was read after 20 min and compared with the standard. The GAG/creatinine ratio (milligrams of GAG per gram of urinary creatinine) was used as a measure of urinary excretion of GAG.

Data analysis

Student's *t* test or Welch's *t* test was used to compare DS and HS levels betweem patient and control samples. The mean value for DS and HS levels in MPS I patients was compared with that of controls by one-way analysis of variance (ANOVA). All data analyses were performed with Statview statistical software (StatView-J 4.5; Abacus Concepts, Inc).

Results

Monitoring treatment of MPS I patients

To determine whether serum and urine DS and HS could be used to monitor treatment of MPS I patients, DS and HS were measured by LC/MS/MS at pretreatment, week 26, and week 72 in serum and urine of 14 MPS I patients undergoing ERT. We also assayed serum and urine HS and KS by sandwich ELISA and urinary GAGs in comparison (DS assay by ELISA is not available; Figs. 1 and 2; Tables 1, 2 and 3).

Serum DS and HS level All patients had elevation of serum DS and HS levels at the baseline (Δ Di-4S/6S, Δ DiHS-0S, and Δ DiHS-NS; 605±288 ng/ml, 776±226 ng/ml, and 141± 46 ng/ml, respectively) compared to those in normal controls (Δ Di-4S/6S, Δ DiHS-0S, and Δ DiHS-NS;139±134 ng/ml, 170±77 ng/ml, and 39±34 ng/ml, respectively, baseline vs. normal control, p<0.0001) (Fig. 1, Table 1). Serum DS and HS levels determined by LC/MS/MS markedly decreased in all the patients during the ERT period (Fig. 1, Tables 1 and 2) although the rate of decrease was greater at week 72 in some patients compared to others. Seven patients who started ERT from week 1 showed almost no difference in reduction between week 26 and week 72. There were some clinical improvements in the patients on ERT, which included improvements in airway symptoms and general activity. Skin and hair texture also improved. The average decrease of serum $\Delta \text{Di-4S/6S}$ (mainly DS), $\Delta \text{DiHS-0S}$, and $\Delta \text{DiHS-NS}$ at week 72 was 69.4%, 54.7%, and 55%, respectively (Tables 1 and 2: baseline vs. week 72, p<0.0001; Δ Di-4S/6S vs. Δ DiHS-0S, p=0.0087; $\Delta Di-4S/6S$ vs. $\Delta DiHS-NS$, p=0.023; $\Delta DiHS-OS$ vs. ΔDiHS-NS, p=0.97). ΔDi-4S/6S was reduced greater than $\Delta DiHS$ -0S and $\Delta DiHS$ -NS. Serum ΔDi -4S/6S level at week 72 in all patients (154±93 ng/ml) decreased to normal or subnormal level (139±135 ng/ml; p=0.71) while serum Δ DiHS-0S and Δ DiHS-NS levels at week 72 in some

patients (311 \pm 114 ng/ml and 59 \pm 25 ng/ml) remained higher than the normal range (170 \pm 77 ng/ml and 39 \pm 34 ng/ml; p<0.0001 and p=0.046).

Serum HS level was also analyzed by ELISA method in all patients showing that the average reduction at week 72 is 46.4% (8.6±2.9 µg/ml) from baseline level (15.8±4.0 µg/ml, p<0.0001), indicating less reduction than $\Delta Di-4S/6S$, $\Delta DiHS-0S$, and $\Delta DiHS-NS$ levels ($\Delta Di-4S/6S$ vs. HS, p=0.0012; $\Delta Di-0S$ vs. HS, p=0.085; $\Delta DiHS-NS$ vs. HS, p=0.11) (Fig. 1, Table 1) and remained higher than normal controls (Table 1) (3.4±2.2 µg/ml). Serum KS measured by both LC/MS/MS and ELISA methods was reduced by around 25% compared to the baseline level. Thus, average reduction percentage among biomarkers measured was greater in the following order: $\Delta Di-4S/6S>\Delta DiHS-0S=\Delta DiHS-NS>HS$ (ELISA) > KS (LC/MSMS) > KS (ELISA).

Urine DS and HS level All patients had elevation of urine DS and HS levels at the baseline ($\Delta Di-4S/6S$, $\Delta DiHS-0S$, and Δ DiHS-NS; $302\pm273\,\mu\text{g/mgCre}$, $31\pm19\,\mu\text{g/mgCre}$, and 12±5.8µg/mgCre, respectively) compared to those in normal controls (Δ Di-4S/6S, Δ DiHS-0S, and Δ DiHS-NS; $9.6 \pm 8.9 \,\mu \text{g/mgCre}$, $2.4 \pm 1.9 \,\mu \text{g/mgCre}$, and $1.0 \pm 0.9 \,\mu \text{g/mgCre}$ mgCre, respectively; baseline vs. normal control, p< 0.0001) (Fig. 2. Table 2). At week 72, all patients had a reduction of DS and HS levels measured by LC/MS/ MS although urine $\Delta Di-4S/6S$, $\Delta DiHS-0S$ and $\Delta DiHS-$ NS levels remained higher than the normal range (65± $44 \mu g/mgCre$, $6.5\pm3.5 \mu g/mgCre$ and $2.9\pm2.1 \mu g/mgCre$; p<0.0001, p=0.0002, and p=0.0016, respectively). ΔDi -4S/6S, ΔDiHS-0S, and ΔDiHS-NS levels decreased by 66.6%, 71.7%, and 70.9% on average, respectively (Table 2; baseline vs. 72 weeks, p<0.0001; Δ Di-4S/ 6S vs. Δ DiHS-0S, p=0.54; Δ Di-4S/6S vs. Δ DiHS-NS, p=0.62; $\Delta DiHS-0S$ vs. $\Delta DiHS-NS$, p=0.92). Urine HS levels in patients measured by ELISA method were not largely reduced (mean, 37.3%: $\Delta Di-4S/6S$ vs. HS, p=0.0066; $\Delta \text{Di-OS}$ vs. HS, p=0.0013; $\Delta \text{DiHS-NS}$ vs. HS, p=0.002). Urinary GAGs were also measured during the treatment period and levels decreased by 61.2%, resulting in no statistical difference with any $\Delta Di-4S/6S$, $\Delta DiHS-0S$, and Δ DiHS-NS levels. In all patients except one, urinary GAGs were decreased. Urine KS levels measured by LC/MS/MS and ELISA at week 72 revealed 19.1% and 8.5% reduction, respectively from the baseline level (Table 2). Overall, we observed the greater reduction in the following order: $\Delta DiHS-0S > \Delta DiHS-NS > \Delta Di-4S/6S > urinary GAGs >$ urine HS (ELISA) > urine KS (LC/MS/MS) > urine KS (ELISA). These findings support the advantage of urine DS and HS measured by LC/MS/MS as a biomarker for MPS I patients.



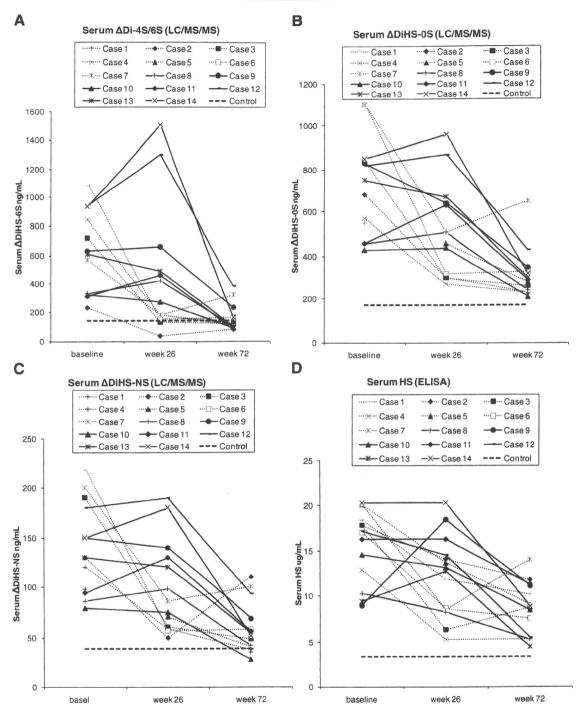


Fig. 1 Biochemical profiles in serum of 14 mucopolysaccharidosis I (MPS I) patients who underwent enzyme replacement therapy (ERT) (baseline, week 26, week 72). Broken line: patients (cases 1–7) who underwent ERT from week 1. Solid line: patients who underwent ERT from week 26 (cases 8–14). a Δ Di-4S/6S level [liquid chromatogra-

phy tandem mass spectrometry (LC/MS/MS). **b** Δ DiHS-0S level (LC/MS/MS). **c** Δ DiHS-NS level (LC/MS/MS). **d** Heparan sulfate (HS) level [enzyme-linked immunosorbent assay (ELISA)]. *Thick broken line* shows the mean value from normal controls

DS and HS levels from DBS To assess whether the LC/MS/MS method can distinguish MPS-affected newborns from normal control newborns, we compared DS and HS levels in DBS samples from three MPS I and control newborns in a double-blind manner. All three cases with Hurler

syndrome (cases 1–3 in Table 3) had marked elevation of DS and HS values (>15 ng/spot) compared with values of normal control newborns (5.53 \pm 1.46 ng/spot; p<0.0001) (Table 3). This patient was born as a fraternal twin, and DS and HS levels were clearly distinguishable between



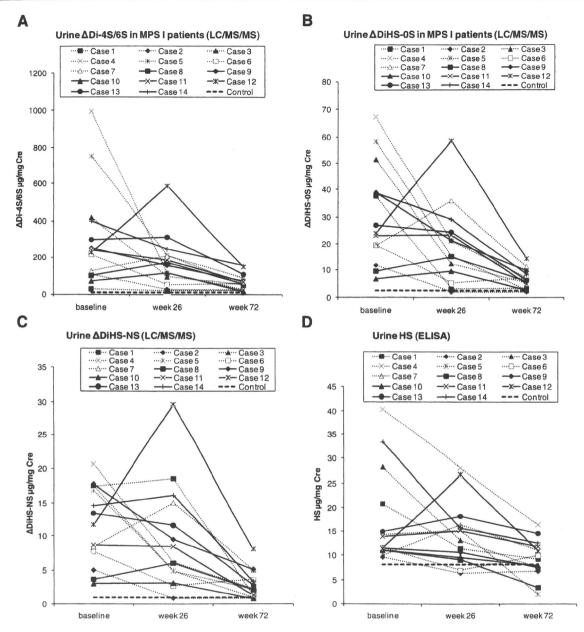


Fig. 2 Biochemical profiles in urine of 14 mucopolysaccharidosis I (MPS I) patients who underwent enzyme replacement therapy (ERT) (baseline, week 26, week 72). Broken line: patients (cases 1–7) who underwent ERT from week 1. Solid line: patients who underwent ERT from week 26 (cases 8–14). a ΔDi-4S/6S level [liquid chromatogra-

phy tandem mass spectronometry (LC/MS/MS)]. b Δ DiHS-0S level (LC/MS/MS). c Δ DiHS-NS level (LC/MS/MS). d Heparan sulfate (HS) level [enzyme-linked immunosorbent assay (ELISA)]. *Thick broken line* shows mean value from normal controls

newborns from other fraternal twins (unaffected vs. affected; 8 ng/spot vs. 26.6 ng/spot). DS and HS levels in another DBS sample at the age of 1 year (case 3) remained higher, although composition of $\Delta \text{DiHS-NS}$ value was lower than controls. More samples need to be analyzed longitudinally. We also analyzed KS levels on these DBS samples simultaneously, showing no difference between normal control newborns and MPS I patients (4.46 \pm 0.62 ng/spot vs. 3.9 \pm 0.67 ng/spot).

Consequently, these results support the LC/MS/MS method could be applied to NBS for MPS.

Discussion

In this study, we measured disaccharide compositions of blood and urine DS and HS simultaneously on the basis of a primary storage in human MPS I patients and show the



Table 1 Blood dermatan sulfate (DS) and heparan sulfate (HS) levels in mucopolysaccharidosis I (MPS I) patients (baseline and week 72)

	Data	Age (years)	ΔDi-4S/6S ng/ml (LC/MS/MS)	ΔDiHS-0S ng/ml (LC/MS/MS)	ΔDiHS-NS ng/ml (LC/MS/MS)	KS μg/mL (LC/MS/MS)	HS μg/ml (ELISA)	KS ng/ml (ELISA)
Baseline n=14	Mean	15.7	605	726	141	2.6	15.8	707
	SD	8.4	288	226	46	0.9	4.0	248
	Range	5.8-39.3	230-1100	430-1100	79–220	1.1-4.2	9.0-20.3	261-1166
Week 72 n=14	Mean	17.0	154	311	59	2.0	8.6	603
	SD	8.4	93	114	25	0.8	2.9	235
	Range	7.1-40.6	81-380	210-650	28-110	0.8-3.8	4.5-14.1	278-991
Reduction (%) ^a	Mean		69.4	54.7	55.0	26.6	46.4	25.6
	SD		15.9	11.0	15.7	13.9	13.3	20.5
	Range		33.0-86.9	37.0-70.0	15.4-74.2	4.8-48.6	23.0-67.8	-11.5-67.1
Control $n=50$	Ave	11.5	139	170	39	1.8	5.8	152
	SD	16.7	134	77	34	0.7	7.1	114
	Range	0-51	0-410	77–360	7–150	0.67-3.9	0.4-34.7	33-502

KS keratan sulfate, LC/MS/MS liquid chromatography tandem mass spectrometry, SD standard deviation, Ave average

feasibility of monitoring patients during ERT procedures and possibility of NBS for MPS I. The potential use of this LC/MS/MS technology is to monitor the effectiveness of therapies. Recent studies of therapy monitoring by various biomarkers in liposomal storage disease (LSD) provided the evaluation of patients with Fabry disease (Roddy et al. 2004) and Pompe disease (An et al. 2005) following ERT and MPS I, II, and VI patients following ERT and bone marrow transplantation by using urinary GAGs, enzyme assay, MS, ELISA, and quantitative polymerase chain reaction (PCR) (Fuller et al. 2004; Randall et al. 2006, 2008; Beesley et al. 2009; Di Natale et al. 2008). Among

secondary elevated products in MPS, recent studies show that HCII-T will prove effective as a biomarker for MPS I, II, VI, and VII diseases storing DS. HCII-T formation in vivo is dependent on the presence of excessive DS, whereas HS does not promote complex formation effectively. Therefore, HCII-T may not be as appropriate for MPS III storing HS (Langford-Smith et al. 2009). These methods were also used to evaluate the effectiveness of ERT in animal models of MPS VI and MPS IIIA (Crawley et al. 2004; King et al. 2006). Oligosaccharides analysis of HS in urine and amniotic fluids assayed by MS was proposed to be a useful marker of the disease in MPS I patients

