



Published in final edited form as:

J Thromb Haemost. 2013 April ; 11(4): 605–614. doi:10.1111/jth.12144.

The Organizing Principle of Platelet Glycoprotein Ib-IX-V Complex

Renhao Li* and Jonas Emsley†

*Department of Pediatrics, Aflac Cancer and Blood Disorders Center, Emory University School of Medicine, Atlanta, GA, USA

†Center for Biomolecular Sciences, School of Pharmacy, University of Nottingham, Nottingham, UK

Summary

The glycoprotein (GP)Ib-IX-V complex is the platelet receptor for von Willebrand factor and many other molecules critically involved in hemostasis and thrombosis. The lack of functional GPIb-IX-V complexes on the platelet surface is the cause of Bernard-Soulier syndrome, a rare hereditary bleeding disorder also associated with macrothrombocytopenia. The GPIb-IX-V complex contains GPIb α , GPIb β , GPIX and GPV subunits, all of which are type I transmembrane proteins containing leucine-rich repeat domains. Although all the subunits were identified decades ago, not until recently did the mechanism of complex assembly begin to emerge from a systematic characterization of inter-subunit interactions. This review summarizes forces driving the assembly of the GPIb-IX-V complex, discusses their implication on the pathogenesis of Bernard-Soulier syndrome, and identifies questions that remain about the structure and organization of GPIb-IX-V.

Keywords

GPIb-IX-V complex; platelet glycoprotein; Bernard-Soulier syndrome; leucine-rich repeat domain; transmembrane domain

Introduction

The glycoprotein (GP)Ib-IX-V complex is expressed exclusively on platelets and megakaryocytes. It is the second most abundant receptor complex on human platelets. The importance of this receptor complex to hemostasis was demonstrated when GPIb was discovered as the missing protein in patients with the Bernard-Soulier syndrome (BSS), a hereditary bleeding disorder [1]. Although GPIb-IX-V primarily functions as a platelet receptor for von Willebrand factor (VWF), it can also bind to other ligands present in circulation such as thrombin, P-selectin, integrin $\alpha_M\beta_2$, factor XI, factor XII, high-molecular-weight kininogen [2–8], as well as a number of snake venom proteins [recently reviewed in 9]. Eliminating these interactions either by employing specific inhibitors or genetically removing target proteins in animal models has established critical roles of GPIb-IX-V in thrombosis, inflammation, metastasis, and the life cycle of platelets [10–17].

*Corresponding author: Renhao Li, Department of Pediatrics, Emory University School of Medicine, 2015 Upper gate Drive NE, Atlanta, GA 30322. Phone: 404-727-8217; Fax: 404-727-4859; renhao.li@emory.edu.

Disclosure of Conflict of Interests

The authors declare no conflict of interest.

GPIb-IX-V contains 4 different subunits: GPIba, GPIb β , GPIX and GPV. Although the association of these subunits was demonstrated more than 20 years ago [18, 19], not until recently was the mechanism of complex assembly elucidated. Recent reports showed that GPIb-IX is a highly integrated membrane protein complex that is weakly associated with GPV. While the full-length GPIb-IX complex is stable and can be purified directly from platelet lysates [20], many segments of GPIb-IX are not when individually produced. In fact, there have been only two reports of direct observation of interactions between GPIb-IX-derived protein domains, both of which involved highly specialized conditions and methods [21, 22]. This review summarizes recent progress in understanding the structure and organization of human GPIb-IX-V, discusses the implication of these studies on the pathogenesis of BSS, and lists remaining questions about the organization of the complex.

Structure of each GPIb-IX-V subunit

To understand the organization of GPIb-IX-V, it is necessary to discuss the primary domain structure of each subunit. Each subunit of the complex is a type I transmembrane protein, consisting of a large N-terminal extra cellular domain, a single-pass transmembrane (TM) helix and a relatively short cytoplasmic tail devoid of enzymatic activity. The extra cellular domain of each subunit contains a leucine-rich repeat (LRR) structural domain of variable size.

GPIba is the major subunit and possesses all of the known extra cellular ligand-binding sites in the complex (Fig. 1). The crystal structure of its N-terminal LRR domain reveals a single disulfide bond (Cys4-Cys17) in the N-capping region, 7 LRR sequences in the central parallel β -coil region, and two disulfide bonds (Cys209-Cys248, Cys211-Cys264) in the C-capping region [23]. The parallel β -coil region is composed of stacking layers of 3-sided coils (Fig. 1B). Each side of the coil is named the linker, convex loop and concave β -strand. Two N-glycosylation sites (Asn 21, Asn 159) are located in the β -coil region. Following the LRR domain are an acidic residue-rich sequence containing sulfated tyrosines and the thrombin-binding site, a heavily O-glycosylated region known as macroglyco peptide, and a stalk region of approximately 40–50 residues (Fig. 1A). Two vicinal cysteine residues (Cys484, Cys485) at the junction of extra cellular and TM domains form disulfide bonds with GPIb β [24]. The GPIba cytoplasmic tail can bind to filamin A, 14-3-3 ζ and phosphoinositide 3-kinase [25–28]. Several residues in the cytoplasmic domain, including Ser587, Ser590 and Ser609, can be phosphorylated [29–31].

In the GPIb β extra cellular domain, both N- and C-capping regions flanking the LRR sequence contain 2 interlocking disulfide bonds [22]. Containing only a single LRR, the parallel β -coil region is much less curved than that in GPIba (Fig. 1B). There is one N-glycosylation site (Asn41). Residue Cys122 located at the junction of extra cellular and TM domains forms a disulfide bond with GPIba (Fig. 1C), whereas residue Cys148 located at the junction of TM and cytoplasmic domains is palmitoylated [32]. The GPIb β cytoplasmic domain contains approximately 30 residues. Its juxtamembrane region is enriched in basic residues and can associate with calmodulin and TNF receptor-associated factor 4 [33, 34]. Residue Ser166 located in the distal region is phosphorylated and is involved in association with 14-3-3 ζ [35, 36].

The GPIX extra cellular domain, also containing a single LRR sequence, shares over 45% sequence identity with its GPIb β counterpart. It is therefore expected to take on a similar structure. However, its TM and cytoplasmic sequences differ significantly from their GPIb β counterparts. The GPIX cytoplasmic tail contains only 8 residues and is not known to associate with any intracellular proteins. Like GPIb β , GPIX contains amyristoylated residue

Cys154 at the junction of TM and cytoplasmic domains [32]. It should be noted that mouse GPIIb β and GPIIX do not have acylated cysteines.

The extra cellular domain of GPV contains 13 LRR sequences that are flanked by N- and C-capping regions, both of which contain 2 interlocking disulfide bonds. Following the LRR domain area stalk region, the TM helix, and a short cytoplasmic tail that contains several basic residues.

TM and extra cellular domain interactions in the assembly of GPIIb-IX

GPIIb-IX is a highly stable complex containing GPIIb α , GPIIb β and GPIIX at a ratio of 1:2:1 [18, 20, 24]. Mutations from BSS patients map to GPIIb α , GPIIb β or GPIIX genes, indicating that a mutation in any of the three subunits can abolish GPIIb-IX expression in platelets [37]. A requirement for the concurrent expression of all three subunits to enable efficient expression of GPIIb-IX on the cell surface has also been reproduced in transfected mammalian cells [38]. Further dissection of GPIIb-IX expression in transfected cells suggests that GPIIb α , GPIIb β and GPIIX interact with and stabilize one another [39–42]. Thus, the expression level of GPIIb-IX on the cell surface can be used as an indicator for complex assembly. Coupling the mutational analysis with structural and biophysical characterization, recent studies have identified three inter-subunit interactions in GPIIb-IX— disulfide bonds between GPIIb α and GPIIb β , interactions between TM domains, and interactions between GPIIb β and GPIIX extra cellular domains (Fig. 1C).

It was demonstrated recently that GPIIb α is connected via disulfide bonds with two GPIIb β subunits [24]. Residues Cys484 and Cys485 in GPIIb β and Cys122 in GPIIb α are involved since mutating anyone of these residues to serine abolish disulfide formation between the subunits [24, 43]. However, these mutations did not significantly impact the expression level of GPIIb-IX in transfected cells, suggesting that these disulfide bonds are not necessary for proper assembly of the complex [24, 43].

Interaction between the TM domains of GPIIb-IX was first suggested when it was observed that replacing the TM domain of any subunit with a poly-leucine-alanine sequence resulted in a significant decrease in GPIIb-IX expression on the surface of transfected cells [44, 45]. Consistent with these observations, the extra cellular domain of GPIIb α , but not the combined extra cellular and TM domains, can be replaced with their counterparts from the α -subunit of interleukin-4 receptor without affecting GPIIb-IX expression in transgenic mice [11]. In addition, a frame-shift mutation in the GPIIb β gene that produced new TM and cytoplasmic domains was identified in a patient with BSS [46], as was a nonsense mutation in the GPIIX gene that eliminated its TM and cytoplasmic domains in another patient with BSS [47]. Besides decreasing expression of the GPIIb-IX complex, formation of native juxtamembrane disulfide bonds between GPIIb α and GPIIb β is also perturbed or disrupted when the TM domains of GPIIb-IX are replaced [44, 45].

