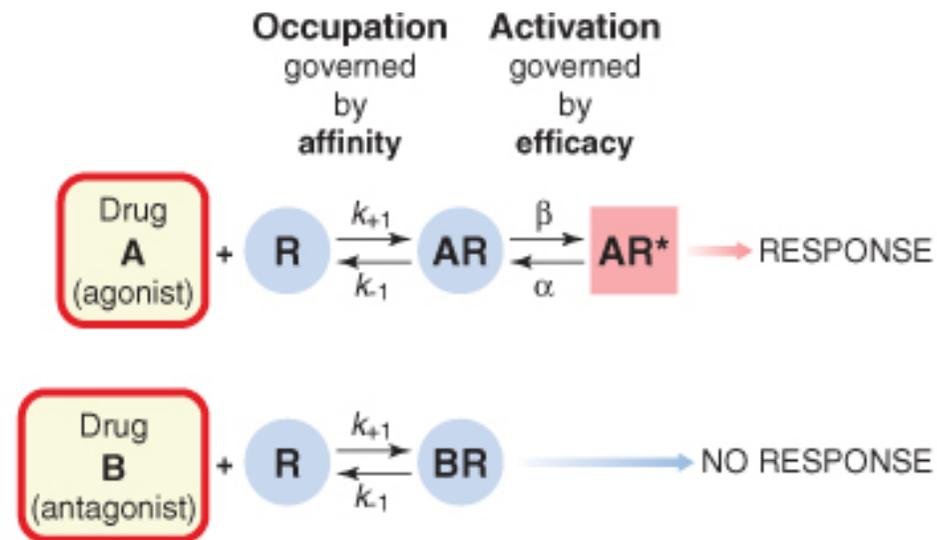


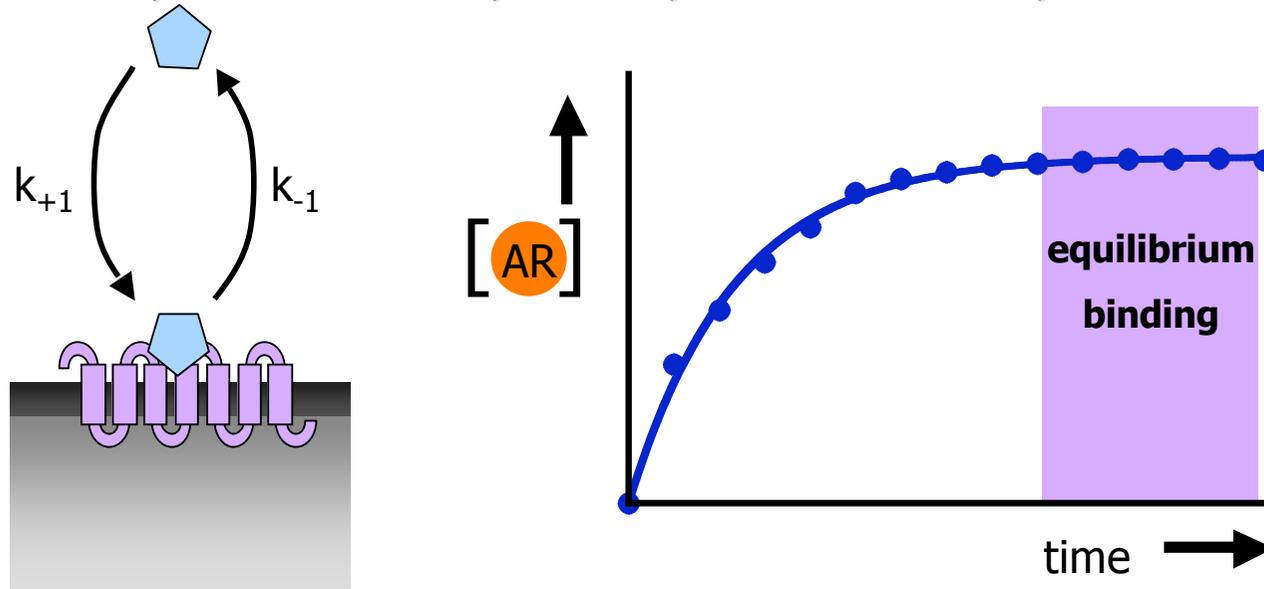
# The Targets of the Drugs: Receptors

# Agonists/Antagonists



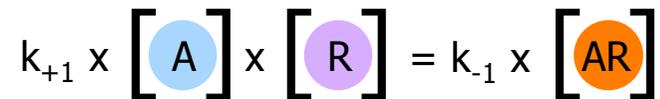
- drugs binding to receptors without resulting in receptor activation are called **antagonists**
- drugs binding to receptors and resulting in activation are called **agonists**
- receptor **affinity** describes the tendency for binding
- receptor **efficacy** describes the potency in receptor activation
- drugs resulting in 100% receptor activation are called **full agonists**, those causing less than 100% **partial agonists**

# Receptor occupancy - "steady state"



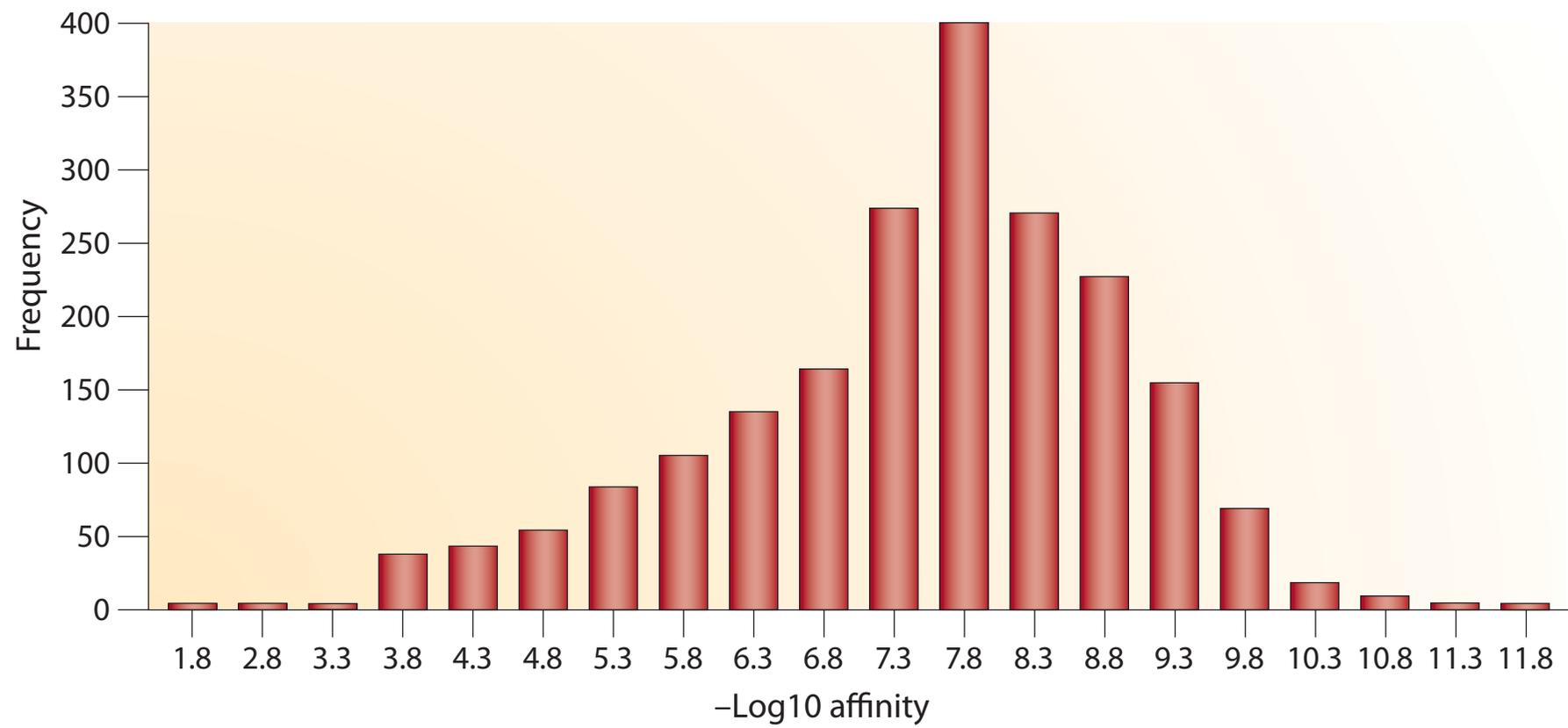
**In equilibrium\***

association = dissociation



**Equilibrium dissociation constant = affinity**

$$K_d = \frac{k_{-1}}{k_{+1}} \quad K_d = \frac{[A] \times [R]}{[AR]}$$



# Drug-Receptor Interactions (Clark occupancy theory)

## Fractional Receptor Occupancy

Proportion receptor occupation:

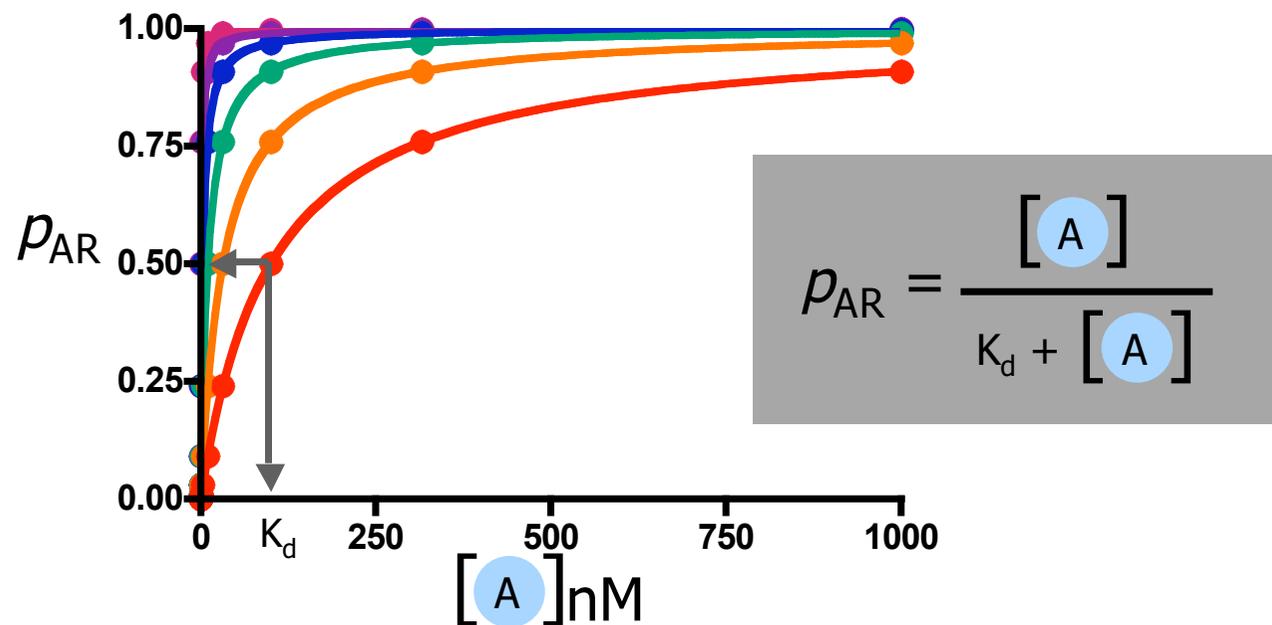
$$p_{AR} = \frac{[AR]}{R_{total}} = \frac{[AR]}{[R] + [AR]}$$

$$[AR] = \frac{[A] \times [R]}{K_d}$$

$$R_{total} = [R] + [AR]$$

$$p_{AR} = \frac{\left( \frac{[A] \times [R]}{K_d} \right)}{[R] + \left( \frac{[A] \times [R]}{K_d} \right)} = \frac{\left( \frac{[A]}{K_d} \right)}{1 + \left( \frac{[A]}{K_d} \right)} = \frac{[A]}{K_d + [A]}$$

# Fractional Receptor Occupancy



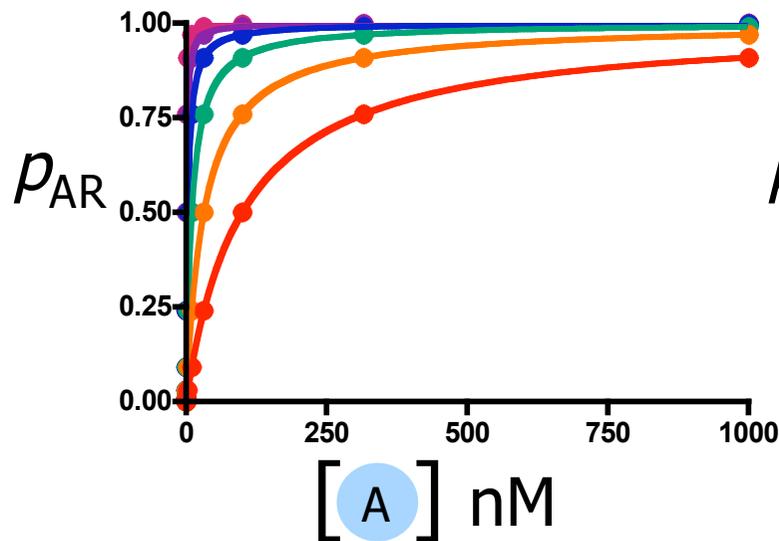
When  $[A] = K_d$ : half the receptors are occupied

$$p_{AR} = \frac{[A]}{[A] + [A]} = 0.5$$

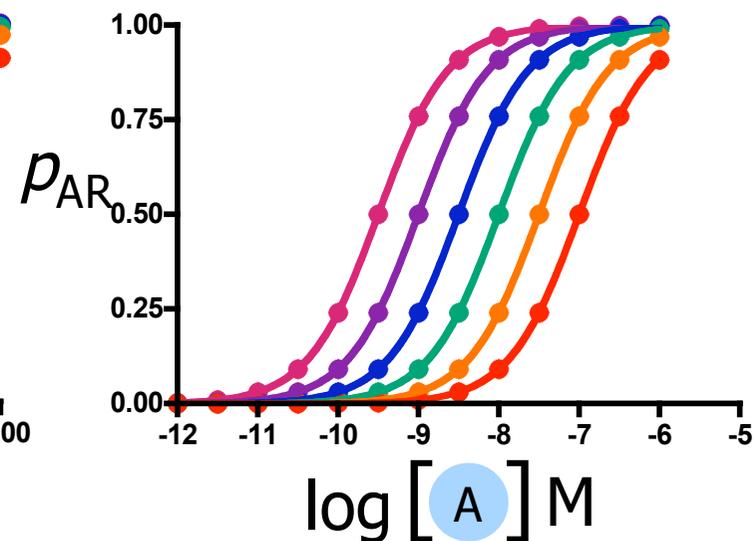
# Fractional Receptor Occupancy

$$p_{AR} = \frac{[A]}{K_d + [A]}$$

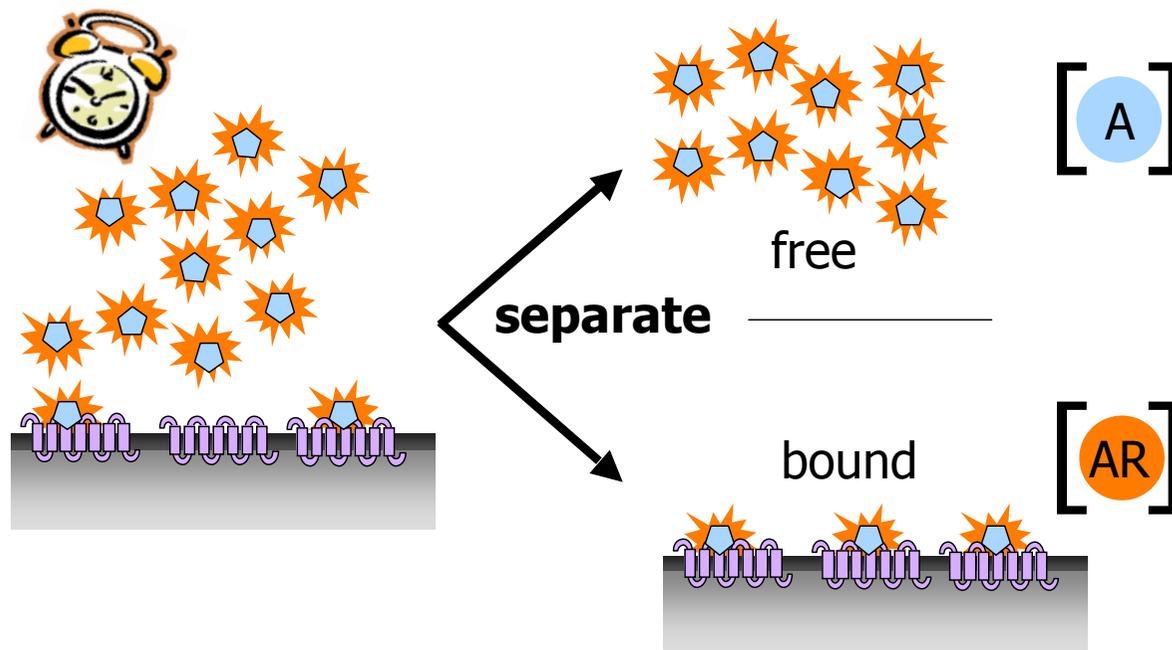
**Linear scale**



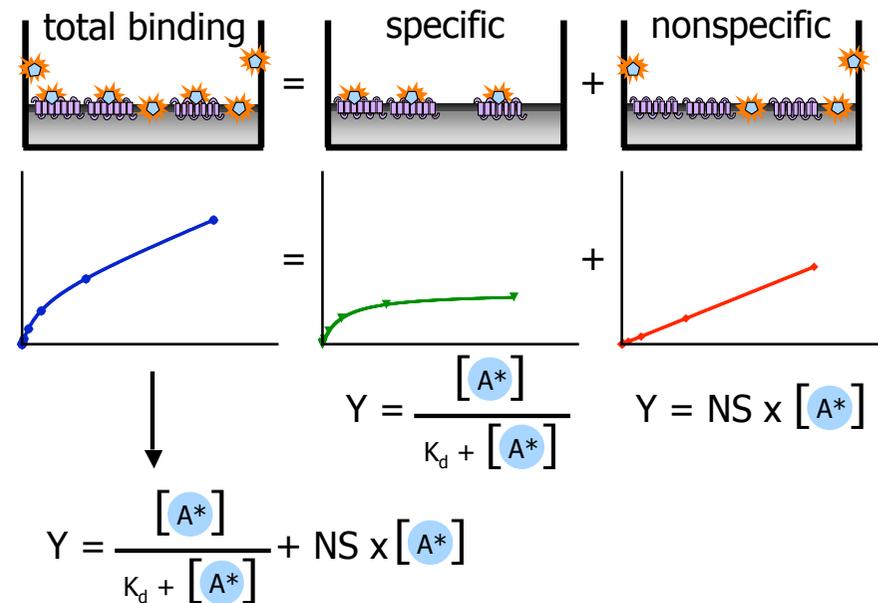
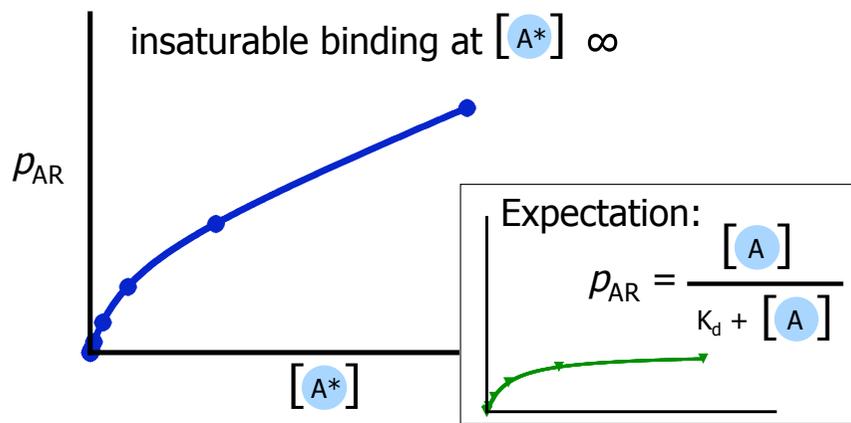
**Log scale**



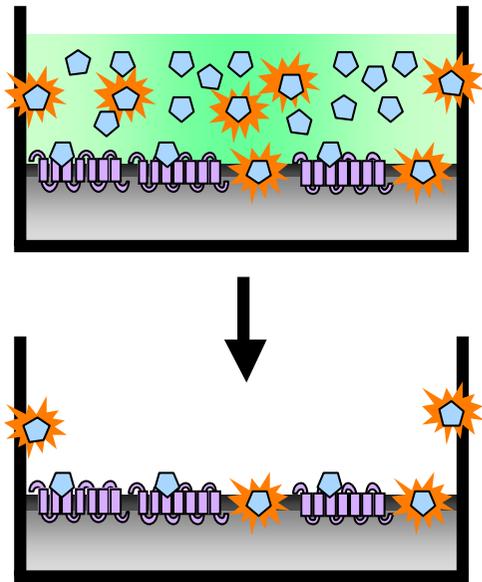
# Determining affinities: Radioligand labelling



# Artifacts from non-specific binding

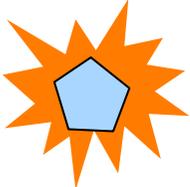


# Quantifying non-specific binding



use saturating concentration\*  
of "cold" ligand 



prevents radioligand binding  
to receptor 

\*concentration "cold":

1 x  $K_d$  = 50% occupancy

4 x  $K_d$  = 80% occupancy

9 x  $K_d$  = 90% occupancy

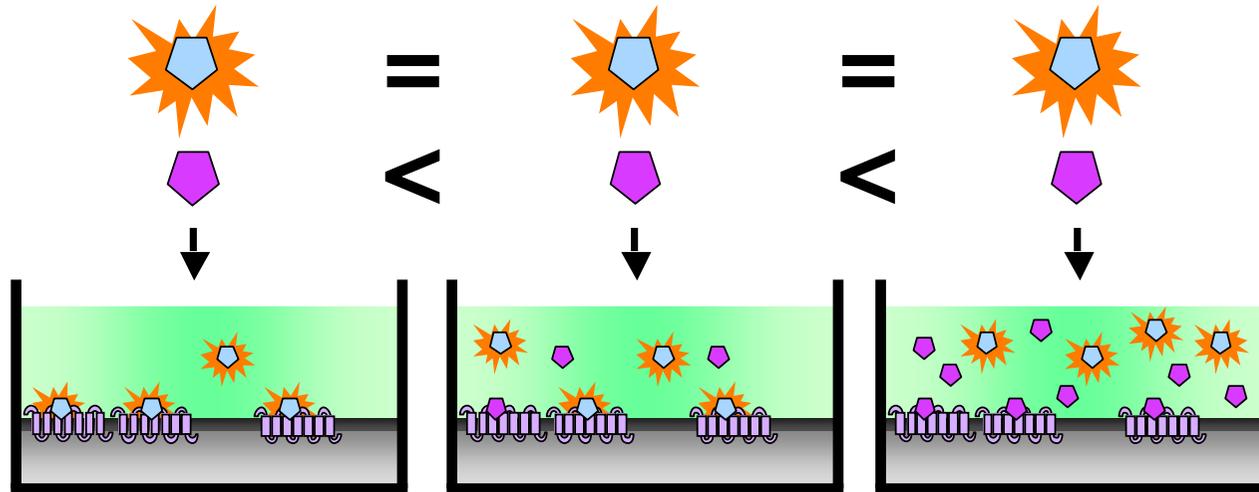
99 x  $K_d$  = 99% occupancy

$$p_{AR} = \frac{[A]}{K_d + [A]}$$

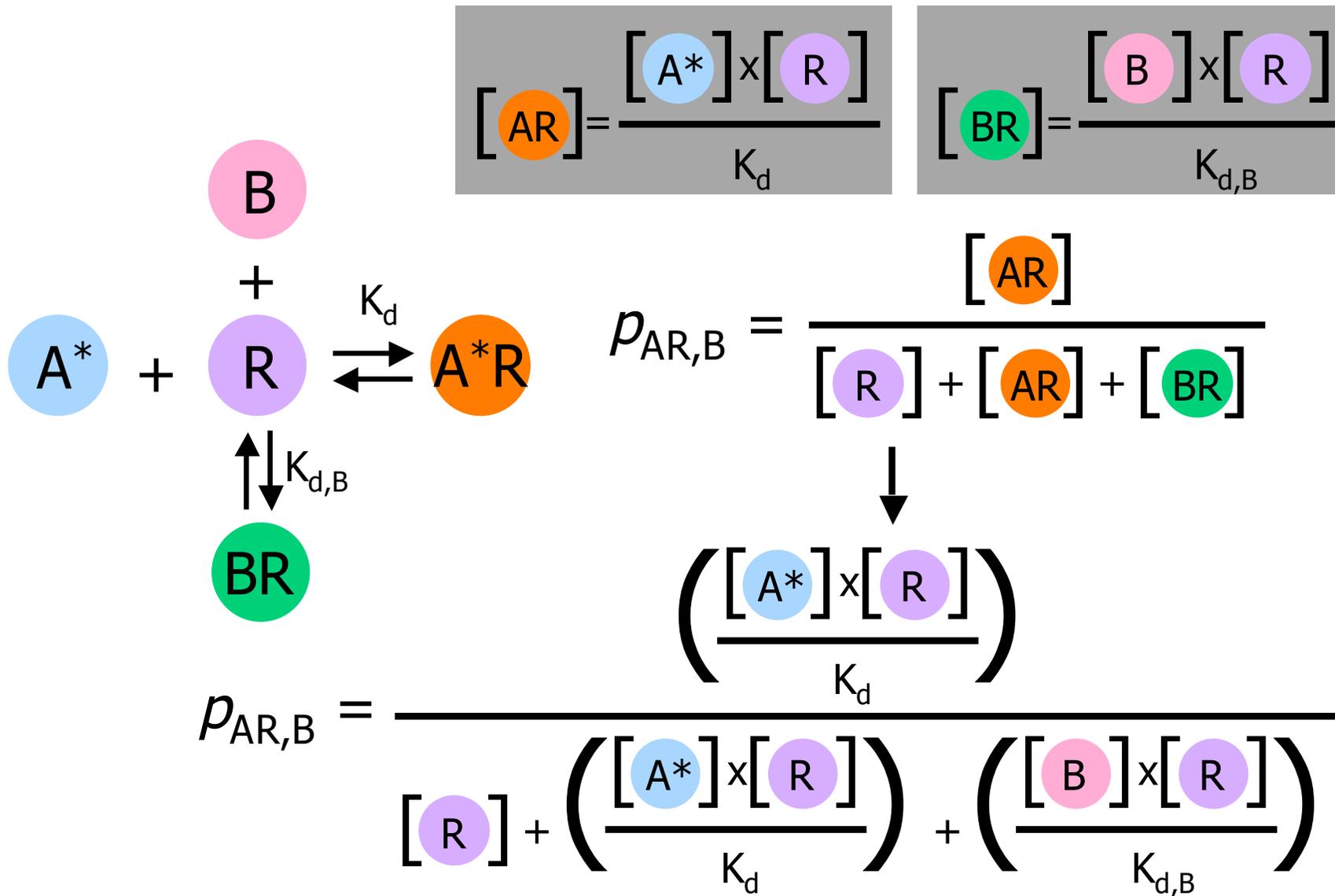
# Displacement Assays

**Indirect** measure of affinity of **unlabeled** ligands

Displace fixed [radioligand] from receptor by increasing concentrations unlabeled ligand



# Displacement Assays



# Displacement Assays

## Relation $IC_{50}$ and $K_{d,B}$

$$P = \frac{p_{AR,B}}{p_{AR,0}} = 0.5 \quad \text{when: } [B] = IC_{50}$$

$$P = \frac{1 + \frac{[A^*]}{K_d}}{1 + \left(\frac{[A^*]}{K_d}\right) + \left(\frac{IC_{50}}{K_{d,B}}\right)} = 0.5$$

Cheng-Prusoff equation

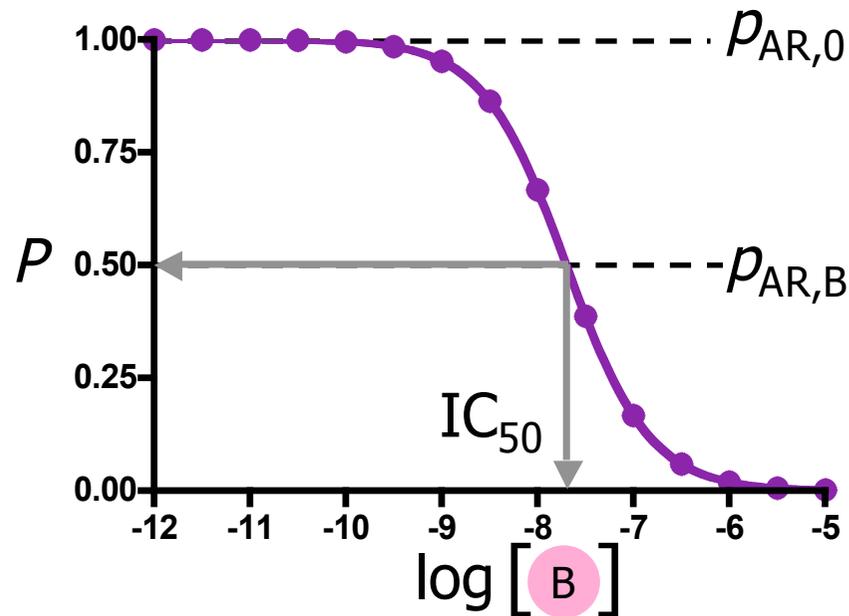
(herein,  $p_{AR,0}$  denotes the concentration of AR in absence of the competitor B)

$$K_{d,B} = \frac{IC_{50}}{1 + \left(\frac{[A^*]}{K_d}\right)}$$

In the experiment, B is added and the displaced radioligand  $A^*$  is quantified. At  $IC_{50}$  half of  $A^*$  is replaced by B. You must know the  $K_d$  of A at the receptor R. Since  $A^*$  is a commercial radioligand, this is usually known.

# Displacement Assays

**IC<sub>50</sub> is [B] giving half  $p_{AR,0}$**



$$p_{AR,B} = 0.5 \times p_{AR,0}$$
$$P = \frac{p_{AR,B}}{p_{AR,0}} = 0.5$$

IC<sub>50</sub> measure of the potency of [B] to displace [A\*]

**IC<sub>50</sub>  $\neq$  affinity of [B] ( $K_{d,B}$ )**

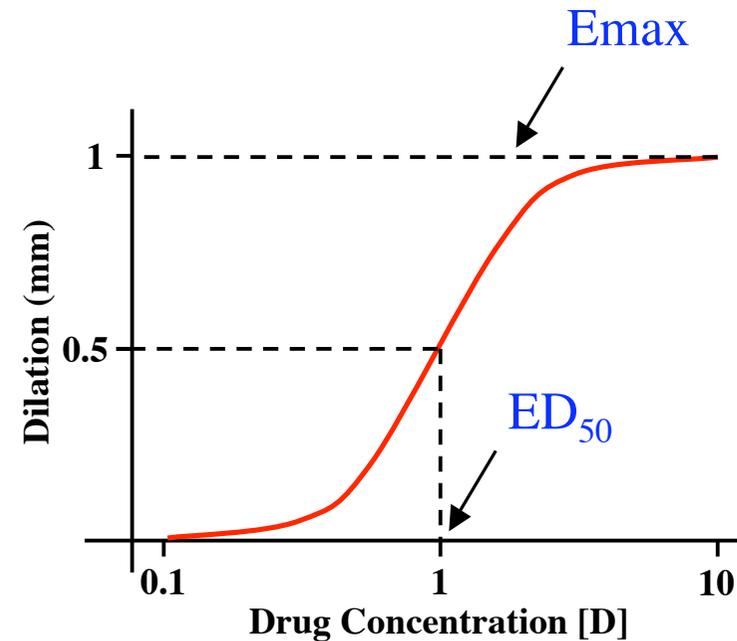
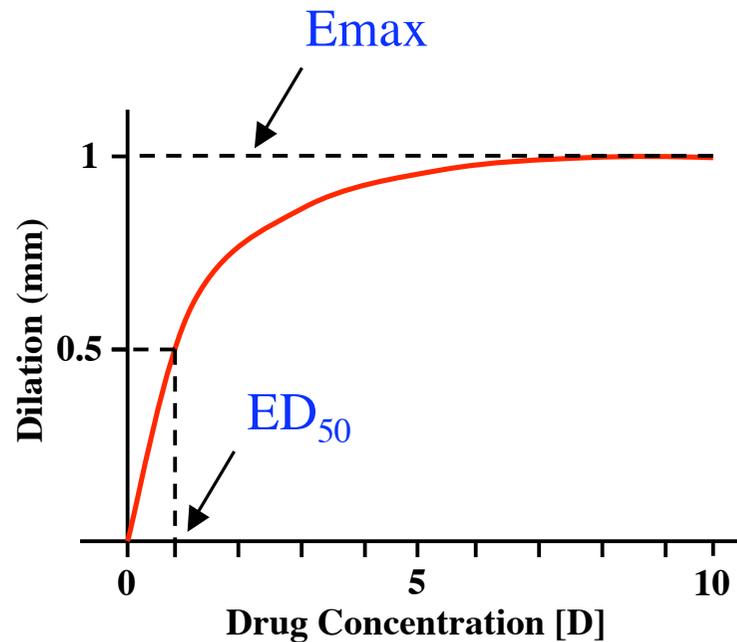
# Displacement Assays

$$K_{d,B} = \frac{IC_{50}}{1 + \left( \frac{[A^*]}{K_d} \right)} \rightarrow IC_{50} = K_{d,B} + \left( \frac{K_{d,B} \times [A^*]}{K_d} \right)$$

## **IC<sub>50</sub> determined by:**

- Affinity of competing ligand **B** ( $K_{d,B}$ )
- Affinity of radioligand **A\*** ( $K_d$ )
- Concentration of radioligand **A\***

# Dose-response curves



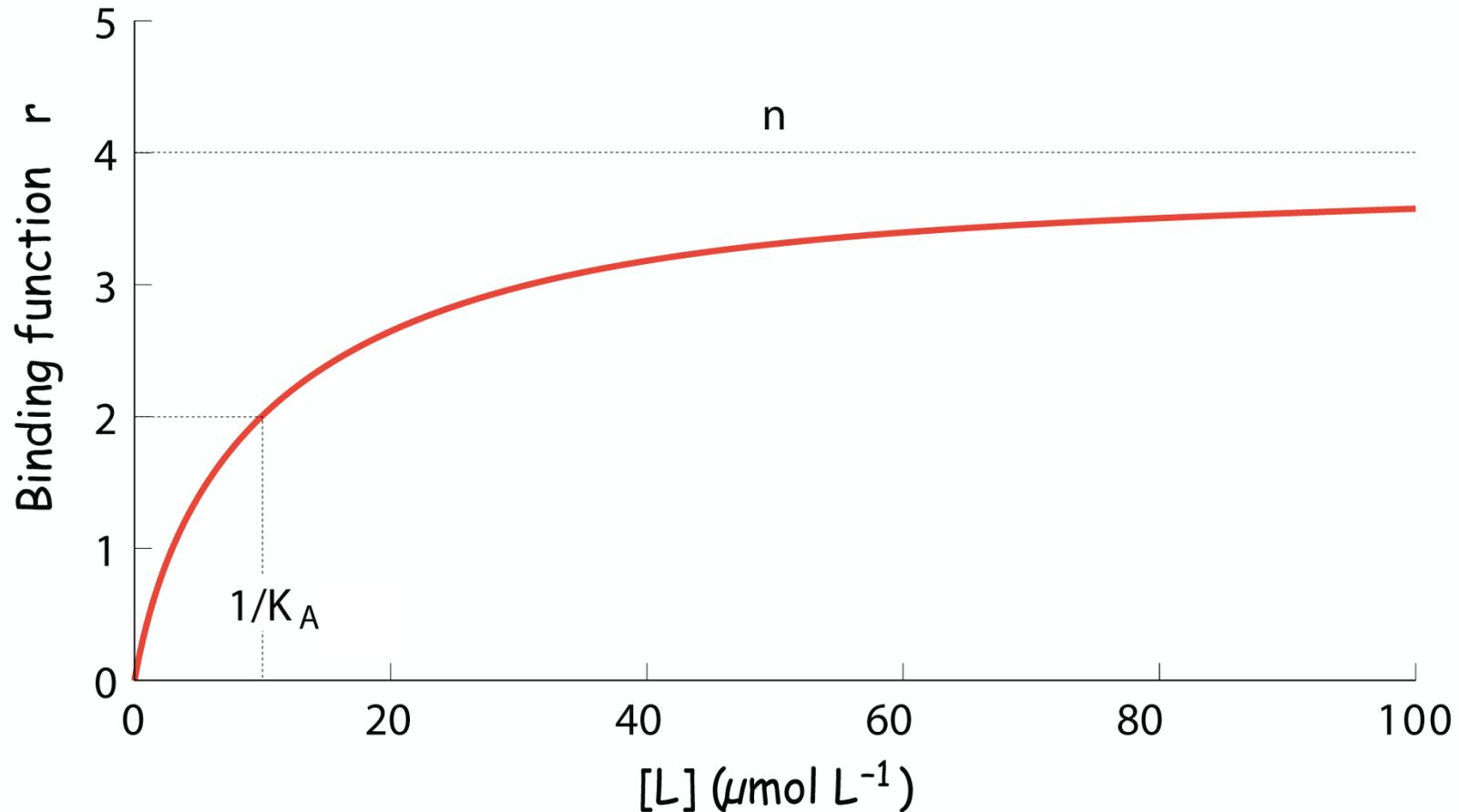
$E_{max}$  the maximum response achieved by an agonist  
also referred to as **drug efficacy**

$ED_{50}$  the drug concentration (or does) at which 50% of  $E_{max}$  is achieved  
also referred to as **drug potency**

# Many binding sites

$$r = \frac{[L_{tot}] - [L_{free}]}{[R_{tot}]} = \frac{nK_A [L_{free}]}{1 + K_A [L_{free}]}$$

$$r = \frac{[L_{bound}]}{[R_{tot}]}$$



# Scatchard Plot



$$K_a = \frac{[L_{bound}]}{[L_{free}][R_{free}]}$$

$$r = \frac{[L_{bound}]}{[R_{tot}]} \Rightarrow [L_{bound}] = r \cdot [R_{tot}]$$

