

How Can Membrane-Based Assays Revolutionise Drug Discovery for G Protein-Coupled Receptors?

Morgan J. Scott-Dennis¹, Fikri Rafani¹, Yicheng Yi¹, Themiya Perera¹, Clare Harwood¹, Wolfgang Guba², Arne Rufer², Uwe Grether², Dmitry B Veprintsev¹, David A Sykes¹

¹Centre of Membrane Protein and Receptors, (COMPARE), University of Nottingham, UK
²Roche Pharma Research & Early Development, Hoffmann-La Roche Ltd., Basel, Switzerland

Overview

PURPOSE: Develop a safe, membrane-based screening tool for G α_i -coupled GPCRs.

METHODS: A BRET-based Gi-CASE biosensor¹ assay was used to screen G α_i -coupled CB₁R and CB₂R in whole-cell and membrane-based formats.

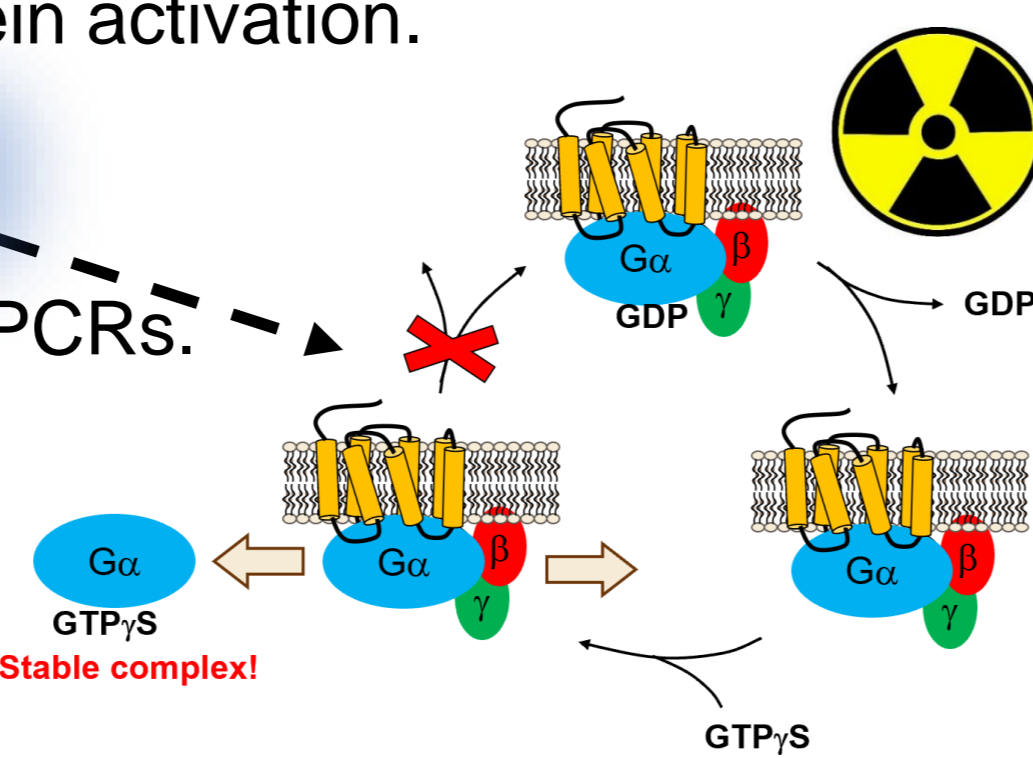
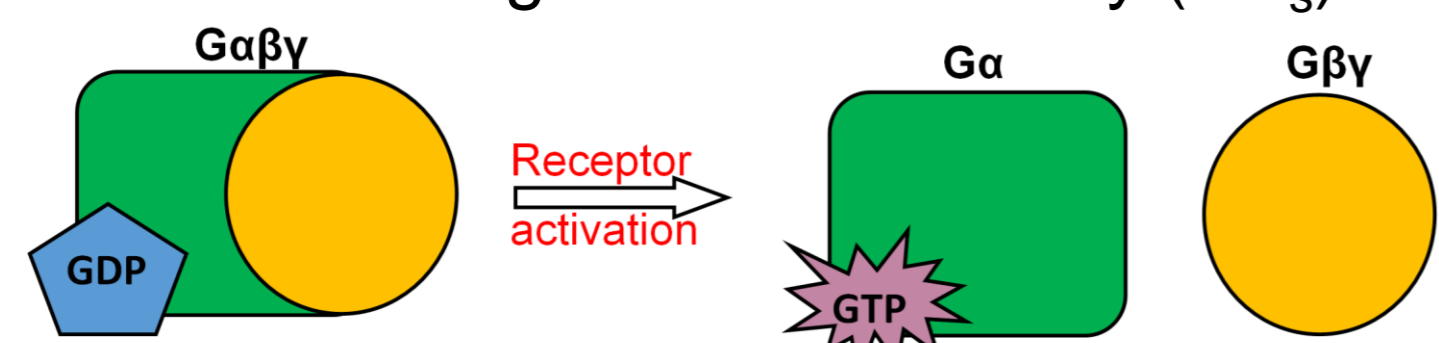
RESULTS: The potencies and efficacies of tested compounds agree with whole-cell and literature data. The assay can be applied to other G α_i -coupled GPCRs.

