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A3 Adenosine Receptors as Modulators of Inflammation: From Medicinal Chemistry to Therapy

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Abstract

The A₃ adenosine receptor (A₃AR) subtype is a novel, promising therapeutic target for inflammatory diseases, such as rheumatoid arthritis (RA) and psoriasis, as well as liver cancer. A₃AR is coupled to inhibition of adenylyl cyclase and regulation of mitogen-activated protein kinase (MAPK) pathways, leading to modulation of transcription. Furthermore, A₃AR affects functions of almost all immune cells and the proliferation of cancer cells. Numerous A₃AR agonists, partial agonists, antagonists, and allosteric modulators have been reported, and their structure–activity relationships (SARs) have been studied culminating in the development of potent and selective molecules with drug-like characteristics. The efficacy of nucleoside agonists may be suppressed to produce antagonists, by structural modification of the ribose moiety. Diverse classes of heterocycles have been discovered as selective A₃AR blockers, although with large species differences. Thus, as a result of intense basic research efforts, the outlook for development of A₃AR modulators for human therapeutics is encouraging. Two prototypical selective agonists, N6-(3-Iodobenzyl)adenosine-5′-N-methyluronamide (IB-MECA; CF101) and 2-chloro-N6-(3-iodobenzyl)-adenosine-5′-N-methyluronamide (Cl-IB-MECA; CF102), have progressed to advanced clinical trials. They were found safe and well tolerated in all preclinical and human clinical studies and showed promising results, particularly in psoriasis and RA, where the A₃AR is both a promising therapeutic target and a biologically predictive marker, suggesting a personalized medicine approach. Targeting the A₃AR may pave the way for safe and efficacious treatments for patient populations affected by inflammatory diseases, cancer, and other conditions.

Keywords

A₃ adenosine receptor; inflammation; cancer; drug development; therapy

1 INTRODUCTION

The relevance of adenosine in the immune system has been established based on mounting scientific evidence showing that the nucleoside represents a paracrine inhibitor of inflammation, regulating the onset, extension, and termination of the inflammatory process and acting through four G protein coupled receptors (GPCRs), designated as A₁, A_{2A}, A_{2B}, and A₃ adenosine receptors (ARs).¹ Following inflammation, metabolic alterations occur leading to an increase of extracellular adenosine that is present in the low nanomolar range under physiological conditions, while in stressful conditions it can rise to micromolar levels.² Adenosine in the extracellular milieu is largely formed by hydrolysis/dephosphorylation of ATP, ADP, and AMP through specific ectonucleotidases termed ectonucleoside triphosphate diphosphohydrolase (CD39) and ecto-5'-nucleotidase (CD73).^{3,4} Intracellular levels of adenosine are derived from hydrolysis of AMP and *S*-adenosylhomocysteine (SAH) through cytosolic 5'-nucleotidase, and SAH hydrolase, respectively. Adenosine activity is extinguished through its phosphorylation to AMP by adenosine kinase (AK) or deamination to inosine by adenosine deaminases (ADA1 and ADA2), with ADA present also extracellularly.² The existence of concentrative nucleoside transporters (CNTs) and equilibrative nucleoside transporters (ENTs) regulates the extra- and intracellular adenosine concentrations.⁵

The A₃AR, the last of the four subtypes to be discovered, was cloned sequentially in rat, sheep, and human,⁶⁻⁸ but it was not shown to respond as an AR from the outset. One of the first activities of this receptor to be reported was the induction of histamine from rat basophilic cells.⁹ The discovery and initial characterization of the A₃AR, and the exploration of its biological paradoxes, has led to the synthesis and biological characterization of a multitude of receptor probe molecules and clinically relevant candidate molecules, including orthosteric agonists and antagonists as well as allosteric enhancers. This discovery of the A₃AR as a fourth AR has spawned current and projected clinical trials of several A₃AR agonists and potentially of a selective A₃AR allosteric enhancer, as well.¹⁰

Using mechanisms triggered by adenosine to inhibit the immune system is a very exciting area of research, and increasing attention is focused on their elucidation in the context of developing new anti-inflammatory strategies. Thus, today the A₃AR subtype is considered a novel, very promising therapeutic target and predictive biological marker, given its overexpression in inflammatory and cancer cells, compared to low levels found in healthy cells.¹¹

The aim of this review is to summarize the state and the progress of the field of A₃AR modulators and their clinical development in the context of inflammation and cancer and other conditions, with an emphasis on rheumatoid arthritis (RA), psoriasis, and hepatocellular carcinoma.

2 MOLECULAR BIOLOGY OF A₃AR

The A₃AR, the only AR subtype cloned before its pharmacological identification, was initially isolated from rat testis and then from a variety of species. The A₃AR structure had a

sequence homology of only 74% in rat versus sheep and human, versus 85% between sheep and human, suggesting significant interspecies differences in ligand recognition. This is manifested in different pharmacological profiles of the species homologs, especially with respect to antagonist binding, which have made the characterization of this AR subtype difficult.¹² There are also species differences in the biological roles of the A₃AR, for example, as the main mechanism for adenosine-induced release of inflammatory mediators in rat mast cells, but not in those of human.¹³

The A₃AR is located on human chromosome 1p21-p13 and consists of a single chain of 318 amino acids.¹⁴ The A₃AR gene presents two exons separated by a single intron of about 2.2 kb.¹⁵ Its promoter region has putative binding sites for multiple transcription factors: The upstream sequence has a CCAAT sequence, as well as consensus binding sites for SP1, NF-IL6, GATA1, and GATA3 transcription factors, the latter of which is important for the A₃AR-dependent role in immune function. Two species of mRNA code for the hA₃AR (sizes 2 and ~5 kb). Variants of the A₃AR have been shown to be associated with coronary heart disease, autism spectrum disorder, and aspirin-induced urticaria.^{16–18} Recently, the A₃AR 3'-UTR (untranslated region) of the mRNA was found to be targeted by the proinflammatory microRNA (miR-206) in ulcerative colitis leading to downregulation of A₃AR mRNA/protein expression in colon cells.¹⁹ The A₃AR is expressed in diverse tissues at relatively low levels, compared to A₁AR and A_{2A}AR. Genomic analysis of the expression of the A₃AR gene in various human tissues (Table 1A) shows highest levels in testes, the spinal cord, and various brain regions, bladder, lung, adipose tissue, and whole blood. The highest expression reached 12.4 RPKM (reads per kilobase of transcript per million mapped reads), while comparable data for A₁AR and A_{2A}AR exceeded 20 RPKM at maximal levels in specific tissues. This suggests that potential use of A₃AR ligands in pain and other nervous system disorders is supported by the presence of the receptor in these tissues, although the cell type is not determined in this RNA sequencing data. Various cancer tumors also show major alteration in A₃AR expression in comparison to normal tissue. As accessed from a public cancer database (Table 1B), in 393 unique genomic analyses of cancerous tumors, 25 showed a significant increase in A₃AR ($P < 10^{-4}$) and 28 showed a significant decrease compared to normal tissue of the same type. The most prominent increases were in brain cancer (particularly glioblastoma and astrocytoma) and kidney cancer (particularly renal clear cell carcinoma). Thus, the approach of using of A₃AR ligands in a wide range of cancers coincides with significant changes in the receptor expression level in tumors.

As is common to the GPCR superfamily, the A₃AR is characterized by seven transmembrane (TM) domains and an intracellular C-terminal region, with Ser and Thr residues serving as potential phosphorylation sites relevant for rapid receptor desensitization. Following agonist stimulation, the A₃AR undergoes phosphorylation at the C-terminus by GPCR kinases and subsequent internalization through clathrin-coated pits.^{20–24} Interestingly, by mutational studies, it has been reported that the highly conserved Trp (W6.48) in TM6 is essential for the active conformation of A₃AR necessary to trigger a series of intracellular pathways for signal transmission, to interact with β -arrestin2, and to undergo receptor internalization.²⁵ Furthermore, use of a novel fluorescent A₃AR agonist has allowed for the observation of colocalization with internalized receptor-arrestin complexes.²⁶

The energetics of A₃AR ligand interactions has been studied using a thermodynamic approach. The thermodynamic parameters of ligand binding at all ARs are similar within either agonist or antagonist classes, which reflects a common ligand receptor interaction mechanism with other ARs. This commonality is proposed to explain the difficulty in designing selective adenosine ligands.^{27–29}

3 DISTRIBUTION IN IMMUNE AND CANCER CELLS

The A₃AR is highly expressed in several immune cell types, as well as in cancer cells.¹¹ In particular, the native human A₃AR was first revealed in human eosinophils and subsequently in neutrophils, monocytes, macrophages, foam cells, dendritic cells, lymphocytes, splenocytes, bone marrow cells, lymphonodes, synoviocytes, chondrocytes, osteoblasts, and mast cells.^{9,13,30–63} Overall, the presence of the A₃AR in almost all the cells involved in inflammatory processes suggests their potential involvement in a number of inflammatory pathologies, spanning from wound healing and remodeling to lung injury, inflammatory bone loss, autoimmune, and eye diseases.² In addition, high A₃AR expression has been observed using biochemical methods in many of types of cancer cells, including astrocytoma, melanoma, lymphoma, sarcoma, glioblastoma, colon, liver, pancreas, prostate, thyroid, lung, breast, and renal carcinomas.^{64–89} This expression pattern reflects a demonstrated role for this subtype in tumor biology.

4 MEDICINAL CHEMISTRY OF THE A₃ ADENOSINE RECEPTOR

4.1 Adenosine derivatives as agonists of the A₃ adenosine receptor

The first efforts to develop A₃AR selective agonists (Table 2) were performed at the US National Institutes of Health (NIH),⁹⁰ and culminated in the report of N⁶-(3-iodobenzyl)adenosine-5'-N-methyluronamide (IB-MECA **1**, Fig. 1), which is ~50-fold selective for the A₃AR in rat compared to the A₁AR and A_{2A}AR.^{91,92} The first few years of medicinal chemical optimization of the affinity and selectivity of A₃AR agonists relied entirely on comparison of binding affinities at the rat ARs,⁵⁶ because the human homologues were not available initially.⁷ A successful approach was to combine multiple A₃AR enhancing substitutions in adenosine analogues. Thus, IB-MECA contained a substituent that enhanced affinity at the ARs including A₃AR, for example, a 5'-N-alkyluronamide, with an N⁶-benzyl substituent that maintained affinity at this subtype but reduced affinity at the A₁AR and A_{2A}AR. Initially, an unsubstituted N⁶-benzyl group served this purpose, and later a halo atom at the 3-position of the benzyl ring was shown to increase A₃AR affinity and selectivity.⁹² Optimization of the 5'-N-alkyluronamide demonstrated that methyl was more favorable for A₃AR binding than larger alkyl groups. A combination with 4-amino-3-iodo substitution of the N⁶-benzyl group maintained high affinity, but not high selectivity at the A₃AR; thus, compound **3** became a widely used high-affinity radioligand in cells and membranes highly expressing this receptor.⁵⁶ A 3-isothiocyanatobenzyl group was also tolerated at the N⁶-position, which provided the first selective chemically reactive affinity label of the rat A₃AR, termed ICBM(N⁶-(3-isothiocyanatobenzyl)-5'-N-methylcarboxamidoadenosine) **4**.⁹³ In a subsequent study of the structure–activity relationship (SAR), a third position of derivatization was explored: the C2-position.⁹⁴ It was

noted that 2-*[p*-(2-carboxylethyl)phenyl-ethylamino]-5'-*N*-ethylcarboxamidoadenosine (CGS21680 **16**⁹⁵), originally introduced as an A_{2A}AR-selective agonist, surprisingly displayed affinities (nanomolar, all human homologues) in the order A_{2A}AR (27) > A₃AR (67) > A₁AR (289).¹⁴⁹ Based on this initial observation, it was apparent that the A₃AR binding site was flexible in the ability to accommodate a variety of C2 substituents, including sterically bulky groups. Thus, the order of potency of CGS21680 was A_{2A}AR > A₃AR > A₁AR ≫ A_{2B}AR. Nevertheless, the 2-chloro analogue **2** of IB-MECA was the focus at that time as an A₃AR agonist of increased selectivity, since other C2 modifications were not yet systematically explored. Later, an extended C2-alkynyl group, initially in the form of 6-hexynyl, was shown to be tolerated in adenosine derivatives in binding to the A₃AR.^{96,97} This modification was also compatible with a 5'-*N*-ethyluronamide group, an observation that led to the identification of HE-NECA **7** as a potent, but nonselective A₃AR agonist.^{98,99}

Unlike the C2-position, modification of the 2' and 3' hydroxyl groups was highly detrimental to A₃AR binding affinity of simple adenosine analogues,⁹⁶ but a 3'-deoxy analogue of **2** (structure not shown) was later found to be a selective, full agonist at the rat A₃AR with a binding *K*_i value of 33 nM.¹⁰⁰ The ribose 5'-position was also amenable to modification beyond 4'-CH₂OH and 5'-*N*-alkyluronamides. For example, 5'-methyl ether analogue NNC53-0055 **6** was an agonist at the A₃AR,¹⁰¹ and 5'-alkylthioethers were tolerated at the A₃AR.¹⁰² Acylation of the *N*⁶-NH reduced affinity at the A₃AR in comparison to the mono-alkylated analogues.⁹⁷ The flexibility of substitution at the *N*⁶-position compatible with A₃AR affinity was higher than initially indicated in the report on **1**. For example, small alkyl and alkoxy groups, such as *N*⁶-methyl in **10** and *N*⁶-methoxy in **6** and **11**, could be appended to the nitrogen.^{99,101-104} However, a small alkyl group at the *N*⁶-position often reduced affinity at the rat A₃AR compared to the human homologue. The human A₃AR tolerated larger *N*⁶ substituents, such as the preferred 1*S*,2*R* stereoisomer of *N*⁶-cyclopropylphenyl in **17**.¹⁰⁵ The adenine moiety could be replaced with other heterocyclic nucleobases, leading to the retention of A₃AR affinity and selectivity, but only in limited cases. For example, xanthine-7-ribosides such as DBXRM **5** were shown to fully activate the A₃AR by virtue of an intact 5'-*N*-methyluronamide.¹⁰⁶ Recently, in silico screening using an A_{2A}AR crystal structure identified alternative nucleobases that, when ribosylated, retained receptor affinity and efficacy at the A₃AR and other ARs.¹⁰⁷ Various pyridine-3,5-dicarbonitrile derivatives also bind to and activate ARs as atypical agonists, but they are not selective for the A₃AR.¹⁰⁸

The prototypical A₃AR selective agonists **1** (CF101, Piclidenoson) and 2-chloro-*N*⁶-(3-iodobenzyl)-adenosine-5'-*N*-methyluronamide (Cl-IB-MECA **2**, CF102, Namodenoson) are both in clinical trials for inflammation and cancer, respectively.¹⁰ They have demonstrated safety and clinical efficacy in Phases I and II trials. IB-MECA is now about to enter larger Phase III trials for RA and psoriasis, while Cl-IB-MECA is now about to enter a Phase II trial for primary liver cancer. **1** and **2** have also become widely used pharmacological probes with **2** being more selective for the rat and human A₃AR. However, at the mouse A₃AR, an exceptionally high affinity with *K*_i value of 87 pM was noted for **1**, leading to 69-fold and >10,000-fold selectivity in comparison to mouse A₁AR and A_{2A}AR, respectively.¹⁰⁹ Two

other agonists of the A₃AR, **12** and **13**, were considered for clinical application to anti-ischemic cardioprotection.¹¹⁰ Compound **13** was unusually water soluble due to the presence of a 3'-amino group, which is largely protonated in physiological medium. Another highly selective A₃AR agonist **15b** containing a C2-pyrazolyl group was reported.¹¹¹

In 2000, Jacobson et al. reported that conformationally constraining a ribose-like moiety in the form of bicyclic ring increased the A₃AR selectivity.¹¹² The methanocarba group, that is, a bicyclo[3.1.0]hexane in place of the tetrahydrofuryl group of native ribose, had been applied earlier to antiviral drugs,¹¹³ and this was the first report of its incorporation in signaling ligands. Two isomeric forms of the methanocarba ring system, depending on the fusion point of the cyclopropane and cyclopentane rings, enforce either a North (N) (Fig. 2) or South (S) envelope conformation of the pseudoribose. A priori, the conformational preference of the ARs in binding ribose was not known, but the (N) isomer of simple adenosine was found to have >100-times the affinity of the corresponding (S) isomer at the A₃AR. Thus, this derivatization approach of using chemically constrained rings can be used to probe the conformational preference of a given receptor. Among the four ARs, the greatest affinity gain with the (N)-methanocarba ring occurred at the A₃AR. Numerous A₃AR selective agonists were subsequently reported that included this major modification that enhanced affinity and selectivity at the A₃AR compared to other ARs. The (N)-methanocarba modification is compatible with many other A₃AR affinity-enhancing groups, such as 5'-*N*-alkyluronamides and *N*⁶-benzyl groups.¹¹⁴ Incorporation of the (N)-methanocarba modification in IB-MECA **1** resulted in MRS1898 **18**, a potent and moderately selective A₃AR agonist that was later radiolabeled to provide a selective radioligand for the rodent A₃AR.¹¹⁵ Other halogens could be placed at the 3-position, such as bromo **19** and chloro **20**; the 3-bromo equivalent **19** provided a selective A₃AR agonist as a ⁷⁶Br-labeled positron emitter for receptor imaging studies.¹¹⁶

The A₃AR-favoring (N)-methanocarba-5'-*N*-methyluronamide scaffold could also be combined with an A₁AR-favoring substituent (*N*⁶-cyclopentyl) to provide a dual acting A₁/A₃AR agonist **22** that displayed cardioprotective properties, as both receptors demonstrate anti-ischemic properties in heart.¹¹⁷

The C2-position could also be derivatized with (aryl)alkylthio groups, which resulted in moderate A₃AR affinity but not selectivity.¹¹⁸ The C2-position substitution was expanded to include alkynyl and arylalkynyl groups that were compatible with both the riboside and (N)-methanocarba series.^{97,103,104} C2-ethynyl and arylethynyl groups were shown to further increase A₃AR selectivity of adenosine analogues, that is, ribosides **7–11** and (N)-methanocarba derivatives such as **23–29**.^{119–123} A carboxylic acid congener **21** is an A₃AR agonist that displayed greater water solubility and the option of conjugation without losing receptor affinity. A lower homologue of **21** was used as a carboxy-bearing pharmacophore to condense with an amine-functionalized Cy5 fluorophore in the fluorescent A₃AR-selective agonist MRS5218 **23** of high A₃AR affinity. **23** is selective for the A₃AR in human and mouse and is suitable for characterization of the receptor in live cells using flow cytometry.¹²⁴ Compound **24** contains a terminal alkyne group, as well as an alkyne at the C2 fusion position, and is suitable for click coupling to carriers such as gold nanoparticles with the

retention of A₃AR affinity and selectivity. A 3,4-difluorophenyl ethynyl group in **25** was particularly conducive to attaining high A₃AR affinity in multiple species. Thus, the K_i value of **25** was approximately 3 nM at both the human and mouse A₃ARs. The tolerance of the receptor for extended C2 substituents was surprising—even a biphenyl substituent in **26** preserved high A₃AR affinity, which was explained based on conformational plasticity of TM2.^{120,125} A₃AR-selective agonist **29** contains a sulfonate group that renders it unable to diffuse through biological barriers such as the blood–brain barrier. Thus, it is useful in vivo for distinguishing peripheral and central A₃AR effects.¹²² The preferred placement of a sulfonate group on the scaffold of C2-arylethynyl-methanocarba-adenosine-5'-*N*-methyluronamides was predicted successfully using computational modeling of the receptor interactions at the human and mouse A₃ARs.

In 2003, the group of Lak Shin Jeong in South Korea synthesized thionucleoside analogues that were shown to be highly potent and selective as A₃AR agonists.¹²⁶ The SAR upon modification of thionucleosides at the C2, *N*⁶ and 5'-positions was explored in detail. The 4'-thio modification of adenosine analogues was found to be compatible with many other A₃AR affinity-enhancing groups, such as 5'-*N*-alkyluronamides and a range of *N*⁶ substitutions. Compounds **14a** and **14b** are analogues of IB-MECA **1** and Cl-IB-MECA **2**, respectively, which were found to be highly potent and selective in A₃AR binding. Compound **14b** has been shown to suppress angiogenesis, a property that might be beneficial in treating cancer, diabetic retinopathy, and inflammatory diseases.¹²⁷

To summarize the SAR described, A₃AR affinity and selectivity of agonists are based on substitution at the C2, *N*⁶, and 5' positions of adenosine,¹²⁸ and only limited ribose functional group substitution of nucleosides is tolerated at this receptor. Some potent A₃AR agonists such as **13** contain a 3'-amino-3'-deoxy modification of adenosine,¹¹⁰ but this modification does not apply universally. Although highly specific A₃AR agonists were obtained in SAR studies, their binding K_i values were not directly predictive of the magnitude of an in vivo protective response, for example, in reducing chronic neuropathic pain. Thus, it became necessary to measure parameters other than simple binding affinities (such as half-life, duration of response, and maximal efficacy in vivo) to select for molecules with translational potential. An in vivo phenotypic screen in real time of the action of A₃AR agonists to reduce or prevent chronic neuropathic pain was adopted for a comparison of diverse substitutions at these positions on the adenosine scaffold.¹²¹ The data obtained in a mouse model of neuropathic pain, that is, chronic constriction injury (CCI) of Bennett and Xie,¹²⁹ allowed the chemists to steer the SAR in the direction of compounds that displayed high efficacy in reducing hyperalgesia and a long duration of action in vivo upon oral administration. The CCI model was ideally suited for the comparison of antinociceptive activity of A₃AR agonists because of their high potency (greater than the molar potency of other pain medications) and because they lacked activity in tests of acute pain, such as the hot plate test and tail flick assay.¹³⁰ The efficacy and duration of action of novel A₃AR agonists after p.o. administration indirectly indicated favorable oral bioavailability and pharmacokinetics, at least with respect to chronic neuropathic pain. Thus, this phenotypic screen proved to be an invaluable guide in the extension of the SAR in this compound series.

This in vivo phenotypic screen confirmed that C2-phenylalkynyl analogues were among the preferred A₃AR agonists. The terminal cyclic group in the C2-alkyne series was then varied to include diverse 6-membered rings, 5-membered heterocyclic rings, and cycloalkyl rings.¹²¹ With respect to A₃AR binding and selectivity, many of these groups, including substituted phenyl rings, maintained high A₃AR affinity and selectivity. However, the in vivo phenotypic screen identified 5-membered heterocyclic rings, such as thienyl derivatives, as being particularly potent and efficacious in vivo in the chronic neuropathic pain model. A 5-chlorothiophenylethynyl group in MRS5980 **27** and MRS7154 **28** was found to prolong the protective action of A₃AR agonists in the CCI model. The substitution of the N1 group of the adenine moiety with CH in **31** was well tolerated in A₃AR binding and activation and in the CCI model.

Due to the possibility that the C2-arylethynyl group could serve as a Michael reaction acceptor in nucleophilic attacks, alternative bioisosteric extensions at the C2-position were compared. The aryltriazolyl group in MRS7138 **30** was found to mimic the geometry of the corresponding arylethynyl group when the (N)-methanocarba nucleoside was receptor bound,¹³¹ and this substituent would not have liability as a potential Michael acceptor. This conformational relationship was predicted using molecular docking to a homology model of the A₃AR. C2-triazole substitution (two positional isomers) was previously found to be compatible with A₃AR binding in the riboside series, as in **15a** and **15b**.¹³² As a postscript to that effort to replace the C2-arylethynyl group, this ethynyl group was found to be relatively unreactive toward thiols such as glutathione, and the risk of such compounds depleting liver glutathione was shown to be very small.¹³³

The surprising finding that substitution of the exocyclic NH of adenine with H or CH₃ in MRS5919 **32** allowed full activation of the A₃AR emphasized that the loss of otherwise important recognition elements in a ligand can be compensated by other affinity enhancing moieties on the nucleoside.¹³⁴ Moreover, the ribose moiety is the main effector of receptor activation, while adenine modifications tend to change the subtype selectivity but usually do not have a major effect on the agonist efficacy. However, there are exceptions to the above generalization, including various N⁶ substituents and C2 substituents that produce partial agonism or antagonism at the A₃AR, as has been summarized,¹³⁵ and nucleoside derivatives with reduced efficacy are discussed below.

