Mediation of opioid analgesia by a truncated 6-transmembrane GPCR

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The generation of potent opioid analgesics that lack the side effects of traditional opioids may be possible by targeting truncated splice variants of the μ-opioid receptor. μ-Opioids act through GPCRs that are generated from the Oprm1 gene, which undergoes extensive alternative splicing. The most abundant set of Oprm1 variants encode classical full-length 7 transmembrane domain (7TM) μ-opioid receptors that mediate the actions of the traditional μ-opioid drugs morphine and methadone. In contrast, 3-iodobenzoyl-6β-naltrexamide (IBNtxA) is a potent analgesic against thermal, inflammatory, and neuropathic pain that acts independently of 7TM μ-opioid receptors but has no activity in mice lacking a set of 6TM truncated μ-opioid receptor splice variants. Unlike traditional opioids, IBNtxA does not depress respiration or result in physical dependence or reward behavior, suggesting it acts through an alternative μ-opioid receptor target. Here we demonstrated that a truncated 6TM splice variant, mMOR-1G, can rescue IBNtxA analgesia in a μ-opioid receptor-deficient mouse that lacks all Oprm1 splice variants, ablating μ-opioid activity in these animals. Intrathecal administration of lentivirus containing the 6TM variant mMOR-1G restored IBNtxA, but not morphine, analgesia in Oprm1-deficient animals. Together, these results confirm that a truncated 6TM GPCR is both necessary and sufficient for IBNtxA analgesia.

Introduction

Traditional opioids are effective against many types of severe pain, but side effects are problematic and opioid efficacy against neuropathic pain is limited. Using biased agonism to develop drugs lacking side effects is one approach to address these limitations (1, 2). An alternative is to pursue novel targets. Recently, a new class of opioid analgesics was described with an unusual pharmacological profile (3–6). IBNtxA (3-iodobenzoyl-6β-naltrexamide), a member of this group, is a potent analgesic against thermal, inflammatory and neuropathic pain, but does not depress respiration or produce physical dependence and shows no reward behavior.

These drugs, exemplified by IBNtxA (4), act through mechanisms distinct from traditional μ drugs. The single-copy μ-opioid receptor Oprm1 creates an array of splice variants through alternative pre-mRNA splicing with patterns conserved from rodents to humans (refs. 7, 8, and Supplemental Figure 1; supplemental material available online with this article; doi:10.1172/JCI81070DS1). The major set of variants are full-length 7 transmembrane domain (7TM) variants associated with exon 1. A second set of variants is characterized by the replacement of the 94 amino acids encoded by exon 1 with 27 amino acids encoded by exon 11 (Supplemental Figure 1). Unlike exon 1, exon 11 lacks a transmembrane domain, resulting in a truncated form of the receptor with only 6TMs. Disruption of exon 1 of the μ-opioid receptor MOR-1 (exon 1 KO) eliminates all full-length 7TM variants and all morphine activity (9). The 6TM variants are still expressed in this mouse, and IBNtxA retains full analgesic activity (4). Conversely, IBNtxA is inactive in an exon 11 KO mouse lacking the truncated 6TM splice variants (4) while morphine retains full analgesic activity (10). Furthermore, IBNtxA labels a binding site in the brain that is lost in exon 11 KO mice and is pharmacologically distinct from the classical opioid receptors.

The 6TM variants were an unanticipated drug target, since they do not conform to the traditional structure of GPCRs. Truncated forms have been reported for over 20 GPCRs, with most acting as dominant-negative mutations (11). In addition to MOR-1, α1 adrenergic, calcitonin, histamine H1, and prostaglandin F2α receptors generate 6TM variants. Unlike the others, the 6TM MOR-1 variants are functionally active. They provide a target for drug development, with the possibility of potent analgesics lacking many of the problems of current medications. We now demonstrate that restoration of a truncated 6TM splice variant through a lentivirus infection in a KO mouse lacking all MOR-1 splice variants can rescue IBNtxA analgesia, confirming that truncated GPCRs are both necessary and sufficient for IBNtxA analgesia.

