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Macrolides selectively inhibit mutant KCNJ5 potassium channels that cause aldosterone-producing adenoma

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Aldosterone-producing adenomas (APAs) are benign tumors of the adrenal gland that constitutively produce the salt-retaining steroid hormone aldosterone and cause millions of cases of severe hypertension worldwide. Either of 2 somatic mutations in the potassium channel KCNJ5 (G151R and L168R, hereafter referred to as KCNJ5MUT) in adrenocortical cells account for half of APAs worldwide. These mutations alter channel selectivity to allow abnormal Na+ conductance, resulting in membrane depolarization, calcium influx, aldosterone production, and cell proliferation. Because APA diagnosis requires a difficult invasive procedure, patients often remain undiagnosed and inadequately treated. Inhibitors of KCNJ5MUT could allow noninvasive diagnosis and therapy of APAs carrying KCNJ5 mutations. Here, we developed a high-throughput screen for rescue of KCNJ5MUT-induced lethality and identified a series of macrolide antibiotics, including roxithromycin, that potently inhibit KCNJ5MUT, but not KCNJ5WT. Electrophysiology demonstrated direct KCNJ5MUT inhibition. In human aldosterone-producing adrenocortical cancer cell lines, roxithromycin inhibited KCNJ5MUT-induced induction of CYP11B2 (encoding aldosterone synthase) expression and aldosterone production. Further exploration of macrolides showed that KCNJ5MUT was similarly selectively inhibited by idemcinal, a macrolide motilin receptor agonist, and by synthesized macrolide derivatives lacking antibiotic or motilide activity. Macrolide-derived selective KCNJ5MUT inhibitors thus have the potential to advance the diagnosis and treatment of APAs harboring KCNJ5MUT.

Introduction

Hypertension affects more than 1.1 billion people (1) and is a major risk factor for heart attack, stroke, and congestive heart failure, contributing to more than nine million deaths worldwide each year (2). In patients referred to hypertension clinics, adrenal gland tumors that constitutively secrete the steroid hormone aldosterone are found in about 5% (3); they affect one to ten million people worldwide. These tumors are virtually always benign, and their surgical removal is commonly curative, motivating efforts to make a timely and accurate diagnosis. Aldosterone-producing adenoma (APA) diagnosis is typically based upon the findings of hypertension, elevated plasma aldosterone levels with suppressed plasma renin activity (indicating autonomous adrenal aldosterone production), imaging evidence of an adrenal tumor, and invasive bilateral adrenal vein sampling (AVS) showing increased aldosterone levels in the adrenal vein ipsilateral to the tumor (4). Tumor removal is typically performed laparoscopically or retroperitoneoscopically (5).

Unfortunately, the screening procedure for APAs is expensive and time-consuming. In addition, AVS is an invasive and technically challenging procedure that is only available in a limited number of tertiary care centers. As a result, many patients are not diagnosed and do not receive optimal treatment. 111C-metomidate PET-CT has been proposed as a noninvasive alternative (6). However, lower sensitivity and specificity, lack of availability in a typical outpatient setting, and high cost are potential concerns, and this procedure is not generally recommended by current guidelines (4). With rising levels of hypertension in low- and middle-income countries in particular (1), there is a need for simple and inexpensive new screening approaches for potentially curable forms of secondary hypertension. New pharmacologic strategies for the diagnosis and/or treatment of APAs have the potential to improve patient outcome.

By exome sequencing of APAs and matched normal tissue, either of 2 somatic missense mutations in the potassium channel KCNJ5 were shown to commonly cause APAs (7). Large multicenter studies have confirmed these findings and have shown that these mutations (G151R and L168R) account for 34%–47% of APAs in people of European ancestry (8–10) and 60%–77% of people of Asian ancestry (11–14), with differences likely attributable to differences in disease definition. There is also a striking sex dimorphism in European and some Asian cohorts (8, 10, 11, 15, 16); European cohorts consistently show that these mutations account for 50%–60% of women with APAs, but only 20% of men, and KCNJ5 mutations are more prevalent in younger patients (8, 10). A small num-

Conflict of Interest: Yale University has filed a provisional patent application: US 61/949,577. Compositions and Methods for Diagnosing and Treating Diseases and Disorders Associated with Mutant KCNJ5. R.P. Lifton is a nonexecutive director of Genentech and F. Hoffmann–La Roche AG. U.I. Scholl is a part-time resident at University Hospital Düsseldorf.

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ber of additional KCNJ5 mutations are very rare causes of APAs (8, 10, 11). KCNJ5G151R and KCNJ5L168R both modify the channel’s selectivity filter, which normally confers high selectivity of the channel for K+ conductance; the mutant channel loses selectivity and shows similar conduction of K+ and Na+ (7). This results in Na+ influx, leading to membrane depolarization, activation of voltage-gated Ca2+ channels, and Ca2+ influx (7). Increased intracellular Ca2+ is the signal for both cellular proliferation and aldosterone production in adrenal glomerulosa cells (17), thereby accounting for the cardinal features of APAs. Evidence that these single mutations are sufficient for the formation of a hormone-producing tumor comes from the finding of identical or related germline KCNJ5 mutations in a rare Mendelian form of early onset and severe hypertension due to primary aldosteronism with massive adrenal hyperplasia (7, 18) as well as a striking case of germline mosaicism with hyperplastic lesions restricted to areas carrying a KCNJ5 mutation (19). Further, APAs harboring KCNJ5 mutations have very few additional protein-altering somatic mutations (only about 3 per tumor), which virtually never alter other genes involved in cell proliferation or aldosterone biosynthetic pathways (20).

Inhibition of KCNJ5WT has the potential to cause cardiac side effects due to KCNJ5 expression in the atrium, where it contributes to slowing of the heart rate in response to acetylcholine (21). However, loss of K+ selectivity in KCNJ5G151R and KCNJ5L168R channels as well as loss of sensitivity to the K+ channel blockers barium (7) and tertiapin-Q (22) suggest that the pore of mutant channels is sufficiently altered to enable small molecules to block ion passage through the mutant, but not the WT, channel.