4.2 Nucleoside derivatives as partial agonists and antagonists of the A₃ adenosine receptor

Selected nucleoside derivatives that act as antagonists or low efficacy agonists at the A₃AR are shown in Figure 3. The truncation of hydroxyl groups of adenosine nucleosides, that were demonstrated to be A₃AR-selective agonists, was first explored in 1995.^{96–99} The goal was to reduce the hydrophilicity of the nucleosides to increase bioavailability without loss of receptor affinity. A secondary goal was to probe the effect on intrinsic efficacy of the truncated nucleosides as A₃AR agonists, although it was not immediately achieved.¹⁰⁰ The conversion of adenosine agonists into antagonists by complete removal of the ribose ring, that is, in adenine derivatives, was previously demonstrated, but the pharmacological characteristics of intermediate structures, that is, those with partially truncated ribose

moieties, were unknown. Among the four ARs, the A₃AR appears to be the easiest with respect to conversion of nucleoside agonists into antagonists, and numerous examples have been reported.^{109,128,132,135–141} However, it should be noted that the degree of efficacy can vary, depending on the functional assay and the receptor expression level. Thus, a modified nucleoside that behaves as an A₃AR antagonist in one system, such as binding of a radiolabeled guanine nucleotide, might still activate the receptor under different circumstances, such as measurement of inhibition of adenylate cyclase.¹¹⁵

Cristalli and co-workers took another approach to achieve A₃AR antagonism. The presence of 8-alkynyl substituents on adenosine (4'-CH₂OH) analogues, such as **33**, reduced the ability of the A₃AR-selective nucleoside to activate the receptor, as is consistent with antagonism.^{136,142} The theme of reduced efficacy in truncated nucleosides, rigid nucleosides, and otherwise modified ribosides was developed in pharmacological studies of Gao et al.¹³⁷ The requirement of an H-bond donating group at the 5'-position of nucleoside analogues for A₃AR activation was also demonstrated. A spiroactam **35** related structurally to IB-MECA **1** retained selectivity of binding to the rat and human A₃ARs, but completely lacked the ability to activate the receptors and was shown to be a functional antagonist. Thus, a degree of flexibility of the 5'-amide, which is capable of forming multiple H bonds with the receptor, was required for full A₃AR activation. Xanthine-7-riboside **34** was a partial agonist at the rat A₃AR but an antagonist at the A₁AR.¹⁰⁶ An N⁶ substituent that converted A₃AR agonist activity into antagonism was the N⁶-(2,2-diphenyl)ethyl group in **36**.¹⁰⁵ Curiously, the corresponding rigidified N⁶-fluorenylmethyl analogue (structure not shown), upon addition to an aryl-aryl bind to **36**, became a full agonist. The combination of a N⁶-benzyl-type substituent with 2-chloro in **38** reduced the efficacy at the A₃AR to nearly zero, although its residual efficacy could be expanded to full efficacy in the presence of A₃AR PAM LUF6000 **95** (where PAM is positive allosteric modulator).¹⁰⁸ Modification at the 5'-position as an ester **37** produced a low-efficacy partial agonist, while 5'-N,N-dialkyluronamide in **42** resulted in antagonism at the A₃AR.¹⁰⁹ Thus, conformational factors at various regions surrounding the adenosine core and H-bonding around the 5'-position are determinants of A₃AR efficacy.¹²⁸

The 4'-truncation of the A₃AR nucleosides was explored in great detail for the 4'-thionucleosides^{138,139} leading to compounds **39** and **40**, which were shown to be antagonists using a functional assay of guanine nucleotide binding. However, the 2-hexynyl group of compound **41** added a second activity to this series of A₃AR ligands, that is, **41** was a combined potent A₃AR antagonist and A_{2A}AR agonist.¹⁴³ Truncation of the nucleoside ribose-like moiety in the (N)-methanocarba series also led to A₃AR-selective antagonists and partial agonists,¹⁰⁹ including a radiolabeled 3-bromo analogue **44** for positron emission tomography (PET).¹¹⁶ Compound **45** is a selective antagonist of both the human and mouse A₃ARs.^{120,125} Compound **46** is a selective A₃AR antagonist with renal protective properties.¹³⁹ Compound **47** is a mixed A₁/A₃AR antagonist that also displays functional agonism at the A_{2A}AR, which displayed greater potency than predicted from its only moderate affinity in A_{2A}AR binding assays.¹⁴¹

4.3 Non-nucleoside derivatives as antagonists of the A₃ adenosine receptor

For more than 20 years, the advance of potent and selective A₃AR antagonists as promising therapeutic choices for a range of diseases has been a prime subject of medicinal chemistry research. The pharmaceutical industry and academic communities have focused on the synthesis and screening evaluation of numerous heterocyclic compounds to discover potent and highly selective A₃AR antagonists due to their potential therapeutic applications.¹⁴⁴

A₃AR antagonists belong to different structural groups including monocyclic, bicyclic, and tricyclic aromatic compounds (Table 3). Several xanthine or purine analogues were examined first, but none showed significant affinity or selectivity at rat A₃AR.^{96,100,144,145} Consequently, different classes of compounds, that could be classified as nonxanthine derivatives^{135,144–149} and the lately nucleoside-derived antagonists, have been discovered as highly potent and selective A₃AR antagonists.

In this section, we summarize the medicinal chemistry of A₃AR antagonists updating our previous reviews on this field.^{150–153}

4.3.1 Monocycles

1,4-Dihydropyridines and pyridines: After the first evidence that 1,4-dihydropyridines (DHPs) exerted antagonistic activity at the A₃AR in addition to L-type calcium channel inhibition, Jacobson et al. designed a series of substituted DHPs in the attempt to separate the two different activities.¹⁵⁴ In this study, the replacement of the methyl ester at the 5-position of nifedipine with a bulkier 4-nitrobenzyl ester, along with the introduction of phenylethynyl and phenyl moieties at positions 4 and 6, respectively, led to **48** (MRS1334, Fig. 4). This compound showed high affinity and selectivity as an A₃AR antagonist without inhibiting L-type calcium channels.¹⁵⁵ In addition, a 3,5-diacyl-2,4-dialkylpyridine series was delineated by the oxidation of the corresponding DHP derivatives, and the best profile against A₃AR was achieved with **49** (MRS1505, Fig. 4) in which the position 4 of the pyridine ring was substituted with small alkyl groups such as ethyl chain.^{156,157} General SAR of pyridine derivatives revealed that structural requirements responsible for enhancement of A₃AR affinity and selectivity did not completely reflect that of the DHP parent compounds.¹⁵⁸ Among this series, were also reported fluorinated and hydroxylated pyridine derivatives¹⁵⁹ and an extension of this study performed by Jacobson and co-workers described a series of *N*-alkylpyridinium salts as water soluble A₃AR antagonists although with lower potency than the pyridine analogues.¹⁶⁰ A pyridine-based A₃AR antagonist PET ligand [¹⁸F]FE@SUPPY was introduced.¹⁶¹

Pyrimidines: Within the classes of bi- and tricyclic ARs antagonists, the pyrimidine nucleus present in the endogenous modulator adenosine, is a frequent substructural scaffold. 4-Amino-6-hydroxy-2 mercaptopyrimidines derived from chain opening of a series of triazolopyrimidinones have been synthesized by Cosimelli et al.¹⁶² Introduction of the propylsulfanyl and *p*-chlorobenzyloxy moieties at 2 and 6 positions, respectively, combined with an acetamide group at 4-position of the pyrimidine ring led to compound **50** (Fig. 4), a potent and selective human A₃R antagonist ($K_i = 3.5$ nM). Similar structures characterized by two regioisomeric series of diaryl 2- or 4-amidopyrimidines such as *N*-[2,6-bis(4-

methoxyphenyl)pyrimidin-4-yl]acetamide **51** (ISVY130, Fig. 4) were reported by Sotelo and co-workers. Some of the ligands in this series exhibited good selectivity and affinity with K_i values of < 10 nM at the A₃AR.^{163,164}

Pyrazin-2(1H)-ones: Very recently, Sotelo and co-workers published a novel series of compounds, including a simplified pyrazin-2(1H)one scaffold, as A₃AR antagonists and with better pharmacokinetic properties.¹⁶⁵ These new derivatives obtained by the Ugi-based multicomponent reaction were less potent than many other A₃AR antagonists reported in the literature. The entire library of compounds, including the most potent compound of this series with a K_i value of 386 nM (**52**, SYJA385, Fig. 4), was subjected to a computational study to determine a rational hypothesis for their binding model.¹⁶⁵

Thiadiazole and thiazoles: IJzerman co-workers identified thiadiazole and thiazole analogues as A₃AR antagonists by chemical structure simplification of corresponding bicyclic quinazoline and isoquinoline nuclei, respectively.¹⁶⁶ Among them, compound *N*-[3-(4-methoxyphenyl)-[1,2,4]thiadiazol-5-yl]acetamide **53** (Fig. 4) was claimed as the best compound of the series exhibiting a K_i value of 0.79 nM and acting as antagonist in a cyclic AMP (cAMP) functional assay.¹⁶⁷ SAR optimization by introduction of a 5-(pyridine)-4-yl moiety on the 2-aminothiazole ring revealed a series of potent and selective compounds such as *N*-[4-(3,4,5-trimethoxyphenyl)-5-(pyridin-4-yl)thiazol-2-yl]-acetamide **54**, with subnanomolar affinity for human A₃AR (K_i = 0.4 nM) and 1000-fold selectivity against the other AR subtypes.¹⁶⁸

The QSAR analysis of thiazole and thiadiazole A₃AR antagonists indicated that their binding affinity increased with decreasing lipophilicity and in the presence of small alkyl moieties such as amide functions (acetamide or propionamide).¹⁶⁸ In addition, the introduction of substituents, such as benzoyl, nicotinoyl (e.g., compound **55**, Fig. 4) and isonicotinoyl moieties in position 2 of the thiazole ring, led to potent and selective antagonists at both human and rat A₃ARs.

4.3.2 Bicycles

Quinazolines, phthalazines, and quinoxalines: A structure–affinity study reported by IJzerman co-workers indicated that introduction of a phenyl or heteroaryl substituent on the 2-position of the quinazoline scaffold or the equivalent 3-position of the isoquinoline improved the A₃AR affinity in comparison to the unsubstituted derivatives. Combinations of the best substituents in the two series led to the potent and selective human A₃AR antagonist *N*-(2-methoxyphenyl)-*N*-(2-(pyridin-3-yl)quinazolin-4-yl)urea **56** (VUF5574; Fig. 5) with a K_i value of 4 nM.¹⁶⁹

Subsequently, the 2-amino/2-oxoquinazoline-4-carboxamide compounds, resulting from an in silico molecular simplification approach of the 2-aryl-1,2,4-triazolo[4,3-*a*]quinoxalin-1-one skeleton, were published by Morizzo et al. as

A₃AR antagonists. One example of this series is compound **57** (Fig. 5) that showed good affinity and selectivity at the A₃AR.¹⁷⁰ With a similar approach on the triazoloquinazolinone nucleus, a new series of 2-phenylphthalazin-ones was identified as promising A₃AR

antagonists. Molecular manipulations by introduction of amide and ureide functional groups at the 4-position of the phthalazinone ring led to compound **58** (Fig. 5) with the best activity profile.¹⁷¹ Additionally, the 2-(4-methyl-1*H*-benzo[*d*]imidazol-2-yl)-quinoxaline **59** (Fig. 5) is noteworthy for the novelty of its design strategy utilizing a 3D database searching approach.¹⁷²

Imidazo[1,2-*a*]pyrazines: Very recently, the imidazo[1,2-*a*]pyrazine nucleus was reported as a suitable core for the design of new AR antagonists. Within this series of compounds, a *N*-(2,6-diphenylimidazo[1,2-*a*]pyrazin-8-yl)-4-methoxybenzamide **60** (Fig. 5) showed good A₃AR affinity with a *K*_i value of 25 nM. The molecular docking study of these compounds was also carried out to describe the potential binding mode of the new derivatives to their refined target receptor model.¹⁷³

Adenines and adenine-like derivatives: The first class of selective A₃AR antagonists characterized by a bicyclic structure strictly correlated to the adenine core was identified by Biagi et al.¹⁷⁴ The adenine-like structure of these new *N*⁶-ureidosubstituted-2-phenyl-9-benzyl-8-azaadenines was responsible for their activity as antagonists, while the phenylcarbamoyl group ensured selectivity at the A₃AR. The SAR studies based on the systematic substitutions of 2, 6, and 9 positions of the bicyclic system led to improved A₁/A₃ selectivity with compound **61** (Fig. 5).

Starting from reversine, 2-(4-morpholinoanilino)-*N*⁶-cyclohexyladenine, with a moderate activity as A₃AR antagonists (*K*_i = 0.66 μM), Perreira et al. explored the SAR of related derivatives in order to improve A₃AR potency and selectivity.¹⁷⁵ A series of reversine analogues was synthesized by substitution of 2- and *N*⁶-positions of the adenine core. One of the most remarkable compounds in terms of hA₃AR affinity and selectivity resulted when the *N*⁶-cyclohexyl moiety of reversine was combined with a 2-phenyloxy group (compound **62**, MRS3777, Fig. 5).¹⁷⁵ Some analogues from this study were shown to be inactive at 10 μM in the rat, reflecting the typical species dependence of binding of most known nonnucleoside A₃AR antagonists.

The pyrazolo[3,4-*d*]pyrimidine scaffold, a bicyclic system structurally connected to the adenine nucleus that resulted from simplification of tricycles pirazolo-triazolo-pyrimidine, was recently described by Taliani et al.¹⁷⁶ The SAR profile of this series indicated that the presence of an amide or ureide functionality at the 4-position (compounds **63** and **64**, respectively) along with a phenyl ring at the 6-position was essential for promoting A₃AR affinity and selectivity. The *N*²-position was characterized by substantial steric tolerance; in fact, both small methyl group (**63**, Fig. 5) and bulkier benzyl moiety (**64**, Fig. 5) were well tolerated. Compound **63**, which showed a subnanomolar A₃AR affinity and high selectivity versus the other AR subtypes, has been suggested as a promising lead compound for the development of adjuvant agents in glioma chemotherapy. In a related effort, a series of junction isomers of pyrazolo[3,4-*d*]pyrimidine derivatives were synthesized by Lenzi et al. applying a molecular simplification approach to the tricyclic pyrazolo[3,4-*c*]quinolin-4-one skeleton.¹⁷⁷ The binding results of the junction isomers were successful and the new derivatives maintained high affinity for the hA₃AR increasing also the selectivity versus the other AR subtypes. Aryl/arylalkyl substitution at the 5-position of such derivatives was

poorly tolerated for A₃AR binding affinity, while small groups at the same position were shown to enhance the ligand–receptor interaction. In addition, the substitution of the 2-phenyl ring with a 4-methoxy group led to 2-(4-methoxyphenyl)-5-methyl-2*H*-pyrazolo[4,3-*d*]pyrimidin-7(6*H*)-one **65** (Fig. 5), the most potent compound of this series. Very recently, a large number of 2-arylpyrazolo[4,3-*d*]pyrimidin-7-amine or 7-acylamine derivatives were synthesized as potent A₃AR antagonists.^{178,179} The pyrazolopyrimidines bearing a 4-methoxyphenyl or a 2-thienyl group at the 5-position showed high hA₃AR affinity and selectivity. 4-Methoxy-*N*-(2-phenyl-5-(thiophen-2-yl)-2*H*-pyrazolo[4,3-*d*]pyrimidin-7-yl)benzamide **66** ($K_i = 0.027$ nM, Fig. 5) is one of the most potent and selective A₃AR antagonists in this structural class.¹⁷⁹

4.3.3 Tricycles

Triazoloquinazoline: Jacobson and co-workers first described the *N*⁵-acylation of the free amino group of well-known 9-chloro-2-(furan-2-yl)-[1,2,4]triazolo[1,5-*c*]quinazoline-5-amine **67** (CGS15943, Fig. 6).^{180,181} This structural modification yielded **68** (MRS1220, Fig. 6), which was enhanced in both affinity and A₃AR selectivity.^{181,182} The removal of the chlorine atom at 9-position of the triazoloquinazoline **67** along with the replacement of the 5-phenylacetamido and the 2-furyl moieties with a linear alkyl chain and a 4-Br-phenyl group, respectively, led to **69** (Fig. 6). This compound was found to be a potent and selective A₃AR antagonist.¹⁸³

Very recently, a new series of triazoloquinazolines was reported as A₃AR antagonists. Two examples are the 3,5-diphenyl[1,2,4]triazolo[4,3-*c*]quinazoline **70** ($K_i = 1.16$ nM, Fig. 6) and the 5'-phenyl-1,2-dihydro-3'-*H*-spiro[indole-3,2'-[1,2,4]triazolo[1,5-*c*]quinazolin]-2-one **71** ($K_i = 6.94$ nM, Fig. 6).¹⁸⁴

Pyrazolo[3,4-*c*]/[4,3-*c*]quinolines: 2-Arylpyrazolo[3,4-*c*]quinolin-4-ones, 4-amines, and 4-amino-substituted derivatives are reported as potent and selective hA₃AR antagonists.¹⁸⁵ Most of them showed a nanomolar hA₃AR affinity and different degrees of selectivity that were strictly dependent on the presence and nature of the substituent on the 4-amino group. The benzoamide derivative **72** (Fig. 6) was the most potent and selective among the three reported series of compounds.

The pyrazolo[4,3-*c*]quinoline-4-one scaffold was adapted to A₃AR antagonists as structural isomers of the previous nucleus by Baraldi et al. Among the pyrazolo[4,3-*c*]quinoline-4-ones, compounds that contained a 2-*p*-substituted phenyl (CH₃, OCH₃, and Cl) group showed good hA₃AR affinity and excellent selectivity in comparison to the other AR subtypes (e.g., compound **73**, Fig. 6).¹⁸⁶

Triazolo[4,3-*a*]/[1,5-*a*]quinoxaline: Colotta et al. identified 1,2,4-triazolo[4,3-*a*]quinoxalin-1-one derivatives as promising hA₃AR antagonists.¹⁸⁷ The SAR study recognized the appropriate substitutions at 2, 4, and 6 positions of the tricyclic template. In particular, the introduction of the 4-oxo or 4-*N*-amide functions afforded selective and potent A₃AR antagonists such as compounds **74**¹⁸⁸ and **75**¹⁸⁹, respectively, confirming the importance of both nuclear or extranuclear carbonyl functionality for A₃AR affinity (Fig. 6).

A series of 2-aryl-8-chloro-1,2,4-triazolo[1,5-*a*]quinoxalines has also been synthesized and evaluated in radioligand binding assay at both bovine and human ARs^{190,191} showing a similar SAR profile to that of the 2-arylpyrazolo[3,4-*b*]quinolines^{185, 186} and triazolo[4,3-*a*]quinoxaline.¹⁸⁹ One of the representative derivatives was a 2-(4-methoxyphenyl)-[1,2,4]triazolo[1,5-*a*]quinoxalin-4(5*H*)-one **76** (Fig. 6).

1,2,3-Triazolo[1,2-*a*][1,2,4]benzotriazolones: A₃AR antagonists based on aminophenyl-triazolobenzotriazinone have been reported by Da Settimo et al. A lead optimization strategy focused on the structural modifications provided that the suitable groups were attached to the 5-amino group and in the 4'-and/or 9-positions. The best result was obtained with compound **77** (Fig. 6), which showed a K_i value of 1.6 nM at the A₃AR and no significant affinity at the other ARs.¹⁹²

Pyrazolo[4,3-*e*]-1,2,4-triazolo[1,5-*c*]pyrimidines: The pyrazolo-triazolo-pyrimidine (PTP) scaffold, due to its strong structural correlation with the nonselective antagonists CGS15943 (**67**, Fig. 6)¹⁸⁰ and to the adenine nucleus present in the endogenous modulator adenosine, has been investigated in depth as a prototypical template for adenosine antagonists.

Rigorous research efforts were made on this scaffold in order to obtain potent A_{2A}- and A₃AR antagonists.¹⁵³ A series of PTP derivatives (MRE series) reported by Baraldi's group were obtained by the structure-activity optimization based on the introduction of different substituents at the 5, 7, 8, and 9 positions.^{145,149,193,194,196-200} The *N*⁷-substituted derivatives proved to be predominantly hA_{2A}AR antagonists, while the combination of a small alkyl chain at the *N*⁸-pyrazole position with a (substituted)phenylcarbamoyl chain at the *N*⁵-position led to potent and selective hA₃AR antagonists.¹⁹⁸ One of the most active and selective compounds in this series was **78** (MRE3008-F20, Fig. 7) with a K_i value of 0.29 nM.¹⁹³ The corresponding tritium-labeled analogue as the first potent and selective radiolabeled antagonist for the A₃AR was prepared. It bound to the hA₃AR expressed in Chinese hamster ovary (CHO) cells with a K_D value of 0.82 nM ($B_{max} = 297$ fmol/mg protein).^{201,202} The isosteric replacement of the phenyl ring with a 4-pyridyl moiety yielded **79** (MRE3005-F20, Fig. 7) that maintained the high affinity at the A₃AR with enhanced water solubility.²⁰³ Subsequently, replacement of pyridin-4-yl moiety of MRE3005-F20 with substituted piperidine rings led to the preparation of the hydrochloride salt of 1-(cyclohexylmethyl)piperidin-4-yl (**80**, Fig. 7).¹⁴⁹

Synthesis of fluorosulfonyl- and bis(β -chloroethyl)amino-phenylamino-pyrazolo[4,3-*e*]1,2,4-triazolo[1,5-*c*]pyrimidines as irreversible A₃AR antagonists was performed by Baraldi's group to provide useful tools for structure-activity studies. Electrophilic groups, specifically sulfonyl fluoride and nitrogen mustard (bis-(β -chloroethyl)amino) moieties, have been incorporated at the 4-position of the aryl urea group (compounds **81** and **82**, respectively, Fig. 7).²⁰⁴ While compounds containing a fluorosulfonyl moiety proved to be irreversible antagonists at the hA₃AR (at 100 nM, 79% of inhibition), the corresponding nitrogen mustard derivatives were unable to covalently bind the target receptor subtype. This difference in the receptor interaction between the **81** and **82** series has been explained on the basis of chemical reactivity of the two different groups.

Very recently a new series of N,N' -disubstituted guanidines of the PTP scaffold, prepared in a one-pot reaction, was described as A_3AR antagonists. The best compound of this series was **83** (Fig. 7) bearing a N,N' -(4-nitrophenyl)guanidine moiety at 5-position of the tricyclic nucleus.¹⁹⁶

Triazolopurines: [1,2,4]Triazolo[5,1- λ]purines structurally related to the triazoloquinazolines have been identified as A_3AR antagonists.^{183,205} Within this family, the 5-*n*-butyl-8-(4-*n*-propoxyphenyl)-3*H*-[1,2,4]triazolo[5,1- λ]purine **84** (Fig. 7) showed a good potency and selectivity at A_3AR . Among the reported structures, compound **85** (OT-7999, Fig. 7) demonstrated a significant reduction of intraocular pressure in cynomolgus monkeys at 2–4 hr following topical application.²⁰⁵

Tricyclic xanthines: Caffeine and theophylline are the classical nonselective xanthine antagonists of ARs that display micromolar affinity at human AR subtypes. At the rat A_3AR , caffeine and theophylline are weaker in affinity.

