Introduction

G protein-coupled receptors (GPCRs), which are also named seven-transmembrane receptors (7TM), heptahelical receptors, and serpentine receptors, are the largest family of receptors. More than 800 GPCRs genes are in the human genome accounting for nearly 3.4% of the total predicted protein coded genes\(^2\)\(^3\). Of these 800 members, around 400 are olfactory receptors, receptors mainly for smell and taste. The olfactory receptors are well recognized to be expressed in a variety of cells all over the body as well as in tumor cells\(^4\). However, most of the non-olfactory receptors have not been identified as drug targets\(^5\). Considering the process of post-translational modification, the number of these receptors could be increased. For instance, post-translational modification by ribonucleic acid (RNA) editing and alternative splicing of pre-messenger ribonucleic acid (mRNA)\(^6\).
Nearly 34% of Food and Drug Administration-marketed drugs, 475 drugs, for management of common illnesses target GPCRs\(^2\); in addition to 27% of the international market share of drugs accounted by GPCRs sales\(^6\). However, current drugs target only 10% of GPCRs in human genome, nearly 80 known receptors are targeted\(^1\). Therefore, it is projected that the area of GPCRs drug discovery targets are yet to be revealed even though they are the targets of the most marketed drugs.

Recently, drug discovery targets in GPCRs have been developed. More than 60 drugs targeting GPCRs have been approved by the Food & Drug Administration (US)\(^3\). For example, etelcalcetide, a positive allosteric modulator to calcium-sensing receptors (CaSRs), used in the treatment of secondary hyperparathyroidism\(^8\).

In current clinical trials, there are 321 GPCRs targeted drugs, with 60 drugs targeting new GPCRs that do not have current approved drugs\(^5\). The FDA approved drugs acting on GPCRs mediate their actions via 108 GPCRs, which accounts for 27% of the human non-olfactory GPCRs. Drug targets for amine receptors are all known, where they are targeted by 314 of the approved drugs. Each known GPCR target is used by an average of 10.3 drugs\(^9\). The previous findings indicate the need for the discovery of new targets of GPCRs and novel drugs targeting them. Therefore, the aim of this review is to discuss GPCRs as significant drug discovery targets.

**GPCRs Classifications**

There are several classifications for GPCRs (Fig. 1). According to the approximately 800 members in the human genome, GPCRs are classified as 400 olfactory and 400 nonolfactory receptors. The most commonly used classification is the one that categorizes GPCRs into six classes, class A to F, A-F system. Nevertheless, class D and E are not in the human genome. G protein-coupled receptors class A (rhodopsin family), the major family in which ligands bind to the 7TM. On the other hand, GPCRs class B (secretin and adhesion receptor family) is a smaller family than class A, where the extracellular N-terminus region is the ligand binding site\(^2\). GRAFS classification system classifies GPCRs into five families, where each letter stands for: Glutamate (G), Rhodopsin (R), Adhesion (A), Frizzled/taste2 (F), and Secretin (S)\(^2,9,10\).

On the other hand, GPCRs class C (glutamate receptor family) is the smallest family that is presented as constitutive dimers, has a venus flytrap domain in the N-terminus, where this domain closes upon ligand binding. Metabotropic glutamate receptors, CaSRs, Gamma aminobutyric acid B (GABA B) receptors, and sweet and umami taste receptors are all GPCRs class C. GRAFS classification system classifies GPCRs into five families, where each letter stands for: Glutamate (G), Rhodopsin (R), Adhesion (A), Frizzled/taste2 (F), and Secretin (S)\(^2,9,10\).

**GPCRs Ligands**

A variety of ligands can activate GPCRs, where one ligand can activate many receptor subtypes. These ligands include catecholamines, biogenic amines such as histamine, nucleotides, peptides such as bradykinin, lipids such as prostaglandin and leukotrienes, and glycoprotein hormones such as thyrotropin. In addition, photons can activate GPCRs through rhodopsin, which is the light-sensing receptors in the retina\(^2\). Nevertheless, endogenous ligands for around 120 orphan GPCRs are yet to be identified\(^2,11\).

**Bitopic Ligands**

Another type of GPCRs ligands is called bitopic ligands or dualsteric ligands. As the name implies, bitopic ligands are ligands acting on both orthostatic and allosteric sites of the same receptors\(^12\). Increasing affinity of the targeted GPCR, enhancing selectivity on the receptors or on the signaling pathway are proposed advantages of bitopic ligands. Furthermore, the binding of bitopic ligands to orthostatic sites does not

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**Figure 1.** The most common classifications of GPCRs.
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depend on endogenous ligands tone as the binding of orthostatic ligands does\textsuperscript{[12]}.

