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METHODS FOR LOWERING PLATELET COUNTS**Field of the Invention**

The current invention provides methods for lowering
5 platelet counts in humans, particularly post-menopausal
women.

Background of the Invention

Platelets are a major cell type found in the blood
10 and are critical to maintaining normal hemostasis.
Platelets are derived from marrow stem cells and are
usually found either in the circulation or sequestered in
the spleen. A normal number of platelets in human blood
is around 150,000 to 400,000 per mL, the condition in
15 which the number of platelets falls substantially below
this level is referred to as a thrombocytopenic state,
conversely an overabundance of platelets is referred to
as a condition of thrombocytosis or thrombocythemia.

A major function of the platelet is to control
20 bleeding and to plug any due to rupture of the
vasculature via clot formation. The platelet functions
not only as an integral and structural element of a clot,
but also is responsive to the surrounding conditions and
reacts by releasing a wide variety of mediators which
25 effect surrounding cells and tissues. Upon encountering
a aberrant situation, e.g., exposed collagen or basement
membrane, platelets adhere, aggregate, and release
granules containing mediators, such as ADP, smooth muscle
mitogens, prostaglandins, thromboxanes, catecholamines,
30 clotting factors, and the like. These mediators not only
promote further platelet aggregation and clot formation,
but also effect the behavior of smooth muscle cells
causing constriction and proliferation. Additionally,
these mediators effect other circulating cells, such as
35 lymphocytes and inflammatory cells, which may initiate
biological sequelae quite different from clot formation.

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Many of these other sequelae often have pathological consequence.

It is essential for hemostasis that an adequate number of platelets are available for the clotting reaction. Failure of the clotting system is usually considered a very serious and life-threatening condition. In cases, where the number of platelets drops below 100,000 per mL, there is cause for concern and may result in therapeutic intervention. Platelet counts less than 40,000 are on the threshold of spontaneous bleeding and must be aggressively treated, usually with platelet infusions. Such drops in platelet count may occur in cancer patients treated with cytotoxic agents or radiation, in trauma patients especially burn injuries, or in patients with immune abnormalities. (For further information, e.g., see: "Harrison's Principles of Internal Medicine", Eds. Isselbacher, K.J., et al., 9th Ed., McGraw-Hill Book Co., NYC, 1980, Chap. 54, pp. 273-276, Chap. 361, pp. 1555-1557, and references cited therein.)

However, paradoxically, as important and necessary as platelets are, they can often contribute to many detrimental conditions. For example, they are participatory and perhaps causative elements in inappropriate thrombotic events such as occlusion of arteries and vessels which precipitate ischemic events and tissue damage. Inappropriate activation of platelets can be life-threatening and there are many medical conditions which increase the risk of such activations, such as patients suffering from atherosclerosis, patients recovering surgery or trauma, patients recovering from angioplasty, and the like. One envisioned method of lowering the risk of such inappropriate activations is to lower the total number of normal platelets in the circulation. In a recent clinical report, it was shown that there was a direct correlation between platelet count and function and fatal coronary heart disease,

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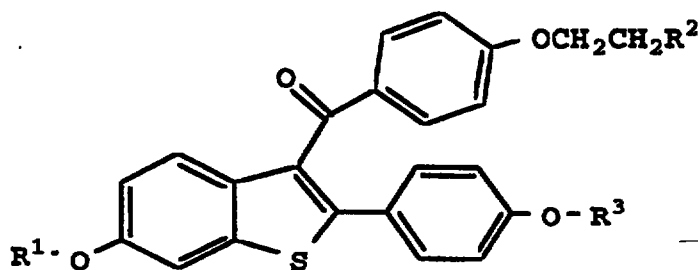
i.e., patients with the highest platelet count and aggregability were most likely to succumb. Thus, it would seem reasonable that an agent which reduces the platelet count should demonstrate a beneficial effect in preventing coronary disease. (See: "Blood Platelet Count and Function Are Related to Total and Cardiovascular Death in Apparently Healthy Men", Thaulow, E., et al., Circulation, 84(2), pp.631-617, 1991 and "Thrombocytes and Coronary Heart Disease", Wilhelmsen, L., Circulation, 84(2), pp. 936-937., 1991).

Although a beneficial effect seems reasonable with a reduction of platelet count, it is critical that reduction does not produce thrombocytopenia. An ideal agent would have to reduce the platelet count without compromising appropriate clotting activity, i.e., the platelet count would need to remain in the normal range.