Table 2 Urine-dermatan sulfate (DS) and heparan sulfate (HS) levels in mucopolysaccharidosis I (MPS I) patients (baseline and week 72)

	Data	Age (years)	ΔDi-4S/6S μg/mgCre (LC/MS/MS)	ΔDiHS-0S μg/mgCre (LC/MS/MS)	ΔDiHS-NS μg/mgCre (LC/MS/MS)	KS μg/mgCre (LC/MS/MS)	HS μg/mgCre (ELISA)	KS μg/mgCre (ELISA)	GAG μg/mgCre
Baseline n=14	Mean	15.7	302	31	12	4.2	17.3	0.31	145
	SD	8.4	273	19	5.8	2.8	9.8	0.16	78.2
	Range	5.8-39.3	28.5-994	6.7-67.2	3.1-20.7	0.7-10.7	9.7-40.4	0.09-0.59	9.0-297
Week 72 n=14	Mean	17.0	65	6.5	2.9	2.7	9.4	0.26	37.1
	SD	8.4	44	3.5	2.1	1.8	3.9	0.19	38.9
	Range	7.1-40.6	13.6-153	2.1-14.4	0.8-8.1	0.6-6.7	2.116.4	0.06-0.71	2.4-119
Reduction (%)	Mean		66.6	71.7	70.9	19.1	37.3	8.5	61.2
	SD		22.0	19.5	20.8	60.5	30.1	61.8	64.2
	Range		30.7-97.8	38.9-95.4	31.3-93.9	-147.383.4	-10.0 to 85.4	-104.0 to 89.2	-148 to 98
Control n=50	Ave	11.5	9.6	2.4	1.0	3.6	8.2	0.16	41
	SD	16.7	8.9	1.9	0.9	2.9	4.4	0.13	35
	Range	0-51	0.8-36	0.3-6.6	0.1–3.3	0.3-9.6	0.66–20	0.03-0.62	0.25-132

Cre creatinine, LC/MS/MS liquid chromatography tandem mass spectrometry, KS keratan sulphate, GAG glycosaminoglycan, ELISA enzymelinked immunosorbent assay, SD standard deviation

^a Reduction (%): (baseline value-week72 value)/baseline value × 100

^a Reduction (%): (baseline value -week72 value)/baseline value × 100

Table 3 Dermatan sulfate (DS) and heparan sulfate (HS) levels from dried blood spot in three mucopolysaccharidosis I (MPS I) newborns (ng/spot)

ΔDi-4S/6S	ΔDiHS-0S	ΔDiHS-NS	Total	HS/DS
Case 1 (newborn)	10.90	2.77	1.58	15.25
Case 2 (newborn)	12.00	2.85	1.80	16.65
Case 3 (newborn)	22.66	2.80	1.10	26.56
Case 3 (1 year)	11.19	2.00	0.57	13.76
Control newborns (n=50) mean	3.70	1.17	0.67	5.53
±Standard deviation	1.09	0.23	0.28	1.46
Maximum	6.69	1.67	1.56	9.31
Minimum	2.5	0.87	0.44	3.89

(Ramsay et al. 2003, 2004; Fuller et al. 2004; King et al. 2006), although there has been no data available in blood circulation. ELISA has been thought to be another potential approach. However, in this study, HS level by ELISA method did not decrease as much as that by LC/MS/MS during ERT course. This could be reflected by the fact that LC/MS/MS recognizes more HS compositions, whereas the antibody-based ELISA only recognizes sulfated HS at a specific site. In addition, there has been no development to assay DS level quantitatively by ELISA. In previous studies, we indicated the feasibility of LC/MS/MS to monitor ERT effectiveness in MPS IVA and VII murine models (Tomatsu et al. 2008; Montaño et al. 2008). These facts indicated that LC/MS/MS to measure DS and HS simultaneously has several potential advantages over other methods: (1) DS and HS are primary storage substrates of the disease due to deficiency of the enzyme and therefore could be directly reflective of improvement of specific signs and symptoms to assay these biomarkers; (2) some methods are only applicable to urine sample, but DS and HS levels in urine and blood are measurable by LC/MS/MS; (3) compositional analyses of DS and HS by LC/MS/MS will be applicable to screening purposes as described below.

Our limited study of treated patients undergoing ERT show that the rate of blood DS decrease is more rapid and could be normalized, whereas blood HS level could be reduced but may not reach the normal value completely, despite long-term treatment. DS is accumulated in visceral organs such as liver and spleen, bone and skin; however, no CNS involvement is observed by DS storage, whereas HS is accumulated mainly in the CNS. This finding would suggest markedly reduced storage in visceral organs related to DS, but HS storage reduction remains low in CNS. Studies with a larger sample of treated patients from a broad spectrum of phenotypes are required to correlate HS level with CNS involvement. Interestingly, the secondary elevated KS level was also decreased around 25% from baseline. The mechanism for KS elevation in other types of MPS remains unclear, as the current theory on the pathway of KS metabolism cannot account for this phenomenon.

Another potential use of the proposed technology is to apply it to NBS. Therapies for MPS have been developed experimentally and clinically. These include bone marrow transplantation (BMT), ERT, and gene therapy. ERT was approved by the US Federal Drug Administration (FDA) for use in patients with MPS I (Kakkis et al. 1994), MPS II (Muenzer et al. 2002; Muenzer et al. 2006), and MPS VI (Harmatz et al. 2004; Harmatz et al. 2005; Harmatz et al. 2006). NBS is recognized internationally as an essential, preventive public health program for early identification of disorders in newborns that can affect their long-term health. Despite recent studies reporting early MPS detection, NBS for MPS has not been thoroughly established, and therefore, a presumptive diagnosis of MPS is made much later than the newborn period after presentation of clinical signs and symptoms. Establishing standard methodologies to screen MPS at an early clinical stage will improve the clinical course significantly. The most commonly used methods for MPS diagnosis are dye-spectrometric methods such as DMB (Farndale et al. 1986; Whitley et al. 1989, 2002) and alcian blue (Gold 1981; Bjornsson 1993; Karlsson et al. 2000) on urine samples. Automation of the direct DMB method was devised for NBS for MPS diseases (Whitley et al. 2002). However, these methods are not applicable to blood specimen without prior protease, nuclease, or hyaluronidase digestion and are impractical to screen newborn urine, as collection of urine samples is difficult. High-performance liquid chromatography (HPLC) is a sensitive and specific method but is not appropriate for mass screening, as it is time consuming and expensive compared with other methods.

Methods for screening of MPS in newborns using the DBS have been in development for a number of years. There are two potential methods proposed. One is the immune-capture method for detecting each deficient lysosomal protein of patients with MPS I, II, IIIA, and VI (Hein et al. 2005; Meikle et al 2006), and the other is the direct method assaying an individual enzyme activity of MPS I, II, IIIB, VI, and VII patients (Wang et al. 2005; Gelb et al. 2006; Civallero et al. 2006; Wang et al. 2007; Blanchard et al. 2008). These approaches, which rely on individual antibodies or enzyme



activities for first-tier screening, could be too expensive to use on a large scale. As cost-performance is an important key to accessibility, it is recognized that highly efficient and inexpensive screening methodologies should be formulated and developed. Little is known about increases in levels of specific GAGs, such as HS and/or DS, in MPS patients. In this study, we carried out a blinded analysis of DBS samples from MPS I (Hurler syndrome) newborns and successfully showed marked elevation of DS and HS levels, indicating the LC/MS/MS method has a potential to be applied for NBS. The advantage of the method in combination with KS assay (Oguma et al. 2007a) is that we can cover all types of MPS I-VII for the first-tier screening and predict MPS type with elevation of the specific GAG, such as DS, HS, KS, or in combination. After the high-risk population is identified at the first-tier screening, we will measure the specific enzyme suspected. To confirm whether this method has highthroughput potential and whether it is cost-effective to NBS or not requires further investigations on the following issues: (1) test larger number of DBS samples from normal newborns, including a variety of birth weights and gestational ages through the pilot study; (2) evaluate other types of MPS in newborns, especially MPS IVA, by KS measurement; (3) observe differences of specific GAG level by clinical severity.

In conclusion, we characterized levels of DS and HS disaccharides during the time course of ERT in MPS I patients and DBS samples in MPS I newborns and shown that DS and HS in MPS I are appropriate biomarkers as primary storage substrates. The relative quantification and qualification of DS and HS should prove to be a useful indicator of ERT efficacy for MPS I and could be applicable to other types of MPS.

Acknowledgments This work was supported by grants from Austrian MPS, Bennett Foundation, Jacob Randall Foundation, International Morquio Organization, Muconet Twinkle Days, and Japanese Health, Labor and Welfare Ministry. We thank BioMarin and Genzyme Co. for funding the study and Dr. A. Noguchi for critical comments.

References

- An Y, Young SP, Kishnani PS, Millington DS, AmalWtano Corz AD, Chen YT (2005) Glucose tetrasaccharide as a biomarker for monitoring the therapeutic response to enzyme replacement therapy for Pompe disease. Mol Genet Metab 85:247–254
- Beesley CE, Young EP, Finnegan N, Jackson M, Mills K, Vellodi A, Cleary M, Winchester BG (2009) Discovery of a new biomarker for the mucopolysaccharidoses (MPS), dipeptidyl peptidase IV (DPP-IV; CD26), by SELDI-TOF mass spectrometry. Mol Genet Metab 96:218–224
- Bjornsson S (1993) Simultaneous preparation and quantitation of proteoglycans by precipitation with alcian blue. Anal Biochem 210:282-291

- Blanchard S, Sadilek M, Scott CR, Turecek F, Gelb MH (2008)
 Tandem mass spectrometry for the direct assay of lysosomal
 enzymes in DBS: application to screening newborns for
 mucopolysaccharidosis I. Clin Chem 54:2067–2070
- Byers S, Rozaklis T, Brumfield LK, Ranieri E, Hopwood JJ (1998) Glycosaminoglycan accumulation and excretion in the mucopolysaccharidoses: characterization and basis of a diagnostic test for MPS. Mol Genet Metab 65:282–290
- Church H, Tylee K, Cooper A, Thornley M, Mercer J, Wraith E, Carr T, O'Meara A, Wynn RF (2007) Biochemical monitoring after haemopoietic stem cell transplant for Hurler syndrome (MPSIH): implications for functional outcome after transplant in metabolic disease. Bone Marrow Transplant 39:207–210
- Civallero G, Michelin K, de Mari J, Viapiana M, Burin M, Coelho JC, Giugliani R (2006) Twelve different enzyme assays on dried-blood filter paper samples for detection of patients with selected inherited lysosomal storage diseases. Clin Chim Acta 372(1-2):98-102
- Crawley A, Ramsay SL, Byers S, Hopwood JJ, Meikle PJ (2004) Monitoring dose response of enzyme replacement therapy in feline mucopolysaccharidosis type VI by tandem mass spectrometry. Pediatr Res 55:585-591
- Di Natale P, Villani GR, Parini R, Scarpa M, Parenti G, Pontarelli G, Grosso M, Sersale G, Tomanin R, Sibilio M, Barone R, Fiumara A (2008) Molecular markers for the follow-up of enzymereplacement therapy in mucopolysaccharidosis type VI disease. Biotechnol Appl Biochem 49(Pt 3):219–223
- Farndale RW, Buttle DJ, Barrett AJ (1986) Improved quantitation and discrimination of sulphated glycosaminoglycans by use of dimethylmethylene blue. Biochim Biophys Acta 883:173–177
- Froissart R, Moreira da Silva I, Guffon N, Bozon D, Maire I (2002) Mucopolysaccharidosis type II—genotype/phenotype aspects. Acta Paediatr Suppl 91:82–87
- Fuller M, Rozaklis T, Ramsay SL, Hopwood JJ, Meikle PJ (2004) Disease-specific markers for the mucopolysaccharidoses. Pediatr Res 56:733-738
- Fuller M, Brooks DA, Evangelista M, Hein LK, Hopwood JJ, Meikle PJ (2005) Prediction of neuropathology in mucopolysaccharidosis I patients. Mol Genet Metab 84:18–24
- Gallegos-Arreola MP, Machorro-Lazo MV, Flores-Martinez SE, Zuniga-Gonzalez GM, Figuera LE, Gonzalez-Noriega A, Sanchez-Corona J (2000) Urinary glycosaminoglycan excretion in healthy subjects and in patients with mucopolysaccharidoses. Arch Med Res 31:505-510
- Gelb MH, Turecek F, Scott CR, Chamoles NA (2006) Direct multiplex assay of enzymes in dried blood spots by tandem mass spectrometry for the newborn screening of lysosomal storage disorders. J Inherit Metab Dis 29(2-3):397-404
- Gold EW (1981) The quantitative spectrophotometric estimation of total sulfated glycosaminoglycan levels. Formation of soluble alcian blue complexes. Biochim Biophys Acta 673:408–415
- Harmatz P, Whitley CB, Waber L, Pais R, Steiner R, Plecko B, Kaplan P, Simon J, Butensky E, Hopwood JJ (2004) Enzyme replacement therapy in mucopolysaccharidosis VI (Maroteaux-Lamy syndrome). J Pediatr 144:574–580
- Harmatz P, Ketteridge D, Giugliani R, Guffon N, Teles EL, Miranda MC, Yu ZF, Swiedler SJ, Hopwood JJ (2005) Direct comparison of measures of endurance, mobility, and joint function during enzyme-replacement therapy of mucopolysaccharidosis VI (Maroteaux-Lamy syndrome): results after 48 weeks in a phase 2 open-label clinical study of recombinant human N-acetylgalactosamine 4-sulfatase. Pediatrics 115:e681-e689
- Harmatz P, Giugliani R, Schwartz I, Guffon N, Teles EL, Miranda MC, Wraith JE, Beck M, Arash L, Scarpa M, Yu ZF, Wittes J, Berger KI, Newman MS, Lowe AM, Kakkis E, Swiedler SJ (2006) MPS VI Phase 3 Study Group, enzyme replacement therapy for mucopolysaccharidosis VI: a phase 3, randomized,



