A novel G protein-biased agonist at the δ opioid receptor with analgesic efficacy in models of chronic pain

Alexandra E Conibear¹, Junaid Asghar², Rob Hill¹, Graeme Henderson¹, Eva Borbely³,⁴, Valeria Tekus³,⁴, Zsuzsanna Helyes³,⁴, Jo Palandri⁵, Chris Bailey⁵, Ingemar Starke⁶, Bengt von Mentzer⁶, David Kendall⁶, Eamonn Kelly¹.

1. School of Physiology, Pharmacology and Neuroscience, University of Bristol, Biomedical Sciences Building, University Walk, Bristol BS8 1TD, UK.
2. Faculty of Pharmacy, Gomal University, Pakistan.
3. PharmInVivo Ltd, University of Pécs, Pécs, Hungary
4. Szentagothai Research Centre, Centre for Neuroscience & Department of Pharmacology and Pharmacotherapy, Medical School, University of Pecs, Pecs, Hungary
5. Department of Pharmacy & Pharmacology, University of Bath, UK
6. PharmNovo AB, Tångenvägen 7, 456 32 Kungshamn, Sweden
Running Title Page

a) Running Title: A biased δ opioid ligand with improved therapeutic profile

b) Corresponding Author: Eamonn Kelly, School of Physiology, Pharmacology and Neuroscience, University of Bristol, Biomedical Sciences Building, University Walk, Bristol BS8 1TD.

Email: E.Kelly@bristol.ac.uk  Tel.: +44 (0) 117 331 1402

c) Number of text pages: 25

   Number of tables: 1
   Number of figures: 6
   Number of supplemental figures: 5
   Number of references: 47
   Number of words in Abstract: 213
   Number of words in Introduction: 708
   Number of words in Discussion: 1526

d) Nonstandard Abbreviations:

   ARM, ARM1000390; BRET, bioluminescence resonance energy transfer; DADLE, [D-Ala², D-Leu⁵]-enkephalin; DMEM, Dulbecco’s Modified Eagle Medium; DOPr, δ opioid receptor; GRK, G protein-coupled receptor kinase; HEK293, Human embryonic kidney 293 cells; HPMC, hydroxypropyl methylcellulose; i.pl., intraplantar; KOPr, κ opioid receptor; MIA, mono-iodoacetate; MOPr, µ opioid receptor; NLX met, naloxone methiodide; NTI, Naltrindole; pERK, phosphorylated ERK; PTZ, pentylenetetrazol; Rluc II, RInella Luciferase II; SNL, sciatic nerve ligation.

e) Section Assignment: Drug Discovery and Translational Medicine
Abstract

Agonists at the δ opioid receptor are known to be potent anti-hyperalgesics in chronic pain models and to be effective in models of anxiety and depression. However, some δ opioid agonists have pro-convulsant properties whilst tolerance to the therapeutic effects can develop. Previous evidence indicates that different agonists acting at the δ opioid receptor differentially engage signalling and regulatory pathways with significant effects on behavioural outcomes. As such, interest is now growing in the development of biased agonists as a potential means to target specific signalling pathways and potentially improve the therapeutic profile of δ opioid agonists. Here we report on PN6047 (3-[[4-(dimethylcarbamoyl)phenyl]-[1-thiazol-5-ylmethyl]-4-piperidylidene]methyl]benzamide) a novel G protein-biased and selective δ opioid agonist. In cell based assays PN6047 fully engages G protein signalling but is a partial agonist in both the arrestin recruitment and internalization assays. PN6047 is effective in rodent models of chronic pain but shows no detectable analgesic tolerance following prolonged treatment. In addition, PN6047 exhibited antidepressant-like activity in the forced swim test and importantly, the drug had no effect on chemically induced seizures. PN6047 did not exhibit reward-like properties in the conditioned place preference test or induce respiratory depression. Thus, δ opioid ligands with limited arrestin signalling such as PN6047 may be therapeutically beneficial in the treatment of chronic pain states.

Significance Statement

PN6047 is a selective, G protein-biased δ opioid agonist with efficacy in preclinical models of chronic pain. No analgesic tolerance was observed after prolonged treatment and PN6047 does not display pro-convulsant activity or other opioid-mediated adverse effects. Our data suggest that δ opioid ligands with limited arrestin signalling will be beneficial in the treatment of chronic pain.
Introduction

Treatment of chronic pain remains a significant medical challenge, in terms of analgesics, µ opioid ligands such as morphine are at present routinely, albeit inappropriately, prescribed. Whilst µ opioid receptor ligands are effective in treating acute, severe pain, they often lack efficacy in chronic pain states Glajchen (2001) and their clinical utility in such states is limited due to the associated side effects, the onset of tolerance and the abuse liability of this drug class.

Increasing evidence implicates the δ opioid receptor as an attractive therapeutic target for various forms of chronic pain and certain emotional disorders, including depression and anxiety (Pradhan et al., 2011). The use of pharmacological tools and genetic approaches has enhanced our understanding of δ receptor-mediated behaviours, with δ receptor agonists reported to be effective in preclinical models of chronic pain including those for neuropathic pain, inflammatory pain and cancer (Gaveriaux-Ruff & Kieffer, 2011). In comparison to µ receptor agonists, δ receptor agonists are associated with a milder adverse effect profile with no respiratory depression (Gallantine & Meert, 2005), little or no gastrointestinal dysfunction (Feng et al., 2006; Gallantine & Meert, 2005) and the absence of physical dependence (Cowan et al., 1988). However, enthusiasm for the development of novel δ agonists has been lessened due to the potential for proconvulsive activity (Broom et al., 2002; Comer et al., 1993) as well as the development of analgesic tolerance (Pradhan et al., 2010) that has been reported for some δ agonists. Importantly, the proconvulsive liability and analgesic tolerance do not appear to be a common property of δ agonists, rather these on-target adverse effects are thought to be ligand-specific (Gendron et al., 2016), suggesting that the development of a ligand that retains analgesic efficacy but lacks these adverse effects is a plausible approach. As such, interest is now growing in the development of positive allosteric modulators (Burford et al., 2015) or biased agonists.
Biased agonism is now a well-documented phenomenon whereby different ligands acting at the same receptor can stabilize distinct receptor conformations such that only a subset of the possible signalling pathways are activated relative to the signalling pathways activated by a reference ligand, normally a well-known and studied full agonist ligand (Kelly, 2013; Kenakin & Christopoulos, 2013). Biased agonists will thus generate distinct signalling outputs and potentially different in vivo effects. Certain δ opioid agonists have already been developed that reportedly display an improved therapeutic profile. For example, JNJ-20788560 has been suggested not to induce analgesic tolerance (Codd et al., 2009) and ADL5859 does not exhibit proconvulsive activity even at doses over 300-fold greater than that required for its anti-hyperalgesic action (Le Bourdonnec et al., 2008). However, the potential signalling mechanisms underlying these differential effects has yet to be comprehensively assessed. For the δ receptor it has been postulated that G protein-biased agonists may offer an approach to develop ligands that are effective in in chronic pain states and emotional disorders but with a reduced adverse-effect profile (Dripps et al., 2018; Pradhan et al., 2011). With respect to arrestin-mediated signalling from the δ opioid receptor there is mounting evidence to implicate arrestin-mediated internalization with the development of analgesic tolerance. Several studies to date have demonstrated that low-internalizing agonists, including ARM1000390 and KNT-127, have a reduced propensity to induce desensitization and acute analgesic tolerance (Nozaki et al., 2014; Pradhan et al., 2016). In contrast, the high-internalizing agonist SNC80, desensitizes the receptor resulting in analgesic tolerance as well as tolerance to other δ opioid-mediated behaviours (Pradhan et al., 2010). The signalling pathway(s) that underlie the proconvulsive activity of certain δ opioid agonists are still poorly understood. There are data to suggest that low internalizing agonists have a decreased
tendency to induce convulsions (Pradhan et al., 2011), yet SNC80-induced convulsions were unaffected in arrestin-3 knock-out mice and actually potentiated in arrestin-2 knock-out mice (Dripps et al., 2018). However, convergent data do imply that different signalling pathways contribute to the desired therapeutic effect over the adverse effects, suggesting that the δ opioid receptor is an attractive target for developing biased ligands or even ligands that only activate a subset of the receptors signalling repertoire.

In this study we report on PN6047, a novel and selective δ opioid receptor agonist structurally derived from SNC80. The current studies were conducted to both evaluate the in vitro signalling profile and to determine any potential bias as well as the behavioural effects of PN6047 in vivo. We found that, relative to SNC80, PN6047 is a G protein-biased δ agonist with potent anti-hyperalgesic efficacy in different models of chronic pain, as well as exhibiting a diminished adverse-effect profile.