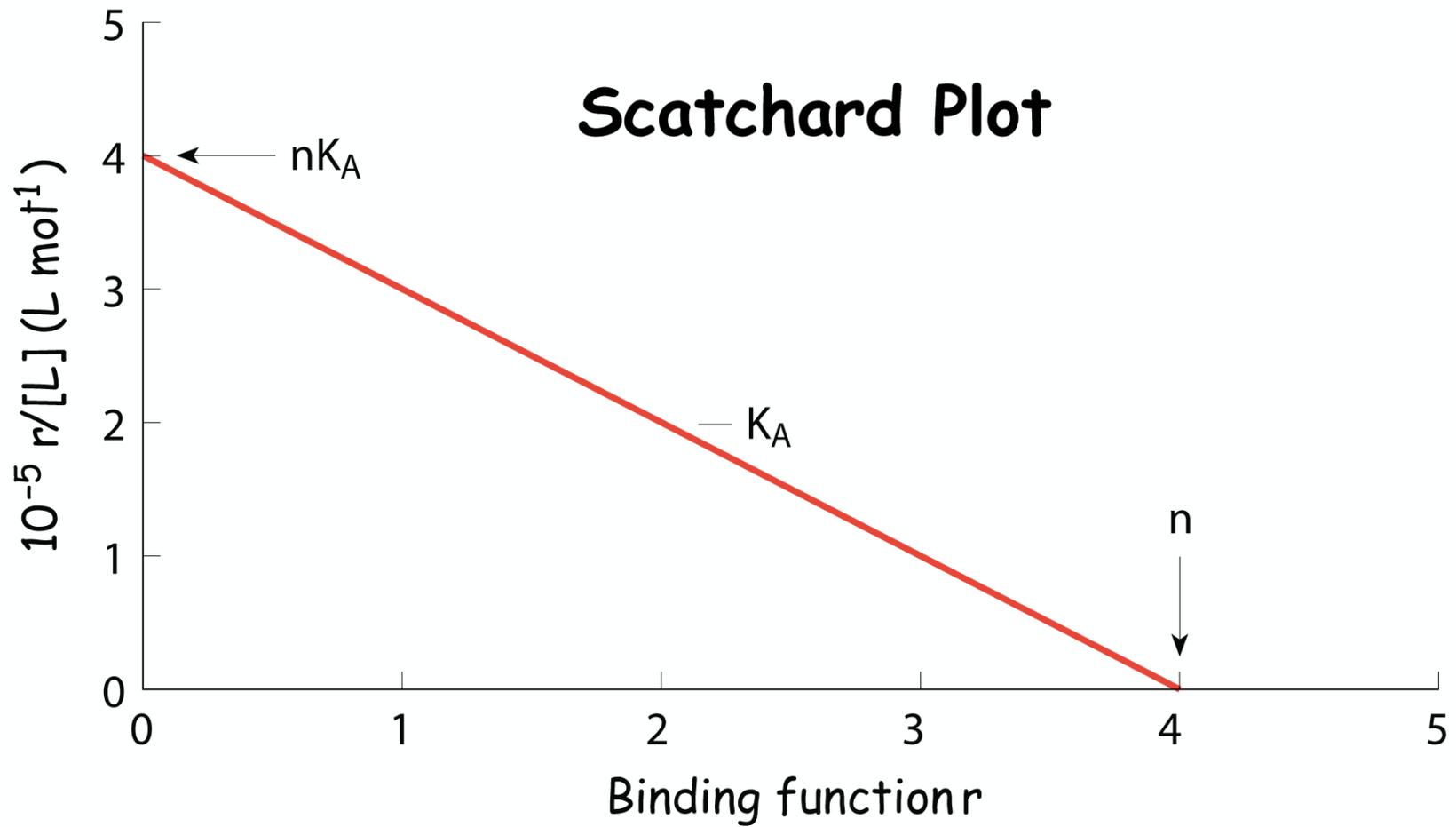
$$[R_{free}] = n[R_{tot}] - r[R_{tot}] = (n - r)[R_{tot}]$$

$$K_a = \frac{r \cdot [R_{tot}]}{[L_{free}](n - r)[R_{tot}]}$$

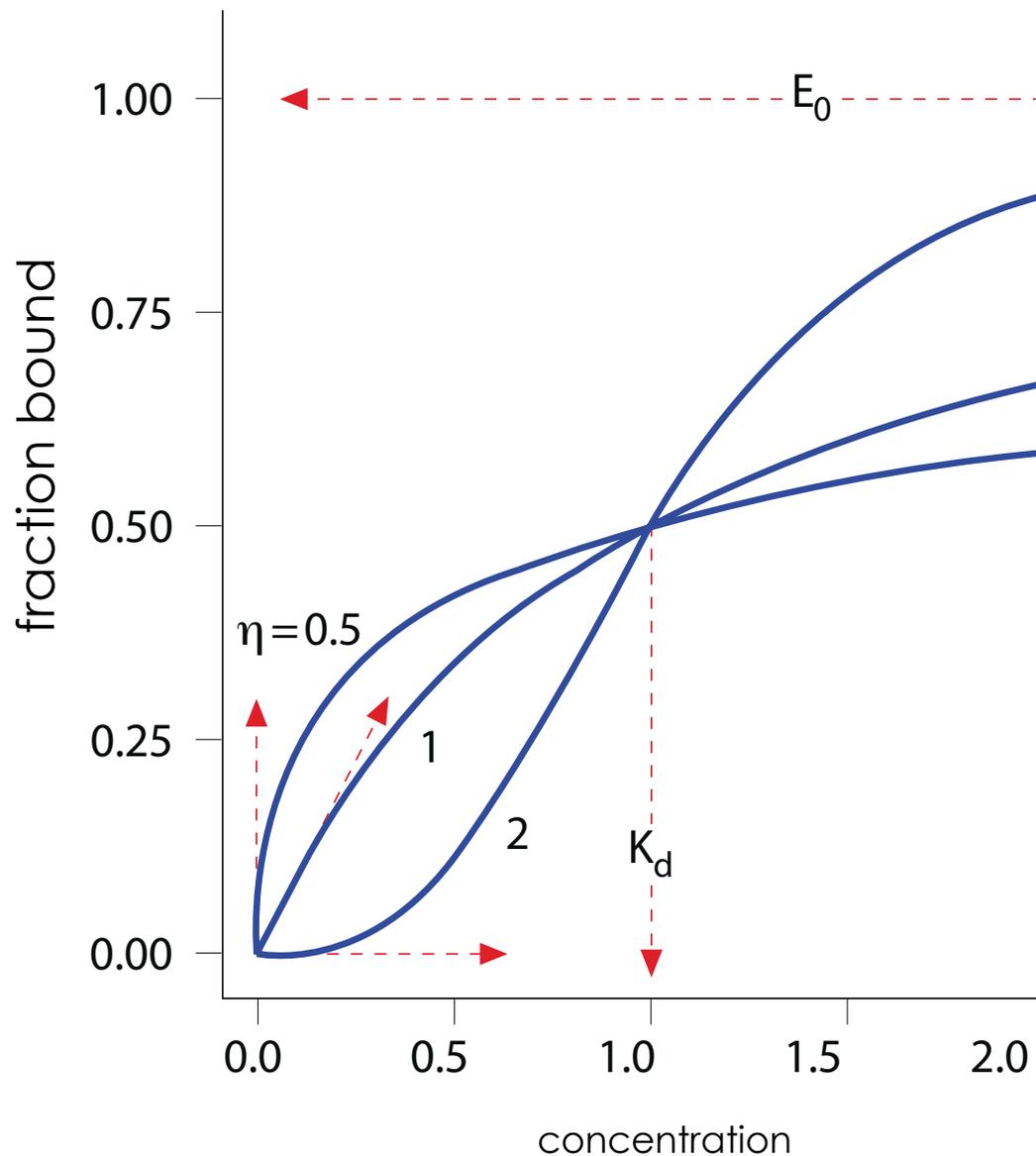
(n number of binding sites)

$$\frac{r}{[L_{free}]} = \frac{K_a(n - r)[R_{tot}]}{[R_{tot}]} = nK_a - rK_a$$

$$\frac{r}{[L_{free}]} = nK_A - K_A r$$



# The Hill coefficient and cooperativity of binding

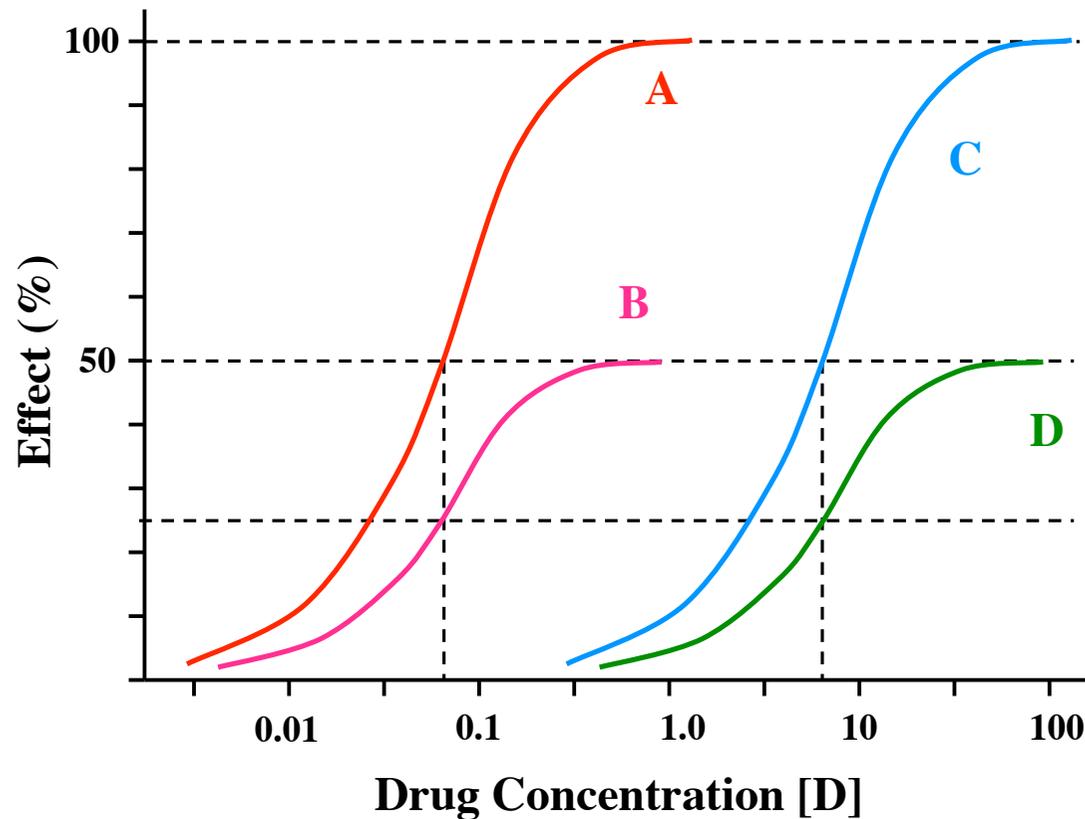


$$[L_{bound}] = \frac{[R_{tot}] \cdot [L_{free}]^\eta}{K_d^\eta + [L_{free}]^\eta}$$

( $\eta$  is the Hill coefficient)

- positive cooperativity: binding to another site enhances affinity to the site
- negative cooperativity: binding to another site decreases affinity to the site

# Various Types of Agonists



A: full agonist

maximum potency  
maximum efficacy

B: partial agonist

maximum potency  
reduced efficacy

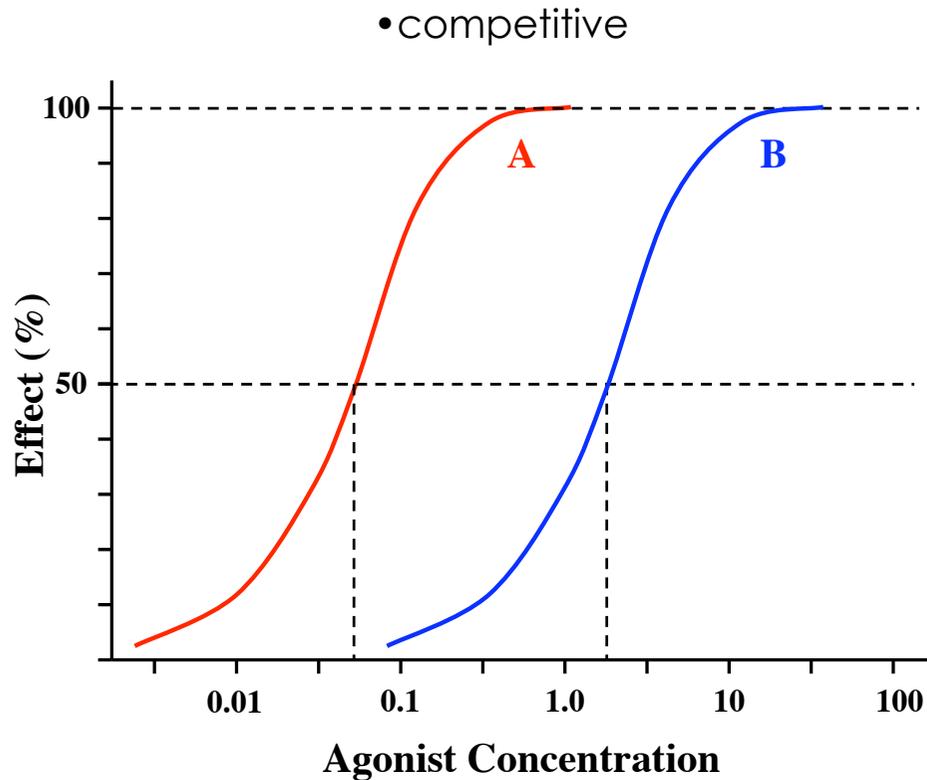
C: full agonist

reduced potency  
maximum efficacy

D: partial agonist

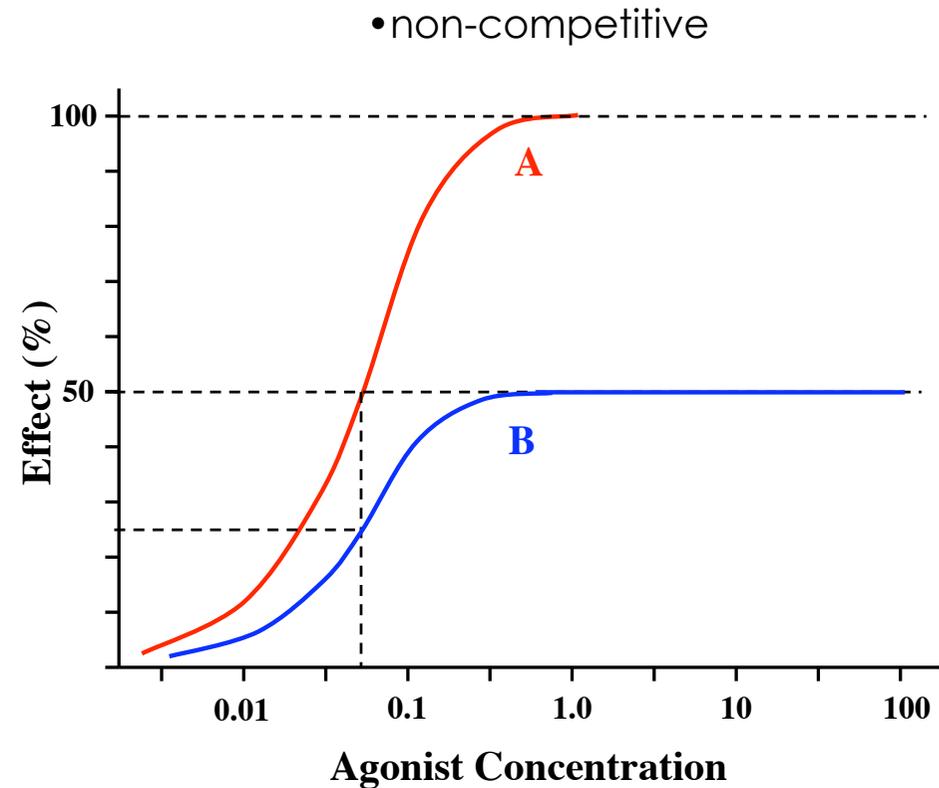
reduced potency  
reduced efficacy

# Various Types of Antagonists



A: agonist - antagonist  
agonist has max potency  
max efficacy

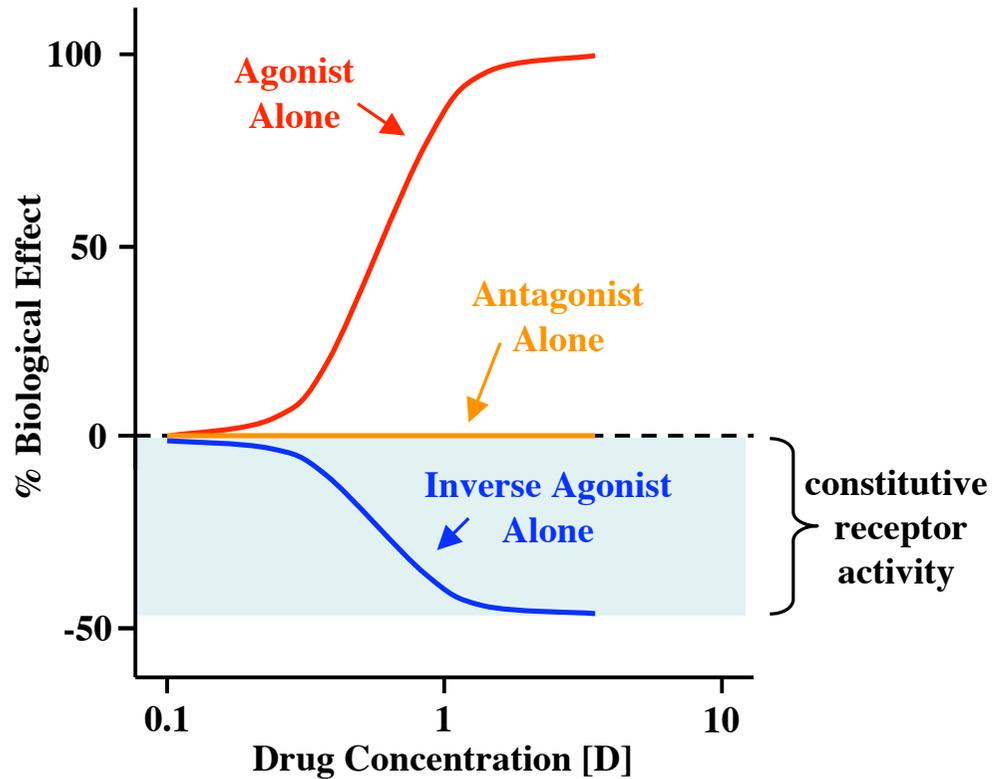
B: agonist + competitive antagonist  
agonist has red. potency  
but max efficacy



A: agonist - antagonist  
agonist has max potency  
max efficacy

B: agonist + non-competitive antagonist  
agonist has max. potency  
but red. efficacy

# Inverse Agonists



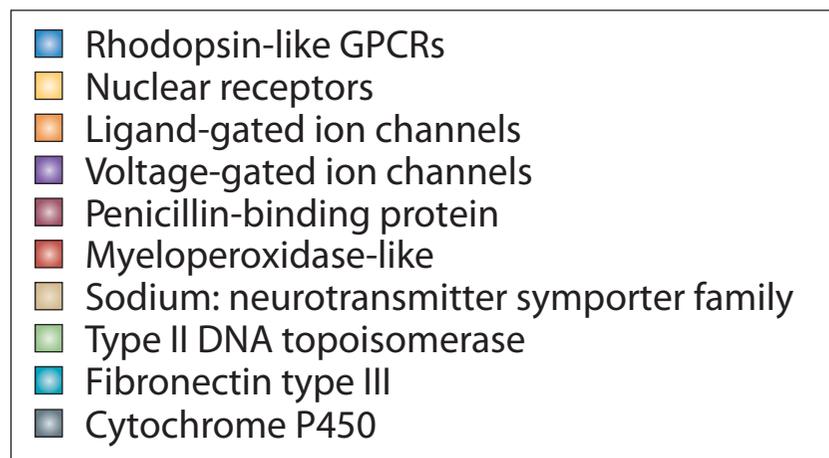
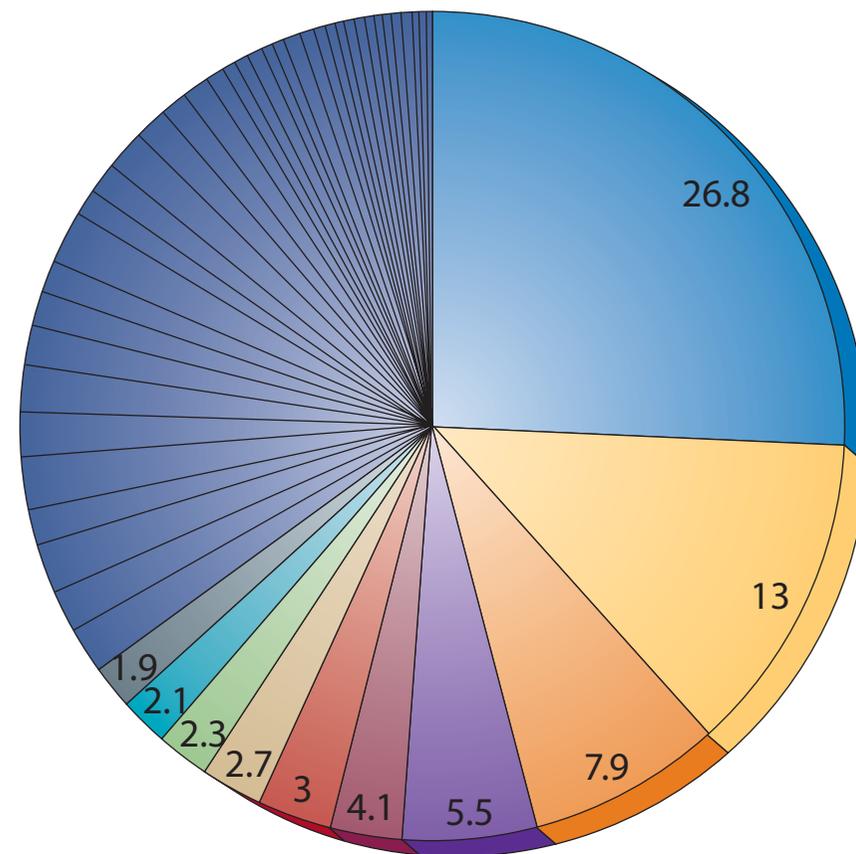
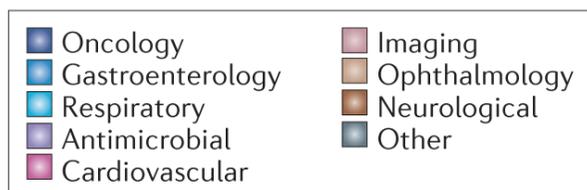
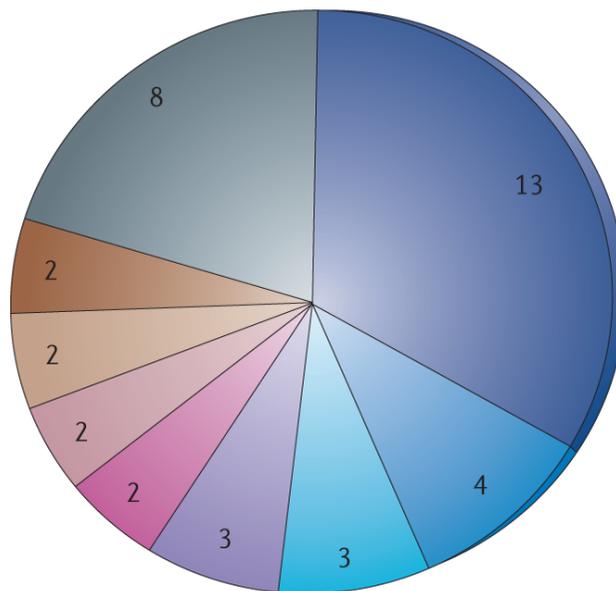
## Inverse Agonist

- a ligand that produces an effect opposite to that of an agonist
- binds to the same receptor as agonist

# Types of receptors

- ligand-gated ion channels
- G-protein coupled receptors
- kinase-linked receptors
- nuclear receptors
- nucleic acids
- enzymes

New Drugs 2012



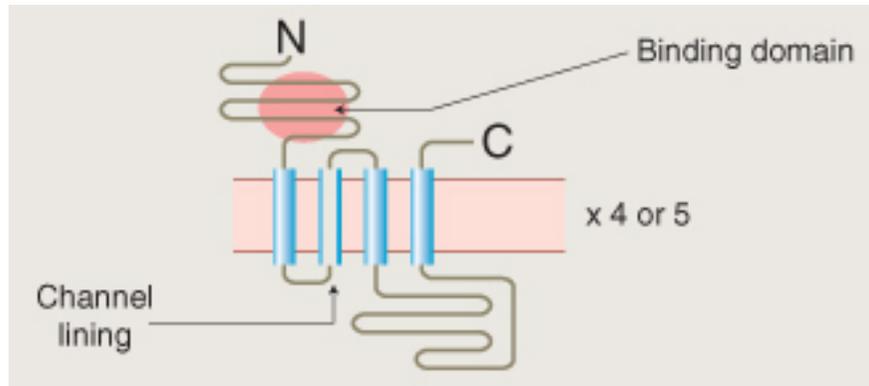
# Enzymes

class	enzyme	function
<b>Oxireductase</b>		
	dehydrogenases	transfer of H from substrate to cofactor
	reductases	addition of H to substrate
	oxidases	transfer of H from substrate to oxygen
<b>Transferases</b>		
	aminotransferases	transfer of amino groups
	transacetylases	transfer of acetyl groups
	phosphorylases	transfer of phosphate groups
<b>Hydrolases</b>		
	glycosidases	hydrolysis of glycosidic bonds
	esterases	hydrolysis of ester bonds
	peptidases	hydrolysis of peptide bonds
<b>Lyases</b>		
	hydratases	addition of water to double bonds
	decarboxylases	removal of CO <sub>2</sub> from substrate
	aldolases	aldol condensations
<b>Isomerases</b>		
	racemases	D/L interconversions
	cis/trans isomerases	cis/trans interconversions
	mutases	intramolecular group transfer
<b>Ligases</b>		
	synthetases	condensation of two molecules
	carboxylases	addition of CO <sub>2</sub> to substrate

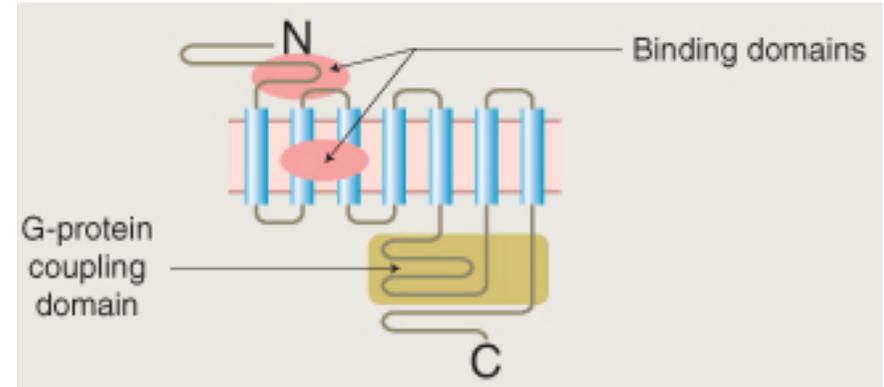
# Types of receptors (II)

	<b>ligand-gated ion channel</b>	<b>GPCR</b>	<b>kinase-linked</b>	<b>nuclear receptors</b>
<b>location</b>	membrane	membrane	membrane	intracellular
<b>effector</b>	ion channel	channel or enzyme	enzyme	gene transcription
<b>coupling</b>	direct	G-protein	direct	via DNA
<b>examples</b>	nicotinic acetylcholine rec. GABA	adrenoreceptors	insulin, growth factors, cytokine receptors	steroid, thyroid rec.
<b>structure</b>	oligomeric assembly of subunits surrounding central pore	heptahelical structure	single TM helix lining intra- and extracellular domains	monomeric structure with separate receptor and DNA-binding domains

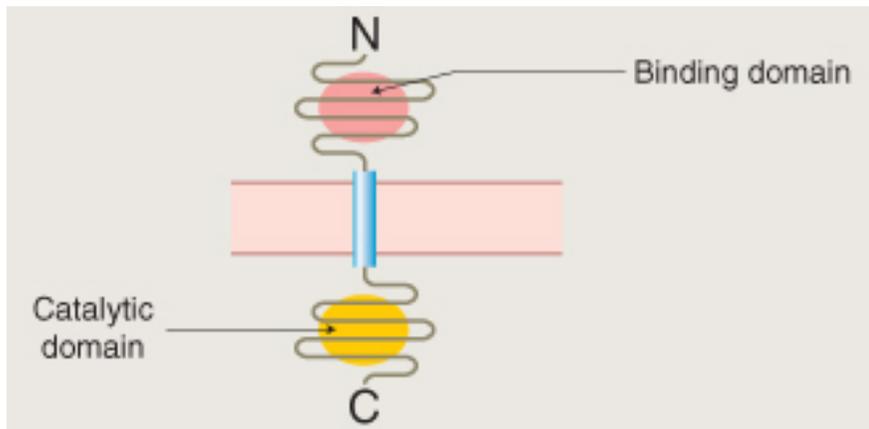
ligand-gated ion channels



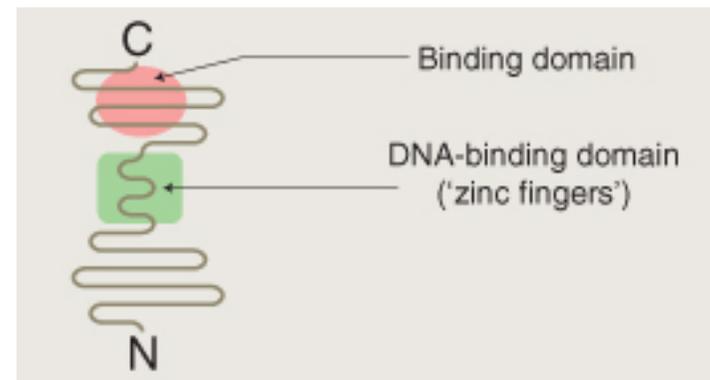
GPCRs



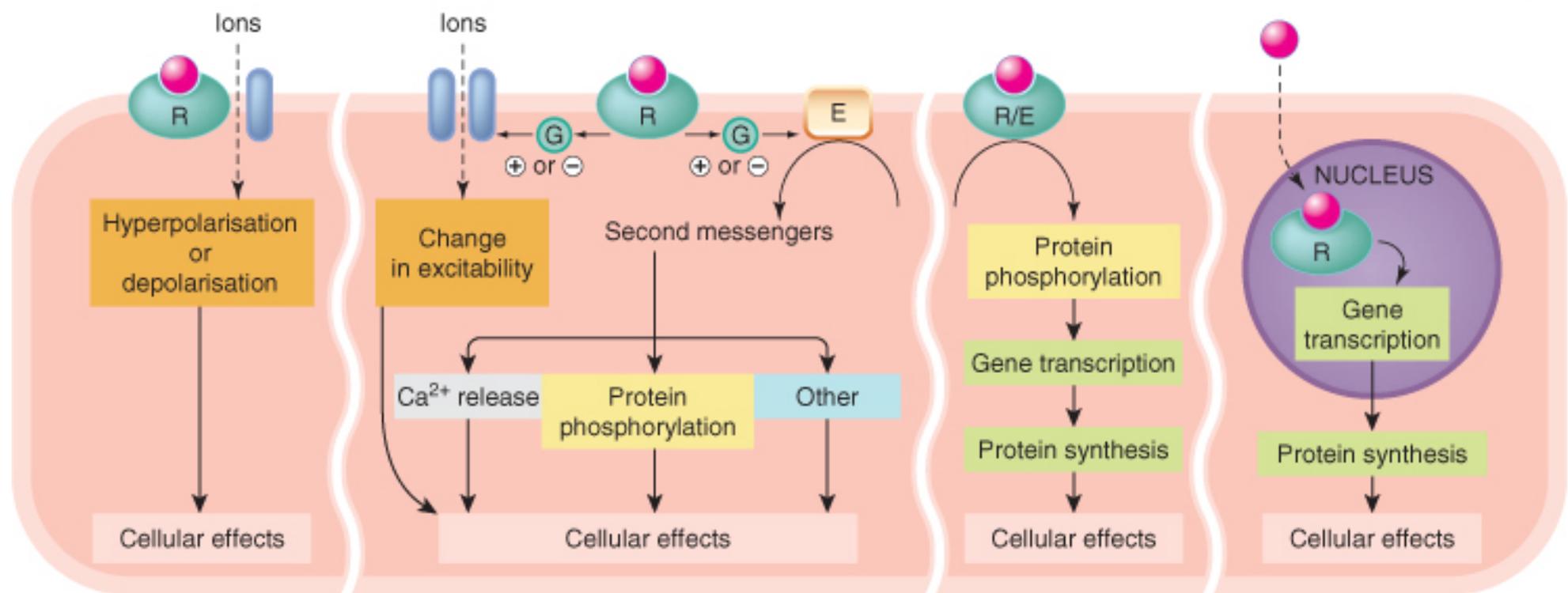
kinase-linked receptors



nuclear receptors

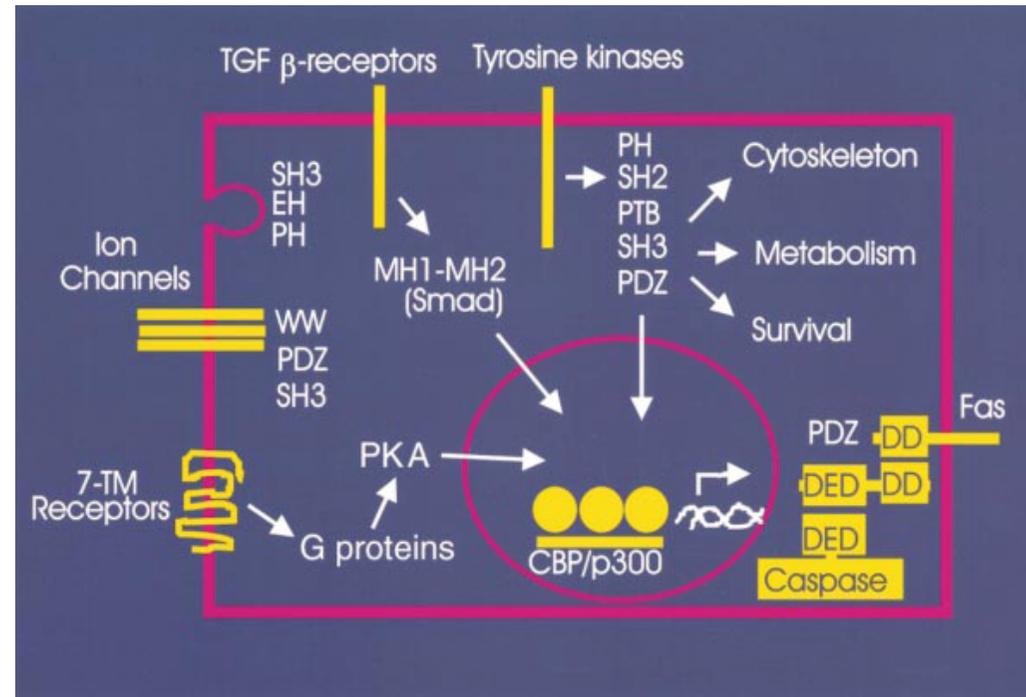


<b>1. Ligand-gated ion channels (ionotropic receptors)</b>	<b>2. G-protein-coupled receptors (metabotropic)</b>	<b>3. Kinase-linked receptors</b>	<b>4. Nuclear receptors</b>
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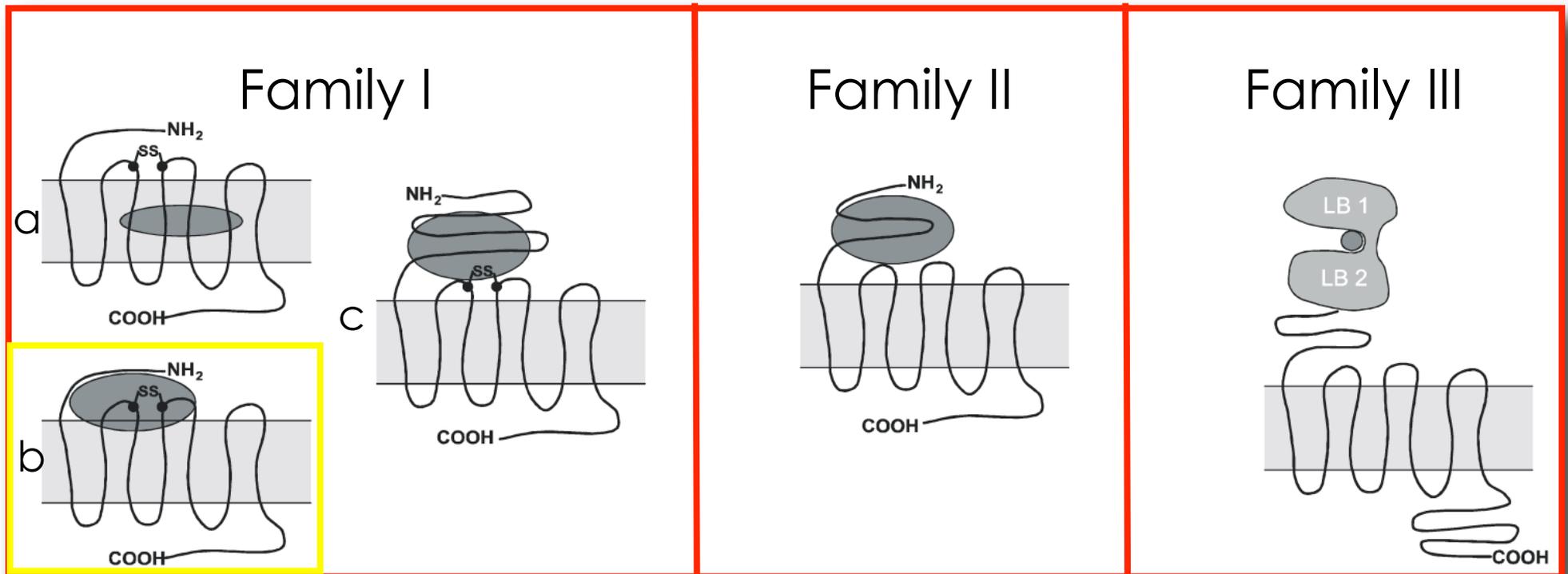
<b>Time scale</b> Milliseconds	Seconds	Hours	Hours
<b>Examples</b> Nicotinic ACh receptor	Muscarinic ACh receptor	Cytokine receptors	Oestrogen receptor

# Modules for recognition of signaling molecules



Module	Rationale for name	Recognition motif
SH2	Src homology-2	P-tyrosine
PTB	Phosphotyrosine binding	P-tyrosine
SH3	Src homology-3	Pro-rich sequence
WW	WW denotes 2 conserved Trp	P-P-X-Y, P-P-L-P, P-R/p-S/T-P
PH	Pleckstrin Homology	phospholipids,
FYVE	present in <b>F</b> ab1,, <b>Y</b> GLD23, <b>V</b> PS27 + EEA1 proteins	PtdIns(3)P
PDZ	present in <b>P</b> SD-95, <b>D</b> igA, <b>Z</b> O-1 proteins	C-term. Val/Leu

# GPCR classification

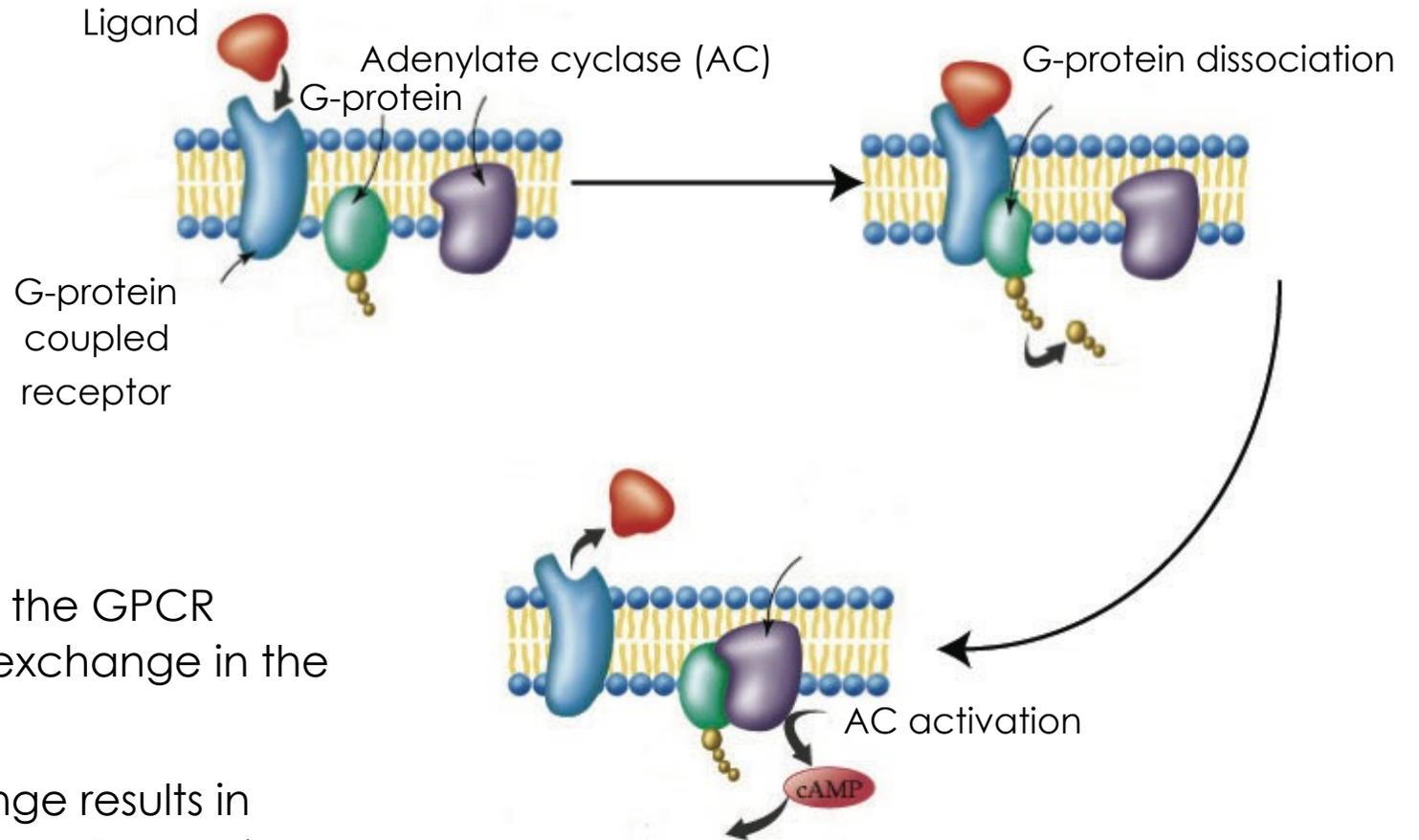


- 1a) rhodopsin, opioid receptors,  
β-adrenergic rec.
- 1b) NPY (hormones)
- 1c) glycoprotein receptors

- 2) glucagon, secretine,  
PACAP, PTH

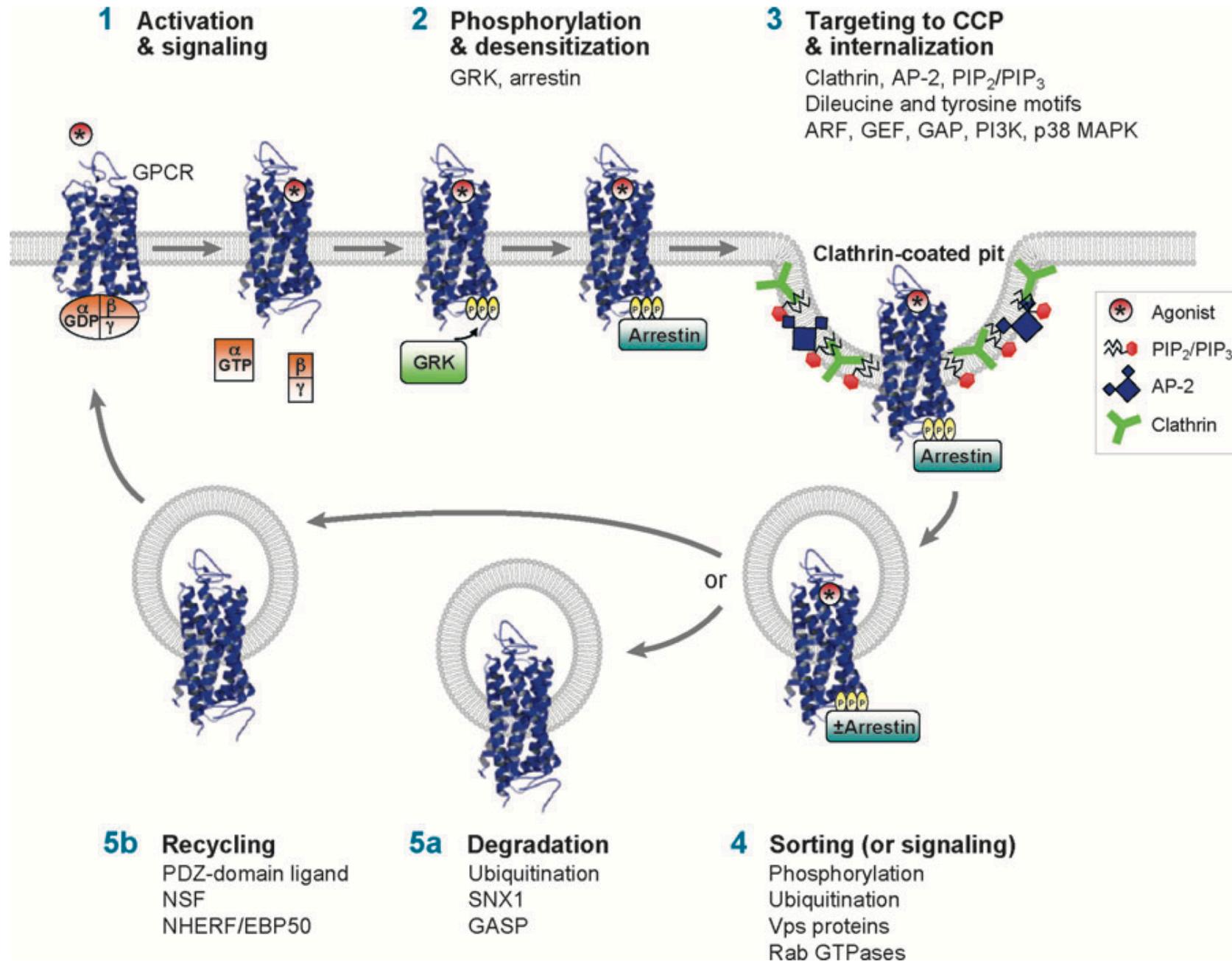
- 3) glutamate receptors  
GABA receptors

