

# Opioids and the future of pain therapy: Hope is on the horizon



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# The future of opioids: Time to abandon pessimism

British Journal of Pharmacology (2006) 147, S153–S162

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www.nature.com/bjp

## 75 years of opioid research: the exciting **but vain** quest for the Holy Grail

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Over the 75-year lifetime of the British Pharmacological Society there has been an enormous expansion in our understanding of how opioid drugs act on the nervous system, with much of this effort aimed at developing powerful analgesic drugs devoid of the side effects associated with morphine – the Holy Grail of opioid research. At the molecular and cellular level multiple opioid receptors have been cloned and characterised, their potential for oligomerisation determined, a large family of endogenous opioid agonists has been discovered, multiple second messengers identified and our understanding of the adaptive changes to prolonged exposure to opioid drugs (tolerance and physical dependence) enhanced. In addition, we now have greater understanding of the processes by which opioids produce the euphoria that gives rise to the intense craving for these drugs in opioid addicts. In this article, we review the historical pathway of opioid research that has led to our current state of knowledge.

*British Journal of Pharmacology* (2006) 147, S153–S162. doi:10.1038/sj.bjp.0706435

**Once dismissed as an impossibility, approaches are arising to develop mu opioids lacking many of the adverse effects of current agents, yielding safer and more efficacious compounds.**

# The essence of opioid therapy is selectivity

**Selectivity can be achieved by:**

**Route/site of administration**

Topical, epidural/intrathecal

Peripherally restricted (agonist or antagonists)

**Functional bias at the receptor**

(Biased Signaling)

**Allosteric modulation of transduction**

(PAM)

**Alternative receptor targets**

(Receptor subtypes)

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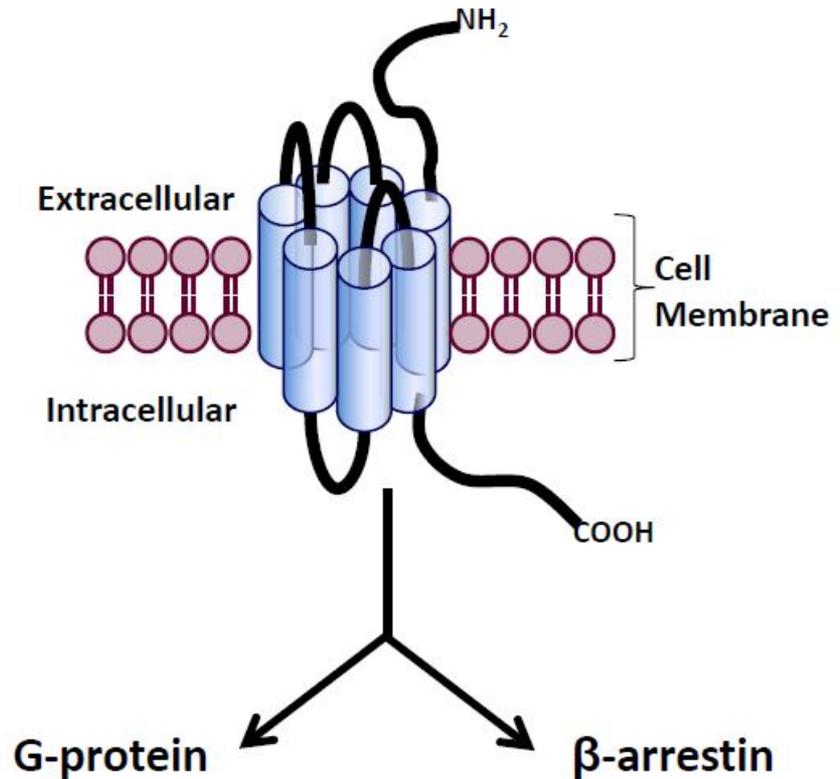
(PAM)

### Alternative receptor targets

(Receptor subtypes)

