

A structural and mechanistic model for BSEP dysfunction in severe cholestatic disease

Clémence Gruget¹, Bharat Reddy², Patrick Stoiber² and Jonathan Moore^{1,2}
 Massachusetts Institute of Technology¹ and Rectify Pharmaceuticals²

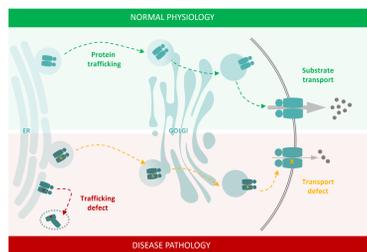
Abstract

ABCB11 (also known as BSEP) transports bile salts across the canalicular membrane of hepatocytes, where they enter the biliary system and are incorporated into the mixed micelles that constitute bile. Bile acid mutations in BSEP result in Progressive Familial Intrahepatic Cholestasis Type 2 (PFIC2), a pediatric disease characterized by hepatic bile acid accumulation leading to hepatotoxicity, resulting in fibrosis, cirrhosis, an increased risk of hepatocellular carcinoma, and ultimately, liver failure. In PFIC2, the extent to which bile acids can be exported from hepatocytes defines the severity and onset of disease; nonsense and frameshift mutations give rise to the most severe and earliest onset forms, while missense mutations, depending on their level of dysfunction, drive a varying degree of severity. BSEP mutations resulting in PFIC2 are most often missense mutations, which exhibit decreased protein expression and impaired trafficking and localization to the canalicular membrane, resulting in significantly reduced BSEP transport function.

To characterize the effects of disease-causing mutations on protein thermodynamic stability, we have carried out in-cell Thermal Shift (CETSA) measurements for 13 different patient mutations, including the most prevalent BSEP missense mutations E297G and D482G. Using a novel split luciferase detection method, shifts in aggregation temperature (T_{agg}) could be classified into three groups: a) mutations with no effects on T_{agg} ; b) mutations causing mildly destabilizing thermal shifts of -2-4 °C; and c) mutations causing severe destabilization of 9-11 °C, including E297G. All highly destabilizing mutations were localized to the NBD2-ICL2 interface of BSEP. Confocal microscopy indicated cytoplasmic versus plasma membrane localization in HEK293 cells, confirming that these mutations result in defective protein trafficking. To determine the structural basis for BSEP protein destabilization, we determined the cryo-EM structure of wild-type BSEP to 3.0 Å resolution. Focusing on mutations in NBD and ICL2, our high-resolution cryo-EM model provides a structural framework for rationalizing the thermal destabilization of these mutants, suggesting a novel NBD2-localized mechanism through which the most severe missense patient mutations drive cholestatic disease.

ABC transporters and link to human disease

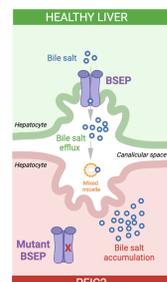
ABC transporter trafficking and transport defects drive human disease states



- ABC transporters are folded in the ER and trafficked to the membrane where they transport biological substrates
- Genetic mutations can cause:
 - Protein trafficking defects
 - Substrate transport defects
- Mutant forms of ABC transporter protein can be etiologic causes of rare monogenic diseases

PFIC2 disease

PFIC2 is a form of genetic cholestasis with no disease-modifying therapies



- An early onset life-limiting disease
- Progressive familial intrahepatic cholestasis type 2 (PFIC2) is caused by biallelic mutations in the *ABCB11/BSEP* gene
- Pediatric onset of chronic cholestasis and progressive liver failure
- Cholestasis arises due to insufficient efflux of toxic bile salts out of hepatocytes
- An unmet need
- The epidemiology of PFIC2 is approximately 1/50-100,000 births*
- SoC is limited to symptomatic treatment of pruritus (severe skin itching)
- Correcting BSEP mutations would be disease modifying*
- A disease modifying PFM has the potential to transform care of PFIC2

Proof of concept for discovery of BSEP modulators

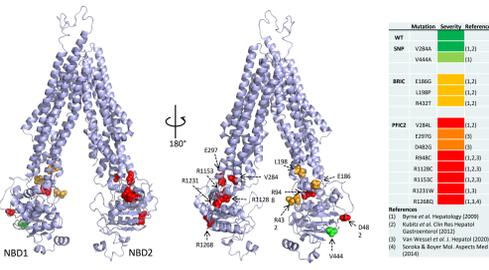
Pharmacological rescue of mutant BSEP trafficking → 4-PBA provides clinical proof of concept for BSEP PFM → Significant opportunity for PFIC2 disease-modifying therapy

- Small molecule PFM correctors restore canalicular localization and improved BA efflux
- 5 months 4-PBA therapy (non-selective chaperone)
- Liver biopsy shows rescued canalicular localization of BSEP (PoM)
- Improvement in serum bile acid levels, pruritus, liver function (PoC)