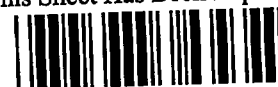
Recently, a clinical study was reported which demonstrated a lowering of the platelet count in women taking the compound tamoxifen. However, tamoxifen is known to have substantial estrogen-agonist properties, especially in the uterus, and would thus be a less than ideal agent. (See: "Effect of Tamoxifen on Measurements of Hemostasis in Healthy Women", Mannucci, P.M., et al., Arch. Internal Med., 156, Sep. 9, 1996. pp. 1806-1810.)

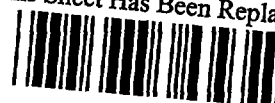
Summary of the Invention

The current invention provides methods for lowering the platelet count in a human, which comprises the administration to a human in need thereof an effective amount of a compound of formula I.



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wherein R^1 and R^3 are, independently, -H, -CH₃, -CO(C₁-C₆ alkyl), or -COAr, where Ar is optionally substituted phenyl;

- 5 R^3 is selected from the group consisting of pyrrolidine, piperidine, and hexamethyleneimino; or a pharmaceutically acceptable salt or solvate, thereof.

10 **Detailed Description of the Invention**

The current invention is related to the discovery that a select group of 2-aryl benzo[b]thiophenes (the compounds of formula I) are useful for lowering platelet count.

- 15 General terms used in the description of compounds herein described bear their usual meanings. For example, "C₁-C₆ alkyl" refers to straight or branched aliphatic chains of 1 to 6 carbon atoms including methyl, ethyl, propyl, iso-propyl, n-butyl, pentyl, hexyl and the like.

- 20 The term "substituted phenyl" refers to a phenyl group alone or having one or more substituents selected from the group consisting of C₁-C₄ alkyl, C₁-C₄ alkoxy, hydroxy, nitro, chloro, fluoro, or tri(chloro or fluoro)methyl. "OC₁-C₄ alkyl" refers a C₁-C₄ alkyl group
25 attached through an oxygen bridge such as , methoxy, ethoxy, n-propoxy, iso-propoxy, and the like.

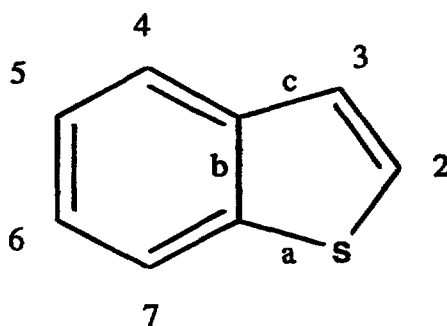
- The term "pharmaceutically acceptable salt" refers to either acid or base addition salts which are known to be non-toxic and are commonly used in the pharmaceutical
30 literature. Commonly used acid addition salts are inorganic salts formed by the addition of sulfuric acid, nitric acid, hydrochloric acid, hydrobromic acid phosphoric acid, phosphorous acid and the like; or organic salts formed by the addition of acetic acid,
35 formic acid, benzoic acid, citric acid, methanesulfonic acid and the like. Commonly used basic addition salts are the salts formed by alkali or alkaline earth

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hydroxides, ammonium hydroxide, alkyl or aromatic amines and the like. A preferred salt of this invention is the hydrochloride salt.

The term "solvate" refers to a molecular complex of a compound of formula I with one or more solvent molecules. Such solvent molecules would be those commonly used in the pharmaceutical literature, which are known to be innocuous to the recipient, e.g., water, ethanol, and the like.

The compounds of this invention are derivatives of centrally located carbon, i.e., the "-CO-" moiety in formula I, thus derivatives are methanones, e.g., a compound of A-CO-B, would be named [A][B]methanone. Further the compounds of formula I are derivatives of benzo[b]thiophene which is named and numbered according to the Ring Index, The American Chemical Society, as follows:



Thus, raloxifene hydrochloride, which is a preferred embodiment of this invention, is a compound of formula I, where R^1 and R^3 are both hydrogen and R^2 is a piperidinyl ring, the hydrochloride salt thereof. Raloxifene hydrochloride is named [2-(4-hydroxyphenyl)-6-hydroxybenzo[b]thie-3-yl][4-[2-(1-piperidenyl)ethoxy]phenyl]methanone hydrochloride.

