

A CTG Polymorphism in the CNDP1 Gene Determines the Secretion of Serum Carnosinase in Cos-7–Transfected Cells

Eva Riedl,¹ Hannes Koeppel,¹ Paul Brinkkoetter,¹ Paula Sternik,¹ Herbert Steinbeisser,² Sibylle Sauerhoefer,¹ Bart Janssen,² Fokko J. van der Woude,^{1†} and Benito A. Yard¹

Recently, we demonstrated that a polymorphism in exon 2 of the serum carnosinase (CNDP1) gene is associated with susceptibility to developing diabetic nephropathy. Based on the number of CTG repeats in the signal peptide, five different alleles coding for 4, 5, 6, 7, or 8 leucines (4L–8L) are known. Diabetic patients without nephropathy are homozygous for the 5L allele more frequently than those with nephropathy. Since serum carnosinase activity correlates with CNDP1 genotype, we hypothesized in the present study that secretion of serum carnosinase is determined by the CNDP1 genotype. To test this hypothesis, we transfected Cos-7 cells with different CNDP1 constructs varying in CTG repeats and assessed the expression of CNDP1 protein in cell extracts and supernatants. Our results demonstrate that CNDP1 secretion is significantly higher in cells expressing variants with more than five leucines in the signal peptide. Hence, our data might explain why individuals homozygous for the 5L allele have low serum carnosinase activity. Because carnosine, the natural substrate for carnosinase, exerts antioxidative effects and inhibits ACE activity and advanced glycation end product formation, our results support the finding that diabetic patients homozygous for CNDP1 5L are protected against diabetic nephropathy. *Diabetes* 56:2410–2413, 2007

Diabetic nephropathy is the most frequent cause for end-stage renal disease in the Western world (1). The incidence of diabetic nephropathy is ~40% in type 1 and type 2 diabetic patients (2). Although major risk factors for development and progression of diabetic nephropathy (e.g., poor glycaemic control and hypertension) have been identified, diabetic nephropathy can still develop in diabetic patients with well-controlled blood glucose concentrations (3). Also, in hypertensive diabetic patients, the speed of renal

function deterioration can be reduced by appropriate treatment, but treatment as such does not eliminate the susceptibility to develop diabetic nephropathy (4).

A number of epidemiologic studies have suggested that susceptibility to developing diabetic nephropathy is genetically determined (5,6). In a linkage analysis performed on 18 Turkish families with type 2 diabetes and nephropathy, we have previously identified a susceptibility locus for diabetic nephropathy on chromosome 18q22.3–q23. Association between diabetic nephropathy and this locus was subsequently confirmed in Pima Indians (7) and African Americans (8). Recently, we have narrowed down this locus and found that susceptibility to develop diabetic nephropathy was related to the presence of a polymorphism in a single gene, the CNDP1 gene (9), encoding the serum carnosinase protein.

Serum carnosinase, a dipeptidase belonging to the M20 metalloprotease family, is the rate-limiting enzyme for the hydrolysis of carnosine into β -alanine and histidine. Carnosine is an antioxidant (10), inhibits nonenzymatic glycosylation (11), prevents high glucose-induced extracellular matrix accumulation (9), and prevents cross-linking of proteins caused by reactive aldehydes (11). In light of these biochemical properties, it becomes clear that carnosine might be a modulator of hyperglycemia-induced damage. Moreover, since carnosine is also a natural ACE inhibitor (12) and since pharmacologic inhibition of the renin-angiotensin system is known to decline progression of diabetic nephropathy (13,14), carnosine can be considered a protective factor for diabetic nephropathy. It must be stressed, however, that the findings related to carnosine as an ACE inhibitor must be interpreted with some precaution, as the concentration of carnosine to inhibit ACE is ~5.26 mmol/l and thus not in a physiological range (12). Furthermore, although serum carnosine concentrations rapidly increase after ingestion of meat, serum carnosin concentrations are in general very low and decrease after meat ingestion within 5 h to almost undetectable levels (15).

