

# **Structure and Function of ABC Transporters in Health and Disease**

**Michael M. Gottesman, M.D.  
Chief, Laboratory of Cell Biology  
Center for Cancer Research, NCI  
National Institutes of Health, DHHS  
Clinical Pharmacology, January 13, 2011**

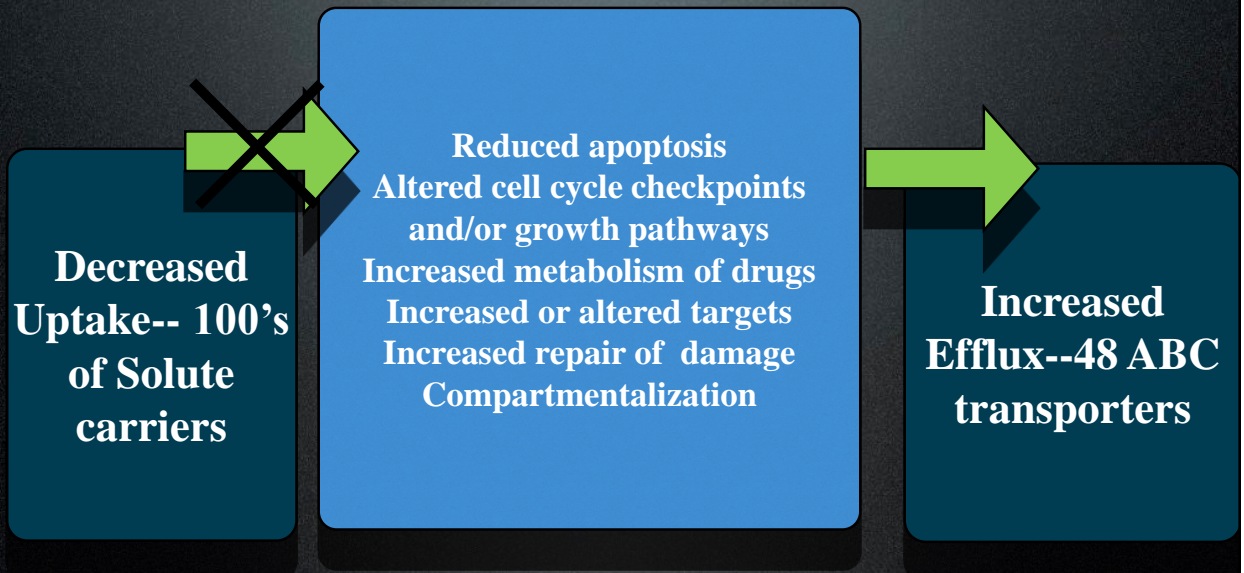
# Drug Resistance in Cancer

- May affect multiple drugs used simultaneously: known as multidrug resistance (MDR)
- Affects all classes of drugs, including newly designed targeted drugs
- Just as oncogene targets have been catalogued, we need to enumerate all mechanisms of drug resistance in cancer to solve this problem and circumvent resistance

# Ultimate Goals

1. Molecular analysis of human cancers to predict response to therapy
2. Use this information to develop novel drugs to treat cancer and new imaging modalities for cancer
3. To learn more about cellular pharmacology and pharmacokinetics of drugs

# Mechanisms of resistance to anti-cancer drugs



# Why study multidrug transporters?

- Important role in multidrug resistance in cancer and in pathogens
- Important role in drug pharmacokinetics (uptake, distribution, and excretion)
- Important role in drug toxicity
- Key role in development (stem cells, morphogenesis)
- To learn about the biology of all transport systems

## ATP-Binding Cassette (ABC) Transporter Superfamily

- One of the largest family of transport proteins known. Currently, more than 2000 members have been identified.
- Transport substrates include-- ions, sugars, glycans, phospholipids, cholesterol, peptides, proteins, toxins, antibiotics, and hydrophobic natural product anticancer drugs.
- Structurally, consist of various combinations of ATP-binding cassettes and segments with 6 trans-membrane domains.

