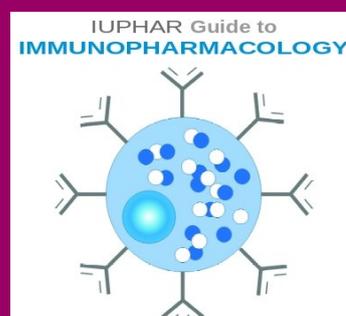
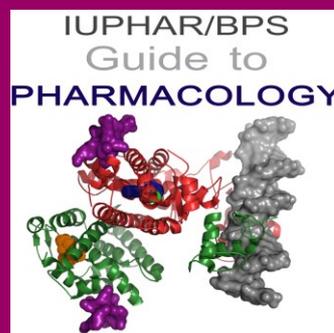


**IUPHAR**

International Union of Basic  
and Clinical Pharmacology



**BRITISH  
PHARMACOLOGICAL  
SOCIETY**



**IUPHAR/MMV  
Guide to MALARIA PHARMACOLOGY**

# DATABASE

# Report

**October 2018**

[enquiries@guidetopharmacology.org](mailto:enquiries@guidetopharmacology.org)

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## INTRODUCTION

This database report provides an overview of recent progress and the current status of the IUPHAR/BPS Guide to PHARMACOLOGY (GtoPdb) since our last NC-IUPHAR meeting held in Edinburgh in May 2018. Previous reports are online for [April 2017](#), [Oct 2017](#) and [May 2018](#).

We have now reached the end of our 3-year Wellcome Trust funded project to develop the “The Guide to IMMUNOPHARMACOLOGY ([GtoImmuPdb](#)): Integration of targets, diseases and therapies into an expert-driven database”. This grant began on the 1st of November 2015. More details can be found in our [blog](#), which includes technical blog posts highlighting aspects of the development of the resource.

We again include details on our new Guide to Malaria Pharmacology project. We have recently been funded by the Medicines for Malaria Venture (MMV) to add information about antimalarials to GtoPdb, along with a purpose-built parasitologist-friendly portal for the website interface.

This report (along with the accompanying slide set) will detail our progress on the GtoPdb and GtoImmuPdb projects. It is based on the May 2018 version as a reference. A few general sections have been left in for context, but most have been updated. As usual informal minutes will be taken at the Edinburgh October 2018 meeting but please also talk to us regarding points, issues and suggestions from this report and the accompanying slide set.

## GENERAL OVERVIEW OF DATABASE TEAM ACTIVITIES

### PUBLIC ENGAGEMENT – PROMOTING OUR RESOURCES

#### CONFERENCES/MEETINGS (SINCE MAY 2018 AND UPCOMING)

- Pharmacology Futures, Edinburgh, May 2018, Adam Pawson, Chris Southan, Jamie Davies
- ELIXIR All Hands 2018, Berlin, June 2018, Simon Harding
- 18th World Congress of Basic and Clinical Pharmacology ([WCP 2018](#)) July 2018, Kyoto, Adam Pawson and Chris Southan. The team will be in a Symposium on Computational Pharmacology, Databases and Drug Discovery, and have two talks and several posters
- 5th European Congress of Immunology, Amsterdam, September 2018, Simon Harding - presented poster on the Guide to IMMUNOPHARMACOLOGY

Our [slideshare account](#) includes slide sets and posters presented by team members. Some are also posted on Christopher Southan's own [slideshare](#).

### PUBLICATIONS

#### PUBLISHED (SINCE EARLY 2018)

- A new guide to immunopharmacology (2018). Simon D. Harding, Elena Faccenda, Chris Southan, Pasquale Maffia, Jamie A. Davies. Nat. Rev. Immunology (Web Watch). <https://doi.org/10.1038/s41577-018-0079-2>. Altmetric score of 24 since 16th Oct 2018.
- SynPharm: A Guide to PHARMACOLOGY Database Tool for Designing Drug Control into Engineered Proteins. Sam Ireland, Christopher Southan, Alazne Dominguez, Simon Harding, Joanna Sharman, Jamie Davies. ACS Omega. Jul 31;3(7):7993-8002. [PMID: 30087931](#). The [Rx version](#) has garnered 2232, views, 87 downloads and an Altmetric score of [15](#) since March.
- Challenges of connecting chemistry to pharmacology: perspectives from curating the IUPHAR/BPS Guide to PHARMACOLOGY. Christopher Southan, Joanna L Sharman, Elena Faccenda, Adam J Pawson, Simon D Harding, Jamie A Davies. Jul 31;3(7):8408-8420. [PMID:30087946](#). The [Rx version](#) has garnered 466 views and 109 downloads since May 2018.
- Accessing expert-curated pharmacological data in the IUPHAR/BPS Guide to PHARMACOLOGY. Joanna L Sharman, Elena Faccenda, Simon D Harding, Adam J Pawson, Christopher Southan, Jamie A Davies and NC-IUPHAR (2018). Current Protocols in Bioinformatics. 61: 1.34.1-1.34.46. [PMID:30040201](#).
- Caveat usor: assessing differences between major chemistry databases. (2018) Chris Southan. ChemMedChem, 13(6):470-481. [PMID 29451740](#) (Gold Open Access)

## OUTREACH AND SOCIAL MEDIA

We use mainstream social media outlets for five primary purposes 1) outreach to potential new users and/or followers 2) informing on new features or releases 3) enhancing [awareness of our publications](#) and presentations 4) keeping collaborators and other followers (including many other databases) aware of our activities. 5) establishing reciprocity with key followers and collaborators.

### FACEBOOK

The number of 'likes' increased to 3749 (September 2018), from 3378 in May 2018.

### TWITTER

[@GuidetoPHARM](#) has just pipped [1,848 tweets](#), followers have increased to 2186 from 1808 in May 2018 and our re-tweet rate has also gone up. The value of this platform continues to increase as an alerting system for our blog posts, key papers, including from BJP, other pharmacology journals, immunology, biochemistry and medicinal chemistry, new PDB structures, etc. Most of our Hot Topics are now first picked up from Twitter. We also engage in a discrete re-tweeting for reciprocal outreach. These include [@BritPharmSoc](#) (who have been very active in promoting the Concise Guide) [@BrJPharmacol](#), [@PharmRevJournal](#), [@PRandP Journal](#) [@IUPHAR](#), [@PharmacologyEd](#) [@immunopaedia](#) [@cdsouthan](#) and [@mqzspa](#) (NC-IUPHAR chair). From our recent publications listed above we saw useful tweet boosts via [@ChemRxiv](#) as well as Wiley [@currentprotocol](#) and [@ChemMedChem](#)

### LINKEDIN

The Curation Team have been encouraging Subcommittee Chairs and collaborators to increase their reciprocal connectivity as individual LinkedIn users. This expands our collective inter-network outreach for posting updates, new papers *etc.* (N.B. interested readers of this report are encouraged make connection requests from GtoPdb and IUPHAR scientists they know). Our own [LinkedIn](#) group page now has 191 followers.

### BLOGGING

Our Edinburgh blog (<http://blog.guidetopharmacology.org/>) is receiving over 750 views on average per month, which has increased because we are now posting more content. This is our primary news feed and includes database release updates, new features, technical items or articles. Our regular posts with expert commentaries on hot topics relevant to pharmacology are particularly popular, always ranking in the top 5 posts for any given month. Team member Chris Southan maintains his own (<http://cdsouthan.blogspot.com/>) where relevant posts include cross-pointers to GtoPdb.

### HOT TOPICS

As an established and popular feature our Hot Topics are seeded in the form of new significant pharmacology, drug discovery and key human genomics papers. These are communicated to us from Subcommittee members or picked up from Twitter. We have introduced a CiteUlike tag, [htopic](#), used for collation from which we move them to their own [website page](#). For a selection, as before, we commission concise commentaries from our expert contacts. We've had recent guest commentaries from Steve Alexander, Jörg Striessnig, Emma L. Veale & Alastair Mathie, Sadashiva S. Karnik & Kalyan Tirupula, Eamonn Kelly & Katy Sutcliffe, Steve Watterson and Chris Southan (all commentaries are posted under the Hot topic category on our [blog](#)).

### SLIDESHARE

Our account (<http://www.slideshare.net/GuidetoPHARM>) allows the database team to share slide sets and posters with the community thereby extending the reach way beyond conference session direct attendees. Our slidesets received 2,958 (+171) views over the past year. We have also recently updated the set of [generic slides](#) which can be used by anyone presenting or teaching on GtoPdb and a generic poster which can be printed out in various sizes and taken to meetings or handed out as flyers.

### ENQUIRIES RECEIVED FROM USERS

We get a steady stream of user communications coming in to [enquiries@guidetopharmacology.org](mailto:enquiries@guidetopharmacology.org), This is about one a week and they continue to cover a useful spectrum of (mostly minor) fixes that we promptly address.

### ENGAGING WITH US

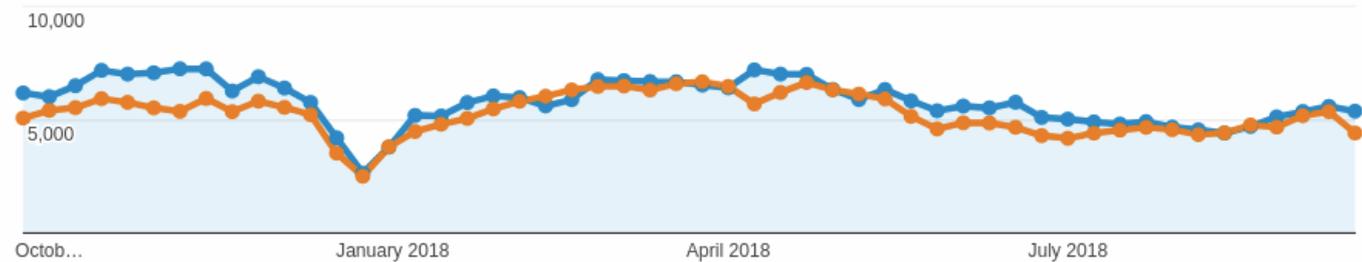
As is implicit from the Social Media section above, it is crucial to extend our external "presence". Thus, the more readers of this document who "connect" with us, (*via* whichever of the channels above they use for

their own professional profile) the more our outreach extends. This also has mutual advantages. In particular re-tweets and LinkedIn likes are useful for extending the alerting network for new releases, new publications, meeting slide sets and blog posts. Note also that each time you either save one of our publications to your own [Mendeley](#) or [CiteUlike](#) accounts or mention it in a tweet, blog or PubMed commons comment (but make sure you specify a DOI or PubMed link for the auto-indexing) the [Altmetrics](#) score (see below in Portals) notches up for that paper (n.b. we are only advocating professionally considered low-key engagement levels).

