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Purine and Pyrimidine (P2) Receptors as Drug Targets

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Introduction

Physiological evidence supporting the role of the adenine nucleotide, ATP 1 (Figure 1), as a neurotransmitter was first summarized in detail in 1972,¹ representing the basis of Burnstock's now seminal purinergic nerve hypothesis. The latter was refined in 1978 with the delineation of distinct P1 (adenosine) and P2 (ATP) receptor classes.² However, it is only in the past decade that definitive evidence for a family of discrete molecular targets responsive to ATP and other nucleotides, the P2 purinergic receptor family, has been obtained using molecular biological, pharmacological, and medicinal chemistry approaches.^{3–11} Thus, there is now a wealth of compelling data to support a role for extracellular purine (ATP, ADP 2) and pyrimidine (UTP 5, UDP 6) nucleotides acting as neurotransmitter/neuromodulators to modulate the function of a diversity of mammalian cell types and tissues under both normal and pathophysiological conditions.^{3,11–15}

The concept that high-energy phosphate bond containing molecules, such as ATP, which play such a key role in all aspects of cell function, might also function as extracellular chemical messengers was initially met with considerable skepticism.¹⁶ However, all molecules mediating cellular communication involve energy-

dependent processes that involve the salvage of their breakdown products with the resynthesis of the active moiety. For ATP, this involves adenosine reuptake and the subsequent phosphorylation of the nucloside,¹⁷ and for peptide neurotransmitters, the reassembly of the individual amino acids via energy-dependent peptide bond formation is necessary. In addition, ATP is a molecule that can be produced on demand, with the body being able to produce its own weight of the nucleotide in a single day.¹⁸ Thus, even though extracellular ATP levels can reach millimolar concentrations in the local environment following release or cellular perturbation resulting from tissue trauma, these concentrations are relatively minor when compared to the overall steadystate nucleotide content of the cell.¹⁶ ATP can also be constitutively released with steady-state basal extracellular concentrations in the range of 3 nM.¹⁹ ATP and UTP can also be released by shear stress from a variety of tissues.^{20,21} Intracellular ATP release occurs by vascular release, cytolysis, and activation of ABC (ATPbinding cassette) proteins.²¹ The dynamic regulation of ATP production by cells may also have provided a specific selective pressure for the evolutionary progression from unicellular to multicellular organisms,²² a role that sustains the functional importance of the purine nucleotide and its evolutionary conservation as an energy source.

ATP functions as a pluripotent signaling molecule, eliciting direct effects on cell function via its ability to activate the P2 receptor family and more indirectly via its conversion to ADP **2**, AMP **3** and adenosine **4** via a family of ectonucleotidases (E-NTPases),^{23–25} resulting

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Figure 1. Metabolic interconversion of naturally occurring purine and pyrimidine nucleotides of relevance to extracellular action. Purine (adenosine derivatives, 1-4) and pyrimidine (uridine derivatives, **5** and **6**) nucleosides and nucleotide are shown. "P" refers to a single phosphate group; thus, "PP" is diphosphate, etc.: (a) ectoapyrase, NTPDase1; (b) ecto-ATPase, NTPDase2; (c) 5'-nucleotidase; (d) nucleoside diphophokinase; (e) AMP kinase; (f) adenosine kinase.

in a purinergic cascade (Figure 1),¹¹ the functional end product of which is adenosine, the endogenous ligand for the P1 receptor family.^{3,26} There is also emerging data that inorganic phosphate has the potential to function as a signaling molecule to induce gene expression.²⁷ ATP and its analogues can also modulate the activity of other key ATP binding proteins including the K_{ATP} ion channel family,^{28,29} neuronal nicotinic acetylcholine receptors,^{30,31} capsaicin-activated ion channels,^{32,33} as well as E-NTPases,³⁴ ectoprotein kinases,³⁵ acetylcholinesterase, and neuromuscular neuronal nicotinic receptor expression,³⁶ thus making cellular responses to the nucleotide potentially complex and multifunctional. The actions of the nucleotide are therefore dependent on the enzymes and receptors modulated by ATP that are present in the extracellular milieu. The expression of these targets can change during tissue development and also as a result of disease pathophysiology. $^{37-40}$ This type of neurotransmission has been termed "domain specific",41 with the extracellular availability of the neurotransmitter, the extent of its metabolism, and the tissue/disease specific array of its potential recognition sites determining the ultimate response of the target organ. In addition to this neurotransmitter role, ATP can also effect intercellular information transfer via adenylate charge⁴² and can also modulate the set-point of signal transduction pathways affecting responses to other neurotransmitters and hormones.43

In the current Perspective, advances in the understanding of the molecular biology, physiology, and function of the P2 purinergic receptor family in the decade since the last Perspective on purinergic receptors⁴⁴ are reviewed together with ongoing medicinal chemistry efforts in identifying novel agonists and antagonists. In addition, the therapeutic potential for P2 receptor ligands, including ATP and UTP (Figure 1) and receptor antagonists,¹³ in a variety of human disease states that include cancer, chronic obstructive pulmonary disease (COPD), chronic bronchitis, asthma, bladder and erectile dysfunction, reproduction, auditory and ocular function, pain, hemostasis (platelet aggregation, neutropenia and leukemia), neurodegeneration, and immune system function are reviewed. An alternative, complementary approach to the discovery of novel drugs interacting with the P2 receptor system is that of targeting the enzymes modulating ATP (and UTP) metabolism. However, this approach is at too early a stage to warrant coverage in the present review.

Evolution of the P2 Receptor Family

The initial characterization of P2 receptors² was empirically based on the rank order agonist potency of a series of ATP analogues (Figure 2) to activate functional responses in a variety of mammalian tissue preparations. While a number of distinct classes of P2 antagonists have been described (Figures 3-5), these are frequently lacking in both selectivity for, and between, P2 receptors.^{45,46} The effects of both P2 receptor agonists and antagonists also show significant tissue and species dependency that further complicates pharmacological classification.^{46,47} In contrast, the discovery of the alkylxanthines, caffeine, and theophylline, as adenosine receptor antagonists in the 1970s,48,49 provided a concrete basis for an extensive effort in P1 (adenosine) receptor medicinal chemistry, resulting in the identification of several clinical drug candidates based on the xanthine pharmacophore some 20 years before the cloning of this receptor family.⁵⁰ Furthermore, synthetic chemistry efforts in the area of nucleoside triphosphates have been somewhat limited,⁵¹ with a systematic focus on developing structure-activity relationships for the various P2 receptors and highthroughput screening approaches to identifying novel pharmacophores being relatively recent.^{11,13,52–55}

Despite the inherent limitations of P2 receptor characterization in the 1980s, the concept of ATP-sensitive P2 receptors per se was expanded to encompass what were then designated as P_{2X} and P_{2Y} receptors in 1985,⁵⁶ the P_{2X} receptor being potently activated by the hydrolysis-resistant ATP bioisosteres (Figure 2A), α,β methylene ATP (α,β -meATP, **10**) and β,γ -methylene-ATP (β , γ -meATP, **11**). Accordingly, these ATP analogues were inactive at P_{2Y} receptors, with 2-methylthioATP (2-MeSATP, 13, Figure 2B) being the most potent agonist at this P2 receptor subtype. Pharmacological evidence for the existence of the P_{2T} platelet ADPsensitive receptor, a pyrimidine (uracil nucleotide), P_{2U} receptor, and the pore-forming mast cell P_{2Z} receptor was summarized in the following year.⁵⁷ Unique pyrimidine-sensitive receptors, insensitive to purines, were proposed in 1989,15 and further evidence for their existence was derived in the subsequent decade.58,59



Figure 2. (A) Structures of selected adenine nucleotides modified on the phosphate moiety that have been investigated as P2 receptor agonists. (B) Structures of selected adenine nucleotides modified on the base and ribose moieties that have been investigated as P2 receptor agonists. "P" refers to a single phosphate group; thus, "PP" is diphosphate, etc.



Figure 3. Structures of selected polysulfonated aromatic molecules.





In 1994, following from the seminal review of Dubyak and El Moatassim⁶⁰ and the initial successes in the cloning of P2 receptors, Abbracchio and Burnstock⁶¹ proposed a division of P2 receptors into two separate classes based on both their structure and signal transduction properties: the P2X (Table 1), a family of ionotropic ligand gated ion channels (LGICs); the P2Y (Table 2), a metabotropic, heptahelical G-protein-coupled receptor (GPCR) family. This proposal formed the basis of the subsequent IUPHAR nomenclature subcommittee recommendations for P2 receptors.^{62–64} Other putative P2 receptors including a UDP-glucose-sensitive GPCR (KIAA0001) cloned as an orphan receptor from human brain, 65 the putative $P_{2D}/P2Y_{Ap4A}$ dinucleotide receptor responsive to dinucleotide ligands (Figure 6) including Ap₄A 59a, Ap₅A 60, and Ap₆A 61, 66,67 and a putative

P3 receptor responsive to both nucleosides and nucleotides⁶⁸ have been reported. The existence of these additional nucleotide-sensitive receptors has been based partly on their pharmacological characterization, again with compounds that have inherent limitations in their selectivity and potency. The dinucleotide and "P3" receptors have yet to be reported as having been cloned. A P2X₇ receptor paralog gene has been identified in the draft human genome sequence.⁶⁹

It is important to note that many of the functional effects of Ap_4A and related purine and pyrimidine polynucleotides may be ascribed to the activation of other known P2 receptors,⁷⁰ and it is possible that these molecules may have the potential to act as depot sources for the generation of other nucleotides. As noted by Ralevic and Burnstock,³ in the absence of definitive



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Figure 5. Non-phosphorylated and non-sulfonate derivatives that have been shown to act as P2 receptor antagonists.

molecular evidence for the existence of these other P2 receptors, "receptor subclassification based on pharmacological criteria alone is no longer tenable". Thus the nomenclature system based on receptor structure has increasingly supplanted the pharmacologically based historical system in the literature. For instance, many of the receptors described previously as "P2U/P_{2U}" are equivalent to the P2Y₂ receptor while the P_{2Z} receptor has been cloned as the P2X₇ receptor⁷¹ and the elusive P_{2T} as the P2Y₁₂ receptor.⁷²

The use of structural homology alone is, however, an insufficient basis for receptor classification. This is illustrated by the original designation of a p2y7 receptor,⁷³ which was, in fact, a GPCR for the leukotriene LTB₄.⁷⁴ The recent discovery of the orphan GPCR, SP1999,⁷⁵ which is identical to the cloned P2Y₁₂ receptor,^{72.76} illustrates that both structural and pharmacologically relevant functions are necessary criteria for receptor classification. A novel sensory P2X receptor has also been identified in *Zebrafish*.⁷⁷

Complexities of P2 Receptor Pharmacology

A variety of factors have tended to confound the pharmacological characterization of both native and recombinant P2 receptors. These include the already mentioned early dependence of P2 receptor classification on the rank order functional efficacy of ATP and UTP analogues used as agonists and a lack of potent, selective, and bioavailable antagonists. In addition, the intrinsic activity and metabolic stability of the various P2 agonists can also vary as a function of the purity of the compounds used, the experimental protocol, the tissue(s) systems in which their effects are assessed, and the species used.^{45–47,78} In addition to a lack of selectivity for the different P2 receptors,^{45–47} many P2 receptor antagonists reported to date have the potential to interact with other biological targets. Suramin 23 (Figure 3), one of the most widely used P2 receptor antagonists, antagonizes G proteins⁷⁹ and can inhibit proteases including HIV reverse transcriptase.⁸⁰ Furthermore, ATP can function as an agonist at the rat $P2Y_4$ receptor but as an antagonist ($K_B = 700$ nM) at the human receptor homologue.⁸¹ Receptor reserve/ expression may also be a critical factor in defining pharmacophore efficacy, since ATP can function as a partial agonist⁸² or antagonist⁸³ at human P2Y₁ receptors. Furthermore, many commercially available preparations of P2 receptor ligands are chemically heterogeneous or impure. For example, many of the early studies using Reactive Blue 2 27 as a P2 antagonist relied on samples that contained only 40-50% of the active entity with the remaining components being unknown or uncharacterized. Similarly, many commercial preparations of ATP can be contaminated with UTP.



Figure 6. Structures of dinucleotide derivatives of adenine, uracil, and hypoxanthine.

There are also marked differences in the properties of native and expressed receptors both in terms of receptor expression number and in regard to the associated proteins absent (or present) in either expression systems or the natural milieu. These may provide markedly different data because of the consequent receptor density, the propensity of the expressed receptor to interact with atypical protein partners, and the nature of the reporter construct.⁸⁴ At transfected P2X₄ receptors, the anthelminthic ion channel blocker, avermectin noncompetitively modulates agonist responses. However, this effect does not occur in vivo.⁸⁵ Also, in native cell types, evidence exists for more than one P2 receptor subtype being expressed in a single cell. This is especially true for P2X receptors where the presence of unique, pharmacologically distinct heteromers formed from the various P2X receptor subunits in different permutations may be dynamically regulated.^{86–89} This further confounds data extrapolation from one system to another. Rapid agonist-induced desensitization of P2receptor-mediated responses would thus lead to the characterization of a compound as an antagonist.³ In the case of the quickly desensitizing P2X₃ receptor

heteromer, agonist-mediated desensitization, resulting in functional receptor antagonism, can occur in the absence of detectable receptor activation.⁹⁰

Even with bioisosteric replacements of the labile phosphate groups of ATP, e.g., 10 and 11, these compounds can be readily hydrolyzed by members of the ectonucleotidase/E-NTPase family.²⁵ The activity of this family of enzymes is highly tissue-dependent and also varies according to the functional state of the tissue.^{37–40,91} The net result of E-NTPase action is a reduction in the observed potency of ATP, UTP, and their respective analogues as they are broken down to nucleoside 5'diphosphates (ADP, UDP) and to the nucleosides adenosine (from ATP) and uridine (from UTP).²⁵ This modification of agonist potency, which may vary from compound to compound, can then alter the rank order activity of agonists, leading to a receptor characterization that is, in part, dependent on the lability of the agonist rather than the intrinsic recognition properties of the ligand for the receptor. This represents a generic problem when selective receptor antagonists are not available.⁹² Nucleotidases can also be released in soluble form under physiological conditions where they act to limit the effects of released ATP⁹³ with distinct species differences.⁹⁴ Since adenosine activates P1 receptors and purines can also modulate P2 receptor function,^{95,96} the functional effects of these metabolic products become even more complex via the context of the purinergic cascade.¹¹ Finally, nucleosides also undergo extracellular rephosphorylation to regenerate both the parent nucleotides and exchange phosphates between purines and pyrimidines.²³ Several ATP analogues as well as putative P2 receptor antagonists such as ARL 66096 44 can inhibit the enzyme ectonucleoside triphosphate diphosphohydrolyase (E-NTPDase; CD39 exists in two forms, one of which, E-NTPDase2, is specific for ATP),97 leading to an augmentation of the effects of endogenous agonists, ATP, and/or UTP. Thus, a compound, by inhibiting CD39 activity and increasing endogenous levels of ATP, would appear to have agonist actions. The ATP derivative ARL 67156 (66, Figure 7) is a "nonreceptor ligand" that has been optimized to inhibit endogenous ATPase activity.98

A lack of reliable radioligand binding assays for the characterization of P2 receptors has led to additional confusion in the molecular characterization of P2 receptors. While various bioisosteres of ATP (e.g., [³H] α , β -meATP **10**, [³⁵S]ADP β S **8**, [³⁵S]ATP γ S **7**) have been used to localize P2 receptors in various tissues, ^{99,100} studies using transfected cells that lack functional responses to P2 agonists show high levels of specific binding of [³⁵S]ADP β S. This binding actually decreases by 25% when a functional response is introduced via transfection of the cells with cDNA for the P2X₄ receptor subunit.¹⁰¹ [³³P]MRS 2179 **50** (Figure 4B), a high-affinity P2Y₁ receptor antagonist, has recently been developed as a receptor probe.¹⁰²

Another critical issue in defining receptor function, not unique to P2 receptors, is that of assigning significance to changes in receptor mRNA expression versus actual receptor protein synthesis. While mRNA expression measured by Northern blot analysis may be altered as a result of tissue or cell manipulation or in diseased tissues, such message lacks function at the extracellular



Figure 7. Structures of miscellaneous modulators of P2 receptor action, including ion channel potentiators, inhibitor of E-NTPDase, an allosteric modulator, an irreversible receptor inhibitor, and antagonist precursor for in vivo biotransformation.

level, it is only when changes in receptor protein levels are detected at the cell surface (Western blot) that definitive conclusions can be drawn regarding the physiological and pathophysiological significance of such changes.