# Biased Signaling

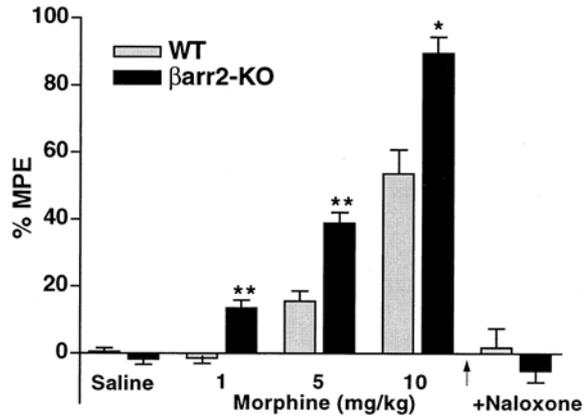
- Opioid receptors are members of the GPCR family
- Humans have approximately 1000 different GPCR genes (~50% taste/smell)
- 40% of all drugs target GPCR's
- Full length variants have the traditional 7 transmembrane (TM) domains
- Interact with G-proteins and with  $\beta$ -arrestin



**The ratio of G-protein/ $\beta$ -arrestin provides a measure of 'bias'**

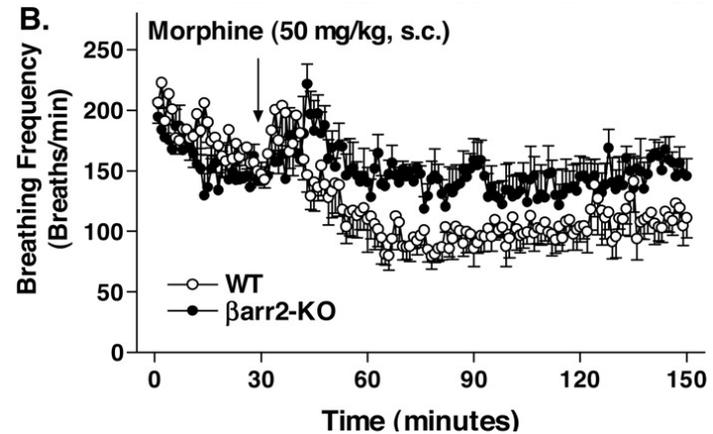
# $\beta$ -Arrestin2 knockout mice

Enhance morphine analgesia



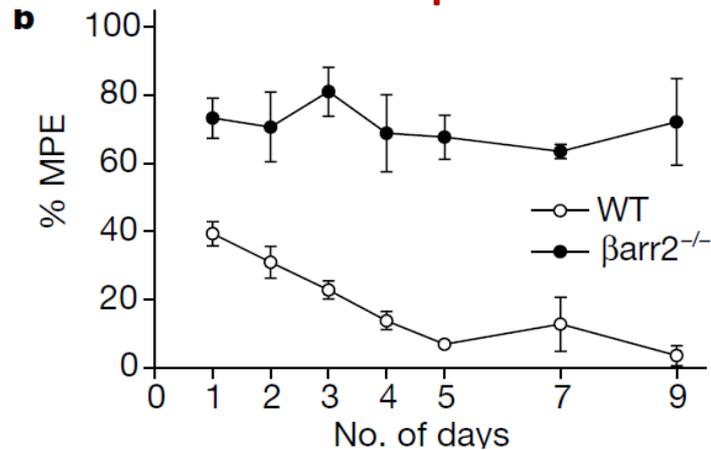
*Science* 286:2495, 1999

Diminish morphine respiratory depression



*JPET* 314:1195, 2005

Diminish morphine tolerance



*Nature* 408:720, 2000

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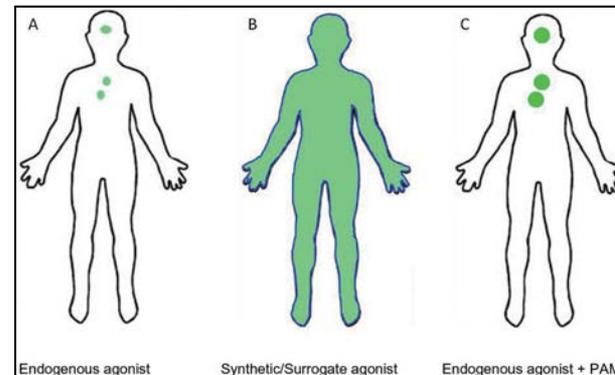
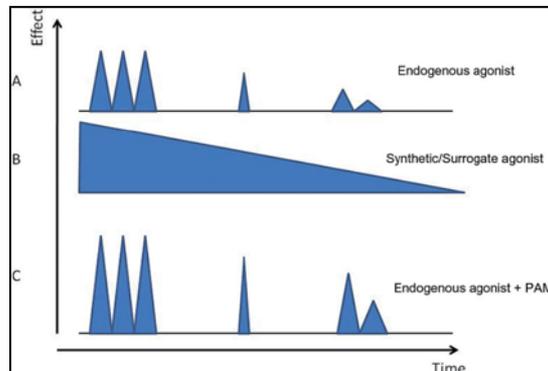
(PAM)

