

Oxidação de Proteínas

QBQ2509: Bioquímica Redox

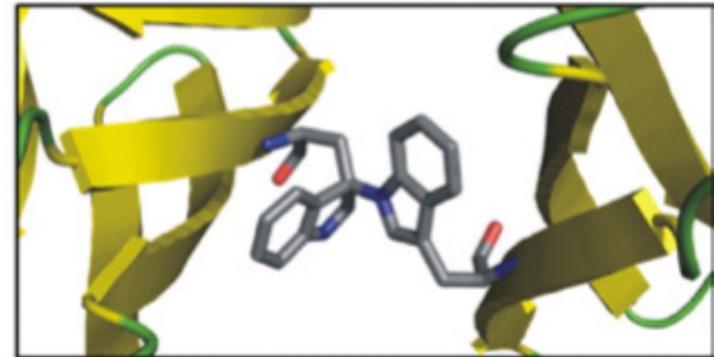
QBQ5893: Processos Redox em Bioquímica

Dr. Danilo B. Medinas

Material de estudo para prova

Halliwell: Capítulos 5

Manuscritos citados

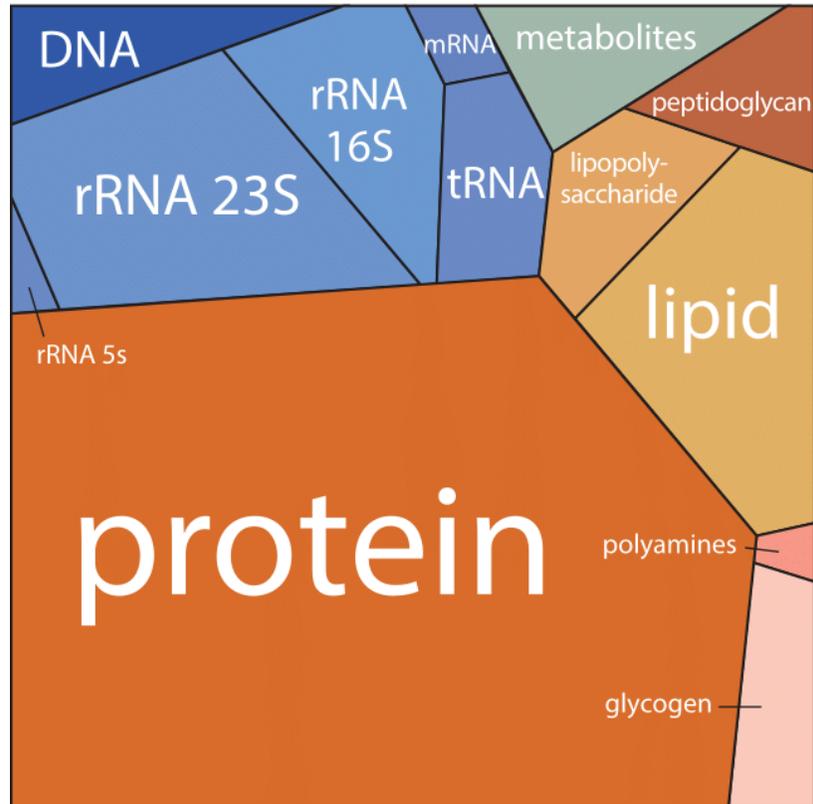


Di-triptofano da SOD1 humana

Tópicos e metas da aula

- **Tipos de modificações oxidativas.**
 - Entender a diversidade química da oxidação de proteínas.
- **Impacto biológico da oxidação de proteínas.**
 - Reconhecer os papéis das modificações oxidativas em condições fisiológicas e patológicas.
- **Oxidação de proteínas como biomarcadores de doenças.**
 - Racionalizar a utilidade de produtos de oxidação de proteínas como biomarcadores.
- **Respostas celulares para manutenção da proteostase (homeostase de proteínas).**
 - Conhecer mecanismos de (re)enovelamento e controle de qualidade de proteínas sob estresse oxidativo.

