The Human Multidrug Resistance Protein MRP5 Transports Folates and Can Mediate Cellular Resistance against Antifolates

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Abstract

Members of the multidrug resistance protein family, notably MRP1-4/ABCC1-4, and the breast cancer resistance protein BCRP/ABCG2 have been recognized as cellular exporters for the folate antagonist methotrexate (MTX). Here we show that MRP5/ABCC5 is also an antifolate and folate exporter based on the following evidence: (a) Using membrane vesicles from HEK293 cells, we show that MRP5 transports both MTX (KM = 1.3 mmol/L and VMAX = 780 pmol per mg protein per minute) and folic acid (KM = 1.0 mmol/L and VMAX = 875 pmol per mg protein per minute). MRP5 also transports MTX-glu2 (KM = 0.7 mmol/L and VMAX = 450 pmol per mg protein per minute) but not MTX-glu3. (b) Both accumulation of total [3H]MTX and of MTX polyglutamates were significantly reduced in MRP5 overexpressing cells. (c) Cell growth inhibition studies with MRP5 transfected HEK293 cells showed that MRP5 conferred high-level resistance (>160-fold) against the antifolates MTX, GW1843, and ZD1694 (raltitrexed) in short-term (4 hours) incubations with high drug concentrations; this resistance was proportional to the MRP5 level. (d) MRP5-mediated resistance (8.5- and 2.1-fold) was also found in standard long-term incubations (72 hours) at low concentrations of ZD1694 and GW1843. These results show the potential of MRP5 to mediate transport of (anti)folates and contribute to resistance against antifolate drugs. (Cancer Res 2005; 65(10): 4425-30)

Introduction

Multidrug resistance proteins (MRP1-9; ABCC1-6, ABCC10-12) are members of the ATP-binding cassette (ABC) superfamily of membrane transporters that mediate the ATP-dependent transport of various substrates across biological membranes (1-3). Although individual MRPs differ in the substrates they preferentially transport, most MRP substrates are organic anions, often conjugates of sulfate, phosphate, glucuronate, glutathione, or glutamate (2, 4, 5). MRPs are known for the broad spectrum of (anticancer) drugs that they transport out of cells, raising the possibility of their involvement in clinical multidrug resistance (6, 7).

We previously reported that MRP5 overexpression in human embryonic kidney (HEK293) cells results in low level resistance against several antitumor and antiviral drugs (e.g., 6-mercaptopurine and PMEA; refs. 8-10). Resistance is due to the active efflux of the monophosphorylated metabolites of these drugs (8, 10, 11). Other monophosphorylated nucleosides, such as 3',5'-cyclic-GMP/AMP (5, 9, 12) and alanyl-dFTMP (8), are also substrates and are actively excreted from cells by MRP5.

Here we extend the substrate spectrum of MRP5 to folic acid (FA) and several antifolates, the classic antifolate methotrexate (MTX) and two novel generations raltitrexed (Tomudex; ZD1694; ref. 13) and OSI-7704 (GW1843; ref. 14). ZD1694 and GW1843 are novel folate-based inhibitors of thymidylate synthase which were recently approved for clinical use. MTX is used for the treatment of various types of cancer and autoimmune disorders (15-18) and interferes with folate metabolism by inhibiting dihydrofolate reductase (DHFR) and, in its polyglutamate form, thymidylate synthase. (Anti)folates are mainly taken up by cells via the reduced folate carrier (RFC) after which intracellular polyglutamylation by folypolyglutamate synthetase (FPGS) may occur (19, 20), a process important for cellular retention of (anti)folates. Both ZD1694 and GW1843 are much better substrates for FPGS than MTX, but GW1843 is not polyglutamylated beyond the diglutamate form (14). Potential antifolate resistance mechanisms include altered expression of target enzymes, altered metabolism, and decreased cellular accumulation, due to either reduced uptake by RFC or increased efflux by the ABC transporters MRP1-4 and breast cancer resistance protein (BCRP; refs. 21-26).