### Alternative receptor targets

(Receptor subtypes)

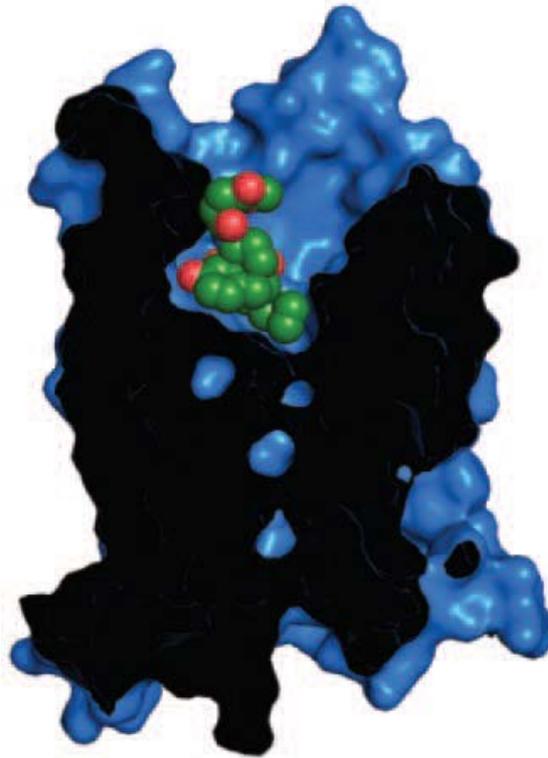
# Positive Allosteric Modulators

- No activity alone
- Potentiate the activity of orthosteric agonists
  - Enhance the actions of physiologically released endogenous ligand
    - Requires appropriate release of endogenous ligand
  - Advantage of use with exogenous agonists not clear

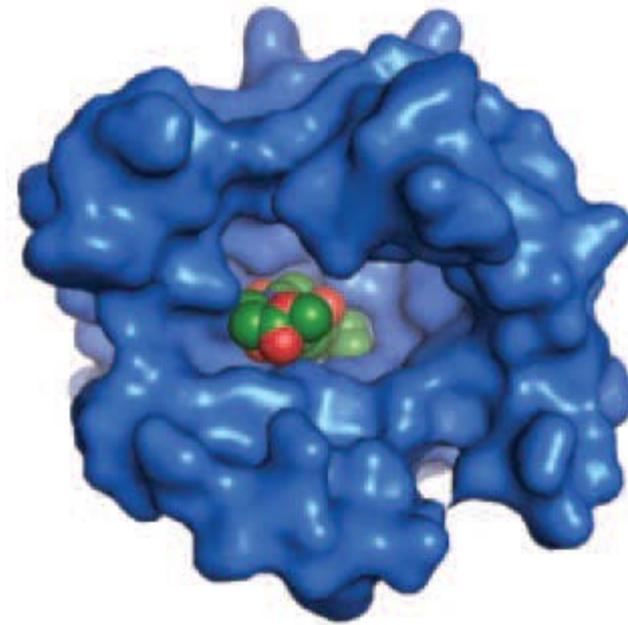


*Burford et al. Br J Pharmacol 172:277, 2015*

# Crystal Structure of the mouse mu opioid receptor



Cross section



Top

# The essence of opioid therapy is selectivity

## Selectivity can be achieved by:

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### Functional bias at the receptor

(Biased Signaling)

