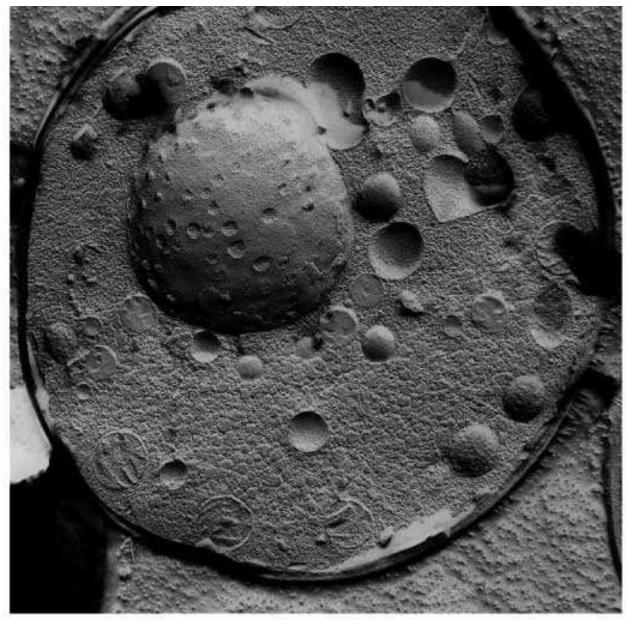
# **Organelles and Protein Sorting**



# Protein Targeting

The cell cytoplasm contains many different specialized compartments

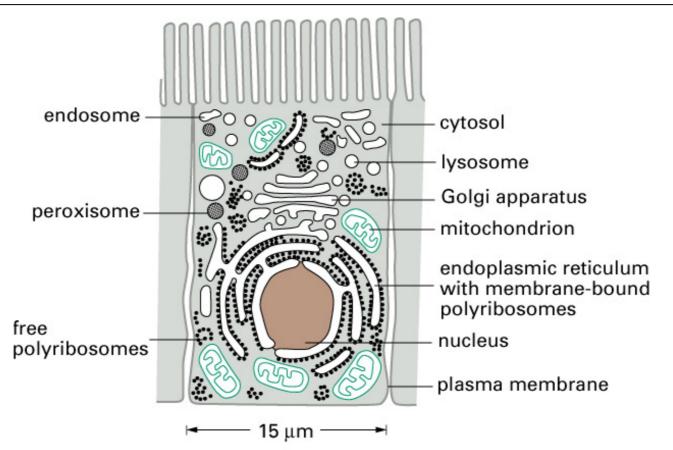
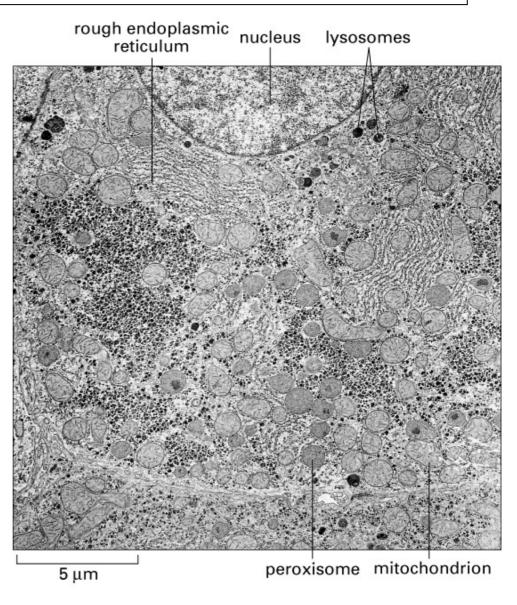


Figure 12–1. Molecular Biology of the Cell, 4th Edition.

#### The cell cytoplasm contains many different specialized compartments

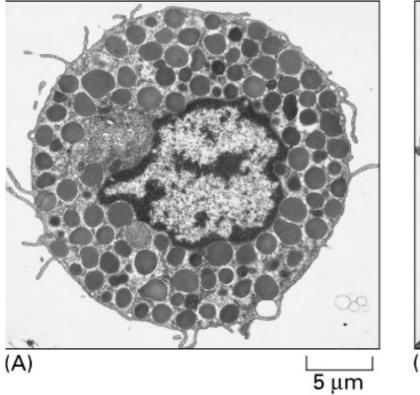


Electron micrograph of the cytoplasm of a liver cell

Figure 12–2. Molecular Biology of the Cell, 4th Edition.

# Intracellular transport is often critical for the function of the differentiated cell

#### A Mast cell before (A) and after (B) histamine release



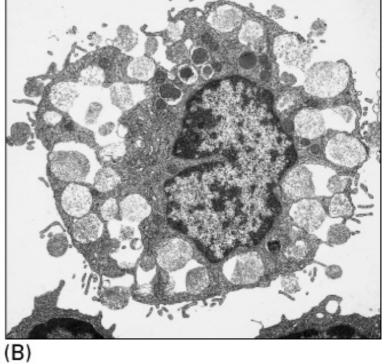
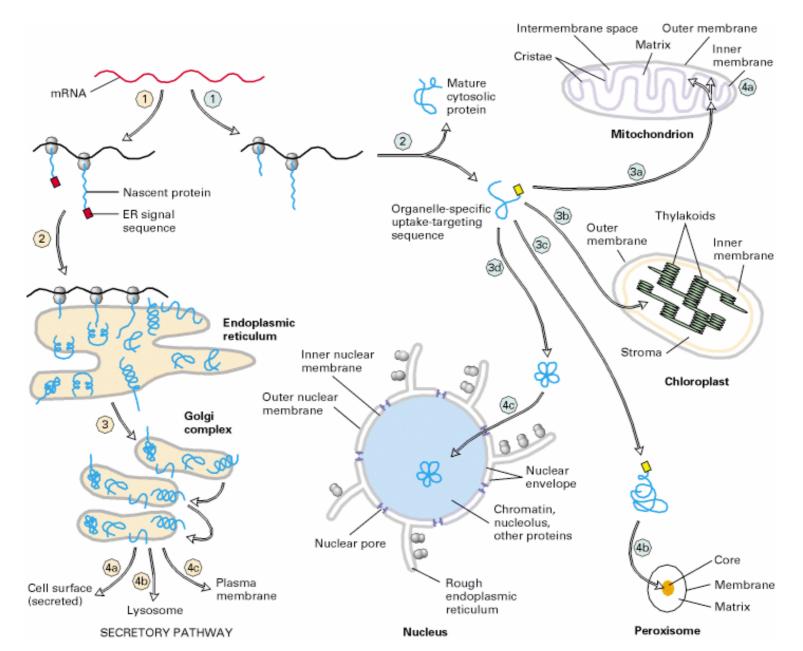


Figure 13–59. Molecular Biology of the Cell, 4th Edition.

#### Protein sorting in the cytosol establishes organelle identity



# A protein's fate in the cytosol

- 1. General requirements for protein sorting: the signal hypothesis
- 2. Protein import into the nucleus, mitochondria and peroxisomes
- 3. Protein import into the ER

## What determines the identity of an organelle?

-Maintenance of specialized cellular architecture and function requires that cellular proteins be arranged properly within the cell

-Regulation of where a given protein functions within a cell can be as important as the function of the protein itself.

