographic study for the interaction of sugar sulfamates/sulfamides with isozymes I, II and IV. Bioorg Med Chem Lett. 2003; 13: 841-845.

88. DE SIMONE G, DI FIORE A, MENCHISE V, et al. Carbonic anhydrase inhibitors. Zonisamide is an effective inhibitor of the cytosolic isozyme II and mitochondrial isozyme V: solution and X-ray crystallographic studies. Bioorg Med Chem Lett. 2005; 15: 2315-2320.

89. KÖHLER K, HILLEBRECHT A, SCHULZE WISCHELER J, et al. Saccharin inhibits carbonic anhydrases: possible explanation for its unpleasant metallic aftertaste. Angew Chem Int Ed Engl. 2007; 46: 7697-7699.

90. WEBER A, CASINI A, HEINE A, et al. Unexpected nanomolar inhibition of carbonic anhydrase by COX-2-selective celecoxib: new pharmacological opportunities due to related binding site recognition. J Med Chem. 2004; 47: 550-557.

91. DI FIORE A, PEDONE C, D'AMBROSIO K, et al. Carbonic anhydrase inhibitors: Valdecoxib binds to a different active site region of the human isoform II as compared to the structurally related cyclooxygenase II "selective" inhibitor celecoxib. Bioorg Med Chem Lett. 2006; 16: 437-442.

92. ANGELI A, FERRARONI M, SUPURAN CT. Famotidine, an Antiulcer Agent, Strongly Inhibits Helicobacter pylori and Human Carbonic Anhydrases. ACS Med Chem Lett. 2018; 9: 1035-1038.



93. WINUM JY, MARESCA A, CARTA F, et al. Polypharmacology of sulfonamides: pazopanib, a multitargeted receptor tyrosine kinase inhibitor in clinical use, potently inhibits several mammalian carbonic anhydrases. Chem Commun (Camb). 2012; 48: 8177-8179.

94. Pacchiano F, Carta F, mcdonald PC, et al. Ureido-substituted benzenesulfonamides potently inhibit carbonic anhydrase IX and show antimetastatic activity in a model of breast cancer metastasis. J Med Chem. 2011; 54: 1896-902.

95. LOU Y, MCDONALD PC, OLOUMI A, et al. Targeting tumor hypoxia: suppression of breast tumor growth and metastasis by novel carbonic anhydrase IX inhibitors. Cancer Res. 2011; 71: 3364-76.

96. PACCHIANO F, AGGARWAL M, AVVARU BS, et al. Selective hydrophobic pocket binding observed within the carbonic anhydrase II active site accommodate different 4-substituted-ureidobenzenesulfonamides and correlate to inhibitor potency. Chem Commun (Camb). 2010; 46: 8371-3.

97. MCDONALD PC, CHIA S, BEDARD PL, CHU Q, LYLE M, TANG L, SINGH M, ZHANG Z, SUPURAN CT, RENOUF DJ, DEDHAR S. A Phase 1 Study of SLC-0111, a Novel Inhibitor of Carbonic Anhydrase IX, in Patients With Advanced Solid Tumors. Am J Clin Oncol. 2020 (in press). doi: 10.1097/COC.00000000000691.

98. ANGELI A, FERRARONI M, NOCENTINI A, et al. Polypharmacology of epacadostat: a potent and selective inhibitor of the tumor associated carbonic anhydrases IX and XII. Chem Commun (Camb). 2019, 55: 5720-5723.

99. SCOZZAFAVA A, MENABUONI L, MINCIONE F, et al. Carbonic anhydrase inhibitors. Synthesis of water-soluble, topically effective, intraocular pressure-lowering aromatic/heterocyclic sulfonamides containing cationic or anionic moieties: is the tail more important than the ring? J Med Chem. 1999; 42: 2641-2650.

100. SUPURAN CT, SCOZZAFAVA A, MENABUONI L, et al. Carbonic anhydrase inhibitors. Part 71. Synthesis and ocular pharmacology of a new class of water-soluble, topically effective intraocular pressure lowering sulfonamides incorporating picolinoyl moieties. Eur J Pharm Sci. 1999; 8: 317-328.

101. SCOZZAFAVA A, BRIGANTI F, MINCIONE G, et al. Carbonic anhydrase inhibitors: synthesis of water-soluble, aminoacyl/dipeptidyl sulfonamides possessing long-lasting intraocular pressure-lowering properties via the topical route. J Med Chem. 1999; 42: 3690-3700.

102. MENABUONI L, SCOZZAFAVA A, MINCIONE F, et al. Carbonic anhydrase inhibitors. Water-soluble, topically effective intraocular pressure lowering agents derived from isonicotinic acid and aromatic/heterocyclic sulfonamides: is the tail more important than the ring? J Enzyme Inhib. 1999; 14: 457-474.

103. ABBATE F, CASINI A, SCOZZAFAVA A, SUPURAN CT. Carbonic anhydrase inhibitors: X-ray crystallographic structure of the adduct of human isozyme II with the perfluorobenzoyl analogue of methazolamide. Implications for the drug design of fluorinated inhibitors. J Enzyme Inhib Med Chem. 2003; 18: 303-308.