Similar to all secreted proteins, CNDP1 is synthesized as a precursor containing an NH₂-terminal signal peptide sequence. This enables the nascent protein to be targeted to the endoplasmic reticulum. In general, signal peptides contain a hydrophobic stretch flanked by polar NH₂- and COOH-terminal domains (16). The hydrophobic domain is of utmost importance for the function of the signal peptide (17), i.e., for targeting the protein into the secretory pathway. There is a (CTG)_n polymorphism (D18S880) located within the signal peptide of the human serum

From the ¹Department of Nephrology, Endocrinology, and Rheumatology, Fifth Medical Clinic, Mannheim, Germany; and the ²Institute of Human Genetics Heidelberg, Heidelberg, Germany.

Address correspondence and reprint requests to Hannes Koeppel, V. Med. Klinik, Universitätsklinikum Mannheim, Theodor-Kutzer-Ufer 1-3, D-68167 Mannheim, Germany. E-mail: hannes.koeppel@med5.ma.uni-heidelberg.de.

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†Deceased.

E.R. and H.K. contributed equally to this work.

PNGase, peptide N-glycosidase; SNP, single nucleotide polymorphism.

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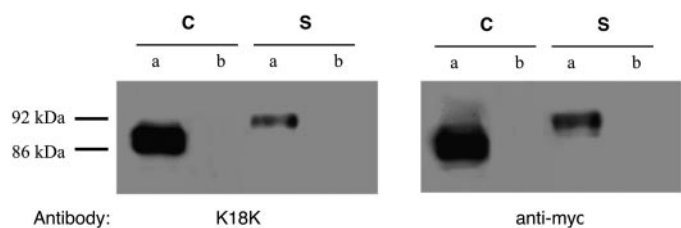


FIG. 1. Western blot analysis of cell protein (C) and supernatant (S) of Cos-7 cells, transfected either with 6L (a) or empty vector (b). Immunostaining with anti-CNDP1 antibody (K18K) and anti-myc antibody is shown. Immunostaining with anti-CNDP1 of R&D showed similar results (blot not shown).

supernatant and cell extracts, a single band of ~86 kDa was found (Fig. 2), suggesting differences in *N*-glycosylation between both samples.

The percentage of carnosinase secreted in the supernatants of all transfectants was assessed by densitometry (Fig. 3A). In Cos-7 cells expressing CNDP1 containing a 4L or 5L stretch, more carnosinase was found in the cell extracts than in the corresponding supernatants ($\leq 5L$ vs. $\geq 6L$, $P < 0.0001$). In contrast, Cos-7 cells expressing gene variants of CNDP1 with more CTG repeats clearly secreted carnosinase much better. With increasing length of the CTG repeat, the percentage of secreted carnosinase increased (Fig. 3B). In cells transfected with a CNDP1 construct lacking the complete signal peptide, no carnosinase could be detected in supernatants (Fig. 3A).

To test if the A to G polymorphism at position +16 (R6G) was also relevant for carnosine secretion, CNDP1 6L constructs were generated with either adenine or guanine at position +16. No difference in secretion efficiency of carnosinase was found for these variants ($6A = 47.4 \pm 6.0$ and $6G = 46.1 \pm 5.2\%$, $P = 0.2707$; data not shown).

