

# Transient receptor potential vanilloid (TRPV) channels: Basal properties and physiological potential

Tomohiko Sasase<sup>1</sup> , Fatchiyah Fatchiyah<sup>2</sup> and Takeshi Ohta<sup>1</sup>

<sup>1</sup> *Laboratory of Animal Physiology and Functional Anatomy, Graduate School of Agriculture, Kyoto University, Kyoto, Japan*

<sup>2</sup> *Department of Biology, Faculty of Mathematics and Natural Sciences, Brawijaya University, Malang, East Java, Indonesia*

**Abstract.** Transient receptor potential vanilloid (TRPV) channels are TRP homologs and have been classified into six subfamilies. They are unique mediators of sensory signals with multiple physiological effects and are potential targets for developing new therapies targeting human diseases. TRPV channels play crucial roles in normal physiological processes, and their dysfunction has been implicated in various disease states. Several small-molecule compounds, such as TRPV1 and TRPV3 antagonists, have been developed as novel analgesic agents. A better understanding of the physiological functions of TRPV channels would lead to progress in life science. In this review, we focus on various functions of TRPV channels, including pain sensing, temperature sensing, and metabolic control, as well as summarize the basal properties and pathophysiological contributions of six TRPV channels. Moreover, we discuss the pharmacological effects of endogenous and exogenous ligands on TRPV channels and related diseases.

**Key words:** TRPV channels — Sensory system — Channel diseases — Drug discovery

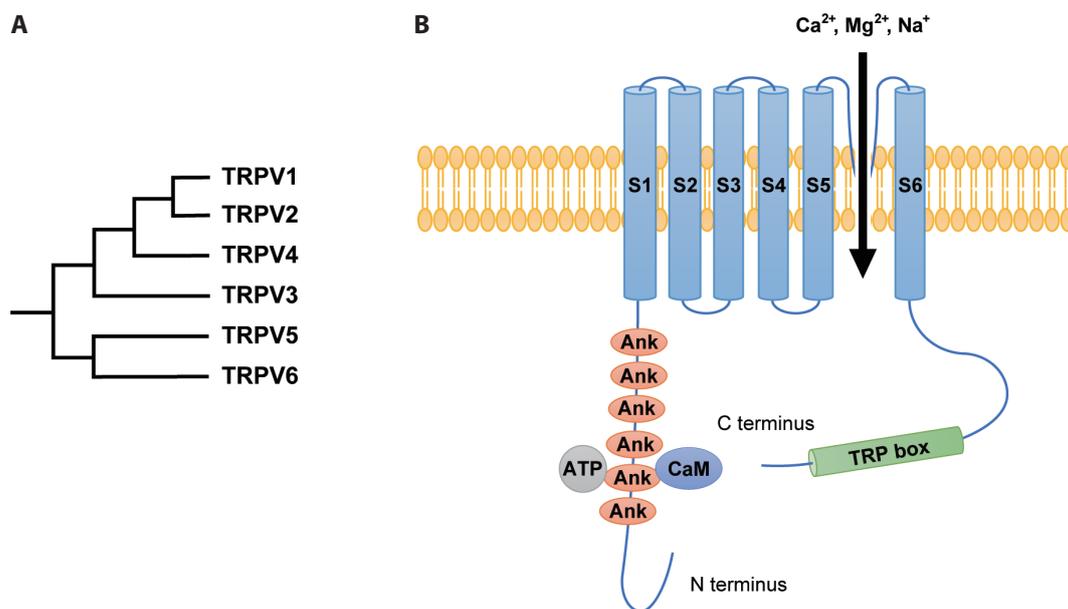
**Abbreviations:** CB, cannabinoid; CGRP, calcitonin gene-related peptide; CNS, central nervous system; COVID-19, coronavirus disease 2019; cryo-EM, cryo-electron microscopy; DIO, diet-induced obesity; DPN, diabetic peripheral neuropathy; DRG, dorsal root ganglion; GLP-1, glucagon-like peptide-1; GPR, G-protein coupled receptor; KO, knockout; MMP, metalloproteinase; PPAR, peroxisome proliferator-activated receptor; STZ, streptozotocin; TRP, transient receptor potential; TRPA, transient receptor potential ankyrin; TRPC, transient receptor potential canonical; TRPM, transient receptor potential melastatin; TRPML, transient receptor potential mucolipin; TRPN, transient receptor potential “nompC” (from no mechanoreceptor potential C); TRPP, transient receptor potential polycystin; TRPV, transient receptor potential vanilloid.

## Introduction

Transient receptor potential (TRP) channels have been extensively studied worldwide since the identification of the *Drosophila trp* gene in 1989 (Montell and Rubin

1989). A large number of *trp*-encoded proteins form non-selective cationic channels. As a result of gene analysis, many TRP homologs have been identified and classified into seven subfamilies: TRPC (canonical), TRPM (melastatin), TRPV (vanilloid), TRPML (mucolipin), TRPP (polycystin), TRPA (ankyrin), and TRPN (nompC) (Gees et al. 2012). Among these, members of the TRPV family are activated by mechanical stimulation, thermal stimulation, and changes in pH or osmotic pressure. Importantly, TRPV channels are activated/inactivated by a number of ligands and are associated with various diseases, in

**Correspondence to:** Tomohiko Sasase, Laboratory of Animal Physiology and Functional Anatomy, Graduate School of Agriculture, Kyoto University, Kitashirakawa oiwake-cho, Sakyo-ku, Kyoto 606-8502, Japan  
E-mail: tomohiko.sasase@jt.com



**Figure 1.** Phylogenetic tree (A) and common structure (B) of TRPV family. Structurally, TRPV family has two domains. S1–S4 voltage-sensing domains associates with the transmembrane segments S5–S6 containing the pore region. TRPV1 is a tetramer, and its pore-like structure comprises the large basket-shaped cytoplasmic and transmembrane regions. TRPV family has six ankyrin (Ank) repeat domains at their N-termini. Ank repeat of TRPV1 has an ATP-binding site and a calmodulin (CaM)-binding site, important for channel activation and inactivation, respectively. TRP-box in the C-terminal region is important for activating channel gating and protein tetramerization.

addition to acting as temperature receptors and noxious stimulus receptors.

The TRPV family is composed of TRPV1–6 (Fig. 1A), and there are six ankyrin (Ank) repeat domains at their N-termini in mammals (Montell 2001; Clapham 2003). The three-dimensional structure of Ank repeat has been determined for TRPVs; Ank repeat of TRPV1 has an ATP-binding site and a calmodulin (CaM)-binding site, which are important for channel activation and inactivation, respectively (Lishko et al. 2007). On the other hand, the TRPV family has a TRP-box in the C-terminal region, which is important for activating channel gating and protein tetramerization (Garcia-Sanz et al. 2004, 2007) (Fig. 1B). In recent years, the structure of the TRPV family has been analyzed using cryo-electron microscopy (cryo-EM). For example, TRPV1 is a tetramer, and its pore-like structure comprises the large basket-shaped cytoplasmic and transmembrane regions (Moiseenkova-Bell et al. 2008).

Although there are several reports focus on TRPVs' ligands and specific diseases (Woudenberg-Vrenken et al. 2009; Robbins et al. 2013; Seebohm and Schreiber 2021; Zhang et al. 2021; Liu et al. 2022), no review article widely covers TRPV family and development of their ligands and diseases. In this review article, we focus on various functions of TRPV channels, including pain sensing, temperature sensing, and metabolic control; moreover, we summarize

the basal properties and pathophysiological contributions of six characterized TRPV channels. In addition, we discuss the pharmacological effects of endogenous and exogenous ligands of TRPV channels including clinically developing drugs as well as diseases associated with TRPV channels (Table 1).

## TRPV1

The capsaicin receptor TRPV1 was identified as vanilloid receptor subtype-1 (VR1) in 1997 by Caterina and colleagues (Caterina et al. 1997). Evidence suggests a crucial role for the TRPV1 channel in various physiological functions (Szallasi and Blumberg 1999). Multiple painful stimuli, electrical voltage, lipids, and phosphorylation activate the TRPV1 channel, and TRPV1 knockout (KO) mice reduce thermal hyperalgesia in response to inflammatory mediators. TRPV1 agonists induce pain-related behavior in mice, and such behavior is diminished in TRPV1-null animals. Pharmacological blockade shows analgesic effects in various pain models, including arthritic and cancer pain. On the other hand, TRPV1 channels in sensory nerve afferents play a key role in physiological glucose control, and deregulated TRPV1 activity is implicated in pathological mechanisms involved in diabetes. A TRPV1-deficient mouse model demonstrated

