Supporting Information

Movement to the clinic of soluble epoxide hydrolase inhibitor EC5026 as an analgesic for neuropathic pain and for use as a non-addictive opioid alternative

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TABLE OF CONTENTS

Experimental procedures: Log P & solubility determination, in vitro assays (Ki and \(k_{\text{off}}(t_R)\), PK study .......................................................... page S3

Table S1. Equilibrium Solubility of EC5026 in Aqueous and Non-Aqueous Systems ........................................ page S6

P-gp inhibition and In vitro absorption of EC5026 ........................................ page S7

Table S2. In vitro permeability of EC5026 using Caco-2 cells ........................................ page S7

Description of Manufacturing Process of EC5026 and Placebo Capsules .......... page S8

Table S3. Acceptance criteria for capsules ....................................................... page S9

CYP induction and CYP inhibition by EC5026 ........................................ page S9

Table S4. Isoform selective substrates and inhibitors of human cytochrome P450 enzymes ......................................................... page S12

Table S5. Inhibitors used as positive controls in the CYP450 assays ................ page S12

Figure S1. In-process HPLC analysis for the compound 4 .......................... page S13

Figure S2. ¹H NMR of the compound 5 ......................................................... page S14

Figure S3. UV-Vis spectrum of EC5026 ....................................................... page S15

Figure S4. HPLC analysis for purity of EC5026 ........................................ page S16

Figure S5. HPLC analysis for enantioselectivity of EC5026 ........................ page S17

Figure S6. ¹H NMR of EC5026 ................................................................. page S18

Figure S7. ¹³C NMR of EC5026 ............................................................... page S19

Figure S8. ¹⁹F NMR of EC5026 ............................................................... page S20
LogP Measurement

LogP was determined using an Agilent HPLC 1200 series equipped with G1314 UV-vis detector and Phenomenex Luna reverse phase column (C18, 4.6 mm x 150 mm, 5 μm particle size) as previously published. Briefly inhibitors (100 μM, 10 μL) were injected and run at isocratic gradient (MeOH:H₂O/ 2:1 (v:v)) for 90 min. The compounds were monitored at 230 nm. A calibration curve was generated using several compounds with LogP obtained from shake flask method and the retention time obtained from HPLC method. LogP values were calculated based on the calibration curve.

Solubility determination

Each inhibitor (1mg) was suspended in the phosphate buffer (0.1 M Sodium Phosphate, pH 7.4, 300 μL). The suspension was shaken (220 rpm) at rt for 24h. The suspensions were centrifuged at 10,000 rpm for 10 min at rt (Centrifuge 5415D, Eppendorf, Hauppauge, NY). The supernatant was transferred to a 1.5 mL eppendorf tube and was further diluted 10 times by MeOH. The solution was kept on ice for 15 min to precipitate the salt. The solution was centrifuged at 10,000 rpm for 10 min at 4 °C (Accuspin™ MicroR, thermo Fisher, Freemont, CA) and the supernatant was transferred to 1.5 mL vial and was kept at -20°C before LC-MS/MS analysis.

FRET-Displacement assay procedure

The FRET assay was performed as published previously. sEH inhibitor stock solution (10 mM, DMSO) was stored in glass vials. Recombinant sEH was diluted to the desired concentration (20 nM) with phosphate buffer (100 mM sodium phosphate, pH 7.4, 0.01% gelatin. All buffer used in this assay was filtered with a sterilized filtration unit (Millipore® Durapore PVDF Membrane, pore size: 0.22 μm)

Measurement in 96-well plates: All the measurement for FRET- based displacement assay in 96-well plate format was done in TECAN Infinite® M1000 Pro.

Pre-treatment of 96-well plate: 96-Well plates were pre-incubated with PB with 0.01% gelatin overnight at rt. The gelatin coats the plate and prevents the loss of sEH and sEH inhibitors to the plate via non-specific binding. The buffer was then discarded, and the plate was dried before use.