GTOPDB WEB SITE ACCESS STATISTICS

24-Sep-2017 - 21-Sep-2018: ● Users

25-Sep-2016 - 21-Sep-2017: ● Users



Users

**10.40%**

251,379 vs 227,707



New Users

**10.29%**

249,231 vs 225,973



Sessions

**9.55%**

386,347 vs 352,672



Number of Sessions per User

**-0.77%**

1.54 vs 1.55



Page Views

**0.33%**

1,299,849 vs 1,295,534



Pages/Session

**-8.41%**

3.36 vs 3.67



Avg. Session Duration

**-9.74%**

00:03:14 vs 00:03:35



Bounce Rate

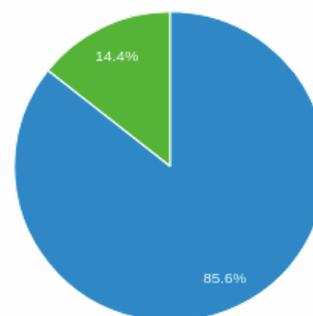
**1.55%**

60.38% vs 59.45%

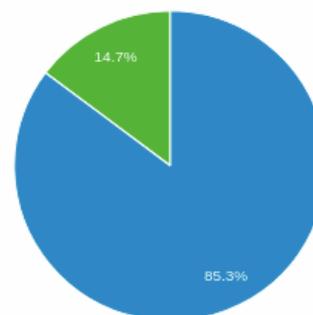


■ New Visitor ■ Returning Visitor

24-Sep-2017 - 21-Sep-2018



25-Sep-2016 - 21-Sep-2017



Graphs comparing visitors to guidetopharmacology.org for the 12 months from September 2017 to September 2018, with the previous 12 months.

<b>Monthly statistics</b>	<b>Sep 2017 - Sep 2018 (previous 12 months)</b>
Sessions	32,196 (31,269)
Users	20,948 (20,635)
Page views	108,320 (105,763)
Pages / Session	3.36 (3.67)
Avg. Session Duration	00:03:14 (00:03:35)

## GTOPDB CONTENT

These database statistics were compiled from our September 19<sup>th</sup>, 2018 release (v2018.4). All database statistics can be found at <http://www.guidetopharmacology.org/about.jsp#content>.

<i>Targets</i>	<i>Number of (Human) UniProt IDs</i>
<i>7TM receptors</i>	399
<i>Nuclear hormone receptors</i>	48
<i>Catalytic receptors</i>	245
<i>Ligand-gated ion channels</i>	81
<i>Voltage-gated ion channels</i>	144
<i>Other ion channels</i>	52
<i>Enzymes</i>	1201
<i>Transporters</i>	509
<i>Other protein targets</i>	201
<i>Targets with ligand interactions</i>	1734
<i>Targets with quantitative ligand interactions</i>	1482
<i>Targets with approved drug interactions</i>	610
<i>Primary targets with approved drug interactions</i>	319
<b>Total number of targets</b>	<b>2880</b>
<b>Ligands</b>	
	<i>Number of ligands</i>
<i>Synthetic organics</i>	6180
<i>Metabolites</i>	584
<i>Endogenous peptides</i>	787
<i>Other peptides including synthetic peptides</i>	1313
<i>Natural products</i>	256
<i>Antibodies</i>	248
<i>Inorganics</i>	37
<i>Approved drugs</i>	1386
<i>Withdrawn drugs</i>	69
<i>Ligands with INNs</i>	2242
<i>Labelled ligands</i>	610
<i>Unique PubChem CIDs (total CID links)</i>	7023 (7224)
<i>Ligands with target interactions</i>	8047
<i>Ligands with quantitative interactions (approved drugs)</i>	7080 (868)
<i>Ligands with clinical use summaries (approved drugs)</i>	2289 (1383)
<b>Total number of ligands (PubChem SIDs)</b>	<b>9405</b>
<i>Number of binding constants</i>	47420
<i>Number of binding constants curated from the literature</i>	16213

## DOWNLOAD STATISTICS

Yearly period 20th Sep Year 1 to 20th Sep Year 2.

### GOOGLE ANALYTICS COMPARISON OF DOWNLOADS

Event Category: Downloads

Event Label: Downloaded

	<b>Count</b>
2016-2017	2,576
2017-2018	2,971
Change	15%

This corresponds to files downloaded from our main downloads page:

<http://www.guidetopharmacology.org/download.jsp>

and the slides page: <http://www.guidetopharmacology.org/slides.jsp>

A more specific breakdown is shown here:

	<b>2016-2017</b>	<b>2017-2018</b>	<b>Change</b>
<i>Targets CSV/TSV file</i>	1007	1123	12%
<i>Interactions CSV/TSV file</i>	295	338	15%
<i>Ligands CSV/TSV file</i>	250	254	2%
<i>UniProt Mapping file</i>	167	148	-11%
<i>HGNC mapping file</i>	80	94	18%
<i>Peptides CSV file</i>	101	100	no change
<i>PostgreSQL*</i>	160	227	41%
<i>Generic slides (PPT &amp; PDF)</i>	210	223	6%
<i>Generic poster</i>	107	99	-7%
<i>Other files</i>			
<i>Tutorial</i>	430	515	20%
<i>Terms and Symbols</i>	307	300	-2%

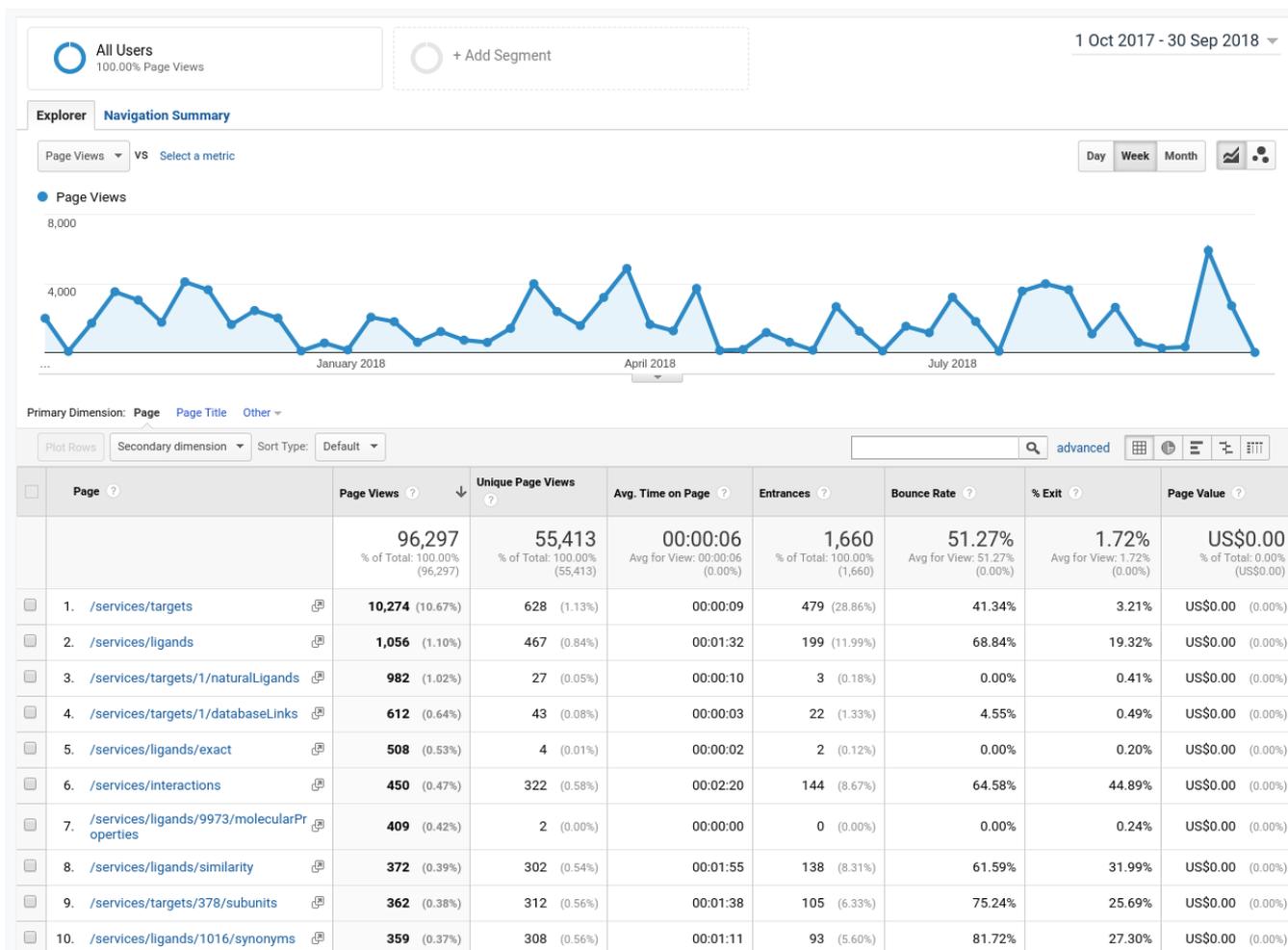
\* Total downloads of PostgreSQL database dump files (versions 2016.4-2018.3). A higher number of downloads is likely in this calendar year due to release coinciding with our bi-annual NAR paper.