- double-blinded, placebo-controlled, multinational study of recombinant human N-acetylgalactosamine 4-sulfatase (recombinant human arylsulfatase B or RHASB) and follow-on, open-label extension study. J Pediatr 148:533–539
- Hein LK, Meikle PJ, Dean CJ, Bockmann MR, Auclair D, Hopwood JJ, Brooks DA (2005) Development of an assay for the detection of Mucopolysaccharidosis type VI patients using dried blood spots. Clin Chim Acta 353:67-74
- Kakkis ED, McEntee MF, Neufeld EF, Jonas AJ, Shull RM, Kania SA (1994) Enzyme replacement in a canine model of Hurler syndrome. Proc Natl Acad Sci U S A 91:12937-12941
- Karlsson M, Edfors-Lilja I, Bjornsson S (2000) Binding and detection of glycosaminoglycans immobilized on membranes treated with cationic detergents. Anal Biochem 286:51-58
- King B, Savas P, Fuller M, Hopwood J, Hemsley K (2006) Validation of a heparan sulfate-derived disaccharide as a marker of accumulation in murine mucopolysaccharidosis type IIIA. Mol Genet Metab 87:107-112
- Langford-Smith K, Arasaradnam M, Wraith JE, Wynn R, Bigger BW (2009) Evaluation of heparin cofactor II-thrombin complex as a biomarker on blood spots from mucopolysaccharidosis I, IIIA and IIIB mice. Mol Genet Metab [Epub ahead of print]
- Litjens T, Brooks DA, Peters C, Gibson GJ, Hopwood JJ (1996) Identification, expression, and biochemical characterization of N-acetylgalactosamine-4-sulfatase mutations and relationship with clinical phenotype in MPS-VI patients. Am J Hum Genet 58:1127–1134
- Mabe P, Valiente A, Soto V, Cornejo V, Raimann E (2004) Evaluation of reliability for urine mucopolysaccharidosis screening by dimethylmethylene blue and berry spot tests. Clin Chim Acta 345:135–140
- Meikle PJ, Grasby DJ, Dean CJ, Lang DL, Bockmann M, Whittle AM, Fietz MJ, Simonsen H, Fuller M, Brooks DA, Hopwood JJ (2006) Newborn screening for lysosomal storage disorders. Mol Genet Metab 88:307-314
- Montaño AM, Oikawa H, Tomatsu NT, Vogler C, Gutierrez MA, Oguma T, Tan Y, Grubb JH, Dung VC, Ohashi A, Miyamoto K, Orii T, Yoneda Y, Sly WS (2008) Acidic amino acid tag enhances response to enzyme replacement in mucopolysaccharidosis type VII mice. Mol Genet Metab 94:178–189
- Muenzer J, Lamsa JC, Garcia A, Dacosta J, Garcia J, Treco DA (2002) Enzyme replacement therapy in mucopolysaccharidosis type II (Hunter syndrome): a preliminary report. Acta Paediatr Suppl 91:98–99
- Muenzer J, Wraith JE, Beck M, Giugliani R, Harmatz P, Eng CM, Vellodi A, Martin R, Ramaswami U, Gucsavas-Calikoglu M, Vijayaraghavan S, Wendt S, Puga A, Ulbrich B, Shinawi M, Cleary M, Piper D, Conway A, Kimura A (2006) A phase II/III clinical study of enzyme replacement therapy with idursulfase in mucopolysaccharidosis II (Hunter syndrome). Genet Med 8:465–473
- Oguma T, Tomatsu S, Okazaki O (2007a) Analytical method for determination of disaccharides derived from keratan sulfates in human serum and plasma by high-performance liquid chromatography/turbo-ionspray ionization tandem mass spectrometry. Biomed Chromatogr 21:356–362
- Oguma T, Tomatsu S, Montaño AM, Okazaki O (2007b) Analytical method for determination of disaccharides derived from keratan, heparan and dermatan sulfates in human serum and plasma by high-performance liquid chromatography / turbo-ionspray ionization tandem mass spectrometry. Analytical Biochem 368:79–86
- Ramsay SL, Meikle PJ, Hopwood JJ (2003) Determination of monosaccharides and disaccharides in mucopolysaccharidoses patients by electrospray ionisation mass spectrometry. Mol Genet Metab 78:193–204
- Ramsay SL, Maire EI, Bindloss C, Fuller M, Piraud M, Hopwood JJ, Meikle PJ (2004) Determination of oligosaccharides & glycolipids in amniotic fluids by electrospray ionisation tandem mass spectrometry: in utero indicators of lysosomal storage diseases. Mol Genet Metab 83:231–238

- Randall DR, Sinclair GB, Colobong KE, Hetty E, Clarke LA (2006) Heparin cofactor II thrombin complex in MPS I: a biomarker of MPS disease. Mol Genet Metab 88:235–243
- Randall DR, Colobong KE, Hemmelgarn H, Sinclair GB, Hetty E, Thomas A, Bodamer OA, Volkmar B, Fernhoff PM, Casey R, Chan AK, Mitchell G, Stockler S, Melancon S, Rupar T, Clarke LA (2008) Heparin cofactor II-thrombin complex: a biomarker of MPS disease. Mol Genet Metab 94:456–461
- Roddy TP, Nelson BC, Sung CC, Araghi S, Wilkens D, Zhang XK, Thomas JJ, Richards SM (2004) Liquid chromatography-tandem mass spectrometry quantification of globotriaosylceramide in plasma for long-term monitoring of Fabry patients treated with enzyme replacement therapy. Clin Chem 51:237–240
- Terlato NJ, Cox GF (2003) Can mucopolysaccharidosis type I disease severity be predicted based on a patient's genotype? A comprehensive review of the literature. Genet Med 5:286-294
- Tomatsu S, Okamura K, Taketani T, Orii KO, Nishioka T, Gutierrez MA, Velez-Castrillon S, Fachel AA, Grubb JH, Cooper A, Thomley M, Wraith E, Barrera LA, Giugliani R, Schwartz IV, Frenking GS, Beck M, Kircher SG, Paschke E, Yamaguchi S, Ullrich K, Isogai K, Suzuki Y, Orii T, Kondo N, Creer M, Noguchi A (2004) Development and testing of new screening method for keratan sulfate in mucopolysaccharidosis IVA. Pediatr Res 55:592–597
- Tomatsu S, Okamura K, Taketani T, Orii KO, Nishioka T, Gutierrez MA, Velez-Castrillon S, Fachel AA, Grubb JH, Cooper A, Thornley M, Wraith E, Barrera LA, Giugliani R, Schwartz IV, Frenking GS, Beck M, Kircher SG, Paschke E, Yamaguchi S, Ullrich K, Isogai K, Suzuki Y, Orii T, Kondo N, Creer M, Noguchi A (2005a) Keratan sulfate levels in mucopolysaccharidoses and mucolipidoses. J Inherit Metab Dis 28:187–202
- Tomatsu S, Gutierrez MA, Ishimaru T, Pena OM, Montano AM, Maeda H, Velez-Castrillon S, Nishioka T, Fachel AA, Cooper A, Thornley M, Wraith E, Barrera LA, Laybauer LS, Giugliani R, Schwartz IV, Frenking GS, Beck M, Kircher SG, Paschke E, Yamaguchi S, Ullrich K, Isogai K, Suzuki Y, Orii T, Noguchi A (2005b) Heparan sulfate levels in mucopolysaccharidoses and mucolipidoses. J Inherit Metab Dis 28:743–757
- Tomatsu S, Montaño AM, Ohashi A, Oikawa H, Oguma T, Dung VC, Nishioka T, Orii T, Sly WS (2008) Enzyme replacement therapy in a murine model of Morquio A syndrome. Hum Mol Genet 17:815–824
- Tomatsu S, Montaño AM, Oguma T, Dun VC, Oikawa H, de Carvalho TG, Gutiérrez ML, Yamaguchi S, Suzuki Y, Fukushi M, Barrera L, Orii T. Validation of keratan sulfate level in Mucopolysaccharidosis IVA by liquid tandem mass spectrometry method. Inherit Metab Dis (in press)
- Wang D, Eadala B, Sadilek M, Chamoles NA, Turecek F, Scott CR, Gelb MH (2005) Tandem mass spectrometric analysis of dried blood spots for screening of mucopolysaccharidosis I in newborns. Clin Chem 51:898–900
- Wang D, Wood T, Sadilek M, Scott CR, Turecek F, Gelb MH (2007) Tandem mass spectrometry for the direct assay of enzymes in dried blood spots: application to newborn screening for mucopolysaccharidosis II (Hunter disease). Clin Chem 53:137–140
- Whitley CB, Ridnour MD, Draper KA, Dutton CM, Neglia JP (1989)
 Diagnostic test for mucopolysaccharidosis I. Direct method for
 quantifying excessive urinary glycosaminoglycan excretion. Clin
 Chem 35:374–379
- Whitley CB, Spielmann RC, Herro G, Teragawa SS (2002) Urinary glycosaminoglycan excretion quantified by an automated semimicro method in specimens conveniently transported from around the globe. Mol Genet Metab 75:56-64
- Wraith JE, Clarke LA, Beck M, Kolodny EH, Pastores GM, Muenzer J, DM BKI, Swiedler SJ, Kakkis ED, Braakman T, Chadbourne E, Walton-Bowen K, Cox GF (2004) Enzyme replacement therapy for mucopolysaccharidosis I: a randomized, double-blinded, placebo-controlled, multinational study of recombinant human a-l-iduronidase (Laronidase). J Pediatr 144:581–588

A Fluorescent sp²-Iminosugar With Pharmacological Chaperone Activity for Gaucher Disease: Synthesis and Intracellular Distribution Studies

Zhuo Luan, [a, f] Katsumi Higaki,*[b] Matilde Aguilar-Moncayo, [c] Linjing Li, [a, b] Haruaki Ninomiya, [a] Eiji Nanba, [b] Kousaku Ohno, [a] M. Isabel García-Moreno, [c] Carmen Ortiz Mellet,*[c] José M. García Fernández,*[d] and Yoshiyuki Suzuki*[e]

Gaucher disease (GD) is the most prevalent lysosomal-storage disorder, it is caused by mutations of acid β -glucosidase (β -glucoserebrosidase; β -Glu). Recently, we found that bicyclic nojirimycin (NJ) derivatives of the sp²-iminosugar type, including the 6-thio-N'-octyl-(5N,6S)-octyliminomethylidene derivative (6S-NOI-NJ), behaved as very selective competitive inhibitors of the lysosomal β -Glu and exhibited remarkable chaperone activities for several GD mutations. To obtain information about the cellular uptake pathway and intracellular distribution of this family of chaperones, we have synthesized a fluorescent analogue that maintains the fused piperidine–thiazolidine bicyclic skeleton and incorporates a dansyl group in the N'-substituent, namely 6-thio-(5N,6S)-[4-(N'-dansylamino)butyliminomethyli-

dene]nojirimycin (6S-NDI-NJ). This structural modification does not significantly modify the biological activity of the glycomimetic as a chemical chaperone. Our study showed that 6S-NDI-NJ is mainly located in lysosome-related organelles in both normal and GD fibroblasts, and the fluorescent intensity of 6S-NDI-NJ in the lysosome is related to the β -Glu concentration level. 6S-NDI-NJ also can enter cultured neuronal cells and act as a chaperone. Competitive inhibition studies of 6S-NDI-NJ uptake in fibroblasts showed that high concentrations of p-glucose have no effect on chaperone internalization, suggesting that it enters the cells through glucose-transporter-independent mechanisms.

Introduction

Gaucher disease (GD), the most prevalent lysosomal storage disorder, is caused by mutations in the gene encoding for acid β -glucosidase (β -Glu; glucocerebrosidase, EC 3.2.1.45). These mutations lead to significant protein misfolding during translation in the endoplasmic reticulum and then to a reduction in enzyme trafficking to the lysosome. The deficiency of lysosomal β -Glu results in progressive accumulation of glucosylceramide in macrophages, which often leads to hepatosplenomegaly, anemia, bone lesions, respiratory failure, and, in the most severe manifestations of the disease, central nervous system (CNS) involvement.

At present there are two therapeutic strategies for GD namely, enzyme replacement therapy (ERT) and substrate reduction therapy (SRT). ERT has been achieved by intravenous administration of macrophage-targeted recombinant $\beta\text{-Glu.}^{13}$ SRT however, can be realized by oral administration of *N*-(*n*-butyl)-1-deoxynojirimycin (NB-DNJ, miglustat, Zavesca®), which inhibits glucosylceramide synthase and thereby decreases the biosynthesis of glucosylceramide, the natural substrate of $\beta\text{-Glu.}^{14}$ Both therapies have been proven to be effective for visceral, hematologic, and skeletal abnormalities. (S-2) However, the efficacy of these therapies for neurological manifestations is limited. (B-11) Bone marrow transplantation can also reverse the disease, but thus far gene therapy strategies have been unsuccessful.

- [a] Dr. Z. Luan, L. Li, Prof. H. Ninomiya, Prof. K. Ohno Division of Child Neurology, Institute of Neurological Sciences Faculty of Medicine, Tottori University Nishi-cho, Yonago, 683-8504 (Japan) Fax: (+ 81) 859-38-6779
- [b] Dr. K. Higaki, L. Li, Prof. E. Nanba Division of Functional Genomics Research Center for Bioscience and Technology Faculty of Medicine, Tottori University 86 Nishi-cho, Yonago, 683-8503 (Japan) Fax: (+81)859-38-6470
- [c] Dr. M. Aguilar-Moncayo, Dr. M. I. García-Moreno, Prof. C. Ortiz Mellet Departamento de Química Orgánica, Facultad de Química Universidad de Sevilla Profesor García González 1, 41012 Sevilla (Spain) Fax: (+ 34)954-624960
- [d] Prof. J. M. García Fernández Instituto de Investigaciones Químicas, CSIC-Universidad de Sevilla Américo Vespucio 49, Isla de la Cartuja, 41092 Sevilla (Spain) Fax: (+ 34) 954-460565
- [e] Prof. Y. Suzuki International University of Health and Welfare Graduate School 2600-1 Kita Kanemaru, Otawara 324-8501 (Japan) Fax: (+81)287-24-3229
- [f] Dr. Z. Luan
 Present address: Department of Neurobiology
 University of Massachusetts Medical School
 Worcester, MA 01605 (USA)



It has been recently found that compounds that act as inhibitors of a lysosomal glycosidase can also stabilize the properly folded structure of the enzyme, thus rendering them suitable for an alternative therapeutic concept, namely chemical chaperone therapy. Active-site-directed chemical chaperones stabilize mutant forms of lysosomal enzymes, such as B-Glu, as they pass through the secretory pathway, evading endoplasmic-reticulum-associated degradation (ERAD). Once at the lysosome, the excess of substrate displaces the chaperone from the active site and the enzyme recovers its hydrolytic activity. (12) Several years ago we proposed the carbasugar-type glucomimetic N-octyl-B-valienamine (NOV), a potent inhibitor of β-Glu, as a potential chemical chaperone for the treatment of neuronopathic GD.[13-17] NOV could increase the protein level and enzyme activity of mutant β-Glu in cultured cells with several mutation profiles, including homozygotic F2311, N1885. N370S, and G202R mutants. Nitrogen-in-the-ring glucomimetics of the iminosugar or 1-azasugar families, such as N-(nnonyl)nojirimycin (NN-DNJ) or isofagomine, respectively (Scheme 1), have also shown great promise as chemical chaperones although they have been proposed in general for nonneuronopathic forms of GD (type 1 GD).[18-24] Compounds having chemical structures that are unrelated to carbohydrates have been additionally added to the list of potential chemical chaperones.[25,26]

Scheme 1. Chemical structures of chaperones for ||-Glu.