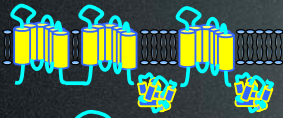
# The Eukaryotic ABCome

## 57 ABC-family genes

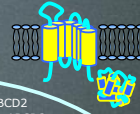


From M. Dean

# 48 Human ABC Genes

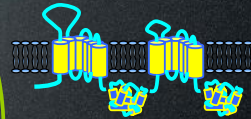


**ABCC (12)**



**ABCD (4)**

**ABCB (11)**



**ABCE (1)**



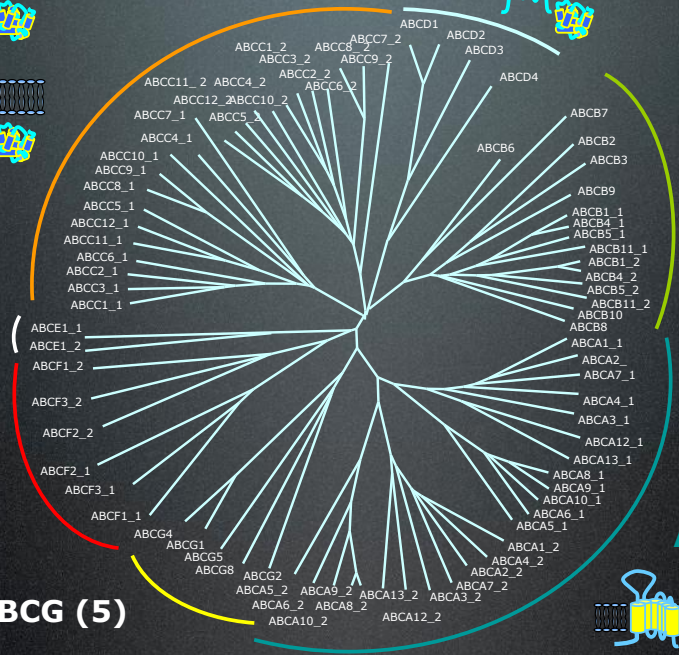
**ABCF (3)**



**ABCG (5)**



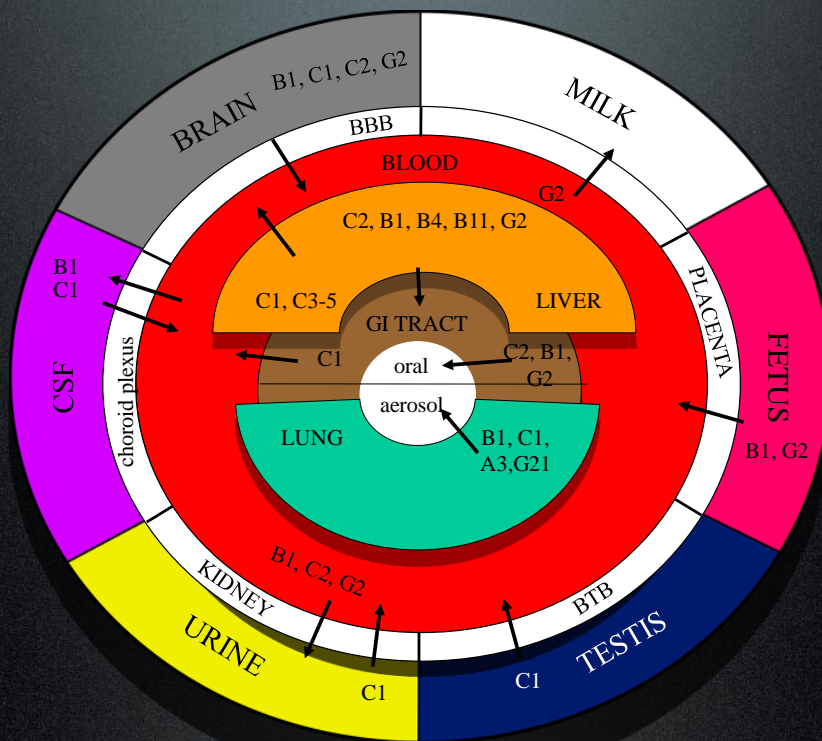
**ABCA (12)**



The Clustal W program was used to make the alignment of the NBDs and the tree was built by using the MEGA program -- By Mike Dean, NCI



