



Role of Integrin Proteins as Receptors for Foot and Mouth Disease Virus

MUHAMMAD NAUMAN ZAHID

Department of Population Medicine and Diagnostic Sciences, Cornell University, Ithaca NY, USA.

Abstract | Foot-and-mouth disease (FMD) is an infectious, highly contagious and acute disease of cloven-hoofed animals. The morbidity after infection may reaches to 100% however mortality in adults is relatively low. For FMDV infection to establish host cell adsorption is required and it depends on the cell surface receptors. This review highlights the critical role of integrin proteins as receptors for FMDV. An effective understanding of virus internalization may open new horizon to study virus pathobiology and for establishment of an effective antivirals.

Keywords | Integrin protein, Foot and mouth disease virus, FMD infection, Host cell receptors, Pathogenesis

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Correspondence | Muhammad Nauman Zahid, Department of Population Medicine and Diagnostic Sciences, Cornell University, Ithaca NY, USA; **Email:** mnz9@cornell.edu

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Foot-and-mouth disease (FMD) is an infectious, highly contagious and acute disease of cloven-hoofed animals that include cattle, buffalo, swine, sheep and goats and around 70 species of wild animals (Brehm et al., 2009). FMD virus that belongs to the *Aphthovirus* genus of the *Picornaviridae* family causes the disease. The virus initially infects the upper respiratory tract and exhibits a tropism for epithelial cells (Alexandersen et al., 2003). Initial viral replication takes place in epithelial cell (Grubman and Baxt, 2004). FMD is prevalent worldwide and is endemic in Asia, Africa, Middle East and South America (Thomson et al., 2003). The incidence of FMD results in heavy economic losses due to reduction in milk yield, decreased growth rate of meat animals, decreased fertility and death in young infected animals (Grubman and Baxt, 2004; Doel, 2004).

There are seven serotypes of FMDV that includes A, O, C, Asia-1, South African territories 1 (SAT1), SAT2 and SAT3 and every serotype contains many subtypes (Manson et al., 2003; Domingo et al., 2003). FMDV is a single-stranded, non-enveloped, positive-sense RNA genome of 8.4 Kb (Jackson et al., 2003; Mittal et al., 2005). Four structural and eight non-structural proteins are encoded in viral genome *i.e.* VP1-VP4. VP1-VP3 constitutes the outer capsid shell while VP4 forms the internal surface (Manson et al., 2003; Burman et al., 2006). VP1 contains an out-

er flexible loop called G-H loop that is a major antigenic site on virus. Moreover, it also contains an Arg-Gly-Asp (RGD) motif that is important in host receptor binding process (Fry et al., 2005; Alcalá et al., 2001).

FMDV initially attaches with the host cell-surface receptors that is followed by entry into the cells by receptor-mediated endocytosis (O'Donnell et al., 2005). The low pH of endosome facilitates the un-coating of the viral genome (Berryman et al., 2005). Many receptors of FMD have been reported including integrins (Jackson et al., 2003) and heparan sulfate proteoglycans (HSPGs) (Jackson et al., 1996). It has been described that virus enters into the cells after binding to the integrins via clathrin-mediated endocytosis. Moreover, virus can also take another route *i.e.* binding to heparan sulfate that helps the FMDV to enter into the cells via caveola-mediated endocytosis pathway (Ruiz-Saenz et al., 2009). In this review, we will focus on role on integrins that are critically important in the pathogenesis of FMD.

INTEGRINS

Integrins are critical proteins utilized by the cells to bind and communicate with extracellular matrix (Springer, 2002). Integrins can be divided into two transmembrane

