

**ALPIC2012**

Advanced Learning on Platelets & Thrombosis International Course



The University of  
**Nottingham**

# Modulation of platelet function by prostanoid receptors

Stan Heptinstall

University of Nottingham, UK



# NOTTINGHAM PLATELET CONFERENCE

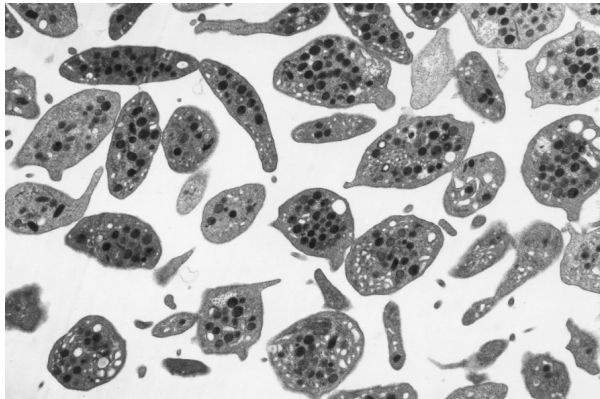
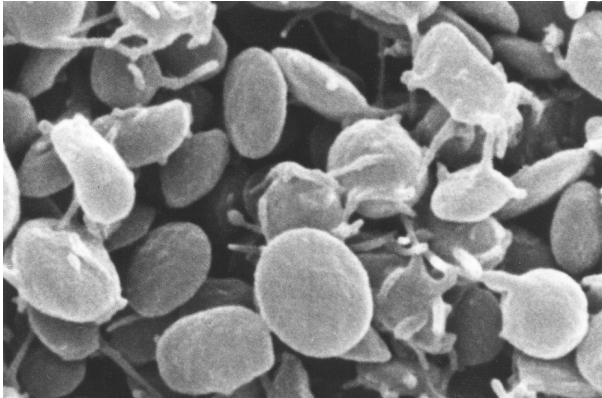
## Platelets – Past, Present and Future, July 2010



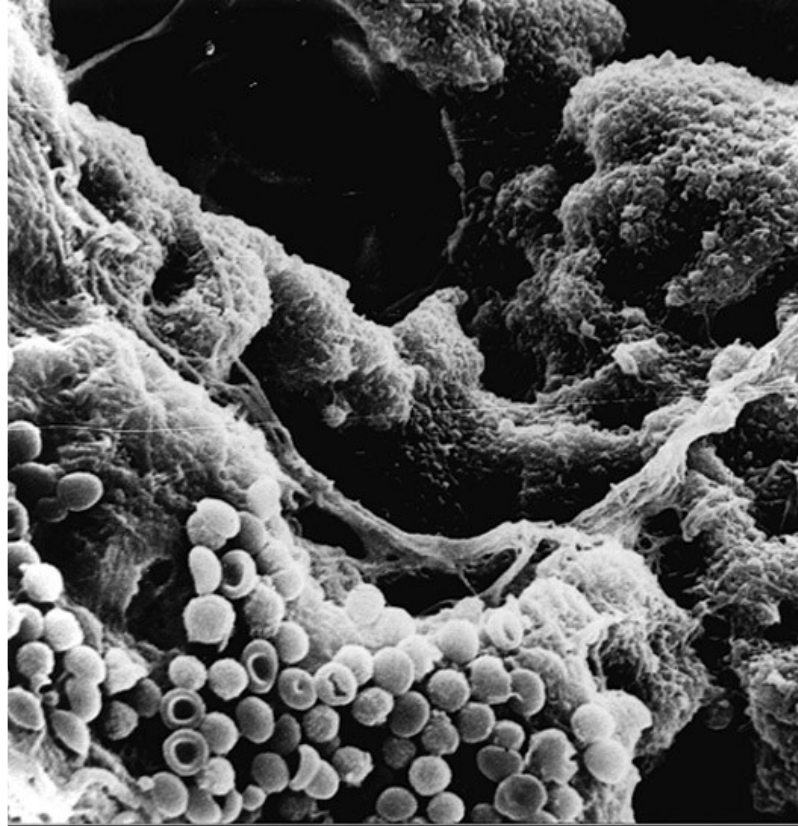
## Modulation of platelet function by prostanoid receptors

- Platelets contribute to thrombosis
- Overview of some natural agents involved in promotion and inhibition of platelet function
- Overview of platelet receptors involved in promotion and inhibition of platelet function
- Current pharmacological approaches to antithrombotic therapy
- Potential new approaches based on new insights

Unstimulated platelets



Thrombus



## Aspects of platelet function that contribute to thrombus formation

- Platelet adhesion
- Platelet aggregation
- TXA<sub>2</sub> synthesis
- Granule secretion
- Microparticle formation
- Platelet-leucocyte conjugation
- Thrombin/fibrin generation
- Response to natural inhibitors of platelet function

## Some natural agents that influence platelet function

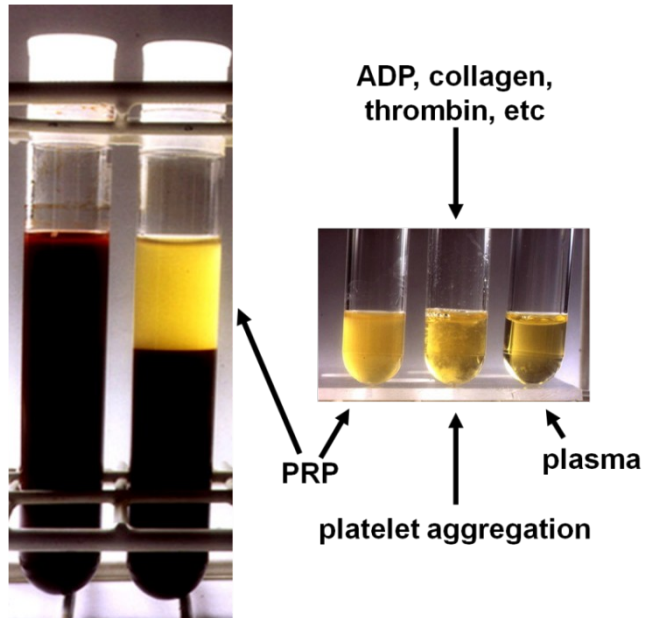
### Promoters of platelet function

collagen  
thrombin  
thromboxane A<sub>2</sub>  
adenosine diphosphate  
adenosine triphosphate

### Inhibitors of platelet function

prostaglandin I<sub>2</sub>  
prostaglandin E<sub>1</sub>  
prostaglandin D<sub>2</sub>  
nitric oxide  
  
adenosine?  
prostaglandin E<sub>2</sub>?

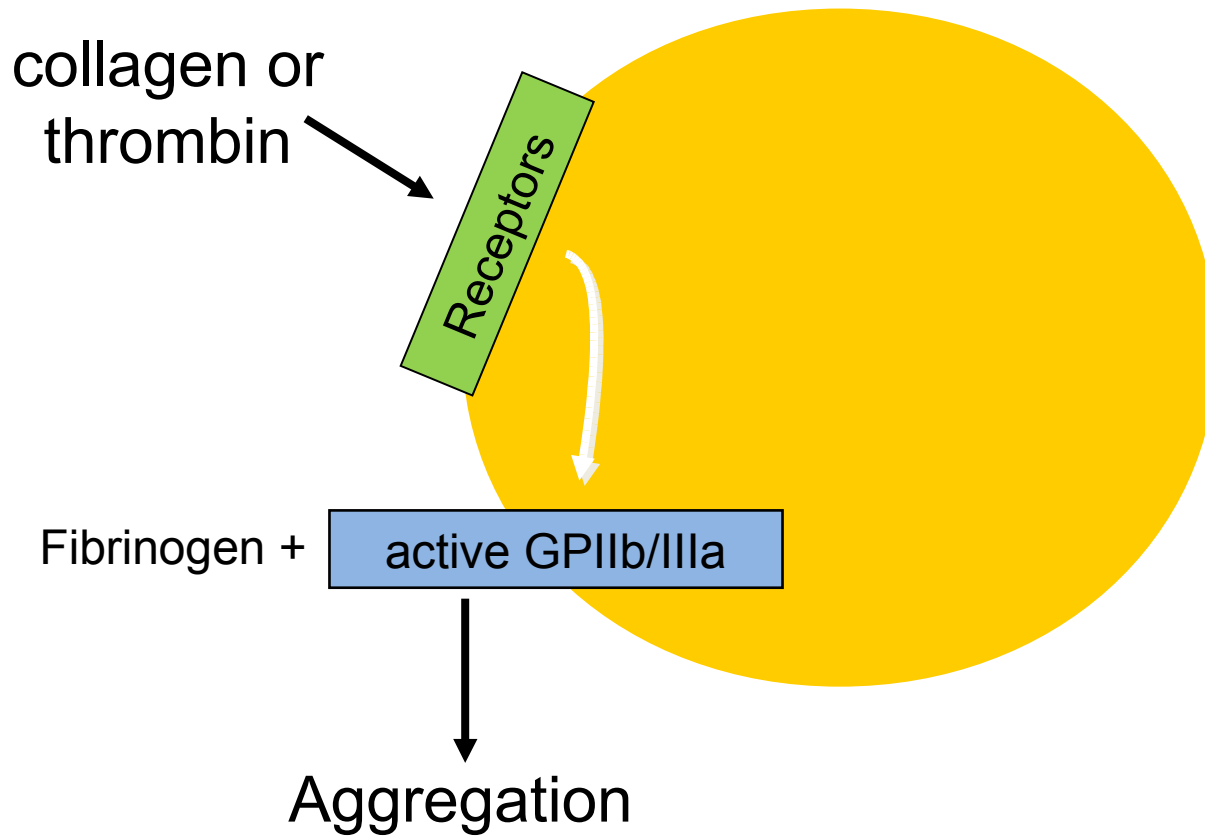
## Promoters of platelet function



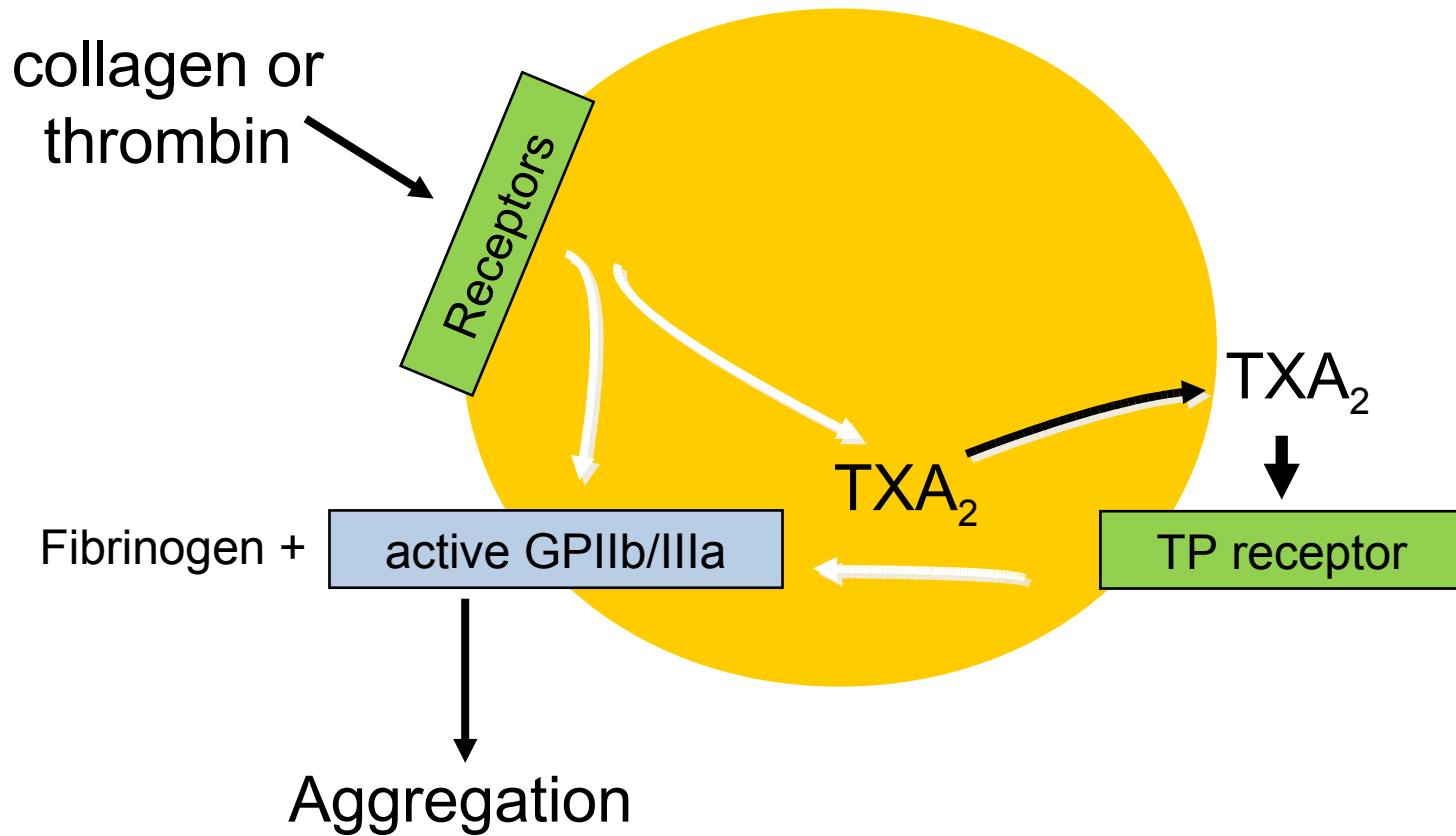
Collagen  
Thrombin  
TXA<sub>2</sub>  
ADP  
ATP

GPIb/V/IX, GPVI  
PAR1  
TP  
P2Y<sub>1</sub>, P2Y<sub>12</sub>  
CD39

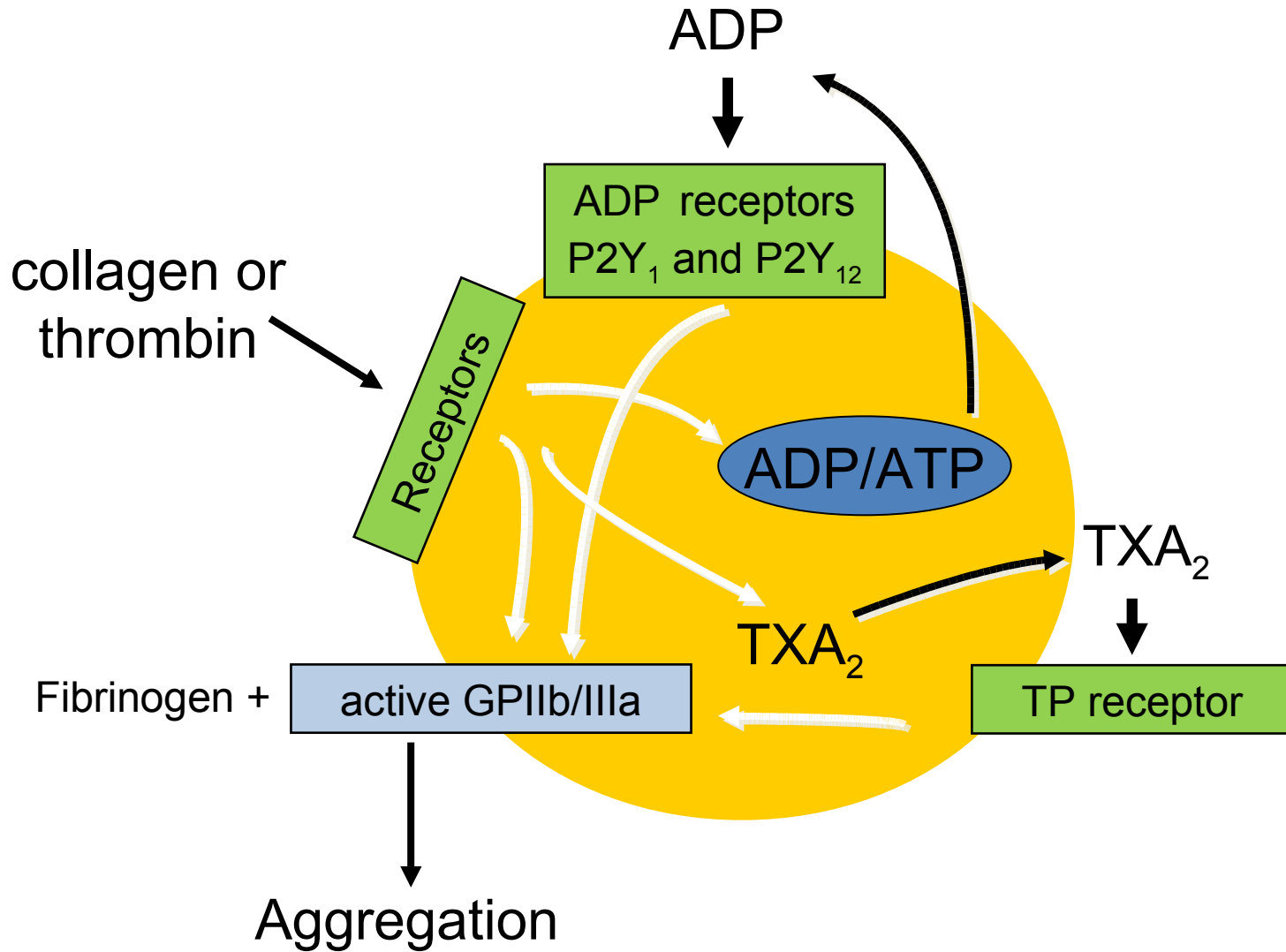
# Collagen/thrombin: mechanism of action