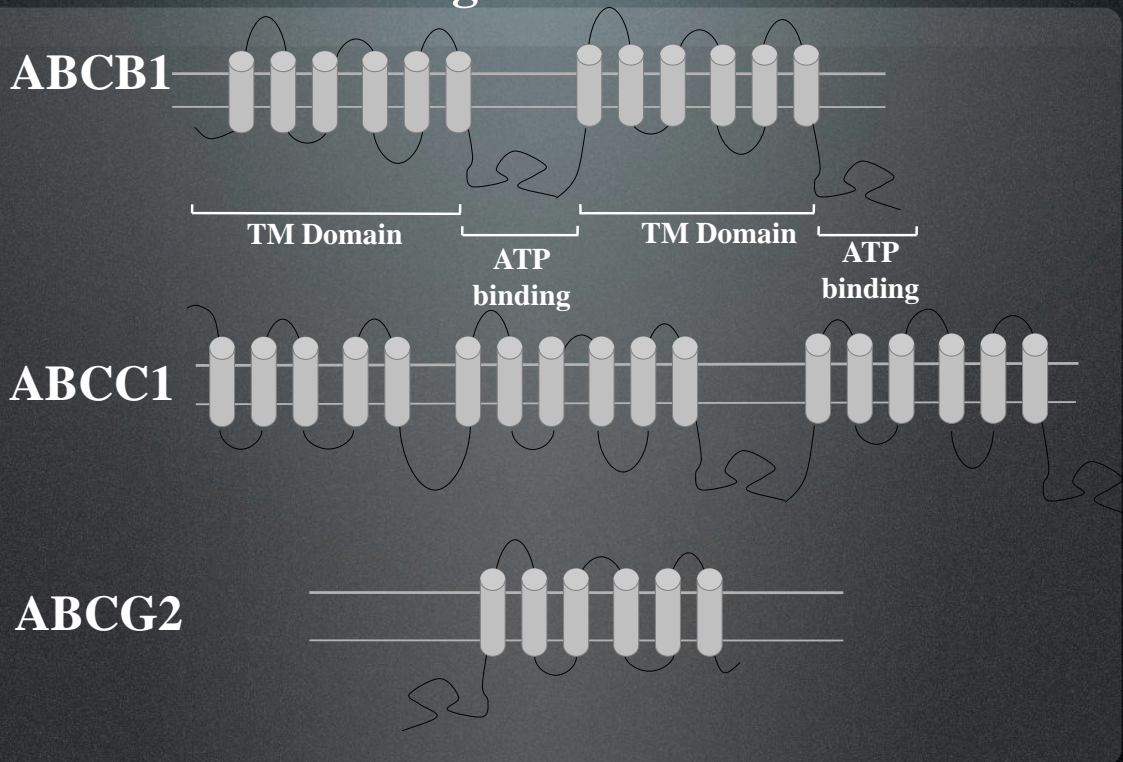
# ABC transporters determine oral bioavailability, excretion, penetration and protect the organism against airborne xenobiotics