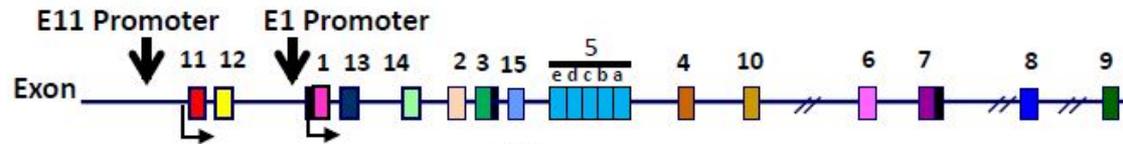
### Allosteric modulation of transduction

(PAM)

### Alternative receptor targets

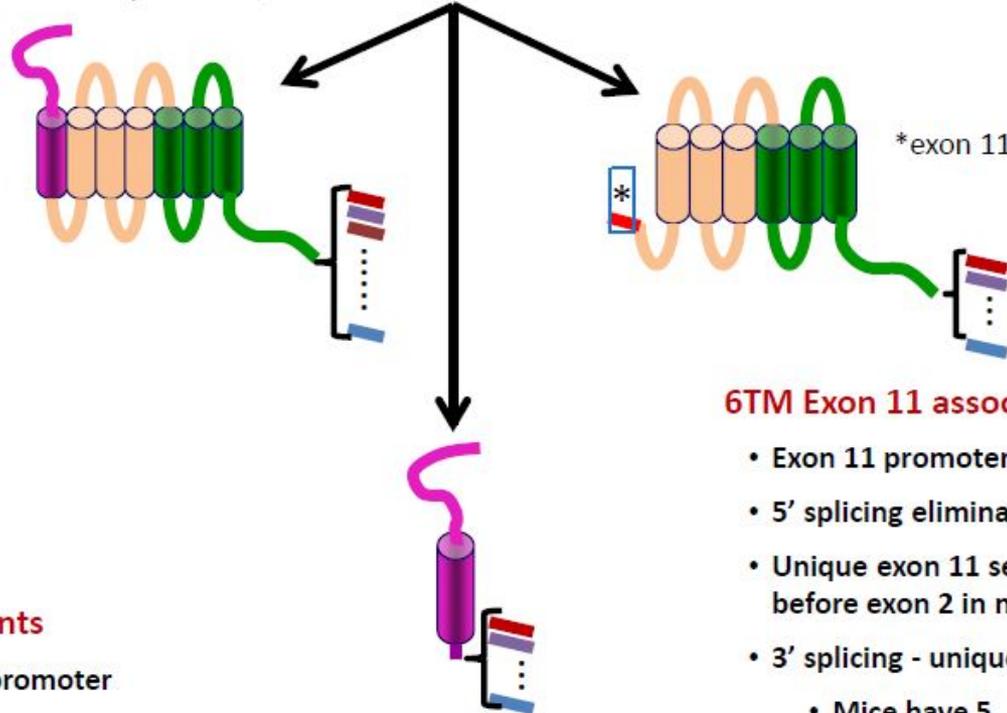
(Receptor subtypes)

# Splicing of the *Oprm1* gene



## Full Length 7TM variants

- Exon 1 promoter
- 3' splicing - unique sequences
- Lengths vary from 1 – 88 aa
  - Mice have 24
  - Humans have 12
  - Rats have 13



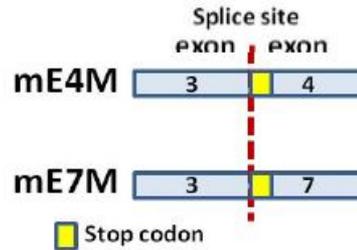
## 1TM variants

- Exon 1 promoter
- 3' splicing - unique sequences
  - Mice have 5 (1-127 aa after exon 1)
  - Humans have 4 (1-90 aa after exon 1)
  - Rat have 2 (1 - 127 aa after exon 1)