**Table 1.** Distribution, ligands, and related human diseases of temperature sensitive TRPV channels

TRPV channel	Distribution	Agonists	Antagonists	Related diseases
TRPV1	Brain	Anandamide	Capsazepine	Diabetic neuropathy
	Sensory nerve	Oleylethanolamide	JTS-653	Migraine
	Lung	Palmitoylethanolamide	SAF-312	Dry eye disease
	Kidney	Capsaicin	JNJ-38893777	Irritable bowel syndrome
	Liver	Zucapsaicin	$\alpha$ -Spinasterol	
	Pancreas	Resiniferatoxin	Tivanisiran (siRNA)	
		Gingerol		
Evodiamine				
Cannabidiol				
TRPV2	Brain	Lysophospholipids	Tranilast	Dilated cardiomyopathy
	Sensory nerve	Cannabidiol		Scapuloperoneal spinal muscular atrophy
	Spinal cord	2-APB		Intraocular lymphoma
	Liver	Probenecid		
	Lung			
	Spleen			
	Colon			
	Muscle			
	Bladder endothelium			
	Immune cells			
TRPV3	Brain	Farnesyl pyrophosphate	17(R)-resolvin D1	
	Sensory nerve	Camphor		
	Spinal cord	Carvacrol		
	Skin	Menthol		
	Stomach			
	Colon			
TRPV4	Brain	Epoxyeicosatrienoic acids	HC-067047	Motor and sensory neuropathy
	Skin	4 $\alpha$ -Phorbol 12,13-didecanoate	GSK205	Metatropic dysplasia
	Lung	Apigenin		Spondylometaphyseal dysplasia
	Kidney	GSK1016790A		
	Bladder endothelium			
Vascular endothelium				
TRPV5	Brain	17 $\beta$ -Estradiol	ZINC17988990	Nephrolithiasis
	Kidney	1 $\alpha$ ,25-Dihydroxy vitamin D3	Econazole	Kidney stone disease
	Pancreas		Miconazole	
	Prostate			
	Testes			
TRPV6	Brain	1 $\alpha$ ,25-Dihydroxy vitamin D3	2-APB	Hyperparathyroidism
	Lung		cis-22a	Pancreatitis
	Intestine		3OG	Kidney stone formation
	Kidney		CBP-1008	Bone resorptive diseases
	Liver		SOR-C13	Cancer
	Pancreas			
	Uterus			
Placenta				
Skin				

TRPV, transient receptor potential vanilloid; 2-APB, 2-aminoethoxydiphenyl borate.

improved glycemic control in a diet-induced obesity (DIO) model. A cryo-EM structure of TRPV1 at 3.4 Å resolution was determined and reported by Liao et al. (2013). An overview of representative endogenous and exogenous ligands of TRPV1 is presented in Figure 2 and Table 2.

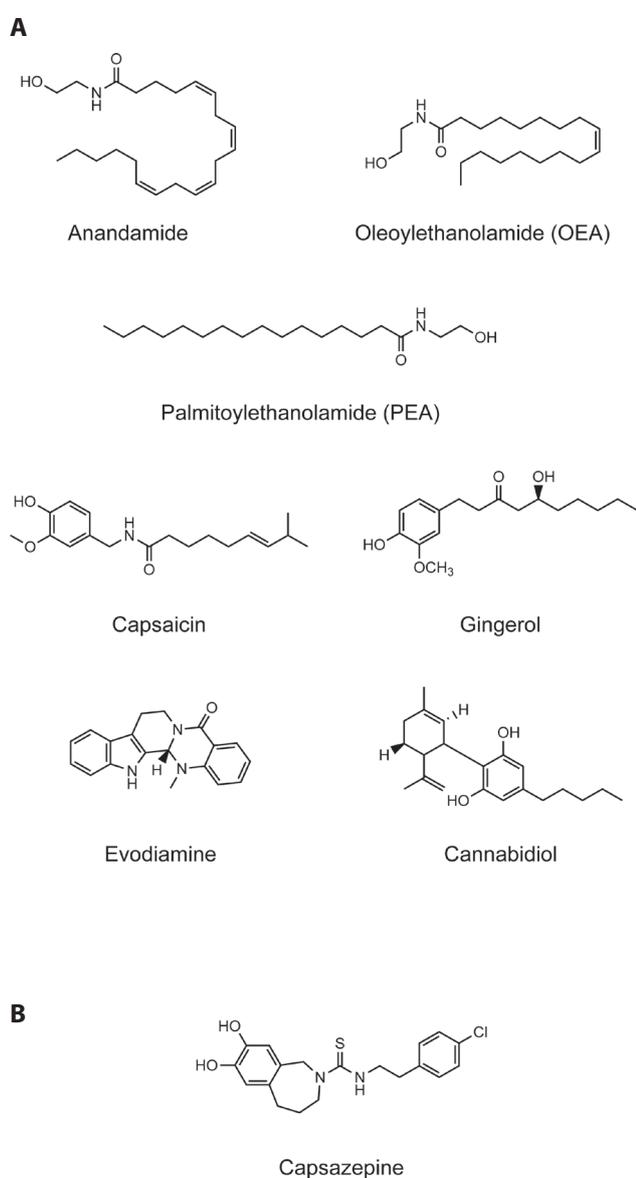
### Human diseases related to TRPV1

#### Neuropathic pain

Diabetic peripheral neuropathy (DPN) is a major microvascular complication of diabetes that frequently occurs

in the early stages of diabetes and involves the peripheral nerves. Generally, when DPN develops, the small nerve fibers are initially affected, and large nerve fibers are gradually damaged, leading to neuropathic pain. Because TRPV1 is highly expressed in dorsal root ganglion (DRG) and small sensory C and A $\delta$  fibers, TRPV1 is involved in DPN. Streptozotocin (STZ)-induced diabetic mice show thermal hyperalgesia in the initial phase (1–2 weeks after STZ injection) and thermal hypoalgesia in the late phase (>6 weeks after STZ injection). In the initial phase, expression of TRPV1 in the DRG was upregulated, and in the later phase, it was downregulated. Both phenotypes were diminished in TRPV1 KO mice treated with STZ (Pabbidi et al. 2008).

Some TRPV1 antagonists, such as JTS-653, are expected to be therapeutic drugs for neuropathic pain, such as DPN and post-herpetic pain (Kitagawa et al. 2013). In addition, excessive stimulation by agonists desensitizes TRPV1, which may be caused by tachyphylaxis, leading to the topical application of TRPV1 agonists as long-lasting analgesic drugs. Qutenza is a first approved capsaicin transdermal patch indicated for the treatment of neuropathic pain associated with DPN and postherpetic neuralgia (PHN) (Anand and Bley 2011). In addition to capsaicin and its derivatives, compounds with other structures have been developed as topical analgesic drugs.



**Figure 2.** Chemical structures of TRPV1 agonists (A) and antagonist (B).

#### Migraine

Migraine is a neurological condition that causes various symptoms such as pulsing, debilitating headaches in one area of the head; it is a disorder of the brain. The pathogenesis of migraine is not fully understood; however, abnormal trigeminal and central nervous system (CNS) are deeply involved. TRPV1 is co-localized with calcitonin gene-related peptide (CGRP) in trigeminal ganglion neurons and is implicated in the pathophysiology of migraine (Shibata and Tang 2020). Activation of TRPV1 excites nociceptive afferent fibers and causes pain. Therefore, modulation of TRPV1 activity is thought to be able to control migraine. Zucapsaicin, a *cis*-isomer of capsaicin, has been developed as an acute care medication for episodic cluster headache (Rapoport 2012). The TRPV1 antagonists JNJ-38893777 and JNJ-17203212 are effective in animal models of migraine (Meents et al. 2015).

#### Dry eye disease (DED)

DED has become a growing problem over recent decades, owing to multiple factors, including increased office work using visual display terminals (VDT) or worsening of air pollution. These harsh environments lead to chronic pain on the ocular surface. DED is characterized by an alteration of tear film stability with ocular inflammation and neurosen-

sory abnormalities, such as ocular symptoms of discomfort and irritation. In severe cases, patients frequently complain of chronic pain and fluctuating vision, which significantly reduces their quality of life. Although the mechanisms underlying DED remain unclear, several TRP channels have been implicated in this syndrome. Among them, TRPV1 has been well-studied because of its important role in mediating enhanced nocifensive behaviors. In the cornea, TRPV1-

immunoreactive nerve fibers co-express substance P or CGRP and potentially contribute to nociceptive transduction. Furthermore, hypertonic stress, which might occur on the surface of the cornea in DED, increases pro-inflammatory cytokine interleukin (IL)-6 levels *via* activation of TRPV1 in human corneal epithelial cells (Pan et al. 2011). This evidence clearly indicates the involvement of TRPV1 activation in DED.

**Table 2.** Endogenous and exogenous ligands of TRPV1 channels and the pharmacological effects

Ligand	Pharmacological effects	Others
<i>Endogenous agonist</i>		
Anandamide	Vasodilation	MMP-2 induction
	Hypotension	Inflammation Behavioral disruption
Oleoylethanolamide	Modulation in lipid and glucose metabolism	Decrease in feeding behavior and motor activity
	Immunomodulation	
	Neuroprotection Analgesic effect	
Palmitoylethanolamide	Anti-inflammation	
	Modulation of gut permeability Hypotension	
<i>Exogenous agonist</i>		
Capsaicin	Modulation in glucose and lipid metabolism	
	Anti-inflammation	
	Anti-oxidation	
	Antidepressant-like effect Anti-cancer	
Gingerol	Anti-diabetes	Increase of sodium absorption in colon
	Anti-inflammation	Decrease of gastric acid secretion
	Anti-cancer	Osteopenia
	Anti-vomiting Modulation of intestinal contraction	
Evodiamine	Anti-obesity	
	Anti-inflammation	
	Atheroprotection	
	Neuroprotection	
	Anti-cancer	
	Anti-Alzheimer's disease Anti-anoxia Anti-nociception	
Cannabidiol	Anti-inflammation	
	Anti-oxidation	
	Cytoprotection/neuroprotection	
	Anti-cancer Modulation of intestinal permeability Anti-anoxia	
<i>Exogenous antagonist</i>		
Capsazepine	Anti-neuropsychiatric disorder	
	Decrease of hyperalgesia	

MMP, matrix metalloproteinase.

Tivanisiran, a small interfering RNA (siRNA) of TRPV1, has been developed as a new drug for DED. Once-daily ocular instillation of 1.125% Tivanisiran for 10 days improved both signs – visual analogue scale (VAS) score and ocular surface disease index (OSDI) questionnaire score, and symptoms – corneal fluorescein staining (CFS) and conjunctival hyperemia – of the disease in clinical trials (Benitez-Del-Castillo et al. 2016).