Initial SAR studies at the A_3AR were carried out using multiple substituted xanthines, many of which retained selectivity for the A_3AR .⁹⁰ An interesting approach was based on the ring annelation of xanthine derivatives, which permitted several research groups to discover different tricyclic systems that showed dissimilar affinity to AR subtypes.²⁰⁶ A series of imidazo[2,1- λ]purinones as tricyclic xanthines (PSB series) was developed by Müller et al. as human A_3AR antagonists with improved water solubility.²⁰⁷ For example, **86** (PSB-10, Fig. 7) showed a subnanomolar A_3AR affinity and a good selectivity compared to the other AR subtypes, and its tritiated form ($[^3H]$ PSB-11) exhibited a K_D value of 4.9 nM ($B_{max} = 3500$ fmol/mg of protein).²⁰⁸ Another similar compound is 2-(4-bromophenyl)-4-propyl-7,8-dihydro-1*H*-imidazo[2,1- λ]purin-5(4*H*)-one **87**, also designated KF-26777 (Fig. 7), was endowed with high affinity and selectivity.²⁰⁹

The pyrido[2,1- λ]purine-2,4-diones, another series of tricyclic xanthines, have been reported to exert affinity at A_3AR in the low nanomolar range. Different substituents at the 1 and 8 positions of the new scaffold were evaluated, and the SAR studies led to 3-(cyclopropylmethyl)-1-(4-methylbenzyl)pyrido[2,1- λ]purine-2,4(1*H*,3*H*)-dione **88** (Fig. 7) showing the best A_3AR binding profile of the series with total selectivity.^{210,211}

Replacement of the pyridine nucleus of the pyrido[2,1- λ]purine-2,4-dione scaffold with different 5-membered heterocycles has been extensively examined by Baraldi's group. The SAR studies led to both series of pyrrolo[2,1- λ]purine-2,4-dione and imidazo[2,1- λ]purine-2,4-diones as A_3AR antagonists.¹⁹⁹ Among the examined molecules, the imidazo[2,1- λ]purine-ones were 2- to 10-fold more potent than the corresponding pyrrolo[2,1- λ]purine-ones (e.g., **89** vs. **90**, respectively, Fig. 7) and the most favorable affinity and selectivity at A_3AR was obtained by introduction of small alkyl chain at the 7-position of the main scaffold (compound **89**).²⁰⁰

More recently, replacement of the trichlorophenyl ring at 2-position of PSB-10 **86** and congeners with differently substituted five-membered heterocycles, like 1,3- and 1,5-disubstituted pyrazoles or 3-substituted isoxazoles (*R*-enantiomer **91** and **92**, respectively,

Fig. 7) was investigated by Baraldi's group.¹⁹⁵ The 2-heterocyclic substitution induced excellent affinity and selectivity for the hA₃AR subtype. Docking of the most potent compound (**91**) in complex with a hA₃ARhomology model furnished a general survey of the hypothetical binding mode of the newly described derivatives.¹⁹⁵

4.4 Allosteric modulators of the A₃ adenosine receptor

Allosteric modulators of GPCRs bind at a location that is distinct from the binding site for a native ligand, that is, the orthosteric site, and this phenomenon has been reported for the A₃AR.²¹² In theory, the modulation may be positive, that is, with a PAM enhancing the activity of a directly acting (orthosteric) agonist, or negative, in the case of a NAM. A₃AR PAMs have been shown to enhance the potency and/or efficacy of agonists. When administered *in vivo*, they would be expected to be silent, with respect to A₃AR activity, unless either an endogenous or exogenous agonist would be present. Therefore, treatment with an A₃AR-selective PAM might display greater event- or site-specific action than an exogenous agonist, because it would magnify the effect of locally released adenosine, that is, in response to stress of an organ or tissue.

The SAR of three classes of A₃AR PAMs have been explored in detail: 1*H*-imidazo-[4,5-*c*]quinolin-4-amines (**93 – 97**),^{213–215} 2,4-disubstituted quinolines (**98**),²¹⁶ and 3-(2-pyridinyl)isoquinolines (**99, 100**).²¹⁷ Representative key members of these structural classes are shown in Figure 8. In addition to these heterocycles, allosteric modulation of this receptor by compounds and ions that are not specific to the A₃AR, such as amiloride analogues and sodium, have been studied.^{212,218}

The principal assay used to screen for allosteric modulators of the A₃AR has been to examine effects on the dissociation rate of an agonist radioligand, [¹²⁵I]-AB-MECA **3**.²¹² Many of the PAMs that have been reported also compete with the radioligand for specific binding. Thus, the objective in early studies was to identify lead molecules that impeded the dissociation rate, with minimal competitive binding potency.^{213,217} At a concentration of 10 μ M, the imidazoquinolinamines and DU124182 **93** and DU124183 **94** reduced the dissociation rate of the radioligand from the receptor by roughly half, and the phenylamino derivative **94** was more potent as an allosteric enhancer.²¹³ Dichloro substitution and expanding the cycloalkyl group in LUF6000 **95**, MRS5049 **96**, and MRS5190 **97** were later shown to produce potent allosteric enhancement with less prominent competitive inhibition.^{214,215} An amide LUF6096 **98** was particularly selective for allosteric enhancement of the A₃AR compared to **95**, but it displayed a short half-life *in vivo*. The residues of the A₃AR that are associated with the allosteric enhancement compared to orthosteric ligand binding were probed using stite-directed mutagenesis.²¹⁸

When multiple effector mechanisms induced by agonist CI-IB-MECA were compared, **95** was found to modulate each activity in a different manner, that is, this imidazoquinolinamine appeared to be a functionally biased PAM.^{108,219} For example, **95** had no effect on phosphorylation of ERK1/2, a small effect on β -arrestin2 translocation, and intense effects on cAMP inhibition and cell hyperpolarization. The agonist-enhancing effect of **95** was probe-dependent, that is, it had different degrees of modulation of different AR agonists,

considered receptor “probes.” Notably, **95** greatly increased the efficacy of the naturally occurring nucleoside inosine, which is normally a weak and only partially efficacious agonist at the A₃AR. Inosine is a metabolite of adenosine and, like adenosine, is elevated in concentration when stress to an organ is present. Thus, **95** could produce therapeutic benefit in vivo partially from its enhancing action on inosine, as well as endogenous adenosine. **95** also enhanced the efficacy of nucleoside antagonists of the A₃AR, such as MRS542 **38**, to produce full agonism at the A₃AR. This indicates that nucleoside antagonists might behave as antagonists in a given functional model, but there is a latent agonism that can be amplified in the presence of a PAM. In contrast, nonnucleoside A₃AR antagonists did not display any latent agonism in the presence of an A₃AR PAM.

LUF6000 **95** has anti-inflammatory effects in rat models of arthritis and a model of liver inflammation in mice,²²⁰ suggesting its potential use in the treatment of autoimmune inflammatory diseases. LUF6096 **98** was shown to protect the heart in a model of canine cardiac ischemia,²¹⁸ suggesting the potential use of A₃AR PAMs in the treatment of ischemic conditions.

4.5 Structural characterization of the A₃ adenosine receptor

Although there is currently no X-ray crystallographic structure of the A₃AR available, effective use of modeling techniques has provided a window into its orthosteric binding site (Fig. 9). In particular, docking of agonists in conjunction with data from site-directed mutagenesis has demonstrated the close similarity of the A₃AR to the X-ray crystallographic structure of the hA_{2A}AR.²²¹ Complexes of the A_{2A}AR with four different agonists, namely 6-(2,2-diphenylethylamino)-9-((2*R*,3*R*,4*S*,5*S*)-5-(ethylcarbamoyl)-3,4-dihydroxytetrahydrofuran-2-yl)-*N*-(2-(3-(1-(pyridin-2-yl)piperidin-4-yl)ureido)ethyl)-9*H*-purine-2-carboxamide (UK432,097); adenosine; 5'-*N*-ethylcarboxamidoadenosine (NECA); and 2-[*p*-(2-carboxyethyl)phenylethyl-amino]-5'-*N*-ethylcarboxamidoadenosine (CGS21680) (PDB IDs: 3QAK, 2YDO, 2YDV and 4UG2, respectively), have been crystallized and their structures determined.^{222–224} The complexes revealed a common interaction pattern anchoring the adenosine moiety in the orthosteric binding site of the A_{2A}AR involving several conserved amino acid residues that are predicted to serve the same function in the A₃AR binding site. For example, the side chain Asn6.55 (using standard notation for numbering of TMs²²⁵) coordinates by H-bonding in a bidentate fashion with the adenine N⁶H and N7 in both ARs. His7.43 is in contact with the 2'-hydroxyl group of ribose. Also, Phe168 (EL2) is predicted to form π - π stacking with the adenine ring, as in the A_{2A}AR. However, there are some differences in the interaction of nucleoside ligands with A₃AR compared to A_{2A}AR that account for pharmacological differences of such ligands, with respect to their affinity, selectivity, and efficacy. For example, His6.52, which forms an H-bond to the 5'-carbonyl group of potent A_{2A}AR agonists occurs as Ser6.52 in the A₃AR and is not predicted to closely associate with typical nucleoside ligands. This might explain why binding of 4'-truncated nucleosides is maintained at the A₃AR relative to other ARs.

Conformational plasticity of the A₃AR has been proposed to account for the high-affinity binding of rigid C2-arylalkynyl agonists such as MRS5980 **27**.¹²⁰ When docking this class

of compounds in a homology model of the A₃AR derived exclusively from the agonist-bound “active-like” A_{2A}AR structure, there was a steric clash with the extracellular tip of TM2. An outward movement of TM2, as observed in several other active GPCR structures such as the β_2 -adrenergic receptor and opsin, was therefore hypothesized to occur also for the A₃AR. Thus, a hybrid homology model in which TM2 assumed its highly displaced position in opsin was required to dock biphenyl derivative MRS5679 **26**, and the other TMs followed their orientation in the agonist-bound A_{2A}AR.²²⁶ This proposed outward movement of TM2 was also associated with the degree of activational bias of C2-extended A₃AR agonists for cell survival, in a comparison of five different functional readouts.¹³¹

Molecular dynamics (MD) simulation of the A₃AR in complex with agonists have been reported.²²⁷ The analysis of the conformational changes of conserved Trp243 (6.48) as a result of agonist (CI-IB-MECA) binding suggested that the ligand was able to promote and stabilize an expected conformational switch involved in receptor activation.

A supervised MD (SuMD) study simulated the approach of PAM LUF6000 **95** toward a putative allosteric binding site on the A₃AR that contained an adenosine molecule in the orthosteric site.²²⁸ In the modeled ternary complex, **95** occupied the upper region of the orthosteric binding site by directly interacting with the agonist. The study suggested that **95** might exert its PAM activity by acting as “pocket cap.”

GPCRs may form characteristic dimers, either homo- or heterodimers, and the pharmacological implications of such dimerization remain to be fully characterized. Homodimers of the A₃AR have been detected using fluorescent methods.²²⁹ Indications are that in the future, the discovery of A₃AR ligands will rely heavily on computational methods to define the dynamic interaction of the receptor with its ligands and with other proteins, including other GPCR protomers.

5 INTRACELLULAR PATHWAYS IN IMMUNE AND CANCER CELLS

A schematic diagram showing the main signaling pathways triggered by adenosine through A₃AR activation in different cellular types is reported in Figure 10. The A₃AR preferentially couples to Gi protein to inhibit cAMP accumulation, and it may also couple to Gq protein to mediate stimulation of phospholipase C (PLC), which then increases calcium concentrations.²³⁰ The activation of PLC, and even the Ca²⁺ effects observed at high concentrations of A₃AR agonists, could conceivably be triggered by mechanisms other than Gq, such as G $\beta\gamma$ subunits. In addition, a Gq protein kinase C (PKC) dependent mechanism has been related to the apoptosis-inducing factor upregulation mediated by high doses of adenosine and of an A₃AR agonist in a human bladder cancer cell line.⁷⁸ However, PKC was recruited by A₃AR stimulation in order to increase tumor necrosis factor alpha (TNF- α) release in activated macrophages.²³¹

A huge amount of data supports a link between A₃AR and MAPKs in several cellular models.²³² A₃AR-mediated activation of extracellular signal-regulated kinases (ERK1/2) and mitogenesis modulation was found in human fetal astrocytes, CHO cells expressing the human A₃AR (CHO-hA₃), microglia, colon carcinoma, glioblastoma, melanoma and in

foam cells.^{43,74,233–240} However, an inhibition of ERK activation has been revealed in A375 melanoma, prostate cancer, and glioma cells, leading to a reduction of cell proliferation as well as a decrease of TNF- α release in RAW 264.7 cells.^{22,73,241,242} The A₃AR also activates p38 MAPKs in different cellular models including CHO-hA₃, hypoxic melanoma, glioblastoma, and colon carcinoma cells,^{235,237,243} while reducing p38 MAPKs in human synoviocytes.⁵³ Concerning c-Jun N-terminal kinase (JNK), its activation by A₃AR has been retrieved in microglia and glioblastoma cells, leading to cell migration and matrix metalloproteinase 9 (MMP-9) stimulation, respectively.^{74,244} MEK/ERK1/2 and PI3K/Akt signaling pathways downstream of the A₃AR control multiple resistance-associated protein 1 (MRP1) transporter substrate in glioblastoma cells, demonstrating a chemosensitizing effect by pharmacological blockade of A₃AR and consequent reduction in tumor size.²⁴⁵

A pathway involving Akt phosphorylation protects RBL-2H3 and glioblastoma cells from apoptosis, while the same pathway produced an antiproliferative effect and increase in MMP-9 in A375 and glioblastoma cells, respectively.^{74,236,246,247} On the other hand, A₃AR-mediated activation of the phosphatidylinositol-4,5-bisphosphate 3-kinase (PI3K)/Akt signaling pathway enhances pigmentation in B16melanoma cells and in human skin explants.⁸⁵

The PI3K/Akt and nuclear factor (NF) κ B signaling pathways are the mediators of the anti-inflammatory A₃AR-mediated effects, as observed in activated BV2 microglial cells, monocytes, adjuvant-induced arthritis, and in mesothelioma.^{75,248–253} Akt inhibition is involved in the reduction of A₃AR-mediated of hypoxia inducible factor 1 (HIF-1 α) accumulation in murine astrocytes.²⁵⁴ In addition, the block of PI3K/Akt/mammalian target of rapamycin (mTOR) signaling through A₃AR suppresses angiogenesis in endothelial cells.¹²⁷

Furthermore, an A₃AR-mediated decrease in the protein kinase A (PKA) level was responsible for: (i) an increase in glycogen synthase kinase 3 β (GSK-3 β), leading to a downregulation of beta-catenin and its transcriptional gene products cyclin D1 and c-Myc, and (ii) a decrease in the level of NF- κ B DNA-binding capacity. This effect through A₃AR activation has been reported in melanoma, hepatocellular carcinoma, synoviocytes from RA patients, and in adjuvant-induced arthritis rats.^{89,255–257} Interestingly, a downregulation of A₃AR mRNA/protein expression in colon cells after ulcerative colitis by miR-206 led to an increase of NF- κ B and the downstream cytokine (TNF- α /IL-8/IL-1 β) expression in the mouse colon, producing a proinflammatory effect.¹⁹

6. BIOLOGICAL ROLE AND THERAPEUTIC APPLICATIONS IN MODELS OF IMMUNE DISORDERS AND CANCER

6.1 Preclinical studies in immune cells

The A₃AR is expressed in almost all cells of the immune system acting as essential mediators of adenosine's role in inflammation.^{258–260}

A growing body of evidence suggests a key role of the A₃AR in *neutrophil* behavior. In recent years, it has been reported that the A₃AR is distributed in a highly polarized fashion

on the neutrophils cell membrane and contribute to their chemotaxis and migration. Specifically, A₃AR is translocated to the neutrophil leading edge, and adenosine generated by ecto-ATPases/nucleotidases results in autocrine stimulation of A₃AR-enhanced polarized migration, following its initiation by ATP activating the P2Y₂ receptor.^{34,261–263} This was confirmed also in a sepsis model of A₃AR knockout (KO) mice where a reduction in the recruitment of neutrophils to the lung and peritoneum was observed.²⁶⁴ In contrast, in human breast cancer cells, the A₃AR is expressed in multiple leading edges where it promotes cell migration with numerous directional changes. Indeed, exogenous adenosine may simultaneously stimulate A₃AR on all leading edges of the cell, inducing it to spread out in opposing directions resulting in arrest of cell motility.²⁶³ Furthermore, it has been found that the endogenous A₃AR aggregates into plaque-like microdomains that affect cytoskeletal remodeling. In addition, they promote the formation of membrane protrusions, also named cytonemes, which enable neutrophils to capture pathogens.³⁶ In contrast, data in early literature reported that chemotaxis and, in addition, oxidative burst were inhibited by A₃AR activation with anti-inflammatory effects.^{32,33,35}

Adenosine modulates *monocyte-macrophage* functions, being responsible for both inflammatory mediator production and resolution induction. For example, A₃AR stimulation inhibits the respiratory burst, interleukin (IL) 1 β , TNF- α , chemokine macrophage inflammatory protein (MIP) 1 α , interferon regulatory factor 1, iNOS (inducible nitric oxide synthase), and CD36 gene expression.^{38,40,41,249,265–267} However, adenosine reduced the expression of adhesion molecules on monocytes and decreased cytokine production, effects that were potentiated by an A₃AR antagonist.²⁶⁸ In addition, A₃AR stimulation increased TNF- α production in activated macrophages.²³¹

A functional A₃AR is expressed in *dendritic cells*, antigen-presenting entities activating naive T lymphocytes and starting primary immune responses.^{269,270} In particular, the A₃AR in the human immature elements has been found to induce elevated Ca²⁺ levels, actin polymerization, and chemotaxis, while in mature dendritic cells, the A₃AR is down-regulated and decreases TNF- α release.^{44,46}

T cells represent the major actors in adaptive immunity and play a crucial role in the battle against infections and tumors. Both cytotoxic (CD8⁺) and helper (CD4⁺) T cells express A₃AR.^{48,271} Initial studies attributed to the A₃AR an immunosuppressive role toward T cell mediated immune responses, but the mechanisms involved have not been investigated.^{272,273} Interestingly, oral administration of an A₃AR agonist increased the cytotoxic activity of mouse NK cells and serum IL-12, thus reducing in vivo growth of melanoma cells.²⁷⁴ Indeed, ex vivo activation of CD8⁺ T cells with an A₃AR agonist improves adoptive immunotherapy for melanoma.²⁷⁵ A₃AR has been found to be upregulated in peripheral blood mononuclear cells (PBMCs) obtained from patients affected by different autoimmune disorders such as RA, Crohn's disease, and psoriasis. This effect has been ascribed to the increase of TNF- α resulting in an upregulation of NF- κ B and the cAMP response element binding protein (CREB), acting as A₃AR transcription factors.²⁷⁶ Therefore, A₃AR could be indicated as a biological predictive marker in autoimmune inflammatory pathologies. Furthermore, an immunosuppressive effect has been confirmed in lymphocytes derived from patients affected by RA, where the A₃AR, upregulated with respect to healthy subjects,

inhibited the NF- κ B signaling, inflammatory cytokines, and MMPs production. Their density inversely correlated with indexes used to assess RA disease activity, supporting the importance of A₃AR in the control of RA joint inflammation.²⁷⁷ Furthermore, A₃AR activation in rat models hampered damage of cartilage, formation of osteoclast/osteophyte, bone destruction, and generation of pannus and of lymphocyte formation.^{278,279} Similarly, an A₃AR anti-inflammatory effect, that is, NF- κ B-TNF- α -dependent has also been found in synoviocytes of RA patients.²⁵⁷ Interestingly, this mechanism has been suggested also in A₃AR-induced hepatoprotection against ischemia/reperfusion (IR) injury.²⁸⁰

The A₃AR has long been recognized as a major contributor of rodent *mast cell* activation by increasing their degranulation and, more recently, this factor has been observed also in both primary human and LAD2 mast cells.^{9,13,63,82-84,281} A₃AR activation with an agonist significantly increased IL6, IL8, VEGF, amphiregulin, and osteopontin genes in human mast cells, affecting severe asthma.^{285,286} Indeed, prolonged treatment with an agonist produced A₃AR downregulation responsible for the suppression of its basal inhibitory effect on cytokine production. This response was obtained only at a transcriptional level, suggesting that, at variance with rodents, in humans the primary role of the A₃AR is to act as a modulator rather than a stimulator of mast cell responses.²⁸⁷

Activation of the A₃AR induced hypothermia through the induction of mast cell degranulation, consequent histamine release, and activation of central histamine H₁ receptors.²⁸⁸

6.2 Preclinical studies in cancer cells

The role of A₃AR in cancer has been extensively studied using selective agonist and antagonist ligands, often with contrasting results. The efficacy of antagonists as anticancer drugs has been supported starting by the concept that hypoxia, characteristic of solid tumors, increases adenosine levels and stabilizes HIF-1 α , the most important factor regulating cellular responses to the lack of oxygen.²⁸⁹ In this context, it has been reported that A₃AR stimulation induced HIF-1 α accumulation in different cancer cell lines.^{235,243} This has been seen to lead to an increase in angiopoietin-2 and/or VEGF, depending on the cell model investigated.²³⁷ Accordingly, it has been found that A₃AR stimulation increased microvessel density, expression of proangiogenic factors, macrophage tumor infiltration, and cytokine production in in vivo melanoma tumor models.²⁹⁰ Furthermore, a basal stimulation through A₃AR was responsible for an increased MRP1 expression in glioblastoma cells. As a consequence, A₃AR antagonist administration provoked a potentiating effect on the reduction in tumor size induced by the chemotherapeutic vincristine.²⁴⁵ In addition, an increase of glioblastoma cell invasion, through A₃AR and MMP-9 stimulation, was found, as already shown in macrophages.^{74,291} However, a potential therapeutic effect of agonists in cancer has been also reported moving from initial studies on the observation that tumor metastases were infrequent in striated muscles. Interestingly, it has been found that in addition to adenosine, natural agonists of A₃AR were secreted from muscle cells, contributing to the systemic anticancer and chemoprotective activity exerted by muscle-conditioned medium. This evidence explained the rarity of tumor metastases in muscle and represented the rationale for the utility of A₃AR agonists in cancer.^{292,293} Further studies reported that

A₃AR activation inhibited telomerase activity and exerted cytostatic effects in tumor cells.^{10,255,294,295} Interestingly, cancer tissues and the interstitial fluid of several tumors contained high levels of adenosine able to activate ARs, among which the A₃AR subtype was the most expressed.^{230,296,297} For example, an A₃AR upregulation has been found in human colorectal and hepatocellular carcinomas that was reflected in peripheral blood cells, thus making this AR subtype a possible marker for cancer, reflecting receptor status in remote tumor tissue.^{87–89} As for the role of A₃AR in tumors, pro- and antiproliferative effects due to their activation have been documented in several cancer cell types.^{69,74,75,298–307} A₃AR activation decreased prostate cancer cell migration in vitro and in vivo and inhibited cell proliferation, inducing G1 cell cycle arrest and apoptosis.^{70,73,308}

Even though contrasting results about the role of A₃AR agonists and antagonists in cancer still are present in literature data, only the therapeutic utility of A₃AR agonists has been supported by in vivo studies. These studies encompassed syngeneic xenograft, orthotopic and metastatic experimental animal models of colon, prostate, melanoma, and hepatocellular carcinomas, in which IB-MECA and Cl-IB-MECA were administered orally in view of their stability and bioavailability. These agonists inhibited cell growth in syngeneic and lung metastatic models of murine melanoma, and potentiated cyclophosphamide effect.¹⁰ Also in xenograft models, IB-MECA inhibited the development of human colon and prostate tumors in nude mice and increased 5-fluorouracil or taxol antitumor effect. Furthermore, it blocked primary and liver metastases of colon carcinoma cells inoculated in the spleen. Finally, Cl-IB-MECA reduced hepatocellular tumor growth, liver inflammation, and cancer pain in rat bone residing breast cancer.^{10,76,86,89}

6.3 Clinical trials

The scientific evidence obtained through in vitro and in vivo experiments led to the progression of A₃AR agonists in clinical studies for the therapy of inflammatory and cancer pathologies. Importantly, they were found safe and well tolerated in all preclinical, Phases I and II human clinical studies. According to clinicaltrials.gov, the agonist IB-MECA (Piclidenoson, CF101) entered in the following clinical trials (NCT numbers):

1. RA (Phase II, NCT00280917; Phase II, NCT01034306; Phase II, NCT00556894) in which it showed significant antirheumatic effect as a standalone drug. Interestingly, a direct significant correlation was found between receptor expression at baseline and patients' response to the drug. CF101 treatment resulted in an ACR20 (American College of Rheumatology Criteria for disease improvement) of 48.6%, statistically significantly higher than that of the placebo group (25%) at week 12. CF101 treatment also showed superiority in ACR50 and ACR70 values versus placebo. These data suggest that the A₃AR is a promising therapeutic target in RA and can be used also as a biological marker to predict patients' response to CF101. This is a unique type of a personalized medicine approach, which may pave the way for a safe and efficacious treatment for this patient population.
2. Plaque psoriasis (Phase II, NCT00428974; Phase II/III, NCT01265667) in which even though the primary endpoint, which was a 75% reduction in the psoriasis

area and severity score (PASI75) at week 12, was not reached, however 24.7% of subjects achieved PASI90 at week 32.^{309,310} In addition, CF101 was more efficacious than apremilast (Otezla), a PDE4 inhibitor, on week 32 while having an excellent safety profile, suggesting its promise as a chronic treatment.

3. Ocular hypertension (NCT01033422), keratoconjunctivitis sicca (dry eye disease; Phase II, NCT00349466; Phase III, NCT01235234), RA in cotreatment with methotrexate (NCT00280917) failed to reach their endpoints.