# GPCR signaling



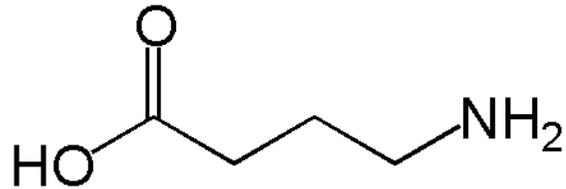
- Binding of the ligand to the GPCR triggers the GDP to GTP exchange in the bound G-protein
- The GDP to GTP exchange results in dissociation of the coupled G-protein into the  $\alpha$  and  $\beta/\gamma$  subunits
- Both, the  $\alpha$  and the  $\beta/\gamma$  subunit can activate downstream processes
- The  $\alpha$  and  $\beta/\gamma$  subunits can reassociate to form an inactive G protein again

# Receptor Desensitization



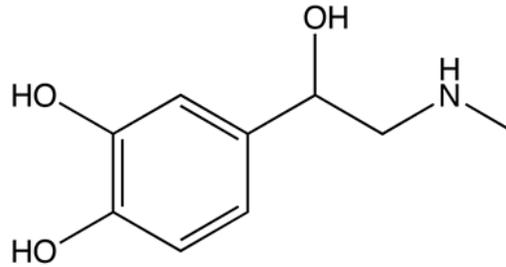
# GPCR Ligands

## Aminoacids



GABA

## Biogenic amines



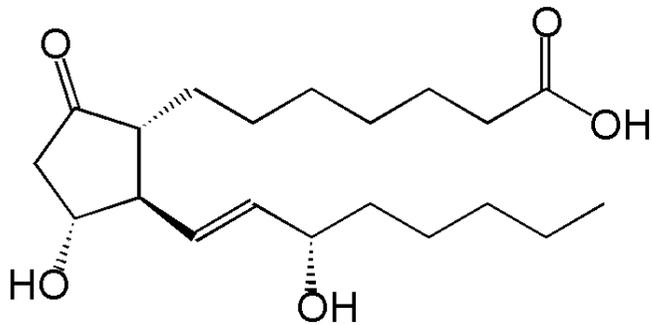
Adrenaline

## Peptides/Proteins

H<sub>3</sub>N-Tyr-Pro-Ser-Lys-Pro-Asp-Asn-Pro-  
Gly-Glu-Asp-Ala-Pro-Ala-Glu-Asp-  
Met-Ala-Arg-Tyr-Tyr-Ser-Ala-Leu-Arg-  
His-Tyr-Ile-Asn-Leu-Ile-Thr-Arg-Gln-  
Arg-Tyr-NH<sub>2</sub>

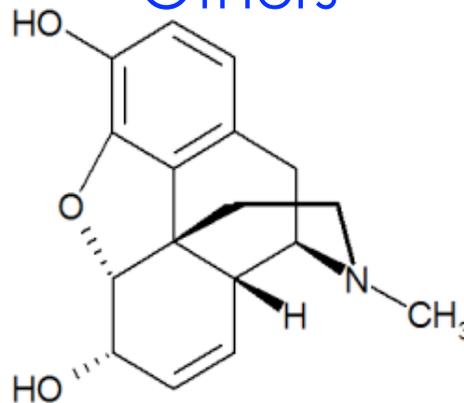
Neuropeptide Y (NPY)

## Lipids



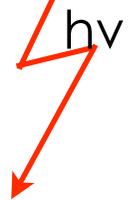
Prostaglandin E1

## Others



Morphine (opioids)

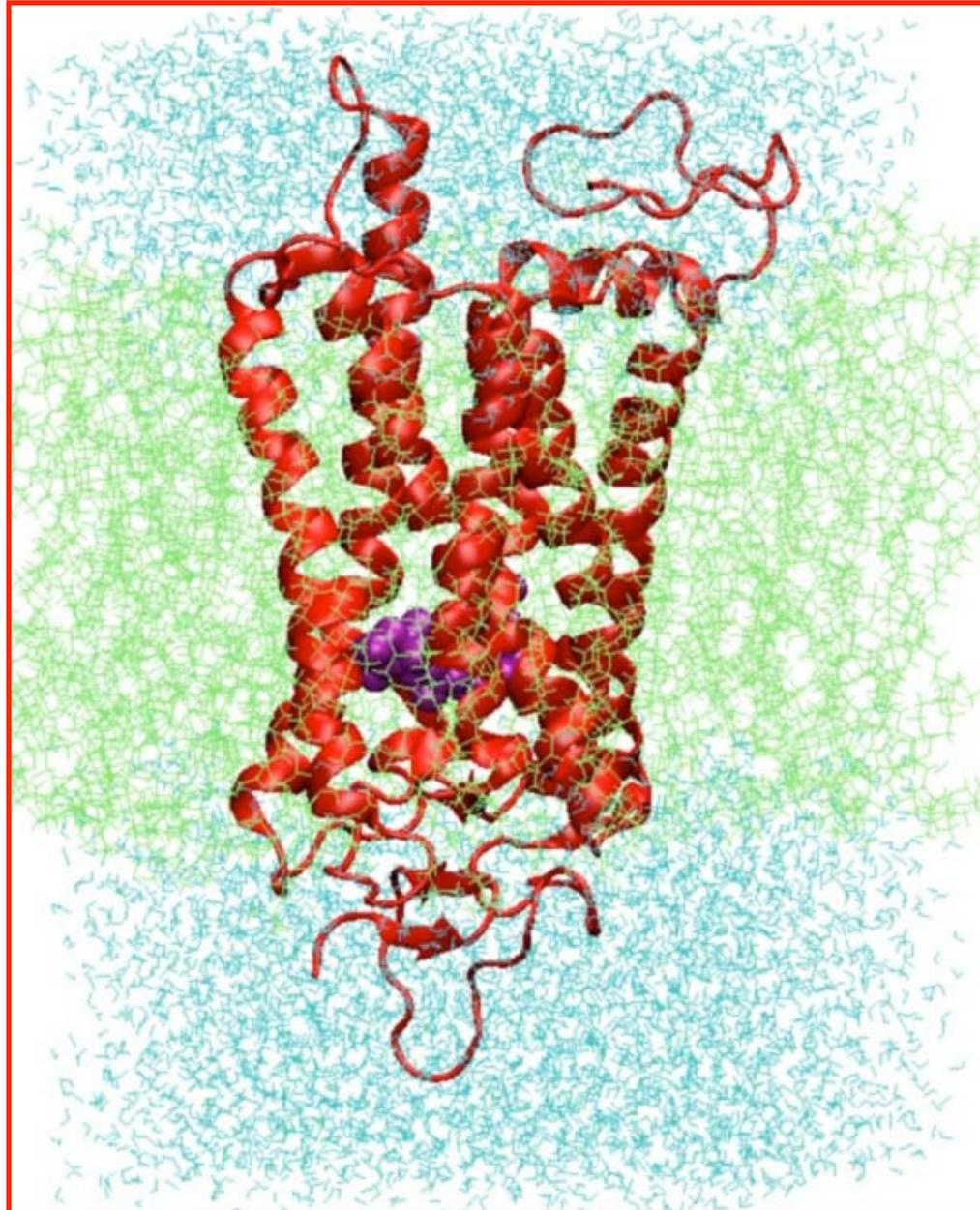
Light



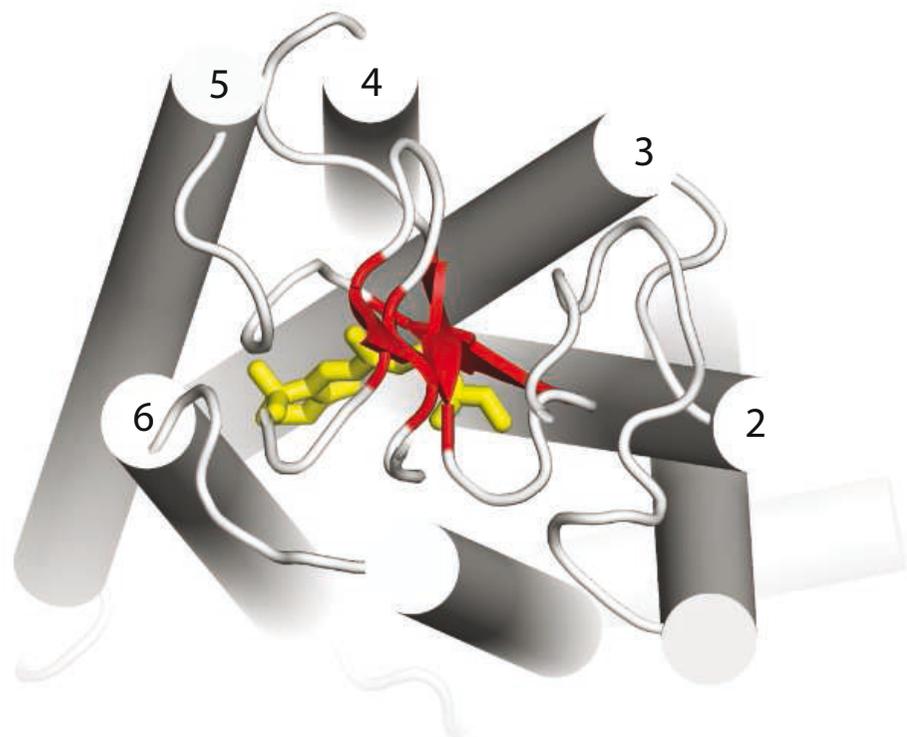
Ions



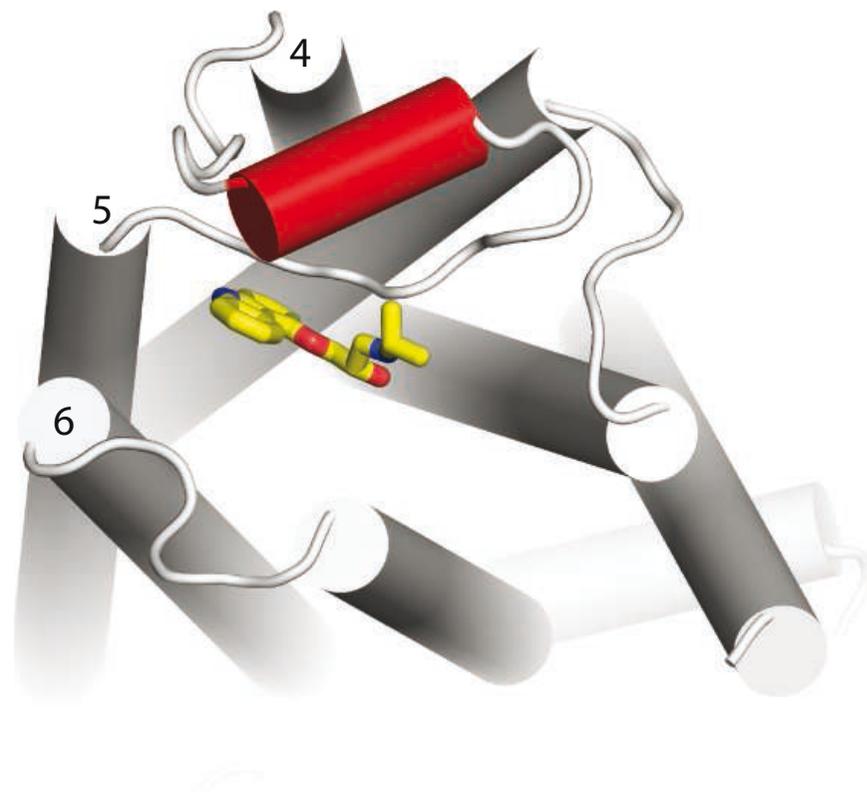
# Crystal structure of Rhodopsin (2.8 Å)



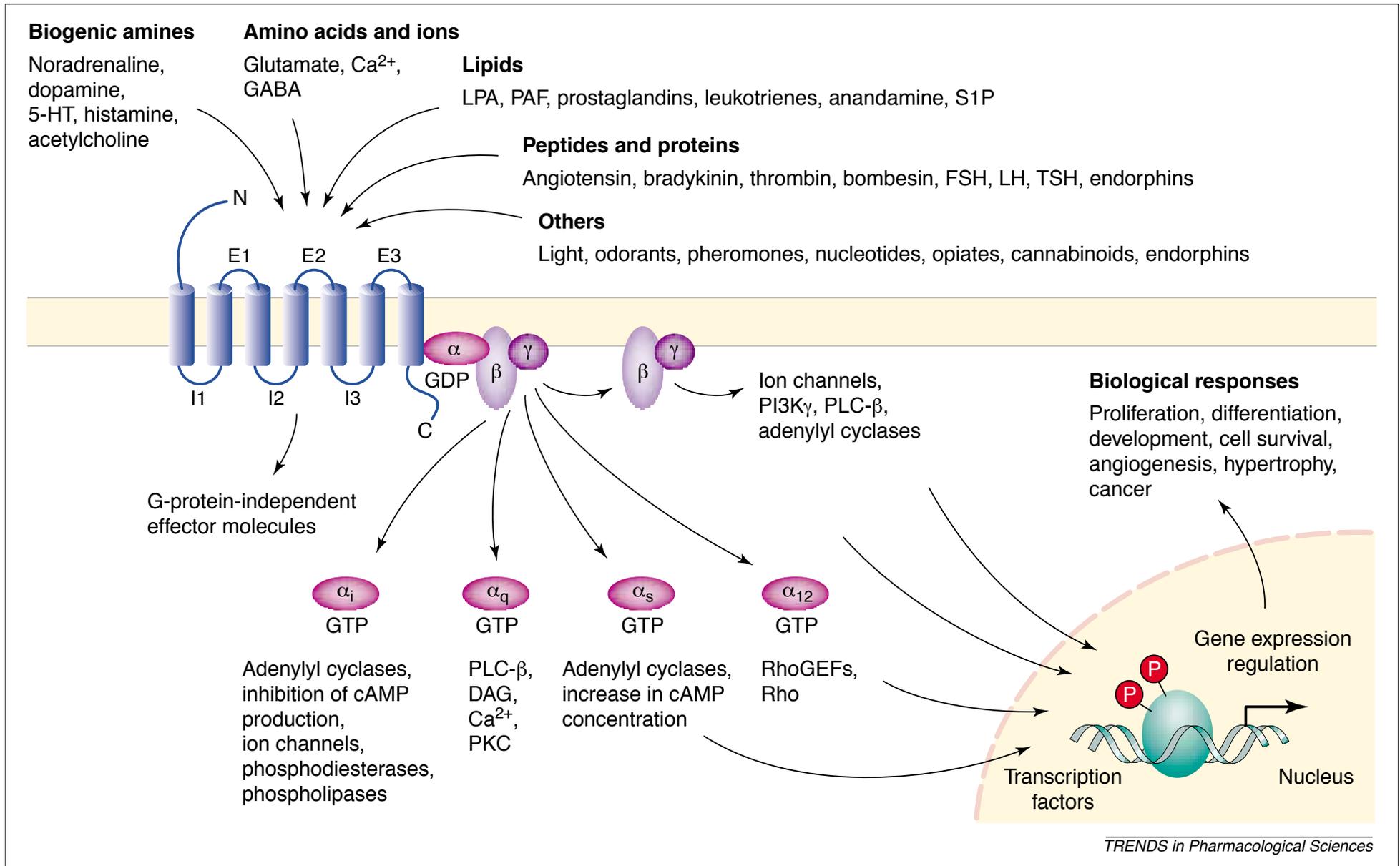
Palcewski et al.  
Science (2000) 289, 739.



Rhodopsin



$\beta$ -Adrenergic Receptor

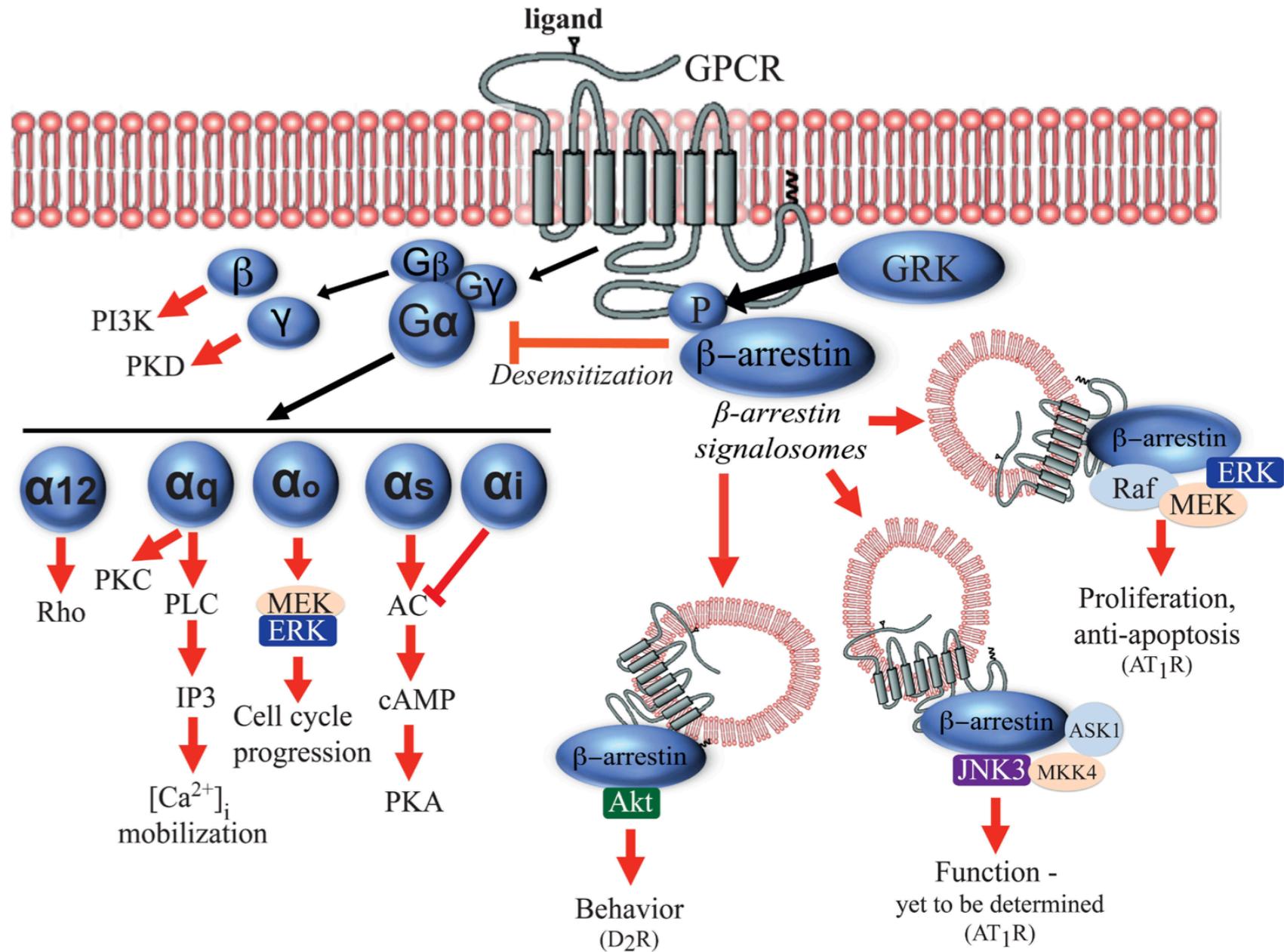


DAG, diacylglycerol; FSH, follicle-stimulating hormone; GEF, guanine nucleotide exchange factor; LH, leuteinizing hormone; LPA, lysophosphatidic acid; PAF, platelet-activating factor; PI3K, phosphoinositide 3-kinase; PKC, protein kinase C; PLC, phospholipase C; S1P, sphingosine-1-phosphate; TSH, thyroid-stimulating hormone.

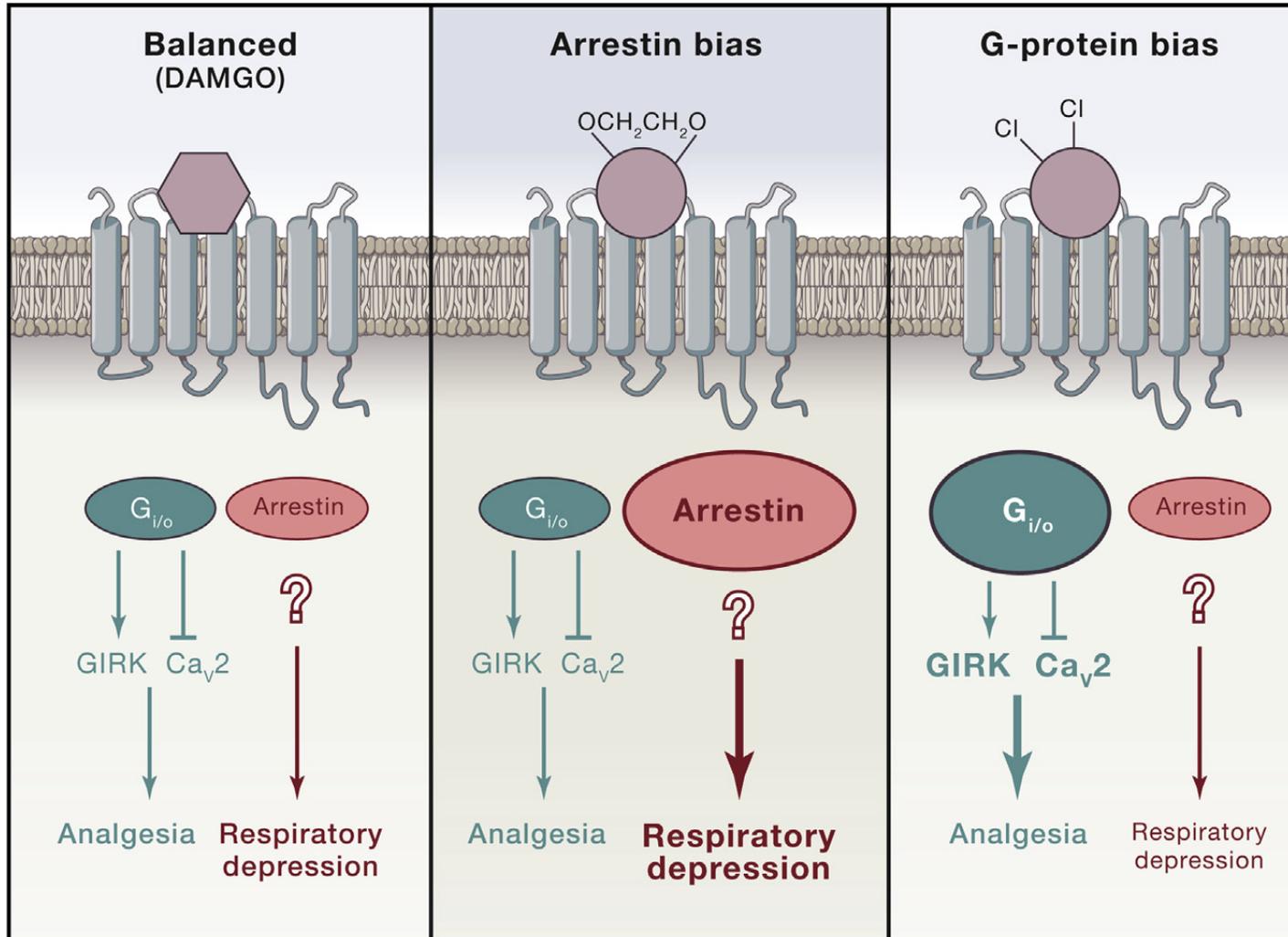
# G $\alpha$ protein subtypes and signaling

Family	Members	Actions	Function
I	$G_s$	$\alpha$	activates adenylate cyclase, $Ca^{2+}$ channels, cSrc tyrosine kinases
	$G_{olf}$	$\alpha$	activates adenylate cyclase in olfactory neurons
II	$G_i$	$\alpha$	inhibits adenylate cyclase
		$\beta\gamma$	activates $K^+$ channel
	$G_o$	$\beta\gamma$	activates $K^+$ channel, inactivates $K^+$ channels
		$\alpha$ and $\beta\gamma$	activates phospholipase C- $\beta$
	$G_t$	$\alpha$	activates cGMP phosphodiesterase in vertebrate photoreceptors
III	$G_q$	$\alpha$	activates phospholipase C- $\beta$
IV	$G_{12}$	$\alpha$	activates rho guanine nucleotide exchange factors

# Biased Signaling

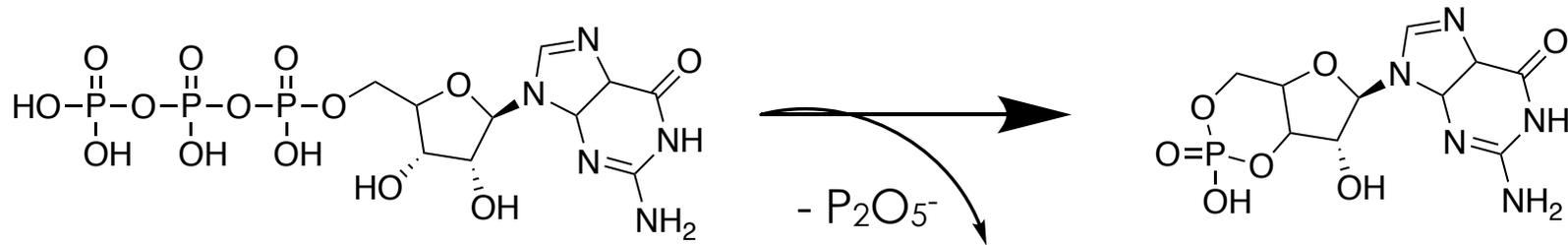


# Biased Signaling



# Targets for G-proteins

- adenylate cyclase converts ATP to cAMP



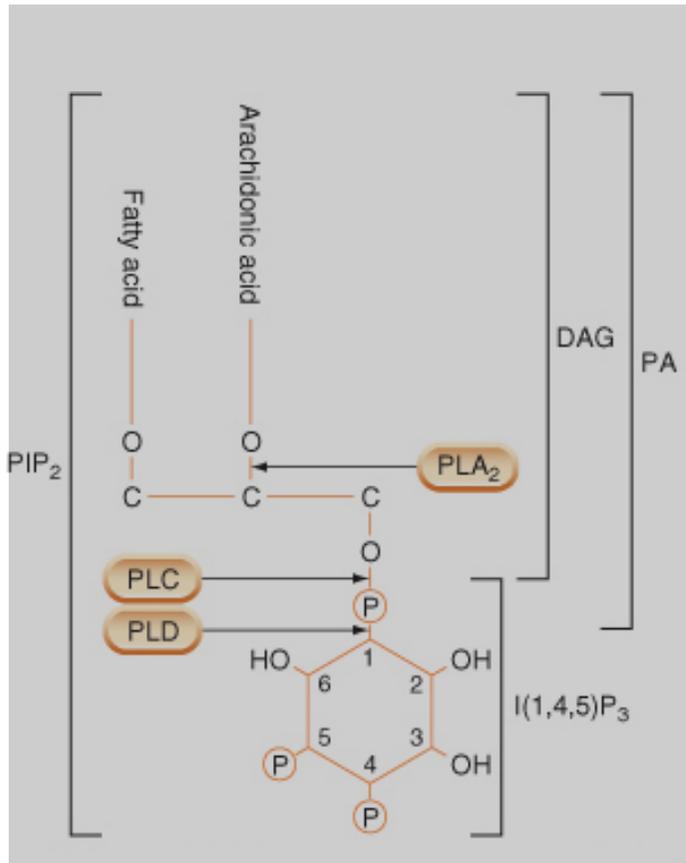
conversion of ATP to cAMP is catalysed by phosphodiesterases, which are targets of certain drugs (Viagra, caffeine)

- phospholipase C
- diacylglycerol and protein kinase C
- ion channels

# Phospholipase C

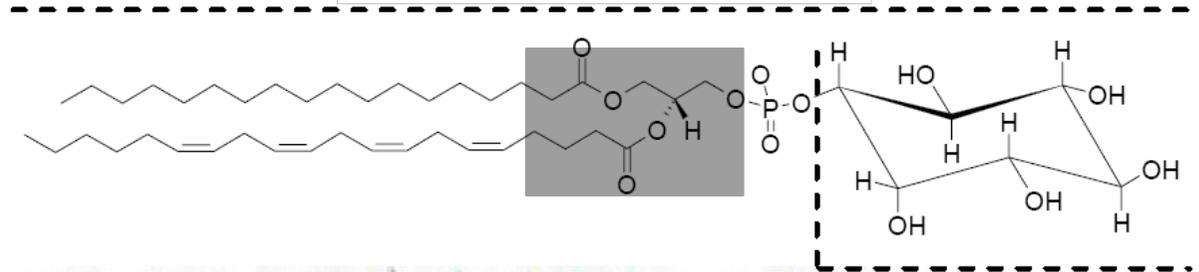
- phospholipase C catalyses the formation of IP3 and DAG from the membrane-bound phospholipid
- IP3 increases intracellular  $\text{Ca}^{2+}$  levels by releasing  $\text{Ca}^{2+}$  from intracellular storages
- increased  $\text{Ca}^{2+}$  levels initiate muscle contraction, secretion, enzyme activation and membrane hyperpolarization
- DAG activates protein kinase C, which acts to phosphorylate many intracellular proteins and thereby influences their function

# the phospholipase/ inositol phosphate system



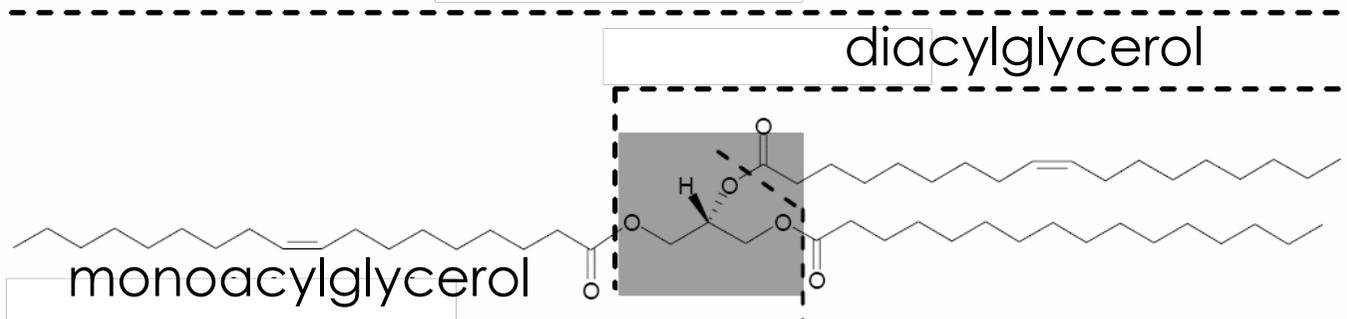
cleavage sites for phospholipases

phosphatidylinositol



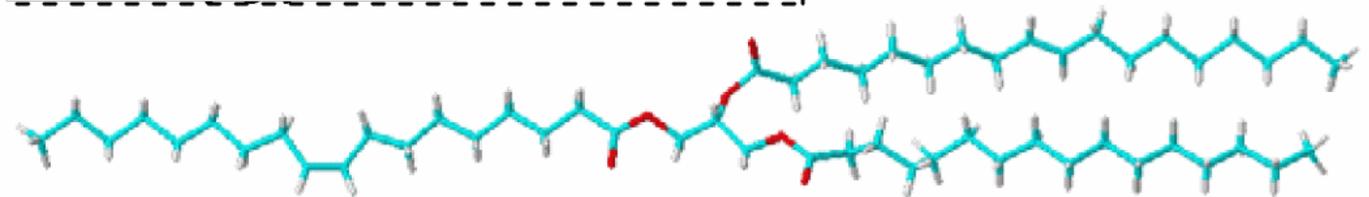
inositol

triacylglycerol



diacylglycerol

monoacylglycerol

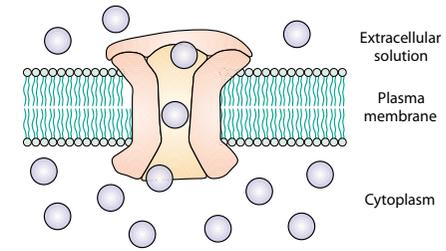


<b>G-protein-coupled receptors</b>		
Acetylcholine receptors	Muscarinic receptor agonists	Pilocarpine <sup>151</sup>
	Muscarinic receptor antagonists	Tropane derivatives <sup>152,153</sup>
	Muscarinic receptor M <sub>3</sub> antagonists	Darifenacine <sup>154</sup>
Adenosine receptors	Agonists	Adenosine <sup>155</sup>
	Adenosine A <sub>1</sub> receptor agonists	Lignans from valerian <sup>156</sup>
	Adenosine A <sub>1</sub> receptor antagonists	Caffeine, theophylline
	Adenosine A <sub>2A</sub> receptor antagonists	Caffeine, theophylline <sup>157</sup>
Adrenoceptors <sup>158,159</sup>	Agonists	Adrenaline, noradrenaline, ephedrine
	α <sub>1</sub> - and α <sub>2</sub> -receptors agonists	Xylometazoline
	α <sub>1</sub> -receptor antagonists	Ergotamine <sup>160</sup>
	α <sub>2</sub> -receptor, central agonists	Methyldopa (as methylnoradrenaline)
	β-adrenoceptor antagonists	Isoprenaline
	β <sub>1</sub> -receptor antagonists	Propranolol, atenolol
	β <sub>2</sub> -receptor agonists	Salbutamol
	β <sub>2</sub> -receptor antagonists	Propranolol
Angiotensin receptors	AT <sub>1</sub> -receptors antagonists	Sartans <sup>161</sup>
Calcium-sensing receptor	Agonists	Strontium ions <sup>162</sup>
	Allosteric activators	Cinacalcet <sup>163</sup>
Cannabinoid receptors	CB <sub>1</sub> - and CB <sub>2</sub> -receptors agonists	Dronabinol <sup>164</sup>
Cysteinyl-leukotriene receptors	Antagonists	Montelukast <sup>165</sup>
Dopamine receptors <sup>166</sup>	Dopamine receptor subtype direct agonists	Dopamine, levodopa
	D <sub>2</sub> , D <sub>3</sub> and D <sub>4</sub> agonists	Apomorphine
	D <sub>2</sub> , D <sub>3</sub> and D <sub>4</sub> antagonists	Chlorpromazine, fluphenazine, haloperidol, metoclopramide, ziprasidone
Endothelin receptors (ET <sub>A</sub> , ET <sub>B</sub> )	Antagonists	Bosentan <sup>167</sup>

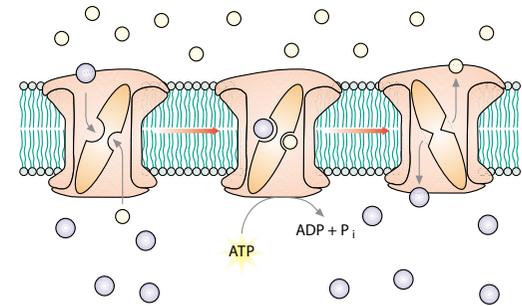
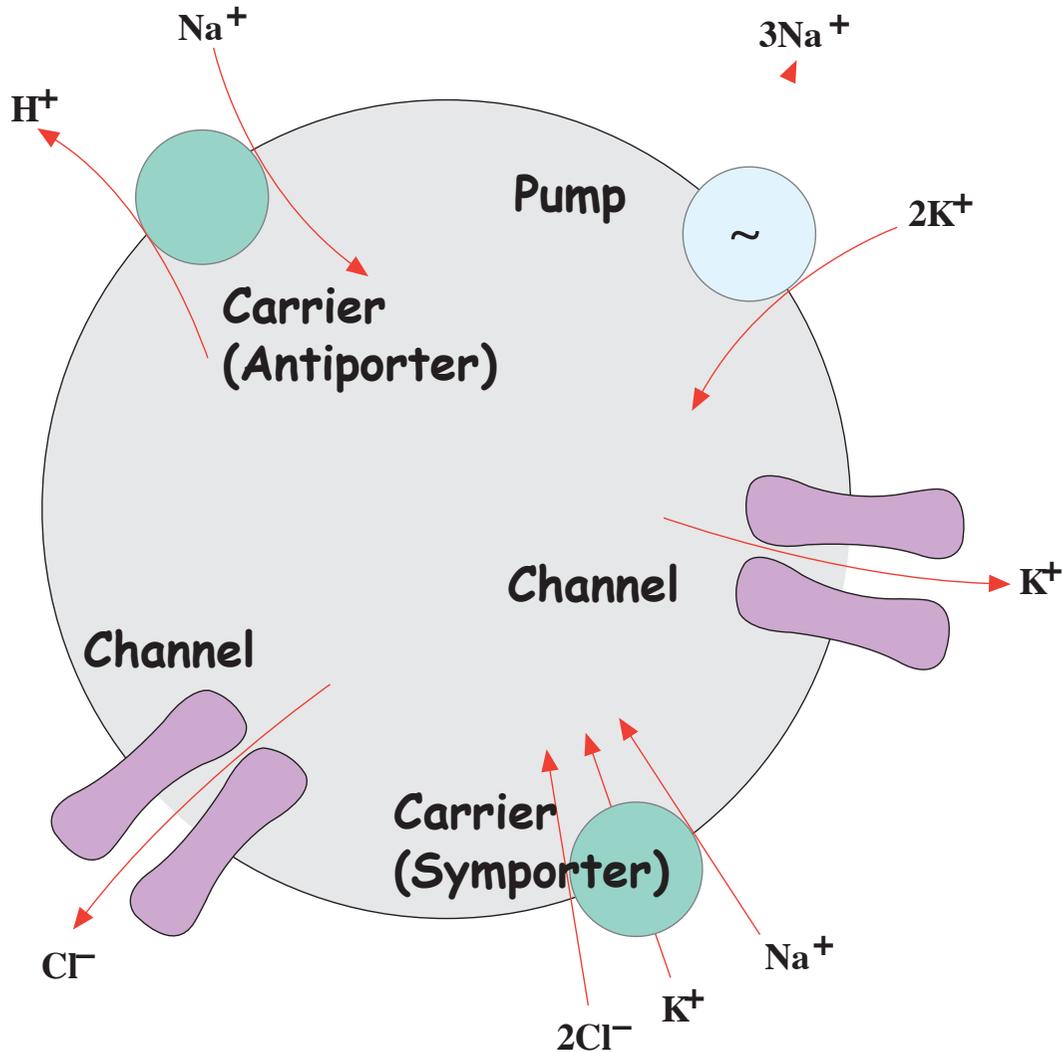
## G-protein-coupled receptors (II)

GABA <sub>B</sub> receptors	Agonists	Baclofen
Glucagon receptors	Agonists	Glucagon
Glucagon-like peptide-1 receptor	Agonists	Exenatide
Histamine receptors	H <sub>1</sub> -antagonists	Diphenhydramine
	H <sub>2</sub> -antagonists	Cimetidine
Opioid receptors	μ-opioid agonists	Morphine, buprenorphine
	μ-, κ- and δ-opioid antagonists	Naltrexone
	κ-opioid antagonists	Buprenorphine
Neurokinin receptors	NK <sub>1</sub> receptor antagonists	Aprepitant
Prostanoid receptors	Agonists	Misoprostol, sulprostone, iloprost
Prostamide receptors	Agonists	Bimatoprost
Purinergic receptors	P <sub>2</sub> Y <sub>12</sub> antagonists	Clopidogrel
Serotonin receptors	Subtype-specific (partial) agonists	Ergometrine, ergotamine
	5-HT <sub>1A</sub> partial agonists	Buspirone
	5-HT <sub>1B/1D</sub> agonists	Triptans
	5-HT <sub>2A</sub> antagonists	Quetiapine, ziprasidone
	5-HT <sub>3</sub> antagonists	Granisetron
	5-HT <sub>4</sub> partial agonists	Tegaserode
Vasopressin receptors	Agonists	Vasopressin
	V <sub>1</sub> agonists	Terlipressin
	V <sub>2</sub> agonists	Desmopressin
	OT agonists	Oxytocin
	OT antagonists	Atosiban

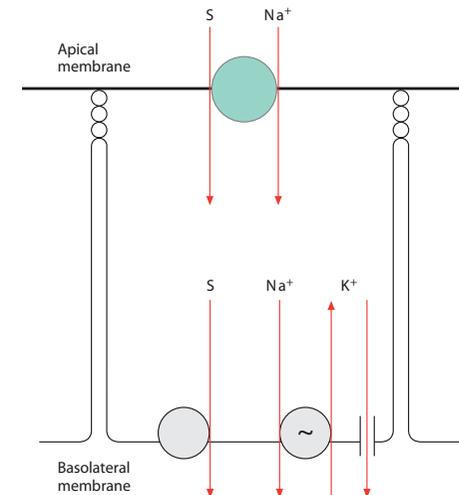
# Transport of ions across the membrane



passive transport: channels



active transport: pumps



active transport: symporter/  
antiporter

<b>Type</b>	<b>Activity of drug</b>	<b>Drug examples</b>
Cation-chloride cotransporter (CCC) family	Thiazide-sensitive NaCl symporter, human inhibitor	Thiazide diuretics
	Bumetanide-sensitive NaCl/KCl symporters, human inhibitor	Furosemide
Na <sup>+</sup> /H <sup>+</sup> antiporters	Inhibitor	Amiloride, triamterene
Proton pumps	Ca <sup>2+</sup> -dependent ATPase (PfATP6; Plasmodia) inhibitor	Artemisinin and derivatives
	H <sup>+</sup> /K <sup>+</sup> -ATPase inhibitor	Omeprazole
Na <sup>+</sup> /K <sup>+</sup> ATPase	Inhibitor	Cardiac glycosides
Eukaryotic (putative) sterol transporter (EST) family	Niemann-Pick C1 like 1 (NPC1L1) protein inhibitor	Ezetimibe
Neurotransmitter/Na <sup>+</sup> symporter (NSS) family	Serotonin/Na <sup>+</sup> symporter inhibitor	Cocaine, tricyclic antidepressants, paroxetine
	Noradrenaline/Na <sup>+</sup> symporter inhibitor	Bupropion, venlafaxine
	Dopamine/Na <sup>+</sup> symporter inhibitor	Tricyclic antidepressants, cocaine, amphetamines
	Vesicular monoamine transporter inhibitor	Reserpine