Materials and Methods

Reagents. cDNA encoding the wild-type human HA-DOPr and human Gβ1 were obtained from the Missouri University of Science and Technology (http://www.cdna.org). The G protein BRET constructs were a gift from Michel Bouvier (University of Montreal, Montreal, Canada) and the δ receptor-renilla luciferase and arrestin-3 and -2 GFP constructs a gift from Dr Tomasso Costa (Istituto Superiore di Sanità, Rome, Italy). PN6047, shown in figure 1B, was synthesized by PharmNovo AB1. SNC80, DADLE and ARM1000390 were obtained from Tocris. Methadone and Heroin (Macfarlan Smith, Edinburgh, UK). Cmpd101 was from Hello Bio. [³H]-Diprenorphine was from Perkin Elmer. Coelenterazine 400a
was purchased from Biotium. The pERK antibody was from Cell Signaling Technology and anti-tubulin from Sigma.

Animals
All animal care and experimental procedures undertaken in the UK were performed in accordance with the UK Animals (Scientific Procedures) Act 1986 and the European Communities Council Directive (2010/63/EU). For experiments conducted by PharmInVivo Ltd, University of Pécs, Hungary, all experimental procedures were carried out according to the 1998/XXVIII Act of the Hungarian Parliament on Animal Protection and Consideration Decree of Scientific Procedures of Animal Experiments (243/1988). The experiments were approved by the Ethics Committee on Animal Research of Pécs University according to the Ethical Code of Animal Experiments. Details regarding species and strain used are specified within each experimental procedure.

In vitro studies
Cell Culture. HEK293 cells were maintained in Dulbecco’s Modified Eagle Medium (DMEM) supplemented with 10% FBS and 100 units/ml penicillin-streptomycin at 37°C in a humidified atmosphere of 95% air, 5% CO₂. For transient transfection, HEK293 cells were seeded onto 10cm dishes and grown to 80% confluency before transfection using Lipofectamine 2,000 (Invitrogen). For the generation of a HEK-DOPr stable cell line, clonal cells were obtained by limited dilution, and stable clones were selected in the presence of 600 μg/ml genetin and maintained in the presence of 400 μg/ml genetin. Single clones were isolated after 2-3 weeks of culture and screened for expression by surface receptor ELISA and radioligand binding assays. CHOK1-hDOR and U20S-OPRD1 cells were purchased from Discover X, cells were maintained in DMEM/F12, containing 2mM L-glutamine, 10% FBS and 100 units/ml penicillin-streptomycin.
**Radioligand binding Assays.** Cells were grown in 75 cm² flasks until approximately 90% confluent. The cells were washed twice with ice-cold PBS before being dislodged with ice-cold hypotonic lifting buffer (10 mM HEPES, 0.9% w/v NaCl, 0.2% w/v EDTA, pH 7.4), and pelleted by centrifugation at 377 x g for 10 min at 4°C. Membranes were prepared as previously described (McPherson et al., 2010). For saturation binding experiments, 10 μg of membrane protein was incubated with increasing concentrations of \[^{3}H\]-Diprenorphine (0.06 nM-30 nM). For competition binding experiments, 2 nM \[^{3}H\]-Diprenorphine was incubated in the presence of increasing concentration of agonist (1 nM – 100 μM). Non-specific binding was determined by carrying out parallel determinations in the presence of excess unlabelled naltrindole (30 μM). All binding reactions were prepared in 500 μl volumes assay buffer (Hank’s Buffered Saline Solution (HBSS) also containing 20 mM (4-[2-hydroxyethyl]-1-piperazineethanesulfonic acid) (HEPES) at pH 7.4) and performed in duplicate. The binding reaction was allowed to proceed for 90 min at room temperature with gentle agitation. Reactions were terminated by the addition of 3 ml of ice-cold wash buffer (20 mM HEPES, pH 7.4) and rapid filtration under vacuum through glass fibre (GF/B) filters using a Brandel cell harvester. The amount of bound \[^{3}H\]-diprenorphine to membranes on individual filters was quantified by liquid scintillation counting.

**BRET Assays.** To determine the relative ability of the agonists to activate Gαi proteins, a BRET² based assay that monitors the separation of Gαi1 and Gγ2 was used. In this configuration a decrease in the BRET ratio is used as a measure of G protein activation. HEK293 cells were transiently transfected with HA-DOPr, Gαi1-Renilla Luciferase II (RlucII), GFP-Gγ2 and Gβ1. To determine the extent of agonist-induced arrestin recruitment, cells were co-transfected with human DOPr-Rluc and either arrestin-2 or 3-GFP. Immediately prior to each assay, cells were resuspended in phenol red free DMEM and then transferred to a 96-well plate at 90 μl per well. Measurements of BRET were made at 37°C. Coelenterazine 400a, at a final concentration of 5 μM, was injected 5 s prior to reading the cell plate. BRET measurements were obtained on a FLUOstar Omega plate reader (BMG LABTECH, Ortenberg,
Germany) using the following filter set; acceptor, 515 ± 30 nm; and donor, 410 ± 80 nm filters. BRET signals were determined as the ratio of the light emitted by acceptors (GFP<sub>10</sub>) over donor (RlucII). For G<sub>αi</sub> activation, BRET measurements were taken 2 min after agonist application and 10 min after agonist application for arrestin recruitment.

**ERK assay.** Western blot analysis of phosphorylated ERK (pERK) were performed as described previously (Cooke et al., 2015). For quantification, pERK levels were normalized against corresponding tubulin levels determined in the same experiment, which served as a loading control. Densitometry of bands was undertaken using ImageJ (NIH, USA).

**cAMP.** Levels of cAMP accumulation were determined using the HitHunter<sup>®</sup> cAMP XS+ Assay kit (DiscoverX). CHO-K1-hDOR cells were incubated with agonists for 48 h. On the day of assay, agonist-treated cells were given a 30 min washout period. The cells were re-exposed to the agonists and then subsequently challenged with forskolin (1 µM) in the presence of rolipram (1 µM) and the plates were incubated for 30 min at room temperature. The chemiluminescent signal was detected using a TopCount<sup>®</sup> NXT™ Plate reader (Perkin Elmer). The data were expressed as a percentage of the forskolin response.

**Internalization.** Internalization was assessed using the PathHunter<sup>®</sup> GPCR Internalization Assay kit (DiscoverX) according to the manufacturer’s instructions. U2OS-OPRD1 cells were exposed to agonists for 3 hours at 37 °C. Chemiluminescence indicated as relative luminescence units (RLUs), was measured on a TopCount<sup>®</sup> NXT™ Plate reader (Perkin Elmer).

**In vivo studies**
Mechanical hyperalgesia and acute inflammatory nociception studies. These studies were conducted by PharmInVivo Ltd, University of Pécs, Hungary.

Sciatic Nerve Ligation (SNL). Neuropathic pain was induced in either male NMRI mice (30-45 g) or male Wistar rats (237-310 g) using the SNL procedure as previously (Malmberg & Basbaum, 1998; Seltzer et al., 1990). Initially, animals were conditioned to the experimental apparatus (Fig. 3A, day -4) and then three baseline measurements were taken on three consecutive days (Fig. 3A, days -3, -2, -1). Animals were then anaesthetized with the combination of ketamine (100 mg/kg, i.p.) and xylazine (10 mg/kg, i.p.). Traumatic mononeuropathy on the right hind-limb was induced by tight ligation of 1/3 of the sciatic nerve. The mechanonociceptive thresholds of the plantar surface of the paw were measured with a dynamic plantar aesthesiometer. The paw withdrawal threshold was obtained in grams (the maximal value 10g, ramp of time 4s). Hyperalgesia (decrease of the withdrawal thresholds) was expressed as percentage by comparing the data of each individual animal to the averaged baseline threshold established prior to injury on days -3, -2, -1 (Fig 3A). Animals that did not develop the minimum of 20% hyperalgesia in response SNL were excluded from the studies.

Mono-iodoacetate-induced (MIA) Osteoarthritic Pain Model. Male NMRI mice (30-45 g) were anaesthetized with a combination of ketamine (100 mg/kg, i.p.) and xylazine (10 mg/kg, i.p.). MIA (25 mg/ml in 20µl) was injected in the right knee joint and saline (20 µl) in the left knee joint as a control as described previously (van Osch et al., 1994). On the 7th day after MIA injection, mice were treated orally with PN6047 (10 mg/kg) or vehicle (hydroxypropyl methylcellulose (HPMC)) and paw withdrawal thresholds measured 60 min later. The mechanonociceptive threshold of the plantar surface of the hind paws was measured with dynamic plantar aesthesiometry. Hyperalgesia was expressed as a percentage of initial control values as determined from the baseline measurements.
taken prior to MIA injection as described above. Mice with a minimum of 20% pre-treatment hyperalgesia were not included in the study.