Recently, we found that bicyclic sugar-shaped compounds that incorporate a pseudoamide-type (isourea, isothiourea, or guanidine) endocyclic nitrogen atom with substantial sp2 character (sp²-iminosugars), such as 5N,6O-[N'-(n-octyl)iminomethylydene]nojirimycin (NOI-NJ) or its 6-thio or 6-amino-6-deoxy analogues (6S-NOI-NJ and 6N-NOI-NJ), [27-29] behaved as very selective competitive inhibitors of human lysosomal B-Glu and exhibited remarkable chaperone activities for several Gaucher mutations.[30] Interestingly, a comparative study with the classical iminosugar NN-DNJ indicated that sp2-iminosugars are significantly more efficient for mutations associated with neuronopathic forms of GD (types 2 and 3 GD), which was ascribed to their ability to bind to the mutant β-Glu with a considerably higher affinity at neutral rather than at acidic pH.[30] It was assumed that these compounds would act by rescuing the mutant enzyme at the endoplasmic reticulum thus facilitating

trafficking and finally dissociating at the lysosome. To substantiate this hypothesis we have now synthesized a fluorescent sp²-iminosugar analogue bearing a dansyl group namely, 6-thio-(5*N*,6*S*)-[4-(*N*′-dansylamino)butyliminomethylidene]nojirimycin (6S-NDI-NJ; see Scheme 2), as a probe to unravel the cellular uptake mechanisms and intracellular distribution of this type of glycomimetic. It has been previously shown that the introduction of fluorescent probes such as dansyl residues onto lateral chains in classical iminosugars results in compounds that might exhibit similar or even enhanced glycosidase-inhibitory activity.^[31-33] The utility of the fluorescently labeled iminosugar inhibitors for the construction of sensors to detect glycosidase binding^[34] and as chemical chaperones^[35] has been demonstrated, illustrating the potential of the approach in glycobiology.

Results

6S-NDI-NJ can be synthesized from a p-glucofuranose precursor following the general method disclosed for bicyclic sp²-iminosugars

The coupling reaction of 5-amino-5-deoxy-u-p-glucocofuranose derivative 1 [28] with 4-(tert-butyloxycarbonylamino)butyl isothiocyanate afforded the corresponding thiourea adduct, which was transformed into the desired vic-thioureidoalcohol 2 by removing the tetrahydropyranyl protecting group at O-6. Activation of the primary hydroxyl in 2 by formation of the corresponding methanesulfonate ester resulted in spontaneous cyclization to the key aminothiazoline pseudo-C-nucleoside precursor 3. Simultaneous acid-catalyzed removal of the tert-butoxycarbonyl and isopropylidene groups and final neutralization afforded the bicyclic NJ derivative 4, which bears a terminal free amino group at the exocyclic substituent and was characterized as the corresponding hydrochloride salt, Finally a sulfonamide-forming reaction with dansyl chloride afforded the target compound 6S-NDI-NJ in 98% yield (Scheme 2).

6S-NDI-NJ shows a lysosomal glycosidase inhibition profile similar to that of 6S-NOI-NJ

The inhibitory activity of 6S-NDI-NJ was first checked on lysosomal glycosidases by using lysates from normal human fibroblasts. Strong inhibition of β -Glu and no or weak inhibition of other lysosomal enzymes, such as α -glucosidase, α -galactosidase, β -galactosidase, and β -hexosaminidase, was observed (Figure 1). We next analyzed the inhibitory potencies on F213I/F213I, N370S/N370S, and L444P/L444P mutant β -Glu. The IC50 values of 6S-NDI-NJ on F213I/F213I, L444P/L444P and normal β -Glu were very similar, whereas the corresponding IC50 value on N370S/N370S mutant β -Glu turned out to be significantly higher. A comparison of β -Glu inhibition at pH 7.0 and 5.2 indicated that, although 6S-NDI-NJ strongly inhibits F213I, N370S, L444P, and normal acid β -Glu at both neutral and acidic pH, all of the β -Glu were more sensitive to inhibition at pH 7.0 than at pH 5.2 (Table 1). Overall, these results indicate that the behav-

Scheme 2. Synthesis of 6-thio-(5N,6S)-[4-(N'-dansylamino)butyl]iminonojirimycin (6S-NDI-NJ). a) Et₂N, py; b) TsOH, 70%; c) MsCl, py. 78%; d) TFA/H₂O (9:1); e) OH⁻ resin, 82%; f) DMF, Et, N, 98%.

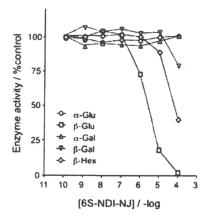


Figure 1. Effects of 65-NDI-NJ on lysosomal enzyme activities in lysate from human normal fibroblasts. Enzyme activity in normal cell lysates was determined in the absence or presence of increasing concentrations of chaperones. Each point represents means of triplicate determinations obtained in a single experiment. Values were expressed relative to the activity in the absence of compounds (100%).

Table 1. Inhibition of normal and mutant β-Glu by 6S-NDI-NJ at neutral and acidic pH.

Cell lysates	IC _{so} (pH 5.2) [µм]	IC ₅₀ (рН 7) [µм]
H37	1.287	0.37
F213I/F213I	2.221	0.93
N370S/N370S	29.38	1.15
L444P/L444P	2.318	2.1

ior of 6S-NDI-NJ towards lysosomal glycosidases and mutant \(\beta \)-Glu is very similar to that previously observed for 6S-NOI-NJ.

6S-NDI-NJ showed no cytotoxicity on GD cells

To evaluate the cytotoxicity of 6S-NDI-NJ, we cultured normal and GD human fibroblasts and neuronal cells in the absence and presence of 6S-NDI-NJ at 0.3, 1.0, 3.0, 10, and 30 µm concentrations for four days, and then the cell viabilities were assayed. The results indicated the absence of cytotoxicity in all cases, even at the maximum concentration of 30 µм.

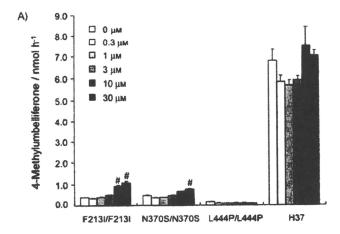
6S-NDI-NJ enhances β-Glu activity in human GD fibroblasts

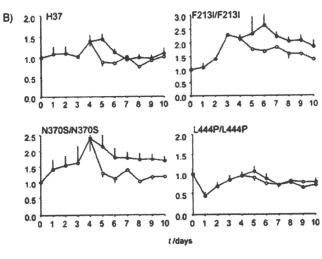
To evaluate the enzyme activity enhancement of 6S-NDI-NJ, normal as well as F213I/F213I, N370S/N370S, and L444P/L444P mutant human fibroblasts were cultured in the absence and presence of 6S-NDI-NJ at 0.3, 1.0, 3.0, 10, and 30 µm for four days before performing the intact cell lysosomal β-Glu assay (Figure 2a). Contrary to the β-Glu inhibition assay, which is carried out in cell lysates, in intact cells, the chemical-chaperone-promoted ERAD-evading mechanism might operate. The measured enzyme activities then represent the balance between the chemical chaper-

one and the enzyme inhibition activities of 6S-NDI-NJ at each concentration. In F213I/F213I mutant cells, treatment with 10 and 30 µm MTD111 resulted in 100-200% increase of B-Glu activity. In N370S/N370S mutant fibroblasts, treatment with 30 μm 6S-NDI-NJ resulted in about 70% increase of β-Glu activity. Lower concentrations of the fluorescent sp2-iminosugar failed to improve enzyme activity in both mutant cells. No effect was observed either in the L444P/L444P mutant or the normal cell line H37.

The optimal concentration of 6S-NDI-NJ from the above results (30 μm) was selected to carry out a ten-day time-course analysis of chaperone activities by using H37 (normal) and F213I/F213I, N370S/N370S and L444P/L444P (mutant GD) human fibroblasts. For F213I/F213I and N370S/N370S cells, β-Glu activity increased in a time-dependent manner in the presence of the fluorescent chaperone; it reached a peak on days 3-5, then decreased slightly and came to a plateau at about 50-100% increase in the last few days. When cells were deprived of 6S-NDI-NJ on day 4, the activity gradually decreased to the basal level within 1-4 days. No effects were observed in the L444P/L444P cell line. In normal H37 cells, the β-Glu activity slightly increased in the first few days in the presence of 30 µm 6S-NDI-NJ, then dropped back to the basal level (Figure 2B).

To investigate the specificity of the chaperone activity of 6S-NDI-NJ among lysosomal glycosidases, mutant Gaucher and normal fibroblasts were treated with 30 µm 6S-NDI-NJ for four days, and then the cell lysates were screened for a-glucosidase, β -glucosidase, α -galactosidase, β -galactosidase, and β - BIO





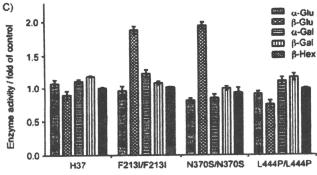


Figure 2. Chaperone activities of 65-NDI-NJ on mutant [3-Glu in fibroblasts. A) Intact cell enzyme assay. Cells were cultured for 4 d in the absence or presence of increasing concentrations of 65-NDI-NJ. Lysosomal β -Glu activity was estimated in intact cells as described in Experimental Section. Each bar represents the mean ± 5.E.M. of 3 determinations each done in triplicate. p < 0.01 highly significantly statistically different from the values in the absence of the compound (t test). B) Time course. Cells were cultured in the presence of 30 μm 6S-NDI-NJ up to 10 d respectively (•). A subset of cells was cultured with chaperones for 4 d, washed and further cultured without the drug for 6 d (:). β -Glu activity in cells was determined at the indicated time in triplicate. C) The influence of chemical chaperones on activity of lysosomal enzymes. Mutant Gaucher and normal fibroblasts were treated with 30 μm 6S-NDI-NJ for 4 d, and cell lysates were screened for α-glucosidase, βglucosidase, α -galactosidase, β -galactosidase, and β -hexosaminidase in triplicate. The activity of treated cells was normalized against the activity of untreated cells. Data shown are the average of triplicate wells for a representative experiment, and the error bars correspond to the standard deviation.

hexosaminidase activities. For F213I/F213I and N370S/N370S GD cells, an increase in the activity of β -Glu was observed, whereas the activities of the other lysosomal enzymes remained essentially unaffected. 6S-NDI-NJ did not influence the activity of either of the lysosomal enzymes in L444P/L444P mutant and normal cell lines (Figure 2C). Western blot experiments further supported that treatment of F213I/F213I and N370S/N370S GD cells with 30 μm 6S-NDI-NJ for four days caused a significant increase in the protein level of mutant β -Glu (data not shown).

6S-NDI-NJ attenuated pH and heat-dependent loss of mutant β -Glu activity in vitro

Sawkar et al. reported that efficient chemical chaperones are capable of preventing pH-dependent in vitro degradation of several mutant β-Glu. 1461 We also observed a similar effect for NOV on F213I mutant β-Glu. [14,15] Here, we compared stability at pH 7 and 37 C and heat-dependent stability at 48 C of F213I/F213I, N370S/N370S, L444P/L444P and normal B-Glu in the absence and in the presence of 65-NDI-NJ (Figure 3). When F213I/F213I cell lysates were incubated at 37 C at pH 7, mutant β -Glu activity rapidly diminished to less than 60% of the initial level after 1 h. In stark contrast, only marginal decreases of mutant (3-Glu activity occurred in N370S/N370S cell lysates, with more than 90% activity retained after 1 h incubation at pH 7, whereas the ß-Glu activity in normal and L444P/ L444P mutant cell lysates remained unaltered under identical conditions. The decreases of F213I/F213I and N370S/N370S mutant β-Glu activities at neutral pH were attenuated by 6S-NDI-NJ in a dose-dependent manner.

In separate experiments, the lysates were heat-denatured (48°C) at neutral pH and assayed for residual enzyme activity. All β -Glu variants lost activity to some extent under thermal denaturation, with only 20–30% of the initial activity remaining for F213I/F213I and N370S/N370S mutants and 40–50% for L444P/L444P and H37 β -Glu after 1 h. At 10 μ m concentration 6S-NDI-NJ fully prevented the heat-induced loss of β -Glu activity in the lysates of L444P/L444P and H37 cells, whereas 30 μ m 6S-NDI-NJ was needed in the case of N370S/N370S mutant β -Glu and just 70% activity was retained for F213I/F213I after 1 h heating at 48°C under the same conditions (Figure 3).

6S-NDI-NJ can be internalized in and released from living fibroblasts

The rate of internalization and release from the cells is expected to be an important parameter for the identification of good chemical chaperones for pharmacological applications. After four days incubation with 30 µm 6S-NDI-NJ, the concentration of the fluorescent sp²-iminosugar in the cells increased gradually for all F213I/F213I, N370S/N370S, L444P/L444P (mutant), and H37 (normal) fibroblasts. We found that after replacing the culture medium, the intensity of fluorescence in the living cells rapidly decreased with time. Most of the fluorescent chaperone was already released into the external medium after one day (Figure 4), and fluorescence was almost undetectable in

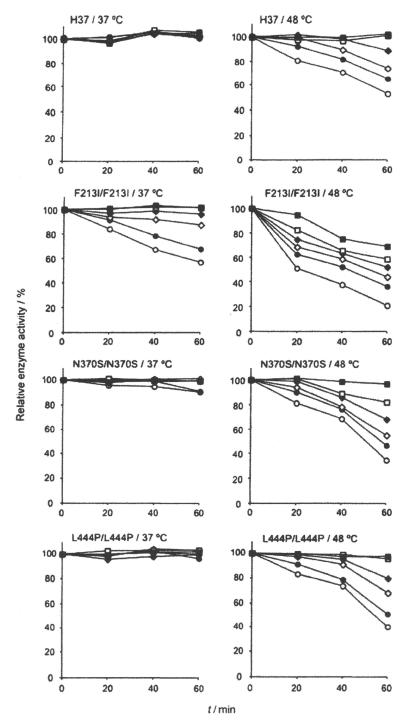


Figure 3. Effects of 6S-NDI-NJ on time-dependent loss of mutant β-Glu activity in vitro at pH 7 at 37 and 48 °C. Cell lysates were incubated in 0.1 $\rm M$ citrate-phosphate buffer at pH 7 and at 37 and 48 °C for the indicated time. Each point represents mean values of triplicate determinations obtained in a single experiment. Values are expressed as relative to the activity before the incubation (100%). \sim : 0, \bullet : 0.3, \sim : 1.0, \bullet : 3.0, \simeq : 10.0, \bullet : 30 $\rm \mu M$ 6S-NDI-NJ.

the cells after six days. These data suggest that 6S-NDI-NJ can enter and be released from living GD and normal fibroblasts depending on its concentration in the external medium.

