

Nov. 13, 2015
JSSX Award Lecture

Transport and toxicity of the drug and its regulation in the kidney and lung

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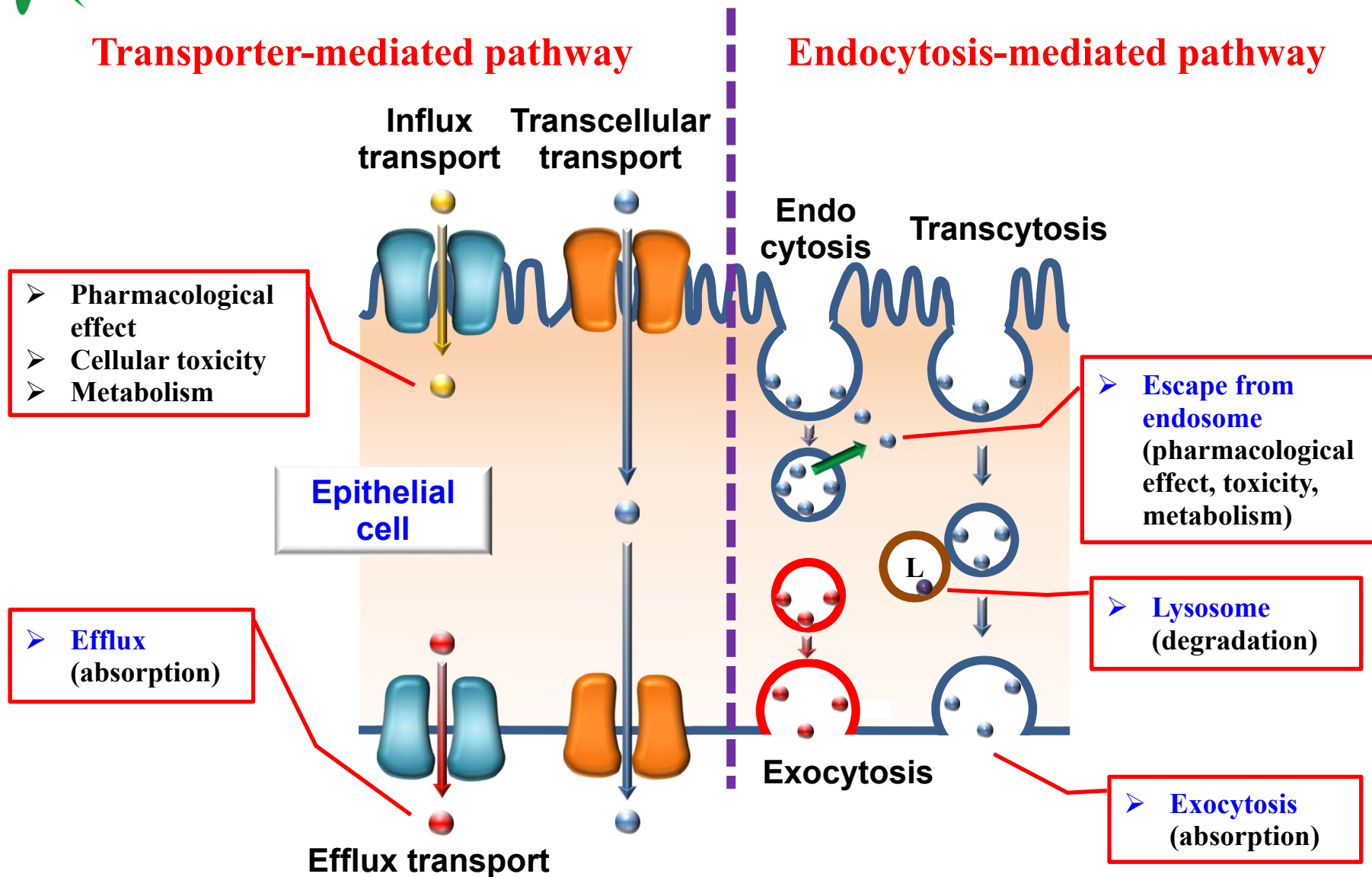




Role of membrane transport and endocytosis processes in the pharmacokinetics, efficacy, and toxicity of drugs

Transporter-mediated pathway

Endocytosis-mediated pathway





Topics of today's talk

《Kidney》

1-1) Molecular aspects of renal handling of aminoglycosides

1-2) Strategy for preventing aminoglycoside-induced nephrotoxicity

《Lung》

2-1) Mechanism of protein (albumin) transport in lung alveolar epithelial cells

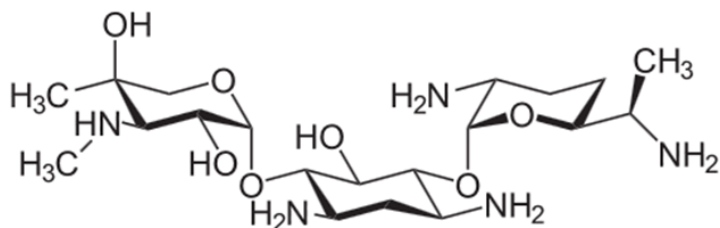
2-2) Strategy for enhancing the clearance/absorption of albumin from the lung

3) Epithelial-mesenchymal transition as a cause of drug-induced lung toxicity



Aminoglycosides (AGs) and their renal toxicity

Gentamicin (GM)



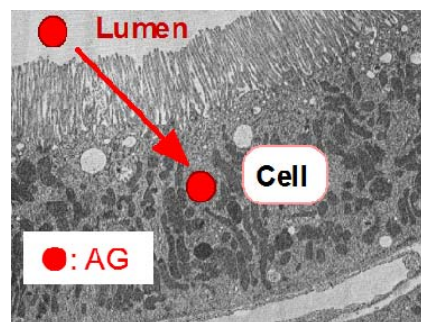
Characteristics of AGs

- Antibiotics widely used for Gram-negative infectious diseases
- Water soluble polycation
- 《PK》
- Plasma protein binding: low (< 10 %)
- Main elimination pathway: renal excretion

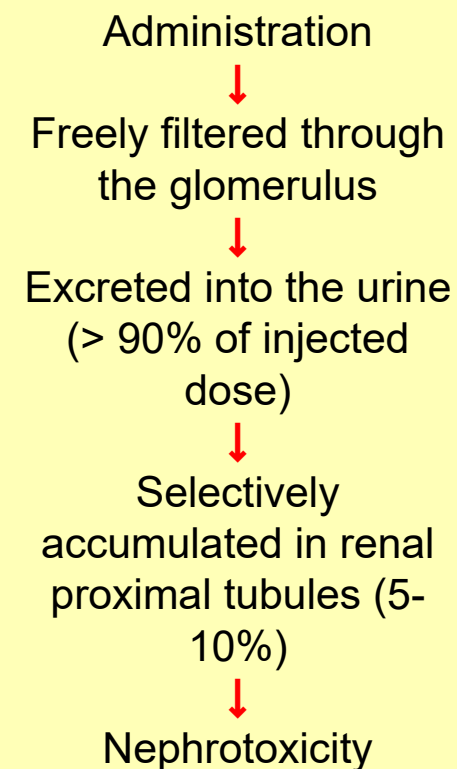
Glomerulus



Proximal tubular epithelial cells



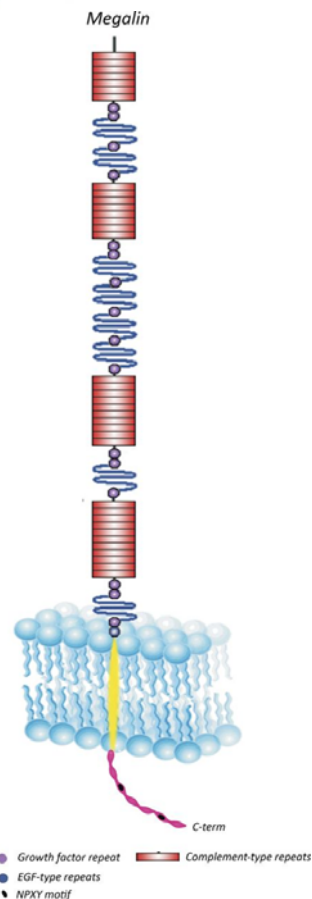
Renal Handling of AGs



Using kidney epithelial cell line, I previously reported that gentamicin was taken up by receptor-mediated endocytosis (**J Pharmacol Exp Ther, 1994**). However, the receptor responsible for aminoglycoside uptake was unknown.⁴



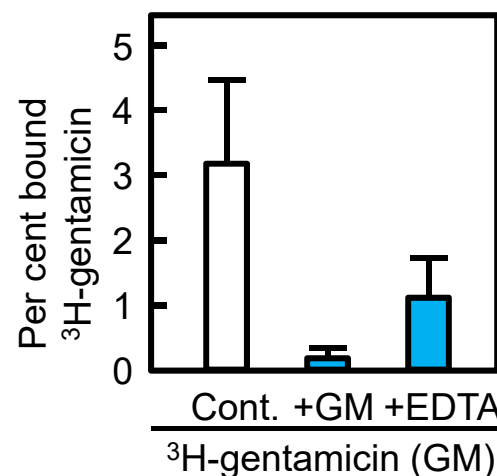
Structure and function of megalin and in-vitro interaction of AG with megalin



American Journal of Physiology -
Renal Physiology, 306, F147, 2014

Megalyn

- Large membrane protein: about 600 kDa (mega-)
- Endocytosis receptor
- Ligands of megalin: vitamin D binding protein, receptor-associated protein (RAP), cytochrome c, etc.
- Alias: Heymann nephritis autoantigen, LDL-receptor-related protein-2 (LRP-2; LDL receptor family)



GM can bind to
“Megalyn” (in-vitro)

Moestrup SK et al.,
J Clin Invest
1995;96:1404-13

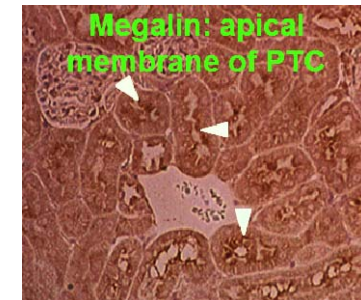
Key Question: Is megalin the receptor for aminoglycoside uptake in the kidney?



