

Type: Original Article

Section: Coagulation

Recombinant γ T305A fibrinogen indicates severely impaired fibrin polymerization due to the aberrant function of hole 'a' and calcium binding sites

**Minami Ikeda^a, Tamaki Kobayashi^{a,b}, Shinpei Arai^{c,d}, Saki Mukai^{c,d},
Yuka Takezawa^{c,d}, Fumiko Terasawa^{a,e}, Nobuo Okumura^{a,e}**

^a Department of Clinical Laboratory Investigation, Graduate School of Medicine,
Shinshu University, Matsumoto, Japan

^b Department of Clinical Laboratory, The University of Tokyo Hospital, Tokyo, Japan

^c Department of Laboratory Medicine, Shinshu University Hospital, Matsumoto, Japan

^d Department of Laboratory Medicine, Graduate School of Medicine, Shinshu
University, Matsumoto, Japan

^e Department of Health and Medical Sciences, Graduate School of Medicine, Shinshu
University, Matsumoto, Japan

Corresponding author: Nobuo Okumura
Laboratory of Clinical Chemistry and Immunology,
Department of Biomedical Laboratory Sciences,
School of Health Sciences, Shinshu University,
3-1-1 Asahi, Matsumoto, 390-8621 Japan
Tel.: 81-263-37-2392
Fax: 81-263 37-2370
Email: nobuoku@shinshu-u.ac.jp

Word count: manuscript, 4246 (without Abstract and References); summary, 242

Abstract

Introduction: We examined a 6-month-old girl with inherited fibrinogen abnormality and no history of bleeding or thrombosis. Routine coagulation screening tests showed a markedly low level of plasma fibrinogen determined by functional measurement and also a low level by antigenic measurement (functional/antigenic ratio = 0.295), suggesting hypodysfibrinogenemia. **Materials and methods:** DNA sequence analysis was performed, and γ T305A fibrinogen was synthesized in Chinese hamster ovary cells based on the results. We then functionally analyzed and compared with that of nearby recombinant γ N308K fibrinogen. **Results:** DNA sequence analysis revealed a heterozygous γ T305A substitution (mature protein residue number). The γ T305A fibrinogen indicated markedly impaired thrombin-catalyzed fibrin polymerization both in the presence or absence of 1 mM calcium ion compared with that of γ N308K fibrinogen. Protection of plasmin degradation in the presence of calcium ion or Gly-Pro-Arg-Pro peptide (analogue for so-called knob 'A') and factor XIIIa-catalyzed fibrinogen crosslinking demonstrated that the calcium binding sites, hole 'a' and D:D interaction sites were all markedly impaired, whereas γ N308K was impaired at the latter two sites. Molecular modeling demonstrated that γ T305 is localized at a shorter distance than γ N308 from the high affinity calcium binding site and hole 'a'. **Conclusion:** Our

findings suggest that γ T305 might be important for construction of the overall structure of the γ module of fibrinogen. Substitution of γ T305A leads to both dysfibrinogenemic and hypofibrinogenemic characterization, namely hypodysfibrinogenemia. We have already reported that recombinant γ T305A fibrinogen was synthesized normally and secreted slightly, but was significantly reduced.

Key Words: hypodysfibrinogenemia, fibrin polymerization, high affinity calcium binding sites, hole 'a', D:D interaction sites

Abbreviations: APTT: activated partial thromboplastin time, CHO: Chinese hamster ovary, EDTA: ethylenediaminetetraacetic acid, FpA: fibrinopeptide A, FpB: fibrinopeptide B, GPRP: Gly-Pro-Arg-Pro, HBS: N-[2-hydroxyethyl] piperazine-N'-[2-ethanesulfonic acid], pH 7.4, 0.12 M NaCl, HEPES: N-[2-hydroxyethyl] piperazine-N'-[2-ethanesulfonic acid], PAGE: polyacrylamide gel electrophoresis, PT: prothrombin time, SDS: sodium dodecyl sulfate, SEM: scanning electron microscopy.

Introduction

Fibrinogen is a 340 kDa plasma hexameric glycoprotein composed of two sets of three different polypeptide chains ($A\alpha$: 610, $B\beta$: 461, and γ : 411 residues) [1], and encoded by three genes, *FGA*, *FGB*, and *FGG*, respectively. Each chain is synthesized, assembled into a three-chain monomer, ($A\alpha$ - $B\beta$ - γ), by disulfide bonds, further held together into a six-chain dimer, ($A\alpha$ - $B\beta$ - γ)₂, by disulfide bonds in the hepatocytes [2], finally secreted into the blood and is present at 1.8-3.5 g/l in plasma. The six chains are arranged into three globular nodules. The central E region contains the N-termini of all chains and the distal D regions contain the C-termini of the $B\beta$, γ and a short segment of the $A\alpha$ chains. The C-termini of the $A\alpha$ chains (α C domains) extend briefly through the D regions and fold back into coiled-coil connectors. Coiled-coil connectors composed of all three chains link the E and D nodules [3].

During thrombin-catalyzed fibrin polymerization, thrombin cleaves fibrinogen, releasing fibrinopeptide A (FpA) and fibrinopeptide B (FpB) from the N-termini of the $A\alpha$ and $B\beta$ chains, respectively, and converting fibrinogen to fibrin monomers [4].

Fibrin monomers polymerize spontaneously through a two-step process. In the first step, the release of FpA exposes a new N-terminal segment, knob 'A', which starts with sequence Gly-Pro-Arg-, and binds to hole 'a' in the γ module of another fibrin molecule.

These A:a interactions mediate the formation of double-stranded protofibrils with half-staggered overlap between molecules in different strands [4]. The end-to-end alignment of monomers in each protofibril strand requires so-called D:D interaction, which abuts the γ -chain of two adjacent molecules [5]. In the second step, these protofibrils grow in length and thrombin cleaves FpB, which exposes a new N-terminal segment, knob 'B', which likely interacts with hole 'b' in the β module of the D region of another molecule to promote lateral aggregation of the protofibrils [6], resulting in the formation of thicker fibers and finally an insoluble fibrin clot consisting of a multi-stranded and branched fiber network [7].