# Ion channels

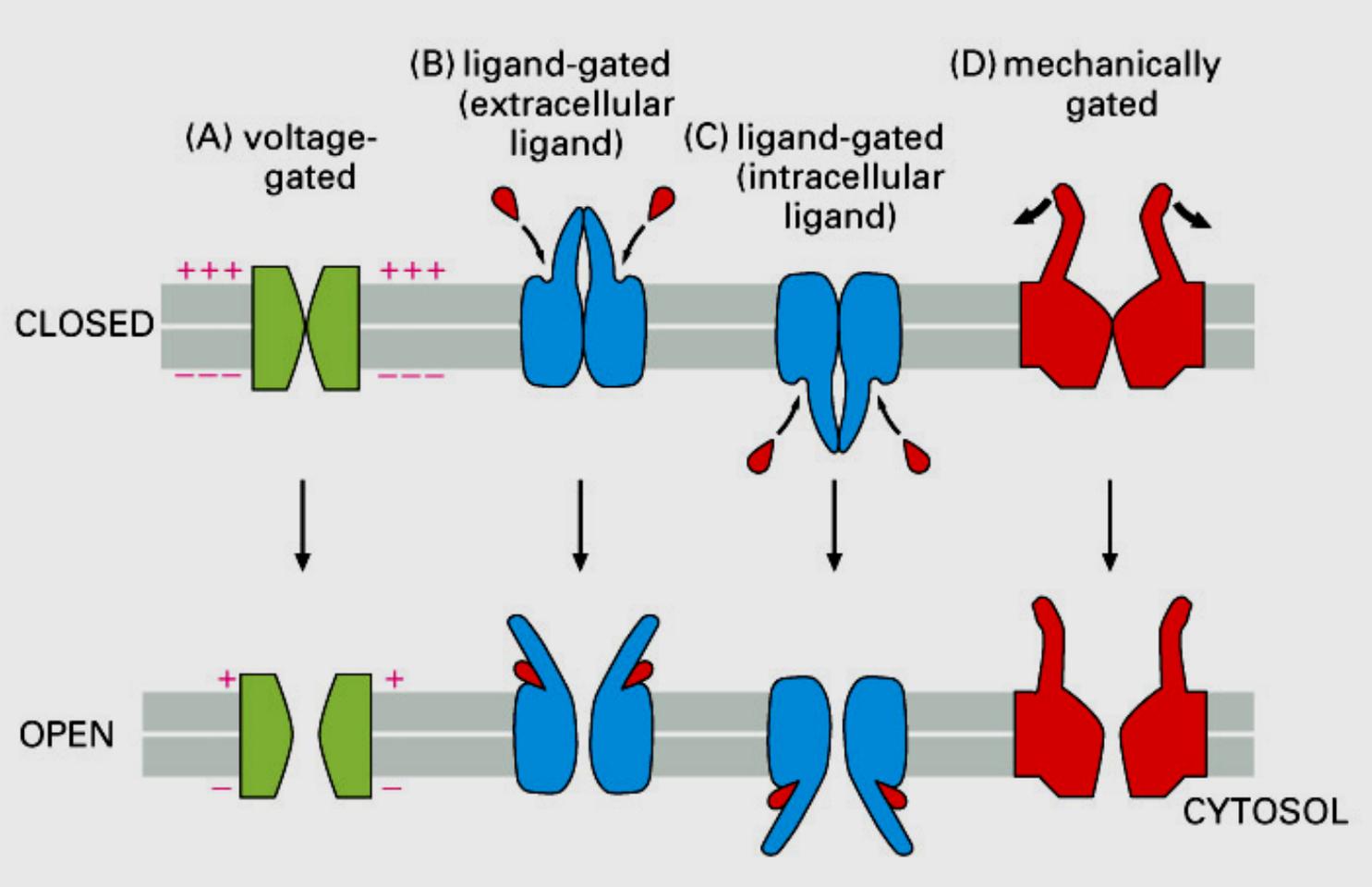
- sometimes called ionotropic receptors
- mainly involved in fast synaptic transmission
- usually pentameric assembly of subunits
- ligand-binding and gating occurs on a millisecond timescale

# Types of Ion Channels

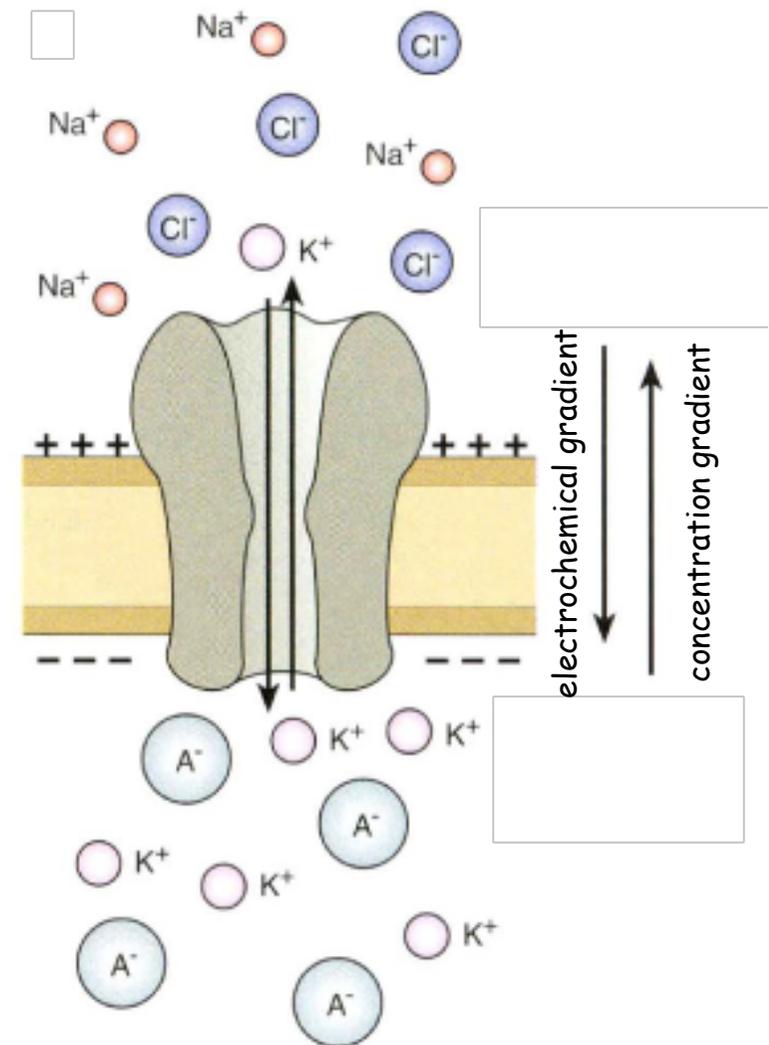
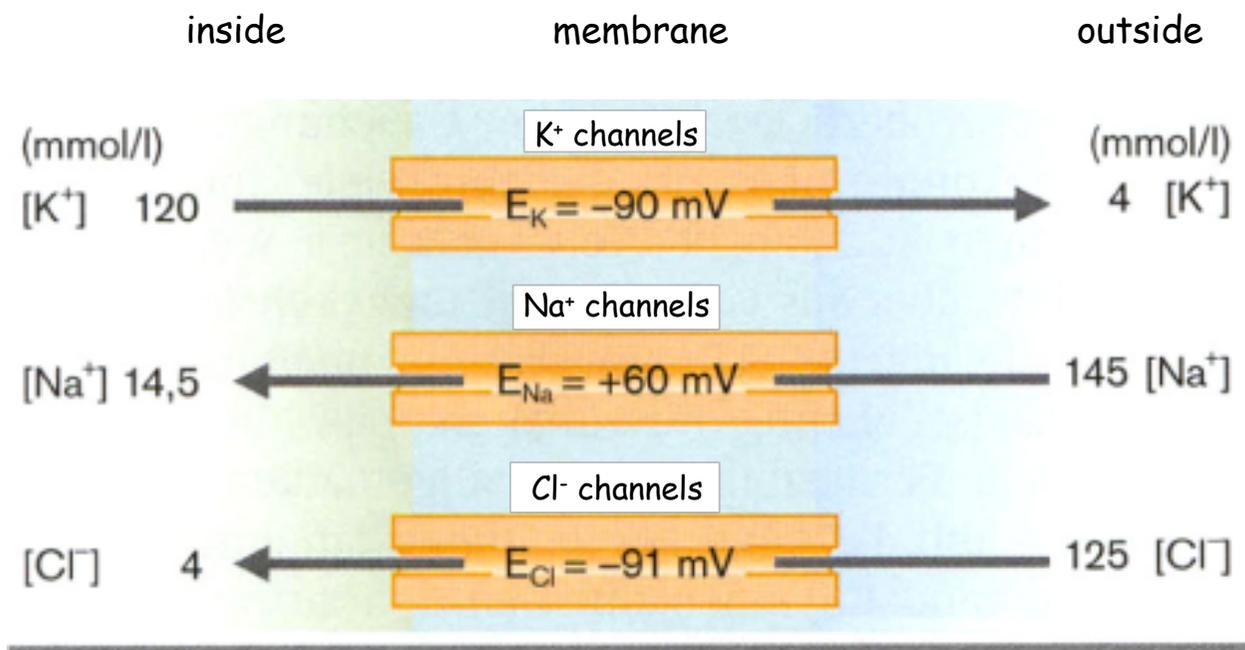
- Simple pores (GA, GAP junctions)
- Pumps (ATP-synthase,  $K^+$ ,  $Na^+$ -ATPase)
- gated channels
  - Voltage-gated ( $K^+$  channels,  $Na^+$  channels,  $Ca^{2+}$  channels)
  - Mechanically gated (auditory hair cells)
  - Ligand-gated ion channel (pentameric structure of the pore)
    - ✓ 4-TM (nicotinic acetylcholine, GABA, serotonin (5HT3), glycine receptors)
    - ✓ 3-TM ( $Ca^{2+}$ -controlled glutamate receptors)
    - ✓ 2-TM (ATP-gated)

# Stimulation/Inhibition

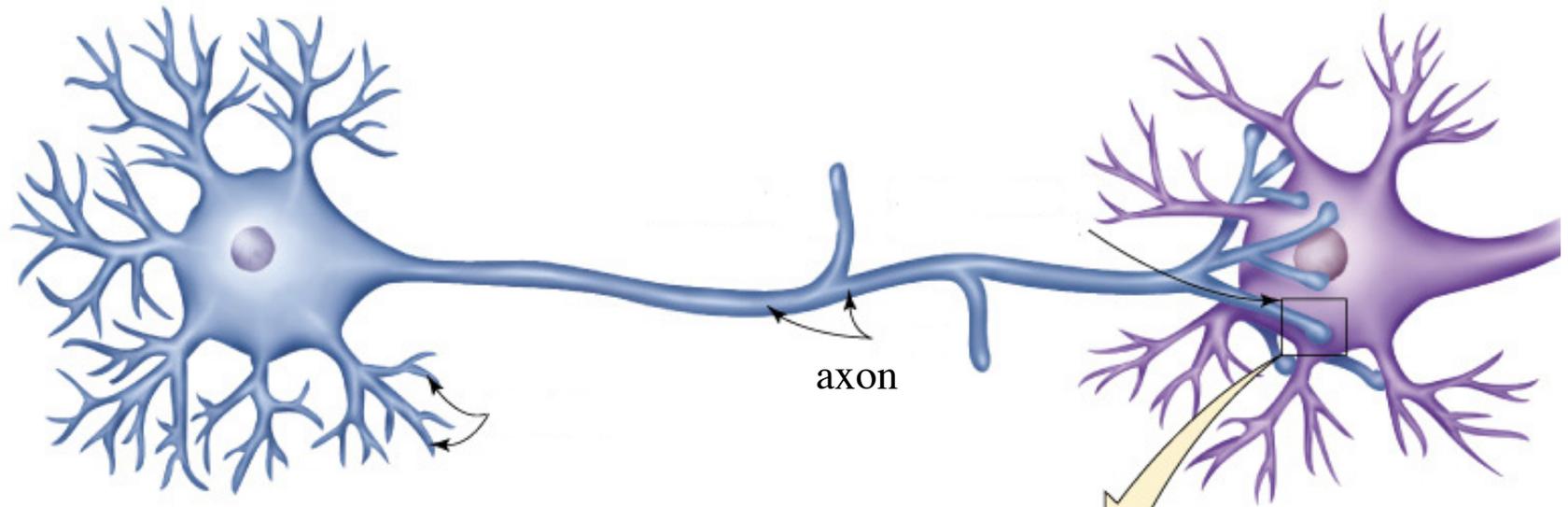
- excitatory channels
  - acetylcholine-gated cation channels
  - glutamate-gated  $\text{Ca}^{2+}$  channels
  - serotonin-gated cation channels
- inhibitory channels
  - GABA-gated chloride channels
  - glycine-gated chloride channels



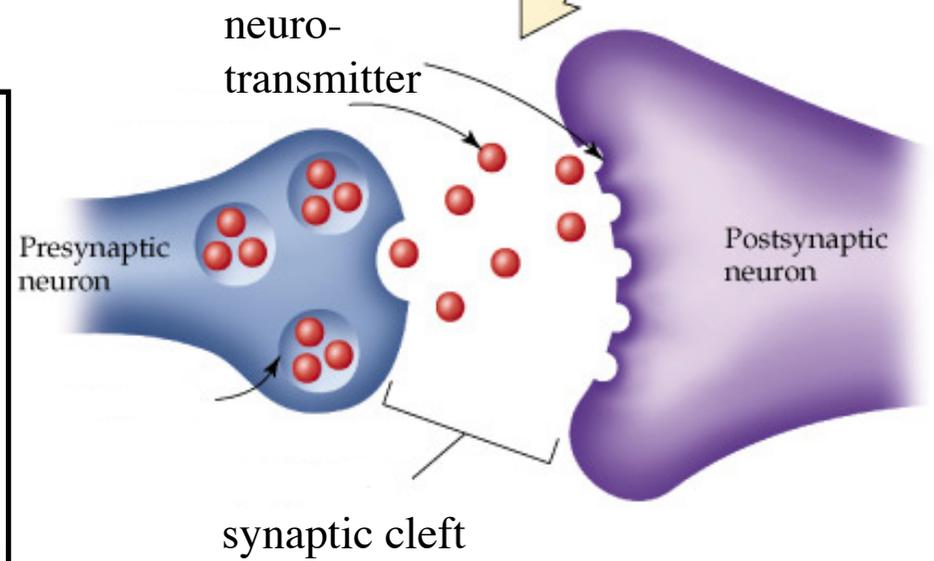
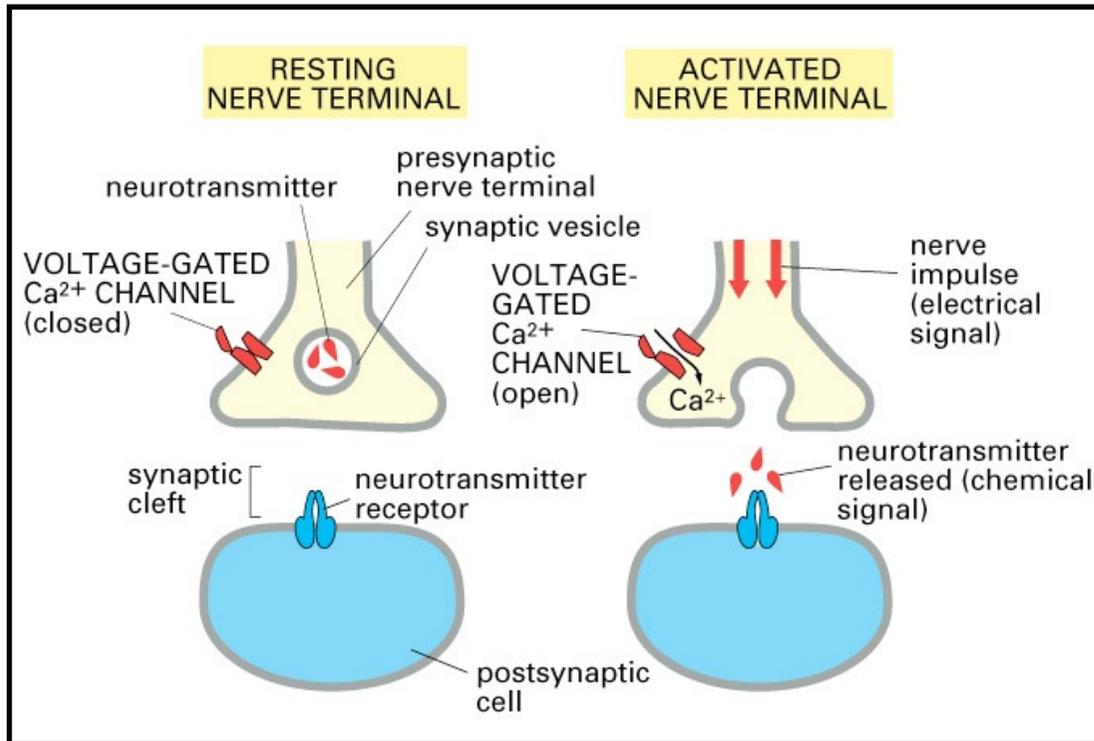
# Ion channels help to maintain different ion concentrations in and outside of the cell



# Nerve transmission

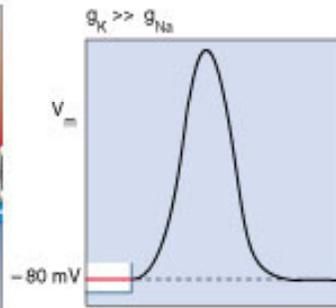
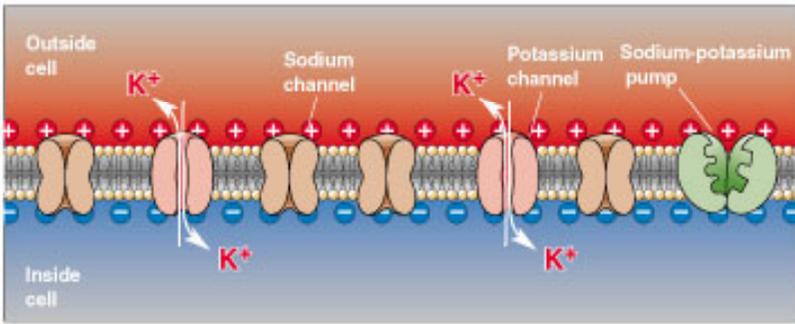


neuron



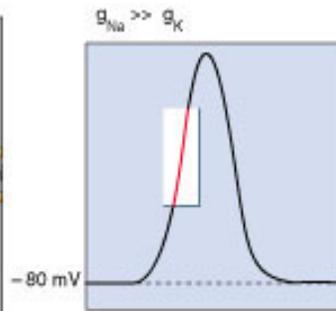
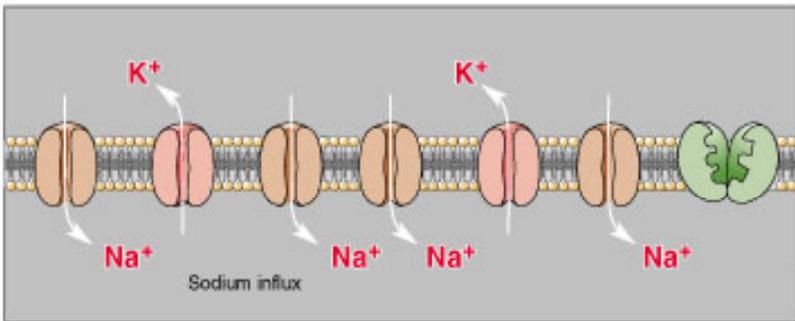
## The **Action Potential**:

- a) **Resting membrane potential** (RMP) at  $-70\text{mV}$ .  $\text{Na}^+$  on outside and  $\text{K}^+$  on inside of cell
- b) As **depolarization** reaches threshold of  $-55\text{mV}$ , the **action potential** is triggered and  $\text{Na}^+$  rushes into cell. Membrane potential reaches  $+30\text{mV}$  on action potential
- c) Propagation of the action potential at  $110\text{ m/sec}$  (which is  $225\text{ mph}$ )
- d) **Repolarization** occurs with  $\text{K}^+$  exiting the cell to return to  $-70\text{mV}$  RMP
- e) Return of ions ( $\text{Na}^+$  and  $\text{K}^+$ ) to their extracellular and intracellular sites by the sodium potassium ( $\text{Na}^+\text{K}^+$ ) pump



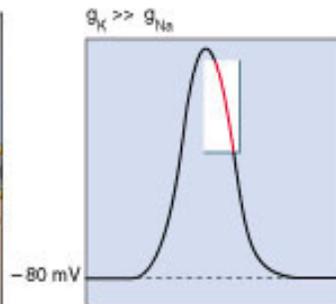
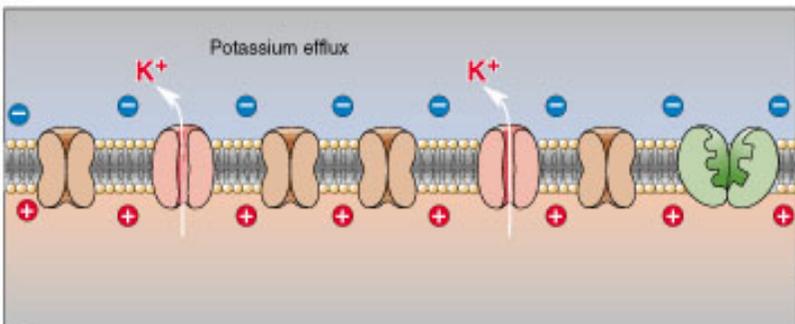
**Rest:** open K<sup>+</sup> channels  
(not voltage-gated)

(a)



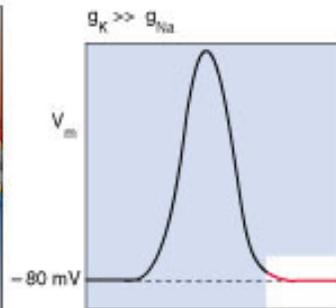
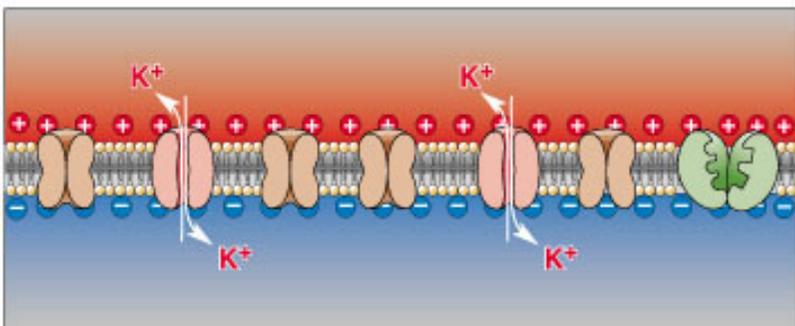
**Rise:** open Na<sup>+</sup> channels  
(voltage-gated)

(b)



**Fall:** open K<sup>+</sup> channels  
(voltage-gated)

(c)



**Rest:** open K<sup>+</sup> channels  
(not voltage-gated)

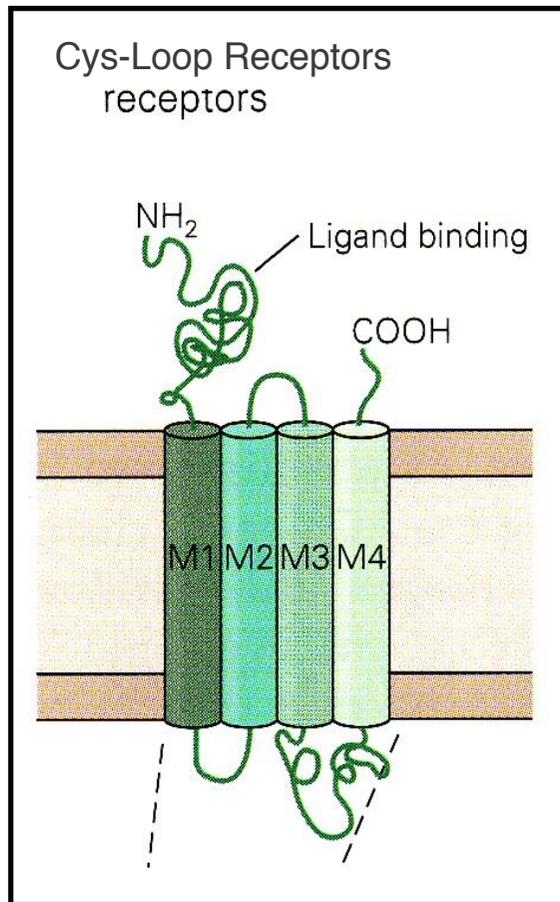
(d)

# Short Test

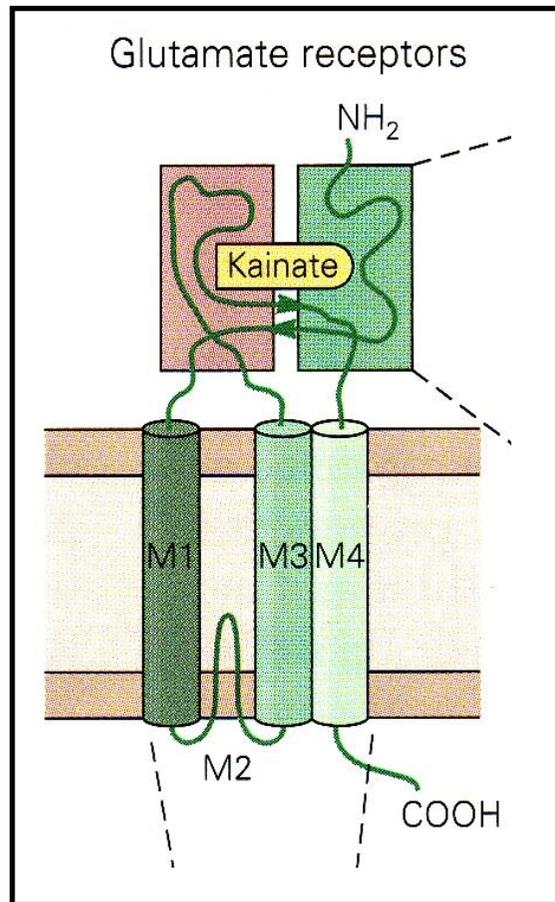
- Describe the difference between fragments and drugs
- Describe how you can analytically determine the fraction of bound drug
- Describe the path to intracellular targets for orally-uptaken drugs
- What analytical techniques for determining dissociation constants do you know for weak (1mM) and tight (10 nM) binders do you know?
- What is a prodrug? Describe prodrugs for small molecules and for proteins
- Describe SAR-by-NMR

# Topologies for Ligand-Gated Ion Channels

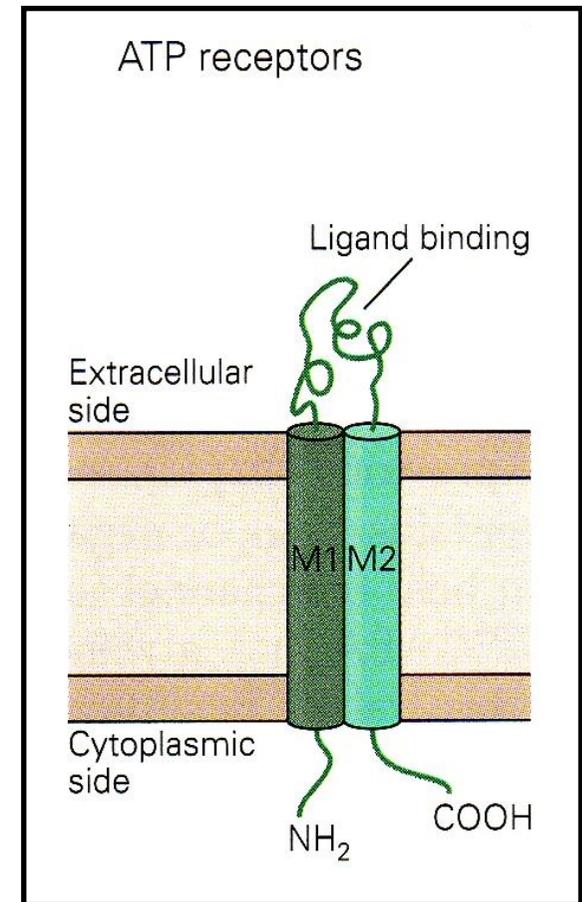
## 4-TM



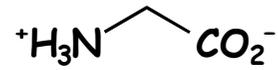
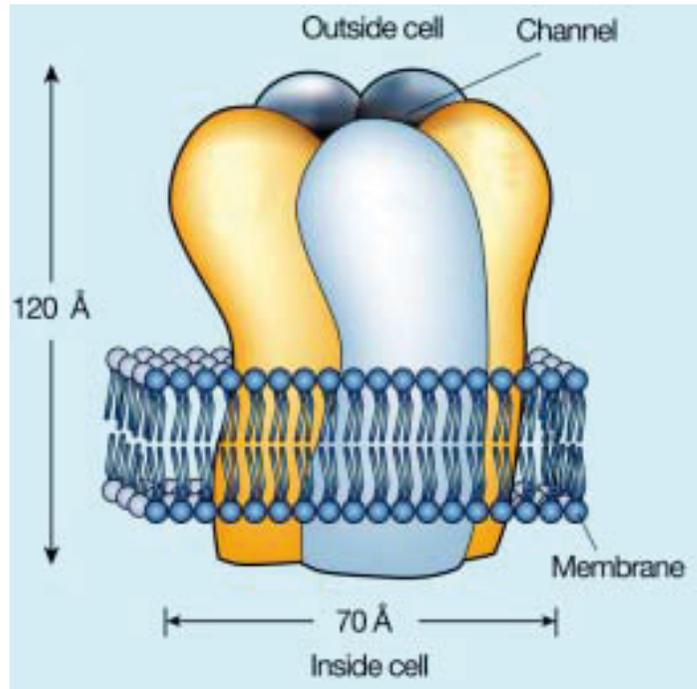
## 3-TM



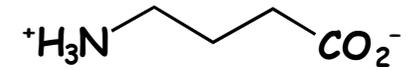
## 2-TM



# Ion-Gated Channels

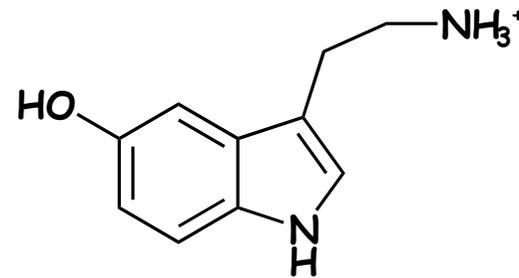


glycine



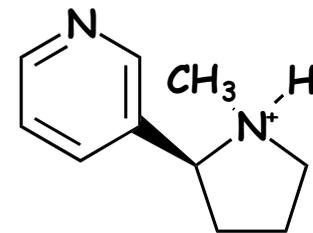
GABA

(chloride channels regulates neuronal excitability)

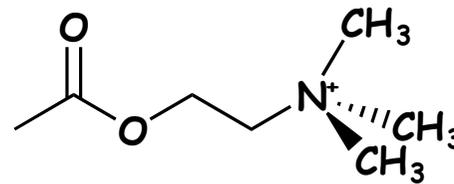


serotonin

(mood, appetite, sleep)

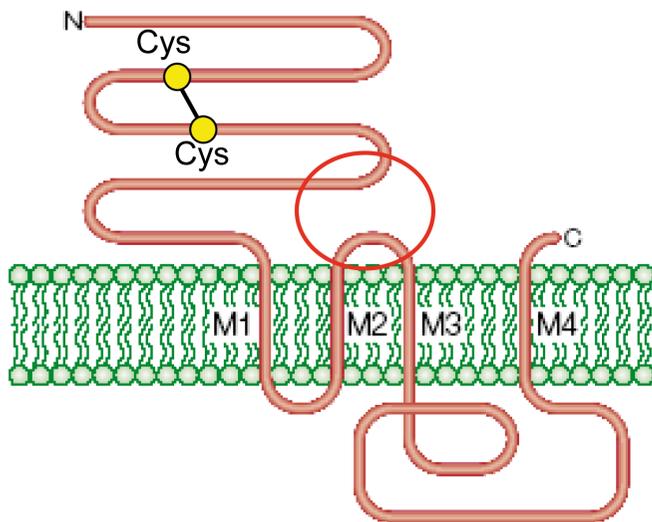


nicotine



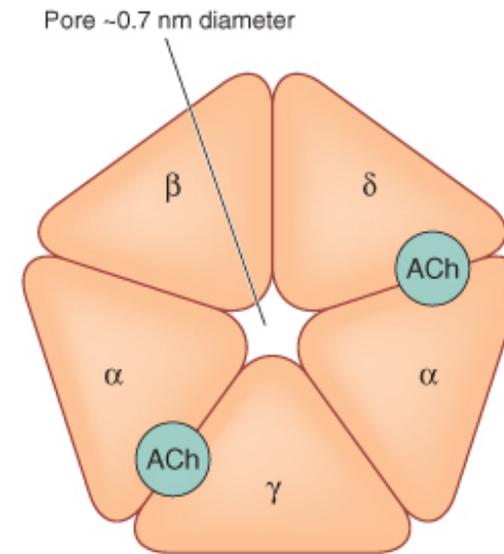
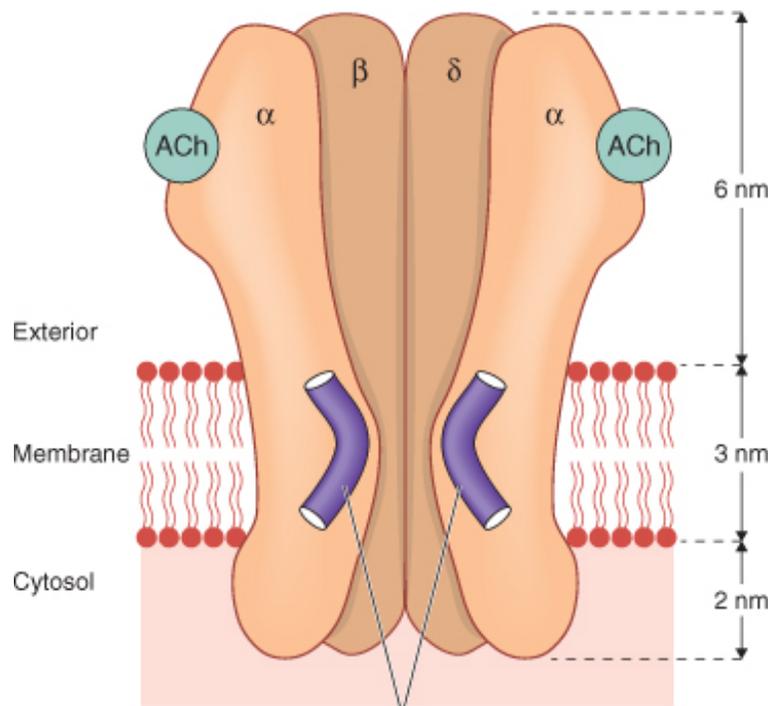
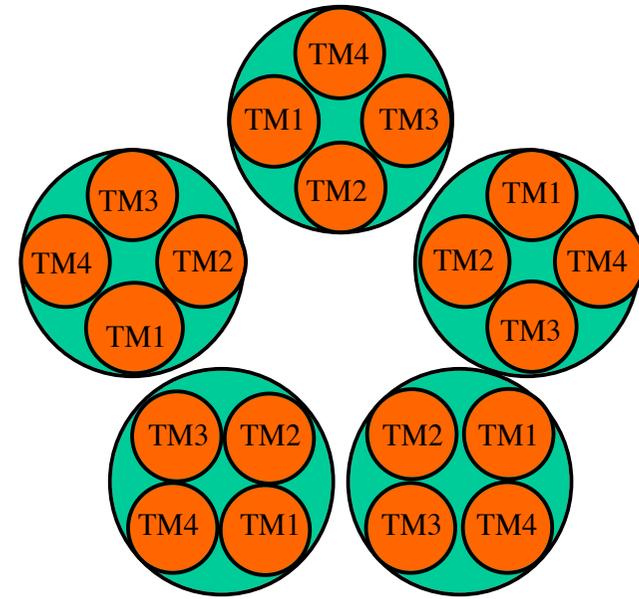
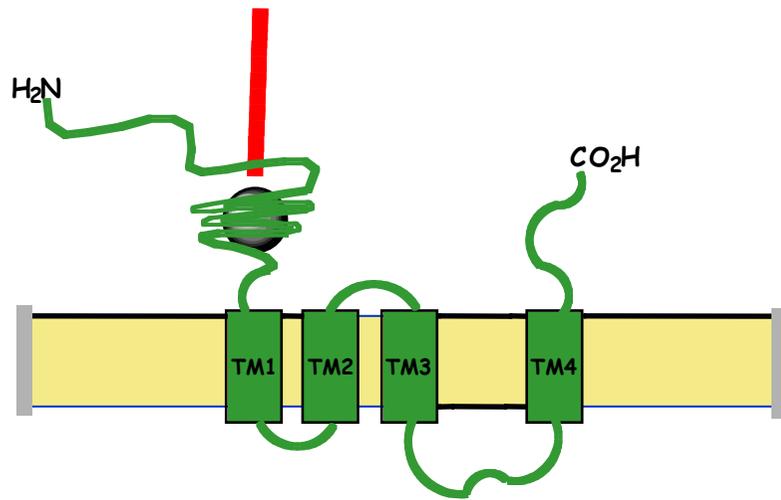
acetylcholine

(muscles)



# Structural features of ligand-gated 4TM receptors

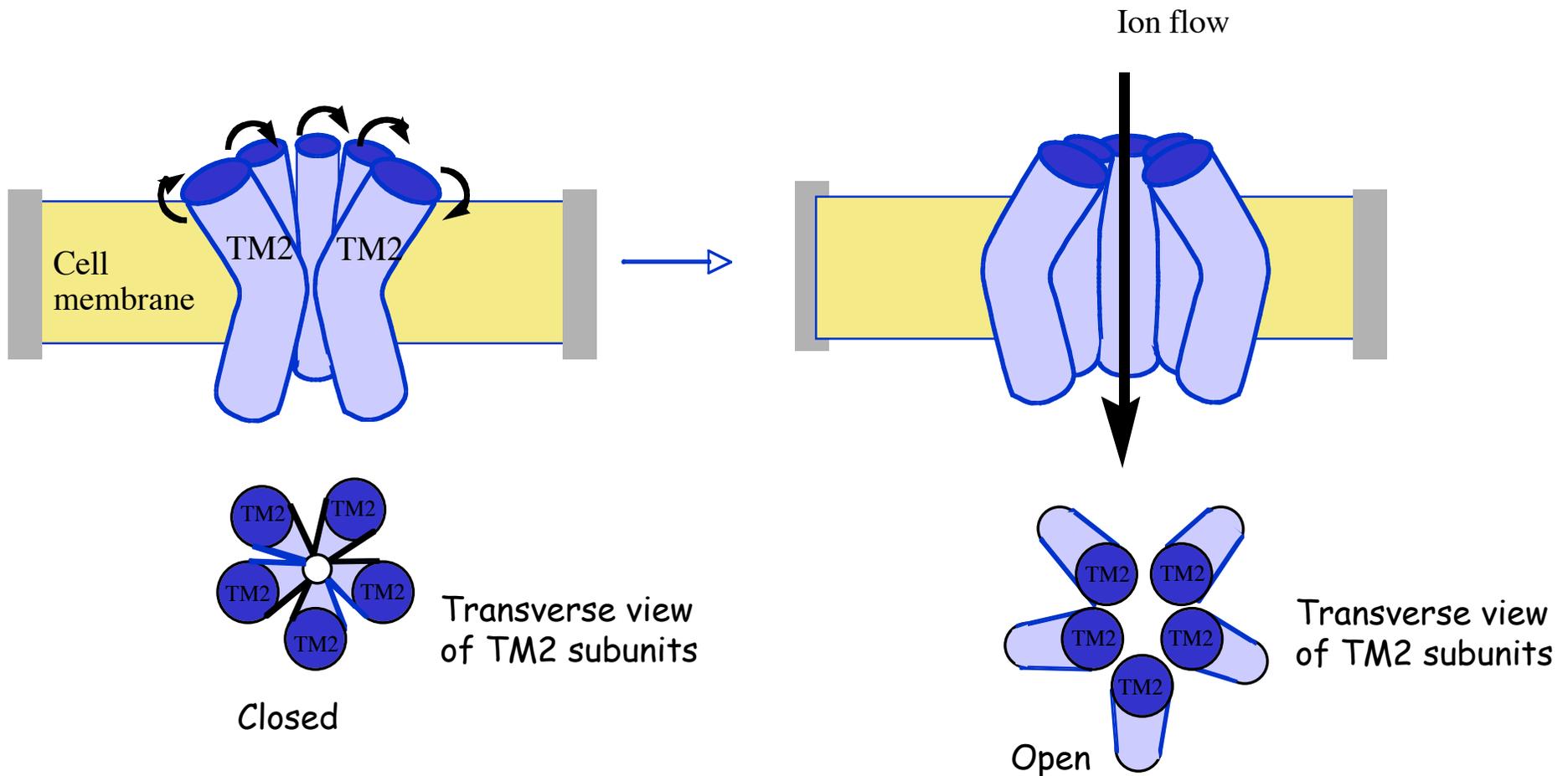
## Neurotransmitter binding region



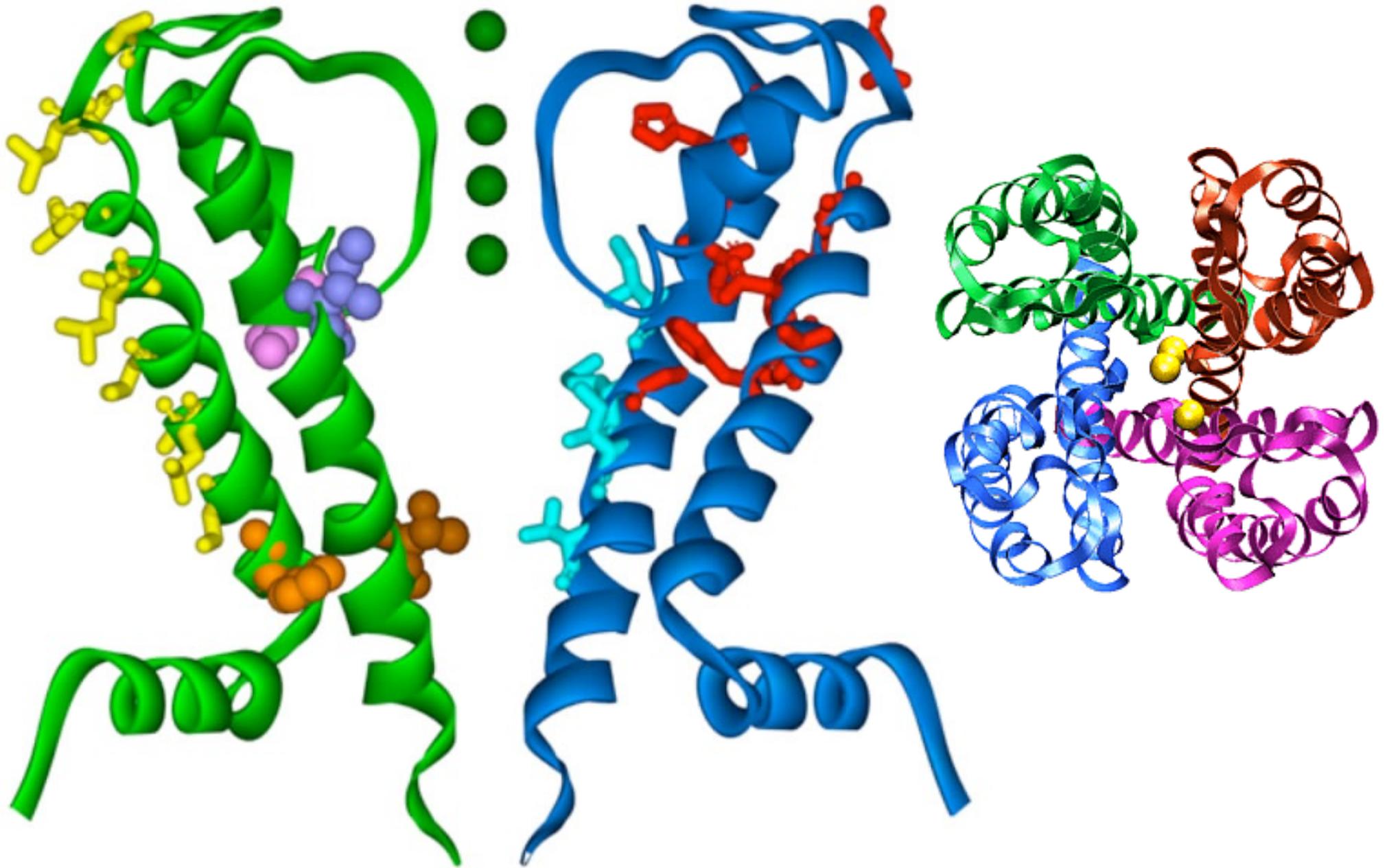
$\alpha$ -Helices forming gate

# The Gating Mechanism

Neurotransmitter binds → Induced fit at binding site → 'Domino effect' → Rotation of 2TM regions of each protein subunit

