

6th General Assembly Meeting



Exploring the multidimensional complexity of opioid receptors to develop improved therapeutics: From innovative peptides to Quantitative **Systems Pharmacology platforms**



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PRESENTATION OUTLINE

- GPCRs and the evolving view of their pharmacology: experimental strategies to investigate new GPCR ligands with potentially improved pharmacological profile.
- Background information on opioid receptors and ligands.
- Promises and pitfalls in the quest for more effective and safer analgesics: biased agonists vs low intrinsic efficacy agonists.
- Kappa opioid receptor: an intriguing pharmacological target for improved therapeutics to treat pain and psychiatric disorders.
- Quantitative Systems Pharmacology as an innovative avenue for more effective and safer therapeutics: molecular pathway analysis to implement predictive QSP platforms.

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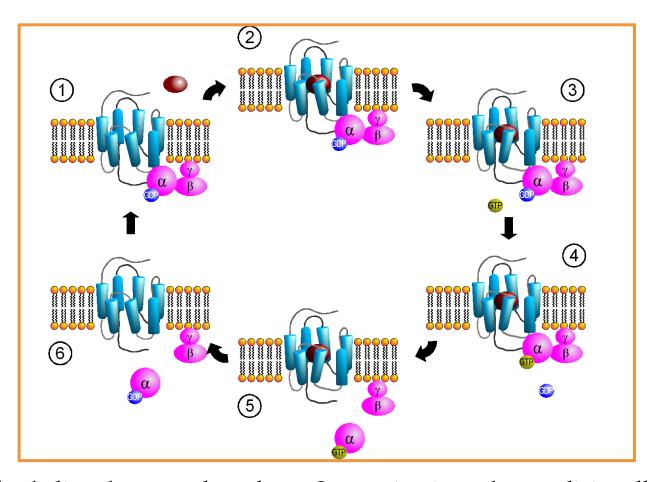
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Classic view of GPCR pharmacology



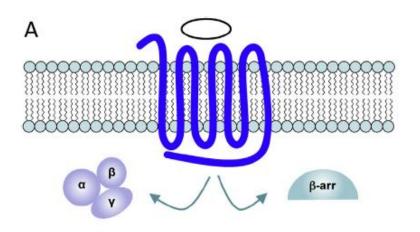


• For decades believed to couple only to G proteins in order to elicit cellular responses [Pupo et al., 2016].

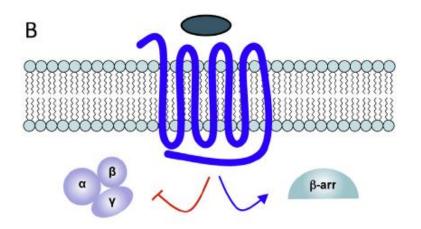


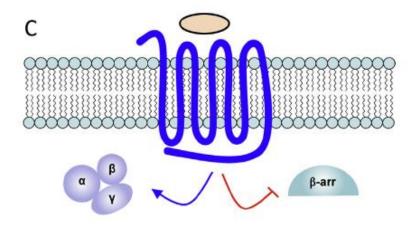


Present view of GPCR pharmacology



GPCR engagement by agonists may result in different signalling outputs





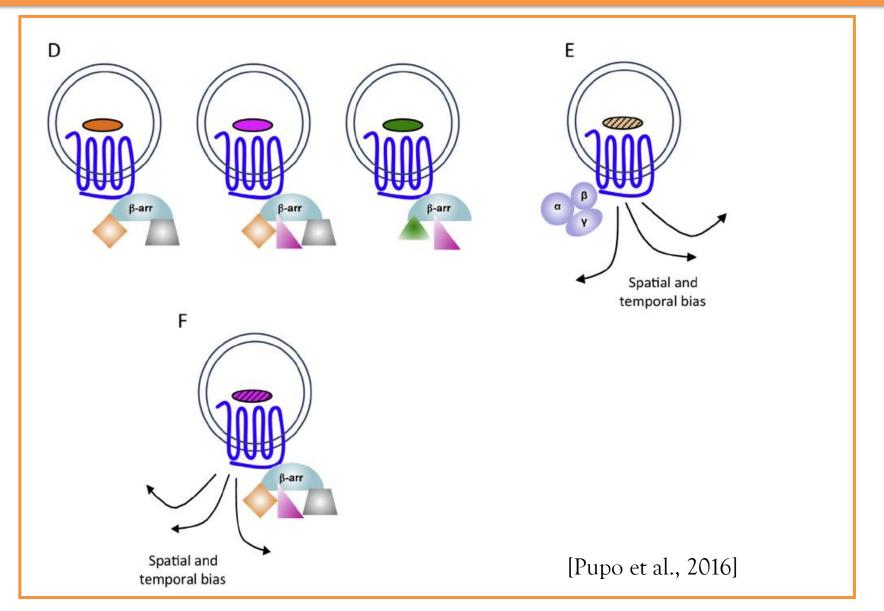


[Pupo et al., 2016]





Present view of GPCR pharmacology









Intrinsic efficacy was the linchpin of GPCR pharmacology

AFFINITY & EFFICACY

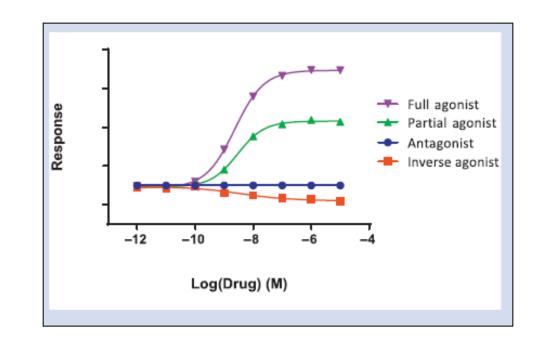


FULL AGONIST

PARTIAL AGONIST

ANTAGONIST

INVERSE AGONIST



Activity of a ligand at a GPCR described in terms of INTRINSIC EFFICACY

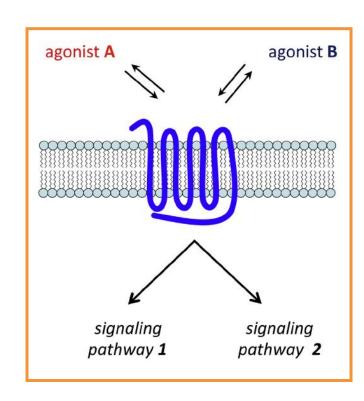
(e.g.: full agonists activate all the signalling pathways linked to a receptor to the same degree as the endogenous ligand for that receptor)

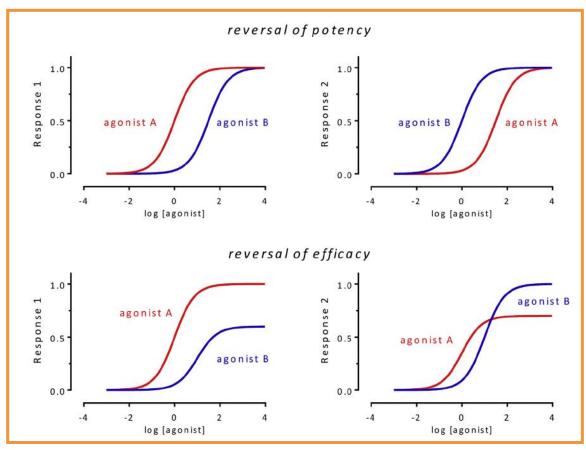






From intrinsic efficacy to functional selectivity







Different agonists at a same GPCR do not activate all the responses to the same extent





The dawn of functional selectivity

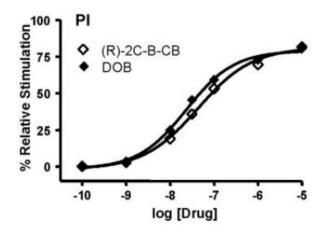
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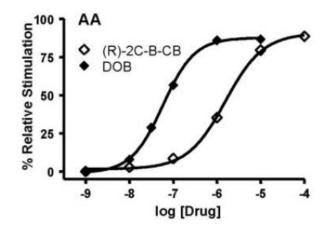
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Perspectives in Pharmacology

Functional Selectivity and Classical Concepts of Quantitative Pharmacology

Jonathan D. Urban, William P. Clarke, Mark von Zastrow, David E. Nichols, Brian Kobilka, Harel Weinstein, Jonathan A. Javitch, Bryan L. Roth, Arthur Christopoulos Patrick M. Sexton, Keith J. Miller, Michael Spedding, and Richard B. Mailman











The dawn of functional selectivity

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Therapeutics

Perspectives in Pharmacology

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NEED TO EXPAND RESEARCH TO ELUCIDATE

- how functionally selective ligands determine differential signalling
- which effects are elicited at the level of target tissues and organisms
- what are the physiological and pharmacological consequences of functional selectivity





How to investigate functional selectivity in vitro

- Employ different cell models (with both heterologous and endogenous expression of the desired GPCR)
- Always include the appropriate <u>reference balanced agonist</u>
- Employ multiple assays to determine the activation of <u>G protein-dependent</u> (GTPγS assay, cAMP assay) vs <u>arrestin-mediated</u> (BRET, enzyme complementation assay) intracellular signalling
- Possibly investigate more highly complex patterns of functional selectivity and not only the simple dichotomy between G protein- or arrestin-dependent signalling

Quantification of agonist bias to guide structure-activity studies, compare different ligands and select drug candidates

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PainRelief



Beyond G protein-dependent vs arrestin-mediated signalling

G-protein-dependent vs Arrestin-mediated signalling is considered the first branching point within functional selectivity

More highly complex patterns of FUNCTIONAL SELECTIVITY

- DIFFERENTIAL ACTIVATION OF SIGNAL TRANSDUCERS (e.g.: MAPKs)
- DIFFERENTIAL MODULATION OF GENE EXPRESSION
- LIGAND-DEPENDENT MODULATION OF CELLULAR RESPONSES (e.g.: cell proliferation)



PainRelief



The challenge of translating functional selectivity to in vivo settings

- Ligand bias has been studied in vitro mainly in heterologous expression systems.
- Many of the limitations for evaluating downstream behavioural effects are that the responses may be due to agonist acting non-selectively [Zhou & Bohn, 2014].

