

# Disease phenotype as the target for novel analgesics

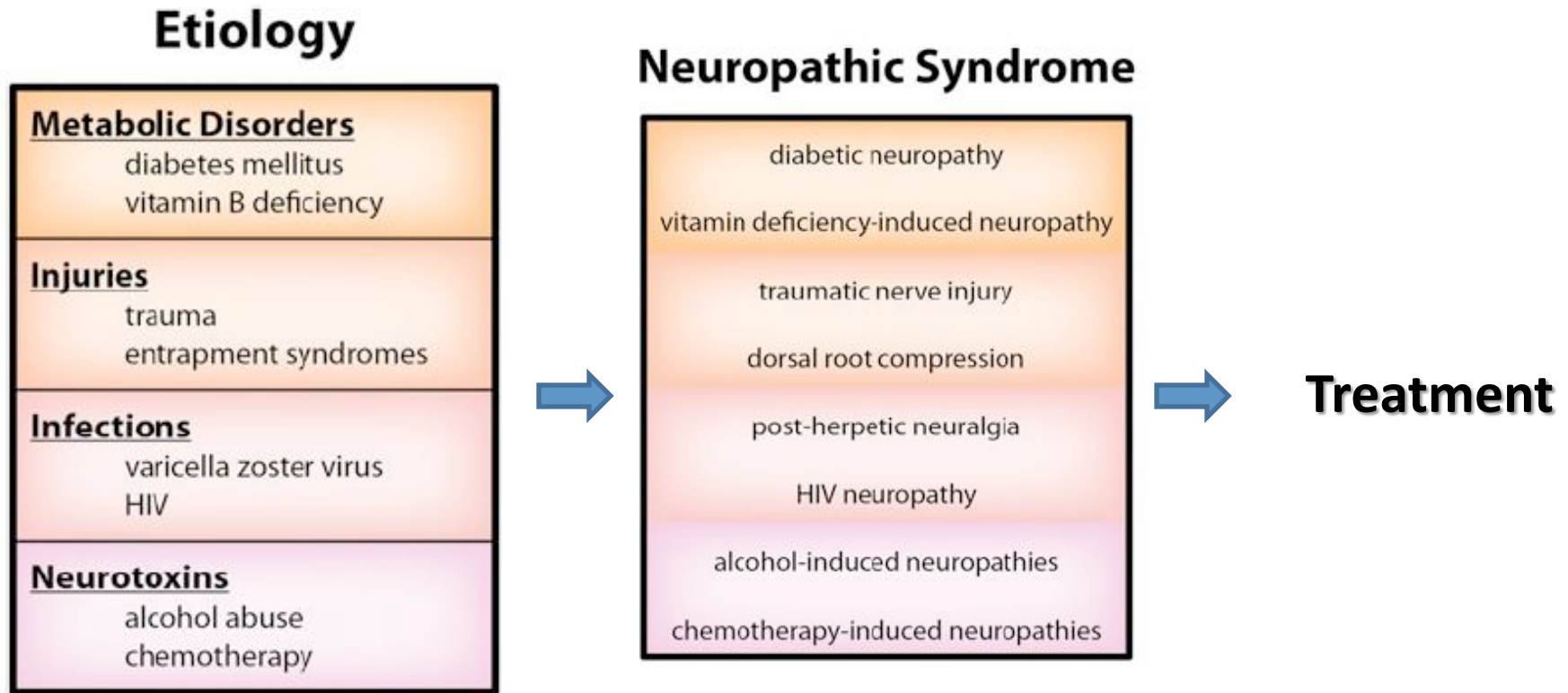


Clifford Woolf

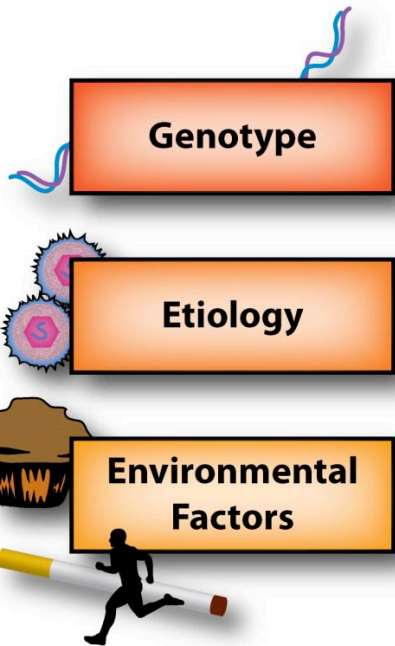
Boston Children's Hospital  
Harvard Medical School



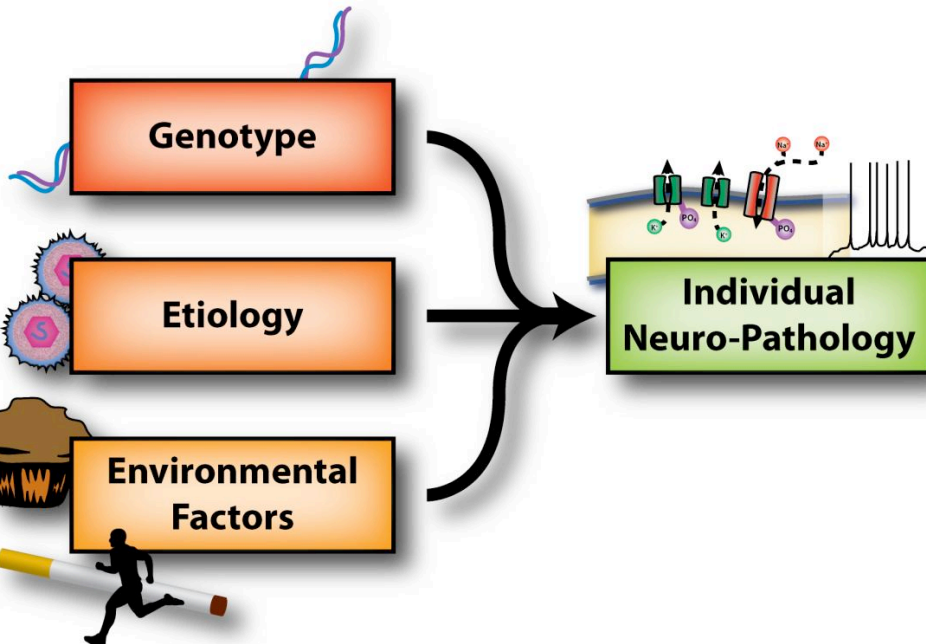
# The standard pain treatment path



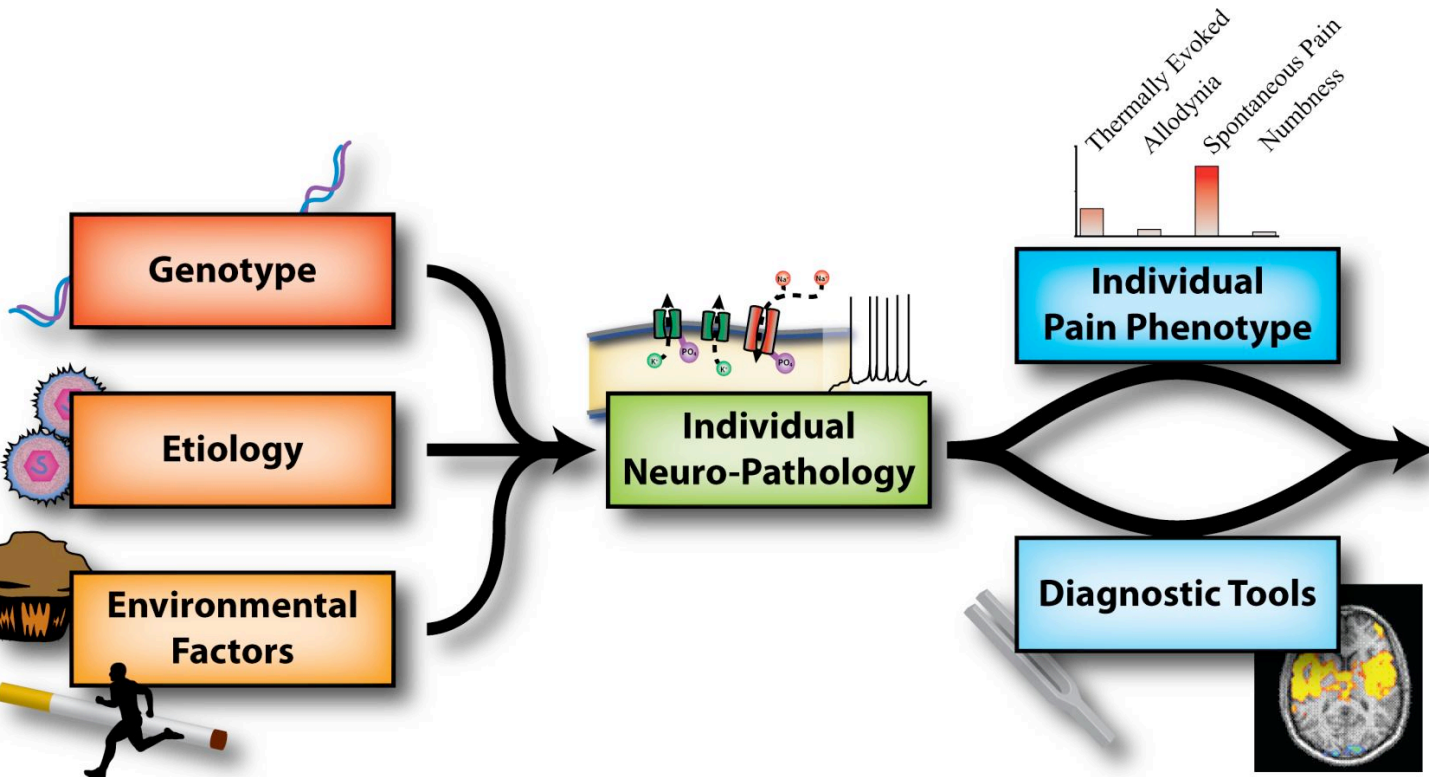
# An alternative pain treatment path....