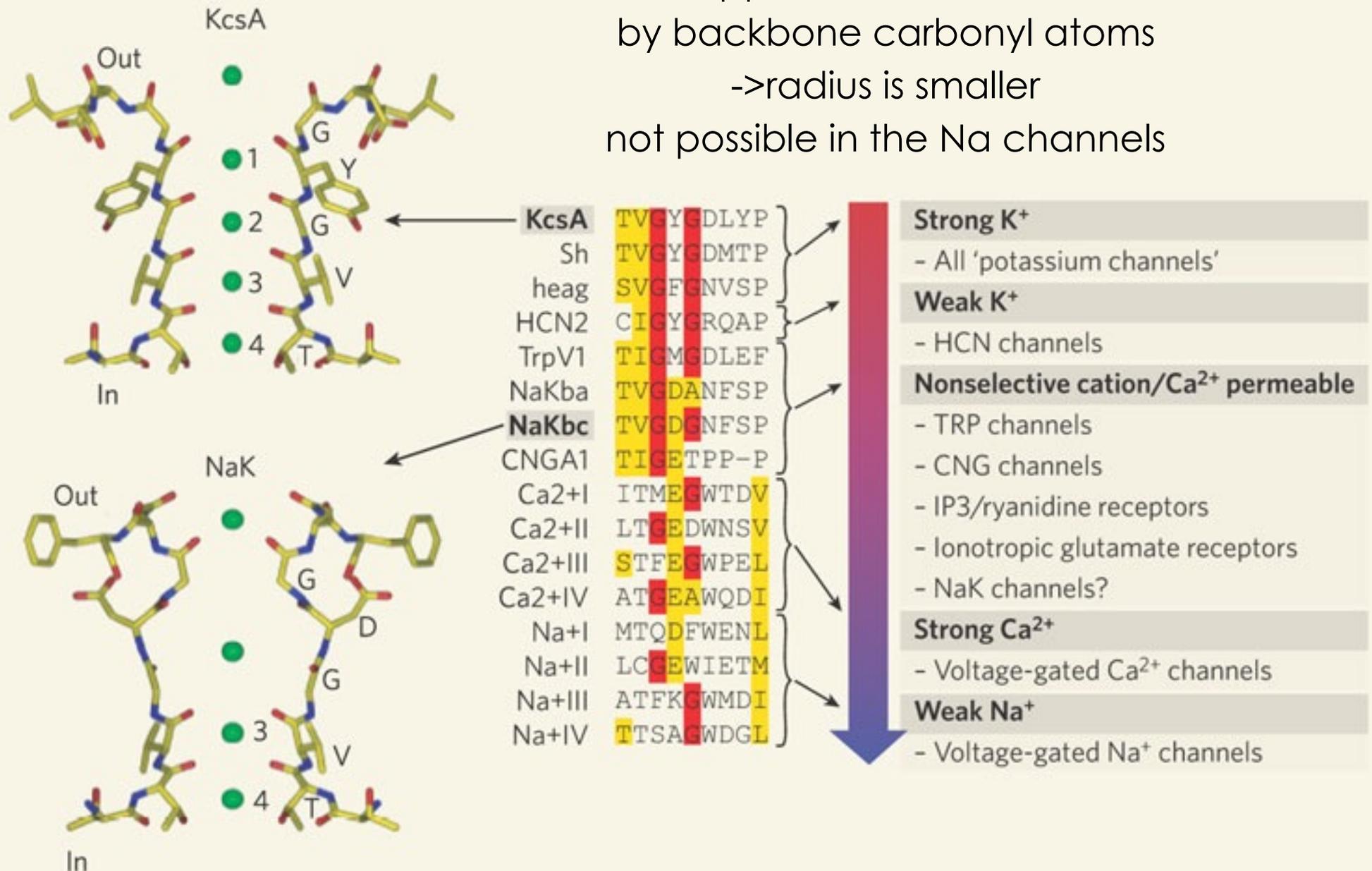


# The selectivity filter

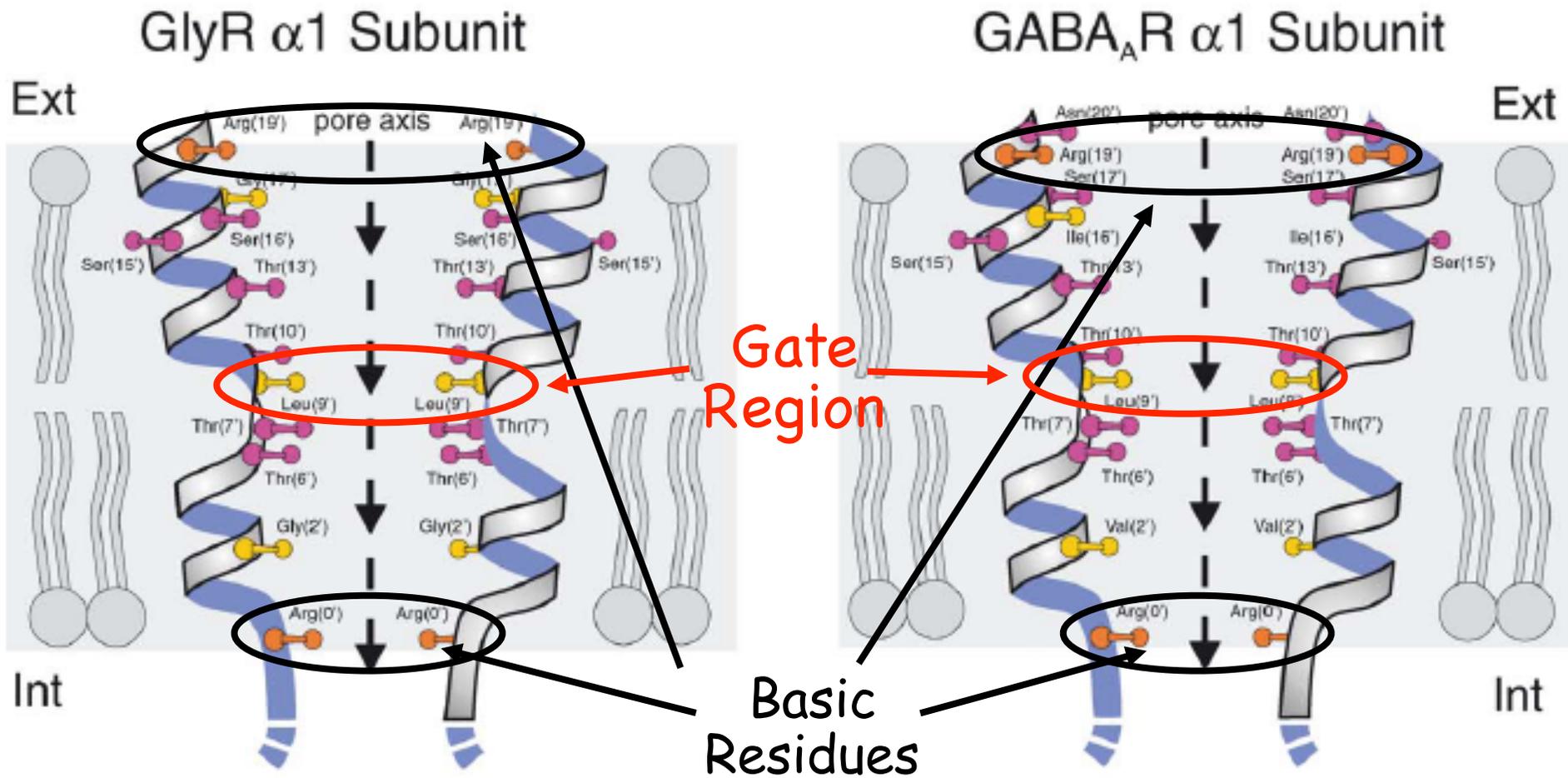


# The molecular architecture of the selectivity filter

water is stripped off in the KcsA channel  
 by backbone carbonyl atoms  
 ->radius is smaller  
 not possible in the Na channels



# Ion Selection: Chloride Channels

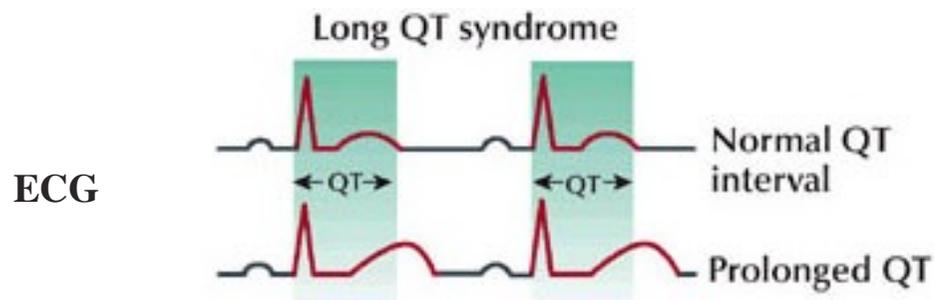


Modified from Keramidas et al., Prog. Biophys. Mol. Biol. 86: 161 (2004)

# Ion channels in disease

- LQTS is a genetically heterogeneous disease caused by defects in ion channels, affecting 1 in 5,000 persons

The QT represents a summation of the time required for the ventricles of the heart to electrically recharge (repolarize) in preparation for the next beat,



## $I_{Na}$ sodium channel

SCN5A

Gain-of-function

- LQT3

Loss-of-function

- Brugada syndrome (BrS1)
- Idiopathic ventricular fibrillation
- Progressive cardiac conduction disease
- Congenital sick sinus syndrome

KCNQ1

$I_K$  potassium channel

Loss-of-function

- LQT1

Gain-of-function

- Familial atrial fibrillation
- Short QT syndrome

KCNH2

HERG

Loss-of-function

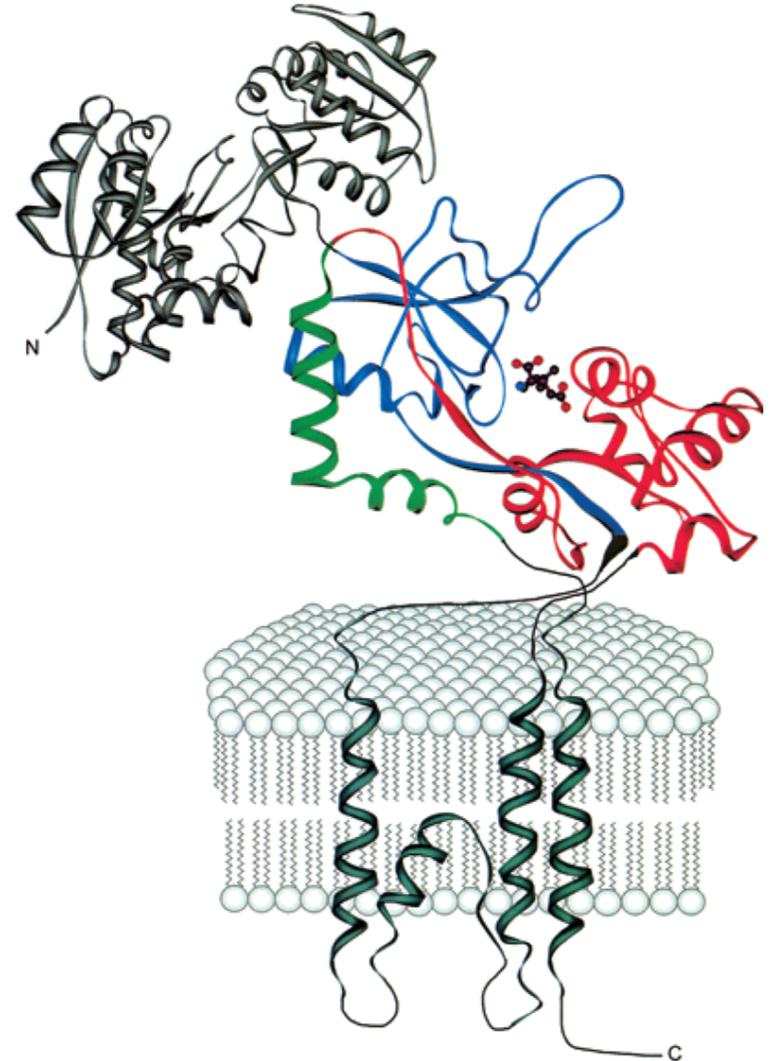
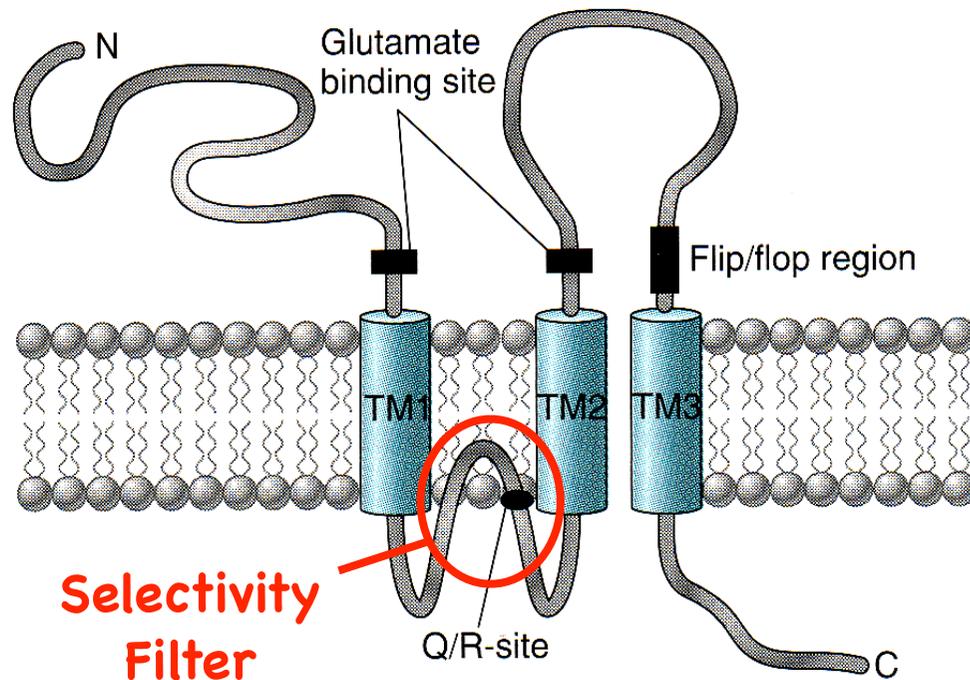
- LQT2

Gain-of-function

- Short QT syndrome

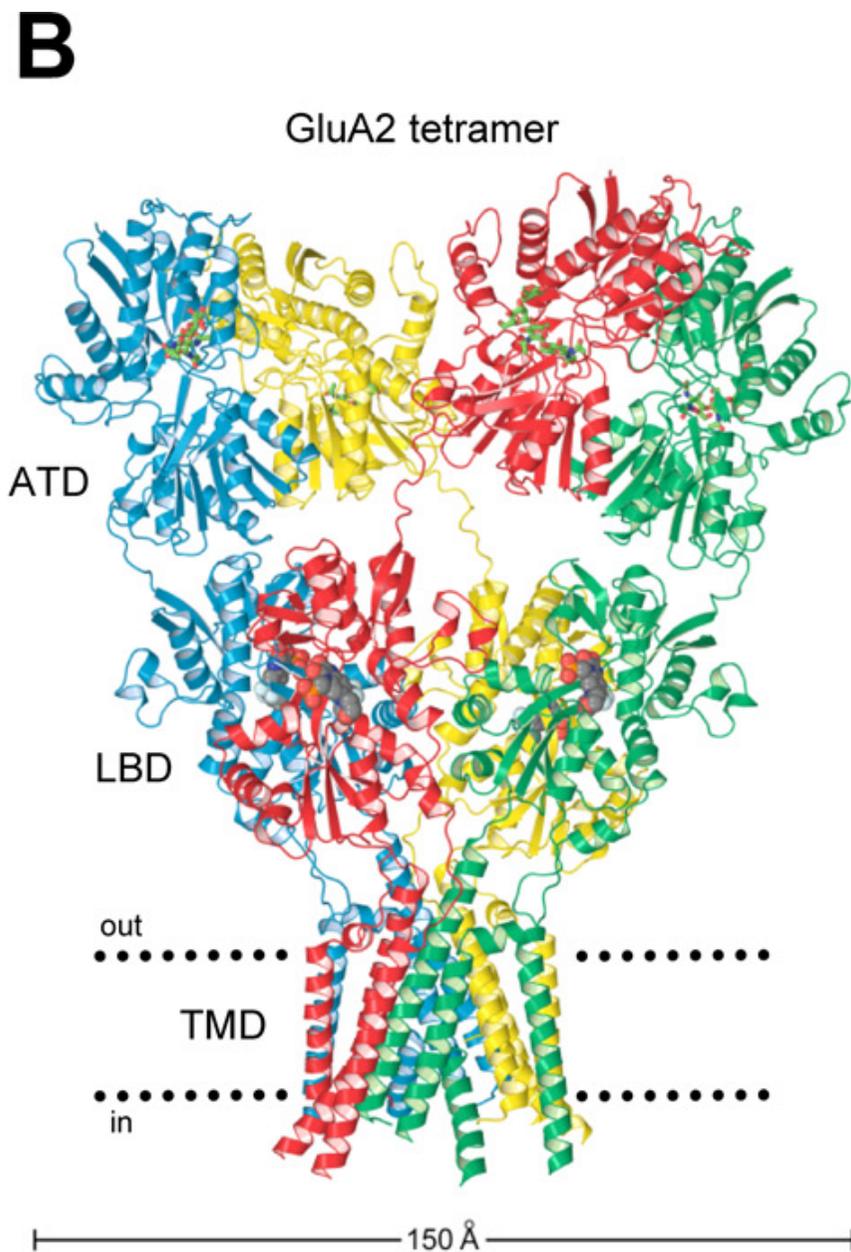
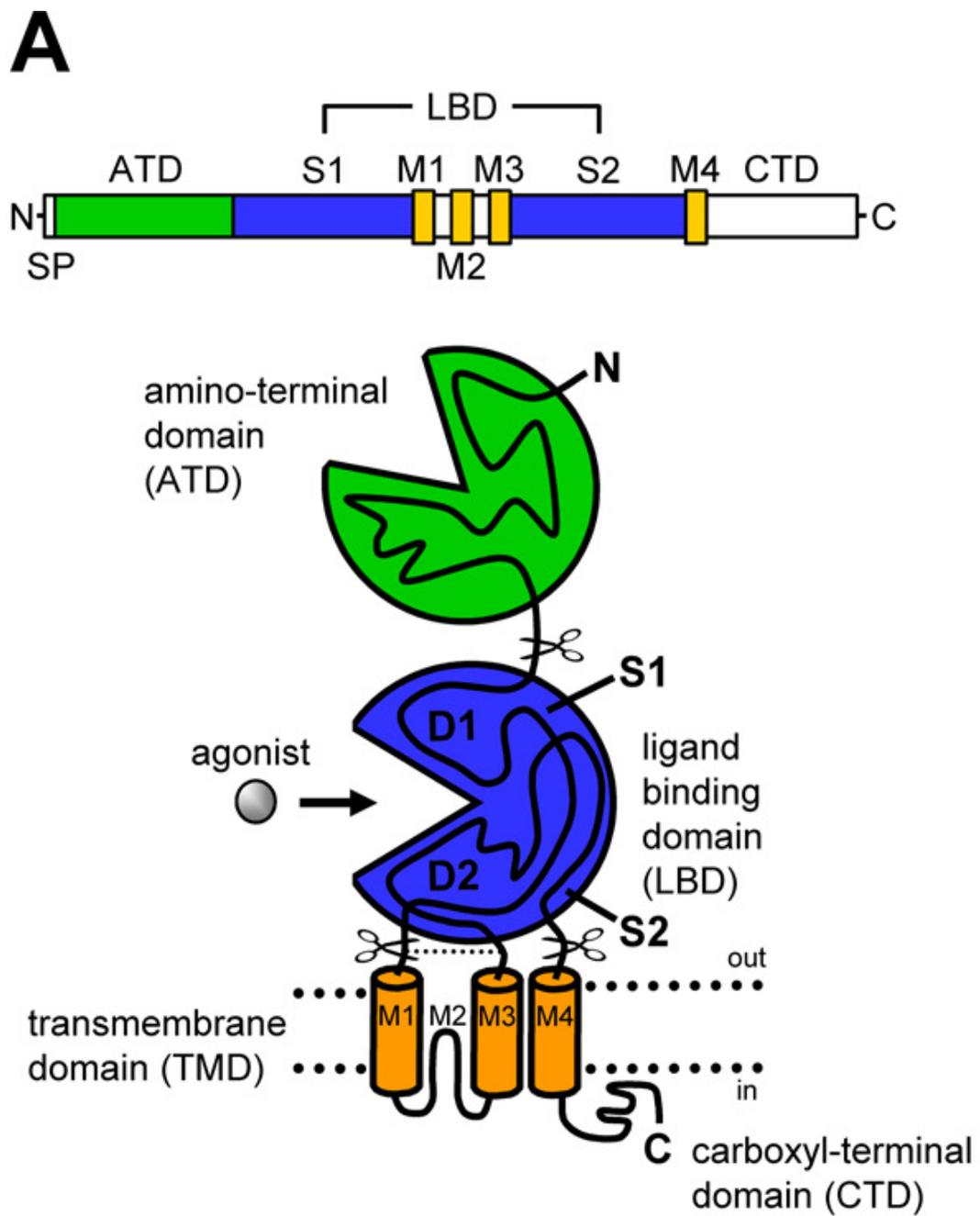
# Topology of Glutamate Receptors

A AMPA receptors (GluR1-4)

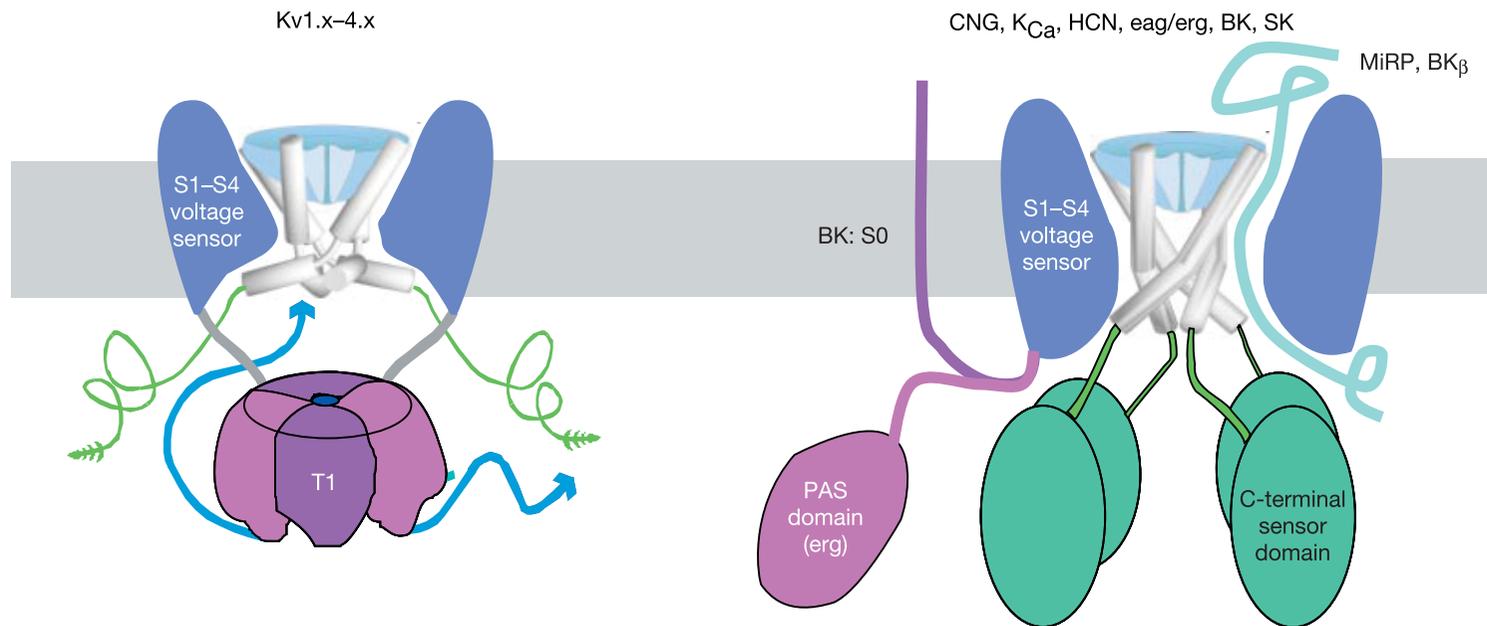
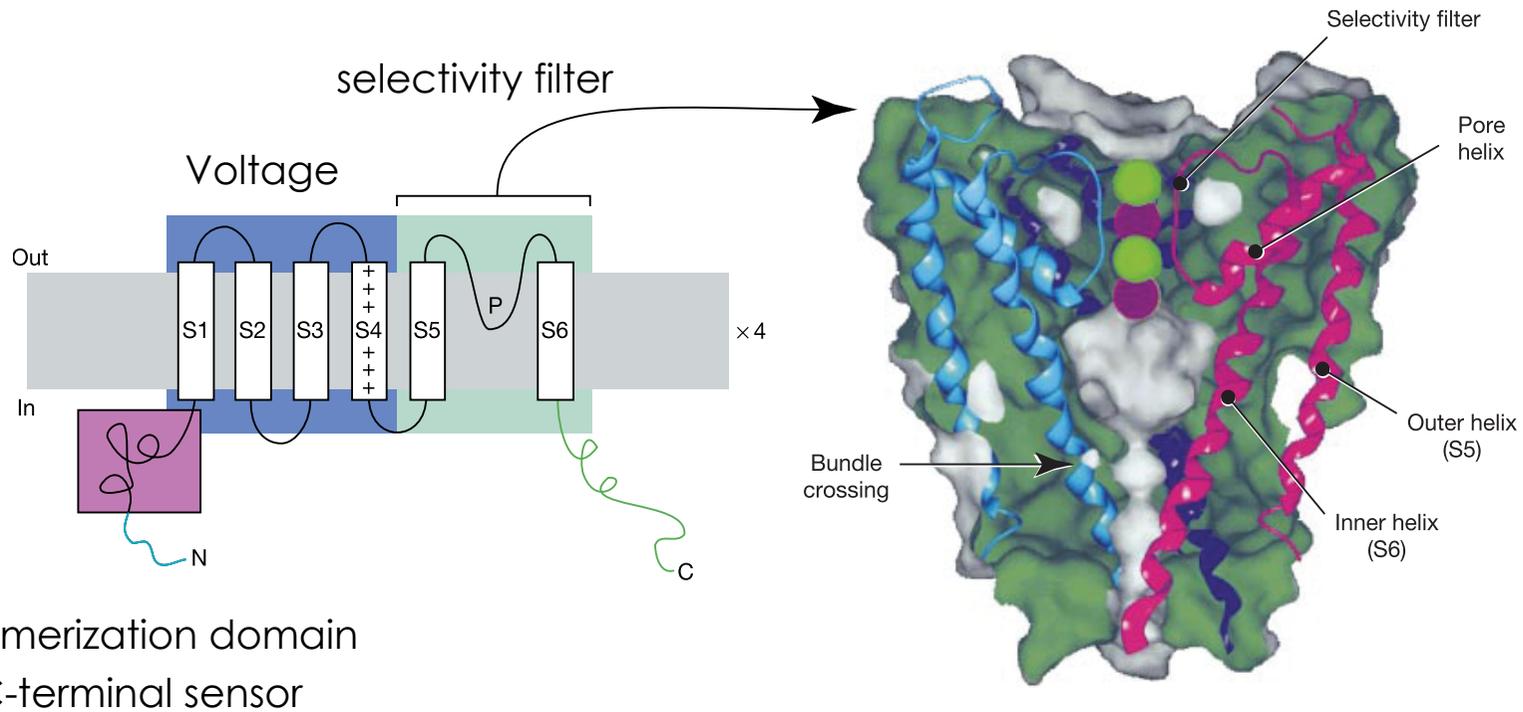


Kandel, Schwartz & Jessel,  
Principles of Neural Science 4th Ed. (2000)

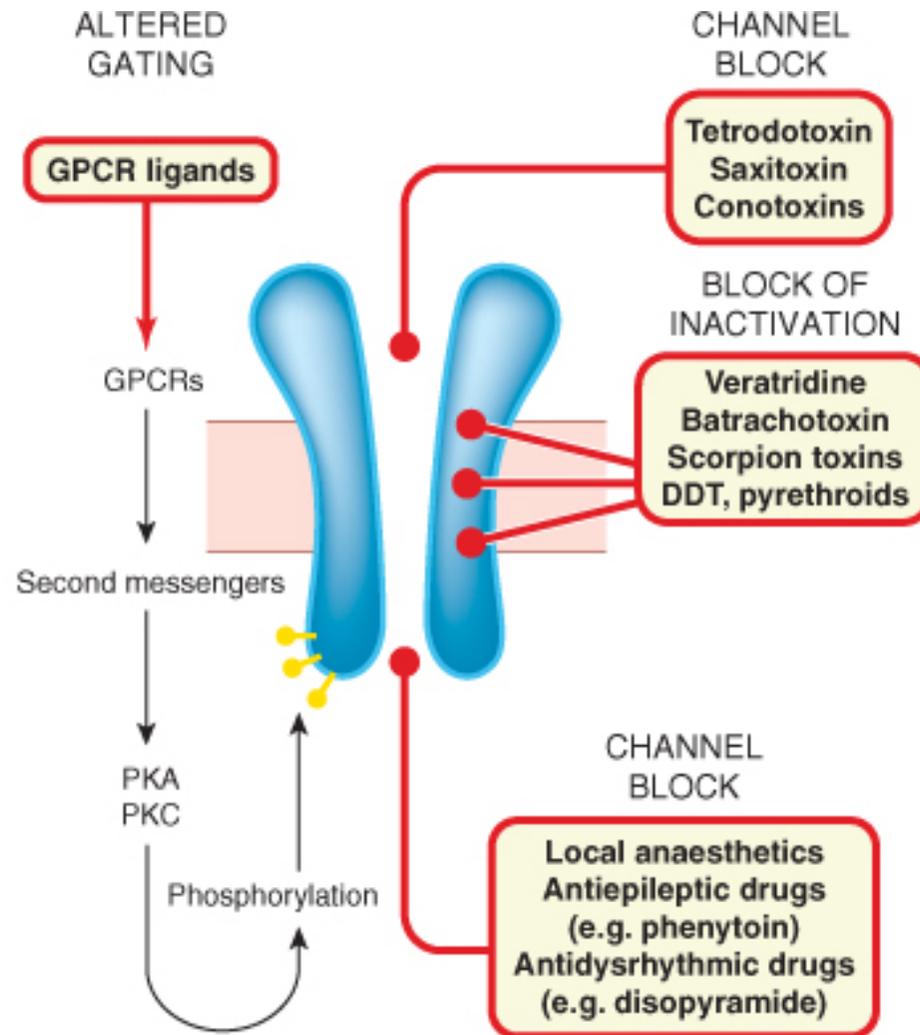
Glutamate is the **most abundant excitatory neurotransmitter** in the vertebrate nervous system. Nerve impulses trigger release of glutamate from the pre-synaptic cell. In the opposing post-synaptic cell, glutamate receptors, such as the NMDA receptor, bind glutamate and are activated. Because of its role in synaptic plasticity, glutamate is involved in cognitive functions like learning and memory in the brain.



# Structural Features of Voltage-Gated Ion Channels



# Drugs interfering with channels

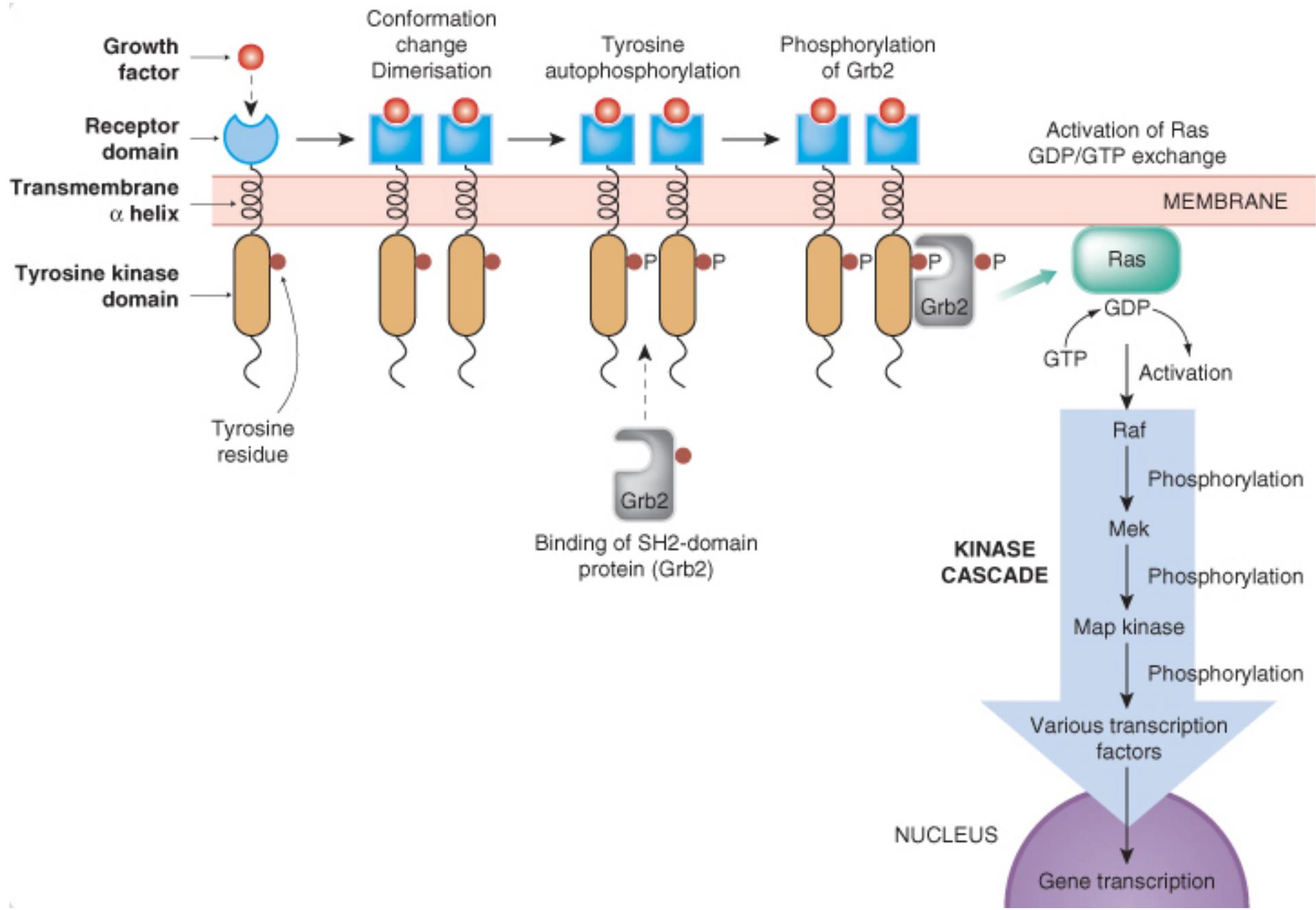


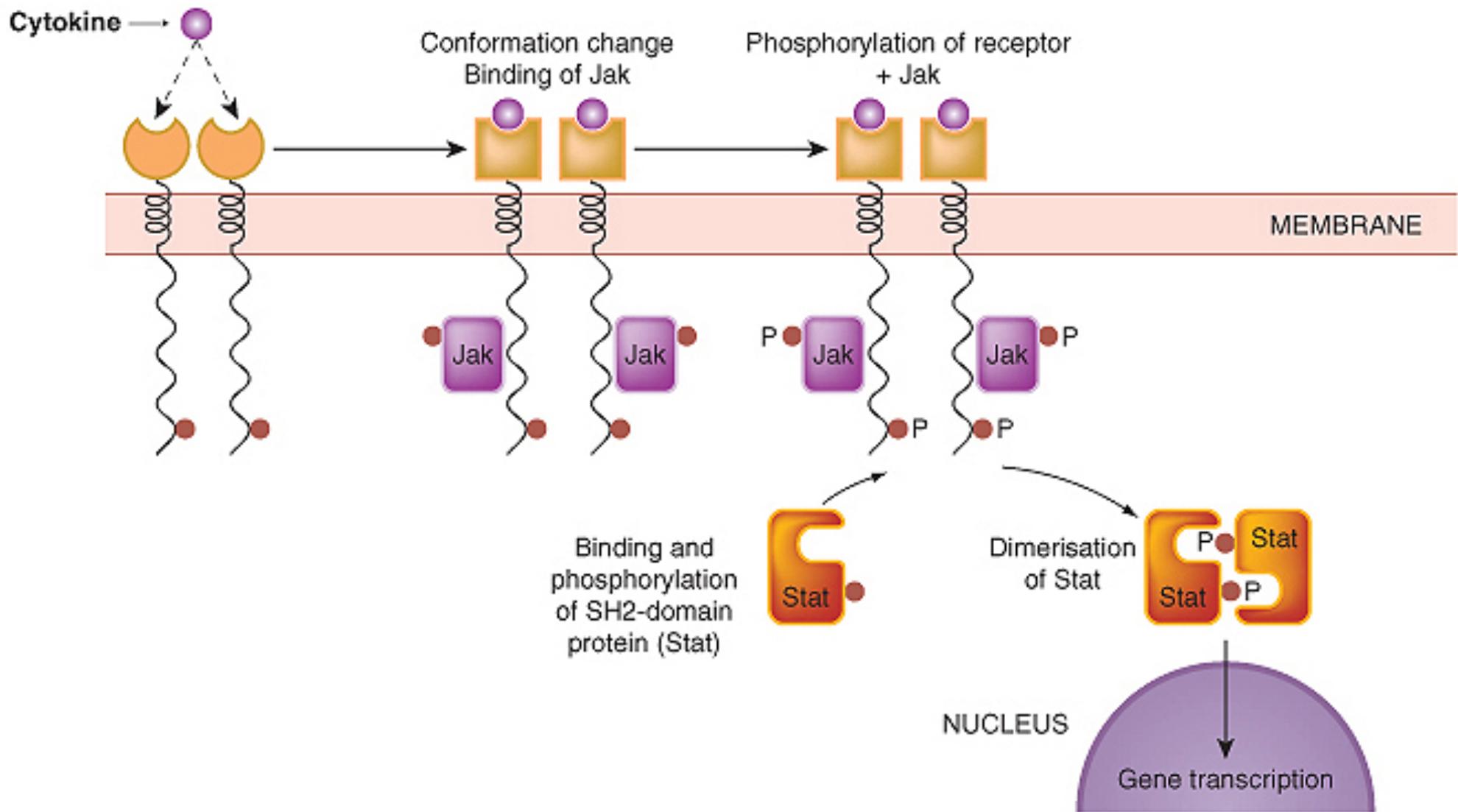
Typ	Activity of drug	Drug examples
<b>Voltage-gated Ca<sup>2+</sup> channels</b>		
General	Inhibitor	Oxcarbazepine
In Schistosoma sp.	Inhibitor	Praziquantel
L-type channels	Inhibitor	Dihydropyridines, diltiazem, lercanidipine, pregabalin, verapamil
T-type channels	Inhibitor	Succinimides
<b>K<sup>+</sup> channels</b>		
Epithelial K <sup>+</sup> channels	Opener Inhibitor	Diazoxide, minoxidil Nateglinide, sulphonylureas
Voltage-gated K <sup>+</sup> channels	Inhibitor	Amiodarone
<b>Na<sup>+</sup> channels</b>		
Epithelial Na <sup>+</sup> channels (ENaC)	Inhibitor	Amiloride, bupivacaine, lidocaine, procainamide, quinidine
Voltage-gated Na <sup>+</sup> channels	Inhibitor	Carbamazepine, flecainide, lamotrigine, phenytoin, propafenone, topiramate, valproic acid
Ryanodine-inositol 1,4,5-triphosphate receptor Ca <sup>2+</sup> channel (RIR-CaC) family		
Ryanodine receptors	Inhibitor	Dantrolene
Transient receptor potential Ca <sup>2+</sup> channel (TRP-CC) family		
TRPV1 receptors	Inhibitor	Acetaminophen (as arachidonamide)
<b>Cl<sup>-</sup> channels</b>		
Cl <sup>-</sup> channel	Inhibitor (mast cells) Opener (parasites)	Cromolyn sodium Ivermectin

