

# Deletions of the N-terminal regions of the human melanocortin receptors

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**Abstract** The non-homologous N-terminal regions of four human melanocortin (MC) receptors were truncated in order to investigate their putative participation in ligand binding. Eleven constructs were made, where different numbers of residues from the N terminus were deleted. These constructs were used for transient expression experiments in COS cells and analysed by ligand binding. The results show that 27, 25, 28, and 20 amino acids could be deleted from the N terminus of the human MC1, MC3, MC4 and MC5 receptors, respectively, including all potential N-terminal glycosylation sites in the MC1 and the MC4 receptors, without affecting ligand binding or expression levels. The results indicate that the N-terminal regions of the human MC1, MC3, MC4 and MC5 receptors, do not play an important role for the ligand binding properties of these receptors.

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**Key words:** Melanocortin (MC) receptor; MSH; Ligand binding; N terminus; Truncation

## 1. Introduction

Pro-opiomelanocortin (POMC) is mainly expressed in the pituitary, hypothalamus and brain stem, and is post-translationally processed into the melanocortins, i.e.  $\alpha$ -MSH (melanocyte stimulating hormone),  $\beta$ -MSH,  $\gamma$ -MSH and ACTH (adrenocorticotrophic hormone). Besides the well-known effects of ACTH on steroid production in the adrenal gland and  $\alpha$ -MSH on pigmentation, the melanocortins display a broad array of additional physiological actions including effects on behaviour, memory, thermoregulation, pain perception, nerve regeneration, inflammation and blood pressure [1,2].

Five melanocortin receptor subtypes have been cloned [3–7]. The MC1 receptor is expressed in melanocytes and has high affinity for  $\alpha$ -MSH. The MC2 receptor is the ACTH receptor in the adrenal gland. The MC2 receptor has a distinct pharmacology from the other MC receptors as it binds ACTH with high affinity but not the MSH peptides [8]. The human MC3 and especially the human MC4 and MC5 receptors bind the MSH peptides with lower affinity than the human MC1 receptor [9,10]. The physiological roles of these receptors are much less established compared to the MC1 and the MC2 receptors. The MC3 receptor is expressed in the brain and also in the periphery where it has been found in the placenta, gut tissues and the heart [5,11]. The MC4 is predominantly found in the brain where it is widely distributed in almost every brain region [6,12]. Recently, it has been shown that

disruption of the MC4 receptor results in obesity [13]. The MC5 receptor is also found in the brain, but is more abundantly expressed in peripheral tissues [7,14,15].

Very little is known about how the MSH peptides bind to the MC receptors. By use of site directed mutagenesis amino acids in the N terminal, extracellular loops (EL) [16] and in the transmembrane region (TM) 3 and TM6 [17] in the MC1 receptor have been identified, which may participate in the ligand binding. Multiple mutations in TM4, EL2 and TM5 in the MC3 receptor indicate that these regions may not influence specific ligand binding [18]. Two quite different 3D models of the MC1 receptor which were based on bacteriorhodopsin homology modelling and ligand docking in between the TM regions have been published [19,20]. The sequences of the MC receptor subtypes are highly conserved, particularly in the TM regions whereas the N-terminal regions varies quite a lot between the different subtypes.

The aim of this study was to investigate a putative participation of N-terminal regions of the human MC1, MC3, MC4 and MC5 receptors in ligand binding.

## 2. Materials and methods

### 2.1. Chemicals

[Nle<sup>4</sup>, D-Phe<sup>7</sup>] $\alpha$ -MSH (NDP-MSH),  $\alpha$ -MSH and  $\beta$ -MSH were purchased from Saxon Biochemicals, Germany, or Bachem, Switzerland. NDP-MSH was radioiodinated by the Chloramine T method and purified by HPLC.