Furthermore, additional trials are expected in the near future for the treatment of: RA (Phase III, NCT02647762); osteoarthritis of the knee (Phase II, NCT00837291).

The agonist Cl-IB-MECA (Namodenoson, CF102) has been in the following clinical trials:

1. Advanced hepatocellular carcinoma (Phase I/II, NCT00790218), finding that it is able to induce a median overall survival (OS) of 7.8 months.³¹¹ In patients with advanced HCC and Child Pugh B, CF102 induced an OS of 9.3 months (literature data demonstrate OS of 3.5 months). A global Phase II study in this patient population is currently ongoing.
2. Chronic hepatitis C genotype 1 (Phase I/II, NCT00790673).

Additional trials of CF102 are expected soon for the treatment of: nonalcoholic steatohepatitis (Phase II, NCT02927314) and hepatocellular carcinoma (Phase II, NCT02128958).

An A₃AR allosteric enhancer (CF602, LUF6000 **95**) demonstrated an anti-inflammatory effect in vivo. It is currently under development for treating sexual dysfunction.

7 CONCLUSIONS

The impact of the A₃AR on the drug discovery process and development is rapidly expanding, and its significance for human health should not be underestimated. Purine scientists are well advised to remain optimistic for the three following reasons. First, A₃AR is overexpressed in cancer and inflammatory cells in comparison to healthy cells, findings that are mirrored in the PBMCs of patients affected by these pathologies. Second, highly selective A₃AR agonists are now available as tool compounds and potential clinical molecules. They induce both anti-inflammatory/anticancer effects in pathological cells, as well as protective functions in normal cells, have been synthesized. Third, clinical data that correlate a high expression of A₃AR at baseline prior to agonist treatment with a beneficial response in patients suggest that modulation of the A₃AR may lead to a personalized medicine approach. Thus, new findings with A₃AR ligands appear to open new opportunities to fight inflammatory diseases, cancer, and other conditions.

Abbreviations

ADA	adenosine deaminase
AK	adenosine kinase

AR	adenosine receptor
cAMP	cyclic AMP
CCI	chronic constriction injury
CD73	ecto-5'-nucleotidase
CHO-hA₃	Chinese hamster ovary cells expressing the human A ₃ AR
CI-IB-MECA	2-Chloro-N6-(3-iodobenzyl)-adenosine-5'-N-methyluronamide
CNT	concentrative nucleoside transporter
CREB	cAMP response elements binding protein
ENT	equilibrative nucleoside transporter
ERK1/2	extracellular signal-regulated kinases
GPCR	G protein coupled receptor
GSK-3β	glycogen synthase kinase-3 β
HIF-1α	hypoxia inducible factor 1
IB-MECA	N6-(3-Iodobenzyl)adenosine-5'-N-methyluronamide
IL	interleukin
IR	ischemia/reperfusion
JNK	c-Jun N-terminal kinase
KO	knockout
MIP	macrophage inflammatory protein
MMP-9	matrix metalloproteinase 9
MRP1	multiple resistance-associated protein 1
mTOR	mammalian target of rapamycin
NF-κB	nuclear factor κ B
PET	positron emission tomography
PI3K	phosphatidylinositol-4,5-bisphosphate 3-kinase
PKA	protein kinase A
PKC	protein kinase C
PLC	phospholipase C

SAH	S-adenosylhomocysteine
TM	transmembrane domain
TNF-α	tumor necrosis factor α
PBMC	peripheral blood mononuclear cell
RA	rheumatoid arthritis.

References

1. Antonioli L, Csóka B, Fornai M, et al. Adenosine and inflammation: What's new on the horizon? *Drug Discov Today*. 2014; 19:1051–1068. [PubMed: 24607729]
2. Borea PA, Gessi S, Merighi S, Varani K. Adenosine as a multi-signalling guardian angel in human diseases: When, where and how does it exert its protective effects? *Trends Pharmacol Sci*. 2016; 37:419–434. [PubMed: 26944097]
3. Fredholm BB, Jzerman IAP, Jacobson KA, Linden J, Müller CE. International union of basic and clinical pharmacology. LXXXI Nomenclature and classification of adenosine receptors—An update. *Pharmacol Rev*. 2011; 63:1–34. [PubMed: 21303899]
4. Zimmermann H. Extracellular metabolism of ATP and other nucleotides. *Naunyn Schmiedebergs Arch Pharmacol*. 2000; 362:299–309. [PubMed: 11111825]
5. Molina-Arcas M, Casado FJ, Pastor-Anglada M. Nucleoside transporter proteins. *Curr Vasc Pharmacol*. 2009; 7:426–434. [PubMed: 19485885]
6. Meyerhof W, Müller-Brechlin R, Richter D. Molecular cloning of a novel putative G-protein coupled receptor expressed during rat spermiogenesis. *FEBS Lett*. 1991; 284:155–160. [PubMed: 1647979]
7. Salvatore CA, Jacobson MA, Taylor HE, Linden J, Johnson RG. Molecular cloning and characterization of the human A3 adenosine receptor. *Proc Natl Acad Sci*. 1993; 90:10365–10369. [PubMed: 8234299]
8. Zhou QY, Li C, Olah ME, Johnson RA, Stiles GL, Civelli O. Molecular cloning and characterization of an adenosine receptor: The A3 adenosine receptor. *Proc Natl Acad Sci*. 1992; 89:7432–7436. [PubMed: 1323836]
9. Ramkumar V, Stiles GL, Beaven MA, Ali H. The A3 adenosine receptor is the unique adenosine receptor which facilitates release of allergic mediators in mast cells. *J Biol Chem*. 1993; 268:16887–16890. [PubMed: 8349579]
10. Fishman P, Bar-Yehuda S, Liang BT, Jacobson KA. Pharmacological and therapeutic effects of A3 adenosine receptor agonists. *Drug Discov Today*. 2012; 17:359–366. [PubMed: 22033198]
11. Gessi S, Merighi S, Varani K, Leung E, Mac Lennan S, Borea PA. The A3 adenosine receptor: An enigmatic player in cell biology. *Pharmacol Ther*. 2008; 117:123–140. [PubMed: 18029023]
12. Alnouri MW, Jepards S, Casari A, Schiedel AC, Hinz S, Müller CE. Selectivity is species-dependent: Characterization of standard agonists and antagonists at human, rat, and mouse adenosine receptors. *Purinergic Signal*. 2015; 11:389–407. [PubMed: 26126429]
13. Leung CT, Li A, Banerjee J, et al. The role of activated adenosine receptors in degranulation of human LAD2 mast cells. *Purinergic Signal*. 2014; 10:465–475. [PubMed: 24595664]
14. Atkinson MR, Townsend-Nicholson A, Nicholl JK, Sutherland GR, Schofield PR. Cloning, characterisation and chromosomal assignment of the human adenosine A3 receptor (ADORA3) gene. *Neurosci Res*. 1997; 29:73–79. [PubMed: 9293494]
15. Murrison EM, Goodson SJ, Edbrooke MR, Harris CA. Cloning and characterisation of the human adenosine A3 receptor gene. *FEBS Lett*. 1996; 384:243–246. [PubMed: 8617363]
16. Peculis R, Latkovskis G, Tarasova L, Pirags V, Erglis A, Klovins J. A nonsynonymous variant I248L of the adenosine A3 receptor is associated with coronary heart disease in a Latvian population. *DNA Cell Biol*. 2011; 30:907–911. [PubMed: 21675873]

17. Campbell NG, Zhu C-B, Lindler KM, et al. Rare coding variants of the adenosine A3 receptor are increased in autism: On the trail of the serotonin transporter regulome. *Mol Autism*. 2013; 4:28. [PubMed: 23953133]
18. Kim S-H, Nam E-J, Kim Y-K, Ye Y-M, Park H-S. Functional variability of the adenosine A3 receptor (ADORA3) gene polymorphism in aspirin-induced urticaria. *Br J Dermatol*. 2010; 163:977–985. [PubMed: 20716228]
19. Wu W, He Y, Feng X, et al. Micro RNA-206 is involved in the pathogenesis of ulcerative colitis via regulation of adenosine A3 receptor. *Oncotarget*. 2017; 8:705–721. [PubMed: 27893428]
20. Trincavelli ML, Tuscano D, Marroni M, et al. A3 adenosine receptors in human astrocytoma cells: Agonist-mediated desensitization, internalization, and down-regulation. *Mol Pharmacol*. 2002; 62:1373–1384. [PubMed: 12435805]
21. Trincavelli ML, Tuscano D, Marroni M, Klotz K-N, Lucacchini A, Martini C. Involvement of mitogen protein kinase cascade in agonist-mediated human A3 adenosine receptor regulation. *Biochim Biophys Acta Mol Cell Res*. 2002; 1591:55–62.
22. Madi L, Bar-Yehuda S, Barer F, Ardon E, Ochaion A, Fishman P. A3 adenosine receptor activation in melanoma cells: Association between receptor fate and tumor growth inhibition. *J Biol Chem*. 2003; 278:42121–42130. [PubMed: 12865431]
23. Palmer TM, Stiles GL. Identification of threonine residues controlling the agonist-dependent phosphorylation and desensitization of the rat A(3) adenosine receptor. *Mol Pharmacol*. 2000; 57:539–545. [PubMed: 10692494]
24. Pugliese AM, Coppi E, Volpini R, et al. Role of adenosine A3 receptors on CA1 hippocampal neurotransmission during oxygen-glucose deprivation episodes of different duration. *Biochem Pharmacol*. 2007; 74:768–779. [PubMed: 17626785]
25. Stoddart LA, Kellam B, Briddon SJ, Hill SJ. Effect of a toggle switch mutation in TM6 of the human adenosine A₃ receptor on Gi protein-dependent signalling and Gi-independent receptor internalization. *Br J Pharmacol*. 2014; 171:3827–3844. [PubMed: 24750014]
26. Stoddart LA, Vernal AJ, Briddon SJ, Kellam B, Hill SJ. Direct visualisation of internalization of the adenosine A3 receptor and localization with arrestin3 using a fluorescent agonist. *Neuropharmacology*. 2015; 98:68–77. [PubMed: 25937210]
27. Merighi S, Varani K, Gessi S, et al. Binding thermodynamics at the human A(3) adenosine receptor. *Biochem Pharmacol*. 2002; 63:157–161. [PubMed: 11841789]
28. Borea PA, Dalpiaz A, Varani K, Gilli P, Gilli G. Can thermodynamic measurements of receptor binding yield information on drug affinity and efficacy? *Biochem Pharmacol*. 2000; 60:1549–1556. [PubMed: 11077036]
29. Gessi S, Fogli E, Sacchetto V, et al. Thermodynamics of A2B adenosine receptor binding discriminates agonistic from antagonistic behaviour. *Biochem Pharmacol*. 2008; 75:562–569. [PubMed: 17936250]
30. Kohno Y, Ji X, Mawhorter SD, Koshiha M, Jacobson KA. Activation of A3 adenosine receptors on human eosinophils elevates intracellular calcium. *Blood*. 1996; 88:3569–3574. [PubMed: 8896425]
31. Morschl E, Molina JG, Volmer JB, et al. A3 adenosine receptor signaling influences pulmonary inflammation and fibrosis. *Am J Respir Cell Mol Biol*. 2008; 39:697–705. [PubMed: 18587054]
32. Bouma MG, Jeunhomme TM, Boyle DL, et al. Adenosine inhibits neutrophil degranulation in activated human whole blood: Involvement of adenosine A2 and A3 receptors. *J Immunol*. 1997; 158:5400–5408. [PubMed: 9164961]
33. Gessi S, Varani K, Merighi S, et al. A(3) adenosine receptors in human neutrophils and promyelocytic HL60 cells: A pharmacological and biochemical study. *Mol Pharmacol*. 2002; 61:415–424. [PubMed: 11809867]
34. Chen Y, Corriden R, Inoue Y, et al. ATP release guides neutrophil chemotaxis via P2Y2 and A3 receptors. *Science*. 2006; 314:1792–1795. [PubMed: 17170310]
35. van der Hoeven D, Wan TC, Auchampach JA. Activation of the A(3) adenosine receptor suppresses superoxide production and chemotaxis of mouse bone marrow neutrophils. *Mol Pharmacol*. 2008; 74:685–696. [PubMed: 18583455]

36. Corriden R, Self T, Akong-Moore K, et al. Adenosine-A3 receptors in neutrophil microdomains promote the formation of bacteria-tethering cytonemes. *EMBO Rep.* 2013; 14:726–732. [PubMed: 23817552]
37. Mulloy DP, Sharma AK, Fernandez LG, et al. Adenosine A3 receptor activation attenuates lung ischemia-reperfusion injury. *Ann Thorac Surg.* 2013; 95:1762–1767. [PubMed: 23541429]
38. Broussas M, Cornillet-Lefèbvre P, Potron G, Nguyen P. Inhibition of fMLP-triggered respiratory burst of human monocytes by adenosine: Involvement of A3 adenosine receptor. *J Leukoc Biol.* 1999; 66:495–501. [PubMed: 10496321]
39. Broussas M, Cornillet-Lefèbvre P, Potron G, Nguyễn P. Adenosine inhibits tissue factor expression by LPS-stimulated human monocytes: Involvement of the A3 adenosine receptor. *Thromb Haemost.* 2002; 88:123–130. [PubMed: 12152652]
40. Thiele A, Kronstein R, Wetzel A, Gerth A, Nieber K, Hauschildt S. Regulation of adenosine receptor subtypes during cultivation of human monocytes: Role of receptors in preventing lipopolysaccharide-triggered respiratory burst. *Infect Immun.* 2004; 72:1349–1357. [PubMed: 14977938]
41. McWhinney CD, Dudley MW, Bowlin TL, et al. Activation of adenosine A3 receptors on macrophages inhibits tumor necrosis factor- α . *Eur J Pharmacol.* 1996; 310:209–216. [PubMed: 8884219]
42. Szabó C, Scott GS, Virág L, et al. Suppression of macrophage inflammatory protein (MIP)-1 α production and collagen-induced arthritis by adenosine receptor agonists. *Br J Pharmacol.* 1998; 125:379–387. [PubMed: 9786512]
43. Gessi S, Fogli E, Sacchetto V, et al. Adenosine modulates HIF-1 α , VEGF, IL-8, and foam cell formation in a human model of hypoxic foam cells. *Arterioscler Thromb Vasc Biol.* 2010; 30:90–97. [PubMed: 19834107]
44. Panther E, Idzko M, Herouy Y, Rheinen H, Gebicke-Haerter PJ, Mrowietz U, Dichmann S, Norgauer J. Expression and function of adenosine receptors in human dendritic cells. *FASEB J.* 2001; 15:1963–1970. [PubMed: 11532976]
45. Fossetta J, Jackson J, Deno G, et al. Pharmacological analysis of calcium responses mediated by the human A3 adenosine receptor in monocyte-derived dendritic cells and recombinant cells. *Mol Pharmacol.* 2003; 63:342–350. [PubMed: 12527805]
46. Dickenson JM, Reeder S, Rees B, Alexander S, Kendall D. Functional expression of adenosine A2A and A3 receptors in the mouse dendritic cell line XS-106. *Eur J Pharmacol.* 2003; 474:43–51. [PubMed: 12909194]
47. Hofer S, Ivarsson L, Stoitznier P, et al. Adenosine slows migration of dendritic cells but does not affect other aspects of dendritic cell maturation. *J Invest Dermatol.* 2003; 121:300–307. [PubMed: 12880422]
48. Gessi S, Varani K, Merighi S, et al. Expression of A3 adenosine receptors in human lymphocytes: Up-regulation in T cell activation. *Mol Pharmacol.* 2004; 65:711–719. [PubMed: 14978250]
49. Varani K, Massara A, Vincenzi F, et al. Normalization of A2A and A3 adenosine receptor up-regulation in rheumatoid arthritis patients by treatment with anti-tumor necrosis factor α but not methotrexate. *Arthritis Rheum.* 2009; 60:2880–2891. [PubMed: 19790066]
50. Varani K, Vincenzi F, Tosi A, et al. A2A adenosine receptor overexpression and functionality, as well as TNF- α levels, correlate with motor symptoms in Parkinson's disease. *FASEB J.* 2010; 24:587–598. [PubMed: 19776336]
51. Bar-Yehuda S, Luger D, Ochaion A, et al. Inhibition of experimental auto-immune uveitis by the A3 adenosine receptor agonist CF101. *Int J MolMed.* 2011; 28:727–731.
52. Varani K, De Mattei M, Vincenzi F, et al. Characterization of adenosine receptors in bovine chondrocytes and fibroblast-like synoviocytes exposed to low frequency low energy pulsed electromagnetic fields. *Osteoarthr Cartil.* 2008; 16:292–304. [PubMed: 17698373]
53. Varani K, Vincenzi F, Tosi A, et al. Expression and functional role of adenosine receptors in regulating inflammatory responses in human synoviocytes. *Br J Pharmacol.* 2010; 160:101–115. [PubMed: 20331607]

54. Stamp LK, Hazlett J, Roberts RL, Frampton C, Highton J, Hessian PA. Adenosine receptor expression in rheumatoid synovium: A basis for methotrexate action. *Arthritis Res Ther.* 2012; 14:R138. [PubMed: 22682496]
55. Vincenzi F, Targa M, Corciulo C, et al. Pulsed electromagnetic fields increased the anti-inflammatory effect of A₂A and A₃ adenosine receptors in human T/C-28a2 chondrocytes and hFOB 1. 19 osteoblasts. *PLoS One.* 2013; 8:e65561. [PubMed: 23741498]
56. Olah ME, Gallo-Rodriguez C, Jacobson KA, Stiles GL. 125I-4-aminobenzyl-5'-N-methylcarboxamidoadenosine, a high affinity radioligand for the rat A₃ adenosine receptor. *Mol Pharmacol.* 1994; 45:978–982. [PubMed: 8190112]
57. Carruthers AM, Fozard JR. Adenosine A₃ receptors: Two into one won't go. *Trends Pharmacol Sci.* 1993; 14:290–291. [PubMed: 8249145]
58. Fozard JR, Carruthers AM. Adenosine A₃ receptors mediate hypotension in the angiotensin II-supported circulation of the pithed rat. *Br J Pharmacol.* 1993; 109:3–5. [PubMed: 8495245]
59. Hannon JP, Pfannkuche HJ, Fozard JR. A role for mast cells in adenosine A₃ receptor-mediated hypotension in the rat. *Br J Pharmacol.* 1995; 115:945–952. [PubMed: 7582525]
60. el-Hashim A, D'Agostino B, Matera MG, Page C. Characterization of adenosine receptors involved in adenosine-induced bronchoconstriction in allergic rabbits. *Br J Pharmacol.* 1996; 119:1262–1268. [PubMed: 8937732]
61. Fozard JR, Pfannkuche HJ, Schuurman HJ. Mast cell degranulation following adenosine A₃ receptor activation in rats. *Eur J Pharmacol.* 1996; 298:293–297. [PubMed: 8846829]
62. Hua X, Chason KD, Fredholm BB, Deshpande DA, Penn RB, Tilley SL. Adenosine induces airway hyperresponsiveness through activation of A₃ receptors on mast cells. *J Allergy Clin Immunol.* 2008; 122:107–113. 113–117. [PubMed: 18472152]
63. Gomez G, Zhao W, Schwartz LB. Disparity in FcεRI-induced degranulation of primary human lung and skin mast cells exposed to adenosine. *J Clin Immunol.* 2011; 31:479–487. [PubMed: 21437670]
64. Kohno Y, Sei Y, Koshiba M, Kim HO, Jacobson KA. Induction of apoptosis in HL-60 human promyelocytic leukemia cells by adenosine A₃ receptor agonists. *Biochem Biophys Res Commun.* 1996; 219:904–910. [PubMed: 8645277]
65. Mousavi S, Panjehpour M, Izadpanahi MH, Aghaei M. Expression of adenosine receptor subclasses in malignant and adjacent normal human prostate tissues. *Prostate.* 2015; 75:735–747. [PubMed: 25704103]
66. Gessi S, Varani K, Merighi S, et al. Pharmacological and biochemical characterization of A₃ adenosine receptors in Jurkat T cells. *Br J Pharmacol.* 2001; 134:116–126. [PubMed: 11522603]
67. Merighi S, Varani K, Gessi S, et al. Pharmacological and biochemical characterization of adenosine receptors in the human malignant melanoma A375 cell line. *Br J Pharmacol.* 2001; 134:1215–1226. [PubMed: 11704641]
68. Suh BC, Kim TD, Lee JU, Seong JK, Kim KT. Pharmacological characterization of adenosine receptors in PGT-beta mouse pineal gland tumour cells. *Br J Pharmacol.* 2001; 134:132–142. [PubMed: 11522605]
69. Gessi S, Merighi S, Varani K, et al. Adenosine receptors in colon carcinoma tissues and colon tumoral cell lines: Focus on the A(3) adenosine subtype. *J Cell Physiol.* 2007; 211:826–836. [PubMed: 17348028]
70. Morello S, Sorrentino R, Porta A, et al. CI-IB-MECA enhances TRAIL-induced apoptosis via the modulation of NF-kappaB signalling pathway in thyroid cancer cells. *J Cell Physiol.* 2009; 221:378–386. [PubMed: 19562684]
71. Merighi S, Mirandola P, Milani D, et al. Adenosine receptors as mediators of both cell proliferation and cell death of cultured human melanoma cells. *J Invest Dermatol.* 2002; 119:923–933. [PubMed: 12406340]
72. Merighi S, Simioni C, Gessi S, et al. A(2B) and A(3) adenosine receptors modulate vascular endothelial growth factor and interleukin-8 expression in human melanoma cells treated with etoposide and doxorubicin. *Neoplasia.* 2009; 11:1064–1073. [PubMed: 19794965]

73. Jajoo S, Mukherjea D, Watabe K, Ramkumar V. Adenosine A(3) receptor suppresses prostate cancer metastasis by inhibiting NADPH oxidase activity. *Neoplasia*. 2009; 11:1132–1145. [PubMed: 19881949]
74. Gessi S, Sacchetto V, Fogli E, et al. Modulation of metalloproteinase-9 in U87MG glioblastoma cells by A3 adenosine receptors. *Biochem Pharmacol*. 2010; 79:1483–1495. [PubMed: 20096265]
75. Varani K, Maniero S, Vincenzi F, et al. A₃ receptors are overexpressed in pleura from patients with mesothelioma and reduce cell growth via Akt/nuclear factor- κ B pathway. *Am J Respir Crit Care Med*. 2011; 183:522–530.
76. Cohen S, Stemmer SM, Zozulya G, et al. CF102 an A3 adenosine receptor agonist mediates anti-tumor and anti-inflammatory effects in the liver. *J Cell Physiol*. 2011; 226:2438–2447. [PubMed: 21660967]
77. Hofer M, Dušek L, Hoferová Z, Stixová L, Pospíšil M. Expression of mRNA for adenosine A(1), A(2a), A(2b), and A(3) receptors in HL-60 cells: Dependence on cell cycle phases. *Physiol Res*. 2011; 60:913–920. [PubMed: 21995905]
78. Kanno T, Gotoh A, Fujita Y, Nakano T, Nishizaki T. A(3) adenosine receptor mediates apoptosis in 5637 human bladder cancer cells by G(q) protein/PKC-dependent AIF upregulation. *Cell Physiol Biochem*. 2012; 30:1159–1168. [PubMed: 23171836]
79. Nogi Y, Kanno T, Nakano T, et al. AMP converted from intracellularly transported adenosine upregulates p53 expression to induce malignant pleural mesothelioma cell apoptosis. *Cell Physiol Biochem*. 2012; 30:61–74. [PubMed: 22759956]
80. Kamiya H, Kanno T, Fujita Y, Gotoh A, Nakano T, Nishizaki T. Apoptosis-related gene transcription in human A549 lung cancer cells via A(3) adenosine receptor. *Cell Physiol Biochem*. 2012; 29:687–696. [PubMed: 22613969]
81. Otsuki T, Kanno T, Fujita Y, et al. A3 adenosine receptor-mediated p53-dependent apoptosis in Lu-65 human lung cancer cells. *Cell Physiol Biochem*. 2012; 30:210–220. [PubMed: 22759968]
82. Vincenzi F, Targa M, Corciulo C, et al. The anti-tumor effect of A3 adenosine receptors is potentiated by pulsed electromagnetic fields in cultured neural cancer cells. *PLoS One*. 2012; 7:e39317. [PubMed: 22761760]
83. Nagaya H, Gotoh A, Kanno T, Nishizaki T. A3 adenosine receptor mediates apoptosis in in vitro RCC4-VHL human renal cancer cells by up-regulating AMID expression. *J Urol*. 2013; 189:321–328. [PubMed: 23174235]
84. Sakowicz-Burkiewicz M, Kitowska A, Grden M, Maciejewska I, Szutowicz A, Pawelczyk T. Differential effect of adenosine receptors on growth of human colon cancer HCT 116 and HT-29 cell lines. *Arch Biochem Biophys*. 2013; 533:47–54. [PubMed: 23454010]
85. Madi L, Rosenberg-Haggen B, Nyska A, Korenstein R. Enhancing pigmentation via activation of A3 adenosine receptors in B16melanoma cells and in human skin explants. *Exp Dermatol*. 2013; 22:74–77. [PubMed: 23088669]
86. Varani K, Vincenzi F, Targa M, et al. The stimulation of A(3) adenosine receptors reduces bone-residing breast cancer in a rat preclinical model. *Eur J Cancer*. 2013; 49:482–491. [PubMed: 22770890]
87. Gessi S, Cattabriga E, Avitabile A, et al. Elevated expression of A3 adenosine receptors in human colorectal cancer is reflected in peripheral blood cells. *Clin Cancer Res*. 2004; 10:5895–5901. [PubMed: 15355922]
88. Madi L, Ochaion A, Rath-Wolfson L, et al. The A3 adenosine receptor is highly expressed in tumor versus normal cells: Potential target for tumor growth inhibition. *Clin Cancer Res*. 2004; 10:4472–4479. [PubMed: 15240539]
89. Bar-Yehuda S, Stemmer SM, Madi L, et al. The A3 adenosine receptor agonist CF102 induces apoptosis of hepatocellular carcinoma via de-regulation of the Wnt and NF- κ B signal transduction pathways. *Int J Oncol*. 2008; 33:287–295. [PubMed: 18636149]
90. van Galen PJ, van Bergen AH, Gallo-Rodriguez C, et al. A binding site model and structure-activity relationships for the rat A3 adenosine receptor. *Mol Pharmacol*. 1994; 45:1101–1111. [PubMed: 8022403]
91. Jacobson KA, Nikodijevic O, Shi D, et al. A role for central A 3-adenosine receptors. *FEBS Lett*. 1993; 336:57–60. [PubMed: 8262217]