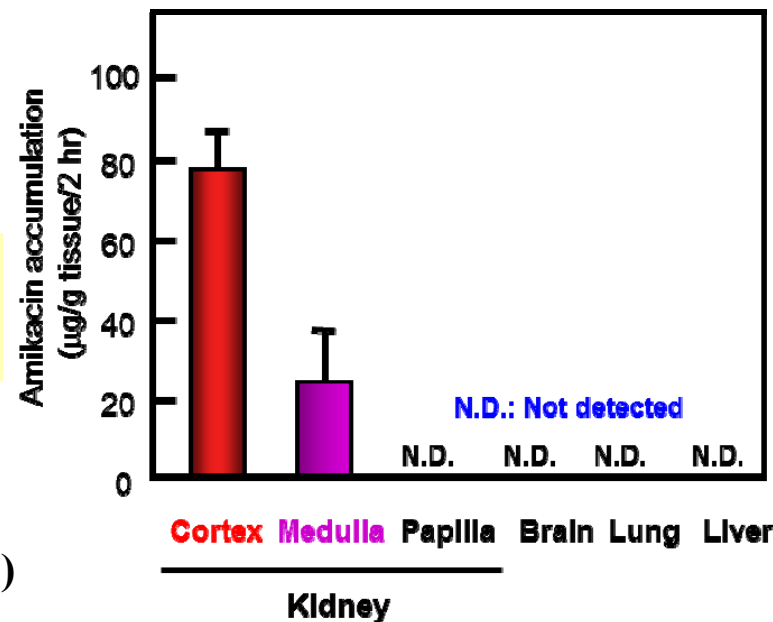
Role of megalin in renal accumulation of AGs

Tissue distribution: megalin expression and amikacin accumulation

Western blot analysis of rat tissue homogenates with anti-megalyn antiserum against intracellular domain of megalin



Tissue distribution pattern of amikacin after iv injection

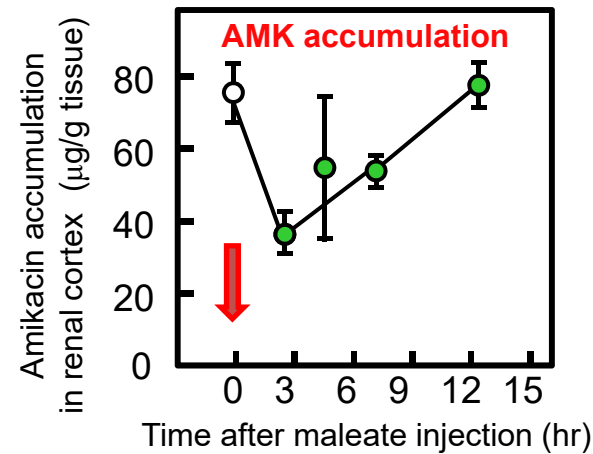
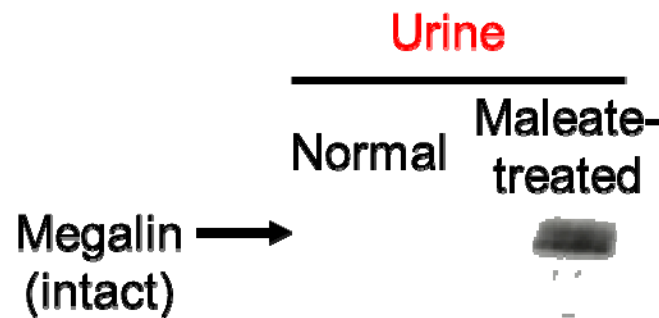
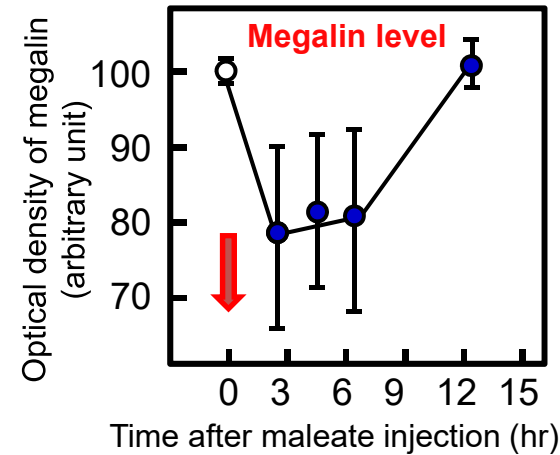
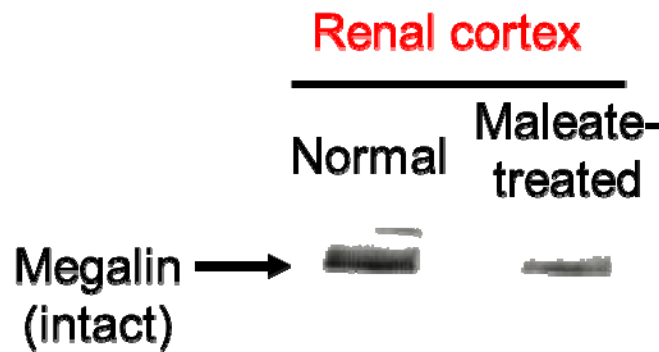


Am. J. Physiol., 281 (2): F337-F344 (2001)



Role of megalin in renal accumulation of AGs

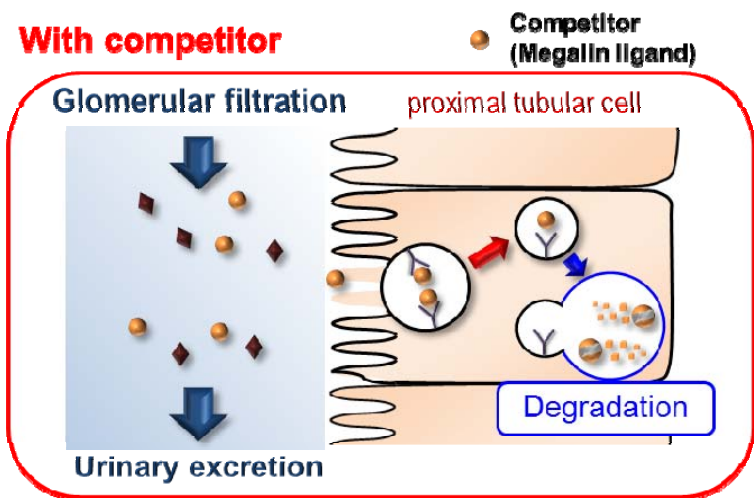
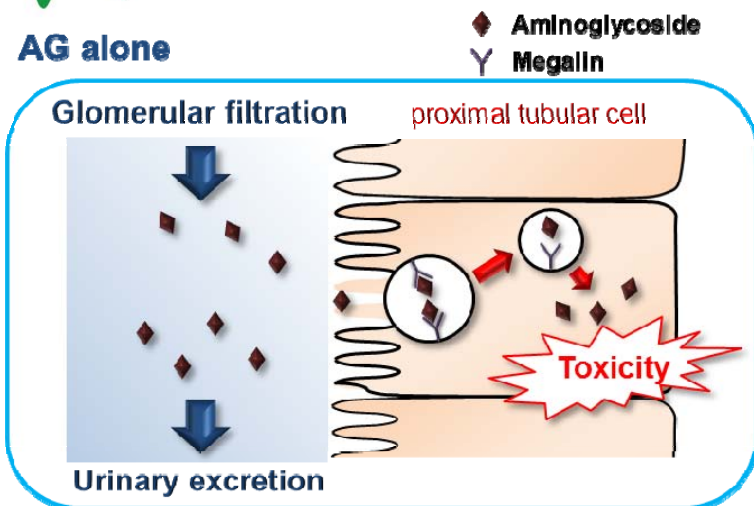
Relationship between renal megalin level and amikacin accumulation after **maleate treatment** in rats



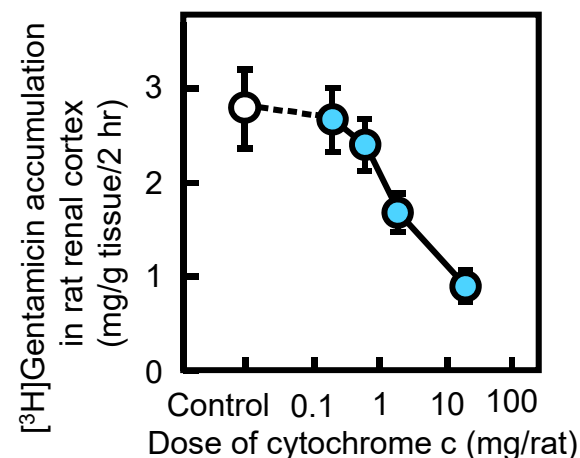
Megalin is the receptor responsible for AG accumulation in the kidney under in-vivo condition.



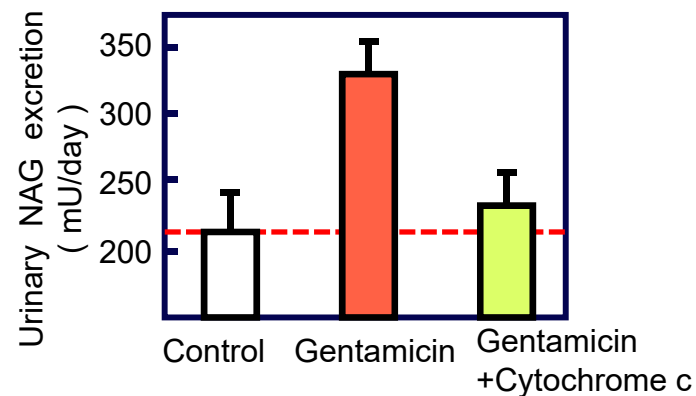
Strategy to prevent renal accumulation and toxicity of AGs



Effect of co-administration of cytochrome c on [³H]gentamicin accumulation in renal cortex in rats



Effect of cytochrome c on renal toxicity of gentamicin estimated by urinary excretion of N-acetyl-β-D-glucosaminidase (NAG) in rats