Direct interaction between the TM domains of GPIIb-IX has been demonstrated using recombinant peptides containing individual GPIIb-IX TM sequences. Mixing GPIIb α and GPIIb β TM peptides in membrane-mimicking detergent micelles under reversible redox conditions can produce a GPIIb β -GPIIb α -GPIIb β ($\alpha\beta_2$) tri peptide containing native disulfide bonds [24]. Addition of the GPIIX TM peptide to the mixture facilitates $\alpha\beta_2$ complex formation, mimicking the effect of GPIIX on GPIIb α -GPIIb β disulfides formation in transfected cells [21]. Further, fluorescence resonance energy transfer was observed between Cy 3-labeled $\alpha\beta_2$ and a Cy 5-labeled GPIIX TM peptide, while no energy transfer was observed between $\alpha\beta_2$ and a mutant D135K GPIIX TM peptide [21]. These results showed that GPIIb-IX TM domains interact with one another to form a parallel 4-helical bundle in the membrane and that formation of GPIIb α -GPIIb β disulfide bonds depends on interactions

between the helices. In this 4-helical bundle, two GPIb β TM helices should be located in diagonal to accommodate the distance constraints imposed by the two adjacent GPIb α -GPIb β disulfide bonds (Fig. 1C).

There are conserved polar residues in GPIb α (Ser503), GPIb β (Gln132, His139) and GPIX (Asp135) TM domains. Mutating these residues to a polar residues (*e.g.* H139L) or to residues of opposite charge (*e.g.* D135K) significantly decreases surface expression of GPIb-IX and hampers formation of native GPIb α -GPIb β disulfide bonds[44, 45]. In the hydrophobic membrane, polar residues in a TM helix prefer to interact with other polar residues in other helices [48]. The polar residues in the GPIb-IX TM domains are clustered at two distinct depths, and likely interact with other polar residues at the same depth (*e.g.* Gln129 in GPIb β /Asp135 in GPIX, Ser503 in GPIb α /His139 in GPIb β).Further, scanning mutagenesis has identified several a polar residues, particularly leucine residues in the GPIX TM domain, as critical to proper assembly of GPIb-IX, suggesting that these residues are at the interfacial region within the helical bundle [44, 45]. Overall, it appears that a combination of polar interactions and leucine zipper interactions mediates association of the GPIb-IX TM helices. It is noteworthy that both acylated residues (Cys148 in GPIb β and Cys154 in GPIX) are located on the opposite side in each TM helix from aforementioned polar residues, which is consistent with the expectation that the attached hydrocarbon acyl chain would interfere with association of GPIb-IX TM helices and thus should not be at the interface.

The interaction between extra cellular domains of GPIb β and GPIX was first postulated when mutations in the GPIb β extra cellular domain were found to abolish its ability to support surface expression of GPIX in transfected cells[40]. However, this interaction has resisted direct detection by conventional means for two reasons. First, while the isolated GPIb β extra cellular domain can be secreted from transfected cells as a stable protein, the highly homologous GPIX extra cellular domain does not express as a well-folded protein and is presumably unstable [49]. This is consistent with a recent report that GPIX is a preferred substrate of molecular chaperone gp96/grp94[50]. Second, the effect of the extra cellular domain interaction is only manifest in the presence of neighboring TM domains. In contrast to full-length GPIb β that can facilitate surface expression of GPIX in transfected cells, the isolated GPIb β extra cellular domain is not able to support secretion of the GPIX extra cellular domain nor surface expression of full-length GPIX[49].

However, the interaction between extra cellular domains of GPIb β and GPIX has been demonstrated using a GPIb β /GPIX chimeric extra cellular domain called GPIb β _{Eabc}[49]. In this chimera protein, three convex loops from the GPIX extra cellular domain (Ala29-Arg36, Ser49-Gln60 and Ser76-Asp86) were grafted onto the GPIb β scaffold. Like the isolated GPIb β extra cellular domain, GPIb β _{Eabc} is monomeric in aqueous solutions [22], but unlike the GPIb β extra cellular domain, GPIb β _{Eabc} is a homo tetramer in a crystal where the protein concentration is typically in millimolar range, much higher than in aqueous solutions. This suggests that the tetramerization constant for GPIb β _{Eabc} is relatively weak. The crystal structure of the GPIb β _{Eabc} homo tetramer shows that each interface between two GPIb β _{Eabc} monomers consists of mostly residues from the C-capping region of GPIb β on one side and residues from convex loops of GPIX on the other (Fig. 1C). In particular, the side chain of Tyr106 in GPIb β interacts with hydrophobic side chains of several GPIX residues that form a shallow pocket at the interface [22]. Mutagenesis of crucial residues at the interface such as Tyr106 confirmed that the GPIb β /GPIX interface shown in the crystal structure is a valid representation of that in the full-length complex.

There are one GPIX and two GPIb β subunits in GPIb-IX. However, it was unclear how a single GPIX extra cellular domain, which does not appear to have an internal two-fold

symmetry, supports distinct binding sites for two GPIIb β extra cellular domains. The crystal structure of GPIIb β _{Eabc} tetramer not only reveals structural details of one GPIIb β /GPIX interface, but also provides clues about the other. In the GPIIb β _{Eabc} tetramer, the C-termini of all 4 monomers are located on the same side[22]. The distances between them match those between the N-termini of a 4-helical bundle. Therefore, if GPIIb β and GPIX extra cellular domains assemble as in the GPIIb β _{Eabc} tetramer, they can be accommodated on top of the adjacent TM helical bundle (Fig. 1C). Thus, the crystal structure of the GPIIb β _{Eabc} tetramer predicts that the second GPIIb β /GPIX interface, mimicking the first one, is between the C-capping region of GPIX and convex loops of second GPIIb β (Fig. 1C). Evidence supporting this suggestion came from a recent analysis that placed residue Pro74, located in the third convex loop of GPIIb β extra cellular domain, at or near the GPIIb β /GPIX interface [22]. Structural details of the second GPIIb β /GPIX interface, however, await further elucidation.

Lack of contribution of other regions to GPIIb-IX assembly

Although the stalk region of GPIIb α is located in proximity to the GPIIb β extra cellular domain in GPIIb-IX, there is no evidence supporting a direct interaction between them. Replacing the stalk region of GPIIb α , along with the rest of the extra cellular domain, with the extra cellular domain of the α -subunit of human interleukin-4 receptor, preserved surface expression levels of GPIIb β and GPIX in platelets[11]. Furthermore, co-immunoprecipitation of a mutant GPIIb-IX in which both GPIIb α -GPIIb β disulfide bonds are removed due to C484S/C485S mutations in GPIIb α showed that the noncovalent association of GPIIb α with GPIIb β is mostly through the TM helices, in contrast to that of GPIIb β with GPIX in which both TM and extra cellular domains are involved [51].

Because truncation and single-site mutations in the GPIIb α cytoplasmic domain designed to perturb the interaction of GPIIb α with intracellular binding proteins such as filamin A did not reveal significant decreases in the level of GPIIb-IX expression on the surface of transfected cells, it is likely that the GPIIb α cytoplasmic domain does not actively participate in complex assembly[52–54]. Nonetheless, the expression level of GPIIb-IX is decreased in mouse platelets lacking filamin A, but its expression is not altered in mega karyocytes. The decrease is likely due to an increase in metallo protease levels as a result of filamin A deletion rather than due to a defect in GPIIb-IX assembly [55]. Similar to GPIIb α , neither deleting the GPIX cytoplasmic domain nor replacing it with a poly-alanine sequence affected GPIIb-IX assembly in transfected cells[45]. Fatty acids attached in human GPIIb β and GPIX cytoplasmic domains are not required for GPIIb-IX assembly, since mutating both Cys148 in GPIIb β and Cys154 in GPIX did not alter GPIIb-IX structure nor impact its expression [56].

