

Rapid Report

Molecular cloning of PEPT 2, a new member of the H⁺/peptide cotransporter family, from human kidney

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Abstract

Mammalian kidney is known to express a transport system specific for small peptides and pharmacologically active aminocephalosporins. This system is energized by a transmembrane electrochemical H⁺ gradient. Recently, a H⁺-coupled peptide transporter has been cloned from rabbit and human intestine (Fei et al. (1994) *Nature* 368, 563–566; Liang et al., *J. Biol. Chem.*, in press). Functional studies have established that the renal peptide transport system is similar but not identical to its intestinal counterpart. Therefore, in an attempt to isolate the renal H⁺/peptide cotransporter cDNA, we screened a human kidney cDNA library with a probe derived from the rabbit intestinal H⁺/peptide cotransporter cDNA. This has resulted in the isolation of a positive clone with a 2190 bp long open reading frame. The predicted protein consists of 729 amino acids. Hydropathy analysis of the amino acid sequence indicates the presence of twelve putative transmembrane domains. The primary structure of this protein exhibits 50% identity and 70% similarity to the human intestinal H⁺/peptide cotransporter. Functional expression of the kidney cDNA in HeLa cells results in the induction of a H⁺-coupled transport system specific for small peptides and aminocephalosporins. Reverse transcription-coupled polymerase chain reaction demonstrates that the cloned transporter is expressed in human kidney but not in human intestine. This transporter, henceforth called PEPT 2, represents a new member in the growing family of H⁺-coupled transport systems in the mammalian plasma membrane.

Keywords: Proton/peptide cotransport; cDNA cloning; Functional expression; β -Lactam antibiotic; (Human kidney)

Mammalian kidney expresses a transport system that is specific for small peptides consisting of 2–4 amino acids [1–4]. The physiological role of the transport system is to absorb amino nitrogen from the tubular filtrate in the form of small peptides. The pharmacological relevance of this transporter is the recognition of β -lactam antibiotics and other peptide-like drugs as its substrates [5–7]. Due to its role in the reabsorption of these compounds, the transporter is an important component in determining the half-life of these pharmacologically active drugs in the circulation and hence holds great potential for therapeutic applications. The driving force for the transporter is a transmembrane electrochemical H⁺ gradient [4,8]. A H⁺-coupled peptide transport system is also expressed in the mammalian small intestine where it functions in the ab-

sorption of peptides and β -lactam antibiotics [9,10]. Functional studies however have established that the renal peptide transport system is similar but not identical to its intestinal counterpart [11–13]. Recently, we have isolated a cDNA encoding a H⁺-coupled peptide transporter from the small intestine of the rabbit [14] and the human [15]. Here we report the cloning of a H⁺-coupled peptide transporter from human kidney. This transporter is expressed in the kidney but not in the small intestine. This kidney-specific peptide transporter, designated as PEPT 2, represents a new member in the growing family of H⁺-coupled transport systems.

A human kidney λ gt10 cDNA library, obtained from Graeme Bell, University of Chicago, was screened by plaque hybridization using VCS 257 host cells. The probe was a 560 bp fragment released from the 5' end coding region of the rabbit intestinal peptide transporter cDNA by digestion with *Afl*III and *Hind*III. The probe was labeled

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with [α - 32 P]dCTP using the oligolabeling kit from Pharmacia. Hybridization was carried out at 35°C in a solution containing 50% formamide, 6 × SSC, 5 × Denhardt's solution, 0.1% SDS and 100 µg/ml of salmon sperm DNA.

Washing was done under low stringency conditions. Positive clones were identified and plaque-purified by secondary and tertiary screening.