Inherited fibrinogen disorders causing quantitative or qualitative alterations of this molecule have been phenotypically as hypofibrinogenemia, afibrinogenemia, dysfibrinogenemia. As many as 400 families with inherited fibrinogen disorders have been analyzed genetically and/or structurally. These are listed on the GEHT homepage [8] (updated on 26/01/2012) (http://site.geht.org/site/Pratiques-Professionnelles/Base-de-donnees-Fibrinogene/Base-de-donnees/Base-de-donnees-des-variants-du-Fibrinogene_40_.html). Crystallographic studies have provided high-resolution structures of the γ module, which has several important sites relating to fibrin polymerization, including the high affinity calcium

binding site, hole 'a' and the D:D interaction site [9,10]. Many amino acid substitutions in the fibrinogen γ module lead to reduced fibrin polymerization, namely dysfibrinogenemia [8] and some substitutions lead to impaired synthesis and/or secretion of fibrinogen in hepatocytes, namely hypofibrinogenemia caused by heterozygotes [8,11], but no substitutions lead to afibrinogenemia caused by homozygotes [8]. Amino acid substitutions in the γ module rarely show both characteristics of dysfibrinogenemia and hypofibrinogenemia, so-called hypodysfibrinogenemia [12, 13]. The analysis of bases of dysfibrinogenemia and hypofibrinogenemia has provided useful information for understanding the molecular details of the mechanisms of thrombin-catalyzed fibrin polymerization [14,15] and fibrinogen synthesis and/or secretion of hepatocytes [11,16,17], respectively.

We examined a girl with a low plasma fibrinogen level determined by both functional and antigenic measurement but each level was incompatible (functional/antigenic ratio = 0.295), suggesting hypodysfibrinogenemia. DNA sequence analysis revealed the heterozygous substitution of Ala for Thr at γ 305 residue (mature protein; γ T305A). We designated this variant as fibrinogen Nagakute. Since we had already reported the synthesis and/or secretion of γ T305A fibrinogen [18], in this report, we purified the recombinant γ T305A fibrinogen and analyzed the markedly impaired

function of fibrin polymerization, and compared it with a nearby recombinant variant fibrinogen, γ N308K [19], which was synthesized based on dysfibrinogenemia [20].

Materials and methods

This study was approved by the Ethics Review Board of Shinshu University School of Medicine. After informed consent had been obtained from the patients, blood samples were collected for biochemical and genetic analyses.

Patients and coagulation screening tests

The proposita of Nagakute was a 6-month-old girl with suspected Kawasaki disease who had no history of bleeding or thrombosis. Nine volumes of blood were collected from intermediate cephalic vein into plastic tubes containing one volume of 3.2% trisodium citrate. Plasma was separated by centrifugation at 1500 x g for 10 minutes at 4 °C. Routine coagulation screening tests showed a markedly low concentration of plasma fibrinogen.

Prothrombin time (PT), activated partial thromboplastin time (APTT), and the fibrinogen concentration, which were determined by the thrombin time method, were measured with an automated analyzer, Coagrex-800 (Sekisui Medical Co., Tokyo,

Japan). The immunological fibrinogen concentration was determined by a latex photometric immunoassay using anti-fibrinogen antibody-coated latex particles (Mitsubishi Chemical Medience Co., Tokyo, Japan) [21].

Polymerase chain reaction (PCR) and DNA sequence analysis

Genomic DNA was extracted from white blood cells using a DNA Extraction WB Kit (Wako Pure Chemical Ltd, Osaka, Japan), according to the manufacturer's instructions. To analyze all exons and exon–intron boundaries of the fibrinogen genes, long-range PCR for *FGA*, *FGB* and *FGG* was performed using the TaKaRa LA Taq (Takara Bio Inc., Otsu, Japan) and the three pair of primers, as described elsewhere [17]. The purified PCR products were directly sequenced using a BigDye Terminator Cycle Sequencing Ready Reaction Kit and an ABI Prism 3100 Genetic analyzer (both from Applied Biosystems, Foster City, CA) and 28 pairs of primers.

Preparation of recombinant variant fibrinogens

Recombinant variant fibrinogen was prepared as previously described. Briefly, the variant fibrinogen γ -chain expression vector, pMLP- γ T305A, was altered from pMLP- γ [18] at codon 305 ACA (Thr) to GCA (Ala) by oligonucleotide-directed mutagenesis

using the Quick Change II Site-Directed Mutagenesis Kit (Stratagene, La Jolla, CA, USA). The resultant expression vector γ T305A was cotransfected with the histidinol selection plasmid (pMSVhis) into Chinese hamster ovary (CHO) cells that expressed normal human fibrinogen A α and B β chains (A α B β CHO cells), using a standard calcium-phosphate co-precipitation method [11]. A selected and cloned cell line was cultured in serum-free medium using the roller bottle culture system. Recombinant fibrinogen, γ T305A was purified from harvested culture medium by immunoaffinity chromatography, utilizing a calcium-dependent monoclonal antibody (IF-1; Iatron Laboratories, Tokyo, Japan) [14]. The fibrinogen concentration was determined from A280-320, assuming that a 1 mg/mL solution has an absorbance of 1.51. The purity and characterization of the proteins was determined by sodium dodecyl sulfate (SDS)-polyacrylamide gel electrophoresis (PAGE) under reduced conditions (10% polyacrylamide gel). Purified γ N308K fibrinogen, the neighboring residue at γ T305, and wild-type (normal) fibrinogen were used as control fibrinogen [19].

Thrombin-catalyzed fibrin polymerization and clottability

Polymerization was followed by measuring the change in turbidity at 350nm at ambient temperature using a UV-140-02 spectrophotometer (Shimadzu, Tokyo, Japan).

Reactions were performed in a final volume of 100 μ l, as described elsewhere [15].

Briefly, fibrinogen (90 μ l at 0.44 or 0.22 mg/mL) in 20 mM N-[2-hydroxyethyl] piperazine-N'-[2-ethanesulfonic acid] (HEPES), pH 7.4, 0.12 M NaCl (HBS buffer) was mixed with human α -thrombin (Enzyme Research Laboratories, South Bend, MA, USA, 10 μ l at 0.5 U/mL). Three parameters, lag time, the maximum slope, and the absorbance change (Δ OD) for 30 min, were obtained from the turbidity curves, as previously described [14]. The reactions were performed in triplicate for each sample.

The clottability of purified fibrinogens was determined essentially as described before [14], human α -thrombin (final concentration, 0.05 U/mL) being mixed with fibrinogen (final concentration, 0.4 mg/mL) in HBS buffer. Samples were incubated overnight at ambient temperature. After centrifugation at 15 000 rpm for 10 minutes, the fibrin(ogen) not incorporated into the fibrin gel was determined from the A_{280} value of the supernatant, and clottability was calculated as $(Abs_{280}$ at zero time \times 0.9 – Abs_{280} of the supernatant) / (Abs_{280} at zero time \times 0.9) \times 100 (%).