Although deleting the membrane-distal portion of the GPIIb β cytoplasmic domain also did not affect GPIIb-IX assembly, deleting the juxtamembrane region (residues 149–154) or replacing it with a poly-alanine sequence significantly decreased surface expression of GPIIb-IX and interfered with formation of GPIIb α -GPIIb β disulfide bonds as well[57, 58]. In contrast, replacing the juxtamembrane region of the GPIIb α cytoplasmic domain with a poly-alanine sequence did not produce similar disruptive effects on GPIIb-IX assembly (X. Mo and R. Li, unpublished results). This suggests that the juxtamembrane region of GPIIb α and GPIIb β cytoplasmic domains do not interact. The juxtamembrane region of the GPIIb β cytoplasmic domain is the only region of the three GPIIb-IX subunits that is enriched in basic residues. Basic residues in the juxtamembrane region of cytoplasmic domains often interact with negatively charged lipids in cell membranes, helping to mediate protein topology and vesicle trafficking in the cell [59, 60]. Therefore, it is conceivable that removing the basic

residues from the GPIIb β cytoplasmic domain could result in alteration of the GPIIb-IX topology and decrease of its expression on the cell surface.

Weak association of GPV with GPIIb-IX through TM domains

In contrast to the tight association between GPIIb and GPIIX [18], GPV is weakly associated with GPIIb since immuno precipitation of GPV from platelet lysates using anti-GPIIb α antibodies was only observed in the presence of digitonin but not NP-40 as the lysate is detergent [19]. The weak association can potentially explain why in platelets GPV is shed faster than GPIIb α [61]. Although deletion of GPV has little impact on the surface expression level of GPIIb-IX in mice [62, 63], GPIIb-IX is essential to efficient expression of GPV in the plasma membrane of transfected cells [64, 65]. Consistent with this observation, decreased GPV expression is often reported in platelets of BSS patients [37, 66].

Assessment of GPV expression in transfected Chinese hamster ovary (CHO) cells that also express various combinations of GPIIb-IX subunits identified GPIIb α as the critical subunit in GPIIb-IX supporting efficient surface expression of GPV [64]. A recent study identified the TM helices of GPV and GPIIb α as essential to the GPIIb-IX enhancement of GPV expression in transfected CHO cells [67]. Scanning mutagenesis identified key residues in GPV and GPIIb α TM helices that presumably form an interface between the two proteins (Fig. 2). Whether other domains of GPV are involved in the interaction with GPIIb-IX is not known, although the sensitivity of GPIIb-IX-V integrity to nonionic detergents such as NP-40 but not to digitonin suggests that the association is driven largely by polar interactions in the TM domains [68–70]. These results are consistent with the current structural model of GPIIb-IX, as GPIIb α TM residues important for GPV association do not overlap with those important for association with GPIIb β and GPIIX. Moreover, the interface identified on the GPIIb α TM helix is the only accessible region in the GPIIb-IX TM helical bundle because direct contact with GPIIb β or GPIIX TM helices would cause a severe steric clash with their extracellular domains (Fig. 2). Unlike GPIIb β and GPIIX, both GPIIb α and GPV have a long stalk region preceding their TM helices, which should be flexible to accommodate the close contact between their TM helices.

Based on the expression levels of GPIIb-IX and GPV on the platelet surface measured by antibody binding, it has been suggested that they form a complex with a stoichiometry of 2:1 [19]. It was further suggested that GPV is sandwiched between two GPIIb α subunits in the GPIIb-IX-V complex [64]. However, there is no direct evidence supporting the 2:1 stoichiometry. Rather, a recent quantitative survey of proteins in platelets put the number of GPV molecules on par with that of GPIIX [71]. Moreover, it is noteworthy that the putative GPIIb α -binding interface in the GPV TM domain is restricted to one side of the α -helix, which is too small to support simultaneous association with two GPIIb α TM helices [67]. The structural detail of the association of GPIIb-IX with GPV awaits further elucidation, but at the present time one should not rule out the possibility that a population of GPIIb-IX on the platelet surface is free of GPV association and may instead associate with other membrane receptors such as GPVI, Fc γ RIIA and apolipoprotein E receptor 2 [72–74].

Differential pathogenesis of BSS mutations

BSS is characterized by the abnormally low expression of functional GPIIb-IX-V complex on the platelet surface [37, 66]. Investigation of the structure and organization of the GPIIb-IX-V complex has helped to identify mechanisms by which BSS mutations disrupt GPIIb-IX assembly and expression. BSS mutations have been mapped to GPIIb α , GPIIb β or GPIIX genes, with new ones still being discovered [e.g. 75, 76]. For brevity reasons, references for many of the BSS mutations discussed below are not provided here but they have been compiled in recent reviews [37, 66, 77]. Since it is unlikely that each newly discovered BSS

mutation, or any mutation in GPIb-IX-V genes identified from a patient with bleeding diathesis, will be characterized extensively for its pathogenic origin, a brief review of the mechanisms of known BSS mutations will be helpful in future diagnosis of BSS and in identification of GPIb-IX mutations with novel mechanistic implications. For brevity reasons, only mutations that cause a change in GPIb-IX protein sequences will be discussed here. Those likely affecting transcription, translation or translocation process of GPIb-IX have been reviewed previously [37, 66].

Nonsense or frame-shift mutations in the GPIb-IX genes result in the production of a GPIb-IX subunit that is significantly shortened or altered from the native sequence and is missing large segments important for structural integrity of the host subunit and/or assembly of the entire complex. Since the extra cellular and TM domains participate in GPIb-IX assembly, it is not coincidental that all nonsense or frame-shifting mutations reported to date have been restricted to these two domains and not the cytoplasmic domains.

A missense BSS mutation can disrupt GPIb-IX assembly via two distinct but related mechanisms. First, a mutation can disrupt folding of the host domain or significantly destabilize it. Extensive characterization of the LRR domain has identified residues or positions that are critical to its structural integrity [78]. Therefore, it is understandable that mutations alter in endogenous Cys residues in the disulfide bonds (*e.g.* C209S in GPIb α , C5Y in GPIb β , and C8R, C8W, C73Y, C97Y in GPIX) or adding additional Cys residues in N- and C-capping regions (*e.g.* R17C, Y88C in GPIb β , and F55C, Y79C in GPIX) interfere with formation of interlocking disulfide bonds in both capping regions. Mutations that change key residues in the LRR sequence motif including the conserved Asn residue (*e.g.* N110D, L129P, W207G in GPIb α , N64T, P65R in GPIb β , and L40P, N45S, L47P in GPIX) likely disrupt internal side chain packing of the central parallel β -coil. Mutations that remove large hydrophobic side chains from or add polar side chains to the interior of the LRR domain (*e.g.* Y54D, C65R in GPIb α) should have a similarly disruptive result. Effects of other mutations are more difficult to predict because they are located in a more flexible region or they affect residues with side chains exposed to the solvent (*e.g.* P29L, P96S in GPIb β , and D21G, F55S in GPIX). To experimentally determine the effect of a mutation on LRR domain folding, one needs to express the mutant LRR domain in transfected cells and to analyze its expression, secretion as well as formation of intra molecular disulfide bonds [22, 49]. This is only applicable for mutations in GPIb α and GPIb β LRR domains, since the GPIX extra cellular domain cannot be expressed in isolation [49].

Compared to the extra cellular domain, it is easier to predict the effect of a single-site mutation in the TM domain because the α -helical structure of the TM domain depends mostly on backbone, not side chain, atoms. Typically a missense mutation, even when it involves Gly or Pro, is not expected to significantly alter the α -helical structure of a TM domain [48]. However, it is possible for a mutation (*e.g.* a polar-to-polar mutation) to significantly lower the hydrophobicity of the TM domain, thereby impairing proper translocation of the host subunit to the membrane or leading to its rapid degradation [79, 80]. Such a mutation would therefore be expected to abolish proper expression of GPIb-IX in the membrane. The A140T mutation in GPIX [81] appears to fit into this mechanism, but its effect is mild or even negligible in many cases [45, 82, 83].

Second, a mutation causing BSS might not disrupt folding of the host domain but instead disrupt its interaction with other GPIb-IX subunits. Two mutations in the GPIb β extra cellular domain, P74R and A108P, were recently shown to use this mechanism [22]. It is also possible for a mutation in the GPIX extra cellular domain to disrupt GPIb-IX assembly by the same mechanism, although the effect of such a mutation on the folding of GPIX extra cellular domain is difficult to assess [22]. In addition, a missense BSS mutation in the TM

domain can also utilize this mechanism if it does not alter the α -helical structure of the host TM domain. Recently a BSS patient was reported to have a homozygous Q129H/L132P double mutation in the GPIIb β TM domain and concurrently a heterozygous Y492H mutation in the GPIIb α TM domain [76]. Gln129 in the GPIIb β TM domain is an important residue to GPIIb-IX assembly because of its interaction with GPIIb α and GPIIX counter parts [44, 45]. Tyr492 in GPIIb α is located at the same depth in the membrane as Gln129 in GPIIb β . Changing it to histidine is likely to alter the nearby interactions involving Gln129.

