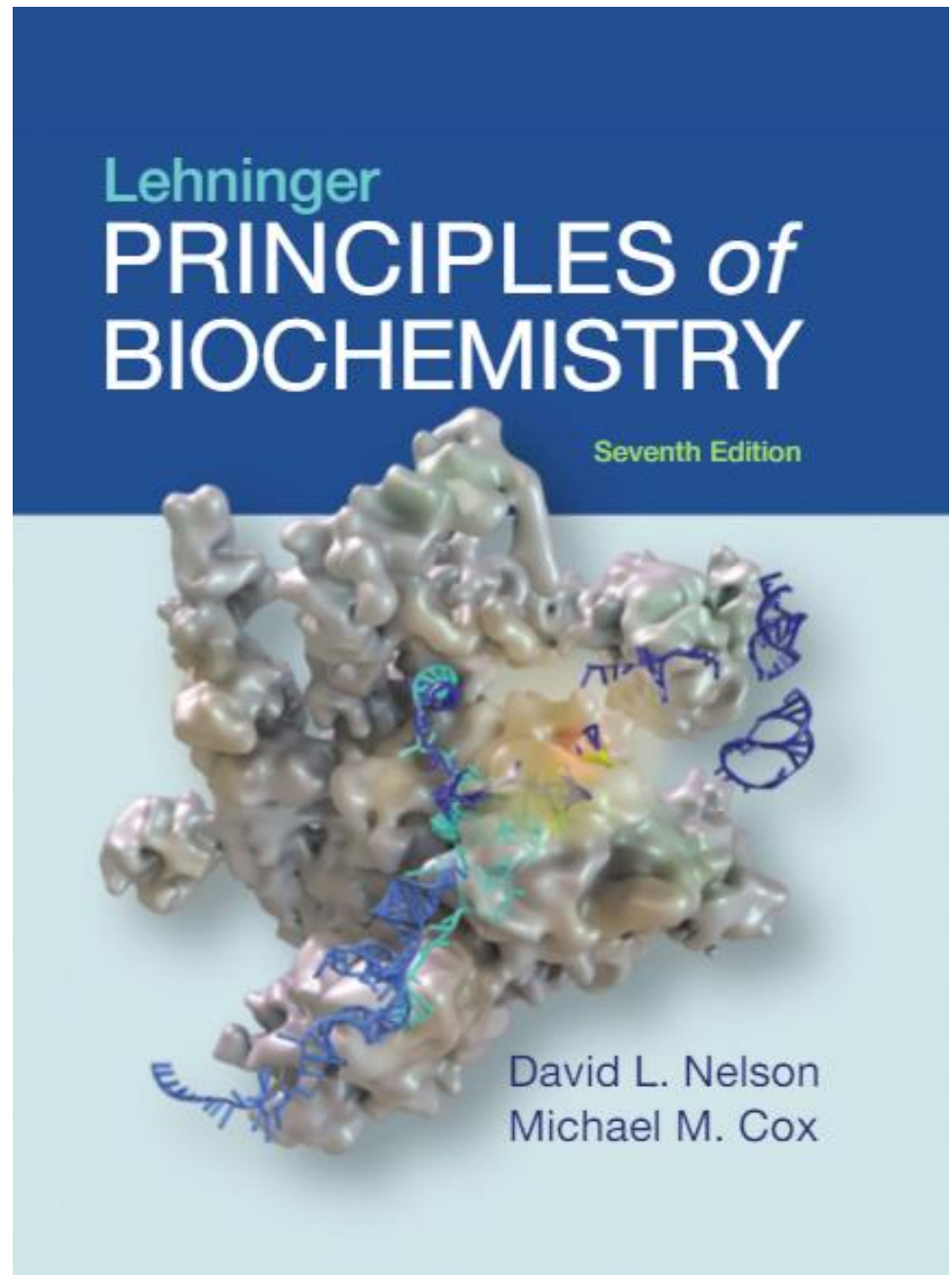


5 | Protein Function

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CHAPTER 5:

Protein Function

Learning goals:

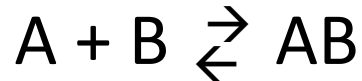
- Methods of binding ligands and proteins
- Quantitative and graphical modeling of protein-ligand interactions
- Interaction of globins with oxygen and non-oxygen ligands
- Physiological regulation of oxygen binding

Functions of Globular Proteins

- Storage of ions and molecules
 - myoglobin, ferritin
- Transport of ions and molecules
 - hemoglobin, glucose transporter
- Defense against pathogens
 - antibodies, cytokines
- Muscle contraction
 - actin, myosin
- Biological catalysis
 - chymotrypsin, lysozyme

Interaction with Other Molecules

- Reversible, transient process of chemical equilibrium:



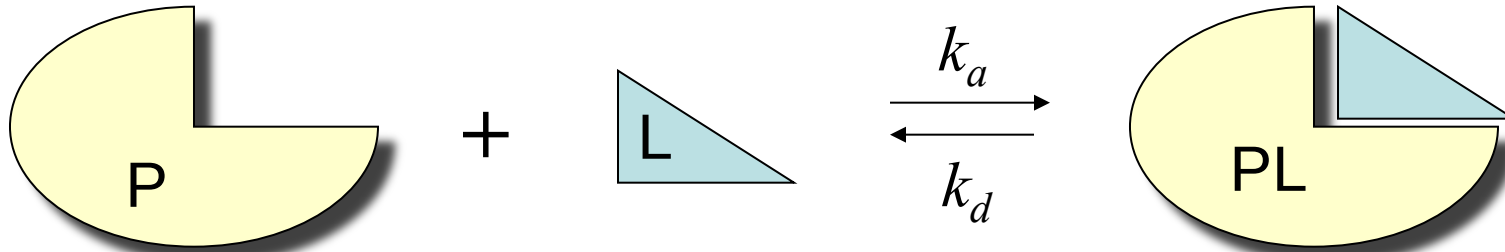
- A molecule that binds to a protein is called a **ligand**
 - Typically a small molecule
- A region in the protein where the ligand binds is called the **binding site**
- Ligand binds via same **noncovalent** forces that dictate protein structure (see Chapter 4)
 - Allows the interactions to be transient
 - (this is key to life → organism can respond quickly and reversibly to changes)

Interaction with Other Molecules

- When ligands bind to proteins, some conformational changes (sometimes quite dramatically) occur permitting tighter binding → this is called **induced fit**
 - In multisubunit proteins, a conformational change of one subunit often affects the others (**cooperativity**)
- Enzymes are special kinds of proteins. They bind and transform other molecules. Enzyme ligands are called **substrates**
- The binding site is called **catalytic site (active site)**

Binding: Quantitative Description

- Consider a process in which a ligand (L) binds reversibly to a site in a protein (P)



- The **interaction** can be described by:
 - the **association rate constant** k_a or the **dissociation rate constant** k_d
- After some time, the process will reach the **equilibrium** where the association and dissociation rates are equal $k_a[P] \cdot [L] = k_d[PL]$

- The **equilibrium composition** is characterized by the **equilibrium association constant** K_a or the **equilibrium dissociation constant**, K_d

$$K_a = \frac{[PL]}{[P] \cdot [L]} = \frac{k_a}{k_d} = 1/K_d$$

Binding:

Analysis in Terms of the Bound Fraction

- In practice, we can often determine the **fraction of occupied binding sites (θ)**
- Substituting $[PL]$ with $K_a[L][P]$, we'll eliminate $[PL]$
- Eliminating $[P]$ and rearranging gives the result in terms of equilibrium association constant
- In terms of the more commonly used **equilibrium dissociation constant**

$$\theta = \frac{[PL]}{[PL] + [P]}$$

$$\theta = \frac{K_a[L][P]}{K_a[L][P] + [P]}$$

$$\theta = \frac{[L]}{[L] + \frac{1}{K_a}}$$

$$\theta = \frac{[L]}{[L] + K_d}$$

Protein-Ligand Interactions

- Plotting θ as a function of $[L]$ can give the value of K_a
- At $\theta = 0.5 \rightarrow [L] = 1/K_a$
- Normally we use the **dissociation constant** ($K_d = 1/K_a$) $\rightarrow \theta = [L] / [L] + K_d$
- When $[L] > K_d$ by 9 x $\rightarrow$ 90% of sites are occupied
- Note: $\uparrow K_d \downarrow$ **affinity of L for P**
- *K_d is the molar concentration of ligand at which half of the binding sites are occupied*
- The more tightly L is bound to P, the lower $[L]$ needed for $\frac{1}{2}$ binding sites to be filled $\rightarrow$ lower value of K_d

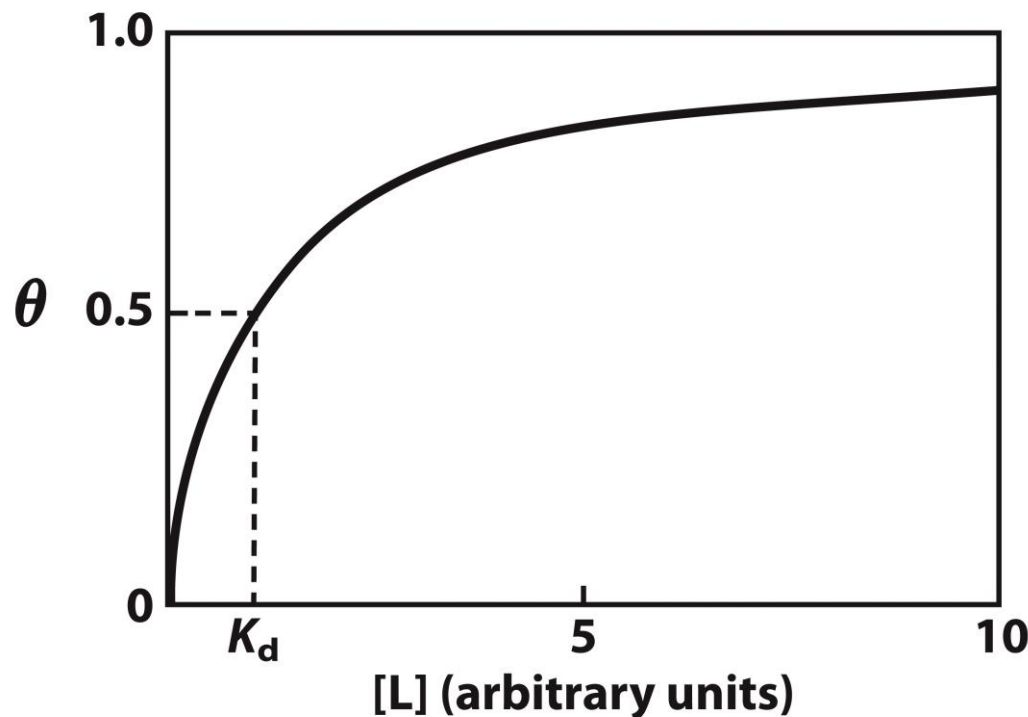
Binding: Graphical Analysis

- The fraction of bound sites depends on the free ligand concentration and K_d
- Experimentally
 - Ligand concentration is known
 - K_d can be determined graphically

