

## The RING heterodimer BRCA1–BARD1 is a ubiquitin ligase inactivated by the platinum-based anticancer drugs

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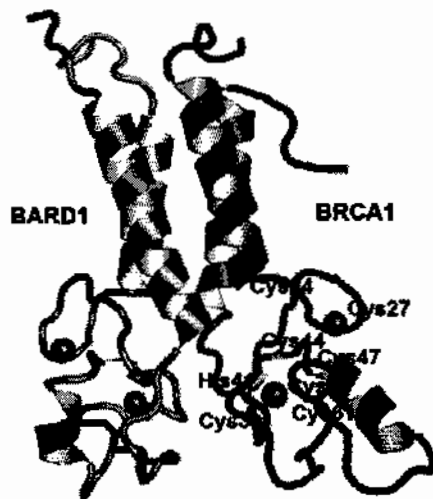
**Abstract** The breast cancer susceptibility protein 1 (BRCA1) participates in the maintenance of cells genomic integrity through DNA repair, cell cycle checkpoint, protein ubiquitination, and transcriptional regulation. The N-terminus of BRCA1 contains a RING domain that preferentially forms a heterodimeric complex with BARD1. The BRCA1–BARD1 RING complex has an E3 ubiquitin ligase activity that plays an essential role in response to DNA damage. Preclinical and clinical studies have recently revealed that structural changes to the heterodimer result in alterations to the BRCA1-mediated DNA repair pathways in cancer cells, and lead to hypersensitivity to several chemotherapeutic agents. It is of interest to approach the BRCA1 RING domain as a potentially molecular target for platinum-based drugs for cancer therapy. A previous study has shown that the anticancer drug cisplatin formed intramolecular and intermolecular BRCA1 adducts in which His117 was the primary platinum-binding site, and conferred conformational changes and induced thermostability. Here, we have studied the functional consequence of the *in vitro* platination of the BRCA1 RING domain by a number of platinum complexes. The BRCA1 ubiquitin ligase activity was inhibited by transplatin > cisplatin > oxaliplatin > carboplatin in that order. The consequences of the binding of the platinum complexes on the reactivity of the BRCA1 were also discussed. The data raised the possibility of selectively targeting the BRCA1 DNA repair for cancer therapy.

**Keywords** BRCA1 · BARD1 · Ubiquitin ligase · Platinum drugs · Cancer therapy

### Introduction

The breast cancer susceptibility gene 1 (*BRCA1*) is essential for maintaining genomic stability, and is associated with a number of cellular processes, including DNA repair, cell cycle checkpoint, transcriptional regulation, and protein ubiquitination [1, 2]. *BRCA1* encodes for 1,863 amino acid residues with its N-terminus, containing a RING domain that is characterized by a conserved pattern of seven cysteines and one histidine that form two distinct Zn<sup>2+</sup>-binding sites [3]. The BRCA1 RING domain preferentially forms a heterodimeric complex with another RING domain of BARD1 (the BRCA1-associated RING domain 1) through an extensive four-helix-bundle interface (Fig. 1). The two proteins require each other for their mutual stabilities, and are co-localized in nuclear dots (sites in the nucleus concerned with transcription) during the S-phase of the cell cycle and in nuclear foci (sites associated with repair of DNA caused by damage agents or  $\gamma$  irradiation) [4]. Of further interest is that the BRCA1–BARD1 complex has enzymatic activity of an E3 ubiquitin ligase that specifically transfers ubiquitin (a small peptide) to protein substrates that regulate some aspects of cell biology [5, 6]. Ubiquitination is a form of post-translational modification responsible not only for traditionally targeting proteins for proteasome-dependent degradation but also for playing roles in diverse cellular processes, such as protein transport, and DNA repair [7]. Ubiquitination is a multistep process initiated by an ATP-dependent activation through the formation of a thioester bond between the C-terminal glycine of ubiquitin and a cysteine residue of a

