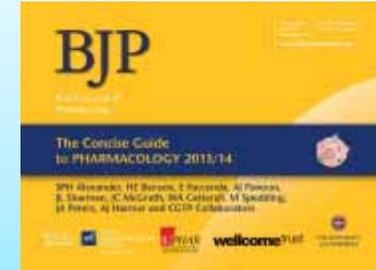




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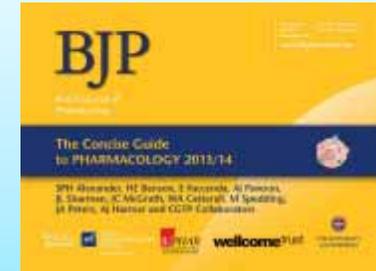
# RSC Drug Transporters Symposium: Target or Avoid?

*Thursday 13<sup>th</sup> November 2014*



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# The exploitation and under-exploitation of transporters in drug discovery

Steve Alexander,  
Pharmacology,  
School of Life Sciences,  
University of Nottingham  
Medical School

[Steve.alexander@nottingham.ac.uk](mailto:Steve.alexander@nottingham.ac.uk)  
[Steve.alexander@guidetopharmacology.org](mailto:Steve.alexander@guidetopharmacology.org)

@mqzspa (Twitter)

mqzspa (spotify)



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# Context



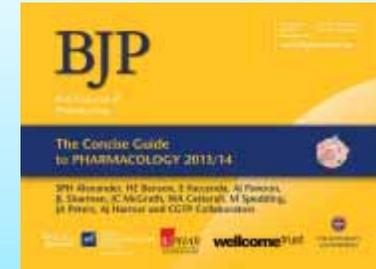
- Member, Nomenclature Committee of the International Union of Basic and Clinical Pharmacology (NC-IUPHAR)
- Editor
  - Senior Editor, British Journal of Pharmacology
    - Transporters are an under-developed therapeutic target. [Discuss](#)
  - 5 Editions of TiPS Receptor and Ion Channel Nomenclature Supplement
  - 5 Editions of BJP Guide to Receptors and Channels
  - The [Concise Guide to PHARMACOLOGY 2013/14](#)
  - ....[Transporters](#)
  - [www.GuidetoPHARMACOLOGY.org](http://www.GuidetoPHARMACOLOGY.org)



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# Plan



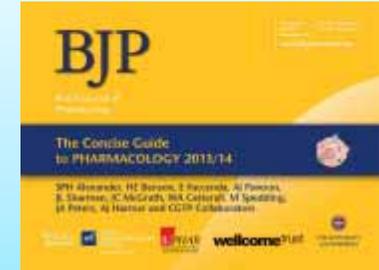
- Definitions
- Transporter subfamilies
- Therapeutic targetting of transporters
- Underexploitation?



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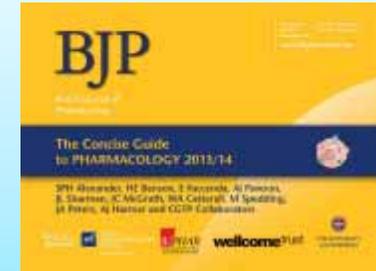
# Definitions



- Transporter
  - A cell membrane integral protein which allows the movement of solute across the membrane
  - Typically, this movement is against the solute gradient and so requires energy expenditure



# Definitions



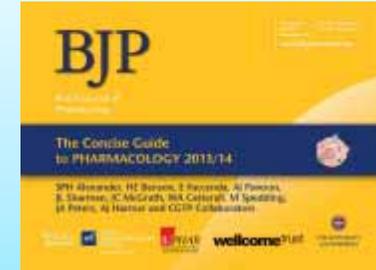
- Active transporter
  - A transporter which moves solute against the concentration gradient
- Primary active transporter
  - A transporter which exploits the hydrolysis of ATP to allow movement of solute across the membrane
- Secondary active transporter
  - A transporter which exploits the gradient of another solute, usually an inorganic ion, such as sodium or chloride, to allow movement of solute across the membrane
- Facilitative transporter
  - A transporter which allows the passive movement of solute down the concentration gradient



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# Definitions



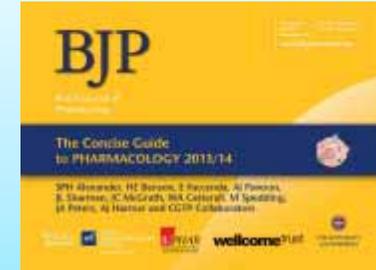
- Substrate
  - A solute which is transported across a cell membrane under the influence of a transporter
  - One fundamental characteristic that defines a substrate is that transport is measurable directly
    - Substrate applied on one side of a membrane can be measured on the other side of the membrane under the influence of the transporter



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# Definitions



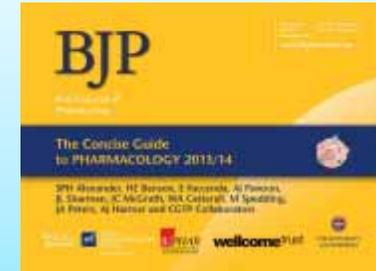
- Substrate
  - A further characteristic of a substrate is that transport is saturable
    - With increasing concentration of substrate, eventually the capacity of the transporter to convey the substrate across the membrane is reached



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# Definitions



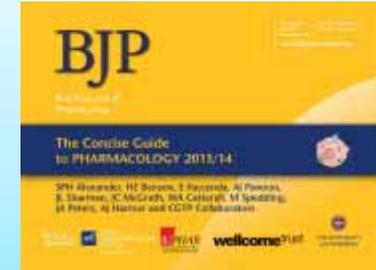
- Inhibitor
  - A transporter inhibitor is an agent which itself is NOT transported but which acts to impede the movement of a substrate by a transporter



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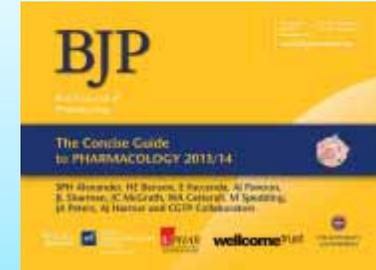
# Transporter subfamilies



- F- and V-type ATPases
- P-type ATPases
- ATP-binding cassette transporters
- SoLute Carrier transporters
- Other transporters



# F-type/V-type ATPases



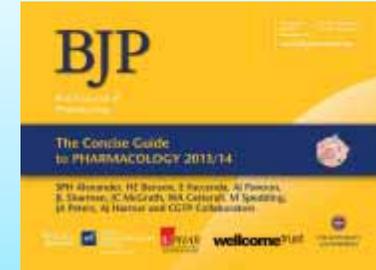
- Multiprotein complexes (>35 proteins)
- Subcellular organelles
  - F-type
    - Mitochondrial
    - ATP synthesis
    - Driven by proton gradient
  - V-type
    - Lysosomal
    - Generates proton gradient
    - Driven by ATP hydrolysis