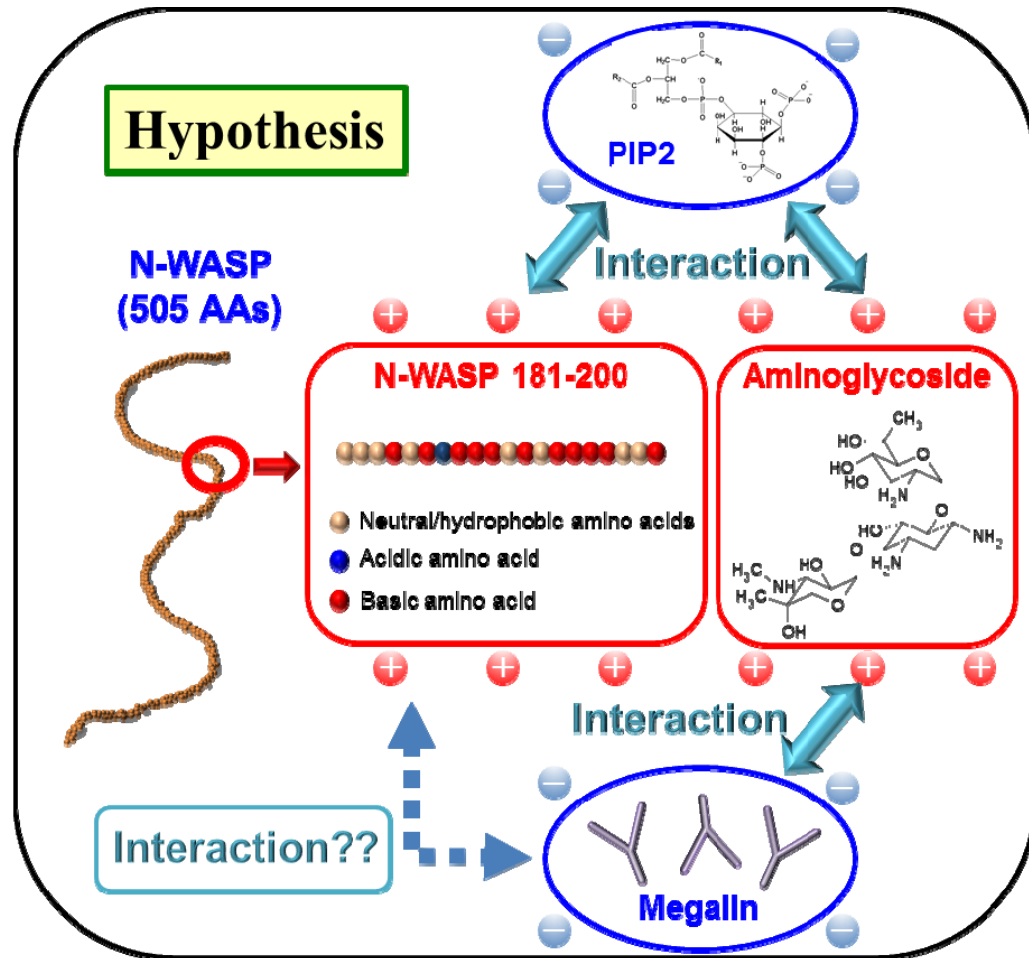


Search for smaller peptides which can inhibit megalin-mediated endocytosis of AGs

N-WASP and N-WASP181-200

- Neural Wiskott-Aldrich syndrome protein (N-WASP) is a protein which regulates actin polymerization.
- PI (4,5)P₂ (Phosphatidylinositol 4,5-bisphosphate) binds to the basic motif in N-WASP (N-WASP181-200; calculated pI = 10.87) and activates N-WASP function.

Toshiki Itoh, Regulation of actin cytoskeleton by phosphoinositides, *MEMBRANE* (2002)



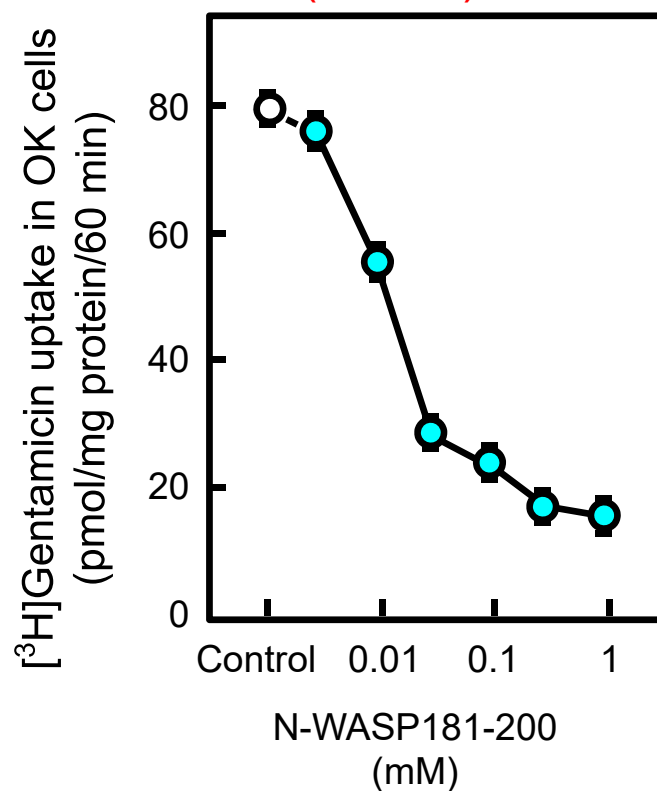


Effect of N-WASP181-200 on gentamicin accumulation in renal epithelial cells

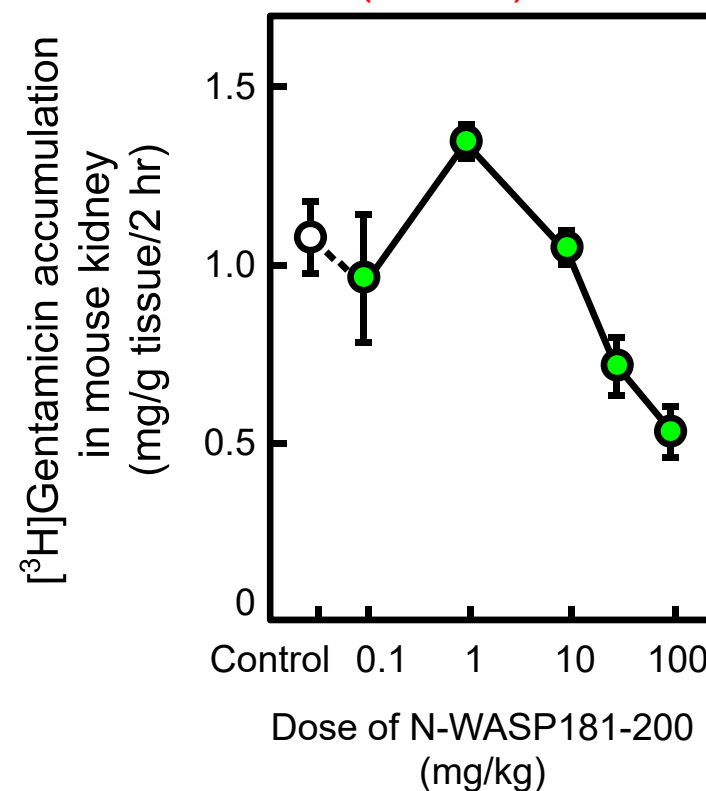
N-WASP181-200 (pI = 10.87)



Uptake in OK cells
(In vitro)



Renal accumulation in mice
(In vivo)

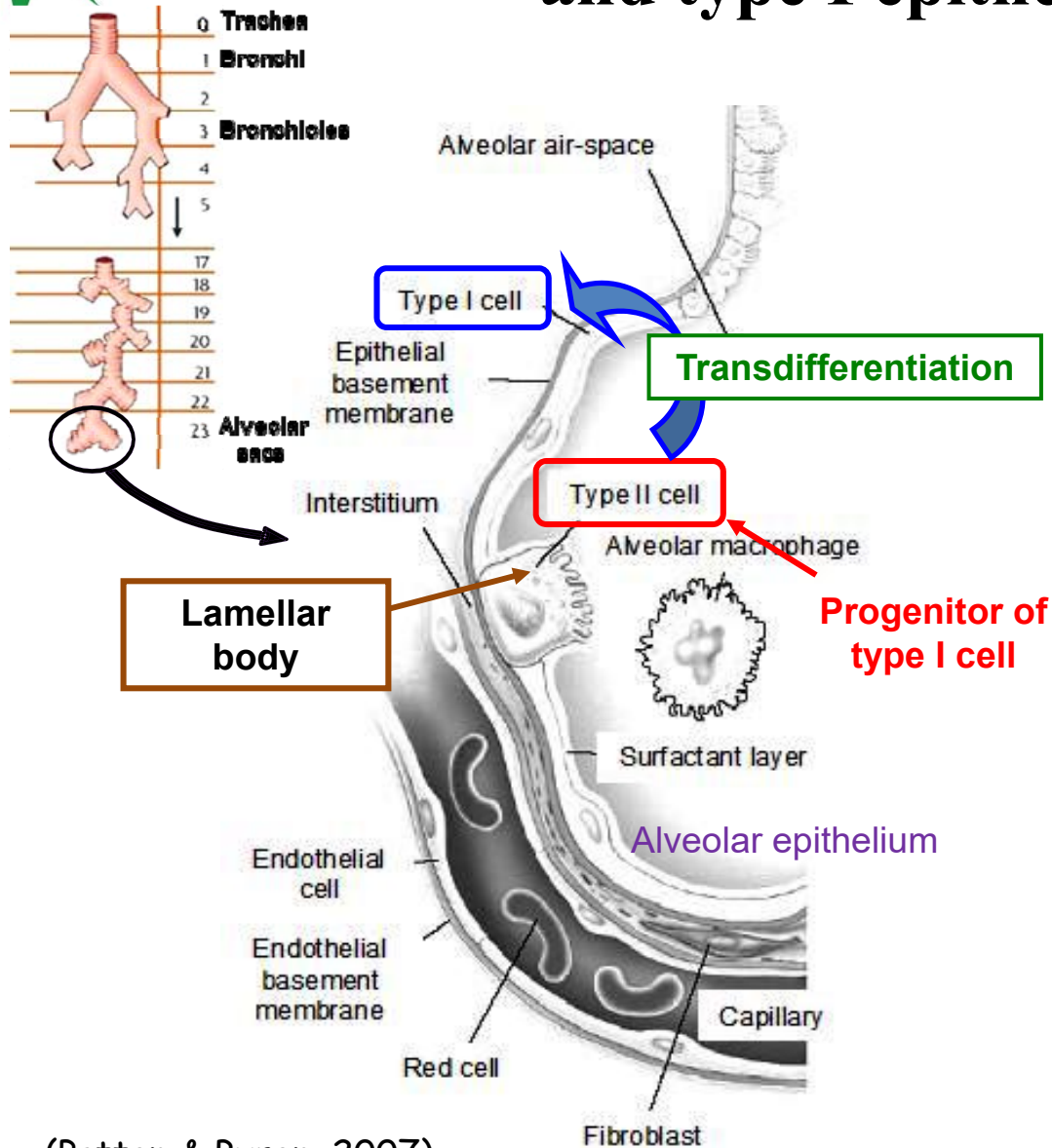


Summary (1)

- Megalin is the receptor responsible for the endocytosis of aminoglycoside into the renal proximal tubular cells under in vivo condition.
- Megalin ligands can inhibit the renal accumulation of aminoglycoside and its nephrotoxicity. Cationic peptides such as N-WASP 181-200 and its derivatives may be good candidates as the megalin competitor to prevent aminoglycoside nephrotoxicity.