Introduction

OBJECTIVE: Create a rapid, cheap, safe and effective membrane-based drug screening assay for G α_i -coupled GPCRs using G protein activation biosensors¹.

BACKGROUND:

- ✓ Around 700 FDA-approved drugs target GPCRs².
- ✓ Adenylyl cyclase-linked GPCRs signal via stimulatory (G α_s) or inhibitory (G α_i) G proteins.
- ✓ Sensitive GPCR screening assays are essential for early-phase drug discovery and often involve whole-cell assays for detecting G protein activation.
- ✓ The [³⁵S]-GTP γ S assay is a useful yet **radioactive** membrane-based assay for finding novel drugs at GPCRs.
- ✓ Thus, we describe a 384-well BRET-based G α_i protein for determining cannabinoid receptor activity.



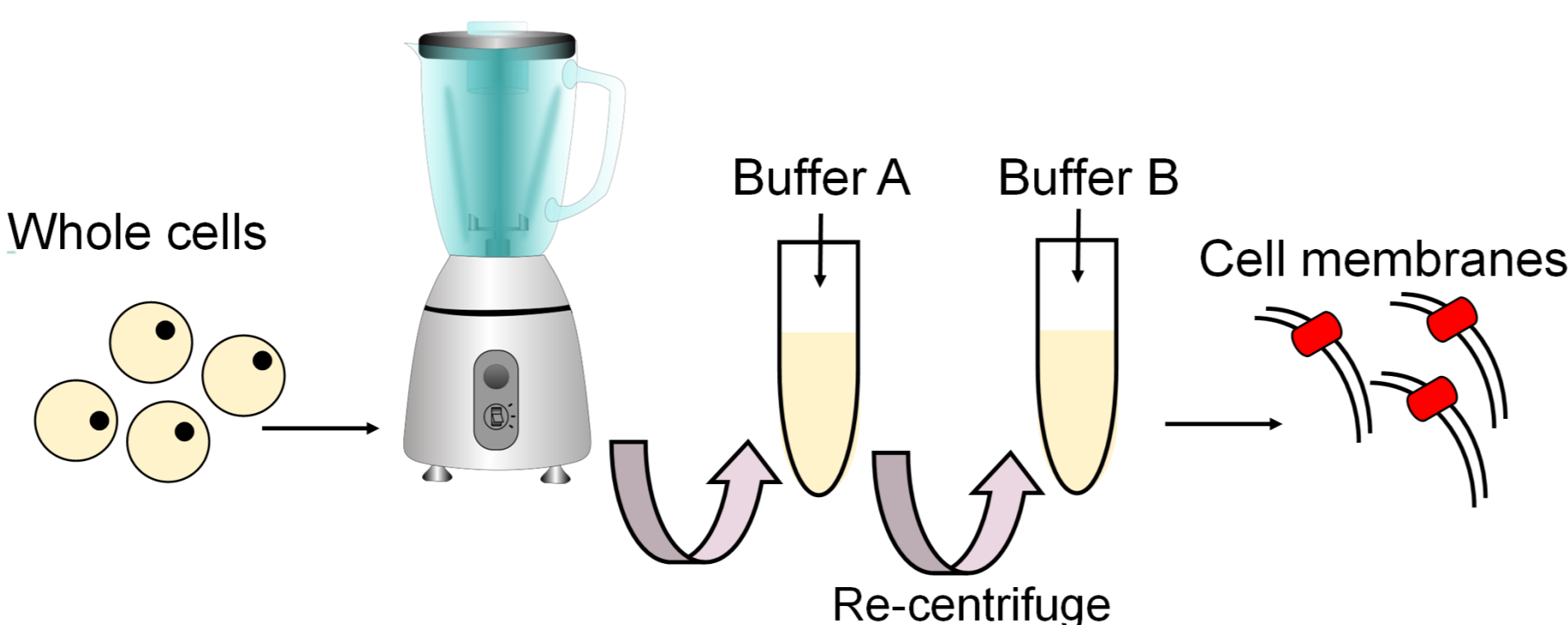
Methods

MEMBRANE PREPARATION:

- ✓ 20 mL Buffer A was added to cell pellet from 2x175 flasks and homogenized. Mixture was centrifuged, supernatant discarded and the pellet was suspended in 0.9 mL Buffer B.