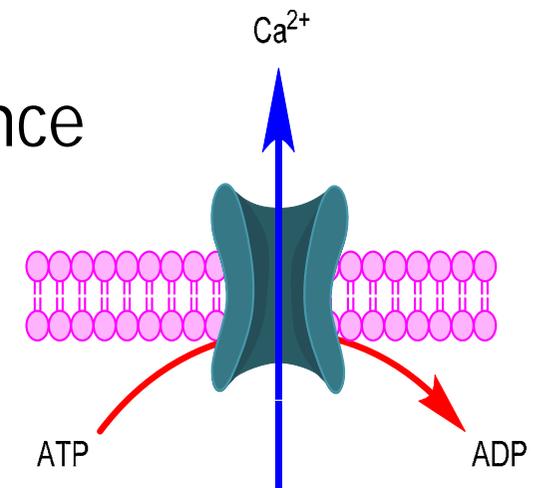
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# P-type ATPases



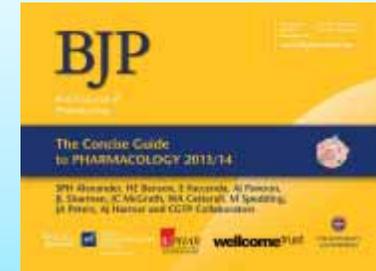
- 34 family members in man in five subfamilies
- Multimeric, often heteromeric
- ATP-dependent ion/phospholipid translocation
- Physiological roles
  - e.g. membrane potential maintenance



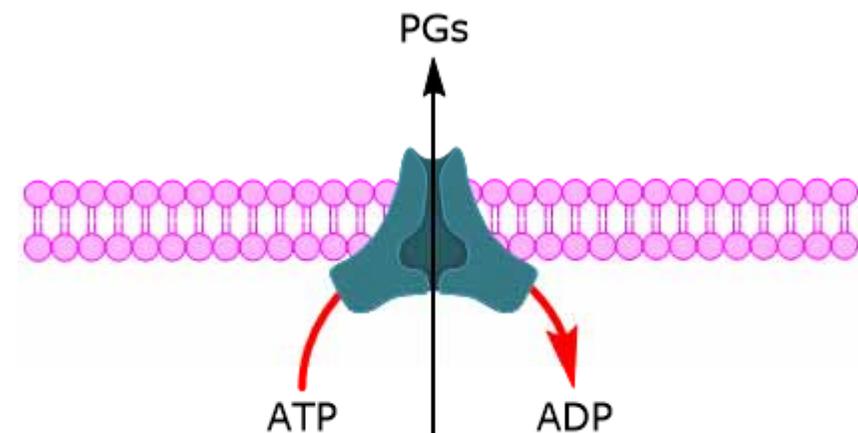
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# ABC transporter family



- ~48 family members in man
- Multimeric, mostly homomeric
- ATP-dependent export of solutes out of the cytosol
- Physiological roles
  - e.g. prostanoid export

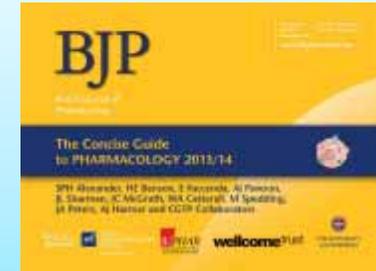




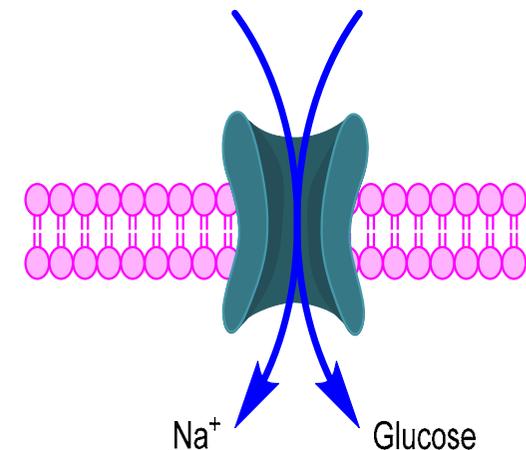
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# SLC Solute Carrier Family



- ~400 family members in man
- Multimeric, variable topology & stoichiometry
- Ion-dependent role in solute accumulation
- Physiological roles
  - e.g. glucose transport

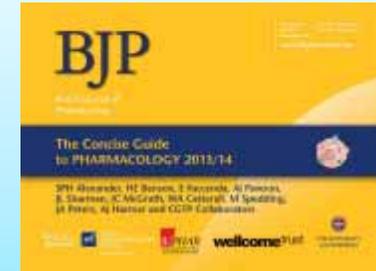


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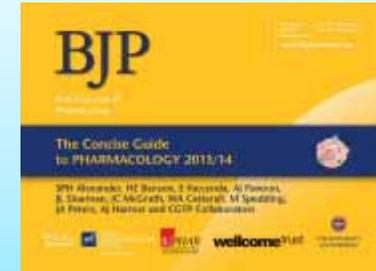
# Therapeutic Exploitation

*TOADS*

*Targets Of Approved Drugs*



# Approved drugs



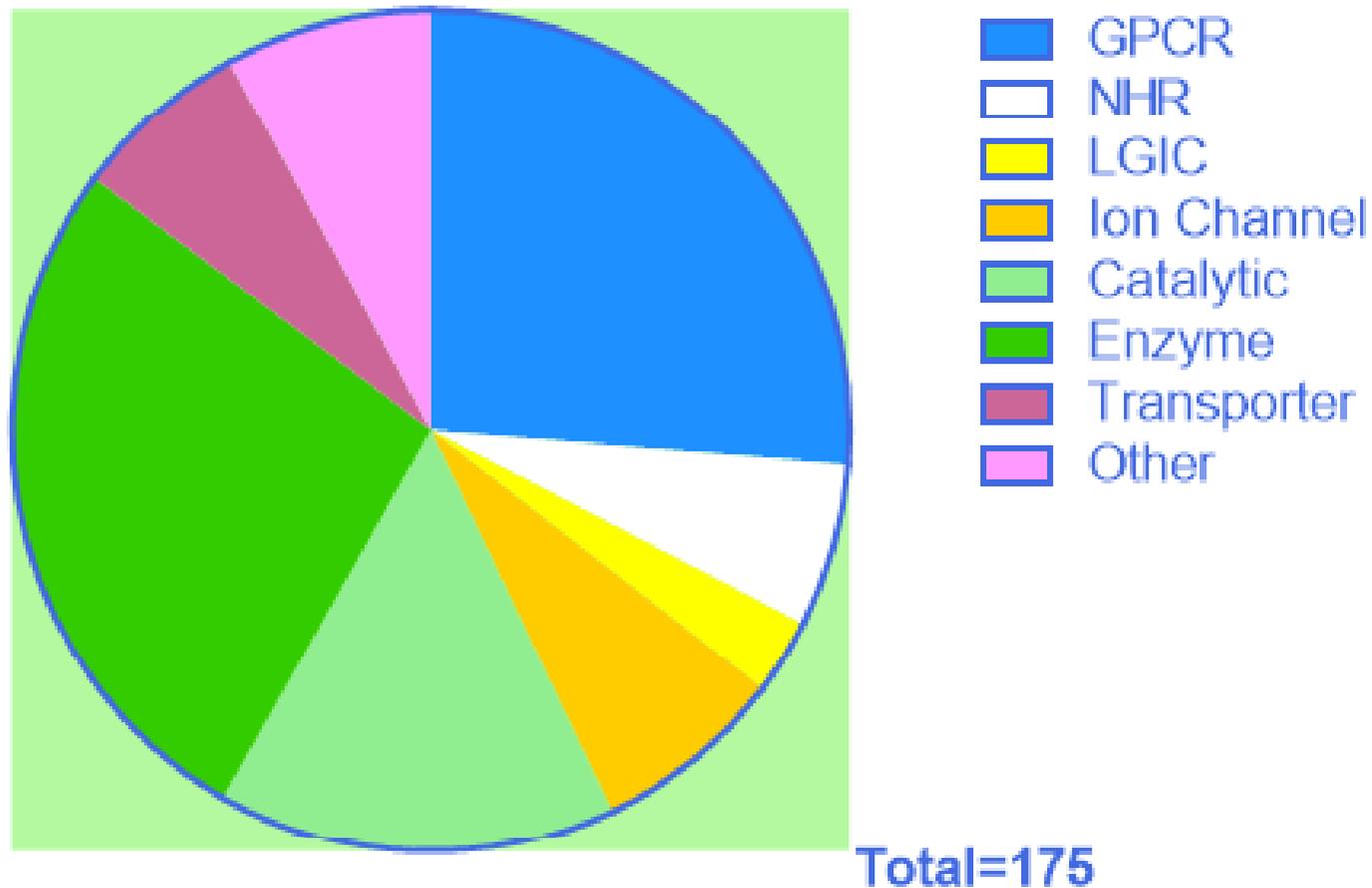
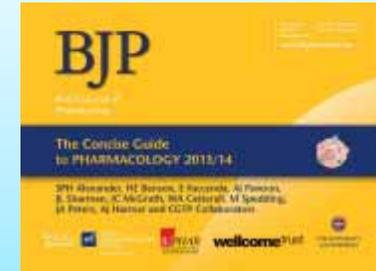
- ~1194 drugs listed in the BNF
  - Anti-infective: 170 (viral, bacterial, parasitic; 14 %).
  - Non-specific: 224 (19 %)
  - Human primary molecular target: 800 (67 %)
    - 251 G protein-coupled receptors;
    - 148 enzymes;
    - 94 nuclear hormone receptors;
    - 59 ion channels;
    - 59 catalytic receptors;
    - 50 no known target;
    - 49 other protein targets;
    - 45 ligand-gated ion channels;
    - 45 transporters;