### WEB SERVICES

Tracking of our web-services has been in place since March 2017. Calls to the web-service are generally from client computers to our server and are not recorded in the same way as visits to our website.

Therefore, we can't report details on specific users, such as location or number of visits. We can only record the number of hits for each distinct URL.

The image below shows that there were nearly **100,000** total hits over the year. The most popular pages are the target and ligand lists. Unfortunately, it doesn't include information about specific parameters that users can apply to the URLs, such as filters by target or ligand type. So we can't tell if users are loading all targets, or just GPCRs, for example. The most popular target is ID 1 (5-HT1A) and the most popular ligand is ID 1152 (VIP). Perhaps Target ID 1 is popular with people testing out the web services.



### Traffic to GtoPdb web services URLs over the past year

## GTOPDB TEAM INTERACTIONS

For more details of previous and continuing interactions please see the October 2017 and April 2017 reports. Only significant changes since October are reported below.

### ELIXIR

Engagements continue with this important Europe-wide bioinformatics infrastructure initiative. As reported before, we have an entry in the [ELIXIR bio-tools directory](#) as one of the official [UK ELIXIR Node Resources](#) and part of the [Excelerate](#) initiative. We attend the ELIXIR All-Hands Meeting held in June in Berlin and will be represented at the November UK All-Hands Meeting.

### INTEROPERABILITY, RDF AND OPENPHACTS

One of ELIXIR's aims is to promote interoperability and FAIR (Findable, Accessible, Interoperable, Reusable) compliance (see [FAIR Guiding Principles for scientific data management and stewardship](#), Wilkinson MD et al. Sci Data. (2016)). We have previously reported on our initiatives to increase interoperability of the GtoPdb data, including creating a new [RDF](#) version.

We continue to keep the RDF version of the Guide to Pharmacology up-to-date at each release. These are 4 data files in Notation3 (N3) format and 2 metadata files which include a general description of the dataset and specific information on the current version: 2018.4. The metadata have been generated in accordance with the W3C Health Care and Life Sciences Community (HCLS) Profile to ensure FAIR compliance.

We have been exploring the implementation of a SPARQL endpoint and plan to use LodeStar as the web-application layer on top of the triple store. This will provide a graphical frontend to the RDF data and allow control over SPARQL queries and provide the data in a human-readable format.

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## PUBCHEM

We continue our important interactions with PubChem, including by both mail and TC conversations with Evan Bolton, Paul Theissen and other members of the team. Some of our PubChem ligand content aspects are outlined in our latest NAR paper [PMID 29149325](#). PubChem have recently piloted a new Classification Browser (<https://pubchem.ncbi.nlm.nih.gov/classification/#hid=92>) which displays the GtoPdb target hierarchy in a way that allows users to browse our PubChem Substances/Compounds. The GtoPdb target classification is also shown on PubChem Target pages (e.g. [HTR1A](#)). Note that PubChem specifically selected us for highlighting in this highly-visible global resource because of our acknowledged quality as a submitter.

Subsequent to our 2018.2 database release in May we have been submitting new BioAssays to PubChem, following on from a pilot exercise for the 5-HT receptor family in 2015. At this point all of our BioAssays have been submitted, following a re-generation step to improve the structure/content of the XML. We can report a good working relationship with Ben Shoemaker at PubChem who has been helpfully overseeing the upload of the assays. The Bioassays are also shown on Target and Compound pages in PubChem so this will increase exposure of the GtoPdb data.

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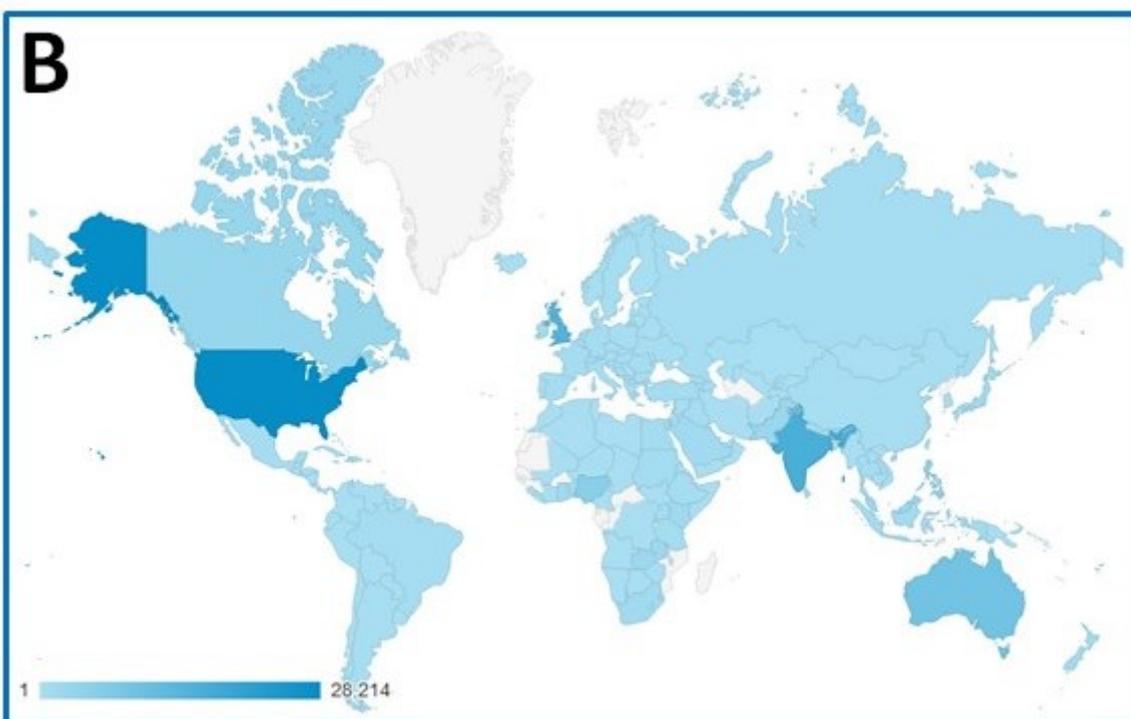
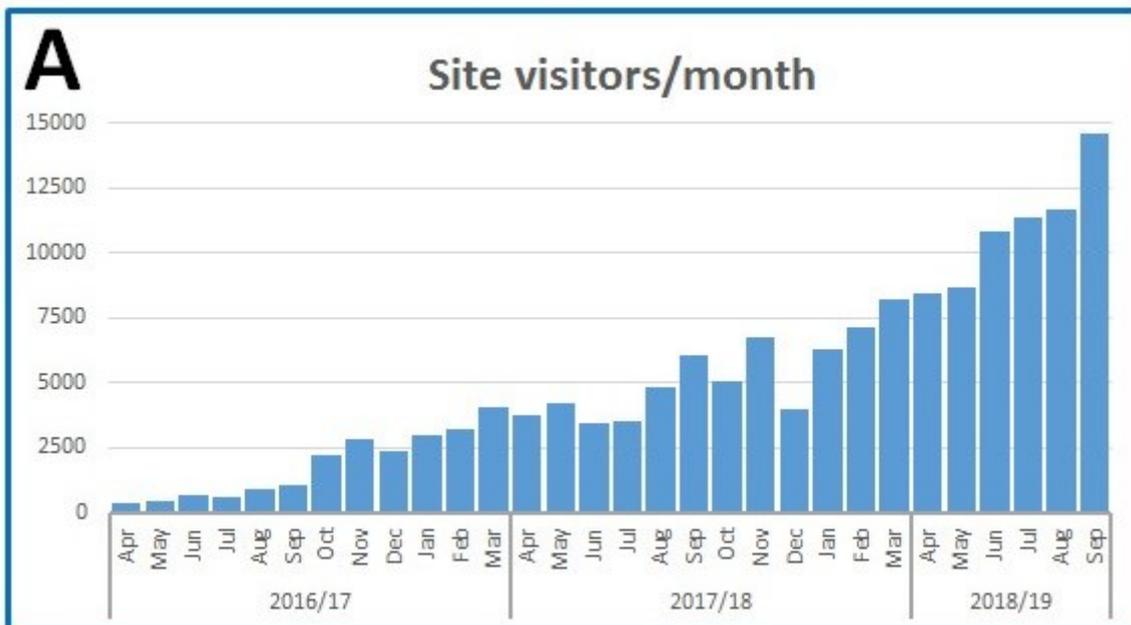
## IUPHAR PHARMACOLOGY EDUCATION PROJECT (PEP)

The IUPHAR Pharmacology Education project continues to be developed “*as a learning resource to support education and training in pharmacological sciences*”.

**Financial support** is in place for one 0.5 FTE for the next ~12 months. This comes from the Chinese, Japanese and Hungarian pharmacological societies.

### Site Usage

The figure below shows month to month data from Google Analytics of the recorded PEP user sessions (Panel A) and the global distribution of users (Panel B), from April 2016 when the PEP was launched up to the most current data. User sessions are continuing to grow, and in September 2018 we saw our highest traffic yet at almost 15,000 sessions.



**Google Analytics of access to IUPHAR PEP Website**

We have noticed relatively high interest in our SlideShare offerings. We currently have 19 slide sets posted, and data analytics has recorded almost 11,000 views of our most popular slidesets, and ~900 downloads, in the last year.