P2 Receptors

Sixteen molecularly and functionally distinct mammalian P2 receptors have been generally accepted at the time of writing (Tables 1 and 2), the physiological function(s) of which, and their role in tissue homeostasis and pathophysiology, are currently being elucidated using a variety of pharmacological and genomic approaches including receptor antisense and receptor knockout and knockin mice.³

1. P2X Receptors. Functional P2X receptors are ATP-gated (ligand-gated) ion channels that mediate fast excitatory neurotransmission in excitable tissues including neurons, glia, and smooth muscle cells. ATP can elicit rapid responses (<10 ms) via these ion channels, resulting in selective permeability to Na⁺, K⁺, and Ca²⁺ cations.^{4,9} The membrane depolarization resulting from the activation of P2X receptor multimers can lead to activation of voltage-operated ion channels, L-type Ca²⁺ channels, and Ca²⁺-stimulated tyrosine kinases that in turn activate MAP kinases (ERK1 and ERK2) that modulate transcriptional processing.¹⁰³ MAP kinase activation is also involved in P2Y₁-receptor-mediated apotosis.¹⁰⁴

Seven P2X receptor subunits with a two-transmembrane (2TM) motif structurally related to the amiloridesensitive epithelial Na⁺ channel of approximately 100 amino acids in length with intracellular termini and a cysteine-rich extracellular loop have been cloned and designated P2X₁₋₇. The degree of sequence identity between these subunits ranges from 26% for P2X₂ and P2X₇ to 47% for P2X₁ and P2X₄.³ These subunits resemble proton-gated channels at a global but not primary structure level¹⁰⁵ and form functional homomeric and heteromeric channels^{86–89} that currently available evidence suggests exist as stretched trimers (Figure 2),^{106,107} contrasting with the pentameric stoichiometry of other LGICs, e.g., the neuronal nicotinic receptor superfamily.¹⁰⁸ Unlike the latter, very little is known regarding the nature of the ATP binding site(s) on the proposed trimer, of distinct antagonist binding sites, of associated allosteric binding sites, or of ancillary proteins necessary for native receptor function.

P2X subunits, with the exception of the P2X₆ receptor, 4,109 can form functional homomers that are activated by ATP.^{86–89} The reason for the inability of P2X₆ receptor subunits to form functional receptors is unclear. Functional heteromers composed of P2X_{1/5}, P2X_{2/6}, P2X_{2/6}, and P2X_{1/2} subunits have been described.^{86–89,109,110}

While there is convincing evidence for functional heteromers from in vitro studies, in situ analysis studies of P2X receptors have resulted in the identification of additional subunit combinations, e.g., a putative $P2X_{2/5}$ heteromer, that are pharmacologically distinct from those described above.¹¹¹ P2X receptors also appear to undergo activation-dependent modifications that include cellular internalization for $P2X_1$ receptors^{89,112,113} or redistribution at synaptic junctions for the $P2X_2$ receptor.¹¹⁴

On the basis of their kinetic parameters, P2X receptors have been divided into three groups.³ Group 1, which includes $P2X_1$ and $P2X_3$ homomers, is potently and rapidly activated by agonists (0.01–0.1 s) and undergoes rapid inactivation (0.1–10 s) in the presence of prolonged agonist activation. Group 2 includes $P2X_2$, $P2X_{2/3}$, $P2X_{2/6}$, and $P2X_5$ multimers that are rapidly activated (0.1–1 s) and show slow inactivation/desensitization (10–100 s) profiles. Group 3 P2X multimers include the $P2X_{1/5}$, $P2X_4$, $P2X_{4/6}$, and $P2X_7$ receptors. These show the same activation kinetics as group 2

Table 1. Mammalian P2X Receptor Genes and Functions and Localization

	amino	GenE	ank access	sion no.	chromsonal	signal	desensitizaiton		gene
subunit	acids	human	rat	mouse	localization	transduction	kinetics	distribution	disrruption
P2X ₁	399	U45448	X80477	X84896	17p13.3	$I_{\rm Na/K/Ca^{2+}}$	fast	smooth muscle	decreased male fertility
$P2X_2$	472	AF190822	U14414	AH009288		$I_{\rm Na/K}$	slow pore formation	sensory neurons, brain, pancreas	·
P2X ₃	397	Y07683	X90651	undisclosed ^a	11q12	$I_{\rm Na/K/Ca^{2+}}$	fast	nociceptive sensory neurons	antinociception bladder hyporeflexia
$P2X_4$	288	X87763	Y07684	AF089751	12q24.32	$I_{\rm Na/K}$	slow pore formation	brain, testis, colon	
P2X ₅	417	AF016709	X92069		17p13.3	$I_{\rm Na/K/Ca^{2+}}$	slow	heart, adrenal medulla	
P2X ₆	379	AB002058	X92070	AB010883	-	$I_{\rm Na/K/Ca^{2+}}$	slow	brain	
P2X ₇	595	Y09561	X95882	AJ009823	12q24.2	I _{Na/K}	slow pore formation	macrophages, mast cells, microglia	altered cytokine (pro-IL-1 β) processing

^{*a*} Sequence described in ref 140.

multimers but have both a fast and slow desensitization phase. In general, those P2X receptors that undergo rapid desensitization are activated by α , β -meATP, 2-MeSATP, and ATP. P2 receptors that undergo slower desensitization or show no desensitization can be subdivided into two groups, those sensitive to α , β -meATP (P2X_{1/5}, P2X₄, P2X_{4/6}) and those that are only weakly sensitive to this agonist (P2X₇).

1.1. P2X₁. The human, rat, and mouse P2X₁ subunits (Table 1) were originally cloned from vas deferens¹¹⁵ and urinary bladder.^{116,117} The functional P2X₁ receptor can be rapidly activated by ATP ($pEC_{50} = 7.3$) and its analogues (0.01-0.1 s) and undergoes rapid desensitization (0.1-10 s). The rank order potency for agonist activation of recombinant $P2X_1$ receptors was BzATP (19, pEC₅₀ = 8.8) \gg 2-Me-SATP \geq ATP $> \alpha,\beta$ -meATP \gg ADP. Agonists at this receptor are potently and selectively blocked by Ip₅I (**65**, $pEC_{50} = 8.0$)⁷⁰ as well as by other antagonists including TNP-ATP 47, the suramin analogues, NF023 25, NF279 24a, NF449 24b, and the PPADS 36 analogues, MRS 2159 39, and PPNDS **40** (Figure 4A). Messenger RNA for the P2X₁ receptor subunit is expressed in urinary bladder, smooth muscle layers of small arteries and arterioles, vas deferens, lung and spleen, dorsal root, trigeminal and celiac ganglia, spinal cord, and brain.^{115–117} A $P2X_1$ receptor has also been identified in platelets and megakaryocytes.¹¹⁸ Deletion of the P2X₁ receptor gene in male mice¹¹⁹ results in a 90% reduction in fertility, the consequence of a decrease in the amount of sperm in the ejaculate, a reflection of a 60% reduction in the contraction sensitivity of the vas deferens to sympathetic nerve stimulation and an abolition of the responsiveness to P2X receptor agonists.

1.2. P2X₂. The human rat P2X₂ subunit was initially cloned from pancreas and pheochromocytoma PC12 cells.^{120–122} At the recombinant P2X₂ receptor, 2-Me-SATP (pEC₅₀ = 5.8) and ATP γ S are equipotent as agonists, with α,β -meATP and β,γ -meATP being inactive. PPADS (**36**, pEC₅₀ = 5.4) blocks P2X₂ activation. This P2 receptor multimer is both less permeable to and has higher sensitivity to extracellular Ca²⁺.¹²³ Decreases in pH enhance P2X₂ receptor responsiveness to ATP,¹²⁴ indicating that protons can modulate ATP affinity. P2X₂ message is found in pancreas, pituitary gland, vas deferens, bladder, brain, spinal cord, superior cervical ganglia, and adrenal medulla.^{120–122,125} The P2X₂ receptor is present in rat cochlear,¹²⁶ and functional splice variants of this receptor that differ in desensitization

kinetics are present in rat cochlea and pituitary gland $(P2X_{2-1})^{127-130}$ and rat cerebellum $(P2X_{2-2})^{.131}$ In contrast, functional splice variants of the human $P2X_2$ receptor do not differ in acute desensitization kinetics and can form functional heteromeric receptors with $P2X_3$ subunits.¹³² Modeling of the expressed $P2X_2$ homomer indicates that receptor activation requires three ATP binding steps that involve binding sites that function in a positively cooperative manner.¹³³

1.3. P2X₃. The P2X₃ subunit was originally cloned from rat dorsal root ganglion.^{86,134} The potency order for agonist activation of the recombinant homomeric P2X₃ receptor is BzATP (pEC₅₀ = 7.1) \gg 2-MeSATP > ATP = α , β -meATP. P2X₃ receptor activation is potently blocked by TNP-ATP 47 (pEC₅₀ = 7.8). The P2X₃ homomeric receptor undergoes rapid desensitization (<100 ms). The $P2X_{2/3}$ heteromeric receptor shares the pharmacological profile (α,β -meATP sensitivity) of the homomeric P2X₃ receptor and the slow desensitization kinetics of the P2X₂ homomer and potentially represents a naturally occurring form of the receptor that is involved in pain perception.^{86,134,135} Message for the P2X₃ subunit was initially reported to have a relatively restricted distribution compared to other P2X receptors being expressed in a subset of sensory neurons including the trigeminal, dorsal root, and nodose ganglia. It is largely absent from smooth muscle, sympathetic, and enteric neurons.^{86,134} However, P2X₃ receptor specific immunoreactivity in nucleus tractus solatarius and other brain regions has been recently reported.¹³⁶⁻¹³⁸ Mouse knockouts of the P2X₃ receptor^{139,140} show a complete absence of quickly desensitizing electrophysiological responses in dorsal root ganglia, show no apparent compensatory alterations in the expression of other P2X subunits, and show decreased nociceptive responses and bladder hyporeflexia, ^{139,141} highlighting the role of this receptor in sensory physiology. The incomplete reduction in nociceptive signaling following the knockout of the P2X₃ receptor is apparently due to a residual effect of ATP acting via a P2Y₁ receptor to modulate VR1 receptor function.³³ Axotomy also leads to changes in P2Y₁ receptor expression in dorsal root ganglion.¹⁴² The N-type calcium channel blocker, ω -conotoxin GVIA, is also an allosteric modulator of P2X₃ receptor-mediated responses in rat dorsal root ganglion neurons.¹⁴³ It is more potent (IC₅₀ = 21 nM) on P2X₃ homomers than on the P2X_{2/3} heteromer (IC₅₀ = $3.8 \,\mu$ M).

1.4. P2X₄. The P2X₄ subunit has been cloned from a variety of rat and human tissue sources.^{144,145} P2X₄

subunit message is found in brain, spinal cord, sensory ganglia, superior cervical ganglion, lung, bronchial epithelium, bladder, thymus, salivary glands, testis, and vas deferens. Expression of P2X₄ subunits occurs at levels sometimes 100-fold greater than other P2X subunits,¹⁴⁵ particularly in regions of the cerebellum and hippocampus, where in the latter brain region there is high colocalization with AMPA-sensitive glutamatergic receptors.¹⁴⁶ The recombinant P2X₄ receptor shows greatest agonist sensitivity to BzATP and ATP (pEC₅₀ = 6.3) and is insensitive to the P2 receptor antagonists suramin and PPADS.147 Recombinant P2X₄ receptor functional responses are potentiated by Zn^{2+} , ¹⁴⁸ by the channel modulating macrolide anthelminthic, avermectin,⁸⁵ and by the macrolide antibiotic erythromycin, which, at concentrations that are clinically achievable (10 μ M), can block the effects of ATP on calcium influx in a human lung epithelial-like carcinoma cell line.¹⁴⁹ Alternatively, spliced forms of the P2X₄ receptor subunit can form heteromers with wild-type P2X₄ subunits that are distinct from wild-type P2X₄ homomers.¹⁴⁷

1.5. P2X₅. The P2X₅ subunit was initially cloned from rat celiac ganglion¹⁰⁹ and shows an activation profile of ATP > 2-MeSATP > ADP with α,β -meATP being inactive. It is relatively insensitive to suramin and PPADS. Message for this P2 receptor subunit is present in the ventral horn of the cervical spinal cord and in trigeminal and dorsal root ganglion neurons. The cloned chick P2X₈ receptor¹⁵⁰ has a high sequence identity (59%) with the rat P2X₅ receptor and may represent the avian ortholog. As previously noted above, P2X₅ subunits form functional heteromers with P2X₁ that show high sensitivity to ATP and TNP-ATP **47**.¹⁵¹

1.6. P2X₆. The P2X₆ receptor subunit was originally cloned from a rat superior cervical ganglion cDNA library.¹⁴⁹ Its activation profile is ATP > 2-MeSATP > ADP, with α,β -meATP being inactive. This receptor shows only partial inhibition by suramin or PPADS. Robust transfection of functional P2X₆ subunits has proven to be difficult. A p53-inducible P2 receptor designated P2XM, the function of which is altered in soft tissue tumors, has sequence homology similar to that of the P2X₆ subunit.¹⁵²

1.7. P2X₇. The P2X₇ subunit was cloned from rat⁷¹ and human¹⁵³ brain and macrophages.¹⁵⁴ It is structurally different from other P2X receptor subunits in having a longer (240 amino acid) intracellular C terminal. The P2X₇ receptor was previously characterized as the P_{2Z} receptor,¹⁵⁵ a cytolytic receptor present in cells of hematopoietic origin including mast cells, macrophages, lymphocytes, erythrocytes, and fibroblasts. Brief activation (<10 s) of the P2X₇ receptor results in a rapid, reversible membrane depolarization with Na⁺, K⁺, and Ca²⁺ influx.¹⁵⁵ On prolonged exposure to ATP or other P2 agonists in the presence of low levels of divalent cations, the P2X₇ receptor converts to a nonselective pore that is permeable to small molecules of molecular weight up to 900 Da, an event associated with cytotoxic effects, e.g., cell swelling, vacuolization, and necrotic and apoptotic cell death. Of the 240 amino acids in the intracellular C terminal, 177 are required for induction of pore formation.⁷¹ The ability of P2 receptor agonists to induce pore formation was thought to be a unique property of the P2X₇ receptor, but other P2X subunit

homomers, e.g., P2X₂ and P2X₄, can also form pores upon prolonged agonist application.^{156,157} The potent cytotoxin maitotoxin, derived from the dinoflagellate *Gambierdiscus toxicus*, induces a cell membrane pore that is physiologically identical to the P2X₇-induced pore, suggesting that this toxin may be a ligand and/or a cofactor in P2X₇-induced pore formation.¹⁵⁸ The rank order agonist potency for activation of the P2X7 receptor is BzATP (pEC₅₀ = 5.3) \gg ATP, with 2-MeSATP, ATP γ S, and ADP being inactive.⁷¹ The human receptor has a lower sensitivity to agonists than the rat receptor.¹⁵⁴ Brilliant Blue G (**35**, pEC₅₀ = 5.3) is a potent noncompetitive antagonist of the P2X7 receptor.¹⁵⁹ 2',3'-Dialdehyde ATP 48 (oxidized ATP, oATP) is an irreversible inhibitor of P2X7 receptors¹⁶⁰ and KN-62 54a is a noncompetitive, uncharged antagonist.¹⁶¹ In macrophages and lymphocytes, P2X7 receptor activation results in the activation of phospholipase D and in human macrophages elicits the release of the inflammatory cytokine IL-1 β via activation of caspase-1 (IL-1 β converting enzyme).¹⁶²⁻¹⁶⁴ In addition to cells of hematopoietic origin, the P2X7 receptor is also found on hepatocytes and acinar cells of the parotid and salivary glands. In macrophages, the $P2X_7$ receptor is also involved in the formation of multinucleated giant cells.¹⁶⁵ A paralog of the P2X7 receptor with 80% homology to the designated P2X₇ receptor has been identified in the draft sequence of the human genome.⁶⁹

Proteomic analysis of the P2X₇ receptor in HEK cells¹⁶⁶ identified a signaling complex comprised of 11 proteins that included laminin α -3, integrin β 2, β -actin, supervillin, MAGuK, three heat shock proteins, phosphatidylinositol 4-kinase, and the receptor protein tyrosine phosphatase- β (RPTP- β), the last of which may modulate P2X₇ receptor function via control of its phosphorylation state. The C-terminal motif of the P2X₇ receptor contains a conserved lipopolysaccharide (LPS) binding domain (amino acids 573–590) that is structurally similar to the LPS binding site of the bactericidal/permeability increasing protein BPI.¹⁶⁷ Peptides derived from this latter motif bind LPS in vitro and block the ability of LPS to activate ERK1 and ERK2 and degrade I κ B- α in macrophages.