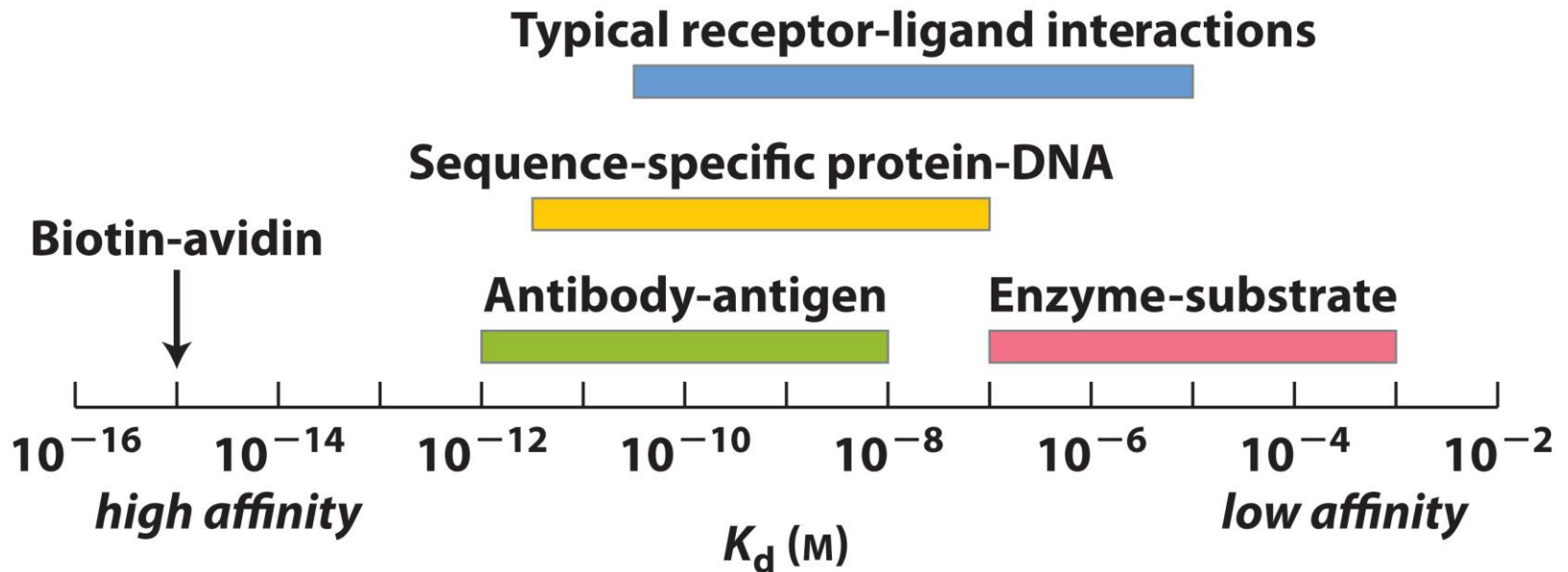
$$\theta = \frac{[L]}{[L] + K_d}$$

$$[L] \approx [L]_{\text{total}}$$

*In cells, normally
[L] >> binding sites
for L → binding of
L to P does not
change [L]*



Examples of Binding Strength



Example: Oxygen Binding to Myoglobin

When ligand is a gas, binding is expressed in terms of **partial pressures**

$$\theta = \frac{[L]}{K_d + [L]} \longrightarrow \theta = \frac{pO_2}{p_{50} + pO_2}$$

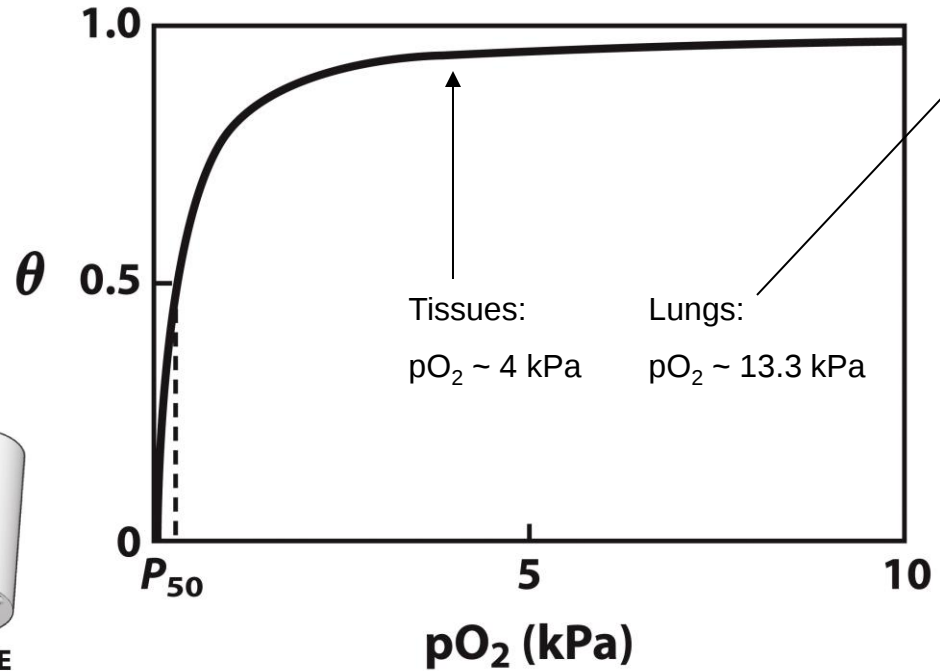
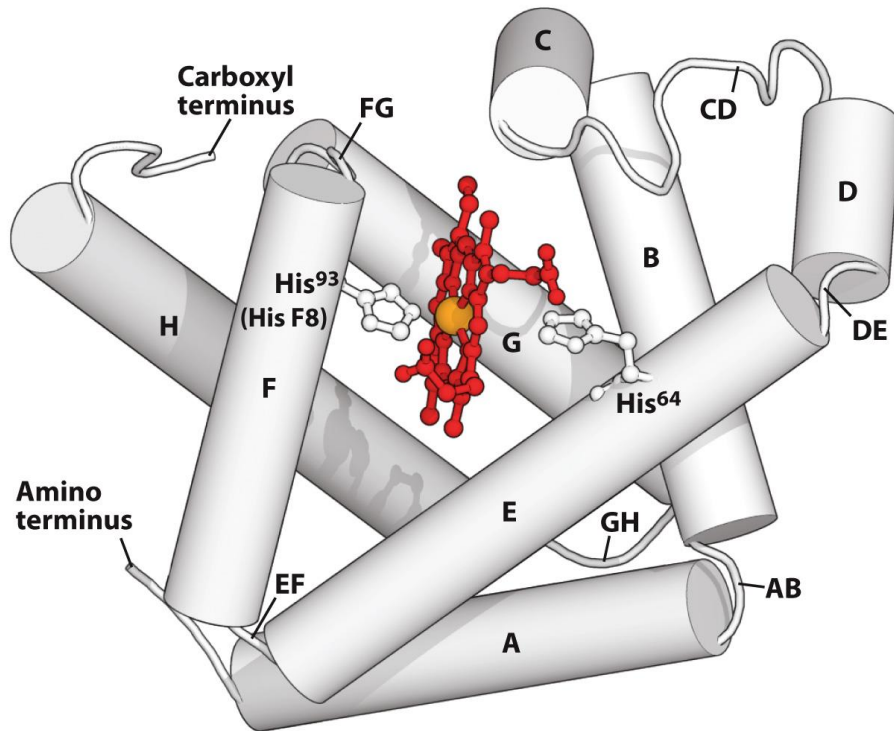
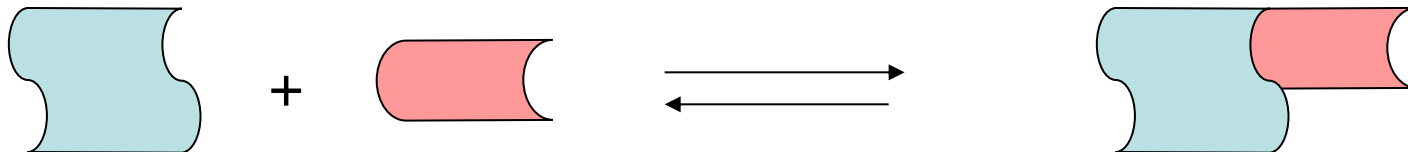


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Figure 5-3
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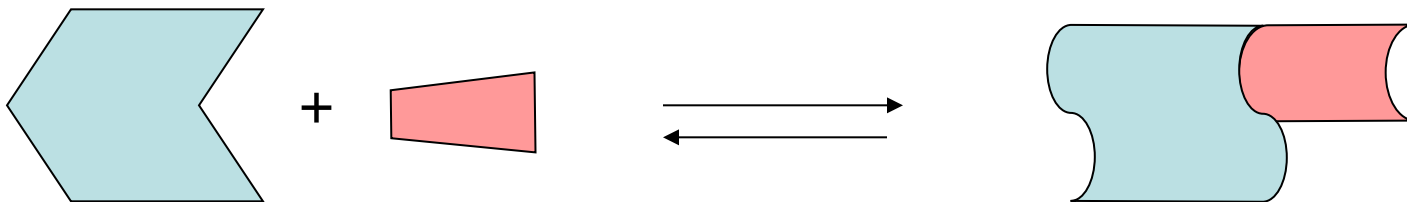
Specificity: Lock-and-Key Model

- Proteins typically have high specificity: only certain ligands bind
- High specificity can be explained by the **complementary** of the binding site and the ligand.
- Complementary in
 - size,
 - shape,
 - charge,
 - or hydrophobic/hydrophilic character
- “Lock and Key” model by Emil Fisher (1894) assumes that complementary surfaces are **preformed**.



Specificity: Induced Fit

- Conformational changes may occur upon ligand binding (Daniel Koshland in 1958)
 - This adaptation is called the **induced fit**
 - Induced fit allows for tighter binding of the ligand
 - Induced fit allows for high affinity for different ligands
- Both the ligand and the protein can change their conformations



Case Study I: Globins Are Oxygen-Binding Proteins

Biological problems:

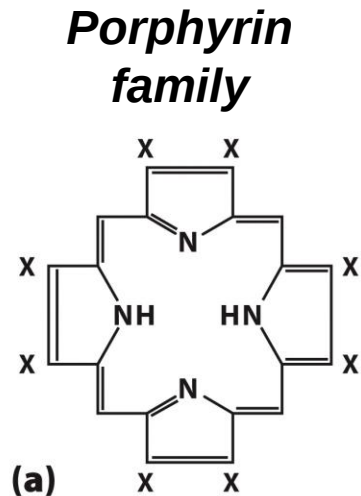
- Protein side chains lack affinity for O_2 .
- Some transition metals bind O_2 well but would generate **free radicals** if free in solution.
- Organometallic compounds such as heme are more suitable, but Fe^{2+} in free heme could be oxidized to Fe^{3+} (very reactive!).