As proteínas são um importante alvo biológico para oxidação

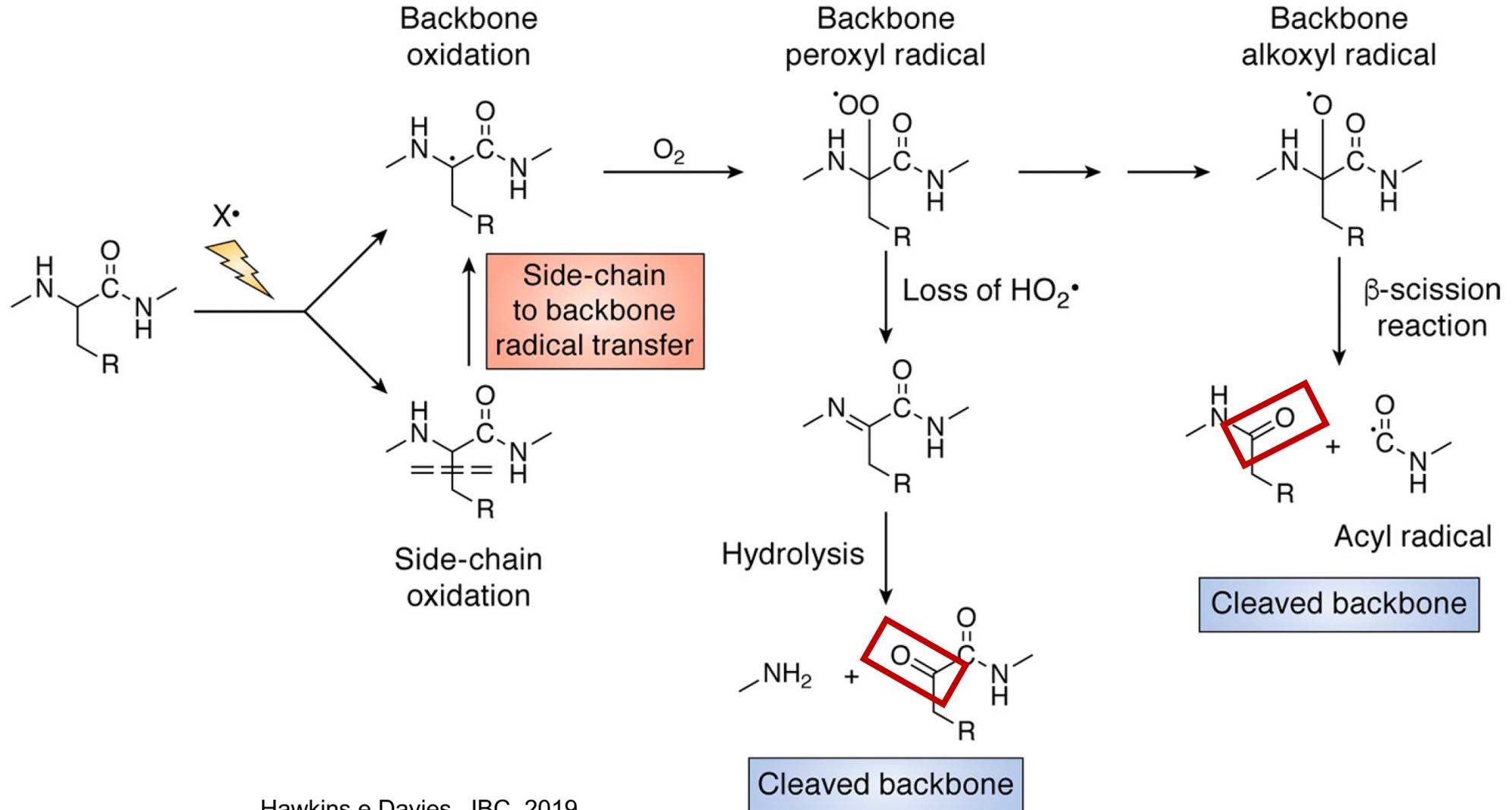


Composição bioquímica da célula

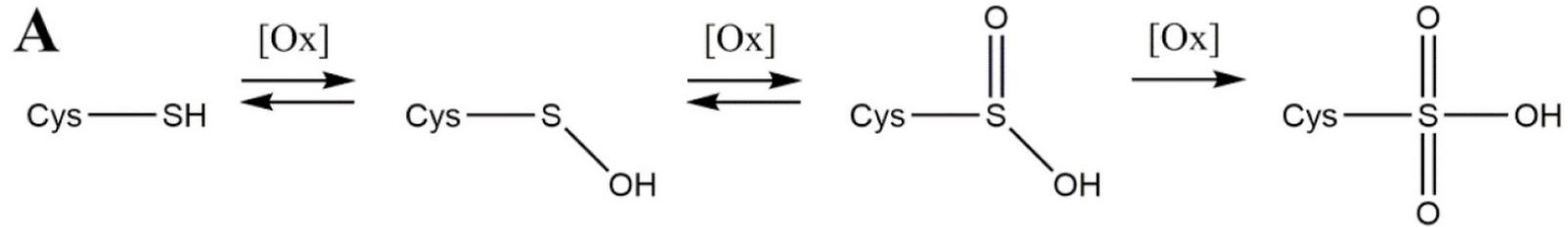
MODIFICAÇÕES OXIDATIVAS

- Esqueleto polipeptídico
- Cadeias laterais
- Reação direta com oxidantes
- Reação com derivados de oxidação de outras biomoléculas

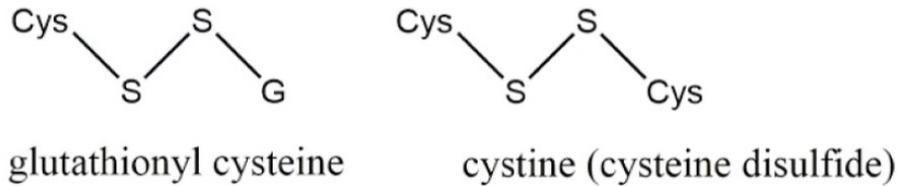
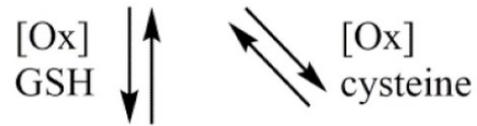
Ataque de radicais no esqueleto polipeptídico



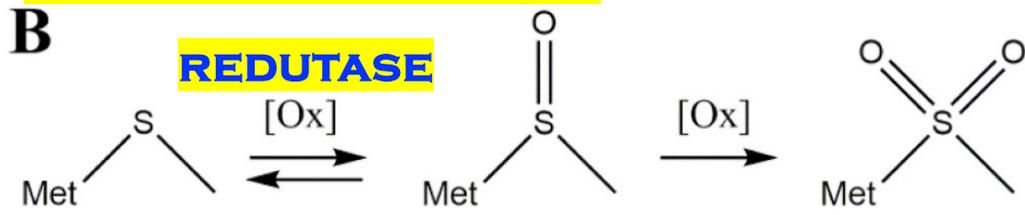
Oxidação de tióis



cysteine cysteine sulfenic acid cysteine sulfinic acid cysteine sulfonic acid



METIONINA SULFÓXIDO



methionine methionine sulfoxide methionine sulfone

Oxidação de resíduos aromáticos - triptofaano

Free Radical Biology and Medicine 160 (2020) 356–367

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Free Radical Biology and Medicine

journal homepage: www.elsevier.com/locate/freeradbiomed



ELSEVIER



Original article

Human cataractous lenses contain cross-links produced by crystallin-derived tryptophanyl and tyrosyl radicals

Verônica Paviani^a, Paulo Junqueira de Melo^b, Amaryllis Avakin^b, Paolo Di Mascio^a, Graziella Eliza Ronsein^{a,**}, Ohara Augusto^{a,*}