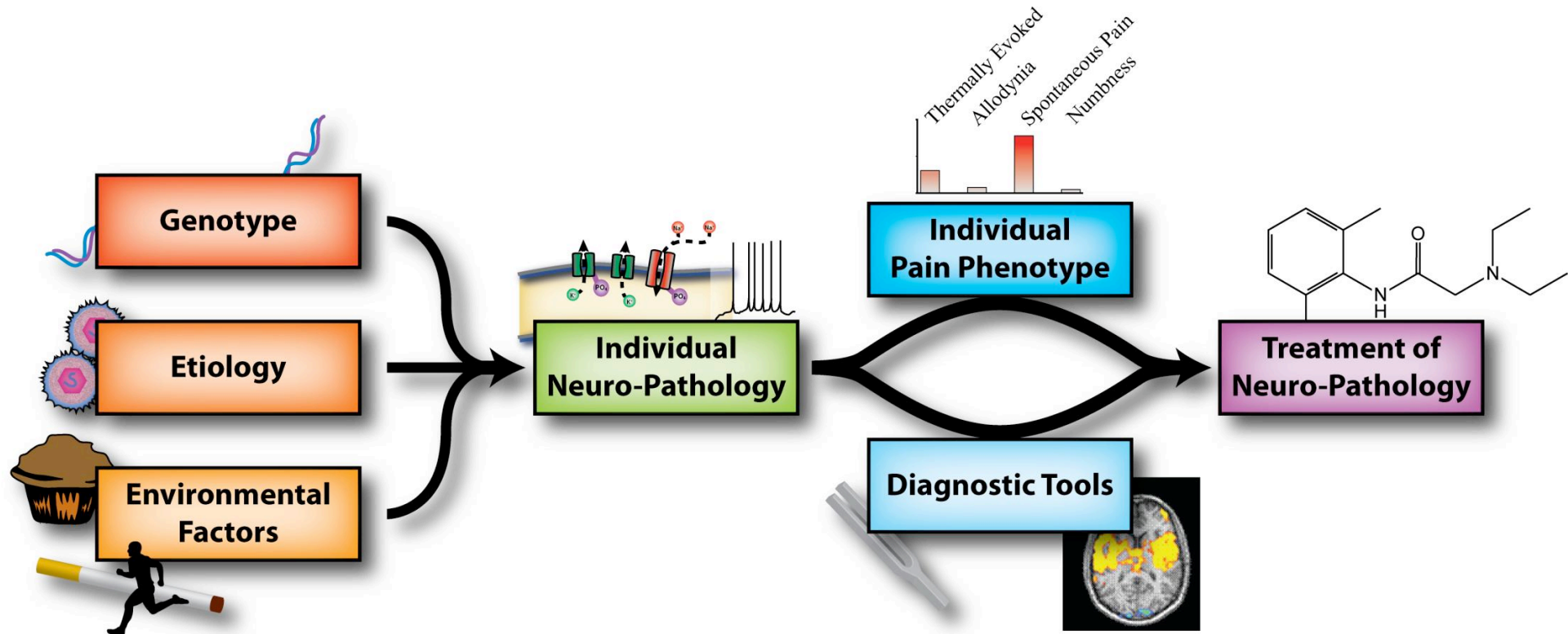
# An alternative pain treatment path....