#### Other diseases

TRPV1 in the visceral nerve is involved in hypersensitivity to gastrointestinal disorders such as irritable bowel syndrome (IBS). The TRPV1 agonist palvanil modulates intestinal motility and reduces visceral pain such that this modification of TRPV1 function may be applied in the treatment of IBS (Szymaszkiwicz et al. 2020).

Fibromyalgia is characterized mainly by symptoms of chronic widespread pain and comorbidities, such as depression. In a fibromyalgia model, TRPV1 was noted to be involved in nociception and depressive-like behavior.  $\alpha$ -Spinasterol, a bioavailable phytosterol that acts as a TRPV1 antagonist, reduces both pain and depressive-like behavior in mice (Fischer et al. 2020).

Acute respiratory distress syndrome (ARDS) is one of the causes of death related to severe cytokine storm that leads to respiratory failure in coronavirus disease 2019 (COVID-19). TRPV1-positive nerve fibers are intimately related to immune cells that mediate airway inflammation after viral infection (Nahama et al. 2020). Activation of TRPV1 enhances the release of pro-inflammatory molecules such as substance P, CGRP, and cytokines that are upregulated in patients with COVID-19. Therefore, targeting TRPV1-expressing nerve fibers in the lungs with resiniferatoxin, an ultra-potent TRPV1 agonist, is expected to regulate inflammation and immune signals in order to reduce mortality in COVID-19 (Nahama et al. 2020).

#### Pharmacological effects of TRPV1 ligands

##### Endogenous agonists

- **Anandamide** is recognized as a brain constituent that can bind to the cannabinoid (CB) receptor, and it has the ability to modulate TRPV1 levels (Toth et al. 2009). Activation of the TRPV1 receptor by anandamide exposure produces hypotension and a decrease in systemic vascular resistance, suggesting a potential implication for the treatment of cardiovascular diseases (Hogestatt and Zygmunt 2002). The efficacy of anandamide as a TRPV1 agonist is affected by several factors, including CB1 receptor activation, voltage, temperature, and pH (Ross 2003). On the other hand, undesirable effects caused by anandamide treatment include

matrix metalloproteinase (MMP)-2 induction, inflammation, and behavioral disruption (Miyashita et al. 2012).

- **Oleylethanolamide (OEA)**, an endocannabinoid analog, is a natural fatty acid and an endogenous lipid mediator associated with control of feeding, body weight, and energy homeostasis (Laleh et al. 2019). OEA modulates lipid and glucose metabolism *via* TRPV1 activation; its potential efficacy is also exerted *via* other receptors, including peroxisome proliferator-activated receptor (PPAR)- $\alpha$  and G-protein coupled receptor (GPR) 119 (Laleh et al. 2019). PPAR- $\alpha$  agonists promote lipolysis, and GPR119 agonists improve glucose sensitivity in peripheral tissues. OEA is expected to be a novel supplement for the management of obesity in human (Laleh et al. 2019).

Immunomodulatory effects of OEA have also been reported. OEA downregulates toll-like receptor (TLR) 4/nuclear factor (NF)- $\kappa$ B and dendritic cell (DC) maturation through activation of TRPV1 and AMP-activated protein kinase (AMPK) (Yao et al. 2019). In addition, OEA possesses neuroprotective and analgesic properties in visceral and inflammatory pain (Portavella et al. 2018). The effects of OEA on feeding behavior and motor activity were investigated, and it was found that OEA suppresses feeding without causing visceral discomfort (Proulx et al. 2005; Wang et al. 2005).

- **Palmitoylethanolamide (PEA)** is an endogenous congener of anandamide and potentiates its actions *via* TRPV1 channels, CB1 and CB2 receptors, GPR55 receptor, and PPAR- $\alpha$  (Borrelli et al. 2015). PEA is a pleiotropic endogenous lipid mediator with anti-inflammatory and analgesic effects (Ambrosino et al. 2013). In *in vitro* studies, PEA regulates mast cell degranulation and substance P-induced histamine release and suppresses increased cytokine production. PEA prevents inflammation-induced hyperpermeability in the human colon, suggesting that its treatment ameliorates disorders related to increased gut permeability, including inflammatory bowel disease (IBD) (Couch et al. 2019). PEA plays a key role in digestive regulation through modulation of intestinal permeability. In STZ-induced diabetic rats, PEA administration reduces retinal inflammation, exhibiting retinal protective effects against diabetic retinopathy (Paterniti et al. 2015).

Anti-allodynic and anti-hyperalgesic effects in murine models are mediated *via* CB1 and PPAR- $\gamma$  receptors, as well as TRPV1 channel (Costa et al. 2008), and protective effects in allergic dermatitis are exerted by activation of these receptors/channel (Petrosino et al. 2010). Additionally, PEA treatment induced hypotensive effects in a murine model (Marichal-Cancino et al. 2020).

##### Exogenous agonists

- **Capsaicin**, a direct agonist of TRPV1, is a key component of natural chili peppers. When capsaicin binds to TRPV1,

intramolecular twisting motion is caused within microsecond to millisecond time scale to take pore-opening structure (Fujimura et al. 2020). Capsaicin activates TRPV1 and induces cation influx to generate action potential. This action potential is followed by anion efflux-mediated depolarization via  $\text{Ca}^{2+}$ -activated chloride channel anoctamin 1 (Takayama et al. 2015).

The benefits of capsaicin have been investigated for the treatment of several diseases, such as metabolic syndrome, neuropathic pain, and cancer (Baskaran et al. 2019). Dietary capsaicin reduces insulin resistance and hepatic steatosis in DIO models by suppressing inflammatory responses and improving lipid metabolic disorders (Kang et al. 2010). Moreover, chronic dietary capsaicin promotes lipolysis by increasing levels of hepatic phosphorylated hormone-sensitive lipase, carnitine palmitoyltransferase (CPT) 1, and PPAR- $\delta$  (Li et al. 2013). In a renal ischemia-reperfusion model, capsaicin treatment prevented renal tissue damage through anti-inflammatory and anti-oxidative activities (Yu et al. 2018).

Capsaicin exhibited immunomodulatory effects in a rat model of experimental autoimmune neuritis, wherein reduced inflammation of the sciatic nerve was observed with histological changes, including reduction of T-cells, macrophages, and nerve demyelination (Motte et al. 2018). Rats administered capsaicin showed a reduction in immobility in forced swimming tests, suggesting antidepressant-like effects. Generally, in any tumor cell, anti-cancer effects have been reported after capsaicin treatment (Qian et al. 2016).

- **Gingerol** is a bioactive component of ginger, which is used not only as a spice but also as an herbal medicine (Tsuchiya et al. 2014; Tsuchiya and Kawamata 2018). Recent computational modelling showed that gingerol and other ginger compounds, which have a vanillyl moiety similar to capsaicin, interact with the S4–S5 linker of the TRPV1 channel like capsaicin (Yin et al. 2019). Gingerol exerts a variety of pharmacological and therapeutic effects, such as anti-diabetic, anti-inflammatory, anti-carcinogenic, and anti-emetic activities (Yu et al. 2017; Tsuchiya and Kawamata 2018). In obese type 2 diabetic *db/db* mice, gingerol treatment promoted glucose disposal in skeletal muscles and potentiated glucagon-like peptide (GLP)-1-mediated glucose-stimulated insulin secretion in pancreatic  $\beta$ -cells (Samad et al. 2017). In STZ-induced diabetic rats, gingerol minimized myocardial damage by inhibiting inflammation and oxidative stress (Yu et al. 2017).

Gingerol treatment reduced carcinoma incidence in a urethane-induced lung cancer model. A combination therapy of gingerol and capsaicin enhanced the inhibitory effects on lung carcinoma incidence (Geng et al. 2016). Gingerol regulates intestinal contraction and induces electrogenic sodium absorption in the rat colon (Tsuchiya et al. 2014; Tsuchiya and Kawamata 2018). Moreover, gin-

gerol inhibits gastric acid secretion in mice (Okumi et al. 2012). As an undesired effect, gingerol reportedly induced trabecular osteopenia via activation of osteoclast formation (Khan et al. 2012).

- **Evodiamine** is a quinoxaline alkaloid extracted from *Evodia rutaecarpa* Benthham, a plant used in Chinese herbal medicine (Liu et al. 2013b). TRPV1 is known to show species-specific sensitivity to capsaicin. Both rat and human TRPV1 is sensitive to capsaicin but rabbit TRPV1 is insensitive to capsaicin. T550 residue located in the ligand binding area directly impact capsaicin binding and is an important determinant for capsaicin sensitivity in rat and human. Rabbit TRPV1 has I553 residue in this site and this substitution affects the space of the binding pocket to disturb the binding of the nonenyl tail of capsaicin (Gavva et al. 2004; Wang et al. 2012). On the other hands, pharmacophore modeling revealed that evodiamine occupies binding pockets of TRPV1 in various species include rabbit (Wang et al. 2012). Evodiamine exerts a variety of pharmacological effects, such as the following: anti-obesity, atheroprotective, neuroprotective, anti-inflammatory, anti-cancer, anti-Alzheimer's disease, antimetastatic, antianoxic, and antinociceptive (Fei et al. 2003; Wang et al. 2008, 2009; Liu et al. 2013b, 2015; Wei et al. 2013). Evodiamine inhibits adipogenesis in 3T3-L1 mice pre-adipocytes and alleviates diet-induced obesity in mice (Wang et al. 2008, 2009). In apolipoprotein E deficient mice, chronic administration of evodiamine inhibits the development of atherosclerosis and alleviates hyperlipidemia and systemic inflammation (Wei et al. 2013). Moreover, evodiamine increases the influx of extracellular calcium, which leads to c-Jun NH2-terminal kinase (JNK)-mediated protective autophagy, suggesting a new therapy for ischemic stroke (Liu et al. 2013b).