All of the compounds used in the methods and formulations of the current invention can be made according to procedures, such as those detailed in US Pat. No. 4,133,814 and US Pat. No. 4,418,068, each of which is included by reference, herein. In general, the

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process starts with a benzo[b]thiophene having a 6-hydroxyl group and a 2-(4-hydroxyphenyl) group. The starting compound is protected, alkylated, and de-protected to form the compounds of formula I. The
5 formula I compounds which are carboxylic esters may be prepared by methods described in US Pat. No. 5,393,763, which included by reference, herein.

The compounds of formula I are members of a group of compounds previously known as antiestrogens, but which
10 have selective estrogenic agonist and antagonist pharmacologic activities. For example, formula I compounds act as estrogen agonists in treating pathologic sequelae caused by the cessation of menses in females (see: Draper *et al.*, "Effects of Raloxifene (LY139481
15 HCl) on Biochemical Markers of Bone and Lipid Metabolism in Healthy Postmenopausal Women", Hong Kong, Fourth Int'l. Symp. on Osteoporosis, March 29, 1993.; US Pat. Nos. 5,393,763, 5,464,845, and 5,391,557). In addition, the compounds of formula I have been shown to inhibit
20 angiogenesis, see: US Pat. No. 5,610,166, which is incorporated herein by reference.

As used herein, the term "effective amount" means an amount of compound of the present invention which is capable of safely lowering platelet count in a human, and
25 preferably a post-menopausal woman.

As used in the methods of the current invention, the term "lowering platelet count", means a reduction in the number of circulating platelets without reaching a level of thrombocytopenia (<100,000 per mL) which would have
30 the potential of precipitating serious bleeding events.

By "pharmaceutically acceptable formulation" it is meant that the carrier, diluent, solvent, excipients and salt must be compatible with the active ingredient (a compound of formula I) of the formulation, and not be
35 deleterious to the recipient thereof.

Pharmaceutical formulations can be prepared by procedures known in the art. For example, the compounds

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of this invention can be formulated with common excipients, diluents, or carriers, and formed into tablets, capsules, and the like. Examples of excipients, diluents, and carriers that are suitable for such formulations include the following: fillers and extenders such as starch, sugars, mannitol, and silicic derivatives; binding agents such as carboxymethyl cellulose and other cellulose derivatives, alginates, gelatin, and polyvinyl pyrrolidone; moisturizing agents such as glycerol; disintegrating agents such as agar agar, calcium carbonate, and sodium bicarbonate; agents for retarding dissolution such as paraffin; resorption accelerators such as quaternary ammonium compounds; surface active agents such as cetyl alcohol, glycerol monostearate; adsorptive carriers such as kaolin and bentonite; and lubricants such as talc, calcium and magnesium stearate and solid polyethyl glycols. Final pharmaceutical forms may be pills, tablets, powders, lozenges, syrups, aerosols, saches, cachets, elixirs, suspensions, emulsions, ointments, suppositories, sterile injectable solutions, or sterile packaged powders, depending on the type of excipient used.

The particular dosage of a compound of formula I required to safely lower platelet count according to this invention will depend upon the particular symptom and severity. Such considerations as a dosage, route of administration, and frequency of dosing are best decided by the attending physician. Generally, accepted and effective doses for oral or parenteral administration will be from 10mg to 800mg, and more typically between 20mg and 100mg. A particularly preferred dose is 60 mg/day via the oral route, especially in a post-menopausal female. Such dosages will be administered to a patient in need of treatment from once to three times each day or as often as needed to effectively and safely lower platelet count.

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The formulations which follow are given for purposes of illustration and are not intended to be limiting in any way. The total active ingredients in such formulations comprises from 0.1% to 99.9% by weight of the formulation. The term, "active ingredient" means a compound of formula I, preferably Raloxifene hydrochloride.

Formulation 1: Gelatin Capsules

10

Ingredient	Quantity (mg/capsule)
Active Ingredient	50-600
Starch NF	0-500
Starch flowable powder	0-500
15 Silicone fluid 350 centistrokes	0-15
The ingredients are blended, passed through a No. 45 mesh U.S. sieve, and filled into hard gelatin capsules.	