**Carrageenan-induced Acute Inflammation and Inflammatory pain.** 60 min after oral administration of 1, 3 or 10 mg/kg PN6047 or vehicle (HPMC), carrageenan (3%, 50μl) was injected into the plantar surface of one hindpaw to induce subacute inflammatory hyperalgesia. The mechanonociceptive threshold was determined with dynamic plantar aesthesiometry as described above, and paw volume with plethysmometry. Measurements were taken at 2, 3, 4 and 24 h after carrageenan the treatment.

**Behavioural studies and adverse effect assessment.**

**Forced swim test.** Male NMRI mice (30-45 g) were administered PN6047 (10 mg/kg; p.o.) or vehicle (HPMC; p.o.). One hour post-drug administration, mice were placed in a water-filled cylinder, and immobility time, was recorded manually during the last 4 mins of the 6-min-long experimental period.

**Intravenous pentylenetetrazol (PTZ) seizure threshold.** This study was conducted by Transpharmation Ltd, UK. CD-1 male mice (28-34 g) were pre-treated with vehicle (HPMC; p.o.) or PN6047 (80 mg/kg; p.o.) for 30 min. Mice were then lightly restrained and injected intravenously with pentylenetetrazol (8 mg/ml in 0.9% saline) via a butterfly cannula placed in a superficial tail vein. PTZ was infused at a constant rate (0.5 ml/min). Latencies to onset of first myoclonus, forelimb tonus and or hindlimb tonic extension were recorded. Infusions were stopped at the appearance of hindlimb tonic extension (TE) up to a cut-off of 120 seconds. For animals reaching the cut-off, the dose of PTZ in mg/kg infused over the 120 seconds was calculated as the threshold dose. The threshold doses of PTZ (mg/kg) required to produce the different seizure types were calculated according to the following formula:
Time to seizure (s) x concentration of PTZ (mg/ml) x Flow rate (ml/min) x 1000
60 x body weight of animal (g)

**Conditioned Place Preference (CPP) and locomotor activity.** This study was conducted by RenaSci, Nottingham, UK. Place preference conditioning was conducted in a CPP chamber with an auto monitoring system (Ethovision XT version 8.0, Tracksys, Nottingham, UK). The apparatus consisted of a two-compartment box (40x40 cm each) with different walls and floors, covered with sound-attenuating material (Wright et al., 2019). Experiments were performed in dim white light (approximately 15 lux).

Male Wistar rats (6-7 weeks old) were habituated to laboratory conditions for four days prior to experimentation. On days 5 and 6 rats were habituated to the entire chamber for 15 min (one session /day). On days 7-10, rats were conditioned (40 min) to one of the two compartments and received either saline (1 ml/kg, s.c.), heroin (1 mg/kg, s.c.), PN6047 (3 mg/kg, i.p.), PN6047 (9 mg/kg, i.p.) or HPMC vehicle (1.5 ml/kg, i.p.) On the following day, those that received heroin or PN6047 received saline or HPMC vehicle and were restricted to the opposite side of the CPP apparatus. This was repeated over four days, so rats all received two injections of drug and two injections of vehicle during the conditioning sessions. The order of injections within each group was selected randomly. 24 hours after the last conditioning day, the guillotine doors were removed, and animals were allowed to roam freely in the CPP apparatus for 15 minutes. The time spent in each chamber and the total distance moved were recorded and analysed using the Ethovision software.

For CPP, data throughout are presented after multiplying by a correction factor. The correction factor was calculated by dividing duration of test (900 seconds) by total time spent in the two large compartments. This factor is used to proportionally divide the time spent in the neutral central compartment between the two conditioning compartments. The conditioned place preference scores
are presented as time spent in the drug-paired side-450 seconds (half of the post-test time) to give a preference score that represents an increase in time spent in the drug-paired side.

**Respiration Depression and Tail Flick latency.** For acute antinociception and respiratory depression experiments male CD-1 mice (28-32 g) were used. Respiration, measured as minute volume, was monitored using whole body plethysmography as described previously (Hill et al., 2018). Antinociception was measured as an increase in tail flick latency using the warm water (52.5°C) tail flick assay with a cut off of 15 s. Mice were habituated to plethysmograph chambers as well as general handling for 30 min the day prior to experimentation. On the day of the experiment mice had tail flick latency measured before and after measurement of a respiratory baseline for 20 min. Following the second tail flick measurement. Vehicle (HPMC), methadone (10 mg/kg) or PN6047 (20 mg/kg) were administered orally. Respiration was monitored for 10 min after drug administration, mice were then removed from the chambers for the measurement of tail flick latency. Mice were returned to their cages for 10 min before another tail flick latency was measured and mice were returned to the chamber for measurement of respiration for a further 10 min. This process of measurements was repeated until 70 min post administration.

**Data Analysis**

All values are expressed as mean ± SEM. Concentration-response data were analysed using nonlinear curve fitting (GraphPad Prism Software, San Diego, CA) to obtain EC$_{50}$ and E$_{max}$ values for G protein activation, cAMP accumulation, and arrestin recruitment, or IC$_{50}$, pK$_{i}$, and B$_{max}$ values from radioligand binding assays. Agonist bias was quantified using the operational model as previously reported (Kenakin et al., 2012). Concentration response curves were fitted to the Black-Leff operational model to determine transduction coefficients (t/K$_{A}$). Ligand bias factors ($\Delta$log[t/K$_{A}$]) are expressed after normalization against the prototypical delta opioid agonist SNC80, used as the reference ligand. Bias
factors were then expressed as the $\Delta \Delta \log \tau / K_A$ value between two different signalling pathways. For statistical analysis the $\Delta \Delta \log \tau / K_A$ values were transformed to the corresponding anti-log value.

Statistical analyses used in each experiment are detailed in respective figure legends. Briefly, comparisons of agonist efficacy, potency and bias factors were quantified using one-way ANOVA followed by Bonferroni’s post-hoc test. A student’s $t$-test was used to assess potential antagonistic activity of PN6047 at the $\mu$- and $\kappa$ opioid receptors. The SNL data, carrageenan-induced acute inflammation and inflammatory pain and pro-convulsive liability data sets were analysed by two-way ANOVA followed by Bonferroni’s modified $t$-test for comparisons between either pre- and post-treated values or vehicle and drug-treated groups, as indicated. The data from the MIA model were analysed by one-way ANOVA followed by Bonferroni’s modified $t$-test to compare the pre- and post-treatment values. Data from the forced swim test and CPP experiments were analysed with Student’s $t$-test for paired comparison between the pre- and post-treated values or post-conditioning and habituation scores, respectively. The respiratory depression and tail-flick assays were assessed by either one-way or two-way ANOVA as indicated, followed by Bonferroni’s post-hoc test.

**Results**

**In vitro studies**

To determine the affinity of PN6047 (Fig. 1C), competition binding studies were performed with PN6047 and SNC80 using the non-selective opioid receptor ligand $[^3]$H-diprenorphine as the label in the presence of a physiological concentration of sodium ions. Binding was assessed in membranes prepared from HEK293 cells stably expressing a HA-tagged $\delta$ opioid receptor (Fig. 1C). Receptor expression levels were determined by saturation binding assays with $[^3]$H-diprenorphine and the $B_{max}$...
of binding was found to be $1.91 \pm 0.29$ pmol/mg protein. For competition binding studies, SNC80 and PN6047 were fit by non-linear regression to a single site competition model and were found to have a similar affinity for the δ opioid receptor ($SNC80 pK_a 7.06 \pm 0.17; PN6047 pK_a 7.25 \pm 0.10$). To assess if PN6047 has efficacy at other members of the opioid receptor family we used a G protein BRET assay. The opioid receptor family members are primarily coupled to $G_\alpha_i$ that mediate, amongst other things, inhibition of adenylyl cyclase (AC). HEK293 cells were transiently transfected with either the δ, μ or κ opioid receptors together with $G_\alpha_i$-Rluc, $G_\beta$ and $G_\gamma$-GFP. PN6047 elicited a concentration-dependent activation of $G_\alpha_i$ G proteins in cells expressing the human δ opioid receptor (Fig. 1D; $EC_{50} 13.5 \pm 2.9$ nM). In cells expressing either the rat μ opioid receptor or human κ opioid receptor, PN6047 had no effect on $G_\alpha_i$ activation. In the same experiment, cells were also preincubated +/- PN6047 (10 μM; 2 min) prior to stimulation with 10 μM of a prototypical agonist for each of the opioid receptors (δ, SNC80; μ, DAMGO; κ, U69593) to determine a near maximal effect for each of the receptor constructs and investigate any potential antagonist activity of PN6047 at either the μ opioid receptor or κ opioid receptor. PN4047 had no effect on the ability of either DAMGO or U69593 to elicit a response (Fig. 1E), suggesting that PN6047 does not display antagonist activity at the other opioid receptors. Initially experiments were undertaken using a human μ opioid receptor construct; however, we were unable to achieve a strong signal with this construct even in response to DAMGO (10 μM), making the effect window too small for accurate analysis.