Evodiamine treatment induces anti-cancer effects, including the induction of apoptosis in tumor cells (Yuan et al. 2017) and calcium/JNK-mediated autophagy in human glioblastoma cells (Liu et al. 2013a). Anti-invasive and metastatic activities of evodiamine have also been reported in previous studies (Ogasawara et al. 2002). In an Alzheimer's disease model, evodiamine improves cognitive abilities by suppressing inflammatory cytokines and oxidative stress, which indicates neuroprotective ability (Zhang et al. 2018).

- **Cannabidiol** is a non-psychomimetic compound derived from *Cannabis sativa*, which is one of the oldest plants cultivated by humans. It exerts a number of pharmacological effects, such as anti-inflammatory, antioxidative, cytoprotective, and neuroprotective effects, and has anxiolytic properties (Atalay et al. 2019). Cannabidiol administration exerted an anti-hyperalgesic effect in a rat model of acute inflammation (Costa et al. 2004). In other reports, its potential in the treatment of inflammatory diseases, such as asthma, colitis, arthritis, and allergic dermatitis, has been revealed (Cuba et al. 2017; Petrosino et al. 2018; Klein et al. 2020). In a Caco-2

(human colorectal adenocarcinoma cells) cell culture system, cannabidiol modulates intestinal permeability.

Cannabidiol delivers vasodilatory effects in human pulmonary and rat small mesenteric arteries, and hypotension in rat models of hypertension (Baranowska-Kuczko et al. 2020). Alzheimer's disease and Parkinson's disease are the most common neurodegenerative disorders. Cannabidiol treatment prevents the development of cognitive deficits in rodent models of Alzheimer's disease and shows potential effects in an *in vitro* Parkinson's disease model (Cassano et al. 2020). Cannabidiol reportedly inhibits cancer cell invasion and metastasis *via* the upregulation of intracellular adhesion molecule (ICAM)-1 or tissue inhibitors of metalloproteinase (TIMP)-1 (Ramer et al. 2012).

#### Exogenous antagonist

- **Capsazepine** is the first reported TRPV1 receptor antagonist that has been widely used as a competitive antagonist in pharmacological studies. Capsazepine is synthesized as a structural analog of the capsaicin molecule, and binds to the channel pore region (Messegueur et al. 2006). Hydrophobic pocket in S4–S5 linker of TRPV1 including L515, V518, M547, I573, and L669 accommodates the heterocyclic region of capsazepine (Gao et al. 2016). Capsazepine treatment has pharmacological effects in several diseases, such as

neuropsychiatric disorders, neuralgic disorders, and cancer (Gonzalez-Reyes et al. 2013).

In a forced swimming test using mice, capsazepine displayed antidepressant-like effects, which were facilitated by the inhibition of neuronal nitric oxide synthase (nNOS) or *via* blockade of *N*-Methyl-*D*-aspartate (NMDA) (Sartim et al. 2019). In addition, capsazepine inhibited 4-aminopyridine (AP)-induced epileptiform activity in *in vitro* studies and modulated 4-AP- or capsaicin-induced epileptiform activity in *in vivo* experiments (Gonzalez-Reyes et al. 2013). Acute capsazepine treatment potentiated the antinociceptive effects of morphine in mice, *via* the hot-plate test (Nguyen et al. 2010). In STZ-induced diabetic rats, capsazepine injection reduced facial heat hyperalgesia (Araya et al. 2017), and in models of inflammatory and neuropathic pain, it reversed mechanical hyperalgesia (Walker et al. 2003). Reportedly, capsazepine potentiated the apoptotic effects of tumor necrosis factor-related apoptosis-inducing ligand, and it suppressed the proliferation of human prostate cancer cells (Huang et al. 2006).

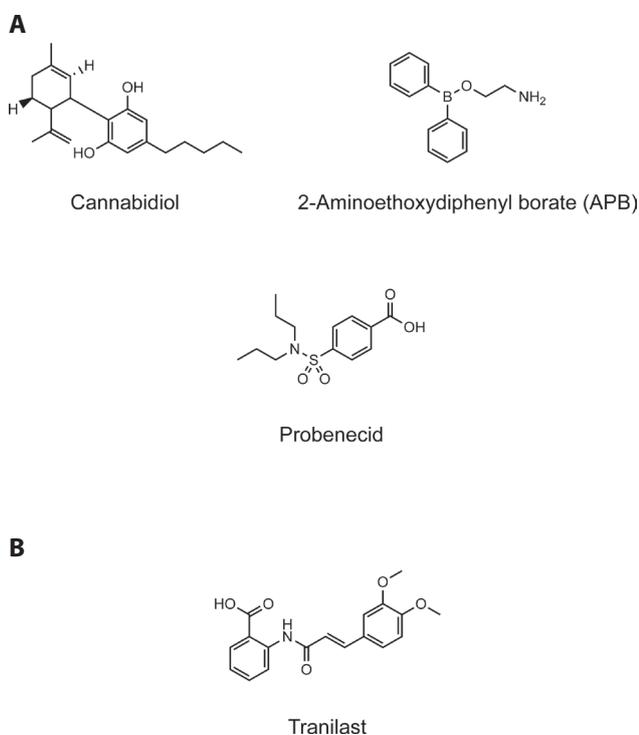
#### TRPV2

TRPV2 is a non-specific cation channel activated by noxious temperatures  $>52^{\circ}\text{C}$ . TRPV2 was isolated as vanilloid receptor-like protein 1 (VRL1) and is localized in DRG, CNS, lung, spleen, and intestine (Caterina et al. 1999). TRPV2 is highly expressed in cardiomyocytes and is involved in stretch-dependent responses in the heart (Aguettaz et al. 2017). Mice deficient in TRPV2 showed impaired cardiac function (Naticchioni et al. 2015). The structure of TRPV2 is close to that of the potassium channel. A 13.6 Å cryo-EM structure of TRPV2 was reported by Huynh et al. (2014). Known TRPV2 agonists and antagonists are listed in Figure 3 and Table 3.

#### Human diseases related to TRPV2

##### Heart failure

TRPV2 functions as both a mechanosensory and a mediator of calcium regulation and plays important roles in cardiomyocyte structure and function; it functionally integrates neighboring cardiomyocytes (Katanosaka et al. 2014). In the left ventricle, as well as in the whole heart, TRPV2 expression is highest among members of TRPV family (Koch et al. 2012). TRPV2 KO mice show decreased systolic function and impaired cardiac functional responses to forced treadmill exercise (Naticchioni et al. 2015). Additionally, heart-specific TRPV2-deficient mice exhibited decreased heart pump function with disorganization of the intercalated disc structure, conduction defects, and



**Figure 3.** Chemical structures of TRPV2 agonists (A) and antagonist (B).

**Table 3.** Endogenous and exogenous ligands of TRPV2 channels and the pharmacological effects

Ligand	Pharmacological effects	Others
<i>Endogenous agonist</i>		
Lysophospholipids	Stimulate prostate cancer cell migration Apoptosis/necrosis in osteoblast-like cells Inhibit differentiation of brown adipocyte	Stimulate GLP-1 secretion
<i>Exogenous agonist</i>		
Cannabidiol	Anti-cancer	Activate TRPV1, TRPV2, TRPV3, TRPV4 Release CGRP in cultured DRG
Probenecid	Improve cardiac function in Fontan circulation	
<i>Exogenous antagonist</i>		
Tranilast	Anti-allergic Anti-cancer	

GLP-1, glucagon-like peptide-1; CGRP, calcitonin gene-related peptide; DRG, dorsal root ganglion.

accelerated mortality (Katanosaka et al. 2014). Reduced insulin-like growth factor (IGF-1) signaling is strongly associated with heart failure found in TRPV2 KO mice (Katanosaka et al. 2014).

Currently, only a small number of TRPV2-selective ligands have been reported. Probenecid, a TRPV2 agonist that is also known as multidrug resistance-associated protein 1 (MRP-1; ABCC1) inhibitor, has been shown to have its inotropic effects and potential for use in the treatment of cardiomyopathy in both non-clinical and clinical studies (Robbins et al. 2018). A retrospective cohort study suggested that TRPV2 expression increased in patients with single ventricle physiology. In this congenital heart defect, systemic and pulmonary blood flow returns mix with each other and lead to lower systemic oxygen saturations (between 75% to 85% in patients,  $\geq 96\%$  in normal). Therefore, the single ventricle causes systemic arterial oxygen desaturation (Chopra and Rao 1992). Fontan procedure is a surgery that connects the inferior vena cava to the pulmonary artery so that all systemic venous blood can flow directly into the lungs (Fontan circulation) (Fontan and Baudet 1971). A phase 4 clinical study showed that probenecid improved cardiac function in patients with Fontan circulation treated for functionally univentricular circulation (Rubinstein et al. 2020).