Formulation 2: Tablets

20

Ingredient	Quantity (mg/tablet)
Active Ingredient	50-600
Starch	10-50
Cellulose, microcrystalline	10-20
25 Polyvinylpyrrolidone	5
(as 10% solution in water)	
Sodium carboxymethyl cellulose	5
Magnesium stearate	1
Talc	1-5

30

The active ingredient, starch, and cellulose are passed through a No. 45 mesh U.S. sieve and mixed thoroughly. The solution of polyvinylpyrrolidone is mixed with the resultant powders which are then passed through a No. 14 mesh U.S. sieve. The granules thus produced are dried at 50-60° C and passed through a No. 18 mesh U.S. sieve. The sodium carboxymethyl cellulose, magnesium stearate, and talc, previously passed through a No. 60 mesh U.S. sieve, are added to the above granules and thoroughly mixed. The resultant material is compressed in a tablet forming machine to yield the tablets.

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Formulation 3: Aerosol

	Ingredient	Weight %
5	Active Ingredient	0.50
	Ethanol	29.50
	Propellant 22 (Chlorodifluoromethane)	70.00
10	Total	100.00

The active ingredient is mixed with ethanol and the mixture added to a portion of the propellant 22, cooled to -30°C and transferred to a filling device. The required amount is then fed to a stainless steel container and diluted with the remainder of the propellant. The valve units are then fitted to the container.

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Formulation 4: Suspension

Suspensions each containing 100 mg of a compound of formula I per 5 mL dose.

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	Ingredient	Weight
	Active Ingredient	100 mg
	Sodium carboxymethyl cellulose	50 mg
30	Syrup	1.25 mL
	Benzoic acid solution (0.1M)	0.10 mL
	Flavor	q.v.
	Color	q.v.
	Purified water to total	Total 5 mL

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A compound of formula I is passed through a No. 45 mesh U.S. sieve and mixed with the sodium carboxymethyl cellulose and syrup to form a smooth paste. The benzoic acid solution, flavor, and color diluted in water are added and mixture stirred thoroughly. Additional water is added to bring the entire mixture to the required volume.

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Assay

2,043 healthy, post-menopausal women were selected. These patients were randomized between a control group having 584 patients, and the following three test groups:

5 Raloxifene HCL 30 mg/dy - 288 patients; raloxifene HCL 60 mg/dy - 584 patients; Raloxifene HCY 120 or 150 mg/dy - 590 patients. Patients in the control group received a daily oral placebo. The duration of the clinical trial was two years. As a portion of the patient's overall

10 evaluation, various clinical tests and parameters were measured at intervals. Among the periodic parameters measured was platelet count.

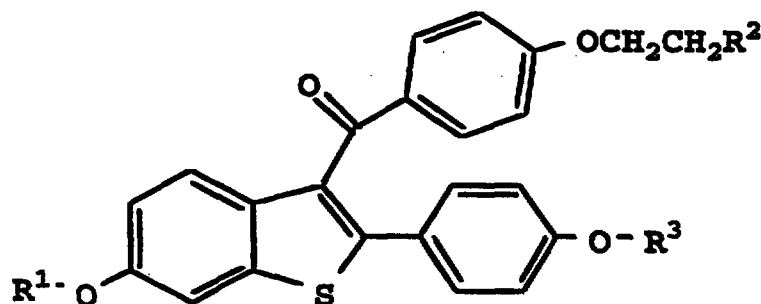
Comparison of the initial platelet count with the endpoint values demonstrated a decrease of 7-9% in

15 circulating platelets in the test group patients, as compared to the control group. No episodes of unusual bleeding were experienced during the study and platelet counts never dropped below 100,000 per mL.



We claim:

1. A method for lowering platelet count in a human which comprises the administration to a human in need thereof an effective amount of a compound of formula I



wherein R^1 and R^3 are, independently, -H, -CH₃, -CO(C₁-C₆ alkyl), or -COAr, where Ar is optionally substituted phenyl;

R^3 is selected from the group consisting of pyrrolidine, piperidine, and hexamethyleneimino; or a pharmaceutically acceptable salt or solvate thereof.

2. A method according to Claim 1 wherein said compound is [2-(4-hydroxyphenyl)-6-hydroxybenzo[b]thien-3-yl][4-[2-(1-piperidinyl)ethoxy]phenyl]methanone hydrochloride.

3. A method of Claim 1 wherein said human is a post-menopausal women.

4. A method according to Claim 3 wherein compound is administered in an amount of 60 mg/day via the oral route.

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