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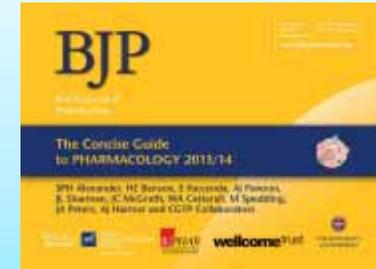
# Drug Targets in the British National Formulary (2013)





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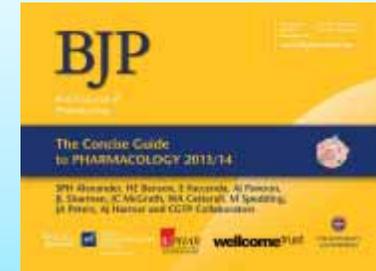
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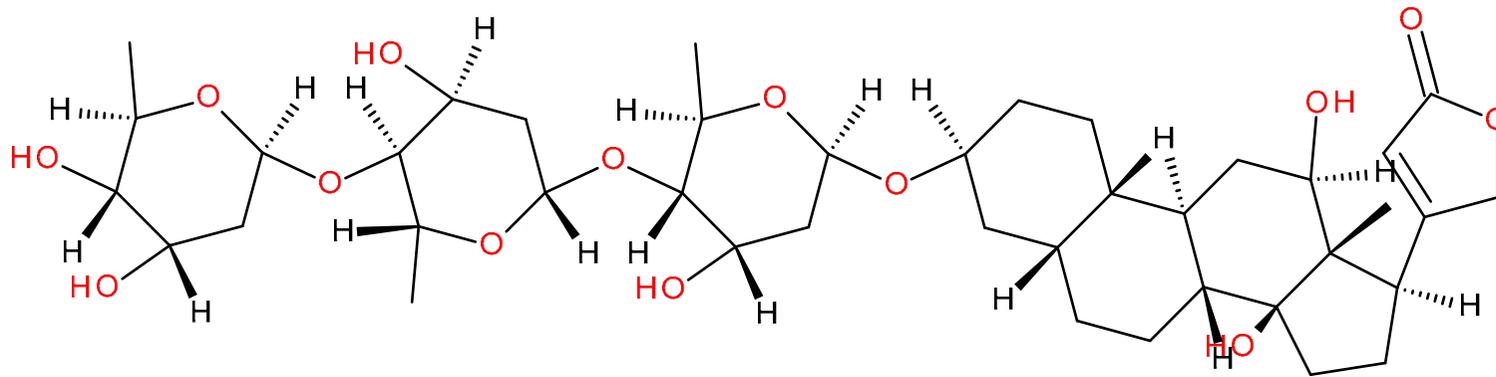
# Regulation of inorganic solute transport



# Cardiac P-type ATPases



- $\text{Na}^+/\text{K}^+$ -ATPase (ATP1A/ATP1B)
  - Heart failure, atrial fibrillation
    - [Digoxin](#) FDA pre-1975





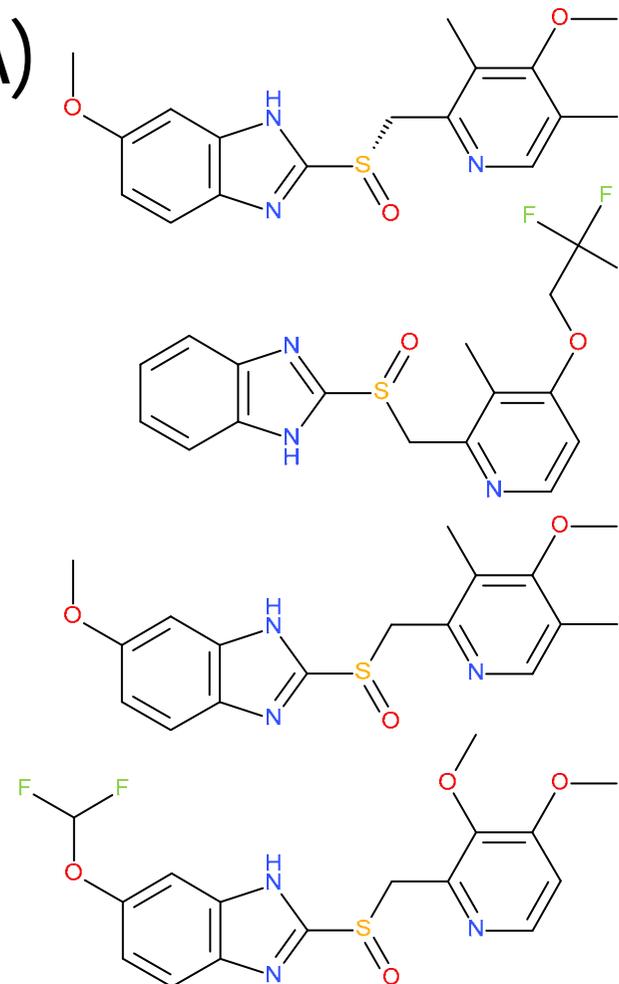
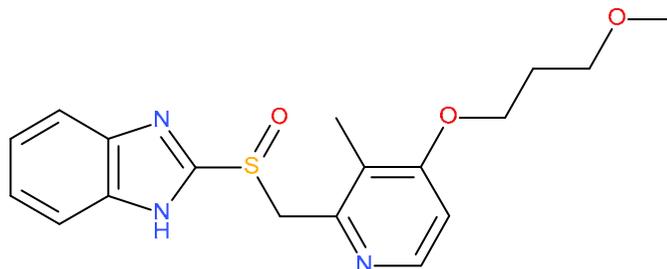
# Gastric P-type ATPases