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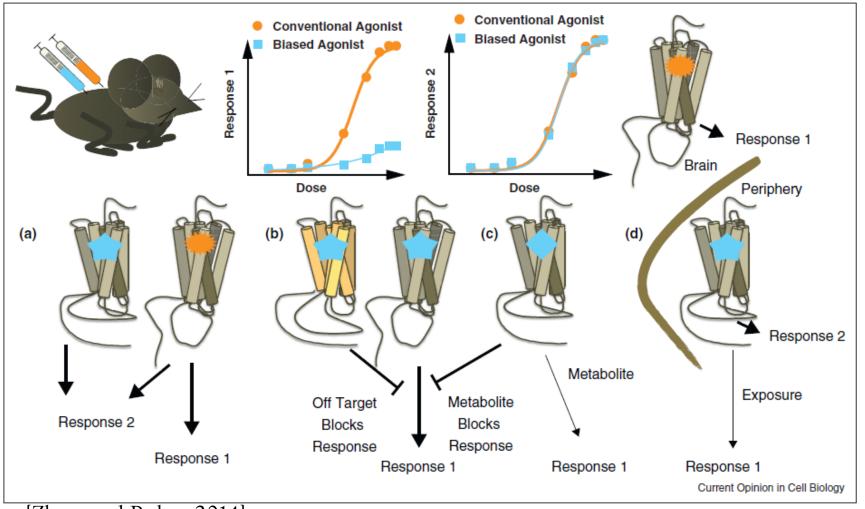
PainRelief

IT IS CRUCIAL TO EMPLOY PRIMARY CULTURES, TISSUE PREPARATION, PRECLINICAL MODELS





The complex scenario of functional selectivity in vivo







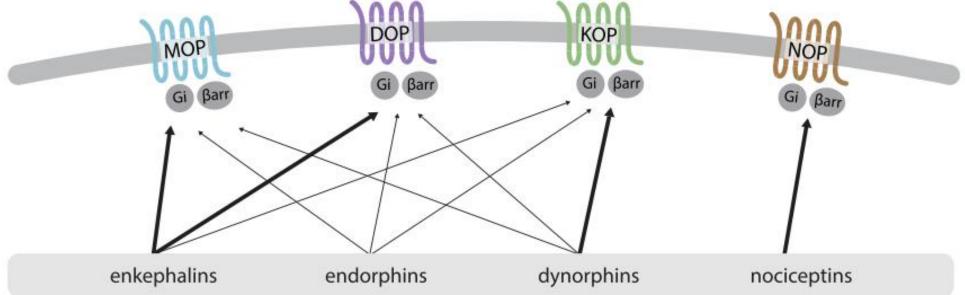


ENDOGENOUS OPIOID SYSTEM

Main receptors and mediators

- Opioid Receptors
- ❖ Mu opioid receptor (MOR or MOP)
- Delta opioid receptor (DOR or DOP)
- ❖ Kappa opioid receptor (KOR or KOP)
- ❖ Nociceptin/Orphanin FQ Receptor (NOP)

- Endogenous Opioid Peptides
- Endorphins (END)
- ❖ Enkephalins (ENK)
- ❖ Dynorphin (DYN)
- Nociceptin





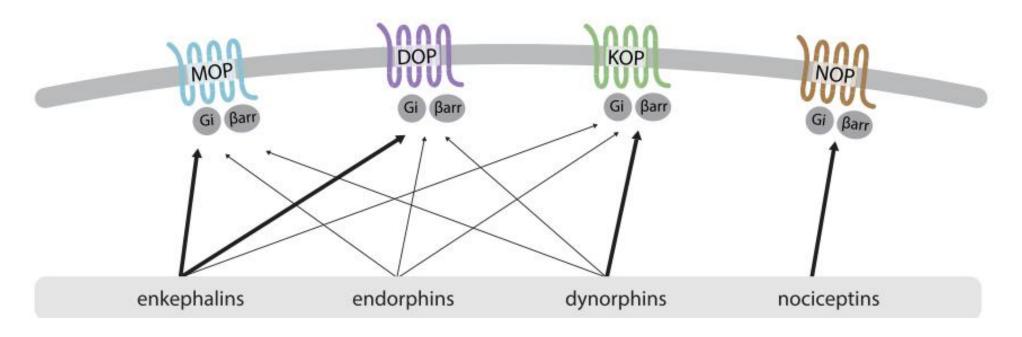
[Palmer et al., 2021]





ENDOGENOUS OPIOID SYSTEM

Main receptors and mediators



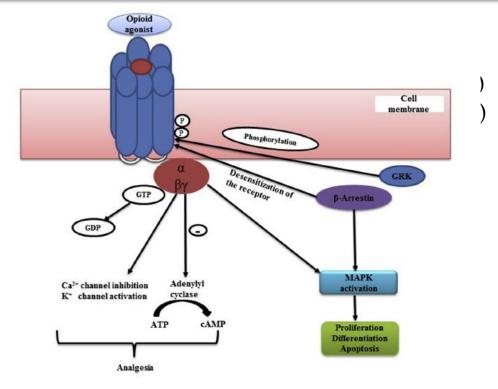
- Class A G protein-coupled receptors (GPCRs)
- ❖ Involved in a variety of physiological and pathophysiological events, including but not limited to pain modulation, immune function and emotional response
 - ❖ Typically coupled to Ga_i





ENDOGENOUS OPIOID SYSTEM

Main receptors and mediators



- \bullet G $\alpha_{i/o}$ -dependent inhibition of adenylyl cyclase
- * Gβγ-dependent activation of post-synaptic GIRK and inhibition of pre-synaptic VGCC
 - ❖ MAPKs activation (i.e.: ERK1/2, p38MAPK, JNK)
- ❖ GRK activation, arrestin recruitment leading to internalization, desensitization, arrestin-dependent signalling



[Palmer et al., 2021]

ALMA MATER STUDIORUM UNIVERSITÀ DI BOLOGNA



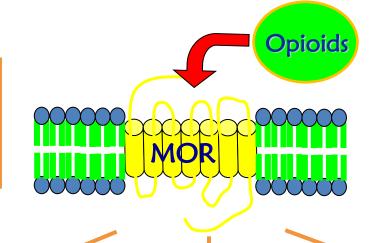
HUMAN μ-OPIOID RECEPTOR (MOR)

Main target of currently available opioid analgesics



Endorphins

Endomorphins



EXOGENOUS

Morphine

Fentanyl

Oxycodone

Inhibition of adenylyl cyclase

↓ cAMP

↓ PKA

CREB

↓ CRE-mediated gene transcription

Modulation of ionic channels:

↓ pre-synaptic Ca²⁺ influx

↓ pro-nociceptive neurotransmitters release

↑ post-synaptic K⁺ influx

PLC activation

↑ PKA

↑ P-MAPK

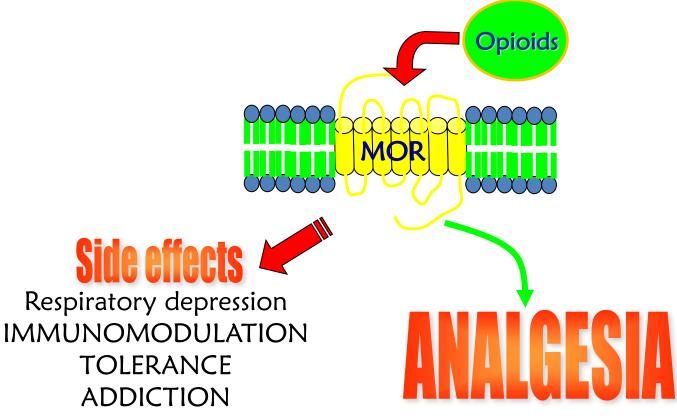






HUMAN μ-OPIOID RECEPTOR (MOR)

Main target of currently available opioid analgesics



Blockade of pre-synaptic Ca²⁺ channels: Inhibition of neurotransmitters release



Activation of post-synaptic K⁺ channels: hyperpolarization => blockade of neurotransmission





PATHOLOGICAL PAIN

Clinical relevance, treatment options and unmet needs

- Opioid analgesics (e.g.: morphine, fentanyl, oxycodone) are still the mainstay in the treatment of moderate to severe pain, both acute and chronic; however, their clinical use may be limited due to their relevant side effects and their abuse liability.
- <u>60% of patients treated for chronic pain responds poorly</u> [Van Hecke et al, 2013] and opioids may be even detrimental in some chronic pain states
- Opioid over-prescription and misuse led to an exponential increase in addicted people and deaths due to opioid use disorders and opioid abuse (i.e.: «opioid crisis» or «epidemics»)













PATHOLOGICAL PAIN

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URGENT NEED FOR MORE EFFECTIVE AND SAFER ANALGESICS





IDENTIFYING MORE EFFECTIVE AND SAFER ANALESICS

PainRelief

The quest for the Holy Grail or an achievable goal?

- Molecules provided with higher affinity, selectivity, potency
- Molecules provided with "mixed pharmacology" (e.g.: MOR agonist/DOR antagonist, MOR agonist/NOP agonist, etc.)
- Biased agonists
- Low intrinsic efficacy agonists
- Combination treatments (e.g.: analgesic + "augmentation" drug aimed at potentiating effects and/or attenuating toxicity)







BIASED AGONISM AT GPCRs

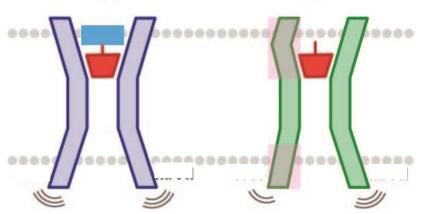
Definition, overview and pharmacological implications

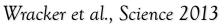
Ability of a ligand at a G-protein coupled receptor to selectively activate particular cell signalling pathways over others

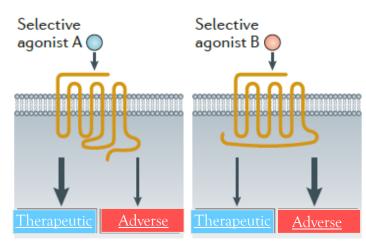
• GPCRs are dynamic entities that exist in multiple conformations: diverse ligands stabilize different active states and elicit distinct conformational changes within the receptor, thus resulting in a selective modulation of intracellular signalling [Kenakin and Christopoulos., 2013]

• Ligand-directed signalling represents an intriguing opportunity to design tailor-made

therapeutics







Kenakin and Christopoulos, Nature reviews 2013

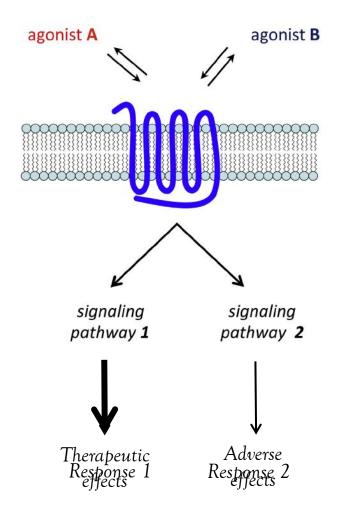


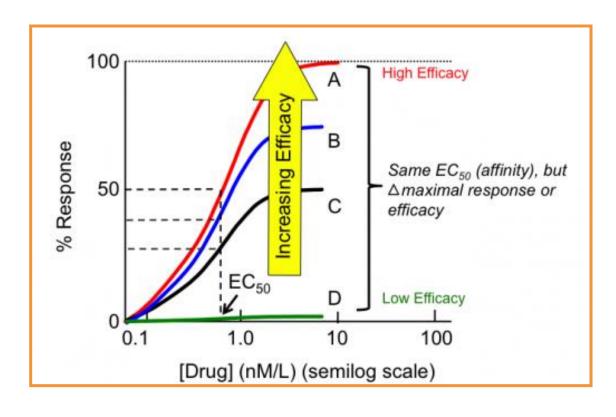




POTENCY, EFFICACY AND GPCR MODULATION

Overview and potential pharmacological implications





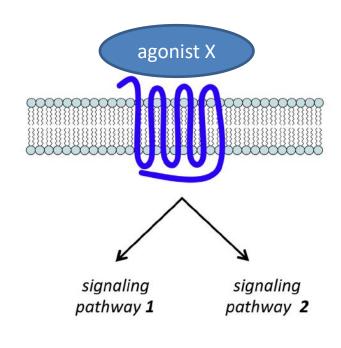


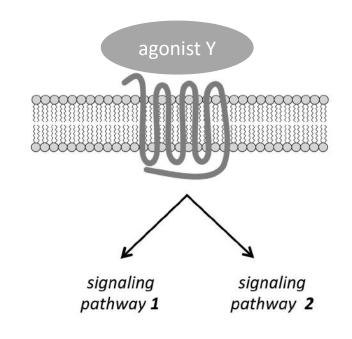




COMBINATION TREATMENTS

A strategy to potentiate effects and/or mitigate toxicity









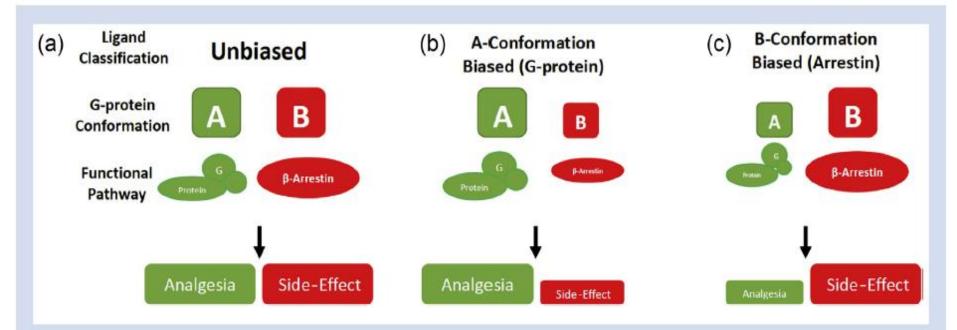






A promising avenue for more effective and safer analgesics

- Hypothesis-driven => Morphine administered to arrestin 3 KO mice produced <u>enhanced</u> <u>analgesia</u> with <u>reduced tolerance</u> and <u>fewer adverse events</u> as compared to *wild-type* mice [Bohn et al., 2000; Raehal et al., 2005].
- Similar improved morphine potency with reduced side effects in mice and rats treated with siRNAs targeting arrestin 3 expression [Li et al., 2009; Yang et al., 2011].
- Numerous MOR agonists have been developed over the years in a global effort to improve opioid safety and tolerability, but all these <u>structurally diverse</u> opioids display <u>morphine-like side effects</u> (tolerance, nausea, vomiting, sedation, constipation, respiratory depression).