Summary and remaining questions

To summarize, recent studies have demonstrated that the interaction among GPIIb α , GPIIb β and GPIIX TM helices, in cooperation with those among GPIIb β and GPIIX extra cellular domains, provide the driving force for GPIIb-IX assembly (Fig. 1). These interactions stabilize individual domains in the complex and prevent their premature degradation in the cell. Juxta membrane disulfide bonds between GPIIb α and GPIIb β further stabilize the complex. GPV is weakly associated with the tightly integrated GPIIb-IX complex, mostly through the interaction between GPV and GPIIb α TM helices (Fig. 2). This model provides an explanation for the requirement of all subunits for efficient GPIIb-IX expression in the plasma membrane, as well as for most of the mutations identified in BSS patients. At the same time, it is important to note that this model needs further refinement and revision, with the following observations about GPIIb-IX, for instance, still a waiting explanation.

First, most BSS patients exhibit an autosomal recessive mode of inheritance, but in a few cases (N41H, Y54D, L57F, A156V in GPIIb α), BSS appears to be autosomal dominant. BSS patients with heterozygous mutations in GPIIb β have also been reported, although detailed family pedigrees are not available [84, 85]. The affected patients generally have a mild bleeding tendency and mild macro thrombocytopenia. Considering the role of GPIIb-IX in platelet adhesion, these clinical symptoms may be explained by the decreased but not totally abolished expression level of GPIIb α . However, people with other heterozygous mutations, including nonsense mutations that should result in a 50% decrease of the GPIIb α expression level, display neither a bleeding diathesis nor a clear difference in platelet size. Why the autosomal dominant inheritance is limited to the aforementioned mutations in GPIIb α remains to be determined.

Second, a BSS patient was found to have a frame-shift mutation in one GPIIb β allele and a C122S mutation in the other [43]. The frame-shift mutation caused replacement of the GPIIb β TM and cytoplasmic domains with a 42-residue sequence that does not participate in the GPIIb-IX assembly. Although C122S abolishes formation of disulfide bonds between GPIIb α and GPIIb β , it does not significantly decrease the complex expression in transfected cells [24, 43]. However, the expression levels of GPIIb α , GPIIb β and GPIIX in the patient's platelets were significantly lower than 50% of normal [43]. Lack of GPIIb α -GPIIb β disulfide bonds may reduce the GPIIb-IX stability, but the molecular mechanism by which the C122S mutation reduces GPIIb-IX expression on the platelet surface remains to be defined.

Third, there are intriguing reports that dimerization or clustering of GPIIb-IX plays a role in platelet activation and clearance. Because VWF is a multimeric protein, it is expected to bring together multiple copies of GPIIb α in the plasma membrane, which in turn may partition into detergent-resistant membrane rafts where signaling molecules including kinases are enriched [86–88]. Consistent with this clustering hypothesis, the dimeric VWF A1 domains or some bivalent monoclonal antibodies targeting GPIIb α , but not monomeric A1 or Fab fragments of the antibodies, can induce platelet aggregation [89–91]. Similarly, infusion of monoclonal antibodies targeting the extra cellular domain of murine GPIIb α causes acute thrombocytopenia in mice via a mechanism that is independent of Fc receptors

[92]. The bivalent F(ab')₂ antibody fragment, but not its monomeric Fab fragment, can achieve the same effect [15, 92]. These results suggest that dimerization of GPIb α has an important biological function. However, not all antibodies targeting GPIb α activate platelets; some even show inhibitory capabilities[93]. Moreover, antibodies targeting GPIb β and GPIX, which presumably achieve the same dimerizing effect of GPIb-IX as those targeting GPIb α , do not activate platelets or cause acute thrombocytopenia in mice [92, 94]. Consistently, artificially induced dimerization of the GPIX cytoplasmic domain in the GPIb-IX complex expressed in CHO cells is not sufficient to induce down stream activation of integrin α IIb β 3, although it increases the avidity of association of GPIb α with VWF [95, 96]. Overall, these observations argue for an ordered dimerization of GPIb α rather than a non-specific cluster as a true signal generator. The presence of such a signaling GPIb β dimer remains to be confirmed and its defining features elucidated.

Finally, a fundamental question about GPIb-IX assembly remains: what is the purpose of having such an elaborate interaction network in human GPIb-IX to ensure coexpression of GPIb α with GPIb β and GPIX? It would seem wasteful if the sole purpose of having three subunits was to aid expression of the fourth one. Even when GPIb β is partly justified because the GPIb β cytoplasmic domain plays a role in modulating GPIb α function [97–99], why does GPIb α coexpress with GPIX? There are no obvious GPIb-IX para logs in other types of cells. With the implicit assumption that human GPIb-IX evolves from a simpler complex, comparing GPIb-IX assembly across species may lead to further understanding of its origin and function.

Acknowledgments

The authors thank Drs. Joel Bennett, Pete Lollar and Shannon Meeks for critical reading of the manuscript. The authors gratefully acknowledge support from National Institutes of Health (HL082808 and HL097226).

References

1. Nurden AT, Caen JP. Specific roles for platelet surface glycoproteins in platelet function. *Nature*. 1975; 255:720–722. [PubMed: 1169691]
2. Solum NO, Hagen I, Filion-Myklebust C, Stabaek T. Platelet glycoprotein. Its membrane association and solubilization in aqueous media. *Biochim. Biophys. Acta*. 1980; 597:235–246. [PubMed: 6768388]
3. Okumura T, Hasitz M, Jamieson GA. Platelet glycoprotein. Interaction with thrombin and role as thrombin receptor of the platelet surface. *J. Biol. Chem*. 1978; 253:3435–3443. [PubMed: 418063]
4. Romo GM, Dong JF, Schade AJ, Gardiner EE, Kansas GS, Li CQ, McIntire LV, Berndt MC, Lopez JA. The glycoprotein Ib-IX-V complex is a platelet counterreceptor for P-selectin. *J. Exp. Med*. 1999; 190:803–814. [PubMed: 10499919]
5. Simon DI, Chen Z, Xu H, Li CQ, Dong J, McIntire LV, Ballantyne CM, Zhang L, Furman MI, Berndt MC, Lopez JA. Platelet glycoprotein Ib α is a counterreceptor for the leukocyte integrin Mac-1 (CD11b/CD18). *J. Exp. Med*. 2000; 192:193–204. [PubMed: 10899906]
6. Baglia FA, Badellino KO, Li CQ, Lopez JA, Walsh PN. Factor XI binding to the platelet glycoprotein Ib-IX-V complex promotes factor XI activation by thrombin. *J. Biol. Chem*. 2002; 277:1662–1668. [PubMed: 11696542]
7. Bradford HN, Pixley RA, Colman RW. Human factor XII binding to the glycoprotein Ib-IX-V complex inhibits thrombin-induced platelet aggregation. *J. Biol. Chem*. 2000; 275:22756–22763. [PubMed: 10801853]
8. Joseph K, Nakazawa Y, Bahou WF, Ghebrehiwet B, Kaplan AP. Platelet glycoprotein Ib: a zinc-dependent binding protein for the heavy chain of high-molecular-weight kininogen. *Mol. Med*. 1999; 5:555–563. [PubMed: 10501658]