### Pharmacological effects of TRPV2 ligands

#### Endogenous agonist

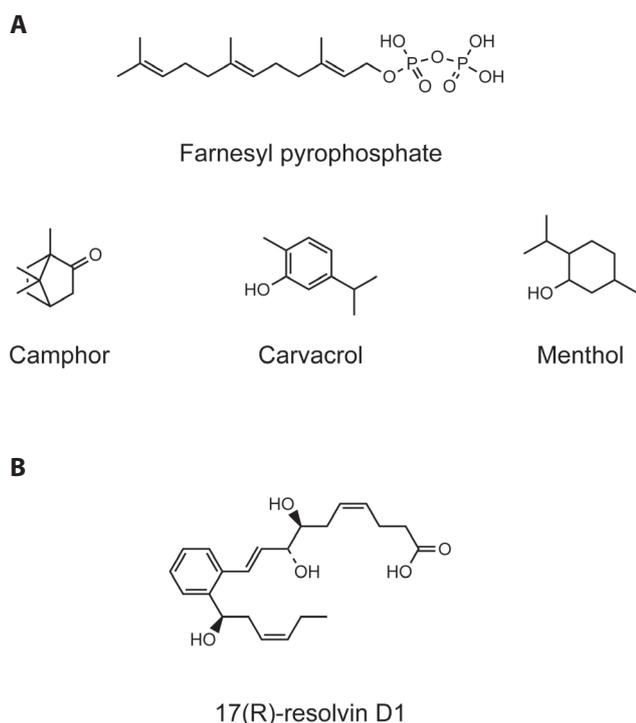
• **Lysophospholipids**, such as lysophosphatidylcholine (LPC) and lysophosphatidylinositol (LPI), induce  $\text{Ca}^{2+}$  influx *via* the TRPV2 channel. This  $\text{Ca}^{2+}$  entry is due to translocation of TRPV2 protein to the plasma membrane. TRPV2 activation depends on the length of the unsaturated side chain of lysophospholipids and needs a specific combination of head-group composition and side chain length

of the lysophospholipid (Monet et al. 2009). LPC and LPI stimulate prostate cancer cell migration (Monet et al. 2009). In bone-forming MG-63 osteoblast-like cells, LPC induces cell death *via* both apoptosis and necrosis and impairment of intracellular calcium homeostasis (Fallah et al. 2013). Moreover, LPC inhibited the differentiation of brown adipocytes (Sun et al. 2016). In contrast, LPI stimulated GLP-1 secretion by enteroendocrine L cells *via* TRPV2 activation (Harada et al. 2017).

#### Exogenous agonists

• **Cannabidiol** has been reported as a high-affinity agonist of the TRPV2 channel, in addition to being an agonist of the TRPV1 channel. Pumroy and colleagues have identified the cannabidiol binding site in TRPV2 that is different from other ligand/lipid binding sites in other TRP channels. Cannabidiol interacts with TRPV2 through a hydrophobic pocket located between S5 and S6 helices of adjacent subunits (Pumroy et al. 2019). The effect of cannabidiol has been poorly investigated *in vitro* (Luo et al. 2019). Cannabidiol induced cell proliferation, migration, tubulogenesis, and integrity in human brain endothelial cells, suggesting its potential ability to modulate the human blood-brain barrier (BBB) (Luo et al. 2019). Cannabidiol treatment induced autophagy in glioma stem-like cells (Nabissi et al. 2015) and expression of the pro-inflammatory chemokine IL-8 in human testicular peritubular cells (Eubler et al. 2018).

• **2-Aminoethoxydiphenyl borate (2-APB)** is a common activator of TRPV1, TRPV2, and TRPV3 channels, exerting its effects on cardiorespiratory reflex, pulmonary C fiber afferents, and isolated pulmonary neurons (Gu et al. 2005). Although K571 residue in the intracellular S4–S5 linker of TRPV1 is critical for interaction with 2-APB, homologous K529 residues in TRPV2 is less important for 2-APB binding (Boukalova et al. 2010). In anesthetized spontaneously



**Figure 4.** Chemical structures of TRPV3 agonists (A) and antagonist (B).

breathing rats, 2-APB treatment induces pulmonary chemoreflex responses, such as apnea, bradycardia, and hypotension. In open-chest and artificially ventilated rats, 2-APB treatment induced an abrupt and intense discharge in the vagal pulmonary C fibers (Gu et al. 2005).

• **Probenecid**, a lipid-soluble benzoic acid derivative, was initially used to increase serum antibiotic levels (Koch et al. 2012; Robbins et al. 2012). It is also expected to be a new therapeutic target in the fields of cardiology and neurology. In a mouse model of peripartum cardiomyopathy, probenecid treatment decreased mortality, hypertrophy, and molecular parameters of heart failure (Onusko et al. 2020). In a clinical trial, probenecid treatment improved cardiac

function accompanied by heart failure with reduced ejection fraction (Robbins et al. 2018).

#### *Exogenous antagonist*

• **Tranilast**, a non-selective blocker of TRPV2, is widely used as an anti-allergic drug and can be an effective treatment for heart failure (Koch et al. 2018; Matsumura et al. 2018). Anti-cancer effects of tranilast have also been reported (Santoni et al. 2020).

### TRPV3

TRPV3, also known as vanilloid receptor-like protein 3 (VRL3), is a  $\text{Ca}^{2+}$ -permeable temperature-sensitive cation channel that responds to noxious heat with a threshold of approximately 39°C (Smith et al. 2002). TRPV3 was cloned from newborn mouse skin and was specifically detected in keratinocytes, for example, in the epidermal layer and hair follicles (Peier et al. 2002). It was also cloned from brain cDNA and is expressed in the tongue, DRG, and CNS (Xu et al. 2002). TRPV3 KO mice do not respond to innocuous/noxious heat (Moqrich et al. 2005) and exhibit a wavy hair coat and curly whiskers (Cheng et al. 2010). TRPV3 is also essential for skin barrier formation (Cheng et al. 2010). A cryo-EM structure of TRPV3 was reported by Zubcevic et al. (2019). TRPV3 agonists and antagonists are presented in Figure 4 and Table 4.

#### *Human diseases related to TRPV3*

##### *Olmsted syndrome*

The characteristic features of Olmsted syndrome include palmoplantar keratoderma, periorificial hyperkeratotic lesions, and alopecia. Palmoplantar keratoderma is a keratinization disorder with hyperkeratotic thickening of the palms and soles. TRPV3 is abundantly expressed in the skin and hair follicles, in addition to the CNS (brain and spinal cord) (Lin et al. 2012). *De novo* missense mutations (gain-of-function)

**Table 4.** Endogenous and exogenous ligands of TRPV3 channels and the pharmacological effects

Ligand	Pharmacological effects	Others
<i>Endogenous agonist</i>		
Farnesyl pyrophosphate	Elicits nociceptive behaviors/pain	
<i>Exogenous agonist</i>		
Camphor	Topical analgesia (by desensitizing TRPV1)	Produce warm sensation
Carvacrol	Hypothermic effect Hypotention	Skin sensitizer/allergen
<i>Exogenous antagonist</i>		
17(R)-resolvin D1	Peripheral antinociception	

in TRPV3 have been found in the skin of patients with Olmsted syndrome (Lin et al. 2012). Furthermore, TRPV3 transgenic mice spontaneously develop dermatitis (Yoshioka et al. 2009). Thus, inhibition of overactive TRPV3 could possibly have therapeutic potential for Olmsted syndrome patients.

However, there are only limited treatments available for palmoplantar keratodermas. Treating the background condition or removing possible triggers is effective for treating palmoplantar keratodermas. Current options for drug treatment are emollients, topical keratolytics, topical/systemic retinoids, and topical vitamin D ointment; however, these treatments only result in temporary improvement. Development of TRPV3 antagonists can potentially lead to therapeutic application for treating inflammatory skin diseases, including palmoplantar keratoderma. However, there is currently no active developing TRPV3 antagonist.

#### Other diseases

In patients with atopic dermatitis, increased TRPV3 expression in lesions has been reported (Yamamoto-Kasai et al. 2013). Clinical data suggest that TRPV3 expression is increased in the lesional skin. In addition, mice with a gain-of-function mutation in TRPV3 develop allergic and pruritic dermatitis (Yamamoto-Kasai et al. 2013). Furthermore, expression of TRPV3 is reportedly increased in the epidermis of psoriatic lesional skin. Since TRPV3 antagonist inhibits 2-APB/carvacrol-induced IL-1 $\alpha$  release from keratinocytes, in addition to the epidermal growth factor receptor (EGFR) signaling pathway that is activated in lesional skin in psoriasis patients, TRPV3 antagonists may be effective for treating psoriasis (Scott et al. 2016). TRPV3 KO mice exhibit impaired responses to noxious heat. An animal model of TRPV3 gain-of-function mutation (WBN/Kob-Ht rat) is hypersensitive to heat and cold stimuli. These results suggest that TRPV3 contributes to the sensation of thermal pain (Maruyama et al. 2015).

#### Pharmacological effects of TRPV3 ligands

##### Endogenous agonist

- **Farnesyl pyrophosphate** is an intermediate in the synthesis of steroid hormones and the mevalonate pathway, and it activates GPR92 (also known as lysophosphatidic acid receptor 5 [LPA5]) (Lee et al. 2010). LPA receptors are associated with signal transduction during noxious stimuli. Farnesyl pyrophosphate is distributed in the rodent brain, suggesting a relationship with pain perception (Lee et al. 2010). In cultured keratinocytes, farnesyl pyrophosphate reduces the TRPV3 heat threshold, and its intraplantar injection acutely induces nociceptive behaviors in animal inflammatory models (Bang et al. 2010a).

##### Exogenous agonists

- **Camphor** is known to potentiate both heat and cold sensations. Sensitization to heat is caused by the activation of TRPV1 and TRPV3 channels, and sensitization to cold is induced by the activation of TRPM8 (Selescu et al. 2013). In Wistar rats, camphor induces self-grooming behavior, which is a defensive action against heat and a part of thermoregulatory grooming (Ishikawa et al. 2019).

- **Carvacrol** is a pungent ingredient of oregano oil and is a highly potent agonist of TRPV3 channels (Vogt-Eisele et al. 2007). In rodents, carvacrol treatment shows a hypothermic effect accompanied by a decrease in whole-body heat generation. It also induces hypotension (Feketa and Marrelli 2015). In mice, intradermal injection of carvacrol induces scratching behavior, demonstrating that carvacrol is a skin sensitizer or allergen (Cui et al. 2018). In addition, carvacrol elicits warmth- and noxious heat-evoked responses of trigeminal neurons and enhances warmth and heat pain in the human tongue (Klein et al. 2013, 2014).