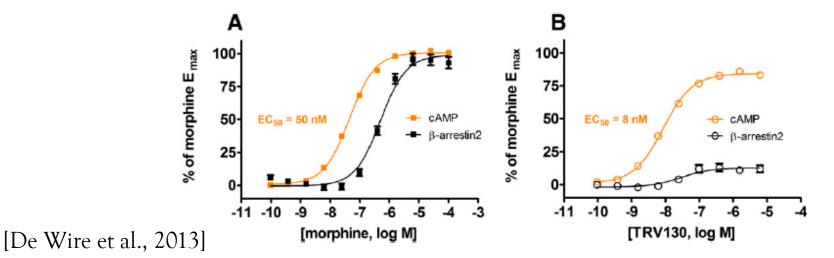




Promises and pitfalls: the paradigmatic story of TRV130

Table 1 G protein-biased MOR agonists⁹⁰

 R^{1} , R^{2} , R^{3} MOR βarr2 E_{max} (%) Compound MOR cAMP pEC₅₀ MOR cAMP Emax (%) MOR βarr2 pEC50 Morphine 7.4 6.3 100 NA 100 6.3 5.7 32 NA 74 H, H, H 6.6 7.8 95 15 8.3 H, Me, Me 104 6.3 197 4 (TRV-130) OMe, H, H 8.1 84 7.3 15

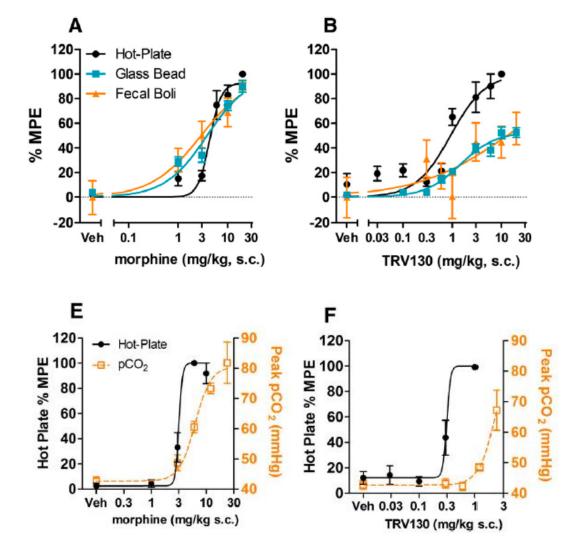








Promises and pitfalls: the paradigmatic story of TRV130



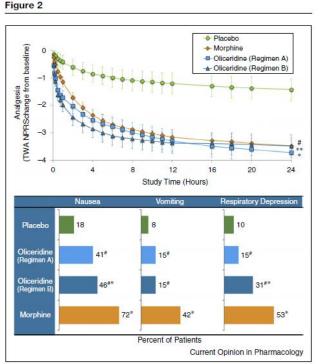






Promises and pitfalls: the paradigmatic story of TRV130

- In healthy volunteers TRV130 produced analgesia with less reduction in respiratory drive and less severe nausea as compared to morphine [Soergel et al., 2014].
- In a phase 2, randomized, placebo- and active-controlled study in acute pain following bunionectomy: i.v. administration of TRV130 determined greater categorical pain relief as compared to morphine; however, no improvement in respiratory effects as compared to morphine [Viscusi et al., 2015].



Top-line results of a randomized, double-blind, placebo-controlled and active-controlled study of oliceridine in patients following abdominoplasty (ClinicalTrials.gov Identifier: NCT02335294). Patients experiencing pain of at least 5 on a numeric pain rating scale (NPRS) of 0-10 following surgery were randomized to receive oliceridine, morphine, or placebo administered by patient-controlled analgesia. Dosing regimens were as follows: morphine: 1.5 mg loading dose followed by on-demand patient-administered doses of 1.0 mg no more frequently than every 6 min (n = 83); oliceridine A: 1.5 mg loading dose, 0.1 mg on-demand dose (n = 39); oliceridine regimen B: 1.5 mg loading dose, 0.35 mg on-demand dose (n = 39); placebo was volume matched (n = 39). (a) Analgesic effects of oliceridine, morphine, and placebo in patients following abdominoplasty surgery over 24 hours. Analgesia was measured as the time-weighted average (TWA) of NPRS change from baseline. Data are least squares mean \pm standard error. *p = 0.0001 versus placebo; **p = 0.0005 versus placebo; $^{\#}p < 0.0001$ versus placebo. (b) Percentage of patients with key opioid related adverse events. Nausea and vomiting are spontaneously reported adverse events; respiratory depression was clinically apparent and persistently decreased respiratory rate, respiratory effort or oxygen saturation (*p < 0.05 versus placebo; *p < 0.05 versus

Figures adapted from Singla N *et al.* American Society of Regional Anesthesia 2016 Regional Anesthesiology and Acute Pain Medicine Meeting Poster Presentation.







Promises and pitfalls: the paradigmatic story of TRV130

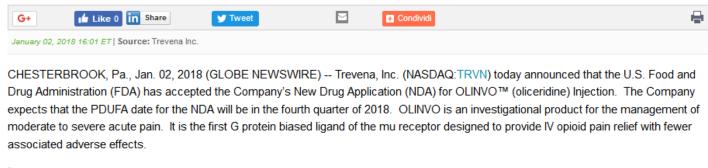
OLINVO™ (oliceridine injection)

The first μ receptor G protein Pathway Selective modulator (μGPS)

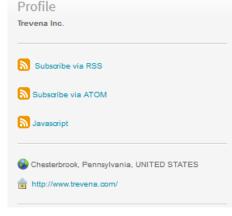
	Target	Indication	Lead Optimization	Preclinical Development	Phase 1	Phase 2	Phase 3
OLINVO™ (oliceridine injection)	Mu-receptor	Moderate to Severe Pain	intravenous				



Trevena Announces FDA Acceptance for Review of New Drug Application for OLINVO™ (oliceridine) Injection



"The NDA file acceptance represents another major step in our progress towards delivering OLINVO to patients and healthcare providers in need of new options for managing moderate to severe acute pain in the hospital setting," said Maxine Gowen, Ph.D., chief executive officer. "We look forward to working with the FDA as they evaluate the OLINVO application."









Promises and pitfalls: the paradigmatic story of TRV130

OLINVO™ (oliceridine injection)

The first μ receptor G protein Pathway Selective modulator (μGPS)

	Target	Indication	Lead Optimization	Preclinical Development	Phase 1	Phase 2	Phase 3
OLINVO™ (oliceridine injection)	Mu-receptor	Moderate to Severe Pain	intravenous				

IN OCTOBER 2018, US FDA VOTED 8 to 7 AGAINST OLICERIDINE APPROVAL [Azzam et al., 2019];
THUS, DAMPENING THE ENTHUSIASM AROUND BIASED AGONISTS TARGETING MOR







Promises and pitfalls: the paradigmatic story of TRV130

- Oliceridine retained undesirable constipating and abuse-related effects in rodents following repeated treatment, despite its bias for G-protein signalling [Altarifi et al., 2017].
- Oliceridine was shown to elicit reinforcing and antinociceptive effects comparable to oxycodone in rats; thus, pointing out that a biased-signalling profile at MOR does not necessarily reduce abuse potential [Zamarripa et al, 2018].
- Two further phase 3 clinical studies were carried out to assess oliceridine efficacy for treating moderate to severe acute pain following bunionectomy and abdominoplasty (i.e., APOLLO-1 and APOLLO-2 clinical trials)[Viscusi et al., 2019; Singla et al., 2019].

IN 2020, US FDA GRANTED OLICERIDINE APPROVAL, ALTHOUGH AS NON-SUPERIOR TO CLASSIC OPIOIDS AS REGARDS ITS EFFICACY/SAFETY PROFILE







The sunset of biased opioid agonists?

- Respiratory depression induced through MOR has been shown to be at least partially mediated by receptor coupling to GIRK channels through the activation of $G\beta\gamma$ proteins [Montandon et al., 2016].
- Neurons in several regions of the **brainstem respiratory network** are hyperpolarized by activation of classical, **arrestin-independent MOR signalling** pathway [Levitt et al, 2015].
- Robust physiological evidence for arrestin signal from MOR affecting respiratory function is absent [Raheal and Bohn, 2014].
- Opioid side effect profile is not improved in a knock-in mouse expressing phosphorylation deficient, G protein biased MOR [Kliewer et al., 2019].
- Several laboratories have been unable to repeat the primary result of reduced morphine respiratory depression in arrestin knock-out mice [Kliewer et al., 2020].
- Different levels of **signal amplification** between experimentally measured G-protein-dependent vs arrestin-mediated events may represent a **relevant confounding factor** [Gillis et al., 2020].

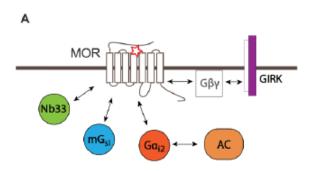


HYPOTHESIS OF G PROTEIN BIAS AS DETERMINANT OF IMPROVED PHARAMCOLOGY HAS BEEN CHALLENGED





The sunset of biased opioid agonists?



DAMGO Fentanyl Methadone Morphine Oxycodone Oliceridine PZM21 SR-17018 Buprenorphine

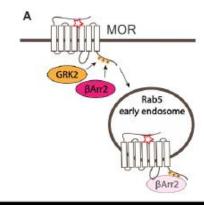


Table 1. Determination of the efficacies (τ) of selected agonists for all the pathways measured at the MOR. Values are expressed as means \pm SEM from 3 to 14 independent experiments. Efficacy of oliceridine, PZM21, SR-17018, and buprenorphine were compared to morphine in a two-way analysis of variance (ANOVA) with a Holm-Sidak multiple comparison–corrected post hoc test. ND, not determined.