9. Lu Q, Navdaev A, Clemetson JM, Clemetson KJ. Snake venom C-type lectins interacting with platelet receptors. Structure-function relationships and effects on haemostasis. *Toxicon*. 2005; 45:1089–1098. [PubMed: 15876445]
10. Ware J, Russell S, Ruggeri ZM. Generation and rescue of a murine model of platelet dysfunction: the Bernard-Soulier syndrome. *Proc. Natl. Acad. Sci. USA*. 2000; 97:2803–2808. [PubMed: 10706630]
11. Kanaji T, Russell S, Ware J. Amelioration of the macrothrombocytopenia associated with the murine Bernard-Soulier syndrome. *Blood*. 2002; 100:2102–2107. [PubMed: 12200373]
12. Kanaji T, Russell S, Cunningham J, Izuhara K, Fox JE, Ware J. Megakaryocyte proliferation and ploidy regulated by the cytoplasmic tail of glycoprotein Iba. *Blood*. 2004; 104:3161–3168. [PubMed: 15271795]
13. Kato K, Martinez C, Russell S, Nurden P, Nurden A, Fiering S, Ware J. Genetic deletion of mouse platelet glycoprotein Ib β produces a Bernard-Soulier phenotype with increased α -granule size. *Blood*. 2004; 104:2339–2344. [PubMed: 15213102]
14. Jain S, Zuka M, Liu J, Russell S, Dent J, Guerrero JA, Forsyth J, Maruszak B, Gartner TK, Felding-Habermann B, Ware J. Platelet glycoprotein Iba supports experimental lung metastasis. *Proc. Natl. Acad. Sci. USA*. 2007; 104:9024–9028. [PubMed: 17494758]
15. Kleinschnitz C, Pozgajova M, Pham M, Bendszus M, Nieswandt B, Stoll G. Targeting platelets in acute experimental stroke: impact of glycoprotein Ib, VI, and IIb/IIIa blockade on infarct size, functional outcome, and intracranial bleeding. *Circulation*. 2007; 115:2323–2330. [PubMed: 17438148]
16. Rumjantseva V, Grewal PK, Wandall HH, Josefsson EC, Sorensen AL, Larson G, Marth JD, Hartwig JH, Hoffmeister KM. Dual roles for hepatic lectin receptors in the clearance of chilled platelets. *Nat. Med*. 2009; 15:1273–1280. [PubMed: 19783995]
17. Ravanat C, Strassel C, Hechler B, Schuhler S, Chicanne G, Payraastre B, Gachet C, Lanza F. A central role of GPIb-IX in the procoagulant function of platelets that is independent of the 45-kDa GPIba N-terminal extracellular domain. *Blood*. 2010; 116:1157–1164. [PubMed: 20457869]
18. Du X, Beutler L, Ruan C, Castaldi PA, Berndt MC. Glycoprotein Ib and glycoprotein IX are fully complexed in the intact platelet membrane. *Blood*. 1987; 69:1524–1527. [PubMed: 2436691]
19. Modderman PW, Admiraal LG, Sonnenberg A, von dem Borne AE. Glycoproteins V and Ib-IX form a noncovalent complex in the platelet membrane. *J. Biol. Chem*. 1992; 267:364–369. [PubMed: 1730602]
20. Berndt MC, Gregory C, Kabral A, Zola H, Fournier D, Castaldi PA. Purification and preliminary characterization of the glycoprotein Ib complex in the human platelet membrane. *Eur. J. Biochem*. 1985; 151:637–649. [PubMed: 3161731]
21. Luo SZ, Li R. Specific heteromeric association of four transmembrane peptides derived from platelet glycoprotein Ib-IX complex. *J. Mol. Biol*. 2008; 382:448–457. [PubMed: 18674540]
22. McEwan PA, Yang W, Carr KH, Mo X, Zheng X, Li R, Emsley J. Quaternary organization of GPIb-IX complex and insights into Bernard-Soulier syndrome revealed by the structures of GPIb β and a GPIb β /GPIX chimera. *Blood*. 2011; 118:5292–5301. [PubMed: 21908432]
23. Uff S, Clemetson JM, Harrison T, Clemetson KJ, Emsley J. Crystal structure of the platelet glycoprotein Iba N-terminal domain reveals an unmasking mechanism for receptor activation. *J. Biol. Chem*. 2002; 277:35657–35663. [PubMed: 12087105]
24. Luo S-Z, Mo X, Afshar-Kharghan V, Srinivasan S, Lopez JA, Li R. Glycoprotein Iba forms disulfide bonds with 2 glycoprotein Ib β subunits in the resting platelet. *Blood*. 2007; 109:603–609. [PubMed: 17008541]
25. Andrews RK, Fox JE. Identification of a region in the cytoplasmic domain of the platelet membrane glycoprotein Ib-IX complex that binds to purified actin-binding protein. *J. Biol. Chem*. 1992; 267:18605–18611. [PubMed: 1526994]
26. Nakamura F, Pudas R, Heikkinen O, Permi P, Kilpelainen I, Munday AD, Hartwig JH, Stossel TP, Ylanne J. The structure of the GPIb-filamin A complex. *Blood*. 2006; 107:1925–1932. [PubMed: 16293600]

27. Du X, Harris SJ, Tetaz TJ, Ginsberg MH, Berndt MC. Association of a phospholipase A2 (14-3-3 protein) with the platelet glycoprotein Ib-IX complex. *J. Biol. Chem.* 1994; 269:18287–18290. [PubMed: 8034572]
28. Munday AD, Berndt MC, Mitchell CA. Phosphoinositide 3-kinase forms a complex with platelet membrane glycoprotein Ib-IX-V complex and 14-3-3 ζ . *Blood.* 2000; 96:577–584. [PubMed: 10887121]
29. Bodnar RJ, Gu M, Li Z, Englund GD, Du X. The cytoplasmic domain of the platelet glycoprotein Ib α is phosphorylated at serine 609. *J. Biol. Chem.* 1999; 274:33474–33479. [PubMed: 10559231]
30. Mangin P, David T, Lavaud V, Cranmer SL, Pikovski I, Jackson SP, Berndt MC, Cazenave JP, Gachet C, Lanza F. Identification of a novel 14-3-3 ζ binding site within the cytoplasmic tail of platelet glycoprotein Ia. *Blood.* 2004; 104:420–427. [PubMed: 15054037]
31. Yuan Y, Zhang W, Yan R, Liao Y, Zhao L, Ruan C, Du X, Dai K. Identification of a novel 14-3-3 ζ binding site within the cytoplasmic domain of platelet glycoprotein Ib α that plays a key role in regulating the von Willebrand factor binding function of glycoprotein Ib-IX. *Circ. Res.* 2009; 105:1177–1185. [PubMed: 19875727]
32. Muszbek L, Laposata M. Glycoprotein Ib and glycoprotein IX in human platelets are acylated with palmitic acid through thioester linkages. *J. Biol. Chem.* 1989; 264:9716–9719. [PubMed: 2656709]
33. Andrews RK, Munday AD, Mitchell CA, Berndt MC. Interaction of calmodulin with the cytoplasmic domain of the platelet membrane glycoprotein Ib-IX-V complex. *Blood.* 2001; 98:681–687. [PubMed: 11468167]
34. Arthur JF, Shen Y, Gardiner EE, Coleman L, Murphy D, Kenny D, Andrews RK, Berndt MC. TNF receptor-associated factor 4 (TRAF4) is a novel binding partner of glycoprotein Ib and glycoprotein VI in human platelets. *J. Thromb. Haemost.* 2011; 9:163–172. [PubMed: 20946164]
35. Wardell MR, Reynolds CC, Berndt MC, Wallace RW, Fox JE. Platelet glycoprotein Ib β is phosphorylated on serine 166 by cyclic AMP-dependent protein kinase. *J. Biol. Chem.* 1989; 264:15656–15661. [PubMed: 2504723]
36. Andrews RK, Harris SJ, McNally T, Berndt MC. Binding of purified 14-3-3 ζ signaling protein to discrete amino acid sequences within the cytoplasmic domain of the platelet membrane glycoprotein Ib-IX-V complex. *Biochemistry.* 1998; 37:638–647. [PubMed: 9425086]
37. Lopez JA, Andrews RK, Afshar-Kharghan V, Berndt MC. Bernard-Soulier syndrome. *Blood.* 1998; 91:4397–4418. [PubMed: 9616133]
38. Lopez JA, Leung B, Reynolds CC, Li CQ, Fox JEB. Efficient plasma membrane expression of a functional platelet glycoprotein Ib-IX complex requires the presence of its three subunits. *J. Biol. Chem.* 1992; 267:12851–12859. [PubMed: 1618785]
39. Lopez JA, Weisman S, Sanan DA, Sih T, Chambers M, Li CQ. Glycoprotein (GP) Ib β is the critical subunit linking GP Ib α and GP IX in the GP Ib-IX complex. Analysis of partial complexes. *J. Biol. Chem.* 1994; 269:23716–23721. [PubMed: 8089142]
40. Kenny D, Morateck PA, Gill JC, Montgomery RR. The critical interaction of glycoprotein (GP) Ib β with GPIX — a genetic cause of Bernard-Soulier syndrome. *Blood.* 1999; 93:2968–2975. [PubMed: 10216092]
41. Dong JF, Gao S, Lopez JA. Synthesis, assembly, and intracellular transport of the platelet glycoprotein Ib-IX-V complex. *J. Biol. Chem.* 1998; 273:31449–31454. [PubMed: 9813057]
42. Ulsemer P, Strassel C, Baas MJ, Salamero J, Chasserot-Golaz S, Cazenave JP, De La Salle C, Lanza F. Biosynthesis and intracellular post-translational processing of normal and mutant platelet glycoprotein GPIb-IX. *Biochem. J.* 2001; 358:295–303. [PubMed: 11513727]
43. Kunishima S, Sako M, Yamazaki T, Hamaguchi M, Saito H. Molecular genetic analysis of a variant Bernard-Soulier syndrome due to compound heterozygosity for two novel glycoprotein Ib β mutations. *Eur. J. Haematol.* 2006; 77:501–512. [PubMed: 16978236]
44. Mo X, Lu N, Padilla A, López JA, Li R. The transmembrane domain of glycoprotein Ib β is critical to efficient expression of glycoprotein Ib-IX complex in the plasma membrane. *J. Biol. Chem.* 2006; 281:23050–23059. [PubMed: 16757483]