Type	Activity of drug	Drug examples
Direct ligand-gated ion channel receptors		
GABA <sub>A</sub> receptors	Barbiturate binding site agonists	Barbiturate
	Benzodiazepine binding site agonists	Benzodiazepines
	Benzodiazepine binding site antagonists	Flumazenil
Acetylcholine receptors	Nicotinic receptor agonists	Pyrantel (of <i>Angiostrongylus</i> ), levamisole
	Nicotinic receptor stabilizing antagonists	Alcuronium
	Nicotinic receptor depolarizing antagonists	Suxamethonium
	Nicotinic receptor allosteric modulators	Galantamine
Glutamate receptors (ionotropic)	NMDA subtype antagonists	Memantine
	NMDA subtype expression modulators	Acamprosate
	NMDA subtype phencyclidine binding site antagonists	Ketamine

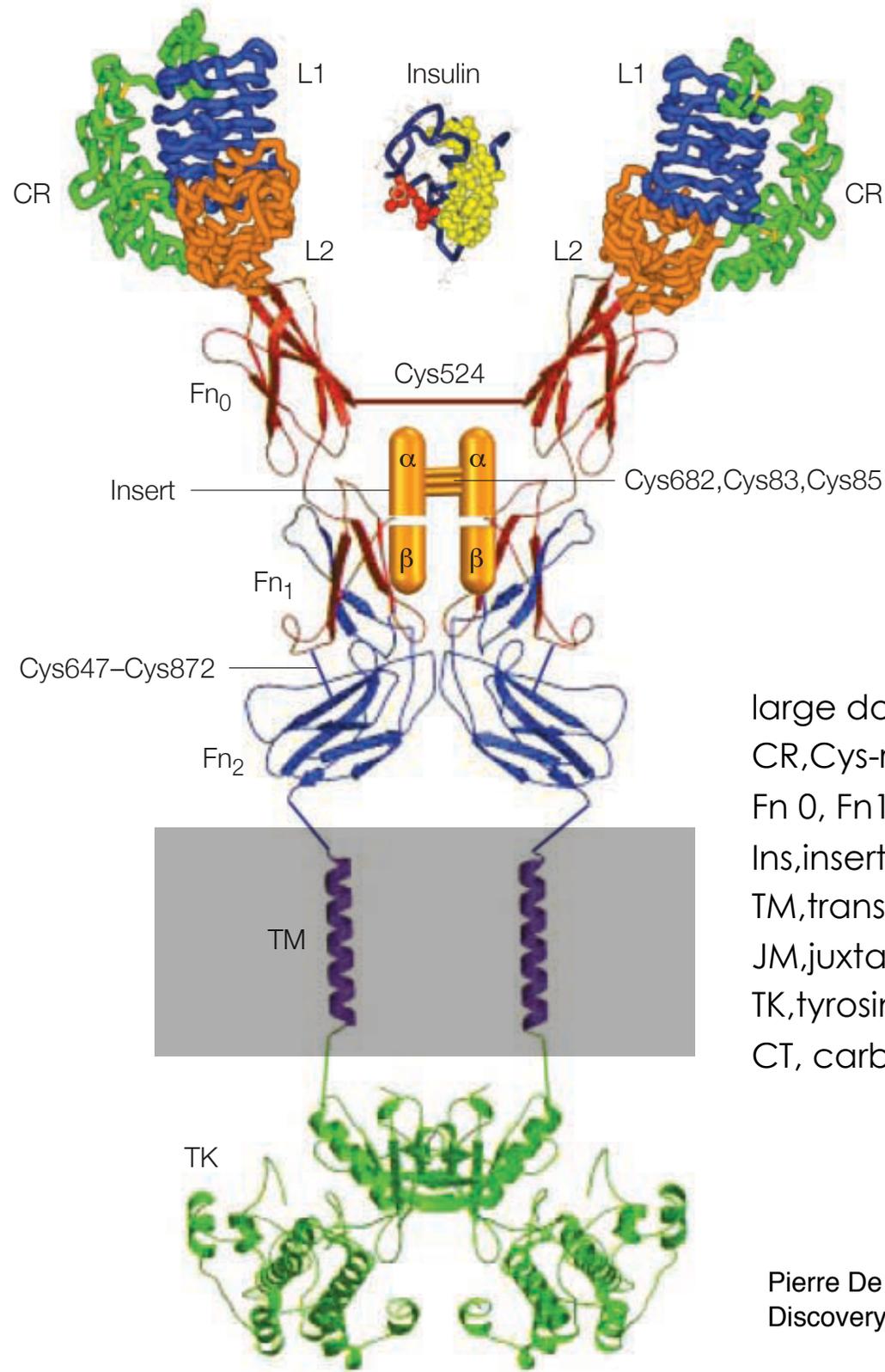
# Kinase-linked receptors

- receptors for hormones and growth factors
- cytokine receptors have an intracellular domain that binds and activates cytosolic kinases when the receptor is activated
- the receptors have a large extracellular ligand-binding domain, a TM single helical domain, and an intracellular domain
- upon activation the receptor dimerizes, followed by autophosphorylation of Tyr residues.
- The P-Tyr residues bind to SH2 domains and many intracellular proteins
- 2 important pathways:
  - the RAS/Raf/MAP kinase pathway (cell division, growth and differentiation)
  - Jak/Stat pathway (stimulated by cytokines; control of synthesis and release of inflammatory mediators)





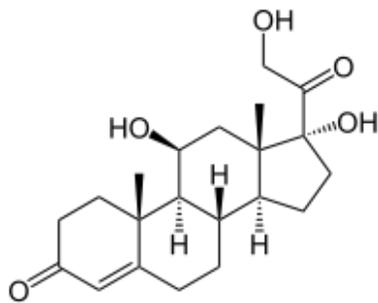
Employing **J**anus **k**inases (JAKs) or and **S**ignal **T**ransducers and **A**ctivators of **T**ranscription (STATs), the pathway transduces the signal carried by these extracellular polypeptides **into the cell nucleus**, where activated STAT proteins modify gene expression.



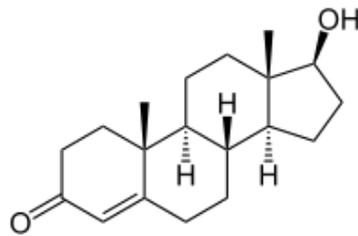
large domains L1 and L2 (leucine-rich repeats);  
 CR,Cys-rich domain;  
 Fn 0, Fn1, Fn2,fibronectin type III domains;  
 Ins,insert in Fn 1;  
 TM,transmembrane domain;  
 JM,juxtamembrane domain;  
 TK,tyrosine-kinase domain;  
 CT, carboxy-terminal tail.

# Nuclear Receptors

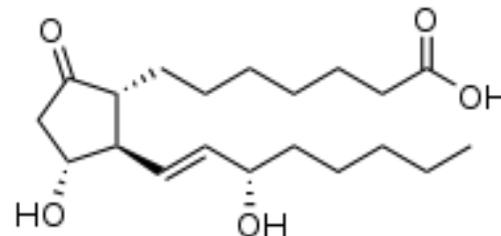
- gated by ligands such as steroids, hormones, vitamin D and retinoic acid
- act as transcription factors that regulate gene expression



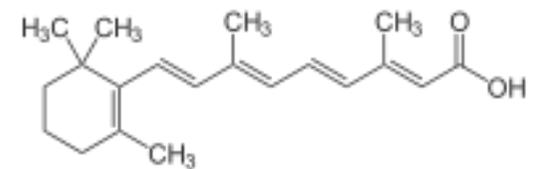
Cortisol



Testosteron

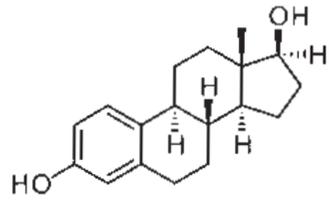


Prostaglandine

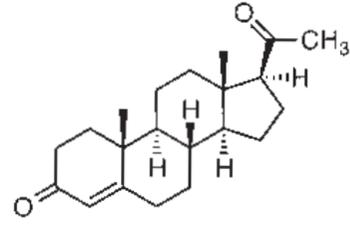


Vitamin A

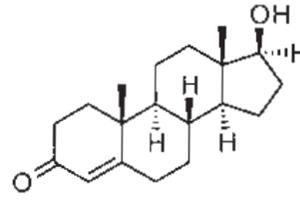
## STEROIDS



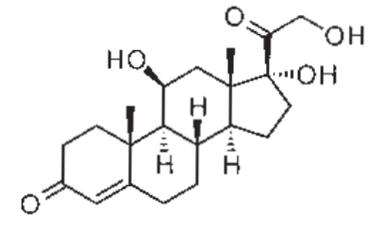
17β-Estradiol  
(Estrogen Receptor)



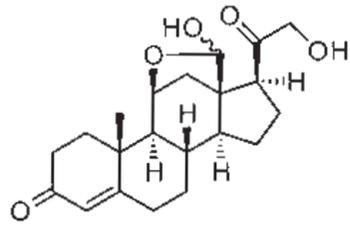
Progesterone  
(Progesterone Receptor)



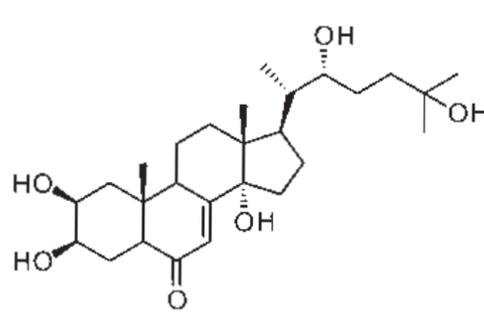
Testosterone  
(Androgen Receptor)



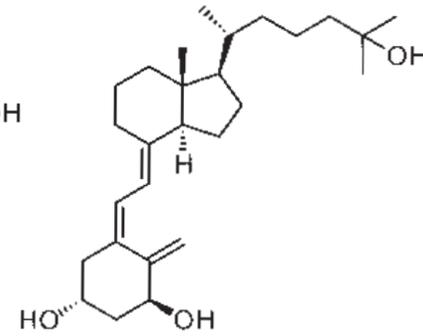
Cortisol  
(Glucocorticoid Receptor)



Aldosterone  
(Mineralocorticoid Receptor)

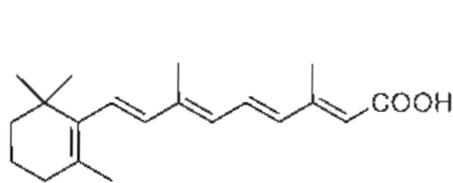


Ecdysone  
(Ecdysone Receptor)

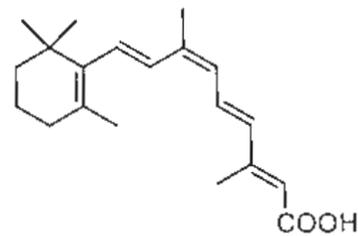


1α,25-Dihydroxyvitamin D<sub>3</sub>  
(Vitamin D Receptor)

## RETINOIDS

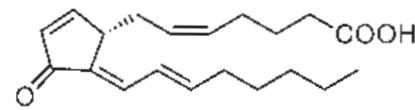


All-*trans* Retinoic Acid  
(Retinoic Acid Receptor)



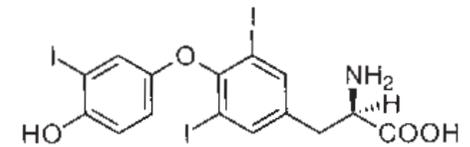
9-*cis* Retinoic Acid  
(Retinoid X Receptor)

## EICOSANOID



15-Deoxy-Δ<sup>12,14</sup>-Prostaglandin J<sub>2</sub>  
(PPAR-γ)

## THYRONINE



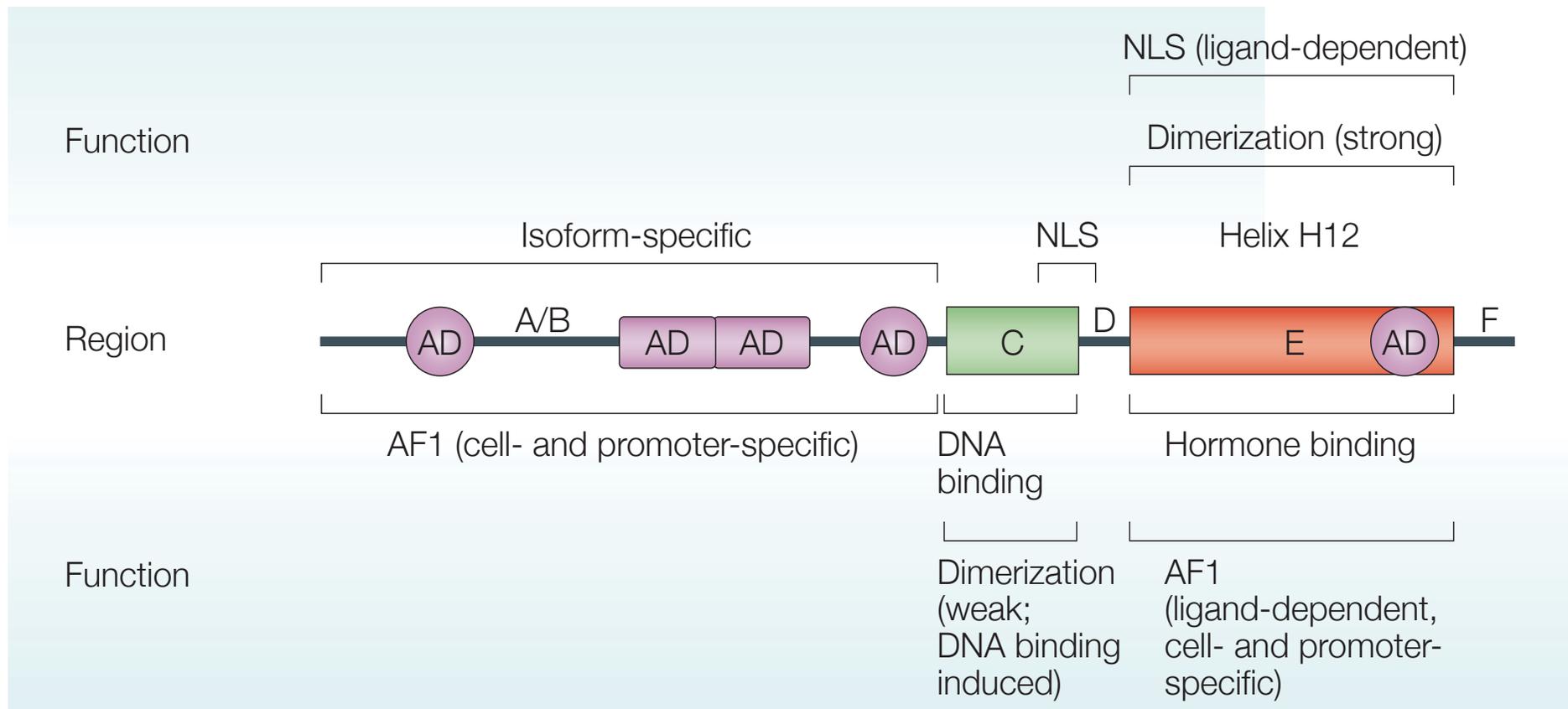
3,5,3'-L-Triiodothyronine  
(Thyroid Hormone Receptor)

# Structure of Nuclear Receptors

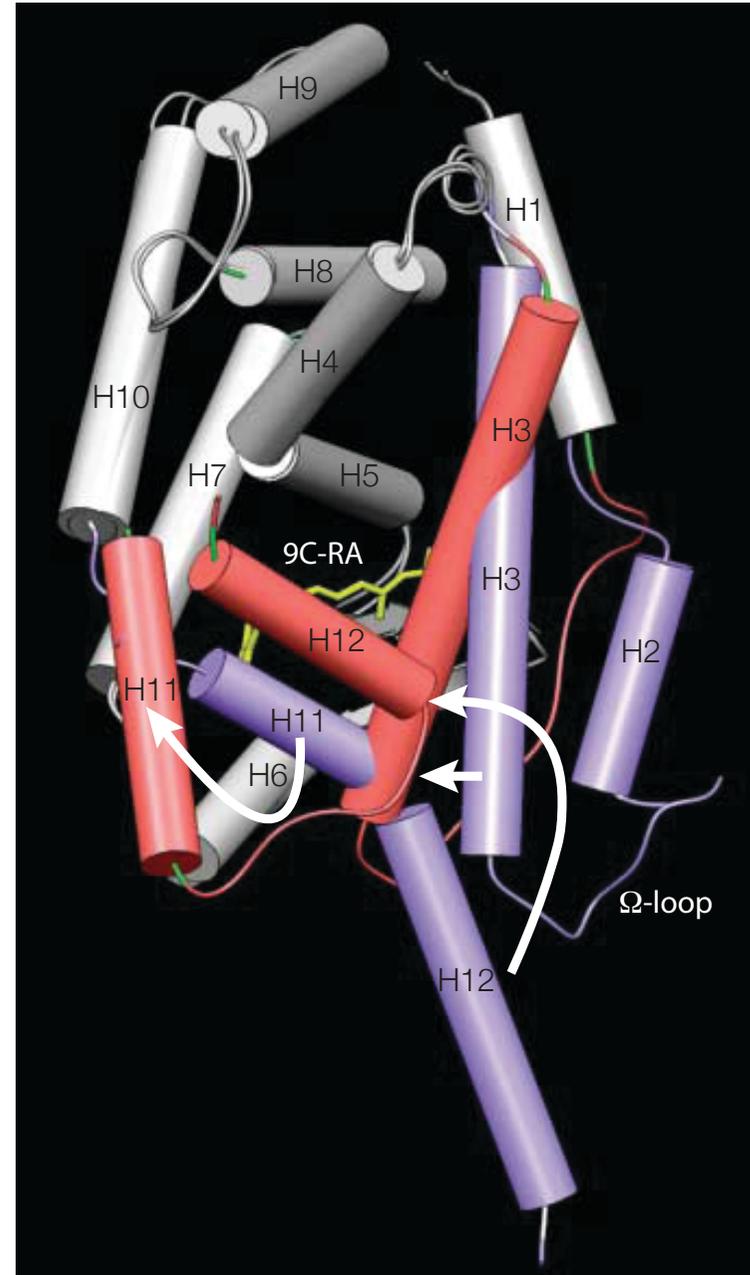
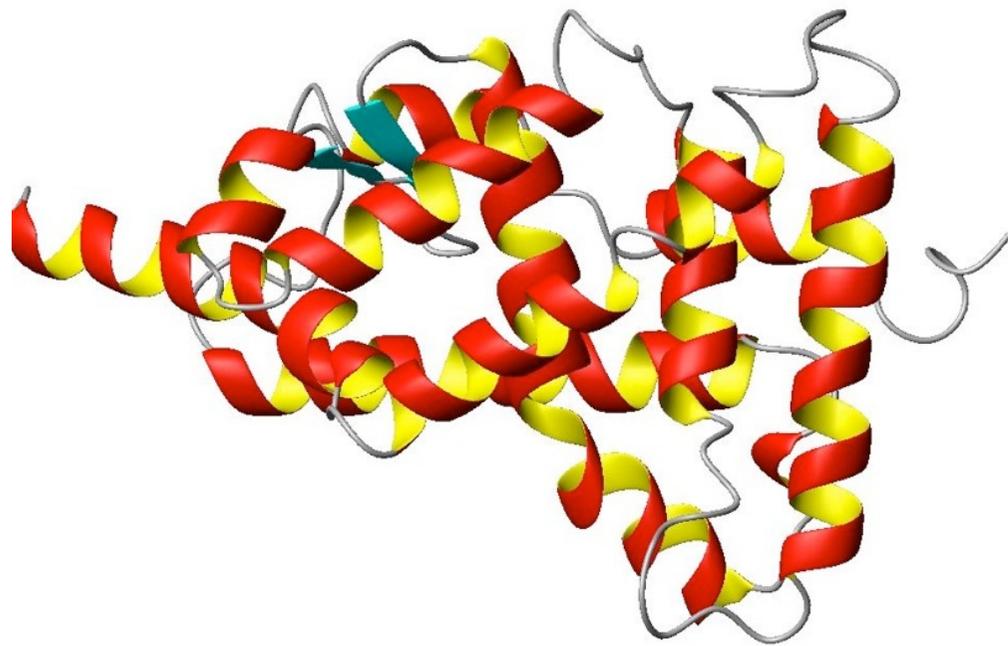
transactivation domain  
(binds to co-activators  
and other transcription factors)

DNA-binding domain

LBD  
(ligand-binding domain)



# Structure of the ligand binding domain of the retinoic X receptor

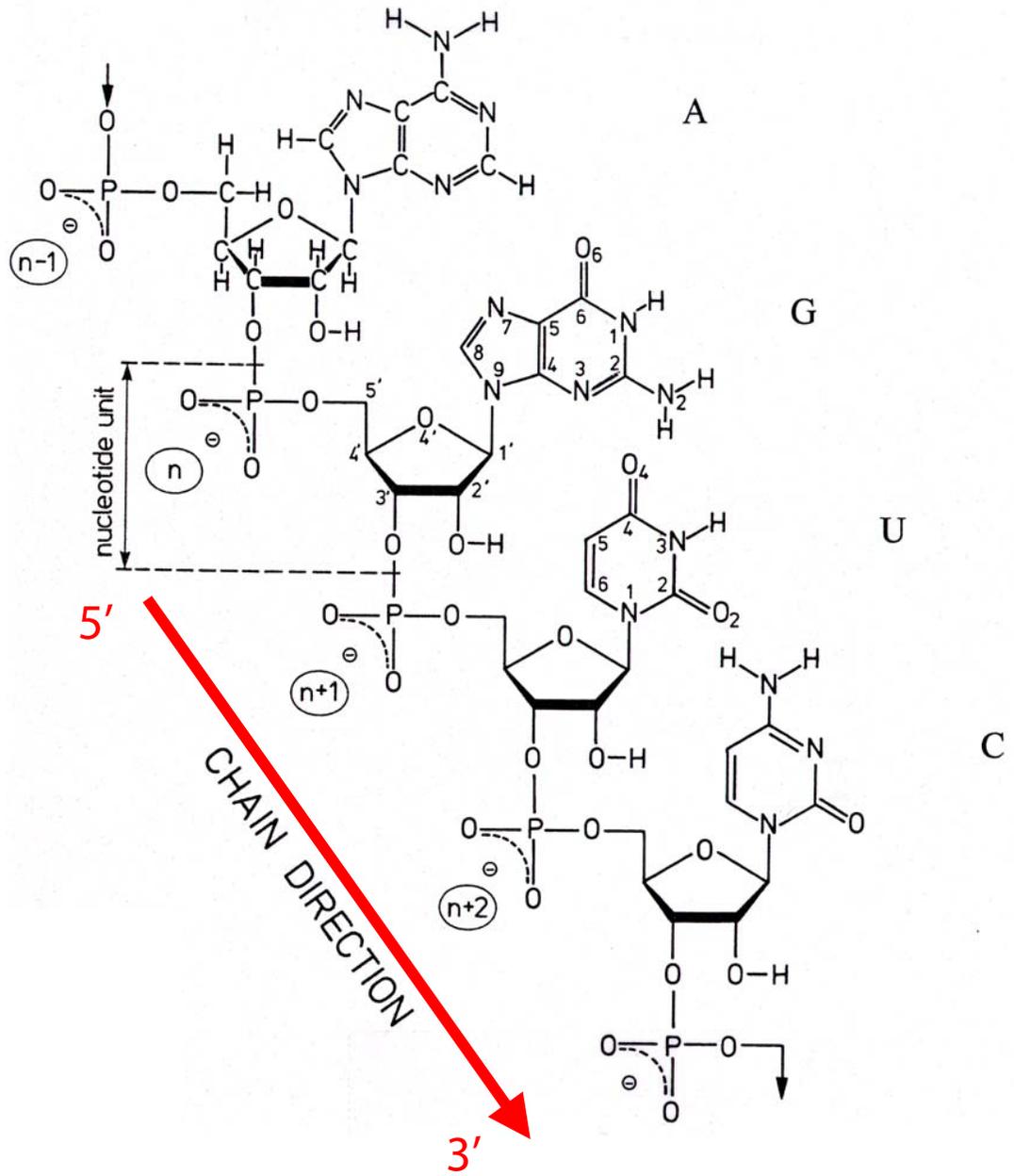


# Drugs targeting nuclear receptors

<b>Nuclear receptors (steroid hormone receptors)</b>		
Mineralocorticoid receptor	Agonists	Aldosterone
	Antagonists	Spironolactone
Glucocorticoid receptor	Agonists	Glucocorticoids
Progesterone receptor	Agonists	Gestagens
Oestrogen receptor	Agonists	Oestrogens
	(Partial) antagonists	Clomifene
	Antagonists	Fulvestrant
	Modulators	Tamoxifen, raloxifene
Androgen receptor	Agonists	Testosterone
	Antagonists	Cyproterone acetate
Vitamin D receptor	Agonists	Retinoids
ACTH receptor agonists	Agonists	Tetracosactide (also known as cosyntropin)
<b>Nuclear receptors (other)</b>		
Retinoic acid receptors	RAR $\alpha$ agonists	Isotretinoin
	RAR $\beta$ agonists	Adapalene, isotretinoin
	RAR $\gamma$ agonists	Adapalene, isotretinoin
Peroxisome proliferator-activated receptor (PPAR)	PPAR $\alpha$ agonists	Fibrates
	PPAR $\gamma$ agonists	Glitazones
Thyroid hormone receptors	Agonists	L-Thyroxine

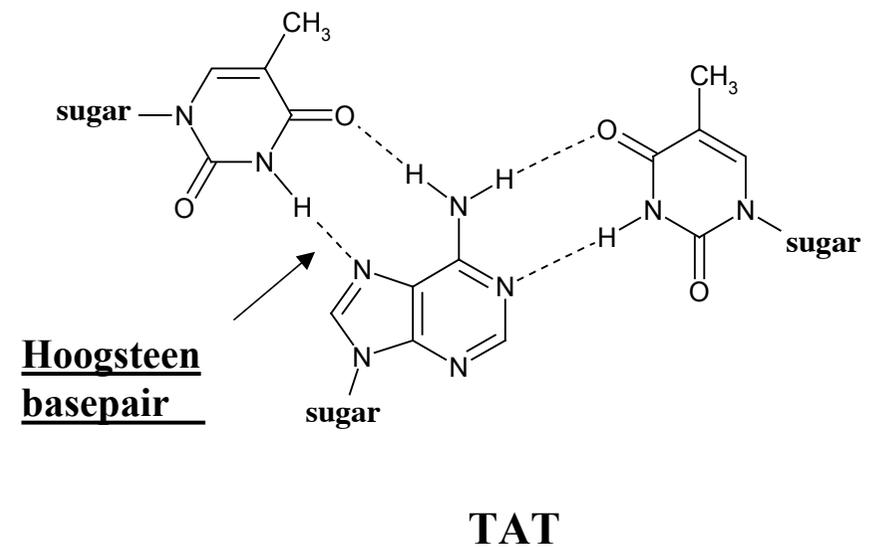
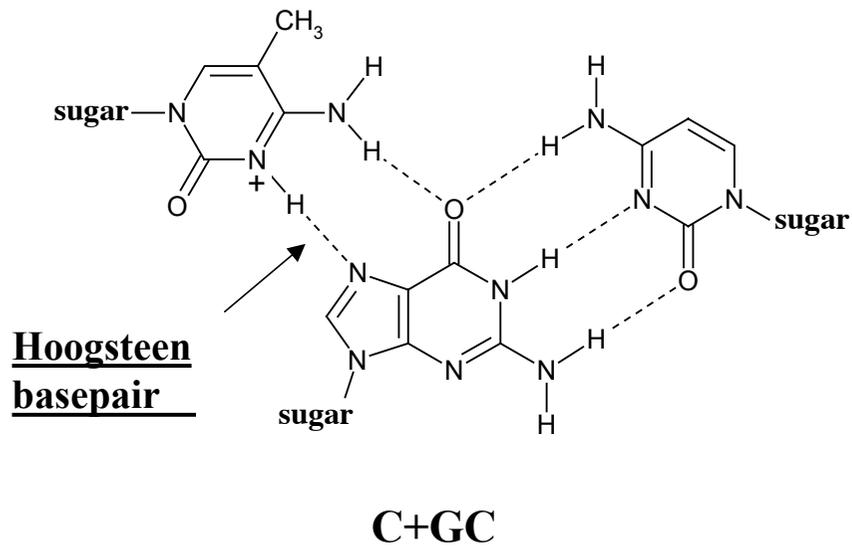
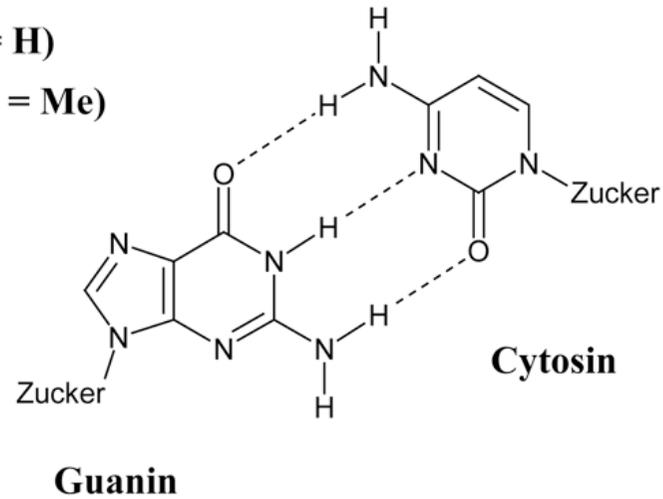
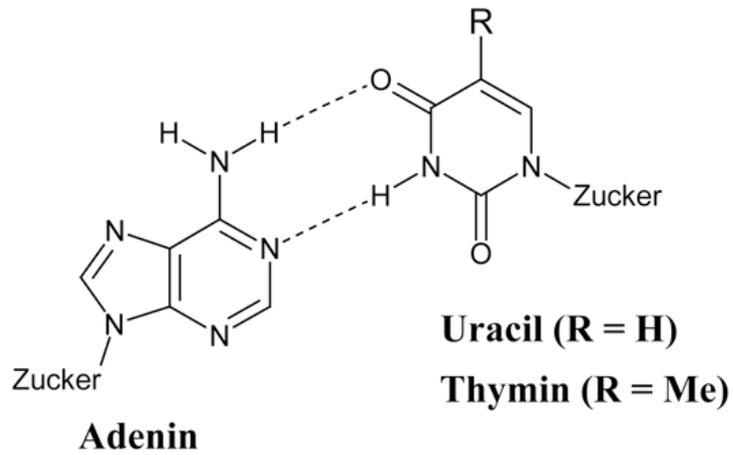
# Nucleic Acids

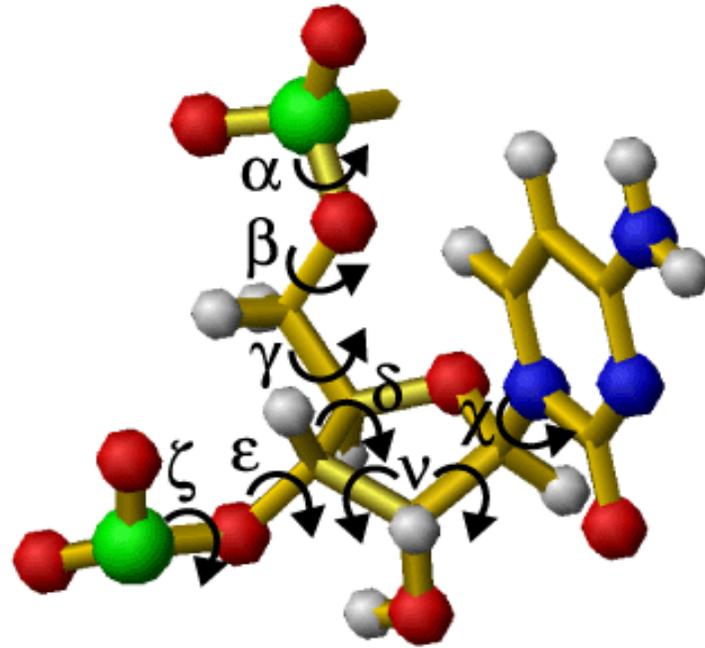
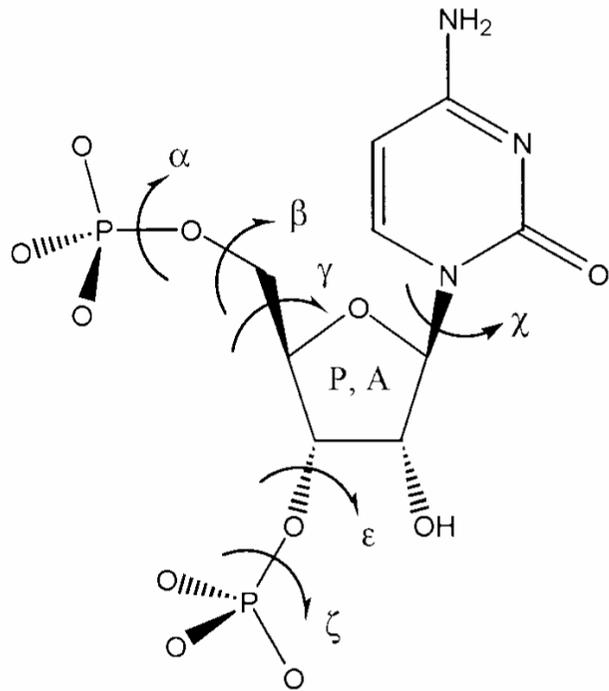
<b>Target</b>	<b>Activity of drug</b>	<b>Example drugs</b>
Nucleic acids		
DNA and RNA	Alkylation	Chlorambucil, cyclophosphamide, dacarbazine
	Complexation	Cisplatin
	Intercalation	Doxorubicin
	Oxidative degradation	Bleomycin
	Strand breaks	Nitroimidazoles
RNA	Interaction with 16S-rRNA	Aminoglycoside antiinfectives
	Interaction with 23S-rRNA	Macrolide antiinfectives
	23S-rRNA/tRNA/2-polypeptide complex	Oxazolidinone antiinfectives
Spindle	Inhibition of development	Vinca alkaloids
	Inhibition of desaggregation	Taxanes
Inhibition of mitosis	—	Colchicine
Ribosome		
30S subunit (bacterial)	Inhibitors	Tetracyclines
50S subunit (bacterial)	Inhibitors	Lincosamides, quinupristin–dalfopristin



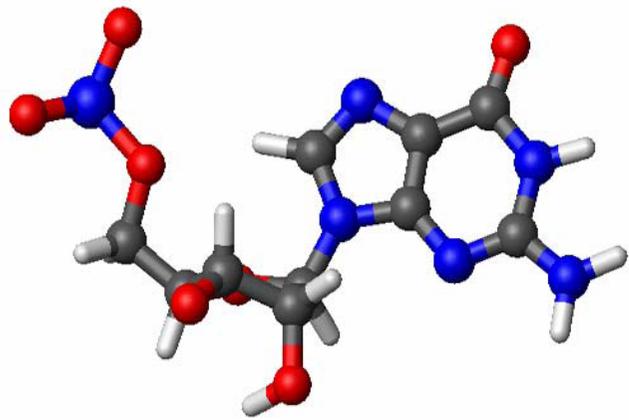
aus: W. Saenger 'Principles of Nucleic Acid Structure' 1984, Springer

# Geometry of Watson-Crick Base Pairs

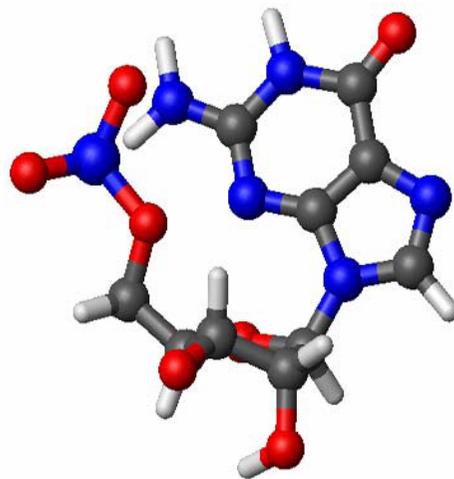




Nucleic Acid  
Structure involves  
many rotatable  
bonds

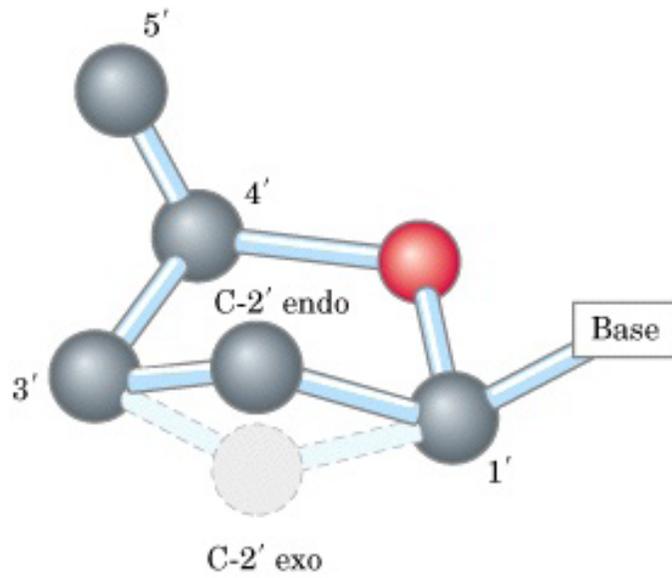


*anti*

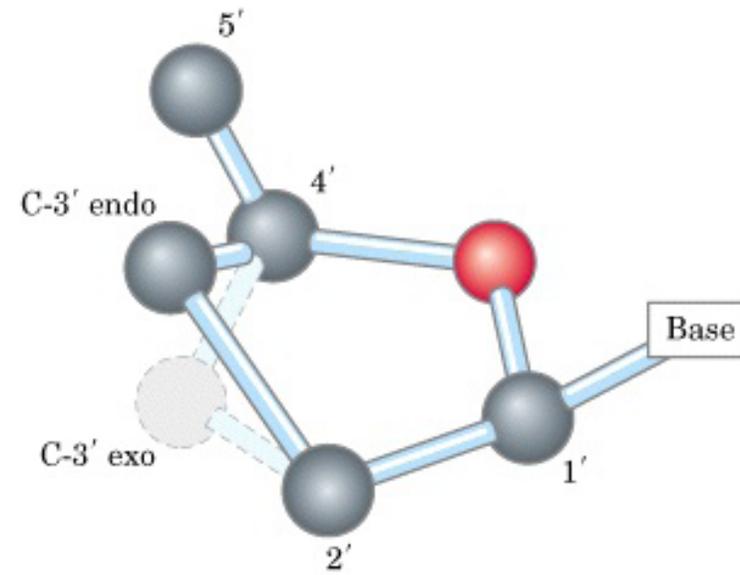


*syn*

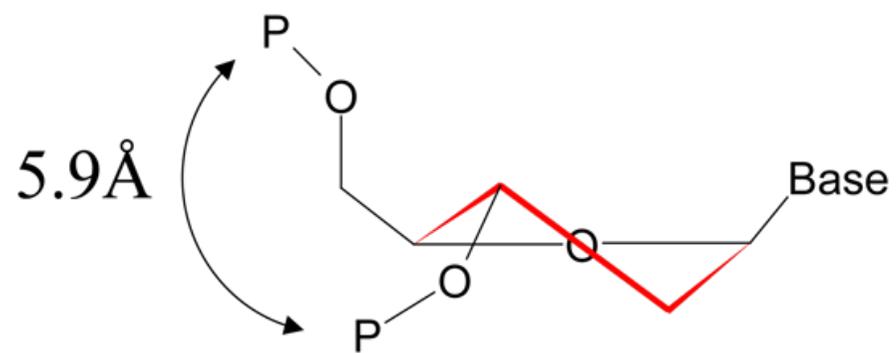
In helical  
oligonucleotides the  
glycosidic bond is  
usually anti



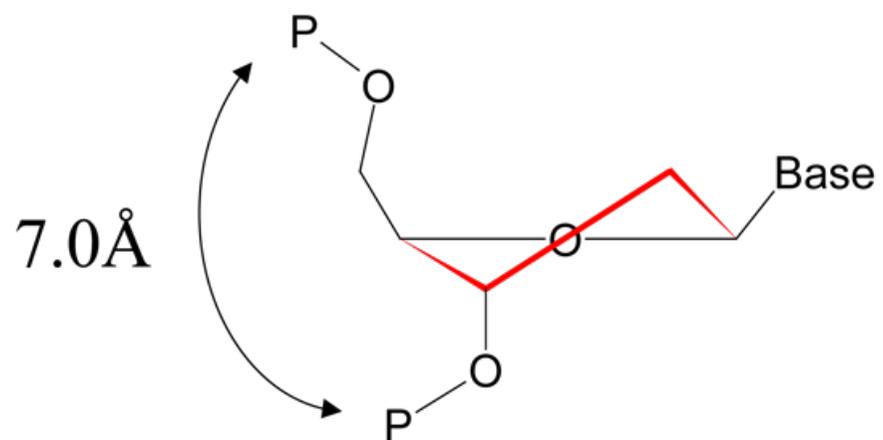
C2'-endo "South" (DNA)