Biological solution:

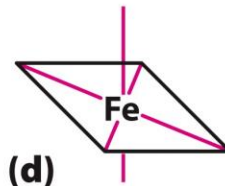
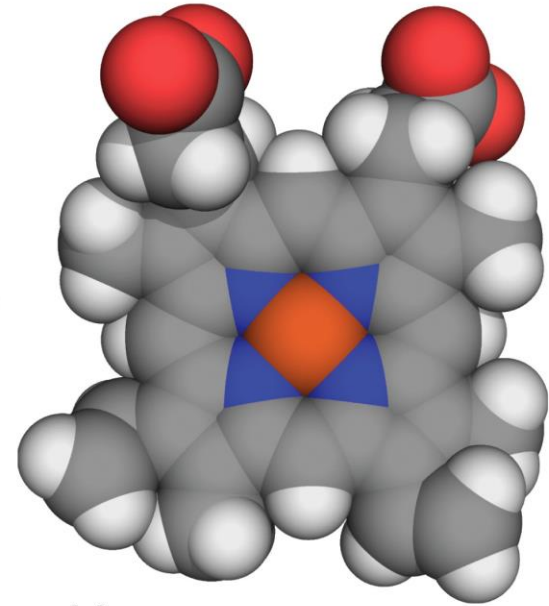
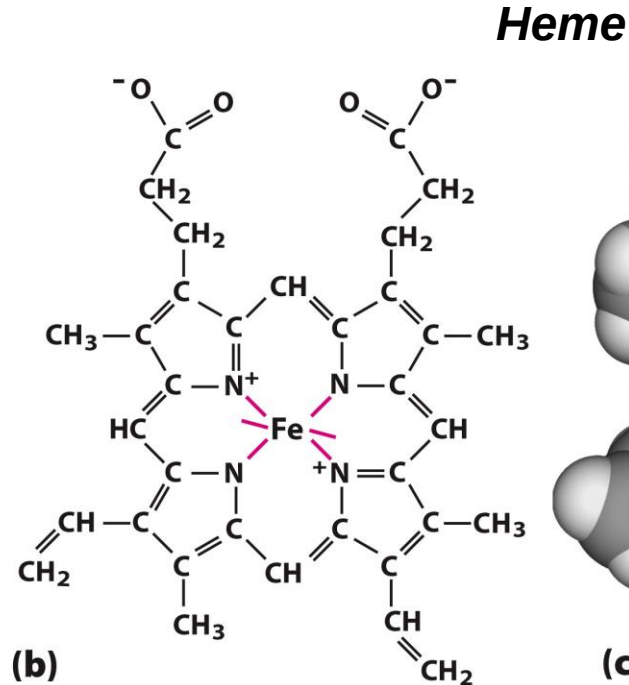
- Capture the oxygen molecule with heme that is protein bound.

Myoglobin (storage) and hemoglobin (transport) can bind oxygen via a protein-bound heme.

Structures of Porphyrin and Heme



four pyrrole rings linked by methene bridges



The iron atom of heme has six coordination bonds: four in the plane of, and bonded to, the flat porphyrin ring system, and two perpendicular to it

Figure 5-1

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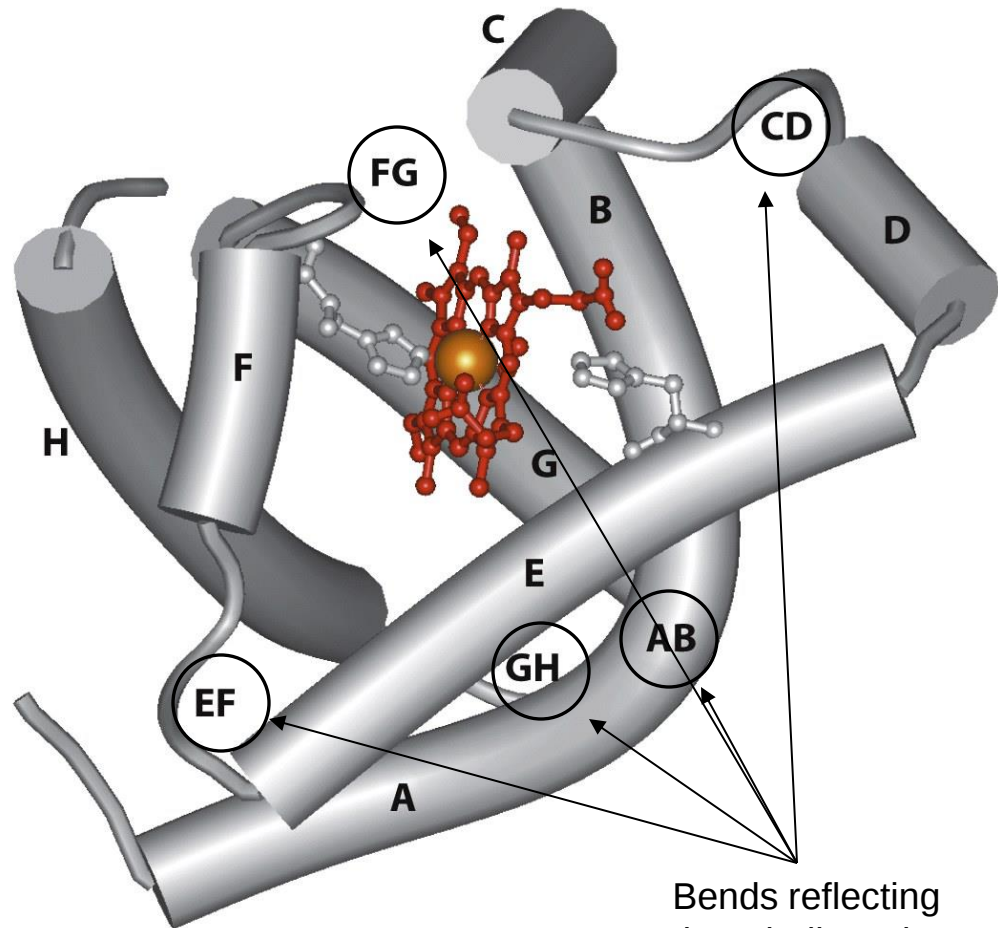
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Example: Oxygen Binding to Myoglobin

- Free heme molecules not bound in proteins → 2 open coordination bonds
- Reaction of 1 O₂ molecule with two hemes will lead to irreversible conversion of Fe²⁺ to Fe³⁺ which does not bind O₂
- This reaction is prevented in heme-containing proteins because one of the coordination bonds is attached to a His side chain and the other is free to bond O₂
- When O₂ binds, electronic properties of heme changes (color changes from dark purple to bright red)
- CO and NO bind more tightly to heme than O₂ → toxic to aerobic organisms

Structure of Myoglobin

- Mb is a single polypeptide of 153 aa and 1 heme molecule
- It is part of a family of proteins called **globins**
- 8 α helices
- His residue coordinated heme is His⁹³ (or His F8)



Bends reflecting
the α helices they
connect

Uploaded By: Rawan Rous

Binding of Carbon Monoxide

- CO has similar size and shape to O₂; it can fit to the same binding site
- CO binds over 20,000 times better than O₂ because the carbon in CO has a filled lone electron pair that can be donated to vacant d-orbitals on the Fe²⁺
- Protein pocket decreases affinity for CO, but it still binds about 250 times better than oxygen
- CO is highly toxic as it competes with oxygen. It blocks the function of myoglobin, hemoglobin, and mitochondrial cytochromes that are involved in oxidative phosphorylation

CO vs. O₂ Binding to Free Heme

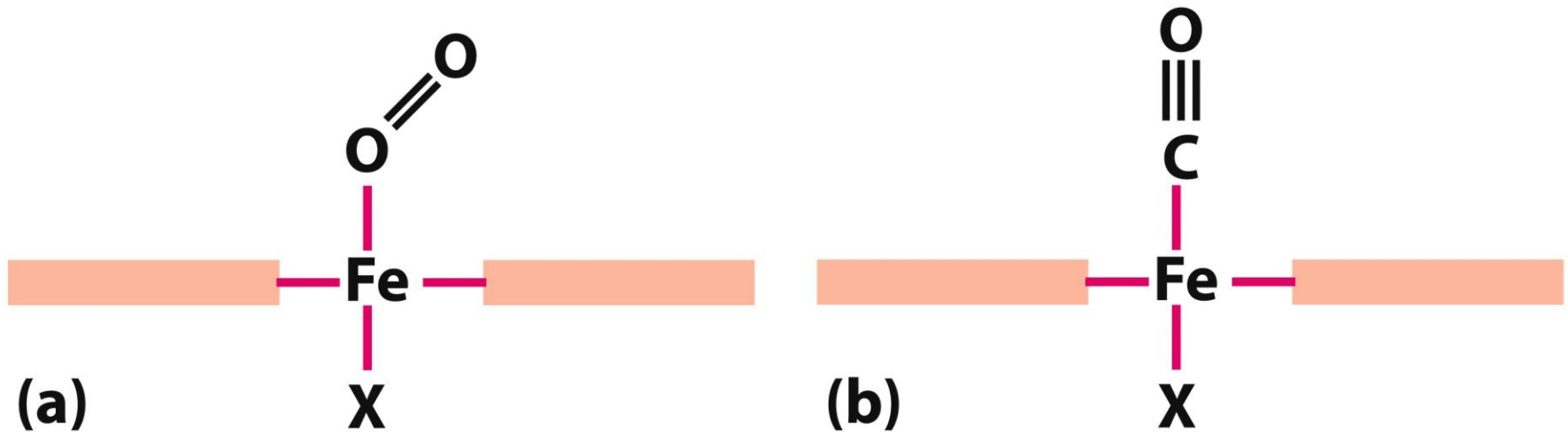
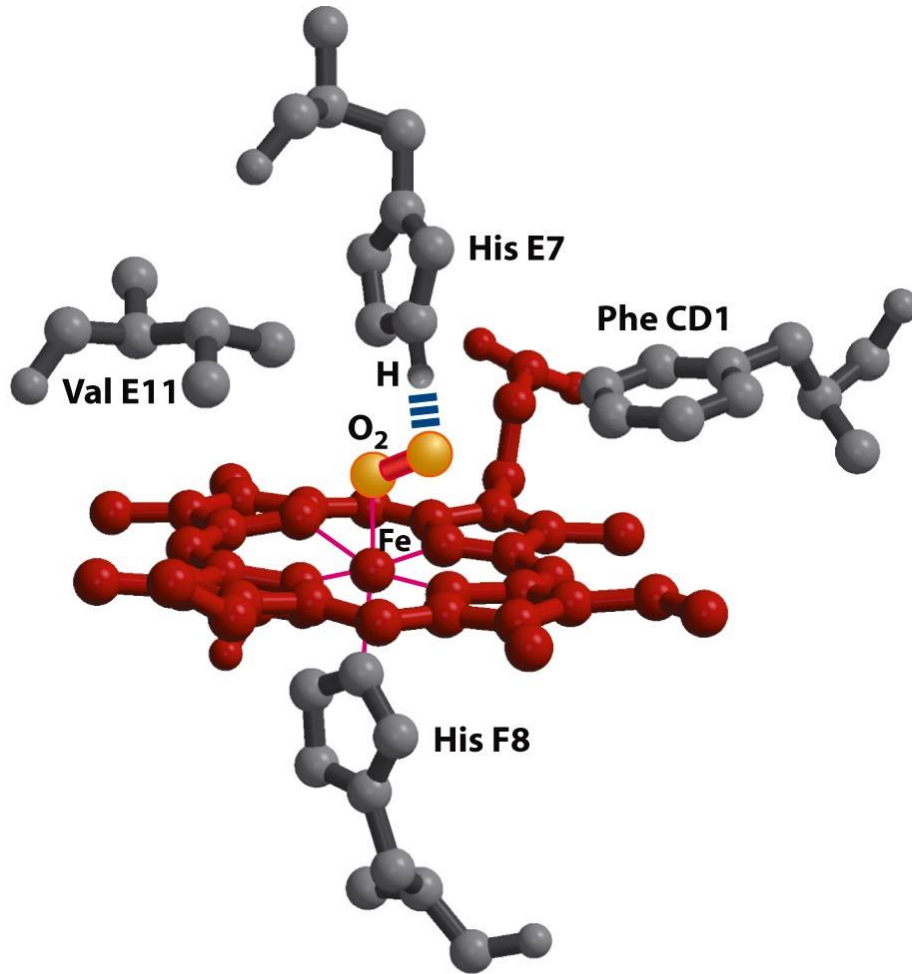


Figure 5-5ab

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Heme binding to protein affects CO vs. O₂ binding



When binding to the heme in myoglobin, CO is forced to adopt a slight angle because the perpendicular arrangement is sterically blocked by His E7, the distal His. This effect weakens the binding of CO to myoglobin.