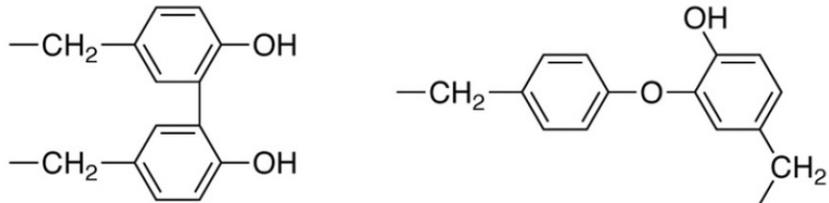
^a Departamento de Bioquímica, Instituto de Química, Universidade de São Paulo, Av. Lineu Prestes 748, 05508-000, São Paulo, Brazil

^b Hospital Das Clínicas, Faculdade de Medicina, Universidade de São Paulo, Av. Dr. Enéas de Carvalho Aguiar 255, 05403-000, São Paulo, Brazil

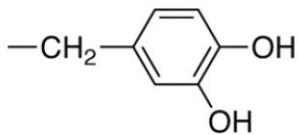


Oxidação de resíduos aromáticos - tirosina

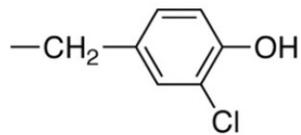
Tyrosine-derived products



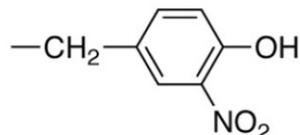
Di-tyrosine
di-Tyr



3,4-Dihydroxy
phenylalanine
DOPA



3-ChloroTyr



3-NitroTyr

Hawkins e Davies, JBC, 2019

???

Histone H1.2 is a substrate for **denitrase**, an activity that reduces nitrotyrosine immunoreactivity in proteins

Yasuyuki Irie^{*†}, Makio Saeki[‡], Yoshinori Kamisaki[‡], Emil Martin^{*}, and Ferid Murad^{*§}

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Contributed by Ferid Murad, March 26, 2003

The Nobel Prize in Physiology or Medicine 1998



Photo from the Nobel Foundation archive.
Robert F. Furchgott
Prize share: 1/3

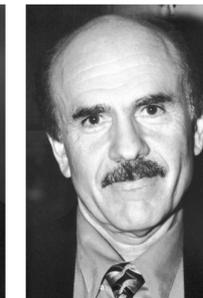


Photo from the Nobel Foundation archive.
Louis J. Ignarro
Prize share: 1/3

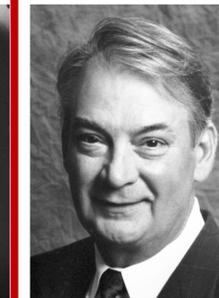
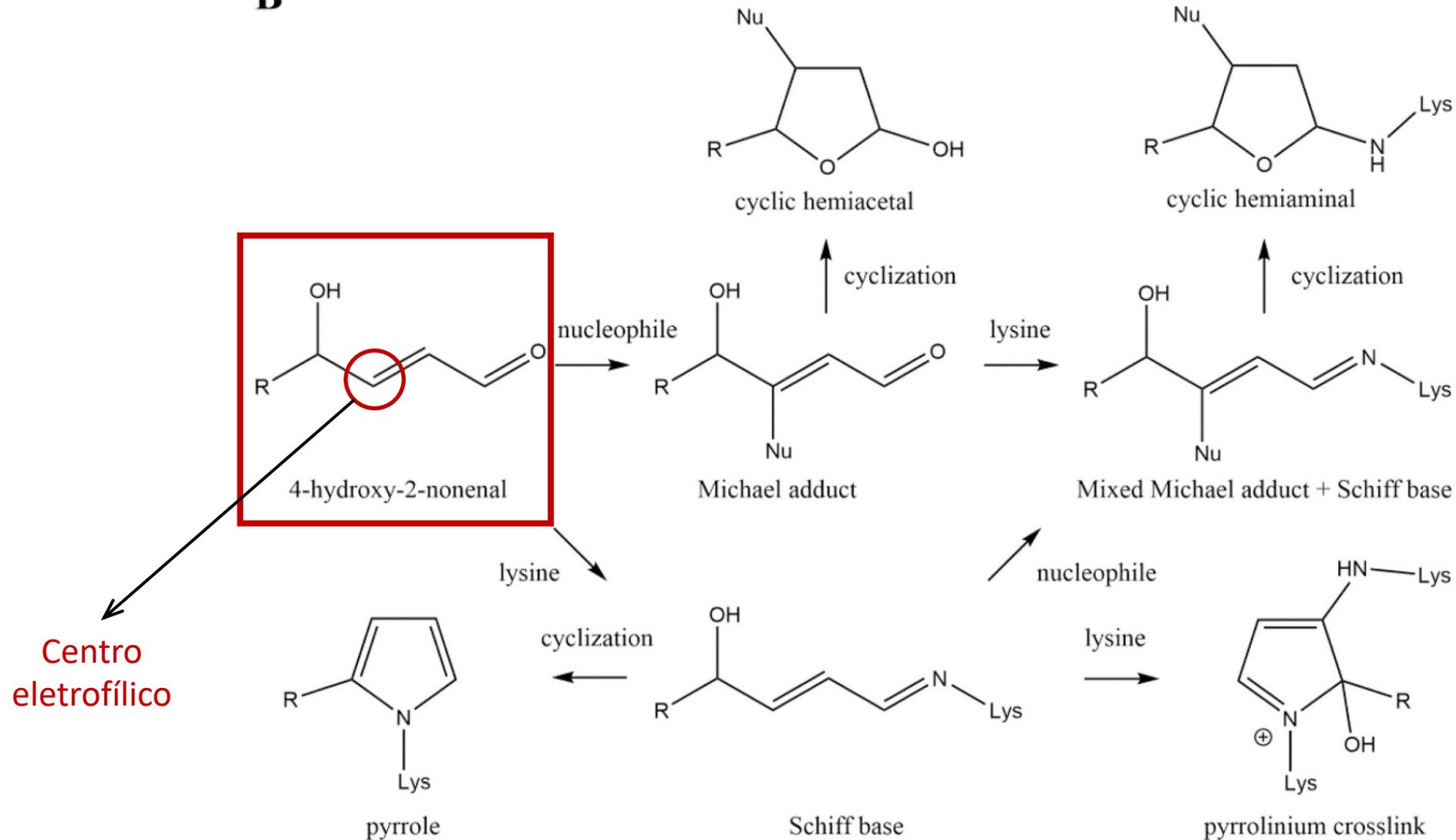