We show here that overexpression of MRP5 renders HEK293 cells highly resistant against ZD1694 and moderately resistant to GW1843 in standard growth cell inhibition tests. No significant resistance against MTX was observed under these conditions. However, in short-term (4 hours) incubations with high drug concentrations, resistance against MTX and ZD1694 was substantial with resistance factors of over 300-fold in MRP5 overexpressing cells. Using membrane vesicles prepared from MRP5-overexpressing HEK293/MRP5I cells, we found that FA, MTX, the diglutamylated form of MTX (MTX-glu2), but not the triglutamate (MTX-glu3), were actively excreted from cells by MRP5.

Materials and Methods

Materials. [3H]MTX, [3H]MTX-glu2, [3H]MTX-glu3, [3H]FA, and [2,3-3H]-glutamic acid were from Moravek Biochemicals (Brea, CA). MTX-glu2, and FA-glu3-5 were from Schircks Laboratories (Jona, Switzerland). ZD1694 from Zeneca Pharmaceuticals (Macclesfield, United Kingdom), and GW1843 from GlaxoWellcome (Research Triangle Park, NC). Creative
phosphate and creatine kinase were obtained from Roche (Almere, the Netherlands) and OE-67 membrane filters were from Schleicher and Schuell (Dassel, Germany). All other chemicals and reagents were purchased from Sigma-Aldrich (St. Louis, MO).

**Cell lines and culture conditions.** HEK293 cells, HEK293/SI (high overexpression), and HEK293/SE (moderate overexpression) MRP5-overexpressing cells were previously described (10, 11). Cells were routinely grown in DMEM (Invitrogen, Breda, the Netherlands) supplemented with 10% FCS (Invitrogen) and 100 units penicillin/streptomycin per mL. (Invitrogen), at 37°C and 5% CO2 under humidifying conditions.

**Vesicular transport assays.** The expression of the transporter was evaluated by Western blot as described previously (11), and activity was determined by measuring the ATP-dependent uptake of known substrates. Uptake of radiolabeled substrates by membrane vesicles was determined by the rapid filtration method as previously described (27). Briefly, vesicular uptake was done in phosphate-buffered medium [150 mM NaCl, 10 mM MgCl2, 10 mM creatine phosphate, and 100 μg creatine kinase per mL (pH 7.4)] in the presence or absence of 4 mM/L ATP. The ATP-dependent transport was calculated by subtracting the uptake in the absence of ATP from that in the presence of ATP (4 mM/L). For inhibition studies, the ATP-dependent uptake in the presence of inhibitor was subtracted from that in its absence.

**Growth inhibition assays.** Cells were plated in 1 mL of culture medium in individual poly-D-lysine–treated wells of a 24-well plate (BD Biosciences, Alphen a/d Rijn, the Netherlands). The initial cell density was 1 × 104 cells/cm². One day after plating, drugs were added at various concentrations covering a three-log range and the cells were incubated in the presence of drug for either 4 or 72 hours. Following the 4-hour exposure, the medium was aspirated and cells were washed thrice with 2.5 mL of drug-free medium at 37°C. Thereafter, the cells were cultured in drug-free medium for an additional 68 hours. After 72 hours, cells were harvested and counted using a micro cell counter as described previously (21). Finally, drug concentrations inducing 50% cell growth arrest (IC50) were determined using a micro cell counter as described previously (21).

**Folypolyglutamate synthetase activity.** FPGS activity assays were carried out as described previously (23, 28). In short, cell pellets of 2 × 10⁶ cells were suspended in 0.5 mL of extraction buffer containing 50 mMol/L Tris-HCl, 20 mMol/L KCl, 10 mMol/L MgCl2, and 5 mMol/L DTT (pH 7.5). Total cell extracts were obtained by sonication (MSE Soniprep, amplitude 14 μm, 3 × 5 seconds with 10-second intervals, at 4°C). Cell debris was removed by centrifugation at 12,000 × g for 15 minutes (4°C). The FPGS activity assay mixture contained 200 μg protein, 4 mMol/L [2,3-3H]glutamic acid, and 250 μmol/L MTX in a buffer consisting of 100 mMol/L Tris (pH 8.5), 10 mMol/L ATP, 20 mMol/L MgCl2, 20 mMol/L KCl, and 10 mMol/L DTT (final volume, 250 μL). Following 2 hours of incubation at 37°C, the reaction was stopped by adding 1 mL of an ice-cold 5 mMol/L unlabeled t-glutamic acid (pH 7.5). Sep-Pak C1₈ cartridges (Millipore, Waters Associates, Etten-Leur, the Netherlands) were used for the separation of free [3H]-glutamate from MTX-[3H]diglutamate. Controls lacking MTX were included to correct for polyglutamylation of endogenous folates present in the cell extract.