Digestion of the phage DNA from the positive clone

1	CGAGGAGAGAGAGAGAGTAAGGAGCCAGCCATGAATCCTTTCCAGAAAAATGAGTCCAAG	60
61	GAAACTCTTTTTCACCTGTCTCCATTGAAGAGGTACCACCTCGACCCTAGCCCTCCA	120
121	AAGAAGCCATCTCCGACAACTGTGGCTCCAACTATCCACTGAGCATTGCCTTCATTGTG	180
181	GTGAATGAATCTTCGAGCGCTTTTCCCTATTATGAATGAAAGCTGTGCTGATCCTGTAT	240
241	TTCTGTATTCTCTGACTGGAATGAAGATACCTCCACATCTATATACCATGCTTCAGC	300
301	AGCCTCTGTATTCTTACTCCCATCTGGGAGCAGCCATTGTGACTCGTGGTGGGAAAA	360
361	TTCAAGACAATCATCTATCTCTCTGCTGTATGTGCTTGGCCATGTGATCAAGTCTTGT	420
421	GGTGCCTTACCAATACTGGGAGGACAAGTGGTACACACAGTCTATCATTGATCGGCTG	480
481	AGTCTAATAGCTTTGGGGACAGGAGGCATCAACCTGTGTGGCAGCTTTTGGTGGAGAC	540
541	CAGTTTGAAGAAAAATGTCAGAGGAACGGACTAGATACTTCTCAGTCTTCTACCTGTCC	600
601	ATCAATGCAGGGAGCTTGATTCTACATTTATCACACCCATGCTGAGAGGAGATGTGCAA	660
661	TGTTTTGGAGAAGACTGCTATGCACTTGGCTTTTGAGTTCAGGACTGCTCATGGTAAT	720
721	GCACCTTGTGTGTGCAATGGGAAGCAAAATATACAATAAACCCCTGAAGGAAAC	780
781	ATAGTGGCTCAAGTTTCAAATGTATCTGGTTGCTATTTCCAATCGTTTCAAGAACCGT	840
841	TCGGAGACATTCCAAAGCGACGACTGGCTAGACTGGCGGCTGAGAAATATCCAAAG	900
901	CAGCTCATTATGGATGTAAAGGCACTGACCGGCTACTATTCCTTTATATCCCATGCCC	960
961	ATGTTCTGGGCTCTTTTGGATCAGCAGGTTTACGATGGACTTTCAGGCCATCAGGATG	1020
1021	AATAGGAATTTGGGGTTTTTGTGCTTCAGCCGACAGATGCAGTTCTAAATCCCTT	1080
1081	CTGGTTCTTATCTTCCCGTTTGTGACTTTGTCTATTATCGTCTGGTCTCCAGTGT	1140
1141	GGAAATTAATCTCATCACTTAGGAAATGGCTGTGGTATGATCTAGCATGCCTGGCA	1200
1201	TTTGCAGTTGGCGCAGCTGTAGAGATAAAATAAATGAAATGGCCCCAGCCAGCCAGGT	1260
1261	CCCCAGGAGGTTTTCTACAGTCTTGAATCTGGCAGATGATGAGGTGAAGGTGACAGTG	1320