Plasmin protection assay

Fibrinogens (0.30 mg/mL) in HBS buffer containing 5 mM ethylenediaminetetraacetic acid (EDTA), 1 or 5 mM $CaCl_2$, and 1 or 5 mM GPRP (the synthetic peptides

Gly-Pro-Arg-Pro acetate salt, purity >97%; Sigma-Aldrich, St. Louis, MO), were incubated with 0.18 U/mL plasmin (Chromogenix AB, Molnigal, Sweden) for 2 h at 37 °C. The reaction was stopped by adding SDS sample buffer and heating at 100 °C for 5 minutes. The plasmin digests were then analyzed on 10% gels that were stained with Coomassie brilliant blue R-250 [22].

Factor(F)XIIIa-catalyzed cross-linking of fibrin or fibrinogen

Factor (F) XIIIa (800 U/mL; Enzyme Research Laboratories) was activated with human α -thrombin (2 U/mL) for 60 minutes at 37 °C in HBS buffer with 5 mM CaCl₂. To examine the cross-linking of fibrin, fibrinogen (final concentration, 0.47 mg/mL) was incubated at 37 °C with FXIIIa (final concentration, 3.3 U/mL) and human α -thrombin (final concentration, 0.07 U/mL) in HBS buffer with 0.67 mM CaCl₂. To examine the cross-linking of fibrinogen, hirudin (10 U/mL) was added to thrombin-activated FXIIIa (final concentration, 8.3 U/mL) prior to incubation with fibrinogen (final concentration, 0.47 mg/mL) in HBS buffer with 0.67 mM CaCl₂. The reactions were stopped at various times by addition of an equal volume of SDS sample buffer with 2-mercaptoethanol and incubation at 100 °C for 5 minutes. Samples equivalent to 4.7 μ g fibrinogen were separated on 8% SDS-PAGE and stained with Coomassie brilliant blue R-250 [15].

Scanning electron microscopy (SEM)

The SEM preparation was performed as described previously [15]. Thrombin (10 μ l, 0.5 U/mL) was added to fibrinogen solution (40 μ l, 0.4 mg /mL) and mixed by repeated pipetting. Polymerization proceeded overnight at 37 °C, the clots were then fixed in 2.5% glutaraldehyde overnight, stained with 1% osmium tetroxide, mounted, osmium plasma-coated at 5-nm thickness in an Neo-AN (Meiwafosis Co. Ltd, Tokyo, Japan), and viewed on a JSM-6000F (Japan Electron Optics Laboratory Co. Ltd, Tokyo, Japan). An image was taken at 3000x or 20 000x with 5-kV accelerating voltage. Fiber diameters were measured using a Vernier clipper on a 300% enlargement of a photograph at 20 000x magnification.

Molecular modeling

We generated the model of γ module of fibrinogen using the Protein Data Bank (<http://www.rcsb.org/pdb/home/home.do>) 2FIB [9] and Swiss-Pdb Viewer 4.0.1 (<http://spdbv.vital-it.ch/>).

Statistical analysis.

The statistical significance of differences between wild-type and variant fibrinogen was determined using one-way ANOVA (analysis of variance) and following Tukey-Kramer tests. A difference was considered significant when $p < 0.05$.

Results

Coagulation screening tests and DNA sequence analysis

The patient's PT and APTT were 13.4 and 37.1 seconds (normal range 10.8 to 13.2 and 23.0 to 38.0 seconds), respectively. The plasma fibrinogen concentration determined by the thrombin time method was 0.33 g/L and that determined by the immunological method was 1.12 g/L (normal range: 1.80 to 3.50 g/L). DNA sequence analysis revealed a novel heterozygous mutation of A>G in *FGG* exon 8 (at c.1132A>G; NCBI NM 000509.4), resulting in substitution of Ala (GCA) for Thr (ACA) at γ 305 residue (mature protein) or γ 331 residue (native protein) (γ T305A).

Synthesis and characterization of recombinant fibrinogen

We synthesized recombinant γ T305A fibrinogen and purified as described in Materials and methods. SDS-PAGE performed under reduced conditions indicated that the γ T305A fibrinogen was pure and that the usual pattern of 3 bands corresponded to the

A α , B β and γ chain in (Figure 1), whereas the migration of the γ -chain band in γ N308K was faster than normal, as previously reported [19] [20].

Thrombin-catalyzed fibrin polymerization and clottability

Thrombin-catalyzed fibrin polymerization was performed using the procedure described in Materials and methods. Under conditions with 0.4 mg/mL fibrinogen in the presence of 1.0 mM CaCl₂, polymerization of γ T305A fibrinogen was markedly reduced compared with that of γ N308K fibrinogen (Figure 2A, 2B and Table 1). Namely, the lag time of γ T305A fibrinogen was 16-fold and 4.6-fold longer than normal and γ N308K fibrinogen, respectively, and the maximum slope was 30-fold and 11-fold slower than normal and γ N308K fibrinogen, respectively. Furthermore, in the absence of CaCl₂, the slight turbidity increase of γ T305A started 140 minutes after the addition of thrombin and the absorbance reached only 0.016 ± 0.004 at 10 hours (Table 1).

To determine whether variant fibrinogens inhibit or participate in fibrin fiber formation of normal fibrinogen, mixing experiments of variant fibrinogens with normal fibrinogen were performed, and these polymerization curves were compared to those generated from half-concentrations of normal fibrinogen. The turbidity observed for an equimolar mixture (0.1 mg/mL) of γ T305A with normal fibrinogen neither increased

nor decreased (Figure 2C). In contrast, the turbidity observed for γ N308K with normal fibrinogen polymerized with a 2.7-fold shorter lag time and 2.4-fold maximum slope than γ N308K fibrinogen at 0.1 mg/mL and also with a 1.3-fold longer lag time and 1.4-fold maximum slope than normal fibrinogen at 0.1 mg/mL (Figure 2D).

Next, to determine whether variants monomers were incorporated into fiber, we examined clottability in duplicate, as described in Materials and methods. The values obtained for the percentage of fibrin(ogen) incorporated into fibrin gels were smaller: 62.1 ± 0.8 for γ T305A fibrinogen ($p < 0.01$), and 80.3 ± 0.3 for γ N308K fibrinogen ($p < 0.01$), compared with 93.9 ± 1.1 for normal fibrinogen.