Kᵢ Assay procedure: The sEH stock solution was diluted to the desired concentration (20 nM) by PBS (100 mM sodium phosphate, 0.1 % gelatin, pH 7.4). ACPU (one equivalent to sEH, 10 mM, Ethanol) was added to the sEH solution and was incubated for 2h at rt. The sEH-ACPU mixture (20 nM, 100 mM sodium phosphate, 0.1 % gelatin, pH 7.4, 150 μL) was added to each well. The baseline fluorescence (F₀) (λₑₓ at 280 nm, λₑₘ at 450 nm) of the samples was measured after the z-position and gain were optimized automatically by the fluorometers. The z and gain
value were noted and will be used for the later fluorescent measurement. Because DMSO has been known to quench fluorescence. 1% DMSO in PB was served as a control ($F_{\text{DMSO}}$). The desired concentration of inhibitors which is the concentration that 100% of sEH was bound to inhibitor, was added at the first well and was further diluted by 2-fold across the rest of the wells. Based on our study, 12 datum points which correspond to 12 different concentrations of the inhibitor, generated sufficient data to calculate the accurate $K_i$ for the inhibitors. The samples were incubated at 30 °C for 1.5h. Then, the fluorescence ($\lambda_{\text{ex}}$ at 280 nm, $\lambda_{\text{em}}$ at 450 nm) of the samples was measured using the z-position and gain values that previously obtained. The obtained fluorescence signals were transformed as below and were used to calculate the $K_i$ of the inhibitors according to “Curve fitting” section below.

Initiated fluorescence = $F_{\text{DMSO (well X)}} / F_0 (\text{well X})$
Saturated fluorescence = $F_{\text{at the saturated concentration (well X)}} / F_0 (\text{at well X})$
Observed fluorescence = $F_{\text{(well X)}} / F_0 (\text{well X})$

Curve fitting: Curve fitting for $K_i$ determination was reported before.$^2$ The data manipulation and $K_i$ calculation were based on previous publications.$^{343,4}$

The displacement assay is based on a three-state equilibrium binding model. This is modeled as described below (Eq. 1)

$$[\text{RI}] + L \leftrightarrow R + I + L \leftrightarrow [\text{RL}] + I \quad \text{ (Eq. 1)}$$

where $[\text{RI}] = \text{receptor or enzyme-inhibitor complex}; L = \text{reporting ligand; } I = \text{inhibitors; } [\text{RL}] = \text{receptor or enzyme-reporting ligand complex}.$

The three-state equilibrium (Eq. 1) consists of the sEH-inhibitor complex, sEH and sEH-reporting ligand complex. In this study, the relative fluorescence intensity ($F_3$) was plotted against the concentration of sEH inhibitor and the resulting curve was fitted into equation (Eq. 2) derived by Wang et al. for three-state equilibrium.$^9$

$$F_3 = \left[2\left(a^2 - 3b\right)^{1/2}\cos\left(\theta/3\right) - a\right]/\left\{3K_{d1} + \left[2\left(a^2 - 3b\right)^{1/2}\cos\left(\theta/3\right) - a\right]\right\} \quad \text{ (Eq. 2)}$$

with $a = K_{d1} + K_{d2} + L + I - R$;
$b = K_{d2} (L - R) + K_{d1}(I - R) + K_{d1}K_{d2}$;
$c = -K_{d1}K_{d2}R$; and
$\theta = \arccos\left\{-2a^3 + 9ab - 27c)/\left[2\left(a^2 - 3b\right)^{3/2}\right]\right\}.$

where $F_3 = \text{Relative Fluorescence} = \text{(observed fluorescence – fluorescence at saturation)/(initiated fluorescence – fluorescence at saturation)}$; $I = \text{the concentration of added unlabeled competing ligand; } R = \text{the total concentration of sEH; } L = \text{the total concentration of reporting ligand; } K_{d1} = \text{The dissociation constant of reporting ligand (found by fluorescent binding assay)}; \text{ and } K_{d2} = \text{The inhibition constant of inhibitors}.$
*k*\textsubscript{off} (t\textsubscript{R}) measurement procedure: *k*\textsubscript{off} Measurement was run as described before.\textsuperscript{1,3} sEH (8 µM) was pre-incubated with the selected inhibitor (8.8 µM, 100 mM PB buffer, pH 7.4) for 1.5 h at rt. The sEH-inhibitor complex was then diluted 40 times with ACPU (20 µM, 100 mM Sodium phosphate buffer, pH 7.4). The fluorescence ($\lambda_{ex}$ at 280 nm, $\lambda_{em}$ at 450 nm) was monitored immediately for every 30s up to 5100s. The fluorescence ($\lambda_{em}$ at 450 nm) data was plotted against time (s). The resulting curve was fitted to single exponential growth and the relative $k_{off}$ was obtained. $t_R$ is $1/k_{off}$.