DISCUSSION

Recently, we have demonstrated that a polymorphism situated in the signal peptide of CNDP1 is associated with susceptibility to developing diabetic nephropathy (9). Association of this polymorphism with diabetic nephropathy has recently been confirmed in European Americans (18). Five different variants of the signal peptide, which all differ in the length of the hydrophobic leucine stretch, were

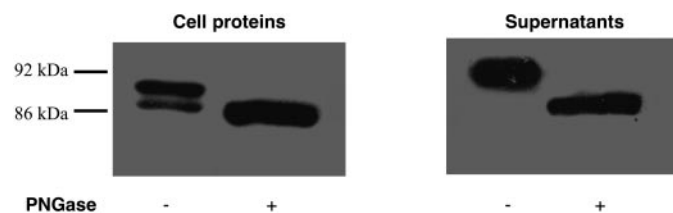


FIG. 2. Analysis of *N*-glycosylation of carnosinase expressed in cell extracts and supernatants. Aliquots of cell extract and supernatant of transfected cells (6L) either were (+) or were not (-) treated with PNGase to remove *N*-glycosyl residues. Note that after PNGase treatment, the molecular weights of carnosinase in supernatants and cell extracts were equal, whereas this was not found in untreated samples.

identified in population screenings. A null allele with an insertion of five nucleotides within the leucine repeat was also detected, but because of a frame shift this allele does not code for a proper carnosinase protein (19).

The importance of the $(CTG)_n$ repeat located in the hydrophobic core of the signal peptide is that it influences the efficiency of carnosinase secretion, as demonstrated in the present study. While carnosinase encoded by CNDP1 containing the $(CTG)_4$ and $(CTG)_5$ repeat is poorly secreted, a more efficient secretion occurs when the CNDP1 variants contain more than six CTG repeats. Our results are in line with theoretical calculations based on the G. von Heijne scores. Moreover, our data provide experimental evidence explaining the association of the CNDP1 genotype and serum carnosinase activity (9).

In the signal peptide of CNDP1, there is an additional single nucleotide polymorphism (SNP) present, resulting in either adenine or guanine at position +16 (R6G). Because the A/G SNP and $(CTG)_n$ repeat are not in disequilibrium, all possible allelic combinations of A/G and $(CTG)_n$ do occur. We now also show that the A/G SNP does not influence carnosinase secretion efficiency.

Posttranslational modification of serum carnosinase has previously been demonstrated and includes both *N*- and *O*-glycosylation (20). Three putative *N*-glycosylation sites are found in the carnosinase sequence. Secreted and nonsecreted carnosinase differ in the extent of *N*-glycosylation, as could be demonstrated by PNGase treatment. This therefore explains the difference in apparent molecular weight between both. We are aware that *N*-glycosylation can influence protein secretion (21). However,

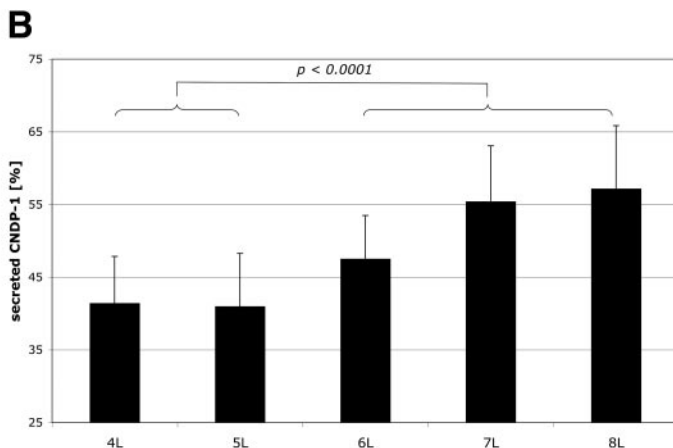
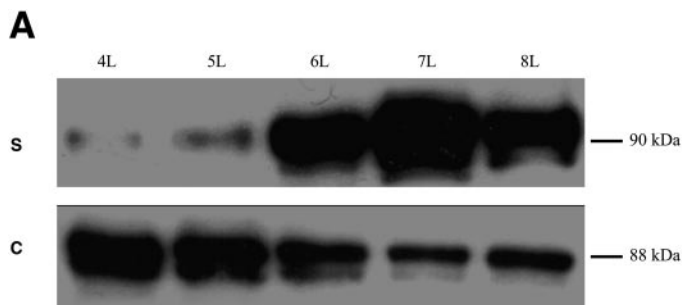