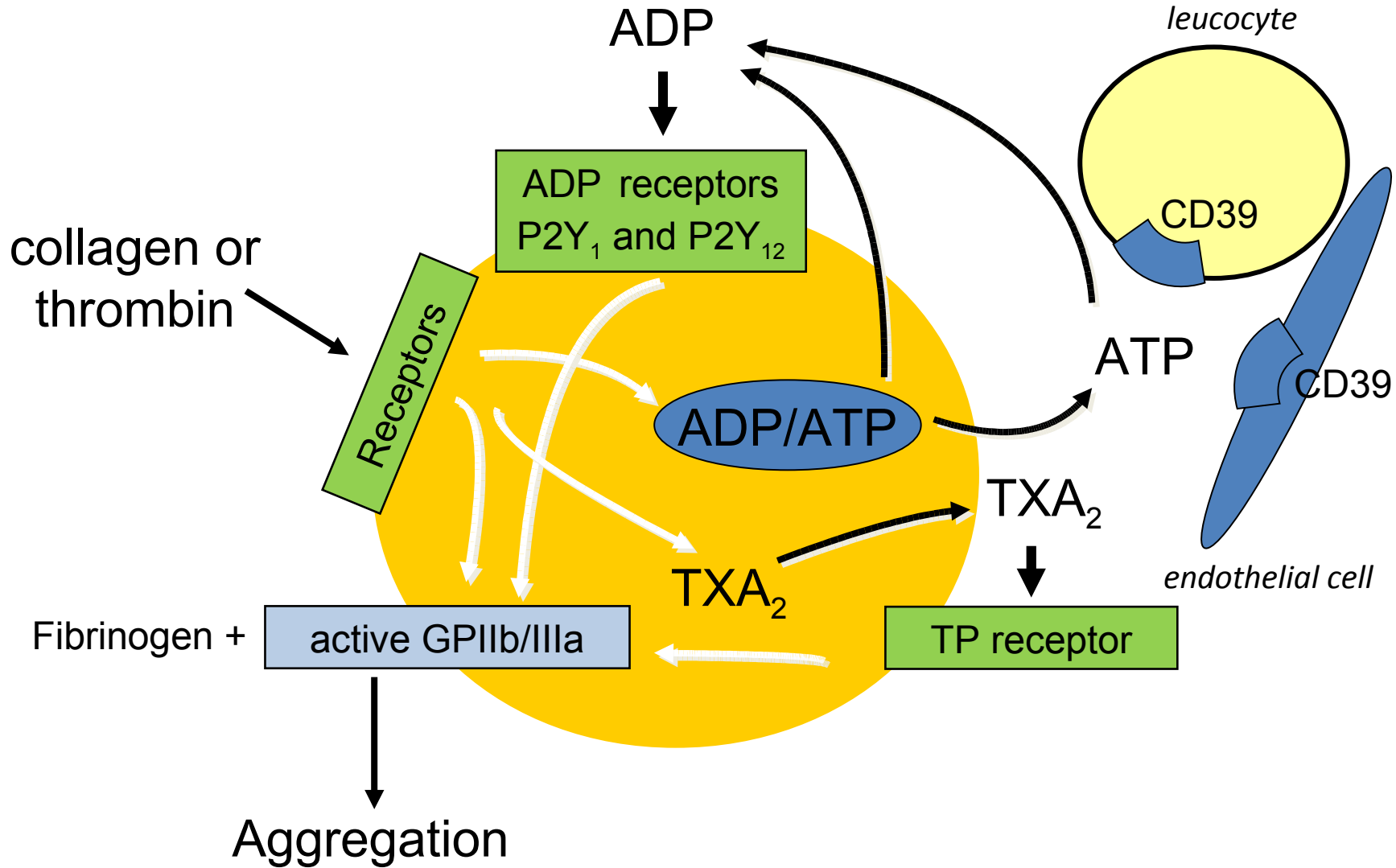
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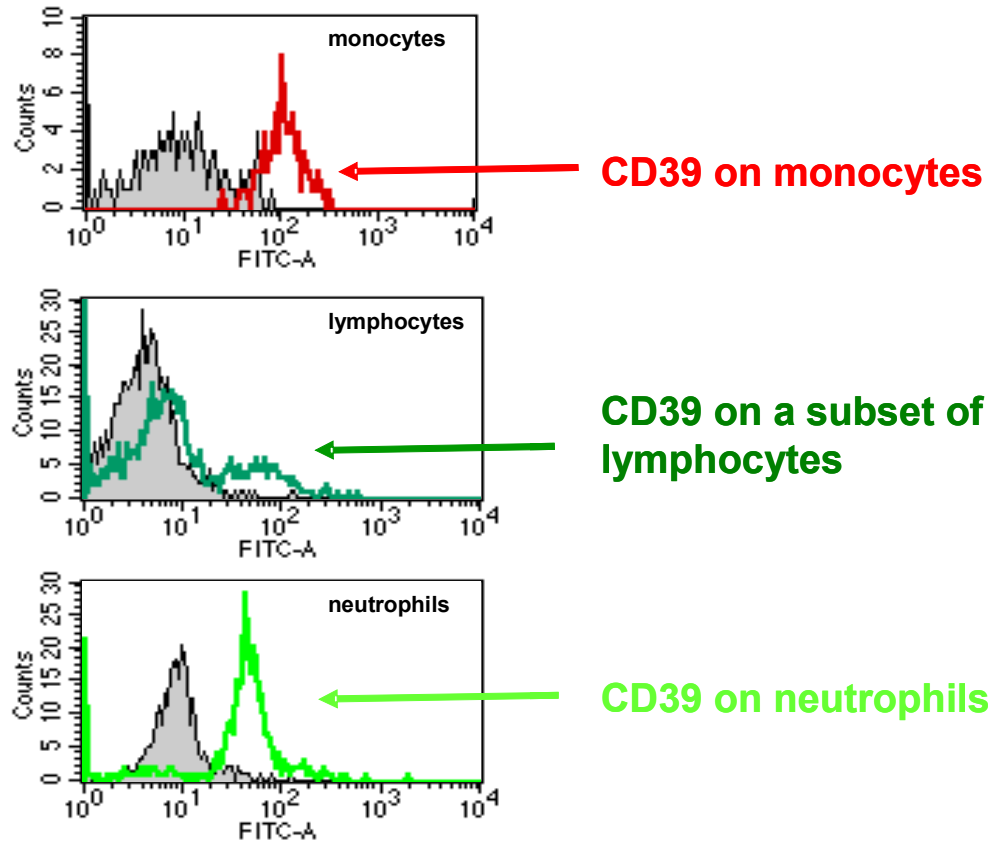
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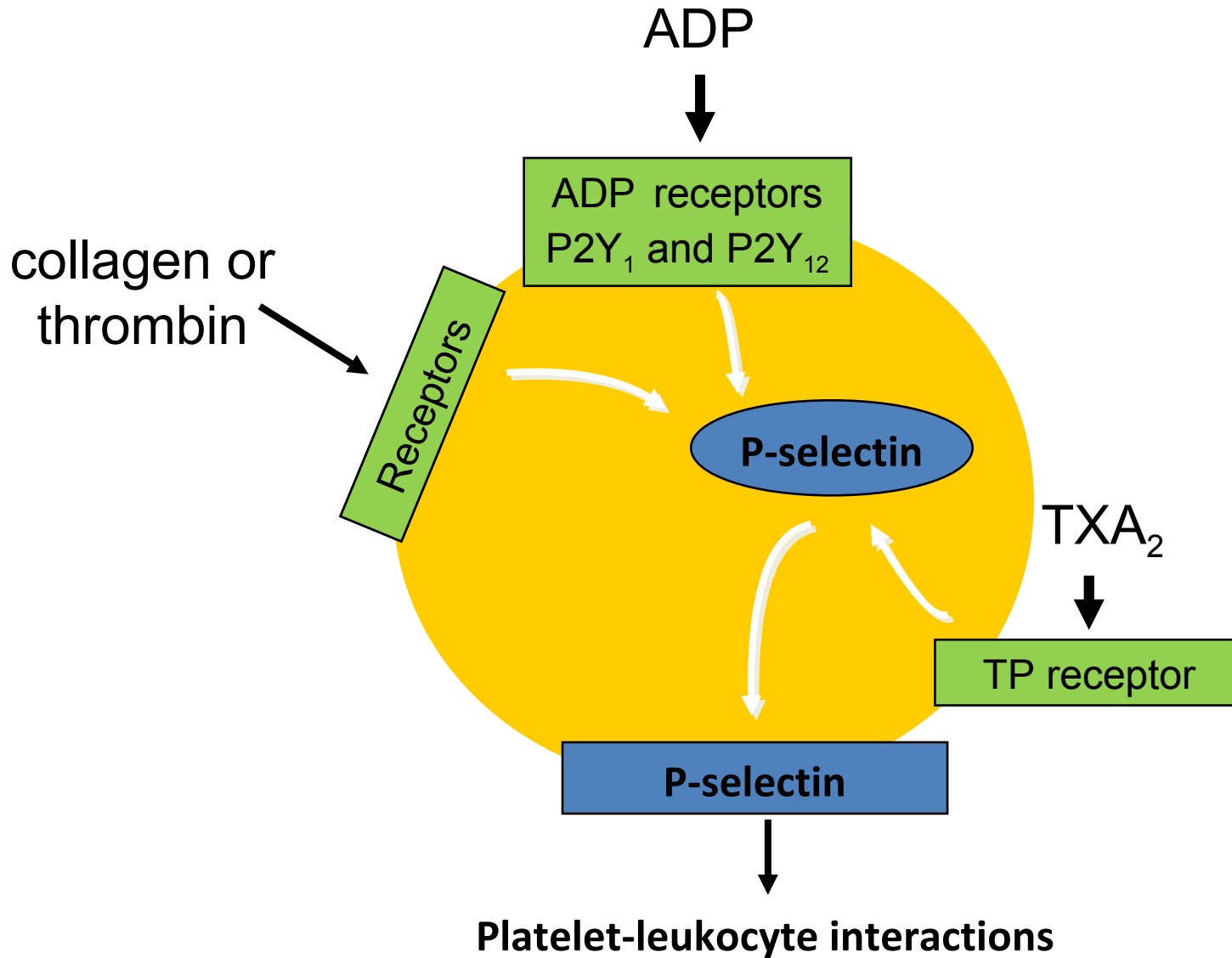


Leucocytes (all neutrophils, all monocytes and some lymphocytes)  
test positive for CD39



Glenn et al, Platelets 2008;19:59-69

# Collagen/thrombin: mechanism of action



## Some natural agents that influence platelet function

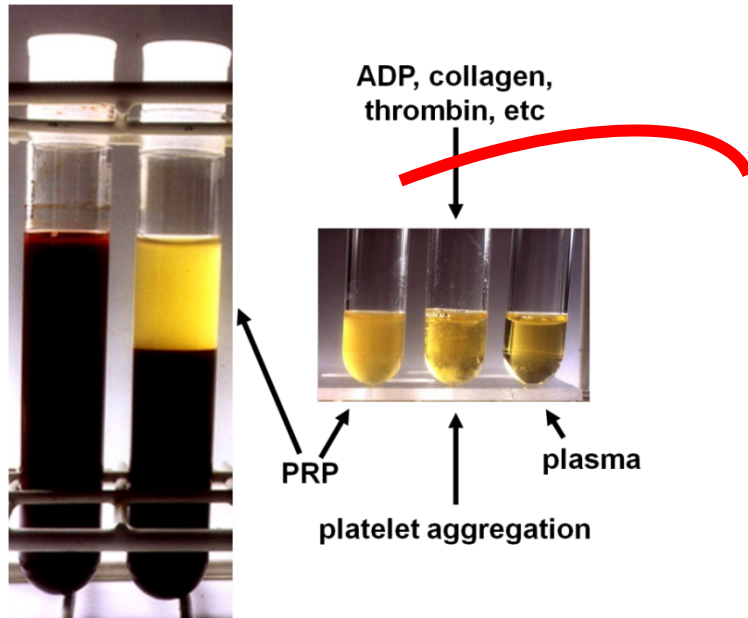
### Promoters of platelet function

thrombin  
collagen  
thromboxane A<sub>2</sub>  
adenosine diphosphate

### Inhibitors of platelet function

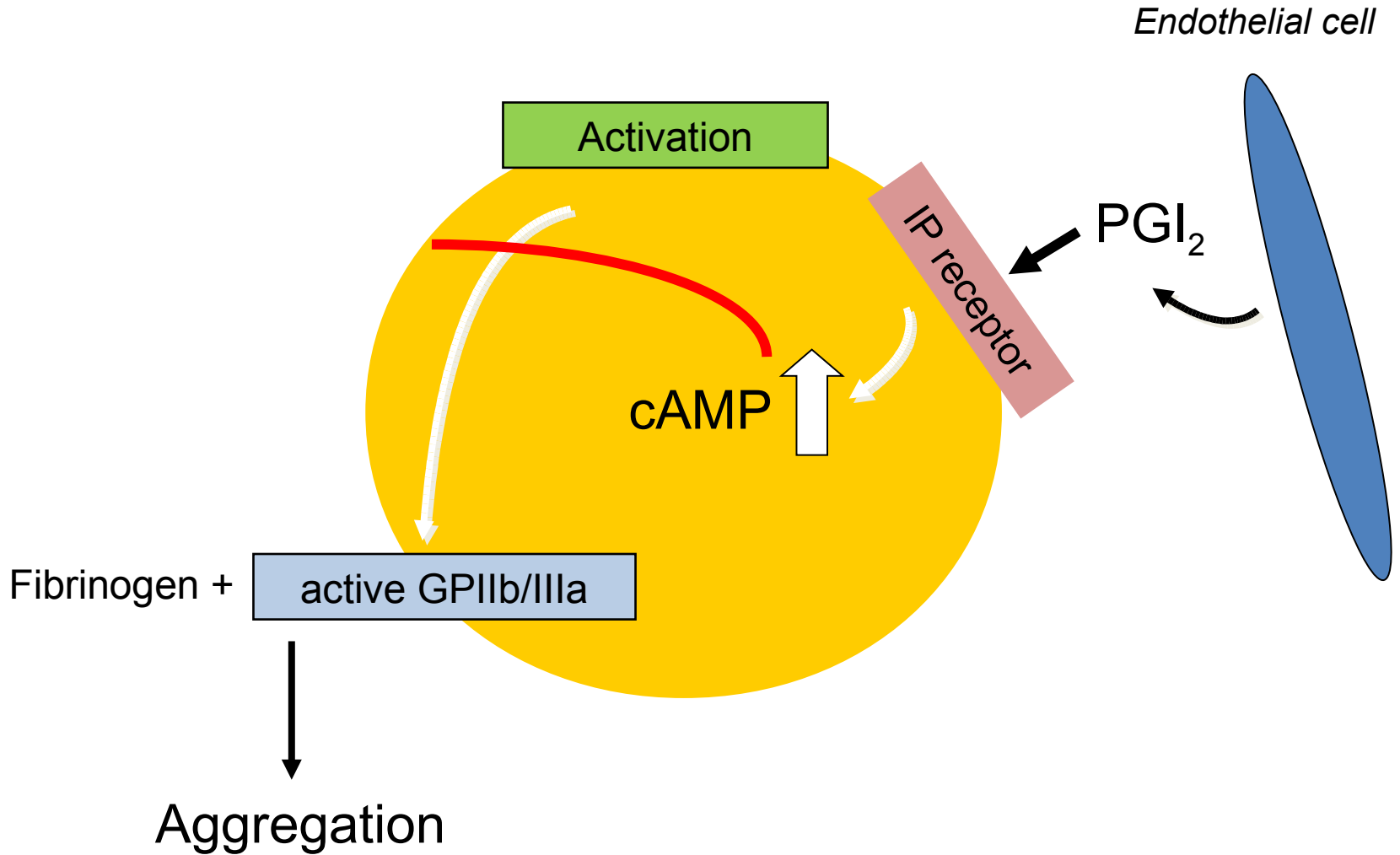
prostaglandin I<sub>2</sub>  
prostaglandin E<sub>1</sub>  
prostaglandin D<sub>2</sub>  
nitric oxide  
  
adenosine?  
prostaglandin E<sub>2</sub>?

# Inhibitors of platelet function

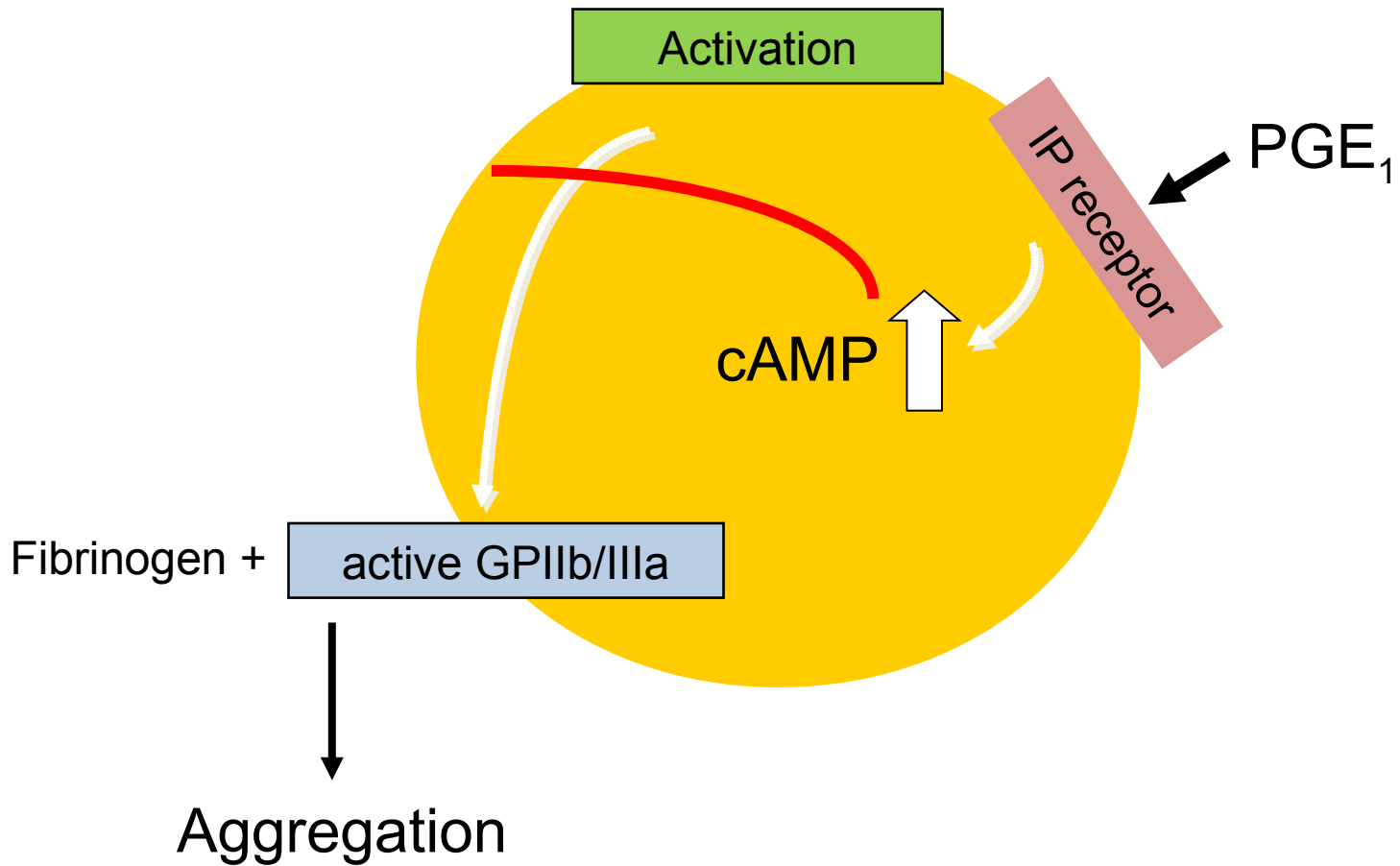


PGI <sub>2</sub>	IP	▲ cAMP
PGE <sub>1</sub>	IP	▲ cAMP
	EP3	▼ cAMP
PGD <sub>2</sub>	DP	▲ cAMP
NO		▲ cGMP
adenosine?	A2A	▲ cAMP
	ENT	▼ cAMP
PGE <sub>2</sub> ?	EP4	▲ cAMP
	EP3	▼ cAMP