### 2.2. Generation of truncated clones

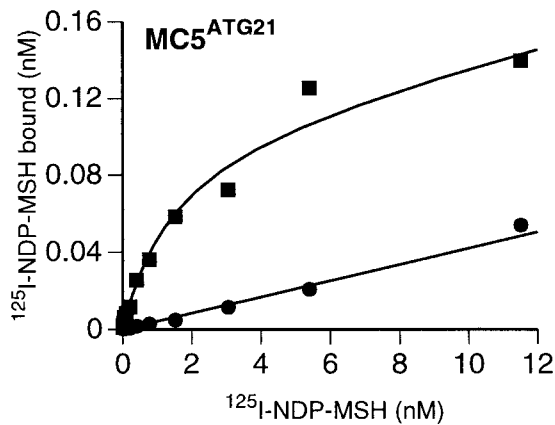
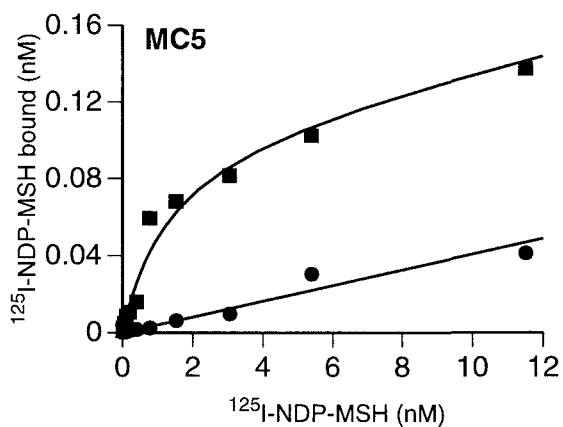
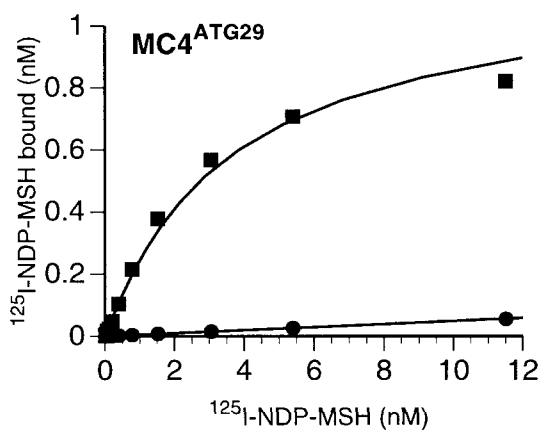
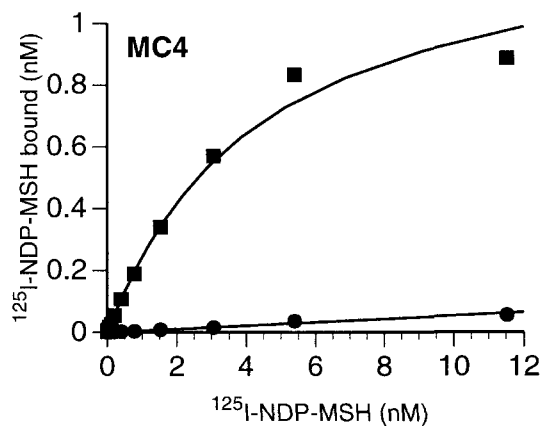
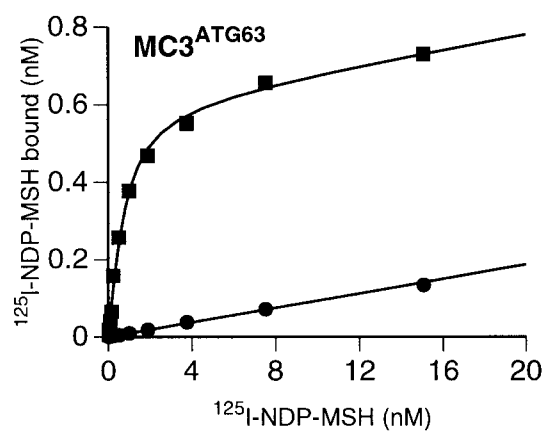
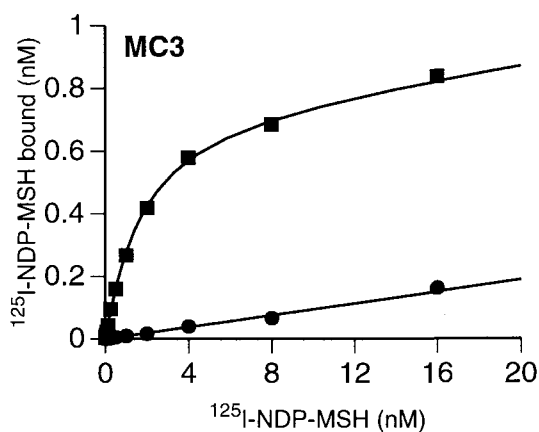
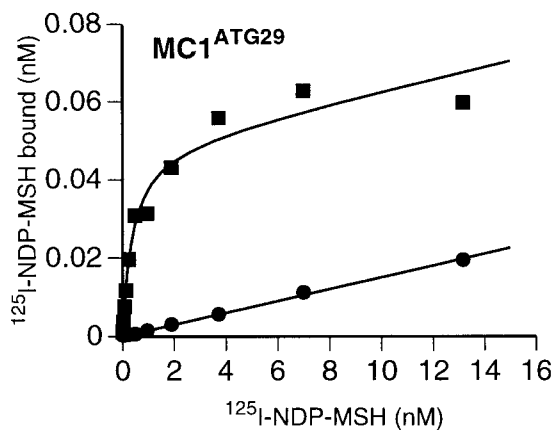
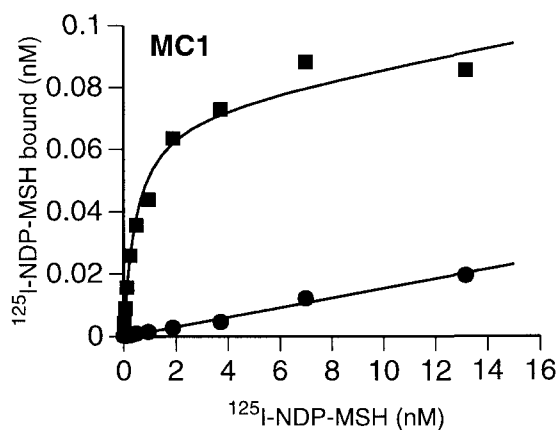
The truncated clones were made by PCR. Fragments of the wild type MC receptor clones were amplified by PCR, using downstream primers carrying a *Hind*III linker and a ATG start codon for various positions in the N-terminal region of the MC receptors and an upstream primer with a *Xba*I linker. These PCR products were purified and cloned into *Hind*III and *Xba*I sites of the pRC/CMV vector (Invitrogen) (or the pcDNA3.1/Zeo vector (Invitrogen), see Section 3), and the inserts and adjacent sequences of the vector DNA used for transfection experiments were confirmed by sequencing. The 3' end primer used for the MC1 clone was: GAC