These observations motivated efforts to identify specific inhibitors of both KCNJ5G151R and KCNJ5L168R (both mutations are hereafter referred to as KCNJ5MUT) channels that do not inhibit KCNJ5WT and might be used as diagnostic or therapeutic agents for APAs harboring these mutations.

Results

Development of screening assays for inhibitors of KCNJ5MUT and KCNJ5WT. To screen for inhibitors of mutant and WT KCNJ5 channels, we generated stable HEK293 cell lines using the commercially available Flp-In T-REx System, in which single copies of desired genes are integrated into a common site in the genome under control of a tetracycline-inducible CMV promoter. Cell lines with inducible expression of KCNJ5WT, KCNJ5G151R, or KCNJ5L168R were produced (see Methods). While induction of KCNJ5WT expression had no effect on cell viability, cells expressing KCNJ5G151R or KCNJ5L168R died rapidly, an effect we previously demonstrated to be Na+ dependent (18).

We measured cellular ATP levels as a proxy for cell viability, using a commercially available luciferase assay (23) (see Methods). Induction of KCNJ5WT had no effect on ATP levels. In contrast, induction of KCNJ5G151R or KCNJ5L168R led to drastically reduced ATP levels 72 hours after induction (Figure 1A). This allowed high-throughput screening for inhibitors that prevented reduction in ATP levels upon induction of KCNJ5G151R or KCNJ5L168R.

Conditions were optimized to maximize reproducibility and the signal-to-background ratios (S/B) (24) comparing ATP levels in uninduced and induced cells. Screening was performed in 384-well plates; compounds were added 24 hours after plating, and channel expression was induced immediately after compound addition. ATP levels were measured 72 hours after induction.

Because expression of KCNJ5WT in HEK293 cells does not cause lethality (Figure 1A), a different assay for inhibition of this channel was required. Overexpression of KCNJ5WT in HEK293 cells leads to K+ efflux and membrane hyperpolarization (7), an effect that is reversible upon inhibition of the channel with the potassium channel blocker barium. Changes in membrane potential were detected using a well-established fluorescence-based measure of membrane potential, and the efficacy of the assay was demonstrated with inhibition by barium (Figure 1B, see Methods). This assay may also detect depolarization by compounds that inhibit endogenous K+ channels, which would not be desired due to the resulting toxicity.

High-throughput screen for KCNJ5MUT inhibitors. KCNJ5G151R, the most frequent mutation in APAs (8), was used for the primary screen. Levels of ATP in uninduced and induced cells without added test compound defined 100% and 0% effect, respectively, and served as a proxy for lethality. We screened 73,001 compounds from 19 libraries for rescue of KCNJ5G151R-induced lethality, measured as increased levels of ATP, at a concentration of 10 μM (see
Figure 2. Structure activity relationship of macrolide inhibition of KCNJ5<sup>G151R</sup>. Select compounds are shown. The locations of desosamine and cladinose moieties are indicated on the roxithromycin structure. Values of IC<sub>50</sub> against KCNJ5<sup>G151R</sup> are given for active compounds. See Table 1 for detailed screen results.

<table>
<thead>
<tr>
<th>Highly active (KCNJ5&lt;sup&gt;G151R&lt;/sup&gt; IC&lt;sub&gt;50&lt;/sub&gt; &lt; 1 μM)</th>
<th>Moderately active (1 μM &lt; KCNJ5&lt;sup&gt;G151R&lt;/sup&gt; IC&lt;sub&gt;50&lt;/sub&gt; &lt; 15 μM)</th>
<th>Inactive (KCNJ5&lt;sup&gt;G151R&lt;/sup&gt; IC&lt;sub&gt;50&lt;/sub&gt; &gt; 15 μM or inactive in primary screen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roxithromycin, IC&lt;sub&gt;50&lt;/sub&gt; = 0.22 μM</td>
<td>Erythromycin B, IC&lt;sub&gt;50&lt;/sub&gt; = 1.23 μM</td>
<td>Dirithromycin, IC&lt;sub&gt;50&lt;/sub&gt; = 15.8 μM</td>
</tr>
<tr>
<td>Desosamine</td>
<td>Cladinose</td>
<td></td>
</tr>
<tr>
<td>Roxithromycin D7, IC&lt;sub&gt;50&lt;/sub&gt; = 0.58 μM</td>
<td>Erythromycin A oxime, IC&lt;sub&gt;50&lt;/sub&gt; = 2.88 μM</td>
<td></td>
</tr>
<tr>
<td>Idreincinal, IC&lt;sub&gt;50&lt;/sub&gt; = 0.60 μM</td>
<td>Azithromycin, IC&lt;sub&gt;50&lt;/sub&gt; = 5.69 μM</td>
<td>Decladinose roxithromycin, inactive</td>
</tr>
<tr>
<td>Pseudo erythromycin A enol ether, IC&lt;sub&gt;50&lt;/sub&gt; = 0.85 μM</td>
<td>Anhydroerythromycin A, IC&lt;sub&gt;50&lt;/sub&gt; = 8.60 μM</td>
<td>Telithromycin, inactive</td>
</tr>
<tr>
<td>Clarithromycin, IC&lt;sub&gt;50&lt;/sub&gt; = 0.71 μM</td>
<td>Erythromycin C, IC&lt;sub&gt;50&lt;/sub&gt; = 9.19 μM</td>
<td>Troleandomycin, inactive</td>
</tr>
<tr>
<td>N-demethyl roxithromycin, IC&lt;sub&gt;50&lt;/sub&gt; = 0.82 μM</td>
<td>Erythromycin (erythromycin A plus variable amounts of B, C, and D), IC&lt;sub&gt;50&lt;/sub&gt; = 10.53 μM</td>
<td>Josamycin, inactive</td>
</tr>
</tbody>
</table>