Structure and function of lung alveolus and type II and type I epithelial cells



There are about 400-500 million alveoli in the distal lung, and the total surface area is $> 100 \text{ m}^2$.

Type I cells:

- squamous and thin epithelial cells
- 90-95% of surface area
- gas exchange

Type II cells:

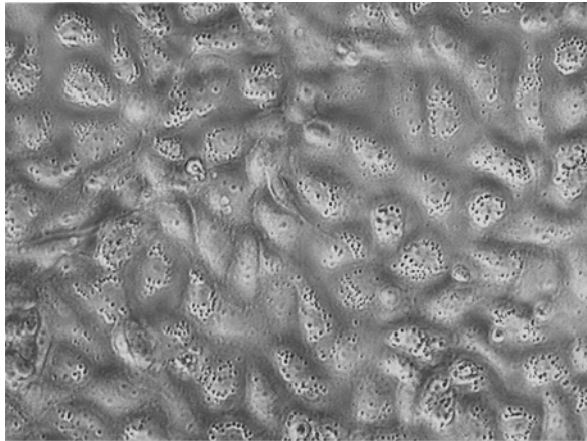
- cuboidal epithelial cells
- 5-10% of surface area
- surfactant production



Morphology of primary cultured alveolar type II and type I-like epithelial cells

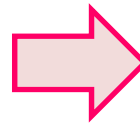
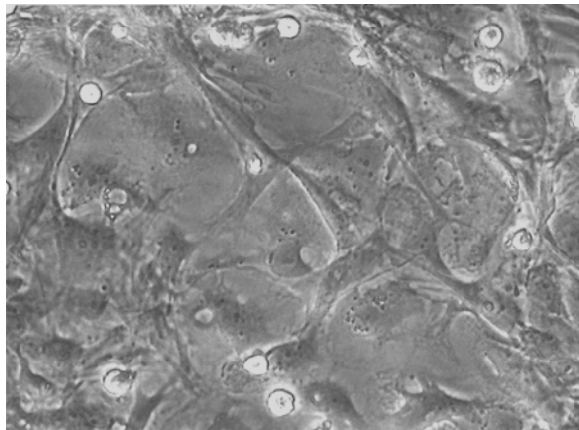
Type II cells

(5×10^6 cells/35 mm dish/2 days)

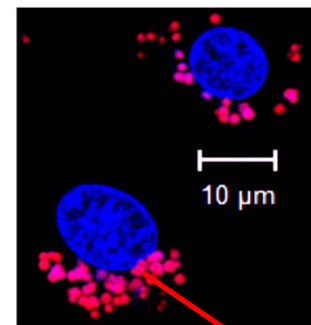


Type I-like cells

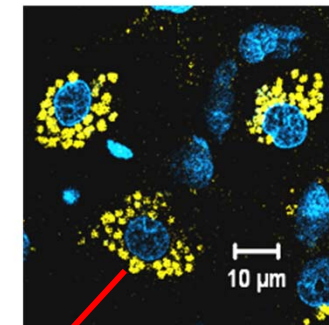
(2×10^6 cells/35 mm dish/6 days)



Confocal laser scanning micrographs of lamellar bodies in type II cells



LysoTracker
Red



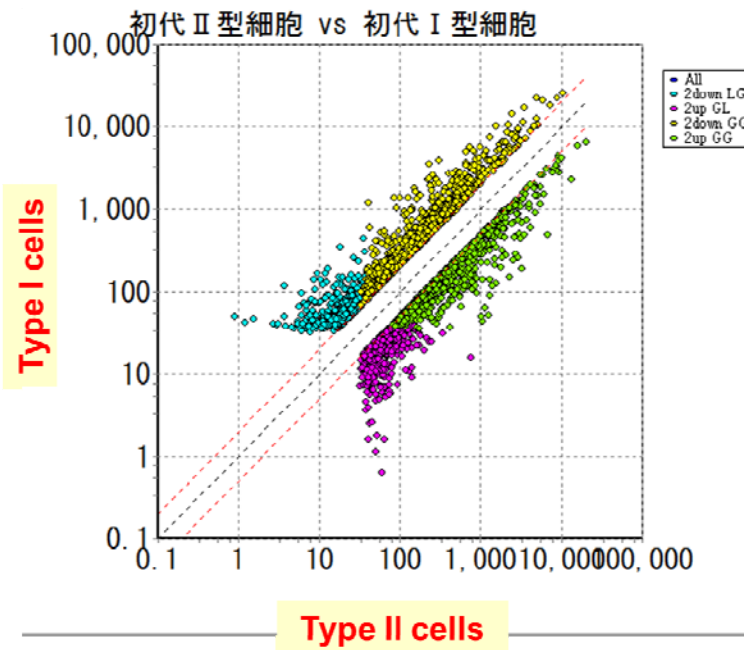
Nile Red

LB: pulmonary surfactant
production



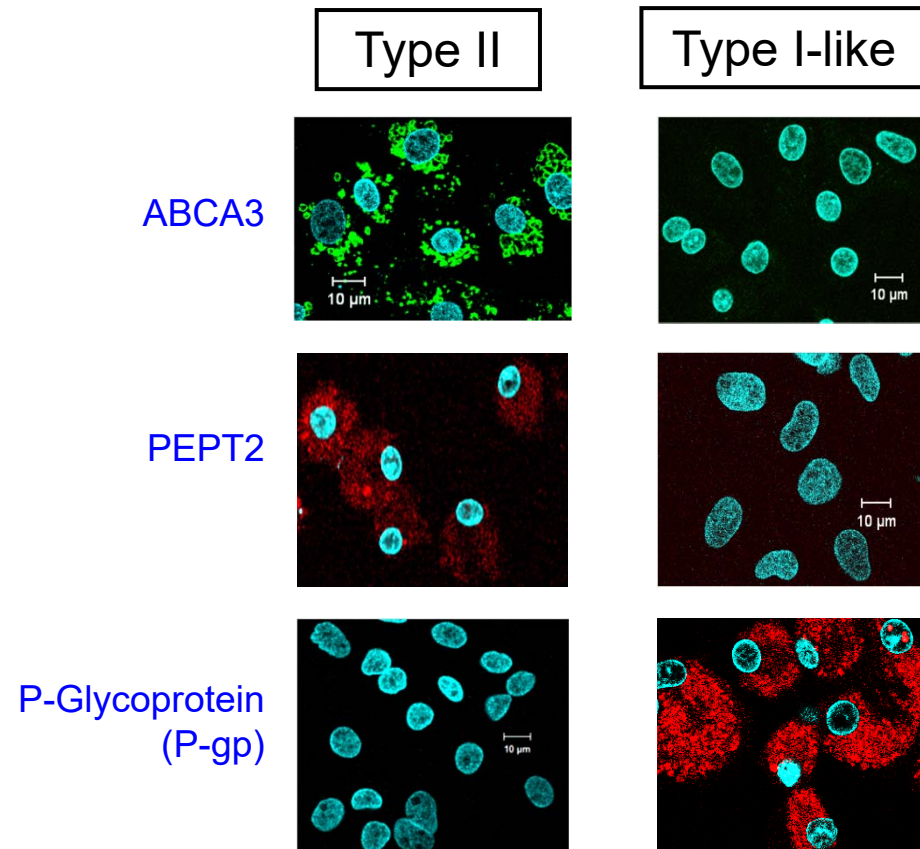
Change in mRNA and protein expression profiles along with transdifferentiation

mRNA expression profile
(Microarray analysis)



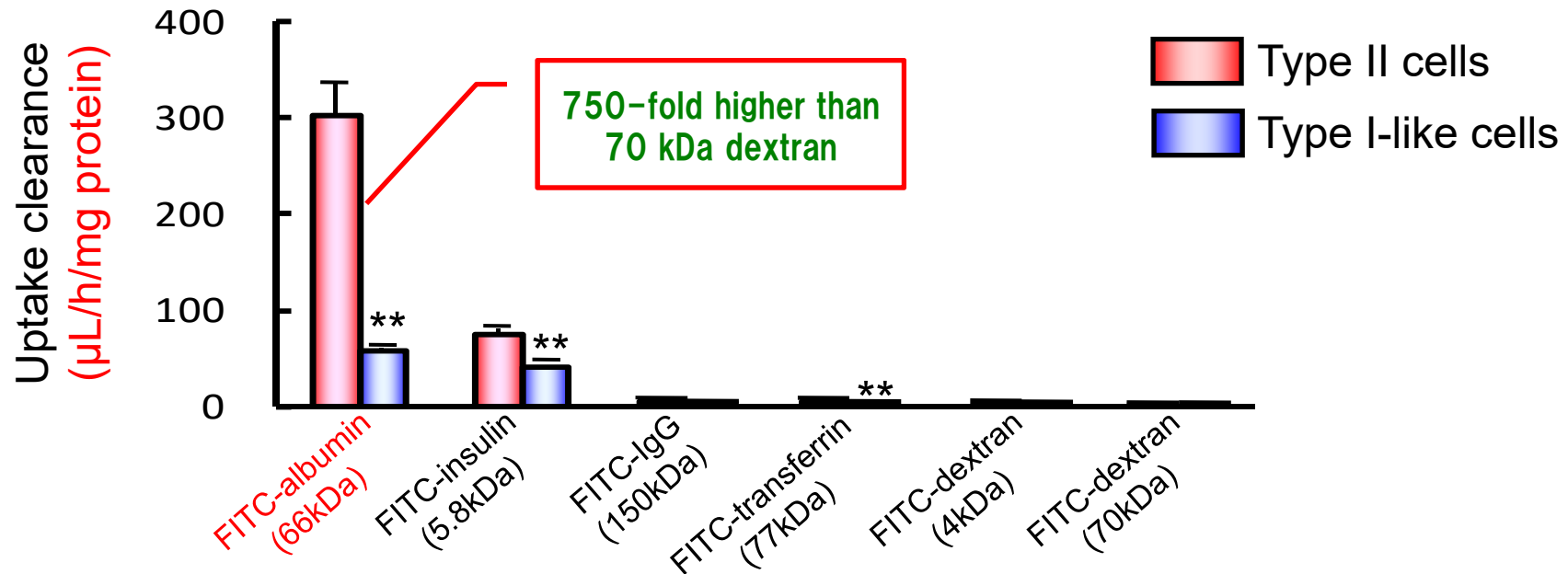
> 2.0-fold (about 1200/35000 mRNAs)
< 0.5-fold (about 1200/35000 mRNAs)