Figure 5-5c
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Spectroscopic Detection of Oxygen Binding to Myoglobin

- The heme group is a strong **chromophore** that absorbs both in ultraviolet and visible range 
- Ferrous form (Fe^{2+}) without oxygen has an intense Soret band at 429 nm 
- Oxygen binding alters the electronic properties of the heme, and shifts the position of the Soret band to 414 nm
- Binding of oxygen can be monitored by UV-Vis spectrophotometry
- Deoxyhemoglobin (in venous blood) appears purplish in color and oxyhemoglobin (in arterial blood) is red

Could myoglobin transport O₂?

- pO₂ in lungs is about 13 kPa: it sure binds oxygen well
- pO₂ in tissues is about 4 kPa: it will not release it!

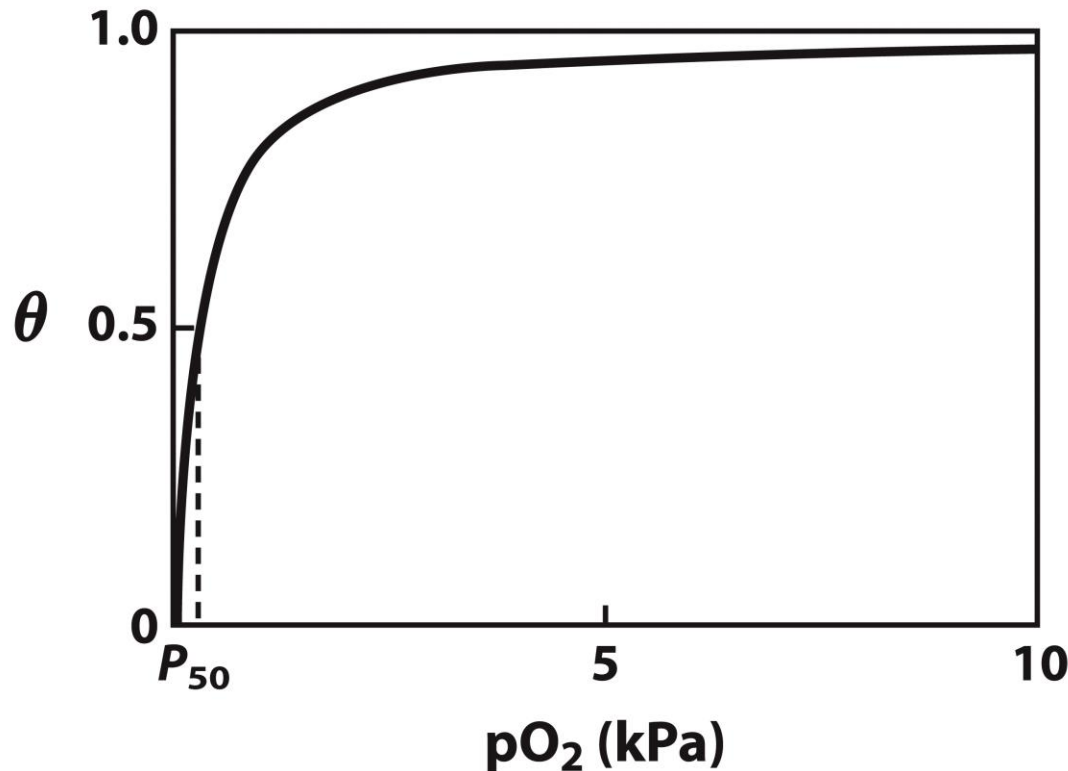


Figure 5-4b
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- Would lowering the affinity (P₅₀) of myoglobin to oxygen help?

For effective transport affinity must vary with pO_2

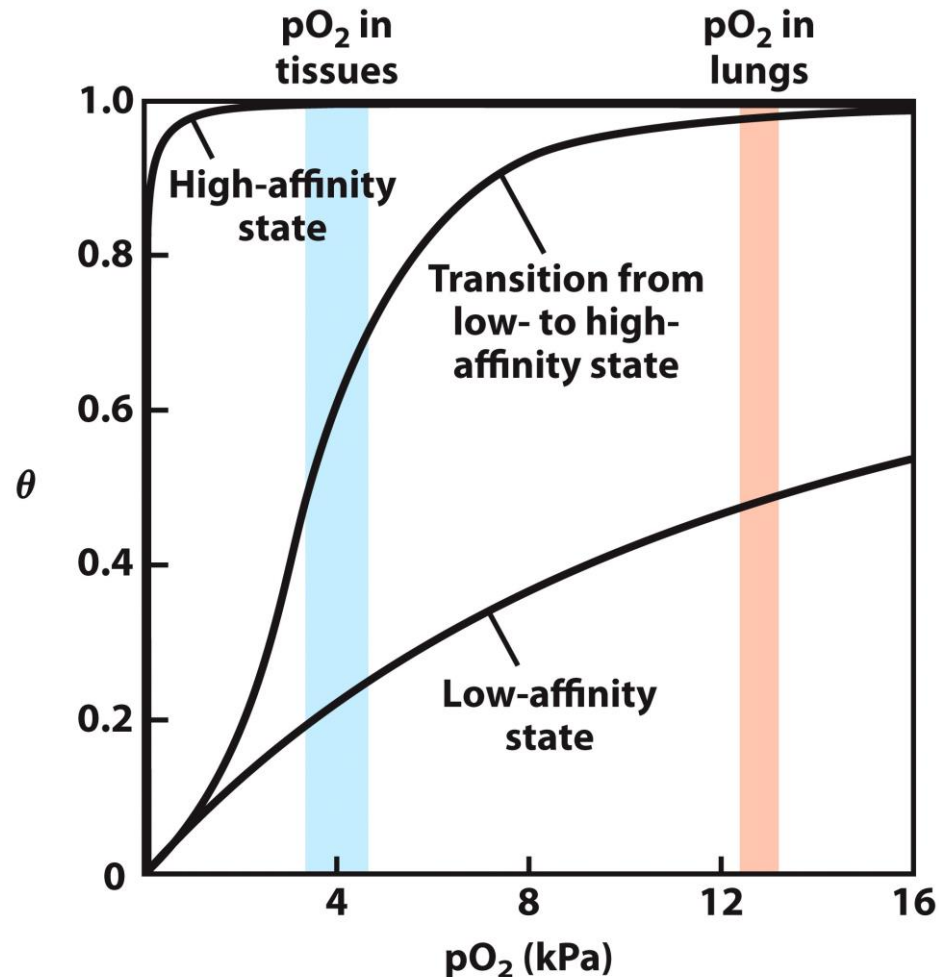


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How can affinity to oxygen change?

- Must be a protein with multiple binding sites
- Binding sites must be able to interact with each other
- This phenomenon is called cooperativity
 - positive cooperativity
 - first binding event increases affinity at remaining sites
 - recognized by sigmoidal binding curves
 - negative cooperativity
 - first binding event reduces affinity at remaining sites

Cooperativity

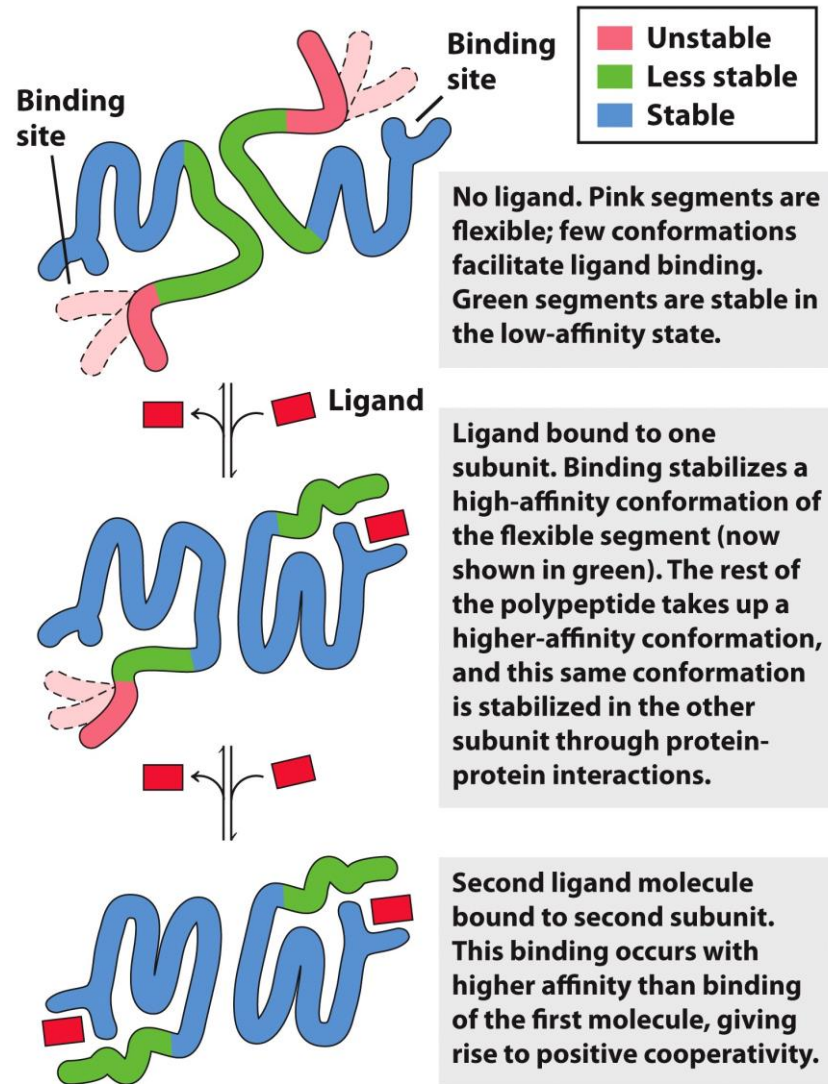


Figure 5-13

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Cooperativity: Quantitative Description

- Cooperative proteins have multiple ligand-binding sites

- so K_a becomes:
$$K_a = \frac{[PL_n]}{[P][L]^n}$$

- And θ becomes:
$$\theta = \frac{[L]^n}{[L]^n + K_d}$$

- Taking the log of both sides gives the **Hill Equation**:

$$\log \left(\frac{\theta}{1 - \theta} \right) = n \log [L] - \log K_d$$

- n = the Hill Coefficient (the degree of cooperativity)
- $n = 1 \rightarrow$ no cooperativity; $n > 1 \rightarrow$ +ve coop.; $n < 1 \rightarrow$ -ve coop.
- **Hill plot**: plotting $\log (\theta / 1 - \theta)$ vs. $\log [L]$. Gives the Hill coefficient (n_H) which measures the degree of cooperativity