PK analysis

Male SD rats were used in PK studies. Selected inhibitors were dissolved in 100% PEG 300 to give a clear solution and 100 µL of the inhibitor solution (0.1 mg/kg) was administered to the rats via oral gavage. The blood samples (10 µL) were then collected from tail vein using pipet tip pre-washed with 7.5% EDTA(K\textsubscript{3}) at time 0, 0.5, 1, 2, 4, 6, 8, 24 and 48 h after administration of the inhibitors. The collected blood samples were immediately transferred to an Eppendorf tube (1.5 mL) containing 50 µL of 0.1% EDTA (by weight) solution and mixed strongly. The samples were stored at -80 °C until analysis. The blood samples were then prepared based on the published procedure for LC-MS/MS analysis.\textsuperscript{1} PK parameters of individual mice were calculated by fitting the time course curve of blood concentration data to a one-compartmental analysis with the WinNonlin software (Pharsight, Mountain View, CA). Parameters calculated include time of maximum concentration ($T_{max}$), maximum concentration ($C_{max}$), half life ($t_{1/2}$), and area under the concentration–time curve to terminal time (AUC\textsubscript{t}). AUC was calculated by the linear/log trapezoidal rule.
Table S1. Equilibrium Solubility of EC5026 in Aqueous and Non-Aqueous Systems

| Solvent | Equilibrium Solubility (mg/mL) |
|---------|---------------------------------|
| Deionized water | < 0.1 |
| pH 1 Hydrochloric acid | < 0.1 |
| pH 7.4 Phosphate buffer | < 0.1 |
| pH 10 Sodium hydroxide | < 0.1 |
| 50% PEG 300/50% water | 0.4 |
| PEG 300 | 13.9 |
| PEG 400 | 14.0 |
| FaSSIF | < 0.1 |
| FeSSIF | 0.2 |
| Glycerol | < 0.1 |
| Propylene glycol | 24.1 |
| Tween 80 @ 1, 5, 10 and 100 x CMC (CMC = 12 µM) | < 0.1 |
| Sodium lauryl sulfate 8.2 mM (1 x CMC) | 0.03 |
| Sodium lauryl sulfate 41.0 mM (5 x CMC) | 1.2 |
| Sodium lauryl sulfate 82.0 mM (10 x CMC) | 1.5 |
| Sodium lauryl sulfate 8.2 M (100 x CMC) | 2.5 |
| TPGS | 40.6a |
| 50% Sulfobutylether β-CD 0 | 7.9 |
| Castor oil | 5.5 |
| Castor oil, hydrogenated | 42.6a |
| Soybean oil | < 0.1 |
| Corn oil | < 0.1 |
| Canola oil | < 0.1 |
| Captex 355 EP, NF | 2.0 |
| Miglyol 810 | 2.0 |
| Miglyol 812 | 1.9 |
| Capmul MCM EP | 24.5 |
| Capmul MCM NF | 56.2a |
| Kolliphor P188/water (1:1) | 1.4 |
| Kolliphor HS-15 | 37.3a |
| Kolliphor EL | 20.4 |
| Oleic acid | 9.0 |
| Plurol Oleique CC 497 | 8.7 |
| Peceol | 12.9 |
| Labrasol | 21.8 |
| Labrafil M1944CS | 9.6 |
| Triacetin | 6.4 |
| Transcutol HP | 38.1 |
| Gelucire 44/14 | 37.7a |
| Intralipid® | 0.1 |

Abbreviations: PEG = polyethylene glycol; CD = cyclodextrin; CMC = critical micelle concentration; FaSSIF = fasted state simulated intestinal fluid; FeSSIF = fed state simulated intestinal fluid; TPGS = d-α-tocopheryl polyethylene glycol 1000 succinate. aHeated to 75 ºC to melt
In Vitro Absorption of EC5026

**P-gp Inhibition:** An *in vitro* study with MDR1-MDCKII cells was contracted with Cerep (Redmond, WA) to assess permeability and potential P-gp inhibition by EC5026. EC5026 demonstrated high permeability that is partly mediated by P-gp transport and no intestinal secretion. Calcein AM, an excellent substrate of P-gp, was used as a probe substrate for the P-gp inhibition study. At 10 μM, EC5026 caused a small, less than 25% inhibition of the P-gp mediated transport of Calcein AM. These results suggest that EC5026 is not a potent P-gp inhibitor.