A novel bitopic antagonist, SPM-242, has been identified acting on Sphingosine 1-phosphate receptor\textsuperscript{[13]}. Sphingosine 1-phosphate receptor is a GPCR that has been involved in sepsis and cancer, where it could be targeted to treat these conditions\textsuperscript{[14]}.

Gut Microbiota as Ligands for GPCRs

The presence of gut microbiota has been known to protect the health of individuals, such as maintaining gut integrity, defending against pathogens, improving the immunity, metabolizing food, and synthesizing vitamins, such as vitamin B1\textsubscript{2}\textsuperscript{[15]}. Consequently, disturbance of gut microbiota, dysbiosis, has been implicated in the pathogenesis of illnesses. For instance, studies proposed that the disturbance of gut microbiota is associated with the development of Alzheimer's disease\textsuperscript{[16]}.

Several commensal bacteria effector genes encoding proteins involved in ligand binding, anabolism, and catabolism have been identified. An agonist, commendamide, at proton-sensing GPCR, lysophosphatidylcholine (LPC) receptors (G2A/GRP132) from Cbeg12 gene family has been discovered. G2A has been associated with atherosclerosis and autoimmunity, where ligands acting on GPCR G2A/GRP132 could be future targets to treat these conditions\textsuperscript{[17]}.

GPCRs Signaling

G protein-coupled receptors detect an extracellular signal and initiate a signal transduction cascade (Fig. 2) that leads to cellular responses. The classical signaling pathway is through the interaction with heterotrimeric guanine nucleotide-binding protein (G-protein). Ligand binding activates GPCRs to interact with G-protein. Nonetheless, rhodopsin, the light-active receptors and proteinase-activated receptors (PARs) are activated by a photon of light and a protease agonist, respectively. A photon of light causes G-protein coupling with the receptors while a protease agonist cleaves the N-terminus, which acts as a tethered agonist interacting with the second loop and activating the receptor\textsuperscript{[2,9]}. In other words, the ligands of rhodopsin and PARs are already bound to them by a covalent bond, where light and protease activate them to interact with the receptors\textsuperscript{[18]}. This phenomenon is called tethered agonism, which will be defined in this article.

A newer signaling mechanism of GPCRs involves β-arrestin. This type of signaling is recognized as β-arrestin-G-protein coupled receptor kinases signaling (β-arrestin-GRK signaling), where seven types of GRKs were identified. G protein-coupled receptor kinase causes phosphorylation of the activated GPCR that leads to β-arrestin-receptor interaction, which results in desensitization, internalization of the receptor, or signaling. Mitogen-activated protein kinase (MAPK) is the most widely studied pathway in β-arrestin-GRK signaling, where phosphorylation of GPCR by GRK causes interaction of β-arrestin with the receptor. β-arrestin-receptor complex activates MAPKs that leads to recruitment of Src, Akt, and other proteins, which results in different cellular responses\textsuperscript{[19]}.

GPCRs Physiological and Pathophysiological Effects

G protein-coupled receptors regulate a variety of physiological processes through activation of heterotrimeric G-protein, which consists of alpha(α), beta (β) and gamma(γ) subunits, with GDP (inactive form) or GTP (active form) binding to the α subunit. In human genome, there are 21 Gα, 6 Gβ and 12 Gγ known subunits. The main families of G α subunit with their effectors are illustrated in Table 1. Several regulators of G-proteins activity have been identified including

| Extracellular ligand | Activation of GPCRs | Activation of G-protein-GTP | Effector elements (e.g., enzymes or ion channels) | 2nd messenger (e.g., cAMP, cGMP, IP3) | Cellular response |
|---------------------|--------------------|---------------------------|-----------------------------------------------|---------------------------------|------------------|
| cAMP = cyclic adenosine monophosphate | GMP = cyclic guanosine monophosphate | IP3 = inositol 1,4,5-trisphosphate | GTP = Guanosine triphosphate |

Figure 2. Signal transduction through GPCRs G-Protein interaction.
lipid modifications, GTPase-activating proteins, and regulators of G-protein signaling[2]. These regulators could be important future drug discovery targets in GPCRs signaling. For example, in cancer therapy[20].