Buffer A: 10 mM HEPES, 10 mM EDTA pH 7.4

Buffer B: 10 mM HEPES, 0.1 mM EDTA pH 7.4

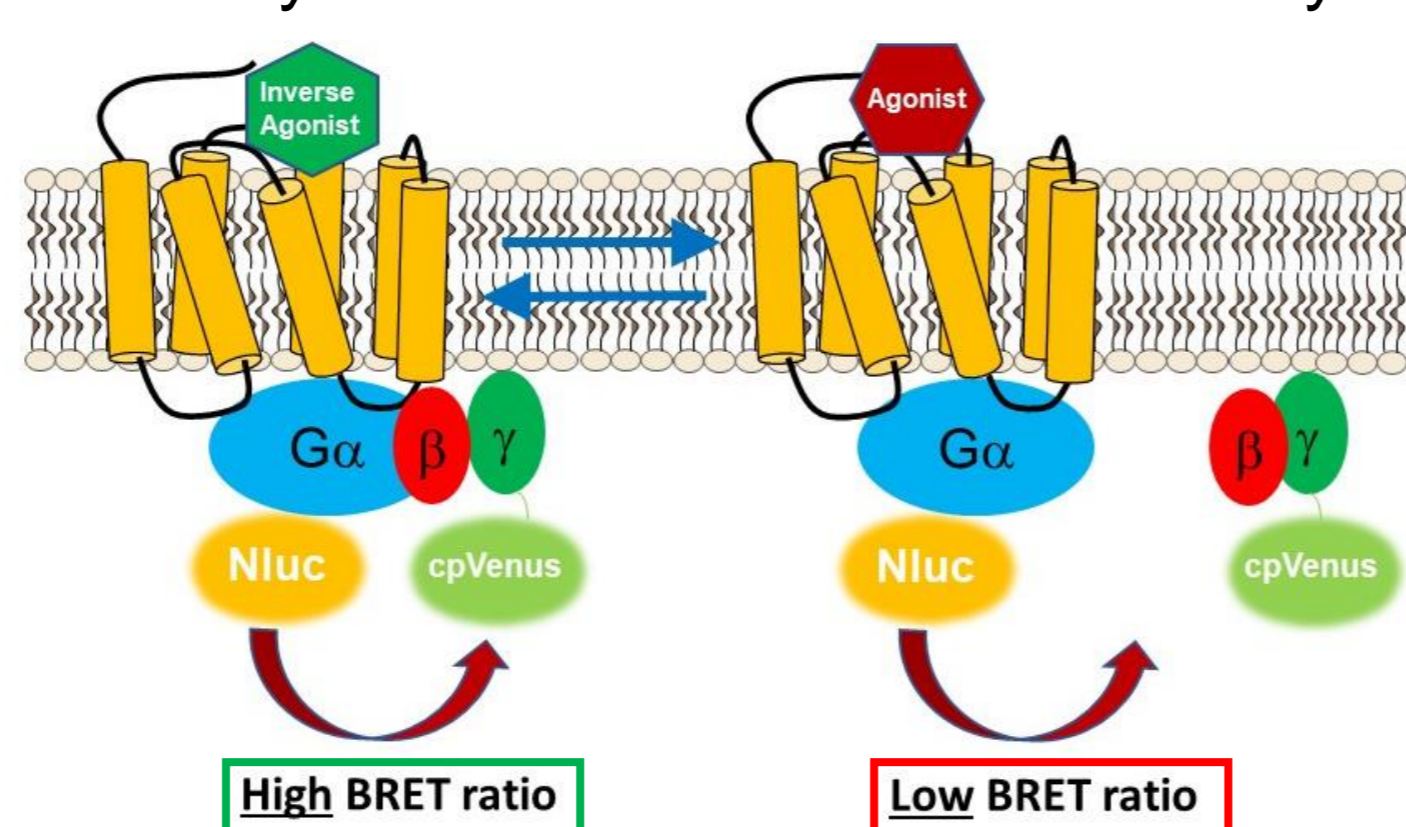
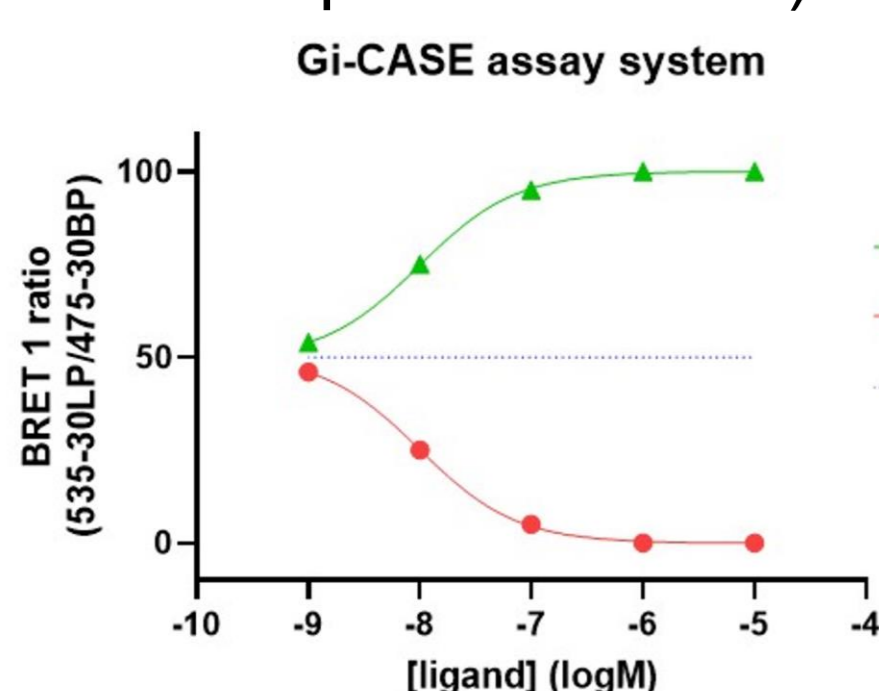


MEMBRANE-BASED ASSAY:

- ✓ CB₁R and CB₂R Gi-CASE membranes (5 μ g/well) in assay buffer (HBSS, 0.02% pluronic F127, 0.5% BSA, 5 mM HEPES) and 50 μ M furimazine were stimulated with HU-210, HU-308, rimonabant, and SR-144,528.

WHOLE-CELL ASSAY:

- ✓ CB₁R and CB₂R Gi-CASE cells in assay buffer (HBSS, 0.5% BSA, 5 mM HEPES) and 10 μ M furimazine) were stimulated similarly to the membrane-based assay.