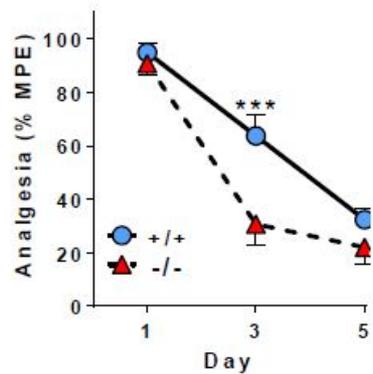
## 6TM Exon 11 associated variants

- Exon 11 promoter
- 5' splicing eliminates exon 1
- Unique exon 11 sequence (~25 aa) before exon 2 in most variants
- 3' splicing - unique sequences
  - Mice have 5
  - Humans have 3
  - Rats have 2

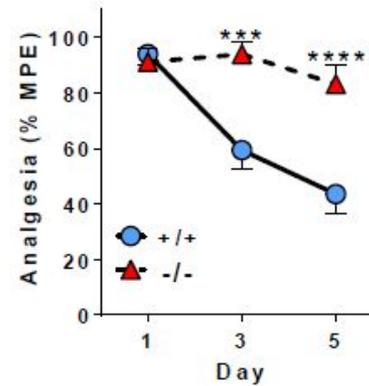
# Role of C-terminus on morphine tolerance in B6 mice



### Exon 4 truncation



### Exon 7 truncation



**Exon 7 variants facilitate morphine tolerance**

**Exon 4 variants lower morphine tolerance**

# Influence of 7TM variant 3' splicing on biased signaling



Compares multiple drugs against a specific variant

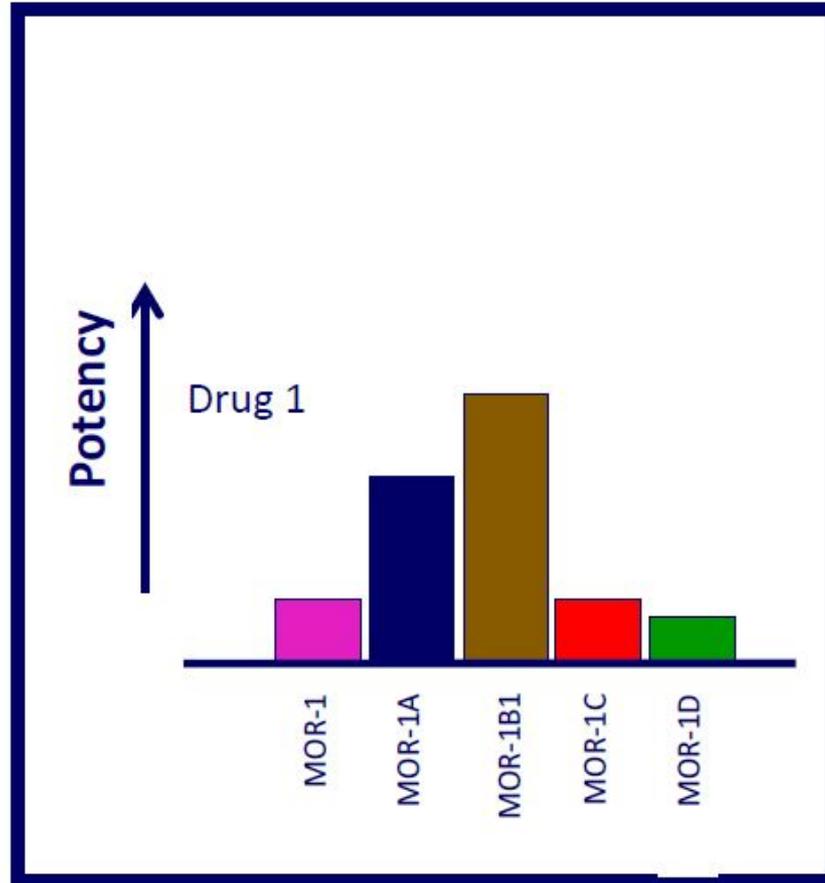
	MOR-1	MOR-1A	MOR-1B1	MOR-1E	MOR-1O
DAMGO	1.0	1.0	1.0	1.0	1.0
Morphine	-1.5	1.2	-1.2	-11.9	2.1
$\beta$ -Endorphin	-2.1	1.0	1.4	1.1	1.1
Methadone	2.1	2.5	-1.9	1.8	1.7
Fentanyl	-4.4	-2.5	-6.0	-3.0	-4.3
Levorphanol	-2.6	1.6	-1.3	-1.3	95.9