**Table S2.** In vitro permeability data of EC5026 using Caco-2 cells at 10 μM in DMSO

|                      | Permeability (10-6 cm/s) | Percent Recovery (%) |
|----------------------|--------------------------|----------------------|
|                      | 1<sup>st</sup> | 2<sup>nd</sup> | Mean | 1<sup>st</sup> | 2<sup>nd</sup> | Mean |
| A-B permeability (pH 7.4/7.4) | 27.01 | 25.78 | 26.4 | 47 | 46 | 47 |
| A-B permeability (pH 7.4/7.4 + verapamil) | 19.09 | 14.38 | 16.7 | 46 | 40 | 43 |
| B-A permeability (pH 7.4/7.4) | 16.17 | 16.60 | 16.4 | 81 | 81 | 81 |
| B-A permeability (pH 7.4/7.4 + verapamil) | 22.48 | 23.48 | 23.0 | 99 | 82 | 90 |

*a*Conditions: the cells were incubated at 37 °C for 60 min and the concentrations of EC5026 were detected by LC-MS/MS

Permeability analysis: The apparent permeability coefficient (P<sub>app</sub>) of the test compound was calculated as follows:

\[
P_{\text{app}}(\text{cm/s}) = \frac{V_R C_{R,\text{end}}}{\Delta t} \frac{1}{A (C_{D,\text{mid}}/C_{R,\text{end}})}
\]

where \(V_R\) is the volume of the receiver chamber. \(C_{R,\text{end}}\) is the concentration of EC5026 in the receiver chamber at the end time point, \(\Delta t\) is the incubation time and \(A\) is the surface area of the cell monolayer. \(C_{D,\text{mid}}\) is the calculated mid-point concentration of the test compound in the donor side, which is the mean value of the donor concentration at time 0 minute and the donor concentration at the end time point. \(C_{R,\text{mid}}\) is the mid-point concentration of EC5026 in the receiver side, which is one half of the receiver concentration at the end time point. Concentrations of EC5026 were expressed as peak areas of EC5026.

Recovery of the Test Compound from the Permeability Assay The recovery of EC5026 was calculated as follows:

\[
\text{Recovery(%) = } \frac{V_D C_{D,\text{end}} + V_R C_{R,\text{end}}}{V_D C_{D0}} \times 100
\]

where \(V_D\) and \(V_R\) are the volumes of the donor and receiver chambers, respectively. \(C_{D,\text{end}}\) is the concentration of EC5026 in the donor sample at the end time point. \(C_{R,\text{end}}\) is the concentration of EC5026 in the receiver sample at the end time point. \(C_{D0}\) is the concentration of EC5026 in the donor sample at time zero. Concentrations of EC5026 are expressed as peak areas of EC5026.

Fluorescein assessment for permeability assay Fluorescein was used as the cell monolayer integrity marker. Fluorescein permeability assessment (in the A-B direction at pH 7.4 on both sides) was performed after the permeability assay for the test compound. The cell monolayer that had a fluorescein permeability of less than 1.5 x 10<sup>-6</sup> cm/s for Caco-2 cells was considered intact, and the permeability result of EC5026 from intact cell monolayer is reported.
Description of Manufacturing Process of EC5026 and Placebo Capsules

EC5026 capsules were prepared in accordance with pharmacy compounding procedures at the clinical site pharmacy and the United States Pharmacopeia (USP) <795> Pharmaceutical Compounding – Nonsterile Preparations

The compounding process is performed as follows:

1. The compounding area was cleaned per checklist.
2. Analytical balances were calibrated per written procedure.
3. The number of capsules required for the batch being compounded was checked and finalized.
4. The compounding area was staged with the materials to prepare EC5026 or placebo capsules.
5. The average capsule weight was determined on 10 sets of 10 randomly selected empty capsules (100 capsules in total).
6. ProFiller® was set up, capsules were oriented, and caps were separated from the bottoms of the capsules.
7. The amounts of PEG 400, PEG 3350 and EC5026 (including a 30% overage) required to prepare the specified number of capsules for the batch were calculated.
8. An appropriately sized USP Type 1 glass-mixing vessel capable of holding the entire volume of the batch was selected and equipped with a suitable mixing device.
9. The calculated amount of PEG 400 from Step 7 was weighed into the mixing vessel.
10. The calculated amount of PEG 3350 from Step 7 was weighed into a weighing container and transferred to the mixing vessel.
11. The calculated amount of EC5026 from Step 7 was weighed and transferred to the mixing vessel.
12. The mixing vessel was placed onto a stirring plate equipped with a heating element.
13. The heating element was set to ~70 ºC and the mixing was started. The stirring speed was adjusted to ensure adequate mixing.
14. Mixing was continued at 70 ºC until a clear solution is obtained.
15. The bulk solution was maintained at ~70 ºC throughout the capsule filling process.
16. Filling of the capsules was performed using HandiStep® Electronic Repeating Pipette set to dispense 500 µL of the heated solution.
17. The capsules were filled by withdrawing the heated clear solution with the electronic pipette, wiping the tip of the pipette, dispensing and discarding the initial 500 µL of solution and then dispensing 500 µL into each capsule filling a maximum of 20 capsules before reloading the pipette.
18. Once 20 capsules were filled, dispense the remainder of the solution in the pipette to waste and refill the pipette. Note: The same pipette tip was used to fill the entire batch of capsules.
19. Step 17 was repeated until all capsules are filled.
20. Step 13 to 17 should be completed within 8 hours.
21. Filled capsules were allowed to cool to room temperature for a minimum of 45 minutes.
22. Once cooled, the capsules were closed with the caps and the gross weight of each individual capsule was determined.
23. The fill weight of each capsule was calculated by subtracting the average capsule weight (Step 4) from the gross weight of the capsule containing the solution and recorded.
24. If the fill weight of the capsule falls outside of the fill weight control limits as described in the Table below, it was rejected.