Protein expression profile
(Immunostaining)





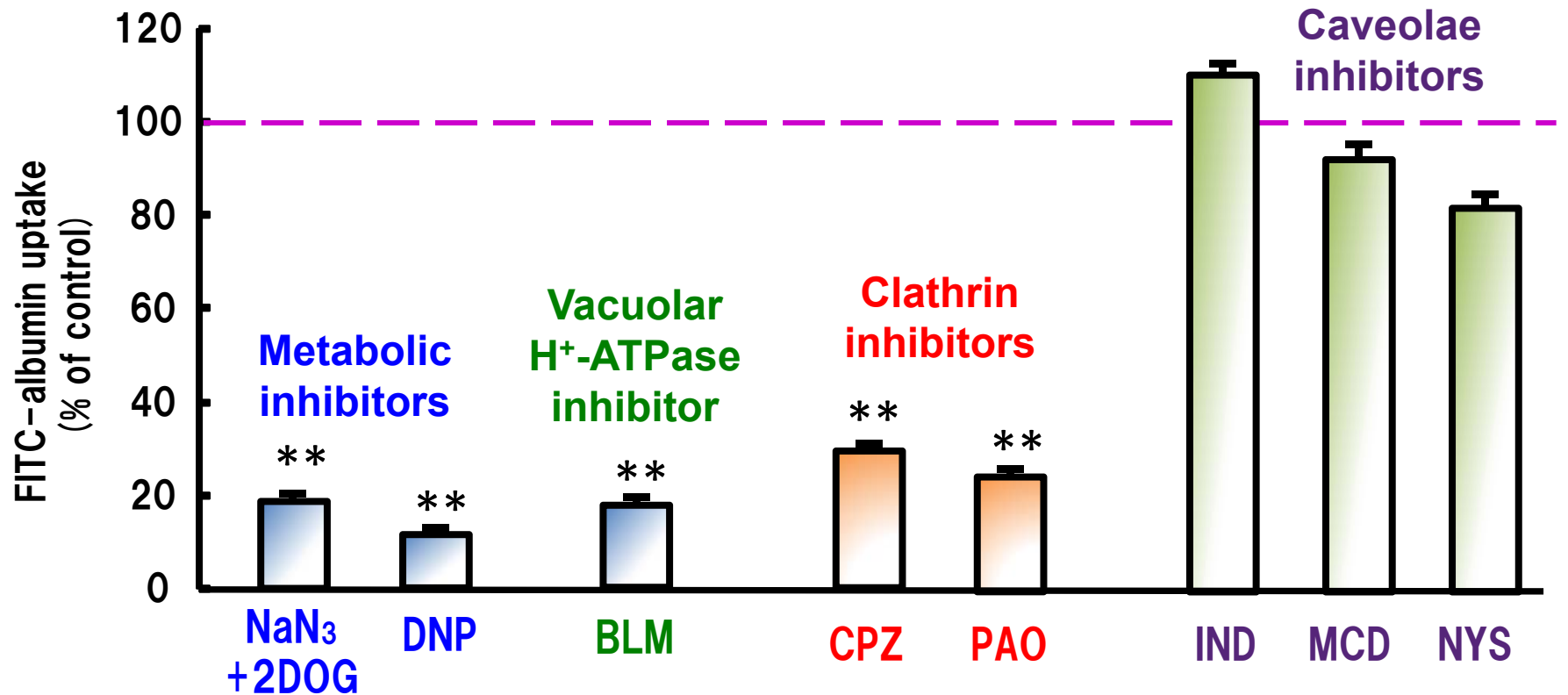
Transport of albumin in primary cultured alveolar type II and type I-like epithelial cells



Based on albumin uptake clearance per one cell and the ratio of type II and type I cell number in the lung (type II > type I), the contribution of type II cells for the total albumin clearance from the alveolar lining fluid was estimated to be more than 70%.



Mechanism and pathway of albumin uptake in type II cells: **Clathrin-mediated endocytosis**



Sodium azide: NaN₃

2DOG: 2-deoxy-D-glucose

DNP: 2,4-dinitrophenol

BLM: Bafilomycin A₁

CPZ: chlorpromazine

PAO: phenylarsine oxide

IND: indomethacin

MCD: methyl-β-cyclodextrin

NYS: nystatin

***p* < 0.01 vs. each control.



Role of albumin clearance from alveolar lining fluid under pathophysiological conditions

- The concentration of albumin in alveolar fluid is normally about 10%, but increases to 75-95%, of the plasma level in lung injury pulmonary edema.
- Alveolar clearance of protein is assumed to be a critical process in fluid clearance and therefore recovery from the edema.

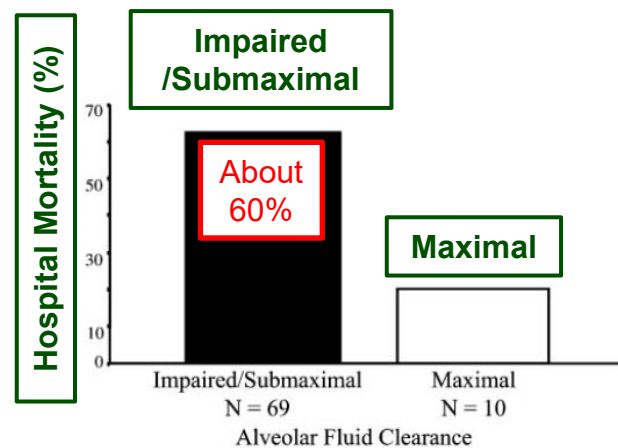


FIG. 6. Hospital mortality (*y*-axis) plotted against two groups of patients with acute lung injury or the acute respiratory distress syndrome: those with maximal fluid clearance (>14%/h) and those with impaired or submaximal fluid clearance (<14%/h). The columns represent percent hospital mortality in each group (*n* = number of patients). Hospital mortality of patients with maximal fluid clearance was significantly less ($P < 0.02$). [From Ware and Matthay (375), with permission from The American Thoracic Society.]

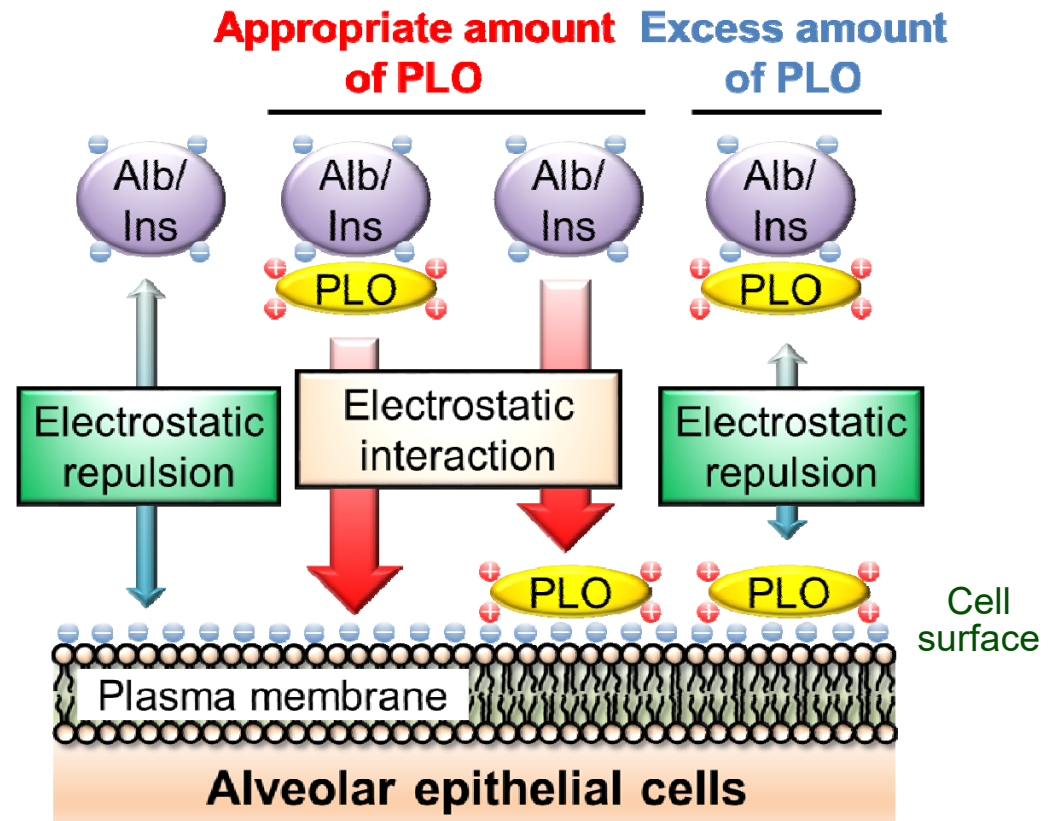
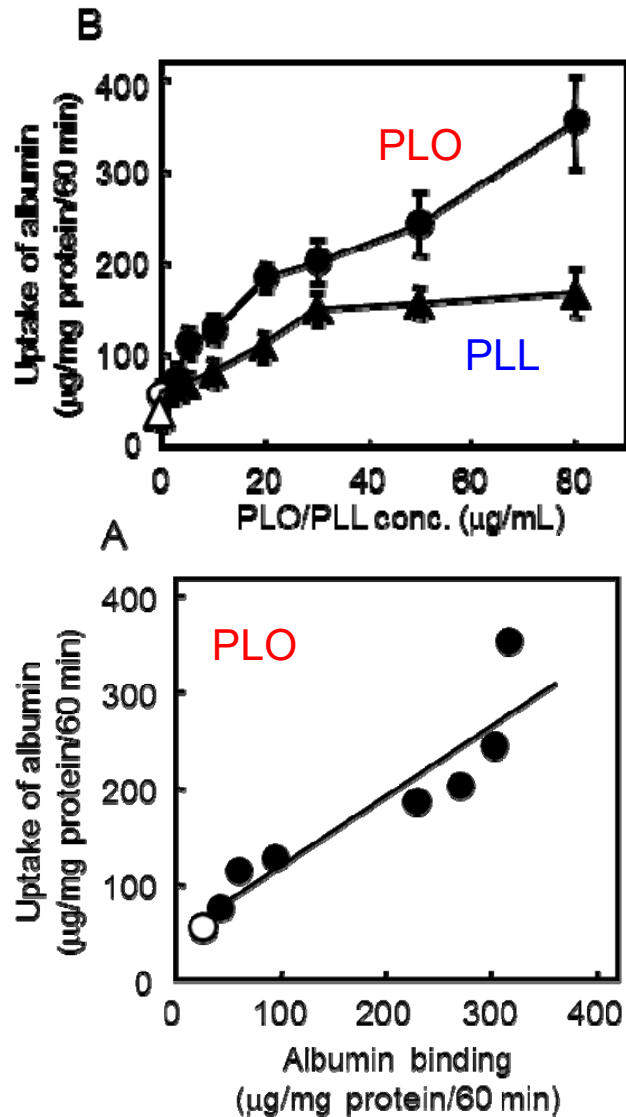
Clinically, the hospital mortality was high in lung injury patients with impaired/submaximal fluid clearance than that with maximal fluid clearance.