Photo from the Nobel Foundation archive.
Ferid Murad
Prize share: 1/3

Modificação por derivados da peroxidação lipídica

B



Modificação por derivados da peroxidação lipídica – moléculas protetoras

Science

AAAS

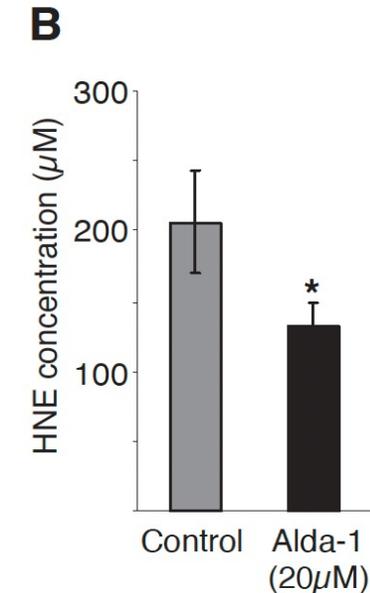
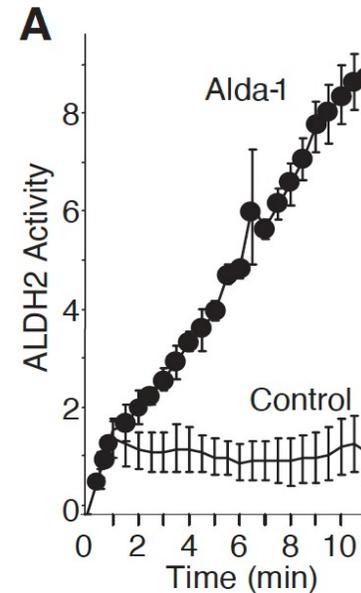
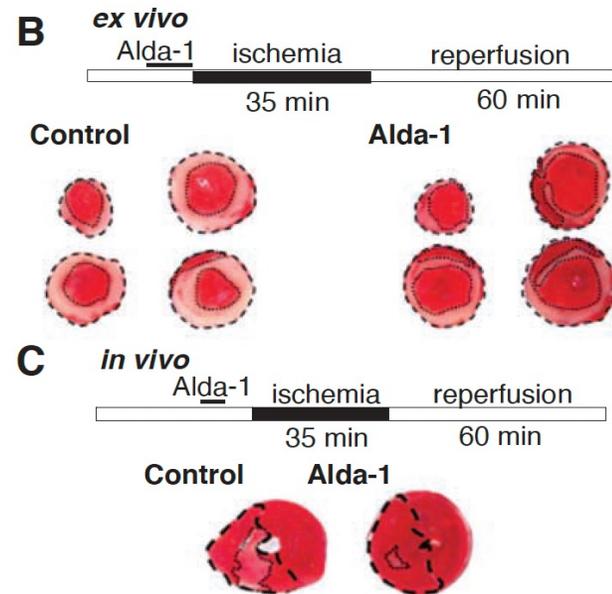
Activation of Aldehyde Dehydrogenase-2 Reduces Ischemic Damage to the Heart

Che-Hong Chen *et al.*

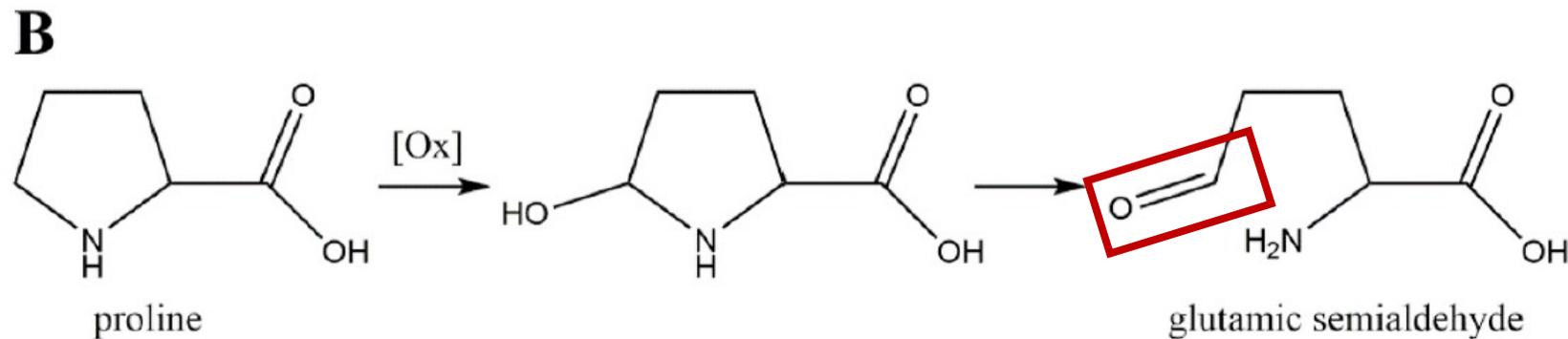
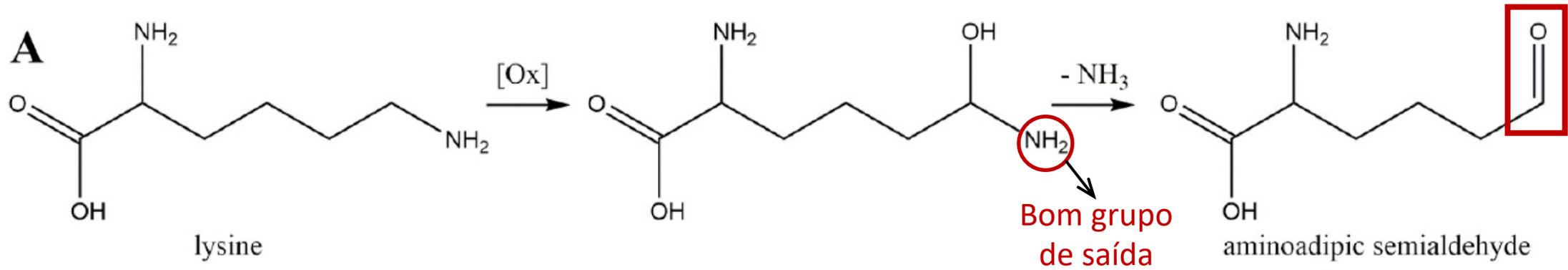
Science **321**, 1493 (2008);