See Table 1 for detailed screen results.
Table 1. Inhibition of mutant and WT KCNJ5 by macrolides and their derivatives

<table>
<thead>
<tr>
<th>Drug name</th>
<th>G151R IC₅₀ (µM)</th>
<th>Minimum inhibition (%)</th>
<th>Maximum inhibition (%)</th>
<th>L168R IC₅₀ (µM)</th>
<th>Minimum inhibition (%)</th>
<th>Maximum inhibition (%)</th>
<th>WT IC₅₀ (µM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roxithromycin</td>
<td>0.22</td>
<td>9.92</td>
<td>105.92</td>
<td>0.69</td>
<td>3.96</td>
<td>81.39</td>
<td>No fit</td>
</tr>
<tr>
<td>Roxithromycin-D7</td>
<td>0.58</td>
<td>1.67</td>
<td>96.22</td>
<td>0.68</td>
<td>3.95</td>
<td>70.07</td>
<td>No fit</td>
</tr>
<tr>
<td>Idreconil (EM574)</td>
<td>0.60</td>
<td>6.38</td>
<td>93.39</td>
<td>1.99</td>
<td>-1.28</td>
<td>66.69</td>
<td>No fit</td>
</tr>
<tr>
<td>Pseudo erythromycin A enol ether</td>
<td>0.65</td>
<td>1.58</td>
<td>11.13</td>
<td>No fit</td>
<td>NA</td>
<td>NA</td>
<td>No fit</td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>0.71</td>
<td>6.40</td>
<td>83.09</td>
<td>1.72</td>
<td>2.35</td>
<td>55.70</td>
<td>No fit</td>
</tr>
<tr>
<td>n-Demethyl roxithromycin</td>
<td>0.82</td>
<td>4.50</td>
<td>96.20</td>
<td>1.18</td>
<td>1.12</td>
<td>76.95</td>
<td>No fit</td>
</tr>
<tr>
<td>Erythromycin B</td>
<td>1.23</td>
<td>7.15</td>
<td>84.36</td>
<td>4.73</td>
<td>1.62</td>
<td>80.00</td>
<td>No fit</td>
</tr>
<tr>
<td>Erythromycin A oxime</td>
<td>2.88</td>
<td>2.49</td>
<td>84.11</td>
<td>8.13</td>
<td>0.65</td>
<td>60.00</td>
<td>No fit</td>
</tr>
<tr>
<td>Azithromycin</td>
<td>5.69</td>
<td>5.11</td>
<td>32.00</td>
<td>8.05</td>
<td>0.71</td>
<td>12.01</td>
<td>No fit</td>
</tr>
<tr>
<td>Anhydro-erythromycin A</td>
<td>8.60</td>
<td>5.61</td>
<td>60.00</td>
<td>No fit</td>
<td>NA</td>
<td>NA</td>
<td>No fit</td>
</tr>
<tr>
<td>Erythromycin C</td>
<td>9.19</td>
<td>6.72</td>
<td>75.00</td>
<td>12.18</td>
<td>1.41</td>
<td>18.43</td>
<td>No fit</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>10.53</td>
<td>3.55</td>
<td>90.00</td>
<td>11.76</td>
<td>0.71</td>
<td>25.00</td>
<td>No fit</td>
</tr>
<tr>
<td>Dilithromycin</td>
<td>15.80</td>
<td>3.11</td>
<td>18.29</td>
<td>No fit</td>
<td>NA</td>
<td>NA</td>
<td>No fit</td>
</tr>
<tr>
<td>Fluorithromycin</td>
<td>No fit</td>
<td>NA</td>
<td>NA</td>
<td>No fit</td>
<td>NA</td>
<td>NA</td>
<td>No fit</td>
</tr>
</tbody>
</table>

Results of a 4-parameter nonlinear regression of log-dose versus response of macrolides and their derivatives (KCNJ5G151R, KCNJ5L168R, and KCNJ5WT). Compounds were tested at 20, 10, 5, 2.5, 1.25, 0.625, 0.3125, 0.1563, 0.0781, and 0.0391 µM concentrations in technical triplicate. IC₅₀, minimum, and maximum inhibition are estimated from the fitted curves. Examples of dose-response curves are shown in Figure 2.
These groups may stabilize the interaction between the macro- 
lides and the mutant channel. Other modifications of the lactone 
ring in azithromycin and flurithromycin diminish or eliminate 
hibition of KCNJ5MUT, supporting interaction of ring constitu-
ting with mutant channels. In addition, the cladinose sugar of 
oxithromycin appears to be critical, since its removal in decladi-
nose roxithromycin and telithromycin results in loss of inhibition 
of KCNJ5MUT (Figure 2). Erythromycin B showed greater activity 
than erythromycin C and A, other components of erythromycin, 
suggesting that hydroxylation at the 12 position, which is present 
in most macrolides, may decrease anti-KCNJ5MUT activity.

In addition to macrolide antibiotics, nonantibiotic macro-
lide derivatives, such as the motilin receptor agonist idremcinal 
(EM 574) (28, 29), were also potent and selective inhibitors of 
KCNJ5MUT (idremcinal IC\textsubscript{50} 0.60 \mu M for KCNJ5G151R and 1.99 \mu M for KCNJ5L168R, no dose response for KCNJ5WT; Figure 2 and Table 1). Several other compounds with macrolide structures, including 
troleandomycin, josamycin, kitasamycin, oleandomycin, oligo-
mycin C, rapamycin, spiramycin, dirithromycin, rondo- 
mycin, and natamycin, had little or no activity against KCNJ5G151R in the 
primary screen (see Figure 2 for selected structures).