Log(τ)	Nb33	mG _{si}	Gα _{i2} activation	cAMP	GIRK	
Morphine	0.42 ± 0.08	0.70 ± 0.07	1.74 ± 0.22	2.00 ± 0.31	0.09 ± 0.05	
Oxycodone	0.56 ± 0.12	0.65 ± 0.09	1.86 ± 0.26	1.87 ± 0.22	ND	
Oliceridine	-0.34 ± 0.12 ***	-0.12 ± 0.05 **	1.15 ± 0.25	1.29±0.23** -0.24±		
PZM21	$-0.33 \pm 0.07***$	$-0.08 \pm 0.08**$	1.18 ± 0.28	1.44 ± 0.39* -0.18 ±		
SR-17018	$-0.86 \pm 0.21***$	$-0.37 \pm 0.16***$	$0.66 \pm 0.37***$	1.04±0.28** -0.28±0		
Buprenorphine	-0.62 ± 0.09***	$-0.40 \pm 0.05***$	0.63 ± 0.25***	1.35 ± 0.39*	-0.61 ± 0.10**	
Log(t)	GRK2	βArr2	Rab5			

Log(τ)	GRK2	βArr2 (GRK2)	Rab5 (GRK2)	
Morphine	0.21 ± 0.07	0.34 ± 0.07	0.45 ± 0.18	
Oxycodone	0.22 ± 0.14	0.35 ± 0.09	0.11 ± 0.16	
Oliceridine	-0.30 ± 0.18	0.13 ± 0.03	$-0.08 \pm 0.13*$	
PZM21	-0.37 ± 0.11	0.11 ± 0.06	-0.06 ± 0.18	
SR-17018	-0.30 ± 0.09	-0.04 ± 0.15	0.04 ± 0.15	
Buprenorphine	-0.57 ± 0.08	-0.30 ± 0.09*	-0.84 ± 0.32***	

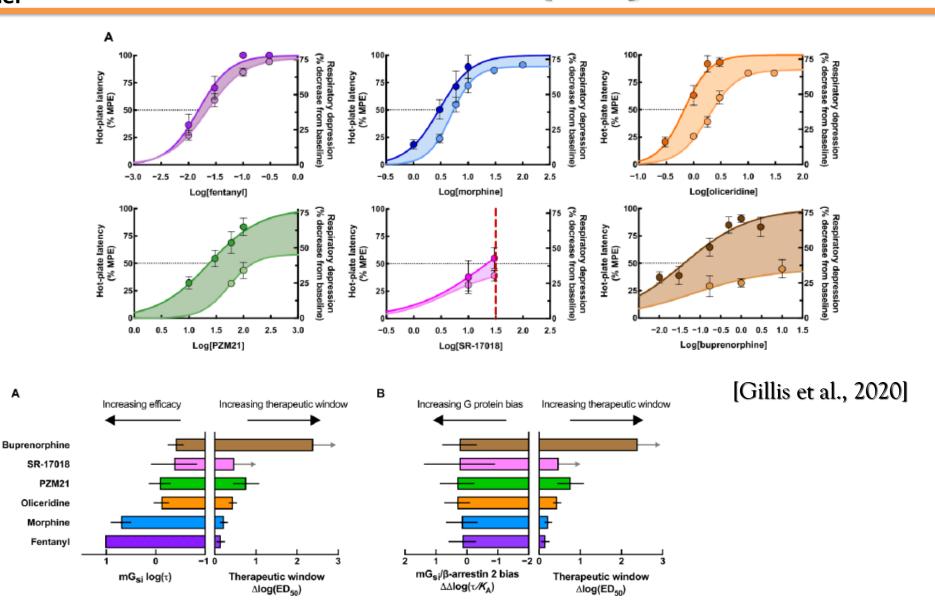




Α

BIASED AGONISM AT MOR

The sunset of biased opioid agonists?

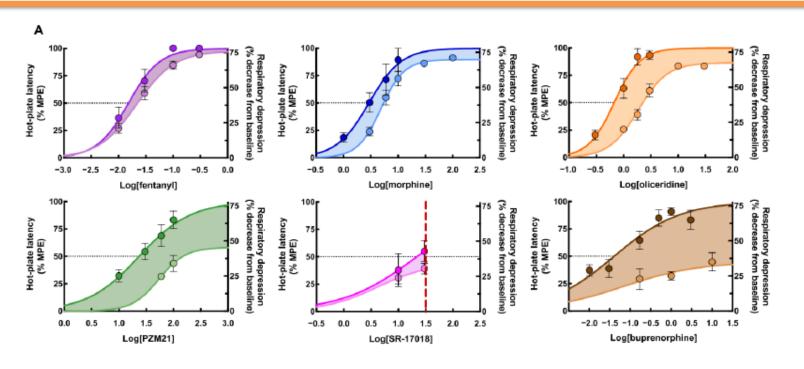








The sunset of biased opioid agonists?



[Gillis et al., 2020]

WITH REGARD TO ANALGESIA AND RESPIRATORY DEPRESSION LOW G PROTEIN EFFICACY MAY ALSO PLAUSIBLY UNDERLIE THE FAVORABLE THERAPEUTIC WINDOW



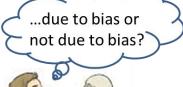




BIASED AGONISM VS LOW EFFICACY

Which mechanism is responsible for improved pharmacological profile?

- Extremely low-efficacy opioid, buprenorphine, induces reasonable analgesia with reduced side effects and overdose liability [Gillis et al., 2020].
- Oliceridine (TRV130) failed to show improvement over an active comparator (morphine), albeit with just a slim majority against approval [Azzam et al., 2019]; more recent studies pointed out TRV130 as a low efficacy rather than a biased agonist and showed an inverse correlation between efficacy and therapeutic window [Gillis et al., 2020].
- Functional selectivity at receptors other than MOR was clearly connected to improved pharmacological profiles (e.g.: kappa opioid receptor, 5HT1 receptor, beta-adrenergic receptor).
- Different endogenous opioid peptides were shown to favour particular signalling pathways at the three opioid receptors leading to biased signalling [Gomes et al., 2020].



Potential utility of biased agonists at opioid receptors is still highly debated and cannot be completely ruled out



Further studies are necessary to fully understand if, and to what extent, biased agonism may be exploited to develop more effective and safer analgesics



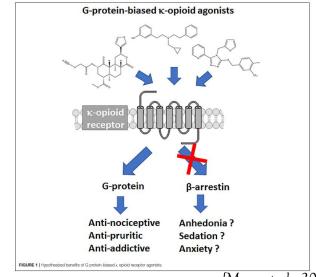


KAPPA OPIOID RECEPTOR (KOR)

A promising pharmacological target for pain and neuropsychiatric disorders

- * Kappa opioid receptor (KOR) is implicated in various physiological responses including nociception, stress, mood, feeding, gut motility.
- *** KOR agonists** are being explored as **alternatives to MOR analgesics** for their low abuse potential and minimal gastrointestinal and respiratory side effects

CLINICAL RELEVANCE OF KOR AGONIST IS LIMITED BY SEVERE SIDE EFFECTS AS DYSPHORIA



[Mores et al., 2019]

- * Chronic or repeated exposure to stress or drugs potentiates KOR function ultimately contributing to a hypodopaminergic state => endogenous KOR agonist, dynorphin, is released in distinct brain regions following the development of addiction, thus contributing to craving for substances of abuse.
- * Prolonged KOR activation in response to chronic stress may lead to persistent symptoms typical of depressive disorders in human; KOR agonists promotes pro-depressant effects in rodents.
- * KOR is expressed on pre-synaptic axons in nigrostriatal and mesolimbic neurons, thus modulating dopamine release: chronic KOR activation increases dopamine release => KOR activation may contribute to positive symptoms of schizophrenia.





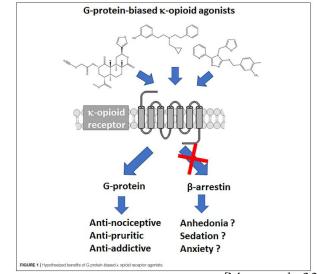


KAPPA OPIOID RECEPTOR (KOR)

A promising pharmacological target for pain and neuropsychiatric disorders

- * Kappa opioid receptor (KOR) is implicated in various physiological responses including nociception, stress, mood, feeding, gut motility.
- *** KOR agonists** are being explored as **alternatives to MOR analgesics** for their low abuse potential and minimal gastrointestinal and respiratory side effects

GROWING INTEREST IN KOR AGONISTS WITH LIMITED ACTIVATION OF ARRESTIN 3/p38MAPK SIGNALING => BETTER AND SAFER ANALGESICS?



[Mores et al., 2019]

GROWING INTEREST IN KOR ANTAGONISTS
AS NEW POTENTIAL THERAPIES FOR ADDICTION,
DEPRESSIVE DISORDERS, SCHIZOPHRENIA







ATICAPRANT: A KOR ANTAGONIST FOR MDD

ARTICLE

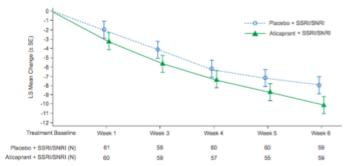
(A) Check for update

Efficacy and safety of aticaprant, a kappa receptor antagonist, adjunctive to oral SSRI/SNRI antidepressant in major depressive disorder: results of a phase 2 randomized, double-blind, placebo-controlled study

Mark E. Schmidt ¹⁸², Iva Kezic¹, Vanina Popova¹, Rama Melkote², Peter Van Der Ark¹, Darrel J. Pemberton¹, Guy Mareels¹, Carla M. Canuso², Maurizio Fava³ and Wayne C. Drevets⁴

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b. fITT Analysis Dataset

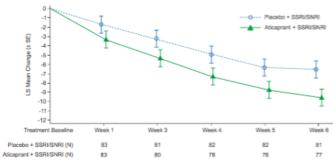
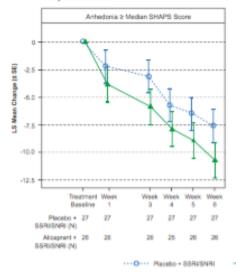


Fig. 1 MADRS total score: LS mean change from baseline (±SE) over 6 weeks. eITT enriched intent-to treat, fITT full intent-to-treat, LS least squares, MADRS Montgomery-Asberg Depression Rating Scale, SE standard error, SNRI serotonin-norepinephrine reuptake inhibitor, SSRI selective serotonin reuptake inhibitor. Note: MADRS total score ranges from 0 to 60; a higher score indicates a more severe condition. Negative change in score indicates improvement. Negative difference favors aticaprant.

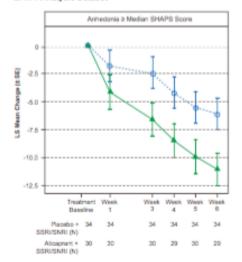
Received: 31 December 2023 Revised: 18 March 2024 Accepted: 4 April 2024

Published online: 22 April 2024

a. eITT Analysis Dataset



b. fITT Analysis Dataset

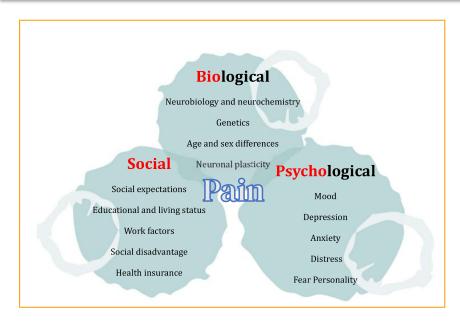






PAIN AND COMORBID ANXIETY/DEPRESSION

A promising target for innovative KOR ligands?