Compares a specific drug against multiple variant

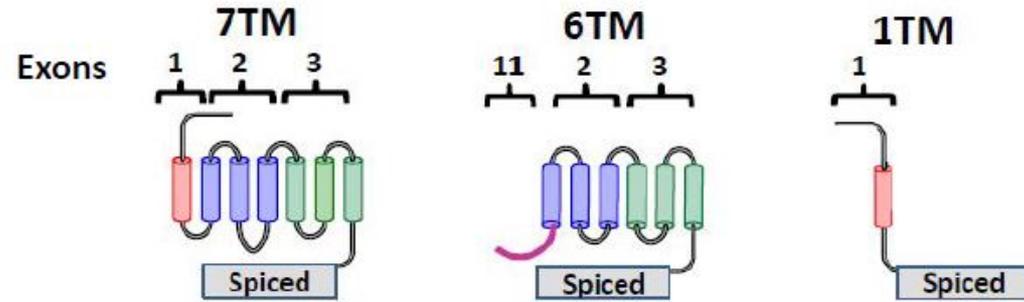
	MOR-1	MOR-1A	MOR-1B1	MOR-1E	MOR-1O
DAMGO	1.0	-1.9	-3.5	1.6	-10.2
Morphine	1.0	-1.1	-2.8	-5.0	-3.3
$\beta$ -Endorphin	1.0	1.1	-1.1	3.7	-4.3
Methadone	1.0	-1.6	-13.4	1.4	-12.4
Fentanyl	1.0	-1.1	-4.7	2.3	-10.0
Levorphanol	1.0	2.1	-1.7	3.1	24.4

<sup>35</sup>S-GTP $\gamma$ S binding and  $\beta$ -arrestin-2 bias was calculated for each drug and for each variant and normalized to DAMGO for each variant (top) or normalized to the specific drug and compared across the variants (bottom).

# Mu opioid analgesia



# Classifying mu opioid actions



**Exon 1 KO**  
(Pintar mice)

**Lost**

**Retained**

**Lost**

**Exon 11**

**Retained**

**Lost**

**Lost**

**Exon 1/11**

**Lost**

**Retained**

**Lost**

Knockout models of the mu opioid receptor can be used to genetically define the roles of different set of variants in a drugs activity

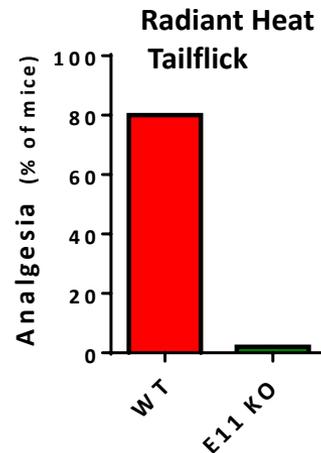
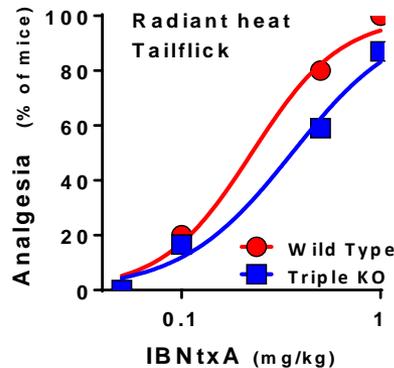
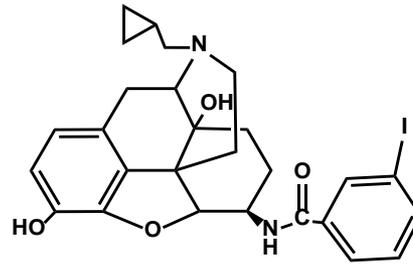
# Sensitivity of mu opioids to loss of 6TM variants