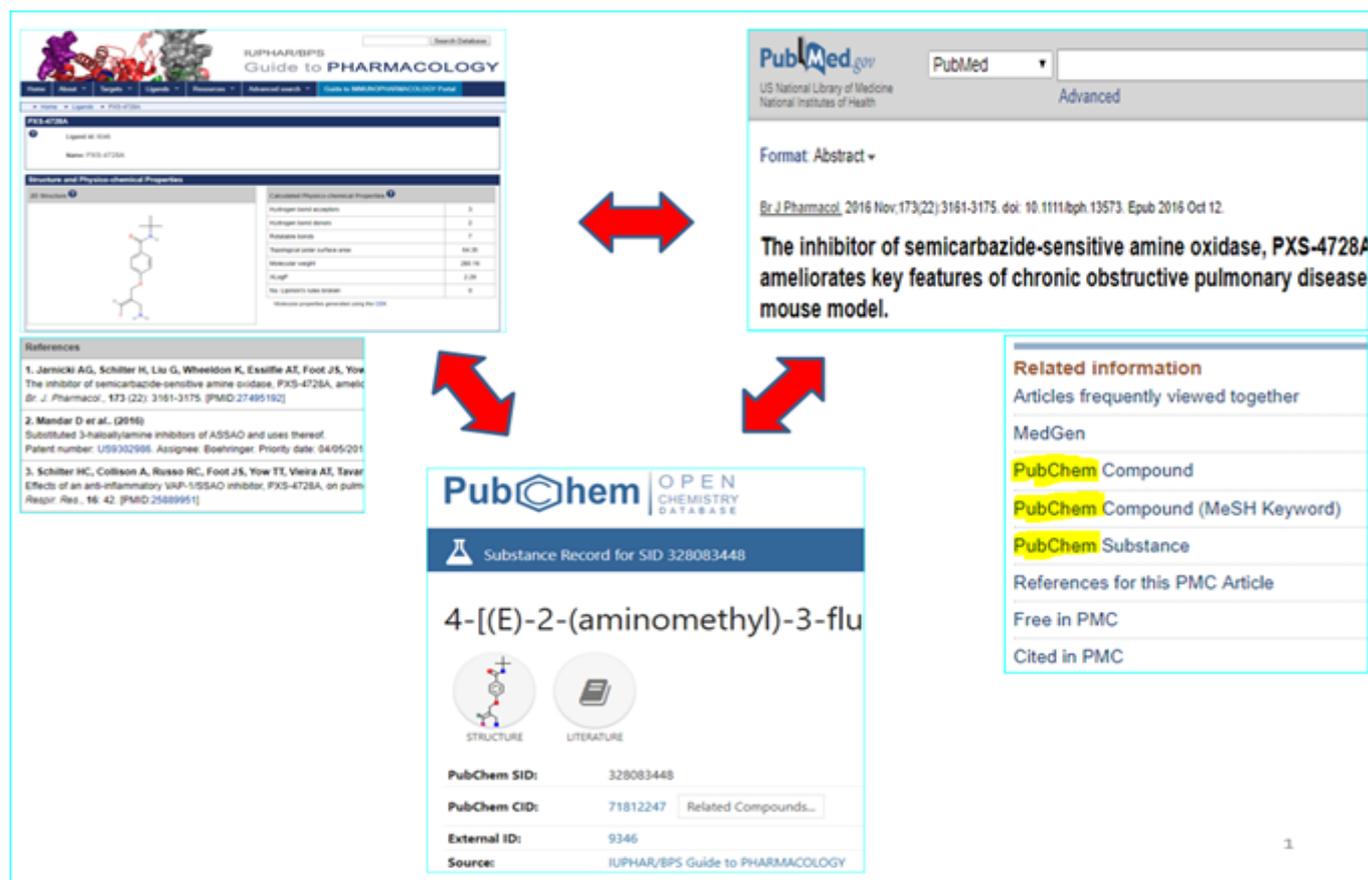
In November 2018, the PEP team had a 'Practice article' entitled 'The IUPHAR Pharmacology Education Project' accepted for publication in the journal *Clinical Pharmacology & Therapeutics*. This is due for publication in a themed issue in early 2019. We also submitted a short article that reports on PEP activities at WCP2018 for inclusion in IUPHAR's *Pharmacology International* newsletter.

**JOURNAL < - > DATABASE CONNECTIVITY (SAME AS MAY 2018 REPORT)**

The current statistics from the entity-linking initiative for the BJP since Oct 2014 and BJCP since Nov 2016, can be counted via the reference citations from our three NAR papers. The results establish that the Journal -> GtoPdb live outlinks (initially as Tables of Links but inline with text since 2017) stand at 1146 (~

80%) for BJP and 560 (~ 50%) for BJCP papers. Despite this success, there have been occasions when the key compound was not in GtoPdb (i.e. thus could not be linked). In a few cases where the papers were in our capture remit (e.g. for immunopharmacology) we have curated them post-publication so they at least got a database-to-journal reference link. To ameliorate the retrospective “missing key link” problem we have recently instigated a prospective process whereby, on manuscript acceptance followed by their own marking-up of GtoPdb links, authors are advised to alert us directly to key entities that we do not yet have. In appropriate cases we then add these ligands and the new reference. This has the advantages, for both the author and the journal, of not only adding their reference into GtoPdb but also the paper gains PubChem-to-PubMed reciprocal linking derived from our PubChem ligand submissions (see below). Examples from the 2018.2 release include [GS-458967](#) from BJP and [esaxerenone](#) from BJCP.

Another important type of connectivity mediated by us (for any journal) can be described as GtoPdb <> PubChem <> PubMed as shown below.



The temporal sequence for the navigable links is as follows: We curate the ligand and primary references (e.g. a J.Med.Chem.), one of which includes the quantitative interaction data (under the “Biological activity” tab). The entry may accrue additional key references for both in vivo progression (e.g. a BJP paper) and later a clinical report (e.g. a BJCP paper). When the GtoPdb release first containing that ligand is submitted to PubChem it then acquires “our” Substance Identifier (SID). At the same time we submit the references for that ligand listed in the SID (and refreshed for new references in later releases). The NCBI Entrez system then generates PubMed links between the SID structure (as well as the CID) and any of the PMIDs we submit. As can be seen in the diagram above these processes result in a “virtuous circle” (indicated by the reciprocal red arrows) that users of either of the three entry points (GtoPdb, PubChem and PubMed) can navigate. Importantly ourselves, the journals and the authors benefit from the increasing traffic that goes around these links. We can select the headline statistics for SID > PubMed links (each of which have a PubChem link) as follows:

1. Our 9251 SIDs link to 9833 PMIDs from the GtoPdb ligand references
2. Of these 1076 are J.Med.Chem papers
3. 379 are from BJP
4. 165 are from Nature

5. 18 are from BJCP
6. 10 are from PR&P

The figures above can be broken down by CID distributions. The rankings are similar but note that some of our 240 antibodies will have SID-only links (n,b, the above represent a different type of connectivity to the Wiley outlinks but may occasionally intersect for the same BJP or BJCP paper).

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## IMMUNOPAEDIA

We have recently begun to build links with [Immunopaedia](#), an open-access online platform freely available for learning and teaching immunology. The resource aims to improve engagement between core immunology and clinical practice, and it is the official International Union of Immunological Societies (IUIS) learning site. Immunopaedia provides clinical case studies to help highlight immunological concepts, online course to support teaching and learning in immunology, and it provides information on treatment and diagnostics on infectious diseases.

During our Immunopharmacology Meeting in October 2018 we heard a presentation from Prof. Clive Gray (founder) and held discussion on establishing links between Immunopaedia and the Guide to Pharmacology. To date, Immunopaedia have implemented links from some case studies into GtoPdb target and ligand pages. We intend to put in place links from our target and ligand pages back into Immunopaedia and are holding discussions on the best way to do this.

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## NEW GTOPTDB WEBSITE FEATURES (SINCE MAY 2018)

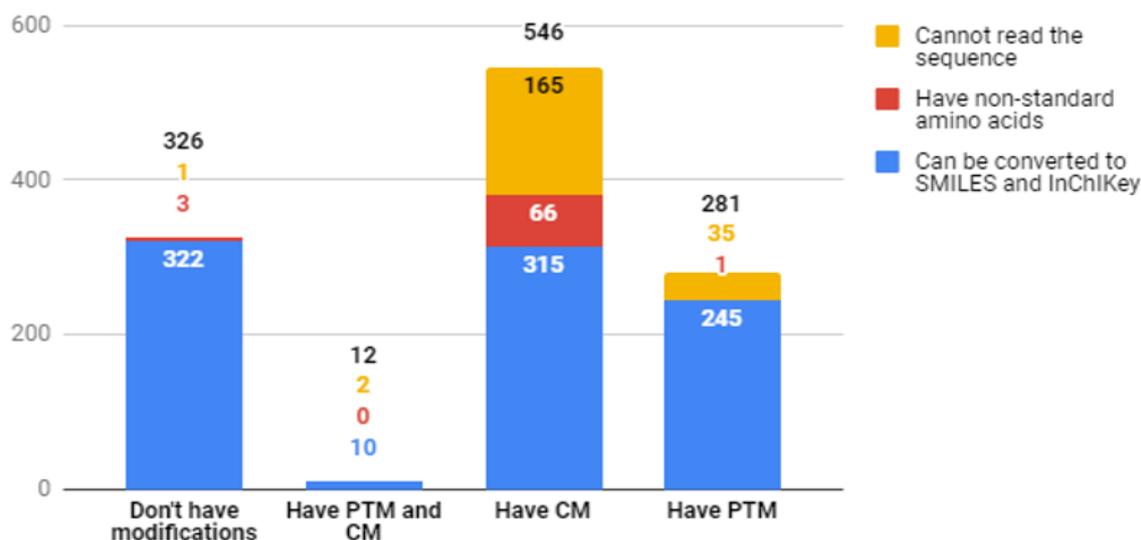
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### MSC PROJECT ON PEPTIDE STRUCTURES

A MSc Drug Discovery & Translation student, Lin Yikai, worked on a summer project investigating the GtoPdb peptide ligand structures and finding ways of converting these into standardised specifications, e.g. SMILES, HELM, InChI, IUPAC. The project explored the following:

- Using the Sugar and Splice (S&S) software (NextMove) to convert our smaller peptides (<70 AA, 1000 atoms) to SMILES and submit these to PubChem, thereby creating CIDs from our SID structures.
- Initially we tried to establish what is in GtoPdb and defining different sets of peptides, e.g. those with FASTA sequences and no PTMs that can be converted to SMILES, those with non-standard AAs that aren't recognised by SnS, etc.
- Future outcomes: extend our existing curation procedure, enhance website with new data types, add new structural search tools including BLAST and possibly SMILES-based searching for small or modified peptides.