- Chronic pain has several psychosocial and functional consequences which, in turn, affect experience and reporting of pain and related symptoms.
- ❖ Depression, anxiety, and emotional distress, along with a cluster of negative emotions, thoughts, and behaviours referred to as negative affect, strongly contribute to important long-term consequences of chronic pain.
- ❖ Pre-morbid psychological dysfunction, as well as emotional distress, represent a risk factor for the subsequent development of various chronic pain conditions

KOR activation within pain pathways => Abuse liability-free analgesia

Counteracting KOR dysregulated activation by endogenous dynorphin in the brain => antidepressive

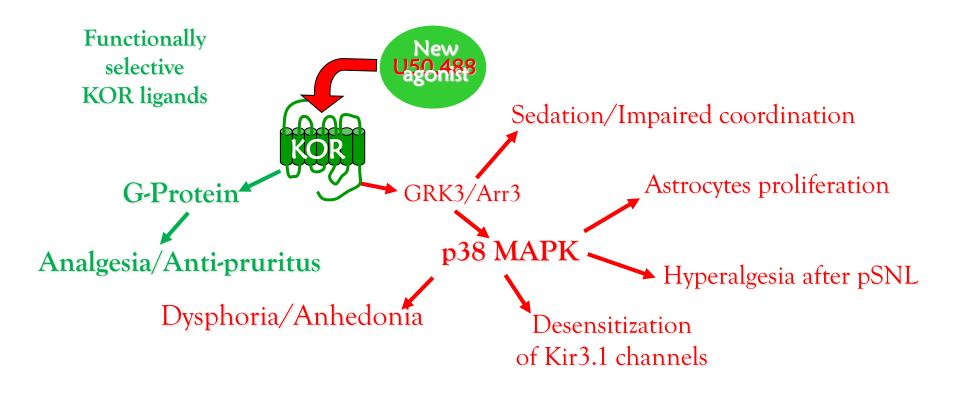


KOR innovative ligands with specific activity profiles => promising innovative therapeutics





Pharmacological relevance and potential impact



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Clayton CC, Xu M, Chavkin C. J Biol Chem (2009)

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INNOVATIVE KOR LIGANDS TO TREAT PAIN

TO DETAIL FUNCTIONAL SELECTIVITY AND SUBSEQUENT PHARMACOLOGICAL EFFECTS

CELL MODELS

HEK-293 cells stably expressing human KOR (HEK-293/hKOR)

U87-MG human astrocytoma cells endogenously expressing KOR

Normal Human Astrocytes (NHA) endogenously expressing KOR

Inhibition of adenylyl cyclase

Arrestin 3 recruitment at KOR

ERK1/2 vs p38 MAPK phosphorylation

Cell proliferation (in astrocytic models)

ANIMAL MODELS

Male CD1 mice (25-30 g)



Warm-water tail-withdrawal test

Acetic acid-induced visceral pain (writhing test)

Oxaliplatin-induced neuropathic pain (cold plate)

Rotarod test (motor coordination)

Hole-board test (locomotor and exploratory activities)

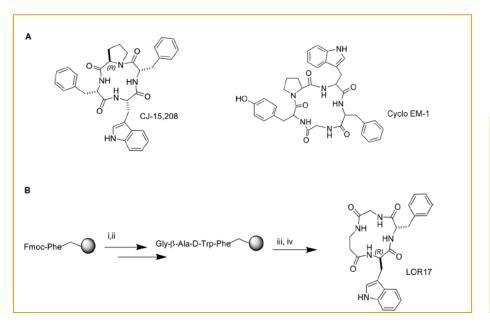
Forced swim test (anhedonia-related behaviours)







G protein-mediated vs arrestin-dependent signalling: LOR17 vs U50,488





Prof. Luca Gentilucci Dept. Chemistry University of Bologna Italy

Compound	Sequence	K _i MOR (nM)	K _i DOR (nM)	K _i KOR (nM)
DAMGO	H-Tyr-D-Ala-Gly- NMePhe-Glyol	1.5 ± 0.1		
DPDPE	H-Tyr-c[D-Pen-Gly-Phe- D-Pen]-OH		3.30 ± 0.05	
U50,488	not peptide			2.90 ± 0.04
LOR17	c[Phe-Gly-(β-Ala)-D-Trp]	>105	>10 ⁵	1.19 ± 0.28

А		
Inhibition of cAMP accumulation (% of max U50,488 stimulation)	125-	→ U50,488 → LOR17
AP accu 488 stir	75-	
of cAN ix U50,	50-	- <i>/</i> /
Inhibition of (% of max.	25-	
ਜ _©	0 - -1	
		log [Ligand] (M)

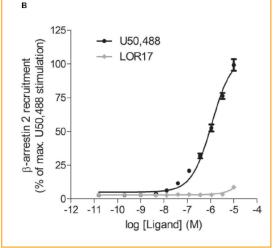


TABLE 3 | Inhibitory effects of LOR17 and U50,488 on forskolin-induced cAMP accumulation in different cell models.

COMPOUND	IC ₅₀ HEK-293/KOR (nM)	E _{max} HEK-293/KOR (%)	IC ₅₀ U87-MG (nM)	E _{max} U87-MG (%)	IC ₅₀ NHA (nM)	E _{max} NHA(%)
U50,488	1.6 ± 0.5	90 ± 2	1.2 ± 0.2	88 ± 3	2.2 ± 0.4	87 ± 3
LOR17	2.8 ± 0.6	85 ± 5	3.1 ± 0.8	87 ± 4	3.0 ± 0.2	88 ± 6

Mean ± SD of 6 independent experiments performed in triplicate.



Bedini A et al., Frontiers in Pharmacologyy2020





Intrinsic efficacy, potency and efficacy of LOR17

$$Log(\tau)$$
 Intrinsic efficacy

$$E_{max}$$
 % Maximal response

$$EC_{50}$$
 (nM) \longrightarrow Potency







Intrinsic efficacy, potency and efficacy of LOR17

Log (τ)	cAMP	cAMP	cAMP
	HEK-293/KOR	U-87 MG	NHA
LOR17	0.7382 ± 0.026	0.4373 ± 0.017	0.5951 ± 0.028

E _{max} %	cAMP HEK-293/KOR	cAMP U-87 MG	cAMP NHA
U50,488	86.5 ± 5.1	83 ± 2	87.2 ± 4.4
LOR17	87.62 ± 2.64	75 ± 5	79 ± 9

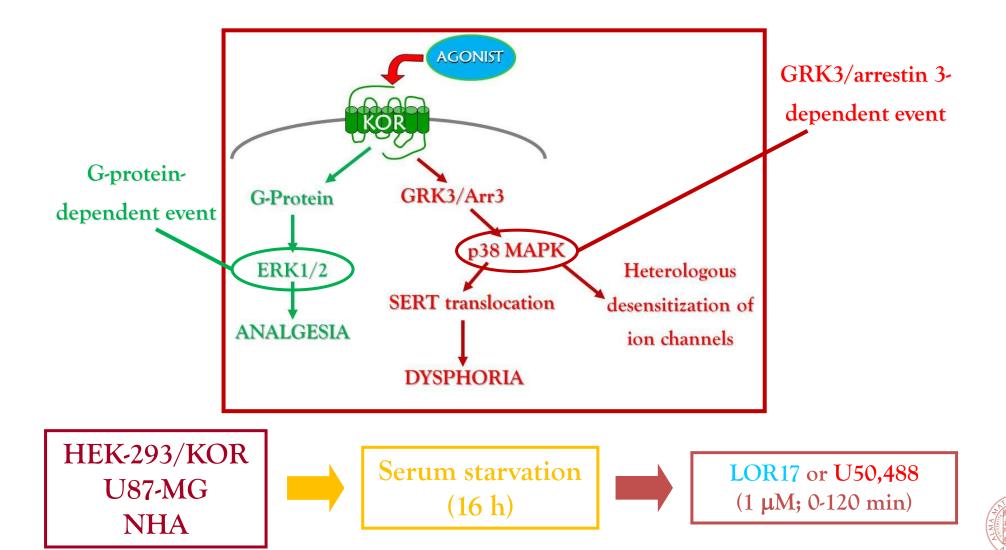
EC ₅₀ (nM)	cAMP HEK-293/KOR	cAMP U-87 MG	cAMP NHA
U50,488	1.3 ± 0.2	1.44 ± 0.08	1.68 ± 0.21
LOR17	2.59 ± 0.16	1.37 ± 0.24	2.24 ± 0.26







Activation of ERK1/2 and p38MAPK: LOR17 vs U50,488



ALMA MATER STUDIORUM Università di Bologna





Activation of ERK1/2 and p38MAPK: LOR17 vs U50,488

HEK-293/KOR

A U50,488 1 μM

Vehicle 5 min 15 min 30 min 60 min 120 min

P-ERK1/2

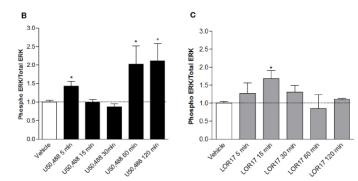
Total ERK1/2

LOR17 1 μM

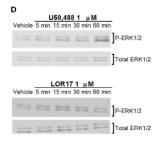
Vehicle 5 min 15 min 30 min 60 min 120 min

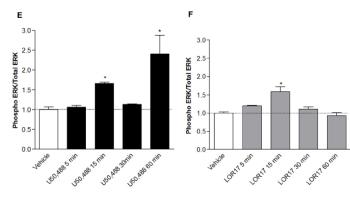
P-ERK1/2

Total ERK1/2



U87-MG

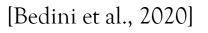


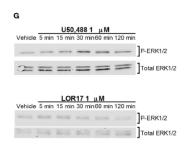


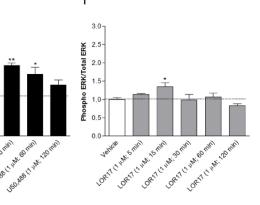
* p<0.05 vs Vehicle; ** p<0.01 vs Vehicle;

n = 6

NHA



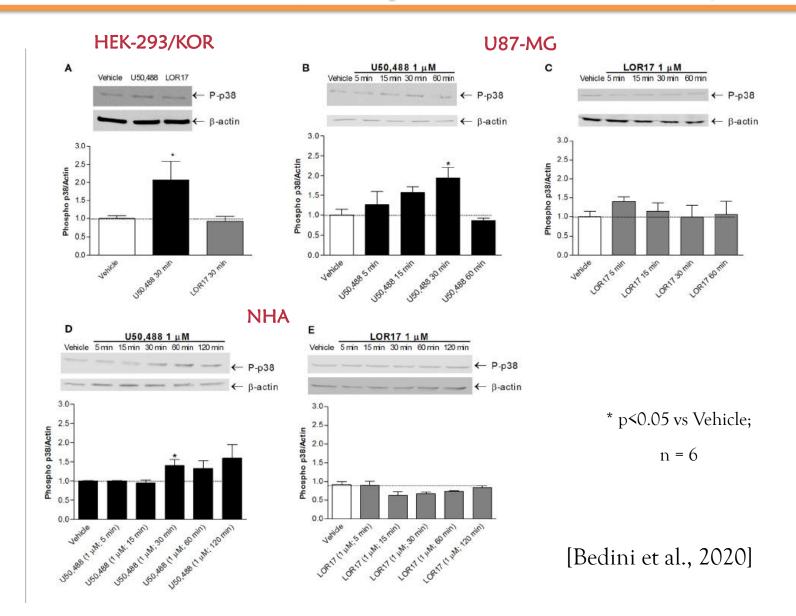








Activation of ERK1/2 and p38MAPK: LOR17 vs U50,488

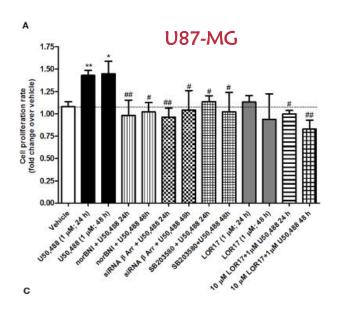


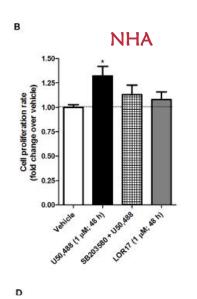






Astrocyte cell proliferation: LOR17 vs U50,488





* p<0.05 vs Vehicle and LOR17 (1 μM; 48 h); ** p<0.01 vs Vehicle and LOR17 (1 μM; 24 h); # p<0.05 vs U50,488 (1 μM; 48 h); ## p<0.01 vs U50,488 (1 μM; 24 h) § p<0.05 vs U50,488 (1 μM; 24 h); n = 8







Antinociceptive effects of LOR17 in the warm water tail withdrawal test

Adult male CD-1 mice (25-30 g)

Water temperature = 55±2 °C
Cut-off = 10 sec





Methods described in: Bedini et al., 2010





Antinociceptive effects of LOR17 in the warm water tail withdrawal

test

Adult male CD-1 mice (25-30 g)

Water temperature = 55±2 °C

Cut-off = 10 sec

Vehicle (1:1 propylene glycol-saline; 0.1 ml/10 g i.p.)