DOI: 10.1126/science.1158554

ALDA-1



Formação de carbonilas por oxidação de cadeias laterais



Produtos de Oxidação em Proteínas como Biomarcadores

Produtos de oxidação em tióis

Table 2

Selected studies using modifications of sulfur-containing amino acids as biomarkers of protein oxidation in clinical settings.

Disease/aging	Specimen	Study population	Method	Main outcome	Reference
Cystine and cysteine sulfonic acid					
Coronary artery disease (CAD)	Plasma	N = 247 patients (of n = 1411) experienced primary outcome of death	HPLC	Higher cystine levels associated with increased risk for all-cause mortality in CAD patients	[208]
Lethal prostate cancer	Serum	Control subjects vs. lethal prostate cancer patients (n = 523 per group)	LC-MS/MS	Higher serum cystine levels are associated with reduced risk for lethal prostate cancer	[209]
PD	Serum	Control subjects (n = 30) vs. PD patients (n = 20)	UPLC-MS	Higher cystine levels in PD patients	[210]
HIV	Serum	HIV-negative (n = 21) vs. HIV-positive (n = 113) patients	GC-MS	Increased levels of cystine in HIV-positive patients	[211]
Sickle-cell disease and sepsis	Plasma	Healthy donors (n = 18) vs. sickle-cell disease (n = 9) and sepsis patients (n = 6)	UPLC-MS/MS	Elevated levels of cysteine disulfides (protein-bound cysteine) in disease patients	[124]
T2D	Plasma	Healthy subjects vs. T2D patients (n = 8 per group)	LC-MS/MS	Higher cysteine sulfonic acid levels in T2D patients	[125]
Methionine sulfoxide					
T2D and diabetic complications	Serum (serum albumin)	Healthy subjects (n = 18) vs. T2D patients with (n = 23) and w/o (n = 12) renal failure	LC-MS	Higher levels of methionine sulfoxide in T2D patients with and w/o renal failure compared to controls	[212]
AD	Plasma	Healthy subjects (n = 23) vs. patients with mild-cognitive impairment (MCI) (n = 13) or AD (n = 25)	WB	Elevated levels of methionine sulfoxide in plasma of AD patients compared to other groups	[130]

Carbonilas protéicas

Table 4
Selected studies using protein carbonyls as a biomarker of protein oxidation in clinical settings.

Disease/aging	Specimen	Study population	Method	Main outcome	Reference
T2D with vascular complications	Serum	Healthy individuals (n = 94) vs. T2D patients with vascular complications (n = 94)	ELISA	Higher protein carbonyl levels in T2D patients with vascular complications	[149]
T2D with NASH	Serum	Control subjects (n = 50) vs. T2D patients with NASH (n = 60) or T2D w/o NAFLD (n = 50)	ELISA	Elevated protein carbonyl levels in T2D patients with NASH compared to other groups	[218]
T2D with and w/o CKD	Serum	Healthy subjects vs. T2D patients with and w/o CKD (n = 50 per group)	Spectrophotometry/ HPLC	Higher protein carbonyl levels in T2D patients with and w/o CKD compared to control subjects	[219]
Diabetic nephropathy	Serum	Control subjects (n = 142) vs. T2D patients with diabetic nephropathy (n = 153)	ELISA	Elevated levels of protein carbonylation in patients with diabetic nephropathy	[150]
CAD	Plasma	Control subjects vs. premature CAD or normal CAD (n = 30 per group)	ELISA	Higher plasma protein carbonyl levels in premature and normal CAD patients compared to control groups	[220]
Acute coronary syndrome or chronic periodontitis	Saliva	Control subjects vs. patients with acute coronary syndrome, chronic periodontitis or both (n = 24 per group)	Spectrophotometry	Higher protein carbonyl levels in all disease groups compared to controls	[221]
Alcoholic liver cirrhosis (ALC)	Serum	Healthy control subjects (n = 130) vs. ALC patients (n = 57)	Spectrophotometry	No difference between control and ALC groups	[222]
Normal and end stage ALD	Hepatic tissue	Normal ALD (n = 8) vs. end stage ALD (n = 9)	IHC, WB	Increased protein carbonylation in liver sample of end stage ALD patients	[223]
PD and AD	Plasma	Control subjects (n = 34) vs. AD (n = 40) and PD patients (n = 70)	ELISA	Higher protein carbonyl levels in male AD patients compared to PD patients and controls	[151]