To characterise the $in vitro$ signalling profile of PN6047 and assess any potential bias we investigated the ability of PN6047 to activate $G_\alpha_i$ or recruit either arrestin-2 or arrestin-3 using BRET technology. The signalling profile of PN6047 was compared to that of three widely studied δ opioid receptor agonists (SNC80, DADLE and ARM1000390). Concentration-response curves for ligand-induced changes in BRET ratios were analysed to determine the potency ($EC_{50}$) and the maximum response
(E_{max}) of each ligand. The data for these signalling outputs are summarised in Table 1. As shown in figure 2A, SNC80, PN6047 and ARM1000390 were observed to be full agonists in the G protein BRET assay, the maximum response to DADLE was considered statistically different from that of SNC80, suggesting that in this assay, DADLE is a partial agonist. The potency order of the four agonists was DADLE = PN6047 > SNC80 > ARM1000390.

We then examined the recruitment of either arrestin-2 or arrestin-3 to the δ opioid receptor using a BRET assay. All agonists stimulated recruitment of both arrestins in a concentration dependent manner. Analysis of the maximum response of each agonist to recruit either arrestin-2 or arrestin-3 (Fig. 2B, C; Table 1) revealed that both PN6047 and DADLE were partial agonists for arrestin-2 and arrestin-3 recruitment, with significantly lower efficacy than SNC80. In comparison to the G protein assay, the potencies for the four agonists to recruit arrestin-2 were not substantially different with all agonists having an EC_{50} in the low micromolar range. For arrestin-3 recruitment the rank order of potencies was DADLE = PN6047 = SNC80 > ARM1000390.

To quantify biased agonism at these signalling pathways, bias factors were calculated as described in Materials and Methods. Quantification of bias between each pathway was performed using SNC80 as the reference ligand. Both PN6047 and DADLE showed significant bias toward G protein activation over recruitment of arrestin-2 or arrestin-3, compared to SNC80 (Fig. 2D, E). ARM1000390 was not significantly biased for either G protein activation or arrestin recruitment. Direct comparison of the concentration-response curves for SNC80 and PN6047 (Supplemental Fig. 1) clearly highlights the G protein biased profile of PN6047 relative to SNC80, with the position of the PN6047 curve being to the left of SNC80 curve for G protein activation but to the right of SNC80 for arrestin recruitment.
To investigate signalling and regulation further downstream of receptor activation we determined the ability of PN6047 and SNC80 to activate ERK, induce internalization and also assessed the contribution of GRK2/3 to arrestin recruitment. Both ligands at 10 µM activated ERK in a time-dependent manner to a similar extent (Supplemental Fig. 2A, B). For the δ opioid receptor, activation of ERK is reportedly downstream of G protein activation (Gendron et al., 2016). Trafficking of the δ opioid receptor is known to be ligand-dependent and purportedly important for differential behavioural effects in vivo (Pradhan et al., 2009; Pradhan et al., 2010). Whilst both SNC80 and PN6047 induced internalization of the δ opioid receptor, the potency and efficacy of SNC80 was greater than that of PN6047 (Supplemental Fig. 2C). In BRET-based arrestin recruitment assays, preincubation with compound 101, a GRK2/3 selective inhibitor, attenuated both arrestin-2 and arrestin-3 recruitment. The extent of inhibition of arrestin recruitment was similar for SNC80 and PN6047 in both arrestin-2 and arrestin-3 recruitment assays (Supplemental Fig. 2D, E).

**Anti-nociception studies**

**Sciatic Nerve Ligation (SNL) model.** In the murine SNL model of neuropathic pain (Fig. 3A), PN6047 at 3 mg/kg (p.o.) significantly reversed the mechanical hyperalgesia for at least two hours (Fig. 3B). A schematic of the experimental procedure is detailed in figure 3A. No changes in the mechanonociceptive thresholds were detected on the contralateral paw across the different experiments (data not shown). The dose of PN6047 was selected as one producing a robust anti-hyperalgesic effect as determined in the rat SNL model (Supplemental Fig. 3). The antihyperalgesic action of PN6047 was retained at 30 min (P<0.001), 60 min (P<0.001) and 120 min (P<0.001) post PN6047 administration. The anti-hyperalgesic effect of PN6047 did not differ significantly across the time points investigated, demonstrating that the anti-hyperalgesic action is retained for at least two
hours. Mechanonociceptive thresholds were not altered by vehicle (HPMC), 60 min post administration (Fig. 3B).

The anti-hyperalgesic action of PN6047 in the mouse SNL model was reversed by the selective δ opioid antagonist naltrindole hydrochloride (NTI) as well as by the peripherally restricted, non-selective opioid antagonist naloxone methiodide (NLX met; Fig 3C). Treatment with PN6047 (3 mg/kg; p.o.; 60 min) induced robust anti-hyperalgesia ($P<0.001$). Pre-treatment for 30 min with either naloxone methiodide (8 mg/kg; i.p.) or naltrindole hydrochloride (3 mg/kg; i.p.) significantly inhibited the anti-hyperalgesic effect of PN6047 (Fig. 3C). This indicates a δ receptor-mediated effect with a peripheral δ receptor component for the anti-hyperalgesic effect of PN6047 in the SNL model.

**Tolerance Evaluation.** The potential for the development of tolerance to the analgesic effectiveness of PN6047 was studied using the SNL model in mice. PN6047 retained anti-hyperalgesic efficacy following repeated dosing in the SNL model (Fig. 3D). PN6047 (3 mg/kg; p.o.) was administered once daily for 16 days to mice subjected to SNL 5 days previously. Mechanonociceptive measurements were assessed 60 min following drug administration on days 5, 7, 9, 12, 14, 16, 19 and 21 post surgery. Treatment with PN6047 resulted in a significant inhibition of hyperalgesia on the first day of treatment (-39.7 ± 2.2 % v -22.7 ± 2.5 % hyperalgesia, vehicle v PN6047 respectively; $P<0.05$). The anti-hyperalgesic effect of PN6047 was maintained during the 16-day dosing period (-38.2 ± 4.4 % v -17.8 ± 5.9 % hyperalgesia, vehicle v PN6047 respectively, day 21; $P<0.01$). Thus, tolerance to the anti-hyperalgesic effect of PN6047 does not appear to develop in this model, with the compound continuing to reverse the SNL-induced hyperalgesia after 16 days of dosing.
Interestingly, *in vitro* measures of desensitisation demonstrated that PN6047 does not induce desensitisation of the receptor when cells were treated with PN6047 (1 µM) for 48 h. In contrast, the response to SNC80 had completely desensitised at 48 h (Supplemental Fig. 4). Desensitisation was measured as inhibition of forskolin-stimulated cyclic AMP in human δ opioid expressing CHO cells, and the desensitisation was blocked by naltrindole.

**Murine monoiodoacetate (MIA) model of Osteoarthritis.** In the MIA model of osteoarthritis, treatment with a single dose of PN6047 reversed the MIA-induced mechanical hyperalgesia (Fig. 4A). Seven days after intra-articular injection of MIA (0.5 mg), administration of PN6047 (10 mg/kg; p.o.; 60 min) decreased the mechanical hyperalgesia (-50.9 ± 5.2 % v -23.3 ± 7.6 % hyperalgesia pre-treatment v post-treatment, respectively; *P*<0.01). Vehicle (HPMC; p.o.; 60 min) alone had no effect on the extent of hyperalgesia induced by MIA (Fig. 4A).

**Carrageenan-induced acute inflammation and inflammatory pain behaviour.** PN6047 had no effect on either acute inflammatory pain or paw oedema in the carrageenan model of acute inflammation in mice. Intraplantarly-administered carrageenan (3%, 50µl i.pl.) induced a decrease of the mechanonociceptive thresholds (Fig. 4B), this acute hyperalgesia was not affected by vehicle (HPMC; p.o.) or PN6047 (1 mg/kg, 3 mg/kg, 10 mg/kg; p.o.) administration. Similarly, carrageenan induced 30-45% paw oedema. The extent of oedema was not statistically different between vehicle (HPMC; p.o.) or PN6047 pre-treated mice (1 mg/kg, 3 mg/kg 10 mg/kg; p.o.) throughout the experimental procedure (Fig. 4C).

**Behavioural studies and adverse effect assessment**
Forced swim test of depressive-like behaviour. Several lines of evidence from animal models support the utility of δ opioid agonists in the treatment of depression and anxiety (Pradhan et al., 2011). In the mouse forced swim test, one-hour post drug administration, PN6047 (10 mg/kg; p.o.) produced a robust decrease in the time spent immobile, indicating an antidepressant-like effect (Fig. 5A; P<0.01).