- $H^+/K^+$ -ATPase (ATP4A/ATP12A)

- Stomach/duodenal ulcer

- [Esomeprazole](#) FDA 2001
- [Lansoprazole](#) FDA 1995
- [Omeprazole](#) FDA 1989
- [Pantoprazole](#) FDA 2000
- [Rabeprazole sodium](#) FDA 1999

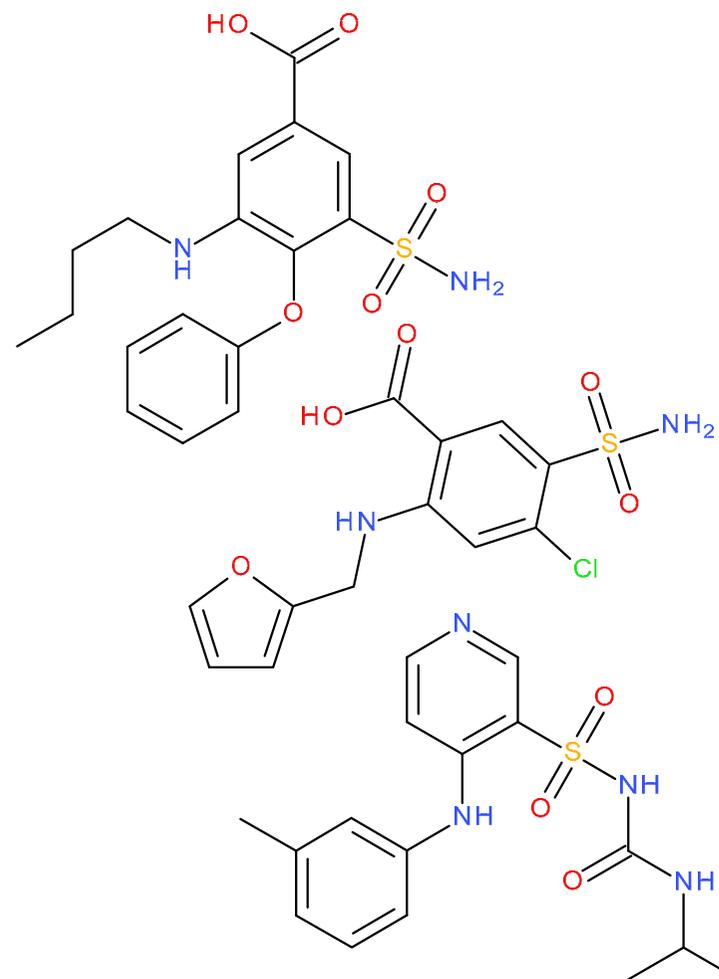




# Renal SLC transporters



- NKCC2/SLC12A1
  - Oedema/hypertension
    - Bumetanide FDA 1983
    - Furosemide FDA 1966
    - Torasemide FDA 1993

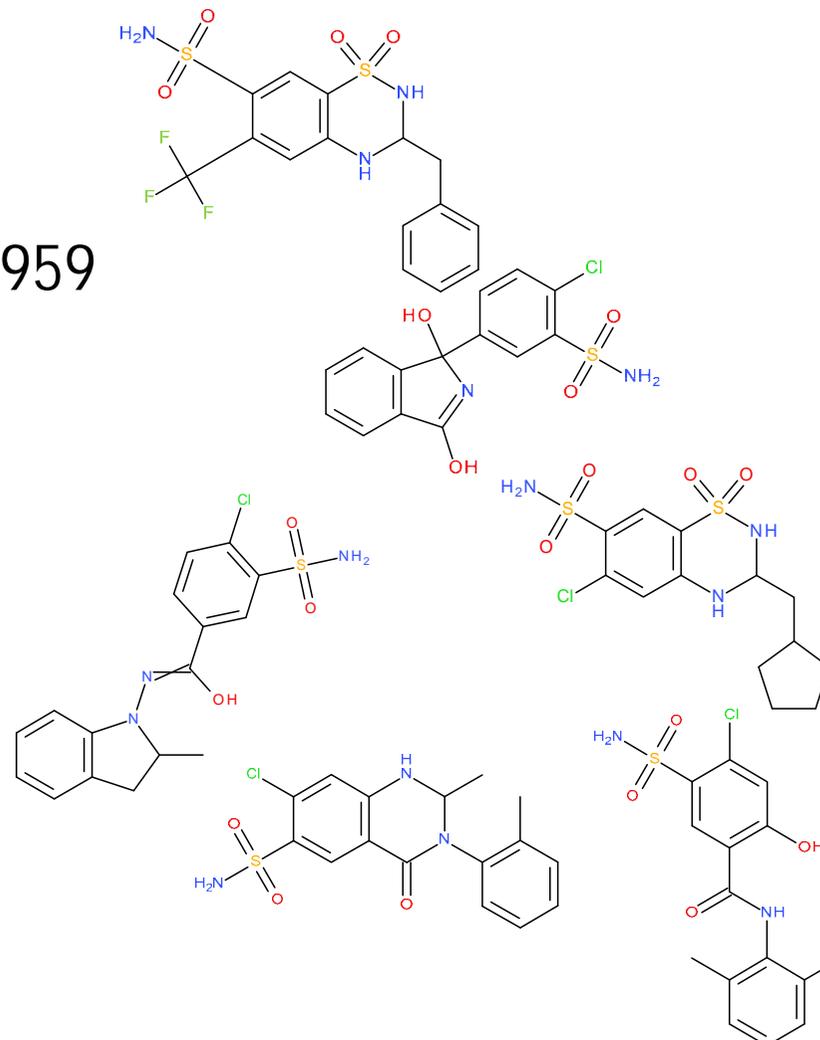




# Renal SLC transporters



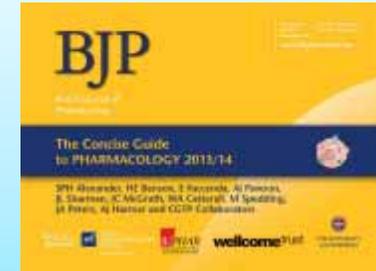
- NCC/SLC12A3
  - Hypertension
    - Bendroflumethiazide FDA 1959
    - Chlortalidone FDA 1960
      - Carbonic anhydrase
    - Cyclopenthiazide
    - Indapamide FDA 1983
    - Metolazone FDA 1973
    - Xipamide EMA