Plasmin protection assay

To assess the impaired function of hole 'a' and calcium binding sites, we performed a plasmin protection assay, as described in Materials and methods. In the presence of only EDTA, the absence of GPRP or CaCl_2 , D₁ fragments derived from normal were cleaved to the smaller fragments D₂ and D₃, indicating no protection from plasmin digestion. In the presence of 1 mM CaCl_2 or 5 mM GPRP, D₁ fragments derived from normal fibrinogen were not cleaved to fragment D₂ and D₃, indicating protection from plasmin digestion (Figure 3A). D₁ fragments derived from γ T305A were digested into fragments

D₂ and D₃ in the presence of 5 mM CaCl₂ or 5 mM GPRP, suggesting no protection from plasmin digestion (Figure 3B). In contrast, D₁ fragment derived from γ N308K was not digested in the presence of 5 mM CaCl₂ but was digested in the presence of 5 mM GPRP (Figure 3C). These results indicate that the functions of both hole 'a' and calcium binding sites were impaired in γ T305A, and only the function of hole 'a' was impaired in γ N308K.

FXIIIa-catalyzed cross-linking of fibrin or fibrinogen

Cross-linking of fibrin α and γ chains was performed in the presence of FXIIIa and thrombin, and the reaction products were analyzed by SDS-PAGE, as described in Materials and methods. With normal fibrin, γ - γ dimer bands were evident after 5 minutes, and two α -polymer bands appeared, weakly evident at 5 minutes. With longer incubation, the intensity of γ - γ dimer and α -polymer bands increased, whereas the intensity of α - and γ -chain bands decreased (Figure 4A). With γ T305A, the γ - γ dimer band appeared markedly slower and the α -polymer band appeared slightly slower than normal fibrin; namely these bands were faintly evident after 20 and 10 minutes, respectively, and the increase of the intensity of these bands was slower than normal (Figure 4B). With γ N308K, γ - γ dimer and α -polymer bands also appeared slower than

normal fibrin; these bands were weakly evident after 5 and 10 minutes, respectively (Figure 4C). Less impaired γ - γ dimer formation of γ T305A fibrin than that of γ N308K fibrin reflected the degree of impairment of thrombin-catalyzed fibrin polymerization.

To confirm the difference in D:D interactions between γ T305A and γ N308K, we examined the F XIIIa-catalyzed cross-linking of fibrinogen. After F XIII had been activated with thrombin, hirudin was added to inhibit thrombin, which catalyzes fibrinopeptide release and fibrin polymerization. After a 30-minute reaction, γ - γ dimer bands were clearly evident for normal fibrinogen and weakly evident for both variant fibrinogens (Figure 4D-F). With normal fibrinogen, the intensity of γ - γ dimer bands increased with longer incubation (Figure 4D). In contrast, for both variant fibrinogens, the increase of the intensity of γ - γ dimer bands was markedly slower than normal, and γ N308K fibrinogen was still slower than γ T305A fibrinogen (Figure 4E, 4F). These results reflected the degree of impairment of D:D interaction. Therefore, α -polymer formation was not impaired and an α -polymer band was evident after 30 minutes for normal and both variant fibrinogens.

Scanning electron microscopy (SEM)

To analyze the difference in the ultrastructure of fibrin clots among normal, γ T305A and

γ N308K fibrinogen, we observed fibrin clots under an SEM (Figure 5). A clot prepared from γ T305A fibrinogen had less density than the bundle of fibrin fibers (Figure 5B), and had larger pores than normal fibrinogen (Figure 5A) and γ N308K fibrinogen (Figure 5C). Measurement of the fiber diameters showed that the variant fibers were thicker: 247 ± 80 nm for γ T305A fibrinogen ($n = 23$, $p < 0.01$), and 171 ± 45 nm for γ N308K fibrinogen ($n = 29$, no significance), compared with 112 ± 11 nm for normal fibrinogen ($n = 30$). In addition, fibers derived from γ T305A fibrinogen (Figure 5E) showed more twisted fibers than normal (Figure 5D) and γ N308K fibrinogen (Figure 5F).

Discussion

We identified a novel heterozygous hypodysfibrinogenemia, Nagakute, γ T305A (p. γ T331A). Coagulation screening test suggested that the proposita had hypodysfibrinogenemia, because the functionally and immunologically determined plasma fibrinogen concentration was 0.33 and 1.12 g/L, both lower than the normal range but markedly different from each other. However, there is a possibility that the plasma fibrinogen concentration of newborn infant is lower than that of adults. Therefore, we examined recombinant variant fibrinogen production of γ T305A using

CHO cells, resulting in mildly but significantly reduced secretion of fibrinogen compared with normal fibrinogen-synthesizing cell lines, as already described elsewhere [18]. Although there is a possibility that characterization of fibrinogen synthesis and secretion are not coincident between human hepatocytes and CHO cells, we surmised that γ T305A variant fibrinogen might be a mild hypofibrinogenemic feature. Because heterozygous γ H307Y variant fibrinogen, which is a neighboring residue of γ T305, was reported as hypofibrinogenemia [23], and markedly reduced secretion of the recombinant variant fibrinogen was demonstrated using yeast, *Pichia pastoris* [24].

In this report, we purified recombinant γ T305A fibrinogen, analyzed its function and compared with that of recombinant γ N308K fibrinogen, because we did not obtain enough of the proposita's blood to purify plasma fibrinogen as she was a newborn. The γ T305A fibrinogen indicated markedly impaired thrombin-catalyzed fibrin polymerization in the presence or absence of 1 mM calcium ion and was clearly different from that of γ N308K fibrinogen. Plasmin protection assay revealed that the functions of calcium binding sites and hole 'a' were markedly impaired for γ T305A fibrinogen, whereas γ N308K fibrinogen had almost normal function of calcium binding sites and markedly impaired function of hole 'a', which was mildly impaired compared

with that of γ T305A fibrinogen. Furthermore, the function of the D:D interaction of both γ T305A and γ N308K fibrinogen, which was determined by FXIIIa-catalyzed cross-linking of fibrinogen γ -chain (γ - γ dimer formation), was markedly reduced compared with that of normal fibrinogen, but γ T305A fibrinogen was less impaired than γ N308K fibrinogen. The greater impairment of the D:D interaction of γ N308K fibrinogen might have been caused by the charge repulsion with γ K321 [25]. On the other hand, FXIIIa-catalyzed cross-linking of fibrinogen α -chain (α -polymer formation) was not different among normal and both variant fibrinogens. These results indicate that α -polymer formation of fibrinogen was not influenced by the impairment of the D:D interaction, because α -polymer is formed between two flexible α C domains in different molecules [26].