6S-NDI-NJ co-localizes in lysosomes in human GD fibroblasts

To explore the intracellular distribution of the chaperone, we have used organelle markers for the endoplasmic reticulum (ER) and the lysosome in combination with confocal microscopy. We found that β -Glu immunoreactivity in F213I/F213I, N370S/N370S, and L444P/L444P mutant fibroblasts are significantly lower than in normal cells. Normal β -Glu co-localized with the lysosomal-related organelle marker LAMP2, which is consistent with its expected localization mainly in the lysosomes. A similar analysis suggested that very few mutant β -Glu localized in the lysosomes of F213I/F213I, N370S/N370S, and L444P/L444P fibroblasts (Figure 5 A).

We further examined the intracellular localization of 6S-NDI-NJ in GD and normal fibroblasts after incubation for four days by using a 30 µm concentration. In all cases it was found that the fluorescent sp²-iminosugar co-localized with β-Glu (Figure 5A) and LAMP2 (Figure 5B). In contrast, no co-localization was observed with calnexin, a protein marker for the ER (Figure 5B). This suggests that the internalized fluorescent chaperone is essentially bound to the enzyme and that the 6S-NDI-NJ:B-Glu complex is mainly distributed in lysosome-related organelles. The high affinity of 6S-NDI-NJ towards β-Glu probably triggers internalization of the chemical chaperone, which is probably the reason for the much lower concentration of 6S-NDI-NJ detected in the chaperone-insensitive L444P/L444P mutant fibroblasts. Thus, 6S-NDI-NJ could increase the fluorescent intensity of \(\beta \)-Glu in F213I/F213I and N370S/N370S fibroblasts, but did not affect L444P/L444P mutant fibroblasts (Figure 5 A), which is consistent with the results from the β-Glu activity assay and the Western blot. High 6S-NDI-NJspecific fluorescent intensities were observed in F213I/F213I, N370S/N370S, and normal fibroblasts but not in L444P/L444P fibroblasts after the four-day treatment (Figure 5B). Most probably, the intensity of the 6S-NDI-NJ specific fluorescence in the lysosome is related to the β -Glu protein level in this organelle.

6S-NDI-NJ exhibits chaperone activity on neuronal cells

Chaperone therapy with sp²-iminosugars was mainly proposed for neuronopathic GD. Thus, previous results with the parent compound NOI-NJ evidenced good properties regarding oral availability and ability to enhance the β -Glu activity in tissues, including

brain, as well as the lack of acute toxicity at high doses in normal mice. We have now examined the effects of 6S-NDI-NJ on normal neuronal cells, which were differentiated from P19 mouse embryonic carcinoma cells by retinoic acid. βIII-Tubulin and MAP2 antibodies were used to identify immature



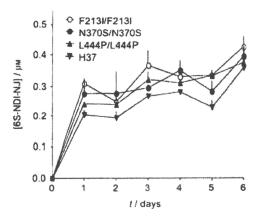


Figure 4. Expulsion of 6S-NDI-NJ from living fibroblasts. Living GD fibroblasts were incubated with 30 µm 6S-NDI-NJ for four days, then washout. The cells were further cultured for 1–6 d. The medium was aspirated for measurement of 6S-NDI-NJ concentration at indicated time. 6S-NDI-NJ medium was measured as described in experimental section.

and mature neurons respectively. We found that 6S-NDI-NJ can enter both immature and mature neurons after four days' incubation (Figure 6B). Additionally, 6S-NDI-NJ showed no toxicity on neuronal cells at a maximum concentration of 10 μ m, whereas both intact and lysate assays showed that 6S-NDI-NJ enhanced β -Glu activities of neuronal cells, the maximum chaperone activity being reached at 1 μ m concentration (Figure 6 A). At higher concentrations the chaperone effect is counterbalance by the inhibitory effect, which becomes predominant at 10 μ m.

High concentrations of glucose do not competitively inhibit cellular uptake of 6S-NDI-NJ

At present, there is no information about the cellular uptake pathways of chemical chaperones. Considering the structural similarity of the polyhydroxylated cyclic nojirimycin framework and p-glucose, it seemed reasonable that this family of compounds might share the cell-uptake mechanisms through glucose-specific transporters. Notwithstanding, we found that the presence of p-glucose at 25, 50, and 100 mm in the incubation medium had no influence on the intracellular fluorescent intensities of 6S-NDI-NJ in the human normal fibroblasts (data not shown). The absence of competitive inhibition by p-glucose in the internalization of 6S-NDI-NJ suggests that the chemical chaperone enters the cells through glucose-transporter-independent mechanisms.

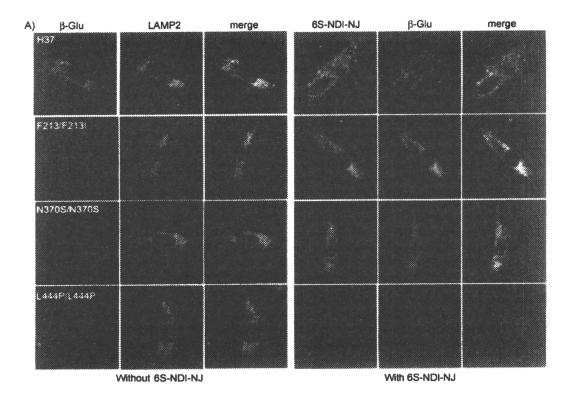
Discussion

To circumvent the limitations of ERT and SRT to neurological manifestations, new therapeutic avenues for GD have been explored in recent years. (5.6) Chemical chaperone therapy is a promising approach because of its potential for simple oral administration, penetration of the blood-brain barrier, and low cost, Chaperones are small molecules that can specifically bind

to a misfolded protein and help it fold into the correct three-dimensional shape. This allows the protein to be properly trafficked from the ER and distributed to the lysosome in the cell, thereby increasing enzyme activity and cellular function and reducing substrate and stress on cells. ^[47,48] Up to now, a broad battery of chemical chaperones has been developed for GD, including both sugar-like and non-sugar-related molecules. Recently, we found that bicyclic derivatives featuring a 2-imino-oxazolidine, -thiazolidine, or imidazolidine five-membered ring fused to a polyhydroxylated pyperidine cycle, termed sp²-iminosugars, behaved as selective competitive inhibitors of the lysosomal β-Glu and exhibited significant chaperone activity for several neuronopathic GD mutations. ^[30]

Although the concentration of mutant GD proteins in the lysosome has been shown to be enhanced by the presence of chemical chaperones, thereby supporting the proposed rescuing mechanism, to the best of our knowledge there is no direct information available about the intracellular distribution and cellular uptake pathways of such compounds. To clarify these questions, we have synthesized a fluorescently tagged version of the previously reported bicyclic nojirimycin sp²-iminosugars NOI-NJ, 6S-NOI-NJ, and 6N-NOI-NJ, namely 6-thio-(5N,6S)-[4-(N'-dansylamino)butyliminomethylidene]nojirimycin (6S-NDI-NJ). Actually, the general approach previously developed for the synthesis of bicyclic nojirimycin derivatives of the sp²-iminosugar type was purposely conceived to allow introduction of molecular diversity in the structure at a relatively low synthetic cost.

In the molecular design of 6S-NDI-NJ, we took advantage of the information previously obtained from X-ray crystallography and thermodynamic studies on bicylic sp²-iminosugars in complex with recombinant human β-glucocerebrosidase^[29] or with the \beta-glucosidase from the extremophile microorganism Thermotoga maritima, [28] an enzyme that belongs to the same clan GHA as β-Glu in the CaZy classification. [48] The octyl chain at the exocyclic nitrogen of NOI-NJ, 6S-NOI-NJ, or 6N-NOI-NJ (Scheme 1) in the enzyme-inhibitor complexes was found to occupy a hydrophobic pocket at the entrance of the active site in all cases, while maintaining substantial flexibility. It was then inferred that structural modifications at this portion of the molecule would not affect the extensive hydrogen-bond network involving the hydroxyl groups and would be well tolerated as far as its hydrophobic nature is preserved. The 6-thio-5N,6S-(alkyliminomethylidene)nojirimycin bicyclic core was chosen in view of the good chaperone activities previously obtained with 6S-NOI-NJ for several mutant B-Glu. Moreover, the isothiourea segment can be generated with high efficiency from a vic-hydroxythiourea intermediate 2, which is readily accessible from the known 5-amino-5-deoxy-p-glucofuranose derivative 1 by activation of the OH function as a sulfonate ester followed by nucleophilic displacement by the thiocarbonyl sulfur atom (→3). The subsequent furanose—pyranose rearrangement is a very efficient process that affords the desired bicyclic sp²-iminosugar core 4. The terminal amino group in the N-alkyl substituent in 4 was then exploited for the incorporation of the fluorescent probe in the structure by coupling reaction with dansyl chloride (Scheme 2).



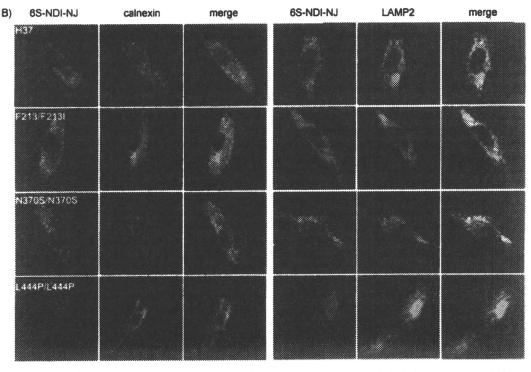


Figure 5. Intracellular distribution of 6S-NDI-NJ in GD fibroblasts. A) Cells in the absence or the presence of 6S-NDI-NJ (30 μm) were double stained with anti (J-Glu and LAMP2 antibody or anti β-Glu antibody. B) The cells were cultured for 4 d in the presence of 6S-NDI-NJ (30 μm) and stained with anti-calnexin antibody or anti-LAMP2 antibody. Bound antibodies were visualized with different secondary antibody. The images obtained with a confocal microscope are shown.

First, we confirmed that the insertion of the dansyl group was not detrimental for the biological activity. According to the collected data, 6S-NDI-NJ is a specific inhibitor of β -Glu (Figure 1), exhibits no cytotoxicity at the maximum assayed

concentration of 30 μ m in human fibroblasts, and can enhance β -Glu activities in human F213I/F213I and N370S/N370S GD fibroblasts (Figure 2). All these characteristics are similar to those previously reported for 6S-NOI-NJ. [30] Moreover, fluores-



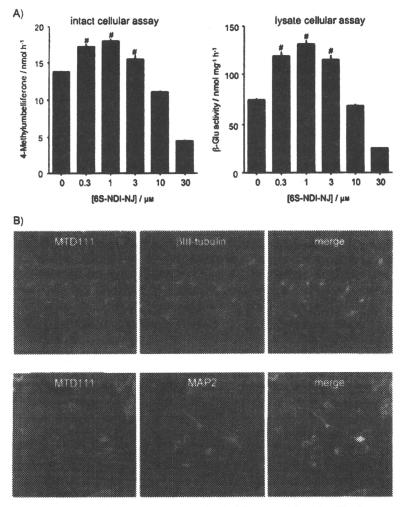


Figure 6. The effect of 65-NDI-NJ on neuronal cells differentiated from P19 EC cells. A) Enzyme assay. Neuronal cells were cultured for 4 d in the absence or presence of increasing concentrations of 65-NDI-NJ. β -Glu activity was estimated in intact cells and lysate as described in the Experimental Section. $^{\circ}p < 0.01$ highly significant, statistically different from the values in the absence of the compound (t-test). B) The immature and mature neuronal cells were cultured for 4 d in the presence of 65-NDI-NJ (30 μ M) and stained with anti- β III-tubulin antibody and anti-MAP2 antibody. Bound antibodies were visualized with a different secondary antibody. Shown are the images obtained with a confocal microscope.

cence spectroscopy measurements showed that the spectral properties of 6S-NDI-NJ in aqueous and organic media were well suited for studies of the interactions of this molecule with cultured cells.

Prior to examining the ability of 6S-NDI-NJ to increase the concentration of mutant β-Glu in the lysosome, we examined its capacity to attenuate time-dependent loss of mutant β-Glu activity in vitro at pH 7 at 37 and 48 °C. This protecting effect has been shown to be an indication of good chaperone capabilities, and was ascribed to its efficiency in forcing a correct folding. (46,49) The GD mutants F213I/F213I and N370S/N370S are not stable in the neutral pH environment of the ER and undergo endoplasmic-reticulum-associated degradation (ERAD) to a great extent. In vitro experiments showed that the degradation rate at pH 7.0 at either 37 C or 48 C in vitro dramatically decreased in the presence of the dansyl derivative 6S-NDI-

NJ. On the contrary, the L444P/L444P mutant protein was found to be as stable as the wild-type (WT) β-Glu at pH 7.0 at 37 °C and also showed similar activity, in agreement with previous results by Sawkar et al. [46] Heat denaturation at 48 °C was also efficiently attenuated by 6S-NDI-NJ in the WT and the L444P/ L444P mutant. Nevertheless, the Ig-like domain in which the L444P mutation is located is not tolerated, and, although it does not cause instability associated with the neutral pH, the mutant β-Glu is still subjected to ERAD leading to degradation of the entire enzyme. Actually, the results in Figure 2 further supports that location of the mutation responsible for GD in the catalytic domain of β-Glu (domain III), which is the case of the F213I/F213I and N370S/ N370S but not of the L444P/L444P mutant, is a prerequisite for the pharmacological rescue of the protein by an active-site-directed chemical chaperone.