Lin submitted her project dissertation in August 2018. The pipelines she developed for peptide sequence to SMILES conversion are very useful and will become part of our standard procedure when curating peptides in future. In the analysis of the existing peptide structures in GtoPdb the work provided some interesting information. Here the breakdown of peptides based on whether their sequences have chemical or post-translational modification (which make them more difficult to convert).



The distribution of different subsets of peptides in GtoPdb

## OTHER WORK

Updates on other ongoing new website features are:

- Converting to HTTPS:** Using HTTPS (secure connection) on websites is becoming increasingly important (browsers and search engines are starting to warn users when they access an insecure site). JS has been working with UofE Information Services to obtain security certificates from JISC which will allow us to install HTTPS on our web server. This is currently undergoing testing and we hope will be completed soon.
- Update CDK libraries:** We routinely use the [Chemistry Development Kit \(CDK\)](#) to calculate physio-chemical properties of ligands. We have update the libraries we use to the latest version (CDK 2.2) and have re-calculated all ligand properties using these libraries.
- Switch to using Chemicalize Pro (ChemAxon):** The GtoPdb website uses the ChemAxon's Marvin JS web-based editor for drawing chemical structures (for subsequent site search). Until now this had required a non-commercial license. By using Chemicalize Pro this drawing tool can be integrated into our site with simple HTML and JS API can handle different functions for exporting/improving molecules and control other events).

## GTOPDB ENTITY GROWTH

Growth rates over the span of the previous Wellcome Trust grant are documented in earlier reports and our 2016 and 2018 NAR papers. While the subcommittees have submitted Concise Guide updates, most new entities have been added *via* the population of GtoImmuPdb. However, significant curation effort goes towards tagging pre-existing targets and ligands with GtoImmuPdb relevant comments and new references.

	Oct 2013	Oct 2015	April 2016	Oct 2016	Apr 2017	Oct 2017	May 2018	Sep 2018
Target protein IDs	2485	2761	2775	2794	2808	2825	2872	2880
Ligands total	6064	8024	8400	8674	8872	8978	9251	9405
Approved drugs	559	1233	1273	1291	1322	1334	1364	1386
Antibodies	10	138	172	205	212	223	240	248
Peptides	1776	1981	2007	2039	2063	2079	2092	2100
Synthetic small molecules	3504	5055	5363	5563	5729	5807	6048	6180
PubChem SIDs	3107	8024	8328	8674	8831	8978	9251	9405
PubChem CIDs	2694	6057	6163	6337	6813	6822	7109	7224
Binding constants	41076	44691	45534	45908	46287	46488	47058	47426
References	21774	27880	29247	30251	31239	31733	33245	34382

**GPCRs:**

Adenosine receptors  
Chemokine receptors  
Cholecystokinin receptors  
Dopamine receptors  
Ghrelin receptors  
Opioid receptors  
GPR55 receptors  
Cannabinoid receptors  
GPR88  
GPR119  
Opioid receptors  
Free fatty acid receptors  
Apelin receptor  
Endothelin receptors

**NHRs:**

Retinoic acid receptor  
Peroxisome proliferator-activated receptors  
Liver X receptor-like receptors  
Retinoic acid-related orphans  
3-Ketosteroid receptors

**Channels:**

Transient Receptor Potential channels  
Voltage-gated sodium channels  
Orai channels  
Voltage-gated potassium channels

**Enzymes:**

Guanylyl cyclases (GCs)  
Janus kinase (JakA) family  
Mitogen-activated protein kinases (MAP kinases)  
Nitric oxide synthases  
Hydrolases  
Janus kinase (JakA) family  
Tec family  
2.3.2.13 Transglutaminases  
1.-.-.- Oxidoreductases  
Ceramide turnover  
Eicosanoid turnover  
Cyclin-dependent kinase (CDK) family  
Protein kinase C (PKC) family  
AMPK subfamily  
Polo-like kinase (PLK) family  
Bromodomain kinase (BRDK) family

**Catalytic Receptors:**

Natriuretic peptide receptor family

**Transporters:**

ABCG subfamily  
Monoamine transporter subfamily  
SLC6 neurotransmitter transporter family

### Others:

CD molecules

Nuclear export proteins

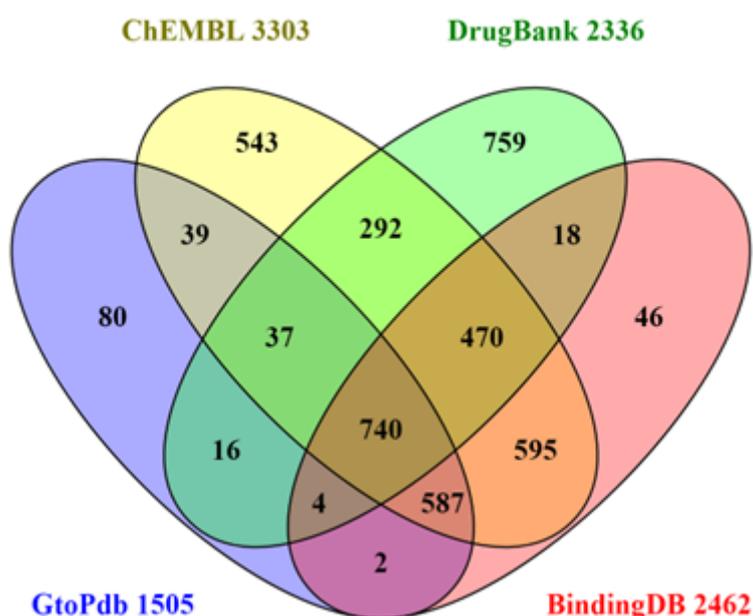
Aryl hydrocarbon receptor complex

EF-hand domain containing proteins

CD molecules, Immunoglobulin like domain containing proteins

Kelch-like proteins

**Relative target growth and coverage:** This can be assessed by comparing our own UniProt Human Swiss-Prot cross-references (for targets with quantitative interactions) against the other major chemogenomic resources that also have such cross-references, DrugBank, BindingDB and ChEMBL(23). The April 2018 updates are shown below.



Our total broke 1500 data-supported druggable targets for the first time in May 2018 and we have 80 targets not in the other three databases (as of May 2018). The intersects and differences in the above figure are complex but note that the DrugBank apparently large unique content includes interaction inferences based on literature co-occurrence rather than data-supported mechanism of action. There is a slow increase in the 4-way consensus to 740 over the 2017 figures but up from 568 in 2016. For more details see this [slideshare set](#).

### GTOPDB AND GTOIMMUPDB PUBCHEM STATS

The stats for the 2018.4 release (with 2018.2 in brackets) are as follows (n.b. because the NCBI Entrez system suffers from constitutive overload the links below may time out but should eventually return the result).

1. Substances (SID) that we submit to PubChem (refreshing previous submissions) are up to [9251](#) (8978).
2. Those that have defined chemical structures are merged into [6969](#) (6822) Compound Identifiers, CIDs (i.e. small molecules and moderate peptides)
3. The select "IUPHAR/BPS Guide to PHARMACOLOGY"[SourceName] AND approved [Comment] now retrieves [1457](#) SIDs (1417) .
4. Of these 1278 (1247) have CIDs (use the "Find Related Data" operator and select "same CIDs".
5. Of our SIDs, [993](#) are tagged in GtoImmuPdb and [258](#) of these are approved drugs
6. Of our CIDs 628 are tagged in GtoImmuPdb
7. We have [1675](#) (1595) structures that ChEMBL23 does not have, [5451](#) not in DrugBank and [5540](#) not in DrugCentral.

8. [95](#) (326) structures unique to us as a source. The reason for the drop here is that many of our previously novel SIDs now have CIDs.

## SYNPHARM: A NEW DATABASE OF SMALL MOLECULES AND THEIR DRUG-RESPONSIVE PROTEIN SEQUENCES LINKED TO GTOPTDB

For a detailed description of SynPHARM please see the October 2016 report or the website:

<http://synpharm.guidetopharmacology.org/>. It is a database of drug-responsive protein sequences derived from GtoPdb interaction data. A paper describing SynPHARM has been published: Ireland et al. (2018) SynPharm: A Guide to PHARMACOLOGY Database Tool for Designing Drug Control into Engineered Proteins. ACS Omega. Jul 31;3(7):7993-8002. [PMID: 30087931](#). The figure below shows the SynPHARM access statistics for the past year. About 12% of the hits come from Edinburgh (same as previous report), many of which are likely to be from our team or local UofE SynthSys institute colleagues. A further 6% are from London, which likely represents visits from Sam Ireland, the original developer of SynPHARM, who has now moved to London.

Our intention is to try and increase our engagement with UofE SynthSys members to assessing, testing and improving the resource.



### SynPharm access statistics for the past year

## BIBLIOMETRICS AND SCHOLARLY PORTALS

- As outlined in previous reports we track various metrics for the GtoPdb team and NC-IUPHAR affiliated papers in [PubMed](#), [PubMed Central](#), [European Pub Med Central](#) (EPMC) [Kudos entries](#) and [Altmetrics](#).
- Team members have individual [Google Scholar](#) pages as well as [ResearchGate](#) entries and [Edinburgh](#)

[Research Explorer](#) profiles.

- However, the profile of choice (as EMPC linked with citation graphs) has now become [ORCID IDs](#) for which we have JLS [0000-0002-5275-6446](#) , EF [0000-0001-9855-7103](#) , AJP [0000-0003-2280-845X](#), CS [0000-0001-9580-0446](#) and SDH [0000-0002-9262-8318](#).

Below are the November 2018 live bibleometric updates compared to the May 2018 metrics. These are given with EPMC links which have the advantage over PubMed of directly generating a citation ranking for any set (but with significantly lower citation rates than PubMed, Google Scholar or WOS).