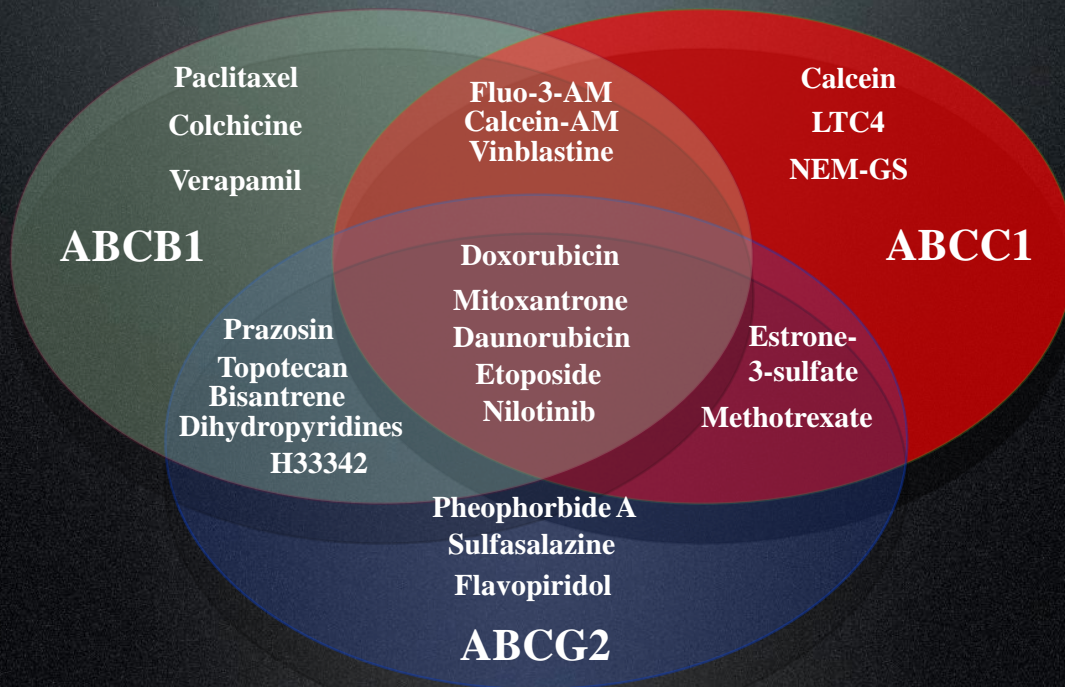
# Human diseases associated with an ABC Transporter

<u>Disease</u>	<u>Transporter</u>
• Cancer	ABCB1, ABCC1, ABCG2
• Cystic fibrosis	ABCC7 (CFTR)
• Stargardt disease & AMD	ABCA4 (ABCR)
• Tangier Disease (HDL deficiency)	ABCA1 (ABC1)
• Progressive familial intrahepatic cholestasis	ABCB11 (SPGP), ABCB4 (MDR2)
• Dubin-Johnson syndrome	ABCC2 (MRP2)
• Pseudoxanthoma elasticum	ABCC6 (MRP6)
• Persistent hypoglycemia of infancy, neonatal diabetes	ABCC8 (SUR1), ABCC9 (SUR2)
• Sideroblastic anemia and ataxia	ABCB7 (ABC7)
• Adrenoleukodystrophy	ABCD1 (ALD)
• Sitosterolemia	ABCG5, ABCG8
• Immune deficiency	ABCB2 (Tap1), ABCB3 (Tap2)