Transport pathways control the movement of proteins into and out of particular intracellular compartments

# What is required for protein sorting?

a signal (address), intrinsic to the protein

a receptor that recognizes the signal and which directs it to the correct membrane

a translocation machinery

energy transfer the protein to its new place

# Organelle sorting signals

| <b>Nucleus</b><br>Internal | <i>import:</i> One cluster of 5 basic amino acids,<br>or two smaller clusters of basic residues separated by ≈10 amino acids<br><i>export:</i> Leucine rich: eg LQLPPLERLTL (rev protein of HIV-1) |  |  |  |  |
|----------------------------|--|--|--|--|--|
| Mitochondrion              |  |  |  |  |  |
| N-terminal                 | 3 – 5 nonconsecutive Arg or Lys residues (> amphiphatic helix)<br>often with Ser and Thr; no Glu or Asp residues   |  |  |  |  |
| Chloroplast                |  |  |  |  |  |
| N-terminal                 | No common sequence motifs; generally rich in Ser, and Thr and small hydrophobic amino acids, poor in Glu and Asp residues  |  |  |  |  |
| Peroxisome                 |  |  |  |  |  |
| C-terminal                 | Jsually Ser-Lys-Leu at extreme C-terminus  |  |  |  |  |
| ER                         |  |  |  |  |  |
| N-terminus<br>Internal     | hydrophilic domain (often basic) followed by 6 to 12 hydrophobic residues 16 to 30 hydrophobic residues  |  |  |  |  |

#### Examples of different types of signal sequence

#### TABLE 12-3 Some Typical Signal Sequences

| FUNCTION OF SIGNAL SEQUENCE  | EXAMPLE OF SIGNAL SEQUENCE   |  |  |  |  |
|--|--|--|--|--|--|
| Import into nucleus  | -Pro-Pro-Lys-Lys-Arg-Lys-Val-  |  |  |  |  |
| Export from nucleus  | - <mark>Leu</mark> -Ala- <mark>Leu</mark> -Lys- <mark>Leu</mark> -Ala-Gly- <mark>Leu</mark> -Asp- <mark>Ile-</mark>  |  |  |  |  |
| Import into mitochondria   | <sup>+</sup> H <sub>3</sub> N-Met-Leu-Ser-Leu-Arg-Gln-Ser-Ile-Arg-Phe-Phe-Lys-Pro-Ala-Thr-Arg-Thr-<br>Leu-Cys-Ser-Ser-Arg-Tyr-Leu-Leu-   |  |  |  |  |
| Import into plastid  | <sup>+</sup> H <sub>3</sub> N-Met-Val-Ala-Met-Ala-Met-Ala-Ser-Leu-Gln-Ser-Ser-Met-Ser-Ser-Leu-Ser-<br>Leu-Ser-Ser-Asn-Ser-Phe-Leu-Gly-Gln-Pro-Leu-Ser-Pro-Ile-Thr-Leu-Ser-Pro-<br>Phe-Leu-Gln-Gly- |  |  |  |  |
| Import into peroxisomes  | -Ser-Lys-Leu-COO <sup>+</sup>  |  |  |  |  |
| Import into ER   | <sup>+</sup> H <sub>3</sub> N-Met-Met-Ser-Phe-Val-Ser-Leu-Leu-Leu-Val-Gly-Ile-Leu-Phe-Trp-Ala-Thr-<br>Glu-Ala-Glu-Gln-Leu-Thr-Lys-Cys-Glu-Val-Phe-Gln-   |  |  |  |  |
| Return to ER   | -Lys-Asp-Glu- <mark>Leu-</mark> COO <sup>+-</sup>  |  |  |  |  |
| Some characteristic features of the different classes of signal sequences are highlighted in color. Where they are known to be important |  |  |  |  |  |

Some characteristic features of the different classes of signal sequences are highlighted in color. Where they are known to be important for the function of the signal sequence, positively charged amino acids are shown in *red* and negatively charged amino acids are shown in green. Similarly, important hydrophobic amino acids are shown in *yellow* and hydroxylated amino acids are shown in *blue*. <sup>+</sup>H<sub>3</sub>N indicates the N-terminus of a protein; COO<sup>-</sup> indicates the C-terminus.

#### **Common Features of Transport Mechanisms**

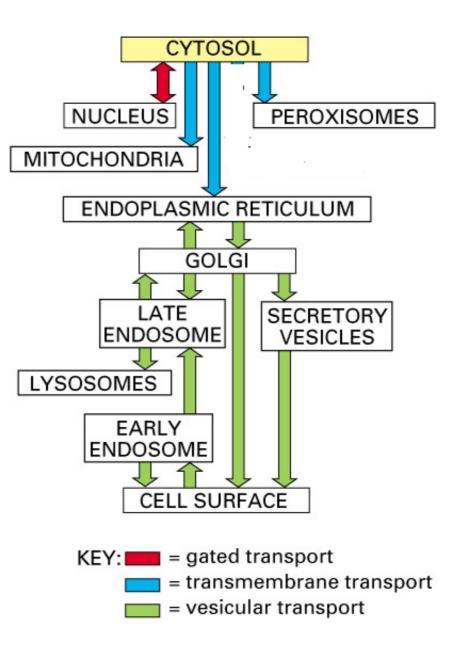
Signal sequences --

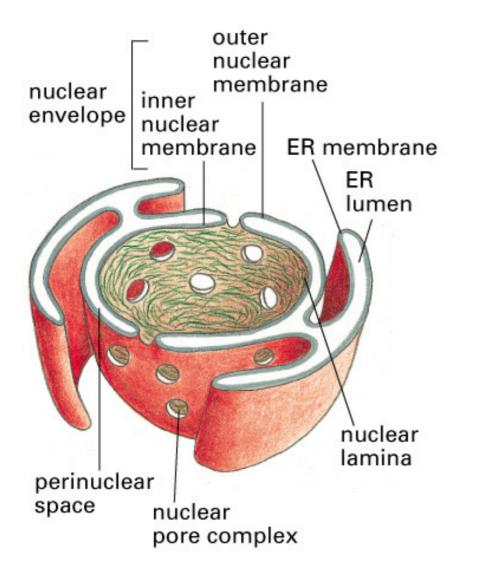
Short regions of a protein that act as targeting signals to direct the protein to specific subcellular localization

Receptors that recognize particular signal sequences

Require energy (ATP or GTP)