92. Gallo-Rodriguez C, Ji X, Melman N, et al. Structure-Activity Relationships of N6-Benzyladenosine-5'-uronamides as A3-Selective Adenosine Agonists. *JMed Chem.* 1994; 37:636–646. [PubMed: 8126704]
93. Ji XD, Gallo-Rodriguez C, Jacobson KA. A selective agonist affinity label for A3 adenosine receptors. *Biochem Biophys Res Commun.* 1994; 203:570–576. [PubMed: 8074705]
94. Kim HO, Ji X, Siddiqi SM, Olah ME, Stiles GL, Jacobson KA. 2-Substitution of N6-benzyladenosine-5'-uronamides enhances selectivity for A3 adenosine receptors. *JMed Chem.* 1994; 37:3614–3621. [PubMed: 7932588]
95. Gao Z-G, Jeong LS, Moon HR, et al. Structural determinants of efficacy at A3 adenosine receptors: Modification of the ribose moiety. *Biochem Pharmacol.* 2004; 67:893–901. [PubMed: 15104242]
96. Siddiqi SM, Jacobson KA, Esker JL, et al. Search for New purine- and ribose-modified adenosine analogs as selective agonists and antagonists at adenosine receptors. *JMed Chem.* 1995; 38:1174–1188. [PubMed: 7707320]
97. Baraldi PG, Cacciari B, Pineda de Las Infantas MJ, et al. Synthesis and biological activity of a new series of N6-arylcarbonyl, 2-(Ar)alkynyl-N6-arylcarbonyl, and N6-carboxamido derivatives of adenosine-5'-N-ethyluronamide as A1 and A3 adenosine receptor agonists. *JMed Chem.* 1998; 41:3174–3185. [PubMed: 9703463]
98. Varani K, Cacciari B, Baraldi PG, Dionisotti S, Ongini E, Borea PA. Binding affinity of adenosine receptor agonists and antagonists at human cloned A3 adenosine receptors. *Life Sci.* 1998; 63:PL81–PL87.
99. Volpini R, Costanzi S, Lambertucci C, Taffi S, Vittori S, Klotz K-N, Cristalli G. N(6)-alkyl-2-alkynyl derivatives of adenosine as potent and selective agonists at the human adenosine A(3) receptor and a starting point for searching A(2B) ligands. *J Med Chem.* 2002; 45:3271–3279. [PubMed: 12109910]
100. Jacobson KA, Siddiqi SM, Olah ME, et al. Structure-activity relationships of 9-alkyladenine and ribose-modified adenosine derivatives at rat A3 adenosine receptors. *JMed Chem.* 1995; 38:1720–1735. [PubMed: 7752196]
101. Mogensen JP, Roberts SM, Bowler AN, Thomsen C, Knutsen LJ. The synthesis of new adenosine A3 selective ligands containing bioisosteric isoxazoles. *Bioorg Med Chem Lett.* 1998; 8:1767–1770. [PubMed: 9873431]
102. van Tilburg EW, von Frijtag Drabbe Kunzel J, de Groote M, IJzerman AP. 2,5'-Disubstituted adenosine derivatives: Evaluation of selectivity and efficacy for the adenosine A(1), A(2A), and A(3) receptor. *JMed Chem.* 2002; 45:420–429. [PubMed: 11784146]
103. Klotz KN, Camaioni E, Volpini R, Kachler S, Vittori S, Cristalli G. 2-Substituted N-ethylcarboxamidoadenosine derivatives as high-affinity agonists at human A3 adenosine receptors. *Naunyn Schmiedebergs Arch Pharmacol.* 1999; 360:103–108. [PubMed: 10494877]
104. Volpini R, Dal Ben D, Lambertucci C, et al. N6-methoxy-2-alkynyladenosine derivatives as highly potent and selective ligands at the human A3 adenosine receptor. *JMed Chem.* 2007; 50:1222–1230. [PubMed: 17309246]
105. Tchilibon S, Kim S-K, Gao Z-G, et al. Exploring distal regions of the A3 adenosine receptor binding site: Sterically constrained N6-(2-phenylethyl)adenosine derivatives as potent ligands. *Bioorg Med Chem.* 2004; 12:2021–2034. [PubMed: 15080906]
106. Park K, Hoffmann C, Kim HO, et al. Activation and desensitization of rat A3-adenosine receptors by selective adenosine derivatives and xanthine-7-ribosides. *Drug Dev Res.* 1998; 44:97–105. [PubMed: 23487508]
107. Rodríguez D, Chakraborty S, Warnick E, et al. Structure-based screening of uncharted chemical space for atypical adenosine receptor agonists. *ACS Chem Biol.* 2016; 11:2763–2772. [PubMed: 27439119]
108. Gao Z-G, Verziji D, Zweemer A, et al. Functionally biased modulation of A(3) adenosine receptor agonist efficacy and potency by imidazoquinolinamine allosteric enhancers. *Biochem Pharmacol.* 2011; 82:658–668. [PubMed: 21718691]
109. Melman A, Wang B, Joshi BV, Gao Z-G, Castro S, de Heller CL, Kim S-K, Jeong LS, Jacobson KA. Selective A3 adenosine receptor antagonists derived from nucleosides containing a

- bicyclo[3.1.0]hexane ring system. *Bioorg Med Chem*. 2008; 16:8546–8556. [PubMed: 18752961]
110. DeNinno MP, Masamune H, Chenard LK, et al. 3'-Aminoadenosine-5'-uronamides: Discovery of the first highly selective agonist at the human adenosine A₃ receptor. *JMed Chem*. 2003; 46:353–355. [PubMed: 12540233]
111. Elzein E, Palle V, Wu Y, Maa T, Zeng D, Zablocki J. 2-Pyrazolyl-N₆-substituted adenosine derivatives as high affinity and selective adenosine A₃ receptor agonists. *JMed Chem*. 2004; 47:4766–4773. [PubMed: 15341491]
112. Jacobson KA, Ji X, Li A-H, et al. Methanocarpa analogues of purine nucleosides as potent and selective adenosine receptor agonists. *JMed Chem*. 2000; 43:2196–2203. [PubMed: 10841798]
113. Marquez VE, Siddiqui MA, Ezzitouni A, et al. Nucleosides with a twist. Can fixed forms of sugar ring pucker influence biological activity in nucleosides and oligonucleotides? *JMed Chem*. 1996; 39:3739–3747. [PubMed: 8809162]
114. Tchilibon S, Joshi BV, Kim S-K, Duong HT, Gao Z-G, Jacobson KA. (*N*)-Methanocarpa 2, N₆-disubstituted adenine nucleosides as highly potent and selective A₃ adenosine receptor agonists. *JMed Chem*. 2005; 48:1745–1758. [PubMed: 15771421]
115. Gao Z-G, Teng B, Wu H, Joshi BV, Griffiths GL, Jacobson KA. Synthesis and pharmacological characterization of [125I]MRS1898, a high-affinity, selective radioligand for the rat A₃ adenosine receptor. *Purinergic Signal*. 2009; 5:31–37. [PubMed: 18528782]
116. Kiesewetter DO, Lang L, Ma Y, et al. Synthesis and characterization of [76Br]-labeled high-affinity A₃ adenosine receptor ligands for positron emission tomography. *Nucl Med Biol*. 2009; 36:3–10. [PubMed: 19181263]
117. Jacobson KA, Gao Z-G, Tchilibon S, et al. Semi-rational design of (north)-methanocarpa nucleosides as dual acting A(1) and A(3) adenosine receptor agonists: Novel prototypes for cardioprotection. *JMed Chem*. 2005; 48:8103–8107. [PubMed: 16366590]
118. Volpini R, Costanzi S, Lambertucci C, et al. Adenosine receptor agonists: Synthesis and binding affinity of 2-(aryl)alkylthioadenosine derivatives. *ARKIVOC*. 2004; 5:301–311.
119. Tosh DK, Chinn M, Ivanov AA, Klutz AM, Gao Z-G, Jacobson KA. Functionalized congeners of A₃ adenosine receptor-selective nucleosides containing a bicyclo[3.1.0]hexane ring system. *JMed Chem*. 2009; 52:7580–7592. [PubMed: 19499950]
120. Tosh DK, Deflorian F, Phan K, et al. Structure-guided design of A(3) adenosine receptor-selective nucleosides: Combination of 2-arylethynyl and bicyclo[3.1.0]hexane substitutions. *JMed Chem*. 2012; 55:4847–4860. [PubMed: 22559880]
121. Tosh DK, Finley A, Paoletta S, et al. In vivo phenotypic screening for treating chronic neuropathic pain: Modification of C2-arylethynyl group of conformationally constrained A₃ adenosine receptor agonists. *JMed Chem*. 2014; 57:9901–9914. [PubMed: 25422861]
122. Paoletta S, Tosh DK, Finley A, et al. Rational design of sulfonated A₃ adenosine receptor-selective nucleosides as pharmacological tools to study chronic neuropathic pain. *JMed Chem*. 2013; 56:5949–5963. [PubMed: 23789857]
123. Volpini R, Buccioni M, Dal Ben D, et al. Synthesis and biological evaluation of 2-alkynyl-N₆-methyl-5'-*N*-methylcarboxamidoadenosine derivatives as potent and highly selective agonists for the human adenosine A₃ receptor. *JMed Chem*. 2009; 52:7897–7900. [PubMed: 19839592]
124. Kozma E, Gizewski ET, Tosh DK, Squarcialupi L, Auchampach JA, Jacobson KA. Characterization by flow cytometry of fluorescent, selective agonist probes of the A(3) adenosine receptor. *Biochem Pharmacol*. 2013; 85:1171–1181. [PubMed: 23376019]
125. Tosh DK, Paoletta S, Phan K, Gao Z-G, Jacobson KA. Truncated nucleosides as A₃ adenosine receptor ligands: Combined 2-arylethynyl and bicyclohexane substitutions. *ACS Med Chem Lett*. 2012; 3:596–601.
126. Jeong LS, Lee HW, Jacobson KA, et al. Structure–activity relationships of 2-chloro-N₆-substituted-4'-thioadenosine-5'-uronamides as highly potent and selective agonists at the human A₃ adenosine receptor. *JMed Chem*. 2006; 49:273–281. [PubMed: 16392812]
127. Kim GD, Oh J, Jeong LS, Lee SK. Thio-Cl-IB-MECA, a novel A₃ adenosine receptor agonist, suppresses angiogenesis by regulating PI3K/AKT/mTOR and ERK signaling in endothelial cells. *Biochem Biophys Res Commun*. 2013; 437:79–86. [PubMed: 23791876]

128. Gao Z-G, Kim S-K, Biadatti T, et al. Structural determinants of A₃ adenosine receptor activation: Nucleoside ligands at the agonist/antagonist boundary. *JMed Chem.* 2002; 45:4471–4484. [PubMed: 12238926]
129. Bennett GJ, Xie YK. A peripheral mononeuropathy in rat that produces disorders of pain sensation like those seen in man. *Pain.* 1988; 33:87–107. [PubMed: 2837713]
130. Chen Z, Janes K, Chen C, et al. Controlling murine and rat chronic pain through A₃ adenosine receptor activation. *FASEB J.* 2012; 26:1855–1865. [PubMed: 22345405]
131. Tosh DK, Paoletta S, Chen Z, et al. Structure-based design, synthesis by click chemistry and in vivo activity of highly selective A₃ adenosine receptor agonists. *Med Chem Commun.* 2015; 6:555–563.
132. Cosyn L, Palaniappan KK, Kim S-K, et al. 2-Triazole-substituted adenosines: A new class of selective A₃ adenosine receptor agonists, partial agonists, and antagonists. *JMed Chem.* 2006; 49:7373–7383. [PubMed: 17149867]
133. Fang Z-Z, Tosh DK, Tanaka N, et al. Metabolic mapping of A₃ adenosine receptor agonist MRS5980. *Biochem Pharmacol.* 2015; 97:215–223. [PubMed: 26212548]
134. Tosh DK, Ciancetta A, Warnick E, et al. Purine (*N*)-methanocarba nucleoside derivatives lacking an exocyclic amine as selective A₃ adenosine receptor agonists. *JMed Chem.* 2016; 59:3249–3263. [PubMed: 26890707]
135. Jacobson, KA., Klutz, AM., Tosh, DK., Ivanov, AA., Preti, D., Baraldi, PG. Medicinal chemistry of the A₃ adenosine receptor: Agonists, antagonists, and receptor engineering. In: Wilson, CN., Mustafa, SJ., editors. *Adenosine Receptors in Health and Disease.* Berlin and Heidelberg: Springer-Verlog; 2009. p. 123-159.
136. Volpini R, Costanzi S, Lambertucci C, et al. Introduction of alkynyl chains on C-8 of adenosine led to very selective antagonists of the A₃(3) adenosine receptor. *Bioorg Med Chem Lett.* 2001; 11:1931–1934. [PubMed: 11459663]
137. Gao Z-G, Joshi BV, Klutz AM, et al. Conversion of A₃ adenosine receptor agonists into selective antagonists by modification of the 5'-ribofuran-uronamide moiety. *Bioorg Med Chem Lett.* 2006; 16:596–601. [PubMed: 16289820]
138. Jeong LS, Lee HW, Kim HO, et al. Structure–activity relationships of 2-chloro-N₆-substituted-4'-thioadenosine-5'-N,N-dialkyluronamides as human A₃ adenosine receptor antagonists. *Bioorg Med Chem Lett.* 2008; 18:1612–1616. [PubMed: 18255292]
139. Jeong LS, Choe SA, Gunaga P, et al. Discovery of a new nucleoside template for human A₃ adenosine receptor ligands: D -4'-thioadenosine derivatives without 4'-hydroxymethyl group as highly potent and selective antagonists. *JMed Chem.* 2007; 50:3159–3162. [PubMed: 17555308]
140. Nayak A, Chandra G, Hwang I, et al. Synthesis and anti-renal fibrosis activity of conformationally locked truncated 2-hexynyl-N(6)-substituted-(N)-methanocarba-nucleosides as A₃ adenosine receptor antagonists and partial agonists. *J Med Chem.* 2014; 57:1344–1354. [PubMed: 24456490]
141. Petrelli R, Torquati I, Kachler S, et al. 5'-C-ethyl-tetrazolyl-N(6)-substituted adenosine and 2-chloro-adenosine derivatives as highly potent dual acting A₁ adenosine receptor agonists and A₃ adenosine receptor antagonists. *J Med Chem.* 2015; 58:2560–2566. [PubMed: 25699637]
142. Costanzi S, Lambertucci C, Vittori S, Volpini R, Cristalli G. 2- and 8-alkynyladenosines: Conformational studies and docking to human adenosine A₃ receptor can explain their different biological behavior. *JMol GraphModel.* 2003; 21:253–262.
143. Hou X, Majik MS, Kim K, et al. Structure-activity relationships of truncated C₂- or C₈-substituted adenosine derivatives as dual acting A₂ A and A₃ adenosine receptor ligands. *JMed Chem.* 2012; 55:342–356. [PubMed: 22142423]
144. Borea PA, Varani K, Vincenzi F, et al. The A₃ adenosine receptor: History and perspectives. *Pharmacol Rev.* 2015; 67:74–102. [PubMed: 25387804]
145. Kim HO, Ji X, Melman N, Olah ME, Stiles GL, Jacobson KA. Structure-activity relationships of 1,3-dialkylxanthine derivatives at rat A₃ adenosine receptors. *JMed Chem.* 1994; 37:3373–3382. [PubMed: 7932565]
146. Baraldi, PG., Romagnoli, R., Saponaro, G., Baraldi, S., Tabrizi, MA., Preti, D. A₃ Adenosine Receptor Antagonists: History and Future Perspectives. In: Borea, PA., editor. *A₃ Adenosine*

Receptors from Cell Biology to Pharmacology and Therapeutics. Dordrecht: Springer Netherlands; 2010. p. 121-147.

147. Taliani S, Pugliesi I, Bellandi M, La Motta C, Da Settimo F. A₃ receptor ligands: Past, present and future trends. *Curr Top Med Chem*. 2010; 10:942–975. [PubMed: 20370658]
148. Müller CE, Jacobson KA. Recent developments in adenosine receptor ligands and their potential as novel drugs. *Biochim Biophys Acta Biomembr*. 2011; 1808:1290–1308.
149. Baraldi PG, Preti D, Zaid AN, et al. Water-soluble pyrazolo[4,3-e][1,2,4]triazolo[1,5-c]pyrimidines as human A₃ adenosine receptor antagonists. *JMed Chem*. 2012; 55:5380–5390. [PubMed: 22568637]
150. Baraldi PG, Cacciari B, Romagnoli R, et al. A₃ adenosine receptor ligands: History and perspectives. *Med Res Rev*. 2000; 20:103–128. [PubMed: 10723024]
151. Baraldi PG, Tabrizi MA, Fruttarolo F, et al. Recent developments in the field of A₃ adenosine receptor antagonists. *Drug Dev Res*. 2003; 58:315–329.
152. Baraldi PG, Preti D, Borea PA, Varani K. Medicinal chemistry of A₃ adenosine receptor modulators: Pharmacological activities and therapeutic implications. *JMed Chem*. 2012; 55:5676–5703. [PubMed: 22468757]
153. Baraldi PG, Tabrizi MA, Gessi S, Borea PA. Adenosine receptor antagonists: Translating medicinal chemistry and pharmacology into clinical utility. *Chem Rev*. 2008; 108:238–263. [PubMed: 18181659]
154. Jacobson KA, Park KS, Jiang JL, et al. Pharmacological characterization of novel A₃ adenosine receptor-selective antagonists. *Neuropharmacology*. 1997; 36:1157–1165. [PubMed: 9364471]
155. Jiang J, van Rhee AM, Chang L, et al. Structure–activity relationships of 4-(phenylethynyl)-6-phenyl-1,4-dihydropyridines as highly selective A₃ adenosine receptor antagonists. *JMed Chem*. 1997; 40:2596–2608. [PubMed: 9258367]
156. Jiang J, van Rhee AM, Melman N, Ji X, Jacobson KA. 6-Phenyl-1,4-dihydropyridine derivatives as potent and selective A₃ adenosine receptor antagonists. *JMed Chem*. 1996; 39:4667–4675. [PubMed: 8917655]
157. Van Rhee AM, Jiang JL, Melman N, Olah ME, Stiles GL, Jacobson KA. Interaction of 1,4-dihydropyridine and pyridine derivatives with adenosine receptors: Selectivity for A₃ receptors. *JMed Chem*. 1996; 39:2980–2989. [PubMed: 8709132]
158. Li A-H, Moro S, Melman N, Ji X, Jacobson KA. Structure–activity relationships and molecular modeling of 3,5-diacyl-2,4-dialkylpyridine derivatives as selective A₃ adenosine receptor antagonists. *JMed Chem*. 1998; 41:3186–3201. [PubMed: 9703464]
159. Li AH, Moro S, Forsyth N, Melman N, Ji XD, Jacobson KA. Synthesis, CoMFA analysis, and receptor docking of 3,5-diacyl-2,4-dialkylpyridine derivatives as selective A₃ adenosine receptor antagonists. *JMed Chem*. 1999; 42:706–721. [PubMed: 10052977]
160. Xie R, Li A, Ji X, Melman N, Olah ME, Stiles GL. Selective A₃ adenosine receptor antagonists: Water-soluble 3, 5-diacyl-1, 2, 4-trialkylpyridinium salts and their oxidative generation from dihydropyridine precursors. *J Med Chemistry*. 1999; 42:4232–4238.
161. Haeusler D, Grassinger L, Fuchshuber F, et al. Hide and seek: A comparative autoradiographic in vitro investigation of the adenosine A₃ receptor. *Eur J Nucl MedMol Imaging*. 2015; 42:928–939.
162. Cosimelli B, Greco G, Ehlardo M, et al. Derivatives of 4-amino-6-hydroxy-2-mercaptopyrimidine as novel, potent, and selective A₃ adenosine receptor antagonists. *JMed Chem*. 2008; 51:1764–1770. [PubMed: 18269230]
163. Yaziji V, Coelho A, El Maatougui A, et al. Divergent solution-phase synthesis of diarylpyrimidine libraries as selective A₃ adenosine receptor antagonists. *J Comb Chem*. 2009; 11:519–522. [PubMed: 19472983]
164. Yaziji V, Rodríguez D, Gutiérrez-de-Terán H, et al. Pyrimidine derivatives as potent and selective A₃ adenosine receptor antagonists. *JMed Chem*. 2011; 54:457–471. [PubMed: 21186795]
165. Azuaje J, Carbajales C, González-Gómez M, et al. Pyrazin-2(1*H*)-ones as a novel class of selective A₃ adenosine receptor antagonists. *FutureMed Chem*. 2015; 7:1373–1380.