A P2X₇ receptor knockout mouse shows a disruption in cytokine signaling cascades with perturbation of ATPinduced processing of pro-IL-1 β by macrophages.¹⁶⁸ In some patients with B-chronic lymphocytic leukemia, the lymphocyte P2X₇ receptor is nonfunctional.¹⁶⁹

Evaluation of single nucleotide polymorphisms (SNPs) for the P2X₇ receptor in patients with chronic lymphocytic leukemia¹⁷⁰ showed SNPs at positions 155, 348, and 496 that occurred with allele frequencies of greater than 1%. Examination of the SNP at position 496, which is present on the carboxy-terminal tail of the P2X₇ receptor subunit, in 45 normal subjects showed a Glu496Ala polymorphism associated with loss of function of the receptor.

2. P2Y Receptors. P2Y receptors are G-proteincoupled receptors (GPCRs) with a typical heptahelical transmembrane (7-TM) motif and are sensitive to activation by both purines (ATP, ADP) and pyrimidines (UTP, UDP).^{7,10,171} Other receptors that are closest in sequence homology to P2Y receptors include angiotensin and thrombin peptide receptors, an observation that has

Table 2. Mammalian P2Y Receptor Genes and Functions and Localization

	amino	Genl	Bank accessi	on no.	chromsonal	signal					
subunit	acids	human	rat	mouse	localization	transduction	agonist	distribution	gene disrruption		
P2Y1	373	U42029	U22830	U22829	3q25	<i>G</i> _{q/11} , PLC	ADP	brain, vascular endothelia, platelets	decreased thrombosis-induced mortality		
$P2Y_2$	376	U07225	U09402	L14751	11q13.5	<i>G</i> _{q/11} , PLC	UTP	epithelial cells, endothelial smooth muscle	decreased ATP-sensitive epithelial Cl ⁻ transport		
$P2Y_4$	365	U40223	Y14705	NM020621	Xq13	$G_{q/11}$, PLC	UTP	placenta			
$P2X_6$	328	X97058	D63665	AF298899	11q13.3	$G_{q/11}$, PLC	UDP	spleen, smooth muscle, airway epithelia			
P2Y11	371	AF030335				G_q , PLC, G_s , cAMP	ATP	spleen, granulocytes			
$P2Y_{12} \\$	342	AF313449	AF313450		3q24	$G_{\rm i}$, cAMP	ADP	brain (glia), spinal cord, platelets			
P2Y ₁₃	333	AF406692		AK008013		<i>G</i> _i , cAMP	ADP	spleen, brain, lymph nodes, bone marrow			

led to speculation that there may be an as yet unidentified endogenous peptide ligand for P2Y receptors.

The currently accepted members of this family are the P2Y₁, P2Y₂, P2Y₄, P2Y₆, P2Y₁₁, P2Y₁₂, and P2Y₁₃ receptors (Table 2). The missing sequence numbers represent species homologues of other receptors, e.g., $p2y_{3}$,¹⁷² or receptors that have been misassigned to the P2Y family, e.g., p2y₇,⁷³ which, as already noted, was subsequently cloned as an LTB₄ receptor.⁷⁴ P2Y₂, P2Y₄, and P2Y₆ receptors are activated by pyrimidines.^{7,10,171} Most of the P2Y receptors produce their functional effects via G protein coupling to activate phoshoplipase C (PLC), forming IP₃ and mobilizing intercellular calcium.^{10,64} This in turn leads to activation of other signaling pathways that include protein kinase C, PLA₂, calcium-dependent K⁺ channels, nitric oxide synthase (NOS), voltage-operated calcium channels, and MAP kinase pathways.¹⁷³ Some P2Y receptors are also linked to inhibition of adenylate cyclase activity.^{10,64}

On the basis of their structural similarities, P2Y receptors have been divided into two distinct groups: group I consists of P2Y₁, P2Y₂, P2Y₄, P2Y₆, and P2Y₁₁ receptors; group II consists of P2Y₁₂ and P2Y₁₃ receptors.¹⁷⁴ The UDP-glucose-sensitive GPCR (KIAA0001)⁶⁵ is a potential member of this second group and has been previsionally designated as the P2Y₁₄ receptor.¹⁷⁴

Despite emerging evidence¹⁷⁵ that functional dimerization of GPCRs is a rule rather than an exception, there is currently little information regarding P2Y receptor dimers, although there is evidence for P2Y₁/ adenosine A₁ receptor dimerization, the resultant oligomer showing a distinct pharmacology with A₁ agonists and antagonists showing reduced affinity with a concomitant 400-fold increase in affinity for the P2 agonist ADP β S.¹⁷⁶

2.1. P2Y₁. The P2Y₁ receptor was the first P2 receptor to be cloned.^{177–180} The rank order of agonist activation is 2-MeSATP \geq ATP \gg ADP, with α,β -meATP, β,γ -meATP, and UTP being inactive. MRS 2279 **53** is the most potent P2Y₁ antagonist yet reported.^{70,181} Suramin **23** and Reactive Blue 2 (RB-2 **27**) can also block the effects of agonists at this receptor at micromolar concentrations. Activation of the P2Y₁ receptor results in either activation of PLC via the G_q coupling protein G₁₁ or inhibition of adenylate cyclase via G_i subunits that act independently.¹⁰ P2Y₁ receptor activation can also directly modulate ion channel function, a G-protein-mediated effect that is independent of other second messenger systems.¹⁸² In rat cerebellar neurons, P2Y₁

receptor activation leads to the opening of an outwardly rectifying K⁺ current via coupling of the $\beta\gamma$ subunits of the G protein to a K⁺ channel. P2Y₁ receptor gene disrupted mice show altered platelet physiology and a significantly reduced incidence of lethality from thrombosis.^{183,184}

2.2. P2Y₂. The P2Y₂ receptor (originally described as the P_{2U} receptor) was first cloned from the mouse neuroblastoma NG108-15 cell line¹⁷⁶ and subsequently from rodent¹⁸⁵ and human tissue.¹⁸⁶ ATP and UTP were equipotent in activating the receptor, with ADP, UDP, 2-MeSATP, and α , β -meATP having weak to no activity. $P2Y_2$ receptors are coupled to G_i and G_q proteins that mediate phospholipid breakdown, IP₃ formation, and calcium mobilization. In airway epithelia, biliary epithelial cell lines, and avian exocrine salt gland cells, P2Y₂ receptor activation leads to opening of Ca²⁺sensitive Cl⁻ channels that are involved in epithelial fluid secretion.¹⁸⁷ P2Y₂ receptors negatively coupled to adenylate cyclase activation have been reported as has P2Y₂ activation of a member of the Kir 3.0 inward rectifier channel¹⁸⁸ and adenylyl cyclase via a cyclooxygenase (COX) dependent mechanism.¹⁸⁹ The sensitivity of P2Y₂ receptors to blockade by suramin 23 and PPADS 36 has provided evidence for suramin-sensitive and -insensitive responses and PPADS-sensitive and -insensitive responses suggestive of potential receptor heterogeneity,¹⁹⁰ although there is no molecular evidence for subtypes of the P2Y₂ receptor. P2Y₂ receptor knockout mice¹⁹¹ show alterations in chloride transport function in lung and other secretory tissues.

2.3. P2Y₄. The P2Y₄ receptor is a uridine-nucleotidespecific receptor that was cloned from human placenta and rat heart.^{192–195} The human P2Y₄ receptor has greater selectivity for UTP over ATP and is insensitive to ADP and UDP. At the rat P2Y₄ receptor, ATP and UTP are equipotent, with ADP, ATP γ S, 2-MeSATP, and Ap4A acting as partial agonists.¹⁹⁴ PPADS **36** has been reported as a weak antagonist for the human P2Y₄ receptor, with suramin **23** being inactive.¹⁹² The P2Y₄ receptor has a relatively restricted tissue expression being found only in placenta and pancreas with low levels in lung and vascular smooth muscle.^{192–195} There are currently no known selective P2Y₄ receptor antagonists.

2.4. P2Y₆. The P2Y₆ receptor was isolated from rat aortic smooth muscle, human placenta, and human spleen.^{196,197} The most potent agonist at the P2Y₆ receptor is UDP with weak or no effects seen with UTP, ATP,

ADP, or 2-MeSATP. The P2Y₆ receptor is linked to G_q stimulating PLC with the formation of IP₃ in monocytes,¹⁹⁷ interleukin-8,¹⁹⁸ and is linked to M-type potassium channels.¹⁹⁹ Message for the P2Y₆ subunit is widely distributed including placenta, heart, lung, intestine, spleen, and airway and nasal epithelium.^{196,197} There are currently no selective antagonists for the P2Y₆ receptor.

2.5. P2Y₁₁. The P2Y₁₁ receptor was cloned from human placenta²⁰⁰ and is also found on human lymphocytes²⁰¹ and canine kidney cells.²⁰² The P2Y₁₁ receptor interacts with lymphocyte adenosine A_{2A} receptors in the developmental fate of B lymphocytes²⁰¹ and is uniquely sensitive to purine nucleotides with a rank order agonist potency of ATP > 2 MeS-ATP >> > ADP, with UTP and UDP being inactive. The human receptor is also unique in that is coupled to both adenylate cyclase and phosphoinositide pathways. The canine P2Y₁₁ receptor in Madin–Darby kidney cells is linked to an increase in short-circuit current (*I*_{SC}).²⁰² There are currently no selective antagonists for the P2Y₁₁ receptor.

2.6. P2Y₁₂. The P2Y₁₂ receptor was cloned from rat and human cDNA libraries^{72,75,76} and represents the elusive ADP-sensitive P2 receptor on platelets previously termed P_{2T}, P2Y_{ADP}, and P2Y_T. While previously thought to be a form of the P2Y₁ receptor,⁷⁵ the P2Y₁₂ receptor plays a discrete role in platelet shape change and aggregation. This confusion between the P2Y1 and P2Y₁₂ receptors may be explained by their combined role in platelet aggregation.²⁰³ ADP is a full agonist at the P2Y₁₂ receptor with ATP with its bioisosteres, including ARL 67085 45 and AR-C 69931MX 46, being functional antagonists²⁰⁴ that, like the thienopyridines ticlopidine and clopidigrel, are active in the clinic.^{205,206} Ap4A **59a**, a P², P³-monochloromethylene analogue, AppCHClppA 59b, and various phosphorothioate analogues are competitive inhibitors of platelet aggregation.²⁰⁷ CT 50547 58 is a novel, tricyclic benzothiazolo[2,3c]thiadiazine (IC₅₀ = 40 nM), a reversible $P2Y_{12}$ receptor antagonist with negligible functional activity (IC₅₀ > 100 μ M) at the platelet P2Y1 receptor.²⁰⁸ The P2Y12 receptor is present on platelets and megakaryoblastic cell lines and is coupled to a Gi2 protein that inhibits adenylate cyclase.⁷² P2Y₁₂ knockout mice in general have a normal phenotype but exhibit prolonged bleeding time and reduced sensitivity to ADP, thrombin, and collagen.²⁰⁹

2.7. P2Y₁₃. The P2Y₁₃ receptor is the most recent member of the P2Y family to be identified.¹⁷⁴ Initially cloned as an orphan GPCR alternatively termed GPR86²¹⁰ and GPR94,²¹¹ the P2Y₁₃ receptor has a high degree of homology compared to the P2Y₁₂ receptor.¹⁷⁴ This receptor has also been cloned as SP174.²¹² On the basis of its tissue distribution, the P2Y₁₃ receptor has been implicated in immune system function, specifically T-cell maturation.^{174,212}

3. Other Putative P2 Receptors. As an addition to the list of receptors missasigned to the P2 receptor family already documented, the p2y3 receptor is a nucleotide-sensitive avian receptor for which a mammalian homologue has not yet been described.¹⁷² The p2y5 receptor was identified in activated chick T lymphocytes using radioligand approaches. No functional or structural support for the existence of this receptor has been reported. The P2Y₈ receptor was

cloned from Xenopus neural plate and was activated to an equal degree by ATP, UTP, ITP, CTP, and GTP.¹⁵⁰ Mammalian homologues of this receptor have yet to be identified. The receptors cloned as $P2Y_9$ and $P2Y_{10}$ are not nucleotide receptors.¹⁷¹ A novel cysteinyl leukotriene receptor 1 (CysLT1) has been identified on human cordblood derived mast cells (hMCs) and is functionally responsive to the cysteinyl leukotrienes LTC₄ and LTD₄ and also to UDP. Interestingly, the effects of both the leukotrienes and UDP can be blocked by the CysLT1 antagonist MK 571.213 This relationship between P2 receptors and CysLT receptors is intriguing especially in light of the misidentification of the LTB₄ receptor⁷⁴ as the putative P2Y₇ receptor,⁷³ suggesting perhaps that there is a close function relationship between the two receptor families. A P_{2T}-like receptor distinct from that on platelets that shows agonist responses to 2-MeSATP has been identified in brain capillary epithelial cells.²¹⁴

Receptor Structure

P2X Receptors. Current evidence^{106,107} indicates that functional P2X receptors have a trimeric motif. A model of the generalized P2X receptor subunit (Figure 8) shows the topography of glycosylation sites and the cytoplasmic orientation of both amino and carboxy termini. Features of the extracellular domain include 10 cysteine residues (-S), that are highly conserved among different P2X subtypes and are thought to form disulfide bridges. Four glycosylation sites have been identified on the rat P2X₁ receptor.²¹⁵ However, the number and location of glycosylation sites differ within the different subunits of the P2X family.^{215,216} Numerous conserved positively charged residues (K and R) are present in the extracellular loop of P2X receptors, four of which at positions 68, 70, 292, and 309 are important for ATP binding to the human $P2X_1$ receptor. The neutral residue I67 of the rat P2X₂ receptor defines a critical region of ATP binding.²¹⁷

By use of the "SCAM" technique, in which individual residues were replaced with cysteine and various alkylating reagents were examined for their ability to disrupt ligand recognition by reacting covalently with accessible thiols, the residues within TM2 lining the pore of the rat P2X₂ receptor were identified.²¹⁸ I328, N333, and T336 were at the outer vestibule of the pore, while L338 and D349 lined the cation channel. D349 was solvent-accessible only when ATP was applied. Chimeras of PX_1 and $P2X_2$ receptor subunits in concert with site-directed mutagenesis of the N terminal of the first transmembrane domain demonstrated a critical role for this domain in agonist effects,²¹⁹ while calcium permeability of the P2X₂ receptor was abolished by replacing polar amino acid residues at Thr339 and Ser340 with tyrosine.²²⁰ A protein kinase C site on the C terminus was responsible for slowing desensitization of the P2X₂ receptor.²²¹

P2Y Receptors. With information gathered predominately from the P2Y₁ receptor and the low-resolution structure of rhodopsin as a template, the structure of the chick brain P2Y₁ receptor was first modeled using the Quanta/Charmm software (Figure 9).²²² Ligand affinity SAR, sequence analysis of cloned P2Y receptors, and site-directed mutagenesis studies^{223–225} have led to the refinement of computer-based models for ligand binding to P2Y receptors.



