



## Original article

# Stereospecific ligands and their complexes. Part VII. Synthesis, characterization and *in vitro* antitumoral activity of platinum(II) complexes with *O,O'*-dialkyl esters of (*S,S*)-ethylenediamine-*N,N'*-di-2-(4-methyl)pentanoic acid

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## ABSTRACT

Platinum(II) complexes (**1–4**) with bidentate *N,N'*-ligands, *O,O'*-dialkyl esters (alkyl = ethyl, *n*-propyl, *n*-butyl and *n*-pentyl), of (*S,S*)-ethylenediamine-*N,N'*-di-2-(4-methyl)pentanoic acid were synthesized and characterized by IR, <sup>1</sup>H NMR and <sup>13</sup>C NMR spectroscopy and elemental analysis. DFT calculations were performed for the complexes and it was found that only one diastereoisomer could be formed. Cytotoxic activity of complexes **1–4** was determined against chronic lymphocytic leukemia cells (CLL) and compared to the activity of ligand precursors **L1**·2HCl–**L4**·2HCl and corresponding palladium(II) complexes, [PdCl<sub>2</sub>**L**] (**L** = **L1–L4**). The complexes were found to exhibit significantly higher antitumor activities than cisplatin on CLL cells. Cytotoxic effect of platinum(II) complexes on CLL cells was higher compared to corresponding palladium(II) complexes. In addition the mode of cell death induced by platinum(II) complexes was determined.

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## 1. Introduction

The starting point of the ever increasing field of bioinorganic chemistry of platinum(II) complexes was Rosenberg's accidental discovery of antitumor activity of cisplatin, *cis*-[PtCl<sub>2</sub>(NH<sub>3</sub>)<sub>2</sub>] [**1–3**]. As a drug, cisplatin was established against diverse tumor types including testicular, ovarian, head and neck, bladder, esophageal, and small lung cancer cells (SCLC) [**4**]. However, cisplatin exhibits only limited activity against tumors like colon and breast cancer, and in time resistance frequently occurs [**5**]. Also cisplatin does not differentiate between normal and cancerous tissues, resulting in emphasized side effects including potentially fatal renal failure, bone marrow suppression and compromised immunity, severe nausea and toxicity [**6**].

The next generation of platinum(II)-based drugs used in the clinical treatments includes carboplatin, with similar cytotoxicity but less side effects than cisplatin, and oxaliplatin, with antiproliferative effects even in cancers insensitive to cisplatin (for example, advanced colorectal tumors [**7**]). Because of the proven cytotoxicity of these platinum(II) compounds, a great number of new platinum complexes are continuously being prepared and tested for antitumor activity [**8–10**].

The synthesis and characterization of platinum(IV) complexes with *NN* bidentate ester ligands, R<sub>2</sub>eddp (eddp = ethylenediamine-*N,N'*-di-3-propanoate; R = *n*-Bu, *n*-Pe; Fig. 1A), have recently been reported [**11**]. The antitumoral investigation was carried out on human adenocarcinoma HeLa cells, human myelogenous leukemia K562 cells and normal immunocompetent cells (PBMC) and when used [PtCl<sub>4</sub>(*n*-Bu<sub>2</sub>eddp)] cytotoxicity was actually comparable to that of cisplatin. A powerful *in vitro* antitumoral activity of these two compounds was shown on L929 fibrosarcoma and U251 astrocytoma tumor cells [**12**]. The kinetics of the tumor cell death process induced by using these platinum(IV) complexes was considerably faster in comparison to the classical platinum(II)-based drug cisplatin [**13**]. Furthermore, the complexes of

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