DATA ANALYSIS:

- ✓ BMG PHERAstar FSX plate reader was used. Raw data were converted to a ratio (535-30LP/475-30BP). Data analysis in GraphPad PRISM 9.2 and normalised to vehicle.

Results

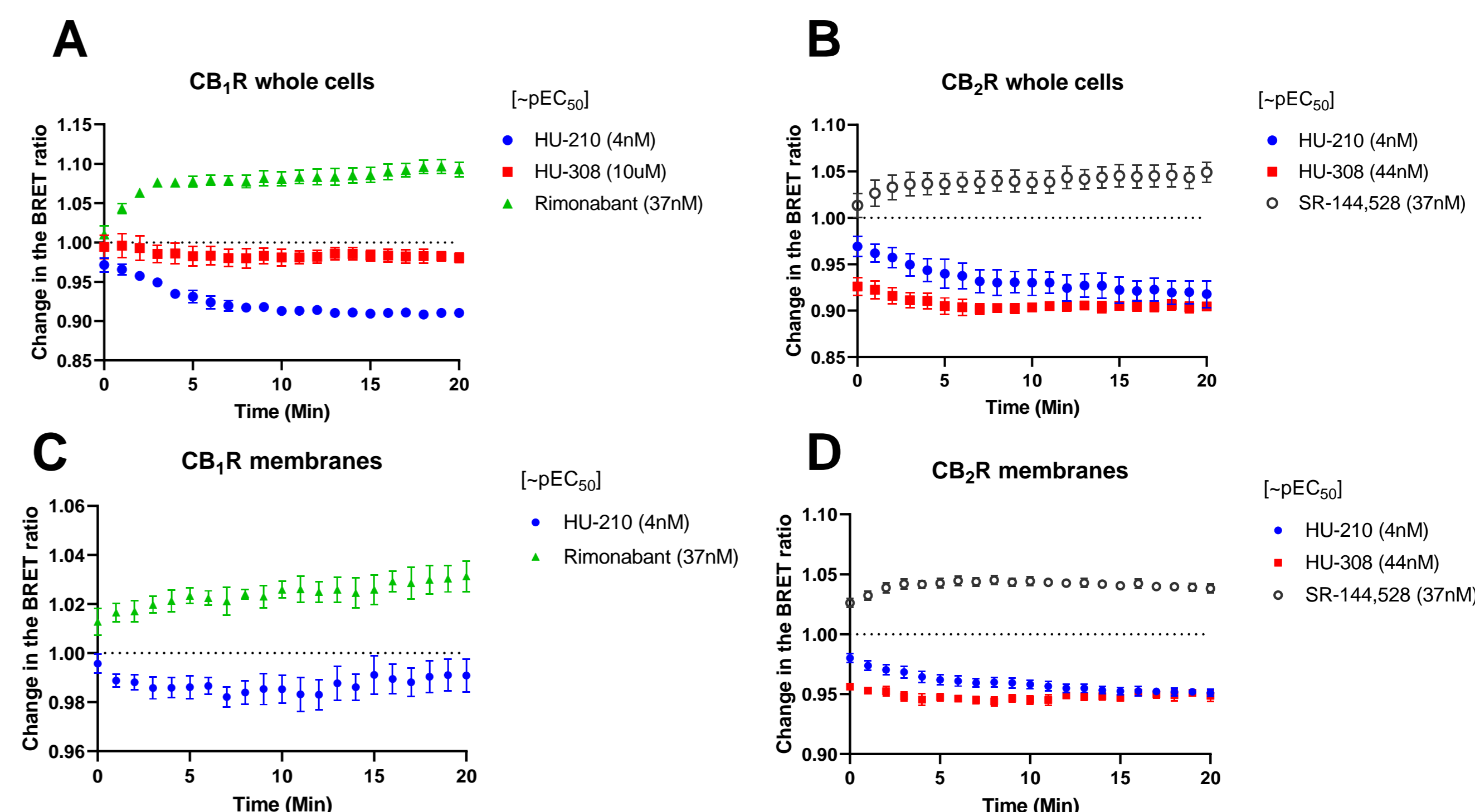


Figure 1: Time courses following agonist and inverse agonist stimulation of (A) CB₁R and (B) CB₂R in whole cells and (C) CB₁R and (D) CB₂R membranes. Gi-CASE biosensor incorporated¹. Data are shown as mean \pm SEM, with n \geq 3.