Coupling of different GPCRs with different G-proteins families leads to cellular responses that control physiological functions. For instance, cellular growth and differentiation, metabolism, secretion, neurotransmission, inflammation, immune responses, vision, smell, and taste[9]. Therefore, disturbance in GPCRs signaling can lead to many diseases such as cancer, diabetes, and diseases of the central nervous system and cardiovascular system.

**GPCRs and Diseases**

G protein-coupled receptors targeted drugs are indicated for common chronic illnesses such as hypertension, obesity, diabetes, and asthma. They are also the targets for CNS disorders such as depression and schizophrenia. In addition, GPCRs have been studied as targets for multiple sclerosis and Alzheimer’s disease. Other targeted indications include insomnia, osteoporosis, hypocalcemia, analgesia, short bowel syndrome, and smoking cessation. Furthermore, GPCRs as drug targets has been studied for cancer therapy[20].

Since olfactory receptors are not only expressed in mouth and nose but also in tumor cells, targeting olfactory receptors could be a novel field in cancer therapy[40]. In addition, PARs have been linked to cancer invasion and metastasis. Thrombin and tissue factor, proteases that activate PAR1/3/4 and PAR2, respectively, are thought to be produced in a tumor environment regardless of blood coagulation. Thrombin/tissue factor-PARs signaling pathway may mediates metastasis by mechanisms, such as angiogenesis[41].

There are a number of FDA-approved drugs targeting GPCRs used in cancer therapy, such as raloxifene and degarelix for the treatment of breast cancer and prostate cancer, respectively[21]. However, ligands for orphan GPCRs that are overexpressed in certain types of cancer are yet to be discovered, such as GRP161 in breast cancer and GPR49 in ovarian and colon cancer[22,23].

**GPCRs as Drug Discovery Targets**

Drug targets can be divided into three groups, which are DNA transcription, RNA translation, and proteins targeted drugs[20]. G protein-coupled receptors are one of the classical drug targets that include ion channels, transporters, enzymes, and nuclear receptors. In addition to classical drug targets, recombinant proteins and antibody-based therapy are under protein drug targets. Blocking mRNA translation is a novel drug targets that include technologies such as RNA interference and anti-sense oligonucleotide. Gene transcription can be targeted by modulation of transcription factors. Gene therapy, pharmacogenomics, cloning of drug targets, and transgenic mouse technology are all targeting the DNA[2].

G protein-coupled receptors are traditionally targeted with small molecules, less than 500 daltons, which are agonists or antagonists usually involving one mechanism of action, such as fentanyl, an opioid receptor agonist, and famotidine, a histamine H2 receptor antagonist[2,11]. Recently, new approaches for GPCR drug discovery have been developed such as allosteric modulators, biased agonism, polypharmacology, pharmacogenomics, and bitopic ligands[24]. These pharmacological approaches help in the advances of novel therapeutics GPCRs targets, with increased selectivity and minimized adverse effects.

**Approaches for GPCR Drug Discovery**

**GPCRs Polypharmacology**

Polypharmacology is a term given for ligands that interact with more than one target in the cell. Hauser

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**Table 1. The main families of Ga subunit with their effectors.**

| Subunit | Family | Effector | Pathway |
|---------|--------|----------|---------|
| Ga      | Gs     | Activates adenylyl cyclase | Increase cAMP |
| Gi/o    | Inhibits adenylyl cyclase | Decrease cAMP |
| Gq      | Activates Phospholipase C | IP3, DAG, cytoplasmic Ca2+ concentration |
| G12/13  | GEFs for monomeric G-protein such as RhoA. | Muscle contraction, cell migration, cell adhesion, angiogenesis. |

*cAMP: Cyclic Adenosine Monophosphate, DAG: Diacylglycerol, GEFs: Guanine nucleotide exchange factors, IP3: Inositol triphosphate, RhoA: Ras homolog gene family, member A.*
et al.[31] found that there is an increase in the selectivity of GPCRs targeted drugs in current clinical trials. Thus, a decrease in polypharmacology[32]. Polypharmacology of drugs could be a disadvantage by causing adverse effects through acting on many targets. For example, the analgesic effect of morphine is due to μ receptor-Gi-protein pathway, while its side effects, such as respiratory depression, constipation, and tolerance, are due to β-arrestin pathway[28]. On the other hand, polypharmacology could be an advantage in other therapies[29]. For instance, donecopride, a multitarget-directed ligand, has been investigated as a potential drug for Alzheimer’s disease by acting as an acetylcholinesterase inhibitor and a serotonin-5-HT4 agonist[30].