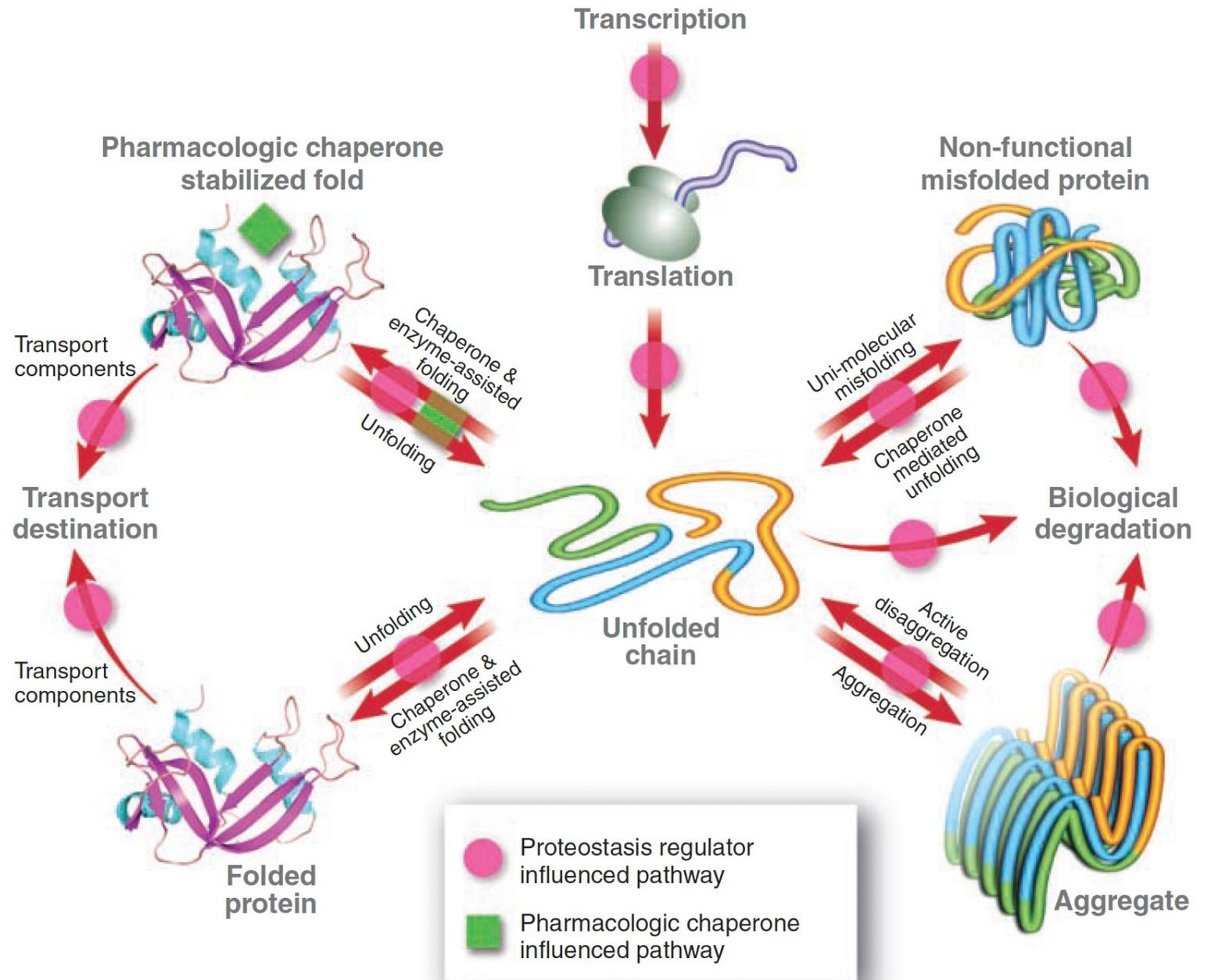
Modificações derivadas da peroxidação lipídica

Table 6
Selected clinical studies using 4-HNE and MDA as biomarkers in different diseases.

Disease	Specimen	Study population	Method	Main outcome	Reference
4-HNE					
T2D	Serum	Control subjects (n = 9) vs. T2D patients (n = 11)	ELISA	Higher levels of 4-HNE in patients with T2D	[240]
Alcoholic liver disease (ALD)	Human hepatic tissue	Normal ALD (n = 8) vs. end stage ALD (n = 9)	IHC	Elevated 4-HNE in liver sample of ALD patients	[223]
Lung cancer	Serum	Control subjects (n = 40) vs. lung cancer patients (n = 92)	ELISA	Higher levels of 4-HNE in male and female lung cancer patients	[183]
RA	Plasma, urine	Healthy subjects vs. RA patients (n = 73 per group)	GC-MS, ELISA	Elevated levels of free and protein-bound 4-HNE in RA patients	[177]
Thick-born encephalitis	CSF, plasma, urine	Healthy subjects (n = 56) vs. patients with thick-born encephalitis (n = 60)	GC-MS, ELISA	Elevated free and protein-bound 4-HNE levels in plasma of thick-born encephalitis patients	[178]