Figure 8. Schematic representation of a P2X receptor. (A) An individual subunit showing the two-transmembrane (2TM) motif and amino acid residues that are implicated in ligand binding and that maintain the conformation of the subunit. (B) Possible arrangement of subunits in a trimer, based on the finding that intersubunit recognition is dependent on residues of the second TM domain (II).

Recently a model of the human P2Y₁ receptor using the high-resolution structure of rhodopsin as a template resulted in a detailed model of antagonist binding to the P2Y₁ receptor binding.²²⁵ Ligand docking in the P2Y₁ receptor model provided a hypothesis for the coordination of ATP in the TM regions, consistent with site-directed mutagenesis results (see below). The structural similarity between the potent nucleotide antagonist MRS 2179 **50** (see below) and nucleotide agonists suggests that receptor activation resulting in a specific conformational change depends on subtle differences between ligands.²²⁶

 $P2Y_1$ receptor models have also been developed in parallel with alanine scanning mutagenic approaches.²²⁷ Modeling of cloned $P2Y_1$ receptor sequences focused on both the seven-membrane-spanning helical domains (TMs) and the three extracellular loops (ELs). The features of the putative binding site identified within the TM region were consistent with both mutagenesis results and known ligand specificities. A new "cross docking" modeling approach,²²⁴ which simulated the



Figure 9. Schematic representation of a P2Y receptor showing the seven-transmembrane (7TM) motif and amino acid residues that are implicated in ligand binding. The helices shown are arrranged in a roughly circular bundle, which is open in this diagram for representational purposes. Model shows features of the hP2Y1 receptor important for nucleotide binding both within the TMs (3, 6, and 7) and ELs (2 and 3), including three positively charged residues (R128, K280, and R310) found to be important for ATP binding. Four Cys residues (-S), which are conserved among P2Y subtypes, form disulfide bridges. The location of the putative glycosylation site is conserved within the P2Y family. Shown also are residues within TM6 and -7, which are modulatory for the activation of the hP2Y1 receptor. Molecular modeling has predicted contact with the adenine and triphophate regions of ATP as shown. The overall structure of this GPCR representation incorporated findings from the high-resolution structure recently determined for rhodopsin. The 7TM bundle is assumed to be closed (i.e., TM1 and TM7 are in contact), and EL2 is in proximity to the TM ligand binding domain. Hydroxyl group on the C-teminal region represents potential phosphorylation sites.

reorganization of the native receptor induced by the ligand, aided in energetically refining the three-dimensional structure of the complex. To ascertain which residues of the human P2Y₁ receptor were involved in ligand recognition, individual residues of both the TMs (3, 5, 6, and 7) and ELs (2 and 3) were mutated to alanine and various charged residues, 227, 228 and a cluster of positively charged lysine and arginine residues near the exofacial side of TMs 3 and 7 and, to a lesser extent, TM6 putatively coordinated the phosphate moieties of nucleotide agonists and antagonists. Agonists were inactive at R128A (TM3) and at R310A and S314A (TM7) mutant receptors and had a markedly reduced potency at K280A (TM6) and Q307A (TM7) mutant receptors. Positively charged residues of the human P2Y₂ receptor (H262, R265, and R292 in TM6 and TM7) were similarly found to be critical for activation,²²⁴ suggesting that residues on the exofacial side of TM3 and TM7 were critical determinants of the ATP binding pocket. In contrast, there was no change in the potency or efficacy of agonists in the S317A mutant receptor, and alanine replacement of F131, H132, Y136, F226, or H277 resulted in mutant receptors that exhibited a 7- to 18-fold reduction in potency compared to that observed with the wild-type receptor. These residues thus appear to serve a less important modulatory role in ligand binding to the P2Y₁ receptor.

Since changes in the potency of 2-MeSADP **14** and HT-AMP **15** paralleled the changes in potency of 2-Me-SATP at the various mutant receptors, it appeared that the β - and γ -phosphates of the adenine nucleotides were less important than the α -phosphate in ligand/P2Y₁ receptor interactions.²²⁷ However, T221A and T222A mutant receptors exhibited much larger reductions in triphosphate (89- and 33-fold versus wild-type receptors, respectively) versus di- or monophosphate potency, a result indicating a greater role of these TM5 residues in γ -phosphate recognition. Taken together, the results suggest that the adenosine and α -phosphate moieties of ATP bind to critical residues in TM3 and TM7 on the exofacial side of P2Y receptors.

Two essential disulfide bridges in the extracellular domains of the human P2Y₁ receptor were also identified: one conserved among GPCRs and another conserved between the N-terminal domain and EL3, characteristic of P2Y receptors. Several charged residues in ELs 2 (E209) and 3 (R287) were critical for receptor activation, suggesting that the role of the ELs in ligand recognition was as important as that of the TMs.^{227,228} Moreover, energetically favorable "meta binding sites" in the $P2Y_1$ receptor have been defined, involving the critical residues of the ELs. At these nucleotide docking sites that are postulated to lie distal to the principal TM site, a ligand may bind en route to the principal TM binding site. Such secondary binding sites may then serve to guide the ligand in its approach to the TM binding site and reduce the energy barrier to ligand/ receptor complex formation.

Development of P2 Receptor Ligands

The identification of new pharmacophores that selectively and potently interact with (a) P2 receptors and (b) individual members of the P2X and P2Y families represents a major challenge in medicinal chemistry. Much of the historical data on P2 receptor ligands have been confounded by the use of a limited repertoire of highly labile agonists, the majority related to ATP, moderately active antagonists with questionable purity, stability, and selectivity with comparisons of such compounds being made between different tissue systems using different physiological and pharmacological end points in different laboratories.45 Evaluation of compounds in these systems is also confounded by different levels of nucleotidase activity and by species differences in receptor pharmacology. This situation has, to some extent, been simplified in recent years by the use of cell lines transfected with cDNA for the various human and rodent P2 receptors. Even so, in many instances new compounds have only been examined in limited assays, e.g., P2X or P2Y family only. This has led to the description of compounds as being receptor-selective and then being used to define new receptors/receptor systems before the compounds are found to be active at

other P2 receptors. A case in point is that of BzATP; while it is the most potent of known purine nucleotide analogues at the P2X₇ receptor, it is far more potent at other P2 receptors.²²⁹ Its use as a selective ligand to delineate the involvement of P2X₇ receptors in a given system/tissue response can thus be misleading. Another complication is the degree to which P2 receptor ligands behave as agonists, antagonists, or partial agonists. Depending on the species, ATP can function as an agonist or an antagonist at the P2Y₄ receptor.⁸¹

Despite these caveats, there has been considerable focus on modifying the parent nucleotides and the various empirically identified antagonists, e.g., azo dyes, suramin, etc. It is only in the past 6 years, however, that molecular modeling and high-throughput screening approaches (HTS), together with the systematic development of structure-activity relationships, have been used in the identification and optimization of novel P2 receptor ligands. Anecdotally, HTS approaches have vielded disappointing results in finding either agonist pharmacophores that lack the tri- or dinucleotide motif of ATP, UTP, ADP, and UDP or antagonists that are active in vivo. Modeling approaches remain at an early stage and are obviously more promising for the bettercharacterized P2Y GPCR family than for members of the P2X receptor family where knowledge of subunit stoichiometry, agonist and antagonist recognition site requirements, and the role of allosteric modulators are still in their infancy.

Early studies to derive SAR relationships for a variety of adenine nucleotide analogues interacting with P2X and P2Y receptors used classical smooth muscle preparations, e.g., guinea pig taenia coli, rabbit aorta, and rabbit mesenteric artery, to characterize P2Y receptor interactions, while P2X receptor activity was measured in rabbit saphenous artery, guinea pig vas deferens, and urinary bladder. Receptor heterogeneity and ligand instability confounded results from these preparations. Nonetheless, they were used empirically to identify a large number of compounds that have formed the basis of emerging medicinal chemistry efforts. With the availability of cloned receptors (and sufficient resources), it is now possible to examine new compounds at all members of P2X and P2Y receptor families under comparable conditions as well as to evaluate compounds for effects on nucleotidase activity.

Development of Selective Agonists

Compounds that activate P2 receptors have distinct structural requirements from the agonists active at adenosine (P1) receptors.^{45,52–55} The structure–activity relationships for a variety of adenine nucleotide analogues at P2X and P2Y purinergic receptors are shown in Tables 3 and 4. New ATP analogues containing modifications at the triphosphate, ribose 2' or 3', purine C2 or C8, or at the purine N⁶ position have been synthesized (Figure 10).^{55,230–233}

Triphosphate Modifications (Figure 2A). P2X receptors are not activated by AMP or adenosine, although ring-modified adenosine monophosphates (e.g., hexylthioAMP, **15**) can activate P2X₁-P2X₄ receptors to varying degrees.^{54,232} These 2-thioether 5'-monophosphate derivatives are potent at P2Y₁ receptors (see below).

Table 3. Potency of Selected Agonists and Antagonists at P2X Receptors Expressed as EC50 or IC_{50} Values in nM in FunctionalAssays (in Human or Rat)^{a,b}

	P2X1	P2X2	P2X3	P2X4	P2X5	P2X6	P2X7
Agonists							
1, ATP	56	1400	340	500,	1000	1000	780,000
				1000			
2, ADP	10,000	>100,000	>100,000	28,000 ^b	18,000	11,000	
7, ATPγS	2300	1500	690	2300	600	1300	
8, ADPβS	2500	100,000	8800	25,000			
10, α,β-meATP	200	100,000	740	33,000	>7000	>8000	>100,000
11, β,γ–meATP	2000		9200				
13, 2-MeSATP	54	1500	350	7400,	1000	600	
				1000			
15, HT-AMP	840 ^b	180,000	350 ^b	20,000 ^b			
16, PAPET-ATP	98	10,000	17	15,000 ^b			
19, Bz-ATP	2	5,500	80	490	40,000	25,000	52,000
59, Ap ₄ A	182	15,000	500	1000 ^c			
Antagonists							
23, suramin	1000	10.400	3000,	>100,000	4000	>100,000	92,000
		,	14,900				
25, NF023	210	>50,000	28,500	>100,000			
27, Reactive blue 2		360		128,000			
Pyridoxal-5-	3000	39,500		219,000			
phosphate							
36, PPADS	99	1200 ^e	240,	10,000,	2600	>100,000	62,000
			1700	>100,000			
37, isoPPADS	43	400	84				
40, PPNDS	14						
47, TNP-ATP ^h	6	2000	0.9	15,200			
50, MRS 2179	1150	>10,000	13,000	>10,000			>30,000
54a, KN-62				>100,000			34
65, Ip ₅ I	1.5	>30,000	2800	potentiator			
72, MRS 2220	10,200	>100,000	58,300	>100,000			

^{*a*} Effects of antagonists on inward current induced by activation by ATP, at the indicated concentrations, of recombinant rat P2X₁ (1 μ M), P2X₂ (10 μ M), P2X₃ (3 μ M), and P2X₄ (30 μ M) receptors, expressed in *Xenopus* oocytes, using the twin electrode voltage clamping technique, unless otherwise noted (methods in refs 431 and 438). ^{*b*} Rat (red), human (blue). ^{*c*} Partial agonist.

Modification of the triphosphate group in the form of replacement of the bridging oxygen atoms with methylene units or of the charged oxygen atoms with sulfur has in some cases resulted in potent analogues that are resistant to degradation by nucleotidases. α , β -MeATP $(\alpha,\beta$ -methylene adenosine 5'-triphosphate, **10**) in particular is highly potent at P2X receptors,78 being selective for group 1 subtypes (EC₅₀ = $1-10 \mu$ M), at which it causes rapid desensitization. α , β -MeATP also activates $P2X_{2/3}$ heteromers that are less susceptible to desensitization.¹³² At P2Y receptors, α , β -MeATP is weak or inactive. Owing to the presence of the nonhydrolyzable methylene bridge, α,β -MeATP is more stable than other agonists under most assay conditions and its potency in comparison to other, hydrolyzable nucleotide agonists was therefore overestimated, being previously described as the most potent P2X receptor agonist.

Another metabolically stable analogue, β , γ -MeATP, **11**, was equipotent to ATP in eliciting vasoconstriction in the rat juxtamedullary afferent arterioles.²³³ The corresponding nucleotide analogue containing the unnatural L-adenosine enantiomer β , γ -Me-L-ATP (L-adenyl 5'-(β , γ -methylene)diphosphonate, L-AMP-PCP **12**) is a more potent agonist than ATP at the P2X receptor in the guinea pig bladder^{52,234} but is inactive in the guinea pig taenia coli P2Y receptor.

The thio substitution at the terminal phosphate also provides enzymatic stability, leading to such analogues as ATP γ S (adenosine 5'-O-(3-thiotriphosphate, **7**), ADP β S (adenosine 5'-O-(2-thiodiphosphate, **8**), and UTP γ S (uridine 5'-O-(3-thiotriphosphate, **9**), a potent agonist at P2Y₂ receptors. Compound **7** is a potent agonist at various P2Y subtypes, but not P2X subtypes, and also inhibited ecto-ATPase competitively with micromolar

Table 4. Potency of Selected Agonists and Antagonists at P2Y Receptors Expressed as EC_{50} or IC_{50} values in nM in FunctionalAssays (in Human, Rat, or Turkey)^{a,b}

	P2Y1	P2Y2	P2Y4	P2Y6	P2Y ₁₁ (cAMP)	P2Y ₁₂ °
Agonists						
1, ATP	2800	230	43,000,f	>100,000	17,000	
			1800			3190 f.g
2'-dATP	19,000				9000	
2, ADP	8000	>100,000				69
5, UTP	>100,000	140	2500,	6000	>100,000	
			2600			
6, UDP	>100,000	>100,000		300		
7, ΑΤΡγS	1300	1720			3000	1300
8, ADPβS	96				30,000	82
10, α,β–meATP	>100,000					>100,000
11, β,γ–meATP	>100,000					>100,000
13, 2-MeSATP	8			100,000	50,000	1.1
14, 2-MeSADP	6	>100,000				
15, HT-AMP	4.8					
16, PAPET-ATP	1.5					
19, Bz-ATP					7000	
59, Ap ₄ A		720	3000			
<u>Antagonists</u>						
23, Suramin	>10,000 ^d	48,000	>100,000	27%°	16,000	4000
27, Reactive blue	>10,000d	>100,000	33%°	87% ^e	>100,000	25
2						
36, PPADS	1000,	>10,000	>10,000	69% ^e		>100,000
	18,200					
45, AR-C67085					1500	1.3
					(agonist)	
50, MRS 2179	330	>100,000	>100,000	>100,000		>100,000
53, MRS 2279	52	>100,000	>100,000	>100,000	>100,000	>100,000

^{*a*} Measured at phospholipase C coupled P2Y₁ receptor of turkey erythrocytes or at recombinant human P2Y₂ and P2Y₄ receptors or recombinant rat P2Y₆ receptors, unless otherwise noted. ^{*b*} Rat (red), turkey (green), human (blue). ^{*c*} Platelet receptor, unless otherwise noted (values for rat are from the C6 glioma cell receptor).^{234,267} ^{*d*} Right shift at 30 μ M and decrease in maximal effect.²⁶⁷ ^{*e*} Percent inhibition at 100 μ M.¹⁹³ ^{*f*} Antagonist. ^{*g*} Reference 270.

affinity.²³⁵ UTP γ S **9** is a potent P2Y₂ receptor agonist that is not readily degraded by nucleotidases.²³⁶ The corresponding β -thiodiphosphate, UDP β S, selectivity activates P2Y₆ receptors.²³⁶

Adenine and Ribose Modifications (Figure 2B). a. Adenine Modifications. Pyrimidine-based nucleotides are generally weak P2X receptor agonists, although CTP is active at P2X₃ receptors and less so at P2X₄ and P2X_{1/5} receptors. UTP weakly activates P2X₃ receptors.