1321	GTGGGAAATGAAACAATTCTCTGTGTAGAGTCCATCAATCCTTTCAGAAAAACCA	1380
1381	CACATTTCCAACTGCACCTGAAACAAAAAGCCAGGATTTTCACTTCCACCTGAAATAT	1440
1441	CACAATTTGTCTCTCTACACTGAGCATTCTGTGAGGAGAACTGGTACAGTCTTGTG	1500
1501	ATTCGTGAAGATGGGAACAGTATCTCCAGCATGATGGTAAAGGATACAGAAAGCAGAACA	1560
1561	ACCAATGGGATGACAAACCGTGAGGTTTGTAAACACTTTGCATAAAGATGTCAACATCTCC	1620
1621	CTGAGTACAGATACCTCTCTCAATGTTGGTGAAGACTATGGTGTCTGCTTATAGAAT	1680
1681	GTGCAAGAGGAGAATACCTGCAGTGCCTGTAGAACAGAGATAAGAACTTTTCTCTG	1740
1741	AATTTGGGCTCTTCTAGACTTTGGTGCAGCATATCTGTTGTTATTACTAATAACACCAAT	1800
1801	CAGGGTCTTCAGGCCTGGAAGATTGAAGACATTCAGCCAACAAATGTCCATTCCGGTGG	1860
1861	CAGCTACCAATATGCCCCTGGTTACAGCTGGGAGGTGATGTTCTCTGTCACAGGTCTT	1920
1921	GAGTTTTCTTATTCTCAGGCTCCCTCTAGCATGAAATCTGTGCTCCAGGCAGCTTGGCTA	1980
1981	TTGACAATTCAGTTGGGAATATCATCGTGTGTTGTGGCACAGTTCAGTGGCCTGGTA	2040
2041	CAGTGGGCGCAATTCATTTTGTCTTCTGCTGCTGCTGGTGTATGCTGCTGATCTTCTCC	2100
2101	ATCATGGGCTACTACTATGTTCTGTAAAGACAGAGGATATGCGGGGCTCAGCAGATAAG	2160
2161	CACATTCCTCACATCCAGGGGAACATGATCAAACTAGAGACCAAGAAGACAAAACCTGA	2220
2221	TGACTCCCTAGATTCTGTCTAAACCCCAATTCCTGGCCCTGTCTTGAAGCATTTTTTT	2280
2281	CTTCTACTGGATTAGACAAGAGATAGCAGCATATCAGAGCTGATCTCTCCACCTTTC	2340
2341	TCCAATGACAGAAAGTTCCAGGACTGGTTTTCCAGTACATCTTTAAACAGGCCCCAGAGA	2400
2401	CTCTATGCTGCGCCGTCATCAGTGAACCTATTAACCTTTGTGCAAGTGTGCTGGAGCTG	2460
2461	GCCTGGTGTCTCAAAATGACCATGAAATACACAGTATAATGGAGATCATCTCTGTGG	2520
2521	GTATGCAAGTTATGGGAATTCCTTTATAGGTAACCTGCAATTTAGGACTGATGGCCCTAA	2580
2581	TTTTTGGGTGCTGATTAGAGGCAAAATTCAGAAATAACAAAGAAATGGTATTTCAGAT	2640
2641	TTTTTTTTTATAAGCAATGTAATTATGCTATTCACAGGGGCCCCG	2685