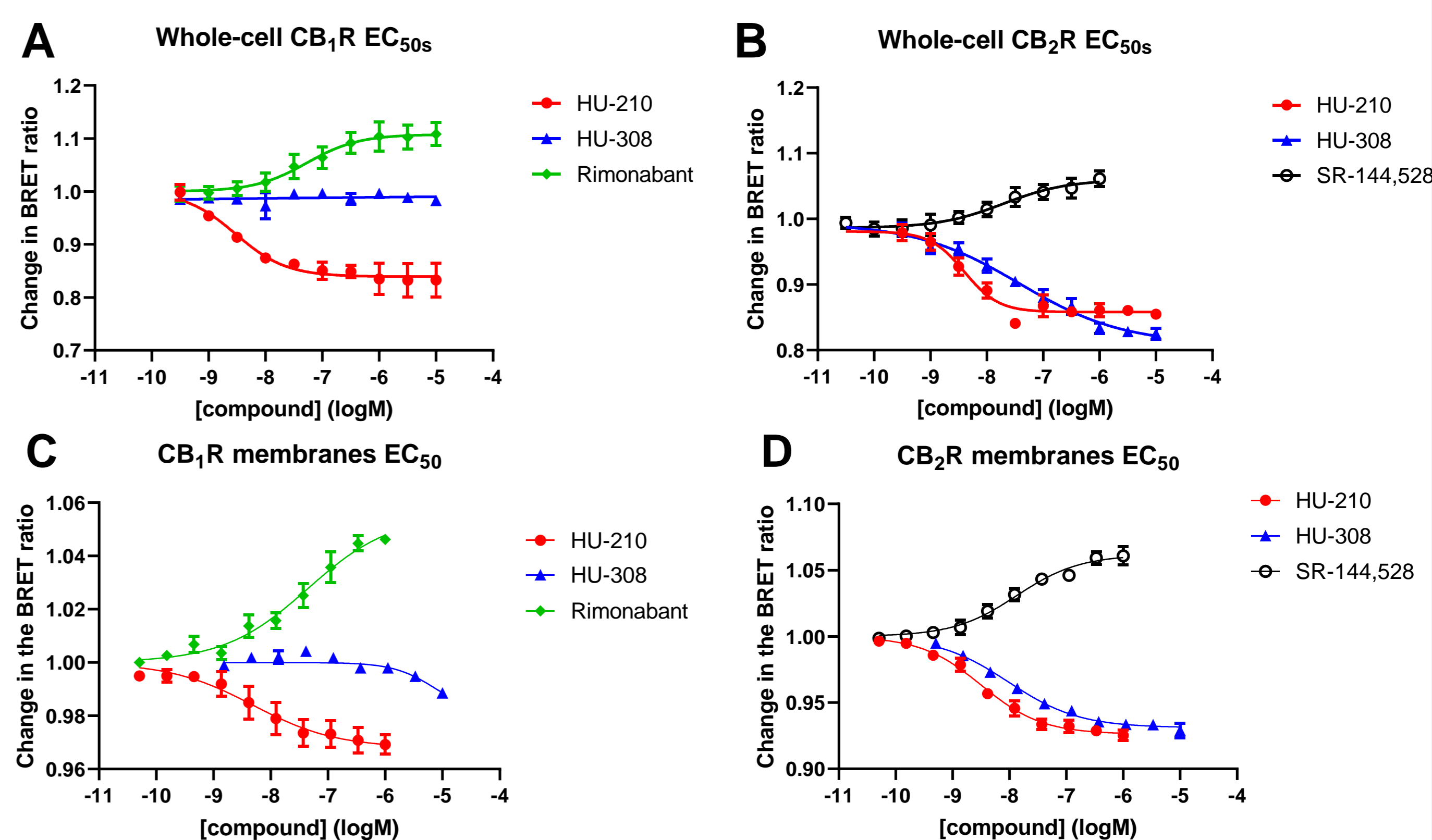


Figure 2: Agonist and inverse agonist stimulation of (A) CB₁R and (B) CB₂R in whole cells and (C) CB₁R and (D) CB₂R membranes. Gi-CASE biosensor incorporated¹. Data are shown as mean \pm SEM, with n \geq 3.