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**Fig. 1** Solution structure of the BRCA1-BARD1 RING heterodimer. The spheres represent  $Zn^{2+}$  ions. The dimerization interface is formed by the antiparallel  $\alpha$ -helices, flanking the central RING motif of both BRCA1 and BARD1. The BRCA1 RING domain contains two  $Zn^{2+}$ -binding sites in an interleaved fashion, which the first and third pairs of cysteines (Cys24, Cys27, Cys44, and Cys47) form site I, and the second and fourth pairs of cysteines and histidine (Cys39, His41, Cys61, and Cys64) form site II. This structure was generated with PyMOL software (<http://pymol.sourceforge.net>) based on the protein databank (PDB: 1JM7) [3]

ubiquitin-activating enzyme (E1). The ubiquitin is then transferred to the active cysteine site of a ubiquitin-conjugating enzyme (E2) by transesterification. Finally, ubiquitin is specifically attached to the  $\epsilon$ -amino group of a lysine on its protein substrates via an isopeptide bond mediated by a ubiquitin ligase (E3). Candidate substrates for the BRCA1-BARD1 RING complex have recently emerged from *in vitro* studies, such as BRCA1 itself, nucleosomal histones, RNA polymerase II, and the estrogen receptor  $\alpha$  [8–11]. Thus, BRCA1-dependent ubiquitination is probably responsible for modifying many cellular activities. Recently, extensive investigations have examined the relevance of the BRCA1-mediated E3 ubiquitin ligase activity to its tumor suppression function. After a double-strand break (DSB) in DNA, the BRCA1 complex can repair DNA lesions as a result of its co-localization with other DNA repair proteins to the ubiquitinated histone variant  $\gamma$ -H2AX at the sites of DNA damage through the interaction with RAP80 and phosphorylated Abraxas [12]. Many cancer-predisposing mutations in the BRCA1 RING domain, that inhibited the E3 ligase activity and its ability to accumulate at damaged sites, were defective in the homologous recombination that is critical for tumor suppression [13, 14]. Interestingly, BRCA1 accumulation at the sites of DSB occurred rapidly (within 20 s), and it required the RING structure (residue 1–200 of BRCA1) for

the rapid recruitment, with Ku80, at damaged sites in response to non-homologous end joining [15]. Missense mutations in the BRCA1 RING domain significantly reduced their accumulations at the DSB, and abolished the association with Ku80. Therefore, the loss of the BRCA1 E3 ligase activity rendered cancerous cells hypersensitive to ionizing radiations to indicate a significant role for ubiquitination in the DNA damage response [16].

Recently, a new approach for cancer therapy involves alterations to the DNA repair pathways in which the cancer cells with dysfunctional DNA repair pathways accumulate high levels of DNA damage that eventually result in major genomic instability and cell death [17]. Several preclinical and clinical studies have demonstrated the utilization of a dysfunctional BRCA1 as a clinically validated target for breast and ovarian cancer treatment [18–20]. The E3 ubiquitin ligases that play essential roles in the regulation of many cellular processes, including DNA repair, have now become potential cancer drug targets and prognostic biomarkers [21, 22]. Recently, it has been reported that the anticancer drug cisplatin affected the conformation of the apo-form of the BRCA1 RING finger domain [23]. Mass spectrometric (MS) analyses revealed that cisplatin formed intramolecular and intermolecular BRCA1 adducts, and that a preferential platinum-binding sites was located on histidine 117 [23]. An enhanced thermostability of BRCA1 was also observed after protein platination. To raise the possibility that the BRCA1 RING domain could be a molecular target for platinum-based drugs, we further investigated the functional consequences of the platinated BRCA1 on its effect on the E3 ubiquitin ligase activity.

## Materials and methods

### Plasmid construction and protein purification

The short N-terminal fragment of the BRCA1 protein amino acid residues 1–304, and those of the BARD1 protein amino acid residues 26–327 (Addgene plasmid 12646) were produced as a GST fusion by cloning the respective genes into the bacterial plasmid pGEX-4T1 (Amersham Biosciences). The full-length *ubiquitin* (*Ub*) (Addgene plasmid 12647) and *UbcH5c* (Addgene plasmid 12643) genes were inserted into a pET28a(+) derivative for expression of a His<sub>6</sub>-tagged protein. All recombinant plasmids were verified by DNA sequencing, and transformed into *Escherichia coli* BL21(DE3) for production of the protein. Proteins expression was induced with 0.5 mM isopropyl-1-thio- $\beta$ -D-galactopyranoside for 12 h at 25°C. Cell pellets were resuspended in a lysis buffer [50 mM Tris (pH 7.4), 50 mM NaCl, 10% glycerol, 10 mM DTT, 1% Triton X-100, 0.5% NP-40, and 1 mM PMSF], and then lysed by sonication.