166. van Muijlwijk-Koezen JE, Timmerman H, Vollinga RC, Frijtag von Drabbe Künzel J, de Groote M, Visser S, IJzerman AP. Thiazole and thiadiazole analogues as a novel class of adenosine receptor antagonists. *JMed Chem.* 2001; 44:749–762. [PubMed: 11262085]
167. Jung K-Y, Kim S-K, Gao Z-G, et al. Structure–activity relationships of thiazole and thiadiazole derivatives as potent and selective human adenosine A₃ receptor antagonists. *Bioorg Med Chem.* 2004; 12:613–623. [PubMed: 14738972]
168. Bhattacharya P, Leonard JT, Roy K. Exploring 3D-QSAR of thiazole and thiadiazole derivatives as potent and selective human adenosine A₃ receptor antagonists. *JMol Model.* 2005; 11:516–524. [PubMed: 15928917]
169. VanMuijlwijk-Koezen JE, Timmerman H, van der Goot H, et al. Isoquinoline and quinazoline urea analogues as antagonists for the human-adenosine A₃ receptor. *JMed Chem.* 2000; 43:2227–2238. [PubMed: 10841801]
170. Morizzo E, Capelli F, Lenzi O, et al. Scouting human A₃ adenosine receptor antagonist binding mode using a molecular simplification approach: From triazoloquinoxaline to a pyrimidine skeleton as a key study. *J Med Chem.* 2007; 50:6596–6606. [PubMed: 18047262]
171. Poli D, Catarzi D, Colotta V, et al. The identification of the 2-phenylphthalazin-1(2 *H*)-one scaffold as a new decorable core skeleton for the design of potent and selective human A₃ adenosine receptor antagonists. *J Med Chem.* 2011; 54:2102–2113. [PubMed: 21401121]
172. Novellino E, Cosimelli B, Ehlardo M, et al. 2-(Benzimidazol-2-yl)quinoxalines: A novel class of selective antagonists at human A₁ and A₃ adenosine receptors designed by 3D database searching. *JMed Chem.* 2005; 48:8253–8260. [PubMed: 16366607]
173. Poli D, Falsini M, Varano F, Betti M, et al. Imidazo[1,2-*a*]pyrazin-8-amine core for the design of new adenosine receptor antagonists: Structural exploration to target the A₃ and A_{2A} subtypes. *Eur J Med Chem.* 2017; 125:611–628. [PubMed: 27721147]
174. Biagi G, Bianucci AM, Coi A, et al. 2,9-Disubstituted-N6-(arylcarbonyl)-8-azaadenines as new selective A₃ adenosine receptor antagonists: Synthesis, biochemical and molecular modelling studies. *Bioorg Med Chem.* 2005; 13:4679–4693. [PubMed: 15908217]
175. Pereira M, Jiang J, Klutz AM, et al. “Reversine” and its 2-substituted adenine derivatives as potent and selective A₃ adenosine receptor antagonists. 2005; 48:4910–4918.
176. Taliani S, La Motta C, Mugnaini L, et al. Novel N2-substituted pyrazolo[3,4-*d*]pyrimidine adenosine A₃ receptor antagonists: Inhibition of A₃-mediated human glioblastoma cell proliferation. *JMed Chem.* 2010; 53:3954–3963. [PubMed: 20408530]
177. Lenzi O, Colotta V, Catarzi D, et al. 2-Phenylpyrazolo[4,3-*d*]pyrimidin-7-one as a new scaffold to obtain potent and selective human A₃ adenosine receptor antagonists: New insights into the receptor–antagonist recognition. *JMed Chem.* 2009; 52:7640–7652. [PubMed: 19743865]
178. Squarzialupi L, Colotta V, Catarzi D, et al. 2-Arylpyrazolo[4,3-*d*]pyrimidin-7-amino derivatives as new potent and selective human A₃ Adenosine Receptor Antagonists. *Molecular Modeling Studies and Pharmacological Evaluation.* *J Med Chem.* 2013; 56:2256–2260. [PubMed: 23427825]
179. Squarzialupi L, Catarzi D, Varano F, et al. Structural refinement of pyrazolo[4,3-*d*]pyrimidine derivatives to obtain highly potent and selective antagonists for the human A₃ adenosine receptor. *Eur J Med Chem.* 2016; 108:117–133. [PubMed: 26638043]
180. Gatta F, Del Giudice M, Borioni A, Borea PA, Dionisotti S, Ongini E. Synthesis of imidazo[1,2-*c*]pyrazolo[4,3-*e*]pyrimidines, pyrazolo[4,3-*e*]1,2,4-triazolo[1,5-*c*]pyrimidines and 1,2,4-triazolo[5,1-*i*]purines: New potent adenosine A₂ receptor antagonists. *Eur J Med Chem.* 1993; 28:569–576.
181. Kim Y, Ji X, Jacobson KA. Derivatives of the triazoloquinazoline adenosine antagonist (CGS15943) are selective for the human A₃ receptor subtype. *JMed Chem.* 1996; 2623:4142–4148.
182. Kim YC, De Zwart M, Chang L, et al. Derivatives of the triazoloquinazoline adenosine antagonist (CGS 15943) having high potency at the human A_{2B} and A₃ receptor subtypes. *JMed Chem.* 1998; 41:2835–2845. [PubMed: 9667972]

183. Okamura T, Kurogi Y, Hashimoto K, et al. Structure–activity relationships of adenosine A₃ receptor ligands: New potential therapy for the treatment of glaucoma. *Bioorg Med Chem Lett*. 2004; 14:3775–3779. [PubMed: 15203160]
184. Burbiel JC, Ghattas W, Küppers P, et al. 2-Amino[1,2,4]triazolo[1,5-c]quinazolines and derived novel heterocycles: Syntheses and structure-activity relationships of potent adenosine receptor antagonists. *ChemMedChem*. 2016; 1523:1–16.
185. Colotta V, Catarzi D, Varano F, et al. Synthesis and structure–activity relationships of a new set of 2-arylpyrazolo[3,4-c]quinoline derivatives as adenosine receptor antagonists. *JMed Chem*. 2000; 43:3118–3124. [PubMed: 10956220]
186. Baraldi PG, Tabrizi MA, Preti D, et al. New 2-Arylpyrazolo[4,3-c]quinoline derivatives as potent and selective human A₃ adenosine receptor antagonists. *JMed Chem*. 2005; 48:5001–5008. [PubMed: 16033279]
187. Colotta V, Catarzi D, Varano F, et al. 1,2,4-Triazolo[4,3-a]quinoxalin-1-one: A versatile tool for the synthesis of potent and selective adenosine receptor antagonists. *JMed Chem*. 2000; 43:1158–1164. [PubMed: 10737748]
188. Colotta V, Catarzi D, Varano F, et al. 1,2,4-Triazolo[4,3-a]quinoxalin-1-one moiety as an attractive scaffold to develop new potent and selective human A₃ adenosine receptor antagonists: Synthesis, pharmacological, and ligand-receptor modeling studies. *JMed Chem*. 2004; 47:3580–3590. [PubMed: 15214785]
189. Lenzi O, Colotta V, Catarzi D, et al. 4-Amido-2-aryl-1,2,4-triazolo[4,3-a]quinoxalin-1-ones as new potent and selective human A₃ adenosine receptor antagonists. Synthesis, pharmacological evaluation, and ligand-receptor modeling studies. *JMed Chem*. 2006; 49:3916–3925. [PubMed: 16789747]
190. Catarzi D, Colotta V, Varano F, et al. 1,2,4-Triazolo[1,5-a]quinoxaline as a versatile tool for the design of selective human A₃ adenosine receptor antagonists: Synthesis, biological evaluation, and molecular modeling studies of 2-(Hetero)aryl and 2-carboxy-substituted derivatives. *JMed Chem*. 2005; 48:7932–7945. [PubMed: 16335918]
191. Catarzi D, Colotta V, Varano F, et al. 2-Aryl-8-chloro-1,2,4-triazolo[1,5-a]quinoxalin-4-amines as highly potent A₁ and A₃ adenosine receptor antagonists. *BioorgMed Chem*. 2005; 13:705–715.
192. Da Settimo F, Primofiore G, Taliani S, et al. 5-Amino-2-phenyl[1,2,3]triazolo[1,2-*a*][1,2,4]benzotriazin-1-one: A versatile scaffold to obtain potent and selective A₃ adenosine receptor antagonists. *JMed Chem*. 2007; 50:5676–5684. [PubMed: 17927167]
193. Baraldi PG, Cacciari B, Romagnoli R, et al. Pyrazolo[4,3-*e*]-1,2,4-triazolo[1,5-*c*]-pyrimidine derivatives as highly potent and selective human A₃ adenosine receptor antagonists. *JMed Chem*. 1999; 42:1–6. [PubMed: 9888829]
194. Baraldi P, Tabrizi M, Romagnoli R, et al. Pyrazolo[4,3-*e*][1,2,4]triazolo[1,5-*c*]pyrimidine template: Organic and medicinal chemistry approach. *Curr Org Chem*. 2006; 10:259–275.
195. Baraldi PG, Preti D, Zaid AN, et al. New 2-heterocycl-yl-imidazo[2,1-*f*]purin-5-one derivatives as potent and selective human A₃ adenosine receptor antagonists. *JMed Chem*. 2011; 54:5205–5220. [PubMed: 21675777]
196. Baraldi PG, Baraldi S, Saponaro G, et al. One-pot reaction to obtain N,N'-disubstituted guanidines of pyrazolo[4,3-*e*][1,2,4]triazolo[1,5-*c*]pyrimidine scaffold as human A₃ adenosine receptor antagonists. *J Med Chem*. 2015; 58:5355–5360. [PubMed: 26046697]
197. Baraldi PG, Cacciari B, Romagnoli R, et al. Pyrazolo[4,3-*e*]1,2,4-triazolo[1,5-*c*]pyrimidine derivatives as highly potent and selective human A₃ adenosine receptor antagonists: Influence of the chain at the N8 pyrazole nitrogen. *JMed Chem*. 2000; 43:4768–4780. [PubMed: 11123985]
198. Baraldi PG, Cacciari B, Moro S, et al. Synthesis, biological activity, and molecular modeling investigation of new pyrazolo[4,3-*e*]-1,2,4-triazolo[1,5-*c*]pyrimidine derivatives as human A(3) adenosine receptor antagonists. *J Med Chem*. 2002; 45:770–780. [PubMed: 11831890]
199. Baraldi PG, Preti D, Tabrizi MA, et al. New Pyrrolo[2,1-*f*]purine-2,4-dione and Imidazo[2,1-*f*]purine-2,4-dione derivatives as potent and selective human A₃ adenosine receptor antagonists. *JMed Chem*. 2005; 48:4697–4701. [PubMed: 16000006]

200. Baraldi PG, Preti D, Tabrizi MA, et al. Structure–activity relationship studies of a new series of imidazo[2,1-f]purinones as potent and selective A₃ adenosine receptor antagonists. *BioorgMed Chem.* 2008; 16:10281–10294.
201. Baraldi PG, Cacciari B, Romagnoli R, et al. Synthesis and preliminary biological evaluation of [3 H]-MRE 3008-F20: The first high affinity radioligand antagonist for the human A₃ adenosine receptors. *Bioorg Med Chem Lett.* 2000; 10:209–211. [PubMed: 10698437]
202. Varani K, Merighi S, Gessi S, et al. [(3)H]MRE 3008F20: A novel antagonist radioligand for the pharmacological and biochemical characterization of human A(3) adenosine receptors. *Mol Pharmacol.* 2000; 57:968–975. [PubMed: 10779381]
203. Maconi A, Moro S, Pastorin G, et al. Synthesis, biological properties, and molecular modeling investigation of the first potent, selective, and water-soluble human A₃ adenosine receptor antagonist. *JMed Chem.* 2002; 45:3579–3582. [PubMed: 12166930]
204. Baraldi PG, Cacciari B, Moro S, et al. Fluorosulfonyl- and bis-(β -chloroethyl)amino-phenylamino functionalized pyrazolo[4,3-e]1,2,4-triazolo[1,5-c]pyrimidine derivatives: Irreversible antagonists at the human a₃ adenosine receptor and molecular modeling studies. *JMed Chem.* 2001; 44:2735–2742. [PubMed: 11495585]
205. Okamura T, Kurogi Y, Nishikawa H, Hashimoto K, Fujiwara H, Nagao Y. 1,2,4-Triazolo[5,1-i]purine derivatives as highly potent and selective human adenosine A₃ receptor ligands. *JMed Chem.* 2002; 45:3703–3708. [PubMed: 12166943]
206. Drabczyńska A, Schumacher B, Müller CE, et al. Impact of the aryl substituent kind and distance from pyrimido[2,1-f]purindiones on the adenosine receptor selectivity and antagonistic properties. *Eur J Med Chem.* 2003; 38:397–402. [PubMed: 12750027]
207. Müller CE, Thorand M, Qurishi R, et al. Imidazo[2,1-*i*]purin-5-ones and related tricyclic water-soluble purine derivatives: Potent A_{2A}- and A₃-adenosine receptor antagonists. *JMed Chem.* 2002; 45:3440–3450. [PubMed: 12139454]
208. Müller CE, Diekmann M, Thorand M, Ozola V. [3H]8-ethyl-4-methyl-2-phenyl-(8R)-4,5,7,8-tetrahydro-1H-imidazo[2,1-i]-purin-5-one ([3H]PSB-11), a novel high-affinity antagonist radioligand for human A₃ adenosine receptors. *Bioorg Med Chem Lett.* 2002; 12:501–503. [PubMed: 11814828]
209. Saki M, Tsumuki H, Nonaka H, Shimada J, Ichimura M. KF26777 (2-(4-bromophenyl)-7,8-dihydro-4-propyl-1Himidazo[2,1-i]purin-5(4H)-one dihydrochloride), a new potent and selective adenosine A₃ receptor antagonist. *Eur J Pharmacol.* 2002; 444:133–141. [PubMed: 12063073]
210. Priego EM, von Frijtag Drabbe Kuenzel J, IJzerman AP, Camarasa MJ, Pérez-Pérez MJ. Pyrido[2,1-f]purine-2,4-dione derivatives as a novel class of highly potent human A₃ adenosine receptor antagonists. *JMed Chem.* 2002; 45:3337–3344. [PubMed: 12139445]
211. Priego E-M, Pérez-Pérez M-J, von Frijtag Drabbe Kuenzel JK, et al. Selective human adenosine A₃ antagonists based on pyrido[2,1-f]purine-2,4-diones: Novel features of hA₃ antagonist binding. *ChemMedChem.* 2008; 3:111–119. [PubMed: 18000937]
212. Jacobson, KA., Gao, Z-G., Göblyös, A., IJzerman, AP. Allosteric modulation of purine and pyrimidine receptors. In: Jacobson, KA., Indlen, J., editors. *Advances in pharmacology.* San Diego: Elsevier; 2011. p. 187-220.
213. Gao Z-G, Kim SG, Soltysiak KA, Melman N, IJzerman AP, Jacobson KA. Selective allosteric enhancement of agonist binding and function at human A₃ adenosine receptors by a series of imidazoquinoline derivatives. *Mol Pharmacol.* 2002; 62:81–89. [PubMed: 12065758]
214. Göblyös A, Gao Z-G, Brussee J, et al. Structure-activity relationships of new 1H-imidazo[4,5-c]quinolin-4-amine derivatives as allosteric enhancers of the A₃ adenosine receptor. *JMed Chem.* 2006; 49:3354–3361. [PubMed: 16722654]
215. Kim Y, de Castro S, Gao Z-G, IJzerman AP, Jacobson KA. Novel 2- and 4-substituted 1H-imidazo[4,5-c]quinolin-4-amine derivatives as allosteric modulators of the A₃ adenosine receptor. *JMed Chem.* 2009; 52:2098–2108. [PubMed: 19284749]
216. Heitman LH, Göblyös A, Zweemer AM, et al. A series of 2,4-disubstituted quinolines as a new class of allosteric enhancers of the adenosine A₃ receptor. *JMed Chem.* 2009; 52:926–931. [PubMed: 19161279]

217. Gao Z-G, Van Muijlwijk-Koezen JE, Chen A, Müller CE, Ijzerman AP, Jacobson KA. Allosteric modulation of A(3) adenosine receptors by a series of 3-(2-pyridinyl)isoquinoline derivatives. *Mol Pharmacol.* 2001; 60:1057–1063. [PubMed: 11641434]
218. Gao Z-G, Kim S-K, Gross AS, Chen A, Blaustein JB, Jacobson KA. Identification of essential residues involved in the allosteric modulation of the human A(3) adenosine receptor. *Mol Pharmacol.* 2003; 63:1021–1031. [PubMed: 12695530]
219. Gao Z-G, Ye K, Göblyös A, Ijzerman AP, Jacobson KA. Flexible modulation of agonist efficacy at the human A3 adenosine receptor by the imidazoquinoline allosteric enhancer LUF6000. *BMC Pharmacol.* 2008; 8:20. [PubMed: 19077268]
220. Cohen S, Barer F, Bar-Yehuda S, Ijzerman AP, Jacobson KA, Fishman P. A₃ adenosine receptor allosteric modulator induces an anti-inflammatory effect: In vivo studies and molecular mechanism of action. *Mediators Inflamm.* 2014; 2014:1–8.
221. Gao Z-G, Chen A, Barak D, Kim S-K, Müller CE, Jacobson KA. Identification by site-directed mutagenesis of residues involved in ligand recognition and activation of the human A3 adenosine receptor. *J Biol Chem.* 2002; 277:19056–19063. [PubMed: 11891221]
222. Xu F, Wu H, Katritch V, et al. Structure of an agonist-bound human A2A adenosine receptor. *Science.* 2011; 332:322–327. [PubMed: 21393508]
223. Lebon G, Warne T, Edwards PC, et al. Agonist-bound adenosine A2A receptor structures reveal common features of GPCR activation. *Nature.* 2011; 474:521–525. [PubMed: 21593763]
224. Lebon G, Edwards PC, Leslie AGW, Tate CG. Molecular determinants of CGS21680 binding to the human adenosine A2A receptor. *Mol Pharmacol.* 2015; 87:907–915. [PubMed: 25762024]
225. Ballesteros, JA., Weinstein, H. Integrated methods for the construction of three-dimensional models and computational probing of structure-function relations in G protein-coupled receptors. In: Sealfon, SC., editor. *Methods in Neurosciences*. Vol. 25. Ballesteros JA: Weinstein H publisher Academic Press, Inc; 1995. p. 366-428.
226. Baltos J-A, Paoletta S, Nguyen ATN, et al. Structure-activity analysis of biased agonism at the human adenosine A3 receptor. *Mol Pharmacol.* 2016; 90:12–22. [PubMed: 27136943]
227. Hallmen C, Wiese M. Molecular dynamics simulation of the human adenosine A3 receptor: Agonist induced conformational changes of Trp243. *J Comput Aided Mol Des.* 2006; 20:673–684. [PubMed: 17124628]
228. Deganutti G, Cuzzolin A, Ciancetta A, Moro S. Understanding allosteric interactions in G protein-coupled receptors using supervised molecular dynamics: A prototype study analysing the human A3 adenosine receptor positive allosteric modulator LUF6000. *Bioorg Med Chem.* 2015; 23:4065–4071. [PubMed: 25868747]
229. May LT, Bridge LJ, Stoddart LA, Briddon SJ, Hill SJ. Allosteric interactions across native adenosine-A3 receptor homodimers: Quantification using single-cell ligand-binding kinetics. *FASEB J.* 2011; 25:3465–3476. [PubMed: 21715680]
230. Borea PA, Varani K, Vincenzi F, et al. The A3 adenosine receptor: History and perspectives. *Pharmacol Rev.* 2014; 67:74–102.
231. Forte G, Sorrentino R, Montinaro A, Pinto A, Morello S. Cl-IB-MECA enhances TNF- α release in peritoneal macrophages stimulated with LPS. *Cytokine.* 2011; 54:161–166. [PubMed: 21354814]
232. Merighi, S., Simioni, C., Lane, R., Ijzerman, AP. Regulation of second messenger systems and intracellular pathways. In: Borea, PA., editor. *A3 Adenosine Receptors from Cell Biology to Pharmacology and Therapeutics*. Dordrecht, The Netherlands: Springer; 2010. p. 61-73.
233. Hammarberg C, Schulte G, Fredholm BB. Evidence for functional adenosine A3 receptors in microglia cells. *J Neurochem.* 2003; 86:1051–1054. [PubMed: 12887702]
234. Soares AS, Costa VM, Diniz C, Fresco P. The combination of Cl-IB-MECA with paclitaxel: A new anti-metastatic therapeutic strategy formelanoma. *Cancer Chemother Pharmacol.* 2014; 74:847–860. [PubMed: 25119183]
235. Merighi S, Benini A, Mirandola P, et al. Adenosine modulates vascular endothelial growth factor expression via hypoxia-inducible factor-1 in human glioblastoma cells. *Biochem Pharmacol.* 2006; 72:19–31. [PubMed: 16682012]

236. Merighi S, Benini A, Mirandola P, et al. Hypoxia inhibits paclitaxel-induced apoptosis through adenosine-mediated phosphorylation of bad in glioblastoma cells. *Mol Pharmacol.* 2007; 72:162–172. [PubMed: 17400763]
237. Merighi S, Benini A, Mirandola P, et al. Caffeine inhibits adenosine-induced accumulation of hypoxia-inducible factor-1alpha, vascular endothelial growth factor, and interleukin-8 expression in hypoxic human colon cancer cells. *Mol Pharmacol.* 2007; 72:395–406. [PubMed: 17488804]
238. Neary JT, McCarthy M, Kang Y, Zuniga S. Mitogenic signaling from P1 and P2 purinergic receptors to mitogen-activated protein kinase in human fetal astrocyte cultures. *Neurosci Lett.* 1998; 242:159–162. [PubMed: 9530930]
239. Schulte G, Fredholm BB. Human adenosine A(1), A(2A), A(2B), and A(3) receptors expressed in Chinese hamster ovary cells all mediate the phosphorylation of extracellular-regulated kinase 1/2. *Mol Pharmacol.* 2000; 58:477–482. [PubMed: 10953039]
240. Schulte G, Fredholm BB. Signaling pathway from the human adenosine A(3) receptor expressed in Chinese hamster ovary cells to the extracellular signal-regulated kinase 1/2. *Mol Pharmacol.* 2002; 62:1137–1146. [PubMed: 12391277]
241. Kim TH, Kim YK, Woo JS. The Adenosine A3 Receptor agonist Cl-IB-MECA induces cell death through Ca²⁺/ROS-dependent down regulation of ERK and Akt in A172 human glioma cells. *Neurochem Res.* 2012; 37:2667–2677. [PubMed: 22878643]
242. Martin L, Pingle SC, Hallam DM, Rybak LP, Ramkumar V. Activation of the adenosine A3 receptor in RAW 264. 7 cells inhibits lipopolysaccharide-stimulated tumor necrosis factor-alpha release by reducing calcium-dependent activation of nuclear factor-kappaB and extracellular signal-regulated kinase 1/2. *J Pharmacol Exp Ther.* 2006; 316:71–78. [PubMed: 16188954]
243. Merighi S, Benini A, Mirandola P, et al. A3 adenosine receptors modulate hypoxia-inducible factor-1a expression in human A375 melanoma cells. *Neoplasia.* 2005; 7:894–903. [PubMed: 16242072]
244. Ohsawa K, Sanagi T, Nakamura Y, Suzuki E, Inoue K, Kohsaka S. Adenosine A3 receptor is involved in ADP-induced microglial process extension and migration. *J Neurochem.* 2012; 121:217–227. [PubMed: 22335470]
245. Torres A, Vargas Y, Uribe D, et al. Adenosine A3 receptor elicits chemoresistance mediated by multiple resistance-associated protein-1 in human glioblastoma stem-like cells. *Oncotarget.* 2016; 7:67373–67386. [PubMed: 27634913]
246. Merighi S, Benini A, Mirandola P, et al. A3 adenosine receptor activation inhibits cell proliferation via phosphatidylinositol 3-kinase/Akt-dependent inhibition of the extracellular signal-regulated kinase 1/2 phosphorylation in a375 human melanoma cells. *J Biol Chem.* 2005; 280:19516–19526. [PubMed: 15774470]
247. Gao Z, Li BS, Day YJ, Linden J. A3 adenosine receptor activation triggers phosphorylation of protein kinase B and protects rat basophilic leukemia 2H3 mast cells from apoptosis. *Mol Pharmacol.* 2001; 59:76–82. [PubMed: 11125027]
248. La Sala A, Gadina M, Kelsall BL. G(i)-protein-dependent inhibition of IL-12 production is mediated by activation of the phosphatidylinositol 3-kinase-protein 3 kinase B/Akt pathway and JNK. *J Immunol.* 2005; 175:2994–2999. [PubMed: 16116186]
249. Lee JY, Jhun BS, Oh YT, et al. Activation of adenosine A3 receptor suppresses lipopolysaccharide-induced TNF- α production through inhibition of PI 3-kinase/Akt and NF- κ B activation in murine BV2 microglial cells. *Neurosci Lett.* 2006; 396:1–6. [PubMed: 16324785]
250. Lee H-S, Chung H-J, Lee HW, Jeong LS, Lee SK. Suppression of inflammation response by a novel A₃ adenosine receptor agonist thio-Cl-IB-MECA through inhibition of Akt and NF- κ B signaling. *Immunobiology.* 2011; 216:997–1003. [PubMed: 21514967]
251. Fishman P, Bar-Yehuda S, Madi L, et al. The PI3K-NF-kappaB signal transduction pathway is involved in mediating the anti-inflammatory effect of IB-MECA in adjuvant-induced arthritis. *Arthritis Res Ther.* 2006; 8:R33. [PubMed: 16507132]
252. Haskó G, Németh ZH, Vizi ES, Salzman AL, Szabó C. An agonist of adenosine A3 receptors decreases interleukin-12 and interferon-gamma production and prevents lethality in endotoxemic mice. *Eur J Pharmacol.* 1998; 358:261–268. [PubMed: 9822893]