**Synthesis of macrolide derivatives without antibiotic or moti-
lide activity.** The use of macrolide antibiotics is associated with a 
comparatively low risk of *Clostridium difficile* infection (30), and 
maintenance treatment with macrolides has been suggested for 
patients with frequent exacerbations of chronic obstructive pul-
monary disease (31), cystic fibrosis (32), and non–cystic fibrosis 
bronchiectasis (33). Yet for the treatment of patients with pri-
mary aldosteronism, the potential induction of pathogen resis-
tance through antibiotic treatment or increased gastrointestinal 
side effects through motilide activity would not be desired. We 
thus sought to identify compounds that retain selective channel 
hibition without antibiotic or motilide activity, as these would 
have the most potential for clinical use as KCNJ5MUT inhibitors. In 
the development of idremcinal, compounds were identified that 
lacked both antibiotic and motilide activity (28). We synthesized 
sveral of these compounds (see Methods), confirmed their lack of 
antibiotic activity using the Kirby-Bauer disk diffusion assay 
(Supplemental Table 3, see Methods), and tested intermediates 
and target compounds for their effects on KCNJ5MUT, PLUX38, -36, 
-37, and -33 all showed significant inhibition of both mutant chan-
nels with no inhibition of KCNJ5WT (Figure 4 and Supplemental 
Table 3). These findings suggest the ability to develop drugs that 
retain selective inhibition of mutant KCNJ5 channels without anti-
biotic or gastrointestinal motility activities.

**Electrophysiology demonstrates direct inhibition of KCNJ5MUT 
by roxithromycin and synthesized compounds.** While KCNJ5 
channels exist as heterotetramers with KCNJ3 and as homotetramers 
in heart (34), their subunit composition in the adrenal gland is cur-
rently unknown. To directly demonstrate that macrolides are inhib-
iting mutant KCNJ5 channels, we performed electrophysiology of 
HEK293T cells expressing KCNJ5 homotetramers or KCNJ5/KCNJ3 
hetetramers (7). Currents were measured by the whole-cell patch-clamp technique (7, 18). Figure 5A shows cation currents of 
heterotetramers recorded in physiological solutions (high extracel-
lular Na+, high intracellular K+) (7). Expression of KCNJ3/KCNJ5 
channels resulted in inwardly rectifying K+ currents and a negative 
reversal potential as a result of high K+ conductance. Consistent with 
published results (7), expression of KCNJ3/KCNJ5G151R channels 
causd marked depolarization as a result of Na+ conductance. Addi-
tion of 20 \mu M roxithromycin led to almost complete inhibition of 
KCNJ3/KCNJ5G151R currents across all voltages tested. Of note, a shift 
of the reversal potential to more negative voltages was observed after 
addition of roxithromycin, consistent with inhibition of the depolar-
ing Na+ conductance. Similar results were obtained for KCNJ3/ 
KCNJ5L168R. The remaining current for KCNJ3/KCNJ5L168R may be a 
potassium current because it was blocked by the known potassium 
channel pore-blocker barium. In contrast, roxithromycin showed 
no inhibition of potassium currents in KCNJ3/KCNJ5L168R channels, 
and currents showed normal sensitivity to barium in the presence of 
roxithromycin. Parallel studies of KCNJ5G151R and KCNJ5L168R 
homotetramers confirmed these results, and no effect on KCNJ5WT 
homotetramers was seen. KCNJ5G151R homotetramers demonstrated 
80% inhibition with 20 \mu M roxithromycin and 53% inhibition with 
10 \mu M roxithromycin (Supplemental Figure 2), suggesting that IC\textsubscript{50}s 
for current inhibition are higher than those for rescue of cellular 
lethality. These results demonstrate direct inhibition by roxithrom-
ycin of channels containing KCNJ5 mutations. Similarly, PLUX37 and 
PLUX38, which were tested as representative synthesized inhibitors 
without antibiotic or motilide activity, demonstrated inhibition of 
KCNJ5MUT without effect on KCNJ5WT in electrophysiological studies 
at a 10 \mu M concentration (Figure 6).
Roxithromycin inhibits KCNJ5MUT-induced aldosterone production in human adrenal-derived H295R cells. To assess effects of KCNJ5 inhibition on aldosterone production, we used the HAC15 cell line (a subclone of NCI-H295R, derived from human adrenocortical carcinoma and a commonly used in vitro model of zona glomerulosa aldosterone production; refs. 35, 36). We stably transduced cells with KCNJ5WT, KCNJ5G151R, and KCNJ5L168R or empty vector control and measured aldosterone production from supernatants. Aldosterone production was about 5-fold increased in cells expressing KCNJ5MUT channels. Importantly, roxithromycin inhibited aldosterone production in a dose-dependent fashion in cells expressing either KCNJ5G151R or KCNJ5L168R (Figure 5B), whereas levels showed virtually no change in cells expressing KCNJ5WT. Aldosterone levels in cells expressing KCNJ5MUT did not decrease to the levels of control cells, possibly because aldosterone accumulates in the supernatant and inhibition is not instantaneous. Membrane depolarization resulting from Na+ conductance of KCNJ5MUT is known to induce expression of CYP11B2, encoding aldosterone synthase. This enzyme catalyzes the 3 terminal steps in aldosterone biosynthesis (hydroxylation at positions C11 and C18 of the steroid nucleus, followed by oxidation at position C18). Accordingly, we measured expression of CYP11B2 by quantitative PCR (qPCR) in NCI-H295R cells transiently transfected with KCNJ5WT, KCNJ5G151R, and KCNJ5L168R. Consistent with published results (37), cells transfected with KCNJ5G151R or KCNJ5L168R showed an approximately 7-fold increase.
in CYP11B2 expression compared with cells transfected with KCNJ5WT. Roxithromycin inhibited expression of CYP11B2 in a dose-dependent fashion in cells expressing either KCNJ5G151R or KCNJ5L168R, whereas levels showed virtually no changes in cells expressing KCNJ5WT. Similar results were obtained for the synthesized inhibitor PLUX38 (Figure 6C).