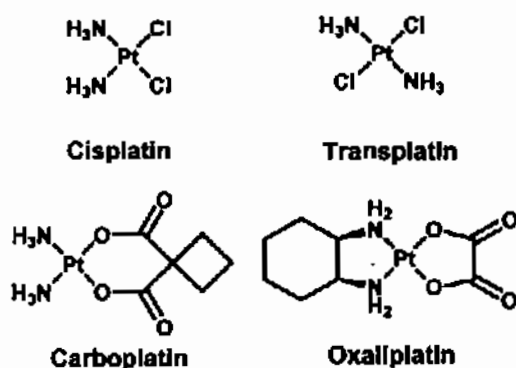
GST-tagged proteins were freshly prepared by binding to a glutathione-agarose column (Amersham Biosciences). The bound proteins were eluted with a buffer, containing 50 mM Tris (pH 7.4), 10 mM  $\beta$ -mercaptoethanol, and 20 mM reduced glutathione, and the purified proteins were extensively dialyzed against deionized water. His<sub>6</sub>-tagged proteins were purified using nickel beads (Qiagen), and the bound proteins were first washed with a binding buffer [50 mM Tris (pH 7.4), 50 mM NaCl, and 10 mM imidazole] before being eluted with the binding buffer containing 300 mM imidazole. Purified His<sub>6</sub>-Ub and His<sub>6</sub>-UbcH5c proteins were then dialyzed against a buffer, containing 50 mM Tris (pH 7.0), 10 mM  $\beta$ -mercaptoethanol, and 10% glycerol. Human His<sub>6</sub>-E1 enzyme was purchased from Enzo Life Sciences.

#### Preparation of the platinum-BRCA1 complexes

Cisplatin, transplatin, carboplatin, and oxaliplatin were purchased from Sigma-Aldrich, and prepared as stock solutions in deionized water (Fig. 2). Purified BRCA1 proteins (1.67  $\mu$ M) were mixed with the platinum compounds at concentration of 5–1000  $\mu$ M. The reaction mixtures were incubated in the dark for 24 h at 4°C to help to maintain BRCA1 activity and stability. Samples were subjected to extensive ultrafiltration using Macrosep centrifugal devices (Pall Life Sciences) to remove any unbound platinum. The amount of protein was then carefully determined by the Bradford assay, using BSA as standard.

#### In vitro ubiquitin ligase assay

The ubiquitin ligase reactions (20  $\mu$ l) contained 20  $\mu$ M Ub, 300 nM E1, 5  $\mu$ M UbcH5c, 2  $\mu$ g BRCA1 or BRCA1 adducts, and 2  $\mu$ g BARD1 in a buffer [50 mM Tris (pH 7.5), 0.5 mM DTT, 5 mM ATP, 2.5 mM MgCl<sub>2</sub>, and 5  $\mu$ M ZnCl<sub>2</sub>]. Two separate reactions were incubated at 37°C for



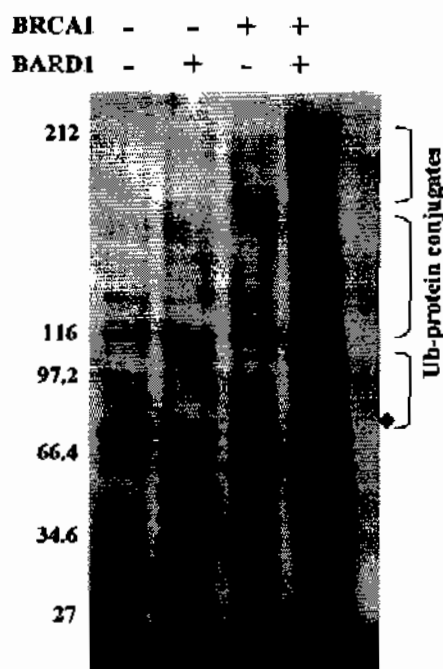
**Fig. 2** Molecular structures of the platinum complexes used in this study

3 h, and then terminated by adding an equal volume of SDS-loading dye before electrophoresis on 8% SDS-PAGE and visualization of the protein bands using silver-staining. The relative E3 ligase activity of BRCA1 adducts was quantified by normalizing the density of an apparent band of the ubiquitinated-protein conjugates to that of the parental BRCA1 as the control, using a Bio-Rad GS-700 Imaging Densitometer.