- Database team member cumulative co-authored publications have increased from 164 to [169](#) (this is a PubMed query that not so easy to do in EPMC).
- IUPHAR reviews in BJP are remain level at [25](#).
- IUPHAR Pharmacological Reviews is now at [103](#).
- The BJP “Concise Guide” sets from 2013 and 2015 added up to 17 with the 2017/18 set now taking us to [26](#) papers.
- Our publications in the [NAR Database issues](#) remains at [six](#)
- We continue to get high citation rates in our NAR and Concise Guide articles because the BJP and BJCP selected these as [reference citations](#) for the GtoPdb outlinks. These are topped by our NAR 2016 entry ([PMID 24234439](#)) with [684](#) citations, overtaking the 2014 paper ([PMID 24234439](#)) that reached [591](#).
- The “Concise Guide” citations are currently led by 2015/16: Enzymes ([PMID 26650445](#)) at [488](#) closely followed by 2013/14: G protein-coupled receptors ([PMID 24517644](#)) at [448](#).
- The overall citation performance of our papers resulted in team members JLS., EF. and AJP, along IUPHAR co-authors, SPHA and MS, being listed in the Clavariate 2017 ranking of [Highly Cited Researchers](#).
- The [Altmetric](#) rankings for all our OA papers are now indexed in [ScienceOpen](#). Presciently, in the context of our new Antimalarial project, the highest ranked paper ([PMID 27800551](#)) with our affiliation happens to be a 2016 antimalarial paper with MMV co-authors which has reached [203](#). Not unexpectedly, the Concise Guides are also well ranked with the 2015/16: Overview ([PMID 26650438](#)) coming in at [53](#). This puts it in the top 5% of all research outputs scored by Altmetric (substantially due our own, the BPS and BJP twitter pushes). Coming in as our fastest climber it was gratifying to see another BJP team publication “Is systems pharmacology ready to impact upon therapy development?”([PMID 28910500](#)) hit a respectable [30](#) after only 6 months.

GTOIMMUPDB WEB INTERFACE AND DATABASE DEVELOPMENT STATUS

In October 2018 we officially launched the IUPHAR Guide to IMMUNOPHARMACOLOGY, have made the first public release back in June 2018. Full technical details on the development progress of GtoImmuPdb can be found on our [blog](#).

As a reminder, GtoImmuPdb is an extension of GtoPdb and its development has involved modifications and extensions to the underlying GtoPdb schema to incorporate new immune system specific data types (such as processes, cell types and disease). It also involves further development of the existing GtoPdb website to surface this new data and incorporate it into the existing search and browse mechanisms. The GtoImmuPdb portal is available at ([www.guidetoimmunopharmacology.org](http://www.guidetoimmunopharmacology.org)).

IMMUNOPHARMACOLOGY: CHALLENGES, OPPORTUNITIES AND RESEARCH TOOLS

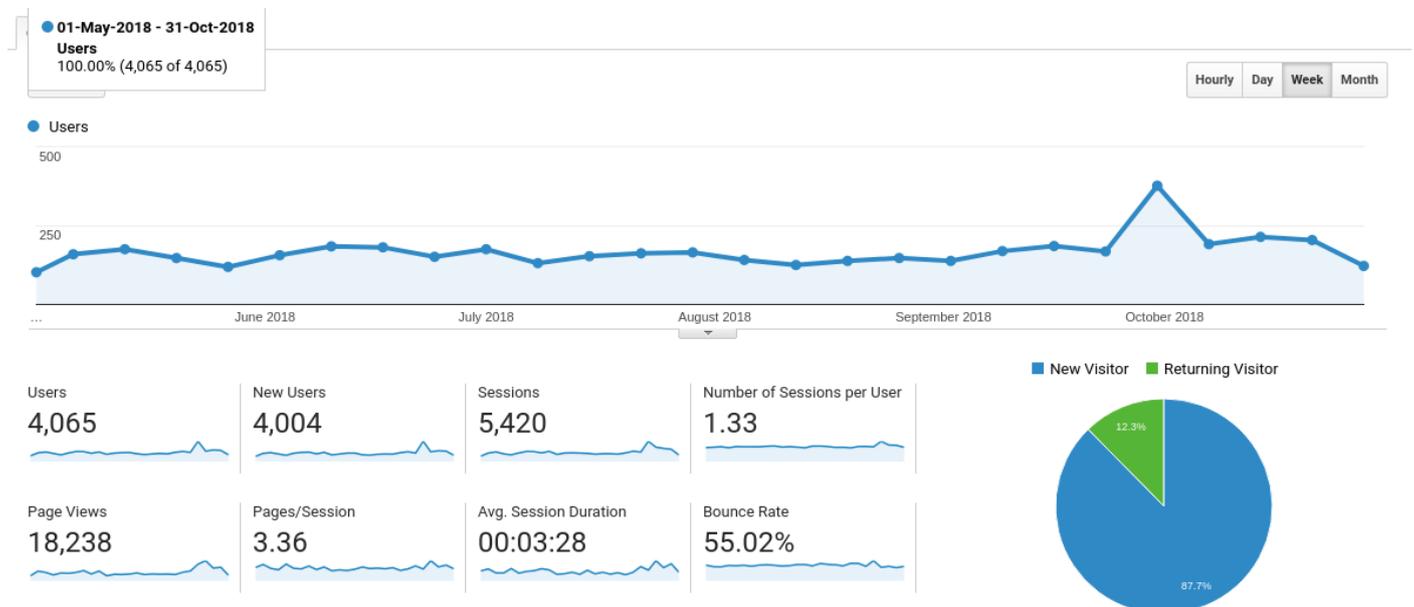
At the beginning of October 2018 we held a meeting in Edinburgh focussed on the launch of the IUPHAR Guide to IMMUNOPHARMACOLOGY. Invited speakers contributed to productive discussions on the varying challenges and opportunities in immunopharmacology research.

We have collated the presentations and written a detailed meeting report which are available on the [website](#). Here is a direct download of the the [Meeting Report \(PDF\)](#).

The meeting included Prof. Tracy Hussell delivering the Anthony Harmar Memorial Lecture, details of which are given in a dedicated [blog post](#).

GTOIMMUPDB ANALYTICS

Our analytics over the last 7 months show an average of 775 session per month. From the graph below you can see the spike in usage that coincided with the official launch of GtoImmuPdb during our October Immunopharmacology Meeting.



Access statistics for GtoImmuPdb (May 2018-October 2018)

The majority of users accessing GtoImmuPdb have come from the USA and UK, together accounting for nearly 37% of all traffic to the site. This is down from 46% in the first 3-months, indicating an increase in the diversity of regions accessing GtoImmuPdb. The countries with the next highest users accessing GtoImmuPdb are China (8%), India (6%) and Japan (5%),

Country	Users	% Users
1.  United States	1,120	27.44%
2.  United Kingdom	403	9.87%
3.  China	316	7.74%
4.  India	250	6.12%
5.  Japan	215	5.27%
6.  Germany	144	3.53%
7.  France	127	3.11%
8.  Brazil	120	2.94%
9.  Spain	116	2.84%
10.  Mexico	84	2.06%

The top ten countries ordered by number of sessions accessing GtoImmuPdb between July 2017 and April 2018

## GTOIMMUPDB PORTAL AND SEARCHING

No major changes to the portal have been made in the last 6-months, with the exception of including tutorial videos under the help icon links.

The screenshot displays the IUPHAR Guide to IMMUNOPHARMACOLOGY portal. At the top, there is a search bar and a navigation menu with options: Home, About, Targets, Ligands, Processes, Cell Types, Diseases, Resources, and Guide to PHARMACOLOGY. The main content area is divided into several sections:

- Processes:** A pop-up window titled "Immunological Process Data" is open, explaining that GtoImmuPdb contains data on immunological processes and their associations to GtoPdb targets. It lists top-level immunological process categories and provides instructions on how to view targets for each category. A link to "Full documentation" is also present.
- Cell Types:** A list of cell types including T cells, B cells, and various immune cells.
- Targets:** A section showing a screenshot of the portal's search interface.
- Diseases:** A link to "View list of all immune-related diseases in GtoImmuPdb".
- News:** A list of recent news items, including the IUPHAR Guide to IMMUNOPHARMACOLOGY Launch Meeting (October 2018) and GtoImmuPdb at the European Congress of Immunology (Sep 2018).
- Latest Updates & Help:** A section with "Latest updates" (Beta-release v3 - 5th Mar 2018), "Further Reading" (collection of papers), and "Help" (information about the data).
- GtoPdb Twitter activity:** A section showing tweets by @GuidetoPHARM, including a tweet from Christopher Southan (@cdsouthan) appreciating the portal's impact.

The GtoImmuPdb portal, October 2018; Showing pop-up help with tutorial videos

## DISEASE DATA

Our work on the presentation of disease data has been extended to incorporate addition ligand comments on the disease summary pages. Both clinical use and bioactivity comments are now included and these also link back to the relevant section of the ligand summary pages.

Key to terms and symbols		Click ligand name to view ligand summary	Click column headers to sort
Ligand		References	Clinical and Disease comments
<a href="#">piclidenoson</a>			▼
<a href="#">adalimumab</a>			▼
<a href="#">doramapimod</a>			▼
<a href="#">tamatinib</a>			▼
<a href="#">IL-6</a>			▼
<a href="#">infliximab</a>			▲
<p><b>Immuno Disease Comments:</b> Used in combination with methotrexate to reduce production of anti-infliximab antibodies. However, if infliximab is rendered ineffective, other anti-TNF<math>\alpha</math> agents can be used as an alternative therapy.</p> <p><b>Clinical Use:</b> Used in the management of rheumatoid arthritis (in combination with ), ankylosing spondylitis, psoriatic arthritis, plaque psoriasis, Crohn's disease [119] and ulcerative colitis.   <a href="#">View clinical data</a></p> <p><b>Bioactivity Comments:</b> Infliximab has been reported to induce an anti-chimeric antibody response in almost 15% of Crohn's disease patients (47 tested) [102]. This indicates that as predicted, humans can mount an immune response to whole murine variable domains, and is the underlying rationale promoting the development of clinical antibodies with variable domains with more human character (<i>i.e.</i> humanised or fully human monoclonal developments).   <a href="#">View biological activity</a></p>			
<a href="#">sarilumab</a>			▲
<p><b>Immuno Disease Comments:</b> FDA approved therapeutic for RA (May 2017).</p> <p><b>Clinical Use:</b> Sarilumab was granted FDA approval as a treatment for moderate to severe active RA in May 2017 (with EMA approval granted in June 2017), following evaluation in several clinical trials, either as a monotherapy (eg <a href="#">NCT02121210</a>) or in combination with other drugs such as , , and .</p> <p>Click <a href="#">here</a> to link to <a href="#">ClinicalTrials.gov</a>'s listing of Phase III sarilumab trials. A Phase II study for non-infectious uveitis (<a href="#">NCT01900431</a>) has been completed, whereas a Phase II extension study (<a href="#">NCT01118728</a>) for ankylosing spondylitis was terminated.   <a href="#">View clinical data</a></p>			

**Ligands section of Rheumatoid Arthritis disease summary page. Showing that clinical use and bioactivity comments have been incorporated.**

We have also now completely incorporated disease terms and data into the site search mechanisms. This includes being able to find diseases through the site-wide search.