Substitution of the adenine ring, particularly at the 2-position, is well tolerated. 2-MethylthioATP (2-Me-SATP **13**) is one of the most potent agonists at P2Y and P2X receptors. While formerly regarded as selective for P2Y receptors, adjusting for its lability in classical smooth muscle assays in which P2X receptors have been assayed, it appears to be potent at P2X receptors.⁷⁸ It is thus typically more potent than ATP at P2X₁, P2X₂,

and P2X₃ receptors. At rat and human P2Y₁ receptors, 5'-diphosphates are generally more potent than the corresponding 5'-triphosphates. ADP and 2-MeSADP **14** are potent, full agonists, whereas ATP and 2-MeSATP **13** are less potent with reduced efficacy and at some P2 receptors act as antagonists.^{81–83,237}

Attaching substituted alkylthio chains at the C2 position of **13** to create functionalized congeners as receptor probes²³⁸ showed that chain elongation preserved potency at P2Y receptors, indicating a great tolerance for structural variation of the ligand at the C2 position. The activity of 2-thioether derivatives of ATP at P2Y receptors varied somewhat, depending on the distal structural features, and activity at P2X receptors varied to an even greater degree. The 11 ATP 2-thioethers synthesized had $K_{0.5}$ values of 1.5–770 nM in activating phospholipase C in turkey erythrocyte membranes. In P2Y-receptor-mediated smooth muscle



Figure 10. Summary of structure-activity relationships for P2 receptor agonists.

functional assays, 2-thioethers had EC₅₀ values between 10 nM and 1 μ M. A significant correlation existed for the 2-thioethers in their p $K_{0.5}$ values for inositol phosphate production and pD₂ values for P2Y-receptor-mediated relaxation in the guinea pig *taenia coli*, but not for vascular P2Y receptors or for P2X receptors. At rabbit saphenous artery P2X receptors, the thioethers were inactive but differing degrees of activity were observed in the guinea pig vas deferens and bladder depending on distal substituents in the 2-thioether moiety.

2-(7-Cyanohexylthio)ATP was more potent than 2-Me-SATP at the *taenia coli* P2Y receptor. A *p*-aminophenethylthio ether, intended as a reporter group for radioiodination and potential cross-linking to the receptor, displayed the highest affinity of all the analogues at turkey erythrocyte P2Y receptors. A *p*-nitrophenethylthio ether was relatively weak at P2Y receptors but provided selectivity for a subset (vas deferens) of the P2X receptor class. 7-Aminoheptylthio and 7-thioheptylthio ethers synthesized for their ease in further derivatization by acylation or alkylation and also to probe potential accessory binding sites on the receptor had $K_{0.5}$ values of 73–770 nM at erythrocyte P2Y receptors.²³⁹

The addition of a functionalized chain at the 2-position allowed for truncation of the triphosphate group with retention of affinity, thus circumventing one of the major complications in interpreting ATP pharmacological results, e.g., the impact of ectonucleotidase action. While AMP was inactive at P2Y receptors, 2-thioether analogues of AMP were full agonists at erythrocyte P2Y receptors,²³² although being generally several orders of magnitude less potent than the corresponding 2-thioether triphosphate analogue. For example, the 2-hexylthio ether of AMP, 15, had an EC_{50} value of 59 nM in stimulating phospholipase C in turkey erythrocytes. The 2-hexenylthio ether of AMP, 17a, was 8-fold more potent than ATP itself but was 33-fold less potent than the corresponding triphosphate. Thus, the long chain may act as a distal anchor of the ligand at an accessory binding site on the receptor. A somewhat similar approach was taken in developing the non-phosphate analogues 57a and 57b from AR-C 69931MX 46.240 Several adenosine diphosphate 2-thioether analogues were potent agonists at erythrocyte P2Y receptors.

Combinations of α -thiotriphosphate and 2-alkylthio modifications, e.g., **18**, retain activity at P2Y₁ receptors.²³⁹ A further benefit of the presence of a long-chain thioether group at the 2-position was increased stability of the triphosphate group at the 5'-position. It is likely that long chains, although at a site on the molecule distal to the triphosphate group, interfere with the ATP binding site of ectonucleotidases.

Modifications of ATP other than 2-thioethers also resulted in unexpected receptor selectivity with some analogues displaying selectivity or specificity at P2X or P2Y receptors, suggesting the existence of possible subclasses. Selectivity was seen for P2Y receptor-like responses in the mesenteric artery, aorta, *taenia coli*, or erythrocytes. 8-(6-Aminohexylamino) ATP was selective for P2Y receptors in the rabbit endothelial aorta versus those in the taenia coli, mesenteric artery, and erythrocytes. It was inactive at P2X receptors. The potent agonist, N⁶-methyl-ATP was selective for taenia *coli* P2Y receptors versus either vascular P2Y receptors or P2X receptors.²³⁸ N⁶-Ethyl-ATP was approximately equipotent to ATP at taenia coli P2Y receptors. N⁶ Modification may prove to be a general means of increasing P2Y selectivity, since it was compatible with other modifications. A hybrid N⁶-methyl and 2-thioether ATP derivative, N^6 -methyl-2-(5-hexenylthio)-ATP **17b**, was a potent agonist at erythrocyte, *taenia coli*, and C6 glioma cell P2Y receptors but was inactive at P2X receptors.²³⁸ Large groups, e.g., 2-phenylethyl, are not tolerated at the N⁶-position of P2Y₁ receptor agonists.²²²

In summary, long-chain 2-thioethers can enhance the potency (particularly at P2Y receptors) or selectivity (particularly within the P2X class) of ATP analogues with longer-chain members tending to be stable to ectonucleotidases. The corresponding monophosphates are full P2Y receptor agonists. Modification of the ribose 2'-position and purine modifications of ATP other than 2-thioethers can result in P2Y receptor selectivity.

b. Ribose Modifications. The ribose moiety of agonists demonstrated most clearly for the P2Y₁ receptor is amenable to extensive modification. The weak agonist, 2'-deoxy-ATP (structure not shown) was selective for *taenia coli* P2Y receptors versus either vascular P2Y receptors or P2X receptors.²³² 3'-Deoxy-ATP is a weak, but selective, P2X agonist, while 3'-acetamido-3'-deoxy-ATP was active at both P2X receptors and

mesenteric artery P2Y receptors. 3'-Benzylamino-3'deoxy-ATP **20** had high potency and selectivity for P2X receptors and was very potent at P2X receptors in the guinea pig vas deferens and slightly less potent in the urinary bladder and was inactive at rabbit saphenous artery P2X receptors and at all P2Y receptors. The potency of **20** at P2X receptors was approximately an order of magnitude greater than that of α , β -meATP.

Expansion of the ribose ring resulted in the *anhydro*hexitol derivative, MRS 2255, **21**, which was monophosphorylated at two positions on the ring, e.g, a bisphosphate that was a full agonist with an EC₅₀ value of 3 μ M, at the turkey erythrocyte P2Y₁ receptor.²⁴¹

P2 receptor nucleoside and nucleotide ligands containing conformationally rigid ribose-like rings, based on carbocyclic rings were designed using the methanocarba approach, e.g., fused cyclopropyl and cyclopentyl rings replacing the ribose moiety. The position of fusion of the cyclopropane ring determined the conformation of the ring, either Northern (N) or Southern (S). Rigid rings in the methanocarba series have defined a preference for the (N) conformation of ribose at the P2Y₁ receptor. MRS 2268, **22**, the (N)-methanocarba analogue of 2'-deoxyadenosine-3',5'-bisphosphate (antagonist; see below), was a potent P2Y₁ agonist (EC₅₀ = 155 nM), being 86-fold more potent than the corresponding (S) isomer.²⁴¹

Dinucleotide Derivatives (Figure 4). Dinucleotides have both P2 receptor agonist and antagonist activity (see below). The activity and selectivity of diadenosine polyphosphates (Ap_nA, n = 4-6) **59–61** and mixed dinucleotide polyphosphates as agonists has been studied at recombinant P2X receptors and depends on the number of phosphates.^{66,242–244} At the rat P2X₁ receptor, Ap₆A is a full agonist, while shorter homologues have increasingly diminished potency and efficacy. Uracil dinucleotides **62–64** function as agonists at P2Y₂ receptors.²⁴⁵

P2 Receptor Antagonists

Most P2 receptor antagonists have suffered from a serious lack of selectivity and potency.^{4,45–47,246} The first antagonist reported was probably the alkaloid quinidine,¹ which was also active at adrenoceptors. Many early ATP antagonists were negatively charged, high molecular weight organic molecules.

Polysulfonates (Figure 3). A variety of aryl sulfonates, such as derivatives of the antiparasitic drug suramin (e.g., 23-26) and derivatives of histochemical dyes, have been described as P2 receptor antagonists. These contained anthraquinone (e.g., 27-32), arylazo (e.g., 33), or triphenylmethane (e.g., 35) moieties.

a. Suramin Class. The naphthylsulfonate derivative suramin, **23**, is a highly polypharmic ligand²⁴⁷ that can act as an inhibitor of HIV reverse transcriptase⁸⁰ as a competitive antagonist at several P2 receptor sub-types²⁴⁸ and vasoactive intestinal peptide receptors,²⁴⁹ as an inhibitor of G protein activity,⁷⁹ and as an inhibitor of tyrosine phosphatase.²⁵⁰ However, because suramin poorly penetrates cell membranes, these last actions may be relevant only in broken cell preparations.

Suramin is a large, complex, polysulfonated molecule. Thus, efforts have been made to identify the minimal

pharmacophore required for P2 receptor antagonism. It is not necessary to have trisulfonate groups at both ends of the molecule.²⁴⁸ A number of truncated forms of suramin, e.g., **24–26**, had P2 antagonist activity.^{251–253} Compound 26 was selective for P2 receptors versus ectonucleotidases.²⁴⁵ NF023, **25**, was approximately an order of magnitude more selective for P2X receptors in rabbit vas deferens and rat urinary bladder versus the P2Y receptors in guinea pig taenia coli and rat duodenum and showed 20-fold selectivity for P2X receptors in rat vas deferens versus P2Y receptors in guinea pig taenia coli.254 The compound was also a selective P2X antagonist in rat, hamster, and rabbit blood vessels. NF279 24a had superior activity at group 1 P2X receptors compared with suramin and was more potent at P2X₁ than P2X₃ receptors.^{255,256}

Many of the known P2 antagonists, e.g., suramin and its analogues, especially those acting at P2X subtypes, have a dimeric structure, suggesting a possible bifunctional interaction with P2 receptors. This seems even more likely considering the multimeric structure of P2X ion channels and the possibility that ATP recognition sites may occur between such subunits. Many of the truncated analogues of suramin also retain a symmetry suggestive of this type of bifunctional interaction. NF 449 **24b** is another suramin-derived P2X₁ receptor antagonist with subnanomolar activity at the receptor.²⁵⁷

b. Anthraquinone Class. Reactive Blue 2, 27, among the most widely used P2 receptor antagonists, is a mixture of *m*- and *p*-sulfonate isomers, while Cibachron Blue 3GA, 28, is the corresponding pure o-isomer.^{258,259} Compound **27** was reported as a competitive P2Y antagonist at the adenylate cyclase coupled P2Y receptors of C6 glioma cells with a K_B value of 25 nM, which had at least a 50-fold higher affinity than those reported in other tissues.²⁶⁰ Compound **27** blocks P2X₁-like receptors in rat vas deferens (IC₅₀ = 30.4μ M, $K_{\rm d} = 11.4 \ \mu \text{M}$) and P2Y₁-like receptors in guinea pig taenia coli ($K_d = 3.4 \ \mu M$).²⁶¹ Compound **28** is approximately 7-fold more potent than 27 at P2X1-like receptors in rat vas deferens (IC₅₀ = 9.6 μ M, K_d = 1.6 μ M) but has similar potency at P2Y₁-like receptors in guinea pig *taenia coli* ($K_d = 2.9 \,\mu$ M).²⁵⁹ Acid Blue 129, **29**, has modest antagonist activity at P2Y₁-receptors in guinea pig *taenia coli* (IC₅₀ = 3.0μ M, $K_d = 1.4 \mu$ M) and shows greater than 71-fold selectivity versus P2X1-like receptors in rat vas deferens ($K_d > 100 \,\mu$ M).²⁵⁹ Uniblue A, **30**, is a potent antagonist at P2X₁-like receptors in rat vas deferens (IC₅₀ = 7.5 μ M, K_d = 0.8 μ M) and shows greater than 125-fold selectivity versus P2Y₁-like receptors in guinea pig *taenia coli* ($K_d > 100 \,\mu$ M).²⁵⁹ However, **30** appeared to be an antagonist at both P2 and P1 (A₁ adenosine) receptors in the rat superior cervical ganglion.²⁴⁸ MG 40-1, **31**, is a potent and highly selective antagonist at P2X1-like receptors in rat vas deferens $(IC_{50} = 8.8 \,\mu M)$ but is ineffective at P2Y₁-like receptors in guinea pig taenia coli.²⁵⁸ MG 40-3, **32**, is more potent than **31** at P2X₁-like receptors in rat vas deferens (IC₅₀ = 1.6 μ M) but is far more potent and selective at P2Y₁like receptors in guinea pig *taenia coli* (IC₅₀ < 1 μ M). 27–29 are reversible P2 receptor antagonists at P2X₁like receptors in rat vas deferens, whereas 30-32 show irreversible antagonism. At the P2Y₁-like receptors in guinea pig *taenia coli*, the order of potency is 32 > 29-27 > 31, $30.^{261}$

c. Azo Dye Class. Trypan Blue **33** had an IC₅₀ value of 386 μ M at P2X and a value of 171 μ M at P2Y receptors.^{250,261} Related analogues (structures not shown), Reactive Red 2 and Acid Red 33 (P2X, $K_d = 0.42 \ \mu$ M; P2Y, $K_d = 82 \ n$ M) showed an enhanced P2 antagonist potency compared to **33**.²⁶²

d. Triphenylmethane Dye Class. Coumassie Brilliant Blue G **35** is a potent antagonist at P2X₇ receptors with an IC₅₀ value of approximately 400 nM,^{160,263} while the potency at P2Y₂ receptors in rat superior cervical ganglia, at P2Y-like receptors in mouse and rat vas deferens 158,²⁶³ and at P2X receptors in human urinary bladder was considerably lower. In the $0.1-3 \mu$ M range, **35** potentiated ATP responses at cloned human P2Y₁ receptors.²⁶⁴ **35** is a noncompetitive antagonist at the rat P2Y₁ receptor at near nanomolar concentrations.²⁶³

e. Isothiocyanates. The ATP transport inhibitor DIDS 34 (Figure 3A) was initially used to antagonize P2X₇-receptor-mediated responses in rat parotid acinar cells (IC₅₀ = 35 μ M)²⁶⁵ and is particularly useful for distinguishing bladder and PC12 P2X receptors, at which it has IC₅₀ values of \sim 1 and >100 μ M, respectively.²⁶⁶ Other simple aromatic isothiocyanate derivatives (structures not shown) have been shown to block ATP effects of contractions of the rat vas deferens and relaxation of the carbachol-precontracted guinea pig *taenia coli* elicited by α,β -MeATP and ADP β S, respectively. The potencies of all compounds were less than that of **34** (for P2X, $IC_{50} = 11-54 \ \mu M$; for P2Y, $K_d =$ 10–214 μ M).²⁶⁷ The naphthyl derivatives showed a tendency of higher potencies at P2X receptors, but no structure-activity relationship was described at P2Y receptors.