#### Results and discussion

##### BRCA1 exhibited the E3 ubiquitin ligase activity

The BRCA1-BARD1 RING complexes in the presence of ATP, ubiquitin, E1, and UbcH5c exhibited E3 ubiquitin ligase enzyme activity that promoted the formation of high molecular weight polyubiquitin species that was significantly greater than those produced by the individual BRCA1 or BARD1 RING domain (Fig. 3). The apparent ubiquitinated products, migrating at ~70, 80, and 212 kDa, were likely to be the free ubiquitin polymer or autoubiquitinated BRCA1 or BARD1 conjugates, respectively [9]. Previous



**Fig. 3** In vitro ubiquitination. Complete reaction mixtures, containing 20  $\mu$ M Ub, 300 nM E1, 5  $\mu$ M UbcH5c, 2  $\mu$ g BRCA1 (residues 1-304), and 2  $\mu$ g BARD1 (residues 26-327), were incubated at 37°C for 3 h. Lack of BRCA1 and/or BARD1 components in the reactions were carried out under the same conditions. Samples were then resolved on 8% silver-stained SDS-PAGE. Molecular weight markers are also identified. An apparent ubiquitinated product was indicated by filled diamond

studies have demonstrated that BRCA1 and BARD1 formed a stable heterodimeric complex through an interaction between their RING domains [3]. The complex provided the proper contact surface on the BRCA1 in the first and second Zn<sup>2+</sup>-loops, and in the central helix of the RING for binding E2/UbcH5c. The substantial E3 ligase activity of the BRCA1 complexes may result from the proper positioning and stabilization of the BRCA1 RING domain relative to the binding interfaces of both the BARD1 and UbcH5c [24].

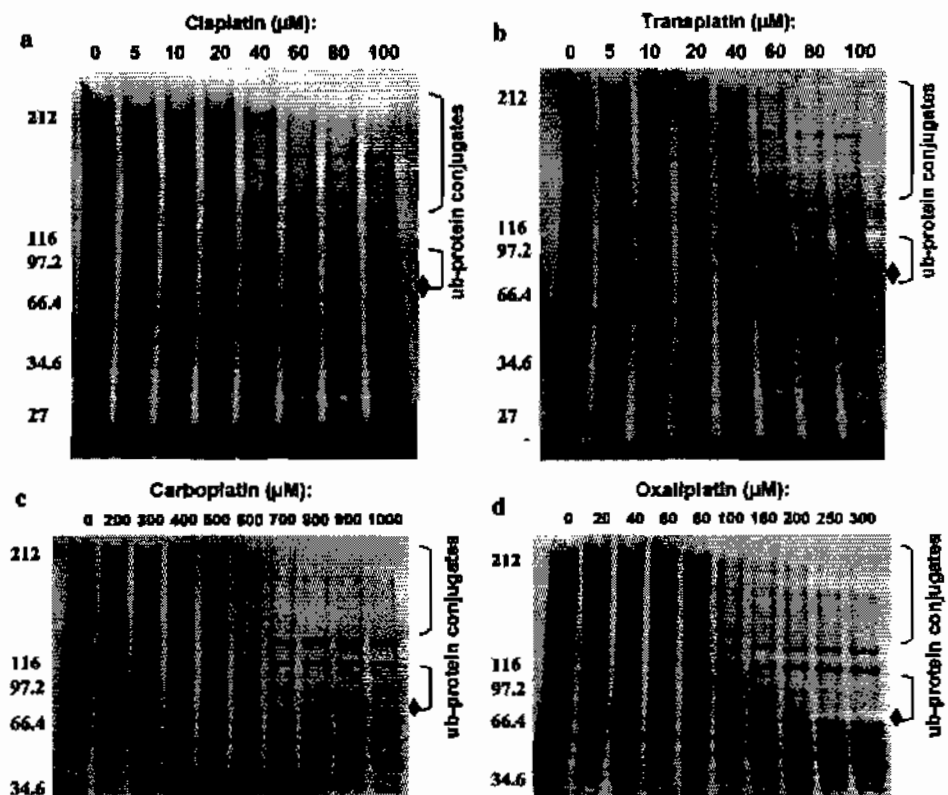
#### BRCA1-mediated E3 ligase inactivated by the platinum-based drugs