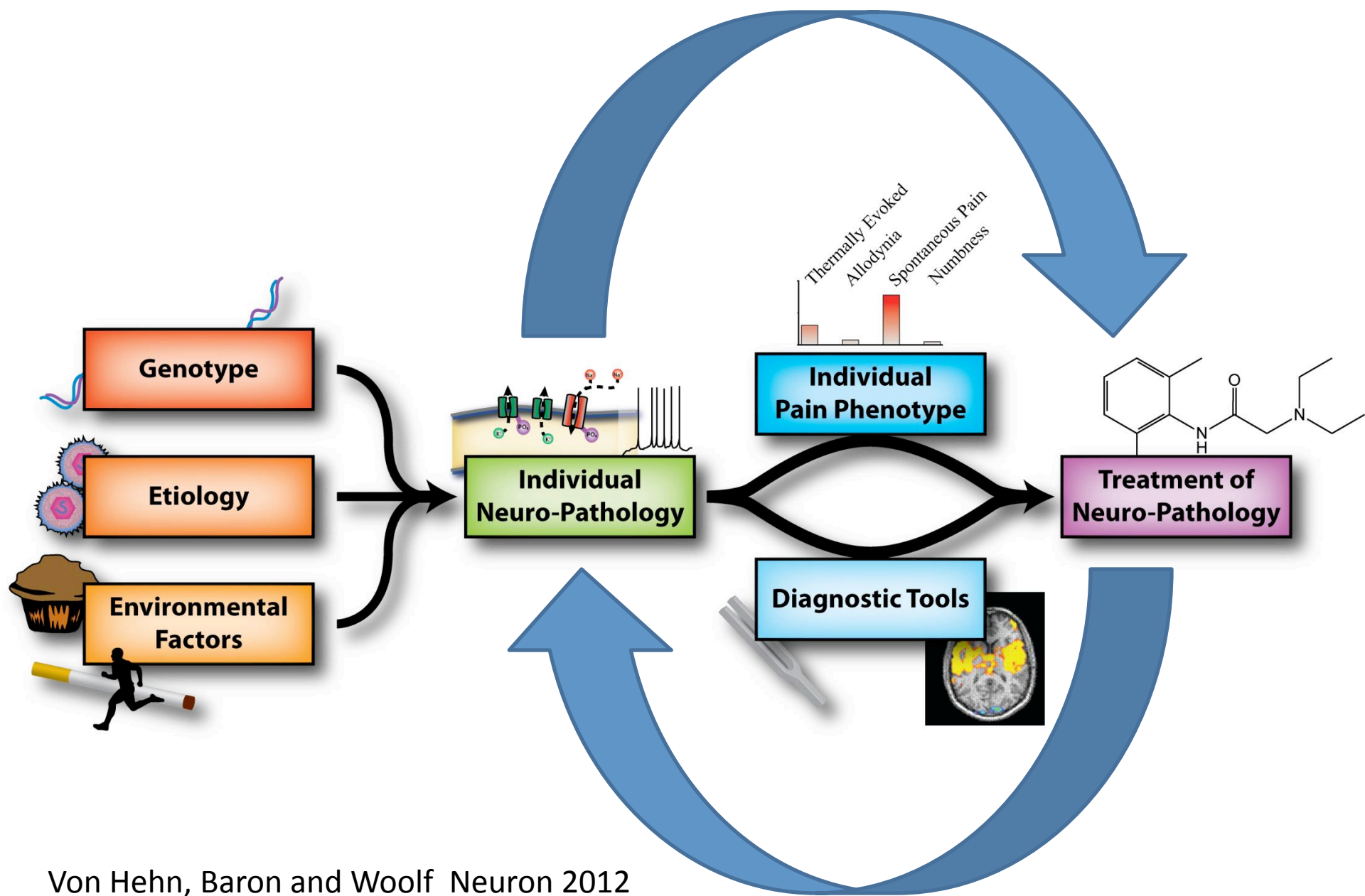


# An alternative pain treatment path....



# An alternative pain treatment path....

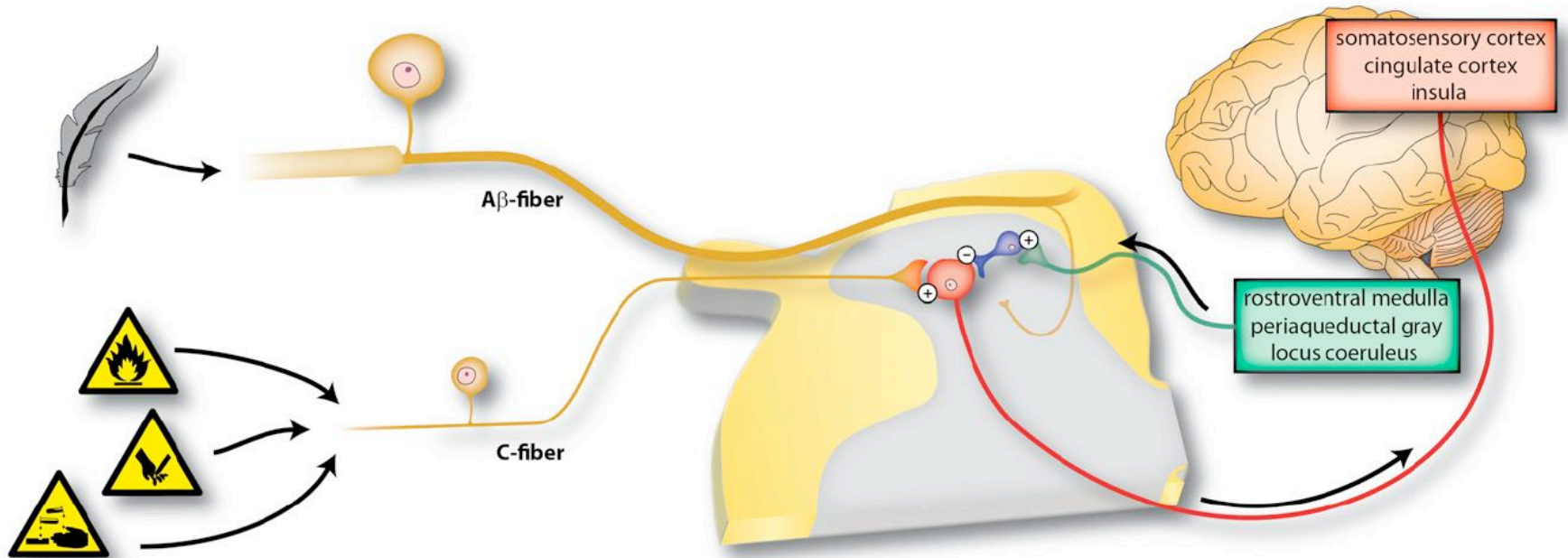






# Can we identify pain mechanisms

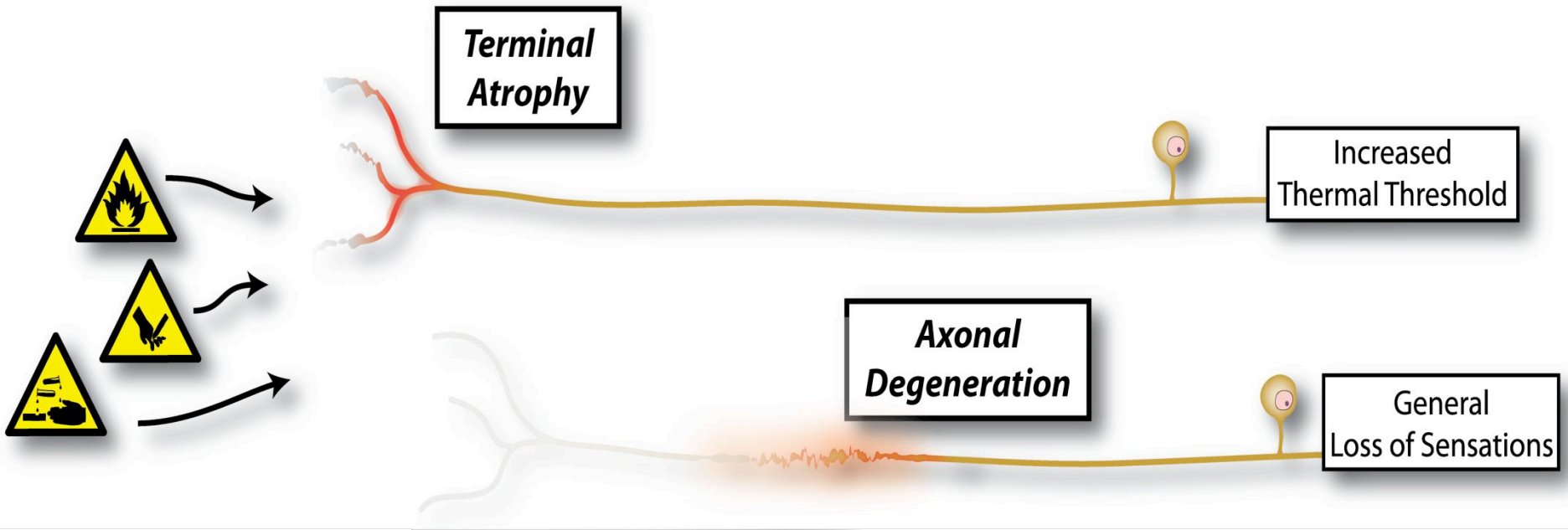
## Can we use this to develop/select appropriate treatments?



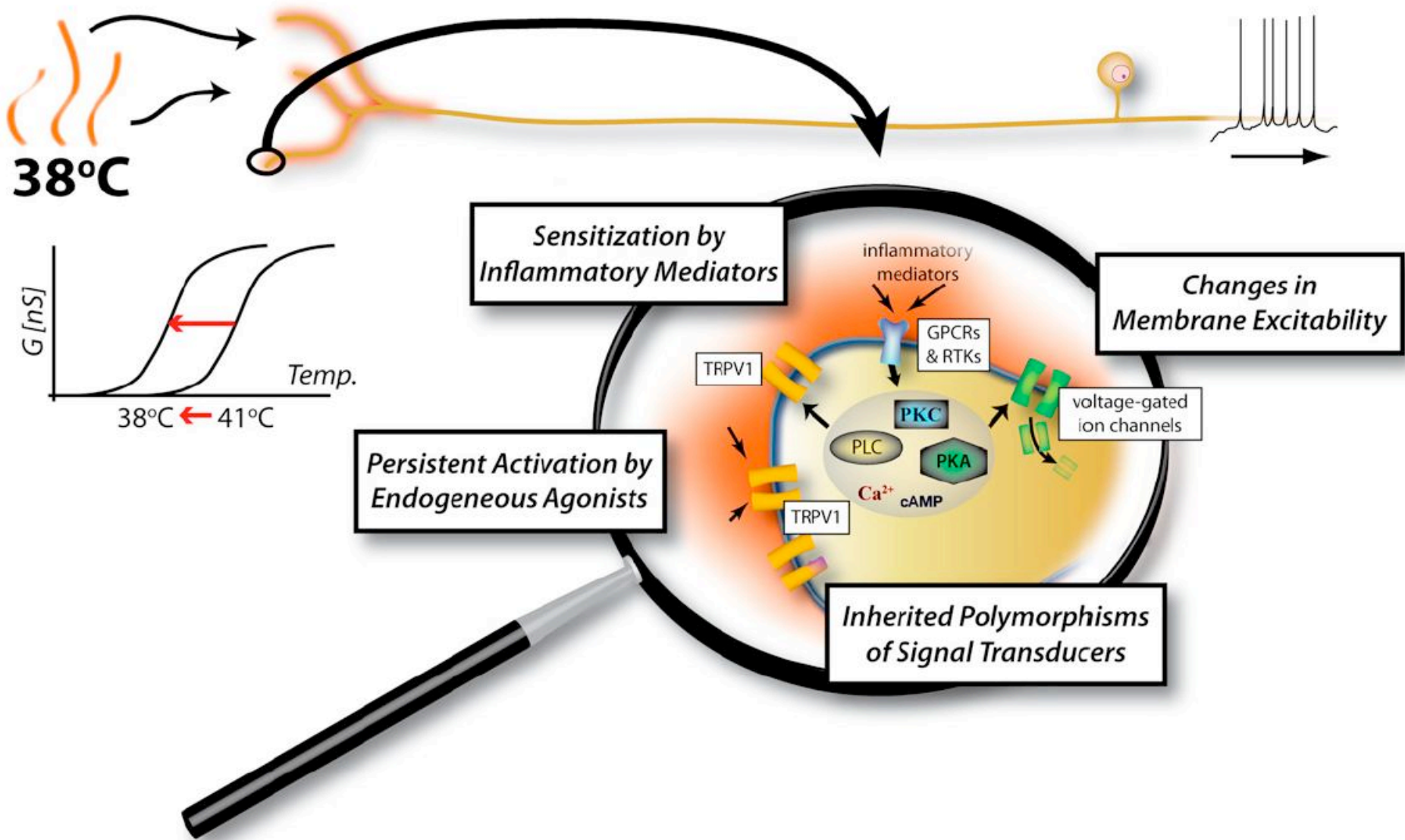


**Use pain phenotype as a guide...**

# Negative Symptoms



# Positive Symptoms



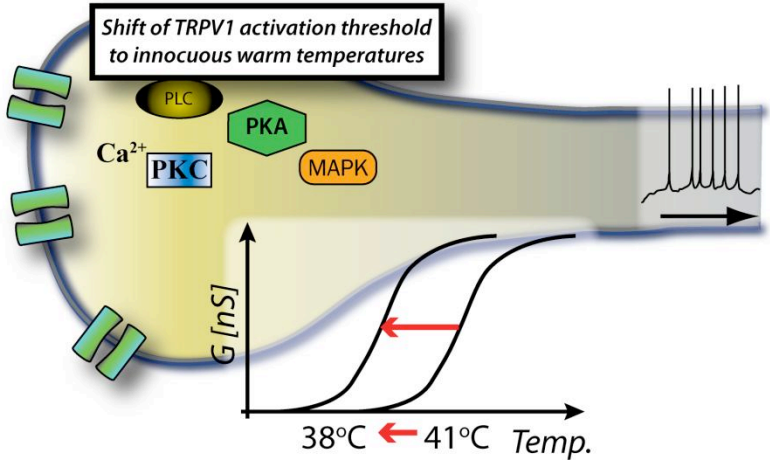
**Individual  
Neuro-Pathology**

**Individual  
Pain Phenotype**

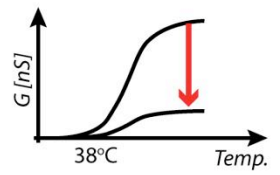
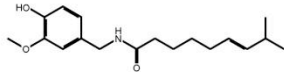
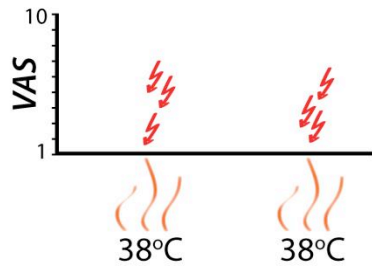
**Treatment of  
Neuro-Pathology**

**TRPV1**

Shift of TRPV1 activation threshold  
to innocuous warm temperatures



heat allodynia



TRPV1 antagonists  
TRPV1 desensitization

# Ectopic activity

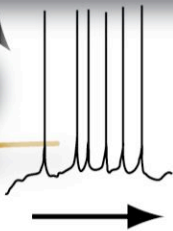
*Ion Channel Phosphorylation  
Changing Activation Threshold*