To demonstrate the markedly aberrant function of the γ module of γ T305A, a tertiary structure was depicted and compared with that of γ N308K fibrinogen (Figure 6A). Residue γ T305 is localized inside the γ module, whereas residue γ N308 is localized outside the γ module. Furthermore, γ T305 was in the vicinity of the high affinity calcium binding site and hole 'a', both at a shorter distance than γ N308. Four hydrogen bonds are formed between γ T305 and γ D301 or γ F293, whereas only one hydrogen bond is formed between variant γ A305 and γ D301 (Figure 6B and C). For γ N308K, the

three hydrogen bonds between γ N308 and γ Y278 or γ G309 are reduced to only one hydrogen bond between γ K308 and γ Y278 (Figure 6D and E). Altogether, substitution of Ala for Thr at γ 305 leads to the abolition of three hydrogen bonds inside the γ module, which might induce a marked conformational change of the tertiary structure of the high affinity calcium binding site, hole 'a' and the D:D interaction site [9,10], resulting in markedly impaired fibrin polymerization compared with γ N308K.

Heterozygous γ N308K, γ N308I, γ G309D, and γ M310T variant fibrinogens [8] near the γ T305 residue were reported as dysfibrinogenemias and their thrombin-catalyzed fibrin polymerization was impaired, but to a lesser degree than γ T305A [20, 27-29]. Furthermore, Park demonstrated that recombinant γ A341D and γ A341V fibrinogens showed markedly impaired thrombin-catalyzed fibrin polymerization, causing aberrant calcium binding sites and hole 'a' [22]. Of interest, molecular modeling of the γ module of γ A341D fibrinogen demonstrated that the alteration of residue γ A341 to γ D341 led to a clash between the side chain of γ D341 and the backbone of γ T305, resulting in aberrant hole 'a' conformation and impaired fibrin polymerization [22]. Polymerization at the same fibrinogen concentration as 0.2 mg/mL indicated that the lag time of γ T305A fibrinogen was 90 minutes and 1.8 fold longer than that of γ A341D fibrinogen [22]; namely, γ T305A was still more impaired than γ A341D.

In conclusion, a novel heterozygous hypodysfibrinogenemia, γ T305A, indicated that markedly impaired thrombin-catalyzed fibrin polymerization was caused by the marked conformational change of the tertiary structure of the high affinity calcium binding site, hole 'a' and D:D interaction site. These findings suggest that γ T305 might be important for the construction of the overall structure of the γ module of fibrinogen.

Authorship

M. Ikeda performed all experiments, analyzed data, and wrote the paper. T. Kobayashi established CHO cell lines and performed the secretion experiment. Y. Takezawa performed polymerization, clottability, and scanning electron microscopy. S. Arai, S. Mukai, F. Terasawa, and N. Okumura designed the research and discussed the data. N. Okumura reviewed the paper.

Conflicts of interest statement

The authors have no conflicts of interest to declare.

Acknowledgement

We gratefully acknowledge Dr. Akito Hayakawa (Department of Pediatrics, Aichi

Medical University) for patient referral.

References

- [1] Weisel JW. Fibrinogen and fibrin. *Adv Protein Chem* 2005;70:247-99.
- [2] Huang S, Cao Z, Chung DW, Davie EW. The role of $\beta\gamma$ and $\alpha\gamma$ complexes in the assembly of human fibrinogen. *J Biol Chem* 1996;271:27942-7.
- [3] Medved L, Weisel JW. Recommendations for nomenclature on fibrinogen and fibrin. *J Thromb Haemost* 2009;7:355-9.
- [4] Doolittle RF. Fibrinogen and fibrin. *Ann Rev Biochem* 1984;53:195-229.
- [5] Mosesson MW, Siebenlist KR, DiOrio JP, Matsuda M, Hainfeld JF, Wall JS. The role of fibrinogen D domain intermolecular association sites in the polymerization of fibrin and fibrinogen Tokyo II (γ 275 Arg \rightarrow Cys). *J Clin Invest* 1995;96:1053-8.
- [6] Yang Z, Mochalkin I, Doolittle RF. A model of fibrin formation based on crystal structures of fibrinogen and fibrin fragments complexed with synthetic peptides. *Proc Natl Acad Sci USA* 2000;97:14156-61.
- [7] Mosesson MW, DiOrio JP, Siebenlist KR, Wall JS, Hainfeld JF. Evidence for a second type of fibrin branch point in fibrin polymer networks, the trimolecular junction. *Blood* 1993;82:1517-21.

- [8] Groupe d'Etude sur l'Hémostase et la Thrombose. " Base de données des variants du Fibrinogène". GEHT Web site, <http://site.geht.org/site/Pratiques-Professionnelles/Base-de-donnees-Fibrinogene/Base-de-donnees/Base-de-donnees-des-variants-du-Fibrinogene_40_.html>, (updated on 26/01/2012)
- [9] Pratt KP, Cote HC, Chung DW, Stenkamp RE, Davie EW. The primary fibrin polymerization pocket: three-dimensional structure of a 30-kDa C-terminal gamma chain fragment complexed with the peptide Gly-Pro-Arg-Pro. Proc Natl Acad Sci USA 1997;94:7176-81.
- [10] Spraggon G, Everse SJ, Doolittle RF. Crystal structure of fragment D from human fibrinogen and its crosslinked counterpart from fibrin. Nature 1997;389:455-62.
- [11] Terasawa F, Okumura N, Kitano K, Hayashida N, Shimosaka M, Okazaki M, Lord ST. Hypofibrinogenemia associated with a heterozygous missense mutation gamma153Cys to Arg (Matsumoto IV): in vitro expression demonstrates defective secretion of the variant fibrinogen. Blood 1999;94:4122-31.
- [12] Meyer M, Berqmann F, Brennan SO. Novel fibrinogen mutation(gamma 313 Ser→Asn) associated with hypofibrinogenemia in two unrelated families. Blood Coagul Fibrinolysis 2006;17:63-7.