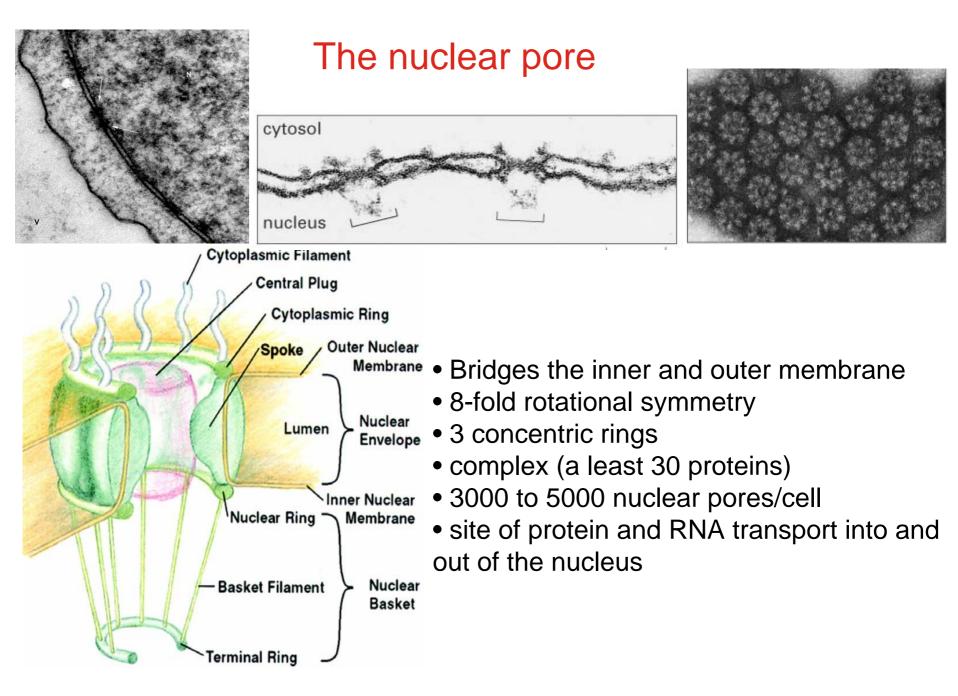
Road Map of Transport Routes in the Cell



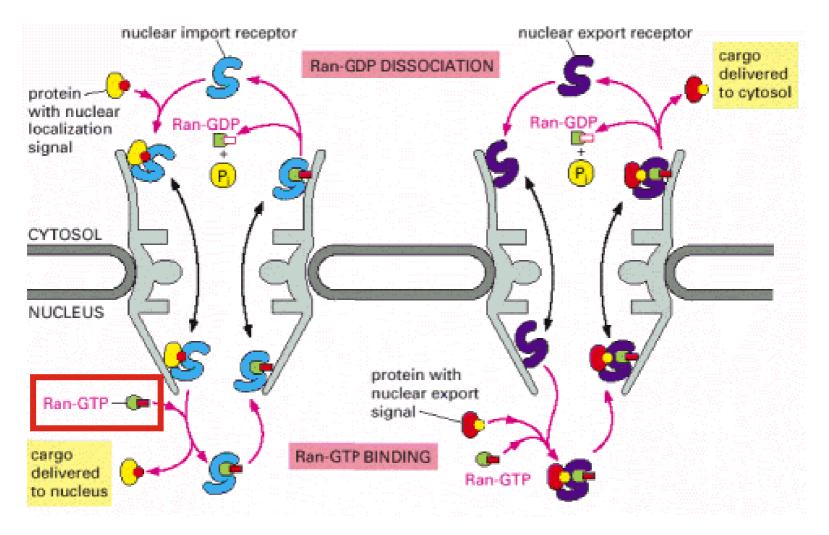


The nucleus is bounded by double membrane, the Nuclear Envelope, that is continuous with the ER.

Figure 12–9. Molecular Biology of the Cell, 4th Edition.



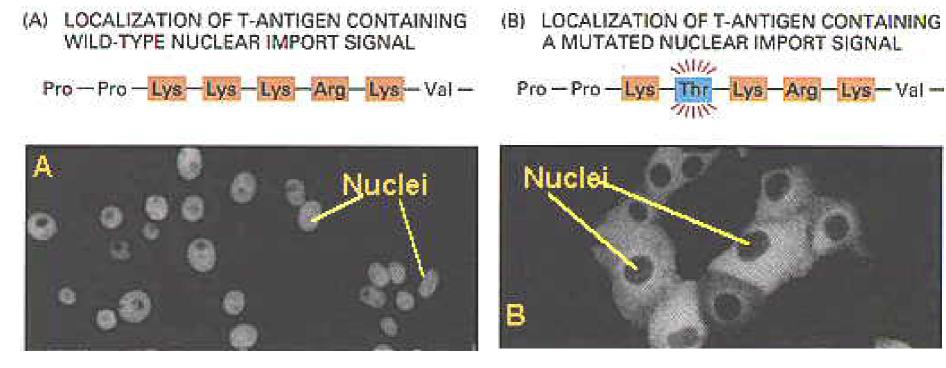
# How is nuclear transport regulated?



Asymmetric import/export cycles,

Cargo-receptor interaction depend on their environment

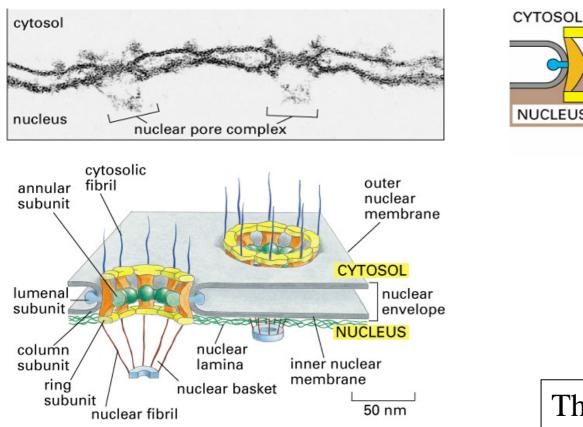
### What happens if the nuclear localization signal is mutated?

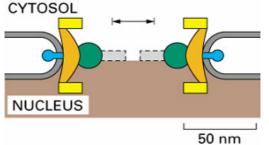


The protein T-antigen with a wild-type NLS localizes to the nucleus

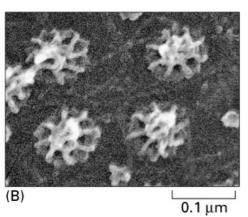
A mutation in the NLS of T-antigen leads to cytosolic localization of the protein (shown as clearly absent from the nucleus)

A mutation in the nuclear localization signal leads to *cytosolic* localization of the protein.