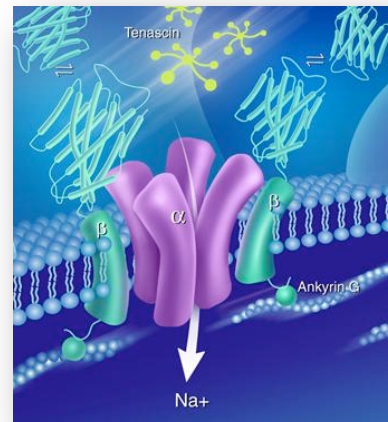
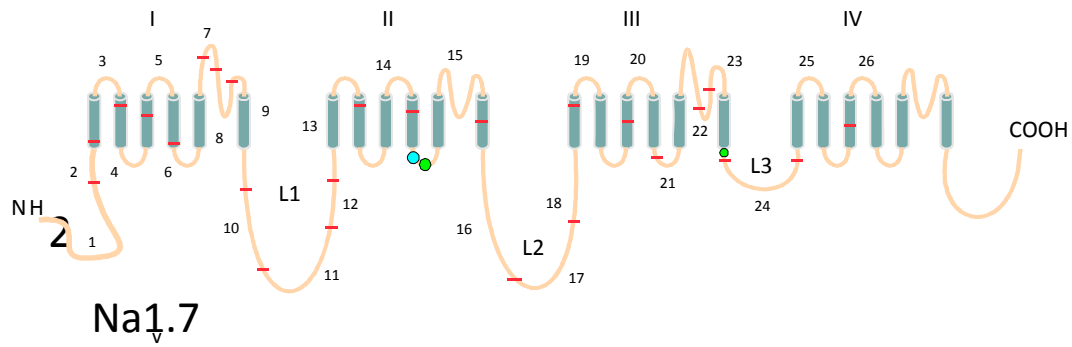
e.g. HCN2

e.g. Na<sub>v</sub>1.3, Na<sub>v</sub>1.8

*Ion Channel  
Membrane Trafficking*

*Spontaneous Membrane  
Depolarization*

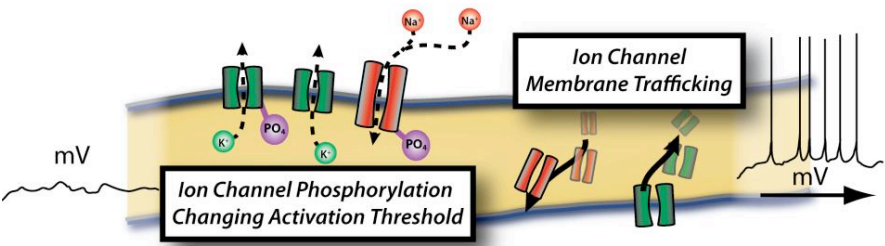




**Nav1.7**  
**Gain-of-function mutations**

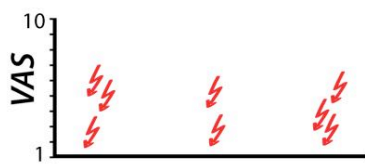
**Inherited erythromelalgia**

### Individual Neuro-Pathology

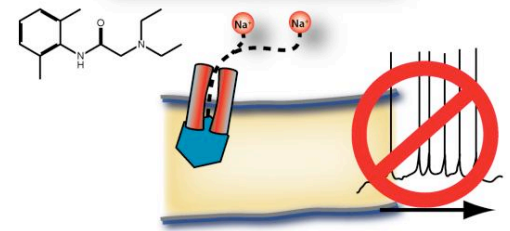


### Individual Pain Phenotype

*ectopic activity / spontaneous bouts of pain*

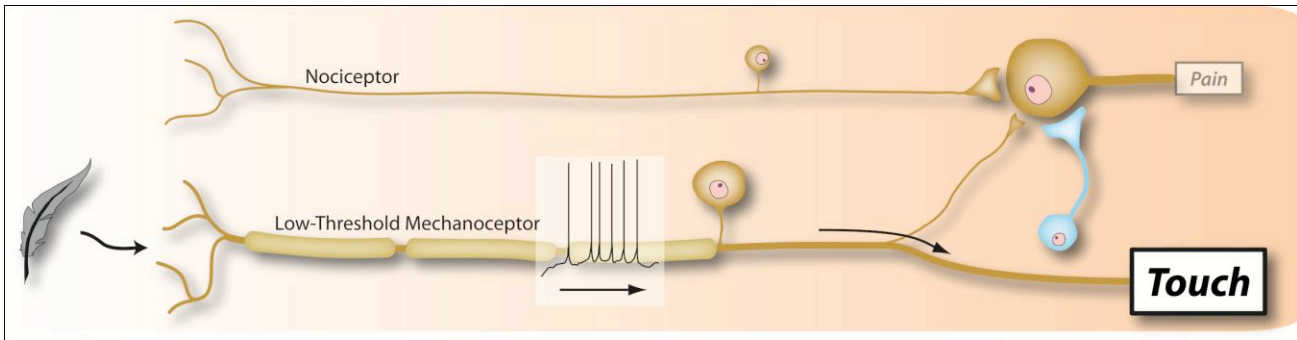
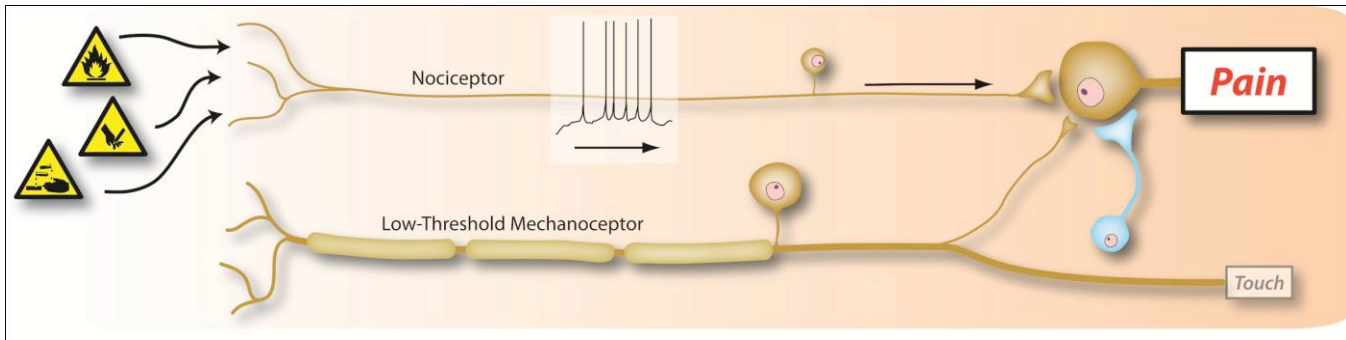