GTC TAG ATT CAC CAG GAG CAT GTC A (all primers are written in 5' to 3' direction), for the MC3 clones: GGT CTA GAC TAT CCC AAG TTC ATG CCG, for the MC4 clones: GAC GTC TAG ATT CAA TAT CTG CTA GAC AAG GTC, for the MC5 clones: GAC GTC TAG ATT CAA TCC CTT CTG GGA AAG CT. The 5' end primer used for the MC1<sup>ATG28</sup> clone was: GGG AAG CTT CAC ATA TGC AGA CAG GAG CCC GGT, for the MC3<sup>ATG44</sup> clone: GGA AGC TTG AAT GCC CTC TGT TCA GCC AAC A, for the MC3<sup>ATG51</sup> clone: GGA AGC TTG AAT GCC TAA TGG CTC GGA GCA C, for the MC3<sup>ATG63</sup> clone: GGG AAG CTT CAC ATA TGA GCA ACC AGA GCA GCA GCG CCT, for the MC3<sup>ATG69</sup> clone: GGA AGC TTG AAT GAA TGC TTC GTG CTG C, for the MC4<sup>ATG24</sup> clone: GGG AAG CTT CAC ATA TGA GCA ATG CCA GTG AGT, for the MC4<sup>ATG29</sup> clone: GGG AAG CTT CAC ATA TGT CCC TTG GAA AAG GCT A, for the MC4<sup>ATG35</sup> clone: GGG AAG CTT CTC ATA TGT CTG ATG GAG GGT GCT A, for the MC5<sup>ATG14</sup> clone: GGG AAG CTT CAC ATA TGA ATG CCA