Development of a strategy to enhance the albumin clearance would be helpful for the early recovery from the lung injury accompanied with edema.

Pulmonary administration of a compound that can enhance albumin clearance would be a simple but a promising strategy.



In-vitro effect of cationic poly(amino acid)s on albumin uptake in alveolar epithelial cells (A549)

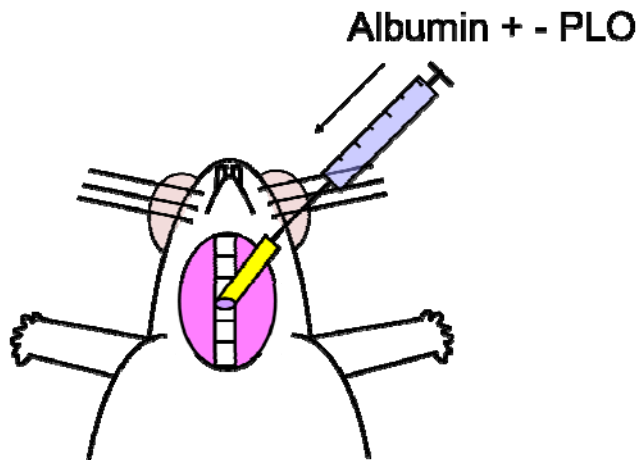


PLO: poly-L-ornithine PLL: poly-L lysine



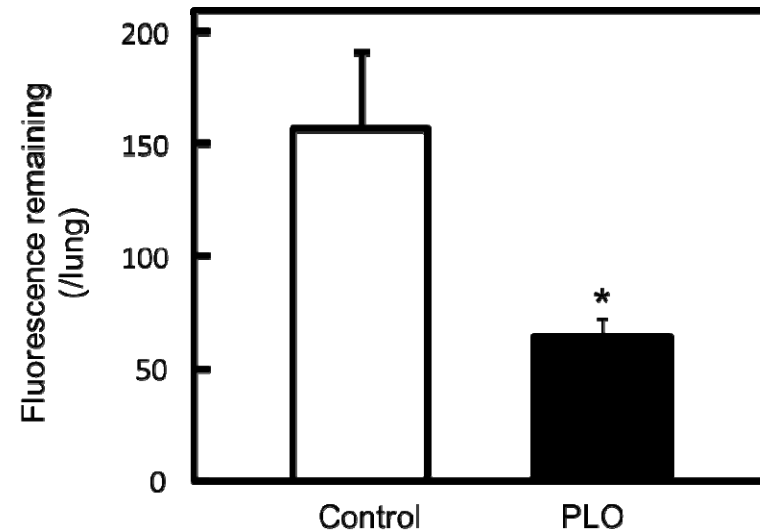
In-vivo effect of PLO on albumin clearance from the lung

In vivo pulmonary administration experiments

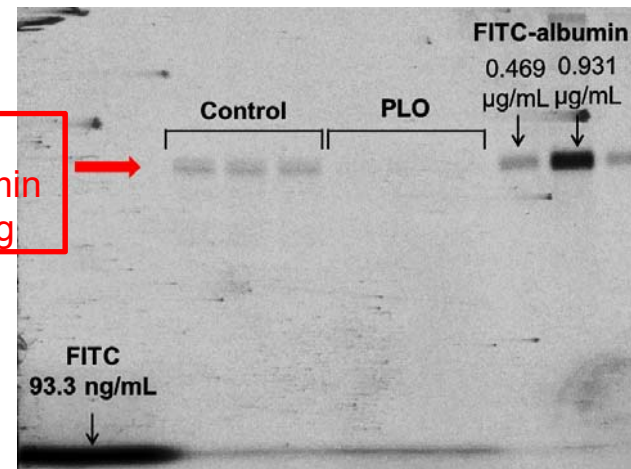


Animal: Male Wistar rats
Albumin conc. : 200 $\mu\text{g}/\text{mL}$
PLO conc. : 240 $\mu\text{g}/\text{mL}$
Volume: 50 μL
Time: 2 hours after administration

Fluorescence derived from FITC-albumin



Intact FITC-albumin in the lung

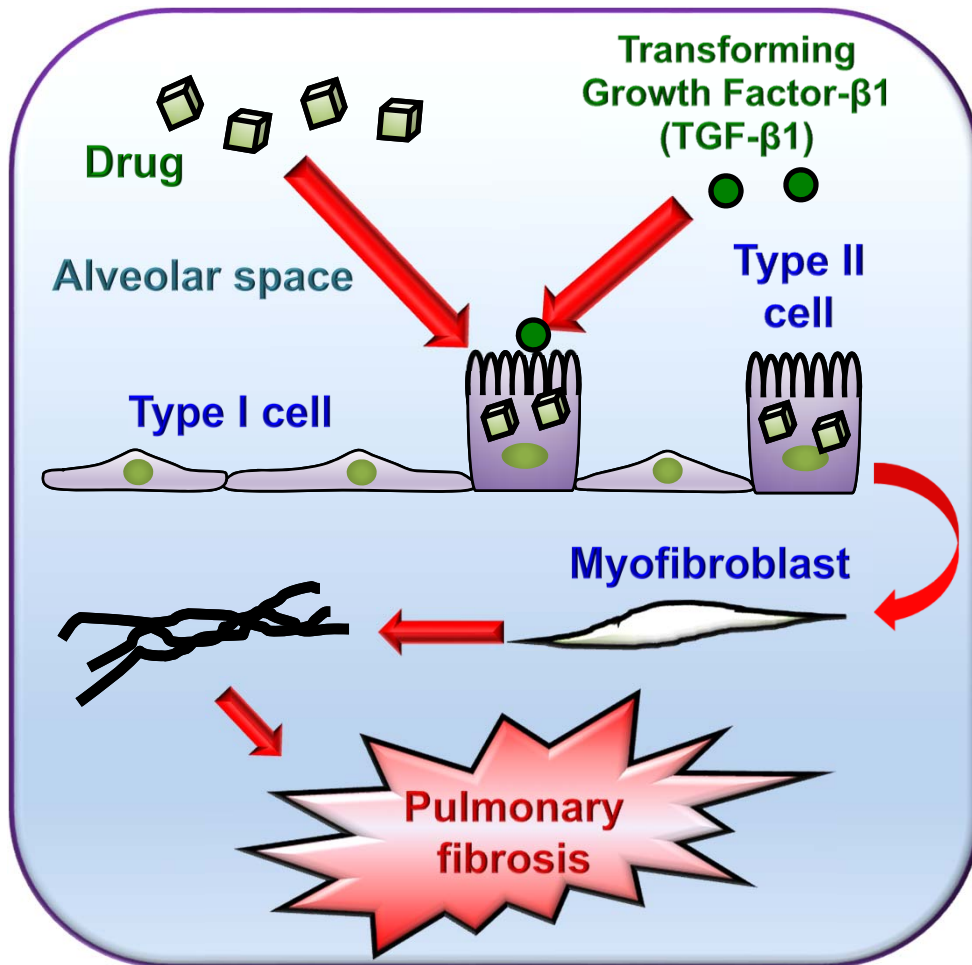


Summary (2)

- Though the surface area occupied by type II cells is much smaller (5-10%) than that by type I cells, type II cells would significantly contribute to albumin uptake in the lung.
- Albumin is endocytosed into type II cells via a clathrin-mediated pathway, but not via a caveolae-mediated pathway.
- Cationic poly(amino acid)s such as poly-L-ornithine (PLO) stimulated albumin endocytosis into the alveolar epithelial cells and enhanced the in-vivo clearance of albumin from the lung. Therefore, pulmonary administration of PLO may be a possible strategy for facilitating the recovery from pulmonary edema.
- PLO was also useful for enhancing insulin absorption from the lung, and potentiated the pharmacological effect of insulin (data not shown).