Disease Associations to Targets and Ligands: Disease with most associations			
Disease	Targets	Disease	Ligands
Rheumatoid arthritis	11	Rheumatoid arthritis	125
Asthma	6	Asthma	77
Osteoarthritis	5	Psoriasis	56
Acute myeloid leukemia	3	Chronic obstructive pulmonary disease	42
Psoriasis	2	Crohn's disease	26
Irritable bowel syndrome	2	Osteoarthritis	25
Acute lymphocytic leukemia (ALL)	2	Systemic lupus erythematosus	23
Behcet syndrome	2	Ulcerative colitis	21
Multiple sclerosis	2	Psoriatic arthritis	16
		Atopic dermatitis	15
		Dermatitis	14
		Ankylosing spondylitis	14
		Allergic rhinitis	13
		Relapsing-remitting multiple sclerosis	12
		Chronic lymphocytic leukemia	11
		Allergic urticaria	9
		Allergic conjunctivitis	8
		Inflammatory bowel disease 1; IBD1	8
		Graft versus host disease	7
		non-Hodgkin lymphoma	7

**These table give an overview of the diseases with the most target and ligand associations in GtoImmuPdb.**

## IMMUNO PROCESS DATA

The table below summarises the unique target (UniProtKB) annotated to each category and the total target-GO annotations.

<b>Process Category</b>	<b>GtoPdb Human UniProtKB</b>	<b>Target-GO annotations</b>
<i>Barrier integrity</i>	47	63
<i>Inflammation</i>	630	1434
<i>Antigen presentation</i>	178	260
<i>T cell (activation)</i>	195	418
<i>B cell (activation)</i>	156	261
<i>Immune regulation</i>	481	1252
<i>Tissue repair</i>	21	21
<i>Immune system development</i>	240	428
<i>Cytokine production &amp; signalling</i>	504	1347
<i>Chemotaxis &amp; migration</i>	266	491
<i>Cellular signalling</i>	480	1177

## IMMUNO CELL TYPE DATA

The table below shows the top-level cell type categories used in GtoImmuPdb along with the Cell Ontology (CO) terms mapped to each category. The Cell Ontology provides the formalised vocabulary against which we annotate targets to cell type associations.

<b>Cell Type Category</b>	<b>Cell Ontology Terms</b>	<b>Targets annotated</b>
<i>B cells</i>	CL:0000945 lymphocyte of B lineage	47
<i>T cells</i>	CL:0000789 alpha-beta T cell	69
	CL:0000815 regulatory T cell	
	CL:0000911 effector T cell	
<i>Dendritic cells</i>	CL:0000451 dendritic cell	37
<i>Other T cells</i>	CL:0000798 gamma-delta T cell	3
	CL:0000814 mature NK T cell	
	CL:0000898 naive T cell	
	CL:0000940 mucosal invariant T cell	
<i>Macrophages &amp; monocytes</i>	CL:0000235 macrophage	53
	CL:0000576 monocyte	
<i>Granulocytes</i>	CL:0000094 granulocyte	40
<i>Natural killer cells</i>	CL:0000623 natural killer cell	22
<i>Mast cells</i>	CL:0000097 mast cell	37
<i>Innate lymphoid cells</i>	CL:0001065 innate lymphoid cell	2
<i>Stromal cells</i>	CL:0000499 stromal cell	1

## GTOIMMUPDB TARGET AND LIGAND CURATION STATUS

### GTOIMMUPDB CURATION STATS

- 568 targets tagged as in GtolmmuPdb:
  - 145 catalytic receptors
  - 183 enzymes
  - 98 gpcrs
  - 24 voltage-gated ion channels
  - 93 other proteins
  - 8 nuclear hormone receptors
  - 9 transporters
  - 8 ligand-gated ion channels
- 1068 ligands tagged as in GtolmmuPdb:
  - 640 synthetic organic
  - 146 antibodies
  - 236 peptides
  - 34 metabolite
  - 11 natural products
  - 1 inorganic
  - 236 Approved drugs
- Detailed lists on:
  - [www.guidetoimmunopharmacology.org/immuno/immunoHelpPage.jsp](http://www.guidetoimmunopharmacology.org/immuno/immunoHelpPage.jsp)

### SEARCHING, COLLATION, AND ALERTING (SAME AS MAY 2018 REPORT)

The different strategies explored to retrieve papers have already been described in the Oct 2017 report. The distribution of journal titles has not significantly shifted since then, although the number of curated papers has gone up. The curation team have now collated ~950 publications in In [CiteUlike](#), tagged as [immphar](#)". A recent selection is shown below.

✓ **Synthesis and Biological Evaluation of Derivatives of Indoline as Highly Potent Antioxidant and Anti-inflammatory Agents.**  
*Journal of medicinal chemistry* (27 April 2018)  
by [Shani Zselli, Tehilla Weill, Efrat Finklin-Groner, et al.](#)  
posted to [anti-inflammatory immpharm](#) by [efaccenda](#) on 2018-05-02 15:16:29 ★★★  
■ Abstract ■ Notes ■ Copy

✓ **Novel Anti-inflammatory Peptides Based on Chemokine–Glycosaminoglycan Interactions Reduce Leukocyte Migration and Disease Severity in a Model of Rheumatoid Arthritis**  
*The Journal of Immunology*, Vol. 200, No. 9, (01 May 2018), pp. 3201-3217,  
[doi:10.4049/jimmunol.1701187](#)  
by [Emily F. McNaughton, Andrew D. Fustace, Sophie King, et al.](#)  
posted to [curatedlig immpharm](#) by [cidsouthan](#) keyed [McNaughton2018Novel](#) on 2018-05-01 16:18:44 ★★  
/ ■ Abstract ■ Notes ■ Copy ■ My Copy

✓ **PHARMACOLOGICAL CHARACTERIZATION OF IW-1973, A NOVEL SOLUBLE GUANYLATE CYCLASE STIMULATOR WITH EXTENSIVE TISSUE DISTRIBUTION, ANTI-HYPERTENSIVE, ANTI-INFLAMMATORY, AND ANTI-FIBROTIC EFFECTS IN PRECLINICAL MODELS OF DISEASE**  
*Journal of Pharmacology and Experimental Therapeutics* (11 April 2018), [jpet.117.247429](#),  
[doi:10.1124/jpet.117.247429](#)  
by [Jenny V. Tobin, Daniel P. Zimmer, Courtney Shea, et al.](#)  
posted to [curatedlig immpharm](#) by [cidsouthan](#) keyed [Tobin2018PHARMACOLOGICAL](#) on 2018-04-30 10:39:16 ★★  
■ Abstract ■ Notes ■ Copy ■ My Copy

✓ **High-Dimensional Single-Cell Mapping of Central Nervous System Immune Cells Reveals Distinct Myeloid Subsets in Health, Aging, and Disease**  
*Immunity*, Vol. 48, No. 2, (February 2018), pp. 380-395 e6, [doi:10.1016/j.immuni.2018.01.011](#)  
by [Dunja Mrdjen, Anto Pavlovic, Felix J. Hartmann, et al.](#)  
posted to [immpharm](#) by [cidsouthan](#) keyed [Mrdjen2018HighDimensional](#) on 2018-04-29 08:23:25 ★★/  
[along\\_with\\_1\\_person](#)  
■ Abstract ■ Copy ■ My Copy

We use a variety of tags for our own triage in addition to adding pre-curation (e.g. PubChem IDs and patent numbers) and post curation notes (including to curated ligands). All our tagging and notes (yellow squares) are open. The papers are split between those from which targets and or ligands eventually get extracted into GtolmmuPdb or are put into the general [reading list](#) (e.g. the last paper on the list above). We follow Twitter feeds from [Immune Regulation News](#), [Human Immune News](#), [British Society for Immunology](#), [Edinburgh Centre for Inflammation Research](#) as well as journals such as [Nature Immunology](#) and [Journal of Immunology](#). As a custom alerting strategy this gives a good balance of specificity against recall. We also run a high-recall multi-term query in PubMed but since this comes in a ~ 5000 references a [month](#) this is intersected with selected journals such as J.Med Chem and BJP.

### INTRODUCTION

As we have already mentioned at the beginning of our report, the Guide to Malaria Pharmacology (GtoMPdb) is a recently initiated project that is funded by the Medicines for Malaria Venture (MMV). We are developing this resource as an extension to the existing Guide to PHARMACOLOGY (GtoPdb), with the aim of providing optimised access for the malaria research community to the data in GtoPdb. In this section of the report we will provide an update on the curation effort and also describe progress on development of the GtoMPdb portal.

### TARGET AND LIGAND CURATION

#### CURATION SUMMARY

The number of ligands in the public database with antimalarial activity has continued to increase and we have also added to the number of *P. falciparum* targets.