Fluorescence microscopy evidenced that the dansyl-tagged chaperone 6S-NDI-NJ enters the cells upon incubation. Conversely, washout of the culture medium resulted in a gradual decrease of fluorescence intensity in the living cells (data not shown) and a concomitant increase in the concentration of 6S-NDI-NJ in the fresh culture medium (Figure 4). The sp²-iminosugar can therefore be internalized and further released from fibroblasts into the surrounding medium

Intracellular distribution studies of 6S-NDI-NJ showed that in GD and normal fibroblasts the chaperone co-localized with β -Glu and was mainly distributed in lysosome-associated organelles, the dansylassociated fluorescent intensity correlating with the β -Glu protein level. These data are in agreement with the observed binding selectivity of 6S-NDI-NJ towards β -Glu. It should be noted that once in the lysosome the chaperone might attenuate β -Glu activity by their enzyme-inhibitory activity. Although iminosugar and sp²-iminosugar-type chemical chaperones both exhibit generally higher affinities for WT and mutant β -Glu at neutral than at acidic pH, this fea-

ture has previously been found to be significantly more pronounced in the case of the sp²-iminosugars. ^[30,50] This probably results in comparatively stronger binding to the mutant enzymes at the ER, where the chaperone activity must operate for rescuing the enzyme from ERAD, than in the lysosome. Because they act as competitive inhibitors, once in the lysosome the high concentrations of substrate accumulated in GD cells will compete with the inhibitor in binding to the enzyme. ^[45]

Given that chemical chaperone therapy by using sp²-iminosugar glycomimetics was proposed mainly for neuronopathic GD, it was of interest to investigate the effect of 6S-NDI-NJ in neurons. For this purpose, we have used cultured normal neuronal cells, which were differentiated from P19 embryonal carcinoma cells. We found that 6S-NDI-NJ could enter immature and mature neurons after four-days incubation and enhanced β -Glu activities, with a maximum chaperone effect at 1 μ M

concentration, compared to 30 µM in fibroblasts. It seems that neuronal cells are much more sensitive to chaperone therapy. Because a much lower concentration of chaperone in the CNS than in peripheral tissues is expected upon oral administration,^[17] the possibility to use relatively high doses of sp²-iminosugars might result in optimal chaperone activity simultaneously in both types of tissues, making them potentially more practical for the treatment of neuronopathic GD.

In addition to intracellular localization studies, the fluorescently labeled chemical chaperone 6S-NDI-NJ provides an excellent opportunity to explore the preferred cellular uptake pathways of sp²-iminosugars. Considering that the piperidine ring in 6S-NDI-NJ has a hydroxylation profile of stereochemical complementarity with that of p-glucose, it seemed reasonable to consider that it might share identical internalization mechanisms. Because p-glucose is a polar molecule that requires transport proteins to cross biological membranes, this would imply that the chaperone and the monosaccharide compete for the same transporters. Notwithstanding, we found that high concentrations of p-glucose did not result in competitive inhibition of 6S-NDI-NJ uptake, suggesting instead that the sp²-iminosugar enters the cells through glucose-transporterindependent pathways. The amphiphilic character of 6S-NDI-NJ and the previously studied sp²-iminosugar chemical chaperones, with a hydrophilic polyhydroxylated moiety and a hydrophobic substituent in the lateral chain, might facilitate passive diffusion across the cell membrane. Concentration gradient and B-Glu binding affinity would then trigger uptake and release of 6S-NDI-NJ. The fact that the chaperone co-localizes with acid β-Glu in lysosome-related organelles and that its concentration in the cell is closely related to the concentration of the enzyme is consistent with this mechanism. Alternative endocytic routes would be expected to lead primarily to localization of the internalized fluorescent chaperone in endosomes, independently of the B-Glu concentration. Further research using specific endocytosis inhibitors is currently underway to fully ascertain this aspect.

In summary, the present body of work provides evidence for the rescuing of GD B-Glu with mutations at the catalytic domain by sp²-iminosugars, facilitating trafficking from the ER to the lysosome. The concentration of the mutant enzyme in the lysosome correlated with the intracellular concentration of 6S-NDI-NJ both in fibroblasts and in neuronal cells, which underlines the importance of the internalization process in the efficiency of a chemical chaperone. Actually, when screening chemical chaperones we often found that some candidates with very low ICs0 values against the target enzyme exhibited disappointingly low chaperone activity when using intact cells. Their inability to cross the cell membrane attenuates their chaperone activity. The amphiphilic character of the sp²-iminosugar chemical chaperones seems to favor a passive diffusion pathway that facilitates cell internalization. Structural modifications aimed at optimizing the hydrophilic/hydrophobic balance might further increase their ability to cross the cell membrane and improve their chaperone activity. Although further work is needed to fully unravel the relationships between molecular structure, cellular uptake pathways, and chaperone activity, these results should help to improve the present strategies for the development of efficient chemical chaperones.

Experimental Section

Materials: Dulbecco's modified Eagle's medium (DMEM) and fetal bovine serum (FBS) were obtained from Life Technologies Inc (Gibco BRL, MD, USA). Reagents and solvents were purchased from commercial sources and used without further purification. 6S-NDI-NJ was synthesized in our laboratories by following the reaction sequence described hereinafter. A stock solution of the compound was prepared in DMSO at 30 mm and stored at -30 C.

Spectroscopic and chromatographic techniques: Optical rotations were measured with a JASCO P-2000 polarimeter, by using a sodium lamp ($\lambda = 589 \text{ nm}$) at 22 °C in 1 cm or 1 dm tubes. NMR spectroscopy experiments were performed at 300 (75.5) and 500 (125.7) MHz by using Bruker DMX300 and DRX500 spectrometers. 1D TOCSY as well as 2D COSY and HMQC spectroscopy experiments were carried out to assist in signal assignment. In the FABMS spectra, the primary beam consisted of Xe atoms with a maximum energy of 8 keV. The samples were dissolved in m-nitrobenzyl alcohol or thioglycerol as the matrices, and the positive ions were separated and accelerated over a potential of 7 keV. Nal was added as cationizing agent. Thin-layer chromatography was performed on E. Merck precoated TLC plates, silica gel 30F-245, with visualization by UV light and by charring with 10% H2SO4 or 0.2% (w/v) cerium(IV) sulfate-5% ammonium molybdate in 2 м H₃SO₄ or 0.1% ninhydrin in EtOH. Column chromatography was performed on Chromagel (SdS silica 60 AC.C 70-200 µm). Elemental analyses were performed at the Servicio de Microanálisis del Instituto de Investigaciones Químicas de Sevilla.

Synthesis: The dansyl-tagged sp²-iminosugar 65-NDI-NJ was synthesized from 5-amino-5-deoxy-1,2-di-*O*-isopropylydene-6-*O*-tetrahydropyranyl-α-p-glucofuranose (1) as indicated in 5cheme 2. Compound 1 was generated from the corresponding 5-azido derivative¹³⁶¹ (700 mg, 2.13 mmol) by dissolution in MeOH (12 mL) and hydrogenation at atmospheric pressure for 1 h by using 10 % Pd/C (234 mg) as a catalyst, and was used without further purification.^[28]

5-[N'-(4-tert-Butoxycarbonylaminobutyl)thioureido]-5-deoxy-1,2-O-isopropylidene-α-D-glucofuranose (2): Et₂N (1.6 mL, 11.7 mmol) and 4-(tert-butoxycarbonylamino)butyl isothiocyanate (433 mg, 2 mmol) were added to a solution of 1 (2.13 mmol) in pyridine, (12 mL), and the mixture was stirred at RT for 18 h. The solvent was removed under reduced pressure, and the residue was coevaporated several times with toluene. The resulting syrup was dissolved in CH₂Cl₂/MeOH (1:1, 42 mL) and p-toluenesulfonic acid (69 mg, 0.16 mmol) was added. The mixture was stirred for 2 h at RT, then diluted with CH₂Cl₂ (15 mL), washed with sat. aq NaHCO₃ (2×15 mL), dried (MgSO₄), filtered, and concentrated. The resulting residue was purified by column chromatography using 30:1-15:1 CH₂Cl₃/MeOH as eluent to give 2 (629 mg, 70%). $R_1 = 0.33$ (15:1, CH₂Cl₂/MeOH); $[\alpha]_0 = +45.5$ (c = 1.0 in CH₂Cl₂); ¹H NMR (300 MHz, CDCl₃, 313 K): $\delta = 6.96$ (br s, 1 H; N'H), 6.72 (br d, $J_{NHS} = 7.8$ Hz, 1 H; NH), 5.92 (d, $J_{1,2}$ = 3.6 Hz, 1H; H-1), 5.07 (brs, 1H; OH), 4.82 (brs, 1H; NH), 4.58 (d, 1H; H-2), 4.54 (m, 1H; H-5), 4.19 (d, $J_{3,4} = 1.9$ Hz, 1 H; H-3), 4.09 (dd, $J_{4.5} = 9.8$ Hz, 1 H; H-4), 4.03 (dd, $J_{6a.6b} = 11.3$ Hz, $J_{5.6a} = 3.1 \text{ Hz}, 1 \text{ H}; \text{ H-6a}), 3.80 \text{ (dd, } J_{5.6b} = 3.0 \text{ Hz}, 1 \text{ H}; \text{ H-6b)}, 3.47 \text{ (m, }$ 2H; CH2NHCS), 3.11 (m, 2H; CH2NHCO), 1.60 (m, 4H; CH2), 1.49 (s, 3H; CMe₃), 1.31 (s, 3H; CMe₃), 1.49 ppm (s, 9H; CMe₄); ¹³C NMR (75.5 MHz, CDCl₃, 313 K): δ = 181.8 (CS), 156.7 (CO), 111.6 (CMe₂), 104.9 (C-1), 84.7 (C-2), 79.8 (CMe₃), 79.7 (C-4), 73.8 (C-3), 62.4 (C-6),



53.7 (C-5), 44.1 (CH2NHCS), 40.2 (CH2NHCO), 28.4 (CMe3), 27.4 (CH2), 26.7, 26.0 (CMe2), 25.7 (CH2); MS (FAB): m/z (%): 472 (100) [M+Na] 1, 450 (15) $[M+H]^+$; IR: $\bar{v}_{max} = 3342$, 2933, 1682, 1549, 1367, 1254, 1165, 1075 cm⁻¹; UV: $\lambda_{max}(CH_2CI_2) = 247$ nm ($\epsilon_{max} = 12.3$); elemental analysis calcd (%) for C10H10N2O7S: C 50.76, H 7.85, N 9.35, S 7.13; found: C 50.78, H 7.93, N 9.28, S 6.96.

(4R)-2-(4-tert-Butoxycarbonylamino)butylamino-4-[(4'R)-1',2'-0isopropylidene-ß-L-threofuranos-4'-yl]-2-thiazoline (3): Methanesulfonic chloride (110 µL, 1.42 mmol, 1.2 eq) was added to a solution of the corresponding thioureido derivative 2 (514 mg, 1.14 mmol) in anhyd pyridine (17 mL) at -20 °C under argon. The mixture was stirred for 7 h and allowed to warm to RT. Then, icewater (30 mL) was added, and the solution was extracted with CH_2CI_2 (3×20 mL). The combined extracts were washed with iced sat. aq NaHCO₃ (25 mL), dried (MgSO₄), filtered, and concentrated. The resulting residue was purified by column chromatography by using 20:1-10:1 CH₂Cl₂/MeOH as eluent to give 3 (384 mg, 78%). $[\alpha]_D = -7.3$ (c = 1.0 in CH₂Cl₂); R_1 0.46 (CH₂Cl₂/MeOH 7:1); ¹H NMR (300 MHz, CDCl₃): $\delta = 5.93$ (d, $J_{1,2} = 3.6$ Hz, 1 H; H-1), 4.79 (brs, 1 H; NH), 4.54 (d, 1H; H-2), 4.42 (m, 1H; H-5), 4.25 (brs, 2H; OH, NH), 4.23 (d, $J_{34} = 2.5$ Hz, 1H; H-3), 4.03 (dd, $J_{45} = 8.4$ Hz, 1H; H-4), 3.51 (dd, $J_{6a.6b} = 10.9$ Hz, $J_{5.6a} = 7.4$ Hz, 1 H; H-6a), 3.39 (dd, $J_{5.6b} = 4.9$ Hz, 1 H; H-6b), 3.24 (m, 2H; CH₂N), 3.11 (m, 2H; CH₂NHCO), 1.53 (m, 4H; CH₂), 1.48 (s, 3H; CMe₂), 1.30 (s, 3H; CMe₂), 1.33 ppm (s, 9H; CMe₃); ¹³C NMR(75.5 MHz, CDCl₃): $\delta = 164.6$ (CN), 156.1 (CO), 111.5 (CMe₂), 105.1 (C-1), 85.2 (C-2), 81.6 (C-4), 79.3 (CMe₃), 74.9 (C-3), 69.8 (C-5), 44.9 (CH2N), 40.0 (CH2NHCO), 37.4 (C-6), 28.4 (CMe3), 27.3, 26.8 (CH₂), 26.8, 26.1 ppm (CMe₂); IR: $\bar{\nu}_{max} = 3372$, 2934, 1696. 1521, 1367, 1251, 1166, 1075 cm⁻¹; MS (FAB): m/z (%): 454 (50) [M+Na] $^+$, 432 (100); elemental analysis calcd (%) for $C_{19}H_{33}N_3O_6S$: C 52.88, H 7.71, N 9.74, S 7.43; found: C 52.66, H 7.65, N 9.48, S 7.19.

5-N.6-S-[N-(4-Amino)butyliminomethylidene]-6-thionojirimycin hydrochloride (4): The 2-amino-2-thiazoline precursor 3 (340 mg, 0.79 mmol) was treated with TFA/H₂O (9:1, 3.5 mL) for 30 min, concentrated under reduced pressure, coevaporated several times with H₂O, neutralized with Amberlite IRA-68 (OH⁻) ion-exchange resin, and subjected to column chromatography by using 10:1:1 - 6:3:1 CH₃CN/H₂O/NH₄OH as eluent. The residue was dissolved in dil HCl and freeze-dried to obtain compound 4 as the corresponding hydrochloride (258 mg, 82%). α/β = 1:0.1 (H-1 integration); R_t = 0.22 (6:3:1 CH₃CN/H₂O/NH₄OH) $[\alpha]_0 = -11.3$ (c = 1.0 in H₂O); α anomer: 'H NMR (500 MHz, D₂O): $\delta = 5.61$ (d, $J_{1,2} = 3.7$ Hz, 1 H; H-1), 4.32 (m, 1 H; H-5), 3.76 (m, 2 H; H-3, H-6a), 3.62 (dd, $J_{2,3} = 9.5$ Hz, 1H; H-2), 3.56 (t, $J_{34} = J_{45} = 9.6$ Hz, 1H; H-4), 3.46 (m, 3H; H-6b, CH_2N), 3.00 (t, ${}^3J_{H,H} = 7.1$ Hz, 2H; CH_2NH_2), 1.73 ppm (m, 4H; CH_2); 13 C NMR (125.7 MHz, D_2 O): $\delta = 175.7$ (CN), 79.0 (C-1), 75.7 (C-4), 74.2 (C-3), 73.1 (C-2), 66.0 (C-5), 50.6 (CH₂N), 41.5 (CH₂NH₂), 33.9 (C-6), 27.7, 26.5 ppm (CH₂); β anomer: ¹H NMR (500 MHz, D₂O): δ = 5.02 (d, J₁₂=8.2 Hz, 1H; H-1), 4.08 (m, 1H; H-5), 3.76 (m, 1H; H-3), 3.70 (dd, $J_{6a,6b} = 11.6$ Hz, $J_{5,6a} = 7.6$ Hz, 1 H; H-6a), 3.60 (m, 1 H; H-2), 3.56 (m, 1 H; H-4), 3.46 (m, 3 H; H-6b, CH₂N), 3.00 (m, 2 H; CH₂NH₂), 1.73 ppm (m, 4H, CH₂); ¹³C NMR (125.7 MHz, D_2O): $\delta = 175.7$ (CN), 87.4 (C-1), 77.1 (C-4), 75.8 (C-3), 72.8 (C-2), 69.1 (C-5), 50.5 (CH₂N), 41.5 (CH₂NH₂), 32.5 (C-6), 27.9, 26.5 ppm (CH₂); MS (FAB): m/z (%): 314 (40) [M+Na-HCl]*, 292 (90); elemental analysis calcd (%) for C1.H2,CIN.O4S: C 40.30, H 6.76, N 12.82, S 9.78; found: C 39.95, H 6.47, N 12.49, 5 9.41.