### Treatment of Neuro-Pathology

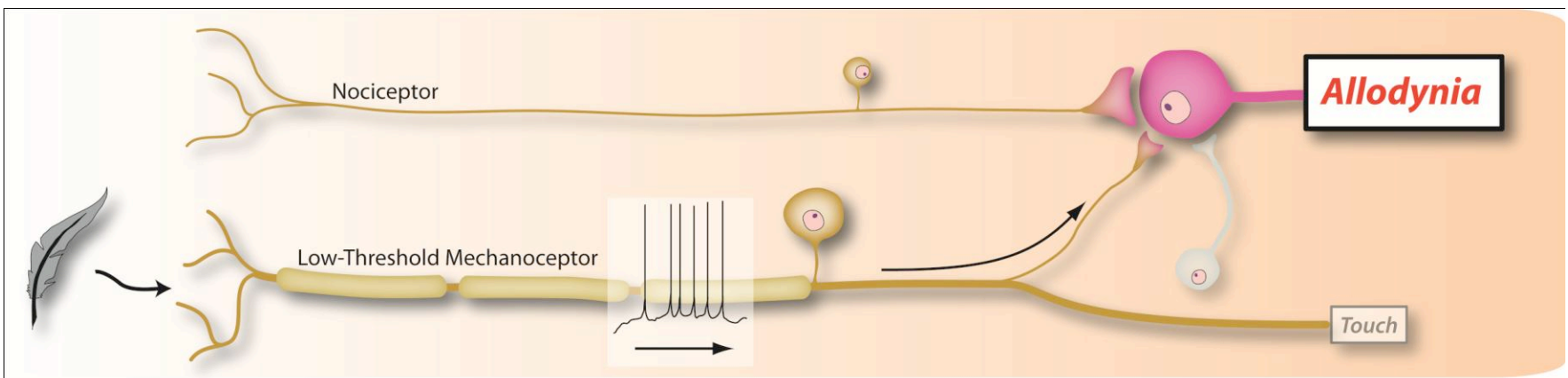


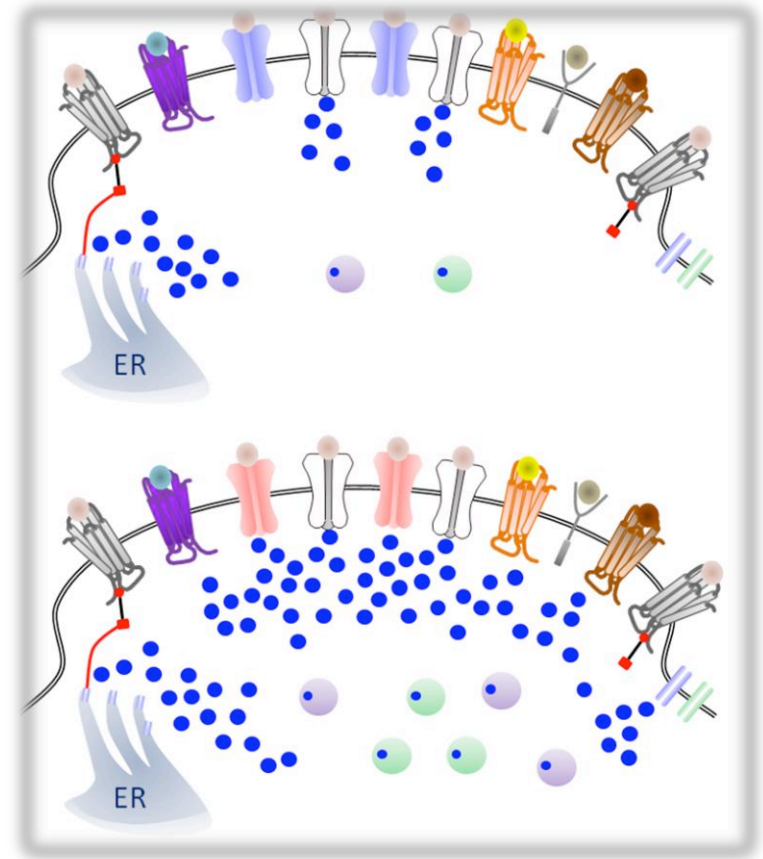
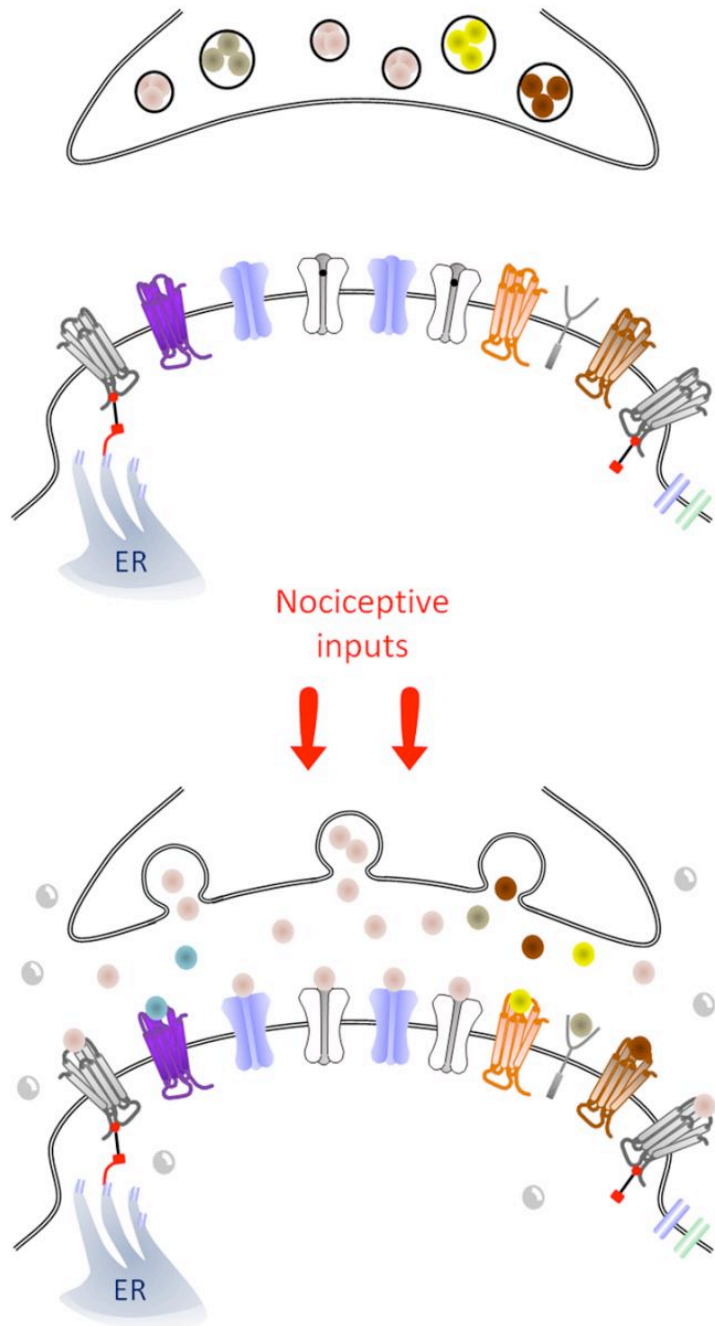
Sodium channel blockers



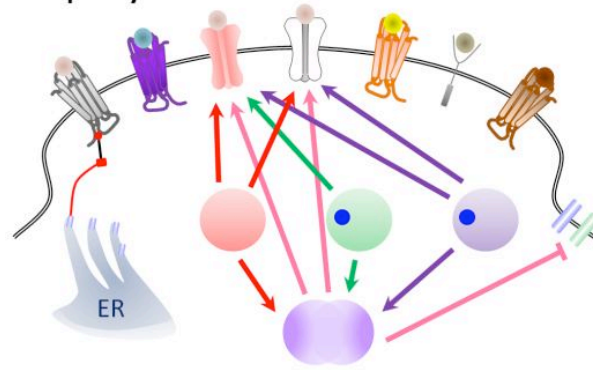


## Central Sensitization

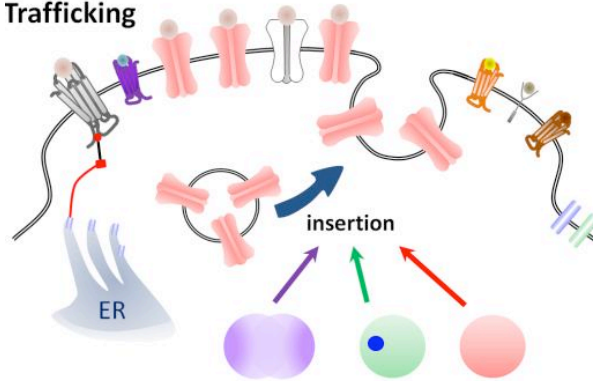




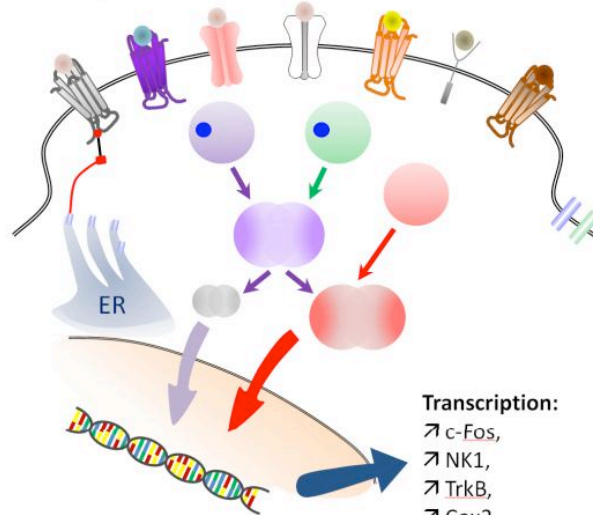
### Phosphorylation



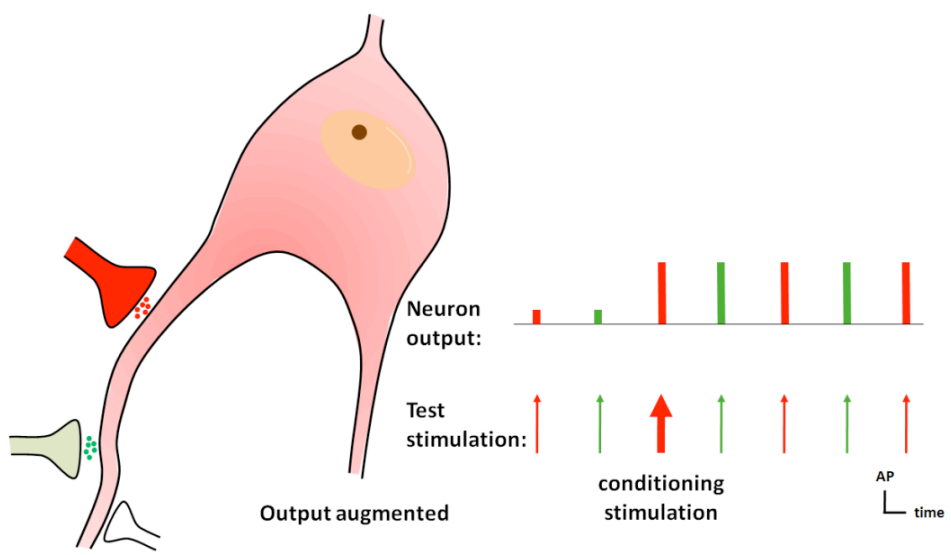
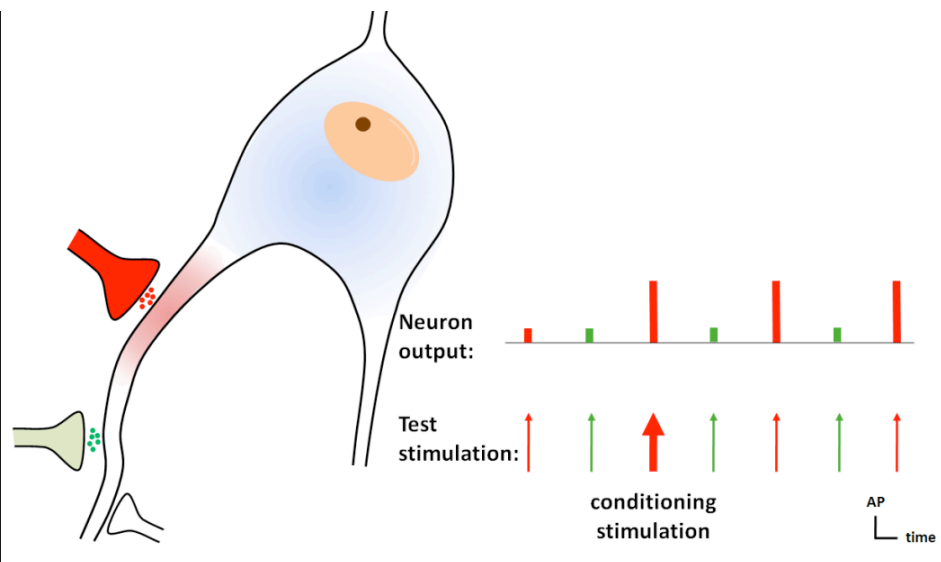
### Trafficking