		ED <sub>50</sub> (mg/kg, s.c.)		Shift
		WT	Exon 11 KO	
7TM	Morphine	1.6	2.6	1.6
	Methadone	1.5	1.8	1.2
7TM + 6TM	Fentanyl	0.6	3.2	5
	Levorphanol	5	30	6
	Butorphanol	12.4	200	16
	Buprenorphine	0.2	>10	>50
6TM	IBNtxA	0.53	> 20	>35-fold

Knockout models indicate:

- Morphine and methadone analgesia are independent of 6TM
- IBNtxA analgesia is independent of 7TM
- Other drugs involve both 6TM and 7TM for analgesia

# IBNtxA Analgesia



*Majumdar et al., PNAS 108: 19776, 2011*

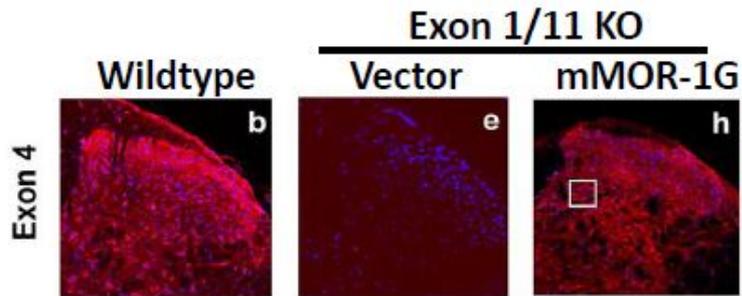
Assay	ED <sub>50</sub> mg/kg
Tail-Withdrawal (49°C)	0.78
Hot-Plate (54°C)	0.53
Paw-Withdrawal (15%)	0.27
Formalin (late phase)	0.32
Complete Freund's Adjuvant (mechanical allodynia)	0.35
Spared Nerve Injury (mechanical allodynia)	0.35

*Weiskopf et al., Pain 155:2063, 2014*

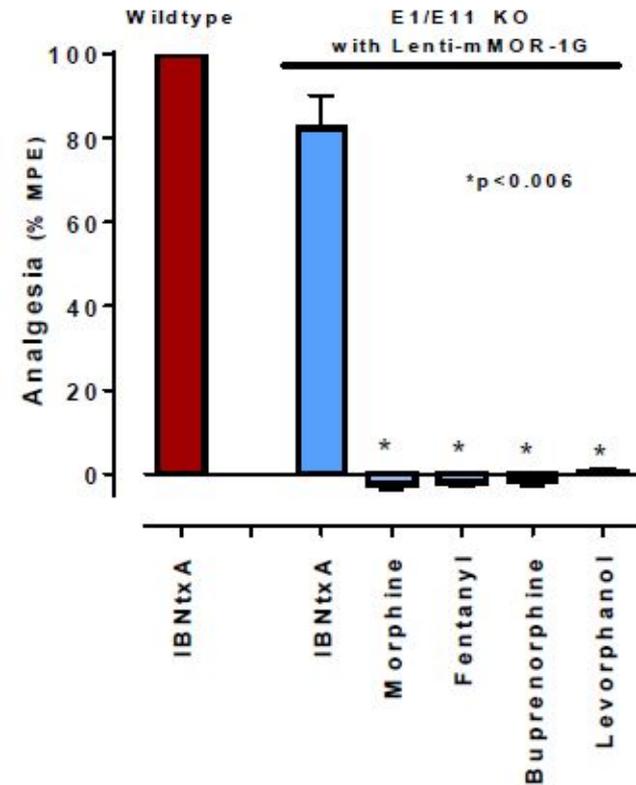
## IBNtxA analgesia

- Independent of traditional 7TM mu, delta and kappa receptors
- Totally dependent upon 6TM exon 11-associated variants
- Is more effective in neuropathic and inflammatory than thermal pain models