104. GÜZEL O, TEMPERINI C, INNOCENTI A, et al. Carbonic anhydrase inhibitors. Interaction of 2-(hydrazinocarbonyl)-3-phenyl-1H-indole-5-sulfonamide with 12 mammalian isoforms: kinetic and X-ray crystallographic studies. Bioorg Med Chem Lett. 2008; 18: 152-158.

105. AVVARU BS, WAGNER JM, MARESCA A, et al. Carbonic anhydrase inhibitors. The X-ray crystal structure of human isoform II in adduct with an adamantyl analogue of acetazolamide resides in a less utilized binding pocket than most hydrophobic inhibitors. Bioorg Med Chem Lett. 2010; 20: 4376-4381.

106. CARTA F, GARAJ V, MARESCA A, et al. Sulfonamides incorporating 1,3,5-triazine moieties selectively and potently inhibit carbonic anhydrase transmembrane isoforms IX, XII and XIV over cytosolic isoforms I and II: Solution and X-ray crystallographic studies. Bioorg Med Chem. 2011; 19: 3105-3119.

107. MENCHISE V, DE SIMONE G, ALTERIO V, et al. Carbonic anhydrase inhibitors: stacking with Phe131 determines active site binding region of inhibitors as exemplified by the X-ray crystal



structure of a membrane-impermeant antitumor sulfonamide complexed with isozyme II. J Med Chem. 2005; 48:5721-5727.

108. ALTERIO V, VITALE RM, MONTI SM, et al. Carbonic anhydrase inhibitors: X-ray and molecular modeling study for the interaction of a fluorescent antitumor sulfonamide with isozyme II and IX. J Am Chem Soc. 2006; 128: 8329-8335.

109. TANPURE RP, REN B, PEAT TS, et al. Carbonic anhydrase inhibitors with dual-tail moieties to match the hydrophobic and hydrophilic halves of the carbonic anhydrase active site. J Med Chem. 2015; 58: 1494-1501.

110. TANPURE RP, REN B, PEAT TS, et al. Carbonic anhydrase inhibitors with dual-tail moieties to match the hydrophobic and hydrophilic halves of the carbonic anhydrase active site. J Med Chem. 2015; 58: 1494-1501.

111. WILKINSON BL, BORNAGHI LF, HOUSTON TA, et al. A novel class of carbonic anhydrase inhibitors: glycoconjugate benzene sulfonamides prepared by "click-tailing". J Med Chem. 2006; 49: 6539-6348.

112. ELDEHNA WM, ABO-ASHOUR MF, NOCENTINI A, et al. Enhancement of the tail hydrophobic interactions within the carbonic anhydrase IX active site via structural extension: Design and synthesis of novel N-substituted isatins-SLC-0111 hybrids as carbonic anhydrase inhibitors and antitumor agents. Eur J Med Chem. 2019; 162: 147-160.

113. SVASTOVÁ E, HULÍKOVÁ A, RAFAJOVÁ M, et al. Hypoxia activates the capacity of tumorassociated carbonic anhydrase IX to acidify extracellular pH. FEBS Lett. 2004; 577: 439-445.

114. DITTE P, DEQUIEDT F, SVASTOVA E, et al. Phosphorylation of carbonic anhydrase IX controls its ability to mediate extracellular acidification in hypoxic tumors. Cancer Res. 2011; 71: 7558-7567.

115. CIANCHI F, VINCI MC, SUPURAN CT, et al. Selective inhibition of carbonic anhydrase IX decreases cell proliferation and induces ceramide-mediated apoptosis in human cancer cells. J Pharmacol Exp Ther. 2010; 334: 710-719.

116. BALDINI N, DE MILITO A, FERON O, et al. Annual Meeting of the International Society of Cancer Metabolism (ISCaM): Metabolic Networks in Cancer. Front Pharmacol. 2017; 8: 411.

117. ALTERIO V, HILVO M, DI FIORE A, et al. Crystal structure of the catalytic domain of the tumor-associated human carbonic anhydrase IX. Proc Natl Acad Sci U S A. 2009; 106: 16233-16238.

118. ASIEDU MN, MEJIA GL, HÜBNER CA, et al. Inhibition of carbonic anhydrase augments GABAA receptor-mediated analgesia via a spinal mechanism of action. J Pain 2014; 15: 395-406.

119. ASIEDU M, OSSIPOV MH, KAILA K, PRICE TJ. Acetazolamide and midazolam act synergistically to inhibit neuropathic pain. Pain 2010; 148: 302-8.

120. SUPURAN CT. Acetazolamide for the treatment of idiopathic intracranial hypertension. Expert Rev Neurother. 2015; 15: 851-6.

121. SUPURAN CT. Drug interaction considerations in the therapeutic use of carbonic anhydrase inhibitors. Expert Opin Drug Metab Toxicol. 2016; 12: 423-431.

122. ANGELI A, DI CESARE MANNELLI L, GHELARDINI C, et al. Benzensulfonamides bearing spyrohydantoin moieties act as potent inhibitors of human carbonic anhydrases II and VII and show neuropathic pain attenuating effects. Eur J Med Chem. 2019; 177: 188-197.