253. Madi L, Cohen S, Ochayin A, Bar-Yehuda S, Barer F, Fishman P. Overexpression of A3 adenosine receptor in peripheral blood mononuclear cells in rheumatoid arthritis: Involvement of nuclear factor-kappaB in mediating receptor level. *J Rheumatol*. 2007; 34:20–26. [PubMed: 17216675]
254. Gessi S, Merighi S, Stefanelli A, Fazzi D, Varani K, Borea PA. A1 and A3 adenosine receptors inhibit LPS-induced hypoxia-inducible factor-1 accumulation in murine astrocytes. *Pharmacol Res*. 2013; 76:157–170. [PubMed: 23969284]
255. Fishman P, Bar-Yehuda S, Ohana G, et al. An agonist to the A3 adenosine receptor inhibits colon carcinoma growth in mice via modulation of GSK-3 beta and NF-kappa B. *Oncogene*. 2004; 23:2465–2471. [PubMed: 14691449]
256. Fishman P, Bar-Yehuda S, Madi L, Cohn I. A3 adenosine receptor as a target for cancer therapy. *Anticancer Drugs*. 2002; 13:437–443. [PubMed: 12045454]
257. Ochaion A, Bar-Yehuda S, Cohen S, et al. The A3 adenosine receptor agonist CF502 inhibits the PI3K, PKB/Akt and NF-kappaB signaling pathway in synoviocytes from rheumatoid arthritis patients and in adjuvant-induced arthritis rats. *Biochem Pharmacol*. 2008; 76:482–494. [PubMed: 18602896]
258. Gessi S, Merighi S, Fazzi D, Stefanelli A, Varani K, Borea PA. Adenosine receptor targeting in health and disease. *Expert Opin Investig Drugs*. 2011; 20:1591–1609.
259. Antonioli L, Fornai M, Colucci R, et al. Control of enteric neuromuscular functions by purinergic A(3) receptors in normal rat distal colon and experimental bowel inflammation. *Br J Pharmacol*. 2010; 161:856–871. [PubMed: 20860664]
260. Haskó G, Cronstein B. Regulation of inflammation by adenosine. *Front Immunol*. 2013; 4:85. [PubMed: 23580000]
261. Butler M, Sanmugalingam D, Burton VJ, et al. Impairment of adenosine A3 receptor activity disrupts neutrophil migratory capacity and impacts innate immune function in vivo. *Eur J Immunol*. 2012; 42:3358–3368. [PubMed: 23027555]
262. Corriden R, Chen Y, Inoue Y, et al. Ecto-nucleoside triphosphate diphosphohydrolase 1 (E-NTPDase1/CD39) regulates neutrophil chemotaxis by hydrolyzing released ATP to adenosine. *J Biol Chem*. 2008; 283:28480–28486. [PubMed: 18713747]
263. Ledderose C, Hefti MM, Chen Y, Bao Y, Seier T, Li L, Woehrle T, Zhang J, Junger WG. Adenosine arrests breast cancer cell motility by A3 receptor stimulation. *Purinergic Signal*. 2016; 12:673–685. [PubMed: 27577957]
264. Inoue Y, Chen Y, Hirsh MI, Yip L, Junger WG. A3 and P2Y2 receptors control the recruitment of neutrophils to the lungs in a mouse model of sepsis. *Shock*. 2008; 30:173–177. [PubMed: 18091570]
265. Sajjadi FG, Takabayashi K, Foster AC, Domingo RC, Firestein GS. Inhibition of TNF-alpha expression by adenosine: Role of A3 adenosine receptors. *J Immunol*. 1996; 156:3435–3442. [PubMed: 8617970]
266. Sipka S, Kovács I, Szántó S, et al. Adenosine inhibits the release of interleukin-1 β in activated human peripheral mononuclear cells. *Cytokine*. 2005; 31:258–263. [PubMed: 16026998]
267. Barnholt KE, Kota RS, Aung HH, Rutledge JC. Adenosine blocks IFN-gamma-induced phosphorylation of STAT1 on serine 727 to reduce macrophage activation. *J Immunol*. 2009; 183:6767–6777. [PubMed: 19846878]
268. Takahashi HK, Iwagaki H, Hamano R, et al. Effects of adenosine on adhesion molecule expression and cytokine production in human PBMC depend on the receptor subtype activated. *Br J Pharmacol*. 2007; 150:816–822. [PubMed: 17310143]
269. Gessi S, Sacchetto V, Fogli E, Fozard J. A3 adenosine receptor regulation of cells of the immune system and modulation of inflammation. In: Borea, PA., editor. *A3 Adenosine Receptors from Cell Biology to Pharmacology and Therapeutics*. Dordrecht, The Netherlands: Springer Netherlands; 2010. p. 235–256.
270. Koscsó B, Csóka B, Pacher P, Haskó G. Investigational A₃ adenosine receptor targeting agents. *Expert Opin Investig Drugs*. 2011; 20:757–768.
271. Kumar V. Adenosine as an endogenous immunoregulator in cancer pathogenesis: Where to go? *Purinergic Signal*. 2013; 9:145–165. [PubMed: 23271562]

272. Hoskin DW, Butler JJ, Drapeau D, Haeryfar SMM, Blay J. Adenosine acts through an A3 receptor to prevent the induction of murine anti-CD3-activated killer T cells. *Int J cancer*. 2002; 99:386–395. [PubMed: 11992407]
273. Hoskin DW, Mader JS, Furlong SJ, Conrad DM, Blay J. Inhibition of T cell and natural killer cell function by adenosine and its contribution to immune evasion by tumor cells (review). *Int J Oncol*. 2008; 32:527–535. [PubMed: 18292929]
274. Harish A, Hohana G, Fishman P, Arnon O, Bar-Yehuda S. A3 adenosine receptor agonist potentiates natural killer cell activity. *Int J Oncol*. 2003; 23:1245–1249. [PubMed: 12964011]
275. Montinaro A, Forte G, Sorrentino R, et al. Adoptive immunotherapy with Cl-IB-MECA-treated CD8+ T cells reduces melanoma growth in mice. *PLoS One*. 2012; 7:e45401. [PubMed: 23028986]
276. Ochaion A, Bar-Yehuda S, Cohen S, et al. The anti-inflammatory target A(3) adenosine receptor is over-expressed in rheumatoid arthritis, psoriasis and Crohn's disease. *Cell Immunol*. 2009; 258:115–122. [PubMed: 19426966]
277. Varani K, Padovan M, Vincenzi F, et al. A2A and A3 adenosine receptor expression in rheumatoid arthritis: Upregulation, inverse correlation with disease activity score and suppression of inflammatory cytokine and metalloproteinase release. *Arthritis Res Ther*. 2011; 13:R197. [PubMed: 22146575]
278. Rath-Wolfson L, Bar-Yehuda S, Madi L, et al. IB-MECA, an A3 adenosine receptor agonist prevents bone resorption in rats with adjuvant induced arthritis. *Clin Exp Rheumatol*. 2006; 24:400–406. [PubMed: 16956430]
279. Bar-Yehuda S, Rath-Wolfson L, Del Valle L, et al. Induction of an antiinflammatory effect and prevention of cartilage damage in rat knee osteoarthritis by CF101 treatment. *Arthritis Rheum*. 2009; 60:3061–3071. [PubMed: 19790055]
280. Ohana G, Cohen S, Rath-Wolfson L, Fishman P. A3 adenosine receptor agonist, CF102, protects against hepatic ischemia/reperfusion injury following partial hepatectomy. *MolMed Rep*. 2016; 14:4335–4341.
281. Zhong H, Shlykov SG, Molina JG, et al. Activation of murine lung mast cells by the adenosine A3 receptor. *J Immunol*. 2003; 171:338–345. [PubMed: 12817016]
282. Smith SR, Denhardt G, Terminelli C. A role for histamine in cytokine modulation by the adenosine A(3) receptor agonist, 2-Cl-IB-MECA. *Eur J Pharmacol*. 2002; 457:57–69. [PubMed: 12460644]
283. Reeves JJ, Jones CA, Sheehan MJ, Vardey CJ, Whelan CJ. Adenosine A3 receptors promote degranulation of rat mast cells both in vitro and in vivo. *Inflamm Res*. 1997; 46:180–184. [PubMed: 9197988]
284. Salvatore CA, Tilley SL, Latour AM, Fletcher DS, Koller BH, Jacobson MA. Disruption of the A(3) adenosine receptor gene in mice and its effect on stimulated inflammatory cells. *J Biol Chem*. 2000; 275:4429–4434. [PubMed: 10660615]
285. Pardo A, Gibson K, Cisneros J, et al. Up-regulation and profibrotic role of osteopontin in human idiopathic pulmonary fibrosis. *PLoS Med*. 2005; 2:e251. [PubMed: 16128620]
286. Zhou Y, Lee J-Y, Lee C-M, et al. Amphiregulin, an epidermal growth factor receptor ligand, plays an essential role in the pathogenesis of transforming growth factor- β -induced pulmonary fibrosis. *J Biol Chem*. 2012; 287:41991–42000. [PubMed: 23086930]
287. Rudich N, Dekel O, Sagi-Eisenberg R. Down-regulation of the A3 adenosine receptor in human mast cells upregulates mediators of angiogenesis and remodeling. *Mol Immunol*. 2015; 65:25–33. [PubMed: 25597247]
288. Carlin JL, Jain S, Gizewski E, et al. Hypothermia in mouse is caused by adenosine A1 and A3 receptor agonists and AMP via three distinct mechanisms. *Neuropharmacology*. 2017; 114:101–113. [PubMed: 27914963]
289. Melillo G. HIF-1: A target for cancer, ischemia and inflammation—Too good to be true? *Cell Cycle*. 2004; 3:154–155. [PubMed: 14712079]
290. Koszałka P, Gołńska M, Urban A, et al. Specific Activation of A3, A2A and A1 adenosine receptors in CD73-knockout mice affects B16F10 melanoma growth, neovascularization, angiogenesis and macrophage infiltration. *PLoS One*. 2016; 11:e0151420. [PubMed: 26964090]

291. Velot E, Haas B, Léonard F, et al. Activation of the adenosine-A3 receptor stimulates matrix metalloproteinase-9 secretion by macrophages. *Cardiovasc Res.* 2008; 80:246–254. [PubMed: 18653544]
292. Bar-Yehuda S, Barer F, Volfsson L, Fishman P. Resistance of muscle to tumor metastases: A role for a3 adenosine receptor agonists. *Neoplasia.* 2001; 3:125–131. [PubMed: 11420748]
293. Fishman P, Bar-Yehuda S, Vagman L. Adenosine and other low molecular weight factors released by muscle cells inhibit tumor cell growth. *Cancer Res.* 1998; 58:3181–3187. [PubMed: 9679987]
294. Fishman P, Bar-Yehuda S, Ohana G, Pathak S, Wasserman L, Barer F, Multani AS. Adenosine acts as an inhibitor of lymphoma cell growth: A major role for the A3 adenosine receptor. *Eur J Cancer.* 2000; 36:1452–1458. [PubMed: 10899660]
295. Fishman P, Bar-Yehuda S, Barer F, Madi L, Multani AS, Pathak S. The A3 adenosine receptor as a new target for cancer therapy and chemoprotection. *Exp Cell Res.* 2001; 269:230–236. [PubMed: 11570815]
296. Blay J, White TD, Hoskin DW. The extracellular fluid of solid carcinomas contains immunosuppressive concentrations of adenosine. *Cancer Res.* 1997; 57:2602–2605. [PubMed: 9205063]
297. Antonioli L, Blandizzi C, Pacher P, Haskó G. Immunity, inflammation and cancer: A leading role for adenosine. *Nat Rev Cancer.* 2013; 13:842–857. [PubMed: 24226193]
298. Lu J, Pierron A, Ravid K. An adenosine analogue, IB-MECA, down-regulates estrogen receptor alpha and suppresses human breast cancer cell proliferation. *Cancer Res.* 2003; 63:6413–6423. [PubMed: 14559831]
299. Merighi S, Mirandola P, Varani K, Gessi S, Leung E, Baraldi PG, Tabrizi MA, Borea PA. A glance at adenosine receptors: Novel target for antitumor therapy. *Pharmacol Ther.* 2003; 100:31–48. [PubMed: 14550503]
300. Nakamura K, Yoshikawa N, Yamaguchi Y, Kagota S, Shinozuka K, Kunitomo M. Antitumor effect of cordycepin (3'-deoxyadenosine) on mouse melanoma and lung carcinoma cells involves adenosine A3 receptor stimulation. *Anticancer Res.* 26:43–47.
301. Kim H, Kang JW, Lee S, et al. A3 adenosine receptor antagonist, truncated Thio-CI-IB-MECA, induces apoptosis in T24 human bladder cancer cells. *Anticancer Res.* 2010; 30:2823–2830. [PubMed: 20683018]
302. Gessi S, Merighi S, Sacchetto V, Simioni C, Borea PA. Adenosine receptors and cancer. *Biochim Biophys Acta Biomembr.* 2011; 1808:1400–1412.
303. Tsuchiya A, Nishizaki T. Anticancer effect of adenosine on gastric cancer via diverse signaling pathways. *World J Gastroenterol.* 2015; 21:10931–10935. [PubMed: 26494951]
304. Taliani S, Pugliesi I, Bellandi M, La Motta C, Da Settimo F. A3 receptor ligands: Past, present and future trends. *Curr Top Med Chem.* 2010; 10:942–975. [PubMed: 20370658]
305. Merighi S, Benini A, Mirandola P, Gessi S, Varani K, Leung E, MacLennan S, Borea PA. A3 adenosine receptor activation inhibits cell proliferation via phosphatidylinositol 3-kinase/Akt-dependent inhibition of the extracellular signal-regulated kinase 1/2 phosphorylation in A375 human melanoma cells. *J Biol Chem.* 2005; 280:19516–19526. [PubMed: 15774470]
306. Jacobson KA. Adenosine A3 receptors: Novel ligands and paradoxical effects. *Trends Pharmacol Sci.* 1998; 19:184–191. [PubMed: 9652191]
307. D'Alimonte I, Nargi E, Zuccarini M, et al. Potentiation of temozolomide antitumor effect by purine receptor ligands able to restrain the in vitro growth of human glioblastoma stem cells. *Purinergic Signal.* 2015; 11:331–346. [PubMed: 25976165]
308. Aghaei M, Panjehpour M, Karami-Tehrani F, Salami S. Molecular mechanisms of A3 adenosine receptor-induced G1 cell cycle arrest and apoptosis in androgen-dependent and independent prostate cancer cell lines: Involvement of intrinsic pathway. *J Cancer Res Clin Oncol.* 2011; 137:1511–1523. [PubMed: 21830157]
309. David M, Akerman L, Ziv M, et al. Treatment of plaque-type psoriasis with oral CF101: Data from an exploratory randomized phase 2 clinical trial. *J Eur Acad Dermatol Venereol.* 2012; 26:361–367. [PubMed: 21504485]

310. David M, Gospodinov DK, Gheorghe N, et al. Treatment of plaque-type psoriasis with oral CF101: Data from a phase II/III multicenter, randomized, controlled trial. *J Drugs Dermatol*. 2016; 15:931–938. [PubMed: 27537992]
311. Stemmer SM, Benjaminov O, Medalia G, et al. CF102 for the treatment of hepatocellular carcinoma: A phase I/II, openlabel, dose-escalation study. *Oncologist*. 2013; 18:25–26. [PubMed: 23299770]

Biographies

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Stefania Baraldi received her doctoral degree in Pharmaceutical Chemistry and Technology with 110 cum Laude (University of Ferrara, 2005), her Ph.D. in Pharmaceutical Science/ medicinal Chemistry (University of Ferrara, 2009) and her second-level master's degree in Cosmetic Science and Technology with Top Marks (University of Ferrara, 2012). Her scientific interests have focused on the design and synthesis of ligands in the adenosine field and Endocannabinoid System modulators for the treatment of pain and inflammation. Her research activity has been supported by the company King Pharmaceutical (North Carolina, USA) now part of Pfizer.

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Pier Giovanni Baraldi received his doctoral degree in Chemistry in 1974 from the University of Ferrara where he is currently Full Professor of Medicinal Chemistry. He has published more than 400 scientific papers including about 50 patents and he participated in more than 90 Medicinal Chemistry meetings as plenary speaker. His research interests have focused on the design and synthesis of minor groove alkylating agents, combretastatin analogs, ligands for ARs, cannabinoid receptors, and TRP channel modulators. He has been promoter of several scientific collaborations with national and international pharmaceutical companies.

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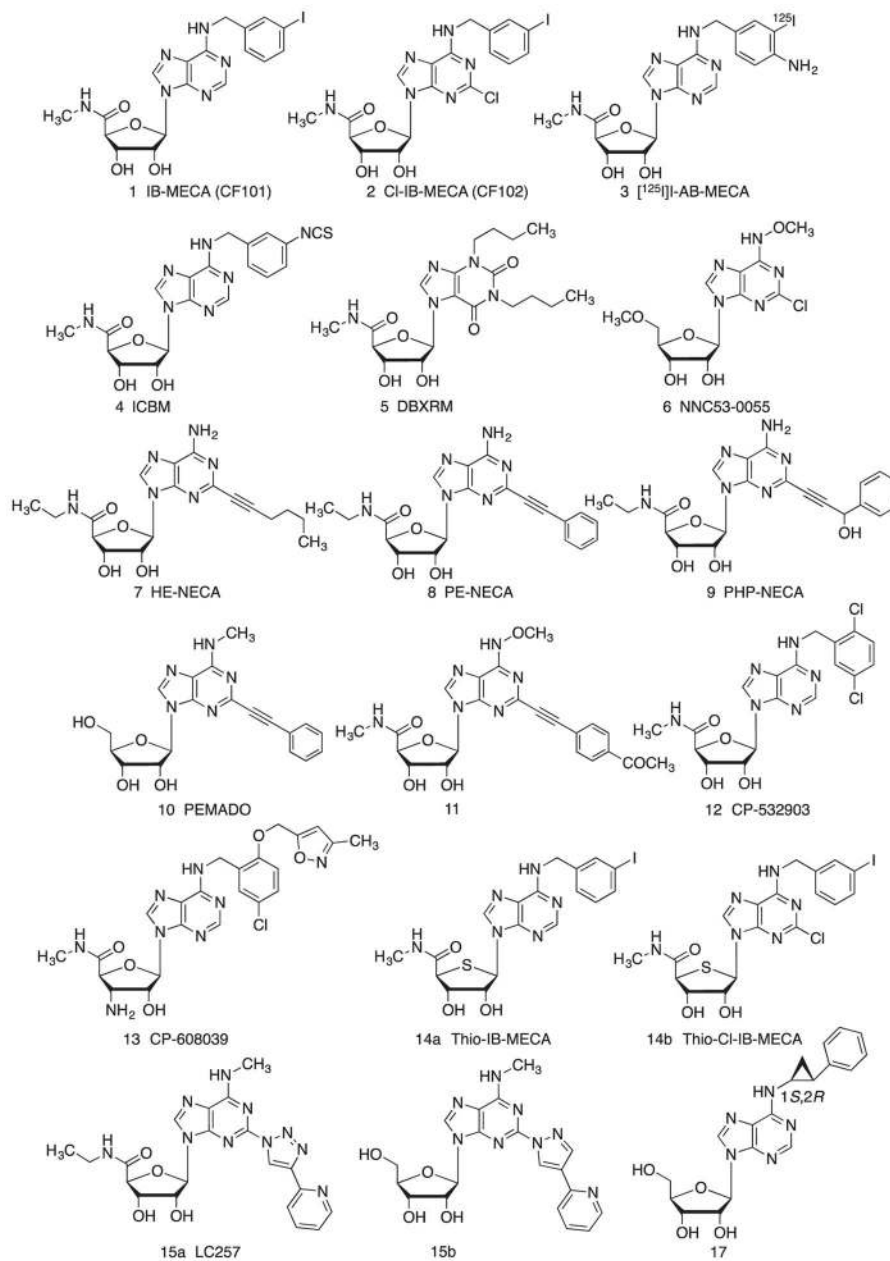
University of Ferrara. Her research activity focuses on the pharmacological, biochemical and molecular study of adenosine receptors in health and diseases.

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**FIGURE 1.**

Structures of adenosine or 1,3-dialkylxanthine riboside derivatives that act as agonists of the A₃AR. Compound **16** (CGS21680, not shown) is an A_{2A}AR agonist

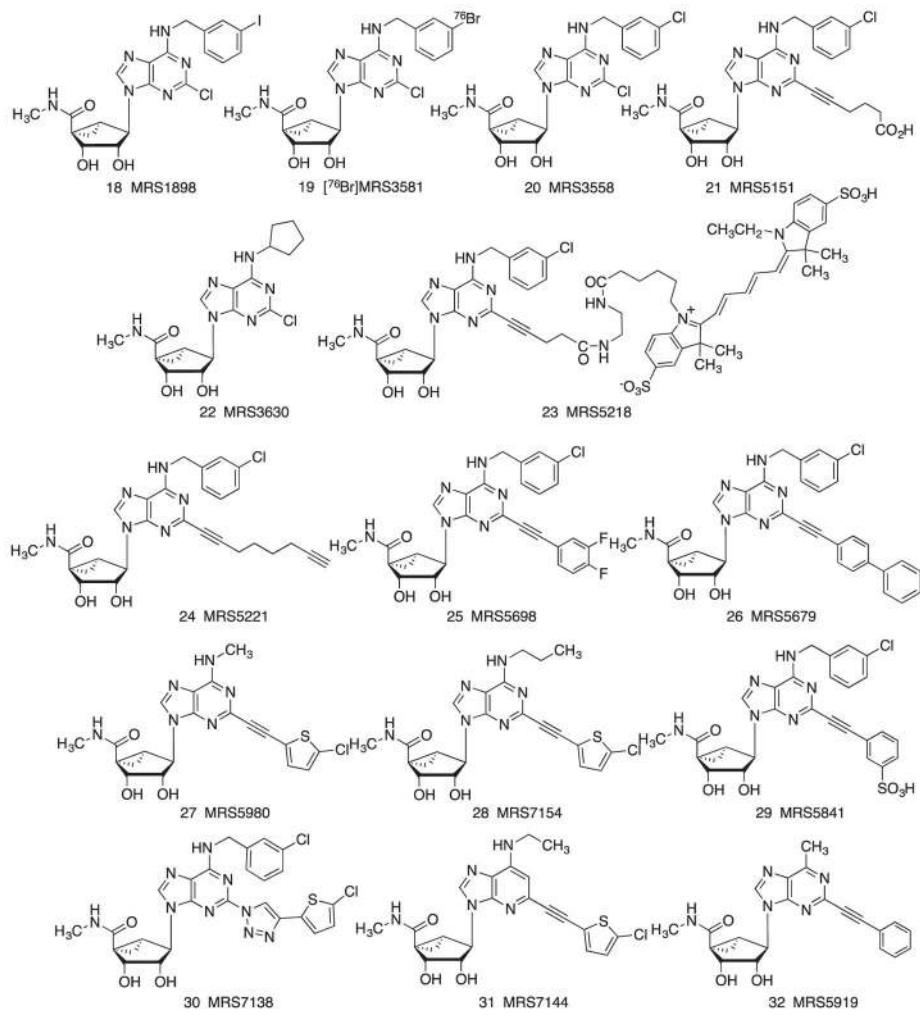


FIGURE 2.
Structures of (N)-methanocarba-adenosine derivatives that act as agonists of the A₃AR