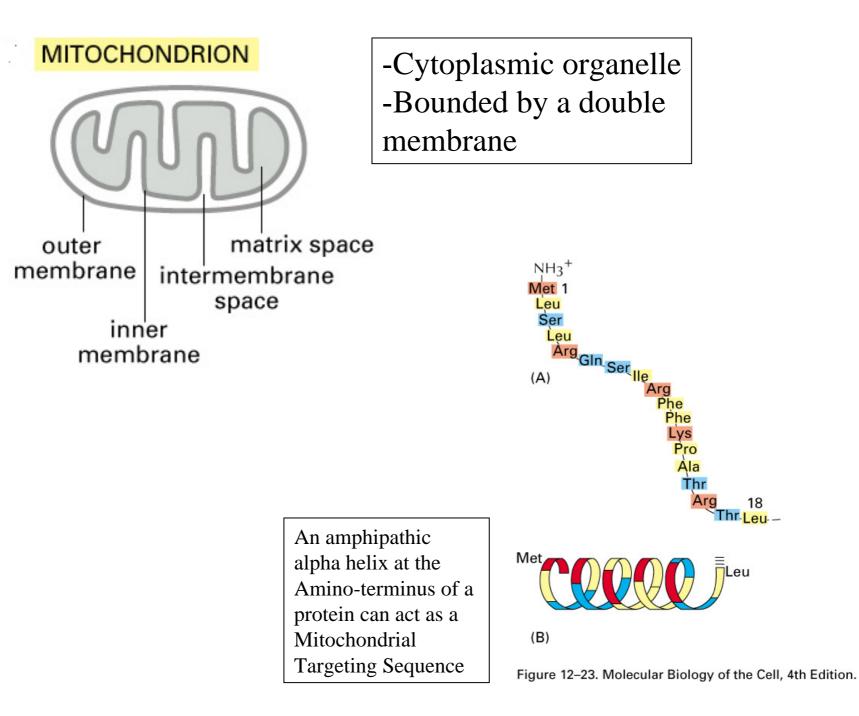






The openings in the Nuclear Envelope that allow the passage of material in and out of the nucleus are called Nuclear Pores

Figure 12–10 part 1 of 2. Molecular Biology of the Cell, 4th Edition.



Transport from the Cytoplasm to the Mitochondrial Matrix requires two distinct translocation complexes Tom & Tim.

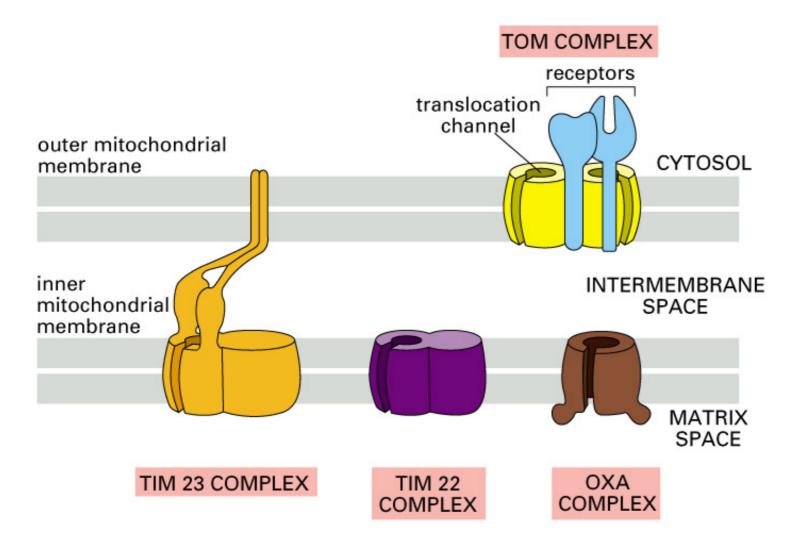
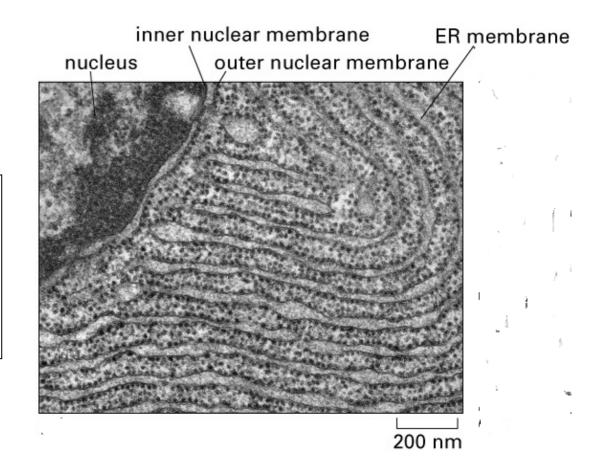


Figure 12–24. Molecular Biology of the Cell, 4th Edition.

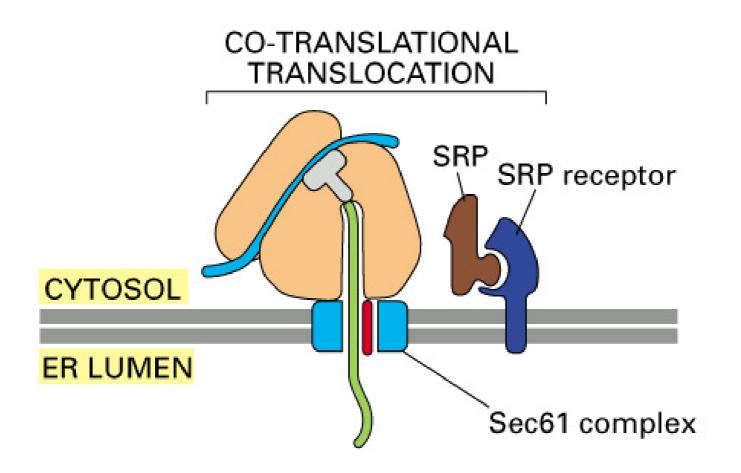
## Post-translational translocation

### Transmembrane transport into the Endoplasmic Reticulum (Gateway to the Secretory Pathway)

The "Rough ER" - Endoplasmic Reticulum with ribosomes attached is the site of co-translational translocation of proteins into the ER



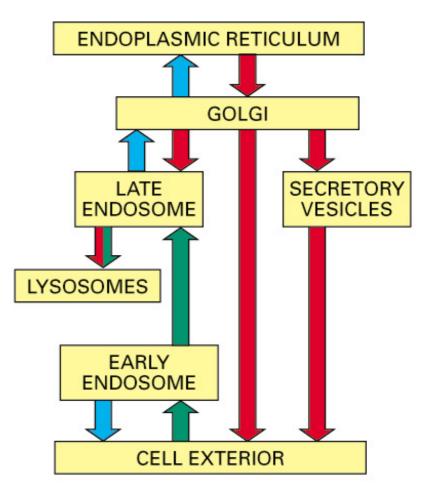
In co-translational translocation, the nascent protein crosses the ER membrane as it leaves the ribosome



One we've seen before -- Tay-Sachs

the mutations in the hexosaminidase gene that lead to Tay Sachs disease cause changes in the protein that result in its retention and degradation in the ER. Thus, the hexosaminidase protein never reaches the lysosome, leading to the accumulation of gangliosides and disease. The Endoplasmic Reticulum is the gateway for protein transport into all the other membrane -bound organelles of the secretory pathway.

Proteins and lipids are trafficked through the secretory pathway in small carriers called vesicles.