Convulsions. Some of the first selective δ opioid agonists had pro-convulsant properties, and PN6047 was, therefore, evaluated for pro-convulsive activity. Seizure threshold was assessed by tail-vein infusion of PTZ (4 mg/min) in mice. Pre-treatment with a high dose of PN6047 (80 mg/kg; p.o.), induced no seizure activity during the 30 min pre-treatment period nor did it alter the subsequent dose of PTZ required to induce myoclonic (P=0.866), forelimb tonic (P=0.944) and hindlimb tonic seizures (P=0.112) in comparison with vehicle (HPMC) treated control mice (Fig. 5B).

Abuse liability. To determine whether PN6047 has any reward-like properties, PN6047 was tested in the conditioned place preference (CPP) model (Fig. 5C). Rats conditioned with PN6047 (3 mg/kg or 9 mg/kg) showed no change in preference compared to habituation (Fig. 5C (3 mg/kg PN6047; i.p.; P=0.56); (9 mg/kg PN6047; i.p.; P=0.24)). In contrast, rats conditioned with heroin (1 mg/kg; s.c.) showed a significant increase in preference for the drug-paired compartment (Supplemental Fig. 5A; P<0.05). Of note, locomotor activity was also assessed in these experiments, no significant difference was observed between any of the experimental groups (Supplemental Fig. 5B).

Acute nociception and respiratory depression. For the δ opioid receptor there is limited evidence to suggest that agonists are effective in acute nociception and have the potential to induce respiratory depression, both of which are typically thought to be mediated via activation of the µ opioid receptor.
In order to evaluate the effect of PN6047, an additional group of mice treated with the \( \mu \) selective agonist, methadone, were included for direct comparison. Assessment of acute anti-nociceptive activity of PN6047 (20 mg/kg; p.o.) using the tail flick assay revealed that PN6047 has limited efficacy in acute thermal nociception (Fig. 6A, B). Whilst the effect of PN6047 was not significant in comparison to vehicle treated mice at specific time points, a composite of the data, calculated from area under the curve shows a small but significant effect of PN6047 \( (P<0.05) \). In comparison, methadone (10 mg/kg; p.o.) substantially reduced tail withdrawal latencies \( (P<0.001) \).

PN6047 (20 mg/kg; p.o.) had no effect on respiration in mice. Respiratory parameters were monitored using whole body plethysmography for 70 min post drug administration. Methadone significantly depressed respiration \( (P<0.01) \), whereas in PN6047-treated mice the minute volume did not differ from vehicle (HPMC)-treated mice at any of the time points investigated or when the area under the curve was calculated (Fig. 6C, D).
Discussion

Increasing evidence implicates the δ opioid receptor as an attractive therapeutic target for various chronic pain states. Here, we report on PN6047, a novel small molecule δ opioid receptor agonist. The data presented demonstrate that PN6047 is an orally bioavailable, G protein-biased and δ-selective agonist with potent anti-hyperalgesic efficacy in preclinical models of chronic pain. Notably PN6047 does not appear to have proconvulsive activity or induce analgesic tolerance.

PN6047 shows a differential signalling profile compared with the prototypical agonist SNC80 in vitro. PN6047 elicited a maximal response in the BRET G protein activation assay equivalent to that of SNC80 but with greater potency (10-fold difference). Given that SNC80 and PN6047 were determined to have similar affinities for the δ opioid receptor in binding studies, our results indicate that PN6047 is a more efficacious ligand with respect to G protein activation. In contrast to the response in the G protein assay, PN6047 is a partial agonist for both arrestin-2 and arrestin-3 recruitment, being a particularly weak recruiter of arrestin-2. Examining bias across the different signalling pathways revealed that PN6047 is significantly biased toward G protein activation over arrestin recruitment, relative to SNC80. SNC80 was selected as our reference ligand as it is often regarded as a prototypical ligand and it has been well characterized in many in vitro and behavioural assays (Dripps et al., 2018; Jutkiewicz et al., 2005; Pradhan et al., 2010). The peptide agonist, DADLE was also shown to be G protein-biased in our studies. Interestingly another synthetic opioid peptide, DPDPE has recently been reported as being biased towards G protein activation relative to arrestin recruitment when SNC80 is used as a reference compound (Stanczyk et al., 2019). ARM1000390 has previously been reported as a low internalizing δ opioid agonist and this has been suggested to arise as a consequence of limited arrestin recruitment (Pradhan et al., 2016). Whilst in our assays, ARM1000390 was a deemed to be a full agonist it did exhibit lower potency than the other agonists and was significantly less potent than SNC80 in the
arrestin recruitment assays. Although the maximum response to ARM1000390 in the arrestin recruitment assays was not statistically different from that of SNC80 this is likely to be a result of the curve fitting process on individual experiments. In line with its G protein efficacy, PN6047 elicited ERK activation of equivalent magnitude and duration to that seen with SNC80. Similarly, in relation to its limited ability to recruit arrestins, PN6047 was a partial agonist with respect to internalization.

The anti-hyperalgesic properties of PN6047 in the SNL and MIA model are similar to those of several other nonpeptide δ opioid receptor agonists, such as SNC-80, ARM100390 and ADL5859 that have been shown to be effective in both neuropathic pain models and chronic inflammatory pain models (Bilsky et al., 1995; Codd et al., 2009; Pradhan et al., 2009). Although PN6047 did not completely reverse the mechanical hyperalgesia in either the SNL model or the MIA model, this is potentially due to the use of a submaximal dose of PN6047 in both experiments. Higher concentrations of PN6047 in different chronic pain models will need to be evaluated in the future. The anti-hyperalgesic action of PN6047 in the SNL model was inhibited by administration of either the selective δ antagonist naltrindole or the peripherally restricted antagonist, naloxone methiodide, indicating that there is a peripheral component to the anti-hyperalgesic effect of PN6047. These findings agree with previously published data that have shown peripheral δ opioid receptors are expressed by both un-myelinated and myelinated sensory nerves (Bardoni et al., 2014) and are important for mediating the analgesic effects of δ opioid agonists (Gaveriaux-Ruff et al., 2011; Scherrer et al., 2009; Stein et al., 2009).

Repeated administration of PN6047 did not induce analgesic tolerance. This is an important finding as the onset of analgesic tolerance has been a major drawback in the development of δ opioid agonists. This lack of tolerance to PN6047 contrasts to the effects of repeated, once daily administration of SNC80, AR-M1000390 and KNT-127, all of which induce analgesic tolerance following prolonged
dosing over days, although this is thought to occur via different molecular mechanisms (Jutkiewicz et al., 2005; Nozaki et al., 2014; Pradhan et al., 2009; Pradhan et al., 2016). We observed no change in the analgesic efficacy of PN6047 over a 16 day dosing regimen. For comparison, a recent study reported that repeated treatment of mice (once daily; 10 mg/kg) with SNC80 resulted in analgesic tolerance within 3 days (Vicente-Sanchez et al., 2018). The lack of tolerance to PN6047 may in part arise as a consequence of its limited ability to induce internalization. For the δ opioid receptor there is now a well established link between receptor trafficking fates, and the onset and duration of tolerance (Pradhan et al., 2009; Pradhan et al., 2010; Vicente-Sanchez et al., 2018). Furthermore, in arrestin-2 knock-out animals, analgesic tolerance to SNC80 is attenuated (Vicente-Sanchez et al., 2018).

Despite having significant analgesic action in rodent models of chronic pain, administration of PN6047 had no effect on either acute inflammatory pain or paw oedema following intraplantar injection of carrageenan. This indicates that the action of PN6047 is selective for chronic pain states and that the drug has minimal therapeutic potential for acute inflammatory pain states. As with some of the preclinical pain models, the efficacy of different δ opioid agonists in the carrageenan-induced inflammatory pain model appears to be ligand-dependent. For example, SNC80 has been shown to reverse carrageenan-induced tactile allodynia but not carrageenan-induced thermal hyperalgesia in rats (Kouchek et al., 2013). Whereas, another small molecule δ opioid agonist, SB-235863 potently reversed thermal hyperalgesia in rats resulting from a carrageenan-induced inflammatory response (Petrillo et al., 2003).

In the forced swim test, PN6047 decreased immobility, consistent with the well-established antidepressant-like effects of δ-receptor agonists (Pradhan et al., 2011). Various studies to date have
documented the potential of δ opioid agonists as antidepressant drugs. For example, SNC80, ADL5859 and KNT-127 all inhibit depressive-like behaviour, and these effects were reported to be comparable to that of prototypical antidepressant drugs, including selective serotonin reuptake inhibitors and tricyclic antidepressants (Le Bourdonnec et al., 2008; Saitoh et al., 2004; Saitoh et al., 2011). On the other hand, in a limited clinical trial with the δ opioid agonist AZD2327 in anxious depressed patients, although the drug’s effects overall failed to reach significance, it was concluded that AZD2327 had larger potential anxiolytic than antidepressant activity (Richards et al., 2016).