- **Menthol** is known for its cooling effect *via* activation of TRPM8, which is a cold-activated thermal TRP ion channel. It also activates TRPV3, which is capable of being heat-activated. In contrast, menthol inhibits TRPA1 activity, and induces an analgesic effect (Macpherson et al. 2006).

##### Endogenous antagonist

- **17(R)-Resolvin D1**, a naturally occurring anti-inflammatory and pro-resolving lipid, affects TRPV3 activity. TRPV3 is expressed in primary sensory neurons and keratinocytes, and plays a key role in thermal and chemical nociception in the peripheral tissues (Bang et al. 2010b, 2012). In an *in vivo* study using Hargreaves, Randall-Selitto and von Frey tests, 17(R)-resolvin D1 exhibited acute analgesic potential *via* TRPV3-specific mechanisms (Bang et al. 2012).

#### TRPV4

TRPV4 is a Ca<sup>2+</sup>-permeable, non-selective cation channel that is gated by exposure to physiological hypotonicity. TRPV4 was isolated as a cDNA encoding the VR1-related osmotically activated channel (VR-OAC) by Liedtke et al. (2000). It was also cloned by Strotmann et al. (2000) as OTRPC4 and by Wissenbach et al. (2000) as TRP12. It is highly expressed in kidney, liver, heart, lung, spleen, testis, fat, DRG, and CNS. TRPV4-deficient mice show reduced sensitivity of the tail to pressure and acidic nociception. Therefore, TRPV4 is essential for detecting the nociceptive levels of mechanical stimuli (Suzuki et al. 2003). Moreover, 3.8 Å resolution cryo-EM structure and X-ray crystallographic analyses of TRPV4 have been reported (Deng et al. 2018).

Systemic administration of a TRPV4 agonist induces increased pulmonary vascular permeability and hemorrhage. TRPV4 inhibition prevents increased vascular permeability and pulmonary edema in animals. The concept of selecting the TRPV4 channel as a pharmacological target, such as in metabolic diseases and pain, is controversial. TRPV4 blockade improves glucose tolerance and diet-induced obesity in rodents (Hu et al. 2020), whereas another study showed the opposite effects. An overview of representative endogenous and exogenous ligands of TRPV4 is presented in Figure 5 and Table 5.

### Human diseases related to TRPV4

#### Skeletal dysplasia

Spondylometaphyseal dysplasia is a short-stature disorder characterized by vertebral abnormalities and metaphyses of the tubular bones. Metatropic dysplasia is a more severe skeletal dysplasia characterized by short and flexible limbs, a short trunk with progressive kyphoscoliosis, and craniofacial abnormalities, such as a high forehead. In patients with hereditary skeletal dysplasia, gene mutations involving *TRPV4* have been reported. In patient-derived metatropic dysplasia primary cells, temperature-dependent intracellular calcium oscillations were inhibited by the TRPV4-specific antagonist GSK205 (Hurd et al. 2015). However, no compounds are currently being developed to treat these bone disorders.

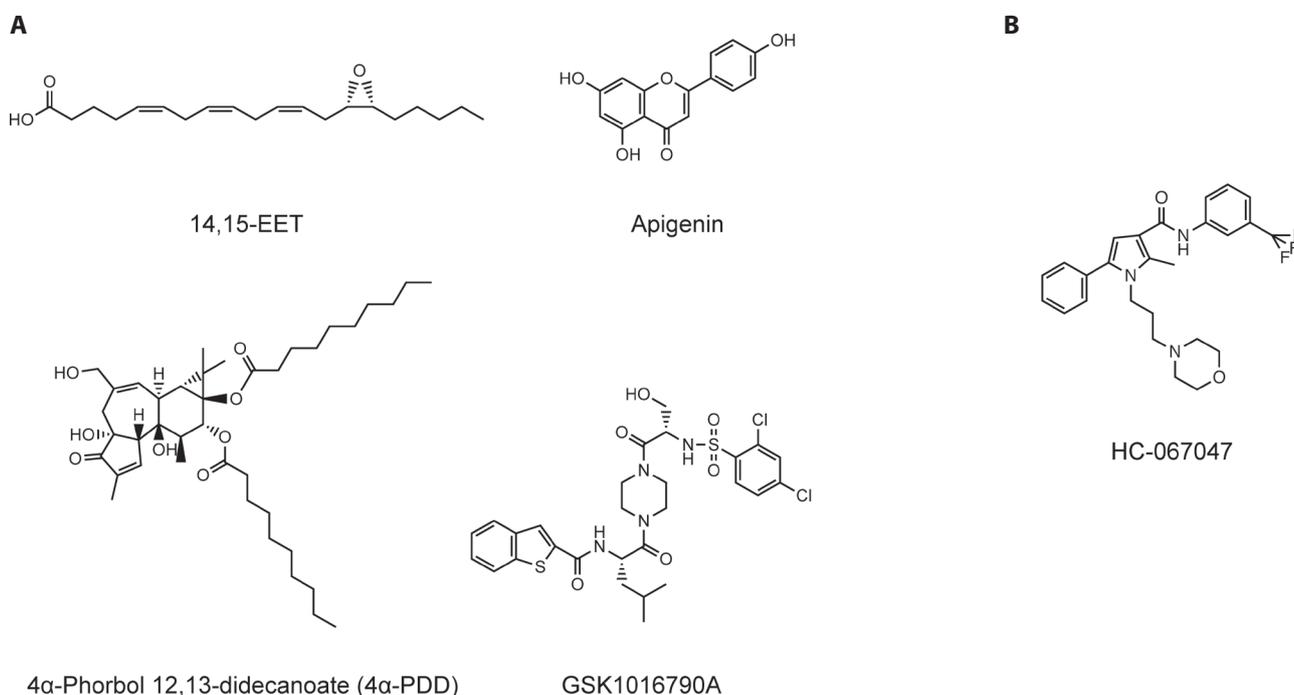
#### Neuromuscular disorders

Charcot-Marie-Tooth disease type 2C (CMT2C) is an autosomal dominant peripheral sensorimotor neuropathy characterized by weakness of the distal hands and feet, impairment of respiratory muscles, and sensorineural hearing loss. Missense mutations in the *TRPV4* gene have been reported in this neuromuscular disorder (Landouere et al. 2010). In addition to the skeletal dysplasia described above, gain-of-function mutations involving TRPV4 can cause degenerative disorders of the peripheral nerves. In a cell viability assay using *TRPV4*-mutated cells, cell death caused by increased intracellular calcium levels was suppressed by blocking of TRPV4 with the non-selective TRPV antagonist, ruthenium red (Klein et al. 2011). Therefore, TRPV4 antagonists are expected to be possible therapeutic options for neuromuscular disorders.

### Pharmacological effects of TRPV4 ligands

#### Endogenous agonist

- **Epoxyeicosatrienoic acids (EETs)** are cytochrome P450 epoxygenase metabolites of arachidonic acid secreted by vascular endothelial cells. TRPV4 is a potential target for 5,6-EET and 11,12-EET, which are biological active regioisomeric EETs directly bind to TRPV4 and gate



**Figure 5.** Chemical structures of TRPV4 agonists (A) and antagonist (B).

**Table 5.** Endogenous and exogenous ligands of TRPV4 channels and the pharmacological effects

Ligand	Pharmacological effects	Others
<i>Endogenous agonist</i>		
EETs	Vasodilation	
	Hypotension	
	Protection in myocardial and brain ischemia	
	Protection in lung ischemia/reperfusion injury	
<i>Exogenous agonist</i>		
4 $\alpha$ -PDD	Insulin secretion	Antidipsogenic effect
	Vascular relaxation	
	Neovascularization	
	Microglial activation	
Apigenin	Modulation in glucose and lipid metabolism	Melanogenesis
	Anti-inflammation	
	Anti-oxidation	
	Renal protection	
GSK1016790A	Vasodilation	Increase of cellular permeability
		Increase of glioma migration and invasion
<i>Exogenous antagonist</i>		
HC-067047	Analgesic effect	Increase in core body temperature
	Neuroprotection	Anti-apoptosis
	Cardioprotection	
	Anti-inflammation	
	Anti-oxidation	
	Function maintenance in BBB	
	Anti-fibrosis	
	Anti-cancer	

EETs, epoxyeicosatrienoic acids; 4 $\alpha$ -PDD, 4 $\alpha$ -phorbol 12,13-didecanoate; BBB, blood-brain barrier.

the channel. EET binding site on TRPV4 is identified as residues from S2–S3 linker (K535, F549 and Q550), S4 (Y591) and S4–S5 linker (R594) (Berna-Erro et al. 2017). 11,12-EET induces smooth muscle cell hyperpolarization and vascular relaxation in human left internal mammary arteries (Campbell and Fleming 2010; Ma et al. 2015). In addition, TRPV4 channels in arterial myocytes are activated by EETs and regulate vascular smooth muscle function, suggesting that it is an important target for drug therapy in vascular disorders, such as hypertension, stroke, and vasospasm (Campbell and Fleming 2010). In another study, 14,15-EET induced vasodilation through inhibition of the thromboxane receptor. However, its relationship with the TRPV4 channel is unknown (Behm et al. 2009). In isolated rat lungs, 11,12- or 11,15-EET demonstrated a protective effect in lung ischemia-reperfusion injury by limiting the permeability response to ischemia-reperfusion (Townsend et al. 2010). In Nax-positive glial cells, 5,6- and 8,9-EETs stimulated water intake in response to increased Na<sup>+</sup> in body fluids, probably *via* TRPV4 activation (Sakuta et al. 2020). In contrast, 5,6-, 8,9-, 11,12-, and 14,15- EETs exacerbated inflammatory responses in the context of cystic fibrosis (Henry et al. 2016).