FIG. 3. A: Representative Western blot analysis of supernatant (S) and cell protein (C) obtained from Cos-7 cells transfected with CNDP1 variants containing 4L–8L repeats. B: Analysis of secretion efficiency. The expression of carnosinase in supernatant and cell extracts was measured by densitometry. The results are expressed as mean percentage secretion \pm SD. The numbers of transfections used in this analysis for each of the CNDP1 variants were $n = 7, 8, 8, 7,$ and 3 for 4L, 5L, 6L, 7L, and 8L, respectively.

secreted carnosinase from all different CNDP1 variants was to a similar extent *N*-glycosylated, as no difference in molecular weight was detected between the variants. The importance of *N*-glycosylation for secretion efficiency of carnosinase per se was not tested in this study because genetic evidence for the association of serum carnosinase activity and *N*-glycosylation of carnosinase is lacking.

Serum carnosinase deficiency is associated with mental retardation and sensory peripheral neuropathy (22,23). Also, alcoholics with abnormal muscle biopsy findings have low serum carnosinase activity (24); however, it is unclear whether the (CTG)_n polymorphism also plays a role in serum carnosinase activity in this group of individuals.

In conclusion, we show that the (CTG)_n polymorphism in the signal peptide of the CNDP1 gene is functional, determining secretion efficiency of serum carnosinase. Our data also explain why serum carnosinase activity in individuals homozygous for CNDP1 5L is low, resulting in relatively high levels of the renoprotective dipeptide carnosine.