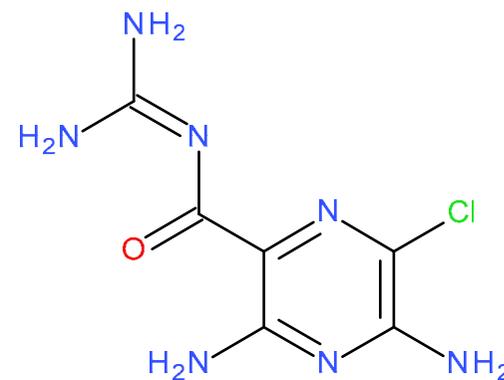
SPHA/2014



# Renal SLC transporters



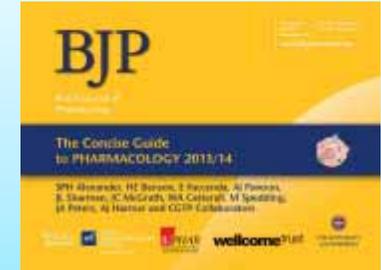
- NHE1/SLC9A1
  - Oedoma
    - Amiloride FDA 1981
      - ENaC, ASIC, TRP ion channels





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# Regulation of organic solute transport



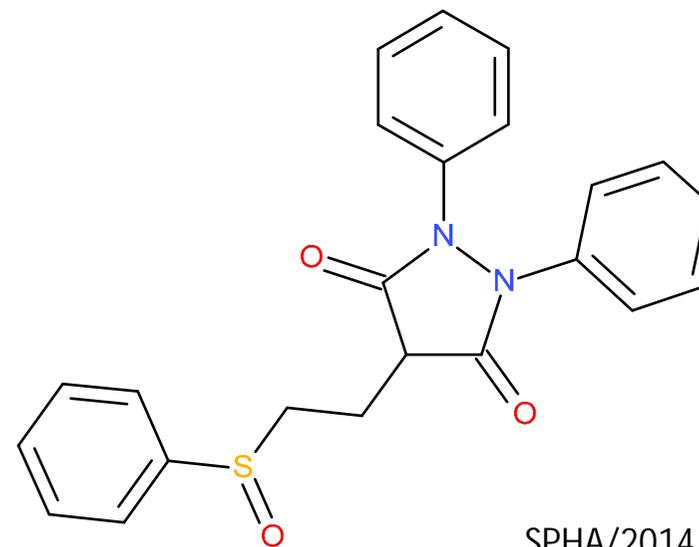
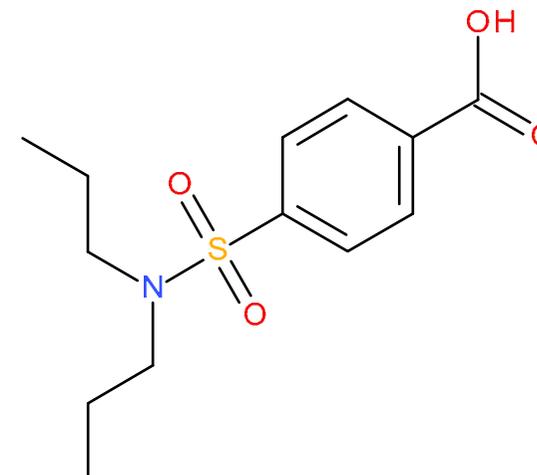
# Renal SLC transporters



- URAT1/SLC22A12

- Gout

- Probenecid FDA 1951
  - OAT1/SLC22A6, NPT1/SLC17A1,  
OATP1C1, TRPV2
- Sulfinpyrazone FDA 1959
  - NPT1/SLC17A1





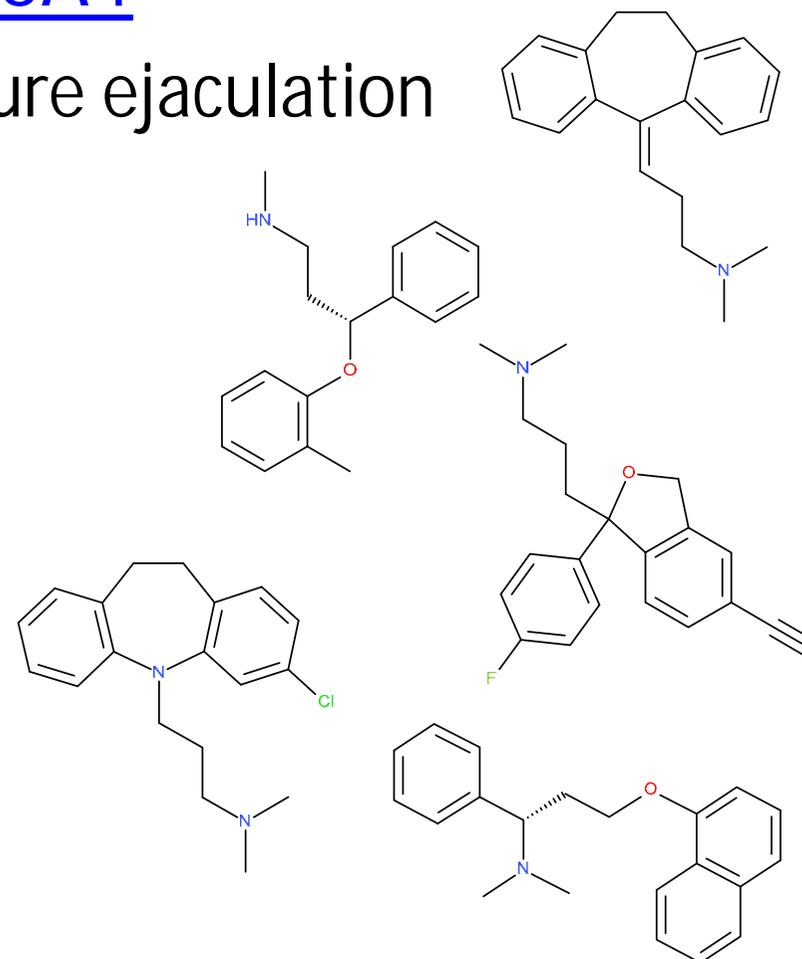
# Neural SLC transporters



- NET/SLC6A2 and SERT/SLC6A4

– Depression, ADHD, premature ejaculation

- Amitriptyline HCl FDA 1961
- Atomoxetine FDA 2002
- Citalopram FDA 1998
- Clomipramine HCl FDA 1989
- Dapoxetine FDA 2004