**Table S3. Acceptance criteria for capsules.**

| Capsule Strength | Nominal Fill Volume | Nominal Fill Weight | Tolerance | Control Limits    |
|------------------|---------------------|---------------------|-----------|------------------|
| 0.5 mg           | 500 µL              | 545 mg              | ±5%       | 518 mg – 572 mg  |
| 8 mg             | 500 µL              | 545 mg              | ±5%       | 518 mg – 572 mg  |

25. Acceptable capsules were placed into the container closure system, which is sealed with a cap.
26. The container closure system was labeled with a preprinted label and stored at 15 - 30 °C.

**Experiments for CYP induction and CYP inhibition**

*CYP induction studies* were conducted at Sekisui Xenotech, Kansas City, KS and assessed by RT-PCR analysis of CYP mRNA in cultured hepatocytes treated once daily for three days with EC5026 at concentrations of 0.3, 1, 3, 10, 30 or 100 μM. CYP1A2, 2B6 and 3A4 mRNA was evaluated 24 hours following 3-days of once daily treatment and compared to positive and negative controls.

Human hepatocytes were prepared from 3 individual donors, cryopreserved and characterized for CYP activity and viability prior to use in this study. Hepatocyte cultures were treated once daily for three consecutive days and cultured according to established standard operating procedures and previously described methods. Cultures were treated with supplemented MCM (each culture well was treated with 0.2 ± 0.02 mL at approximately 37 °C) containing 0.1% v/v DMSO (vehicle control), flumazenil (25 μM, negative control), one of six concentrations of EC5026 (0.3, 1, 3, 10, 30 or 100 μM), or one of three known human CYP enzyme inducers, namely, omeprazole (50 μM), phenobarbital (750 μM) and rifampin (20 μM), positive controls. The culture multi-well plates were placed in a humidified culture chamber (37 ± 1 °C at 95% relative humidity, 95/5% air/CO2). Approximately 24 h following the final treatment, cultures were visualized with a Nikon TMS Microscope (Nikon Corporation) or Accu-Scope 3020 Inverted Microscope (Accu-Scope Inc.), and a representative well from each treatment group was photographed with a PAXcam5 (MIS Inc.) digital camera to document morphological integrity.

Approximately 24 h after the last treatment hepatocytes were lysed in Buffer RLT reagent containing β-mercaptoethanol (100:1), and cell lysates were stored at −80 ± 10 °C. For each human
hepatocyte preparation, media from three or six wells per treatment group were aspirated and approximately 250 µL Buffer RLT was added to each well. The cell lysates were mixed by shaking for 10 min at 800 rpm. Total RNA was isolated using the RNeasy Mini Kit (Qiagen Inc.). RNA quality and concentration were determined by measuring absorbance at 260 and 280 nm on a BioTek Synergy HT plate reader (BioTek Instruments, Inc.) with KC4 Signature software (version 3.4 rev 21, BioTek Instruments, Inc.) according to internal SOPs. Single-stranded cDNA was prepared from RNA with the RT Master Mix using the AB 7900HT Fast Real Time PCR System thermocycling program (Applied Biosystems). The RT Master Mix is comprised of 10X RT buffer, 25X deoxyNTPs, 10X Random hexamers, RNase Inhibitor (20 U/µL), MultiScribe reverse transcriptase (50 U/µL) and RNase-free water. The RT Master Mix was added to each RNA sample to complete the components of the reaction. No template controls (NTCs) were included in the analysis. For the NTC reactions, RNase-free water was added in place of the RNA sample. The prepared cDNA samples were stored at −20 ± 5 °C following analysis by qRT-PCR.