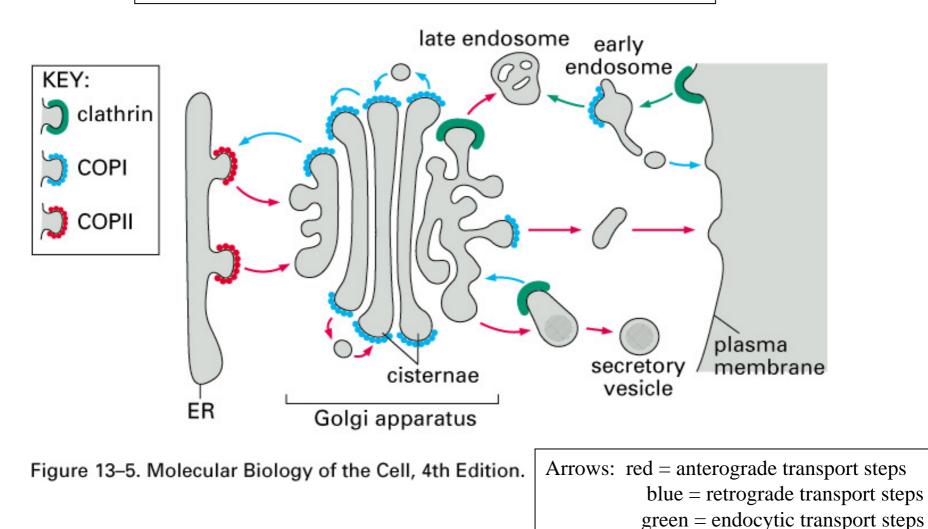


Every Vesicle Transport step requires:

- 1) Coat proteins to generate the vesicle on the 1st compartment
- 2) Fusion proteins to allow the vesicle to fuse with the acceptor compartment

#### Formation of a transport vesicle requires coat proteins

Different coat complexes function at different points in the secretory pathway



#### Vesicle formation and budding is driven by coat formation

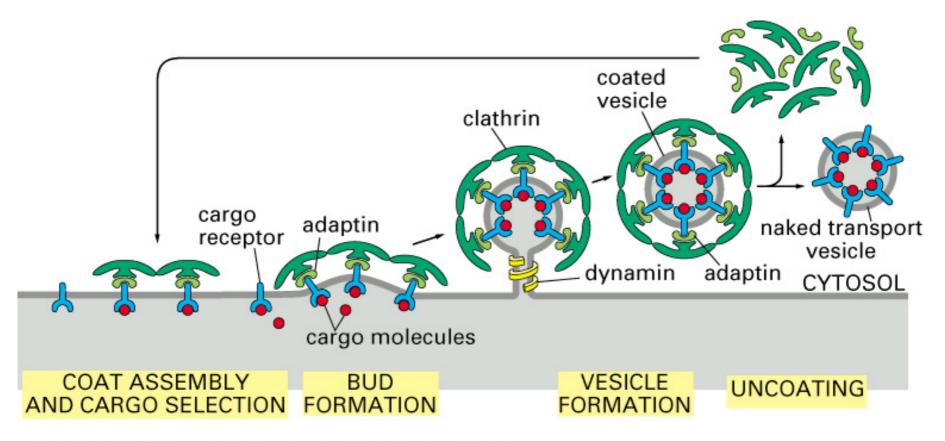


Figure 13-8. Molecular Biology of the Cell, 4th Edition.

Lysosomes are a specialized compartment of the secretory pathway that acts as a degradative organelle

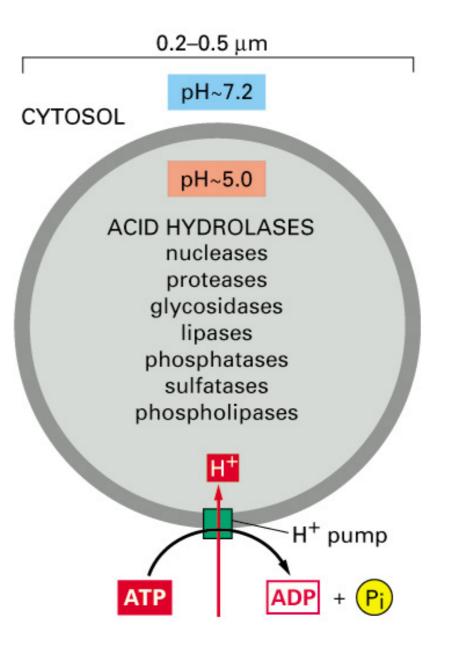


Figure 13–31. Molecular Biology of the Cell, 4th Edition.

A specific sugar acts as a sorting signal to target proteins to the lysosome

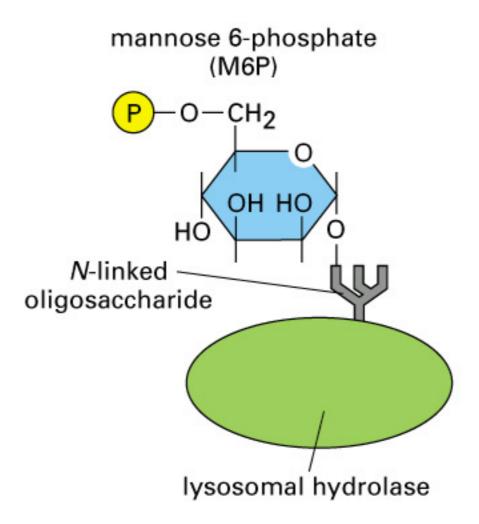


Figure 13–36. Molecular Biology of the Cell, 4th Edition.

A M6P receptor in the trans-Golgi sorts lysosomal hydrolyases into the proper vesicles for delivery to the lysosome

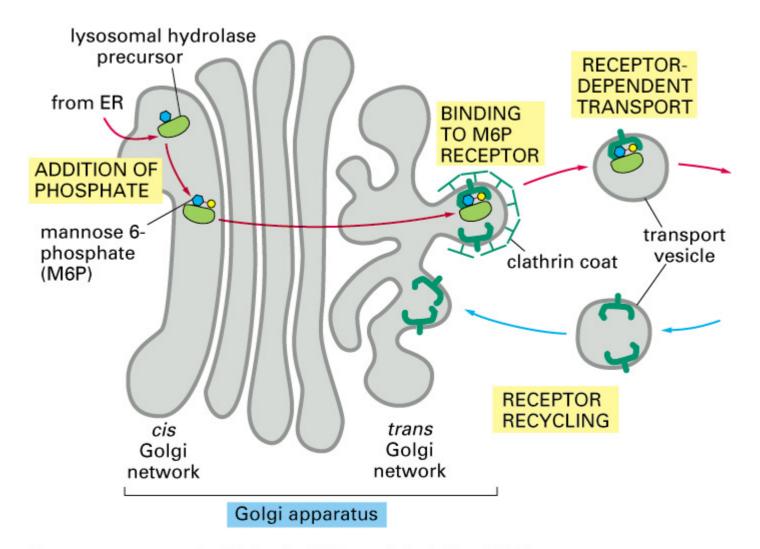


Figure 13–37 part 1 of 2. Molecular Biology of the Cell, 4th Edition.