## ABC transporters that confer MDR: Domain organization



# Overlapping substrate specificity of ABCB1, ABCG2 and ABCC1

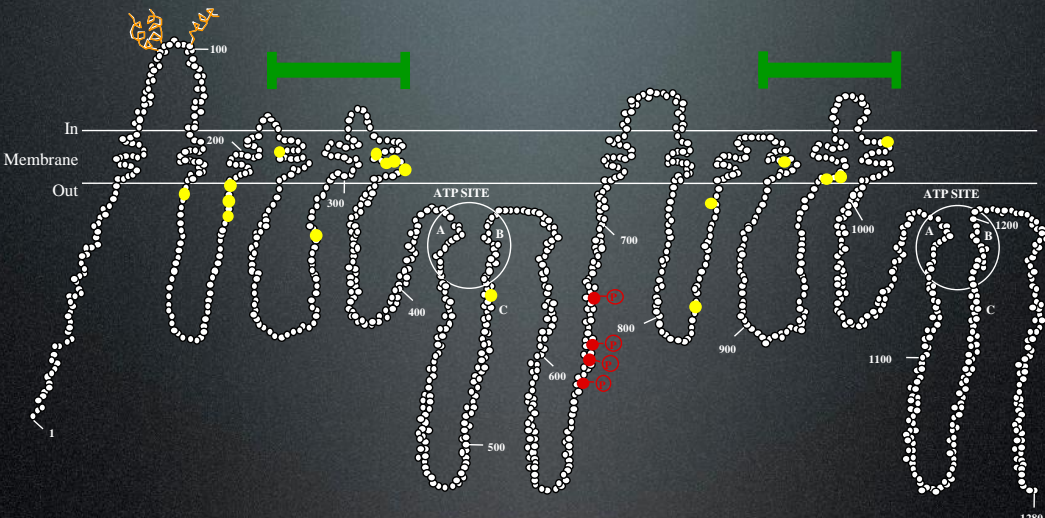


# Multiple ABC Transporters Confer Resistance to Anti-Cancer Drugs

		ABC transporters overexpressed in cell lines selected for resistance						ABC transporters shown to confer drug resistance in transfection studies					
		ABCA2	ABCB1	ABCC1	ABCC2	ABCC4	ABCG2	ABCB5	ABCB11	ABCC3	ABCC5	ABCC6	ABCC11
<b>Vinca alkaloids</b>	Vinblastine		Selected	Selected	Selected								
	Vincristine		Selected	Selected	Selected								
<b>Anthracyclines</b>	Daunorubicin		Selected	Selected	Selected			Selected					
	Doxorubicin		Selected	Selected	Selected			Selected					
<b>Epipodophyllotoxins</b>	Epirubicin		Selected	Selected	Selected								
	Etoposide		Selected	Selected	Selected								
<b>Taxanes</b>	Teniposide		Selected	Selected	Selected			Selected		Selected			
	Docetaxel		Selected	Selected	Selected								
<b>Kinase inhibitors</b>	Paclitaxel		Selected	Selected	Selected				Selected				
	Gleevec		Selected	Selected	Selected								
<b>Camptothecins</b>	Flavopiridol		Selected	Selected	Selected								
	Irinotecan (CPT-11)		Selected	Selected	Selected								
	SN-38		Selected	Selected	Selected								
<b>Thiopurines</b>	Topotecan		Selected	Selected	Selected								
	6-mercaptopurine					Selected					Selected		
	6-thioquanine					Selected					Selected		
<b>Other</b>	5-FU												Selected
	Bisantrene		Selected										
	Cisplatin				Selected							Selected	
	Arsenite				Selected							Selected	
	Colchicine		Selected	Selected	Selected								
	Estramustine	Selected											
	Methotrexate		Selected	Selected	Selected								
	Mitoxantrone		Selected	Selected	Selected								
	Saquinivir		Selected	Selected	Selected								
	PMEA					Selected						Selected	
	Actinomycin-D		Selected	Selected	Selected								
	AZT					Selected	Selected						