Quantitative RT-PCR was carried out according to standard operating procedures and the Applied Biosystems protocol. Each PCR was performed in triplicate. A Primer Mix was prepared for each Gene Expression assay. A typical Primer Mix contained TaqMan Fast Advanced Master Mix (1X), Gene Expression Assay (1X, 900 nM forward and reverse primers) and RNase-free water. The Reaction Mix was prepared by adding the Primer Mix to cDNA. A percentage of samples (no less than 10%) included NACs. NACs are RNA samples that are not reverse transcribed and are used to show that mRNA, not genomic DNA, is the source of PCR’s fluorescent signal. Reactions were analyzed on an Applied Biosystems Real Time PCR sequence detection system (AB 7900HT). The relative quantity of the target cDNA compared with that of the control cDNA (GAPDH) was determined by the ΔΔCt method (Applied Biosystems User Bulletin #2). Relative quantification measures the change in mRNA expression in a test sample relative to that in a control sample (e.g., DMSO). This method assumes that the efficiency of the target amplification and the efficiency of the endogenous control amplification are approximately equal.

mRNA by qRT-PCR

For qRT-PCR, data were processed and graphed using a LIMS (includes Galileo version 3.3, Thermo Fisher Scientific Inc. and reporting tool, Crystal Reports 2008, SAP) and the Sequence Detection System (SDS) Software version 2.4, for Relative Quantification (Applied Biosystems).
This software analyzes relative gene expression using the comparative Ct method ($\Delta \Delta \text{Ct}$), which relates the PCR signal of the target transcript to the PCR signal of the target in an untreated control. Both the treated sample and the untreated control signals are normalized to the endogenous control (GAPDH), for which expression is not affected by treatment and expression is constant throughout the tissue being tested. The results of this method are expressed as a fold change in expression with respect to the target transcript expression in the untreated control.

Calculations are as follows:

1. $\Delta \text{Ct} = \text{Ct} \text{ (target)} - \text{Ct} \text{ (endogenous control)}$
2. $\Delta \Delta \text{Ct} = \Delta \text{Ct} \text{ (treated sample)} - \Delta \text{Ct} \text{ (untreated control)}$
3. Fold change in expression $= 2^{-\Delta \Delta \text{Ct}}$

An algorithm within the software automatically removed outliers from analysis. The statistical method used by the software is based on a modified Grubbs outlier removal (also known as the Maximum Normalized Residual Test), which permits the exclusion of a single outlier in a population consisting of as few as three replicates. However, if an apparent outlier is within 0.25 Ct of the mean for the associated replicate group, the software does not remove it. Outliers are considered to be wells with Ct values that differ significantly from associated replicate wells and typically are wells that did not amplify sufficiently if at all.

The level of mRNA expression relative to the positive control was calculated as follows:

$$\text{Percent positive control} = \left(\frac{\text{Fold change in treated sample} - 1}{\text{Fold change in positive control} - 1}\right) \times 100$$

In addition, where fold change was $< 1$, percent decrease was calculated as follows:

$$\text{Percent decrease (\%)} = \left(\frac{\text{Fold change (vehicle control)} - \text{Fold change (test drug treated cells)}}{\text{Fold change (vehicle control)}}\right) \times 100$$

$CYP$ inhibition studies were conducted at EicOsis, LLC (Davis, CA) and completed using isoform selective substrates in a validated ‘cocktail’ assay with human liver microsomes (Sekisui Xenotech, Kansas City, KS) as described by Otten, Hingorani, Hartley, Kragerud and Franklin\(^7\) and outlined in Tables 1 and 2.

Briefly, incubations were performed in 10 x 75 mm glass disposable culture tubes in a total volume of 100 µl. Substrate was added first in 1 µl solvent using a 10 µl glass syringe. This was followed by additions of 0.1 M sodium phosphate buffer, pH 7.4 or EC5026 dissolved in phosphate buffer (10 µM-near the limit of solubility yielding final concentrations of 7 µM). Freshly thawed
human liver microsomes (100 µg protein) were added and incubation vials were transferred to a
shaking incubator at 37°C with 100 oscillations/min. After a 2 min preincubation period, NADPH
was added to the tubes at 30 sec intervals to start the reaction. Following a 10 min incubation, 200
µl ice cold methanol containing the internal standard (labetalol 0.1 µM) was added to quench the
reaction. Reaction contents were stored at -20 °C until analysis by LC/MS/MS.