- [13] Dear A, Brennan SO, George PM. Familial hypodysfibrinogenemia associated with second occurrence of gamma326 Cys → Tyr mutation. *Thromb Haemost* 2005;93:612-3.
- [14] Okumura N, Gorkun OV, Lord ST. Severely impaired polymerization of recombinant fibrinogen γ -364 Asp→His, the substitution discovered in a heterozygous individual. *J Bio Chem* 1997;272:29596-601.
- [15] Hirota-Kawadobora M, Terasawa F, Suzuki T, Tozuka M, Sano K, Okumura N. Comparison of thrombin-catalyzed fibrin polymerization and Factor XIIIa-catalyzed cross-linking of fibrin among three recombinant variant fibrinogens, γ 275C, γ 275H, and γ 275A. *J Thromb Haemost* 2004;2:1359-67.
- [16] Kobayashi T, Arai S, Ogiwara N, Takezawa Y, Nanya M, Terasawa F, Okumura N. γ 375W fibrinogen-synthesizing CHO cells indicate the accumulation of variant fibrinogen within endoplasmic reticulum. *Thromb Res* 2014;133:101-7.
- [17] Soya K, Takezawa Y, Okumura N, Terasawa F. Nonsense-mediated mRNA decay was demonstrated in two hypodysfibrinogenemias caused by heterozygous nonsense mutation of *FGG*, Shizuoka III and Kanazawa II. *Thromb Res* 2013;132:465-70.
- [18] Kobayashi T, Takezawa Y, Terasawa F, Okumura N. Comparison of fibrinogen synthesis and secretion between novel variant fibrinogen, Nagakute (γ 305Thr→Ala),

and other variants localized in γ 305~308 residues. Rinsho Byori 2012;60:831-8. (In Japanese)

[19] Okumura N, Gorkun OV, Terasawa F, Lord ST. Substitution of the gamma-chain Asn308 disturbs the D:D interface affecting fibrin polymerization, fibrinopeptide B release, and FXIIIa-catalyzed cross-linking. Blood 2004;103:4157-63.

[20] Okumura N, Furihata K, Terasawa F, Ishikawa S, Ueno I, Katsuyama T. Fibrinogen Matsumoto II: gamma 308 Asn-->Lys (AAT-->AAG) mutation associated with bleeding tendency. Br J Haematol 1996;94:526-8.

[21] Okumura N, Furihata N, Terasawa F, Nakagoshi R, Ueno I, Katsuyama T. Fibrinogen Matsumoto I: A γ 364Asp \rightarrow His(GAT \rightarrow CAT) substitution associated with defective fibrin polymerization. Thromb Haemost 1996;75:887-91.

[22] Park R, Ping L, Song J, Hong SY, Choi TY, Gorkun OV, Lord ST. Fibrinogen residue γ Ala341 is necessary for calcium binding and 'A-a' interactions. Thromb Haemost 2012;107:875-83.

[23] Dear A, Dempfle CE, Brennan SO, Kirschatein W, George PM. Fibrinogen Mannheim II: a novel gamma307 His-->Tyr substitution in the gammaD domain causes hypofibrinogenemia. J Thromb Haemost 2004;2:2194-9.

[24] Sheen CR, Dear A, Brenna SO. Expression of four mutant fibrinogen gammaC

domains in *Pichia pastoris* confirms them as causes of hypofibrinogenemia. *Protein Expr Purif* 2010;73:184-8.

[25] Bowley SR, Okumura N, Lord ST. Impaired protofibril formation in fibrinogen gamma N308K is due to altered D:D and "A:a" interactions. *Biochemistry* 2009; 48:8656-63.

[26] Tsurupa G, Pechik I, Litvinov RI, Hantgan RR, Tjandra N, Weisel JW, Medved L. On the mechanism of α C polymer formation in Fibrin. *Biochemistry* 2012;51:2526-38.

[27] Bantia S, Bell WR, Dang CV. Polymerization defect of fibrinogen Baltimore III due to a γ Asn³⁰⁸→Ile mutation. *Blood* 1990;75:1659-63.

[28] Mullin JL, Brennan SO, Ganly PS, George PM. Fibrinogen Hillsborough: a novel gammaGly309Asp dysfibrinogen with impaired clotting. *Blood* 2002;99:3597-601.

[29] Yamazumi K, Shimura K, Terukina S, Takahashi N, Matsuda M. A gamma methionine-310 to threonine substitution and consequent N-glycosylation at gamma asparagine-308 identified in a congenital dysfibrinogenemia associated with posttraumatic bleeding, fibrinogen Asahi. *J Clin Invest* 1989;85:1590-7.

Table legend

Table 1. Three parameters of thrombin-catalyzed fibrin polymerization.

Three parameters, lag time, the maximum slope, and the absorbance change (ΔOD), were obtained from the turbidity curves and the data are the mean \pm standard deviation of triplicate experiments. ΔOD for normal or $\gamma N308K$ fibrinogen was obtained at 30 minutes, whereas ΔOD for $\gamma T305A$ fibrinogen was obtained at 10 hours. ND: not determined.

Figure legends

Fig. 1. Characterization of recombinant fibrinogens. Purified fibrinogen was resolved on 10% SDS-PAGE under reducing conditions and stained with Coomassie Brilliant Blue R-250. Lane 1: wild type (normal), lane 2: γ T305A, lane 3: γ N308K fibrinogen, lane M: molecular marker.

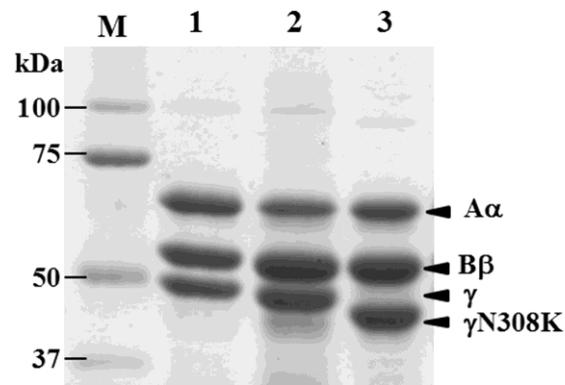


Fig. 2. Thrombin-catalyzed fibrin polymerization. Polymerization of fibrinogen (0.4 mg/mL) (A and B) was initiated with thrombin (0.05 U/mL), and the change in turbidity with time was followed at 350 nm for normal (1.0 mM CaCl₂; ●, 0.0 mM CaCl₂; ○), γ T305A (1.0 mM CaCl₂; ■, 0.0 mM CaCl₂; □) and γ N308K (1.0 mM CaCl₂; ▲, 0.0 mM CaCl₂; △) fibrinogen in HBS buffer. Polymerization was performed with 0.1 mg/mL normal (○), 0.2 mg/mL normal (●) or γ A305 fibrinogen (■), and an equimolar (0.1 mg/mL) mixture of normal and γ T305A fibrinogen (□) (C), and polymerization was performed with 0.1 mg/mL normal (○), 0.2 mg/mL normal (●) or γ N308K fibrinogen (▲), and an equimolar (0.1 mg/mL) mixture of normal and γ N308K fibrinogen (△) (D).