## Dorsal Horn of Spinal Core

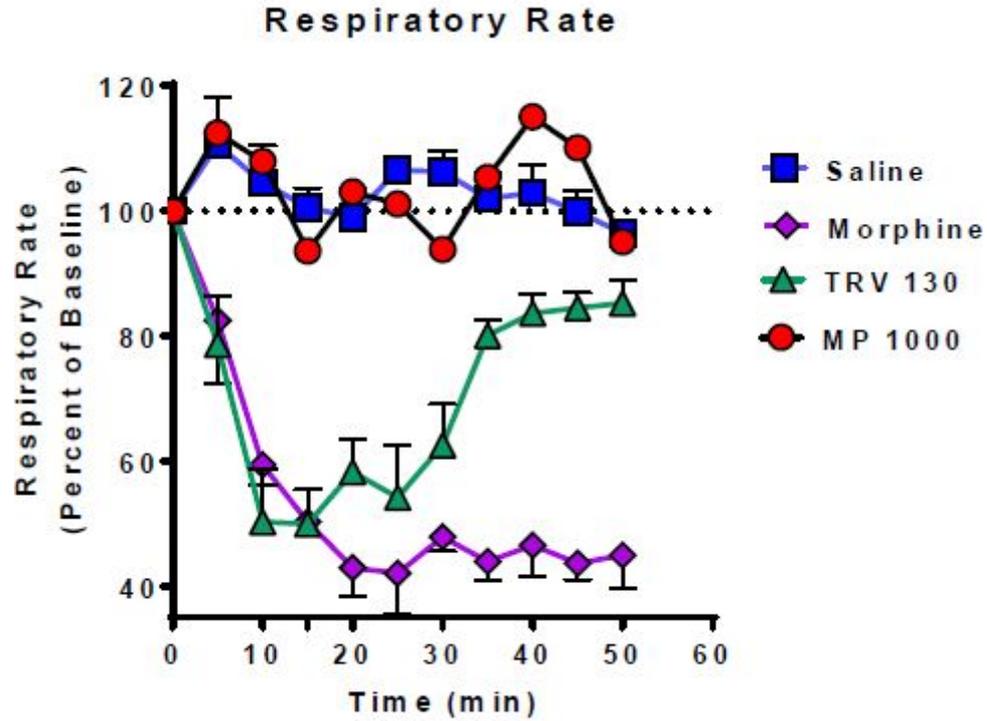


Lentivirus/mMOR-1G vector restores expression



Lentivirus/mMOR-1G vector restores only IBNtxA analgesia

# IBNtxA Effects on Respiratory Rate



# Pharmacological Profiles of 7TM and 6TM Compounds

	Morphine (7TM)	IBNtxA (6TM)
<b>Analgesia</b>	++++	++++
<b>Thermal</b>	++++	++++
<b>Inflammatory</b>	++	++++
<b>Neuropathic</b>	+	++++
<b>Respiratory depression</b>	++++	-
<b>Constipation</b>	++++	+
<b>Sedation</b>	++++	+/-
<b>Reward</b>	++++	-
<b>Physical Dependence</b>	++++	-
<b>Straub tail</b>	++	-

# Summary

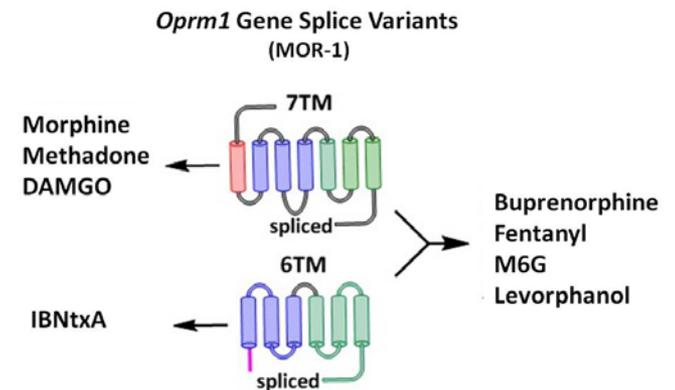
Cloning the opioid receptors has permitted the transition to a molecular classification of receptors and their subtypes

The mu opioid receptor gene *Oprm1* undergoes extensive splicing to generate three major classes of variants:

- Full length 7TM variants
- Truncated 6TM variants
- Truncated 1TM variants

Mu opioids can be classified into three categories:

- Dependent upon E1, but not E11 variants  
*Morphine, Methadone*
- Dependent upon E11, but not E1 variants  
*IBNtxA*
- Dependent upon both E1 and E11 variants  
*Buprenorphine, fentanyl, M6G, levorphanol*



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