To test the possibility that EC5026 could inhibit any of the CYP isoforms by formation of
a metabolite inhibitor complex or by generation of a tight binding metabolite (suicide substrate),
the experiments described above were repeated with the exception that EC 5026 was incubated
with human liver microsomes in the presence of NADPH for 20 min prior to the addition of
isoform selective substrate. No significant inhibition of the metabolism of any of the isoform
selective substrates was noted in these studies (data not shown).

| P450 | Substrate     | Substrate conc µM (solvent) | Metabolite          | MS/MS transition | Source     |
|------|---------------|-----------------------------|---------------------|------------------|------------|
| 1A2  | phenacetin    | 100 (methanol)              | acetaminophen       | 152.2→110.1 (+)  | Sigma      |
| 2B6  | Buproprion    | 125 (methanol)              | hydroxybupropion    | 256.2→139.1 (+)  | Sigma      |
| 2C8  | Amodiaquine   | 1 (water)                   | N-desethy1A         | 328.1→283.0 (+)  | Sigma      |
| 2C9  | tolbutamide   | 100 (methanol)              | hydroxytolbutamide  | 285.1→186.0 (-)  | Sigma      |
| 2C19 | S-mephenytoin | 50 (acetonitrile)           | hydroxymephenytoin  | 235.1→133.1 (+)  | Cayman     |
| 2D6  | dextromethorphan | 2.5 (methanol)      | dextrophan          | 258.1→157.1 (+)  | Sigma      |
| 3A4/5| midazolam     | 2.5 (methanol)              | hydroxymidazolam    | 342.1→324.0 (+)  | Cerilliant |
| 3A4/5| testosterone   | 50 (acetonitrile)           | 6β-OH testosterone  | 305.2→269.2 (+)  | Cerilliant |

Labetalol (Sigma) was used as an internal standard and was detected in positive ionization mode using the
329→162 transition.

| P450 | Inhibitor | Inhibitor Concentration (solvent) | Source          |
|------|-----------|----------------------------------|-----------------|
| 1A2  | furafylline | 4 µM (ethanol)                  | Cayman Chemical |
| 2B6  | ticlopidine | 0.7 µM (methanol)               | Sigma           |
| 2C8  | Quercetin  | 6 µM (methanol)                 | Cayman          |
| 2C9  | sulfaphenazole | 0.5 µM (methanol) | Cayman          |
| 2C19 | ticlopidine | 3.5 µM                        | Sigma           |
| 2D6  | quinidine  | 0.5 µM (methanol)               | Sigma           |
| 3A4/5| ketoconazole | 0.1 µM(methanol)               | Cayman          |
**Figure S1.** In-process HPLC analysis of EC5026
Figure S2. $^1$H NMR of the compound 5.
The sample solution was prepared in MeOH at 0.0169 mg/mL.

**Figure S3.** UV-Vis spectrum of EC5026.
Figure S4. HPLC analysis for purity of EC5026.
Figure S5. HPLC analysis for enantioselectivity of EC5026.
Figure S6. $^1$H NMR of EC5026
Figure S7. $^{13}$C NMR of EC5026
S19
Figure S8. $^{19}$F NMR of EC5026
Figure S9. $^1$H-$^1$H 2D NMR of EC5026
Figure S10. ATR-FT IR spectrum of EC5026
Table S6. Potential Indications for the use of sEHIs.

| Indication                        | Keywords                                                                 | Strength of Evidence* | Key References |
|-----------------------------------|--------------------------------------------------------------------------|-----------------------|----------------|
| Painful diabetic neuropathy       | Chronic pain, neuropathic pain, ER stress                                | +++                   | ref. #8        |
| Osteoarthritis                    | Chronic pain, inflammatory pain, neuropathic pain                        | ++                    | ref. #9        |
| Alzheimer's Disease               | Neuroinflammation                                                        | +++                   | ref. #10       |
| Parkinson's                       | Neurodegeneration, neuroinflammation                                     | ++                    | ref. #11       |
| Stroke                            | Neuroinflammation, ischemia                                              | +++                   | ref. #12       |
| Cancer                            | Metastasis, cytokine storm, ER stress, oxidative stress                  | +++                   | ref. #13       |
| Diabetes, obesity                 | Chronic inflammation, metabolic disease                                  | +++                   | ref. #14       |
| Diabetic retinopathy              | Microvascular disease, metabolic disease, oxidative stress              | ++                    | ref. #15       |
| NASH/ NAFLD                       | Metabolic disease, inflammation, hepatic steatosis                       | ++                    | ref. #16       |
| Myocardial infarction             | Ischemia, inflammation                                                  | ++                    | ref. #17       |
| Rheumatoid arthritis              | Autoimmune, inflammation                                                | +                     | ref. #18       |
| Hypertension                      | Chronic inflammation, endothelial dysfunction                            | +++                   | ref. #19       |
| Cardiac arrhythmia, heart failure | Fibrosis, ischemia, inflammation, cardiac remodeling                    | +++                   | ref. #20       |
| Epilepsy                          | Neuroinflammation                                                        | ++                    | ref. #21       |
| Traumatic brain injury            | Neuroinflammation                                                        | +                     | ref. #22       |
| Depression                        | Neuroinflammation, chronic stress                                        | ++                    | ref. #23       |
| Schizophrenia                     | Neuroinflammation                                                        | ++                    | ref. #24       |
| Lupus                             | Autoimmune                                                              | +                     | ref. #25       |
| COPD                              | Chronic inflammation                                                    | +++                   | ref. #26       |
| IBD                               | Chronic inflammation                                                    | ++                    | ref. #27       |
| Sepsis/ ARDS                      | Cytokine storm                                                          | ++                    | ref. #28       |
| Asthma                            | Bronchodilation, inflammation                                           | ++                    | ref. #29       |
| Chronic kidney disease            | Fibrosis, vascular disease                                              | ++                    | ref. #30       |