LOR17 (5-20 mg/kg, i.p.)

U50,488 (5-20 mg/kg, i.p.)

norBNI (10 mg/kg, i.p.)





5, 15, 30, 45, 60, 90, 120 min

Latency to tail withdrawal

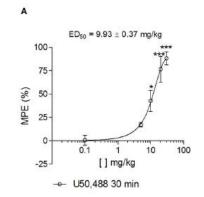


Methods described in: Bedini et al., 2010

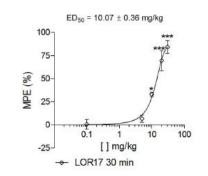


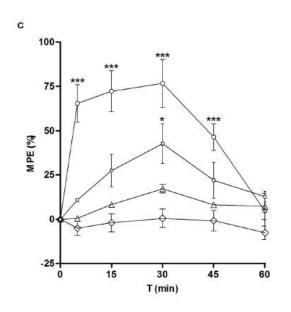


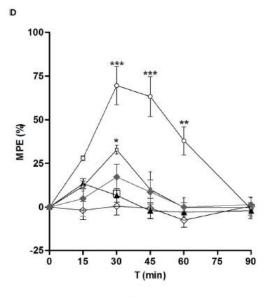
Antinociceptive effects of LOR17 in the warm water tail withdrawal



test







*** p<0.001 vs Vehicle, 5 mg/kg and norBNI 10 mg/kg+LOR17 20 mg/kg; ** p<0.01 vs Vehicle and 5 mg/kg; * p<0.05 vs Vehicle and 5 mg/kg; n = 8-10



[Bedini et al., 2020]

- U50,488 20 mg/kg
- -- U50,488 10 mg/kg
- -∆- U50,488 5 mg/kg
- → Vehicle

- norBNI (10mg/kg; 30 min) + LOR17 20 mg/kg
- LOR17 20 mg/kg
- LOR17 10 mg/kg
- ▲ LOR17 5 mg/kg
- → Vehicle
- --- norBNI (10 mg/kg; 24 h) + LOR17 (20 mg/kg; 30 min)





Effects in a mouse model of chemotherapy-induced neuropathic pain





Oxaliplatin (2.4 mg/kg, i.p.) 5 consecutive days per week, for 2 weeks

Vehicle (5% glucose solution)

Brindisi et al., 2016

Vehicle (1:1 propylen glicole-saline, s.c.) LOR17 (1-20 mg/kg, s.c.) U50,488 (10-20 mg/kg, s.c.)





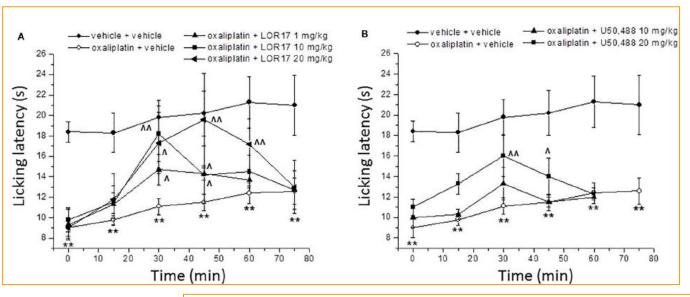




Effects in a mouse model of chemotherapy-induced neuropathic pain



Prof. L. Di Cesare Mannelli Dept. NEUROFARBA University of Florence Italy



** p<0.05 vs vehicle + vehicle; ^p<0.01 vs oxaliplatin + vehicle; ^p<0.05 vs oxaliplatin + vehicle; n = 9

TABLE 5 | Maximal effects elicited by LOR17 and U50,488 in counteracting oxaliplatin induced thermal hypersensitivity, as compared to vehicle.

Treatment	Licking latency (s)
oxaliplatin/vehicle	11.4 ± 1.2
oxaliplatin/U50,488 (10 mg/kg; 30 min)	12.6 ± 1.7
oxaliplatin/LOR17 (10 mg/kg; 30 min)	18.2 ± 1.4***
oxaliplatin/U50,488 (20 mg/kg; 30 min)	15.8 ± 1.6
oxaliplatin/LOR17 (20 mg/kg; 45 min)	19.6 ± 1.7***

^{***} p<0.001 vs oxaliplatin/vehicle, oxaliplatin/U50,488 (10 and 20 mg/kg; 30min); n = 10

TABLE 6 | Effect of LOR17 on motor coordination (rotarod test^a), locomotor, and exploratory activitivities (hole-board test^b) and pro-depressant like behaviour (forced swimming test^c).

Treatment	Dose mg kg ⁻¹ s.c.		Number of falls a		Но	ole ^b	Boa	ard ^b	Mobility time (s)°	
	mg ng ole.	0 min	15 min	30 min	45 min	0 min	30 min	0 min	30 min	
vehicle		3.0 ± 0.6	2.3 ± 0.3	1.8 ± 0.6	1.3 ± 0.3	42.4 ± 4.6	48.2 ± 4.1	81.6 ± 13.1	106.2 ± 8.0	80.5 ± 9.6
LOR17	10	2.8 ± 0.7	1.6 ± 0.4	1.2 ± 0.2	0.6 ± 0.2	37.2 ± 3.9	39.0 ± 4.6	89.2 ± 7.3	97.2 ± 16.9	91.6 ± 12.3
U50,488	10	2.9 ± 0.4	$3.2 \pm 0.5^{\S}$	2.6 ± 0.3 §§	2.1 ± 0.4	/	/	/	/	21.0 ± 7.7 ***

\$ p<0.05 vs vehicle and LOR17; \$\$ p<0.01 vs vehicle and LOR17; ***p<0.001 vs vehicle and LOR17; n = 12



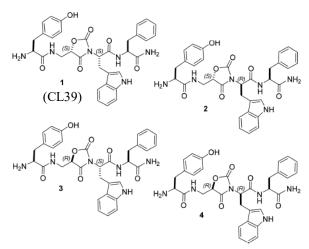




G protein-mediated vs arrestin-dependent signalling: CL39 vs U50,488

ENDOMORPHIN-1 H-Tyr-Pro-Trp-Phe-NH₂

- Endogenous, MOR-selective agonist
- Antinociceptive upon icv and it administration
- Poor metabolic stability and BBB penetration



H-Tyr-(S/R)-Amo-(S/R)-Trp-PheNH₂

Amo => 5-(aminomethyl)oxazolidine-2,4-dione

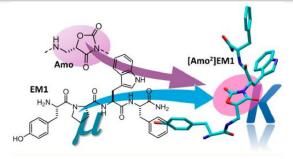


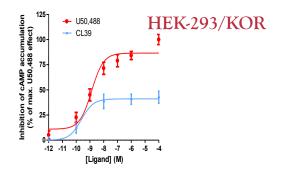
Table 1. In Vitro OR Affinities of the [Amo²]EMs and Reference Compounds for hORs

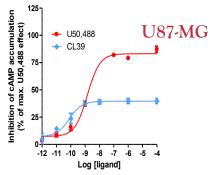
			$K_{i} (nM)^{b}$	
compd	purity (%) ^a	MOR	DOR	KOR
DAMGO		1.5 ± 0.1		
DPDPE			3.30 ± 0.05	
U50,488				2.90 ± 0.04
1 (CL39)	97	>10 ⁵	>10 ⁵	9.8 ± 4.1
2	95	>105	>105	>105
3	96	>10 ⁵	>10 ⁵	>10 ⁵
4	98	240 ± 50	>10 ⁵	>10 ⁵

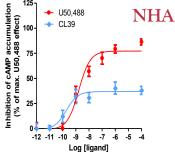
^aDetermined by RP-HPLC (General Methods). ^bMean of 4–6 determinations ± SE.

COMPOUND	IC ₅₀ (nM)	E _{max} (%)
EM-1 in CHO ^a	1.0 ± 0.2	53
U50,488	1.2 ± 0.2	90
CL39	0.22 ± 0.02	40
4	0.016 ± 0.004	50

^aZadina JE et al., Nature (1997)





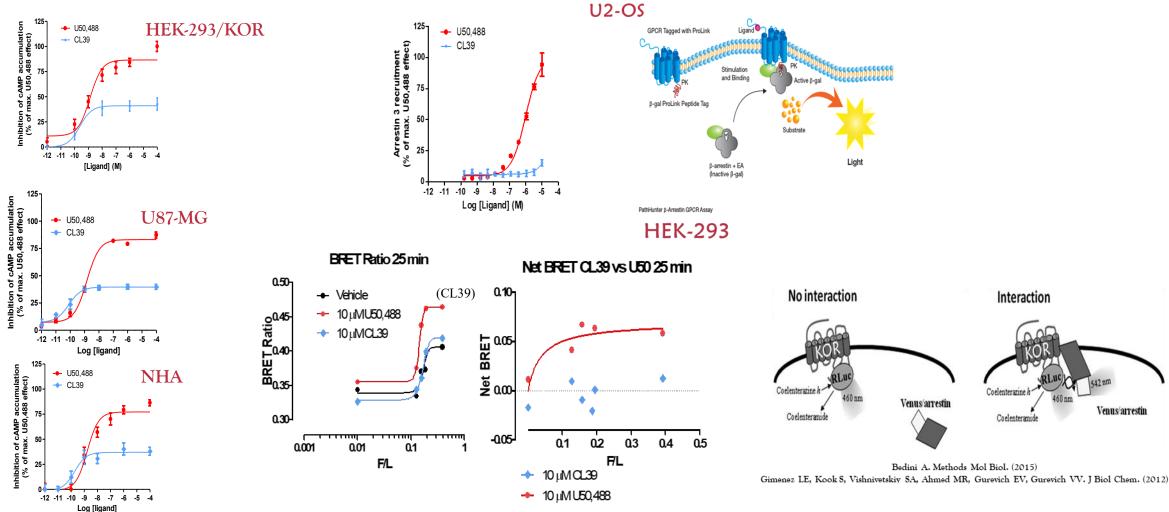




De Marco R, Bedini A et al. J Med Chem. (2018)



G protein-mediated vs arrestin-dependent signalling: CL39 vs U50,488





Baiula et al., in preparation





Intrinsic efficacy, potency and efficacy of CL39

$$Log(\tau)$$
 Intrinsic efficacy

$$EC_{50}$$
 (nM) \longrightarrow Potency







Intrinsic efficacy, potency and efficacy of CL39

Log (τ)	cAMP	cAMP	cAMP
	HEK-293/KOR	U-87 MG	NHA
CL39	-0.1575 ± 0.072	-0.2017 ± 0.032	-0.2316 ± 0.022