The Hill Plot of Cooperativity

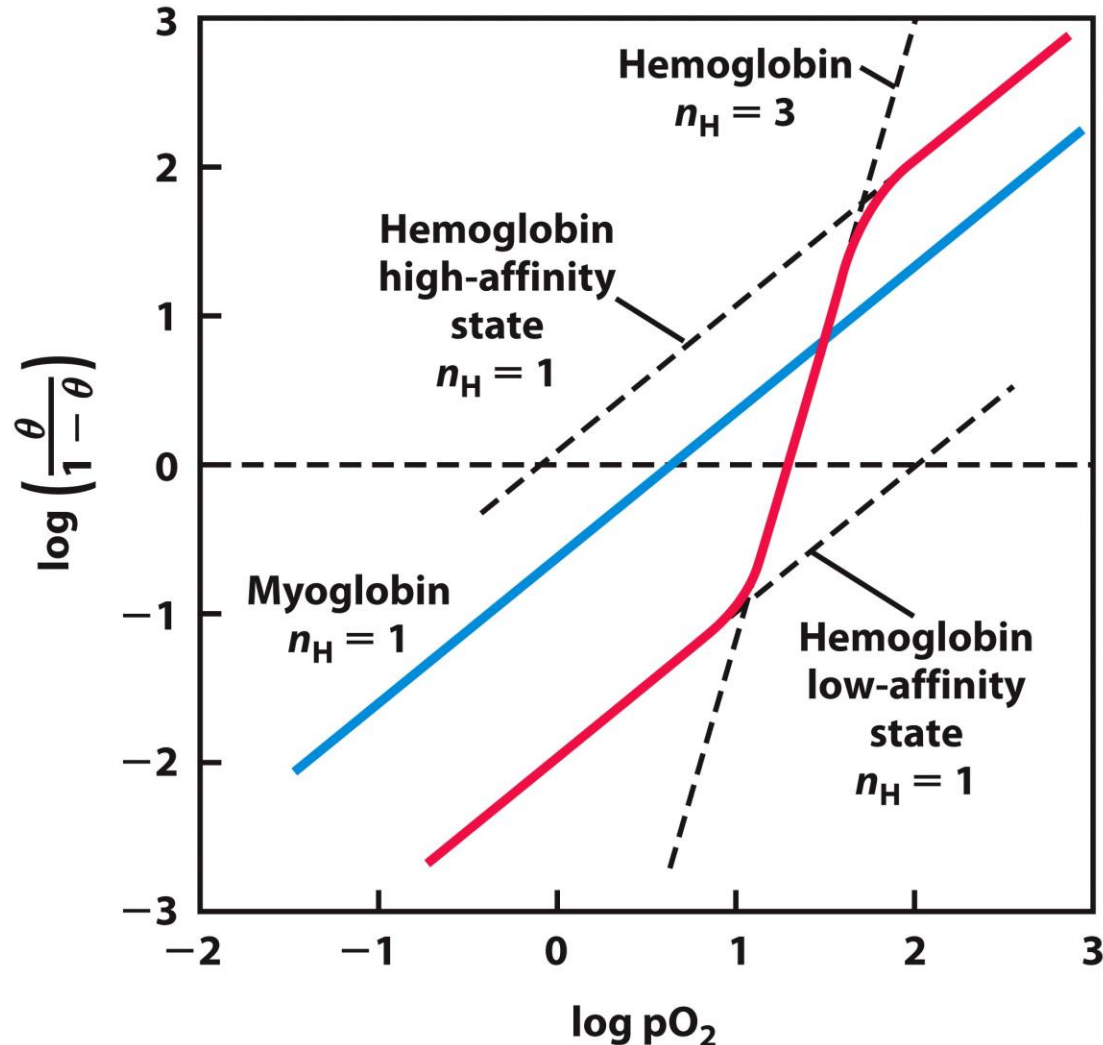


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Cooperativity is a special case of allosteric regulation

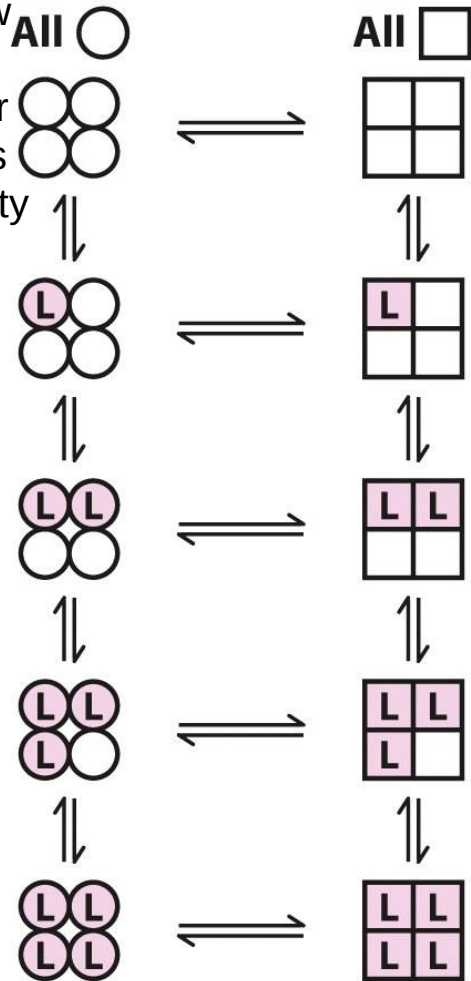
- **Allosteric protein**

- Binding of a ligand (a modulator) to one site affects the binding properties of a different site, on the same protein
- Can be positive or negative
- Homotropic
 - Normal ligand of the protein is the allosteric regulator
- Heterotropic
 - Different ligand affects binding of the normal ligand

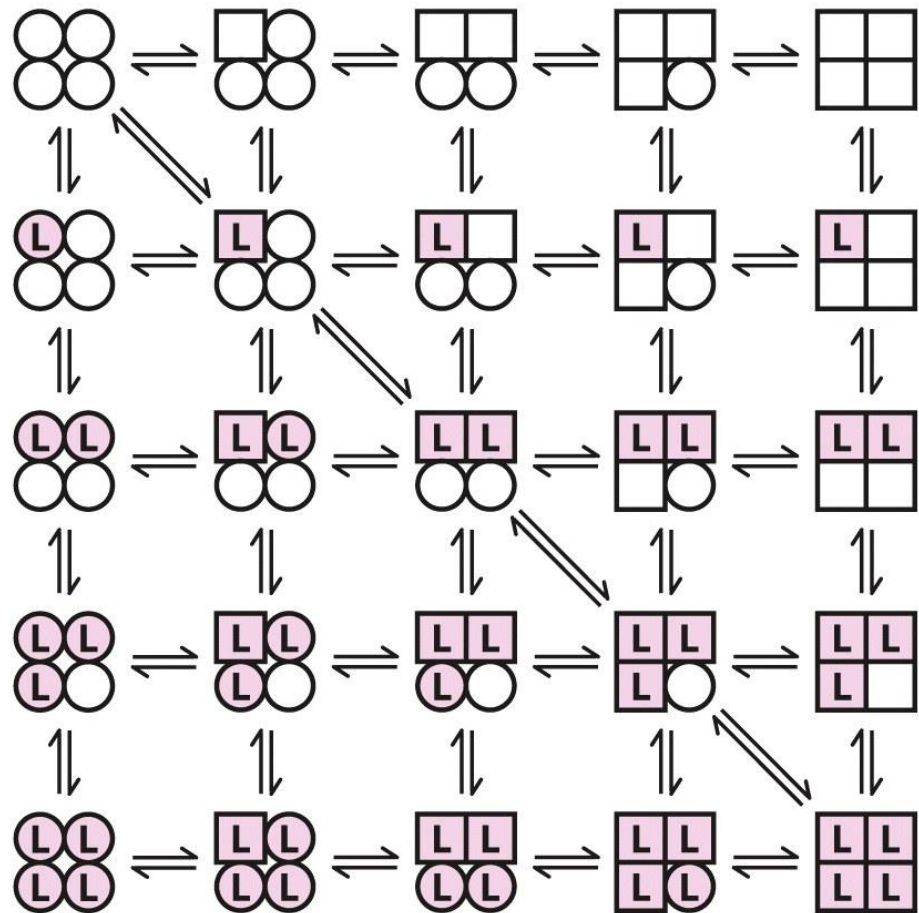
- Cooperativity = positive homotropic regulation

Two Models of Cooperativity: Concerted (MWC) vs. Sequential

Either all circles (low affinity or inactive) or all squares (high affinity or active).



Each individual subunit can be in either the or form. A very large number of conformations is thus possible



Hemoglobin binds oxygen cooperatively

- Hemoglobin (Hb) is a tetramer of two subunits ($2\alpha 2\beta$)
- Each subunit is similar to myoglobin

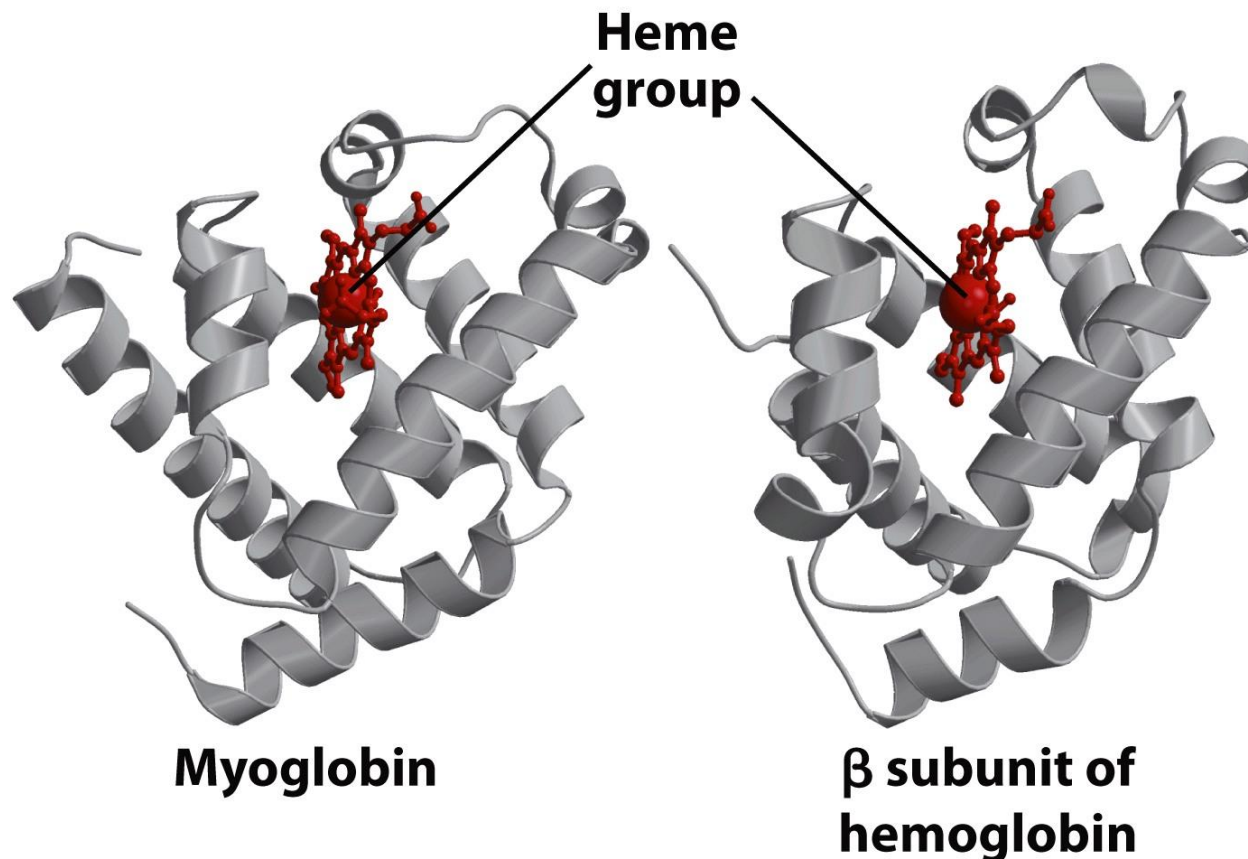


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Hemoglobin binds oxygen cooperatively