Fig. 1. Nucleotide sequence of the human kidney H⁺/peptide cotransporter (PEPT 2) cDNA and the predicted amino acid sequence. Putative transmembrane domains are underlined.

with *EcoRI* yielded four fragments, 1.85, 0.5, 0.2, and 0.15 kb in size. The digestion pattern indicated that there were three internal *EcoRI* sites in the cDNA insert and that the size of the full-length insert was approx. 2.7 kb. In order to obtain the full-length cDNA insert for subsequent subcloning and functional expression, the phage DNA was subjected to partial digestion with *EcoRI*. This procedure

yielded five new fragments (2.7, 2.5, 2.35, 2.0 and 0.65 kb in size) in addition to the above-described four fragments. Attempts to subclone the 2.7 kb fragment into pBluescript SKII were not successful. However, we succeeded in subcloning the 2.5 kb fragment into this vector. The fragments arising from complete digestion with *EcoRI* were also subcloned into pBluescript SKII for nucleotide

PEPT 2	1	MNPFQKNESKETLFSFVSIKEVPPRPPSPKPSPTICGSNYPLSIAFIV	50
PEPT 1	1MGMSKSHSFFGYPLSIFIV	20
	51	VNEFCERFSYYGKAVLILYFLYFLHWNEDTSTSIYHAFSSLCYFTPILG	100
	21	VNEFCERFSYYGMRALLILYFTNFISWDDNLSTAIYHTFVALCYLTPILG	70
	101	AAIADSWLGKFKTIIYLSLVYVLGHEVIKSLGALPILGGQ.....VV	141
	71	ALIADSWLGKFKTIVLSIVYTTIGQAVTSVSSINDLTDHEDGTPDSLVP	120
	142	HTVLSLIGLSLIALGTGGIKPCVAAPGGDQFEKHAERTRYFSVFYLSI	191
	121	HVLSLIGLALIALGTGGIKPCVSAPGGDQFEQGKQNRFFSIFYLAI	170
	192	NAGSLISTFITPMLRGDVQCF..GEDCYALAFGVPGLLMVIALVVFAMGS	239
	171	NAGSLLSTIITPMLRVQCGIHSKQACYPLAFGVPAALMAVALIVFVLGS	220
	240	KIYNKPPPEGNIVAQVFKCIWFAISNRFKNRSGDIPKRHDWLDWAAEKYP	289
	221	GMVKKFKPQGNINGKVAKCIGFAIKNRFRRHSKAFPKREHWLDWAKKYD	270
	290	KQLIMDVKALTRVLFYIPLPMFWALLDQQGSRWTLQAIRMNRLGFFVL	339
	271	ERLISQIKMVTVMFLYIPLPMFWALFDQQGSRWTLQATTMSGKIGALEI	320
	340	QPDQMQLNPLLVLIPIPLDFVYRLVSKCGINFSSLRKMAVGMLACL	389
	321	QPDQMQLTVNAILIVIMVPIFDVLYPLIAKCGFNFTSLKMAVGMLASM	370
	390	AFAVAARVEIKINEMAPAQPGPQEVFLQVLNLADDEVKVTVVGNNNSLL	439
	371	AFVVAALVQVEIDKTLPVFPKGNVQIKVLNIGNNTMNISLPGE.....	414
	440	IESIKSFQKTPHYSKLHLKTKSQDFHFLKYHNSLYTEHSVQEKWYSL	489
	415	MVTLGPMSQTNAFMTFDVN.KLTRINISSPGSPVTAVTDDFKQG.QRHTL	462
	490	VIREDGNSISSMMVKDT.ESRTTNGMTTVRFVNTLHKVDNISLSTDTSLN	538
	463	LVWAPNH...YQVVDGLNQKPEKGNGIRFVNTFNELITITMSGKVYAN	509
	539	VGEDYGVSAIRTVQRGEYPVAVHCRTE...DKNFSLNLGLLDFGAAYLFVI	585
	510	IS.SYNASTYQFFPSGIKGFITISSTEIPPQCQPNFNTFYLFPGSAYTYIV	558
	586	TNNTNQGLQAWKIEDIPANKMSIRWQLPQYALVTAGEVMFVSVTGLEFSYS	635
	559	QRKNDSCPEVKVFEDISANTVNMAIQIPQYFLLTCGEVVFVSVTGLEFSYS	608
	636	QAPSSMKSVLQAAWLLTIAVGNIIVLVVAQFSGLV.QWAEFILFSCLLLV	684
	609	QAPSNMKSVLQAGWLLTVAVGNIIVLVVAGAGQFSKQWAEYILFAALLLV	658
	685	ICLIFSIMGYIYVPVKTEDMRGPADKHIPHIQNMIKLETKTKL*....	730
	659	VCVIFAIMARFYTYINPAEIEAQFDE.....DEKKNRLEKSNPYFMGSAN	703

Fig. 2. Comparison of amino acid sequence between the human intestinal (PEPT 1) and kidney (PEPT 2) H^+ /peptide cotransporters. Solid lines denote identical amino acids and dots denote conserved amino acid substitutions.

sequencing. Complete sequencing of these fragments and comparison of the predicted amino acid sequence with that of the human intestinal H^+ /peptide transporter enabled us to determine the order of alignment of the *EcoRI* fragments in the kidney cDNA insert. The 5' end of the insert was the 0.2 kb fragment followed by 1.85 kb, 0.5 kb, and 0.15 kb fragments. Thus, the 2.5 kb clone lacked the 5' end 0.2 kb fragment.

We used the following strategy to obtain the 2.7 kb full-length clone. Two PCR primers, one corresponding to the 5' end of the cDNA insert (upstream primer) with an adaptor containing the site for *XhoI* and the other corresponding to a region located approximately in the middle of the 1.85 kb fragment (downstream primer) were designed. With these primers and the phage DNA as the template, a 0.9 kb PCR product was obtained. This product and the 2.5 kb clone in pBluescript SKII were digested with *XhoI* and *NsiI* and the full-length clone was constructed from the resultant fragments. This cDNA was under the control of the T7 promoter in the vector, suitable for expression in HeLa cells using the vaccinia virus expression system.

Sequencing was done by the dideoxy chain termination method [16]. Synthetic oligonucleotide primers were used whenever necessary to complete the sequencing of both the sense and the antisense strands. Sequence analysis was performed by the software package GCG version 7.B (Genetics Computer Groups, Madison, WI). Sequence alignment was done using the GenBank program GAP.