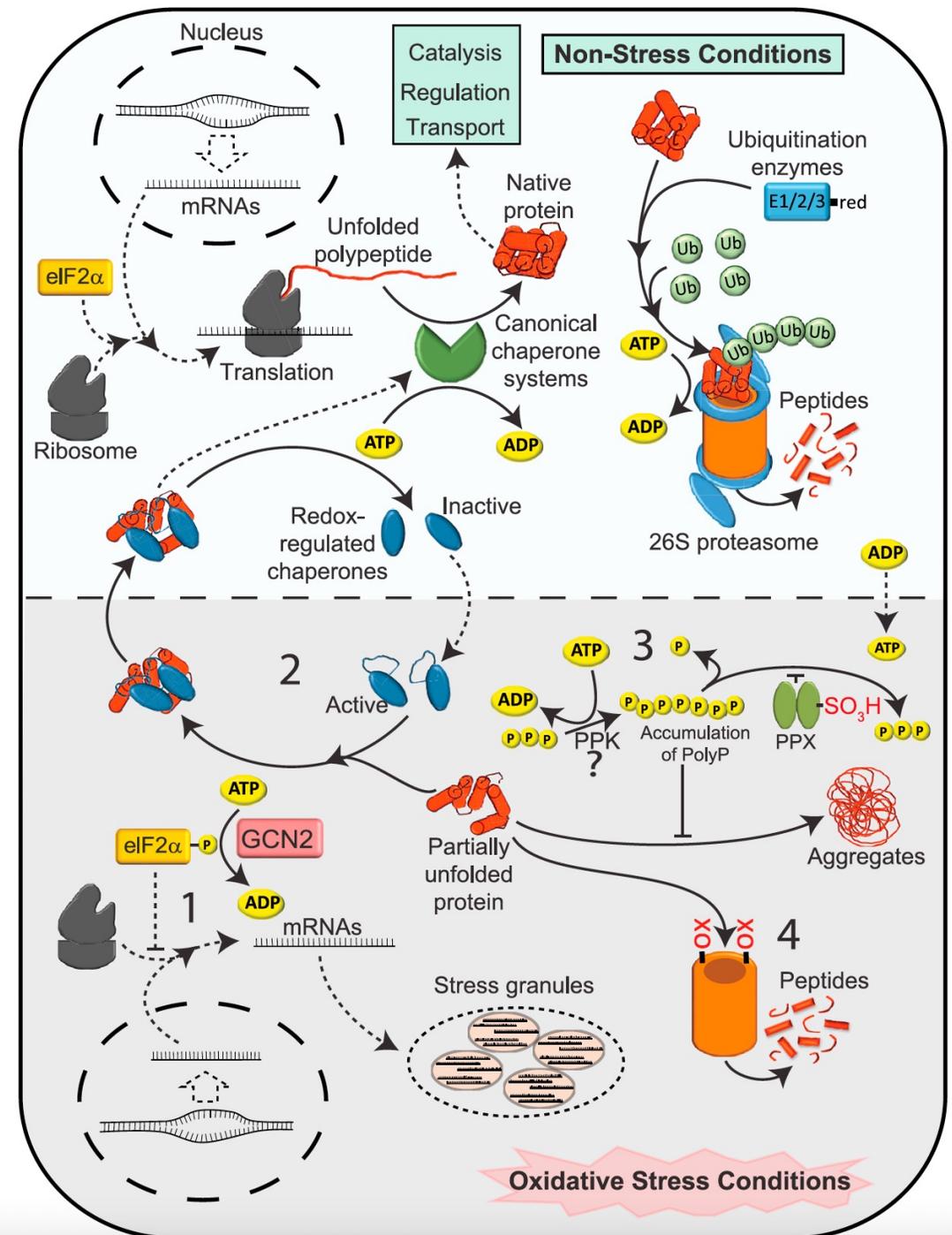
Respostas celulares ao estresse proteotóxico