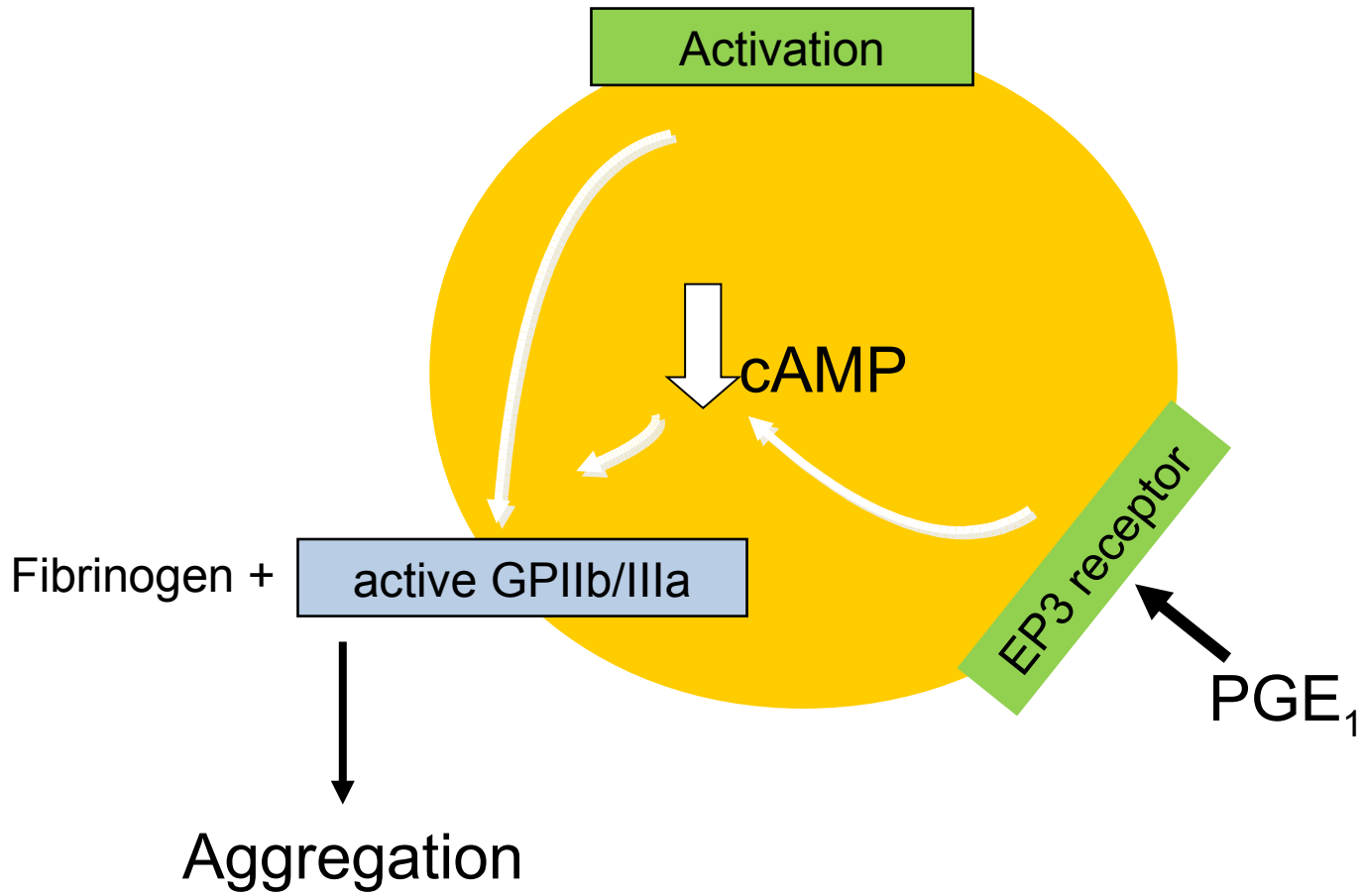
# PGI<sub>2</sub>: mechanism of action



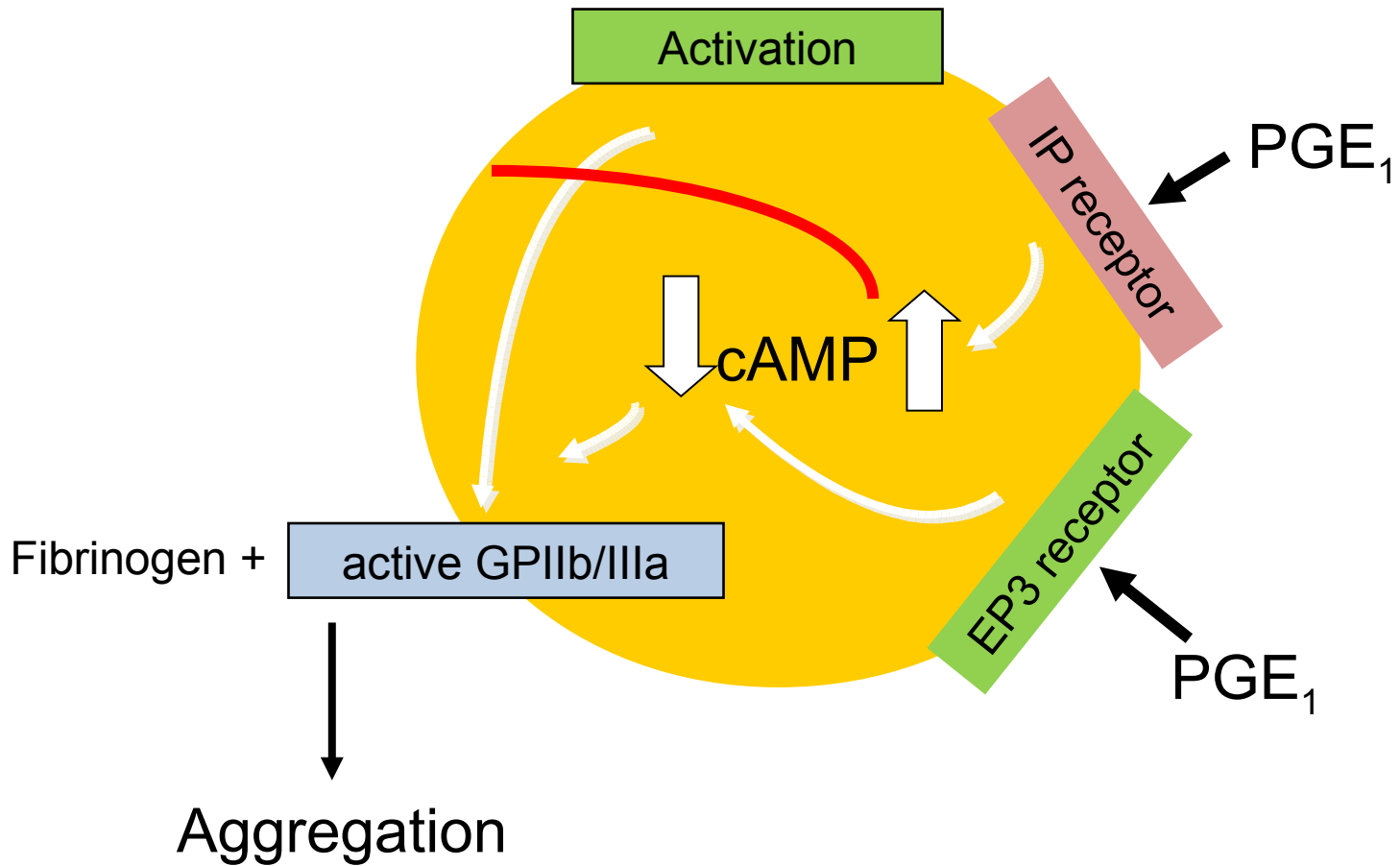
# PGE<sub>1</sub>: mechanism of action



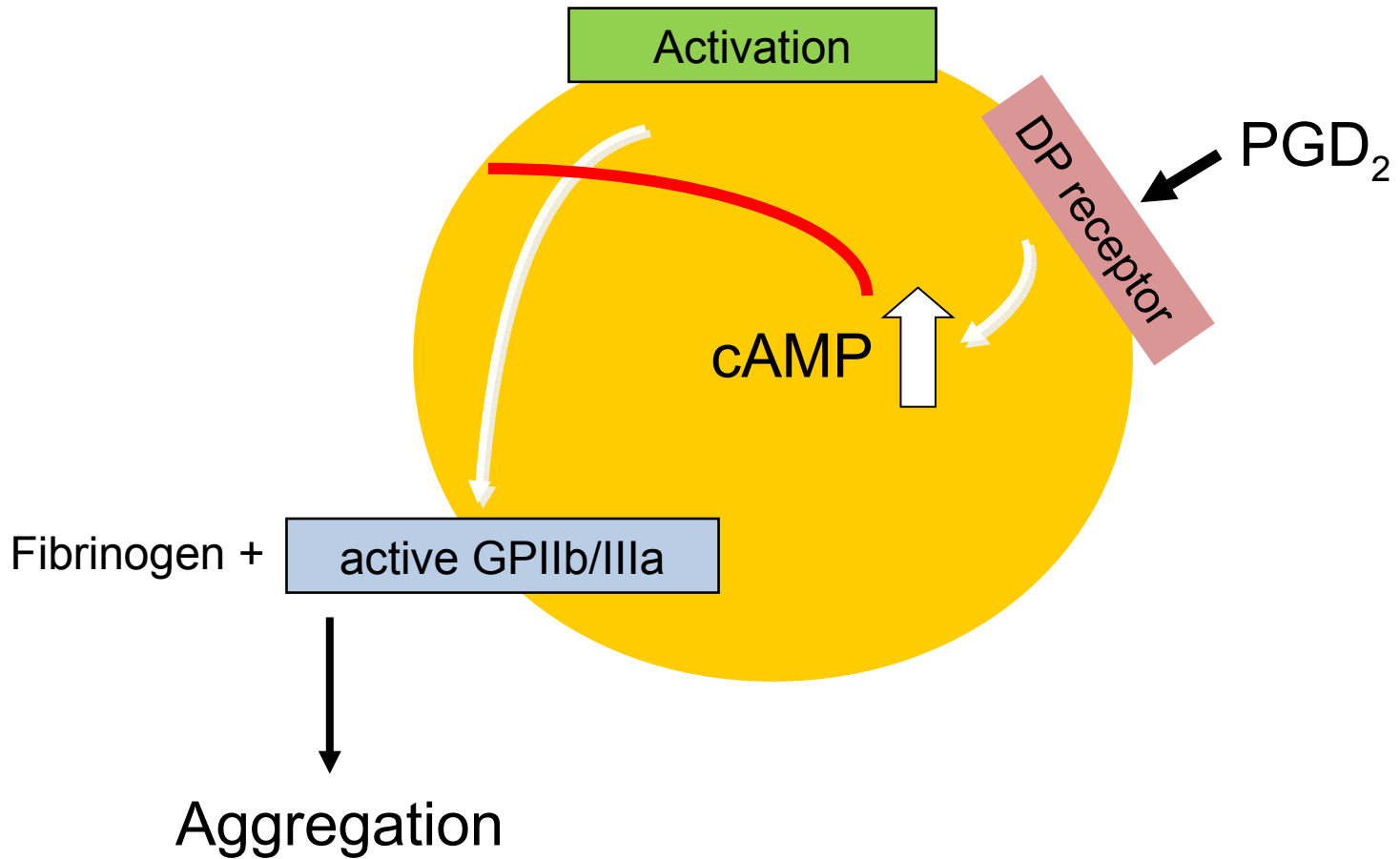
# PGE<sub>1</sub>: mechanism of action



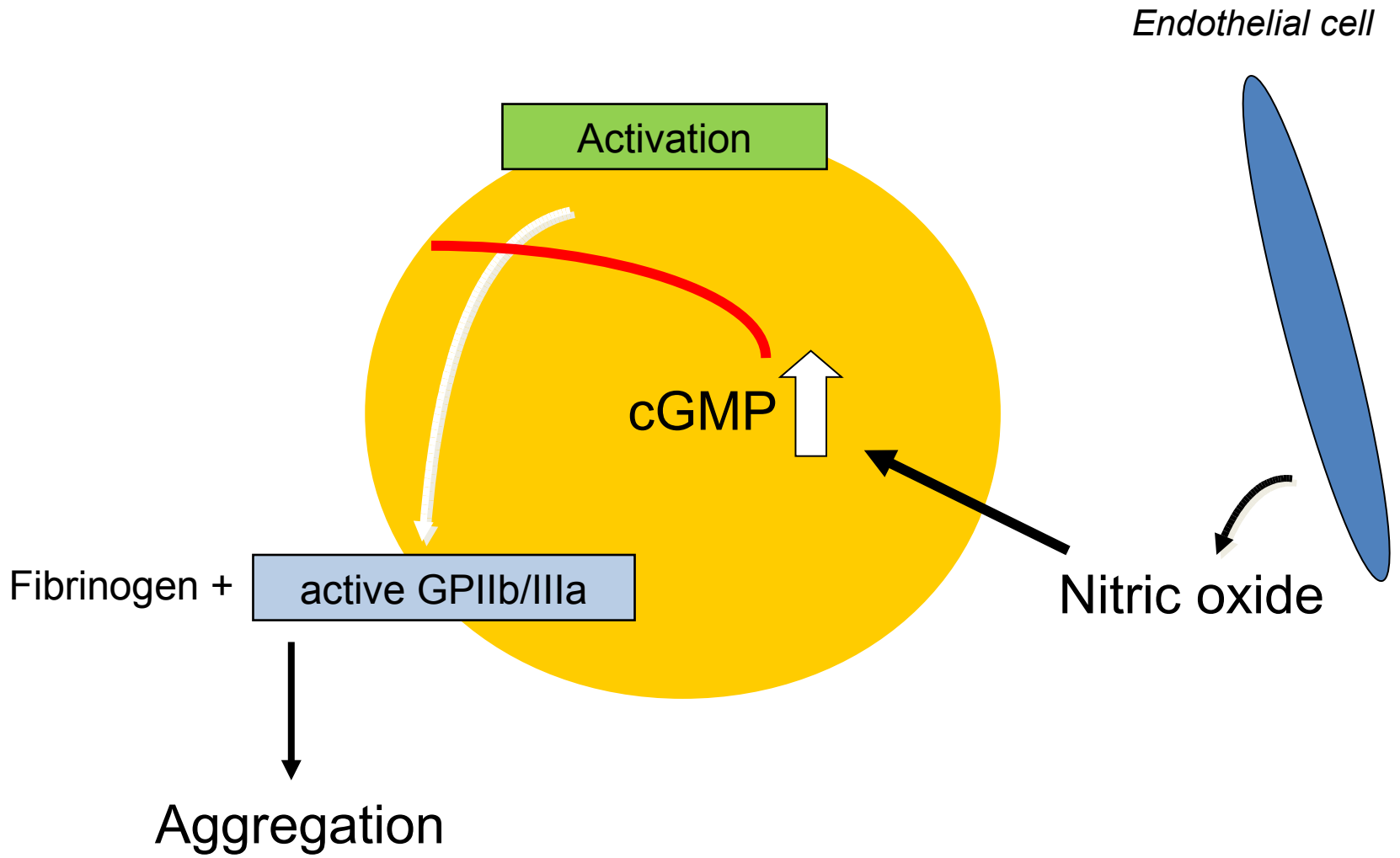
# PGE<sub>1</sub>: mechanism of action



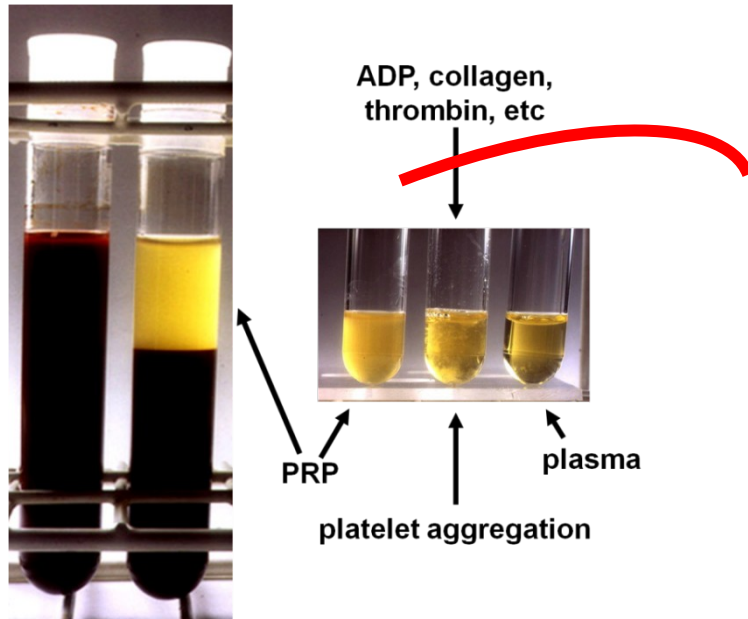
# PGD<sub>2</sub>: mechanism of action



# Nitric oxide: mechanism of action

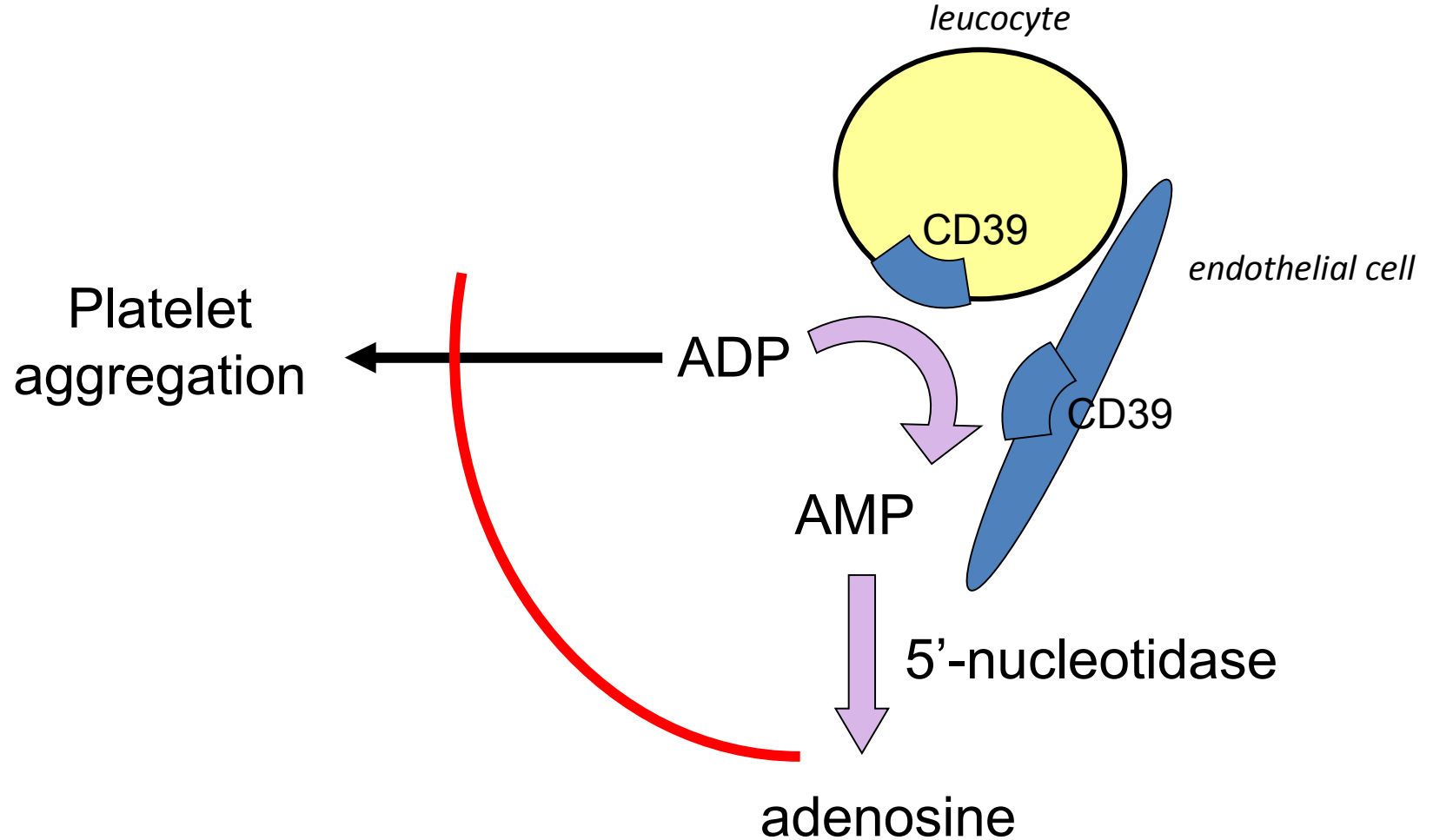


# Inhibitors of platelet function

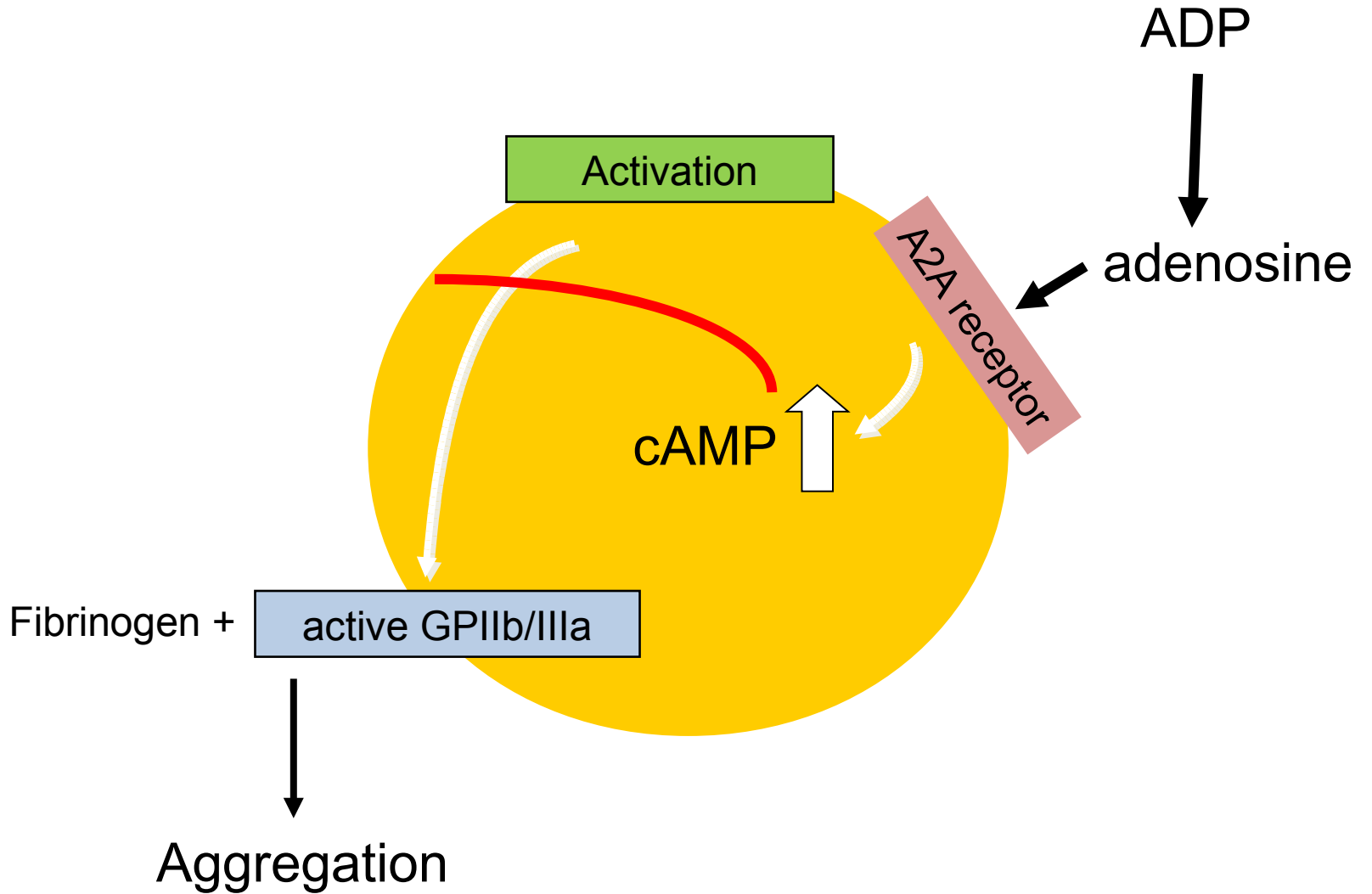


$\text{PGI}_2$	IP	▲ cAMP
$\text{PGE}_1$	IP	▲ cAMP
	EP3	▼ cAMP
$\text{PGD}_2$	DP	▲ cAMP
NO		▲ cGMP
adenosine?	A2A	▲ cAMP
	ENT	▼ cAMP
$\text{PGE}_2?$	EP4	▲ cAMP
	EP3	▼ cAMP