Discussion

These results demonstrate that specific macrolides selectively and potently inhibit channels harboring mutant forms of KCNJ5. The doses required to rescue overexpression-induced lethality are lower than those required to achieve near-complete channel inhibition, in line with the observation that moderate Na+ influx at physiological expression levels is associated with hyperplasia and tumor formation, rather than lethality, in vivo (7).

Prior exploration of candidate molecules (22) included inhibitors of Na+/H+ exchangers, Na+/Ca2+ exchangers, calcium channels, and sodium channels. While several were shown to have some potency to inhibit KCNJ5168R, the effect on KCNJ5G151R was reported for verapamil only (31% inhibition at high therapeutic levels, ref. 22; the compound did not pass the threshold for KCNJ5G151R inhibition in our primary screen), and effects on KCNJ5WT were not studied. Our study is the first we are aware of to perform an unbiased screen for compounds that specifically inhibit both KCNJ5G151R and KCNJ5L168R and to have screened more than a handful of compounds. This demonstrates the value of using a robust high-throughput screen. Our findings suggest that macrolides or related compounds could be used for the clinical diagnosis of APAs, eliminating the need for cost-intensive and invasive screening by adrenal venous sampling in a substantial number of cases. Because aldosterone synthase and aldosterone both have short half-lives (38), short-term inhibition of expression of aldosterone synthase is sufficient to produce rapid reductions in plasma and urinary aldosterone levels, as occurs with dexamethasone inhibition of aldosterone synthase expression in the Mendelian disease glucocorticoid-remediable aldosteronism (39). Thus, in patients in whom an APA is suspected from the finding of hypertension due to primary aldosteronism, short-term administration of an inhibitor of mutant KCNJ5 would be expected to acutely reduce serum and urinary aldosterone levels in patients in whom somatic KCNJ5 mutations are the cause of APAs. Tumors with KCNJ5 mutations are typically large (40), with characteristic morphology upon imaging (41). Radiological evidence of such a unilateral adrenal tumor, in conjunction with the reduction in aldosterone production after pharmacological inhibition, would likely be sufficient to proceed to surgical intervention, obviating the need for invasive AVS. The large fraction of APAs caused by these mutations suggests that such a test would have substantial clinical impact. This approach to diagnosis could improve the identification of patients whose hypertension could be cured by surgical intervention.

Moreover, the long history of pharmacologic use of macrolides, with their established safety and oral bioavailability, suggests a useful path forward for developing drugs similar to the tool compounds PLUX37 and PLUX38 that could be optimized for channel inhibition, lack of antibiotic and gastrointestinal effects, and pharmacokinetics. The results thus far demonstrate structure activity relationships that can likely be built upon to achieve these goals, and a recent report on the fully synthetic assembly of 300 new macrolide candidates suggests further candidates for screening (42).

Even though spironolactone, a mineralocorticoid receptor antagonist, is available for the medical treatment of patients with APAs who elect not to undergo surgery, its use is associated with marked side effects, including gynecomastia, which often lim-
its compliance. Eplerenone, a more selective mineralocorticoid receptor antagonist, is more expensive and not approved for the therapy of hypertension in Europe (4). In addition to a role in the diagnosis of APAs, it is also possible that long-term treatment with inhibitors of KCNJ5MUT could be efficacious in the treatment of hypertension in patients with APAs due to these mutations, potentially eliminating the need for surgery. This may be particularly relevant for patients who are poor surgical candidates. By inhibiting the proliferative signal as well as aldosterone production, it is also possible that the tumor might shrink with treatment, potentially eventually allowing withdrawal of therapy. In addition, inhibitors of KCNJ5MUT could be beneficial in individuals with rare germline KCNJ5 mutations who do not respond to therapy with mineralocorticoid antagonists and who otherwise require bilateral adrenalectomy (18). For long-term use, antibiotic and gastrointestinal effects would need to be eliminated from such a drug. Our studies indicate that channel inhibition can be separated from these other effects, affording promise that such inhibitors can be developed.

Finally, there is precedent for the pharmacologic treatment of hormone-producing tumors. Dopamine agonists have dramatically affected the treatment of prolactinomas, hormone-producing tumors of the pituitary gland. Dopamine agonists typically restore normal prolactin levels and reduce tumor mass, with recent data demonstrating that therapy can be withdrawn in a subset of patients after normalization of hormone levels and tumor disappearance (43). These observations provide optimism that an analogous approach could have similar efficacy for APAs.

KCNJ5 channels are not expressed in rodent zona glomerulosa (44), and a mouse model of KCNJ5MUT largely does not replicate the human phenotype (45), hindering the testing of macrolide compounds in animal models. The effect of macrolides on aldosterone production of primary cultures from APAs carrying KCNJ5MUT could be tested ex vivo (46), with limited informative value beyond our studies in H295R cells. The most promising path forward, however, involves clinical trials in humans. The potential of macrolides as diagnostic tools could be tested immediately with roxithromycin, which is marketed as an antibiotic in the European Union and whose safety has been established. After a single dose of 300 mg to healthy adults, maximum serum concentrations are 16.4 mg/l (~20 μM; half-life ~11 hours) (47), concentrations that strongly inhibit KCNJ3/KCNJ5MUT heterotetramers and KCNJ5MUT homotetramers in vitro and reduce KCNJ5MUT-induced CYP11B2 expression by about 70% and KCNJ5MUT-induced aldosterone production by more than 50%. A decrease in blood pressure and/or aldosterone levels upon short-term roxithromycin treatment that specifically occurs in KCNJ5MUT carriers (for clinical trials, mutation testing can be performed after routine surgery to correlate response to mutation) would therefore not only demonstrate diagnostic potential, but also provide additional support for the initiation of safety and efficacy studies of non-antibiotic macrolide compounds in primary aldosteronism.