Pyridoxal Phosphate Derivatives (Figure 4A). Other structural classes of ATP antagonists include derivatives of the coenzyme pyridoxal 5'-phosphate. A diazo derivative of pyridoxal phosphate (PPADS, **36**, Figure 4A) was an antagonist at the vas deferens P2X receptor.²⁶³ Although shown to be 10- to 20-fold selective for P2X receptors,²⁶⁸ **36** was a P2Y receptor antagonist. **36** is inactive at the adenylate cyclase coupled P2Y receptor on rat C6 glioma cells. Initially, no distinction was made between **36** and its isomer **37** because of a synthetic error. These compounds may have distinct pharmacological properties, especially with respect to the action of UTP. At P2X receptors, **37** tends to be slightly more potent than **36**.²⁶⁹

Analogues of PPADS, **37**–**41**, in which the sulfonate groups on the phenylazo ring were replaced with other functional groups, such as electron-withdrawing nitro groups, as in PPNDS, demonstrated that the sulfonate groups were not essential for antagonist activity.^{270–273} Both **38** and **39** were potent antagonists of recombinant rat P2X₁ receptors expressed in oocytes and also completely antagonized the P2X-receptor-mediated contraction of guinea pig vas deferens and urinary bladder. At recombinant rat P2X₂ receptors, **38** (IC₅₀ = 1.1 μ M) was more potent than **39**.²⁷⁴ Phosphonate analogues of PPADS **42** and **43** were similar in potency to the phosphate derivatives. Compound **42** showed relatively high potency at turkey P2Y₁ receptors and at recombinant rat P2X₂ receptors, with IC₅₀ values of 4.4 and 1.1

 μ M, respectively. Replacement of the chloro substituent of **42** with a sulfonic acid eliminated binding to $P2Y_1$ receptors.²⁷¹ The most active analogue at $P2X_1$ (IC₅₀ = 5 n \hat{M}) and P2X₃ (IC₅₀ = 22 nM) receptors was **43**, being 14-fold and 10-fold more potent than PPADS itself.²⁷³ Compound 43 produced a nonsurmountable inhibition when tested against a range of ATP concentrations, although blockade was reversed by about 85% after 20 min of washout. The diazo linkage of PPADS was also replaced in analogues containing a carbon bridge, a modification that maintained potency at P2X receptors and enhanced chemical stability. Thus, the PPADS template can be altered at the pyridoxal and phenyl moieties to produce P2X1 and P2X3 receptor antagonists showing higher potency and a greater degree of reversibility than the parent compound at these group I P2X receptors.

Nucleotide Derivatives (Figure 4B). Nucleotide derivatives (Figure 4B) have long been used in various modalities to block the effects of ATP. The agonist α,β -MeATP **10** (Figure 2) can block P2X receptor responses via rapid desensitization of the receptor. Other nucleotide derivatives antagonize P2 receptor effects in a more competitive manner.¹⁸¹ A number of nucleotide derivatives, e.g., 44 - 46, have been developed as inhibitors of the platelet P2Y₁₂ receptor. ARL-66096 44 is an ADP receptor antagonist that is a potent inhibitor of platelet aggregation, with the corresponding β , γ dichloromethylene derivative ARL 67085MX 45²⁷⁵ antagonizing the ADP effects with 30000-fold selectivity for this receptor subtype. However, this compound also potently stimulates the human P2Y₁₁ receptor. ARL 69931MX **46** has exceptionally high potency ($IC_{50} = 0.4$ nM) and may be more selective for the $P2Y_{12}$ subtype.²⁰⁵ Compounds 57a and 57b were derived from ARL 69931MX, and its congeners were found to be potent P2Y₁₂ antagonists lacking a triphosphate group.²³⁵

Trinitrophenyl-ATP (TNP-ATP) **47** and the corresponding di- and monophosphate derivatives are nanomolar antagonists at P2X₁, P2X₃, and P2X_{2/3} subtypes expressed in *Xenopus* oocytes,²⁷⁶ while the potencies are much lower in other functional models.²⁷³

Oxidized ATP (oATP), **48**, proposed as an irreversible antagonist for the P2X₇ receptor in the J774 mouse macrophage-like cell line,¹⁶¹ can antagonize the response to ATP acting via P2X₇ receptors without antagonizing coexpressed P2Y receptors.

Naturally occurring nucleotide bisphosphate derivatives, including 49a,b, at micromolar concentrations, act as competitive antagonists or partial agonists of P2Y1 receptors.²⁷⁷⁻²⁸⁰ 49b has partial agonist properties at the turkey $P2Y_1$ receptor but is a pure antagonist at human P2Y₁ receptors. Both 2'- and 3'-deoxy modifications of A3P5P were well tolerated at P2Y₁ receptors, and the removal of the free hydroxyl group decreased agonist efficacy. The introduction of a 2-chloro substituent resulted in 51, which was a selective antagonist at P2Y₁ receptors, e.g., inactive at rat P2X₁ receptors.²⁸⁰ The N^6 -methyl modification resulting in the competitive antagonist MRS 2179 50 enhanced antagonistic potency of 2'-deoxyadenosine 3',5'-bisphosphate by 17-fold. MRS 2179 had a $K_{\rm B}$ value at turkey P2Y₁ receptors of 100 nM and was inactive at other P2Y receptor subtypes, including the C6 glioma cell P2Y receptor coupled to inhibition of adenylyl cyclase (J. Boyer, unpublished results). The N^6 -ethyl modification of MRS 2179 was of intermediate potency as an antagonist, while the N^{6} propyl group completely abolished both agonist and antagonist properties. Thus, the N⁶-binding region of the P2Y₁ receptor appears to contain a small hydrophobic pocket. 2-Methylthio and 2-chloro analogues were partial agonists of intermediate potency. A 2'-methoxy group provided intermediate potency as an antagonist while enhancing agonist activity. An N^1 -methyl analogue was a weak antagonist with no agonist activity. An 8-bromo substitution and replacement of the N^6 amino group with methylthio, chloro, or hydroxy groups greatly reduced the ability to interact with P2Y₁ receptors. Benzoylation or dimethylation of the N^6 -amino group also abolished the antagonist activity. MRS 2179 did antagonize electrophysiological effects of ATP at the rat P2X₁ receptor with an IC₅₀ value of 1.2 μ M.²⁸⁰

By analogy to acyclic modifications of nucleosides used as antiviral agents, an acyclic modification of the ribose ring of the bisphosphate antagonists also preserved affinity at the P2Y₁ receptor. MRS 2286 **52** was a pure antagonist at turkey P2Y₁ receptors (IC₅₀ = 840 nM) and was inactive at P2X₁ receptors.²⁸⁰ All acyclic analogues examined to date are inactive as agonists at P2Y₁ receptors.

Although introducing flexibility in the form of acyclic modifications preserved antagonistic activity, constraining the ribose ring conformationally increased the potency of P2Y₁ receptor antagonists. A 2-Cl- N^6 -methyl-(N)-methanocarba derivative, MRS 2279 **53**, was a potent antagonist (IC₅₀ = 52 nM at turkey P2Y₁ receptors). In the (N) methanocarba analogues, as with other ribose modifications, e.g., **21**, the presence of an N^6 -methyl group in these bisphosphate analogues transformed either a partial or full agonist into a pure antagonist, and the 2-chloro modification enhanced affinity.²⁸¹

Diinosine polyphosphates (Figure 6), e.g., $Ip_n I$ **65**, are highly selective antagonists for group 1³ P2X receptors, with $Ip_5 I$ blocking P2X₁ receptors in the nanomolar range and with both $Ip_4 I$ and $Ip_5 I$ blocking P2X₃ receptors in the micromolar range. These polyphosphates were inactive at P2X₂, P2X₄, and P2X_{2/3} receptors.⁷⁰

Nonhighly Charged Derivatives (Figure 5). The isoquinoline derivative KN-62, 54a, is an antagonist of Ca²⁺/calmodulin-dependent protein kinase II (CaMKII) at micromolar concentrations and a potent antagonist at P2X7 receptors at even lower concentrations.¹⁶² KN-04 54b has similar potency as a P2X7 receptor antagonist and is inactive at CaMKII. 54a noncompetitively antagonized $P2X_7$ receptors in HEK cells with an IC₅₀ value of ~15 nM. In human leukemic B lymphocytes, 54a reduced the rate of permeability increase to larger permeant cations, like ethidium, induced by BzATP with an IC₅₀ value of 13 nM and complete inhibition of flux at 500 nM.²⁸² Compound 54a was inactive at the neutrophil P2Y₂ receptor. Exploration of the SAR of KN-64 resulted in tyrosyl derivatives that were highly potent in mouse and equipotent to KN-62 at human P2X₇ receptors.^{283,284}

The dihydropyridine nicardipine, **55**, and related derivatives can antagonize and/or potentiate P2X recep-

tor responses.²⁸⁵ The pyrimidinedione derivative, **56**, is a nonnucleotide antagonist of the P2Y₁₂ receptor in platelets.^{260,261} Thienopyridines, such as clopidogrel, have been developed as antagonists of the ADP-induced aggregation of platelets, but the actual receptor antagonist is an active metabolite of the clinically administered compound.²⁸⁶

Miscellaneous Modulators of P2 Receptors (Figure 7). Pyridylisatogen tosylate, **67** (PIT), is a weak P2 receptor antagonist that also displayed strong receptorindependent vasorelaxant effects.²⁸⁷ At cloned P2Y₁ receptors, PIT acts as an allosteric enhancer of agonist action.²⁸⁸

NBD chloride, **69** (Figure 7), selectively blocked ADPinduced aggregation of platelets through covalent modification of aggregin, a putative (non-P2) ADP receptor, on the cell surface.²⁸⁹

The potent activity of the ω -conotoxin GVIA¹⁴² suggests that other snail-derived peptides may function as P2X antagonists, in line with their broad effects on other ion channels.²⁹⁰ The macrolides, avermectin,⁸⁵ and erythromycin¹⁴⁹ represent additional pharmacophores active at P2X receptors that may bind to sites distinct from those recognizing nucleotides.

Potentiators of the action of ATP at P2X receptors have also been identified. Coumassie Blue²⁶⁴ and the pyridoxal phosphate derivative MRS 2220 **72** selectively enhance the effects of ATP at P2X₁ receptors,²⁹¹ and the charged dihydropyridine derivative MRS 2154 **73**²⁹² selectively enhances the effects of ATP at P2Y₁, P2X₁, and P2X₂ receptors.

Biological Actions and Clinical Targets. ATP is a key component of every cell in the body and is ubiquitously available in the extracellular medium as a neuromodulatory agent. Its effects on cell function are multifactoral as a distinct ligand, as part of the purinergic cascade,¹¹ and as a source of cellular energy. Thus, modulation of P2-receptor-mediated ATP responses may be anticipated to have profound effects on cellular and tissue function at both the cellular and intracellular levels. However, since ATP appears to be a normal constituent of the extracellular environment, it appears highly probable that functional alterations in extracellular levels of ATP and thus P2 receptor hypoor hyperfunction, or alterations in receptor number associated with discrete disease states, will provide the opportunity for developing novel therapeutic agents that act via P2 receptors. In this context, the therapeutic areas currently of interest are pulmonary (P2Y₂/P2Y₄, Phase III), thrombosis (P2Y₁₂, Phase III), pain (P2X₃, preclinical), and bladder dysfunction (P2X₃, preclinical). Furthermore, as detailed below, evidence is now emerging that in some disorders, there are robust changes in P2 receptor message and/or protein that will dictate tissue responses to extracellular nucleotide concentrations.

Cardiopulmonary Function. P2X₁, P2X₃, P2X₄, P2Y₂, P2Y₄, and P2Y₆ receptors are present in human fetal heart²⁹³ and mediate distinct effects from those of adenosine acting at P1 receptors.²⁹⁴ ATP is a mediator of vagal reflexes in the heart and lung^{295–299} and potently regulates vascular tone²⁹⁷ causing either contraction or relaxation depending on receptor location. Nucleotide-mediated vascular contraction occurs by a

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direct effect on smooth muscle cells²⁹⁸ involving P2X receptor activation,²⁹⁹ while relaxation involves a P2Y-receptor-mediated, endothelium-dependent mechanism.^{300–303} A rat model of ischemic congestive heart failure produced by left coronary artery occlusion shows a selective down regulation of P2X₁ receptor mRNA in resistance vessels³⁰⁴ that can be related to an attenuation of P2X-receptor-mediated pressor effects in vivo.³⁰⁵ ATP may also play a role in the development of vascular disease, e.g., atherosclerosis and hypertension, via its trophic actions.³⁰⁶

In the respiratory system, the nucleotide functions as a homeostatic mediator,³⁰⁷ its presence in the extracellular space modulating normal lung function. Acting via both P2X and P2Y receptors, ATP maintains the patency of the airspaces by modulating the release of phosphatidylcholine as a surfactant and by stimulating mucus secretion, facilitating mucociliary clearance, regulating ciliary beat frequency, and attenuating the inflammation associated with macrophage infiltration following respiratory tract infection, allergen inhalation, and injury. ATP and UTP, acting via P2Y₂ receptors, stimulate chloride secretion in airway epithelium and mucin glycoprotein release from epithelial goblet cells,^{308,309} enhancing mucociliary clearance. This represents a potential treatment for cystic fibrosis (CF) and chronic bronchitis. In controlled clinical studies UTP, used in preference to ATP as a P2Y₂ receptor agonist because it does not form cardiovascularly active metabolites such as adenosine, dose-dependently stimulated mucociliary clearance and sputum expectoration in smokers, nonsmokers, and patients with chronic bronchitis.³¹⁰ E-NTPase-resistant analogues of UTP such as INS 365 63,³¹¹ in addition to being used in CF and chronic bronchitis, may act as adjunctive agents to enhance the effectiveness of antibiotics used in the treatment of respiratory infections and thus to reduce the amounts used, potentially avoiding antibiotic resistance phenomena.

ATP may also have a direct role in asthma via its actions on bronchial innervation. P2X receptors in the ventrolateral medulla are involved in cardiorespiratory control networks.³¹² The nucleotide triggers a reflex bronchconstriction via activation of P2X receptors on vagal C fibers,^{313,314} and both ATP and UTP can potentiate IgE-mediated mast cell histamine release, effects involving P2Y receptors.³¹⁵ ATP acting via presynaptic P2X receptors in the nucleus tractus solitarius can facilitate glutamate release³¹⁶ as well as modulate renal and adrenal sympathetic nerve activity.³¹⁷

Hemostasis. ADP as already discussed above is a potent platelet recruiting factor, inducing platelet aggregation.³¹⁸ This involves a complex interplay among three distinct platelet P2 receptors: a P2Y₁ receptor linked to phospholipase C pathways,³¹⁹ the P2Y₁₂ receptor linked to adenylate cyclase inhibition,⁷² and a P2X₁ receptor.³²⁰ In P2Y₁ knockout mice, which showed increased bleeding time and resistance to thromboembolism, ADP was still able to inhibit platelet adenylate cyclase activity, indicating the presence of a second ADP-responsive P2 receptor linked to adenylyl cyclase,^{184,185,321} while in P2Y₁₂ knockout mice, there is prolonged bleeding time and reduced sensitivity to ADP, thrombin, and collagen.²¹⁰

Hydrolysis of ADP by the E-NTPase CD39 inhibits platelet aggregation both by removing ADP and by forming adenosine that can also inhibit aggregation.³²² ATP is a competitive ADP antagonist at platelet P2Y receptors and stimulates production of PGI₂ and NO, which can also inhibit platelet aggregation and act as vasodilators. Exogenous ATP can thus act to localize thrombus formation to areas of vascular damage, controlling the relationship among hemostasis, thrombosis, and fibrinolysis. In turn, CD39 appears to act together with the extracellular nucleotides released as a result of tissue damage to modulate blood fluidity and platelet activation. Differentiation of the human promyleocytic leukemia cell line, HL-60, into neutrophils is mediated via ATP effects on the $P2Y_{11}$ receptor;³²³ thus, agents acting at this receptor may be of interest in relation to the potential treatment of neutropenia and leuke-mia.^{323,324}

AR-C 69331-MX **46** is one of a series of systemically active, synthetic P2Y₁₂ receptor antagonists²⁰⁵ that has a safer side effect profile than aspirin and has superior antithrombotic properties compared to other modulators of platelet activity, e.g., GPIIb/IIIa antagonists, which show a narrow margin of safety.²⁰⁷ An orally active P2Y₁₂ receptor antagonist derived from **57b** (Figure 5) is reportedly entering Phase I trials as an antithrombotic agent.²³⁵ Both P2Y₁₁ and P2Y₁₂ receptors appear to play a role in hematopoesis.^{174,324}