Results and Discussion

The μ-opioid receptor gene Oprm1 contains 2 independent promoters associated with either exon 1 or exon 11, which is located approximately 30 kb upstream of exon 1 (Supplemental Figure 1 and refs. 7, 8). A number of μ-receptor KO mice eliminate morphine actions by targeting different regions of the gene (9, 12–15), but individual mouse models may not completely eliminate all Oprm1 transcripts. Examples exist in which disruption of exon 1 does not impair the expression of the exon 11 variants (9) and in which elimination of exon 11 does not impact the expres-
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Table 1. Opioid analgesia in WT and exon 1/exon 11 KO mice

<table>
<thead>
<tr>
<th>Drug dose</th>
<th>Analgesia (% MPE)</th>
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<tbody>
<tr>
<td></td>
<td>Relative to ED&lt;sub&gt;50&lt;/sub&gt;</td>
</tr>
<tr>
<td>Morphine</td>
<td>100</td>
</tr>
<tr>
<td>M6G</td>
<td>50</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>0.08</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>1&gt;30-fold</td>
</tr>
<tr>
<td>Ketocyclazocine</td>
<td>2&gt;10-fold</td>
</tr>
<tr>
<td>Methadone</td>
<td>50</td>
</tr>
<tr>
<td>IBNtxA</td>
<td>10</td>
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<sup>a</sup>P < 0.0001. Groups of WT and exon 1/exon 11 KO mice received the indicated dose of opioid, and analgesia was assessed at peak effect. To obtain the dose relative to the ED<sub>50</sub>, the dose given was compared the ED<sub>50</sub> in WT mice (4, 10). All responses in the exon 1/exon 11 KO mice were significantly different from their respective WT controls (P < 0.0001; ANOVA and Tukey). None of the opioids displayed significant analgesia in the KO mice, compared with their individual baseline latencies.

IBNtxA actions in exon 11 KO mice implicated 6TM variants in its actions. To determine if a truncated 6TM exon 11 MOR-1 variant could restore IBNtxA analgesia in the exon 1/exon 11 KO mice, we generated a lenti-virus expressing the 6TM variant mMOR-1G, the predominant 6TM variant in the spinal cord (16), along with a coexpressed EGFP marker (Supplemental Figure 2). A lentivirus expressing the EGFP marker but lacking the mMOR-1G variant served as a control.

Since IBNtxA analgesia is mediated predominantly at the spinal cord, the virus was administered intrathecally on days 1, 3, and 5 (Supplemental Figure 3A). Viral expression was seen as early as 1 week; it gradually increased over 4 weeks and then remained stable for at least 14

Figure 1. Gene-targeting exons 1 and 11 in the Oprm1 gene. (A) Schematic of the targeting strategy. The coding and its adjacent intron regions of exons 1 and 11 were replaced with the tdTomato/BGHpolyA (tdT/pA)/PGK-Neo (neo) and ZsGreen/SVpolyA (ZsG/pA) cassettes, respectively. The expected EcoRV-digested fragment lengths for WT and targeted alleles are indicated by arrows. The S′ probe is indicated by a short line. LoxP and Flp sites are shown by triangles and diamonds, respectively. P, PI-SecI; E, EcoRV. (B) Southern blot analysis with the S′ probe. (C) RT-PCR using RNAs from brain and appropriate primers. Each lane represents data from 1 mouse. +/+, WT; +/-, heterozygous; −/−, homozygous.
The Journal of Clinical Investigation

Brief report

The Journal of Clinical Investigation    Brief report

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surface (Figure 2A, fourth column), suggesting cell surface expression of the mMOR-1G.

Lentivirus infection restored 125I-IBNtxA binding to exon 11 targets. In WT mice, 125I-IBNtxA labels traditional μ binding sites, as well as the exon 11 target. This contrasts with 3H-DAMGO ([d-Ala²,MePhe⁴,Gly(ol)⁵]enkephalin), which only labels traditional μ sites. In the spinal cord of the exon 1/exon 11 KO mice, 125I-IBNtxA binding was decreased by more than 80% and 3H-DAMGO by more than 90%, compared with WT controls (Figure 2B). These decreases reflect the loss of traditional full-length 7TM μ receptors as well as exon 11–associated targets; the residual 125I-IBNtxA binding likely reflects cross-labeling of δ and/or κ sites. Administration of the lentivirus with the mMOR-1G insert significantly increased 125I-IBNtxA binding but not 3H-DAMGO (Figure 2B).