The observation that some of the earlier developed δ opioid agonist can cause convulsions has limited their clinical development (Broom et al., 2002; Comer et al., 1993). This effect has been demonstrated to be mediated via activation of the δ opioid receptor through the use of δ opioid antagonist and δ receptor knock-out mice (Nagase et al., 1998). However, other ligands have subsequently been developed that are devoid of convulsive activity, including ADL5859, JNJ20788560, ARM1000390 and KNT-127 (Chung et al., 2015; Codd et al., 2009; Le Bourdonnec et al., 2008; Saitoh et al., 2011). In line with these agonists, we observed no evidence of proconvulsive activity of PN6047 at a dose 80-fold greater than that required for its anti-hyperalgesic activity. These data provide further support for the notion that the convulsive activity of certain δ opioid agonists is ligand specific and not a property common to this drug class. The signalling mechanisms that mediate the proconvulsive activity of some δ agonists are not yet fully understood. Whilst some of the aforementioned agonists that are devoid of proconvulsive activity are also reported to be low internalizing agonists and are not thought to engage arrestin efficiently, SNC80-induced convulsions were actually potentiated in arrestin-2 knock-out mice (Dripps et al., 2018; Vicente-Sanchez et al., 2018) suggesting that further work is required to determine the contribution, or lack of contribution of arrestin, in mediating seizure behaviour.
Assessment of other opioid-related adverse effects also revealed a beneficial behavioural profile of PN6047. PN6047 treated rodents did not exhibit typical µ opioid receptor related behaviours, including respiratory depression or conditioned place preference. In fact there is little evidence for any rewarding properties of delta opioid agonists in rodents (van Rijn et al., 2012) or non-human primates (Hudzik et al., 2014).

PN6047 had a small but significant effect on acute nociception (tail-flick) but only when comparisons were made on the composite data. Concurrent experiments with either methadone or heroin demonstrated that these agonists exhibited characteristic µ opioid-mediated behaviours. In agreement with these finding, the δ opioid agonist JNJ-200788560 has been shown not to induce respiratory depression or precipitate withdrawal behaviours consequent to opioid antagonist administration which is indicative of adverse effects and physical dependence (Codd et al., 2009). Thus, PN6047 does not induce respiratory depression or posses abuse liability, two of the major adverse effects currently associated with µ opioid agonists. These finding are supported by the cellular studies assessing opioid receptor selectivity whereby PN6047 did not elicit a response in cells expressing either the µ opioid receptor or κ opioid receptor and PN6047 did not inhibit the response of prototypical agonists at either of these receptors.

The in vivo profile of PN6047 shown here demonstrates that δ opioid ligands that are potent anti-hyperalgesics yet devoid of troublesome on target side-effects represent a feasible approach for the treatment of chronic pain states and depression. Importantly, PN6047 is a G protein-biased ligand that is a full agonist for G protein activation. The in vivo significance of a G protein-biased δ agonist remains to be fully explored. Whilst we have provided evidence of a ligand with an improved therapeutic profile it cannot be determined at present if this arises as a direct consequence of the biased signalling...
or perhaps due to the limited arrestin recruitment, particularly with respect to arrestin-2 that has been shown to play a role in some of the unwanted behavioural effects observed for other δ-opioid agonists (Dripps et al., 2018; Pradhan et al., 2016; Vicente-Sanchez et al., 2018). Certainly, there is evidence in the literature to suggest that G protein-biased δ opioid ligands or δ opioid ligands that weakly engage arrestin would offer clinical superiority (Pradhan et al., 2009; Pradhan et al., 2010; Vicente-Sanchez et al., 2018). A greater understanding of the signalling pathways that underlie the different behavioural responses to δ opioid agonists together with knowledge of the structural basis for this differential signalling will provide further insight into the potential utility of this drug class for treating chronic pain and emotional disorders. Collectively, our results provide further support for the development of G protein-biased δ agonists as a strategy for improving the therapeutic profile of δ opioid agonists.
Acknowledgements

The authors thank David Heal from RenaSci Ltd., for overseeing the conditioned place preference experiments. Colleen Taylor and Graham Wadsworth from Transpharmation Ltd., for assessing PTZ induced seizures and Dora Omboli and Nikolett Szentes for their expert technical assistance.

Authorship Contributions

Participated in research design: Conibear, Henderson, Helyes, von Mentzer, Kendall, Kelly

Conducted experiments: Conibear, Asghar, Hill, Borbely, Tekus, Helyes, Palandri

Contributed new reagents or analytical tools: Starke, von Mentzer, Kendall

Performed data analysis: Conibear, Asghar, Hill, Borbely, Tekus, Helyes, Palandri, Bailey

Wrote or contributed to the writing of the manuscript: Conibear, Bailey, von Mentzer, Kendall, Kelly
References

Audet N, Charfi I, Mnie-Filali O, Amraei M, Chabot-Dore AJ, Millecamps M, et al. (2012). Differential Association of Receptor-G beta gamma Complexes with beta-Arrestin2 Determines Recycling Bias and Potential for Tolerance of Delta Opioid Receptor Agonists. Journal of Neuroscience 32: 4827-4840.

Bardoni R, Tawfik VL, Wang D, Francois A, Solorzano C, Shuster SA, et al. (2014). Delta Opioid Receptors Presynaptically Regulate Cutaneous Mechanosensory Neuron Input to the Spinal Cord Dorsal Horn. Neuron 81: 1443.

Bilsky EJ, Calderon SN, Wang T, Bernstein RN, Davis P, Hruby VJ, et al. (1995). SNC 80, a selective, nonpeptidic and systemically active opioid delta agonist. J Pharmacol Exp Ther 273: 359-366.

Broom DC, Jutkiewicz EM, Folk JE, Traynor JR, Rice KC, & Woods JH (2002). Convulsant activity of a non-peptidic delta-opioid receptor agonist is not required for its antidepressant-like effects in Sprague-Dawley rats. Psychopharmacology (Berl) 164: 42-48.

Burford NT, Livingston KE, Canals M, Ryan MR, Budenholzer LM, Han Y, et al. (2015). Discovery, synthesis, and molecular pharmacology of selective positive allosteric modulators of the delta-opioid receptor. J Med Chem 58: 4220-4229.

Charfi I, Audet N, Tudashki HB, & Pineyro G (2015). Identifying ligand-specific signalling within biased responses: focus on delta opioid receptor ligands. Brit J Pharmacol 172: 435-448.

Chung PC, Boehrer A, Stephan A, Matifas A, Scherrer G, Darcq E, et al. (2015). Delta opioid receptors expressed in forebrain GABAergic neurons are responsible for SNC80-induced seizures. Behav Brain Res 278: 429-434.

Codd EE, Carson JR, Colburn RW, Stone DJ, Van Besien CR, Zhang SP, et al. (2009). JNJ-20788560 [9-(8-Azabicyclo[3.2.1]oct-3-ylidene)-9H-xanthene-3-carboxylic Acid Diethylamide], a Selective Delta Opioid Receptor Agonist, Is a Potent and Efficacious Antihyperalgesic Agent That Does Not Produce Respiratory Depression, Pharmacologic Tolerance, or Physical Dependence. Journal of Pharmacology and Experimental Therapeutics 329: 241-251.

Comer SD, Hoenicke EM, Sable AI, McNutt RW, Chang KJ, De Costa BR, et al. (1993). Convulsive effects of systemic administration of the delta opioid agonist BW373U86 in mice. J Pharmacol Exp Ther 267: 888-895.

Cooke AE, Oldfield S, Krasel C, Mundell SJ, Henderson G, & Kelly E (2015). Morphine-induced internalization of the L83I mutant of the rat mu-opioid receptor. Brit J Pharmacol 172: 593-605.

Cowan A, Zhu XZ, Mosberg HI, Omnaas JR, & Porreca F (1988). Direct dependence studies in rats with agents selective for different types of opioid receptor. J Pharmacol Exp Ther 246: 950-955.
Dripps IJ, Boyer BT, Neubig RR, Rice KC, Traynor JR, & Jutkiewicz EM (2018). Role of signalling molecules in behaviours mediated by the delta opioid receptor agonist SNC80. Br J Pharmacol 175: 891-901.

Feng P, Rahim RT, Cowan A, Liu-Chen LY, Peng X, Gaughan J, et al. (2006). Effects of mu, kappa or delta opioids administered by pellet or pump on oral Salmonella infection and gastrointestinal transit. Eur J Pharmacol 534: 250-257.

Gallantine EL, & Meert TF (2005). A comparison of the antinociceptive and adverse effects of the mu-opioid agonist morphine and the delta-opioid agonist SNC80. Basic Clin Pharmacol Toxicol 97: 39-51.

Gaveriaux-Ruff C, & Kieffer BL (2011). Delta opioid receptor analgesia: recent contributions from pharmacology and molecular approaches. Behav Pharmacol 22: 405-414.