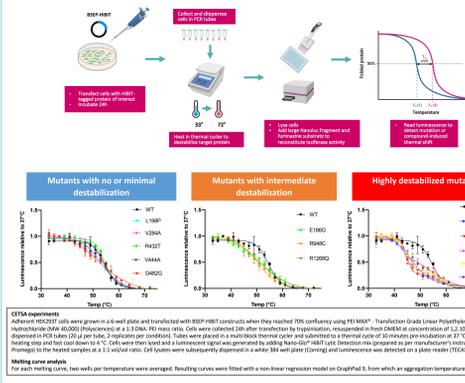
* PFMs: Positive functional modulator, a small molecule that increases transporter function through direct correction of protein trafficking or transport defects

BSEP variants drive PFIC2 disease

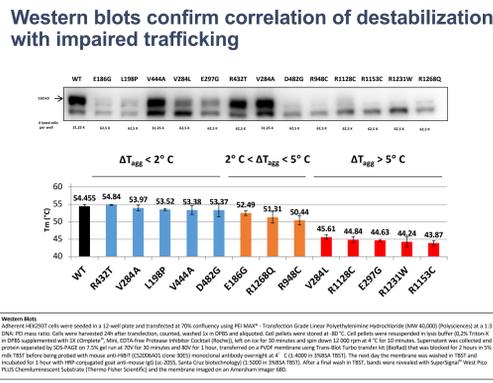
Mutations in *ABCB11* (BSEP) have been shown to cause a complete loss of expression, decreased mRNA/protein stability, impaired trafficking, or diminished transport. The most common mutations are missense trafficking mutations, where most newly synthesized BSEP is repaired and degraded in the ER. Several mutations in BSEP occur frequently, including the E297G and D482G variants, which are present in 58% of European PFIC2 patients. Reduced cell surface expression of BSEP missense mutants due to defective trafficking is analogous to the most common disease-causing mutations that occur with the cystic fibrosis transmembrane conductance regulator (CFTR). As with CFTR, trafficking defects can be corrected when protein is expressed at low temperature or in the presence of chemical chaperones, and it is hypothesized that trafficking modulators, or correctors, may be a possible approach to partially restore cell surface expression of BSEP. While missense mutations are distributed over both the transmembrane domains and the nucleotide binding domains (NBDs), many prevalent PFIC2 and BIRC mutations, as well as the common polymorph V444A are located in the NBDs. In this study, we have focused on missense mutations in the NBDs and intracellular loops (ICLs).



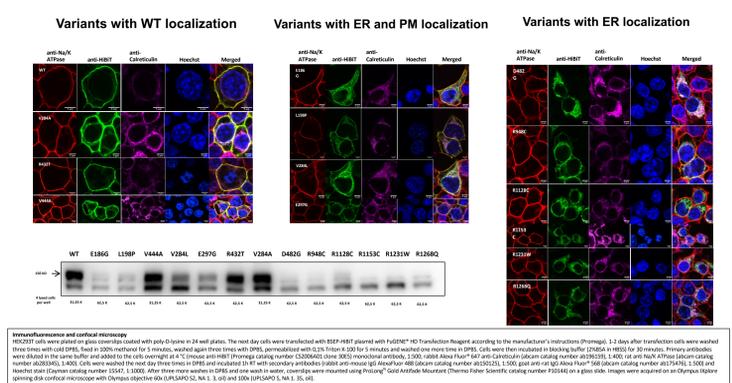
In-cell Thermal Shift Assay (CETSA)