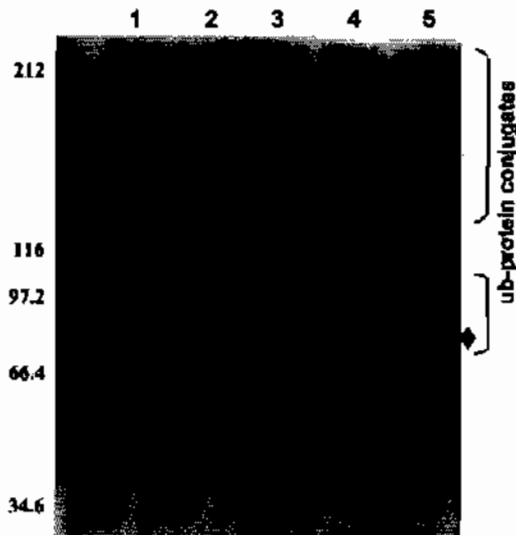
To gain further insights into the functional consequence of the platinated BRCA1, the BRCA1 RING protein was platinated *in vitro* by cisplatin, transplatin, carboplatin, and oxaliplatin at various concentrations. The results showed that the relative E3 ligase activity was inversely proportional to the concentration of the platinum complexes (Fig. 4). An increase in platinum concentration was accompanied by a high amount of BRCA1 adducts and a low amount of native BRCA1 protein as described previously [23]. To address whether the inhibition of the E3 ligase activity resulted from the formation of BRCA1 adducts or a reduced amount of the BRCA1 subunit, a ten-fold excess amount of the platinated

BRCA1 was assayed for the E3 ligase activity. The result demonstrated that the platinated BRCA1 was indeed involved in the inhibition of the E3 ligase activity (lane 3, Fig. 5). In a similar way, the platinum-BARD1 adducts failed to exhibit any E3 ligase activity (lane 4 and 5, Fig. 5).

Transplatin, a clinically ineffective *trans*-platinum complex, was the most promising agent to completely abolish the E3 ligase activity at its effective concentration of 80  $\mu\text{M}$  compared to cisplatin and oxaliplatin (100 and 250  $\mu\text{M}$ , respectively) (Fig. 4). Under the same experimental condition, partial E3 ligase activity was still observed for the carboplatin-BRCA1 adducts at concentrations that exceeded 1000  $\mu\text{M}$ . The E3 ligase activity was reduced by half at concentrations of 53  $\mu\text{M}$  for transplatin, 60  $\mu\text{M}$  for cisplatin, 150  $\mu\text{M}$  for oxaliplatin, and 780  $\mu\text{M}$  for carboplatin, respectively (Fig. 6). As a result, the reactivity of the platinum complexes towards the BRCA1 RING domain decreased in the following order: transplatin > cisplatin > oxaliplatin > carboplatin. The geometry and the properties of both the leaving and the non-leaving groups of the platinum complexes seemed to play essential roles in controlling the reactivity towards BRCA1. The activation of the platinum complexes occurs when the leaving group either chloride or oxygen is replaced by water before the interaction with the nucleophilic groups of

**Fig. 4** *In vitro* ubiquitin ligase activity of the platinum-BRCA1 complexes. Two  $\mu\text{g}$  of the platinum-BRCA1 adducts with a number of defined concentrations of cisplatin (a), transplatin (b), carboplatin (c), and oxaliplatin (d) was assayed for the ubiquitin ligase activity. An apparent ubiquitinated product (as indicated by filled diamond) was markedly reduced as the concentration of platinum increased