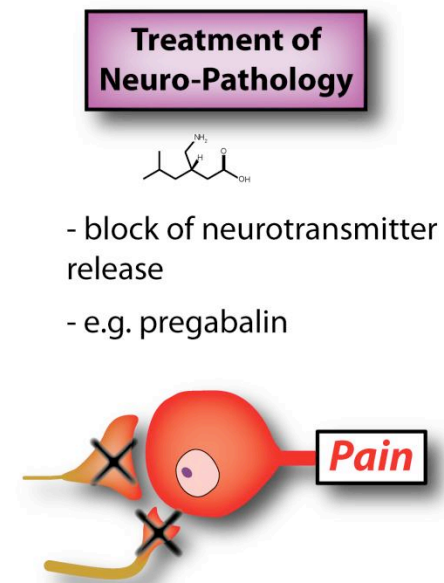
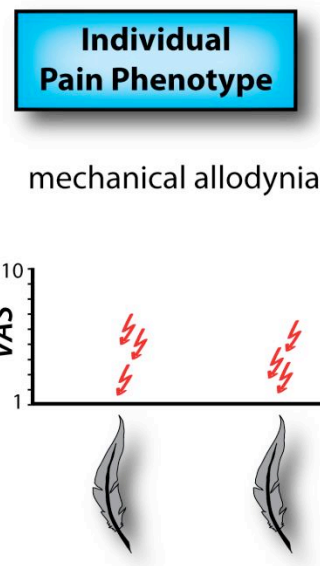
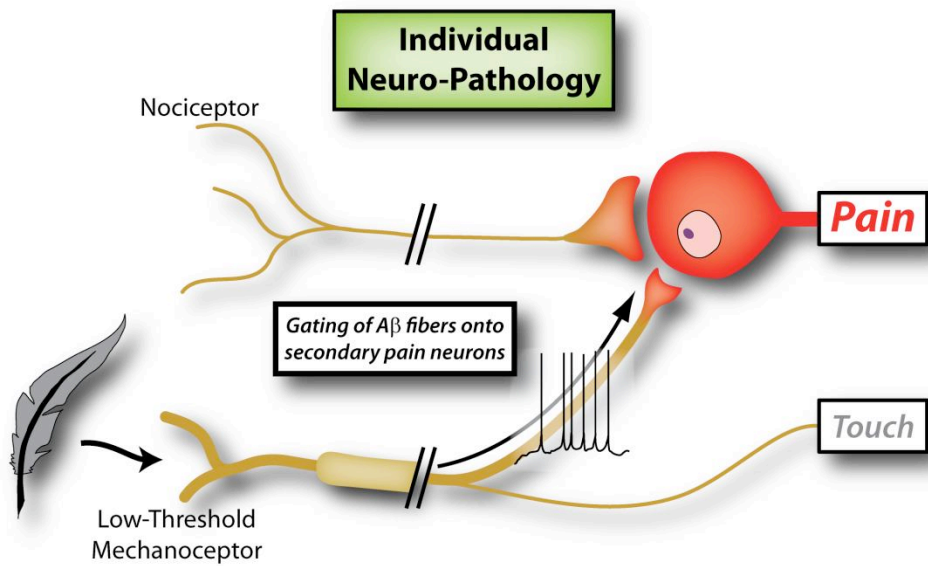


### transcription

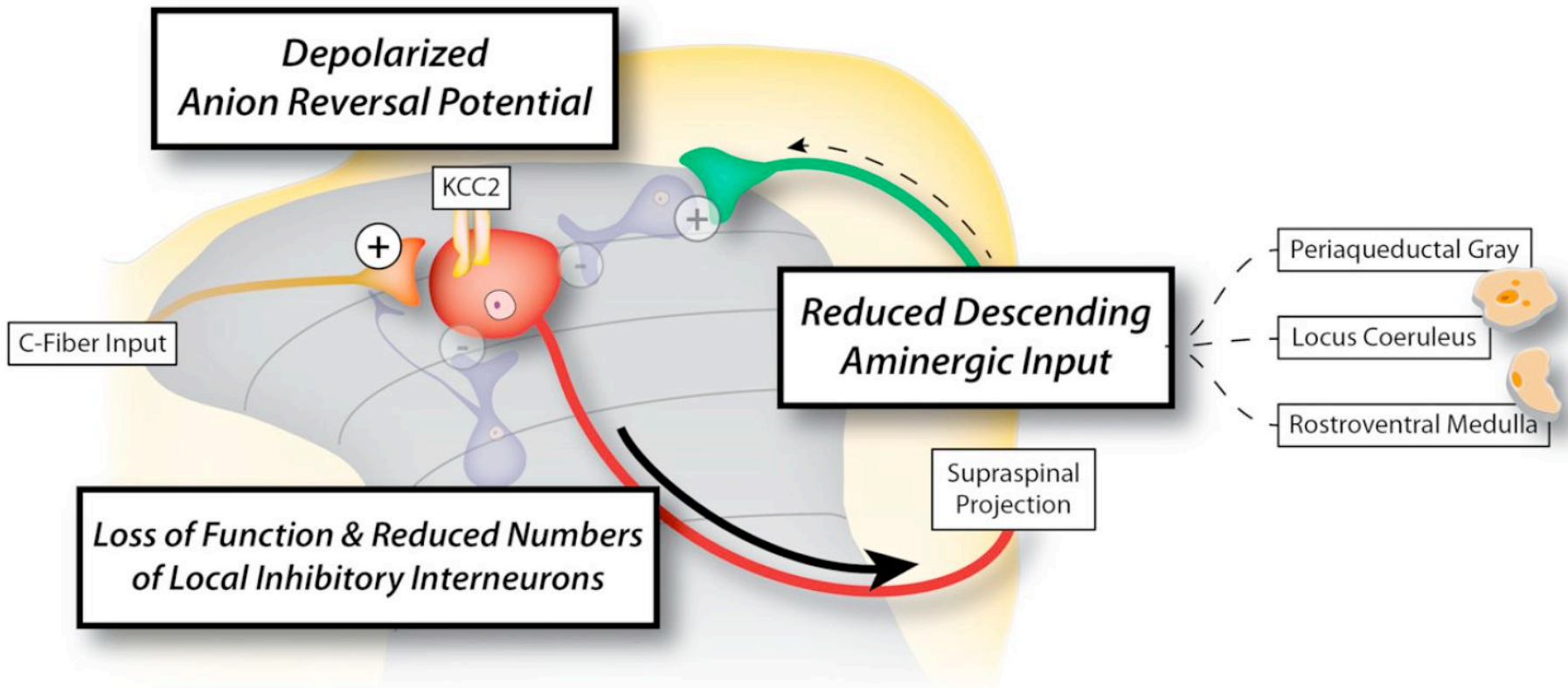


Transcription:  
↗ c-Fos,  
↗ NK1,  
↗ TrkB,  
↗ Cox2...