Methods

Generation of stable inducible HEK293 cell lines. WT or mutant human KCNJ5 cDNAs (7) were subcloned into the pcDNA5/FRT/TO vec-
tor using BamHI and HindIII. Single copies of WT or mutant human KCNJ5 cDNAs expressed under the control of a tetracycline-inducible promoter were introduced into HEK293 cells using the Flp-In T-REX System (Invitrogen) according to the manufacturer’s instructions. Cells were grown in selective media containing 10% Tet System Approved FBS (Clontech) until induction.

Generation of HAC15 cell lines stably expressing KCNJ5. HAC15 cells (a gift of William Rainey, University of Michigan, Ann Arbor, Michigan, USA) authenticated by short tandem repeat (STR) analysis (ATCC Cell Line Authentication Service) and tested for mycoplasma (Lonza MycoAlert Mycoplasma Detection Kit) were cultured at 37°C and 5% CO2 in DMEM:F12 (1:1, Gibco, Thermo Fisher Scientific) supplemented with 5% Cosmic Calf Serum (CCS) (Hyclone Laboratories), 1% penicillin/streptomycin, 1% insulin-transferrin-selenium, 1% nonessential amino acids, and 0.1% lipid mixture (all Gibco, Thermo Fisher Scientific). HEK293T cells were cultured in DMEM (Biochrm) with 10% FBS (Biochrom) and 1% penicillin/streptomycin (Gibco, Thermo Fisher Scientific) in 5% CO2 at 37°C.

pLX303 KCNJ5<sup>G151R</sup>, pCMV-VSV-G, and psPAX2 were gifts of C. Gomez-Sanchez (University of Mississippi Medical Center, Jackson, Mississippi, USA) (48). pLX303 KCNJ5<sup>Wt</sup> was generated from plox303 KCNJ5<sup>G151R</sup> using a PCR-based strategy (QuickChange, Stratagene) according to the manufacturer’s instructions, and pLX303 KCNJ5<sup>L168R</sup> was similarly generated from plox303 KCNJ5<sup>Wt</sup>. pLX303 empty vector was generated by digest of pLX303 KCNJ5<sup>G151R</sup> with BsrGI (NEB) and self-ligation. Plasmids for transduction were prepared using the QIAprep Spin Miniprep Kit (Qiagen). pLX303 KCNJ5<sup>G151R</sup> was generated by digest of pLX303 KCNJ5<sup>G151R</sup> with BsrGI (NEB) and self-ligation. Plasmids for transduction were prepared using the QIAprep Spin Miniprep Kit (Qiagen). pLX303 KCNJ5<sup>G151R</sup> was generated by digest of pLX303 KCNJ5<sup>G151R</sup> with BsrGI (NEB) and self-ligation. Plasmids for transduction were prepared using the QIAprep Spin Miniprep Kit (Qiagen). The synthesis of PLUX30B, -31A, -32, -33, -35A, -37 and -38, -40 (50), and PLUX36 (28) was performed according to the manufacturer’s instructions, and pLX303 KCNJ5<sup>L168R</sup>. 1 and 2. Additional compounds and suppliers (Table 1) were as follows: roxithromycin (Sigma-Aldrich, R4393), idremicin (Enzo, ALX-380-264), pseudo erythromycin enol ether (Toronto Research, P839500), clarithromycin (Sigma-Aldrich, A3487), erythromycin B (Santa Cruz Biotechnology Inc., SC-362735), azithromycin (Sigma-Aldrich, 75199), anhydroerythromycin A (Toronto Research, A638950), erythromycin C (Santa Cruz Biotechnology Inc., SC-362736), erythromycin (Sigma-Aldrich, E6376), dirithromycin (Sigma-Aldrich, D4065), and flurithromycin (Waterstone Tech, 40589).

Cell viability assay. 20 μl of G151R and L168R cells was plated into sterile white with clear bottom tissue culture–treated 384-well plates (Corning) at a density of 2,000 cells/well (G151R) or 4,000 cells/well (L168R) using a Multidrop Combi Reagent Dispenser (Thermo Scientific). Assay plates were centrifuged and incubated overnight at 37°C, 5% CO2. 20 nl was transferred from the compound source plate to the cell assay plate using an Aquarius (Tecan) with a 384-well pin tool (V&P Scientific). The final concentration of compound for screening was 10 μM, and the final DMSO concentration was 0.1%. 1 μl of tetracycline (final concentration 1 μg/ml) was added to compound-containing and negative control wells by Multidrop Combi to induce expression. 1 μl of media was added to positive control wells. Assay plates were centrifuged and incubated for 72 hours at 37°C, 5% CO2. CellTiter-Glo (Promega) was used to measure cell viability in the assay wells according to the manufacturer’s instructions. 10 μl/well of CellTiter-Glo reagent was added to the assay plates using a MultiDrop Combi. The plates were shaken on a Thermomixer R (Eppendorf) at 1,100 rpm for 1 minute and incubated in the dark for 10 minutes at room temperature. Luminescence was read on an Envision plate reader (PerkinElmer) with 0.3 second sampling time per well. Raw data (luminescence counts per second) were normalized to percentage of effect by the following formula: 100 – (((sample – negative control mean)/(positive control mean – negative control mean)) × 100).

Membrane potential assay. 20 μl of WT cells were plated into sterile black with clear bottom tissue culture–treated 384-well plates (Corning) at a density of 10,000 cells/well using a Multidrop Combi. Assay plates were centrifuged at 46 g for 10 seconds and incubated overnight at 37°C in a humidified 5% CO2 incubator. After the overnight incubation, 1 μl of tetracycline (final concentration, 1 μg/ml) was added to all wells by Multidrop Combi to induce KCNJ5. Assay plates were centrifuged at 46 g for 10 seconds and incubated overnight at 37°C in a humidified 5% CO2 incubator. The next day, 10 μl of media was removed from each well using a PlateMate Plus (Thermo Scientific). 10 μl of Blue Formula FLIPR Membrane Potential Dye (Molecular Devices) was added to cells using a multichannel pipettor. Assay plates were incubated for 30 minutes at 37°C. After incubation, 20 nl was transferred twice from the compound source plate to the cell assay plate using an Aquarius with a 384-well pin tool for a total transfer volume of 40 nl and a final DMSO concentration of 0.2%. 1 μl of 20 mM BaCl2 (1 mM final concentration) was added to positive control wells using a multichannel pipettor, and results were defined as 100% inhibition. The assay plate was incubated 20 minutes at room temperature in the dark. Fluorescence was read in a FlexStation II 384 plate reader (Molecular Devices) at 530/565 nm ex/em, bottom read.