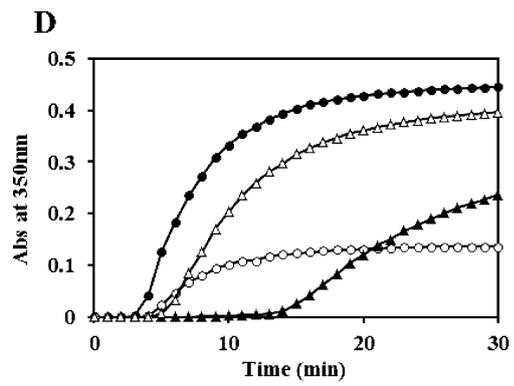
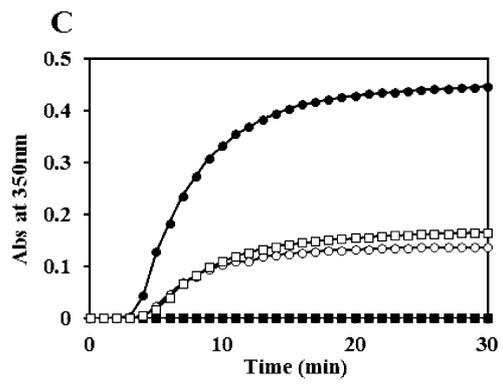
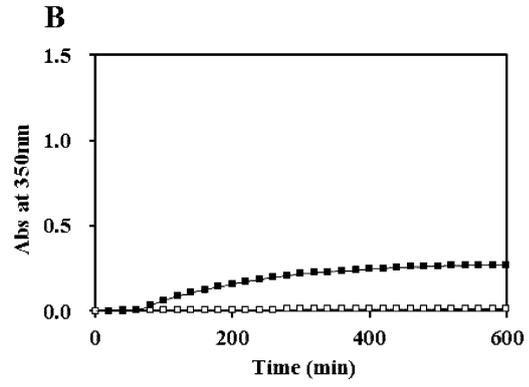
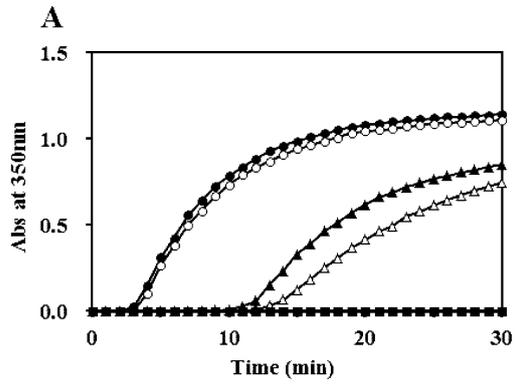


Fig. 3. Plasmin protection assay. Fibrinogen (0.30 mg/mL) in HBS buffer containing 5 mM EDTA (lane 1), 1 (lane 2) or 5 mM CaCl₂ (lane 3), and 1 (lane 4) or 5 mM GPRP (lane 5) was incubated with 0.18 U/mL plasmin for 2 h at 37 °C. The digests were analyzed on 10% SDS-PAGE and stained with Coomassie brilliant blue. The degradation products are indicated as D1, D2, and D3 on the left side of the gel. Lane M: molecular marker.

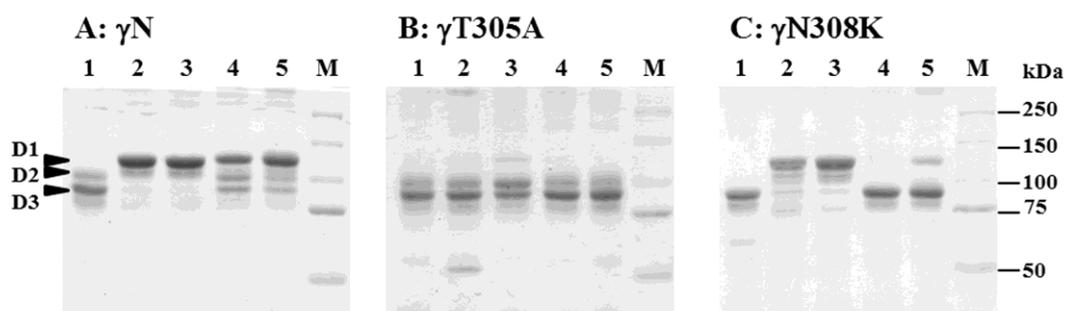


Fig. 4. F XIIIa-catalyzed cross-linking of fibrin or fibrinogen. Cross-linking of fibrin

(Normal: A, γ T305A: B, γ N308K: C) or fibrinogen (Normal: D, γ T305A: E, γ N308K:

F) by F XIIIa were examined by 8% SDS-PAGE under reducing conditions and stained

with Coomassie brilliant blue R-250, as described in Materials and methods. The

reduced fibrin or fibrinogen chains ($A\alpha$, $B\beta$, γ , cross-linked γ - γ dimer, and cross-linked

α -chain polymers) are indicated on the left side of the gel.