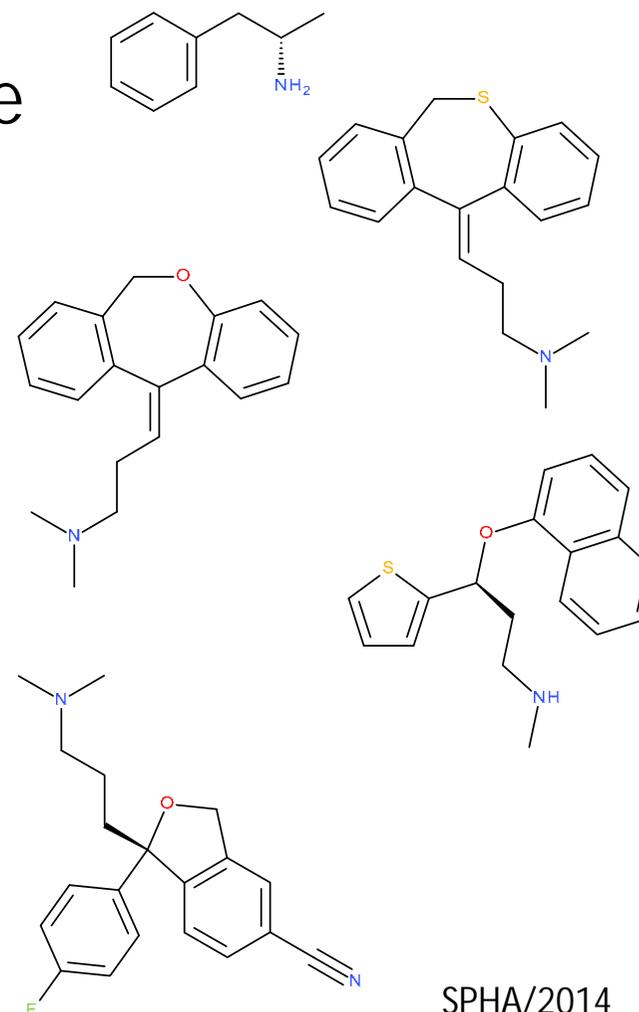
SPHA/2014



# Neural SLC transporters



- NET/SLC6A2 and SERT/SLC6A4
  - Depression, urinary incontinence
    - Dexamfetamine sulfate FDA 1975
    - Dosulepin HCl EMA
    - Doxepin FDA 1969
    - Duloxetine FDA 2004
    - Escitalopram FDA 2002





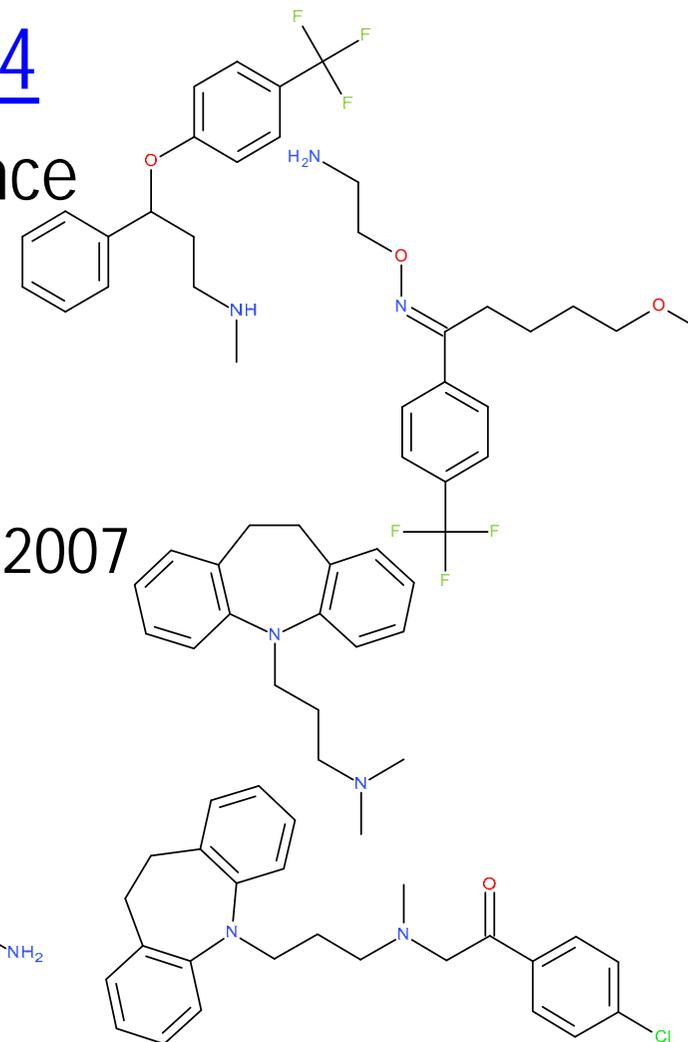
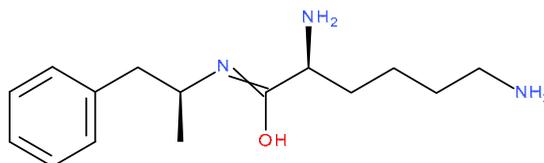
# Neural SLC transporters



- NET/SLC6A2 and SERT/SLC6A4

- Depression, urinary incontinence

- Fluoxetine FDA 1987
- Fluvoxamine maleate FDA 1994
- Imipramine HCl FDA 1959
- Lisdexamfetamine mesilate FDA 2007
- Lofepramine FDA 1983





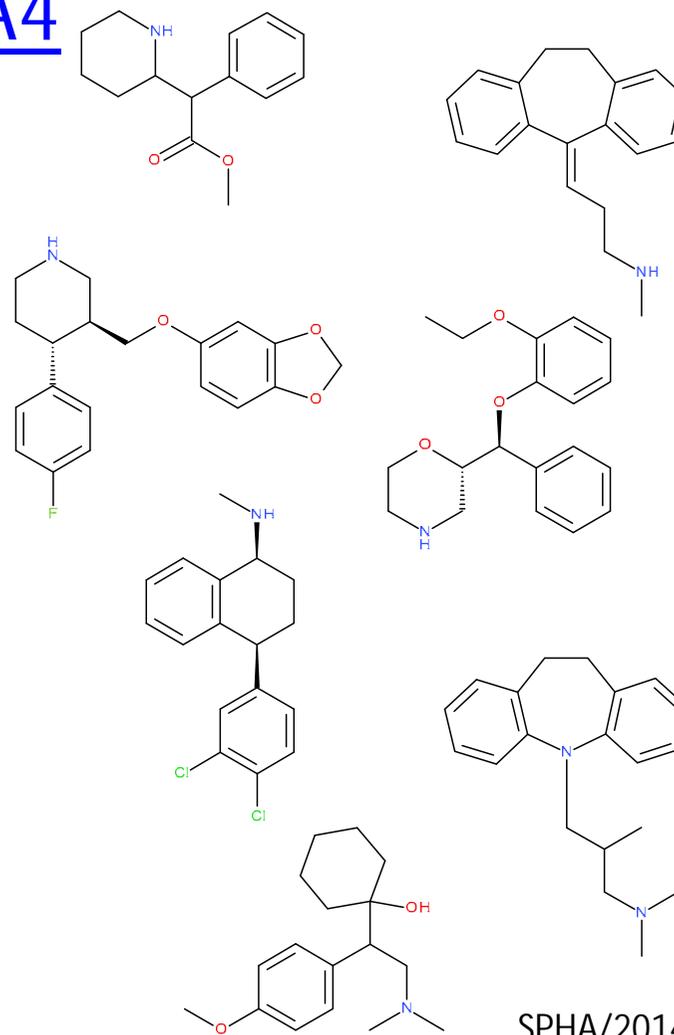
# Neural SLC transporters



- NET/SLC6A2 and SERT/SLC6A4

– Depression, ADHD

- Methylphenidate HCl FDA 1955
- Nortriptyline FDA 1964
- Paroxetine FDA 1992
- Reboxetine
- Sertraline FDA 1991
- Trimipramine FDA 1979
- Venlafaxine FDA 1993