Synthesis of macrolide derivatives. The synthesis of PLUX30B, -31A, -32, -33, -35A, -37 and -38, -40 (50), and PLUX36 (28) was performed...
as previously described. The acylation reaction needed to synthesize PLUX34, -39, and -42 has also been described in the literature (51). The synthesis of PLUX33 or N-demethyl-9-deoxo-9-hydroxy-N-butyl-(9S)-erythromycin was made in a manner identical to that of PLUX32, only 1-iodobutane was used as the alkylating agent. Crude product was purified by silica gel chromatography, eluting with 6% (8:1, ethanol/ammonium hydroxide) in ethyl acetate to give 142 mg, 52% yield. 1H NMR peaks (400 MHz, DMSO-d6) were as follows: 1H NMR (400 MHz, DMSO-d6) δ 5.35 – 5.04 (m, 1H), 4.72 (d, J = 4.8 Hz, 1H), 4.50 (s, 1H), 4.36 (s, J = 7.6 Hz, 1H), 4.30 – 4.23 (m, 2H), 4.08 – 3.94 (m, 2H), 3.90 – 3.82 (m, 2H), 3.75 (dd, J = 5.9, 2.0 Hz, 1H), 3.60 (s, 1H), 3.46 (dd, J = 7.2 Hz, 1H), 3.19 (s, 3H), 3.03 (dd, J = 8.0, 7.5, 3.8 Hz, 1H), 2.93 – 2.71 (m, 4H), 2.65 (m, 1H), 2.46 – 2.38 (m, 1H), 2.33 – 2.08 (m, 1H), 1.92 – 1.60 (m, 5H), 1.60 – 1.45 (m, 3H), 1.43–1.32 (m, 2H), 1.26 (s, 4H), 1.15 (dd, J = 6.1 Hz, 1H), 1.11 (s, 3H), 1.09 (d, J = 7.3 Hz, 3H), 1.07–1.10 (m, 1H), 0.92 – 0.96 (m, 6H), 0.82 (dd, J = 6.5, 2.6 Hz, 6H), 0.74 (t, J = 7.4 Hz, 3H) m/z: 776 [M+H]+ (found m/z: 778.5317). PLUX36 or N-demethyl-8,9-anhydroerythromycin A 6,9-hemiacetal and PLUX37 or N-demethyl- N-isobutyl-8,9-anhydroerythromycin A 6,9-hemiacetal were synthesized as previously described (28). PLUX40 or N-demethyl-N-(2-methylpropyl)-erythromycin was produced by alkylating known N-demethylerythromycin in a manner identical to that done with PLUX32, using 1-iodo-2-methylpropane as the alkylating agent. Crude product was purified by silica gel chromatography eluting with 4% (8:1, ethanol/ammonium hydroxide) in dichloromethane to give product 85 mg, 52% yield. 1H NMR peaks (400 MHz, DMSO-d6) were as follows: 1H NMR (400 MHz, DMSO-d6) δ 8.01 (d, J = 15.2 Hz, 1H), 7.50 (d, J = 9.4 Hz, 1H), 7.45 (d, J = 9.4 Hz, 1H), 7.27 (d, J = 8.9 Hz, 1H), 4.97 (d, J = 4.7 Hz, 1H), 4.53 (s, 1H), 4.39 (d, J = 2.1 Hz, 1H), 4.28 (d, J = 7.4 Hz, 1H), 3.86 (m, 5H), 3.70 (s, 1H), 3.55 (dd, J = 5.1 Hz, 1H), 3.55 (s, 1H), 3.20 (s, 3H), 3.04 (d, J = 8.5 Hz, 2H), 2.88 (dd, J = 9.4, 7.4 Hz, 1H), 2.67 (m, 1H), 2.54 (m, 1H), 2.48 (m, 1H), 2.32 (m, 1H), 2.27 (d, J = 15.2 Hz, 1H), 2.15 (s, 3H), 1.89 (s, 1H), 1.73 (m, 3H), 1.56 (dd, J = 10.9 Hz, 1H) 1.46 (m, 2H), 1.40–1.19 (m, 5H), 1.15 – 0.92 (m, 29H), 0.85 (t, J = 7.2 Hz, 3H), 0.74 (t, J = 7.4 Hz, 3H), m/z: 778 [M+H]+ (found m/z: 778.5317). The acylation reaction needed to synthesize PLUX38 of N-methyl-8,9-anhydroerythromycin A 6,9-hemiacetal or PLUX37 or N-demethyl-N-isobutyl-8,9-anhydroerythromycin A 6,9-hemiacetal were synthesized as previously described (28). PLUX40 or N-demethyl-N-(2-methylpropyl)-erythromycin was produced by alkylating known N-demethylerythromycin in a manner identical to that done with PLUX32, using 1-iodo-2-methylpropane as the alkylating agent. Crude product was purified by silica gel chromatography eluting with 4% (8:1, ethanol/ammonium hydroxide) in dichloromethane to give product 85 mg, 52% yield. 1H NMR peaks (400 MHz, DMSO-d6) were as follows: 1H NMR (400 MHz, DMSO-d6) δ 5.35 – 5.04 (m, 1H), 4.72 (d, J = 4.8 Hz, 1H), 4.50 (s, 1H), 4.36 (s, J = 7.6 Hz, 1H), 4.30 – 4.23 (m, 2H), 4.08 – 3.94 (m, 2H), 3.90 – 3.82 (m, 2H), 3.75 (dd, J = 5.9, 2.0 Hz, 1H), 3.60 (s, 1H), 3.46 (dd, J = 7.2 Hz, 1H), 3.19 (s, 3H), 3.03 (dd, J = 8.0, 7.5, 3.8 Hz, 1H), 2.93 – 2.71 (m, 4H), 2.65 (m, 1H), 2.46 – 2.38 (m, 1H), 2.33 – 2.08 (m, 1H), 1.92 – 1.60 (m, 5H), 1.60 – 1.45 (m, 3H), 1.43–1.32 (m, 2H), 1.26 (s, 4H), 1.15 (dd, J = 6.1 Hz, 1H), 1.11 (s, 3H), 1.09 (d, J = 7.3 Hz, 3H), 1.07–1.10 (m, 1H), 0.92 – 0.96 (m, 6H), 0.82 (dd, J = 6.5, 2.6 Hz, 6H), 0.74 (t, J = 7.4 Hz, 3H) m/z: 776 [M+H]+ (found m/z: 776.5184), requires C36H75NO13 [M+H]+ 778.5317. PLUX36 or N-demethyl-9-deoxo-9-hydroxy-N-butyln(9S)-erythromycin was made in a manner identical to that of PLUX32, only 1-iodobutane was used as the alkylating agent. Crude product was purified by silica gel chromatography, eluting with 6% (8:1, ethanol/ammonium hydroxide) in ethyl acetate to give 142 mg, 52% yield. 1H NMR peaks (400 MHz, DMSO-d6) were as follows: 1H NMR (400 MHz, DMSO-d6) δ 5.35 – 5.04 (m, 1H), 4.72 (d, J = 4.8 Hz, 1H), 4.50 (s, 1H), 4.36 (s, J = 7.6 Hz, 1H), 4.30 – 4.23 (m, 2H), 4.08 – 3.94 (m, 2H), 3.90 – 3.82 (m, 2H), 3.75 (dd, J = 5.9, 2.0 Hz, 1H), 3.60 (s, 1H), 3.46 (dd, J = 7.2 Hz, 1H), 3.19 (s, 3H), 3.03 (dd, J = 8.0, 7.5, 3.8 Hz, 1H), 2.93 – 2.71 (m, 4H), 2.65 (m, 1H), 2.46 – 2.38 (m, 1H), 2.33 – 2.08 (m, 1H), 1.92 – 1.60 (m, 5H), 1.60 – 1.45 (m, 3H), 1.43–1.32 (m, 2H), 1.26 (s, 4H), 1.15 (dd, J = 6.1 Hz, 1H), 1.11 (s, 3H), 1.09 (d, J = 7.3 Hz, 3H), 1.07–1.10 (m, 1H), 0.92 – 0.96 (m, 6H), 0.82 (dd, J = 6.5, 2.6 Hz, 6H), 0.74 (t, J = 7.4 Hz, 3H) m/z: 776 [M+H]+ (found m/z: 776.5184), requires C36H75NO13 [M+H]+ 778.5317.
expression levels are shown as $2^{ΔΔCt}$, normalized to the value of vector-transfected cells at the respective inhibitor concentration.