Gaveriaux-Ruff C, Nozaki C, Nadal X, Hever XC, Weibel R, Matifas A, et al. (2011). Genetic ablation of delta opioid receptors in nociceptive sensory neurons increases chronic pain and abolishes opioid analgesia. Pain 152: 1238-1248.

Gendron L, Cahill CM, von Zastrow M, Schiller PW, & Pineyro G (2016). Molecular Pharmacology of delta-Opioid Receptors. Pharmacol Rev 68: 631-700.

Glajchen M (2001). Chronic pain: treatment barriers and strategies for clinical practice. J Am Board Fam Pract 14: 211-218.

Hill R, Disney A, Conibear A, Sutcliffe K, Dewey W, Husbands S, et al. (2018). The novel mu-opioid receptor agonist PZM21 depresses respiration and induces tolerance to antinociception. Br J Pharmacol 175: 2653-2661.

Hudzik TJ, Pietras MR, Caccese R, Bui KH, Yocca F, Paronis CA, et al. (2014). Effects of the delta opioid agonist AZD2327 upon operant behaviors and assessment of its potential for abuse. Pharmacol Biochem Be 124: 48-57.

Jutkiewicz EM, Kaminsky ST, Rice KC, Traynor JR, & Woods JH (2005). Differential behavioral tolerance to the delta-opioid agonist SNC80 [(+)-4-[(alphaR)-alpha-[2S,5R]-2,5-dimethyl-4-(2-propenyl)-1-piperazinyl]-3-methoxyphenyl)methyl]-N,N-diethylbenzamide] in Sprague-Dawley rats. J Pharmacol Exp Ther 315: 414-422.

Kelly E (2013). Ligand bias at the mu-opioid receptor. Biochem Soc T 41: 218-224.

Kenakin T, & Christopoulos A (2013). OPINION Signalling bias in new drug discovery: detection, quantification and therapeutic impact. Nat Rev Drug Discov 12: 205-216.
Kenakin T, Watson C, Muniz-Medina V, Christopoulos A, & Novick S (2012). A simple method for quantifying functional selectivity and agonist bias. ACS Chem Neurosci 3: 193-203.

Kouchek M, Takasusuki T, Terashima T, Yaksh TL, & Xu Q (2013). Effects of intrathecal SNC80, a delta receptor ligand, on nociceptive threshold and dorsal horn substance P release. J Pharmacol Exp Ther 347: 258-264.

Le Bourdonnec B, Windh RT, Ajello CW, Leister LK, Gu M, Chu GH, et al. (2008). Potent, orally bioavailable delta opioid receptor agonists for the treatment of pain: discovery of N,N-diethyl-4-(5-hydroxyoxyspiro[chromene-2,4'-piperidine]-4-yl)benzamide (ADL5859). J Med Chem 51: 5893-5896.

Malmberg AB, & Basbaum AI (1998). Partial sciatic nerve injury in the mouse as a model of neuropathic pain: behavioral and neuroanatomical correlates. Pain 76: 215-222.

McPherson J, Rivero G, Baptist M, Llorente J, Al-Sabah S, Krasel C, et al. (2010). mu-Opioid Receptors: Correlation of Agonist Efficacy for Signalling with Ability to Activate Internalization. Mol Pharmacol 78: 756-766.

Nagase H, Kawai K, Hayakawa J, Wakita H, Mizusuna A, Matsuura H, et al. (1998). Rational drug design and synthesis of a highly selective nonpeptide delta-opioid agonist, (4aS*,12aR*)-4a-(3-hydroxyphenyl)-2-methyl-1,2,3,4,4a,5,12,12a-octahydropyrido[3,4-b]acridine (TAN-67). Chem Pharm Bull (Tokyo) 46: 1695-1702.

Nozaki C, Nagase H, Nemoto T, Matifas A, Kieffer BL, & Gaveriaux-Ruff C (2014). In vivo properties of KNT-127, a novel delta opioid receptor agonist: receptor internalization, antihyperalgesia and antidepressant effects in mice. Br J Pharmacol 171: 5376-5386.

Petrillo P, Angelici O, Bingham S, Ficalora G, Garnier M, Zaratin PF, et al. (2003). Evidence for a selective role of the delta-opioid agonist [BR-(4bS*,8alpha,8beta,12bbeta)]7,10-Dimethyl-1-methoxy-11-(2-methylpropyl)oxy-carbonyl 5,6,7,8,12,12b-hexahydro-9H-4,8-methanobenzofuro[3,2-e]pyrrolo[2,3-g]isoquinoline hydrochloride (SB-235863) in blocking hyperalgesia associated with inflammatory and neuropathic pain responses. J Pharmacol Exp Ther 307: 1079-1089.

Pradhan AA, Becker JA, Scherrer G, Tryoen-Toth P, Filliol D, Matifas A, et al. (2009). In vivo delta opioid receptor internalization controls behavioral effects of agonists. PLoS One 4: e5425.

Pradhan AA, Befort K, Nozaki C, Gaveriaux-Ruff C, & Kieffer BL (2011). The delta opioid receptor: an evolving target for the treatment of brain disorders. Trends Pharmacol Sci 32: 581-590.

Pradhan AA, Perroy J, Walwyn WM, Smith ML, Vicente-Sanchez A, Segura L, et al. (2016). Agonist-Specific Recruitment of Arrestin Isoforms Differentially Modify Delta Opioid Receptor Function. J Neurosci 36: 3541-3551.
Pradhan AA, Walwyn W, Nozaki C, Filliol D, Erbs E, Matifas A, et al. (2010). Ligand-directed trafficking of the delta-opioid receptor in vivo: two paths toward analgesic tolerance. J Neurosci 30: 16459-16468.

Richards EM, Mathews DC, Luckenbaugh DA, Ionescu DF, Machado-Vieira R, Niciu MJ, et al. (2016). A randomized, placebo-controlled pilot trial of the delta opioid receptor agonist AZD2327 in anxious depression. Psychopharmacology (Berl) 233: 1119-1130.

Saitoh A, Kimura Y, Suzuki T, Kawai K, Nagase H, & Kamei J (2004). Potential anxiolytic and antidepressant-like activities of SNC80, a selective delta-opioid agonist, in behavioral models in rodents. J Pharmacol Sci 95: 374-380.

Saitoh A, Sugiyama A, Nemoto T, Fujii H, Wada K, Oka J, et al. (2011). The novel delta opioid receptor agonist KNT-127 produces antidepressant-like and antinociceptive effects in mice without producing convulsions. Behav Brain Res 223: 271-279.

Scherrer G, Imamachi N, Cao YQ, Contet C, Mennicken F, O’Donnell D, et al. (2009). Dissociation of the Opioid Receptor Mechanisms that Control Mechanical and Heat Pain. Cell 137: 1148-1159.

Seltzer Z, Dubner R, & Shir Y (1990). A Novel Behavioral-Model of Neuropathic Pain Disorders Produced in Rats by Partial Sciatic-Nerve Injury. Pain 43: 205-218.

Stanczyk MA, Livingston KE, Chang L, Weinberg Z, Puthenveedu M, & Traynor JR (2019). The delta opioid receptor positive allosteric modulator BMS 986187 is a G protein biased allosteric agonist. Br J Pharmacol.

Stein C, Clark JD, Oh U, Vasko MR, Wilcox GL, Overland AC, et al. (2009). Peripheral mechanisms of pain and analgesia. Brain Res Rev 60: 90-113.

van Osch GJ, van der Kraan PM, & van den Berg WB (1994). Site-specific cartilage changes in murine degenerative knee joint disease induced by iodoacetate and collagenase. J Orthop Res 12: 168-175.

van Rijn RM, Brissett DI, & Whistler JL (2012). Distinctive modulation of ethanol place preference by delta opioid receptor-selective agonists. Drug Alcohol Depend 122: 156-159.

Vicente-Sanchez A, Dripps IJ, Tipton AF, Akbari H, Akbari A, Jutkiewicz EM, et al. (2018). Tolerance to high-internalizing opioid receptor agonist is critically mediated by arrestin 2. Brit J Pharmacol 175: 3050-3059.
This work was supported by the Medical Research Council [Grant. MR/N020669/1] and National Brain Research Program 2017-1.2.1-NKP-2017-00002 (NAP-2; Chronic Pain Research Group).