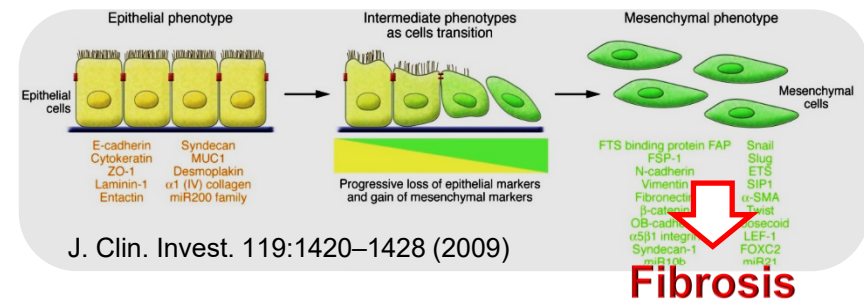


Epithelial-mesenchymal transition (EMT) of type II cells as a cause of drug-induced lung toxicity (interstitial pneumonia, pulmonary fibrosis)



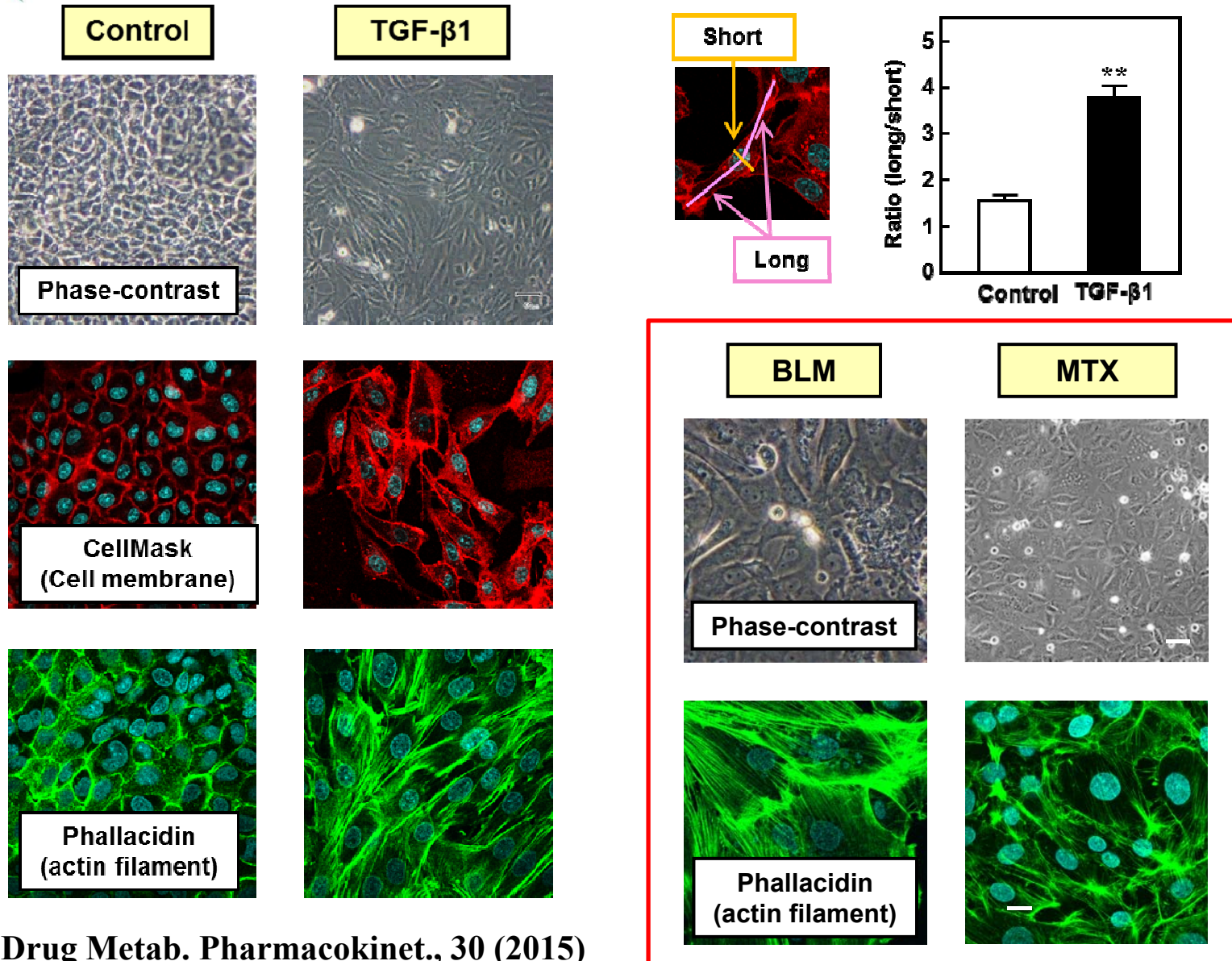
Drugs w/ lung toxicity:
Anticancer drugs such as bleomycin (BLM) and methotrexate (MTX) etc.

Epithelial-mesenchymal transition (EMT)



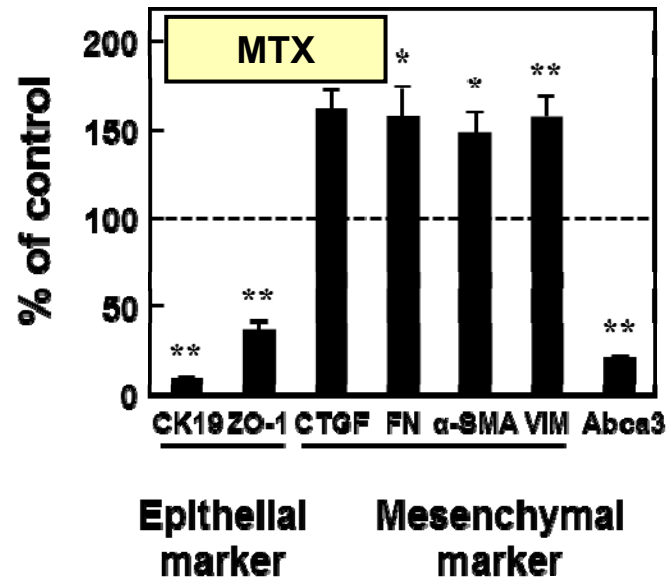
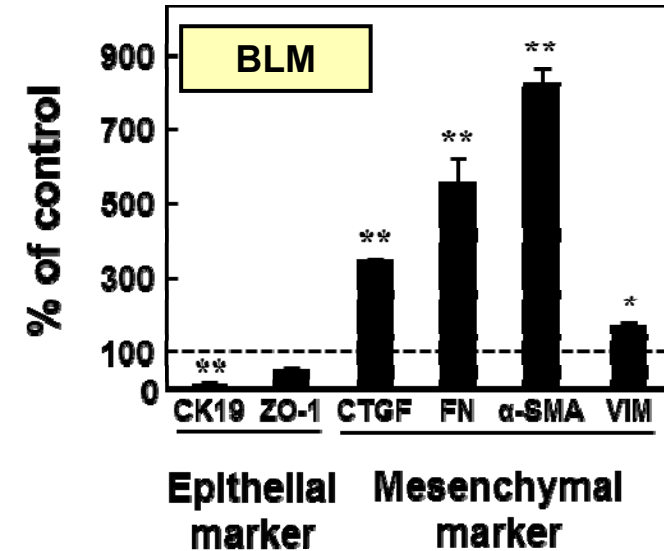
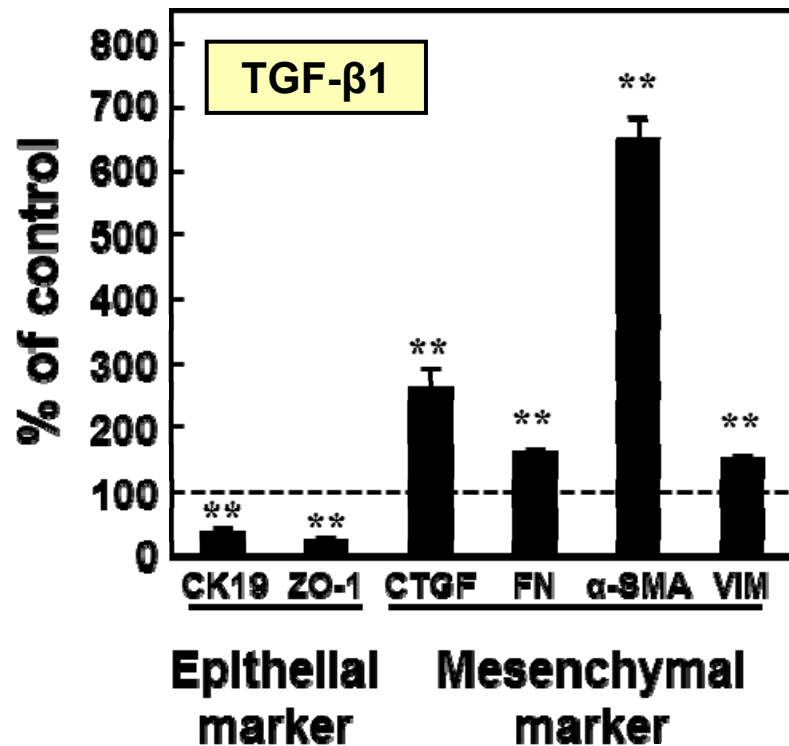


Induction of EMT by TGF- β 1, bleomycin (BLM) and methotrexate (MTX) in RLE/Abca3 cells (morphology)





Induction of EMT by TGF- β 1, bleomycin (BLM) and methotrexate (MTX) in RLE/Abca3 cells (**mRNA expression**)



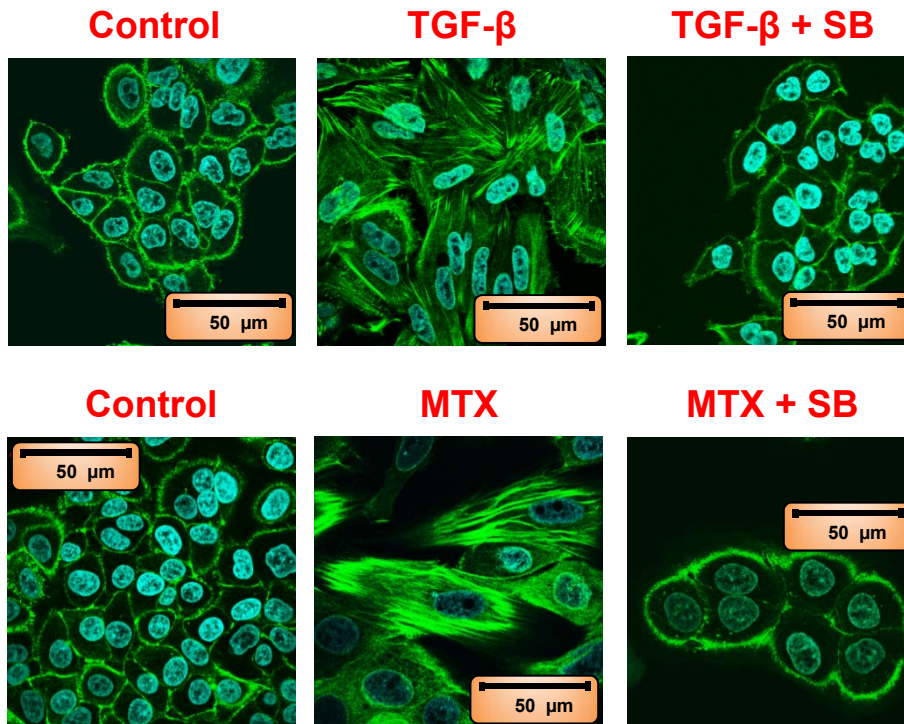
These findings suggest that, like TGF- β 1, BLM and MTX induce EMT in RLE/Abca3 cells. Similar effect of MTX was observed in human-derived A549 alveolar epithelial cell line.