A M6P receptor in the trans-Golgi sorts lysosomal hydrolyases into the proper vesicles for delivery to the lysosome

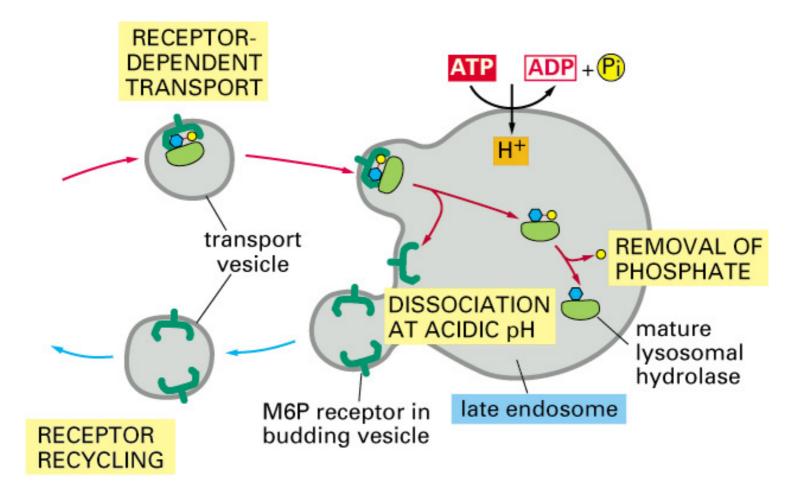
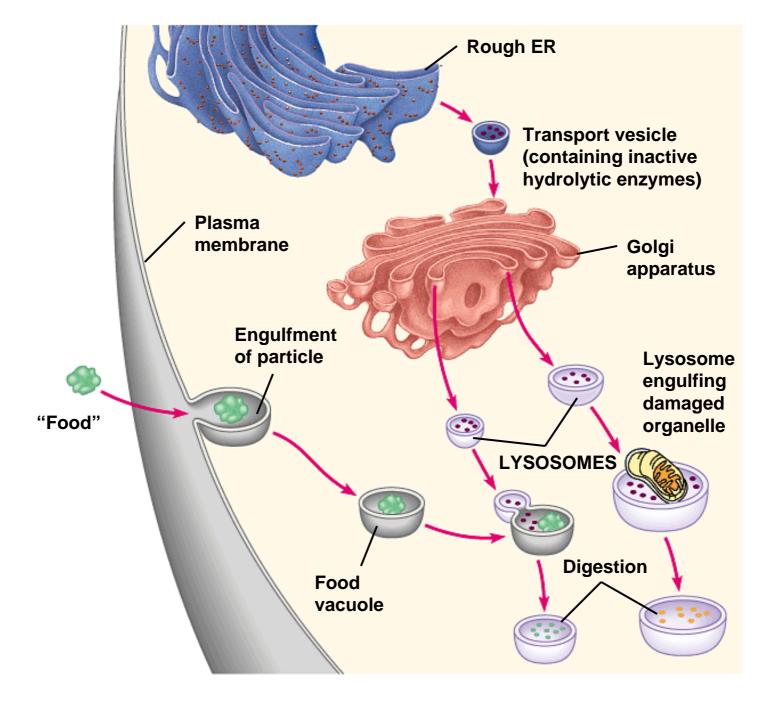
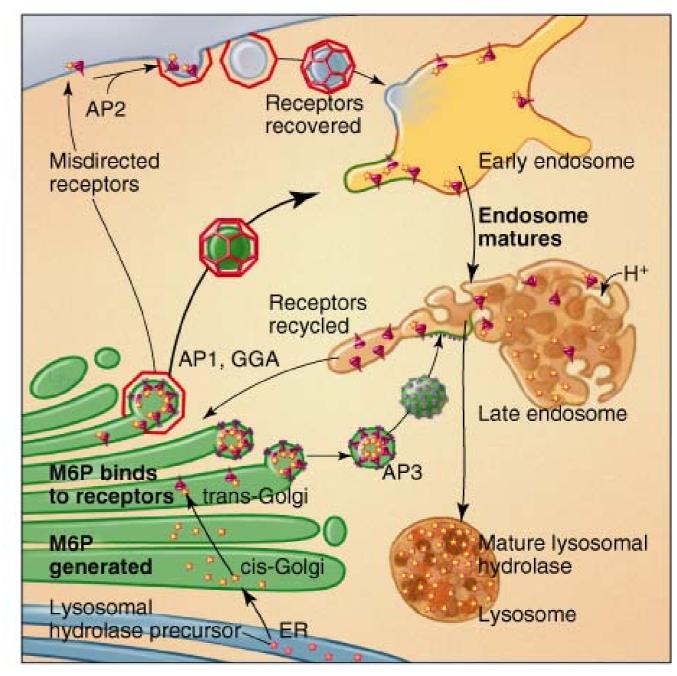


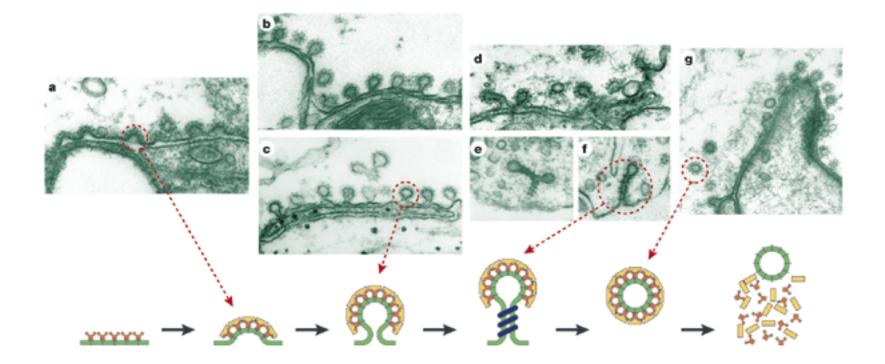
Figure 13–37 part 2 of 2. Molecular Biology of the Cell, 4th Edition.



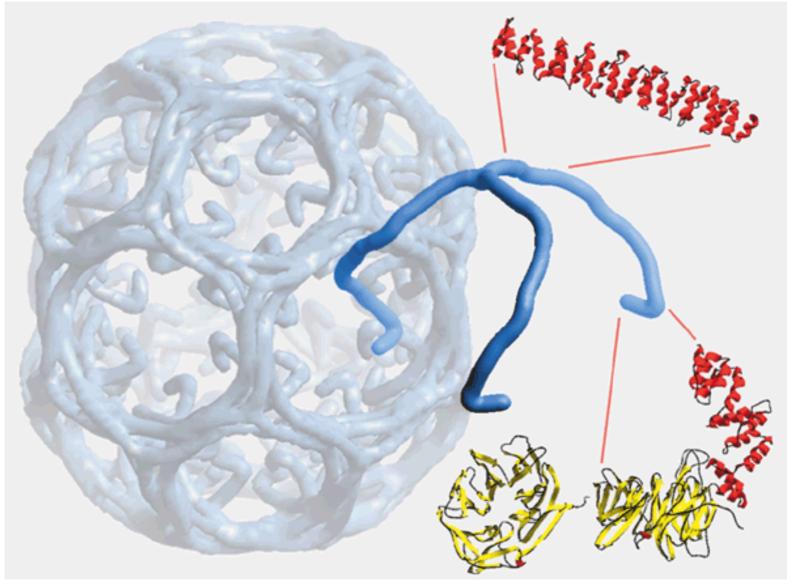


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Morphology of steps formation of a clathrin coated vesicle, in this case clathrin-mediated endocytosis.



Structure of clathrin-coated vesicle. Structure of the clathrin trisekelion (heavy chain trimer).