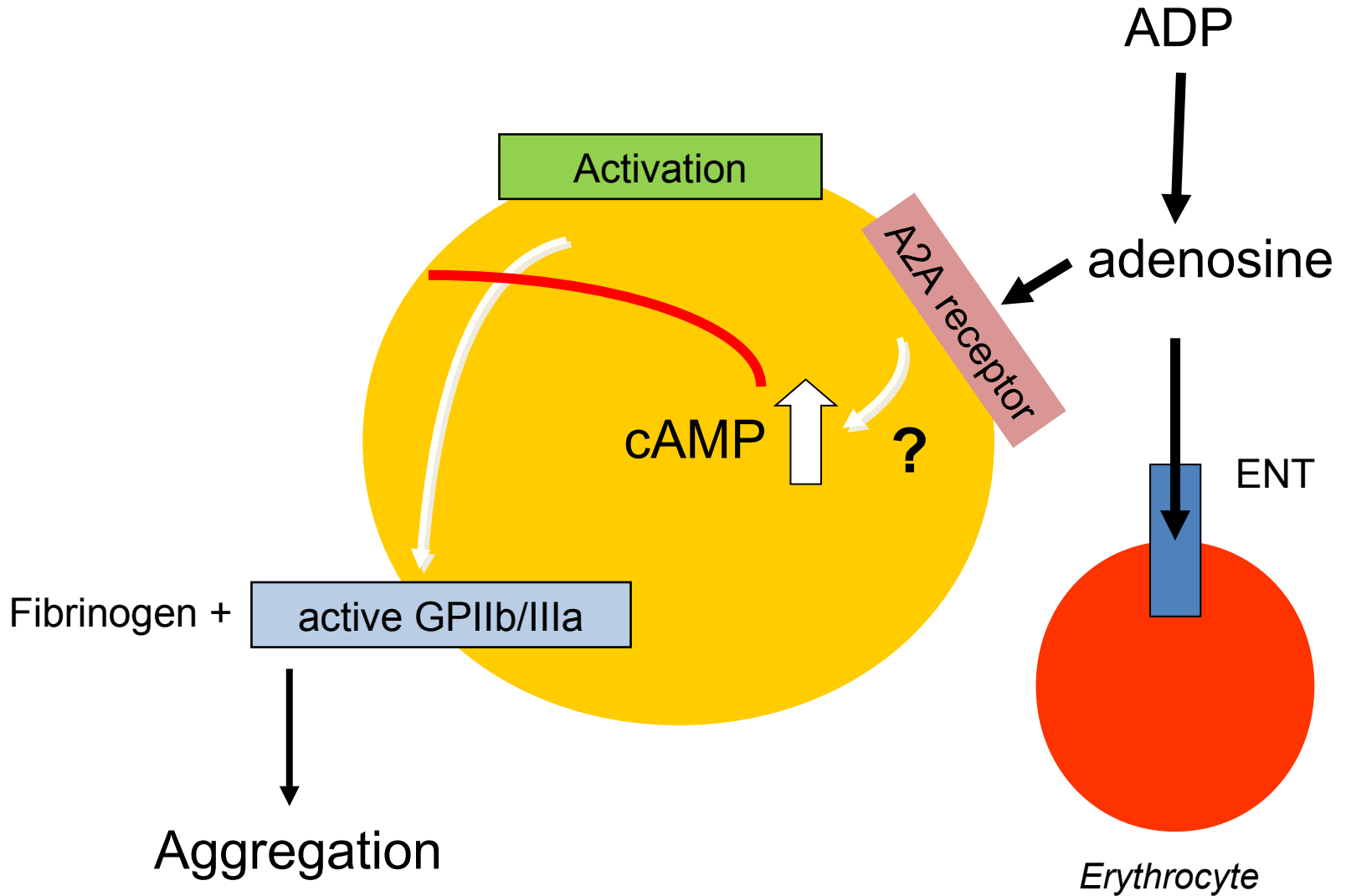
# Inhibition of platelet function by adenosine derived from ADP?



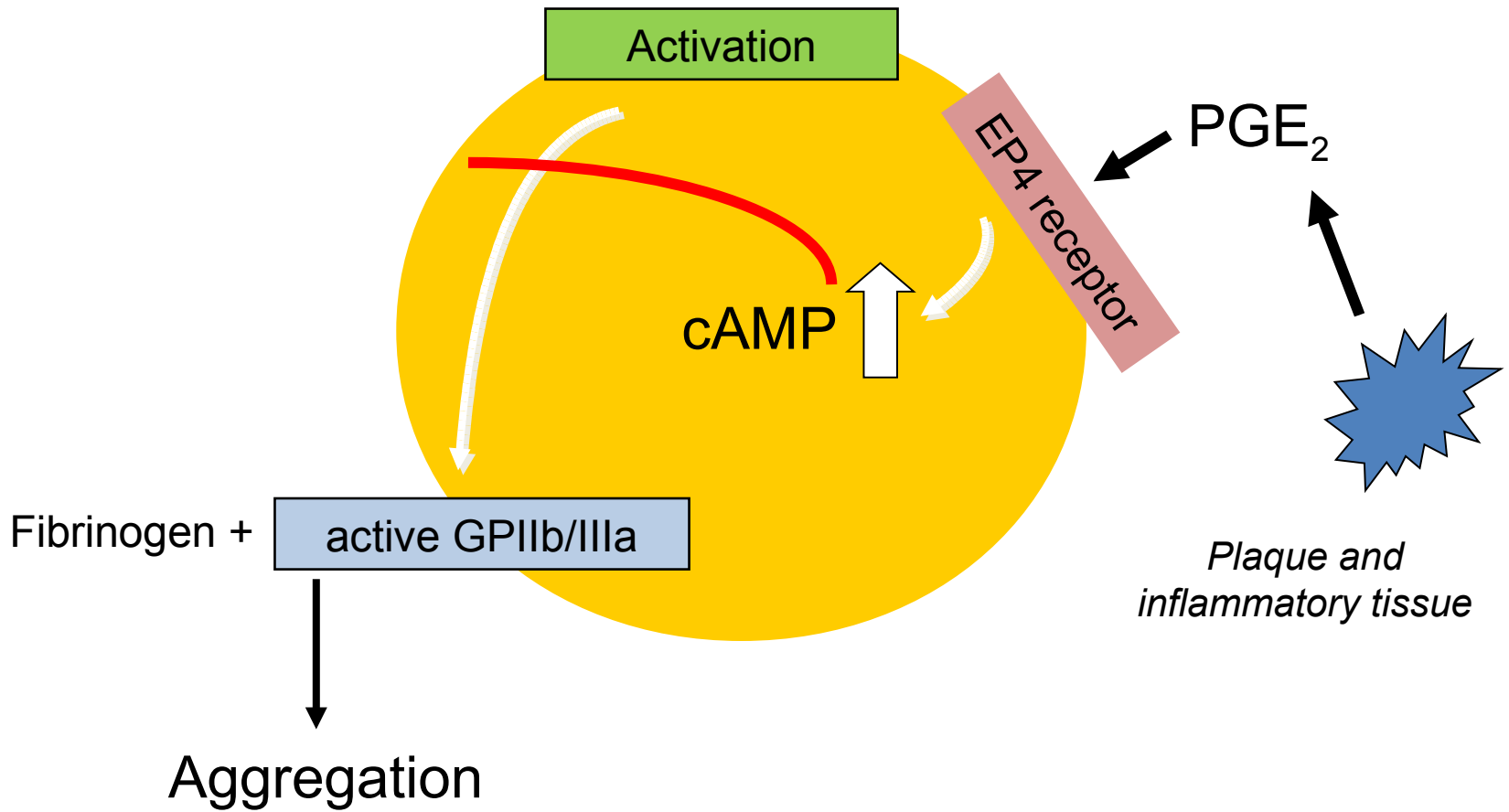
# Adenosine: mechanism of action



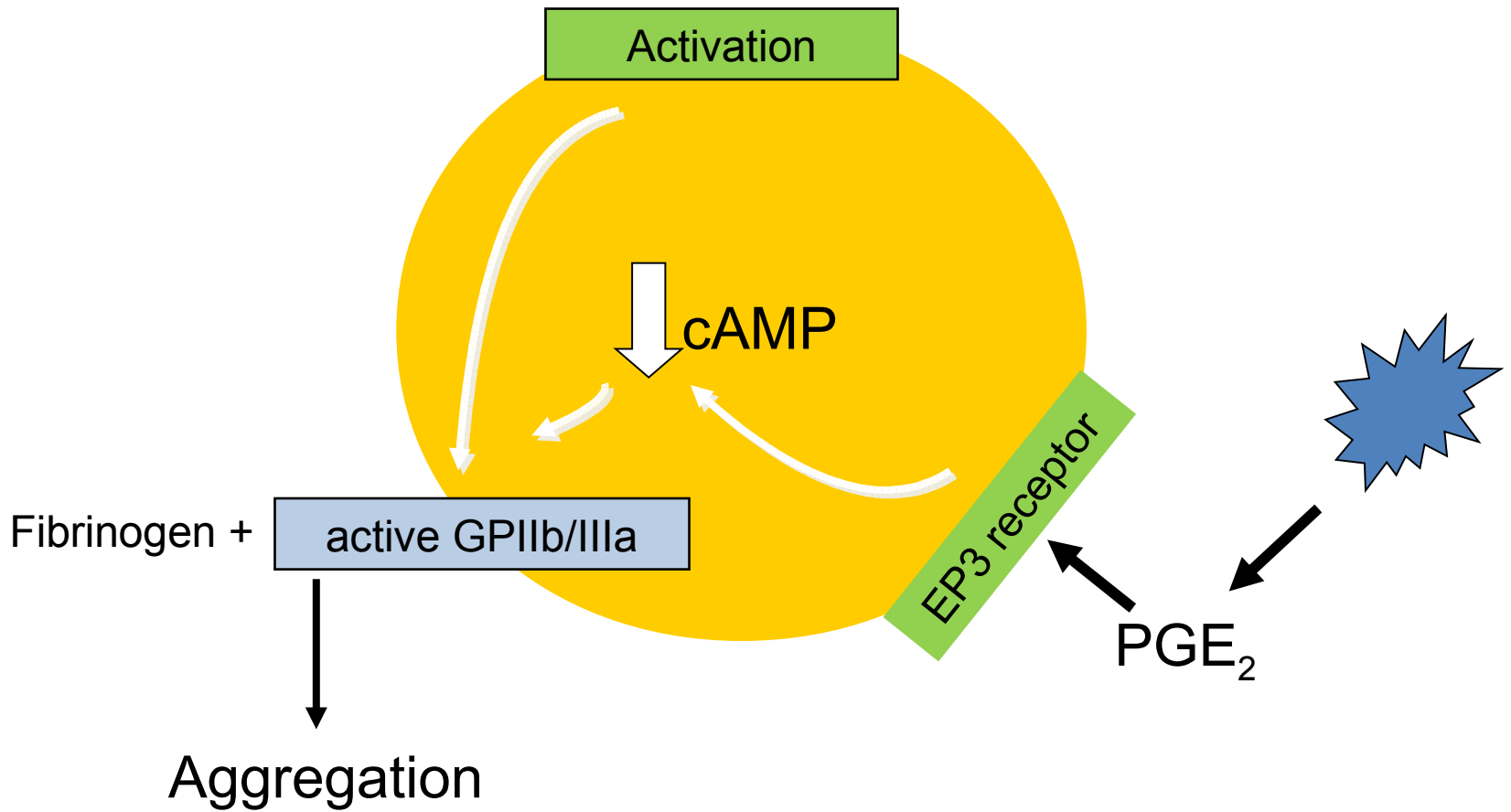
# Adenosine: mechanism of action



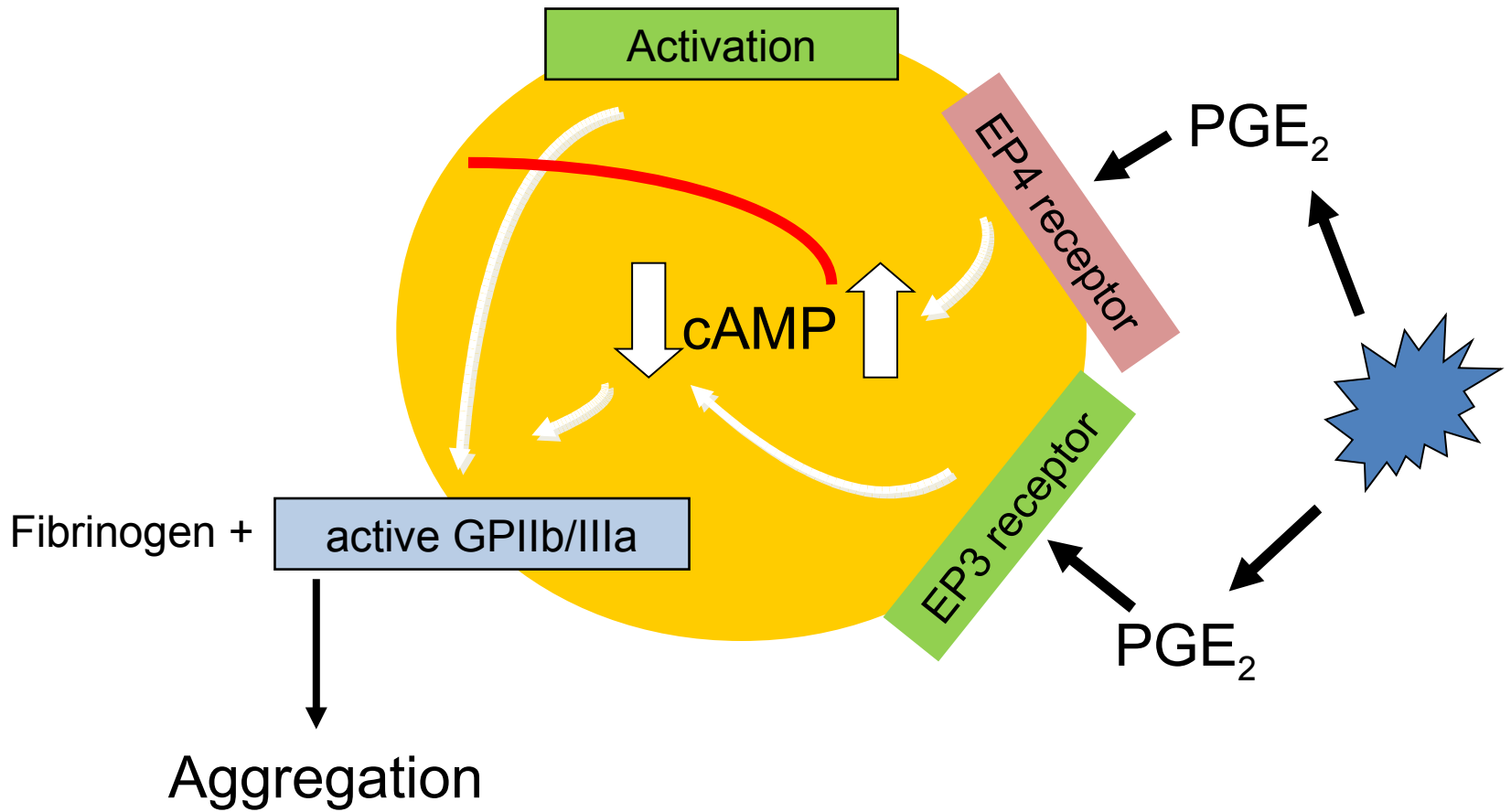
# PGE<sub>2</sub>: mechanism of action



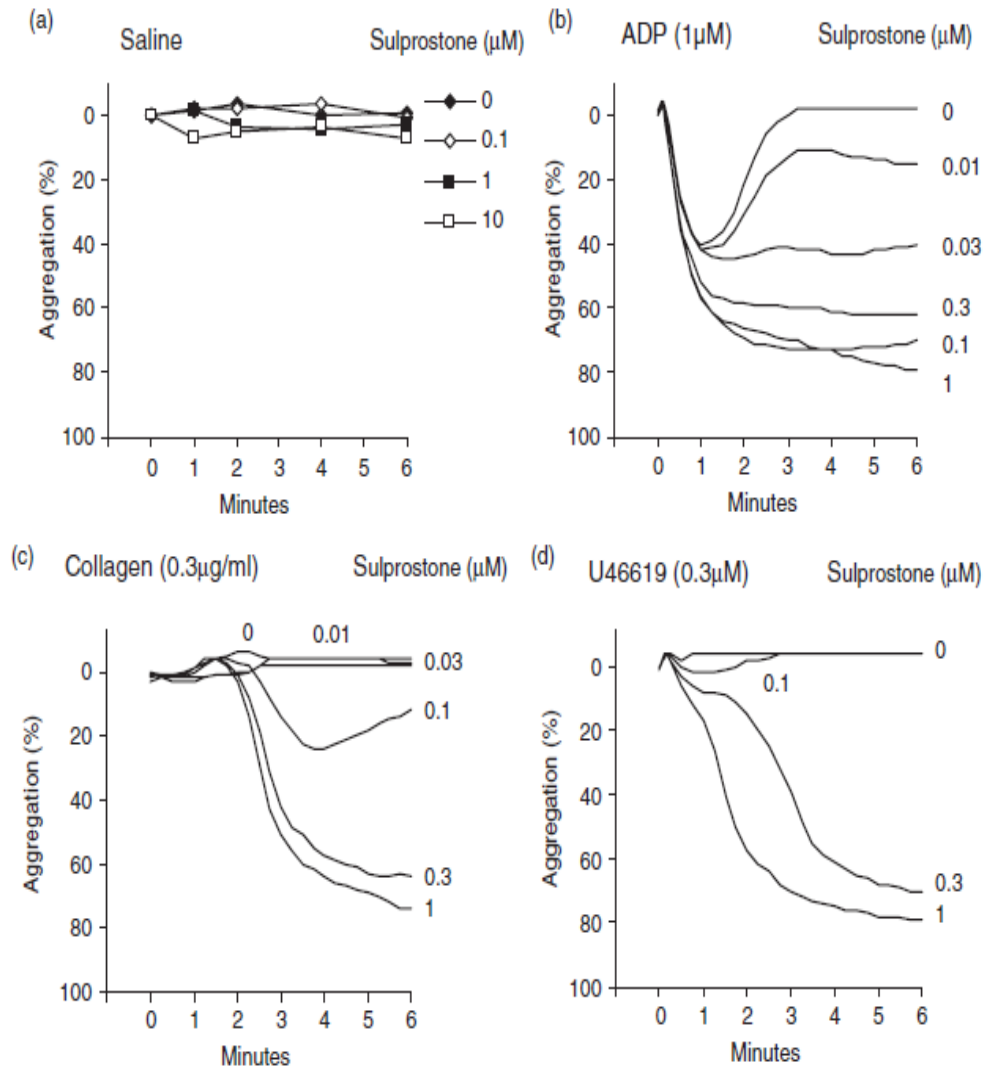
# PGE<sub>2</sub>: mechanism of action



# PGE<sub>2</sub>: mechanism of action



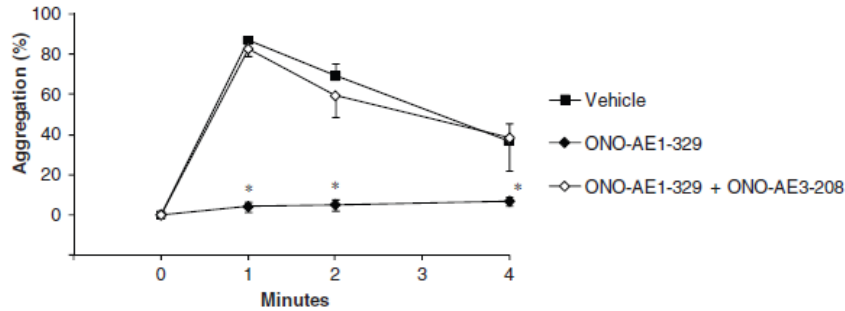
## EP3 receptors and platelet function



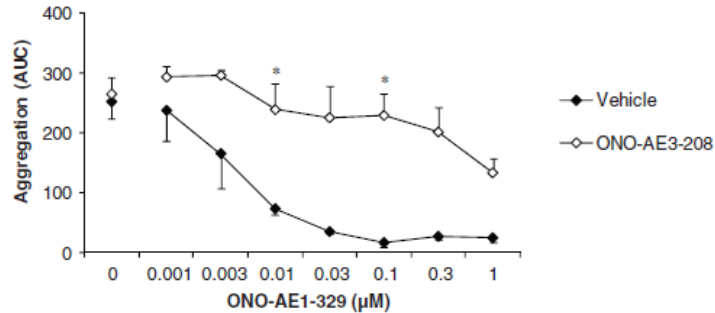
- The EP3 agonist sulprostone promotes platelet function induced by other agonists

