



Challenges in identifying receptors for lipid mediators

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- NC-IUPHAR, guidetopharmacology.org and nomenclature
- GPCR families
- Orphan GPCR
- Challenges for 'lipid-activated' orphan GPCR

Subcommittees of NC-IUPHAR



the database at <u>guidetopharmacology.org</u> and are published in Pharmacological Reviews & British Journal of Pharmacology

IUPHAR/BPS

PHARMACOLOGY



NC-IUPHAR



- A primary role of the Nomenclature and Standards Committee of the International Union of Basic and Clinical Pharmacology is:
 - To provide guidance on the nomenclature of drug targets that is clear, logical and consistent
 - So that the broader scientific community avoids confusion and saves time/energy
- These are published via the IUPHAR/BPS <u>GuidetoPharmacology.org</u> open access online database

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Guide to PHARMACOLOGY

IUPHAR/BPS

"An expert-driven guide to pharmacological targets and the substances that act on them"

GtoPdb content (2024.Q1 release)







- 20 789 curated binding constants
- Major focus on evidence base
 - 45 361 references
 - ~ 50 000 engaged sessions/month

www.guidetoimmunopharmacology.org



Officially launched in October 2018

A portal linking GtoPdb targets and ligands to immunological cell types, processes and diseases

IUPHAR/BPS

Guide to PHARMACOLOGY

- Developed in conjunction with immunologiststo include the data types and navigationroutes most relevant to immunology
- Immuno-relevant targets and ligands in GtoPdb flagged and annotated with supporting data

Browsing new GtoImmuPdb data types



Browse by cell type or immunolog

Browse by disease to find targets





Publications and Impact

IUPHAR/BPS Guide to PHARMACOLOGY

NC-IUPHAR and GtoPdb outputs on 2024-04-05

Year of publication



Year of publication

1 2 3 4 5 6 Publication number

Receptor nomenclature



- Subcommittees of NC-IUPHAR consider the nomenclature for specific receptors and families of receptors, with an aim to reflect the endogenous, 'canonical' ligand and to align subfamilies of receptors responding to the same endogenous ligand
- Sometimes this has been straightforward and sometimes not
 - Chemokines are divided by structure into four subclasses by the number and arrangement of four conserved cysteines.
 - CC with 0 aa between the first two cysteines
 - CXC with 1 aa between the first two cysteines
 - CX3C with 3 aa between the first two cysteines
 - C chemokines have only the second and fourth cysteines found in other chemokines
 - G protein-coupled chemokine receptors are named acccording to the class of chemokines bound
 - ACKR are Atypical ChemoKine Receptors with an apparent scavenger role



GPCR families and orphans

GPCR families



Non-mammalian GPCR families

Fungal and cAMP receptors

811 human genes generating 808 proteins

728 Family A GPCR

407 odorant, 288 rhodopsin, 27 Taste 2, 5 pheromone, 1 ocular albinism

- 47 Family B GPCR
 - > 24 adhesion, 16 secretin, 7 LN-TM7
- 22 Family C GPCR
 - Glutamate
- ▶ 11 Family F GPCR
 - Frizzled

Orphan GPCR



NC-IUPHAR has identified 193 non-sensory Family A GPCR with an endogenous, canonical ligand

Divided into 57 families

19 Family A GPCR have no pharmacology/putative endogenous ligands

15 Family A GPCR have close ties to existing NC-IUPHAR subcommittees

For example, GPR18, GPR55 and GPR119 are 'foster' GPCR of the cannabinoid subcommittee, because of the similarity of their putative endogenous ligands with the endocannabinoids

51 Family A GPCR are being evaluated for potential deorphanization

Checklist points 1-4



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Checklist points 5-7



Agonist effects What responses does the putative agonist evoke in cells expressing the recombinant receptor? What responses does the putative agonist evoke in native cells/tissues expressing the receptor? Does the putative agonist evoke a response in the absence of the receptor (off-target effects)?

If synthetic agonists have been described, how closely do they mimic the effects of the putative agonist? Are there antagonists which block the effects of the putative agonist (and/or synthetic agonists)? Does inhibition (pharmacological or genetic) of the enzymes capable of producing or terminating the putative agonist alter the receptor's downstream signalling?

Genetic approaches Do genetic alterations (natural mutations/SNPs or man-made) which alter receptor sequence or expression levels disrupt cellular/tissue/behavioural responses to the putative agonist? In the case of peptide ligands, do genetic alterations of the coding gene result in changes in receptor expression?



Challenges for 'lipidactivated' orphan GPCR

Challenges for 'lipid-activated' GPCR deorphanization

GPCR endogenous agonists are varied

- Amines
 - NA, Adr, 5HT, HA, ACh...
- Nucleosides
 - Adenosine, ADP, ATP, UDP, ADP...
- Peptides
 - Substance P, Leu enkephalin, somatostatin, oxytocin...
- Lipids
 - Butyrate, oleate, endocannabinoids, prostaglandins, oxidised lipids...



- Stored in vesicles
- Released upon stimulation
- Accumulate in extracellular space
- Sensitive measures for extracellular detection

Challenges for 'lipid-activated' GPCR deorphanization

Lipid-derived ligands

- Are often short-lived bio/chemically
- Often require detergents/binding proteins (albumin) for solubility
- Can form micelles
- What is the 'real' concentration?



Challenges for 'lipid-activated' GPCR deorphanization



Some 'lipid-activated' Family A GPCR are constitutively active
 GPR119 residues in the TM domains (Engelstoft, 2014)
 Lipid-derived ligands can enter/modify cell membranes
 Lateral diffusion of S1P into its receptor (Hanson, 2012)
 Can act as non-selective surfactants

Retracted report for LPC as a GPR4 agonist Reported as a GPR132 agonist (Murakami, 2004)

A reflection



The future is challenging for pinning down lipid-activated orphan GPCR

- The biggest challenge:
 - How can we tell what the bioactive concentration in close proximity to the receptor is?

Technology may help

- Mass spectrometry imaging
 - Is the most abundant mediator the most relevant?
- I feel your pain, but ...
 - Rarely do we value easy achievements