*determined based on extent of published literature, and depth of published observations (in vitro data, in vivo models, patient correlations, genetic models)
Table S7. List of dual inhibitors/modulators that inhibit sEH as one of target enzymes.

| Target            | Agent                   | Disease                              | Major outcomes                                                                                                                                 |
|-------------------|-------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| sEH/COX-2         | PTUPB                   | Inflammatory Pain                    | reduction of inflammatory pain in rats<sup>31</sup>                                                                                            |
|                   |                         | Kidney Disease                       | attenuation of renal damage and inflammation in ZDF Rats<sup>32</sup>                                                                       |
|                   |                         | Cancer                               | suppression of primary tumor growth and metastasis in mice<sup>33</sup>                                                                     |
|                   |                         |                                      | suppression of glioblastoma growth in mice<sup>34</sup>                                                                                      |
|                   |                         |                                      | potentiation of the antitumor efficacy of cisplatin in mice<sup>35</sup>                                                                  |
|                   |                         |                                      | suppression of chemotherapy-induced cytokine/lipid mediator surge and ovarian cancer in mice<sup>36</sup>                                       |
|                   |                         |                                      | decrease of fibrotic markers in liver injury in mice<sup>37</sup>                                                                           |
| Parkinson’s disease |                         |                                      | Prevented the reduction of dopamine and its metabolites in Drosophila<sup>38</sup>                                                        |
|                   |                         | Airway inflammation                   | Significant inhibition of the development of structural changes in the allergic airways in mice<sup>39</sup>                                  |
|                   |                         | Pulmonary fibrosis                    | Alleviation of the pathological changes in lung tissue and collagen deposition and reduction senescence marker molecules in the lungs in mice<sup>40</sup> |
|                   |                         | Non-alcoholic fatty liver disease, sepsis, and acute lung injury | Attenuation of hepatic steatosis, sepsis, and acute lung injury by inhibiting NLRP3 inflammasome activation in mice<sup>41</sup> |
| sEH/FLAP          | diflapolin              | Peritonitis                           | blocked leukotriene formation and suppressed neutrophil infiltration in mice<sup>42</sup>                                                    |
| sEH/5-LOX         | KM55                    | Inflammatory Edema                    | Significant inhibition of the edema in rats<sup>43</sup>                                                                                   |
|                   |                         | inflammation                          | Significantly inhibition of the LPS-induced adhesion of leukocytes to endothelial cells<sup>44</sup>                                        |
| sEH/PPAR          | RB394                   | Diabetic complications                | Reduction of blood pressure, glucose level, dyslipidemia, hypercholesteremia, and liver/kidney fibrosis in rats<sup>45</sup>                |
|                   |                         | Inflammatory Edema                    | anti-inflammatory properties in the zymosan-induced murine paw edema model<sup>46</sup>                                                    |
| sEH/PDE4          | MTTA                    | Inflammatory pain                     | Reduction of inflammatory pain in rats<sup>47</sup>                                                                                    |
| sEH/FXR           | FXR/sEH dual modulator  | Inflammation                          | Robustly repressed NF-κB in hepatocarcinoma cells and reduced the Pam3CSK4 stimulated release of TNFα from the T-cell line HuT-78<sup>48</sup> |
|                   |                         | Metabolic liver disorders             | Prevention of hepatic steatosis and fibrosis in mice<sup>49</sup>                                                                         |
| sEH/FAAH          | FAAH/sEH dual inhibitor | Inflammatory pain                     | improved cross-species potencies against both FAAH and sEH<sup>50</sup>                                                                 |
| sEH/C-RAF         | t-CUPM                  | Pancreatic carcinoma                  | Inhibition of murine pancreatic carcinoma growth<sup>51</sup>                                                                              |
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