Resveratrol interacts with multiple transporters in killifish, Fundulus heteroclitus, renal proximal tubules

Kai Swenson and David S. Miller Laboratory of Pharmacology and Chemistry, NIH/NIEHS, Research Triangle Park, NC 27709

Resveratrol (trans-3,5,4'-trihydroxystilbene) is a constituent of grapes, berries and peanuts with cardioprotective and anticancer properties^{1,7}. Although there is some evidence that the compound can enter cells by a mediated pathway, nothing is known about the transporters involved². To determine whether resveratrol interacts with xenobiotic transporters, we used killifish renal proximal tubules as a test system to measure its effects on the transport of three fluorescent compounds: NBD-cyclosporine A (NBD-CSA), a substrate for p-glycoprotein, fluorescein-methotrexate (FL-MTX), a substrate for multidrug resistance-associated protein isoform 2 (MRP2), fluorescein (FL), a substrate for organic anion transporter 1 and 3, (OAT1/3).

Renal proximal tubules were isolated from killifish and maintained in a teleost marine saline medium (in mM: 140 NaCl, 2.5 KCl, 1.5 CaCl₂, 1.0 MgCl₂, 20 Tris, pH 8.0). For experiments, tubules were transferred to confocal chambers containing medium with fluorescent compound without (control) or with 1-50 µM resveratrol. After 60 min, the steady state distribution (epithelial cells and tubular lumen) of the fluorescent compound was measured using confocal microscopy and quantitative image analysis as described previously³.

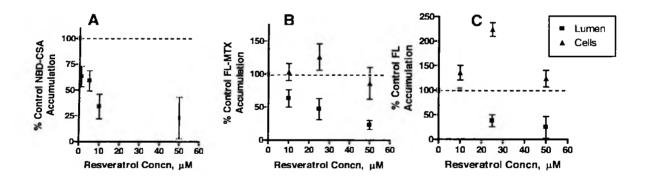


Figure 1. Effects of resveratrol on transport of fluorescent xenobiotics in killifish renal proximal tubules. Each point represents the mean value for data from 12-35 tubules from 2-6 fish; variability is shown as SE bars. The broken lines indicate the control levels.

Initial experiments indicated that resveratrol concentrations as high as 50 μ M caused no obvious changes in tubular morphology. In spite of this, resveratrol did reduce the transporthelial transport of all three fluorescent compounds (Fig. 1), indicating interactions with all of the transporters involved. Resveratrol was a potent inhibitor of luminal NBD-CSA accumulation, with an IC₅₀ value (concentration causing 50% inhibition) of about 5 μ M (Fig. 1A). In previous experiments carried out under similar conditions, potent and specific p-glycoprotein inhibitors, e.g., PSC833, exhibit submicromolar IC₅₀ values⁴. In this assay, the effectiveness of resveratrol appeared to be comparable to some of the Ca-channel blockers, which exhibit IC₅₀ values in the 5-10 μ M range⁴. Resveratrol was

clearly less effective as an inhibitor of organic anion (FL-MTX and FL) transport. With FL-MTX, resveratrol did not alter cellular accumulation, but significantly reduced luminal accumulation at all three concentrations tested (P<0.01; t-test: Fig. 1B). The IC₅₀ was about 25 μ M. This is substantially higher than that found for leukotriene C₄ and MK571, potent inhibitors of MRP-mediated transport⁴.

The pattern of effects for FL transport was more complex (Fig. 1C). FL transport across the tubular epithelium involves two concentrative steps⁶. The first step is mediated by an OAT and the second step by an as yet unidentified transporter. Cellular accumulation of FL was slightly stimulated by 10 μM resveratrol and more than doubled by 25 μM resveratrol; cellular accumulation returned to control levels with 50 μM resveratrol. Luminal accumulation was not reduced at 10 μM resveratrol, but was significantly reduced (P<0.01; t-test) at 25 and 50 μM. For luminal FL accumulation the IC₅₀ was about 25 μM. Since no decrease in cellular accumulation of FL was observed it is unlikely that resveratrol interacts with the basolateral OAT present in these tubules. This transporter mediates Nadependent, organic anion uptake and its ability to function is dependent on cellular metabolism⁶. Thus, the lack of reduction in cellular FL accumulation suggest that resveratrol did not reduce NBD-CSA and FL-MTX transport by inhibiting metabolism. The observed increase in cellular FL accumulation may be secondary to blocked luminal efflux, a phenomenon seen previously⁵.

The present results for a comparative model system indicate that resveratrol interacts with high potency with p-glycoprotein and with moderate potency with MRP2. It does not appear to interact with the basolateral OAT present in the tubules, but is a moderate inhibitor of cell to lumen organic anion transport. Obviously, inhibition of transport does not necessarily mean that the inhibitor is also transported. Thus, additional studies will be needed to determine which transporters influence the cellular accumulation of resveratrol and its distribution within the body. Supported in part by the Maren Foundation and the MDIBL Center for Membrane Toxicity Studies.

- 1. Aggarwal BB, Bhardwaj A, Aggarwal RS, Seeram NP, Shishodia S, and Takada Y. Role of resveratrol in prevention and therapy of cancer: preclinical and clinical studies. *Anticancer Res* 24: 2783-2840, 2004.
- Jannin B, Menzel M, Berlot JP, Delmas D, Lancon A, and Latruffe N. Transport of resveratrol, a cancer chemopreventive agent, to cellular targets: plasmatic protein binding and cell uptake. *Biochem Pharmacol* 68: 1113-1118, 2004.
- 3. Masereeuw R, Russel FG, and Miller DS. Multiple pathways of organic anion secretion in renal proximal tubule revealed by confocal microscopy. *Am J Physiol* 271: F1173-1182, 1996.
- 4. Miller DS. Nucleoside phosphonate interactions with multiple organic anion transporters in renal proximal tubule. J Pharmacol Exp Ther 299: 567-574, 2001.
- 5. Miller DS, Letcher S, and Barnes DM. Fluorescence imaging study of organic anion transport from renal proximal tubule cell to lumen. Am J Physiol 271: F508-520, 1996.
- 6. Pritchard JB and Miller DS. Mechanisms mediating renal secretion of organic anions and cations. *Physiol Rev* 73: 765-796, 1993.
- 7. Shih A, Zhang S, Cao HJ, Boswell S, Wu YH, Tang HY, Lennartz MR, Davis FB, Davis PJ, and Lin HY. Inhibitory effect of epidermal growth factor on resveratrol-induced apoptosis in prostate cancer cells is mediated by protein kinase C-alpha. *Mol Cancer Ther* 3: 1355-1364, 2004.