# EP4 receptors and platelet function

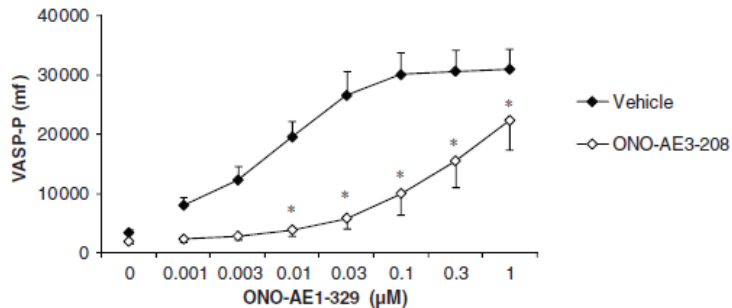
(a) Effects of the EP4 agonist ONO-AE1-329 and the EP4 antagonist ONO-AE3-208 on platelet aggregation (% aggregation)



(b) Effects of the EP4 agonist ONO-AE1-329 and the EP4 antagonist ONO-AE3-208 on platelet aggregation (area under the curve)



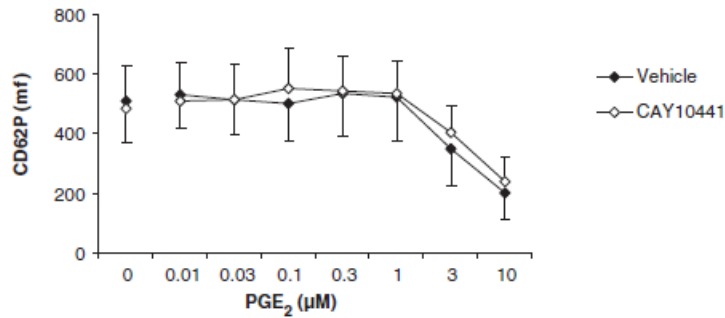
(c) Effects of the EP4 agonist ONO-AE1-329 and the EP4 antagonist ONO-AE3-208 on platelet VASP- phosphorylation



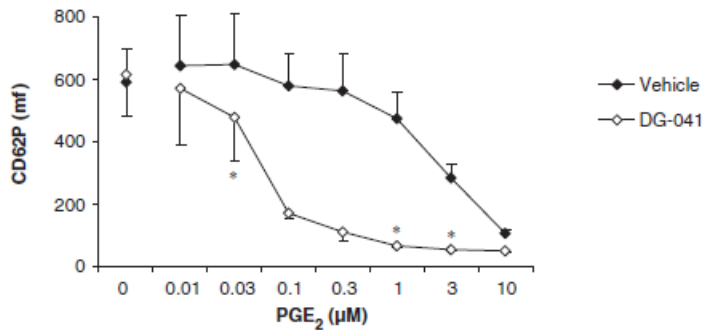
- A selective EP4 agonist inhibits platelet function via increased levels of cAMP

## PGE<sub>2</sub>: EP4 and EP3 receptors but not the IP receptor

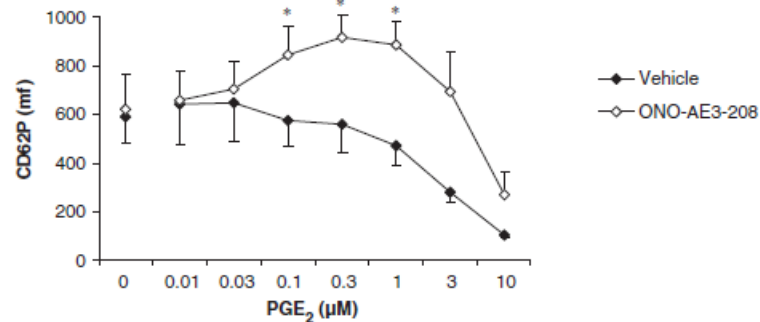
(a) Platelet P-selectin expression: effects of PGE<sub>2</sub> and CAY10441 (IP antagonist)



(b) Platelet P-selectin expression: effects of PGE<sub>2</sub> and DG-041 (EP3 antagonist)

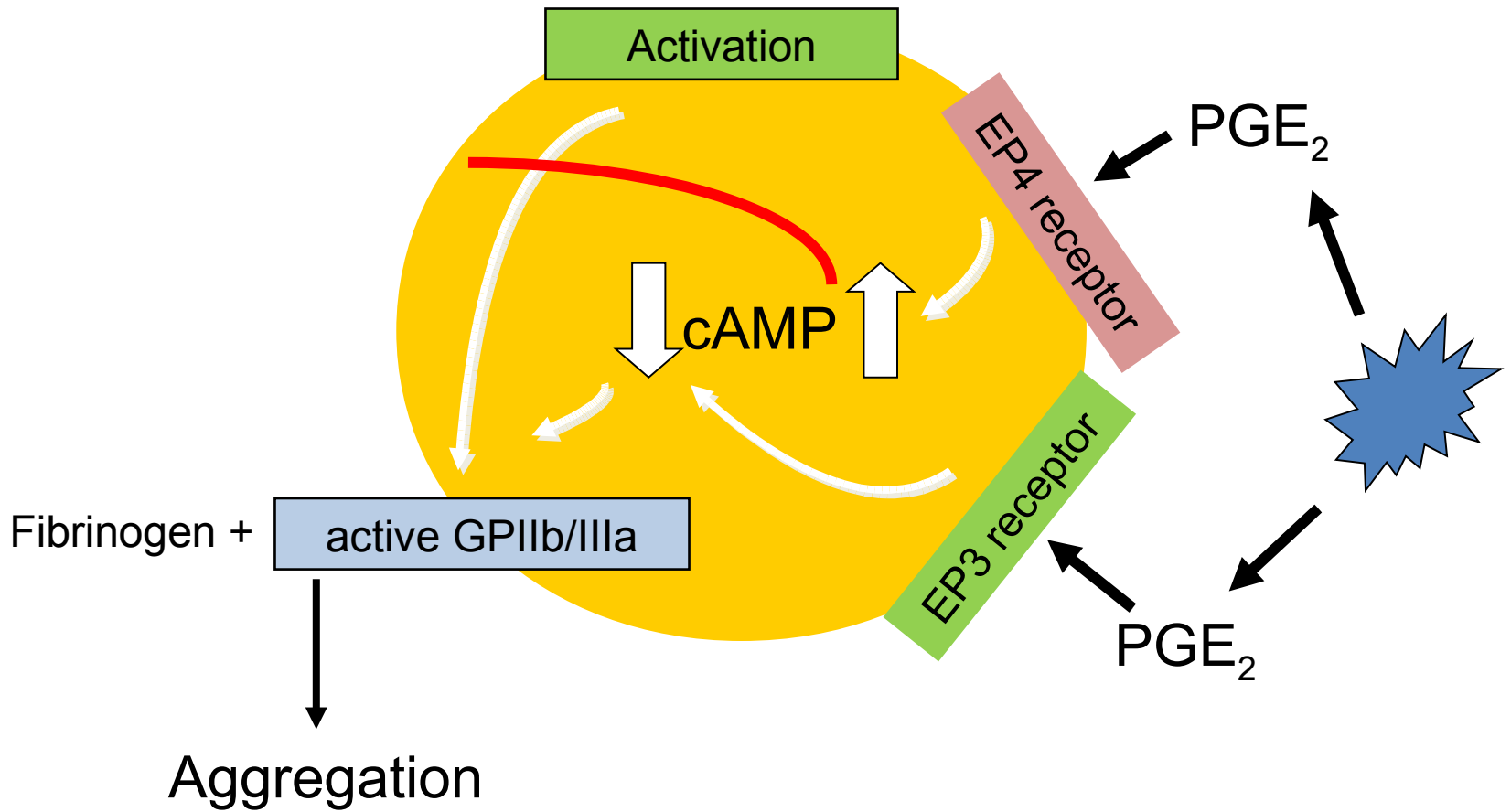


(c) Platelet P-selectin expression: effects of PGE<sub>2</sub> and ONO-AE3-208 (EP4 antagonist)

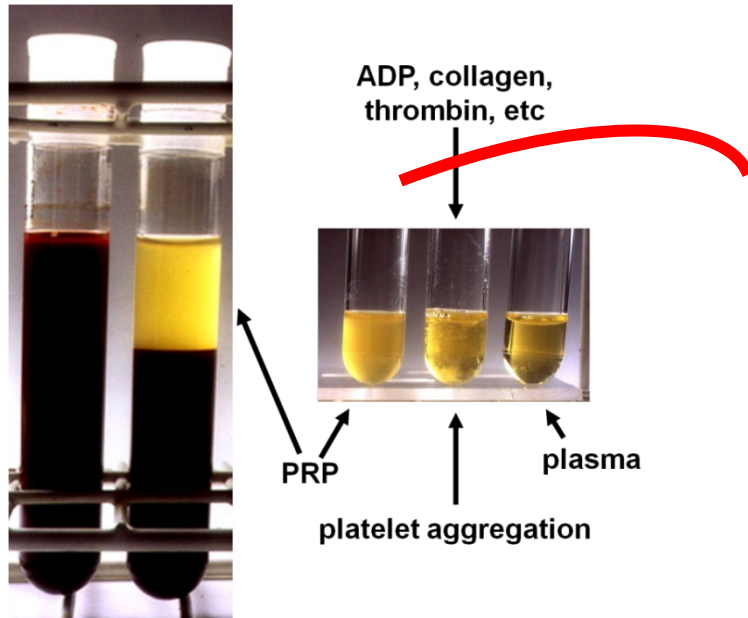


- IP receptor antagonist does not modify the effects of PGE<sub>2</sub> on platelet function
- EP3 receptor antagonist promotes inhibition of platelet function by PGE<sub>2</sub>
- EP4 receptor antagonist negates inhibition of platelet function by PGE<sub>2</sub>

# PGE<sub>2</sub>: mechanism of action



# Inhibitors of platelet function



PGI <sub>2</sub>	IP	▲ cAMP
PGE <sub>1</sub>	IP	▲ cAMP
	EP3	▼ cAMP
PGD <sub>2</sub>	DP	▲ cAMP
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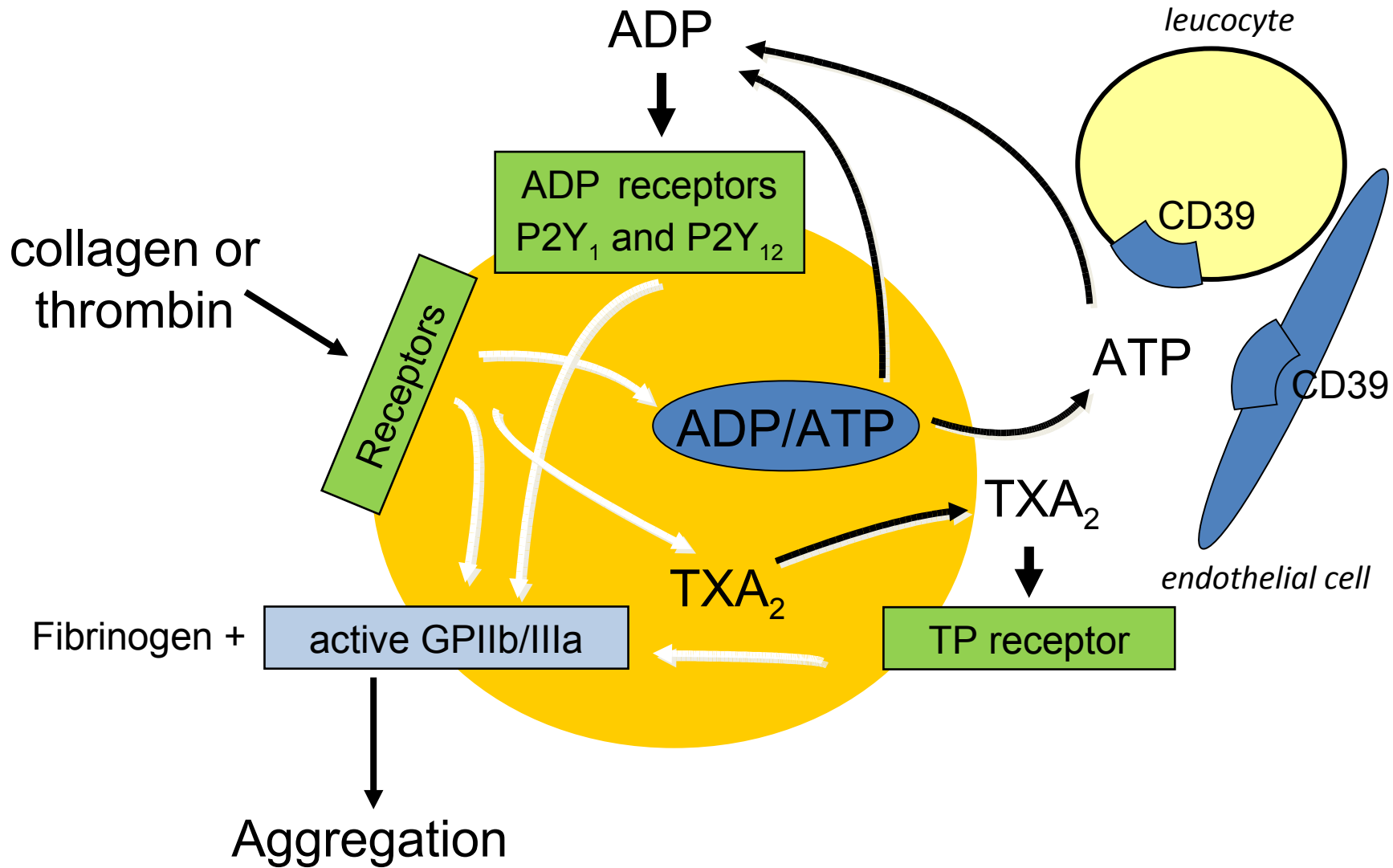
## Some pharmacological agents used as antithrombotic therapy

- Aspirin - inhibition of TXA<sub>2</sub> synthesis via COX-1
- P2Y<sub>12</sub> antagonists – clopidogrel, prasugrel, ticagrelor, cangrelor
- GPIIb/IIIa antagonists - tirofiban, eptifibatide, abciximab
- Dipyridamole - inhibition of adenosine uptake into erythrocytes
- Combinations of the above, particularly with low dose aspirin

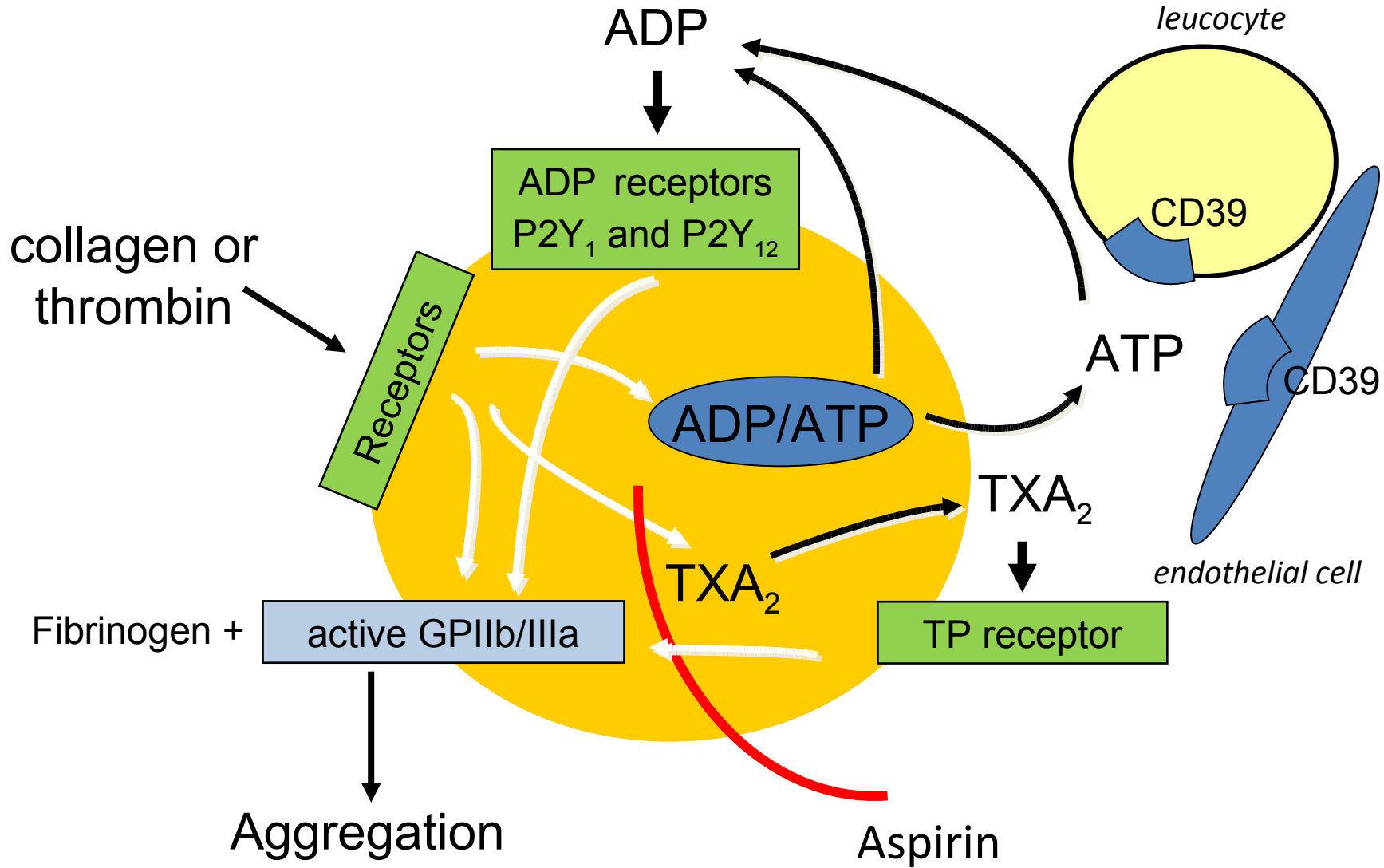
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- EP3 antagonists – DG-041?
- Consideration of interactions between P2Y<sub>12</sub> antagonists and vascular prostaglandins – avoidance of co-administration of high dose aspirin?