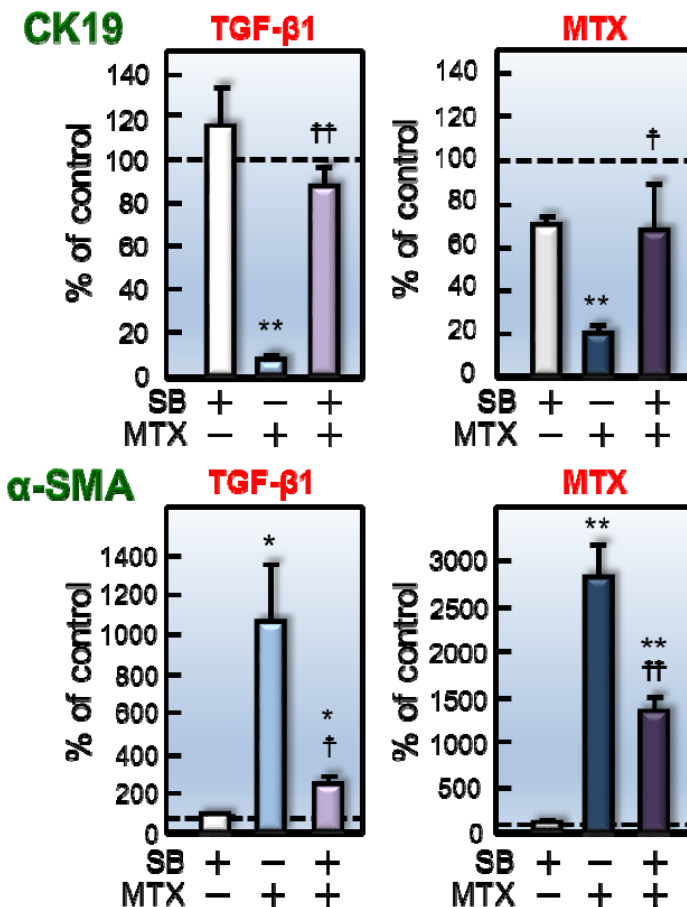
Molecular mechanism of EMT induction by MTX in A549 cells: Effect of SB on TGF- β 1 and MTX-induced EMT

SB (SB431542) is a TGF- β receptor kinase inhibitor, which inhibits TGF- β signaling pathway.

Morphological changes



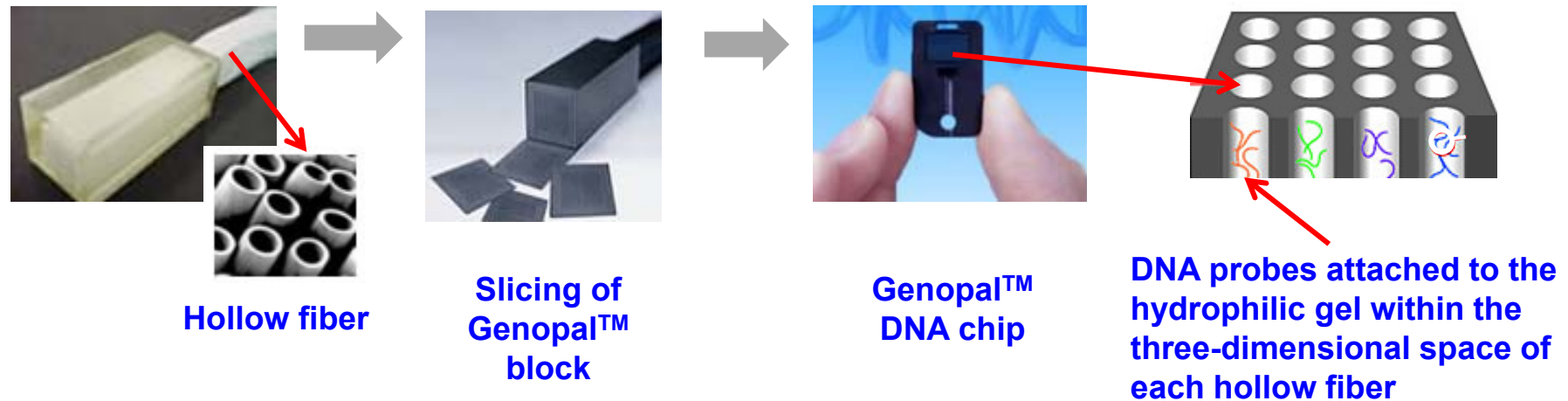
Changes in EMT-marker mRNA expression





Prediction of possible lung toxicity of drugs

Development of a novel focused microarray analysis system (Collaboration with Mitsubishi Rayon Co. Ltd)

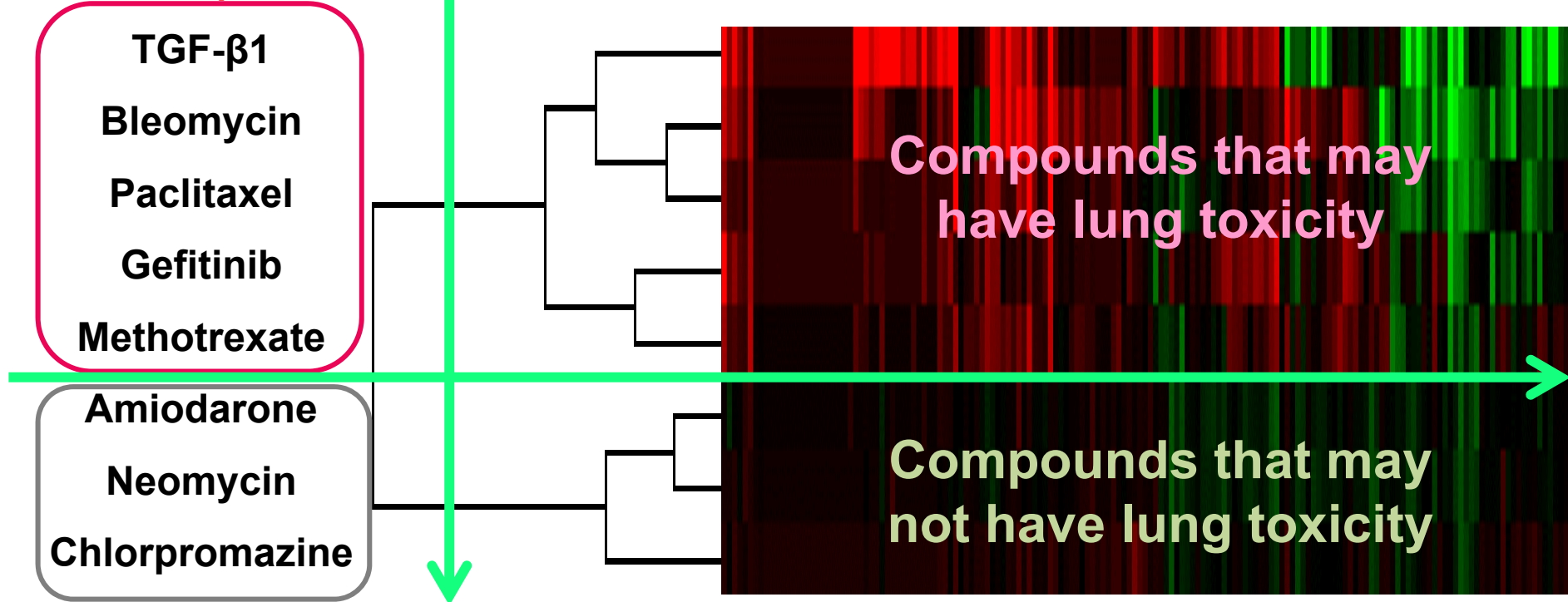


In contrast to general screening microarray chips, focused microarray chips contain only about 100-200 DNA probes to detect the mRNA expression changes in a specific event, lung toxicity in this case. For this purpose, we selected **162 DNA probes** based on the information concerning gene expression changes in **familial and sporadic interstitial pneumonia** (Yang et al., Am J Respir Crit Care Med 2007) and on **our EMT studies**, and prepared a novel focused microarray chip to detect possible lung toxicity of drugs/drug candidates.



Prediction of drugs having possible lung toxicity (Focused microarray chip/Hierarchical cluster analysis)

Test Compounds



TGF-β1, Bleomycin, Paclitaxel, Gefitinib, Methotrexate:

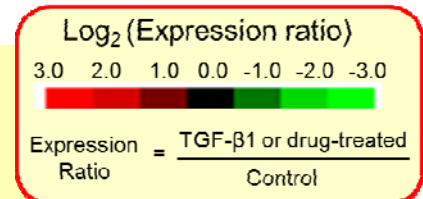
Lung toxicity (fibrosis)

Amiodarone:

Lung toxicity (predominantly by the metabolite of amiodarone, DEA)

Neomycin: Renal toxicity

Chlorpromazine: Liver toxicity



Summary (3)

- Bleomycin (BLM) and methotrexate (MTX) induced EMT in type II alveolar epithelial cells, which may be one of the mechanisms underlying the drug-induced pulmonary fibrosis.
- We have developed a novel focused microarray chip, and the hierarchical cluster analysis with this chip may be a useful strategy to predict possible lung toxicity (especially pulmonary fibrosis) of new drug candidates at the early stage of drug development.



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Dr. Kawami AA**



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Lab. (1996-2015)**