5-N,6-S-[N'-(4-Dansylamino)butyliminomethylidene]-6-thionojirimycin (6S-NDI-NJ): Et₃N (64 µL, 0.21 mmol) and 5-dimethylaminonaphtalene-1-sulfonyl chloride (61.8 mg, 1.1 eq) were added to a solution of 4 (68 mg, 0.21 mmol) in anhyd DMF (15 mL) at 0 C

under argon. The mixture was stirred for 4 h, and the solvent was removed under reduced pressure. The resulting residue was purified by column chromatography by using 90:10:1--60:10:1 CH₂Cl₂/ MeOH/H₂O to obtain the target fluorescent sp²-iminosugar 6S-NDI-NJ (107 mg, 98%). $R_i = 0.63$ (40:10:1 CH₂Cl₂/MeOH/H₂O); $[\alpha]_D =$ -7.4 (c=0.7 in MeOH): ¹H NMR (500 MHz, CD,CN): $\delta = 8.52$ (d, 1 H; dansyl), 8.24 (d. 1H; dansyl), 8.15 (d. 1H; dansyl), 7.60 (m. 2H; dansyl), 7.28 (d, 1 H; dansyl), 5.48 (d, $J_{1,2} = 3.4$ Hz, 1 H; H-1), 3.79 (m, 1H; H-5), 3.62 (t, $J_{2,3} = J_{3,4} = 9.5$ Hz, 1H; H-3), 3.46 (dd, $J_{6a.6b} =$ 11.2 Hz, $J_{560} = 4.4$ Hz, 1 H; H-6a), 3.40 (dd, 1 H; H-2), 3.30 (t, $J_{45} =$ 9.3 Hz, 1H; H-4), 3.10 (dd, $J_{5.66} = 7.3$ Hz, 1H; H-6b), 3.06 (t, ${}^{3}J_{6.8} =$ 10.5 Hz, 2H; CH₂N), 3.00 (m, 2H, CH₂NH), 2.83 (brs, 6H; dansyl), 1.44 (m, 2H; CH₂), 1.34 ppm (m, 2H; CH₂); ¹³C NMR (125.7 MHz, CD,CN): $\delta = 163.1$ (CN), 152.0, 135.4, 130.2-129.5, 129.2, 128.4, 123.7, 119.1, 115.5 (dansyl), 76.3 (C-1), 74.3 (C-4), 72.8 (C-3), 71.5 (C-6), 61.1 (C-5), 54.5 (CH₂N), 44.9 (dansyl), 42.5 (CH₂NH), 31.2 (C-6), 26.8, 26.7 ppm (CH₂); HRMS (FAB): m/z: 547.1661 [M+Na]⁺; elemental analysis calcd (%) for C₃H₄₂N₄O₆S₂ (547.1661): C 52.65, H 6.15, N 10.68, S 12.22; found: C 52.34, H 6.10, N 10.47, S 11.89.

Cell culture: Human skin fibroblasts were cultured in DMEM/10% FBS at 37°C in a humidified atmosphere containing 5% CO₂. One control cell line (H37) and three lines of GD cells that carried the \beta-Glu mutations F213I/F213I, L444P/L444P, and N370S/N370S, respectively were used. [15] The culture medium was replaced every 2 d with fresh media supplemented with or without chaperone at the indicated concentrations.

In vitro neural cell differentiation: The P19 mouse embryonic carcinoma (EC) cells, obtained from ATCC (American Type Culture Collection), were grown in arminimum essential medium (ar-MEM; Gibco BRL, MD, USA) containing 10% of fetal bovine serum and 1% antibiotic-antimycotic ×100 (Gibco BRL) at 37 C in the presence of 5% CO₂. For the differentiation process, the P19 cells were removed from the culture flask with 0.25% trypsin solution, and 1×10^6 cells were seeded into 10 mL of α -MEM containing 5% fetal calf serum, and 0.6 μm all-trans retinoic acid (Sigma). [37,38] Cells were cultured for one or two weeks to get immature and mature neuronal cells.

Immunoblotting: Except otherwise stated, all procedures were carried out at 4°C. Fibroblasts were lysed by sonication in PBS supplemented with 1% Triton X-100 and a protease inhibitor cocktail (Roche Diagnostics). After a brief centrifugation to remove insoluble material, the supernatant was collected. For the enzyme assay, 4 µL of the precipitates was used as described below. For immunoblotting, supernatant with the same volume of 2× SDS-PAGE sample buffer was heated at 100 C for 3 min. SDS-PAGE and Western transfer were carried out as previously described.[14,15] The blots were probed with rabbit polyclonal anti-ß-glucosidase and mouse monoclonal anti-a-tubulin antibodies (Santa Cruz Biotech, Santa Cruz, CA, USA) and developed by using an ECL kit (GE Healthecare

In vitro enzyme assay: Lysosomal enzyme activities in cell lysates were determined as described. ^[150-42] Briefly, cells were scraped into ice-cold H₂O (10⁶ mL) and lysed by sonication. Insoluble materials were removed by centrifugation and protein concentrations were determined with a BCA microprotein assay kit (Pierce Biotech, Waltham, MA, USA). The lysate (10 μ L) was incubated at 37 °C with the substrate solution (20 $\mu L)$ in 0.1 $\mbox{\scriptsize M}$ citrate buffer, pH 4.5. The substrates were 4-methylumbelliferone-conjugated (t-p-glucopyranoside (for a-glucosidase), a-p-galactopyranoside (for a-galactosidase), β-p-galactopyranoside (for β-galactosidase), and N-acetyl-βp-glucosaminide (for β-hexosaminidase) obtained from Sigma. For β-Glu, activities in cell lysates were determined by using 4-methyl-umbelliferone-conjugated β-o-glucopyranoside as a substrate. The lysates 10 μL were incubated at 37 °C with the substrate solution (20 μL) in 0.1 m citrate buffer, pH 5.2, supplemented with sodium taurocholate (0.8 % w/v). The reactions were terminated by adding 0.2 mL of 0.2 m glycine sodium hydroxide buffer (pH 10.7). The liberated 4-methylumbelliferone was measured with a Perkin–Elmer Luminescence Spectrometer (excitation wave length: 340 nm; emission: 460 nm). One unit of enzyme activity was defined as nmol of 4-methylumbelliferone released per hour and normalized for the amount of protein contained in the lysates (Figure 1). [14,15]

Intact-cell enzyme assay: B-Glu activities in live cells were estimated by the methods described by Sawkar et al.[19] with some modification. Briefly, cells in 96-well assay plates were treated with compounds for 4 d. After washing with PBS, the cells were incubated in PBS (8 µL) and 0.2 M acetate buffer (8 µL; pH 4.0). The reaction was started by addition of 5 mm 4-methylumbelliferyl-β-p-glucoside (10 μL), followed by incubation at 37 °C for 1 h. The reaction was stopped by lysing the cells by the addition of 0.2 m glycine buffer (200 µL; pH 10.7), and the liberated 4-methylumbelliferone was quantified. For neuronal cells, experiments were performed in 35 mm dishes. Every experiment was performed in parallel with cells that had been preincubated with or without conduritol B epoxide (CBE, Toronto Research Chemicals; North York, Ontario, Canada) at 0.5 mm for 1 h. The CBE-sensitive component was ascribed to lysosomal (3-Glu, whereas the CBE insensitive component was ascribed to non-lysosomal (3-Glu (Figure 2).

Cytotoxicity assay: Cytotoxicity assay was performed by using the colorimetric assay reagent TetraColor One (Seikagaku, Tokyo, Japan), $^{(43)}$ according to the manufacturer's instructions. Cells were seeded on a 96-well assay plate at a density of 3.0×10^4 cells/mL medium and incubated for 4 d with the chaperone. Then, TetraColor One reagent (10 μL) was added to each well, and cells were incubated for another 2 h. The absorbance at 450 nm was measured with a reference wavelength at 630 nm in the microplate reader. Measurement was repeated in triplicate and then averaged for each sample. Results are expressed as mean \pm standard deviation (SD).

pH-dependent and heat stability of β-Glu in vitro: Cell lysates were incubated in 0.1 $\,\mathrm{M}$ citrate—phosphate buffer at pH 7 at 37 $\,^{\circ}\mathrm{C}$ and 48 $\,^{\circ}\mathrm{C}$ for the time indicated. Incubation was terminated by the addition of 3 volumes of 0.2 $\,\mathrm{M}$ citrate phosphate buffer (pH 5.2), immediately followed by chilling on ice. The enzyme assay was carried out at pH 5.2 as described above (Figure 3).^[14]

Measurement of 6S-NDI-NJ release from living fibroblasts: Living GD fibroblasts were incubated with 6S-NDI-NJ in DMEM/ 10% FBS (30 μL) at 37 °C in 5% CO $_2$ for 4 d, then the loading solution was replaced with fresh medium after washing twice with DMEM. The cells were cultured for 1–6 d. The medium was aspirated for measurement of the 6S-NDI-NJ concentration. Release of 6S-NDI-NJ from fibroblasts into the surrounding medium was monitored with a Perkin--Elmer Luminescence Spectrometer (excitation wave length: 337 nm; emission: 517 nm) (Figure 4). $^{[44]}$

Immunofluorescence staining, confocal microscopy and fluorometrical analysis: Fibroblast and neuronal cell lines were grown on glass coverslips in 35 mm dishes. The cells were treated without or with 6S-NDI-NJ (30 $\mu L)$ at 37 °C in 5% CO $_2$ for 4 d. Cells were then fixed with 4% formaldehyde for 20 min. After serial washings and permeabilization with 0.1% Triton X-100, rabbit polyclonal anti-glucocerebrosidase antibody (H-300, Santa Cruz, 1:100), rabbit polyclonal anti-calnexin antibody (H-70, Santa Cruz, 1:100), mouse

monoclonal LAMP-2 antibody (H4B4, Santa Cruz, 1:100), mouse monoclonal anti-{} III tubulin antibody (H70, Santa Cruz, 1:100) and rabbit polyclonal anti-MAP2 antibody (H-300, Santa Cruz, 1:100) were applied for 1 h, followed by secondary antibody Alexa Fluor 647 goat anti-rabbit IgG (1:500), Alexa Fluor 647 goat anti-mouse IgG (1:500), Alexa Fluor 546 goat anti-mouse IgG (1:500) and Alexa Fluor 546 goat anti-mouse anti-mouse IgG (1:1000) and Alexa Fluor 546 goat anti-rabbit IgG (1:1000) (Invitrogen, Carlsbad, CA, USA). For nuclear staining, cells were incubated with Syto 59 (Invitrogen) for 30 min. Fluorescent images were collected by using a Leica TSC SP2 confocal laser microscope (Leica, Wetzler, Germany). [14,15] For fluorometrical anlysis, fluorescence intensity in randomly selected 25 fields per cells was measured by using an Infinite F500 plate reader (Tecan Japan, Tokyo, Japan; Figures 5 and 6).

Competitive inhibition of 6S-NDI-NJ uptake by glucose in fibroblast: Normal fibroblasts were seeded in 35 mm dishes with coverslips and cultured in DMEM/10% FBS for 2 d. The medium was removed and replaced with 30 μM 6S-NDI-NJ solutions containing 25, 50, and 100 mM glucose (Wako, Tokyo, Japan). After 1 h incubation, cells were washed in PBS (2×) and fixed. Fluorescent images were collected by using confocal laser microscope.

Acknowledgements

This research was supported by grants from the Ministry of Education, Culture, Science, Sports, and Technology of Japan (20390297, 13680918, 14207106), the Ministry of Health, Labour and Welfare of Japan (H14-Kokoro-017, H17-Kokoro-019. H20-Kokoro-022 and a grant for Research for Intractable Diseases), the Spanish Ministerio de Ciencia e Innovación (contract numbers CTQ2006-15515-C02-01/BQU and CTQ2007-61180/PPQ), the Junta de Andalucía (Project P08-FQM-03711), the European Union (FEDER) and the Fundación Ramón Areces. M.A.-M. is a FPU fellow.

Keywords: chaperones • fluorescent probes • Gaucher disease • glucosidases • iminosugars

- E. Beutler, G. A. Grabowski in The Metabolic and Molecular Bases of Inherited Disease, 8th ed. (Eds.: C. R. Scriver, A. L. Beaudet, W. S. Sly, D. Valle), McGraw-Hill, New York, 2001, pp. 2641 – 2670.
- [2] T. D. Butters, Curr. Opin. Chem. Biol. 2007, 11, 412-418.
- [3] N. W. Barton, R. O. Brady, J. M. Dambrosia, A. M. Di Bisceglie, S. H. Doppelt, S. C. Hill, H. J. Mankin, G. J. Murray, R. I. Parker, C. E. Argoff, N. Engl. J. Med. 1991, 324, 1464 1470.
- [4] T. Cox, R. Lachmann, C. Hollak, J. Aerts, S. van Weely, M. Hrebicek, F. Platt, T. Butters, R. Dwek, C. Moyses, Lancet 2000, 355, 1481 1485.
- [5] G. A. Grabowski, N. Leslie, R. Wenstrup, Blood Rev. 1998, 12, 115-133.
- [6] F. M. Platt, M. Jeyakumar, U. Andersson, D. A. Priestman, R. A. Dwek, T. D. Butters, J. Inherited Metab. Dis. 2001, 24, 275 – 290.
- [7] R. Schiffmann, M. P. Heyes, J. M. Aerts, J. M. Dambrosia, M. C. Patterson, T. DeGraba, C. C. Parker, G. C. Zirzow, K. Oliver, G. Tedeschi, *Ann. Neurol.* 1997, 42, 613–621.
- [8] C. A. Prows, N. Sanchez, C. Daugherty, G. A. Grabowski, Am. J. Med. Genet. 1997, 71, 16–21.
- [9] M. Aoki, Y. Takahashi, Y. Miwa, S. Iida, K. Sukegawa, T. Horai, T. Orii, N. Kondo, Eur. J. Pediatr. 2001, 160, 63–64.
- [10] J. M. F. G. Aerts, C. E. Hollak, R. G. Boot, J. E. Groener, M. Maas, J. Inherited Metab. Dis. 2006, 29, 449–456.
- [11] I. Ron, M. Horowitz, Hum. Mol. Genet. 2005, 14, 2387-2398.
- [12] G. Parenti, EMBO Mol. Med. 2009, 1, 268-279.