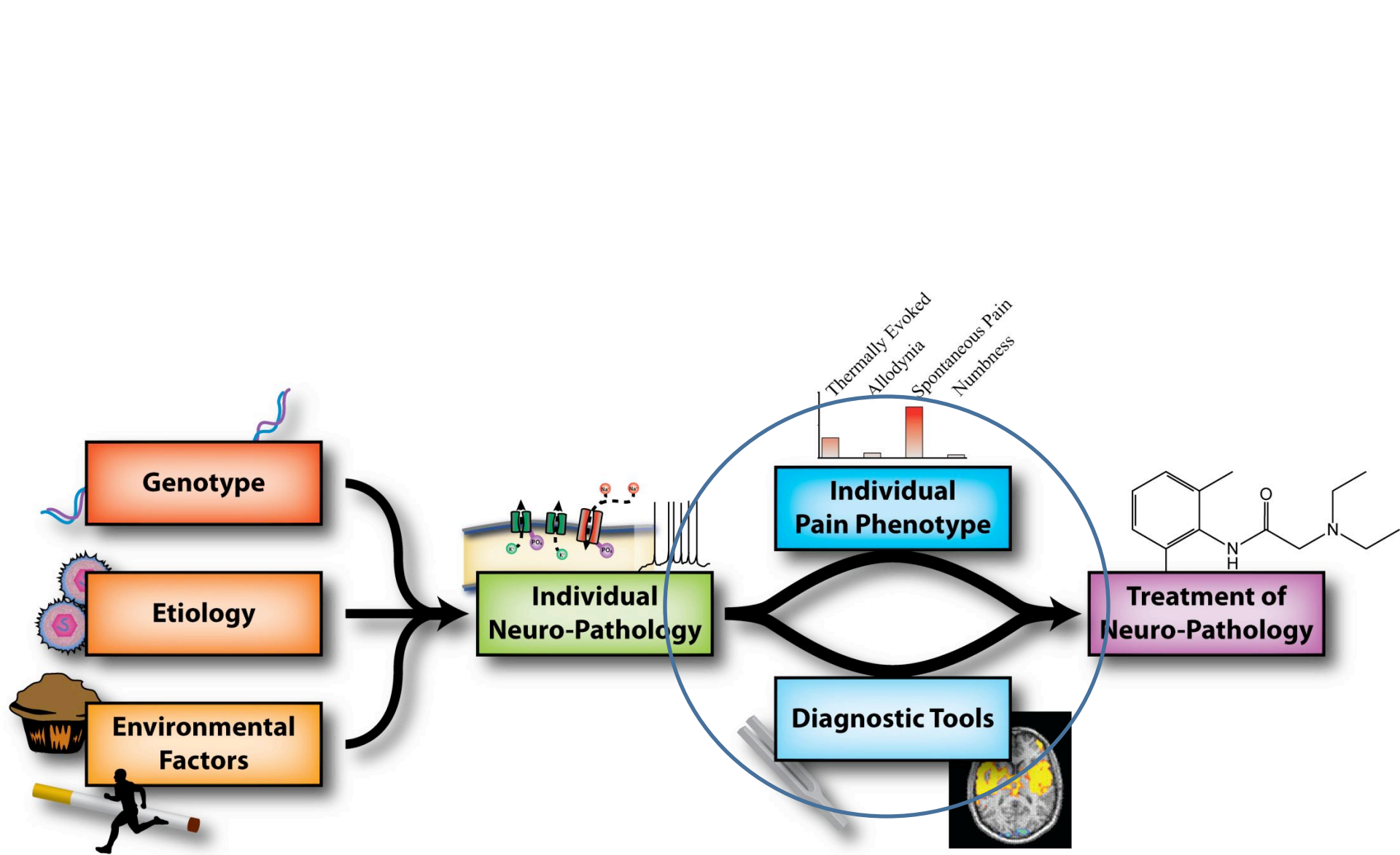


# Disinhibition

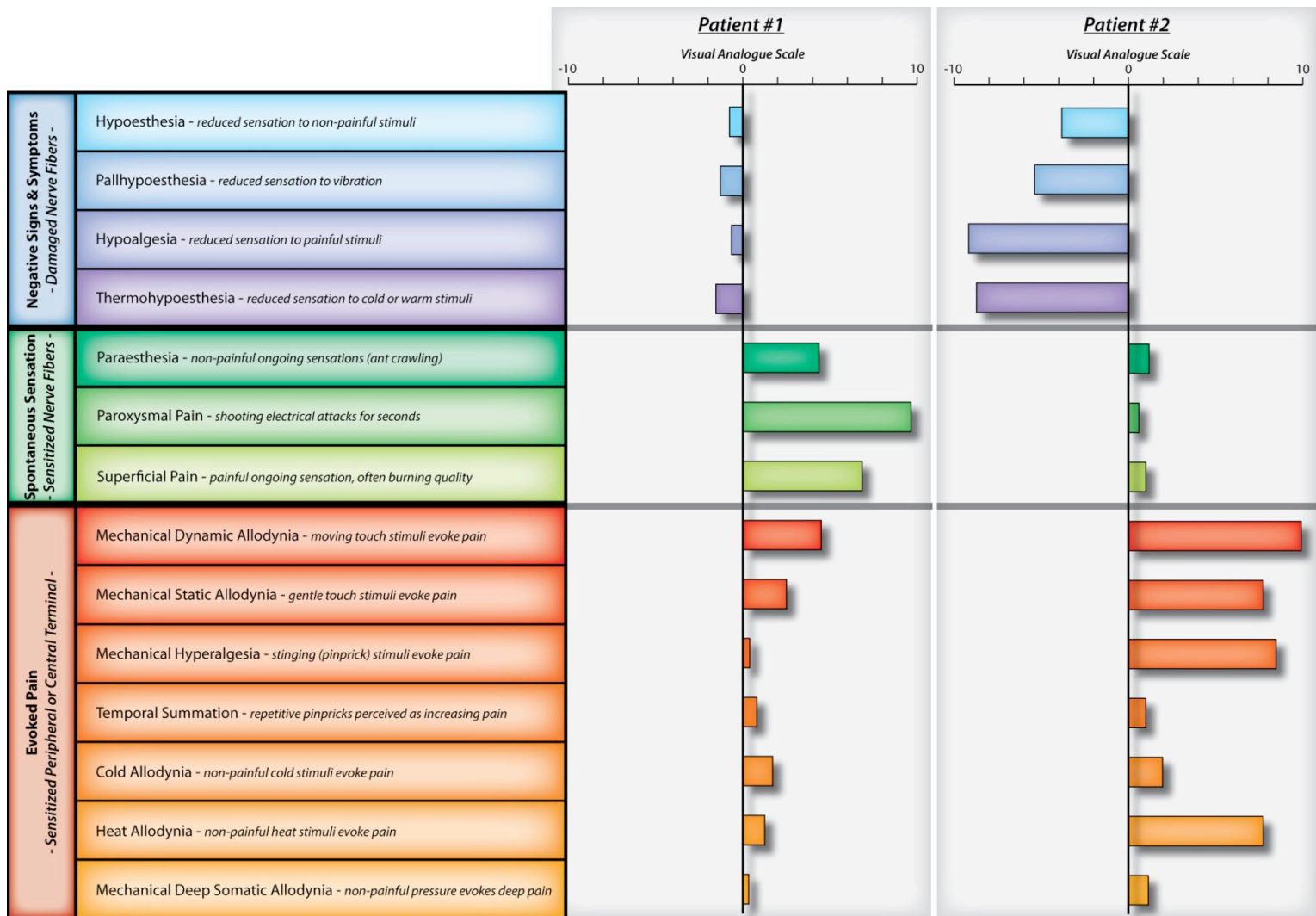


Amine uptake inhibitors; GABA agonists; KCC2 modulators



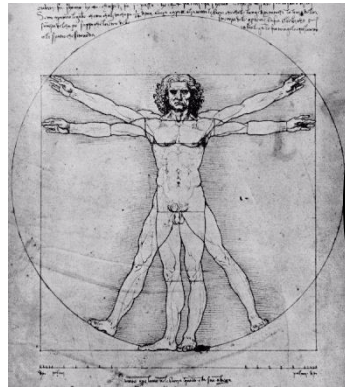






## Personalized Response Histogram Predictor of Treatment Response?

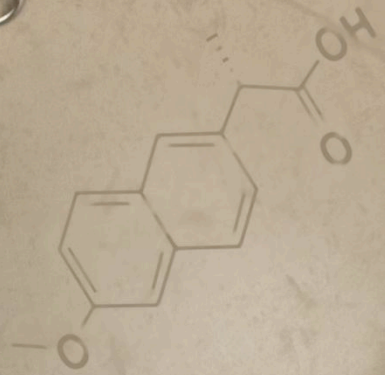
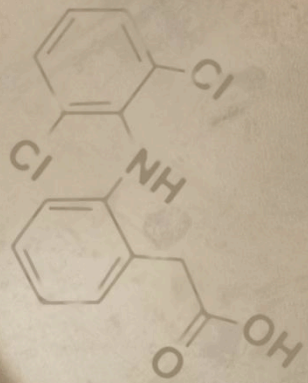
# Mechanism versus Disease Phenotype

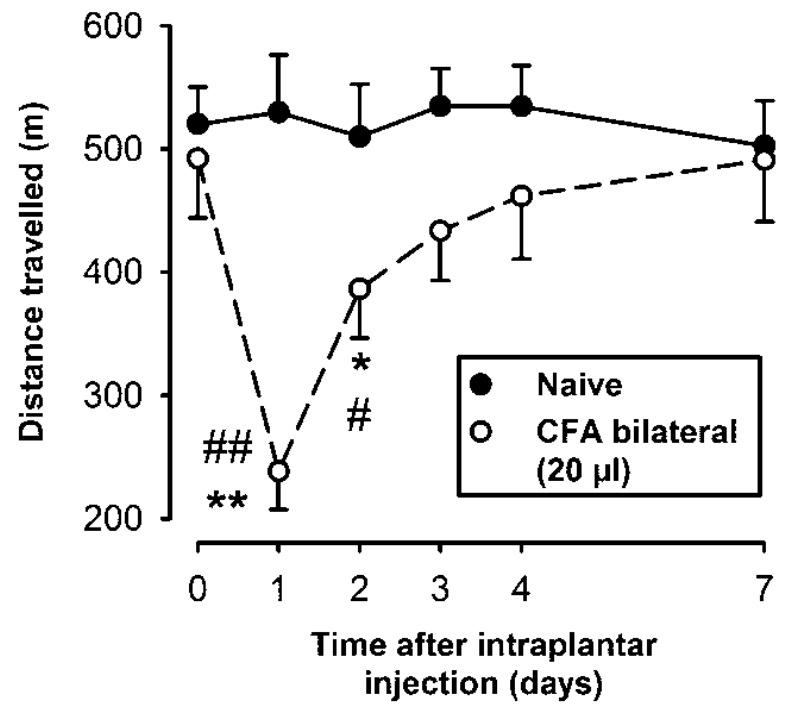
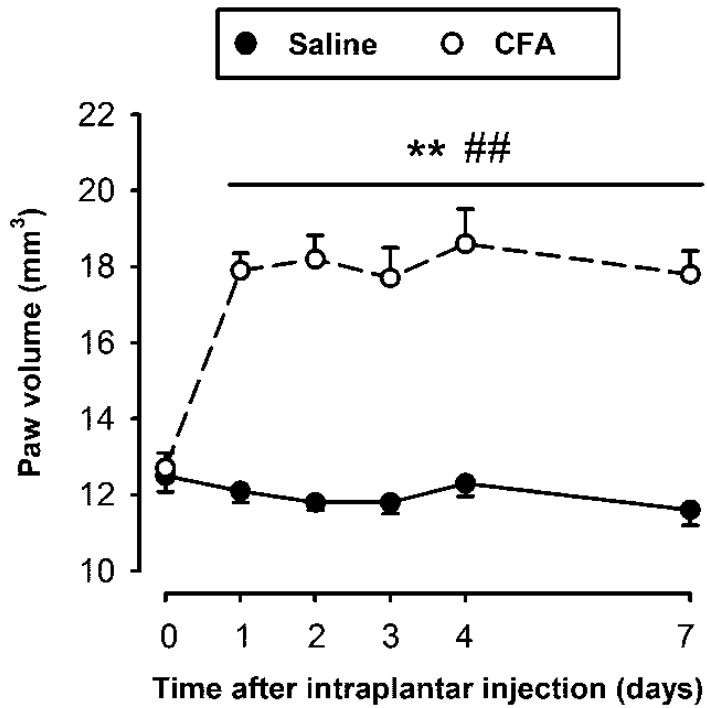


What outcome measure?