**Results**

**Antifolate resistance mediated by MRP5.** MRP5-mediated resistance against the DHFR inhibitor MTX and the thymidylate synthase inhibitors ZD1694 and GW1843 was determined for parental HEK293, HEK293/MRP5E (moderate MRP5 overexpression), and HEK293/MRP5I (high MRP5 overexpression) cells (Table 1). Growth of the cells was determined at high drug concentrations (μmol/L range) in short-term (4 hours) incubations and at low drug concentrations (nmol/L range) in standard long-term (72 hours) cell growth inhibition tests. In the long-term assays, we found substantial MRP5-mediated resistance against ZD1694 (8.4-fold), whereas resistance against MTX and GW1843 was much lower, 1.7- and 2.1-fold, respectively. In the short-term incubation experiments, resistance levels for all antifolates were much higher, reaching values of at least 1,600-fold for ZD1694, 270-fold for MTX, and 160-fold for GW1843 (Table 1). The levels of resistance to MTX, ZD1694, and GW1843 correlated with the cellular MRP5 level (9) and resistance found in previous studies: HEK293/MRP5I > HEK293/MRP5E > HEK293 (for details, see refs. 9–11).

**Vesicular transport of methotrexate by MRP5.** Transport of [3H]MTX by MRP5 was determined in vesicular uptake assays using inside-out membrane vesicles prepared from parental and HEK293 cells overexpressing MRP5 to a moderate (HEK293/MRP5E) and to a higher extent (HEK293/MRP5I; ref. 10). ATP-dependent transport was calculated by subtracting the transport determined in the absence of ATP by the transport found in the

<table>
<thead>
<tr>
<th>Drug</th>
<th>IC50* (72-h exposure)</th>
<th>IC50* (4-h exposure)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>MTX (nmol/L)</td>
<td>ZD1694 (nmol/L)</td>
</tr>
<tr>
<td>HEK293</td>
<td>16 ± 0.2</td>
<td>7.4 ± 0.7</td>
</tr>
<tr>
<td>HEK293/MRP5E</td>
<td>19 ± 8</td>
<td>39 ± 10</td>
</tr>
<tr>
<td>HEK293/MRP5I</td>
<td>27 ± 7</td>
<td>62 ± 15</td>
</tr>
</tbody>
</table>

*Results are the mean ± SD from four to six separate experiments. 15I and 5E refer to the clone number.
presence of 4 mmol/L ATP. Replacing ATP with adenosine 5'-[γ-thio]triphosphate (ATP-γ-S), a nonhydrolyzable ATP analogue gave similar results as leaving out the ATP (data not shown), indicating that ATP hydrolysis is necessary for the MRP5-driven MTX transport. Uptake of [3H]MTX was proportional to the level of MRP5 overexpression (Fig. 1A); uptake increased with time for at least 20 minutes (Fig. 1B) and yielded a \(K_M\) of 1.3 ± 0.3 mmol/L and a \(V_{MAX}\) of 780 ± 70 pmol per mg per minute (Fig. 1C).

**Effect of polyglutamylation on MRP5 vesicular transport.** The finding that MRP5 conferred the highest level of antifolate resistance in short-term incubations suggested that MRP5 transports predominantly the parental (monoglutamylated) compound and/or the short-chain polyglutamate metabolites. We tested this by determining the inhibition of MRP5-mediated transport by various glutamylated forms of MTX, FA, and leucovorin (folinic acid). MTX, FA, and leucovorin and the diglutamate forms tested inhibited transport of [3H]MTX, whereas their higher glutamylated forms had little effect, suggesting that only the former are transported (Fig. 2A). This was confirmed in experiments with radiolabeled FA, MTX-glu2, and MTX-glu3 (Fig. 2B). FA and MTX-glu2 uptake continued for at least 20 minutes similar to the uptake of MTX in Fig. 1B, whereas MTX-glu3 was hardly transported. FA and MTX-glu2 were transported by the MRP5 vesicles with \(K_M\) values of 1 ± 0.1 and 0.7 ± 0.1 mmol/L and \(V_{MAX}\) values of 875 ± 75 and 450 ± 20 pmol per mg per minute, respectively (Fig. 3A and B). It is likely that some reduced FA metabolites are also transported by MRP5, as 1 mmol/L leucovorin inhibited MTX transport by \(f_6\) 65% (Fig. 2A).