#### *Exogenous agonists*

- **4 $\alpha$ -Phorbol 12,13-didecanoate (4 $\alpha$ -PDD)** is known to bind TM3–TM4 domain of TRPV4 as agonist with three important ring structures: Ring A and B junctions are essential for Ca<sup>2+</sup>-depend activity of the TRPV4 and the lipophilic ester groups on ring C affects the orientation of binding (Klausen et al. 2009). TRPV4 is a Ca<sup>2+</sup>- and Mg<sup>2+</sup>-permeable cation channel that affects insulin secretion and insulin sensitivity. In INS-1E pancreatic  $\beta$  cells, 4 $\alpha$ -PDD treatment increases intracellular Ca<sup>2+</sup> levels and enhances glucose-stimulated insulin secretion (Skrzypski et al. 2013). Furthermore, in rodents, 4 $\alpha$ -PDD induces endothelial-dependent NO-mediated relaxation in the mesenteric arteries (Boudaka et al. 2019). 4 $\alpha$ -PDD treatment elicits the dilation of mesenteric arteries in aged rats by increasing intracellular Ca<sup>2+</sup> levels (Du et al. 2016). In rat prefabricated skin flaps, 4 $\alpha$ -PDD increases the survival of prefabricated flaps through neovascularization induction *via* vascular endothelial growth factor (VEGF) secretion (Bae et al. 2018).

Glial cells are abundant in the CNS and play key roles in the regulation of neuronal activity, vascular function, and gliotransmitter release. In rat glial cells, 4 $\alpha$ -PDD suppressed

lipopolysaccharide (LPS)-induced microglial activation, indicating its pathophysiological roles in microglial activation (Shirakawa et al. 2010). On the other hand, 4 $\alpha$ -PDD activated mouse dorsal ganglia neurons independently of TRPV4 (Alexander et al. 2013). 4 $\alpha$ -PDD affected the TRPV4-p38 mitogen-activated protein kinase (MAPK) pathway, with respect to neuropathic pain in rats (Qu et al. 2016). In mice, intra-cerebroventricular injection of 4 $\alpha$ -PDD inhibited water intake, suggesting the regulation of drinking behavior *via* the TRPV4 channel (Tsushima and Mori 2006).

- **Apigenin** is a TRPV4 agonist that is abundant in fruits and vegetables and belongs to the flavone subclass of flavonoids, possessing good anti-diabetic properties (Vinayagam and Xu 2015). In rats with type 2 diabetes induced by STZ and high-fat diet, apigenin treatment ameliorated glucose and lipid metabolism, leading to a decrease in the levels of blood glucose and serum lipid and an improvement in the insulin resistance index. Furthermore, pathological damage to the thoracic aorta was alleviated. In palmitic acid-treated endothelial cells, apigenin inhibited NF- $\kappa$ B activation and *ICAM-1* mRNA expression (Ren et al. 2016). Apigenin administration alleviated diabetic neuropathy in STZ-induced rats by inhibiting the MAPK pathway (Malik et al. 2017). The anti-oxidative effect of apigenin enhanced glucose uptake in L6 cells (rat skeletal myoblast cell line) and hypolipidemic action in 3T3-L1 cells (Krishna et al. 2015). In deoxycorticosterone acetate (DOCA)-salt hypertension model, apigenin administration reduced renal lesions, which was accompanied by inhibition of the expression of transforming growth factor (TGF)- $\beta$ 1 signaling pathway and MMPs (Wei et al. 2017). In contrast, apigenin increased melanogenesis in B16 cells (mouse skin melanoma cell line) by activating the p38 MAPK pathway (Ye et al. 2011).

- **GSK1016790A**. Vascular functions of GSK1016790A, a synthetic TRPV4 activator, have been reported. In isolated mesenteric arteries of rats, GSK1016790A treatment elicited endothelial hyperpolarization and subsequent vasodilation (Ho et al. 2015; Naik et al. 2016). Additionally, in human skin, GSK1016790A injection in skin induced cutaneous vasodilation (Fujii et al. 2019). GSK1016790A increased fluorescein isothiocyanate-dextran permeability in monolayer colonic cells by modulating serine-phosphorylated claudin-7 (Huang et al. 2018). GSK1016790A promoted the migration and invasion of glioma cells through ATP-dependent tyrosine kinase (Akt)/Ras-related C3 botulinum toxin substrate 1 (Rac 1) signaling (Ou-Yang et al. 2018).

#### *Exogenous antagonist*

- **HC-067047**. The TRPV4 channel shows sensitivity to temperature over the range of 24–34°C in rats. Intravenous blockade of the TRPV4 channel with HC-067047 induced an increase in core body temperature at temperatures of 26°C and 30°C. In contrast, rats treated with TRPV4 agonist RN-

1747 chose colder temperatures and exhibited cold-seeking behavior (Vizin et al. 2015).

The TRPV4 channel is also involved in sensory transduction and pain signaling. In STZ-induced diabetic mice, HC-067047 treatment prevented the development of mechanical allodynia, suggesting that TRPV4 antagonists have pharmacological potential to treat painful neuropathy in diabetes (Dias et al. 2019). In a mouse model of peripheral neuropathy, HC-067047 treatment reduced paclitaxel-induced mechanical allodynia or hyperalgesia (Dias et al. 2019). Furthermore, HC-067047 treatment attenuated cancer-induced thermal and/or mechanical hyperalgesia in Copenhagen rats (Maqboul and Elsadek 2018). In a pilocarpine model of temporal lobe epilepsy in mice, HC-067047 treatment prevented the pro-inflammatory cytokine levels and protein levels of nucleotide-binding oligomerization domain-like receptor pyrin domain containing 3 (NLRP3), apoptosis-related spotted protein (ASC), and caspase 1 from increasing, as well as displayed neuronal protection (Wang et al. 2019b).

Organ-protective effects have been reported in a rodent model of ischemia/reperfusion (I/R) injury. In a rat model of myocardial I/R injury, HC-067047 treatment exerted cardioprotective effects by elevating anti-oxidative enzyme activity *via* the kelch-like ECH-associated protein 1 (keap1)/nuclear factor erythroid-2-related factor-2 (Nrf2) pathway (Wu et al. 2019). In a mouse model of myocardial I/R injury, HC-067047 treatment attenuated cell viability reduction through an increase in hypoxia/reoxygenation-induced intracellular Ca<sup>2+</sup> rise (Wang et al. 2019a). In addition, HC-067047 treatment ameliorated the BBB leakage *via* downregulation of caveolin-1 and caveolin-2 expression in focal cerebral ischemia and reperfusion (Xie and Lu 2018). TRPV4 inhibition by HC-067047 treatment alleviated neurological symptoms, brain edema, and neuronal death, as well as disruption of the BBB, and maintained the intestinal epithelial barrier by modulating levels of serine phosphorylated claudin-7 (Huang et al. 2018).

In human hepatocellular carcinoma cells, HC-067047 inhibits cell proliferation, induces apoptosis, and decreases migration capability by reducing the epithelial-mesenchymal transition process (Fang et al. 2018). In addition, in NOD/ShiJic-*scid* mouse xenograft models, HC-067047 administration suppressed tumor growth and induced apoptosis (Fang et al. 2018). Activation of the TRPV4 channel exacerbated liver fibrosis in a mouse model of carbon tetrachloride-induced liver fibrosis, but HC-067047 treatment ameliorated the fibrosis (Fu et al. 2019).

#### **TRPV5**

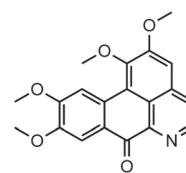
TRPV5 was cloned as a Ca<sup>2+</sup>-permeable channel, namely ECaC1/CaT2 (Muller et al. 2000; Peng et al. 2001). It regu-

lates calcium homeostasis as a  $\text{Ca}^{2+}$ -selective TRP channel. Unlike other TRPV channels, TRPV5 and TRPV6 constitutively function under physiological membrane potential, and their activation is neither thermosensitive nor ligand dependent. TRPV5 and TRPV6 share ~75% sequence identity and show high selectivity for  $\text{Ca}^{2+}$  compared to other monovalent cations (den Dekker et al. 2003). In TRPV5, D542 residue in the pore region is an important molecular determinant of  $\text{Ca}^{2+}$  selectivity (Nilius et al. 2001). Similarly, D541 residue is identified as critical structure for  $\text{Ca}^{2+}$  selectivity in TRPV6 (Saotome et al. 2016). They localize in  $\text{Ca}^{2+}$ -transporting epithelial tissues and are highly responsive to 1,25-dihydroxyvitamin D3. These properties distinguish TRPV5 and TRPV6 from other TRPV subfamilies (TRPV1–4). TRPV5 is predominantly expressed in the apical membrane of renal distal tubules where  $\text{Ca}^{2+}$  is re-absorbed; therefore, TRPV5-deficient mice show dysfunction in  $\text{Ca}^{2+}$  reabsorption, which leads to severe hypercalciuria (Hoenderop et al. 2003). TRPV5 KO mice also exhibit significant abnormalities in bone structure (Hoenderop et al. 2003). The cryo-EM structure of TRPV5 has been reported recently (Hughes et al. 2018; Dang et al. 2019); however, no TRPV5 agonists/antagonists have been clinically tested. TRPV5 antagonists are shown in Figure 6 and Table 6.