ATP and Neuronal Excitability. The central and peipheral nervous systems contain both P2X and P2Y receptors. ATP acts as fast transmitter in nervous tissue via activation of P2X receptors, 325,326 with other actions being mediated via P2Y receptors. ATP can produce its effects directly via actions on the postsynaptic membrane as well as via an indirect action on presynaptic P2 receptors to modulate the release of a variety of neurotransmitters^{8,327} including acetylcholine,^{36,328,329} norepinephrine,³³⁰ dopamine,^{331,332} serotonin,³³³ and glutamate^{316,334} and can enhance GABA,^{335,336} vasopressin, and oxytocin release.³³⁷ In the case of GABA, this effect of ATP appears to be mediated via P2X7 receptors.³³⁸ In nervous tissue, given the co-release of ATP with other transmitters,³ the effects of ATP on transmission can be amplified by modulation of the effects of these other intercellular messengers. ATP also functions to transmit information between neurons and glia.8

Microinjection of ATP analogues into the prepiriform cortex can induce generalized motor seizures similar to those seen with NMDA and bicuculline.³³⁹ P2X₂, P2X₄, and P2X₆ receptors are expressed in the prepiriform cortex,¹⁰⁰ suggesting that a P2X receptor antagonist may have potential as an antiepileptic.³³⁹ These receptors are also highly expressed in cerebellum and are colocalized with AMPA-sensitive glutamatergic neurons in hippocampus, suggesting a role in the modulation of long-term potentiation.¹⁴⁶ P2X₇ immunoreactive cells are also increased in the penumbral region around the stroke focus.¹⁵⁴

Auditory and Visual Function. In the auditory system, ATP, acting via P2Y receptors, depresses soundevoked gross compound action potentials in auditory nerves and the distortion product otoacoustic emission, the latter a measure of the active process of the outer hair cells.³⁴⁰ P2X and P2Y receptors are present in the vestibular system, 126-129 and P2X₂ receptor splice variants are present in the cochlea. $P2X_{2-1}$ and $P2X_{2-3R}$ receptors are found in the rat, and $P2X_{2-1}$, $P2X_{2-2}$, and P2X₂₋₃ receptors are found in the guinea pig.^{130,341} In the rat, P2X splice variants are found on the endolymphatic surface of the cochlear endothelium, an area associated with sound transduction.³⁴² P2Y receptors are present in the marginal cells of the *stria vascularis*, a tissue involved in regulating the ionic and electrical gradients of the cochlea. While little is currently known regarding the pharmacology of hearing and vestibular function, ATP may regulate fluid homeostasis, cochlear blood flow, hearing sensitivity, and development. The parasensory cation flux in cochlear outer sulcus cells and vestibular transitional cells is modulated by ATP acting via a P2X₂ receptor that regulates endolymphatic ion homeostasis and provides protection during intense stimulation.³⁴¹ In a guinea pig model of unilateral peripheral vestibular disorder, intracochlear administration of ATP via a novel delivery system can restore normal function, an effect that preliminary data suggest is mediated by P2Y receptors.³⁴³

In the eye, ATP acting via both P2X and P2Y receptors modulates retinal neurotransmission, affecting retinal blood flow and intraocular pressure ATP.³⁴⁴ In the ocular mucosa, P2Y₂ receptor activation increases salt, water, and mucus secretion and may thus represent a potential treatment for dry eye disease.³¹¹ In the retinal pigmented layer, P2Y₂ receptor activation can promote fluid absorption and may be effective in treating retinal detachment.

P2X receptors are present in bipolar cells of the rat eye^{345,346} where they mediate fast, direct neuronal-glial interactions³⁴⁷ and appear to participate in signal transmission processes in the retina.³⁴⁸ There is also emerging evidence that P2-receptor-dependent neurotransmission may play a role in the olfactory and gustatory systems.^{348,349}

Pain. ATP is a cotransmitter with norepinephrine (NE) in sympathetic nerves, with acetylcholine (ACh) in parasympathetic nerves supplying the bladder, and in nonadrenergic and noncholinergic (NANC) inhibitory enteric nerves.¹³⁵ The nucleotide has both excitatory and sedative effects in the central nervous system (CNS), with both P2X and P2Y receptors being widely distributed in the central and peripheral nervous systems.³ A specific role for ATP in pain signaling was indicated by seminal work showing that the nucleotide was released from sensory nerves,³⁵⁰ that it produces fast excitatory potentials in dorsal root ganglion neurons,³⁵¹ and that it is a central mediator of primary afferent fiber conduction.³⁵² These actions appear to be physiologically relevant, since exogenous ATP enhances hyperalgesia in a human blister base model³⁵³ and iontophoretic application of ATP to human skin can elicit pain.³⁵⁴ The nucleotide is also a key mediator of neurogenic inflammation via its actions on P2 receptors present on neutrophils, macrophages, monocytes, and microglia, activation of which results in cytokine production and release.⁶⁰ The homomeric P2X₃ receptor and a heteromultimeric combination of $P2X_3$ and $P2X_2$ ($P2X_{2/3}$) receptors are expressed on a high proportion of isolectin IB4-positive neurons in dorsal root ganglion^{137,355-357}

and also human dental pulp.³⁵⁸ Immunohistochemical studies have shown that $P2X_3$ receptor expression is upregulated in dorsal root ganglion neurons and in ipsilateral spinal cord following chronic constriction injury (CCI) of the sciatic nerve,³⁵⁹ an effect that results in a specific ectopic sensitivity to ATP, since it is not observed on contralateral (uninjured) nerves.

Many studies have shown that P2 receptor ligands modulate nociceptive behaviors in rodents.³⁶⁰⁻³⁶³ P2 receptor agonists (e.g., ATP and the more stable analogue α,β -meATP) produce acute paw flinching following intradermal administration^{364,365} and enhance the no-ciceptive effects of formalin³⁶⁶ and carrageenan.³⁶⁷ Furthermore, P2 receptor antagonists, e.g., suramin and PPADS, have antinociceptive effects in rodent models of both acute³⁶⁸ and chronic nociception.³⁶⁹⁻³⁷¹ The potent P2X antagonist TNP-ATP 47 attenuates the nociceptive effects of P2 receptor agonists following intrathecal administration³⁷² and is antinociceptive given intradermally.²⁶⁵ These data suggest that TNP-ATP can provide effective antinociception when this P2X receptor antagonist is administered directly to a relevant site of action. Consistent with these pharmacological data, P2X₃ knockout mice show a loss of rapidly desensitizing inward currents induced by ATP in DRG neurons^{138,139} with evidence of a modest but nonsignificant increase in P2X₂ homomers³⁷³ and a significantly reduced, but not elimination of, pain-related behaviors in response to intraplantar ATP or formalin.^{138,139} The attenuation, but not elimination, of nociceptive responses in the P2X₃ knockout mice has been related³³ to a residual ATP-mediated nociceptive effect mediated via a P2Y₁-receptor-dependent effect on VR1 receptor function. The ability of ATP to deplete substance P from rat primary sensory neurons³⁷⁴ and the blockade of the faciliatatory effects of ATP on glycine release in neurons from the trigeminal nucleus pars caudalis by Substance P³⁷⁵ suggests a functional interplay between neurokinin-1 (NK-1) and P2 pain-sensing pathways.

Further strengthening the evidence for a role of P2X₃ receptor activation in nociception is the recent demonstration that intrathecal delivery of a P2X₃ receptor gene antisense oligonucleotide reduces P2X₃ receptor expression in dorsal root ganglion and nociception in inflammatory and neuropathic pain models.³⁷⁶ The ability of systemically administered TNP-ATP to fully block acetic acid induced abdominal constrictions in mice³⁷³ further supports a role for P2X₃ receptors in visceral nociception. However, other studies based on the use of P2 antagonists such as suramin and PPADS have questioned the contribution of spinal P2X receptors to pain perception.^{377,378}

ATP has also been implicated in the pain associated with migraine by virtue of its effects on the neurovsaculature.³⁷⁹ Coadministration of ATP with nitric oxide (NO), the nucleotide probably acting as adenosine following hydrolysis, mimics the effects of the inhalation anesthetic enflurane and also reduces the amount of inhalation anesthetic required for anesthesia.³⁸⁰

 $P2X_3$ receptor mutant mice also show a marked bladder hyporeflexia, suggesting that this P2 receptor subunit plays a preferential role in visceral sensations.¹⁴¹ For visceral pain, a purinergic mechanosensory transduction mechanism has evolved^{135,381-384} where distention of tubes including ureter, gut, salivary and bile ducts, and sacs such as the urinary³⁸⁴ and gall bladders causes ATP release from the lining epithelial cells to act on P2X₃ receptors located on the subepithelial sensory nerve plexus to relay nociceptive signals to the CNS.

Trophic Actions. The viability and also the regeneration of nervous tissue are sustained by a variety of endogenous polypeptide trophic factors. Neural injury increases growth factor levels, e.g., fibroblast growth factor, epidermal growth factor, and platelet-derived growth factors to stimulate astrocyte proliferation contributing to the process of reactive astrogliosis, a hypertrophic/hyperplastic response that is typically associated with nervous system trauma including stroke/ ischemia, seizure disorders, and Parkinson's diseases.

In reactive astrogliosis, astrocytes undergo process elongation and express GFAP (glial fibrillary acidic protein), an astrocyte-specific intermediate filament protein and show an up-regulation of P2X receptors.³⁸⁷ ATP can increase GFAP and AP-1 complex formation in astrocytes, mimicking the actions of FGF. ATP and GTP can induce trophic factor (NGF, NT-3, FGF) synthesis in astrocytes and neurons.³⁸⁸ The effects of GTP are, however, inconsistent with any known P2 receptor. A synthetic purine, Neotrofin (AIT-082 71, Figure 7), has been reported to up-regulate neurotrophin production and also to enhance working memory and restore age-induced memory deficits in mice.³⁸⁸ While initial clinical trials of Neotrofin in Alzheimer's disease resulted in positive reports, pivotal Phase III placebo-controlled trials failed to show efficacy.

NGF can up-regulate P2X₂ receptor protein and induce neuritogenesis in PC12 cells. The latter effect can be blocked by a number of putative P2 receptor antagonists,³⁸⁹ suggesting a potential role of P2 receptors in NGF signal transduction processes. ATP can also induce $TNF\alpha$ release from rat microglia, albeit at heroic concentrations (1 mM), an effect mediated by P2X7 receptors involving sustained calcium influx and a MEK/ERK pathway.³⁹⁰ This may play a key role in blunting the inflammatory response following brain trauma³⁸⁷ and in the increase in P2X₇ receptor message in the stroke penumbra.¹⁵⁴ In vascular smooth muscle cells, ATP can induce cell proliferation via modulation of the cell cycle,³⁹¹ acting as a "competence" factor in combination with other growth factors to facilitate tissue repair and regeneration.

The trophic effects of purines also extend to effects on immune cell function. Activation of the macrophage P2X₇ receptor by ATP results in both the activation of the caspase-1 (interleukin-1 β convertase; ICE),^{156,163–165} leading to induction of apoptosis,³⁹² and nonselective ion pore formation¹⁶⁶ in mast cells, platelets, macrophages, and lymphocytes.^{393,394}

Formation of multinucleated giant cells (MGCs) by the fusion of monocytes granulomatous inflammation can be stimulated by IFN- γ and LPS via an upregulation of P2X₇ receptor expression³⁹⁵ and a concomitant decrease in E-NTPase activity, increasing the susceptibility of MGCs to the cytolytic actions of extracellular ATP. The ATP-induced apoptotic cascade can involve activation of the transcription factor NF- κ B³⁹⁶ and is blocked by caspase inhibitors. ATP can also induce cytolysis in macrophages infected with mycobacterium via P2X₇-receptor-mediated apoptotic and necrotic events.³⁹⁷ While the novel antimicrobial activity of ATP was initially thought to have potential utility in the treatment of tuberculosis, studies in P2X₇ receptor knockout mice showed that this receptor, while involved in bacterial killing, was not essential for the antimicrobial effects of ATP.¹⁶⁹ Activation of the P2Y₆ receptor stimulates IL-8 production from monocytes.¹⁹⁹

The involvement of nucleotides in developmental processes,³⁹⁸ where purinergic effects on tissue differentiation precede those of adrenergic signaling, indicates that in many respects, purine-related effects on development parallel the role of purines following tissue trauma, e.g., angiogenesis, cell proliferation, etc.

Bacterial Infection. The intriguing,³⁹⁷ albeit nonmandatory role¹⁶⁹ of the P2X₇ receptor in macrophage killing of ingested mycobacterium together with the ability of the macrolide antibiotic erythromycin to interact with the P2X₄ receptor at therapeutic concentrations¹⁴⁹ suggests that purinergic signaling mechanisms may be involved in the regulation of bacterial growth. P2X₄ receptors appear to be the site at which erythromycin can block the effects of ATP on calcium influx, thus representing a potentially novel target to identify compounds that suppress fluid secretion in chronic respiratory tract infections.

Bacterial interactions with host cells involve the binding of bacteria to a membrane glycolipid asialoGM1 (ASGM1). Binding of *P. aeruginsa* flagellin to ASGM1 present on human HM3 epithelial cells promotes the autocrine release of ATP from host cells, activating a P2Y receptor, possibly the P2Y₁₁, on the host cell to elicit a pathogenic defensive response,³⁹⁹ suggesting, despite the evidence from the P2X₇ receptor knockout mouse,¹⁶⁹ that nucleotides may play an important, perhaps "multireceptor"-mediated²⁹⁷ role in the host response to bacterial infection.³⁹⁷

Lower Urinary Tract Function. Urinary bladder function is regulated by sympathetic and parasympathetic input with ATP mimicking the effects of parasympathetic nerve stimulation, resulting in bladder contraction^{400–403} via activation of P2X receptors in the smooth muscle of the urinary bladder detrusor muscle that is involved in bladder emptying.⁴⁰³ Detrusor dysfunction results in urge urinary incontinence (UUI), a major health problem in the aging female population. P2X receptors are also present in the bladder urothe $lium^{404}$ with the P2X₁ receptor being the predominant subtype in adult bladder, with the rank order of other P2X receptors being $P2X_1 \gg P2X_4 > P2X_2 > P2X_7 >$ $P2X_5 \gg P2X_3 = P2X_6$.⁴⁰⁵ The $P2X_4$ receptor shows high levels of expression in the developing, but not adult, bladder.406

The urethral relaxation that leads to micturition involves ATP functioning as a cotransmitter with nitric oxide (NO). NO mediates the first stage of relaxation⁴⁰³ with ATP acting via P2 receptors to mediate the second phase of the voiding response. Serosal ATP release occurs in rabbit⁴⁰⁷ and guinea pig³⁸⁴ bladder because of the hydrostatic pressure changes associated with bladder filling. Muscarinic receptors, through which ditropan and tolterodine produce their clinically beneficial effects on UUI, mediate 15% of the neurogenic contraction in rat urinary bladder. An additional 50% of the response appears to be mediated via P2X receptor mechanisms,⁴⁰⁸ suggesting that P2X receptor antagonists may have more potential in the treatment of UUI than cholinergic-based drugs. Partial bladder outlet obstruction in rabbit leads to an increase in purinergic and a decrease in cholinergic components of nerve-mediated detrusir contaction,⁴⁰⁹ a finding that may explain the poor responses to anticholinergic therapy in patients with detrusor instability.

Bladder distension in rats via the use of a 10 μ M solution of α,β -MeATP reduces afferent nerve activity by 75% compared to saline controls⁴¹⁰ while P2X₃ receptor knockout mice have a marked bladder hypore-flexia, further supporting a role for P2 receptors in the processing of sensory information in the bladder.¹⁴¹ P2X₃ receptor immunoreactivity has been localized to the urothelium in rat and human bladder, indicating a nonneuronal localization leading to the suggestion,⁴¹¹ despite the knockout data, that P2X₃ receptors may not play a direct role in ATP-mediated sensory responses in the urinary bladder.