**Aldosterone ELISA.** 250,000 stably transfected HAC15 cells/well were seeded on a white clear-bottom 96-well plate (Corning). After 24 hours, cells were washed with PBS, and medium was changed to 0.1% CCS, 1% penicillin/streptomycin, 1% nonessential amino acids, 1% ITS, and 0.1% lipid concentrate (all Gibco, Thermo Fisher Scientific), with 20 μM roxithromycin, but no blasticidin. After an additional 24 hours, cells were again washed with PBS, and medium containing 0, 5, 20, or 50 μM roxithromycin was added. After 6 hours, the plate was centrifuged, the supernatant removed, and 100 μl of medium containing the same roxithromycin concentration as before was added. After 45 minutes incubation at room temperature, a CellTiter-Glo assay (Promega) was performed according to the manufacturer’s instructions. Luminescence was analyzed on an Enspire 2300 Multilabel Reader (PerkinElmer) with a measurement time of 0.25 seconds. Cell supernatants were centrifuged again, transferred to a fresh tube, and frozen at –20°C. They were analyzed in duplicate at 2 dilutions using the Cayman Aldosterone EIA Kit (catalog 501090) following the manufacturer’s instructions. For values outside the assay range, both replicates of the respective dilution were removed from the analysis. Cell counts were interpolated in GraphPad Prism using a nonlinear fit of the standard curve of 1,000,000, 750,000, 500,000, 250,000, 125,000, 62,500, 31,250, and 15,625 cells seeded in triplicate. Aldosterone per well was normalized to cell count.

**Statistics.** Data were analyzed using the programs Excel (Microsoft) and Prism (GraphPad). Error bars are shown as SD unless otherwise indicated in the legend. Dose-response curves were fitted with the following 4-parameter logistic equation:

$$y = d + \frac{a - d}{1 + \left(\frac{x}{c}\right)^b}$$

(Equation 1)

where $y = \text{variable dependent}$, $a = \text{minimum inhibition}$, $d = \text{maximum inhibition}$, $c = \text{inflection point}$, and $b = \text{Hill's slope}$. For Student’s $t$ test, data passed normality tests in Prism. $P \leq 0.05$ was considered statistically significant.

**Author contributions**

UIS and RPL conceived the project. UIS generated plasmids, stable inducible HEK293, and stable HAC15 cell lines. JZ contributed to cell maintenance. LA, UIS, and JSM designed and performed high-throughput screening assays. MP synthesized compounds. CZ and WW performed and analyzed electrophysiology. ENR performed qPCR analysis and ELISAs. UIS and BIK performed Kirby-Bauer disk-diffusion assays. UIS prepared figures and tables. UIS and RPL wrote and edited the main text and supplemental data. UIS, DH, JSM, WW, and RPL oversaw parts of the project or had advisory roles.

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