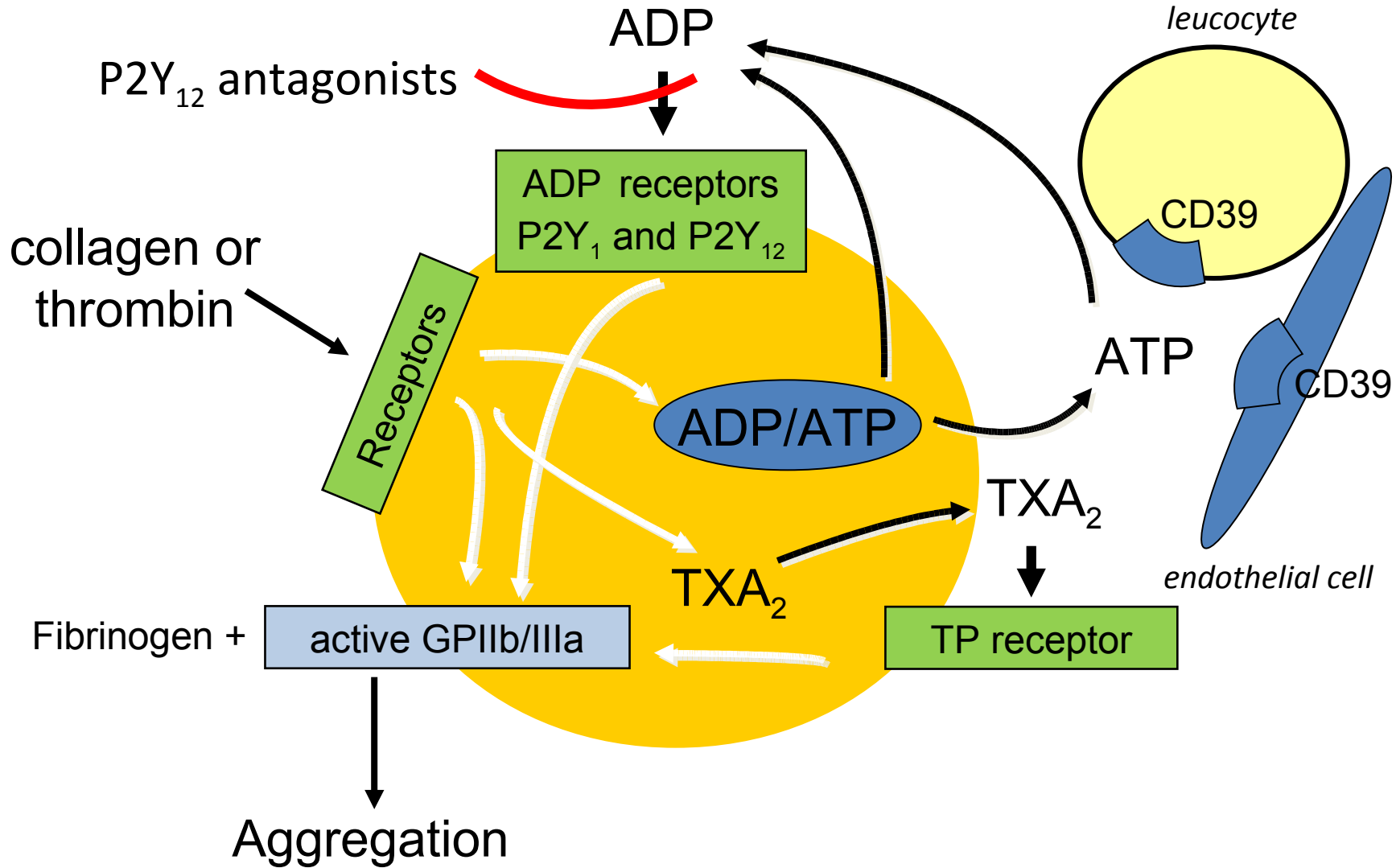
# Antiplatelet agents: mechanism of action



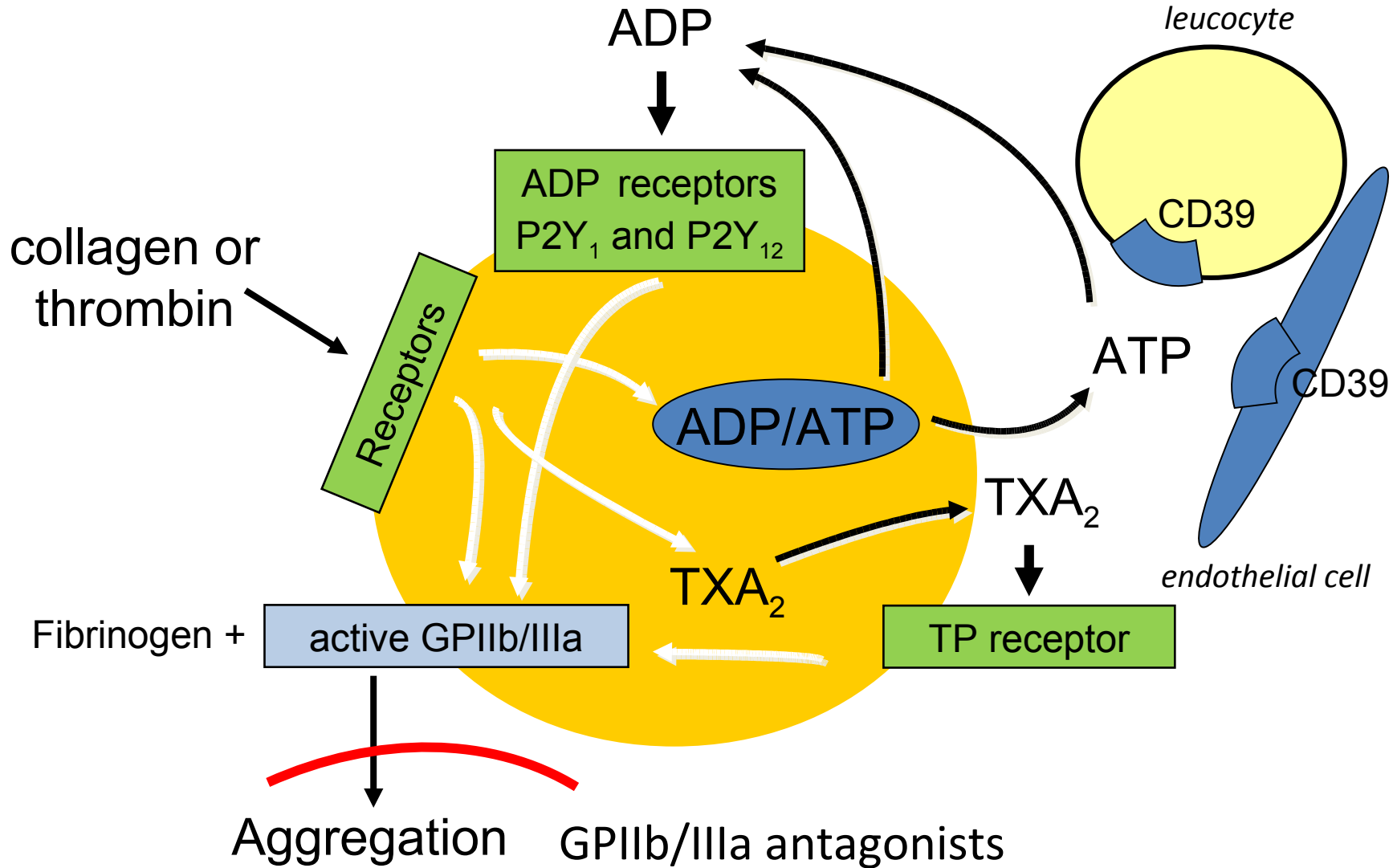
# Aspirin: mechanism of action



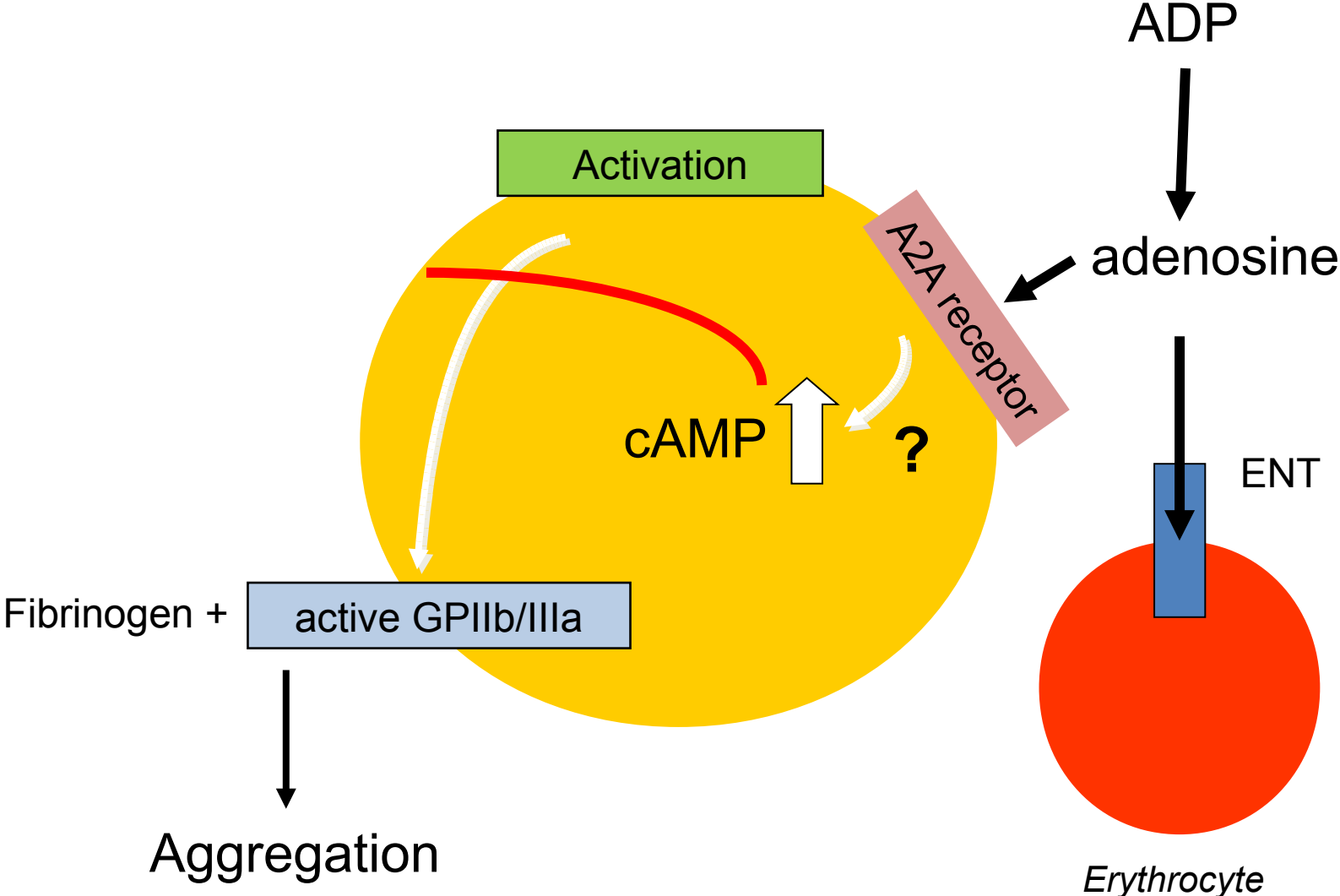
# P2Y<sub>12</sub> antagonists: mechanism of action



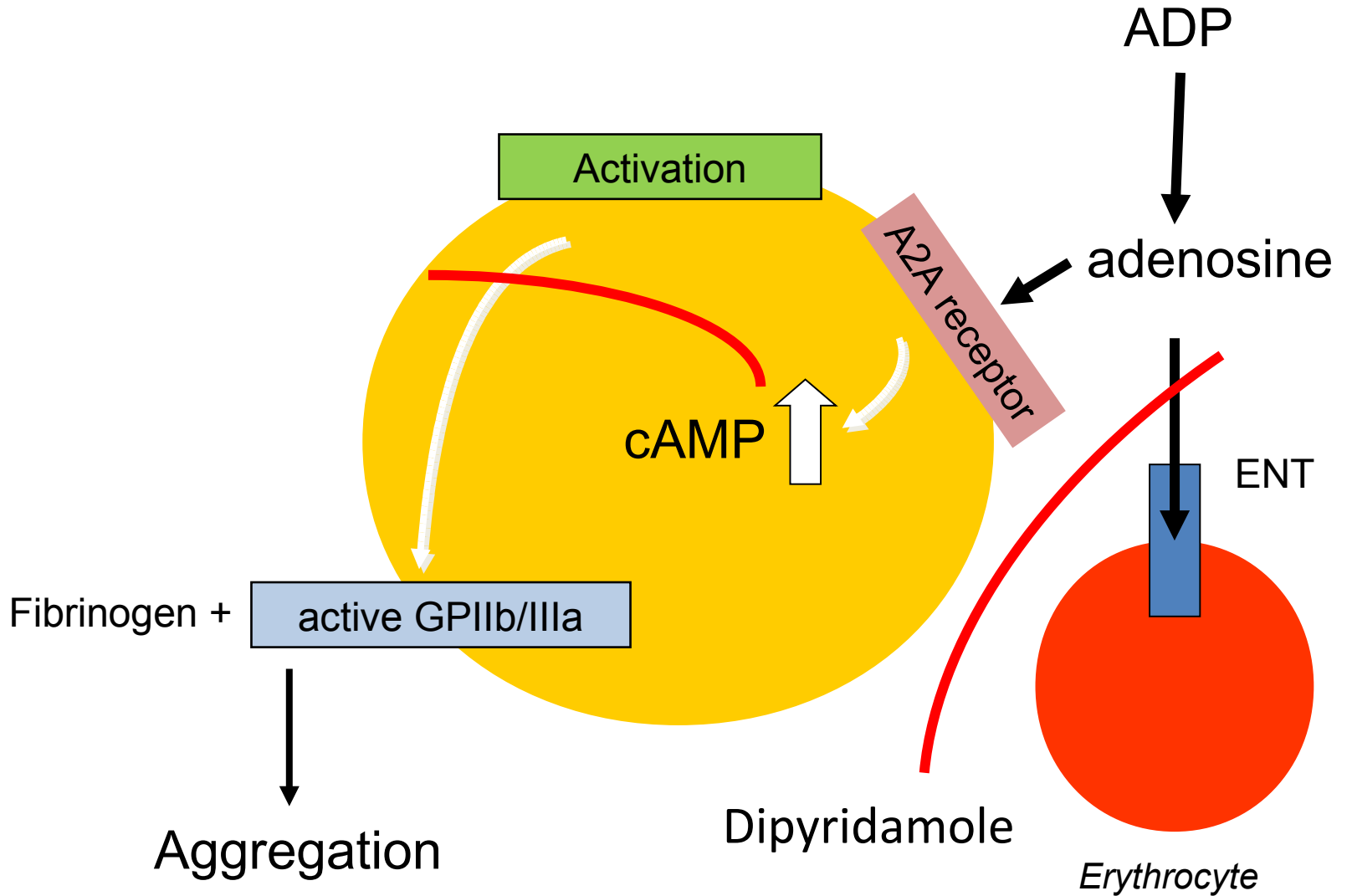
# GPIIb/IIIa antagonists: mechanism of action



adenosine: mechanism of action



# Dipyridamole: mechanism of action



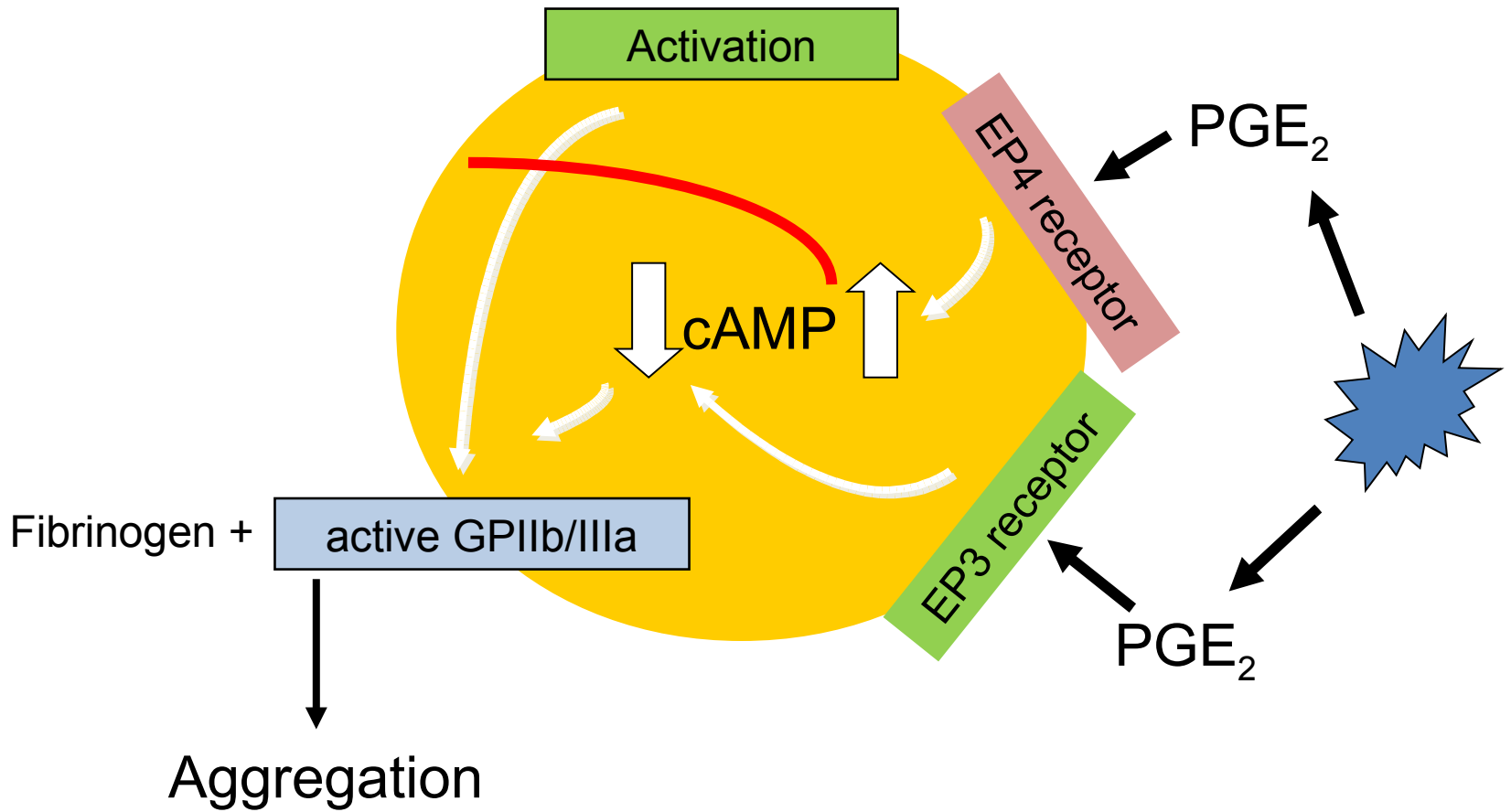
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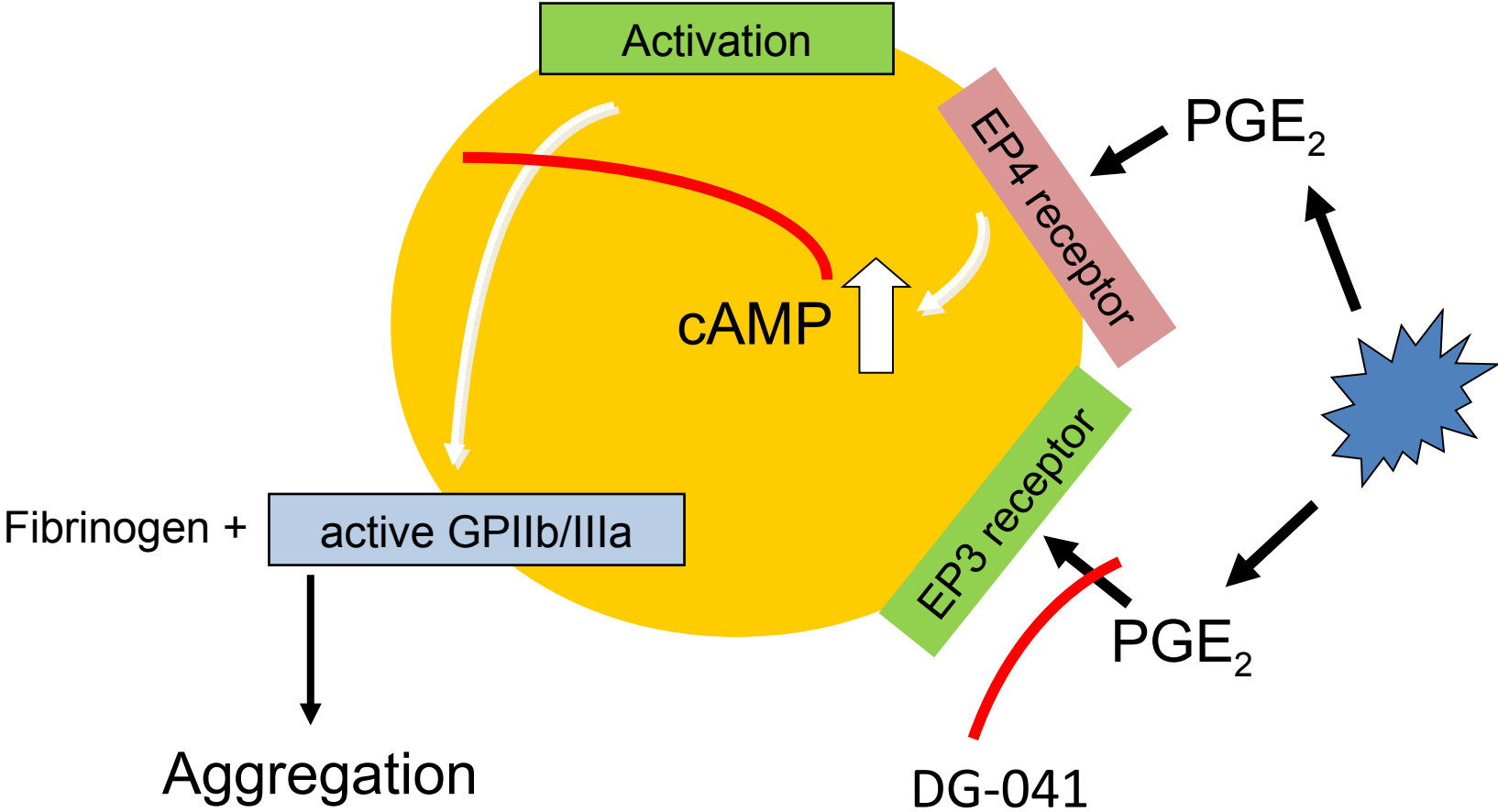
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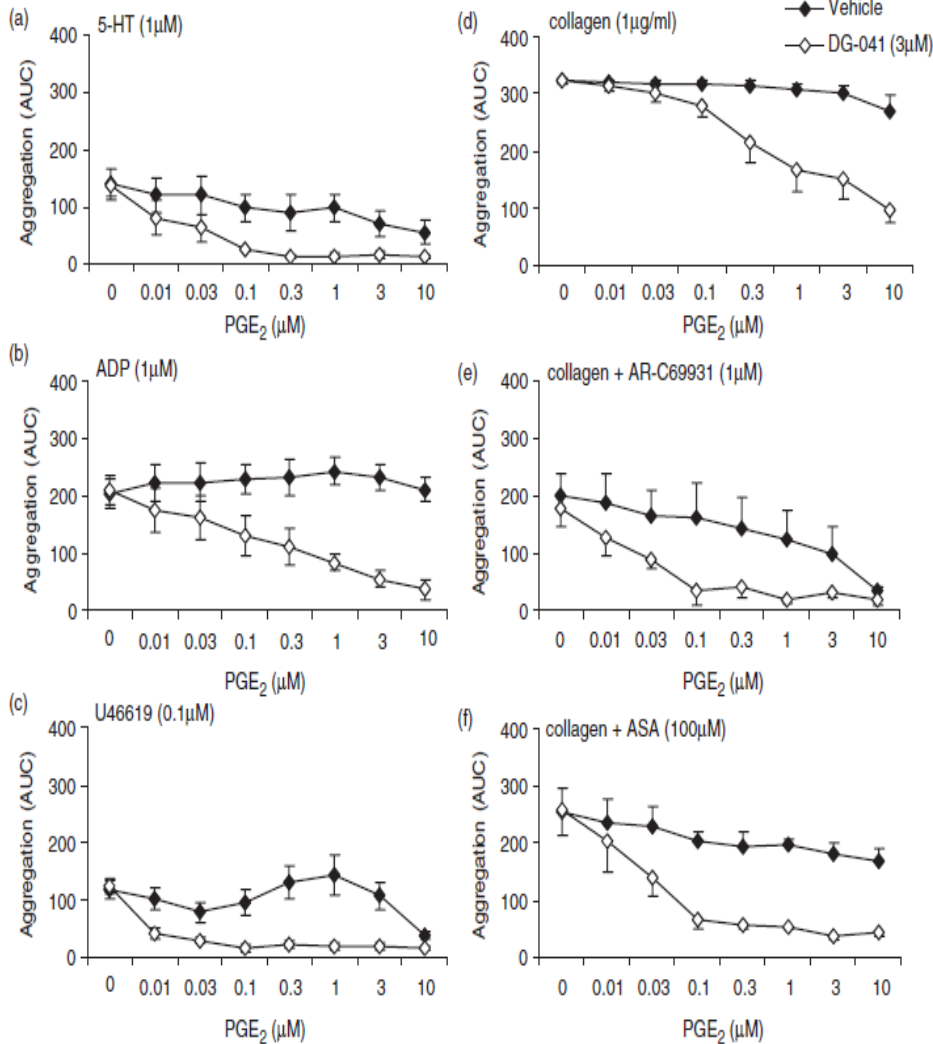
# PGE<sub>2</sub>: mechanism of action