- 41 ligands tagged as in GtoMPdb:

<http://www.guidetopharmacology.org/GRAC/FamilyDisplayForward?familyId=999>

- 9 targets tagged as in GtoMPdb:

<http://www.guidetopharmacology.org/GRAC/FamilyDisplayForward?familyId=970>

#### COLLECTING AND PRIORITISING CONTENT

The curation team use a similar strategy to the one employed by GtoImmuPdb and described in our previous reports. We have continued to add to [CiteUlike](#), collecting 195 publications that we have tagged with antimalarial specific tags ([antimalarial](#), [antimalarial targets](#)). In addition, MMV have provided a list of targets and ligands that are of high priority and we will continue to build on this list with the advice of both MMV and our expert advisory committee (EAC).

#### WEB INTERFACE AND DATABASE DEVELOPMENT

In the May 2018 report we described a number of changes to the database structure and the web interface that were necessary for the capture and presentation of antimalarial data. Although this completed the major part of the required development, we have continued to implement improvements: including updating the web interface to help surface antimalarial ligands by introducing an 'Antimalarial ligands' subfamily and providing an 'antimalarial' tab on the ligand list page (both updates are illustrated below).

In addition, we have put in place the ability to tag both targets and ligands of relevance to malaria and provide curatorial comments. These comments surface on the website (development site only) and are incorporated into the site search.

## Antimalarial ligands

GtoImmuPdb view: OFF [Toggle GtoImmuPdb View](#) [Expand all sections](#) [Collapse all sections](#)

### Ligands



<a href="#">ACT-451840 Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">amodiaquine Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">artefenomel Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">artemether Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">artemisinin Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">artemotil Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">artenimol Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">artesunate Show summary »</a>	<a href="#">More detailed page </a>
<a href="#">atovaquone Show summary »</a>	<a href="#">More detailed page </a>

### The IUPHAR/BPS Guide to PHARMACOLOGY complete ligand list

Approved Syn. organic Metabolite Nat. product Endogenous peptide Other peptide Inorganic Antibody Labelled Immuno **AntiMal**



[Toggle GtoImmuPdb View](#)

A B C D E F H K L M O P Q S T

Ligand name	ID	Synonyms
<b>A</b>		
		<a href="#">Back to top</a>
ACT-451840	10022	ACT451840, Actelion-451840
amodiaquine	10018	Alphaqueine®, Armdaquine®, Amoquin®, Camoquin®, Flavoquine®
artefenomel	9971	OZ439
artemether	9955	β-artemether, beta-artemether
artemisinin	9954	
artemotil	9958	β-arteether
artenimol	9957	DHA, dihydroartemisinin, GNF-Pf-5634
artesunate	9956	
atovaquone	9695	Mepron®
azithromycin	6510	
<b>B</b>		
		<a href="#">Back to top</a>
BRD3444	9648	

## PORTAL DESIGN

In the May report we also described the requirement for a dedicated portal for the GtoMPdb, that would provide access to the data in GtoPdb and be optimised for those involved in malaria research. Development of this portal has been the major focus over the summer months and an alpha-release (v1.0) has been deployed to our development site. We have received initial comments from MMV and we are preparing to gather further feedback from MMV, our EAC and the wider research community.

## HOMEPAGE

The GtoMPdb homepage has been designed to provide tailored routes into browsing the antimalarial data, in addition to the existing ligand and target browse/search functionality available on the GtoPdb. For the alpha-release we have developed customised views of the data that include parasite lifecycle and target species activity, with access from either the menu-bar or panels on the homepage.

GtoMPdb homepage (alpha-release v1.0)

## PARASITE LIFECYCLE ACTIVITY DATA

The GtoMPdb uses a set of top-level *Plasmodium* lifecycle stages (collective categories for one or more developmental forms of the parasite) against which interactions in the database can be annotated and which form the basis of organising, navigating and searching for parasitic lifecycle activity. We have developed a new Parasite Lifecycle homepage that provides a short introduction and links to additional pages for each of the top-level lifecycle stages. These in turn contain a more detailed description and a table of interactions for that lifecycle stage.

### Plasmodium Lifecycle

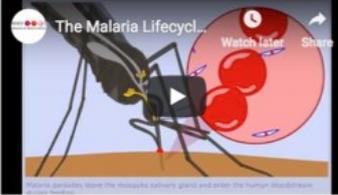
**Background**

The *Plasmodium* parasite has a complex lifecycle that involves a number of developmental forms and depends on transmission of the protozoan pathogen between a vertebrate host and a vector. The figure below illustrates the complete lifecycle for the *Plasmodium* spp. that infect a human host. A full description of the parasite lifecycle is available from the Medicines for Malaria Venture website.



**LEFT:** The image summarises overview of the parasite lifecycle, with timings for *Plasmodium falciparum*. Click on the image to see more detail. The original PDF can be found at the MMV website

**BELOW:** Two short animated videos explaining both the human stages (left) and mosquito stages (right) of the parasite lifecycle.




**Lifecycle Stage Data**

The Guide to MALARIA PHARMACOLOGY contains data detailing the parasitic lifecycle activity for antimalarial ligands and their target interactions. The GtoMPdb uses a set of top-level *Plasmodium* lifecycle stages (collective categories for one or more developmental forms of the parasite) against which interactions in the database can be annotated and which form the basis of organising, navigating and searching for parasitic lifecycle activity. Below is the full list of *Plasmodium* lifecycle stage categories. Click on the stage title to view its full description and a detailed list of curated interactions:

- Plasmodium liver stage (sporozoite, hepatic schizont, hepatic merozoite)
- Plasmodium dormant liver stage (hypnozoite)
- Plasmodium asexual blood stage (erythrocytic merozoite, trophozoite, erythrocytic schizont)
- Plasmodium sexual blood stage (gametocyte)
- Plasmodium mosquito host stage (gametocyte, gamete, zygote, ookinete, oocyst, sporozoite)

### Plasmodium asexual blood stage (erythrocytic merozoites, trophozoite, erythrocytic schizont)

**Stage ID:** 3

**Name:** Plasmodium asexual blood stage (erythrocytic merozoite, trophozoite, erythrocytic schizont)

**Associated with:** 7 targets  
29 ligands

**Description**

The collective lifecycle stage that occurs as a result of asexual replication in erythrocytes of the host organism and can include:

- erythrocytic merozoite**, non-motile but recognises specific proteins on the surface of the erythrocyte and has an apical complex that facilitates entry into the host cell. This form of the parasite is also found in host hepatocytes (see **hepatic merozoites**).
- trophozoite**, the intracellular trophic form that develops from the merozoite. The young trophozoite has a distinctive 'ring' morphology in Giemsa-stained blood smears but this disappears as the parasite grows in size. During the trophic period the parasite ingests the host cell cytoplasm and breaks down the haemoglobin, producing non-toxic hemozoin as a by-product. After feeding and growth is complete the trophozoite undergoes asexual reproduction (schizony) and develops into a schizont.
- erythrocytic schizont**, a multinucleate form of the parasite that develops in erythrocytes from the trophozoite by schizogony with incomplete cytokineses. This developmental form is also found in host hepatocytes (see **hepatic schizont**).

Completion of cytokinesis produces several thousand merozoites from a single schizont, leading to rupture of the infected erythrocyte and release of merozoites into the bloodstream. These merozoites invade new erythrocytes and initiate either another cycle of schizogony or, under certain conditions, a small percentage of merozoites commit to sexual reproduction instead (see **Plasmodium sexual blood stage**).

It is the repeated cycles of schizogony in erythrocytes that leads to clinical symptoms: the simultaneous rupture of infected erythrocytes and the associated release of antigens and waste products accounts for the intermittent bouts of fever associated with malaria. As a result, almost all available antimalarial therapies target the asexual blood stage.

**Interactions**

Interactions

Key to terms and symbols Click column headers to sort

Target	Ligand	Sp.	Action	Affinity	Units	Reference
Plasmodium falciparum dihydroorotate dehydrogenase	DSM421	PI3D7	-	7.4 - 7.8	pEC <sub>50</sub>	14
Plasmodium falciparum dihydroorotate dehydrogenase	DSM265	PINF54	-	7.5	pIC <sub>50</sub>	13

Parasite Lifecycle homepage with links to individual lifecycle pages

## TARGET SPECIES

The Target Species homepage provides a short description for *Plasmodium* species that are of clinical or research importance. It also includes a resource section and links to individual pages for species that have annotated interactions in the database. The figure below illustrates an example of an individual species page. The interactions table displays affinity data for the species but also provides additional details, when available, for the strain used. We will continue to develop this page and are in the process of replacing the 'Comments' section with a more detailed 'Description' field.

**Plasmodium falciparum**

? **Species ID:** 103  
**Name:** Plasmodium falciparum  
**Associated with:** 8 targets  
 30 ligands

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**Comments**

*P. falciparum* (Pf) is one of five protozoan parasite species of the genus *Plasmodium* that cause malaria in humans. Pf is responsible for the majority of malaria related deaths and is the most prevalent species in sub-Saharan Africa.

**Interactions**

**Interactions**

**Key to terms and symbols** Click column headers to sort

Target	Ligand	Sp.	Action	Affinity	Units	Reference
Plasmodium falciparum dihydroorotate dehydrogenase	DSM421	Pf3D7	-	7.4 – 7.8	pEC <sub>50</sub>	15
Plasmodium falciparum dihydroorotate dehydrogenase	DSM265					
Plasmodium falciparum dihydroorotate dehydrogenase	DSM421					
Plasmodium falciparum phenylalanine--tRNA ligase alpha subunit	BRD3444					
Plasmodium falciparum N-Myristoyltransferase	Compound 34c [PMID 24641010]	Pf3D7	-	6.5	pEC <sub>50</sub>	16

**Plasmodium falciparum 3D7**

*P. falciparum* strain 3D7 (Pf3D7) was derived from isolate NF54 by limiting dilution. The complete genome of Pf3D7 has been sequenced (GenBank: LN999946.1).

Pf3D7 can be obtained from the [European Malaria Reagent Repository](#) or the [Malaria Research and Reference Reagent Resource Center \(MR4\)](#) and is sensitive to a panel of antimalarial compounds including chloroquine and pyrimethamine.

**Individual Target Species page for *P. falciparum* showing interaction data and an example of the pop-up strain window**