E _{max} %	cAMP HEK-293/KOR	cAMP U-87 MG	cAMP NHA
U50,488	86.5 ± 5.1	83 ± 2	87.2 ± 4.4
CL39	41.12 ± 0.9	39.6 ± 1.5	55 ± 13

EC ₅₀ (nM)	cAMP HEK-293/KOR		
U50,488	1.3 ± 0.2	1.44 ± 0.08	1.68 ± 0.21
CL39	0.23 ± 0.01	0.10 ± 0.02	0.19 ± 0.02

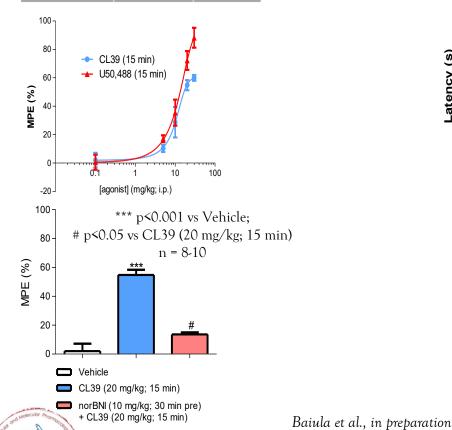






In vivo pharmacological characterization of CL39

COMPOUND	ED ₅₀ (mg/kg)	E _{max} (%)	
U50,488	9.93 ± 0.37	88.2 ± 14.0	
CL39	10.10 ± 0.11	59.9 ± 3.49	



B2C

Paw pressure

25

15

10

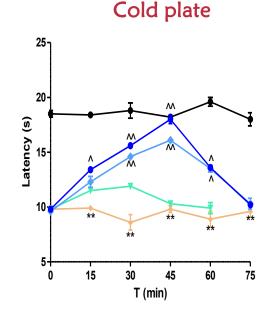
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30

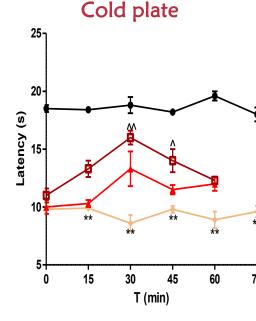
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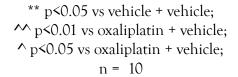
- -- vehicle + vehicle
- oxaliplatin + vehicle
- oxaliplatin + CL39 1 mg/kg
- oxalipltin + CL39 10 mg/kg
- oxaliplatin + CL39 20 mg/kg



- -- vehicle + vehicle
- oxaliplatin + vehicle
- oxaliplatin + CL39 1 mg/kg
- oxalipltin + CL39 10 mg/kg
- oxaliplatin + CL39 20 mg/kg



- vehicle + vehicle
- oxaliplatin + vehicle
- → oxaliplatin + U50,488 10 mg/kg
- oxaliplatin + U50,488 20 mg/kg





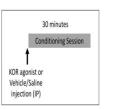
Prof. L. Di Cesare Mannell Dept. NEUROFARBA University of Florence Italy





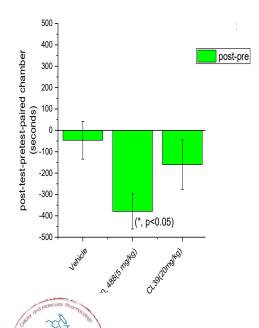
In vivo pharmacological characterization of CL39



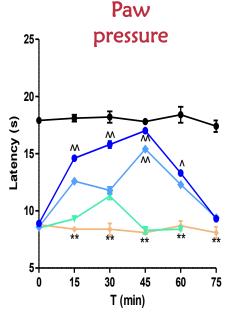




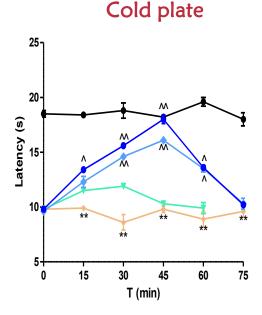
Dr. Brian Reed Laboratory of the Biology of Addictive Diseases Rockefeller University, New York, NJ (USA)



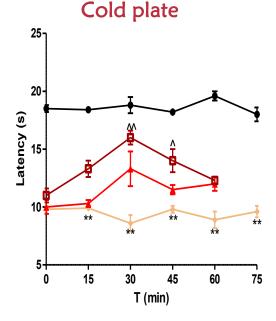
Baiula et al., in preparation



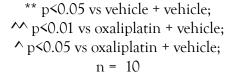
- -- vehicle + vehicle
- oxaliplatin + vehicle
- oxaliplatin + CL39 1 mg/kg
- oxalipltin + CL39 10 mg/kg
- oxaliplatin + CL39 20 mg/kg



- vehicle + vehicle
- oxaliplatin + vehicle
- oxaliplatin + CL39 1 mg/kg
- oxalipltin + CL39 10 mg/kg
- oxaliplatin + CL39 20 mg/kg



- vehicle + vehicle
- oxaliplatin + vehicle
- → oxaliplatin + U50,488 10 mg/kg
- oxaliplatin + U50,488 20 mg/kg



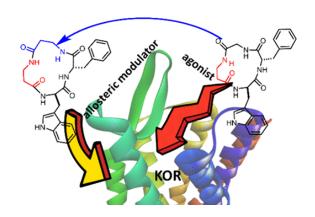


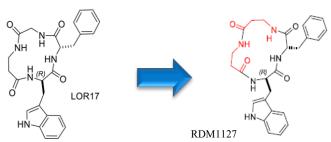
Prof. L. Di Cesare Mannell Dept. NEUROFARBA University of Florence Italy





RDM1127: THE FIRST KOR-SELECTIVE NAM





 $c[D-Trp-Phe-Gly-(\beta-Ala)]$ KOR-selective, G protein biased agonist [Bedini et al., 2020]

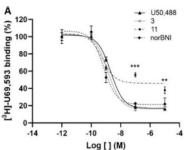
KOR-selective, negative allosteric modulator [Zhao et al., 2024]

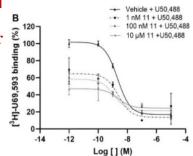
 $c[D-Trp-Phe-(\beta-Ala)-(\beta-Ala)]$

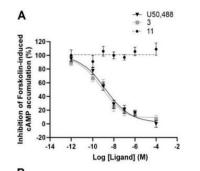


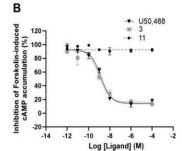
compd	ring size		K_{i} (nM)		
		sequence	MOR	DOR	KOR
DAMGO		H-Tyr-D-Ala-Gly-NMePhe-Glyol	1.5 ± 0.1		
DPDPE		H-Tyr-c[D-Pen-Gly-Phe-D-Pen]OH		3.30 ± 0.05	
U50,488		non peptide			2.90 ± 0.04
CJ-15,208	12	c[Phe-D-Pro-Phe-Trp]	127 ± 13		32 ± 4
5	12	c[D-Trp-Phe-Gly-Gly]	>10 ⁵	>10 ⁵	>10 ⁵
6	12	c[D-Trp-Phe-Gly-Ala]	111.2	>10 ⁵	>105
7	12	c[D-Trp-Phe-Gly-D-Ala]	0.24 ± 0.04^{b}	>10 ⁵	>10 ⁵
3 ^c	13	c[D-Trp-Phe-Gly-β-Ala]	>105	>10 ⁵	1.19 ± 0.28^{c}
8	13	c[D-Trp-Phe-β-Ala-Gly]	>105	>105	>105
9	13	c[D-Trp-Phe-Aha]	>105	>105	>10 ⁵
		[D. T. D. Al. ()	105	105	
11	14	c[D-Trp-Phe- β -Ala- β -Ala]	>105	>105	0.55 ± 0.04^{b}
12	17	c[D-TIP-Tito-Grante-Giy]	210	>10	102 ± 5
13	14	c[D-Trp-Phe-Gly-GABA]	35.2	>10 ⁵	>10 ⁵

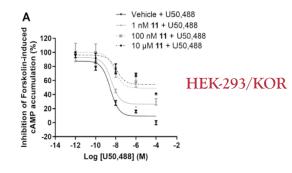
"Average of 4-6 determinations ± SE. b < 50% Radioligand displacement. "Reference 24.

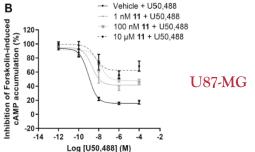




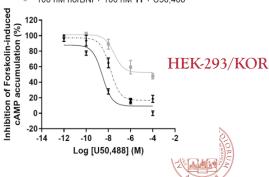








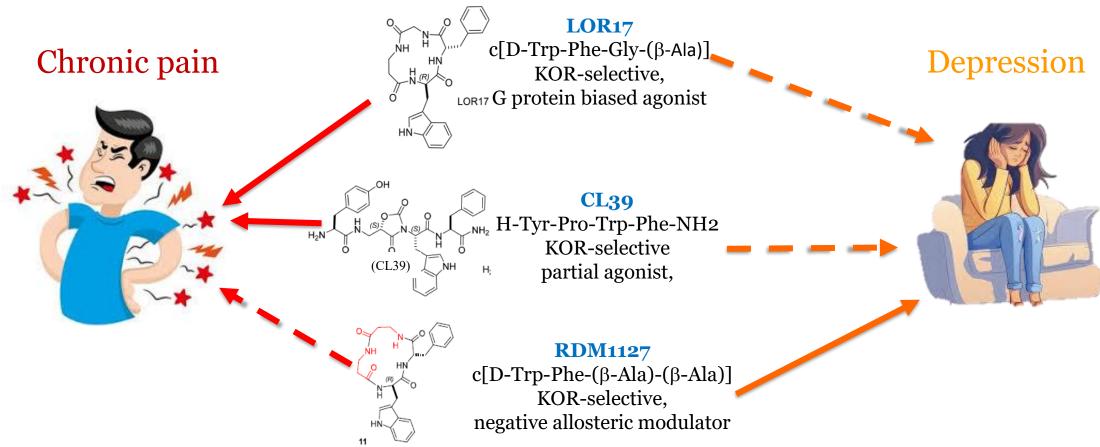
- Vehicle + Vehicle + U50.488
- 100 nM norBNI + Vehicle + U50,488
- 100 nM norBNI + 100 nM 11 + U50.488





INNOVATIVE KOR LIGANDS FOR PAIN AND DEPRESSION

Two birds with one stone?





PainRelief

DEVELOPMENT OF BETTER AND SAFER THERAPEUTICS

The greater complexity of opioid receptor pharmacology

- Multiple G proteins (e.g., G_{i1}, G_{i2}, G_{i3}, G_z), as well as arrestin isoforms (i.e., arrestin 2 and arrestin 3), may interact with opioid receptors (also in a <u>tissue-specific and time-specific fashion</u>). [Olsen et al., 2020].
- Opioid-mediated modulation of the same classes of intracellular effectors (e.g., ERK1/2 or JNK) may occur through both G protein- and/or arrestin-mediated processes [Kuhar, Bedini et al., 2015].
- Biphasic modulation of MAPK activation by opioids may contribute to the fine-tuning of other physiologically relevant second messengers and mediators [Schattauer, Bedini et al., 2019].
- Opioid receptors (as many GPCRs) are **not isolated monads** but may interact to form **homodimers and heterodimers** [Ferrè et al., 2014].
- Physiological conditions (e.g., gender) and different signalling mechanisms in vivo may also deeply impact the effects elicited by agonists at opioid receptors [Abraham et al., 2018].