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REFERENCES

- Ritz E, Rychlik I, Locatelli F, Halimi S: End-stage renal failure in type 2 diabetes: a medical catastrophe of worldwide dimensions. *Am J Kidney Dis* 34:795–808, 1999
- Hasslacher C, Ritz E, Wahl P, Michael C: Similar risks of nephropathy in patients with type I or type II diabetes mellitus. *Nephrol Dial Transplant* 4:859–863, 1989
- UK Prospective Diabetes Study (UKPDS) Group: Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet* 352:837–853, 1998
- Parving HH, Andersen AR, Smidt UM, Svendsen PA: Early aggressive antihypertensive treatment reduces rate of decline in kidney function in diabetic nephropathy. *Lancet* 1:1175–1179, 1983
- Sequist ER, Goetz FC, Rich S, Barbosa J: Familial clustering of diabetic kidney disease: evidence for genetic susceptibility to diabetic nephropathy. *N Engl J Med* 320:1161–1165, 1989
- Freedman BI, Bowden DW, Sale MM, Langefeld CD, Rich SS: Genetic susceptibility contributes to renal and cardiovascular complications of type 2 diabetes mellitus. *Hypertension* 48:8–13, 2006
- Vardarli I, Baier LJ, Hanson RL, Akkoyun I, Fischer C, Rohmeiss P, Basci A, Bartram CR, Van Der Woude FJ, Janssen B: Gene for susceptibility to diabetic nephropathy in type 2 diabetes maps to 18q22.3–23. *Kidney Int* 62:2176–2183, 2002
- Bowden DW, Colicigno CJ, Langefeld CD, Sale MM, Williams A, Anderson PJ, Rich SS, Freedman BI: A genome scan for diabetic nephropathy in African Americans. *Kidney Int* 66:1517–1526, 2004
- Janssen B, Hohenadel D, Brinkkoetter P, Peters V, Rind N, Fischer C, Rychlik I, Cerna M, Romzova M, de Heer E, Baelde H, Bakker SJ, Zirie M, Rondeau E, Mathieson P, Saleem MA, Meyer J, Koppel H, Sauerhoefer S, Bartram CR, Nawroth P, Hammes HP, Yard BA, Zschocke J, van der Woude FJ: Carnosine as a protective factor in diabetic nephropathy: association with a leucine repeat of the carnosinase gene CNDP1. *Diabetes* 54:2320–2327, 2005
- Boldyrev A, Bulygina E, Leinsoo T, Petrushanko I, Tsubone S, Abe H: Protection of neuronal cells against reactive oxygen species by carnosine and related compounds. *Comp Biochem Physiol B Biochem Mol Biol* 137:81–88, 2004
- Hipkiss AR, Preston JE, Himsworth DT, Worthington VC, Keown M, Michaelis J, Lawrence J, Mateen A, Allende L, Eagles PA, Abbott NJ: Pluripotent protective effects of carnosine, a naturally occurring dipeptide. *Ann N Y Acad Sci* 854:37–53, 1998
- Hou WC, Chen HJ, Lin YH: Antioxidant peptides with angiotensin converting enzyme inhibitory activities and applications for angiotensin converting enzyme purification. *J Agric Food Chem* 51:1706–1709, 2003
- Parving HH, Lehnert H, Brochner-Mortensen J, Gomis R, Andersen S, Arner P: [Effect of irbesartan on the development of diabetic nephropathy in patients with type 2 diabetes]. *Ugeskr Laeger* 163:5519–5524, 2001 [in Danish]
- Brenner BM, Cooper ME, de Zeeuw D, Keane WF, Mitch WE, Parving HH, Remuzzi G, Snapinn SM, Zhang Z, Shahinfar S: Effects of losartan on renal and cardiovascular outcomes in patients with type 2 diabetes and nephropathy. *N Engl J Med* 345:861–869, 2001
- Park YJ, Volpe SL, Decker EA: Quantitation of carnosine in humans plasma after dietary consumption of beef. *J Agric Food Chem* 53:4736–4739, 2005
- Martoglio B, Dobberstein B: Signal sequences: more than just greasy peptides. *Trends Cell Biol* 8:410–415, 1998
- von Heijne G: Signal sequences: the limits of variation. *J Mol Biol* 184:99–105, 1985
- Freedman BI, Hicks PJ, Sale MM, Pierson ED, Langefeld CD, Rich SS, Janssen B, Yard BA, Van der Woude FJ, Bowden DW: A leucine repeat in the carnosinase gene CNDP1 is associated with diabetic nephropathy in European Americans. *Nephrol Dial Transplant* 22:1131–1135, 2007
- Zschocke J, Nebel A, Wicks K, Peters V, El Mokhtari NE, Krawczak M, van der Woude F, Janssen B, Schreiber S: Allelic variation in the CNDP1 gene and its lack of association with longevity and coronary heart disease. *Mech Ageing Dev* 127:817–820, 2006
- Teufel M, Saudek V, Ledig JP, Bernhardt A, Boularand S, Carreau A, Cairns NJ, Carter C, Cowley DJ, Duverger D, Ganzhorn AJ, Guenet C, Heintzelmann B, Laucher V, Sauvage C, Smirnova T: Sequence identification and characterization of human carnosinase and a closely related non-specific dipeptidase. *J Biol Chem* 278:6521–6531, 2003
- Hebert DM, Garmann SC, Molinari M: The glycan code of the endoplasmic reticulum: asparagine-linked carbohydrates as protein maturation and quality-control tags. *Trends Cell Biol* 15:364–370, 2005
- Fleisher LD, Rassin DK, Wisniewski K, Salwen HR: Carnosinase deficiency: a new variant with high residual activity. *Pediatr Res* 14:269–271, 1980
- Gjessing LR, Lunde HA, Morkrid L, Lenney JF, Sjaastad O: Inborn errors of carnosine and homocarnosine metabolism. *J Neural Transm Suppl* 29:91–106, 1990
- Duane P, Peters TJ: Serum carnosinase activities in patients with alcoholic chronic skeletal muscle myopathy. *Clin Sci (Lond)* 75:185–190, 1988