45. Luo S-Z, Mo X, López JA, Li R. Role of the transmembrane domain of glycoprotein IX in assembly of the glycoprotein Ib-IX complex. *J. Thromb. Haemost.* 2007; 5:2494–2502. [PubMed: 17922811]
46. Strassel C, David T, Eckly A, Baas MJ, Moog S, Ravanat C, Trzeciak MC, Vinciguerra C, Cazenave JP, Gachet C, Lanza F. Synthesis of GPIb β with novel transmembrane and cytoplasmic sequences in a Bernard-Soulier patient resulting in GPIb-defective signaling in CHO cells. *J. Thromb. Haemost.* 2006; 4:217–228. [PubMed: 16409472]
47. Noda M, Fujimura K, Takafuta T, Shimomura T, Fujimoto T, Yamamoto N, Tanoue K, Arai M, Suehiro A, Kakishita E, et al. Heterogeneous expression of glycoprotein Ib, IX and V in platelets from two patients with Bernard-Soulier syndrome caused by different genetic abnormalities. *Thromb. Haemost.* 1995; 74:1411–1415. [PubMed: 8772211]
48. Senes A, Engel DE, DeGrado WF. Folding of helical membrane proteins: the role of polar, GxxxG-like and proline motifs. *Curr. Opin. Struct. Biol.* 2004; 14:465–479. [PubMed: 15313242]
49. Mo X, Nguyen NX, McEwan PA, Zheng X, Lopez JA, Emsley J, Li R. Binding of platelet glycoprotein Ib β through the convex surface of leucine-rich repeats domain of glycoprotein IX. *J. Thromb. Haemost.* 2009; 7:1533–1540. [PubMed: 19566547]
50. Staron M, Wu S, Hong F, Stojanovic A, Du X, Bona R, Liu B, Li Z. Heat-shock protein gp96/grp94 is an essential chaperone for the platelet glycoprotein Ib-IX-V complex. *Blood.* 2011; 117:7136–7144. [PubMed: 21576699]
51. Mo X, Luo S-Z, Munday AD, Sun W, Berndt MC, Lopez JA, Dong J-f, Li R. The membrane-proximal intermolecular disulfide bonds in glycoprotein Ib influence receptor binding to von Willebrand factor. *J. Thromb. Haemost.* 2008; 6:1789–1795. [PubMed: 18647229]
52. Dong JF, Li CQ, Sae-Tung G, Hyun W, Afshar-Kharghan V, Lopez JA. The cytoplasmic domain of glycoprotein (GP) Iba constrains the lateral diffusion of the GP Ib-IX complex and modulates von Willebrand factor binding. *Biochemistry.* 1997; 36:12421–12427. [PubMed: 9376345]
53. Mistry N, Cranmer SL, Yuan Y, Mangin P, Dopheide SM, Harper I, Giuliano S, Dunstan DE, Lanza F, Salem HH, Jackson SP. Cytoskeletal regulation of the platelet glycoprotein Ib/V/IX-von willebrand factor interaction. *Blood.* 2000; 96:3480–3489. [PubMed: 11071645]
54. Englund GD, Bodnar RJ, Li Z, Ruggeri ZM, Du X. Regulation of von Willebrand factor binding to the platelet glycoprotein Ib-IX by a membrane skeleton-dependent inside-out signal. *J. Biol. Chem.* 2001; 276:16952–16959. [PubMed: 11278380]
55. Begonja AJ, Hoffmeister KM, Hartwig JH, Falet H. FlnA-null megakaryocytes prematurely release large and fragile platelets that circulate poorly. *Blood.* 2011; 118:2285–2295. [PubMed: 21652675]
56. Geng H, Xu G, Ran Y, López JA, Peng Y. Platelet glycoprotein Ib β /IX mediates glycoprotein Iba localization to membrane lipid domain critical for von Willebrand factor interaction at high shear. *J. Biol. Chem.* 2011; 286:21315–21323. [PubMed: 21507943]
57. Mo X, Luo S-Z, López JA, Li R. Juxtamembrane basic residues in glycoprotein Ib β cytoplasmic domain are required for assembly and surface expression of glycoprotein Ib- IX complex. *FEBS Lett.* 2008; 582:3270–3274. [PubMed: 18789323]
58. David T, Strassel C, Eckly A, Cazenave J-P, Gachet C, Lanza F. The Platelet Glycoprotein GPIb β intracellular domain participates in von Willebrand factor induced-filopodia formation independently of the Ser 166 phosphorylation site. *J. Thromb. Haemost.* 2010; 8:1077–1087. [PubMed: 19694944]
59. von Heijne G. Control of topology and mode of assembly of a polytopic membrane protein by positively charged residues. *Nature.* 1989; 341:456–458. [PubMed: 2677744]
60. Zhang W, Crocker E, McLaughlin S, Smith SO. Binding of peptides with basic and aromatic residues to bilayer membranes: phenylalanine in the myristoylated alanine-rich C kinase substrate effector domain penetrates into the hydrophobic core of the bilayer. *J. Biol. Chem.* 2003; 278:21459–21466. [PubMed: 12670959]
61. Berndt MC, Phillips DR. Purification and preliminary physicochemical characterization of human platelet membrane glycoprotein V. *J. Biol. Chem.* 1981; 256:59–65. [PubMed: 6778867]

62. Kahn ML, Diacovo TG, Bainton DF, Lanza F, Trejo J, Coughlin SR. Glycoprotein V-deficient platelets have undiminished thrombin responsiveness and do not exhibit a Bernard-Soulier phenotype. *Blood*. 1999; 94:4112–4121. [PubMed: 10590056]
63. Ramakrishnan V, Reeves PS, DeGuzman F, Deshpande U, Ministri-Madrid K, DuBridg e RB, Phillips DR. Increased thrombin responsiveness in platelets from mice lacking glycoprotein V. *Proc. Natl. Acad. Sci. USA*. 1999; 96:13336–13341. [PubMed: 10557321]
64. Li CQ, Dong JF, Lanza F, Sanan DA, Sae-Tung G, Lopez JA. Expression of platelet glycoprotein (GP) V in heterologous cells and evidence for its association with GP Ib α in forming a GP Ib-IX-V complex on the cell surface. *J. Biol. Chem*. 1995; 270:16302–16307. [PubMed: 7608197]
65. Strassel C, Moog S, Baas MJ, Cazenave JP, Lanza F. Biosynthesis of platelet glycoprotein V expressed as a single subunit or in association with GPIb-IX. *Eur. J. Biochem*. 2004; 271:3671–3677. [PubMed: 15355344]
66. Lanza F. Bernard-Soulier syndrome (hemorrhagiparous thrombocytic dystrophy). *Orphanet J. Rare Dis*. 2006; 1:46. [PubMed: 17109744]
67. Mo X, Liu L, Lopez JA, Li R. Transmembrane domains are critical to the interaction between platelet glycoprotein V and glycoprotein Ib-IX complex. *J. Thromb. Haemost*. 2012; 10:1875–1886. [PubMed: 22759073]
68. Call ME, Pyrdol J, Wiedmann M, Wucherpfennig KW. The organizing principle in the formation of the T cell receptor-CD3 complex. *Cell*. 2002; 111:967–979. [PubMed: 12507424]
69. Feng J, Call ME, Wucherpfennig KW. The assembly of diverse immune receptors is focused on a polar membrane-embedded interaction site. *PLoS Biol*. 2006; 4:e142. [PubMed: 16623599]
70. Lanier LL, Yu G, Phillips JH. Analysis of Fc γ RIII (CD16) membrane expression and association with CD3 ζ and Fc ϵ RI- γ by site-directed mutation. *J. Immunol*. 1991; 146:1571–1576. [PubMed: 1825220]
71. Burkhart JM, Vaudel M, Gambaryan S, Radau S, Walter U, Martens L, Geiger J, Sickmann A, Zahedi RP. The first comprehensive and quantitative analysis of human platelet protein composition allows the comparative analysis of structural and functional pathways. *Blood*. 2012; 120:e73–e82. [PubMed: 22869793]
72. Arthur JF, Gardiner EE, Matzaris M, Taylor SG, Wijeyewickrema L, Ozaki Y, Kahn ML, Andrews RK, Berndt MC. Glycoprotein VI is associated with GPIb-IX-V on the membrane of resting and activated platelets. *Thromb. Haemost*. 2005; 93:716–723. [PubMed: 15841318]
73. Sullam PM, Hyun WC, Szollosi J, Dong J, Foss WM, Lopez JA. Physical proximity and functional interplay of the glycoprotein Ib-IX-V complex and the Fc receptor FcRIIA on the platelet plasma membrane. *J. Biol. Chem*. 1998; 273:5331–5336. [PubMed: 9478992]
74. White TC, Berny MA, Tucker EI, Urbanus RT, de Groot PG, Fernandez JA, Griffin JH, Gruber A, McCarty OJ. Protein C supports platelet binding and activation under flow: role of glycoprotein Ib and apolipoprotein E receptor 2. *J. Thromb. Haemost*. 2008; 6:995–1002. [PubMed: 18489431]
75. Savoia A, Pastore A, De Rocco D, Civaschi E, Di Stazio M, Bottega R, Melazzini F, Bozzi V, Pecci A, Magrin S, Balduini CL, Noris P. Clinical and genetic aspects of Bernard-Soulier syndrome: searching for genotype/phenotype correlations. *Haematologica*. 2011; 96:417–423. [PubMed: 21173099]
76. Sumitha E, Jayandharan GR, David S, Jacob RR, Sankari Devi G, Bargavi B, Shenbagapriya S, Nair SC, Abraham A, George B, Viswabandya A, Mathews V, Chandy M, Srivastava A. Molecular basis of Bernard-Soulier syndrome in 27 patients from India. *J. Thromb. Haemost*. 2011; 9:1590–1598. [PubMed: 21699652]
77. Berndt MC, Andrews RK. Bernard-Soulier syndrome. *Haematologica*. 2011; 96:355–359. [PubMed: 21357716]
78. Kobe B, Kajava AV. The leucine-rich repeat as a protein recognition motif. *Curr. Opin. Struct. Biol*. 2001; 11:725–732. [PubMed: 11751054]
79. Bonifacino JS, Cosson P, Klausner RD. Colocalized transmembrane determinants for ER degradation and subunit assembly explain the intracellular fate of TCR chains. *Cell*. 1990; 63:503–513. [PubMed: 2225064]