- Red blood cells (erythrocytes) are special incomplete cells filled with Hb (and no nucleus or organelles). They are biconcave discs. Their lifespan is 120 days
- In arterial blood (from the lungs), Hb is 96% saturated with O_2 . In venous blood (to the heart and lungs), Hb is ~64%
- Mb is insensitive to small changes in $[O_2]$ (O_2 -storage protein)
- Hb is sensitive to small changes $\rightarrow O_2$ -transport protein (multiple subunits)

Hb Subunits are Similar to Mb

- Hb (M_r 64,500) is spherical
- Tetramer
- 4 heme prosthetic groups
- 2 α chains (141 aa each) and 2 β chains (146 aa each)
- 3D structure of both α and β is similar
- aa sequences of Mb and α and β Hb are identical in 27 positions
- The helix-naming system for Mb is also used for Hb polypeptides
- Hb α does not have D helix

Sequence Similarity between Hemoglobin and Myoglobin

	Mb	Hb α	Hb β
NA1	-- 1V	1V	1V
	—	—	H
	L	L	L
A1	---S	S	T---
	E	P	P
	G	A	E
	E	D	E
	W	K	K
	Q	T	S
	L	N	A
	V	V	V
	L	K	T
	H	A	A
	V	A	L
	W	W	W
	A	G	G
	K	K	K
	V	V	V
A16	---E	G	---
	A	A	—
B1	--20D	20H	N---
	V	A	20V
	A	G	D
	G	E	E
	H	Y	V
	G	G	G
	Q	A	G
	D	E	E
	I	A	A
	L	L	L
	I	E	G
	R	R	R
	L	M	L
	F	F	L
	K	L	V
B16	---S	S	V---
	:	:	:
	:	:	:
	:	:	:

	Mb	Hb α	Hb β
	K	A	A
	K	H	H
	K	V	L
80	G	D	D
	H	D	80N
	H	M	L
	E	P	K
	A	N	G
	E	A	T
F1	---L	80L	F---
	K	S	A
	P	A	T
	L	L	L
	A	S	S
	Q	D	E
	S	L	L
Proximal His F8	H	H	H
F9	---A	A	C---
	T	H	D
	K	K	K
	H	L	L
	K	R	H
	I	V	V
G1	--100P	D	D---
	I	P	100P
	K	V	E
	Y	N	N
	L	F	F
	E	K	R
	I	L	L
	S	S	G
	E	H	N
	A	C	V
	I	L	V
	:	:	:
	:	:	:
	:	:	:

	:	:	:
C1	---H	F	Y---
	P	P	P
	E	T	W
	T	T	T
40L	E	40K	Q
	E	T	40R
C7	---K	Y	F---
	F	F	F
	D	P	E
	R	H	S
	F	F	F
	K	—	G
	H	D	D
	L	L	L
	K	S	S
D1	---T	H	T---
	E	—	P
	A	—	D
	E	—	A
	M	—	V
	K	—	M
D7	---A	G	G---
E1	---S	S	N---
	E	A	P
60D	L	Q	K
	L	V	60V
	K	K	K
	K	G	A
Distal His E7	H	H	H
	G	G	G
	V	60K	K
	T	K	K
	V	V	V
	L	A	L
	T	D	G
	A	A	A
	L	L	F
	G	T	S
	A	N	D
	I	A	G

	:	:	:
	H	V	C
	V	T	V
	L	L	L
	H	A	A
	S	A	H
G19	---R	H	H---
	H	L	F
120P	G	A	120K
	D	E	E
	F	F	F
H1	---G	T	T---
	A	P	P
	D	120A	P
	A	V	V
	Q	H	Q
	A	S	A
	M	L	Y
	N	D	Q
	K	K	K
	A	F	V
	L	L	V
	E	A	A
	L	S	G
	F	V	V
	R	S	A
140K	D	V	140A
	I	L	L
	A	T	A
H21	---A	S	H---
	K	K	K
	Y	140Y	HC1
	K	141R	146H
	E		
H26	---		
	G		
	Q		

Hb α and Hb β only

Hb is a dimer of two $\alpha\beta$ protomers

- 4^o structure of Hb shows strong interactions between unlike subunits
- The $\alpha_1\beta_1$ interface (and also $\alpha_2\beta_2$) involve > 30 aa
- The $\alpha_1\beta_2$ interface (and also $\alpha_2\beta_1$) involve 19 aa
- These interfaces make strong interactions → mild treatment of Hb with urea breaks the tetramer into $\alpha\beta$ dimers

Subunit Interactions in Hemoglobin

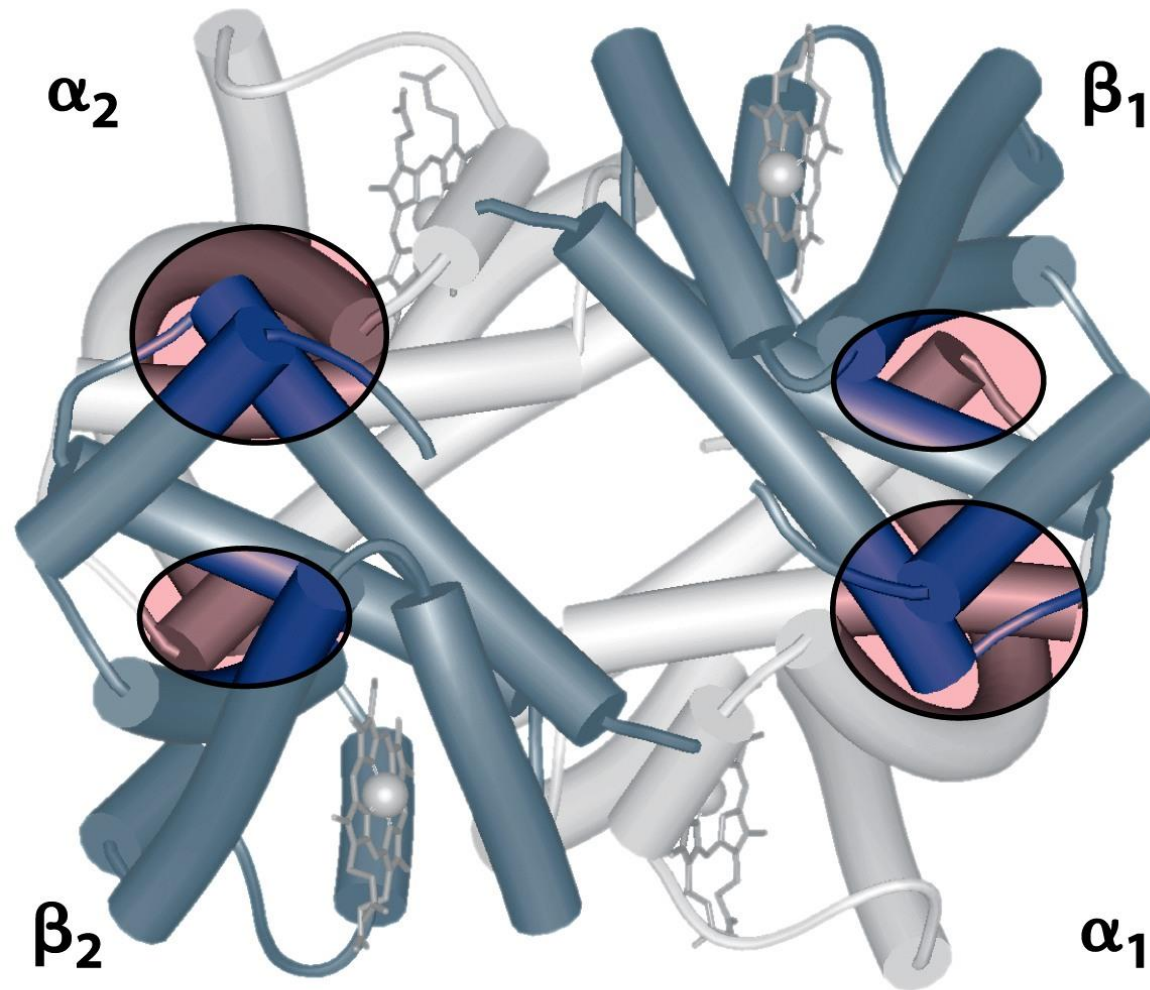


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R and T States of Hemoglobin

- Two major conformations of Hb:
R state and **T state**
- O₂ binds to Hb in either one, but it has higher affinity to R state
- **T = Tense** state
 - More interactions, more stable
 - **Lower affinity** for O₂
- **R = Relaxed** state
 - Fewer Interactions, more flexible
 - **Higher affinity** for O₂

Hb Changes Structure after O₂ Binding

- O₂ binding stabilizes R state
- T state is more stable when not bound to O₂ (deoxyhemoglobin)
- *O₂ binding to a Hb subunit at the T state converts the subunit to R state*
- Therefore, O₂ binding triggers a **T** → **R** conformational change
- Conformational change from the T state to the R state involves breaking ion pairs between the $\alpha 1$ / $\beta 2$ interface

