

### In vitro ADME & PK

# BSEP, MRP2, MRP3 and MRP4 Inhibition

## Background Information



'Proactive evaluation and understanding of BSEP inhibition is recommended in drug discovery and development to aid internal decision making on DILI risk..'

<sup>3</sup>Kenna JG *et al.*, (2018) *Clin Pharmacol Ther* **104(5)**: 916-932.

#### Related Services

P-gp BCRP Human SLC Transporters

- BSEP (bile salt export pump; ABCB11) is an ATP binding cassette (ABC) efflux transporter located on the canalicular membrane of hepatocytes, and is the major transporter for the secretion of bile acids from hepatocytes into bile in humans<sup>1</sup>.
- Because of the link between BSEP inhibition and initiation of cholestatic DILI, the European Medicines Agency Guideline on the Investigation of Drug Interactions (2012) recommends *in vitro* screening of BSEP inhibition<sup>2</sup>.
- MRP2 (multidrug resistance associated protein 2; ABCC2), MRP3 (ABCC3) and MRP4 (ABCC4) are ATP binding cassette (ABC) efflux transporters located on the canalicular membrane (MRP2) or sinusoidal membrane (MRP3, MRP4) of hepatocytes<sup>3,4</sup>.
- MRP3 and MRP4 efflux transporters are upregulated under cholestatic conditions suggesting they provide a protective role aginst bile acid-mediated hepatotoxicity by alleviating increases in intracellular bile acid concentrations, which may occur as a result of impaired biliary excretion due to inhibition of BSEP<sup>3,4,5</sup>. Understanding whether a compound is able to inhibit MRP transporters may therefore provide useful additional information towards helping evaluate the risk of DILI.
- Cyprotex offer BSEP, MRP2, MRP3 and MRP4 inhibition assays which investigate inhibition of the uptake of prototypical probe substrates (taurocholic acid for BSEP and estradiol 17β-D-glucuronide for MRPs) into inside-out membrane vesicles overexpressing the human ABC-transporter of interest.

### Protocol

#### **Test System**

Sf9 insect cell-derived or mammalian (HEK293) cell-derived inside-out membrane vesicles overexpressing a single transporter (BSEP, MRP2, MRP3 or MRP4) incubated in the presence of ATP and AMP (absence of ATP).

#### Probe Substrate

[<sup>3</sup>H]-Taurocholic acid [<sup>3</sup>H]-Estradiol 17B-glucuronide

#### **Test Article Concentrations**

6 concentrations plus 0 µM (triplicate wells) (final test article concentrations dependent on customer requirements)

#### **Time Points**

Dependent on transporter

#### Analysis Method

Radiochemical detection using scintillation counting

**Data Delivery** 

IC<sub>50</sub> Written report available on request

#### Figure 1

BSEP-mediated taurocholic acid (A) and MRP-mediated estradiol  $17\beta$ -D-glucuronide (B-D) transport in the presence of a range of concentrations of inhibitor expressed as a percentage of vehicle control (mean ± standard deviation; n=3-9 wells, triplicate incubations performed on 3 separate occasions).



#### Table 1

Inhibition of human BSEP- and MRP-mediated transport of the prototypical substrates, taurocholic acid and estradiol 17ß-glucuronide, respectively.

Transporter	Substrate	Inhibitor	IC <sub>50</sub> ± Standard Deviation (µM)
BSEP	Taurocholic acid	Ketoconzole	8.78 ± 1.25
MRP2	Estradiol 17β-glucuronide	MK-571	$22.6 \pm 6.38$
MRP3	Estradiol 17β-glucuronide	Terfenadine	$33.5 \pm 6.77$
		MK-571	56.8 ± 7.23
		Fidaxomicin	1.06 ± 0.117
MRP4	Estradiol 17β-glucuronide	MK-571	$0.555 \pm 0.238$
		Indomethacin	$3.79 \pm 0.342$
		Ibuprofen	42.0 ± 23.7

The incubation conditions for each of the species have been fully characterised for the chosen substrates based on time linearity and uptake kinetics ( $V_{max}$  and  $K_m$ ).

The chosen substrate concentration is much lower than the determined  $K_m$ , and as such  $IC_{50}$  equates to  $K_i$  (assuming competitive inhibition).

#### References

- <sup>1</sup> Wang L et al., (2002) The role of bile salt export pump mutations in progressive familial intrahepatic cholestasis type II. J Clin Invest 110(7); 965-972.
- <sup>2</sup> The European Medicines Agency (EMA) Guideline on the Investigation of Drug Interactions (Adopted 2012)
- <sup>3</sup> Kenna JG *et al.*, (2018) Can bile salt export pump inhibition testing in drug discovery and development reduce liver injury risk? An International Transporter Consortium perspective. *Clin Pharmacol Ther* **104(5)**: 916-932.
- <sup>4</sup> Zamek-Gliszczynski MJ et al., (2018) Transporters in drug development: 2018 ITC recommendations for transporters of emerging clinical importance. Clin Pharmacol Ther 104(5): 890-899
  <sup>5</sup> Morgan RE et al., (2013) A multifactorial approach to hepatobiliary transporter assessment enables improved therapeutic compound development. Tox Sci 136: 216-241