80. Bonifacino JS, Cosson P, Shah N, Klausner RD. Role of potentially charged transmembrane residues in targeting proteins for retention and degradation within the endoplasmic reticulum. *EMBO J.* 1991; 10:2783–2793. [PubMed: 1915263]
81. Wang Z, Zhao X, Duan W, Fu J, Lu M, Wang G, Bai X, Ruan C. A novel mutation in the transmembrane region of glycoprotein IX associated with Bernard-Soulier syndrome. *Thromb. Haemost.* 2004; 92:606–613. [PubMed: 15351858]
82. Hayashi T, Suzuki K, Akiba J, Yahagi A, Tajima K, Satoh S, Sasaki H. G--> A transition at nucleotide 2110 in the human platelet glycoprotein (GP) IX gene resulting in Ala139(ACC)--> Thr(GCC) substitution. *Jpn. J Hum. Genet.* 1997; 42:369–371. [PubMed: 9290264]
83. Kunishima S, Tomiyama Y, Honda S, Fukunishi M, Hara J, Inoue C, Kamiya T, Saito H. Homozygous Pro74--> Arg mutation in the platelet glycoprotein Ib β gene associated with Bernard-Soulier syndrome. *Thromb. Haemost.* 2000; 84:112–117. [PubMed: 10928480]
84. Kunishima S, Lopez JA, Kobayashi S, Imai N, Kamiya T, Saito H, Naoe T. Missense mutations of the glycoprotein (GP) Ib β gene impairing the GPIb α/β disulfide linkage in a family with giant platelet disorder. *Blood.* 1997; 89:2404–2412. [PubMed: 9116284]
85. Kunishima S, Naoe T, Kamiya T, Saito H. Novel heterozygous missense mutation in the platelet glycoprotein Ib β gene associated with isolated giant platelet disorder. *Am. J. Hematol.* 2001; 68:249–255. [PubMed: 11754414]
86. Shrimpton CN, Borthakur G, Larrucea S, Cruz MA, Dong JF, Lopez JA. Localization of the adhesion receptor glycoprotein Ib-IX-V complex to lipid rafts is required for platelet adhesion and activation. *J. Exp. Med.* 2002; 196:1057–1066. [PubMed: 12391017]
87. Jin W, Inoue O, Tamura N, Suzuki-Inoue K, Satoh K, Berndt MC, Handa M, Goto S, Ozaki Y. A role for glycosphingolipid-enriched microdomains in platelet glycoprotein Ib-mediated platelet activation. *J. Thromb. Haemost.* 2007; 5:1034–1040. [PubMed: 17461932]
88. Munday AD, Gaus K, Lopez JA. The platelet glycoprotein Ib-IX-V complex anchors lipid rafts to the membrane skeleton: implications for activation-dependent cytoskeletal translocation of signaling molecules. *J. Thromb. Haemost.* 2010; 8:163–172. [PubMed: 19874464]
89. Miura S, Sakurai Y, Takatsuka H, Yoshioka A, Matsumoto M, Yagi H, Kokubo T, Ikeda Y, Matsui T, Titani K, Fujimura Y. Total inhibition of high shear stress induced platelet aggregation by homodimeric von Willebrand factor A1-loop fragments. *Br. J. Haematol.* 1999; 105:1092–1100. [PubMed: 10554826]
90. Cruz MA, Handin RI, Wise RJ. The interaction of the von Willebrand factor-A1 domain with platelet glycoprotein Ib/IX. The role of glycosylation and disulfide bonding in a monomeric recombinant A1 domain protein. *J. Biol. Chem.* 1993; 268:21238–21245. [PubMed: 8407961]
91. Yanabu M, Ozaki Y, Nomura S, Miyake T, Miyazaki Y, Kagawa H, Yamanaka Y, Asazuma N, Satoh K, Kume S, Komiyama Y, Fukuhara S. Tyrosine phosphorylation and p72syk activation by an anti-glycoprotein Ib monoclonal antibody. *Blood.* 1997; 89:1590–1598. [PubMed: 9057641]
92. Nieswandt B, Bergmeier W, Rackebrandt K, Gessner JE, Zirngibl H. Identification of critical antigen-specific mechanisms in the development of immune thrombocytopenic purpura in mice. *Blood.* 2000; 96:2520–2527. [PubMed: 11001906]
93. Ruan CG, Du XP, Xi XD, Castaldi PA, Berndt MC. A murine antiglycoprotein Ib complex monoclonal antibody, SZ2, inhibits platelet aggregation induced by both ristocetin and collagen. *Blood.* 1987; 69:570–577. [PubMed: 3801672]
94. Perrault C, Moog S, Rubinstein E, Santer M, Baas MJ, de la Salle C, Ravanat C, Dambach J, Freund M, Santoso S, Cazenave JP, Lanza F. A novel monoclonal antibody against the extra cellular domain of GPIIb β modulates vWF mediated platelet adhesion. *Thromb. Haemost.* 2001; 86:1238–1248. [PubMed: 11816713]
95. Kasirer-Friede A, Ware J, Leng L, Marchese P, Ruggeri ZM, Shattil SJ. Lateral clustering of platelet GP Ib-IX complexes leads to up-regulation of the adhesive function of integrin α IIB β 3. *J. Biol. Chem.* 2002; 277:11949–11956. [PubMed: 11812775]
96. Arya M, Lopez JA, Romo GM, Cruz MA, Kasirer-Friede A, Shattil SJ, Anvari B. Glycoprotein Ib-IX-mediated activation of integrin α IIB β 3: effects of receptor clustering and von Willebrand factor adhesion. *J. Thromb. Haemost.* 2003; 1:1150–1157. [PubMed: 12871313]

97. Bodnar RJ, Xi X, Li Z, Berndt MC, Du X. Regulation of glycoprotein Ib-IX-von Willebrand factor interaction by cAMP-dependent protein kinase-mediated phosphorylation at Ser 166 of glycoprotein Ib β . *J. Biol. Chem.* 2002; 277:47080–47087. [PubMed: 12361948]
98. Perrault C, Mangin P, Santer M, Baas MJ, Moog S, Cranmer SL, Pikovski I, Williamson D, Jackson SP, Cazenave JP, Lanza F. Role of the intracellular domains of GPIb in controlling the adhesive properties of the platelet GPIb/V/IX complex. *Blood.* 2003; 101:3477–3484. [PubMed: 12522011]
99. Dai K, Bodnar R, Berndt MC, Du X. A critical role for 14-3-3 ζ protein in regulating the VWF binding function of platelet glycoprotein Ib-IX and its therapeutic implications. *Blood.* 2005; 106:1975–1981. [PubMed: 15941906]