**Allosteric Modulators of GPCRs**

Other than targeting receptors by drugs binding to the orthostatic sites, a newer era in targeting GPCRs is using allosteric modulators that bind to sites other than the orthostatic sites of the biological ligands. Allosteric modulators are named positive allosteric modulators or negative allosteric modulators by enhancing or reducing the binding of ligands to their orthostatic sites, respectively. Fewer side effects, possible option for diseases with no effective therapy by modulating the effect of ligands rather than complete activation or inhibition are considered advantages of allosteric modulators[28].

Currently, there are two FDA-approved allosteric modulators of GPCRs. Cinacalcet, which is a positive allosteric modulator (PAM) on CaSRs for hyperparathyroidism and Maraviroc, which is a negative allosteric modulator (NAM) of the chemokine receptor 5 for HIV infection[29,30]. More recently, a PAM (3,4-dihydroisoquinolin-2(1H)-yl derivative) at dopamine D1 receptor has been invented to treat Parkinson’s disease and schizophrenia[30]. Furthermore, this compound can potentially treat depression, attention deficit-hyperactivity disorder and Alzheimer’s disease. On the other hand, the first NAM (SB269652) at dopamine D2 and D3 receptors may emerge a new class of antipsychotic drugs with higher selectivity[31].

**GPCRs Biased Agonism**

Conventionally, GPCRs interaction with β-arrestin protein was known as a mechanism of receptor desensitization or downregulation. Recently, it has been found that the interaction of β-arrestin with a phosphorylated GPCR can also produce a signaling pathway. However, this pathway is G-protein independent[31,32]. This has opened a new paradigm in GPCRs drug discovery through biased agonism, which is also referred to as functional selectivity. Biased agonism is defined when a ligand prefers the activation of one of the signaling pathways, while another ligand prefers the activation of another pathway of the same receptor[31].

Nebivolol and carvedilol, β blockers, are examples of biased agonists at β-arrestin that stimulate extracellular signal regulated kinase and the production of nitric oxide[31]. TRV120027, a biased ligand at β-arrestin, is a potential therapy for acute heart failure[34]. This novel drug is an octapeptide analog of angiotensin. However, unlike the action of angiotensin-II type 1 (AT1) receptor blockers through G-protein signaling pathway, TRV120027 action is through β-arrestin signaling, which decreases blood pressure, delays the development of heart failure, and produces cytoprotecting and antiapoptotic properties[35,36]. Thus, such agonist could be a promising discovery, where it stimulates the beneficial effects of Angiotensin-II type-1 receptor β-arrestin pathway.

**Tethered Agonism**

Tethered agonism of GPCRs is defined as the activation of GPCRs indirectly by an internal ligand that is stimulated by a tethered agonist such as light, enzyme, and other ligands. Examples of GPCRs activated by tethered agonism include rhodopsin, PARs, adhesion GPCRs and glycoprotein hormone receptors that are activated by photon, proteases, mechanical forces, and ligand binding, respectively[18].

A novel tethered ligand at PAR2, KVDGTS, has been identified in a study demonstrating that cathepsin S cleaves the N-terminus of PAR2. This cleavage was at a location near the cysteine proteases cleaving site exposing this novel tethered ligand[37]. Since PAR2 has been involved in inflammatory conditions and cathepsin S has been upregulated in inflammation, cathepsin S-PAR2 signal transduction pathway may be a promising area in drug discovery targets[38,39].

**GPCRs Pharmacogenomics**

Genetic variation is a major cause of differences in drug response in each patient. Therefore, studying these
genetic variations to develop personalized medicines, aiming to increase drug response and decrease adverse drug reactions, is an auspicious field in drug discovery targets. The number of missense variations in GPCR drug targets was approximately 60 per individual in a study investigated genome project of 2504 healthy subjects, where 8 variants were associated with known differences in drug response\[^{40}\]. For instance, genetic polymorphism of dopamine DRD2 and DRD3 receptors is associated with gastrointestinal adverse effects in patients treated with levodopa\[^{41}\].