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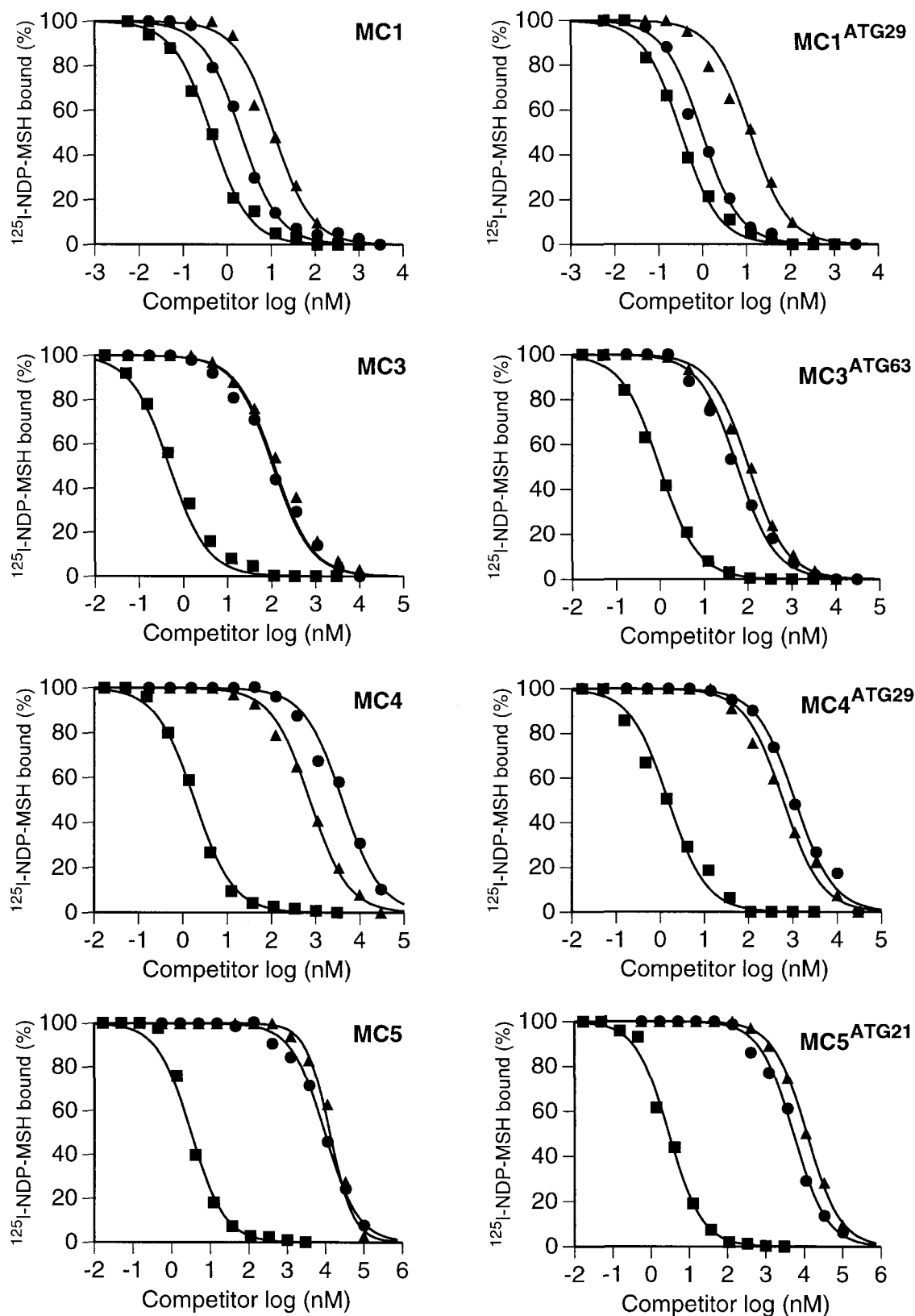