The cDNA was functionally expressed in HeLa cells using the vaccinia virus expression system [17] as described previously [18,19]. HeLa cells were first infected with a recombinant (VTF_{7.3}) vaccinia virus encoding T7 RNA polymerase and then transfected with the cDNA construct or empty vector. After 8–10 h following transfection, uptake of radiolabeled glycylsarcosine (30 μ M), glycine (50 nM) or proline (50 nM) was measured. The uptake medium was 25 mM Mes/Tris (pH 6.0) or 25 mM Hepes/Tris (pH 8.0) containing 140 mM NaCl, 5.4 mM KCl, 1.8 mM $CaCl_2$, 0.8 mM $MgSO_4$, and 5 mM glucose. The incubation time for uptake measurements was 3 min.

For RT-PCR, two sets of PCR primers were designed based on the nucleotide sequences of the cloned human kidney cDNA and the human intestinal H^+ /peptide cotransporter (PEPT 1) cDNA. The kidney cDNA-specific primers corresponded to nucleotide positions 900–917 and 1760–1777 of the cDNA and the PEPT 1 cDNA-specific primers corresponded to nucleotide positions 342–360 and 1575–1592 of the cDNA. The specificity of each pair of primers was established by PCR using respective cDNAs as templates. RNA samples derived from human kidney (cortex) and human small intestine (jejunum) were subjected to RT-PCR with each set of these primers and the products were analyzed by agarose gel electrophoresis.

The full-length cDNA, designated as PEPT 2, is 2685 bp long with an open reading frame of 2190 bp (including

termination codon) (Fig. 1). The initiation codon is in a Kozak consensus sequence, GCCATGA [20]. The coding sequence is flanked by a 30 bp long sequence on the 5' end and a 465 bp long sequence on the 3' end. The cDNA is predicted to code for a protein consisting of 729 amino acids. The encoded protein is expected to have a core molecular size of 81940 Da and an isoelectric point of 8.26. Hydropathy analysis of the amino acid sequence according to Eisenberg et al. [21], keeping the transmembrane domains to 20–23 residues/span, identifies the presence of 12 transmembrane domains, with a long hydrophilic segment (~ 165 amino acids) between the transmembrane domains 9 and 10. There are three putative *N*-glycosylation sites in this exoplasmic hydrophilic segment. There are five potential sites for protein kinase C-dependent phosphorylation, but no site for protein kinase A-dependent phosphorylation. Comparison of the amino acid sequence between the kidney clone (PEPT 2) and the human intestinal H^+ /peptide cotransporter (PEPT 1) reveals significant homology, with 50% identity and 70% similarity (Fig. 2). PEPT 2 is 21 amino acids longer than PEPT 1. The extent of similarity is much higher in transmembrane domains than in the large hydrophilic loop carrying the *N*-glycosylation sites and in the amino- and carboxy-termini.

To establish the identity of PEPT 2 as a H^+ /peptide cotransporter, the clone was functionally expressed in HeLa cells using the vaccinia virus expression system. The H^+ /peptide cotransporter activity was measured by determining the uptake of the hydrolysis-resistant dipeptide glycylsarcosine in control cells transfected with empty vector and in cells transfected with the PEPT 2 cDNA. When this construct was transfected into HeLa cells expressing a recombinant vaccinia virus T7 RNA polymerase, the cells were able to transport the dipeptide in a H^+ -dependent manner (Fig. 3). The transport in PEPT 2 cDNA-transfected cells was 4-fold higher than in cells transfected with the vector lacking the cDNA insert. The H^+ -dependence of the cDNA-induced peptide transport activity was evident from the significant increase in the activity when measured at pH 6.0 instead of pH 8.0. However, the activity was unaffected by the pH change in control cells. The transport of glycylsarcosine observed in control HeLa cells was not carrier-mediated because this activity was not saturable.