For 125I-IBNtxA, the exon 1/exon 11 KO and the lenti-mMOR-1G groups differed from WT (P < 0.001) and from each other (P < 0.05; Tukey). For 3H-DAMGO, the exon 1/exon 11 KO and the lenti-mMOR-1G groups differed from WT (P < 0.001) but not from each other (P > 0.05).

weeks (Supplemental Figure 3B). EGFP labeling was highest in the lumbar/sacral levels, near the site of injection; was colocalized with the neuronal nuclear marker NeuN; and was prominent in the dorsal horns, a region important in pain modulation (Supplemental Figure 3C). WT mice that did not receive virus showed no EGFP staining but showed exon 4 antibody labeling in the superficial laminae of the dorsal horn, reflecting the endogenous expression of a number of exon 4–containing variants (Figure 2A, first column, and Supplemental Figure 1) Administration of the control lentivirus expressing only EGFP (i.e., no mMOR-1G) to exon 1/exon 11 KO mice revealed robust EGFP staining, but no exon 4 staining (Figure 2A, second column), confirming the absence of those variants. Both antibodies revealed staining following the lentivirus expressing both EGFP and mMOR-1G, which indicated the cos expression of both proteins in lentiviral-transduced cells (Figure 2A, third column). Higher power showed EGFP labeling throughout the cell, whereas exon 4 staining was localized to the
The current studies describe a new exon 1/exon 11 KO mouse lacking all Oprm1 variants. The absence of all the variants provides an excellent model to assess the functional significance of individual variants. The 6TM variant mMOR-1G restored IBNtxA analgesia in the exon 1/exon 11 KO mouse, indicating that a 6TM variant is both necessary and sufficient for their actions. The failure of mMOR-1G to restore morphine analgesia is consistent with a mechanism independent of exon 11 variants. The lack of rescue of the others has several potential explanations. Since the mouse generates 5 different 6TM variants, one of the other 6TM variants may be needed. The spinal injection site may be important, since the other drugs may act supraspinally. Finally, some drugs may require expression of both 6TM and 7TM MOR-1 variants for activity. For example, buprenorphine analgesia is lost in an exon 1 KO mouse lacking only 7TM variants, implying a need for both sets of variants.

The 6TM MOR-1 splice variant mMOR-1G is both necessary and sufficient for IBNtxA analgesia. With its broad analgesic activity in thermal, inflammatory, and neuropathic pain models (5), as well as its lack of respiratory depression, physical dependence, and reward, IBNtxA may represent a new class of analgesic distinct from those associated with traditional opiates and 6TM variants may prove valuable targets for future analgesic drug development. These results also raise the broader question of the significance of truncated GPCRs (8, 11, 17).

Methods
Detailed information is described in the Supplemental Methods.

Exon 1/exon 11 KO mice. KO mice with disruptions of exons 1 and 11 were generated using a targeting vector in W4 ES cells (a gift from...
Alexandra Joyner, Memorial Sloan-Kettering Cancer Center, New York, NY, USA; Figure 1 and Supplemental Methods). Heterozygotes were crossbred to obtain WT and homozygous mice.

**Lentivirus.** Lentivirus (a gift from Didier Trono, Ecole Polytechnique Federale de Lausanne, Lausanne, Switzerland) was generated using the constructs with and without the mMor-1G sequence in HEK293T cells (Supplemental Figure 3). The 2 μl of concentrated lentiviral particles expressing mMor-1G or vector alone without insertion (1.5 × 10^9 transducing units/ml) were administrated intrathecally on days 1, 3, and 5, as previously described (18, 19).

**Statistics.** Analysis of the EGFP qPCR and analgesia utilized one-way ANOVA with post hoc Tukey’s multiple comparisons test. Opioid binding was assessed using 2-tailed Student’s t test. Data are represented as the mean ± SEM.

**Study approval.** Animal studies were approved by the Institutional Animal Care and Use Committee (IACUC) of Memorial Sloan-Kettering Cancer Center.

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