Destabilization of BSEP variants

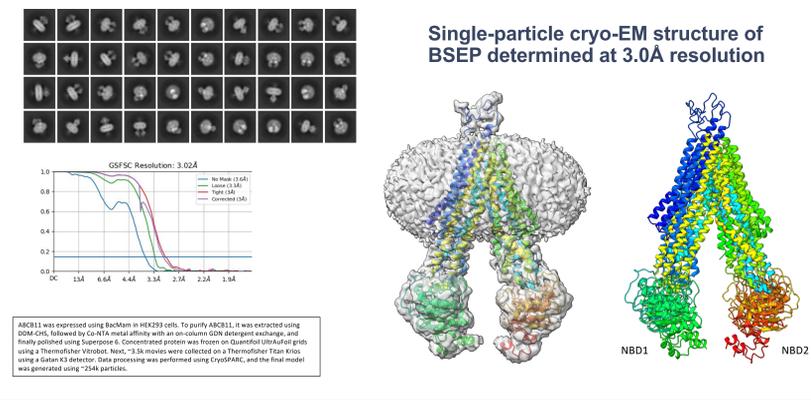


Confocal microscopy and Western blotting - BSEP localization

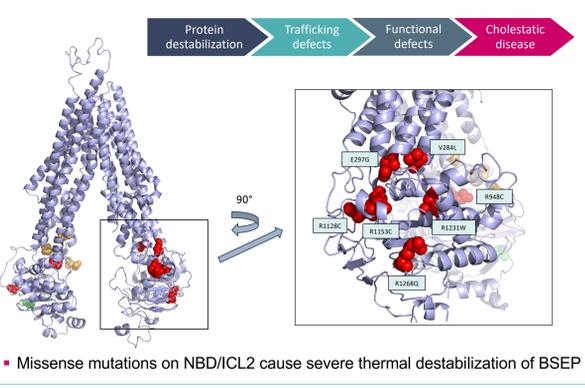


Cryo-EM structure of wild-type BSEP

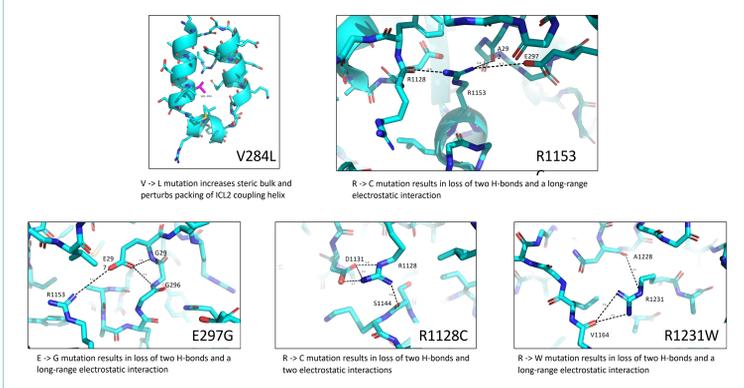
Single-particle cryo-EM structure of BSEP determined at 3.0Å resolution



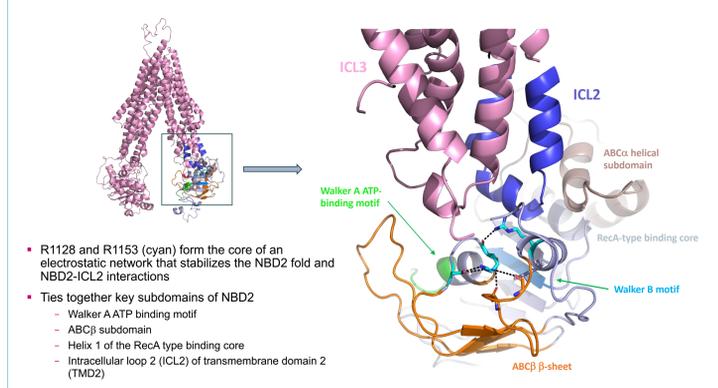
A hotspot for destabilization is localized to NBD2



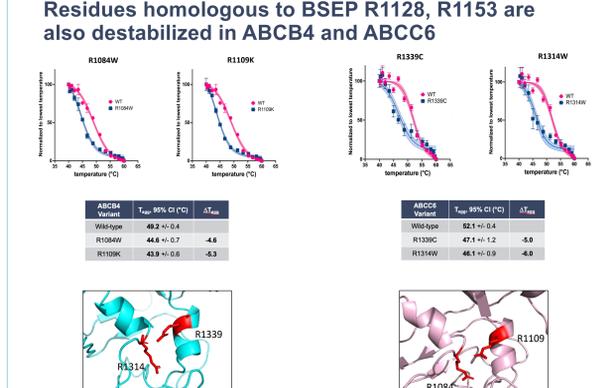
Structural basis of protein destabilization



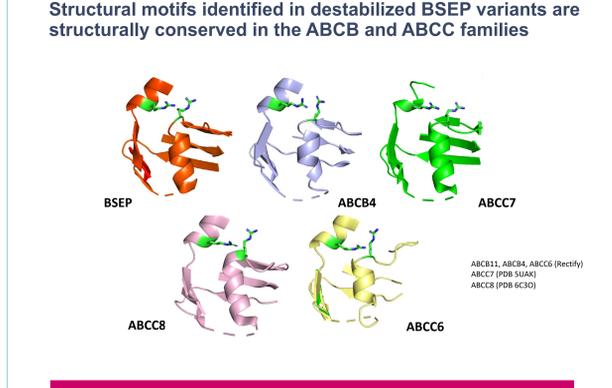
A network of electrostatic interactions stabilizes the NBD fold



NBD2 destabilization is also observed in B4, C6



Pathogenic mutations are structurally conserved



Conclusions and future work

- CETSA, Western blotting and confocal microscopy have been used to characterize the stability and cellular localization of key patient variants of BSEP
- All highly destabilizing mutations were localized to the NBD2-ICL2 interface of BSEP
- Western blotting and confocal microscopy demonstrate low protein expression and partial or full ER localization for this set of highly destabilized NBD2 variants
- The cryo-EM structure of wild-type BSEP provides a structural framework for interpreting the thermal destabilization of NBD2-localized mutants, suggesting several NBD2-localized mechanisms through which this subset of severe missense patient mutations may drive severe cholestatic disease
- Destabilizing mutations in BSEP and ABCC6 occur in common NBD2 structural elements and likely possess a similar mechanism of defective protein trafficking
- Mechanism-based assays designed to identify NBD2-specific stabilizing ligands may provide differentiated chemical matter