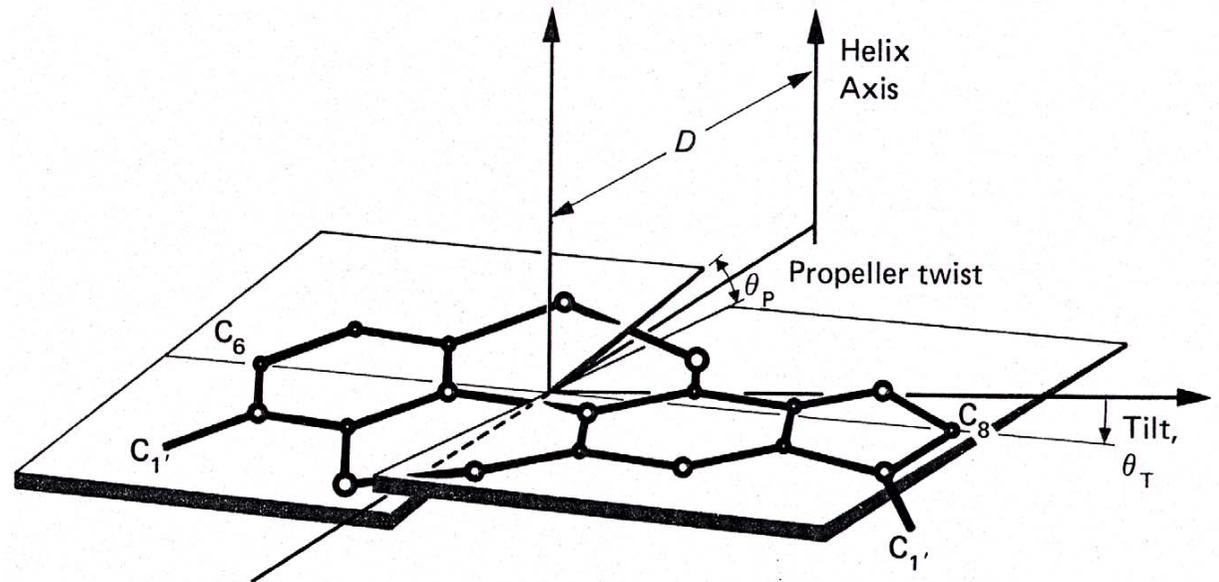
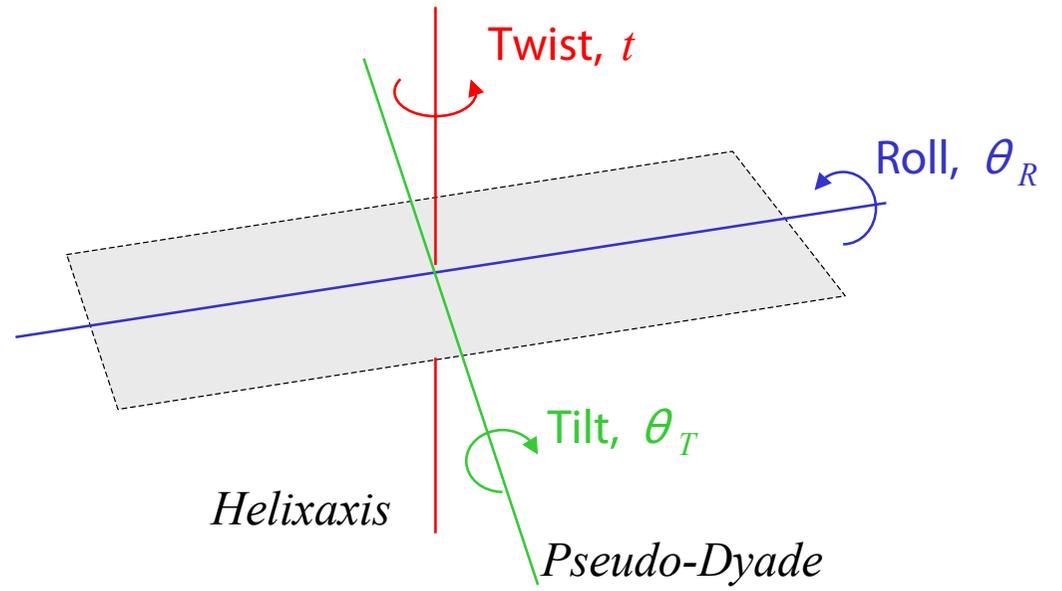
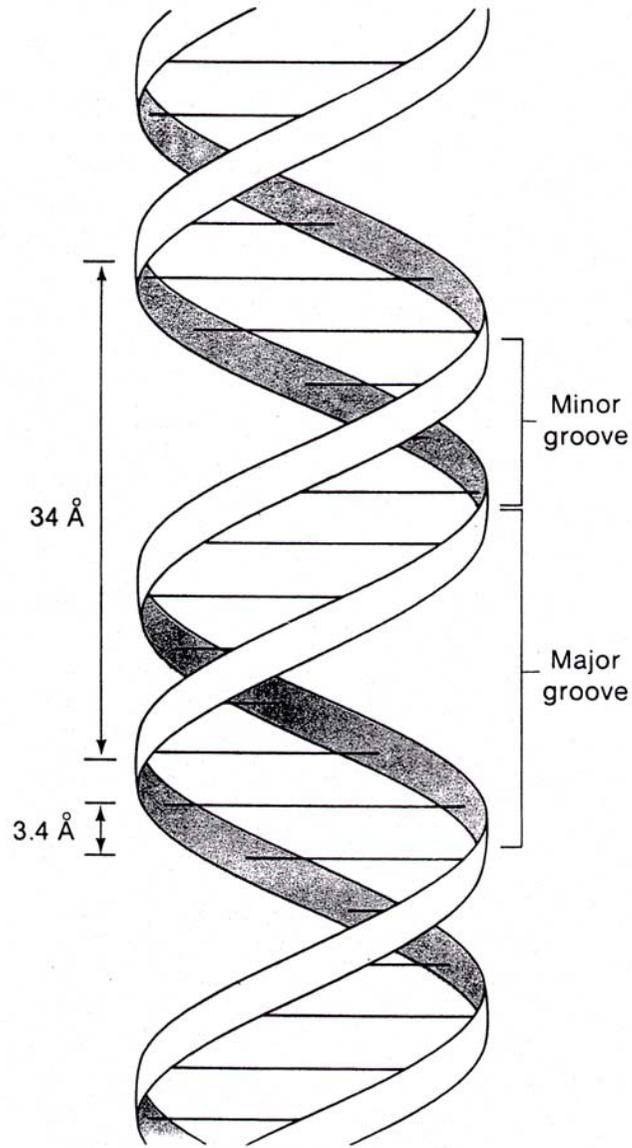
C3'-endo "North" (RNA)



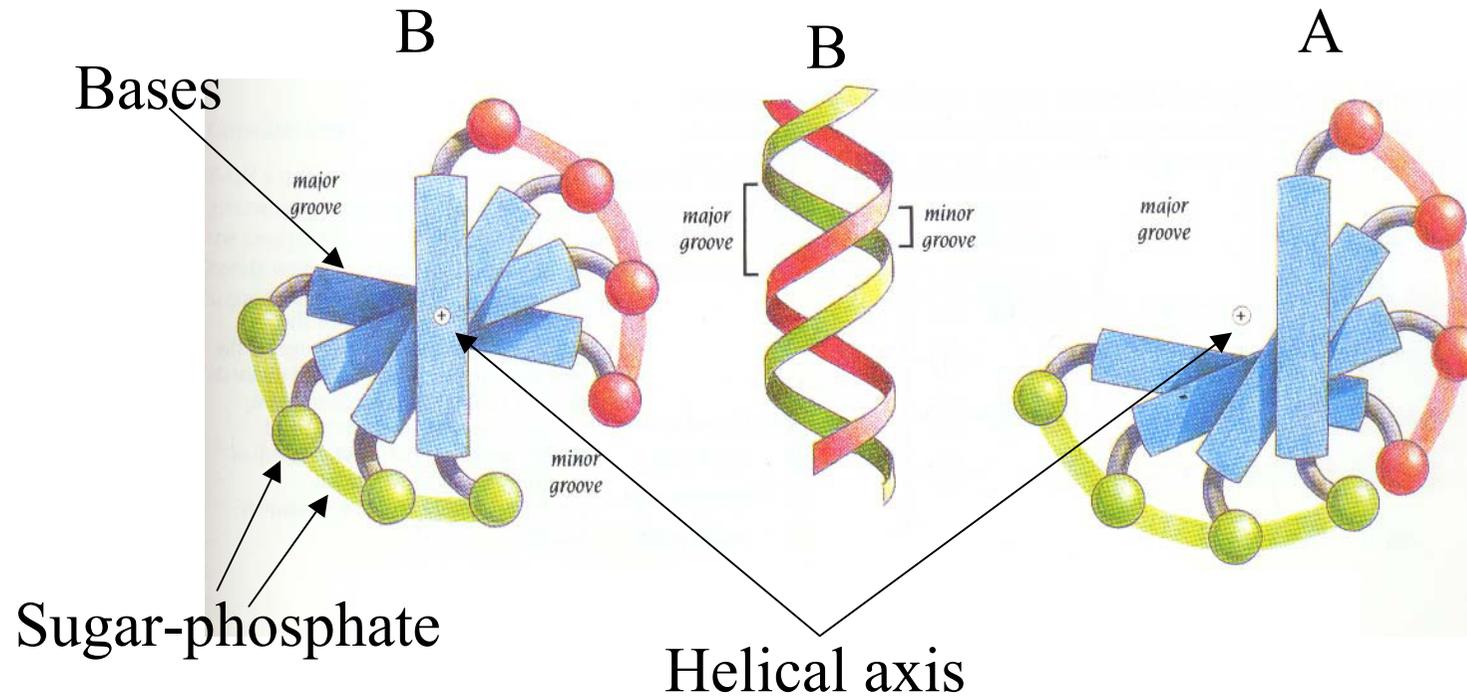
*C3'-endo*  
(A-Konformation)



*C2'-endo*  
(B-Konformation)



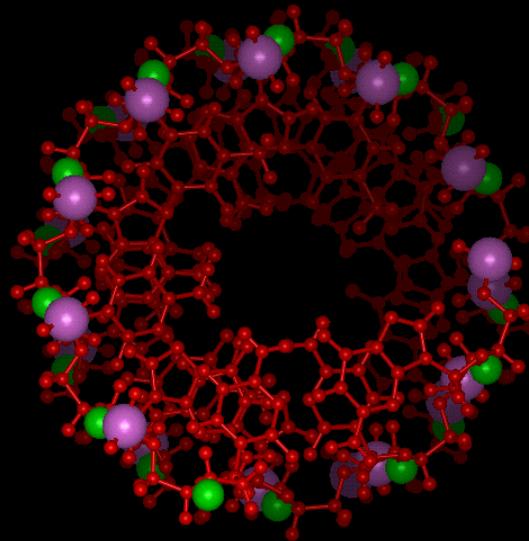
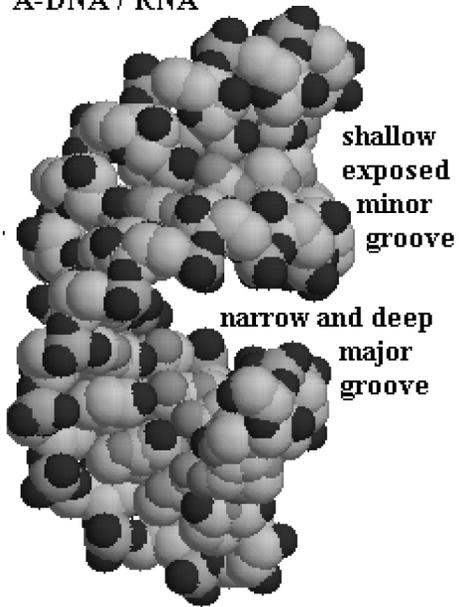
# DNA Helices



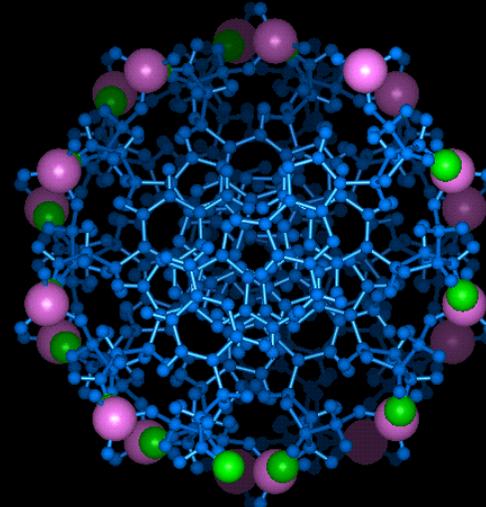
**A-DNA** Helical axis is shifted from the center of the bases into the major groove. Base pairs are not perpendicular to the axis. They are tilted  $13^\circ$  to  $19^\circ$ . Major groove is deep, minor groove is shallow.

**B-DNA** Helical axis runs through the center of each base pair which are stacked almost perpendicular to the axis. Major and minor grooves are the same depth, but major groove is wider.

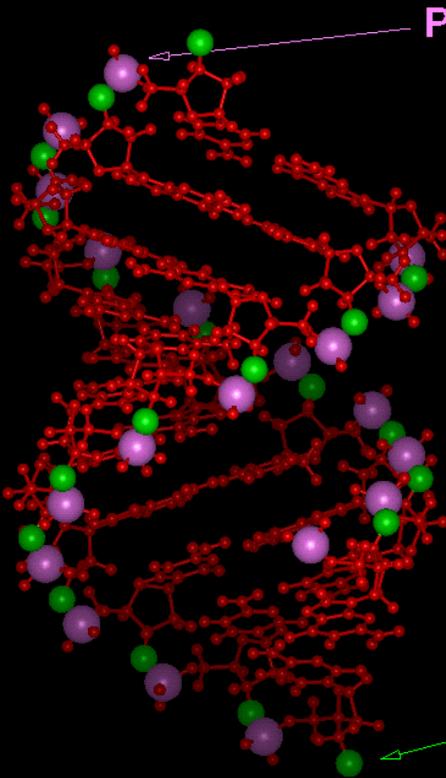
A-DNA / RNA



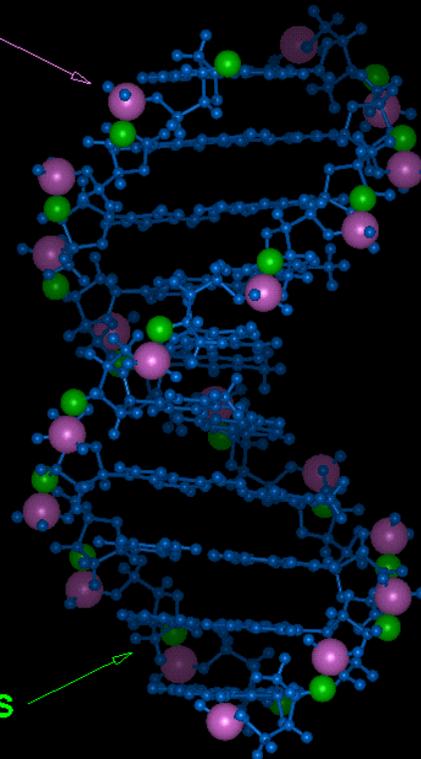
A-DNA



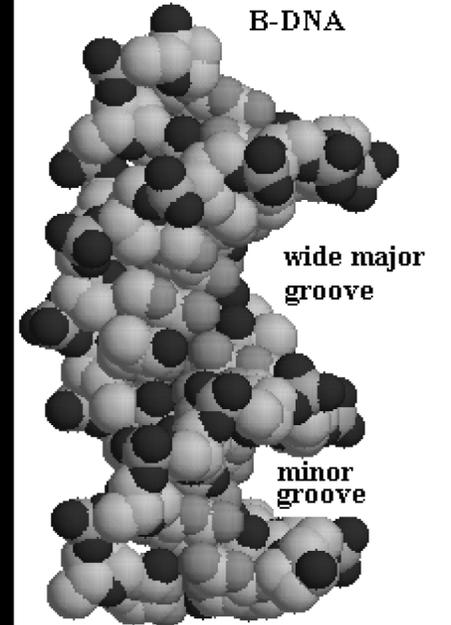
B-DNA

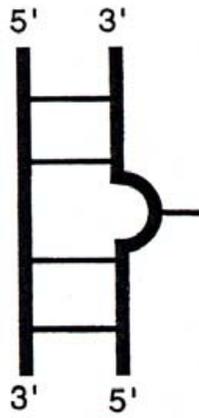


P atoms

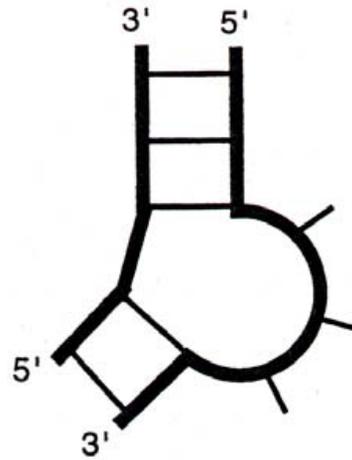


O3' atoms





single nucleotide bulge



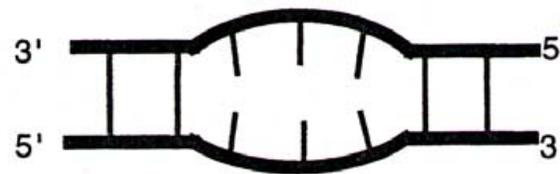
three nucleotide bulge



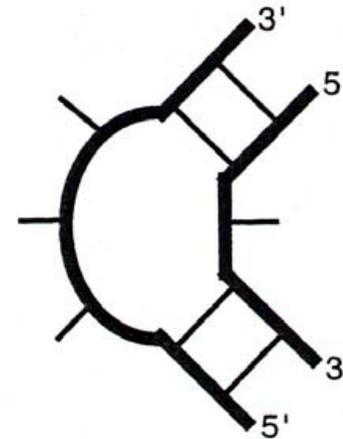
hairpin loop



mismatch pair  
or, symmetric internal  
loop of 2 nucleotides



symmetric internal loop



asymmetric internal loop

# Drugs acting on DNA/RNA

- Intercalating agents

Topoisomerase II

Example – Proflavine

Examples – antimalarial agents

- Alkylating agents

- Chain cutters

- Antisense DNA

- siRNA

- CRISPR/CAS

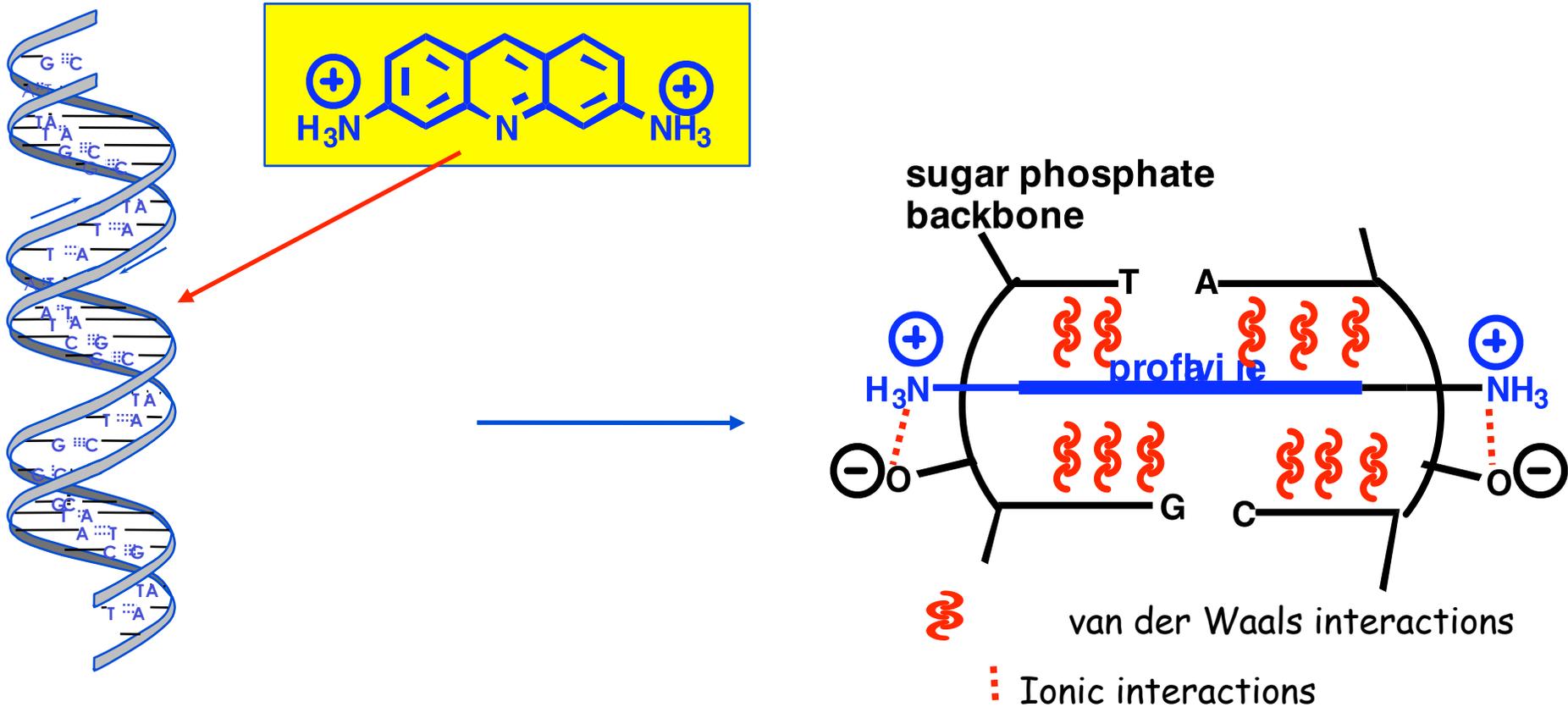
# Intercalating agents

## Mechanism of action

- Contain planar aromatic or heteroaromatic ring systems
- Planar systems slip between the layers of nucleic acid pairs and disrupt the shape of the helix
- Preference is often shown for the minor or major groove
- Intercalation prevents replication and transcription
- Intercalation inhibits topoisomerase II (an enzyme that relieves the strain in the DNA helix by temporarily cleaving the DNA chain and crossing an intact strand through the broken strand).

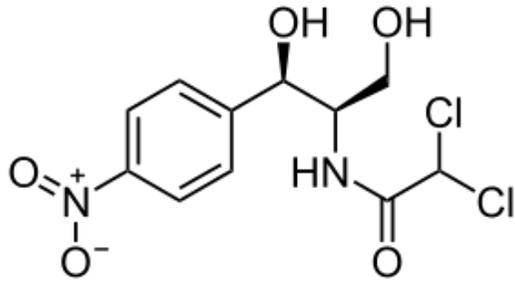
# Intercalating agents

Proflavine

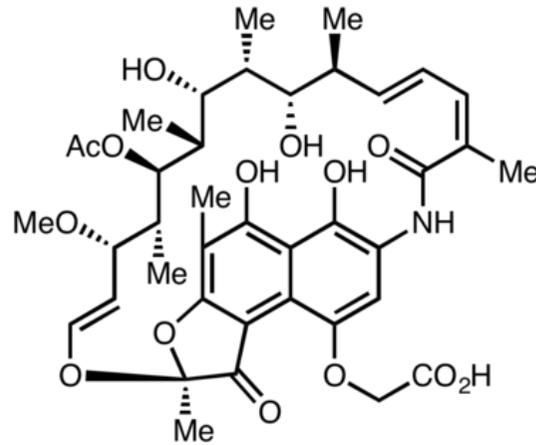


- Planar tricyclic system
- The amino substituents are protonated and charged
- Used as a topical antibacterial agent in the second world war
- Targets bacterial DNA
- Too toxic for systemic use

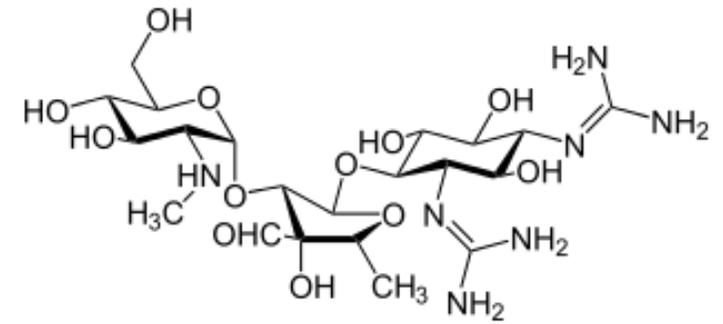
# Drugs acting on rRNA: Antibiotics



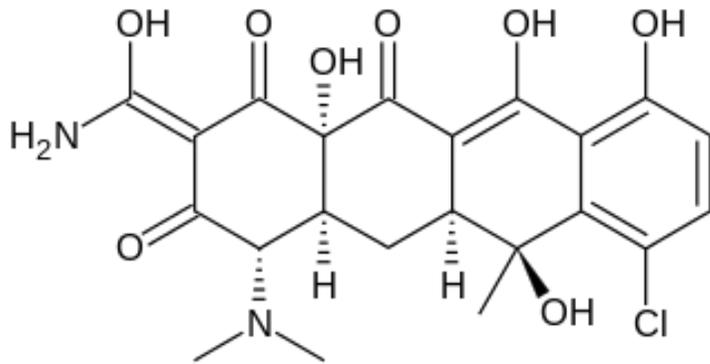
**Chloramphenicol**  
(vs typhoid)



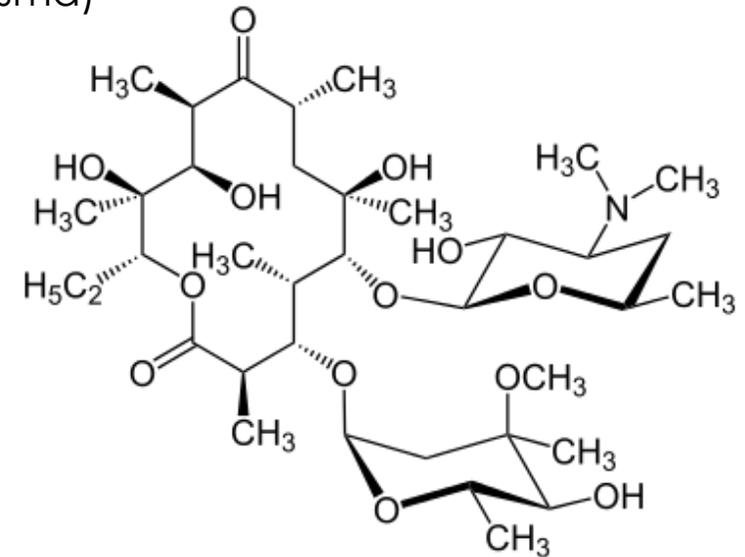
**Rifamycin B**  
(gram-pos. bacteria, mycoplasma)



**Streptomycin**  
(tuberculosis)



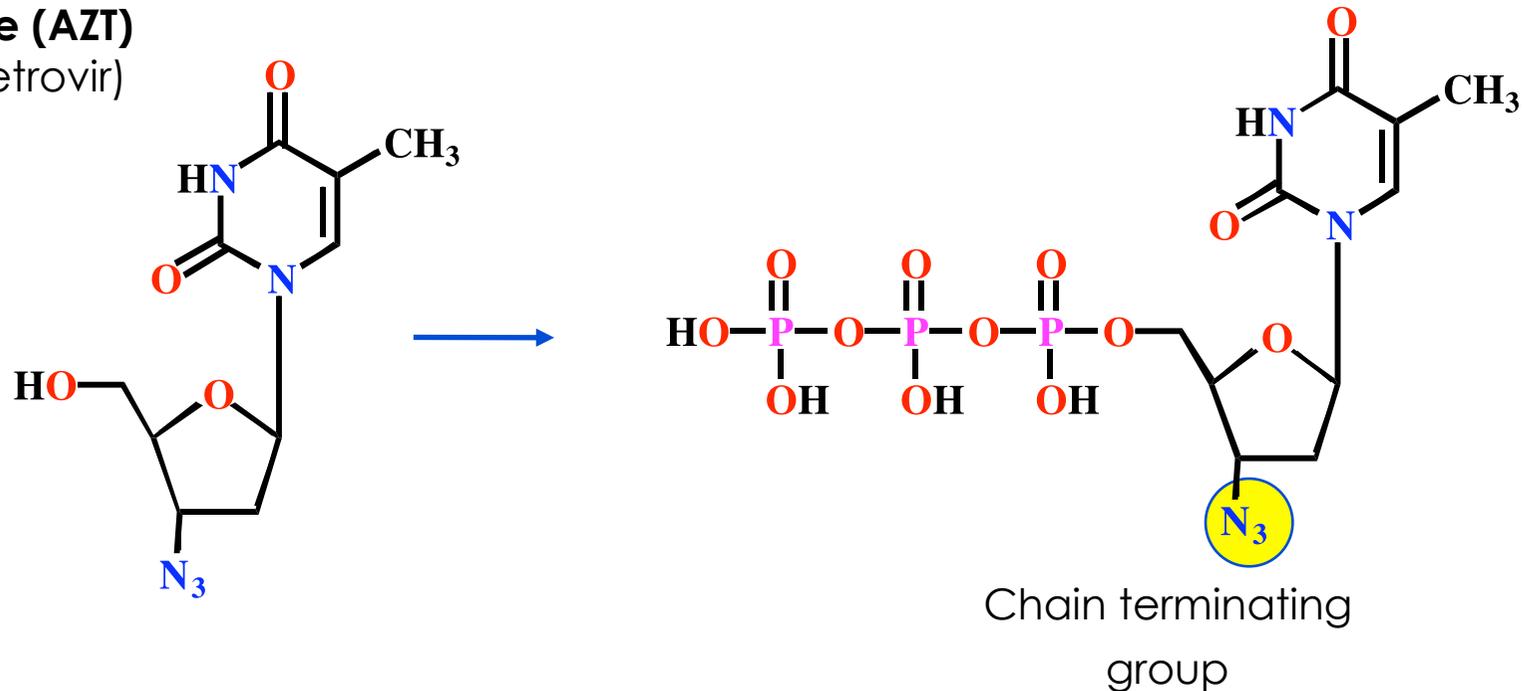
**Chlortetracycline**  
(Aureomycin, eye infections, open wounds)



**Erythromycin**  
(gram-pos. bacteria, mycoplasma)

# Antiviral agents

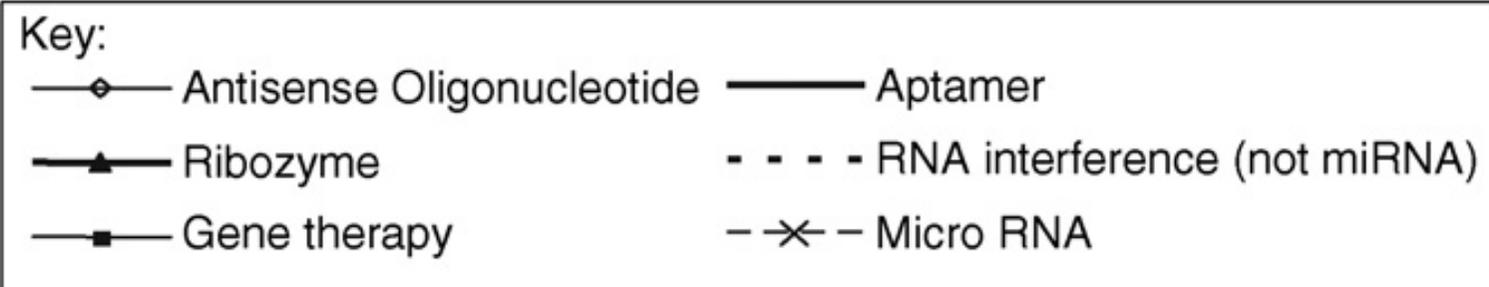
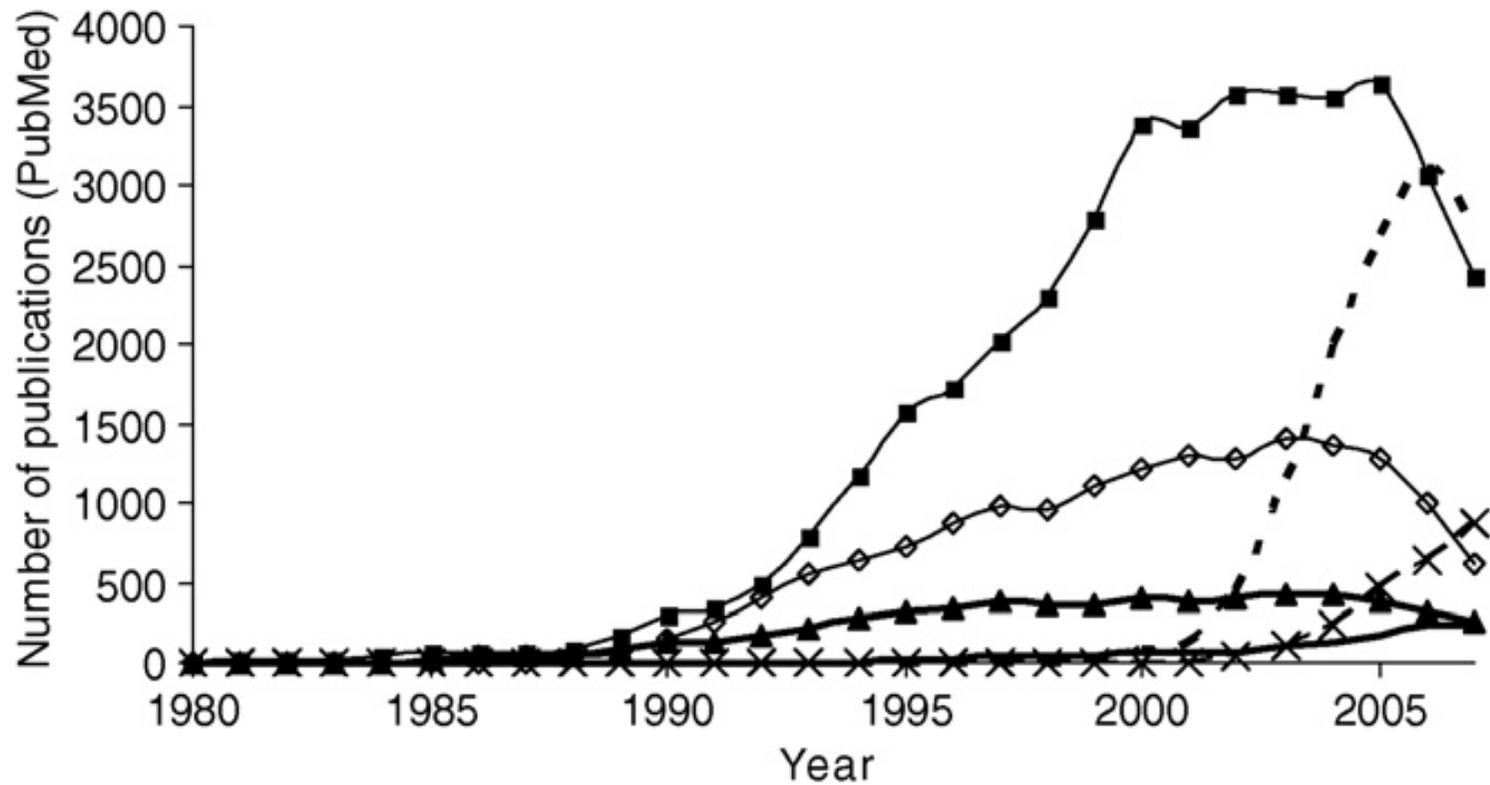
## Azidothymidine (AZT) (Zidovudine; Retrovir)



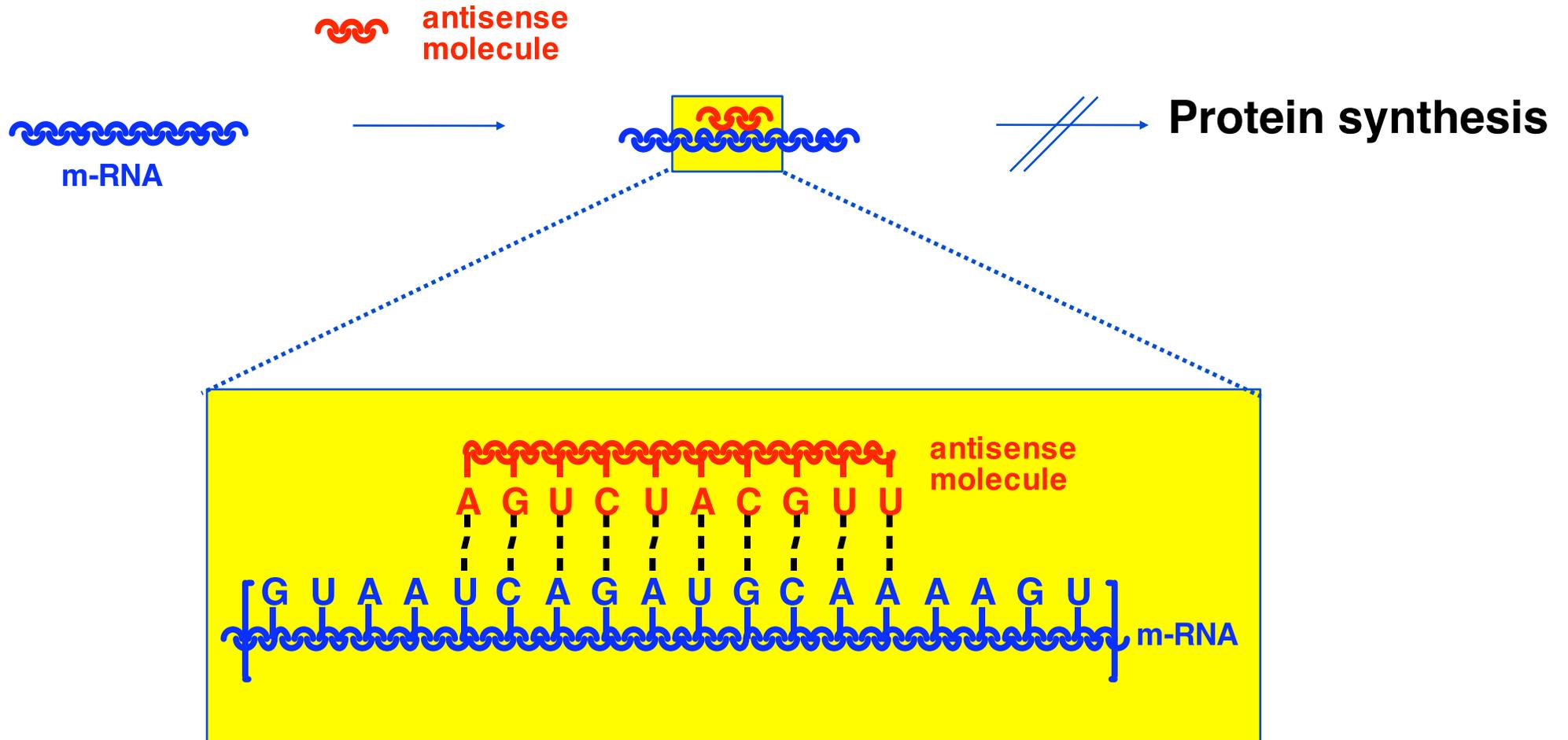
- Enzyme inhibitor
- AZT is phosphorylated to a triphosphate in the body by the viral thymidine kinase, cannot be phosphorylated in human cells
- Triphosphate has two mechanisms of action
  - inhibits a viral enzyme (reverse transcriptase)
  - added to growing DNA chain and acts as chain terminator

# Gene silencing methods

- Develop Nucleic Acid (derivatives) that bind either to DNA or RNA to **stop** transcription or translation
- Allows to rapidly develop drugs once the DNA sequence of the target is known with **high selectivity**
- Successful for all targets, even for non-druggable targets
- Rapid lead identification and optimization
- Comparably easy synthesis
- Requires modification of nucleotides to improve pharmacokinetics
- Only antagonism possible no agonism (no upregulation)



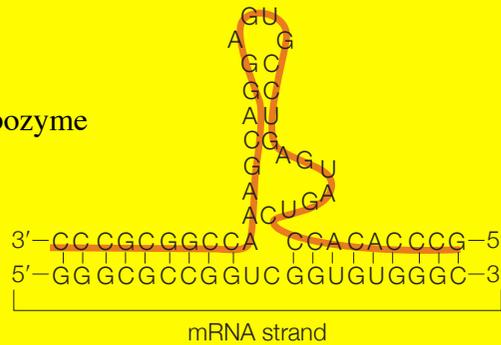
# Antisense Therapy (mRNA)



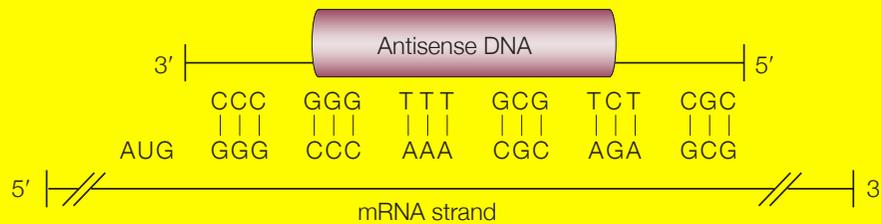
# Antisense Technology

## inhibiting translation

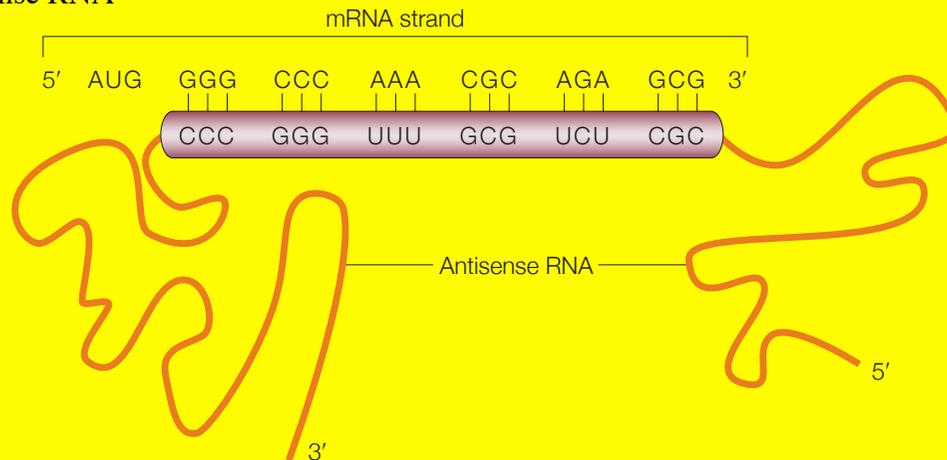
### Hammerhead Ribozyme



### antisense DNA



### antisense RNA

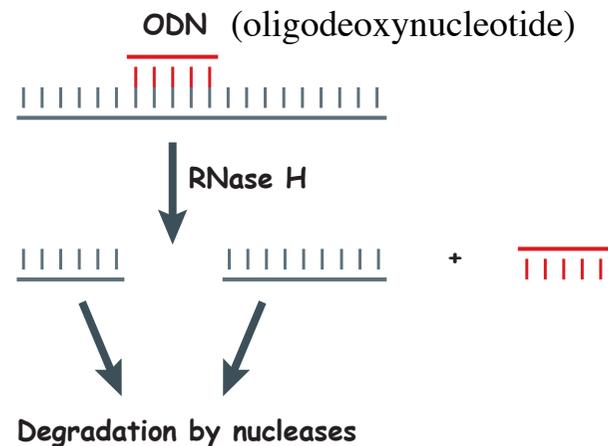


- directly targeting protein transcription or translation
- either by targeting mRNA (ribozymes or anti-sense DNA/RNA) or by targeting DNA (not clinically successful)
- targeting DNA try to achieve homologous recombination with the DNA strand or triple-helix formation via Hoogsteen base-pairing
- mRNA is in contrast to DNA better accessible to attack