- [13] S. Ogawa, M. Ashiura, C. Uchida, S. Watanabe, C. Yamazaki, K. Yamagishi, J. Inokuchi, Bioorg. Med. Chem. Lett. 1996, 6, 929 – 932.
- [14] H. Lin, Y. Sugimoto, Y. Ohsaki, H. Ninomiya, A. Oka, M. Taniguchi, H. Ida, Y. Eto, S. Ogawa, Y. Matsuzaki, M. Sawa, T. Inoue, K. Higaki, E. Nanba, K. Ohno, Y. Suzuki, *Biochim. Biophys. Acta Mol. Basis Dis.* 2004, 1689, 219–228.
- [15] K. Lei, H. Ninomiya, M. Suzuki, T. Inoue, M. Sawa, M. Iida, H. Ida, Y. Eto, S. Ogawa, K. Ohno, Y. Suzuki, Biochim. Biophys. Acta Mol. Basis Dis. 2007, 1772, 587 – 596.
- [16] Z. Luan, L. Li, H. Ninomiya, K. Ohno, S. Ogawa, T. Kubo, M. Iida, Y. Suzuki, Blood Cells Mol. Dis. 2010, 44, 48-54.
- [17] Z. Luan, H. Ninomiya, K. Ohno, S. Ogawa, T. Kubo, M. Iida, Y. Suzuki, Brain Dev. 2010; DOI: doi:10.1016/j.braindev.2009.12.005
- [18] A. R. Sawkar, W. C. Cheng, E. Beutler, C. H. Wong, W. E. Balch, J. W. Kelly, Proc. Natl. Acad. Sci. USA 2002, 99, 15428 – 15433.
- [19] A. R. Sawkar, S. L. Adamski-Werner, W. C. Cheng, C. H. Wong, E. Beutler, K. P. Zimmer, J. W. Kelly, Chem. Biol. 2005, 12, 1235 – 1244.
- [20] R. A. Steet, S. Chung, B. Wustman, A. Powe, H. Do, S. A. Komfeld, Proc. Natl. Acad. Sci. USA 2006, 103, 13813 – 13818.
- [21] P. Compain, O. R. Martin, C. Boucheron, G. Godin, L. Yu, K. Ikeda, N. Asano, ChemBioChem 2006, 7, 1356-1359.
- [22] H. H. Chang, N. Asano, S. Ishii, Y. Ichikawa, J. Q. Fan, FEBS J. 2006, 273, 4082 – 4092.
- [23] Z. Yu, A. R. Sawkar, J. Med. Chem. 2007, 50, 94-100.
- [24] G. J. Kornhaber, M. B. Tropak, G. H. Maegawa, S. J. Tuske, S. J. Coales, D. J. Mahuran, Y. Hamuro, ChemBioChem 2008, 9, 2643 – 2649.
- [25] M. B. Tropak, G. J. Kornhaber, B. A. Rigat, G. H. Maegawa, J. D. Buttner, J. E. Blanchard, C. Murphy, S. J. Tuske, S. J. Coales, Y. Hamuro, E. D. Brown, D. J. Mahuran, ChemBioChem 2008, 9, 2650 – 2652.
- [26] W. Zheng, J. Padia, D. J. Urban, A. Jadhav, O. Goker-Alpan, A. Simeonov, E. Goldin, D. Auld, M. E. LaMarca, J. Inglese, C. P. Austin, E. Sidransky, Proc. Natl. Acad. Sci. USA 2007, 104, 13192-13197.
- [27] M. I. García-Moreno, P. Díaz-Pérez, C. Ortiz Mellet, J. M. García Fernández, J. Org. Chem. 2003, 68, 8890 – 8901.
- [28] M. Aguilar-Moncayo, T. M. Gloster, J. P. Turkenburg, M. I. García-Moreno, C. Ortiz Mellet, G. J. Davies J. M. García Fernández, Org. Biomol. Chem. 2009, 7, 2738 – 2749.
- [29] B. Brumshtein, M. Aguilar-Moncayo, M. I. García-Moreno, C. Ortiz Mellet, J. M. García Fernandez, I. Silman, Y. Shaaltiel, D. Aviezer, J. L. Sussman, A. H. Futerman, ChemBioChem 2009, 10, 1480 – 1485.
- [30] Z. Luan, K. Higaki, M. Aguilar-Moncayo, H. Ninomiya, K. Ohno, M. I. García-Moreno, C. Ortiz Mellet, J. M. García Fernández, Y. Suzuki, Chem-BioChem 2009, 10, 2780–2792.
- [31] T. M. Wrodnigg, S. G. Withers, A. E. Stütz, Bioorg. Med. Chem. Lett. 2001, 11, 1063 – 1064.

- [32] A. Hermetter, H. Scholze, A. E. Stütz, S. G. Withers, T. M. Wrodnigg, Bioorg. Med. Chem. Lett. 2001, 11, 1339 – 1342.
- [33] M. van Scherpenzeel, R. J. B. H. N. van den Berg, W. E. Donker-Koopman, R. M. J. Liskamp, J. M. F. G. Aerts, H. S. Overkleeft, R. J. Pieters, *Bioorg. Med. Chem.* 2010, 18, 267–274.
- [34] A. J. Steiner, A. E. Stütz, T. M. Wrodnigg, C. A. Tarling, S. G. Withers, A. Hermetter, H. Schmidinger, *Bioorg. Med. Chem. Lett.* 2008, 18, 1922–1925.
- [35] K. Fantur, D. Hofer, G. J. Schitter, A. J. Steiner, B. M. Pabst, T. M. Wrodnigg, A. E. Stütz, E. Paschke, Mol. Genet. Metab. 2010, 100, 262-268.
- [36] K. Dax, B. Galgg, V. Grassberger, B. Kolbringer, A. E. Stütz, J. Carbohydr. Chem. 1990, 9, 479-499.
- [37] E. M. Jones-Villeneuve, M. W. McBurney, K. A. Rogers, V. I. Kalnins, J. Cell Biol. 1982, 94, 253 – 262.
- [38] E. M. Jones-Villeneuve, M. A. Rudnicki, J. F. Harris, M. W. McBurney, Mol. Cell. Biol. 1983, 3, 2271 – 2279.
- [39] J. Matsuda, O. Suzuki, A. Oshima, Y. Yamamoto, A. Noguchi, K. Takimoto, M. Itoh, Y. Matsuzaki, Y. Yasuda, S. Ogawa, Y. Sakata, E. Nanba, K. Higaki, Y. Ogawa, L. Tominaga, K. Ohno, H. Iwasaki, H. Watanabe, R. O. Brady, Y. Suzuki, Proc. Natl. Acad. Sci. USA 2003, 100, 15912-15917.
- [40] A. M. Vaccaro, M. Muscillo, M. Tatti, R. Salvioli, E. Gallozzi, K. Suzuki, Clin. Biochem. 1987, 20, 429 - 433.
- [41] S. Ichisaka, K. Ohno, I. Yuasa, E. Nanba, H. Sakuraba, Y. Suzuki, *Brain Dev.* 1998, 20, 302 – 306.
- [42] Y. Suzuki, A. Tsuji, K. Omura, G. Nakamura, S. Awa, M. Kroos, A. J. Reuser, Clin. Genet. 1988, 33, 376 – 385.
- [43] K. Kawasaki, A. Nishio, H. Nakamura, K. Uchida, T. Fukui, M. Ohana, H. Yoshizawa, S. Ohashi, H. Tamaki, M. Matsuura, M. Asada, T. Nishi, H. Nakase, S. Toyokuni, W. Liu, J. Yodoi, K. Okazaki, T. Chiba, Lab. Invest. 2005, 85, 1104~1117.
- [44] P. L. Tran, M. A. Deugnier, Carcinogenesis 1985, 6, 433-439.
- [45] B. Olgemöller, S. Schwaabe, E. D. Schleicher, K. D. Gerbitz, Biochim. Biophys. Acta 1990, 1052, 47 – 52.
- [46] A. R. Sawkar, M. Schmitz, K. P. Zimmer, D. Reczek, T. Edmunds, W. E. Balch, J. W. Kelly, ACS Chem. Biol. 2006, 1, 235–251.
- [47] J. Q. Fan, S. Ishii, N. Asano, Y. Suzuki, Nat. Med. 1999, 5, 112-115.
- [48] B. L. Cantarel, P. M. Coutinho, C. Rancurel, T. Bernard, V. Lombard, B. Henrissat, Nucleic Acid Res. 2009, 37, D233 – D238.
- [49] M. Egido-Gabás, D. Canals, J. Casas, A. Llebaria, A. Delgado, ChemMed-Chem 2007, 2, 992–994.
- [50] M. P. Dale, H. Ensley, K. Kern, K. Sastry, L. D. Byers, Biochemistry 1985, 24, 3530 – 3539.

Received: June 3, 2010

Published online on November 9, 2010

Contents lists available at ScienceDirect

Molecular Genetics and Metabolism

journal homepage: www.elsevier.com/locate/ymgme



Chemical chaperone therapy: Luciferase assay for screening of β -galactosidase mutations

Linjing Li ^{a,b}, Katsumi Higaki ^{a,*}, Haruaki Ninomiya ^c, Zhuo Luan ^b, Masami Iida ^d, Seiichiro Ogawa ^e, Yoshiyuki Suzuki ^f, Kousaku Ohno ^b, Eiji Nanba ^a

- ^a Division of Functional Genomics, Research Center for Bioscience and Technology, Tottori University, 86 Nishi-cho, Yonago, 683-8503, Japan
- b Division of Child Neurology, Tottori University Faculty of Medicine, 36-1 Nishi-cho, Yonago, 683-8504, Japan
- ^c Department of Biomedical Regulation, School of Health Science, Faculty of Medicine, 86 Nishi-cho, Yonago, 683-8503, Japan
- d Central Research Laboratories, Seikagaku Corporation, 3-1253, Tateno, Higashi-Yamato, Tokyo, 270-0021, Japan
- c Department of Biosciences and Informatics, Faculty of Science and Technology, Keio University, Hiyoshi, Kohoku-ku, Yokohama, 223-8522, Japan
- f International University of Health and Welfare Graduate School, 2600-1 Kita Kanemaru, Otawara, 324-8501, Japan

ARTICLE INFO

Article history: Received 12 August 2010 Accepted 12 August 2010 Available online 18 August 2010

Keywords:
Chemical chaperone therapy
Lysosomal storage disease
Neurodegeneration
G_{M1}-gangliosidosis
β-galactosidase
Luciferase

ABSTRACT

 β -Galactosidosis is a group of disorder based on heterogeneous mutations of GLB1 gene coding for the lysosomal acid β -galactosidase (β -gal). A decrease of the β -gal enzyme activity results in progressive accumulation of substrates in somatic cells, particularly in neurons, leading to severe neuronal dysfunction. We have previously reported that N-octyl-4-epi- β -valienamine (NOEV), a chemical chaperone compound, stabilized various mutant human β -gal proteins and increased residual enzyme activities in cultured fibroblasts from human patients. These data proved a potential therapeutic benefit of chemical chaperone therapy for patients with missense β -gal. This effect is mutation specific. In this study, we have established a sensitive luciferase-based assay for measuring chaperone effect on mutant human β -gal. A dinoflagellate luciferase (Dluc) cDNA was introduced to the C-terminus of human β -gal. When COS7 cells expressing the Dluc-tagged human R201C β -gal was treated with NOEV, there happened a remarkable increase of the mutant β -gal activity. In the presence of NH₄Cl, luciferase level in the medium increased in parallel with the enzyme activity in cell lysates. We also found that proteasome inhibitors enhance chaperone effect of NOEV. These results demonstrate that the luciferase-based assay is a reliable and convenient method for screening and evaluation of chaperone effects on human β -gal mutants, and that it will be a useful tool for finding novel chaperone compounds in the future study.

© 2010 Elsevier Inc. All rights reserved.

1. Introduction

Lysosomal acid β -galactosidase (β -gal, EC 3.2.1.23), encoded by GLB1 (3p21.33) in humans, hydrolyzes the terminal β -galactosyl residues from ganglioside G_{M1} and related glycoconjugates such as oligosaccharides derived from glycoproteins and keratan sulfate in somatic cells [1]. Allelic mutations of the gene result in excessive storage of the substrates in various cells and tissues. Genetic β -galactosidase deficiency (or β -galactosidosis) is a group of disorders including two clinically distinct diseases: G_{M1} -gangliosidosis (OMIM 230500) and Morquio B (OMIM 253010). Until now, more than 130 GLB1 gene mutations are collected [1–3]. G_{M1} -gangliosidosis is a generalized

neurosomatic disease in children (infantile form, juvenile form), and rarely in adults (adult form). The abnormal storages of ganglioside $G_{\rm M1}$, mucopolysaccharide keratan sulfate and glycoprotein-derived oligosaccharides are widely distributed in the central nervous system (CNS), skeletal system, and visceral organs. Morquio B disease (OMIM 253010) is a generalized skeletal dysplasia without neurological involvement.

At present only symptomatic and supportive therapy is available for the brain damage in human G_{M1} -gangliosidosis patients. Different strategies have been explored to treat this disease including allogenic bone marrow transplantation [4], gene therapy [5] and substrate reduction therapy [6]. These approaches are promising but still far from clinical application. The enzyme replacement therapy conducted for Gaucher disease and other lysosomal storage diseases is not available at present for β -galactosidosis [7].

Based on the study on mutant α -galactosidase A in Fabry disease [8], we proposed chemical chaperone therapy for brain pathology in G_{M1} -gangliosidosis, using an *in vitro* enzyme inhibitor *N*-octyl-4-epi- β -valienamine (NOEV), a chemical compound newly produced by organic synthesis, as a potent stabilizer of mutant β -gal in somatic cells

Abbreviations: β -gal, β -galactosidase; NOEV, N-octyl-4-epi- β -valienamine; Dluc, dinoflagellate luciferase; DMEM, Dulbecco's modified Eagle's medium; 4-MU, 4-methylumbelliferone.

^{*} Corresponding author. Division of Functional Genomics, Research Center for Bioscience and Technology, Tottori University, 86 Nishi-cho, Yonago, 683-8503, Japan. Fax: +81 859 38 6470.

E-mail address: kh4060@med.tottori-u.ac.jp (K. Higaki).