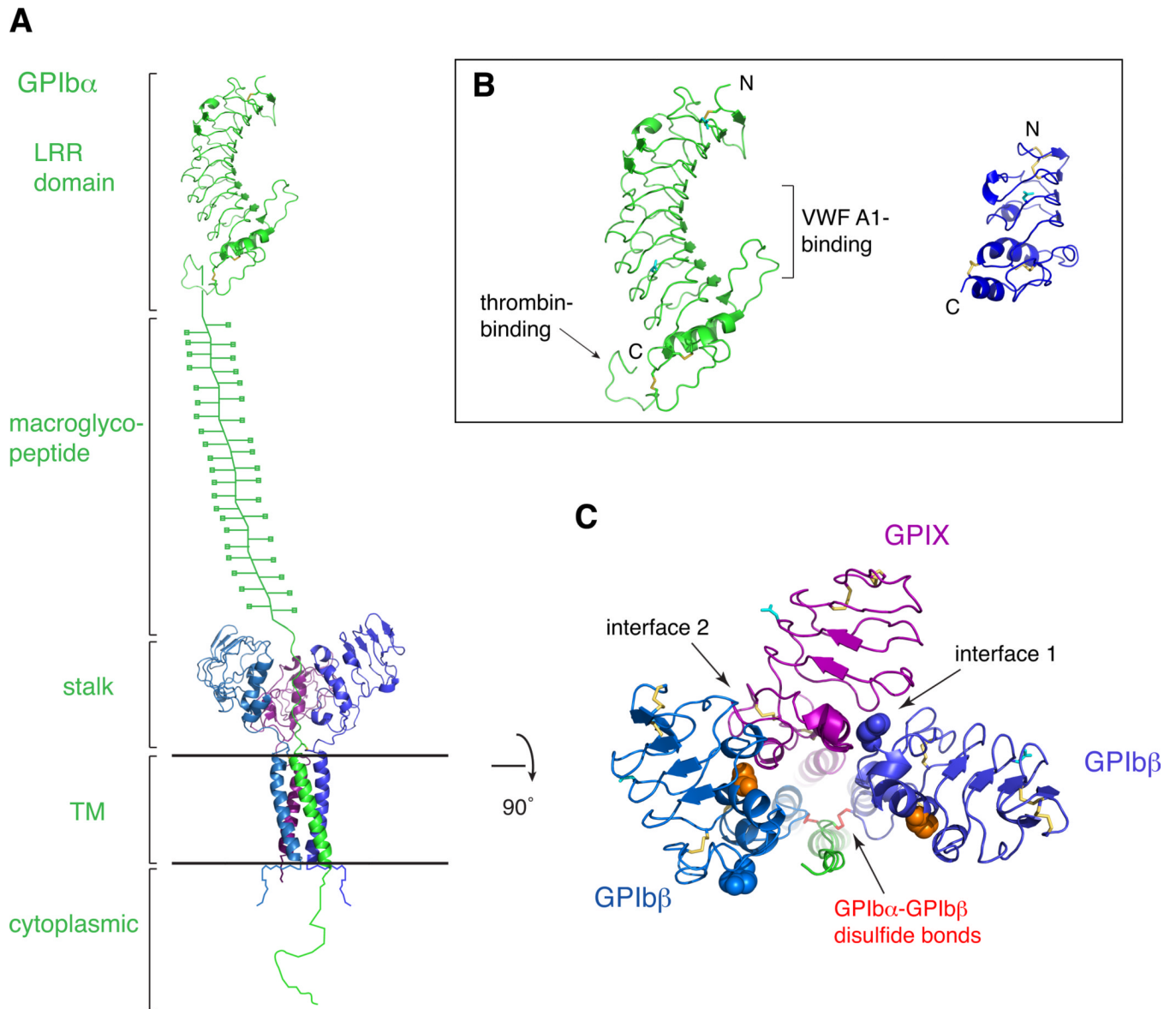


Figure 1.

The organization of GPIb-IX complex. GPIb α (green), GPIb β (blue) and GPIIX (purple) subunits are colored differently. *A*, A cartoon illustration of the GPIb-IX complex largely drawn in ribbon diagrams. Various parts of GPIb α are labeled on the left. *B*, Ribbon diagrams showing the crystal structures of the GPIb α N-terminal domain (green) and GPIb β extra cellular domain (blue). The PDB IDs are 1 GWB[23] and 3 RFE[22], respectively. Both structures are positioned with the N-terminus on top, the concave β -strands on the right and convex loops left. Disulfide bonds in each LRR domain are shown in yellow, and side chains of Asn for N-glycosylation in cyan. The binding region for the A1 domain of VWF is marked in the GPIb α N-terminal domain. It should be noted that the conformation of the thrombin-binding sequence that contains several sulfated tyrosines is very flexible. *C*, The top view of the membrane-proximal portion of GPIb-IX that contains the stalk region of GPIb α , the extra cellular domains of GPIb β and GPIIX, and a portion of the TM helical bundle. This illustration is adapted from a previous publication [22]. The disulfide bonds between GPIb α and GPIb β are highlighted in red. Side chains of Tyr106 in GPIb β are

shown in blue spheres, one of which are located at the interface 1 between GPIIb/IIIa and GPIIb/IIIa. Residue Pro74 in GPIIb/IIIa are shown in orange spheres, one of which are located at or close to the interface 2.

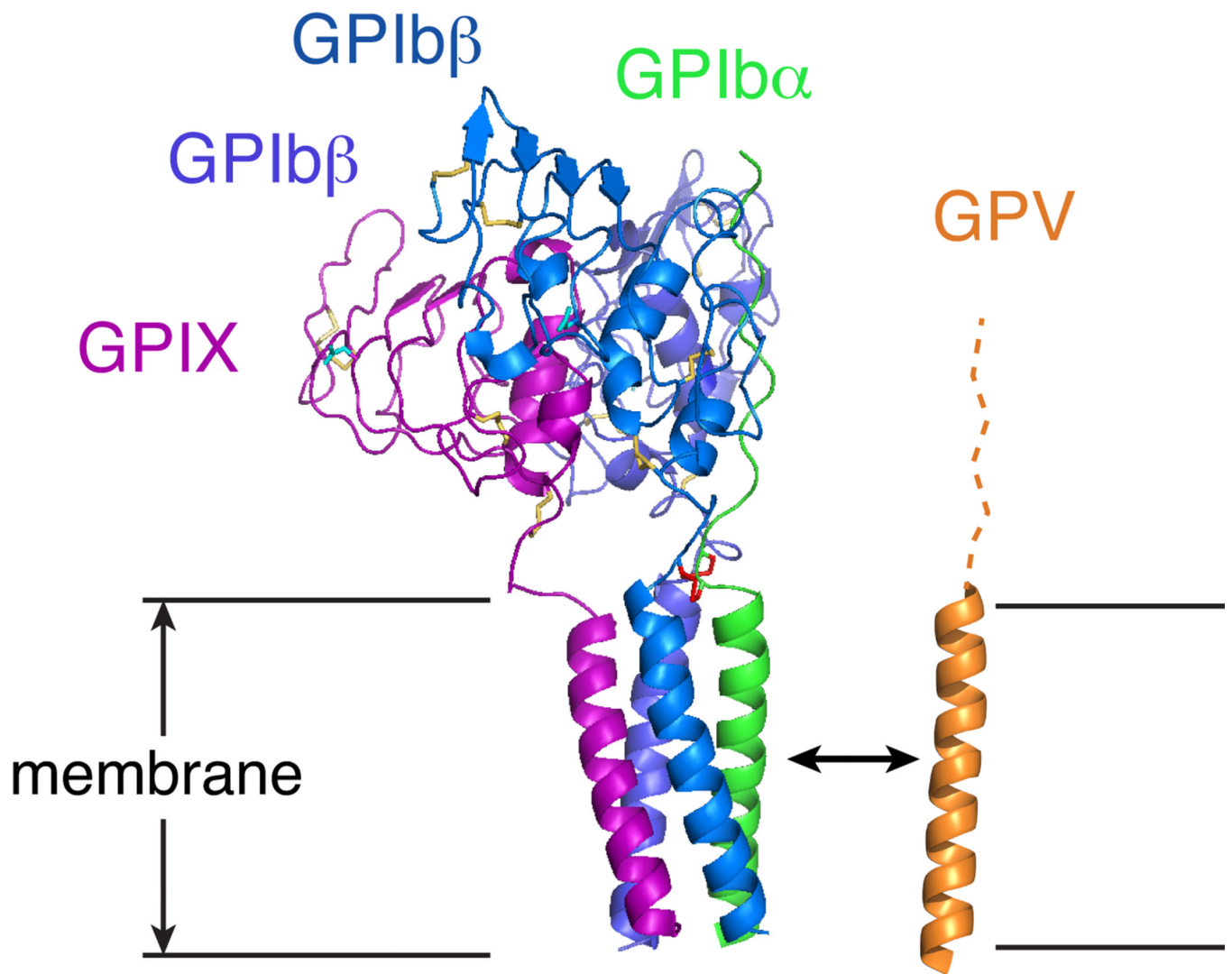


Figure 2.

The interaction of GPV with GPIb-IX through TM domains. The membrane-proximal portion of GPIb-IX, in the same color scheme as in Figure 1, is shown at an angle to demonstrate the accessibility of the GPIb α TM helix to direct association with the GPV TM helix (in orange color) as well as the inaccessibility of the GPIX TM helix. This is adapted from a recent publication[67].