R and T States of Hemoglobin

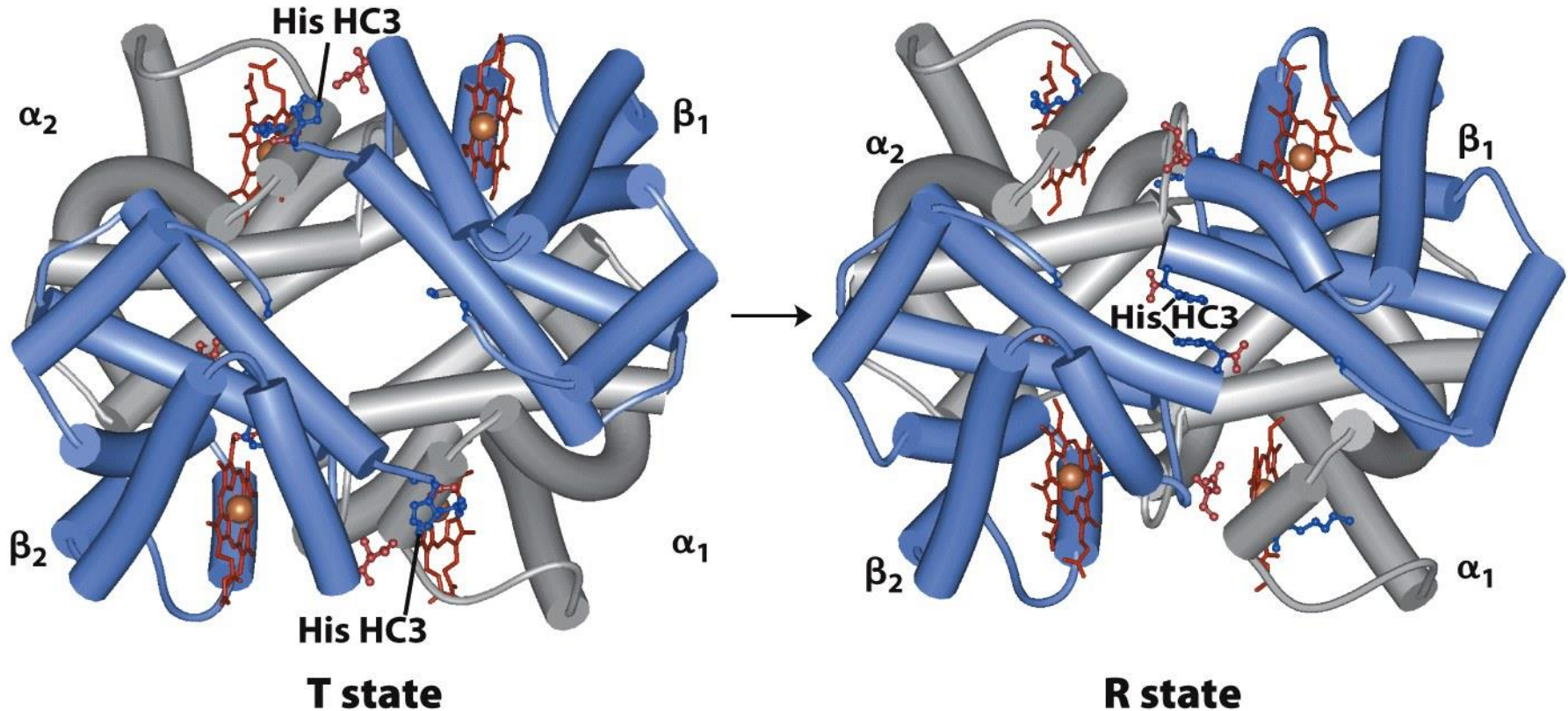


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The transition from the T state to the R state shifts the subunit pairs, affecting certain ion pairs. Most noticeably, the His HC3 residues at the carboxyl termini of the β subunits, which are involved in ion pairs in the T state, rotate in the R state toward the center of the molecule, where they are no longer in ion pairs. Another dramatic result of the T $\rightarrow$ R transition is a narrowing of the pocket between the β subunits.

pH Effect on O₂ Binding to Hemoglobin

- Actively metabolizing tissues generate H⁺, lowering the pH of the blood near the tissues relative to the lungs
- Hb Affinity for oxygen depends on the pH
 - H⁺ binds to Hb and stabilizes the T state
 - Protonates His146 which then forms a salt bridge with Asp94
 - Leads to the release of O₂ (in the tissues)
- The pH difference between lungs and metabolic tissues increases efficiency of the O₂ transport
- This is known as the **Bohr effect**

pH Effect on O₂ Binding to Hemoglobin

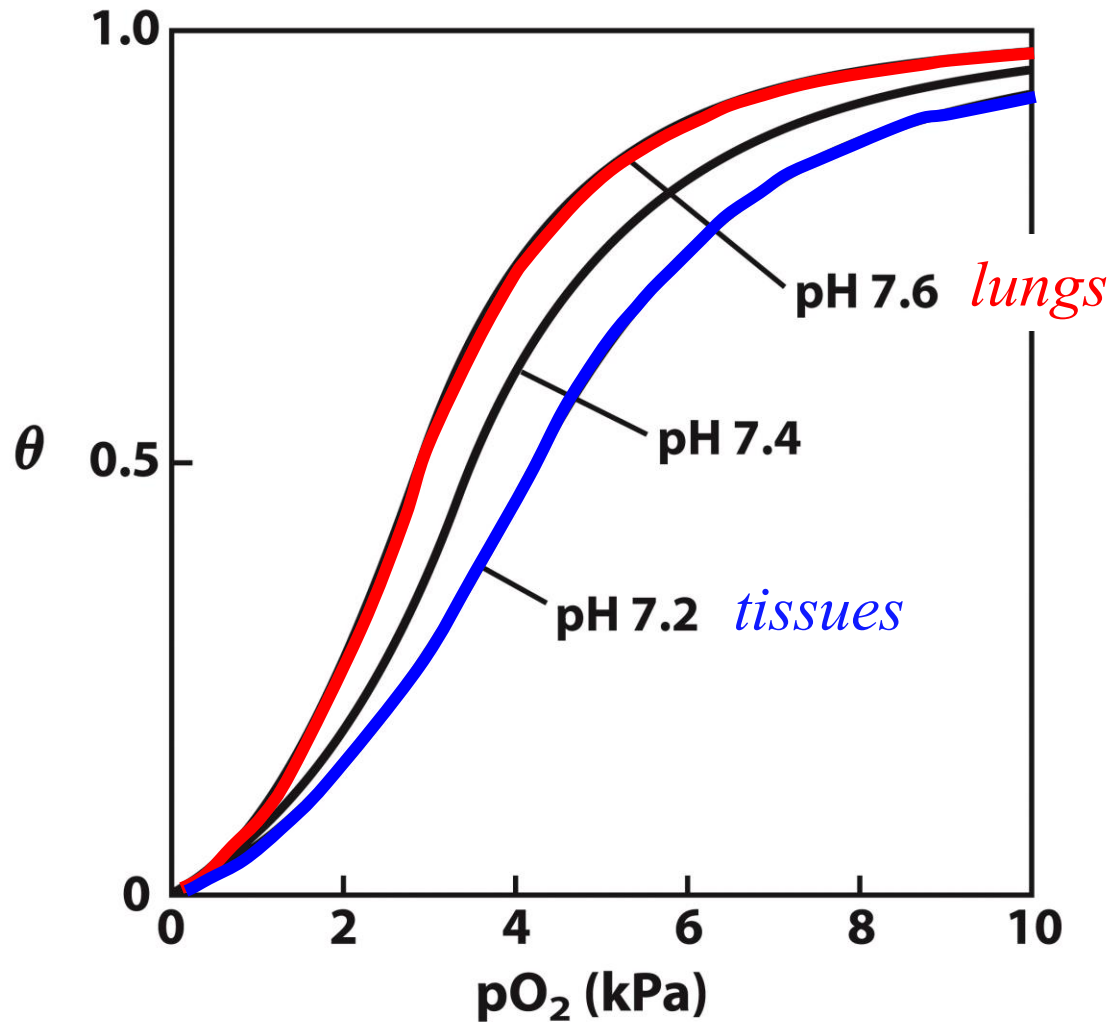


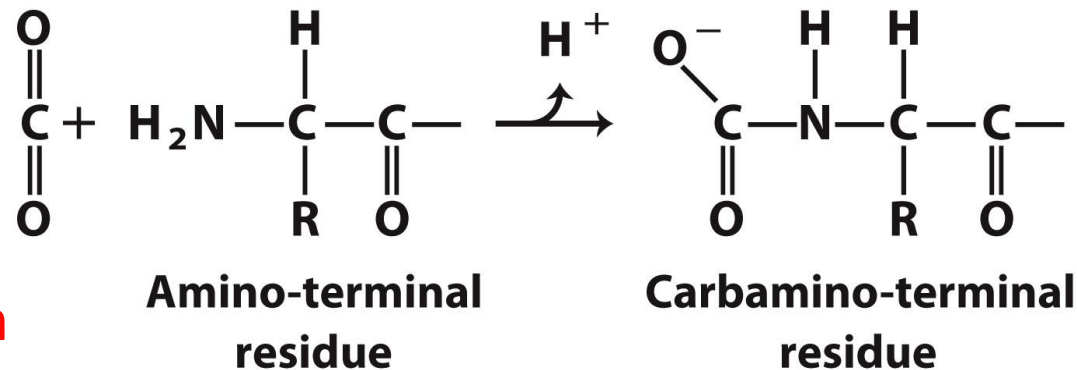
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Hemoglobin and CO₂ Export

- CO₂ is produced by metabolism in tissues and must be exported
- 15–20% of CO₂ is exported in the form of a carbamate on the **amino terminal residues** of each of the polypeptide subunits.

- **Notice:**

- the formation of a carbamate yields a proton which can contribute to the Bohr Effect

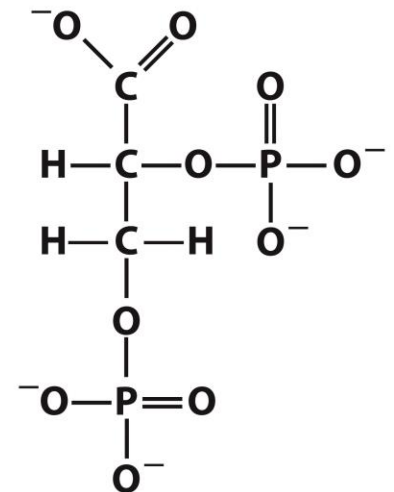


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- the carbamate forms additional salt bridges stabilizing the T state
- The rest of the CO₂ is exported as dissolved bicarbonate
 - Formed by carbonic anhydrase, and also producing a proton

2,3-Bisphosphoglycerate regulates O₂ binding

- Negative heterotropic regulator of Hb function
- Present at mM concentrations in erythrocytes
 - Produced from an intermediate in glycolysis
 - Plays an important role in physiological adaptations for low oxygen concentration (like at high altitudes or in cases of **hypoxia**)
- Small negatively charged molecule, binds to the positively charged central cavity of Hb
- **Stabilizes the T states**