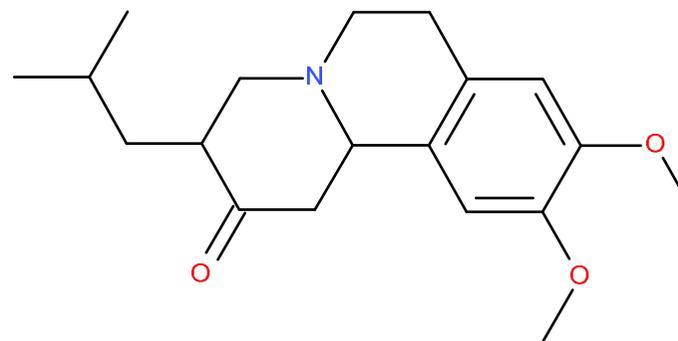
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# Neural SLC transporters

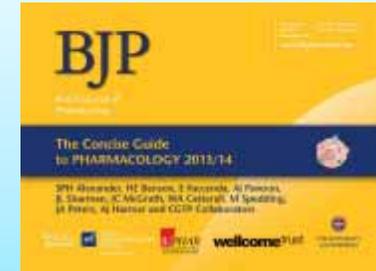


- VMAT2/SLC18A2
  - Huntingdon's disease
    - Tetrabenazine FDA 2008

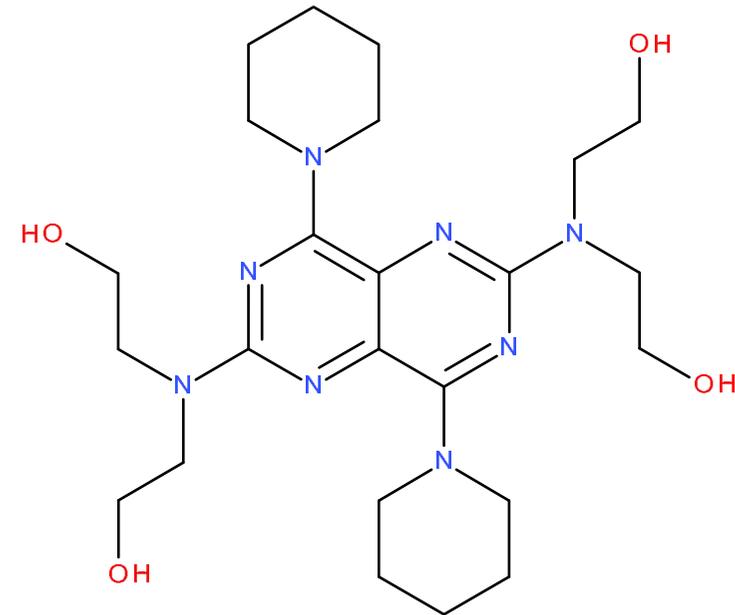




# Cardiovascular SLC transporters



- ENT1/SLC29A1
  - Thromboembolism
    - Dipyridamole FDA 1961
      - PDE7B, PDE8A

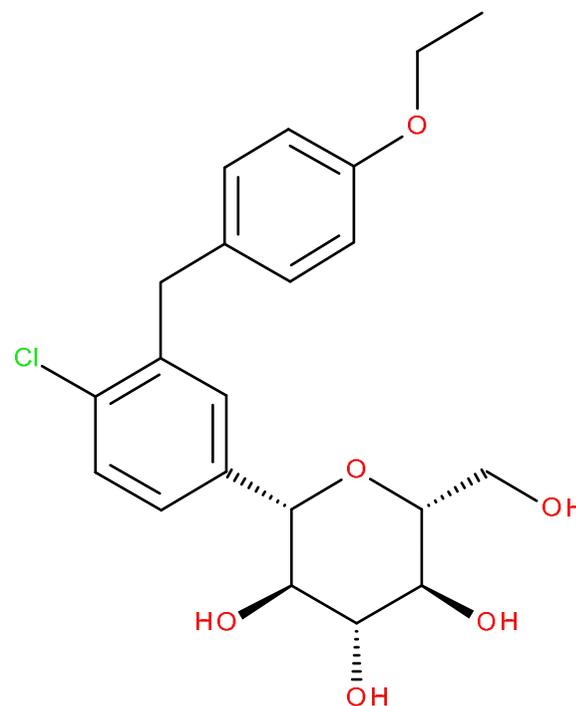




# Renal SLC transporters



- SGLT2/SLC5A2
  - Type 2 diabetes
    - Dapagliflozin EMA 2012, FDA 2014

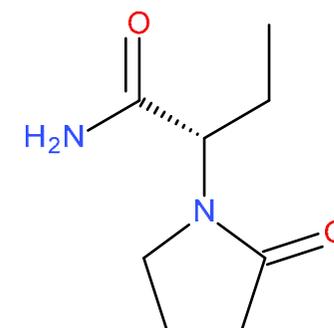
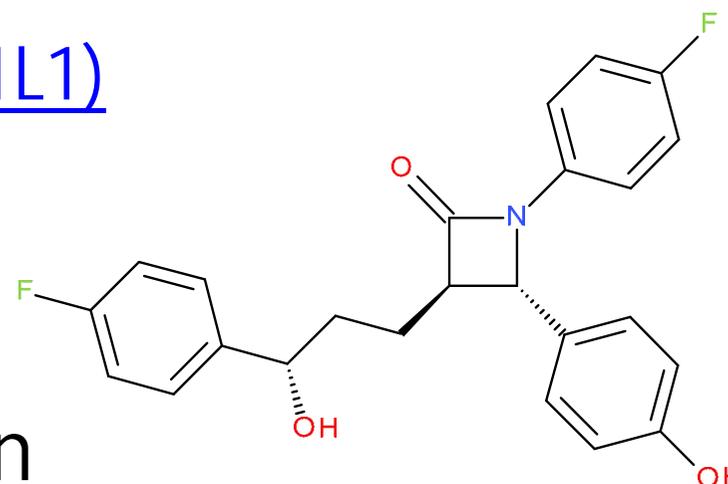




# Other “transporters”



- Patched-like family
  - [Niemann-Pick C1-like 1 \(NPC1L1\)](#)  
cholesterol transporter
    - Hypercholesterolaemia
      - [Ezetimibe](#) FDA 2002
- Synaptic vesicle glycoprotein
  - [SV2A](#)
    - Anticonvulsant
      - [Levetiracetam](#) FDA 1999