**Polyglutamylated methotrexate pools in HEK293 cells.** The results of the cytotoxicity and vesicular uptake experiments suggested that MRP5 decreases the accumulation of MTX. To test this, we determined the levels of the polyglutamylated forms of MTX, following 4 to 24 hours [3H]MTX (1 μmol/L) incubations of...
Accumulation (see Discussion). To rule out the possibility that a MRP5I cells, which might be due to MRP5 driven intravesicular cells. Remarkably, MTX levels were somewhat increased in the three independent experiments; bars, ± SD.

![Figure 3](https://example.com/figure3.png)

**Figure 3.** Transport of MTX and FA into membrane vesicles from HEK293 cells. The substrate concentration dependence of MRP5-mediated transport of (A) [3H]FA and (B) [3H]MTX-glu2 were determined for HEK293/MRP5I vesicles after 5 minutes of uptake at 37°C, as described in Fig. 1C legend. Points, average of three independent experiments; bars, ± SD.


difference in FPGS activity was responsible for this difference, we tested the FPGS activity in both the HEK293 and HEK293/MRP5I cells. We found no significant difference: 1,040 ± 160 and 850 ± 90 pmol per hour per mg protein, respectively (mean ± SD; P = 0.2).

**Discussion**

Published studies on the possible role of MRP5 in antifolate resistance have not been conclusive. Stark et al. (29) described down-regulation of MRP5, along with MRP1, in Chinese hamster ovary cells selected for resistance to the lipophilic antifolate pyrimethamine. This suggested that MRP5 does not play a role in antifolate resistance but rather in folate homeostasis (30). In contrast, Pratt et al. (31) reported that overexpression of MRP2 and MRP5 in HEK293 cells conferred resistance against a new polyglutamylatable antifolate Alimta. In standard long-term cell growth inhibition tests, Wijnholds et al. (10) initially did not detect MRP5-mediated MTX resistance in our transfected cells, but our current results show that MRP5 does give resistance, albeit only 1.8-fold (Table 1). The difference could be in details of the culture and assay conditions, which differed in Wijnholds et al. (10) and here. For instance, sensitivity to MTX is dependent on the folate level of the medium, MRP5 differs from MRPs 1 to 4 in being able to transport MTX-glu2, a property it shares with another ABC-transporter, ABCG2 (BCRP; refs. 23, 32, 33). Like MRPs 1 to 4, MRP5 has a low affinity for MTX (Table 3).

Overexpression of MRP5 in HEK293 cells results in high-level resistance against short-term exposure to high concentrations of MTX and of the antifolates/thymidylate synthase inhibitors ZD1694 and GW1843 (refs. 13, 14; Table 1). In standard cell growth inhibition assays, these MRP5-overexpressing cells were also resistant against relatively low concentrations of GW1843 and ZD1694 but not of MTX. As expected from our vesicular transport experiments, MRP5 decreased the accumulation of MTX-glu2 in cells incubated with [3H]MTX (Table 2). Consequently, levels of the long-chain polyglutamate forms MTX-glu3,5 were also reduced (Table 2). Although the levels of long-chain MTX polyglutamates were still markedly lower in the MRP5 cells than in parental cells after exposure to MTX for 24 hours (Table 2), these levels are apparently sufficient for growth inhibition, explaining the sensitivity to MTX of the MRP5 cells after 72 hours of continuous exposure (Table 1). As reported before, a part of MRP5 in the MRP5I cells is present in intracellular vesicles (10, 11). This localization could result in intravesicular accumulation of MTX, which is the most likely