### Human diseases related to TRPV5

#### Nephrolithiasis (kidney stones)

Nephrolithiasis is the most common chronic kidney condition, in which stones made of minerals, frequently calcium, form inside the kidneys. Nephrolithiasis often causes severe pain because of movement of the stones from the renal pelvis to the ureter. Pain is suddenly relieved as the stones are expelled from the ureter into the bladder. Several risk factors such as family history, dehydration, diet containing high protein/salt/sugar, obesity, and hypercalciuria are known to contribute to this disease. TRPV5-deficient mice present serious hypercalciuria, which is a major risk factor for nephrolithiasis (Hoenderop et al. 2003). On the other hand, the A563T variant of TRPV5, which is widespread in African Americans, is reported to increase  $\text{Ca}^{2+}$  influx and lower urinary  $\text{Ca}^{2+}$  levels (Khaleel et al. 2015); therefore, the risk of nephrolithiasis in African Americans is less than half that in Caucasians (Stamatelou et al. 2003).



Oxoglauicine

**Figure 6.** Chemical structure of TRPV5 antagonist.

### Pharmacological effects of TRPV5 ligands

#### Exogenous antagonists

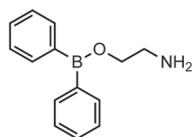
- **Oxoglauicine**, a derivative of glaucine, is a calcium channel blocker that inhibits the expression and production of pro-inflammatory factors (Zhong et al. 2021). As a novel TRPV5 antagonist, oxoglauicine, exhibits pharmacological effects in rat osteoarthritis models and human osteoarthritis chondrocytes. Reportedly, oxoglauicine activates autophagy by inhibiting the TRPV5/calmodulin-dependent protein kinase 2/calmodulin pathway (Zhong et al. 2021).
- **Others.** Some synthetic modulators of TRPV5, such as econazole, TH-1177, and select cannabinoids, have been reported. Moreover, a novel antagonist of TRPV5 which exhibits higher affinity and specificity for TRPV5 over other TRPs, has been discovered (Hughes et al. 2019).

### TRPV6

TRPV6, a highly calcium-selective member of TRPs, is the main route for calcium absorption and is highly expressed in tissues of the duodenum, placenta, and exocrine. TRPV6 was cloned as a  $\text{Ca}^{2+}$ -permeable channel (ECaC2/CaT1) (Peng et al. 2000; Barley et al. 2001) and its amino acid sequence is similar to that of TRPV5 (75% amino acid sequence identity), whereas the similarity to TRPV1–4 homologs is lower (30–35%). Saotome et al. (2016) showed that high  $\text{Ca}^{2+}$  selectivity of TRPV6 is determined by direct coordination of  $\text{Ca}^{2+}$  by a ring of aspartate side chains in the selectivity filter binds to  $\text{Ca}^{2+}$ . Singh and colleagues solved cryo-EM and crystal

**Table 6.** Exogenous antagonists of TRPV5 channels and the pharmacological effects

Ligand	Pharmacological effects	Others
Oxoglauicine	Attenuate progression of osteoarthritis Anti-inflammation	Activate autophagy Anti-apoptosis
Econazole	Inhibit bone resorption in osteoclast-like cells	



2-Aminoethoxydiphenyl borate (APB)

**Figure 7.** Chemical structure of TRPV6 antagonist.

structures of TRPV6 bound to 2-APB, a small-molecule exogenous antagonist of TRPV6 (see below) originally identified as an inhibitor of Ins(1,4,5)P<sub>3</sub>-induced Ca<sup>2+</sup> release (Maruyama et al. 1997), and showed that 2-APB modulates protein-lipid interactions to close the TRPV6 channel (Singh et al. 2018). Moreover, the promoter region of human *TRPV6* serves as a calcium absorption in duodenal and placental epithelia. Figure 7 and Table 7 list reported exogenous TRPV6 antagonists.

### Human diseases related to TRPV6

#### Transient neonatal hyperparathyroidism (TNHP)

TNHP is an autosomal recessive disease. Reportedly, mutations in *TRPV6* cause impairment in maternal-fetal calcium transport and insufficient fetal bone mineralization impairs bone development (e.g., generalized osteopenia, narrow chest, short ribs with multiple healing fractures, and bowing or fractures of long bones). Oral calcium intake completely ameliorates skeletal abnormalities in most patients (Suzuki et al. 2018). Suzuki and colleagues identified mutations in the *TRPV6* gene in children with TNHP (Suzuki et al. 2018). Recently, the sixth ankyrin repeat domain (AR6) of TRPV6 was reported to be necessary for the regulation of intracellular Ca<sup>2+</sup> concentrations in TNHP patients (Suzuki et al. 2020).

#### Chronic pancreatitis (CP)

CP is a progressive inflammation of the pancreatic tissue that is caused genetically/environmentally. Some patients with CP experience pain from the upper abdomen to the back. Currently, pain management with nonopioids or

opioids is the only approach to relieve pain, but there is no effective medical treatment. Therefore, new treatments for this disease are required. Recently, *TRPV6* was identified as a susceptibility gene for non-alcoholic CP (Zou et al. 2020) and has been suggested to regulate Ca<sup>2+</sup> uptake and pancreatic inflammation (Masamune et al. 2020).

### Cancer

TRPV6 is considered to be a suitable target in cancer treatment because it increases intracellular Ca<sup>2+</sup> levels and induces cell proliferation, metastasis, and inhibition of cancer cell apoptosis. TRPV6 channels are overexpressed in various types of epithelial cancers. Upregulation of constitutively active TRPV6 causes sustained elevation of intracellular Ca<sup>2+</sup> and activates the calmodulin/calcineurin/nuclear factor of activated T-cells (NFAT) pathway in cancer cells (Lehen'kyi et al. 2007). Furthermore, reduction in *TRPV6* mRNA expression by siRNA reduces the proliferation rate and calcium transport of breast cancer cells (Bolanz et al. 2008). Therefore, TRPV6 is expected to be a new target of anti-cancer drugs for the treatment of solid tumors overexpressing TRPV6.

CBP-1008, a bi-specific ligand drug conjugate targeting folate receptor  $\alpha$  (FR $\alpha$ ) and TRPV6, is in early clinical development for the treatment of advanced solid tumors. A phase 1 trial in patients with ovarian cancer, triple-negative breast cancer, and non-small cell lung cancer is underway (NCT 04740398). These cancers highly express both FR $\alpha$  and TRPV6. Because FR $\alpha$  is selectively expressed on the apical membrane of these epithelial cancer cells but not in normal epithelial cells, FR $\alpha$ -targeting drugs such as CBP-1008 show high specificity for tumor cells. In this phase 1 clinical study, tumor responses correlated with FR $\alpha$ /TRPV6 receptor expression levels in solid tumors.

SOR-C13 is a 13-mer peptide antagonist of TRPV6 derived from the C-terminus of soricidin, a paralytic oligopeptide found in the northern short-tailed shrew (*Blarina brevicauda*). Phase 1 study of SOR-C13 has been completed for the treatment of advanced epithelial cancers. In particular, SOR-C13 shows a high response to pancreatic cancer (Fu et al. 2017). An *in vivo* study suggested that this compound significantly reduces the growth of ovarian tumors in a xenograft model (Xue et al. 2018). SOR-C13 has also

**Table 7.** Exogenous antagonists of TRPV6 channels and the pharmacological effects

Ligand	Pharmacological effects	Others
2-APB	Attenuate tumor growth Attenuate invasiveness in cancer cell lines	Activate TRPV1, TRPV2, TRPV3
cis-22a	Anti-proliferative effects	
CBP-1008	Anti-cancer	
SOR-C13	Anti-cancer	

been investigated as a potential treatment for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection (*i.e.*, COVID-19).

### Pharmacological effects of TRPV6 ligands

#### Exogenous antagonists

- **2-Aminoethoxydiphenyl borate (2-APB)**, a TRPV6 antagonist, reportedly binds to TRPV6 in a pocket formed by the cytoplasmic half of the S1–S4 transmembrane helix bundle (Singh et al. 2018). 2-APB inhibits TRPV6 activity in HEK293 cells (human embryonic kidney cells) transfected with human TRPV6, and this effect is sensitive to the concentration of extracellular calcium (Kovacs et al. 2012). 2-APB may serve as a potential compound for the development of therapeutic targets for TRPV6.
- **Others.** Phenyl-cyclohexyl-piperazine cis-22a was reported as the first sub-micromolar TRPV6 antagonist. Moreover, some selective TRPV6 antagonists, including analogs incorporating the structural features of capsaicin, have been reported (Cunha et al. 2020).

#### Future perspectives

In the history of TRP channels, the discovery of the first mammalian TRP channel was that of TRPC1 in 1995 (Kremeyer et al. 2010). Within a few years after TRPC1 discovery, representative and drugable TRP channels, such as TRPV1 and the camphor receptor TRPV3, have been discovered. The initial target of drug discovery research was TRP channels expressed in nociceptive neurons. First, clinical trials of TRPV1 antagonists targeting novel analgesic drugs were initiated, followed by the development of TRPA1 and TRPV3 antagonists (Szallasi et al. 2007; Brederson et al. 2013). However, most TRPV1 antagonists have been withdrawn from clinical studies, owing to complications involving hyperthermia and/or impaired noxious heat sensation (Moran et al. 2011; Brederson et al. 2013). Nevertheless, the development of second-generation antagonists having minimal or no adverse effects is ongoing.

An attractive insight of each TRP channel expects the novel therapeutic potential of drugs targeting TRP channels in various disease areas. TRPV1 agonists are expected to exert pharmacological effects for treating metabolic diseases, including diabetes and its complications, *via* the inhibition of oxidative stress and inflammation. In addition, TRPV4 antagonists may provide a therapeutic benefit to heart failure patients with pulmonary edema *via* the regulation of vascular permeability and pulmonary venous pressure. A thorough investigation of the risks and benefits of each TRPV agonist/antagonist over available therapeutic options should be car-

ried out. Drug discovery research targeting TRPV channels and other TRP channels may lead to the development of first-in-class drugs.

**Conflict of interest.** The authors have no conflict of interest to declare.

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