It has been found that dopamine D5 receptors, calcitonin receptors, somatostatin 5 receptors, and cholecystokinin A receptors are the most GPCRs drug targets having genetic variations, where almost 40% of their known functional sites have amino acid variations\[^{3}\]. Nonetheless, the prevalence and effects of genetic polymorphism of all FDA approved drugs targeting GPCRs are still to be revealed. Furthermore, labeling information of GPCRs targeting drugs does not include information about genetic variations\[^{42}\]. Therefore, a tremendous amount of research is needed to treat patients with drugs according to their pharmacogenomic backgrounds.

**Tools for GPCRs Drug Discovery**

Structures of drug targets are needed to be illustrated for the discovery of novel therapeutics. G protein-coupled receptors are large transmembrane protein, for which the analysis using X-ray crystallography and nuclear magnetic resonance (NMR) spectroscopy is challenging, due to their structural instability in crystal form\[^{2}\]. Despite this, the advancement in the technologies of protein engineering has improved the development of GPCRs crystallization.

Fusion proteins, site-directed mutagenesis, serial femtosecond crystallography, cryo-electron microscopy and in-meso crystallization are examples of technologies used in studying GPCRs high resolution structures\[^{40}\]. More than 40 GPCR structures were identified between 2000 and 2016\[^{40}\]. Sensor-based screening of GPCR ligands is another emerging technique for GPCRs drug discovery\[^{44}\]. These new methods are time and cost saving compared to the conventional high throughput screening of GPCRs. Together with the new pharmacological approaches, these methods may provide a tangible improvement in GPCRs research and therapy.

**Conclusion**

G protein-coupled receptors are one of the most significant drug discovery targets. This is because they are considered as the largest class of membrane receptors, and they account for almost one third of the FDA-targeted drugs and one third of global market sales of drugs. In addition, GPCRs have multiple ligands and complex signaling pathways that are involved in the physiology and pathophysiology of most body functions. Drugs targeting GPCRs are used to treat a wide range of diseases, such as chronic diseases, inflammatory diseases, and cancer. Furthermore, a large number of potential GPCRs drugs are in clinical trial, where novel strategies have been implemented in their discovery. Pharmacogenomics is likely to be the future trend in GPCRs targeted therapies. Moreover, new technologies could add a great advance in GPCRs research. All of these considerations including that only 10% of the known GPCRs are targeted make GPCRs continue to be chief targets in drug discovery.

**Conflict of Interest**

The author has no conflict of interest.

**Disclosure**

The author did not receive any type of commercial support either in forms of compensation or financial for this case report. The author has no financial interest in any of the products or devices, or drugs mentioned in this article.

**Ethical Approval**

Obtained.

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GPCRs: Drug Discovery Targets
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المستقبل. تعتبر المستقبلات المرتبطة بالبروتين ج من أكثر المستقبلات انتشاراً في اكتشاف الأدوية. حيث تعتبر من أكثر المستقبلات في جسم الإنسان توفر أكثر من 800 جين لها. أنواع مختلفة من المحفزات تستخدم تشتيط هذه المستقبلات، مثل الكاتيكولامينات، الأليكوينات، الدهون، وماركروبات الأمعاء، حيث يمكن لبعض هذه المحفزات أن تعمل بشكل ثاني. من جهة أخرى، بعض المستقبلات لها محفزات مرتبطة بها داخل الجسم. لدى المستقبلات المرتبطة بالبروتين ج النشطة مجموعة من المسارات التي تشارك تقريباً في جميع وظائف الجسم، علاوة على ذلك، نسبة كبيرة من الأدوية المصنعة في منظمة الغذاء والدواء والأدوية في التجارب السريرية عالمياً تستهدف هذه المستقبلات. هذه الأدوية تستخدم لعلاج العديد من الأمراض بما في ذلك السرطان، الالتهابات، السكري، ارتفاع ضغط الدم، السمنة، الألم، وأمراض الجهاز العصبي. على الرغم من ذلك، 10% فقط من المستقبلات المرتبطة بالبروتين ج تم استخدامها. استراتيجيات صيدلانية مختلفة تستخدم في اكتشاف الأدوية المستهدفة لهذه المستقبلات، وتشمل الأدوية المتعددة الاستهداف، المغيرات المرتبطة بما أمكن أخرى، الأدوية المحيطة، الأدوية المرتبطة بمحفز، وعلم الأدوية الجيني. التقدم التكنولوجي يساهم في اكتشاف هذه الأدوية. لذلك، الهدف من هذا البحث هو مناقشة أهمية المستقبلات المرتبطة بالبروتين ج في اكتشاف الأدوية.