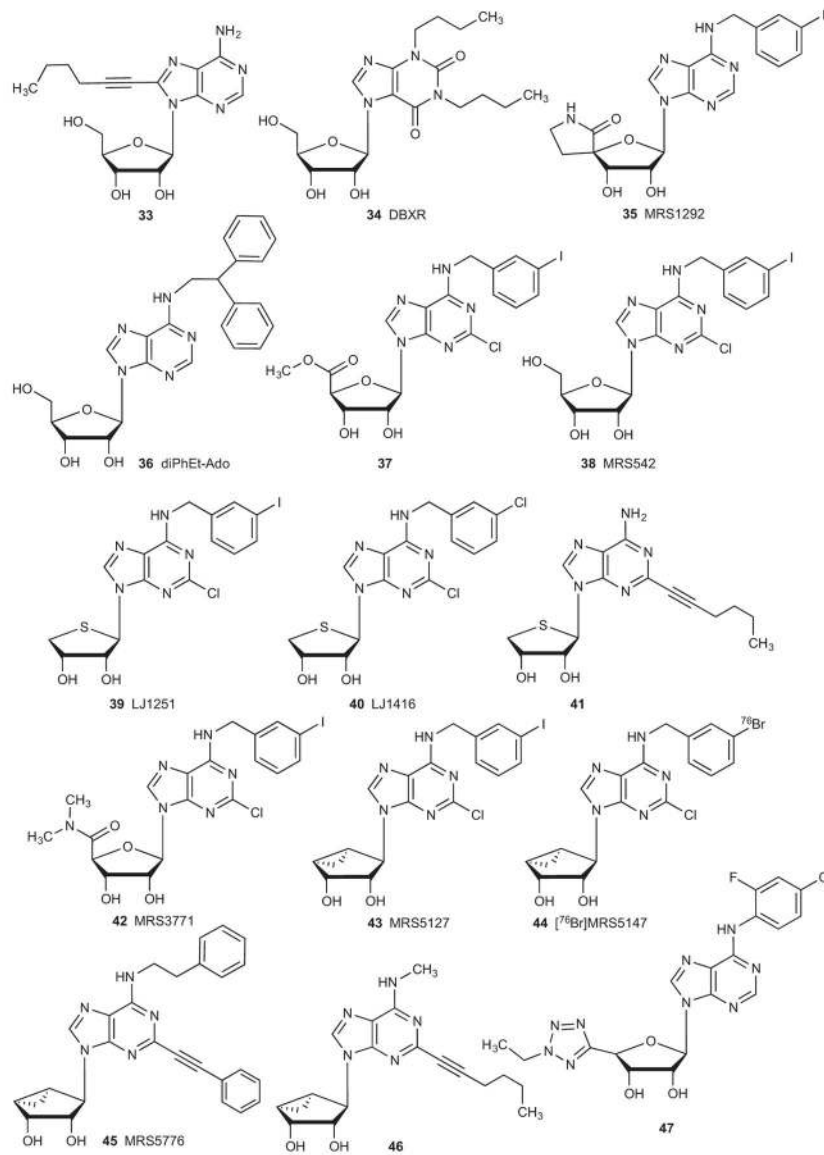


FIGURE 3. Structures of (N)-methanocarba and riboside derivatives of adenosine or 1,3-dialkylxanthine that act as partial agonists or antagonists of the A₃AR

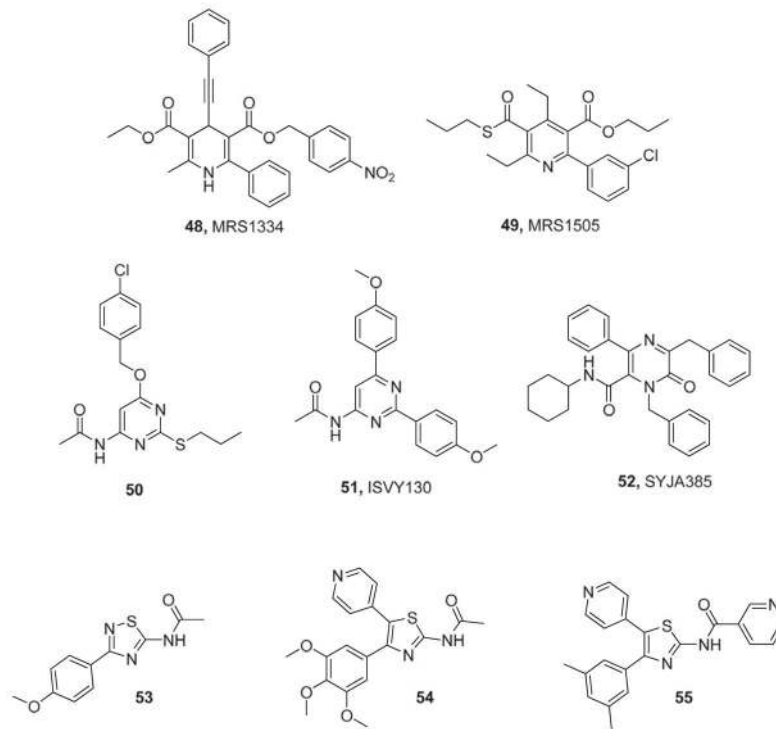


FIGURE 4.
Monocycle-based A₃AR antagonists

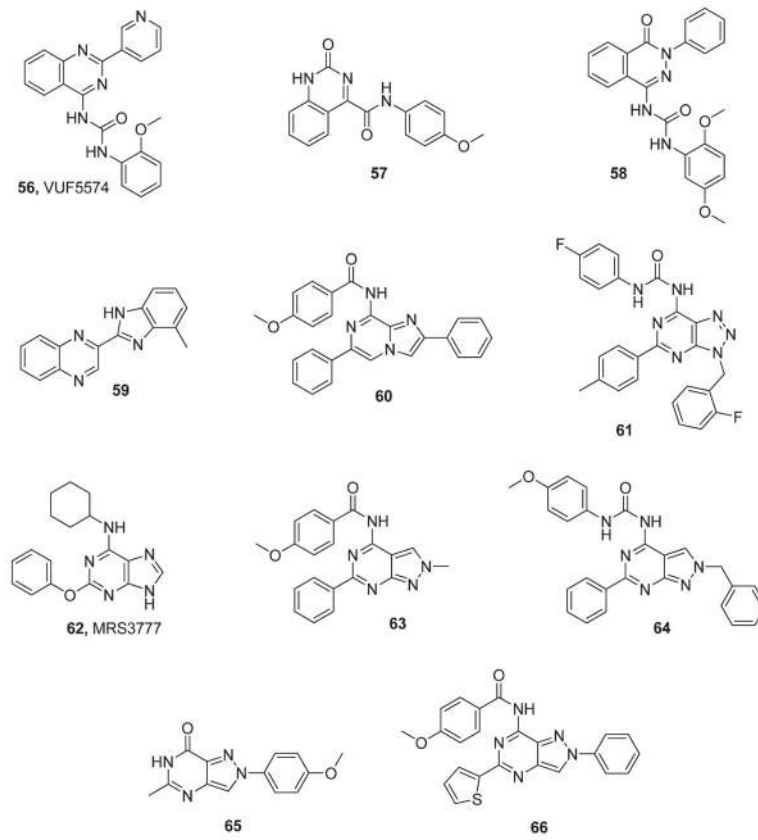


FIGURE 5.
Bicycle-based A₃AR antagonists

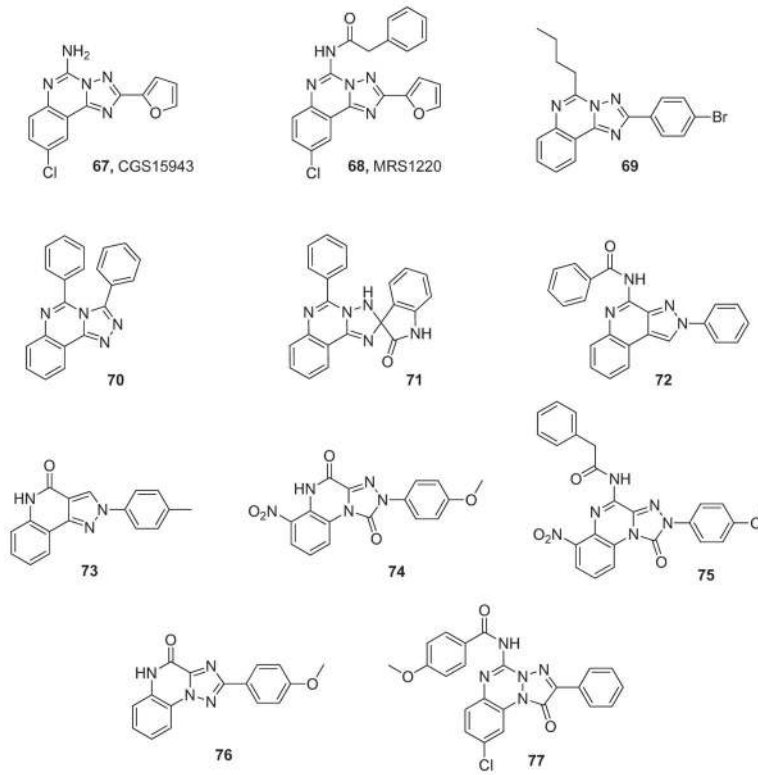


FIGURE 6.
Tricyclic-based A₃AR antagonists

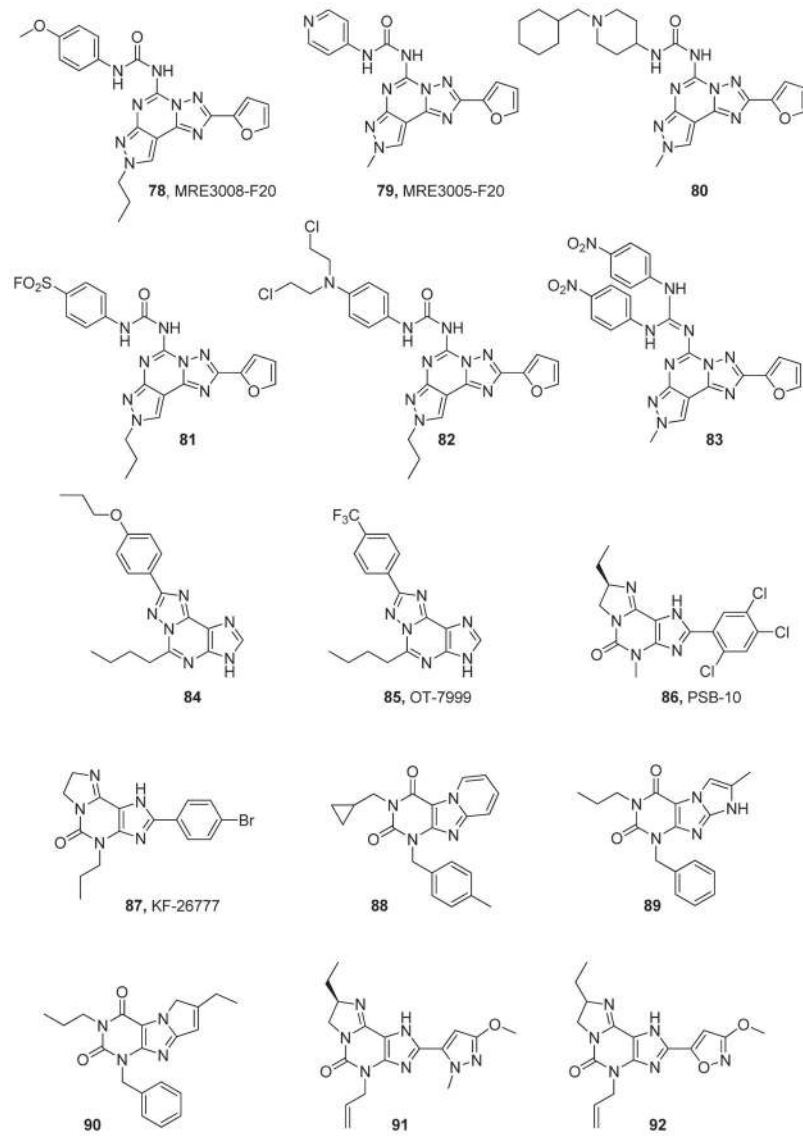


FIGURE 7.
Tricycle-based A₃AR antagonists

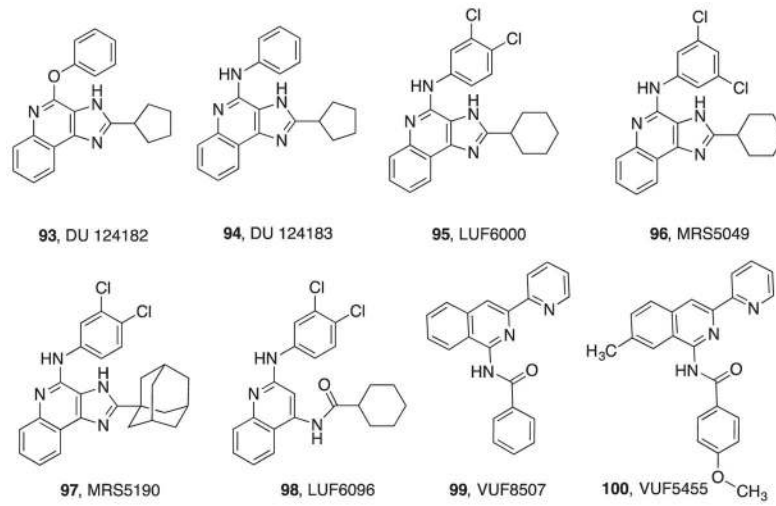


FIGURE 8.
Allosteric modulators of the A₃AR

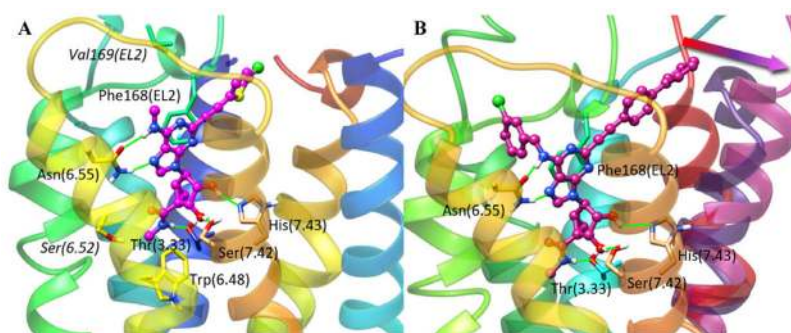


FIGURE 9.

(A) Docking pose of 3,4-difluorophenyl agonist analogue MRS5980 (**27**) at the hA₃AR homology model, in which TM2 is based on its position in the active β^2 adrenergic receptor. Residues interacting with the ligand (magenta carbon atoms) are labeled. H-bond and π - π interactions are represented as green solid and cyan dashed lines, respectively. Nonconserved ARs residues are in italics. (B) Docking pose of biphenyl agonist analogue MRS5679 (**26**) at the hA₃AR homology model. Residues interacting with the ligand (violet carbon atoms) are labeled and H-bond interactions are represented as green solid lines. The degree of displacement of TM2 with respect to the TM bundle in hA₃AR homology models based on the hA_{2A}AR (red ribbon), hybrid hA_{2A}AR- β_2 adrenergic receptor (purple ribbon), and hybrid hA_{2A}AR-opsin (violet ribbon) templates is highlighted with an arrow. TM1 is omitted to aid visualization

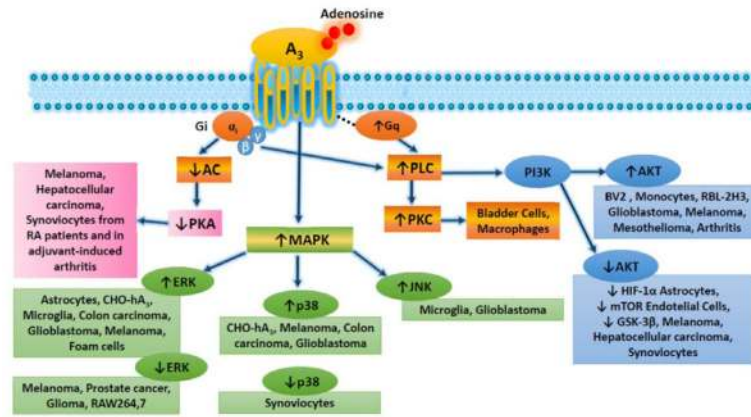


FIGURE 10. Intracellular pathways of A₃AR in immune and cancer cells. Schematic diagram showing the main signaling pathways triggered by adenosine through A₃AR activation in different cellular types. A₃AR preferentially couples to Gi. PLC activation, and even the Ca²⁺ effects observed at high concentrations of A₃AR agonists, could conceivably be triggered by mechanisms other than Gq, such as Gβγ subunits

TABLE 1

Expression of the A₃AR RNA in Normal and Cancerous Tissues from Public Databases

(A) Exon expression for the A₃AR gene in various postmortem human tissues, from RNA sequencing data^{a,b}	
Tissue	RPKM^b
Testes	12.401
Brain (spinal cord, cervical C-1)	5.612
Brain (substantia nigra)	4.268
Adrenal gland	3.884
Spleen	3.495
Small intestine (terminal ileum)	2.778
Brain (amygdala)	2.405
Brain (hypothalamus)	2.201
Nerve (tibial)	2.102
Brain (hippocampus)	1.99
Bladder	1.764
Lung	1.747
Adipose (subcutaneous)	1.73
Whole blood	1.709
Colon (transverse)	1.604
Artery (coronary)	1.517
(B) Alteration in the level of A₃AR in cancerous tumors compared to normal tissue^c	
Tumor	Percentile (no. of analyses)^c
<i>Upregulation</i>	
Brain and CNS cancer ^d	1% (4/29)
Kidney cancer	1% (6/20)
Breast cancer	5% (11/43)
Esophageal cancer	10% (1/9)
<i>Downregulation</i>	
Bladder cancer	5% (3/10)
Colorectal cancer	5% (12/33)
Sarcoma	5% (1/31)
Brain and CNS cancer	10% (1/29)
Cervical cancer	10% (1/10)
Myeloma	10% (1/8)

^aData from The Genotype-Tissue Expression (GTEx) Project. The data were accessed from the GTEx portal (<http://www.gtexportal.org/home/>) on February 9, 2017, GTEx Analysis Release V6p (dbGaP Accession phs000424.v6.p1).

^bRPKM stands for reads per kilobase of transcript per million mapped reads for the A₃AR gene (ADORA3, gencode ID ENSG00000121933.13). The highest 16 values are shown from a total of 53 tissues assayed.

^cPercentile refers to the best gene rank percentile for the analyses within the cell. The data were accessed from <http://oncomine.org> on February 9, 2017, using gene summary visualization for ADORA3. Ratio refers to the number of analyses out of the total number that met the criterion of $p < 10^{-4}$ for the change in expression in cancer versus normal tissue.

^dHighly significant upregulation of ADORA3 noted in numerous analyses of glioblastoma and astrocytoma.

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TABLE 2

Affinity of Selected Nucleoside Derivatives in Binding at Human ARs

Compound		p <i>K_i</i> value		
		A ₁ AR	A _{2A} AR	A ₃ AR
Agonists				
1 ¹²⁰	IB-MECA	7.29	5.50	8.74
2 ¹²⁰	CI-IB-MECA	6.66	5.27	8.85
7 ^{99,103}	HE-NECA	7.22	8.19	8.62
8 ^{99,103}	PE-NECA	6.25	6.21	8.21
9 ^{99,103}	PHP-NECA (<i>R,S</i>)	8.57	8.51	9.38
10 ^{99,103}	PEMADO	4.48	4.38	8.52
11 ¹⁰⁴		4.27	4.98	8.60
13 ¹¹⁰	CP-608,039	5.14	<4.3	8.24
14a ¹²⁶		<5	<5	7.81
14b ¹²⁶		6.71	5.36	9.42
15a ¹³²	LC257	5.79	<4	8.74
15b ¹³²		5.42	<5.30	8.70
16 ⁹⁵	CGS21680	6.54	7.57	7.17
20 ¹⁰⁵	MRS3558	6.59	5.64	9.54
21 ¹¹⁹	MRS5151	4.83	~5	8.62
22 ¹¹⁷	MRS3630	7.74	5.49	8.43
25 ^{120,121}	MRS5698	<5	<5	8.52
26 ¹²¹	MRS5679	<5	<5	8.51
27 ¹²¹	MRS5980	<5	<5	9.15
29 ¹²²	MRS5841	<5	<5	8.72
32 ¹³⁴	MRS5919	<5	<5	8.22
Antagonists and partial agonists				
33 ^{136,142}		<4	<4	6.19
35 ¹²⁸	MRS1292	ND	ND	7.53 ^a
37 ¹⁰⁹		5.80	5.32	7.91
39 ¹³⁹		5.60	6.47	8.38
41 ¹⁴³		<4	8.14	7.93
42 ¹⁷⁵	MRS3771	5.23	<5	7.54
45 ¹²⁵	MRS5776	<5	<5	7.70
46 ¹⁴⁰		<5	5.13	8.31
47 ¹⁴¹		9.36	7.11	8.52

^a p*K_i* at rat A₃AR = 7.31.

ND, not determined.

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TABLE 3

Affinity of Selected A₃AR Antagonists

Compound	pK _i value or % inhibition at 10 μM		
	A ₁ AR	A _{2A} AR	A ₃ AR
Monocyclic systems			
48 ¹⁵⁵ MRS1334	5.54 (r)	<10%(r)	5.41 (r)
			8.57 (h)
49 ¹⁵⁸ MRS1505	4.38 (r)	4.62 (r)	6.09 (r)
			8.10 (h)
50 ¹⁶²	17% (h)	43%(h)	8.46 (h)
51 ¹⁶⁴ ISVY130	1% (h)	10% (h)	8.44 (h)
52 ¹⁶⁵ SYJA385	7% (h)	10%(h)	6.41 (h)
53 ¹⁶⁷	24% (h)	28% (h)	9.10 (h)
54 ¹⁴⁶	<5 (h)	<5 (h)	9.39 (h)
55 ¹⁴⁶	<6.18 (h)	<6.08 (h)	9.44 (h)
			8.80 (r)
Bicyclic systems			
56 ¹⁶⁹ VUF5574	52% (r)	43%(r)	8.39 (h)
57 ¹⁷⁰	4% (h)	1% (h)	7.71 (h)
58 ¹⁷¹	0% (h)	19%(h)	9.11 (h)
59 ¹³⁵	5.10 (h)	6.08 (h)	7.59 (h)
60 ¹⁷³	6% (h)	8%(h)	7.60 (h)
61 ¹⁷⁴	6.37 (h)	5.09 (h)	8.22 (h)
62 ¹⁷⁵ MRS3777	26% (h)	16%(h)	7.33 (h)
63 ¹⁷⁶	5.98 (h)	5.50 (h)	9.74 (h)
64 ¹⁷⁶	<5 (h)	<5 (h)	8.54 (h)
65 ¹⁷⁷	5% (h)	1% (h)	8.92 (h)
66 ¹⁷⁹	1% (h)	1%(h)	10.57 (h)
Tricyclic systems			
67 ¹⁸⁰ CGS15943	8.46 (h)	9.40 (h)	7.02 (h)
68 ¹⁸² MRS1220	7.28 (r)	8.00 (r)	9.19 (h)
69 ¹⁸³	<5 (h)	<5 (h)	8.09 (h)
70 ¹⁸⁴	<6 (h)	6.98 (h)	8.94 (h)
71 ¹⁸⁴	<6 (h)	<6 (h)	8.16 (h)
72 ¹⁸⁵	42% (b)	3% (b)	8.68 (h)
73 ¹⁸⁶	<6 (h)	<6 (h)	8.05 (h)
74 ¹⁸⁸	25% (b)	14% (b)	8.33 (h)

Compound	pK _i value or % inhibition at 10 μM		
	A ₁ AR	A _{2A} AR	A ₃ AR
	0% (h)		
75 ¹⁸⁹	6.59 (b)	0% (b)	9.10 (h)
	7.96 (h)	2% (h)	
76 ¹⁹⁰	0% (b)	8.06 (b)	8.68 (h)
77 ¹⁹²	5.57 (h)	<5 (h)	8.80 (h)
78 ¹⁹³ MRE3008-F20	<5 (r)	5.70 (r)	9.54 (h)
79 ²⁰³ MRE3005-F20	6.60 (h)	7.22 (h)	10.40 (h)
80 ¹⁴⁹	5.47 (h)	<5.3	8.01 (h)
81 ²⁰⁴	ND	ND	79% (h)
82 ²⁰⁴	ND	ND	16% (h)
83 ¹⁹⁶	<6 (h)	<6 (h)	7.74 (h)
84 ¹⁴³	32% (h)	49% (h)	9.29 (h)
85 ¹⁴³ OT-7999	4% (h)	31% (h)	9.02 (h)
86 ²⁰⁷ PSB-10	5.77 (h)	5.56 (h)	9.36 (h)
87 ²⁰⁹ KF-26777	5.74 (h)	6.33 (h)	9.70 (h)
88 ²¹¹	24% (h)	0% (h)	8.66 (h)
89 ²⁰⁰	<6 (h)	<6 (h)	9.10 (h)
90 ²⁰⁰	<6 (h)	<6 (h)	8.46 (h)
91 ¹⁹⁵	5.60 (h)	<5.3 (h)	8.84 (h)
92 ¹⁹⁵	5.52 (h)	5.82 (h)	8.71 (h)

h, human; r, rat; and b, bovin.

ND = not determined.