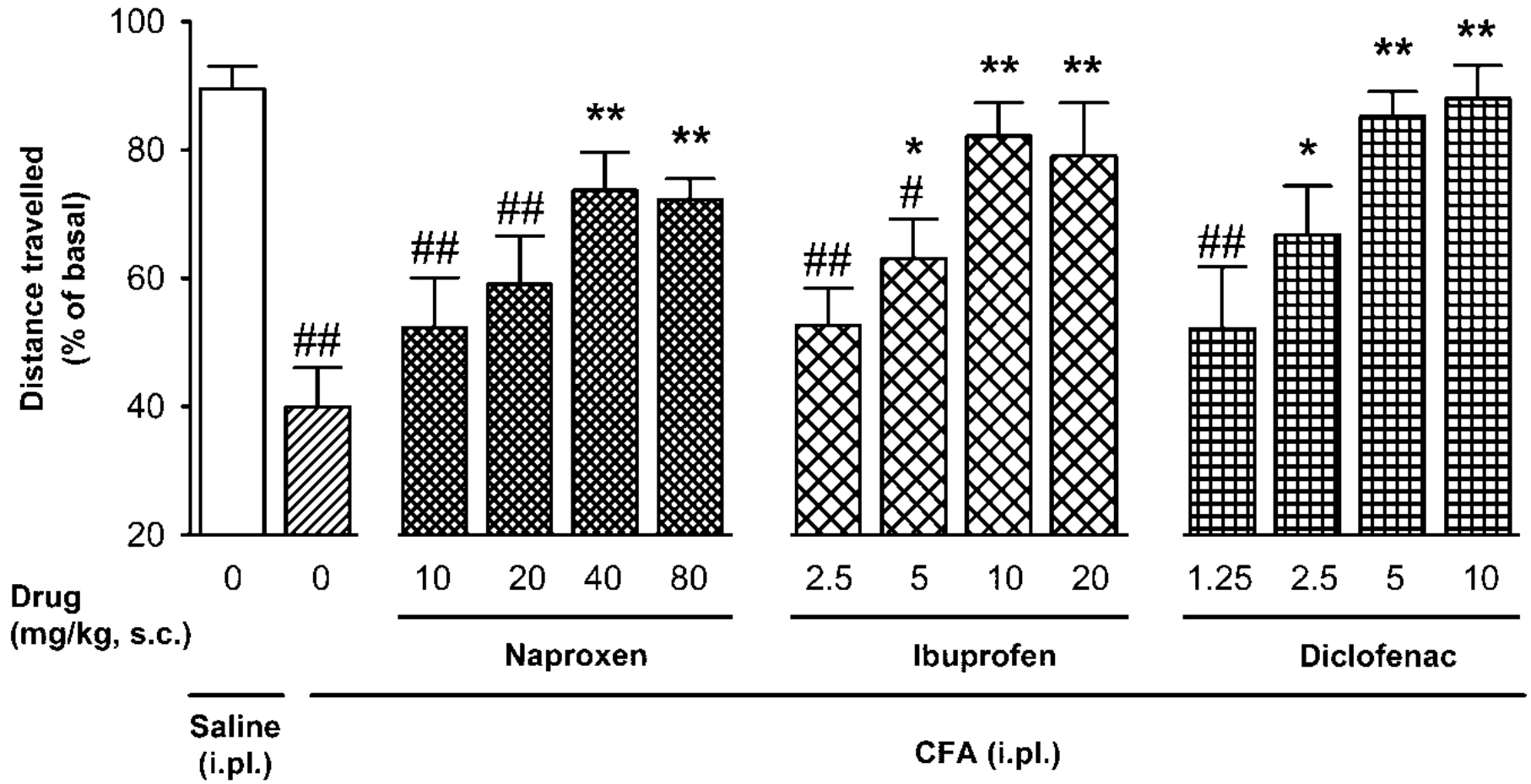


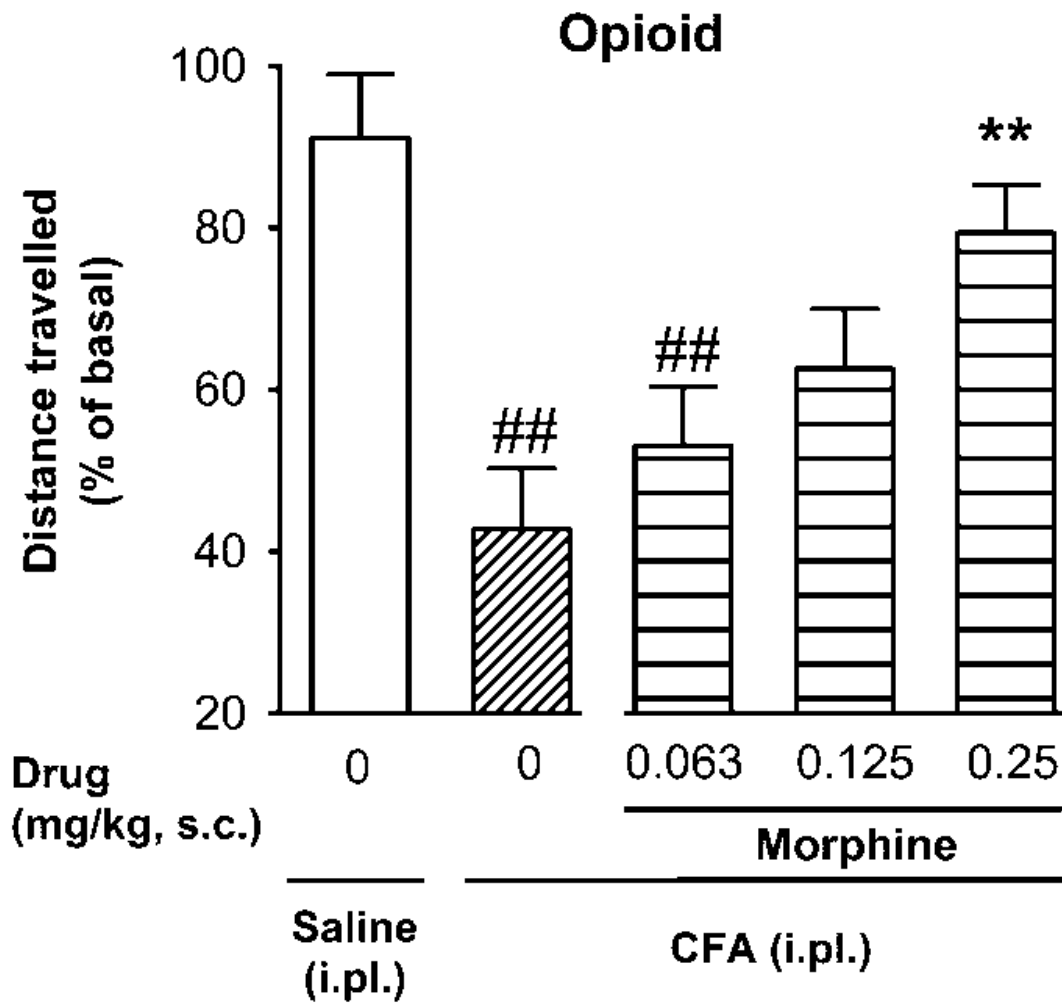




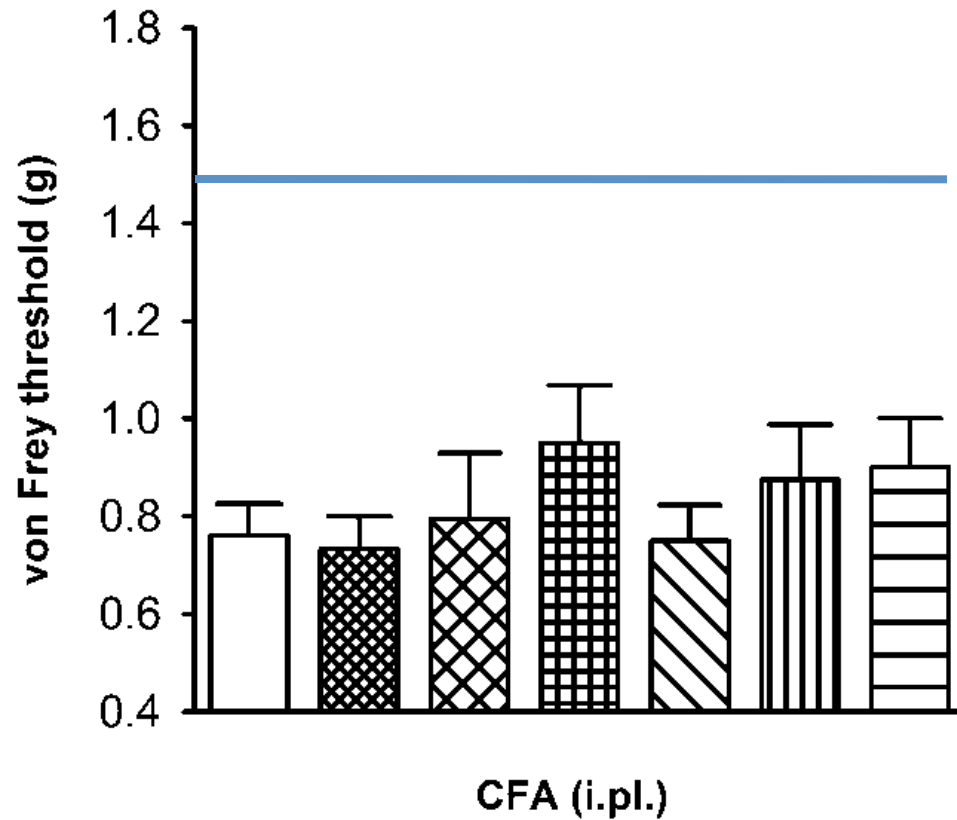
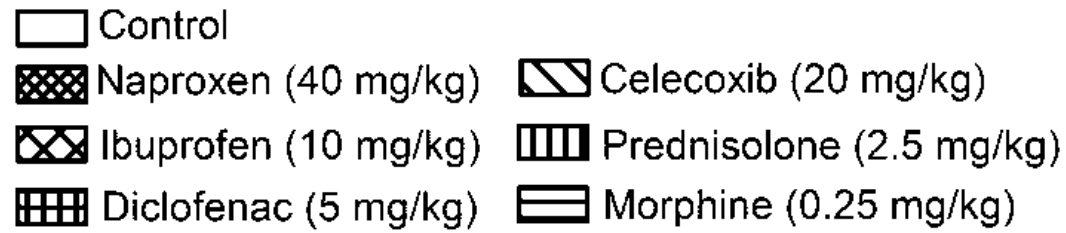


### Non-selective COX inhibitors









- Individual neuropathological changes are pain targets
- Pain phenotype is a window on pain mechanisms
- Need to measure phenotype quantitatively
- Need to match phenotype with mechanisms and sensory experience

Latremoliere A, Woolf CJ Synaptic plasticity and central sensitization: author reply. J Pain. 2010 Aug;11(8):801-3.

von Hehn CA, Baron R, Woolf CJ. Deconstructing the neuropathic pain phenotype to reveal neural mechanisms. Neuron. 2012 Feb 23;73(4):638-52.

Woolf CJ. Central sensitization: implications for the diagnosis and treatment of pain. Pain. 2011 Mar;152(3 Suppl):S2-15

Woolf CJ. Overcoming obstacles to developing new analgesics. Nat Med. 2010 Nov;16(11):1241-7