#### A number of disease states are associated with lysosomal defects

Lysosomal Storage Diseases (described earlier by Dr. Schechter) Big group (~50) of rare diseases often caused by the lack of a particular lysosomal enzyme eg. Hexosaminidase in Tay-Sachs

> but can also be caused by sorting defects eg. I-cell disease (defect in the mannose-6-phosphate system)

Several of the diseases with more general effects on lysosome biogenesis eg. Hermansky-Pudlak syndrome Chediak-Higashi syndrome

share a common manifestation -- albinism

#### Disease Name

#### Pompe Disease GM1 Gangliodsidosis Tay-Sachs Disease GM2 Gangliosidosis: S andhoff Disease Fabry Disease Gaucher Disease Metachromatic Leukodystrophy Krabbe Disease Niemann-Pick Niemann-Pick, Type C Nieman-Pick, Type D Farber Disease Wolman Disease Hurler Syndrome (MPS IH) Scheie Syndrome (MPS IS) Hurler-Scheie (MPS IH/S) Hunter Syndrome (MPS II) Sanfilippo A (MPS IIIA) Sanfilippo B(MPS IIIB) Sanfilippo C(MPS IIIC) Sanfilippo D(MPS IIID) Morquio A(MPS IVA) Morquio B(MPS IVB) Maroteaux-Lamy (MPS VI) Sly Syndrome (MPS VII) α - Mannosidosis β-Mannosidosis Fucosidosis Asparylglucosaminuria Sialidosis (Mucolipidosis I) Galactosialidosis (Goldberg Syndrome) Schindler Disease Mucolipidosis II (I-Cell Disease) Cystinosis Salla Disease Infantile Sialic Acid Storage Disease

Batten Disease (Juvenile Neuronal Ceroid Lipofuscinosis) Infantile Neuronal Ceroid Lipofuscinosis Mucolipidosis IV Prosaposin

#### Lysosomal Storage Diseases Enzyme Defect

A. Glycogenosis Disorders A cid-al, 4-Glucosidase **B.** Glycolipidosis Disorders β-Galactosidase 6-Hexosaminidase A GM2 Activator Protein β-Hexosamindase A&B α-Galactosidase A Glucocerebrosidase Arvlsulfatase A Galactosylceramidase Acid Sphingomyelinase Cholesterol Esterification Defect Unknown A cid Ceramidase Acid Lipase C. Mucopolysaccharide Disorders α-L-Iduronidase  $\alpha$  - L-Iduronidase  $\alpha$  - L-Iduronidase Iduronate Sulfatase Heparan N-Sulfatase α-N-Acetylglucosaminidase Acetyl-CoA-Glucosaminide Acetyltransferase N-Acetylolucosamine -6-Sulfatase Galactosamine-6-Sulfatase β-Galactosidase Arylsulfatase B β-Glucuronidase D. Oligosaccharide/Glycoprorders α-Mannosidase β-Mannosidase α-L-Fucosidase N-Aspartyl-Asparylglucosaminidase  $\alpha$ -Neuraminidase Lysosomal Protective Protein Deficiency α-N-Acetvl-Galactosaminidase E. Lysosomal Enzyme Transorders N-Acetylglucosamine-1-Phosphotransferase F. Lysosomal Membrane Disorders Cystine Transport Protein Sialic Acid Transport Protein Sialic Acid Transport Protein G. Other Unknown Palmitoyl-Protein Thioesterase Unknown

#### Substance Stored

Glycogen al-4 linked Oligosaccharides

GM1 Ganliosides GM2 Ganglioside GM2 Ganglioside GM2 Ganglioside Globosides Glucosvlceramide Sulphatides Galactocerebroside Sphingomyelin Sphingomyelin Sphingomyelin Ceramide Cholesteryl Esters Heparan & Dermatan Sulfate Heparan & Dermatan Sulfate Heparan & Dermatan Sulfate Heparan & Dermatan Sulfate Heparan Sulfate Heparan Sulfate Heparan Sulfate Heparan Sulfate Keratan Sulfate Keratan Sulfate Dermatan Sulfate Mannose/Olioosaccharides Mannose/Olioosaccharides Fucosyl Oligosaccharides Asparagine  $\beta$ -Glucosamine Sialvloligosaccharides Sialyloligosaccharides

multiple glycan structures

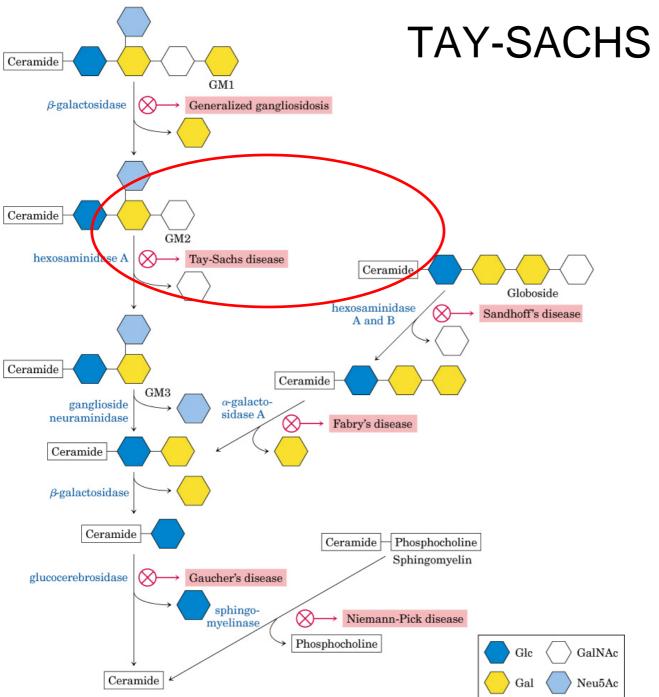
Free Cystine Free Sialic Acid and Glucuronic Acid Free Sialic Acid and Glucuronic Acid

Lipofuscins Lipofuscins Gangliosides & Hyaluronic Acid

Saposins A, B, C or D

7

2



## **TAY-SACHS DISEASE**

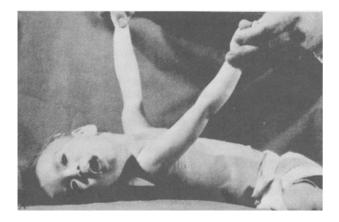
## Glycogen storage diseases For reference only