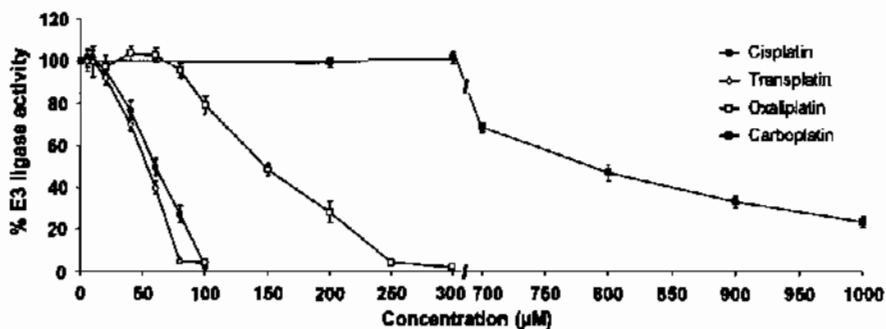


**Fig. 5** In vitro ubiquitin ligase activity of the platinum-BRCA1 or platinum-BARD1 complexes. *Lane 1* complete E3 ligase reaction with 2 µg native BRCA1, *lane 2* reaction of 2 µg BRCA1 adduct with 100 µM cisplatin, *lane 3* reaction of 20 µg BRCA1 adduct with 100 µM cisplatin, *lane 4* reaction of 2 µg BARD1 adduct with 100 µM cisplatin, and *lane 5* reaction of 20 µg BARD1 adduct with 100 µM cisplatin. An apparent ubiquitinated product (as indicated by filled diamond) was markedly reduced as the concentration of cisplatin increased (Fig. 4a)

the protein side-chains [25]. The chelation effect and steric hindrance by the bulky leaving ligand of cyclohexane-1,2-dicarboxylic acid results in a much slower hydrolysis rate ( $5.00 \times 10^{-9} \text{ s}^{-1}$  for carboplatin vs  $1.62 \times 10^{-5} \text{ s}^{-1}$  for cisplatin), and indicates that there is a very low reactivity of carboplatin to BRCA1 [26, 27]. The chloro leaving groups in both cisplatin and transplatin readily undergo hydrolysis in water, and this results in a higher reactivity. The replacement of two chlorides in the *trans* configuration of transplatin is the easiest process compared to that of cisplatin. Transplatin is, therefore, the most effective

compound in inhibiting the E3 ligase activity. We suggest that the *cis/trans* geometry plays an important role in the reactivity and interaction with proteins [28]. In addition, oxaliplatin exhibits a moderate reactivity to BRCA1 because the hydrolysis rate of the oxalate exchangeable group ( $1.20 \times 10^{-6} \text{ s}^{-1}$ ) is intermediate between those reported for cisplatin and carboplatin under similar conditions [29]. The five-membered chelation and the steric hindrance of the diamminecyclohexane non-leaving moiety at the platinum center of oxaliplatin are believed to be unhydrolyzable, and result in its significant stability [29]. This result was consistent with previous studies that have demonstrated a similar reactivity of the platinum complexes to a number of oligonucleotides and proteins, such as ubiquitin, human serum albumin, and a human copper transporter 1 [25, 28, 30, 31].

Preclinical and clinical studies have recently gained much attention by taking advantage of the inherent weakness of the BRCA1 dysfunction in cancer cells that increases their sensitivity to DNA-damaging agents, such as platinum agents. A pathology determined complete response and excellent compliance was observed in nine (90%) out of 10 breast cancer patients with BRCA1 mutations after cisplatin chemotherapy every 3 weeks for four cycles [19]. Irrespective of the BRCA1 status, eighteen (64%) of 28 triple-negative breast cancer patients also had a good clinical response to neoadjuvant therapy with cisplatin [32]. Factors associated with a good cisplatin response included young age, low BRCA1 mRNA expression, BRCA1 promoter methylation, p53 mutations, and a gene expression signature of the activity of E2F3. In addition, the significant benefits of the pathological response and overall survival rate from cisplatin-based chemotherapy were extended to the bladder, ovarian, and non-small cell lung (NSCL) cancers patients [33–35]. Therefore, platinum-based therapy appears to be effective in a high proportion of patients with a BRCA1 dysfunction.



**Fig. 6** Inhibition of the BRCA1 E3 ligase activity by the platinum complexes. The apparent ubiquitinated products (as indicated by filled diamond) in gels shown in Fig. 4 were quantified by Bio-Rad GS-700

Imaging Densitometer. The relative E3 ligase activity of BRCA1 adducts (%) was plotted as a function of the concentration of the platinum complexes

This study has revealed the inactivation of a BRCA1 function by platinum complexes. This could raise the possibility of utilizing the BRCA1 RING domain as a potentially molecular target for platinum-based agents in cancer chemotherapy. A new generation of platinum compounds, especially *trans*-platinum ones, or other metal-based drugs that specifically target the BRCA1 RING domain, and disrupt its E3 ligase activity could significantly improve the efficacy of the anticancer drugs [36].

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