glycoprotein subunits known as alpha (α) and beta (β) (Springer, 2002). It has been reported that there are 19 α and 8 β subunits (Grundstorm, 2003). The role on integrins have been explained by different techniques including monoclonal antibodies, chromatography and cell adhesion assays. Integrins play a role in adhesion between cells as well as with extracellular matrix. They are also involved in cell proliferation, apoptosis and cell migration. They regulate many physiological processes including inflammation, morphogenesis, embryogenesis, wound-repair and tumor cell migration, by interacting with different extracellular ligands. They have ligands such as intracellular adhesion molecules (ICAM) and vascular cell adhesion molecule (VCAM), collagen, fibronectin, laminin and fibrinogen (Dedhar and Hannigan, 1996; O'Donnell et al., 2005). The physiological processes where integrins are involved include platelet aggregation (O'Donnell et al., 2005; Jackson et al., 2004). The concentration of integrins on the cell surface is ten to hundred folds higher than other cell surface receptors but they show low affinity of binding with their ligands (Burman et al., 2006). Many integrins have been shown to serve as FMDV receptors. Cell culture studies have described that at least four integrins *i.e.* $\alpha\beta 3$, $\alpha\beta 6$, $\alpha\beta 1$, $\alpha\beta 8$ and $\alpha 5\beta 1$ are being used by FMDV (Berinstein et al., 1995; Jackson et al., 2003, 2004).

INTEGRIN $\alpha\beta 3$

It has been demonstrated that integrin $\alpha\beta 3$ bind to all serotypes of FMDV through RGD tripeptide (Berinstein et al., 1995; Mould et al., 1995; Mateu et al., 1996). Mg^{2+} facilitates binding of integrin $\alpha\beta 3$ to the ligands while Mn^{2+} can increase the binding. Ca^{2+} has a dual role as on one side it assists fibronectin and vitronectin to bind to integrin $\alpha\beta 3$ but on the other side it blocks binding of fibronectin (Neff and Baxt, 2001). Studies have shown that integrin $\alpha\beta 3$ serves as internalization receptor for FMDV serotype A12 (Berinstein et al., 1995). In another study, Chinese hamster ovary (CHO) cells that do not express $\alpha\beta 3$ but heparan sulfate were used. This CHO cell line was transfected with human $\alpha\beta 3$. It has been described that the replication of FMDV was dependent on expression of $\alpha\beta 3$ (Neff et al., 1998). FMDV has been shown to bind to human and simian $\alpha\beta 3$ for entry into the cells but efficient replication of virus occur in the presence of bovine $\alpha\beta 3$ (Green et al., 2003). So, this could be a reason that FMDV developed as a disease of cloven-hoofed animals because they have such structure of integrin $\alpha\beta 3$ that fits well with viral surface resulting in enhanced viral replication and spread of disease among these species (Xiong et al., 2002, Monaghan et al., 2005, Du et al., 2010).

INTEGRIN $\alpha\beta 6$

Jackson et al. (2000) have revealed that integrin $\alpha\beta 6$ acts as a receptor for FMDV. Integrin $\alpha\beta 6$ is expressed on the

epithelial cells. In a study, FMDV binding was inhibited using anti- $\alpha\beta 6$ monoclonal antibody (10D5) that exhibits the specificity of $\alpha\beta 6$ for FMDV (Jackson et al., 2000). It has been shown that after transfection with integrin $\beta 6$ and expressing $\alpha\beta 6$, human colon carcinoma cell line became permissive for FMDV infection. Viral entry enhanced after binding to $\alpha\beta 6$ in these cells (Jackson et al., 2004). Another study has revealed that deletion of $\beta 6$ cytoplasmic domain slightly reduced the virus binding but this domain is critical for virus infection suggesting an essential function of this domain in post-binding events during FMDV infection (Miller et al., 2001). Initially, only integrin $\alpha\beta 3$ was considered as FMDV receptor but $\alpha\beta 6$ has more diverse expression on epithelial cells especially where early stages of viral replication occur (Brown et al., 2006; Jackson et al., 2000; Du et al., 2010). It has been reported that $\alpha\beta 6$ plays a role to transport the virus to early endosomes (O'Donnell et al., 2005). Monaghan and colleagues studied the expression of $\alpha\beta 3$ and $\alpha\beta 6$ within epithelial cells of cattle, which are aimed by the FMDV during infection. Data using confocal microscopy, immunofluorescence and RT-PCR described that integrin $\alpha\beta 6$ is mainly expressed on the surface of these epithelial cells that are the site of viral replication during FMDV infection (Monaghan et al., 2005)