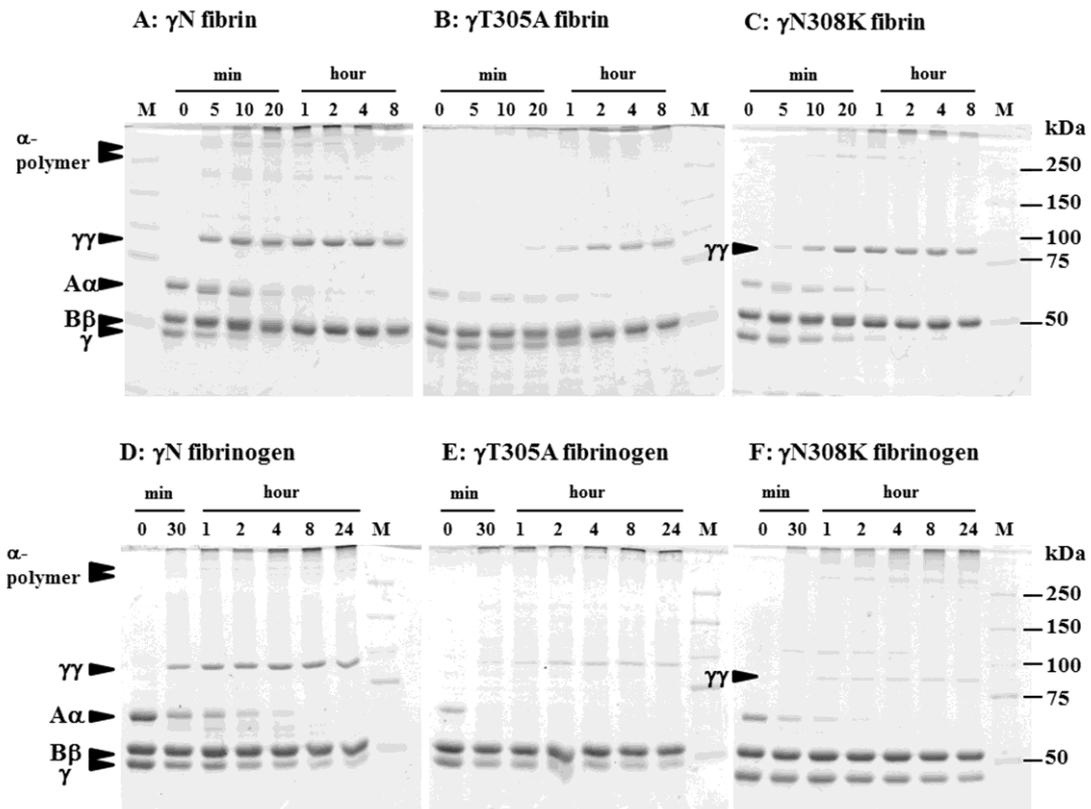


Fig. 5. Scanning electron microscopy (SEM) of fibrin clot. All samples were prepared as described in Materials and methods. Micrographs were taken at 3000x (Normal: A, γ T305A: B, γ N308K: C) and 20 000x (Normal: D, γ T305A: E, γ N308K: F). White bar represents 10 μ m in A~C and 1.0 μ m in D~F.

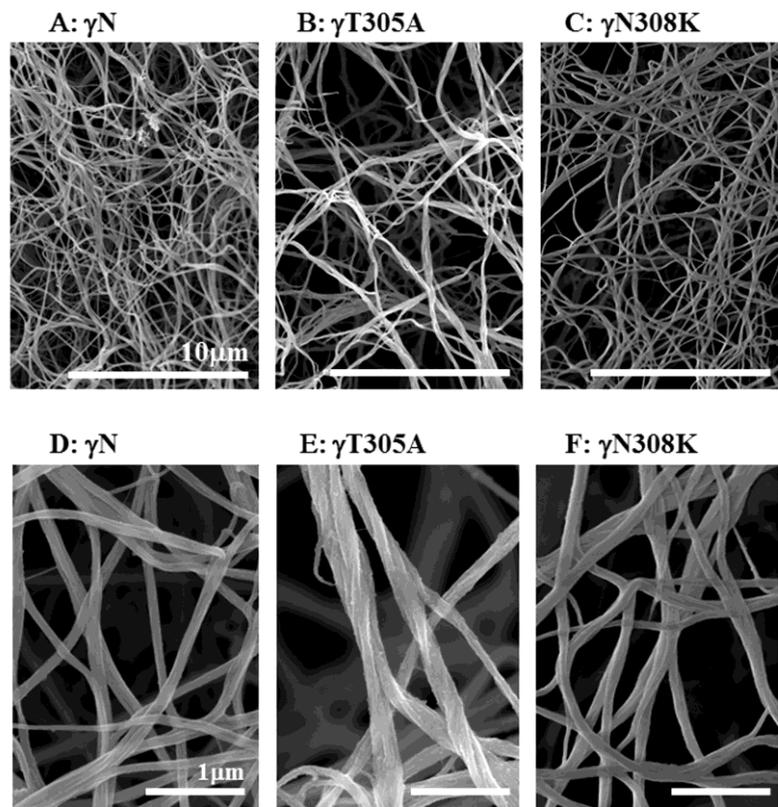
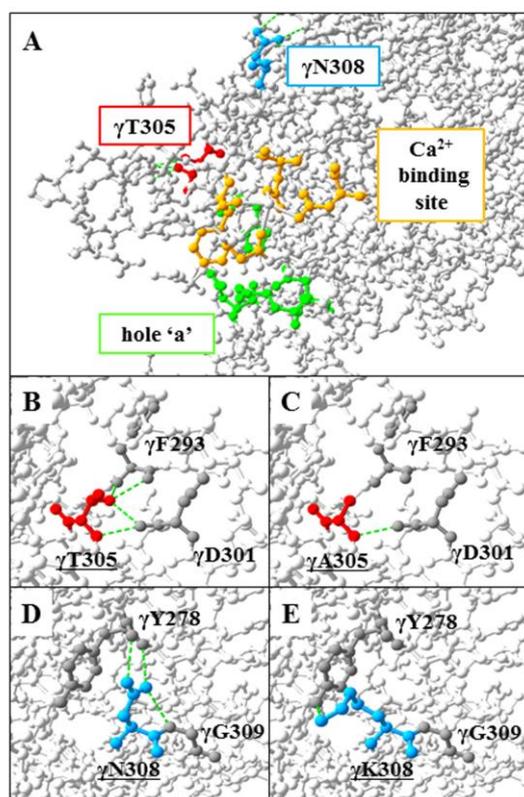


Fig. 6. Conformational models of normal and variant γ module. The γ module was depicted as a ball and stick model with Swiss-Pdb Viewer 4.0.1. Residue γ T305 (red) is localized inside the γ module, whereas γ N308 (blue) is localized of the surface of the γ module. Furthermore, γ T305 is nearer the high affinity calcium binding site (yellow: γ D318, γ D320, γ F322, γ G324) and hole 'a' (green: γ Q329, γ D330, γ H340, γ D364) than γ N308 (A). Four hydrogen bonds (shown as green dotted line) formed between γ T305 and γ D301 or γ F293 (B), whereas only one hydrogen bond formed between γ A305 and γ D301 (C). Three hydrogen bonds between γ N308 and γ Y278 or γ G309 (D) were reduced to only one hydrogen bond between γ K308 and γ Y278 (E).



Fibrinogen (mg/mL)	γ N			γ T305A			γ N308K		
	0.18	0.36		0.18	0.36		0.18	0.36	
CaCl ₂ (mM)	1.0		0.0	1.0		0.0	1.0		0.0
lag time (min)	3.5 ± 0.1	3.2 ± 0.1	3.4 ± 0.1	90.0 ± 17.3	52.5 ± 3.5	ND	14.2 ± 1.2	11.4 ± 0.5	13.0 ± 0.0
maximum slop (x10 ⁴ /sec)	72.1 ± 6.4	95.1 ± 6.1	94.4 ± 2.5	0.5 ± 0.1	3.2 ± 0.0	ND	17.8 ± 1.1	34.0 ± 1.0	27.9 ± 0.9
Δ Abs	0.461 ± 0.021	1.141 ± 0.072	1.107 ± 0.144	0.076 ± 0.004	0.265 ± 0.008	0.016 ± 0.004	0.237 ± 0.012	0.847 ± 0.016	0.745 ± 0.005

Table1