We also determined the transport of glycine and proline in control and PEPT 2 cDNA-transfected HeLa cells. The radiolabel in glycylsarcosine used in transport measurements was present in the glycyl moiety as well as in the sarcosyl moiety. If the dipeptide is hydrolyzed to any significant extent during incubation with the cells, transport of the radiolabel may occur in the form of free amino acids mediated by transport systems other than the H^+ /peptide cotransporter. Mammalian kidney is known to express H^+ -coupled transport systems for amino acids such as glycine and proline [22,23]. Therefore, in order to

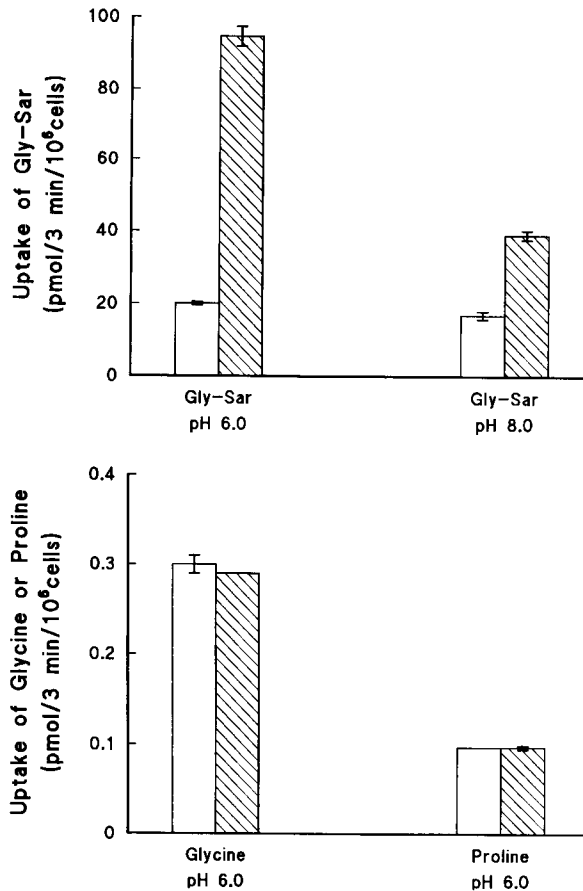


Fig. 3. Transport of glycylsarcosine, glycine, and proline in cells transfected with empty vector and in cells transfected with PEPT 2 cDNA. HeLa cells were transfected with either empty vector (open bars) or PEPT 2 cDNA (striped bars) and 8–10 h following transfection transport of radiolabeled glycylsarcosine (30 μ M), glycine (50 nM), or proline (50 nM) was measured at pH 6.0 or 8.0 using a 3 min incubation period. Values are means \pm S.E.

establish unequivocally that the cloned kidney cDNA is indeed a H^+ /peptide cotransporter, it was necessary to compare the transport of glycine and proline in control and PEPT 2 cDNA-transfected cells. The results given in Fig. 3 show that there was no difference in the transport activities of these two amino acids in control cells versus cDNA-transfected cells, clearly establishing the identity of PEPT 2 as a H^+ -coupled peptide transporter.

That the kidney clone represents a H^+ /peptide cotransporter is also supported by the substrate specificity of the induced transport activity (Table 1). Transport of radiolabel from [14 C]glycylsarcosine (30 μ M) induced by PEPT 1 cDNA (i.e., transport in PEPT 1 cDNA-transfected cells minus transport in cells transfected with empty vector) was completely inhibitable by excess (10 mM) unlabeled dipeptides, tripeptides, and β -lactam antibiotics. Free amino acids had minimal effect on the transport of the radiolabel.

Mammalian kidney and small intestine are the primary tissues in which H^+ -coupled peptide transport activity is

Table 1
Substrate specificity of PEPT 2

Inhibitor	[14 C]Gly-Sar transport	
	pmol/10 ⁶ cells per 3 min	%
None	52.6 \pm 2.5	100
Glycine	48.3 \pm 2.0	92
Sarcosine	46.3 \pm 3.0	88
Gly-Sar	0.8 \pm 0.2	1
Gly-Phe	0	0
Ala-Gly-Pro	0	0
Cyclacillin	0.7 \pm 0.0	1
Cephadoxil	0	0
Cephalexin	0	0