### Table 2. Accumulation of [3H]MTX and polyglutamylated forms of [3H]MTX in HEK293 and HEK293/MRP5I cells

<table>
<thead>
<tr>
<th>Incubation (h)</th>
<th>HEK293*</th>
<th>HEK293/MRP5I</th>
<th>HEK293</th>
<th>HEK293/MRP5I</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>MTX (pmol/10⁷ cells)</td>
<td>MTX-glu2 (pmol/10⁷ cells)</td>
<td>MTX-glu3 (pmol/10⁷ cells)</td>
<td>MTX-glu4 (pmol/10⁷ cells)</td>
</tr>
<tr>
<td>4</td>
<td>5.5 ± 1.7</td>
<td>15.6 ± 2.7</td>
<td>8.6 ± 1.6</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>7.8 ± 0.1</td>
<td>4.9 ± 0.4</td>
<td>2.4 ± 0.8</td>
<td>NA</td>
</tr>
<tr>
<td>24</td>
<td>6.2 ± 2.7</td>
<td>25.2 ± 6.5</td>
<td>27.1 ± 3.9</td>
<td>23.8 ± 2.0</td>
</tr>
<tr>
<td>24</td>
<td>13.1 ± 0.7</td>
<td>7.6 ± 0.4</td>
<td>9.6 ± 0.7</td>
<td>5.5 ± 0.3</td>
</tr>
<tr>
<td></td>
<td>15 ± 1.5</td>
<td>38 ± 2.7</td>
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</tr>
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</table>

Abbreviation: NA, not attainable, below the detection limit.

*Cells were incubated with 1 μmol/L [3H]MTX for 4 and 24 h after which the formation of the various intracellular [3H]MTX polyglutamate forms was determined by high-performance liquid chromatography analysis (see Materials and Methods for details); Data are the average ± SD of three experiments.
explanation for the 2-fold increased MTX levels we find after 24 hours in the MRP5I cells (Table 2). However, the fact that the long-chain polyglutamate levels are decreased in the MRP5I cells can only be explained by a decreased cytosolic MTX level.

The low affinity of MRPs for MTX (Table 3) seems to argue against a potential role for these transporters in clinical MTX resistance. Although the ability of MRP5 to transport MTX-glu2 in addition to MTX places it in a better position to cause MTX resistance than MRPs 1 to 4, the clinically observed MTX plasma concentration (34) during standard treatment schedules is in the range of 1 to 10 μmol/L, which is much lower than the Km of MRP5 for MTX (Table 3). Only in high-dose MTX treatments with MTX plasma levels of 0.1 to 1 μmol/L MRP5 might have an effect on MTX disposition, given the high capacity of MRPs for folate efflux (Table 3), particularly when compared with an ~100-fold lower capacity of the folate influx capacity of the RFC (18).

MRP5 could be more important, however, in resistance to the newer antifolates. Overexpression of MRP5 gives relatively high levels of resistance against ZD1694 and GW1843. Resistance against these drugs was also found for MRP1 and MRP2 (21), but the MRP5 resistance levels are much higher. For instance, MRP1 overexpression resulted only in 3-fold resistance to ZD1694 after 4 hours exposure (21), whereas we find 1,600-fold resistance in MRP5 cells (Table 1). The transport of the diglutamate forms of antifolates may contribute to this ability of MRP5 to confer higher levels of resistance than the other MRPs.

A definitive evaluation of the role of MRPs in clinical antifolate resistance is complicated by the fact that many MRPs also transport FA and reduced folate cofactors (18, 21, 32, 35–38). This may lower the concentration of intracellular folate, which competes with antifolates. A decreased intracellular folate concentration may even lead to hypersensitivity to antifolates (29). The contribution of MRPs to clinical antifolate resistance will therefore depend on the intracellular FA levels, the polyglutamation rates and the presence of (anti)folate uptake proteins (e.g., RFC; refs. 18, 32, 37–39). Studies in patients will be required to assess whether MRPs in general and MRP5 in particular contribute to resistance to any antifolate in the clinic.

Acknowledgments


Grant support: Dutch Cancer Society grants VU 2000-2237 and NKI 2001-2473/764.

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We thank our colleagues Koen van de Wetering and Sven Rottenberg (NKI) for helpful suggestions and critical evaluation of the work and Annemieke Kuijl for help with some experiments.

### References


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