Fig. 3. Competition curves of NDP-MSH (■),  $\alpha$ -MSH (●),  $\beta$ -MSH (▲) obtained on transfected COS cells using a fixed concentration of  $\sim 2$  nM [ $^{125}\text{I}$ ]NDP-MSH for the different MC receptor clones.

Table 1

$K_i$  and  $K_d$  (nmol/l) values (mean  $\pm$  S.E.M) obtained from competition and saturation curves using [ $^{125}$ I]NDP-MSH and different MSH analogues on transfected COS-1 cells

Receptor <sup>Ligand</sup>	$K_d$	$K_i$		
	[ $^{125}$ I]NDP-MSH	NDP-MSH	$\alpha$ -MSH	$\beta$ -MSH
MC1	0.109 $\pm$ 0.062	0.046 $\pm$ 0.011	0.210 $\pm$ 0.089	2.53 $\pm$ 0.93
MC1 <sup>ATG29</sup>	0.144 $\pm$ 0.027	0.050 $\pm$ 0.015	0.141 $\pm$ 0.090	2.75 $\pm$ 0.66
MC3	0.394 $\pm$ 0.061	0.493 $\pm$ 0.035	53.2 $\pm$ 9.62	57.0 $\pm$ 12.0
MC3 <sup>ATG44</sup>	nd	0.534 $\pm$ 0.092	nd	nd
MC3 <sup>ATG51</sup>	nd	0.413 $\pm$ 0.038	31.2 $\pm$ 4.2	nd
MC3 <sup>ATG63</sup>	0.435 $\pm$ 0.036	0.593 $\pm$ 0.044	34.4 $\pm$ 5.8	64.8 $\pm$ 7.8
MC4	2.29 $\pm$ 0.27	1.86 $\pm$ 0.35	2030 $\pm$ 410	642 $\pm$ 150
MC4 <sup>ATG24</sup>	nd	1.05 $\pm$ 0.10	1730 $\pm$ 630	nd
MC4 <sup>ATG29</sup>	2.59 $\pm$ 0.22	1.28 $\pm$ 0.28	957 $\pm$ 319	513 $\pm$ 150
MC5	2.86 $\pm$ 0.71	2.65 $\pm$ 0.37	4990 $\pm$ 800	13 900 $\pm$ 5 600
MC5 <sup>ATG14</sup>	nd	1.09 $\pm$ 0.21	5570 $\pm$ 1730	nd
MC5 <sup>ATG21</sup>	1.44 $\pm$ 0.23	2.15 $\pm$ 0.20	3270 $\pm$ 1080	10 100 $\pm$ 1 700

nd, not determined.

#### 4. Discussion

For most G-protein coupled receptors, in particular those serving as recognition sites for low molecular weight compounds like adrenaline, the ligand binding pocket is thought to be localised between the TM regions, which are predicted to form  $\alpha$ -helices analogous to the extensively characterised bacteriorhodopsin. For other G-protein coupled receptors that bind small peptides, like neurokinins [23], enkephalins [24] or secretin and vasoactive intestinal polypeptide [25] the N-terminal region is known to play an role for the ligand binding. For glycoprotein hormone receptors [26] the N-terminal region can be even more important, such as for the lutropin/choriogonadotropin receptor, where the N-terminal domain alone is sufficient for high affinity hormone binding [27]. Truncations of G-protein coupled receptors have been shown to both increase or decrease ligand affinities [28]. The melanocortin receptor family has the shortest amino acid sequence among the superfamily of G-protein coupled receptors. The human MC1, MC2, MC3, MC4 and MC5 receptors are 317, 297, 361 (or 324 [21]), 333, 325 amino acids long, respectively. They are characterised by having short N- (ca. 25–39 amino acids) and C-terminal regions (ca. 17–21 amino acids) as well as a very small second extracellular loop (ca. 9 amino acids).