Tissue from patients with idiopathic detrusor instability lack P2X₃ and P2X₅ receptor innervation,⁴¹² while P2X₂ receptors in the posterior wall of the bladder were increased with other P2X receptors being decreased.⁴¹³ Furthermore, in unstable bladder tissue but not that from controls, there was a significant purinergic component in nerve-mediated contractions. In tissue from patients with symptomatic outlet obstruction, P2X₁ receptor expression was increased, suggestive of an enhanced purinergic role in the unstable bladder resulting from outlet obstruction.^{409,414}

Detrusor strips from patients with interstitial cystitis, a chronic, symptomatic disorder of the bladder in females, showed an increased sensitivity to α,β -MeATP with decreased sensitivity to ACh and histamine⁴¹⁵ also indicative of altered purinergic neurotransmission. Both low- and high-threshold fibers in pelvic afferents discharged in response to P2 agonists, indicating that both nociceptive and nonnociceptive mechanasensory responses in the bladder are under purinergic control leading to the suggestion.⁴¹⁶ In male rat genitalia, P2X₁ and P2X₂ subunit antibodies show immunoreactivity in the membranes of the smooth muscle layer of the vas deferens, suggesting an involvement in sperm transport and ejaculation.⁴¹⁷ In male P2X₁ receptor knockout mice, fertility is reduced by approximately 90% with no effect on copulatory performance. This results from a decreased sperm count in the ejaculate due to a 60% reduction in the contraction sensitivity of the vas deferens to sympathetic nerve stimulation.¹¹⁹ The remaining 10% in fertility rate suggests that a minor non-P2X₁-receptor-mediated component is involved in vas deferens smooth muscle tone. While a P2X₁ receptor antagonist may conceptually represent a novel, nonhormonal male contraceptive, some additional attributes will be necessary for it to be a reliable approach to birth control.

In the body of the penis, strong $P2X_1$ with less $P2X_2$ subunit immunoreactivity was present in the smooth muscle of blood vessels and the corpus cavernosum,

suggestive of a role in erectile function.⁴¹⁸ In adult rat testis, all P2X receptor subtypes are present with the exception of P2X₄ and P2X₆.⁴¹⁸ P2X₁ receptors were found exclusively on blood cells, while P2X₂, P2X₃, and P2X₅ subunits were expressed differentially on germ cells throughout the stages of the cycle of seminiferous epithelium. P2X receptors were present on Sertoli but not Leydig cells. ATP, acting via germ cell P2X receptors, may therefore play a role in controlling germ cell maturation.

ATP has variable effects on cavernosal smooth muscle depending on the basal tone, relaxing corporal smooth muscle at high basal tension and contracting it at low tension.⁴¹⁹ Both adenosine and ATP show an enhanced sensitivity in penile tissue responses in diabetic males, although in diabetic rats, ATP-induced relaxation is decreased while the effects of adenosine, which are thought to be mediated via potassium channels, are enhanced.⁴²⁰

Hepatic Function, Diabetes, and Gastrointestinal Tract Function. There is a considerable body of data on the role of purines in the control of gut function.⁴²¹ Changes in liver cell volume, e.g., in epithelium following exposure to insulin, and the uptake of amino and bile acids increase ATP release,^{41,422} resulting in a change in extracellular concentration from approximately 10 nM to greater than 300 nM.⁴²³ ATP then acts as an autocrine regulator to modulate membrane chloride conductance and thus facilitates cell volume recovery, linking the cellular hydration state to the P2-mediated pathways involved in cellular homeostasis.⁴²⁴ ATP is also involved in bile formation and biliary secretion via activation of cholangiocyte P2Y₂ receptors in the biliary tree.^{425,426}

ATP acts in the gastrointestinal tract as a paracrine signaling molecule, with ATP released from hepatocytes activating P2 receptor signaling pathways in neighboring hepatocytes and biliary cells.⁴²⁶ ATP may also act as a paracrine mediator in hepatobiliary coupling, a process coordinating the hepatocyte and ductular components of bile formation, thus having clinical potentialin increasing bile flow and in treating prolonged cholestasis.

Purines stimulate glycolysis in isolated perfused rat liver via mechanisms involving both P1 and P2 receptor activation and multiple signaling pathways resulting in an increase in hepatic glucose output.^{427,428} ATP also stimulates pancreatic insulin release via a glucosedependent, P2Y-receptor-mediated mechanism^{429,430} and modulates insulin secretion by interactions with ATPsensitive potassium channels in islet β -cells. ADP thus antagonizes the ATP inhibition of these channels by binding to the second nucleotide binding site on the associated sulfonylurea receptor (SUR),431 thus activating K_{ATP} channels and inhibiting insulin secretion. P2X₁, $P2X_4$, $P2X_7$, $P2Y_1$, and $P2Y_2$ receptors are found in pancrease from rat and mouse.⁴³² P2X₇ receptors were localized in the outer periphery of the islet in α cells that were neither somatostatin- nor insulin-positive.

Both ATP and adenosine are potent stimulants of fluid and electrolyte (chloride) secretion in the colon and gall bladder and in the pancreatic and bile ducts, ⁴²⁴ effects that appear to primarily involve $P2Y_2$ receptor activation.

Bone Function. Both P2X and P2Y receptors are present on the two principle types of cell in bone tissue, macrophage-derived osteoclasts and osteoblasts, that originate from mesenchymal stem cells and are responsible for bone formation. ATP, released in response to shear stress^{21,135,433} functions as a mechanotransducer in skeletal tissue acting as an osteoblast mitogen, potentiating the effects of growth factors on bone cells.⁴³⁴ ATP, but not adenosine, can stimulate the formation of osteoclasts and their resorptive actions in vitro and can inhibit osteoblast-dependent bone formation.435 The bisphosphonate clodronate, used in the treatment of Paget's disease and tumor-induced osteolysis, may interact with osteoclast P2 receptors⁴³⁴ ADP, interacting with P2Y₁ receptors on mouse calvarial osteoclasts at nanomolar concentrations, and is a potent osteolytic agent, stimulating bone resorption. It is more potent than ATP being equivalent in potency to PGE₂ via a mechanism involving endogenous prostaglandin synthesis. P2 receptor agonists may thus have potential in the treatment of osteoporosis, rheumatoid arthritis, periodontitis, osteopenia, and inflammatory bone loss.436-438

Cancer. While there is a considerable clinical data on the potential use of ATP as a treatment for cancer and the cachexia associated with cancer,⁴³⁹ little progress has been made in advancing the nucleotide to general use or more precisely in understanding its functional role in attenuating metastasis progression. Given the proapoptotic effects of the nucleotide acting via P2X₇ receptors,³⁸⁸ it is likely that ATP effects on cancer growth may be cytokine-dependent because the nucleotide modulates cytokine release.^{60,386,440,441} An alternative mechanism may be the ability of ATP to induce COX-2 expression,¹⁹⁰ inhibitors of the latter enzyme having been demonstrated to suppress colon carcinoma growth in controlled clinical trials.⁴⁴²

The initial reports on the utility of ATP as an antimetastatic agent⁴³⁹ attributed the effects of the nucleotide to inhibition of gluconeogenesis, inhibition of the acute-phase response, and/or the decreased production of the proinflammatory cytokines IL-1 and IL-6.440,441 In a nonrandomized clinical trial, ATP infusion (50 μ g kg⁻¹ min⁻¹ for 96 h) at 28-day intervals to patients with advanced non-small-cell lung cancer (NSCLC) increased ATP pools in red blood cells, inhibited weight loss, reduced cachexia, and improved survival.⁴³⁹ In a subsequent randomized trial in patients with advanced (stage IIIB or IV) NSCLC, intravenous ATP infused for 30 h at 2-4 week periods with outcome parameters assessed every month for 7 months resulted in a reduction in mean weight changes per month from a control value of -1.0 kg to a negligible change (0.2 kg) in the ATP-treated group.⁴⁴¹ Serum albumin, which was reduced by -1.3 g/L in the untreated group, and elbow flexor muscle strength, which was decreased by 6% in the untreated group, showed no change, e.g., remained normal, in the ATP-treated group. Negative effects on quality of life measures were also attenuated by ATP, with positive effects on body weight, muscle strength, and albumin concentration being especially marked in cachectic patients. There was no effect on tumor growth or survival.

In nude mice homozygous or heterozygous for the cystic fibrosis transmembrane conductance regulator (CFTR), a decrease in breast tumor implantability was reported that had been ascribed to elevated blood ATP levels.⁴⁴³ Similarly, ATP was found to reduce breast tumor cell growth in vitro, supporting the concept of ATP as an antitumor agent. In cystic fibrosis (CF) patients, there is a reduced incidence of breast cancer and melanoma that is accompanied by an increase in gastrointestinal tract malignancies.⁴⁴⁴

 $P2Y_2/P2Y_4$ receptors have been identified on human colorectal carcinoma cells that may be associated with ATP-mediated control of cell proliferation control.⁴⁴⁵ In prostate carcinoma cells, ATP and BzATP, but not UTP or adenosine, inhibit cell growth, effects ascribed to P2X receptor activation.⁴⁴⁶

ATP has also been reported as inducing malignant tumor growth in brain,⁴⁴⁷ nucleotide infusion eliciting in astrocyte proliferation, reactive astrogliosis, and glioma formation. These in vitro effects contrast with those seen in the clinical situation.^{439,441}

In stratified epithelium, $P2X_5$ receptors are associated with proliferating and differentiating cells, while $P2X_7$ receptors label apoptotic cells.⁴⁴⁸ From these findings, it has been suggested that selective $P2X_5$ and $P2X_7$ receptor agonists may have potential in the treatment of skin disorders such as psoriasis, scleroderma, and basal cell carcinoma and for restenosis following angioplasty.

Future Directions

In the past 5 years there has been an explosion in published studies characterizing P2 receptor function in a variety of tissue systems and disease states. This has been almost exclusively driven by advances in the cloning, expression, and characterization of the P2 receptor family³ that have provided the molecular tools necessary to begin the process of understanding the role-(s) of ATP (and UTP) in disease pathophysiology. Many studies have now been done showing differences in P2 receptor expression in development in diseased tissues and from tissues derived from animal models of human disease. The recent flurry of publications on changes in P2X receptors in various bladder disorders^{406,411,413,414} reflects the ease of access to tissue from routine surgical procedures and cannot be easily duplicated for other disease states, e.g., diabetes or neurodegenerative diseases involving apoptosis, where ATP may play a key role.

For the newcomer to the P2 area, the plethora of potential disease targets described above, the role of ATP in energy-dependent processes within the cell, the involvement of the nucleotide in the functional "ying yang" outcomes of P2-mediated apoptotic signaling (e.g., increasing apoptosis to treat cancer may accelerate neurodegenerative processes, while retarding apoptosis as a treatment for Alzheimer's disease may lead to metastasis formation), and the lack of progress in apparently promising clinical studies for the use in ATP in cancer may be less suggestive of a viable approach to drug discovery than an "energy priming" effect more akin to homeopathic medicine.

Nonethless, there are areas where ligands acting via P2 receptors are showing clinical promise. In the field

of antithrombotics, P2Y₁₂ receptor antagonists represented by the ATP bioisosteres AR-C 69931MX are superior in terms of safety to GPIIb/IIIa antagonists. Similarly, in the respiratory area, P2Y₂/P2Y₄ agonists such as INS 365 (Up4U), a direct UTP/ATP mimic, has advanced to Phase II clinical testing for chronic bronchitis. Two other areas of significant promise include pain and lower urinary tract dysfunction where considerable evidence exists for a potential role for $P2X_3/P2X_{2/3}$ receptor antagonists. These are both areas of major unmet medical need where the animal models and clinical trials are relatively facile and predictive. Finally, the unique $P2X_7$ receptor with a potential role in inflammation, cancer, and acute neurodegenerative diseases such as stroke may, either via a directly acting ligand or an allosteric modulator, e.g., KN-62-like, yield P2-based therapeutics.

The key issue in advancing the P2 area is the availability of improved ligands that not only are selective for the various P2 receptor subtypes but also have in vivo ADME (absorption, distribution, metabolism, excretion) properties that allow their use in animals to better characterize intact systems. Burgess and Cook^{51} have lamented the medicinal chemistry focus in the area of nucleotide synthesis. This is highlighted by the fact that most of the P2 receptor ligands currently in use either are nonselective, e.g., suramin, or have emerged from the efforts of a half-dozen laboratories.

At the molecular design level, despite the ongoing efforts in modeling P2Y and P2X receptors, 217-227 little is known regarding the 3D structure and recognition characteristics of the physiologically relevant receptor in either normal or disease conditions. Added to this is limited knowledge regarding the structure and functional phenotype(s) of the homo- and heteromeric forms of the P2X receptor family, the potential interaction of the latter with subunits from other LGIC receptor families and knowledge regarding novel allosteric sites (e.g., those through which KN-62, avermectin, and ω -conotoxin GVIA act) that may represent novel P2 receptor targets. This is reflected in the P2Y family in the growing complexity of GPCR-oligomer-mediated signaling.¹⁷⁵ HTS approaches have led to the identification of compounds such as CT 50547 58 but have not been especially fruitful given the dearth of publications to date, although, as noted,⁴⁴⁹ an increased focus on natural products may prove to be useful.

In addition to these limitations, which, it might be noted, did not deter the successful efforts of medicinal chemists in many other areas where compound design was driven by a ligand-based SAR approach in the absence of intimate knowledge of the target, charcterization of the receptor profiles of new ligands has been less than optimal. Both native and transfection-based P2 receptor binding assays have been plagued with artifacts.99-101 Access to high-throughput calcium imaging systems (e.g., FLIPR) to use with P2-receptortransfected cell lines has also been limited in the academic sector as has access to the full family of P2 receptors.⁴⁵⁰ In several instances, a compound, e.g., BzATP, is described as selective for a receptor subtype, e.g., $P2X_7$. The ligand is then used to define $P2X_7$ responses when in fact the compound is far more potent on other P2 receptors.²²⁹ A better integrated approach to defining ligand properties (especially efficacy and selectivity) is critical to advancing the field as is the more extensive use of P2 receptor antisense and receptor knockouts. With an increased ability to measure partial and inverse agonist effects,^{451,452} it will also be critical to understand the spectrum of potential functional activity in newer ligands. While both ADP and AMP are inactive at P2X₇ receptors in an oocyte expression system,⁴⁵³ their addition after an initial exposure to ATP or BzATP resulted in concentration-dependent activation, indicating that sensitization of P2X₇ receptors results in ADP and AMP sensitivity. UTP and adensine remained ineffective.

An additional challenge in developing novel therapeutics acting via P2 receptors is that the actions of ATP on mammalian tissue(s) are complex in terms of the receptors themselves, the ability of the ligands, and the presence of additional ATP binding proteins. For a P2based antithrombotic, evidence already exists that blockade of P2Y₁, P2Y₁₂, and P2X₁ receptors may be necessary for a full effect in blocking ADP-induced thrombosis²⁰³ while the nociceptive effects of ATP appear to be mediated by both P2X₃ (P2X_{2/3}) and P2Y₁ receptors.³³ Thus, there may be potential redundancies in ATP signaling mechanisms that may argue against absolute selectivity in the design of P2 receptor antagonists.

ATP-binding molecular targets distinct from the P2 receptor family include members of the ATP binding cassette (ABC) protein family,⁴⁵⁴ E-NTPases,^{23,24} ATP-modulated potassium channels,^{25,26} and the numerous enzymes that utilize ATP for their function, e.g., ectokinases, tyrosine kinases,²⁷ and the key enzymes in the mitochondrial phosphorylation chain. These are all potential targets for ligands interacting with P2 receptors, especially if the P2 receptors are able to cross the cell membrane.

Despite these challenges, many parallels can be drawn in the area of calcium channel blockers where prevailing wisdom at the time of Fleckenstein's seminal discoveries⁴⁵⁵ and the subsequent discovery of the many clinically effective dihydropyridines was that disruption of cellular calcium homeostasis would either be fatal or, at the least, preclude the discovery of safe and effective drugs.

Medicinal chemistry remains the key to advancing efforts in P2-receptor-based drug discovery. With only few pharmacophores known that interact with the P2 receptor family, it will be imperative to identify novel pharmacophores beyond suramin and the plethora of nucleotide-based bioisosteres to identify nonnucleotide and "nonsuramin/PPADS, etc." pharmacophores with ADME properties consistent with "druggability". This may require a more systematic evaluation of compounds from natural sources.⁴⁴⁹ which have been a rich source of novel pharmacophores for other receptor families. Together with an increased knowledge of the properties of native receptors including P2X and P2Y oligomers and associated allosteric sites that may have physiologically relevant effects on P2 receptor function, the choice of disease states where robust information on the native human tissue is available, e.g., bladder, will do much

Perspective

to convince the skeptic of the utility of P2-receptor-based therapeutics.

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