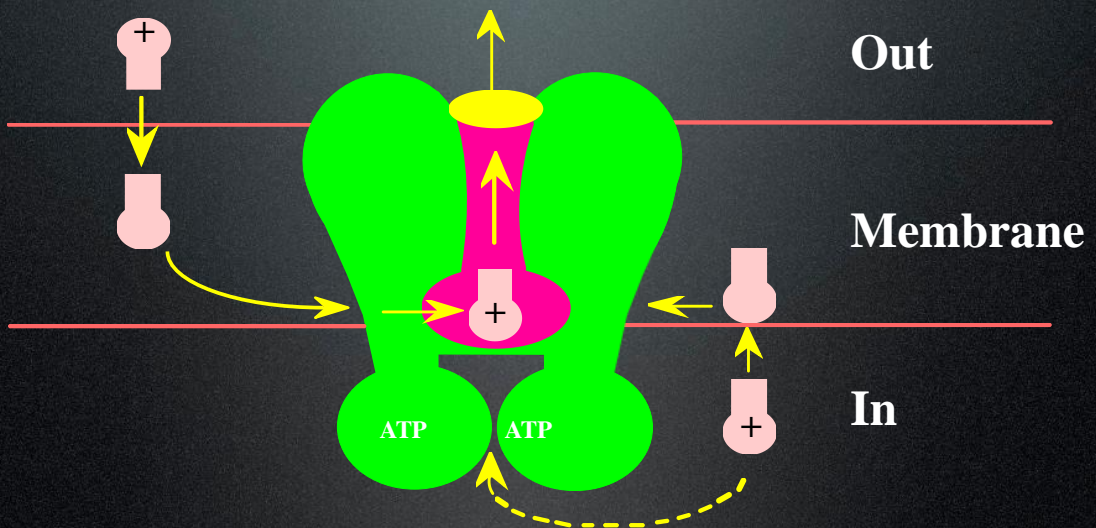
  
**Confers resistance**  
  
**Selected**

# Hypothetical Model of Human P-glycoprotein

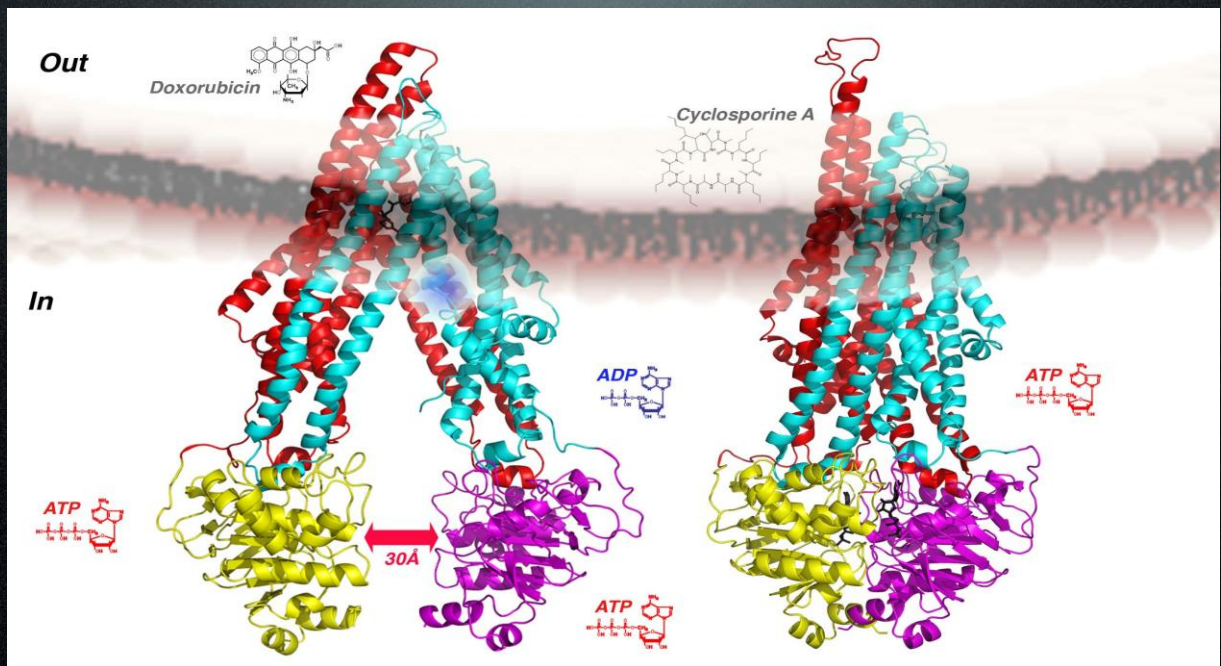


POINT MUTATIONS (●),  
PHOTOAFFINITY LABELED  
REGIONS (←→), AND  
PHOSPHORYLATION SITES (Ⓟ)