# Inhibition of platelet function by an EP3 antagonist



# Inhibition of platelet function by an EP3 antagonist

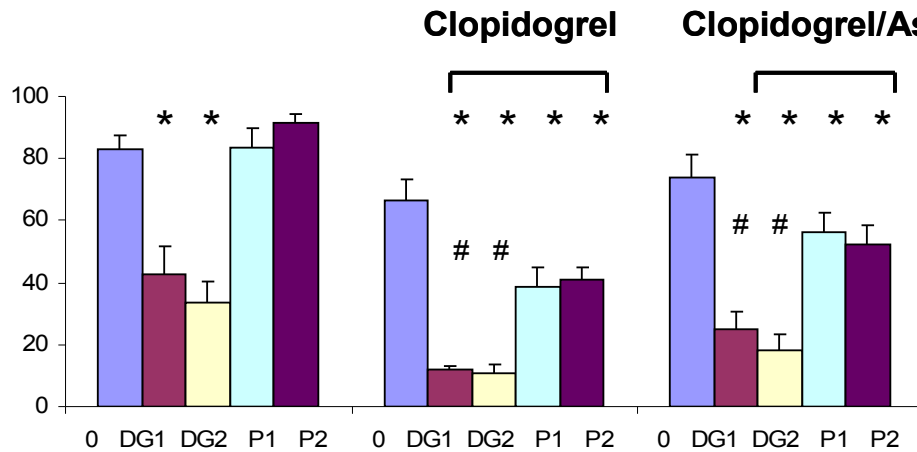


- DG-041 enhances inhibition of platelet function in the presence of PGE<sub>2</sub>

# Inhibition of platelet function by an EP3 antagonist

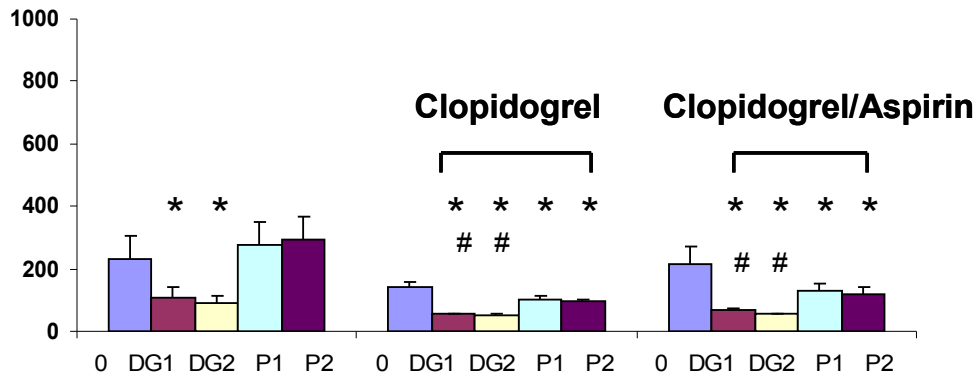
U46619 + PGE<sub>2</sub>

Platelet aggregation

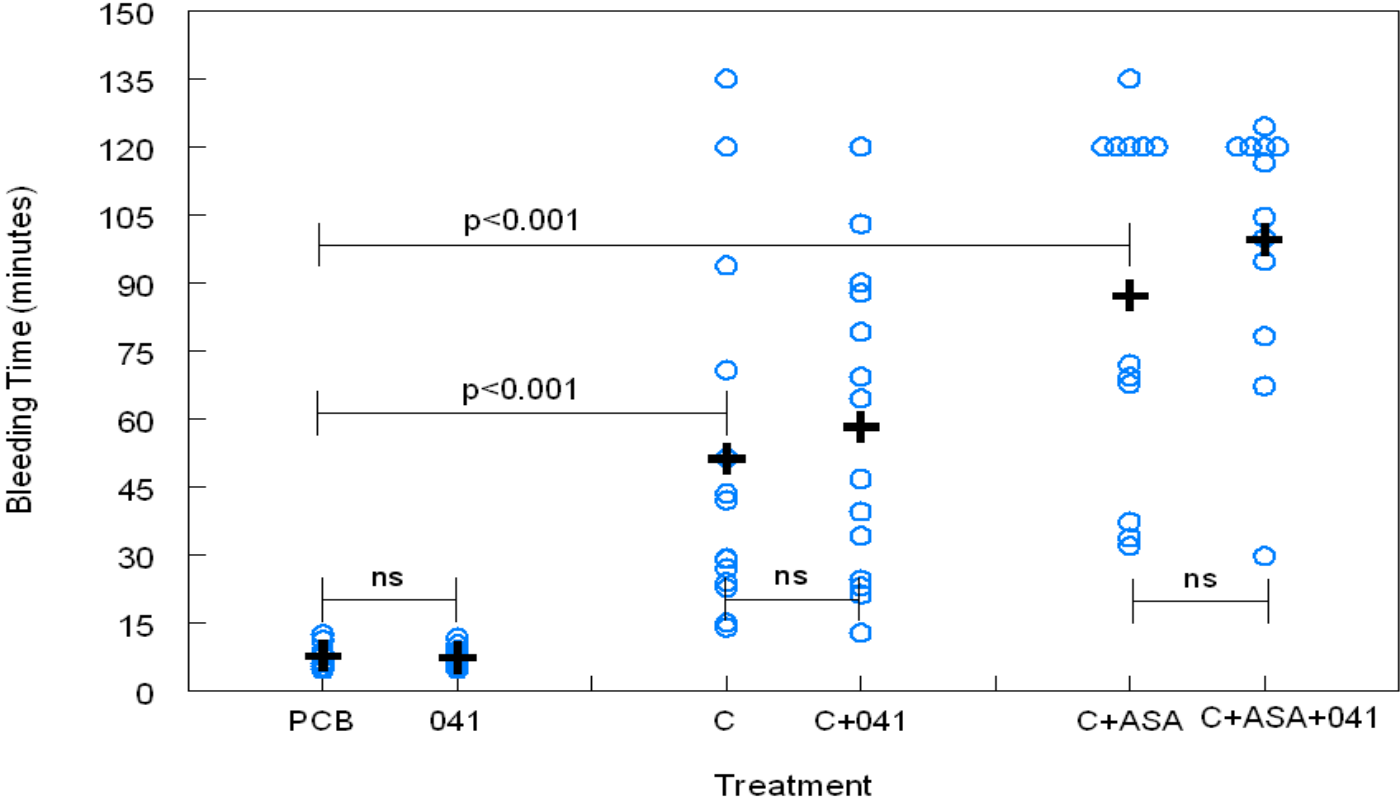


- DG-041 in the presence of PGE<sub>2</sub> inhibits platelet function ex vivo after administration to man.
- DG-041 in the presence of PGE<sub>2</sub> adds to the inhibition brought about by co-administration of other antiplatelet agents.

P-selectin



# Inhibition of platelet function by an EP3 antagonist: no effect on bleeding time



Fox et al, submitted for publication

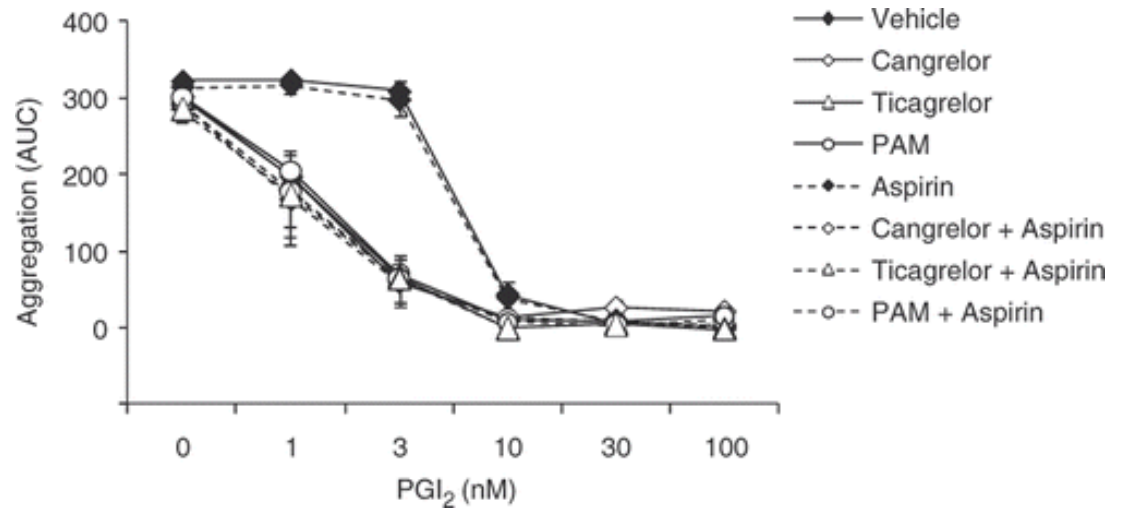
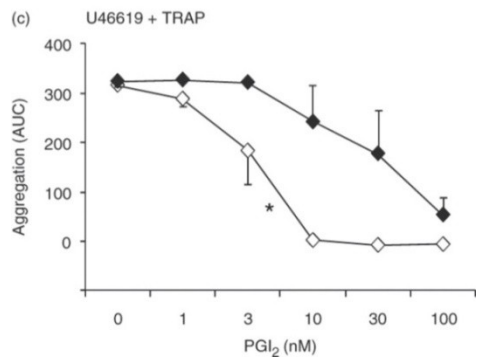
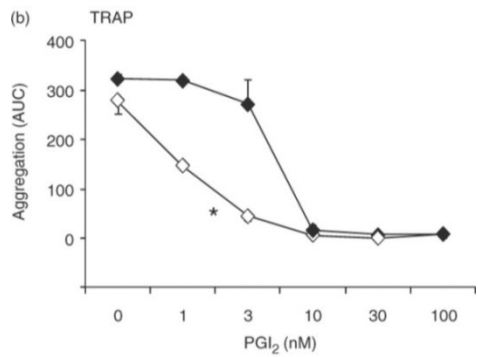
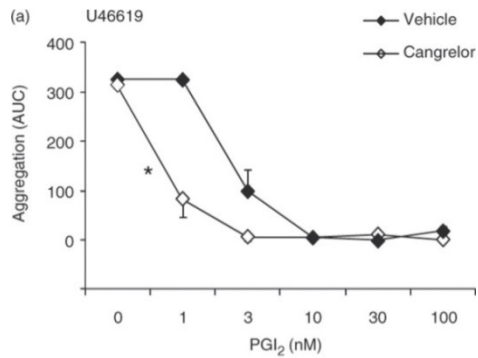
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## New approaches?

- EP3 antagonists – DG-041?
- Consideration of interactions between P2Y<sub>12</sub> antagonists and vascular prostaglandins – avoidance of co-administration of high dose aspirin?

# P2Y<sub>12</sub> antagonists: enhance inhibition of platelet function by PGI<sub>2</sub>



- All P2Y<sub>12</sub> antagonists promote inhibition of platelet aggregation by PGI<sub>2</sub>

P2Y<sub>12</sub> antagonists: enhance inhibition of platelet function by all agents that ▲ cAMP

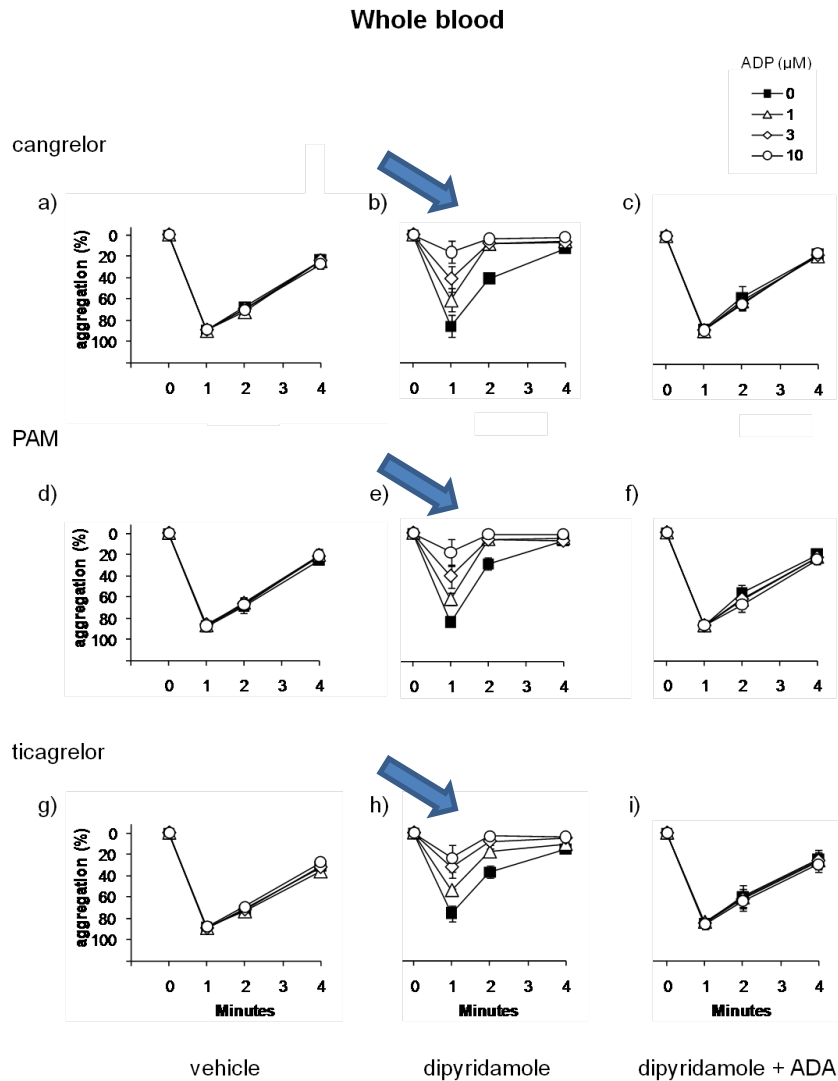
Table I. IC<sub>50</sub> values for various cAMP-elevating agents in the absence and presence of cangrelor.

cAMP-elevating agent	Aggregating agent	Vehicle	Cangrelor
PGI <sub>2</sub> (nM)	U46619	2.8 ± 0.6	0.8 ± 0.2
	TRAP	6.0 ± 1.0	1.1 ± 0.4
	U46619 + TRAP	49 ± 22.6	4.3 ± 1.2
Iloprost (nM)	U46619	3.3 ± 1.3	0.9 ± 0.1
	TRAP	4.5 ± 1.1	1.0 ± 0.0
	U46619 + TRAP	19.7 ± 0.3	2.1 ± 0.1
PGD <sub>2</sub> (nM)	U46619	33 ± 13	19 ± 5
	TRAP	117 ± 62	15 ± 8
	U46619 + TRAP	413 ± 213	43 ± 24
Adenosine (μM)	U46619	>10	0.7 ± 0.1
	TRAP	>10	2.3 ± 0.4
	U46619 + TRAP	>10	>10
Forskolin (μM)	U46619	>10	1.9 ± 0.5
	TRAP	>10	3.2 ± 1.3
	U46619 + TRAP	>10	6.4 ± 2

Notes: IC<sub>50</sub> values were determined in response to aggregation induced by U46619, TRAP or a combination of U46619 and TRAP in whole blood. For determination of the IC<sub>50</sub> value for adenosine, experiments were performed in the presence of dipyridamole.