Our present results show that 27 amino acids of the human MC1, 25 amino acids of the human MC3 receptor, 28 amino acids of the human MC4 receptor and 20 amino acids from the human MC5 receptor could be deleted from the N termini without affecting the expression or binding of [ $^{125}$ I]NDP-MSH, NDP-MSH,  $\alpha$ -MSH or  $\beta$ -MSH. Further deletions of the N termini resulted in 'total loss of binding', which may have been caused by misfolding or problems with the membrane integration of the receptor.

Our results show that all potential N-terminal glycosylation sites can be removed from the MC1 and MC4 receptors (MC1Asn<sup>15</sup>, MC1Asn<sup>29</sup>, MC4Asn<sup>3</sup>, MC4Asn<sup>17</sup> and MC4Asn<sup>26</sup>) as well as two potential glycosylation sites (Asn<sup>53</sup> and Asn<sup>39</sup>) from the MC3 receptor and three potential sites from the MC5 receptor (Asn<sup>2</sup>, Asn<sup>15</sup> and Asn<sup>20</sup>) without causing any effects on ligand binding or expression. Our results thus indicate that N-terminal glycosylation is unlikely to play an important role in the folding and membrane targeting of the MC receptors.

It remains unclear whether the non-binding clones (MC3<sup>ATG69</sup>, MC4<sup>ATG35</sup> and MC5<sup>ATG28</sup>) were expressed and inserted into the cell membrane. It is unlikely that the complete absence of specific ligand binding for these constructs was caused by deletion of residues crucial for ligand binding while all other deletions did not even change the ligand binding properties at all. Structural or expression complications, or influence on the integration of the receptors to the cell membrane are more probable explanations.

The precise border between the extracellular N-terminal part and TM1 is not known. Amino acids proposed to precede TM1, like the conserved Glu (MC1Glu<sup>36</sup>) and positive charges may be important for the structure, folding or ligand binding. Moreover, the conserved Cys (MC1Cys<sup>34</sup>) which may form a disulphide bridge with a corresponding Cys residue in extracellular loop 3 (or even elsewhere in the receptor) may also be important for receptor structure. The observation that the MC1<sup>ATG28</sup> is giving binding, but not the equally truncated MC5<sup>ATG28</sup>, may indicate important role for amino acids preceding the TM1. A recent analysis of G-protein coupled receptors revealed, that those lacking a leader sequence, like the MC receptors, have a high preference for a positive charge in the N terminus close to TM1[29]. This is in contrast to the more general 'positive inside' rule developed earlier [30] and may indicate a specific role for Lys<sup>32</sup> and Lys<sup>28</sup> in the MC4 and the MC5 receptors, respectively. Thus, the loss of a positive charge may play some role in the loss of binding observed, but no such positive charge exists in the MC3 receptor. In the latter case one might speculate that a lack of hydrophilic residues in the N-terminal region, besides the earlier mentioned conserved Glu, might cause problems in membrane insertion and orientation of TM1.

All the MC receptors have a Ser residue close to the N-terminal end (MC1Ser<sup>6</sup>, MC3Ser<sup>4</sup>, MC4Ser<sup>4</sup> and MC5Ser<sup>4</sup>). This Ser was recently proposed to participate in ligand binding based on the finding that a Ser/Ala exchange in the MC1 receptor resulted in loss in affinity to NDP-MSH and  $\alpha$ -MSH [16]. Our data contradict those previous results but at present we do not have any rational explanation to this discrepancy.

In summary, our results indicate that neither the N-terminal regions nor carbohydrates added by glycosylation of these are likely to be essential for ligand binding for the human MC receptors or for their structural fidelity.

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