INTEGRIN $\alpha\beta 1$

In another studies, it has been demonstrated that $\alpha\beta 1$ also serves as FMDV when expressed on CHO cells (Jackson et al., 2002). Amino acid residues close to RGD can reveal the binding specificity between $\alpha\beta 1$ and $\alpha\beta 6$ (Neff et al., 1998; Jackson et al., 2002). Integrin $\alpha\beta 1$ does not efficiently support viral binding and infection at physiological concentrations of Mg^{2+} and Ca^{2+} . However, when $\alpha\beta 1$ expressing cells were treated with Mn^{2+} , there was a radical increase in FMDV infection (Berryman et al., 2005; Jackson et al., 2002). The role of $\alpha\beta 1$ was further detected using monoclonal antibodies against human $\alpha\beta 1$ that inhibited the virus binding as well as infection (Jackson et al., 2002). Binding efficiencies between $\alpha\beta 1$ and $\alpha\beta 6$ can be differentiated on the basis of amino acid residues close to RGD motif (Du et al., 2010; Jackson et al., 2000). The specificity of $\alpha\beta 1$, $\alpha\beta 3$ and $\alpha\beta 6$ during FMDV infection was studied for two strains of FMDV serotype O and three strains of serotype A. It has been shown that cells expressing these integrins mediated viral infection for all strains of both FMDV serotypes. Although there were some differences in usage of these integrins by different viral strains such as both strains of serotype O used $\alpha\beta 1$ and $\alpha\beta 6$ with same efficiency but more efficiently than $\alpha\beta 3$. While there was moderate usage of $\alpha\beta 1$ by strains of FMDV serotypes A as compare to $\alpha\beta 3$ and $\alpha\beta 6$ (Duque and Baxt, 2003). This data suggest an expected interplay between efficiency of integrin usage and FMDV pathogenesis.

INTEGRIN $\alpha\beta 8$

It has been shown that another integrin *i.e.* integrin $\alpha\beta 8$ can serve as a host cellular receptor for FMDV (Fjellbirkeland et al., 2003; Jackson et al., 2004). It has been shown that transfecting human $\beta 8$ with SW480 cell line and expressing $\alpha\beta 8$ made these non-permissive cells susceptible to FMDV infection. Moreover, role of $\alpha\beta 8$ was further established by monoclonal antibodies inhibiting function of $\alpha\beta 8$. Integrin $\alpha\beta 8$ has been detected in the basal cells of the epithelial airway, which could show their role in the tropism of FMDV during the early stages of viral infection (Jackson et al., 2004; Fjellbirkeland et al., 2003; Cambier et al., 2000).

INTEGRIN $\alpha 5\beta 1$

Integrins $\alpha 5\beta 1$ are expressed on epithelial and lymphoid cells and bind to the ligands through RGD motif which is important for serving FMDV as a cellular receptor. Although they have this important RGD motif but they are not used by FMDV for initiating viral infection (Baranowski et al., 2000; Duque and Baxt, 2003). Moreover, studies have shown that the ability of FMDV to bind to $\alpha 5\beta 1$ and $\alpha\beta 3$ depends on the presence of certain amino acid residues following the G-H loop RGD motif (Jackson et al., 2000).

CONCLUSIONS

FMDV is a major issue for meat and milk producers. It is important to understand the mechanism of viral entry and replication and the factors involved in FMDV infection. Receptors are the main factors responsible for viral pathogenesis and tropism. The aim of this review was to highlight the role of integrin proteins in the FMDV infection and its transmission to other animals. FMDV interacts with different host cell factors at different phases of pathogenesis. It utilizes different integrins such as $\alpha\beta 3$, $\alpha\beta 6$, $\alpha\beta 1$, $\alpha\beta 8$ and $\alpha 5\beta 1$ to initiate viral infection. However, the role of each receptor and how it supports FMDV infection is not completely characterized yet. Moreover, Heparan sulfate is also considered as FMDV receptor but with reduced virulence and there may be some unknown host cell factors associated with viral pathogenesis. The interaction of different FMDV strains with host receptors has different efficiencies. Therefore, study of FMDV receptors explains the mechanism of pathogenesis involving different serotypes and subtypes. Finally, the characterization of these receptors and their functions in FMDV pathogenesis provides the opportunity to design drugs against the receptors that will help in the prevention and control of FMD.

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CONFLICT OF INTERESTS

There exists no conflict of interests

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