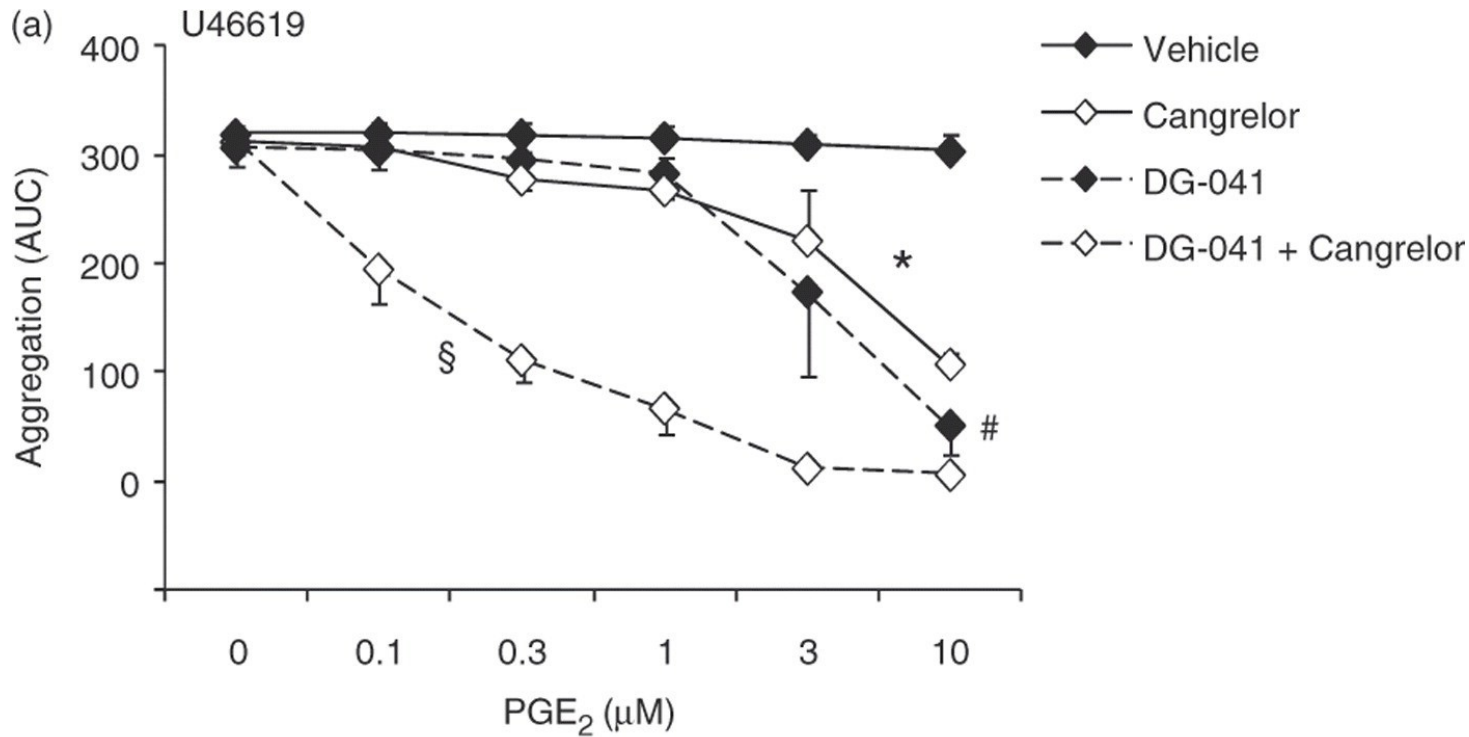
- All P2Y<sub>12</sub> antagonists promote inhibition of platelet aggregation by all agents that raise cAMP in platelets

P2Y<sub>12</sub> antagonists: enhance inhibition of platelet function by all agents that ▲ cAMP



ADP is able to markedly inhibit platelet function in whole blood when a P2Y<sub>12</sub> antagonist has been added provided that uptake of its metabolite adenosine into red cells is prevented using dipyridamole

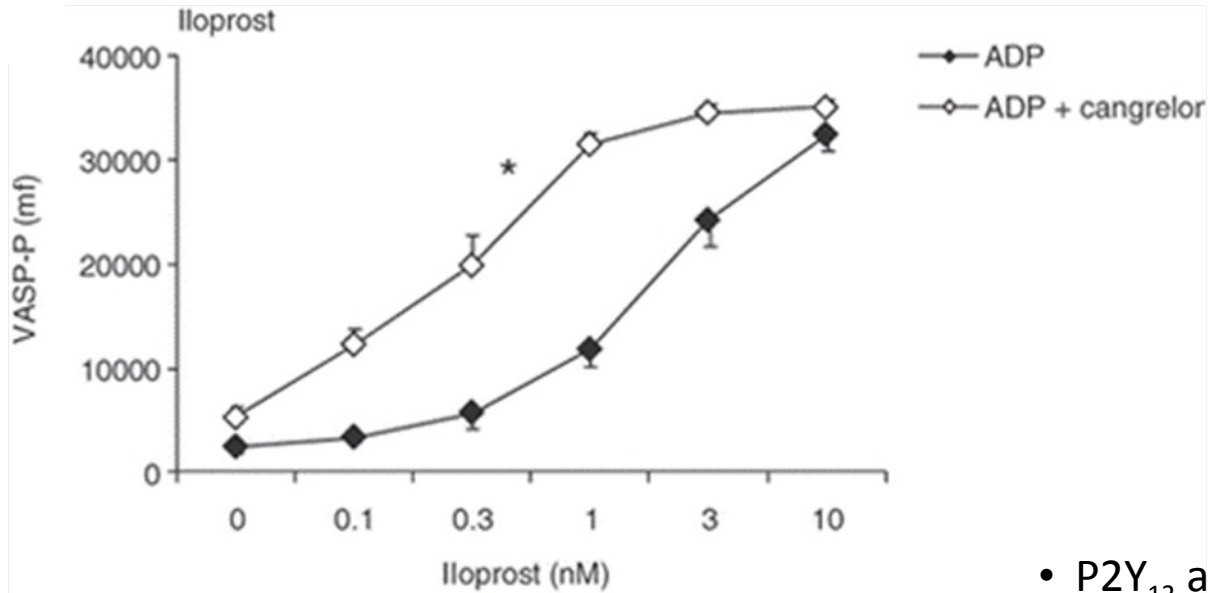
P2Y<sub>12</sub> antagonists: enhance inhibition of platelet function by all agents that ▲ cAMP



- P2Y<sub>12</sub> antagonists promote inhibition of platelet aggregation by PGE<sub>2</sub> in the presence of an EP3 antagonist

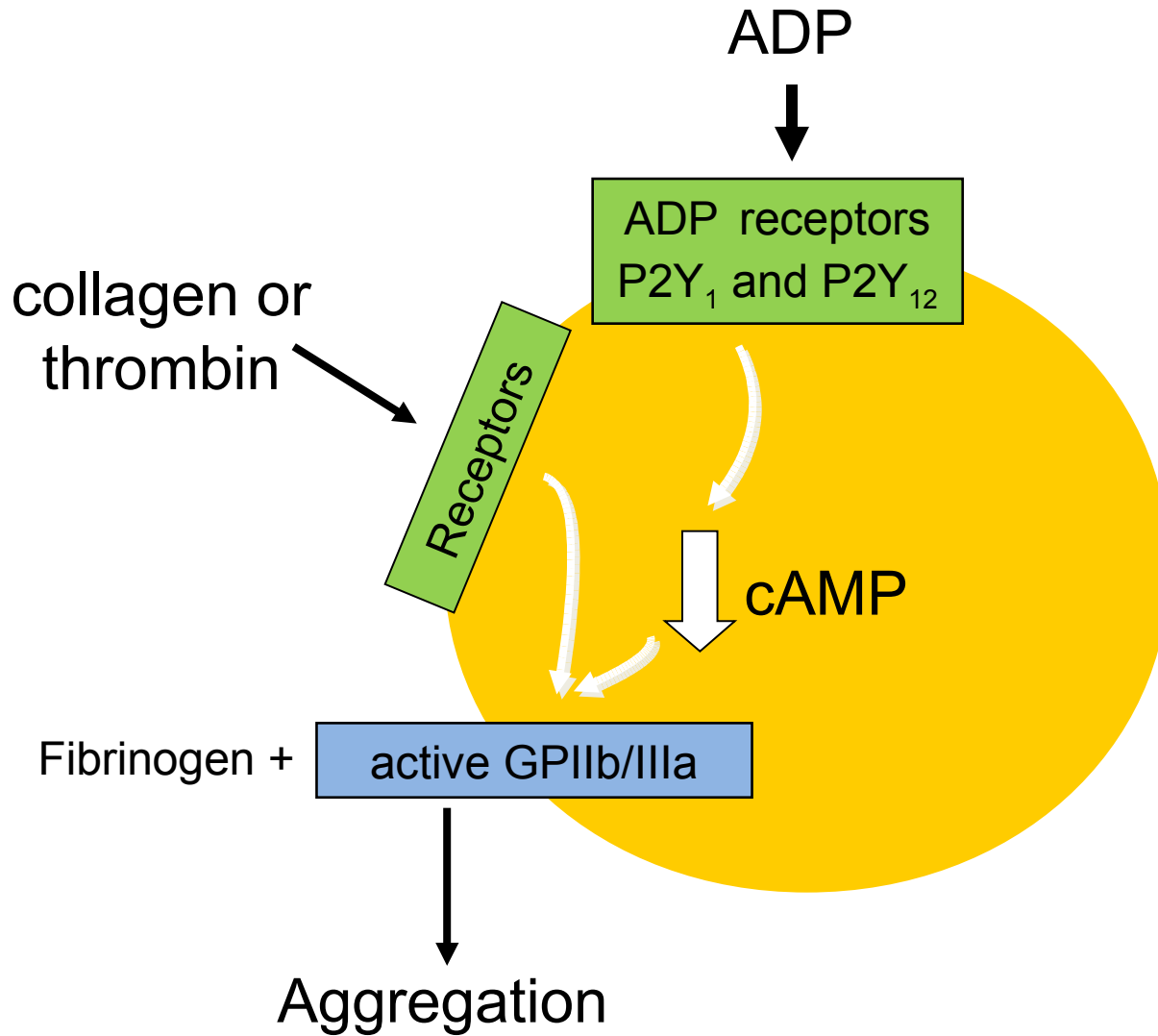
Iyú et al, Platelets 2011;22:504-15

P2Y<sub>12</sub> antagonists: enhance inhibition of platelet function by all agent that ▲ cAMP

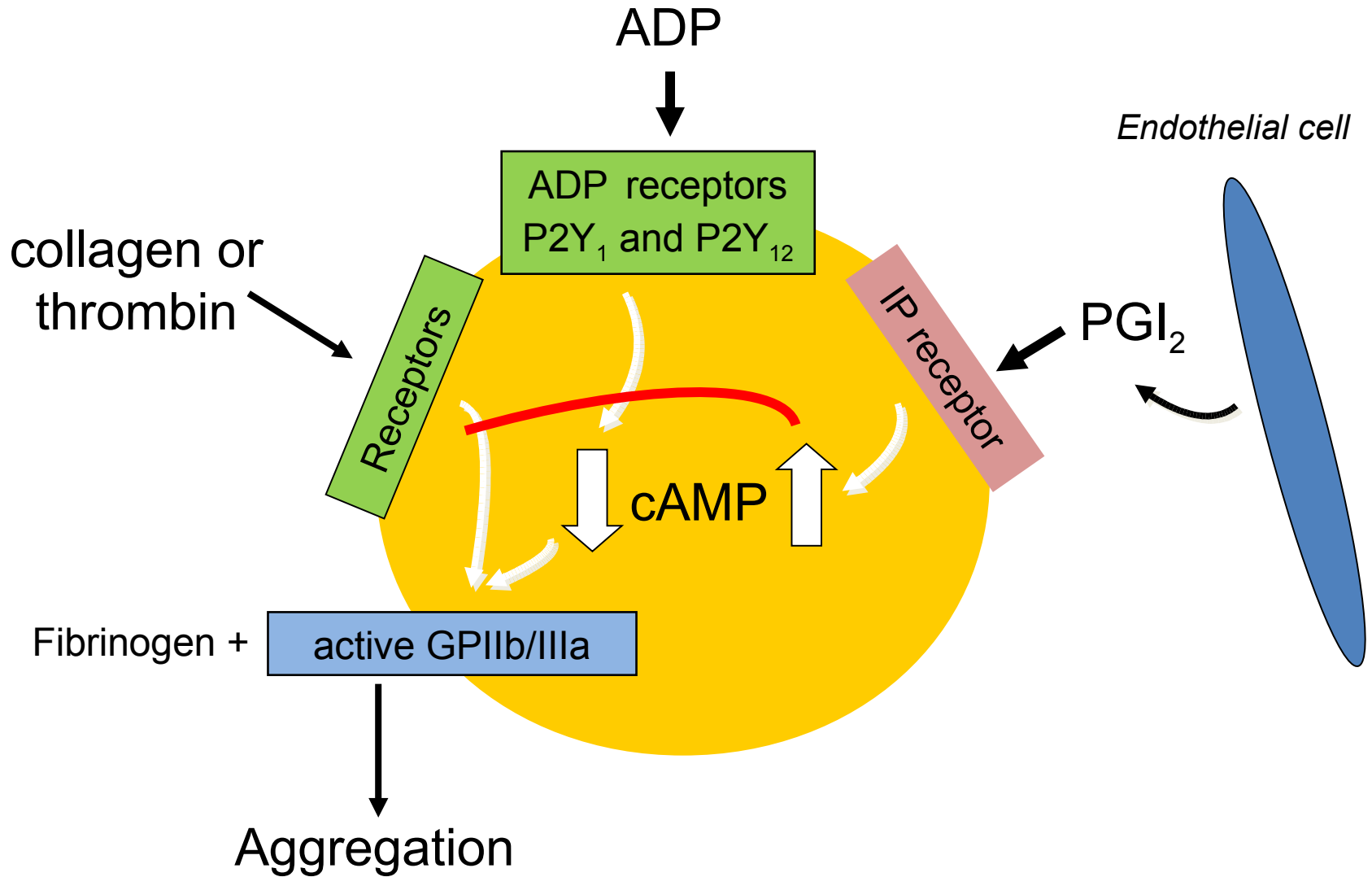


- P2Y<sub>12</sub> antagonists promote inhibition of platelet aggregation by increasing the levels of cAMP attained

a) ADP lowers cAMP and promotes platelet function

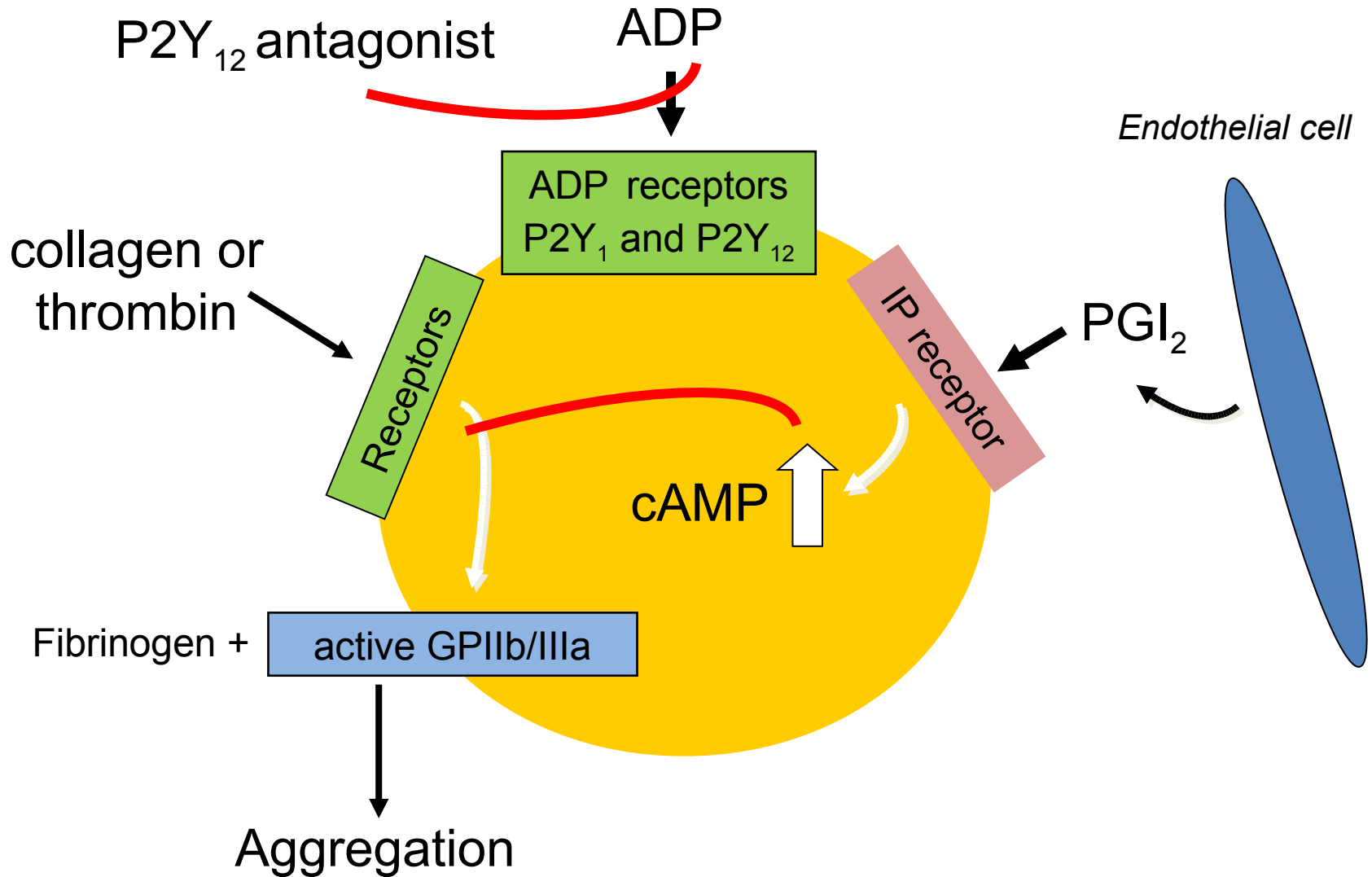


b) PGI<sub>2</sub> counters the effect of ADP on cAMP



Picture 22b

c) A P2Y<sub>12</sub> antagonist prevents ADP lowering cAMP allowing PGI<sub>2</sub> to provide very effective inhibition of platelet function

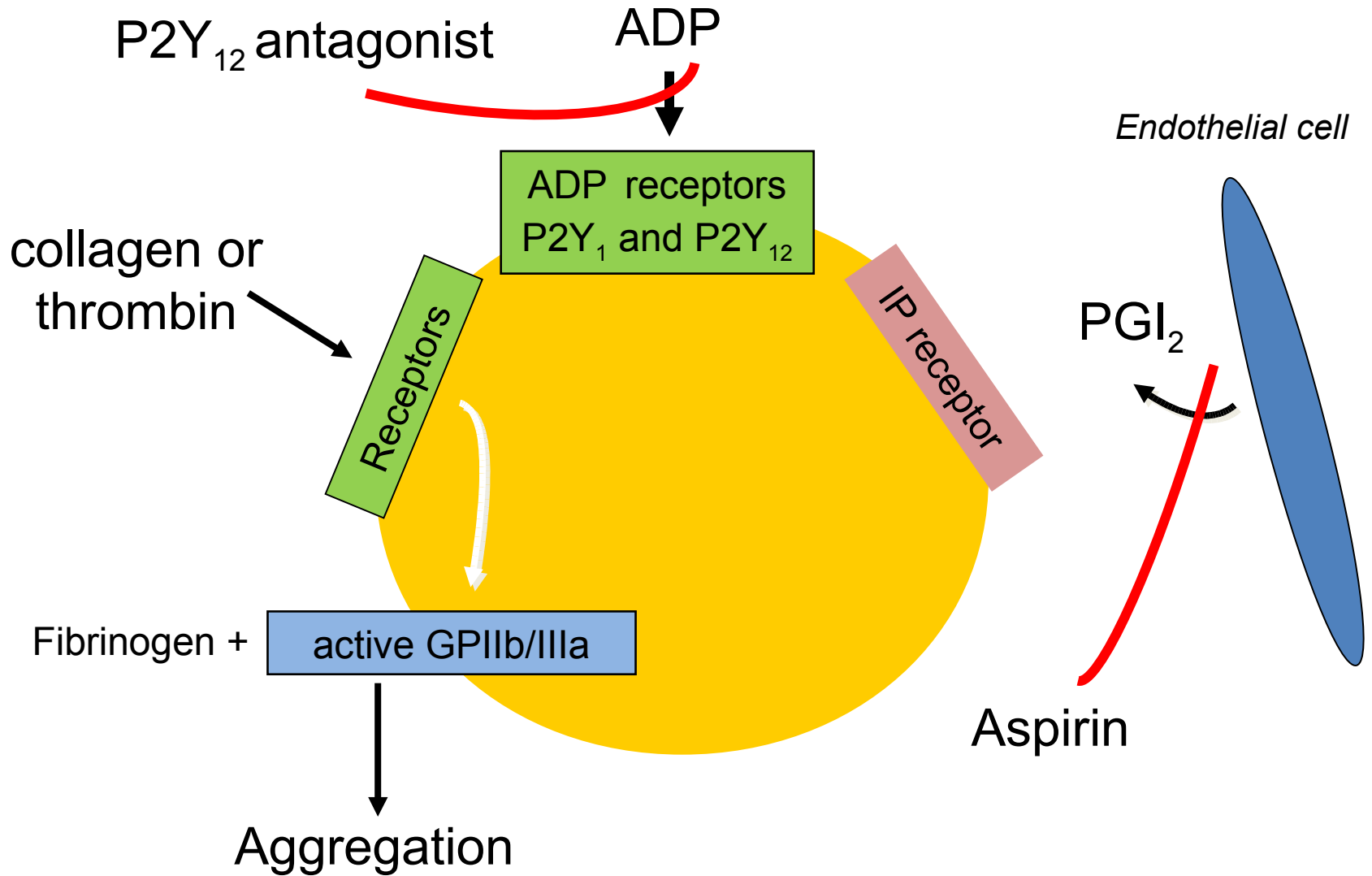


Picture 22b

## Consideration of interactions between P2Y<sub>12</sub> antagonists and vascular prostaglandins

- P2Y<sub>12</sub> antagonists act by blocking promotion of platelet function by ADP
- P2Y<sub>12</sub> antagonists also promote the inhibitory effects of natural prostaglandins and other agents that increase cAMP in platelets
- These two actions might contribute to the clinical benefit derived from P2Y<sub>12</sub> antagonists

d) If aspirin blocks PGI<sub>2</sub> synthesis, cAMP is unable to contribute to inhibition of platelet function



## Consideration of interactions between P2Y<sub>12</sub> antagonists and vascular prostaglandins

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- These two actions might contribute to the clinical benefit derived from P2Y<sub>12</sub> antagonists

If so .....

- Additional therapies (e.g. high doses of aspirin) that may reduce vascular prostaglandin synthesis should be avoided