2,3-Bisphosphoglycerate

2,3-BPG binds to the central cavity of Hb

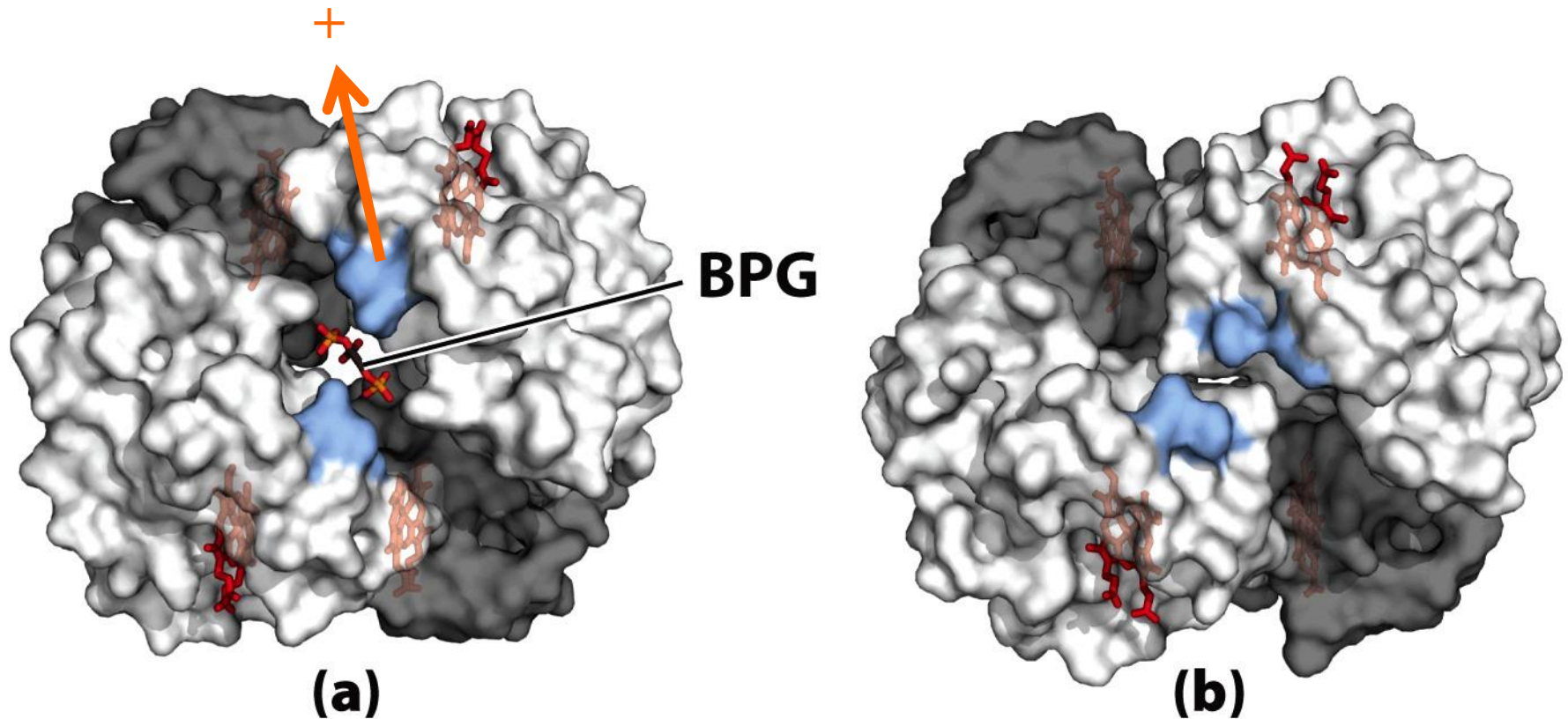


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BPG binding stabilizes the T state of deoxyhemoglobin

The binding pocket for BPG disappears on oxygenation

2,3-BPG allows for O₂ release in the tissues and adaptation to changes in altitude

- ★ At sea level, Hb is nearly saturated with O₂ in the lungs
- ★ Hb is just over 60% saturated in the tissues
- ★ The amount of O₂ released in the tissues is about 38% of the maximum that can be carried in the blood
- ★ At high altitudes, O₂ delivery declines to 30% of maximum
- ★ An increase in [BPG] decreases the affinity of Hb for O₂, so ~ 37% of what can be carried is again delivered to the tissues

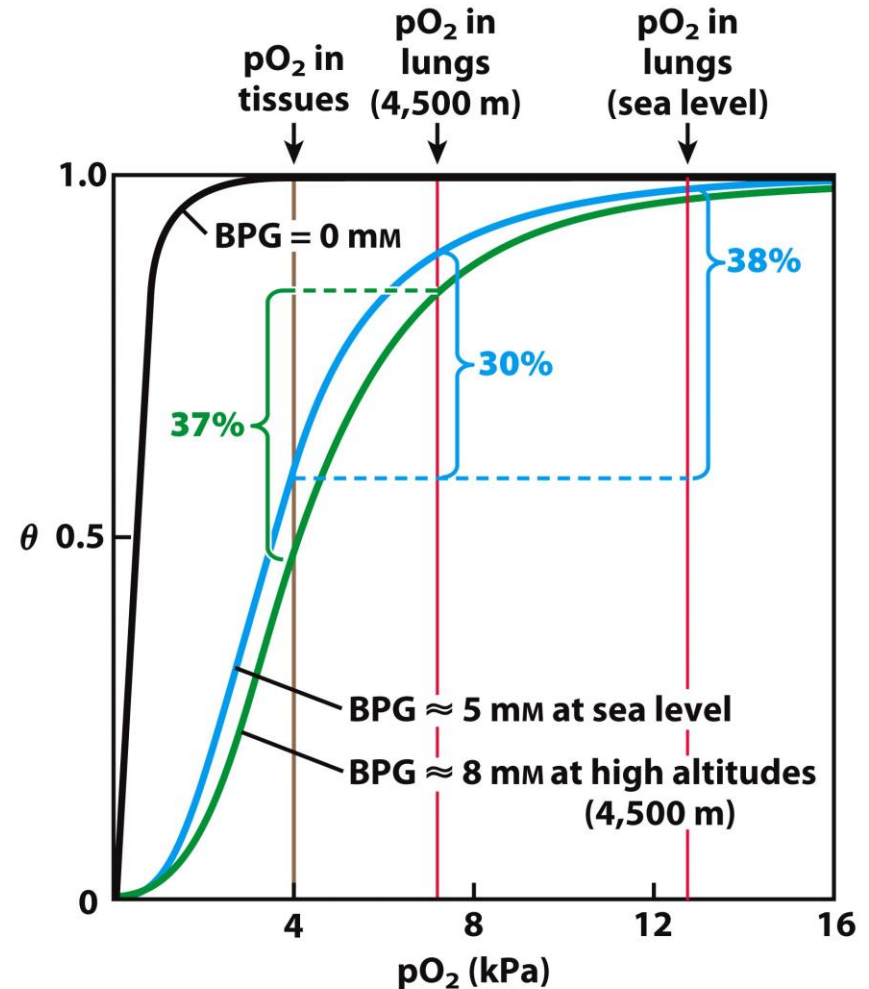
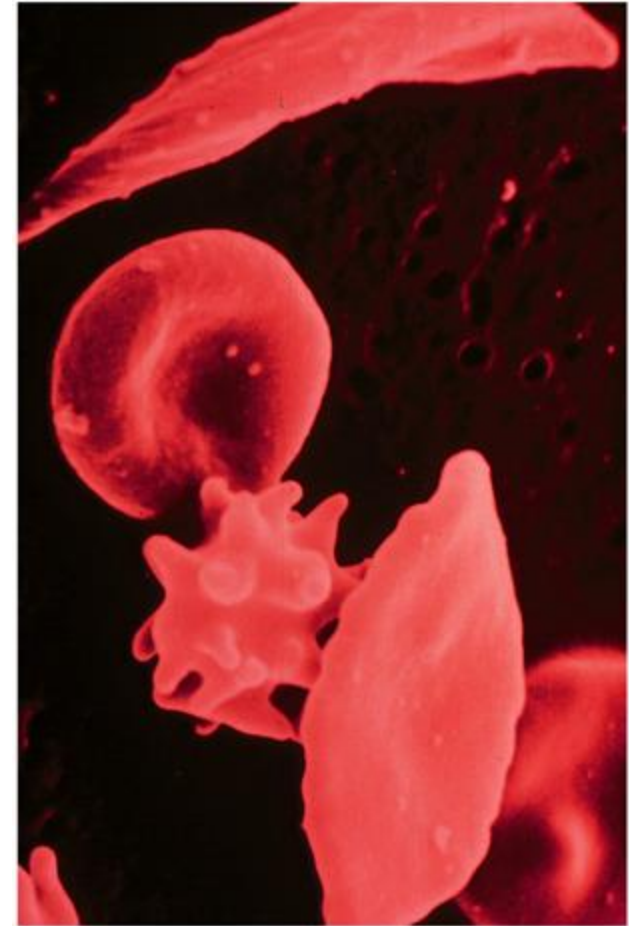


Figure 5-17
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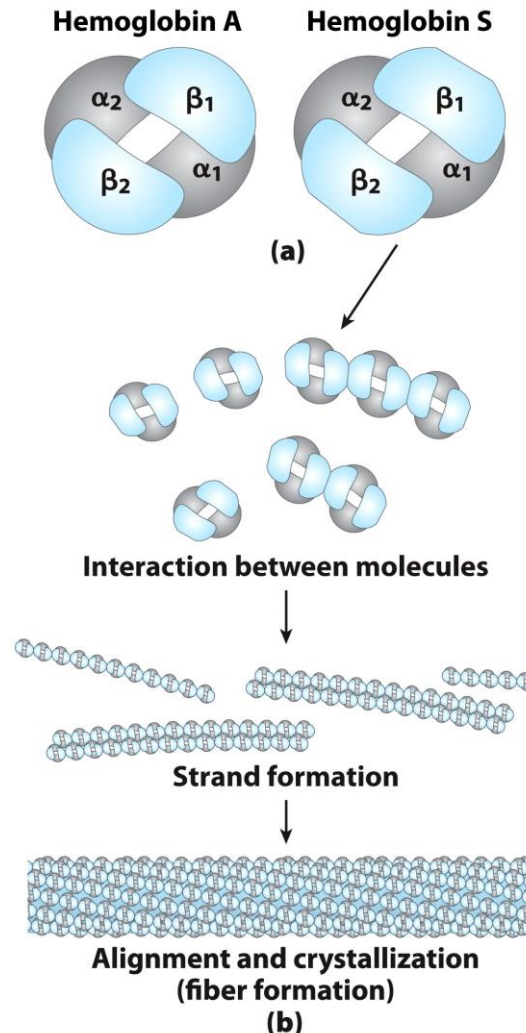
Sickle-cell anemia is due to a mutation in hemoglobin

- Sickle-cell disease occurs in individuals *homozygous* for the sickle cell allele of the gene encoding the β subunit of Hb
- When Hb from a sick patient is deoxygenated (Hb S) it aggregates and precipitates (normal Hb, Hb A does not precipitate upon deoxygenation)
- The difference is a single aa substitution Glu6 $\rightarrow$ Val in the β chain of Hb
- The new Val (hydrophobic) side chain can bind to a different Hb molecule to form a strand
- Untreated homozygous individuals generally die in childhood



(b)

Formation of Hb Strands in Sickle-Cell Anemia



*deoxyhemoglobin S has a **hydrophobic patch** on its surface, which causes the molecules to aggregate into strands that align into insoluble fibers*

Figure 5-20
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Fetal Hemoglobin (HbF)

- The main oxygen transport protein in the fetus during the last seven months of development in the uterus and in the newborn until ~ 6 months old
- **2 α , 2 γ** subunits (fewer positive charges than the adult hemoglobin β subunit; *2,3-BPG binds less*)
- **Binds O_2 at a greater affinity than HbA** (adult)
→ fetus can extract O_2 from his/her mother bloodstream easily
- The affinity of HbF for oxygen > that of HbA (P_{50} HbF ~ 2.5 kPa; P_{50} HbA ~ 3.7 kPa)
- The oxygen saturation curve is shifted to the left for HbF
- HbF does not interact with 2,3-BPG (which decreases the affinity of HbA for oxygen) → **HbF binds O_2 tighter than HbA**

Percent O₂ saturation of hemoglobin