123. KALISHA VALI Y, GUNDLA R, SINGH OV, et al. Spirocyclic sulfonamides with carbonic anhydrase inhibitory and anti-neuropathic pain activity. Bioorg Chem. 2019; 92: 103210.

124. ANGELI A, DI CESARE MANNELLI L, LUCARINI E, et al. Design, synthesis and X-ray crystallography of selenides bearing benzenesulfonamide moiety with neuropathic pain modulating effects. Eur J Med Chem. 2018; 154: 210-219.

125. BOZDAG M, POLI G, ANGELI A, et al. N-aryl-N'-ureido-O-sulfamates: Potent and selective inhibitors of the human Carbonic Anhydrase VII isoform with neuropathic pain relieving properties. Bioorg Chem. 2019; 89: 103033.



126. BERRINO E, MILAZZO L, MICHELI L, et al. Synthesis and evaluation of carbonic anhydrase inhibitors with carbon monoxide releasing properties for the management of rheumatoid arthritis. J Med Chem. 2019; 62: 7233-7249.

127.FOSSATI S, GIANNONI P, SOLESIO ME, et al. The carbonic anhydrase inhibitor methazolamide prevents amyloid beta-induced mitochondrial dysfunction and caspase activation protecting neuronal and glial cells in vitro and in the mouse brain. Neurobiol Dis. 2016; 86: 29-40.

128.SOLESIO ME, PEIXOTO PM, DEBURE L, et al. Carbonic anhydrase inhibition selectively prevents amyloid β neurovascular mitochondrial toxicity. Aging Cell. 2018; 17: e12787.

129.ANGIULLI F, SOLESIO ME, DEBURE L, et al. Carbonic anhydrase inhibitors ameliorate neurovascular dysfunction in a mouse model of cerebral amyloid angiopathy. Alzheimer's Dement J Alzheimer's Assoc. 2018; 14: P1296.

130.PROVENSI G, CARTA F, NOCENTINI A, et al. A new kid on the block? Carbonic anhydrases as possible new targets in Alzheimer's disease. Int J Mol Sci. 2019; 20: E4724.

131.SCOZZAFAVA A, SUPURAN CT. Protease inhibitors: synthesis of potent bacterial collagenase and matrix metalloproteinase inhibitors incorporating N-4-nitrobenzylsulfonylglycine hydroxamate moieties. J Med Chem. 2000;43:1858-1865.

132. SCOZZAFAVA A, SUPURAN CT. Carbonic anhydrase and matrix metalloproteinase inhibitors: sulfonylated amino acid hydroxamates with MMP inhibitory properties act as efficient inhibitors of CA isozymes I, II, and IV, and N-hydroxysulfonamides inhibit both these zinc enzymes. J Med Chem. 2000;43:3677-3687.

133. CLARE BW, SCOZZAFAVA A, SUPURAN CT. Protease inhibitors: synthesis of a series of bacterial collagenase inhibitors of the sulfonyl amino acyl hydroxamate type. J Med Chem. 2001;44:2253-8.

134. SUPURAN CT, SCOZZAFAVA A, CLARE BW. Bacterial protease inhibitors. Med Res Rev. 2002; 22:329-372.

135. RODRIGUES GC, FEIJÓ DF, BOZZA MT, PAN P, VULLO D, PARKKILA S, SUPURAN CT, CAPASSO C, AGUIAR AP, VERMELHO AB. Design, synthesis, and evaluation of hydroxamic acid derivatives as promising agents for the management of Chagas disease. J Med Chem. 2014;57:298-308.

136. SUPURAN CT, SCOZZAFAVA A, BRIGANTI F, CLARE BW. Protease inhibitors: synthesis and QSAR study of novel classes of nonbasic thrombin inhibitors incorporating sulfonylguanidine and O-methylsulfonylisourea moieties at P1. J Med Chem. 2000; 43: 1793-1806.

137. DE SIMONE G, MENCHISE V, OMAGGIO S, PEDONE C, SCOZZAFAVA A, SUPURAN CT. Design of weakly basic thrombin inhibitors incorporating novel P1 binding functions: molecular and X-ray crystallographic studies. Biochemistry. 2003;42:9013-9021.

138.STROM TA, DURDAGI S, ERSOZ SS, SALMAS RE, SUPURAN CT, BARRON AR. Fullerene-based inhibitors of HIV-1 protease. J Pept Sci. 2015; 21: 862-870.

139. XANTHOPOULOS D, KRITSI E, SUPURAN CT, PAPADOPOULOS MG, LEONIS G, ZOUMPOULAKIS P. Discovery of HIV Type 1 Aspartic Protease Hit Compounds through Combined Computational Approaches. ChemMedChem. 2016; 11:1646-1652.

140. MORI M, CAPASSO C, CARTA F, DONALD WA, SUPURAN CT. A deadly spillover: SARS-CoV-2 outbreak. Expert Opin Ther Pat. 2020 Apr 29:1-5. doi: 10.1080/13543776.2020.1760838. In press.

Manuscript received: 13.05.2020