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PAIN ITSELF MAY PROMOTE RELEVANT ALTERATIONS
AT THE SYSTEMS LEVEL IN TERMS OF RECEPTOR AND
EFFECTOR EXPRESSION AND FUNCTION





DEVELOPMENT OF BETTER AND SAFER THERAPEUTICS

The greater complexity of opioid receptor pharmacology

NEED FOR QUANTITATIVE UNDERSTANDING OF CHRONIC PAIN AND THE MECHANISMS OF DRUG ACTION IN THE BRAIN THAT RELIEVE PAIN IN A SYSTEMATIC AND/OR MECHANISM-BASED MANNER

NEED FOR MORE COMPREHENSIVE, INTEGRATED, NETWORK-CENTRIC APPROACHES

TO FULLY DISSECT THE MULTIFACETED NETWORK OF SIGNALING EVENTS AND

MOLECULAR PROCESSES UNDERLYING THERAPEUTIC AND ADVERSE EFFECTS

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QUANTITATIVE SYSTEMS PHARMACOLOGY





BUILDING THE QSPainRelief PLATFORM

ASSEMBLING EXISTING AND NEW COMPUTATIONAL MODELS INTO A NOVEL PLATFORM EMPLOYING EXISTING AND NEWLY PRODUCED EXPERIMENTAL DATA AND PARAMETERS

Drug parameters (physiochemical, PK, binding kinetic) **Systems parameters** (speciesspecific)

Experimental in vivo data on analgesic Experimental in vitro data on vs adverse effects in an operant model pain/analgesia-related receptors/effectors of neuropathic pain in mice expression and activation CNS Cellular Trans-CNS Target **EFFECT** signalling site duction exposure pathways exposure Drug-target Neural Cellular interaction circuit signal model model model transduction model

Clinical data in **healthy volunteers** and in real-world **pain patients**







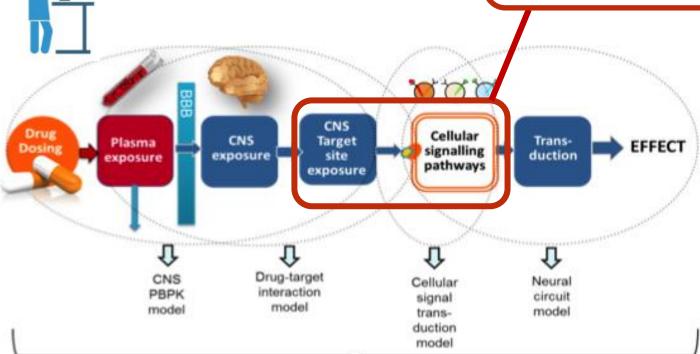


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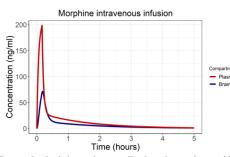






DRUG-MEDIATED EFFECTS ON MOR-CB1 INTERACTION AND MOR ACTIVATION

PainRelief



Brain ECF

Figure 1. Simulated pharmacokinetic profile of morphine at plasma and brain extracellular fluid in humans, following i.v. infusion of 10 mg morphine over 10

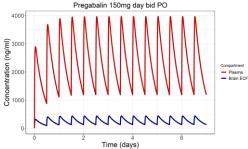


Figure 2. Simulated pharmacokinetic profile of pregabalin at plasma and brain extracellular fluid in humans, following oral administration of 150 mg pregabalin



Ms. Berfin Gülave LACDR Jniversity of Leiden The Netherland





MOR => Mu opioid receptor, main target of opioid analgesics; KOR => Kappa opioid receptor, involved in analgesic responses, secondary binding site for morphine (lower affinity as compared to MOR);

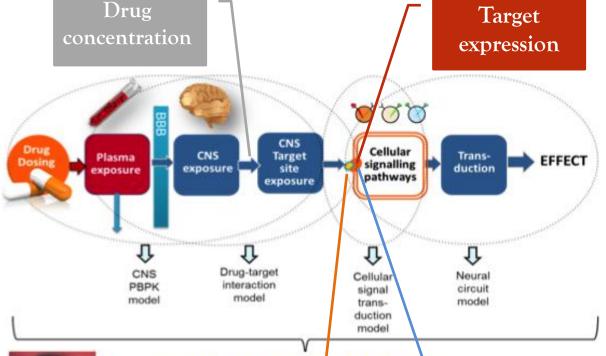
DOR => Delta opioid receptor, involved in analgesic and anxiolytic/antidepressant effects;

CB1 => Cannabinoid receptor type-1, involved in analgesic responses, possible interactions with opioid receptors (e.g.: signaling cross-talk, heterodimers);

D2R => Dopamine D2 receptor, involved in dopaminemediated modulation of multiple processes including reward:

KCC2 => Potassium-chloride symporter, specifically expressed in neurons (CNS); expression and function altered in different chronic pain states;

 $\alpha 2\delta => \alpha 2\delta$ subunit of voltage-gated calcium channels, expressed in neurons (CNS), pharmacological target of pregabalin.



The QSPainRelief model platform



Institute of Neuroscience Universidad Autonoma de Barcelona Barcelona (Spain)

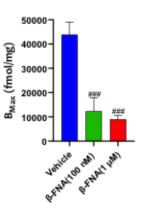


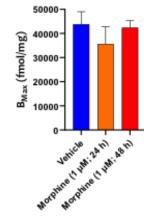
Dr. Pedro Renault



Cooperativity/ cross-talk

Receptor «activability»



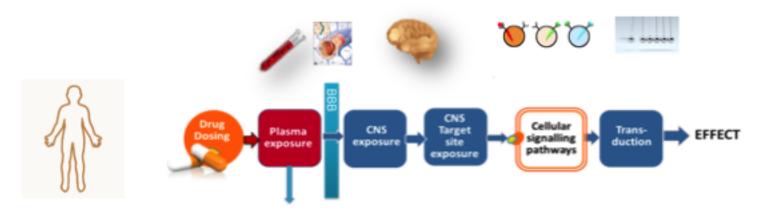




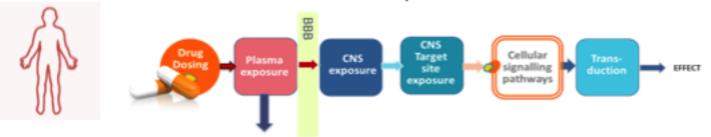


QUANTITATIVE SYSTEMS PHARMACOLOGY

An intriguing approach to go beyond the complexity of opioid receptor pharmacology



Personal variation in each process between dose and effect



QSP platforms integrating at the systems level all the multiple determinants contributing to the multifaceted net-work of events (including the multidimensional complexity of opioid receptors) involved in chronic pain on one hand, and in analgesic and adverse effects of innovative drugs on the other

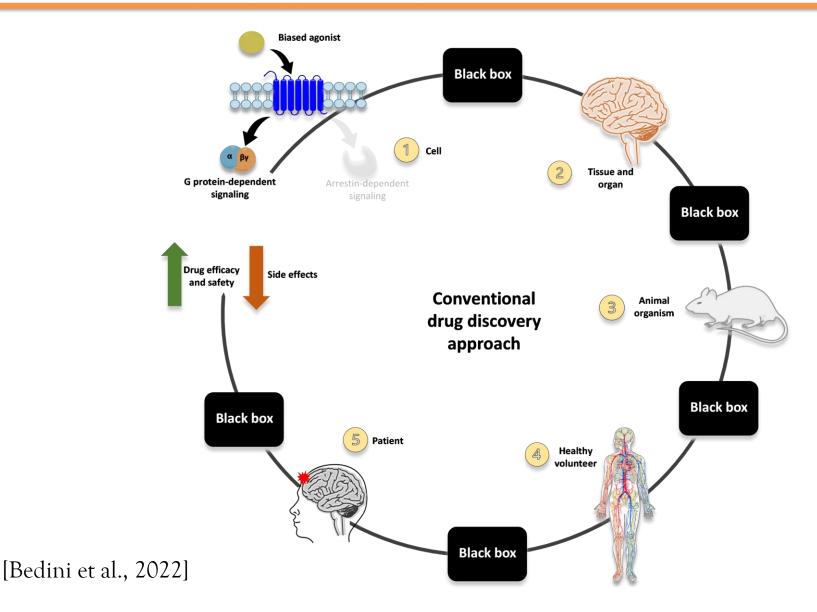






QUANTITATIVE SYSTEMS PHARMACOLOGY

An intriguing approach to go beyond the limitations of G protein biased analgesics



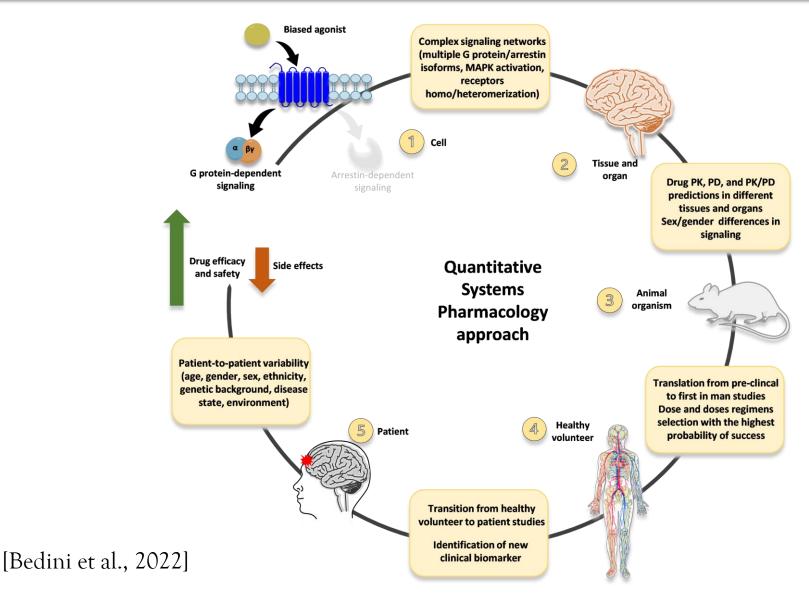






QUANTITATIVE SYSTEMS PHARMACOLOGY

An intriguing approach to go beyond the limitations of G protein biased analgesics









CONCLUDING REMARKS

- Biased agonists at MOR were believed to be the key to improved analgesic; now this is highly debated. We should learn from the paradigmatic story of TRV130.
- Innovative KOR ligands are emerging as promising candidates to treat chronic pain and comorbid psychiatric disorders; research efforts should be undertaken carefully and working hypothesis should be thoroughly validated.
- The failure to translate the intense endeavour of the last decades into improved therapeutics is indeed due to the complex multidimensional pharmacology of opioid receptors: the multifaceted network of signalling events and molecular processes underlying therapeutic and adverse effects induced by opioids requires more comprehensive, integrated, network-centric approaches to be fully dissected.
- Quantitative Systems Pharmacology is emerging as an intriguing approach to go beyond the greater complexity of opioid receptor pharmacology => strong potential to significantly advance the quest for novel therapeutics with more favourable pharmacological profiles, due to the integration at the systems level of all the multiple determinants contributing to the multifaceted network of events involved in diseases onset and maintenance on one hand, and in therapeutic and adverse effects of innovative drugs on the other.





CONCLUDING REMARKS











CONCLUDING REMARKS











IN MEMORIAM



Member of UNIBO team within QSPainRelief
Leader of Cellular and Molecular Pharmacology Unit
Director of Department of Pharmacy and Biotechnology
Career-long mentor

Prof. Santi Spampinato (Catania, 7th May 1954 – Bologna, 20th November 2023

Strong and contagious passion for research.

Relentless dedication to teaching/mentoring generations of young researchers.

The deepest respect for colleagues and institutions.





SPainRelief

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