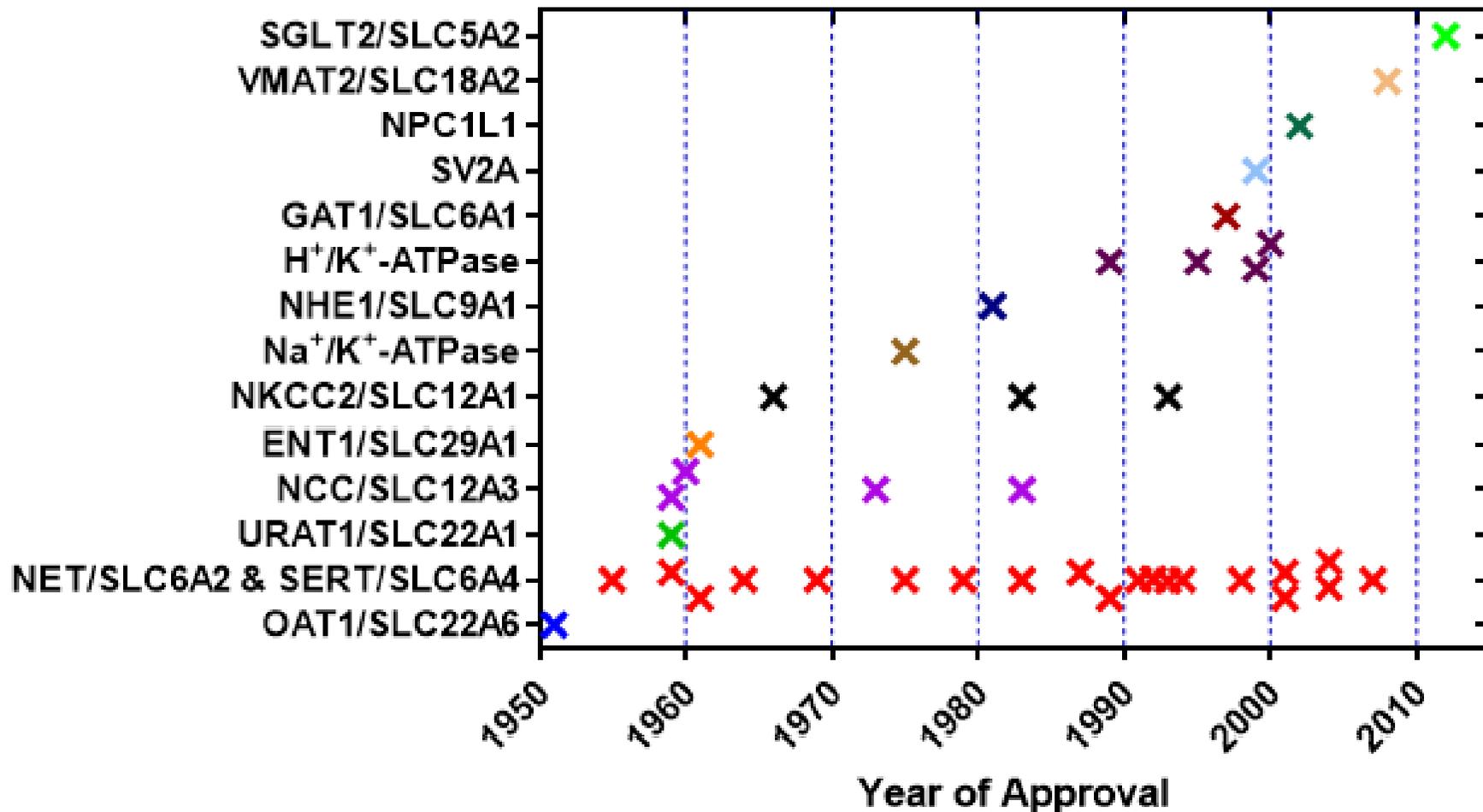
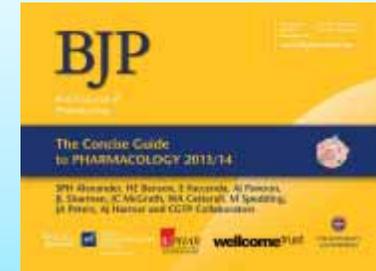




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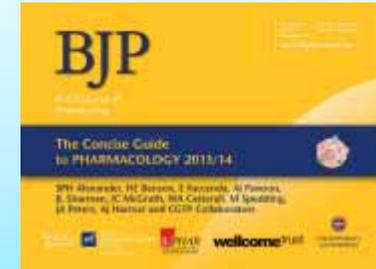
# Transporter-targetting drug approvals





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# Transporters which are not TOADS

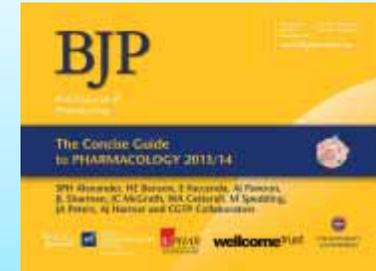
*400+ genes*



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# For other medicinal drugs



- Transporters have a fundamental influence on ADME
  - Transporters in the GI tract influence bioavailability of drugs
    - Absorption
  - Transporters at the BBB determine CNS penetration of drugs
    - Distribution
  - Transporters in the liver influence hepatic uptake
    - Metabolism
  - Transporters in the kidney and liver influence renal and biliary export
    - Excretion



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# TransPortal



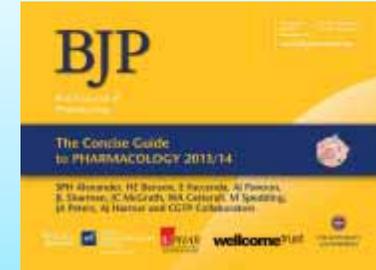
- Kathy Giacomini (UCSF), supported by FDA
- Focussed on 32 transporters associated with drug disposition
  - ABCB1 (MDR1, P-gp); ABCB4 (MDR3); ABCB11 (BSEP); ABCC1 (MRP1); ABCC2 (MRP2, cMOAT); ABCC3 (MRP3); ABCC4 (MRP4); ABCC5 (MRP5); ABCC6 (MRP6); ABCG2 (BCRP, MXR)
  - OSTalpha (OSTA); OSTbeta (OSTB); SLC10A1 (NTCP); SLC10A2 (ASBT, SBAT2); SLC15A1 (PEPT1); SLC15A2 (PEPT2); SLC22A1 (OCT1); SLC22A2 (OCT2); SLC22A3 (OCT3); SLC22A4 (OCTN1); SLC22A5 (OCTN2); SLC22A6 (OAT1); SLC22A7 (OAT2); SLC22A8 (OAT3); SLC22A11 (OAT4); SLC22A12 (URAT1); SLC47A1 (MATE1); SLC47A2 (MATE2K); SLCO1A2 (OATP1A2, OATP-A); SLCO1B1 (OATP1B1, OATP-C, OATP2, LST-1); SLCO1B3 (OATP1B3, OATP8); SLCO2B1 (OATP2B1, OATP-B)
- ~480 ligands (substrates/inhibitors)



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# Untransported drugs

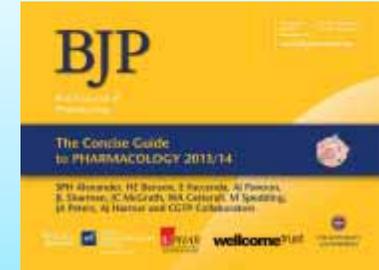


- [Acarbose](#) (FDA 2007)
  - BBE disaccharidase inhibitor
    - Type 2 diabetes
- [Orlistat](#) (FDA 1999)
  - Pancreatic lipase inhibitor
    - Obesity



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# RSC Drug Transporters Symposium: Target or Avoid?

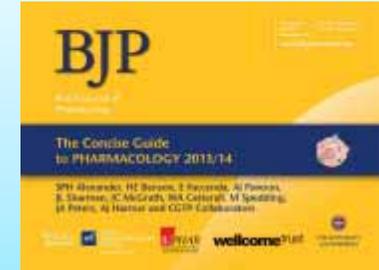
*Thursday 13<sup>th</sup> November 2014*



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# Summary



- Transporters: snog, marry or avoid?
  - 1194 agents in clinical usage in the UK
  - 2 (at least) avoid
  - 46 marry
  - All the others must snog, surely!