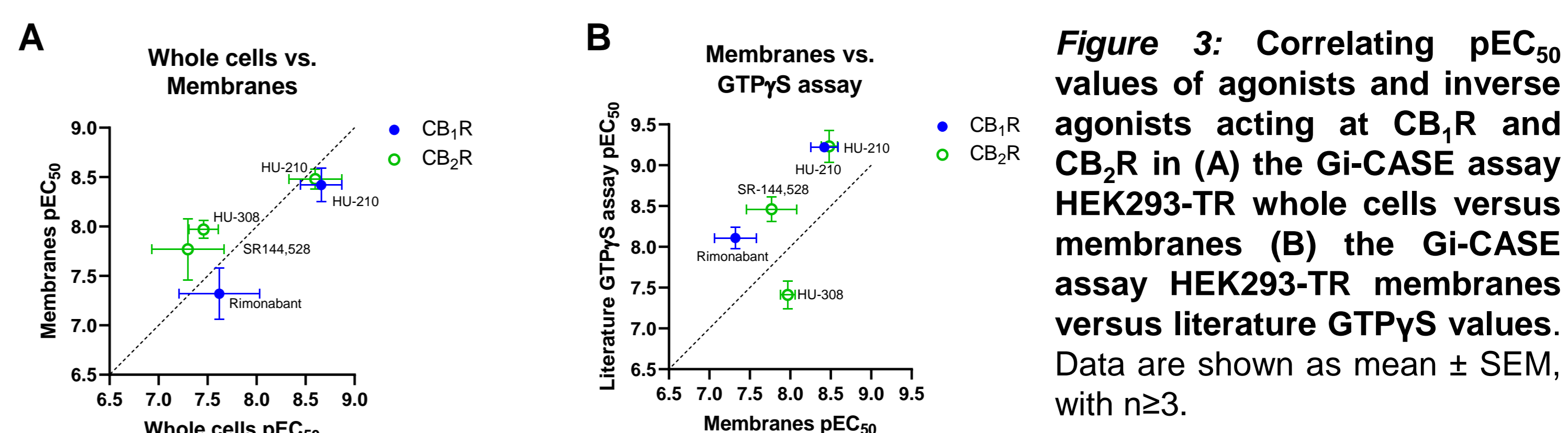


Figure 3: Correlating pEC₅₀ values of agonists and inverse agonists acting at CB₁R and CB₂R in (A) the Gi-CASE assay HEK293-TR whole cells versus membranes (B) the Gi-CASE assay HEK293-TR membranes versus literature GTP γ S values. Data are shown as mean \pm SEM, with n \geq 3.

Conclusions

KEY FINDINGS:

- ✓ Agonist stimulation decreased, while inverse agonists increased the BRET signal in membranes with EC₅₀ and efficacy evaluations in-line with previous reports²⁻⁴.
- ✓ Comparable parameters and EC₅₀ values using whole cells versus membranes at 37°C.

FUTURE DIRECTIONS:

- ✓ The 384-well membrane-based microscale assay as described is applicable for screening novel agonists and inverse agonists of other G α_i -coupled GPCR and orphan GPCRs as part of wider drug discovery efforts.

Acknowledgements

I am grateful for the researchers in the Veprintsev lab at the University of Nottingham and the collaborators at Hoffmann-La Roche Ltd. in Basel for their support during this project.

[1] Schihada H, Shekhani R, Schulte G. (2021). *Sci Signal*. **14**(699):eabf1653.
[3] Manera CA *et al.* (2015). *Eur J Med Chem*. **97**: 10-18.

[2] Sriram K, Insel PA. (2018). *Mol Pharmacol*. **93**(4):251-258.
[4] Soethoudt M *et al.* (2017). *Nat Commun* **8**: 13958.