A rede da proteostase

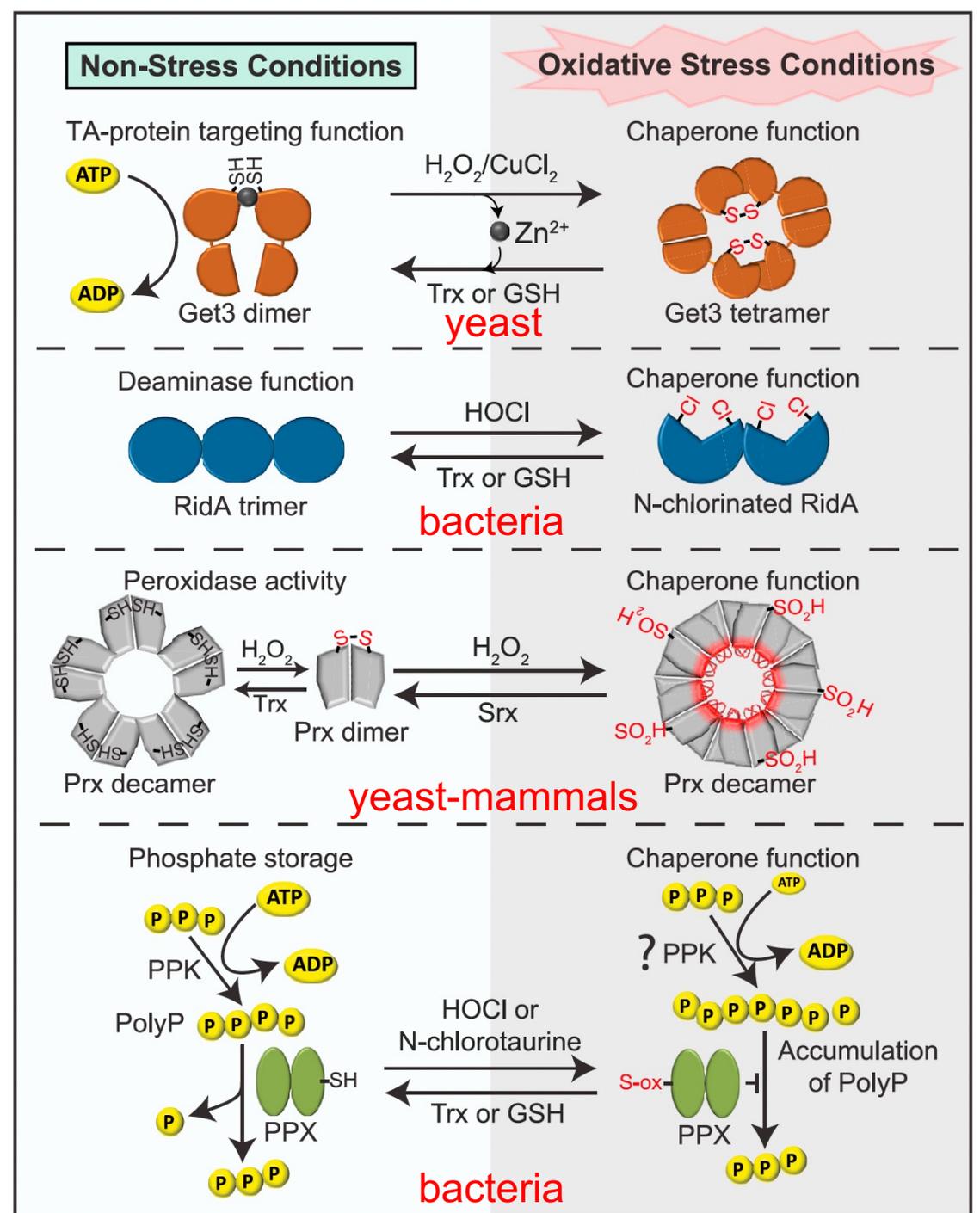


A rede da proteostase reage ao estresse oxidativo

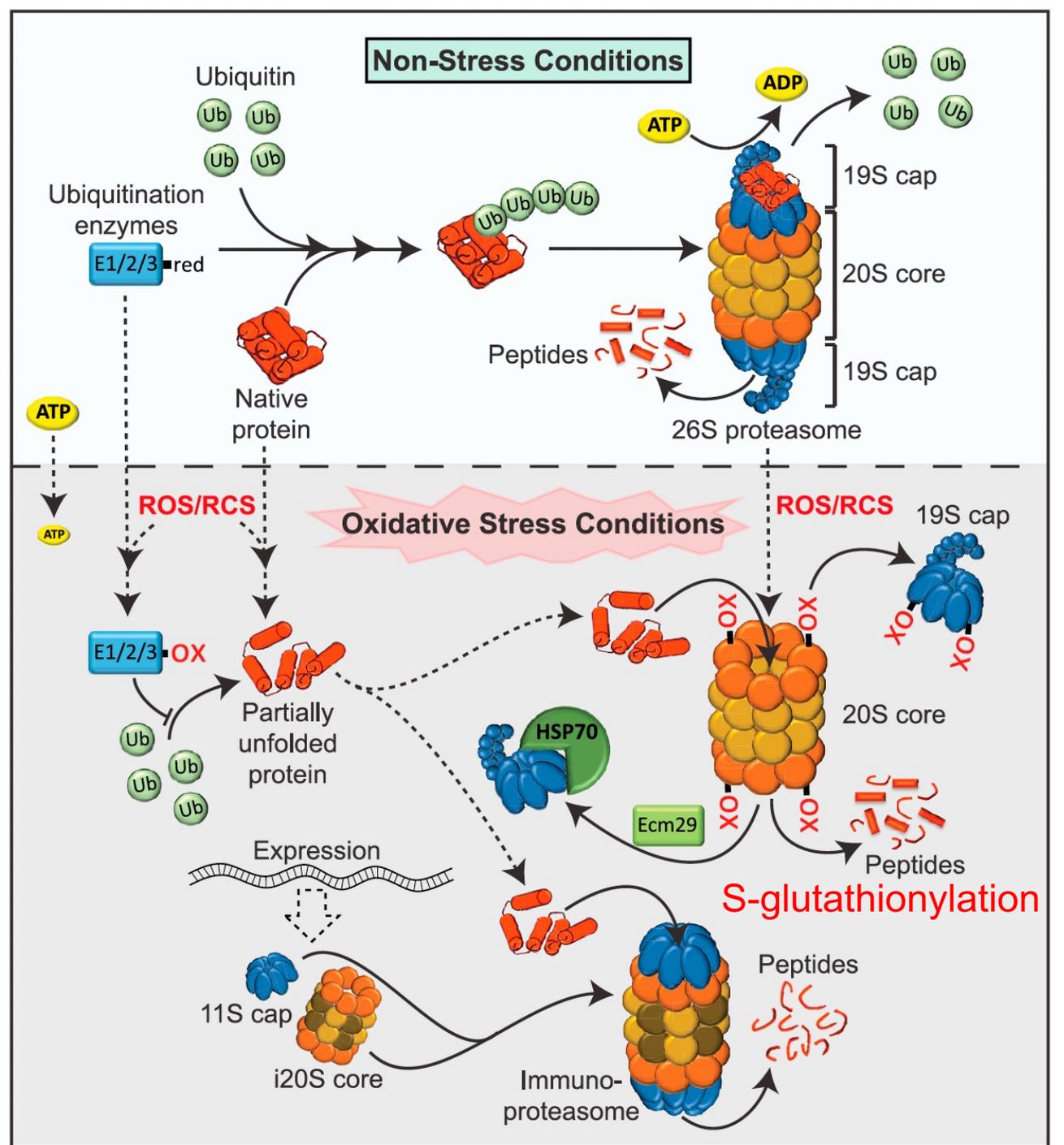
Visão geral



Ativação de chaperonas



Remodelamento do Proteassomo



Recapitulando as metas da aula

- **Oxidação da cadeia polipeptídica e cadeias laterais.**
- **Diferentes oxidantes podem oxidar proteínas, mas existe importante convergência de produtos finais.**
- **Biomarcadores correlacionam estresse oxidativo a varias doenças, por exemplo diabetes tipo 2, mas a aplicação clínica ainda é limitada.**
- **As respostas celulares a oxidantes ocorrem em vários níveis, de ativação de chaperonas não convencionais ao remodelamento de sistemas proteolíticos.**

Bibliografía

- **Halliwell and Gutteridge, Free Radicals in Biology and Medicine, 5th Edition, 2015.**
- **Manuscritos citados.**

Questões de Acompanhamento

1. Mencione ao menos três possibilidades para a produção de carbonilas em proteínas.
2. Por que não é possível definir biomarcadores definitivos para a produção de determinado oxidante? Exemplifique.
3. Explique os mecanismos e propósito biológico para a ativação de chaperonas em condições de estresse oxidativo.
4. Cite algumas razões pelas quais o proteassomo muda seu comportamento regulatório em condições de estresse oxidativo.