HeLa cells were transfected with either the empty vector or PEPT 2 cDNA and 8–10 h following transfection, transport of [14 C]glycylsarcosine (30 μ M) was measured at pH 6.0 using a 3 min incubation. Concentration of unlabeled amino acids, peptides, and β -lactam antibiotics was 10 mM. Data represent PEPT 2 cDNA-induced transport, calculated by subtracting the transport in vector-transfected cells from the transport in PEPT 2 cDNA-transfected cells. In the absence of unlabeled compounds, the transport in vector-transfected cells represented 25 \pm 3% of the transport in PEPT 2 cDNA-transfected cells. Values are means \pm S.E.

expressed. Northern analysis of mRNA derived from human kidney and intestine with PEPT 2 cDNA as the probe failed to detect hybridizable transcripts in these tissues. Therefore, we used RT-PCR to determine the expression of the PEPT 2 mRNA in the human kidney and small intestine. RNA isolated from these tissues was subjected to RT-PCR using primers which were specific for PEPT 2 and the products were analyzed. RNA from human kidney produced a PCR product of expected size (\sim 0.9 kb) (Fig. 4). In contrast, RNA from human intestine failed to generate this product. These results show that PEPT 2 is specifically expressed in the kidney. Small intestine, a major site for peptide transport, does not express PEPT 2. The failure to detect hybridizing signals in the kidney RNA samples is

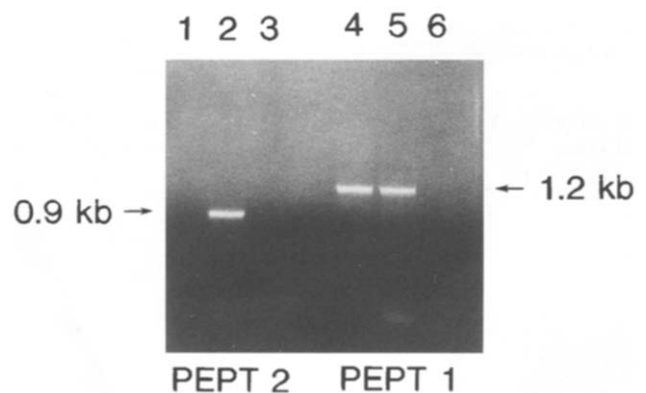


Fig. 4. Differential expression of PEPT 1 and PEPT 2 in human intestine and kidney. RNA from human intestine (lanes 1 and 4) and human kidney (lanes 2 and 5) was subjected to RT-PCR using primer pairs specific for either PEPT 1 (lanes 4–6) or PEPT 2 (lanes 1–3). Lanes 3 and 6 are negative controls run in parallel in the absence of RNA. The RT-PCR products were analyzed by agarose gel electrophoresis.

most likely due to low abundance of the transcripts. Northern analysis with PEPT 1 cDNA as the probe has indicated previously that, in contrast to PEPT 2, the PEPT 1 transcripts are present in the small intestine as well as kidney [15]. In the present study, we investigated the expression of PEPT 1 transcripts in these two tissues by RT-PCR using primers specific for PEPT 1. RNA from both tissues produced PCR products of expected size (~1.2 kb) (Fig. 4). It is clear from these experiments that while PEPT 1 is expressed in both intestine and kidney, PEPT 2 is expressed only in kidney.

Studies on peptide transport mechanisms in the kidney are of importance for physiologic and pharmacologic reasons. The transport system plays a significant role in the reabsorption of peptides from the tubular filtrate. These peptides are those present in the circulation as well as those which are generated in the tubular lumen as a result of hydrolysis of larger peptides by brush border peptidases [24–26]. In addition, peptide-based formulas are being considered in place of elemental solutions containing free amino acids for parenteral nutrition [27,28]. The ability of the kidneys to reabsorb and hydrolyze these peptides may become a key determinant in the utility and efficacy of such solutions in clinical practice. Moreover, pharmacologically active peptidomimetic drugs such as aminocephalosporins are good substrates for the renal peptide transport system. Therefore, the half-life of these drugs in circulation and hence their therapeutic efficacy are influenced by the ability of the kidneys to reabsorb them and thus prevent their elimination in the urine. Successful cloning of the kidney-specific PEPT 2 cDNA makes an important contribution to a better understanding of the transport of peptides in the kidney at the molecular level.

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