# P-glycoprotein removes hydrophobic substrates directly from the plasma membrane



# Atomic models of the structures of P-gp

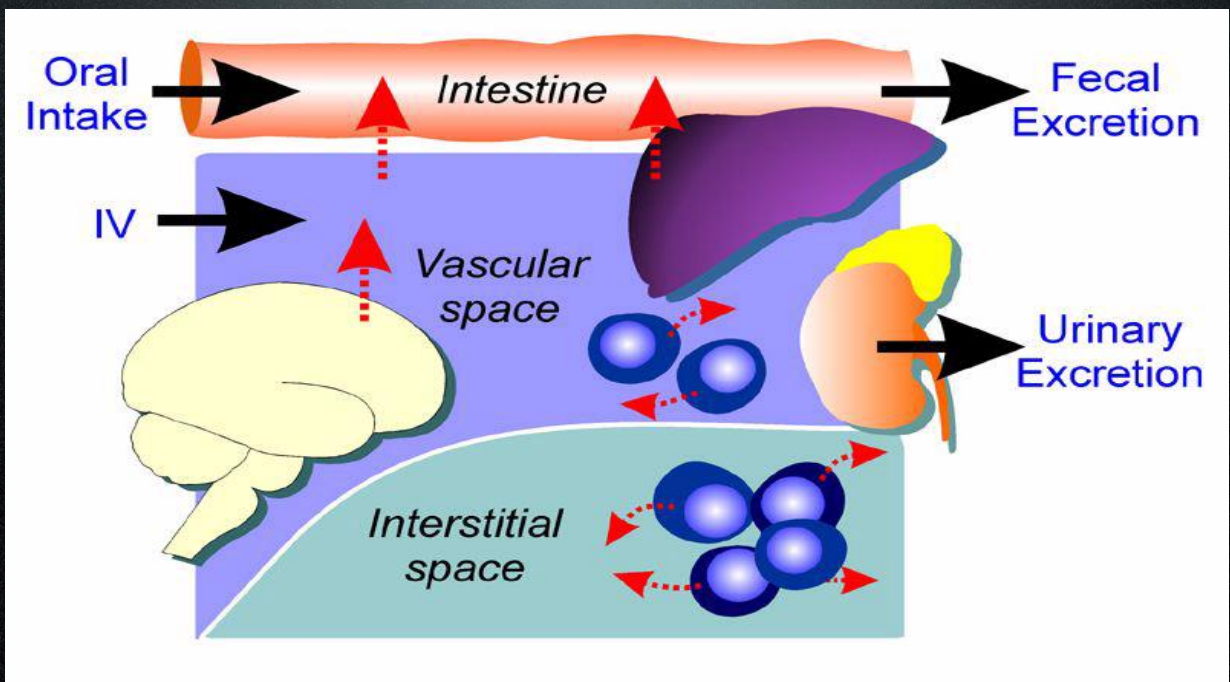


Mouse P-gp at 3.8Å (Aller and Chang)

Human P-gp model based on Sav1866 (Xia)



# Physiologic Role of P-glycoprotein



## Role of P-glycoprotein in cancer

- Approximately 50% of human cancers express P-glycoprotein at levels sufficient to confer MDR
- Cancers which acquire expression of P-gp following treatment of the patient include leukemias, myeloma, lymphomas, breast, ovarian cancer; preliminary results with P-gp inhibitors suggest improved response to chemotherapy in some of these patients
- Cancers which express P-gp at time of diagnosis include colon, kidney, pancreas, liver; these do not respond to P-gp inhibitors alone and have other mechanisms of resistance
- Animal models with human cancer xenografts and BRCA1-driven mouse mammary cancers show role for P-gp in MDR (Pajic et al., *Cancer Res.* 69, 6396-6404, 2009)