|  | Туре                       | Defective enzyme   | Organ<br>affected      | Glycogen in the<br>affected organ                       | Clinical features  |
|--|----------------------------|--|------------------------|---|--|
|  | I Von<br>Gierke<br>disease | Glucose 6-phosphatase or<br>transport system                     | Liver<br>and<br>kidney | Increased<br>amount; normal<br>structure.               | Massive enlargement of the liver.<br>Failure to thrive. Severe<br>hypoglycemia, ketosis, hyperuricemia,<br>hyperlipemia.                 |
|  | II Pompe<br>disease        | α- 1,4-Glucosidase<br>(lysosomal)                                | All<br>organs          | Massive increase<br>in amount;<br>normal structure.     | Cardiorespiratory failure causes death,<br>usually before age 2.   |
|  | III Cori<br>disease        | Amylo- 1,6-glucosidase<br>(debranching enzyme)                   | Muscle<br>and liver    | Increased<br>amount; short<br>outer branches.           | Like type I, but milder course.  |
|  | IV<br>Andersen<br>disease  | Branching enzyme $(\alpha - 1, 4 \longrightarrow \alpha - 1, 6)$ | Liver<br>and<br>spleen | Normal amount;<br>very long outer<br>branches.          | Progressive cirrhosis of the liver.<br>Liver failure causes death, usually<br>before age 2.  |
|  | V McArdle<br>disease       | Phosphorylase  | Muscle                 | Moderately<br>increased<br>amount; normal<br>structure. | Limited ability to perform strenuous<br>exercise because of painful muscle<br>cramps. Otherwise patient is normal<br>and well developed. |
|  | VI Hers<br>disease         | Phosphorylase  | Liver                  | Increased amount.                                       | Like type I, but milder course.  |
|  | VII                        | Phosphofructokinase  | Muscle                 | Increased<br>amount; normal<br>structure.               | Like type V.   |
|  | VIII                       | Phosphorylase kinase   | Liver                  | Increased<br>amount; normal<br>structure                | Mild liver enlargement. Mild<br>hypoglycemia.  |

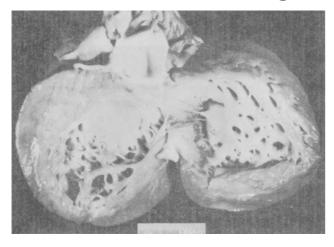
Note: Types I through VII are inherited as autosomal recessives. Type VIII is sex linked.

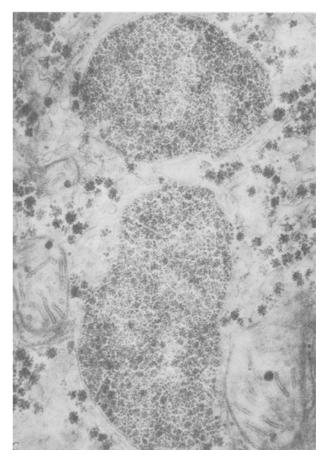
# Pompe disease (glycogenosis type II) is a lysosomal storage disease

Lysosomal accumulation of glycogen due to deficiency of lysosomal alpha-glucosidase, which normally degrades glycogen in lysosomes

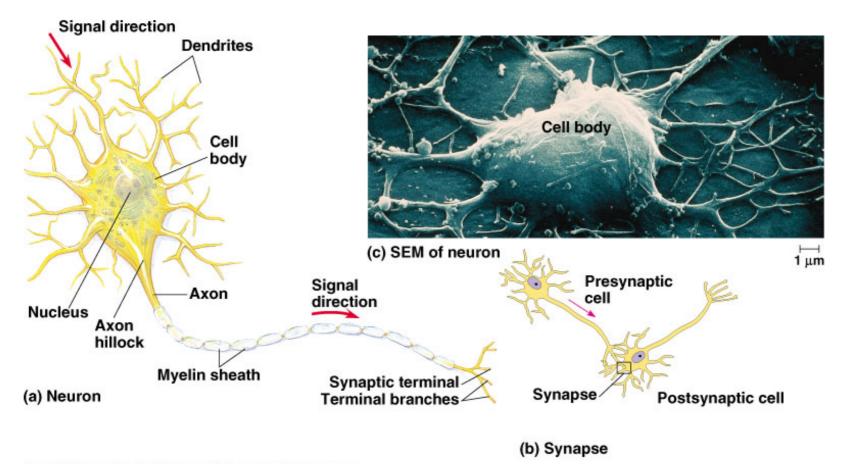


muscle weakness; enlarged heart

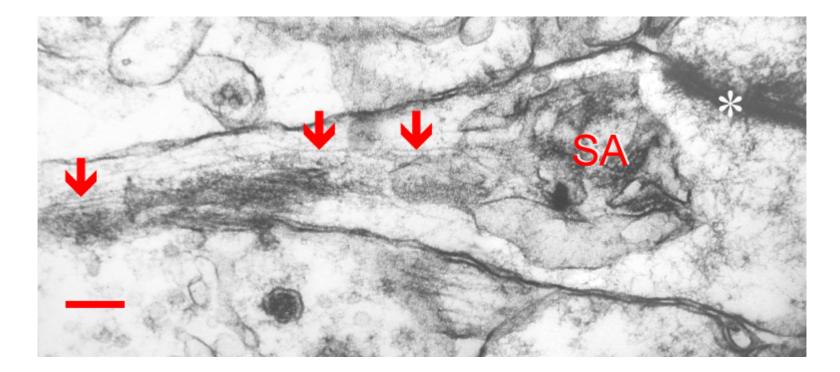




(not epinephrine responsive because sequestered by lysosomal membrane)



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*Microfilaments of actin* running in parallel in the dendritic spine neck (arrows). Synapse - asterisk, spine apparatus - SA. Scale = 200 nm. (Human, neocortex.) http://synapse-web.org/index.asp

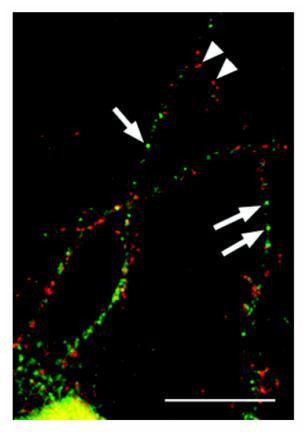


Fig. 3. Confocal laser scanning microscopy image of the neurites of a cultured hippocampal neuron showing granules containing heterogeneous nuclear ribonucleoprotein (hnRNP) A2 (green, arrows) and hnRNP A3 (red, arrowheads). Statistical analysis of the fluorescence of individual granules showed that the majority of granules in the neurites contained either hnRNP A2 or hnRNP A3. Only a small number of granules were yellow, indicating the presence of both proteins. Scale bar = 5  $\mu$ m.

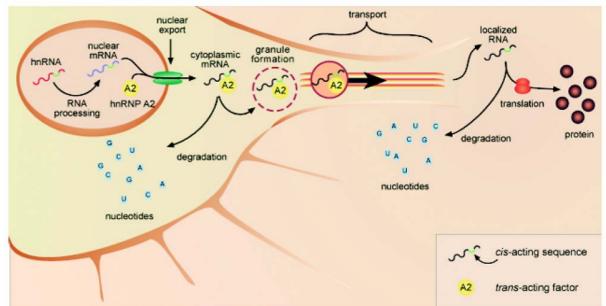


Fig. 2. Model for trafficking of A2 response element (A2RE)-containing RNAs. The A2RE, which is represented in a different color from the remainder of the mRNA, binds heterogeneous nuclear ribonucleoprotein (hnRNP) A2 or hnRNP A3 (yellow circle), and the complex is recruited to transport granules that move along the microtubules (orange unlabeled horizontal lines). The granules contain multiple copies of the RNA-protein complex. At its destination, the mRNA is anchored and translated. Each of the steps in this process, including RNA degradation, is a potential posttranscriptional control point for gene expression.