1. The synthesis of PN6047 was performed according to the patent WO2016/099393, with US pat no US 10,118,921 B2.
Legends for Figures

**Figure 1.** PN6047 is a selective δ opioid receptor agonist. Structure of SNC80 (A) and PN6047 (B). C) Competitive inhibition of [³H]-diprenorphine (2 nM) binding in HEK-DOR membranes by SNC80 or PN6047. Non-specific binding was determined using naltrindole (30 µM). Data represent mean ± SEM (n=4). D and E) Opioid-induced Gαi protein activation measured using BRET technology in HEK293 cells expressing recombinant opioid receptors together with Gαi-Rluc, Gγ-GFP and Gβ. Concentration-response to PN6047 in cells expressing either the δ, µ or κ opioid receptors (D). Cells were also stimulated with 10 µM of a prototypical agonist for the respective receptor δ, SNC80; µ, DAMGO; κ, U69593 to elicit a near maximal response (E). The averaged response to these prototypical agonists was taken as 100 percent for each receptor in order to normalise the response to PN6047 (D). In the same experiments, cells were preincubated with PN6047 (10 µM) for 2 min prior to stimulation with 10 µM of the prototypical agonist for the respective receptor to assess any antagonistic activity (E). Data represent mean ± SEM (n=4-6). Data in E were analysed by Student’s t-test for comparison between the response elicited by each of the agonists in the absence and presence of PN6047.

**Figure 2.** PN6047 is a G protein-biased agonist. A) Activation of Gai G proteins, B) and C) recruitment of arrestin-2 and arrestin-3, respectively, measured as a change in BRET ratio. HEK293 cells were transiently transfected with HA-tagged DOPr, Gαi-Rlucll, Gγ-GFP and Gβ for the G protein BRET studies or DOPr-Rluc and arrestin-2/3-GFP to measure arrestin recruitment. Cells were stimulated with agonist for either 2 min (A; G protein subunit dissociation) or 10 min (B and C; arrestin-2 or -3 recruitment) before the addition of 5 µM coelenterazine 400a and changes in BRET ratio measured. Data represent mean ± SEM (n=5-7). D) and E) Bias factors for all agonists between G protein activation and arrestin recruitment relative to SNC80. *P<0.05; ****P<0.0001, as determined by one-way ANOVA followed by Bonferroni’s post-hoc test.
**Figure 3.** PN6047 is an effective anti-hyperalgesic in the sciatic nerve ligation (SNL) model of neuropathic pain. A) Schematic of the SNL experimental procedure as detailed in the methods. Arrows indicate the days on which mechanonociceptive measurement were taken. With negative values representing pre-surgery days when a conditioning (day -4) and three baseline measurements were acquired over three consecutive days (-3, -2, -1). B) Time course of PN6047 anti-hyperalgesic effect in the mouse SNL model. Mechanonociceptive thresholds were measured 7 days post-surgery, vehicle (HPMC; p.o.) or PN6047 (3 mg/kg; po) was administered and mechanonociceptive thresholds assessed at 30, 60 and 120 min post administration (n=5-8 mice/group). C) Antagonism of PN6041-induced hyperalgesia with opioid antagonists in the mouse SNL model. Mechanonociceptive thresholds were determined prior to pre-treatment with either saline, Naltrindole (NTI; 3 mg/kg, i.p.) or naloxone methiodide (NLX met; 8 mg/kg, i.p.) for 30 min. Animals were then administered vehicle (HPMC; p.o.) or PN6047 (3 mg/kg; p.o.) and mechanonociceptive thresholds determined 60 min later (n=7-8 mice/group). D) Repeated dosing of PN6047 retains anti-hyperalgesic activity in the mouse SNL model. Animals were dosed every 24 h with vehicle (HPMC; p.o.) or PN6047 (3 mg/kg; p.o.), mechanonociceptive thresholds were determined 60 min following drug administration on days 5, 7, 9, 12, 14, 16, 19 and 21 post surgery. Results are expressed as mean ± SEM of the mechanonociceptive threshold changes (n=8-9 mice/group). Data in B and D were analysed by two-way repeated measures ANOVA followed by Bonferroni’s modified t-test to compare either the pre- and post-treatment values (B) or the drug effect to the vehicle at respective timepoints (D). Data in C were analysed by two-way ANOVA followed by Bonferroni’s modified t-test to compare the pre- and post-treatment values (*P<0.05, **P<0.01 and ***P<0.001).

**Figure 4.** PN6047 is an effective anti-hyperalgesic in the mouse MIA-model of osteoarthritis but not in the carrageenan model of acute inflammatory pain. A) Mice received an intra-articular injection of MIA (25 mg.ml⁻¹ in 20 µl; 0.5 mg) and were allowed to recover for 7 d. Mechanonociceptive thresholds
were determined prior to administration of either vehicle (HPMC; p.o.) or PN6047 (10 mg/kg; p.o.), 60 minutes later the mechanonociceptive responses were determined (n=6-7 mice/group). Results are expressed as means ± SEM, data were analysed with one-way ANOVA followed by Bonferroni’s modified t-test to compare the pre- and post-treatment values (**P<0.01). B) and C) Effect of PN6047 on carrageenan-induced acute inflammatory pain behaviour and inflammation. 60 min after administration of vehicle (HPMC; p.o.) or 1, 3 or 10 mg/kg PN6047 (p.o.), carrageenan (3%, 50μl) was injected into the plantar surface hind paw. Mechanonociceptive responses (B) and paw volume (C) were assessed at 2, 3, 4 and 24 h post drug administration. Data represent mean ± SEM (n=7 mice/group) and were analysed by two-way ANOVA followed by Bonferroni’s modified t-test to compare the pre- and post-treatment values.

Figure 5. PN6047 has antidepressant activity but is not proconvulsive or displays preference in CPP. A) Effect of PN6047 in the mouse forced swim test of antidepressant-like activity. Immobility time in the forced swim test 60 min after treatment with vehicle (HPMC; p.o.) or PN6047 (10 mg/kg; p.o.). Data represent mean ± SEM (n=7-8 mice/group). Data were analysed with unpaired Student’s t-test (**P<0.01). B) PN6047 had no effect on chemically-induced seizures in the PTZ test in mice. The threshold dose of PTZ (mg/kg) required to produce myoclonic, forelimb tonic and hindlimb tonic seizures in mice pre-treated with vehicle (HPMC; p.o.) or PN6047 (80mg/kg; p.o.) for 30 min (n=10-11 mice per drug group). Data represent mean ± SEM and were analysed by two-way ANOVA followed by Bonferroni’s post-hoc test. C) PN6047 does not induce conditioned place preference. Preference scores for rats conditioned with either vehicle (HPMC; i.p.) or PN6047 (3 mg/kg or 9 mg/kg; i.p.). Data represent individual rat responses with mean ± SEM overlaid (n=12 rats/group) and were analysed by Student’s t-test for paired comparison between post-conditioning vs habituation scores.
Figure 6. PN6047 has limited acute analgesic activity but does not depress respiration. A) and B) PN6047 at a high dose had marginal efficacy to affect tail withdrawal latencies in mice. C) and D) This high dose of PN6047 did not induce respiratory depression as measured by percent change in minute volume. In (B) and (D), the data in (A) and (C) have been recalculated and plotted as the AUC. The AUC for the percentage change in minute volume has been calculated for each individual animal before the mean AUC has been calculated. Mice were administered vehicle (HPMC; p.o.), PN6047 (20 mg/kg; p.o.) or methadone (10 mg/kg; p.o.), 60 min prior to either thermal nociceptive testing or whole-body plethysmograph (n=5 mice/group). Methadone significantly affected both tail withdrawal latencies and respiratory depression. Data represent mean ± SEM and were analysed using two-way ANOVA followed by Bonferroni’s post-hoc test in A and C, and a one-way ANOVA with Bonferroni’s post-hoc test in B and D (*P<0.05).
Table 1. Summary of binding affinities, potencies and maximal effects for DADLE, SNC80, PN6047 and ARM1000390 in the Gαi coupling and arrestin-2 and -3 recruitment assays.

| ![3H]-Diprenorphine | G protein | Arrestin-2 | Arrestin-3 |
|---------------------|-----------|------------|------------|
| ![3H]-Diprenorphine | LogEC50  | E_max     | LogEC50  | E_max      | LogEC50  | E_max     |
| ![3H]-Diprenorphine | SEM      | SEM       | SEM       | SEM       | SEM      | SEM       |
| ![3H]-Diprenorphine | pKi      | LogEC50   | E_max     | LogEC50   | E_max     | LogEC50   |
| ![3H]-Diprenorphine | SEM      | SEM       | SEM       | SEM       | SEM      | SEM       |
| DADLE               | N.D.     | 0.12      | 0.3       | 880.233   | 68.6     | 0.05      |
| SNC80               | 7.06     | 0.17      | 13.4      | 1675.6    | 105.2    | 0.06      |
| PN6047              | 7.25     | 0.10      | 13.8      | 868.5     | 165.7    | 0.10      |
| ARM390              | N.D.     | 0.12      | 0.9       | 1502.9    | 238.4    | 0.07      |

Shown are the mean ± SEM, N.D., not determined. *P < 0.05, significantly different from the SNC80 maximum value (one-way ANOVA with Bonferroni’s post-hoc test).
Figure 1.
Figure 2.
Figure 3.
Figure 4.
Figure 5.
Figure 6.