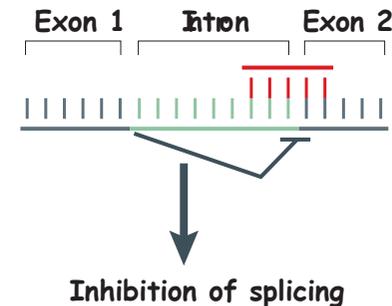
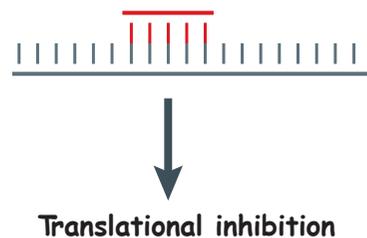
# Antisense methods

- stable mRNA-antisense duplexes can
  - interfere with splicing
  - block translation
  - lead to destruction by binding to endogenous nucleases such as RNaseH

a RNase H-inducing ODNs

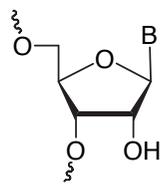


b Steric hindrance

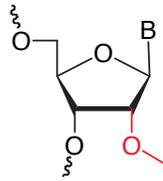


- anti-sense oligonucleotides must be chemically modified to make them more resistant against endo/ and exonucleases

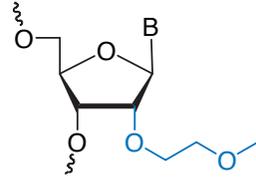
# Chemical Modifications of Nucleotides to Increase Stability



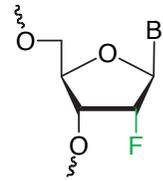
Sugar: Ribo



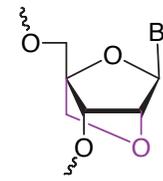
2'-O-Me



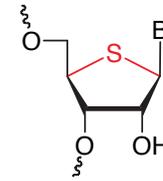
2'-O-MOE



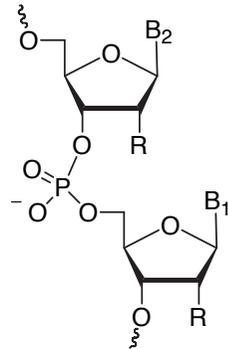
2'-Deoxy-2'-fluoro (2'-F)



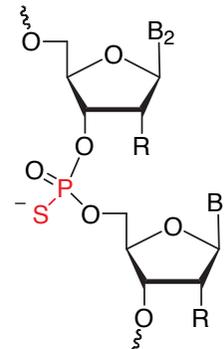
LNA



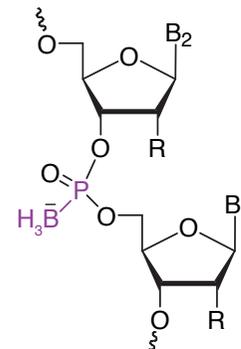
4'-Thio



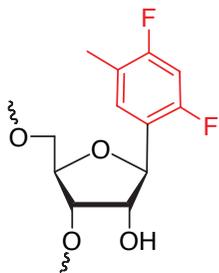
Backbone (R = OH or 2'-modified): Phosphate (P=O)



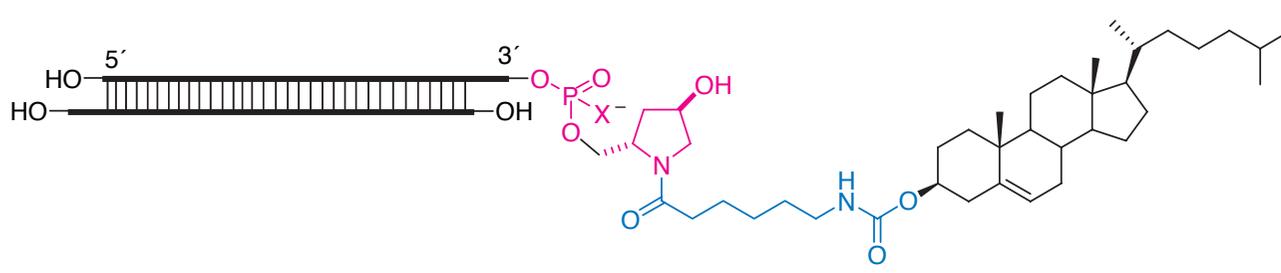
Phosphorothioate (P=S)



Boranophosphate



Base: 2,4-Difluorotoluylyl (DFT)



Conjugate: siRNA-cholesterol (X = O or S)

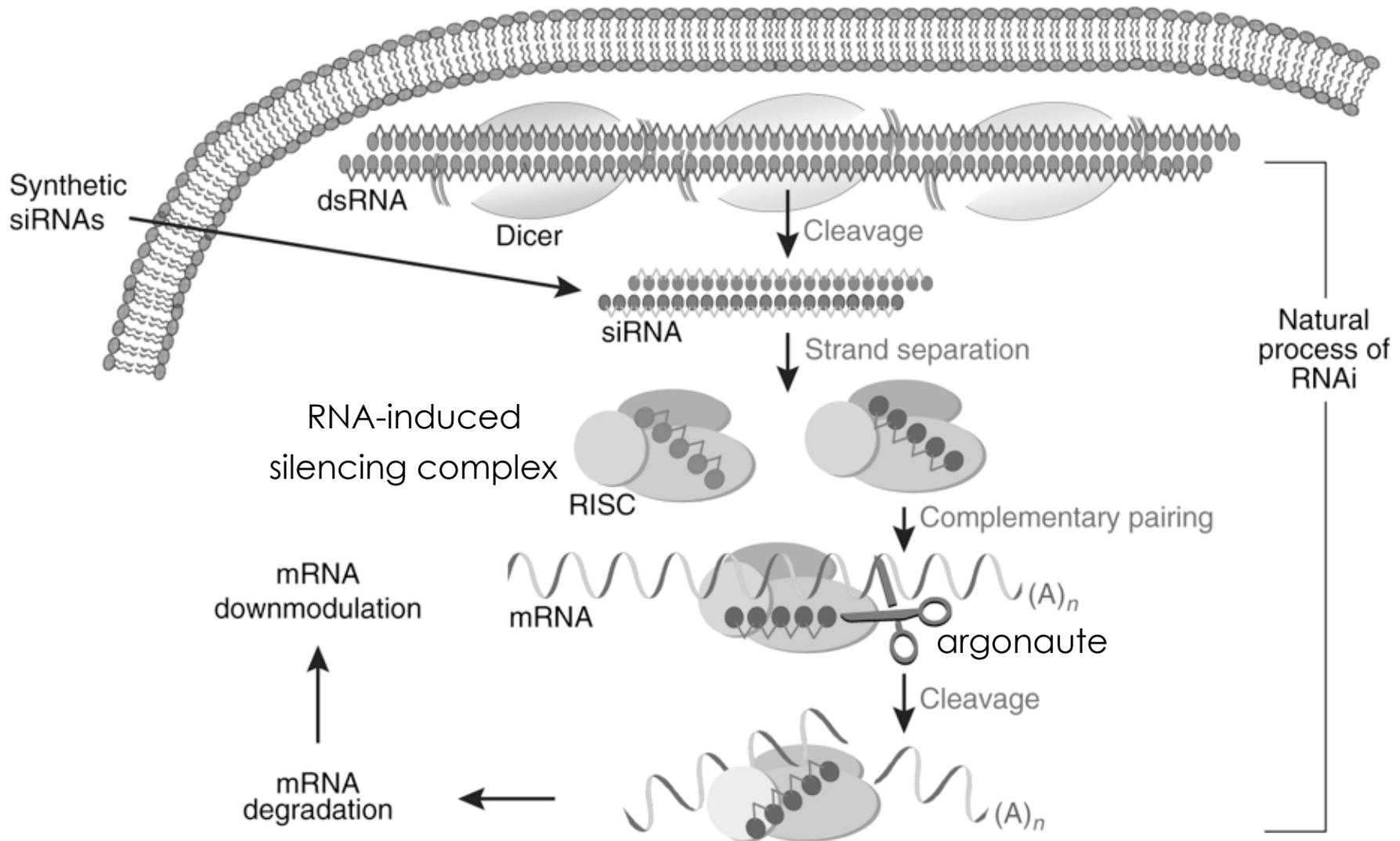
- stability against nucleases is achieved either by introducing a phosphorothioate (P=S) at the 3' end for exonuclease resistance or 2' modifications for endonuclease resistance. Cholesterol conjugates improve uptake properties.



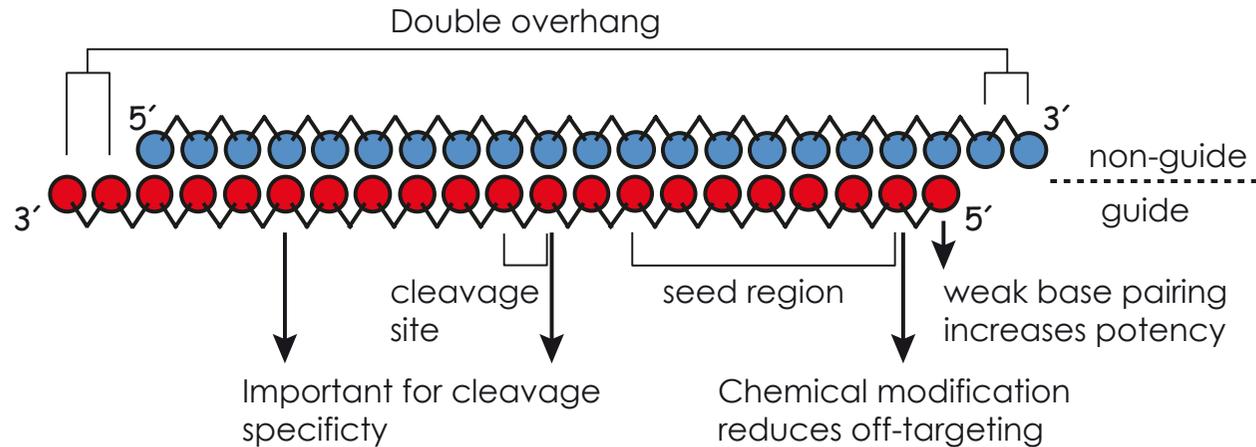
# RNA interference

- RNA interference is a naturally occurring post-transcriptional gene silencing method
- By RNAi double-stranded RNA targets mRNA for destruction
- Initially, the dsRNA is cut into 21-25 bp long pieces by a member of RNA nucleases called DICER.
- The RNA fragments are then incorporated into a larger multicomponent nuclease complex (RISC, RNA-induced silencing complex)
- The RISC complex with a single-strand RNA fragment then recruits mRNA for processing and cleavage
- long RNA fragments are clinically not useful, because it triggers a immune response, that completely shuts down protein synthesis
- small interfering RNA (siRNA) do not trigger the immune response and can be used for an RNAi-based gene silencing approach.

# RNA interference



# siRNA



- potency largely depends on the **efficiency with which the strand is incorporated into the RISC complex**
- the RISC machinery incorporates preferably the strand whose 5' end binds less tightly with the other strand
- hence **siRNAs are designed to less strongly interact at the 5' end**
- modification at a single nucleotide position is sufficient to suppress the majority of off-targeting
- far more potent than anti-sense nucleotide approaches, because secondary structure formation of the mRNA is less of a problem, and hence much lower concentrations can be used (less off-targeting)
- **mostly injected**

# The CRISPR/CAS Technology

## Biology

Cell lines  
HEK293  
U2OS  
K562

Model organisms  
Mice  
Rats  
Fruit flies  
Nematodes  
Arabidopsis  
Salamanders  
Frogs  
Monkeys

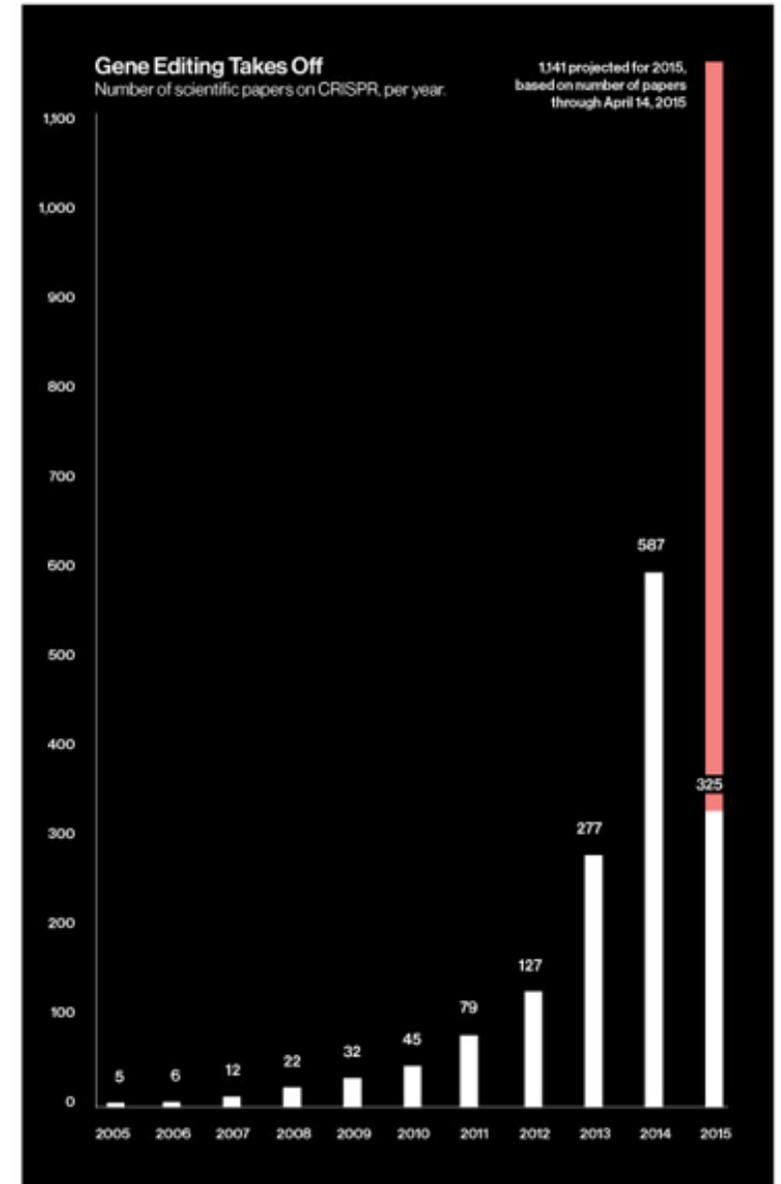
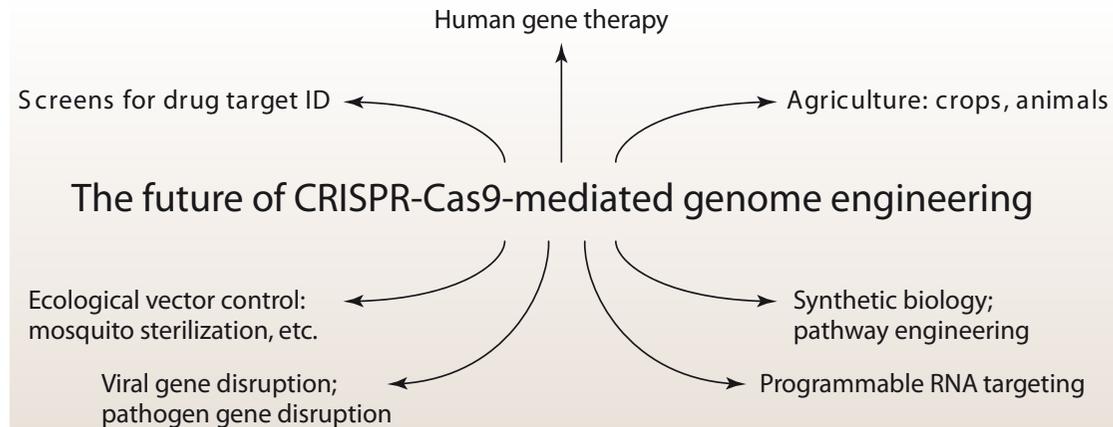
## Biotechnology

Crop plants  
Rice  
Wheat  
Sorghum  
Tobacco

Fungi  
Kluyveromyces  
Chlamydomonas

## Biomedicine

Organoids  
hESCs  
iPSCs



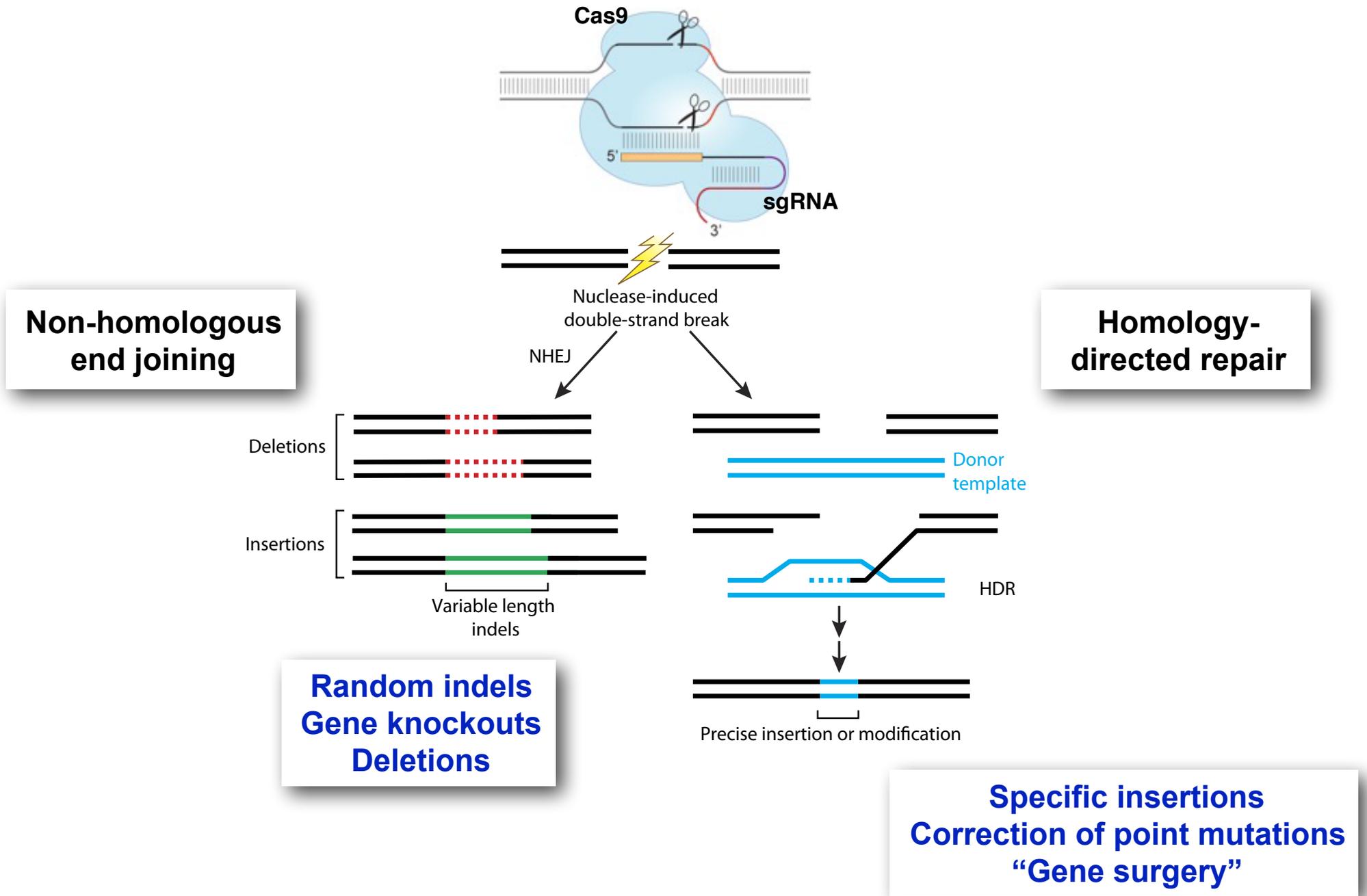
Source: National Library of Medicine

MIT Technology Review

# Gene Therapy

- In gene therapy DNA is inserted, deleted or replaced in the genome of a living organism using engineered nucleases, or "**molecular scissors**". Thereby genetic diseases might be completely cured.
- These nucleases create site-specific double-strand breaks (DSBs) at desired locations in the genome.
- The induced double-strand breaks are repaired through **nonhomologous end-joining** (NHEJ) or **homologous recombination** (HR), resulting in targeted mutations
- The following nucleases are used presently: meganucleases, **zinc finger nucleases** (ZFNs), transcription activator-like effector-based nucleases (**TALEN**), and the **clustered regularly interspaced short palindromic repeats** CRISPR-Cas system.

# RNA-guided genome editing based on Cas9

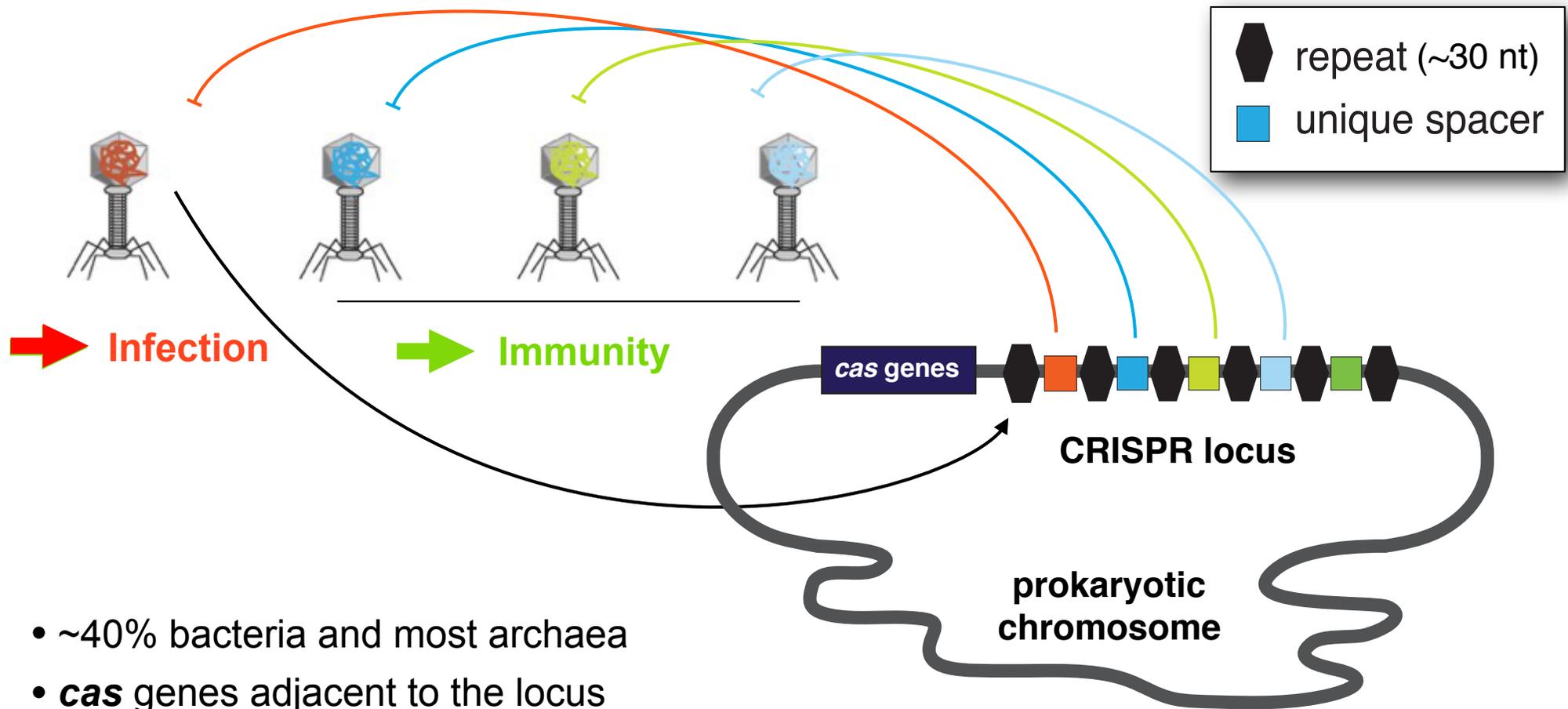


# The history of CRISPR/CAS Technology

- Clustered repeats were first described in 1987 for the bacterium *Escherichia coli* by Yoshizumi Ishino. It was co-recognized by Francisco Mojica from the University of Alicante in 1989.
- In 2000, similar repeats were identified in other bacteria and archaea, and were termed Short Regularly Spaced Repeats (SRSR). SRSR were renamed CRISPR in 2002.
- In 2005, three independent research groups showed that some CRISPR spacers are derived from phage DNA and extrachromosomal DNA such as plasmids
- Doudna and Charpentier jointly studied a simpler CRISPR system that relies on a protein called Cas9.
- Jinek combined tracrRNA and spacer RNA into a "single-guide RNA" molecule that, mixed with Cas9, could find and cut the correct DNA targets. Jinek et al proposed that such synthetic guide RNAs could be used for gene editing
- CRISPR was first shown to work as a genome engineering/editing tool in human cell culture by 2012

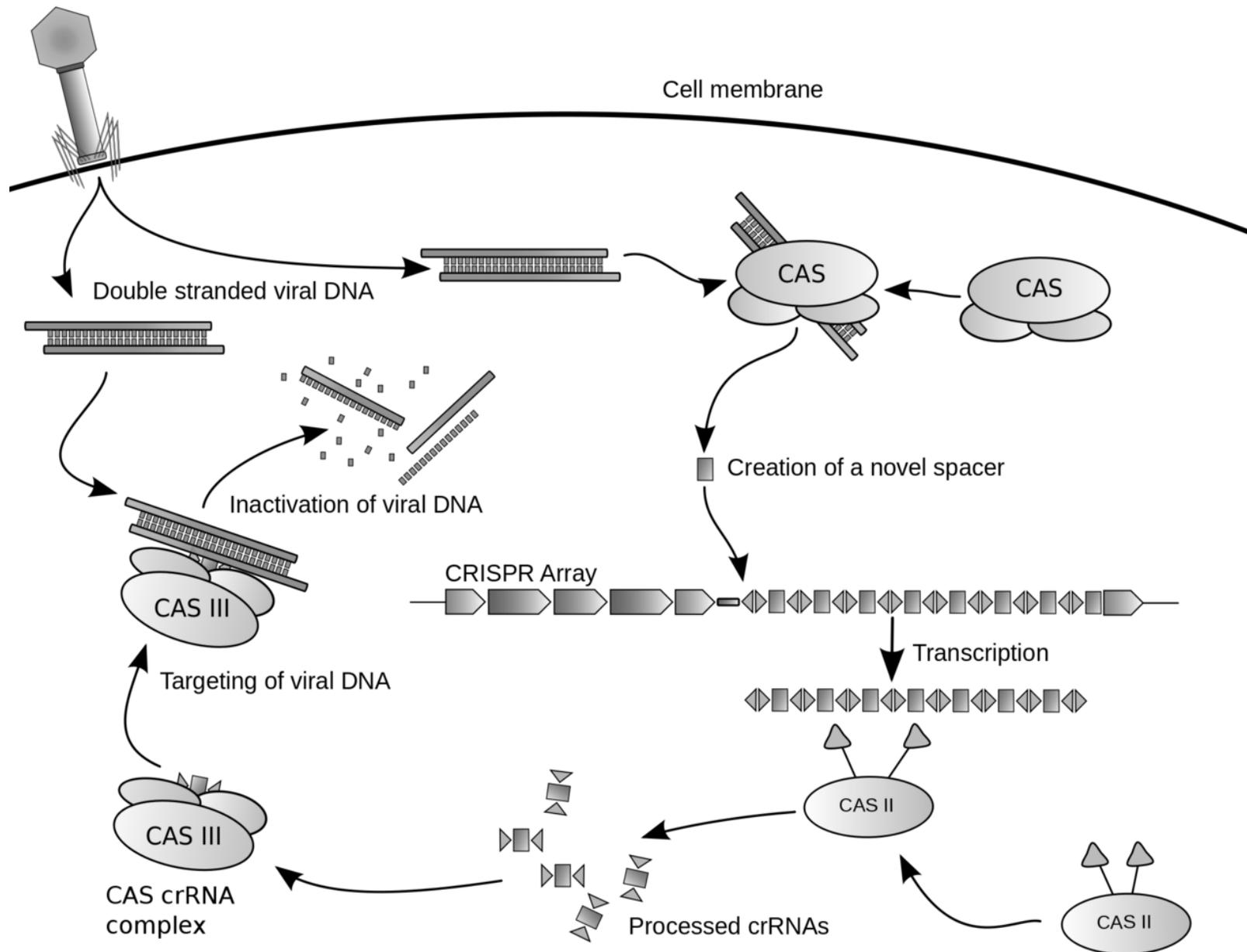
# CRISPRs provide molecular memory of genetic invaders

Clustered Regularly Interspaced Short Palindromic Repeats

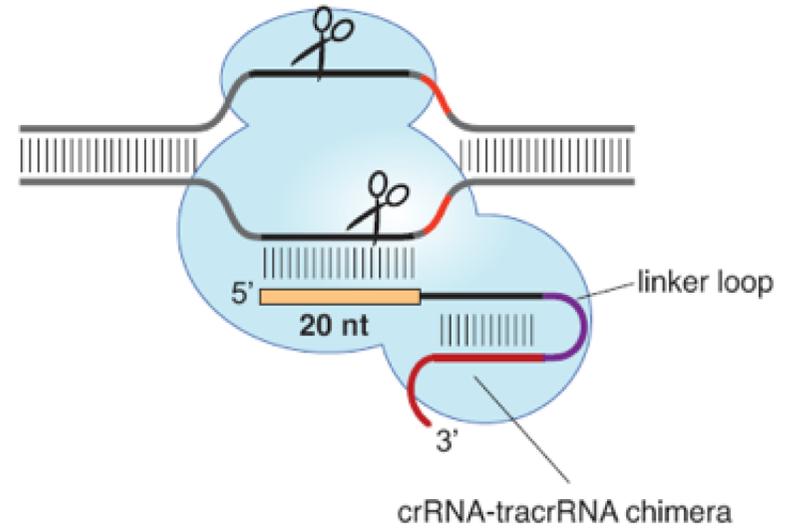
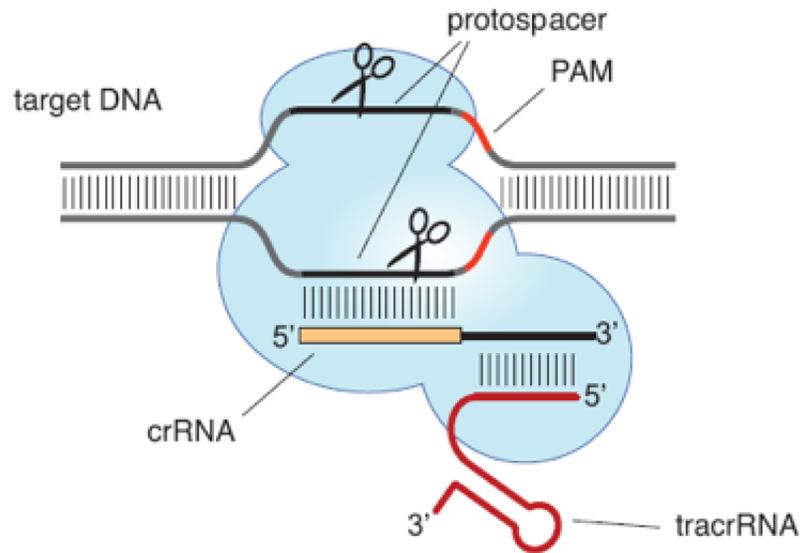


- ~40% bacteria and most archaea
- **cas** genes adjacent to the locus
- Spacers matching sequences in mobile genetic elements provide immunity
- Acquisition of new spacers at the leader end of the locus

# RNA-guided targeting by CRISPR-Cas

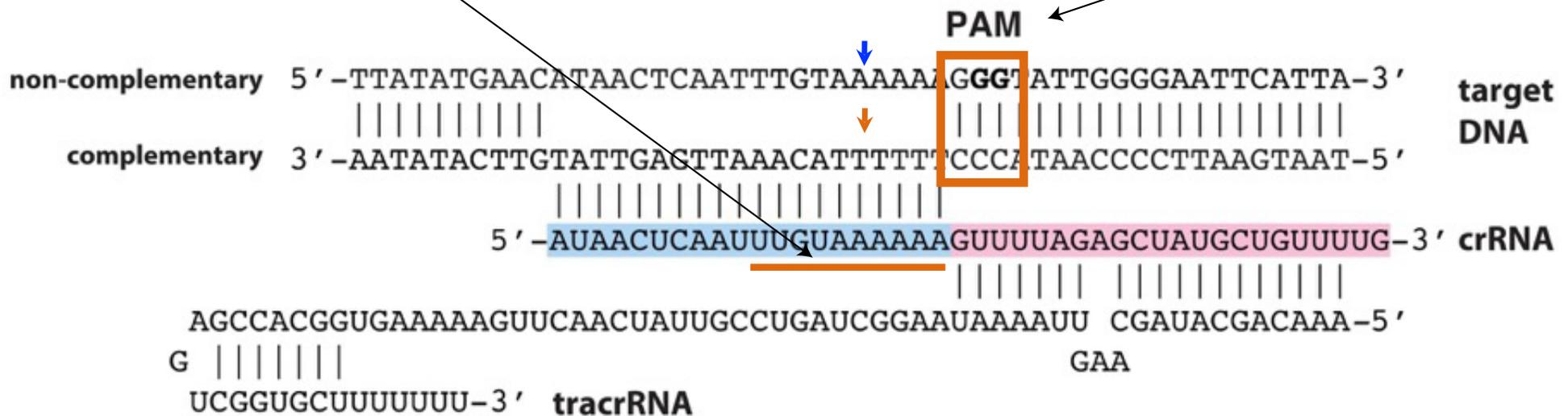


# Dual RNA-guided DNA cleavage by Cas9

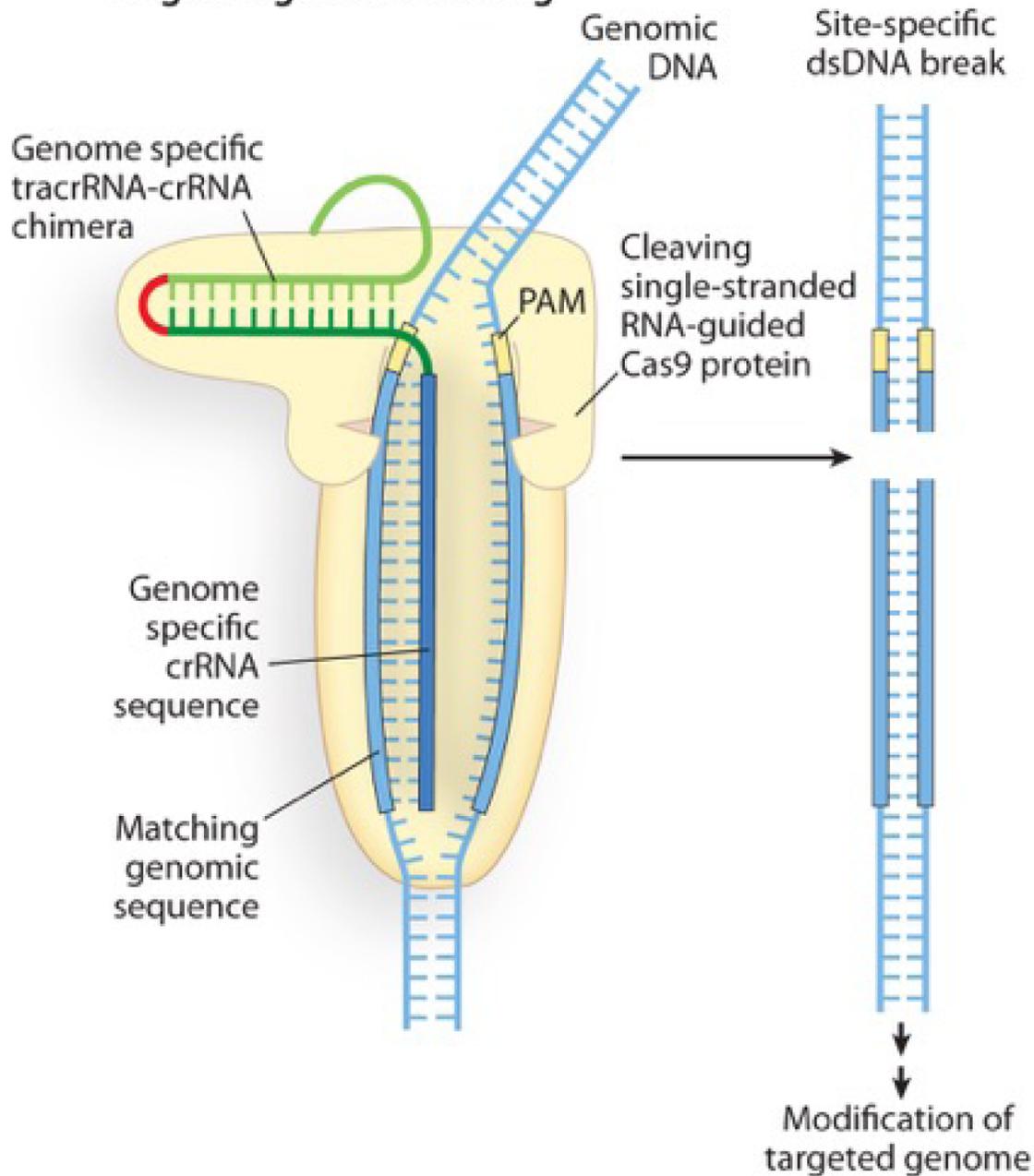


8-12 nt "Seed" sequence in crRNA

PAM motif in target DNA  
(NGG for *S. pyogenes* Cas9)

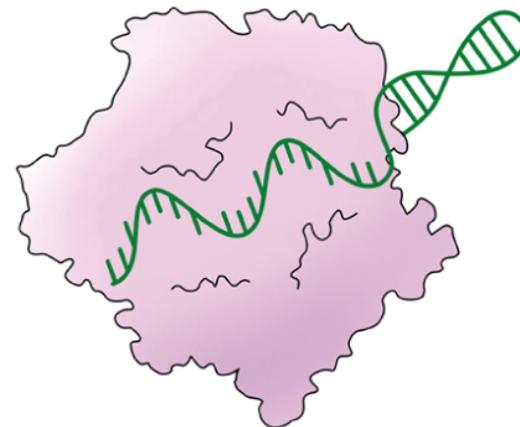
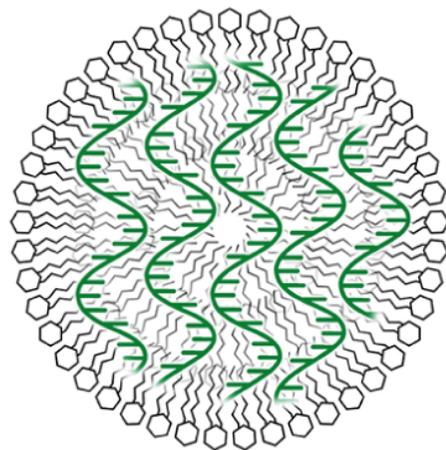
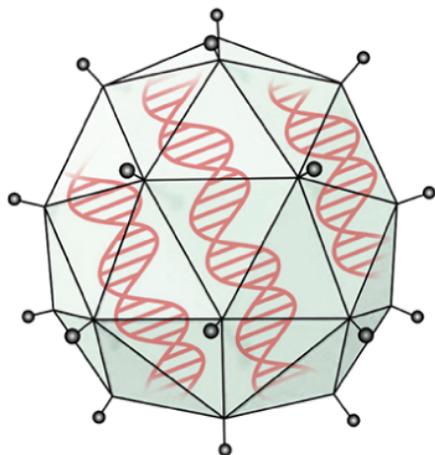


## Targeted genome editing



- many different DNA targets but one generic protein (CAS9)
- can down-regulate genes but also up-regulate genes !
- works with many organisms from simple to mammalian ones
- patent situation unclear presently
- first applications in gene therapy appeared

# Vehicles to transport the CAS/CRISPR components into the cell



Approach	Virus	Nanoparticle	Enzyme complex
<b>Example</b>	Adeno-associated virus (AAV) packaged with DNA encoding Cas9 & sgRNA	Liposomes encapsulating mRNA & sgRNA	Ribonucleoprotein (RNP) complex of Cas9 protein and sgRNA
<b>Size</b>	20 nm	50-500 nm	12 nm
<b>Advantages</b>	Extremely effective; prior use with classic gene therapy	Straightforward to prepare; low immunogenicity	Short lifetime and lower risk of off-target cutting
<b>Disadvantages</b>	Risk of increased off-target cutting & genomic integrations; can be immunogenic; capacity for DNA storage can be limiting	Toxicity not fully characterized	Unknown immunogenicity profile; requires additional engineering, transduction reagents, or electroporation to enter cells
<b>Tissue Specificity</b>	Inherent tropism inherent to various strains; additional tropism can be engineered	Tends to accumulate in the liver; deliberate targeting is being developed	No inherent cell-penetrating properties, so specificity can be engineered precisely